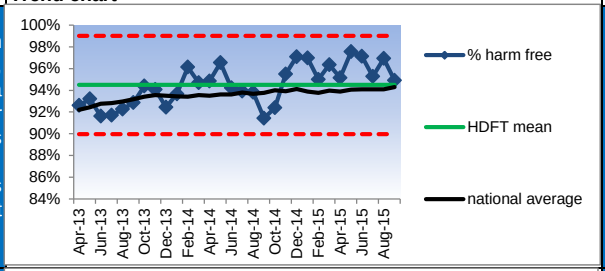
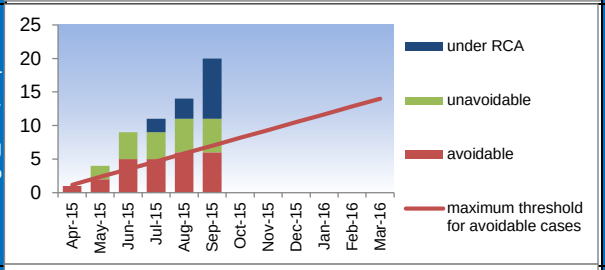
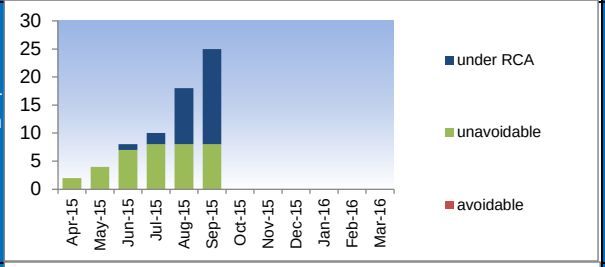
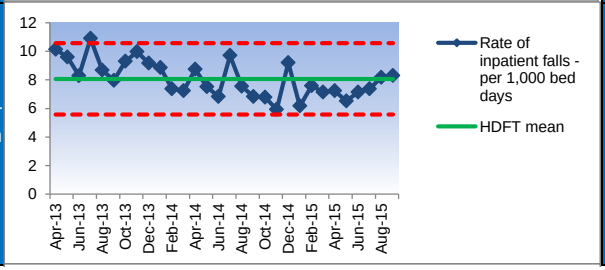
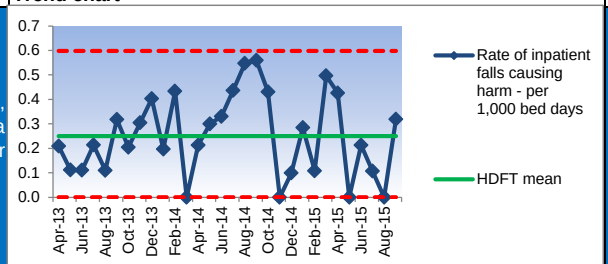
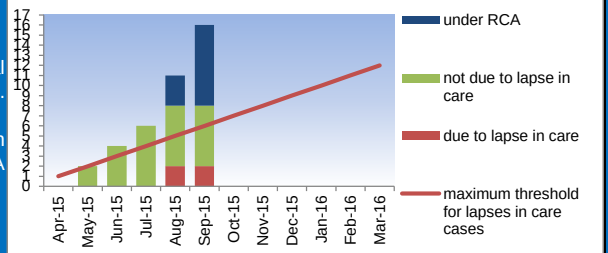
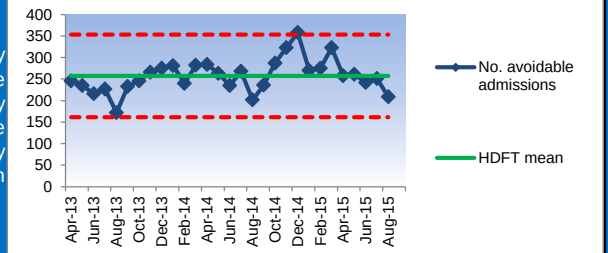
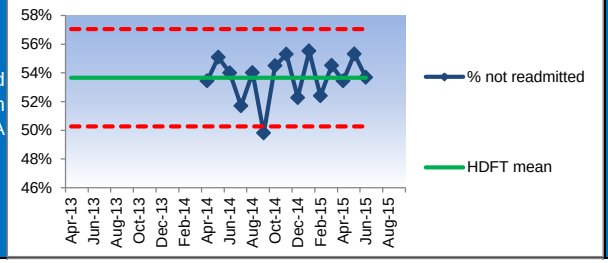
Quality - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Safety thermometer - harm free care	Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in the Safety Thermometer audits conducted once a month. The data includes hospital and community teams. A high score is good. Whilst there is no nationally defined target for this measure, a score of 95% or above is considered best practice.		HDFT's performance dipped to just below 95% in September after 10 months of a harm free percentage above 95%. The reduced percentage was caused by an increase in falls causing low harm and an increase in old pressure ulcers reported by the wards and commuinty teams on the day of the audit. The latest available national data shows that HDFT remains above the national average of 94.3%.
Pressure ulcers - hospital acquired	The chart shows the cumulative number of grade 3 or grade 4 hospital acquired pressure ulcers in 2015/16. The data includes hospital teams only. A maximum threshold of 14 avoidable cases during 2015/16 has been locally agreed. This reflects a 50% reduction on last year's figure.		As at end September 2015, there were 20 hospital acquired grade 3 or grade 4 pressure ulcers year to date, of which 6 were deemed avoidable, 5 unavoidable and 9 were still under root cause analysis (RCA).
Pressure ulcers - community acquired	The chart shows the cumulative number of grade 3 or grade 4 community acquired pressure ulcers in 2015/16. The data includes community teams only.		As at end September 2015, there were 25 community acquired grade 3 or grade 4 pressure ulcers year to date, of which none were deemed avoidable, 8 unavoidable and 17 were still under root cause analysis (RCA).
Falls	The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.		The rate of inpatient falls per 1,000 bed days was 8.3 in September 2015, which is above the average HDFT rate during 2014/15.

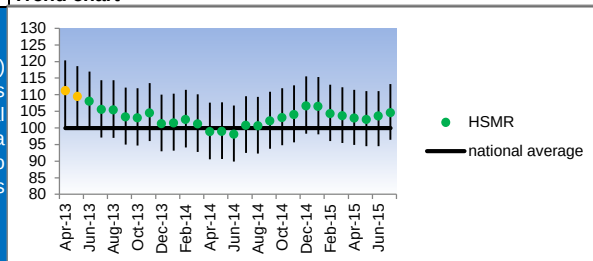
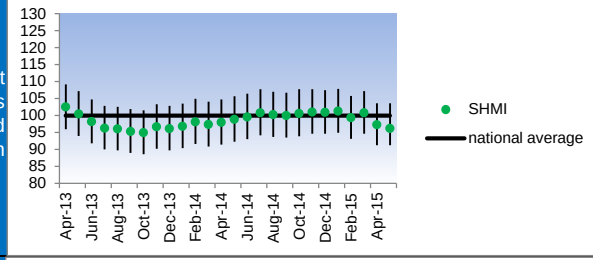
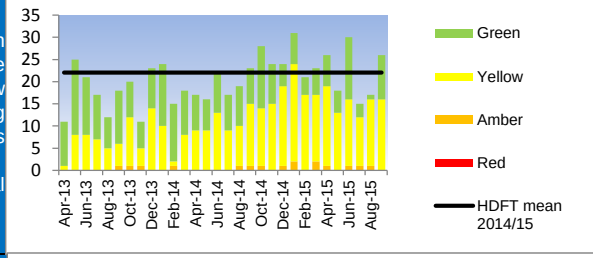
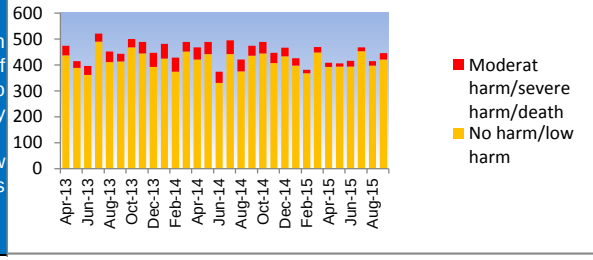
Quality - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Falls causing harm	The number of inpatient falls causing significant harm, expressed as a rate per 1,000 bed days. The falls data includes falls causing moderate harm, severe harm or death. A low rate is good.		The rate of inpatient falls causing significant per 1,000 bed days was 0.32 in September 2015, which is the same as the average HDFT rate during 2014/15.
Infection control	The chart shows the cumulative number of hospital acquired C. difficile cases during 2015/16. HDFT's C. difficile trajectory for 2015/16 is 12 cases. Hospital acquired MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2015/16.		There were 5 cases of hospital acquired C. difficile reported in September 2015, bringing the year to date total to 16 cases. 11 cases have had root cause analyses completed by HDFT. The initial reports suggest that 2 were due to a lapse in care and 9 were not due to a lapse in care - these are being agreed with HARD CCG. Cases where a lapse in care has been deemed to have occurred would count towards the Monitor risk assessment framework. No cases of hospital acquired MRSA have been reported in 2015/16 to date.
Avoidable admissions	The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.		The number of avoidable admissions reduced in August 2015. The chart demonstrates some seasonality with this metric with more avoidable admissions occurring over the winter months last year. An admission avoidance/urgent care project group has been established and the Trust is working with HARD CCG to develop care models and pathways that support patients to stay in their own home and reduce the risk of hospital admissions.
Reducing readmissions in older people	The chart shows the proportion of older people aged 65+ who were still at home 91 days after discharge from hospital into rehabilitation or reablement services. A high figure is good. *This indicator is in development.*		This is the first month that this indicator has been presented. For patients discharged in June 2015, 54% were still in their own home at the end of September.

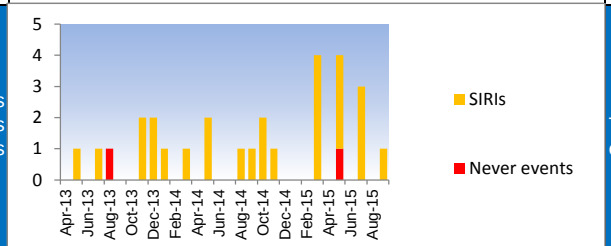
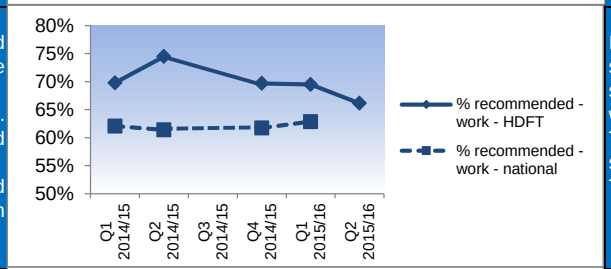
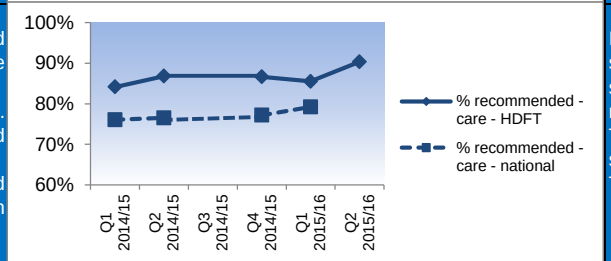
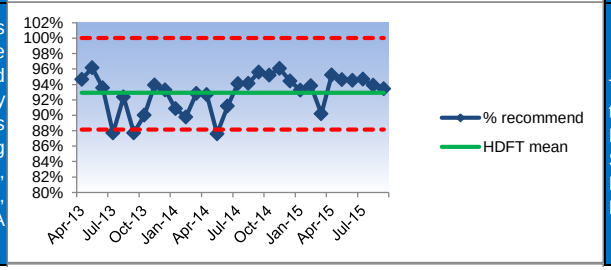
Quality - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Mortality - HSMR	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.		HDFT's HSMR increased in July to 104.52. It is above the national average but within expected levels. At specialty level, there were 3 specialties (Geriatric Medicine, Respiratory Medicine and Gastroenterology) with a standardised mortality rate above expected levels.
Mortality - SHMI	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.		*There is no update of this data this month.* HDFT's SHMI reduced in May to 96.11. This is below the national average and within expected levels. At specialty level, there were 2 specialties (Geriatric Meidicine and Respiratory Medicine) with a standardised mortality rate above expected levels. Looking at the data by site, Ripon hospital has a higher than expected mortality rate. The Clinical Director for UCC Directorate has commissioned a retrospective clinical case note review of all deaths at or within 30 days of discharge from Ripon Hospital.
Complaints	The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.		26 complaints were received in September, but none were classified as amber or red.
Incidents - all	The chart shows the number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture		There were 425 incidents reported in September 2015. The number of incidents reported each month remains fairly static but the proportion classified as moderate harm, severe harm or death has reduced during 2015/16. The latest published national data (for the 6 month period to end March 2015) showed that acute trusts reported an average ratio of 25.0 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's reporting ratio for 2015/16 to date is 22.7.

Quality - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Incidents - SIRIs and never events	The chart shows the number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services.		There was one SIRI reported in September 2015 but no never events.
Friends & Family Test (FFT) - Staff - % recommend as a place to work	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organsation they work in. HDFT surveyed all staff for each survey during 2014/15. During 2015/16, a proportion of staff will be surveyed each quarter, which is in line with national guidance. The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good.		In Q2 2015/16, staff from Elective Care Directorate and some staff from the Corporate Directorate were surveyed. 66.1% of staff of staff surveyed would recommend the Trust as a place to work. The latest available national data is for Q1 2015/16. HDFT's score for Q1 was above the national average and placed the Trust 50 out of 149 acute trusts.
Friends & Family Test (FFT) - Staff - % recommend as a place to receive care	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organsation they work in. HDFT surveyed all staff for each survey during 2014/15. During 2015/16, a proportion of staff will be surveyed each quarter, which is in line with national guidance. The chart shows the percentage of staff that would recommend the Trust as a place to receive care. A high percentage is good.		In Q2 2015/16, staff from Elective Care Directorate and some staff from the Corporate Directorate were surveyed. 90.3% of staff surveyed would recommend the Trust as a place to receive care. The latest available national data is for Q1 2015/16. HDFT's score for Q1 was above the national average and placed the Trust 39 out of 149 acute trusts.
Friends & Family Test (FFT) - Patients	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.		The chart shows the overall score (% who would recommend the service) for all HDFT services currently participating in the FFT survey. 93.4% of the 5,500 patients surveyed in September would recommend the service to friends and family. Response rates vary between services but the Clinical Directorates are working on maximising these.

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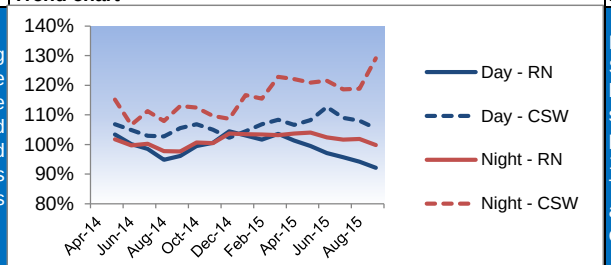
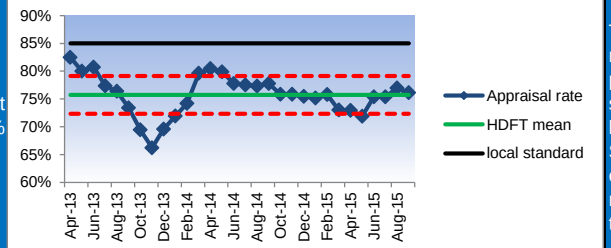
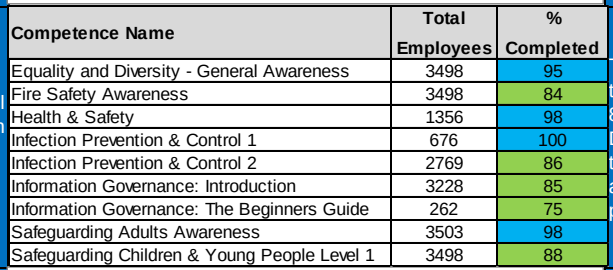
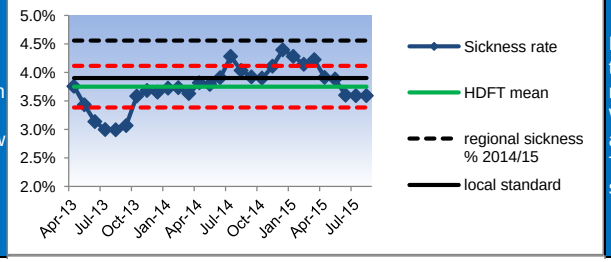
Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is published on the Trust website.		Registered nurse/midwife (RN) staff levels reduced in September - reduced activity during the month enabled some bed closures and RN staffing was reduced as a result. Care support workers (CSW) staffing levels have increased, particularly at night. This is reflective of the increased need for 1-1 care for some inpatients. The Trust aims for 100% staffing overall but staffing below or above this level on any given day is not necessarily indicative of an inappropriate or unsafe staffing level.
Staff appraisal rates	The chart shows the staff appraisal rate over the most recent rolling 12 months. The Trusts aims to have 85% of staff appraised. A high percentage is good.		The locally reported cumulative appraisal rate for the 12 months to end September 2015 was 76.2%, a decrease on the previous month. Data from the 2014 national staff survey suggested that 87% of HDFT had been appraised within the last 12 months. Skills for Health are currently in the Trust interviewing staff to establish how to improve appraisal complaince and asking line managers how they feel they can support staff in maximising talent management.
Mandatory training rates	The table shows the most recent training rates for all mandatory elements for substantive staff. A high percentage is good.		The data shown is for end September 2015. The overall training rate for mandatory elements for substantive staff is 89%, compared to 88% last month. Discussions continue with the directorate management teams to ensure non-compliant staff are individually followed up. In addition Skills for Health have interviewed line managers to probe around the usage of the individual follow-up procedure.
Sickness rates	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.		HDFT's staff sickness rate was 3.59% in August 2015, below the Trust threshold level (3.9%) and no change on the previous month. Work is continuing to progress the Trust's health and wellbeing agenda. The Wellbeing Adviser interviews occurred on Thursday 13th August and a preferred candidate has been selected.

Competence Name	Total Employees	% Completed
Equality and Diversity - General Awareness	3498	95
Fire Safety Awareness	3498	84
Health & Safety	1356	98
Infection Prevention & Control 1	676	100
Infection Prevention & Control 2	2769	86
Information Governance: Introduction	3228	85
Information Governance: The Beginners Guide	262	75
Safeguarding Adults Awareness	3503	98
Safeguarding Children & Young People Level 1	3498	88

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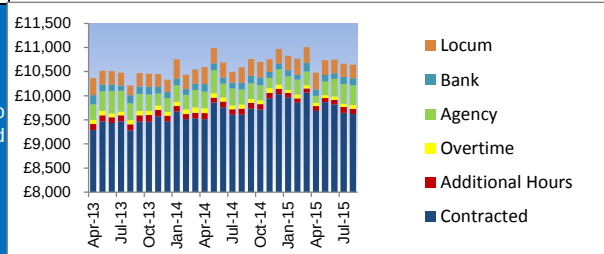
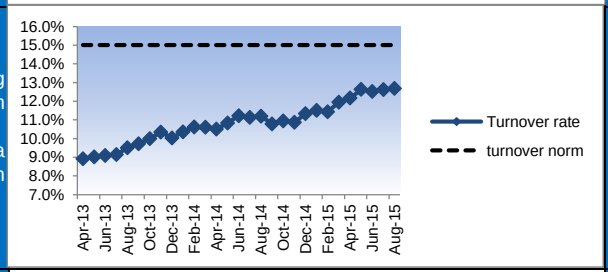
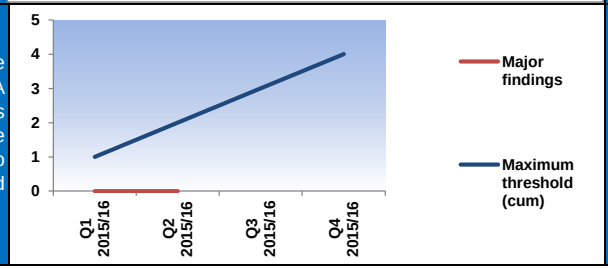
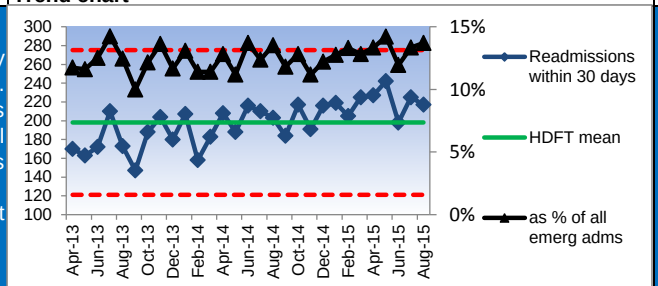
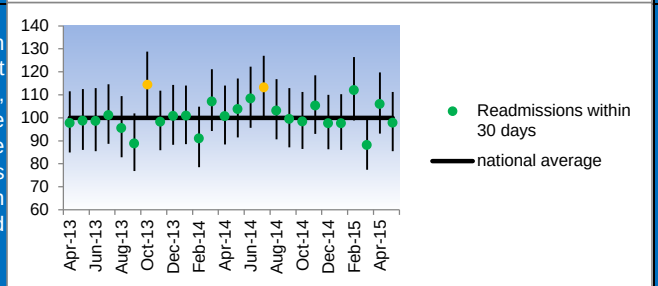
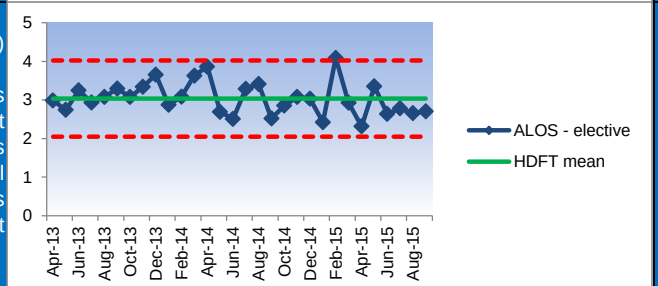
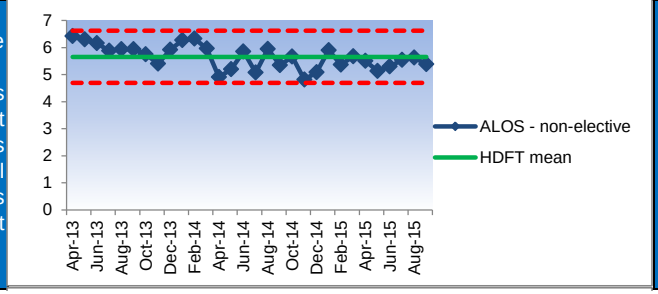
Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Temporary staffing expenditure - medical/nursing /other	The chart shows staff expenditure per month, split into contracted staff, overtime and additional hours and temporary staff. Lower figures are preferable.		The proportion of spend on temporary staff during 2015/16 to date is 7.1%, compared to 7.5% in the same period in 2014/15.
Staff turnover rate	The chart shows the staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.		The staff turnover rate was at 12.7% in August 2015. HDFT's turnover rate has generally increased over the last two years but has levelled off during 2015/16 and remains below the turnover norm of 15%. Exit questionnaires are received by the Human Resources Department where they are reviewed. Any patterns identified prompt investigating further and on occasion departmental stress risk assessments may be conducted.
Research internal monitoring	The Trust internally monitors research studies active within the Trust. The department mirrors the MHRA categorisation of critical, major and other findings (departures from legislative or GCP requirements). The department has set a standard of no critical and no more than four major findings per annum. Major and other findings are non-notifiable and dealt with locally.		There were no critical or major findings reported in the year to date.

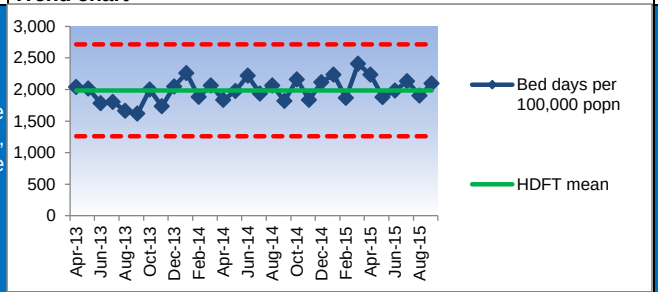
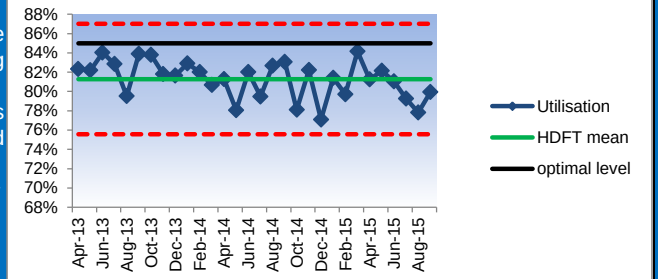
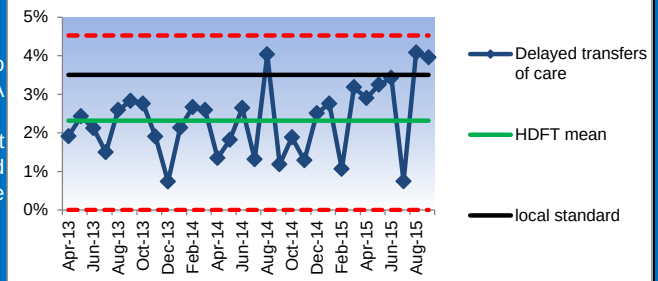
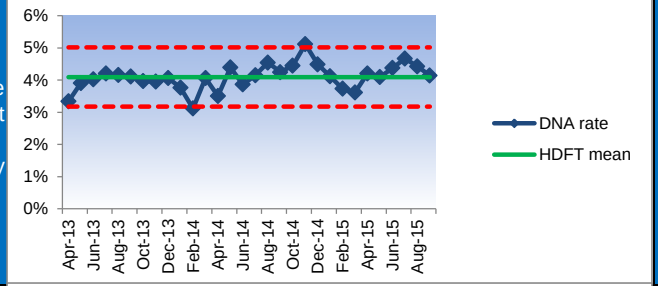
Finance and Efficiency - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.		The number of readmissions within 30 days is increasing. However when expressed as a % of all emergency admissions (black line on the chart), there has been no significant change over the last two years. Data collection for the readmissions case note audit has commenced with a clinical proforma attached to notes of patients who have been readmitted to support the data capture.
Readmissions - standardised	This indicator looks at the standardised readmission rate within 30 days. The data is standardised against various criteria including age, sex, diagnosis, comorbidites etc. The standardisation enables a more like for like comparison with other organisations. The national average is set at 100. A low rate is good - rates below 100 indicate a lower than expected readmission rate and rates above 100 indicate higher than expected readmission rate.		*There is no update of this data this month.* The standardised readmission rate for HDFT for May-15 (latest data available) was 97.8. This is below the national average and a reduction on the previous month.
Length of stay - elective	Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		The average elective length of stay for Sep-15 was 2.7 days, no change on the previous month. A focus on sustainably reducing this through the Planned Care Transformation programme is underway, which includes reducing the number of patients admitted the day before surgery.
Length of stay - non-elective	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		The average non-elective length of stay for Sep-15 was 5.7 days, a slight decrease on the previous month. There is a focus on patient flow and discharge through the Unplanned Care Transformation Programme which is looking to optimise internal efficiencies to minimise length of stay.

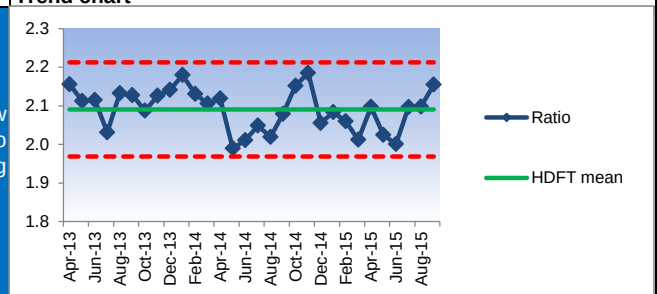
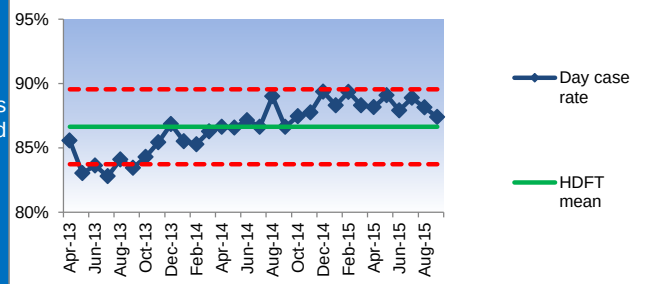
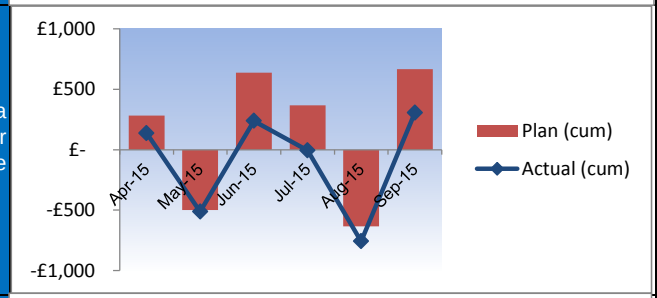
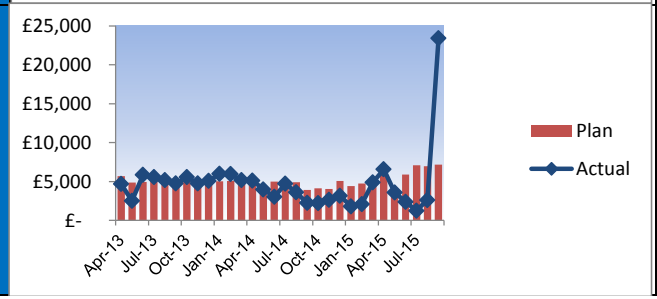
Finance and Efficiency - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Non-elective bed days	The charts shows the number of non-elective (emergency) bed days at HDFT for patients aged 18+, per 100,000 population. The chart only includes the local HARD CCG area. A lower figure is preferable.		As can be seen, the number of non-elective bed days for patients aged 18+ has remained fairly static over the last two years. Further analysis of this new indicator will be completed to look at the demograghic changes during this period and the number of admissions for this group will assist in understanding this further.
Theatre utilisation	The percentage of time utilised during elective theatre sessions only (i.e. those planned in advance for waiting list patients). A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal. *Caution should be exercised when interpreting this indicator as there are data quality issues with the reported data.*		Theatre utilisation increased in September 2015 to 80.0%. The Elective Care Directorate are continuing to review the utilisation of theatres and will be working with the anaesthetic team to ensure that the impact on elective theatre lists of gaps in the anaesthetic rota is minimised. The utilisation calculation is being reviewed to ensure that it correctly handles lists that are cancelled in advance.
Delayed transfers of care	The proportion of patients in acute hospital beds who are medically fit for discharge but are still in hospital. A low rate is preferable. A snapshot position is taken at midnight on the last Thursday of each month. The maximum threshold shown on the chart (3.5%) has been agreed with the CCG.		Delayed transfers of care were at 4.0% when the snapshot was taken in September. This is a decrease on the previous month but above the maximum threshold of 3.5% set out in the contract. The discharge liaison team are working closely with North Yorkshire and Leeds local authorities to improve the position.
Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.		The DNA rate for outpatient first attendances in Sep-15 was 4.0%, a decrease on the previous month. DNA rates at outreach clinics are being monitored to ensure that they are not significantly higher than clinics on the main site. During Q2, the DNA rate for first outpatient appointments at outreach clinics was 5.2%, compared to 4.3% on the main Harrogate site. Directorate teams will be asked to focus on why offsite rates are higher if this persists.

Finance and Efficiency - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Outpatient new to follow up ratio	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		The new to follow up ratio was 2.15 in September 2015, an increase on the previous month. The Deputy Director of Performance & Informatics is leading a review with the CCG of patients who wait longer than 6 months for a follow up appointment. Changes to the PAS system have enabled the Trust to record clinical conditions for each follow up attendance and reports have been developed and shared to analyse this.
Day case rate	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		The elective day case rate in September was 86.6%. As can be seen from the chart, the day case rate steadily increased during 2013/14 and 2014/15 and has now levelled off during 2015/16. Through the Day Surgery Transformation group, a number of new patient pathways have been assessed and setup recently. Work is ongoing to review and support developments of Best Practice Tariff and the directorate has agreed a cross specialties 'default to day surgery' list of procedures.
Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.		The Trust reported a surplus of £306k in September, £361k behind plan. There was a significant adverse variance in relation to income of £513k in month. The Trust year to date deficit therefore reduced to £591k, £1,410k behind plan. Expenditure continues to be ahead of plan with a significant adverse variance to date of £890k. Three key issues continue to require focus - medical staffing expenditure; nursing expenditure, particularly in relation to 1-1 care and delivery of CIP. The Trust position reflects the need to ensure recovery plans are in action, putting into place the work that has been identified by directorates to reduce expenditure while bringing activity back to planned levels.
Cash balance	Monthly cash balance (£'000s)		The cash balance at the end of September was a significant improvement on previous months. This is a result of the agreement in relation to cash profiles with HARD CCG, as well as a catch up payment following contract agreement. The Trust is yet to invoice for overtrades in 2015/16. The increase in cash in positive, however, it should be noted that following payment in November, there will be no more monthly contract payments in relation to the acute contract, only overtrade payments which are yet to be finalised.

Harrogate and District NHS
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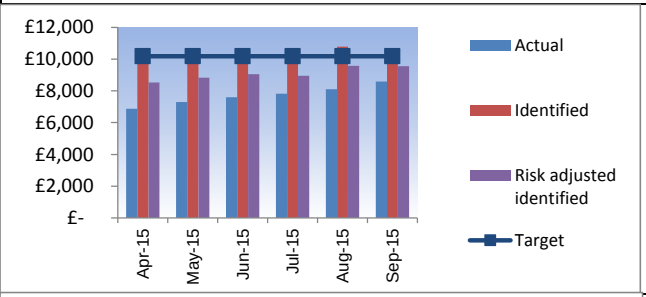
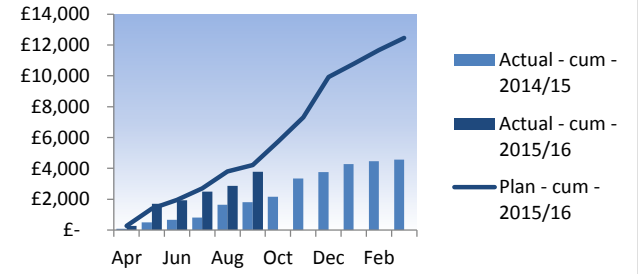
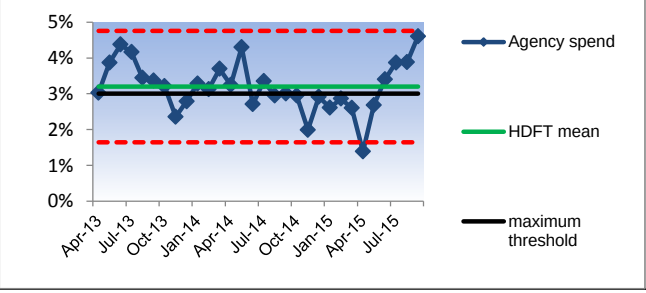
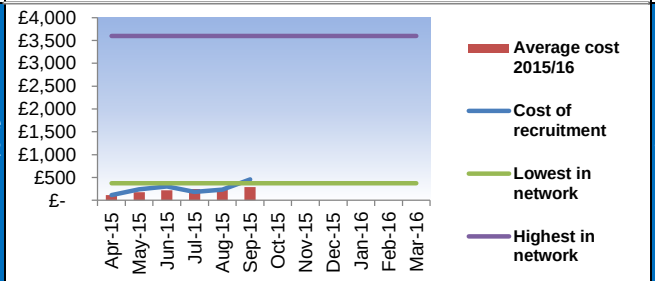
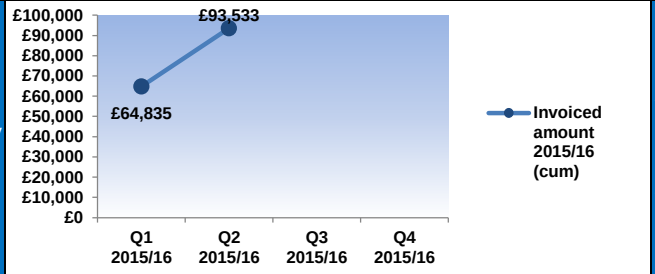
Finance and Efficiency - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Monitor continuity of services risk rating	The Monitor Continuity of Services (CoS) risk rating now includes four components, as illustrated in the table to the right. An overall rating is calculated ranging from 4 (no concerns) to 1 (significant concerns). This indicator monitors our position against plan.	**Element** / **Plan** / **Actual** Capital Service Capacity rating: 4 / 3 Liquidity rating: 4 / 3 I&E Margin rating: 3 / 2 I&E Margin Variance rating: 2 / 2 **Financial Sustainabiltiy Risk Rating: 3 / 3**	The Trust will report a risk rating of 3 for the year to September. This is in line with the Trust plan following the introduction of the new metrics previously discussed. Despite still being a 3, the Trust's current position means this is weaker than initially planned.
CIP achievement	Cost Improvement Programme (CIP) performance outlines full year achievement on a monthly basis. The target is set at the internal efficiency requirement (£'000s). This indicator monitors our year to date position against plan.		85% of plans have been actioned by directorates. A further 9% of plans are in place at present following risk adjustment.
Capital spend	Cumulative Capital Expenditure by month (£'000s)		Capital Expenditure is behind plan. This is due to a delay in relation to the Carbon Energy Fund Scheme. All other schemes are on plan.
Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.		Agency expenditure remains high, with September expenditure greater than at any point over the past 2 years. Agency and Locum costs remain the significant contributor to this position.

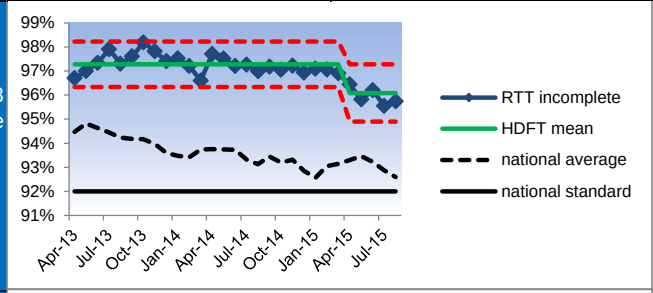
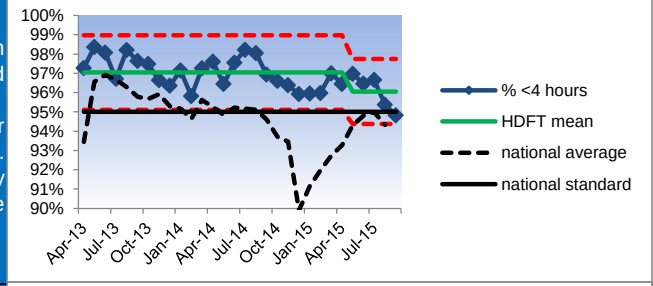
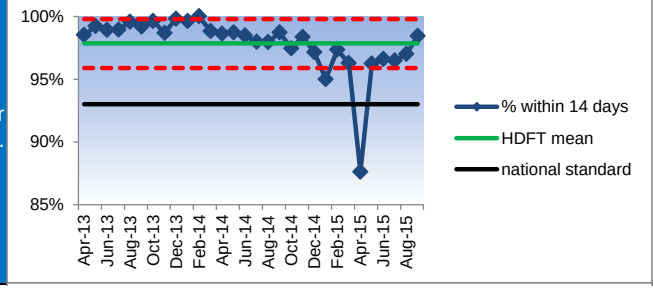
Finance and Efficiency - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Research - Cost per recruitment	Cost of recruitment to NIHR adopted studies. The Research department has a delivery budget of £69,212 per month. A low figure is preferable.		In 2014/15, the range across the network for recruitment cost was £372 to £3599, HDFT achieved a figure of around £375. HDFT's average cost per recruitment remains low.
Research - Invoiced research activity	Aspects of research studies are paid for by the study sponsor or funder.		As set out in the Research & Development strategy, the Trust intends to maintain its current income from commercial research activity and NIHR income to support research staff to 2019. Each study is unique. Last year the Trust invoiced for a total of £223k.

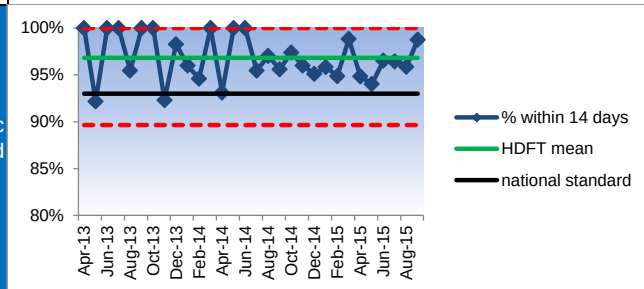
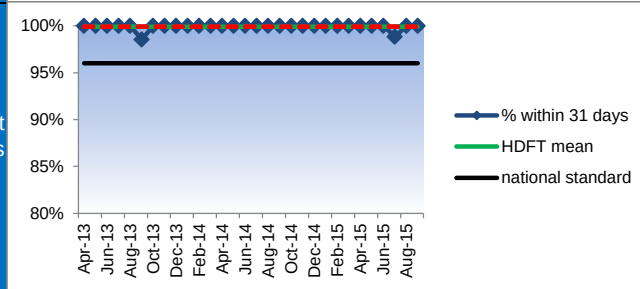
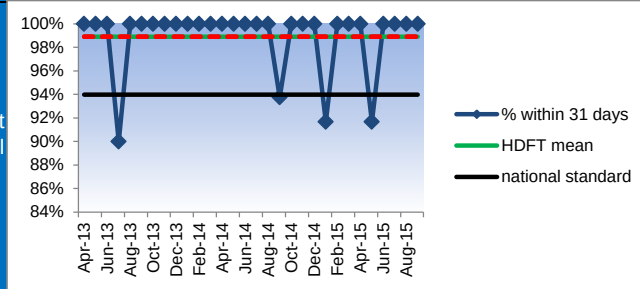
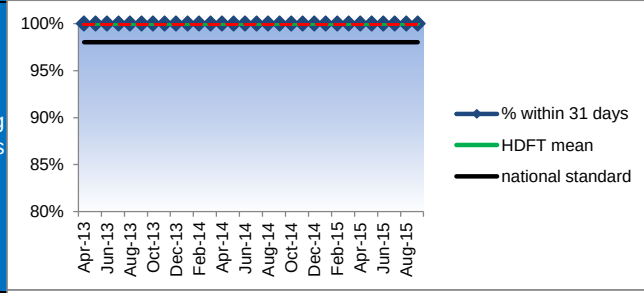
Operational Performance - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Monitor governance rating	Monitor use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the left shows how the Trust is performing against the national performance standards in the "access and outcomes metrics" section of the Risk Assessment Framework. An amended Risk Assessment Framework was published by Monitor in August 2015 - updated to reflect the changes in the way that the 18 weeks standard is monitored.	<table><tr><th>Indicator</th><th>Q2 score</th><th>Indicator</th><th>Q2 score</th></tr><tr><td>18 weeks - incomplete</td><td>0.0</td><td>Cancer - 14 days</td><td>0.0</td></tr><tr><td>A&E - 4 hour standard</td><td>0.0</td><td>Cancer - 14 days - breast symptoms</td><td>0.0</td></tr><tr><td>Cancer - 62 days to treatment</td><td rowspan="2">0.0</td><td>C-Difficile</td><td>0.0</td></tr><tr><td>Cancer - 62 days to treatment - screening</td><td>MRSA</td><td>0.0</td></tr><tr><td>Cancer - 31 day subsequent treatment - surgery</td><td rowspan="2">0.0</td><td>Compliance with requirements regarding access to healthcare for patients with learning disabilities</td><td>0.0</td></tr><tr><td>Cancer - 31 day subsequent treatment - drugs</td><td>Community services data completeness - RTT information</td><td>0.0</td></tr><tr><td>Cancer - 31 day subsequent treatment - radiotherapy</td><td>N/A</td><td>Community services data completeness - Referral information</td><td>0.0</td></tr><tr><td>Cancer - 31 day first treatment</td><td>0.0</td><td>Community services data completeness - Treatment activity information</td><td>0.0</td></tr></table>	HDFT's governance rating for Q2 is Green. The Trust reported 16 cases of hospital acquired C. difficile year to date at end September. 6 of these cases have been agreed with HARD CCG to not be due to lapses in care and therefore these would be discounted from the trajectory for 2015/16.
RTT Incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.		96.0% of patients were waiting 18 weeks or less at the end of September. There has been a deterioration in performance over the last few month but HDFT consistently performs above national average and above the required national standard of 92%.
A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good. Histroical data for HDFT included both Ripon and Selby MIUs. In agreement with local CCGs, York NHSFT are reporting the activity for Selby MIU from 1st May 2015.		HDFT's overall trust level performance for September 2015 was 94.8%, below the required 95%. This includes data for the Emergency Department at Harrogate and Ripon MIU. However the overall Trust performance for Q2 was above the standard at 95.6%. Performance in this area continues to be monitored daily and the Clinical Director for Urgent, Community and Cancer Care is leading on the work to ensure we sustainably deliver this standard as an organisation.
Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.		Provisional performance for Q2 to date is above the required standard at 97.8%. Whilst the Trust achieved the required 93% for each quarter of 2014/15, there was a deterioration in performance during the year as illustrated in the trend chart. There has been a significant increase in the number of 2 week wait referrals received by the Trust since Q4 2014/15, partly due to the impact of several national and local cancer awareness campaigns.

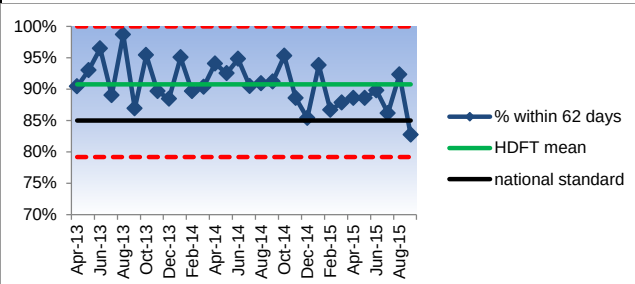
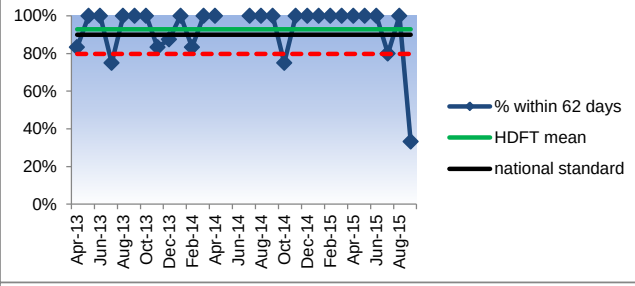
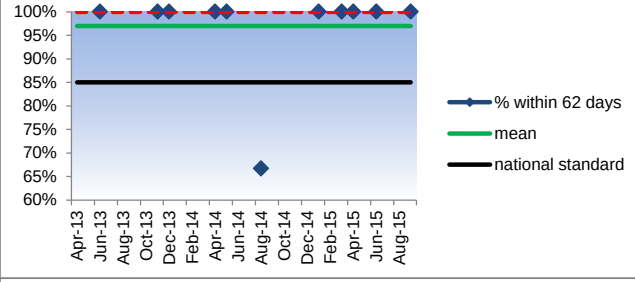
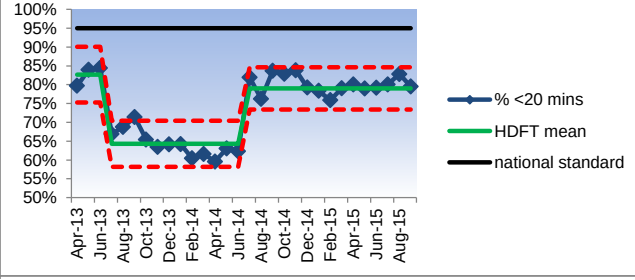
Operational Performance - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.		The Trust consistently achieved the 93% standard throughout 2014/15 and 2015/16 to date with performance at 98.8% in September 2015.
Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.		Recurrent achievement of this standard. Ongoing monitoring. No new actions identified.
Cancer - 31 day wait for second or subsequent treatment: Surgery	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.		Only a small number of patients at HDFT are covered by this target which explains the variability in performance for some months. However the Trust was above the required 94% standard for Q1 2015/16 and for Q2 to date.
Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.		Recurrent achievement of this standard. Ongoing monitoring. No new actions identified.

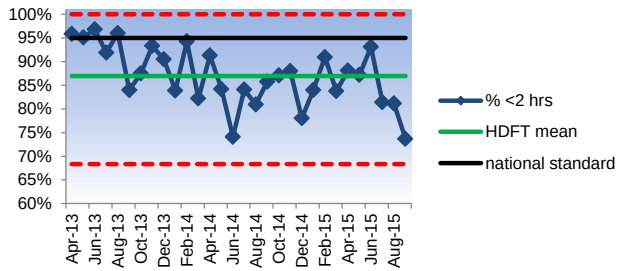
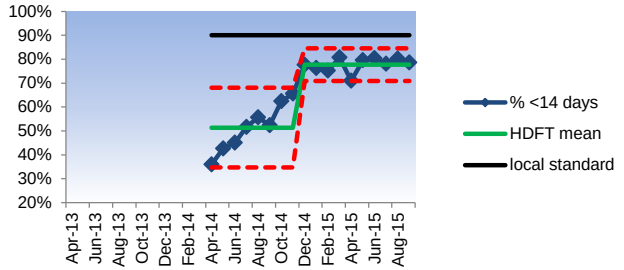
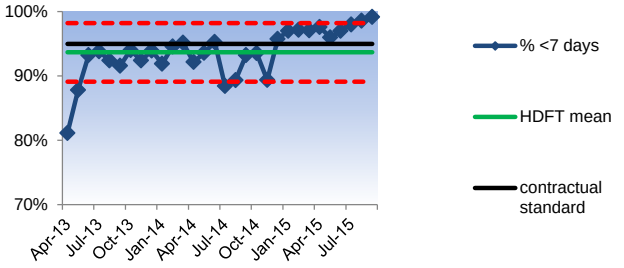
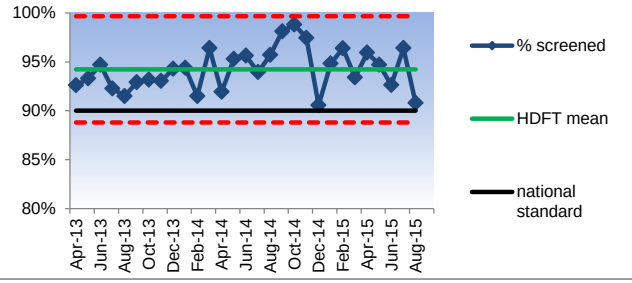
Operational Performance - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.		Provisional performance for September 2015 is below the operational standard of 85%. However the Q2 performance is above the standard at 87.7%. Of the 11 cancer sites treated at HDFT, 6 had performance above 85% in September and 5 had performance below 85% - colorectal (1 breach), gynaecological (0.5 breach), haematological (1 breach), head and neck (1.5 breach) and lung (1.5 breach).
Cancer - 62 day wait for first treatment from consultant screening service referral	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.		Only a small number of patients at HDFT are covered by this target which explains the variability in performance for some months. However the Trust has been above the required 90% standard for each month where the number of pathways reported has been above the de minimis level for reporting performance.
Cancer - 62 day wait for first treatment from consultant upgrade	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.		Only a small number of patients at HDFT are covered by this target which explains the variability in performance for some months. However the Trust has been above the required 85% standard for each month where the number of pathways reported has been above the de minimis level for reporting performance.
GP OOH - NQR 9	NQR 9 (National Quality Requirement 9) looks at the % of GP OOH telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation. The data presented excludes Selby and York as these do not form part of the HDFT OOH service from April 2015. A high percentage is good.		Performance in September 2015 was at 79.6%, below the 95% standard. The local NHS 111 service started in July 2013. From July 2014, the performance data was amended to correctly show the start time as the time that the case is passed to OOH service, as opposed to the initial call to NHS 111. It is not possible to re-work the historical data so this trend anomaly will remain.

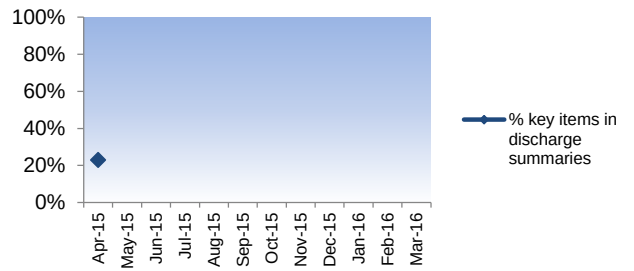
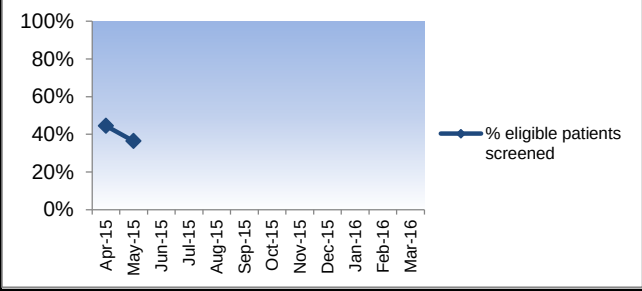
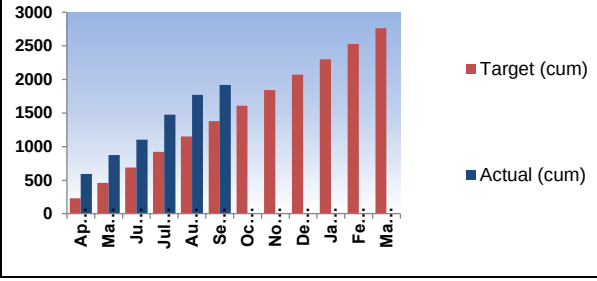
Operational Performance - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
GP OOH - NQR 12	NQR 12 (National Quality Requirement 12) looks at the % of GP OOH face to face consultations started for urgent cases within 2 hours. The data presented excludes Selby and York as these do not form part of the HFT OOH service from April 2015. A high percentage is good.		Performance in September 2015 was at 73.7%, a reduction on last month and below the 95% standard.
Health Visiting - new born visits	The number of babies who had a new born visit by the Health Visiting team within 14 days of birth. Data is not available for 2013/14. A high percentage is good.		As can be seen from the chart, the performance on this metric improved significantly during 2014/15 - this was partly due to improved data capture over this period. In September 2015, 78.6% of babies had a new born visit within 14 days of birth.
Community equipment - deliveries within 7 days	The number of standard items delivered within 7 days by the community equipment service. A high percentage is good.		In September 2015, 99.2% of standard items were delivered within 7 days, above the 95% contractual requirement and an increase on recent months. In addition, 100% of priority items were delivered within 24 hours and 100% of urgent items were delivered within 6 hours.
CQUIN - dementia screening	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.		Recurrent achievement of this standard. Ongoing monitoring. No new actions identified.

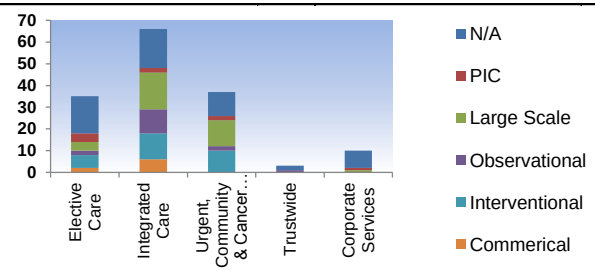
Operational Performance - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
CQUIN - Acute Kidney Injury	Percentage of patients with Acute Kidney Injury (AKI) whose discharge summary includes four defined key items. The aim of this national CQUIN is to improve the provision of information to GPs for patients diagnosed with AKI whilst in hospital. The target for the CQUIN is to achieve at least 90% of required key items included in discharge summaries by Q4 2015/16. A high percentage is good.		*There is no update on this data this month - Q2 data will be reported in next month's report.* In line with national guidance, the Trust performed a baseline audit of a sample of patients who were diagnosed with AKI in April 2015. The audit results showed that 23% of key items were included in discharge summaries for the sampled patients. These results now form the baseline position and the Trust need to agree an improvement trajectory with the CCG to ensure delivery of the required 90% compliance by Q4.
CQUIN - sepsis screening	Percentage of patients presenting to ED/other wards/units who met the criteria of the local protocol and were screened for sepsis. A high percentage is good.		*There is no update on this data this month - Q2 data will be reported in next month's report.* In line with national guidance, the Trust performed a baseline audit during April and May 2015 which showed that 44% of eligible patients in April and 36% in May were screened for sepsis using the established local screening protocol. These results now form the baseline position and the Trust need to agree an improvement trajectory with the CCG to ensure delivery of the required 90% compliance by Q4.
CQUIN - severe sepsis treatment	Percentage of patients presenting to ED/other wards/units with severe sepsis, Red Flag Sepsis or Septic Shock and who received IV antibiotics within 1 hour of presenting. A high percentage is good.		*This data will be reported quarterly from next month.*
Recruitment to NIHR adopted research studies	The Trust has a recruitment target of 2,750 for 2015/16 for studies adopted onto the NIHR portfolio. This equates to 230 per month. A higher figure is good.		Recruitment has been good to date. Currently recruitment stands at 540 over its target year to date.

Operational Performance - September 2015

Appendix 8.1

Indicator	Description	Trend chart	Interpretation
Directorate research activity	The number of studies within each of the directorates - included in the graph is Trustwide where the study spans directorates. The Trust has no specific target set for research activity within each directorate. It is envisaged that each clinical directorate would have a balanced portfolio.		The directorate research teams are subject to studies that are available. The 'type of study', Commercial, Interventional, Observational, Large scale, PIC or N/A influence the activity based funding received by HDFT. Each category is weighted dependant on input of staff involvement. N/A studies are those studies which are not adopted by the NIHR. They include commercial, interventional, observational, large scale, PIC, local and student projects. They do not influence the recruitment target.

Indicator traffic light criteria

Appendix 8.1

Section	Indicator	Further detail	Proposed traffic light criteria	Rationale/source of traffic light criteria
Quality	**Safety thermometer - harm free care**	% harm free	Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95%	National best practice guidance suggests that 95% is the standard that Trusts should achieve. In addition, HDFT have set a local stretch target of 97%.
Quality	**Pressure ulcers - hospital acquired**	No. grade 3 and grade 4 avoidable hospital acquired pressure ulcers	Green if no. avoidable cases is below local trajectory year to date, red if above trajectory year to date.	A maximum threshold of 14 avoidable cases during 2015/16 has been locally agreed. This reflects a 50% reduction on last year's figure.
Quality	**Pressure ulcers - community acquired**	No. grade 3 and grade 4 community acquired pressure ulcers	tbc	tbc
Quality	**Falls**	IP falls per 1,000 bed days	Blue if YTD position is a reduction of <=50% of HDFT average for 2014/15, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2014/15, Amber if YTD position is a reduction of up to 20% of HDFT average for 2014/15, Red if YTD position is on or above HDFT average for 2014/15.	
Quality	**Falls causing harm**	IP falls causing moderate harm, sever harm or death, per 1,000 bed days		Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	**Infection control**	No. hospital acquired C.diff cases	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, Monitor and contractual requirement
Quality	**Avoidable admissions**	The number of avoidable emergency admissions to HDFT as per the national definition.	tbc	tbc
Quality	**Reducing readmissions in older people**	The proportion of older people 65+ who were still at home 91 days after discharge from hospital into rehabilitation or reablement services.	tbc	tbc
Quality	**Mortality - HSMR**	Hospital Standardised Mortality Ratio (HSMR)	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	
Quality	**Mortality - SHMI**	Summary Hospital Mortality Index (SHMI)		Comparison with national average performance.
Quality	**Complaints**	No. complaints, split by criteria	Blue if no. complaints in latest month is below UCL, Green if below HDFT average for 2014/15, Amber if above HDFT average for 2014/15, Red if above UCL. In addition, Red if a new red rated complaint received in latest month.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	**Incidents - all**	Incidents split by grade (hosp and community)	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
Quality	**Incidents - SIRIs and never events**	SIRI and never events (hosp and community)	Green if latest month =0, red if latest month >0.	
Quality	**Friends & Family Test (FFT) - Staff**	% staff who would recommend HDFT as a place to work	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	
Quality	**Friends & Family Test (FFT) - Staff**	% staff who would recommend HDFT as a place to receive care		Comparison with performance of other acute trusts.
Quality	**Friends & Family Test (FFT) - Patients**	% recommend, % not recommend - combined score for all services currently doing patient FFT	Green if latest month >= latest published national average, Red if < latest published national average.	Comparison with national average performance.
Quality	**Safer staffing levels**	RN and CSW - day and night overall fill rates at trust level	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
Quality	**Staff appraisal rate**	Latest position on no. staff who had an appraisal within the last 12 months	Annual rolling total - 85% green. Amber between 65% and 85%, red<65%.	Locally agreed target level based on historic local and NHS performance
Quality	**Mandatory training rate**	Latest position on the % staff trained for each mandatory training requirement	Blue if latest month >=95%; Green if latest month 75%-90% overall, amber if between 65% and 75%, red if below 65%.	Locally agreed target level - no national comparative information available until February 2016
Quality	**Staff sickness rate**	Staff sickness rate	Green if <3.9%, amber if between 3.9% and regional average, Red if > regional average	HDFT Employment Policy requirement. Rates compared at a regional level also
Quality	**Temporary staffing expenditure - medical/nursing/other**	Expenditure per month on staff types.	Green if spend on temporary staff < last YTD, red if > last YTD.	Comparison with HDFT performance last year.
Quality	**Staff turnover**	Staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
Quality	**Research internal monitoring**	No. critical or major findings reported	Green if <1 per quarter (cumulative)	Locally agreed target.
Finance and efficiency	**Readmissions**	No. emergency readmissions (following elective or non-elective admission) within 30 days.	Green if latest month < HDFT average for 2014/15, Red if latest month > HDFT average for 2014/15.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Finance and efficiency	**Readmissions - standardised**	Standardised emergency readmission rate within 30 days from HED	Green = better than expected or as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Finance and efficiency	**Length of stay - elective**	Average LOS for elective patients	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	
Finance and efficiency	**Length of stay - non-elective**	Average LOS for non-elective patients		Comparison with performance of other acute trusts.
Finance and efficiency	**Non-elective bed days for patients aged 18+**	Non-elective bed days at HDFT for HARD CCG patients aged 18+, per 100,000 population	Improvement trajectory to be agreed.	Improvement trajectory to be agreed.

Section	Indicator	Further detail	Proposed traffic light criteria	Rationale/source of traffic light criteria
Finance and efficiency	Theatre utilisation	% of theatre time utilised for elective operating sessions	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
Finance and efficiency	Delayed transfers of care	% acute beds occupied by patients whose transfer is delayed - snapshot on last Thursday of the month.	Red if latest month >3.5%, Green <=3.5%	Contractual requirement
Finance and efficiency	Outpatient DNA rate	% first OP appointments DNA'd	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Finance and efficiency	Outpatient new to follow up ratio	No. follow up appointments per new appointment.		
Finance and efficiency	Day case rate	% elective admissions that are day case		
Finance and efficiency	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s)	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
Finance and efficiency	Cash balance	Monthly cash balance (£'000s)	Green if on plan, amber <10% behind plan, red >10% behind plan	Locally agreed targets.
Finance and efficiency	Monitor continuity of services risk rating	The Monitor Continuity of Services (CoS) risk rating is made up of two components - liquidity and capital service cover.	Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by Monitor
Finance and efficiency	CIP achievement	Cost Improvement Programme performance	Green if achieving stretch CIP target, amber if achieving standard CIP target, red if not achieving standard CIP target.	Locally agreed targets.
Finance and efficiency	Capital spend	Cumulative capital expenditure	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
Finance and efficiency	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis (£'s).	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
Finance and efficiency	Research - Cost per recruitment	Cost of recruitment to NIHR adopted studies	to be agreed	
Finance and efficiency	Research - Invoiced research activity		to be agreed	
Operational Performance	Monitor governance rating	Trust performance on Monitor's risk assessment framework.	As per defined governance rating	as defined by Monitor
Operational Performance	RTT Incomplete pathways performance	% incomplete pathways within 18 weeks	Green if latest month >=92%, Red if latest month <92%.	NHS England
Operational Performance	A&E 4 hour standard	% patients spending 4 hours or less in A&E.	Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95%	NHS England, Monitor and contractual requirement of 95% and a locally agreed stretch target of 97%.
Operational Performance	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	% urgent GP referrals for suspected cancer seen within 14 days.	Green if latest month >=93%, Red if latest month <93%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	% GP referrals for breast symptomatic patients seen within 14 days.	Green if latest month >=93%, Red if latest month <93%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	% cancer patients starting first treatment within 31 days of diagnosis	Green if latest month >=96%, Red if latest month <96%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 31 day wait for second or subsequent treatment: Surgery	% cancer patients starting subsequent surgical treatment within 31 days	Green if latest month >=94%, Red if latest month <94%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	% cancer patients starting subsequent anti-cancer drug treatment within 31 days	Green if latest month >=96%, Red if latest month <96%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	% cancer patients starting first treatment within 62 days of urgent GP referral	Green if latest month >=85%, Red if latest month <85%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from consultant screening service referral	% cancer patients starting first treatment within 62 days of referral from a consultant screening service	Green if latest month >=90%, Red if latest month <90%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from consultant upgrade	% cancer patients starting first treatment within 62 days of consultant upgrade	Green if latest month >=85%, Red if latest month <85%.	NHS England, Monitor and contractual requirement
Operational Performance	GP OOH - NQR 9	% telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation	Green if latest month >=95%, Red if latest month <95%.	Contractual requirement
Operational Performance	GP OOH - NQR 12	% face to face consultations started for urgent cases within 2 hours	Green if latest month >=95%, Red if latest month <95%.	Contractual requirement
Operational Performance	Health Visiting - new born visits	% new born visit within 14 days of birth	Green if latest month <=95%, Amber if between 90% and 95%, Red if <90%.	Contractual requirement
Operational Performance	Community equipment - deliveries within 7 days	% standard items delivered within 7 days	Green if latest month >=95%, Red if latest month <95%.	Contractual requirement
Operational Performance	CQUIN - dementia screening	% emergency admissions aged 75+ who are screened for dementia within 72 hours of admission	Green if latest month >=90%, Red if latest month <90%.	CQUIN contractual requirement
Operational Performance	CQUIN - Acute Kidney Injury (AKI)	% patients with AKI whose discharge summary includes four defined key items	to be agreed with CCG during Q2 2015/16	CQUIN contractual requirement
Operational Performance	CQUIN - sepsis screening	% patients presenting to ED/other wards/units who met the criteria of the local protocol and were screened for sepsis	to be agreed with CCG during Q2 2015/16	CQUIN contractual requirement
Operational Performance	CQUIN - severe sepsis treatment	% patients presenting to ED/other wards/units with severe sepsis, Red Flag Sepsis or Septic Shock and who received IV antibiotics within 1 hour of presenting	to be agreed with CCG during Q2 2015/16	CQUIN contractual requirement
Operational Performance	Recruitment to NIHR adopted research studies	No. patients recruited to trials	to be agreed	
Operational Performance	Directorate research activity	The number of studies within each of the directorates	to be agreed	