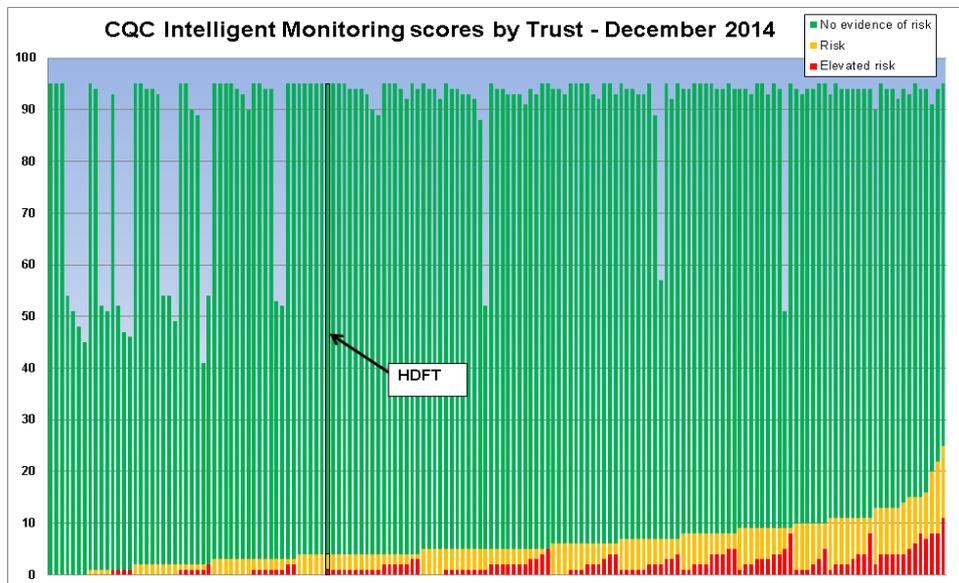# Council of Governors Meeting
4th February 2015

CEO Update

Dr Ros Tolcher
Chief Executive

Performance

QUALITY, CONTRACTS, FINANCES

CQC Intelligent Monitoring scores by Trust - December 2014

HDFT

Indicator	Risk band	Actions
Composite of Central Alerting System (CAS) safety alert indicators	Elevated risk	This relates to the number of CAS alerts closed late during the 12 months to August 2014. A strengthened process has been put in place within the Trust to ensure that all alerts are actioned in a timely manner going forward and this is now monitored on a monthly basis via Standards Group.
Potential under-reporting of patient safety incidents	Risk	These two indicators relates to lower levels of incident reporting by HDFT when compared to the national average. The Trust has a robust incident reporting process so does not view this as concerning but will continue to monitor this closely.
Consistency of reporting to the National Reporting and Learning System (NRLS)	Risk	
Composite of hip related PROMS indicators	Risk	This relates to the health gains scores reported in the PROMs (Patient Reported Outcomes Measures) questionnaire for hip replacement patients from HDFT. The Elective Care Directorate is reviewing all patient responses for this period to understand this further and identify any common themes and issues to be addressed.

- CQC Intelligent monitoring covers 95 indicators used by CQC to assess whether care is safe, effective, caring, responsive and well led.

- For each indicator, there are three possible ratings: "no evidence of risk", "at risk" or "elevated risk".

- Trusts that have not been recently inspected are banded from 1-6, where 1 indicates highest risk and highest priority for inspection and 6 indicates lowest risk and lowest priority for inspection.

- **HDFT has a current banding of 5.**

- HDFT has 1 indicator assessed as "elevated risk" and 3 indicators assessed as "at risk"

- HDFT is placed joint 50th out of 159 Trusts in the most recent publication as illustrated by the chart to the left.

You matter most

Driving up quality

- Fundamental standards
  - pressure ulcers
  - Falls
  - Pain management
- Responding to incidents
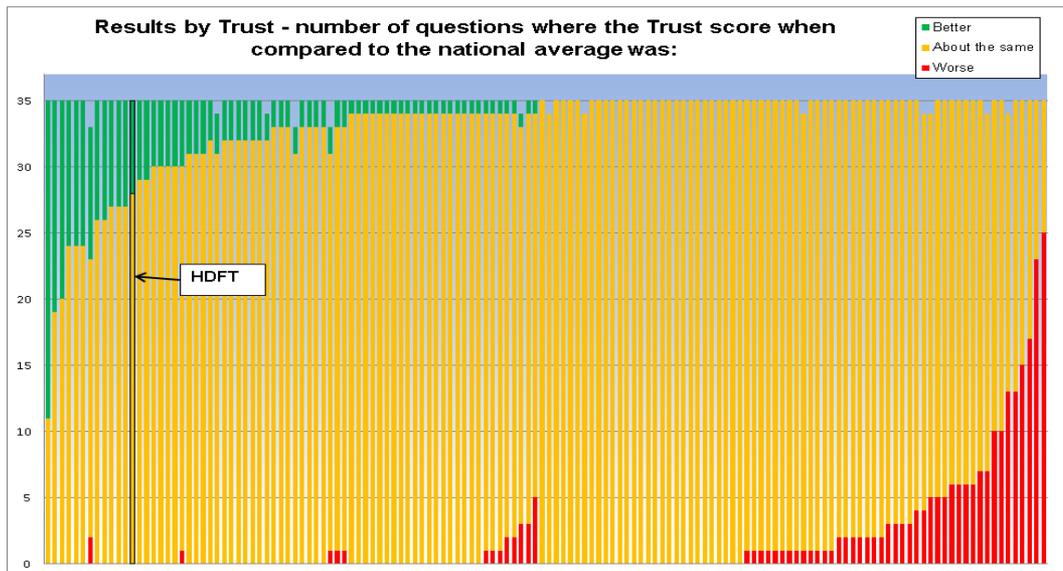- Leadership development
- Quality governance arrangements

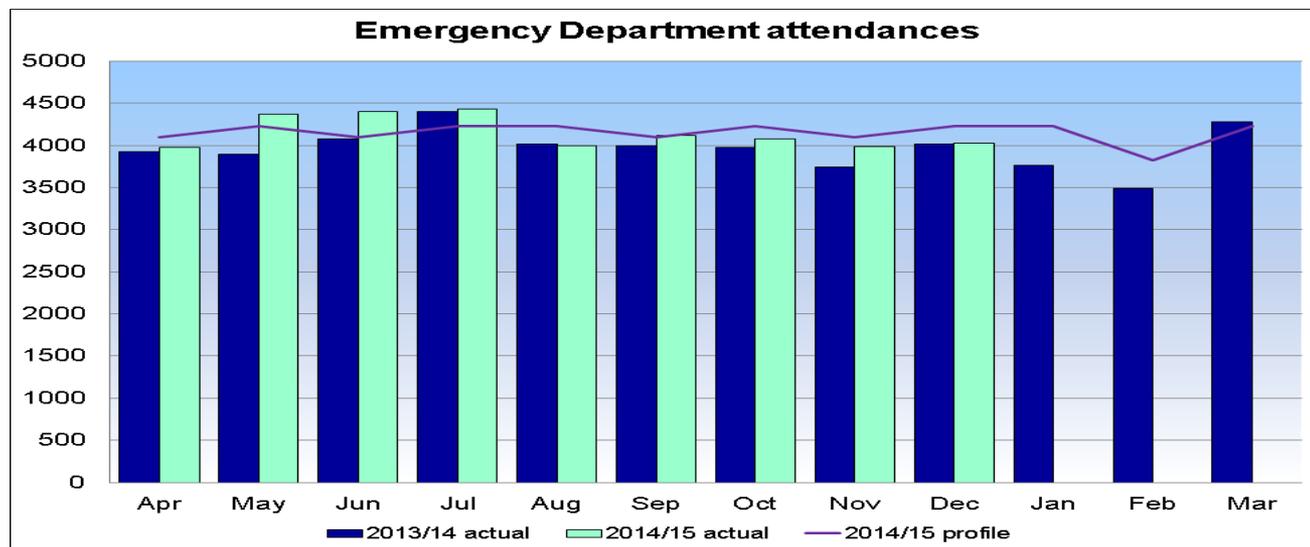**Strategy and vision**

Capability and culture

Systems and processes

Measuring and monitoring

National Accident and Emergency Patient Survey 2014

**Emergency Department activity 2013/14 and 2014/15 year to date**

You matter most

Monthly RAG thresholds:

Section	Performance Indicator Description	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	YTD	Red	Amber	Green
18 weeks	RTT - admitted - 90% in 18 weeks	94.5%	94.8%	94.4%	94.6%	94.7%	94.3%	93.7%	94.2%	94.9%	91.5%	95.0%	93.8%					94.2%	<90%	NA	>=90%
	RTT - non-admitted - 95% in 18 weeks	97.4%	97.1%	97.0%	97.2%	97.1%	97.2%	96.7%	97.0%	97.2%	96.7%	97.4%	97.1%					97.1%	<95%	NA	>=95%
	RTT - incomplete - 92% in 18 weeks	97.7%	97.5%	97.2%	97.5%	97.3%	97.0%	97.2%	97.1%	97.0%	97.2%	96.9%	97.1%					97.2%	<92%	NA	>=92%
	RTT - delivery in all specialties - no. where standard not delivered (admitted, non-admitted and incomplete)	0	0	0	0	0	0	0	0	0	2	0	2					2	>0	NA	0
	RTT - Patients waiting >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0					0	>0	NA	0
	Diagnostic waiting times - maximum wait of 6 weeks	0.04%	0.07%	0.14%	0.08%	0.38%	0.17%	0.62%	0.39%	0.12%	0.00%	0.04%	0.05%					0.18%	>=1%	NA	<1%
Cancer waiting times	All Cancers: 14 Days Target	98.6%	98.7%	98.5%	98.6%	98.0%	97.9%	98.7%	98.2%	97.4%	98.4%	96.8%	97.5%					98.1%	<93%	NA	>=93%
	All Cancers: 14 Days Target All Breast Referrals	93.1%	100.0%	100.0%	97.4%	95.5%	97.0%	95.6%	96.0%	97.4%	96.0%	95.2%	96.2%					96.4%	<93%	NA	>=93%
	All Cancers: 31 Day Target - 1st Treatment	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%	<96%	NA	>=96%
	All Cancers: 31 Day Target - Subsequent Treatment - Surgery	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.8%	97.4%	100.0%	100.0%	100.0%	100.0%					99.0%	<94%	NA	>=94%
	All Cancers: 31 Day Target - Subsequent Treatment - Drug treatment	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%	<98%,	NA	>=98%
	All Cancers: 62 Day Target	94.0%	92.5%	94.8%	93.8%	90.5%	90.9%	91.2%	90.9%	95.3%	88.6%	85.7%	89.8%					91.5%	<85%	NA	>=85%
	All Cancers: 62 Day Target Screening	100.0%	NA	NA	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	88.9%					92.3%	<90%	NA	>=90%
	All Cancers: 62 Day Target Cons Upgrade	100.0%	100.0%	NA	100.0%	100.0%	66.7%	NA	66.7%	NA	NA	NA	NA					80.0%	<85%	NA	>=85%
Emergency Department and Minor Injury Units	Trust total - Total time in A&E - % within 4 hours	97.6%	96.5%	97.6%	97.2%	98.2%	98.1%	96.9%	97.8%	96.6%	96.4%	95.9%	96.3%					97.1%	<95%	NA	>=95%
	Type 1 A&E - Harrogate ED - Total time in A&E - % within 4 hours	96.4%	94.8%	96.3%	95.8%	97.2%	96.9%	95.3%	96.5%	94.98%	94.8%	94.2%	94.6%					95.7%	<95%	NA	>=95%
	Type 1 A&E - Harrogate ED - trolley waits > 12 hours	0	0	0	0	0	0	0	0	0	0	0	0					0	>0	NA	0
	Type 1 A&E - Harrogate ED - ambulance handovers > 30 mins	0	5	0	5	9	2	9	20	10	10	15	35					60	>0	NA	0
	Type 1 A&E - Harrogate ED - ambulance handovers > 60 mins	0	0	0	0	0	0	0	0	0	0	0	0					0	>0	NA	0
	Type 3 A&E - Ripon MIU - Total time in A&E - % within 4 hours	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	99.9%					100.0%	<95%	95%-<98%	>=98%
	Type 3 A&E - Selby MIU - Total time in A&E - % within 4 hours	99.9%	99.9%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%	<95%	95%-<98%	>=98%
Patient Safety and Clinical Quality	Incidence of avoidable hospital acquired MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0					0	>6 YTD	1.6 YTD	0 YTD
	Incidence of hospital acquired C-Difficile	0	2	1	3	1	0	2	3	0	1	1	2					8	>15 YTD	NA	<=15 YTD
	Incidence of hospital acquired MSSA	0	0	0	0	1	1	1	3	0	0	1	1					4	tbc	tbc	tbc
	General & Acute bed occupancy	84.0%	87.8%	81.5%	84.4%	79.6%	78.9%	82.1%	80.2%	82.9%	85.8%	89.9%	86.2%					83.6%	tbc	tbc	tbc
Data quality (quarterly reporting)	Community services data completeness - RTT information				79.9%				80.2%				80.9%					80.3%	<50%	NA	>=50%
	Community services data completeness - Referral information				71.0%				71.8%				71.2%					71.3%	<50%	NA	>=50%
	Community services data completeness - Treatment activity information				85.6%				83.4%				82.2%					83.7%	<50%	NA	>=50%
Patient experience	Mixed Sex Accommodation breaches	0	0	0	0	0	0	0	0	0	0	0	0					0	>0	NA	0
	Delayed Transfer of Care	1.3%	1.8%	2.6%	1.9%	1.3%	4.0%	1.2%	2.2%	1.9%	1.3%	2.5%	1.9%					2.0%	>3.5%	NA	<=3.5%
Stroke care	Stroke Care - 90% of time on Stroke Unit	90.5%	83.3%	88.0%	87.9%	96.9%	85.2%	84.6%	89.4%	95.5%	83.3%	100.0%	92.3%					89.8%	<80%	NA	>=80%
	Stroke Care - TIA Patients with a high risk of stroke seen and treated within 24 hours	73.3%	56.3%	82.4%	70.6%	83.3%	81.0%	54.5%	72.9%	46.2%	100.0%	64.3%	70.1%					71.2%	<60%	NA	>=60%
	Sentinel Stroke National Audit Programme (SSNAP) – overall level				D				C									D	D,E	C	A,B
Out of hours	Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation	56.5%	59.1%	59.5%	58.3%	57.9%	57.1%	59.7%	58.2%	58.3%	60.7%	56.4%	58.4%					58.3%	<95%	NA	>=95%
	Home visit: Face to face consultations started for URGENT cases within 2 hrs	84.1%	86.7%	79.5%	83.4%	88.4%	86.4%	89.8%	88.2%	85.7%	90.9%	84.3%	87.0%					86.2%	<95%	NA	>=95%
	Out of hours initial telephone call - Identification of immediately life threatening at PCC. GP or patient called 999.	99.2%	99.0%	99.1%	99.1%	98.6%	98.9%	99.1%	98.9%	98.9%	98.9%	99.2%	99.0%					99.0%	<95%	NA	>=95%
	Out of hours - telephone clinical assessment for NON-URGENT cases within 60 minutes of call prioritisation	77.1%	79.0%	82.8%	79.6%	83.7%	81.4%	83.2%	82.7%	81.4%	83.9%	71.5%	78.9%					80.4%	<95%	NA	>=95%
	Out of hours - Face to face - Identification of immediately Life Threatening Conditions & pass to 999 < 3 Mins	None	None	None	None	None	None	None	None	None	None	None	None					None	<95%	NA	>=95%
	Out of hours - Face-to-face clinical assessment for URGENT cases started within 20 mins	66.7%	None	50.0%	58.4%	75.0%	0.0%	None	37.5%	None	100.0%	62.5%	81.3%					59.0%	<95%	NA	>=95%
	Out of hours - Face-to-face clinical assessment for NON-URGENT cases started within 60 mins	85.0%	91.3%	95.0%	90.4%	82.4%	72.2%	94.1%	82.9%	94.1%	84.2%	87.0%	88.5%					87.3%	<95%	NA	>=95%
	PC Centre: Face to face consultations started for EMERGENCY cases within 1 hr	None	None	None	None	100.0%	None	None	100.0%	None	None	None	None					100.0%	<95%	NA	>=95%
	PC Centre: Face to face consultations started for URGENT cases within 2 hrs	93.7%	89.6%	94.4%	92.6%	93.6%	90.2%	96.2%	93.3%	93.5%	94.1%	83.6%	90.4%					92.1%	<95%	NA	>=95%
	PC Centre: Face to face consultations started for LESS URGENT cases within 6 hrs	97.7%	98.3%	97.7%	97.9%	98.0%	97.8%	97.7%	97.8%	98.3%	98.4%	97.1%	97.9%					97.9%	<95%	NA	>=95%
	Home visit: Face to face consultations started for EMERGENCY cases within 1 hr	None	None	0.0%	0.0%	20.0%	100.0%	None	60.0%	None	None	100.0%	100.0%					53.3%	<95%	NA	>=95%
	Home visit: Face to face consultations started for LESS URGENT cases within 6 hrs	98.3%	98.6%	99.0%	98.6%	99.1%	97.8%	99.2%	98.7%	99.00%	99.8%	93.3%	97.4%					98.2%	<95%	NA	>=95%
Community services	Health Visiting – number of WTE in post	96.25	96.25	94.97	94.97	93.31	92.03	94.93	94.93	107.60	107.72	103.73	103.73					103.73	<2013/14 outturn	>= 2013/14 outturn but < 105.86	>=105.86 outturn
	Health Visiting – % of infants receiving a new born visit within 14 days of birth	36.0%	42.6%	45.0%	41.2%	51.6%	55.6%	52.4%	53.2%	62.4%	65.6%	77.6%	68.5%					54.3%	tbc	tbc	tbc
	Health Visiting - % of children receiving a 12 month review	55.3%	55.6%	55.8%	55.6%	65.5%	67.7%	62.6%	65.3%	65.2%	63.2%	59.2%	62.5%					61.1%	tbc	tbc	tbc
	Community equipment – % of standard orders delivered within 7 days	92.2%	93.6%	95.3%	93.7%	88.4%	89.4%	93.3%	90.4%	93.6%	89.4%	95.7%	92.9%					92.3%	<90%	>=90% - <95%	>=95%

Please note that Stroke and Cancer figures are provisional as at 21/01/2015.
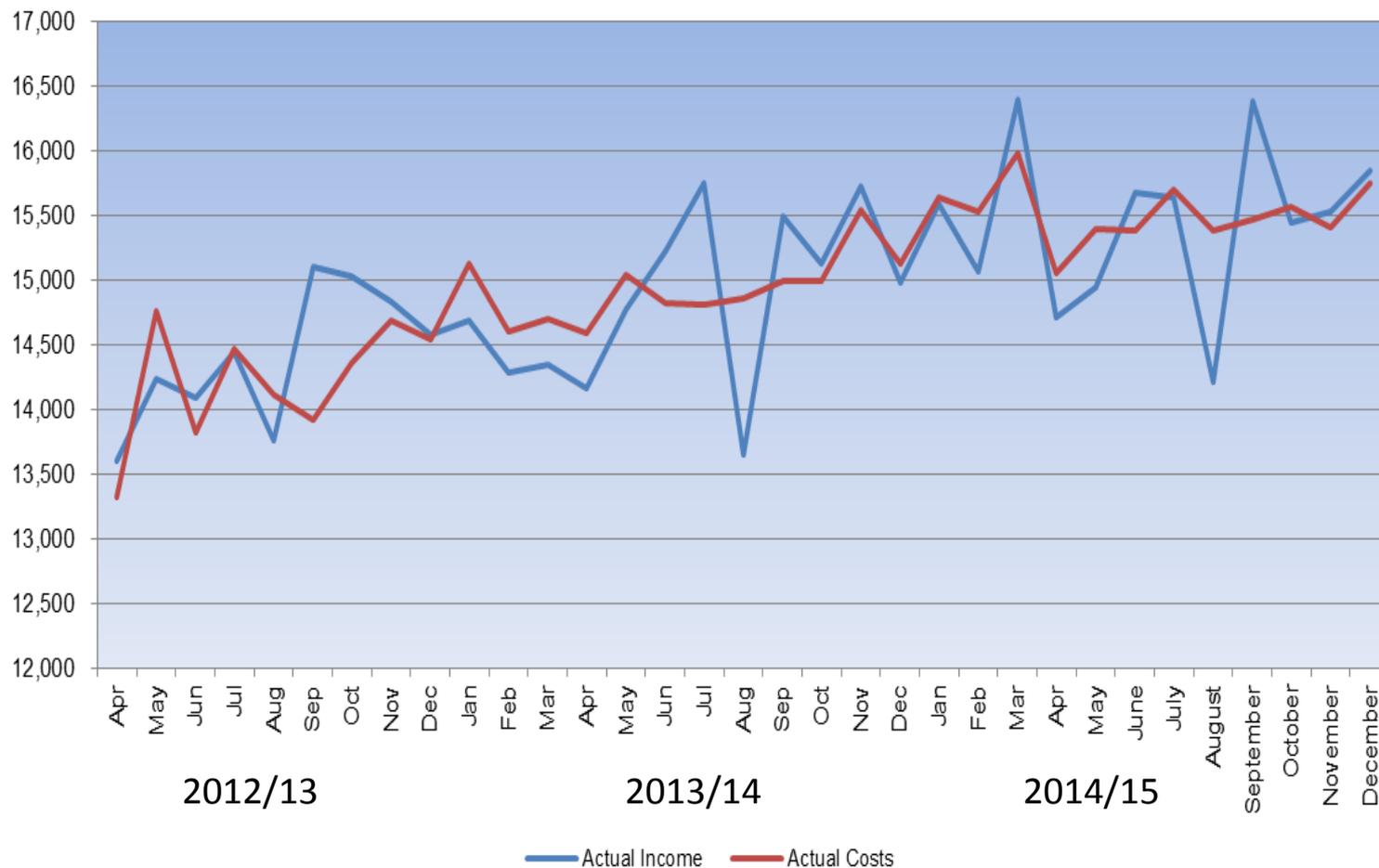
You matter most

Trust wide YTD Bridge Analysis

Trustwide Bridge Analysis - December 14 YTD

You matter most
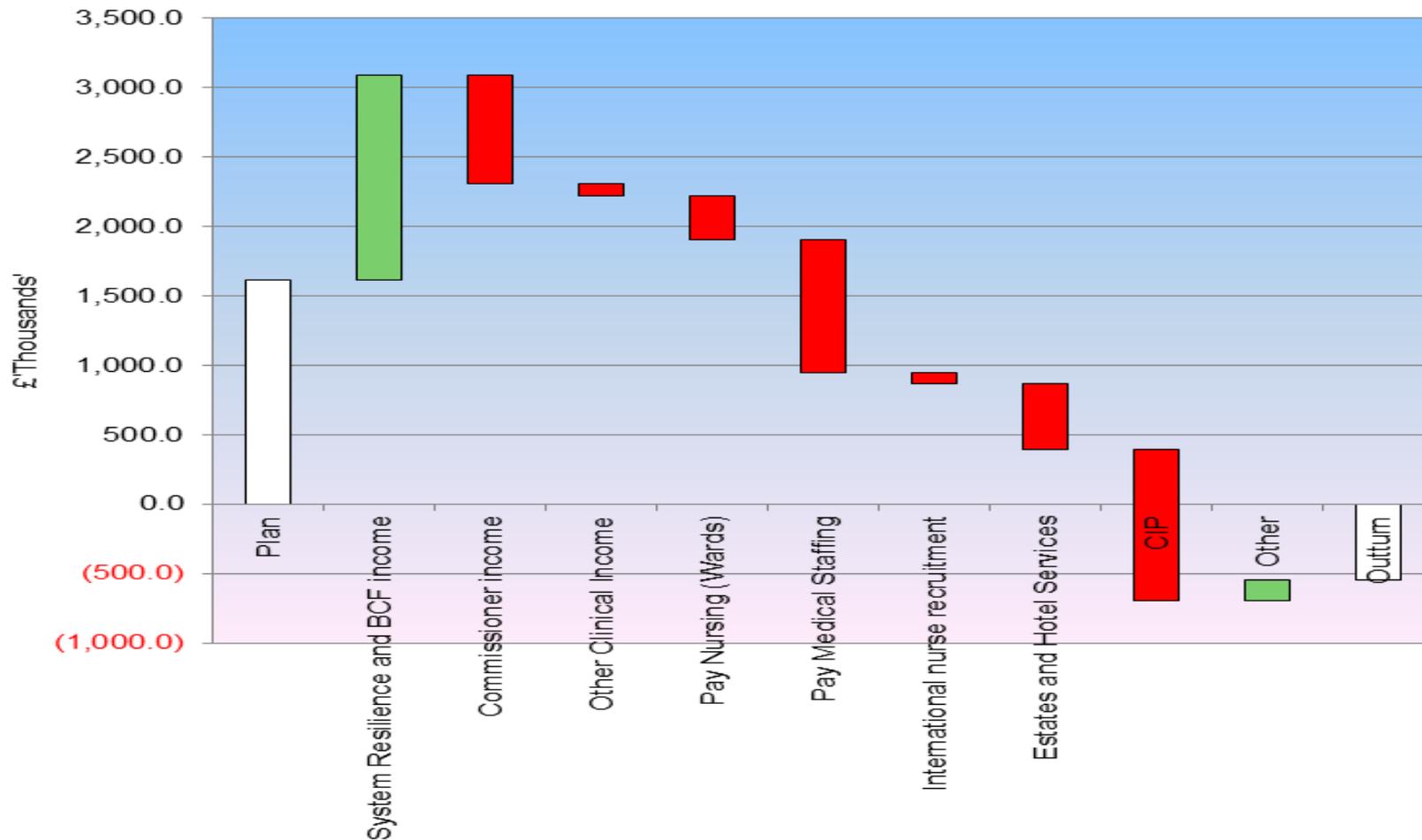
Income & Expenditure Run Charts

Actual Income against Actual Cost April 2012 - December 2014

2012/13   2013/14   2014/15

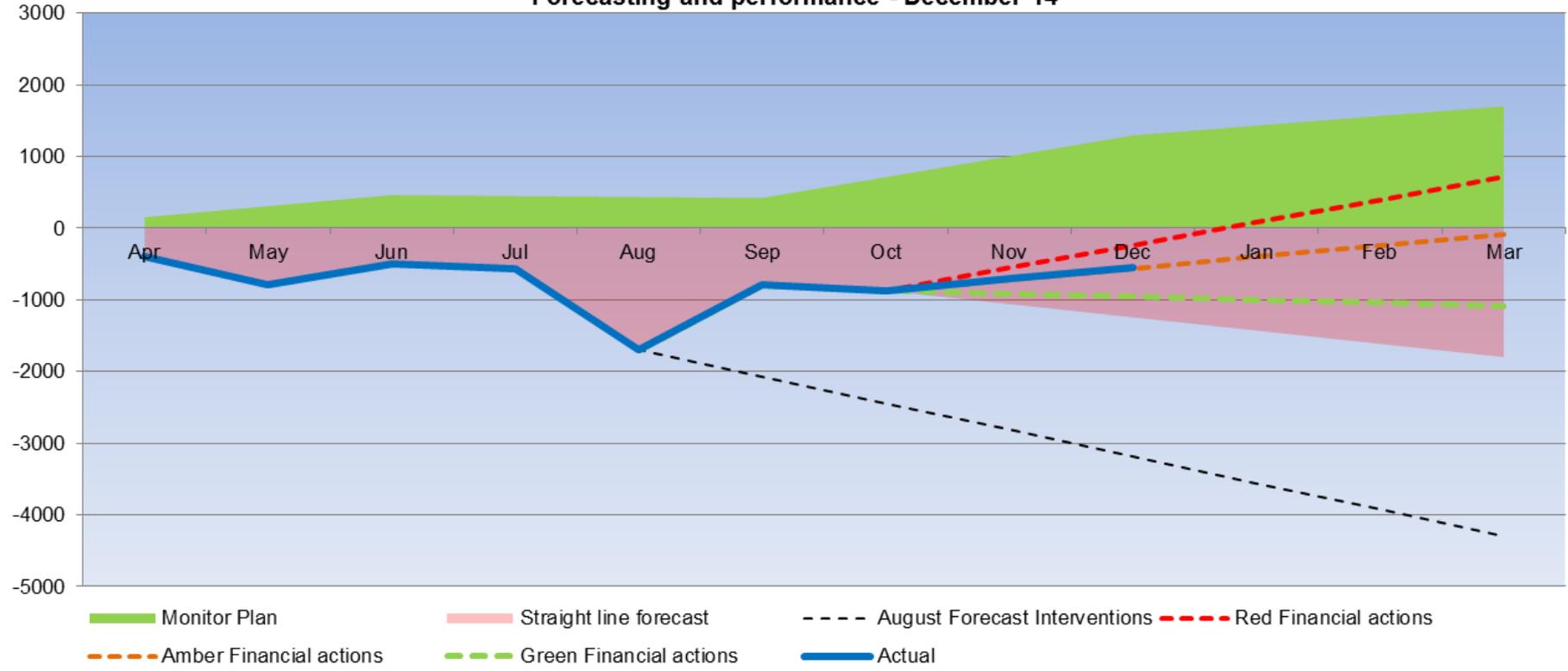Actual Income   Actual Costs

Trust-wide Forecasting

Continuity of services risk rating (CoSR) is 3

Forecasting and performance - December 14

Strategic Drivers

PLANNING FOR THE FUTURE

Some things which are impacting on HDFT… strategic drivers

The need to achieve more for less driven by:

- Rising demand
- Rising cost of care
- Falling real terms income

The need to deploy minimum levels of staffing:

- To provide safe levels of ward based staff
- To ensure sufficient consultant presence in specialties

The need to dissolve the boundaries between sectors in order to:

- Deliver integrated health and social care
- Achieve parity of esteem for mental and physical health
- Plan pathways from home to ward and back
- Secure improved Value for money

The need to drive up quality and reduce variations:

- Minimum catchment populations for given specialties
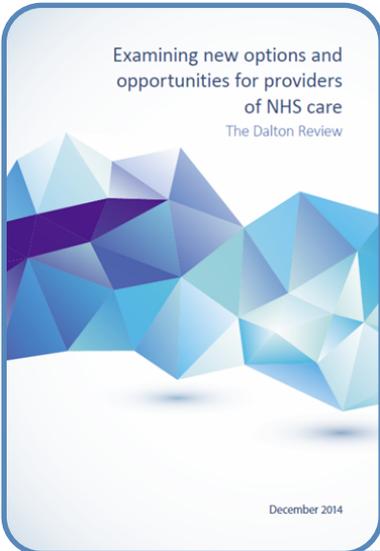- Efficient use of high cost technical resources and facilities
- Ensure clinical staff keep skills up to date

The Five Year Forward View and the Dalton Review: key messages

Five Year Forward View

- Focus on prevention and public health
- Self care and independence
- New models of care delivery
- Strengthening Primary care

Dalton Review

- Drive out variations in quality related to organisational structures
- Enable a secure future for services in non-viable Trusts
- Collaboration; Contracts and Consolidation

The Five Year Forward View and the Dalton Review: considerations

- Multispecialty Community Providers (MCPs)

- Primary and Acute Care Systems (PACs)

- Urgent and emergency care models

- Maternity services

- Horizontal and vertical networks

- Support for smaller hospitals

Exec team

QUESTIONS AND DISCUSSION