

Quality and Performance Report

July 2018

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

Safe

Caring

Effective

Responsive

Workforce

Efficiency/
Finance

CQUIN

Activity

Performance Summary

To Note

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

There were a few changes in July that have affected previous months.

There was an MRSA in June, not previously reported and a preventable C-diff in April not previously reported.

In Workforce Appraisal (1 Year Refresher) - Non-Medical Staff has now been corrected to a KEY target and carries a higher weighting. In-month sickness absence has also been removed from the Performance Score to avoid double counting in the 12 month rolling total.

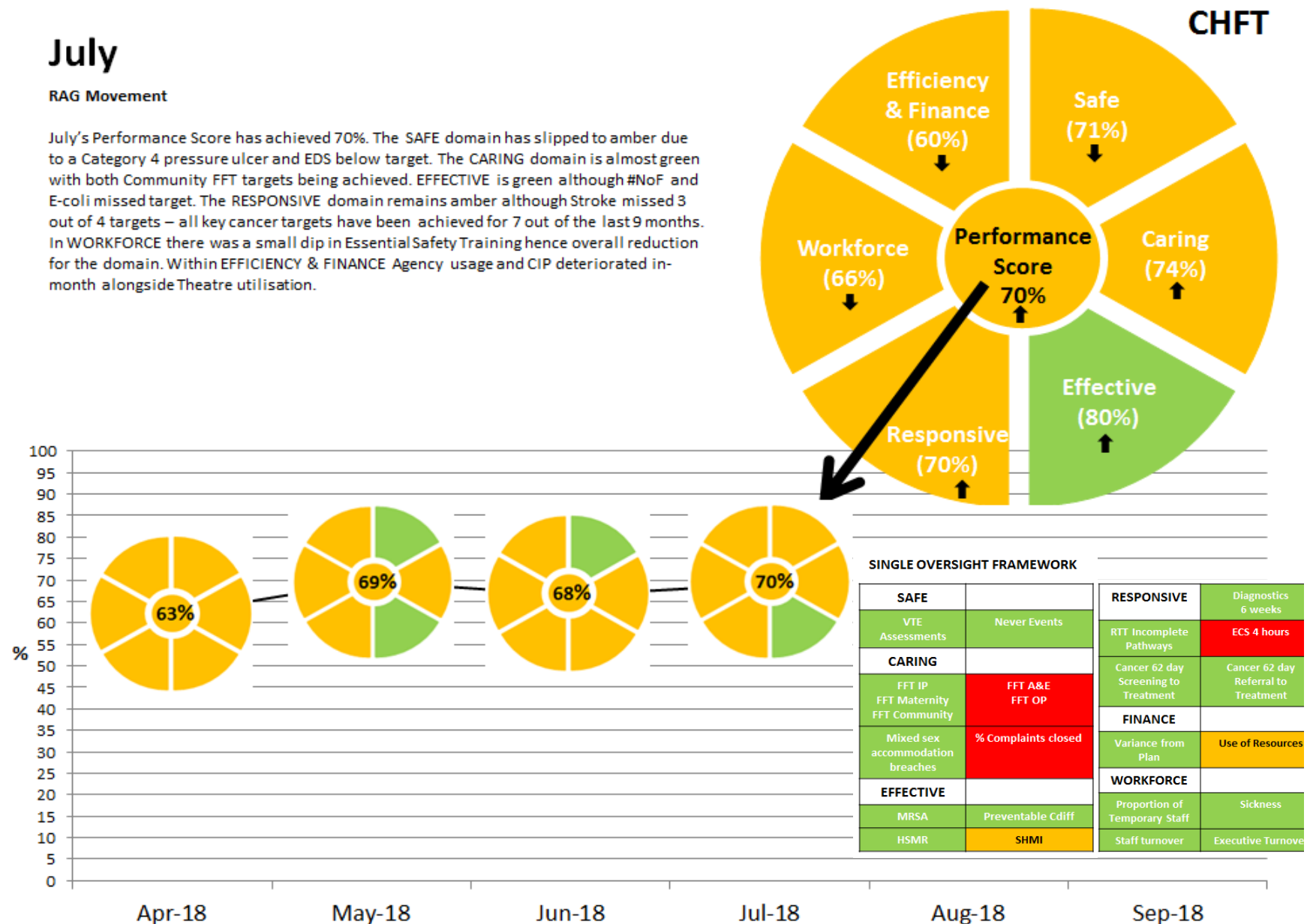
Activity has been removed from the Performance Score until scoring can be devised which reflects the Aligned Incentive Contract.

Performance Summary

July

RAG Movement

July's Performance Score has achieved 70%. The SAFE domain has slipped to amber due to a Category 4 pressure ulcer and EDS below target. The CARING domain is almost green with both Community FFT targets being achieved. EFFECTIVE is green although #NoF and E-coli missed target. The RESPONSIVE domain remains amber although Stroke missed 3 out of 4 targets – all key cancer targets have been achieved for 7 out of the last 9 months. In WORKFORCE there was a small dip in Essential Safety Training hence overall reduction for the domain. Within EFFICIENCY & FINANCE Agency usage and CIP deteriorated in-month alongside Theatre utilisation.



Safe

Caring

Effective

Responsive

Workforce

Efficiency/
Finance

Activity

CQUIN

Key Indicators

	17/18	Apr-18	May-18	Jun-18	Jul-18	YTD	Annual Target	Monthly Target
SAFE								
Never Events	1	0	0	0	0	0	0	0
CARING								
% Complaints closed within target timeframe	48.70%	37.00%	44.00%	30.00%	31.00%	35.00%	95%	95%
Friends & Family Test (IP Survey) - Response Rate	31.40%	40.00%	39.00%	38.80%	36.50%	38.70%	>=25.9% / 24.5% from June 18	
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.70%	98.00%	97.40%	97.40%	97.40%	>=96.3% / 96.7% from June 18	
Friends and Family Test Outpatient - Response Rate	10.10%	11.30%	10.50%	11.40%	11.40%	11.10%	>=5.3% / 4.7% from June 18	
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	90.70%	91.00%	90.40%	90.80%	90.70%	>=95.7% / 96.2% from June 18	
Friends and Family Test A & E Survey - Response Rate	10.20%	10.70%	9.60%	12.80%	15.30%	12.10%	>=13.3% / 11.7% from June 18	
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	84.70%	86.30%	84.30%	84.30%	84.80%	>=86.5% / 87.2% from June 18	
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	33.20%	34.80%	34.80%	33.70%	34.10%	>=22.0% / >=20.8% from June 18	
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.00%	98.90%	98.20%	98.40%	98.40%	>=97% / 97.3% from June 18	
Friends and Family Test Community - Response Rate	6.50%	3.60%	6.30%	4.20%	4.40%	4.70%	>=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%	93.90%	>=96.2% / >=96.6% from June 18	
EFFECTIVE								
Number of MRSA Bacteraemias – Trust assigned	5	0	0	1	0	1	0	0
Preventable number of Clostridium Difficile Cases	8	3	1	1	0	5	<=20	<= 2
Local SHMI - Relative Risk (1 Yr Rolling Data)	909.96					100.64	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47					82.9	<=100	100
RESPONSIVE								
Emergency Care Standard 4 hours	90.61%	91.52%	93.23%	94.78%	92.37%	93.00%	>=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%	58.76%	>=90%	90%
% Incomplete Pathways <18 Weeks	93.75%	93.77%	93.32%	94.05%	93.99%	93.99%	>=92%	92%
Two Week Wait From Referral to Date First Seen	94.09%	95.63%	98.78%	98.61%	98.82%	98.03%	>=93%	93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	95.48%	95.28%	98.94%	95.74%	96.29%	>=93%	93%
31 Days From Diagnosis to First Treatment	99.83%	100.00%	99.37%	99.40%	100.00%	99.69%	>=96%	96%
31 Day Subsequent Surgery Treatment	99.26%	100.00%	100.00%	100.00%	96.77%	98.92%	>=94%	94%
31 day wait for second or subsequent treatment drug treatments	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=98%	98%
38 Day Referral to Tertiary	45.49%	47.62%	41.38%	48.15%	54.55%	47.47%	>=85%	85%
62 Day GP Referral to Treatment	88.67%	90.66%	92.35%	83.98%	88.39%	88.62%	>=85%	85%
62 Day Referral From Screening to Treatment	94.87%	81.82%	91.67%	100.00%	100.00%	93.18%	>=90%	90%
WORKFORCE								
Sickness Absence rate (%) - Rolling 12m	4.10%	4.10%	4.07%	4.04%	*	-	4%	4%
Long Term Sickness Absence rate (%) -Rolling 12m	2.55%	2.54%	2.53%	2.51%	*	-	2.7%	2.7%
Short Term Sickness Absence rate (%) -Rolling 12m	1.55%	1.56%	1.53%	1.53%	*	-	1.3%	1.3%
Overall Essential Safety Compliance		95.00%	94.40%	93.96%	93.84%	-	95%	95%
Appraisal (1 Year Refresher) - Non-Medical Staff - Rolling 12m	93.50%	15.43%	62.67%	96.65%	96.74%	-	95%	95%
Appraisal (1 Year Refresher) - Medical Staff - Rolling 12m	69.88%	99.75%	99.70%	98.65%	96.59%	-	95%	95%
FINANCE								
I&E: Surplus / (Deficit) Var £m	-7.97	0.01	0.00	0.00	0.01	0.01		

Most Improved/Deteriorated

MOST IMPROVED	MOST DETERIORATED	ACTIONS
<p>Friends and Family Test Community Survey - % would recommend the Service - at 97.4% best performance since March and is now achieving both FFT targets.</p>		
<p>38 Day Referral to Tertiary - starting to see marked improvement at 55% which is best performance since November against 85% target.</p>	<p>% Complaints closed within target timeframe - at 31% little performance improvement seen.</p>	<p>The Executive team are commissioning a review by an expert external to the Medicine Division to undertake a formal review of its position, current processes and internal management, actions taken over the past 12 months and proposed recovery plans.</p>
<p>All key cancer targets achieved for 7 out of the last 9 months.</p>		

Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none"> % Harm Free Care - Performance is below the 95% target at 92.67%. The Medicine division has focused work on auditing standards and ensuring senior nursing staff are involved in safety thermometer audits - this is beginning to show signs of a positive step change towards an average of 93% from a previous running level of less than 90%. The surgical division experienced a lower than usual in-month position due to a higher number of Catheter related UTI infections on ICU. These are being examined but performance is expected to be above target next month. Category 4 Pressure Ulcers Acquired at CHFT - there was 1 in the division of Surgery in June.
	<ul style="list-style-type: none"> Complaints closed within timeframe - Of the 78 complaints closed in July, 31% were closed within target timeframe. The backlog of breaching complaints was still 14 at the end of July. The Executive team are commissioning a review by an expert external to the Medicine Division to undertake a formal review of its position, current processes and internal management, actions taken over the past 12 months and proposed recovery plans. Friends and Family Test Outpatients Survey - % would recommend the Service - Performance at 90.8% still below 95.7% target. GM and Ops manager to review clinic start and end times, and clinician presence to ensure understanding of which patients experience delay and agree mitigating actions (to be completed by August). Friends and Family Test A & E Survey - % would recommend the service. Performance remained at 84.3% in month. The Quality Lead (new in post) is pulling together a plan to ensure that mitigations/solutions are put in place following the learning. % Dementia patients following emergency admission aged 75 and over - current performance at 34.36% has improved but is still some distance from 90% target.
Caring	<ul style="list-style-type: none"> Infection Control - MRSA/E.Coli - there was one MRSA reported for June. There were 5 cases of E.Coli in July. Mortality Reviews - 16.4% is lowest performance since August. Mortality reviews continue to be allocated albeit on a monthly basis for an ISR (Initial Screening Review). The ISR online tool has been shortened and revised to reflect questions relating to quality of care. Face to face training support remains on offer. Senior nurses are also being asked to contribute to these. SJRs are up to date with bi-monthly discussion at the LfD panel. % Sign and Symptom as a Primary Diagnosis - Performance remains just below target. The audit work continues within specialties and S&S cohorts. 2 of the coding team have achieved the ACC qualification. A Clinical Coding Action plan has been drafted for 2018/19 which looks to address some of the key issues affecting the quality of the coding. This will be finalised by the end of July and progress monitored via Clinical Coding Improvement Steering Group. #Neck of Femur - performance dropped to 78.57% in July against 85% target. CD and GM working with #NoF MDT to explore ways of responding to increased requirement for Total Hip Replacement.
Effective	

Background Context

July was a busy month with surgical demand higher than usual, a picture seen across West Yorkshire. AED attendances and the weather resulted in higher admission rates for frail patients suffering heat related illness.

Wards were supported with increased access to iced water and fans and staff were further supported with the introduction of lightweight uniforms funded from charities.

Divisions, led by Clinical Directors and the COO have been finalising plans for Winter, learning from 2017/18. These have been agreed with AED delivery Board and implementation has commenced to ensure they are in place without the use of agency staffing.

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

There continues to be issues with vacancies in several key specialties that require capacity to deliver on-call which is driving continued use of agency consultants. Both Paediatric and Womens services continued to experience staffing pressures within junior doctor rotas due to unfilled allocations and sickness. Both services are making efforts to ensure agency costs can be avoided where possible. The Medical workforce programme is working well and costs are reducing but further scrutiny has been applied by NHSI around the number of cap breaches. Nursing agency portfolio continues to make step changes with Thornbury eliminated and use of HCA agency has ceased. The Trust is actively engaging with current WYAAT work on sustainable services.

July was the first full month where Cardiology and Respiratory had a Consultant of the Week (CoW) model fully embedded and going forward we expect to see LOS and flow benefits from these models. It was also the first month that we have seen fasttrack only patients in Dermatology, this is the first stage along with discussions with commissioners in sourcing a sustainable solution in Dermatology.

Executive Summary

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

Area	Domain
Responsive	<ul style="list-style-type: none"> Emergency Care Standard 4 hours 92.37% in July, (93.5% all types) - first dip in performance since March. The team continues to work with the acute directorate to review how admission avoidance is implemented on the HRI site and work continues with the frailty team to review current pathway and impact on CDU and ED. The ED team continues to turn around the patients that can be seen in a GP setting. The focus is still on embedding the action cards into the co-ordinator's role. Co-ordinator study days have been well received and the Directorate will monitor the role and improvements going forward. Stroke - 3 out of 4 targets missed in-month. The stroke team have not had any patients on a waiting list so the patients who did not spend 90% of their stay on the stroke unit must have been either incidental findings or had other clinical needs that meant their stay needed to be in another specialty. The importance of stroke patients spending at least 90% of their time on the stroke unit has been emphasised to the acute teams. Patient flow have been asked to ensure that when a patient presents to HRI or has a stroke at HRI to blue light the patients over to the stroke unit. The solution to current performance will be the stroke assessment bed, pilot was proposed to start in July however has been delayed due to an A&E cubicle refurbishment. The Stroke team is resourced and on stand-by waiting for the go-ahead from ED team. 38 Day Referral to Tertiary - 55% for July which is best position since November. Further discussions are planned with colleagues at Bradford and Airedale around the Urology pathway. Appointment Slot Issues on Choose & Book - improved slightly to 42% in-month. Some additional resource usually used for ASI clinics in Upper and Lower GI and Urology has been diverted to undertaking Endoscopy sessions to deal with increase in demand there and to ensure 99% diagnostic performance is maintained. In Ophthalmology the team have been directing additional resources to reducing the holding/pending list. In ENT we lost a large amount of capacity due to Mr Smelt's sickness absence.
	<ul style="list-style-type: none"> Overall Sickness absence/Return to Work Interviews - Sickness is achieving target in-month and RTWI performance has improved to 68.5%. There is a focus at PRMs to improve this area.
Workforce	<ul style="list-style-type: none"> Essential Safety Training compliance has fallen in-month particularly in Fire Safety and Equality and Diversity training. A paper will be presented at Executive Board on 6th September exploring the impact of re-distributing the 9 core essential safety training learning requirements currently in quarter 4 across quarters 2 and 3 instead.
Finance	<ul style="list-style-type: none"> Finance: Year to Date Summary The year to date deficit is £16.51m, in line with the plan submitted to NHSI. <ul style="list-style-type: none"> Clinical contract income is below plan by £0.68m. The Aligned Incentive Contract is now protecting the income position by £0.56m in the year to date (£0.51m at Month 3), leaving an unmitigated income variance of £0.12m. There remains an underlying adverse variance from plan which has had to be mitigated by the release of the maximum available contingency reserves in the year to date £0.67m, whilst preserving the earmarked reserve required for the winter plan. Unless run rate improves, a financial pressure will emerge in months 6-12 once contingencies are exhausted. The underlying operational position excluding reserves release and AIC protection is £1.23m overspent in the year to date. CIP achieved in the year to date is £3.54m against a plan of £3.78m, a £0.24m shortfall. Agency expenditure remains £0.13m beneath the agency trajectory set by NHSI.
	<p>Key Variances</p> <ul style="list-style-type: none"> The required £18m CIP for the full year has now been identified in full. However, the monthly profile of CIP delivery differs from the fixed original plan, driving a £0.24m pressure in the year to date. The AIC protection remains at Trust level but has not extended significantly in-month. In spite of the lower activity than plan Medical pay expenditure continues above plan with a year to date adverse variance to plan of £0.80m. The run rate has improved from prior months but spend remains above plan in-month. Nursing pay expenditure has reduced over the last 3 months, but remains above plan with a year to date adverse variance of £0.32m (excluding the impact of pay awards which is funded as income). However, nursing agency costs are £0.67m lower than plan year to date with a significant reduction in the use of the very highest cost agencies. <ul style="list-style-type: none"> Aside from the ongoing run-rate pressure, one-off non-recurrent items have adversely impacted the divisional position by c.£0.2m in-month relating to the prior year. A pro-active review is being undertaken to gain assurance that these items have now been fully flushed out. These adverse variances have been offset by the release of the maximum available contingency reserve in the year to date. <p>Forecast</p> <ul style="list-style-type: none"> The forecast is to achieve the planned £43.1m deficit; this relies upon full delivery of the £18m CIP plan including high risk schemes. The forecast will also require an improvement in the underlying run rate to contain expenditure within budgeted levels.

Background Context

CHFT is now providing cover for Locala Community Dental Service to maintain activity. A meeting is to be held with Locala management team about future requirements and service resilience in August.

During July the Community division has worked on National Intermediate Care Benchmarking alongside divisional priorities following the SMT time-out in June. These are:

- Admin review
- Scheduling tool for nursing
- Calderdale Framework
- Estates rationalisation
- Nursing strategy
- Therapy strategy.

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

An Executive/Consultant event was held with Cardiology celebrating the work that has been developed in the specialty and agreeing how this service can further improve. A follow-up event is scheduled for November.

In addition A GP:Consultant engagement event was held with the Calderdale GPs that evaluated very positively, a similar event is being planned for Greater Huddersfield before bringing this into a joint forum.

Safe - Key messages

Area	Reality	Response	Result
% Harm Free Care	% Harm Free Care continues to perform below the 95% target at 92.7%. 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>The Medicine division has focused work on auditing standards and ensuring senior nursing staff are involved in safety thermometer audits - this is beginning to show signs of a positive step change towards an average of 93% from a previous running level of less than 90%.</p> <p>The surgical division experienced a lower than usual in- month position due to a higher number of Catheter related UTI infections on ICU. These are being examined but performance is expected to be above target next month.</p>	<p>The August position is indicating an improved position. Target remains to achieve 95%.</p> <p>Accountable: Chief Nurse</p>
Number of Category 4 Pressure Ulcers Acquired at CHFT	Patient attended an outpatient appointment and had Cylinder cast. Category 4 pressure ulcer noted to left knee.	An investigation is being undertaken. The Tissue Viability team has been contacted and there is ongoing intervention in the community following discharge from clinic.	<p>Prevention of acquisition of Category 4 ulcers.</p> <p>Accountable : Chief Nurse</p>
% PPH ≥ 1500ml - all deliveries	<p>The July PPH rate is 4.0 % which equates to 19 cases of women sustaining a PPH of greater than 1500mls. This remains higher than the 3% threshold for the third month in a row.</p> <p>Analysis against the PPH Care Bundle (ARREST) of all 19 cases in July shows that a significant number 89% 17/19 had at least one risk factor for PPH (10 antenatal or labour 7).</p>	<p>All cases continue to be discussed at the FSS weekly Governance meeting and any concerns escalated to Orange panel following completion of a time line. Key messages are shared weekly with staff.</p> <p>The next few months will be observed to see if a step- change in performance is occurring or whether the last three months have been part of natural variation.</p>	<p>To continue to monitor rates and remain on track for PPH at a 6 monthly and 12 monthly level.</p> <p>Accountable to HoM/Clinical Director</p>
Patient Incidents with Harm	The total number of incidents reported in June has since decreased from 212 to 186. In July the total number of incidents reported with harm is 220. FSS has had a significant increase in the number of harm incidents compared to previous months, particularly in the Women's Directorate.	Full analysis of incidents is taken monthly to the Patient Safety Group, and discussed with divisions. Focused work with the tissue viability team is ongoing to support the capture of accurate pressure ulcer incidents.	<p>The total numbers of overall incidents will continue to be monitored by the risk team.</p> <p>Accountable ADQS</p>
Smoking at Delivery	<p>Smoking in pregnancy (12 months average) at time of booking is 16% and Smoking Status at Time of Delivery (SATOD) is 13.3%. The increase is likely due to more accurate data being collected and reported at the time of birth.</p> <p>In Calderdale – maternity services work closely with Yorkshire Smoke free. (YSF)</p> <p>In Huddersfield – there is no dedicated stop smoking service – the pathway for pregnant women who smoke is that they are signposted to their GP or local pharmacy.</p>	<p>100% Community Midwives (CMW) have CO monitors and are trained to use them and the Smoke free care bundle. CMWs carry out CO testing at booking, this has increased to around 93% per month since October 2017.</p> <p>Our Smoke free care bundle prompts repeat testing for smokers and offers referral to stop smoking service. CO monitors available in Antenatal Clinics at HRI and CRH, ANDU and MAC.</p> <p>Referrals to Yorkshire Smoke free monitored weekly including individual feedback from YSF which is input into EPR. Brief advice on smoking becomes mandatory from September 2018; staff allocated to training dates.</p> <p>CHFT input to regional pathway for smoking in pregnancy being developed by Public Health England.</p> <p>New CHFT project Mat/Neo to “increase the proportion of smoke-free pregnancies” NHS Improvement – is in planning.</p>	<p>A reduction in the proportion of women who smoke at booking and at delivery/36 weeks by end of 2018/19</p> <p>Accountable HOM</p>

Safe - Key measures

	17/18	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	YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																	
All Falls	1,790	150	150	135	138	144	163	138	149	175	153	140	153	153	599	Refer to SPC charts	
Inpatient Falls with Serious Harm	30	1	4	0	2	1	3	1	3	3	1	1	3	1	6	Refer to SPC charts	
Falls per 1000 bed days	7.00	6.96	7.03	6.29	6.44	6.91	7.80	6.30	7.50	7.80	7.37	6.64	7.74	7.24	7.25	Refer to SPC charts	
% Harm Free Care	93.66%	94.27%	93.18%	94.82%	93.90%	93.41%	93.45%	92.70%	92.30%	92.50%	91.67%	94.50%	92.01%	92.67%	92.82%	>=95%	95%
Number of Serious Incidents	62	8	7	3	5	5	6	4	6	4	5	5	1	3	14	Refer to SPC charts	
Number of Incidents with Harm	2,101	172	141	122	163	187	212	209	179	259	217	222	186	220	845	Refer to SPC charts	
Percentage of Duty of Candour informed within 10 days of Incident	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95%	95%
Never Events	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of SIs investigations where reports submitted within timescale – 60 Days	37.53%	28.57%	66.00%	42.00%	0.00%	37.80%	30.00%	25.00%	66.00%	0.00%	40.00%	14.00%	37.50%	83.00%	44.00%	>=50%	50%
Maternity																	
Elective C-Section Rate	10.00%	9.60%	7.80%	9.70%	9.10%	11.70%	9.20%	9.60%	11.00%	11.60%	9.70%	10.20%	8.60%	8.90%	9.40%	<=10% Threshold	10%
Emergency C-Section Rate	13.90%	11.30%	16.60%	13.50%	13.80%	14.50%	14.60%	16.80%	15.70%	14.40%	20.30%	15.10%	19.10%	15.00%	17.30%	<=15.6% Threshold	15.6%
Total C-Section Rate	23.92%	20.89%	24.39%	23.23%	22.84%	26.21%	23.80%	26.40%	26.10%	25.93%	30.00%	25.29%	27.75%	23.92%	26.64%	<=26.2% Threshold	26.2%
Proportion of Women who received Combined Harm Free Care	76.17%	85.71%	77.27%	71.43%	74.60%	64.00%	71.74%	85.71%	71.43%	76.92%	81.67%	78.72%	74.60%	in arrears	78.33%	>=70.9%	70.9%
% PPH ≥ 1500ml - all deliveries	3.00%	4.00%	2.40%	3.70%	3.20%	2.40%	4.18%	1.80%	3.60%	2.10%	3.08%	5.80%	3.80%	4.10%	4.20%	<=3.0%	3.0%
Antenatal Assessments < 13 weeks	91.44%	90.52%	92.95%	90.13%	92.37%	92.77%	90.60%	91.51%	91.93%	90.00%	91.20%	93.03%	91.30%	91.10%	91.66%	>90%	90%
Maternal smoking at delivery	12.50%	12.70%	14.20%	13.10%	10.30%	11.90%	16.70%	11.86%	13.06%	13.70%	17.20%	10.90%	12.90%	12.80%	13.30%	<=11.9%	11.90%
Pressure Ulcers																	
Number of Trust Pressure Ulcers Acquired at CHFT	427	26	25	26	36	32	48	42	28	59	43	33	41	under validation	117	Refer to SPC charts	
Pressure Ulcers per 1000 bed days	1.67	1.21	1.17	1.21	1.68	1.53	2.3	1.92	1.41	2.67	2.07	1.57	2.07	under validation	2.07	Refer to SPC charts	
Number of Category 2 Pressure Ulcers Acquired at CHFT	313	18	21	14	26	23	38	31	17	51	32	28	28	under validation	88	Refer to SPC charts	
Number of Category 3 Pressure Ulcers Acquired at CHFT	105	6	4	12	10	9	10	10	10	6	8	7	0	under validation	15	Refer to SPC charts	
Number of Category 4 Pressure Ulcers Acquired at CHFT	8	2	0	0	0	0	0	1	1	1	0	0	1	under validation	1	0	0
% of leg ulcers healed within 12 weeks from diagnosis	95.20%	91.70%	97.70%	100.00%	93.80%	88.50%	100.00%	88.00%	96.30%	95.00%	87.50%	93.62%	100.00%	93.50%	94.00%	>=90%	90%
Percentage of Completed VTE Risk Assessments	94.68%	93.66%	92.41%	92.70%	97.34%	97.06%	96.69%	96.44%	97.07%	97.29%	97.35%	97.10%	97.80%	97.82%	97.52%	>=95%	95%
Safeguarding																	
Alert Safeguarding Referrals made by the Trust	168	8	12	12	16	12	12	9	15	15	24	26	24	19	93	Not applicable	
Alert Safeguarding Referrals made against the Trust	170	16	12	18	9	18	6	23	16	14	6	17	35	7	65	Not applicable	
Community Medication Incidents	41	4	4	2	5	4	7	2	2	1	3	1	6	0	10	0	0
Health & Safety Incidents	274	25	15	31	25	22	30	18	13	21	21	14	20	25	80	0	0
Health & Safety Incidents (RIDDOR)	10	1	0	2	0	1	0	1	0	0	0	0	0	0	0	0	0
Medical Reconciliation within 24 hours	0	0	0	0	0	0	0	0	0	0	not available	not available	not available	not available	0	>=68%	68%
Electronic Discharge																	
% Complete EDS	96.03%		95.76%	96.07%	96.72%	97.91%	97.79%	97.49%	95.53%	93.18%	98.00%	97.40%	95.70%	94.00%	96.91%	>=95%	95%

Caring - Key messages

Area	Reality	Response	Result
Friends and Family Test Outpatients Survey - % Would Recommend	Performance continues to average at around 90%. Common themes around waiting times and car parking continue to feature heavily in the comments.	<p>A number of actions remain in place:</p> <p>Verbal information being given to patients informing them of the delay. The length of the delay is also posted in the waiting area.</p> <p>Matron and area managers are visible in all the departments and sense check user satisfaction.</p> <p>GM and Ops manager to review clinic start and end times, and clinician presence to ensure understanding of which patients experience delay and agree mitigating actions (Completed by August).</p>	<p>Sustained and improved performance over forthcoming months is anticipated.</p> <p>Accountable: Clinical Managers and Matron for Outpatients</p>
	Friends & Family Test - AE % Would Recommend	<p>Friends and Family Test A & E Survey - % would recommend the Service has performed below target at 84.3% in month.</p>	<p>Work continues by the Patient Experience Nurse for a breakdown of the comments from the wouldn't recommend feedback.</p> <p>Expected by: Continue to improve the response rate and improve the would recommend to 90% by August/September 2018.</p> <p>Accountable: Matron for ED/ADN Medicine.</p>

Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	Of the 78 complaints closed in July, 31% (24/78) of these were closed within target timeframe. The number of overdue complaints was 14 at the end of July; compared to 33 at the end of June which is a significant decrease.	Complaints are monitored on a weekly basis, each complaint that is breaching, is then highlighted to the complaint leads for that Division. The reason for any delay can then be investigated and resolved.	With continued support from the Divisional triumvirate, the backlog of breaching complaints is expected to be cleared by the end of August for the surgical cases, the medical division is not expected to clear their backlog now until the end of September at the earliest.
	In July SAS closed 25% (8/32) of their complaints within the agreed timescale, Medicine 31% (11/36), and FSS 57% (4/7).	Divisional panels are held weekly to discuss and review draft responses prior to signature. Complaint management is also reviewed weekly at ADN huddles. There has not been the anticipated improvement in the medical division, as such their performance is to be reviewed by an expert external to the Division to undertake a formal assessment of their position, current processes and internal management.	Accountable : Head of Risk and Governance and Divisional Leads

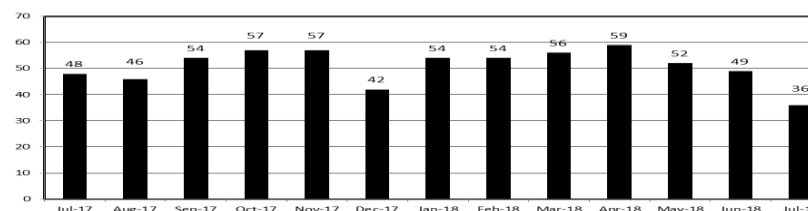
Complaints Background

The Trust received 27 new complaints in July and re-opened 9 complaints, making a total number of 36 complaints received in July, which is the lowest number of complaint received in a single month during the last year.

The top 3 Complaints subjects for July are;

Clinical Treatment
Communications
Patient Care (including Nutrition and Hydration)

Complaints by Received (Month and Year)



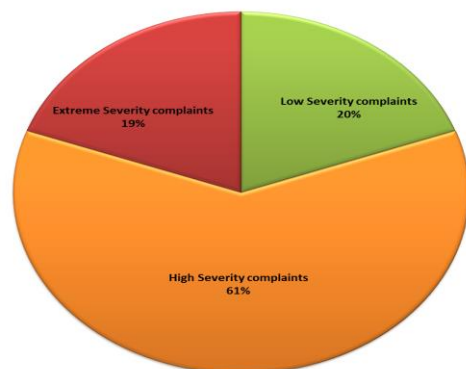
Complaint subjects and trends form part of the Complaints Quarterly

Severity: The Trust received 7 new Red complaints in July, 4 assigned to Medicine and 3 assigned to SAS Division.

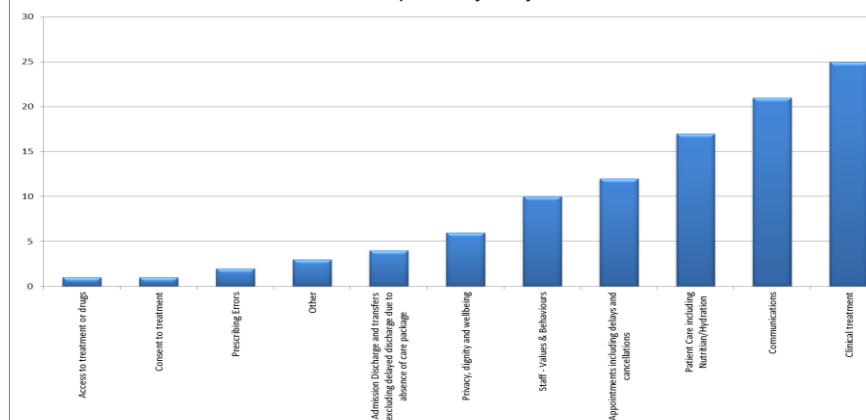
PHSO Cases:

We received 0 new Ombudsman/PHSO cases in July and 1 Medicine case was closed at partially upheld. There were 6 active cases under investigation by the Ombudsman at the end of July.

Complaints - Severity



Complaints by Subject



Caring - Key measures

	17/18	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	YTD	Target	Threshold/Monthly
Complaints																	
% Complaints closed within target timeframe	48.70%	46.00%	47.00%	63.41%	44.40%	53.00%	38.00%	54.00%	31.00%	52.00%	37.00%	44.00%	30.00%	31.00%	35.00%	95%	95%
Total Complaints received in the month	593	47	45	52	50	56	43	53	53	52	57	51	48	36	192	Refer to SPC charts in Appendix	
Complaints re-opened	68	2	8	4	6	3	2	10	10	5	4	9	3	8	24	Refer to SPC charts in Appendix	
Inpatient Complaints per 1000 bed days	2.18	2.1	1.8	2.4	2.5	2.4	1.9	2.3	2.6	2.2	2.8	2.6	2.5	1.8	2.43	Refer to SPC charts in Appendix	
No of Complaints closed within Timeframe	293	20	18	26	16	38	29	28	14	24	18	27	15	23	83	Refer to SPC charts in Appendix	
Friends & Family Test																	
Friends & Family Test (IP Survey) - Response Rate	31.40%	30.50%	33.20%	33.50%	34.10%	34.50%	30.10%	33.40%	33.50%	35.00%	40.00%	39.00%	38.80%	36.50%	38.70%	>=25.9% /24.5% from June 18	
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.10%	97.20%	96.70%	97.10%	96.80%	96.20%	96.80%	97.60%	97.60%	96.70%	98.00%	97.40%	97.40%	97.40%	>=96.3% / 96.7% from June 18	
Friends and Family Test Outpatient - Response Rate	10.10%	8.70%	11.10%	11.30%	11.30%	11.20%	10.20%	10.80%	11.10%	10.00%	11.30%	10.50%	11.40%	11.40%	11.10%	>=5.3% / 4.7% from June 18	
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	88.20%	88.80%	88.50%	89.40%	88.80%	90.00%	91.50%	90.60%	90.80%	90.70%	91.00%	90.40%	90.80%	90.70%	>=95.7% / 96.2% from June 18	
Friends and Family Test A & E Survey - Response Rate	10.20%	12.50%	11.70%	11.00%	11.10%	10.50%	10.10%	10.40%	10.30%	10.80%	10.70%	9.60%	12.80%	15.30%	12.10%	>=13.3% / 11.7% from June 18	
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	85.40%	86.00%	86.80%	86.10%	85.50%	85.20%	87.30%	85.00%	82.10%	84.70%	86.30%	84.30%	84.30%	84.80%	>=86.5% / 87.2% from June 18	
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	38.30%	45.10%	49.90%	36.20%	45.20%	36.20%	39.90%	47.30%	33.70%	33.20%	34.80%	34.80%	33.70%	34.10%	>=22.0% / >=20.8% from June 18	
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	96.90%	98.00%	97.90%	98.30%	98.20%	98.00%	98.50%	99.00%	98.50%	98.00%	98.90%	98.20%	98.40%	98.40%	>=97% / 97.3% from June 18	
Friends and Family Test Community - Response Rate	6.50%	9.53%	9.84%	12.70%	2.09%	4.50%	2.70%	1.60%	3.40%	2.80%	3.60%	6.30%	4.20%	4.40%	4.70%	>=3.4% / >=3.5% from June 18	
Friends and Family Test Community Survey - % would recommend the Service	90.00%	86.67%	87.61%	89.55%	97.48%	97.02%	91.30%	99.10%	96.40%	97.50%	93.90%	92.60%	92.00%	97.40%	93.90%	>=96.2% / >=96.6% from June 18	
Caring																	
Number of Mixed Sex Accommodation Breaches	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Dementia patients following emergency admission aged 75 and over	23.19%	29.92%	27.75%	25.25%	26.71%	30.10%	27.73%	20.97%	20.72%	22.43%	24.19%	29.84%	28.06%	34.36%	29.09%	>=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.

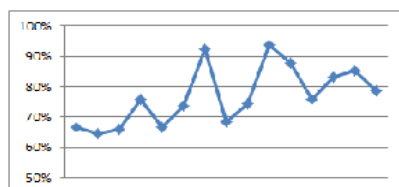
Unfortunately due to the nature of the patients on the unit there is frequently a need to use bright lighting however staff will in future endeavour to dim or turn off the lights when they are not required.

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
Infection Control : E.coli	Number of E.coli - Post 48 Hours - there were 4 cases in the medicine division and one within the Surgical division.	E.coli reduction is being addressed as a health economy issue with the majority of cases admitted septic from the community. A Trust action plan is in development with the aim to reduce the incidence associated with the urinary tract.	E.coli: continues within variation, Accountable Officer: Matron for Infection Control and Lead Consultant
Hospital Mortality Measures	Initial Screening Reviews (ISR) are now being allocated to consultants, SAS doctors and some senior nurses throughout the Trust.	Mortality reviews continue to be allocated albeit on a monthly basis for an ISR (Initial Screening Review). The ISR online tool has been shortened and revised to reflect questions relating to quality of care. Face to face training support remains on offer. Senior nurses are also being asked to contribute to these. SJRs are up to date with bi-monthly discussion at the LfD panel.	As HSMR and SHMI continue to improve the emphasis will remain on learning from deaths with regular quarterly reports to the BoD. Accountable: Plan agreed with DD's, Medical Director and Associate Medical Director
% Sign and Symptom as a Primary Diagnosis	Over the last 6 month performance has remained static at around 10%, this is an improvement from the previous timeframe but a further step change is now required.	As per last month, the audit work continues within specialties with the clinician with a coding PA working on specific TF's to identify common issues. 2 of the coding team have achieved the ACC qualification. A Clinical Coding Action plan has been drafted for 2018/19 which looks to address some of the key issues affecting the quality of the coding.	Expectation is that this will improve through resolving documentation and data quality issues in the areas that are not achieving the national upper quartile target. Accountable: Associate Medical Director and Clinical Coding Manager
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	79% (33/42) of patients who were discharged in July had their #NoF Procedure within 36 Hours of being admitted. 50 # NoF patients presented during July with 45 being eligible for BPT. There were 6 clinical delays and 2 Organisational delays:	CD and GM working with #NoF MDT to explore ways of responding to increased requirement for Total Hip Replacement.	Currently the August BPT stands at 76.0%. (25 patient discharges, of which 19 achieved BPT and to Surgery within <= 36 hours).



Effectiveness - Key measures

	17/18	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	YTD	Target	Threshold/Mo thly
Infection Control																	
Number of MRSA Bacteraemias – Trust assigned	5	1	0	0	0	0	0	0	2	0	0	0	1	0	1	0	0
Total Number of Clostridium Difficile Cases - Trust assigned	40	2	2	2	1	6	4	7	3	7	4	4	4	1	13	No target	
Preventable number of Clostridium Difficile Cases	13	2	1	0	0	2	2	0	0	5	3	1	1	0	5	<=20	< = 2
C-diff per 100,000 bed days		UNDER DEVELOPMENT AND TIMELINE - July IPR															
Number of MSSA Bacteraemias - Post 48 Hours	22	1	2	3	1	0	2	2	0	2	0	1	0	1	2	<=12	1
Number of E.Coli - Post 48 Hours	48	5	1	4	6	2	6	7	6	4	6	4	1	5	16	<=26	2.17
MRSA Screening - Percentage of Inpatients Matched	95.06%	not reported	not reported	not reported	not reported	not reported	88.30%	92.20%	95.50%	95.70%	98.34%	96.37%	97.62%	96.10%	97.40%	>=95%	95%
Mortality																	
Stillbirths Rate (including intrapartum & Other)	0.36%	0.00%	0.66%	0.00%	0.43%	0.65%	0.45%	0.22%	0.29%	1.14%	0.25%	0.00%	0.94%	0.22%	0.35%	<=0.5%	0.5%
Perinatal Deaths (0-7 days)	0.17%	0.00%	0.00%	0.00%	0.00%	0.22%	0.22%	0.00%	0.29%	0.00%	0.25%	0.23%	0.23%	0.00%	0.18%	<=0.1%	0.1%
Neonatal Deaths (8-28 days)	0.04%	0.00%	0.22%	0.00%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	<=0.1%	0.1%
Local SHMI - Relative Risk (1 Yr Rolling Data)	909.96	100.81	100.81			100.64			Next Publication due September 18						100.64	<=100	100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47	92.86	91.08	91.47	89.86	87.79	86.16	85.19	83.91	82.47	83.34	82.9	Next Publication due August 18		82.9	<=100	100
% of Initial Screening Reviews (Mortality)	24.90%	23.20%	11.80%	25.60%	31.40%	25.40%	38.00%	29.00%	33.10%	24.10%	24.60%	35.00%	16.40%		25.30%	Q1 50% / Q2 65% / Q3 80% / Q4 90%	
Crude Mortality Rate	1.50%	1.43%	1.17%	1.31%	1.21%	1.34%	1.82%	1.93%	1.94%	1.60%	1.40%	1.17%	1.23%	1.01%	1.21%	No target	
Coding and submissions to SUS																	
% Sign and Symptom as a Primary Diagnosis	10.38%	11.60%	11.41%	10.14%	11.03%	9.83%	9.03%	9.70%	10.30%	10.41%	10.43%	9.92%	9.90%	10.00%	9.90%	<=9.0%	9.0%
Average co-morbidity score	6.11	6.73	6.31	5.95	5.95	5.85	6.25	6.15	6.01	5.87	5.65	5.5	5.45	5.57	5.54	>=4.61	4.61
Average Diagnosis per Coded Episode	5.86	6.07	5.89	5.78	5.81	5.67	5.88	5.84	5.95	5.91	5.8	5.7	5.76	5.76	5.76	>=5.5	5.5
CHFT Research Recruitment Target	1,485	164	112	138	144	133	98	173	140	129	148	206	171	195	720	>=1,473	122
Best Practice Guidance																	
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	76.21%	65.91%	75.76%	66.67%	73.68%	92.31%	68.29%	74.42%	93.75%	87.88%	75.68%	83.33%	85.42%	78.57%	80.98%	>=85%	85%
IPMR - Breastfeeding Initiated rates	75.90%	72.80%	75.90%	75.30%	75.80%	76.90%	76.10%	76.20%	74.10%	76.10%	77.38%	77.20%	75.90%	79.90%	77.63%	>=70%	70%
Readmissions																	
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	10.21%	10.86%	9.48%	9.64%	9.66%	9.90%	10.44%	10.90%	10.34%	9.63%	9.24%	10.33%	10.89%	in arrears	10.16%	<=9.8%	9.80%
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	10.08%	10.05%	9.29%	9.82%	10.53%	9.44%	9.80%	10.54%	11.10%	10.28%	10.23%	9.71%	9.82%	in arrears	9.92%	<=8.03%	8.03%
Community																	
% Readmitted back in to Hospital within 30 days for Intermediate Care Beds	7.00%	11.50%	4.90%	5.40%	4.70%	3.10%	5.20%	7.90%	3.00%	6.30%	1.60%	10.90%	6.20%	1.60%	5.10%	0%	0%
Hospital admissions avoided by Community Nursing Services	1,389	81	161	129	122	74	63	130	151	172	158	178	176	156	668	>=116	116
Community - No Access Visits	0.93%	0.89%	0.94%	0.92%	0.85%	0.94%	0.82%	0.91%	0.93%	0.88%	0.84%	0.93%	0.96%	0.78%	0.87%	0%	0%

Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	<p><u>ECS <4 hours performance</u> deteriorated in month to 92.37%,</p> <p><u>A&E Ambulance Handovers 30-60 mins (Validated)</u> - 3 in month which is a decrease from 9 last month.</p> <p><u>A&E Ambulance 60+ mins - 0</u> in month There have been no over 60 minute breaches since January 2018</p>	<p>The team continues to work with the acute directorate to review how admission avoidance is implemented on the HRI site and work continues with the frailty team to review current pathway and impact on CDU and ED. The ED team continues to turn around the patients that can be seen in a GP setting.</p> <p>The focus is still on embedding the action cards into the co-ordinator's role. Co-ordinator study days have been well received and the Directorate will monitor the role and improvements going forward.</p> <p>A&E Ambulance Handovers 30-60 mins (validated) - Work continues with the YAS leads in department to complete RCA's on patients waiting over 30 minutes for assessment. The financial penalties of breaching are now displayed in department to try to improve performance. The team will continue to meet with colleagues in YAS and review the space at CRH to add an additional assessment bed.</p>	<p>ECS - Continue to improve the ECS performance.</p> <p>30-60 mins breaches - We are aiming to maintain the improvement seen with 10 or less 30-60 minute breaches in month. This was achieved in July 2018</p> <p>60+ mins ambulance handover breaches - Continue to have no 60 minute breaches. This was achieved in July 2018</p> <p>Accountable: Director of Operations - Medicine</p>
	<p><u>% Stroke patients spending 90% of their stay on a stroke unit</u> has decreased in month to 88% having achieved the 90% target in June.</p> <p><u>% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival</u> was 54% following an improvement in June.</p> <p><u>% Stroke patients scanned within 1 hour of hospital arrival</u> is 45% having achieved the 48% target in June.</p>	<p>The stroke team have not had any patients on a waiting list so the patients who did not spend 90% of their stay on the stroke unit must have been either incidental findings or had other clinical needs that meant their stay needed to be in another specialty. The importance of stroke patients spending at least 90% of their time on the stroke unit has been emphasised to the acute teams.</p> <p>Patient flow have been asked to ensure that when a patient presents to HRI or has a stroke at HRI to blue light the patients over to the stroke unit.</p> <p>The solution to current performance will be the stroke assessment bed, pilot was proposed to start in July however has been delayed due to an A&E cubicle refurbishment.</p> <p>The Stroke team is resourced and on stand-by waiting for the go-ahead from ED team.</p>	<p>Develop a stroke assessment area within ED. Aiming to achieve by March 2018, however this is dependant on identifying a suitable location.</p> <p>The pilot was delayed due to A&E cubicle refurbishment and just waiting for the go-ahead.</p> <p>Accountable: Divisional Director Medicine</p>
Cancer	<p><u>38 day Referral to Tertiary</u> - was 55% in month best performance since November although still well below 85% target.</p>	<p>The Red2Green methodology is to be applied to Urology, Head and Neck and Lower GI pathway and will begin in August.</p> <p>Bradford Teaching Hospitals is currently struggling with capacity for both Medical Oncology and Theatres. Further work has commenced with the CHFT team to improve the early part of the pathway to support later capacity constraints and at a meeting between Bradford, Airedale and CHFT we have offered to undertake some non-cancer work to help support and are awaiting feedback.</p> <p>Within the Medical division there were 2 Lung patients that were referred on day 39 and 41 just missing the day 38 target.</p> <p>Since the beginning of July the speciality has been meeting on a MON/WED/FRI to track patients. This should ensure that patients are not awaiting MDT for decision making.</p>	<p>Challenges remain with the cancer targets but improvements are being seen and monitored.</p> <p>The expectation of hitting 100% of patient seen before 104 is likely to remain challenging as a thematic review of all patients breaching this target shows that medical complications are the main cause of delays of this nature.</p> <p>Accountable: General Managers of relevant Tumour Sites</p>

Responsive - Key measures

	17/18	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	YTD	Target	Threshold/Monthly
Accident & Emergency																	
Emergency Care Standard 4 hours	90.61%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	94.78%	92.37%	93.00%	>=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%	94.06%	>=95%	95%
A&E Ambulance Handovers 15-30 mins (Validated)	10218	955	815	992	972	758	872	747	764	828	653	640	566	632	2491	0	0
A&E Ambulance Handovers 30-60 mins (Validated)	287	36	38	17	7	5	16	26	10	15	6	10	9	3	28	0	0
A&E Ambulance 60+ mins	12	1	0	0	1	0	1	4	0	0	0	0	0	0	0	0	0
A&E Trolley Waits (From decision to admission)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
Patient Flow																	
Delayed Transfers of Care	2.80%	3.32%	4.54%	1.96%	3.51%	2.01%	3.40%	2.05%	1.89%	2.70%	3.24%	3.49%	3.61%	2.85%	3.30%	<=3.5%	3.5%
Coronary Care Delayed Discharges	44									44	44	45	42	56	187		
Green Cross Patients (Snapshot at month end)	108	107	104	120	90	119	100	117	124	108	119	119	99	103	103	<=40	<=40
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	87.02%	82.46%	86.00%	91.38%	76.09%	92.00%	84.62%	95.12%	91.89%	78.69%	91.84%	85.71%	90.00%	88.00%	89.01%	>=90%	90%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	67.24%	58.82%	63.79%	46.81%	60.00%	52.50%	80.95%	70.27%	48.38%	58.00%	53.49%	68.63%	54.00%	58.76%	>=90%	90%
% Stroke patients Thrombolysed within 1 hour	81.93%	88.89%	40.00%	80.00%	88.89%	83.33%	100.00%	81.82%	83.33%	100.00%	83.33%	100.00%	60.00%	100.00%	81.48%	>=55%	55%
% Stroke patients scanned within 1 hour of hospital arrival	41.87%	38.98%	47.17%	38.98%	42.86%	37.25%	30.00%	57.14%	52.63%	41.94%	39.62%	40.43%	50.00%	45.10%	43.84%	>=48%	48%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.84%	1.05%	0.69%	1.21%	0.89%	0.69%	0.54%	1.09%	0.76%	1.07%	0.34%	0.41%	0.27%	0.67%	0.42%	<=0.6%	0.6%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	7	0	0	0	0	1	0	5	1	0	0	1	0	0	1	0	0
No of Urgent Operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 week Pathways (RTT)																	
% Non-admitted Closed Pathways under 18 weeks	93.03%	not available	94.50%	92.35%	91.59%	90.60%	92.84%	92.32%	93.42%	92.33%	91.49%	92.48%	92.60%	92.95%	92.38%	>=95%	95%
% Admitted Closed Pathways Under 18 Weeks	83.21%	not available	not available	not available	80.79%	79.59%	82.73%	85.30%	83.51%	80.03%	81.13%	83.02%	80.78%	82.99%	81.99%	>=90%	90%
% Incomplete Pathways <18 Weeks	93.75%	92.55%	92.12%	92.41%	92.08%	92.45%	92.61%	94.09%	92.76%	93.75%	93.77%	93.32%	94.05%	93.99%	93.99%	>=92%	92%
18 weeks Pathways >=26 weeks open	549	not available	not available	541	602	1350	695	606	585	549	486	501	445	418	418	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%	98.54%	98.52%	98.72%	99.57%	97.27%	98.18%	99.07%	99.61%	99.59%	98.81%	98.74%	99.81%	99.32%	99.32%	>=99%	99%
Cancer																	
Two Week Wait From Referral to Date First Seen	94.09%	92.30%	95.14%	94.40%	94.19%	97.96%	99.01%	94.94%	99.06%	96.83%	95.63%	98.78%	98.61%	98.82%	98.03%	>=93%	93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	91.44%	91.53%	93.10%	93.33%	95.54%	96.82%	94.55%	98.26%	95.81%	95.48%	95.28%	98.94%	95.74%	96.29%	>=93%	93%
31 Days From Diagnosis to First Treatment	99.83%	99.47%	100.00%	99.26%	100.00%	100.00%	100.00%	99.41%	100.00%	100.00%	100.00%	99.37%	99.40%	100.00%	99.69%	>=96%	96%
31 Day Subsequent Surgery Treatment	99.26%	100.00%	100.00%	100.00%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.77%	98.92%	>=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%	33.33%	56.52%	70.00%	47.62%	55.56%	50.00%	45.16%	52.38%	47.62%	47.62%	41.38%	48.15%	54.55%	47.47%	>=85%	85%
62 Day GP Referral to Treatment	88.67%	83.41%	91.95%	93.15%	84.03%	88.89%	88.05%	91.76%	88.24%	90.32%	90.66%	92.35%	83.98%	88.39%	88.62%	>=85%	85%
62 Day Referral From Screening to Treatment	94.87%	87.50%	93.75%	88.24%	100.00%	100.00%	100.00%	95.45%	100.00%	90.00%	81.82%	91.67%	100.00%	100.00%	93.18%	>=90%	90%
104 Referral to Treatment - Number of breaches	30.5	9.5	1	2	3	3.5	0.5	1	2.5	1	2.5	0.5	3	4	10	0	0
104 Referral to Treatment - Number of patients still waiting																0	0
Elective Access																	
Appointment Slot Issues on Choose & Book	21.45%	16.42%	14.24%	13.04%	16.46%	26.71%	28.82%	23.50%	33.14%	40.26%	34.92%	38.54%	41.14%	41.95%	39.13%	<=5%	5%
Holding List > 12 Weeks	3,967	4,874	7,432	9,821	9,232	7,624	7,163	6,199	4,750	3,967	3,175	2,707	2,449	2,467	2,467	0	0

Workforce - Key Metrics

	17/18	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	YTD	Target	Threshold/Monthly
Staff in Post																	
Staff in Post Headcount		5981	5969	6009	6031	6048	6016	6044	6045	6036	6019	6023	6033	6051	-	-	
Staff in Post (FTE)		5279.34	5202.11	5240.47	5266.52	5280.54	5253.75	5271.98	5274.93	5269.51	5262.28	5268.71	5280.99	5298.02	-	-	
Vacancies																	
Establishment (Position FTE)**		5592.51	5607.08	5593.56	5600.07	5598.62	5612.80	5601.80	5606.00	5631.90	5620.33	5620.33	5620.33	5620.33	-	-	
Vacancies (FTE)**		374.98	400.11	341.47	333.55	318.08	359.05	329.82	331.07	369.62	358.06	351.62	339.34	322.31	-	-	
Vacancy Rate (%)**		6.71%	7.14%	6.10%	5.96%	5.68%	6.40%	5.89%	5.91%	6.43%	6.37%	6.26%	6.04%	5.73%	-	-	
Staff Movements																	
Turnover rate (%) - in month		1.30%	1.11%	0.93%	1.13%	0.66%	1.00%	0.72%	0.51%	1.06%	0.63%	0.84%	0.94%	0.77%	-	-	
Executive Turnover (%)		5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	
Turnover rate (%) - Rolling 12m		11.53%	11.53%	11.22%	11.49%	11.37%	11.50%	11.49%	11.26%	11.45%	10.94%	10.91%	10.82%	10.29%	-	11.50%	<=11.5% Green <=12.5 >11.5% >12.5% Red
Retention/Stability Rate (%) - rolling 12m		88.06%	88.12%	88.55%	88.40%	87.88%	87.70%	87.60%	87.30%	87.71%	87.48%	87.44%	88.62%	88.57%	-	-	
Sickness Absence - Rolling 12 month																	
Sickness Absence rate (%) - rolling		4.09%	4.05%	4.06%	4.04%	4.04%	4.01%	4.04%	4.07%	4.09%	4.10%	4.07%	4.04%	-	-	4.00%	=< 4.0% - Green 4.01%-4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%) - rolling		2.58%	2.56%	2.54%	2.54%	2.55%	2.52%	2.52%	2.53%	2.54%	2.54%	2.53%	2.51%	-	-	2.70%	=< 2.7% Green 2.71%-3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%) - rolling		1.50%	1.49%	1.52%	1.50%	1.49%	1.49%	1.52%	1.54%	1.55%	1.56%	1.53%	1.53%	-	-	1.30%	=< 1.3% - Green 1.31%-1.5% Amber >1.5% Red
Sickness Absence - Monthly																	
Sickness Absence rate (%) - in month		3.88%	3.76%	4.02%	4.07%	4.55%	4.26%	4.75%	4.41%	3.91%	3.58%	3.55%	3.61%	-	-		
Long Term Sickness Absence rate (%) - in month		2.61%	2.55%	2.41%	2.64%	2.81%	2.55%	2.53%	2.48%	2.37%	2.22%	2.38%	2.43%	-	-		
Short Term Sickness Absence rate (%) - in month		1.27%	1.22%	1.60%	1.43%	1.74%	1.72%	2.22%	1.93%	1.53%	1.36%	1.17%	1.18%	-	-		
Attendance Management																	
Sickness Absence FTE Days Lost		6293.44	6158.46	6387.79	6753.51	7219.03	6987.93	7780.88	6540.60	6419.42	5662.79	5737.89	5725.84	-	-		
Average days lost (FTE) per FTE		14.91	14.79	14.81	14.76	14.76	14.65	14.76	14.87	14.94	15.03	14.86	14.75	-	-		
Sickness Absence Estimated Cost (£)		£0.50M	£0.48M	£0.52M	£0.57M	£0.59M	£0.56M	£0.63M	£0.53M	£0.53M	£0.46M	£0.45M	£0.47M	-	-		
Return to work Interviews (%)		64.20%	73.30%	68.73%	66.95%	49.40%	49.78%	63.60%	58.47%	65.11%	60.38%	67.30%	68.50%	-	-	90.00%	90% Green 65%-89% Amber <65% Red
Spend																	
Substantive Spend (£)		£18.58M	£18.51M	£18.28M	£18.56M	£18.88M	£18.58M	£18.49M	£18.41M	£17.92M	£18.55M	£18.52M	£18.48M	£18.62M	-		
Bank Spend (£)		£0.50M	£0.48M	£0.46M	£0.64M	£0.67M	£0.53M	£0.57M	£0.64M	£0.84M	£0.86M	£1.05M	£0.90M	£1.05M	-		
Agency Spend (£)		£1.47M	£1.24M	£1.22M	£1.57M	£0.94M	£1.45M	£1.58M	£1.53M	£1.95M	£1.34M	£1.34M	£1.30M	£1.21M	-	-	
Proportion of Temporary (Agency) Staff		7.17%	6.11%	6.12%	7.56%	4.60%	7.06%	7.65%	7.42%	9.41%	6.41%	6.41%	6.28%	5.80%	-	-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives		83.82%	83.59%	82.15%	86.05%	88.03%	86.89%	86.74%	86.63%	86.85%	87.12%	87.06%	87.36%	85.67%	-	100.00%	
Hard Truths Summary - Day Care Staff		102.48%	102.00%	101.54%	100.99%	103.01%	96.41%	96.23%	94.74%	94.08%	108.54%	109.75%	110.17%	107.18%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives		92.54%	89.42%	90.01%	91.59%	93.50%	89.88%	92.94%	92.12%	91.16%	92.84%	111.60%	112.14%	91.24%	-	100.00%	
Hard Truths Summary - Night Care Staff		115.87%	118.81%	114.95%	110.15%	113.98%	108.78%	117.31%	121.45%	117.87%	121.01%	121.21%	122.31%	114.53%	-	100.00%	
Essential Safety (12m rolling)																	
Overall Essential Safety Compliance											95.00%	94.40%	93.96%	93.84%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Conflict Resolution (3 Year Refresher)											95.80%	95.67%	95.57%	97.49%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Data Security Awareness (1 Year Refresher)		78.84%	76.47%	78.02%	79.06%	81.37%	81.87%	86.43%	92.26%	93.77%	93.78%	93.68%	93.38%	92.71%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Dementia Awareness (No Renewal)											96.43%	96.52%	96.42%	98.25%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Equality and Diversity (3 Year Refresher)											97.73%	97.29%	95.78%	94.23%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Fire Safety (1 Year Refresher)		80.63%	82.90%	84.06%	85.62%	83.89%	85.56%	87.94%	93.88%	95.21%	94.31%	90.93%	90.52%	89.66%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Health and Safety (3 Year Refresher)											96.98%	96.76%	95.41%	95.19%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Infection Control (1 Year Refresher)		76.14%	77.03%	79.01%	80.99%	83.19%	84.01%	87.45%	92.68%	94.54%	94.38%	93.81%	93.93%	93.71%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Manual Handling (2 Year Refresher)		86.09%	84.50%	78.12%	77.58%	64.55%	66.51%	79.15%	87.09%	92.81%	92.96%	93.85%	92.27%	93.20%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Safeguarding (3 Year Refresher)		84.67%	85.69%	82.35%	82.30%	80.18%	83.17%	87.26%	89.59%	95.25%	93.62%	92.09%	92.34%	92.12%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Appraisal																	
Appraisal (1 Year Refresher) - Non-Medical Staff		22.39%	42.10%	68.15%	96.28%	97.90%	95.61%	95.31%	94.73%	93.50%	15.43%	62.67%	96.65%	96.74%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Appraisal (1 Year Refresher) - Medical Staff											99.75%	99.70%	98.65%	96.59%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red

* Data one month behind

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

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

Workforce - Key Metrics

	Current Month Score	Previous Month	Trend	Change	NHSi Submitted Position
WORKFORCE					
Staff In Post (Headcount)	6051	6033	▲	18	-
Staff In Post (FTE)	5298.0	5281.0	▲	17.03	#REF!
Establishment (FTE)	5620.3	5620.3	↔	0.00	#REF!
Starters	79.35	42.01	▲	37.34	-
Leavers	39.14	40.25	▼	-1.11	-
Vacancies (FTE)	322.31	339.34	▲	-17.03	#REF!
Vacancies (%)	5.73%	6.04%	▲	-0.30%	#REF!
Turnover Rate (rolling 12 month) (%)	10.29%	10.82%	▲	-0.53%	*11.5%
ATTENDANCE MANAGEMENT					
Sickness Absence Rate (YTD) (%)	4.04%	4.07%	▲	-0.02%	4.0%
Long Term Sickness Absence Rate (YTD) (%)	2.51%	2.53%	▲	-0.02%	2.7%
Short Term Sickness Absence Rate (YTD) (%)	1.53%	1.53%	▲	-0.01%	1.3%
Sickness Absence Rate (month) (%)	3.61%	3.55%	▼	0.07%	4.0%
Long Term Sickness Absence Rate (month) (%)	2.43%	2.38%	▼	0.05%	2.7%
Short Term Sickness Absence Rate (month) (%)	1.18%	1.17%	▼	0.02%	1.3%
Return to work interviews completed (%)	68.5%	67.3%	▲	1.20%	90.0%

APPRAISAL

	Current Month Score	Previous Month	Trend	Change	Target
Appraisal (YTD)	96.74%	96.65%	▲	0.09%	95.00%
Medical Appraisal (YTD)	96.59%	98.65%	▼	-2.06%	95.00%
ESSENTIAL SAFETY TRAINING					
Data Security Awareness (1 Year Refresher)	92.71%	93.38%	▼	-0.67%	95.00%
Infection Control (1 Year Refresher)	93.71%	93.93%	▼	-0.22%	95.00%
Fire Safety (1 Year Refresher)	89.66%	90.52%	▼	-0.86%	95.00%
Manual Handling (2 Year Refresher)	93.20%	92.27%	▲	0.93%	95.00%
Safeguarding (3 Year Refresher)	92.12%	92.34%	▼	-0.22%	95.00%
Conflict Resolution (3 Year Refresher)	97.49%	95.57%	▲	1.92%	95.00%
Equality & Diversity (3 Year Refresher)	94.23%	95.78%	▼	-1.55%	95.00%
Health, Safety & Wellbeing (3 Year Refresher)	95.19%	95.41%	▼	-0.22%	95.00%
Dementia Awareness (No Renewal)	98.25%	96.42%	▲	1.83%	95.00%

Key		
↔	No movement from previous month	Not achieving target
▲	Improvement from previous month	Achieving target
▼	Deterioration from previous month	* Internal target rather than NHSi Submitted Position

RECRUITMENT

	Current Month Avg Days	Previous Month	Trend	Change	Target (Days)
From authorisation start to final approval	14.4	13.3	▼	1.1	5
Recruiting managers time taken to shortlist	5.9	12.9	▲	-7.0	3
Recruiting managers time taken to inform recruitment following offer	4.8	5.3	▲	-0.5	2
Conditional offer to unconditional offer	19.7	29.5	▲	-9.8	18
Vacancy created to unconditional offer	65.7	71.6	▲	-5.9	45

From authorisation start to final approval - The average number of days between request of authorisation from Finance to final approval from Vacancy Control Panel.

Recruiting managers time taken to shortlist - The average number of days between vacancy closing date and the recruiting manager shortlisting.

Recruiting managers time taken to inform recruitment following offer - The average number of days between interview date and recruiting managers informing Recruitment of their decision.

Conditional offer to unconditional offer - The average number of days between interview date and recruiting managers informing Recruitment of their decision.

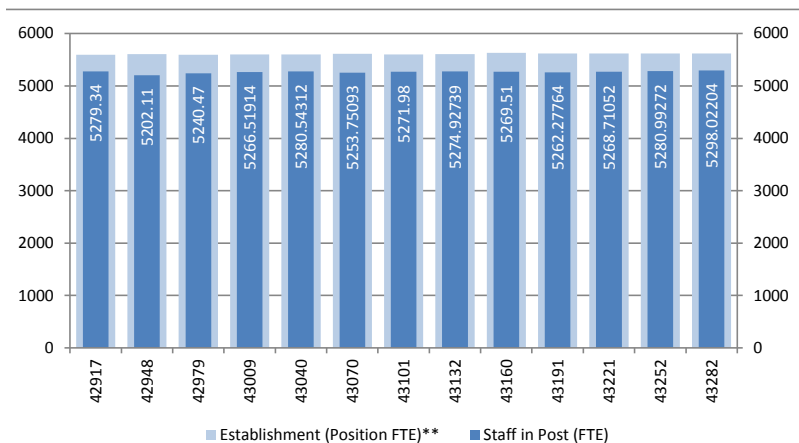
Vacancy created to unconditional offer - The average number of days between a vacancy being added to Trac by a manager following approval by Division , prior to the vacancy control panel (every Tuesday) to a conditional offer being offered to the successful applicant.

PAY

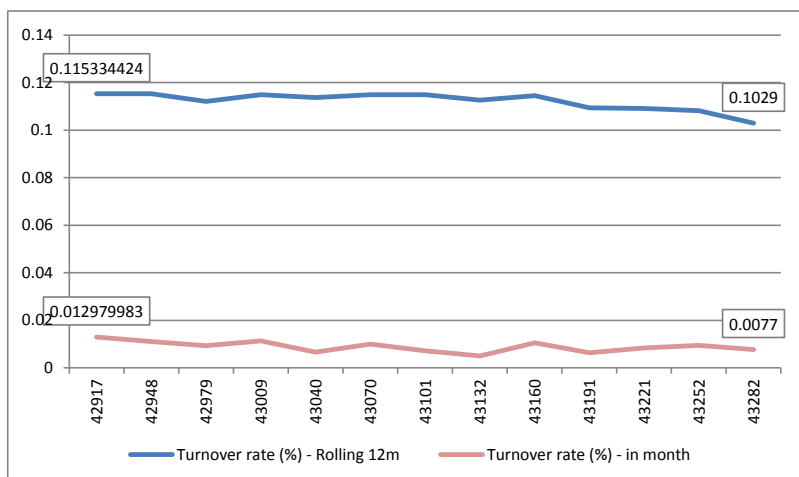
	Current Month Spend	Previous Month	Trend	Change	Target
Substantive Expenditure	£18.62M	£18.48M	▼	£0.13M	#REF!
Agency Expenditure	£1.21M	£1.30M	▲	-£0.09M	#REF!
Bank Expenditure	£1.05M	£0.90M	▲	£0.14M	#REF!

Reality

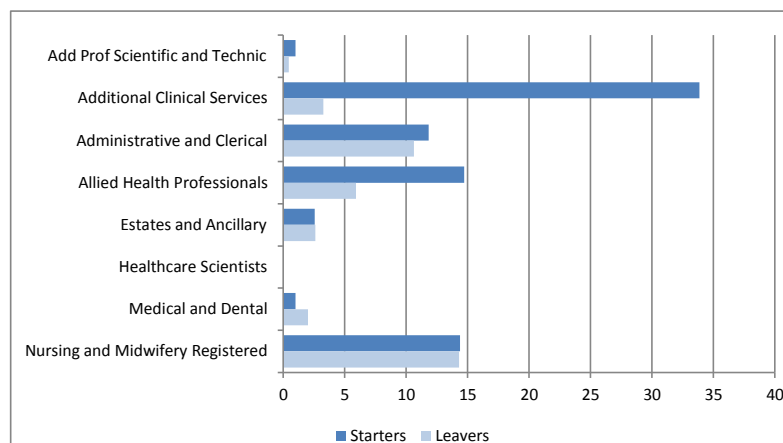
Staff in Post (FTE) v Establishment (FTE)



Turnover



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



Turnover by Staff Group

Staff Group	In-Month	Rolling
Add Prof Scientific and Technic	0.24%	11.42%
Additional Clinical Services	0.29%	10.24%
Administrative and Clerical	0.97%	11.87%
Allied Health Professionals	1.58%	11.83%
Estates and Ancillary	0.92%	10.77%
Healthcare Scientists	0.00%	9.17%
Medical and Dental	0.59%	14.57%
Nursing and Midwifery Registered	0.89%	7.93%

Result

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

Response

Retention

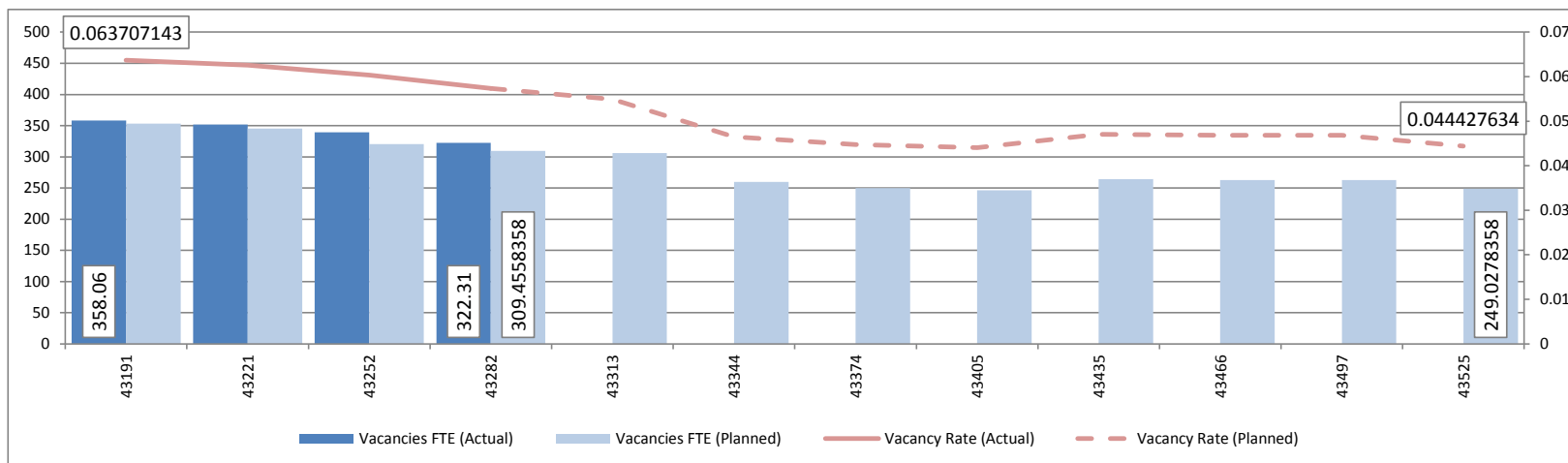
To support the retention of the Nursing workforce, the Trust offers a comprehensive induction and all new starters are enrolled on a year long graduate programme which is supported by the preceptorship programme.

Junior doctors and employee transfers to other organisations are not included in turnover figures to ensure the data is not skewed in months where junior doctors leave or employee transfers occur. This will enable the Trust to compare figures month on month.

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

Reality

Vacancies



Result

To make CHFT 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), 8 Nurses have started with the Trust in 2018, with a further 5 starting in September 2018 and 68 still engaged in the recruitment process.

The IELTS language test has previously been a barrier but a change in process to the Occupational English Test (OET) language test should give the Trust a better success rate.

Following positive feedback from current Physician Associates, the Trust is advertising a further 10 posts in various Medical and Surgical specialties. The advert is due to close on 30 August 2018.

Medical Recruitment

Over 200 new doctors in training joined the Trust in August 2018. All trainees were cleared and started in post as planned. The Medical Education Department provided a junior doctor specific induction on changeover day to ensure that trainees were able to 'hit the ground running'.

There are more new trainees joining the Trust in September 2018 and October 2018, and their pre-employment checks are underway to ensure that they too start in post without delay.

Vacancies by Staff Group

Staff Group	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Add Prof Scientific and Technic	179.27	186.34	-7.07
Additional Clinical Services*	1107.20	1113.37	-6.17
Administrative and Clerical	1145.11	1094.96	50.15
Allied Health Professionals	386.05	375.04	11.02
Estates and Ancillary	309.64	282.28	27.36
Healthcare Scientists	127.42	111.66	15.76
Medical and Dental	624.23	533.57	90.66
Nursing and Midwifery Registered	1740.61	1600.02	140.59
Students	0.80	0.80	0.00
Total	5620.33	5298.02	322.31

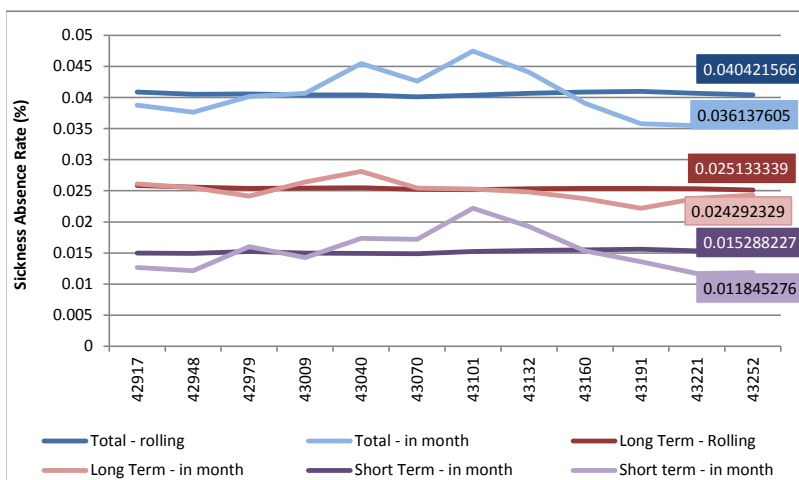
*Additional Clinical Services Breakdown

Role	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Apprentice*	1.02	70.80	-69.78
Asst./Associate Practitioner Nursing	2.78	9.85	-7.07
Health Care Support Worker	82.68	69.59	13.09
Healthcare Assistant*	695.78	659.93	35.85
Nursery Nurse	2.47	1.83	0.64
Total (Unregistered Nursing)	784.73	812.00	-27.27
Other Additional Clinical Service	322.47	301.37	21.10

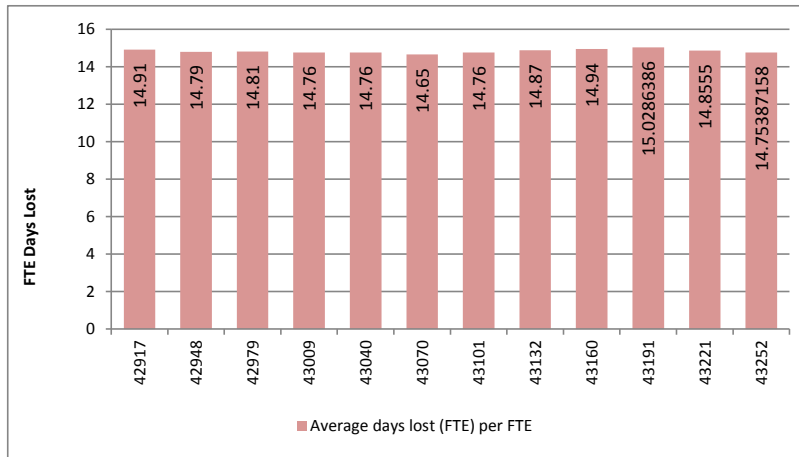
* Apprentices are being used to fill the gap in Healthcare Assistants, however, the budget has not been moved to the Apprentice role which results in the Apprentice role appearing over established and Healthcare Assistants role appearing to have vacancies.

Reality

Sickness Absence



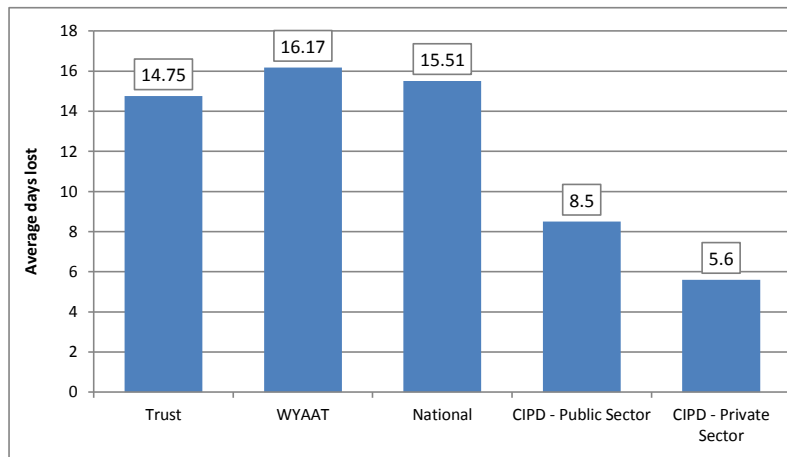
Average Days Lost Per FTE - rolling 12 month



Sickness Absence Reasons - June 2018

Reason	FTE Days Lost	%
S10 Anxiety/stress/depression	1586.84	27.71%
S12 Other musculoskeletal problems	833.03	14.55%
S25 Gastrointestinal problems	604.12	10.55%
S11 Back Problems	418.13	7.30%
S28 Injury, fracture	388.13	6.78%
S98 Other known causes - not elsewhere classified	257.05	4.49%
S26 Genitourinary & gynaecological disorders	214.48	3.75%
All Other Reasons	1424.06	24.87%

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

Manage processes to ensure rolling 12 month sickness absence rates achieve the 4% target.

Accountable: Executive Director of Workforce and OD.

Response

HR Advisers continue to hold regular cross site drop in sessions and regularly review sickness absence cases.

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 'hot house' event was run on 7 August 2018 focussing on colleague wellbeing. The event was well attended by colleagues.

The Occupational Health Team are planning to train 80 volunteer wellbeing support peers and a launch event will then take place.

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

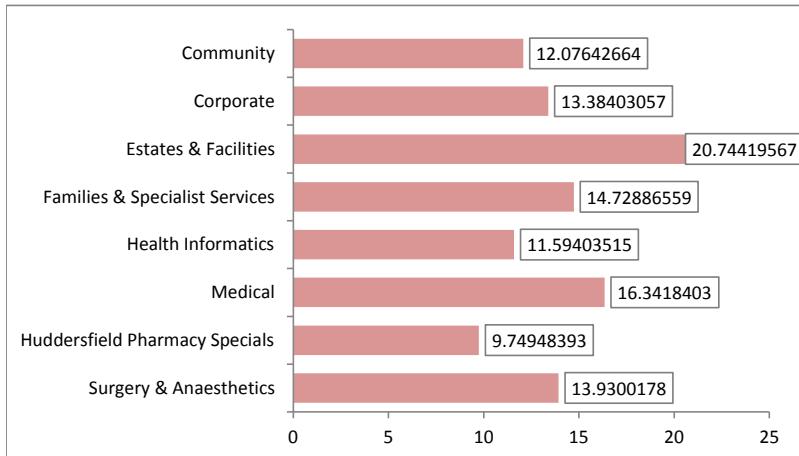
HR Advisers continue to address low return to work interview completion with Divisions at confirm and challenge/support meetings. As part of the ESR Manager Self Service Project, the Workforce BI Team will be holding training sessions on the ESR Business Intelligence dashboards. This will provide managers with the skills to extract live data on RTW completion and enable them to focus attention where required.

Reality

Sickness Absence - in-month

Division	May-18	Jun-18
Community	2.46%	2.07%
Corporate	3.54%	3.23%
Estates & Facilities	5.40%	5.96%
Families & Specialist Services	3.71%	4.63%
Health Informatics	4.16%	4.29%
Medical	3.62%	3.16%
Huddersfield Pharmacy Specials	1.28%	2.36%
Surgery & Anaesthetics	3.16%	3.19%

Average Days Lost Per FTE - rolling 12 month



Sickness Absence by Staff Group - rolling 12 month

Staff Group	Short Term	Long Term	Total
Add Prof Scientific and Technic	1.19%	1.52%	2.71%
Additional Clinical Services	2.29%	3.51%	5.80%
Administrative and Clerical	1.32%	2.37%	3.69%
Allied Health Professionals	1.17%	1.26%	2.44%
Estates and Ancillary	1.83%	4.29%	6.12%
Healthcare Scientists	1.32%	1.78%	3.10%
Medical and Dental	0.49%	0.60%	1.10%
Nursing and Midwifery Registered	1.60%	2.73%	4.33%

Result

Manage processes to ensure rolling 12 month sickness absence rates achieve the 4% target.

Accountable: Executive Director of Workforce and OD.

Response

In **Surgery & Anaesthetics**, patterns and frequency of absence are being discussed to ensure triggers are identified and the attendance management policy is being adhered to.

In **Medicine**, the HR Adviser continues to attend the confirm and support meetings where both short term and long term absences are discussed to ensure that tailored management plans are in place. The HR Business Partner is undertaking a review of the RTWI process and recording within the division to identify potential areas for improvement.

In **FSS**, the division has a number of on-going complex absence cases, some of which will close over the coming months. Return to work compliance this continues to be an area of focus and compliance rates are improving each month.

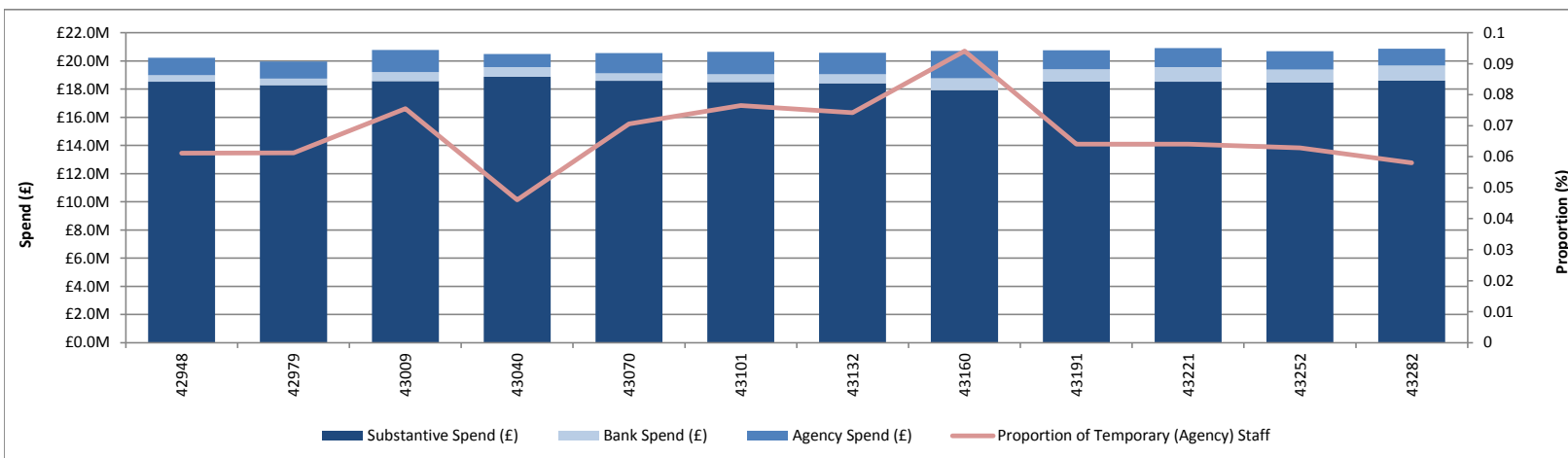
In **Community**, the HR Adviser monitors absence on a monthly basis to ensure the policy is consistently applied. For staff on long term sickness due to stress /anxiety/depression, early intervention is instigated and regular contact maintained.

In **Estates & Facilities**, meetings continue to be held with operational managers to challenge staff on patterns of short term sickness and to check the specific detail of long term cases in order to facilitate a quicker return to work.

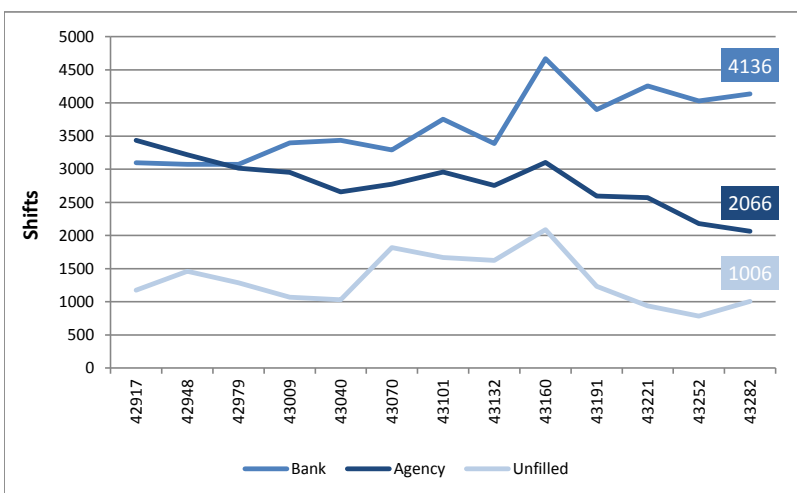
In **Corporate & THIS**, the HR Adviser has been working to ensure all LTS has an action plan. Deep dives will take place to identify hotspots and the HR BP will work with managers to reduce sickness absence.

Reality

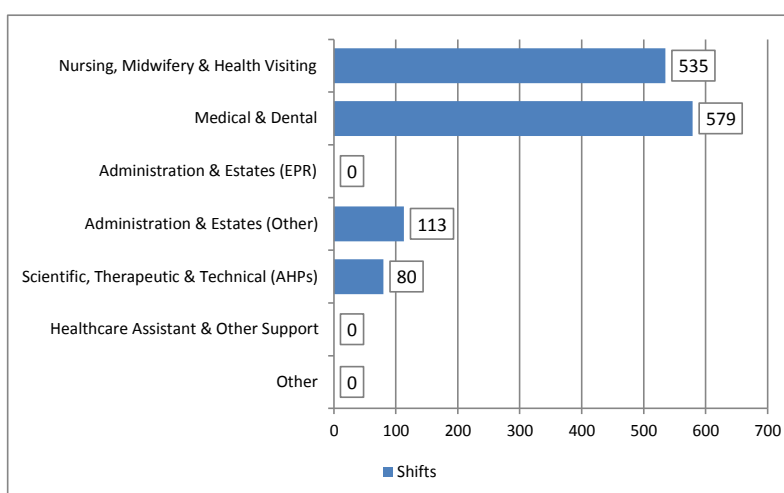
Workforce Spend



Agency, Bank and Unfilled Shifts



Number of shifts that broke the agency cap - July 2018



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

The methodology for calculating 'Proportion of Temporary (Agency) Staff' has been amended in 2018/2019 to align to the methodology used by NHS Model Hospital. This is now based on cost rather than FTE.

A total of 1,307 shifts broke the agency cap in July 2018, costing an additional £232,539.

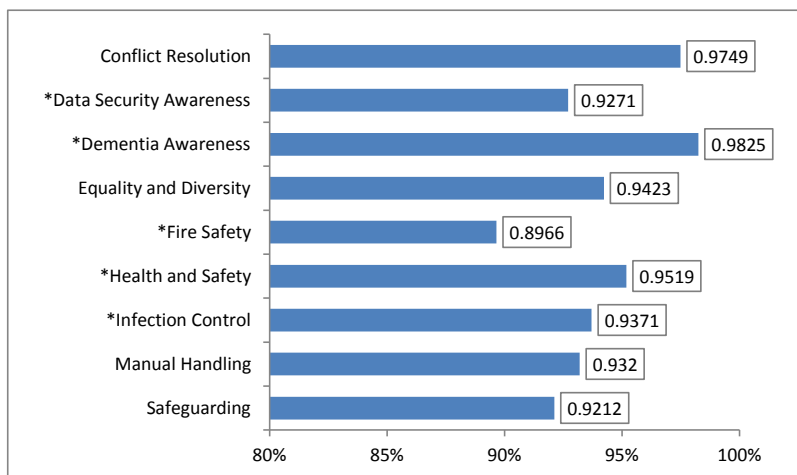
Non-framework agency use has now been eliminated.

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

A Medical agency spend workshop was held on 2 August 2018 to discuss different ways of reducing the agency spend in the Medical workforce.

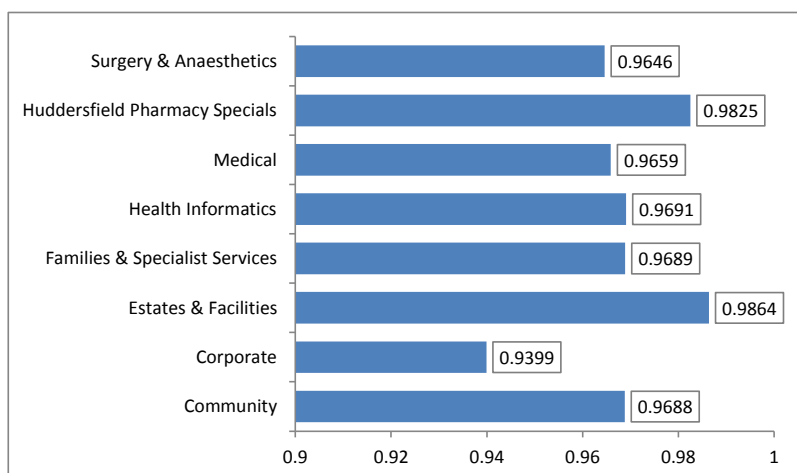
Reality

Essential Safety Training

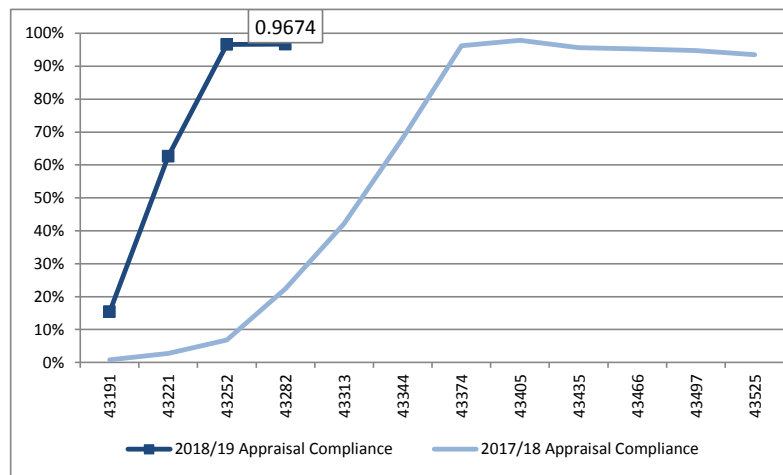


* Essential Safety Training elements that are covered at Corporate Induction.

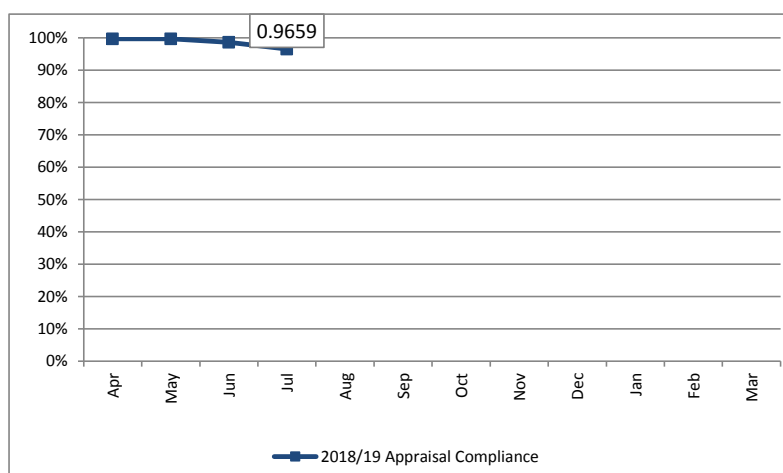
Non-Medical Appraisal Compliance by Division



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 paper will be presented at Executive Board on 6 September 2018 exploring the impact of re-distributing the 9 core essential safety training learning requirements currently in quarter 4 across quarters 2 and 3 instead.

Appraisal

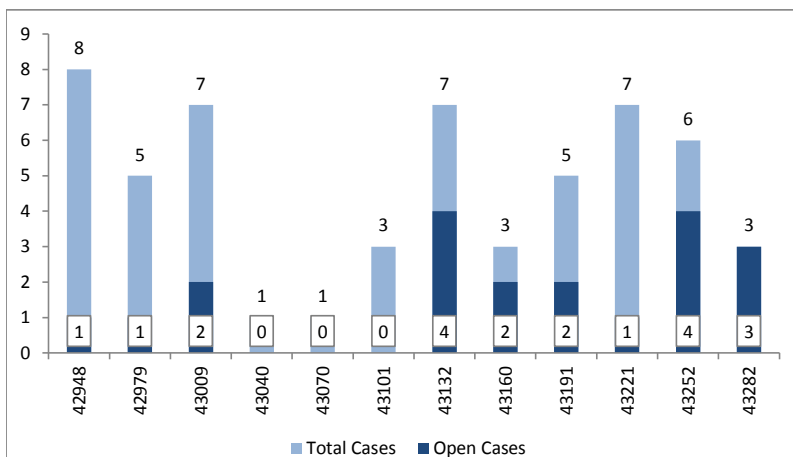
A 'roll of honour page' was included on the intranet during the appraisal season, giving details of the Departments with 100% compliance.

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

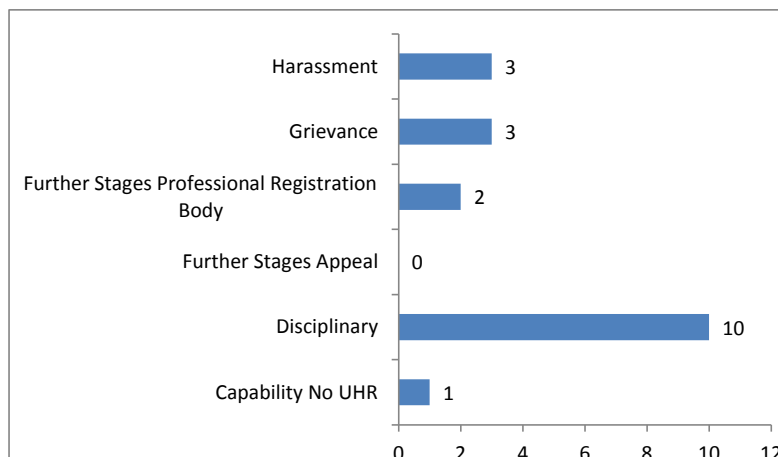
Reality

Disciplinary, Grievances, Bullying & Harassment Open Cases

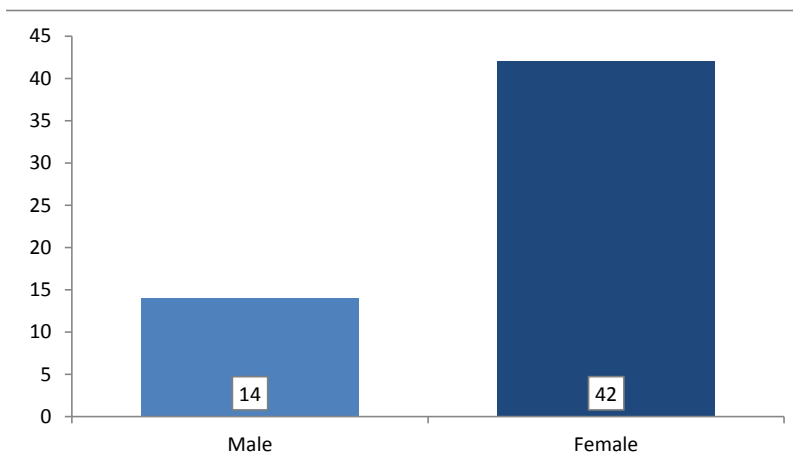
Total Employee Relations cases opened in last 12 months



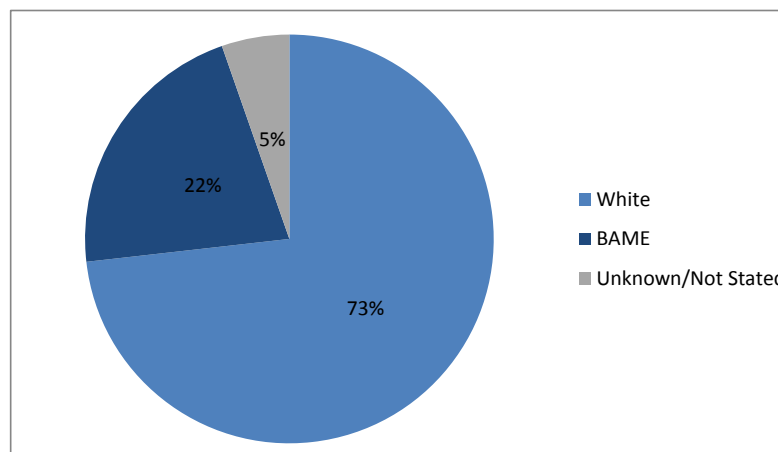
Open Employee Relation cases by type



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.

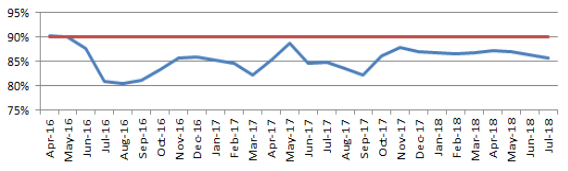
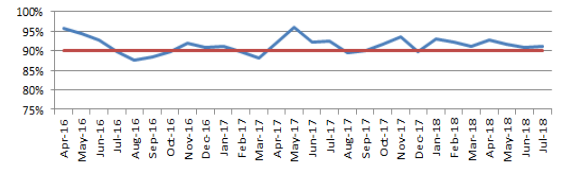
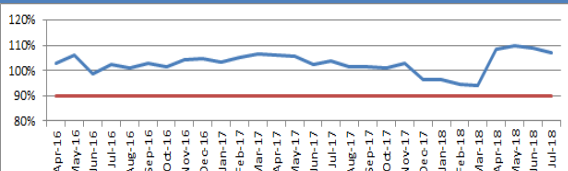
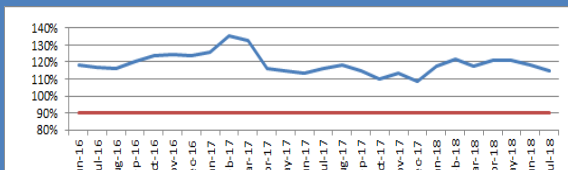
Response

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

Appendix 1 - ESR Staff Groups - Roles

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

Hard Truths: Safe Staffing Levels

Description	Aggregate Position	Trend	Variation	Result
Registered Staff Day Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	85.67% of expected Registered Nurse hours were achieved for day shifts.	 <p>Staffing levels at day <75%</p> <ul style="list-style-type: none"> - Ward 5 74.6% - Ward 7a/b 74.5% - Ward 12 74.9% - Ward 17 69.8% - Ward 21 69.6% 	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. This is managed and monitored within the divisions by the matron and senior nursing team. The low fill rates are attributed to a level of vacancy. This is managed on a daily basis against the acuity of the patients
Registered Staff Night Time	Registered Nurses monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	91.24% of expected Registered Nurse hours were achieved for night shifts.	 <p>Staffing levels at night <75%</p> <ul style="list-style-type: none"> - ward 10 65.6% 	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates on ward 10 and 5b, are due to a level of vacancy. This is managed on a daily basis and CHPPD is maintained.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	107.18% of expected Care Support Worker hours were achieved for Day shifts.	 <p>Staffing levels at day <75%</p> <ul style="list-style-type: none"> - Ward NICU 66.5% - Ward 3 CRH 56.8% 	The low HCA fill rates in July are attributed to a level of HCA sickness within the FSS division. 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.
Clinical Support Worker Night Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Night time shifts only.	114.53% of expected Care Support Worker hours were achieved for night shifts.	 <p>Staffing levels at night <75%</p>	No HCA shifts in July had fill rates less than 75%

Hard Truths: Safe Staffing Levels (2)

Staffing Levels - Nursing & Clinical Support Workers

	DAY						NIGHT						Care Hours Per Patient Day									
Ward	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses (%)	Average Fill Rate - Care Staff (%)	Registered Nurses		Care Staff		Average Fill Rate - Registered Nurses(%)	Average Fill Rate - Care Staff (%)	Total PLANNED CHPPD	Total ACTUAL CHPPD	MSSA (post cases)	MRSA Bacteraemia (post cases)	Pressure Ulcer (Month Behind)	Falls	Total RN vacancies	Total HCA vacancies	Ward Assurance	
	Expected	Actual	Expected	Actual			Expected	Actual	Expected	Actual												
CRH ACUTE FLOOR	3,106.43	2,860.17	1,926.00	1,973.50	92.1%	102.5%	2,717.00	2,532.75	1,705.00	1,780.50	93.2%	104.4%	10.2	9.8			3	17	13.66	1.37	81.2%	
HRI MAU	1,896.67	1,859.87	1,988.00	1,886.67	98.1%	94.9%	1,705.00	1,553.75	1,364.00	1,378.75	91.1%	101.1%	7.6	7.3			2	16	3.84	3.23	85.0%	
HRI Ward 5 (previously ward 4)	1,681.50	1,254.38	1,144.50	1,761.25	74.6%	153.9%	1012	968.00	1023	1,396.00	95.7%	136.5%	5.9	6.5			1	12	5.35	0	89.1%	
WARD 15	1,827.15	1,481.98	1,540.83	1,856.00	81.1%	120.5%	1,353.00	1,189.00	1,364.00	1,479.00	87.9%	108.4%	6.4	6.3				7	5.94	0	97.0%	
WARD 5C	1,052.17	935	818.5	866.50	88.9%	105.9%	682	681.00	341	407	99.9%	119.4%	5.6	5.6			1	2	0	0	99.1%	
WARD 6	1,688.97	1,599.58	976	1,048.33	94.7%	107.4%	1023	1009.5	682	803	98.7%	117.7%	7.9	8.1			3	6	4.13	0.72	93.9%	
WARD 6BC	1,592.13	1,548.05	1,557.00	1,394.00	97.2%	89.5%	1,364.00	1,319.87	671	712.5	96.8%	106.2%	10.3	9.9				8	0	3.91	100.0%	
WARD 5B	1,685.00	1,372.50	814.33	980.5	81.5%	120.4%	1,364.00	992.00	341	715	72.7%	209.7%	8.2	7.9				2	16.19	0	93.8%	
WARD 6A	1,031.83	865.17	744	878	83.8%	118.0%	682	671.00	682	804.50	98.4%	118.0%	5.7	5.8				4	4.2	0	91.4%	
WARD CCU	1,628.50	1,332.00	372	366	81.8%	98.4%	1023	1012	0	11.5	98.9%	-	11.2	10.1				1	2.01	0	94.7%	
WARD 7AD	1,751.50	1,305.70	1,593.33	2,298.33	74.5%	144.2%	1023	1014.8	1023	1,529.00	99.2%	149.5%	6.9	7.9				2	3.58	1.99	92.2%	
WARD 7BC	2,528.25	1,914.82	1,630.83	1,717.90	75.7%	105.3%	2,046.00	1673.5	682	1076.5	81.8%	157.8%	9.9	9.1				1	0	0	90.5%	
WARD 8	1,483.08	1,250.92	1,212.33	1,554.33	84.3%	128.2%	1012	896.33	1023	1,211.25	88.6%	118.4%	6.2	6.5				7	3.71	0	95.9%	
WARD 12	1,723.25	1,290.75	789.50	1,126.75	74.9%	142.7%	682	682	682	682	100.0%	100.0%	5.3	5.2				4	2.24	0.36	93.3%	
WARD 17	2,085.00	1,455.17	1,131.00	1,225.50	69.8%	108.4%	1023	1,001.00	682	715.00	97.8%	104.8%	5.5	5.0	1		1	3	5.55	0	98.2%	
WARD 5D	804.98	739.23	843.00	780.67	91.8%	92.6%	682	638.00	385	428.50	93.5%	111.3%	6.5	6.2					8.56	6.41	97.3%	
WARD 20	1,879.92	1,572.17	1,763.25	2,002.83	83.6%	113.6%	1,364.00	1,248.50	1,364.00	1,485.50	91.5%	108.9%	6.1	6.1			3	8	10.27	0.28	93.8%	
WARD 21	1,558.67	1,089.08	1,459.33	1,411.17	69.9%	96.7%	931.50	804.5	1,035.00	1,046.50	86.4%	101.1%	8.1	7.1			5		4.63	0	90.5%	
ICU	4,486.45	4,000.75	753	621	89.2%	82.5%	4,136.50	3,657.50	0	31.5	88.4%	-	39.7	35.2			4		0	0	90.6%	
WARD 3	1,005.00	1013.33	714	762	100.8%	106.7%	688.5	688	345	368	99.9%	106.7%	12.0	12.4			6		0.94	0.37		
WARD 8AB	993.53	731.87	676.5	778.67	73.7%	115.1%	678.5	575	345	391	84.7%	113.3%	8.1	7.4				8	2.52	0	100.0%	
WARD 8D	906.30	858.55	784.98	693.65	94.7%	88.4%	667	597.33	0	333	89.6%	-	7.1	7.5				1	2.67	0.23	93.2%	
WARD 10	1,436.00	1,222.00	816.33	893.58	85.1%	109.5%	1,035.00	679.00	690	1,046.50	65.6%	151.7%	7.3	7.1			1	7	7.07	1.5	87.0%	
WARD 11	1,704.33	1,591.00	1,090.50	1,234.83	93.4%	113.2%	1,000.00	1,000.00	690	759	100.0%	110.0%	7.9	8.1					1.15	1.17	92.6%	
WARD 19	1,642.50	1,277.33	1,131.83	1,456.83	77.8%	128.7%	1,035.00	1,023.00	1,035.00	1,104.00	98.8%	106.7%	7.4	7.5			2	8	1.62	0	96.8%	
WARD 22	1,164.67	1,148.17	1,125.17	1,148.67	98.6%	102.1%	690	690.42	690	690	100.1%	100.0%	5.5	5.5				2	0.01	0	92.3%	
SAU HRI	1,870.25	1,740.42	937.5	970.83	93.1%	103.6%	1,377.50	1,318.00	345	353	95.7%	102.3%	9.5	9.1				1	0	0	83.8%	
WARD LDRP	4,441.55	3,645.38	948.5	829.5	82.1%	87.5%	4,255.83	3,558.50	713	694.75	83.6%	97.4%	15.5	13.1					4.58		94.2%	
WARD NICU	2,721.50	2,159.60	770.5	512.5	79.4%	66.5%	2,139.00	1,839.25	713	540.5	86.0%	75.8%	12.7	10.1					2.42	1.92	100.0%	
WARD 1D	1,311.33	1,132.92	353.83	342.33	86.4%	96.7%	709	710.5	356.5	346	100.2%	97.1%	4.7	4.4					4.73	0.19	88.5%	
WARD 3ABCD	3,068.17	3,103.00	1,196.50	679.5	101.1%	56.8%	2,845.50	2,820.50	356.5	276	99.1%	77.4%	13.6	12.5					0	2.33	83.1%	
WARD 4C	1,389.83	1,218.75	352	372.67	87.7%	105.9%	701.5	714.75	355.33	324.42	101.9%	91.3%	10.0	9.4				1	0.36	0.9	88.3%	
WARD 9	878	856.3	356.5	351	97.5%	98.5%	713	713	356.5	322	100.0%	90.3%	5.0	4.9					4.52	3.53	98.9%	
Trust	60024.42	51425.9	34311.4	36775.8	85.67%	107.18%	44,360.3	40,472.3	22,039.8	25,241.7	91.24%	114.53%	8.24	7.89								

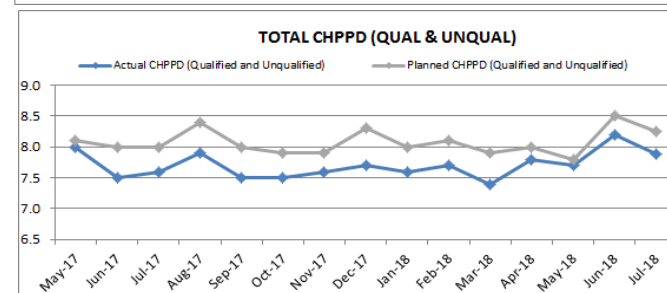
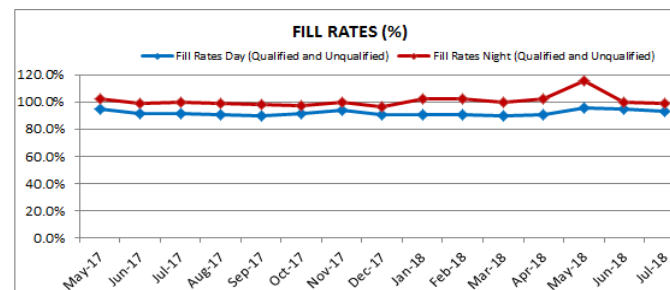
Hard Truths: Safe Staffing Levels (3)

Care Hours per Patient Day

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

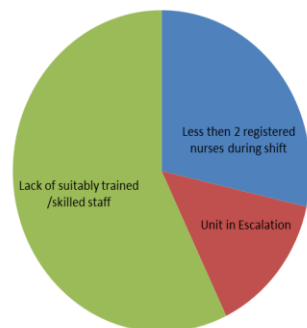
	May-18	Jun-18	Jul-18
Fill Rates Day (Qualified and Unqualified)	95.49%	94.44%	93.50%
Fill Rates Night (Qualified and Unqualified)	115.19%	99.93%	98.97%
Planned CHPPD (Qualified and Unqualified)	7.8	8.5	8.2
Actual CHPPD (Qualified and Unqualified)	7.7	8.2	7.9

A review of July CHPPD data indicates that the combined (RN and carer staff) metric resulted in 21 clinical areas of the 32 reviewed having CHPPD less than planned. 8 areas reported CHPPD slightly in excess of those planned and 3 areas having CHPPD as planned. Areas with CHPPD more than planned was due to additional 1-1's requested throughout the month due to patient acuity in the departments.

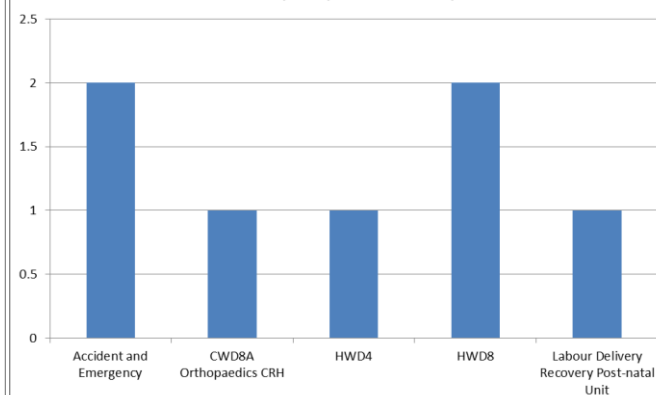


RED FLAG INCIDENTS

Incidents By Adverse Event July 2018



Incidents By Dept/Ward July 2018



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

There were 7 Trust-Wide Red shifts declared in July.

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

No datix's reported in July 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.

Ongoing activity:

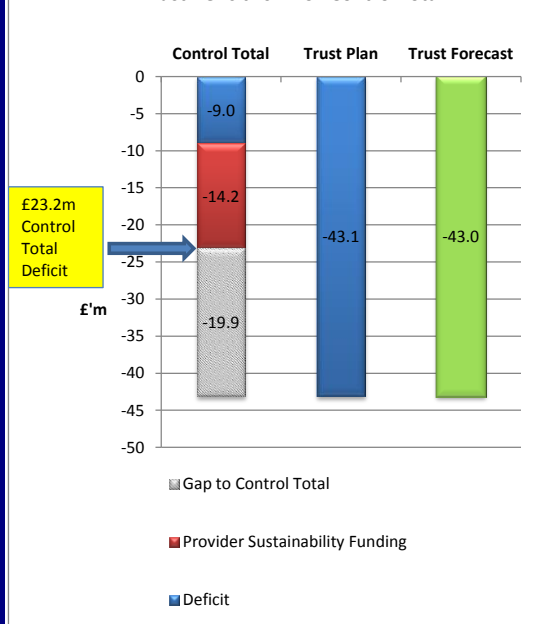
1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area. The Trust is expecting 53 new graduate nurses between September and November 2018.
2. Further recruitment event planned for October 2018.
3. Applications from international recruitment projects are progressing well and the first 12 nurses have arrived in the Trust, with a further 10 planned for deployment between early September and 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. The Trust is working with the recruitment agent to appraise its potential to recruit IELTS/OET compliant nurses. This workstream is progressing well with x2 nurses now deployed.
6. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has been 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 of June 2018. A further cohort are planned for training in December 2018.
7. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce.
8. A new module of E-roster called safe care has been introduced across the clinical divisions. Benefits will include, better reporting of red flag event and, real-time data of staffing position against acuity.

EXECUTIVE SUMMARY: Trust Financial Overview as at 31st Jul 2018 - Month 4

KEY METRICS

		M4				YTD (JUL 2018)					Forecast 18/19				
	Plan	Actual	Var			Plan	Actual	Var			Plan	Forecast	Var		
	£m	£m	£m			£m	£m	£m			£m	£m	£m		
I&E: Surplus / (Deficit)	(£3.29)	(£3.28)	£0.01	🟢	1	(£16.52)	(£16.51)	£0.01	🟢	1	(£43.05)	(£43.04)	£0.01	🟢	1
Agency Expenditure	(£1.21)	(£1.21)	(£0.00)	🟡	1	(£5.32)	(£5.19)	£0.13	🟢		(£14.63)	(£14.53)	£0.10	🟢	
Capital	£0.74	£0.35	£0.39	🔴	1	£2.34	£1.27	£1.07	🔴		£9.14	£8.97	£0.17	🟢	
Cash	£1.91	£1.97	£0.06	🟢	1	£1.91	£1.97	£0.06	🟢		£1.91	£1.90	(£0.01)	🟡	
Borrowing (Cumulative)	£119.27	£119.28	£0.00	🟢	1	£119.27	£119.28	£0.00	🟢		£144.83	£144.83	£0.00	🟢	
CIP	£1.15	£1.09	(£0.06)	🔴	1	£3.78	£3.54	(£0.24)	🔴		£18.00	£18.00	£0.00	🟢	
Use of Resource Metric	3	3		🟡	1	3	3		🟡		3	3		🟡	

Trust Deficit vs NHS I Control Total



Year to Date Summary

The year to date deficit is £16.51m, in line with the plan submitted to NHSI.

- Clinical contract income is below plan by £0.68m. The Aligned Incentive Contract (AIC) is now protecting the income position by £0.56m in the year to date (£0.51m at Month 3), leaving an unmitigated income variance of £0.12m.
- There remains 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 £0.67m, whilst preserving the earmarked reserve required for the winter plan. Unless run rate improves, a financial pressure will emerge in Months 6-12 once contingencies are exhausted.
- The underlying operational position excluding reserves release and AIC protection is £1.23m overspent in the year to date.
- CIP achieved in the year to date is £3.54m against a plan of £3.78m, a £0.24m shortfall.
- Agency expenditure remains £0.13m beneath the agency trajectory set by NHSI.

Key Variances

- The required £18m CIP for the full year has now been identified in full. However, the monthly profile of CIP delivery differs from the fixed original plan, driving a £0.24m pressure in the year to date.
- The AIC protection remains at Trust level but has not extended significantly in-month.
- In spite of the lower activity than plan Medical pay expenditure continues above plan with a year to date adverse variance to plan of £0.80m. The run rate has improved from prior months but spend remains above plan in-month.
- Nursing pay expenditure has reduced over the last 3 months, but remains above plan with a year to date adverse variance of £0.32m (excluding the impact of pay awards which is funded as income). However, nursing agency costs are £0.67m lower than plan year to date with a significant reduction in the use of the very highest cost agencies.
- Aside from the ongoing run-rate pressure, one-off non recurrent items have adversely impacted the divisional position by c.£0.2m in-month relating to the prior year. A pro-active review is being undertaken to gain assurance that these items have now been fully flushed out.
- These adverse variances have been offset by the release of the maximum available contingency reserve in the year to date.

Forecast

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

(ALL)

Trust Financial Overview as at 31st Jul 2018 - Month 4

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M4

CLINICAL ACTIVITY

	M4 Plan	M4 Actual	Var	
Elective	2,111	1,929	(182)	
Non-Elective	18,828	19,285	457	
Daycase	12,202	12,080	(122)	
Outpatient	122,311	125,305	2,994	
A&E	52,258	51,668	(590)	
Other NHS Non-Tariff	574,839	573,937	(903)	
Other NHS Tariff	42,840	43,234	393	
Total	825,390	827,437	2,047	

TRUST: INCOME AND EXPENDITURE

	M4 Plan	M4 Actual	Var	
	£m	£m	£m	
Elective	£6.66	£6.04	(£0.63)	
Non Elective	£33.76	£33.67	(£0.09)	
Daycase	£8.79	£8.78	(£0.00)	
Outpatients	£12.57	£12.67	£0.10	
A & E	£6.33	£6.49	£0.16	
Other-NHS Clinical	£35.25	£35.25	(£0.00)	
CQUIN	£2.29	£2.28	(£0.01)	
Other Income	£13.52	£14.73	£1.21	
Total Income	£119.19	£119.92	£0.73	
Pay	(£84.05)	(£83.67)	£0.37	
Drug Costs	(£11.91)	(£12.33)	(£0.42)	
Clinical Support	(£10.10)	(£9.76)	£0.34	
Other Costs	(£16.95)	(£18.07)	(£1.12)	
PFI Costs	(£4.28)	(£4.28)	£0.00	
Total Expenditure	(£127.29)	(£128.12)	(£0.83)	
EBITDA	(£8.10)	(£8.20)	(£0.10)	
Non Operating Expenditure	(£8.42)	(£8.31)	£0.11	
Surplus / (Deficit)*	(£16.52)	(£16.51)	£0.01	

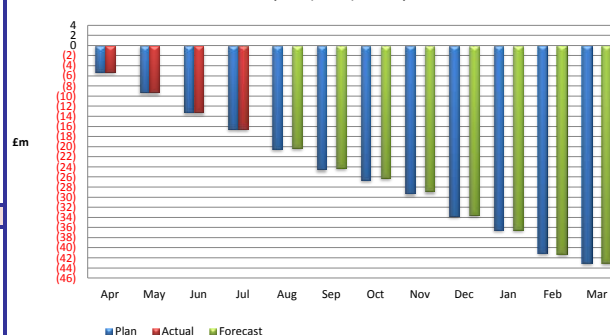
* Adjusted to exclude Items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	M4 Plan	M4 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£3.83	£3.49	(£0.34)	
Medical	£8.76	£8.83	£0.07	
Families & Specialist Services	(£1.17)	(£1.34)	(£0.17)	
Community	£1.09	£1.08	(£0.01)	
Estates & Facilities	(£9.16)	(£9.31)	(£0.15)	
Corporate	(£10.65)	(£10.73)	(£0.08)	
THIS	£0.02	(£0.15)	(£0.17)	
PMU	£0.93	£0.94	£0.01	
Central Inc/Technical Accounts	(£9.39)	(£8.83)	£0.56	
Reserves	(£1.15)	(£0.48)	£0.67	
Unallocated CIP	£0.37	£0.00	(£0.37)	
Surplus / (Deficit)	(£16.52)	(£16.51)	£0.01	

TRUST SURPLUS / (DEFICIT)

Cumulative Surplus / (Deficit) excl. Impairments



KEY METRICS

	Year To Date			Year End: Forecast			
	M4 Plan	M4 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£16.52)	(£16.51)	£0.01	(£43.05)	(£43.04)	£0.01	
Capital	£2.34	£1.27	£1.07	£9.14	£8.97	£0.17	
Cash	£1.91	£1.97	£0.06	£1.91	£1.90	(£0.01)	
Loans	£119.27	£119.28	£0.00	£144.83	£144.83	£0.00	
CIP	£3.78	£3.54	(£0.24)	£18.00	£18.00	£0.00	
Use of Resource Metric	3	3		3	3		

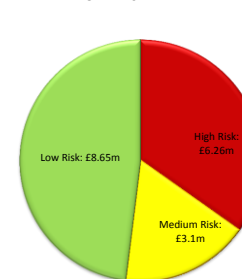
COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position



Total Planned: £18m

CIP - Risk



Total Forecast

£18m

YEAR END 2018/19

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	6,164	5,666	(497)	
Non-Elective	56,753	58,314	1,560	
Daycase	36,488	36,789	301	
Outpatient	365,497	373,479	7,982	
A&E	153,339	151,608	(1,731)	
Other NHS Non-Tariff	1,721,594	1,716,978	(4,616)	
Other NHS Tariff	127,242	128,652	1,411	
Total	2,467,076	2,471,486	4,410	

TRUST: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£19.51	£17.99	(£1.51)	
Non Elective	£101.38	£101.58	£0.19	
Daycase	£26.27	£26.85	£0.59	
Outpatients	£37.57	£37.80	£0.24	
A & E	£18.58	£19.04	£0.47	
Other-NHS Clinical	£106.72	£109.74	£3.02	
CQUIN	£6.85	£6.84	(£0.01)	
Other Income	£40.73	£43.21	£2.48	
Total Income	£357.60	£363.06	£5.46	
Pay	(£247.81)	(£252.97)	(£5.16)	
Drug Costs	(£36.10)	(£37.40)	(£1.31)	
Clinical Support	(£28.67)	(£28.44)	£0.23	
Other Costs	(£49.33)	(£50.37)	(£1.04)	
PFI Costs	(£12.84)	(£12.83)	£0.01	
Total Expenditure	(£374.75)	(£382.01)	(£7.26)	
EBITDA	(£17.16)	(£18.96)	(£1.80)	
Non Operating Expenditure	(£25.89)	(£24.08)	£1.81	
Surplus / (Deficit)*	(£43.05)	(£43.04)	£0.01	

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

DIVISIONS: INCOME AND EXPENDITURE

	Plan	Forecast	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£12.95	£12.22	(£0.73)	
Medical	£28.98	£28.34	(£0.64)	
Families & Specialist Services	(£3.18)	(£3.73)	(£0.55)	
Community	£3.23	£2.87	(£0.36)	
Estates & Facilities	(£26.81)	(£26.88)	(£0.08)	
Corporate	(£31.81)	(£32.05)	(£0.24)	
THIS	£0.35	£0.30	(£0.05)	
PMU	£2.81	£2.78	(£0.03)	
Central Inc/Technical Accounts	(£28.97)	(£25.19)	£3.78	
Reserves	(£1.77)	(£2.86)	(£1.09)	
Unallocated CIP	£1.15	£1.15	£0.00	
Surplus / (Deficit)	(£43.05)	(£43.04)	£0.01	

(ALL)

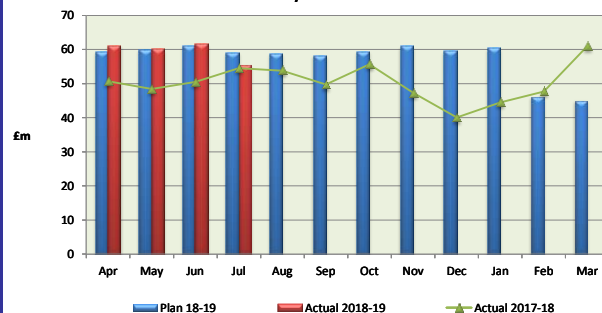
Trust Financial Overview as at 31st Jul 2018 - Month 4

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

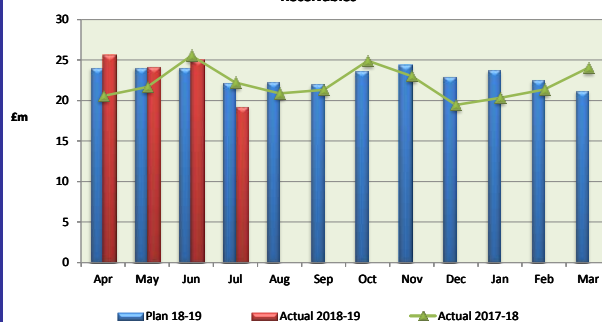
WORKING CAPITAL

	M4 Plan £m	M4 Actual £m	Var £m	M4
Payables	(£59.04)	(£55.45)	(£3.59)	●
Receivables	£22.15	£19.19	£2.96	●

Payables

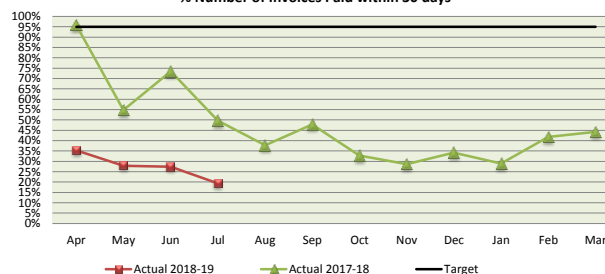


Receivables



BETTER PAYMENT PRACTICE CODE

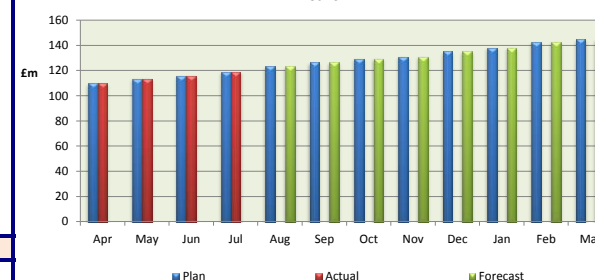
% Number of Invoices Paid within 30 days



CASH

	M4 Plan £m	M4 Actual £m	Var £m	M4
Cash	£1.91	£1.97	£0.06	●
Loans (Cumulative)	£119.27	£119.28	£0.00	●

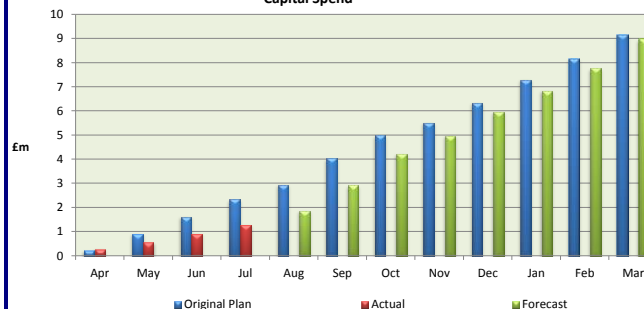
Loans



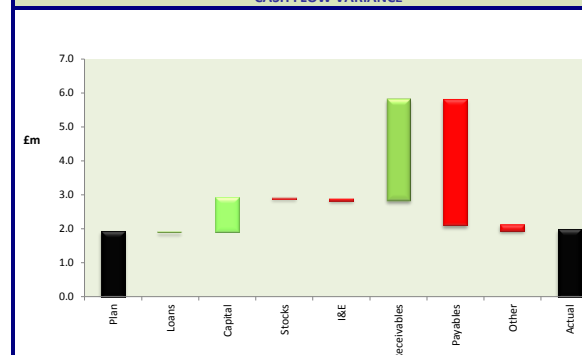
CAPITAL

	M4 Plan £m	M4 Actual £m	Var £m	M4
Capital	£2.34	£1.27	£1.07	●

Capital Spend



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £16.51m as planned. This position excludes the I&E impact of donated assets (£0.06m adverse variance) which are excluded for control total purposes.
- The Trust has not accepted the 18/19 Control Total and is therefore not eligible to receive any Provider Sustainability Funding, (previously known as Sustainability and Transformation Funding).
- Outpatient and Non-Elective activity remain above plan year to date. This over performance has been offset by lower than planned Elective, Daycase and A&E activity and overall Clinical Income is below plan by £0.35m, (excluding pay award funding received in month of £0.30m).
- Capital expenditure year to date is lower than planned at £1.27m against a planned £2.34m.
- Cash balance is £1.97m, just above the planned level of £1.91m.
- Year to date the Trust has borrowed £16.52m to support the deficit as planned.
- CIP schemes have delivered £3.54m, £0.24m below the year to date target of £3.78m.
- NHS Improvement performance metric Use of Resources (UOR) stands at 3 against a planned level of 3. Of the five metrics that make up the UOR, all are as planned.

NOTES

- The total forecast deficit is £43.04m in line with plan.
- The forecast assumes that current activity trends will continue, with the exception of daycase activity which is forecast to exceed the planned level.
- The forecast assumes expenditure will be within budgeted levels.
- The forecast assumes the delivery of £18.00m of CIP as planned, of which £6.26m is classified as high risk. Any slippage on CIP will need to be mitigated in order to achieve the planned deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £56.6m in this financial year to support Capital and Revenue, plans; £40.1m deficit funding, £12.9m refinancing of existing Distressed Funding Loan and £0.7m interest free loan for Capital. The total loan balance by year end is forecast to be £144.8m,
- Capital expenditure is forecast at £8.97m, £0.17m lower than planned. This reduction is due to a forecast reduction in internally generated funds; depreciation is forecast to reduce by £0.18m which reduces the availability of capital funds.

RAG KEY:
(Excl: UOR)

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

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

RAG KEY: UOR

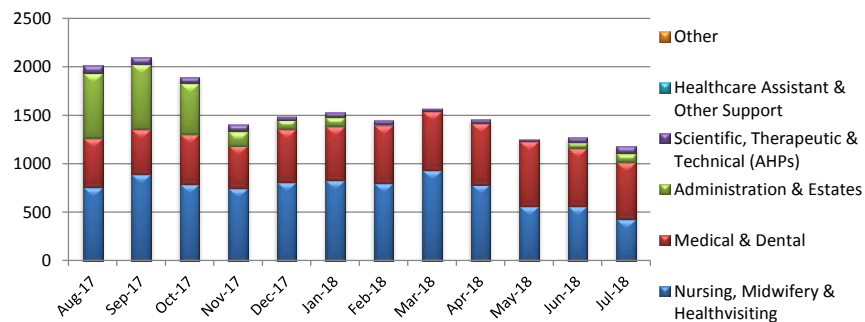
● All UOR metrics are at the planned level
● Overall UOR as planned, but one or more component metrics are worse than planned
● Overall UOR worse than planned

WORKFORCE

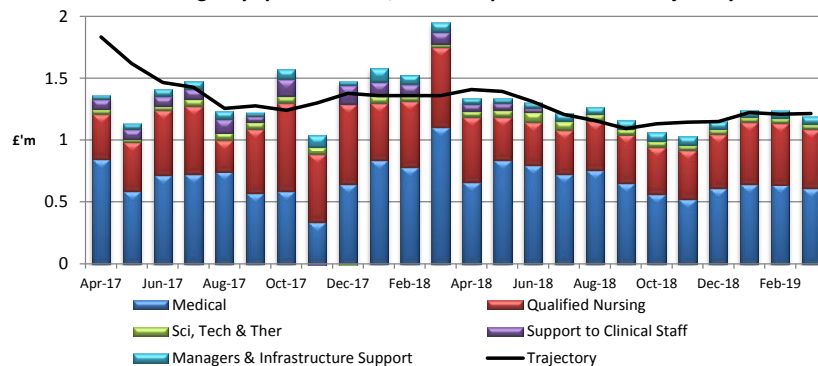
Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	20	78	91	141	-	6
Staff in post (WTE)	673	1,377	534	1,600	1,114	5,298
% Vacancies	3%	5%	15%	8%	-1%	6%

Number of Shifts that breached Agency Cap (Monthly)



Agency spend - Actual/Forecast spend vs Revised Trajectory



Cumulative Agency Spend	Plan £'m	Actual £'m	Var £'m	
Year to Date	(£5.32)	(£5.19)	£0.13	●
Forecast	(£14.63)	(£14.53)	£0.10	●

Vacancies

At the end of Month 4 the Trust was carrying 322 vacancies, 6% of the total establishment. Medical vacancies have increased to 15%, whilst Qualified Nursing vacancies remain static compared to month 3 at 8% of establishment.

Agency rate cap

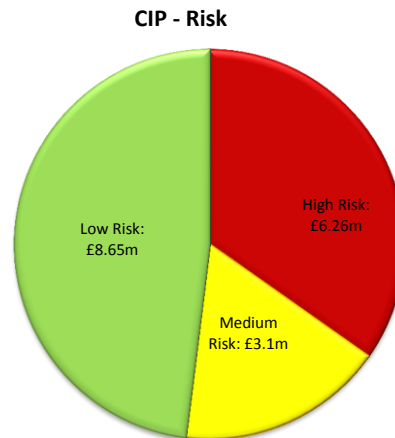
Overall Cap breaches reduced slightly compared to the levels reported in Month 3 and remain at a comparatively low level compared to the previous 12 months. A drop in the number of Nursing agency breaches was partially offset by an increase in breaches for Admin & Estates staff. Medical breaches remained at a similar level to last month.

Agency ceiling

Total reported agency expenditure year to date is £5.19m; £0.13m below the planned value and the NHS Improvement Agency Ceiling. 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. Year to date Nursing agency is below plan by £0.67m. Medical agency costs also continued to reduce compared to Month 3 but remain above the planned level with a year to date agency overspend of £0.36m. Use of HCA Agency staff ceased entirely during the month, with additional staffing requirements being managed through the Bank. Achieving the target agency expenditure is likely to become more challenging in future months as the plan becomes more reliant on the delivery of Cost Improvement Programmes that are targeting reductions in both Nursing and Medical agency expenditure, some of which have not yet started to deliver.

COST IMPROVEMENT PROGRAMME

18/19 CIP						
Division	Plan	Forecast				
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m	WTE
Corporate Services	0.32	0.31	0.03	0.34	0.31	6.35
Health Informatics	0.44	0.45	0.00	0.45	0.45	4.60
Medicine	6.35	5.63	0.69	6.32	5.78	65.27
PMU	0.02	0.00	0.02	0.02	0.00	0.00
Surgery & Anaesthetics	3.67	3.27	0.24	3.51	3.69	23.45
Families & Specialist Services	3.28	3.07	0.35	3.42	3.48	14.00
Community	0.61	0.49	0.13	0.63	0.56	6.05
Estates & Facilities	1.18	1.13	0.10	1.23	1.13	2.00
Technical Accounting	1.00	2.04	0.00	2.04	2.04	0.00
Unallocated	1.14	0.05	0.00	0.05	0.06	0.00
Grand Total	18.00	16.44	1.56	18.00	17.51	121.72



£3.54m of CIP has been delivered in the year to date against a plan of £3.78m, an under performance of £0.24m. 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.

The required £18m CIP for the full year has now been identified in full, although £6.26m of the planned savings are high risk. Of these forecast savings £16.44m are forecast to be recurrent savings. With some schemes starting part way through the year the full year effect of these recurrent schemes that will be carried forward into 19/20 is £17.51m, (£16.44m in 18/19 and the remaining £1.07m in 19/20). Non-Recurrent savings for 18/19 are forecast at £1.56m. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into next year.

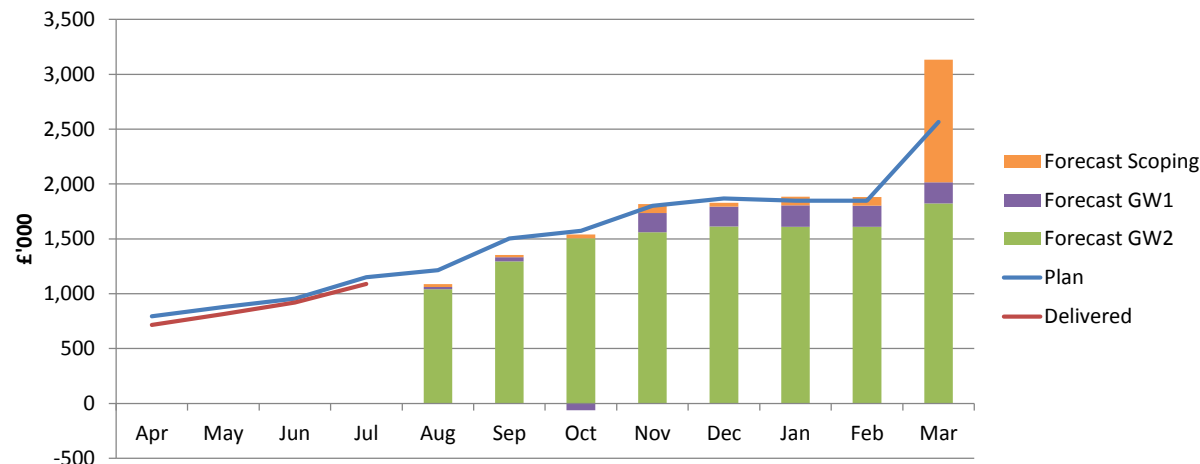
£15.60m of schemes are currently either delivered or at Gateway 2, with detailed plans for delivery. However a significant proportion of the identified CIP remains high risk (£6.26m).

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	1,214	1,502	1,574	1,800	1,868	1,849	1,848	2,566	18,000
Delivered	715	814	921	1,090	-	-	-	-	-	-	-	-	3,539
Forecast GW2	-	-	-	-	1,041	1,294	1,505	1,560	1,612	1,611	1,609	1,823	12,056
Forecast GW1	-	-	-	-	20	37	64	174	182	193	193	193	929
Forecast Scoping	-	-	-	-	25	23	34	82	35	80	80	1,118	1,476
Total Actual / Forecast	715	814	921	1,090	1,086	1,354	1,475	1,816	1,829	1,884	1,882	3,134	18,000

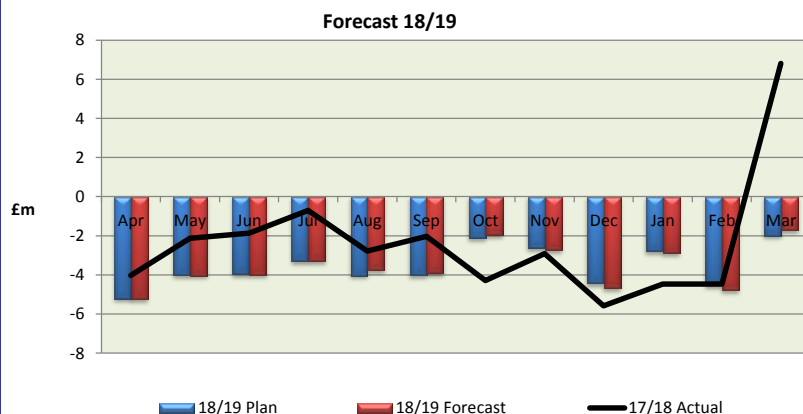
FORECAST

YEAR END 2018/19

	Plan £m	Forecast £m	Var £m	
Elective	£19.51	£17.99	(£1.51)	●
Non Elective	£101.38	£101.58	£0.19	●
Daycase	£26.27	£26.85	£0.59	●
Outpatients	£37.57	£37.80	£0.24	●
A & E	£18.58	£19.04	£0.47	●
Other-NHS Clinical	£106.72	£109.74	£3.02	●
CQUIN	£6.85	£6.84	(£0.01)	●
Other Income	£40.73	£43.21	£2.48	●
Total Income	£357.60	£363.06	£5.46	●
Pay	(£247.81)	(£252.97)	(£5.16)	●
Drug Costs	(£36.10)	(£37.40)	(£1.31)	●
Clinical Support	(£28.67)	(£28.44)	£0.23	●
Other Costs	(£49.33)	(£50.37)	(£1.04)	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
Total Expenditure	(£374.75)	(£382.01)	(£7.26)	●
EBITDA	(£17.16)	(£18.96)	(£1.80)	●
Non Operating Expenditure	(£25.89)	(£24.08)	£1.81	●
Surplus / (Deficit)*	(£43.05)	(£43.04)	£0.01	●

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

Forecast



Month 4 forecast is to deliver the planned deficit of £43.05m.

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

Key Assumptions:

- Efficiency challenge is £18m CIP which is now fully identified. The forecast assumes full delivery including high risk elements.
- Aligned Incentive Contract with two main commissioners reduces risk of income loss, but for all other commissioners contracts remain on a payment by results basis and are therefore subject to variability based on actual activity levels.
- Contingency Reserves of £2m held, including £1m allocated as a Winter Reserve, of which £0.87m has been released or utilised year to date.
- Forecast includes the impact of Agenda for Change Pay awards of around £3.75m of which £3.67m is funded as income (Other-NHS Clinical).

Variances:

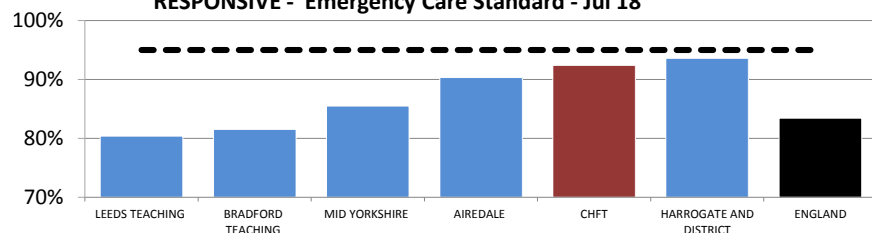
- Excluding the impact of pay award funding, Clinical income is forecast below plan by £0.69m, reflecting lower than planned High Cost Drugs income (pass through).
- The favourable variance on Other Income of £2.48m is largely due to increased turnover within the Pharmacy Manufacturing Unit and is offset by additional drugs costs.
- Pay is forecast as an adverse variance of £1.41m (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 £1.81m, due to forecast delivery of £1.0m of CIP through refinancing opportunities, lower than planned depreciation and lower than expected inflationary pressures on PFI financing costs.

Risks and Opportunities:

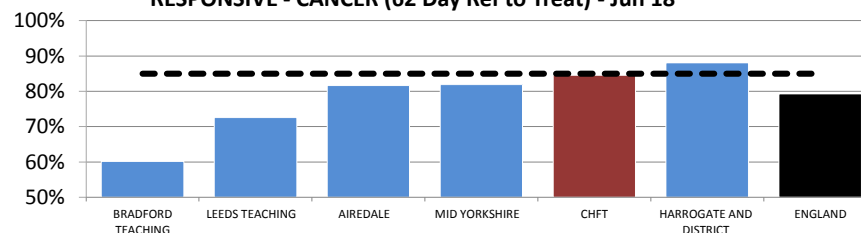
- Whilst all CIP has now been identified, £6.26m remains high risk.
- Continuing difficulty in recruiting clinical staff, both medical and nursing, is putting pressure on pay expenditure budgets.
- Aligned Incentive Contract (AIC) provides opportunities to further reduce costs without subsequent loss of income and will allow the Trust to take a share of any further savings identified by the System Recovery Group that are not already included within the existing CIP programme.
- The costs associated with additional winter pressures have been included within the plan, but delivering these within the Agency ceiling will be challenging.
- There is a risk that the funding available for the pay award doesn't fully cover the costs incurred. Any increase in Agency rates following changes to the cap rates will not be funded and guidance suggests that there is the potential for DH to claw back some funding at the point the Wholly Owned Subsidiary goes live, if there is any deviation from AFC conditions.
- The Trust is awaiting final confirmation regarding the allocation of 18/19 Accelerator Zone funding.

Benchmarking - Selected Measures

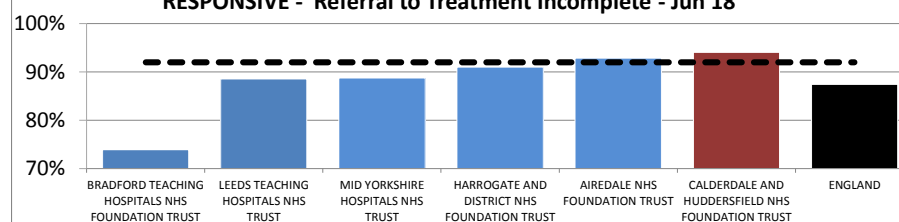
RESPONSIVE - Emergency Care Standard - Jul 18



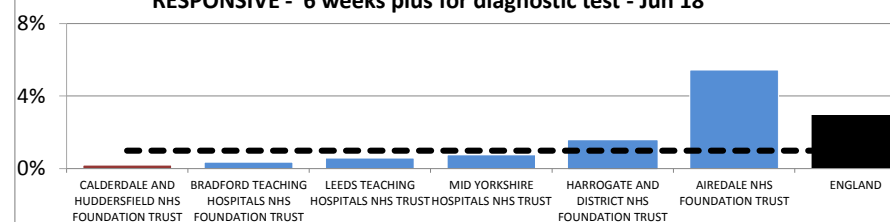
RESPONSIVE - CANCER (62 Day Ref to Treat) - Jun 18



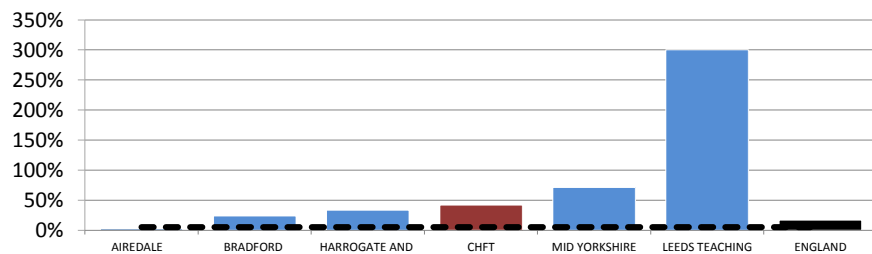
RESPONSIVE - Referral to Treatment Incomplete - Jun 18



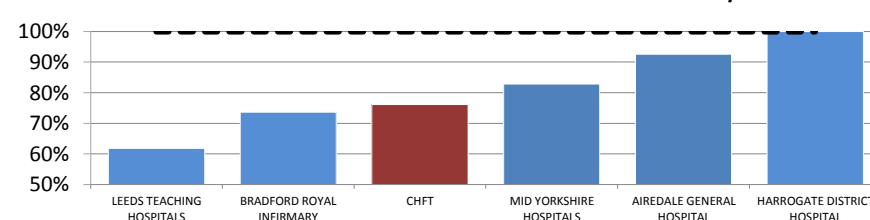
RESPONSIVE - 6 weeks plus for diagnostic test - Jun 18



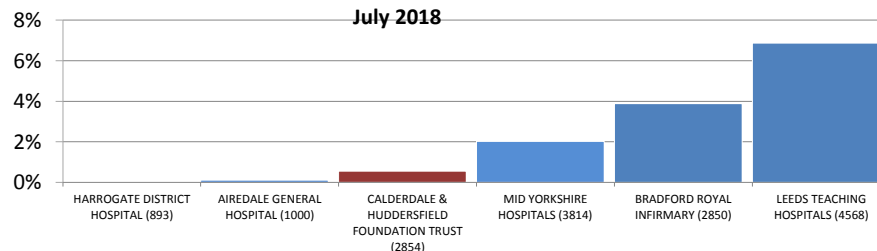
ASIs Per DBS Booking - Jul 18



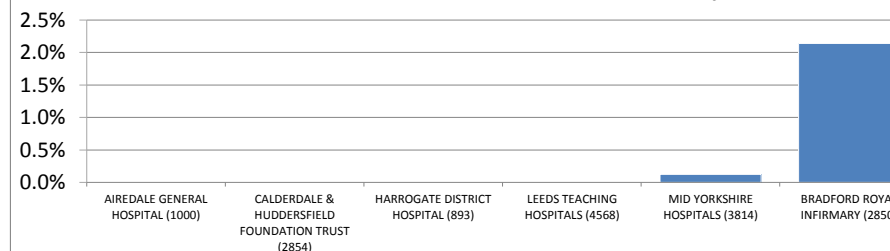
RESPONSIVE - YAS Ambulance handovers within 15 minutes July 2018



RESPONSIVE - YAS Ambulance handovers 30 to 60 minutes July 2018

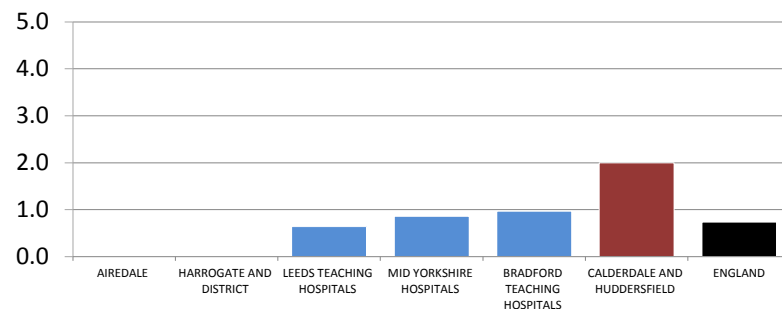


RESPONSIVE - YAS Ambulance handovers > 60 minutes - July 2018

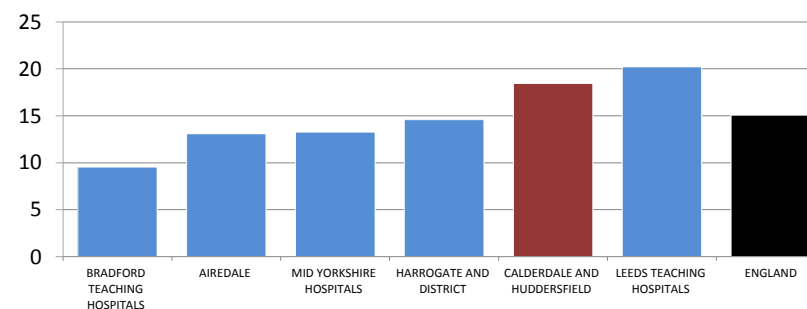


Benchmarking - Selected Measures

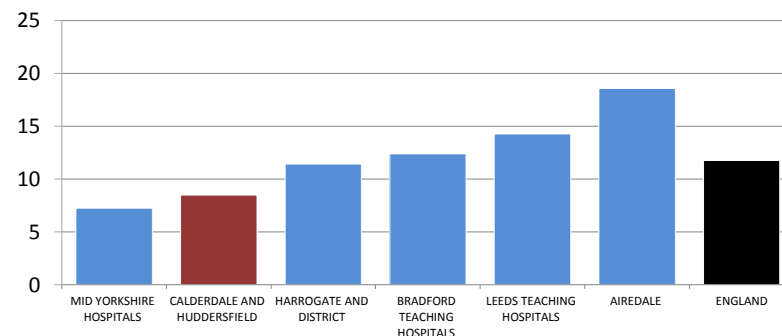
MRSA per 100,000 days - Time Period: Jun 2017 - May 2018



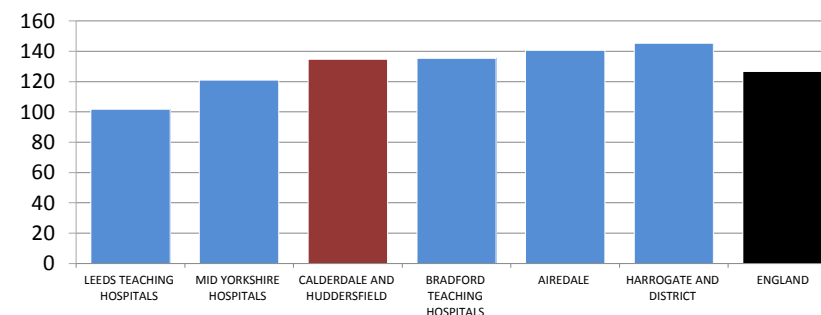
C.Diff per 100,000 days - Time Period: Jun 2017 - May 2018



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

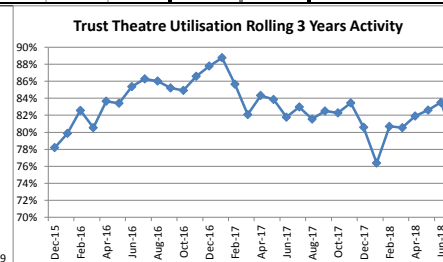
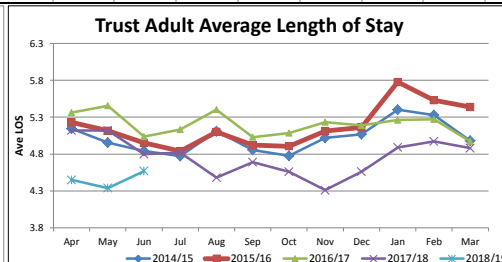
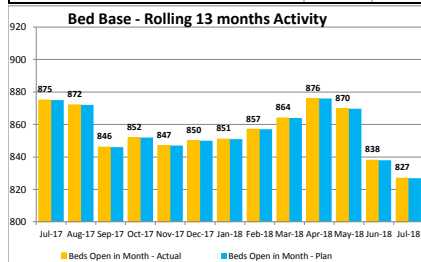


EColi per 100,000 days - Time Period: Jun 2017 - May 2018



Efficiency & Finance - Key measures

	17/18	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	YTD	Target	Threshold/M onthly
Did Not Attend Rates																	
First DNA	7.88%	8.04%	7.97%	8.15%	7.65%	7.00%	7.69%	7.36%	7.30%	7.84%	7.60%	7.20%	7.30%	7.10%	7.29%	<=7%	7.00%
Follow up DNA	7.05%	7.08%	7.15%	6.64%	6.19%	5.53%	6.87%	6.33%	6.70%	6.63%	6.30%	6.70%	6.70%	6.30%	6.40%	<=8%	8.00%
Average length of stay																	
Average Length of Stay - Overall	4.72	4.82	4.48	4.69	4.56	4.31	4.56	4.89	4.97	4.88	4.71	4.45	4.34	4.57	4.52	<=5.17	5.17
Average Length of Stay - Elective	2.51	2.5	2.58	2.43	2.54	2.22	2.31	2.42	2.8	2.66	2.77	2.32	2.47	2.66	2.55	<=2.85	2.85
Average Length of Stay - Non Elective	5	5.18	4.75	4.99	4.81	4.65	4.82	5.06	5.18	5.13	4.94	4.71	4.6	4.81	4.76	<=5.63	5.63
Pre-Op Length of Stay - Elective Patients											0.03	0.06	0.07	0.13	0.07	<=0.5	0.50
Pre-Op Length of Stay - Non Elective Patients											0.76	0.659	0.67	0.7	0.7		
Non Elective with zero LOS (not ambulatory)	9487	886	762	791	947	825	841	746	689	678	699	803	759	770	3031	Not applicable	
Elective Inpatients with zero LOS	903	75	91	85	83	84	63	62	37	55	39	48	52	64	203	136	1,632
Day Cases																	
Day Case Rate	88.34%	86.51%	87.88%	88.77%	88.73%	87.18%	88.19%	92.86%	90.99%	89.06%	89.58%	88.78%	88.20%	88.68%	88.80%	>=85%	85.00%
Failed Day Cases	1944	169	198	183	173	229	194	120	148	193	166	196	215	208	785	120	1,440
Beds																	
Beds Open in Month - Plan	818	803	803	803	818	818	818	818	818	818	859	859	844	844	844	Not applicable	
Beds Open in Month - Actual	876	872	846	852	847	850	851	857	864	876	869.6	838	827	818	818	Not applicable	
Hospital Bed Days per 1000 population - Adults	56.16	53.04	49.79	49.7	50.48	49.59	50.38	53.82	49.52	56.16	49.8	50.7	48.1	52.5	52.46	16/17 Baseline	
Emergency Hospital Admissions per 1000 population - Adults	10.05%	9.92%	9.80%	9.59%	10.08%	10.06%	10.30%	10.46%	9.33%	10.05%	9.40%	10.00%	9.60%	10.10%	10.11%	16/17 Baseline	
Occupied Bed Days		UNDER DEVELOPMENT AND TIMELINE - September IPR															
Cancellations																	
Clinical Cancellations after pre-Op		UNDER DEVELOPMENT AND TIMELINE -September IPR															
Clinical Slots not Utilised	0.10	0.12	0.11	0.10	0.08	0.08	0.09	0.09	0.10	0.10	0.07	0.06	0.07	0.07	0.07		
Endoscopy Utilisations		UNDER DEVELOPMENT AND TIMELINE - November IPR														Target release October 18	
Hospital Cancellations within 6 Weeks	29824	2409	2004	2414	3073	2729	2066	2448	2530	3090	1165	1094	1319	1223	3578	0	0
Theatre Utilisation																	
Theatre Utilisation (TT) - Main Theatre - CRH	82.05%	83.23%	82.17%	83.20%	81.99%	83.77%	81.58%	76.82%	81.57%	80.75%	83.50%	83.20%	84.20%	82.50%	83.30%	>=90%	90.00%
Theatre Utilisation (TT) - Main Theatre -HRI	91.03%	96.78%	87.45%	89.93%	89.15%	93.58%	90.45%	82.61%	89.84%	90.86%	90.30%	90.70%	93.80%	78.70%	88.00%	>=90%	90.00%
Theatre Utilisation (TT) - HRI DSU	73.53%	68.93%	74.51%	76.83%	77.96%	74.64%	71.80%	70.46%	72.28%	73.20%	77.00%	76.70%	76.70%	73.90%	75.30%	>=88%	88.00%
Theatre Utilisation (TT) - HRI SPU	72.56%	73.98%	77.40%	70.35%	74.59%	73.09%	68.12%	69.07%	72.61%	70.49%	68.70%	68.60%	69.00%	69.60%	69.00%	>=85%	85.00%
Theatre Utilisation (TT) - Trust	81.79%	82.97%	81.55%	82.50%	82.27%	83.45%	80.58%	76.39%	80.69%	80.53%	81.90%	82.60%	83.50%	79.10%	81.80%	>=90%	90.00%
% Theatre Scheduled Late Starts > 15 mins - Trust											0.3779	31.24%	31.00%	34.69%	33.64%	Target release October 18	
Total Follow lists - Trust											105	63	80	73	321	Target release October 18	
No. of Ambulatory patients																	
No. of Ambulatory patients	9253	746	812	703	716	819	725	889	891	966	877	929	892	962	3660	0	0
Emergency Hospital Admissions		UNDER DEVELOPMENT AND TIMELINE - August IPR												50.00%	50.00%	<=30%	30.00%
Stranded 7 Days	47.00%	47.00%	45.00%	43.00%	44.00%	41.00%	43.00%	45.00%	46.00%	47.00%	52.18%	52.92%	51.48%	117	117	<=104	
Super Stranded 21 Days																	
Average time to start of reablement (days)	0.10	0.11	0.12	0.13	0.15	0.09	0.05	0.07	0.06	0.06	0.07	0.05	0.04	0.05	0.05	<=10.2 days	10.2
% Catheter Lab Utilisation											89	85	92	93	90		



Efficiency & Finance Frailty- Key measures

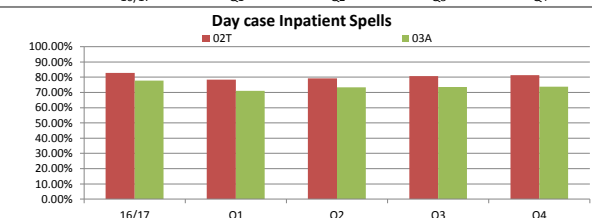
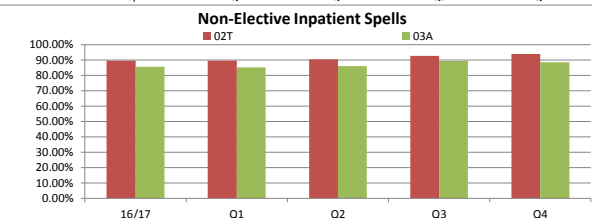
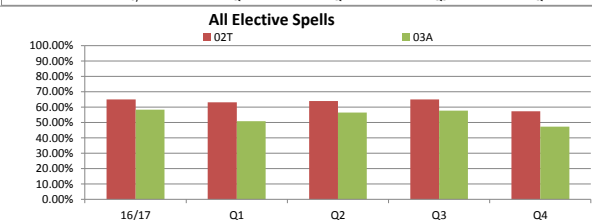
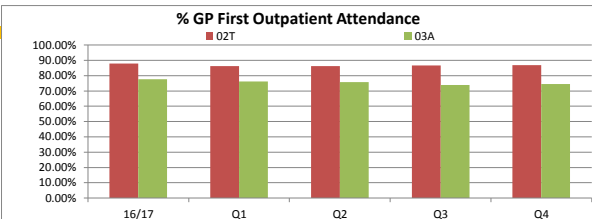
	17/18	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	YTD	Target	Threshold/M onthly
Acute Admissions - Aged 75+ Years																	
Acute Admissions aged 75+	2,804										285	348	308	302	1,243	not applicable	
Frail* patients admitted aged 75+	809										107	131	100	105	443		
% patients admitted aged 75+ who are frail**	29.00%										38%	38%	32%	35%	36%		
Frailty Admissions with LOS < 3 days																	
Patients 75+ with a LOS < 3 days	1329										376	450	399	419	1,644	not applicable	
Frail* patients with a LOS < 3 days	274										122	142	124	133	521		
% of patients with a LOS < 3 days who are frail**	21%										32%	32%	31%	32%	32%		
Patients 75+ occupied bed days	24787										5911	6649	6547	5262	24369		
Frail* occupied bed days : 2018/19	8341										2999	3194	3070	2387	11650		
Average frail* non-elec IP LOS	10.3										10.3	9.6	9.7	8.0	9.4		
Average DAILY Beds Saved	-16										35	34	24	16	27		
Re-admitted back to the Frailty Team within 30 days											47	37	34	38	156		
% Re-admitted back to the Frailty Team within 30 days																	

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

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

Activity - Key measures (Market Share)

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



Background Context and commentary

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

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

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

This report will be updated quarterly the next update due to be June 2018.

Comparing Quarter 3 market share position with 16/17 baseline it can be noted that for Calderdale CCG the CHFT proportion of delivered market share has **decreased** for all areas with the exception of Non-Elective Inpatient Spells. Regards Greater Huddersfield CCG activity CHFT delivered a smaller proportion of the non-elective and day case activity than it did in 16/17 as well as decreased activity under GP First Outpatient Attendances

The proportion of market share CHFT delivers for the remaining CCGs with which it has a formal contract has decreased in all activity areas reportable when comparing Quarter 3 with 16/17 baseline with the exception of Non-Elective Inpatient Spells.

Activity - Key measures

	17/18	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	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	52,515	4,419	4,767	4,693	4,937	4,540	4,105	4,794	4,276	4,557	4,557	4,801	4,294	4,455	18,107	19.8%
03A - NHS GREATER HUDDERSFIELD CCG	37,450	3,167	3,348	3,205	3,085	3,187	2,837	3,275	2,922	3,133	3,312	3,278	2,865	2,896	12,351	-5.3%
03J - NHS NORTH KIRKLEES CCG	3,683	278	289	327	327	336	252	322	279	250	254	223	227	197	901	-27.7%
02R - NHS BRADFORD DISTRICTS CCG	248	300	400	600	600	400	500	300	3,600	5,400	226	240	174	209	849	-14.1%
03R - NHS WAKEFIELD CCG	1,145	89	88	129	139	114	83	108	73	84	72	84	46	51	253	1.6%
02W - NHS BRADFORD CITY CCG	481	30	39	39	52	47	50	55	33	53	41	40	34	36	151	18.0%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	159	29	18	10	10	9	3	10	5	8	14	5	8	5	32	-79.7%
03C - NHS LEEDS WEST CCG	146	9	8	8	13	10	8	14	11	17	3	0	0	0	3	-90.6%
02N - NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG	66	2	5	6	8	1	6	8	9	3	6	7	7	4	24	4.3%
03G - NHS LEEDS SOUTH AND EAST CCG	102	2	5	5	11	11	7	19	15	13	2	1	0	0	3	-72.7%
02V - NHS LEEDS NORTH CCG	17	2	1	3	2	1	1	2	1	2	1	1	2	3	7	75.0%
Other	948	732	719	793	859	793	638	777	620	696	662	668	542	548	2,420	-21.0%
Trust	65,956	8,318	8,834	8,691	8,881	8,520	7,580	8,846	7,818	8,386	8,531	8,747	7,701	7,899	32,878	7.3%
Trust - % Change on Previous year	7.88%	12.76%	17.29%	12.69%	16.98%	10.69%	12.13%	16.02%	9.38%	0.13%	67.00%	-6.50%	-5.10%	-5.10%	7.30%	

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	-3,096.49	-529.25	-255.24	-147.54	-325.82	-69.32	168.9	-560.12	-409.28	-375.9	-32.07	3.01	-109.99	-55.86	-186.91	
% Day Case Variance against Contract	-8.25%	-16.43%	-1.32%	-4.56%	-9.60%	-2.04%	6.84%	-16.50%	-13.26%	-11.60%	-1.11%	0.10%	-3.57%	-1.75%	-1.53%	
Elective Variance against Contract	-2,259.24	-190.62	-156.57	-215.29	-224.39	-125.34	-59.89	-408.34	-292.86	-223.1	-56.61	-30.32	-28.32	-60.17	-182.43	
% Elective Variance against Contract	-28.39%	-28.39%	-29.15%	-31.86%	-31.63%	-17.67%	-11.61%	-57.57%	-45.41%	-32.95%	-11.85%	-5.80%	-5.16%	-10.70%	-8.64%	
Non-elective Variance against Contract	4,988.26	243.99	591.41	565.55	174.32	655.25	378.13	842.44	286.24	444.82	56.56	228.51	107.97	135.08	457.12	
% Non-elective Variance against Contract	10.42%	6.54%	1.03%	15.38%	3.85%	15.79%	8.46%	20.08%	8.63%	10.95%	1.23%	4.83%	2.29%	2.82%	2.43%	
Outpatient Variance against Contract	-29,795.82	-822.64	-3,714.84	-2,851.11	-2,470.69	-776.99	340.09	-3,925.58	-2,711.71	-4,630.65	1,075.35	2,035.08	-467.44	445.33	2,731	
% Outpatient Variance against Contract	-11.11%	-6.25%	-6.54%	-12.37%	-10.57%	-4.01%	-0.99%	-16.00%	-12.35%	-18.08%	4.22%	7.45%	-1.71%	0.39%	2.10%	
Accident and Emergency Variance against Contract	-6,917.90	-286	-226	-590.36	-210.41	-374.49	28.14	-1270.3	-1,094.93	-1,909.56	-699.13	-76.16	44.53	137.85	-589.91	
% Accident and Emergency Variance against Contract	-4.52%	-2.10%	-1.80%	-4.51%	-1.61%	-2.99%	0.22%	-9.77%	-8.92%	-13.62%	-5.55%	-0.56%	0.35%	1.03%	-1.13%	

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

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 A&G for 100% of services which CHFT already do. There is a secondary component to agree a quality standard of responding to an A&G request within 2 days which needs to be achieved by Q4 2018/19.

Current performance = 67%

Performance by specialty is being shared widely and improvements are being seen.

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

Improvement expected in overall response rate each quarter.

Accountable: GMs

CQUIN - Key measures

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets				ACTUAL PERFORMANCE																	
						Q1	Q2	Q3	Q4	Q1			Q1 Position	Q2			Q2 Position	Q3			Q3	Q4			Q4		
1. Improving staff health and wellbeing																											
1a.1	Acute & Community	£213,082	Improvement of health and wellbeing of NHS staff	% Definitely takes positive action on health and well-being	25	N/A	N/A	N/A	30	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end		
1a.2				% Experienced MSK in the last 12 months as a result of work activities	25	N/A	N/A	N/A	20	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end		
1a.3				% Felt unwell in the last 12 months as a result of work related stress	37	N/A	N/A	N/A	32	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end		
1b.1	Acute & Community	£213,082	Healthy food for NHS staff, visitors and patients	Maintain 16-17 changes	-	N/A	Written report for evidence	N/A	Written report for evidence	Written report due at the end of Q2			Written report due at the end of Q2	Written report due at the end of Q2			Written report due at the end of Q4	Written report due at the end of Q4			Written report due at the end of Q4	Written report due at the end of Q4			Written report due at the end of Q4		
1b.2				Improve the changes made in 2017-18	-	N/A	Written report for evidence	N/A	Written report for evidence	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		
1c	Acute & Community	£213,082	Improving the uptake of flu vaccinations for frontline clinical staff	% Front line staff vaccinated	71%	N/A	N/A	75%	75%	Data available 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		
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)																											
2a.1	Acute	£95,887	Timely identification (screening) of patients with sepsis in emergency departments and acute inpatient settings	% Eligible patients screened for Sepsis in Emergency Admissions	100.0%	90%	90%	90%	90%	100.0%	100.0%	100.0%	100.0%	TBC				-									
2a.2				% Eligible patients screened for Sepsis in Inpatients (LOS >0)	100.0%	90%	90%	90%	90%	100.0%	100.0%	100.0%	100.0%	TBC					-								
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%	90%	91.0%	97.0%	100.0%	96.0%	TBC				-								
2b.2				% Patients with severe red flag/ septic shock that received Iv antibiotics < 1hr in Inpatients (LOS >0)	78.7%	90%	90%	90%	90%	90%	77.3%	82.6%	78.9%	79.7%	TBC				-								
2c	Acute	£95,887	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.	% of antibiotic prescriptions documented and reviewed within 72 hours	-	25%	50%	75%	90%	90% (April and May Only)			90%	Data available at quarter end			Data available at quarter end			Data available at quarter end			Data available at quarter end				
2d.1	Acute	£95,887	Reduction in antibiotic consumption per 1,000 admissions	1% reduction (from 16/17 position) in all antibiotics	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC	Data available at quarter end			Data available at quarter end	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			
2d.2				1% reduction (from 16/17 position) in Carbapenem	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC	Data available at quarter end			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			
2d.3				1% reduction (from 16/17 position) in Piperacillin-Tazobactam	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC	Data available at quarter end			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			
4. Improving services for people with mental health needs who present to A&E																											
4a	Acute	£255,698	Improving services for people with mental health needs who present to A&E	Number of ED attendances - Maintain attendance level of cohort 1 patients	245	61	61	61	61	24	20	14	58	20				20									
4b				Number of ED attendances - Reduce the number of attendances by 20% of cohort 2 patients	397	79	79	80	80	26	25	32	83	22				22									
4c				To improve the level of data quality for the fields: - Chief Complaint - Diagnosis - Injury Intent	TBC	N/A	TBC	N/A	TBC	N/A			N/A	TBC				TBC									
6. Offering advice and guidance																											
6	Acute	£319,623	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (CQUIN Target)	67.9%	72.4%	TBC	70.3%	TBC													
9. Preventing ill health by risky behaviours – alcohol and tobacco																											
9a	Acute	£7,991	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	-	Create Training Plan	100%			Presentation completed			Yes	63.3%			63.3%										
9b		£31,962		% Smokers given brief advice										14.2%			14.2%										
9c		£39,953		% Smokers referred and/or offered medication										TBC			TBC										
9d		£39,953		% Patients screened for Alcohol usage										59.8%			59.8%										
9e		£39,953		% Alcohol users given brief advice										16.9%			16.9%										
9a	Community	£15,981	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	73.0%	100%				Quarter End Position			74.0%	Quarter End Position													
9b		£63,925		% Smokers given brief advice	100.0%					Quarter End Position			56.0%	Quarter End Position													
9c		£79,906		% Smokers referred and/or offered medication	0.0%					Quarter End Position			5.4%	Quarter End Position													
9d		£79,906		% Patients screened for Alcohol usage	4.0%					Quarter End Position			1.4%	Quarter End Position													
9e		£79,906		% Alcohol users given brief advice or medication	0.0%					Quarter End Position			TBC	Quarter End Position													
10. Improving the assessment of wounds																											
10	Community	£383,547	Improving the assessment of wounds	% Patients with a chronic wound who have received a full wound assessment	50.0%	50% (Internal Target)	60%	70% (Internal Target)	80%	41.1%	37.1%	44.4%	55.3%	TBC													
11. Personalised care and support planning																											
11a	Community	£319,623	Personalised care and support planning	Cohort 1 patients having evidence of care and support planning	-	N/A	N/A	N/A	75%	Data available at year end			N/A	Data available at year end			N/A										
11b				Cohort 2 patients improvements in patient activation assessments	-	N/A	N/A	N/A	50%	Data available at year end			N/A	Data available at year end			N/A										

Appendices



Appendices

Appendix - Appointment Slot Issues

ASIs

As at 2nd August, there were 2,085 referrals awaiting appointments

The top specialties for ASIs backlog are:

Dermatology (437)

Cardiology (409)

Gastroenterology (325)

Ophthalmology (223)

ENT (211)

with smaller backlogs also in:

Respiratory (157)

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

As at 2nd August 2018	0 weeks	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	3 months	4 months	5 months	6 months	>6 months	Totals
Medicine	52	88	123	124	140	121	104	130	114	260	124	18			1398
Cardiology	14	29	46	35	38	32	28	34	35	108	10				409
Dermatology				15	39	45	38	45	24	111	102	18			437
Gastro	17	35	48	42	45	28	26	41	41	2					325
Respiratory Med	7	11	16	22	13	10	8	9	12	38	11				157
Surgery	94	148	165	86	49	43	32	24	10	14	6	3		2	676
ENT	32	65	86	23	3	1	1		2						213
General Surg	13	9	23	13	3	1	1		1	1					65
Ophthal	25	37	25	29	24	27	17	13	7	11	6	1		1	223
Plastics	3	7	9	6	13	9	5	3		1				1	57
Urology	6	19	15	3				1							44
Podiatry								1							1
Podiatry								1							1
FSS	7	3													10
Totals	153	239	288	210	189	164	136	155	124	274	130	21		2	2085

New Appointment Issues From Week Commencing 28 September 15 To 13 August 18

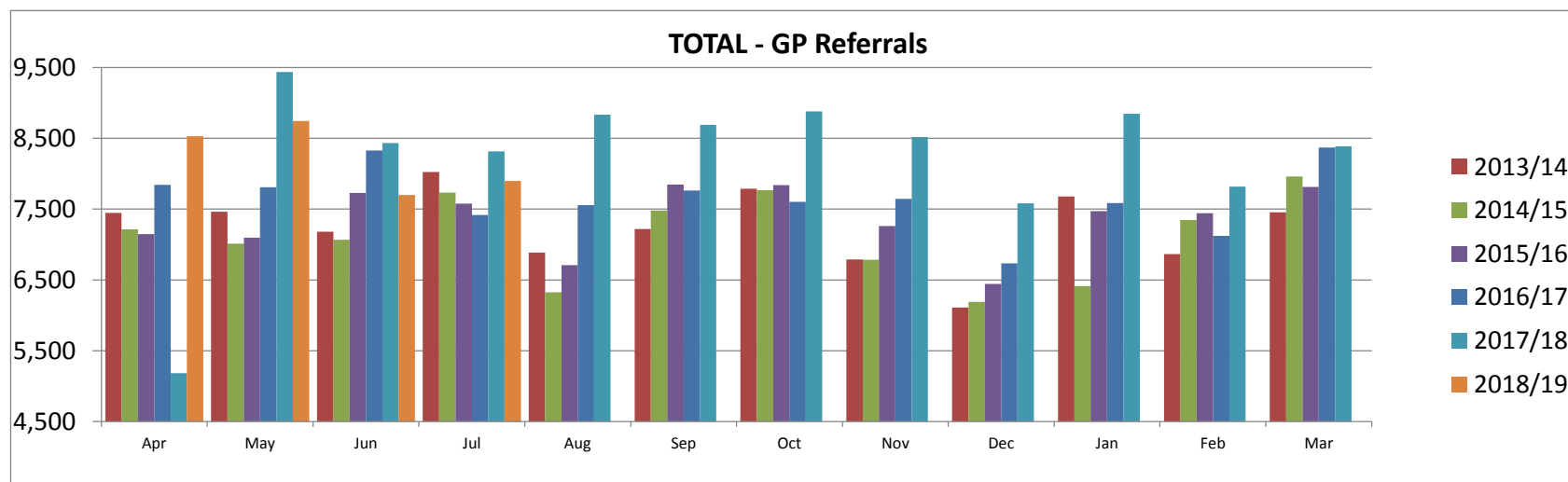


Appendix - Referrals

Referrals

GP Referrals up 7.3% financial YTD July compared with same period 2017.

- From April to July there were 84 working days, compared with 82 for the corresponding period 2017.
- These 2 extra working day could indicate an anticipated increase of GP referrals of 2.4%.
- When adjusting these total figures for the triage referrals as described below there has actually been a decrease in GP referrals overall of 0.9%.
- NHS Calderdale GP referrals have seen an increase of 14.2% (2,258) for the year to date principally due to Orthopaedics 84.5% (2,703). The Orthopaedics increase is related to the Triage of referrals into the Calderdale MSK service (effectively a double count). Adjusting for the MSK referrals triaged YTD sees the overall Calderdale GP referral position seeing a decrease in referrals of 2.2% (321 referrals).
- Total referrals (non-triage) into the Calderdale MSK service have increased 34.7% (587 referrals).
- Total Calderdale CCG referrals into the Orthopaedic service alone look to have decreased 9.8% (100 referrals).
- NHS Greater Huddersfield GP referrals have seen a decrease of 0.9% (111). There have been most noticeable decreases in Ophthalmology (471, 40%) and Cardiology (213, 37.8%) for the year to date.
- For 2018/19 YTD there has been a GP referral decrease for NHS North Kirklees (30.7%, 400 referrals, ENT, Neurology and Rheumatology principally) and NHS Wakefield (22.6%, 74 referrals).

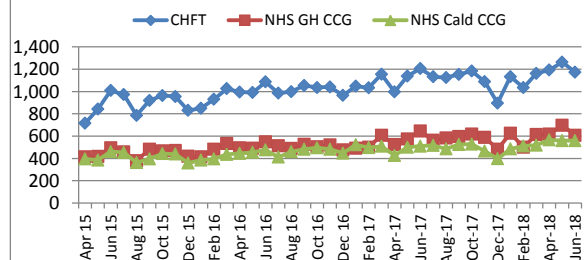


Activity - Key measures

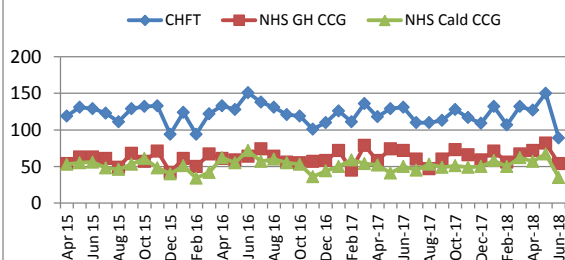
	17/18	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	YTD	YTD % Change
Fast Track Cancer referrals in month and of those referrals numbers that diagnosed with cancer (conversions)																
NHS CALDERDALE CCG Referrals	5,685	510	518	486	525	529	466	397	486	511	519	566	559	559	1,644	14.2%
NHS CALDERDALE CCG Conversions	657	50	45	53	49	51	49	50	58	50	62	57	67	35	186	
NHS CALDERDALE CCG Conversion Rate	11.6%	9.8%	8.7%	10.9%	9.3%	9.6%	10.5%	12.6%	11.9%	9.8%	11.9%	10.1%	12.0%	6.3%	11.3%	
NHS GREATER HUDDERSFIELD CCG Referrals	6,169	646	563	583	596	619	589	482	625	500	615	618	697	608	1,930	10.6%
NHS GREATER HUDDERSFIELD CCG Conversions	802	72	60	47	60	73	66	59	71	56	67	72	82	54	221	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	13.0%	11.1%	10.7%	8.1%	10.1%	11.8%	11.2%	12.2%	11.4%	11.2%	10.9%	11.7%	11.8%	8.9%	11.5%	
Other CCG Referrals	534	32	36	42	23	22	20	14	13	11	15	9	8	7	32	-73.1%
Other CCG Conversions	104	6	3	8	3	1	1	0	3	0	1	0	2	0	3	
Other CCG Conversion Rate	19.5%	18.8%	8.3%	19.0%	13.0%	4.5%	5.0%	0.0%	23.1%	0.0%	6.7%	0.0%	25.0%	0.0%	9.4%	
CHFT Fast Track Referrals	12,388	1,188	1,117	1,111	1,144	1,170	1,075	893	1,124	1,022	1,149	1,193	1,264	1,174	3,606	9.2%
CHFT Fast Track Conversions	1,563	128	108	108	112	125	116	109	132	106	130	129	151	89	410	
CHFT Fast Track Conversion Rate	12.6%	10.8%	9.7%	9.7%	9.8%	10.7%	10.8%	12.2%	11.7%	10.4%	11.3%	10.8%	11.9%	7.6%	11.4%	
% Change on Previous year																

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

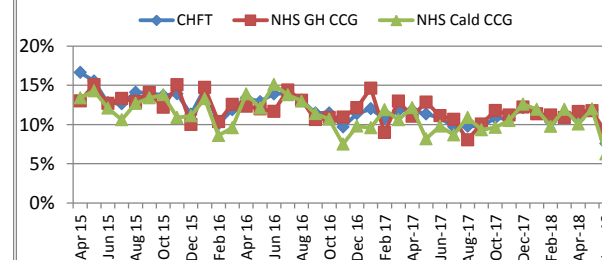
Fast Track Cancer Referrals



Fast Track Conversions



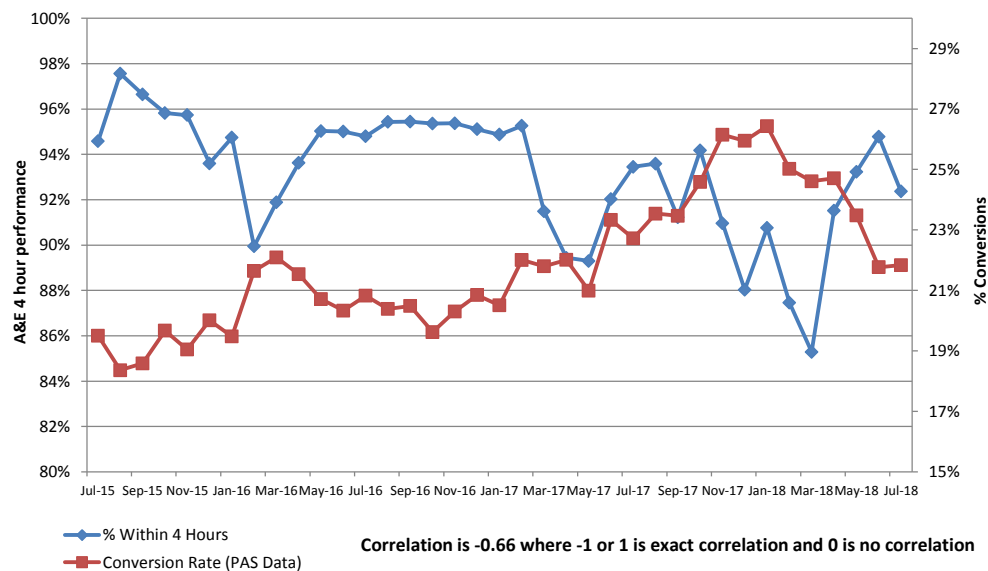
Fast Track Conversion Rate



Appendix - A and E Conversion rates and Delayed Transfers

	17/18	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	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	148,929	13,170	12,155	12,732	13,058	12,097	12,653	11,735	11,191	12,114	11,892	13,433	12,882	13,453	51,660	0.9%
A and E 4 hour Breaches	13,978	863	779	1,118	761	1,094	1,514	1,084	1,403	1,782	1,009	909	673	1,026	3,617	-18.6%
Emergency Care Standard 4 hours	90.61%	93.45%	93.59%	91.22%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	94.78%	92.37%	93.00%	-0.5%
Admissions via Accident and Emergency	35,445	2,992	2,861	2,990	3,211	3,163	3,284	3,102	2,800	2,981	2,939	3,154	2,804	2,938	11,835	7.1%
% A and E Attendances that convert to admissions	23.80%	22.72%	23.54%	23.47%	24.59%	26.15%	25.95%	26.43%	25.02%	24.61%	24.71%	23.48%	21.77%	21.84%	24.71%	8.8%

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

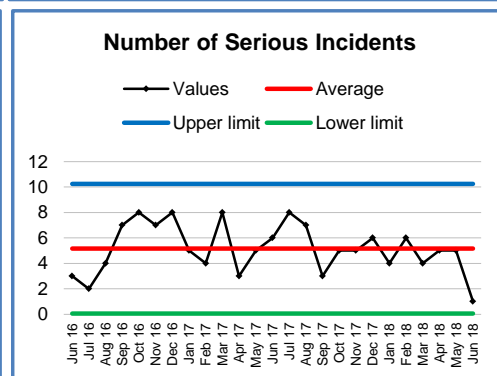
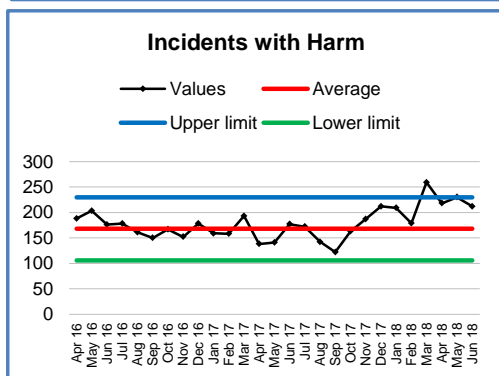
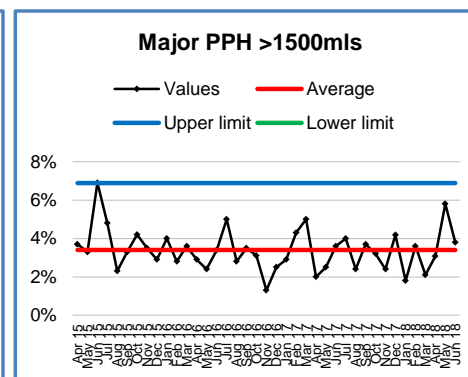
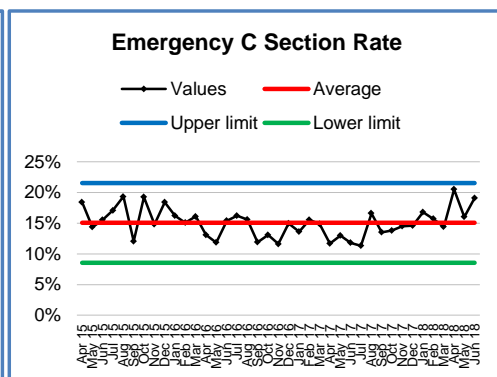
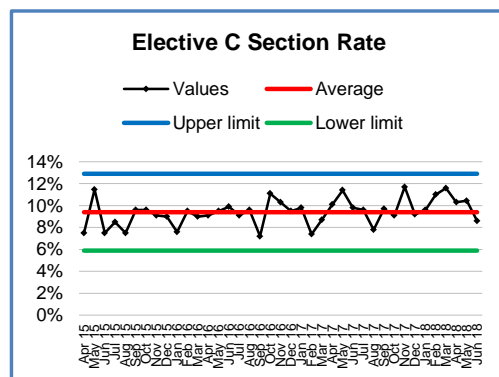
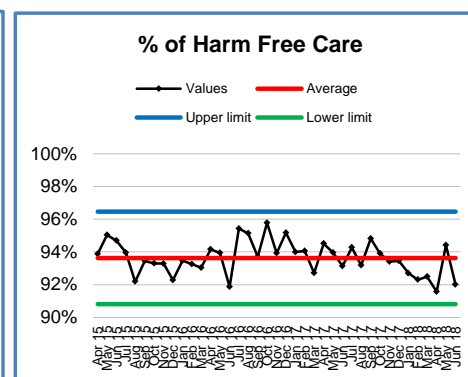
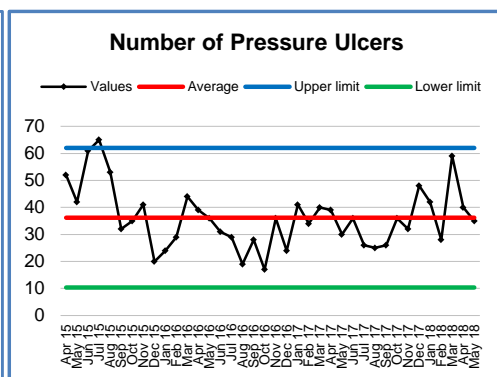
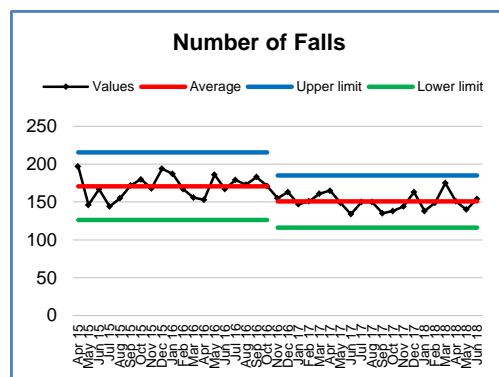


Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 10th August 2018	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	36	63	0	99
Awaiting Completion of Assessment	12	37	0	49
Awaiting Care package in own home	18	10	0	28
Awaiting Residential home placement	1	9	0	10
Awaiting public funding	0	2	0	2
Awaiting further non-acute NHS Care	3	2	0	5
Awaiting community equipment and adaptations	0	2	0	2
Awaiting nursing home placement	2	1	0	3
Disputes	0	0	0	0
Patient or Family choice	0	0	0	0

Appendix - Cancer - By Tumour Group

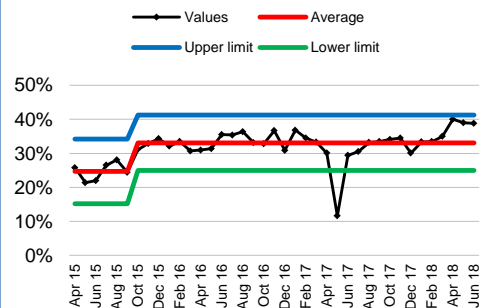
	17/18	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	YTD	Target	Threshold/M onthly
62 Day Gp Referral to Treatment																	
Breast	99.00%	100.00%	100.00%	100.00%	100.00%	96.77%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Gynaecology	86.67%	20.00%	85.71%	100.00%	100.00%	100.00%	75.00%	81.82%	100.00%	80.00%	100.00%	100.00%	87.50%	85.71%	92.31%	>=85%	85.00%
Haematology	81.01%	72.73%	100.00%	100.00%	66.67%	63.16%	93.33%	100.00%	58.33%	88.89%	80.00%	80.00%	73.33%	86.67%	80.00%	>=85%	85.00%
Head & Neck	78.48%	50.00%	100.00%	83.33%	50.00%	100.00%	100.00%	87.50%	87.50%	50.00%	57.14%	none to report	42.86%	100.00%	57.69%	>=85%	85.00%
Lower GI	83.51%	69.23%	75.00%	88.89%	81.25%	90.00%	72.22%	90.00%	77.78%	91.67%	100.00%	80.00%	73.68%	86.67%	84.38%	>=85%	85.00%
Lung	86.06%	91.30%	88.89%	83.33%	86.67%	87.50%	93.75%	87.50%	90.91%	91.30%	76.92%	95.24%	0.00%	82.35%	84.62%	>=85%	85.00%
Sarcoma	63.64%	none to report	none to report	100.00%	none to report	100.00%	33.33%	66.67%	0.00%	none to report	100.00%	none to report	none to report	100.00%	100.00%	>=85%	85.00%
Skin	97.40%	95.83%	100.00%	100.00%	83.33%	100.00%	93.10%	100.00%	100.00%	96.00%	91.67%	90.91%	100.00%	100.00%	96.55%	>=85%	85.00%
Upper GI	74.44%	84.62%	85.71%	100.00%	75.00%	57.14%	57.14%	50.00%	50.00%	88.24%	77.78%	92.31%	33.33%	76.47%	72.92%	>=85%	85.00%
Urology	87.67%	79.25%	87.76%	83.33%	81.25%	84.85%	92.50%	92.16%	89.74%	89.19%	93.24%	92.86%	87.10%	82.05%	88.52%	>=85%	85.00%
Others	84.62%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	none to report	100.00%	100.00%	100.00%	100.00%	none to report	100.00%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	91.15%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Breast	95.79%	92.73%	95.89%	95.05%	98.64%	97.26%	97.37%	95.39%	98.86%	98.92%	98.22%	99.53%	98.01%	97.57%	98.35%	>=93%	93.00%
Childrens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	57.14%	33.33%	200.00%	50.00%	35.00%	>=93%	93.00%
Gynaecology	91.39%	91.09%	92.50%	92.31%	96.83%	97.20%	100.00%	95.60%	99.11%	97.67%	93.33%	96.97%	98.10%	98.55%	96.99%	>=93%	93.00%
Haematology	92.65%	100.00%	94.44%	100.00%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	100.00%	95.00%	78.57%	100.00%	93.44%	>=93%	93.00%
Head & Neck	94.11%	96.90%	99.05%	95.00%	93.69%	99.10%	100.00%	98.72%	98.15%	98.82%	98.36%	98.35%	98.20%	96.26%	97.83%	>=93%	93.00%
Lower GI	95.27%	91.84%	98.17%	91.52%	93.46%	98.59%	98.55%	92.04%	98.67%	98.10%	90.56%	100.00%	99.10%	100.00%	97.53%	>=93%	93.00%
Lung	94.83%	90.00%	100.00%	89.47%	95.83%	100.00%	100.00%	86.49%	100.00%	91.43%	100.00%	100.00%	100.00%	96.97%	99.20%	>=93%	93.00%
Sarcoma	96.15%	84.62%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	46.67%	62.50%	100.00%	100.00%	71.79%	>=93%	93.00%
Skin	93.50%	90.65%	96.44%	96.70%	96.20%	98.71%	99.42%	98.77%	100.00%	93.91%	98.32%	99.62%	100.00%	100.00%	99.58%	>=93%	93.00%
Testicular	98.18%	94.74%	100.00%	100.00%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Upper GI	89.98%	89.08%	81.75%	92.78%	90.00%	91.67%	100.00%	90.99%	97.85%	93.91%	98.11%	99.05%	100.00%	100.00%	99.32%	>=93%	93.00%
Urology	96.26%	95.12%	98.40%	94.96%	87.94%	100.00%	100.00%	96.46%	100.00%	97.16%	100.00%	100.00%	99.20%	100.00%	99.82%	>=93%	93.00%

Safe -SPC Charts

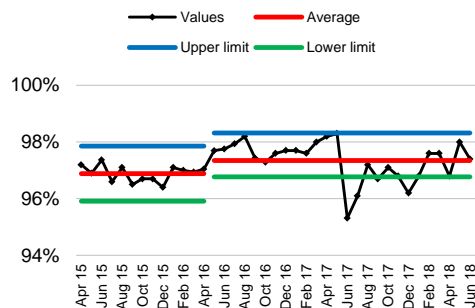


Caring - SPC Charts

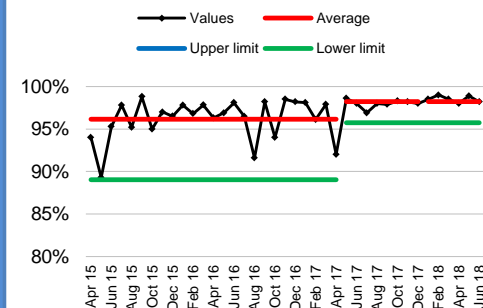
IP Response Rate



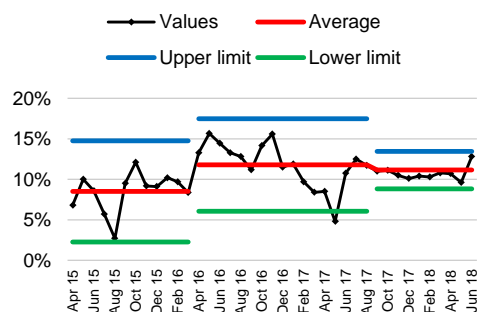
IP Would Recommend



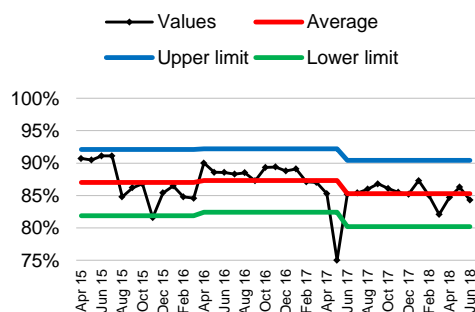
Maternity Would Recommend



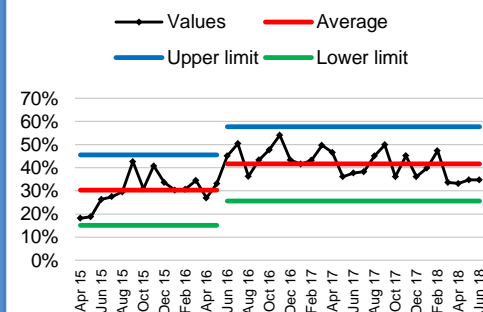
AE Response Rate



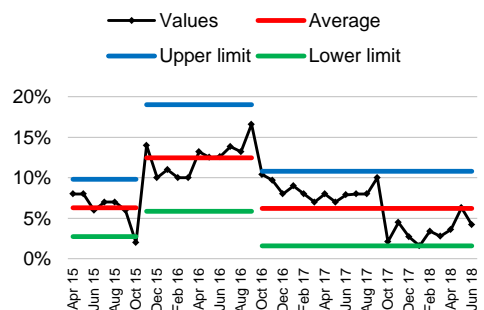
AE Would Recommend



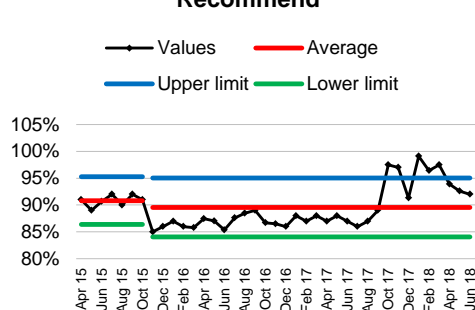
Maternity Response Rate



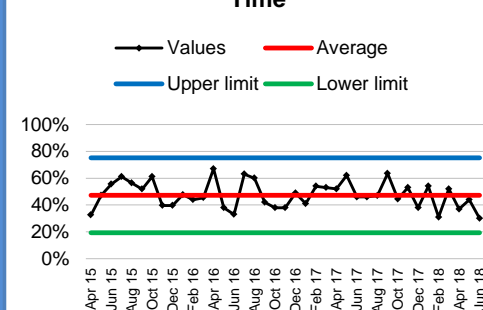
FFT Community Response Rate



FFT Community Would Recommend

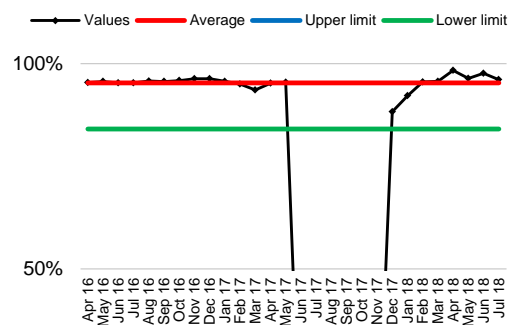


% of Complaints Closed in Target Time

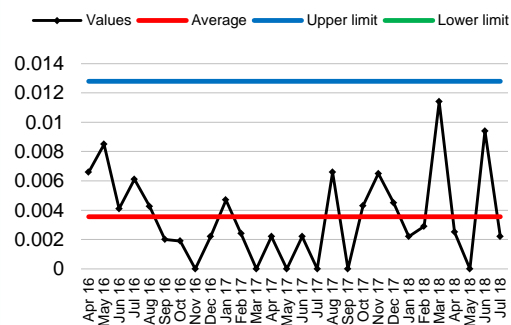


Effective -SPC Charts

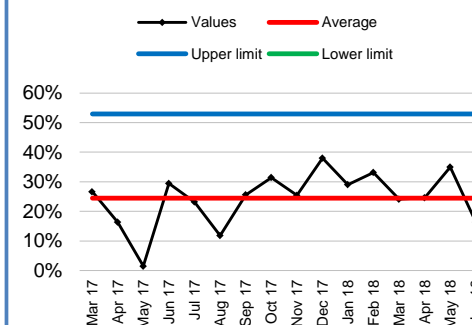
MRSA Screening



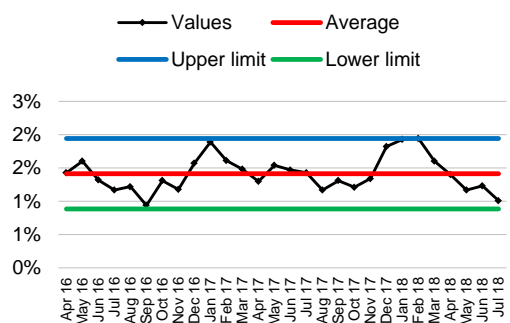
Stillbirth Rates



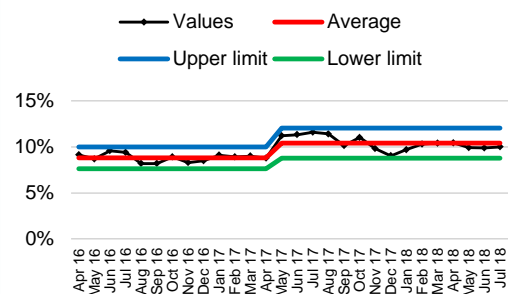
% Initial Screening Review



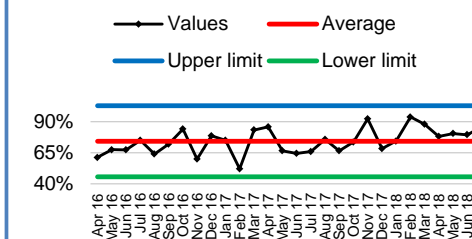
Crude Mortality Rate



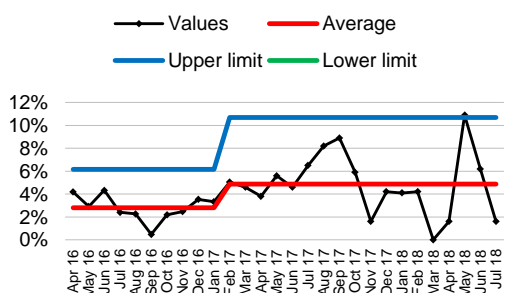
% Sign & Symptom as a Primary Diagnosis



% Non-Elective #NOF Patients with Admission to Procedure of <36 Hours - BPT based on Discharge

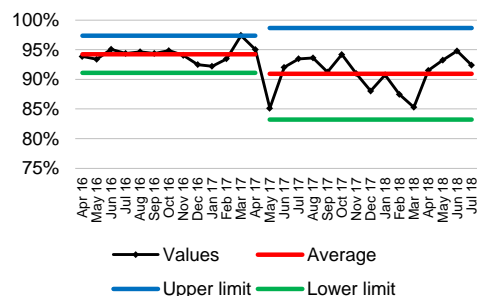


Community - % Readmitted back in to hospital within 30 days

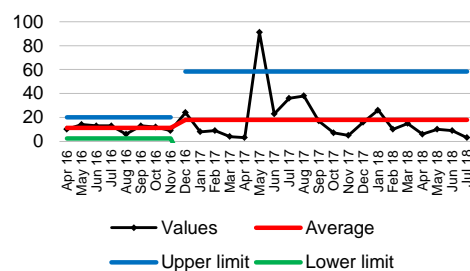


Responsive -SPC Charts

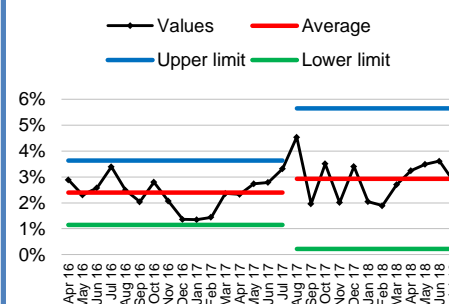
Emergency Care Standard 4 Hours



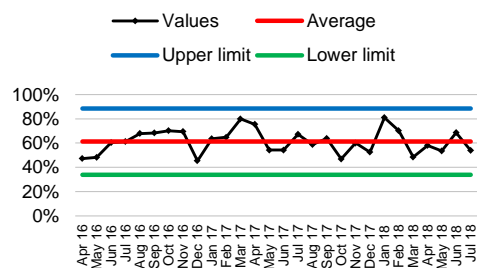
A&E Ambulance Handover 30-60 mins



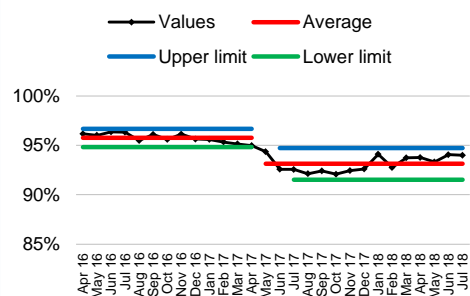
Delayed Transfer of Care



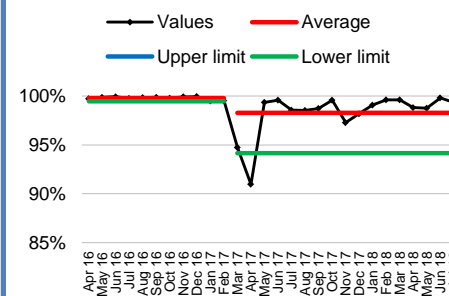
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival



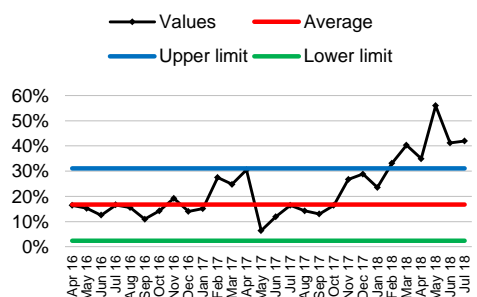
% Incomplete Pathways <18 Weeks



% Diagnostic Waiting List Within 6 Weeks



Appointment Slot Issues on Choose & Book



Predictions September 2018 - Safe

SAFE

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

Score Achieved
SAFE PERFORMANCE SCORE

54
96%
40
71%
46
82%
50
89%
40
71%

Colour Coding

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

Score Available 56

ALL DOMAINS

Score Achieved	506	472	458	456	414
Score Available	672	672	672	660	660
CHFT PERFORMANCE SCORE	75.3%	70.2%	68.2%	69.1%	62.7%

Predictions September 2018 - Caring



Predictions September 2018 - Effective

EFFECTIVE

	Sep Likely	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
Infection Control																		
Number of MRSA Bacteraemias – Trust assigned	12	12	0	12	12													12
Preventable number of Clostridium Difficile Cases	12	12	12	12	0													12
Number of MSSA Bacteraemias - Post 48 Hours	4	4	4	4	4													4
Number of E.Coli - Post 48 Hours	0	0	4	0	0													4
MRSA Screening - Percentage of Inpatients Matched	4	4	4	4	4													4
Mortality																		
Stillbirths Rate (including intrapartum & Other)	4	4	0	4	4													4
Perinatal Deaths (0-7 days)	4	4	0	0	0													4
Neonatal Deaths (8-28 days)	4	4	4	4	4													4
Local SHMI - Relative Risk (1yr Rolling Data)	12	6	6	6	6													12
Hospital Standardised Mortality Rate (Month on Month)	12	12	12	12	12													12
% of Initial Screening Reviews (Mortality)	0	0	0	0	0													4
Coding and submissions to SUS																		
% Sign and Symptom as a Primary Diagnosis	0	2	2	2	0													4
Average co-morbidity score	4	4	4	4	4													4
Average Diagnosis per Coded Episode	4	4	4	4	4													4
CHFT Research Recruitment Target	4	4	4	4	4													4
Best Practice Guidance																		
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	4	0	4	2	0													4
IPMR - Breastfeeding Initiated rates	4	4	4	4	4													4
Score Achieved	88	80	68	78	62													
EFFECTIVE PERFORMANCE SCORE	88%	80%	68%	78%	62%													

Colour Coding

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

Score Available **100**

Predictions September 2018 - Responsive

RESPONSIVE

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

Score Achieved
RESPONSIVE PERFORMANCE SCORE

130
72%

126
70%

118
66%

118
66%

112
62%

Colour Coding

Key Indicator NOT Achieved

Key Indicator Almost Achieved

Key Indicator Achieved

Standard Indicator NOT Achieved

Standard Indicator Almost Achieved

Standard Indicator Achieved

Score Available

180

Predictions September 2018 - Workforce

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

Score Available

Predictions September 2018 - Finance

FINANCE

	Sep Likely	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
I&E: Surplus / (Deficit) Control Total Basis	12	12	12	12	12													12
Agency Expenditure	4	2	4	4	4													4
Capital	4	0	0	0	0													4
Cash	4	4	4	4	4													4
Borrowing	4	4	4	4	4													4
CIP	0	0	2	0	0													4
Use of Resource Metric	2	2	2	2	2													4
Score Achieved	30	24	28	26	26													Score Available
FINANCE PERFORMANCE SCORE	83%	67%	78%	72%	72%													36
E&F Score Achieved	66	50	58	56	56													
E&F Score Available	84	84	84	84	84													
EFFICIENCY & FINANCE PERFORMANCE SCORE	79%	60%	69%	67%	67%													

Colour Coding

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

Predictions September 2018 - Efficiency

EFFICIENCY

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

Colour Coding

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

Methodology for calculating the performance score

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

Standard KPIs and “Key” targets

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

Calculating Domain Scores

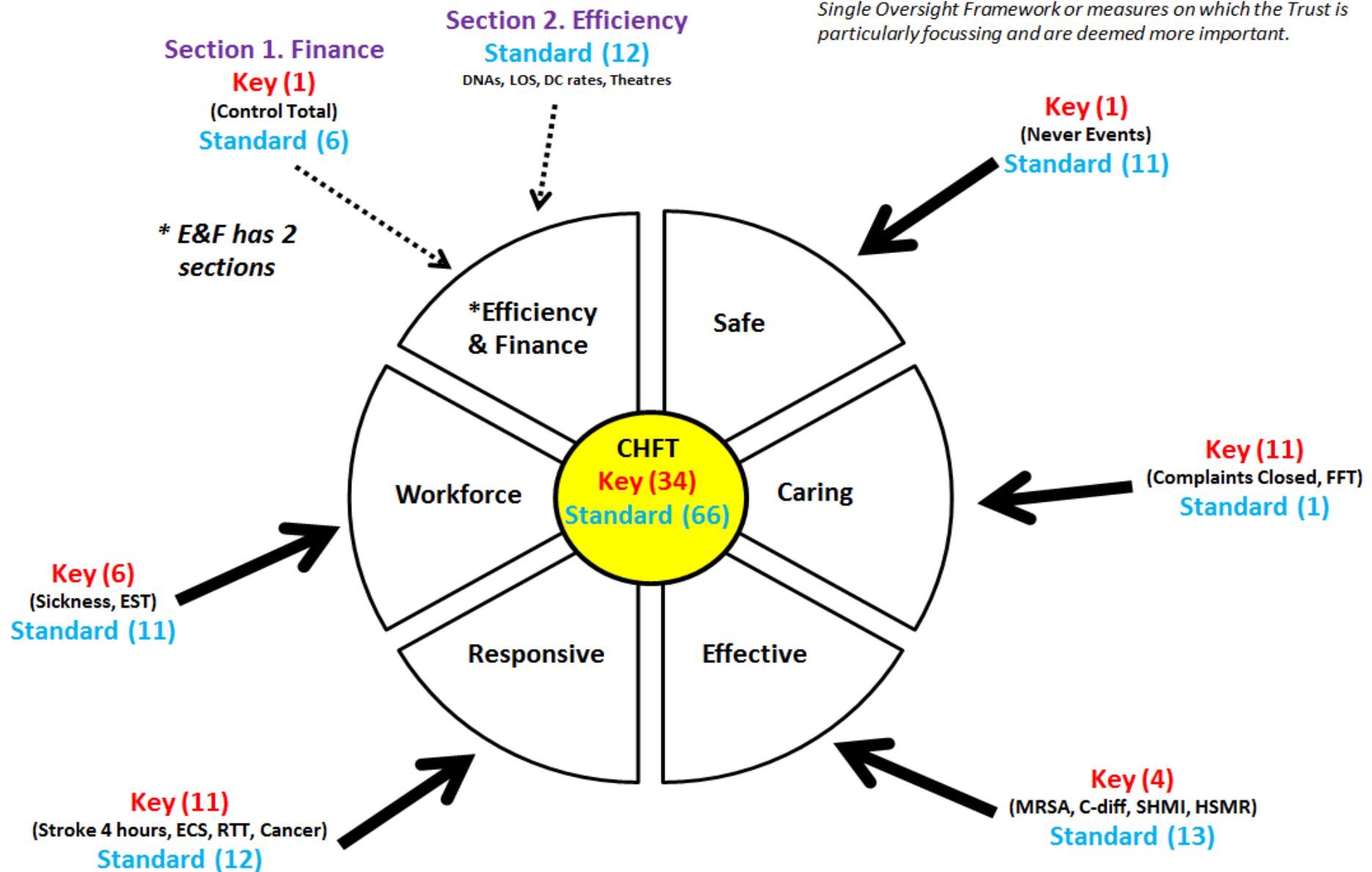
- Add up the scores for each KPI per domain; divide by the maximum total score possible for that domain to get a percentage score.
- Apply the thresholds for the overall domain to get a RAG rating for each domain.
- Thresholds: < 50% is **red**, 50% to < 75% is **amber** and 75% and above is **green**.

Calculating Trust Performance Scores

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

Number of Targets (Key/Standard) by Domain

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



Glossary of acronyms and abbreviations

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