

Quality and Performance Report

October 2018

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

Performance Summary

To Note

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

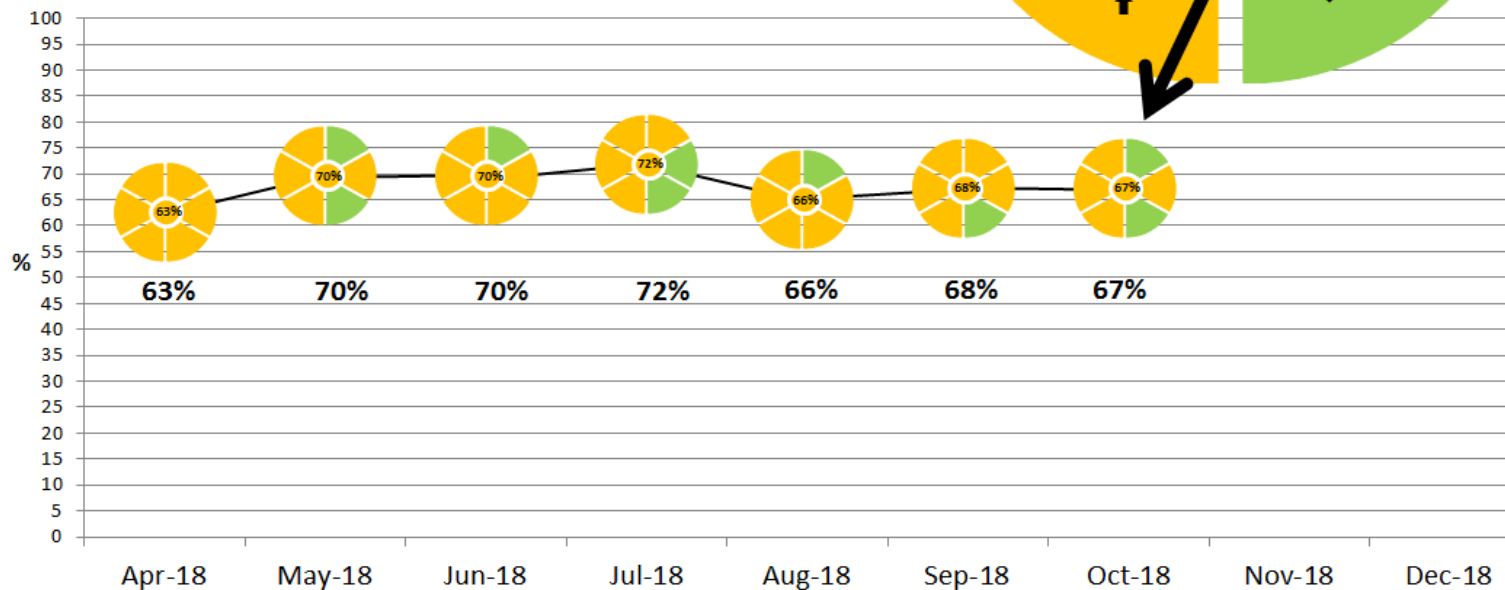
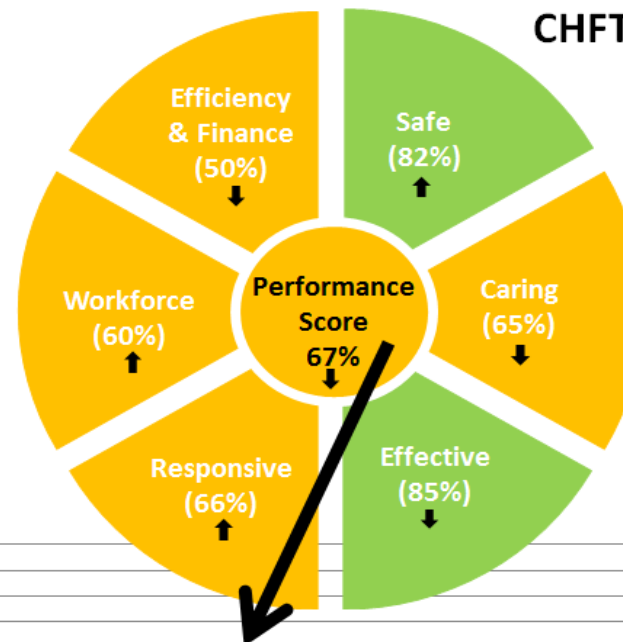
There have been very minimal changes since September's performance worthy of note.

Performance Summary

October

RAG Movement

October's Performance Score is 67%. The SAFE domain has improved to green although a never event was highlighted that occurred in February. The CARING domain's performance has deteriorated as A&E FFT would recommend has gone back to red. EFFECTIVE domain remains green. The RESPONSIVE domain has improved but remains amber with cancer 62 days screening missing target for second month although there has been some improvement with 3 out of 4 Stroke indicators now achieving target. In WORKFORCE improvements in rolling 12 month short term sickness, RTWIs and EST have been offset with deterioration in appraisal rates for both medical and non-medical staff. Within EFFICIENCY & FINANCE I&E: Surplus / (Deficit) has deteriorated further to red.



SINGLE OVERSIGHT FRAMEWORK

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

Key Indicators

	17/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	Annual Target
SAFE										
Never Events	1	0	0	0	0	0	1	0	1	0
CARING										
% Complaints closed within target timeframe	48.70%	37.00%	44.00%	30.00%	31.00%	33.0%	53.0%	45.0%	38.0%	95%
Friends & Family Test (IP Survey) - Response Rate	31.40%	39.97%	39.75%	38.83%	36.47%	37.83%	34.93%	35.53%	37.96%	>=25.9% / 24.5%
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	96.78%	97.98%	97.38%	97.42%	97.65%	97.70%	97.35%	97.48%	>=96.3% / 96.7%
Friends and Family Test Outpatient - Response Rate	10.10%	11.30%	10.45%	11.43%	11.40%	11.32%	11.61%	10.21%	11.08%	>=5.3% / 4.7%
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	90.66%	90.99%	90.40%	90.79%	90.82%	90.96%	90.79%	90.77%	>=95.7% / 96.2%
Friends and Family Test A & E Survey - Response Rate	10.20%	10.74%	9.55%	12.85%	15.25%	14.53%	13.10%	13.71%	12.69%	>=13.3% / 11.7%
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	84.65%	86.35%	84.28%	84.30%	82.15%	84.75%	82.56%	84.28%	>=86.5% / 87.2%
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	33.20%	34.80%	34.80%	33.70%	35.60%	36.30%	35.10%	34.80%	>=22.0% / >=20.8%
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.00%	98.90%	98.20%	98.40%	98.10%	99.00%	99.70%	98.60%	>=97% / 97.3%
Friends and Family Test Community - Response Rate	6.50%	3.60%	6.30%	4.20%	4.40%	4.66%	6.50%	5.15%	5.08%	>=3.4% / >=3.5%
Friends and Family Test Community Survey - % would recommend the Service	90.00%	93.90%	92.60%	92.00%	97.40%	94.06%	92.89%	91.60%	93.38%	>=96.2% / >=96.6%
EFFECTIVE										
Number of MRSA Bacteraemias – Trust assigned	5	0	0	1	0	0	0	0	1	0
Preventable number of Clostridium Difficile Cases	8	3	1	1	0	0	0	0	5	<=20
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.98								98.98	<=100
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47								83.56	<=100
RESPONSIVE										
Emergency Care Standard 4 hours	90.61%	91.52%	93.23%	94.78%	92.37%	91.15%	89.63%	90.31%	91.89%	>=95%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	58.00%	53.49%	68.63%	54.00%	59.02%	70.21%	68.33%	61.71%	>=90%
% Incomplete Pathways <18 Weeks	93.75%	93.77%	93.32%	94.05%	93.99%	93.18%	93.00%	93.15%	93.15%	>=92%
Two Week Wait From Referral to Date First Seen	94.09%	95.63%	98.78%	98.61%	98.82%	97.67%	98.79%	99.05%	98.24%	>=93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	95.48%	95.28%	98.94%	95.24%	100.00%	100.00%	99.50%	97.64%	>=93%
31 Days From Diagnosis to First Treatment	99.83%	100.00%	99.37%	99.41%	100.00%	100.00%	100.00%	100.00%	99.82%	>=96%
31 Day Subsequent Surgery Treatment	99.26%	100.00%	100.00%	100.00%	97.22%	100.00%	100.00%	94.74%	98.79%	>=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%	>=98%
38 Day Referral to Tertiary	45.49%	47.62%	40.00%	50.00%	50.00%	42.86%	50.00%	66.67%	48.00%	>=85%
62 Day GP Referral to Treatment	88.67%	90.66%	92.35%	83.98%	87.72%	83.51%	88.70%	87.08%	87.55%	>=85%
62 Day Referral From Screening to Treatment	94.87%	81.82%	91.67%	100.00%	100.00%	100.00%	85.71%	77.78%	90.59%	>=90%
WORKFORCE										
Sickness Absence rate (%) - Rolling 12m	4.10%	4.10%	4.07%	4.04%	4.01%	3.97%	3.92%	*	-	4%
Long Term Sickness Absence rate (%) -Rolling 12m	2.55%	2.54%	2.53%	2.51%	2.48%	2.45%	2.42%	*	-	2.7%
Short Term Sickness Absence rate (%) -Rolling 12m	1.55%	1.56%	1.53%	1.53%	1.53%	1.52%	1.50%	*	-	1.3%
Overall Essential Safety Compliance		95.00%	94.40%	93.96%	93.84%	91.56%	90.12%	91.02%	-	95%
Appraisal (1 Year Refresher) - Non-Medical Staff - Rolling 12m	93.50%	15.43%	62.67%	96.65%	96.74%	95.74%	95.76%	94.33%	-	95%
Appraisal (1 Year Refresher) - Medical Staff - Rolling 12m	69.88%	99.75%	99.70%	98.65%	96.59%	97.21%	97.42%	92.50%	-	95%
FINANCE										
I&E: Surplus / (Deficit) Var £m	-7.97	0.01	0.00	0.00	0.01	0.26	-0.02	-0.20	0.04	

Most Improved/Deteriorated

MOST IMPROVED

No of Complaints closed within Timeframe - at 29 highest number since January.

Short Term Sickness Absence rate (%) - rolling 12 months - lowest since December 2017.

Cancer 38 Day Referral to Tertiary - at 67% best performance on record but needs further improvement to achieve 85% target. Any 38 day breaches from October will impact on 62 day performance. **Notification from NHSE - these rules will now be in place from April 2019.**

MOST DETERIORATED

Never Event - There has been one never event reported in Medicine relating to air administration instead of prescribed air. This is a retrospective report following quality check of incident data from February 2018 in relation to the issued NPSA ALERT.

Health & Safety Incidents (RIDDOR) - first since January. The Trust has reported a chemical spillage incident to RIDDOR.

Friends and Family Test Community Survey - % would recommend the Service - at 91.6% lowest position since December 2017.

ACTIONS

This incident was presented at SI panel and is currently being investigated. The incident has been discussed at the most recent NIV and medical gases meeting with the proposed actions: Look at capping all air ports at HRI and using compressors. At CRH placing temporary caps in air ports on wards where it is rarely used. Divisional and Trust response has been implemented throughout the acute hospital sites with ward MUST DoS - Fundamental daily safety checks and quality walkrounds to raise awareness and standardise clinical practice relating to the placement of air flow meters.

All staff to ensure they screw lids onto the waste chemical bottles. All staff must ensure they wear full PPE when moving chemicals, the chemical waste cage is to be emptied daily by the facilities team.

Responses within categories 3, 4 and 5 will be investigated and action plans developed where required.

Executive Summary

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

Area	Domain
Safe	<ul style="list-style-type: none"> • Never Event - There has been one never event in Medicine relating to air administration instead of prescribed air. This is a retrospective report following quality check of incident data from February 2018 in relation to the issued NPSA ALERT. This incident was presented at SI panel and is currently being investigated. • Health & Safety Incidents (RIDDOR) - first since January. The Trust has reported a chemical spillage incident to RIDDOR. All staff to ensure they screw lids onto the waste chemical bottles. All staff must ensure they wear full PPE when moving chemicals, the chemical waste cage is to be emptied daily by the facilities team.
	<ul style="list-style-type: none"> • Complaints closed within timeframe - Of the 69 complaints closed in October, 45% (21/40) were closed within target timeframe. The number of overdue complaints was 16/82 (20%) compared to 25/109 (23%) in September. Additional complaint handling support is in place for three months (until end December) for the Medicine Division. • Friends and Family Test Outpatients Survey - % would recommend the Service - Performance is still under 91% which is below 95.7% target. The action plan is being worked through and an improved performance is expected over the forthcoming months. Work is ongoing within the directorates with regular customer contact meetings to address issues specifically with OP and appointments. The OP transformation project is expected to have a positive impact on patient experience.
	<ul style="list-style-type: none"> • Friends and Family Test A & E Survey - % would recommend the service. Performance has fallen to 82.6% following last month's improvement. We have reviewed the comments from HRI ED. We are addressing the long waits through our ED action plan and will use some of the comments as feedback in staff huddles for reflection. • Friends and Family Test Community Survey - % would recommend the Service. Performance has fallen again to 92.89% against 96.6% target. Responses within categories 3, 4 and 5 will be investigated and action plans developed where required. • % Dementia patients following emergency admission aged 75 and over - performance has improved to 40% which is the best performance in 12 months but still some distance from 90% target. Surgical division will be sharing their approach with other divisions to see if their good performance and process can be replicated.
Caring	<ul style="list-style-type: none"> • #Neck of Femur - performance improved again to 82.22% in October but still struggling to achieve and maintain 85% target. Patients who breach their 36 hours to theatre target will now undergo an RCA to ensure a robust process is in place for learning. The findings of mini RCAs are due to be fed back at PSQB.
Effective	

Background Context

All divisions have been working on specific directorate action plans in line with the CQC Health Checks and November PRMs will be dedicated to these actions plans to move the organisation from Good to Outstanding.

Divisions have a management plan in place for Winter and have taken part in annual planning sessions.

Nursing vacancies continue to impact on Wards 11, 21 and 19 although excellent engagement with confirm and challenge process as well as visibility of matron teams are helping to minimise the impact of vacancies on care delivery.

The Acute Floor is on plan for December implementation.

Cardiology bed reductions continues - although a formal assessment has not yet taken place, the overall impact looks to be positive with no negative feedback.

HPV schedule is on track - although there have been some challenges in managing the bed base including increased transfers across sites.

Surgery has established a Quality Improvement forum where nursing teams are adopting a QI approach to using performance data regarding ward assurance metrics to drive improvements.

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

Area	Domain
Responsive	<ul style="list-style-type: none"> Emergency Care Standard 4 hours - at 90.31% in October, (91.64% all types) - improvement on last month. Analysis completed from a deep-dive of a weekend with poor performance and actions being followed through. There is also a focused piece of work looking at medical/ACP rotas to start a new process of having a senior decision maker at the front door. Also planning a go-see to Barnsley and plan to use the findings to shape actions moving forward. Stroke targets - 3 out of 4 targets achieved. Only patients admitted directly to stroke unit within 4 hours missed target. Medicine has monthly SSNAP meetings in place to micro-manage the actions and track progress with the aim of achieving an A for SSNAP that is sustainable across all areas. For direct admissions an audit has been undertaken to look at the breaches to identify themes and the reasons for breaching. The top 3 breach reasons were unavoidable due to clinical reasons, not having a 24/7 Stroke Assessment Bed and no HRI Stroke Pathway. The team are focusing on the HRI Stroke Pathway and are in the process of writing up a draft proposal/guidance on how the pathway will work from a clinical perspective. 38 Day Referral to Tertiary - improved to 67% in October - best performance to date. Due to the new rules improvement in IPT expected in November as all patients on a pathway from 1st October follow the new rules and the tertiary centre will receive a full breach if patient not transferred before day 38. Notification from NHSE - these rules will now be in place from April 2019. 62 Day Referral from Screening to Treatment - missed the 90% target at 78% for 2nd month running. Outstanding issue at MYT with capacity and the cancellation of lists at short notice despite escalation at MYT. CD in General Surgery working with clinical lead for BSCP to achieve a resolution. Appointment Slot Issues on Choose & Book - improved to 28% in-month. Capacity issues within Oral Surgery and Ophthalmology. Ophthalmology prioritising vacant slots for patients on pending lists alongside vacant consultant posts.
	<ul style="list-style-type: none"> Overall Sickness absence/Return to Work Interviews - Short term sickness is now at its lowest level since December 2017. RTWI performance is above 70% - highest level in over 12 months. Essential Safety Training compliance has improved in a number of areas over the last month due to robust EST Action Plans.
Workforce	
Finance	<ul style="list-style-type: none"> Finance: Year to Date Summary The year to date deficit is £26.62m, a £0.04m favourable variance from plan. <ul style="list-style-type: none"> The positive variance reflects the Department of Health pay announcement on Medical Staff pay which confirmed that pay awards would be implemented in October and not backdated as assumed in the plan. This is a timing difference, will reduce month on month and is not expected to impact on the forecast. Aside from this the position is slightly worse than plan. Clinical contract income performance is below plan by £1.96m. The Aligned Incentive Contract (AIC) protects the income position by £1.8m in the year to date leaving a residual pressure of £0.16m. However, a proportion of this income protection (£1.14m) is as a result of CIP plans and management decisions where there is a corresponding reduction in cost. When these elements are adjusted for, the impact is reduced to £0.66m. CIP achieved in the year to date is £7.47m against a plan of £8.08m, a £0.61m pressure. Divisional budgets (excluding Calderdale & Huddersfield Solutions) are now overspent by £1.06m year to date, a slight worsening compared to month 6. This pressure has been mitigated by the release of all of the Trust's contingency reserves in the year to date a total of £1.00m. In addition the winter element of the reserve has been released in the short term to offset the shortfall on CIP and will need to be reinstated as CIP is achieved per the re-profiled forecast. Agency expenditure is £0.17m below the agency trajectory set by NHSI and is forecast to remain below trajectory for the rest of the year. Key Variances <ul style="list-style-type: none"> Medical staffing expenditure continues above plan in both Surgery and FSS with a year to date adverse variance to plan at Trust level of £2.17m. However, against the agency trajectory the improvement seen last month continued with Medical Agency remaining below the planned level in month. There are also significant pressures on non-pay expenditure particularly on the cost of premises, Radiology outsourcing and the cost of patient letters. Nursing pay expenditure increased slightly in month, with increased substantive and bank expenditure linked to temporarily supernumerary newly qualified nurses and additional HCA support for one to ones. However, nursing agency costs reduced further, remaining well below the planned level. Year to date nursing expenditure is overspent by £0.28m (excluding the impact of pay awards which is funded as income). Forecast <ul style="list-style-type: none"> The forecast is to achieve the planned £43.1m deficit; this relies upon full delivery of the £18m CIP plan including high risk schemes. The underlying position is driving an additional recovery requirement with a total value of £2.84m. This is a worsening of £0.84m since the need for recovery action was quantified in Month 5. The full value of the recovery requirement is being pursued through a range of recovery actions and opportunities.

Background Context

Within Community the Division was well represented in the launch of Primary Care Home Network - centrally led jointly by Dr Helen Davies and Dr Nadeem Akhtar and confirmed in writing on behalf of CHFT their support for the programme.

The post natal wards on Wards 1 & 9 at CRH moved to the 4s during October. The move went really well and patients are loving their new ward.

Paediatrics was busy again in October - however the nursing staffing model has now shifted to the seasonal model and teams are managing well.

The Radiopharmacy isolator was repaired in October following a period of downtime.

This month the pharmacy team started providing an enhanced service to wards during the weekend. This will continue during the winter months and is so far going extremely well.

Safe - Key messages

Area	Reality	Response	Result
% Harm Free Care	<p>% Harm Free Care - is improving gradually and now stands at 93.7% just below the 95% target.</p> <p>This performance is being driven by the number of pressure ulcers (old and new) and a number of Catheter related UTIs recorded in month.</p>	<p>The Trust is undertaking a number of quality improvement collaboratives with NHSI which include some of the indicators within the safety thermometer which measures harm free care.</p>	<p>Expected by: Target remains to achieve 95% however significant improvement not expected until the new validation process is embedded.</p> <p>Accountable: Chief Nurse</p>
Patient Incidents with Harm	<p>One Never Event - There has been one never event reported in Medicine relating to air administration instead of prescribed air. This is a retrospective report following quality check of incident data from February 2018 in relation to the issued NPSA ALERT.</p> <p>To date we have sent 38 reports to the CCG in 2018/19, of which 47% have been delivered within timescale. In October all reports were delivered in the 60 days' timeframe.</p> <p>The IPR data shows all yellow, orange and red incidents patient incidents totalling 856, of which 219 related to incidents with harm. This represents 25% of the total number of patient incidents. This figure will reduce as incidents are reviewed and investigated.</p>	<p>The team continue to work with investigators to ensure early conclusion to investigation reports.</p> <p>The Trust continues to work with teams to ensure accurate incident reporting. Work has commenced to promote incident reporting further and this is being monitored via the Patient Safety Group.</p>	<p>The Trust aims to have no further Never Events.</p> <p>We aim to get at least 60% of SI investigations completed on time.</p> <p>Accountable ADQS</p>
Health & Safety (RIDDOR)	<p>The Trust has reported a chemical spillage incident to RIDDOR.</p>	<p>To ensure all staff are aware of the correct process to follow when placing lids on waste chemical bottles.</p> <p>All staff must ensure they wear full PPE when moving chemicals, the chemical waste cage is to be emptied daily by the facilities team.</p>	<p>No further incidents related to chemical spillage due to incorrect lid attachment.</p>

Safe - Key measures

	17/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18		YTD	Annual Target	Monthly Target
Falls / Incidents and Harm Free Care																		
All Falls	1,790	138	144	163	138	149	175	152	140	153	155	135	149	160	1,044	Refer to SPC charts		
Inpatient Falls with Serious Harm	30	2	1	3	1	3	3	1	1	3	1	5	5	2	18	Refer to SPC charts		
Falls per 1000 bed days	7	6.44	6.91	7.8	6.3	7.5	7.8	7.32	6.64	7.74	7.34	6.87	7.53	8.01	7.35	Refer to SPC charts		
% Harm Free Care	93.66%	93.90%	93.41%	93.45%	92.70%	92.30%	92.50%	91.70%	94.50%	92.00%	92.70%	93.60%	93.54%	93.70%	92.92%	>=95%	95%	
% New Harm Free Care	97.75%	97.76%	97.90%	98.01%	96.90%	96.88%	96.63%	96.92%	98.72%	98.22%	98.45%	98.30%	97.68%	98.25%	97.90%	>=98%	98%	
Number of Serious Incidents	62	5	5	6	4	6	4	5	5	1	3	1	4	3	22	Refer to SPC charts		
Number of Incidents with Harm	2,101	163	187	212	209	179	259	210	215	182	195	216	216	219	1,453	Refer to SPC charts		
Percentage of Duty of Candour informed within 10 days of Incident	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95%	95%	
Never Events	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	
Percentage of SIs investigations where reports submitted within timescale – 60 Days	37.53%	0.00%	37.80%	30.00%	25.00%	66.00%	0.00%	40.00%	14.00%	37.50%	83.30%	0.00%	0.00%	100.00%	39.00%	>=50%	50%	
Maternity																		
Elective C-Section Rate	10.00%	9.10%	11.70%	9.20%	9.60%	11.00%	11.60%	9.70%	10.20%	8.60%	8.90%	10.00%	10.60%	8.40%	9.50%	<=10% Threshold	10%	
Emergency C-Section Rate	13.90%	13.80%	14.50%	14.60%	16.80%	15.70%	14.40%	20.30%	15.10%	19.10%	15.00%	16.60%	15.10%	13.90%	16.30%	<=15.6% Threshold	15.6%	
Total C-Section Rate	23.92%	22.84%	26.21%	23.80%	26.40%	26.10%	25.93%	30.00%	25.29%	27.75%	23.92%	26.53%	25.62%	22.27%	25.83%	<=26.2% Threshold	26.2%	
Proportion of Women who received Combined Harm Free Care	76.17%	74.60%	64.00%	71.74%	85.71%	71.43%	76.92%	81.67%	78.72%	74.60%	68.52%	72.97%	78.20%	in arrears	75.78%	>=70.9%	70.9%	
% PPH ≥ 1500ml - all deliveries	3.00%	3.20%	2.40%	4.18%	1.80%	3.60%	2.10%	3.08%	5.80%	3.80%	4.10%	2.70%	2.20%	2.30%	3.40%	<=3.0%	3.0%	
Antenatal Assessments < 13 weeks	91.44%	92.37%	92.77%	90.60%	91.51%	91.93%	90.00%	91.20%	93.03%	91.30%	91.10%	92.38%	90.21%	91.48%	91.55%	>90%	90%	
Maternal smoking at delivery	12.50%	10.30%	11.90%	16.70%	11.86%	13.06%	13.70%	17.20%	10.90%	12.90%	12.80%	12.90%	11.50%	13.00%	12.90%	<=11.9%	11.90%	
Pressure Ulcers																		
Number of Trust Pressure Ulcers Acquired at CHFT	427	36	32	48	42	28	59	44	31	40	41	32	54	under validation	242	Refer to SPC charts		
Pressure Ulcers per 1000 bed days	1.67	1.68	1.53	2.3	1.92	1.41	2.67	2.12	1.47	2.02	1.94	1.63	2.73	under validation	1.99	Refer to SPC charts		
Number of Category 2 Pressure Ulcers Acquired at CHFT	313	26	23	38	31	17	51	34	24	29	23	29	36	under validation	175	Refer to SPC charts		
Number of Category 3 Pressure Ulcers Acquired at CHFT	105	10	9	10	10	10	6	10	7	10	18	3	18	under validation	66	Refer to SPC charts		
Number of Category 4 Pressure Ulcers Acquired at CHFT	8	0	0	0	1	1	1	0	0	1	0	0	0	under validation	1	0	0	
% of leg ulcers healed within 12 weeks from diagnosis	95.20%	93.80%	88.50%	100.00%	88.00%	96.30%	95.00%	87.50%	93.62%	100.00%	93.50%	92.30%	97.22%	100.00%	94.50%	>=90%	90%	
Percentage of Completed VTE Risk Assessments	94.68%	97.34%	97.06%	96.69%	96.44%	97.07%	97.29%	97.35%	97.10%	97.80%	97.82%	96.56%	96.86%	96.79%	97.17%	>=95%	95%	
Safeguarding																		
Alert Safeguarding Referrals made by the Trust	168	16	12	12	9	15	15	24	26	24	19	28	17	15	153	Not applicable		
Alert Safeguarding Referrals made against the Trust	170	9	18	6	23	16	14	6	17	35	7	6	16	17	104	Not applicable		
Community Medication Incidents	41	5	4	7	2	2	1	3	1	3	0	5	0	9	21	0	0	
Health & Safety Incidents	274	25	22	30	18	13	21	21	14	20	25	20	21	19	140	0	0	
Health & Safety Incidents (RIDDOR)	10	0	1	0	1	0	0	0	0	0	0	0	0	1	1	0	0	
Medical Reconciliation within 24 hours								26.30%	27.30%	26.70%	26.70%	25.00%	28.00%	32.70%	26.90%	>=68%	68%	
Electronic Discharge																		
% Complete EDS	96.03%	96.72%	97.91%	97.79%	97.49%	95.53%	93.18%	99.15%	98.85%	98.72%	97.93%	96.90%	96.56%	95.09%	97.57%	>=95%	95%	

Caring - Key messages

Area	Reality	Response	Result
Friends and Family Test Outpatients Survey - % Would Recommend	<p>Performance continues to average around 91%. The common themes continue to be around waiting times, diagnostics, the environment and appointment efficiencies.</p>	<p>The matrons and area managers are working with staff so that they engage with patients to promote the survey and therefore receive valuable feedback.</p> <p>Discussions have been had as to how best to enhance the waiting environment and ensure patients know their options with regards to claiming back parking charges if they experience long delays.</p> <p>Outpatients as a whole are currently undergoing a transformational programme of work, the FFT metrics are being monitored throughout the period to assess changes in patient satisfaction levels.</p>	<p>Expected by: The action plan is being worked through and an improved performance is expected over the forthcoming months. Work is ongoing within the directorates with regular customer contact meetings to address issues specifically with OP and appointments.</p> <p>The OP transformation project is expected to have a positive impact on patient experience and we will continue to monitor this metric for consistent levels of satisfaction to ensure any changes are not adversely affecting the patient experience.</p> <p>Accountable: Clinical Managers and Matron for Outpatients</p>
Friends & Family Test - AE % Would Recommend	<p>Friends and Family Test A & E Survey - % would recommend the Service has performed under target at 82.6% in month.</p> <p>For CRH the % would recommend has improved to 87.6%</p> <p>For HRI the % would recommend has dropped to 77.7% in month.</p>	<p>We have reviewed the comments from HRI in A&E, the common themes are long waits and staff attitudes. We are addressing the long waits through our ED action plan and will use some of the comments as feedback in staff huddles for reflection.</p>	<p>Expected by: November 2018</p> <p>Accountable: Matron in ED</p>
Friends and Family Test Community Survey - % would recommend the Service and response rate	<p>FFT responses for October show that 91.6% of respondents would recommend our service, compared to 92.9% in September.</p> <p>There were also 44 'neither likely nor unlikely' and 14 'unlikely to recommend'. These scores relate to the activity of the Immunisation teams within secondary schools.</p> <p>The activity of the immunisation team this month has helped to maintain a green rating for response rate, however it has a negative impact on the 'would recommend' rate as a number of the school children replied indicating that they didn't like having an injection and therefore wouldn't recommend the service. This is the only service across community with a red rated 'wouldn't recommend' score</p>	<p>Collecting FFT data is still a focus for the division, with us focusing on both the collection of data as well as following up and responding to negative responses.</p>	<p>We will continue to monitor the response rate and the process of collecting & reporting data.</p> <p>By When: November 2018</p> <p>Accountable: Director of Operations</p>
% Dementia patients following emergency admission aged 75 and over	<p>% Dementia patients following emergency admission aged 75 has improved significantly to just over 40%</p> <p>Surgical division showed their highest in month performance this year.</p>	<p>Surgical division will be sharing their approach with other divisions to see if the process can be replicated.</p>	<p>To reach the national target of 90% but the end of the financial year.</p> <p>When: March 2019</p>

Caring - Complaints Key messages

Area	Reality	Response	Result
% Complaints closed within target timeframe	45% of complaints were closed in time in October.	Close monitoring of complaint closure continues via the weekly performance meetings and ADN huddle, with practical and administrative help provided as required.	With continued support from Divisional triumvirate teams the backlog of breaching complaints is expected to be cleared by the end of November.
	SAS closed 25% (4/16) in time; Medicine closed 38% (14/37) in time; FSS closed 73% (11/15) in time.		We aim for 95% of complaints to be closed in time in Q4.
	Additional complaint handling support is in place for three months (until end December) for the Medicine Division. This includes advice and guidance to the Divisional triumvirate team, additional complaint handling training and weekly complaint panels.		Accountable: Head of Risk and Governance and Divisional Leads

Complaints Background

The Trust received 42 new complaints in October and re-opened 9 complaints, making a total number of 52 complaints received in October, which is an increase of 7 complaints from September.

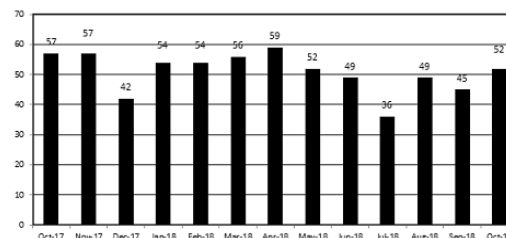
Reasons for complaints being reopened: 6 complainants have requested a meeting to clarify points in response or because they are unhappy with the response; 2 raised further questions / response not detailed enough (1 of these was a complaint managed by Leeds (LTH) and there are questions for CHFT and Locala) and 1 requested a report following a local resolution meeting.

Complaint subjects: The top 3 Complaints subjects for October are clinical treatment, patient care (including nutrition and hydration) and staff values and behaviours.

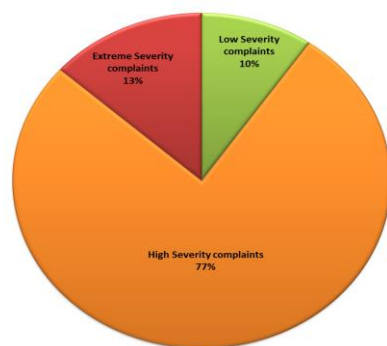
Severity: The Trust received 7 new Red complaints in October, 4 assigned to the Medical Division, 2 assigned to SAS, and 1 as signed to FSS.

PHSO Cases: We received 1 new Ombudsman/PHSO case in October and none were closed. There were 8 active cases under investigation by the Ombudsman at the end of October.

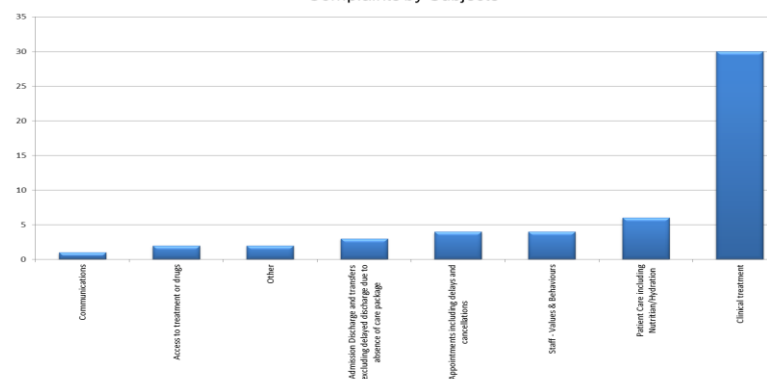
Complaints by Received (Month and Year)



Complaints by Severity



Complaints by Subjects



Caring - What our patients are saying

Some of the positive feedback we have received

3 CRH - This is the first time we've had to stay over at the hospital and we've been made to feel at ease and have been kept well informed throughout! There's plenty to keep the little one entertained too which has been helpful. Thank you.

4C CRH - I cannot praise the way I have been treated highly enough. Whilst I wouldn't want to go through it all again, I couldn't have wished for a better experience / outcome given the circumstances.

XRAY RDCU - Happy with my treatment during my stay. The staff explained each stage to me so that i knew what to expect.

ANGI CRH - To be honest I personally found the care and all the people involve absolutely outstanding. I couldn't have wished for a better experience under the circumstances, all I can say is a big thank you to everybody and keep up the good work.

12 HRI - Ensure that standard of care and professionalism remains the same - it is brilliant. Staff are caring and knowledgeable. Nothing is too much.

DAYCAS CRH - Everyone I met on the day introduced themselves and were very kind and friendly as well as being efficient. Mr Sohail was very kind and friendly and a perfect gentleman.

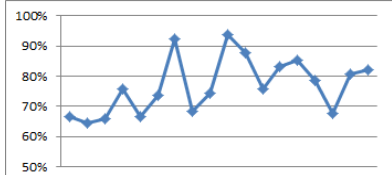
ENDO CRH - I thought all the staff were friendly and took great care to ensure I was comfortable and knew what was going to happen before during and after the procedure. I was very impressed with all the staff I came into contact with - Well done.

DSU HRI - I don't think anything needs to change. It all felt very comfortable and very informative. I was put at ease.

Caring - Key measures

	17/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	Target	Threshold/Monthly
Complaints																	
% Complaints closed within target timeframe	48.7%	44.4%	53.0%	38.0%	54.0%	31.0%	52.0%	37.0%	44.0%	30.0%	31.0%	33.0%	53.0%	45.0%	38.0%	95%	95%
Total Complaints received in the month	593	50	56	43	53	53	52	57	51	48	36	48	40	52	332		
Complaints re-opened	68	6	3	2	10	10	5	4	9	3	8	6	4	10	44		
Inpatient Complaints per 1000 bed days	2.18	2.5	2.4	1.9	2.3	2.6	2.2	2.65	2.33	2.48	1.7	2.55	1.97	2	2.28		
No of Complaints closed within Timeframe	293	16	38	29	28	14	24	18	27	15	23	18	21	29	151	Refer to SPC charts in Appendix	
Friends & Family Test																	
Friends & Family Test (IP Survey) - Response Rate	31.40%	34.10%	34.50%	30.10%	33.40%	33.50%	35.00%	39.97%	39.75%	38.83%	36.47%	37.83%	34.93%	35.53%	37.96%	>=25.9% /24.5% from June 18	
Friends & Family Test (IP Survey) - % would recommend the Service	96.90%	97.10%	96.80%	96.20%	96.80%	97.60%	97.60%	96.78%	97.98%	97.38%	97.42%	97.65%	97.70%	97.35%	97.48%	>=96.3% / 96.7% from June 18	
Friends and Family Test Outpatient - Response Rate	10.10%	11.30%	11.20%	10.20%	10.80%	11.10%	10.00%	11.30%	10.45%	11.43%	11.40%	11.32%	11.61%	10.21%	11.08%	>=5.3% / 4.7% from June 18	
Friends and Family Test Outpatients Survey - % would recommend the Service	89.70%	89.40%	88.80%	90.00%	91.50%	90.60%	90.80%	90.66%	90.99%	90.40%	90.79%	90.82%	90.96%	90.79%	90.77%	>=95.7% / 96.2% from June 18	
Friends and Family Test A & E Survey - Response Rate	10.20%	11.10%	10.50%	10.10%	10.40%	10.30%	10.80%	10.74%	9.55%	12.85%	15.25%	14.53%	13.10%	13.71%	12.69%	>=13.3% / 11.7% from June 18	
Friends and Family Test A & E Survey - % would recommend the Service	85.00%	86.10%	85.50%	85.20%	87.30%	85.00%	82.10%	84.65%	86.35%	84.28%	84.30%	82.15%	84.75%	82.56%	84.28%	>=86.5% / 87.2% from June 18	
Friends & Family Test (Maternity Survey) - Response Rate	41.00%	36.20%	45.20%	36.20%	39.90%	47.30%	33.70%	33.20%	34.80%	34.80%	33.70%	35.60%	36.30%	35.10%	34.80%	>=22.0% / >=20.8% from June 18	
Friends & Family Test (Maternity) - % would recommend the Service	97.60%	98.30%	98.20%	98.00%	98.50%	99.00%	98.50%	98.00%	98.90%	98.20%	98.40%	98.10%	99.00%	99.70%	98.60%	>=97% / 97.3% from June 18	
Friends and Family Test Community - Response Rate	6.50%	2.09%	4.50%	2.70%	1.60%	3.40%	2.80%	3.60%	6.30%	4.20%	4.40%	4.66%	6.50%	5.15%	5.08%	>=3.4% / >=3.5% from June 18	
Friends and Family Test Community Survey - % would recommend the Service	90.00%	97.48%	97.02%	91.30%	99.10%	96.40%	97.50%	93.90%	92.60%	92.00%	97.40%	94.06%	92.89%	91.60%	93.38%	>=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%	26.71%	30.10%	27.73%	20.97%	20.72%	22.43%	24.61%	30.65%	28.41%	33.60%	29.64%	28.21%	40.13%	29.44%	>=90%	90%

Effectiveness - Key messages

Area	Reality	Response	Result
Infection Control: E.coli	Number of E.Coli - Post 48 Hours - there were 6 cases in the month, 4 in the Medical Division and 2 in the Surgery Division.	The Trust is participating in an NHSI collaborative for UTI reduction. To continue to ensure antibiotic usage is discussed with Microbiologist to ensure they are appropriate. CHFT will be participating in an IPC summit with CCG and LA colleagues at the end of November Divisional infection control action plans continue to be monitored via the IPC governance structures	Expected : A year on year reduction in post 48 hour cases Accountable Officer: Matron for Infection Control and Infection Control Doctor
% Sign and Symptom as a Primary Diagnosis	Over the last 6 months performance has remained static at around 10%, this month has shown some improvement at 9.4%	As per last month work is being led by Mr Bhasin, through the 2 Coding leads as discussed at divisional PRMs The main piece of work continues with colleagues ensuring that they are aware of current performance levels and are capturing sign and symptoms on EPR in the correct place. New Coding PAs are in place and following escalation at COG, this will be a key area of focus.	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 Anticipated continued improvements not being realised, no changes noted at the beginning of Q3, so unlikely to now be seen until Q4. Accountable: Associate Medical Director and Clinical Coding Manager
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	82.22% of patients who were discharged in October had their #NoF Procedure of < 36 Hours of being admitted. 	The T&O Directorate are constantly reviewing how the 36 hours target can be better managed and applying these methods in order to benefit patients Continued analysis is underway and the findings of mini RCAs are due to be fed back at PSQB	To achieve 85% of patients going to theatre in 36hrs As at 19th November the BPT stands at 83% patients, but there are 3 current inpatients who were breaches and are yet to be discharged.

Effectiveness - Key measures

17/18		Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18		YTD	Target	Threshold/Mon thly	
Infection Control																			
Number of MRSA Bacteraemias – Trust assigned	5	0	0	0	0	2	0	0	0	1	0	0	0	0	1	0	0		
Total Number of Clostridium Difficile Cases - Trust assigned	40	1	6	4	7	3	7	4	4	4	1	1	1	0	15	No target			
Clostridium Difficile - Infection Rate								17.91	18.57	18.33	19.33	20.58	Issued periodically from Website HED						
Preventable number of Clostridium Difficile Cases	13	0	2	2	0	0	5	3	1	1	0	0	0	0	5	<=20	< = 2		
Number of MSSA Bacteraemias - Post 48 Hours	22	1	0	2	2	0	2	0	1	0	1	3	1	2	8	<=12	1		
Number of E.Coli - Post 48 Hours	48	6	2	6	7	6	4	6	4	1	5	4	5	6	31	<=26	2.17		
E.Coli - Infection Rate								136.77	137.5	136.03	131	130.14	Issued periodically from Website HED						
MRSA Screening - Percentage of Inpatients Matched	95.06%	not reported	not reported	88.30%	92.20%	95.50%	95.70%	98.34%	96.37%	97.62%	96.10%	95.95%	96.12%	96.42%	97.40%	>=95%	95%		
MRSA Bacteraemias - Infection Rate								2.04	2.21	1.45	1.07	1.21	Issued periodically from Website HED						
Mortality																			
Stillbirths Rate (including intrapartum & Other)	0.36%	0.43%	0.65%	0.45%	0.22%	0.29%	1.14%	0.25%	0.00%	0.94%	0.22%	0.45%	0.22%	0.67%	0.39%	<=0.5%	0.5%		
Perinatal Deaths (0-7 days)	0.17%	0.00%	0.22%	0.22%	0.00%	0.29%	0.00%	0.25%	0.23%	0.23%	0.00%	0.45%	0.00%	0.00%	0.16%	<=0.1%	0.1%		
Neonatal Deaths (8-28 days)	0.04%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	<=0.1%	0.1%		
Local SHMI - Relative Risk (1 Yr Rolling Data)	98.98	100.64	100.64	100.64	98.98	98.98	98.98	Next Publication due December 18							98.98	<=100	100		
Hospital Standardised Mortality Rate (1 yr Rolling Data)	82.47	89.86	87.79	86.16	85.19	83.91	82.47	83.34	82.9	83.56	82.02			82.95	<=100	100			
Crude Mortality Rate	1.50%	1.21%	1.34%	1.82%	1.93%	1.94%	1.60%	1.40%	1.17%	1.23%	1.01%	1.16%	1.23%	1.18%	1.20%	No target			
Coding and submissions to SUS																			
% Sign and Symptom as a Primary Diagnosis	10.38%	11.03%	9.83%	9.03%	9.70%	10.30%	10.41%	10.43%	9.92%	9.90%	10.00%	9.70%	9.90%	9.40%	9.70%	<=9.0%	9.0%		
Average co-morbidity score	6.11	5.95	5.85	6.25	6.15	6.01	5.87	5.65	5.50	5.45	5.57	5.41	5.00	5.44	5.43	>=4.61	4.61		
Average Diagnosis per Coded Episode	5.86	5.81	5.67	5.88	5.84	5.95	5.91	5.80	5.70	5.76	5.76	5.80	5.53	5.71	5.73	>=5.5	5.5		
CHFT Research Recruitment Target	1,485	144	133	98	173	140	129	149	211	254	216	143	152	122	1247	>=1,473	122		
Best Practice Guidance																			
Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours - BPT based on discharge	76.21%	73.68%	92.31%	68.29%	74.42%	93.75%	87.88%	75.68%	83.33%	85.42%	78.57%	67.65%	80.85%	82.22%	79.58%	>=85%	85%		
IPMR - Breastfeeding Initiated rates	75.90%	75.80%	76.90%	76.10%	76.20%	74.10%	76.10%	77.38%	77.20%	75.90%	79.90%	76.10%	79.30%	76.20%	77.44%	>=70%	70%		
Readmissions																			
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Calderdale CCG	10.21%	9.66%	9.90%	10.44%	10.90%	10.34%	9.63%	9.25%	10.32%	10.84%	8.94%	9.94%	9.98%	in arrears	9.88%	<=9.8%	9.80%		
Emergency Readmissions Within 30 Days (With PbR Exclusions) - Greater Huddersfield CCG	10.08%	10.53%	9.44%	9.80%	10.54%	11.10%	10.28%	10.17%	9.80%	9.67%	10.61%	9.37%	9.17%	in arrears	9.80%	<=8.03%	8.03%		
Community																			
% Readmitted back in to Hospital within 30 days for Intermediate Care Beds	7.00%	4.70%	3.10%	5.20%	7.90%	3.00%	6.30%	1.60%	10.90%	6.20%	1.60%	1.80%	3.40%	6.10%	4.50%	0%	0%		
Hospital admissions avoided by Community Nursing Services	1,389	122	74	63	130	151	172	158	178	176	156	142	153	255	1,218	>=116	116		
Community - No Access Visits	0.93%	0.85%	0.94%	0.82%	0.91%	0.93%	0.88%	0.84%	0.93%	0.96%	0.78%	0.81%	0.82%	0.78%	0.85%	0%	0%		

Responsive - Key messages

Area	Reality	Response	Result
Emergency Care Standard 4 hours	<p>ECS - <4 hours performance increase in month to 90.31%.</p> <p>A&E Ambulance Handovers 30-60 mins - 9 in month.</p>	<p>Analysis completed from a deep-dive of a weekend with poor performance and actions being followed through. We had a week of improved performance last week and are completing the same exercise.</p> <p>There is also a focused piece of work looking at medical/ACP rotas to start a new process of having a senior decision maker at the front door.</p> <p>We are doing a go see to Barnsley next week as their performance is at 96% and they are a comparable trust, we plan to use the findings to shape our actions moving forward.</p> <p>We have established workgroups with SAU, Med ambulatory, Orthopaedics and paediatrics to improve flow between departments. We have started to design new pathways for patients, with further audits to be completed to identify opportunity for further improvement.</p> <p>We are doing a WTGR reality session with the ED/MAU group in December, with the aim to identify clear focus for the ED/MAU forum moving forward.</p>	<p>Expected by: By end of December 2018 - a clear vision by the directorate for the long, medium and short term priorities.</p> <p>We anticipate continued learning and improvement will allow 90% achievement in November and December 2018.</p> <p>Accountable: Director of Operations - Medicine</p>
	<p>% Stroke patients spending 90% of their stay on a stroke unit is showing an increase in month to 95.0% - from 91.49% last month and is above the 90% target.</p> <p>% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival was 68.33%</p> <p>% Stroke patients Thrombolysed within 1 hour - 71.43% Stroke patients were thrombolysed within 1 hour of hospital arrival</p> <p>% Stroke patients scanned within 1 hour of hospital arrival is 50% in month against 48% target.</p>	<p>We now have monthly SSNAP meetings in place to micro-manage the actions and track progress with the aim of achieving an A for SSNAP that is sustainable across all areas. For direct admissions an audit has been undertaken to look at the breaches to identify themes and the reasons for breaching.</p> <p>The top 3 breach reasons were unavoidable due to clinical reasons, not having an 24/7 Stroke Assessment Bed and no HRI Stroke Pathway.</p> <p>40.6% of breaches occurred in hours with 59.4% out of hours. 60.4% of breaches did not come directly to the stroke unit after arrival.</p> <p>The team are focusing on the HRI Stroke Pathway and are in the process of writing up a draft proposal/guidance on how the pathway will work from a clinical perspective.</p>	<p>Expected by: An improvement expected by Q2 SSNAP Score 2018.</p> <p>We have been notified of an improvement to a B.</p> <p>Accountable: Divisional Director Medicine/Dr Nair.</p>
Cancer	<p>Cancer performance has performed in excess of target for all areas except for those highlighted below.</p> <p>38 Day Referral to Tertiary - 66.67%</p> <p>62 Day Referral From Screening to Treatment - 77.78%</p>	<p>IPT breaches still occur due to capacity in the tertiary centre (new rules apply from 1st April 2019) Urology and Lower GI have shown improvements in their tertiary data. Upper GI Medicine/Surgery working together to improve their position by revisiting the pathway in relation to access for diagnostics which in turn expedites patient transfer.</p> <p>Screening Outstanding issue at MYT with capacity and the cancellation of lists at short notice despite escalation at MYT this has a negative impact on the 62 day position. CD General Surgery working with clinical lead for BSCP to achieve a resolution. The tolerances in screening (90%) make it difficult to achieve the target with 1 breach. We have reviewed the breaches over the last quarter and they have been found to be patient choice or a complex breast patient. There have been no avoidable breaches however the screening team will mark patients sooner in the pathways and increase patient communication to remove patient choice issues (holidays).</p> <p>Head & Neck Revisiting pathways to improve IPT. CD and GM in ENT working with Haematology. Revisiting one-stop clinics to ensure used to full effect and patients sent straight to relevant test.</p>	<p>Due to the new rules improvement in IPT expected in November as all patients on a pathway from 1st October follow the new rules and the tertiary centre will receive a full breach if patient not transferred before day 38.</p> <p>Notification from NHSE - these rules will now be in place from April 2019</p> <p>Earlier diagnostics are proven to expedite pathways - this will be monitored in Upper GI tumour site. Screening will be delivering its service with no avoidable breaches</p> <p>Head & Neck Earlier diagnostics and reduced pathway delays for diagnostics and IPT. Allocated urgent biopsy slots.</p> <p>Accountable: General Managers</p>

Responsive - Key messages

Area	Reality	Response	Result
ASI (Appointment Slot Issues) - Snapshot	<p>There has been a noticeable increase in ASIs over the last couple of months. There have been capacity issues in General Surgery and Head and Neck and the impact of reduced slots over the festive period is having implications.</p>	<p>General Surgery & Urology Additional ASI clinic capacity has been gained and clinics will be appointed with longest waiters (not chronological order) and appointed at 5 weeks this is following a admin/clinical validation.</p> <p>Head & Neck 2 substantive speciality doctors appointed in Oral/ Maxfax to clear ASIs and maintain below polling range. Substantive speciality doctor appointed due to start mid January in ENT. Consultant post out to advert. Triaging referrals and additional capacity to be sourced for longest waiters following admin/ validation</p>	<p>Anticipated improvements in Q4 as substantive staff begin to work through the backlog</p> <p>Accountable: Director of Operations and GMs</p>
	<p>% Non-admitted Closed Pathways under 18 weeks = 92.55% Admitted Closed Pathways Under 18 Weeks = 81.42%</p> <p>18 weeks Pathways >=26 weeks open: position following ongoing validation is continuing around 350-400 for Surgery, pre-EPR level was between 150-200 so there is still work to be done. The majority of pathways are in the General Surgery domain.</p>	<p>Trajectories for specialty areas are in place and data quality indicators are being closely monitored to ensure reductions in errors being made. RTT training is available on ESR and is being reviewed for suitability The 18 week validators continue to work through the long waiters as a priority, moving on to the other DQ indicators as appropriate</p>	<p>Priority continues to be given to longest pathways with additional attention on a weekly basis to ensure improved performance.</p> <p>Accountable: DOP</p>

Responsive - Key measures

	17/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	Target	Threshold/M onthly
Accident & Emergency																	
Emergency Care Standard 4 hours	90.61%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	94.78%	92.37%	91.15%	89.63%	90.31%	91.89%	>=95%	95%
Emergency Care Standard 4 hours inc Type 2 & Type 3	91.28%	95.19%	92.20%	89.76%	92.17%	88.68%	86.67%	92.90%	94.27%	95.51%	93.50%	92.31%	91.11%	91.64%	93.07%	>=95%	95%
A&E Ambulance Handovers 15-30 mins (Validated)	10,218	972	758	872	747	764	828	653	640	566	632	605	665	744	4,505	0	0
A&E Ambulance Handovers 30-60 mins (Validated)	287	7	5	16	26	10	15	6	10	9	3	6	5	9	48	0	0
A&E Ambulance 60+ mins	12	1	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0
A&E Trolley Waits (From decision to admission)	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0
Patient Flow																	
Delayed Transfers of Care	2.80%	3.51%	2.01%	3.40%	2.05%	1.89%	2.70%	3.24%	3.49%	3.61%	2.85%	2.82%	2.36%	3.05%	3.07%	<=3.5%	3.5%
Coronary Care Delayed Discharges	44						44	44	45	42	56	44	46	35	312		
Green Cross Patients (Snapshot at month end)	108	90	119	100	117	124	108	119	119	99	103	75	91	88	88	<=40	<=40
Stroke																	
% Stroke patients spending 90% of their stay on a stroke unit	87.02%	76.09%	92.00%	84.62%	95.12%	91.89%	78.69%	91.84%	85.71%	90.00%	88.00%	83.33%	91.49%	95.00%	89.42%	>=90%	90%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	60.36%	46.81%	60.00%	52.50%	80.95%	70.27%	48.38%	58.00%	53.49%	68.63%	54.00%	59.02%	70.21%	68.33%	61.71%	>=90%	90%
% Stroke patients Thrombolysed within 1 hour	81.93%	88.89%	83.33%	100.00%	81.82%	83.33%	100.00%	83.33%	100.00%	60.00%	100.00%	42.86%	40.00%	71.43%	69.57%	>=55%	55%
% Stroke patients scanned within 1 hour of hospital arrival	41.87%	42.86%	37.25%	30.00%	57.14%	52.63%	41.94%	39.62%	40.43%	50.00%	45.10%	44.44%	55.32%	50.00%	46.26%	>=48%	48%
Cancellations																	
% Last Minute Cancellations to Elective Surgery	0.84%	0.89%	0.69%	0.54%	1.09%	0.76%	1.07%	0.34%	0.41%	0.27%	0.67%	0.59%	0.58%	0.68%	0.51%	<=0.6%	0.6%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	7	0	1	0	5	1	0	0	1	0	0	0	0	0	1	0	0
No of Urgent Operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 week Pathways (RTT)																	
% Non-admitted Closed Pathways under 18 weeks	93.03%	91.59%	90.60%	92.84%	92.32%	93.42%	92.33%	91.49%	92.48%	92.60%	92.95%	93.32%	92.04%	92.55%	92.49%	>=95%	95%
% Admitted Closed Pathways Under 18 Weeks	83.21%	80.79%	79.59%	82.73%	85.30%	83.51%	80.03%	81.13%	83.02%	80.78%	82.99%	81.53%	82.69%	81.42%	81.93%	>=90%	90%
% Incomplete Pathways <18 Weeks	93.75%	92.08%	92.45%	92.61%	94.09%	92.76%	93.75%	93.77%	93.32%	94.05%	93.99%	93.18%	93.00%	93.15%	93.15%	>=92%	92%
18 weeks Pathways >=26 weeks open	549	602	1350	695	606	585	549	486	501	445	418	475	500	534	534	0	0
RTT Waits over 52 weeks Threshold > zero	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Diagnostic Waiting List Within 6 Weeks	99.59%	99.57%	97.27%	98.18%	99.07%	99.61%	99.59%	98.81%	98.74%	99.81%	99.32%	99.32%	99.13%	99.47%	99.47%	>=99%	99%
Cancer																	
Two Week Wait From Referral to Date First Seen	94.09%	94.19%	97.96%	99.01%	94.94%	99.06%	96.83%	95.63%	98.78%	98.61%	98.82%	97.67%	98.79%	99.05%	98.24%	>=93%	93%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	93.88%	93.33%	95.54%	96.82%	94.55%	98.26%	95.81%	95.48%	94.87%	98.94%	95.24%	100.00%	100.00%	99.50%	97.64%	>=93%	93%
31 Days From Diagnosis to First Treatment	99.83%	100.00%	100.00%	100.00%	99.41%	100.00%	100.00%	100.00%	99.37%	99.41%	100.00%	100.00%	100.00%	100.00%	99.82%	>=96%	96%
31 Day Subsequent Surgery Treatment	99.26%	95.83%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.22%	100.00%	100.00%	94.74%	98.79%	>=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%	47.62%	55.56%	50.00%	45.16%	52.38%	47.62%	47.62%	40.00%	50.00%	50.00%	42.86%	50.00%	66.67%	48.00%	>=85%	85%
62 Day GP Referral to Treatment	88.67%	84.03%	88.89%	88.05%	91.76%	88.24%	90.32%	90.66%	92.35%	83.98%	87.72%	83.51%	88.70%	87.08%	87.55%	>=85%	85%
62 Day Referral From Screening to Treatment	94.87%	100.00%	100.00%	100.00%	95.45%	100.00%	90.00%	81.82%	91.67%	100.00%	100.00%	100.00%	85.71%	77.78%	90.59%	>=90%	90%
104 Referral to Treatment - Number of breaches	30.5	3	3.5	0.5	1	2.5	1	2.5	0.5	3	4.5	3	3.5	6.5	23.5	0	0
104 Referral to Treatment - Number of patients still waiting	0	0	0	0	0	0	0	0	0	0	4	12	7	7	7	0	0
Elective Access																	
Appointment Slot Issues on Choose & Book	21.45%	16.46%	26.71%	28.82%	23.50%	33.14%	40.26%	34.92%	38.54%	41.14%	41.95%	28.85%	28.04%	in arrears	35.52%	<=5%	5%
Holding List > 12 Weeks	3,967	9,232	7,624	7,163	6,199	4,750	3,967	3,175	2,707	2,449	2,467	2,657	2,560	2,608	2,608	0	0

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.	83.62% of expected Registered Nurse hours were achieved for day shifts.		Staffing levels at day <75% - wd 5: 72.6% - wd6: 58.1% - wd 7a/d: 71.1% - wd 7b/c: 74.2% - wd 17: 71.2%	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 and reconfiguration of medical services on the HRI site. 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.	89.67% of expected Registered Nurse hours were achieved for night shifts.		Staffing levels at night <75% - wd 6: 73% - wd 12: 68.8% - wd 10: 65.8%	The overall fill rates across the two hospital sites maintained agreed safe staffing thresholds. The low fill rates are due to a level of vacancy. Teams are using skill mix opportunities to maintain CHPPD.
Clinical Support Worker Day Time	Care Support Worker monthly expected hours by shift versus actual monthly hours per shift only. Day time shifts only.	102.35% of expected Care Support Worker hours were achieved for Day shifts.		Staffing levels at day <75% - wd 6c: 69.6% - NICU: 69.7%	The low HCA fill rates in October 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. The low fill on 6c are due to service reconfiguration which occurred in month. 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.	119.13% of expected Care Support Worker hours were achieved for night shifts.		Staffing levels at night <75% - NICU: 72.7%	The low HCA fill on NICU has been attributed to a level of sickness. BAPM levels achieved and no resulting impact on care reported.

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	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	3,139.17	2,787.67	1,922.33	1,998.00	88.8%	103.9%	2,718.00	2,473.92	1,705.00	1,842.50	91.0%	108.1%	19.2	18.4		3	13	12.29	2.17	70.5%	
HRI MAU	1,944.80	1,892.77	1,944.80	1,831.67	97.3%	94.2%	1,694.00	1,665.50	1,364.00	1,342.00	98.3%	98.4%	12.1	11.7		2	19	4.6	0	57.9%	
WARD 5	1,680.67	1,220.50	1,185.83	1,863.63	72.6%	157.2%	1023	1,001.00	1023	1,405.00	97.8%	137.3%	5.8	6.5		3	7	5.55333	0	57.6%	
WARD 15	1,833.33	1,495.33	1,546.67	1,688.17	81.6%	109.1%	1,364.00	1,298.00	1,364.00	1,498.00	95.2%	109.8%	6.6	6.5		1	8	2.93667	0	76.2%	
WARD 5BC	2,527.00	2009.0833	1667.333	1,594.33	79.5%	95.6%	2038.4833	1,595.17	682	985.9833	78.3%	144.6%	8.3	7.4		1	7	13.03	1.79	67.4%	
WARD 6	1,721.50	999.50	1228.667	928.00	58.1%	75.5%	1023	748	682	671	73.1%	98.4%	7.9	5.7		0	7	4.33	0.51	69.3%	
WARD 6C	1,347.17	1,100.75	1,156.17	804.17	81.7%	69.6%	979.00	814.00	495	506	83.1%	102.2%	7.3	5.9		1	3	8.19	5.51	70.6%	
WARD 6AB	1,393.03	1,062.67	1098.333	1031.5	76.3%	93.9%	1,012.00	844.50	1023	1001	83.4%	97.8%	5.3	4.6		0	7	2.04	0	56.9%	
WARD CCU	1,667.67	1362.8333	372	336	81.7%	90.3%	1023	1,023.00	0	0.00	100.0%	-	10.3	9.2		0	2	4.01001	0.13	59.9%	
WARD 7AD	1,746.83	1,253.00	1582.667	2008.967	71.7%	126.9%	1023	993	1023	1137.5	97.1%	111.2%	6.9	6.9		0	8	6.58333	2.35	65.5%	
WARD 7BC	2,570.97	1,920.63	1,677.17	2,055.58	74.7%	122.6%	2046	1683	671	1,507.50	82.3%	224.7%	10.7	11.0		0	0	2.26	(Qualified and	74.3%	
WARD 8	1516.5	1221.0833	1190.667	1697	80.5%	142.5%	1,023.00	1000.5	1023	1486	97.8%	145.3%	6.7	7.6		3	6	2.51	0	69.7%	
WARD 12	1670.5	1281	772.5	1151	76.7%	149.0%	1023	704.00	341	693.00	68.8%	203.2%	7.6	7.6		0	5	2.61	2.16	59.4%	
WARD 17	2067.583	1471.3333	1131.833	1190	71.2%	105.1%	1012	1026	671	693.5	101.4%	103.4%	7.7	6.9		0	1	5.13666	0	-	
WARD 5D	1103.833	989.58333	833.5	829.1667	89.6%	99.5%	682	682.00	341	396.00	100.0%	116.1%	5.3	5.2		3	1	0	0	69.8%	
WARD 20	1888.717	1578.5833	1756.167	2069.7	83.6%	117.9%	1353	1,266.50	1353	1,750.00	93.6%	129.3%	6.6	6.9		2	8	10.13667	1.34999	73.5%	
WARD 21	1619.667	1170.6667	1523.5	1483.833	72.3%	97.4%	1,046.50	931.50	1,069.50	1,060.00	89.0%	99.1%	8.6	7.6		7	5	3.61401	0	75.9%	
ICU	4303.5	3948.05	808	619	91.7%	76.6%	4,266.50	3606.5	0.00	0.00	84.5%	-	42.2	36.8		1	0	0.93	0	77.1%	
WARD 3	1053.333	939.25	756.8333	742.1667	89.2%	98.1%	713.00	698.50	356.5	437	98.0%	122.6%	6.5	6.4		2	1	0.33667	0	62.3%	
WARD 8A	1009.583	759	745.3333	699.3	75.2%	93.8%	713	620.3333	356.5	402.5	87.0%	112.9%	8.7	7.6		1	2	2.31667	0	69.3%	
WARD 8D	938.6667	914.5	804.4667	742.3333	97.4%	92.3%	713	680.5	0	309	95.4%	-	6.2	6.6		0	2	4.04333	1.43	61.2%	
WARD 10	1525.117	1217.1167	807	833	79.8%	103.2%	1069.5	703.50	713	1029	65.8%	144.3%	7.1	6.5		0	4	3.07334	0	60.6%	
WARD 11	1762.167	1531.4667	1136.5	1037.833	86.9%	91.3%	1,069.50	1,055.00	713	724.50	98.6%	101.6%	6.1	5.7		0	4	4.07	0	60.8%	
WARD 19	1740.733	1342.2667	1177	1376.5	77.1%	116.9%	1,069.50	1,023.50	1069.5	1483	95.7%	138.7%	8.7	9.0		2	9	3.62333	0	72.1%	
WARD 22	1249.167	1164.25	1134	1115.25	93.2%	98.3%	713.00	713.00	713.00	793.50	100.0%	111.3%	5.8	5.7		0	3	0.48667	-0.08	43.7%	
SAU HRI	1945.167	1794.3333	995	956.5	92.2%	96.1%	1424.5	1,401.50	356.5	379	98.4%	106.3%	10.2	9.8		3	0	-0.61665	-1.19	54.9%	
WARD LDRP	4465.8	3794.9333	941.6667	740.9167	85.0%	78.7%	4,253.83	3,532.83	713	765.6667	83.1%	107.4%	22.5	19.1		0	0	0	0	30.1%	
WARD NICU	2325	2053.6667	786.3333	547.8333	88.3%	69.7%	2,127.50	1,808.50	713	518	85.0%	72.7%	11.0	9.1		0	0	2.26	1.92333	41.2%	
WARD 1D	1347.5	1133.3333	353	343.6667	84.1%	97.4%	713.00	714.00	356.5	345	100.1%	96.8%	7.8	7.2		0	0	2.76001	0	12.0%	
WARD 3ABCD	3837.483	3552.8167	1226.5	929.5	92.6%	75.8%	3195.1667	3124.667	356.5	356	97.8%	99.9%	11.7	10.8		0	0	-2.71758	0	21.1%	
WARD 4C	1383.833	1209.0833	407.9167	369	87.4%	90.5%	713.00	713.00	356.5	287.5	100.0%	80.6%	10.5	9.4		0	0	0.31668	0	78.5%	
WARD 9	885.5	881.2	356.5	356.5	99.5%	100.0%	713	713	356.5	356.5	100.0%	100.0%	5.4	5.4		0	0	-1.42666	0	12.8%	
Trust	61211.48	51052.25	35026.18	35970	83.40%	102.69%	45549.98	40857.9	21960.5	26161.2	89.70%	119.13%	8.81	8.28							

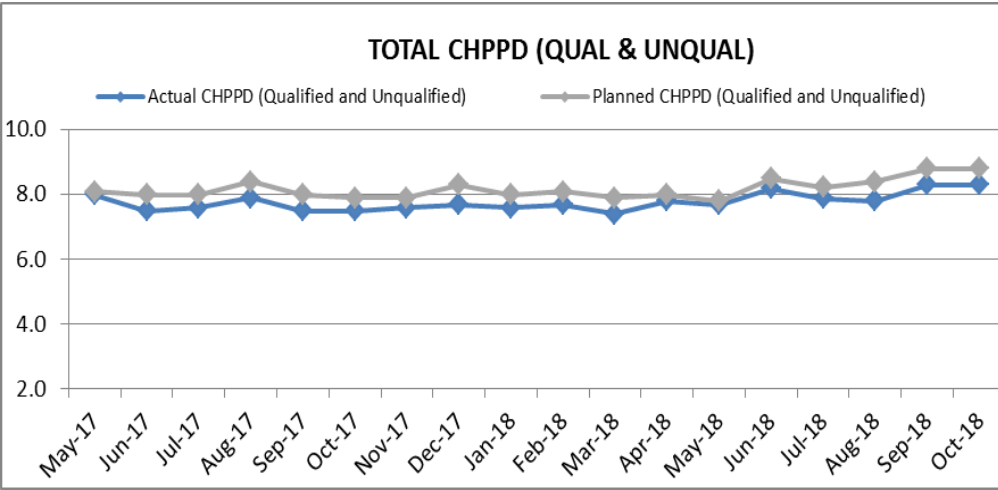
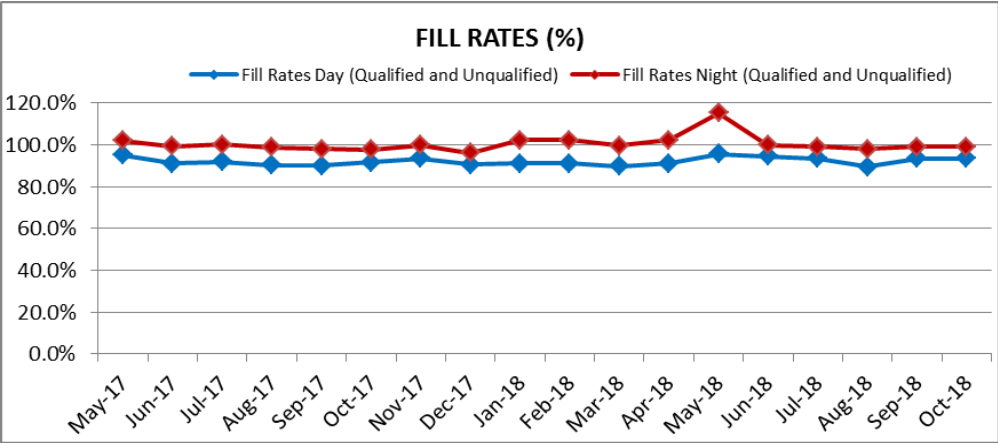
Hard Truths: Safe Staffing Levels (3)

Care Hours per Patient Day

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

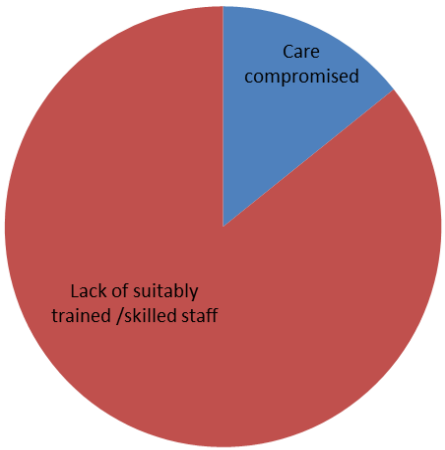
	Aug-18	Sep-18	Oct-18
Fill Rates Day (Qualified and Unqualified)	89.4%	91.5%	90.5%
Fill Rates Night (Qualified and Unqualified)	97.9%	99.0%	99.3%
Planned CHPPD (Qualified and Unqualified)	8.6	9.0	8.8
Actual CHPPD (Qualified and Unqualified)	8.0	8.6	8.3

A review of October 2018 CHPPD data indicates that the combined (RN and carer staff) metric resulted in 23 clinical areas of the 31 reviewed having CHPPD less than planned. 6 areas' reported CHPPD slightly in excess of those planned and 2 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 dependency.

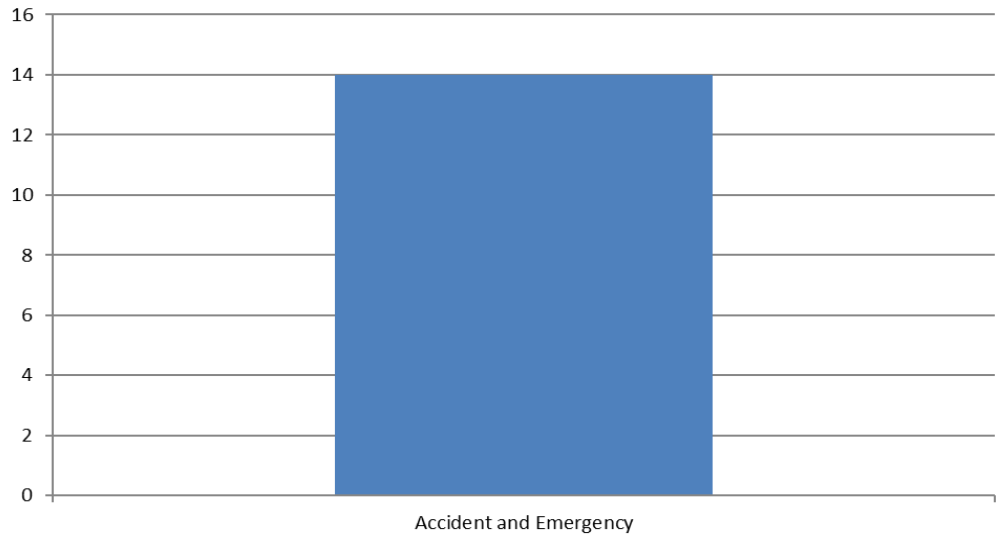


RED FLAG INCIDENTS

Incidents by Adverse Event
October 2018



Incidents by Dept/Ward
October 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 14 Trust Wide Red shifts declared in October 2018.

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

No datex's reported in October 2018 have resulted in patient harm.

Hard Truths: Safe Staffing Levels (4)

Conclusions and Recommendations

Conclusions

The Trust remains committed to achieving its nurse staffing establishments.

On-going activity:

1. The proactive recruitment initiatives have been successful for the recruitment of the local graduate workforce. Focused recruitment continues for this specific area.
2. Applications from international recruitment projects are progressing well and the first 15 nurses have arrived in Trust, with a further 6 planned for deployment in December 2018
4. A review of the English language requirements to gain entry onto the register has been completed following announcements from the NMC that they would also accept the OET qualification. 57 candidates have now been transferred onto the OET programme.
5. CHFT is a fast follower pilot for the Nursing Associate (NA) role and has 5 NA who started in post in April 2017. A proposal has being developed to up-scale the project in line with the national & 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
6. A new comprehensive preceptorship document has been developed in line with national guidance to support the recruitment and retention of the graduate workforce
7. A new module of E roster called safe care has been introduced across the clinical divisions. Benefits will include, better reporting of red flag event and, real-time data of staffing position against acuity.

Workforce - Key Metrics

	17/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	Target	Threshold/Monthly
Staff in Post																	
Staff in Post Headcount		6031	6048	6016	6044	6045	6036	6019	6023	6033	6051	6032	5654	5659	-	-	
Staff in Post (FTE)		5266.52	5280.54	5253.75	5271.98	5274.93	5269.51	5262.28	5268.71	5280.99	5298.02	5266.22	4979.85	4985.34	-	-	
Vacancies																	
Establishment (Position FTE)**		5600.07	5598.62	5612.80	5601.80	5606.00	5631.90	5620.33	5620.33	5620.33	5620.33	5620.33	5277.34	5292.00	-	-	
Vacancies (FTE)**		333.55	318.08	359.05	329.82	331.07	369.62	358.06	351.62	339.34	322.31	354.11	297.49	306.66	-	-	
Vacancy Rate (%)**		5.96%	5.68%	6.40%	5.89%	5.91%	6.43%	6.37%	6.26%	6.04%	5.73%	6.30%	5.64%	5.80%	-	-	
Staff Movements																	
Turnover rate (%) - in month		1.13%	0.66%	1.00%	0.72%	0.51%	1.06%	0.63%	0.84%	0.94%	0.77%	0.80%	0.74%	0.83%	-	-	
Executive Turnover (%)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	-	
Turnover rate (%) - Rolling 12m		11.49%	11.37%	11.50%	11.49%	11.26%	11.45%	10.94%	10.91%	10.82%	10.29%	9.83%	9.64%	9.21%	-	11.50%	<=11.5% Green <=12.5 >11.5% >12.5% Red
Retention/Stability Rate (%) - rolling 12m		88.40%	87.88%	87.70%	87.60%	87.30%	87.71%	87.48%	87.44%	88.62%	88.57%	88.57%	88.69%	89.02%	-	-	
Sickness Absence - Rolling 12 month																	
Sickness Absence rate (%) - rolling		4.04%	4.04%	4.01%	4.04%	4.07%	4.09%	4.10%	4.07%	4.04%	4.01%	3.97%	3.92%	*	-	4.00%	=< 4.0% - Green 4.01%-4.5% Amber >4.5% Red
Long Term Sickness Absence rate (%) - rolling		2.54%	2.55%	2.52%	2.52%	2.53%	2.54%	2.53%	2.51%	2.48%	2.45%	2.42%		*	-	2.70%	< 2.7% Green 2.71%-3.0% Amber >3.0% Red
Short Term Sickness Absence rate (%) - rolling		1.50%	1.49%	1.49%	1.52%	1.54%	1.55%	1.56%	1.53%	1.53%	1.53%	1.52%	1.50%	*	-	1.30%	=< 1.3% - Green 1.31%-1.5% Amber >1.5% Red
Sickness Absence - Monthly																	
Sickness Absence rate (%) - in month		4.07%	4.55%	4.26%	4.75%	4.41%	3.91%	3.58%	3.55%	3.61%	3.41%	3.14%	3.39%	*	-		
Long Term Sickness Absence rate (%) - in month		2.64%	2.81%	2.55%	2.53%	2.48%	2.37%	2.22%	2.38%	2.43%	2.13%	2.08%	2.18%	*	-		
Short Term Sickness Absence rate (%) - in month		1.43%	1.74%	1.72%	2.22%	1.93%	1.53%	1.36%	1.17%	1.18%	1.29%	1.06%	1.21%	*	-		
Attendance Management																	
Sickness Absence FTE Days Lost		6753.51	7219.03	6987.93	7780.88	6540.60	6419.42	5662.79	5737.89	5695.44	5583.05	5268.03	5171.74	*	-		
Average days lost (FTE) per FTE		14.76	14.76	14.65	14.76	14.87	14.94	15.03	14.86	14.75	14.60	14.22	14.31	*	-		
Sickness Absence Estimated Cost (£)		£0.57M	£0.59M	£0.56M	£0.63M	£0.53M	£0.53M	£0.46M	£0.45M	£0.47M	£0.44M	£0.42M	£0.42M	*	-		
Return to work Interviews (%)		66.95%	49.40%	49.78%	63.60%	58.47%	65.11%	60.38%	67.30%	68.50%	52.69%	64.07%	71.40%	*	-	90.00%	90% Green 65%-89% Amber <65% Red
Spend																	
Substantive Spend (£)		£18.56M	£18.88M	£18.58M	£18.49M	£18.41M	£17.92M	£18.55M	£18.52M	£18.48M	£18.62M	£19.80M	£18.34M	£18.96M	-		
Bank Spend (£)		£0.64M	£0.67M	£0.53M	£0.57M	£0.64M	£0.84M	£0.86M	£1.05M	£0.90M	£1.05M	£1.03M	£0.87M	£1.50M	-		
Agency Spend (£)		£1.57M	£0.94M	£1.45M	£1.58M	£1.53M	£1.95M	£1.34M	£1.34M	£1.30M	£1.21M	£1.45M	£0.93M	£0.99M	-	-	
Proportion of Temporary (Agency) Staff		7.56%	4.60%	7.06%	7.65%	7.42%	9.41%	6.41%	6.41%	6.28%	5.80%	6.52%	4.64%	4.64%	-	-	
Hard Truths																	
Hard Truths Summary - Nurses/Midwives		86.05%	88.03%	86.89%	86.74%	86.63%	86.85%	87.12%	87.06%	86.32%	85.67%	81.09%	83.15%	83.40%	-	100.00%	
Hard Truths Summary - Day Care Staff		100.99%	103.01%	96.41%	96.23%	94.74%	94.08%	108.54%	109.75%	108.98%	107.18%	103.75%	106.19%	102.70%	-	100.00%	
Hard Truths Summary - Night Nurses/Midwives		91.59%	93.50%	89.88%	92.94%	92.12%	91.16%	92.84%	111.60%	90.98%	91.24%	89.35%	89.30%	89.70%	-	100.00%	
Hard Truths Summary - Night Care Staff		110.15%	113.98%	108.78%	117.31%	121.45%	117.87%	121.01%	121.21%	118.15%	114.53%	115.02%	119.15%	119.13%	-	100.00%	
Essential Safety (12m rolling)																	
Overall Essential Safety Compliance								95.00%	94.40%	93.96%	93.84%	91.56%	90.12%	91.02%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Conflict Resolution (3 Year Refresher)								95.80%	95.67%	95.57%	97.49%	95.27%	94.46%	95.11%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Data Security Awareness (1 Year Refresher)		79.06%	81.37%	81.87%	86.43%	92.26%	93.77%	93.78%	93.68%	93.38%	92.71%	90.44%	89.35%	90.29%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Dementia Awareness (No Renewal)								96.43%	96.52%	96.42%	98.25%	95.97%	95.61%	96.06%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Equality and Diversity (3 Year Refresher)								97.73%	97.29%	95.78%	94.23%	91.60%	89.25%	91.73%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Fire Safety (1 Year Refresher)		85.62%	83.89%	85.56%	87.94%	93.88%	95.21%	94.31%	90.93%	90.52%	89.66%	86.93%	83.86%	84.19%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Health and Safety (3 Year Refresher)								96.98%	96.76%	95.41%	95.19%	92.49%	90.22%	92.78%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Infection Control (1 Year Refresher)		80.99%	83.19%	84.01%	87.45%	92.68%	94.54%	94.38%	93.81%	93.93%	93.71%	90.18%	88.17%	88.88%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Manual Handling (2 Year Refresher)		77.58%	64.55%	66.51%	79.15%	87.09%	92.81%	92.96%	93.85%	92.27%	93.20%	90.25%	88.99%	89.36%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Safeguarding (3 Year Refresher)		82.30%	80.18%	83.17%	87.26%	89.59%	95.25%	93.62%	92.09%	92.34%	92.12%	91.10%	90.80%	90.78%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Appraisal																	
Appraisal (1 Year Refresher) - Non-Medical Staff		96.28%	97.90%	95.61%	95.31%	94.73%	93.50%	15.43%	62.67%	96.65%	96.74%	95.74%	95.76%	94.33%	-	95.00%	>=95% Green >=90%<95% Amber <90% Red
Appraisal (1 Year Refresher) - Medical Staff								99.75%	99.70%	98.65%	96.59%	97.21%	97.42%	92.50%	-	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)	5659	5654	▲	5	-
Staff In Post (FTE)	4985.3	4979.9	▲	5.49	*5335.6
Establishment (FTE)	5292.0	5277.3	▲	14.66	*5585.5
Starters	57.35	69.35	▼	-12.00	-
Leavers	32.93	38.65	▲	-5.72	-
Vacancies (FTE)	306.66	297.49	▼	9.17	259.50
Vacancies (%)	5.80%	5.64%	▼	0.16%	4.65%
Turnover Rate (rolling 12 month) (%)	9.21%	9.64%	▲	-0.43%	**11.5%
ATTENDANCE MANAGEMENT					
Sickness Absence Rate (rolling) (%)	3.92%	3.97%	▲	-0.05%	4.0%
Long Term Sickness Absence Rate (rolling) (%)	2.42%	2.45%	▲	-0.03%	2.7%
Short Term Sickness Absence Rate (rolling) (%)	1.50%	1.52%	▼	-0.02%	1.3%
Sickness Absence Rate (month) (%)	3.39%	3.14%	▼	0.25%	4.0%
Long Term Sickness Absence Rate (month) (%)	2.18%	2.08%	▼	0.10%	2.7%
Short Term Sickness Absence Rate (month) (%)	1.21%	1.06%	▼	0.15%	1.3%
Return to work interviews completed (%)	71.4%	64.1%	▼	7.33%	90.0%

APPRAISAL

Appraisal (YTD)	94.33%	95.76%	▼	-1.43%	95.00%
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Medical Appraisal (YTD)	92.50%	97.42%	▼	-4.92%	95.00%
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ESSENTIAL SAFETY TRAINING

Data Security Awareness (1 Year Refresher)	90.29%	89.35%	▲	0.95%	95.00%
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Infection Control (1 Year Refresher)	88.88%	88.17%	▲	0.71%	95.00%
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Fire Safety (1 Year Refresher)	84.19%	83.86%	▲	0.33%	95.00%
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Manual Handling (2 Year Refresher)	89.36%	88.99%	▲	0.37%	95.00%
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Safeguarding (3 Year Refresher)	90.78%	90.80%	▼	-0.02%	95.00%
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Conflict Resolution (3 Year Refresher)	95.11%	94.46%	▲	0.65%	95.00%
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Equality & Diversity (3 Year Refresher)	91.73%	89.25%	▲	2.48%	95.00%
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Health, Safety & Wellbeing (3 Year Refresher)	92.78%	90.22%	▲	2.56%	95.00%
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Dementia Awareness (No Renewal)	96.06%	95.61%	▲	0.45%	95.00%
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Key		*	Includes CHS employees
↔	No movement from previous month	**	Internal target rather than NHSi Submitted Position
▲	Improvement from previous month		Not achieving target
▼	Deterioration from previous month		Achieving target

RECRUITMENT

From authorisation start to final approval	15.4	17.5	▲	-2.1	5
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Recruiting managers time taken to shortlist	20.3	8.4	▼	11.9	3
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Recruiting managers time taken to inform recruitment following offer	3.7	4.2	▲	-0.5	2
--	-----	-----	---	------	---

Conditional offer to unconditional offer	20.9	18.6	▼	2.3	18
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Vacancy created to unconditional offer	61.5	54.2	▼	7.3	45
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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.

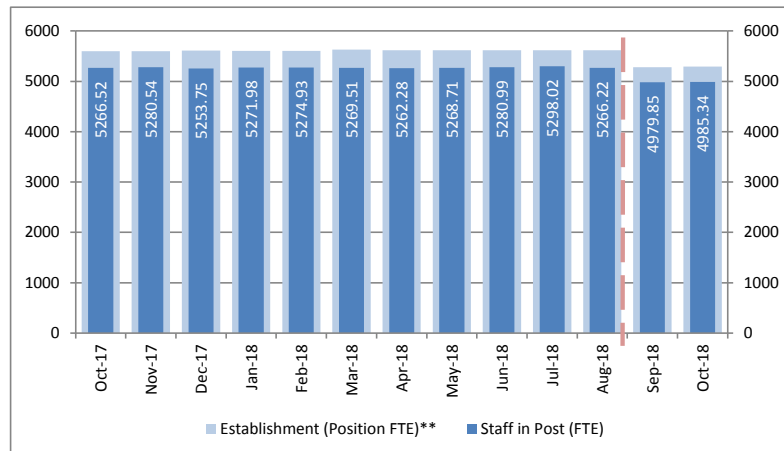
Conditional offer to unconditional offer - The average number of days between interview date and recruiting managers informing Recruitment of their decision.

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.

	Current Month Spend	Previous Month	Trend	Change	Target
PAY					
Substantive Expenditure	£18.96M	£18.34M	▼	£0.61M	£18.58M
Agency Expenditure	£0.99M	£0.93M	▼	£0.06M	£1.09M
Bank Expenditure	£1.50M	£0.87M	▲	£0.63M	£0.17M

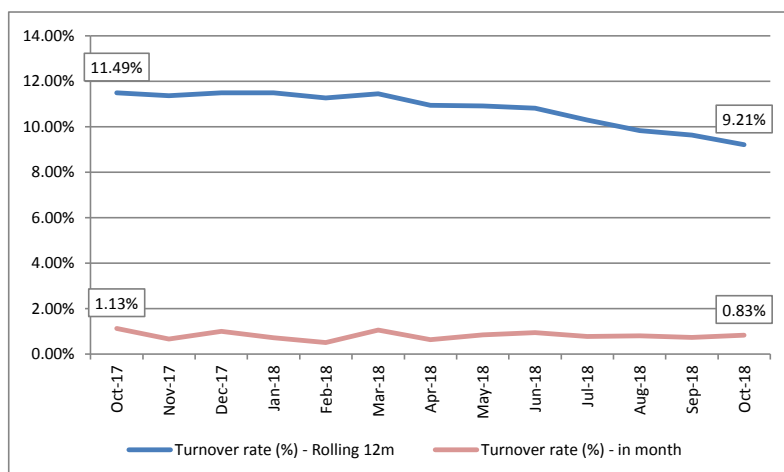
Reality

Staff in Post (FTE) v Establishment (FTE)

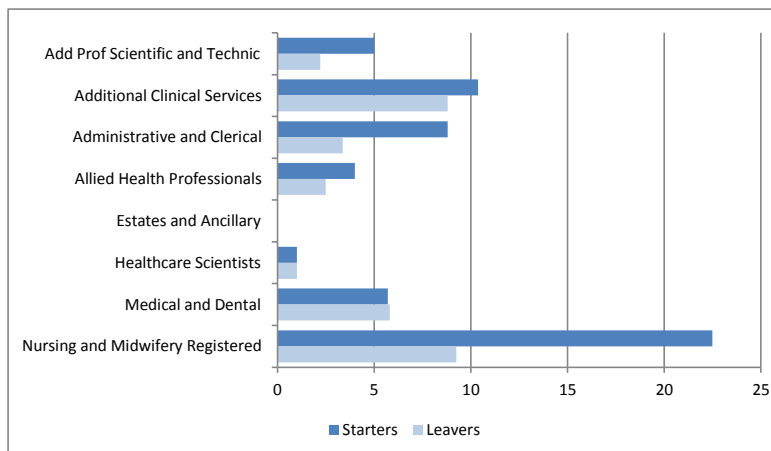


CHS colleagues TUPE out of CHFT.

Turnover



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



Turnover by Staff Group

Staff Group	In-Month	Rolling
Add Prof Scientific and Technic	0.63%	8.08%
Additional Clinical Services	0.96%	9.47%
Administrative and Clerical	0.34%	10.43%
Allied Health Professionals	0.26%	9.26%
Estates and Ancillary	0.00%	9.70%
Healthcare Scientists	0.89%	9.86%
Medical and Dental	1.74%	11.12%
Nursing and Midwifery Registered	0.54%	7.78%

Result

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

Response

Retention

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

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

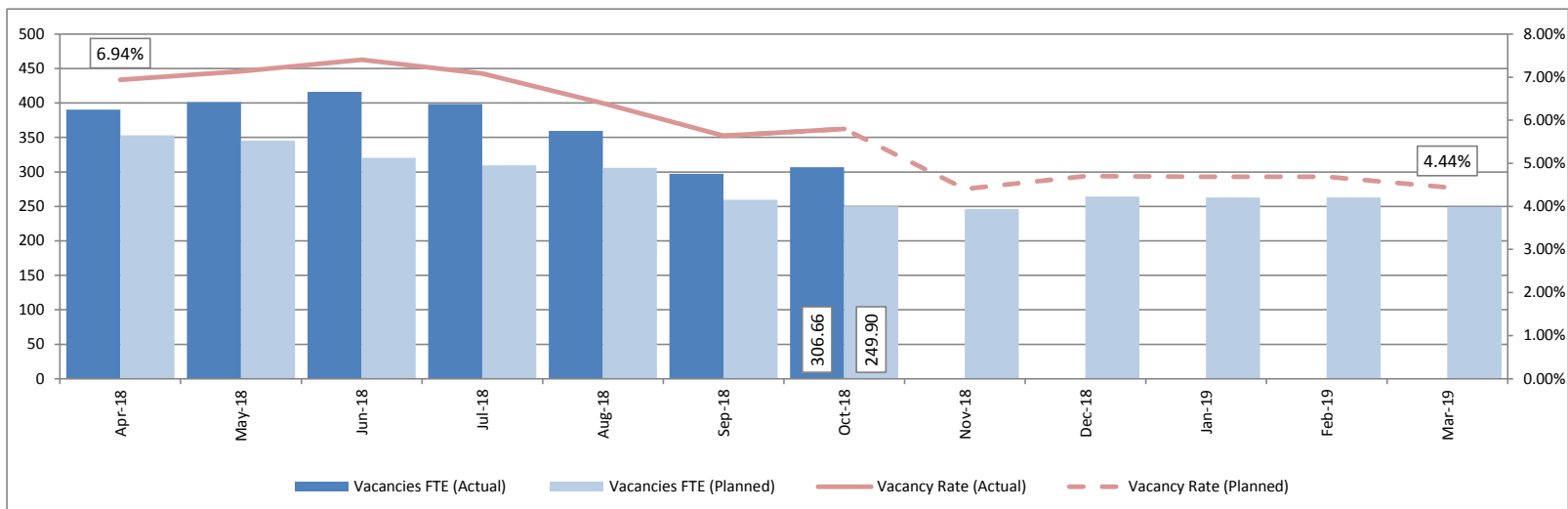
The Medical HR team are creating a support group for doctors who have recently relocated from overseas. The intention is to learn about the challenges that new doctors face when moving to the UK so that we can try to improve experiences and increase retention.

Staff in Post / Starters & Leavers / Turnover

Reality

Result

Vacancies



Vacancies by Staff Group

Staff Group	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Add Prof Scientific and Technic	180.56	194.14	-13.58
Additional Clinical Services*	1109.55	1088.02	21.53
Administrative and Clerical	1061.89	991.01	70.88
Allied Health Professionals	382.80	387.27	-4.46
Estates and Ancillary	60.39	63.87	-3.48
Healthcare Scientists	122.08	112.20	9.88
Medical and Dental	630.02	556.34	73.68
Nursing and Midwifery Registered	1743.91	1591.68	152.23
Students	0.80	0.80	0.00
Total	5292.00	4985.34	306.67

*Additional Clinical Services Breakdown

Role	Establishment (FTE)	Actual (FTE)	Vacancies (FTE)
Apprentice*	1.02	76.80	-75.78
Asst./Associate Practitioner Nursing	2.78	9.39	-6.61
Health Care Support Worker	81.09	71.45	9.64
Healthcare Assistant*	703.33	640.09	63.24
Nursery Nurse	2.47	1.83	0.64
Total (Unregistered Nursing)	790.69	799.56	-8.87
Other Additional Clinical Service	318.86	288.47	30.39

* 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.

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

Response

Recruitment

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

9 Trainee Nursing Associates are due to start with the Trust in January 2019 with a further 17 still under offer and completing pre-employment checks. This will be the 3rd cohort of Trainee Nursing Associates.

4 new Physician Associates will join the Trust in October 2018 and a further 5 are under offer expected to start following registration with the Faculty of Physician Associates. This is the Trust's 2nd cohort of Physician Associates following the initial cohort in October 2017.

Medical Recruitment

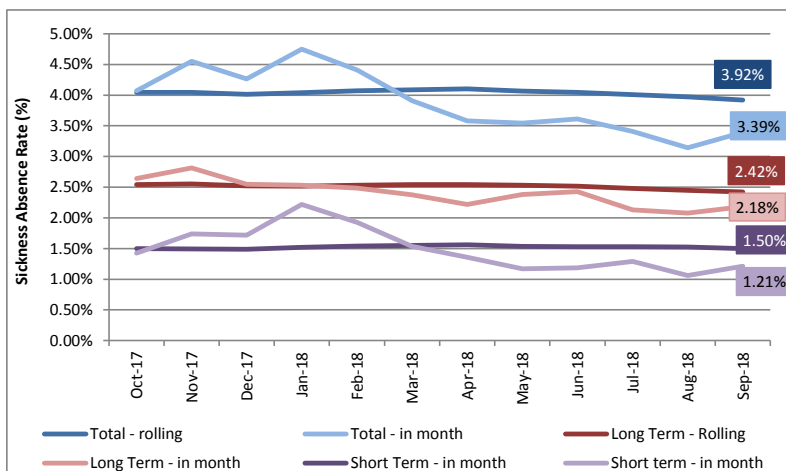
The BMJ advert for consultants in October 2018 resulted in applications for Care of the Elderly, Renal Medicine, Urology, Anaesthetics and Ophthalmology. Interviews are scheduled for late November 2018 and early December 2018.

The BMJ Careers Fair was attended by Consultants and Medical HR representatives in October 2018. 47 visitors to the CHFT stand expressed an interest in hearing about roles at the Trust. Initial contact has been made with all visitors to the stand and work will continue to follow up on these initial leads.

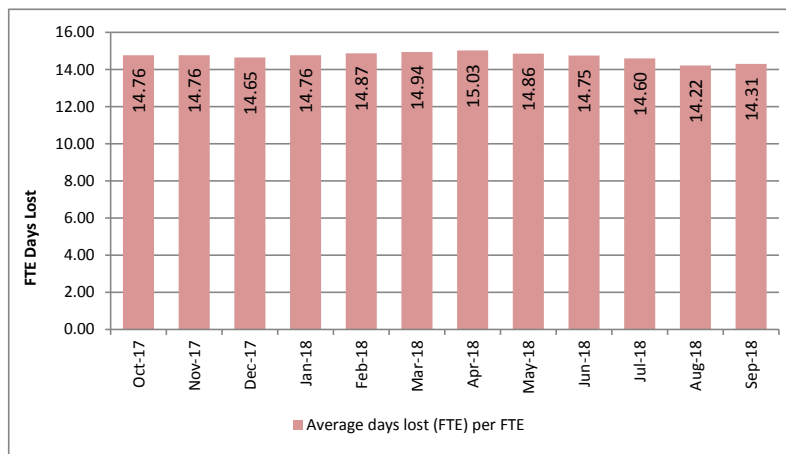
Vacancies

Reality

Sickness Absence



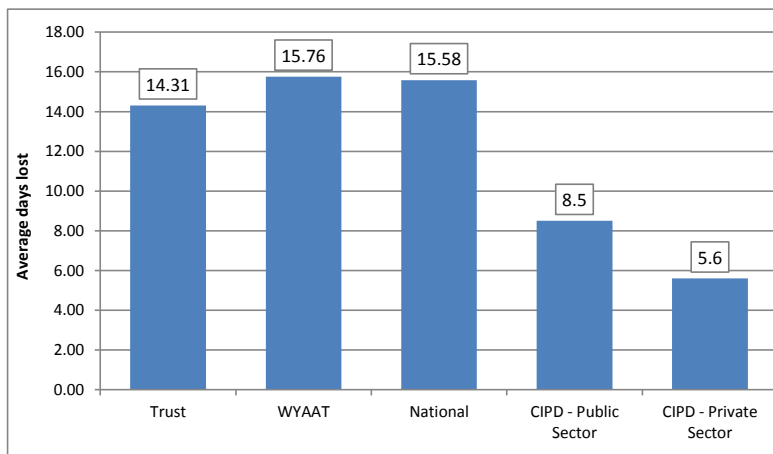
Average Days Lost Per FTE - rolling 12 month



Sickness Absence Reasons - September 2018

Reason	FTE Days Lost	%
S10 Anxiety/stress/depression	1563.93	29.82%
S25 Gastrointestinal problems	677.11	12.91%
S12 Other musculoskeletal problems	616.97	11.77%
S11 Back Problems	329.04	6.27%
S26 Genitourinary & gynaecological disorders	295.36	5.63%
S13 Cold, Cough, Flu - Influenza	233.61	4.45%
S17 Benign and malignant tumours, cancers	209.60	4.00%
All Other Reasons	1318.41	25.14%

Benchmarking



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

Result

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

Accountable: Executive Director of Workforce and OD.

Response

HR Advisers are currently working with Occupational Health to promote 'Stress Health Matters' for all line managers within Divisions and sessions have been scheduled for all managers over the next 12 months.

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

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

RTW interview data is sent on a weekly basis to managers by HR Business Partners. Where gaps are identified this is picked up with managers by the HR Business Partner/HR Adviser.

The Trust will be working with Advisor Plus, a consultancy firm that specialise in HR consulting and HR business solutions, on health and wellbeing, and managing sickness.

Sickness Absence

Reality

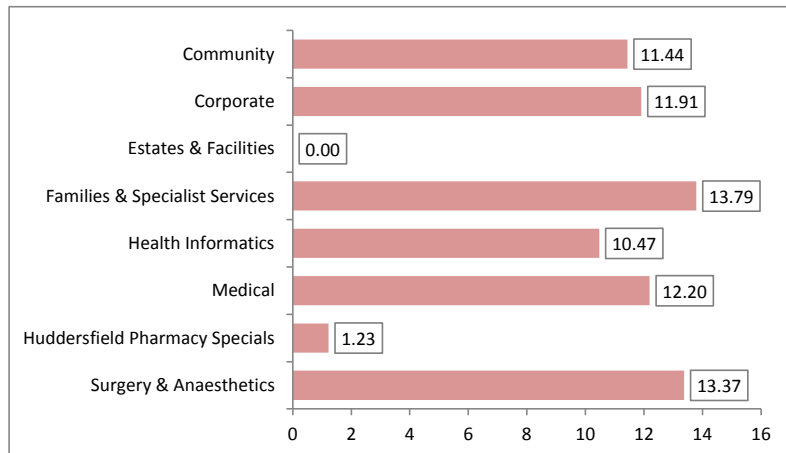
Sickness Absence - in-month

Division	Aug-18	Sep-18
Community	2.83%	3.13%
Corporate	3.35%	3.26%
Estates & Facilities	4.16%	0.00%
Families & Specialist Services	3.26%	3.78%
Health Informatics	3.55%	2.87%
Medical	2.86%	3.34%
Huddersfield Pharmacy Specials	0.45%	0.34%
Surgery & Anaesthetics	3.25%	3.66%

Sickness Absence by Staff Group - rolling 12 month

Staff Group	Short Term	Long Term	Total
Add Prof Scientific and Technic	0.87%	2.33%	3.20%
Additional Clinical Services	1.92%	3.17%	5.09%
Administrative and Clerical	1.26%	2.42%	3.68%
Allied Health Professionals	0.92%	0.41%	1.32%
Estates and Ancillary	0.98%	3.62%	4.61%
Healthcare Scientists	0.74%	1.27%	2.02%
Medical and Dental	0.08%	0.21%	0.29%
Nursing and Midwifery Registered	1.48%	2.56%	4.04%

Average Days Lost Per FTE - rolling 12 month



Result

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

Accountable: Executive Director of Workforce and OD.

Response

In **Surgery & Anaesthetics**, hotspots have been identified across the Division and the HR Adviser has plans in place to meet and support, some of the areas have relatively new managers in place so supported development is high on the agenda.

In **Medicine**, the HR Business Partner is ensuring that stringent monitoring of both long and short term sickness absence continues as we approach winter.

In **FSS**, a number of final absence hearings will be heard over December 2018/January 2018 to bring to a close on-going cases. The sickness summit meetings in Womens and Childrens Services have allowed an increased level of oversight and support with decision making/empowerment to manage cases.

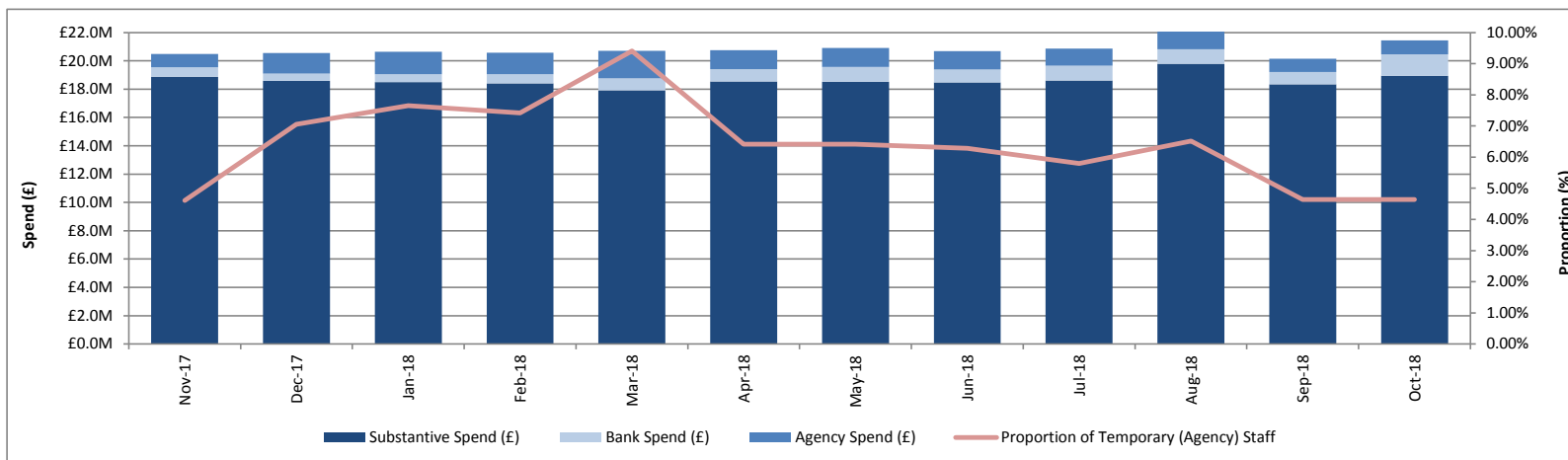
In **Community**, the HR Business Partner continues to work with line managers to manage absence in accordance with the policy. This has led to a consistent decrease in absence. Hotspots are being targeted with managers.

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

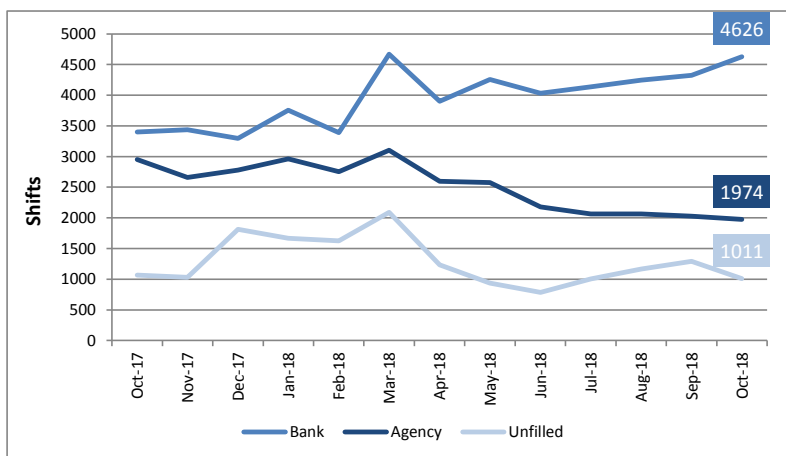
Sickness Absence - Divisional/Staff Group

Reality

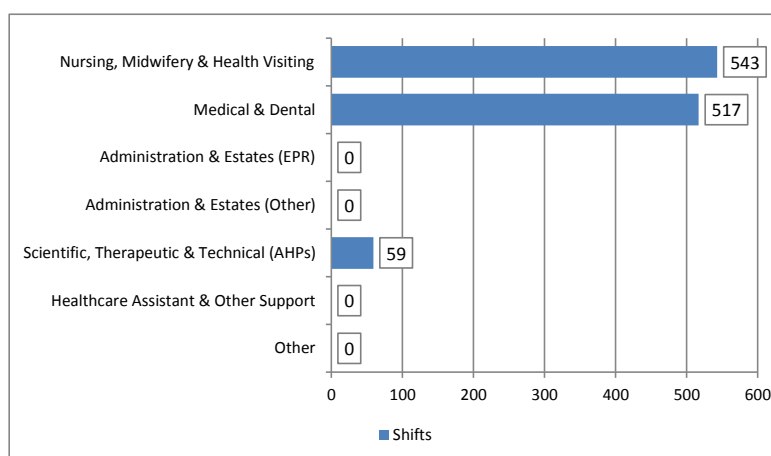
Workforce Spend



Agency, Bank and Unfilled Shifts



Number of shifts that broke the agency cap - October 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

A total of 1,119 shifts broke the agency cap in September 2018, costing an additional £189,586.

Non-framework agency use has now been eliminated across all staff groups.

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

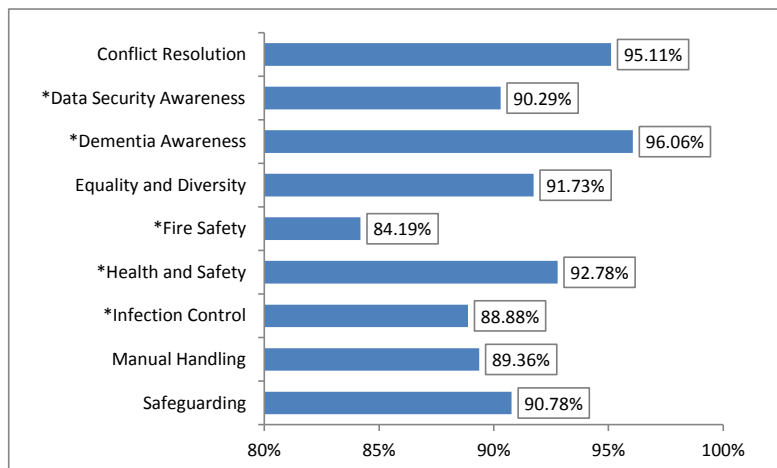
An internal agency rate price card has been devised to reduce the number of NHSi cap breaches and ultimately the level of spend on Medical agency staff. A performance report was shared with CDs and GMs for the first time at the end of October 2018 to identify shifts that breach the new price card and assist with discussions to reduce the rates of booked shifts.

A WTGR session on Flexible Workforce was held in October 2018 to identify the current processes and discuss any potential improvements.

Workforce Spend / Agency Usage

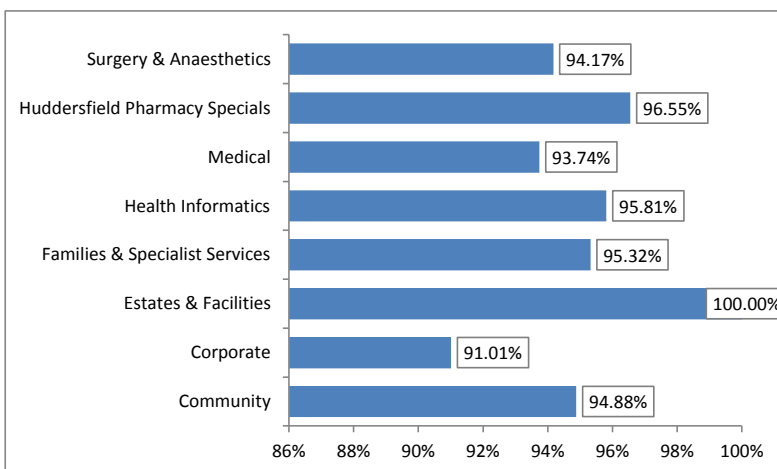
Reality

Essential Safety Training

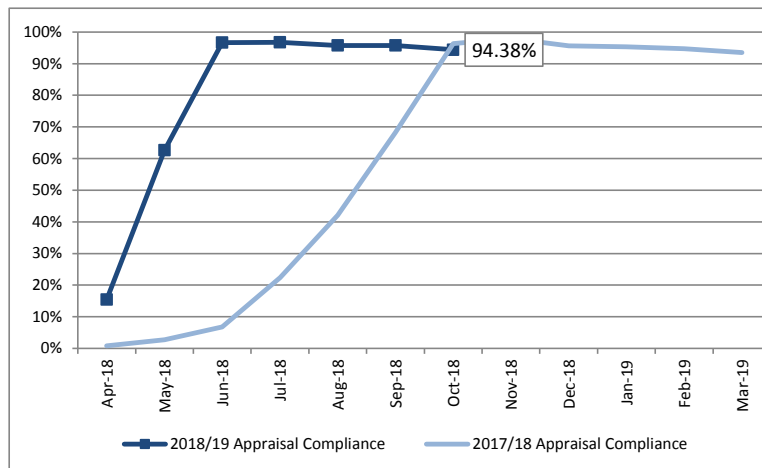


* Essential Safety Training elements that are covered at Corporate Induction.

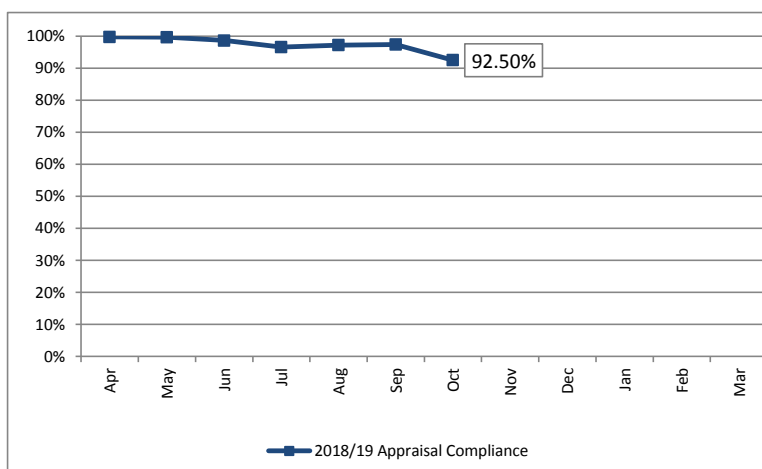
Non-Medical Appraisal Compliance by Division



Non-Medical Appraisal Compliance



Medical Appraisal Compliance



Result

Appraisal compliance is consistently above 95%.

Essential safety training compliance is consistently above 95%.

Reality

Essential Safety Training

A paper is presented weekly to Executive Board highlighting the compliance figures for the core suite of 9 EST subjects. Performance on the wider role specific essential skills training will be included in the report from 29 November 2018.

Divisional Action Plans have been developed by HR Business Partners and are now in place across Divisions to improve compliance. The Divisional Action Plans are taken to Executive Board with the weekly EST paper, every 2 weeks.

Guidance videos have been uploaded to the Intranet for individuals to check their compliance and managers to check their teams compliance.

Drop in sessions are being held at CRH, HRI, Acre Mill and Broad Street Plaza to provide support, advice and instructions on how to complete EST.

Face to face training is planned for Conflict Resolution and Data Security Awareness before the end of December 2018. A video will be produced for Fire Safety and will be available in Q4.

Appraisal

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

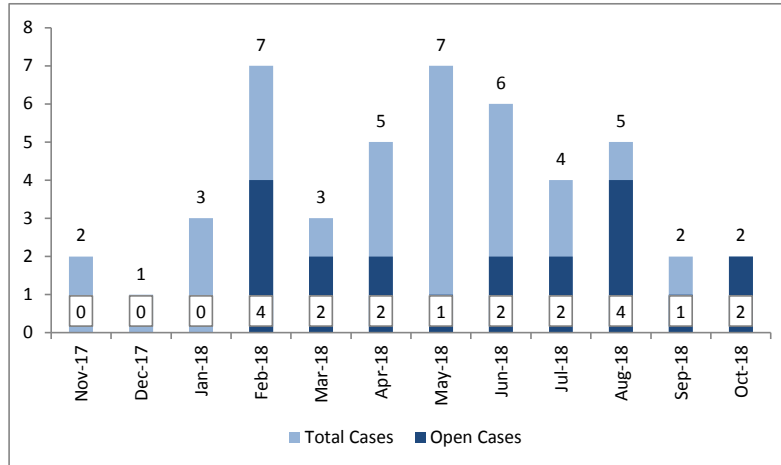
HR Business Partners will work with Divisions to ensure that those colleagues that have not had an appraisal, have one undertaken as soon as possible.

Essential Safety Training / Appraisals

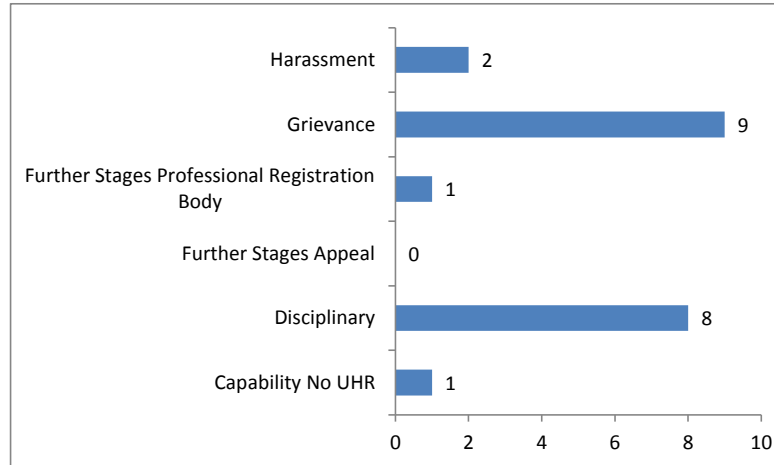
Reality

Disciplinaries, Grievances, Bullying & Harassment Open Cases

Total Employee Relations cases opened in last 12 months



Open Employee Relation cases by type



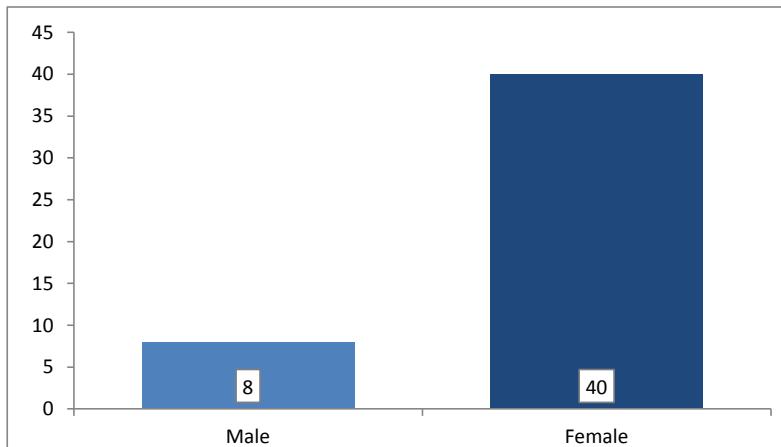
Result

Maintain a robust capturing process.

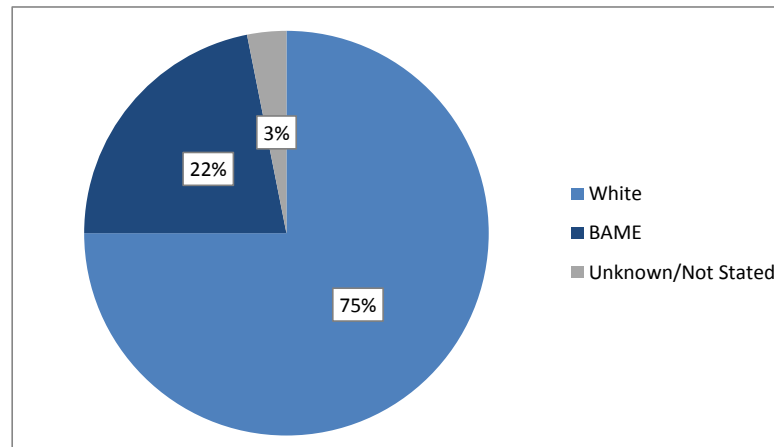
Response

Work is required to update employee relation cases on ESR to allow accurate reporting of open and closed cases particularly cases around sickness absence. The Workforce BI Team will be working with HR Advisers to ensure that sickness absence cases are recorded correctly.

All Employee Relations cases in last 12 months by Gender



All Employee Relations cases in last 12 months by Ethnicity



Employee Relations

Appendix 1 - ESR Staff Groups - Roles

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

(ALL)

Summary

Activity

Income

Workforce

Expenditure

PSF

CIP

SLR

Capital

Cash

UOR

Forecast

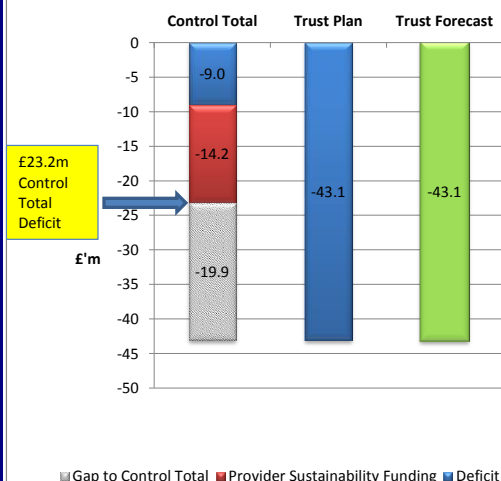
Risks

EXECUTIVE SUMMARY: Total Group Financial Overview as at 31st Oct 2018 - Month 7

KEY METRICS

		M7				YTD (OCT 2018)					Forecast 18/19			
	Plan £m	Actual £m	Var £m			Plan £m	Actual £m	Var £m			Plan £m	Forecast £m	Var £m	
I&E: Surplus / (Deficit)	(£2.11)	(£2.31)	(£0.20)	🔴	1	(£26.66)	(£26.62)	£0.04	🟢	1	(£43.05)	(£43.05)	£0.00	🟢
Agency Expenditure	(£1.13)	(£0.99)	£0.14	🟢	1	(£8.70)	(£8.53)	£0.17	🟢		(£14.63)	(£14.12)	£0.51	🟢
Capital	£0.95	£1.03	(£0.08)	🔴	1	£4.99	£3.39	£1.60	🔴		£9.14	£9.50	(£0.36)	🔴
Cash	£1.91	£2.03	£0.12	🟢	1	£1.91	£2.03	£0.12	🟢		£1.91	£1.90	(£0.01)	🟡
Borrowing (Cumulative)	£129.35	£128.86	(£0.49)	🟢	1	£129.35	£128.86	(£0.49)	🟢		£144.83	£144.82	(£0.01)	🟢
CIP	£1.57	£1.42	(£0.15)	🔴	1	£8.08	£7.47	(£0.61)	🔴		£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 £26.62m, a £0.04m favourable variance from plan.

- The positive variance reflects the Department of Health pay announcement on Medical Staff pay which confirmed that pay awards would be implemented in October and not backdated as assumed in the plan. This is a timing difference, will reduce month on month and is not expected to impact on the forecast. **Aside from this the position is slightly worse than plan.**
- Clinical contract income performance is below plan by £1.96m. The Aligned Incentive Contract (AIC) protects the income position by £1.80m in the year to date leaving a residual pressure of £0.16m. However, a proportion of this income protection (£1.14m) is as a result of CIP plans and management decisions where there is a corresponding reduction in cost. When these elements are adjusted for, the impact is reduced to £0.66m.
- CIP achieved in the year to date is £7.47m against a plan of £8.08m, a £0.61m pressure.
- Divisional budgets (excluding Calderdale & Huddersfield Solutions) are now overspent by £1.06m year to date, a slight worsening compared to month 6. This pressure has been mitigated by the release of all of the Trust's contingency reserves in the year to date a total of £1.00m. In addition the winter element of the reserve has been released in the short term to offset the shortfall on CIP and will need to be reinstated as CIP is achieved per the re-profiled forecast.
- Agency expenditure is £0.17m below the agency trajectory set by NHSI and is forecast to remain below the trajectory for the rest of the year.

Key Variances

- Medical staffing expenditure continues above plan in both Surgery and FSS with a year to date adverse variance to plan at Trust level of £2.17m. However, against the agency trajectory the improvement seen last month continued with **Medical Agency remaining below the planned level in month.**
- There are also significant pressures on non pay expenditure particularly on the cost of premises, Radiology outsourcing and the cost of patient letters.
- Nursing pay expenditure increased slightly in month**, with increased substantive and bank expenditure linked to temporarily supernumerary newly qualified nurses and additional HCA support for one to ones. However, nursing agency costs reduced further, remaining well below the planned level. Year to date nursing expenditure is overspent by £0.28m (excluding the impact of pay awards which is funded as income).

Forecast

- The forecast is to achieve the planned £43.1m deficit; this relies upon full delivery of the £18m CIP plan including high risk schemes.
- The underlying position is driving an additional recovery requirement with a total value of £2.84m. This is a worsening of £0.84m since the need for recovery action was quantified at Month 5. The full value of the recovery requirement is being pursued through a range of recovery actions and opportunities.

(ALL)

Total Group Financial Overview as at 31st Oct 2018 - Month 7

INCOME AND EXPENDITURE COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

YEAR TO DATE POSITION: M7

CLINICAL ACTIVITY

	M7 Plan	M7 Actual	Var	
Elective	3,764	3,354	(410)	
Non-Elective	32,875	33,911	1,036	
Daycase	21,601	21,487	(114)	
Outpatient	216,231	219,003	2,772	
A&E	90,700	89,235	(1,465)	
Other NHS Non-Tariff	1,009,156	1,009,142	(14)	
Other NHS Tariff	75,117	75,303	187	
Total	1,449,444	1,451,436	1,992	

TOTAL GROUP: INCOME AND EXPENDITURE

	M7 Plan	M7 Actual	Var	
	£m	£m	£m	
Elective	£11.87	£10.31	(£1.57)	
Non Elective	£59.11	£59.07	(£0.04)	
Daycase	£15.56	£15.40	(£0.17)	
Outpatients	£22.23	£22.17	(£0.06)	
A & E	£10.99	£11.25	£0.26	
Other-NHS Clinical	£62.11	£64.62	£2.51	
CQUIN	£4.03	£3.99	(£0.04)	
Other Income	£23.66	£26.88	£3.22	
Total Income	£209.57	£213.68	£4.11	
Pay	(£146.17)	(£147.93)	(£1.76)	
Drug Costs	(£21.05)	(£21.68)	(£0.62)	
Clinical Support	(£17.36)	(£17.68)	(£0.32)	
Other Costs	(£29.30)	(£30.91)	(£1.60)	
PFI Costs	(£7.49)	(£7.49)	£0.00	
Total Expenditure	(£221.38)	(£225.69)	(£4.31)	
EBITDA	(£11.81)	(£12.01)	(£0.20)	
Non Operating Expenditure	(£14.85)	(£14.61)	£0.24	
Surplus / (Deficit)*	(£26.66)	(£26.62)	£0.04	

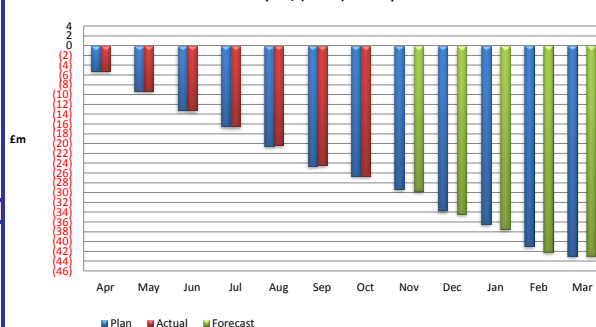
* Adjusted to exclude items excluded for Control Total purposes: Donated Asset Income, Donated Asset Depreciation and Impairments

DIVISIONS: INCOME AND EXPENDITURE

	M7 Plan	M7 Actual	Var	
	£m	£m	£m	
Surgery & Anaesthetics	£7.13	£6.26	(£0.87)	
Medical	£15.38	£15.88	£0.50	
Families & Specialist Services	(£2.20)	(£2.50)	(£0.29)	
Community	£1.73	£1.74	£0.01	
Estates & Facilities	(£7.05)	(£7.44)	(£0.39)	
Corporate	(£24.85)	(£24.91)	(£0.07)	
THIS	£0.02	£0.01	(£0.01)	
PMU	£1.61	£1.66	£0.05	
CHS LTD	£0.09	£0.05	(£0.04)	
Central Inc/Technical Accounts	(£17.46)	(£17.37)	£0.09	
Reserves	(£1.76)	(£0.00)	£1.76	
Unallocated CIP	£0.70	£0.00	(£0.70)	
Surplus / (Deficit)	(£26.66)	(£26.62)	£0.04	

TOTAL GROUP SURPLUS / (DEFICIT)

Cumulative Surplus / (Deficit) excl. Impairments

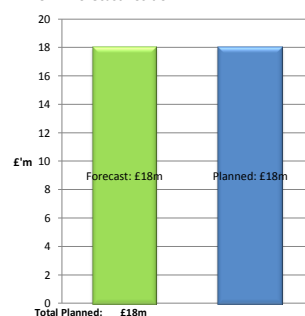


KEY METRICS

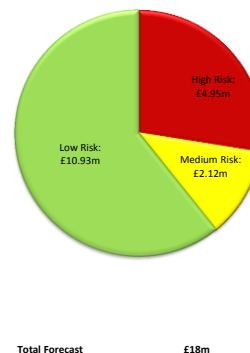
	Year To Date			Year End: Forecast			
	M7 Plan	M7 Actual	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	
I&E: Surplus / (Deficit)	(£26.66)	(£26.62)	£0.04	(£43.05)	(£43.05)	£0.00	
Capital	£4.99	£3.39	£1.60	£9.14	£9.50	(£0.36)	
Cash	£1.91	£2.03	£0.12	£1.91	£1.90	(£0.01)	
Loans	£129.35	£128.86	(£0.49)	£144.83	£144.82	(£0.01)	
CIP	£8.08	£7.47	(£0.61)	£18.00	£18.00	£0.00	
Use of Resource Metric	3	3		3	3		

COST IMPROVEMENT PROGRAMME (CIP)

CIP - Forecast Position



CIP - Risk



YEAR END 2018/19

CLINICAL ACTIVITY

	Plan	Actual	Var	
Elective	6,164	5,509	(655)	
Non-Elective	56,753	58,664	1,911	
Daycase	36,488	36,326	(162)	
Outpatient	365,497	369,214	3,717	
A&E	153,339	150,862	(2,477)	
Other NHS Non-Tariff	1,721,594	1,732,967	11,373	
Other NHS Tariff	127,242	129,432	2,191	
Total	2,467,076	2,482,974	15,898	

TOTAL GROUP: INCOME AND EXPENDITURE

	Plan	Actual	Var	
	£m	£m	£m	
Elective	£19.51	£17.03	(£2.47)	
Non Elective	£101.38	£101.29	(£0.09)	
Daycase	£26.27	£26.03	(£0.23)	
Outpatients	£37.57	£37.43	(£0.14)	
A & E	£18.58	£19.02	£0.44	
Other-NHS Clinical	£106.72	£112.23	£5.51	
CQUIN	£6.85	£6.78	(£0.07)	
Other Income	£40.73	£46.40	£5.67	
Total Income	£357.60	£366.22	£8.62	
Pay	(£247.81)	(£253.59)	(£5.78)	
Drug Costs	(£36.10)	(£37.91)	(£1.81)	
Clinical Support	(£28.67)	(£29.28)	(£0.62)	
Other Costs	(£49.33)	(£51.49)	(£2.16)	
PFI Costs	(£12.84)	(£12.83)	£0.01	
Total Expenditure	(£374.75)	(£385.10)	(£10.35)	
EBITDA	(£17.16)	(£18.89)	(£1.73)	
Non Operating Expenditure	(£25.89)	(£24.16)	£1.73	
Surplus / (Deficit)*	(£43.05)	(£43.05)	£0.00	

* 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	£12.25	£10.48	(£1.77)	
Medical	£27.96	£28.42	£0.47	
Families & Specialist Services	(£4.00)	(£4.49)	(£0.49)	
Community	£2.94	£2.94	£0.00	
Estates & Facilities	(£7.05)	(£7.45)	(£0.40)	
Corporate	(£41.87)	(£42.06)	(£0.19)	
THIS	£0.26	£0.12	(£0.14)	
PMU	£2.76	£2.76	(£0.00)	
CHS LTD	£0.34	£0.26	(£0.09)	
Central Inc/Technical Accounts	(£36.04)	(£34.47)	£1.57	
Reserves	(£1.74)	(£0.59)	£1.15	
Unallocated CIP	£1.15	£1.04	(£0.11)	
Surplus / (Deficit)	(£43.05)	(£43.05)	£0.00	

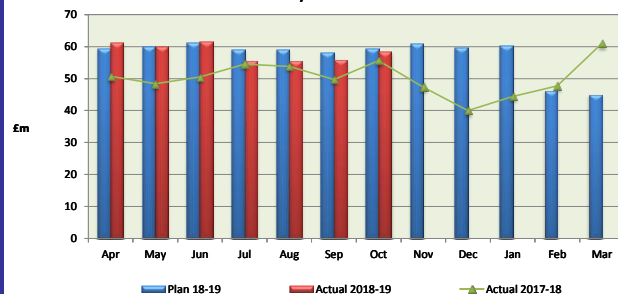
Total Group Financial Overview as at 31st Oct 2018 - Month 7

CAPITAL AND CASH COMPARED TO PLAN SUBMITTED TO NHS IMPROVEMENT

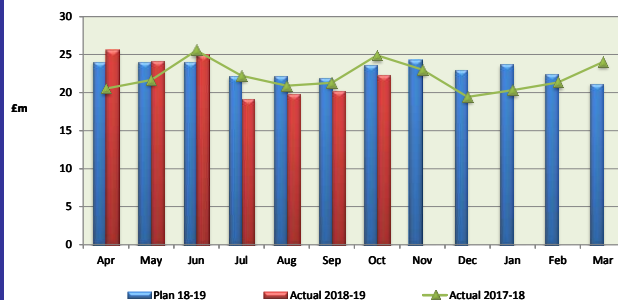
WORKING CAPITAL

	M7 Plan £m	M7 Actual £m	Var £m	M7
Payables	(£59.41)	(£58.44)	(£0.97)	●
Receivables	£23.64	£22.34	£1.30	●

Payables

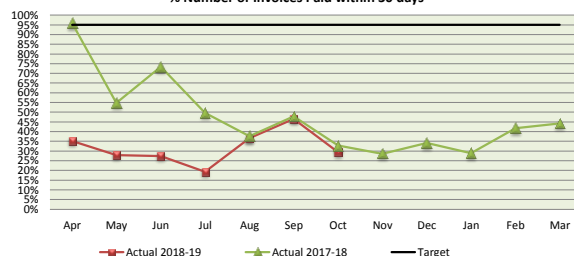


Receivables



BETTER PAYMENT PRACTICE CODE

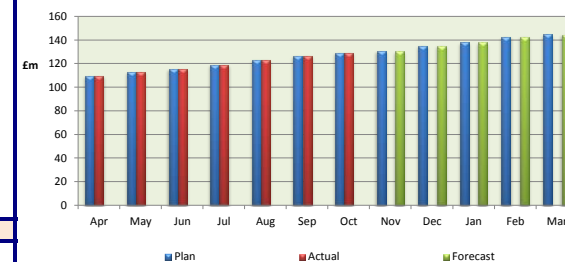
% Number of Invoices Paid within 30 days



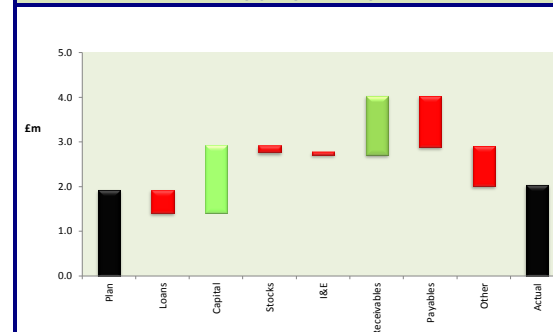
CASH

	M7 Plan £m	M7 Actual £m	Var £m	M7
Cash	£1.91	£2.03	£0.12	●
Loans (Cumulative)	£129.35	£128.86	(£0.49)	●

Loans



CASH FLOW VARIANCE



SUMMARY YEAR TO DATE

- The year to date deficit is £26.62m a favourable variance from plan of £0.04m. This position excludes the I&E impact of donated assets (£0.10m adverse variance) which are excluded for control total purposes.
- The favourable variance reflects the Department of Health pay announcement on Medical Staff pay which confirmed that pay awards would be implemented in October and not backdated as assumed in the plan. This is a timing difference and is not expected to impact on the forecast deficit.
- Non-Elective and Outpatient activity are above plan year to date. These over performances are offset by lower than planned Elective, Daycase and A&E activity and overall Clinical Income is below plan by £0.49m, (excluding pay award funding received year to date of £2.21m).
- Capital expenditure year to date is lower than planned at £3.39m against a planned £4.99m.
- Cash balance is £2.03m, just above the planned level.
- Year to date the Trust has borrowed £26.65m to support the deficit as planned.
- CIP schemes have delivered £7.47m, £0.61m below the year to date target of £8.08m.
- 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 £43.05m as planned.
- The Trust is forecasting to deliver to planned Agency trajectory.
- The forecast assumes that current activity trends will continue.
- The forecast assumes that recovery plans totalling £2.8m will be delivered in full. Of this total £1.5m has been agreed and is included within Divisional forecast positions.
- The forecast assumes the delivery of £18.00m of CIP as planned, of which £0.16m is currently unidentified and £4.95m is classified as high risk. This slippage on CIP will need to be mitigated in order to achieve the planned deficit.
- The Trust cash position is forecast as planned at £1.90m. The total borrowing requirement is £56.6m in this financial year to support Capital and Revenue, plans; £40.1m deficit funding, £12.9m refinancing of existing Distressed Funding Loan and £0.7m interest free loan for Capital. The total loan balance by year end is forecast to be £144.8m.
- Capital expenditure is forecast at £9.50m, £0.36m higher than planned. This forecast includes additional capital expenditure of £0.54 for an Integrated Cardiology System following a successful funding bid.

RAG KEY:

(Excl: UOR)



Actual / Forecast is on plan or an improvement on plan

Actual / Forecast is worse than planned by <2%

Actual / Forecast is worse than planned by >2%

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

RAG KEY: UOR



All UOR metrics are at the planned level

Overall UOR as planned, but one or more component metrics are worse than planned

Overall UOR worse than planned

WORKFORCE

Vacancies

	Sci, Tech & Ther	Admin & Estates	Medical	Nursing	Support to Clinical	Total
Vacancies (WTE)	- 8	81	74	152	22	320
Staff in post (WTE)	694	1,373	556	1,592	1,089	5,303
% Vacancies	-1%	6%	12%	9%	2%	6%

Vacancies

At the end of Month 7 the Trust was carrying 320 vacancies, 5% of the total establishment. Nursing vacancies have remained fairly static in month at 9% despite the arrival of the new intake of Qualified nurses, while Medical vacancies have increased to 12% of establishment.

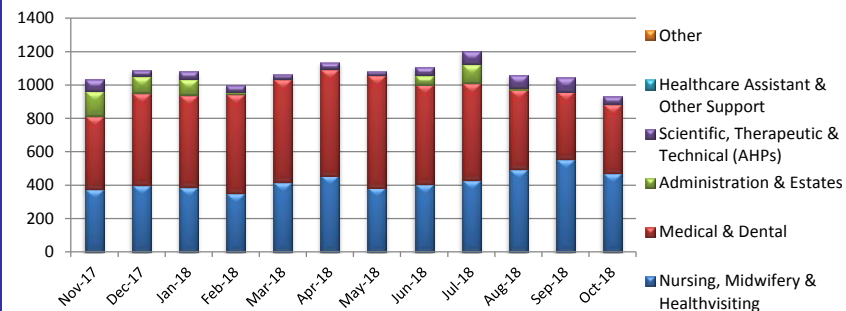
Agency rate cap

Overall Cap breaches continued to reduce in Month 7, with a reduction in the number of Medical breaches.

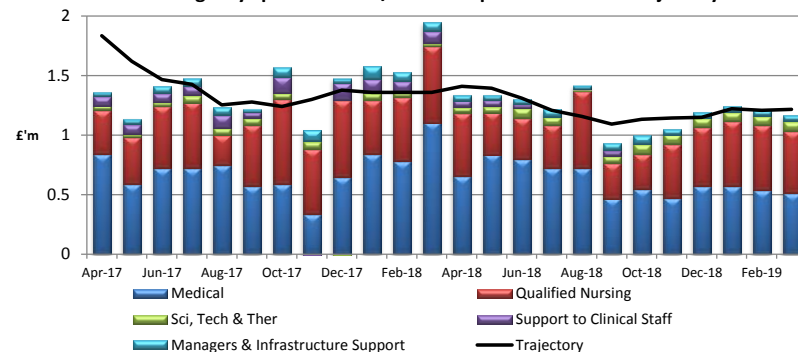
Agency ceiling

Total reported agency expenditure year to date is £8.53m; £0.17m below the planned value and the NHS Improvement Agency Ceiling. This year to date position includes prior year nursing agency costs of £0.32m. The underlying Nursing agency expenditure remains significantly under the planned level in month reflecting the impact of improved controls and stopping the use of Thornbury, one of the highest cost agencies. Despite the impact of prior year costs, year to date Nursing agency is below plan by £0.83m. Medical Agency was below the planned level for the second month in a row, although year to date medical agency costs remain above the planned level with a year to date agency overspend of £0.30m. Use of HCA Agency staff has ceased entirely since July 18, with additional staffing requirements being managed through the Bank.

Number of Shifts that breached Agency Cap (Monthly)



Agency spend - Actual/Forecast spend vs Revised Trajectory



Cumulative Agency Spend

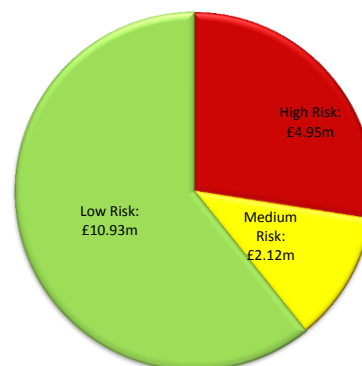
	Plan £'m	Actual £'m	Var £'m	
Year to Date	(£8.70)	(£8.53)	£0.17	●
Forecast	(£14.63)	(£14.12)	£0.51	●

COST IMPROVEMENT PROGRAMME

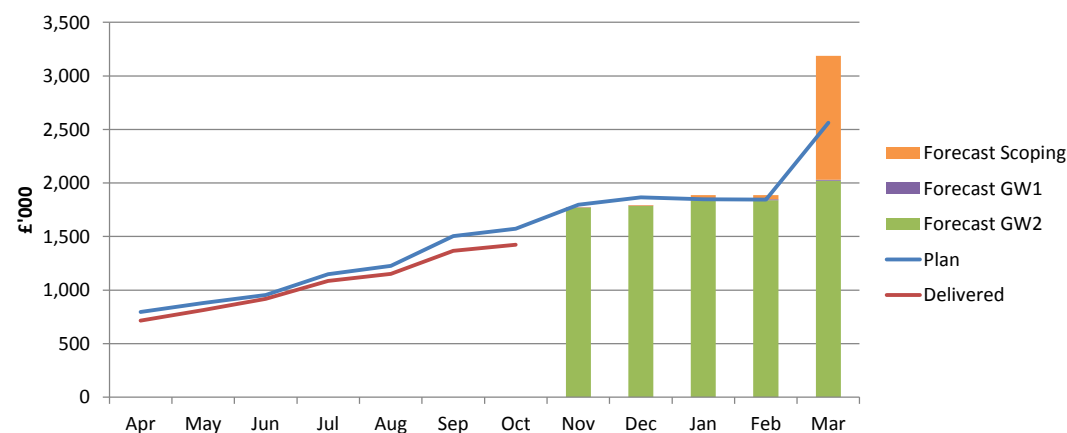
18/19 CIP

Division	Plan	Forecast				
	Total £'m	Rec £'m	Non Rec £'m	Total £'m	FYE £'m	WTE
Corporate Services	0.32	0.31	0.03	0.34	0.31	6.35
Health Informatics	0.44	0.39	0.07	0.46	0.39	4.60
Medicine	6.35	5.74	0.69	6.43	5.91	65.27
PMU	0.02	0.00	0.02	0.02	0.00	0.00
Surgery & Anaesthetics	3.67	2.94	0.40	3.34	3.39	23.65
Families & Specialist Services	3.28	2.90	0.47	3.37	3.29	14.00
Community	0.61	0.55	0.13	0.68	0.63	6.05
Estates & Facilities	1.18	1.00	0.14	1.14	1.00	2.00
Technical Accounting	1.00	1.02	1.04	2.06	1.02	0.00
Unallocated	1.14	0.16	0.00	0.16	0.16	0.00
Grand Total	18.00	15.02	2.98	18.00	16.10	121.92

CIP - Risk



CIP Profile by Month



CIP 18/19	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Plan	795	879	955	1,150	1,226	1,505	1,572	1,798	1,866	1,846	1,846	2,563	18,000
Delivered	715	814	917	1,086	1,152	1,365	1,422	-	-	-	-	-	7,471
Forecast GW2	-	-	-	-	-	-	-	1,769	1,784	1,839	1,839	2,021	9,252
Forecast GW1	-	-	-	-	-	-	-	3	3	8	8	8	29
Forecast Scoping	-	-	-	-	-	-	-	4	7	39	39	1,159	1,248
Total Actual / Forecast	715	814	917	1,086	1,152	1,365	1,422	1,776	1,794	1,885	1,886	3,188	18,000

£7.47m of CIP has been delivered in the year to date against a plan of £8.08m, an under performance of £0.61m. This underperformance reflects the reprofiling of a number of portfolio schemes resulting in slippage on the delivery of CIP compared to plan. Whilst this is a timing difference and is forecast to be recovered in full by year end, the revised profile will continue to put pressure on the in-month financial position over the next couple of months and is not forecast to be fully recovered until month 12. It is also essential that CIP is delivered in full in order for the Trust's winter plans to be affordable in the latter part of the year.

There has been a reduction in forecast savings for a couple of portfolios that have put some further risk on full achievement of the required £18m CIP for this financial year. New schemes are being scoped to fill the gap which is currently £0.16m. Of the forecast savings £15.02m are forecast to be recurrent savings. With some schemes starting part way through the year the full year effect of these recurrent schemes that will be carried forward into 19/20 is £16.10m, (£15.02m in 18/19 and the remaining £1.08m in 19/20). Non-Recurrent savings for 18/19 are forecast at £2.98m, including the £1.04m savings linked to Project Echo. Whilst non recurrent savings do provide a benefit in this financial year, the benefit does not carry forward into next year.

£16.72m 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 (£4.95m).

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. The current forecast view shared with commissioners is identified cost out of £1.3m against this £2.6m target, some of which is included within existing CIP plans with the remainder contributing to recovery plans.

System Recovery Group (SRG)

The Trust and commissioners will seek to work jointly to maximise the opportunity afforded to the system by the AIC contract form in driving through transformational changes and taking costs out. SRG schemes with a benefit to the Trust of £0.17m are currently being scoped and are included in this forecast position.

FORECAST

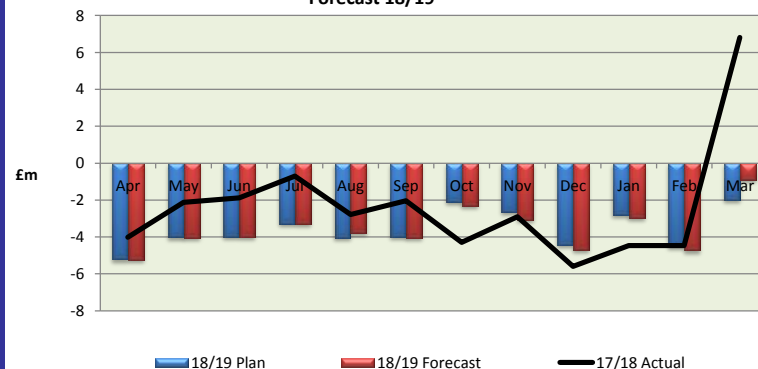
YEAR END 2018/19

	Plan £m	Forecast £m	Var £m	
Elective	£19.51	£17.03	(£2.47)	●
Non Elective	£101.38	£101.29	(£0.09)	●
Daycase	£26.27	£26.03	(£0.23)	●
Outpatients	£37.57	£37.43	(£0.14)	●
A & E	£18.58	£19.02	£0.44	●
Other-NHS Clinical	£106.72	£112.23	£5.51	●
CQUIN	£6.85	£6.78	(£0.07)	●
Other Income	£40.73	£46.40	£5.67	●
Total Income	£357.60	£366.22	£8.62	●
Pay	(£247.81)	(£253.59)	(£5.78)	●
Drug Costs	(£36.10)	(£37.91)	(£1.81)	●
Clinical Support	(£28.67)	(£29.28)	(£0.62)	●
Other Costs	(£49.33)	(£51.49)	(£2.16)	●
PFI Costs	(£12.84)	(£12.83)	£0.01	●
Total Expenditure	(£374.75)	(£385.10)	(£10.35)	●
EBITDA	(£17.16)	(£18.89)	(£1.73)	●
Non Operating Expenditure	(£25.89)	(£24.16)	£1.73	●
Surplus / (Deficit)*	(£43.05)	(£43.05)	£0.00	●

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

Forecast

Forecast 18/19



Month 7 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 over the next few months as contingencies are now exhausted. Achieving the planned £43.1m deficit for this financial year is now reliant on both the delivery of the full £18m of CIP and an additional recovery requirement with a total value of £2.84m. This is a worsening of £0.84m since the need for recovery action was quantified at Month 5. The full value of the recovery requirement is being pursued through a range of recovery actions and opportunities and will need to be delivered in full in order to achieve the financial plan.

Key Assumptions:

- Efficiency challenge is £18m CIP. The forecast assumes full delivery including high risk elements such as the £1.04m saving assumption linked to Project Echo. The CIP forecast is currently indicating a £0.16m shortfall in portfolio schemes for which alternative savings are being scoped.
- Aligned Incentive Contract with two main commissioners reduces risk of income loss, but for all other commissioners contracts remain on a payment by results basis and are therefore subject to variability based on actual activity levels.
- The £1m uncommitted contingency reserve has been released in full in the year to date. Of the £1m allocated as a Winter Reserve, £0.25m has been utilised year to date.
- Forecast includes the impact of Agenda for Change Pay awards of around £3.79m which is fully funded as income (Other-NHS Clinical) - this includes the additional £0.11m funding confirmed in Month 6.

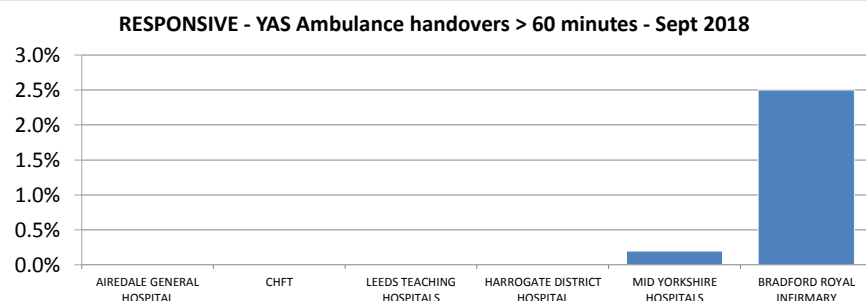
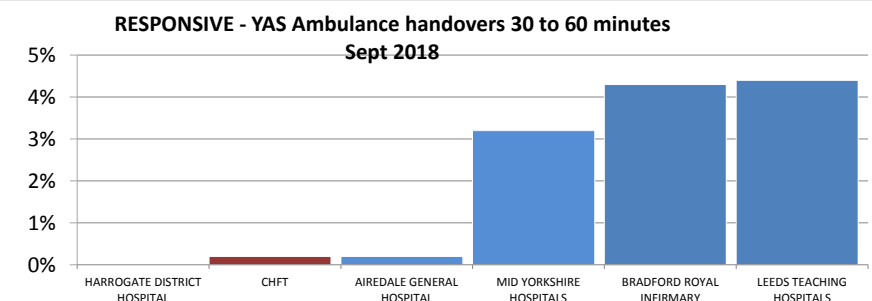
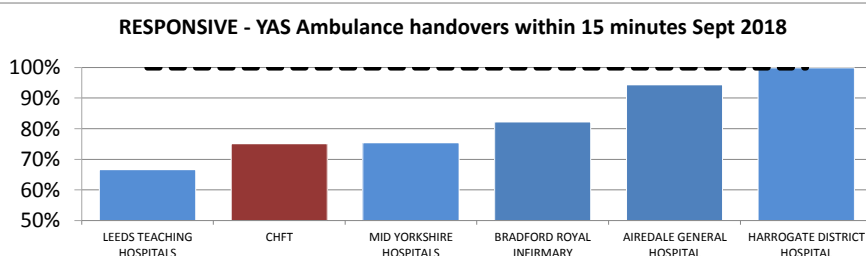
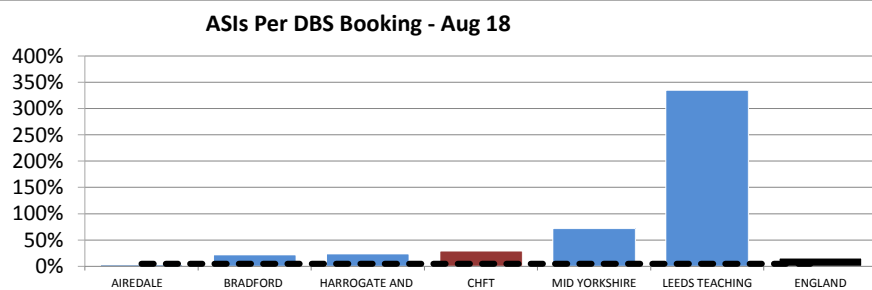
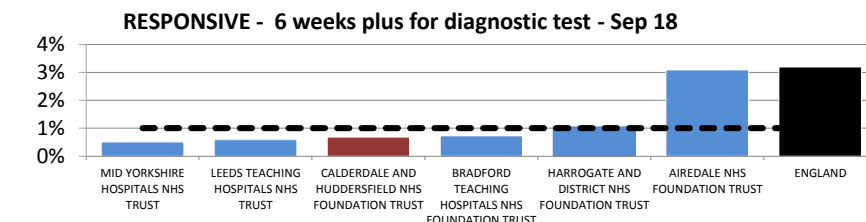
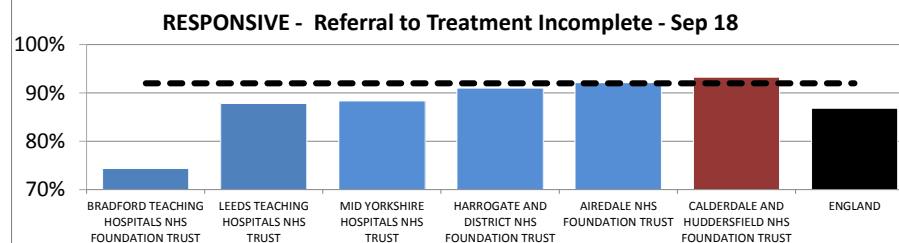
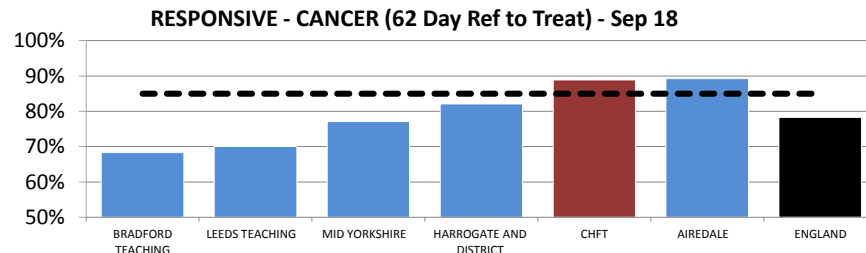
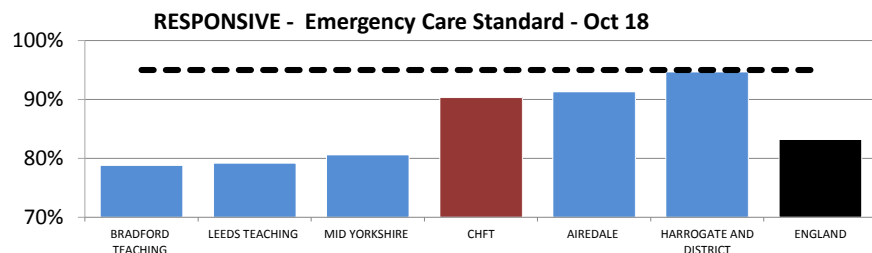
Variances:

- Excluding the impact of pay award funding, Clinical income is forecast below plan by £0.84m, the majority of which reflects lower than planned High Cost Drugs income (pass through).
- The favourable variance on Other Income of £4.84m is in part due to increased turnover within the Pharmacy Manufacturing Unit (£2.02m) which is offset by additional drugs costs and additional training income due to the new GPST hosting contract (£1.40m).
- Pay is forecast as an adverse variance of £1.99m (excluding the impact of the pay award). This includes additional funded costs of £1.4m for hosted GPST doctors offset by the release of £1m Contingency Reserve, leaving an underlying pay forecast overspend of £1.59m.
- Non Pay is forecast as an adverse variance of £4.58m. This in part relates to increased sales costs of £2.96m within the Pharmacy Manufacturing Unit, offset by lower than planned High Cost Drugs of £0.73m, leaving an underlying variance of £2.35m adverse.
- The forecast for Non Operating expenditure is a favourable variance of £1.73m, due to forecast delivery of CIP (£1.04m), lower than planned depreciation and lower than expected inflationary pressures on PFI financing costs.

Further Risks and Opportunities:

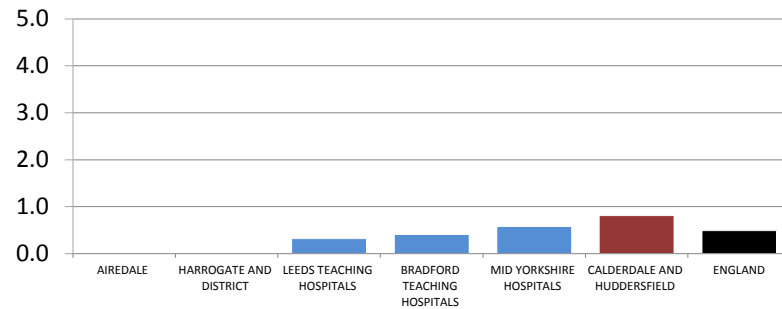
- £ 4.95m of CIP schemes remain high risk including £1.0m linked to Project Echo which is subject to external approval following a value for money review.
- The costs associated with additional winter pressures have been included within the plan, but there is a risk that these exceed the available budget or are not delivered within the Agency ceiling.
- The Trust has just been notified of a bonus incentive payment of £0.42m for CNST from NHS Litigation Authority that will contribute to the recovery requirement described above.

Benchmarking - Selected Measures

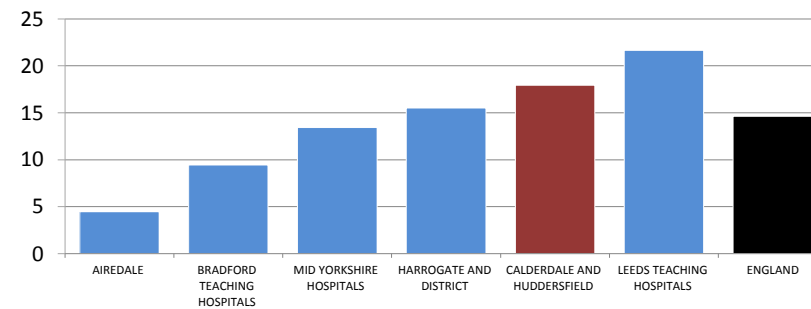


Benchmarking - Selected Measures

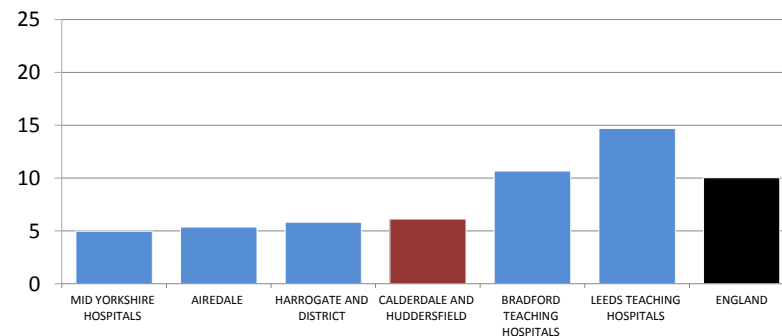
MRSA per 100,000 days - Time Period: Sep 2017 - Aug 2018



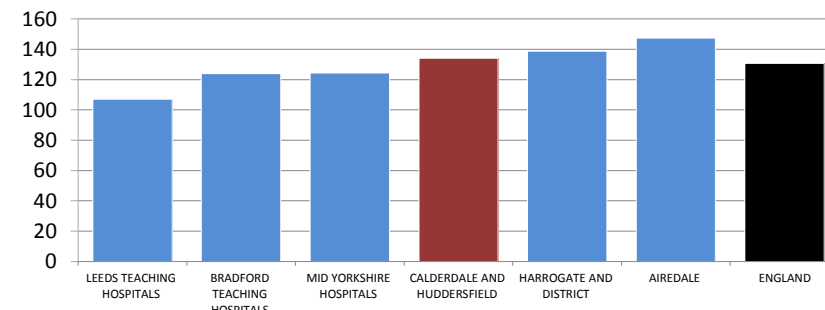
C.Diff per 100,000 days - Time Period: Sep 2017 - Aug 2018



MSSA per 100,000 days - Time Period: Sep 2017 - Aug 2018

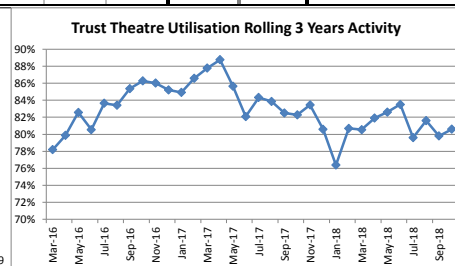
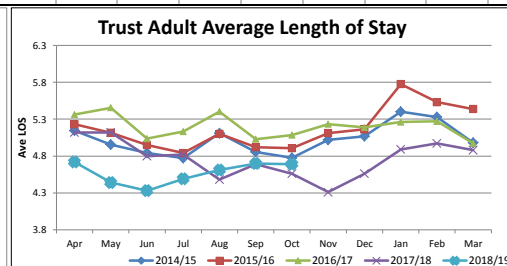
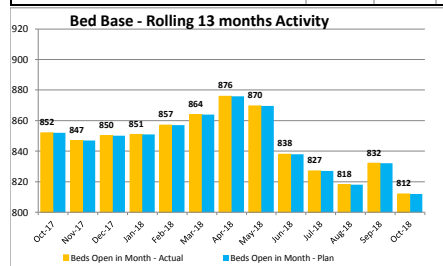


EColi per 100,000 days - Time Period: Sep 2017 - Aug 2018



Efficiency & Finance - Key measures

	17/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	Target	Threshold/M onthly
Did Not Attend Rates																	
First DNA	7.88%	7.65%	7.00%	7.69%	7.36%	7.30%	7.84%	7.60%	7.20%	7.30%	7.20%	7.30%	7.00%	6.53%	7.16%	<=7%	7.00%
Follow up DNA	7.05%	6.19%	5.53%	6.87%	6.33%	6.70%	6.63%	6.30%	6.70%	6.40%	6.40%	6.40%	6.10%	6.10%	6.34%	<=8%	8.00%
Average length of stay																	
Average Length of Stay - Overall	4.72	4.56	4.31	4.56	4.89	4.97	4.88	4.72	4.44	4.33	4.49	4.61	4.7	4.69	4.57	<=5.17	5.17
Average Length of Stay - Elective	2.51	2.54	2.22	2.31	2.42	2.8	2.66	2.77	2.29	2.46	2.63	2.56	2.27	2.65	2.51	<=2.85	2.85
Average Length of Stay - Non Elective	5	4.81	4.65	4.82	5.06	5.18	5.13	4.95	4.71	4.58	4.72	4.88	5.01	4.93	4.82	<=5.63	5.63
Pre-Op Length of Stay - Elective Patients								0.0	0.1	0.1	0.1	0.1	0.1	0.0	0.1	<=0.5	0.5
Pre-Op Length of Stay - Non Elective Patients								0.8	0.7	0.7	0.7	0.7	0.7	1.0	0.7	Not applicable	
Non Elective with zero LOS (not ambulatory)	9,487	947	825	841	746	689	678	699	803	757	770	653	781	835	5,298	Not applicable	
Elective Inpatients with zero LOS	903	83	84	63	62	37	55	39	48	52	63	61	68	60	391	136	1,632
Day Cases																	
Day Case Rate	88.34%	88.73%	87.18%	88.19%	92.86%	90.99%	89.06%	89.58%	88.93%	88.20%	88.82%	88.77%	88.73%	90.09%	89.03%	>=85%	85.00%
Failed Day Cases	1,944	173	229	194	120	148	193	166	195	215	205	202	190	199	1,372	120	1,440
Beds																	
Beds Open in Month - Plan	818	818	818	818	818	818	818	849	849	834	822	822	807	807	807	Not applicable	
Beds Open in Month - Actual	876	847	850	851	857	864	876	869.6	838	827	818	832	812	810	810	Not applicable	
Hospital Bed Days per 1000 population - Adults	56.16	50.48	49.59	50.38	53.82	49.52	56.16	49.9	50.6	47.9	51.5	51.4	50.8	53.9	53.88	16/17 Baseline	
Emergency Hospital Admissions per 1000 population - Adults	10.05%	10.08%	10.06%	10.30%	10.46%	9.33%	10.05%	9.40%	10.00%	9.60%	10.10%	9.80%	9.40%	10.20%	10.22%	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	0.08	0.08	0.09	0.09	0.10	0.10	0.07	0.06	0.07	0.07	0.07	0.07	0.07	0.07	Target release October 18	
Endoscopy Utilisations	UNDER DEVELOPMENT AND TIMELINE - November IPR																
Hospital Cancellations within 6 Weeks	29,824	3,073	2,729	2,066	2,448	2,530	3,090	1,165	1,094	1,319	1,223	1,251	988	1,198	8,238	0	0
Theatre Utilisation																	
Theatre Utilisation (TT) - Main Theatre - CRH	82.05%	81.99%	83.77%	81.58%	76.82%	81.57%	80.75%	83.50%	83.20%	84.20%	82.50%	84.50%	81.00%	84.30%	83.60%	>=90%	90.00%
Theatre Utilisation (TT) - Main Theatre -HRI	91.03%	89.15%	93.58%	90.45%	82.61%	89.84%	90.86%	90.30%	90.70%	93.80%	78.70%	82.30%	88.80%	80.40%	85.90%	>=90%	90.00%
Theatre Utilisation (TT) - HRI DSU	73.53%	77.96%	74.64%	71.80%	70.46%	72.28%	70.82%	73.20%	77.00%	76.70%	73.90%	75.80%	69.30%	74.70%	74.40%	>=88%	88.00%
Theatre Utilisation (TT) - HRI SPU	72.56%	74.59%	73.09%	68.12%	69.07%	72.61%	70.49%	68.70%	68.60%	69.00%	69.60%	74.00%	74.30%	70.10%	70.60%	>=85%	85.00%
Theatre Utilisation (TT) - Trust	81.79%	82.27%	83.45%	80.58%	76.39%	80.69%	80.53%	81.90%	82.60%	83.50%	79.60%	81.60%	79.80%	80.60%	81.30%	>=90%	90.00%
% Theatre Scheduled Late Starts > 15 mins - Trust								37.79%	31.24%	31.00%	34.69%	32.18%	35.85%	31.86%	33.61%	Target release October 18	
Total Follow lists - Trust								105	63	80	73	108	58	80	567	Target release October 18	
No. of Ambulatory patients																	
Emergency Hospital Discharges	9,253	716	819	725	889	891	966	877	931	892	967	892	855	886	6,300	0	0
Stranded 7 Days	47.00%	44.00%	41.00%	43.00%	45.00%	46.00%	47.00%	52.18%	52.92%	51.48%	50.00%	53.03%	50.60%	46.48%	50.41%	<=30%	30.00%
Super Stranded 21 Days								117	115	108				114	114	<=104	
Average time to start of reablement (days)	0.10	0.15	0.09	0.05	0.07	0.06	0.06	0.07	0.05	0.04	0.05	0.11	0.07	0.07	0.07	<=10.2 days	10.2
% Catheter Lab Utilisation								0.89	85.00%	92.00%	93.00%	88.00%	87.00%	88.00%	89.00%		



Efficiency & Finance Frailty- Key measures

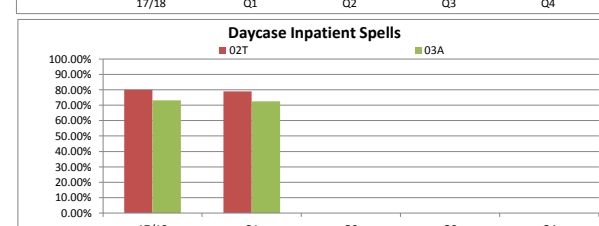
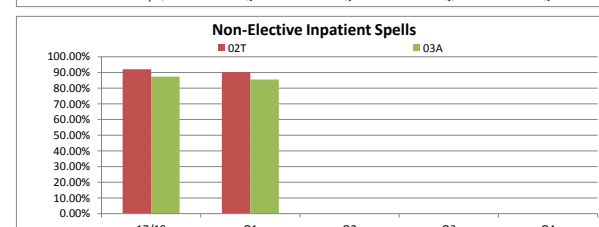
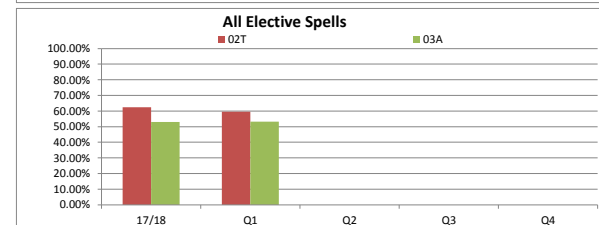
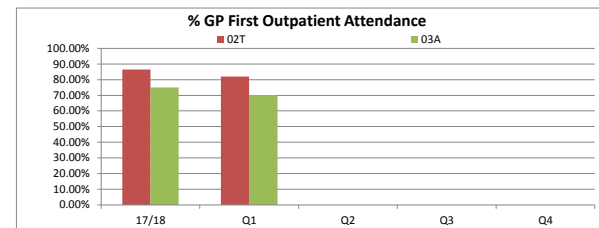
17/18		Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18		YTD	Target	Threshold/M onthly
Acute Admissions - Aged 75+ Years																		
Acute Admissions aged 75+								728	838	790	777	728	719	825	5,405	not applicable		
Frail* patients admitted aged 75+								290	334	316	300	260	277	325	2,102			
% patients admitted aged 75+ who are frail**								40%	40%	40%	39%	36%	39%	39%	36%			
Frailty Admissions with LOS < 3 days																		
Patients 75+ with a LOS < 3 days								376	450	399	419	349	382	390	2,765	not applicable		
Frail* patients with a LOS < 3 days								122	142	124	133	83	123	111	838			
% of patients with a LOS < 3 days who are frail**								32%	32%	31%	32%	24%	32%	28%	32%			
Patients 75+ occupied bed days								5911	6,649	6,547	5,262	5,838	5,128	6,378	41,713			
Frail* occupied bed days								2999	3,194	3,070	2,387	2,626	2,167	3,155	19,598			
Average frail* non-elec IP LOS								10.3	9.6	9.7	8.0	10.1	7.8	9.7	9.4			
Average DAILY Beds Saved								35	34	24	16	10	16	in arrears	27			
Re-admitted back to the Frailty Team within 30 days								47	37	34	38	30	51	42	279			
% Re-admitted back to the Frailty Team within 30 days								15%	11%	11%	11%	12%	16%	13%	12%			

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

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

Activity - Key measures (Market Share)

	17/18	Q1	Q2	Q3	Q4	YTD	Target	YTD % Change
GP First Outpatient Attendance								
% Market Share - 02T Calderdale	86.45%	82.08%				82.08%	86.45%	-4.37%
% Market Share - 03A Greater Huddersfield	75.02%	70.13%				70.13%	75.02%	-4.89%
% Market Share - Other Contracted CCG's	1.24%	0.88%				0.88%	1.24%	-0.36%
Market Size - 02T Calderdale	40416	10736				10736	40416	
Market Size - 03A Greater Huddersfield	39365	10673				10673	39365	
Market Size - Other Contracted CCG's	444236	131583				131583	444236	
All Elective Spells								
% Market Share - 02T Calderdale	62.38%	59.48%				59.48%	62.38%	-2.90%
% Market Share - 03A Greater Huddersfield	52.99%	53.29%				53.29%	52.99%	0.30%
% Market Share - Other Contracted CCG's	0.81%	0.88%				0.88%	0.81%	0.07%
Market Size - 02T Calderdale	4543	1155				1155	4543	
Market Size - 03A Greater Huddersfield	4758	1169				1169	4758	
Market Size - Other Contracted CCG's	51422	13504				13504	51422	
Non-Elective Inpatient Spells								
% Market Share - 02T Calderdale	91.92%	90.21%				90.21%	91.92%	-1.71%
% Market Share - 03A Greater Huddersfield	87.39%	85.48%				85.48%	87.39%	-1.91%
% Market Share - Other Contracted CCG's	1.13%	1.02%				1.02%	1.13%	-0.11%
Market Size - 02T Calderdale	26205	6688				6688	26205	
Market Size - 03A Greater Huddersfield	25449	6414				6414	25449	
Market Size - Other Contracted CCG's	230236	72480				72480	230236	
Daycase Spells								
% Market Share - 02T Calderdale	80.09%	78.97%				78.97%	80.09%	-1.12%
% Market Share - 03A Greater Huddersfield	73.17%	72.67%				72.67%	73.17%	-0.50%
% Market Share - Other Contracted CCG's	0.80%	0.72%				0.72%	0.80%	-0.09%
Market Size - 02T Calderdale	25827	6789				6789	25827	
Market Size - 03A Greater Huddersfield	27773	7542				7542	27773	
Market Size - Other Contracted CCG's	259741	74656				74656	259741	



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 2017/18 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 2018/19, 82.06% 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 4.37 percentage points when compared with the 17/18 baseline.

This report will be updated quarterly the next update due to be January 2019.

Comparing Quarter 1 market share position with 17/18 baseline it can be noted that for Calderdale CCG the CHFT proportion of delivered market share has **decreased** for all areas. Regards Greater Huddersfield CCG activity CHFT delivered a smaller proportion of the day case activity than it did in 16/17 as well as a 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 1 with 17/18 baseline.

Activity - Key measures

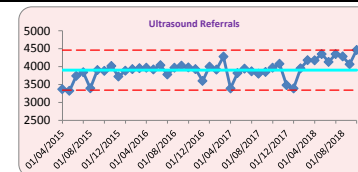
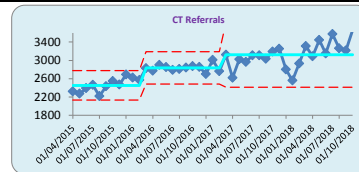
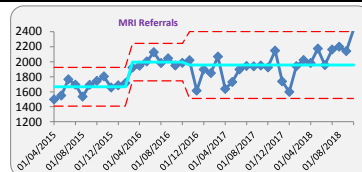
	17/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	YTD % Change
GP referrals to all outpatients																
02T - NHS CALDERDALE CCG	52,515	4,937	4,540	4,105	4,794	4,276	4,557	3,563	3,768	3,312	3,464	3,639	3,243	3,812	24,801	-5.6%
03A - NHS GREATER HUDDERSFIELD CCG	37,450	3,085	3,187	2,837	3,275	2,922	3,133	3,186	3,185	2,814	2,849	3,096	2,710	3,037	20,877	-7.3%
03J - NHS NORTH KIRKLEES CCG	3,683	327	336	252	322	279	250	249	209	220	192	174	160	274	1,478	-31.6%
02R - NHS BRADFORD DISTRICTS CCG	248	600	400	500	300	3,600	5,400	214	229	171	202	199	180	206	1,401	-18.5%
03R - NHS WAKEFIELD CCG	1,145	139	114	83	108	73	84	71	83	46	50	48	48	58	404	-1.5%
02W - NHS BRADFORD CITY CCG	481	52	47	50	55	33	53	40	39	32	36	29	38	40	254	12.4%
01D - NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	159	10	9	3	10	5	8	14	5	8	5	5	1	2	40	-85.0%
03C - NHS LEEDS WEST CCG	146	13	10	8	14	11	17	3	0	0	0	0	0	0	3	-95.5%
02N - NHS AIREDALE, WHARFEDAILE AND CRAVEN CCG	66	8	1	6	8	9	3	5	7	7	3	5	4	6	37	19.4%
03G - NHS LEEDS SOUTH AND EAST CCG	102	11	11	7	19	15	13	2	1	0	0	0	0	0	3	-80.0%
02V - NHS LEEDS NORTH CCG	17	2	1	1	2	1	2	0	0	0	0	0	0	0	0	-100.0%
Other	948	859	793	638	777	620	696	638	636	521	539	499	485	646	3,964	-27.1%
Trust	65,956	8,881	8,520	7,580	8,846	7,818	8,386	7,387	7,589	6,647	6,852	7,234	6,438	7,495	49,642	-3.3%
Trust - % Change on Previous year	7.88%	16.98%	10.69%	12.13%	16.02%	9.38%	0.13%	44.80%	-18.10%	-14.40%	-3.60%	-1.40%	-12.40%	1.70%	-3.30%	

ACTIVITY VARIANCE AGAINST CONTRACT																
Day Case Variance against Contract	-3,096.49	-325.82	-69.32	168.9	-560.12	-409.28	-375.9	-32.07	3.01	-109.99	-55.86	-14.29	8.87	5.29	-114.05	
% Day Case Variance against Contract	-8.25%	-9.60%	-2.04%	6.84%	-16.50%	-13.26%	-11.60%	-1.11%	0.10%	-3.57%	-1.75%	-0.46%	0.30%	0.16%	-0.53%	
Elective Variance against Contract	-2,259.24	-224.39	-125.34	-59.89	-408.34	-292.86	-223.1	-56.61	-30.32	-28.32	-60.17	-43.58	-56.71	-114.55	-410.27	
% Elective Variance against Contract	-28.39%	-31.63%	-17.67%	-11.61%	-57.57%	-45.41%	-32.95%	-11.85%	-5.80%	-5.16%	-10.70%	-8.02%	-10.87%	-19.50%	-10.90%	
Non-elective Variance against Contract	4,988.26	174.32	655.25	378.13	842.44	286.24	444.82	56.56	228.51	107.97	135.08	224.34	265.94	256.96	1036.36	
% Non-elective Variance against Contract	10.42%	3.85%	15.79%	8.46%	20.08%	8.63%	10.95%	1.23%	4.83%	2.29%	2.82%	4.99%	5.72%	5.25%	3.15%	
Outpatient Variance against Contract	-29,795.82	-2,470.69	-776.99	340.09	-3,925.58	-2,711.71	-4,630.65	1,075.35	2,035.08	-467.44	445.33	-1,029.43	566.84	40.99	2,292	
% Outpatient Variance against Contract	-11.11%	-10.57%	-4.01%	-0.99%	-16.00%	-12.35%	-18.08%	4.22%	7.45%	-1.71%	0.39%	-2.84%	2.11%	0.17%	1.28%	
Accident and Emergency Variance against Contract	-6,917.90	-210.41	-374.49	28.14	-1270.3	-1094.93	-1909.56	-699.13	-76.16	44.53	137.85	-109.45	-480.8	-272.81	-1464.97	
% Accident and Emergency Variance against Contract	-4.52%	-1.61%	-2.99%	0.22%	-9.77%	-8.92%	-13.62%	-5.55%	-0.56%	0.35%	1.03%	-0.88%	-3.74%	-2.07%	-1.62%	

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

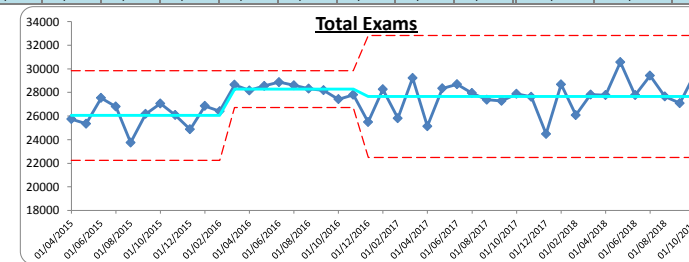
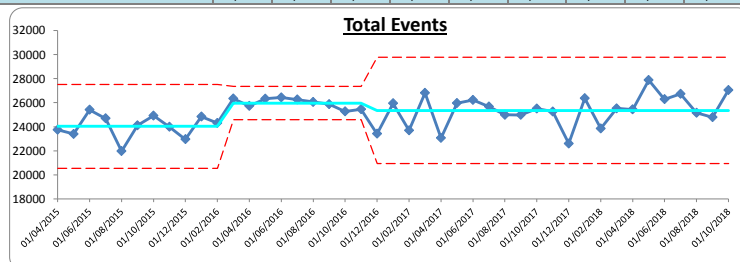
Radiology Summary of Activity of Key Modalities - October 2018

Referrals into Service																			
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
MRI	1638	1728	1896	1941	1937	1948	1924	2147	1737	1597	1940	2022	1981	2173	1954	2160	2199	2140	2428
CT	2621	3023	2966	3108	3192	3034	3191	3253	2800	2560	2931	3313	3089	3473	3149	3577	3263	3216	3659
Obstetrics	2170	2476	2481	2340	2459	2401	2466	2520	2188	2092	2232	2408	2288	2437	2369	2486	2417	2270	2452
General Radiology	15608	17139	17223	17299	16944	17282	17181	16863	15448	15044	15853	17430	17208	18772	17404	17601	16123	16456	17774
Ultrasound	3388	3819	3939	3866	3801	3847	3967	4077	3480	3390	3950	4179	4174	4349	4131	4350	4282	4062	4463
Total	25425	28185	28505	28554	28333	28512	28729	28860	25653	24683	26906	29352	28740	31178	29007	30174	28284	28144	30776
YTD 18/19																			
YTD 17/18																			
Increase																			
%																			



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

Activity																			
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Total Events	23,062	25,965	26,223	25,674	24,989	24,986	25,501	25,263	22,592	26,372	23,853	25,521	25,437	27,885	26,292	26,737	25,148	24,784	27,045
MRI	1,599	1,692	1,723	1,692	1,695	1,734	1,739	1,639	1,535	1,664	1,608	1,684	1,677	1,616	1,671	1,652	1,703	1,611	1,760
HRI - MRI	600	592	625	652	620	649	649	615	570	622	577	599	608	596	625	611	616	575	669
CRH - MRI	437	503	500	437	483	474	503	430	409	432	428	473	496	469	456	450	496	479	469
Mobile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New Scanner - HRI	549	588	588	591	582	599	576	562	547	602	572	583	567	549	581	584	577	546	616
CT	2,308	2,605	2,587	2,779	2,722	2,589	2,651	2,796	2,470	2,637	2,538	2,760	2,708	2,989	2,869	3,090	2,888	2,785	3,078
General Radiology	14,441	15,322	15,476	15,479	15,142	15,516	15,692	15,230	13,911	16,295	14,481	15,833	15,518	17,341	16,076	16,256	14,730	15,030	15,999
Obstetrics	2,053	2,308	2,326	2,199	2,314	2,273	2,319	2,329	2,078	2,358	2,059	2,228	2,166	2,278	2,249	2,316	2,279	2,112	2,292
Ultrasound	2,661	4,038	4,111	3,525	3,116	2,874	3,100	3,269	2,598	3,418	3,167	3,016	3,368	3,661	3,427	3,423	3,548	3,246	3,916
Total Exams	25,128	28,345	28,692	27,939	27,377	27,284	27,882	27,625	24,471	28,679	26,075	27,808	27,766	30,556	28,804	29,422	27,646	27,081	29,556
MRI	1,680	1,762	1,831	1,786	1,796	1,817	1,836	1,740	1,616	1,751	1,702	1,778	1,748	1,710	1,753	1,739	1,784	1,683	1,848
HRI - MRI	631	625	674	695	671	687	693	649	603	657	609	637	633	641	670	652	651	617	714
CRH - MRI	462	519	527	455	504	488	524	470	426	452	455	497	516	487	471	461	518	493	486
Mobile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New Scanner - HRI	572	606	619	624	611	629	607	609	577	634	606	614	592	578	603	619	600	561	642
CT	3,416	3,874	3,853	4,038	4,023	3,859	3,910	4,109	3,532	3,891	3,670	4,023	4,006	4,424	4,220	4,673	4,291	4,141	4,477
General Radiology	15,019	15,932	16,154	16,026	15,797	16,176	16,401	15,835	14,349	16,902	15,106	16,407	16,110	18,095	16,765	16,917	15,350	15,534	16,589
Obstetrics	2,055	2,312	2,330	2,201	2,320	2,276	2,325	2,335	2,083	2,234	2,063	2,234	2,171	2,283	2,250	2,322	2,283	2,117	2,293
Ultrasound	2,958	4,465	4,524	3,888	3,441	3,156	3,410	3,606	2,891	3,772	3,534	3,366	3,731	4,044	3,816	3,771	3,938	3,606	4,349
YTD 18/19																			
YTD 17/18																			
Increase																			
%																			



Waiting List at Month End																			
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Total number on MRI Waiting List	1120	872	819	850	831	824	787	1016	972	988	1087	1109	1131	1384	1405	1602	1693	1894	2129
Total number on CT Waiting List	905	928	842	853	858	823	902	924	783	828	845	934	945	933	809	889	776	803	792
Total number on US Waiting List	3477	2539	1540	1259	1321	1617	1808	1906	2126	2130	2280	2713	2706	2670	2609	2713	2586	2581	2432
YTD 18/19																			
YTD 17/18																			
Increase																			
%																			

Number of Exams reported																			
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Internal (Planned)	16671	20384	18554	20116	21015	19793	21046	23066	19640	22396	19959	20199	20918	21509	19512	19286	20063	17909	21896
Insourced (Extras)	330	714	466	439	4947	1176	15	0	15	6	0	0	0	0	0	0	0	0	0
Locum Radiologist/Sonographer	233	315	299	96	41	85	89	85	74	88	76	91	45	68	96	110	0	0	0
Auto Reported	2627	2353	2746	2691	2820	2450	2675	2767	2234	2921	2904	3040	3657	3407	3505	5066	4505	4702	4337
YTD 18/19																			
YTD 17/18																			
Increase																			
%																			

CQUINS - Key messages

Area	Reality	Response	Result
Overall	<p>The CQUIN scheme for 2018/19 is, in the main, a continuation of the 2017/18 scheme.</p> <p>However, there are some key changes which include:</p> <ul style="list-style-type: none"> - Suspension of CQUIN 8A - Reduction in AWaRe antibiotics rather than piperacillin - Higher target for Flu Vaccinations @75% 		
Front Line Staff - Vaccinated against Flu	As of the end of middle of November 65% of frontline staff have been vaccinated.	The campaign continues with drop in sessions, walk rounds and weekly catch-up planned throughout December	<p>The flu campaign officially ends at the end of February 19. It is anticipated that the 75% will be met by the end of January 2019.</p> <p>Accountable: WOD, DOPs and DDs</p>
Risky Behaviours	The required improvements to the separate elements of the risky behaviour CQUINs are not being realised.	Ongoing monitoring of performance with ward level actions in place to improve compliance.	It is recognised that the targets for this CQUIN are challenging to achieve. Improvements are expected by the end of Q4 but not likely to reach the ambitious target of 100% in all elements.

CQUIN - Key measures

Goal Reference	Provider Type	Financial Value of Indicator	Indicator Name	Description	Baseline	Targets			
						Q1	Q2	Q3	Q4
1. Improving staff health and wellbeing									
1a.1	Acute & Community	£213,082	Improvement of health and wellbeing of NHS staff	% Definitely takes positive action on health and well-being	25	N/A	N/A	N/A	30
1a.2				% Experienced MSK in the last 12 months as a result of work activities	25	N/A	N/A	N/A	20
1a.3				% Felt unwell in the last 12 months as a result of work related stress	37	N/A	N/A	N/A	32
1b.1	Acute & Community	£213,082	Healthy food for NHS staff, visitors and patients	Maintain 16-17 changes	-	N/A	Written report for evidence	N/A	Written report for evidence
1b.2				Improve the changes made in 2017-18	-	N/A	Written report for evidence	N/A	Written report for evidence
1c	Acute & Community	£213,082	Improving the uptake of flu vaccinations for frontline clinical staff	% Front line staff vaccinated	71%	N/A	N/A	75%	75%
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)									
2a.1	Acute	£95,887	Timely identification (screening) of patients with sepsis in emergency departments and acute inpatient settings	% Eligible patients screened for Sepsis in Emergency Admissions	100.0%	90%	90%	90%	90%
2a.2				% Eligible patients screened for Sepsis in Inpatients (LOS >0)	100.0%	90%	90%	90%	90%
2b.1		£95,887	Timely treatment of sepsis in emergency departments and acute inpatient settings	% Patients with severe red flag/ septic shock that received 1v antibiotics < 1hr in Emergency Admissions	92.9%	90%	90%	90%	90%
2b.2				% Patients with severe red flag/ septic shock that received 1v antibiotics < 1hr in Inpatients (LOS >0)	78.7%	90%	90%	90%	90%
2c	Acute	£95,887	Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.	% of antibiotic prescriptions documented and reviewed within 72 hours	-	25%	50%	75%	90%
2d.1	Acute	£95,887	Reduction in antibiotic consumption per 1,000 admissions	% of antibiotic prescriptions documented and reviewed within 72 hours	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC
2d.2				1% reduction (from 16/17 position) in Carbapenem	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC
2d.3				1% reduction (from 16/17 position) in Piperacillin-Tazobactam	TBC	Submit to PHE	Submit to PHE	Submit to PHE	TBC
4. Improving services for people with mental health needs who present to A&E									
4a	Acute	£255,698	Improving services for people with mental health needs who present to A&E	Number of ED attendances - Maintain attendance level of cohort 1 patients	245	61	61	61	61
4b				Number of ED attendances - Reduce the number of attendances by 20% of cohort 2 patients	397	79	79	80	80
4c				To improve the level of data quality for the fields:					
				- Chief Complaint	N/A	N/A	75%	N/A	85%
	- Diagnosis	N/A	N/A	30%	N/A	50%			
	- Injury Intent	N/A	N/A	75%	N/A	85%			
6. Offering advice and guidance									
6	Acute	£319,623	Advice & Guidance	% A&G responses within 2 days	-	50% (Internal Target)	60% (Internal Target)	70% (Internal Target)	80% (CQUIN Target)
9. Preventing ill health by risky behaviours – alcohol and tobacco									
9a	Acute	£7,991	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	-	Create Training Plan	100%	100%	100%
9b		£31,962		% Smokers given brief advice					
9c		£39,953		% Smokers referred and/or offered medication					
9d		£39,953		% Patients screened for Alcohol usage					
9e		£39,953		% Alcohol users given brief advice					
9a	Community	£15,981	Preventing ill health by risky behaviours - alcohol and tobacco	% Patients screened for Tobacco usage	73.0%	100%	100%	100%	100%
9b		£63,925		% Smokers given brief advice	100.0%				
9c		£79,906		% Smokers referred and/or offered medication	0.0%				
9d		£79,906		% Patients screened for Alcohol usage	4.0%				
9e		£79,906		% Alcohol users given brief advice or medication	0.0%				
10. Improving the assessment of wounds									
10	Community	£383,547	Improving the assessment of wounds	% Patients with a chronic wound who have received a full wound assessment	50.0%	50% (Internal Target)	60%	70% (Internal Target)	80%
11. Personalised care and support planning									
11a	Community	£319,623	Personalised care and support planning	Cohort 1 patients having evidence of care and support planning	-	N/A	N/A	N/A	75%
11b				Cohort 2 patients improvements in patient activation assessments	-	N/A	N/A	N/A	50%

ACTUAL PERFORMANCE															
Q1			Q1 Position	Q2			Q2 Position	Q3			Q3	Q4			Q4
Apr-18	May-18	Jun-18		Jul-18	Aug-18	Sep-18		Oct-18	Nov-18	Dec-18		Jan-19	Feb-19	Mar-19	
Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end
Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end
Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end	Data available at year end			Data available at year end
Written report due at the end of Q2			Written report due at the end of Q2	Written report due at the end of Q2			Written report due at the end of Q2	Written report due at the end of Q4			Written report due at the end of Q4	Written report due at the end of Q4			Written report due at the end of Q4
Data available from October 2018			Data available from	Data available from October 2018			Data available from October 2018	65.0%			65.0%	Data available from October 2018			Data available from
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-							
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-							
91.0%	97.0%	100.0%	96.0%	100.0%	97.0%	93.5%	96.7%	-							
77.3%	82.6%	78.9%	79.7%	85.7%	96.0%	87.0%	90.6%	-							
90% (April and May Only)			95.6%	Data available at quarter end			63.30	Data available at quarter end							
Data available at quarter end			42.2%	Data available at quarter end			46.6%	Data available at quarter end							
Data available at quarter end				Data available at quarter end				Data available at quarter end							
Data available at quarter end				Data available at quarter end				Data available at quarter end							
24	20	14	58	20	14	12	56	9			9				
26	25	32	83	22	21	14	57	23			23				
N/A			N/A	Quarter Position Only			93.9% 32.1% 98.6%	N/A			N/A				
67.9%	74.0%	69.9%	70.7%	69.8%	75.4%	74.2%	72.5%	68.1%			68.1%				
Presentation completed			Yes	65.4%	67%	67%	66.4%	64.85%			64.8%				
				14.9%	11.8%	15.0%	13.9%	15.04%			15.0%				
				14.9%	11.8%	15.0%	13.9%	15.04%			15.0%				
				62.2%	63.8%	63.8%	63.2%	61.67%			61.7%				
				16.0%	15.9%	13.2%	15.1%	14.88%			14.9%				
Quarter End Position			74.0%	Quarter End Position			TBC	Quarter End Position							
Quarter End Position			56.0%	Quarter End Position			TBC	Quarter End Position							
Quarter End Position			5.4%	Quarter End Position			TBC	Quarter End Position							
Quarter End Position			1.4%	Quarter End Position			TBC	Quarter End Position							
Quarter End Position			TBC	Quarter End Position			TBC	Quarter End Position							
41.1%	37.1%	44.4%	55.3%	TBC	TBC	TBC	TBC								
Data available at year end			N/A	Data available at year end			N/A								
Data available at year end			N/A	Data available at year end			N/A								

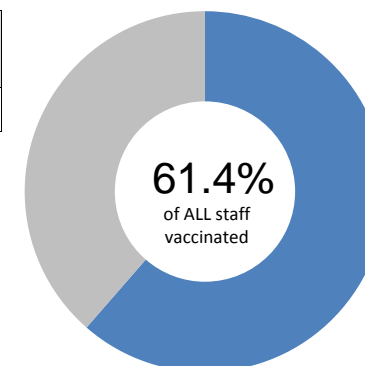
2018-19 Flu Campaign

Campaign Week:

8

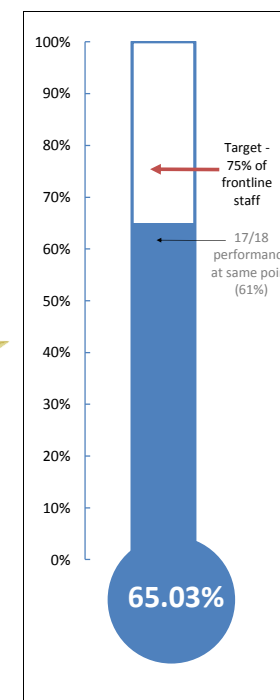
Total number of ALL staff	No. of ALL staff vaccinated	No. of ALL staff had vaccine elsewhere	TOTAL vaccinated	Left to vaccinate	Declined	% Offer (Vaccinated or Declined)	% Vaccinated
5763	3473	66	3539	2224	66	62.6%	61.4%

I don't want the flu vaccination because:	
I don't like needles	6
I don't believe the evidence that being vaccinated is beneficial	19
I'm concerned about possible side effects	9
Other reason	32
I don't think I'll get Flu	0
I don't know how or where to get vaccinated	0
It was too inconvenient to get to a place where I could get the vaccination	0
The times when the vaccination is available are not convenient	0



CQUIN - 75% of front line staff to be vaccinated

	Total number of FRONT LINE* staff	No. of FL staff to be vaccinated to = 75% target	No. of FL staff vaccinated	No. of FL staff had vaccine elsewhere	TOTAL vaccinated	Left to vaccinate	No of FL Staff Still to vaccinate to = 75%	Performance	Declined
Trust	4521	3391	2862	78	2940	1581	529	65.03%	66
All doctors (excluding GPs)	567	425	333	12	345	222	92	60.85%	1
Qualified nurses, midwives and health visitors	1720	1290	1128	31	1159	561	162	67.38%	33
All other professionally qualified clinical staff	559	419	341	14	355	204	78	63.51%	5
Support To clinical staff	1675	1256	1060	21	1081	594	196	64.54%	27



Frontline Divisional Summary

	All Doctors (excluding GPs)	All other professionally qualified clinical staff	Qualified Nurses, midwives and health visitors	Support To Clinical Staff	Grand Total
372 Medical L3	61.99%	57.78%	59.57%	60.78%	60.19%
372 Surgery & Anaesthetics L3	40.29%	52.94%	56.61%	55.50%	52.95%
372 Families & Specialist Services L3	54.92%	61.02%	56.84%	54.29%	56.33%
372 Community L3	33.33%	50.00%	44.33%	51.52%	47.99%
Calderdale & Huddersfield Solutions Ltd L3	NA	0.00%	NA	54.77%	53.96%
372 Corporate L3	33.33%	50.00%	63.64%	68.27%	65.02%
372 Central & Technical L3	8.33%	NA	NA	NA	8.33%
372 Health Informatics L3	NA	NA	100.00%	0.00%	50.00%

exc had elsewhere

529

staff to vaccinate to reach 75%

Gold Standard Wards (over 80%)

Central South District Nurses - 18/21 - 85%
 Ward 1 MAU HRI - 45/49 - 91%
 Coronary Care Unit CRH - 20/22 - 90%
 HRI ICU - 68/75 - 90%
 Critical Care Outreach - 9/10 - 90%
 CRH Paediatric Ward - 58/68 - 85%
 Crisis Intervention Team - 11/13 - 84%
 Ward 20 Elderly HRI - 36/43 - 83%
 Dispensing Services - 30/37 - 81%
 Medicine OPD - 16/20 - 80%
 HRI Radiology - MRI - 12/15 - 80%

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

Appendices



Appendices

Appendix - Appointment Slot Issues

ASIs

As at 2nd November, there were 3,240 referrals awaiting appointments.

The top specialties for ASIs backlog are:

Cardiology (409)
Gastroenterology (652)
Ophthalmology (678)
General Surgery (282)

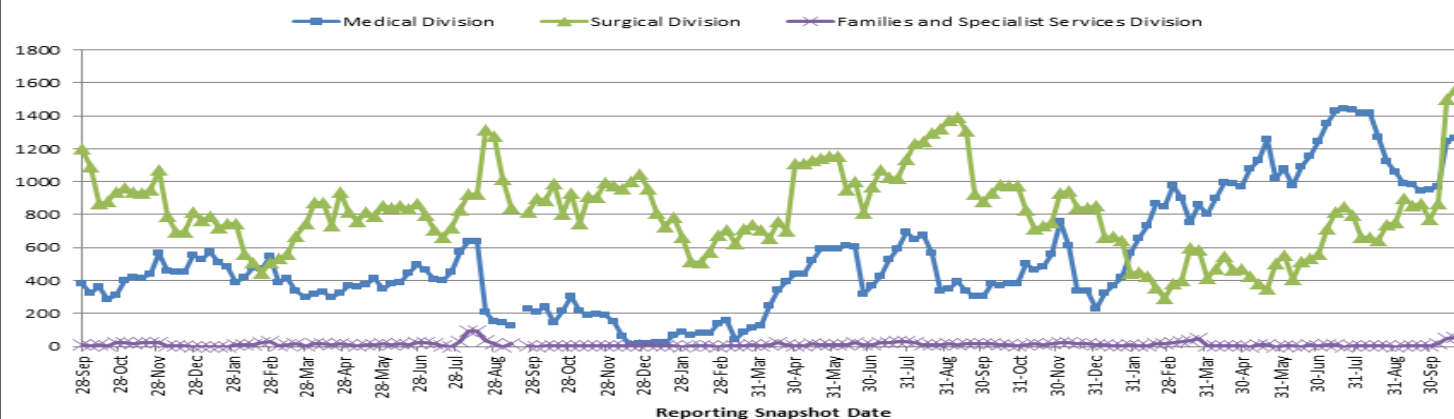
with smaller backlogs also in :

Urology (173)
Maxfac (168)
ENT (139)

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

	0 weeks	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	3 months	4 months	5 months	6 months	6 months	Totals
Medicine	117	187	134	137	106	132	101	87	68	212	102	39	30	29	1481
Cardiology	26	56	39	46	41	33	35	35	23	51	23		1		409
Dermatology			1									33	27	28	89
Gastro	38	69	58	50	35	63	44	40	34	144	74	3			652
Haematology	18	12	8	16	4	8	3	4	1		2				76
Nephrology	4	14	7	11	8	8	10	1	6	9					78
Neurology	3	5	5	5	7	10	9	5	4	7	3	2	2		67
Surgery	273	279	232	152	141	98	59	62	48	159	89	33	18	5	1648
ENT	79	53	3			2	2								139
General Surg	21	36	38	29	27	15	11	23	11	40	15	7	7	2	282
Ophthal	73	82	69	77	54	44	30	23	23	100	64	25	11	3	678
Pain Mgmt	3	6	3	5	28	18	5	9	5	5	3				90
Urology	31	38	24	14	25	16	9	1	1	8	6				173
Maxillofacial	33	40	77	18											168
FSS	25	23	27	6	18	4	2		1	1			1		108
Paediatrics	8	16	24	4	15	1				1			1		70
Gynaecology	17	7	3	2	3	3	2		1						38
Totals	415	489	393	295	265	234	163	149	119	372	191	72	49	34	3240

**New Appointment Issues From Week Commencing 28 September 15
To 29 October 18**



Appendix - Referrals

October 2018 Referrals

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

GP Referrals are down 3.3% financial YTD October 2018 compared with same period 2018 (1,743 referrals).

In the month itself they were up 1.7% (133 referrals)

- From April to October 2018, there were 149 working days, compared with 147 for the corresponding period 2017.

- These two extra working day YTD could indicate an anticipated increase of GP referrals of 1.4%.

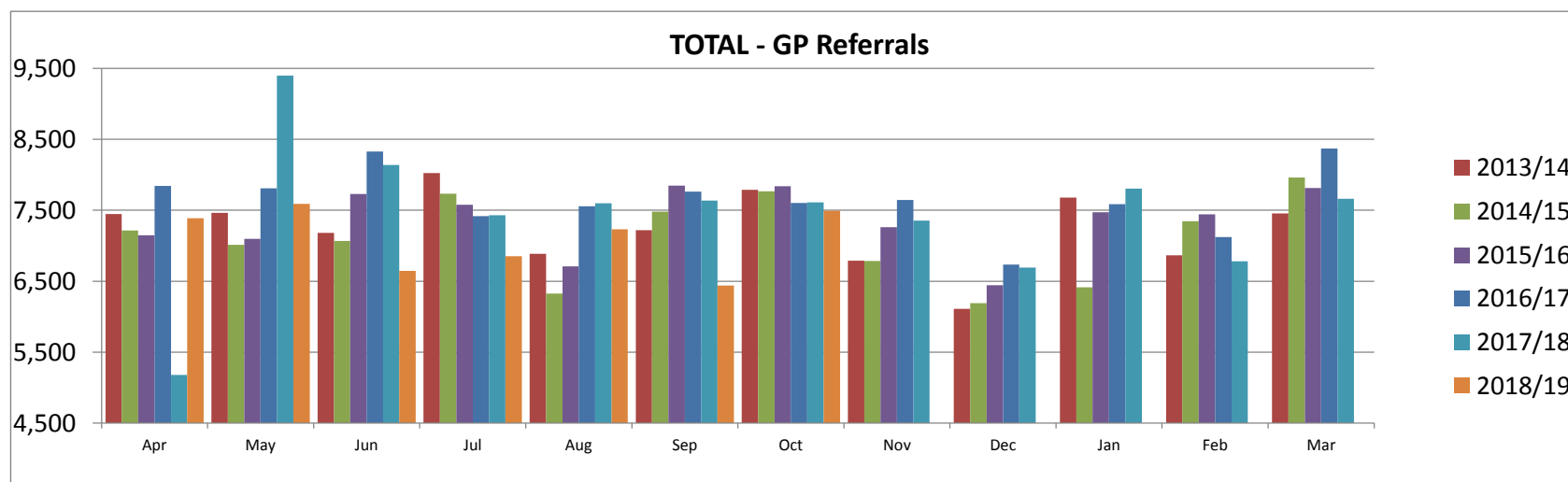
- The one extra working day October 2018 compared with October 2017 could indicate an anticipated decrease of GP referrals of 4.5%.

- NHS Calderdale GP referrals have seen a decrease of 3.7% (957) for the year to date principally due to Ophthalmology 34% (684), Cardiology 16% (184) and Dermatology 20% (346).

- Total referrals (non-triage) into the Calderdale MSK service have increased 21% (651 referrals)

- NHS Greater Huddersfield GP referrals have seen a decrease of 3.6% (782). There have been most noticeable decreases in Ophthalmology (645, 34%) and Cardiology (206, 20%) for the year to date.

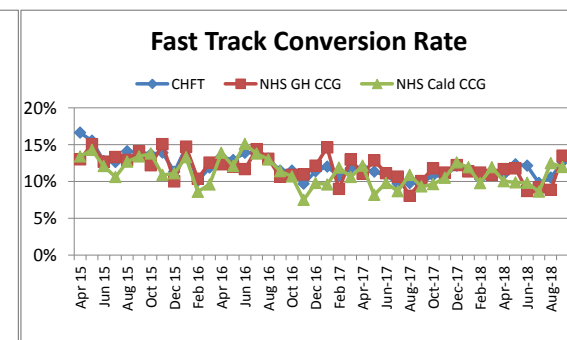
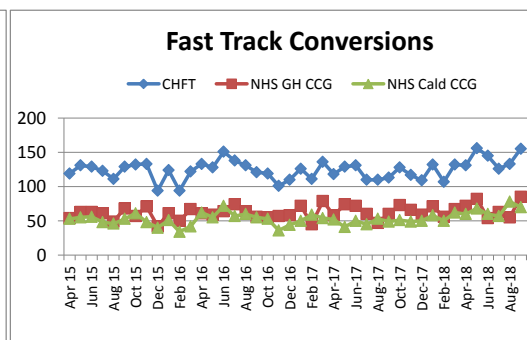
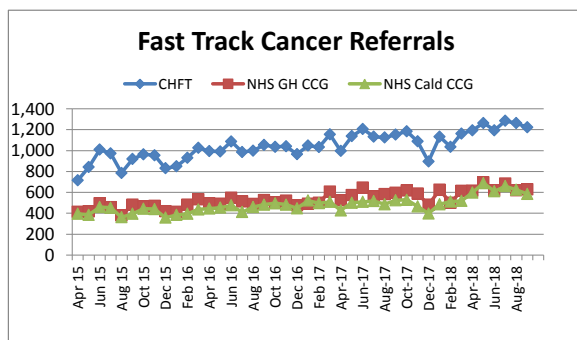
- For 2018/19 YTD there has been a GP referral decrease for NHS North Kirklees (32.5%, 711 referrals, ENT, Neurology and Rheumatology principally) and NHS Wakefield (38.3%, 251 referrals)



Activity - Key measures

	17/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-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	525	529	466	397	486	511	519	598	689	611	660	625	585	3,702	24.7%
NHS CALDERDALE CCG Conversions	657	49	51	49	50	58	50	62	60	68	60	57	78	70	385	
NHS CALDERDALE CCG Conversion Rate	11.6%	9.3%	9.6%	10.5%	12.6%	11.9%	9.8%	11.9%	10.0%	9.9%	9.8%	8.6%	12.5%	12.0%	10.4%	
NHS GREATER HUDDERSFIELD CCG Referrals	6,169	596	619	589	482	625	500	615	617	695	621	685	621	629	3,854	10.5%
NHS GREATER HUDDERSFIELD CCG Conversions	802	60	73	66	59	71	56	67	72	82	54	63	55	85	393	
NHS GREATER HUDDERSFIELD CCG Conversion Rate	13.0%	10.1%	11.8%	11.2%	12.2%	11.4%	11.2%	10.9%	11.7%	11.8%	8.7%	9.2%	8.9%	13.5%	10.2%	
Other CCG Referrals	534	23	22	20	14	13	11	15	9	11	9	11	16	9	71	-67.7%
Other CCG Conversions	104	3	1	1	0	3	0	1	0	3	1	1	0	0	6	
Other CCG Conversion Rate	19.5%	13.0%	4.5%	5.0%	0.0%	23.1%	0.0%	6.7%	0.0%	27.3%	11.1%	9.1%	0.0%	0.0%	8.5%	
CHFT Fast Track Referrals	12,388	1,144	1,170	1,075	893	1,124	1,022	1,149	1,224	1,395	1,241	1,356	1,262	1,223	7,627	14.3%
CHFT Fast Track Conversions	1,563	112	125	116	109	132	106	130	132	153	115	121	133	155	784	
CHFT Fast Track Conversion Rate	12.6%	9.8%	10.7%	10.8%	12.2%	11.7%	10.4%	11.3%	10.8%	11.0%	9.3%	8.9%	10.5%	12.7%	10.3%	
% Change on Previous year																

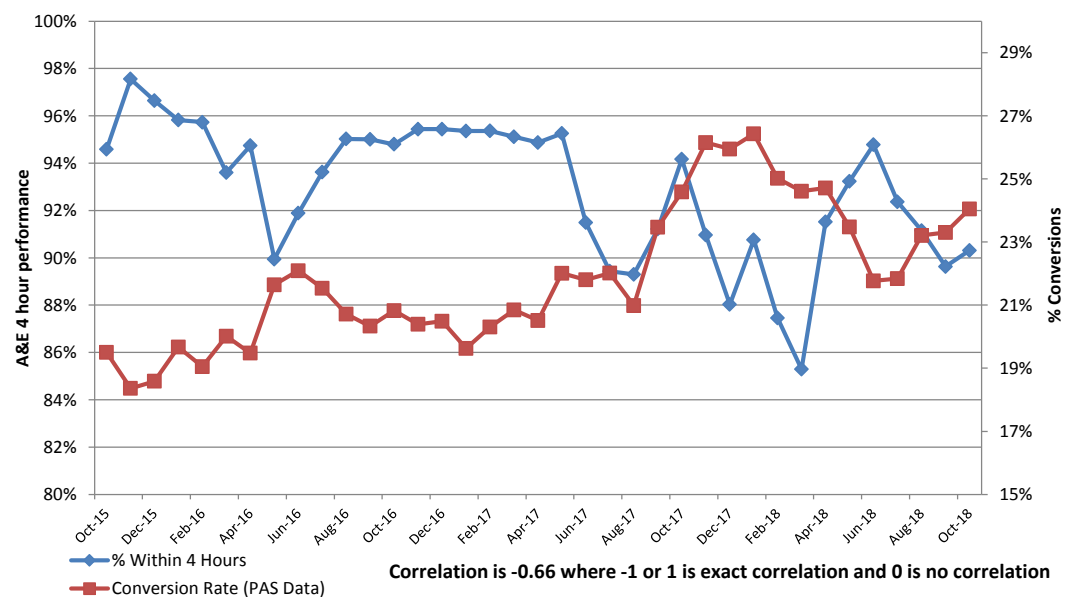
Note YTD Change for conversions is a month in arrears as latest month will still have conversions to feed through.



Appendix - A and E Conversion rates and Delayed Transfers

	17/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	YTD % Change
Analysis of A and E activity including conversions to admission																
A and E Attendances	148,929	13,058	12,097	12,653	11,735	11,191	12,114	11,892	13,433	12,882	13,453	12,311	12,390	12,914	89,275	0.2%
A and E 4 hour Breaches	13,978	761	1,094	1,514	1,084	1,403	1,782	1,009	909	673	1,026	1,089	1,285	1,251	7,242	2.0%
Emergency Care Standard 4 hours	90.61%	94.17%	90.96%	88.03%	90.76%	87.46%	85.29%	91.52%	93.23%	94.78%	92.37%	91.15%	89.63%	90.31%	91.89%	-2.4%
Admissions via Accident and Emergency	35,445	3,211	3,163	3,284	3,102	2,800	2,981	2,939	3,154	2,804	2,938	2,857	2,887	3,106	20,685	2.8%
% A and E Attendances that convert to admissions	23.80%	24.59%	26.15%	25.95%	26.43%	25.02%	24.61%	24.71%	23.48%	21.77%	21.84%	23.21%	23.30%	24.05%	24.71%	0.5%

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



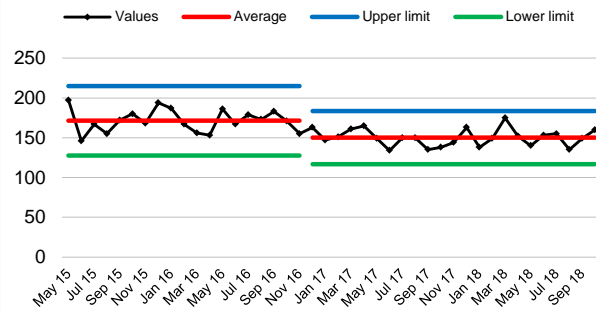
Delayed Transfers of Care (Reportable & Not reportable) Snapshot on 19th November 2018	Calderdale	Kirklees	Other	Total
Total number of patients on TOC Pathway	45	41	1	87
Awaiting Completion of Assessment	16	11	1	28
Awaiting Care package in own home	18	10		28
Awaiting Residential home placement	1	4		5
Awaiting public funding		1		1
Awaiting further non-acute NHS Care	1	3		4
Awaiting community equipment and adaptations	2	2		4
Awaiting nursing home placement	1	1		2
Disputes	1			1
Patient or Family choice				0
Assessment Commenced	5	9		14

Appendix - Cancer - By Tumour Group

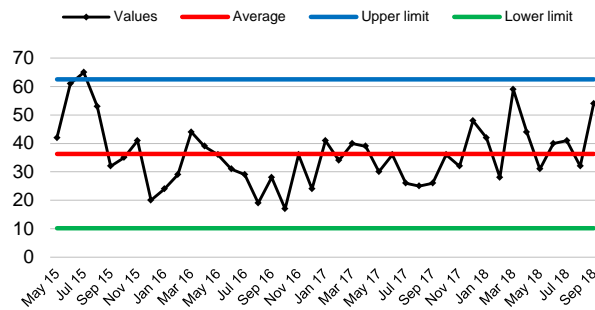
	17/18	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	YTD	Target	Threshold/M onthly
62 Day Gp Referral to Treatment																	
Breast	99.00%	100.00%	96.77%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	93.75%	100.00%	93.94%	98.07%	>=85%	85.00%
Gynaecology	86.67%	100.00%	100.00%	75.00%	81.82%	100.00%	80.00%	100.00%	100.00%	87.50%	85.71%	100.00%	100.00%	87.50%	91.84%	>=85%	85.00%
Haematology	81.01%	66.67%	63.16%	93.33%	100.00%	58.33%	88.89%	80.00%	80.00%	73.33%	86.67%	92.31%	66.67%	55.56%	75.56%	>=85%	85.00%
Head & Neck	78.48%	50.00%	100.00%	100.00%	87.50%	87.50%	50.00%	57.14%	none to report	42.86%	100.00%	75.00%	66.67%	60.00%	60.98%	>=85%	85.00%
Lower GI	83.51%	81.25%	90.00%	72.22%	90.00%	77.78%	91.67%	100.00%	80.00%	70.59%	81.25%	72.22%	62.50%	90.00%	78.50%	>=85%	85.00%
Lung	86.06%	86.67%	87.50%	93.75%	87.50%	90.91%	91.30%	76.92%	95.24%	0.00%	77.78%	57.14%	88.89%	87.50%	78.79%	>=85%	85.00%
Sarcoma	63.64%	none to report	100.00%	33.33%	66.67%	0.00%	none to report	100.00%	none to report	none to report	100.00%	100.00%	none to report	none to report	100.00%	>=85%	85.00%
Skin	97.40%	83.33%	100.00%	93.10%	100.00%	100.00%	96.00%	91.67%	90.91%	100.00%	100.00%	100.00%	100.00%	100.00%	98.33%	>=85%	85.00%
Upper GI	74.44%	75.00%	57.14%	57.14%	50.00%	50.00%	88.24%	77.78%	92.31%	45.45%	76.47%	75.00%	94.12%	50.00%	74.74%	>=85%	85.00%
Urology	87.67%	81.25%	84.85%	92.50%	92.16%	89.74%	89.19%	93.24%	92.86%	87.10%	82.05%	78.26%	79.41%	92.31%	87.06%	>=85%	85.00%
Others	84.62%	0.00%	100.00%	100.00%	100.00%	none to report	100.00%	100.00%	100.00%	100.00%	none to report	100.00%	100.00%	100.00%	100.00%	>=85%	85.00%
Two Week Wait From Referral to Date First Seen																	
Brain	91.15%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Breast	95.79%	98.64%	97.26%	97.37%	95.39%	98.86%	98.92%	98.22%	99.53%	98.01%	97.56%	95.38%	98.74%	97.25%	97.85%	>=93%	93.00%
Childrens	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	57.14%	33.33%	200.00%	50.00%	0.00%	50.00%	57.14%	37.14%	>=93%	93.00%
Gynaecology	91.39%	96.83%	97.20%	100.00%	95.60%	99.11%	97.67%	93.33%	96.97%	98.10%	98.56%	89.43%	100.00%	100.00%	96.68%	>=93%	93.00%
Haematology	92.65%	100.00%	100.00%	94.74%	100.00%	100.00%	100.00%	100.00%	95.00%	78.57%	100.00%	100.00%	78.57%	95.24%	92.66%	>=93%	93.00%
Head & Neck	94.11%	93.69%	99.10%	100.00%	98.72%	98.15%	98.82%	98.36%	98.33%	98.20%	96.23%	96.88%	100.00%	99.08%	98.18%	>=93%	93.00%
Lower GI	95.27%	93.46%	98.59%	98.55%	92.04%	98.67%	98.10%	90.56%	100.00%	99.10%	100.00%	100.00%	98.29%	99.31%	98.30%	>=93%	93.00%
Lung	94.83%	95.83%	100.00%	100.00%	86.49%	100.00%	91.43%	100.00%	100.00%	100.00%	97.14%	100.00%	100.00%	100.00%	99.54%	>=93%	93.00%
Sarcoma	96.15%	100.00%	100.00%	100.00%	90.91%	100.00%	100.00%	46.67%	62.50%	100.00%	100.00%	90.00%	50.00%	90.00%	73.77%	>=93%	93.00%
Skin	93.50%	96.20%	98.71%	99.42%	98.77%	100.00%	93.91%	98.32%	99.62%	100.00%	100.00%	100.00%	100.00%	100.00%	99.78%	>=93%	93.00%
Testicular	98.18%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	>=93%	93.00%
Upper GI	89.98%	90.00%	91.67%	100.00%	90.99%	97.85%	93.91%	98.11%	99.05%	100.00%	100.00%	99.07%	100.00%	100.00%	99.48%	>=93%	93.00%
Urology	96.26%	87.94%	100.00%	100.00%	96.46%	100.00%	97.16%	100.00%	100.00%	99.20%	100.00%	100.00%	100.00%	100.00%	99.90%	>=93%	93.00%

Safe -SPC Charts

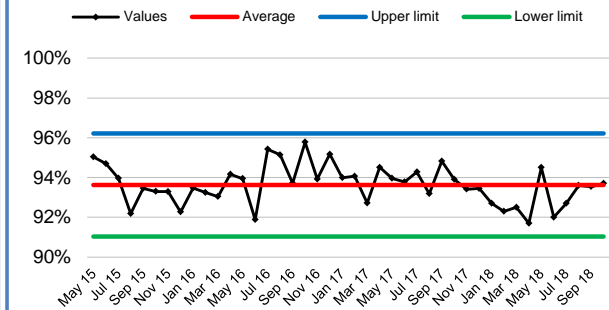
Number of Falls



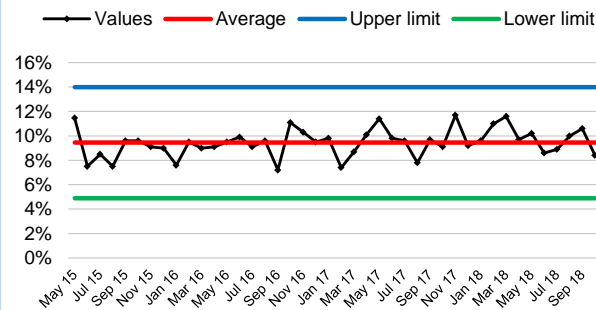
Number of Pressure Ulcers



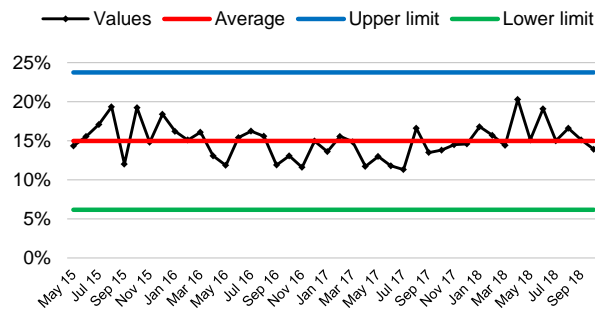
% of Harm Free Care



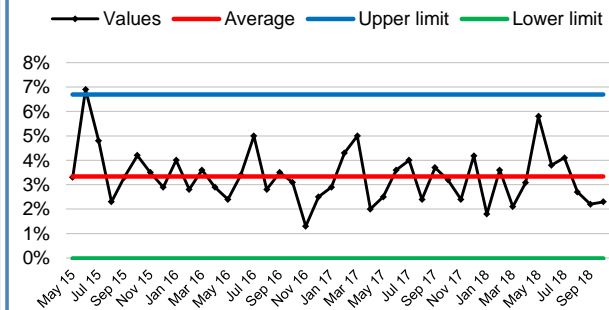
Elective C Section Rate



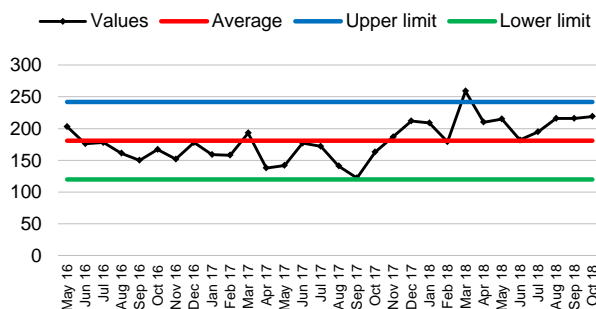
Emergency C Section Rate



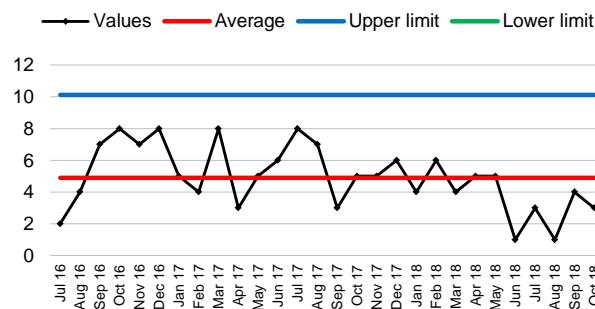
Major PPH >1500mls



Incidents with Harm

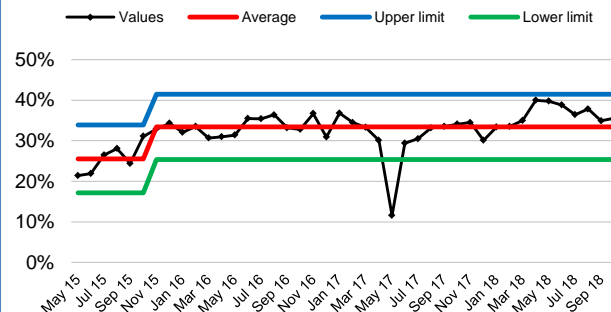


Number of Serious Incidents

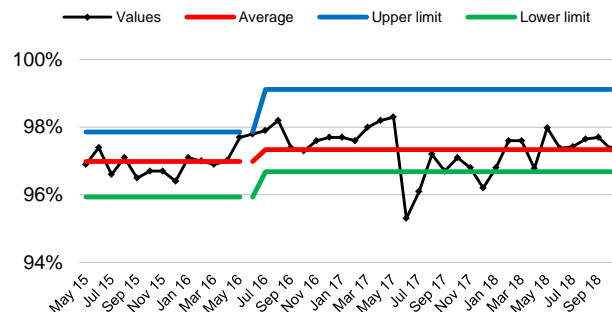


Caring - SPC Charts

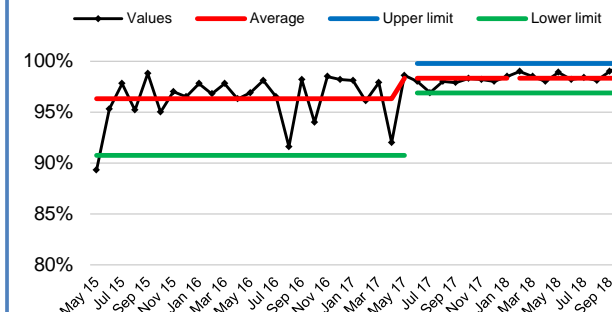
IP Response Rate



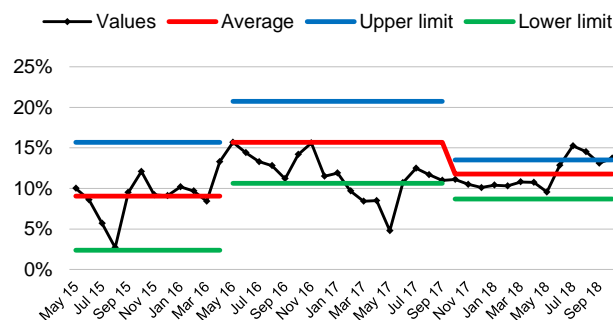
IP Would Recommend



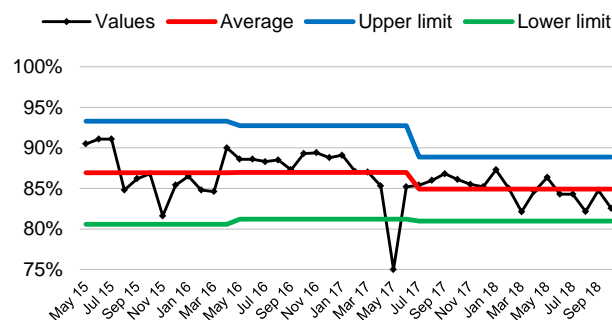
Maternity Would Recommend



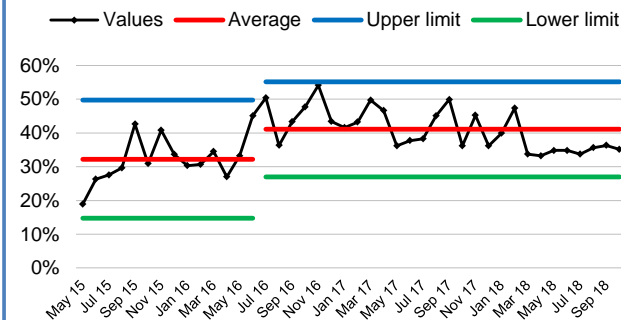
AE Response Rate



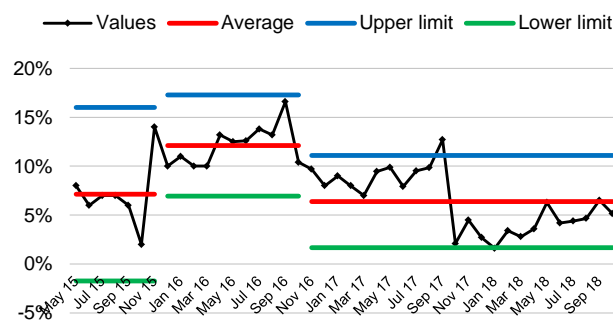
AE Would Recommend



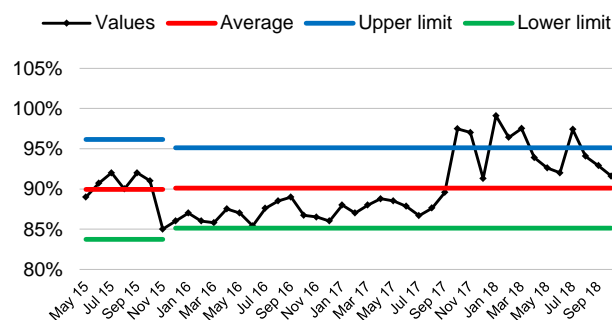
Maternity Response Rate



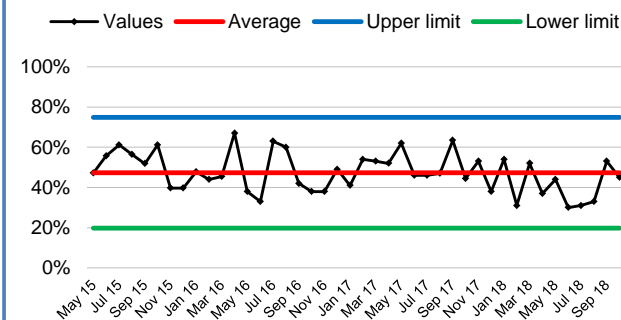
FFT Community Response Rate



FFT Community Would Recommend

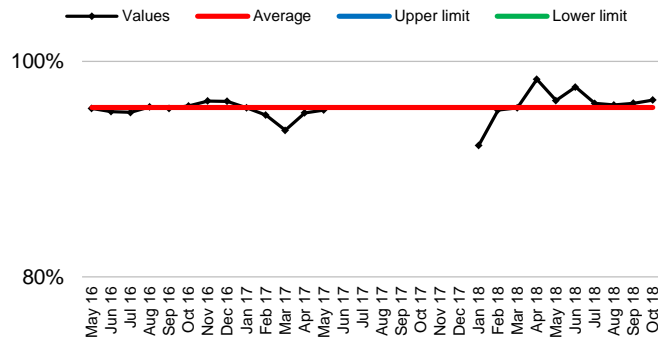


% of Complaints Closed in Target Time

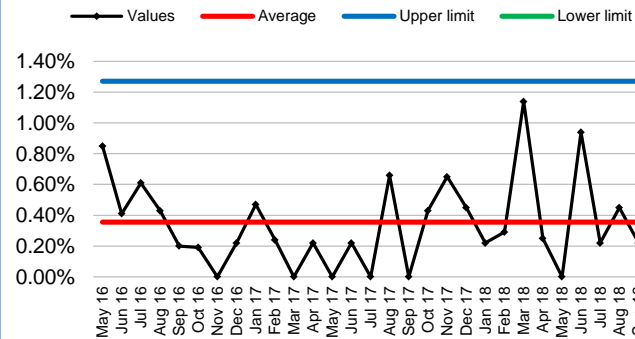


Effective -SPC Charts

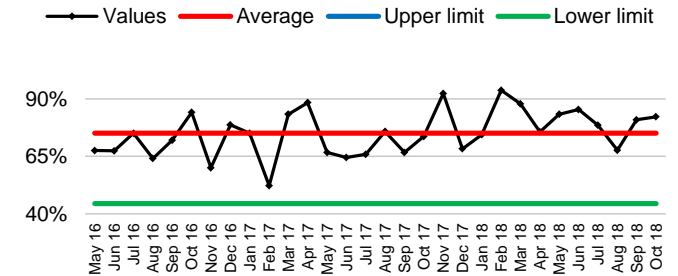
MRSA Screening



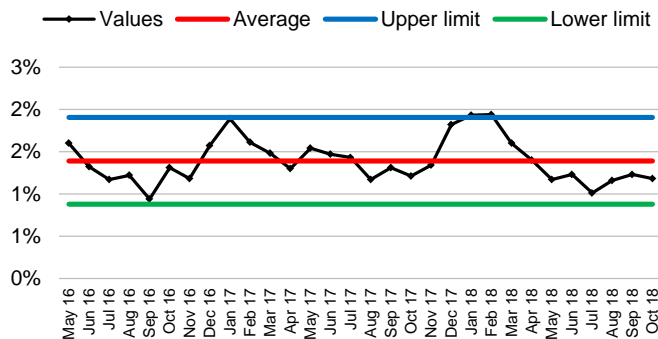
Stillbirth Rates



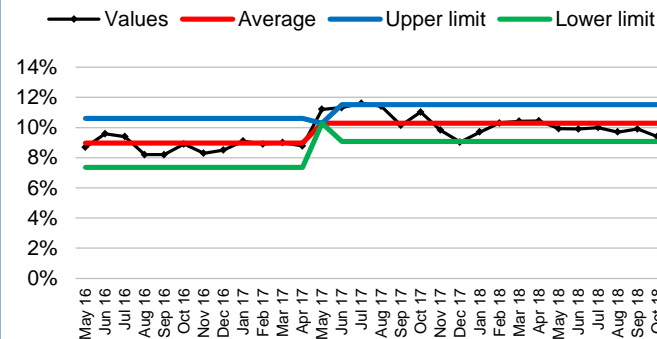
% Non-Elective #NOF Patients with Admission to Procedure of <36 Hours - BPT based on Discharge



Crude Mortality Rate

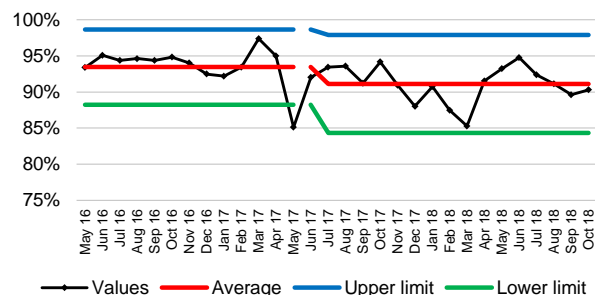


% Sign & Symptom as a Primary Diagnosis

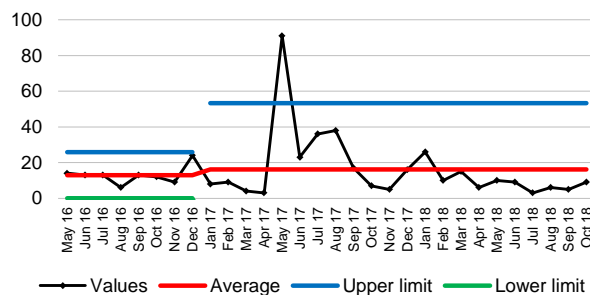


Responsive -SPC Charts

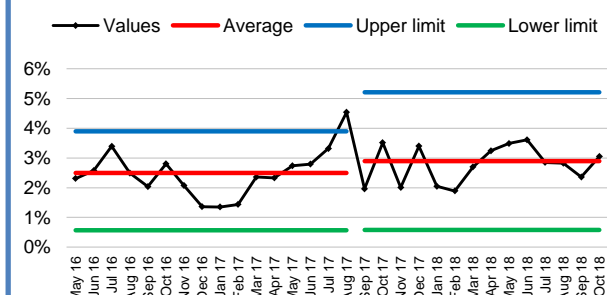
Emergency Care Standard 4 Hours



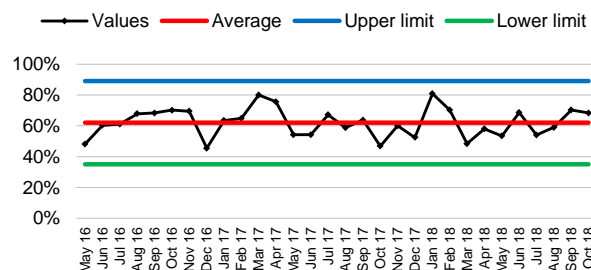
A&E Ambulance Handover 30-60 mins



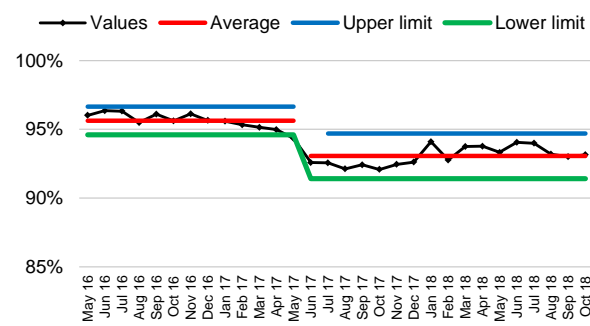
Delayed Transfer of Care



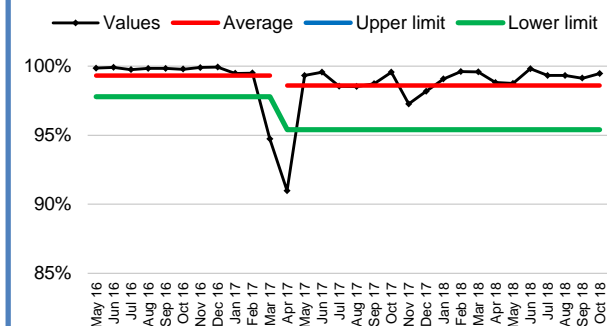
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival



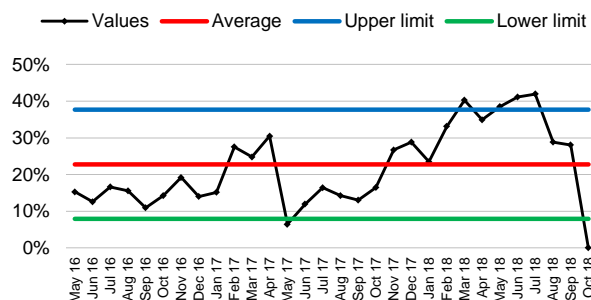
% Incomplete Pathways <18 Weeks



% Diagnostic Waiting List Within 6 Weeks



Appointment Slot Issues on Choose & Book



Predictions December 2018 - Safe

SAFE

	Dec	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
Falls / Incidents and Harm Free Care	Likely																				
% Harm Free Care	2	0	0	0	0	0	2	0													4
Percentage of Duty of Candour informed within 10 days of Incident	4	4	4	4	4	4	4	4													4
Never Events	12	12	0	12	12	12	12	12													12
Maternity																					
Proportion of Women who received Combined 'Harm Free' Care	4	4	4	0	4	4	4	4													4
% PPH ≥ 1500ml - all deliveries	4	4	4	4	0	0	0	2													4
Antenatal Assessments < 13 weeks	4	4	4	4	4	4	4	4													4
Maternal smoking at delivery	4	2	4	2	2	2	4	0													4
Pressure Ulcers																					
Number of Category 4 Pressure Ulcers Acquired at CHFT	4	4	4	4	0	4	4	0													4
% of leg ulcers healed within 12 weeks from diagnosis	4	4	4	4	4	4	4	2													4
Percentage of Completed VTE Risk Assessments	4	4	4	4	4	4	4	4													4
Safeguarding																					
Health & Safety Incidents (RIDDOR)	4	0	4	4	4	4	4	4													4
Electronic Discharge																					
% Complete EDS	4	4	4	4	4	4	4	4													4
Score Achieved	54	46	40	46	42	46	50	40													
SAFE PERFORMANCE SCORE	96%	82%	71%	82%	75%	82%	89%	71%													
ALL DOMAINS																					
Score Achieved	520	446	452	440	480	464	456	414													
Score Available	668	668	668	668	668	668	656	656													
CHFT PERFORMANCE SCORE	77.8%	66.8%	67.7%	65.9%	71.9%	69.5%	69.5%	63.1%													

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**

CARING

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

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

Predictions December 2018 - Effective

EFFECTIVE

	Dec Likely	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
Infection Control																					
Number of MRSA Bacteraemias – Trust assigned	12	12	12	12	12	0	12	12													12
Preventable number of Clostridium Difficile Cases	12	12	12	12	12	12	12	0													12
Number of MSSA Bacteraemias - Post 48 Hours	4	2	4	0	4	4	4	4													4
Number of E.Coli - Post 48 Hours	0	0	0	0	0	4	0	0													4
MRSA Screening - Percentage of Inpatients Matched	4	4	4	4	4	4	4	4													4
Mortality																					
Stillbirths Rate (including intrapartum & Other)	4	0	4	4	4	0	4	4													4
Perinatal Deaths (0-7 days)	4	4	4	0	4	0	0	0													4
Neonatal Deaths (8-28 days)	4	4	4	4	4	4	4	4													4
Local SHMI - Relative Risk (1yr Rolling Data)	12	12	12	12	6	6	6	6													12
Hospital Standardised Mortality Rate (Month on Month)	12	12	12	12	12	12	12	12													12
Coding and submissions to SUS																					
% Sign and Symptom as a Primary Diagnosis	2	2	2	2	2	2	2	0													4
Average co-morbidity score	4	4	4	4	4	4	4	4													4
Average Diagnosis per Coded Episode	4	4	4	4	4	4	4	4													4
CHFT Research Recruitment Target	4	4	4	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	2	0	0	0	4	2	0													4
IPMR - Breastfeeding Initiated rates	4	4	4	4	4	4	4	4													4
Score Achieved	90	82	86	78	80	68	78	62													
EFFECTIVE PERFORMANCE SCORE	94%	85%	90%	81%	83%	71%	81%	65%													
																					Score Available
																					96

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

Predictions December 2018 - Responsive

RESPONSIVE

	Dec	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
Accident & Emergency																					
Emergency Care Standard 4 hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12
Patient Flow																					
Delayed Transfers of Care	4	4	4	4	4	2	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Green Cross Patients (Snapshot at month end)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Stroke																					
% Stroke patients spending 90% of their stay on a stroke unit	4	4	4	0	2	4	2	4	4	4	4	4	4	4	4	4	4	4	4	4	4
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12
% Stroke patients Thrombolysed within 1 hour	4	4	0	0	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
% Stroke patients scanned within 1 hour of hospital arrival (where indicated)	4	4	4	0	2	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Cancellations																					
% Last Minute Cancellations to Elective Surgery	4	2	4	4	2	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	4	4	4	4	4	4	0	4	4	4	4	4	4	4	4	4	4	4	4	4	4
No of Urgent Operations cancelled for a second time	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
18 week Pathways (RTT)																					
% Incomplete Pathways <18 Weeks	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
18 weeks Pathways >=26 weeks open	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
RTT Waits over 52 weeks Threshold > zero	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
% Diagnostic Waiting List Within 6 Weeks	4	4	4	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Cancer																					
Two Week Wait From Referral to Date First Seen	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Two Week Wait From Referral to Date First Seen: Breast Symptoms	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
31 Days From Diagnosis to First Treatment	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
31 Day Subsequent Surgery Treatment	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
31 day wait for second or subsequent treatment drug treatments	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
62 Day GP Referral to Treatment	12	12	12	0	12	0	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
62 Day Referral From Screening to Treatment	12	0	0	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
38 Day Referral to Tertiary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12
Data Completeness																					
Appointment Slot Issues on Choose & Book	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Score Achieved	132	118	116	108	126	118	118	112													
RESPONSIVE PERFORMANCE SCORE	73%	66%	64%	60%	70%	66%	66%	62%													
Score Available																					180

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

Predictions December 2018 - Workforce

WORKFORCE		Dec	Oct	Sep	Aug	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	4	4													4
Sickness 12 month rolling total																						
Sickness Absence rate (%)		12	12	12	6	6	6	6	6													12
Target date - 31 Dec 2016																						
Long Term Sickness Absence rate (%)		12	12	12	12	12	12	12	12													12
Target date - 31 Dec 2016																						
Short Term Sickness Absence rate (%)		0	6	0	0	0	0	0	0													12
Target date - 31 Dec 2016																						
Attendance Management KPIs																						
Return to work Interviews (%)		2	2	0	0	2	2	0	2													4
Target date - 31 Dec 2016																						
Mandatory Training																						
Overall Essential Safety Compliance		6	6	6	6	6	6	6	12													12
Conflict Resolution (3 Year Refresher)		4	4	2	4	4	4	4	4													4
Data Security Awareness (1 Year Refresher)		2	2	0	2	2	2	2	2													4
Dementia Awareness (No Renewal)		4	4	4	4	4	4	4	4													4
Equality and Diversity (3 Year Refresher)		2	2	0	2	2	4	4	4													4
Fire Safety		0	0	0	0	0	2	2	2													4
Health & Safety		2	2	2	2	4	4	4	4													4
Infection Control		2	0	0	2	2	2	2	2													4
Manual Handling		2	0	0	2	2	2	2	2													4
Safeguarding		2	2	2	2	2	2	2	2													4
Appraisal																						
Appraisal (1 Year Refresher) - Non-Medical Staff		12	6	12	12	12	12															12
Appraisal (1 Year Refresher) - Medical Staff - rolling 12m		12	6	12	12	12	12	12	0													12
Score Achieved		80	70	68	72	76	80	66	62	Score Available												116
WORKFORCE PERFORMANCE SCORE		69%	60%	59%	62%	66%	69%	59%	55%													

Colour Coding

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

Predictions December 2018 - Finance

FINANCE

	Dec Likely	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Target
I&E: Surplus / (Deficit) Control T	12		6	12	12	12	12	12													12
Agency Expenditure	4	4	4	0	2	4	4	4													4
Capital	4	0	0	0	0	0	0	0													4
Cash	4	4	4	4	4	4	4	4													4
Borrowing	4	4	4	4	4	4	4	4													4
CIP	0	0	0	0	0	2	0	0													4
Use of Resource Metric	2	2	2	2	2	2	2	2													4
Score Achieved	30	14	20	22	24	28	26	26													Score Available
FINANCE PERFORMANCE SCORE	83%	39%	56%	61%	67%	78%	72%	72%													36
E&F Score Achieved	58	42	48	48	50	58	56	56													
E&F Score Available	84	84	84	84	84	84	84	84													
EFFICIENCY & FINANCE PERFORMANCE SCORE	69%	50%	57%	57%	60%	69%	67%	67%													

Colour Coding

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

Predictions December 2018 - Efficiency

EFFICIENCY

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

Colour Coding

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

Methodology for calculating the performance score

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

Standard KPIs and “Key” targets

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

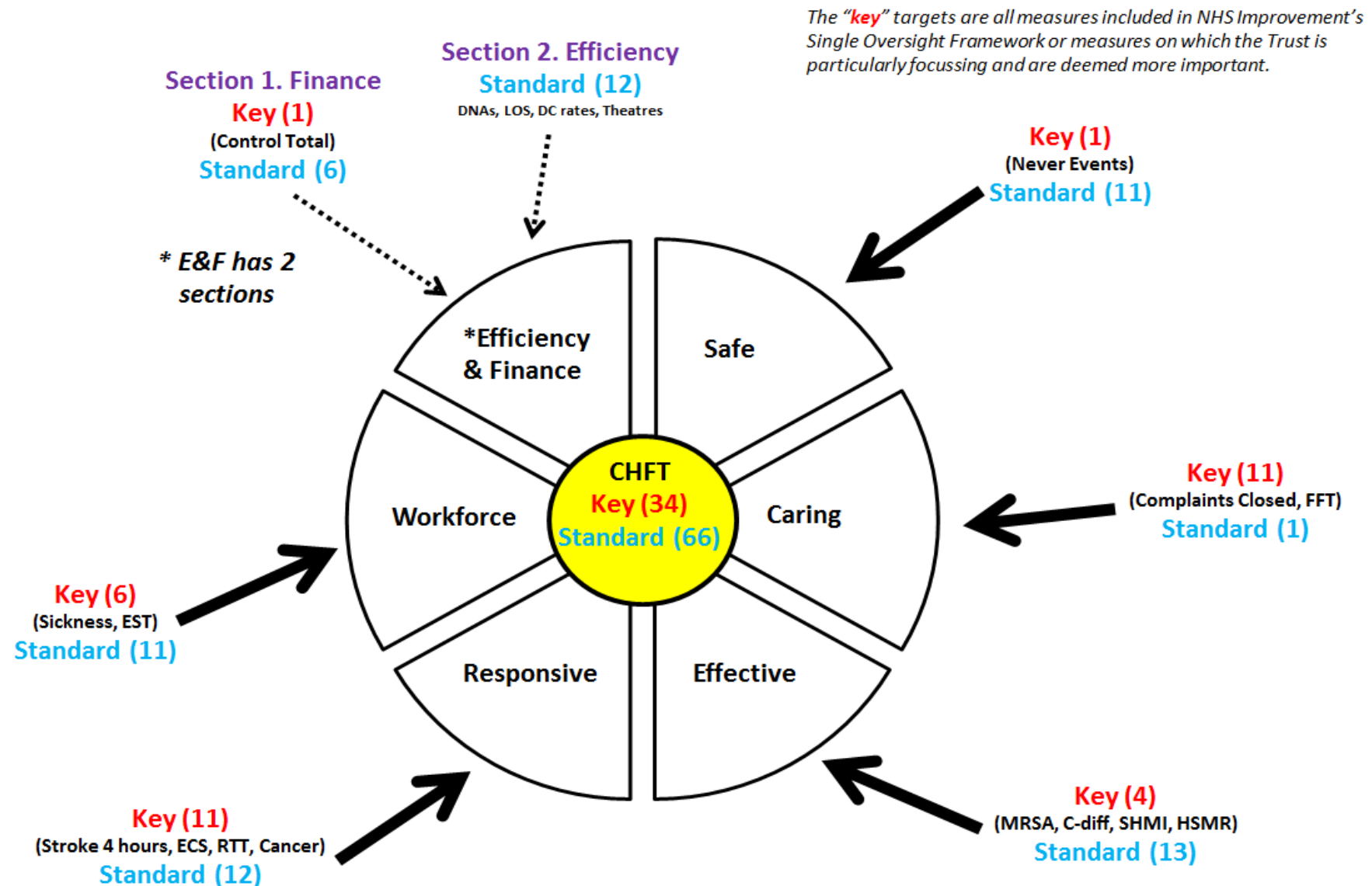
Calculating Domain Scores

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

Calculating Trust Performance Scores

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

Number of Targets (Key/Standard) by Domain



Glossary of acronyms and abbreviations

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

Integrated Operational Report

Provider Overview

Published: September 2018

England	87.8%		↓	4,124,657	↑	3,464		↓	2.8%		↓	89.7%		↑	156		↑	4,516		↑
North	88.9%		↓	1,211,374	↑	903		↓	2.5%		↓	90.1%		↑	86		↓	1,260		↑
West Yorkshire	87.9%		↓	188,791	↓	161		↑	0.8%		↓	89.3%		↑	0		↔	207		↓
AIREDALE NHS FOUNDATION TRUST	92.4%		↓	8,336	↑	0		↔	2.4%		↓	89.8%		↓	0		↔	5		↑
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	74.2%		↑	33,521	↓	8		↑	0.6%		↑	86.2%		↑	0		↔	5		↓
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	94.0%		↓	27,915	↓	0		↔	0.7%		↑	91.2%		↓	0		↔	18		↓
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	91.1%		↑	14,699	↑	0		↔	1.6%		↑	94.0%		↓	0		↔	12		↓
LEEDS TEACHING HOSPITALS NHS TRUST	88.5%		↓	54,574	↑	153		↑	0.7%		↑	87.5%		↑	0		↔	60		↑
MID YORKSHIRE HOSPITALS NHS TRUST	88.7%		↓	33,930	↑	0		↔	0.3%		↓	85.2%		↓	0		↔	53		↑
BRADFORD DISTRICT CARE TRUST	96.8%		↓	400	↓	0		↔										0		↓
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST																		44		↑
LEEDS COMMUNITY HEALTHCARE NHS TRUST	98.1%		↑	1,357	↑	0		↔	1.9%		↑							0		↔
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FDN TRUST	96.6%		↓	1,423	↑	0		↔	0.0%		↔				0		↔	10		↓
YORKSHIRE AND HUMBER NHS 111																				
YORKSHIRE AMBULANCE SERVICE NHS TRUST																				

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AIREDALE NHS FOUNDATION TRUST

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

BRADFORD DISTRICT CARE TRUST

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

YORKSHIRE AND HUMBER NHS 111

YORKSHIRE AMBULANCE SERVICE
NHS TRUST

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

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AIREDALE NHS FOUNDATION TRUST

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TRUSTMID YORKSHIRE HOSPITALS NHS
TRUST

BRADFORD DISTRICT CARE TRUST

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

YORKSHIRE AND HUMBER NHS 111

YORKSHIRE AMBULANCE SERVICE
NHS TRUST

Cancer Quarterly - 2 week						Cancer Quarterly - 31 day												Cancer Quarterly - 62 day								
2 Week Wait			Breast Symptom			First Definitive Treatment			Sub Treatment - Surgery			Sub Treatment - Drug			Sub Treatment - Radiotherapy			First Definitive Treatment			Referral From Screening Service			Consultant Upgrade		
18-19 Q1			18-19 Q1			18-19 Q1			18-19 Q1			18-19 Q1			18-19 Q1			18-19 Q1			18-19 Q1			18-19 Q1		
<93% >=93%			<93% >=93%			<96% >=96%			<94% >=94%			<98% >=98%			<94% >=94%			<85% >=85%			<90% >=90%			No standard		
Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	Change on previous	
91.4%	Red	Down	83.8%	Red	Down	97.5%	Green	Up	94.4%	Green	Down	99.4%	Green	Up	97.0%	Green	Up	80.8%	Red	Down	88.6%	Red	Down	85.4%	Down	
91.0%	Red	Down	83.9%	Red	Down	97.7%	Green	Up	96.0%	Green	Up	99.6%	Green	Up	98.4%	Green	Up	81.6%	Red	Down	89.3%	Red	Down	85.9%	Down	
84.8%	Red	Down	67.3%	Red	Down	97.4%	Green	Down	96.3%	Green	Down	%	Green	Up	99.8%	Green	Up	79.5%	Red	Down	88.6%	Red	Down	79.3%	Up	
93.9%	Green	Down	93.1%	Green	Down	100.0 %	Green	↔	100.0 %	Green	↔	100.0 %	Green	↔	100.0 %	Green	○	85.2%	Green	Down	90.9%	Green	Up	80.0%	Down	
62.4%	Red	Down	100.0 %	Green	↔	95.2%	Red	Down	95.4%	Green	Down	100.0 %	Green	↔		Red	Down	67.0%	Red	Down	86.5%	Red	Down	60.0%	Down	
97.8%	Green	Up	96.5%	Green	Up	99.6%	Green	Down	100.0 %	Green	↔	100.0 %	Green	↔		Green	Down	89.2%	Green	Down	90.6%	Green	Down	100.0 %	↔	
96.1%	Green	Down	87.4%	Red	Down	99.1%	Green	Down	100.0 %	Green	Up	100.0 %	Green	Up		Green	Down	87.4%	Green	Down	94.1%	Green	Down	100.0 %	Up	
79.5%	Red	Down	22.5%	Red	Down	96.3%	Green	Down	95.9%	Green	Down	100.0 %	Green	↔	99.8%	Green	Up	75.2%	Red	Down	88.4%	Red	Down	76.0%	Up	
94.8%	Green	Down	92.5%	Red	Down	98.6%	Green	Up	94.4%	Green	Down	100.0 %	Green	↔		Green	Up	82.5%	Red	Up	89.7%	Red	Down	81.7%	Down	
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PARTNERSHIP NHS FDN TRUST

YORKSHIRE AND HUMBER NHS 111

YORKSHIRE AMBULANCE SERVICE
NHS TRUST

Ambulance

Mixed
Sex Accom

Category 1 - Mean Response Time in [Minutes:Seconds] & Total number of Incidents					Category 1 - 90th Centile Response Time in [Minutes:Seconds]			Category 2 - Mean Response Time in [Minutes:Seconds] & Total number of Incidents					Category 2 - 90th Centile Response Time in [Hours:Minutes:Seconds]			Category 3 - 90th Centile Response Time in [Hours:Minutes:Seconds]					Category 4 - 90th Centile Response Time in [Hours:Minutes:Seconds]					Breaches			
Jul-18					Jul-18			Jul-18					Jul-18			Jul-18					Jul-18					Jul-18			
>07:00 <07:00					>15:00 <15:00			>18:00 <18:00					>40:00 <40:00			>02:00:00 <02:00:00					>03:00:00 <03:00:00					>0 0			
Actual	RAG	Change on previous	No. of Incidents	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	No. of Incidents	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	No. of Incidents	Change on previous	Actual	RAG	Change on previous	No. of Incidents	Change on previous	Actual	RAG	Change on previous	
07:37	Red	Up	57,913	Up	13:15	Green	Down	22:41	Red	Up	365,633	Up	00:47:10	Red	Up	02:38:50	Red	Up	184,798	Up	25	Red	Up	15,546	Down	1,765	Red	Up	
07:35	Red	Down	17,919	Down	12:50	Green	Down	22:36	Red	Up	104,477	Up	00:48:25	Red	Up	02:36:46	Red	Up	46,146	Up	32	Red	Up	5,008	Down	285	Red	Up	
07:19	Red	Down	5,798	Down	12:31	Green	Down	20:29	Red	Down	37,844	Up	00:42:40	Red	Down	02:07:31	Red	Down	14,731	Up	54	Red	Up	878	Up	0	Green	↔	
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07:19	Red	Down	5,798	Down	12:31	Green	Down	20:29	Red	Down	37,844	Up	00:42:40	Red	Down	02:07:31	Red	Down	14,731	Up	03:12:54	Red	Up	878	Up				

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AIREDALE NHS FOUNDATION TRUST

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YORKSHIRE AND HUMBER NHS 111

YORKSHIRE AMBULANCE SERVICE
NHS TRUST

Cancelled Operations			Mental Health			Safe environment and protecting from avoidable harm							
Cancelled Operations			CPA follow 7 days			MRSA Hospital Onset Cases			C. diff (YTD)		VTE (Risk Assessment)		
18-19 Q1			18-19 Q1			Jul-18			Jul-18		Jun-18		
>0 0			<95% ≥95%			>0 0					<95% ≥95%		
Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual	RAG	Change on previous	Actual YTD	Change on previous	Actual	RAG	Change on previous
18,825			95.7%			18			1,508		95.5%		
5,581			96.9%			6			506		95.6%		
742			96.1%			3			99		94.3%		
45						0			2		95.2%		
131						0			8		96.1%		
44						0			13		97.8%		
45						0			7		95.6%		
362						3			51		91.6%		
115						0			18		92.4%		
			96.4%						0				
			93.8%						0				
									0				
			97.7%						0				
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YORKSHIRE AND HUMBER NHS 111

YORKSHIRE AMBULANCE SERVICE
NHS TRUST

Acute Provider Activity

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