

Quality and Performance Report

June 2018

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

Performance Summary

To Note

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

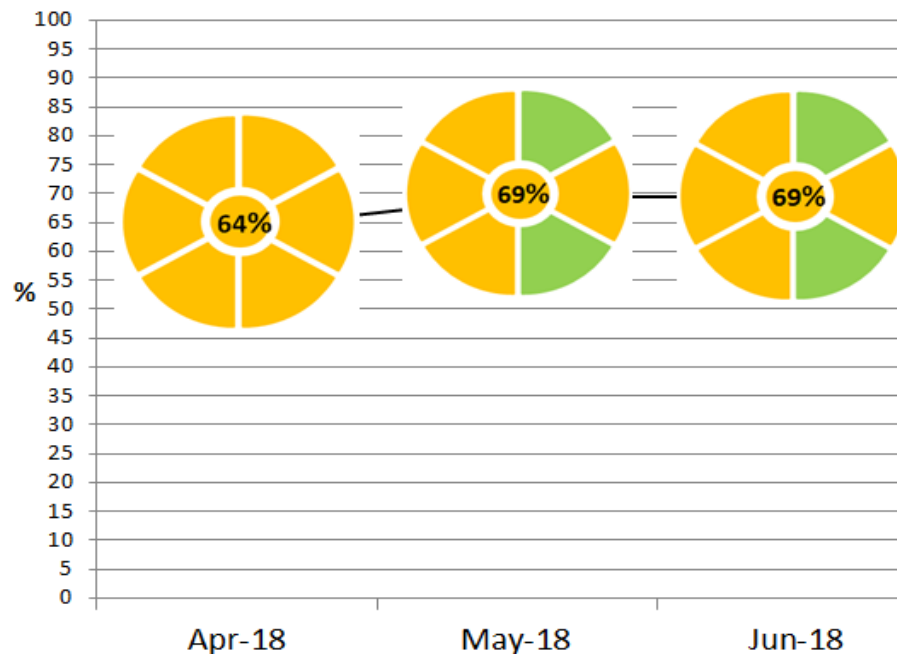
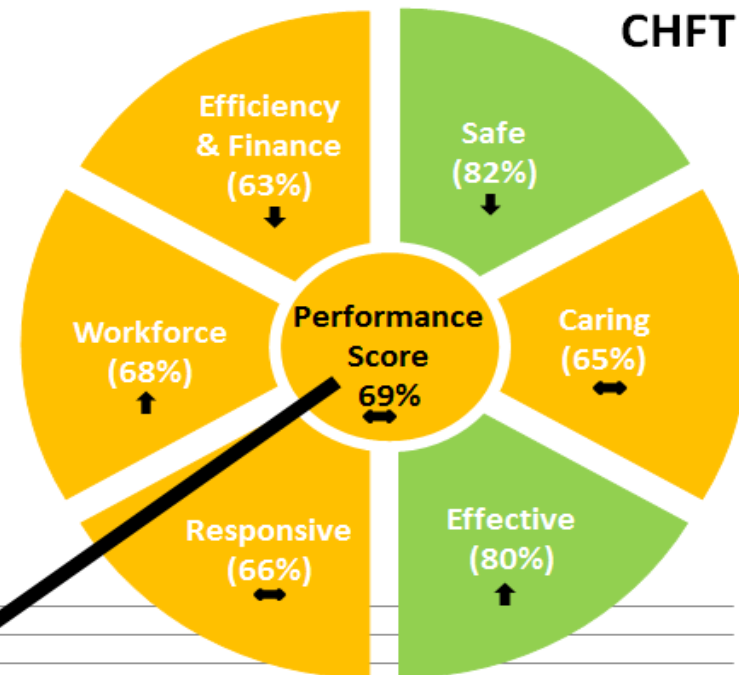
There have been very minimal changes since May's performance worthy of note.

Performance Summary

June

RAG Movement

June's Performance Score remains at 69%. The SAFE domain maintained green although Harm Free Care dipped in-month. The CARING domain has seen ups and downs in FFT performance although A&E response rates hit green for the first time. Infection Control indicators and #NoF have all achieved target and EFFECTIVE remains green. The RESPONSIVE domain remains amber although Stroke managed to achieve 3 out of 4 targets whereas cancer 62 day missed target for the first time since October. Within FINANCE CIP improved in-month however only Non-elective and A&E activity are now above target. In WORKFORCE appraisals for both Medical and non-Medical staff achieved target and sickness/absence performance was green for long and short term in-month.

CHFT


SINGLE OVERSIGHT FRAMEWORK

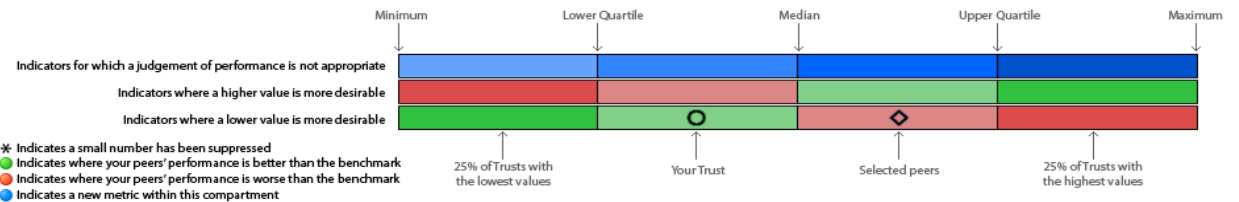
SAFE		RESPONSIVE	
VTE Assessments	Never Events	RTT Incomplete Pathways	Diagnostics 6 weeks
CARING		Cancer 62 day Screening to Treatment	ECS 4 hours
FFT IP	FFT Community FFT A&E FFT OP	Cancer 62 day Referral to Treatment	Cancer 62 day Referral to Treatment
FFT Maternity			
Mixed sex accommodation breaches	% Complaints closed	FINANCE	
EFFECTIVE		Variance from Plan	Use of Resources
MRSA	Preventable Cdiff	WORKFORCE	
HSMR	SHMI	Proportion of Temporary Staff	Sickness
		Staff turnover	Executive Turnover

Model Hospital

Performance	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
A&E performance	May 2018	93.23%	88.73%	95.00%			
RTT - max 18 weeks incomplete wait	Apr 2018	93.77%	89.16%	92.00%			
Diagnostics - max 6 weeks wait	Apr 2018	98.80%	99.02%	99.00%			
Cancer - 62-day wait from urgent GP referral	Mar 2018	90.32%	87.62%	85.00%			
Cancer 62-day waits - NHS cancer screening service referral	Mar 2018	88.89%	92.50%	90.00%			
Safe	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Clostridium Difficile - variance from plan	May 2018	3.0	0.0	0.0			
Effective	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Summary Hospital Mortality Indicator (SHMI)	31/07/2017	1.01	-	0.00			
Temporary staff	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Proportion of Temporary Staff	Feb 2018	6.65%	5.73%	4.97%			
Staff sickness	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff sickness	Feb 2018	4.45%	4.35%	4.38%			
Staff turnover	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff turnover	Apr 2018	0.59%	1.06%	1.02%			

The Finance Score	Period	Trust Actual
The finance score	Feb 2018	Scores: 3
Financial Sustainability	Period	Trust Actual
Capital service capacity - value	Feb 2018	-0.65
Capital service capacity - SOF Score	Feb 2018	Scores: 4
Liquidity (days) - value	Feb 2018	-24.21
Liquidity (days) - SOF Score	Feb 2018	Scores: 4
Financial Efficiency	Period	Trust Actual
Income and expenditure (I&E) margin - value	Feb 2018	-10.85%
Income and expenditure (I&E) margin - SOF score	Feb 2018	Scores: 4
Financial Controls	Period	Trust Actual
Distance from financial plan - value	Feb 2018	-5.42%
Distance from financial plan - SOF score	Feb 2018	Scores: 4
Distance from agency spend cap - value	Feb 2018	-4.40%
Distance from agency spend cap - score	Feb 2018	Scores: 1

Friends and Family Test scores	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff Friends and Family Test % Recommended - Care	Q4 2017/18	79.4%	-	-		No variation available	
A&E Scores from Friends and Family Test - % positive	Apr 2018	84.7%	87.6%	88.0%			
Inpatient Scores from Friends and Family Test - % positive	Apr 2018	96.8%	96.3%	96.3%			
Community Scores from Friends and Family Test - % positive	Apr 2018	93.9%	95.7%	96.5%			
Maternity Scores from Friends and Family Test - question 2 Birth % positive	Apr 2018	98.3%	98.4%	98.4%			
Organisational health	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
CQC Inpatient Survey	Sep 2015/16	9	-	-		No variation available	No trendline available
Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Written Complaints Rate	31/03/2018	30.76	27.73	24.93			
Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Never events	31/03/2018	1	2	1			
Emergency c-section rate	Mar 2018	13.65%	16.24%	16.17%			
VTE Risk Assessment	Q4 2017/18	96.94%	95.70%	95.71%			
Clostridium Difficile - infection rate	To May 2018	19.58	13.47	12.92			
MRSA bacteraemias	To Mar 2018	2.11	0.88	0.63			
Potential under-reporting of patient safety incidents	31/01/2018	43.88	43.39	-		No variation available	No trendline available
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI)	May 2018	143	136	127			
Meticillin-sensitive staphylococcus aureus (MSSA) rates to quality indicators	May 2018	7	9	9			



Most Improved/Deteriorated

MOST IMPROVED

Friends and Family Test A & E Survey - Response Rate - at 12.8% best performance in over 12 months and is now achieving target.

Infection Control achieved all targets in-month. First time in over 12 months.

Emergency Care Standard 4 hours inc Type 2 & Type 3 achieved 95% target for the first time since October.

MOST DETERIORATED

62 Day GP Referral to Treatment missed target for the first time since October.

% Complaints closed within target timeframe - at 30% lowest performance in over 12 months.

ACTIONS

Bradford Teaching Hospitals is currently struggling with capacity for both Medical Oncology and Theatres which has resulted in all Urology patients being referred breaching the 62 day target. The volume of breaches, despite the majority being referred by D38, has had a direct impact on CHFT 62 day performance. Further work has commenced with the CHFT team to improve the early part of the pathway to support later capacity constraints and at a meeting between Bradford, Airedale and CHFT we have offered to undertake some non-cancer work to help support and are awaiting feedback. July also has a high volume of Urology breaches and a risk to delivery this month.

This is now in escalation and will report to Quality Committee this month. At Trust level we continue to work with the Divisions in order to continue to improve the complaints handling process. Complaints are monitored on a weekly basis, each complaint that is breaching is then highlighted to the complaint leads for that Division. The reason for any delay can then be investigated and resolved, or if necessary, escalated to the Divisional triumvirate. Divisional panels are held weekly to discuss and review draft responses prior to signature. Within Medicine during June the work has continued on clearing the backlog of overdue complaints. The division has reviewed its processes and clarified this to directorate teams to expedite process, in addition it has facilitated a number of master classes with teams to support them. Within Surgery all overdue complaints have plans in place. As of July 2018 there are 13 overdue complaints - of the 13, 9 have gone for closure. The 4 remaining complaints are priority within division.

Executive Summary

The report covers the period from June 2017 to allow comparison with historic performance. However the key messages and targets relate to June 2018 for the financial year 2018/19.

Area	Domain
Safe	<ul style="list-style-type: none"> % Harm Free Care - Performance is below the 95% target at 92.01%. The Medicine division has focussed work on auditing standards and ensuring senior nursing staff are involved in safety thermometer audits and this has produced an improvement in the last 2 months.
Caring	<ul style="list-style-type: none"> Complaints closed within timeframe - Of the 53 complaints closed in June, 30% were closed within target timeframe. The backlog of breaching complaints was still 33 at the end of June with plans to clear in July. This is now in escalation and will report to Quality Committee this month. Friends and Family Test Outpatients Survey - % would recommend the Service - Performance at 90.4% still below 95.7% target. GM and Ops manager to review clinic start and end times, and clinician presence to ensure understanding of which patients experience delay and agree mitigating actions (to be completed by August). Friends and Family Test A & E Survey - % would recommend the service. Performance fell to 84.3% in month. The Quality Lead (new in post) is pulling together a plan to ensure that mitigations/solutions are put in place following the learning. Friends and Family Test Community - performance for June remained at 92% of respondents who would recommend our services. Scores and comments circulated to all teams and focus is on those services with a reduced 'would recommend' performance.
Effective	<ul style="list-style-type: none"> % Dementia patients following emergency admission aged 75 and over - current performance at 28% has deteriorated again and is still some distance from 90% target. Planned trajectories to be discussed at July PRMs. Mortality Reviews - 26.5% is a small improvement. Mortality reviews continue to be allocated albeit on a monthly basis for an ISR (Initial Screening Review). The ISR online tool has been shortened and revised to reflect questions relating to quality of care. Face to face training support remains on offer. Senior nurses are also being asked to contribute to these. SJRs are up to date with bi-monthly discussion at the LfD panel. % Sign and Symptom as a Primary Diagnosis - Performance remains just below target. The audit work continues within specialties and S&S cohorts. 2 of the coding team have achieved the ACC qualification. A Clinical Coding Action plan has been drafted for 2018/19 which looks to address some of the key issues affecting the quality of the coding. This will be finalised by the end of July and progress monitored via Clinical Coding Improvement Steering Group.

Background Context

All divisions are actively working on a management plan for Winter and have also started preparing for the annual planning sessions in October and November.

The Trust has received feedback from its RTT self-assessment using the NHSI toolkit which was generally positive and an action plan is in place.

In June there was a further significant improvement in the ECS which was at 94.8% compared to 93.2% in May and 91.5% in April. CRH managed performance > 95% for the whole month and although below target an improvement was also seen on the HRI site.

Within Medicine vacancies/gaps in the divisional management team have occurred in June and this has stretched its capacity. Surgery continues to have some gaps but are now progressing to advert and are hopeful of success.

There continues to be issues with the vacancies within Medicine's workforce with both medical and nursing challenges ramping up in terms of agency spend cover and this is a significant concern moving forward. Several Medical specialties have significant consultant gaps including Dermatology, Gastroenterology and Stroke on top of known AED gaps. The Trust is actively engaging with current WYAAT work on sustainable services.

Within Surgery Urology continued to be the highest agency user (3 Consultants) due to inability to recruit. DMT have secured services of a Consultant on an 'as and when' basis and it is hoped that this will enable reduction of agency from 3 to 2 by August.

IPT to Tertiary Centre still proving to be the biggest challenge for the Division due to capacity issues, most noticeably at Bradford.

Unreliability of Locala Community Dental Service provision is adversely impacting upon Oral DC activity and also on cancelled Ops and DSU Theatre utilisation. As a result there will be a meeting with Locala colleagues to discuss Contract and KPIs.

Executive Summary

The report covers the period from June 2017 to allow comparison with historic performance. However the key messages and targets relate to June 2018 for the financial year 2018/19.

Area	Domain
Responsive	<ul style="list-style-type: none"> Emergency Care Standard 4 hours 94.78% in June, (95.51% all types) - an improvement of 9 percentage points since the March position. The team continues to work with the acute directorate to review how admission avoidance is implemented on the HRI site and work continues with the frailty team to review current pathway and impact on CDU and ED. The ED team continues to turn around the patients that can be seen in a GP setting. The focus for the next month will be on embedding the action cards into the co-ordinator's role. Co-ordinator study days have been well received and the Directorate will monitor the role and improvements going forward. Stroke - A marked improvement has been seen in month with all targets met with the exception of direct admission to the stroke unit within 4 hours. Although this target was missed a significant improvement has been seen in month and performance is above YTD average. Analysis of the breaching patients in month has highlighted a couple of incidents of potentially avoidable delayed transfer from HRI to CRH and the matron is picking this up with the Stroke team. The directorate has continued to work with the ED team to work through the solution for the stroke assessment bed and the pilot went live on Monday 9th July. 38 Day Referral to Tertiary - 24% for June. Plans to improve performance will be discussed at the July PRMs and further discussions are planned with colleagues at Bradford and Airedale around the Urology pathway. 62 day GP Referral to Treatment - at 84% missed the 85% target in-month. Bradford Teaching Hospitals is currently struggling with capacity for both Medical Oncology and Theatres which has resulted in all Urology patients being referred breaching the 62 day target. The volume of breaches, despite the majority being referred by D38, has had a direct impact on CHFT 62 day performance. Further work has commenced with the CHFT team to improve the early part of the pathway to support later capacity constraints and at a meeting between Bradford, Airedale and CHFT we have offered to undertake some non-cancer work to help support and are awaiting feedback. July also has a high volume of Urology breaches and a risk to delivery this month. Appointment Slot Issues on Choose & Book - improved slightly to 41% in-month. Worsening position over recent months in part driven by two key themes: Significant pressure in a small number of challenged specialties (e.g. Dermatology, Cardiology and Gastro), 2WW pathways (where patients go straight to test). The development of a referral management system for 2WW straight to test pathways (to prevent deferral to provider) will improve performance over the coming months. National Line now directs ASIs to provider, Single point of contact in place for GP queries.
	<ul style="list-style-type: none"> Overall Sickness absence/Return to Work Interviews - Sickness is achieving target in-month however RTWI performance has decreased. There is a focus at PRMs to improve this area. Essential Safety Training compliance has fallen slightly again in-month. The Workforce BI Team will work with HR Business Partners and Advisers to develop Essential Safety and Appraisal BI Dashboard drop-in sessions for managers. This will help managers to extract information on compliance directly from ESR BI and will negate the need for the HR Advisers to send compliance lists.
Workforce	
Finance	<ul style="list-style-type: none"> Finance: Year to Date Summary The year to date deficit is £13.22m, in line with the plan submitted to NHSI. <ul style="list-style-type: none"> Clinical income is below plan by £0.22m. In month activity was broadly below plan with our 2 main commissioners so that the Aligned Incentive Contract is now protecting the income position by £0.51m. There remains an underlying adverse variance from plan which has had to be mitigated by the release of £0.67m (a third) of the Trust's £2m full year reserves of which £1m was earmarked for winter. CIP achieved in the year to date is £2.5m against a plan of £2.62m, a £0.12m shortfall. Agency expenditure was beneath the agency trajectory set by NHSI. Key Variances <ul style="list-style-type: none"> Medical pay expenditure continues above plan with a year to date adverse variance to plan of £0.77m. This is in part due to slippage on CIP schemes which have resulted in an adverse variance of £0.16m and there are prior year costs of £0.04m relating to back pay, the remaining £0.57m is due to operational pressures particularly in Obs & Gynae, ENT, Medical Specialties and Pathology. Nursing pay expenditure has reduced over the last 2 months, but remains above plan with a year to date adverse variance of £0.26m. However, Nursing agency costs reduced by £0.48m lower than plan year to date with a significant reduction in the use of the very highest cost agencies. The shortfall in CIP delivery was primarily linked to slippage in schemes within the Medical Staffing portfolio. These schemes are forecast to be delivered in full by year end. These adverse variances have been offset by the release of contingency reserves of £0.67m. Forecast <ul style="list-style-type: none"> At this early stage the forecast is to achieve the planned £43.1m deficit, but this assumes full delivery of the £18m CIP plan, of which £1.47m is yet to be identified.

Background Context

The pilot of the stroke assessment bed in ED commenced from 9th July and this should drive an improvement in stroke performance across all 4 SSNAP indicators.

Endoscopy Decontamination facilities are on track for completion in early July. This will mean reduced downtime waiting for scopes to be transported between units for decontamination. Anticipated that July will see improved turnaround between cases and a return to full list capacity to enable Surgery to respond to demands.

Both Paediatric and Womens services continue to experience staffing pressures within junior doctor rotas due to sickness and unfilled allocations.

The Maternity service continued to manage the vacancies/maternity leave seen within the service and also saw increase bookings during June which resulted in delivery above the contractual plan.

Despite ongoing challenge in securing substantive Interventional support the service delivered contractually agreed levels of activity in month.

The bloodtrack project will go-live in August.

Within Community services the management team continue to focus on the response to the CQC report, actions arising from the staff survey and pulling together the feedback from the team time-out in June which set out priorities.

The enhanced reablement service commenced on 2nd July and the falls response pilot with YAS also started in June. Both of these services will be monitored to assess performance.

Safe - key messages

Area	Reality	Response	Result
% Harm Free Care	% Harm Free Care has performed below the 95% target at 92.01%. The reduced performance is being driven by the number of pressure ulcers (old and new).	The Medicine division has focussed work on auditing standards and ensuring senior nursing staff are involved in safety thermometer audits - this has produced an improvement in the past two months. There is still some further work to do, however, encouraging that the majority of harm reported is pre-existing or minor.	The 95% target is currently under review and may change. There is some work being undertaken at a national level reviewing the Safety Thermometer. Accountable: Chief Nurse
% PPH ≥ 1500ml - all deliveries	Our PPH Rate is 3.8% which equates to 17 cases of women sustaining a PPH of greater than 1500mls for the month June. This is an improvement on May but still above the 3% target.	Analysis against the PPH Care Bundle (ARREST) of all 17 cases in June shows that a significant number 15/17 women who had a PPH >1500mls had no risk factors for a PPH. Fewer women were induced or augmented who sustained a PPH 35% 6/17. 65% 11/17 had a forceps or LSCS 59% 10/17 of these women had a blood transfusion following the PPH.	To continue to monitor rates and remain on track for PPH at a 6 monthly and 12 monthly level. Accountable to HoM/CD
Patient Incidents with Harm	The total number of incidents with harm decreased slightly this month to 212. The biggest decrease was in the medical division which reported 117 incidents of harm compared to 143 incidents in May. The overall number of patient incidents	Full analysis of incidents is taken monthly to the Patient Safety Group, and discussed with divisions.	The total numbers of overall incidents will continue to be monitored by the risk team.
Patient Incidents	The number of incidents reported this month is in line with previous months.	The Risk Team will work with divisions over the next year to promote incident reporting through training with new starters, staff development training and encouraging the use of locally developed 'trigger' lists of suggested incidents.	Anticipating an increase in 2018/19 over 2017/18 figures.
Serious Incidents	8 serious incidents were sent to the CCG in June. 3 of these were within timescales. FSS childrens services had 1 report which was sent on the due date. Medical division 2 reports were sent within timescales.	Work continues to manage the flow, focusing on targeting delays sooner to try to prevent intractable lengthy delays while encouraging those which can be completed in time to do so. The quality of investigation reports has improved significantly and there are fewer requests for further information from the CCG following investigation reports. The Investigations Pack has been published and is now made available to the investigation teams. The issue of low numbers of trained clinical investigators remains.	Continue to work towards an average of less than 20 days over and no more than 3 extensions on any single report.

Safe - Key measures

17/18		Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																	
All Falls	1,790	134	150	150	135	138	144	163	138	149	175	151	140	154	445	Refer to SPC charts	
Inpatient Falls with Serious Harm	30	3	1	4	0	2	1	3	1	3	3	1	1	3	5	Refer to SPC charts	
Falls per 1000 bed days	7.00	6.20	6.96	7.03	6.29	6.44	6.91	7.80	6.30	7.50	7.80	7.32	6.64	7.79	7.25	Refer to SPC charts	
% Harm Free Care	93.66%	93.77%	94.27%	93.18%	94.82%	93.90%	93.41%	93.45%	92.70%	92.30%	92.50%	91.57%	94.41%	92.01%	92.62%	>=95%	95%
Number of Serious Incidents	62	6	8	7	3	5	5	6	4	6	4	5	5	1	11	Refer to SPC charts	
Number of Incidents with Harm	2,101	177	172	141	122	163	187	212	209	179	259	218	230	212	660	Refer to SPC charts	
Percentage of Duty of Candour informed within 10 days of Incident	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%	95%	95%
Never Events	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Percentage of SIs investigations where reports submitted within timescale – 60 Days	37.53%	40.00%	28.57%	66.00%	42.00%	0.00%	37.80%	30.00%	25.00%	66.00%	0.00%	40.00%	14.00%	37.50%	33.00%	>=50%	50%
Maternity																	
Elective C-Section Rate	10.00%	9.80%	9.60%	7.80%	9.70%	9.10%	11.70%	9.20%	9.60%	11.00%	11.60%	9.70%	10.20%	8.60%	9.50%	<=10% Threshold	10%
Emergency C-Section Rate	13.90%	11.80%	11.30%	16.60%	13.50%	13.80%	14.50%	14.60%	16.80%	15.70%	14.40%	20.30%	15.10%	19.10%	18.10%	<=15.6% Threshold	15.6%
Total C-Section Rate	23.92%	21.60%	20.89%	24.39%	23.23%	22.84%	26.21%	23.80%	26.40%	26.10%	25.93%	30.00%	25.29%	27.75%	27.60%	<=26.2% Threshold	26.2%
Proportion of Women who received Combined Harm Free Care	76.17%	78.30%	85.71%	77.27%	71.43%	74.60%	64.00%	71.74%	85.71%	71.43%	76.92%	81.67%	78.72%	in arrears	80.20%	>=70.9%	70.9%
% PPH ≥ 1500ml - all deliveries	3.00%	3.60%	4.00%	2.40%	3.70%	3.20%	2.40%	4.18%	1.80%	3.60%	2.10%	3.08%	5.80%	3.80%	4.30%	<=3.0%	3.0%
Antenatal Assessments < 13 weeks	91.44%	91.09%	90.52%	92.95%	90.13%	92.37%	92.77%	90.60%	91.51%	91.93%	90.00%	91.20%	93.03%	91.30%	91.84%	>90%	90%
Maternal smoking at delivery	12.50%	11.40%	12.70%	14.20%	13.10%	10.30%	11.90%	16.70%	11.86%	13.06%	13.70%	17.20%	10.90%	12.90%	13.60%	<=11.9%	11.90%
Pressure Ulcers																	
Number of Trust Pressure Ulcers Acquired at CHFT	427	36	26	25	26	36	32	48	42	28	59	40	35	under validation	75	Refer to SPC charts	
Pressure Ulcers per 1000 bed days	1.67	1.67	1.21	1.17	1.21	1.68	1.53	2.3	1.92	1.41	2.67	1.93	1.66	under validation	1.93	Refer to SPC charts	
Number of Category 2 Pressure Ulcers Acquired at CHFT	313	22	18	21	14	26	23	38	31	17	51	32	28	under validation	60	Refer to SPC charts	
Number of Category 3 Pressure Ulcers Acquired at CHFT	105	14	6	4	12	10	9	10	10	10	6	8	7	under validation	15	Refer to SPC charts	
Number of Category 4 Pressure Ulcers Acquired at CHFT	8	0	2	0	0	0	0	0	1	1	1	0	0	under validation	0	0	0
% of leg ulcers healed within 12 weeks from diagnosis	95.20%	93.80%	91.70%	97.70%	100.00%	93.80%	88.50%	100.00%	88.00%	96.30%	95.00%	87.50%	93.62%	100.00%	94.20%	>=90%	90%
Percentage of Completed VTE Risk Assessments	94.68%	91.57%	93.66%	92.41%	92.70%	97.34%	97.06%	96.69%	96.44%	97.07%	97.29%	97.35%	97.10%	97.80%	97.41%	>=95%	95%
Safeguarding																	
Alert Safeguarding Referrals made by the Trust	168	13	8	12	12	16	12	12	9	15	15	24	26	24	74	Not applicable	
Alert Safeguarding Referrals made against the Trust	170	14	16	12	18	9	18	6	23	16	14	6	17	35	58	Not applicable	
Community Medication Incidents	41	3	4	4	2	5	4	7	2	2	1	3	1	6	10	0	0
Health & Safety Incidents	274	36	25	15	31	25	22	30	18	13	21	21	14	0	35	0	0
Health & Safety Incidents (RIDDOR)	10	0	1	0	2	0	1	0	1	0	0	0	0	0	0	0	0
Electronic Discharge																	
% Complete EDS	96.03%	95.76%		96.07%	96.72%		97.91%	97.79%	97.49%	95.53%	93.18%	98.00%	97.40%	95.70%	97.04%	>=95%	95%

Caring - Key messages

Area	Reality	Response	Result
Friends and Family Test Outpatients Survey - % Would Recommend	Performance has remained static at just over 90.4% in June.	Waiting Time Review - OPD team report any delays over 90 mins through Datix. Verbal information is given to patients informing them of the delay, the length of the delay is also posted in the waiting area (ongoing)	Sustained and improved performance over forthcoming months. Monitoring of CHFT performance in line with national benchmarking on a quarterly basis.
		Matron and area managers are visible in all the departments and sense check user satisfaction (Ongoing).	Accountable: Clinical Managers and Matron for Outpatients
		GM and Ops manager to review clinic start and end times, and clinician presence to ensure understanding of which patients experience delay and agree mitigating actions (Completed by	
Friends & Family Test - AE % Would Recommend	Friends and Family Test A & E Survey - % would recommend the service decreased to 84.3% in-month.	The ED department has improved its response in June. It continues to build on the progress that the Quality Lead has supported since coming into post. Its recommend position has dipped in-month. The Quality Lead is reviewing the narrative and pulling together a plan to ensure that mitigations/solutions are put in place following the learning.	Expected that by the end of Q1 that ED will be in line or above the national average. Accountable: Matron for ED/ADN Medicine.
	Our FFT results for June show that 92% of respondents would recommend our services compared to 92.6% in May. The number of responses for June total 564, a decrease of 367 from May, which represents a drop from 6.3% to 4.2%.	The Immunisation team's activity has ceased to be face to face until September. This is reflected in the reduced number of responses for June. Scores and comments circulated to all teams and focus is on those services with a reduced 'would recommend'	Improvement in 'would recommend' expected in Q2. We will continue to monitor the response rate and the process of collecting and reporting data. By when: Review September 2018
Friends & Family Test - Community % Response Rate & Would Recommend			

Caring - Complaints Key messages

Area	Reality	Response	Result
	<p>Of the 53 complaints closed in June, 30% (16/53) of these were closed within target timeframe. The number of overdue complaints was 33 at the end of June compared to 27 at the end of May which was a 22% increase. Ongoing work with the Divisions ensures that the focus remains on closing overdue complaints.</p> <p>In June SAS closed 24% (4/17) of their complaints within the agreed timescale, Medicine 26% (5/19), and FSS 46% (6/13).</p>	<p>This is now in escalation and will report to Quality Committee this month.</p> <p>At Trust level we continue to work with the Divisions in order to continue to improve the complaints handling process. Complaints are monitored on a weekly basis, each complaint that is breaching is then highlighted to the complaint leads for that Division. The reason for any delay can then be investigated and resolved, or if necessary, escalated to the Divisional triumvirate. Divisional panels are held weekly to discuss and review draft responses prior to signature.</p> <p>Within Medicine during June the work has continued on clearing the backlog of overdue complaints. The division has reviewed its processes and clarified this to directorate teams to expedite process, in addition it has facilitated a number of master classes with teams to support them.</p> <p>Within Surgery all overdue complaints have plans in place. As of July 2018 there are 13 overdue complaints - of the 13, 9 have gone for closure. The 4 remaining complaints are priority within division.</p>	<p>With continued support from the Divisional triumvirate, the backlog of breaching complaints is expected to be cleared by early August 2018.</p> <p>Accountable : Head of Risk and Governance and Divisional Leads</p>

% Complaints closed within target timeframe

Complaints Background

The Trust received 46 new complaints in June and re-opened 3 complaints, making a total number of 49 complaints received which is a slight decrease from May where 3 new complaints were received.

The top 3 Complaints subjects for June were;

Clinical Treatment
Communications
Patient Care (including Nutrition and Hydration)

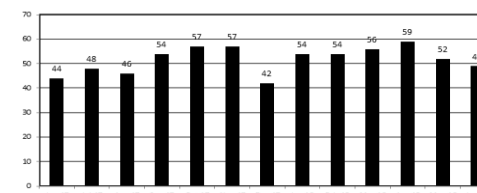
The complaints subjects have remained the same since May. Complaint subjects and trends form part of the Complaints Quarterly Report which is then discussed at the Patient Experience Groups.

Severity: The Trust received 4 new Red complaints in June, 2 assigned to Medicine and 2 assigned to FSS Division.

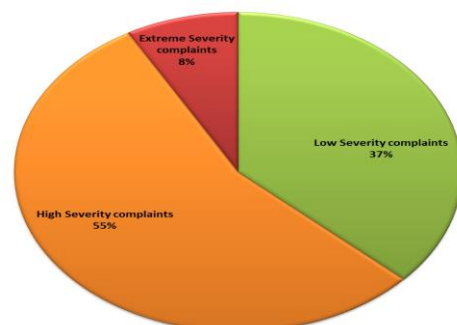
PHSO Cases:

We received 0 new Ombudsman/PHSO cases in June and 0 cases were closed. There were 6 active cases under investigation by the Ombudsman at the end of June.

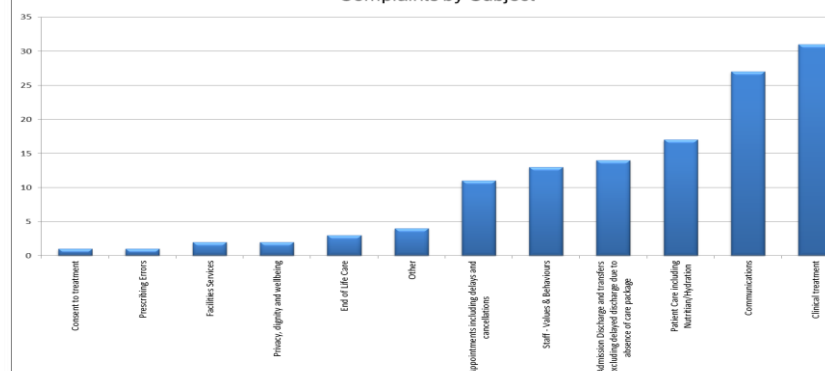
Complaints by Received (Month and Year)



Complaints - Severity



Complaints by Subject



Caring - Key measures

17/18		Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18		YTD	Target	Threshold/Monthly
Complaints																		
% Complaints closed within target timeframe	48.70%	46.00%	46.00%	47.00%	63.41%	44.40%	53.00%	38.00%	54.00%	31.00%	52.00%	37.00%	44.00%	30.00%	38.00%	95%	95%	
Total Complaints received in the month	593	41	47	45	52	50	56	43	53	53	52	57	51	48	156	Refer to SPC charts in Appendix		
Complaints re-opened	68	4	2	8	4	6	3	2	10	10	5	4	9	3	16	Refer to SPC charts in Appendix		
Inpatient Complaints per 1000 bed days	2.18	1.8	2.1	1.8	2.4	2.5	2.4	1.9	2.3	2.6	2.2	2.8	2.6	2.7	2.7	Refer to SPC charts in Appendix		
No of Complaints closed within Timeframe	293	25	20	18	26	16	38	29	28	14	24	18	27	15	60	Refer to SPC charts in Appendix		
Friends & Family Test																		
Friends & Family Test (IP Survey) - Response Rate	31.40%	29.40%	30.50%	33.20%	33.50%	34.10%	34.50%	30.10%	33.40%	33.50%	35.00%	40.00%	39.00%	38.80%	39.50%	>=25.9% /24.5% from June 18		
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	95.30%	96.10%	97.20%	96.70%	97.10%	96.80%	96.20%	96.80%	97.60%	97.60%	96.70%	98.00%	97.40%	97.40%	>=96.3% / 96.7% from June 18		
Friends and Family Test Outpatient - Response Rate	10.10%	8.20%	8.70%	11.10%	11.30%	11.30%	11.20%	10.20%	10.80%	11.10%	10.00%	11.30%	10.50%	11.40%	11.00%	>=5.3% / 4.7% from June 18		
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	89.50%	88.20%	88.80%	88.50%	89.40%	88.80%	90.00%	91.50%	90.60%	90.80%	90.70%	91.00%	90.40%	90.70%	>=95.7% / 96.2% from June 18		
Friends and Family Test A & E Survey - Response Rate	10.20%	10.70%	12.50%	11.70%	11.00%	11.10%	10.50%	10.10%	10.40%	10.30%	10.80%	10.70%	9.60%	12.80%	11.00%	>=13.3% / 11.7% from June 18		
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	85.20%	85.40%	86.00%	86.80%	86.10%	85.50%	85.20%	87.30%	85.00%	82.10%	84.70%	86.30%	84.30%	85.00%	>=86.5% / 87.2% from June 18		
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	37.70%	38.30%	45.10%	49.90%	36.20%	45.20%	36.20%	39.90%	47.30%	33.70%	33.20%	34.80%	34.80%	34.30%	>=20.8%		
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.00%	96.90%	98.00%	97.90%	98.30%	98.20%	98.00%	98.50%	99.00%	98.50%	98.00%	98.90%	98.20%	98.40%	>=97% / 97.3% from June 18		
Friends and Family Test Community - Response Rate	6.50%	7.93%	9.53%	9.84%	12.70%	2.09%	4.50%	2.70%	1.60%	3.40%	2.80%	3.60%	6.30%	4.20%	4.70%	>=3.5%		3.5%
Friends and Family Test Community Survey - % would recommend the Service	90.00%	87.83%	86.67%	87.61%	89.55%	97.48%	97.02%	91.30%	99.10%	96.40%	97.50%	93.90%	92.60%	92.00%	92.80%	>=96.6%		96.6%
Caring																		
Number of Mixed Sex Accommodation Breaches	5	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
% Dementia patients following emergency admission aged 75 and over	23.19%	27.23%	29.92%	27.75%	25.25%	26.71%	30.10%	27.73%	20.97%	20.72%	22.43%	24.19%	29.84%	28.06%	27.44%	>=90%		90%

Caring - What our patients are saying

Some of the positive feedback we have received

HCDU- Excellent! Very fast action from all sections of NHS. Superb support and care, very professional. Very clear about my condition, treatment and outcomes.

H22- Staff very helpful and friendly, willing to help you at any time. Anaesthetist was very understanding of how I felt and Surgeon very helpful and explained everything to me.

ENDO HRI- Very friendly, polite and courteous staff who all introduced themselves. They knew I was diabetic and I was offered a drink and a sandwich, which I was very grateful for.

4C- Everything went according to plan. All staff discussed their role and what they'd be doing and what was required from me. Staff very attentive. Regular observations and asking if in need of pain relief. Meals better than expected!

NISCBU- Everything, from start to end. All treatment needed was a success and went smoothly. All the staff are amazing in what they do. They make everyone feel welcome [smiley face].

6BC- The Doctors really looked into my problems. All the staff, including Cleaners, did their jobs well. The food was excellent. A hard job done well

You Said...

To be able to access a tea or coffee on a morning, without having to leave my child.

The High Dependency Unit seemed to have very bright lighting at night which, with the necessary bleeps, made it hard to sleep.

Air conditioning as it was too hot, or turn off the heaters.

Will you please fix the television in bed 17B, so parents can watch tv while next to their child, especially for long admissions as the parents' room is far when you need to stay close to your child [smiley face].

We did...

Due to the Safety of the Children on the unit we have designated places where hot drinks are available. We also offer a bring me food service which includes hot drinks to the child's bedside.

Unfortunately due to the nature of the patients on the unit there is frequently a need to use bright lighting however staff will in future endeavour to dim or turn off the lights when they are not required.

We endeavour to provide fans to patients who are too warm on the wards.

The organisation are currently reviewing the contract we have for the use of bedside TV's. We do have a limited number of portable TV's available on the Childrens unit. The Matron will contact the Estates Department to try to progress this service as it is recognised how important a TV can be during a child's stay in hospital

Effectiveness - Key messages

Area	Reality	Response	Result
Hospital Mortality Measures	Initial Screening Reviews (ISR) are now being allocated to consultants, SAS doctors and some senior nurses throughout the Trust.	Mortality reviews continue to be allocated albeit on a monthly basis for an ISR (Initial Screening Review). The ISR online tool has been shortened and revised to reflect questions relating to quality of care. Face to face training support remains on offer. Senior nurses are also being asked to contribute to these. SJRs are up to date with bi-monthly discussion at the LfD panel.	As HSMR and SHMI continue to improve the emphasis will remain on learning from deaths with regular quarterly reports to the BoD. Accountable: Plan agreed with DD's, Medical Director and Associate Medical Director
% Sign and Symptom as a Primary Diagnosis	Slight improvement on previous month. There is a large variation in performance at specialty level and only FSS Division is achieving the target.	The audit work continues within specialties with the clinician with a coding PA working on specific TF's to identify common issues. 2 of the coding team have achieved the ACC qualification. A Clinical Coding Action plan has been drafted for 2018/19 which looks to address some of the key issues affecting the quality of the coding. This will be finalised by the end of July and progress monitored via Clinical Coding	Expectation is that this will improve through resolving documentation and data quality issues in the areas that are not achieving the national upper quartile target. Accountable: Associate Medical Director and Clinical Coding Manager
Stillbirth and Perinatal Death Rate	In June we have had 4 stillbirths and 1 neonatal death.	All stillbirths are reviewed using the Perinatal mortality review tool (PMRT) national recommendation whose aim is to have a systematic, multidisciplinary, high quality reviews of the circumstances and care leading up to and surrounding each stillbirth and neonatal death.	Continue to see a reduced stillbirth rate compared to previous years. Accountable - HOM/Divisional ADN

Effectiveness - Key measures

17/18		Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD	Target	Threshold/Mon thly
Infection Control																	
Number of MRSA Bacteraemias – Trust assigned	5	2	1	0	0	0	0	0	0	2	0	0	0	0	0	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	40	4	2	2	2	1	6	4	7	3	7	4	4	4	12	No target	
Preventable number of Clostridium Difficile Cases	8	0	2	1	0	0	2	2	0	0	0	3	1	1	5	<=20	<= 2
C-diff per 100,000 bed days		UNDER DEVELOPMENT AND TIMELINE - July IPR															
Number of MSSA Bacteraemias - Post 48 Hours	22	2	1	2	3	1	0	2	2	0	2	0	1	0	1	<=12	1
Number of E.Coli - Post 48 Hours	48	5	5	1	4	6	2	6	7	6	4	6	4	1	11	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.06%	not reported	not reported	not reported	not reported	not reported	not reported	88.30%	92.20%	95.50%	95.70%	98.34%	96.37%	97.62%	97.40%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.22%	0.00%	0.66%	0.00%	0.43%	0.65%	0.45%	0.22%	0.29%	1.14%	0.25%	0.00%	0.94%	0.40%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.17%	0.66%	0.00%	0.00%	0.00%	0.00%	0.22%	0.22%	0.00%	0.29%	0.00%	0.25%	0.23%	0.23%	0.24%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.00%	0.22%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	909.96	101.87	100.81				100.64			Next Publication due July 18					100.64	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47	93.17	92.86	91.08	91.47	89.86	87.79	86.16	85.19	83.91	82.47	Next Publication due July 18			82.47	<=100	100
% of Initial Screening Reviews (Mortality)	24.90%	29.40%	23.20%	11.80%	25.60%	31.40%	25.40%	38.00%	29.00%	33.10%	24.10%	20.80%	26.50%	in arrears	23.50%	Q1 50% / Q2 65% / Q3 80% / Q4 90%	
Crude Mortality Rate	1.50%	1.47%	1.43%	1.17%	1.31%	1.21%	1.34%	1.82%	1.93%	1.94%	1.60%	1.40%	1.17%	1.23%	1.28%	No target	
Coding and submissions to SUS																	
% Sign and Symptom as a Primary Diagnosis	10.38%	11.32%	11.60%	11.41%	10.14%	11.03%	9.83%	9.03%	9.70%	10.30%	10.41%	10.43%	9.92%	9.90%	10.00%	<=9.0%	9.0%
Average co-morbidity score	6.11	6.73	6.73	6.31	5.95	5.95	5.85	6.25	6.15	6.01	5.87	5.65	5.5	5.45	5.53	>=4.61	4.61
Average Diagnosis per Coded Episode	5.86	5.9	6.07	5.89	5.78	5.81	5.67	5.88	5.84	5.95	5.91	5.8	5.7	5.76	5.76	>=5.5	5.5
CHFT Research Recruitment Target	1,485	154	164	112	138	144	133	98	173	140	129	148	206	171	525	>=1,473	122
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	76.21%	64.44%	65.91%	75.76%	66.67%	73.68%	92.31%	68.29%	74.42%	93.75%	87.88%	75.68%	83.33%	85.42%	81.82%	>=85%	85%
IPMR - Breastfeeding Initiated rates	75.90%	75.90%	72.80%	75.90%	75.30%	75.80%	76.90%	76.10%	76.20%	74.10%	76.10%	77.38%	77.20%	75.90%	76.82%	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	10.21%	11.10%	10.86%	9.48%	9.64%	9.66%	9.90%	10.44%	10.90%	10.34%	9.63%	9.24%	10.33%	in arrears	9.79%	<=9.8%	9.80%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	10.08%	11.09%	10.05%	9.29%	9.82%	10.53%	9.44%	9.80%	10.54%	11.10%	10.28%	10.23%	9.71%	in arrears	9.97%	<=8.03%	8.03%
Community																	
% Readmitted back in to Hospital within 30 days for Intermediate Care Beds	7.00%	10.10%	11.50%	4.90%	5.40%	4.70%	3.10%	5.20%	7.90%	3.00%	6.30%	1.60%	10.90%	6.20%	6.20%	0%	0%
Hospital admissions avoided by Community Nursing Services	1,389	105	81	161	129	122	74	63	130	151	172	158	178	176	512	>=116	116
Community - No Access Visits	0.93%	1.00%	0.89%	0.94%	0.92%	0.85%	0.94%	0.82%	0.91%	0.93%	0.88%	0.84%	0.93%	0.96%	0.91%	0%	0%

Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	ECS <4 hours performance increased in month to 94.78%, with CRH achieving > 95% for the whole month and an improvement also seen on the HRI site.	ECS <4 hours performance - A further improvement has been seen in month and work continues with the system to achieve the target of 95%. The team continues to work with the acute directorate to review how admission avoidance is implemented on the HRI site and work continues with the frailty team to review current pathway and impact on CDU and ED. The ED team continues to turn around the patients that can be seen in a GP setting.	ECS - Continue to improve the ECS performance. This was achieved in June 2018
	A&E Ambulance Handovers 30-60 mins (Validated) - 9 in month which is an increase of 1 from last month.	The focus for the next month will be on embedding the action cards into the co-ordinator's role. Co-ordinator study days have been well received and the Directorate will monitor the role and improvements going forward.	30-60 mins breaches - We are aiming to maintain the improvement seen with 10 or less 30-60 minute breaches in month. This was achieved in June 2018
	A&E Ambulance 60+ mins - 0 in month	A&E Ambulance Handovers 30-60 mins (validated) - Work continues with the YAS leads in department to complete RCA's on patients waiting over 30 minutes for assessment. The financial penalties of breaching are now displayed in department to try to improve performance. The team will continue to meet with colleagues in YAS and review the space at CRH to add an additional assessment bed.	60+ mins ambulance handover breaches - Continue to have no 60 minute breaches. This was achieved in June 2018
			Accountable: Director of Operations - Medicine
Stroke	% Stroke patients spending 90% of their stay on a stroke unit has improved in month to 90%.	A marked improvement has been seen in month with all targets met with the exception of direct admission to the stroke unit within 4 hours. Although this target was missed a significant improvement has been seen in month and performance is above YTD average. Analysis of the breaching patients in month has highlighted a couple of incidents of potentially avoidable delayed transfer from HRI to CRH and the matron is picking this up with the Stroke team.	Develop a stroke assessment area within ED. Aiming to achieve by March 2018, however this is dependant on identifying a suitable location. This has now been achieved and the pilot commenced on Monday 9th July.
	% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 68.63% in month. This is an increase on last month at 53.49%.		
	% Stroke patients Thrombolysed within 1 hour. 60% Stroke patients were thrombolysed within 1 hour of hospital arrival. This is above the target of 55%	The directorate has continued to work with the ED team to work through the solution for the stroke assessment bed and the pilot went live on Monday 9th July. This is expected to deliver a further improvement in stroke performance and will be monitored closely. The theory is that when patients are seen by the correct clinician earlier and receive a correct diagnosis earlier, performance should improve across all 4 indicators.	Accountable: Divisional Director Medicine
	% Stroke patients scanned within 1 hour of hospital arrival is 50% in month against 48% target.		
Cancer	Within the Surgical division, Cancer performance has performed in excess of target for all areas except for those highlighted below.	Bradford Teaching Hospitals is currently struggling with capacity for both Medical Oncology and Theatres which has resulted in all Urology patients being referred breaching the 62 day target. The volume of breaches, despite the majority being referred by D38, has had a direct impact on CHFT 62 day performance. Further work has commenced with the CHFT team to improve the early part of the pathway to support later capacity constraints and at a meeting between Bradford, Airedale and CHFT we have offered to undertake some non-cancer work to help support and are awaiting feedback. July also has a high volume of Urology breaches and a risk to delivery this month.	Challenges remain with the cancer targets but improvements are being seen and monitored.
	38 Day Referral to Tertiary, remained low at 16.6%		
	62 Day GP Referral to Treatment, a number of specialities in June contributed to a poor performance against this target, breaching the target of the first time since October.		The expectation of hitting 100% of patient seen before 104 is likely to remain challenging as a thematic review of all patients breaching this target shows that medical complications are the main cause of delays of this nature.
	104 Referral to Treatment: There was one patient treated at a tertiary centre who breached the 104 target.		Accountable: General Managers of relevant Tumour Sites
	The Medical division has again achieved all cancer targets for the month of June with the exception of the 38 day referral to tertiary. The performance for 38 day Referral to Tertiary was 33.33% in month which is a decrease from last month (50%).	Within the Medical division teams are continuing to focus on reducing the time to diagnosis and a traffic light system will be in place from 1st July to reduce the time waiting for MDT discussion. Patient numbers have been very low in month therefore a single breach can pull the performance down dramatically.	

Responsive - Key measures

	17/18	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD	Target	Threshold/Mn onthly
Accident & Emergency																	
Emergency Care Standard 4 hours	90.61%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	94.78%	93.22%	>=95%	95%
Emergency Care Standard 4 hours inc Type 2 & Type 3	91.28%					95.19%	92.20%	89.76%	92.17%	88.68%	86.67%	92.90%	94.27%	95.51%	94.25%	>=95%	95%
A&E Ambulance Handovers 15-30 mins (Validated)	10218	927	955	815	992	972	758	872	747	764	828	653	640	566	1859	0	0
A&E Ambulance Handovers 30-60 mins (Validated)	287	23	36	38	17	7	5	16	26	10	15	6	10	9	25	0	0
A&E Ambulance 60+ mins	12	1	1	0	0	1	0	1	4	0	0	0	0	0	0	0	0
A&E Trolley Waits (From decision to admission)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
Patient Flow																	
Delayed Transfers of Care	2.80%	2.79%	3.32%	4.54%	1.96%	3.51%	2.01%	3.40%	2.05%	1.89%	2.70%	3.24%	3.49%	3.61%	3.45%	<=3.5%	3.5%
Coronary Care Delayed Discharges		UNDER DEVELOPMENT AND TIMELINE - July IPR															
Green Cross Patients (Snapshot at month end)	108	77	107	104	120	90	119	100	117	124	108	119	119	99	99	<=40	<=40
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	87.02%	88.14%	82.46%	86.00%	91.38%	76.09%	92.00%	84.62%	95.12%	91.89%	78.69%	91.84%	85.71%	90.00%	89.36%	>=90%	90%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	54.24%	67.24%	58.82%	63.79%	46.81%	60.00%	52.50%	80.95%	70.27%	48.38%	58.00%	53.49%	68.63%	60.42%	>=90%	90%
% Stroke patients Thrombolysed within 1 hour	81.93%	75.00%	88.89%	40.00%	80.00%	88.89%	83.33%	100.00%	81.82%	83.33%	100.00%	83.33%	100.00%	60.00%	78.26%	>=55%	55%
% Stroke patients scanned within 1 hour of hospital arrival	41.87%	35.59%	38.98%	47.17%	38.98%	42.86%	37.25%	30.00%	57.14%	52.63%	41.94%	39.62%	40.43%	50.00%	43.42%	>=48%	48%
Stroke new indicator to add		UNDER DEVELOPMENT AND TIMELINE - July IPR															
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.84%	0.66%	1.05%	0.69%	1.21%	0.89%	0.69%	0.54%	1.09%	0.76%	1.07%	0.34%	0.41%	0.27%	0.34%	<=0.6%	0.6%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	7	0	0	0	0	0	1	0	5	1	0	0	1	0	1	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	93.03%	not available	not available	94.50%	92.35%	91.59%	90.60%	92.84%	92.32%	93.42%	92.33%	91.49%	92.48%	92.60%	92.20%	>=95%	95%
% Admitted Closed Pathways Under 18 Weeks	83.21%	not available	not available	not available	not available	80.79%	79.59%	82.73%	85.30%	83.51%	80.03%	81.13%	83.02%	80.78%	81.66%	>=90%	90%
% Incomplete Pathways <18 Weeks	93.75%	92.58%	92.55%	92.12%	92.41%	92.08%	92.45%	92.61%	94.09%	92.76%	93.75%	93.77%	93.32%	94.05%	94.05%	>=92%	92%
18 weeks Pathways >=26 weeks open	549	not available	not available	not available	541	602	1350	695	606	585	549	486	501	445	445	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	99.59%	99.57%	98.54%	98.52%	98.72%	99.57%	97.27%	98.18%	99.07%	99.61%	99.59%	98.81%	98.74%	99.81%	99.81%	>=99%	99%
Cancer																	
Two Week Wait From Referral to Date First Seen	94.09%	86.21%	92.30%	95.14%	94.40%	94.19%	97.96%	99.01%	94.94%	99.06%	96.83%	95.63%	98.79%	98.68%	97.78%	>=93%	93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	89.25%	91.44%	91.53%	93.10%	93.33%	95.54%	96.82%	94.55%	98.26%	95.81%	95.48%	95.28%	98.92%	96.44%	>=93%	93%
31 Days From Diagnosis to First Treatment	99.83%	100.00%	99.47%	100.00%	99.26%	100.00%	100.00%	100.00%	99.41%	100.00%	100.00%	100.00%	99.34%	99.28%	99.53%	>=96%	96%
31 Day Subsequent Surgery Treatment	99.26%	100.00%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=94%	94%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%	98%
38 Day Referral to Tertiary	45.49%	29.17%	33.33%	56.52%	70.00%	47.62%	55.56%	50.00%	45.16%	52.38%	47.62%	45.00%	43.48%	23.53%	38.33%	>=85%	85%
62 Day GP Referral to Treatment	88.67%	88.52%	83.41%	91.95%	93.15%	84.03%	88.89%	88.05%	91.76%	88.24%	90.32%	90.66%	92.35%	84.29%	88.95%	>=85%	85%
62 Day Referral From Screening to Treatment	94.87%	100.00%	87.50%	93.75%	88.24%	100.00%	100.00%	100.00%	95.45%	100.00%	90.00%	81.82%	90.91%	100.00%	90.63%	>=90%	90%
104 Referral to Treatment - Number of breaches	30.5	2	9.5	1	2	3	3.5	0.5	1	2.5	1	2.5	0.5	3	6	0	0
104 Referral to Treatment - Number of patients still waiting		UNDER DEVELOPMENT AND TIMELINE - July IPR														0	0
Elective Access																	
Appointment Slot Issues on Choose & Book	21.45%	11.92%	16.42%	14.24%	13.04%	16.46%	26.71%	28.82%	23.50%	33.14%	40.26%	34.92%	38.54%	41.14%	38.54%	<=5%	5%
Holding List > 12 Weeks	3,967	3,205	4,874	7,432	9,821	9,232	7,624	7,163	6,199	4,750	3,967	3,175	2,707	2,449	2,449	0	0

Area	Reality	Response	Result																											
Sickness Absence	Total sickness absence rate is currently 4.07% (Rolling). This is an improved position from the same point in 2017 (4.21%), and is currently performing to the target (4.00%).	HR Advisers continue to hold regular cross-site drop-in sessions and regularly review sickness absence cases.	Manage processes to ensure rolling 12 month sickness absence rates achieve the 4% target. Accountable: Executive Director of Workforce and OD.																											
	The in-month sickness absence rate of 3.54% is made up of 806 sickness absence occurrences, accounting for 5,737.89 FTE days lost. This is a decrease from 848 occurrences in April.	HR Advisers are currently working with Occupational Health to promote 'Stress Health Matters' for all line managers within Divisions with a view to facilitate training for all managers over the next 12 months.																												
	The in-month long term sickness absence is 2.38% for May (2.53% Rolling) against a target of 2.70%. This is an improved position from 2.54% in April.	The Occupational Health Team are inviting colleagues to attend a wellbeing 'hot house' event in the learning centre at HRI on 7th August. The event will help to detail the Trust's wellbeing strategy and action planning.																												
	The in-month short term sickness absence rate is currently 1.17% for May (1.54% Rolling) against a target of 1.30%. This is an improved position from 1.36% in April and an improving position compared with 1.41% at the same point in May 2017.	There are currently 80 volunteer wellbeing support peers and the Occupational Health Team are planning for training and a launch event in August.																												
	Divisional total sickness absence rate in April and May is:-	HR Advisers continue to address low return to work interview completion with Divisions at confirm and challenge/support meetings. As part of the ESR Manager Self Service Project, the Workforce BI Team will be holding training sessions on the ESR Business Intelligence dashboards. This will give managers the skills to extract live data on RTW completion and enable them to focus attention where required.																												
	<table><tr><td></td><td>Apr 18</td><td>May 18</td></tr><tr><td>Community</td><td>2.92%</td><td>2.46%</td></tr><tr><td>Corporate</td><td>3.42%</td><td>3.54%</td></tr><tr><td>Estates & Facilities</td><td>6.18%</td><td>5.40%</td></tr><tr><td>FSS</td><td>3.50%</td><td>3.71%</td></tr><tr><td>Health Informatics</td><td>3.07%</td><td>4.16%</td></tr><tr><td>Medical</td><td>3.76%</td><td>3.62%</td></tr><tr><td>HPS</td><td>2.02%</td><td>1.28%</td></tr><tr><td>Surgery & Anaesthetics</td><td>3.29%</td><td>3.16%</td></tr></table>			Apr 18	May 18	Community	2.92%	2.46%	Corporate	3.42%	3.54%	Estates & Facilities	6.18%	5.40%	FSS	3.50%	3.71%	Health Informatics	3.07%	4.16%	Medical	3.76%	3.62%	HPS	2.02%	1.28%	Surgery & Anaesthetics	3.29%	3.16%	Divisional In Surgery & Anaesthetics, the HR Adviser has recently met with managers in the top 3 areas for sickness absence to discuss ongoing absence cases and ensure management plans are in place to help facilitate a quicker return to work. Patterns and frequency of absence are also being discussed to ensure triggers are identified and the attendance management policy is being adhered to. Actions from these meetings were identified and will be followed up.
		Apr 18		May 18																										
	Community	2.92%		2.46%																										
	Corporate	3.42%		3.54%																										
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Surgery & Anaesthetics	3.29%	3.16%																												
RTW interview compliance has decreased to 54.34% from 60.38% in April. Divisional performance for April and May is :-	In Medicine, the three areas with the highest sickness absence rate have been identified and meetings are being arranged with line managers to identify patterns of sickness absence. The meetings will also be used to assess the quality of the return to work interviews. The HR Adviser continues to attend the confirm and support meetings where both short term and long term absences are discussed to ensure that tailored management plans are in place.																													
<table><tr><td></td><td>Apr 18</td><td>May 18</td></tr><tr><td>Community</td><td>45.28%</td><td>49.18%</td></tr><tr><td>Corporate</td><td>49.15%</td><td>54.17%</td></tr><tr><td>Estates & Facilities</td><td>60.61%</td><td>53.23%</td></tr><tr><td>FSS</td><td>63.36%</td><td>54.88%</td></tr><tr><td>Health Informatics</td><td>44.44%</td><td>45.00%</td></tr><tr><td>Medical</td><td>62.95%</td><td>55.29%</td></tr><tr><td>HPS</td><td>80.00%</td><td>42.86%</td></tr><tr><td>Surgery & Anaesthetics</td><td>57.89%</td><td>56.22%</td></tr></table>		Apr 18	May 18	Community	45.28%	49.18%	Corporate	49.15%	54.17%	Estates & Facilities	60.61%	53.23%	FSS	63.36%	54.88%	Health Informatics	44.44%	45.00%	Medical	62.95%	55.29%	HPS	80.00%	42.86%	Surgery & Anaesthetics	57.89%	56.22%	In FSS, detailed reviews have taken place within the Womens, Childrens and Outpatients Directorates for all sickness absence, and plans have been updated where needed. Further detailed absence reviews are scheduled for Pathology and Radiology during July and August. The HR Business Partner and HR Adviser will be attending future confirm and challenge meetings with a focus on attendance management.		
	Apr 18	May 18																												
Community	45.28%	49.18%																												
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Anxiety/Stress/Depression/Other Psychiatric illness was the main reason for sickness absence in May with 1,728.92 FTE days lost from a total for all sickness absence of 5,737.89 FTE days lost. This is most prevalent in the Nursing & Midwifery and Admin & Clerical staff groups where it accounts for 31.33 % and 34.00% of sickness absence respectively.	In Community, the attendance management session organised for 11th July was well attended and as a result further sessions have been planned. The HR Adviser monitors absence on a monthly basis to ensure the policy is consistently applied. For staff on long term sickness due to stress/anxiety/depression, early intervention is instigated and regular contact maintained.																													
	In Estates & Facilities, meetings continue to be held with operational managers to challenge staff on patterns of short-term sickness and to check the specific detail of long-term cases in order to facilitate a quicker return to work. Listening sessions are being held between Heads of Service and the HR Business Partner to identify any workplace issues that may potentially contribute to future sickness. The sessions are well attended and issues raised are being acted on by management. Whilst there is further work to do, absence rates have shown a sustained reduction over a number of months.																													

Area	Reality	Response	Result
Recruitment & Retention	The number of vacancies decreased in June to 269.28 FTE from 278.74 FTE in May.	Recruitment Applicants from the International recruitment trip to the Philippines continue to progress (119 offers were made in the country, since March 2017, with on-going training and tests underway), 10 Nurses have started with the Trust in 2018, with 58 still engaged in the recruitment process, 10 of which are due for deployment to the UK in August. The IELTS language test has previously been a barrier but a change in process to the Occupational English Test (OET) language test should give the Trust a better success rate.	To make CHFT the employer of choice in a competitive environment through a recruitment strategy which includes candidate attraction to the Trust.
	Work is ongoing by Finance to ensure the budgeted establishment is correct at a granular level.		
	The Trust's 12 month rolling turnover is 10.75% for June, an improved position from 10.87% in May.	53 Student Nurses are currently engaged and under offer ahead of their qualification in September. Advertising is continuing to encourage final year university students to apply and provides additional information around the support offered to newly qualified nurses at the Trust.	Develop a Retention Strategy with interventions aimed at key staff groups which currently have a high turnover.
	Junior doctors and employee transfers to other organisations are not included in turnover figures to ensure the data is not skewed in months where junior doctors leave or employee transfers occur. This will enable the Trust to compare figures month on month.	Two Physician Associates are progressing under offer with one to arrange a start date and one completing checks.	Accountable:
	In-month turnover rate is 0.93%, up from 0.73% in May.	Medical Recruitment Work is underway to get employment check clearance for all new junior doctors ready for them to commence in post in August. The Trust agreed to fund 10 new training posts in Emergency Medicine. Of these expansion posts the Trust has been allocated four trainees by Health Education England, two of whom are at Core Training Level and two at ST3+ level. Work continues with the GP Training Programme Directors and engagement sessions will be held in July for Practice Managers and GP Trainers to talk about the Trust and the 2016 Junior Doctor Contract that the trainees will be appointed to. A new working group has been established to focus on Recruitment and Retention of the Medical Workforce which includes the Deputy Medical Director, Finance, Workforce Business Intelligence and HR Business Partners. The group meets on a fortnightly basis and will be working with Clinical Directors to sign off budgeted establishment and actual staff in post.	Medical Director Director of Nursing Chief Operating Officer Executive Director of Workforce and OD
		Retention To support the retention of the Nursing workforce, the Trust offers a comprehensive induction and all new starters are enrolled on a year long graduate programme which is supported by the preceptorship programme.	

Workforce - Monitor Key messages

Area	Reality	Response	Result
Appraisal and Essential Safety Training	Appraisal compliance for non-medical colleagues is at 96.65% as at 30th June. Compliance at the end of the appraisal season on 31st October 2017 was 96.28%.	Appraisal The appraisal season runs from 1st April 2018 to 30th June 2018 for non-medical staff. A 'roll of honour page' has been included on the intranet giving details of the Departments with 100% compliance.	Appraisal compliance for non-medical colleagues is 95% by 30th June 2018.
	Divisional appraisal compliance as at 30th June is:	An appraisal report was taken to Executive Board on 12th July providing an update on appraisal compliance.	Appraisal compliance for medical colleagues is consistently above 95%.
	Community 96.32%	The 2017 NHS staff survey results showed a score of 2.99 out of 5 for the quality of appraisals. This is lower than the national average for acute trusts which is 3.11. A paper was presented at Executive Board on 21st June on the response to these results and how the Trust is improving the quality of appraisals.	Essential safety training compliance is consistently above 95%.
	Corporate 93.21%		
	Estates & Facilities 98.90%		
	FSS 96.70%		
	Health Informatics 95.29%	Essential Safety Training The Workforce BI Team will work with HR Business Partners and Advisers to develop Essential Safety and Appraisal BI Dashboard drop-in sessions for managers. This will help managers to extract information on compliance directly from ESR BI and will negate the need for the HR Advisers to send compliance lists.	
	Medical 97.56%		
	HPU 96.43%		
	Surgery & Anaesthetics 96.50%		
	Appraisal compliance for medical colleagues is at 98.65% as at 30th June.		
	Overall essential safety training compliance has reduced to 93.71% in June from 94.40% in May.		
	21 colleagues have not completed any of the 9 essential safety training elements. 11 of these are from the Medical & Dental staff group.		

Workforce - Key Metrics

	17/18	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD	Target	Threshold/Monthly
Staff in Post																	
Staff in Post Headcount	6064	6083	5981	5969	6009	6031	6048	6016	6044	6045	6036	6019	6023	6031	-	-	
Staff in Post (FTE)	5298.48	5293.67	5279.34	5202.11	5240.47	5266.52	5280.54	5253.75	5271.98	5274.93	5269.51	5262.28	5268.71	5279.17	-	-	
Vacancies																	
Establishment (Position FTE)**	5600.16	5674.21	5592.51	5607.08	5593.56	5600.07	5598.62	5612.80	5601.80	5606.00	5631.90	5547.45	5547.45	5548.45	-	-	
Vacancies (FTE)**	292.88	380.54	374.98	400.11	341.47	333.55	318.08	359.05	329.82	331.07	369.62	285.18	278.74	269.28	-	-	
Vacancy Rate (%)**	0.05	6.71%	6.71%	7.14%	6.10%	5.96%	5.68%	6.40%	5.89%	5.91%	6.43%	5.14%	5.02%	4.90%	-	-	
Staff Movements																	
Turnover rate (%) - in month	1.06%	1.04%	1.30%	1.11%	0.93%	1.13%	0.66%	1.00%	0.72%	0.51%	1.06%	0.59%	0.73%	0.93%	-	-	
Executive Turnover (%)	11.11%	0.00%	5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	
Turnover rate (%) - Rolling 12m	13.01%	11.38%	11.53%	11.53%	11.22%	11.49%	11.37%	11.50%	11.49%	11.26%	11.45%	10.90%	10.87%	10.75%	-	11.50%	<=11.5% Green <=12.5 >11.5% >12.5% Red
Retention/Stability Rate (%)	83.09%	89.43%	88.06%	88.12%	88.55%	88.40%	87.88%	87.70%	87.60%	87.30%	87.71%	87.48%	87.44%	89.20%	-	-	
Sickness Absence - Rolling 12 month																	
Sickness Absence rate (%) - Rolling	4.10%	4.15%	4.11%	4.07%	4.08%	4.06%	4.05%	4.02%	4.05%	4.08%	4.10%	4.10%	4.07%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%) -Rolling	2.55%	2.62%	2.60%	2.58%	2.55%	2.55%	2.56%	2.53%	2.52%	2.54%	2.55%	2.54%	2.53%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%) -Rolling	1.55%	1.52%	1.51%	1.50%	1.53%	1.50%	1.49%	1.49%	1.52%	1.54%	1.55%	1.56%	1.54%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Sickness Absence - Monthly																	
Sickness Absence rate (%) - in month	-	3.96%	3.88%	3.76%	4.02%	4.07%	4.57%	4.28%	4.76%	4.45%	3.96%	3.60%	3.54%	*	-	4.00%	
Long Term Sickness Absence rate (%) - in month	-	2.66%	2.61%	2.55%	2.41%	2.65%	2.83%	2.57%	2.56%	2.53%	2.40%	2.23%	2.38%	*	-	2.70%	
Short Term Sickness Absence rate (%) - in month	-	1.31%	1.27%	1.22%	1.60%	1.43%	1.74%	1.71%	2.21%	1.92%	1.55%	1.36%	1.17%	*	-	1.30%	
Attendance Management																	
Sickness Absence FTE Days Lost	-	6321.72	6293.44	6158.46	6387.79	6753.51	7219.03	6987.93	7780.88	6540.60	6419.42	5662.79	5737.89	*	-	-	
Average days lost per FTE -Rolling	-	15.14	14.99	14.86	14.88	14.81	14.80	14.67	14.76	14.88	14.96	14.95	14.85	*	-	-	
Sickness Absence Estimated Cost (£)	£6.38M	£0.50M	£0.50M	£0.48M	£0.52M	£0.57M	£0.59M	£0.56M	£0.63M	£0.53M	£0.53M	£0.46M	£0.45M	*	-	-	
Return to work Interviews (%)	67.65%	63.99%	64.20%	73.30%	68.73%	66.95%	49.40%	49.78%	63.60%	58.47%	65.11%	60.38%	54.34%	*	-	90.00%	
Spend																	
Substantive Spend (£)	£221.61M	£18.20M	£18.58M	£18.51M	£18.28M	£18.56M	£18.88M	£18.58M	£18.49M	£18.41M	£17.92M	£18.55M	£18.52M	£18.48M	-	-	
Bank Spend (£)	£6.64M	£0.46M	£0.50M	£0.48M	£0.46M	£0.64M	£0.67M	£0.53M	£0.57M	£0.64M	£0.84M	£0.86M	£1.05M	£0.90M	-	-	
Agency Spend (£)	£16.86M	£1.41M	£1.47M	£1.24M	£1.22M	£1.57M	£0.94M	£1.45M	£1.58M	£1.53M	£1.95M	£1.34M	£1.34M	£1.30M	-	-	
Proportion of Temporary (Agency) Staff	9.41%	7.03%	7.17%	6.11%	6.12%	7.56%	7.06%	7.65%	7.42%	9.41%	6.41%	6.41%	6.41%	6.28%	-	-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives	87.07%	84.56%	83.82%	83.59%	82.15%	86.05%	88.03%	86.89%	86.74%	86.63%	86.85%	87.12%	87.06%	87.36%	-	100.00%	
Hard Truths Summary - Day Care Staff	94.05%	102.67%	102.48%	102.00%	101.54%	100.99%	103.01%	96.41%	96.23%	94.74%	94.08%	108.54%	109.75%	110.17%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives	91.01%	92.27%	92.54%	89.42%	90.01%	91.59%	93.50%	89.88%	92.94%	92.12%	91.16%	92.84%	111.60%	112.14%	-	100.00%	
Hard Truths Summary - Night Care Staff	118.98%	113.60%	115.87%	118.81%	114.95%	110.15%	113.98%	108.78%	117.31%	121.45%	117.87%	121.01%	121.21%	122.31%	-	100.00%	
Essential Safety (12m rolling)																	
Overall Essential Safety Compliance												95.00%	94.40%	93.71%		95.00%	>=95% Green >=90%<95% Amber <90% Red
Conflict Resolution (3 Year Refresher)												95.80%	95.67%	95.69%		95.00%	>=95% Green >=90%<95% Amber <90% Red
Data Security Awareness (1 Year Refresher)	92.89%	78.84%	78.84%	76.47%	78.02%	79.06%	81.37%	81.87%	86.43%	92.26%	93.77%	93.78%	93.68%	92.72%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Dementia Awareness (No Renewal)												96.43%	96.52%	96.80%		95.00%	>=95% Green >=90%<95% Amber <90% Red
Equality and Diversity (3 Year Refresher)												97.73%	97.29%	94.10%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Fire Safety (1 Year Refresher)	94.18%	80.63%	80.63%	82.90%	84.06%	85.62%	83.89%	85.56%	87.94%	93.88%	95.21%	94.31%	90.93%	90.90%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Health and Safety (3 Year Refresher)												96.98%	96.76%	94.47%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Infection Control (1 Year Refresher)	93.75%	76.14%	76.14%	77.03%	79.01%	80.99%	83.19%	84.01%	87.45%	92.68%	94.54%	94.38%	93.81%	94.13%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Manual Handling (2 Year Refresher)	91.48%	90.47%	86.09%	84.50%	78.12%	77.58%	64.55%	66.51%	79.15%	87.09%	92.81%	92.96%	93.85%	92.51%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Safeguarding (3 Year Refresher)	91.74%	85.04%	84.67%	85.69%	82.35%	82.30%	80.18%	83.17%	87.26%	89.59%	95.25%	93.62%	92.09%	92.03%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Appraisal																	
Appraisal (1 Year Refresher) - Non-Medical Staff	93.50%	6.80%	22.39%	42.10%	68.15%	96.28%	97.90%	95.61%	95.31%	94.73%	93.50%	15.43%	62.67%	96.65%	-	95.00%	(95% at 30 June 2018)
Appraisal (1 Year Refresher) - Medical Staff - Rolling 12m	69.88%													99.70%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red

* 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.	86.32% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - 7a/d 74.3% - ward 17 74.6% - ward 21 69.9% - ward 8a/b 73.7%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates are attributed to a level of vacancy. This is managed on a daily basis against the acuity of the patients.
Registered Staff Night Time Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	90.98% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - ward 10 65.6%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates on ward 10 are due to a level of vacancy. This is managed on a daily basis and CHPPD is maintained.
Clinical Support Worker Day Time Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	109.98% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - Ward 1d 70.1% - Ward 3 CRH 52.5%	The low HCA fill rates in June are attributed to a level of HCA vacancy and sickness within the FSS division. This is managed on a daily basis against the acuity of the work load. Recruitment plans are in place for all vacant posts. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; and support of reduced RN fill.
Clinical Support Worker Night Time Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	118.15% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75%	No HCA shifts during June 2018 had fill rates less than 75%.

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	MSSA (post cases)	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies	Ward Assurance	
		Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual												
CRH ACUTE FLOOR	300 - GENERAL MEDICINE	3,013.67	2,807.67	1,819.33	1,997.83	93.2%	109.8%	2,623.50	2,414.50	1,650.00	1,735.65	92.0%	105.2%	10.8	10.6			0	3	11.9	0.42	87.1%	
HRI MAU	300 - GENERAL MEDICINE	1,986.42	1,920.13	1,788.50	1,861.83	96.7%	104.1%	1,649.17	1,511.00	1,309.00	1,378.75	91.6%	105.3%	11.1	11.0			1	20	3.8	2.95	94.6%	
HRI Ward 5 (previously ward 4)	430 - GERIATRIC MEDICINE	1,622.83	1,284.00	1,140.33	1,360.50	79.1%	119.3%	990	967.50	990	1,182.00	97.7%	119.4%	5.5	5.5			1	9	4.35	0	92.7%	
WARD 15	100 - GENERAL SURGERY	1,750.17	1,554.00	1,400.00	1,949.67	88.8%	139.3%	1,298.00	1,254.00	1,320.00	1,694.00	96.6%	128.3%	6.5	7.3			0	4	7.03	0	98.8%	
WARD 5C	300 - GENERAL MEDICINE	1,038.70	972.28333	782.5	777.50	93.6%	99.4%	660	660.50	330	330	100.1%	100.0%	5.5	5.4			0	1	3.4	0	98.7%	
WARD 6	300 - GENERAL MEDICINE	1,599.50	1,483.08	953.67	1,202.25	92.7%	126.1%	986.92	928.9167	649	924.5	94.1%	142.4%	8.1	8.7			2	12	2.13	0.72	93.6%	
WARD 6BC	300 - GENERAL MEDICINE	1,540.73	1,540.20	1,515.33	1,386.83	100.0%	91.5%	1,320.00	1,232.50	660	726	93.4%	110.0%	10.1	9.8			1	5	5.19	3.23	96.9%	
WARD 5B	300 - GENERAL MEDICINE	1,569.83	1,402.50	756.83	802.1667	89.3%	106.0%	1,320.00	996.50	330	558.5	75.5%	169.2%	7.6	7.2			0	3	0	0	95.6%	
WARD 6A	300 - GENERAL MEDICINE	1,015.98	849.31667	720	964	83.6%	133.9%	660	637.50	660	902.50	96.6%	136.7%	6.1	6.7			0	6	3.66	0	89.3%	
WARD CCU	300 - GENERAL MEDICINE	1,534.67	1,340.25	360	284.1667	87.3%	78.9%	979	979	0	0	100.0%	-	10.8	9.8			0	3	2.14	0.77	87.5%	
WARD 7AD	328 - STROKE MEDICINE	1,685.63	1,251.83	1,521.00	2,087.68	74.3%	137.3%	990	979	990	1,340.25	98.9%	135.4%	7.1	7.8			0	4	1.54	2.19	96.1%	
WARD 7BC	328 - STROKE MEDICINE	2,462.08	1,953.50	1,618.33	1,761.77	79.3%	108.9%	1,980.00	1595	660	1083.5	80.6%	164.2%	10.9	10.4			0	3	3.89	0	94.9%	
WARD 8	430 - GERIATRIC MEDICINE	1,428.42	1,212.25	1,148.67	1,520.25	84.9%	132.3%	990	926.17	981.5	1,254.00	93.6%	127.8%	6.5	7.0			2	11	4.17	1.63	97.3%	
WARD 12	370 - MEDICAL ONCOLOGY	1,676.50	1,278.00	789.00	1,153.50	76.2%	146.2%	660	660	660	714	100.0%	108.2%	6.1	6.2			0	6	2.32	3.36	92.8%	
WARD 17	301 - GASTROENTEROLOGY	1,958.50	1,461.58	1,058.17	1,207.67	74.6%	114.1%	990	979.00	660	748.00	98.9%	113.3%	5.6	5.3			1	4	3.26	0	98.3%	
WARD 5D	430 - GERIATRIC MEDICINE	812.83	782.83	798.00	862.17	96.3%	108.0%	660	649.00	352	517.00	98.3%	146.9%	6.3	6.8			0	0	2	0.92	77.9%	
WARD 20	430 - GERIATRIC MEDICINE	1,775.17	1,525.25	1,683.33	2,077.63	85.9%	123.4%	1,308.00	1,241.00	1,287.00	1,573.00	94.9%	122.2%	6.0	6.4			1	13	8.47	1.32	86.3%	
WARD 21	110 - TRAUMA & ORTHOPAEDICS	1,558.67	1,089.08	1,459.33	1,411.17	69.9%	96.7%	931.50	804.5	1,035.00	1,046.50	86.4%	101.1%	8.6	7.5			1	7	5.73	0	88.2%	
ICU	192 - CRITICAL CARE MEDICINE	4,486.45	4,000.75	753	621	89.2%	82.5%	4,136.50	3,657.50	0	31.5	88.4%	-	39.7	35.2			6	0	0.43	0	97.0%	
WARD 3	100 - GENERAL SURGERY	1,005.00	1013.3333	714	762	100.8%	106.7%	688.5	688	345	368	99.9%	106.7%	6.9	7.1			1	4	0.14	0.37	88.5%	
WARD 8AB	110 - TRAUMA & ORTHOPAEDICS	993.53	731.86667	676.5	778.6667	73.7%	115.1%	678.5	575	345	391	84.7%	113.3%	8.4	7.7			0	0	1.52	0	100.0%	
WARD 8D	120 - ENT	906.30	858.55	784.98	693.65	94.7%	88.4%	667	597.33	0	333	89.6%	-	6.8	7.1			1	1	1.87	0.23	90.1%	
WARD 10	100 - GENERAL SURGERY	1,436.00	1,222.00	816.33	893.58	85.1%	109.5%	1,035.00	679.00	690	1,046.50	65.6%	151.7%	7.5	7.3			0	7	7.07	1.5	85.0%	
WARD 11	320 - CARDIOLOGY	1,704.33	1,591.00	1,090.50	1,234.83	93.4%	113.2%	1,000.00	1,000.00	690	759	100.0%	110.0%	6.2	6.3			0	2	1.07	2.16	91.2%	
WARD 19	110 - TRAUMA & ORTHOPAEDICS	1,642.50	1,277.33	1,131.83	1,456.83	77.8%	128.7%	1,035.00	1,023.00	1,035.00	1,104.00	98.8%	106.7%	7.5	7.5			2	2	0.13	0	91.7%	
WARD 22	101 - UROLOGY	1,164.67	1,148.17	1,125.17	1,148.67	98.6%	102.1%	690	690.42	690	690	100.1%	100.0%	6.1	6.1			1	2	0.03	1.12	84.0%	
SAU HRI	100 - GENERAL SURGERY	1,870.25	1,740.42	937.5	970.83	93.1%	103.6%	1,377.50	1,318.00	345	353	95.7%	102.3%	11.3	10.9			1	0	6.85	0	91.4%	
WARD LDRP	501 - OBSTETRICS	4,338.83	3,487.88	915	820	80.4%	89.6%	4,105.83	3,411.92	690	709.5	83.1%	102.8%	17.6	14.8			0	0	0	5.08	95.7%	
WARD NICU	420 - PAEDIATRICS	2,588.50	1,990.00	700	587	76.9%	83.9%	2,047.00	1,697.50	690	530	82.9%	76.8%	15.9	12.7			0	0	0.15	2.06	94.4%	
WARD 1D	501 - OBSTETRICS	1,363.50	1,241.33	355.17	248.8333	91.0%	70.1%	690	690	345	333.5	100.0%	96.7%	4.8	4.4			0	0	0	0.19	98.5%	
WARD 3ABCD	420 - PAEDIATRICS	3,719.00	3,315.17	1,177.50	618	89.1%	52.5%	3,100.20	2,870.20	345	285	92.6%	82.6%	13.4	11.4			0	0	0	2.61	90.6%	
WARD 4C	502 - GYNAECOLOGY	1,321.50	1,142.83	368.5	327	86.5%	88.7%	690	690.5	333.5	310.5	100.1%	93.1%	10.6	9.6			0	2	0	2.21	94.7%	
WARD 9	501 - OBSTETRICS	847.5	819.25	333.75	341.75	96.7%	102.4%	690	690	345	345	100.0%	100.0%	4.9	4.8			0	0	0.67	2.71	98.9%	
Trust		59418.2	51287.65	33192.1	36171.2	86.32%	108.98%	43627.12	39694	21412	25297.7	90.98%	118.15%	8.50	8.20								

Hard Truths: Safe Staffing Levels (3)

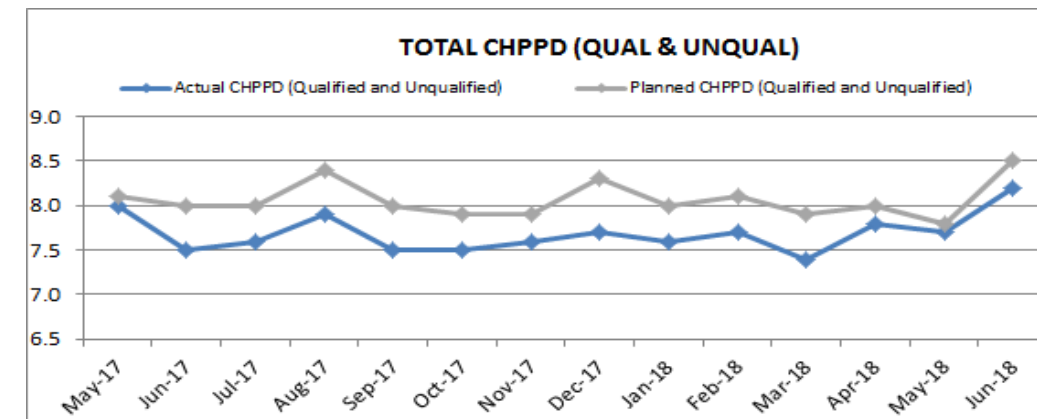
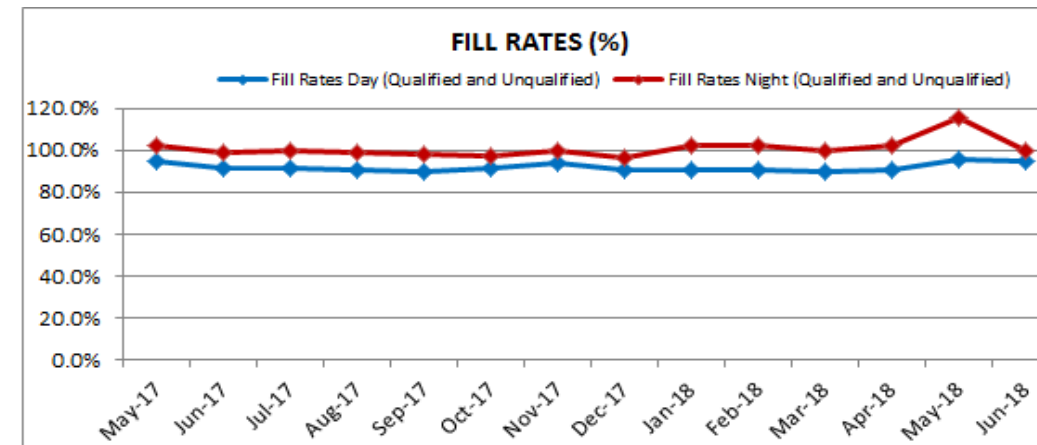
Care Hours per Patient Day

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

	Apr-18	May-18	Jun-18
Fill Rates Day (Qualified and Unqualified)	91.00%	95.49%	94.44%
Fill Rates Night (Qualified and Unqualified)	102.20%	115.19%	99.93%

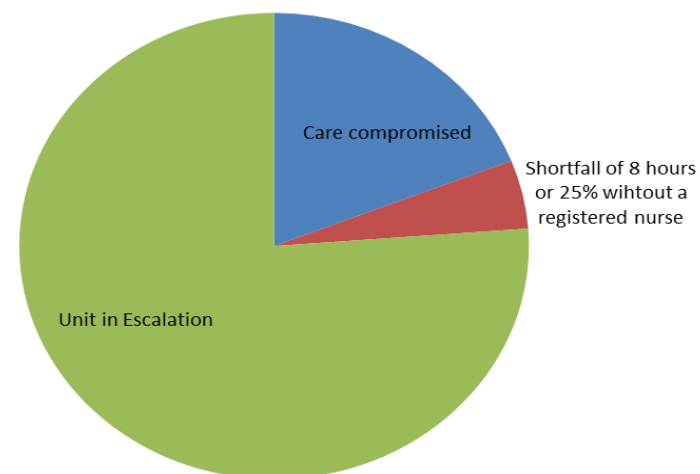
Planned CHPPD (Qualified and Unqualified)	8.0	7.8	8.5
Actual CHPPD (Qualified and Unqualified)	7.8	7.7	8.2

A review of June CHPPD data indicates that the combined (RN and carer staff) metric resulted in 18 clinical areas of the 32 reviewed having CHPPD less than planned. 11 areas reported CHPPD slightly in excess of those planned and 3 areas having CHPPD as 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.

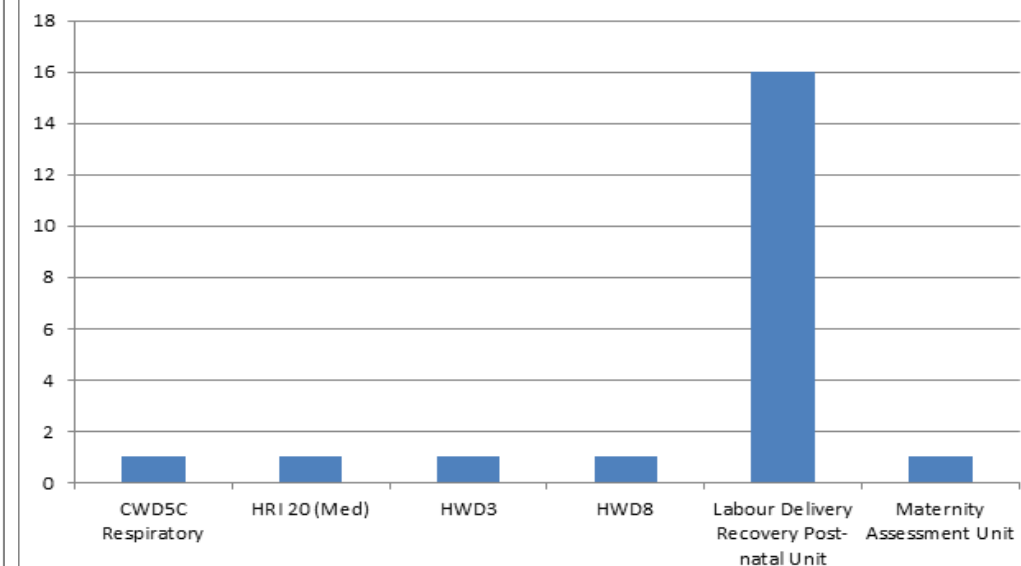


RED FLAG INCIDENTS

Incidents by Adverse Event June 2018



Incidents by Dept/Ward June 2018



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

There were **21 Trust Wide Red shifts** declared in **June**.

As illustrated above the most frequently recorded red flagged incident is related to "unit in escalation".

No datix's reported in June have resulted in patient harm.

Hard Truths: Safe Staffing Levels (4)



Conclusions and Recommendations

Conclusions

The Trust remains committed to achieving its nurse staffing establishments.

On-going activity:

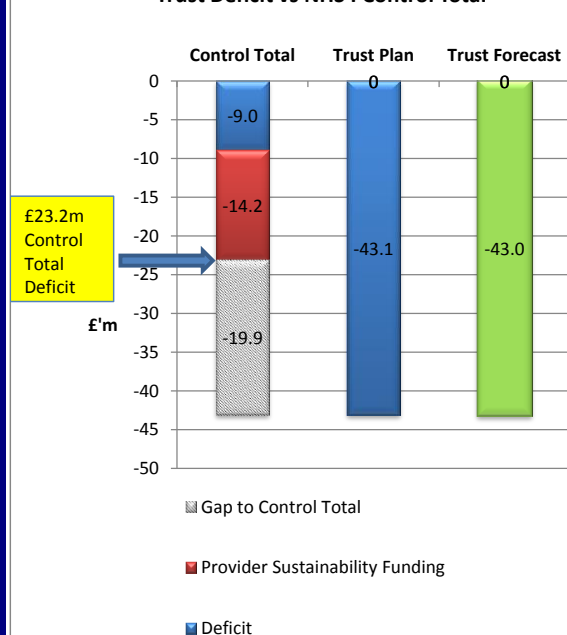
1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. Further recruitment event planned for September.
3. Applications from international recruitment projects are progressing well and the first 10 nurses have arrived in Trust, with a further 10 planned for deployment in July.
4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification. 57 candidates have now been transferred onto the OET programme.
5. The Trust is working with the recruitment agent to appraise its potential to recruit ILETS/OET compliant nurses. This work stream is progressing well with x2 nurses now deployed.
6. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has being developed to up-scale the project in line with the national and regional workforce plans. A second cohort of 20 trainees commenced training on 4th June. A further cohort are planned for training in December.
7. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce.
8. A new module of E-roster called safe care has been introduced across the clinical divisions. Benefits will include better reporting of red flag events and real-time data of staffing position against acuity.

EXECUTIVE SUMMARY: Trust Financial Overview as at 30th Jun 2018 - Month 3

KEY METRICS

	M3			YTD (JUN 2018)			Forecast 17/18		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	Plan £m	Forecast £m	Var £m
I&E: Surplus / (Deficit)	(£3.99)	(£3.98)	£0.00	(£13.23)	(£13.22)	£0.01	(£43.05)	(£43.04)	£0.01
Agency Expenditure	(£1.31)	(£1.30)	£0.01	(£4.11)	(£3.98)	£0.13	(£14.63)	(£14.63)	£0.00
Capital	£0.70	£0.36	£0.34	£1.60	£0.92	£0.68	£9.14	£8.96	£0.18
Cash	£1.91	£1.93	£0.02	£1.91	£1.93	£0.02	£1.91	£1.90	(£0.01)
Borrowing (Cumulative)	£115.98	£115.99	£0.00	£115.98	£115.99	£0.00	£144.83	£144.83	£0.00
CIP	£0.96	£0.95	(£0.00)	£2.62	£2.50	(£0.12)	£18.00	£16.53	(£1.47)
Use of Resource Metric	3	3		3	3		3	3	

Trust Deficit vs NHS I Control Total



Year to Date Summary

The year to date deficit is £13.22m, in line with the plan submitted to NHSI.

- Clinical income is below plan by £0.22m. In month activity was broadly below plan with our main two commissioners, so that the Aligned Incentive Contract is now protecting the income position by £0.51m.
- There remains an underlying adverse variance from plan which has had to be mitigated by the release of £0.67m (a third) of the Trust's £2m full year reserves of which £1m is earmarked for winter.
- The underlying divisional position excluding reserves release and AIC protection is £1.05m overspent in the year to date.
- CIP achieved in the year to date is £2.50m against a plan of £2.62m, a £0.12m shortfall.
- Agency expenditure was beneath the agency trajectory set by NHSI.

Key Variances

- Medical pay expenditure continues above plan with a year to date adverse variance to plan of £0.77m. This is in part due to slippage on CIP schemes which have resulted in an adverse variance of £0.16m and there are prior year costs of £0.04m relating to back pay, the remaining £0.57m is due to operational pressures particularly in Obs & Gynae, ENT, Medical Specialties and Pathology.
- Nursing pay expenditure has reduced over the last 2 months, but remains above plan with a year to date adverse variance of £0.26m. However, Nursing agency costs are £0.48m lower than plan year to date with a significant reduction in the use of the very highest cost agencies.
- The shortfall in CIP delivery was primarily linked to slippage in schemes within the Medical Staffing portfolio. These schemes are forecast to be delivered in full by year end.
- These adverse variances have been offset by the release of contingency reserves of £0.67m.

Forecast

- At this early stage the forecast is to achieve the planned £43.1m deficit, but this assumes full delivery of the £18m CIP plan, of which £1.47m is yet to be identified.

(ALL)

Trust Financial Overview as at 30th Jun 2018 - Month 3

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M3

CLINICAL ACTIVITY

	M3 Plan	M3 Actual	Var	
Elective	1,549	1,429	(120)	●
Non-Elective	14,045	14,419	374	●
Day case	9,008	8,878	(130)	●
Outpatient	90,329	92,648	2,319	●
A&E	38,933	38,207	(726)	●
Other NHS Non-Tariff	429,827	428,785	(1,043)	●
Other NHS Tariff	31,959	32,245	285	●
Total	615,651	616,610	959	

TRUST: INCOME AND EXPENDITURE

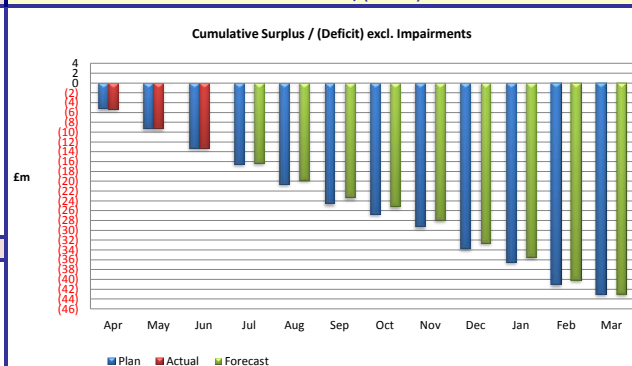
	M3 Plan	M3 Actual	Var	
	£m	£m	£m	
Elective	£4.90	£4.48	(£0.42)	●
Non Elective	£25.14	£25.06	(£0.08)	●
Day case	£6.49	£6.51	£0.02	●
Outpatients	£9.29	£9.40	£0.11	●
A & E	£4.72	£4.79	£0.08	●
Other-NHS Clinical	£26.27	£26.36	£0.09	●
CQUIN	£1.70	£1.69	(£0.01)	●
Other Income	£10.15	£10.87	£0.72	●
Total Income	£88.65	£89.15	£0.50	●
Pay	(£63.24)	(£62.89)	£0.35	●
Drug Costs	(£8.81)	(£9.01)	(£0.20)	●
Clinical Support	(£7.56)	(£7.30)	£0.26	●
Other Costs	(£12.76)	(£13.74)	(£0.98)	●
PFI Costs	(£3.21)	(£3.21)	£0.00	●
Total Expenditure	(£95.58)	(£96.15)	(£0.58)	●
EBITDA	(£6.92)	(£7.00)	(£0.08)	●
Non Operating Expenditure	(£6.31)	(£6.22)	£0.09	●
Surplus / (Deficit)*	(£13.23)	(£13.22)	£0.01	●

* Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	M3 Plan	M3 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£2.78	£2.65	(£0.13)	●
Medical	£6.53	£6.30	(£0.23)	●
Families & Specialist Services	(£0.99)	(£0.99)	£0.00	●
Community	£0.79	£0.82	£0.03	●
Estates & Facilities	(£6.88)	(£6.95)	(£0.07)	●
Corporate	(£7.93)	(£7.98)	(£0.05)	●
THIS	£0.02	(£0.10)	(£0.12)	●
PMU	£0.69	£0.72	£0.03	●
Central Inc/Technical Accounts	(£7.23)	(£7.35)	(£0.12)	●
Reserves	(£1.01)	(£0.34)	£0.67	●
Unallocated CIP	£0.00	£0.00	(£0.00)	●
Surplus / (Deficit)	(£13.23)	(£13.22)	£0.01	●

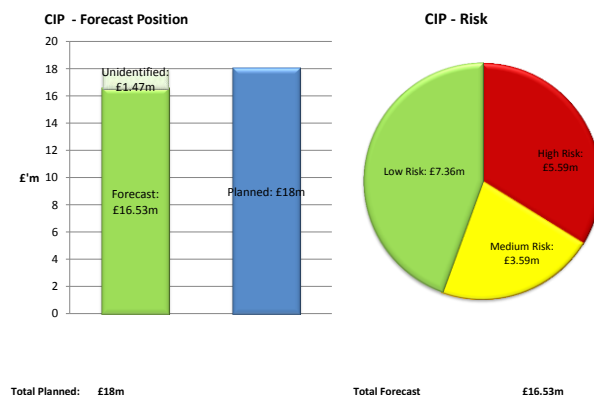
TRUST SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast			
	M3 Plan	M3 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£13.23)	(£13.22)	£0.01	(£43.05)	(£43.04)	£0.01	●
Capital	£1.60	£0.92	£0.68	£9.14	£8.96	£0.18	●
Cash	£1.91	£1.93	£0.02	£1.91	£1.90	(£0.01)	●
Loans	£115.98	£115.99	£0.00	£144.83	£144.83	£0.00	●
CIP	£2.62	£2.50	(£0.12)	£18.00	£16.53	(£1.47)	●
Use of Resource Metric	Plan 3	Actual 3		Plan 3	Forecast 3		●

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 2018/19

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	6,164	5,680	(484)	●
Non-Elective	56,753	58,434	1,681	●
Day case	36,488	36,911	423	●
Outpatient	365,497	373,089	7,592	●
A&E	153,339	150,481	(2,858)	●
Other NHS Non-Tariff	1,721,594	1,714,079	(7,515)	●
Other NHS Tariff	127,242	128,527	1,285	●
Total	2,467,076	2,467,199	123	

TRUST: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£19.51	£18.08	(£1.42)	●
Non Elective	£101.38	£101.78	£0.40	●
Day case	£26.27	£26.98	£0.72	●
Outpatients	£37.57	£37.80	£0.23	●
A & E	£18.58	£18.88	£0.30	●
Other-NHS Clinical	£106.72	£106.40	(£0.32)	●
CQUIN	£6.85	£6.83	(£0.02)	●
Other Income	£40.73	£42.63	£1.90	●
Total Income	£357.60	£359.39	£1.80	●
Pay	(£247.81)	(£247.32)	£0.49	●
Drug Costs	(£36.10)	(£37.74)	(£1.65)	●
Clinical Support	(£28.67)	(£28.95)	(£0.29)	●
Other Costs	(£49.33)	(£50.41)	(£1.08)	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
Total Expenditure	(£374.75)	(£377.26)	(£2.50)	●
EBITDA	(£17.16)	(£17.86)	(£0.71)	●
Non Operating Expenditure	(£25.89)	(£25.17)	£0.72	●
Surplus / (Deficit)*	(£43.05)	(£43.04)	£0.01	●

* Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£13.29	£13.29	£0.00	●
Medical	£29.01	£29.00	(£0.02)	●
Families & Specialist Services	(£3.12)	(£3.12)	£0.00	●
Community	£3.19	£3.19	£0.00	●
Estates & Facilities	(£26.89)	(£26.89)	(£0.00)	●
Corporate	(£31.49)	(£31.49)	(£0.00)	●
THIS	£0.35	£0.35	(£0.00)	●
PMU	£2.81	£2.81	£0.00	●
Central Inc/Technical Accounts	(£29.50)	(£29.34)	£0.16	●
Reserves	(£2.02)	(£2.15)	(£0.13)	●
Unallocated CIP	£1.31	£1.31	(£0.00)	●
Surplus / (Deficit)	(£43.05)	(£43.04)	£0.01	●

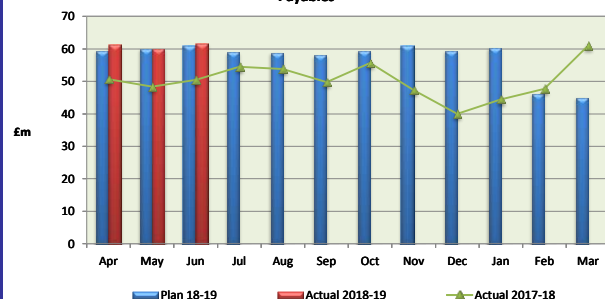
Trust Financial Overview as at 30th Jun 2018 - Month 3

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

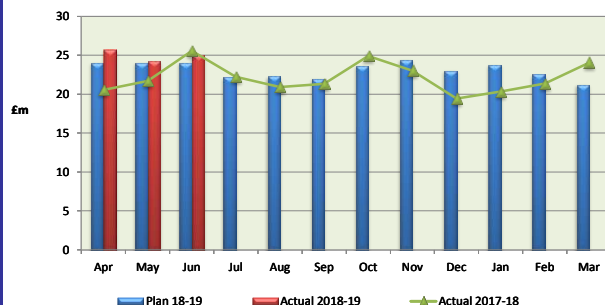
WORKING CAPITAL

	M3 Plan £m	M3 Actual £m	Var £m	M3
Payables	(£61.06)	(£61.57)	£0.51	●
Receivables	£24.05	£25.00	(£0.95)	●

Payables

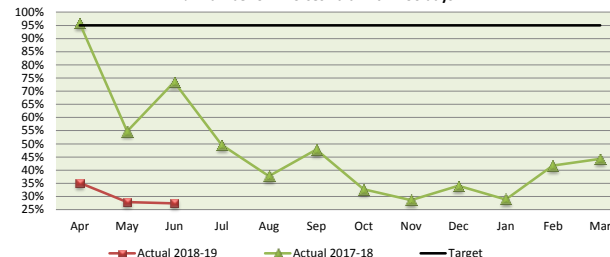


Receivables



BETTER PAYMENT PRACTICE CODE

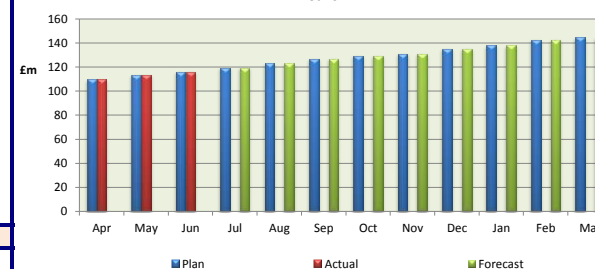
% Number of Invoices Paid within 30 days



CASH

	M3 Plan £m	M3 Actual £m	Var £m	M3
Cash	£1.91	£1.93	£0.02	●
Loans (Cumulative)	£115.98	£115.99	£0.00	●

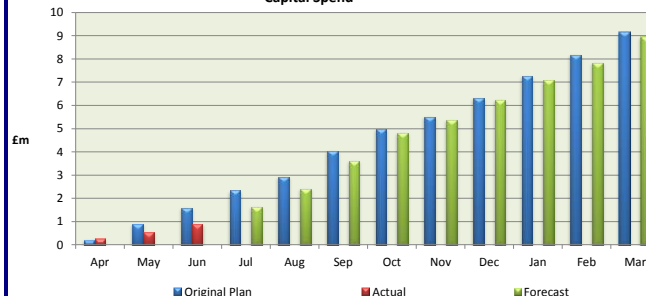
Loans



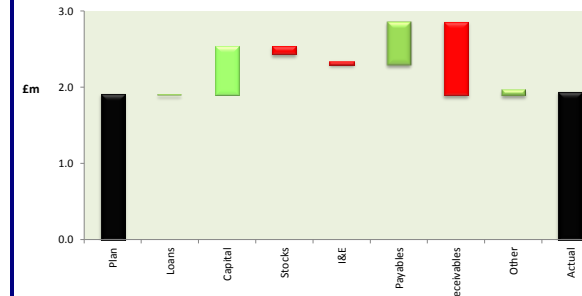
CAPITAL

	M3 Plan £m	M3 Actual £m	Var £m	M3
Capital	£1.60	£0.92	£0.68	●

Capital Spend



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £13.22m as planned. This position excludes the I&E impact of donated assets (£0.05m adverse variance) which are excluded for control total purposes.
- The Trust has not accepted the 18/19 Control Total and is therefore not eligible to receive any Provider Sustainability Funding, (previously known as Sustainability and Transformation Funding).
- Outpatient and Non-Elective activity remain above plan year to date. This over performance has been offset by lower than planned Elective, Day case and A&E activity and overall Clinical Income is below plan by £0.22m.
- Capital expenditure year to date is lower than planned at £0.92m against a planned £1.60m.
- Cash balance is £1.93m, just above the planned level of £1.91m.
- Year to date the Trust has borrowed £13.23m to support the deficit as planned.
- CIP schemes have delivered £2.50m, £0.12m below the year to date target of £2.62m.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned.

NOTES

- The total forecast deficit is £43.04m in line with plan.
- The forecast assumes that current activity trends will continue, with the exception of day case activity which is forecast to exceed the planned level.
- The forecast assumes expenditure will be within budgeted levels.
- The forecast assumes the delivery of £18.00m of CIP as planned, of which £1.47m is yet to be identified. Any slippage on CIP will need to be mitigated in order to achieve the planned deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £56.6m in this financial year to support Capital and Revenue, plans; £40.1m deficit funding, £12.9m refinancing of existing Distressed Funding Loan and £0.7m interest free loan for Capital. The total loan balance by year end is forecast to be £144.8m,
- Capital expenditure is forecast at £8.96m, £0.18m lower than planned. This reduction is due to a forecast reduction in internally generated funds; depreciation is forecast to reduce by £0.18m which reduces the availability of capital funds.

RAG KEY:
(Excl: UOR)

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

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

RAG KEY: UOR

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

WORKFORCE

Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	27	51	67	131	5	281
Staff in post (WTE)	658	1,372	537	1,602	1,100	5,268
% Vacancies	4%	4%	11%	8%	0%	5%

Vacancies

At the end of Month 3 the Trust was carrying 281 vacancies, 5% of the total establishment. Medical vacancies have reduced to 11%, whilst Qualified Nursing vacancies remain static compared to month 2 at 8% of establishment.

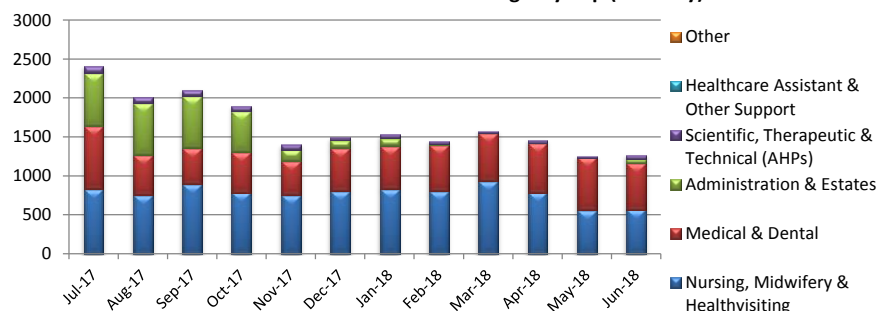
Agency rate cap

Overall Cap breaches increased slightly compared to the levels reported in Month 2, but remain at a comparatively low level compared to the previous 12 months. Nursing breaches were very similar to last month, maintaining the improvement seen in Month 2 compared to the previous 12 months. Medical breaches also reduced slightly, but there were a small number of Admin and Clerical breaches this month.

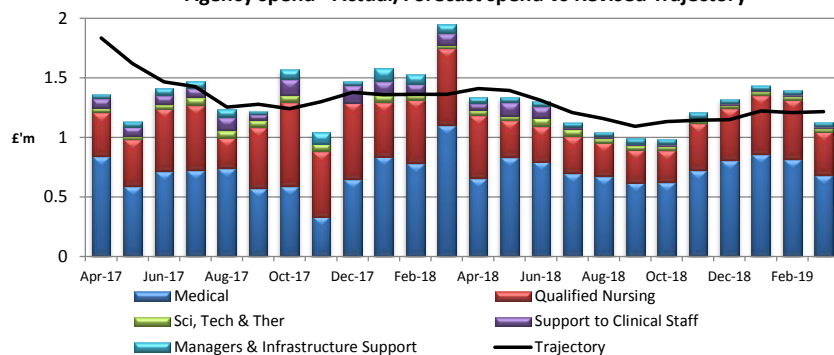
Agency ceiling

Total reported agency expenditure year to date is £3.98m; £0.13m below the planned value and the NHS Improvement Agency Ceiling. There was a further reduction in Nursing agency expenditure in month reflecting both the impact of reducing the use of the highest cost agencies, improved controls and the closure of the additional capacity that was open at the beginning of April. Year to date Nursing agency is below plan by £0.48m. Medical agency costs reduced compared to Month 3 but remain above the planned level with a year to date agency overspend of £0.25m. Achieving the target agency expenditure is likely to become more challenging in future months as the plan becomes more reliant on the delivery of Cost Improvement Programmes that are targeting reductions in both Nursing and Medical agency expenditure, some of which have not yet started to deliver.

Number of Shifts that breached Agency Cap (Monthly)



Agency spend - Actual/Forecast spend vs Revised Trajectory

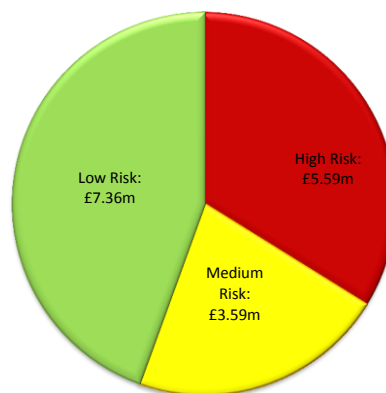


Cumulative Agency Spend	Plan £'m	Actual £'m	Var £'m	
Year to Date	(£4.11)	(£3.98)	£0.13	●
Forecast	(£14.63)	(£14.63)	£0.00	●

COST IMPROVEMENT PROGRAMME

18/19 CIP						
Division	Plan	Forecast				
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m	WTE
Corporate Services	0.49	0.32	0.20	0.52	0.32	6.35
Health Informatics	0.44	0.44	0.00	0.44	0.44	4.60
Medicine	5.84	5.12	0.74	5.86	5.23	65.27
PMU	0.02	0.00	0.02	0.02	0.00	0.00
Surgery & Anaesthetics	3.89	3.10	0.20	3.29	3.39	23.45
Families & Specialist Services	3.36	2.94	0.35	3.30	2.97	15.18
Community	0.57	0.43	0.16	0.59	0.43	4.25
Estates & Facilities	1.09	1.01	0.00	1.01	1.01	2.00
Technical Accounting	1.00	1.00	0.00	1.00	1.00	0.00
Unallocated	1.31	0.50	0.00	0.50	0.50	0.00
Grand Total	18.00	14.87	1.66	16.53	15.30	121.10

CIP - Risk



£2.50m of CIP has been delivered in the year to date against a plan of £2.62m, an under performance of £0.12m. The majority of this underperformance (£0.16m) is linked to slippage in the Medical Staffing Portfolio which is a timing difference and is forecast to be recovered in full by year end. This is offset to some extent by earlier than planned bed closures within the Safer CIP programme.

Target CIP for 18/19 is £18m. Whilst £17.2m of savings were identified in the plan submission, at the end of Month 3 £16.53m is forecast to deliver, leaving a gap of £1.47m to be identified. Of these forecast savings £14.87m are forecast to be recurrent savings. With some schemes starting part way through the year the full year effect of these recurrent schemes that will be carried forward into 18/19 is £15.30m, (£14.87m in 18/19 and the remaining £0.43m in 19/20). Non-Recurrent savings for 18/19 are forecast at £1.66m. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into next year.

£15.48m of schemes are currently at Gateway 2, with detailed plans for delivery. This is a big increase compared to that reported in Month 2, however a significant proportion of the identified CIP remains high risk (£5.59m).

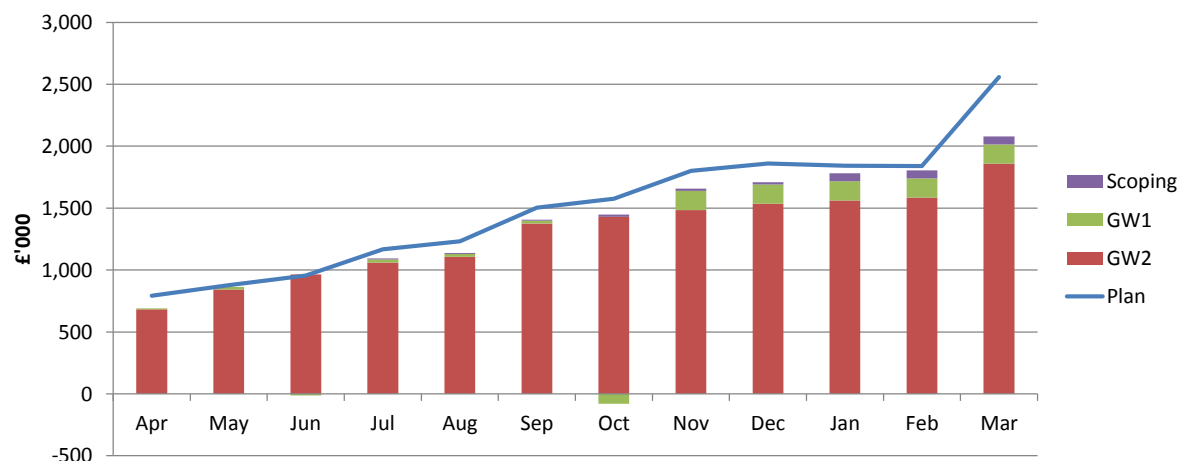
Aligned Incentive Contract (AIC)

The agreement of the aligned incentive contract supports a number of the CIP portfolios aimed at transformation. The construct of the contract includes the application of £2.6m of QIPP, the agreement with commissioners allows for the first £2.6m of cost out through joint transformational working to fall to the Trust. Any savings over and above £2.6m would be shared equally with commissioners.

System Recovery Group (SRG)

The Trust and commissioners will seek to work jointly to maximise the opportunity afforded to the system by the AIC contract form in driving through transformational changes and taking costs out. SRG schemes are currently being reviewed to see if any will deliver additional savings this year which might help to close the existing CIP gap.

CIP Profile by Month



CIP 17/18	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	791	877	956	1,168	1,232	1,503	1,575	1,801	1,860	1,841	1,840	2,558	18,000
GW2	682	843	963	1,061	1,105	1,375	1,430	1,484	1,536	1,561	1,586	1,859	15,484
GW1	7	19	12	25	25	25	82	156	156	156	156	156	786
Scoping	-	-	-	7	7	7	17	17	17	64	64	64	265
Total Forecast	690	862	951	1,092	1,137	1,406	1,365	1,657	1,709	1,781	1,806	2,079	16,534

FORECAST

YEAR END 2017/18

	Plan £m	Forecast £m	Var £m	
Elective	£19.51	£18.08	(£1.42)	●
Non Elective	£101.38	£101.78	£0.40	●
Day case	£26.27	£26.98	£0.72	●
Outpatients	£37.57	£37.80	£0.23	●
A & E	£18.58	£18.88	£0.30	●
Other-NHS Clinical	£106.72	£106.40	(£0.32)	●
CQUIN	£6.85	£6.83	(£0.02)	●
Other Income	£40.73	£42.63	£1.90	●
Total Income	£357.60	£359.39	£1.80	●
Pay	(£247.81)	(£247.32)	£0.49	●
Drug Costs	(£36.10)	(£37.74)	(£1.65)	●
Clinical Support	(£28.67)	(£28.95)	(£0.29)	●
Other Costs	(£49.33)	(£50.41)	(£1.08)	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
Total Expenditure	(£374.75)	(£377.26)	(£2.50)	●
EBITDA	(£17.16)	(£17.86)	(£0.71)	●
Non Operating Expenditure	(£25.89)	(£25.17)	£0.72	●
Surplus / (Deficit)*	(£43.05)	(£43.04)	£0.01	●

*Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

Month 3 forecast is to deliver the planned deficit of £43.05m.

Key Assumptions:

- Efficiency challenge is £18m CIP, of which £16.53m is currently identified. £1.47m gap yet to be identified, but assumed in the forecast to deliver.
- Aligned Incentive Contract with two main commissioners reduces risk of income loss, but for all other commissioners contracts remain on a payment by results basis and are therefore subject to variability based on actual activity levels.
- Contingency Reserves of £2m held, including £1m allocated as a Winter Reserve, of which £0.67m has been released year to date.
- Forecast is based on planned Pay awards of 1% as advised by national guidance pending final confirmation of the arrangements to fund additional pay awards.

Variances:

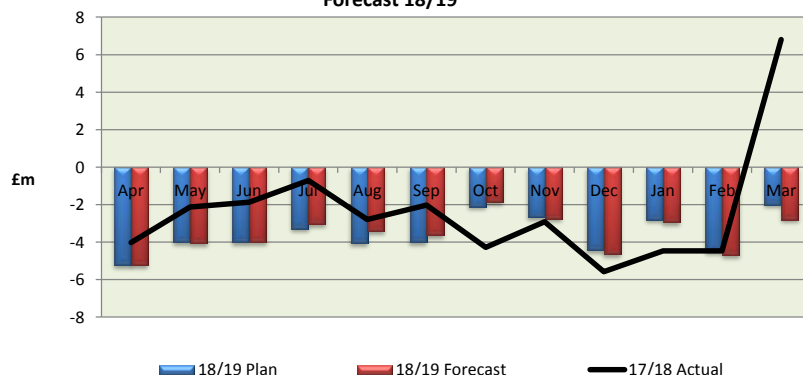
- Clinical income is forecast slightly below plan.
- The favourable variance on Other Income of £1.90m is largely due to increased turnover within the Pharmacy Manufacturing Unit and is offset by additional drugs costs.
- Pay is forecast as a favourable variance reflecting the assumed release of contingency reserves, offset to some extent by pay overspends in the year to date position.
- The forecast for Non Operating expenditure is a favourable variance of £0.72m, due to lower than planned depreciation and lower than expected inflationary pressures on PFI financing costs.

Risks and Opportunities:

- £1.47m of the £18m CIP target is yet to be identified and of the £16.53m that is identified, £5.59m remains high risk.
- Continuing difficulty in recruiting clinical staff, both medical and nursing, is putting pressure on pay expenditure budgets.
- Aligned Incentive Contract does impact on some income generation CIP schemes which will need to be revised or replaced. However, the contract also provides opportunities to further reduce costs without subsequent loss of income and will allow the Trust to take a share of any system savings that are not already included within the existing CIP programme.
- The costs associated with additional winter pressures have been included within the plan, but delivering these within the Agency ceiling will be challenging.
- Confirmation of funding arrangements to cover the Agenda For Change pay award have not yet been confirmed and will not include funding for staff on local pay scales.
- System Recovery Group savings may provide additional opportunities where not already included within existing CIP schemes.
- The Trust is awaiting confirmation regarding any allocation of 18/19 Accelerator Zone funding.

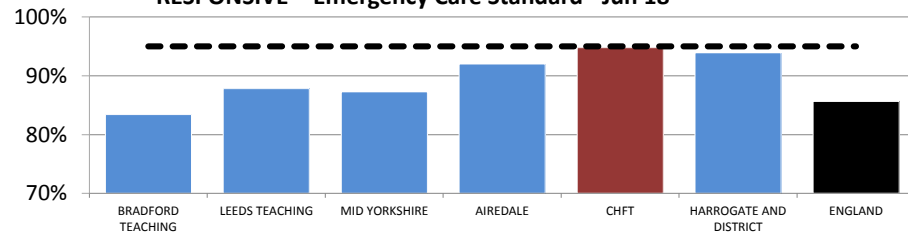
Forecast

Forecast 18/19

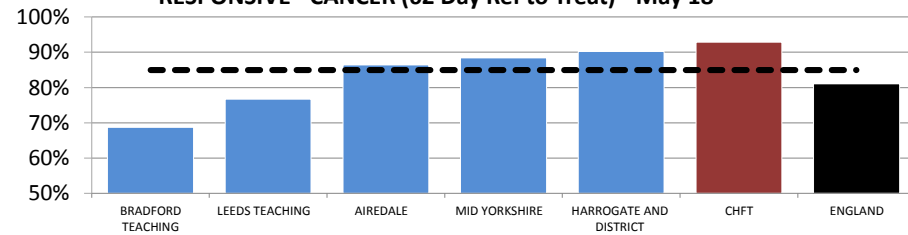


Benchmarking - Selected Measures

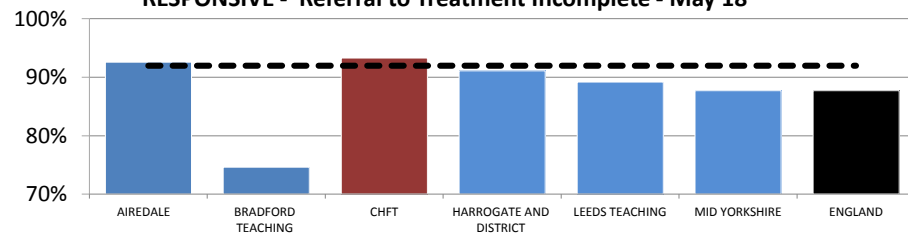
RESPONSIVE - Emergency Care Standard - Jun 18



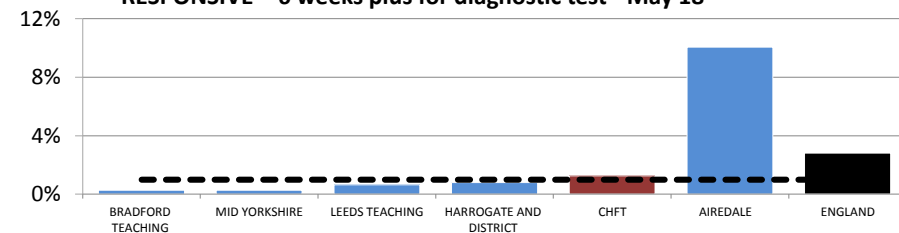
RESPONSIVE - CANCER (62 Day Ref to Treat) - May 18



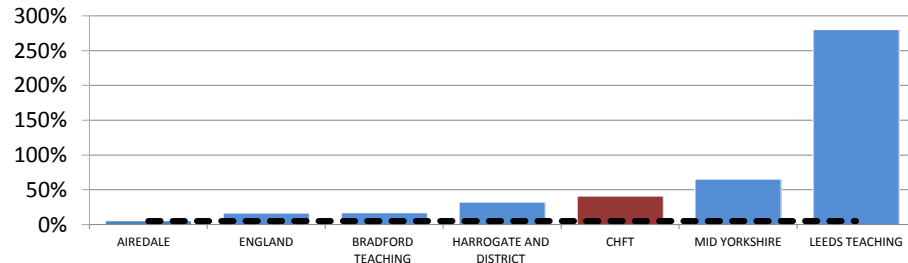
RESPONSIVE - Referral to Treatment Incomplete - May 18



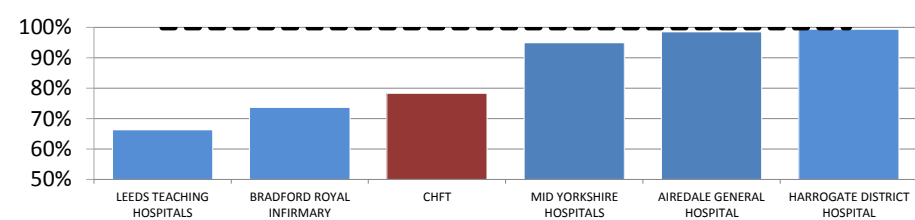
RESPONSIVE - 6 weeks plus for diagnostic test - May 18



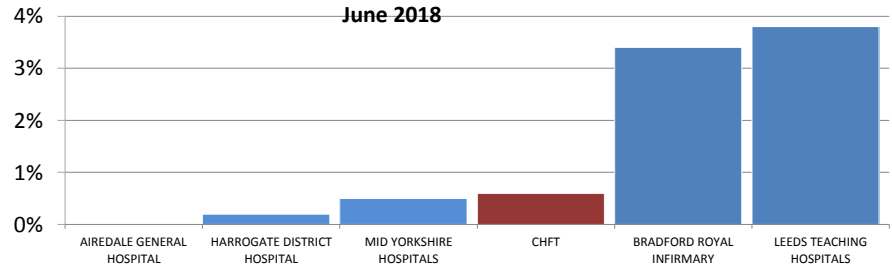
ASIs Per DBS Booking - May 18



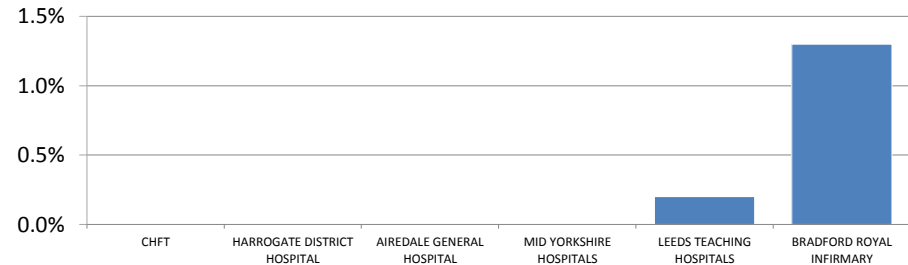
RESPONSIVE - YAS Ambulance handovers within 15 minutes June 2018



RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes June 2018

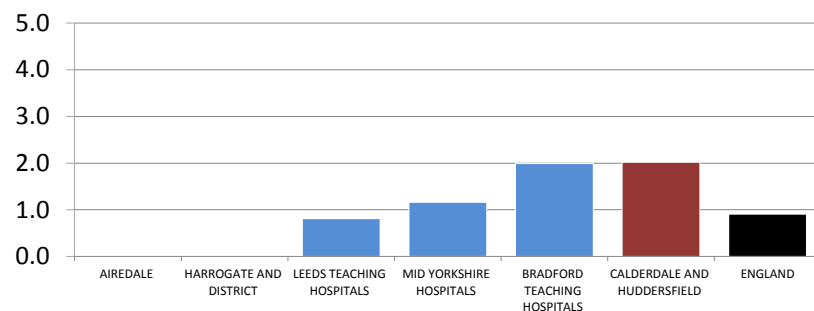


RESPONSIVE - YAS Ambulance handovers > 60 minutes - June 2018

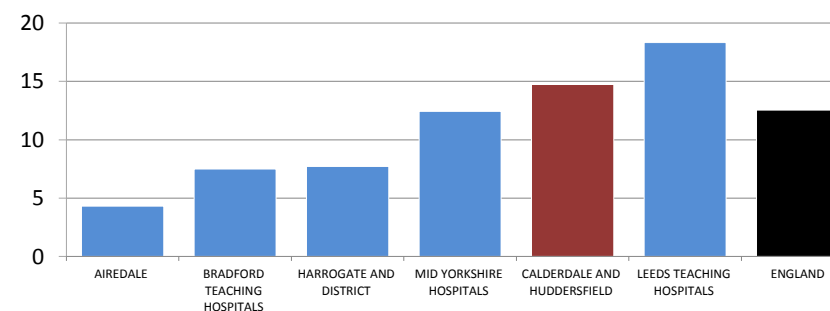


Benchmarking - Selected Measures

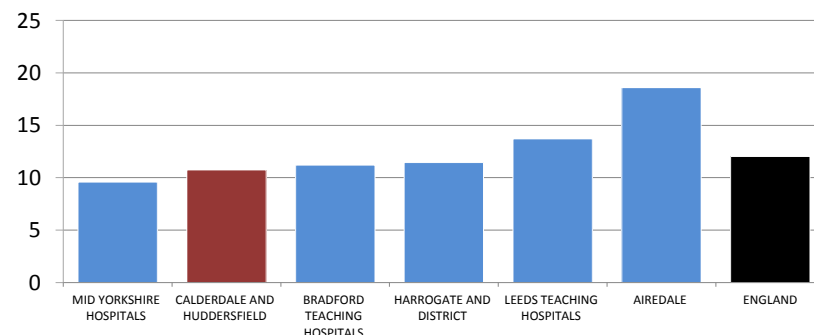
MRSA per 100,000 days - Jul 18



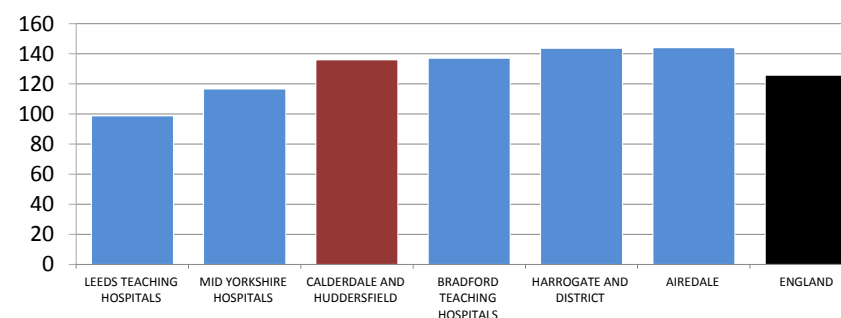
C.Diff per 100,000 days - Jul 18



MSSA per 100,000 days - Jul 18

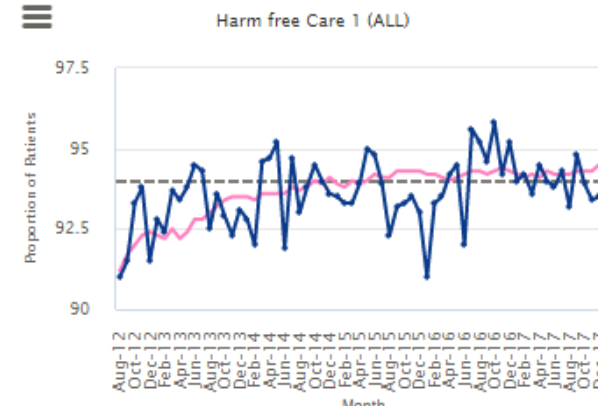
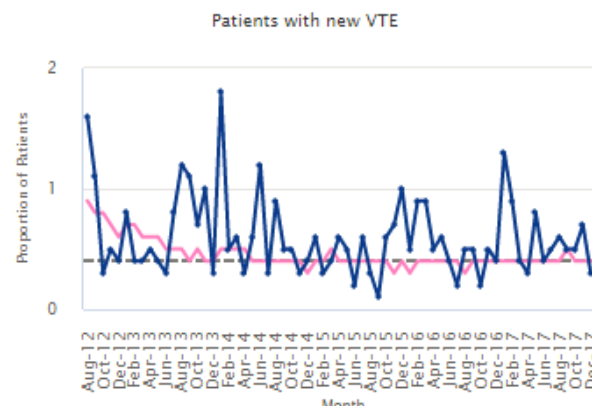
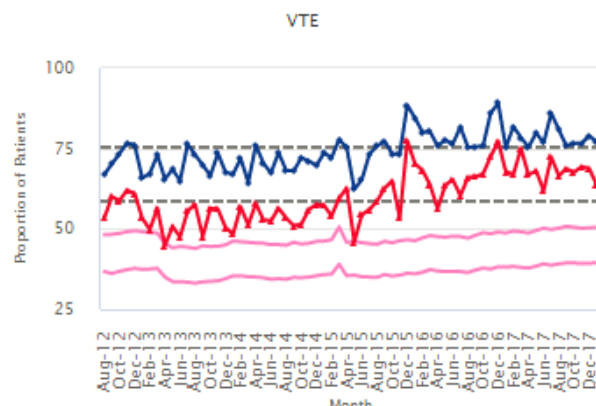
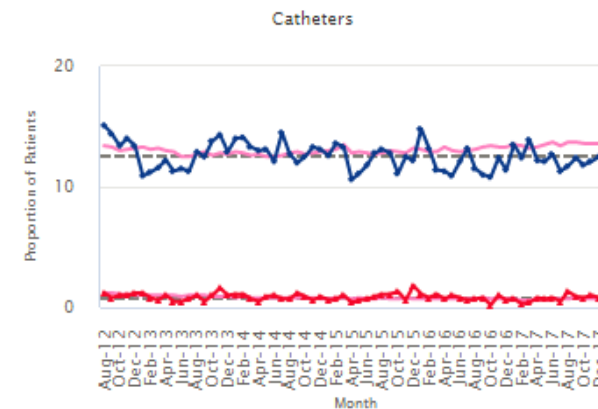
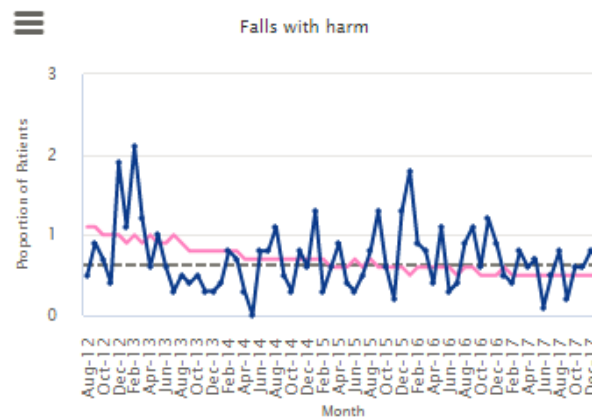
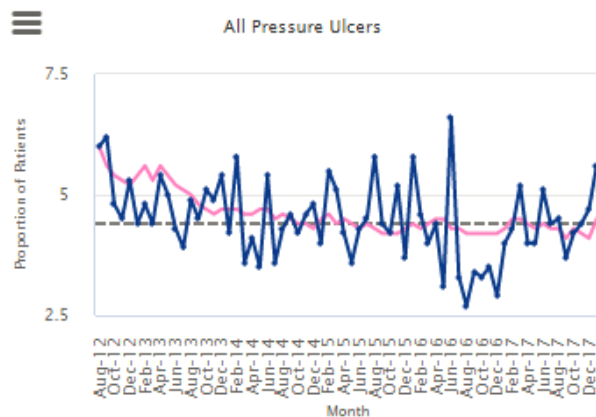


EColi per 100,000 days - Jul 18

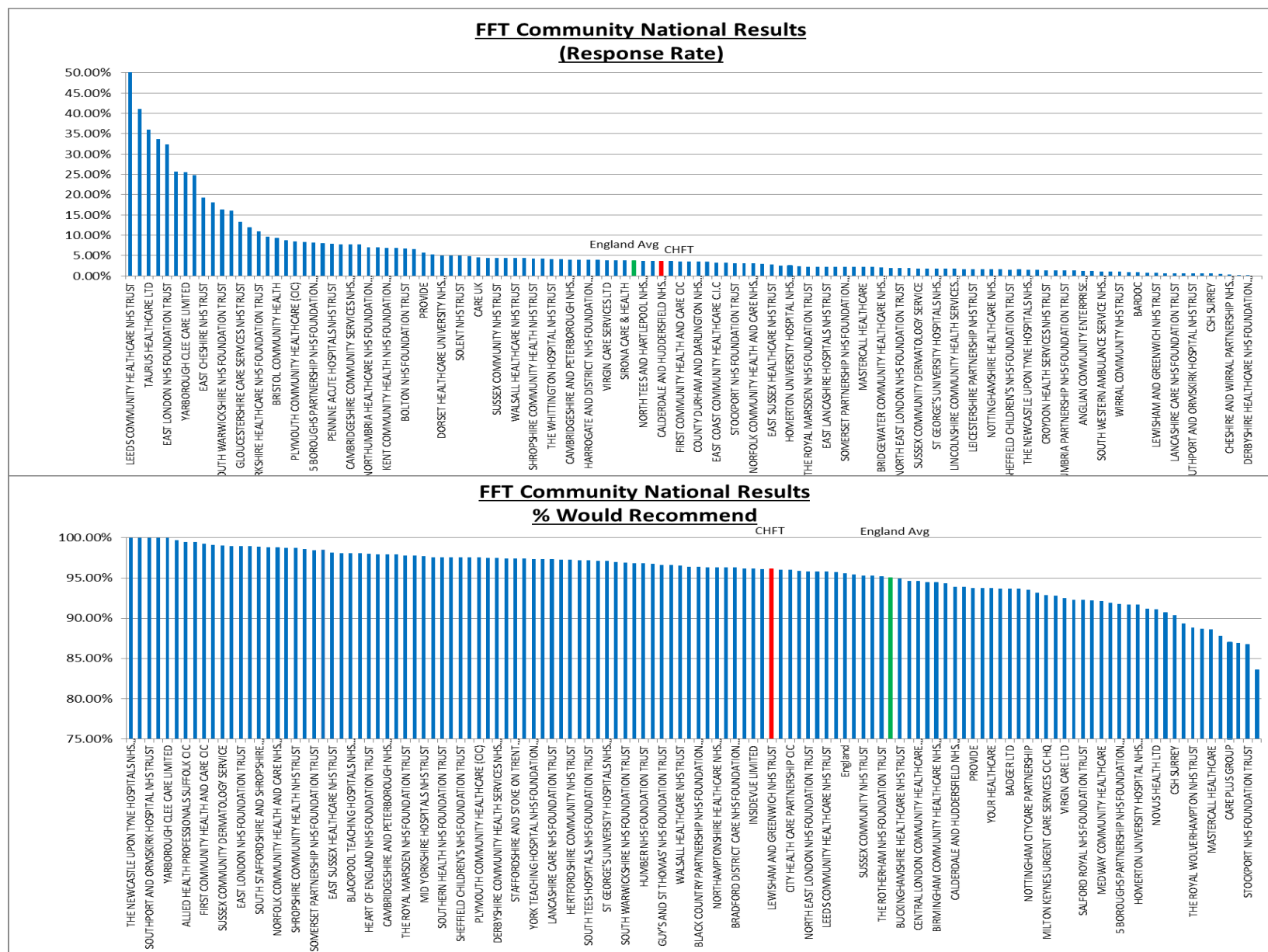


Benchmarking - Safety Thermometer

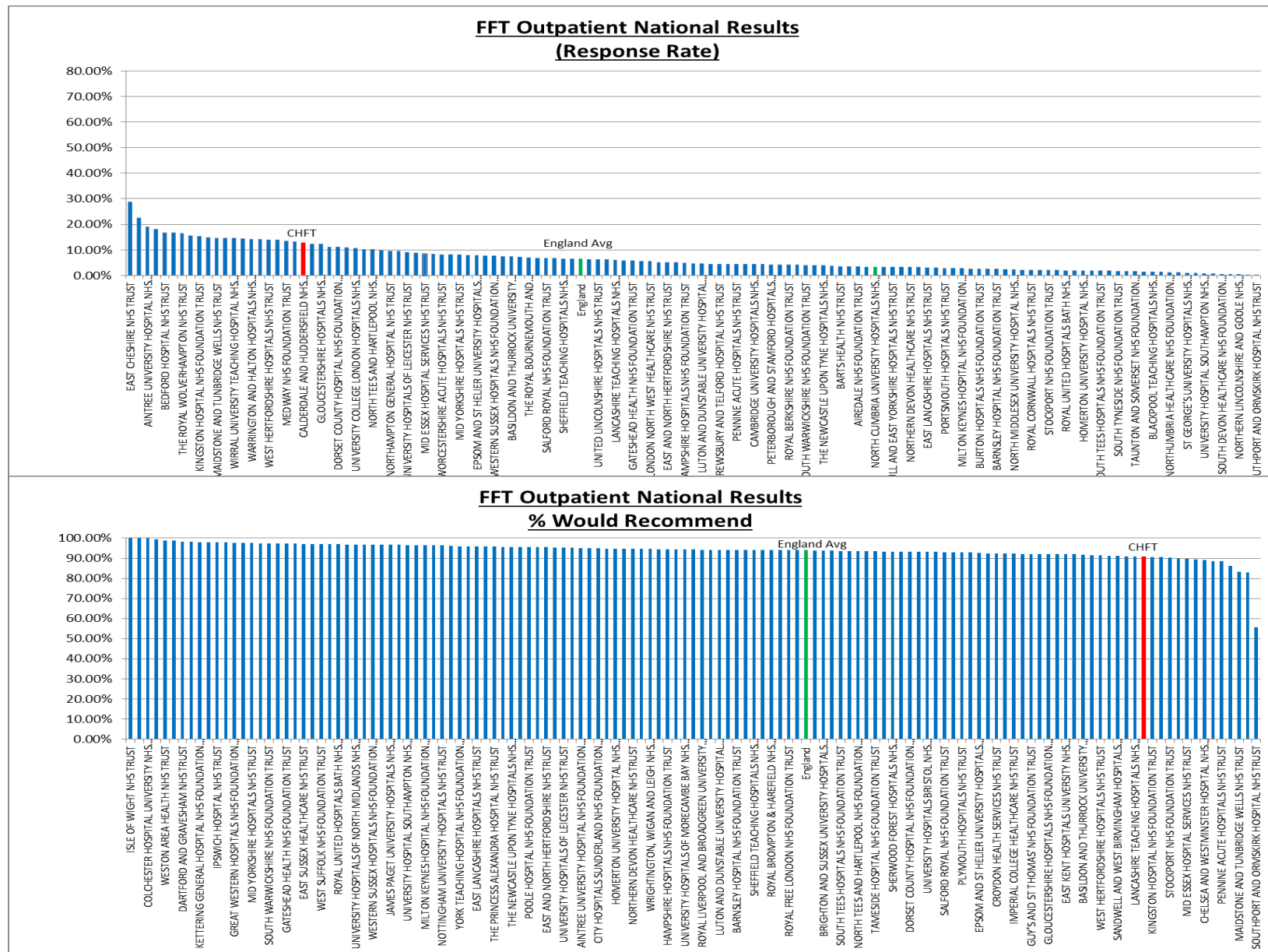
The following charts are taken from www.safetythermometer.nhs.uk and illustrate how performance compares to the national (pink line)



Benchmarking - Friends and Family Test

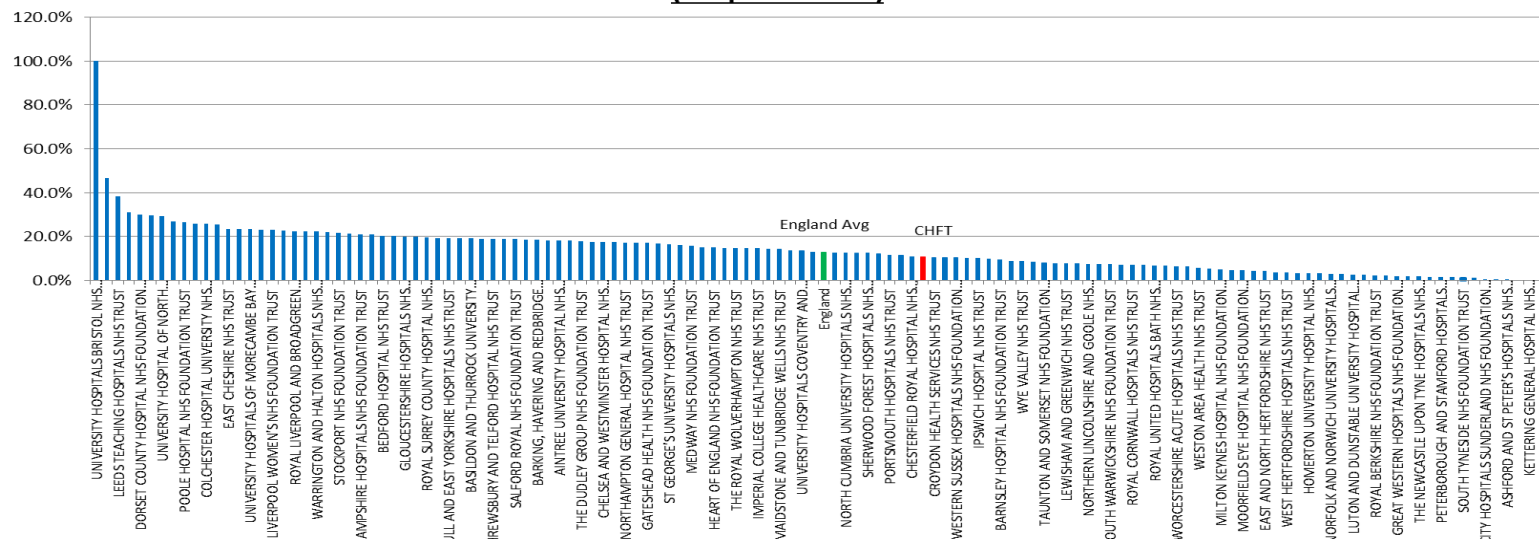


Benchmarking - Friends and Family Test

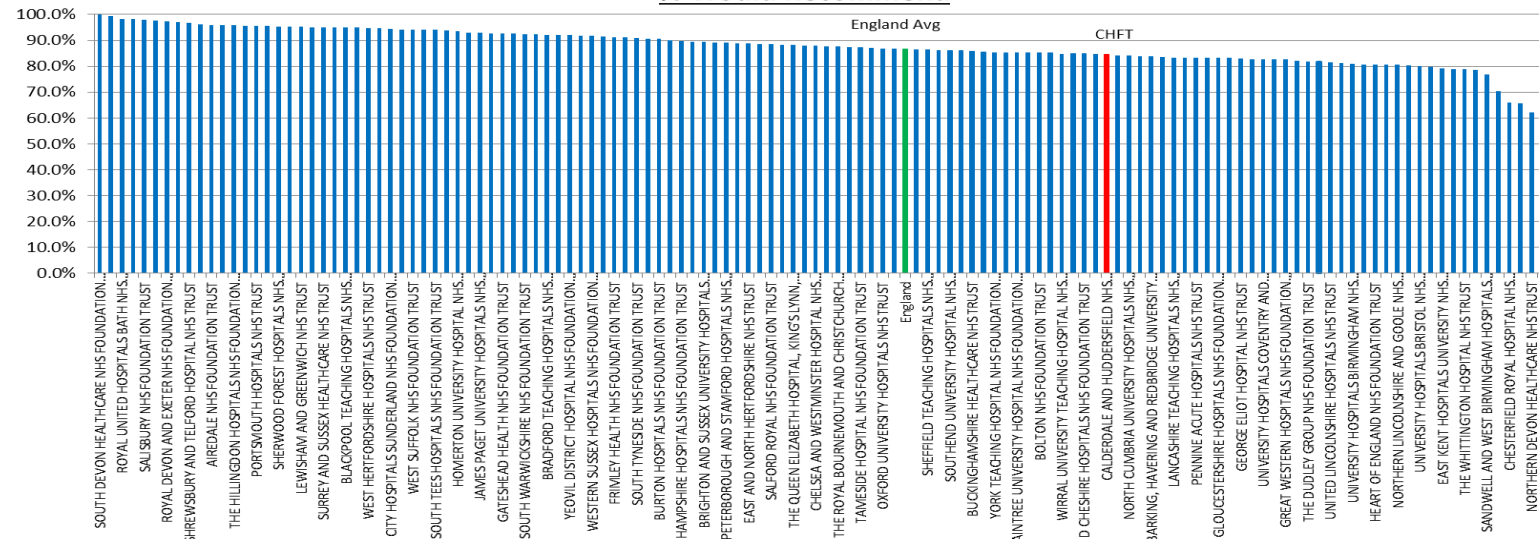


Benchmarking - Friends and Family Test

FFT A&E National Results (Response Rate)

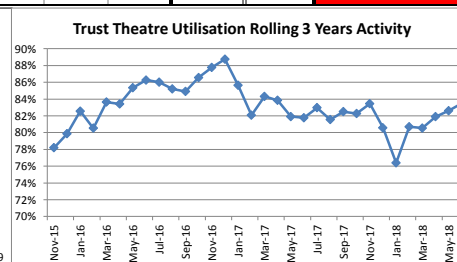
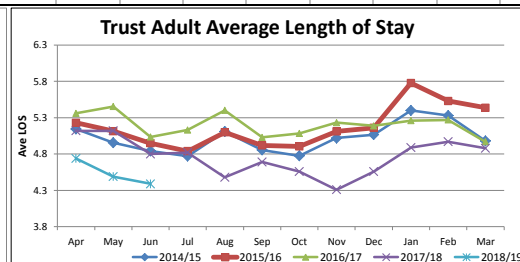
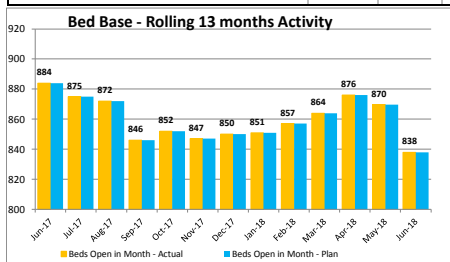


FFT A&E National Results % Would Recommend



Efficiency & Finance - Key measures

	17/18	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD	Target	Threshold, Monthly	
Did Not Attend Rates																		
First DNA	7.88%	9.03%	8.04%	7.97%	8.15%	7.65%	7.00%	7.69%	7.36%	7.30%	7.84%	7.60%	7.20%	7.22%	7.88%	<=7%	7.00%	
Follow up DNA	7.05%	8.01%	7.08%	7.15%	6.64%	6.19%	5.53%	6.87%	6.33%	6.70%	6.63%	6.30%	6.70%	6.74%	6.50%	<=8%	8.00%	
Average length of stay																		
Average Length of Stay - Overall	4.72	4.8	4.82	4.48	4.69	4.56	4.31	4.56	4.89	4.97	4.88	4.74	4.49	4.39	4.54	<=5.17	5.17	
Average Length of Stay - Elective	2.51	2.6	2.5	2.58	2.43	2.54	2.22	2.31	2.42	2.8	2.66	2.77	2.32	2.47	2.51	<=2.85	2.85	
Average Length of Stay - Non Elective	5	5.11	5.18	4.75	4.99	4.81	4.65	4.82	5.06	5.18	5.13	4.96	4.75	4.65	4.79	<=5.63	5.63	
pre Op Length of Stay - Elective Patients												0.03	0.06	0.00	0.00			
Pre Op LOS - Non Elective Patients												0.76	0.66	0.67	0.69			
Non Elective with zero LOS (not ambulatory)	9487	841	886	762	791	947	825	841	746	689	678	699	803	759	2261	Not applicable		
Elective Inpatients with zero LOS	903	94	75	91	85	83	84	63	62	37	55	39	48	52	139	136	1,632	
Day Cases																		
Day Case Rate	88.34%	86.89%	86.51%	87.88%	88.77%	88.73%	87.18%	88.19%	92.86%	90.99%	89.06%	89.56%	88.75%	87.97%	88.75%	>=85%	85.00%	
Failed Day Cases	1944	120	169	198	183	173	229	194	120	148	193	166	196	216	578	120	1,440	
Beds																		
Beds Open in Month - Plan	818	824	803	803	803	818	818	818	818	818	818	859	859	844	844	Not applicable		
Beds Open in Month - Actual	876	875	872	846	852	847	850	851	857	864	876	869.6	838	827	827	Not applicable		
Hospital Bed Days per 1000 population - Adults	56.16	52.66	53.04	49.79	49.7	50.48	49.59	50.38	53.82	49.52	56.16	50.1	51.2	49.3	49.34	16/17 Baseline		
Emergency Hospital Admissions per 1000 population - Adults	10.05%	9.78%	9.92%	9.80%	9.59%	10.08%	10.06%	10.30%	10.46%	9.33%	10.05%	9.40%	10.00%	9.70%	9.71%	16/17 Baseline		
Occupied Bed Days		UNDER DEVELOPMENT AND TIMELINE - July IPR																
Cancellations																		
Clinical Cancellations after pre-Op		UNDER DEVELOPMENT AND TIMELINE - July IPR																
Clinical Slots not Utilised	0.10	0.13	0.12	0.11	0.10	0.08	0.08	0.09	0.09	0.10	0.10	0.07	0.06	0.07	0.07			
Endoscopy Utilisations		UNDER DEVELOPMENT AND TIMELINE - July IPR																
Hospital Cancellations within 6 Weeks	29824	2970	2409	2004	2414	3073	2729	2066	2448	2530	3090	1165	1094	1319	3578	0	0	
Theatre Utilisation																		
Theatre Utilisation (TT) - Main Theatre - CRH	82.05%	82.20%	83.23%	82.17%	83.20%	81.99%	83.77%	81.58%	76.82%	81.57%	80.75%	83.50%	83.20%	84.20%	83.60%	>=90%	90.00%	
Theatre Utilisation (TT) - Main Theatre -HRI	91.03%	90.51%	96.78%	87.45%	89.93%	89.15%	93.58%	90.45%	82.61%	89.84%	90.86%	90.30%	90.70%	93.80%	91.60%	>=90%	90.00%	
Theatre Utilisation (TT) - HRI DSU	73.53%	73.03%	68.93%	74.51%	76.83%	77.96%	74.64%	71.80%	70.46%	72.28%	70.82%	73.20%	77.00%	76.70%	75.80%	>=88%	88.00%	
Theatre Utilisation (TT) - HRI SPU	72.56%	72.64%	73.98%	77.40%	70.35%	74.59%	73.09%	68.12%	69.07%	72.61%	70.49%	68.70%	68.60%	69.00%	68.80%	>=85%	85.00%	
Theatre Utilisation (TT) - Trust	81.79%	81.77%	82.97%	81.55%	82.50%	82.27%	83.45%	80.58%	76.39%	80.69%	80.53%	81.90%	82.60%	83.50%	82.70%	>=90%	90.00%	
% Theatre Scheduled Late Starts > 15 mins - Trust												0.3779	31.24%	31.00%	33.26%			
Total Follow lists - Trust												105	63	80	248			
Theatre Cases per Elective list (Average) - Trust												2.54	2.61	2.61	2.58			
No. of Ambulatory patients	9253	714	746	812	703	716	819	725	889	891	966	877	929	0	1806	0	0	
Emergency Hospital Admissions		UNDER DEVELOPMENT AND TIMELINE - July IPR																
Stranded 7 Days	47.00%	47.00%	47.00%	45.00%	43.00%	44.00%	41.00%		43.00%	45.00%	46.00%	47.00%	52.18%	52.92%	51.48%	52.19%	<=30%	30.00%
Super Stranded 7 Days									22.43%	23.91%	22.58%	26.74%	21.97%	20.22%	18.32%	20.17%	<=15%	15.00%
Average time to start of reablement (days)	0.10	0.10	0.11	0.12	0.13	0.15	0.09	0.05	0.07	0.06	0.06	0.07	0.05	0.04	0.05	<=10.2 days	10.2	
Catheter Lab												89	85		87			

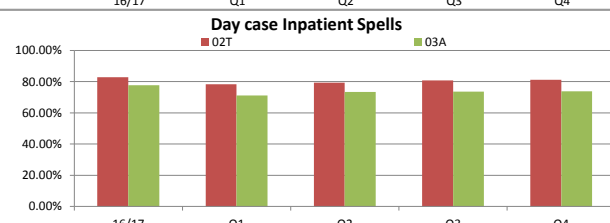
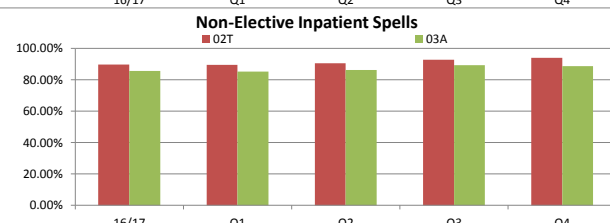
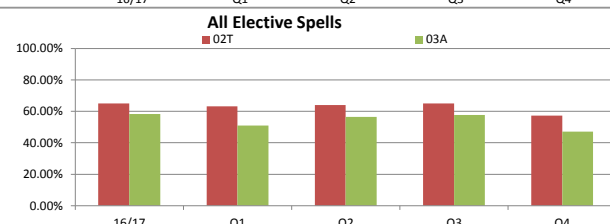
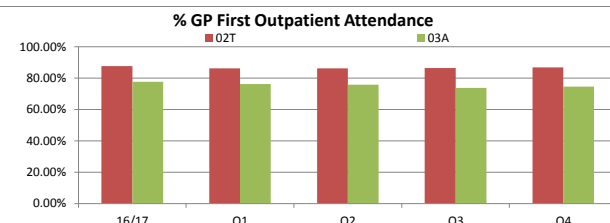


Efficiency & Finance Frailty- Key measures

	17/18	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD	Target	Threshold/Monthly
Acute Admissions - Aged 75+ Years																	
Acute Admissions aged 75+	2,091											728	838	790	2,356		
Frail* patients admitted aged 75+	620											290	334	316	940		
% patients admitted aged 75+ who are frail**	30.00%											40.00%	40.00%	40.00%	40.00%		
Frailty Admissions with LOS < 3 days																	
Patients 75+ with a LOS < 3 days	981											376	450	399	1,225		
Frail* patients with a LOS < 3 days	206											122	142	124	388		
% of patients with a LOS < 3 days who are frail	21.00%											32.00%	32.00%	31.00%	32.00%		
Average frail* non-elective IP LOS	10.4											10.3	9.6	9.7	9.9		
Frail* occupied bed days	6,438											2999	3194	3070	9,263		
Average DAILY Beds Saved	-15											35	34	23	31		

Activity - Key measures (Market Share)

	16/17	Q1	Q2	Q3	Q4	YTD	Target	YTD % Change
GP First Outpatient Attendance								
% Market Share - 02T Calderdale	87.80%	86.24%	86.22%	86.60%	86.93%	86.45%	87.80%	-1.35%
% Market Share - 03A Greater Huddersfield	77.75%	76.20%	75.87%	73.86%	74.59%	75.02%	77.75%	-2.73%
% Market Share - Other Contracted CCG's	1.47%	1.33%	1.32%	1.20%	1.16%	1.24%	1.47%	-0.23%
Market Size - 02T Calderdale	45,081	9,947	10,057	10,255	10,157	40,416	45,081	
Market Size - 03A Greater Huddersfield	43,244	9,506	10,007	10,142	9,710	39,365	43,244	
Market Size - Other Contracted CCG's	456,702	110,984	116,018	113,897	103,337	444,236	456,702	
All Elective Spells								
% Market Share - 02T Calderdale	64.98%	63.13%	63.98%	65.08%	57.31%	62.38%	64.98%	-2.60%
% Market Share - 03A Greater Huddersfield	58.26%	50.93%	56.48%	57.76%	47.20%	52.99%	58.26%	-5.27%
% Market Share - Other Contracted CCG's	0.91%	0.83%	0.84%	0.87%	0.68%	0.81%	0.91%	-0.10%
Market Size - 02T Calderdale	6,041	1,253	1,202	1,137	951	4,543	6,041	
Market Size - 03A Greater Huddersfield	6,220	1,286	1,250	1,205	1,017	4,758	6,220	
Market Size - Other Contracted CCG's	57,991	14,402	14,123	12,398	10,499	51,422	57,991	
Non-Elective Inpatient Spells								
% Market Share - 02T Calderdale	89.58%	89.54%	90.50%	92.68%	94.04%	91.92%	89.58%	2.34%
% Market Share - 03A Greater Huddersfield	85.51%	85.13%	86.13%	89.33%	88.59%	87.39%	85.51%	1.88%
% Market Share - Other Contracted CCG's	0.74%	0.76%	0.94%	1.38%	1.46%	1.13%	0.74%	0.40%
Market Size - 02T Calderdale	23,269	5,939	6,622	6,881	6,763	26,205	23,269	
Market Size - 03A Greater Huddersfield	23,129	5,911	6,389	6,698	6,451	25,449	23,129	
Market Size - Other Contracted CCG's	251,957	63,346	62,553	55,181	49,156	230,236	251,957	
Daycase Spells								
% Market Share - 02T Calderdale	82.91%	78.43%	79.26%	80.74%	81.27%	80.09%	82.91%	-2.82%
% Market Share - 03A Greater Huddersfield	77.74%	71.11%	73.36%	73.61%	73.85%	73.17%	77.74%	-4.57%
% Market Share - Other Contracted CCG's	0.90%	0.66%	0.79%	0.93%	0.82%	0.80%	0.90%	-0.10%
Market Size - 02T Calderdale	30,987	5,976	6,745	6,651	6,455	25,827	30,987	
Market Size - 03A Greater Huddersfield	31,895	6,449	6,936	7,278	7,110	27,773	31,895	
Market Size - Other Contracted CCG's	285,313	69,432	71,319	60,907	58,083	259,741	285,313	



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 June 2018.

Comparing Quarter 3 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 with the exception of Non-Elective Inpatient Spells. Regards Greater Huddersfield CCG activity CHFT delivered a smaller proportion of the non-elective and day case activity than it did in 16/17 as well as decreased activity under GP First Outpatient Attendances

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 3 with 16/17 baseline with the exception of Non-Elective Inpatient Spells.

Activity - Key measures

	17/18	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	52,515	4,175	4,419	4,767	4,693	4,937	4,540	4,105	4,794	4,276	4,557	4,555	4,776	4,259	13,590	17.6%
03A - NHS GREATER HUDDERSFIELD CCG	37,450	3,370	3,167	3,348	3,205	3,085	3,187	2,837	3,275	2,922	3,133	3,296	3,264	2,831	9,391	-5.4%
03J - NHS NORTH KIRKLEES CCG	3,683	391	278	289	327	327	336	252	322	279	250	253	222	220	695	-27.3%
02R - NHS BRADFORD DISTRICTS CCG	248	0	300	400	600	600	400	500	300	3,600	5,400	226	240	173	639	-18.3%
03R - NHS WAKEFIELD CCG	1,145	81	89	88	129	139	114	83	108	73	84	72	84	46	202	9.8%
02W - NHS BRADFORD CITY CCG	481	34	30	39	39	52	47	50	55	33	53	41	40	35	116	17.2%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	159	22	29	18	10	10	9	3	10	5	8	15	5	8	28	-78.1%
03C - NHS LEEDS WEST CCG	146	19	9	8	8	13	10	8	14	11	17	4	0	0	4	-82.6%
02N - NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG	66	9	2	5	6	8	1	6	8	9	3	6	7	7	20	25.0%
03G - NHS LEEDS SOUTH AND EAST CCG	102	9	2	5	5	11	11	7	19	15	13	2	1	0	3	-62.5%
02V - NHS LEEDS NORTH CCG	17	0	2	1	3	2	1	1	2	1	2	0	0	0	0	-100.0%
Other	948	889	732	719	793	859	793	638	777	620	696	653	654	526	1,833	-21.4%
Trust	65,956	8,434	8,318	8,834	8,691	8,881	8,520	7,580	8,846	7,818	8,386	8,504	8,694	7,616	24,814	9.8%
Trust - % Change on Previous year	7.88%	1.84%	12.76%	17.29%	12.69%	16.98%	10.69%	12.13%	16.02%	9.38%	0.13%	66.31%	-6.96%	-5.93%	9.81%	

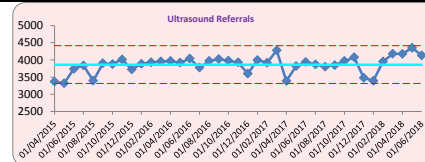
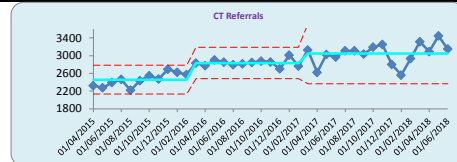
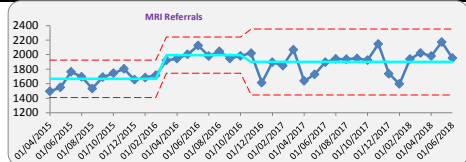
ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	-3,096.49	-506.53	-529.25	-255.24	-147.54	-325.82	-69.32	168.9	-560.12	-409.28	-375.9	-32.07	3.01	-109.99	-130.05	
% Day Case Variance against Contract	-8.25%	-14.92%	-16.43%	-1.32%	-4.56%	-9.60%	-2.04%	6.84%	-16.50%	-13.26%	-11.60%	-1.11%	0.10%	-3.57%	-1.44%	
Elective Variance against Contract	-2,259.24	-221.34	-190.62	-156.57	-215.29	-224.39	-125.34	-59.89	-408.34	-292.86	-223.1	-56.61	-30.32	-28.32	-120.25	
% Elective Variance against Contract	-28.39%	-31.20%	-28.39%	-29.15%	-31.86%	-31.63%	-17.67%	-11.61%	-57.57%	-45.41%	-32.95%	-11.85%	-5.80%	-5.16%	-7.76%	
Non-elective Variance against Contract	4,988.26	429.99	243.99	591.41	565.55	174.32	655.25	378.13	842.44	286.24	444.82	56.56	228.51	107.97	374.04	
% Non-elective Variance against Contract	10.42%	12.32%	6.54%	1.03%	15.38%	3.85%	15.79%	8.46%	20.08%	8.63%	10.95%	1.23%	4.83%	2.29%	2.66%	
Outpatient Variance against Contract	-29,795.82	-5,410.44	-822.64	-3,714.84	-2,851.11	-2,470.69	-776.99	340.09	-3,925.58	-2,711.71	-4,630.65	1,075.35	2,035.08	-467.44	2,930	
% Outpatient Variance against Contract	-11.11%	-20.17%	-6.25%	-6.54%	-12.37%	-10.57%	-4.01%	-0.99%	-16.00%	-12.35%	-18.08%	4.22%	7.45%	-1.71%	3.66%	
Accident and Emergency Variance against Contract	-6,917.90	-572	-286	-226	-590.36	-210.41	-374.49	28.14	-1,270.30	-1,094.93	-1,909.56	-699.13	-76.16	44.53	-725.75	
% Accident and Emergency Variance against Contract	-4.52%	-4.40%	-2.10%	-1.80%	-4.51%	-1.61%	-2.99%	0.22%	-9.77%	-8.92%	-13.62%	-5.55%	-0.56%	0.35%	-1.86%	

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

Radiology Summary of Activity of Key Modalities - June 2018

Referrals into Service

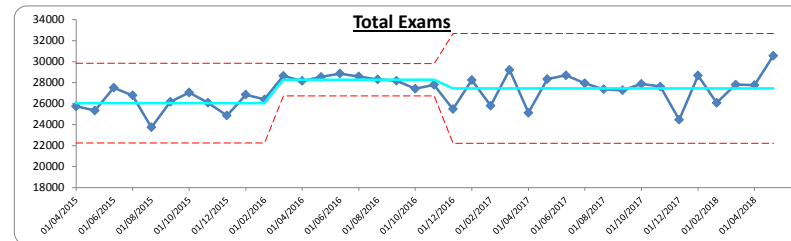
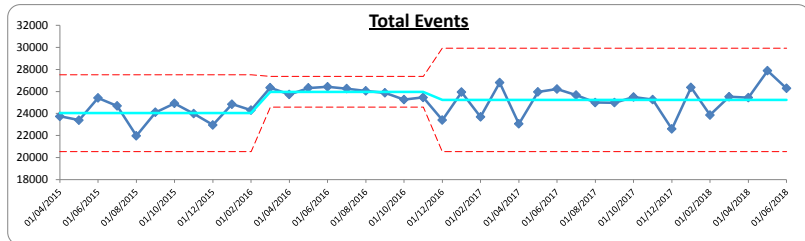
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD 18/19	YTD 17/18	Increase	%
MRI	1,945	2,011	2,125	1,981	2,045	1,948	1,983	2,019	1,615	1,896	1,848	2,067	1,638	1,728	1,896	1,941	1,937	1,948	1,924	2,147	1,737	2,022	1,940	2,022	1,981	2,173	1,954	6,108	5,262	846	16%
CT	2,774	2,901	2,851	2,792	2,813	2,844	2,874	2,856	2,701	3,010	2,762	3,125	2,621	3,023	2,966	3,108	3,192	3,034	3,191	3,253	2,800	2,560	2,931	3,313	3,089	3,447	3,149	9,685	8,610	1,075	12%
Obstetrics	2,398	2,279	2,392	2,357	2,540	2,450	2,343	2,429	2,316	2,831	2,383	2,588	2,170	2,476	2,481	2,340	2,159	2,401	2,466	2,520	2,188	2,092	2,232	2,408	2,288	2,437	2,369	7,094	7,127	-33	0%
General Radiology	17,447	17,876	17,779	17,659	17,511	17,622	17,029	17,395	16,006	17,789	15,681	18,013	15,608	17,139	17,223	17,299	16,944	17,282	17,181	16,863	15,448	15,044	15,853	17,430	17,208	18,772	17,404	53,384	49,970	3,414	7%
Ultrasound	3,967	3,918	4,038	3,777	3,967	4,024	3,976	3,927	3,599	3,996	3,915	4,278	3,388	3,819	3,939	3,866	3,801	3,847	3,967	4,077	3,480	3,390	3,950	4,179	4,174	4,349	4,131	12,654	11,146	1,508	14%
Total	28,531	28,985	29,185	28,566	28,876	28,888	28,205	28,676	26,237	29,522	26,589	30,071	25,425	28,185	28,505	28,554	28,333	28,512	28,729	28,860	25,653	24,683	26,906	29,352	28,740	31,178	29,007	88,925	82,115	6,810	8%



How does this compare to Trust activity Trend?
A&E Activity has increased by 4.5%, Outpatients by 6.6% and Inpatients (excluding Maternity) by 3.4%

Activity

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD 18/19	YTD 17/18	Increase	%
Total Events	25,724	26,324	26,428	26,265	26,054	25,877	25,265	25,459	23,411	25,950	23,688	26,806	23,062	25,965	26,223	25,674	24,989	24,986	25,501	25,263	22,592	26,372	23,853	25,521	25,437	27,885	26,292	79,614	75,250	4,364	6%
MRI	1,623	1,749	1,700	1,881	1,773	1,718	1,638	1,745	1,607	1,674	1,642	1,851	1,599	1,692	1,723	1,692	1,695	1,734	1,739	1,639	1,535	1,664	1,608	1,684	1,677	1,616	1,671	4,964	5,014	-50	-1%
HRI - MRI	645	619	619	680	629	633	680	630	556	578	559	651	600	592	625	652	620	649	649	615	570	622	577	599	608	596	625	1,829	1,817	12	1%
CRH - MRI	486	527	586	603	546	608	545	608	525	538	515	592	437	503	500	437	483	474	503	450	409	432	428	473	496	469	456	1,421	1,440	-19	-1%
Mobile	482	592	489	583	583	473	332	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-
New Scanner - HRI	0	0	0	0	0	0	73	499	514	552	560	596	549	588	588	591	582	599	576	562	547	602	572	583	567	549	581	1,697	1,725	-28	-2%
CT	2,611	2,565	2,622	2,695	2,640	2,467	2,520	2,527	2,486	2,601	2,438	2,746	2,308	2,605	2,587	2,779	2,722	2,589	2,651	2,796	2,470	2,637	2,538	2,760	2,708	2,989	2,869	8,566	7,500	1,066	14%
General Radiology	15,682	16,384	16,165	16,052	15,859	16,000	15,844	15,606	14,400	16,266	14,597	16,688	14,441	15,322	15,476	15,479	15,142	15,516	15,692	15,230	13,911	16,295	14,481	15,833	15,518	17,341	16,076	48,935	45,239	3,696	8%
Obstetrics	2,283	2,166	2,311	2,244	2,378	2,374	2,240	2,301	2,230	2,410	2,204	2,476	2,053	2,308	2,326	2,199	2,314	2,273	2,319	2,329	2,078	2,358	2,059	2,228	2,166	2,278	2,249	6,693	6,687	6	0%
Ultrasound	3,525	3,460	3,630	3,393	3,404	3,318	3,023	3,280	2,688	2,999	2,807	3,045	2,661	4,038	4,111	3,525	3,116	2,874	3,100	3,269	2,598	3,418	3,167	3,016	3,368	3,661	3,427	10,456	10,810	-354	-3%
Total Exams	28,162	28,543	28,867	28,596	28,311	28,177	27,419	27,800	25,485	28,259	25,802	29,219	25,128	28,345	28,692	27,939	27,377	27,284	27,882	27,625	24,471	28,679	26,075	27,808	27,766	30,556	28,804	87,126	82,165	4,961	6%
MRI	1,722	1,835	1,806	1,970	1,693	1,828	1,735	1,854	1,719	1,768	1,727	1,966	1,680	1,762	1,831	1,786	1,796	1,817	1,836	1,740	1,616	1,751	1,702	1,778	1,748	1,710	1,753	5,211	5,273	-62	-1%
HRI - MRI	697	657	669	726	684	694	729	676	608	620	587	700	631	625	674	695	671	687	693	649	603	657	609	637	633	641	670	1,944	1,930	14	1%
CRH - MRI	519	567	633	638	583	646	576	636	557	571	537	622	462	519	527	455	504	488	524	470	426	452	455	497	516	487	471	1,474	1,508	-34	-2%
Mobile	496	600	497	591	410	484	341	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New Scanner - HRI	0	0	0	0	0	0	80	534	542	572	595	632	572	606	619	624	611	629	607	609	577	634	606	614	592	578	603	1,773	1,797	-24	-1%
CT	3,862	3,675	3,913	3,926	3,909	3,639	3,657	3,764	3,683	3,890	3,606	4,022	3,416	3,874	3,853	4,038	4,023	3,859	3,910	4,109	3,532	3,891	3,670	4,023	4,006	4,424	4,220	12,650	11,143	1,507	14%
General Radiology	16,415	17,048	16,821	16,705	16,580	16,663	16,478	16,255	14,881	16,878	15,181	17,391	15,019	15,932	16,154	16,026	15,797	16,176	16,401	15,835	14,349	16,902	15,106	16,407	16,110	18,095	16,765	50,970	47,105	3,865	8%
Obstetrics	2,289	2,176	2,320	2,252	2,385	2,384	2,246	2,304	2,239	2,413	2,206	2,484	2,055	2,312	2,330	2,201	2,320	2,276	2,325	2,335	2,083	2,363	2,063	2,234	2,171	2,283	2,250	6,704	6,697	7	0%
Ultrasound	3,874	3,809	4,007	3,743	3,744	3,663	3,303	3,623	2,963	3,310	3,082	3,356	2,958	4,465	4,524	3,888	3,441	3,156	3,410	3,606	2,891	3,772	3,534	3,366	3,731	4,044	3,816	11,591	11,947	-356	-3%



Waiting List at Month End

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD 18/19	YTD 17/18	Increase	%
Total number on MRI Waiting List	1,490	1,501	1,636	1,422	1,559	1,307	1,602	1,556	1,351	1,338	1,318	1,249	1,120	872	819	850	831	824	787	1,016	972	988	1,087	1,109	1,131	1,384	1,405	3,000	2,000	1,000	50%
Total number on CT Waiting List	718	773	713	546	417	409	604	688	612	785	782	853	905	928	842	853	858	823	902	924	783	828	845	934	945	933	809	2,000	1,000	1,000	100%
Total number on US Waiting List	2,172	1,949	1,631	1,322	1,281	1,143	1,790	1,842	2,131	2,408	2,882	3,485	3,477	2,539	1,540	1,259	1,321	1,617	1,808	1,906	2,126	2,130	2,280	2,713	2,706	2,670	2,609	5,000	4,000	1,000	25%

Number of Exams reported

Internal (Planned)	19,083	19,157	19,158	18,055	19,572	18,732	18,310	19,858	17,557	20,022	17,834	18,890	16,671	20,384	18,554	20,116	21,015	19,793	21,046	23,066	19,640	22,396	19,959	20,199	20,918	21,509	19,512	61,939	55,609	6,330	11%
Insourced (Extras)	680	1,001	1,221	1,145	659	1,232	902	1,110	587	859	399	257	330	714	466	439	4,947	1,176	15	0	15	6	0	0	0	0	0	0	1,510	-1,510	-100%
Locum Radiologist/Sonographer	2,390	2,394	1,598	1,598	1,598	1,047	935	1,030	635	602	573	728	233	315	299	96	41	85	89	85	74	88	76	91	45	68	96	209	847	-638	-75%
Auto Reported	2,750	2,866	2,883	2,736	3,750	3,007	3,169	3,217	2,799	2,975	2,623	2,782	2,627	2,353	2,746	2,691	2,820	2,450	2,675	2,767	2,234	2,921	2,904	3,040	3,657	3,407	3,505	10,569	7,726	2,843	37%
Outsourced	2,287	2,287	2,287	2,287	2,282	2,963	3,833	3,223	3,387	4,467	3,477	4,502	3,658	4,339	4,225	3,820	2,775	2,584	3,017	2,868	2,553	2,494	2,965	2,485	3,165	3,968	4,977	12,110	12,222	-112	-1%
Total	27,190	27,705	27,247	25,821	27,811	26,983	27,149	28,438	24,965	28,925	24,906	27,159	23,519	28,105	26,290	27,162	31,598	26,088	26,842	28,764	24,516	27,905	24,904	25,815	27,785	28,952	28,090	84,827	77,914	6,913	9%
% Outsourced	8%	8%	8%	9%	8%	11%	14%	11%	14%	15%	14%	17%	16%	15%	16%	14%	9%	10%	11%	10%	10%	9%	11%	10%	11%	14%	18%	14%	16%	-1%	
% Insourced/Outsourced	11%	12%	13%	13%	10%	16%	17%	15%	16%	18%	16%	18%	17%	18%	18%	16%	24%	14%	11%	10%	10%	9%	11%	10%	11%	14%	18%	14%	18%	-3%	

CQUINS - Key messages

Area	Reality	Response	Result
Overall	The CQUIN scheme for 2018/19 is, in the main, a continuation of the 2017/18 scheme.		
	<p>However, there are some key changes which include:</p> <ul style="list-style-type: none"> - Suspension of CQUIN 8A - Reduction in AWaRe antibiotics rather than piperacillin - Higher target for Flu Vaccinations @75% 		
	The data report is being refreshed and will be more fully populated from June.		
Advice and Guidance	<p>The CQUIN requirements are to provide A&G for 100% of services which CHFT already do. There is a secondary component to agree a quality standard of responding to an A&G request within 2 days which needs to be achieved by Q4 2018/19.</p> <p>Current performance = 67%</p>	Performance by specialty is being shared widely and improvements are being seen.	<p>Improvement trajectory agreed with CCG to deliver 3 days responses in the first instance moving to 2 days by Q4 2018/19.</p> <p>Improvement expected in overall response rate each quarter.</p> <p>Accountable: GMS</p>
Risky Behaviours - Community	<p>Quarter by quarter improvement expected. Full payment for each element is only achieved when it achieves 100%. Partial payment is offered for an improvement of 5% on the previous quarter.</p>	<p>The service continues to look at ways of ensuring data is captured in a manful way. At present there is no process for capturing the final element.</p> <p>This will form part of the discussion at the Q&P WEB in July.</p>	The 100% is unlikely to ever be achieved and is recognised by the Commissioners as an unobtainable goal with the current systems that are in place.

CQUIN - Key measures

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets				ACTUAL PERFORMANCE															
						Q1	Q2	Q3	Q4	Q1		Q2		Q3		Q4		Q1		Q2		Q3		Q4	
1. Improving staff health and wellbeing																									
1a.1	Acute & Community	£213,082	Improvement of health and wellbeing of NHS staff	% Definitely takes positive action on health and well-being	25	N/A	N/A	N/A	30	Data available at year end		Data available at year end	Data available at year end		Data available at year end	Data available at year end		Data available at year end	Data available at year end		Data available at year end	Data available at year end		Data available at year end	
1a.2				% Experienced MSK in the last 12 months as a result of work activities	25	N/A	N/A	N/A	20	Data available at year end		Data available at year end	Data available at year end		Data available at year end	Data available at year end		Data available at year end	Data available at year end		Data available at year end	Data available at year end		Data available at year end	
1a.3				% Felt unwell in the last 12 months as a result of work related stress	37	N/A	N/A	N/A	32	Data available at year end		Data available at year end	Data available at year end		Data available at year end	Data available at year end		Data available at year end	Data available at year end		Data available at year end	Data available at year end		Data available at year end	
1b.1	Acute & Community	£213,082	Healthy food for NHS staff, visitors and patients	Maintain 16-17 changes	-	N/A	Written report for evidence	N/A	Written report for evidence	Written report due at the end of Q2		Written report due at the end of Q2	Written report due at the end of Q2		Written report due at the end of Q2	Written report due at the end of Q4		Written report due at the end of Q4	Written report due at the end of Q4		Written report due at the end of Q4	Written report due at the end of Q4		Written report due at the end of Q4	
1b.2				Improve the changes made in 2017-18	-	N/A	Written report for evidence	N/A	Written report for evidence	Written report due at the end of Q2		Written report due at the end of Q2		Written report due at the end of Q4		Written report due at the end of Q4	Written report due at the end of Q4		Written report due at the end of Q4	Written report due at the end of Q4		Written report due at the end of Q4			
1c	Acute & Community	£213,082	Improving the uptake of flu vaccinations for frontline clinical staff	% Front line staff vaccinated	71%	N/A	N/A	75%	75%	Data available from October 2018		Data available from October 2018	Data available from October 2018		Data available from October 2018	Data available from October 2018		Data available from October 2018	Data available from October 2018		Data available from October 2018	Data available from October 2018		Data available from October 2018	
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)																									
2a.1	Acute	£95,887	Timely identification (screening) of patients with sepsis in emergency departments and acute inpatient settings	% Eligible patients screened for Sepsis in Emergency Admissions	100.0%	90%	90%	90%	90%	100.0%	100.0%	-	100.0%												
2a.2				% Eligible patients screened for Sepsis in Inpatients (LOS >0)	100.0%	90%	90%	90%	90%	100.0%	100.0%	-	100.0%												
2b.1		£95,887	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.	92.9%	90%	90%	90%	90%	64.3%	100.0%	-	87.2%												
2b.2				% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Inpatients (LOS >0)	78.7%	90%	90%	90%	90%	96.0%	100.0%	-	96.9%												
2c	Acute	£95,887	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%	90% (April and May Only)		90%													
2d.1	Acute	£95,887	Reduction in antibiotic consumption per 1,000 admissions	1% reduction (from 16/17 position) in all antibiotics	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC	Data available at quarter end		Data available at quarter end													
2d.2				1% reduction (from 16/17 position) in Carbapenem	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC	Data available at quarter end															
2d.3				1% reduction (from 16/17 position) in Piperacillin-Tazobactam	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC	Data available at quarter end															
4. Improving services for people with mental health needs who present to A&E																									
4a	Acute	£255,698	Improving services for people with mental health needs who present to A&E	Number of ED attendances - Maintain attendance level of cohort 1 patients	245	61	61	61	61	24	20		44												
4b				Number of ED attendances - Reduce the number of attendances by 20% of cohort 2 patients	397	79	79	80	80	26	25		51												
4c				To improve the level of data quality for the fields: - Chief Complaint - Diagnosis - Injury Intent	TBC	N/A	TBC	N/A	TBC	TBC	TBC		TBC												
6. Offering advice and guidance																									
6	Acute	£319,623	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (CQUIN Target)	67.9%	72.4%		70.3%												
9. Preventing ill health by risky behaviours – alcohol and tobacco																									
9a	Acute	£7,991	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	-	Create Training Plan	100%			Presentation completed		Yes													
9b		£31,962		% Smokers given brief advice																					
9c		£39,953		% Smokers referred and/or offered medication																					
9d		£39,953		% Patients screened for Alcohol usage																					
9e		£39,953		% Alcohol users given brief advice																					
9a	Community	£15,981	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	73.0%	100%	100%			Quarter End Position		74.0%													
9b		£63,925		% Smokers given brief advice	100.0%																				
9c		£79,906		% Smokers referred and/or offered medication	0.0%																				
9d		£79,906		% Patients screened for Alcohol usage	4.0%																				
9e		£79,906		% Alcohol users given brief advice or medication	0.0%																				
10. Improving the assessment of wounds																									
10	Community	£383,547	Improving the assessment of wounds	% Patients with a chronic wound who have received a full wound assessment	50.0%	50% (Internal Target)	60%	70% (Internal Target)	80%	41.1%	37.1%	44.4%	55.3%												
11. Personalised care and support planning																									
11a	Community	£319,623	Personalised care and support planning	Cohort 1 patients having evidence of care and support planning	-	N/A	N/A	N/A	75%	Data available at year end		N/A													
11b				Cohort 2 patients improvements in patient activation assessments	-	N/A	N/A	N/A	50%	Data available at year end		N/A													

Appendices

Appendices

Appendix - Appointment Slot Issues

ASIs

As at 4th July, there were 1,752 referrals awaiting appointments.

The top specialties for ASIs backlog are:

Dermatology (394)

Cardiology (363)

Gastroenterology (284)

Ophthalmology (211)

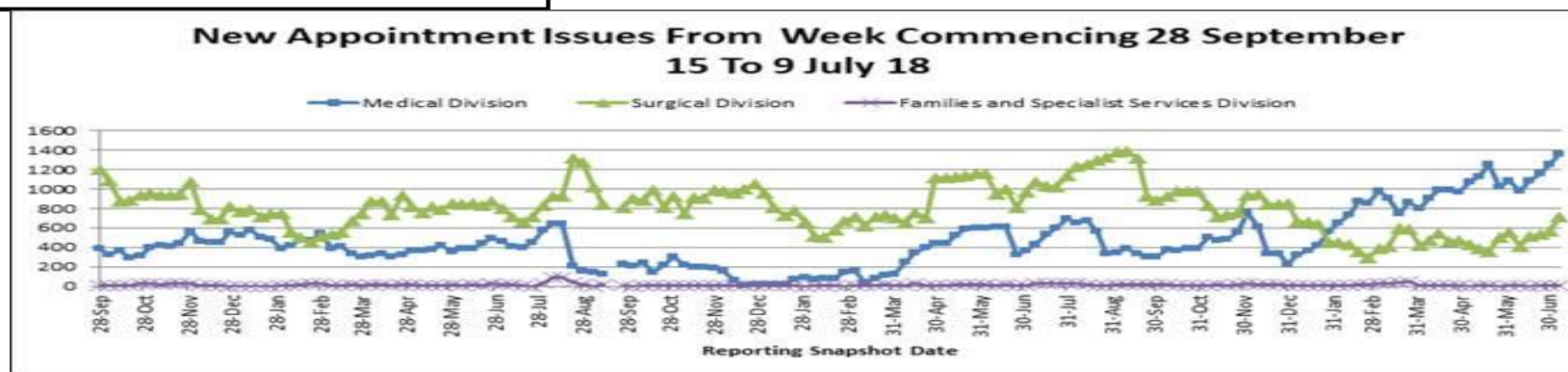
with smaller backlogs also in:

Respiratory (134)

4 Patient has been waiting over 6 months, (this was previously 1 on the last report)

Week Commencing 3/01/2018	0 weeks	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	3 months	4 months	5 months	6 months	>6 months	Totals
Medicine	102	122	129	130	120	93	126	83	78	215	32				1230
Cardiology	29	30	34	34	35	25	38	29	25	66	18				363
Dermatology	26	37	46	34	20	25	34	30	24	111	7				394
Gastroenterology	21	28	31	40	46	32	34	13	18	21					284
Respiratory Medicine	10	15	15	19	14	9	13	10	11	14	4				134
Surgery	102	64	79	66	49	47	18	11	14	24	9	1		4	488
ENT	34	7	7	7	4		1	1	6	15				1	83
General Surgery	11	7	6	12	10	10	4	5	6	1					72
Ophthalmology	31	32	51	26	32	30	3			1	3			2	211
Plastics	13	10	12	14	1	3	8		2	1	2	1		1	68
FSS	12	14	4	3	1										34
Totals	216	200	212	199	170	140	144	94	92	239	41	1	0	4	1,752

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

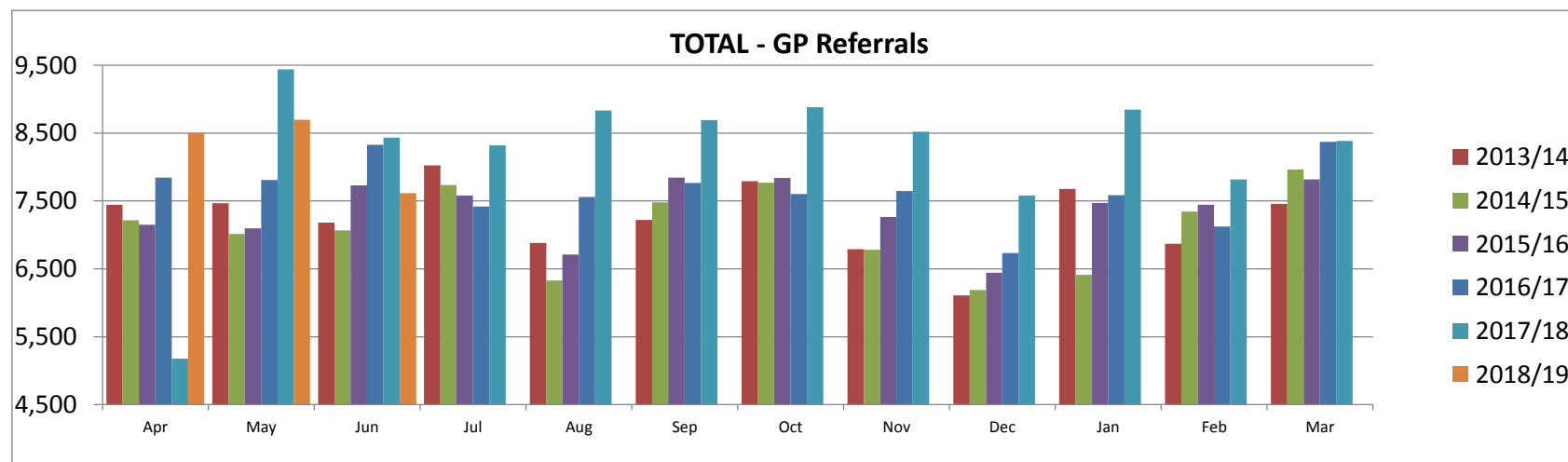


Appendix - Referrals

Referrals

GP Referrals up 9.8% financial YTD June 2018 compared with same period 2017.

- From April to June 2018, there were 62 working days, compared with 61 for the corresponding period 2017.
- This 1 extra working day could indicate an anticipated increase of GP referrals of 1.6%.
- When adjusting these total figures for the triage referrals as described below there has actually been a decrease in GP referrals overall of 0.9%.
- NHS Calderdale GP referrals have seen an increase of 19% (2,161) for the year to date principally due to Orthopaedics 128% (2,435). The Orthopaedics increase is related to the Triage of referrals into the Calderdale MSK service (effectively a double count). Adjusting for the MSK referrals triaged YTD sees the overall Calderdale GP referral position seeing a decrease in referrals of 2.8% (312 referrals).
- When these triaged referrals are excluded the overall Orthopaedic / MSK service referral demand for Calderdale CCG has increased 6.9% (138 referrals)
- Total referrals (non-triage) into the Calderdale MSK service have increased 39.7% (481 referrals)
- Total Calderdale CCG referrals into the Orthopaedic service alone look to have decreased 23.5% (182 referrals)
- NHS Greater Huddersfield GP referrals have seen an increase of 1.1% (100) for the year to date principally due to Surgical Specialties (General Surgery, Breast Surgery, Colorectal Surgery and Vascular Surgery combined 21% (307), Orthopaedics 25% (115), Urology 19% (100), Paediatrics 17% (74) and Gynaecology 18% (135). Ophthalmology GP referrals are down 30% YTD
- For 2018/19 YTD there has been a GP referral decrease for NHS North Kirklees (32%, 329 referrals, ENT, Neurology and Rheumatology principally) and NHS Wakefield (15%, 36 referrals)

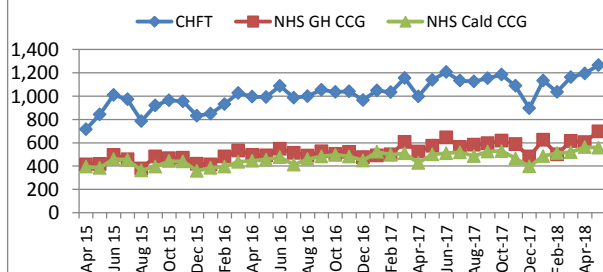


Activity - Key measures

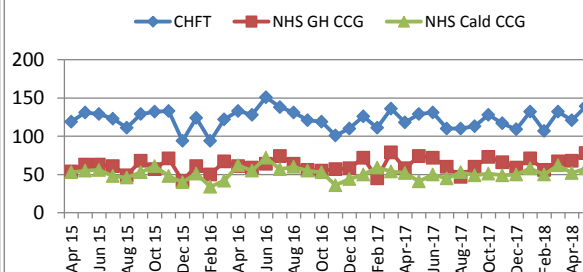
17/18		Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	5,685	501	510	518	486	525	529	466	397	486	511	519	563	558	1,082	16.5%
NHS CALDERDALE CCG Conversions	657	41	50	45	53	49	51	49	50	58	50	62	52	58	114	
NHS CALDERDALE CCG Conversion Rate	11.6%	8.2%	9.8%	8.7%	10.9%	9.3%	9.6%	10.5%	12.6%	11.9%	9.8%	11.9%	9.2%	10.4%	10.5%	
NHS GREATER HUDDERSFIELD CCG Referrals	6,169	575	646	563	583	596	619	589	482	625	500	615	606	698	1,221	11.1%
NHS GREATER HUDDERSFIELD CCG Conversions	802	74	72	60	47	60	73	66	59	71	56	67	68	78	135	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	13.0%	12.9%	11.1%	10.7%	8.1%	10.1%	11.8%	11.2%	12.2%	11.4%	11.2%	10.9%	11.2%	11.2%	11.1%	
Other CCG Referrals	534	52	32	36	42	23	22	20	14	13	11	15	13	9	28	-67.8%
Other CCG Conversions	104	13	6	3	8	3	1	1	0	3	0	1	1	3	2	
Other CCG Conversion Rate	19.5%	25.0%	18.8%	8.3%	19.0%	13.0%	4.5%	5.0%	0.0%	23.1%	0.0%	6.7%	7.7%	33.3%	7.1%	
CHFT Fast Track Referrals	12,388	1,128	1,188	1,117	1,111	1,144	1,170	1,075	893	1,124	1,022	1,149	1,182	1,265	2,331	10.2%
CHFT Fast Track Conversions	1,563	128	128	108	108	112	125	116	109	132	106	130	121	139	251	
CHFT Fast Track Conversion Rate	12.6%	11.3%	10.8%	9.7%	9.7%	9.8%	10.7%	10.8%	12.2%	11.7%	10.4%	11.3%	10.2%	11.0%	10.8%	
% Change on Previous year																

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

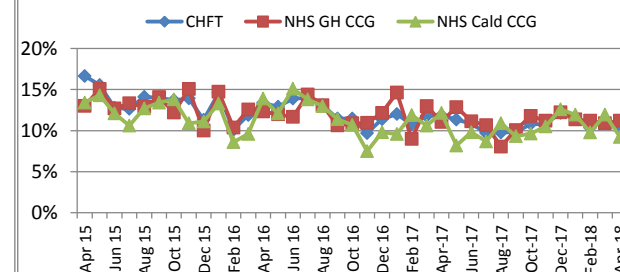
Fast Track Cancer Referrals



Fast Track Conversions



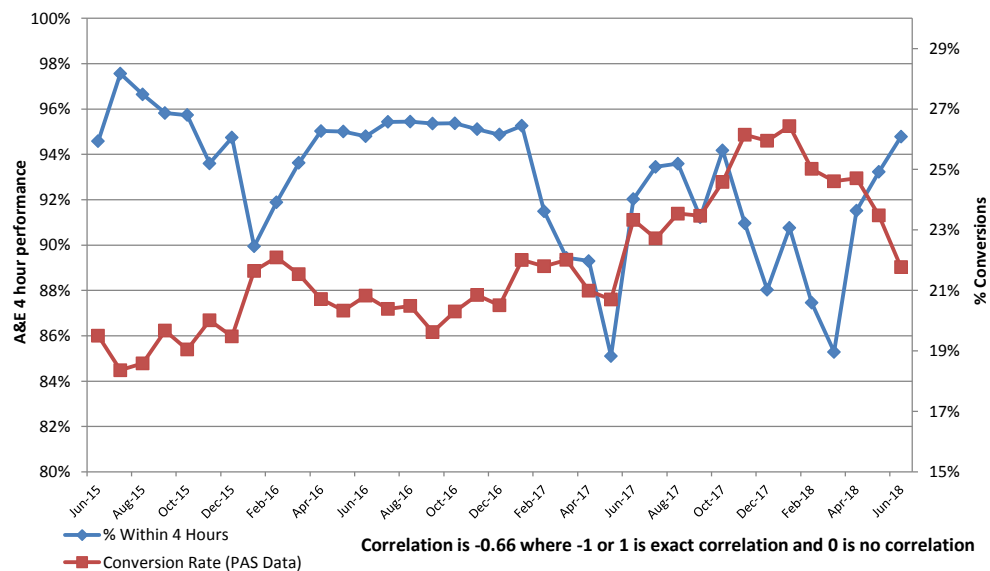
Fast Track Conversion Rate



Appendix - A and E Conversion rates and Delayed Transfers

	17/18	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	148,929	12,361	13,170	12,155	12,732	13,058	12,097	12,653	11,735	11,191	12,114	11,892	13,433	12,882	38,207	0.5%
A and E 4 hour Breaches	13,978	985	863	779	1,118	761	1,094	1,514	1,084	1,403	1,782	1,009	909	673	2,591	-27.6%
Emergency Care Standard 4 hours	90.61%	92.03%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	94.78%	93.22%	1.3%
Admissions via Accident and Emergency	35,445	2,884	2,992	2,861	2,990	3,211	3,163	3,284	3,102	2,800	2,981	2,939	3,154	2,804	8,897	10.4%
% A and E Attendances that convert to admissions	23.80%	23.33%	22.72%	23.54%	23.47%	24.59%	26.15%	25.95%	26.43%	25.02%	24.61%	24.71%	23.48%	21.77%	24.71%	5.9%

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

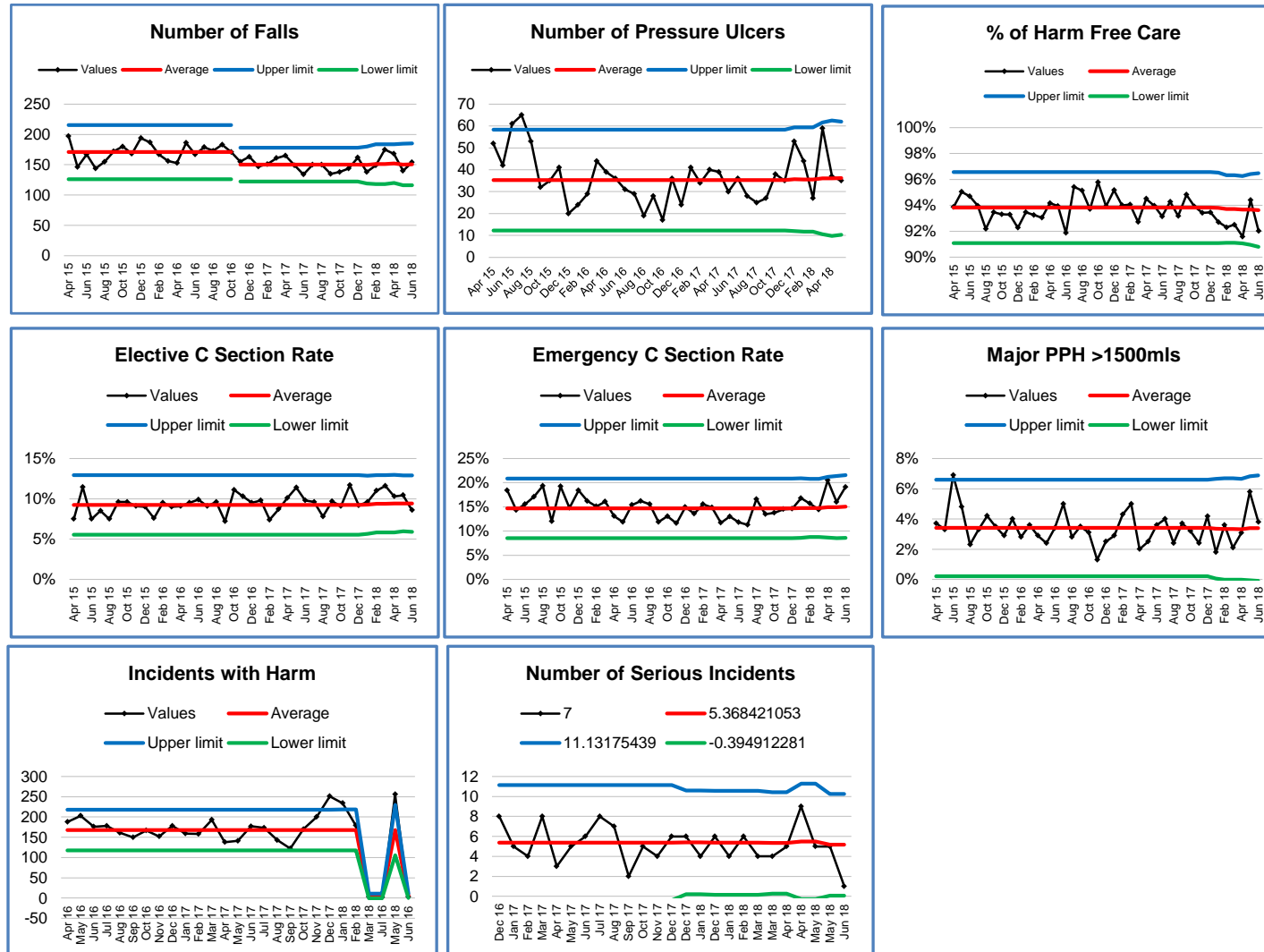


Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 16th July 2018	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	35	57	1	93
Awaiting Completion of Assessment	21	34	0	55
Awaiting Care package in own home	9	13	0	22
Awaiting Residential home placement	1	4	0	5
Awaiting public funding	0	0	1	1
Awaiting further non-acute NHS Care	4	1	0	5
Awaiting community equipment and adaptations	0	3	0	3
Awaiting nursing home placement	0	2	0	2
Disputes	0	0	0	0
Patient or Family choice	0	0	0	0

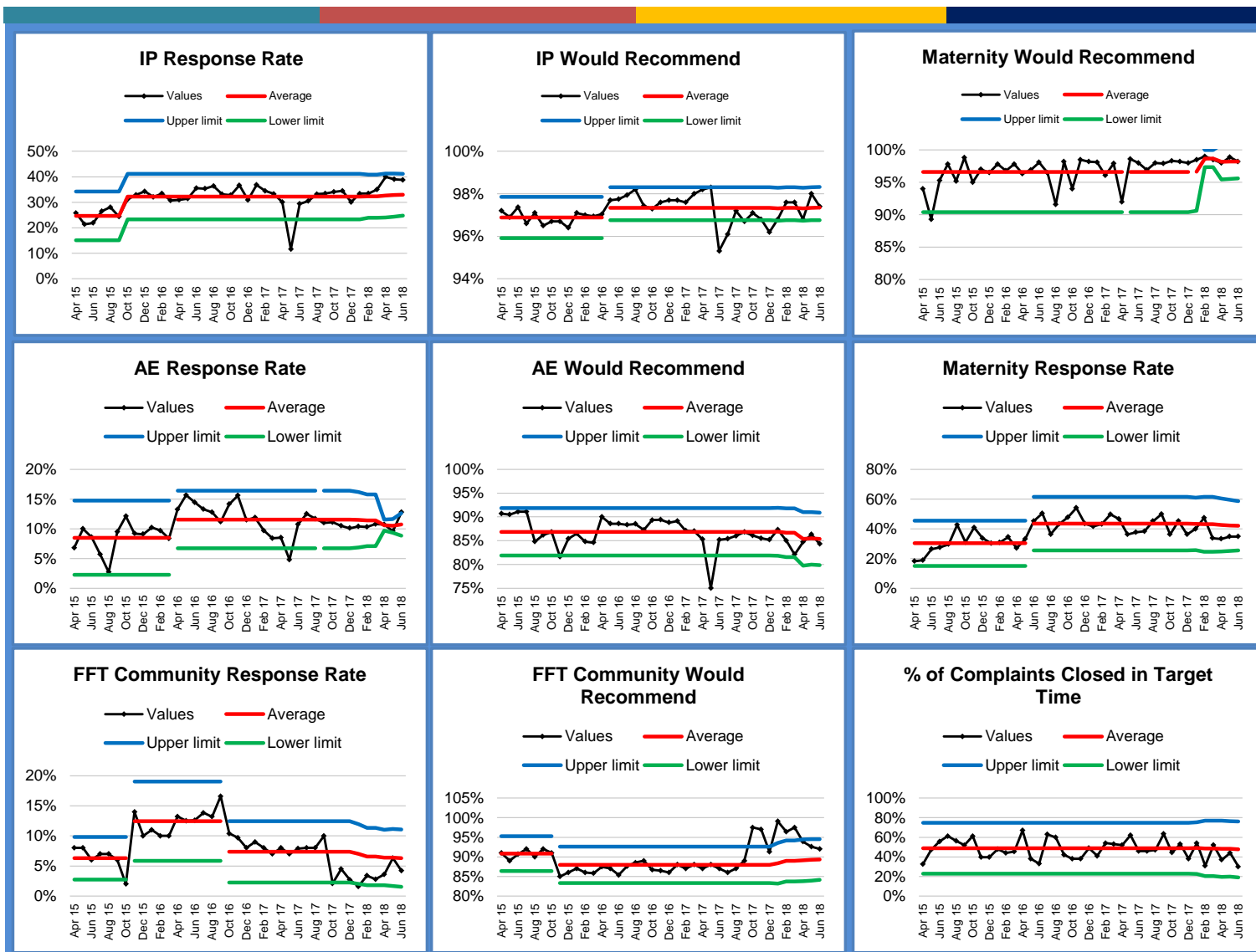
Appendix - Cancer - By Tumour Group

	17/18	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD	Target	Threshold/Monthly
62 Day Gp Referral to Treatment																	
Breast	99.00%	92.31%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Gynaecology	86.67%	83.33%	20.00%	85.71%	100.00%	100.00%	100.00%	75.00%	81.82%	100.00%	80.00%	100.00%	100.00%	87.50%	94.74%	>=85%	85.00%
Haematology	81.01%	100.00%	72.73%	100.00%	100.00%	66.67%	63.16%	93.33%	100.00%	58.33%	88.89%	80.00%	80.00%	73.33%	77.14%	>=85%	85.00%
Head & Neck	78.48%	100.00%	50.00%	100.00%	83.33%	50.00%	100.00%	100.00%	87.50%	87.50%	50.00%	57.14%	none to report	20.00%	35.29%	>=85%	85.00%
Lower GI	83.51%	95.45%	69.23%	75.00%	88.89%	81.25%	90.00%	72.22%	90.00%	77.78%	91.67%	100.00%	80.00%	70.59%	82.98%	>=85%	85.00%
Lung	86.06%	81.82%	91.30%	88.89%	83.33%	86.67%	87.50%	93.75%	87.50%	90.91%	91.30%	76.92%	95.24%	0.00%	85.71%	>=85%	85.00%
Sarcoma	63.64%	none to report	none to report	none to report	100.00%	none to report	100.00%	33.33%	66.67%	0.00%	none to report	100.00%	none to report	none to report	100.00%	>=85%	85.00%
Skin	97.40%	100.00%	95.83%	100.00%	100.00%	83.33%	100.00%	93.10%	100.00%	100.00%	96.00%	91.67%	90.91%	100.00%	94.87%	>=85%	85.00%
Upper GI	74.44%	66.67%	84.62%	85.71%	100.00%	75.00%	57.14%	57.14%	50.00%	50.00%	88.24%	77.78%	92.31%	42.86%	75.86%	>=85%	85.00%
Urology	87.67%	85.11%	79.25%	87.76%	83.33%	81.25%	84.85%	92.50%	92.16%	89.74%	89.19%	93.24%	92.86%	87.72%	91.44%	>=85%	85.00%
Others	84.62%	50.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	none to report	100.00%	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	91.15%	71.43%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Breast	95.79%	89.89%	92.73%	95.89%	95.05%	98.64%	97.26%	97.37%	95.39%	98.86%	98.92%	98.82%	99.05%	99.00%	98.97%	>=93%	93.00%
Childrens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	83.33%	100.00%	78.57%	>=93%	93.00%
Gynaecology	91.39%	65.18%	91.09%	92.50%	92.31%	96.83%	97.20%	100.00%	95.60%	99.11%	97.67%	93.33%	96.97%	98.04%	96.22%	>=93%	93.00%
Haematology	92.65%	81.82%	100.00%	94.44%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Head & Neck	94.11%	91.26%	96.90%	99.05%	95.00%	93.69%	99.10%	100.00%	98.72%	98.15%	98.82%	81.97%	100.00%	98.20%	93.24%	>=93%	93.00%
Lower GI	95.27%	85.71%	91.84%	98.17%	91.52%	93.46%	98.59%	98.55%	92.04%	98.67%	98.10%	96.57%	98.92%	100.00%	98.50%	>=93%	93.00%
Lung	94.83%	90.24%	90.00%	100.00%	89.47%	95.83%	100.00%	100.00%	86.49%	100.00%	91.43%	88.00%	97.30%	100.00%	95.65%	>=93%	93.00%
Sarcoma	96.15%	100.00%	84.62%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	86.67%	87.50%	100.00%	90.63%	>=93%	93.00%
Skin	93.50%	90.84%	90.65%	96.44%	96.70%	96.20%	98.71%	99.42%	98.77%	100.00%	93.91%	98.32%	99.62%	98.60%	98.91%	>=93%	93.00%
Testicular	98.18%	100.00%	94.74%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Upper GI	89.98%	78.30%	89.08%	81.75%	92.78%	90.00%	91.67%	100.00%	90.99%	97.85%	93.91%	100.00%	100.00%	99.00%	99.68%	>=93%	93.00%
Urology	96.26%	92.79%	95.12%	98.40%	94.96%	87.94%	100.00%	100.00%	96.46%	100.00%	97.16%	98.03%	97.33%	97.56%	97.65%	>=93%	93.00%

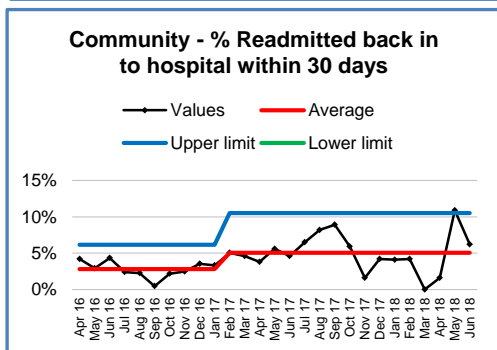
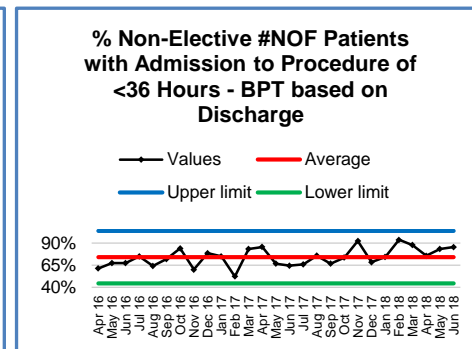
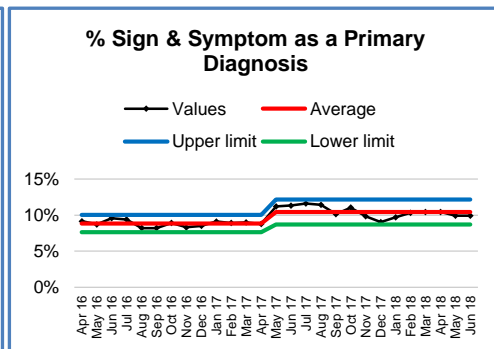
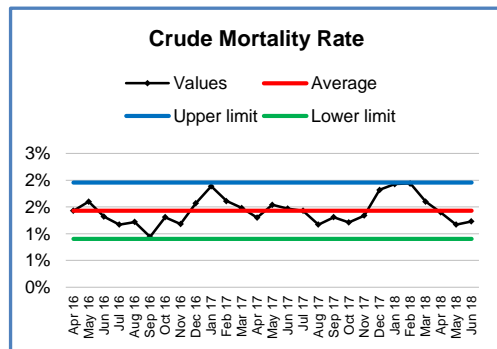
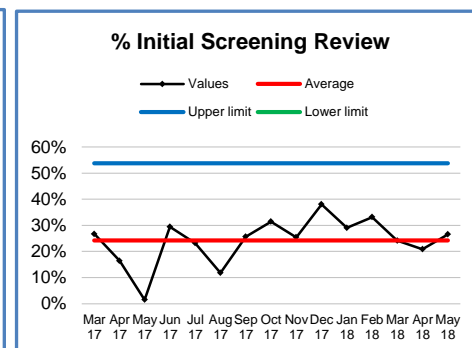
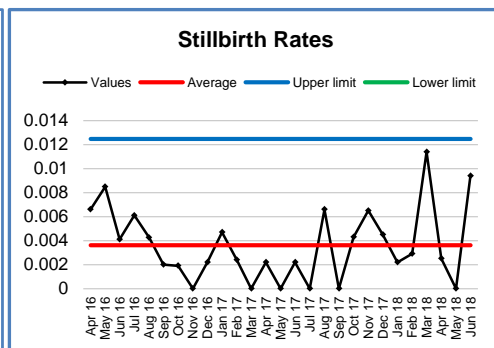
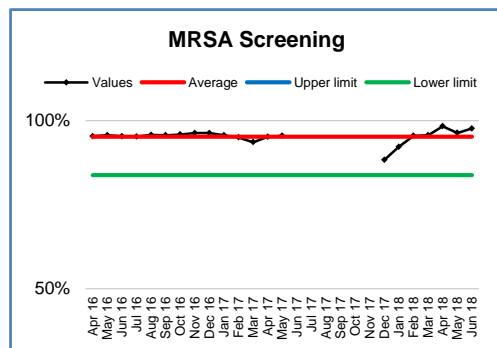
Safe -SPC Charts



Caring - SPC Charts



Effective -SPC Charts



Safe

Caring

Effective

Responsive

Workforce

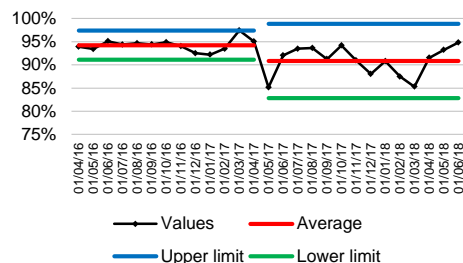
Efficiency/
Finance

Activity

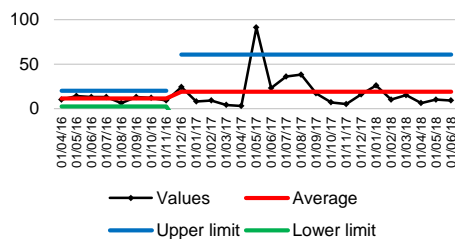
CQUIN

Responsive -SPC Charts

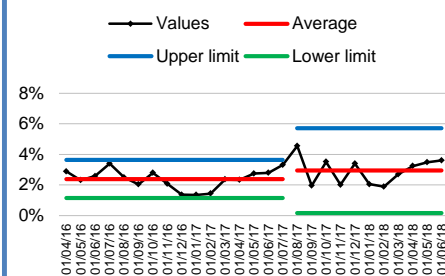
Emergency Care Standard 4 Hours



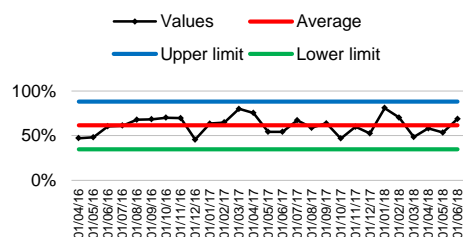
A&E Ambulance Handover 30-60 mins



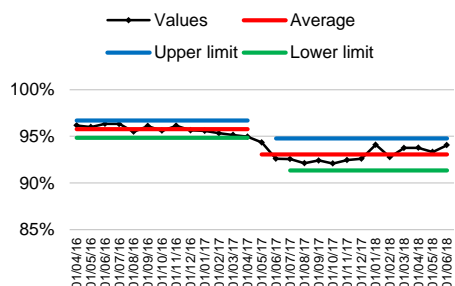
Delayed Transfer of Care



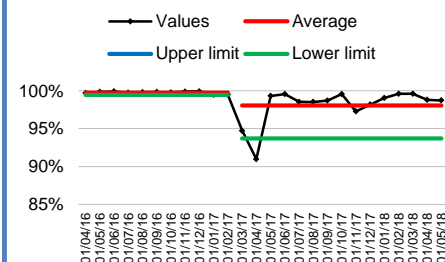
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival



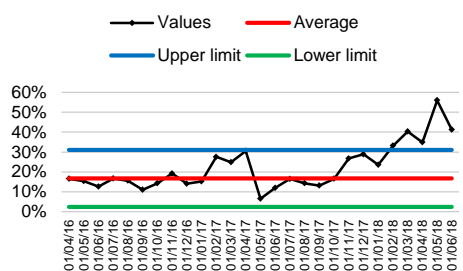
% Incomplete Pathways <18 Weeks



% Diagnostic Waiting List Within 6 Weeks



Appointment Slot Issues on Choose & Book



Predictions June/September 2018 - Safe

SAFE

	Sep Likely	Jun Likely	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
Falls / Incidents and Harm Free Care																		
% Harm Free Care	2	0	0	2	0													4
Percentage of Duty of Candour informed within 10 days of Incident	4	4	4	4	4													4
Never Events	12	12	12	12	12													12
Maternity																		
Proportion of Women who received Combined 'Harm Free' Care	4	4	4	4	4													4
% PPH ≥ 1500ml - all deliveries	4	4	0	0	2													4
Antenatal Assessments < 13 weeks	4	4	4	4	4													4
Maternal smoking at delivery	4	0	2	4	0													4
Pressure Ulcers																		
Number of Category 4 Pressure Ulcers Acquired at CHFT	4	0	4	4	0													4
% of leg ulcers healed within 12 weeks from diagnosis	4	2	4	4	2													4
Percentage of Completed VTE Risk Assessments	4	4	4	4	4													4
Safeguarding																		
Health & Safety Incidents (RIDDOR)	4	4	4	4	4													4
Electronic Discharge																		
% Complete EDS	4	4	4	4	4													4

Score Achieved 54 42 46 50 40
SAFE PERFORMANCE SCORE 96% 75% 82% 89% 71%

Colour Coding

	Key Indicator NOT Achieved
	Key Indicator Almost Achieved
	Key Indicator Achieved
	Standard Indicator NOT Achieved
	Standard Indicator Almost Achieved
	Standard Indicator Achieved

Score Available 56

	ALL DOMAINS				
Score Achieved	516	486	480	478	440
Score Available	696	696	696	692	692
CHFT PERFORMANCE SCORE	74.1%	69.8%	69.0%	69.1%	63.6%

Predictions June/September 2018 - Caring

CARING

	Sep Likely	Jun Likely	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
Complaints																		
% Complaints closed within target timeframe	0	0	0	0	0													12
Friends & Family Test																		
Friends & Family Test (IP Survey) - Response Rate	12	12	12	12	12													12
Friends & Family Test (IP Survey) - % would recommend the Service	12	12	12	12	12													12
Friends and Family Test Outpatient - Response Rate	12	12	12	12	12													12
Friends and Family Test Outpatients Survey - % would recommend the Service	0	0	0	6	0													12
Friends and Family Test A & E Survey - Response Rate	0	0	12	0	0													12
Friends and Family Test A & E Survey - % would recommend the Service	6	6	0	6	0													12
Friends & Family Test (Maternity Survey) - Response Rate	12	12	12	12	12													12
Friends & Family Test (Maternity) - % would recommend the Service	12	12	12	12	12													12
Friends and Family Test Community - Response Rate	12	12	12	12	12													12
Friends and Family Test Community Survey - % would recommend the Service	12	6	0	0	6													12
Caring																		
Number of Mixed Sex Accommodation Breaches	4	4	4	4	4													4
Score Achieved	94	88	88	88	82													Score Available
CARING PERFORMANCE SCORE	69%	65%	65%	65%	60%													136

Colour Coding

	Key Indicator NOT Achieved
	Key Indicator Almost Achieved
	Key Indicator Achieved
	Standard Indicator NOT Achieved
	Standard Indicator Almost Achieved
	Standard Indicator Achieved

Predictions June/September 2018 - Effective

EFFECTIVE

	Sep Likely	Jun Likely	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
Infection Control																		
Number of MRSA Bacteraemias – Trust assigned	12	12	12	12	12													12
Preventable number of Clostridium Difficile Cases	12	12	12	12	12													12
Number of MSSA Bacteraemias - Post 48 Hours	4	2	4	4	4													4
Number of E.Coli - Post 48 Hours	0	0	4	0	0													4
MRSA Screening - Percentage of Inpatients Matched	4	4	4	4	4													4
Mortality																		
Stillbirths Rate (including intrapartum & Other)	4	4	0	4	4													4
Perinatal Deaths (0-7 days)	4	2	0	0	0													4
Neonatal Deaths (8-28 days)	4	4	4	4	4													4
Local SHMI - Relative Risk (1yr Rolling Data)	12	12	6	6	6													12
Hospital Standardised Mortality Rate (Month on Month)	12	12	12	12	12													12
% of Initial Screening Reviews (Mortality)	0	0	0	0	0													4
Coding and submissions to SUS																		
% Sign and Symptom as a Primary Diagnosis	0	0	2	2	0													4
Average co-morbidity score	4	4	4	4	4													4
Average Diagnosis per Coded Episode	4	4	4	4	4													4
CHFT Research Recruitment Target	4	4	4	4	4													4
Best Practice Guidance																		
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	4	4	4	2	0													4
IPMR - Breastfeeding Initiated rates	4	4	4	4	4													4
Score Achieved	88	84	80	78	74													
EFFECTIVE PERFORMANCE SCORE	88%	84%	80%	78%	74%													

Score Available 100

Colour Coding

	Key Indicator NOT Achieved
	Key Indicator Almost Achieved
	Key Indicator Achieved
	Standard Indicator NOT Achieved
	Standard Indicator Almost Achieved
	Standard Indicator Achieved

Predictions June/September 2018 - Responsive

RESPONSIVE

	Sep Likely	Jun Likely	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
Accident & Emergency																		
Emergency Care Standard 4 hours	0	0	0	0	0													12
Patient Flow																		
Delayed Transfers of Care	4	4	2	4	4													4
Green Cross Patients (Snapshot at month)	0	0	0	0	0													4
Stroke																		
% Stroke patients spending 90% of their stay on a stroke unit	4	4	4	2	4													4
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	0	0	0	0	0													12
% Stroke patients Thrombolysed within 1 hour	4	4	4	4	4													4
% Stroke patients scanned within 1 hour of hospital arrival (where indicated)	2	2	4	0	0													4
Cancellations																		
% Last Minute Cancellations to Elective	4	4	4	4	4													4
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	4	4	4	0	4													4
No of Urgent Operations cancelled for a second time	4	4	4	4	4													4
18 week Pathways (RTT)																		
% Incomplete Pathways < 18 Weeks	12	12	12	12	12													12
18 weeks Pathways >= 26 weeks open	0	0	0	0	0													4
RTT Waits over 52 weeks Threshold > zero	4	4	4	4	4													4
% Diagnostic Waiting List Within 6 Weeks	4	4	4	0	0													4
Cancer																		
Two Week Wait From Referral to Date First Seen: Breast Symptoms	12	12	12	12	12													12
31 Days From Diagnosis to First Treatment	12	12	12	12	12													12
31 Day Subsequent Surgery Treatment	12	12	12	12	12													12
31 day wait for second or subsequent treatment drug treatments	12	12	12	12	12													12
62 Day GP Referral to Treatment	12	12	12	12	12													12
62 Day Referral From Screening to Treatment	12	12	0	12	0													12
38 Day Referral to Tertiary	0	0	0	0	0													12
Data Completeness																		
Appointment Slot Issues on Choose & Book	0	0	0	0	0													4
Score Achieved	130	130	118	118	112													
RESPONSIVE PERFORMANCE SCORE	72%	72%	66%	66%	62%													

Colour Coding

Key Indicator NOT Achieved
Key Indicator Almost Achieved
Key Indicator Achieved
Standard Indicator NOT Achieved
Standard Indicator Almost Achieved
Standard Indicator Achieved

Score Available

180

Predictions June/September 2018 - Workforce

WORKFORCE		Sep	Jun	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
		Likely	Likely																
Staff Movements																			
Turnover rate (%) - Rolling 12m		4	4	4	4	4													4
Sickness 12 month rolling total																			
Sickness Absence rate (%)		6	6	6	6	6													12
Target date - 31Dec 2016																			
Long Term Sickness Absence rate (%)		12	12	12	12	12													12
Target date - 31Dec 2016																			
Short Term Sickness Absence rate (%)		0	0	0	0	0													12
Target date - 31Dec 2016																			
Sickness Monthly																			
Sickness Absence rate (%)		4	4	4	4	4													4
Long Term Sickness Absence rate (%)		4	4	4	4	4													4
Short Term Sickness Absence rate (%)		2	2	4	2	0													4
Attendance Management KPIs																			
Return to work Interviews (%)		2	0	0	0	2													4
Target date - 31Dec 2016																			
Mandatory Training																			
Overall Essential Safety Compliance		12	12	6	6	12													12
Conflict Resolution (3 Year Refresher)		4	4	4	4	4													4
Data Security Awareness (1 Year Refresher)		2	2	2	2	2													4
Dementia Awareness (No Renewal)		4	4	4	4	4													4
Equality and Diversity (3 Year Refresher)		4	4	4	4	4													4
Fire Safety		2	2	2	2	2													4
Health & Safety		4	4	4	4	4													4
Infection Control		2	2	2	2	2													4
Manual Handling		2	2	2	2	2													4
Safeguarding		2	2	2	2	2													4
Appraisal																			
Appraisal (1 Year Refresher) - Non-Medical		4	4	4															4
Appraisal (1 Year Refresher) - Medical Staff - rolling 12m		0	0	12	12	0													12
Score Achieved		76	74	82	76	70													
WORKFORCE PERFORMANCE SCORE		63%	62%	68%	66%	60%													

Colour Coding

	Key Indicator NOT Achieved
	Key Indicator Almost Achieved
	Key Indicator Achieved
	Standard Indicator NOT Achieved
	Standard Indicator Almost Achieved
	Standard Indicator Achieved

Score Available

120

Predictions June/September 2018 - Finance

FINANCE

	Sep Likely	Jun Likely	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
I&E: Surplus / (Deficit) Control Total Basis	12	12	12	12	12													12
Agency Expenditure	4	4	4	4	4													4
Capital	4	4	0	0	0													4
Cash	4	4	4	4	4													4
Borrowing	4	4	4	4	4													4
CIP	0	0	2	0	0													4
Use of Resource Metric	2	2	2	2	2													4
Score Achieved	30	30	28	26	26													Score Available
FINANCE PERFORMANCE SCORE	83%	83%	78%	72%	72%													36
E&F Score Achieved	74	68	66	68	62													
E&F Score Available	104	104	104	104	104													
EFFICIENCY & FINANCE PERFORMANCE SCORE	71%	65%	63%	65%	60%													

Colour Coding

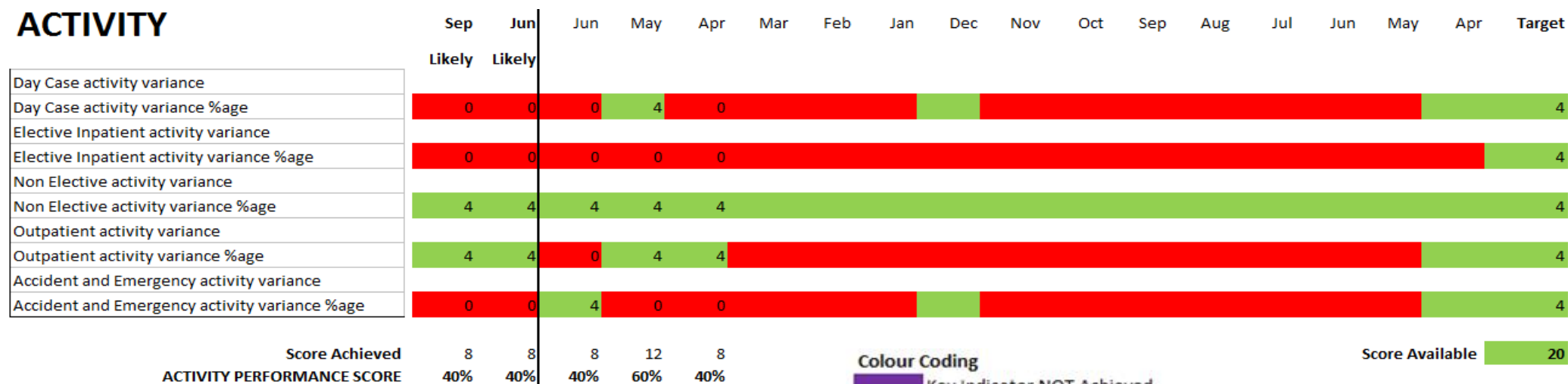
	Key Indicator NOT Achieved
	Key Indicator Almost Achieved
	Key Indicator Achieved
	Standard Indicator NOT Achieved
	Standard Indicator Almost Achieved
	Standard Indicator Achieved

EFFICIENCY

EFFICIENCY	Sep	Jun	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target		
	Likely	Likely																		
Did Not Attend Rates																				
First DNA	2	2	2	2	2													4		
Follow up DNA	4	4	4	4	4													4		
Average length of stay																				
Average Length of Stay - Overall	4	4	4	4	4													4		
Average Length of Stay - Elective	4	4	4	4	2													4		
Average Length of Stay - Non Elective	4	4	4	4	4													4		
Day Cases																				
Day Case Rate	4	4	4	4	4													4		
Failed Day Cases	2	0	0	0	0													4		
Elective Inpatients with zero LOS	4	4	4	4	4													4		
Theatre Utilisation																				
Theatre Utilisation (TT) - Main Theatre - CRH	2	0	0	0	0													4		
Theatre Utilisation (TT) - Main Theatre -HRI	4	4	4	4	4													4		
Theatre Utilisation (TT) - HRI DSU	2	0	0	0	0													4		
Theatre Utilisation (TT) - HRI SPU	0	0	0	0	0													4		
Score Achieved	36	30	30	30	28														Score Available	48
EFFICIENCY PERFORMANCE SCORE	75%	63%	63%	63%	58%															

Predictions June/September 2018 - Activity

ACTIVITY



Colour Coding

- Key Indicator NOT Achieved
- Key Indicator Almost Achieved
- Key Indicator Achieved
- Standard Indicator NOT Achieved
- Standard Indicator Almost Achieved
- Standard Indicator Achieved

Methodology for calculating the performance score

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

Standard KPIs and “Key” targets

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

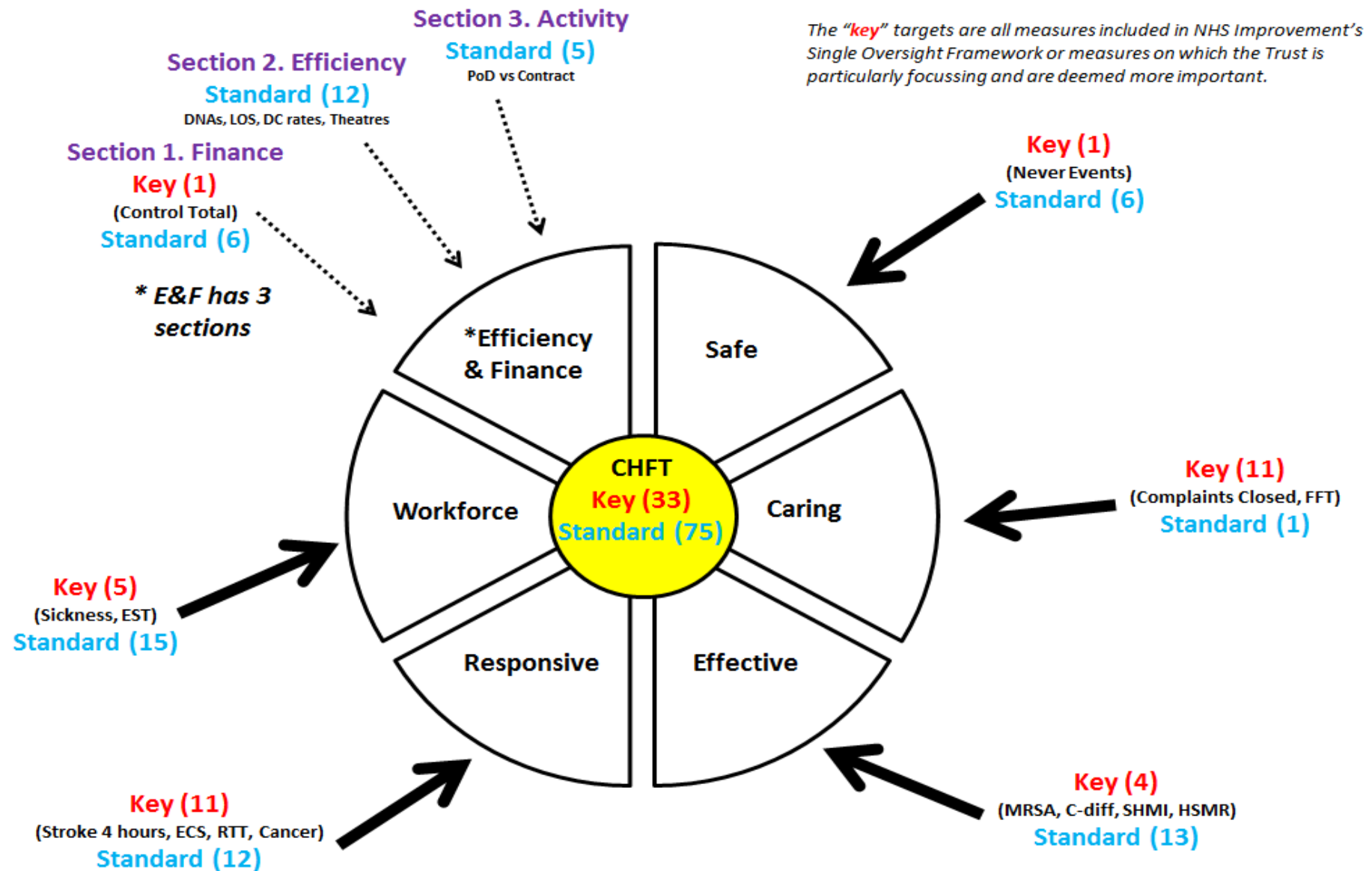
Calculating Domain Scores

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

Calculating Trust Performance Scores

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

Number of Targets (Key/Standard) by Domain



Glossary of acronyms and abbreviations

- **A&E** - Accident & Emergency
- **ADN** - Associate Director of Nursing
- **AED** - Accident & Emergency Department
- **ASI** - Appointment Slot Issue
- **ASU** - Acute Stroke Unit
- **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
- **HCU** - 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