

Quality and Performance Report

August 2018

Contents

	Page
Contents	
Performance Summary	4
Key Indicators	5
Executive Summary	7
Domains	
Safe	9
Caring	11
Effective	15
Responsive	17
Workforce	20
Financial Summary	34
Benchmarking	
Benchmarking Selected Measures	39
Activity and Finance	
Efficiency & Finance	41
Activity	44
CQUINS Performance	47

	Page
Appendices	
Appendix-ASI 1	49
Appendix-Referral Key Measures	50
Appendix-FT Ref Key Measures	51
Appendix- A and E Key Measure	52
Appendix-Cancer by Tumour Group	53
Appendix-Predictions	58
Appendix-Performance Method	66
Appendix-Glossary	68

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

Safe

Caring

Effective

Responsive

Workforce

Efficiency/
Finance

CQUIN

Activity

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 no changes since July's performance summary.

Performance Summary

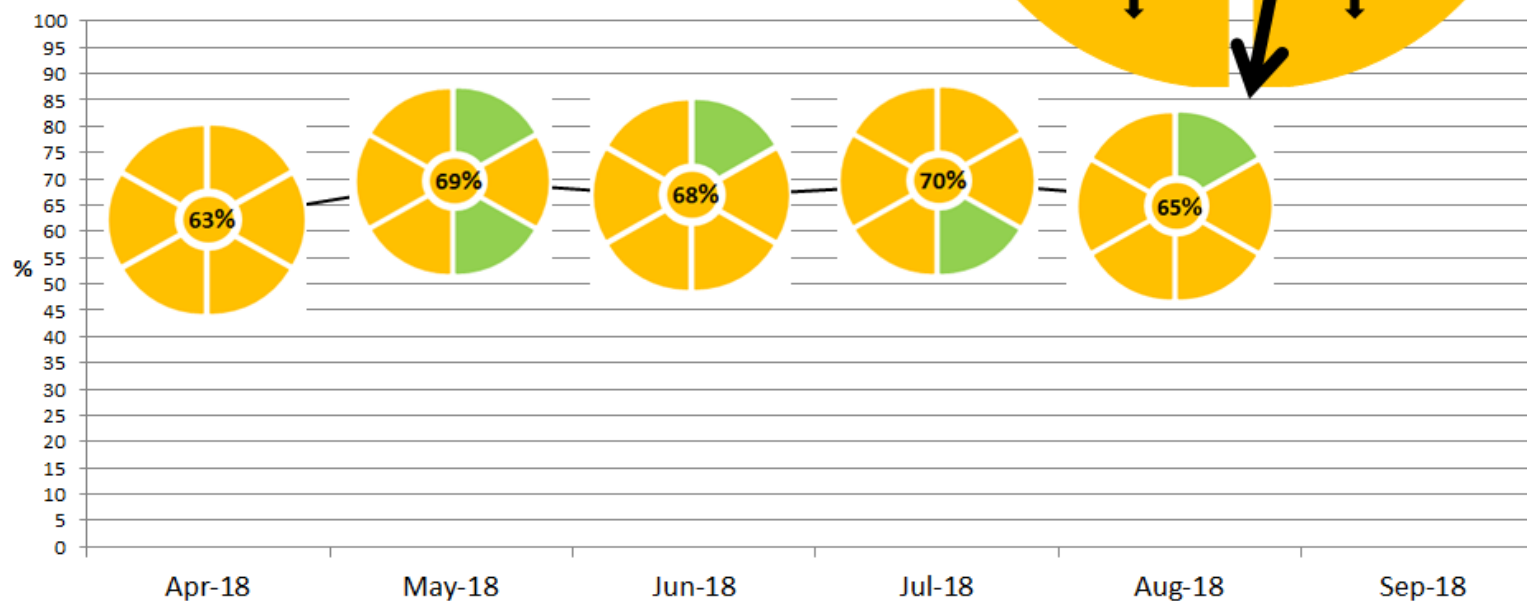
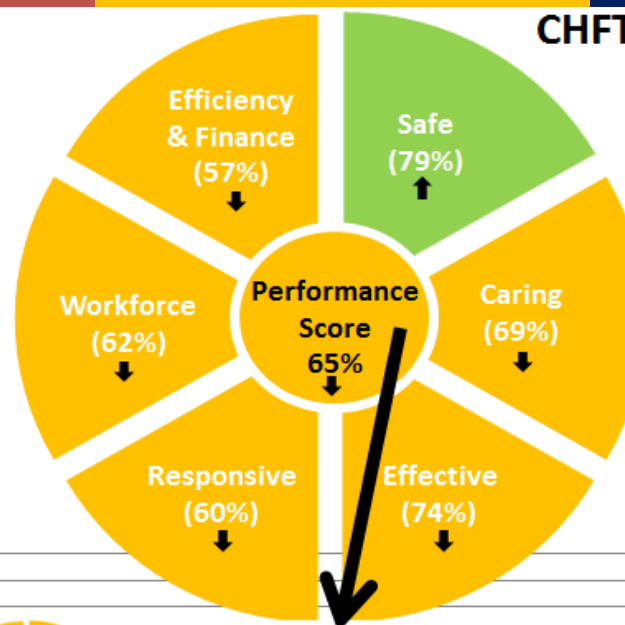
CHFT

SINGLE OVERSIGHT FRAMEWORK

August

RAG Movement

August's Performance Score has fallen to 65%. The SAFE domain has improved to green with no Category 4 pressure ulcers in month although %EDS is now below target. The CARING domain's performance has fallen as Community FFT would recommend has missed target in-month. EFFECTIVE is just below green with #NoF, MSSA and E.coli missing targets although SHMI has achieved target for the first time. The RESPONSIVE domain remains amber but has deteriorated as cancer 62 days missed target alongside all 4 Stroke targets. In WORKFORCE all 9 EST areas have deteriorated in-month. Within EFFICIENCY & FINANCE Agency usage has deteriorated further in-month.



SAFE	
VTE Assessments	Never Events
CARING	
FFT IP FFT Maternity	FFT Community
Mixed sex accommodation breaches	FFT A&E FFT OP
EFFECTIVE	
MRSA	% Complaints closed
HSMR	Preventable Cdiff
	SHMI

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

Safe

Caring

Effective

Responsive

Workforce

Efficiency/
Finance

Activity

CQUIN

Key Indicators

	17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	Annual Target	Monthly Target	
SAFE										
Never Events	1	0	0	0	0	0	0	0	0	
CARING										
% Complaints closed within target timeframe	48.70%	37.00%	44.00%	30.00%	31.00%	33.00%	35.00%	95%	95%	
Friends & Family Test (IP Survey) - Response Rate	31.40%	40.00%	39.00%	38.80%	36.50%	37.20%	38.43%	>=25.9% / 24.5% from June 18		
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.70%	98.00%	97.40%	97.40%	97.70%	97.45%	>=96.3% / 96.7% from June 18		
Friends and Family Test Outpatient - Response Rate	10.10%	11.30%	10.50%	11.40%	11.40%	11.32%	11.17%	>=5.3% / 4.7% from June 18		
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	90.70%	91.00%	90.40%	90.80%	90.82%	90.73%	>=95.7% / 96.2% from June 18		
Friends and Family Test A & E Survey - Response Rate	10.20%	10.70%	9.60%	12.80%	15.30%	14.52%	12.61%	>=13.3% / 11.7% from June 18		
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	84.70%	86.30%	84.30%	84.30%	82.20%	84.20%	>=86.5% / 87.2% from June 18		
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	33.20%	34.80%	34.80%	33.70%	30.91%	33.49%	>=22.0% / >=20.8% from June 18		
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.00%	98.90%	98.20%	98.40%	98.41%	98.39%	>=97% / 97.3% from June 18		
Friends and Family Test Community - Response Rate	6.50%	3.60%	6.30%	4.20%	4.40%	4.66%	4.66%	>=3.4% / >=3.5% from June 18		
Friends and Family Test Community Survey - % would recommend the Service	90.00%	93.90%	92.60%	92.00%	97.40%	94.06%	93.91%	>=96.2% / >=96.6% from June 18		
EFFECTIVE										
Number of MRSA Bacteraemias – Trust assigned	5	0	0	1	0	0	1	0	0	
Preventable number of Clostridium Difficile Cases	8	3	1	1	0	0	5	<=20	< = 2	
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.98							98.98	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47							82.9	<=100	100
RESPONSIVE										
Emergency Care Standard 4 hours	90.61%	91.52%	93.23%	94.78%	92.37%	91.15%	92.64%	>=95%	95%	
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	58.00%	53.49%	68.63%	54.00%	59.02%	58.82%	>=90%	90%	
% Incomplete Pathways <18 Weeks	93.75%	93.77%	93.32%	94.05%	93.99%	93.18%	93.18%	>=92%	92%	
Two Week Wait From Referral to Date First Seen	94.09%	95.63%	98.78%	98.61%	98.82%	97.67%	97.96%	>=93%	93%	
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	95.48%	95.28%	98.94%	95.24%	100.00%	96.98%	>=93%	93%	
31 Days From Diagnosis to First Treatment	99.83%	100.00%	99.37%	99.41%	100.00%	100.00%	99.75%	>=96%	96%	
31 Day Subsequent Surgery Treatment	99.26%	100.00%	100.00%	100.00%	97.14%	100.00%	99.15%	>=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%	>=98%	98%	
38 Day Referral to Tertiary	45.49%	47.62%	44.83%	46.88%	48.15%	43.75%	46.40%	>=85%	85%	
62 Day GP Referral to Treatment	88.67%	90.66%	92.31%	83.98%	87.72%	84.86%	87.73%	>=85%	85%	
62 Day Referral From Screening to Treatment	94.87%	81.82%	91.67%	100.00%	100.00%	100.00%	95.00%	>=90%	90%	
WORKFORCE										
Sickness Absence rate (%) - Rolling 12m	4.10%	4.10%	4.07%	4.04%	4.01%	*	-	4%	4%	
Long Term Sickness Absence rate (%) -Rolling 12m	2.55%	2.54%	2.53%	2.51%	2.48%	*	-	2.7%	2.7%	
Short Term Sickness Absence rate (%) -Rolling 12m	1.55%	1.56%	1.53%	1.53%	1.53%	*	-	1.3%	1.3%	
Overall Essential Safety Compliance		95.00%	94.40%	93.96%	93.84%	91.56%	-	95%	95%	
Appraisal (1 Year Refresher) - Non-Medical Staff - Rolling 12m	93.50%	15.43%	62.67%	96.65%	96.74%	95.74%	-	95%	95%	
Appraisal (1 Year Refresher) - Medical Staff - Rolling 12m	69.88%	99.75%	99.70%	98.65%	96.59%	95.41%	-	95%	95%	
FINANCE										
I&E: Surplus / (Deficit) Var £m	-7.97	0.01	0.00	0.00	0.01	0.26	0.27			

Most Improved/Deteriorated

MOST IMPROVED	MOST DETERIORATED	ACTIONS
<p>SHMI is < 100 for the first time.</p> <p>Green Cross Patients (Snapshot at month end) - at 75 lowest number in over 12 months.</p>	<p>% Complete EDS</p> <p>Stroke</p>	<p>Legacy patients are being reviewed on a weekly basis to determine themes/issues to complete the EDS. Main challenges are with outlying patients and EDS being completed but not 'sent'. Compliance will be reviewed on a daily basis by the Matrons on their daily ward/department visit. Agreed improvement trajectory for end of October 2018.</p> <p>For both direct admissions and 90% stay an audit will be undertaken to look at the breaches to identify if patients have self-presented or YAS presented and to look at the discrepancy between A&E's.</p> <p>The 1 hour scanning will link in with the new assessment beds which are due to open 28th September - signed up to see the patients within 10 minutes after admission to order a scan and therefore will be scanned within an hour.</p>

Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none"> Inpatient Falls with Serious Harm - highest number (5) in last 12 months. Continue to work with the newly relaunched falls collaborative alongside elderly care consultant Dr Chakroborty. The falls work is linked with the elderly care action plan. There are several pilot programmes underway regarding falls. % Harm Free Care/Category 3 Pressure Ulcers Acquired at CHFT - Performance has improved to 93.6%. The Medicine division has taken a proactive approach in the prevention and ongoing management of pressure ulcers and has recently held a Summit with the emphasis on ward ownership and focused actions. Senior nurse membership at the Pressure Ulcer Collaborative provides direction for the Division.
	<ul style="list-style-type: none"> Complaints closed within timeframe - Of the 59 complaints closed in August, 33% were closed within target timeframe. There are still 15 overdue complaints with significant progress in Surgery. Medicine division are in the middle of their formal review of current processes and internal management, actions taken over the past 12 months and proposed recovery plans. Friends and Family Test Outpatients Survey - % would recommend the Service - Performance is still at 90.8% which is below 95.7% target. Discussions have been had as to how best to enhance the waiting environment and ensure patients know their options with regards to claiming back parking charges if they experience long delays. Outpatients as a whole are currently undergoing a transformational programme of work, the FFT metrics are being monitored throughout the period to assess changes in patient satisfaction levels. Friends and Family Test A & E Survey - % would recommend the service. Performance has deteriorated to 82.2% 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 Survey - % would recommend the Service. Performance has fallen below target again following achievement last month. Further work to be done with Community nursing to sustain good performance. Dementia patients following emergency admission aged 75 and over - current performance at 29.64% has deteriorated and is still some distance from 90% target.
Caring	<ul style="list-style-type: none"> Infection Control - MSSA/E.Coli - there were 3 MSSAs and 4 cases of E.Coli in August. % Sign and Symptom as a Primary Diagnosis - Performance remains just below target. The audit work continues within specialties and S&S cohorts. The 2 year Clinical Coding Action plan has been signed off and it looks to address some of the key issues affecting the quality of the coding including the quality of the documentation within EPR. Progress will be monitored via Clinical Coding Improvement Steering Group. #Neck of Femur - performance dropped to 67.65% in August - worst performance since September 2017. Performance has been adversely affected by the number of patients (5 consecutive patients) requiring Total Hip Replacement as optimum treatment. Due to some Trauma surgeons being unable to carry out Elective THR surgery, some patients experienced delays beyond 36 hours. The T&O Directorate are reviewing how this can be better managed if the current trend continues. This coupled with a relatively small number of discharges in month has contributed to the more noticable dip in performance.
Effective	

Background Context

All divisions continue to plan a response to the CQC action plan following the recent 'Good' CQC inspection.

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

Within Medicine & Surgery vacancies/gaps in the management teams have continued in August and this has stretched capacity.

There continues to be issues with vacancies in several key specialties that require capacity to deliver on-call which is driving continued use of agency consultants.

Nursing vacancies continue to impact on wards 19 and 21. Additional staffing was required to provide safe staffing due to wards 3, 11 and 22 being displaced as a result of Estates work on repairing the flooring.

Activity within Surgery was adversely affected in August by excessive and disproportionate authorisation and allocation of annual leave. A review across all specialities is being undertaken of process and compliance with application of Trust Annual Leave policy.

During August Medicine has developed a detailed plan on two key initiatives: the Acute floor at HRI in partnership with colleagues in Surgery and a reduction in the Cardiology bed base as part of releasing post reconfiguration benefits.

Dermatology continues to provide only fast track services whilst discussions are held with commissioners and other providers on the options available to recommission 'routine Dermatology services'.

Executive Summary

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

Area	Domain
Responsive	<ul style="list-style-type: none"> Emergency Care Standard 4 hours 91.15% in August, (92.31% all types) - lowest performance since March. 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 is still 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 - all 4 targets were missed in-month. In the latest Quarter SSNAP Report (April – June 2018) the Trust score has deteriorated to a C rating. Domain1: Scanning – Currently achieving a C, Domain2: Stroke Unit - Currently achieving a C, Domain3: Thrombolysis - Currently achieving a B. Focus actions have been put in place with the aim of achieving an A for SSNAP that is sustainable across all areas. The new assessment beds are due to open 21st September. 38 Day Referral to Tertiary - 44% for August which is worst position in 12 months. The Red2Green methodology is being applied and access to pathway information has been made available to non-PPM users via the cancer performance portal. this will enable teams to more easily review the priority patients. From September Urology will be the focus of a 7 day to first seen performance target to look at speeding up the initial part of the patient pathway. 62 Day GP Referral to Treatment - just missed the 85% target for August. Appointment Slot Issues on Choose & Book - improved slightly to 42% in-month. In Ophthalmology the team have been directing additional resources to reducing the holding/pending list. In ENT a large amount of capacity was lost due to holidays and sickness absence. In Oral/Max the DMT were conducting interviews to appoint SAS doctor posts which will provide recurrent capacity.
	<ul style="list-style-type: none"> Overall Sickness absence/Return to Work Interviews - Sickness is achieving target in-month however RTWI performance has fallen to 52.59% (lowest since December). There are still delays with completion of RTW interviews and, in some areas, a misconception around how dates are entered into ESR. Discussion about the process for recording RTW interviews has taken place at Divisional PRM meetings and communication regarding a change in process will shortly be circulated, which should improve compliance.
Workforce	<ul style="list-style-type: none"> Essential Safety Training compliance has fallen in-month in each of the 9 EST areas. Weekly meetings are taking place within the Workforce and OD Directorate to discuss how this can be improved.
Finance	<ul style="list-style-type: none"> Finance: Year to Date Summary The year to date deficit is £20.29m, a £0.27m favourable variance from plan. <ul style="list-style-type: none"> The variance reflects the Department of Health pay announcement on Medical Staff pay which confirmed that pay awards would be implemented in October and not backdated as assumed in the plan. This is a timing difference and is not expected to impact on the forecast. Aside from this the position is in line with plan. Clinical contract income is below plan by £1.01m. The Aligned Incentive Contract (AIC) is now protecting the income position by £0.85m in the year to date (£0.51m at Month 3), leaving a residual income variance of £0.16m. CIP achieved in the year to date is £4.68m against a plan of £5.01m, a £0.32m shortfall. The underlying operational position is a £1.01m adverse variance from plan, mitigated by the release of £0.83m of contingency reserves in the year to date. In addition the winter element of the reserve has been released in the short term to offset the shortfall on CIP and will need to be reinstated as CIP is achieved per the re-profiled forecast. Agency expenditure is £0.13m above the year to date agency trajectory, although £0.29m of these agency costs relate to 17/18 invoices. Key Variances <ul style="list-style-type: none"> The required £18m CIP for the full year has now been identified in full. However, the monthly profile of CIP delivery differs from the fixed original plan, driving a £0.32m pressure in the year to date. AIC protection has increased in month, although this includes positive changes such as £0.13m related to rehab bed days and the activity impact of decisions to release medical agency cost. Medical pay expenditure continues above plan with a year to date adverse variance to plan of £1.03m. Against the agency trajectory the ongoing pressure comes from Medical agency, offset by lower spend in other staff groups. Nursing pay expenditure is above plan by £0.35m (excluding the impact of pay awards which is funded as income). However, nursing agency costs are £0.50m lower than plan year to date, with a significant reduction in the use of the very highest cost agencies. Forecast <ul style="list-style-type: none"> The forecast is to achieve the planned £43.1m deficit; this relies upon full delivery of the £18m CIP plan including high risk schemes. The forecast will also require an improvement in the underlying run rate to contain expenditure within budgeted levels.

Background Context

Within the Community division there has been further work on the NHS Benchmarking for Community Services. The team provided complete data for 13 services and hope to be able to use the information to benchmark performance against other providers when the information is published in December.

Work on the estates rationalisation continues ready for the move out of St. Johns (September) and the Lower Valley moves proposed for the end of September.

Intense training continues to secure the safe deployment of the BloodTrack project which will go-live at the end of August.

During August our Pathology team went live with implementation of the BloodTrack electronic blood tracking system. The go-live was a success, with 60% of samples taken via this system after 2 weeks. Work will continue to increase this number to 100%.

The Maternity/Paediatrics services sent a team to a MatNeo improvement event in London during August. The event was a great success with excellent feedback for the team.

The Maternity service continues to experience pressures due to vacancies, maternity leave and sickness. The service continues to function safely despite this pressure and whilst this is anticipated to continue in the short-term, plans are in place to support the service.

Discussions took place with Leeds Teaching Hospital during August with a view to securing external support to the CHFT Interventional Radiology service for on-call and in-hours support.

Discussions also took place with Mid Yorkshire Hospital during August as they are looking at whether CHFT can provide any form of Microbiology medical support to them whilst they struggle to recruit to vacant posts.

Safe - Key messages

Area	Reality	Response	Result
% Harm Free Care	<p>% Harm Free Care - at 93.6%, this is a slight increase from last month but is below the 95% target.</p> <p>This performance is being driven by the number of pressure ulcers (old and new) and a number of Catheter related UTIs recorded in month.</p>	<p>The Medicine Division has taken a proactive approach in the prevention and ongoing management of pressure ulcers and has recently held a Summit with the emphasis on ward ownership and focused actions. Senior nurse membership at the Pressure Ulcer Collaborative provides direction for the Division.</p> <p>Challenges relating to RN vacancies are being reviewed daily and the Medical Division are closely managing the risk which will have had an impact on quality markers such as Pressure Ulcers.</p> <p>They are continuing to work with the wards in obtaining accurate data regarding harm free care. Closely monitor areas that are scoring low in month to see if there are any patterns regarding harm free care or the data.</p> <p>Following last month's Surgical PRM, a Trust-wide WTGR session to consider the use of the safety thermometer metric is needed, looking at the barriers to achieving performance which is more in line with the top 25% of trusts .</p>	<p>Expected by: The August performance is indicating an improved position. Target remains to achieve 95%.</p> <p>Within the Surgical Division a WTGR session is to be planned via the Nursing Directorate before the end of Q4.</p> <p>Accountable: Chief Nurse</p>
Proportion of Women who received Combined Harm Free Care	<p>In August we had 2 Perinatal Deaths meaning our rate was 0.45% (0.23% YTD). There were 2 stillbirths in August and 2 perinatal deaths.</p>	<p>All stillbirth are reviewed using the Perinatal mortality review tool (PMRT) national recommendation who 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. (June 18)</p>	<p>Continue to see a reduced still birth rate compared to previous years.</p> <p>Accountable - HOM/Divisional ADN</p>
Patient Incidents with Harm	<p>Number of Serious Incidents - 1 in the month which is a decrease from 3 in July. YTD there have been 15 serious incidents within Trust.</p> <p>Number of Incidents with Harm - 234 in the month, this is an increase from 200 in July. YTD the Trust has had a total of 1,050 incident resulting in harm to the patient.</p>	<p>The 1 Serious Incident was in the Medical Acute directorate and was a red fall - fractured NOF on ward 20 at HRI.</p> <p>A FISH tool had been completed immediately and initial fact finding taken place after the fall by matron. Patient was in a side room for infection control purposes and had been assessed as high risk of falls, subsequent monitoring could have been improved.</p> <p>This was discussed at ward level with the senior nursing team with clear learning and plans put in place for high risk patients in side rooms.</p> <p>Full analysis of incidents is taken monthly to the Patient Safety Group, and discussed with divisions. Focused work with the tissue viability team is ongoing to support the capture of accurate pressure ulcer incidents.</p>	<p>Expected by: The total numbers of overall incidents will continue to be monitored closely by the directorates and the risk team.</p> <p>Accountable ADQS</p>
Smoking at Delivery	<p>Smoking at time of delivery (SATOD) in August was 12.9% and cumulative for the year to date is 13.3%. Rates have 'shifted' above 12% in the past 16 months compared to under 12% 2 years ago.</p> <p>There is now increased recognition of women who smoke at booking through carbon monoxide (CO) testing. This has increased from 72% to 89% in the past 12 months. In addition the percentage of 'unknown' SATOD has been reduced to <0.5 therefore improved data completion at birth. However, there is still some confusion with regards to what constitutes smoking with the increased use of 'e-cigarettes' by women and as cannabis is recorded separately on EPR.</p>	<p>Agree a definition of 'smoking' to clarify confusion over e-cigarettes, cannabis etc. and ensure EPR reflects the agreed options (October)</p> <p>Mandatory "Brief Advice" training for all multi-disciplinary staff within maternity and neonatal services (aim 75% of staff)</p> <p>CO monitor training for all midwives/ HCA's, confirmed by medical devices training records. Increase the number of CO monitors to make available for use in all clinical areas. (December)</p> <p>All staff will at every contact, CO test and give 'brief advice' to patients who smoke and those who have recently quit. (September)</p> <p>Introduce repeat CO testing for all pregnant women at 36 weeks gestation to inform accurate data collection (March 2019)</p> <p>Work with staff, patients and visitors to ensure we provide an environment supportive of a smoke-free pregnancy (ongoing)</p> <p>"Go see" neighbouring trusts to benchmark our approach to reducing smoking in pregnancy (October)</p>	<p>Plan to reduce smoking at time of delivery by 2% by September 2019 as part of the NHS Improvement, Maternity and Neonatal Health Safety Collaboration project.</p> <p>Accountable HOM</p>

Safe - Key measures

	17/18	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18		YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																		
All Falls	1,790	150	135	138	144	163	138	149	175	153	140	153	154	135	735	Refer to SPC charts		
Inpatient Falls with Serious Harm	30	4	0	2	1	3	1	3	3	1	1	3	1	5	11	Refer to SPC charts		
Falls per 1000 bed days	7.00	7.03	6.29	6.44	6.91	7.80	6.30	7.50	7.80	7.37	6.64	7.74	7.29	7.01	7.21	Refer to SPC charts		
% Harm Free Care	93.66%	93.18%	94.82%	93.90%	93.41%	93.45%	92.70%	92.30%	92.50%	91.70%	94.50%	92.00%	92.70%	93.60%	92.82%	>=95%	95%	
Number of Serious Incidents	62	7	3	5	5	6	4	6	4	5	5	1	3	1	15	Refer to SPC charts		
Number of Incidents with Harm	2,101	141	122	163	187	212	209	179	259	214	219	183	200	234	1050	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Percentage of SIs investigations where reports submitted within timescale – 60 Days	37.53%	66.00%	42.00%	0.00%	37.80%	30.00%	25.00%	66.00%	0.00%	40.00%	14.00%	37.50%	83.00%	0.00%	44.00%	>=50%	50%	
Maternity																		
Elective C-Section Rate	10.00%	7.80%	9.70%	9.10%	11.70%	9.20%	9.60%	11.00%	11.60%	9.70%	10.20%	8.60%	8.90%	10.00%	9.50%	<=10% Threshold	10%	
Emergency C-Section Rate	13.90%	16.60%	13.50%	13.80%	14.50%	14.60%	16.80%	15.70%	14.40%	20.30%	15.10%	19.10%	15.00%	16.60%	17.10%	<=15.6% Threshold	15.6%	
Total C-Section Rate	23.92%	24.39%	23.23%	22.84%	26.21%	23.80%	26.40%	26.10%	25.93%	30.00%	25.29%	27.75%	23.92%	26.53%	26.62%	<=26.2% Threshold	26.2%	
Proportion of Women who received Combined Harm Free Care	76.17%	77.27%	71.43%	74.60%	64.00%	71.74%	85.71%	71.43%	76.92%	81.67%	78.72%	74.60%	68.52%	in arrears	75.88%	>=70.9%	70.9%	
% PPH ≥ 1500ml - all deliveries	3.00%	2.40%	3.70%	3.20%	2.40%	4.18%	1.80%	3.60%	2.10%	3.08%	5.80%	3.80%	4.10%	2.70%	3.90%	<=3.0%	3.0%	
Antenatal Assessments < 13 weeks	91.44%	92.95%	90.13%	92.37%	92.77%	90.60%	91.51%	91.93%	90.00%	91.20%	93.03%	91.30%	91.10%	92.38%	91.81%	>90%	90%	
Maternal smoking at delivery	12.50%	14.20%	13.10%	10.30%	11.90%	16.70%	11.86%	13.06%	13.70%	17.20%	10.90%	12.90%	12.80%	12.90%	13.30%	<=11.9%	11.90%	
Pressure Ulcers																		
Number of Trust Pressure Ulcers Acquired at CHFT	427	25	26	36	32	48	42	28	59	52	35	43	42	under validation	172	Refer to SPC charts		
Pressure Ulcers per 1000 bed days	1.67	1.17	1.21	1.68	1.53	2.3	1.92	1.41	2.67	2.51	1.66	2.17	1.99	under validation	2.51	Refer to SPC charts		
Number of Category 2 Pressure Ulcers Acquired at CHFT	313	21	14	26	23	38	31	17	51	43	26	31	22	under validation	122	Refer to SPC charts		
Number of Category 3 Pressure Ulcers Acquired at CHFT	105	4	12	10	9	10	10	10	6	9	9	11	20	under validation	49	Refer to SPC charts		
Number of Category 4 Pressure Ulcers Acquired at CHFT	8	0	0	0	0	0	1	1	1	0	0	1	0	under validation	1	0	0	
% of leg ulcers healed within 12 weeks from diagnosis	95.20%	97.70%	100.00%	93.80%	88.50%	100.00%	88.00%	96.30%	95.00%	87.50%	93.62%	100.00%	93.50%	92.30%	93.70%	>=90%	90%	
Percentage of Completed VTE Risk Assessments	94.68%	92.41%	92.70%	97.34%	97.06%	96.69%	96.44%	97.07%	97.29%	97.35%	97.10%	97.80%	97.82%	96.56%	97.32%	>=95%	95%	
Safeguarding																		
Alert Safeguarding Referrals made by the Trust	168	12	12	16	12	12	9	15	15	24	26	24	19	28	121	Not applicable		
Alert Safeguarding Referrals made against the Trust	170	12	18	9	18	6	23	16	14	6	17	35	7	6	71	Not applicable		
Community Medication Incidents	41	4	2	5	4	7	2	2	1	3	1	3	0	5	12	0	0	
Health & Safety Incidents	274	15	31	25	22	30	18	13	21	21	14	20	25	20	100	0	0	
Health & Safety Incidents (RIDDOR)	10	0	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	
Medical Reconciliation within 24 hours	0	0	0	0	0	0	0	0	0	26	27	27	27	under validation	27	>=68%	68%	
Electronic Discharge																		
% Complete EDS	96.03%	95.76%	96.07%	96.72%	97.91%	97.79%	97.49%	95.53%	93.18%	98.80%	97.40%	96.80%	94.60%	83.40%	93.94%	>=95%	95%	

Caring - Key messages

Area	Reality	Response	Result
Friends and Family Test Outpatients Survey - % Would Recommend	<p>Performance continues to average around 90%. The common themes continue to be around waiting times, diagnostics, the environment and appointment efficiencies.</p>	<p>The matrons and area managers are working with staff so that they engage with patients to promote the survey and therefore receive valuable feedback.</p> <p>Discussions have been had as to how best to enhance the waiting environment and ensure patients know their options with regards to claiming back parking charges if they experience long delays.</p> <p>Outpatients as a whole are currently undergoing a transformational programme of work, the FFT metrics are being monitored throughout the period to assess changes in patient satisfaction levels.</p>	<p>Expected by: The action plan is being worked through and an improved performance is expected over the forthcoming months. Work is ongoing within the directorates with regular customer contact meetings to address issues specifically with OP and appointments.</p> <p>The OP transformation project is expected to have a positive impact on patient experience and we will continue to monitor this metric for consistent levels of satisfaction to ensure any changes are not adversely affecting the patient experience.</p> <p>Accountable: Clinical Managers and Matron for Outpatients</p>
Friends & Family Test - AE % Would Recommend	<p>Friends and Family Test A & E Survey - % would recommend the Service has performed under target at 82.2% in month. This is a 2 percentage point reduction from July.</p>	<p>We are seeing an improvement in our response rate and as the wealth of feedback improves we are regularly reviewing all comments to learn from them.</p> <p>Continued improvement work ongoing with Matron and clinical leads in OPD (ongoing).</p>	<p>Expected by: We anticipate as we learn from the feedback our would recommend will improve by November to 86.5%.</p> <p>Sustained and improved performance over forthcoming months. Monitoring of CHFT performance in line with national benchmarking on a quarterly basis.</p> <p>Accountable: Matron in ED</p>
Friends and Family Test Community Survey - % would recommend the Service	<p>Our FFT responses for August show that 94.1% of respondents would recommend our service, compared to 97.4% in July. There were also 5 'extremely unlikely to recommend' responses which do not match the positive comments made on the same card, indicating that the cards may have been incorrectly filled in.</p>	<p>Collecting FFT data is still a focus for the division, focusing on both the collection of data as well as following up and responding to negative responses.</p>	<p>We will continue to monitor the response rate and the process of collecting & reporting data. FFT deep dive to be taken to WEB</p> <p>By When: September 2018 Accountable:- Director of Operations</p>
% Dementia patients following emergency admission aged 75 and over	<p>% Dementia patients following emergency admission aged 75 and over</p>	<p>Each fortnight a list of current inpatients who have not had their dementia screen is going out to the nursing team to review non-compliant cases. A process is being designed so that this is available daily.</p> <p>EPR access issues mean that at present only doctors can update the assessment</p>	<p>Improvement expected from Q3.</p>

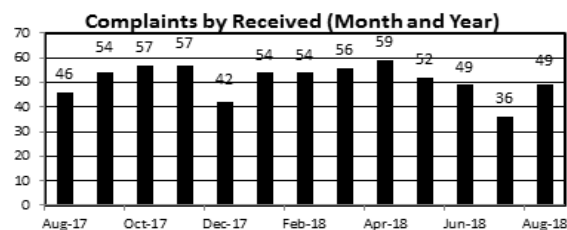
Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 59 complaints closed in August, 33% (18/55) of these were closed within target timeframe. The number of overdue complaints was 15 at the end of August; compared to 14 at the end of July. It should be noted that there has been a significant reduction in overdue complaints for SAS.	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.	The medical division is not expected to clear their backlog now until the end of September at the earliest.
	In August SAS closed 22% (5/23) of their complaints within the agreed timescale, Medicine 25% (5/20), and FSS 80% (8/10).	Divisional panels are held weekly to discuss and review draft responses prior to signature. Complaint management is also reviewed weekly at ADN huddles. Medicine division are in the middle of their formal review of current processes and internal management, actions taken over the past 12 months and proposed recovery plans.	Accountable : Head of Risk and Governance and Divisional Leads

Complaints Background

The Trust received 43 new complaints in August and re-opened 6 complaints, making a total number of 49 complaints, which is an increase of 13 complaints on July.

The top 3 Complaints subjects for August are;
Patient Care (including Nutrition and Hydration)
Clinical Treatment
Communications

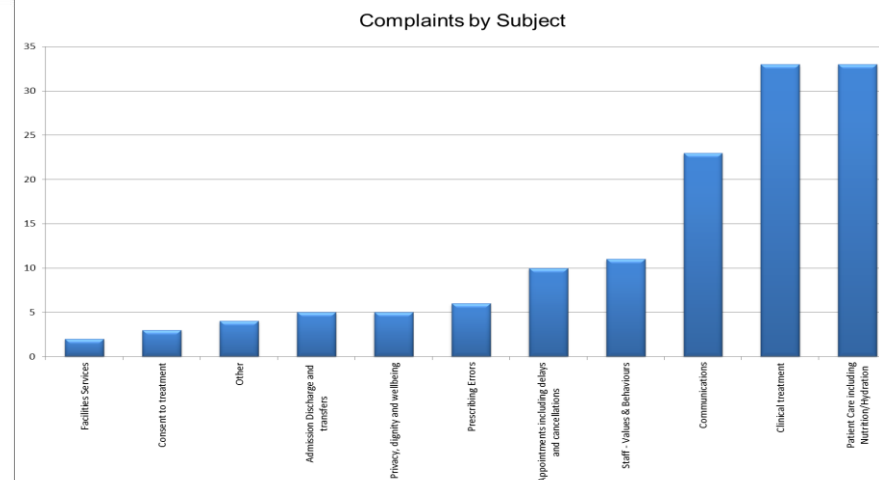
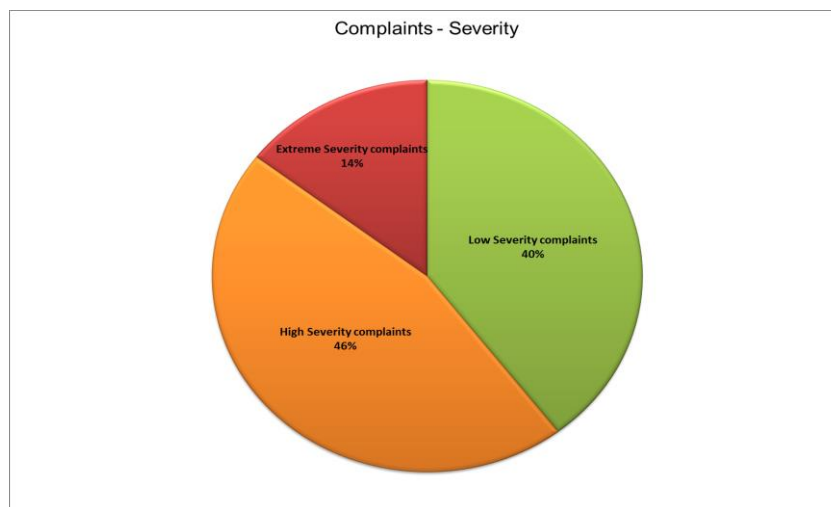


The complaints subjects have remained the same. Complaint subjects and trends form part of the Complaints Quarterly Report which is then discussed at the Patient Experience Groups.

Severity: The Trust received 7 new Red complaints in August, 4 assigned to SAS and 3 assigned to the Medical Division.

PHSO Cases:

We received 1 new Ombudsman/PHSO cases in August and 1 SAS case was closed at partially upheld. There were 7 active cases under investigation by the Ombudsman at the end of August.



Caring - Key measures

	17/18	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18		YTD	Target	Threshold/Monthly
Complaints																		
% Complaints closed within target timeframe	48.70%	47.00%	63.41%	44.40%	53.00%	38.00%	54.00%	31.00%	52.00%	37.00%	44.00%	30.00%	31.00%	33.00%	35.00%		95%	95%
Total Complaints received in the month	593	45	52	50	56	43	53	53	52	57	51	48	36	48	240	Refer to SPC charts in Appendix		
Complaints re-opened	68	8	4	6	3	2	10	10	5	4	9	3	8	6	30	Refer to SPC charts in Appendix		
Inpatient Complaints per 1000 bed days	2.18	1.8	2.4	2.5	2.4	1.9	2.3	2.6	2.2	2.84	2.56	2.58	1.75	2.8	2.51	Refer to SPC charts in Appendix		
No of Complaints closed within Timeframe	293	18	26	16	38	29	28	14	24	18	27	15	23	18	101	Refer to SPC charts in Appendix		
Friends & Family Test																		
Friends & Family Test (IP Survey) - Response Rate	31.40%	33.20%	33.50%	34.10%	34.50%	30.10%	33.40%	33.50%	35.00%	40.00%	39.00%	38.80%	36.50%	37.20%	38.43%	>=25.9% /24.5% from June 18		
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	97.20%	96.70%	97.10%	96.80%	96.20%	96.80%	97.60%	97.60%	96.70%	98.00%	97.40%	97.40%	97.70%	97.45%	>=96.3% / 96.7% from June 18		
Friends and Family Test Outpatient - Response Rate	10.10%	11.10%	11.30%	11.30%	11.20%	10.20%	10.80%	11.10%	10.00%	11.30%	10.50%	11.40%	11.40%	11.32%	11.17%	>=5.3% / 4.7% from June 18		
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	88.80%	88.50%	89.40%	88.80%	90.00%	91.50%	90.60%	90.80%	90.70%	91.00%	90.40%	90.80%	90.82%	90.73%	>=95.7% / 96.2% from June 18		
Friends and Family Test A & E Survey - Response Rate	10.20%	11.70%	11.00%	11.10%	10.50%	10.10%	10.40%	10.30%	10.80%	10.70%	9.60%	12.80%	15.30%	14.52%	12.61%	>=13.3% / 11.7% from June 18		
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	86.00%	86.80%	86.10%	85.50%	85.20%	87.30%	85.00%	82.10%	84.70%	86.30%	84.30%	84.30%	82.20%	84.20%	>=86.5% / 87.2% from June 18		
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	45.10%	49.90%	36.20%	45.20%	36.20%	39.90%	47.30%	33.70%	33.20%	34.80%	34.80%	33.70%	30.91%	33.49%	>=22.0% / >=20.8% from June 18		
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.00%	97.90%	98.30%	98.20%	98.00%	98.50%	99.00%	98.50%	98.00%	98.90%	98.20%	98.40%	98.41%	98.39%	>=97% / 97.3% from June 18		
Friends and Family Test Community - Response Rate	6.50%	9.84%	12.70%	2.09%	4.50%	2.70%	1.60%	3.40%	2.80%	3.60%	6.30%	4.20%	4.40%	4.66%	4.66%	>=3.4% / >=3.5% from June 18		
Friends and Family Test Community Survey - % would recommend the Service	90.00%	87.61%	89.55%	97.48%	97.02%	91.30%	99.10%	96.40%	97.50%	93.90%	92.60%	92.00%	97.40%	94.06%	93.91%	>=96.2% / >=96.6% from June 18		
Caring																		
Number of Mixed Sex Accommodation Breaches	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%	27.75%	25.25%	26.71%	30.10%	27.73%	20.97%	20.72%	22.43%	24.61%	30.65%	28.41%	33.60%	29.64%	29.36%	>=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.

Night times are noisy, so I had little sleep with banging bins.

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.

Soft-close bins are on order and these will significantly reduce the level of noise.

Effectiveness - Key messages

Area	Reality	Response	Result
Infection Control : MSSA Bacteraemias & E.coli	<p>Total Number of Clostridium Difficile Cases - Trust assigned - there was 1 case reported in month which is the same figure as last month.</p> <p>MSSA Bacteraemia reported - Post 48 Hours. There were 3 cases of MSSA Bacteraemia reported in month which is an increase of 2 from last month.</p> <p>Number of E.Coli - Post 48 Hours - there were 4 cases in the month which is a decrease of 1 from last month.</p>	<p>A Trust action plan is in development with the aim to reduce the incidence associated with the urinary tract.</p> <p>Within the Medical Division the weekly infection control meetings with the Head Nurse and the IPC team are now well embedded. The Monthly divisional IPC meeting is now established with good attendance from the division, estates, service performance and cleaning services.</p> <p>The divisional infection control action plans are being completed and will be shared with the wider teams once they are signed off.</p>	<p>Expected by: to continue to ensure antibiotic usage is discussed with Microbiologist to ensure they are appropriate.</p> <p>To continue to improve documentation. This will lead to a reduction in Cdiff.</p> <p>September 2018.</p> <p>Accountable: Accountable Officer: Matron for Infection Control and Lead Consultant</p>
	<p>Initial Screening Reviews (ISR) are now being allocated to consultants, SAS doctors and some senior nurses throughout the Medical Division.</p> <p><i>NB - This metric does not take into account any processes that sit out side of the online data collection tool and is not a view on the % of ISRs that surgical staff have done.</i></p>	<p>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.</p> <p>Mortality reviews continue to be allocated to consultants. In Stroke and Gastro all deaths are reviewed at the Clinical Group meetings.</p> <p>The FSS division has a number of clinicians who are part of the Learning from Deaths (LfD) group and are helping to disseminate information from case note reviews.</p> <p>The online ISR tool will be adapted to also collect the SJRs</p>	<p>Expected by: As HSMR and SHMI continue to improve the emphasis will remain on learning from deaths with regular quarterly reports to the BoD.</p> <p>The Trust is aiming for 100% of deaths to have had either an ISR or a structure review (SJR) if more appropriate.</p> <p>Internal processes for reviewing deaths within 28 days of surgery and deaths in ICU are not fully integrated into the online ISR process. This will be addressed in Q2 18/19.</p> <p>Accountable: DD and CDs engaging with clinicians</p>
Hospital Mortality Measures Perinatal Deaths (0-7 days)	Over the last 6 months performance has remained static at around 10%, this is an improvement from the previous timeframe but a further step change is now required.	<p>As per last month work is being led by Mr Bhasin, through the 2 Coding leads as discussed at divisional PRMs</p> <p>The main piece of work continues with colleagues, ensuring that they are aware of current performance levels and are capturing sign and symptoms on EPR in the correct place.</p> <p>New Coding PAs are in place and following escalation at COG, this will be a key area of focus.</p>	<p>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.</p> <p>Accountable: Associate Medical Director and Clinical Coding Manager</p> <p>Anticipated continued improvements not being realised, renewed focus should see this change by the beginning of Q3</p> <p>Accountable: Associate Medical Director and Clinical Coding Manager</p>
% Sign and Symptom as a Primary Diagnosis			
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	<p>67% (23/34) of patients who were discharged in August had their #NoF Procedure within 36 Hours of being admitted. (see appendix)</p>	<p>#NoF performance has been adversely affected by the number of patients (5 consecutive patients) requiring Total Hip Replacement as optimum treatment. Due to some Trauma surgeons being unable to carry out Elective THR surgery, some patients experienced delays beyond 36 hours. The T&O Directorate are reviewing how this can be better managed if the current trend continues. This coupled with a relatively small number of discharges in month has contributed to the more noticeable dip in performance.</p>	<p>The #NoF MDT are considering ways to reduce the number of Clinical Breaches where patients require a Total Hip Replacement (THR) rather than the usual hemi-arthroplasty. Not all trauma surgeons are able to undertake a THR. CD is reviewing this with the team and will bring proposals back to Division in October 2018.</p>

Effectiveness - Key measures

	17/18	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	Target	Threshold/Mo thly	
Infection Control																		
Number of MRSA Bacteraemias – Trust assigned	5	0	0	0	0	0	0	2	0	0	0	1	0	0	1	0	0	
Total Number of Clostridium Difficile Cases - Trust assigned	40	2	2	1	6	4	7	3	7	4	4	4	1	1	14	No target		
Preventable number of Clostridium Difficile Cases	13	1	0	0	2	2	0	0	5	3	1	1	0	0	5	<=20	< = 2	
C-diff per 100,000 bed days	0	0	0	0	0	0	0	0	0	18.62	18.53	17.89	18.23	18.43	13.11	No target		
Number of MSSA Bacteraemias - Post 48 Hours	22	2	3	1	0	2	2	0	2	0	1	0	1	3	5	<=12	1	
Number of E.Coli - Post 48 Hours	48	1	4	6	2	6	7	6	4	6	4	1	5	4	20	<=26	2.17	
MRSA Screening - Percentage of Inpatients Matched	95.06%	not reported	not reported	not reported	not reported	88.30%	92.20%	95.50%	95.70%	98.34%	96.37%	97.62%	96.10%	95.95%	97.40%	>=95%	95%	
Mortality																		
Stillbirths Rate (including intrapartum & Other)	0.36%	0.66%	0.00%	0.43%	0.65%	0.45%	0.22%	0.29%	1.14%	0.25%	0.00%	0.94%	0.22%	0.45%	0.37%	<=0.5%	0.5%	
Perinatal Deaths (0-7 days)	0.17%	0.00%	0.00%	0.00%	0.22%	0.22%	0.00%	0.29%	0.00%	0.25%	0.23%	0.23%	0.00%	0.45%	0.23%	<=0.1%	0.1%	
Neonatal Deaths (8-28 days)	0.04%	0.22%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	<=0.1%	0.1%	
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.98	100.81				100.64			98.98			Next Publication due October 18				98.98	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47	91.08	91.47	89.86	87.79	86.16	85.19	83.91	82.47	83.34	82.9	Next Publication due October 18			82.9	<=100	100	
% of Initial Screening Reviews (Mortality)	24.90%	11.80%	25.60%	31.40%	25.40%	38.00%	29.00%	33.10%	24.10%	24.60%	38.50%	32.50%	11.50%	in arrears	27.50%	Q1 50% / Q2 65% / Q3 80% / Q4 90%		
Crude Mortality Rate	1.50%	1.17%	1.31%	1.21%	1.34%	1.82%	1.93%	1.94%	1.60%	1.40%	1.17%	1.23%	1.01%	1.16%	1.19%	No target		
Coding and submissions to SUS																		
% Sign and Symptom as a Primary Diagnosis	10.38%	11.41%	10.14%	11.03%	9.83%	9.03%	9.70%	10.30%	10.41%	10.43%	9.92%	9.90%	10.00%	9.70%	9.80%	<=9.0%	9.0%	
Average co-morbidity score	6.11	6.31	5.95	5.95	5.85	6.25	6.15	6.01	5.87	5.65	5.5	5.45	5.57	5.41	5.51	>=4.61	4.61	
Average Diagnosis per Coded Episode	5.86	5.89	5.78	5.81	5.67	5.88	5.84	5.95	5.91	5.8	5.7	5.76	5.76	5.8	5.77	>=5.5	5.5	
CHFT Research Recruitment Target	1,485	112	138	144	133	98	173	140	129	148	210	244	203	107	912	>=1,473	122	
Best Practice Guidance																		
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	76.21%	75.76%	66.67%	73.68%	92.31%	68.29%	74.42%	93.75%	87.88%	75.68%	83.33%	85.42%	78.57%	67.65%	78.68%	>=85%	85%	
IPMR - Breastfeeding Initiated rates	75.90%	75.90%	75.30%	75.80%	76.90%	76.10%	76.20%	74.10%	76.10%	77.38%	77.20%	75.90%	79.90%	76.10%	77.31%	>=70%	70%	
Readmissions																		
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	10.21%	9.48%	9.64%	9.66%	9.90%	10.44%	10.90%	10.34%	9.63%	9.24%	10.26%	10.77%	8.96%	in arrears	9.81%	<=9.8%	9.80%	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	10.08%	9.29%	9.82%	10.53%	9.44%	9.80%	10.54%	11.10%	10.28%	10.24%	9.80%	9.71%	10.58%	in arrears	10.08%	<=8.03%	8.03%	
Community																		
% Readmitted back in to Hospital within 30 days for Intermediate Care Beds	7.00%	4.90%	5.40%	4.70%	3.10%	5.20%	7.90%	3.00%	6.30%	1.60%	10.90%	6.20%	1.60%	1.80%	4.42%	0%	0%	
Hospital admissions avoided by Community Nursing Services	1,389	161	129	122	74	63	130	151	172	158	178	176	156	142	810	>=116	116	
Community - No Access Visits	0.93%	0.94%	0.92%	0.85%	0.94%	0.82%	0.91%	0.93%	0.88%	0.84%	0.93%	0.96%	0.78%	0.81%	0.86%	0%	0%	

Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	<p>ECS - <4 hours performance decrease in month to 91.15%.</p> <p>A&E Ambulance Handovers 30-60 mins - 6 in month which is an increase of 3 from last month.</p>	<p>We have introduced weekly meetings in directorate to review the themes of breaches. We have then scheduled weekly meetings with other directorates, where we will invite the areas that can support to do a deep-dive into the subject and develop a joint solution.</p> <p>Plan to reduce the number of patients waiting over 8 and 10 hours in department - as part of the breach validation all patients waiting over 8 and 10 hours are reviewed. These will be discussed individually at the breach meetings outlined above. Alongside this we will be working with the team to change the culture on over 8 hours breaches and designing a new escalation process</p> <p>Improvement plan for ambulance turnaround - the team will be producing a plan to eliminate over 30 minutes waits. The ambulance breaches are now validated daily, with a senior review in the directorate for sign-off weekly.</p>	<p>Expected by: Plan to have to have developed a more detailed action plan with clear timescales by the beginning of October.</p> <p>Accountable: Director of Operations - Medicine</p>
	<p>% Stroke patients spending 90% of their stay on a stroke unit is showing a decrease in month to 83.33% from 88.0% last month and is below the 90% target. 10 patients did not achieve the 90% stay target in August.</p> <p>% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 59.02% in month (36 out of 61 patients). This is an increase on last month's performance (54%).</p> <p>% Stroke patients Thrombolysed within 1 hour - 42.86% Stroke patients were thrombolysed within 1 hour of hospital arrival (3 out of 7). This is below the target of 55%. The median clock start to thrombolysis time was 61 minutes in month.</p> <p>% Stroke patients scanned within 1 hour of hospital arrival is 44.44% in month against the 48% target, (28 out of 63 patients). The median arrival to scan time was 93 minutes in month.</p>	<p>In the latest Quarter SSNAP Report (April – June 2018) - the overall team score deteriorated to a C rating.</p> <p>Domian1: Scanning – Currently achieving a C Domian2: Stroke Unit - Currently achieving a C Domain3: Thrombolysis - Currently achieving a B</p> <p>Focused actions have been put in place with the aim of achieving an A for SSNAP that is sustainable across all areas.</p> <p>For both direct admissions and 90% stay an audit will be undertaken to look at the breaches to identify if patients have self-presented or YAS presented and to look at the discrepancy between A&E's.</p> <p>The 1 hour scanning will link in with the new assessment beds which are due to open 28th September - signed up to see the patients within 10 minutes after admission to order a scan and therefore will be scanned within an hour.</p>	<p>Expected by: October 2018.</p> <p>Accountable: Divisional Director Medicine/Dr Nair.</p>
Cancer	<p>38 day Referral to Tertiary - 43.75% in month which is a decrease from last month and well below the 85% target.</p> <p>Work continues with the tracking team to manage patient pathways</p> <p>62 Day GP Referral to Treatment - just below target at 84.86% in August.</p>	<p>All 7 day pathways to be in place by the end of October which will inform a step change.</p> <p>Continue to track patients on a daily/weekly basis with clear lines of escalation when appropriate (ongoing). Cancer tracker to work from the CRH site weekly to strengthen relationships (ongoing).</p> <p>A work together to get results session took place with the whole team to ensure pathways are as efficient as possible with clear escalation processes in place (Completed).</p> <p>Session held with the clinical team to devise a plan for avoiding breaching the 38 day target including the mapping of fast track appointments to ensure enough are available to meet demand (ongoing).</p>	<p>Challenges remain with the cancer targets but improvements are being seen and monitored.</p> <p>Expected by: October 2018.</p> <p>Accountable: GMs</p>

Responsive - Key messages

Area	Reality	Response	Result
ASI (Appointment Slot Issues) - Snapshot	ASIs have increased in a few specialties in month although overall performance has improved.	Activity has been adversely affected by excessive and disproportionate authorisation and allocation of annual leave in ENT and Ophthalmology.	Improvement anticipated in Q3
	In Ophthalmology the team has been directing additional resources to reducing the holding/pending list. In ENT we lost a large amount of capacity due to sickness absence. Both are large volume specialties.	Oral/Max-fac Service is predominantly reliant upon non-contracted activity delivered via bank with the support of 2 full time providers. 1 of the regular providers resigned and left in July leaving a capacity gap. In addition, the consultant attending from BTHFT was absent in July/August. Available capacity was diverted to see 2ww fastracks and treatments/theatre sessions and one remaining full time dentist was on annual leave during August.	Review across all specialties being undertaken of process and compliance regarding application of Trust Annual Leave policy. A replacement second permanent dentist commences in post 24th September and will provide 4 OPD Clinics, treatment sessions and theatre sessions to bring the capacity back to anticipated levels. Accountable: Director of Operations and GM's
18 week Pathways (RTT)	18 weeks Pathways >=26 weeks open: The position following ongoing validation is now at 475. Pre-EPR level was between 150-200 so there is still work to be done. The majority of pathways are in the General Surgery domain.	Trajectories for specialty areas are being set and data quality indicators are being closely monitored to ensure reductions in errors being made. RTT training is available on ESR and is being reviewed for suitability. The 18 week validators continue to work through the long waiters as a priority, moving on to the other DQ indicators as appropriate.	Priority continues to be given to longest pathways with additional attention on a weekly basis to ensure improved performance. Accountable: DOP

Responsive - Key measures

	17/18	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	Target	Threshold/Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	90.61%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	94.78%	92.37%	91.15%	92.64%	>=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%	93.50%	92.31%	93.73%	>=95%	95%
A&E Ambulance Handovers 15-30 mins (Validated)	10218	815	992	972	758	872	747	764	828	653	640	566	632	605	3096	0	0
A&E Ambulance Handovers 30-60 mins (Validated)	287	38	17	7	5	16	26	10	15	6	10	9	3	6	34	0	0
A&E Ambulance 60+ mins	12	0	0	1	0	1	4	0	0	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	1	0	0	1	0	0
Patient Flow																	
Delayed Transfers of Care	2.80%	4.54%	1.96%	3.51%	2.01%	3.40%	2.05%	1.89%	2.70%	3.24%	3.49%	3.61%	2.85%	2.82%	3.21%	<=3.5%	3.5%
Coronary Care Delayed Discharges	44								44	44	45	42	56	44	231		
Green Cross Patients (Snapshot at month end)	108	104	120	90	119	100	117	124	108	119	119	99	103	75	75	<=40	<=40
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	87.02%	86.00%	91.38%	76.09%	92.00%	84.62%	95.12%	91.89%	78.69%	91.84%	85.71%	90.00%	88.00%	83.33%	87.65%	>=90%	90%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	58.82%	63.79%	46.81%	60.00%	52.50%	80.95%	70.27%	48.38%	58.00%	53.49%	68.63%	54.00%	59.02%	58.82%	>=90%	90%
% Stroke patients Thrombolysed within 1 hour	81.93%	40.00%	80.00%	88.89%	83.33%	100.00%	81.82%	83.33%	100.00%	83.33%	100.00%	60.00%	100.00%	42.86%	73.53%	>=55%	55%
% Stroke patients scanned within 1 hour of hospital arrival	41.87%	47.17%	38.98%	42.86%	37.25%	30.00%	57.14%	52.63%	41.94%	39.62%	40.43%	50.00%	45.10%	44.44%	43.98%	>=48%	48%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.84%	0.69%	1.21%	0.89%	0.69%	0.54%	1.09%	0.76%	1.07%	0.34%	0.41%	0.27%	0.67%	0.59%	0.46%	<=0.6%	0.6%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	7	0	0	0	1	0	5	1	0	0	1	0	0	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%	94.50%	92.35%	91.59%	90.60%	92.84%	92.32%	93.42%	92.33%	91.49%	92.48%	92.60%	92.95%	93.32%	92.55%	>=95%	95%
% Admitted Closed Pathways Under 18 Weeks	83.21%	not available	not available	80.79%	79.59%	82.73%	85.30%	83.51%	80.03%	81.13%	83.02%	80.78%	82.99%	81.53%	81.90%	>=90%	90%
% Incomplete Pathways <18 Weeks	93.75%	92.12%	92.41%	92.08%	92.45%	92.61%	94.09%	92.76%	93.75%	93.77%	93.32%	94.05%	93.99%	93.18%	93.18%	>=92%	92%
18 weeks Pathways >=26 weeks open	549	not available	541	602	1350	695	606	585	549	486	501	445	418	475	475	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%	98.52%	98.72%	99.57%	97.27%	98.18%	99.07%	99.61%	99.59%	98.81%	98.74%	99.81%	99.32%	99.32%	99.32%	>=99%	99%
Cancer																	
Two Week Wait From Referral to Date First Seen	94.09%	95.14%	94.40%	94.19%	97.96%	99.01%	94.94%	99.06%	96.83%	95.63%	98.78%	98.61%	98.82%	97.67%	97.96%	>=93%	93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	91.53%	93.10%	93.33%	95.54%	96.82%	94.55%	98.26%	95.81%	95.48%	95.28%	98.94%	95.24%	100.00%	96.98%	>=93%	93%
31 Days From Diagnosis to First Treatment	99.83%	100.00%	99.26%	100.00%	100.00%	100.00%	99.41%	100.00%	100.00%	100.00%	99.37%	99.41%	100.00%	100.00%	99.75%	>=96%	96%
31 Day Subsequent Surgery Treatment	99.26%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.14%	100.00%	99.15%	>=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%	56.52%	70.00%	47.62%	55.56%	50.00%	45.16%	52.38%	47.62%	47.62%	44.83%	46.88%	48.15%	43.75%	46.40%	>=85%	85%
62 Day GP Referral to Treatment	88.67%	91.95%	93.15%	84.03%	88.89%	88.05%	91.76%	88.24%	90.32%	90.66%	92.31%	83.98%	87.72%	84.86%	87.73%	>=85%	85%
62 Day Referral From Screening to Treatment	94.87%	93.75%	88.24%	100.00%	100.00%	100.00%	95.45%	100.00%	90.00%	81.82%	91.67%	100.00%	100.00%	100.00%	95.00%	>=90%	90%
104 Referral to Treatment - Number of breaches	30.5	1	2	3	3.5	0.5	1	2.5	1	2.5	0.5	3	4.5	2.5	13	0	0
104 Referral to Treatment - Number of patients still waiting	0	0	0	0	0	0	0	0	0	0	0	0	4	12	16	0	0
Elective Access																	
Appointment Slot Issues on Choose & Book	21.45%	14.24%	13.04%	16.46%	26.71%	28.82%	23.50%	33.14%	40.26%	34.92%	38.54%	41.14%	41.95%	28.85%	36.96%	<=5%	5%
Holding List > 12 Weeks	3,967	7,432	9,821	9,232	7,624	7,163	6,199	4,750	3,967	3,175	2,707	2,449	2,467	2,657	2,657	0	0

Workforce - Key Metrics

	17/18	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	Target	Threshold/Monthly
Staff in Post																	
Staff in Post Headcount		5969	6009	6031	6048	6016	6044	6045	6036	6019	5998	5972	5979	6028	-	-	
Staff in Post (FTE)		5202.11	5240.47	5266.52	5280.54	5253.75	5271.98	5274.93	5269.51	5230.18	5219.32	5204.09	5222.07	5260.86	-	-	
Vacancies																	
Establishment (Position FTE)**		5607.08	5593.56	5600.07	5598.62	5612.80	5601.80	5606.00	5631.90	5620.33	5620.33	5620.33	5620.33	5620.33	-	-	
Vacancies (FTE)**		400.11	341.47	333.55	318.08	359.05	329.82	331.07	369.62	390.15	401.02	416.25	398.27	359.47	-	-	
Vacancy Rate (%)**		7.14%	6.10%	5.96%	5.68%	6.40%	5.89%	5.91%	6.43%	6.94%	7.14%	7.41%	7.09%	6.40%	-	-	
Staff Movements																	
Turnover rate (%) - in month		1.11%	0.93%	1.13%	0.66%	1.00%	0.72%	0.51%	1.06%	0.63%	0.84%	0.94%	0.77%	0.80%	-	-	
Executive Turnover (%)		0.00%	0.00%	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		11.53%	11.22%	11.49%	11.37%	11.50%	11.49%	11.26%	11.45%	10.94%	10.91%	10.82%	10.29%	10.11%	-	11.50%	<=11.5% Green <=12.5 >11.5% >12.5% Red
Retention/Stability Rate (%) - rolling 12m		88.12%	88.55%	88.40%	87.88%	87.70%	87.60%	87.30%	87.71%	87.48%	87.44%	88.62%	88.57%	88.76%	-	-	
Sickness Absence - Rolling 12 month																	
Sickness Absence rate (%) - rolling		4.05%	4.06%	4.04%	4.04%	4.01%	4.04%	4.07%	4.09%	4.10%	4.07%	4.04%	4.01%	*	-	4.00%	=< 4.0% - Green 4.01% -4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%) - rolling		2.56%	2.54%	2.54%	2.55%	2.52%	2.52%	2.53%	2.54%	2.54%	2.53%	2.51%	2.48%	*	-	2.70%	=< 2.7% Green 2.71% -3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%) - rolling		1.49%	1.52%	1.50%	1.49%	1.49%	1.52%	1.54%	1.55%	1.56%	1.53%	1.53%	1.53%	*	-	1.30%	=< 1.3% - Green 1.31% -1.5% Amber >1.5% Red
Sickness Absence - Monthly																	
Sickness Absence rate (%) - in month		3.76%	4.02%	4.07%	4.55%	4.26%	4.75%	4.41%	3.91%	3.58%	3.55%	3.61%	3.41%	*	-		
Long Term Sickness Absence rate (%) - in month		2.55%	2.41%	2.64%	2.81%	2.55%	2.53%	2.48%	2.37%	2.22%	2.38%	2.43%	2.13%	*	-		
Short Term Sickness Absence rate (%) - in month		1.22%	1.60%	1.43%	1.74%	1.72%	2.22%	1.93%	1.53%	1.36%	1.17%	1.18%	1.29%	*	-		
Attendance Management																	
Sickness Absence FTE Days Lost		6158.46	6387.79	6753.51	7219.03	6987.93	7780.88	6540.60	6419.42	5662.79	5737.89	5695.44	5583.05	*	-		
Average days lost (FTE) per FTE		14.79	14.81	14.76	14.76	14.65	14.76	14.87	14.94	15.03	14.86	14.75	14.60	*	-		
Sickness Absence Estimated Cost (£)		£0.48M	£0.52M	£0.57M	£0.59M	£0.56M	£0.63M	£0.53M	£0.53M	£0.46M	£0.45M	£0.47M	£0.44M	*	-		
Return to work Interviews (%)		73.30%	68.73%	66.95%	49.40%	49.78%	63.60%	58.47%	65.11%	60.38%	67.30%	68.50%	52.69%	*	-	90.00%	90% Green 65%-89% Amber <65% Red
Spend																	
Substantive Spend (£)		£18.51M	£18.28M	£18.56M	£18.88M	£18.58M	£18.49M	£18.41M	£17.92M	£18.55M	£18.52M	£18.48M	£18.62M	£19.57M	-		
Bank Spend (£)		£0.48M	£0.46M	£0.64M	£0.67M	£0.53M	£0.57M	£0.64M	£0.84M	£0.86M	£1.05M	£0.90M	£1.05M	£1.01M	-		
Agency Spend (£)		£1.24M	£1.22M	£1.57M	£0.94M	£1.45M	£1.58M	£1.53M	£1.95M	£1.34M	£1.34M	£1.30M	£1.21M	£1.42M	-	-	
Proportion of Temporary (Agency) Staff		6.11%	6.12%	7.56%	4.60%	7.06%	7.65%	7.42%	9.41%	6.41%	6.41%	6.28%	5.80%	6.44%	-	-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives		83.59%	82.15%	86.05%	88.03%	86.89%	86.74%	86.63%	86.85%	87.12%	87.06%	87.36%	85.67%	81.09%	-	100.00%	
Hard Truths Summary - Day Care Staff		102.00%	101.54%	100.99%	103.01%	96.41%	96.23%	94.74%	94.08%	108.54%	109.75%	110.17%	107.18%	103.75%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives		89.42%	90.01%	91.59%	93.50%	89.88%	92.94%	92.12%	91.16%	92.84%	111.60%	112.14%	91.24%	89.35%	-	100.00%	
Hard Truths Summary - Night Care Staff		118.81%	114.95%	110.15%	113.98%	108.78%	117.31%	121.45%	117.87%	121.01%	121.21%	122.31%	114.53%	115.02%	-	100.00%	
Essential Safety (12m rolling)																	
Overall Essential Safety Compliance										95.00%	94.40%	93.96%	93.84%	91.56%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Conflict Resolution (3 Year Refresher)										95.80%	95.67%	95.57%	97.49%	95.27%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Data Security Awareness (1 Year Refresher)		76.47%	78.02%	79.06%	81.37%	81.87%	86.43%	92.26%	93.77%	93.78%	93.68%	93.38%	92.71%	90.44%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Dementia Awareness (No Renewal)										96.43%	96.52%	96.42%	98.25%	95.97%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Equality and Diversity (3 Year Refresher)										97.73%	97.29%	95.78%	94.23%	91.60%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Fire Safety (1 Year Refresher)		82.90%	84.06%	85.62%	83.89%	85.56%	87.94%	93.88%	95.21%	94.31%	90.93%	90.52%	89.66%	86.93%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Health and Safety (3 Year Refresher)										96.98%	96.76%	95.41%	95.19%	92.49%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Infection Control (1 Year Refresher)		77.03%	79.01%	80.99%	83.19%	84.01%	87.45%	92.68%	94.54%	94.38%	93.81%	93.93%	93.71%	90.18%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Manual Handling (2 Year Refresher)		84.50%	78.12%	77.58%	64.55%	66.51%	79.15%	87.09%	92.81%	92.96%	93.85%	92.27%	93.20%	90.25%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Safeguarding (3 Year Refresher)		85.69%	82.35%	82.30%	80.18%	83.17%	87.26%	89.59%	95.25%	93.62%	92.09%	92.34%	92.12%	91.10%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Appraisal																	
Appraisal (1 Year Refresher) - Non-Medical Staff		42.10%	68.15%	96.28%	97.90%	95.61%	95.31%	94.73%	93.50%	15.43%	62.67%	96.65%	96.74%	95.74%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Appraisal (1 Year Refresher) - Medical Staff										99.75%	99.70%	98.65%	96.59%	95.41%	-	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.

Workforce - Key Metrics

	Current Month Score	Previous Month	Trend	Change	NHSi Submitted Position
WORKFORCE					
Staff In Post (Headcount)	6028	5979	▲	49	-
Staff In Post (FTE)	5260.9	5222.1	▲	38.80	5250.6
Establishment (FTE)	5620.3	5620.3	◀▶	0.00	5603.6
Starters	62.98	79.35	▼	-16.37	-
Leavers	41.08	39.14	▲	1.94	-
Vacancies (FTE)	359.47	398.27	▲	-38.80	0.00
Vacancies (%)	6.40%	7.09%	▲	-0.69%	0.00%
Turnover Rate (rolling 12 month) (%)	10.11%	10.29%	▲	-0.18%	*11.5%
ATTENDANCE MANAGEMENT					
	Current Month Score	Previous Month	Trend	Change	Target
Sickness Absence Rate (YTD) (%)	4.01%	4.04%	▲	-0.03%	4.0%
Long Term Sickness Absence Rate (YTD) (%)	2.48%	2.51%	▲	-0.03%	2.7%
Short Term Sickness Absence Rate (YTD) (%)	1.53%	1.53%	▼	0.00%	1.3%
Sickness Absence Rate (month) (%)	3.41%	3.61%	▲	-0.20%	4.0%
Long Term Sickness Absence Rate (month) (%)	2.13%	2.43%	▲	-0.30%	2.7%
Short Term Sickness Absence Rate (month) (%)	1.29%	1.18%	▼	0.11%	1.3%
Return to work interviews completed (%)	52.7%	68.5%	▼	-15.81%	90.0%

	Current Month Score	Previous Month	Trend	Change	Target
APPRAISAL					
Appraisal (YTD)	95.74%	96.74%	▼	-1.00%	95.00%
Medical Appraisal (YTD)	95.41%	96.59%	▼	-1.18%	95.00%
ESSENTIAL SAFETY TRAINING					
	Current Month Score	Previous Month	Trend	Change	Target
Data Security Awareness (1 Year Refresher)	90.44%	92.71%	▼	-2.27%	95.00%
Infection Control (1 Year Refresher)	90.18%	93.71%	▼	-3.53%	95.00%
Fire Safety (1 Year Refresher)	86.93%	89.66%	▼	-2.73%	95.00%
Manual Handling (2 Year Refresher)	90.25%	93.20%	▼	-2.95%	95.00%
Safeguarding (3 Year Refresher)	91.10%	92.12%	▼	-1.02%	95.00%
Conflict Resolution (3 Year Refresher)	95.27%	97.49%	▼	-2.22%	95.00%
Equality & Diversity (3 Year Refresher)	91.60%	94.23%	▼	-2.63%	95.00%
Health, Safety & Wellbeing (3 Year Refresher)	92.49%	95.19%	▼	-2.70%	95.00%
Dementia Awareness (No Renewal)	95.97%	98.25%	▼	-2.28%	95.00%

Key

◀▶ No movement from previous month

▲ Improvement from previous month

▼ Deterioration from previous month

■ Not achieving target

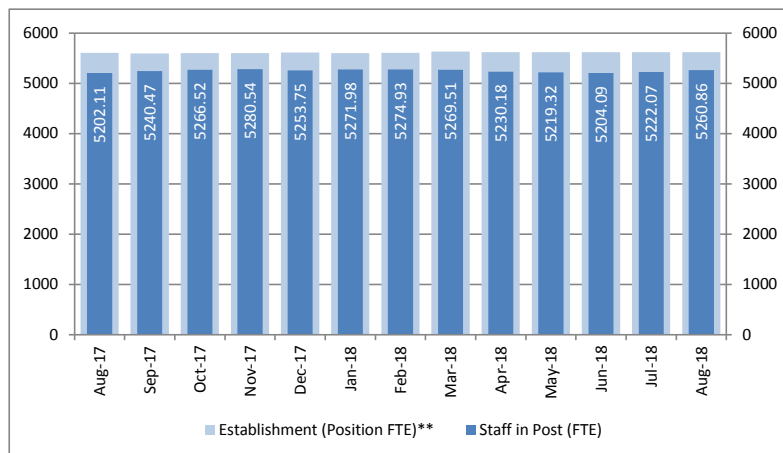
■ Achieving target

* Internal target rather than NHSi Submitted Position

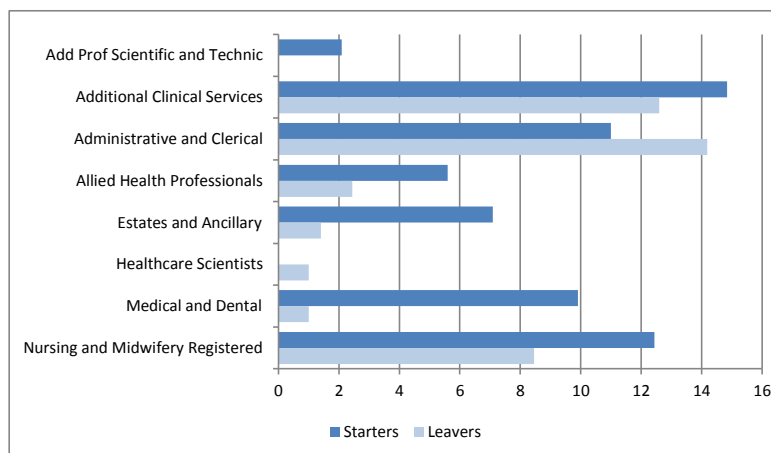
	Current Month Avg Days	Previous Month	Trend	Change	Target (Days)
RECRUITMENT					
From authorisation start to final approval	11.5	14.4	▲	-2.9	5
Recruiting managers time taken to shortlist	8.8	5.9	▼	2.9	3
Recruiting managers time taken to inform recruitment following offer	4.9	4.8	▼	0.1	2
Conditional offer to unconditional offer	20.9	19.7	▼	1.2	18
Vacancy created to unconditional offer	69.7	65.7	▼	4.0	45
<p>From authorisation start to final approval - The average number of days between request of authorisation from Finance to final approval from Vacancy Control Panel.</p> <p>Recruiting managers time taken to shortlist - The average number of days between vacancy closing date and the recruiting manager shortlisting.</p> <p>Recruiting managers time taken to inform recruitment following offer - The average number of days between interview date and recruiting managers informing Recruitment of their decision.</p> <p>Conditional offer to unconditional offer - The average number of days between interview date and recruiting managers informing Recruitment of their decision.</p> <p>Vacancy created to unconditional offer - The average number of days between a vacancy being added to Trac by a manager following approval by Division, prior to the vacancy control panel (every Tuesday) to a conditional offer being offered to the successful applicant.</p>					
PAY					
	Current Month Spend	Previous Month	Trend	Change	Target
Substantive Expenditure	£19.57M	£18.62M	▼	£0.96M	£19.52M
Agency Expenditure	£1.42M	£1.21M	▼	£0.21M	£1.16M
Bank Expenditure	£1.01M	£1.05M	▼	-£0.04M	£0.19M

Reality

Staff in Post (FTE) v Establishment (FTE)



Starters & Leavers (FTE) by Staff Group - August 2018



Result

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

Response

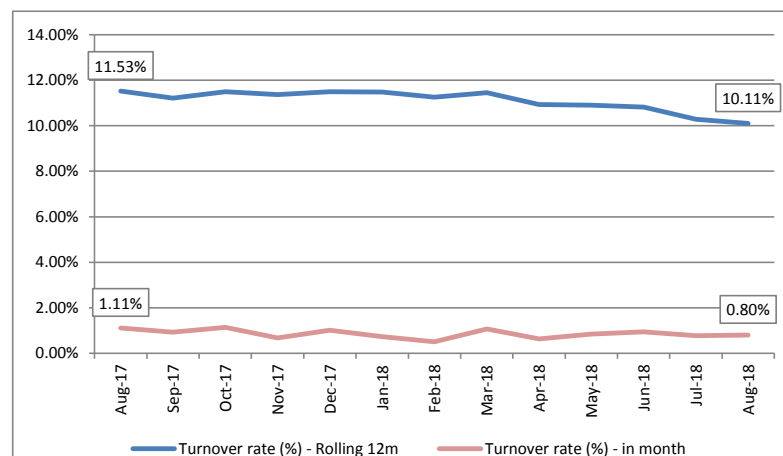
Retention

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.

Junior doctors and employees transferred under TUPE 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.

The new HRBPs in Medicine and Surgery and Anaesthetics Divisions have now started in post and will be working closely with Medical HR to support recruitment and retention of our Medical and Dental staff.

Turnover



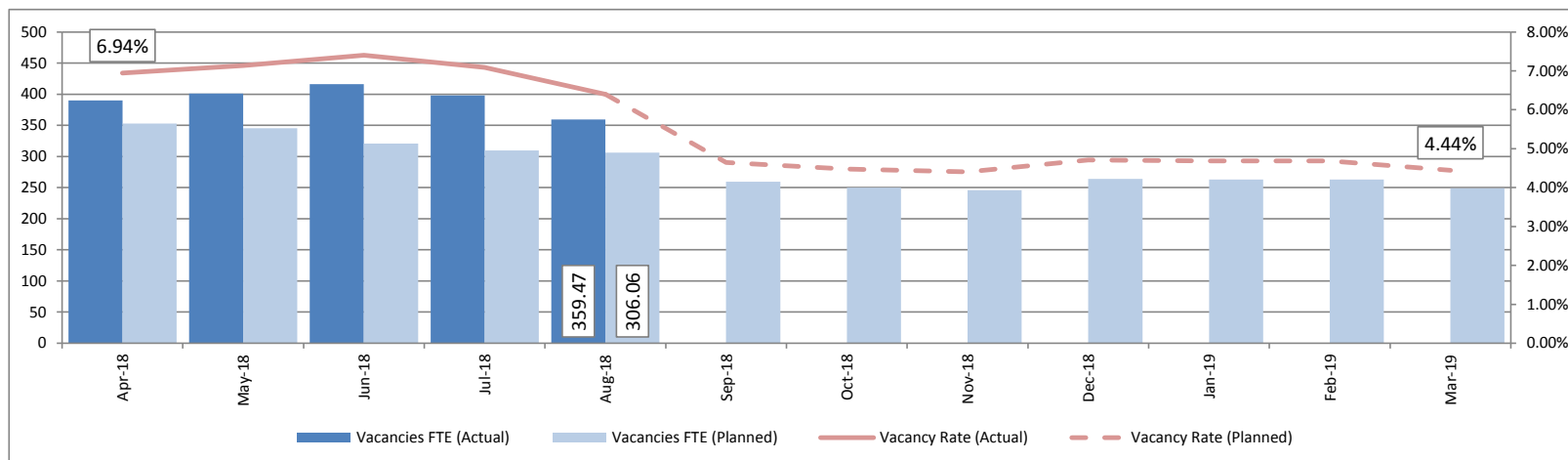
Turnover by Staff Group

Staff Group	In-Month	Rolling
Add Prof Scientific and Technic	0.00%	9.67%
Additional Clinical Services	1.13%	10.54%
Administrative and Clerical	1.29%	11.56%
Allied Health Professionals	0.64%	11.80%
Estates and Ancillary	0.48%	10.65%
Healthcare Scientists	0.90%	10.02%
Medical and Dental	0.30%	12.98%
Nursing and Midwifery Registered	0.53%	7.84%

Staff in Post / Starters & Leavers / Turnover

Reality

Vacancies



Vacancies by Staff Group

Staff Group	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Add Prof Scientific and Technic	179.27	186.00	-6.73
Additional Clinical Services*	1107.20	1090.42	16.78
Administrative and Clerical	1145.11	1088.34	56.77
Allied Health Professionals	386.05	378.47	7.58
Estates and Ancillary	309.64	289.94	19.70
Healthcare Scientists	127.42	111.71	15.71
Medical and Dental	624.23	552.76	71.47
Nursing and Midwifery Registered	1740.61	1562.42	178.19
Students	0.80	0.80	0.00
Total	5620.33	5260.86	359.47

*Additional Clinical Services Breakdown

Role	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Apprentice*	1.02	66.80	-65.78
Asst./Associate Practitioner Nursing	2.78	8.85	-6.07
Health Care Support Worker	82.68	67.04	15.64
Healthcare Assistant*	695.78	649.16	46.62
Nursery Nurse	2.47	1.83	0.64
Total (Unregistered Nursing)	784.73	793.68	-8.95
Other Additional Clinical Service	322.47	296.74	25.73

* Apprentices are being used to fill the gap in Healthcare Assistants, however, the budget has not been moved to the Apprentice role which results in the Apprentice role appearing over established and Healthcare Assistants role appearing to have vacancies.

Result

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

Response

Recruitment

Applicants from the International recruitment trip to the Philippines continue to progress (119 offers were made in country, since March 2017, with on-going training and tests underway), 13 Nurses have started with the Trust in 2018, with a further 6 due to arrive in January 2019 and 65 still engaged in the recruitment process.

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.

Following positive feedback from current Physician Associates, the Trust advertised a further 10 posts in various Medical and Surgical specialties. The advert closed on 30 August 2018 with 33 applicants. Interviews are scheduled to take place on 4 October 2018.

Medical Recruitment

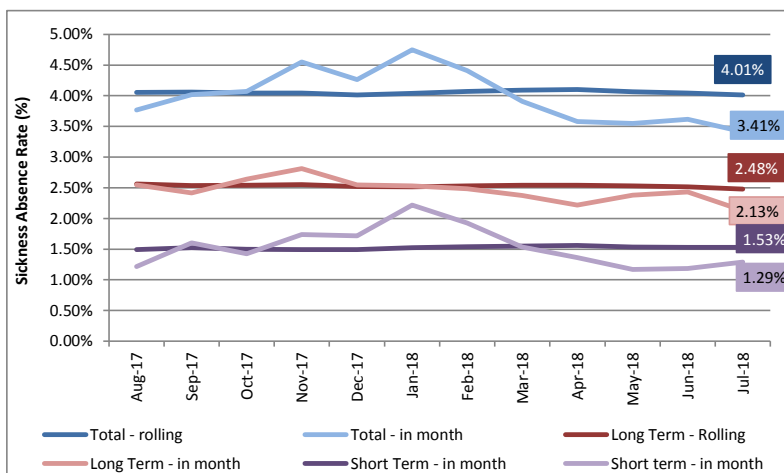
Pre-employment checks are underway for a further 26 new trainees that are due to join the Trust in October 2018. The Junior Doctors Forum meeting has been scheduled for 10 October 2018 so that new trainees have the opportunity to attend.

The Medical HR team have been working with Divisional colleagues to identify all consultant level posts that will be advertised in the forthcoming British Medical Journal (BMJ) advert.

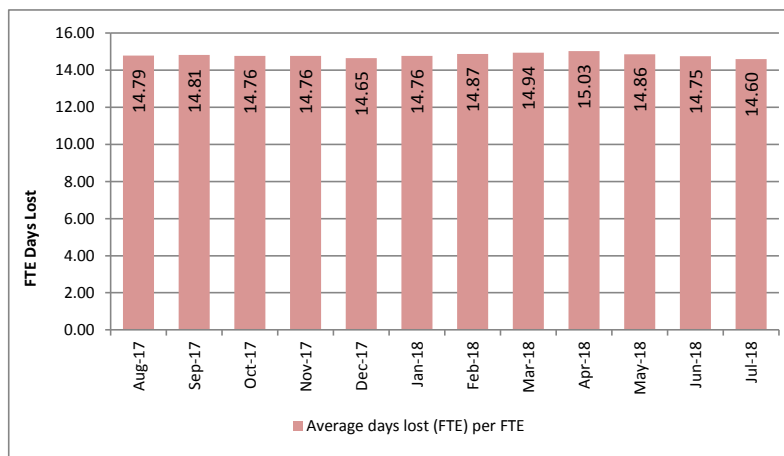
Vacancies

Reality

Sickness Absence



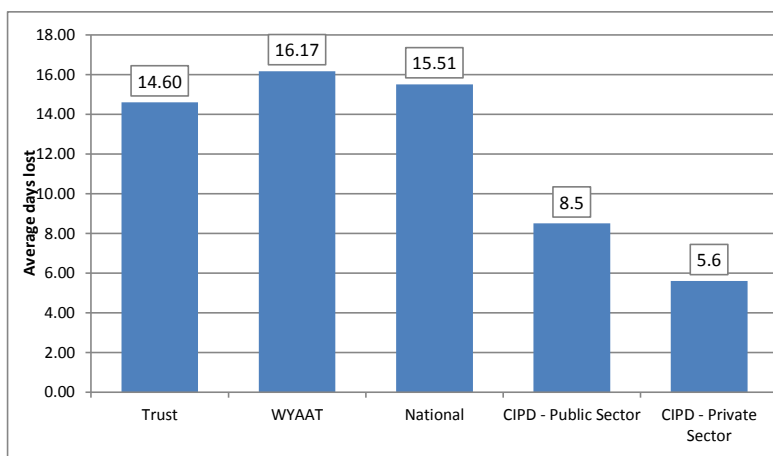
Average Days Lost Per FTE - rolling 12 month



Sickness Absence Reasons - July 2018

Reason	FTE Days Lost	%
S10 Anxiety/stress/depression	1607.57	28.21%
S12 Other musculoskeletal problems	972.21	17.06%
S25 Gastrointestinal problems	600.96	10.55%
S11 Back Problems	317.25	5.57%
S28 Injury, fracture	285.16	5.00%
S17 Benign and malignant tumours, cancers	279.76	4.91%
S26 Genitourinary & gynaecological disorders	234.11	4.11%
All Other Reasons	1401.48	24.59%

Benchmarking



CIPD figures come from the 2018 Health and Well-being at work survey. CIPD figures are days lost per employee rather than FTE days lost per FTE used by NHS.

Result

Robust attendance management is in place to ensure rolling 12 month sickness absence rates achieve the 4% target.

Accountable: Executive Director of Workforce and OD.

Response

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.

HR Business Partners are reviewing all long term sickness absence cases to ensure intervention and the adherence to policy in order to reduce sickness rates absence rates.

The Trust's Flu campaign launches on 3 October 2018 and there will be more staff immunisers this year offering vaccines to their teams within the clinical areas. There will also be drop in sessions held at the main hospital sites and in health centres.

There are still delays with completion of RTW interviews and, in some areas, a misconception around how dates are entered into ESR. Discussion about the process for recording RTW interviews has taken place at Divisional IPR meetings and communication regarding a change in process will shortly be circulated, which should improve compliance.

Sickness Absence

Reality

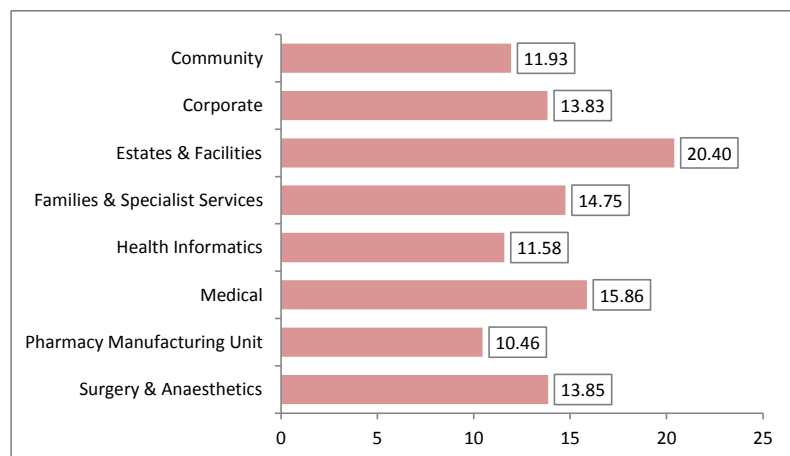
Sickness Absence - in-month

Division	Jun-18	Jul-18
Community	2.07%	2.20%
Corporate	3.18%	3.23%
Estates & Facilities	5.96%	4.45%
Families & Specialist Services	4.73%	4.09%
Health Informatics	4.37%	3.37%
Medical	3.15%	3.18%
Huddersfield Pharmacy Specials	2.36%	3.00%
Surgery & Anaesthetics	3.21%	3.41%

Sickness Absence by Staff Group - rolling 12 month

Staff Group	Short Term	Long Term	Total
Add Prof Scientific and Technic	1.40%	0.85%	2.25%
Additional Clinical Services	2.30%	3.29%	5.59%
Administrative and Clerical	1.21%	2.40%	3.61%
Allied Health Professionals	0.43%	0.96%	1.39%
Estates and Ancillary	1.37%	3.10%	4.46%
Healthcare Scientists	0.74%	0.89%	1.63%
Medical and Dental	0.07%	0.10%	0.17%
Nursing and Midwifery Registered	1.26%	2.17%	3.43%

Average Days Lost Per FTE - rolling 12 month



Result

Robust attendance management is in place to ensure rolling 12 month sickness absence rates achieve the 4% target.

Accountable: Executive Director of Workforce and OD.

Response

In **Surgery & Anaesthetics**, the HR Adviser is checking the quality of return to work interviews and looking for any improvements. All sickness absence cases are being assessed for Occupational Health input.

In **Medicine**, a meeting will be held in October 2018 with the HR Business Partner, HR Adviser, Matron and GM representatives to review the underlying causes that have led to the improving sickness absence position to identify learning that could be shared elsewhere. A review of management of short term sickness absence will also be carried out to identify areas for change.

In **FSS**, there has continued to be a focus in Womens and Childrens Directorates where sickness summits have been held in all areas to review on-going cases and look to identify patterns in short term absence. Clear actions for the next steps have been agreed and will be revisited on a monthly basis.

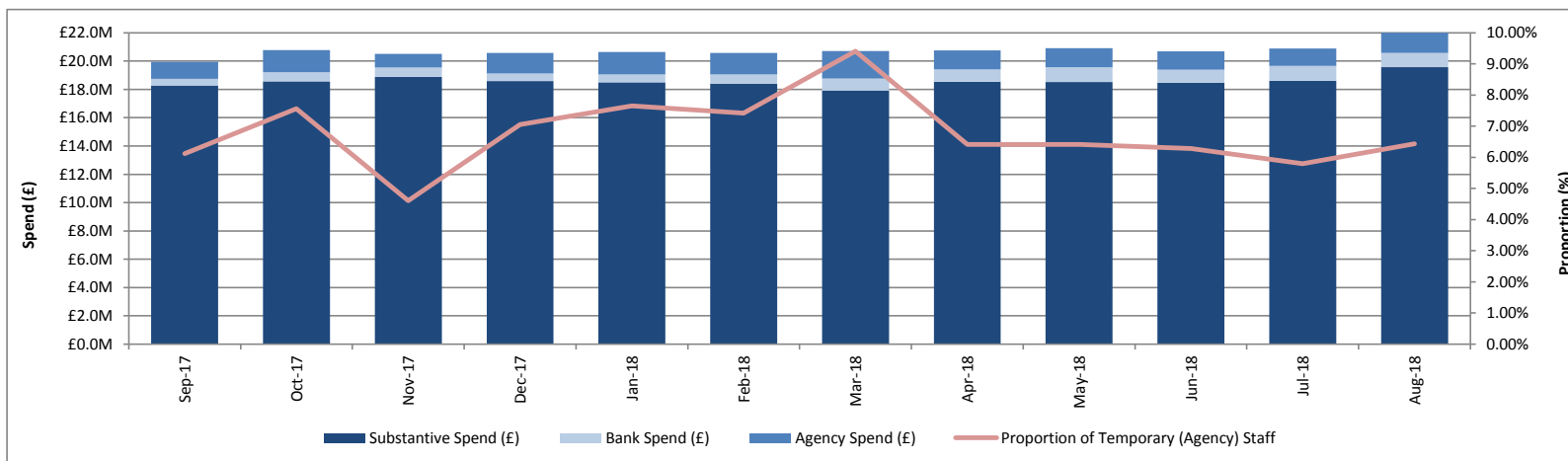
In **Community**, the HR Business Partner continues to work with line managers to manage absence in accordance with the policy. This has led to a consistent decrease in absence. Although the Division has seen an increase in the percentage of RTW interviews recorded the Division will manage colleagues who persistently fail to either record or carry our RTW interviews.

In **Corporate & THIS**, line managers have been notified of the monthly attendance management sessions and been encouraged to attend. One to one support is also available to line managers to support application of the attendance management policy.

Sickness Absence - Divisional/Staff Group

Reality

Workforce Spend



Result

Reduce the usage of agency staff ensuring that the £14.6M plan is met and minimise the shifts that break the agency cap.

Response

August 2018 saw an increase of close to £1M on substantive pay due to the Agenda for Change pay award, which also includes arrears.

A total of 908 shifts broke the agency cap in August 2018, costing an additional £163,652.

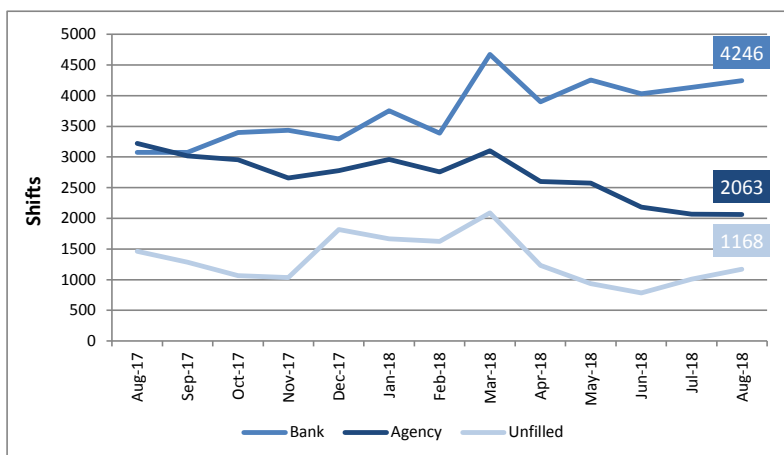
Non-framework agency use has now been eliminated.

Weekly confirm and challenge meetings are held which focus on reducing Medical and Dental agency use.

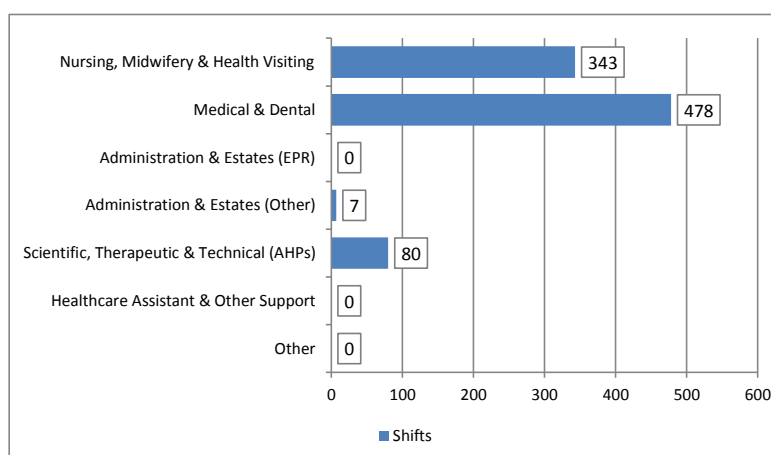
An internal agency rate price card has been devised to reduce the number of NHSi cap breaches and ultimately the level of spend on Medical agency staff.

Medical HR and the Procurement team have worked together to agree Terms of Business for two more agencies that will work with the Trust to try and place permanent candidates in order to reduce agency costs.

Agency, Bank and Unfilled Shifts



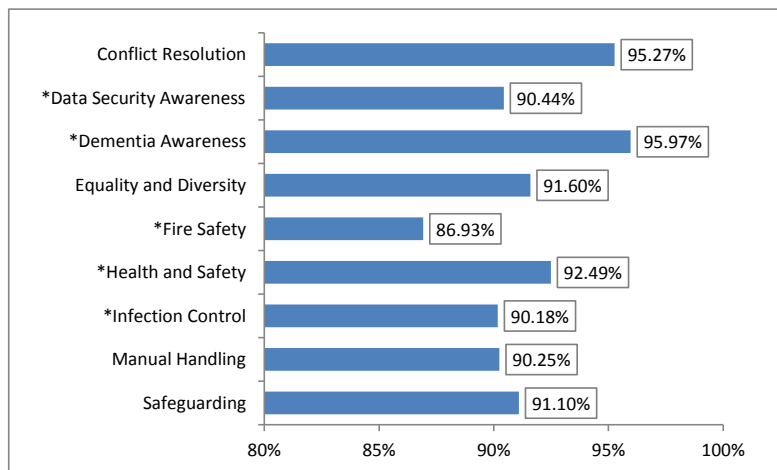
Number of shifts that broke the agency cap - August 2018



Workforce Spend / Agency Usage

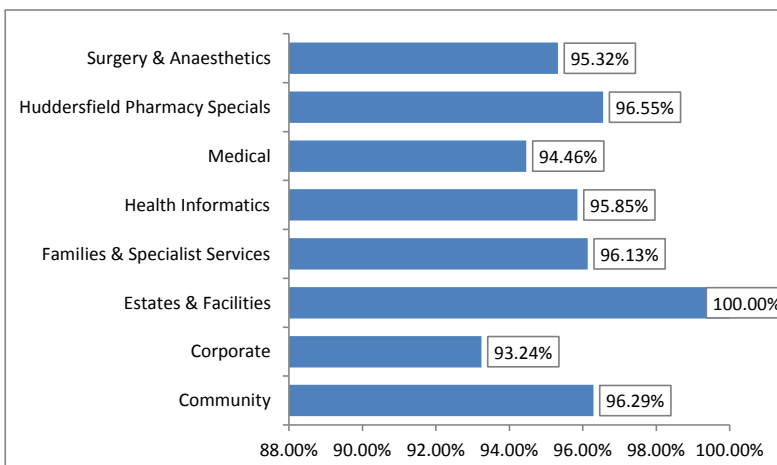
Reality

Essential Safety Training

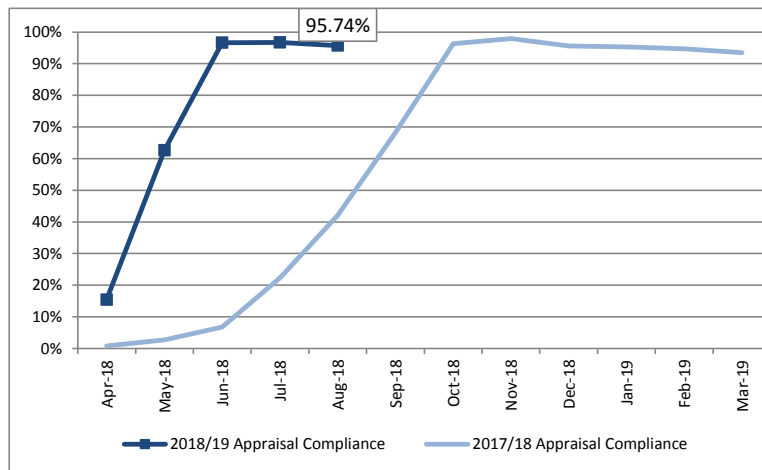


* Essential Safety Training elements that are covered at Corporate Induction.

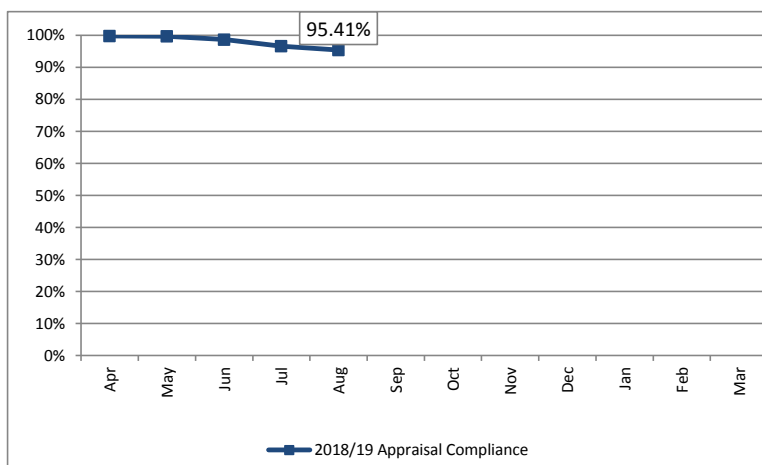
Non-Medical Appraisal Compliance by Division



Non-Medical Appraisal Compliance



Medical Appraisal Compliance



Result

Appraisal compliance is consistently above 95%.

Essential safety training compliance is consistently above 95%.

Reality

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, which are out of date very quickly.

In response to the decrease in Essential Safety Training compliance, weekly meetings are taking place within the Workforce and OD Directorate to discuss how this can be improved.

Workforce and OD are working with the Trust's Fire Safety Officer to review how the Fire Safety training is delivered to ensure increased planned compliance.

Appraisal

A 'roll of honour page' was included on the intranet during the appraisal season, giving details of the Departments with 100% compliance.

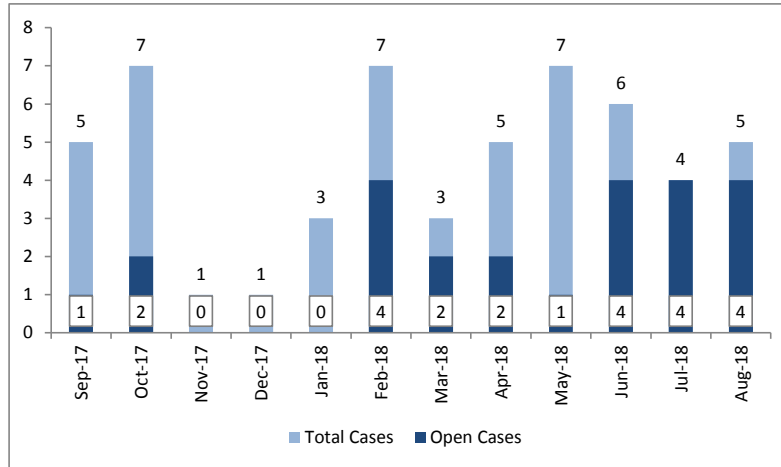
Appraisal compliance will continue to be reported outside of the appraisal season to ensure that those colleagues that return from long term sickness absence and maternity leave have an appraisal.

Essential Safety Training / Appraisals

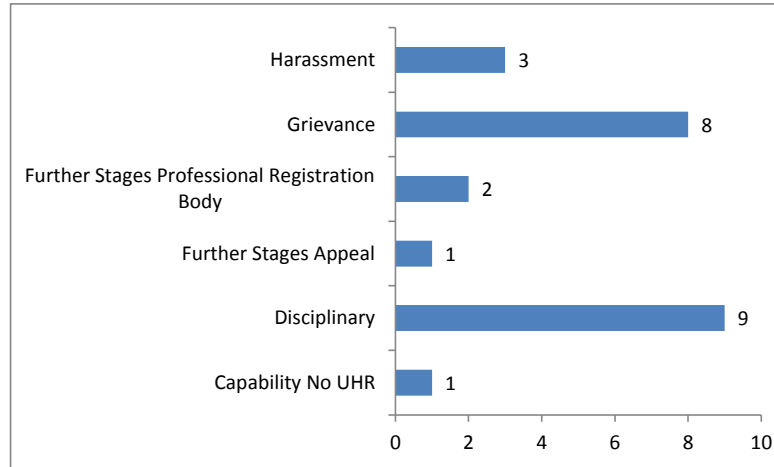
Reality

Disciplinaries, Grievances, Bullying & Harassment Open Cases

Total Employee Relations cases opened in last 12 months



Open Employee Relation cases by type



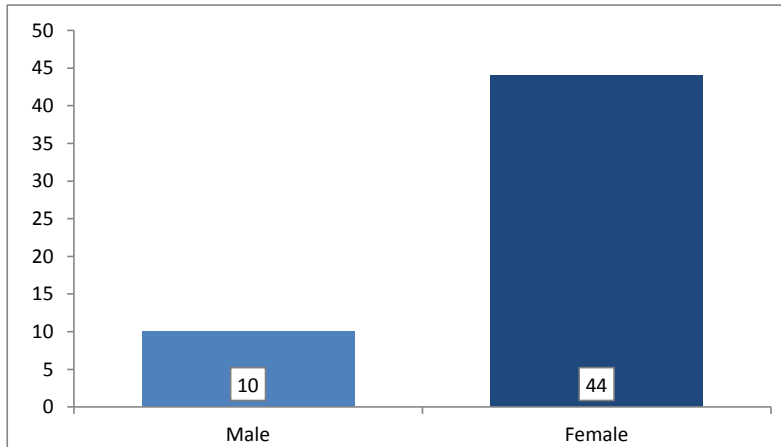
Result

Maintain a robust capturing process.

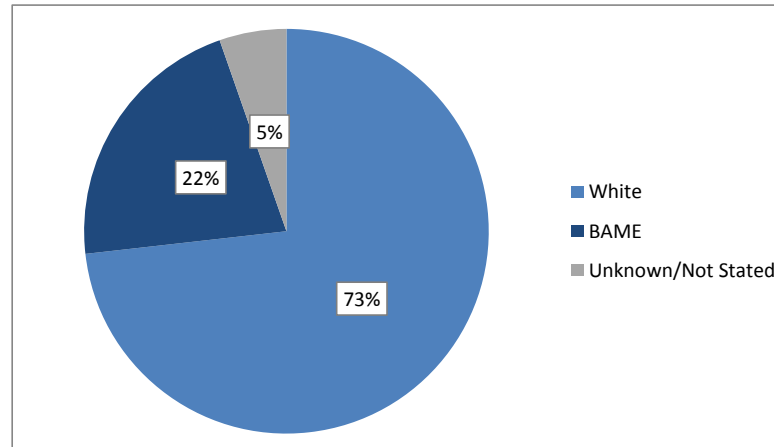
Response

Work is required to update employee relation cases on ESR to allow accurate reporting of open and closed cases particularly cases around sickness absence.

All Employee Relations cases in last 12 months by Gender



All Employee Relations cases in last 12 months by Ethnicity



Employee Relations

Appendix 1 - ESR Staff Groups - Roles

Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals
Chaplain Clinical Director Clinical Psychologist Optometrist Pharmacist Practitioner Specialist Practitioner Technician	Apprentice Assistant/Associate Practitioner Assistant/Associate Practitioner Nursing Cytoscreener Dental Surgery Assistant Health Care Support Worker Healthcare Assistant Healthcare Science Assistant Healthcare Science Associate Helper/Assistant Medical Laboratory Assistant Nursery Nurse Phlebotomist Pre-reg Pharmacist Technical Instructor Technician Trainee Practitioner	Accountant Adviser Analyst Apprentice Chair Clerical Worker Librarian Manager Medical Secretary Non Executive Director Officer Personal Assistant Receptionist Secretary Senior Manager Technician	Chiropodist/Podiatrist Dietitian Multi Therapist Occupational Therapist Occupational Therapy Specialist Practitioner Orthoptist Orthoptist Manager Physiotherapist Physiotherapist Specialist Practitioner Radiographer - Diagnostic Radiographer - Diagnostic, Manager Radiographer - Diagnostic, Specialist Practitioner Speech and Language Therapist
Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Assistant Chargehand Cook Driver Engineer Gardener/Groundsperson Housekeeper Maintenance Craftsperson Porter Supervisor Support Worker Technician	Biomedical Scientist Healthcare Science Practitioner Healthcare Scientist Manager Specialist Healthcare Science Practitioner Technician	Associate Specialist Clinical Assistant Consultant Foundation Year 1 Foundation Year 2 Specialist Registrar Specialty Doctor Specialty Registrar Staff Grade Trust Grade Doctor - Specialty Registrar	Advanced Practitioner Community Nurse Community Practitioner Director of Nursing Enrolled Nurse Midwife Midwife - Consultant Midwife - Manager Midwife - Specialist Practitioner Modern Matron Nurse Consultant Nurse Manager Sister/Charge Nurse Specialist Nurse Practitioner Staff Nurse

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.	85.67% 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 & monitored within the divisions by the matron & 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.	91.24% 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.	107.18% 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.	114.53% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75%	No HCA shifts during July had fill rates less than 75%

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

Ward	DAY						NIGHT						Care Hours Per Patient Day							
	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	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	3,105.83	2,635.25	1,941.00	1,922.00	84.8%	99.0%	2,699.75	2,379.25	1,705.00	1,782.00	88.1%	104.5%	29.8	27.5	1	1	16	17.73	2.79	51.6%
HRI MAU	1,928.00	1,694.25	1,974.00	1,820.08	87.9%	92.2%	1,705.00	1,547.50	1,364.00	1,359.50	90.8%	99.7%	5.5	5.1		1	6	3.84	0.59	51.3%
HRI Ward 5 (previously ward 4)	1,669.75	1,175.17	1,174.67	1,619.17	70.4%	137.8%	1023	990.83	1023	1,145.00	96.9%	111.9%	5.9	6.0		1	11	5.35	-4.44	51.5%
WARD 15	1,842.58	1,384.25	1,546.17	1,900.08	75.1%	122.9%	1,364.00	1,276.00	1,364.00	1,485.00	93.5%	108.9%	8.9	8.7		2		5.94	-3.32	73.9%
WARD 5C	633.50	569.75	513.1667	577.00	89.9%	112.4%	418	406.67	209	330	97.3%	157.9%	3.7	3.9			3	-10.19	-11.51	60.7%
WARD 6	1,672.00	1,456.67	989.6667	1,252.17	87.1%	126.5%	1023	1024	682	947	100.1%	138.9%	7.0	7.5		1	3	4.13	0.72	62.6%
WARD 6BC	1,672.00	1,552.42	1,564.17	1,166.48	92.8%	74.6%	1,364.00	1,362.75	682	682	99.9%	100.0%	5.2	4.7			2	7.19	4.51	65.3%
WARD 5B	1,714.17	786.17	822	691.5	45.9%	84.1%	1,375.00	617.50	341	440	44.9%	129.0%	11.0	6.6			3	15.9	-3.26	65.7%
WARD 6A	1,041.67	807.33333	744	864	77.5%	116.1%	682	682.00	682	858.00	100.0%	125.8%	5.7	5.9			7	4.2	-1.83	64.6%
WARD CCU	1,625.50	1,365.08	372	420.5	84.0%	113.0%	1023	1004	0	88	98.1%	-	10.0	9.6		1	3	3.01	0.13	66.2%
WARD 7AD	1,729.50	1,234.33	1,581.00	2,120.08	71.4%	134.1%	1023	1001	1023	1,428.50	97.8%	139.6%	7.0	7.6			10	3.58	1.99	59.2%
WARD 7BC	2495.6	1916.7	1642	1608.1	76.8%	97.9%	2,046.00	1617	682	985	79.0%	144.4%	10.5	9.4			1	3.23	-6.02	70.7%
WARD 8	1495.333	1217.5	1208.167	1597.5	81.4%	132.2%	1023	919.25	1012	1,349.75	89.9%	133.4%	6.4	6.9		1	8	3.71	-0.21	67.5%
WARD 12	1692	1316.5	768	1063	77.8%	138.4%	682	682	682	682	100.0%	100.0%	5.8	5.6		1	3	2.24	0.36	65.4%
WARD 17	2035	1446.6667	1134	1110.167	71.1%	97.9%	1001	990.00	682	682.00	98.9%	100.0%	5.8	5.1	1	1	4	5.55	-2.02	65.3%
WARD 5D	947	823.25	856.5	808.3333	86.9%	94.4%	682	671.00	341	407.00	98.4%	119.4%	5.2	5.0			1	8.56	5.41	60.3%
WARD 20	1836.167	1399.6667	1754.333	2006.85	76.2%	114.4%	1,364.00	1,157.50	1,364.00	1,596.00	84.9%	117.0%	6.8	6.7		2	6	9.27	-0.3	64.0%
WARD 21	1608.667	1099	1531	1496.667	68.3%	97.8%	1,058.00	724.5	1,069.50	1,069.50	68.5%	100.0%	9.1	7.6			12	3.63	-1.23	74.1%
ICU	4308	3853.5	801	687.5	89.4%	85.8%	4,278.00	3,498.50	0	57.5	81.8%	-	40.3	34.8		1		-4.04	-0.22	69.1%
WARD 3	1040.4	918.16667	761.5	752.6667	88.3%	98.8%	713	690	356.5	379	96.8%	106.3%	7.1	6.8				0.94	0.37	59.2%
WARD 8AB	1021.133	684.98333	760.8333	721.1667	67.1%	94.8%	701.5	621	356.5	436	88.5%	122.3%	8.3	7.2			1	3.32	-1.75	61.3%
WARD 8D	927.3	791.71667	805.3333	693.5	85.4%	86.1%	713	575.00	0	335.5	80.6%	-	9.8	9.6				2.67	0.23	61.2%
WARD 10	1459	1084.5	824	962.5	74.3%	116.8%	1,069.50	713.00	713	1,046.50	66.7%	146.8%	7.5	7.0	1		1	7.07	1.5	65.8%
WARD 11	1794	1530.9833	1154.667	1151.833	85.3%	99.8%	1,069.50	1,207.50	713	775	112.9%	108.7%	8.2	8.1			1	2.07	0.98	48.6%
WARD 19	1715.667	1324.1667	1174.5	1498.333	77.2%	127.6%	1,069.50	1,012.00	1,069.50	1,391.50	94.6%	130.1%	7.7	8.0		3	8	1.62	-5.04	76.2%
WARD 22	1388.333	1180.6667	1238.333	1088.583	85.0%	87.9%	770.5	999.00	931.5	678	129.7%	72.8%	6.6	6.0		2	4	-0.11	-0.08	56.1%
SAU HRI	1939	1803.4167	986.1667	1091.167	93.0%	110.6%	1,426.00	1,389.50	356.5	402.5	97.4%	112.9%	9.6	9.6				-2.23	-1.19	43.0%
WARD LDRP	4437.833	3618.8333	946.1	807.9167	81.5%	85.4%	4,249.33	3,501.83	699.5	727.8333	82.4%	104.1%	17.0	14.2				0	-2.8	20.5%
WARD NICU	2286.667	1768.4167	780.5	521.5	77.3%	66.8%	2,116.00	1,756.50	713	540.5	83.0%	75.8%	14.6	11.3				2.42	1.92	42.3%
WARD 1D	1362.167	1017.1333	356.5	357.5	74.7%	100.3%	713	701.5	356.5	356.5	98.4%	100.0%	4.8	4.2				4.73	0.19	24.1%
WARD 3ABCD	3128.833	3053.4167	1202.667	781.6667	97.6%	65.0%	2,841.67	2,817.67	356.5	402.5	99.2%	112.9%	76.1	71.3				-0.05	2.33	17.5%
WARD 4C	1363	1171.9167	356.5	404	86.0%	113.3%	713	713	356.5	381.5	100.0%	107.0%	9.9	9.5		1	1	0.36	0.9	66.4%
WARD 9	889	812.5	356.5	356.5	91.4%	100.0%	713	703.5	356.5	356.5	98.7%	100.0%	5.0	4.9				4.52	3.23	24.7%
Trust	56698.77	46690.85	33634.77	34828.9	82.35%	103.55%	43286.25	38562.8	21886	25180.6	89.09%	115.05%	8.62	8.00						

From 1st August, the way we collect the ward assurance data has changed, previously it was based on 5 people on a ward on a particular day. From 1st August the data now pulls from EPR and is based on all patients on the ward on a particular day (safety thermometer day).

Hard Truths: Safe Staffing Levels (3)

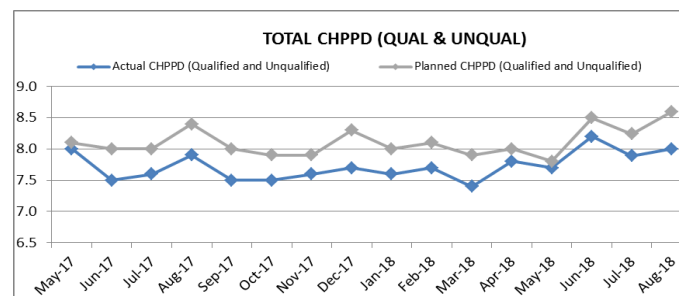
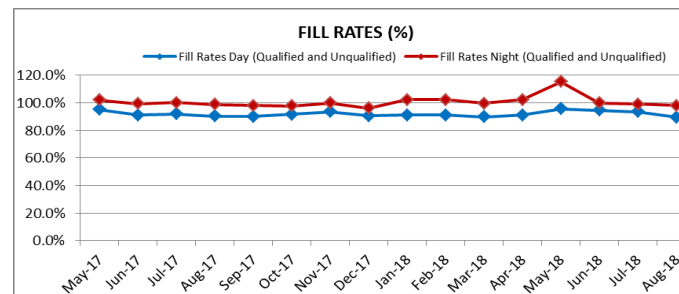
Care Hours per Patient Day

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

	Jun-18	Jul-18	Aug-18
Fill Rates Day (Qualified and Unqualified)	94.40%	93.50%	89.40%
Fill Rates Night (Qualified and Unqualified)	99.90%	99.00%	97.90%

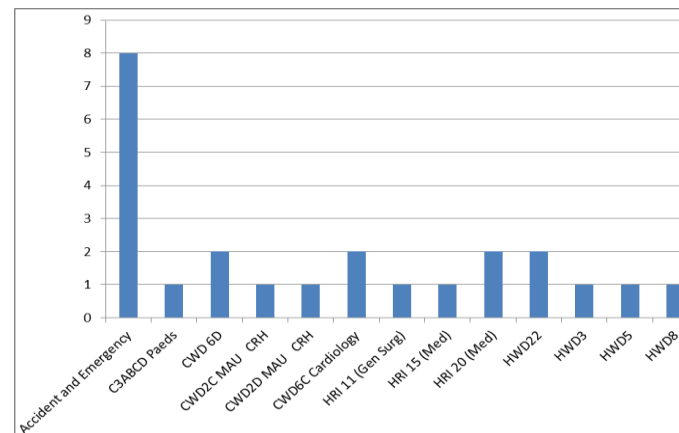
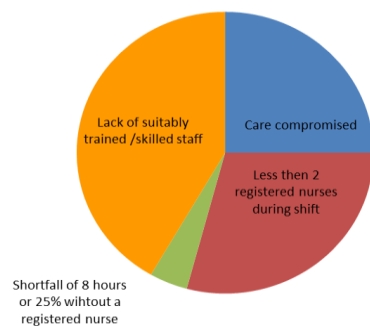
Planned CHPPD (Qualified and Unqualified)	8.5	10.6	8.6
Actual CHPPD (Qualified and Unqualified)	8.2	9.3	8.0

A review of August 2018 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 was due to additional 1-1's requested throughout the month due to patient acuity in the departments.



RED FLAG INCIDENTS

Incidents By Adverse Event August 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 reviewed monthly through the Nursing workforce strategy group.

There were **21 Trust Wide Red shifts** declared in **August 2018**.

As illustrated above the most frequently recorded red flagged incident is related to "unit in escalation". No datix reported in August 2018 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:

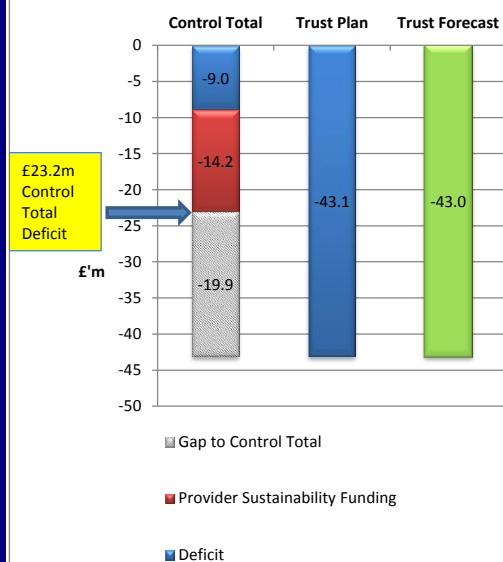
1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. Further recruitment event planned for September 2018.
3. Applications from international recruitment projects are progressing well and the first 10 nurses have arrived in Trust, with a further 10r planned for deployment in July 2018
4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification.
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 IELTS/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 & regional workforce plans. A second cohort of 20 trainees commenced training on the 4th of June 2018. A further cohort are planned for training in December 2018
7. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment & 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 event and , real-time data of staffing position against acuity

EXECUTIVE SUMMARY: Trust Financial Overview as at 31st Aug 2018 - Month 5

KEY METRICS

	Plan £m	M5 Actual £m	Var £m			YTD (AUG 2018) Plan £m	Actual £m	Var £m			Forecast 18/19 Plan £m	Forecast £m	Var £m		
I&E: Surplus / (Deficit)	(£4.03)	(£3.78)	£0.26	●	1	(£20.55)	(£20.29)	£0.27	●	1	(£43.05)	(£43.04)	£0.01	●	1
Agency Expenditure	(£1.16)	(£1.42)	(£0.26)	●	1	(£6.47)	(£6.60)	(£0.13)	●		(£14.63)	(£14.44)	£0.19	●	
Capital	£0.59	£0.44	£0.15	●	1	£2.93	£1.71	£1.22	●		£9.14	£9.50	(£0.36)	●	
Cash	£1.91	£1.91	£0.00	●	1	£1.91	£1.91	£0.00	●		£1.91	£1.90	(£0.01)	●	
Borrowing (Cumulative)	£123.31	£123.31	£0.00	●	1	£123.31	£123.31	£0.00	●		£144.83	£144.83	£0.00	●	
CIP	£1.23	£1.15	(£0.07)	●	1	£5.01	£4.68	(£0.32)	●		£18.00	£18.00	(£0.00)	●	
Use of Resource Metric	3	3		●	1	3	3		●		3	3		●	

Trust Deficit vs NHS I Control Total



Year to Date Summary

The year to date deficit is £20.29m, a £0.27m favourable variance from plan.

- The variance reflects the Department of Health pay announcement on Medical Staff pay which confirmed that pay awards would be implemented in October and not backdated as assumed in the plan. This is a timing difference and is not expected to impact on the forecast. Aside from this the position is in line with plan.
- Clinical contract income is below plan by £1.01m. The Aligned Incentive Contract (AIC) is now protecting the income position by £0.85m in the year to date (£0.51m at Month 3), leaving a residual income variance of £0.16m.
- CIP achieved in the year to date is £4.68m against a plan of £5.01m, a £0.32m shortfall.
- The underlying operational position is a £1.01m adverse variance from plan, mitigated by the release of £0.83m of contingency reserves in the year to date. In addition the winter element of the reserve has been released in the short term to offset the shortfall on CIP and will need to be reinstated as CIP is achieved per the re-profiled forecast.
- Agency expenditure is £0.13m above the year to date agency trajectory, although £0.29m of these agency costs relate to 17/18 invoices.

Key Variances

- The required £18m CIP for the full year has now been identified in full. However, the monthly profile of CIP delivery differs from the fixed original plan, driving a £0.32m pressure in the year to date.
- AIC protection has increased in month, although this includes positive changes such as £0.13m related to rehab bed days and the activity impact of decisions to release medical agency cost.
- Medical pay expenditure continues above plan with a year to date adverse variance to plan of £1.03m. Against the agency trajectory the ongoing pressure comes from Medical agency, offset by lower spend in other staff groups.
- Nursing pay expenditure is above plan by £0.35m (excluding the impact of pay awards which is funded as income). However, nursing agency costs are £0.50m lower than plan year to date, with a significant reduction in the use of the very highest cost agencies.

Forecast

- The forecast is to achieve the planned £43.1m deficit; this relies upon full delivery of the £18m CIP plan including high risk schemes.
- The forecast will also require an improvement in the underlying run rate to contain expenditure within budgeted levels.

(ALL)

Trust Financial Overview as at 31st Aug 2018 - Month 5

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M5

CLINICAL ACTIVITY

	M5 Plan	M5 Actual	Var	
Elective	2,655	2,428	(227)	●
Non-Elective	23,328	23,929	601	●
Daycase	15,310	15,164	(146)	●
Outpatient	153,137	155,114	1,977	●
A&E	64,678	63,980	(698)	●
Other NHS Non-Tariff	711,378	719,173	7,795	●
Other NHS Tariff	53,366	53,808	442	●
Total	1,023,851	1,033,595	9,744	

TRUST: INCOME AND EXPENDITURE

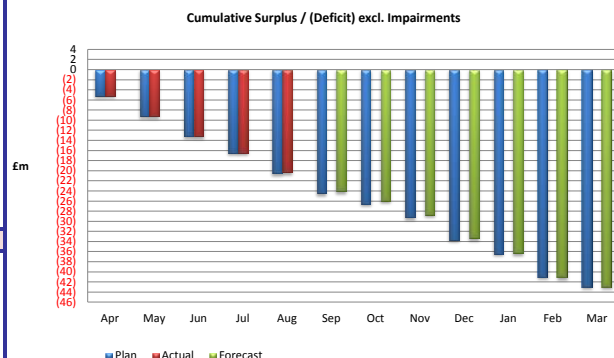
	M5 Plan	M5 Actual	Var	
	£m	£m	£m	
Elective	£8.38	£7.59	(£0.79)	●
Non Elective	£42.02	£41.88	(£0.14)	●
Daycase	£11.02	£10.99	(£0.03)	●
Outpatients	£15.75	£15.71	(£0.05)	●
A & E	£7.84	£8.06	£0.22	●
Other-NHS Clinical	£44.13	£45.42	£1.29	●
CQUIN	£2.86	£2.84	(£0.02)	●
Other Income	£16.90	£18.64	£1.74	●
Total Income	£148.89	£151.11	£2.22	●
Pay	(£104.91)	(£105.67)	(£0.76)	●
Drug Costs	(£14.93)	(£15.44)	(£0.51)	●
Clinical Support	(£12.61)	(£12.62)	(£0.01)	●
Other Costs	(£21.12)	(£21.90)	(£0.79)	●
PFI Costs	(£5.35)	(£5.35)	£0.00	●
Total Expenditure	(£158.91)	(£160.98)	(£2.07)	●
EBITDA	(£10.02)	(£9.86)	£0.15	●
Non Operating Expenditure	(£10.54)	(£10.42)	£0.12	●
Surplus / (Deficit)*	(£20.55)	(£20.29)	£0.27	●

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

DIVISIONS: INCOME AND EXPENDITURE

	M5 Plan	M5 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£4.70	£4.07	(£0.63)	●
Medical	£10.53	£10.66	£0.13	●
Families & Specialist Services	(£1.92)	(£2.27)	(£0.35)	●
Community	£1.21	£1.18	(£0.03)	●
Estates & Facilities	(£11.60)	(£11.70)	(£0.09)	●
Corporate	(£13.44)	(£13.45)	(£0.01)	●
THIS	(£0.02)	(£0.08)	(£0.07)	●
PMU	£1.15	£1.19	£0.05	●
Central Inc/Technical Accounts	(£10.20)	(£9.41)	£0.79	●
Reserves	(£1.46)	(£0.48)	£0.98	●
Unallocated CIP	£0.49	£0.00	(£0.49)	●
Surplus / (Deficit)	(£20.55)	(£20.29)	£0.27	●

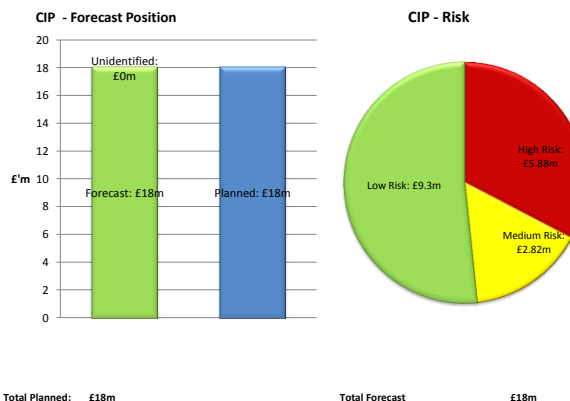
TRUST SURPLUS / (DEFICIT)



KEY METRICS

	Year To Date			Year End: Forecast			
	M5 Plan	M5 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£20.55)	(£20.29)	£0.27	(£43.05)	(£43.04)	£0.01	●
Capital	£2.93	£1.71	£1.22	£9.14	£9.50	(£0.36)	●
Cash	£1.91	£1.91	£0.00	£1.91	£1.90	(£0.01)	●
Loans	£123.31	£123.31	£0.00	£144.83	£144.83	£0.00	●
CIP	£5.01	£4.68	(£0.32)	£18.00	£18.00	(£0.00)	●
Use of Resource Metric	3	3		3	3		●

COST IMPROVEMENT PROGRAMME (CIP)



YEAR END 2018/19

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	6,164	5,679	(485)	●
Non-Elective	56,753	58,383	1,630	●
Daycase	36,488	36,528	40	●
Outpatient	365,497	369,893	4,397	●
A&E	153,339	151,683	(1,656)	●
Other NHS Non-Tariff	1,721,594	1,738,576	16,981	●
Other NHS Tariff	127,242	128,431	1,190	●
Total	2,467,076	2,489,173	22,096	

TRUST: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£19.51	£17.91	(£1.60)	●
Non Elective	£101.38	£101.50	£0.12	●
Daycase	£26.27	£26.56	£0.29	●
Outpatients	£37.57	£37.47	(£0.10)	●
A & E	£18.58	£19.10	£0.53	●
Other-NHS Clinical	£106.72	£109.03	£2.31	●
CQUIN	£6.85	£6.81	(£0.03)	●
Other Income	£40.73	£45.27	£4.54	●
Total Income	£357.60	£363.65	£6.05	●
Pay	(£247.81)	(£253.22)	(£5.41)	●
Drug Costs	(£36.10)	(£36.85)	(£0.76)	●
Clinical Support	(£28.67)	(£29.18)	(£0.51)	●
Other Costs	(£49.33)	(£50.41)	(£1.08)	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
Total Expenditure	(£374.75)	(£382.49)	(£7.73)	●
EBITDA	(£17.16)	(£18.84)	(£1.68)	●
Non Operating Expenditure	(£25.89)	(£24.20)	£1.69	●
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	£12.23	£12.23	(£0.00)	●
Medical	£27.96	£27.97	£0.02	●
Families & Specialist Services	(£3.98)	(£3.98)	£0.00	●
Community	£2.94	£2.94	(£0.00)	●
Estates & Facilities	(£27.29)	(£27.30)	(£0.01)	●
Corporate	(£32.05)	(£32.05)	£0.00	●
THIS	£0.26	£0.26	£0.00	●
PMU	£2.76	£2.76	£0.00	●
Central Inc/Technical Accounts	(£25.26)	(£24.23)	£1.03	●
Reserves	(£1.77)	(£2.79)	(£1.03)	●
Unallocated CIP	£1.15	£1.15	£0.00	●
Surplus / (Deficit)	(£43.05)	(£43.04)	£0.01	●

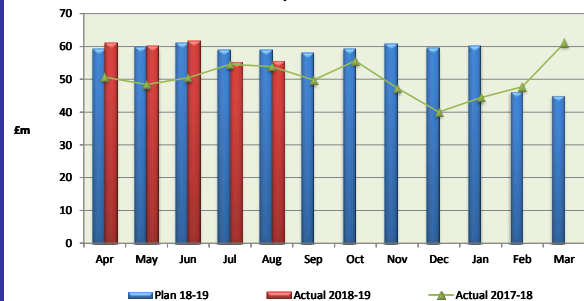
Trust Financial Overview as at 31st Aug 2018 - Month 5

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

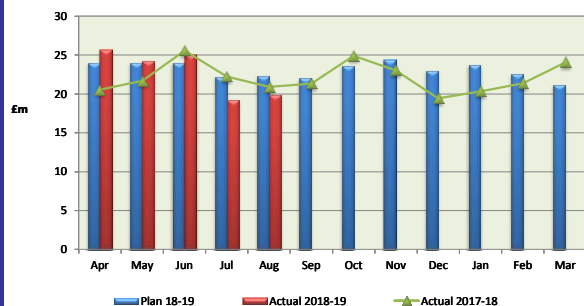
WORKING CAPITAL

	M5 Plan £m	M5 Actual £m	Var £m	M5
Payables	(£58.88)	(£55.53)	(£3.35)	●
Receivables	£22.27	£19.87	£2.40	●

Payables

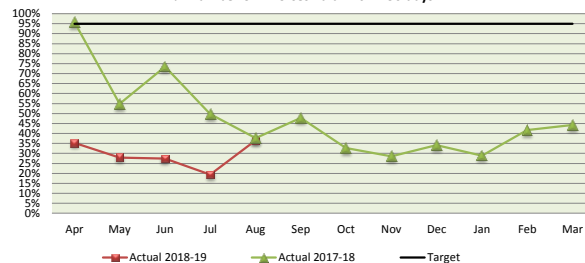


Receivables



BETTER PAYMENT PRACTICE CODE

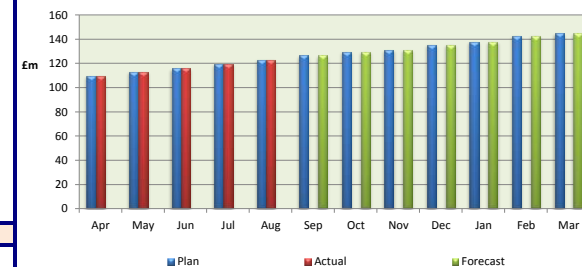
% Number of Invoices Paid within 30 days



CASH

	M5 Plan £m	M5 Actual £m	Var £m	M5
Cash	£1.91	£1.91	£0.00	●
Loans (Cumulative)	£123.31	£123.31	£0.00	●

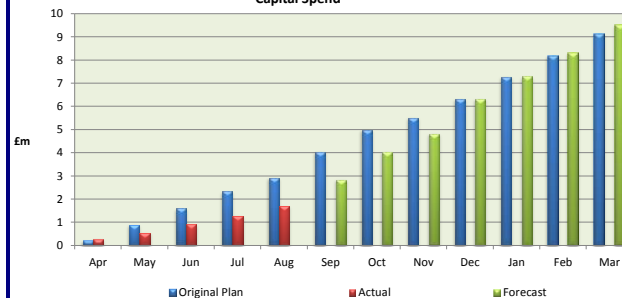
Loans



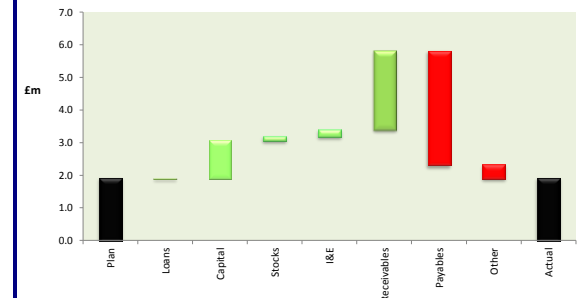
CAPITAL

	M5 Plan £m	M5 Actual £m	Var £m	M5
Capital	£2.93	£1.71	£1.22	●

Capital Spend



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £20.29m a favourable variance from plan of £0.27m. This position excludes the I&E impact of donated assets (£0.06m adverse variance) which are excluded for control total purposes.
- The variance reflects the Department of Health pay announcement on Medical Staff pay which confirmed that pay awards would be implemented in October and not backdated as assumed in the plan. This is a timing difference and is not expected to impact on the forecast deficit.
- Outpatient and Non-Elective activity remain above plan year to date. This over performance has been offset by lower than planned Elective, Daycase and A&E activity and overall Clinical Income is below plan by £0.51m, (excluding pay award funding received year to date of £1.53m).
- Capital expenditure year to date is lower than planned at £1.71m against a planned £2.93m.
- Cash balance is £1.91m as planned.
- Year to date the Trust has borrowed £20.56m to support the deficit as planned.
- CIP schemes have delivered £4.68m, £0.32m below the year to date target of £5.01m.
- 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 with the exception of the Agency Trajectory which stands at a 2 (planned at 1).

NOTES

- The total forecast deficit is £43.04m in line with plan.
- The Trust is forecasting to deliver to planned Agency trajectory.
- The forecast assumes that current activity trends will continue, with the exception of daycase activity which is forecast to come back up to 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 £5.88m is classified as high risk. 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, £0.36m higher than planned. This forecast includes additional capital expenditure of £0.54 for an Integrated Cardiology System following a successful funding bid.

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 NHSI risk indicator).

RAG KEY: UOR

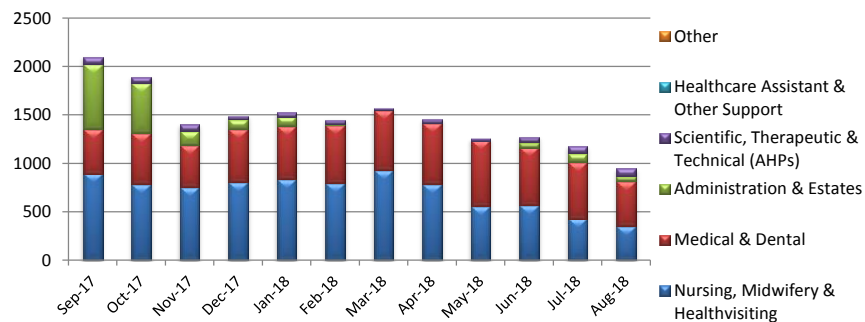
- All UOR metrics are at the planned level
- Overall UOR as planned, but one or more component metrics are worse than planned
- Overall UOR worse than planned

WORKFORCE

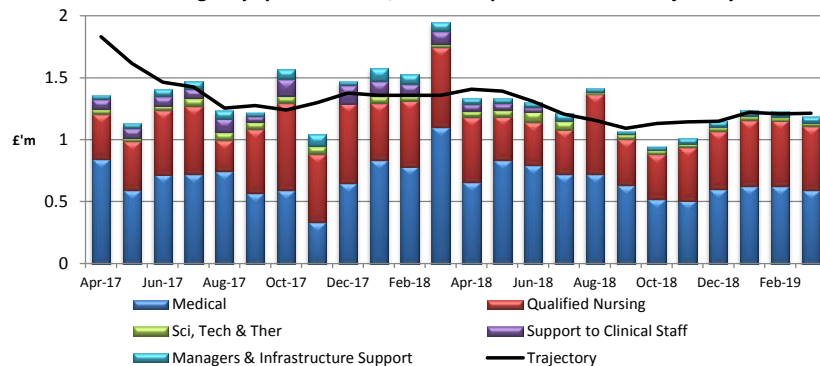
Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	21	79	69	179	7	354
Staff in post (WTE)	693	1,455	624	1,741	1,108	5,620
% Vacancies	3%	5%	10%	9%	1%	6%

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	(£6.47)	(£6.60)	£0.13	●
Forecast	(£14.63)	(£14.44)	£0.19	●

Vacancies

At the end of Month 5 the Trust was carrying 354 vacancies, 6% of the total establishment. Medical vacancies have decreased from 15% to 10% in month, whilst Qualified Nursing vacancies have increased slightly compared to month 4 at 9% of establishment.

Agency rate cap

Overall Cap breaches reduced significantly compared to the levels reported in Month 4, in part due to changes to the cap rates implemented on the 1st of August. A further drop in the number of Nursing agency breaches was reported, whilst Medical breaches remained at a similar level to last month.

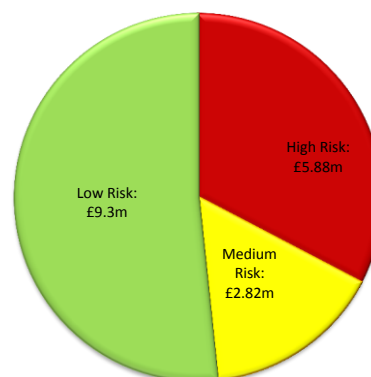
Agency ceiling

Total reported agency expenditure year to date is £6.60m; £0.13m above the planned value and the NHS Improvement Agency Ceiling. The in month position included a catch up of Nursing agency costs of £0.35m relating to prior periods, of which £0.29m relates to 17/18. The underlying Nursing agency expenditure remains significantly under the planned level in month reflecting the impact of improved controls and stopping the use of Thornbury, one of the highest cost agencies. Despite the impact of prior year costs, year to date Nursing agency is below plan by £0.50m. Medical agency costs remain fairly static compared to Month 4 and significantly above the planned level with a year to date agency overspend of £0.46m. Use of HCA Agency staff has ceased entirely since July 18, with additional staffing requirements being managed through the Bank. 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 Nursing and Medical agency expenditure, some of which have not yet started to deliver.

COST IMPROVEMENT PROGRAMME

18/19 CIP						
Division	Plan	Forecast				
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m	WTE
Corporate Services	0.32	0.31	0.03	0.34	0.31	6.35
Health Informatics	0.44	0.39	0.06	0.45	0.39	4.60
Medicine	6.35	5.69	0.69	6.38	5.85	65.27
PMU	0.02	0.00	0.02	0.02	0.00	0.00
Surgery & Anaesthetics	3.67	3.02	0.42	3.44	3.40	23.45
Families & Specialist Services	3.28	3.03	0.47	3.50	3.43	14.00
Community	0.61	0.49	0.13	0.63	0.56	6.05
Estates & Facilities	1.18	1.03	0.15	1.18	1.03	2.00
Technical Accounting	1.00	2.02	0.00	2.02	2.02	0.00
Unallocated	1.14	0.05	0.00	0.05	0.06	0.00
Grand Total	18.00	16.02	1.98	18.00	17.04	121.72

CIP - Risk



£4.68m of CIP has been delivered in the year to date against a plan of £5.01m, an under performance of £0.32m. This underperformance reflects the reprofiling of a number of portfolio schemes resulting in slippage on the delivery of CIP compared to plan. Whilst this is a timing difference and is forecast to be recovered in full by year end, the revised profile will continue to put pressure on the in-month financial position over the next couple of months and is not forecast to be fully recovered until month 12. It is also essential that CIP is delivered in full in order for the Trust's winter plans to be affordable in the latter part of the year.

The required £18m CIP for the full year has been identified in full with the inclusion of £1.0m refinancing opportunity in Month 12. Of these forecast savings £16.02m 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 19/20 is £17.04m, (£16.02m in 18/19 and the remaining £1.02m in 19/20). Non-Recurrent savings for 18/19 are forecast at £1.98m. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into next year.

£16.38m of schemes are currently either delivered or at Gateway 2, with detailed plans for delivery. However a significant proportion of the identified CIP remains high risk (£5.88m).

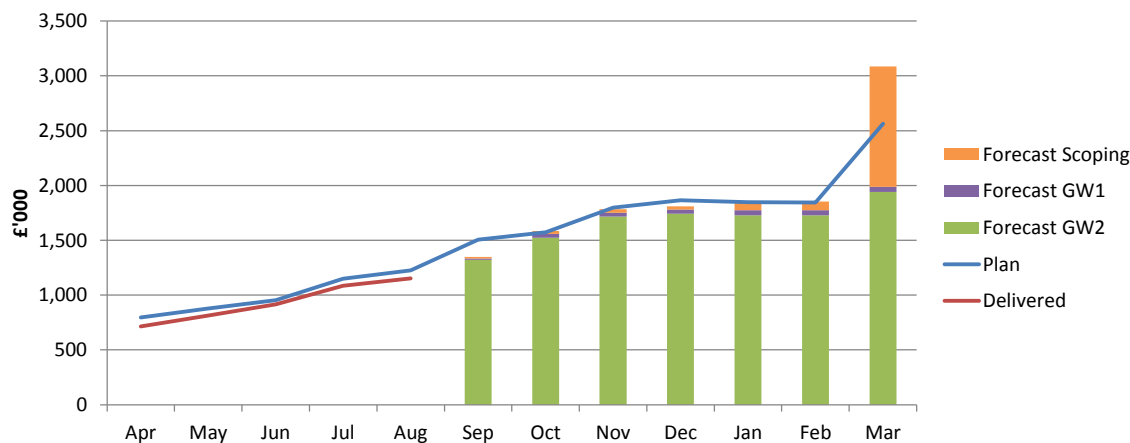
Aligned Incentive Contract (AIC)

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 with a benefit to the Trust of £0.17m are currently being scoped and are included in this forecast position.

CIP Profile by Month



CIP 18/19	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	795	879	955	1,150	1,226	1,505	1,572	1,798	1,866	1,846	1,846	2,563	18,000
Delivered	715	814	917	1,086	1,152	-	-	-	-	-	-	-	4,684
Forecast GW2	-	-	-	-	-	1,321	1,523	1,715	1,743	1,726	1,727	1,941	11,696
Forecast GW1	-	-	-	-	-	13	37	37	37	48	48	48	268
Forecast Scoping	-	-	-	-	-	14	25	32	29	78	78	1,096	1,352
Total Actual / Forecast	715	814	917	1,086	1,152	1,348	1,585	1,784	1,809	1,852	1,852	3,086	18,000

FORECAST

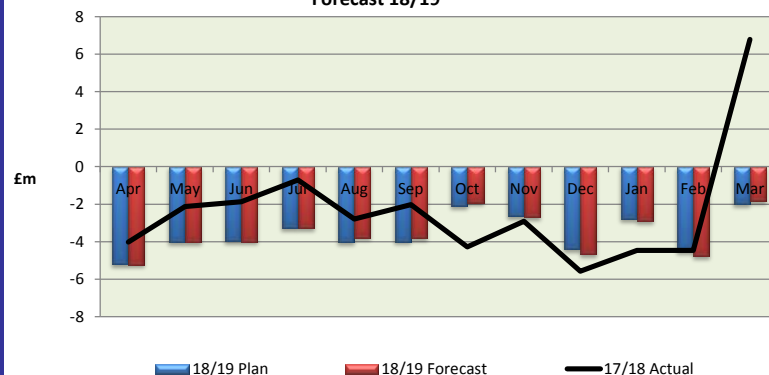
YEAR END 2018/19

	Plan £m	Forecast £m	Var £m	
Elective	£19.51	£17.91	(£1.60)	●
Non Elective	£101.38	£101.50	£0.12	●
Day case	£26.27	£26.56	£0.29	●
Outpatients	£37.57	£37.47	(£0.10)	●
A & E	£18.58	£19.10	£0.53	●
Other-NHS Clinical	£106.72	£109.03	£2.31	●
CQUIN	£6.85	£6.81	(£0.03)	●
Other Income	£40.73	£45.27	£4.54	●
Total Income	£357.60	£363.65	£6.05	●
Pay	(£247.81)	(£253.22)	(£5.41)	●
Drug Costs	(£36.10)	(£36.85)	(£0.76)	●
Clinical Support	(£28.67)	(£29.18)	(£0.51)	●
Other Costs	(£49.33)	(£50.41)	(£1.08)	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
Total Expenditure	(£374.75)	(£382.49)	(£7.73)	●
EBITDA	(£17.16)	(£18.84)	(£1.68)	●
Non Operating Expenditure	(£25.89)	(£24.20)	£1.69	●
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

Forecast

Forecast 18/19



Month 5 forecast is to deliver the planned deficit of £43.05m.

Year to date there has been an underlying adverse variance from plan which has had to be mitigated by the release the maximum available contingency reserves in the year to date. Unless the run rate improves, a financial pressure will emerge in Months 6-12 once contingencies are exhausted.

Key Assumptions:

- Efficiency challenge is £18m CIP which is now fully identified. The forecast assumes full delivery including high risk elements.
- 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 £1.03m has been released or utilised year to date.
- Forecast includes the impact of Agenda for Change Pay awards of around £3.75m of which £3.67m is funded as income (Other-NHS Clinical).
- The recently announced pay award for medical staff is not expected to create of financial pressure in this financial year. Whilst the percentage pay awards are higher than the value assumed in planning, awards will not be backdated which will mitigate the higher than planned costs incurred from October 18.

Variances:

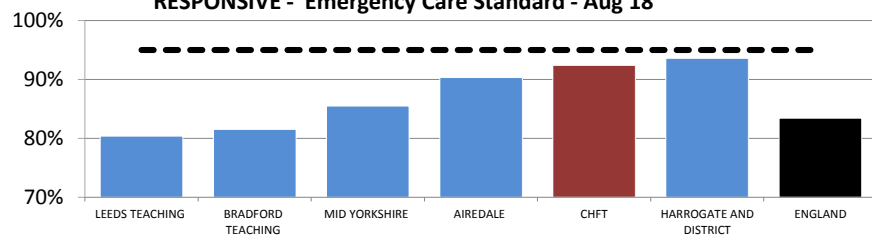
- Excluding the impact of pay award funding, Clinical income is forecast below plan by £2.15m, the majority of which reflects lower than planned High Cost Drugs income (pass through).
- The favourable variance on Other Income of £4.54m is in part due to increased turnover within the Pharmacy Manufacturing Unit (£2.26m) which is offset by additional drugs costs and additional training income due to the new GPST hosting contract (£1.40m).
- Pay is forecast as an adverse variance of £1.74m (excluding the impact of the pay award), reflecting changes to the way CIP is now forecast to be delivered compared to plan.
- The forecast for Non Operating expenditure is a favourable variance of £1.89m, due to forecast delivery of £1.0m of CIP through refinancing opportunities, lower than planned depreciation and lower than expected inflationary pressures on PFI financing costs.

Risks and Opportunities:

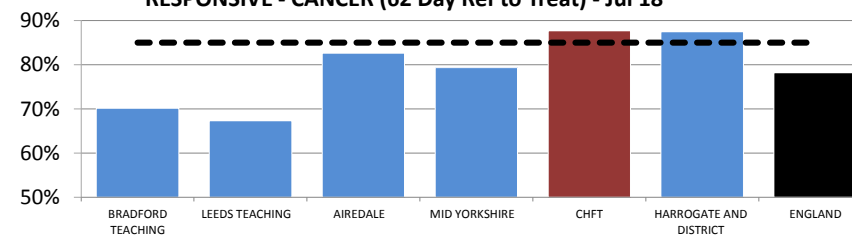
- Whilst all CIP has now been identified, £5.88m remains high risk including the £1.0m refinancing opportunity that there is a risk might not deliver until the next financial year.
- Continuing difficulty in recruiting clinical staff, both medical and nursing, is putting pressure on pay expenditure budgets.
- Aligned Incentive Contract (AIC) is providing opportunities to further reduce costs without subsequent loss of income and will allow the Trust to take a share of any further savings identified by the System Recovery Group 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.
- There is a risk that the funding available for the pay award doesn't fully cover the costs incurred. Any increase in Agency rates following changes to the cap rates will not be funded and guidance suggests that there is the potential for DH to claw back some funding at the point the Wholly Owned Subsidiary goes live, if there is any deviation from AFC conditions.

Benchmarking - Selected Measures

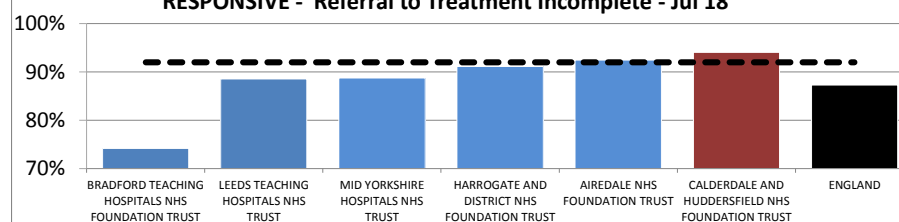
RESPONSIVE - Emergency Care Standard - Aug 18



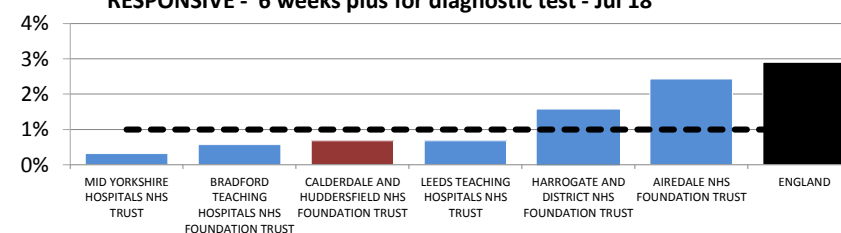
RESPONSIVE - CANCER (62 Day Ref to Treat) - Jul 18



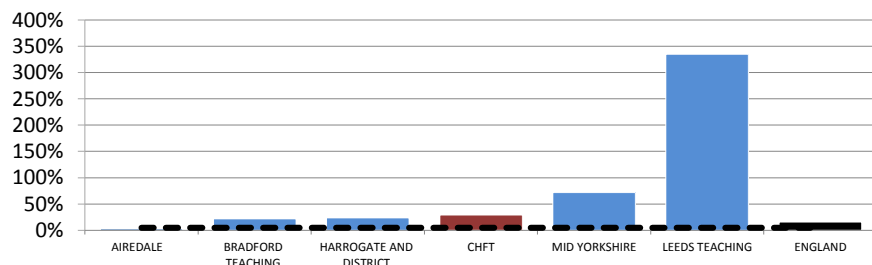
RESPONSIVE - Referral to Treatment Incomplete - Jul 18



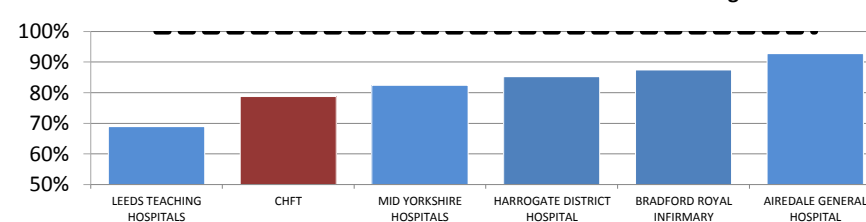
RESPONSIVE - 6 weeks plus for diagnostic test - Jul 18



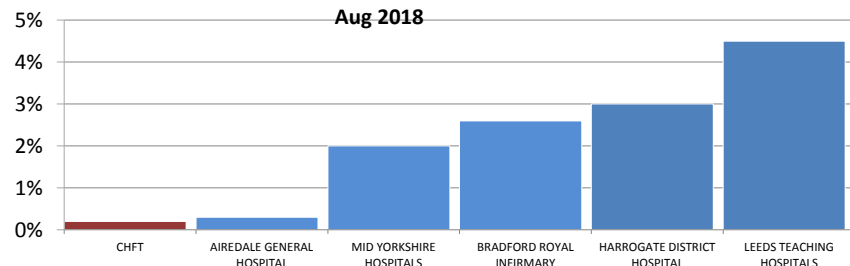
ASIs Per DBS Booking - Aug 18



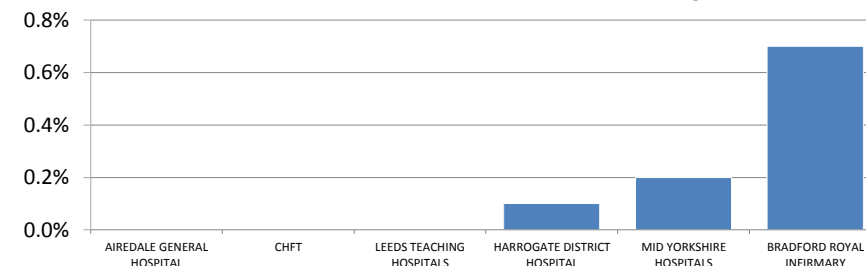
RESPONSIVE - YAS Ambulance handovers within 15 minutes Aug 2018



RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes Aug 2018

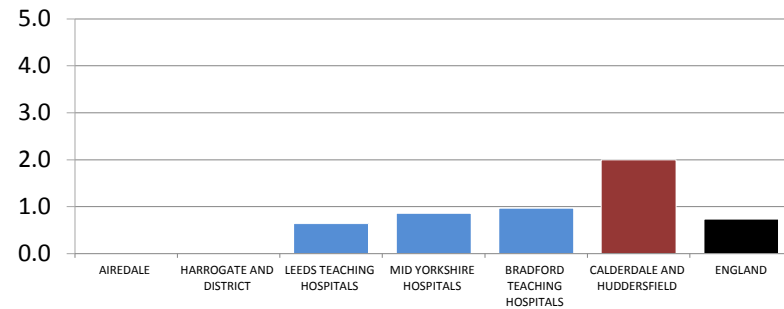


RESPONSIVE - YAS Ambulance handovers > 60 minutes - Aug 2018

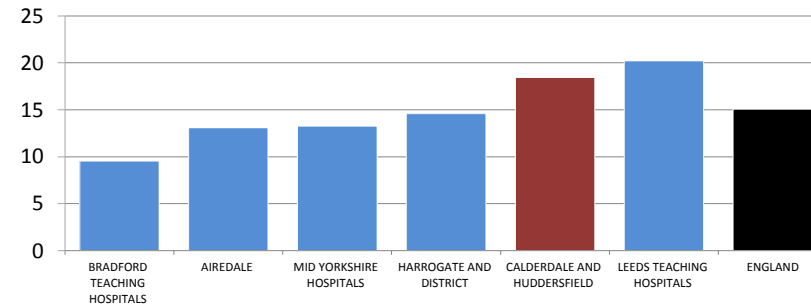


Benchmarking - Selected Measures

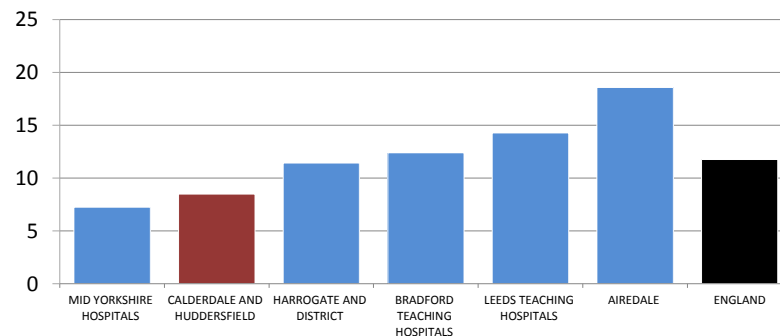
MRSA per 100,000 days - Time Period: Jun 2017 - May 2018



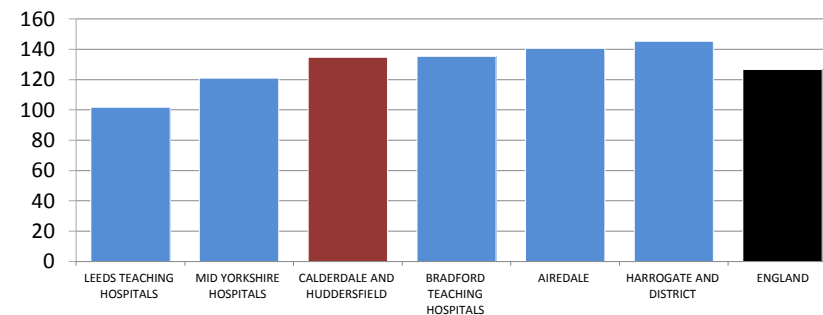
C.Diff per 100,000 days - Time Period: Jun 2017 - May 2018



MSSA per 100,000 days - Time Period: Jun 2017 - May 2018

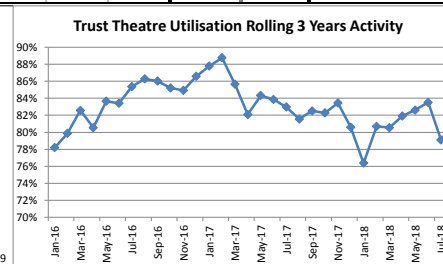
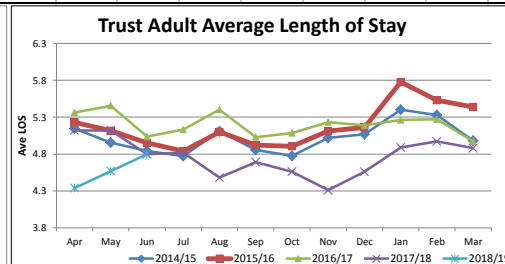
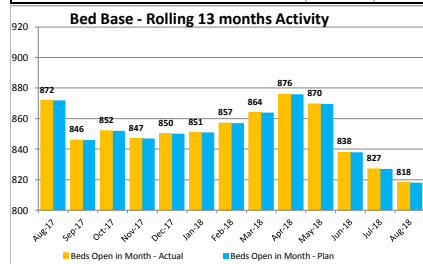


EColi per 100,000 days - Time Period: Jun 2017 - May 2018



Efficiency & Finance - Key measures

	17/18	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	Target	Threshold/M onthly
Did Not Attend Rates																	
First DNA	7.88%	7.97%	8.15%	7.65%	7.00%	7.69%	7.36%	7.30%	7.84%	7.60%	7.20%	7.30%	7.20%	7.20%	7.30%	<=7%	7.00%
Follow up DNA	7.05%	7.15%	6.64%	6.19%	5.53%	6.87%	6.33%	6.70%	6.63%	6.30%	6.70%	6.40%	6.30%	6.20%	6.41%	<=8%	8.00%
Average length of stay																	
Average Length of Stay - Overall	4.72	4.48	4.69	4.56	4.31	4.56	4.89	4.97	4.88	4.72	4.44	4.34	4.57	4.8	4.57	<=5.17	5.17
Average Length of Stay - Elective	2.51	2.58	2.43	2.54	2.22	2.31	2.42	2.8	2.66	2.77	2.32	2.47	2.62	2.61	2.54	<=2.85	2.85
Average Length of Stay - Non Elective	5	4.75	4.99	4.81	4.65	4.82	5.06	5.18	5.13	4.94	4.7	4.6	4.81	5.09	4.83	<=5.63	5.63
Pre-Op Length of Stay - Elective Patients										0.028	0.06	0.066	0.132	0.048	0.068	<=0.5	0.50
Pre-Op Length of Stay - Non Elective Patients										not applicable	not applicable	0.669	0.7	0.599	0.678	Not applicable	
Non Elective with zero LOS (not ambulatory)	9487	762	791	947	825	841	746	689	678	699	803	757	770	650	3679	Not applicable	
Elective Inpatients with zero LOS	903	91	85	83	84	63	62	37	55	39	48	52	64	62	265	136	1,632
Day Cases																	
Day Case Rate	88.34%	87.88%	88.77%	88.73%	87.18%	88.19%	92.86%	90.99%	89.06%	89.58%	88.93%	88.20%	88.81%	88.65%	88.82%	>=85%	85.00%
Failed Day Cases	1944	198	183	173	229	194	120	148	193	166	195	215	205	205	985	120	1,440
Beds																	
Beds Open in Month - Plan	818	803	803	818	818	818	818	818	818	859	859	844	844	844	844	Not applicable	
Beds Open in Month - Actual	876	846	852	847	850	851	857	864	876	869.6	838	827	818	817	817	Not applicable	
Hospital Bed Days per 1000 population - Adults	56.16	49.79	49.7	50.48	49.59	50.38	53.82	49.52	56.16	49.8	50.6	48.1	52.5	53.9	53.91	16/17 Baseline	
Emergency Hospital Admissions per 1000 population - Adults	10.05%	9.80%	9.59%	10.08%	10.06%	10.30%	10.46%	9.33%	10.05%	9.40%	10.00%	9.60%	10.10%	9.80%	9.83%	16/17 Baseline	
Occupied Bed Days	UNDER DEVELOPMENT AND TIMELINE - September IPR																
Cancellations																	
Clinical Cancellations after pre-Op	UNDER DEVELOPMENT AND TIMELINE -September IPR																
Clinical Slots not Utilised	0.10	0.11	0.10	0.08	0.08	0.09	0.09	0.10	0.10	0.07	0.06	0.07	0.07	0.07	0.07	Target release October 18	
Endoscopy Utilisations	UNDER DEVELOPMENT AND TIMELINE - November IPR																
Hospital Cancellations within 6 Weeks	29824	2004	2414	3073	2729	2066	2448	2530	3090	1165	1094	1319	1223	1251	6052	0	0
Theatre Utilisation																	
Theatre Utilisation (TT) - Main Theatre - CRH	82.05%	82.17%	83.20%	81.99%	83.77%	81.58%	76.82%	81.57%	80.75%	83.50%	83.20%	84.20%	82.50%	84.50%	82.20%	>=90%	90.00%
Theatre Utilisation (TT) - Main Theatre -HRI	91.03%	87.45%	89.93%	89.15%	93.58%	90.45%	82.61%	89.84%	90.86%	90.30%	90.70%	93.80%	78.70%	82.30%	84.90%	>=90%	90.00%
Theatre Utilisation (TT) - HRI DSU	73.53%	74.51%	76.83%	77.96%	74.64%	71.80%	70.46%	72.28%	70.82%	73.20%	77.00%	76.70%	73.90%	75.80%	73.80%	>=88%	88.00%
Theatre Utilisation (TT) - HRI SPU	72.56%	77.40%	70.35%	74.59%	73.09%	68.12%	69.07%	72.61%	70.49%	68.70%	68.60%	69.00%	69.60%	74.00%	69.00%	>=85%	85.00%
Theatre Utilisation (TT) - Trust	81.79%	81.55%	82.50%	82.27%	83.45%	80.58%	76.39%	80.69%	80.53%	81.90%	82.60%	83.50%	79.10%	81.20%	80.10%	>=90%	90.00%
% Theatre Scheduled Late Starts > 15 mins - Trust										37.79%	31.24%	31.00%	34.69%	32.18%	33.33%	Target release October 18	
Total Follow lists - Trust										105	63	80	73	108	429	Target release October 18	
No. of Ambulatory patients																	
Emergency Hospital Discharges	9253	812	703	716	819	725	889	891	966	877	931	892	967	892	4559	0	0
Stranded 7 Days	47.00%	45.00%	43.00%	44.00%	41.00%	43.00%	45.00%	46.00%	47.00%	52.18%	52.92%	51.48%	50.00%	53.03%	53.03%	<=30%	30.00%
Super Stranded 21 Days													117	115	115	<=104	
Average time to start of reablement (days)	0.10	0.12	0.13	0.15	0.09	0.05	0.07	0.06	0.06	0.07	0.05	0.04	0.05	in arrears	0.05	<=10.2 days	10.2
% Catheter Lab Utilisation										89%	85%	92%	93%	88%	89%		



Efficiency & Finance Frailty- Key measures

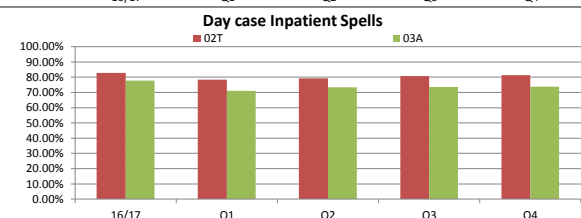
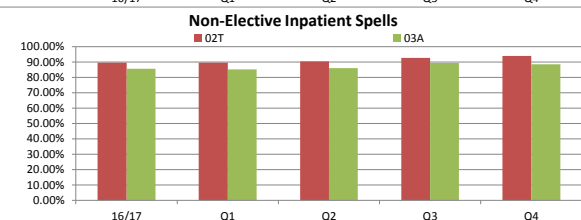
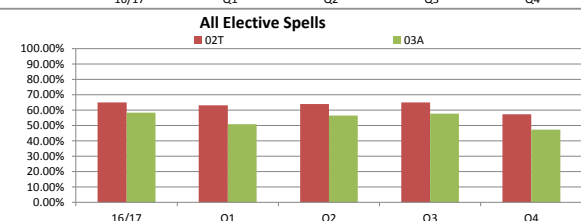
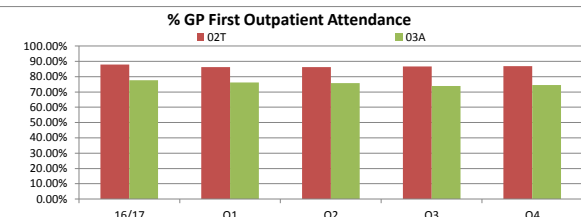
17/18		Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18		YTD	Target	Threshold/Monthly
Acute Admissions - Aged 75+ Years																		
Acute Admissions aged 75+										728	838	790	777	728	3,861	not applicable		
Frail* patients admitted aged 75+										290	334	316	300	261	1,501			
% patients admitted aged 75+ who are frail**										40%	40%	40%	39%	36%	36%			
Frailty Admissions with LOS < 3 days																		
Patients 75+ with a LOS < 3 days										376	450	399	419	349	1,993	not applicable		
Frail* patients with a LOS < 3 days										122	142	124	133	83	604			
% of patients with a LOS < 3 days who are frail**										0.32	32%	31%	32%	24%	32%			
Patients 75+ occupied bed days										5911	6649	6547	5262	5838	30207			
Frail* occupied bed days										2999	3194	3070	2387	2650	14300			
Average frail* non-elec IP LOS										10.3	9.6	9.7	8.0	10.2	9.4			
Average DAILY Beds Saved										35	34	24	16	11	27			
Re-admitted back to the Frailty Team within 30 days										47	37	34	38	30	186			
% Re-admitted back to the Frailty Team within 30 days										15%	11%	11%	11%	12%	12%			

* Data is based on the following Treatment Functions: General Medicine; Endocrinology; Hepatology; Diabetic Medicine; Respiratory; Nephrology; Neurology; Rheumatology; Geriatric Medicine

** The frailty team at Calderdale and Huddersfield Foundation Trust have defined frail patients as being a patient over and including the age of 75 with one of the ICD 10 diagnosis codes described by the Acute Frailty Network (AFN).

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

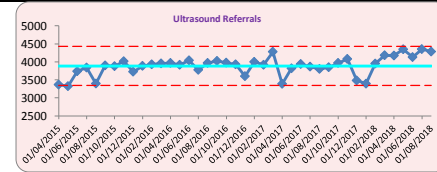
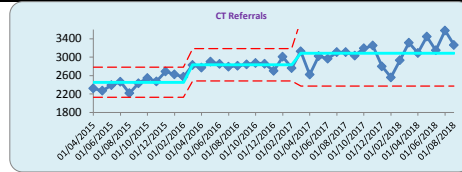
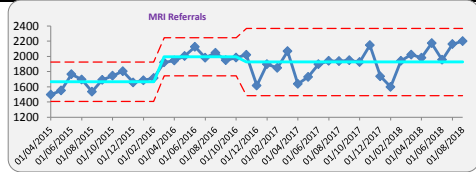
	17/18	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	52,515	4,767	4,693	4,937	4,540	4,105	4,794	4,276	4,557	3,555	3,762	3,301	3,437	3,583	17,638	16.7%
03A - NHS GREATER HUDDERSFIELD CCG	37,450	3,348	3,205	3,085	3,187	2,837	3,275	2,922	3,133	3,180	3,180	2,800	2,806	3,032	14,998	15.1%
03J - NHS NORTH KIRKLEES CCG	3,683	289	327	327	336	252	322	279	250	249	208	220	191	172	1,040	-16.5%
02R - NHS BRADFORD DISTRICTS CCG	248	400	600	600	400	500	300	3,600	5,400	214	229	171	203	201	1,018	3.0%
03R - NHS WAKEFIELD CCG	1,145	88	129	139	114	83	108	73	84	71	83	45	49	48	296	18.9%
02W - NHS BRADFORD CITY CCG	481	39	39	52	47	50	55	33	53	40	39	33	36	29	177	38.3%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	159	18	10	10	9	3	10	5	8	13	5	8	5	5	36	-77.2%
03C - NHS LEEDS WEST CCG	146	8	8	13	10	8	14	11	17	3	0	0	0	0	3	-90.6%
02N - NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG	66	5	6	8	1	6	8	9	3	5	7	7	3	6	28	21.7%
03G - NHS LEEDS SOUTH AND EAST CCG	102	5	5	11	11	7	19	15	13	2	1	0	0	0	3	-72.7%
02V - NHS LEEDS NORTH CCG	17	1	3	2	1	1	2	1	2	0	0	0	0	0	0	-100.0%
Other	948	719	793	859	793	638	777	620	696	638	634	521	530	500	2,823	-7.9%
Trust	65,956	8,834	8,691	8,881	8,520	7,580	8,846	7,818	8,386	7,373	7,576	6,622	6,773	7,115	35,459	-3.0%
Trust - % Change on Previous year	7.88%	17.29%	12.69%	16.98%	10.69%	12.13%	16.02%	9.38%	0.13%	44.60%	-18.20%	-14.50%	-4.30%	-2.90%	-3.00%	

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	-3,096.49	-255.24	-147.54	-325.82	-69.32	168.9	-560.12	-409.28	-375.9	-32.07	3.01	-109.99	-55.86	-14.29	-146.2	
% Day Case Variance against Contract	-8.25%	-1.32%	-4.56%	-9.60%	-2.04%	6.84%	-16.50%	-13.26%	-11.60%	-1.11%	0.10%	-3.57%	-1.75%	-0.46%	-0.95%	
Elective Variance against Contract	-2,259.24	-156.57	-215.29	-224.39	-125.34	-59.89	-408.34	-292.86	-223.1	-56.61	-30.32	-28.32	-60.17	-43.58	-227.01	
% Elective Variance against Contract	-28.39%	-29.15%	-31.86%	-31.63%	-17.67%	-11.61%	-57.57%	-45.41%	-32.95%	-11.85%	-5.80%	-5.16%	-10.70%	-8.02%	-8.55%	
Non-elective Variance against Contract	4,988.26	591.41	565.55	174.32	655.25	378.13	842.44	286.24	444.82	56.56	228.51	107.97	135.08	224.34	601.46	
% Non-elective Variance against Contract	10.42%	1.03%	15.38%	3.85%	15.79%	8.46%	20.08%	8.63%	10.95%	1.23%	4.83%	2.29%	2.82%	4.99%	2.58%	
Outpatient Variance against Contract	-29,795.82	-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	445.33	-1,029.43	1,567	
% Outpatient Variance against Contract	-11.11%	-6.54%	-12.37%	-10.57%	-4.01%	-0.99%	-16.00%	-12.35%	-18.08%	4.22%	7.45%	-1.71%	0.39%	-2.84%	1.29%	
Accident and Emergency Variance against Contract	-6,917.90	-226	-590.36	-210.41	-374.49	28.14	-1270.3	-1094.93	-1,909.56	-699.13	-76.16	44.53	137.85	-109.45	-698.36	
% Accident and Emergency Variance against Contract	-4.52%	-1.80%	-4.51%	-1.61%	-2.99%	0.22%	-9.77%	-8.92%	-13.62%	-5.55%	-0.56%	0.35%	1.03%	-0.88%	-1.08%	

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

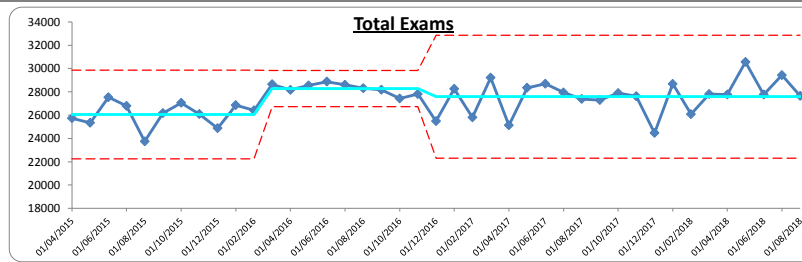
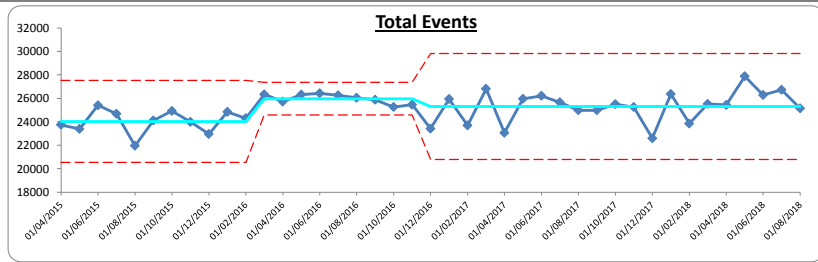
Radiology Summary of Activity of Key Modalities - August 2018

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	Jul-18	Aug-18	YTD 18/19	YTD 17/18	Increase	%
MRI	1945	2011	2125	1981	2045	1948	1983	2019	1615	1896	1848	2067	1638	1728	1896	1941	1937	1948	1924	2147	1737	1597	1940	2022	1981	2173	1954	2160	2199	10467	9140	1327	15%
CT	2774	2901	2851	2792	2813	2844	2874	2856	2701	3010	2762	3125	2621	3023	2966	3108	3192	3034	3191	3253	2800	2560	2931	3313	3089	3447	3149	3577	3263	16525	14910	1615	11%
Obstetrics	2398	2279	2392	2357	2540	2450	2343	2479	2316	2831	2383	2588	2170	2476	2481	2340	2459	2401	2466	2520	2188	2092	2232	2408	2288	2437	2369	2486	2417	11997	11926	71	1%
General Radiology	17447	17876	17779	17659	17511	17622	17029	17395	16006	17789	15681	18013	15608	17139	17223	17299	16944	17282	17181	16863	15448	15044	15853	17430	17208	18772	17404	17601	16123	87108	84213	2895	3%
Ultrasound	3967	3918	4038	3777	3967	4024	3976	3927	3599	3996	3915	4278	3388	3819	3939	3866	3801	3847	3967	4077	3480	3390	3950	4179	4174	4349	4131	4350	4282	21286	18813	2473	13%
Total	28531	28985	29185	28566	28876	28888	28205	28676	26237	29522	26589	30071	25425	28185	28505	28554	28333	28512	28729	28860	25653	24683	26906	29352	28740	31178	29007	30174	28284	147383	139002	8381	6%



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	Jul-18	Aug-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	26,737	25,148	131,499	125,913	5586	4%		
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	1,652	1,703	8,319	8,401	-82	-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	626	611	616	3056	3089	-33	-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	450	496	2367	2360	7	0%		
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	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	584	577	2858	2898	-40	-1%		
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	3,090	2,888	14,544	13,001	1,543	12%		
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	16,256	14,730	79,921	75,860	4,061	5%		
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	2,316	2,279	11,288	11,200	88	1%		
Ultrasound	3,525	3,460	3,630	3,393	3,404	3,318	3,023	3,280	2,688	2,999	2,807	3,045	2,661	4,038	4,111	3,525	3,116	2,874	3,100	3,269	2,598	3,167	3,368	3,661	3,427	3,423	3,548	3,427	17,427	17,451	-24	0%			
Total Exams	28,162	28,543	28,867	28,596	28,311	28,177	27,419	27,800	25,485	28,259	25,802	29,219	25,128	28,345	28,692	27,939	27,377	27,284	27,882	27,625	24,471	28,679	26,075	27,808	27,766	30,556	28,804	29,422	27,646	144,194	137,481	6,713	5%		
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	1,739	1,784	8,734	8,855	-121	-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	652	651	3247	3296	-49	-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	461	518	2453	2467	-14	-1%		
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	0			
New Scanner - HRI	0	0	0	0	0	0	80	534	542	572	595	632	572	602	606	619	624	611	629	607	609	577	634	606	614	592	578	603	619	600	2992	3032	-40	-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	4,673	4,291	21,614	19,204	2,410	13%		
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	16,917	15,350	83,237	78,928	4,309	5%		
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	2,322	2,283	11,309	11,218	91	1%		
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	3,771	3,938	19,300	19,276	24	0%		



Waiting List at Month End																													
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Total number on MRI Waiting List	1490	1501	1636	1422	1559	1307	1602	1556	1351	1338	1318	1249	1120	872	819	850	831	824	787	1016	972	988	1087	1109	1131	1384	1405	1602	1693
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	889	776
Total number on US Waiting List	2172	1949	1631	1322	1281	1143	1790	1842	2131	2408	2882	3485	3477	2539	1540	1259	1321	1617	1808	1906	2126	2130	2280	2713	2706	2670	2609	2713	2586

Category	YTD 18/19	YTD 17/18	Increase	%
MRI	1693	1120	573	51.16%
CT	776	409	367	90.00%
US	2586	1120	1466	130.89%

			Number of Exams reported																																						
Internal (Planned)	19083	19157	19158	18055	19572	18732	18310	19858	17557	20022	17834	18890	16671	20384	18554	20116	21015	19793	21046	23066	19640	22396	19959	20199	20918	21509	19512	19286	20063	101288	96740	4548	5%								
Insourced (Extras)	680	1001	1221	1145	659	1232	902	1110	587	859	399	257	330	714	466	439	4947	1176	15	0	15	6	0	0	0	0	0	0	0	0	6896	-6896	-100%								
Locum Radiologist/Sonographer	2390	2394	1598	1598	1598	1047	935	1030	635	602	573	728	233	315	299	96	41	85	89	85	74	88	76	91	45	68	96	110	0	319	984	-665	-68%								
Auto Reported	2750	2866	2883	2736	3750	3007	3169	3217	2799	2975	2623	2782	2627	2353	2746	2691	2820	2450	2675	2767	2234	2921	2904	3040	3657	3407	3506	5066	4505	20140	13237	6903	52%								
Outsourced	2287	2287	2287	2287	2232	2963	3833	3223	3387	4467	3477	4502	3658	4339	4225	3820	2775	2584	3017	2868	2553	2494	2965	2485	3165	3968	4977	3839	2767	18716	18817	-101	-1%								
Total	27190	27705	27147	25821	27811	26981	27149	28438	24965	28925	24906	27159	23519	28105	26290	27162	31598	26088	26842	28786	24516	27905	25904	25815	27785	28952	28090	28301	27335	140463	136674	3789	3%								
% 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%	10%	13%	14%		0%								
% Insured/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%	10%	13%	19%		-5%								

CQUINS - Key messages

Area	Reality	Response	Result
------	---------	----------	--------

The CQUIN scheme for 2018/19 is, in the main, a continuation of the 2017/18 scheme.

Overall

- However, there are some key changes which include:
- Suspension of CQUIN 8A
 - Reduction in AWARe antibiotics rather than piperacillin
 - Higher target for Flu Vaccinations @75%

Advice and Guidance

The CQUIN requirements are to provide Advice and Guidance for 100% of services which CHFT already do. There is a secondary component which requires 80% of Advice and Guidance requests between January and March 2019 to be responded to within 2 working days. We had our best month to date in August with 75.4% of requests responded to within 2 days.

The National Reporting tool for Advice and Guidance is up and running again (this was down between June and August) and performance is now being shared with divisions at specialty level on a monthly basis. (Ongoing)

From January onwards we will move the frequency of this to include weekly reporting.

Improvement trajectory agreed with CCG to deliver 3 days responses in the first instance moving to 2 days by Q4 2018/19.

80% of requests to be responded to within 2 working days by January 2019.

Improvement expected in overall response rate each quarter.

Accountable: GMS

CQUIN - Key measures

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets			
						Q1	Q2	Q3	Q4
1. Improving staff health and wellbeing									
1a.1	Acute & Community	£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
1a.2				% Experienced MSK in the last 12 months as a result of work activities	25	N/A	N/A	N/A	20
1a.3				% Felt unwell in the last 12 months as a result of work related stress	37	N/A	N/A	N/A	32
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
1b.2				Improve the changes made in 2017-18	-	N/A	Written report for evidence	N/A	Written report for evidence
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%
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%
2a.2				% Eligible patients screened for Sepsis in Inpatients (LOS >0)	100.0%	90%	90%	90%	90%
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%
2b.2				% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Inpatients (LOS>0)	78.7%	90%	90%	90%	90%
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%
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
2d.2				1% reduction (from 16/17 position) in Carbapenem	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC
2d.3				1% reduction (from 16/17 position) in Piperacillin-Tazobactam	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC
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
4b				Number of ED attendances - Reduce the number of attendances by 20% of cohort 2 patients	397	79	79	80	80
4c				To improve the level of data quality for the fields: - Chief Complaint - Diagnosis - Injury Intent	TBC	N/A	TBC	N/A	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)
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%	
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%	
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%
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%
11b				Cohort 2 patients improvements in patient activation assessments	-	N/A	N/A	N/A	50%

ACTUAL PERFORMANCE																		
Q1			Q1 Position	Q2			Q2 Position	Q3			Q3	Q4			Q4			
Apr-17	May-17	Jun-17		Jul-17	Aug-17	Sep-17		Oct-17	Nov-17	Dec-17		Jan-18	Feb-18	Mar-18				
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	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	Data available at year end			Data available at year end	Data available at year end			Data available at year end			
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			
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			
100.0%	100.0%	100.0%	100.0%	100.0%	-		100.0%											
100.0%	100.0%	100.0%	100.0%	100.0%	-		100.0%											
91.0%	97.0%	100.0%	96.0%	100.0%	-		96.0%											
77.3%	82.6%	78.9%	79.7%	85.7%	-		85.7%											
90% (April and May Only)			90%	Data available at quarter end			Data available at quarter end	Data available at quarter end			Data available at quarter end							
Data available at quarter end				Data available at quarter end				Data available at quarter end										
Data available at quarter end				Data available at quarter end				Data available at quarter end										
Data available at quarter end				Data available at quarter end				Data available at quarter end										
24	20	14	58	20	14		34											
26	25	32	83	22	21		43											
N/A			N/A	TBC	TBC		TBC											
67.9%	74.0%	69.9%	70.7%	69.8%	75.4%		72.5%											
Presentation completed			Yes	64.1%	65%		64.3%											
				14.6%	15.9%		15.2%											
				TBC	TBC		TBC											
				60.6%	62.1%		61.3%											
				16.7%	16.6%		16.6%											
Quarter End Position			74.0%	Quarter End Position			TBC	Quarter End Position				Quarter End Position						
Quarter End Position			56.0%	Quarter End Position				Quarter End Position				Quarter End Position						
Quarter End Position			5.4%	Quarter End Position				Quarter End Position				Quarter End Position						
Quarter End Position			1.4%	Quarter End Position				Quarter End Position				Quarter End Position						
Quarter End Position			TBC	Quarter End Position				Quarter End Position				Quarter End Position						
41.1%	37.1%	44.4%	55.3%	TBC	TBC		TBC											
Data available at year end			N/A	Data available at year end			N/A											
Data available at year end			N/A	Data available at year end			N/A											

Appendices



Appendices

Appendix - Referrals

Referrals

Please note MSK Triage referrals are now excluded from this commentary and the graph below

GP Referrals are down 3.0% financial YTD August 2018 compared with same period 2017 (1,127 referrals).

• From April to August 2018, there were 106 working days, compared with 104 for the corresponding period 2017.

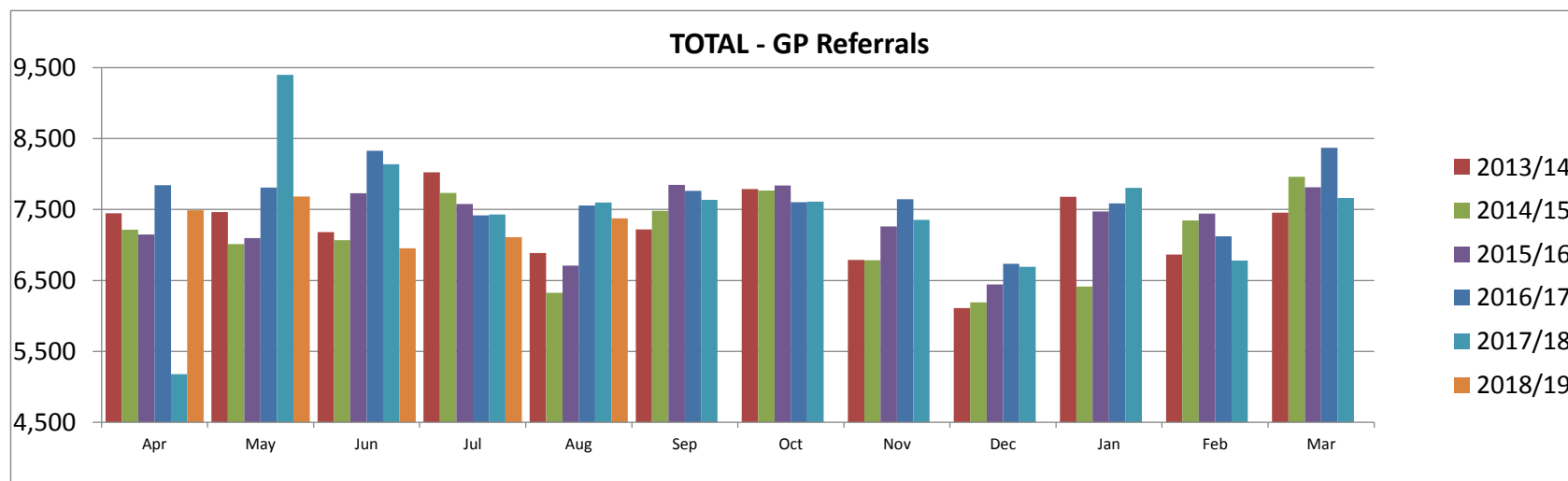
• These 2 extra working days could indicate an anticipated increase of GP referrals of 1.9%.

• NHS Calderdale GP referrals have seen an increase of 3.4% (630) for the year to date principally due to Ophthalmology 32% (469), Cardiology 29% (241) and Dermatology 24% (309).

• Total referrals (non-triage) into the Calderdale MSK service have increased 27% (540 referrals)

• NHS Greater Huddersfield GP referrals have seen a decrease of 3.7% (579). There have been most noticeable decreases in Ophthalmology (497, 35.1%) and Cardiology (291, 39.1%) for the year to date.

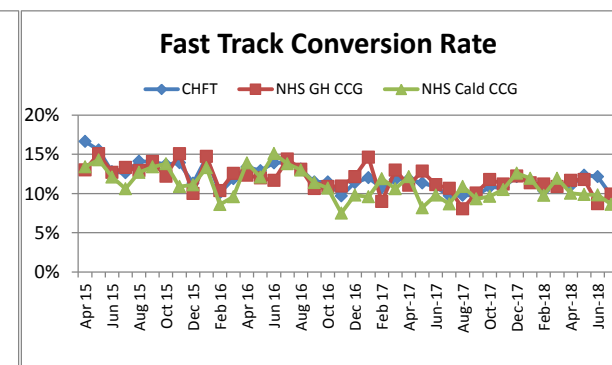
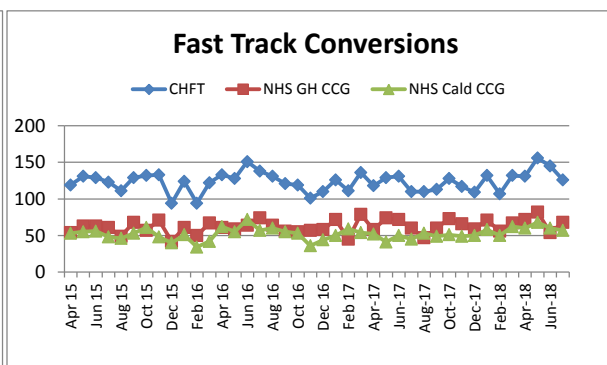
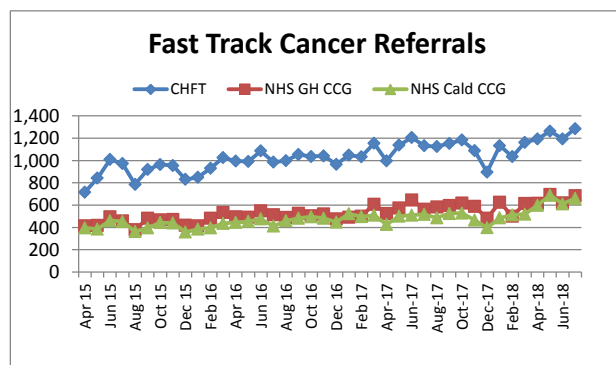
• For 2018/19 YTD there has been a GP referral decrease for NHS North Kirklees (33.7%, 528 referrals, ENT, Neurology and Rheumatology principally) and NHS Wakefield (26.2%, 105 referrals)



Activity - Key measures

	17/18	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-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	518	486	525	529	466	397	486	511	519	598	689	611	660	2,417	23.5%
NHS CALDERDALE CCG Conversions	657	45	53	49	51	49	50	58	50	62	60	68	60	57	250	
NHS CALDERDALE CCG Conversion Rate	11.6%	8.7%	10.9%	9.3%	9.6%	10.5%	12.6%	11.9%	9.8%	11.9%	10.0%	9.9%	9.8%	8.6%	10.3%	
NHS GREATER HUDDERSFIELD CCG Referrals	6,169	563	583	596	619	589	482	625	500	615	617	695	621	685	2,548	10.4%
NHS GREATER HUDDERSFIELD CCG Conversions	802	60	47	60	73	66	59	71	56	67	72	82	54	68	275	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	13.0%	10.7%	8.1%	10.1%	11.8%	11.2%	12.2%	11.4%	11.2%	10.9%	11.7%	11.8%	8.7%	9.9%	10.8%	
Other CCG Referrals	534	36	42	23	22	20	14	13	11	15	9	11	9	11	44	-71.6%
Other CCG Conversions	104	3	8	3	1	1	0	3	0	1	0	3	1	1	5	
Other CCG Conversion Rate	19.5%	8.3%	19.0%	13.0%	4.5%	5.0%	0.0%	23.1%	0.0%	6.7%	0.0%	27.3%	11.1%	9.1%	11.4%	
CHFT Fast Track Referrals	12,388	1,117	1,111	1,144	1,170	1,075	893	1,124	1,022	1,149	1,224	1,395	1,241	1,356	5,009	13.3%
CHFT Fast Track Conversions	1,563	108	108	112	125	116	109	132	106	130	132	153	115	126	530	
CHFT Fast Track Conversion Rate	12.6%	9.7%	9.7%	9.8%	10.7%	10.8%	12.2%	11.7%	10.4%	11.3%	10.8%	11.0%	9.3%	9.3%	10.6%	
% Change on Previous year																

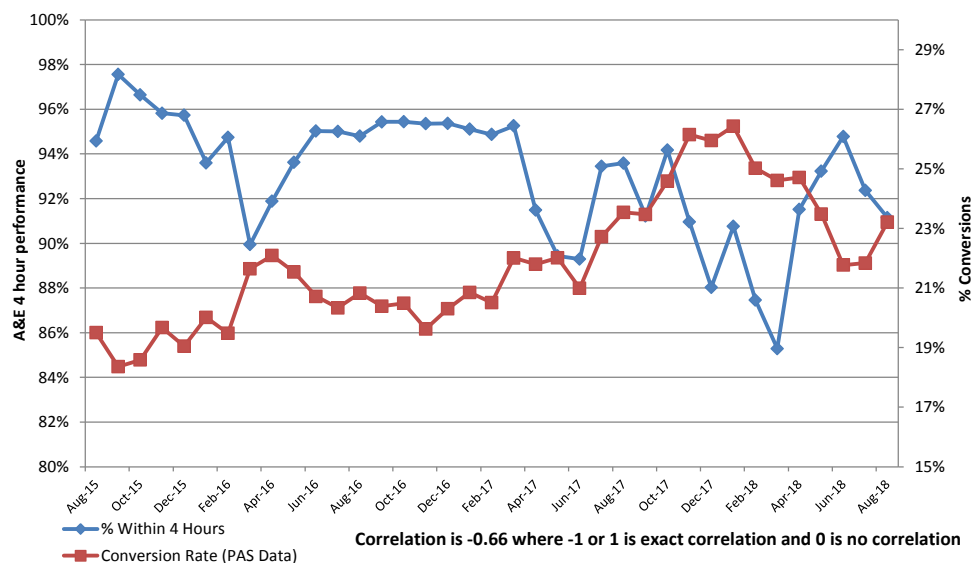
Note YTD Change for conversions is a month in arrears as latest month will still have conversions to feed through.



Appendix - A and E Conversion rates and Delayed Transfers

	17/18	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	148,929	12,155	12,732	13,058	12,097	12,653	11,735	11,191	12,114	11,892	13,433	12,882	13,453	12,311	63,971	1.0%
A and E 4 hour Breaches	13,978	779	1,118	761	1,094	1,514	1,084	1,403	1,782	1,009	909	673	1,026	1,089	4,706	-9.9%
Emergency Care Standard 4 hours	90.61%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	94.78%	92.37%	91.15%	92.64%	-1.0%
Admissions via Accident and Emergency	35,445	2,861	2,990	3,211	3,163	3,284	3,102	2,800	2,981	2,939	3,154	2,804	2,938	2,857	14,692	5.6%
% A and E Attendances that convert to admissions	23.80%	23.54%	23.47%	24.59%	26.15%	25.95%	26.43%	25.02%	24.61%	24.71%	23.48%	21.77%	21.84%	23.21%	24.71%	5.0%

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

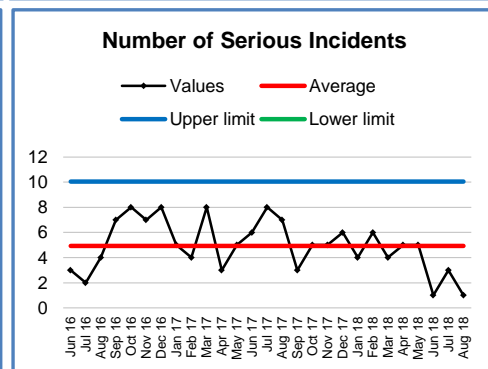
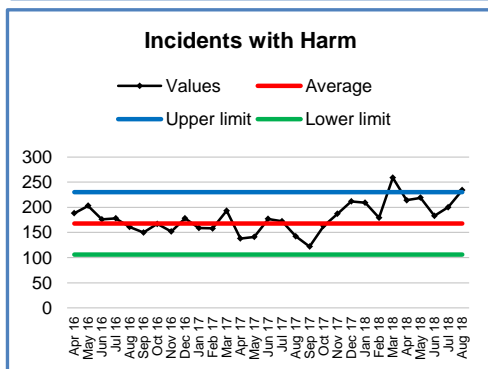
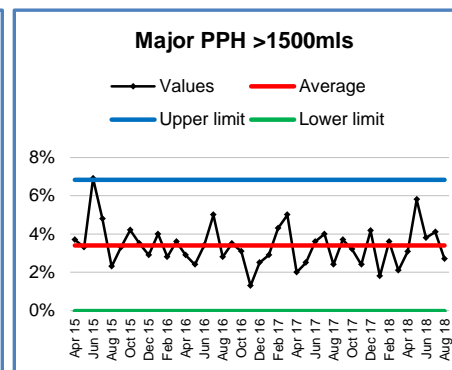
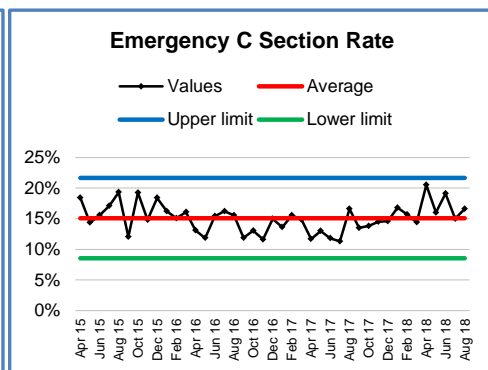
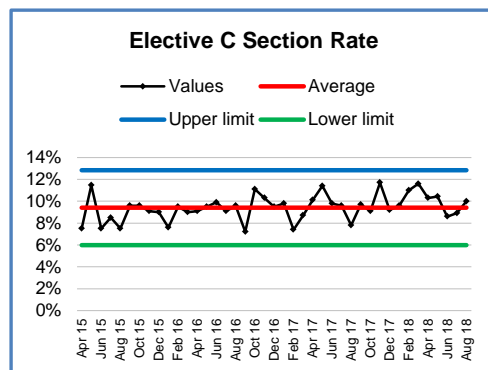
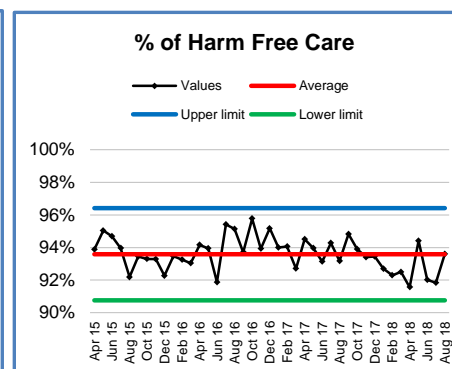
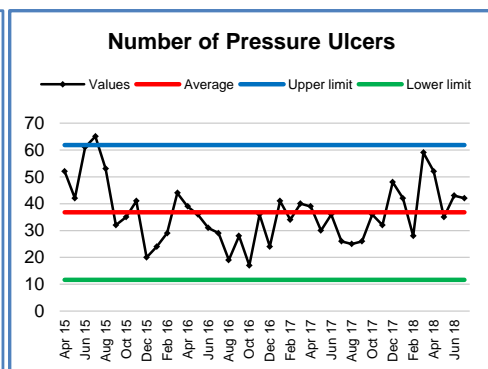
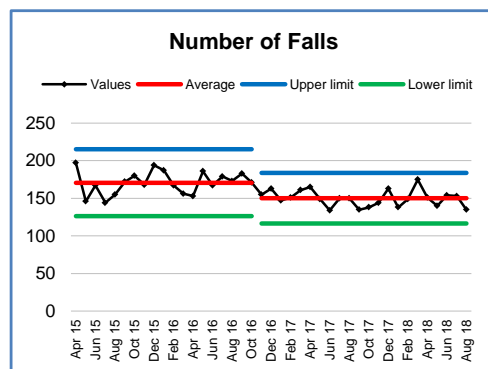


Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 14th September 2018	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	34	61	2	97
Awaiting Completion of Assessment	22	33	2	57
Awaiting Care package in own home	8	17	0	25
Awaiting Residential home placement	2	6	0	8
Awaiting public funding	0	0	0	0
Awaiting further non-acute NHS Care	0	0	0	0
Awaiting community equipment and adaptations	1	2	0	3
Awaiting nursing home placement	1	2	0	3
Disputes	0	0	0	0
Patient or Family choice	0	1	0	1

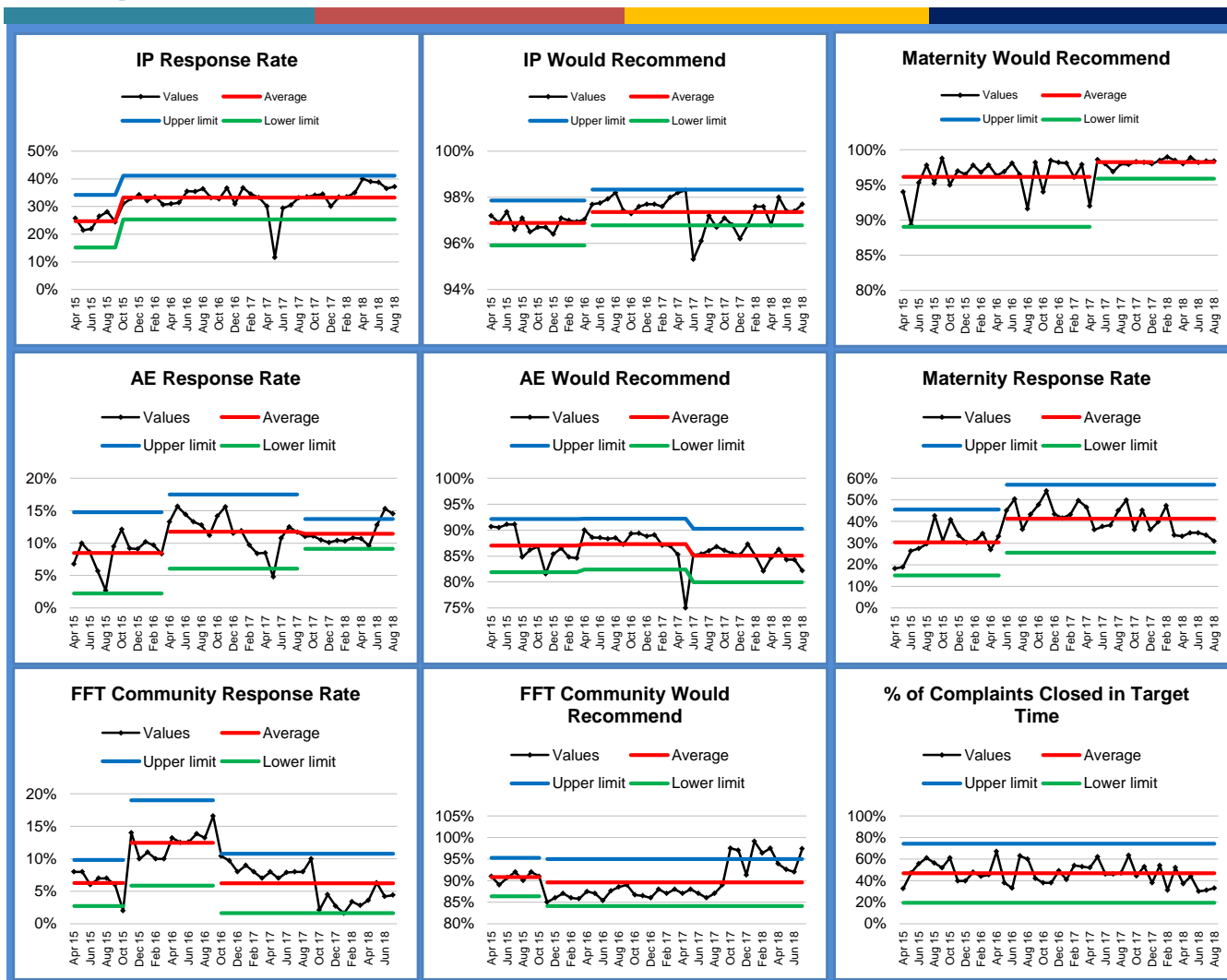
Appendix - Cancer - By Tumour Group

	17/18	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	YTD	Target	Threshold/Monthly
62 Day Gp Referral to Treatment																	
Breast	99.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	98.61%	>=85%	85.00%
Gynaecology	86.67%	85.71%	100.00%	100.00%	100.00%	75.00%	81.82%	100.00%	80.00%	100.00%	100.00%	87.50%	85.71%	100.00%	93.10%	>=85%	85.00%
Haematology	81.01%	100.00%	100.00%	66.67%	63.16%	93.33%	100.00%	58.33%	88.89%	80.00%	80.00%	73.33%	86.67%	92.31%	82.54%	>=85%	85.00%
Head & Neck	78.48%	100.00%	83.33%	50.00%	100.00%	100.00%	87.50%	87.50%	50.00%	57.14%	none to report	42.86%	100.00%	75.00%	60.00%	>=85%	85.00%
Lower GI	83.51%	75.00%	88.89%	81.25%	90.00%	72.22%	90.00%	77.78%	91.67%	100.00%	80.00%	73.68%	81.25%	76.47%	81.71%	>=85%	85.00%
Lung	86.06%	88.89%	83.33%	86.67%	87.50%	93.75%	87.50%	90.91%	91.30%	76.92%	95.24%	0.00%	77.78%	60.00%	76.71%	>=85%	85.00%
Sarcoma	63.64%	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%	100.00%	100.00%	>=85%	85.00%
Skin	97.40%	100.00%	100.00%	83.33%	100.00%	93.10%	100.00%	100.00%	96.00%	91.67%	90.91%	100.00%	100.00%	100.00%	97.24%	>=85%	85.00%
Upper GI	74.44%	85.71%	100.00%	75.00%	57.14%	57.14%	50.00%	50.00%	88.24%	77.78%	92.31%	33.33%	76.47%	75.00%	73.44%	>=85%	85.00%
Urology	87.67%	87.76%	83.33%	81.25%	84.85%	92.50%	92.16%	89.74%	89.19%	93.24%	92.86%	87.10%	82.05%	82.61%	87.66%	>=85%	85.00%
Others	84.62%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	none to report	100.00%	100.00%	100.00%	100.00%	none to report	100.00%	100.00%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	91.15%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Breast	95.79%	95.89%	95.05%	98.64%	97.26%	97.37%	95.39%	98.86%	98.92%	98.22%	99.53%	98.01%	97.56%	95.40%	97.81%	>=93%	93.00%
Childrens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	57.14%	33.33%	200.00%	50.00%	0.00%	29.17%	>=93%	93.00%
Gynaecology	91.39%	92.50%	92.31%	96.83%	97.20%	100.00%	95.60%	99.11%	97.67%	93.33%	96.97%	98.10%	98.56%	89.43%	95.32%	>=93%	93.00%
Haematology	92.65%	94.44%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	100.00%	95.00%	78.57%	100.00%	100.00%	94.59%	>=93%	93.00%
Head & Neck	94.11%	99.05%	95.00%	93.69%	99.10%	100.00%	98.72%	98.15%	98.82%	98.36%	98.35%	98.20%	96.26%	96.88%	97.67%	>=93%	93.00%
Lower GI	95.27%	98.17%	91.52%	93.46%	98.59%	98.55%	92.04%	98.67%	98.10%	90.56%	100.00%	99.10%	100.00%	100.00%	98.07%	>=93%	93.00%
Lung	94.83%	100.00%	89.47%	95.83%	100.00%	100.00%	86.49%	100.00%	91.43%	100.00%	100.00%	100.00%	97.14%	100.00%	99.38%	>=93%	93.00%
Sarcoma	96.15%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	46.67%	62.50%	100.00%	100.00%	90.00%	75.51%	>=93%	93.00%
Skin	93.50%	96.44%	96.70%	96.20%	98.71%	99.42%	98.77%	100.00%	93.91%	98.32%	99.62%	100.00%	100.00%	100.00%	99.69%	>=93%	93.00%
Testicular	98.18%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Upper GI	89.98%	81.75%	92.78%	90.00%	91.67%	100.00%	90.99%	97.85%	93.91%	98.11%	99.05%	100.00%	100.00%	99.08%	99.28%	>=93%	93.00%
Urology	96.26%	98.40%	94.96%	87.94%	100.00%	100.00%	96.46%	100.00%	97.16%	100.00%	100.00%	99.20%	100.00%	100.00%	99.86%	>=93%	93.00%

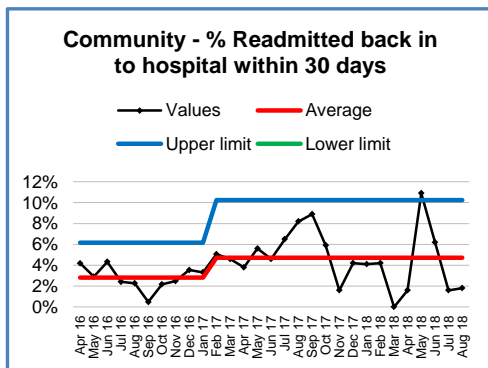
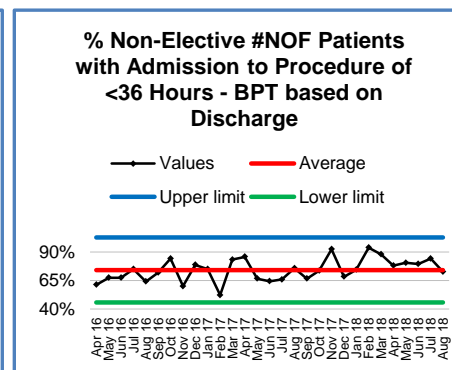
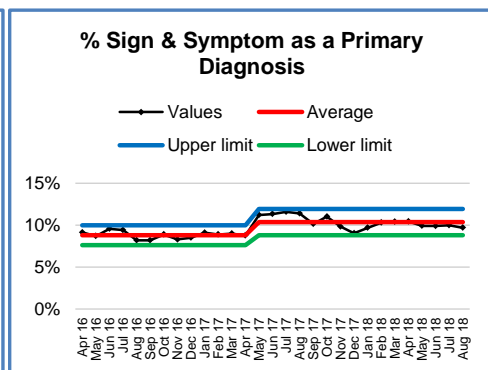
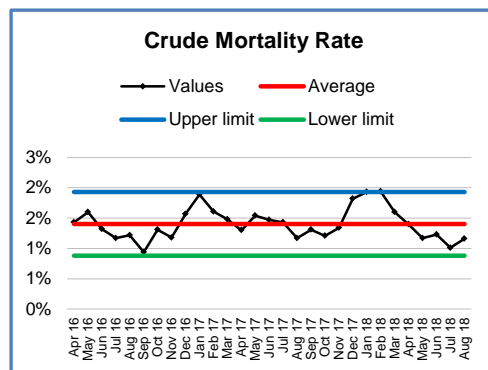
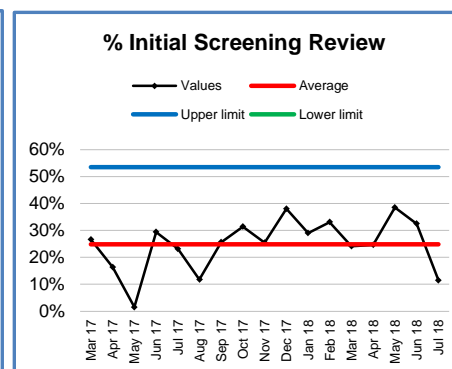
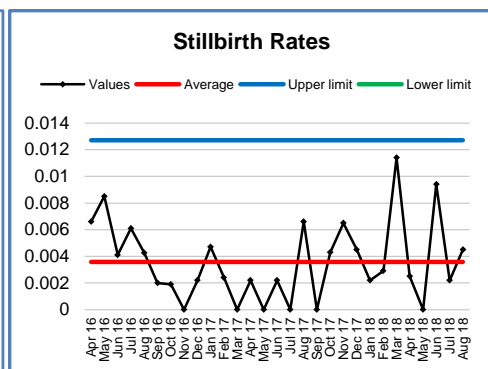
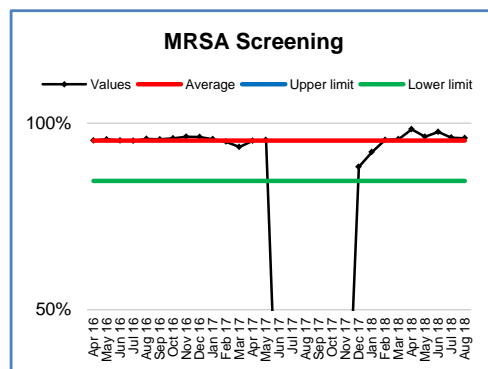
Safe -SPC Charts



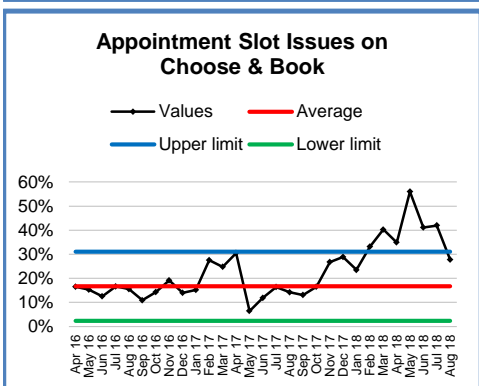
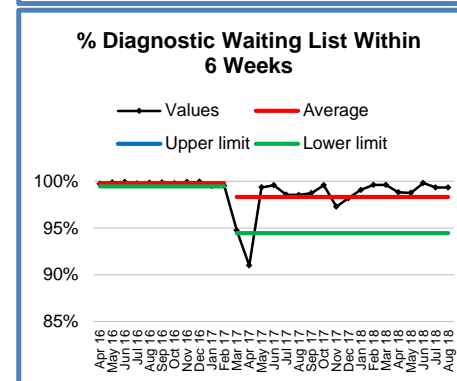
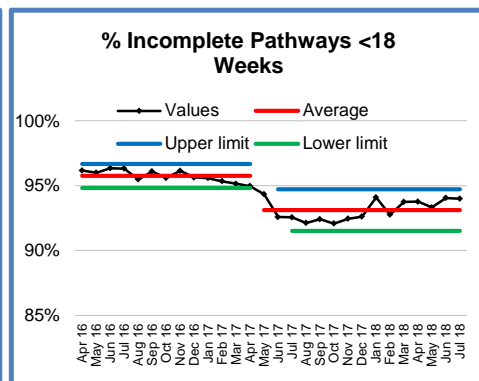
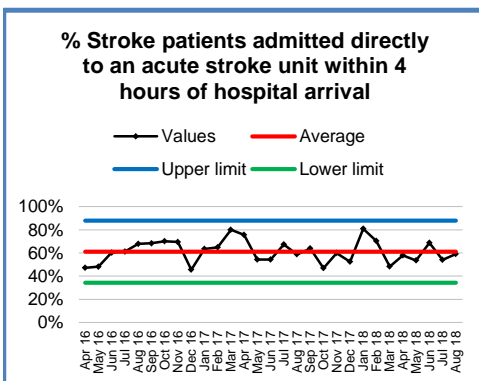
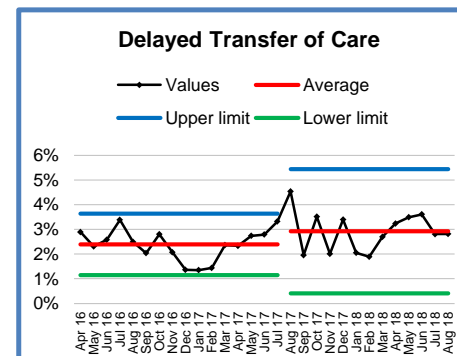
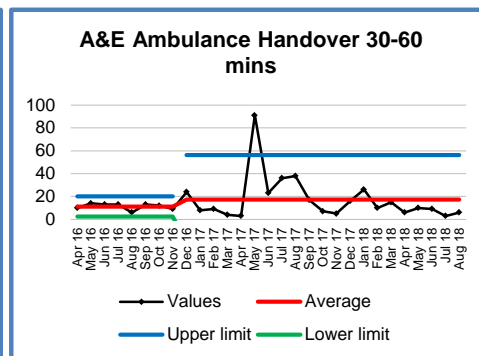
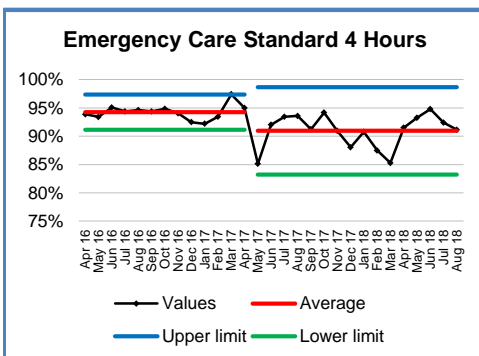
Caring - SPC Charts



Effective -SPC Charts



Responsive -SPC Charts



Predictions September 2018 - Safe

SAFE

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

Score Achieved
SAFE PERFORMANCE SCORE

54
96%
42
75%
40
71%
46
82%
50
89%
40
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 506
Score Available 672
CHFT PERFORMANCE SCORE 75.3%
438
65.2%
472
70.2%
458
68.2%
456
69.1%
414
62.7%

Predictions September 2018 - Caring

CARING

Complaints

% Complaints closed within target timeframe

Friends & Family Test

Friends & Family Test (IP Survey) - Response Rate

Friends & Family Test (IP Survey) - % would recommend the Service

Friends and Family Test Outpatient - Response Rate

Friends and Family Test Outpatients Survey - % would recommend the Service

Friends and Family Test A & E Survey - Response Rate

Friends and Family Test A & E Survey - % would recommend the Service

Friends & Family Test (Maternity Survey) - Response Rate

Friends & Family Test (Maternity) - % would recommend the Service

Friends and Family Test Community - Response Rate

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Friends and Family Test Community Survey - % would recommend the Service

Sep
Likely

Aug

Jul

Jun

May

Apr

Mar

Feb

Jan

Dec

Nov

Oct

Sep

Aug

Jul

Jun

May

Apr

Target



Score Achieved
CARING PERFORMANCE SCORE

94
69%

94
69%

100
74%

88
65%

88
65%

82
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

136

Predictions September 2018 - Effective

EFFECTIVE

	Sep Likely	Aug	Jul	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	0	12	12													12
Preventable number of Clostridium Difficile Cases	12	12	12	12	12	0													12
Number of MSSA Bacteraemias - Post 48 Hours	4	0	4	4	4	4													4
Number of E.Coli - Post 48 Hours	0	0	0	4	0	0													4
MRSA Screening - Percentage of Inpatients Matched	4	4	4	4	4	4													4
Mortality																			
Stillbirths Rate (including intrapartum & Other)	4	4	4	0	4	4													4
Perinatal Deaths (0-7 days)	4	0	4	0	0	0													4
Neonatal Deaths (8-28 days)	4	4	4	4	4	4													4
Local SHMI - Relative Risk (1yr Rolling Data)	12	12	6	6	6	6													12
Hospital Standardised Mortality Rate (Month on Month)	12	12	12	12	12	12													12
% of Initial Screening Reviews (Mortality)	0	0	0	0	0	0													4
Coding and submissions to SUS																			
% Sign and Symptom as a Primary Diagnosis	0	2	2	2	2	0													4
Average co-morbidity score	4	4	4	4	4	4													4
Average Diagnosis per Coded Episode	4	4	4	4	4	4													4
CHFT Research Recruitment Target	4	0	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	0	0	4	2	0													4
IPMR - Breastfeeding Initiated rates	4	4	4	4	4	4													4
Score Achieved	88	74	80	68	78	62													
EFFECTIVE PERFORMANCE SCORE	88%	74%	80%	68%	78%	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

100

Predictions September 2018 - Responsive

RESPONSIVE

	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
Likely																			
Accident & Emergency																			
Emergency Care Standard 4 hours	0	0	0	0	0	0													12
Patient Flow																			
Delayed Transfers of Care	4	4	4	2	4	4													4
Green Cross Patients (Snapshot at month end)	0	0	0	0	0	0													4
Stroke																			
% Stroke patients spending 90% of their stay on a stroke unit	4	0	2	4	2	4													4
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	0	0	0	0	0	0													12
% Stroke patients Thrombolysed within 1 hour	4	0	4	4	4	4													4
% Stroke patients scanned within 1 hour of hospital arrival (where indicated)	2	0	2	4	0	0													4
Cancellations																			
% Last Minute Cancellations to Elective Surgery	4	4	2	4	4	4													4
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	4	4	4	4	0	4													4
No of Urgent Operations cancelled for a second time	4	4	4	4	4	4													4
18 week Pathways (RTT)																			
% Incomplete Pathways <18 Weeks	12	12	12	12	12	12													12
18 weeks Pathways >=26 weeks open	0	0	0	0	0	0													4
RTT Waits over 52 weeks Threshold > zero	4	4	4	4	4	4													4
% Diagnostic Waiting List Within 6 Weeks	4	4	4	4	0	0													4
Cancer																			
Two Week Wait From Referral to Date First Seen	12	12	12	12	12	12													12
Two Week Wait From Referral to Date First Seen: Breast Symptoms	12	12	12	12	12	12													12
31 Days From Diagnosis to First Treatment	12	12	12	12	12	12													12
31 Day Subsequent Surgery Treatment	12	12	12	12	12	12													12
31 day wait for second or subsequent treatment drug treatments	12	12	12	12	12	12													12
62 Day GP Referral to Treatment	12	0	12	0	12	12													12
62 Day Referral From Screening to Treatment	12	12	12	12	12	0													12
38 Day Referral to Tertiary	0	0	0	0	0	0													12
Data Completeness																			
Appointment Slot Issues on Choose & Book	0	0	0	0	0	0													4
Score Achieved	130	108	126	118	118	112													
RESPONSIVE PERFORMANCE SCORE	72%	60%	70%	66%	66%	62%													
Score Available																			180

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 September 2018 - Workforce

WORKFORCE

	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr
	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	6												
Target date - 31 Dec 2016																		
Long Term Sickness Absence rate (%)	12	12	12	12	12	12												
Target date - 31 Dec 2016																		
Short Term Sickness Absence rate (%)	0	0	0	0	0	0												
Target date - 31 Dec 2016																		
Attendance Management KPIs																		
Return to work Interviews (%)	2	0	2	2	0	2												
Target date - 31 Dec 2016																		
Mandatory Training																		
Overall Essential Safety Compliance	12	6	6	6	6	12												
Conflict Resolution (3 Year Refresher)	4	4	4	4	4	4												
Data Security Awareness (1 Year Refresher)	2	2	2	2	2	2												
Dementia Awareness (No Renewal)	4	4	4	4	4	4												
Equality and Diversity (3 Year Refresher)	4	2	2	4	4	4												
Fire Safety	2	0	0	2	2	2												
Health & Safety	4	2	4	4	4	4												
Infection Control	2	2	2	2	2	2												
Manual Handling	2	2	2	2	2	2												
Safeguarding	2	2	2	2	2	2												
Appraisal																		
Appraisal (1 Year Refresher) - Non-Medical Staff	12	12	12	12														
Appraisal (1 Year Refresher) - Medical Staff - rolling 12m	0	12	12	12	12	0												
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 Achieved	74	72	76	80	66	62												
WORKFORCE PERFORMANCE SCORE	64%	62%	66%	69%	59%	55%												
Score Available																		

Predictions September 2018 - Finance

FINANCE

	Sep Likely	Aug	Jul	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													12
Agency Expenditure	4	0	2	4	4	4													4
Capital	4	0	0	0	0	0													4
Cash	4	4	4	4	4	4													4
Borrowing	4	4	4	4	4	4													4
CIP	0	0	0	2	0	0													4
Use of Resource Metric	2	2	2	2	2	2													4
Score Achieved	30	22	24	28	26	26													Score Available 36
FINANCE PERFORMANCE SCORE	83%	61%	67%	78%	72%	72%													
E&F Score Achieved	66	48	50	58	56	56													
E&F Score Available	84	84	84	84	84	84													
EFFICIENCY & FINANCE PERFORMANCE SCORE	79%	57%	60%	69%	67%	67%													

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 September 2018 - Efficiency

EFFICIENCY

	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
Did Not Attend Rates	Likely																		
First DNA	2	2	2	2	2	2													4
Follow up DNA	4	4	4	4	4	4													4
Average length of stay																			
Average Length of Stay - Overall	4	4	4	4	4	4													4
Average Length of Stay - Elective	4	4	4	4	4	4													4
Average Length of Stay - Non Elective	4	4	4	4	4	4													4
Day Cases																			
Day Case Rate	4	4	4	4	4	4													4
Failed Day Cases	2	0	0	0	0	0													4
Elective Inpatients with zero LOS	4	4	4	4	4	4													4
Theatre Utilisation																			
Theatre Utilisation (TT) - Main Theatre - CRH	2	0	0	0	0	0													4
Theatre Utilisation (TT) - Main Theatre -HRI	4	0	0	4	4	4													4
Theatre Utilisation (TT) - HRI DSU	2	0	0	0	0	0													4
Theatre Utilisation (TT) - HRI SPU	0	0	0	0	0	0													4
Score Achieved	36	26	26	30	30	30													
EFFICIENCY PERFORMANCE SCORE	75%	54%	54%	63%	63%	63%													
Score Available																			48

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

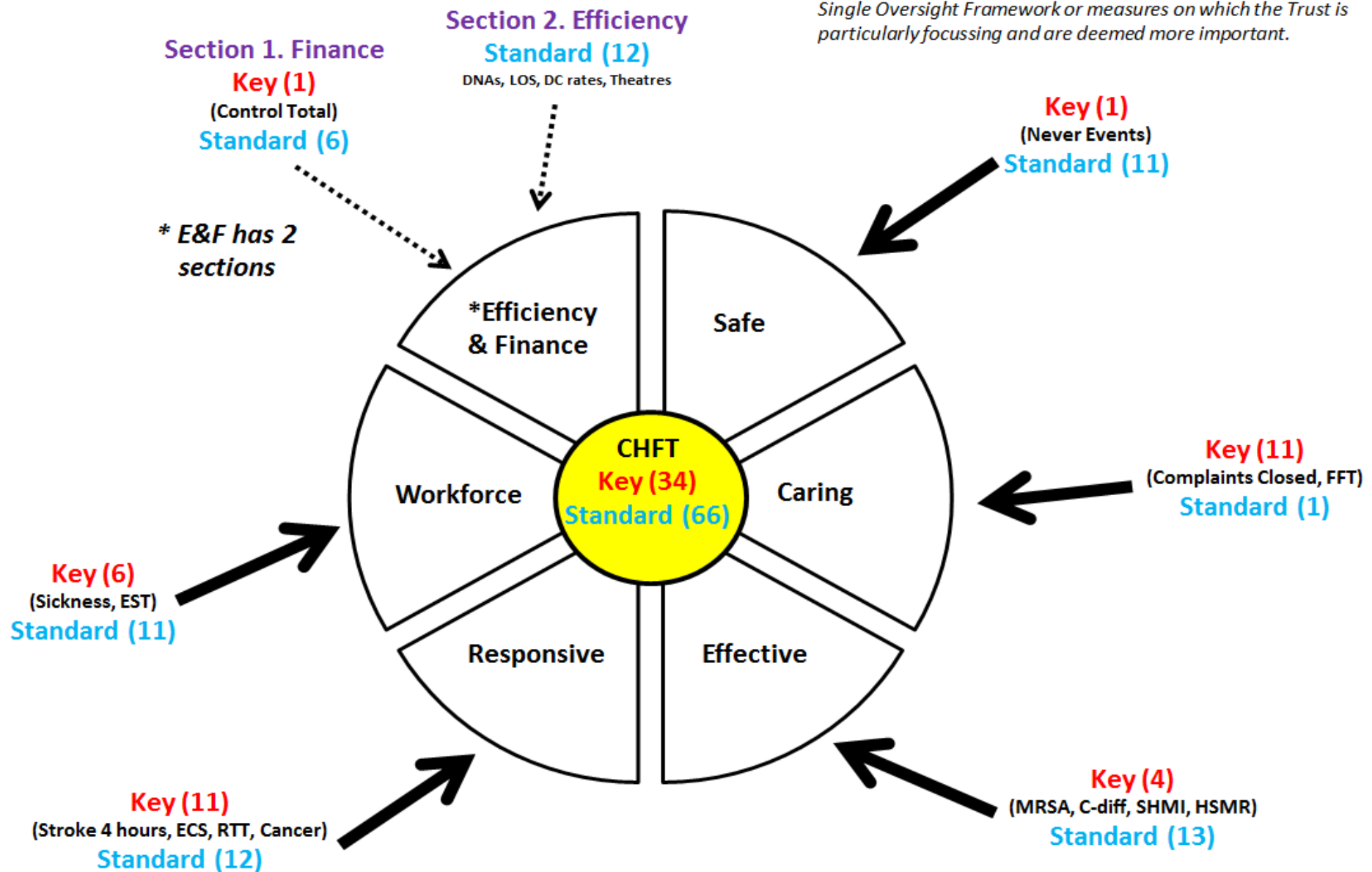
- Add up the scores for each KPI per domain; divide by the maximum total score possible for that domain to get a percentage score.
- Apply the thresholds for the overall domain to get a RAG rating for each domain.
- Thresholds: < 50% is **red**, 50% to < 75% is **amber** and 75% and above is **green**.

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

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.



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
- **HDU** - High Dependency Unit
- **HOM** - Head of Maternity
- **HRG** - Healthcare Resource Group
- **HR** - Human Resources
- **HRI** - Huddersfield Royal Infirmary
- **HSMR** - Hospital Standardised Mortality Rate
- **I&E** - Income and Expenditure
- **ICU** - Intensive care unit
- **IT** - Information Technology
- **KPI** - Key Performance Indicator
- **LOS** - Length of Stay
- **LTC** - Long Term Condition
- **MAU** - medical admission unit
- **MRI** - Magnetic resonance imaging
- **MRSA** - Methicillin-Resistant Staphylococcus Aureus
- **MSK** - Musculo-Skeletal
- **MSSA** - Methicillin Susceptible Staphylococcus Aureus
- **NHSE** - NHS England
- **NHSI** - NHS Improvement
- **NICU** - Neonatal Intensive Care Unit
- **NoF** - Neck of Femur
- **OD** - Organisational Development
- **PAS** - Patient Administration System
- **PbR** - Payment by Results
- **PHE** - Public Health England
- **PHSO** - Parliamentary and Health Service Ombudsman
- **PPH** - Postpartum Haemorrhage
- **PRM** - Performance Review Meeting
- **PTL** - Patient Tracking List
- **PU** - Pressure Ulcer
- **QIPP** - Quality, Innovation, Productivity and Prevention
- **RAG** - Red Amber Green
- **RCA** - Root Cause Analysis
- **RN** - Registered Nurse
- **RTT** - Referral to Treatment
- **SACT** - Systemic Anti-Cancer Treatment
- **SAU** - Surgical Admission Unit
- **SH** - Safety Huddle
- **SHMI** - Summary Hospital-level Mortality Indicator
- **SI** - Serious Incident
- **SITREPs** - Situation reports
- **SSNAP** - Sentinel Stroke National Audit Programme
- **SOP** - Standard Operating Protocol
- **SRG** - Systems Resilience Group
- **SUS** - Secondary Uses Service
- **UCLAN** - University of Central Lancashire
- **UTI** - Urinary Tract Infection
- **UoR** - Use of Resources
- **Var** - Variance
- **VTE** - Venous Thromboembolism
- **WLI** - Waiting List Initiative
- **WTE** - Whole Time Equivalent
- **YAS** - Yorkshire Ambulance Service