

# Quality and Performance Report

September 2018

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

## Performance Summary

### To Note

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

% of Initial Screening Reviews (Mortality) has been removed as an indicator and this has improved performance by 0.4 percentage points month on month.

We are in the process of refining the initial screening mortality review process. We will move away from % of mortality reviews complete e.g. not aiming to performance manage this. The focus of mortality reviews should be QI which is where clinical teams will focus. Once established the new process will see approximately 50% of all deaths being reviewed.

Board are provided with a quarterly update as part of the LfD report. We will maintain oversight on this and support the QI needed to make a difference.

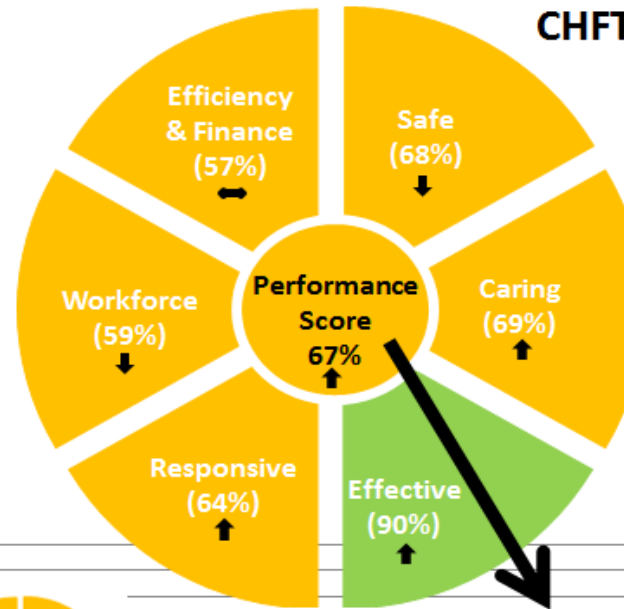
For Friends and Family Test A & E Survey - % would recommend the Service – the threshold for Amber has reduced and this has improved performance in some instances by up to 1 percentage point.

# Performance Summary

## September

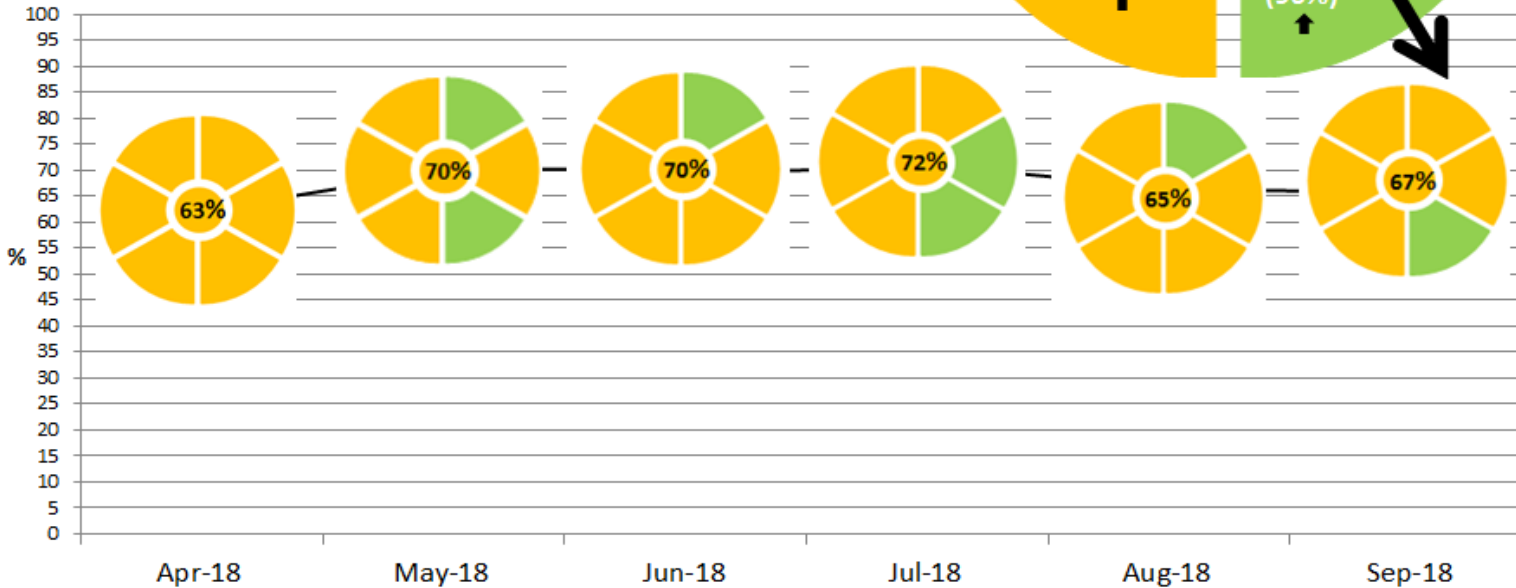
### RAG Movement

September's Performance Score has improved by 2 percentage points to 67%. The SAFE domain has deteriorated to amber as there has been a never event in Medicine. The CARING domain's performance has improved as A&E FFT would recommend has gone from red to amber in-month. EFFECTIVE is now green with improvements in child mortality and MSSAs. The RESPONSIVE domain has improved but remains amber with cancer 62 days screening missing target but better performance in the Stroke targets. In WORKFORCE all 9 EST areas have deteriorated again in-month. Within EFFICIENCY & FINANCE Agency usage has improved in-month whereas I&E: Surplus/(Deficit) has deteriorated.



### SINGLE OVERSIGHT FRAMEWORK

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



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

Safe

Caring

Effective

Responsive

Workforce

Efficiency/  
Finance

Activity

CQUIN

## Key Indicators

	17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Annual Target	Monthly Target
<b>SAFE</b>										
Never Events	1	0	0	0	0	0	1	1	0	0
<b>CARING</b>										
% Complaints closed within target timeframe	48.70%	37.00%	44.00%	30.00%	31.00%	33.00%	53.00%	37.00%	95%	95%
Friends & Family Test (IP Survey) - Response Rate	31.40%	39.97%	39.75%	38.83%	36.47%	37.83%	34.93%	37.96%	>=25.9% / 24.5% from June 18	
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.78%	97.98%	97.38%	97.42%	97.65%	97.70%	97.48%	>=96.3% / 96.7% from June 18	
Friends and Family Test Outpatient - Response Rate	10.10%	11.30%	10.45%	11.43%	11.40%	11.32%	11.61%	11.24%	>=5.3% / 4.7% from June 18	
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	90.66%	90.99%	90.40%	90.79%	90.82%	90.96%	90.77%	>=95.7% / 96.2% from June 18	
Friends and Family Test A & E Survey - Response Rate	10.20%	10.74%	9.55%	12.85%	15.25%	14.53%	13.10%	12.69%	>=13.3% / 11.7% from June 18	
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	84.65%	86.35%	84.28%	84.30%	82.15%	84.75%	84.28%	>=86.5% / 87.2% from June 18	
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	33.20%	34.80%	34.80%	33.70%	35.59%	36.35%	34.78%	>=22.0% / >=20.8% from June 18	
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.00%	98.90%	98.20%	98.36%	98.09%	99.05%	98.46%	>=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%	6.50%	4.98%	>=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%	92.89%	93.67%	>=96.2% / >=96.6% from June 18	
<b>EFFECTIVE</b>										
Number of MRSA Bacteraemias – Trust assigned	5	0	0	1	0	0	0	1	0	0
Preventable number of Clostridium Difficile Cases	8	3	1	1	0	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							83.56	<=100	100
<b>RESPONSIVE</b>										
Emergency Care Standard 4 hours	90.61%	91.52%	93.23%	94.78%	92.37%	91.15%	89.63%	92.15%	>=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%	70.21%	60.40%	>=90%	90%
% Incomplete Pathways <18 Weeks	93.75%	93.77%	93.32%	94.05%	93.99%	93.18%	93.00%	93.00%	>=92%	92%
Two Week Wait From Referral to Date First Seen	94.09%	95.63%	98.78%	98.61%	98.82%	97.67%	98.71%	98.08%	>=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%	100.00%	97.41%	>=93%	93%
31 Days From Diagnosis to First Treatment	99.83%	100.00%	99.37%	99.41%	100.00%	100.00%	100.00%	99.79%	>=96%	96%
31 Day Subsequent Surgery Treatment	99.26%	100.00%	100.00%	100.00%	97.22%	100.00%	100.00%	99.33%	>=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%	>=98%	98%
38 Day Referral to Tertiary	45.49%	47.62%	40.00%	50.00%	50.00%	44.44%	40.00%	45.75%	>=85%	85%
62 Day GP Referral to Treatment	88.67%	90.66%	92.35%	83.98%	87.72%	83.67%	88.17%	87.58%	>=85%	85%
62 Day Referral From Screening to Treatment	94.87%	81.82%	91.67%	100.00%	100.00%	100.00%	83.33%	93.94%	>=90%	90%
<b>WORKFORCE</b>										
Sickness Absence rate (%) - Rolling 12m	4.10%	4.10%	4.07%	4.04%	4.01%	3.97%	*	-	4%	4%
Long Term Sickness Absence rate (%) -Rolling 12m	2.55%	2.54%	2.53%	2.51%	2.48%	2.45%	*	-	2.7%	2.7%
Short Term Sickness Absence rate (%) -Rolling 12m	1.55%	1.56%	1.53%	1.53%	1.53%	1.52%	*	-	1.3%	1.3%
Overall Essential Safety Compliance		95.00%	94.40%	93.96%	93.84%	91.56%	90.12%	-	95%	95%
Appraisal (1 Year Refresher) - Non-Medical Staff - Rolling 12m	93.50%	15.43%	62.67%	96.65%	96.74%	95.74%	95.76%	-	95%	95%
Appraisal (1 Year Refresher) - Medical Staff - Rolling 12m	69.88%	99.75%	99.70%	98.65%	96.59%	97.21%	97.42%	-	95%	95%
<b>FINANCE</b>										
I&E: Surplus / (Deficit) Var £m	-7.97	0.01	0.00	0.00	0.01	0.26	-0.02	0.25		

## Most Improved/Deteriorated

MOST IMPROVED	MOST DETERIORATED	ACTIONS
<p>% PPH <math>\geq</math> 1500ml - all deliveries - at 2.2% lowest rate since March.</p> <p>Sickness Absence rate (%) - rolling 12 months - finally below 4%.</p>	<p>Never Event - In ED a Paediatric patient was transferred to the ward and attached to air rather than Oxygen.</p> <p>Essential Safety Training compliance has fallen again in-month in each of the 9 EST areas.</p>	<p>As an immediate response to this the division has re-enforced in the department that student nurses do not transfer patients to wards. Also removed all air ports when not in use in the department. This action has been re-enforced and monitored throughout the Division in line with NPSA alert. The incident is under investigation currently.</p> <p>A 'Deep Dive' into EST was held in September with Divisions asked to provide recovery plans at Workforce Committee on 8th October. All Divisions now have a robust EST Action Plan to drive up compliance across all EST elements.</p>
<p>% Complaints closed within target timeframe - at 55% best position since March.</p>		

## Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none"> <li><b>Number of Incidents with Harm</b> - YTD position suggests large increase on 2017/18 although higher number is due to better reporting. An assurance report comparing our practice and possible further work to the first acute sector report on wrong implants (one of the Never Event Categories) went to the Serious Incident Review Group in September. The Trust can learn from other Trusts across the country to try to prevent making similar errors. The Trust has started to monitor the reports of the Health Service Investigation Branch (HSIB) for learning from investigations.</li> <li><b>Never Event</b> - first one since October 2017. This related to the use of air instead of oxygen. This was noted and quickly rectified resulting in no long term harm.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Complaints closed within timeframe</b> - Of the 40 complaints closed in September, 53% (21/40) of these were closed within target timeframe, best performance this year. The number of overdue complaints was 25/109 (23%) at the end of September; compared to 15/100 (15%) at the end of August. Medicine division has now implemented the recommendations of the deep dive and employed additional administrative support for 3 months.</li> <li><b>Friends and Family Test Outpatients Survey - % would recommend the Service</b> - Performance is still under 91% which is below 95.7% target. The matrons and area managers are working with staff so that they engage with patients to promote the survey and therefore receive valuable feedback. 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.</li> <li><b>Friends and Family Test A &amp; E Survey - % would recommend the service.</b> Performance has improved slightly to 84.75% in month. Plans are in place to tackle the main themes.</li> <li><b>Friends and Family Test Community Survey - % would recommend the Service.</b> Performance has fallen again to 92.89% against 96.6% target. In reviewing the national comparators CHFT Community Division is performing well nationally. An FFT deep dive has been presented to WEB.</li> <li><b>% Dementia patients following emergency admission aged 75 and over</b> - current performance at 28.21% has deteriorated and is still some distance from 90% target. CNIO and CCIO will be leading on digital update. Nurse Consultant and Head of the Acute Frailty Service providing professional leadership with Matrons and clinical team and tracking on a weekly basis. Workplan will be reviewed at the end of November. EPR access issues mean that at present only doctors can update the assessment.</li> </ul>
Effective	<ul style="list-style-type: none"> <li><b>#Neck of Femur</b> - performance improved to 80.85% in September but still struggling to achieve and maintain 85% target. Patients who breach their 36 hours to theatre target will now undergo an RCA to ensure a robust process is in place for learning. The directorate team will be reporting findings back to the Exec sponsors.</li> </ul>

### Background Context

All divisions continue to plan a response to the CQC action plan following the recent 'Good' CQC inspection making progress on must do's.

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 and Surgery vacancies/gaps in the management teams have continued which has stretched capacity but most posts are now recruited to with start dates imminent.

There continues to be issues with vacancies in several key specialties that require capacity to deliver elective capacity and on-call which is driving continued use of agency consultants where available. For some specialties locum cover has not been secured and alternative options to reduce activity and demand are being worked through.

The ward decant programme for flooring is nearing completion with nurse staffing moving back to normal levels.

A reduction in the Cardiology bed base (8 beds) started in September as part of releasing post-reconfiguration benefits.



## Executive Summary

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Area	Domain
Responsive	<ul style="list-style-type: none"> <li><b>Emergency Care Standard 4 hours</b> - at 89.63% in September, (91.11% all types) - lowest performance since March. Reviewing the junior doctor staffing rota including the training schedule and the internal process for filling gaps. Also reviewing ACP staffing plan and a trajectory of what gaps will be filled on the doctors' rota by when and requirements needed to move to a 7 day 16 hour consultant led service.</li> <li><b>% Stroke patients Thrombolysed within 1 hour</b> - last 2 months only around 40% against 55% target compared to usual 80% plus achievement. All patients who receive thrombolysis have a case review to consider delays and where they were avoidable.</li> </ul>
	<ul style="list-style-type: none"> <li><b>38 Day Referral to Tertiary</b> - 40% for September. All 7 day pathways to be in place by the end of October which will inform a step change.</li> <li><b>62 Day Referral from Screening to Treatment</b> - just missed the 90% target at 83.3% for September. First time missed since April. This equated to 0.5 breaches and impacts heavily as the numbers treated are low. The breach patient was complex as the diagnosis needed clarifying at Leeds melanoma MDT. There was a 14 day wait for Leeds MDT discussion and the patient was then referred back to Pinderfields for surgery.</li> <li><b>Appointment Slot Issues on Choose &amp; Book</b> - improved to 28% in-month. Capacity issues within Oral Surgery and Ophthalmology. Ophthalmology prioritising vacant slots for patients on pending lists alongside vacant consultant posts.</li> </ul>
Workforce	<ul style="list-style-type: none"> <li><b>Overall Sickness absence/Return to Work Interviews</b> - Sickness is now achieving the overall sickness target of 4% over a rolling 12 month period. RTWI performance has improved in month but is still below target and is still being addressed at monthly PRM sessions.</li> <li><b>Essential Safety Training</b> compliance has fallen again in-month in each of the 9 EST areas. A 'Deep Dive' into EST was held in September with Divisions asked to provide recovery plans at Workforce Committee on 8th October. All Divisions now have a robust EST Action Plan to drive up compliance across all EST elements.</li> </ul>
	<ul style="list-style-type: none"> <li><b>Finance: Year to Date Summary</b> The year to date deficit is £24.31m, a £0.25m favourable variance from plan.           <ul style="list-style-type: none"> <li>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.</li> <li><b>Aside from this the position is in line with plan.</b> <ul style="list-style-type: none"> <li>Clinical contract income performance is below plan by £1.88m. The Aligned Incentive Contract (AIC) protects the income position by £1.65m in the year to date leaving a residual pressure of £0.23m. However, a proportion of this income protection (£0.82m) is as a result of CIP plans and management decisions where there is a corresponding reduction in cost. When these elements are adjusted for, the impact is reduced to £0.83m.</li> <li>CIP achieved in the year to date is £6.05m against a plan of £6.51m, a £0.46m pressure.</li> <li>Divisional budgets (excluding Calderdale &amp; Huddersfield Solutions) are now overspent by £1.00m year to date. This pressure has been mitigated by the release of all of the Trust's contingency reserves in the year to date a total of £1.00m. 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.</li> <li>Agency expenditure is £0.03m below the agency trajectory set by NHSI, despite last month's prior period adjustment.</li> </ul> </li> <li><b>Key Variances</b> <ul style="list-style-type: none"> <li>Medical staffing expenditure continues above plan in both Surgery and FSS with a year to date adverse variance to plan at Trust level of £1.60m. However, against the agency trajectory there was a significant improvement in month, with <b>Medical Agency dropping below the planned level in month for the first time this year.</b></li> <li><b>Nursing pay expenditure reduced in month</b>, with a reduction in both agency and bank expenditure. Year to date the adverse expenditure variance has reduced to £0.21m (excluding the impact of pay awards which is funded as income).</li> </ul> </li> <li><b>Forecast</b> <ul style="list-style-type: none"> <li>The forecast is to achieve the planned £43.1m deficit; this relies upon full delivery of the £18m CIP plan including high risk schemes.</li> <li>The underlying position is driving an additional recovery requirement with a total value of £1.66m. £0.68m of recovery actions have been agreed and incorporated within Divisional forecasts. A further £0.96m of recovery plans are being scoped against a recovery requirement of £0.98m.</li> </ul> </li> </ul> </li> </ul>
Finance	

### Background Context

Within the Community division the move out of St Johns has now been completed and teams are now settling into their new bases. Further estates rationalisation is planned which has raised concerns from some GP Practices. Responses will be coordinated by CHFT and Calderdale CCG so that the approach is consistent with the approach described in Calderdale Care.

Maternity services saw one of their busiest months of the year - the service continues to manage higher than planned vacancies and maternity leave in keeping the service safe.

Some service disruption was seen during September following the failure of the Radiopharmacy isolator. This had some impact on those services relying on isotopes produced by the unit including Breast, Cardiology and Fluoroscopy. Plans are in place to repair the unit in early October ahead of a wider service change during 2019/20.

The Pathology team have been working with GPs to develop a scheme to support demand management - this involves highlighting tests which have been recently requested at the time of rerequest. This scheme is in place and having a positive impact on demand from GPs.

The Phlebotomy team presented some community model options to the Primary/Secondary care interface group. This went really well and plans are in place to develop something different from Q4 of 2018/19.

This month the Pharmacy team were finalising arrangements to commence an enhanced weekend service to wards during the winter months - this will start from the beginning of October. The team were also winners at the Medipex Innovation Awards - the team won £2,000 in recognition of the work done in developing the AMoS software used in the Trust. The money will be used to further develop the software.



## Safe - Key messages

Area	Reality	Response	Result
<b>% Harm Free Care</b>	<p><b>% Harm Free Care</b> - remains consistent at around 93.5% 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 Trust is undertaking a number of quality improvement collaboratives with NHSI which include some of the indicators within the safety thermometer which measures harm free care.</p> <p>The UTI collaborative is established and this month we have been invited to join the pressure ulcer national collaborative to further progress improvement.</p>	<p>Expected by: Target remains to achieve 95% however significant improvement not expected until the new validation process is embedded alongside a WTGR session in Q4.</p> <p>Accountable: Chief Nurse</p>
<b>Patient Incidents with Harm</b>	<p>There were 236 Incidents with Harm in month, an increase from last month. The majority of harm events relate to falls and pressure ulcers.</p> <p><b>One</b> Never Event reported in month.</p>	<p>An assurance report comparing our practice and possible further work to the first acute sector report on wrong implants (one of the Never Event Categories) went to the Serious Incident Review Group in September. The Trust can learn from other Trusts across the country to try to prevent making similar errors.</p> <p>The Trust has started to monitor the reports of the Health Service Investigation Branch (HSIB) for learning from investigations.</p> <p>By the end of Q3 there will be a report to better illustrate the percentage of incidents with harm in relation to all incidents reported and how the Trust benchmarks in relation to that performance measure.</p>	<p>The Trust aims to continue at zero Never Events</p> <p>We aim to reduce harm in the organisation, with significant harm (orange or red) as less than 5% of total incidents, and total harm to less than 25% of total.</p> <p>Accountable ADQS</p>

## Safe - Key measures

	17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Annual Target	Monthly Target
<b>Falls / Incidents and Harm Free Care</b>																	
All Falls	1,790	135	138	144	163	138	149	175	152	140	153	155	135	148	883	Refer to SPC charts	
Inpatient Falls with Serious Harm	30	0	2	1	3	1	3	3	1	1	3	1	5	5	16	Refer to SPC charts	
Falls per 1,000 bed days	7.00	6.29	6.44	6.91	7.80	6.30	7.50	7.80	7.32	6.64	7.74	7.34	7.01	7.83	7.31	Refer to SPC charts	
% Harm Free Care	93.66%	94.82%	93.90%	93.41%	93.45%	92.70%	92.30%	92.50%	91.70%	94.50%	92.00%	92.70%	93.60%	93.54%	92.92%	>=95%	95%
Number of Serious Incidents	62	3	5	5	6	4	6	4	5	5	1	3	1	4	19	Refer to SPC charts	
Number of Incidents with Harm	2,101	122	163	187	212	209	179	259	211	219	181	197	222	236	1,266	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	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0
Percentage of SIs investigations where reports submitted within timescale – 60 Days	37.53%	42.00%	0.00%	37.80%	30.00%	25.00%	66.00%	0.00%	40.00%	14.00%	37.50%	83.30%	0.00%	0.00%	35.48%	>=50%	50%
<b>Maternity</b>																	
Elective C-Section Rate	10.00%	9.70%	9.10%	11.70%	9.20%	9.60%	11.00%	11.60%	9.70%	10.20%	8.60%	8.90%	10.00%	10.60%	9.70%	<=10% Threshold	10%
Emergency C-Section Rate	13.90%	13.50%	13.80%	14.50%	14.60%	16.80%	15.70%	14.40%	20.30%	15.10%	19.10%	15.00%	16.60%	15.10%	16.80%	<=15.6% Threshold	15.6%
Total C-Section Rate	23.92%	23.23%	22.84%	26.21%	23.80%	26.40%	26.10%	25.93%	30.00%	25.29%	27.75%	23.92%	26.53%	25.62%	26.44%	<=26.2% Threshold	26.2%
Proportion of Women who received Combined Harm Free Care	76.17%	71.43%	74.60%	64.00%	71.74%	85.71%	71.43%	76.92%	81.67%	78.72%	74.60%	68.52%	72.97%	in arrears	75.30%	>=70.9%	70.9%
% PPH ≥ 1500ml - all deliveries	3.00%	3.70%	3.20%	2.40%	4.18%	1.80%	3.60%	2.10%	3.08%	5.80%	3.80%	4.10%	2.70%	2.20%	3.60%	<=3.0%	3.0%
Antenatal Assessments < 13 weeks	91.44%	90.13%	92.37%	92.77%	90.60%	91.51%	91.93%	90.00%	91.20%	93.03%	91.30%	91.10%	92.38%	90.21%	91.57%	>90%	90%
Maternal smoking at delivery	12.50%	13.10%	10.30%	11.90%	16.70%	11.86%	13.06%	13.70%	17.20%	10.90%	12.90%	12.80%	12.90%	11.50%	12.90%	<=11.9%	11.90%
<b>Pressure Ulcers</b>																	
Number of Trust Pressure Ulcers Acquired at CHFT	427	26	36	32	48	42	28	59	44	33	40	41	33	under validation	191	Refer to SPC charts	
Pressure Ulcers per 1000 bed days	1.67	1.21	1.68	1.53	2.3	1.92	1.41	2.67	2.12	1.57	2.02	1.94	1.71	under validation	2.12	Refer to SPC charts	
Number of Category 2 Pressure Ulcers Acquired at CHFT	313	14	26	23	38	31	17	51	34	25	29	23	30	under validation	141	Refer to SPC charts	
Number of Category 3 Pressure Ulcers Acquired at CHFT	105	12	10	9	10	10	10	6	10	8	10	18	3	under validation	49	Refer to SPC charts	
Number of Category 4 Pressure Ulcers Acquired at CHFT	8	0	0	0	0	1	1	1	0	0	1	0	0	under validation	1	0	0
% of leg ulcers healed within 12 weeks from diagnosis	95.20%	100.00%	93.80%	88.50%	100.00%	88.00%	96.30%	95.00%	87.50%	93.62%	100.00%	93.50%	92.30%	97.22%	93.70%	>=90%	90%
Percentage of Completed VTE Risk Assessments	94.68%	92.70%	97.34%	97.06%	96.69%	96.44%	97.07%	97.29%	97.35%	97.10%	97.80%	97.82%	96.56%	96.86%	97.24%	>=95%	95%
<b>Safeguarding</b>																	
Alert Safeguarding Referrals made by the Trust	168	12	16	12	12	9	15	15	24	26	24	19	28	17	138	Not applicable	
Alert Safeguarding Referrals made against the Trust	170	18	9	18	6	23	16	14	6	17	35	7	6	16	87	Not applicable	
Community Medication Incidents	41	2	5	4	7	2	2	1	3	1	3	0	5	0	12	0	0
Health & Safety Incidents	274	31	25	22	30	18	13	21	21	14	20	25	20	21	121	0	0
Health & Safety Incidents (RIDDOR)	10	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
Medical Reconciliation within 24 hours	0	0	0	0	0	0	0	0	26.3	27.3	26.7	26.7	25	28	26.9	>=68%	68%
<b>Electronic Discharge</b>																	
% Complete EDS	96.03%	96.07%	96.72%	97.91%	97.79%	97.49%	95.53%	93.18%	99.08%	98.36%	98.50%	96.83%	93.82%	92.14%	96.46%	>=95%	95%

## Caring - Key messages

Area	Reality	Response	Result
<b>Friends and Family Test Outpatients Survey - % Would Recommend</b>	<p>Performance continues to average around 91%. 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>
<b>Friends &amp; Family Test - AE % Would Recommend</b>	<p>Friends and Family Test A &amp; E Survey - % would recommend the Service has performed under target at 88% in month.</p>	<p>Feedback and comments are analysed and actions plans are in place to address issues highlighted.</p>	<p>Expected by: November 2018</p> <p>Accountable: Matron in ED</p>
<b>Friends and Family Test Community Survey - % would recommend the Service and response rate</b>	<p>Our FFT responses for September show that 92.9% of respondents would recommend our service, compared to 94.1% in August. There were 4 'extremely unlikely to recommend' responses and 5 'unlikely to recommend' which will be investigated in further detail to identify any additional actions required divisionally. There has been a significant increased in responses this month to 956 compared to 640 in August</p>	<p>Collecting FFT data is still a focus for the division, concentrating on both the collection of data as well as following up and responding to negative responses. In reviewing the national comparators CHFT Community Division is performing well against national figures. FFT deep dive has now been presented to WEB.</p>	<p>We will continue to monitor the response rate and the process of collecting and reporting data.</p> <p>By When: October 2018 Accountable: Director of Operations</p>
<b>% Dementia patients following emergency admission aged 75 and over</b>	<p>% Dementia patients following emergency admission aged 75 and over remains consistent at just under 30%.</p> <p>Surgical division showed their highest in month performance.</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

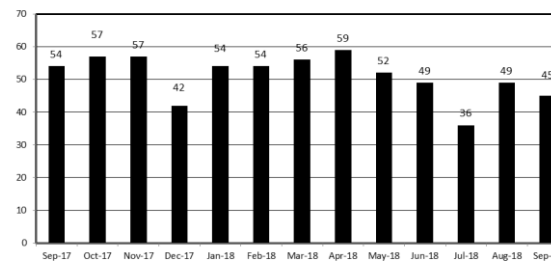
Area	Reality	Response	Result
<b>% Complaints closed within target timeframe</b>	53% of complaints were closed on or before time during September ( 21/40) - the best Trust performance year to date.	Complaints are monitored on a weekly basis, each complaint that is breaching, is then highlighted to the complaint leads for that Division.	With continued support from the Divisional triumvirate, the backlog of breaching complaints is expected to be cleared by the end of October 2018.
	Surgical division closed 75% of complaints in time, FSS 67% and Medicine 42%.	The reason for any delay can then be investigated and resolved, or if necessary, escalated to the Divisional triumvirate. Divisional panels are held weekly to discuss and review draft responses prior to signature Complaint management is reviewed weekly at ADN huddles.	Accountable : Head of Risk and Governance and Divisional Leads
	Medicine division continues to require significant input from the corporate complaints team to ensure responses meet the Trust's quality standards.	Medicine division have implemented the recommendations of the deep dive and employed additional administrative support for 3 months.	

### Complaints Background

The Trust received 41 new complaints in September and re-opened 4 complaints, making a total number of 45 complaints, which is a reduction of 4 complaints from August.

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

Complaints by Received (Month and Year)



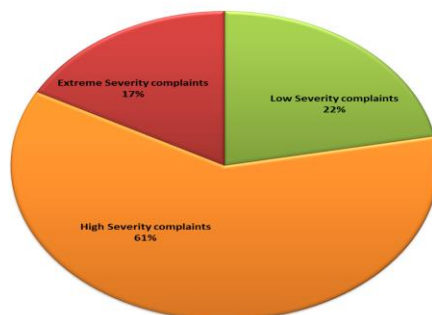
The complaints subjects have remained the same. Complaint subjects and trends form part of the Complaints Quarterly Report which is then discussed at the Patient Experience Groups.

Severity: The Trust received 7 new Red complaints in September, 3 assigned to the Medical Division, 2 assigned to SAS, 1 assigned to FSS and 1 assigned to Community.

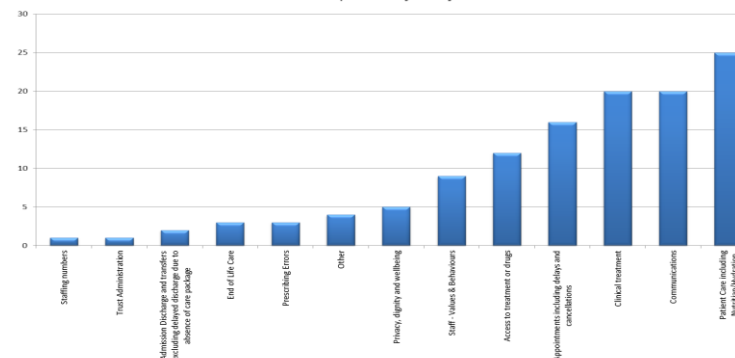
#### PHSO Cases:

We received 0 new Ombudsman/PHSO cases in September and none were closed. There were 7 active cases under investigation by the Ombudsman at the end of September.

Complaints - Severity



Complaints by Subject



## Caring - Key measures

	17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold/Monthly
<b>Complaints</b>																	
% Complaints closed within target timeframe	48.70%	63.41%	44.40%	53.00%	38.00%	54.00%	31.00%	52.00%	37.00%	44.00%	30.00%	31.00%	33.00%	53.00%	37.00%	95%	95%
Total Complaints received in the month	593	52	50	56	43	53	53	52	57	51	48	36	48	40	280	Refer to SPC charts in Appendix	
Complaints re-opened	68	4	6	3	2	10	10	5	4	9	3	8	6	4	34	Refer to SPC charts in Appendix	
Inpatient Complaints per 1000 bed days	2.18	2.4	2.5	2.4	1.9	2.3	2.6	2.2	2.84	2.56	2.58	1.75	2.8	2.26	2.47	Refer to SPC charts in Appendix	
No of Complaints closed within Timeframe	293	26	16	38	29	28	14	24	18	27	15	23	18	21	122	Refer to SPC charts in Appendix	
<b>Friends &amp; Family Test</b>																	
Friends & Family Test (IP Survey) - Response Rate	31.40%	33.50%	34.10%	34.50%	30.10%	33.40%	33.50%	35.00%	39.97%	39.75%	38.83%	36.47%	37.83%	34.93%	37.96%	>=25.9% /24.5% from June 18	
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.70%	97.10%	96.80%	96.20%	96.80%	97.60%	97.60%	96.78%	97.98%	97.38%	97.42%	97.65%	97.70%	97.48%	>=96.3% / 96.7% from June 18	
Friends and Family Test Outpatient - Response Rate	10.10%	11.30%	11.30%	11.20%	10.20%	10.80%	11.10%	10.00%	11.30%	10.45%	11.43%	11.40%	11.32%	11.61%	11.24%	>=5.3% / 4.7% from June 18	
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	88.50%	89.40%	88.80%	90.00%	91.50%	90.60%	90.80%	90.66%	90.99%	90.40%	90.79%	90.82%	90.96%	90.77%	>=95.7% / 96.2% from June 18	
Friends and Family Test A & E Survey - Response Rate	10.20%	11.00%	11.10%	10.50%	10.10%	10.40%	10.30%	10.80%	10.74%	9.55%	12.85%	15.25%	14.53%	13.10%	12.69%	>=13.3% / 11.7% from June 18	
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	86.80%	86.10%	85.50%	85.20%	87.30%	85.00%	82.10%	84.65%	86.35%	84.28%	84.30%	82.15%	84.75%	84.28%	>=86.5% / 87.2% from June 18	
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	49.90%	36.20%	45.20%	36.20%	39.90%	47.30%	33.70%	33.24%	34.81%	34.78%	33.70%	35.59%	36.35%	34.78%	>=22.0% / >=20.8% from June 18	
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	97.90%	98.30%	98.20%	98.00%	98.50%	99.00%	98.50%	98.00%	98.94%	98.19%	98.36%	98.09%	99.05%	98.46%	>=97% / 97.3% from June 18	
Friends and Family Test Community - Response Rate	6.50%	12.70%	2.09%	4.50%	2.70%	1.60%	3.40%	2.80%	3.60%	6.30%	4.20%	4.40%	4.66%	6.50%	4.98%	>=3.4% / >=3.5% from June 18	
Friends and Family Test Community Survey - % would recommend the Service	90.00%	89.55%	97.48%	97.02%	91.30%	99.10%	96.40%	97.50%	93.90%	92.60%	92.00%	97.40%	94.06%	92.89%	93.67%	>=96.2% / >=96.6% from June 18	
<b>Caring</b>																	
Number of Mixed Sex Accommodation Breaches	5	0	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%	25.25%	26.71%	30.10%	27.73%	20.97%	20.72%	22.43%	24.61%	30.65%	28.41%	33.60%	29.64%	28.21%	29.18%	>=90%	90%

## Caring - What our patients are saying

### Some of the positive feedback we have received

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

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

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

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

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

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

### You Said...

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

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

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

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
<b>Infection Control : MSSA Bacteraemias &amp; E.coli</b>	<p><b>Number of E.Coli - Post 48 Hours</b> - there were 5 cases in the month, 3 in the Medical Division and 2 in the Surgery Division.</p> <p><b>MSSA Bacteraemia reported - Post 48 Hours.</b> There was 1 case of MSSA Bacteraemia within the Medical Division.</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>Ongoing.</p> <p>Accountable: Accountable Officer: Matron for Infection Control and Lead Consultant</p>
<b>% Sign and Symptom as a Primary Diagnosis</b>	<p>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>	<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, no changes noted at the beginning of Q3, so unlikely to now be seen until Q4.</p> <p>Accountable: Associate Medical Director and Clinical Coding Manager</p>
<b>Percentage Non-elective #NoF Patients With Admission to Procedure of &lt; 36 Hours - BPT based on discharge</b>	<p>81% of patients who were discharged in September had their #NoF Procedure within 36 Hours of being admitted.</p> <p>Of the non-clinical breaches – 1 was avoidable (patient not consented), 1 was patient requiring THR and remainder were due to cases taking longer on the list (surgery undertaken on the list scheduled to be done within timescale but actually done at 36.5 hours due to case before taking 1.5 hours longer than anticipated)</p>	<p>Patients who breach their 36 hours to theatre target will now undergo an RCA to ensure a robust process is in place for learning.</p> <p>The directorate team will be reporting findings back to the Exec sponsors.</p>	<p>CD is reviewing processes with the team and will bring proposals back to Division in October 2018.</p>



## Effectiveness - Key measures

	17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold/Monthly
<b>Infection Control</b>																	
Number of MRSA Bacteraemias – Trust assigned	5	0	0	0	0	0	2	0	0	0	1	0	0	0	1	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	40	2	1	6	4	7	3	7	4	4	4	1	1	1	15	No target	
Preventable number of Clostridium Difficile Cases	13	0	0	2	2	0	0	5	3	1	1	0	0	0	5	<=20	<= 2
C-diff per 100,000 bed days	0								18.64	19.47	19.41	18.27	in arrears	in arrears	18.27	No target	
Number of MSSA Bacteraemias - Post 48 Hours	22	3	1	0	2	2	0	2	0	1	0	1	3	1	6	<=12	1
Number of E.Coli - Post 48 Hours	48	4	6	2	6	7	6	4	6	4	1	5	4	5	25	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.06%	not reported	not reported	not reported	88.30%	92.20%	95.50%	95.70%	98.34%	96.37%	97.62%	96.10%	95.95%	96.12%	97.40%	>=95%	95%
<b>Mortality</b>																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.00%	0.43%	0.65%	0.45%	0.22%	0.29%	1.14%	0.25%	0.00%	0.94%	0.22%	0.45%	0.22%	0.35%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.17%	0.00%	0.00%	0.22%	0.22%	0.00%	0.29%	0.00%	0.25%	0.23%	0.23%	0.00%	0.45%	0.00%	0.19%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	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%	0.00%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.98	100.81	100.64	100.64	100.64	98.98	98.98	98.98	Next Publication due December 18						98.98	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47	91.47	89.86	87.79	86.16	85.19	83.91	82.47	83.34	82.9	83.56	Next Publication due November 18			83.56	<=100	100
Crude Mortality Rate	1.50%	1.31%	1.21%	1.34%	1.82%	1.93%	1.94%	1.60%	1.40%	1.17%	1.23%	1.01%	1.16%	1.23%	1.20%	No target	
<b>Coding and submissions to SUS</b>																	
% Sign and Symptom as a Primary Diagnosis	10.38%	10.14%	11.03%	9.83%	9.03%	9.70%	10.30%	10.41%	10.43%	9.92%	9.90%	10.00%	9.70%	9.90%	9.80%	<=9.0%	9.0%
Average co-morbidity score	6.11	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	5.43	>=4.61	4.61
Average Diagnosis per Coded Episode	5.86	5.78	5.81	5.67	5.88	5.84	5.95	5.91	5.8	5.7	5.76	5.76	5.8	5.53	5.73	>=5.5	5.5
CHFT Research Recruitment Target	1,485	138	144	133	98	173	140	129	148	210	244	203	107	138	1050	>=1,473	122
<b>Best Practice Guidance</b>																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	76.21%	66.67%	73.68%	92.31%	68.29%	74.42%	93.75%	87.88%	75.68%	83.33%	85.42%	78.57%	67.65%	80.85%	79.10%	>=85%	85%
IPMR - Breastfeeding Initiated rates	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%	79.30%	77.65%	>=70%	70%
<b>Readmissions</b>																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	10.21%	9.64%	9.66%	9.90%	10.44%	10.90%	10.34%	9.63%	9.25%	10.32%	10.84%	8.99%	9.83%	in arrears	9.85%	<=9.8%	9.80%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	10.08%	9.82%	10.53%	9.44%	9.80%	10.54%	11.10%	10.28%	10.24%	9.80%	9.70%	10.61%	9.31%	in arrears	9.93%	<=8.03%	8.03%
<b>Community</b>																	
% Readmitted back in to Hospital within 30 days for Intermediate Care Beds	7.00%	5.40%	4.70%	3.10%	5.20%	7.90%	3.00%	6.30%	1.60%	10.90%	6.20%	1.60%	1.80%	3.40%	4.25%	0%	0%
Hospital admissions avoided by Community Nursing Services	1,389	129	122	74	63	130	151	172	158	178	176	156	142	153	963	>=116	116
Community - No Access Visits	0.93%	0.92%	0.85%	0.94%	0.82%	0.91%	0.93%	0.88%	0.84%	0.93%	0.96%	0.78%	0.81%	0.82%	0.85%	0%	0%

## Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	ECS - <4 hours performance decreased in month to 89.63%. A&E Ambulance Handovers 30-60 mins - 5 in month.	Plans to review the junior doctor staffing rota, including the junior doctor training schedule and the internal process for filling gaps, to review our ACP staffing plan and a trajectory of what gaps will be filled on the doctors' rota by when as well as to review what is required to move to a 7 day 16 hour consultant led service  Trialled having a senior decision maker at the front door to turn patients around. We have reviewed the trial and on average 15 patients were turned round at the front door each day. We will be discussing with the consultant team how we can facilitate this in the current rota.  There is no ambulance triage area at Calderdale, we are currently using the DOA room which means we have no ambulance triage when this is in use and given the size of the room only 1 ambulance can be triaged at any time. Going forward, we will locate a room to have a larger dedicated ambulance triage area at Calderdale, this will improve flow in to the department and reduce ambulance wait times.	Expected by: Plan to have developed a more detailed action plan with clear timescales by the end of October.  Accountable: Director of Operations - Medicine
	<p><b>% Stroke patients spending 90% of their stay on a stroke unit</b> is showing an increase in month to 91.49% which is above the 90% target - A SSNAP Score in September.</p> <p><b>% Stroke patients scanned within 1 hour of hospital arrival</b> is 55.32% in month achieving the 48% target - A SSNAP Score in September.</p> <p><b>% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival</b> was 70.21% in month (33 out of 47 patients). Although this is below the 90% target, September indicates the highest performance YTD - C SSNAP Score in September.</p> <p><b>% Stroke patients Thrombolysed within 1 hour</b> - 40% Stroke patients were thrombolysed within 1 hour of hospital arrival (2 out of 5) - C SSNAP Score in September.</p>	<p>Focus actions have been put in place with the aim of achieving an A for SSNAP that is sustainable across all areas. A follow-up meeting has been arranged for 15th October to discuss ongoing actions.</p> <p>For direct admissions 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&amp;E's.</p> <p>Stroke patients Thrombolysed within 1 hour - To continue to monitor in stroke CGM all patients who receive thrombolysis to have a case review to see what delays happened and why, and were the delays avoidable.</p>	<p>Expected by: An improvement expected by Q2 SSNAP Score 2018.</p> <p>Accountable: Divisional Director Medicine/Dr Nair.</p>
Cancer	<p><b>38 day Referral to Tertiary</b> - 40% in month which is a decrease from last month and well below the 85% target.</p> <p>Performance in Surgery was poor at 14%.</p> <p>Within the Medical Division there were 2 breaches in lung for September. One went over on day 36 for clinical oncology. Encouraged to have a biopsy back at CHFT which was refused originally. Led to 62 day breach. Second diagnostics were not done in time. CT lung biopsy took 10 days.</p> <p>Work continues with the tracking team to manage patient pathways</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>Challenges remain with the cancer targets but improvements are being seen and monitored.</p> <p>Expected by: November 2018.</p> <p>Accountable: GMS</p>

## Responsive - Key messages

Area	Reality	Response	Result
<b>ASI (Appointment Slot Issues) - Snapshot</b>	Oral Surgery and Ophthalmology have seen an increase in numbers on the ASI list.	There were capacity issues within Oral Surgery and Ophthalmology. Issues in Ophthalmology were prioritising vacant slots for patients on pending lists plus vacant consultant posts.	Improvement anticipated in Q3  A replacement second permanent dentist commenced in 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
<b>18 week Pathways (RTT)</b>	18 weeks Pathways >=26 weeks open: The position following ongoing validation is now at 500. 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 within their monthly cycle of work.	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	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold/Monthly
<b>Accident &amp; Emergency</b>																	
Emergency Care Standard 4 hours	90.61%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	94.78%	92.37%	91.15%	89.63%	92.15%	>=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%	91.11%	93.31%	>=95%	95%
A&E Ambulance Handovers 15-30 mins (Validated)	10,218	992	972	758	872	747	764	828	653	640	566	632	605	665	3,761	0	0
A&E Ambulance Handovers 30-60 mins (Validated)	287	17	7	5	16	26	10	15	6	10	9	3	6	5	39	0	0
A&E Ambulance 60+ mins	12	0	1	0	1	4	0	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	1	0	0	0	1	0	0
<b>Patient Flow</b>																	
Delayed Transfers of Care	2.80%	1.96%	3.51%	2.01%	3.40%	2.05%	1.89%	2.70%	3.24%	3.49%	3.61%	2.85%	2.82%	2.36%	3.08%	<=3.5%	3.5%
Coronary Care Delayed Discharges	44							44	44	45	42	56	44	40	271		
Green Cross Patients (Snapshot at month end)	108	120	90	119	100	117	124	108	119	119	99	103	75	91	91	<=40	<=40
<b>Stroke</b>																	
% Stroke patients spending 90% of their stay on a stroke unit	87.02%	91.38%	76.09%	92.00%	84.62%	95.12%	91.89%	78.69%	91.84%	85.71%	90.00%	88.00%	83.33%	91.49%	88.29%	>=90%	90%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	63.79%	46.81%	60.00%	52.50%	80.95%	70.27%	48.38%	58.00%	53.49%	68.63%	54.00%	59.02%	70.21%	60.40%	>=90%	90%
% Stroke patients Thrombolysed within 1 hour	81.93%	80.00%	88.89%	83.33%	100.00%	81.82%	83.33%	100.00%	83.33%	100.00%	60.00%	100.00%	42.86%	40.00%	69.23%	>=55%	55%
% Stroke patients scanned within 1 hour of hospital arrival	41.87%	38.98%	42.86%	37.25%	30.00%	57.14%	52.63%	41.94%	39.62%	40.43%	50.00%	45.10%	44.44%	55.32%	45.54%	>=48%	48%
<b>Cancellations</b>																	
% Last Minute Cancellations to Elective Surgery	0.84%	1.21%	0.89%	0.69%	0.54%	1.09%	0.76%	1.07%	0.34%	0.41%	0.27%	0.67%	0.59%	0.58%	0.48%	<=0.6%	0.6%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	7	0	0	1	0	5	1	0	0	1	0	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
<b>18 week Pathways (RTT)</b>																	
% Non-admitted Closed Pathways under 18 weeks	93.03%	92.35%	91.59%	90.60%	92.84%	92.32%	93.42%	92.33%	91.49%	92.48%	92.60%	92.95%	93.32%	92.04%	92.48%	>=95%	95%
% Admitted Closed Pathways Under 18 Weeks	83.21%	not available	80.79%	79.59%	82.73%	85.30%	83.51%	80.03%	81.13%	83.02%	80.78%	82.99%	81.53%	82.69%	82.02%	>=90%	90%
% Incomplete Pathways <18 Weeks	93.75%	92.41%	92.08%	92.45%	92.61%	94.09%	92.76%	93.75%	93.77%	93.32%	94.05%	93.99%	93.18%	93.00%	93.00%	>=92%	92%
18 weeks Pathways >=26 weeks open	549	541	602	1350	695	606	585	549	486	501	445	418	475	500	500	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%	98.72%	99.57%	97.27%	98.18%	99.07%	99.61%	99.59%	98.81%	98.74%	99.81%	99.32%	99.32%	99.13%	99.13%	>=99%	99%
<b>Cancer</b>																	
Two Week Wait From Referral to Date First Seen	94.09%	94.40%	94.19%	97.96%	99.01%	94.94%	99.06%	96.83%	95.63%	98.78%	98.61%	98.82%	97.67%	98.71%	98.08%	>=93%	93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	93.10%	93.33%	95.54%	96.82%	94.55%	98.26%	95.81%	95.48%	95.28%	98.94%	95.24%	100.00%	100.00%	97.41%	>=93%	93%
31 Days From Diagnosis to First Treatment	99.83%	99.26%	100.00%	100.00%	100.00%	99.41%	100.00%	100.00%	100.00%	99.37%	99.41%	100.00%	100.00%	100.00%	99.79%	>=96%	96%
31 Day Subsequent Surgery Treatment	99.26%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.22%	100.00%	100.00%	99.33%	>=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%	70.00%	47.62%	55.56%	50.00%	45.16%	52.38%	47.62%	47.62%	40.00%	50.00%	50.00%	44.44%	40.00%	45.75%	>=85%	85%
62 Day GP Referral to Treatment	88.67%	93.15%	84.03%	88.89%	88.05%	91.76%	88.24%	90.32%	90.66%	92.35%	83.98%	87.72%	83.67%	88.17%	87.58%	>=85%	85%
62 Day Referral From Screening to Treatment	94.87%	88.24%	100.00%	100.00%	100.00%	95.45%	100.00%	90.00%	81.82%	91.67%	100.00%	100.00%	100.00%	83.33%	93.94%	>=90%	90%
104 Referral to Treatment - Number of breaches	30.5	2	3	3.5	0.5	1	2.5	1	2.5	0.5	3	4.5	3	3.5	17	0	0
104 Referral to Treatment - Number of patients still waiting	0	0	0	0	0	0	0	0	0	0	0	4	12	7	7	0	0
<b>Elective Access</b>																	
Appointment Slot Issues on Choose & Book	21.45%	13.04%	16.46%	26.71%	28.82%	23.50%	33.14%	40.26%	34.92%	38.54%	41.14%	41.95%	28.85%	28.04%	35.52%	<=5%	5%
Holding List > 12 Weeks	3,967	9,821	9,232	7,624	7,163	6,199	4,750	3,967	3,175	2,707	2,449	2,467	2,657	2,560	2,560	0	0

## Workforce - Key Metrics

	17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold/Monthly
<b>Staff in Post</b>																	
Staff in Post Headcount		6009	6031	6048	6016	6044	6045	6036	6019	6023	6033	6051	6032	5654	-	-	
Staff in Post (FTE)		5240.47	5266.52	5280.54	5253.75	5271.98	5274.93	5269.51	5262.28	5268.71	5280.99	5298.02	5266.22	4979.85	-	-	
<b>Vacancies</b>																	
Establishment (Position FTE)**		5593.56	5600.07	5598.62	5612.80	5601.80	5606.00	5631.90	5620.33	5620.33	5620.33	5620.33	5620.33	5277.34	-	-	
Vacancies (FTE)**		341.47	333.55	318.08	359.05	329.82	331.07	369.62	358.06	351.62	339.34	322.31	354.11	297.49	-	-	
Vacancy Rate (%)**		6.10%	5.96%	5.68%	6.40%	5.89%	5.91%	6.43%	6.37%	6.26%	6.04%	5.73%	6.30%	5.64%	-	-	
<b>Staff Movements</b>																	
Turnover rate (%) - in month		0.93%	1.13%	0.66%	1.00%	0.72%	0.51%	1.06%	0.63%	0.84%	0.94%	0.77%	0.80%	0.74%	-	-	
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		11.22%	11.49%	11.37%	11.50%	11.49%	11.26%	11.45%	10.94%	10.91%	10.82%	10.29%	9.83%	9.64%	-	11.50%	<=11.5% Green <=12.5 >11.5% >12.5% Red
Retention/Stability Rate (%) - rolling 12m		88.55%	88.40%	87.88%	87.70%	87.60%	87.30%	87.71%	87.48%	87.44%	88.62%	88.57%	88.57%	82.28%	-	-	
<b>Sickness Absence - Rolling 12 month</b>																	
Sickness Absence rate (%) - rolling		4.06%	4.04%	4.04%	4.01%	4.04%	4.07%	4.09%	4.10%	4.07%	4.04%	4.01%	3.97%	*	-	4.00%	=< 4.0% - Green 4.01%-4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%) - rolling		2.54%	2.54%	2.55%	2.52%	2.53%	2.53%	2.54%	2.54%	2.53%	2.48%	2.45%	2.45%	*	-	2.70%	< 2.7% Green 2.71%-3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%) - rolling		1.52%	1.50%	1.49%	1.49%	1.52%	1.54%	1.55%	1.56%	1.53%	1.53%	1.53%	1.52%	*	-	1.30%	=< 1.3% - Green 1.31%-1.5% Amber >1.5% Red
<b>Sickness Absence - Monthly</b>																	
Sickness Absence rate (%) - in month		4.02%	4.07%	4.55%	4.26%	4.75%	4.41%	3.91%	3.58%	3.55%	3.61%	3.41%	3.14%	*	-		
Long Term Sickness Absence rate (%) - in month		2.41%	2.64%	2.81%	2.55%	2.53%	2.48%	2.37%	2.22%	2.38%	2.43%	2.13%	2.08%	*	-		
Short Term Sickness Absence rate (%) - in month		1.60%	1.43%	1.74%	1.72%	2.22%	1.93%	1.53%	1.36%	1.17%	1.18%	1.29%	1.06%	*	-		
<b>Attendance Management</b>																	
Sickness Absence FTE Days Lost		6387.79	6753.51	7219.03	6987.93	7780.88	6540.60	6419.42	5662.79	5737.89	5695.44	5583.05	5268.03	*	-		
Average days lost (FTE) per FTE		14.81	14.76	14.76	14.65	14.76	14.87	14.94	15.03	14.86	14.75	14.60	14.50	*	-		
Sickness Absence Estimated Cost (£)		£0.52M	£0.57M	£0.59M	£0.56M	£0.63M	£0.53M	£0.53M	£0.46M	£0.45M	£0.47M	£0.44M	£0.42M	*	-		
Return to work Interviews (%)		68.73%	66.95%	49.40%	49.78%	63.60%	58.47%	65.11%	60.38%	67.30%	68.50%	52.69%	64.07%	*	-	90.00%	90% Green 65%-89% Amber <65% Red
<b>Spend</b>																	
Substantive Spend (£)		£18.28M	£18.56M	£18.88M	£18.58M	£18.49M	£18.41M	£17.92M	£18.55M	£18.52M	£18.48M	£18.62M	£19.80M	£18.34M	-	-	
Bank Spend (£)		£0.46M	£0.64M	£0.67M	£0.53M	£0.57M	£0.64M	£0.84M	£0.86M	£1.05M	£0.90M	£1.05M	£1.03M	£0.87M	-	-	
Agency Spend (£)		£1.22M	£1.57M	£0.94M	£1.45M	£1.58M	£1.53M	£1.95M	£1.34M	£1.34M	£1.30M	£1.21M	£1.45M	£0.93M	-	-	
Proportion of Temporary (Agency) Staff		6.12%	7.56%	4.60%	7.06%	7.65%	7.42%	9.41%	6.41%	6.41%	6.28%	5.80%	6.52%	4.64%	-	-	
<b>Hard Truths</b>																	
Hard Truths Summary - Nurses/Midwives		82.15%	86.05%	88.03%	86.89%	86.74%	86.63%	86.85%	87.12%	87.06%	87.36%	85.67%	81.09%	83.61%	-	100.00%	
Hard Truths Summary - Day Care Staff		101.54%	100.99%	103.01%	96.41%	96.23%	94.74%	94.08%	108.54%	109.75%	110.17%	107.18%	103.75%	106.49%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives		90.01%	91.59%	93.50%	89.88%	92.94%	92.12%	91.16%	92.84%	111.60%	112.14%	91.24%	89.35%	89.64%	-	100.00%	
Hard Truths Summary - Night Care Staff		114.95%	110.15%	113.98%	108.78%	117.31%	121.45%	117.87%	121.01%	121.21%	122.31%	114.53%	115.02%	120.25%	-	100.00%	
<b>Essential Safety (12m rolling)</b>																	
Overall Essential Safety Compliance									95.00%	94.40%	93.96%	93.84%	91.56%	90.12%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Conflict Resolution (3 Year Refresher)									95.80%	95.67%	95.57%	97.49%	95.27%	94.46%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Data Security Awareness (1 Year Refresher)		78.02%	79.06%	81.37%	81.87%	86.43%	92.26%	93.77%	93.78%	93.68%	93.38%	92.71%	90.44%	89.35%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Dementia Awareness (No Renewal)									96.43%	96.52%	96.42%	98.25%	95.97%	95.61%	-	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%	89.25%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Fire Safety (1 Year Refresher)		84.06%	85.62%	83.89%	85.56%	87.94%	93.88%	95.21%	94.31%	90.93%	90.52%	89.66%	86.93%	83.86%	-	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%	90.22%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Infection Control (1 Year Refresher)		79.01%	80.99%	83.19%	84.01%	87.45%	92.68%	94.54%	94.38%	93.81%	93.93%	93.71%	90.18%	88.17%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Manual Handling (2 Year Refresher)		78.12%	77.58%	64.55%	66.51%	79.15%	87.09%	92.81%	92.96%	93.85%	92.27%	93.20%	90.25%	88.99%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Safeguarding (3 Year Refresher)		82.35%	82.30%	80.18%	83.17%	87.26%	89.59%	95.25%	93.62%	92.09%	92.34%	92.12%	91.10%	90.80%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
<b>Appraisal</b>																	
Appraisal (1 Year Refresher) - Non-Medical Staff		68.15%	96.28%	97.90%	95.61%	95.31%	94.73%	93.50%	15.43%	62.67%	96.65%	96.74%	95.74%	95.76%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Appraisal (1 Year Refresher) - Medical Staff									99.75%	99.70%	98.65%	96.59%	97.21%	97.42%	-	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

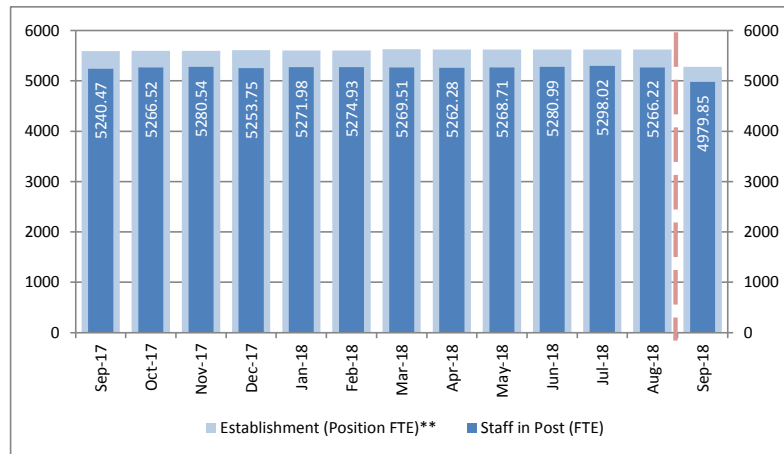
	Current Month Score	Previous Month	Trend	Change	NHSi Submitted Position
<b>WORKFORCE</b>					
Staff In Post (Headcount)	5654	6032	↓	-378	-
Staff In Post (FTE)	4979.9	5266.2	↓	-286.37	*5325.1
Establishment (FTE)	5277.3	5620.3	↓	-342.99	*5584.6
Starters	69.35	62.98	↑	6.37	-
Leavers	38.65	41.08	↑	-2.43	-
Vacancies (FTE)	297.49	354.11	↑	-56.62	259.50
Vacancies (%)	5.64%	6.30%	↑	-0.66%	4.65%
Turnover Rate (rolling 12 month) (%)	9.64%	9.83%	↑	-0.19%	**11.5%
<b>ATTENDANCE MANAGEMENT</b>					
Sickness Absence Rate (YTD) (%)	3.97%	4.01%	↑	-0.04%	4.0%
Long Term Sickness Absence Rate (YTD) (%)	2.45%	2.48%	↑	-0.03%	2.7%
Short Term Sickness Absence Rate (YTD) (%)	1.52%	1.53%	↔	-0.01%	1.3%
Sickness Absence Rate (month) (%)	3.14%	3.41%	↑	-0.27%	4.0%
Long Term Sickness Absence Rate (month) (%)	2.08%	2.13%	↑	-0.05%	2.7%
Short Term Sickness Absence Rate (month) (%)	1.06%	1.29%	↑	-0.23%	1.3%
Return to work interviews completed (%)	64.1%	52.7%	↑	11.38%	90.0%

	Current Month Score	Previous Month	Trend	Change	Target
<b>APPRAISAL</b>					
Appraisal (YTD)	95.76%	95.74%	↑	0.02%	95.00%
Medical Appraisal (YTD)	97.42%	97.21%	↑	0.21%	95.00%
<b>ESSENTIAL SAFETY TRAINING</b>					
Data Security Awareness (1 Year Refresher)	89.35%	90.44%	↓	-1.09%	95.00%
Infection Control (1 Year Refresher)	88.17%	90.18%	↓	-2.01%	95.00%
Fire Safety (1 Year Refresher)	83.86%	86.93%	↓	-3.07%	95.00%
Manual Handling (2 Year Refresher)	88.99%	90.25%	↓	-1.26%	95.00%
Safeguarding (3 Year Refresher)	90.80%	91.10%	↓	-0.30%	95.00%
Conflict Resolution (3 Year Refresher)	94.46%	95.27%	↓	-0.81%	95.00%
Equality & Diversity (3 Year Refresher)	89.25%	91.60%	↓	-2.35%	95.00%
Health, Safety & Wellbeing (3 Year Refresher)	90.22%	92.49%	↓	-2.27%	95.00%
Dementia Awareness (No Renewal)	95.61%	95.97%	↓	-0.36%	95.00%
<b>Key</b>					
↔	No movement from previous month	*	Includes CHS employees	**	Internal target rather than NHSi Submitted Position
↑	Improvement from previous month				Not achieving target
↓	Deterioration from previous month				Achieving target

	Current Month Avg Days	Previous Month	Trend	Change	Target (Days)
<b>RECRUITMENT</b>					
From authorisation start to final approval	17.5	11.5	↓	6.0	5
Recruiting managers time taken to shortlist	8.4	8.8	↑	-0.4	3
Recruiting managers time taken to inform recruitment following offer	4.2	4.9	↑	-0.7	2
Conditional offer to unconditional offer	18.6	20.9	↑	-2.3	18
Vacancy created to unconditional offer	54.2	69.7	↑	-15.5	45
<p><b>From authorisation start to final approval</b> - The average number of days between request of authorisation from Finance to final approval from Vacancy Control Panel.</p> <p><b>Recruiting managers time taken to shortlist</b> - The average number of days between vacancy closing date and the recruiting manager shortlisting.</p> <p><b>Recruiting managers time taken to inform recruitment following offer</b> - The average number of days between interview date and recruiting managers informing Recruitment of their decision.</p> <p><b>Conditional offer to unconditional offer</b> - The average number of days between interview date and recruiting managers informing Recruitment of their decision.</p> <p><b>Vacancy created to unconditional offer</b> - 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>					
<b>PAY</b>					
Substantive Expenditure	£18.34M	£19.80M	↑	-£1.46M	£18.58M
Agency Expenditure	£0.93M	£1.45M	↑	-£0.52M	£1.09M
Bank Expenditure	£0.87M	£1.03M	↑	-£0.15M	£0.17M

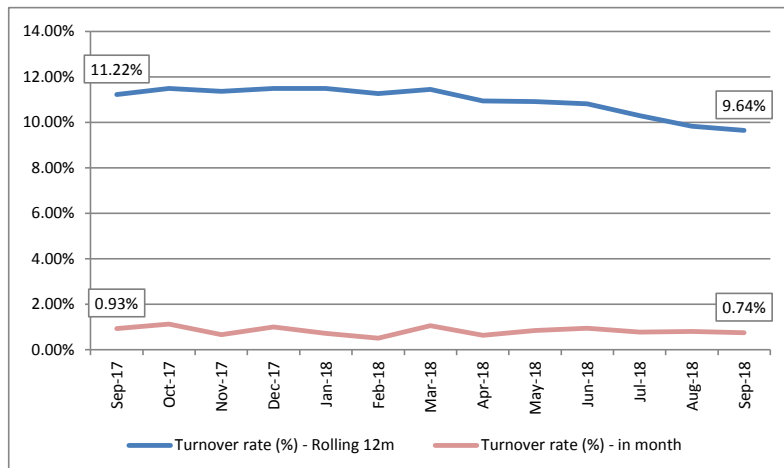
## Reality

## Staff in Post (FTE) v Establishment (FTE)

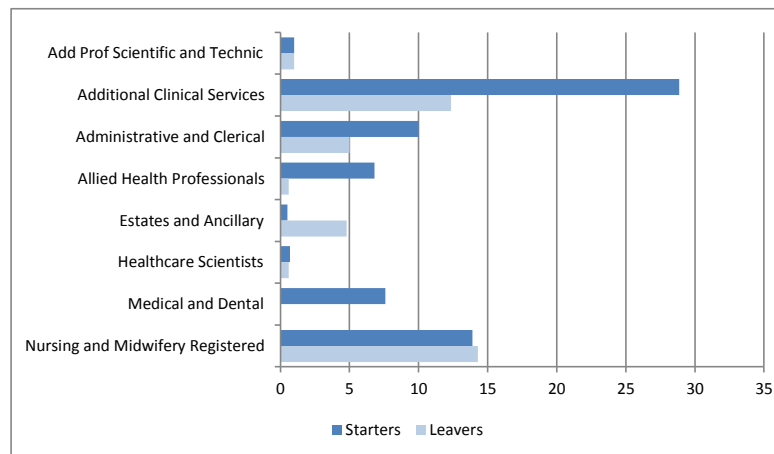


CHS colleagues TUPE out of CHFT.

## Turnover



## Starters &amp; Leavers (FTE) by Staff Group - September 2018



## Turnover by Staff Group

Staff Group	In-Month	Rolling
Add Prof Scientific and Technic	0.53%	9.27%
Additional Clinical Services	1.13%	10.04%
Administrative and Clerical	0.46%	11.01%
Allied Health Professionals	0.16%	10.00%
Estates and Ancillary	1.61%	10.57%
Healthcare Scientists	0.54%	9.60%
Medical and Dental	0.00%	11.55%
Nursing and Midwifery Registered	0.84%	7.98%

## 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 Medical HR team are creating a support group for doctors who have recently relocated from overseas. The intention is to learn about the challenges that new doctors face when moving to the UK so that we can try to improve experiences and increase retention.

## Staff in Post / Starters &amp; Leavers / Turnover

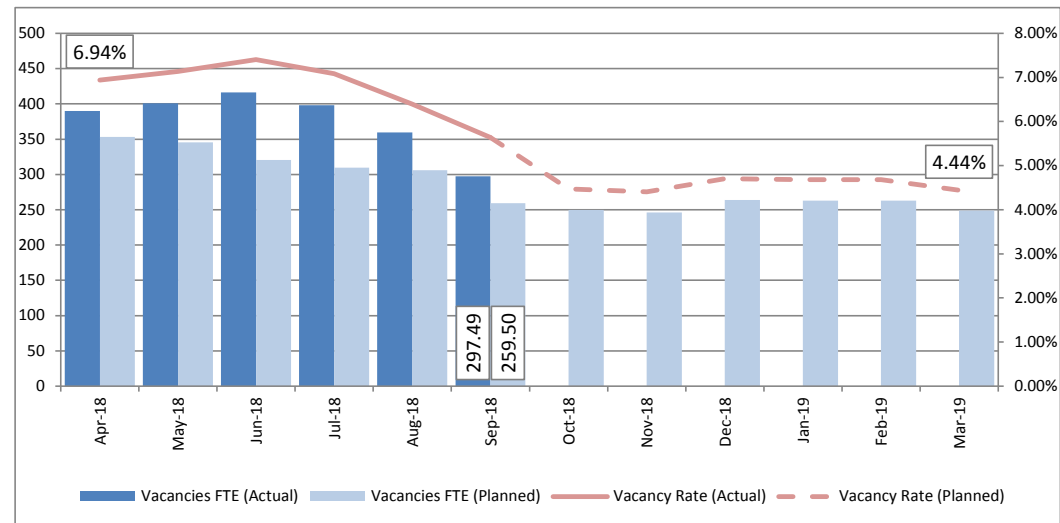


## Reality

## Vacancies

On 1 September 2018, 416 (323.05 FTE) colleagues joined CHS via TUPE from CHFT. 342.99 FTE establishment moved to CHS as a result of this. In addition to this, the Trust had 30.7 FTE more starters than leavers in September 2018, plus hours changes resulting in an increase of 5.98 FTE. This resulted in an overall decrease of 286.37 FTE staff in post, but an increase of 36.68 FTE when excluding CHS.

When excluding the movement in staff in post and establishment due to the TUPE of CHS staff, vacancies actually reduce by 36.68 FTE, as 19.94 FTE was associated with CHS.



## Vacancies by Staff Group

Staff Group	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Add Prof Scientific and Technic	179.27	185.51	-6.24
Additional Clinical Services*	1104.20	1098.74	5.46
Administrative and Clerical	1060.37	986.22	74.15
Allied Health Professionals	386.05	384.54	1.51
Estates and Ancillary	59.39	63.87	-4.48
Healthcare Scientists	121.42	110.20	11.22
Medical and Dental	625.23	561.92	63.31
Nursing and Midwifery Registered	1740.61	1588.04	152.57
Students	0.80	0.80	0.00
<b>Total</b>	<b>5277.34</b>	<b>4979.85</b>	<b>297.50</b>

## \*Additional Clinical Services Breakdown

Role	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Apprentice*	1.02	78.80	-77.78
Asst./Associate Practitioner Nursing	2.78	8.85	-6.07
Health Care Support Worker	82.68	69.75	12.93
Healthcare Assistant*	695.78	646.08	49.70
Nursery Nurse	2.47	1.83	0.64
<b>Total (Unregistered Nursing)</b>	<b>784.73</b>	<b>805.30</b>	<b>-20.57</b>
Other Additional Clinical Service	319.47	293.44	26.03

\* 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.

An assessment day for trainee nursing associates took place on 22 September 2018 with interviews at the University of Huddersfield held on 16 October 2018. Offers will be sent to 49 successful candidates on 22 October 2018.

4 new Physician Associates will join the Trust on 22 October 2018 and a further 6 are under offer expected to start in November 2018.

## Medical Recruitment

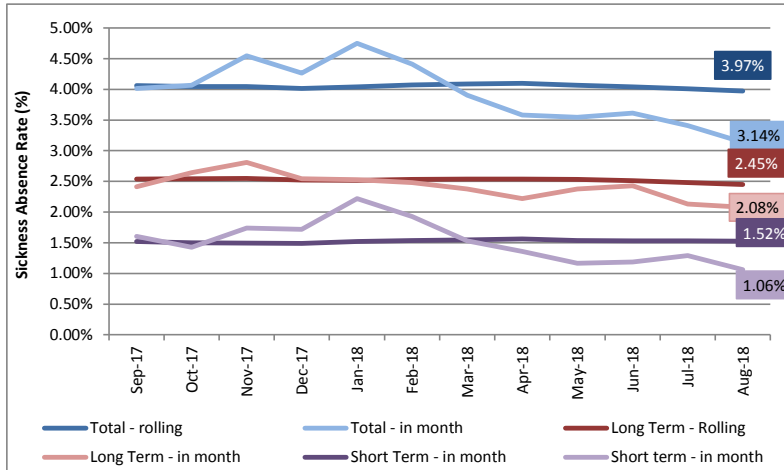
The joint BMJ advert was published 6 October 2018. It has created some interest from applicants who have been in touch to discuss the posts available with the relevant Clinical Director.

The BMJ Careers Fair in London was attended on 19 and 20 October 2018 by clinical representatives from each Division. It is a way to increase networks and promote the Trust as a great place to work.

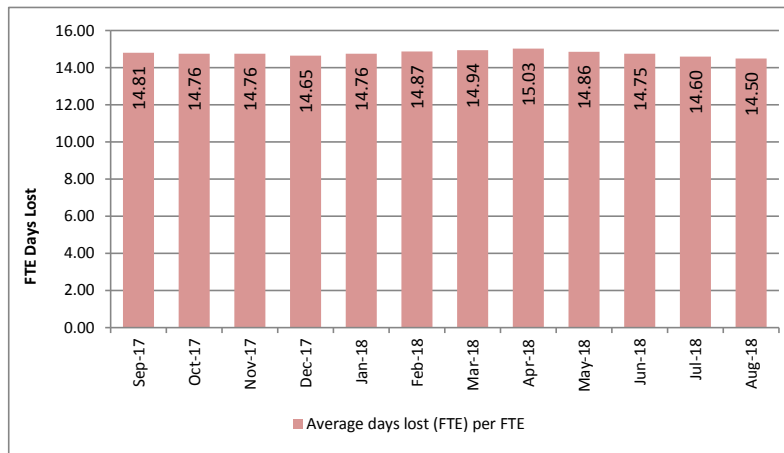
## Vacancies

## Reality

## Sickness Absence



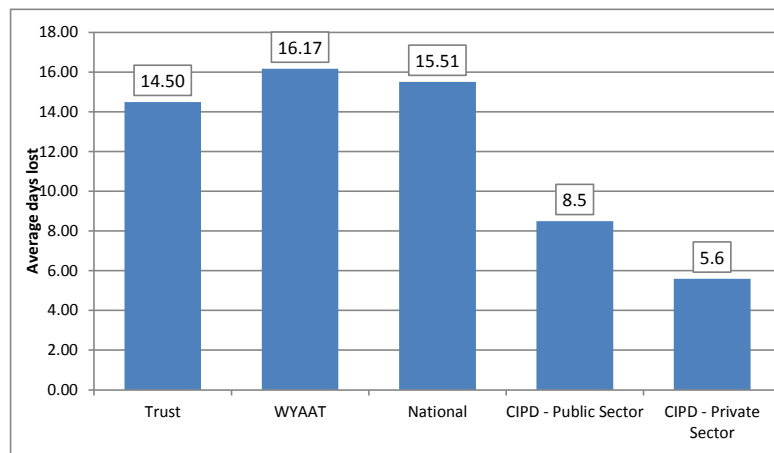
## Average Days Lost Per FTE - rolling 12 month



## Sickness Absence Reasons - August 2018

Reason	FTE Days Lost	%
S10 Anxiety/stress/depression	1557.66	29.42%
S12 Other musculoskeletal problems	829.33	15.66%
S25 Gastrointestinal problems	512.59	9.68%
S17 Benign and malignant tumours, cancers	352.15	6.65%
S11 Back Problems	283.23	5.35%
S26 Genitourinary & gynaecological disorders	247.21	4.67%
S28 Injury, fracture	227.91	4.30%
All Other Reasons	1284.31	24.26%

## 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 NHSi.

## 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.

A series of condensed Managing Attendance sessions will be offered across Divisions to ensure that managers have the opportunity to refresh skill sets.

HR Business Partners are reviewing all long term sickness absence cases to ensure intervention and the adherence to policy in order to reduce sickness absence rates as well as assessing areas where no sickness absence is reported to ensure sickness absence is recorded accurately.

The Trust's Flu campaign launched on 3 October 2018 with more staff immunised this year offering vaccines to their teams within the clinical areas.

The Trust's annual 'Mens Health' 5 a side football tournament was held on 19 October 2018. The event was well attended and Occupation Health were on site providing support and advice to colleagues.

## Sickness Absence

## Reality

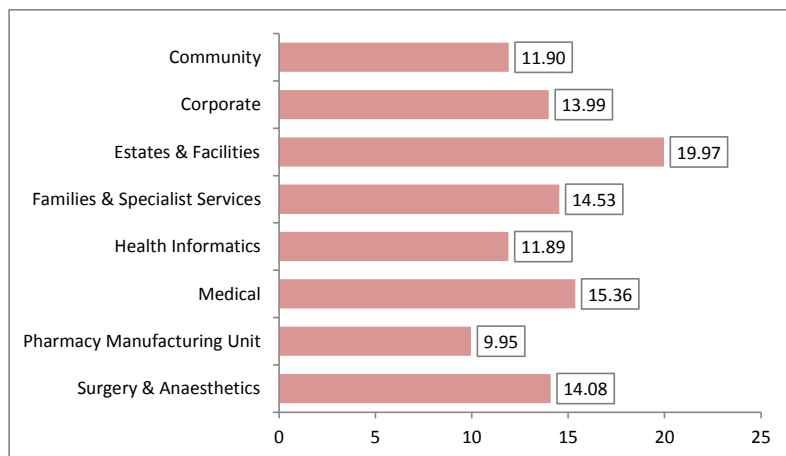
## Sickness Absence - in-month

Division	Jul-18	Aug-18
Community	2.20%	2.83%
Corporate	3.23%	3.35%
Estates & Facilities	4.45%	4.16%
Families & Specialist Services	4.09%	3.26%
Health Informatics	3.37%	3.55%
Medical	3.18%	2.86%
Huddersfield Pharmacy Specials	3.00%	0.45%
Surgery & Anaesthetics	3.41%	3.25%

## Sickness Absence by Staff Group - rolling 12 month

Staff Group	Short Term	Long Term	Total
Add Prof Scientific and Technic	1.21%	1.40%	2.61%
Additional Clinical Services	2.25%	3.53%	5.78%
Administrative and Clerical	1.35%	2.39%	3.74%
Allied Health Professionals	1.12%	1.21%	2.34%
Estates and Ancillary	1.87%	4.06%	5.93%
Healthcare Scientists	1.42%	1.44%	2.86%
Medical and Dental	0.43%	0.54%	0.97%
Nursing and Midwifery Registered	1.61%	2.61%	4.22%

## 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**, hotspots have been identified across the Division and the HR Adviser has plans in place to meet and support managers from the identified areas.

The Division will hold 2 half day sessions for managers on Mental Health with input from Occupational Health.

In **Medicine**, a meeting is being arranged 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 are a several complex LT cases which will be brought to a conclusion before the end of 2018. All cases have a clear action plan in place for management. Further work is underway to ensure consistency of management for ST sickness.

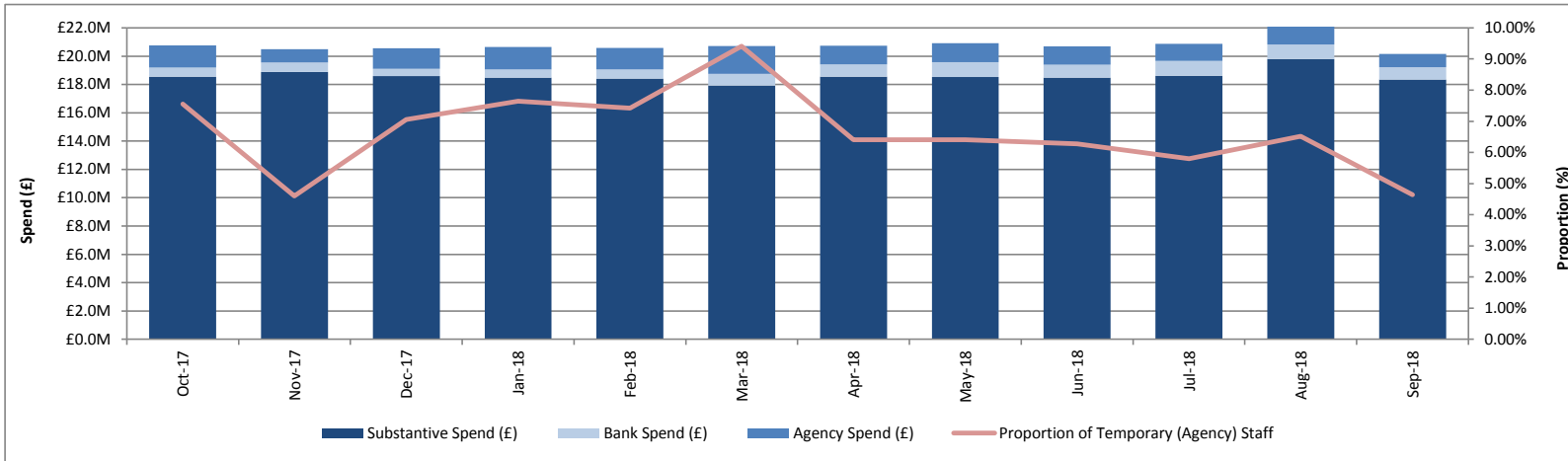
In **Community**, the HR Business Partner continues to work with line managers to manage absence in accordance with the policy. This has led to a consistent decrease in absence. The Division will manage colleagues who persistently fail to either record or carry our RTW interviews.

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

A total of 929 shifts broke the agency cap in September 2018, costing an additional £151,792.

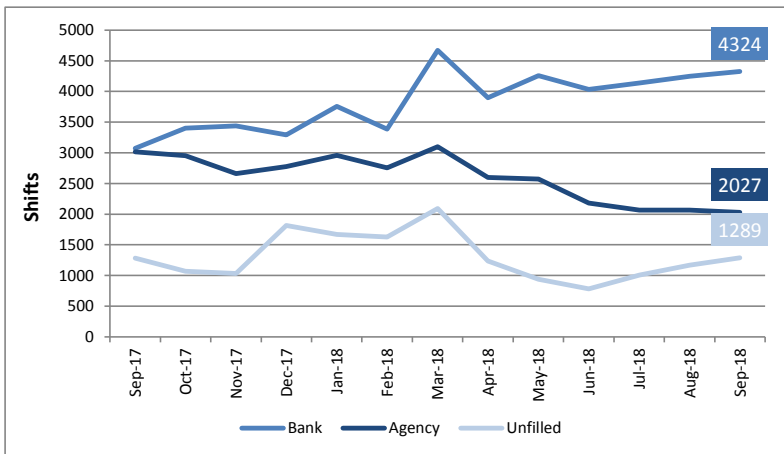
Non-framework agency use has now been eliminated in Nursing and Midwifery.

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

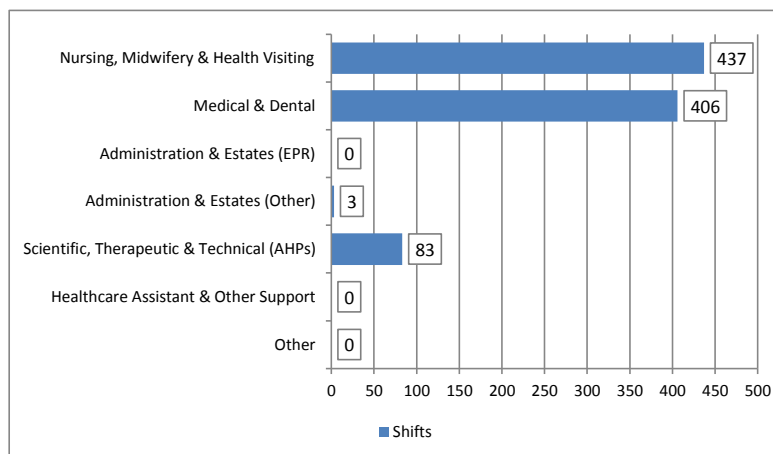
An internal agency rate price card has been devised to reduce the number of NHSi cap breaches and ultimately the level of spend on Medical agency staff.

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



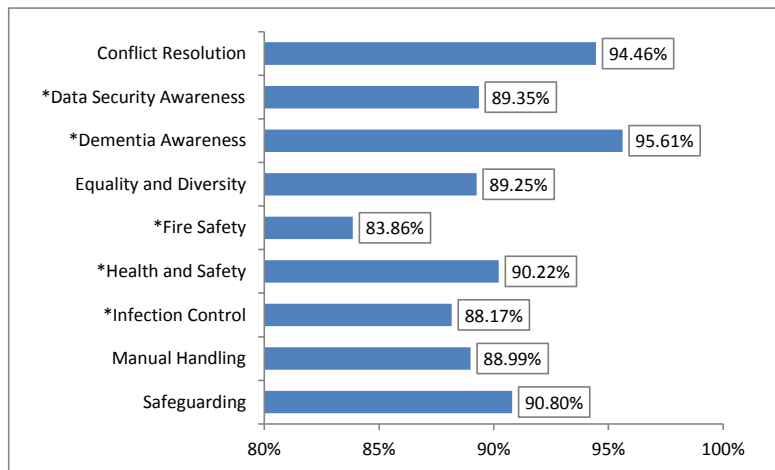
Number of shifts that broke the agency cap - September 2018



Workforce Spend / Agency Usage

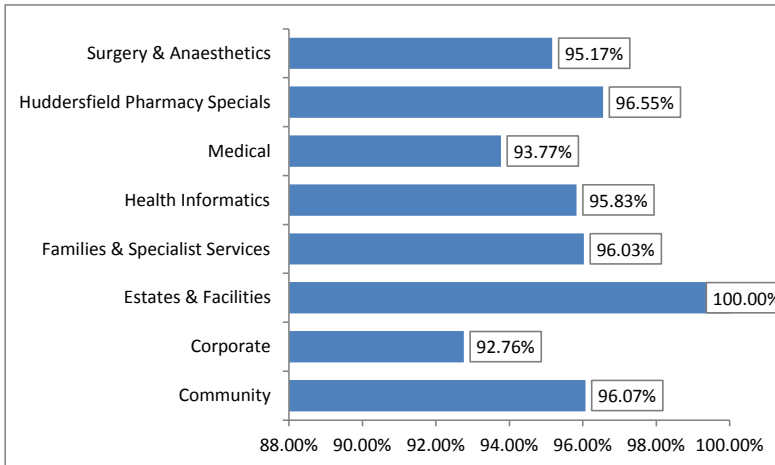
## Reality

## Essential Safety Training

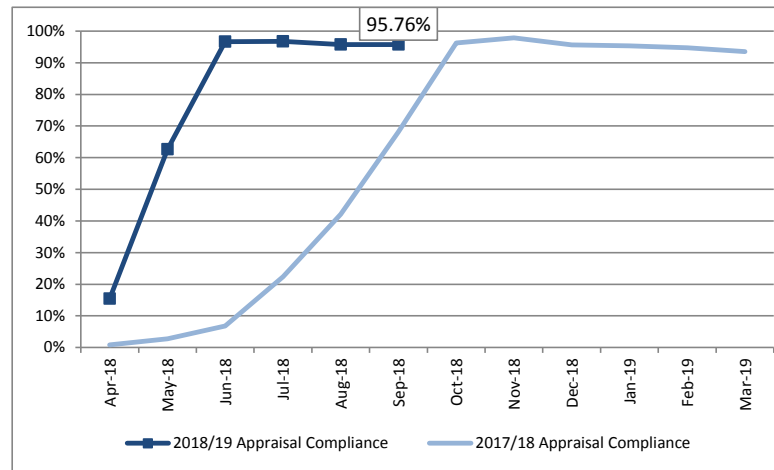


\* Essential Safety Training elements that are covered at Corporate Induction.

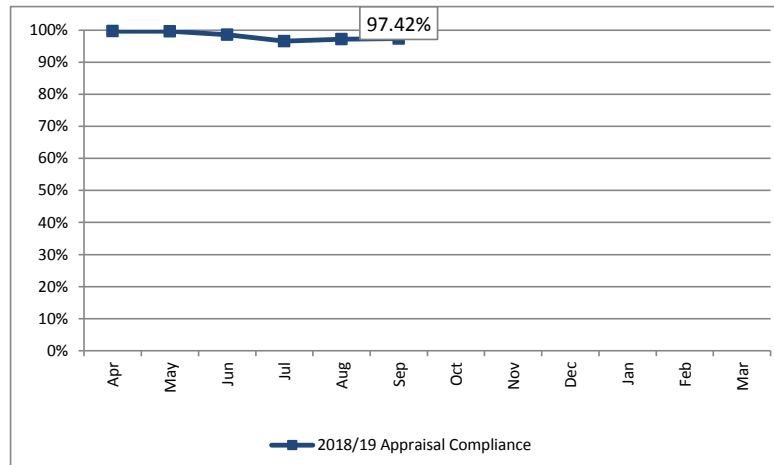
## Non-Medical Appraisal Compliance by Division



## 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.

A 'Deep Dive' into EST was held in September 2018 with Divisions asked to provide recovery plans at Workforce Committee on 8 October 2018. All Divisions now have a robust EST Action Plan to drive up compliance across all EST elements.

A weekly paper will be presented at Executive Board highlighting the compliance figures for the core suite of 9 EST subjects.

## Appraisal

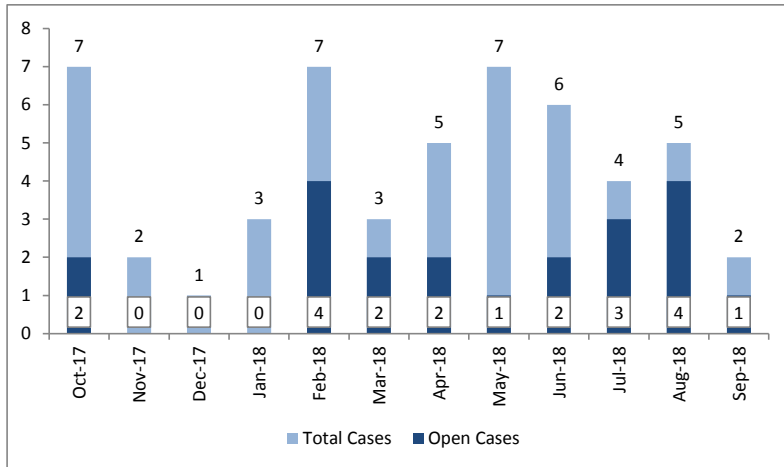
Appraisal compliance will continue to be reported outside of the appraisal season to ensure that those colleagues that return from long term sickness absence and maternity leave have an appraisal.

## Essential Safety Training / Appraisals

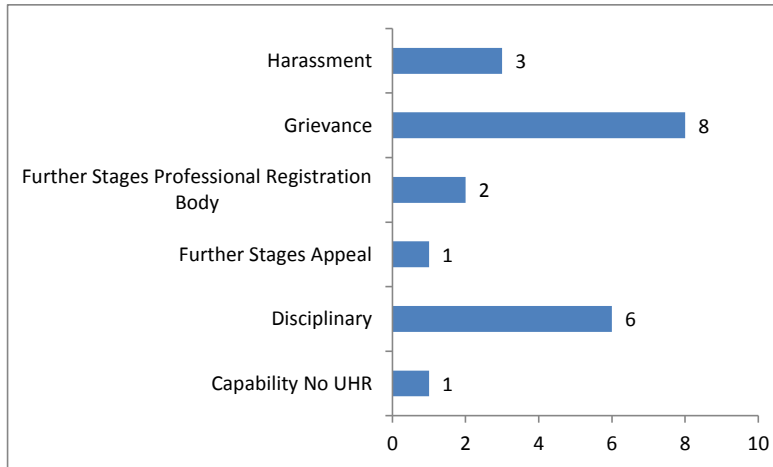
Reality

Disciplinary, Grievances, Bullying & Harassment Open Cases

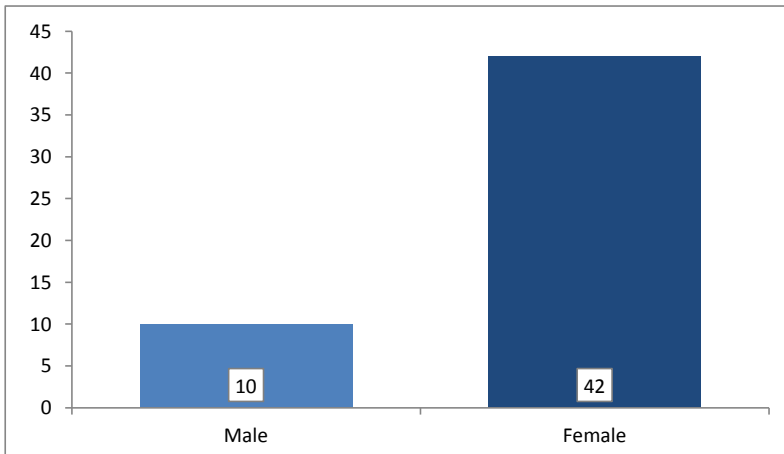
Total Employee Relations cases opened in last 12 months



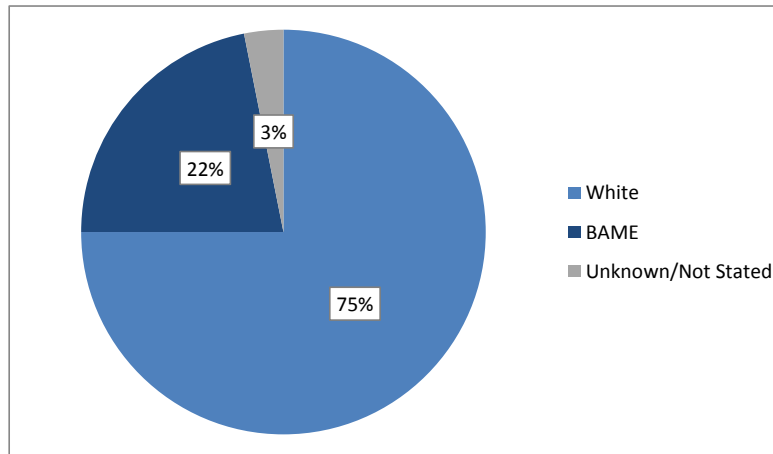
Open Employee Relation cases by type



All Employee Relations cases in last 12 months by Gender



All Employee Relations cases in last 12 months by Ethnicity



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.

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
<p><b>Registered Staff Day Time</b></p> <p>Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.</p>	85.67% of expected Registered Nurse hours were achieved for day shifts.		<p>Staffing levels at day &lt;75%</p> <ul style="list-style-type: none"> <li>- ward 5 66.8%</li> <li>- 7a/d 73.7%</li> <li>- ward 8 74.7%</li> <li>- ward 12 74.7%</li> <li>- ward 17 68.8%</li> <li>- ward 21 66.3%</li> <li>- 8A 68.9%</li> <li>- ward 19 74%</li> </ul>	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates are attributed to a level of vacancy. This is managed on a daily basis against the acuity of the patients
<p><b>Registered Staff Night Time</b></p> <p>Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.</p>	91.24% of expected Registered Nurse hours were achieved for night shifts.		<p>Staffing levels at night &lt;75%</p> <ul style="list-style-type: none"> <li>- Ward 10 66.9%</li> </ul>	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
<p><b>Clinical Support Worker Day Time</b></p> <p>Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.</p>	107.18% of expected Care Support Worker hours were achieved for Day shifts.		<p>Staffing levels at day &lt;75%</p> <ul style="list-style-type: none"> <li>- 6c 69.8%</li> <li>- ICU 72.5</li> <li>- NICU 68%</li> </ul>	The low HCA fill rates in September are attributed to a level of HCA sickness within the FSS division and a reconfiguration of ward 6c. This is managed on a daily basis against the acuity of the work load. Fill rates in excess of 100% can be attributed to supporting 1-1 care requirements; and support of reduced RN fill.
<p><b>Clinical Support Worker Night Time</b></p> <p>Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.</p>	114.53% of expected Care Support Worker hours were achieved for night shifts.		<p>Staffing levels at night &lt;75%</p>	There are no wards reporting fill rates for HCA's below 75%. Overfill can be attributed to maintaining CHPPD

## Hard Truths: Safe Staffing Levels (2)

## Staffing Levels - Nursing &amp; Clinical Support Workers

Ward	DAY						NIGHT						Care Hours Per Patient Day		MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies	Ward Assurance
	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						
	Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual										
CRH ACUTE FLOOR	3,029.07	2,728.07	1,839.83	1,958.92	90.1%	106.5%	2,628.00	2,328.00	1,649.50	1,813.00	88.6%	109.9%	30.5	29.4		1	15	12.89	1.13	48.9%
HRI MAU	1,876.88	1,703.75	1,879.83	1,873.83	90.8%	99.7%	1,650.00	1,532.33	1,320.00	1,387.50	92.9%	105.1%	10.4	10.1		4	15	4.4	0.95333	45.0%
WARD 5	1,614.00	1,077.67	1,112.67	1,457.08	66.8%	131.0%	969	913.00	990	1,082.50	94.2%	109.3%	5.9	5.7		1	12	4.75333	-3.02667	52.7%
WARD 15	1,769.17	1,505.17	1,481.17	1,936.83	85.1%	130.8%	1,309.00	1,264.00	1,309.00	1,562.50	96.6%	119.4%	9.1	9.7		2	6	3.93667	-0.32	75.3%
WARD 5BC	2,408.67	1942.4167	1583.3333	1,527.42	80.6%	96.5%	1980	1,536.00	660	1001.5	77.6%	151.7%	7.9	7.2			7	11.87	-7.18	57.8%
WARD 6	1,637.00	1,454.33	970	1,033.17	88.8%	106.5%	990	946	660	776.5	95.6%	117.7%	7.9	7.8		1	9	4.33	0.51	58.5%
WARD 6C	1,647.00	1,400.58	1,525.00	1,064.67	85.0%	69.8%	1,320.00	1,144.00	660	704	86.7%	106.7%	9.8	8.2			5	8.19	5.51	33.3%
WARD 6AB	1,059.83	847.83	780	720	80.0%	92.3%	715.00	671.50	715	704.5	93.9%	98.5%	4.5	4.1			5	2.04	-1.47	69.1%
WARD CCU	1,531.17	1302.3333	360	360	85.1%	100.0%	990	990.00	0	0.00	100.0%	-	10.6	9.7		1		3.01001	0.13	52.7%
WARD 7AD	1,688.00	1,244.33	1530	1980	73.7%	129.4%	990	959.8167	990	1199	97.0%	121.1%	7.0	7.3			4	3.58333	3.35	55.5%
WARD 7BC	2,469.43	1,919.75	1,592.67	2,059.68	77.7%	129.3%	1980	1579.5	660	1,432.00	79.8%	217.0%	11.6	12.1		2		1.03	-6.02	70.9%
WARD 8	1450.3333	1083	1145	1829.667	74.7%	159.8%	990.00	869.1667	990	1419.5	87.8%	143.4%	6.1	6.9		1	9	2.51	0.42667	65.5%
WARD 12	1621.5	1206	739.5	1069	74.4%	144.6%	814	660.00	506	660.00	81.1%	130.4%	6.2	6.0		1		1.81	2.16	56.7%
WARD 17	1983.8333	1365.5	1090.5	1094	68.8%	100.3%	990	946	660	748	95.6%	113.3%	6.0	5.3		1	3	5.13666	-1.01666	45.2%
WARD 5D	1038.8333	970.95	803.5	873.3333	93.5%	108.7%	671	638.00	330	440.00	95.1%	133.3%	5.1	5.2			2	-0.62667	-3.05666	67.3%
WARD 20	1756.0833	1444.75	1683	1816.083	82.3%	107.9%	1320	1,188.50	1309	1,446.00	90.0%	110.5%	6.6	6.4		2	2	10.13667	0.57666	69.6%
WARD 21	1550.4	1028.1667	1467.8333	1463.167	66.3%	99.7%	1,023.50	770.50	1,047.00	1,024.50	75.3%	97.9%	8.6	7.3			8	3.61401	-1.22999	46.0%
ICU	4152.5	3849.5	791.5	573.5	92.7%	72.5%	4,128.50	3500.5	0.00	0.00	84.8%	-	36.0	31.4		3	1	0.43	-0.22	71.3%
WARD 3	987.16667	866.5	718.16667	740	87.8%	103.0%	690.00	690.00	345	356.5	100.0%	103.3%	6.5	6.3			1	0.33667	0.37	44.0%
WARD 8A	966.5	665.66667	700.66667	686.8333	68.9%	98.0%	690	539.5	345	402.5	78.2%	116.7%	9.7	8.3			2	3.31667	-0.94667	63.1%
WARD 8D	920.81667	852	776.31667	691.5667	92.5%	89.1%	690	609.5	0	345	88.3%	-	7.6	7.9				2.24333	0.43	68.0%
WARD 10	1459.8333	1126.0833	796.5	990.5	77.1%	124.4%	1035	692.00	690	1035	66.9%	150.0%	7.1	6.9			1	4.07334	1.29667	60.7%
WARD 11	1690.1667	1448.3333	1093.1667	1092.967	85.7%	100.0%	1,035.00	963.42	690	931.50	93.1%	135.0%	6.1	6.0			3	3.07	0.29	61.4%
WARD 19	1662.1667	1229.3333	1136.5	1352.167	74.0%	119.0%	1,035.00	1,035.00	1035	1311	100.0%	126.7%	7.5	7.6		3	6	1.62333	-3.31666	73.0%
WARD 22	1192.1667	1127.3667	1092	1068.5	94.6%	97.8%	770.50	928.17	690.00	667.00	120.5%	96.7%	6.0	6.1			3	0.48667	-0.08	55.4%
SAU HRI	1903.3	1732.6667	930.33333	974.9667	91.0%	104.8%	1380	1,374.75	345	345	99.6%	100.0%	9.4	9.1			1	-2.61665	-1.19	49.0%
WARD LDRP	4317.8333	3645.8333	916	827.3333	84.4%	90.3%	4,099.67	3,486.47	685.16667	736.9167	85.0%	107.6%	21.0	18.2				0	-1.8	17.7%
WARD NICU	2234.5	1716.1667	750	510	76.8%	68.0%	2,070.00	1,602.25	690	564.5	77.4%	81.8%	13.8	10.6				0.26	1.92333	39.3%
WARD 1D	1244.5	1017.4167	348.5	337	81.8%	96.7%	690.00	692.00	345	333.5	100.3%	96.7%	4.7	4.2				1.60667	0.17334	9.6%
WARD 3ABCD	3694.25	3331.6667	1175	977	90.2%	83.1%	3077	2972.483	345	345	96.6%	100.0%	58.8	54.1				-2.26758	2.33333	19.9%
WARD 4C	1311	1164.6667	410.5	361	88.8%	87.9%	690.00	679.50	345	320	98.5%	92.8%	10.9	9.9		1	1	0.31668	0.52333	50.0%
WARD 9	840	820.25	345	341	97.6%	98.8%	690	681.5	345	345	98.8%	100.0%	4.7	4.6				0.57334	0.30668	9.9%
Trust	58707.9	48818.05	33563.98	35641.2	83.15%	106.19%	44100.17	39383.4	21350.67	25439.4	89.30%	119.15%	9.04	8.56						

## Hard Truths: Safe Staffing Levels (3)

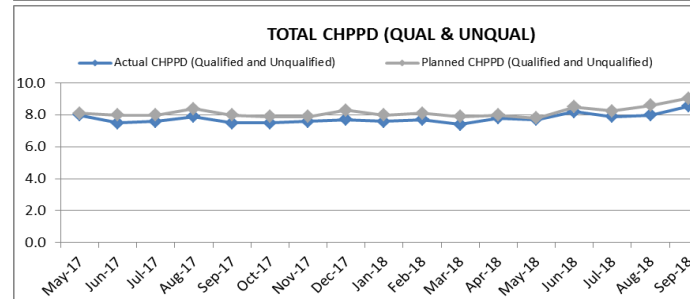
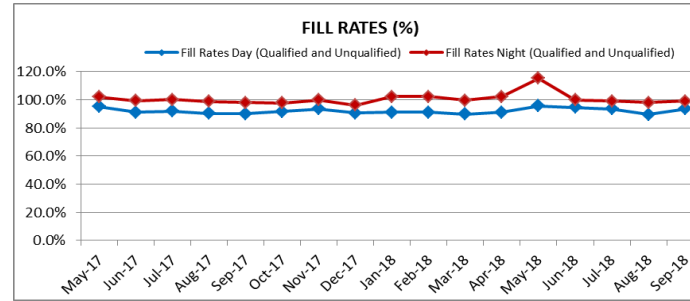
### Care Hours per Patient Day

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

	Jul-18	Aug-18	Sep-18
Fill Rates Day (Qualified and Unqualified)	93.50%	89.40%	93.48%
Fill Rates Night (Qualified and Unqualified)	98.97%	97.90%	98.94%

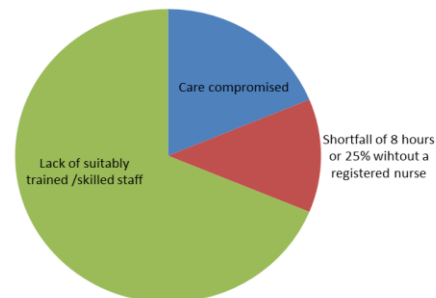
Planned CHPPD (Qualified and Unqualified)	8.2	8.6	9.0
Actual CHPPD (Qualified and Unqualified)	7.9	8	8.6

A review of September CHPPD data indicates that the combined (RN and carer staff) metric resulted in 24 clinical areas of the 32 reviewed having CHPPD less than planned. 8 areas reported CHPPD slightly in excess of those planned. Areas with CHPPD more than planned were due to additional 1-1's requested throughout the month due to patient acuity in the departments.

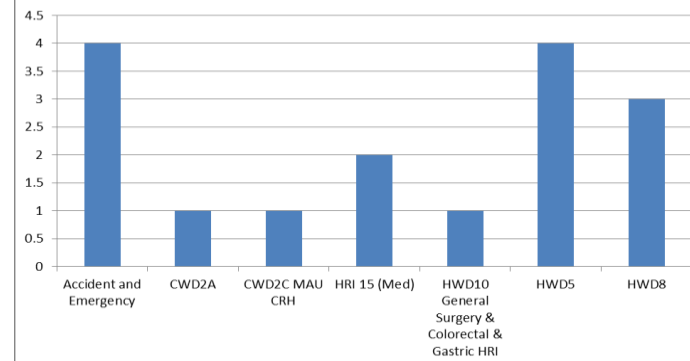


#### RED FLAG INCIDENTS

##### Incidents by Adverse Event September 2018



##### Incidents by Dept/Ward September 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 16 Trust Wide Red shifts declared in September.

As illustrated above the most frequently recorded red flagged incident is related to "lack of suitably trained staff"

No datix's reported in September 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:

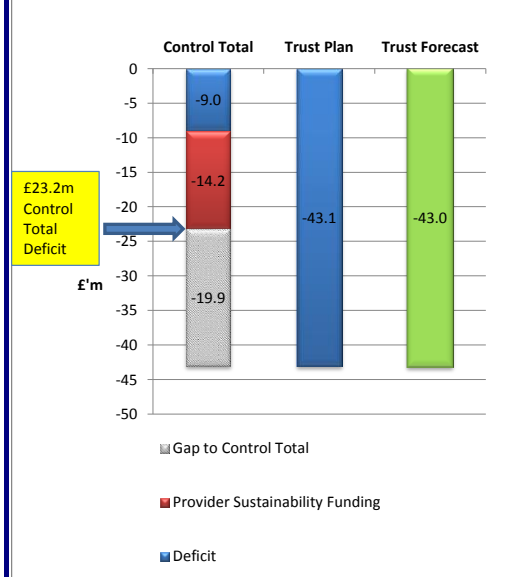
1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. Further recruitment event planned for the 13th October.
3. Applications from international recruitment projects are progressing well and the first 15 nurses have arrived in Trust, with a further 6 planned for deployment in December 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. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has being developed to up-scale the project in line with the national and regional workforce plans. A second cohort of 20 trainees commenced training on the 4th June. A further cohort are planned for training in December 2018
6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce
7. 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: Total Group Financial Overview as at 30th Sep 2018 - Month 6

## KEY METRICS

	M6			YTD (SEP 2018)			Forecast 18/19		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	Plan £m	Forecast £m	Var £m
I&E: Surplus / (Deficit)	(£4.00)	(£4.02)	(£0.02)	(£24.55)	(£24.31)	£0.25	(£43.05)	(£43.04)	£0.01
Agency Expenditure	(£1.09)	(£0.93)	£0.16	(£7.57)	(£7.54)	£0.03	(£14.63)	(£13.91)	£0.72
Capital	£1.11	£0.65	£0.46	£4.04	£2.36	£1.68	£9.14	£9.50	(£0.36)
Cash	£1.91	£1.97	£0.06	£1.91	£1.97	£0.06	£1.91	£1.90	(£0.01)
Borrowing (Cumulative)	£123.31	£123.31	£0.00	£123.31	£123.31	£0.00	£144.83	£144.82	(£0.00)
CIP	£1.50	£1.37	(£0.14)	£6.51	£6.05	(£0.46)	£18.00	£18.00	£0.00
Use of Resource Metric	3	3		3	3		3	3	

Trust Deficit vs NHS I Control Total



## Year to Date Summary

The year to date deficit is £24.31m, a £0.25m 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 performance is below plan by £1.88m. The Aligned Incentive Contract (AIC) protects the income position by £1.65m in the year to date leaving a residual pressure of £0.23m. However, a proportion of this income protection (£0.82m) is as a result of CIP plans and management decisions where there is a corresponding reduction in cost. When these elements are adjusted for, the impact is reduced to £0.83m.
- CIP achieved in the year to date is £6.05m against a plan of £6.51m, a £0.46m pressure.
- Divisional budgets (excluding Calderdale & Huddersfield Solutions) are now overspent by £1.00m year to date, a slight improvement compared to month 5. This pressure has been mitigated by the release of all of the Trust's contingency reserves in the year to date a total of £1.00m. 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 £0.03m below the agency trajectory set by NHSI, despite last month's prior period adjustment.

## Key Variances

- Medical staffing expenditure continues above plan in both Surgery and FSS with a year to date adverse variance to plan at Trust level of £1.60m. However, against the agency trajectory there was a significant improvement in month, with **Medical Agency dropping below the planned level in month for the first time this year.**
- There are also significant pressures on non pay expenditure particularly on the cost of premises, Radiology outsourcing and the cost of patient letters.
- Nursing pay expenditure reduced in month**, with a reduction in both agency and bank expenditure compared to month 5. Year to date the adverse expenditure variance has reduced to £0.21m (excluding the impact of pay awards which is funded as income).

## 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 underlying position is driving an additional recovery requirement with a total value of £1.66m. £0.68m of recovery actions have been agreed and incorporated within Divisional forecasts. A further £0.96m of recovery plans are being scoped against a recovery requirement of £0.98m.

Total Group Financial Overview as at 30th Sep 2018 - Month 6

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M6				TOTAL GROUP SURPLUS / (DEFICIT)				YEAR END 2018/19																																																											
CLINICAL ACTIVITY				TOTAL GROUP SURPLUS / (DEFICIT)				CLINICAL ACTIVITY																																																											
	M6 Plan	M6 Actual	Var	Cumulative Surplus / (Deficit) excl. Impairments					Plan	Actual	Var																																																								
Elective	3,177	2,883	(294)					Elective	6,164	5,607	(557)																																																								
Non-Elective	27,980	28,831	851					Non-Elective	56,753	58,589	1,836																																																								
Daycase	18,242	18,160	(82)					Daycase	36,488	36,372	(116)																																																								
Outpatient	182,487	185,194	2,707					Outpatient	365,497	369,956	4,459																																																								
A&E	77,528	76,337	(1,191)					A&E	153,339	150,983	(2,356)																																																								
Other NHS Non-Tariff	860,237	852,648	(7,588)					Other NHS Non-Tariff	1,721,594	1,720,003	(1,591)																																																								
Other NHS Tariff	63,784	63,808	24					Other NHS Tariff	127,242	129,499	2,257																																																								
<b>Total</b>	<b>1,233,434</b>	<b>1,227,860</b>	<b>(5,573)</b>					<b>Total</b>	<b>2,467,076</b>	<b>2,471,008</b>	<b>3,932</b>																																																								
TOTAL GROUP: INCOME AND EXPENDITURE								KEY METRICS				TOTAL GROUP: INCOME AND EXPENDITURE																																																							
	M6 Plan	M6 Actual	Var					Year To Date					Plan	Actual	Var																																																				
	£m	£m	£m	M6 Plan	M6 Actual	Var	Plan	Forecast	Plan	Actual	Var																																																								
Elective	£10.01	£8.92	(£1.09)	I&E: Surplus / (Deficit)	(£24.55)	(£24.31)	£0.25	(£43.05)	(£43.04)	£0.01	(£2.04)																																																								
Non Elective	£50.36	£50.18	(£0.18)	Capital	£4.04	£2.36	£1.68	£9.14	£9.50	(£0.36)	(£0.56)																																																								
Daycase	£13.14	£13.09	(£0.05)	Cash	£1.91	£1.97	£0.06	£1.91	£1.90	(£0.01)	(£0.04)																																																								
Outpatients	£18.77	£18.78	£0.01	Loans	£123.31	£123.31	£0.00	£144.83	£144.82	(£0.00)	£0.00																																																								
A & E	£9.39	£9.62	£0.23	CIP	£6.51	£6.05	(£0.46)	£18.00	£18.00	£0.00	£5.07																																																								
Other-NHS Clinical	£52.99	£54.69	£1.70	Use of Resource Metric	Plan	Actual		Plan	Forecast		(£0.08)																																																								
CQUIN	£3.42	£3.39	(£0.04)		3	3		3	3		£4.84																																																								
Other Income	£20.28	£22.39	£2.10								£48.84																																																								
<b>Total Income</b>	<b>£178.38</b>	<b>£181.06</b>	<b>£2.69</b>								£7.66																																																								
Pay	(£125.72)	(£126.60)	(£0.88)	COST IMPROVEMENT PROGRAMME (CIP)				TOTAL GROUP: INCOME AND EXPENDITURE																																																											
Drug Costs	(£17.96)	(£18.43)	(£0.47)	CIP - Forecast Position				DIVISIONS: INCOME AND EXPENDITURE																																																											
Clinical Support	(£14.96)	(£14.82)	£0.15					<table border="1"> <thead> <tr> <th></th> <th>Plan</th> <th>Forecast</th> <th>Var</th> </tr> </thead> <tbody> <tr> <td>Surgery &amp; Anaesthetics</td> <td>£12.22</td> <td>£10.03</td> <td>(£2.19)</td> </tr> <tr> <td>Medical</td> <td>£27.95</td> <td>£28.76</td> <td>£0.81</td> </tr> <tr> <td>Families &amp; Specialist Services</td> <td>(£3.97)</td> <td>(£4.29)</td> <td>(£0.32)</td> </tr> <tr> <td>Community</td> <td>£2.94</td> <td>£2.94</td> <td>(£0.00)</td> </tr> <tr> <td>Estates &amp; Facilities</td> <td>(£7.05)</td> <td>(£7.46)</td> <td>(£0.42)</td> </tr> <tr> <td>Corporate</td> <td>(£41.84)</td> <td>(£41.99)</td> <td>(£0.15)</td> </tr> <tr> <td>THIS</td> <td>£0.26</td> <td>£0.13</td> <td>(£0.13)</td> </tr> <tr> <td>PMU</td> <td>£2.76</td> <td>£2.76</td> <td>(£0.00)</td> </tr> <tr> <td>CHS LTD</td> <td>£0.00</td> <td>£0.26</td> <td>£0.26</td> </tr> <tr> <td>Central Inc/Technical Accounts</td> <td>(£35.70)</td> <td>(£34.57)</td> <td>£1.13</td> </tr> <tr> <td>Reserves</td> <td>(£1.77)</td> <td>(£0.64)</td> <td>£1.13</td> </tr> <tr> <td>Unallocated CIP</td> <td>£1.15</td> <td>£1.04</td> <td>(£0.11)</td> </tr> <tr> <td><b>Surplus / (Deficit)</b></td> <td><b>(£43.05)</b></td> <td><b>(£43.04)</b></td> <td><b>£0.01</b></td> </tr> </tbody> </table>					Plan	Forecast	Var	Surgery & Anaesthetics	£12.22	£10.03	(£2.19)	Medical	£27.95	£28.76	£0.81	Families & Specialist Services	(£3.97)	(£4.29)	(£0.32)	Community	£2.94	£2.94	(£0.00)	Estates & Facilities	(£7.05)	(£7.46)	(£0.42)	Corporate	(£41.84)	(£41.99)	(£0.15)	THIS	£0.26	£0.13	(£0.13)	PMU	£2.76	£2.76	(£0.00)	CHS LTD	£0.00	£0.26	£0.26	Central Inc/Technical Accounts	(£35.70)	(£34.57)	£1.13	Reserves	(£1.77)	(£0.64)	£1.13	Unallocated CIP	£1.15	£1.04	(£0.11)	<b>Surplus / (Deficit)</b>	<b>(£43.05)</b>	<b>(£43.04)</b>	<b>£0.01</b>
	Plan	Forecast	Var																																																																
Surgery & Anaesthetics	£12.22	£10.03	(£2.19)																																																																
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Reserves	(£1.77)	(£0.64)	£1.13																																																																
Unallocated CIP	£1.15	£1.04	(£0.11)																																																																
<b>Surplus / (Deficit)</b>	<b>(£43.05)</b>	<b>(£43.04)</b>	<b>£0.01</b>																																																																
Other Costs	(£25.21)	(£26.58)	(£1.38)	CIP - Risk																																																															
PFI Costs	(£6.42)	(£6.42)	£0.00																																																																
<b>Total Expenditure</b>	<b>(£190.27)</b>	<b>(£192.85)</b>	<b>(£2.58)</b>																																																																
<b>EBITDA</b>	<b>(£11.90)</b>	<b>(£11.79)</b>	<b>£0.10</b>																																																																
Non Operating Expenditure	(£12.66)	(£12.52)	£0.14																																																																
<b>Surplus / (Deficit)*</b>	<b>(£24.55)</b>	<b>(£24.31)</b>	<b>£0.25</b>																																																																
* Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments																																																																			
DIVISIONS: INCOME AND EXPENDITURE																																																																			
	M6 Plan	M6 Actual	Var						Plan	Forecast	Var																																																								
	£m	£m	£m						£m	£m	£m																																																								
Surgery & Anaesthetics	£5.57	£4.78	(£0.79)					Surgery & Anaesthetics	£12.22	£10.03	(£2.19)																																																								
Medical	£12.63	£13.30	£0.68					Medical	£27.95	£28.76	£0.81																																																								
Families & Specialist Services	(£2.21)	(£2.69)	(£0.48)					Families & Specialist Services	(£3.97)	(£4.29)	(£0.32)																																																								
Community	£1.47	£1.44	(£0.03)					Community	£2.94	£2.94	(£0.00)																																																								
Estates & Facilities	(£7.05)	(£7.46)	(£0.42)					Estates & Facilities	(£7.05)	(£7.46)	(£0.42)																																																								
Corporate	(£21.44)	(£21.48)	(£0.04)					Corporate	(£41.84)	(£41.99)	(£0.15)																																																								
THIS	£0.00	(£0.01)	(£0.01)					THIS	£0.26	£0.13	(£0.13)																																																								
PMU	£1.38	£1.46	£0.08					PMU	£2.76	£2.76	(£0.00)																																																								
CHS LTD	£0.65	£0.70	£0.04					CHS LTD	£0.00	£0.26	£0.26																																																								
Central Inc/Technical Accounts	(£14.39)	(£14.35)	£0.04					Central Inc/Technical Accounts	(£35.70)	(£34.57)	£1.13																																																								
Reserves	(£1.77)	(£0.00)	£1.77					Reserves	(£1.77)	(£0.64)	£1.13																																																								
Unallocated CIP	£0.61	£0.00	(£0.61)					Unallocated CIP	£1.15	£1.04	(£0.11)																																																								
<b>Surplus / (Deficit)</b>	<b>(£24.55)</b>	<b>(£24.31)</b>	<b>£0.25</b>					<b>Surplus / (Deficit)</b>	<b>(£43.05)</b>	<b>(£43.04)</b>	<b>£0.01</b>																																																								

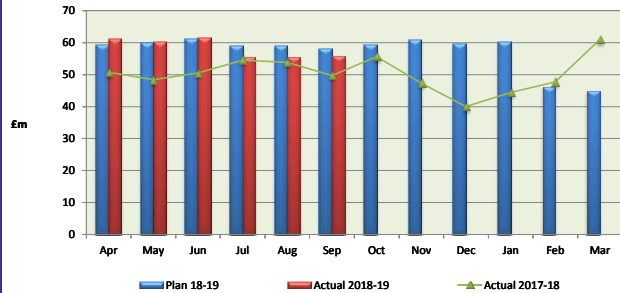
Total Group Financial Overview as at 30th Sep 2018 - Month 6

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

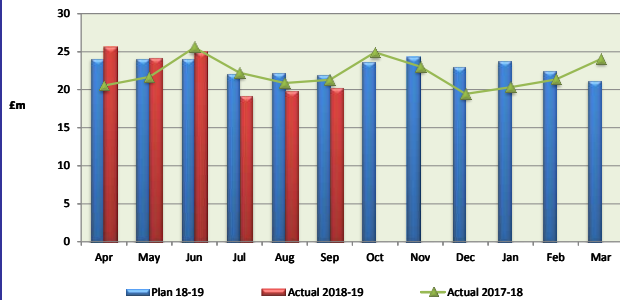
WORKING CAPITAL

	M6 Plan £m	M6 Actual £m	Var £m	M6
Payables	(£58.17)	(£55.91)	(£2.26)	●
Receivables	£22.01	£20.27	£1.74	●

Payables

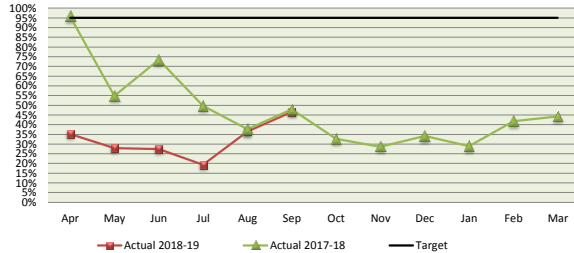


Receivables



BETTER PAYMENT PRACTICE CODE

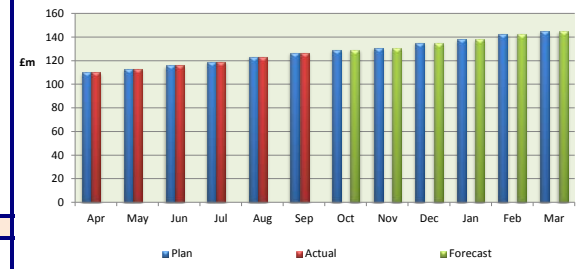
% Number of Invoices Paid within 30 days



CASH

	M6 Plan £m	M6 Actual £m	Var £m	M6
Cash	£1.91	£1.97	£0.06	●
Loans (Cumulative)	£123.31	£123.31	£0.00	●

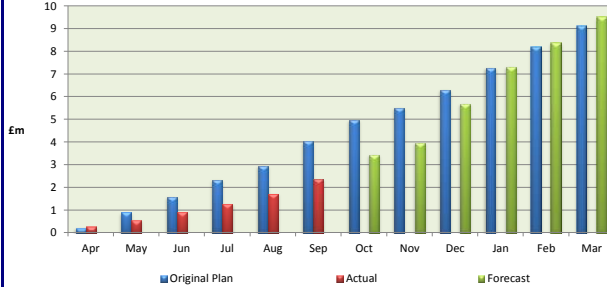
Loans



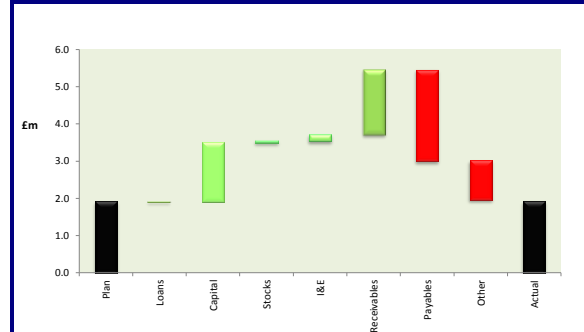
CAPITAL

	M6 Plan £m	M6 Actual £m	Var £m	M6
Capital	£4.04	£2.36	£1.68	●

Capital Spend



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £24.31m a favourable variance from plan of £0.25m. This position excludes the I&E impact of donated assets (£0.08m 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.
- A&E activity has increased in Month 6 and is now 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 £0.79m, (excluding pay award funding received year to date of £1.84m).
- Capital expenditure year to date is lower than planned at £2.36m against a planned £4.04m.
- Cash balance is £1.97m, just above the planned level.
- Year to date the Trust has borrowed £24.55m to support the deficit as planned.
- CIP schemes have delivered £6.05m, £0.46m below the year to date target of £6.51m.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned.

NOTES

- The total forecast deficit is £43.04m in line with plan.
- The Trust is forecasting to deliver to planned Agency trajectory.
- The forecast assumes that current activity trends will continue.
- The forecast assumes that recovery plans totalling £1.7m will be delivered in full. Of this total £0.7m has been agreed and is included within Divisional forecast positions.
- The forecast assumes the delivery of £18.00m of CIP as planned, of which £0.15m is currently unidentified and £5.48m is classified as high risk. This 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 £9.50m, £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)	6	81	63	153	5	309
Staff in post (WTE)	680	1,381	562	1,588	1,100	5,311
% Vacancies	1%	6%	10%	9%	0%	5%

Vacancies

At the end of Month 6 the Trust was carrying 309 vacancies, 5% of the total establishment. Both Medical and Nursing vacancies remained fairly static at 10% and 9% of establishment respectively. This is in spite of the arrival of the new intake of Qualified Nurses that started in September.

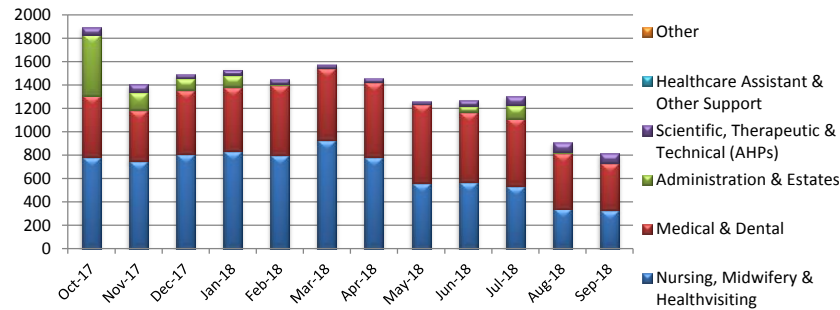
Agency rate cap

Overall Cap breaches continued to reduce in Month 6, with a reduction in the number of Medical breaches.

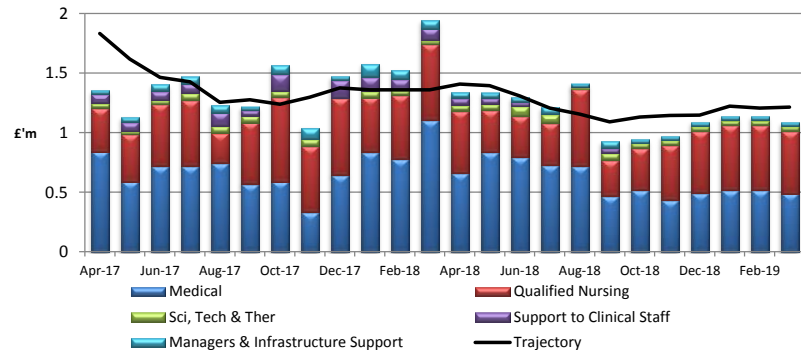
Agency ceiling

Total reported agency expenditure year to date is £7.54m; £0.03m below the planned value and the NHS Improvement Agency Ceiling. This year to date position includes prior year nursing agency costs of £0.32m. 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 £0.63m. Medical Agency dropping below the planned level in month for the first time this year, although year to date medical agency costs remain above the planned level with a year to date agency overspend of £0.35m. Use of HCA Agency staff has ceased entirely since July 18, with additional staffing requirements being managed through the Bank.

Number of Shifts that breached Agency Cap (Monthly)



Agency spend - Actual/Forecast spend vs Revised Trajectory



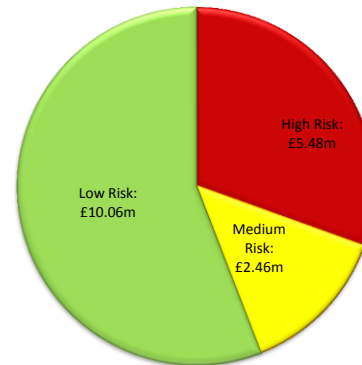
Cumulative Agency Spend	Plan	Actual	Var
	£'m	£'m	£'m
Year to Date	(£7.57)	(£7.54)	£0.03
Forecast	(£14.63)	(£13.91)	£0.72

## 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	5.75	0.69	6.44	5.92	65.27
PMU	0.02	0.00	0.02	0.02	0.00	0.00
Surgery & Anaesthetics	3.67	2.95	0.42	3.37	3.34	23.65
Families & Specialist Services	3.28	2.99	0.40	3.39	3.38	14.00
Community	0.61	0.53	0.13	0.67	0.61	6.05
Estates & Facilities	1.18	0.99	0.15	1.14	1.00	2.00
Technical Accounting	1.00	1.00	1.04	2.04	1.00	0.00
Unallocated	1.14	0.15	0.00	0.15	0.15	0.00
<b>Grand Total</b>	<b>18.00</b>	<b>15.06</b>	<b>2.94</b>	<b>18.00</b>	<b>16.10</b>	<b>121.92</b>

## CIP - Risk



£6.05m of CIP has been delivered in the year to date against a plan of £6.51m, an under performance of £0.46m. 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.

There has been a reduction in forecast savings for a couple of portfolios that have put some further risk on full achievement of the required £18m CIP for this financial year. New schemes are being scoped to fill the gap which is currently £0.15m. Of the forecast savings £15.06m 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 £16.10m, (£15.06m in 18/19 and the remaining £1.04m in 19/20). Non-Recurrent savings for 18/19 are forecast at £2.94m, although this includes the £1.04m savings linked to Project Echo, which may have a recurrent element which is yet to be confirmed. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into next year.

£16.45m 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 (£5.48m).

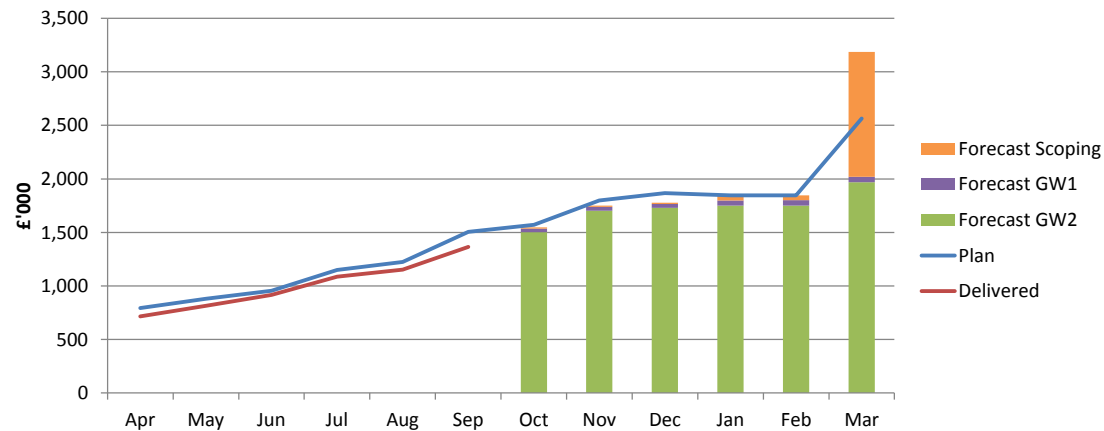
**Aligned Incentive Contract (AIC)**

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 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	1,365	-	-	-	-	-	-	6,049
Forecast GW2	-	-	-	-	-	-	1,502	1,703	1,730	1,751	1,752	1,969	10,406
Forecast GW1	-	-	-	-	-	-	33	36	36	49	49	49	253
Forecast Scoping	-	-	-	-	-	-	11	11	11	47	47	1,167	1,292
<b>Total Actual / Forecast</b>	<b>715</b>	<b>814</b>	<b>917</b>	<b>1,086</b>	<b>1,152</b>	<b>1,365</b>	<b>1,546</b>	<b>1,750</b>	<b>1,777</b>	<b>1,847</b>	<b>1,847</b>	<b>3,185</b>	<b>18,000</b>

## FORECAST

## YEAR END 2018/19

	Plan £m	Forecast £m	Var £m	
Elective	£19.51	£17.47	(£2.04)	●
Non Elective	£101.38	£100.83	(£0.56)	●
Daycase	£26.27	£26.23	(£0.04)	●
Outpatients	£37.57	£37.57	£0.00	●
A & E	£18.58	£19.04	£0.46	●
Other-NHS Clinical	£106.72	£111.80	£5.07	●
CQUIN	£6.85	£6.77	(£0.08)	●
Other Income	£40.73	£45.57	£4.84	●
<b>Total Income</b>	<b>£357.60</b>	<b>£365.26</b>	<b>£7.66</b>	●
Pay	(£247.81)	(£252.92)	(£5.11)	●
Drug Costs	(£36.10)	(£37.99)	(£1.90)	●
Clinical Support	(£28.67)	(£29.34)	(£0.67)	●
Other Costs	(£49.33)	(£51.05)	(£1.71)	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
<b>Total Expenditure</b>	<b>(£374.75)</b>	<b>(£384.13)</b>	<b>(£9.38)</b>	●
<b>EBITDA</b>	<b>(£17.16)</b>	<b>(£18.87)</b>	<b>(£1.71)</b>	●
Non Operating Expenditure	(£25.89)	(£24.17)	£1.72	●
<b>Surplus / (Deficit)*</b>	<b>(£43.05)</b>	<b>(£43.04)</b>	<b>£0.01</b>	●

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

Month 6 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 7-12 as contingencies are now exhausted. Achieving the planned £43.1m deficit for this financial year is now reliant on both the delivery of the full £18m of CIP and an additional recovery requirement with a total value of £1.66m. Divisions are forecasting to achieve a level of recovery totalling £0.68m. This relates to actions that have been agreed or are already delivering results. A further £0.96m of recovery plans are being scoped against a recovery requirement of £0.98m and this will need to be delivered in full in order to achieve the financial plan.

## Key Assumptions:

- Efficiency challenge is £18m CIP. The forecast assumes full delivery including high risk elements. The CIP forecast is currently indicating a £0.15m shortfall in portfolio schemes which must also be recovered.
- 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.
- The £1m uncommitted contingency reserve has been released in full in the year to date. Of the £1m allocated as a Winter Reserve, £0.25m has utilised year to date.
- Forecast includes the impact of Agenda for Change Pay awards of around £3.79m which is fully funded as income (Other-NHS Clinical) - this includes an additional £0.11m funding has been confirmed in Month 6.

## Variances:

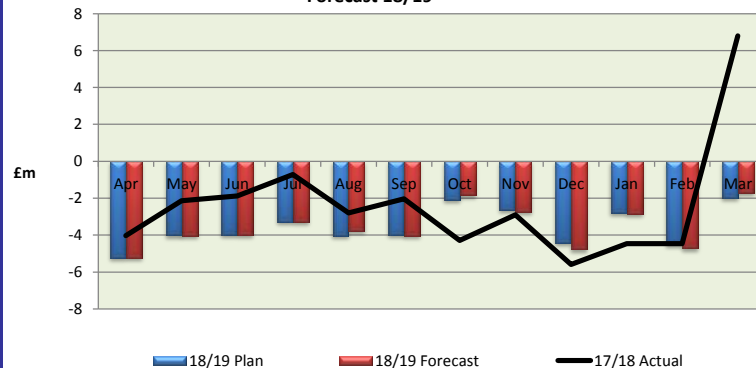
- Excluding the impact of pay award funding, Clinical income is forecast below plan by £0.95m, the majority of which reflects lower than planned High Cost Drugs income (pass through).
- The favourable variance on Other Income of £4.84m is in part due to increased turnover within the Pharmacy Manufacturing Unit (£2.10m) 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 £1.34m (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 £1.72m, due to forecast delivery of CIP (£1.04m), lower than planned depreciation and lower than expected inflationary pressures on PFI financing costs.

## Risks and Opportunities:

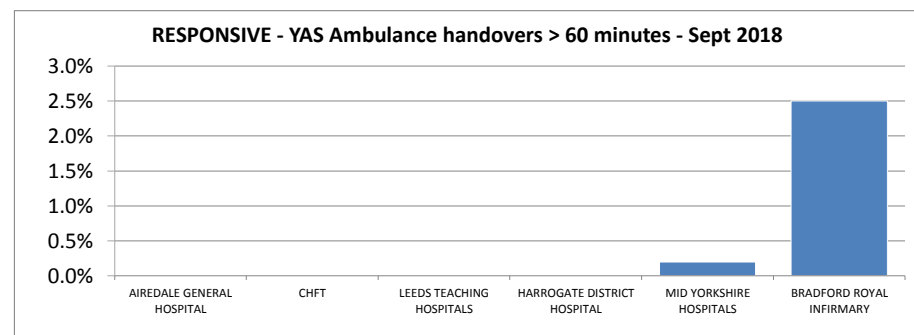
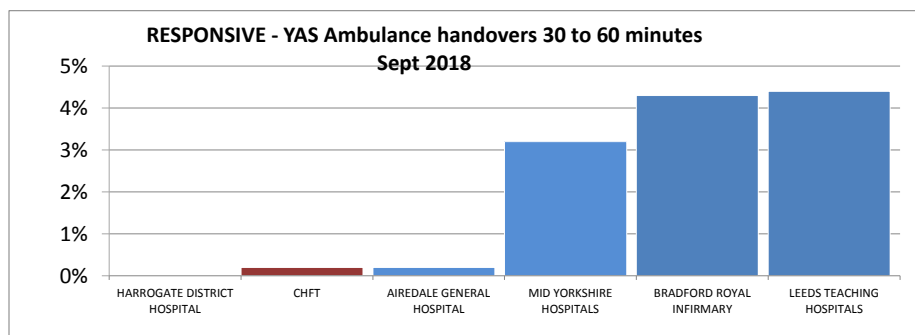
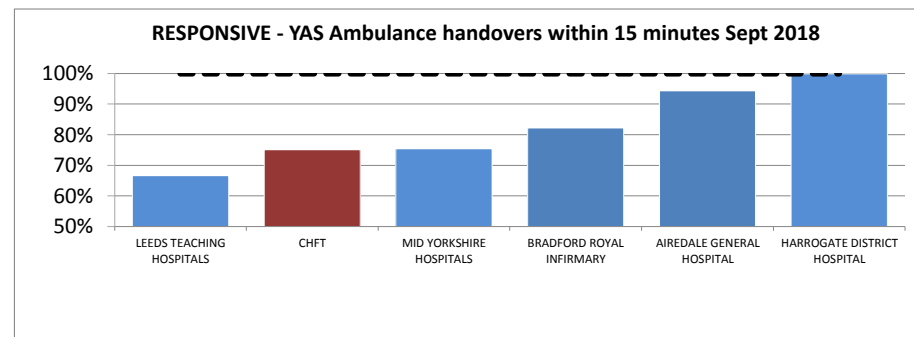
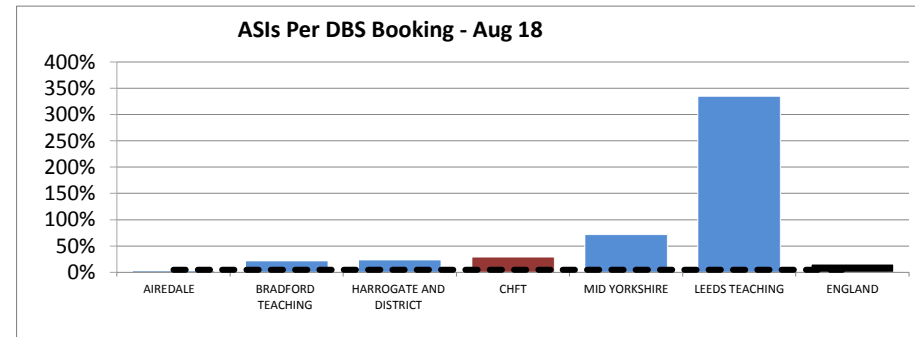
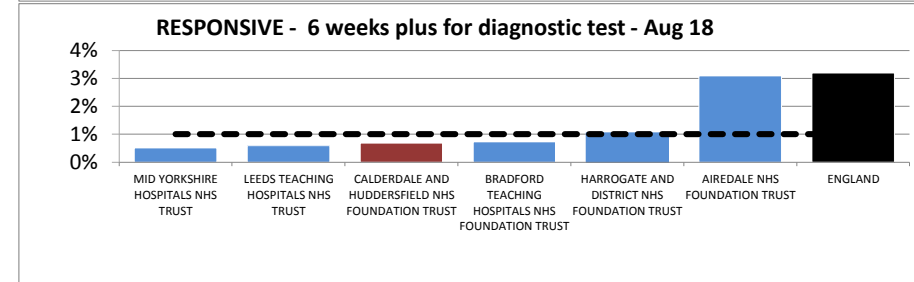
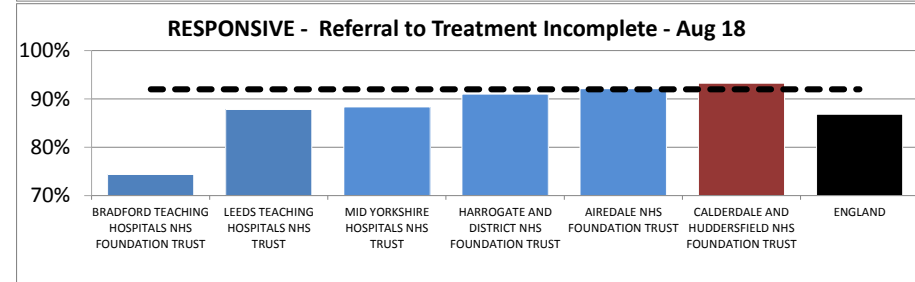
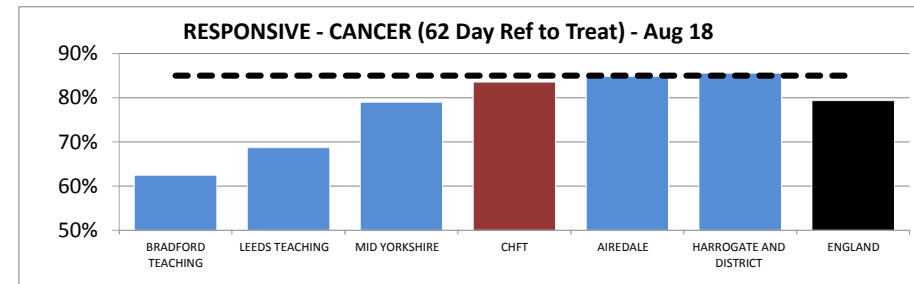
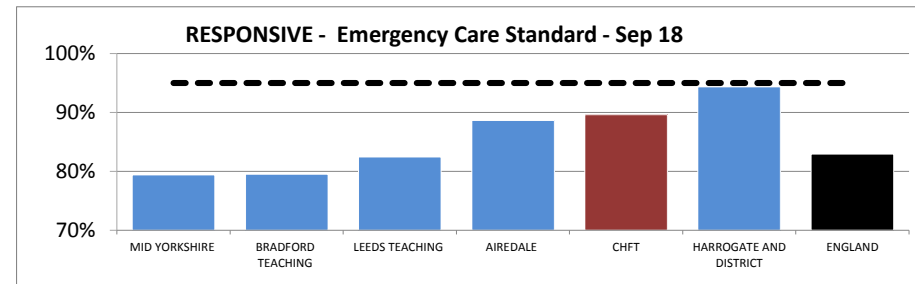
- £ 5.48m of CIP schemes remain high risk including £1.0m linked to Project Echo that there is a risk might not deliver until the next financial year.
- Continuing difficulty in recruiting clinical staff, both medical and nursing, is putting pressure on pay expenditure budgets.
- Aligned Incentive Contract (AIC) is already 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 there is a risk that these are not delivered within the Agency ceiling.
- 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.

## Forecast

## Forecast 18/19

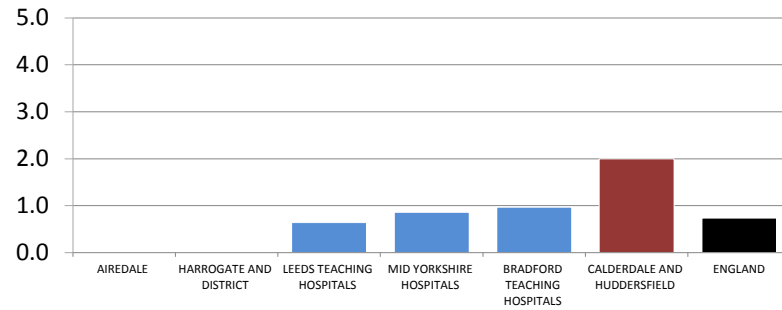


## Benchmarking - Selected Measures

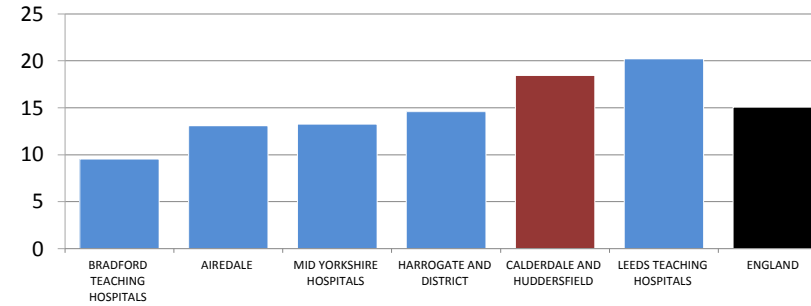


## Benchmarking - Selected Measures

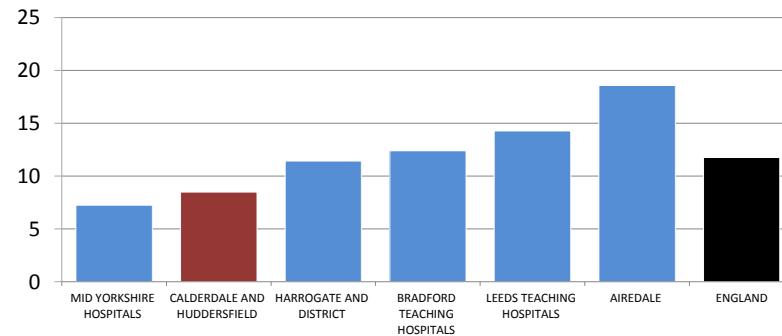
MRSA per 100,000 days - Time Period: Jun 2017 - May 2018



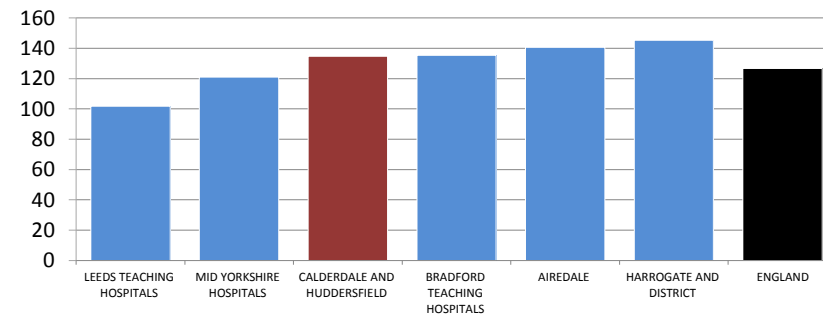
C.Diff per 100,000 days - Time Period: Jun 2017 - May 2018



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

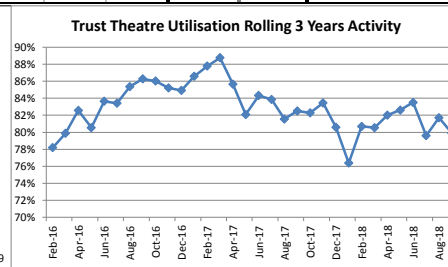
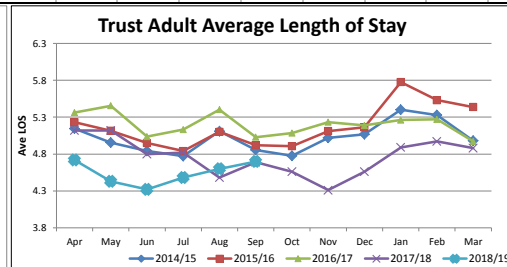
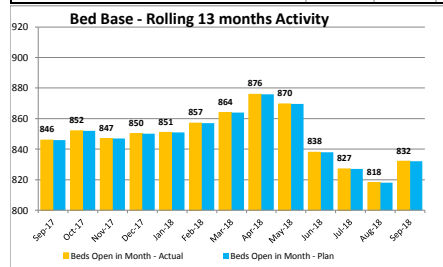


EColi per 100,000 days - Time Period: Jun 2017 - May 2018



Efficiency & Finance - Key measures

	17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold/Monthly
<b>Did Not Attend Rates</b>																	
First DNA	7.88%	8.15%	7.65%	7.00%	7.69%	7.36%	7.30%	7.84%	7.60%	7.20%	7.30%	7.20%	7.30%	7.00%	7.26%	<=7%	7.00%
Follow up DNA	7.05%	6.64%	6.19%	5.53%	6.87%	6.33%	6.70%	6.63%	6.30%	6.70%	6.40%	6.40%	6.40%	6.10%	6.38%	<=8%	8.00%
<b>Average length of stay</b>																	
Average Length of Stay - Overall	4.72	4.69	4.56	4.31	4.56	4.89	4.97	4.88	4.72	4.43	4.32	4.48	4.6	4.7	4.54	<=5.17	5.17
Average Length of Stay - Elective	2.51	2.43	2.54	2.22	2.31	2.42	2.8	2.66	2.77	2.29	2.46	2.63	2.58	2.38	2.54	<=2.85	2.85
Average Length of Stay - Non Elective	5	4.99	4.81	4.65	4.82	5.06	5.18	5.13	4.94	4.69	4.57	4.72	4.87	4.99	4.79	<=5.63	5.63
Pre-Op Length of Stay - Elective Patients									0.028	0.06	0.066	0.132	0.081	0.084	0.076	<=0.5	0.50
Pre-Op Length of Stay - Non Elective Patients									0.763	0.659	0.669	0.702	0.708	0.67	0.695	Not applicable	
Non Elective with zero LOS (not ambulatory)	9,487	791	947	825	841	746	689	678	699	803	757	770	653	783	4,465	Not applicable	
Elective Inpatients with zero LOS	903	85	83	84	63	62	37	55	39	48	52	63	61	68	331	136	1,632
<b>Day Cases</b>																	
Day Case Rate	88.34%	88.77%	88.73%	87.18%	88.19%	92.86%	90.99%	89.06%	89.58%	88.93%	88.20%	88.82%	88.77%	88.75%	88.83%	>=85%	85.00%
Failed Day Cases	1,944	183	173	229	194	120	148	193	166	195	215	205	202	190	1,173	120	1,440
<b>Beds</b>																	
Beds Open in Month - Plan	818	803	818	818	818	818	818	818	849	849	834	822	822	807	822	Not applicable	
Beds Open in Month - Actual	876	852	847	850	851	857	864	876	870	838	827	818	832	812	812	Not applicable	
Hospital Bed Days per 1000 population - Adults	56.16	49.7	50.48	49.59	50.38	53.82	49.52	56.16	49.8	50.5	47.8	51.4	51.4	51	51.01	16/17 Baseline	
Emergency Hospital Admissions per 1000 population - Adults	10.05%	9.59%	10.08%	10.06%	10.30%	10.46%	9.33%	10.05%	9.40%	10.00%	9.60%	10.10%	9.80%	9.40%	9.40%	16/17 Baseline	
Occupied Bed Days		UNDER DEVELOPMENT AND TIMELINE - September IPR															
<b>Cancellations</b>																	
Clinical Cancellations after pre-Op		UNDER DEVELOPMENT AND TIMELINE -September IPR															
Clinical Slots not Utilised	0.10	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	0.07	0.07	0.07
Endoscopy Utilisations		UNDER DEVELOPMENT AND TIMELINE - November IPR															
Hospital Cancellations within 6 Weeks	29,824	2,414	3,073	2,729	2,066	2,448	2,530	3,090	1,165	1,094	1,319	1,223	1,251	988	7,040	0	0
<b>Theatre Utilisation</b>																	
Theatre Utilisation (TT) - Main Theatre - CRH	82.05%	83.20%	81.99%	83.77%	81.58%	76.82%	81.57%	80.75%	83.50%	83.20%	84.20%	82.50%	84.50%	81.00%	83.40%	>=90%	90.00%
Theatre Utilisation (TT) - Main Theatre - HRI	91.03%	89.93%	89.15%	93.58%	90.45%	82.61%	89.84%	90.86%	90.30%	90.70%	93.80%	78.70%	82.30%	88.80%	87.00%	>=90%	90.00%
Theatre Utilisation (TT) - HRI DSU	73.53%	76.83%	77.96%	74.64%	71.80%	70.46%	72.28%	70.82%	73.20%	77.00%	76.70%	73.90%	75.80%	69.30%	74.70%	>=88%	88.00%
Theatre Utilisation (TT) - HRI SPU	72.56%	70.35%	74.59%	73.09%	68.12%	69.07%	72.61%	70.49%	68.70%	68.60%	69.00%	69.60%	74.00%	74.30%	70.60%	>=85%	85.00%
Theatre Utilisation (TT) - Trust	81.79%	82.50%	82.27%	83.45%	80.58%	76.39%	80.69%	80.53%	82.00%	82.60%	83.50%	79.60%	81.70%	79.90%	81.50%	>=90%	90.00%
% Theatre Scheduled Late Starts > 15 mins - Trust									37.79%	31.24%	31.00%	34.69%	32.18%	35.85%	33.94%		
Total Follow lists - Trust									105	63	80	73	108	58	487	Target release October 18	
<b>No. of Ambulatory patients</b>																	
Emergency Hospital Discharges	9,253	703	716	819	725	889	891	966	877	931	892	967	892	854	5,413	0	0
Stranded 7 Days	47.00%	43.00%	44.00%	41.00%	43.00%	45.00%	46.00%	47.00%	52.18%	52.92%	51.48%	50.00%	53.03%	50.60%	50.60%	<=30%	30.00%
Super Stranded 21 Days														117	115	<=104	
Average time to start of reablement (days)	0.10	0.13	0.15	0.09	0.05	0.07	0.06	0.06	0.07	0.05	0.04	0.05	0.11	0.07	0.06	<=10.2 days	10.2
% Catheter Lab Utilisation									89.00%	85.00%	92.00%	93.00%	88.00%	in arrears	89.00%		



## Efficiency & Finance Frailty- Key measures

	17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold/Monthly
<b>Acute Admissions - Aged 75+ Years</b>																	
Acute Admissions aged 75+									728	838	790	777	728	<b>719</b>	<b>4,580</b>		
Frail* patients admitted aged 75+									290	334	316	300	260	<b>277</b>	<b>1,777</b>		not applicable
% patients admitted aged 75+ who are frail**									40%	40%	40%	39%	36%	<b>39%</b>	<b>36%</b>		
<b>Frailty Admissions with LOS &lt; 3 days</b>																	
Patients 75+ with a LOS < 3 days									376	450	399	419	349	<b>382</b>	<b>2,375</b>		
Frail* patients with a LOS < 3 days									122	142	124	133	83	<b>123</b>	<b>727</b>		
% of patients with a LOS < 3 days who are frail**									32%	32%	31%	32%	24%	<b>32%</b>	<b>32%</b>		
Patients 75+ occupied bed days									5,911	6,649	6,547	5,262	5,838	<b>5,128</b>	<b>35,335</b>		
Frail* occupied bed days									2,999	3,194	3,070	2,387	2,626	<b>2,167</b>	<b>16,443</b>		not applicable
Average frail* non-elec IP LOS									10.3	9.6	9.7	8.0	10.1	<b>7.8</b>	<b>9.4</b>		
Average DAILY Beds Saved									35	34	24	16	10	<b>16</b>	<b>27</b>		
Re-admitted back to the Frailty Team within 30 days									47	37	34	38	30	<b>51</b>	<b>237</b>		
% Re-admitted back to the Frailty Team within 30 days									15%	11%	11%	11%	12%	<b>16%</b>	<b>12%</b>		

\* 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
<b>GP First Outpatient Attendance</b>								
% Market Share - O2T Calderdale	87.80%	86.24%	86.22%	86.60%	<b>86.93%</b>	<b>86.45%</b>	87.80%	-1.35%
% Market Share - O3A Greater Huddersfield	77.75%	76.20%	75.87%	73.86%	<b>74.59%</b>	<b>75.02%</b>	77.75%	-2.73%
% Market Share - Other Contracted CCG's	1.47%	1.33%	1.32%	1.20%	<b>1.16%</b>	<b>1.24%</b>	1.47%	-0.23%
Market Size - O2T Calderdale	45,081	9,947	10,057	10,255	<b>10,157</b>	<b>40,416</b>	45,081	
Market Size - O3A Greater Huddersfield	43,244	9,506	10,007	10,142	<b>9,710</b>	<b>39,365</b>	43,244	
Market Size - Other Contracted CCG's	456,702	110,984	116,018	113,897	<b>103,337</b>	<b>444,236</b>	456,702	
<b>All Elective Spells</b>								
% Market Share - O2T Calderdale	64.98%	63.13%	63.98%	65.08%	<b>57.31%</b>	<b>62.38%</b>	64.98%	-2.60%
% Market Share - O3A Greater Huddersfield	58.26%	50.93%	56.48%	57.76%	<b>47.20%</b>	<b>52.99%</b>	58.26%	-5.27%
% Market Share - Other Contracted CCG's	0.91%	0.83%	0.84%	0.87%	<b>0.68%</b>	<b>0.81%</b>	0.91%	-0.10%
Market Size - O2T Calderdale	6,041	1,253	1,202	1,137	<b>951</b>	<b>4,543</b>	6,041	
Market Size - O3A Greater Huddersfield	6,220	1,286	1,250	1,205	<b>1,017</b>	<b>4,758</b>	6,220	
Market Size - Other Contracted CCG's	57,991	14,402	14,123	12,398	<b>10,499</b>	<b>51,422</b>	57,991	
<b>Non-Elective Inpatient Spells</b>								
% Market Share - O2T Calderdale	89.58%	89.54%	90.50%	92.68%	<b>94.04%</b>	<b>91.92%</b>	89.58%	2.34%
% Market Share - O3A Greater Huddersfield	85.51%	85.13%	86.13%	89.33%	<b>88.59%</b>	<b>87.39%</b>	85.51%	1.88%
% Market Share - Other Contracted CCG's	0.74%	0.76%	0.94%	1.38%	<b>1.46%</b>	<b>1.13%</b>	0.74%	0.40%
Market Size - O2T Calderdale	23,269	5,939	6,622	6,881	<b>6,763</b>	<b>26,205</b>	23,269	
Market Size - O3A Greater Huddersfield	23,129	5,911	6,389	6,698	<b>6,451</b>	<b>25,449</b>	23,129	
Market Size - Other Contracted CCG's	251,957	63,346	62,553	55,181	<b>49,156</b>	<b>230,236</b>	251,957	
<b>Daycase Spells</b>								
% Market Share - O2T Calderdale	82.91%	78.43%	79.26%	80.74%	<b>81.27%</b>	<b>80.09%</b>	82.91%	-2.82%
% Market Share - O3A Greater Huddersfield	77.74%	71.11%	73.36%	73.61%	<b>73.85%</b>	<b>73.17%</b>	77.74%	-4.57%
% Market Share - Other Contracted CCG's	0.90%	0.66%	0.79%	0.93%	<b>0.82%</b>	<b>0.80%</b>	0.90%	-0.10%
Market Size - O2T Calderdale	30,987	5,976	6,745	6,651	<b>6,455</b>	<b>25,827</b>	30,987	
Market Size - O3A Greater Huddersfield	31,895	6,449	6,936	7,278	<b>7,110</b>	<b>27,773</b>	31,895	
Market Size - Other Contracted CCG's	285,313	69,432	71,319	60,907	<b>58,083</b>	<b>259,741</b>	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

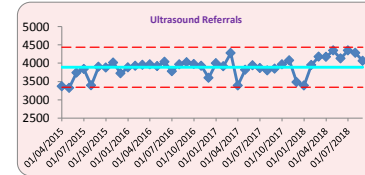
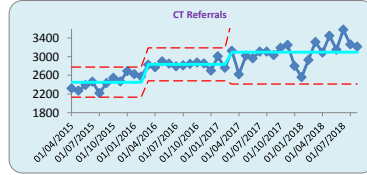
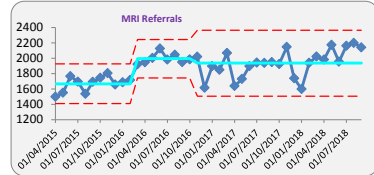
	17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	YTD % Change
<b>GP referrals to all outpatients</b>																
02T - NHS CALDERDALE CCG	52,515	4,693	4,937	4,540	4,105	4,794	4,276	4,557	3,560	3,767	3,307	3,458	3,625	3,210	20,927	-7.4%
03A - NHS GREATER HUDDERSFIELD CCG	37,450	3,205	3,085	3,187	2,837	3,275	2,922	3,133	3,183	3,183	2,810	2,845	3,086	2,677	17,784	-8.3%
03J - NHS NORTH KIRKLEES CCG	3,683	327	327	336	252	322	279	250	249	209	220	193	175	159	1,205	-34.0%
02R - NHS BRADFORD DISTRICTS CCG	248	600	600	400	500	300	3,600	5,400	214	229	171	203	201	181	1,199	-18.4%
03R - NHS WAKEFIELD CCG	1,145	129	139	114	83	108	73	84	71	83	46	50	48	48	346	0.6%
02W - NHS BRADFORD CITY CCG	481	39	52	47	50	55	33	53	40	39	33	36	29	36	213	13.9%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	159	10	10	9	3	10	5	8	14	5	8	5	5	1	38	-83.3%
03C - NHS LEEDS WEST CCG	146	8	13	10	8	14	11	17	3	0	0	0	0	0	3	-94.2%
02N - NHS AIREDALE, WHARFEDALE AND CRAVEN CCG	66	6	8	1	6	8	9	3	5	7	7	3	5	4	31	6.9%
03G - NHS LEEDS SOUTH AND EAST CCG	102	5	11	11	7	19	15	13	2	1	0	0	0	0	3	-76.9%
02V - NHS LEEDS NORTH CCG	17	3	2	1	1	2	1	2	0	0	0	0	0	0	0	-100.0%
Other	948	793	859	793	638	777	620	696	639	636	522	539	501	479	3,316	-27.6%
Trust	65,956	8,691	8,881	8,520	7,580	8,846	7,818	8,386	7,382	7,586	6,639	6,842	7,212	6,366	42,027	-4.3%
Trust - % Change on Previous year	7.88%	12.69%	16.98%	10.69%	12.13%	16.02%	9.38%	0.13%	44.60%	-18.10%	-14.50%	-3.70%	-1.60%	-12.90%	-4.30%	

ACTIVITY VARIANCE AGAINST CONTRACT																	
Day Case Variance against Contract	-3,096.49	-147.54	-325.82	-69.32	168.9	-560.12	-409.28	-375.9	-32.07	3.01	-109.99	-55.86	-14.29	8.87	-82.34		
% Day Case Variance against Contract	-8.25%	-4.56%	-9.60%	-2.04%	6.84%	-16.50%	-13.26%	-11.60%	-1.11%	0.10%	-3.57%	-1.75%	-0.46%	0.30%	-0.45%		
Elective Variance against Contract	-2,259.24	-215.29	-224.39	-125.34	-59.89	-408.34	-292.86	-223.1	-56.61	-30.32	-28.32	-60.17	-43.58	-56.71	-293.71		
% Elective Variance against Contract	-28.39%	-31.86%	-31.63%	-17.67%	-11.61%	-57.57%	-45.41%	-32.95%	-11.85%	-5.80%	-5.16%	-10.70%	-8.02%	-10.87%	-9.25%		
Non-elective Variance against Contract	4,988.26	565.55	174.32	655.25	378.13	842.44	286.24	444.82	56.56	228.51	107.97	135.08	224.34	265.94	851.4		
% Non-elective Variance against Contract	10.42%	15.38%	3.85%	15.79%	8.46%	20.08%	8.63%	10.95%	1.23%	4.83%	2.29%	2.82%	4.99%	5.72%	3.04%		
Outpatient Variance against Contract	-29,795.82	-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	566.84	2,239		
% Outpatient Variance against Contract	-11.11%	-12.37%	-10.57%	-4.01%	-0.99%	-16.00%	-12.35%	-18.08%	4.22%	7.45%	-1.71%	0.39%	-2.84%	2.11%	1.48%		
Accident and Emergency Variance against Contract	-6,917.90	-590.36	-210.41	-374.49	28.14	-1270.3	-1094.93	-1909.56	-699.13	-76.16	44.53	137.85	-109.45	-480.8	-1191.16		
% Accident and Emergency Variance against Contract	-4.52%	-4.51%	-1.61%	-2.99%	0.22%	-9.77%	-8.92%	-13.62%	-5.55%	-0.56%	0.35%	1.03%	-0.88%	-3.74%	-1.54%		

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

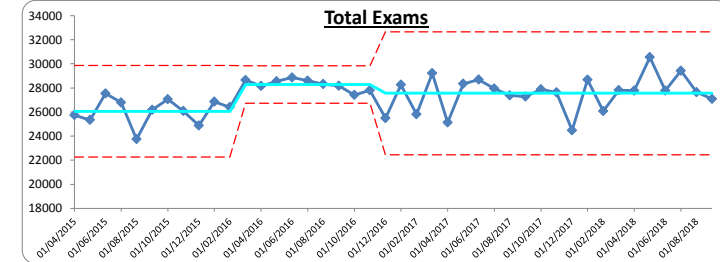
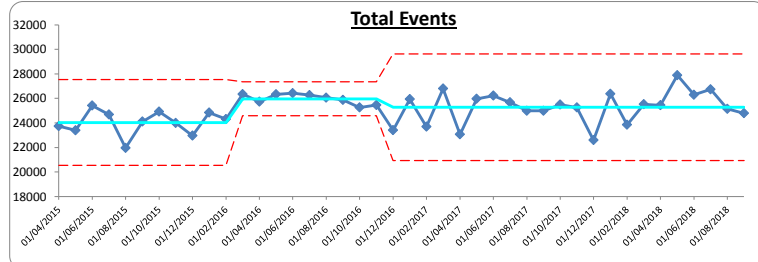
## Radiology Summary of Activity of Key Modalities - September 2018

Referrals into Service																						
	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	Sep-18	YTD 18/19	YTD 17/18	Increase	%
MRI	1638	1728	1896	1941	1937	1948	1924	2147	1737	1597	1940	2022	1981	2173	1954	2160	2199	2140	12607	11088	1519	14%
CT	2621	3023	2966	3108	3192	3034	3191	3253	2800	2560	2931	3313	3089	3447	3149	3577	3263	3216	19741	17944	1797	10%
Obstetrics	2170	2476	2481	2340	2459	2401	2466	2520	2188	2092	2232	2408	2288	2437	2369	2486	2417	2270	14267	14327	-60	0%
General Radiology	15608	17139	17223	17299	16944	17282	17181	16863	15448	15044	15853	17430	17208	18772	17404	17601	16123	16456	103564	101495	2069	2%
Ultrasound	3388	3819	3939	3866	3801	3847	3967	4077	3480	3390	3950	4179	4174	4349	4131	4350	4282	4062	25348	22660	2688	12%
<b>Total</b>	<b>25425</b>	<b>28185</b>	<b>28505</b>	<b>28554</b>	<b>28333</b>	<b>28512</b>	<b>28729</b>	<b>28860</b>	<b>25653</b>	<b>24683</b>	<b>26906</b>	<b>29352</b>	<b>28740</b>	<b>31178</b>	<b>29007</b>	<b>30174</b>	<b>28284</b>	<b>28144</b>	<b>175527</b>	<b>167514</b>	<b>8013</b>	<b>5%</b>



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-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	Sep-18	YTD 18/19	YTD 17/18	Increase	%
<b>Total Events</b>	<b>23,062</b>	<b>25,965</b>	<b>26,223</b>	<b>25,674</b>	<b>24,989</b>	<b>24,986</b>	<b>25,501</b>	<b>25,263</b>	<b>22,592</b>	<b>26,372</b>	<b>23,853</b>	<b>25,521</b>	<b>25,437</b>	<b>27,885</b>	<b>26,292</b>	<b>26,737</b>	<b>25,148</b>	<b>24,784</b>	<b>156,283</b>	<b>150,899</b>	<b>5384</b>	<b>4%</b>
MRI	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	1,611	9,930	10,135	-205	-2%
HRI - MRI	600	592	625	652	620	649	649	615	570	622	577	599	608	596	625	611	616	575	3,631	3,738	-107	-3%
CRH - MRI	437	503	500	437	483	474	503	450	409	432	428	473	496	469	456	450	496	479	2,846	2,834	12	0%
Mobile	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	549	588	588	591	582	599	576	562	547	602	572	583	567	549	581	584	577	546	3,404	3,497	-93	-3%
CT	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	2,785	17,329	15,590	1,739	11%
General Radiology	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	15,030	94,951	91,376	3,575	4%
Obstetrics	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	2,112	13,400	13,473	-73	-1%
Ultrasound	2,661	4,038	4,111	3,525	3,116	2,874	3,100	3,269	2,598	3,418	3,167	3,016	3,368	3,661	3,427	3,423	3,548	3,246	20,673	20,325	348	2%
<b>Total Exams</b>	<b>25,128</b>	<b>28,345</b>	<b>28,692</b>	<b>27,939</b>	<b>27,377</b>	<b>27,284</b>	<b>27,882</b>	<b>27,625</b>	<b>24,471</b>	<b>28,679</b>	<b>26,075</b>	<b>27,808</b>	<b>27,766</b>	<b>30,556</b>	<b>28,804</b>	<b>29,422</b>	<b>27,646</b>	<b>27,081</b>	<b>171,275</b>	<b>164,765</b>	<b>6,510</b>	<b>4%</b>
MRI	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	1,683	10,417	10,672	-255	-2%
HRI - MRI	631	625	674	695	671	687	693	649	603	657	609	637	633	641	670	652	651	617	3,864	3,983	-119	-3%
CRH - MRI	462	519	527	455	504	488	524	470	426	452	455	497	516	487	471	461	518	493	2,946	2,955	-9	0%
Mobile	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	572	606	619	624	611	629	607	609	577	634	606	614	592	578	603	619	600	561	3,553	3,661	-108	-3%
CT	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	4,141	25,755	23,063	2,692	12%
General Radiology	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	15,534	98,771	95,104	3,667	4%
Obstetrics	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	2,117	13,426	13,494	-68	-1%
Ultrasound	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	3,606	22,906	22,432	474	2%



Waiting List at Month End																						
	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	Sep-18	YTD 18/19	YTD 17/18	Increase	%
Total number on MRI Waiting List	1120	872	819	850	831	824	787	1016	972	988	1087	1109	1131	1384	1405	1602	1693	1894	3000	2500	500	20%
Total number on CT Waiting List	905	928	842	853	858	823	902	924	783	828	845	934	945	933	809	889	776	803	1000	1000	0	0%
Total number on US Waiting List	3477	2539	1540	1259	1321	1617	1808	1906	2126	2130	2280	2713	2706	2670	2609	2713	2586	2581	1000	1000	0	0%

Number of Exams reported																						
	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	Sep-18	YTD 18/19	YTD 17/18	Increase	%
Internal (Planned)	16671	20384	18554	20116	21015	19793	21046	23066	19640	22396	19959	20199	20918	21509	19512	19286	20063	17909	119197	116533	2664	2%
Inourced (Extras)	330	714	466	439	497	1176	15	0	15	6	0	0	0	0	0	0	0	0	0	8072	-8072	-100%
Locum Radiologist/Sonographer	233	315	299	96	41	85	89	85	74	88	76	91	45	68	96	110	0	0	319	1069	-750	-70%
Auto Reported	2627	2353	2746	2691	2820	2450	2675	2767	2234	2921	2904	3040	3657	3407	3505	5066	4505	4702	24842	15687	9155	58%

## CQUINS - Key messages

Area	Reality	Response	Result
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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.

There is no September update due to the external national system being down at present.

Performance is being shared with divisions at specialty level on a monthly basis. (Ongoing)

From January onwards this will move 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		
<b>1. Improving staff health and wellbeing</b>											
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%		
<b>2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)</b>											
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-Taxobactam	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC		
<b>4. Improving services for people with mental health needs who present to A&amp;E</b>											
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		
<b>6. Offering advice and guidance</b>											
6	Acute	£319,623	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (COUN Target)		
<b>9. Preventing ill health by risky behaviours – alcohol and tobacco</b>											
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%						
<b>10. Improving the assessment of wounds</b>											
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%		
<b>11. Personalised care and support planning</b>											
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%		

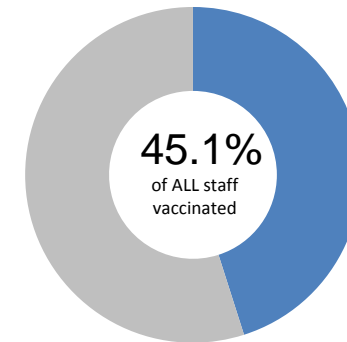
ACTUAL PERFORMANCE														
Q1			Q1 Position	Q2			Q2 Position	Q3		Q3	Q4			Q4
Apr-17	May-17	Jun-17		Jul-17	Aug-17	Sep-17		Oct-17	Nov-17		Dec-17	Jan-18	Feb-18	
Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end		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 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
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%	100.0%	-	100.0%	100.0%	-	100.0%					
91.0%	97.0%	100.0%	96.0%	100.0%	-	96.0%	96.0%	-	96.0%					
77.3%	82.6%	78.9%	79.7%	85.7%	-	85.7%	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			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%							
Presentation completed			Yes	14.6%	15.9%		15.2%							
Presentation completed			Yes	TBC	TBC		TBC							
Presentation completed			Yes	60.6%	62.1%		61.3%							
Presentation completed			Yes	16.7%	16.6%		16.6%							
Quarter End Position			74.0%	Quarter End Position			Quarter End Position		Quarter End Position		Quarter End Position			
Quarter End Position			56.0%	Quarter End Position			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			
Quarter End Position			1.4%	Quarter End Position			Quarter End Position		Quarter End Position		Quarter End Position			
Quarter End Position			TBC	Quarter End Position			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			Data available at year end		Data available at year end		Data available at year end			
Data available at year end			N/A	Data available at year end			Data available at year end		Data available at year end		Data available at year end			

# 2018-19 Flu Campaign

Campaign  
Week:  
**3**

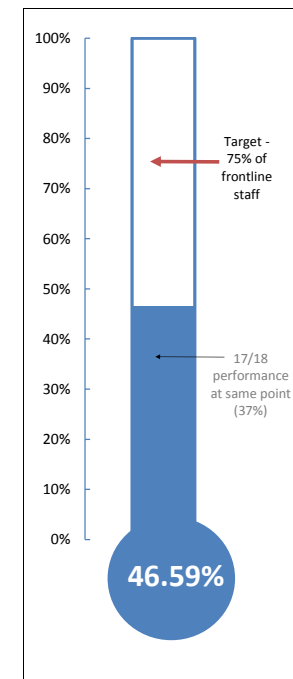
Total number of ALL staff	No. of ALL staff vaccinated	No. of ALL staff had vaccine elsewhere	TOTAL vaccinated	Left to vaccinate	Declined	% Offer (Vaccinated or Declined)	% Vaccinated
5781	2577	29	2606	3175	26	45.5%	45.1%

I don't want the flu vaccination because:	
I don't like needles	2
I don't believe the evidence that being vaccinated is beneficial	8
I'm concerned about possible side effects	7
Other reason	9
I don't think I'll get Flu	0
I don't know how or where to get vaccinated	0
It was too inconvenient to get to a place where I could get the vaccination	0
The times when the vaccination is available are not convenient	0



## CQUIN - 75% of front line staff to be vaccinated

	Total number of FRONT LINE* staff	No. of FL staff to be vaccinated to = 75% target	No. of FL staff vaccinated	No. of FL staff had vaccine elsewhere	TOTAL vaccinated	Left to vaccinate	No of FL Staff Still to vaccinate to = 75%	Performance	Declined
<b>Trust</b>	<b>4344</b>	<b>3258</b>	<b>1995</b>	<b>29</b>	<b>2024</b>	<b>2320</b>	<b>1263</b>	<b>46.59%</b>	26
All doctors (excluding GPs)	563	422	244	4	248	315	178	44.05%	0
Qualified nurses, midwives and health visitors	1730	1298	818	15	833	897	480	48.15%	14
All other professionally qualified clinical staff	519	389	254	6	260	259	135	50.10%	1
Support To clinical staff	1532	1149	679	4	683	849	470	44.58%	11



## Frontline Divisional Summary

	All Doctors (excluding GPs)	All other professionally qualified clinical staff	Qualified Nurses, midwives and health visitors	Support To Clinical Staff	Grand Total
372 Medical L3	52.49%	51.54%	51.40%	47.58%	50.25%
372 Surgery & Anaesthetics L3	32.51%	44.12%	47.78%	45.83%	44.11%
372 Families & Specialist Services L3	49.59%	56.55%	46.59%	44.01%	47.60%
372 Community L3	33.33%	42.71%	34.52%	31.46%	37.30%
Calderdale & Huddersfield Solutions Ltd L3	NA	0.00%	NA	37.13%	36.47%
372 Corporate L3	0.00%	62.50%	49.43%	47.62%	48.45%
372 Central & Technical L3	8.33%	NA	NA	NA	8.33%
372 Health Informatics L3	NA	NA	100.00%	NA	100.00%

1263

staff to  
vaccinate  
to reach  
75%

### Gold Standard Wards 75% or more

**CRH A&E - 100%**  
**8C - 100%**  
MAU HRI - 78% - 11 left to vaccinate  
CCU - 78% - 8 left to vaccinate  
ICU HRI - 75% - 19 left to vaccinate

**Wards over 60%**  
SAU HRI - 73% - 11 left to vaccinate  
6BC - 71% - 10 left to vaccinate  
2AB - 67% - 3 left to vaccinate  
Paediatric Ward - 65% - 24 left to vaccinate

exc had elsewhere

\*Front line staff\* have been defined using the campaign guidance. The denominator was agreed at the Flu Vaccination Steering Group

Appendices

# Appendices

## Appendix - Appointment Slot Issues

### ASIs

As at 28<sup>th</sup> September, there were 1,825 referrals awaiting appointments

The top specialties for ASIs backlog are:

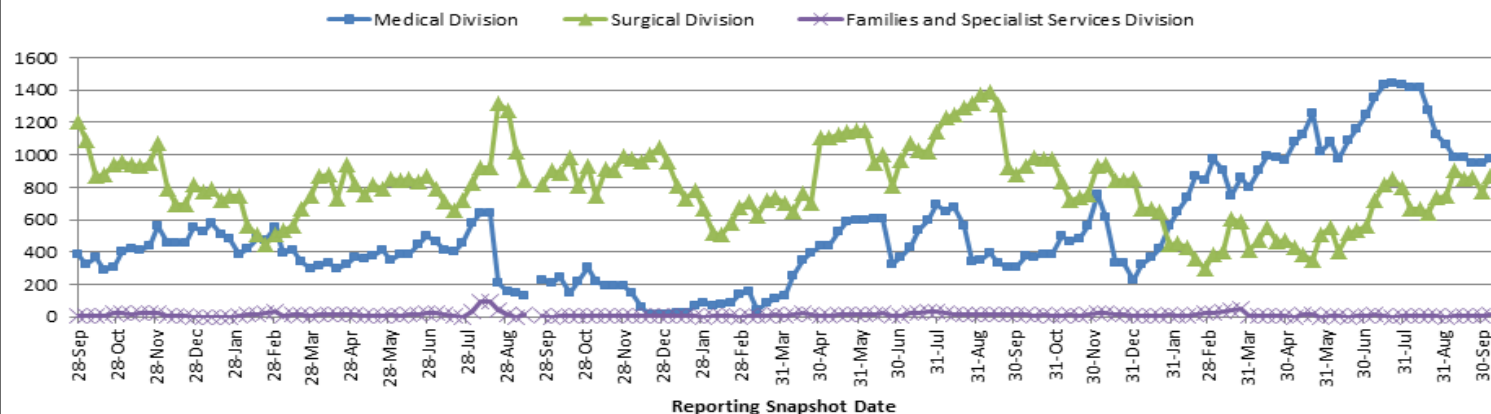
Cardiology (345)  
Gastroenterology (417)  
Ophthalmology (306)  
General Surgery (236)

with smaller backlogs also in :  
ENT (168)

11 patients has been waiting over 6 months, (this was previously 20 on the last report)

	0 weeks	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	3 months	4 months	5 months	6 months	>6 months	Totals
Medicine	124	129	83	78	66	69	76	48	52	150	63	25	38	5	1006
Cardiology	28	42	38	29	18	28	29	11	20	62	42				345
Dermatology											13	23	38	4	78
Endocrinology	13	17	9	1											40
Gastro	53	43	31	31	39	38	39	29	26	82	3	2	2	1	417
Haematology	18	12	3	6	2	1	1	1	2	1	1				46
Nephrology	7	13	1	8	5	3	5	6	2	3	2				55
Surgery	91	81	87	56	69	75	61	46	38	103	48	26	11	6	798
ENT	20	30	29	18	27	24	11	5	3	1					168
General Surg	22	16	33	22	21	25	20	20	13	32	3	7	2		236
Ophthal	28	11	13	10	18	22	26	16	18	66	45	18	9	6	306
FSS	13	4	3				1								21
Totals	228	214	173	134	135	144	138	94	90	253	111	51	49	11	1825

**New Appointment Issues From Week Commencing 28 September 15 To 8 October 18**



## Appendix - Referrals

### Referrals

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

GP Referrals are down 4.3% financial YTD September compared with same period 2017 (1,952 referrals).

- From April to September, there were 126 working days, compared with 125 for the corresponding period 2017.

- One extra working day YTD could indicate an anticipated increase of GP referrals of 0.8%.

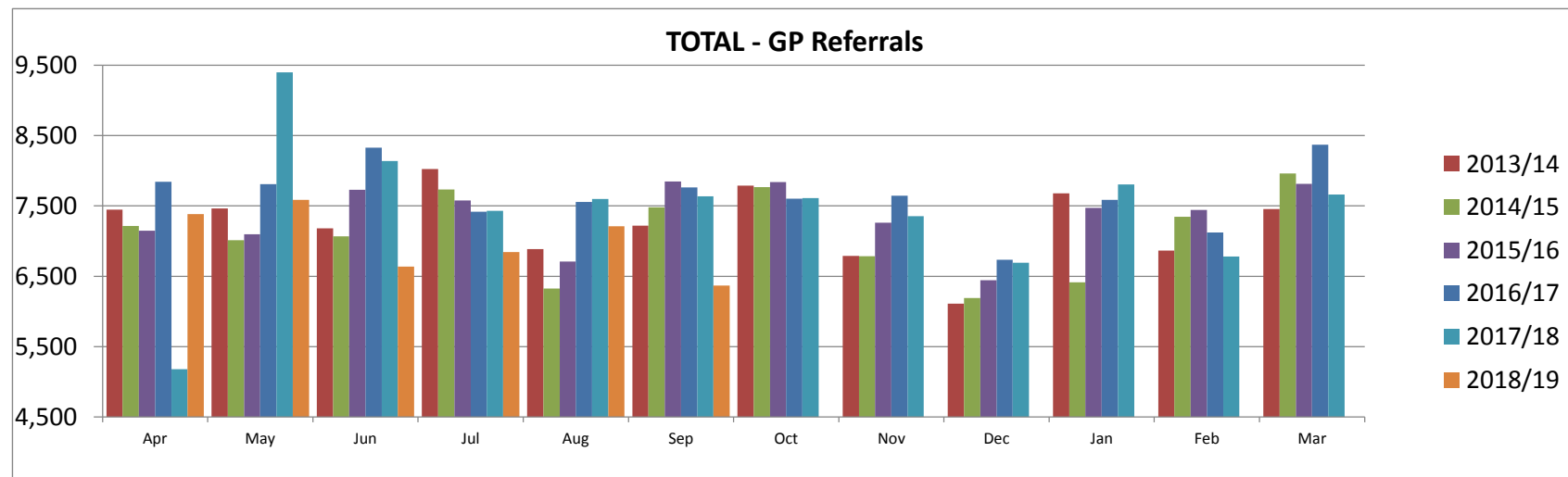
- The one less working day in September compared with September 2017 could indicate an anticipated decrease of GP referrals of 4.7% in month.

- NHS Calderdale GP referrals have seen an increase of 4.8% (1,056) for the year to date principally due to Ophthalmology 38% (581), Cardiology 21% (211) and Dermatology 22% (327).

- Total referrals (non-triage) into the Calderdale MSK service have increased 24.8% (612 referrals) YTD.

- NHS Greater Huddersfield GP referrals have seen a decrease of 4.3% (893). There have been most noticeable decreases in Ophthalmology (585, 34.7%) and Cardiology (243, 27.4%) for the YTD.

- For 2018/19 YTD there has been a GP referral decrease for NHS North Kirklees (35.8%, 673 referrals, ENT, Neurology and Rheumatology principally) and NHS Wakefield (34.1%, 179 referrals)

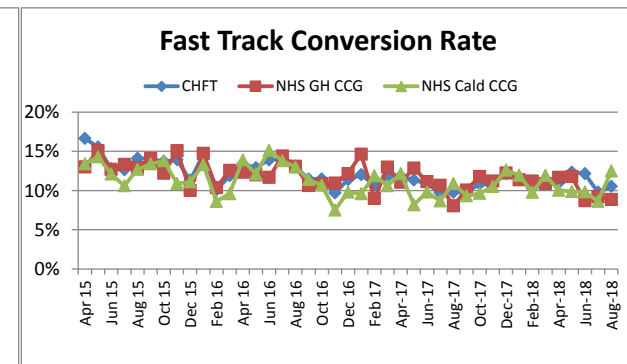
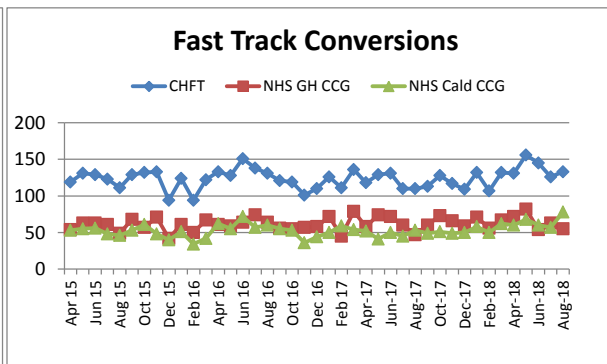
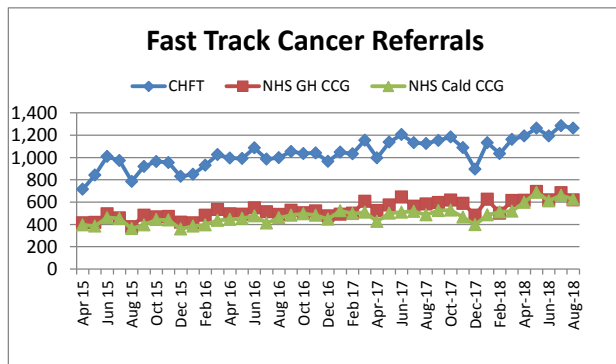




## Activity - Key measures

	17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	YTD % Change
<b>Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)</b>																
NHS CALDERDALE CCG Referrals	5,685	486	525	529	466	397	486	511	519	598	689	611	660	625	3,077	26.0%
NHS CALDERDALE CCG Conversions	657	53	49	51	49	50	58	50	62	60	68	60	57	78	307	
NHS CALDERDALE CCG Conversion Rate	11.6%	10.9%	9.3%	9.6%	10.5%	12.6%	11.9%	9.8%	11.9%	10.0%	9.9%	9.8%	8.6%	12.5%	10.0%	
NHS GREATER HUDDERSFIELD CCG Referrals	6,169	583	596	619	589	482	625	500	615	617	695	621	685	621	3,233	11.8%
NHS GREATER HUDDERSFIELD CCG Conversions	802	47	60	73	66	59	71	56	67	72	82	54	63	55	338	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	13.0%	8.1%	10.1%	11.8%	11.2%	12.2%	11.4%	11.2%	10.9%	11.7%	11.8%	8.7%	9.2%	8.9%	10.5%	
Other CCG Referrals	534	42	23	22	20	14	13	11	15	9	11	9	11	16	55	-72.1%
Other CCG Conversions	104	8	3	1	1	0	3	0	1	0	3	1	1	0	6	
Other CCG Conversion Rate	19.5%	19.0%	13.0%	4.5%	5.0%	0.0%	23.1%	0.0%	6.7%	0.0%	27.3%	11.1%	9.1%	0.0%	10.9%	
CHFT Fast Track Referrals	12,388	1,111	1,144	1,170	1,075	893	1,124	1,022	1,149	1,224	1,395	1,241	1,356	1,262	6,365	15.1%
CHFT Fast Track Conversions	1,563	108	112	125	116	109	132	106	130	132	153	115	121	133	651	
CHFT Fast Track Conversion Rate	12.6%	9.7%	9.8%	10.7%	10.8%	12.2%	11.7%	10.4%	11.3%	10.8%	11.0%	9.3%	8.9%	10.5%	10.2%	
% Change on Previous year																

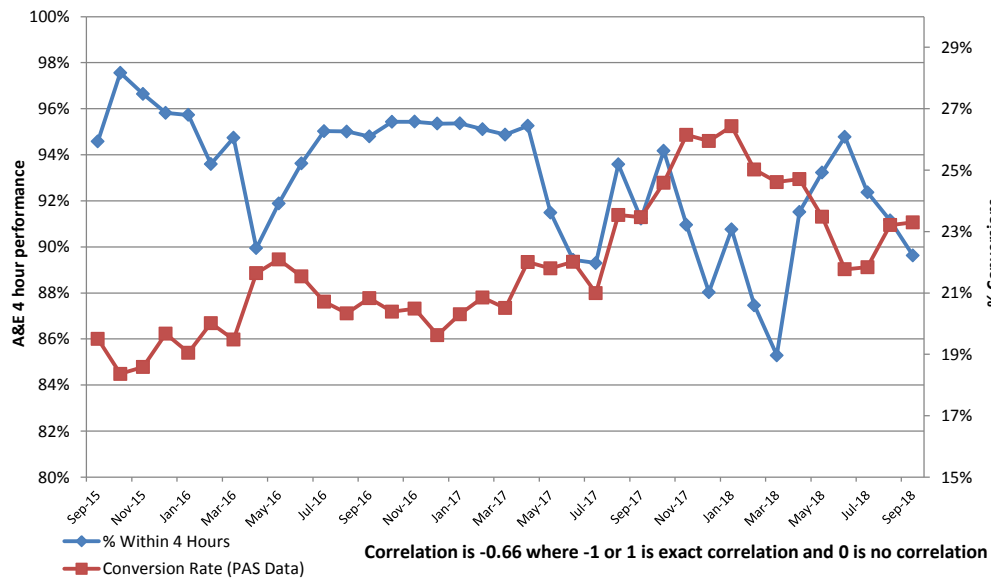
Note YTD Change for conversions is a month in arrears as latest month will still have conversions to feed through.



## Appendix - A and E Conversion rates and Delayed Transfers

	17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	YTD % Change
<b>Analysis of A and E activity including conversions to admission</b>																
A and E Attendances	148,929	12,732	13,058	12,097	12,653	11,735	11,191	12,114	11,892	13,433	12,882	13,453	12,311	12,390	76,361	0.4%
A and E 4 hour Breaches	13,978	1,118	761	1,094	1,514	1,084	1,403	1,782	1,009	909	673	1,026	1,089	1,285	5,991	-5.5%
Emergency Care Standard 4 hours	90.61%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	94.78%	92.37%	91.15%	89.63%	92.15%	1.0%
Admissions via Accident and Emergency	35,445	2,990	3,211	3,163	3,284	3,102	2,800	2,981	2,939	3,154	2,804	2,938	2,857	2,887	17,579	4.0%
% A and E Attendances that convert to admissions	23.80%	23.47%	24.59%	26.15%	25.95%	26.43%	25.02%	24.61%	24.71%	23.48%	21.77%	21.84%	23.21%	23.30%	24.71%	5.3%

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

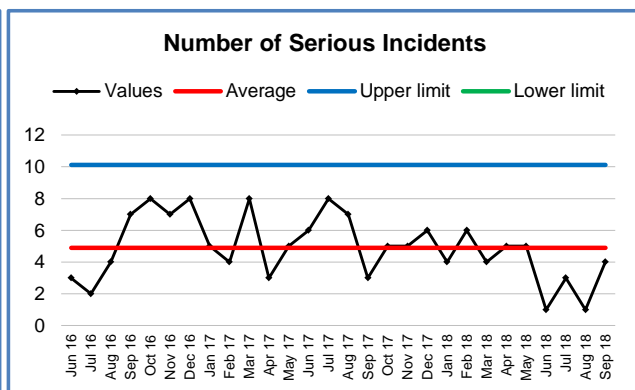
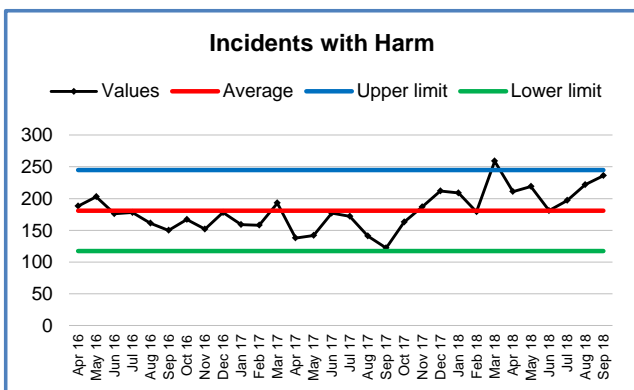
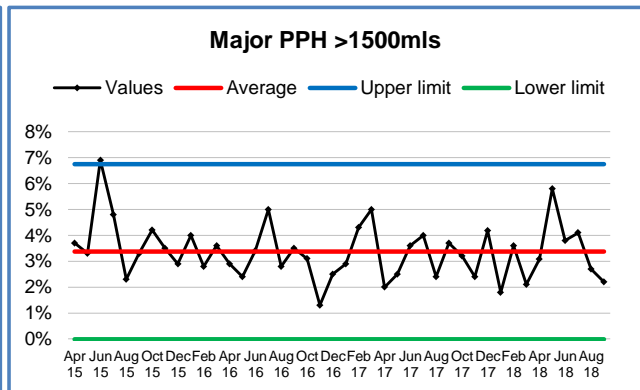
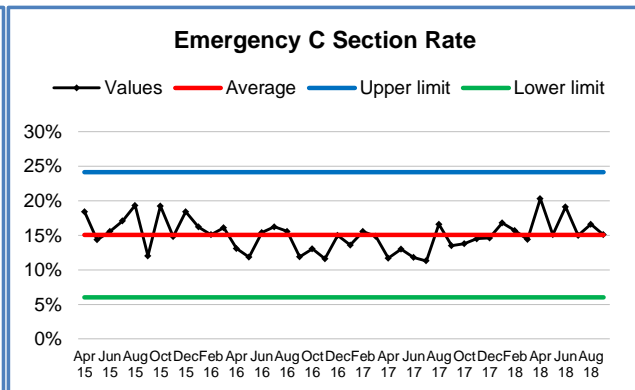
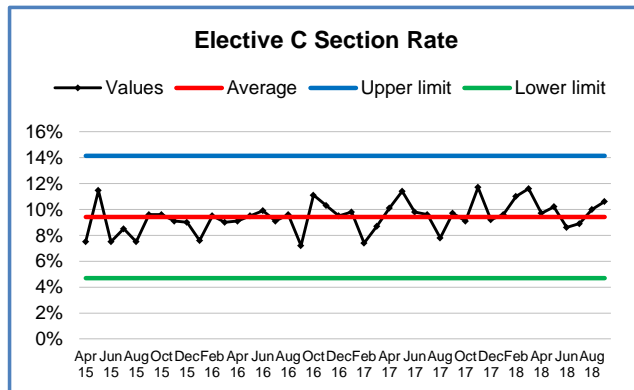
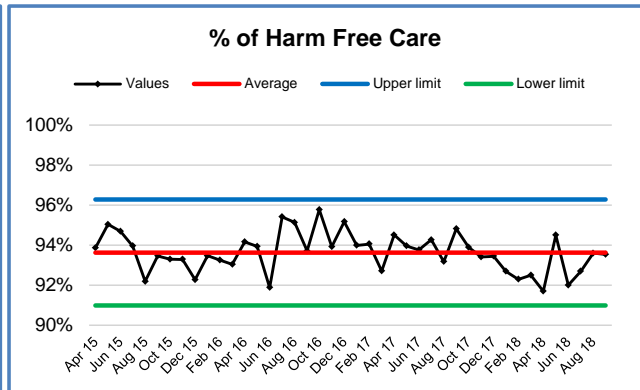
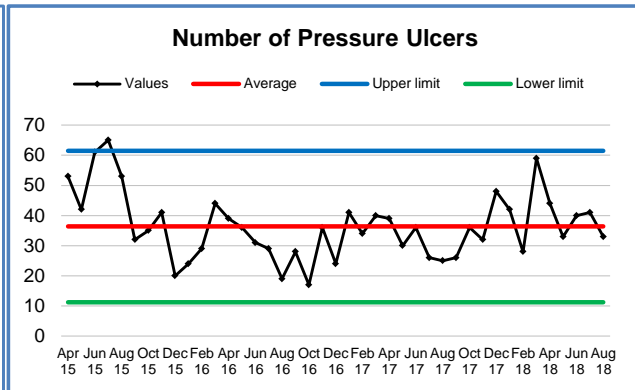
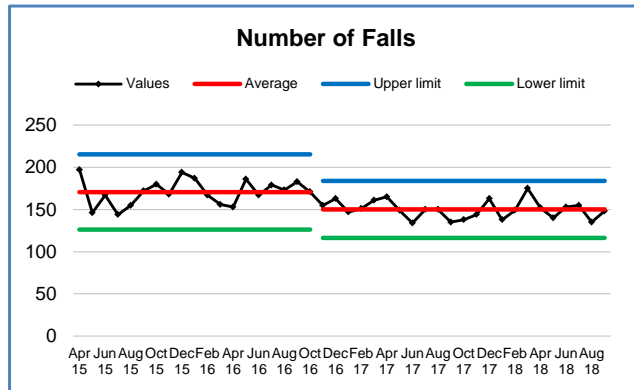


Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 15th October 2018	Calderdale	Kirkleas	Other	Total
Total number of patients on TOC Pathway	31	39	1	71
Awaiting Completion of Assessment	11	15	1	27
Awaiting Care package in own home	12	15	0	27
Awaiting Residential home placement	2	2	0	4
Awaiting public funding	0	1	0	1
Awaiting further non-acute NHS Care	5	3	0	8
Awaiting community equipment and adaptations	1	1	0	2
Awaiting nursing home placement	0	1	0	1
Disputes	0	0	0	0
Patient or Family choice	0	1	0	1

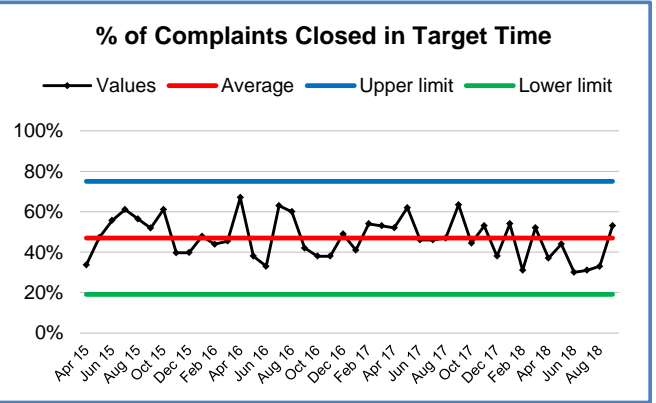
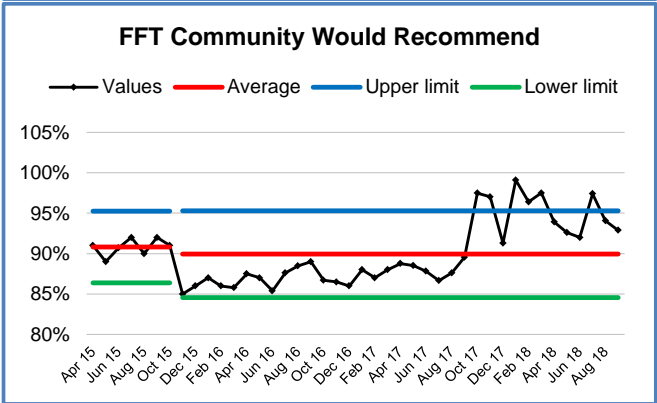
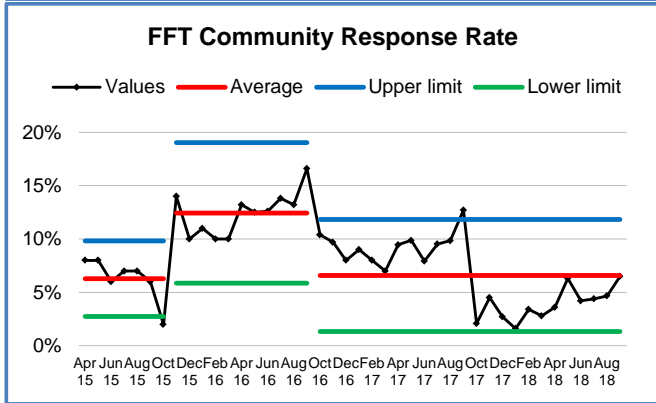
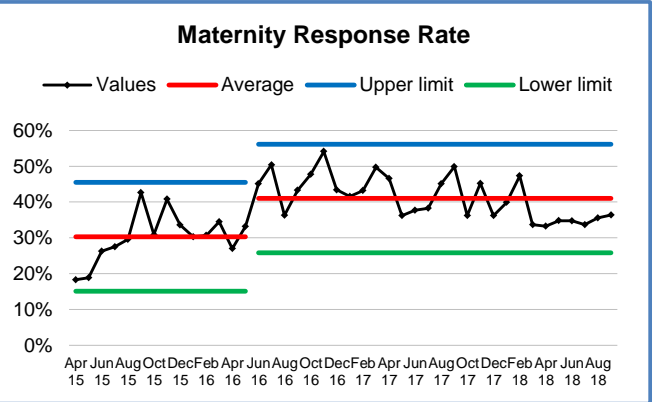
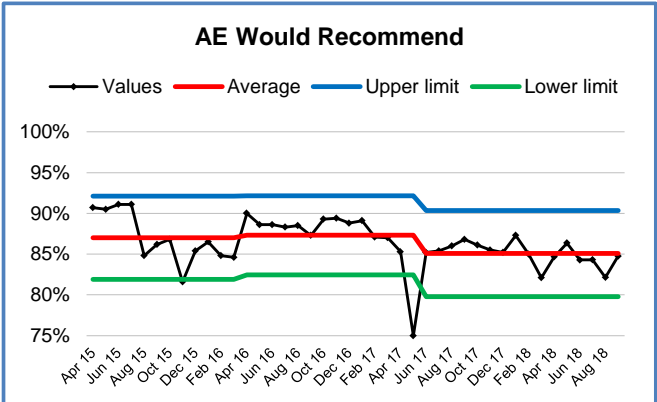
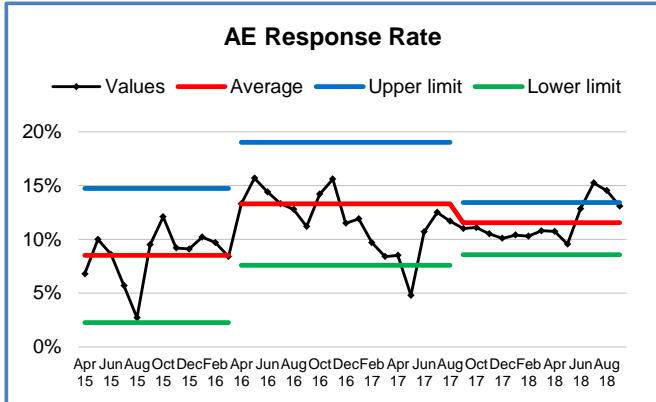
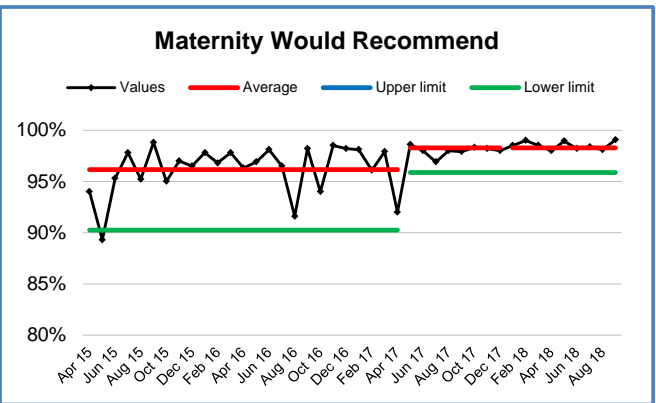
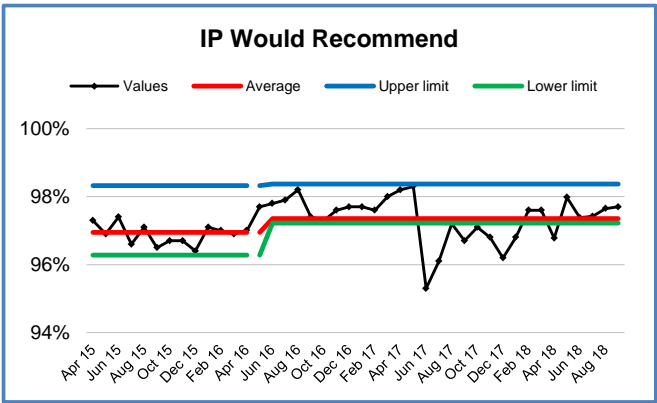
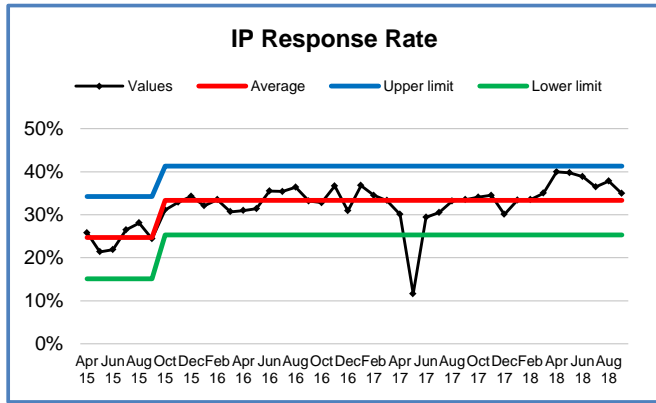
## Appendix - Cancer - By Tumour Group

	17/18	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD	Target	Threshold/Monthly
<b>62 Day Gp Referral to Treatment</b>																	
Breast	99.00%	100.00%	100.00%	96.77%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.33%	100.00%	98.84%	>=85%	85.00%
Gynaecology	86.67%	100.00%	100.00%	100.00%	75.00%	81.82%	100.00%	80.00%	100.00%	100.00%	87.50%	85.71%	100.00%	100.00%	93.94%	>=85%	85.00%
Haematology	81.01%	100.00%	66.67%	63.16%	93.33%	100.00%	58.33%	88.89%	80.00%	80.00%	73.33%	86.67%	92.31%	66.67%	80.56%	>=85%	85.00%
Head & Neck	78.48%	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%	50.00%	58.82%	>=85%	85.00%
Lower GI	83.51%	88.89%	81.25%	90.00%	72.22%	90.00%	77.78%	91.67%	100.00%	80.00%	73.68%	81.25%	72.22%	62.50%	77.78%	>=85%	85.00%
Lung	86.06%	83.33%	86.67%	87.50%	93.75%	87.50%	90.91%	91.30%	76.92%	95.24%	0.00%	77.78%	57.14%	88.89%	77.11%	>=85%	85.00%
Sarcoma	63.64%	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%	none to report	100.00%	>=85%	85.00%
Skin	97.40%	100.00%	83.33%	100.00%	93.10%	100.00%	100.00%	96.00%	91.67%	90.91%	100.00%	100.00%	100.00%	100.00%	97.86%	>=85%	85.00%
Upper GI	74.44%	100.00%	75.00%	57.14%	57.14%	50.00%	50.00%	88.24%	77.78%	92.31%	33.33%	76.47%	75.00%	94.12%	77.78%	>=85%	85.00%
Urology	87.67%	83.33%	81.25%	84.85%	92.50%	92.16%	89.74%	89.19%	93.24%	92.86%	87.10%	82.05%	80.00%	81.58%	86.59%	>=85%	85.00%
Others	84.62%	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%	100.00%	>=85%	85.00%
<b>Two Week Wait From Referral to Date First Seen</b>																	
Brain	91.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Breast	95.79%	95.05%	98.64%	97.26%	97.37%	95.39%	98.86%	98.92%	98.22%	99.53%	98.01%	97.56%	95.38%	98.75%	97.94%	>=93%	93.00%
Childrens	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%	50.00%	32.14%	>=93%	93.00%
Gynaecology	91.39%	92.31%	96.83%	97.20%	100.00%	95.60%	99.11%	97.67%	93.33%	96.97%	98.10%	98.56%	89.43%	100.00%	96.02%	>=93%	93.00%
Haematology	92.65%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	100.00%	95.00%	78.57%	100.00%	100.00%	78.57%	92.05%	>=93%	93.00%
Head & Neck	94.11%	95.00%	93.69%	99.10%	100.00%	98.72%	98.15%	98.82%	98.36%	98.33%	98.20%	96.23%	96.88%	100.00%	98.03%	>=93%	93.00%
Lower GI	95.27%	91.52%	93.46%	98.59%	98.55%	92.04%	98.67%	98.10%	90.56%	100.00%	99.10%	100.00%	100.00%	98.29%	98.11%	>=93%	93.00%
Lung	94.83%	89.47%	95.83%	100.00%	100.00%	86.49%	100.00%	91.43%	100.00%	100.00%	100.00%	97.14%	100.00%	95.83%	98.92%	>=93%	93.00%
Sarcoma	96.15%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	46.67%	62.50%	100.00%	100.00%	90.00%	50.00%	70.59%	>=93%	93.00%
Skin	93.50%	96.70%	96.20%	98.71%	99.42%	98.77%	100.00%	93.91%	98.32%	99.62%	100.00%	100.00%	100.00%	100.00%	99.74%	>=93%	93.00%
Testicular	98.18%	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%	100.00%	>=93%	93.00%
Upper GI	89.98%	92.78%	90.00%	91.67%	100.00%	90.99%	97.85%	93.91%	98.11%	99.05%	100.00%	100.00%	99.07%	100.00%	99.39%	>=93%	93.00%
Urology	96.26%	94.96%	87.94%	100.00%	100.00%	96.46%	100.00%	97.16%	100.00%	100.00%	99.20%	100.00%	100.00%	100.00%	99.88%	>=93%	93.00%

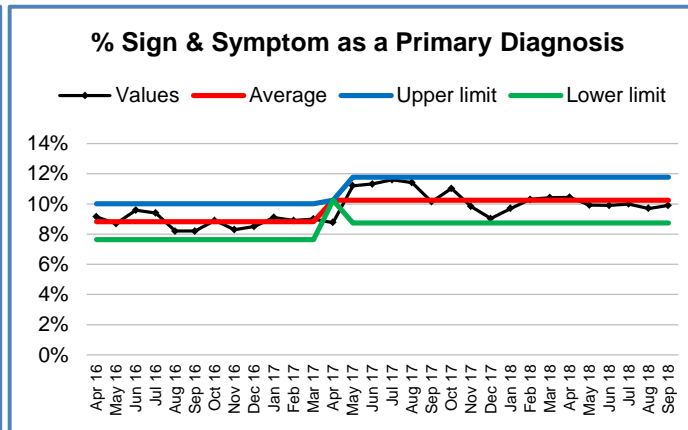
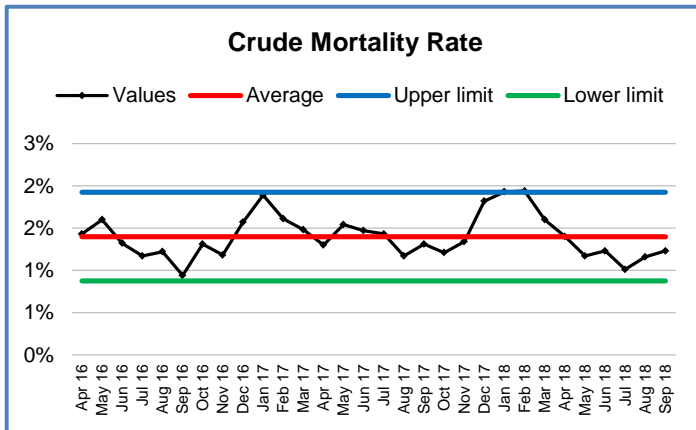
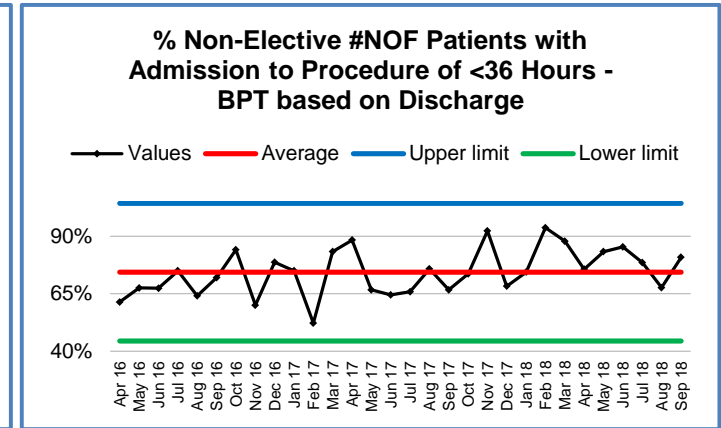
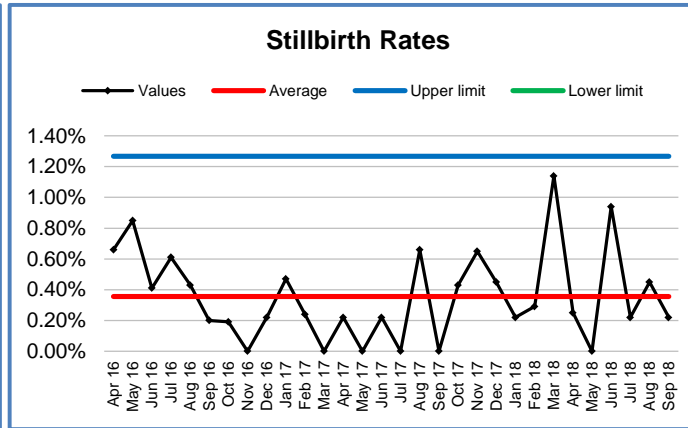
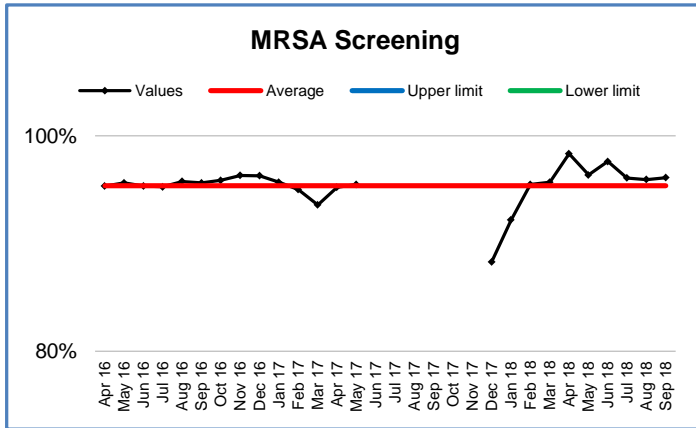
# Safe -SPC Charts



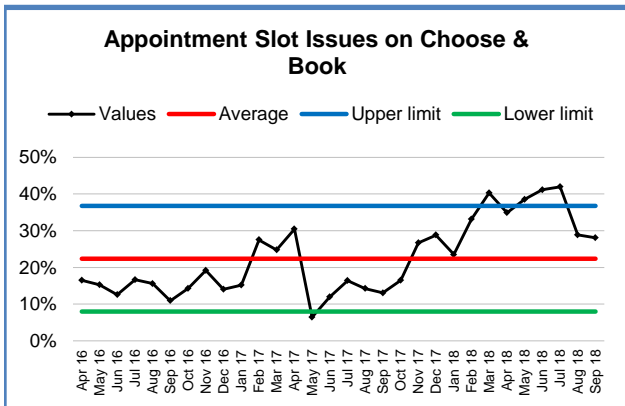
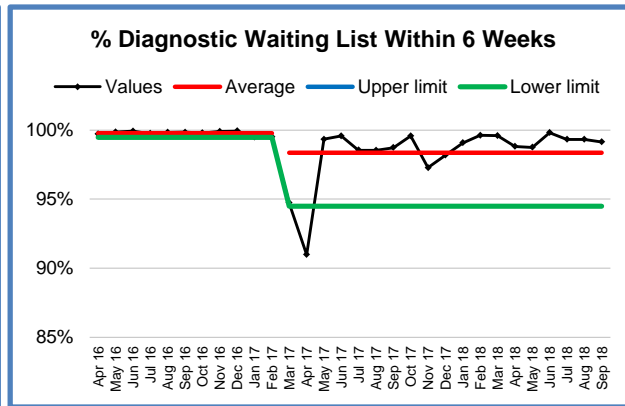
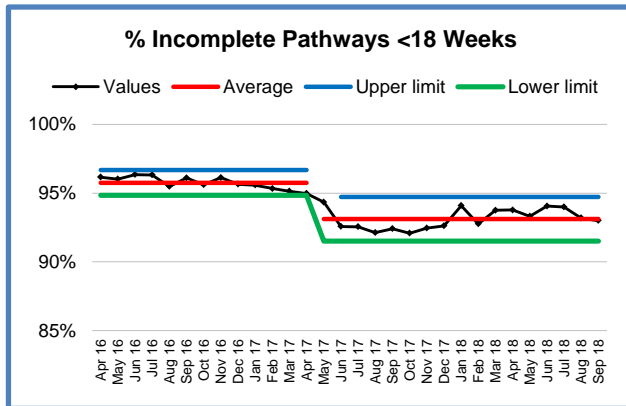
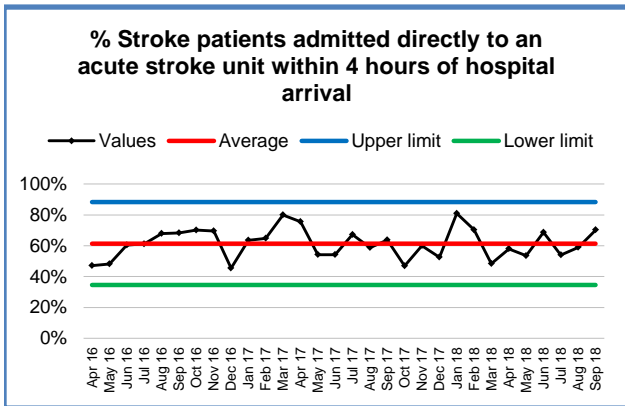
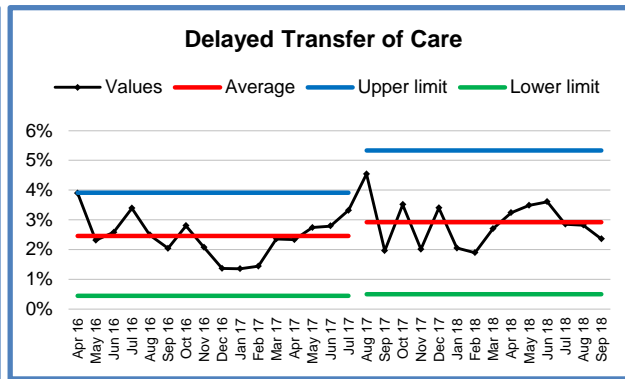
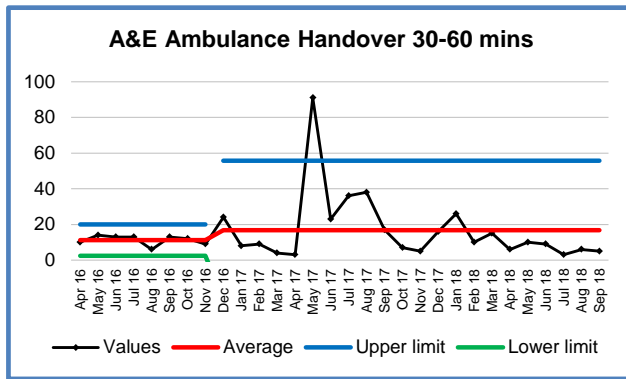
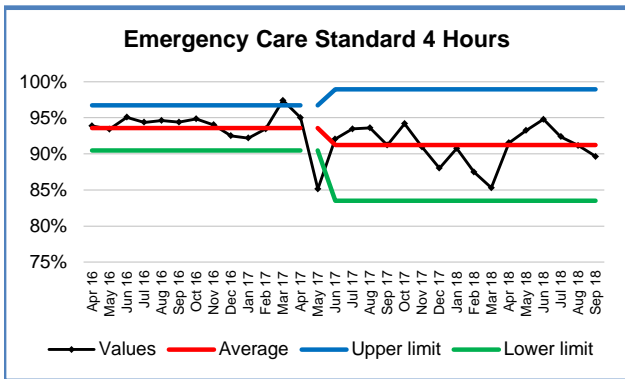
# Caring - SPC Charts



# Effective -SPC Charts



# Responsive -SPC Charts









## Predictions December 2018 - Safe

### SAFE

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

Score Achieved	54	36	42	40	46	50	40
SAFE PERFORMANCE SCORE	96%	64%	75%	71%	82%	89%	71%

#### Colour Coding

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

Score Available **56**

	ALL DOMAINS	Dec	Sep	Aug	Jul	Jun	May	Apr
Score Achieved	508	448	432	478	464	456	414	
Score Available	668	668	668	668	668	656	656	
<b>CHFT PERFORMANCE SCORE</b>	<b>76.0%</b>	<b>67.1%</b>	<b>64.7%</b>	<b>71.6%</b>	<b>69.5%</b>	<b>69.5%</b>	<b>63.1%</b>	



# Predictions December 2018 - Caring

## CARING

	Dec	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target				
<b>Complaints</b>																								
% Complaints closed within target timeframe	0	0	0	0	0	0	0														12			
<b>Friends &amp; Family Test</b>																								
Friends & Family Test (IP Survey) - Response Rate	12	12	12	12	12	12	12														12			
Friends & Family Test (IP Survey) - % would recommend the Service	12	12	12	12	12	12	12													12				
Friends and Family Test Outpatient - Response Rate	12	12	12	12	12	12	12														12			
Friends and Family Test Outpatients Survey - % would recommend the Service	0	0	0	0	0	6	0													12				
Friends and Family Test A & E Survey - Response Rate	12	12	12	12	12	0	0														12			
Friends and Family Test A & E Survey - % would recommend the Service	6	6	0	6	6	6	0													12				
Friends & Family Test (Maternity Survey) - Response Rate	12	12	12	12	12	12	12														12			
Friends & Family Test (Maternity) - % would recommend the Service	12	12	12	12	12	12	12													12				
Friends and Family Test Community - Response Rate	12	12	12	12	12	12	12																	12
Friends and Family Test Community Survey - % would recommend the Service	12	0	0	12	0	0	6													12				
<b>Caring</b>																								
Number of Mixed Sex Accommodation Breaches	4	4	4	4	4	4	4														4			
<b>Score Achieved</b>	106	94	88	106	94	88	82														Score Available	136		
<b>CARING PERFORMANCE SCORE</b>	78%	69%	65%	78%	69%	65%	60%																	

**Colour Coding**

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

## Predictions December 2018 - Effective

### EFFECTIVE

	Dec	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target	
<b>Dec Likely</b>																					
<b>Infection Control</b>																					
Number of MRSA Bacteraemias – Trust assigned	12	12	12	12	0	12	12													12	
Preventable number of Clostridium Difficile Cases	12	12	12	12	12	12	0													12	
Number of MSSA Bacteraemias - Post 48 Hours	4	4	0	4	4	4	4													4	
Number of E.Coli - Post 48 Hours	0	0	0	0	4	0	0													4	
MRSA Screening - Percentage of Inpatients Matched	4	4	4	4	4	4	4													4	
<b>Mortality</b>																					
Stillbirths Rate (including intrapartum & Other)	4	4	4	4	0	4	4													4	
Perinatal Deaths (0-7 days)	4	4	0	4	0	0	0													4	
Neonatal Deaths (8-28 days)	4	4	4	4	4	4	4													4	
Local SHMI - Relative Risk (1yr Rolling Data)	12	12	12	6	6	6	6													12	
Hospital Standardised Mortality Rate (Month on Month)	12	12	12	12	12	12	12													12	
<b>Coding and submissions to SUS</b>																					
% Sign and Symptom as a Primary Diagnosis	2	2	2	2	2	2	0													4	
Average co-morbidity score	4	4	4	4	4	4	4													4	
Average Diagnosis per Coded Episode	4	4	4	4	4	4	4													4	
CHFT Research Recruitment Target	4	4	0	4	4	4	4													4	
<b>Best Practice Guidance</b>																					
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	4	0	0	0	4	2	0													4	
IPMR - Breastfeeding Initiated rates	4	4	4	4	4	4	4													4	
<b>Score Achieved</b>	90	86	74	80	68	78	62													<b>Score Available</b>	96
<b>EFFECTIVE PERFORMANCE SCORE</b>	94%	90%	77%	83%	71%	81%	65%														

#### Colour Coding

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

## Predictions December 2018 - Responsive

### RESPONSIVE

	Dec	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
<b>Likely</b>																				
<b>Accident &amp; Emergency</b>																				
Emergency Care Standard 4 hours	0	0	0	0	0	0	0													12
<b>Patient Flow</b>																				
Delayed Transfers of Care	4	4	4	4	2	4	4													4
Green Cross Patients (Snapshot at month end)	0	0	0	0	0	0	0													4
<b>Stroke</b>																				
% Stroke patients spending 90% of their stay on a stroke unit	4	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	0													12
% Stroke patients Thrombolysed within 1 hour	4	0	0	4	4	4	4													4
% Stroke patients scanned within 1 hour of hospital arrival (where indicated)	4	4	0	2	4	0	0													4
<b>Cancellations</b>																				
% Last Minute Cancellations to Elective Surgery	4	4	4	2	4	4	4													4
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	4	4	4	4	4	0	4													4
No of Urgent Operations cancelled for a second time	4	4	4	4	4	4	4													4
<b>18 week Pathways (RTT)</b>																				
% Incomplete Pathways <18 Weeks	12	12	12	12	12	12	12													12
18 weeks Pathways >=26 weeks open	0	0	0	0	0	0	0													4
RTT Waits over 52 weeks Threshold > zero	4	4	4	4	4	4	4													4
% Diagnostic Waiting List Within 6 Weeks	4	4	4	4	4	0	0													4
<b>Cancer</b>																				
Two Week Wait From Referral to Date First Seen	12	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													12
31 Days From Diagnosis to First Treatment	12	12	12	12	12	12	12													12
31 Day Subsequent Surgery Treatment	12	12	12	12	12	12	12													12
31 day wait for second or subsequent treatment drug treatments	12	12	12	12	12	12	12													12
62 Day GP Referral to Treatment	12	0	0	12	0	12	12													12
62 Day Referral From Screening to Treatment	12	12	12	12	12	12	0													12
38 Day Referral to Tertiary	0	0	0	0	0	0	0													12
<b>Data Completeness</b>																				
Appointment Slot Issues on Choose & Book	0	0	0	0	0	0	0													4
Score Achieved	132	116	108	126	118	118	112													
RESPONSIVE PERFORMANCE SCORE	73%	64%	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 December 2018 - Workforce

### WORKFORCE

	Dec	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
<b>Likely</b>																				
<b>Staff Movements</b>																				
Turnover rate (%) - Rolling 12m	4	4	4	4	4	4	4													4
<b>Sickness 12 month rolling total</b>																				
Sickness Absence rate (%)	12	12	6	6	6	6	6													12
Target date - 31 Dec 2016	12	12	12	12	12	12	12													12
Long Term Sickness Absence rate (%)	0	0	0	0	0	0	0													12
Target date - 31 Dec 2016	0	0	0	0	0	0	0													12
<b>Attendance Management KPIs</b>																				
Return to work Interviews (%)	2	0	0	2	2	0	2													4
Target date - 31 Dec 2016	2	0	0	2	2	0	2													4
<b>Mandatory Training</b>																				
Overall Essential Safety Compliance	6	6	6	6	6	6	12													12
Conflict Resolution (3 Year Refresher)	4	2	4	4	4	4	4													4
Data Security Awareness (1 Year Refresher)	2	0	2	2	2	2	2													4
Dementia Awareness (No Renewal)	4	4	4	4	4	4	4													4
Equality and Diversity (3 Year Refresher)	2	0	2	2	4	4	4													4
Fire Safety	0	0	0	0	2	2	2													4
Health & Safety	2	2	2	4	4	4	4													4
Infection Control	2	0	2	2	2	2	2													4
Manual Handling	2	0	2	2	2	2	2													4
Safeguarding	2	2	2	2	2	2	2													4
<b>Appraisal</b>																				
Appraisal (1 Year Refresher) - Non-Medical Staff	12	12	12	12	12															12
Appraisal (1 Year Refresher) - Medical Staff - rolling 12m	12	12	12	12	12	12	0													12
Score Achieved	80	68	72	76	80	66	62													Score Available
<b>WORKFORCE PERFORMANCE SCORE</b>	69%	59%	62%	66%	69%	59%	55%													116

#### 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 December 2018 - Finance

### FINANCE

	Dec Likely	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target	
<b>I&amp;E: Surplus / (Deficit) Control T</b>	12	6	12	12	12	12	12													12	
<b>Agency Expenditure</b>	4	4	0	2	4	4	4													4	
<b>Capital</b>	4	0	0	0	0	0	0													4	
<b>Cash</b>	4	4	4	4	4	4	4													4	
<b>Borrowing</b>	4	4	4	4	4	4	4													4	
<b>CIP</b>	0	0	0	0	2	0	0													4	
<b>Use of Resource Metric</b>	2	2	2	2	2	2	2													4	
Score Achieved	30	20	22	24	28	26	26													Score Available	36
<b>FINANCE PERFORMANCE SCORE</b>	83%	56%	61%	67%	78%	72%	72%														
E&F Score Achieved	66	48	48	50	58	56	56														
E&F Score Available	84	84	84	84	84	84	84														
<b>EFFICIENCY &amp; FINANCE PERFORMANCE SCORE</b>	79%	57%	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 December 2018 - Efficiency

### EFFICIENCY

	Dec	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
	Likely																			
<b>Did Not Attend Rates</b>																				
First DNA	2	2	2	2	2	2	2													4
Follow up DNA	4	4	4	4	4	4	4													4
<b>Average length of stay</b>																				
Average Length of Stay - Overall	4	4	4	4	4	4	4													4
Average Length of Stay - Elective	4	4	4	4	4	4	4													4
Average Length of Stay - Non Elective	4	4	4	4	4	4	4													4
<b>Day Cases</b>																				
Day Case Rate	4	4	4	4	4	4	4													4
Failed Day Cases	2	0	0	0	0	0	0													4
Elective Inpatients with zero LOS	4	4	4	4	4	4	4													4
<b>Theatre Utilisation</b>																				
Theatre Utilisation (TT) - Main Theatre - CRH	2	0	0	0	0	0	0													4
Theatre Utilisation (TT) - Main Theatre - HRI	4	2	0	0	4	4	4													4
Theatre Utilisation (TT) - HRI DSU	2	0	0	0	0	0	0													4
Theatre Utilisation (TT) - HRI SPU	0	0	0	0	0	0	0													4
<b>Score Achieved</b>	36	28	26	26	30	30	30													<b>Score Available</b>
<b>EFFICIENCY PERFORMANCE SCORE</b>	75%	58%	54%	54%	63%	63%	63%													<b>48</b>

#### 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**.

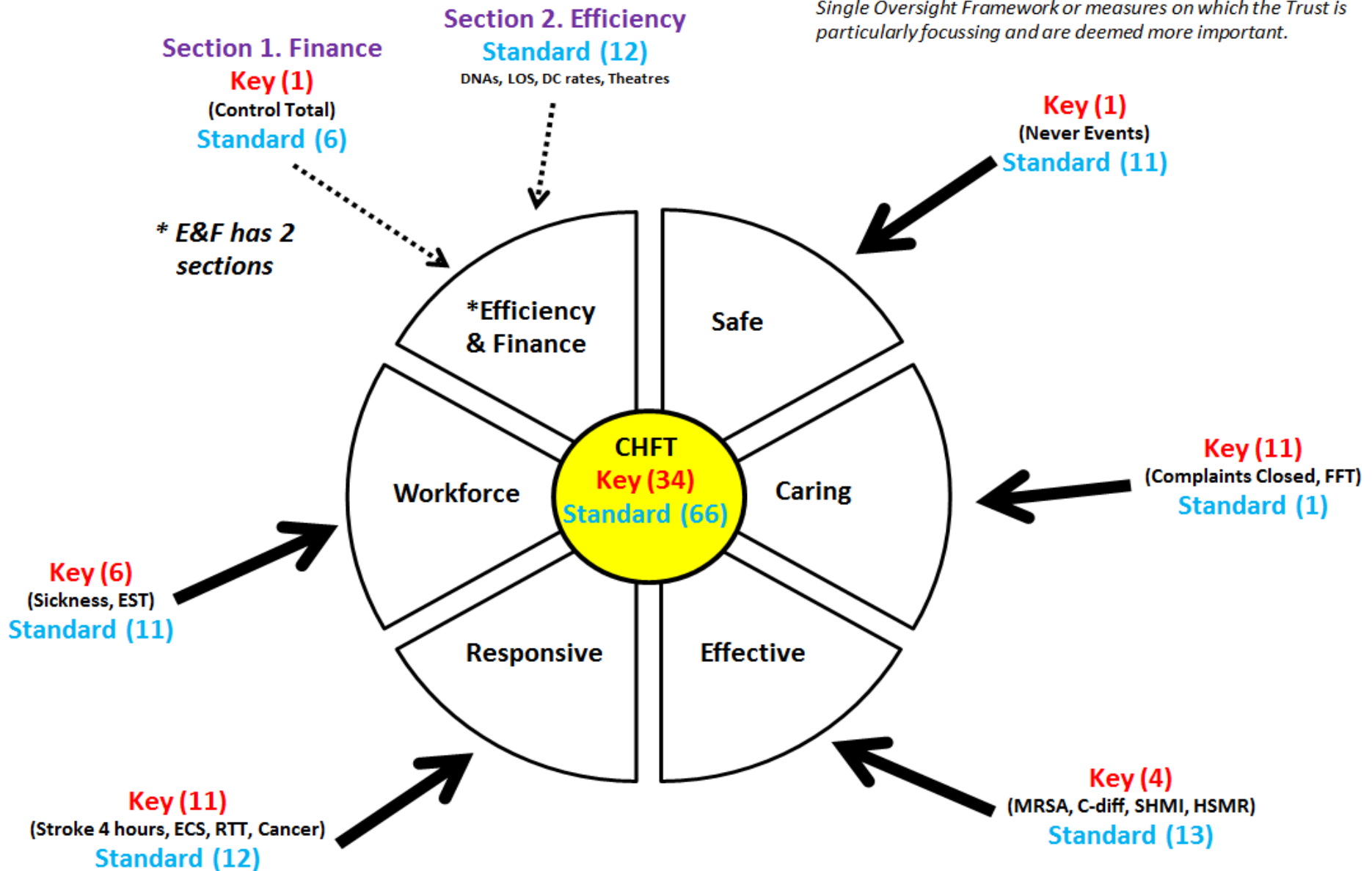
### Calculating Trust Performance Scores

- 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

# Integrated Operational Report

## Provider Overview

Published: September 2018

	RTT						Diagnostics			A&E			Delayed Transfers of Care							
	Incompletes			Total Waiting List		52+ Week Waiters		6 weeks+			A&E 4 Hour Performance		12 hour trolley waits		Average Daily Delays					
	Jul-18			Jul-18		Jul-18		Jul-18			Aug-18		Aug-18		Jul-18					
	<92% >=92%			No Standard		>0 0		>1% <=1%			<95% >=95%		>0 0							
	Actual	RAG	Change on previous	Actual	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous			
England	87.8%	Red	Down	4,124,657	Up	3,464	Red	Down	2.8%	Red	Down	89.7%	Red	Up	156	Red	Up	4,516	Red	Up
North	88.9%	Red	Down	1,211,374	Up	903	Red	Down	2.5%	Red	Down	90.1%	Red	Up	86	Red	Down	1,260	Red	Up
West Yorkshire	87.9%	Red	Down	188,791	Down	161	Red	Up	0.8%	Green	Down	89.3%	Red	Up	0	Green	↔	207	Red	Down
AIREDALE NHS FOUNDATION TRUST	92.4%	Green	Down	8,336	Up	0	Green	↔	2.4%	Red	Down	89.8%	Red	Down	0	Green	↔	5	Red	Up
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	74.2%	Red	Up	33,521	Down	8	Red	Up	0.6%	Green	Up	86.2%	Green	Up	0	Green	↔	5	Red	Down
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	94.0%	Green	Down	27,915	Down	0	Green	↔	0.7%	Red	Up	91.2%	Red	Down	0	Green	↔	18	Red	Down
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	91.1%	Red	Up	14,699	Up	0	Green	↔	1.6%	Red	Up	94.0%	Red	Down	0	Green	↔	12	Red	Down
LEEDS TEACHING HOSPITALS NHS TRUST	88.5%	Red	Down	54,574	Up	153	Red	Up	0.7%	Green	Up	87.5%	Red	Up	0	Green	↔	60	Red	Up
MID YORKSHIRE HOSPITALS NHS TRUST	88.7%	Red	Down	33,930	Up	0	Green	↔	0.3%	Green	Down	85.2%	Red	Down	0	Green	↔	53	Red	Up
BRADFORD DISTRICT CARE TRUST	96.8%	Green	Down	400	Down	0	Green	↔							0	Green	Down		Green	Down
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST															44	Red	Up		Red	Up
LEEDS COMMUNITY HEALTHCARE NHS TRUST	98.1%	Green	Up	1,357	Up	0	Green	↔	1.9%	Red	Up				0	Green	↔		Green	↔
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FDN TRUST	96.6%	Green	Down	1,423	Up	0	Green	↔	0.0%	Green	↔			0	Green	↔		10	Red	Down
YORKSHIRE AND HUMBER NHS 111																				
YORKSHIRE AMBULANCE SERVICE NHS TRUST																				

# Integrated Operational Report

## Provider Overview

Published: September 2018

England

North

West Yorkshire

AIREDALE NHS FOUNDATION TRUST

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

HARROGATE AND DISTRICT NHS FOUNDATION TRUST

LEEDS TEACHING HOSPITALS NHS TRUST

MID YORKSHIRE HOSPITALS NHS TRUST

BRADFORD DISTRICT CARE TRUST

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

LEEDS COMMUNITY HEALTHCARE NHS TRUST

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FDN TRUST

YORKSHIRE AND HUMBER NHS 111

YORKSHIRE AMBULANCE SERVICE NHS TRUST

Cancer Monthly - 2 week			Cancer Monthly - 31 day									Cancer Monthly - 62 day													
2 Week Wait			Breast Symptom			First Definitive Treatment			Sub Treatment - Surgery			Sub Treatment - Drug			Sub Treatment - Radiotherapy			First Definitive Treatment			Referral From Screening Service			Consultant Upgrade	
Jul-18			Jul-18			Jul-18			Jul-18			Jul-18			Jul-18			Jul-18			Jul-18				
<93%			<93%			<96%			<94%			<98%			<94%			<85%			<90%			No standard	
≥93%			≥93%			≥96%			≥94%			≥98%			≥94%			≥85%			≥90%				
Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	Change on previous
91.9%	Red	Up	88.2%	Red	Up	97.1%	Green	Down	94.0%	Red	Down	99.4%	Green	Up	97.0%	Green	Up	78.2%	Red	Down	89.1%	Red	Down	86.7%	Up
91.3%	Red	Up	88.9%	Red	Up	97.2%	Green	Down	94.9%	Green	Down	99.7%	Green	Up	98.6%	Green	Up	78.8%	Red	Down	89.1%	Red	Down	87.9%	Down
86.3%	Red	Up	75.2%	Red	Up	97.1%	Green	Up	95.4%	Green	Down	%	Green	↔	%	Green	Up	76.4%	Red	Down	88.8%	Red	Down	73.3%	Down
91.7%	Red	Down	93.9%	Green	Down	100.0%	Green	↔	100.0%	Green	↔	100.0%	Green	↔				82.7%	Red	Up	100.0%	Green	↔	100.0%	Up
65.1%	Red	Down				91.3%	Red	Down	95.3%	Green	Up	100.0%	Green	↔				70.2%	Red	Up	90.6%	Red	Down	77.8%	Up
98.8%	Green	Up	95.2%	Green	Down	100.0%	Green	Up	97.1%	Green	Down	100.0%	Green	↔				87.7%	Green	Up	100.0%	Green	↔	90.0%	Down
97.4%	Green	Up	90.9%	Red	Down	100.0%	Green	↔	100.0%	Green	↔	100.0%	Green	↔				87.5%	Green	Down	75.0%	Red	Down	100.0%	↔
80.3%	Red	Down	29.9%	Red	Up	96.5%	Green	Up	96.0%	Green	Down	100.0%	Green	↔	100.0%	Green	Up	67.3%	Red	Down	88.9%	Red	Down	65.3%	Down
95.9%	Green	Up	96.8%	Green	Up	98.7%	Green	Up	88.6%	Red	Down	100.0%	Green	↔				79.4%	Red	Down	80.0%	Red	Down	80.0%	Down

# Integrated Operational Report

## Provider Overview

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	Cancer Quarterly - 2 week			Cancer Quarterly - 31 day									Cancer Quarterly - 62 day													
	2 Week Wait	Breast Symptom		First Definitive Treatment	Sub Treatment - Surgery			Sub Treatment - Drug			Sub Treatment - Radiotherapy			First Definitive Treatment	Referral From Screening Service		Consultant Upgrade									
	18-19 Q1	18-19 Q1		18-19 Q1	18-19 Q1			18-19 Q1			18-19 Q1			18-19 Q1	18-19 Q1		18-19 Q1									
	<93% >=93%	<93% >=93%		<96% >=96%	<94% >=94%			<98% >=98%			<94% >=94%			<85% >=85%	<90% >=90%		No standard									
Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	Change on previous							
England	91.4%	<span style="color:red">■</span>	↓	83.8%	<span style="color:red">■</span>	↓	97.5%	<span style="color:green">■</span>	↑	94.4%	<span style="color:green">■</span>	↓	99.4%	<span style="color:green">■</span>	↑	97.0%	<span style="color:green">■</span>	↑	80.8%	<span style="color:red">■</span>	↓	88.6%	<span style="color:red">■</span>	↓	85.4%	↓
North	91.0%	<span style="color:red">■</span>	↓	83.9%	<span style="color:red">■</span>	↓	97.7%	<span style="color:green">■</span>	↑	96.0%	<span style="color:green">■</span>	↑	99.6%	<span style="color:green">■</span>	↑	98.4%	<span style="color:green">■</span>	↑	81.6%	<span style="color:red">■</span>	↓	89.3%	<span style="color:red">■</span>	↓	85.9%	↓
West Yorkshire	84.8%	<span style="color:red">■</span>	↓	67.3%	<span style="color:red">■</span>	↓	97.4%	<span style="color:green">■</span>	↓	96.3%	<span style="color:green">■</span>	↓	%	<span style="color:green">■</span>	↑	99.8%	<span style="color:green">■</span>	↑	79.5%	<span style="color:red">■</span>	↓	88.6%	<span style="color:red">■</span>	↓	79.3%	↑
AIREDALE NHS FOUNDATION TRUST	93.9%	<span style="color:green">■</span>	↓	93.1%	<span style="color:green">■</span>	↓	100.0%	<span style="color:green">■</span>	↔	100.0%	<span style="color:green">■</span>	↔	100.0%	<span style="color:green">■</span>	↔	100.0%	<span style="color:green">■</span>	○	85.2%	<span style="color:red">■</span>	↓	90.9%	<span style="color:green">■</span>	↑	80.0%	↓
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	62.4%	<span style="color:red">■</span>	↓	100.0%	<span style="color:green">■</span>	↔	95.2%	<span style="color:red">■</span>	↓	95.4%	<span style="color:green">■</span>	↓	100.0%	<span style="color:green">■</span>	↔				67.0%	<span style="color:red">■</span>	↓	86.5%	<span style="color:red">■</span>	↓	60.0%	↓
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	97.8%	<span style="color:green">■</span>	↑	96.5%	<span style="color:green">■</span>	↑	99.6%	<span style="color:green">■</span>	↓	100.0%	<span style="color:green">■</span>	↔	100.0%	<span style="color:green">■</span>	↔				89.2%	<span style="color:red">■</span>	↓	90.6%	<span style="color:red">■</span>	↓	100.0%	↔
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	96.1%	<span style="color:green">■</span>	↓	87.4%	<span style="color:red">■</span>	↓	99.1%	<span style="color:green">■</span>	↓	100.0%	<span style="color:green">■</span>	↑	100.0%	<span style="color:green">■</span>	↑				87.4%	<span style="color:red">■</span>	↓	94.1%	<span style="color:red">■</span>	↓	100.0%	↑
LEEDS TEACHING HOSPITALS NHS TRUST	79.5%	<span style="color:red">■</span>	↓	22.5%	<span style="color:red">■</span>	↓	96.3%	<span style="color:red">■</span>	↓	95.9%	<span style="color:red">■</span>	↓	100.0%	<span style="color:green">■</span>	↔	99.8%	<span style="color:green">■</span>	↑	75.2%	<span style="color:red">■</span>	↓	88.4%	<span style="color:red">■</span>	↓	76.0%	↑
MID YORKSHIRE HOSPITALS NHS TRUST	94.8%	<span style="color:green">■</span>	↓	92.5%	<span style="color:red">■</span>	↓	98.6%	<span style="color:green">■</span>	↑	94.4%	<span style="color:green">■</span>	↓	100.0%	<span style="color:green">■</span>	↔				82.5%	<span style="color:red">■</span>	↑	89.7%	<span style="color:red">■</span>	↓	81.7%	↓
BRADFORD DISTRICT CARE TRUST																										
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST																										
LEEDS COMMUNITY HEALTHCARE NHS TRUST																										
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FDN TRUST																										
YORKSHIRE AND HUMBER NHS 111																										
YORKSHIRE AMBULANCE SERVICE NHS TRUST																										

# Integrated Operational Report

## Provider Overview

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NHS 111												
% calls answered in 60 seconds			% Calls abandoned after waiting 30 seconds			Dispositions as a percentage of calls triaged - Ambulance dispatched		Dispositions as a percentage of calls triaged - Recommend A&E attendance				
Aug-18			Aug-18			Aug-18		Aug-18				
<95% >=95%			>5% <=5%			No standard		No standard				
Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	Change on previous	Actual	Change on previous			
England	85.4%	<span style="background-color: red; color: white;">■</span>	↑	3.2%	<span style="background-color: green; color: white;">■</span>	↓	12.9%	<span style="background-color: green; color: white;">■</span>	↓	9.4%	<span style="background-color: green; color: white;">■</span>	↓
North	85.2%	<span style="background-color: red; color: white;">■</span>	↑	3.8%	<span style="background-color: green; color: white;">■</span>	↓	12.8%	<span style="background-color: green; color: white;">■</span>	↓	9.6%	<span style="background-color: green; color: white;">■</span>	↓
West Yorkshire												
AIREDALE NHS FOUNDATION TRUST												
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST												
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST												
HARROGATE AND DISTRICT NHS FOUNDATION TRUST												
LEEDS TEACHING HOSPITALS NHS TRUST												
MID YORKSHIRE HOSPITALS NHS TRUST												
BRADFORD DISTRICT CARE TRUST												
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST												
LEEDS COMMUNITY HEALTHCARE NHS TRUST												
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FDN TRUST												
YORKSHIRE AND HUMBER NHS 111	95.4%	<span style="background-color: green; color: white;">■</span>	↑	0.4%	<span style="background-color: green; color: white;">■</span>	↓	10.6%	<span style="background-color: green; color: white;">■</span>	↓	10.2%	<span style="background-color: green; color: white;">■</span>	↓
YORKSHIRE AMBULANCE SERVICE NHS TRUST												

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## Provider Overview

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Ambulance																					Mixed Sex Accom								
Category 1 - Mean Response Time in [Minutes:Seconds] & Total number of Incidents					Category 1 - 90th Centile Response Time in [Minutes:Seconds]			Category 2 - Mean Response Time in [Minutes:Seconds] & Total number of Incidents					Category 2 - 90th Centile Response Time in [Hours:Minutes:Seconds]			Category 3 - 90th Centile Response Time in [Hours:Minutes:Seconds]					Category 4 - 90th Centile Response Time in [Hours:Minutes:Seconds]					Breaches			
Jul-18					Jul-18			Jul-18					Jul-18			Jul-18					Jul-18								
>07:00 <07:00					>15:00 <15:00			>18:00 <18:00					>40:00 <40:00			>02:00:00 <02:00:00					>03:00:00 <03:00:00					>0 0			
Actual	RAG	Change on previous	No. of Incidents	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	No. of Incidents	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	No. of Incidents	Change on previous	Actual	RAG	Change on previous	No. of Incidents	Change on previous	Actual	RAG	Change on previous	
England	07:37	Red	Up	57,913	Up	13:15	Green	Down	22:41	Red	Up	365,633	Up	00:47:10	Red	Up	02:38:50	Red	Up	184,798	Up	03:22:25	Red	Up	15,546	Down	1,765	Red	Up
North	07:35	Red	Down	17,919	Down	12:50	Green	Down	22:36	Red	Up	104,477	Up	00:48:25	Red	Up	02:36:46	Red	Up	46,146	Up	03:11:32	Red	Up	5,008	Down	285	Red	Up
West Yorkshire	07:19	Red	Down	5,798	Down	12:31	Green	Down	20:29	Red	Down	37,844	Up	00:42:40	Red	Down	02:07:31	Red	Down	14,731	Up	03:12:54	Red	Up	878	Up	0	Green	↔
AIREDALE NHS FOUNDATION TRUST																											0	Green	↔
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST																											0	Green	↔
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST																											0	Green	↔
HARROGATE AND DISTRICT NHS FOUNDATION TRUST																											0	Green	↔
LEEDS TEACHING HOSPITALS NHS TRUST																											0	Green	↔
MID YORKSHIRE HOSPITALS NHS TRUST																											0	Green	↔
BRADFORD DISTRICT CARE TRUST																											0	Green	↔
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST																											0	Green	↔
LEEDS COMMUNITY HEALTHCARE NHS TRUST																											0	Green	↔
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FDN TRUST																											0	Green	↔
YORKSHIRE AND HUMBER NHS 111																													
YORKSHIRE AMBULANCE SERVICE NHS TRUST	07:19	Red	Down	5,798	Down	12:31	Green	Down	20:29	Red	Down	37,844	Up	00:42:40	Red	Down	02:07:31	Red	Down	14,731	Up	03:12:54	Red	Up	878	Up			

# Integrated Operational Report

## Provider Overview

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England

North

West Yorkshire

AIREDALE NHS FOUNDATION TRUST

BRADFORD TEACHING HOSPITALS  
NHS FOUNDATION TRUSTCALDERDALE AND HUDDERSFIELD  
NHS FOUNDATION TRUSTHARROGATE AND DISTRICT NHS  
FOUNDATION TRUSTLEEDS TEACHING HOSPITALS NHS  
TRUSTMID YORKSHIRE HOSPITALS NHS  
TRUST

BRADFORD DISTRICT CARE TRUST

LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUSTLEEDS COMMUNITY HEALTHCARE  
NHS TRUSTSOUTH WEST YORKSHIRE  
PARTNERSHIP NHS FDN TRUST

YORKSHIRE AND HUMBER NHS 111

YORKSHIRE AMBULANCE SERVICE  
NHS TRUST

	Cancelled Operations			Mental Health			Safe environment and protecting from avoidable harm							
	Cancelled Operations			CPA follow 7 days			MRSA Hospital Onset Cases			C. diff (YTD)		VTE (Risk Assessment)		
	18-19 Q1			18-19 Q1			Jul-18			Jul-18		Jun-18		
>0 0			<95% ≥95%			>0 0					<95% ≥95%			
Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual YTD	Change on previous	Actual	RAG	Change on previous	
England	18,825	Red	Down	95.7%	Green	Up	18	Red	Down	1,508	Up	95.5%	Green	Down
North	5,581	Red	Down	96.9%	Green	Down	6	Red	Up	506	Up	95.6%	Green	Down
West Yorkshire	742	Red	Down	96.1%	Green	Down	3	Red	Up	99	Up	94.3%	Red	Down
AIREDALE NHS FOUNDATION TRUST	45	Red	Down				0	Green	↔	2	Up	95.2%	Green	Up
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	131	Red	Down				0	Green	↔	8	Up	96.1%	Green	Up
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	44	Red	Down				0	Green	Down	13	Up	97.8%	Green	Up
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	45	Red	Down				0	Green	↔	7	Up	95.6%	Green	Down
LEEDS TEACHING HOSPITALS NHS TRUST	362	Red	Down				3	Red	Up	51	Up	91.6%	Red	Down
MID YORKSHIRE HOSPITALS NHS TRUST	115	Red	Up				0	Green	↔	18	Up	92.4%	Red	Down
BRADFORD DISTRICT CARE TRUST				96.4%	Green	Down				0	○			
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST				93.8%	Red	Down				0	○			
LEEDS COMMUNITY HEALTHCARE NHS TRUST										0	○			
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FDN TRUST				97.7%	Green	Up				0	○			
YORKSHIRE AND HUMBER NHS 111										0	○			
YORKSHIRE AMBULANCE SERVICE NHS TRUST										0	○			

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TRUST

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PARTNERSHIP NHS FDN TRUST

YORKSHIRE AND HUMBER NHS 111

YORKSHIRE AMBULANCE SERVICE  
NHS TRUST

## Acute Provider Activity

Total Referrals Made (G&A)	GP Referrals Made (G&A)	Other Referrals Made (G&A)	Consultant Led First Outpatient Attendance s (Specific Acute)	Consultant Led Follow-Up Outpatient Attendance s (Specific Acute)	Total Elective Admissions (Specific Acute)	Non-Elective Admissions (Specific Acute)	All Type A&E Attendance s (excluding planned follow-ups)	Completed Admitted RTT Pathways	Completed Non-Admitted RTT Pathways	New RTT Pathways (Clock Starts)	Total Incomplete Waiting List
Jul-18	Jul-18	Jul-18	Jul-18	Jul-18	Jul-18	Jul-18	Jul-18	Jul-18	Jul-18	Jul-18	Jul-18
YTD Actual	YTD Actual	YTD Actual	YTD Actual	YTD Actual	YTD Actual	YTD Actual	YTD Actual	YTD Actual	YTD Actual	YTD Actual	YTD Actual
6,938,299	4,181,993	2,756,302	7,135,019	13,875,713	2,674,182	2,173,217	6,449,938	1,201,231	4,243,468	6,762,865	4,124,657
2,081,554	1,215,228	866,327	2,014,225	4,347,237	833,607	688,415	2,029,525	371,134	1,312,432	2,088,487	1,211,374
303,529	191,498	112,031	287,308	570,901	111,525	107,509	298,411	61,667	192,508	318,040	188,791
17,986	13,302	4,684	12,903	26,522	11,363	8,130	21,099	2,991	9,634	16,102	8,336
55,693	33,890	21,803	32,362	82,664	15,715	23,678	47,260	8,203	24,537	41,656	33,521
45,745	34,071	11,674	39,180	79,613	17,696	18,724	51,443	8,122	23,096	53,930	27,915
22,097	16,292	5,805	22,257	38,095	11,509	6,447	17,778	3,998	16,927	27,510	14,699
97,205	56,099	41,106	115,362	232,612	31,686	29,106	73,960	17,500	60,655	89,344	54,574
64,803	37,844	26,959	65,244	111,395	23,556	21,424	86,871	12,969	32,795	54,158	33,930
0	0	0	0	0	0	0	0	334	184	747	400
0	0	0	0	0	0	0	0				
0	0	0	0	0	0	0	0		2,480	3,937	1,357
0	0	0	0	0	0	0	0		5,121	5,448	1,423
0	0	0	0	0	0	0	0				
0	0	0	0	0	0	0	0				