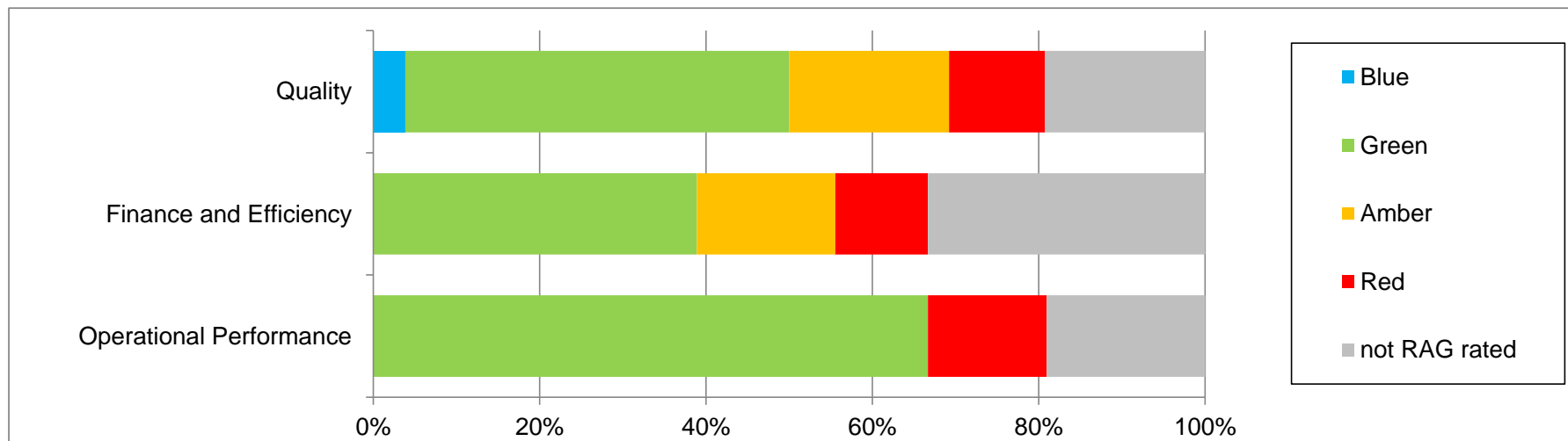


Integrated board report - December 2015

Key points this month

1. Agency spend in relation to pay spend remained high at 3.25% in December.
2. For the patient FFT survey, the % recommending our services dropped in November and December. This was due to a technical problem with the automated phone calls which has now been corrected.
3. The harm free percentage reported in this month's Safety Thermometer was 97.5%, the second highest score ever reported by the Trust.
4. The proportion of patients waiting less than 18 weeks reduced in December but remains above the 92% standard.
5. Performance against the A&E 4 hour standard was above the required 95% level in December at Trust level and for Harrogate ED.

Summary of indicators



Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Safety thermometer - harm free care</p>	<p>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.</p>		<p>The harm free percentage for December was 97.5%, an increase on last month and the second highest score ever reported by HDFT. The latest available national data shows that HDFT remains above the national average of 94.2%.</p>
<p>Pressure ulcers - hospital acquired</p>	<p>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.</p>		<p>As at end December 2015, there were 29 hospital acquired grade 3 or grade 4 pressure ulcers year to date, of which 12 were deemed avoidable, 10 unavoidable and 7 were still under root cause analysis (RCA).</p>
<p>Pressure ulcers - community acquired</p>	<p>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.</p>		<p>As at end December 2015, there were 45 community acquired grade 3 or grade 4 pressure ulcers year to date, of which 1 was deemed avoidable, 23 unavoidable and 21 were still under root cause analysis (RCA).</p>
<p>Falls</p>	<p>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.</p>		<p>The rate of inpatient falls was 5.6 per 1,000 bed days in December 2015, a reduction on the previous month, below the average HDFT rate during 2014/15 and the lowest rate since April 2013.</p> <p>A trial of falls sensors was carried out on Byland and Jervaulx wards during December and this will now be rolled out to other ward areas.</p>

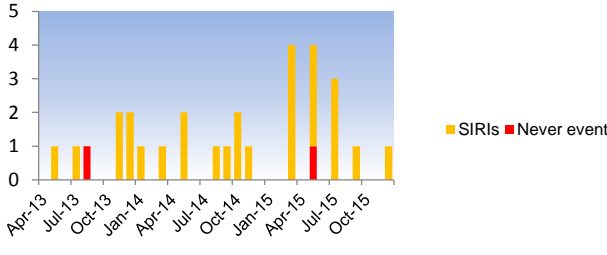
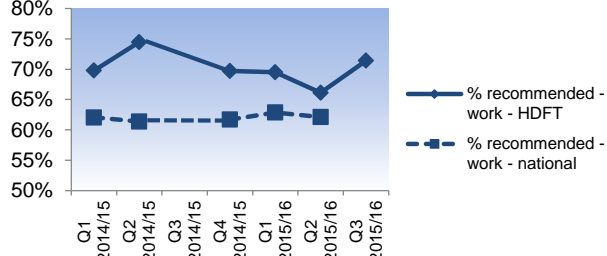
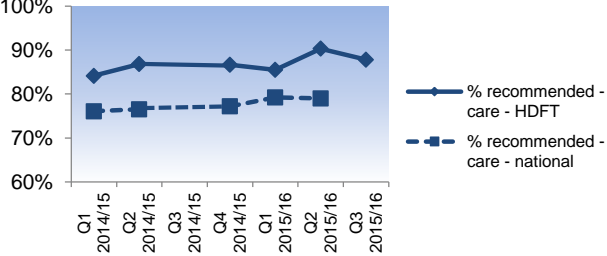
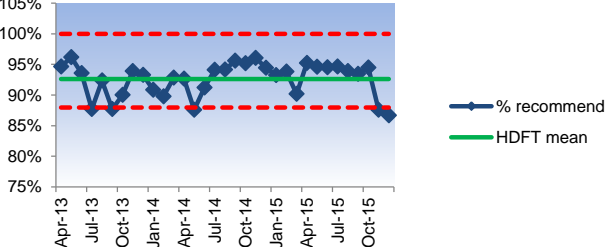
Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Falls causing harm</p>	<p>The number of inpatient falls causing significant harm, expressed as a rate per 1,000 bed days. The data includes falls causing moderate harm, severe harm or death. A low rate is good.</p>		<p>The rate of inpatient falls causing significant harm was 0.21 per 1,000 bed days in December 2015, no change on the previous month and just below the average HDFT rate during 2014/15.</p> <p>There have been 14 inpatient falls causing moderate or severe harm in 2015/16 to date, of which 12 resulted in a fracture.</p>
<p>Infection control</p>	<p>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. Cases where a lapse in care has been deemed to have occurred would count towards the Monitor risk assessment framework. Hospital acquired MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2015/16.</p>		<p>There was 1 case of hospital acquired C. difficile reported in December, bringing the year to date total at end December to 21 cases. Significant improvements have been made in the timeliness of completing root cause analyses (RCAs). Of the 20 cases reviewed to date, provisional RCA results indicate that 4 cases were deemed to be due to a lapse in care and 16 were not due to a lapse in care.</p> <p>No cases of hospital acquired MRSA have been reported in 2015/16 to date.</p>
<p>Avoidable admissions</p>	<p>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.</p>		<p>The number of avoidable admissions increased in November 2015, but is lower than last November. The chart demonstrates some seasonality with this metric, so we would expect to see more avoidable admissions occurring over the winter period in the next few months.</p> <p>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.</p>
<p>Reducing readmissions in older people</p>	<p>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. <i>This indicator is in development.</i></p>		<p>For patients discharged in September, 55% were still in their own home at the end of December, an increase on the previous month.</p>

Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Mortality - HSMR</p>	<p>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.</p>		<p>HDFT's HSMR decreased in October to 105.32. It is above the national average but within expected levels. At specialty level, there are 3 specialties (Geriatric Medicine, Respiratory Medicine and Gastroenterology) with a standardised mortality rate above expected levels. Looking at the data by site, Ripon hospital has a higher than expected mortality rate. The Medical Director has carried out a retrospective clinical case note review of a sample of deaths from Ripon Hospital. No clinical concerns were identified.</p>
<p>Mortality - SHMI</p>	<p>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.</p>		<p>HDFT's SHMI increased slightly in September to 96.49 but remains below the national average and within expected levels. At specialty level, the same 3 specialties as the HSMR (Geriatric Medicine and Gastroenterology) have a standardised mortality rate above expected levels and looking at the data by site, Ripon hospital has a higher than expected mortality rate, as with the HSMR.</p>
<p>Complaints</p>	<p>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.</p>		<p>12 complaints were received in December (1 of which was classified as amber) compared to 9 last month.</p>
<p>Incidents - all</p>	<p>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</p>		<p>There were 420 incidents reported in December 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 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's local reporting ratio for 2015/16 to date is 20.6.</p>

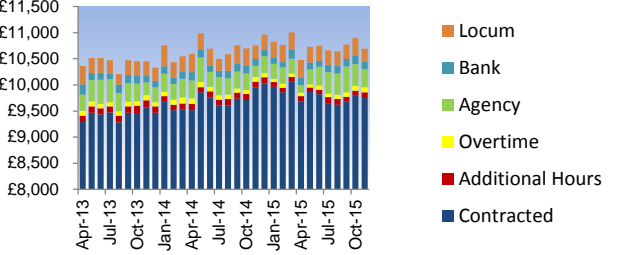
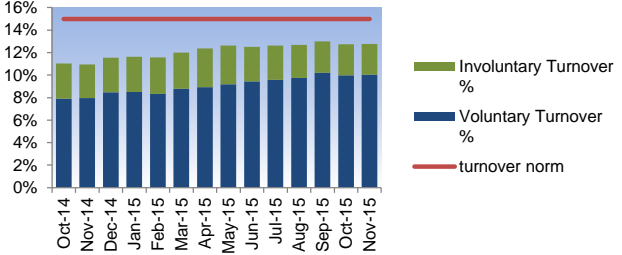
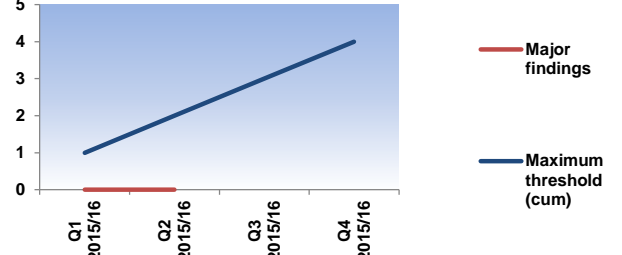
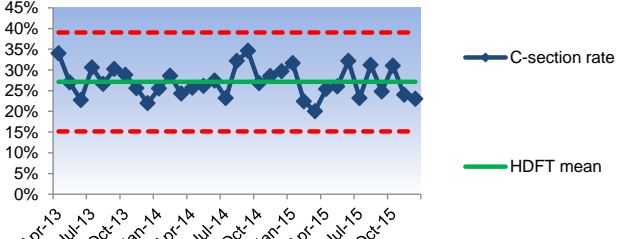
Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Incidents - SIRIs and never events</p>	<p>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.</p>		<p>There was 1 SIRI reported in December 2015. There were no never events reported this month.</p>
<p>Friends & Family Test (FFT) - Staff - % recommend as a place to work</p>	<p>The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trusts aim is to feature in the top 20% of Trusts nationally.</p>		<p>In Q3 2015/16, all staff within HDFT were surveyed. 71% of staff surveyed would recommend the Trust as a place to work, compared to the most recently published national average of 62%. Benchmarking data is not available for Q3. However HDFT's Q3 score would have placed them 32 out of 146 acute trusts in Q2. 12% of HDFT staff would not recommend the Trust as a place to work to friends and family compared to the most recently published national average of 19%. Values based appraisal and the roll out of staff engagement initiatives linked to the Quality Charter should assist with further increasing our performance in this area.</p>
<p>Friends & Family Test (FFT) - Staff - % recommend as a place to receive care</p>	<p>The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trusts aim is to feature in the top 20% of Trusts nationally.</p>		<p>88% of HDFT staff surveyed during Q3 would recommend the Trust as a place to receive care compared to the most recently published national average of 79%. Benchmarking data is not available for Q3. However HDFT's Q3 score would have placed them 27 out of 146 acute trusts in Q2. 3% of HDFT staff would not recommend the Trust as a place to receive care compared to the most recently published national average of 7%.</p>
<p>Friends & Family Test (FFT) - Patients</p>	<p>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.</p>		<p>As can be seen from the chart, the % recommending our services reduced in November and December. It was identified that this was caused by a change in the recorded message used for the automated phone call surveys which resulted in some patients being unsure how to respond to the FFT question. Once this was identified as an issue, the original phone call message was reinstated in late December and in January to date, the % recommend is at 95%. The latest published national average for % recommend is 92.9%.</p>

Quality - December 2015

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 decreased slightly in December but this was compensated for with additional care support worker (CSW) shifts. Overall staffing compared to planned was at 101.3%, compared to 99.7% last month. Care support worker (CSW) staffing at night remains very high compared to plan - this is reflective of the increased need for 1-1 care for some inpatients. A significant focus is being placed on recruitment of RN staff including open events and targeted recruitment campaigns including the use of social media.																											
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 December 2015 was 75.7%, a slight increase on the previous month. Data from the 2014 national staff survey suggested that 87% of HDFT had been appraised within the last 12 months. HR Business Partners are briefing at Directorate boards on compliance levels to ensure that this remains a focus during the winter months. Values based appraisal has been launched this month with sessions taking place across hospital and community settings.																											
Mandatory training rates	The table shows the most recent training rates for all mandatory elements for substantive staff. A high percentage is good.	<table border="1"> <thead> <tr> <th>Competence Name</th> <th>Total Employees</th> <th>% completed</th> </tr> </thead> <tbody> <tr> <td>Equality and Diversity - General Awareness</td> <td>3425</td> <td>95</td> </tr> <tr> <td>Fire Safety Awareness</td> <td>3425</td> <td>89</td> </tr> <tr> <td>Health & Safety</td> <td>1425</td> <td>98</td> </tr> <tr> <td>Infection Prevention & Control 1</td> <td>661</td> <td>100</td> </tr> <tr> <td>Infection Prevention & Control 2</td> <td>2716</td> <td>87</td> </tr> <tr> <td>Information Governance: Introduction</td> <td>3157</td> <td>87</td> </tr> <tr> <td>Information Governance: The Beginners Guide</td> <td>258</td> <td>79</td> </tr> <tr> <td>Safeguarding Children & Young People Level 1</td> <td>3425</td> <td>92</td> </tr> </tbody> </table>	Competence Name	Total Employees	% completed	Equality and Diversity - General Awareness	3425	95	Fire Safety Awareness	3425	89	Health & Safety	1425	98	Infection Prevention & Control 1	661	100	Infection Prevention & Control 2	2716	87	Information Governance: Introduction	3157	87	Information Governance: The Beginners Guide	258	79	Safeguarding Children & Young People Level 1	3425	92	The data shown is for end December 2015. The overall training rate for mandatory elements for substantive staff is 91%, compared to 90% last month. The Information Governance toolkit requires us to achieve 95% for both information governance training elements. Both remain below the standard - corrective action will be taken in Q4 to improve the position.
Competence Name	Total Employees	% completed																												
Equality and Diversity - General Awareness	3425	95																												
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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 increased to 4.3% in November 2015, which usually occurs during winter months. There is a clear focus on progressing sickness absence cases with the attendance lead in HR. Elective Care Directorate has higher levels of sickness than other directorates. Drop in sessions are being held for managers in this directorate to assist with managing sickness absence.																											

Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Temporary staffing expenditure - medical/nursing /other</p>	<p>The chart shows staff expenditure per month, split into contracted staff, overtime and additional hours and temporary staff. Lower figures are preferable. <i>The traffic light criteria applied to this indicator is currently under review.</i></p>		<p>The proportion of spend on temporary staff during 2015/16 to date is 7.4%, compared to 7.3% last year. It is to be noted that the total staffing spend is in line with budgeted spend in month. However concern remains regarding the number of registered nurse vacancies and the impact this is having on agency spend. Sickness will also be a driver of increased use of temporary and agency staff. Registered Nurses have recently been added to the National Shortage Occupation List given that the current demand is greater than supply nationally. An open day as part of a strategic recruitment campaign is due to take place; a further review of vacancies and next steps is to be undertaken by the Chief Nurse after this event.</p>
<p>Staff turnover rate</p>	<p>The chart shows the staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.</p>		<p>The staff turnover rate increased slightly to 12.8% for the rolling 12 months to November 2015 (compared to 12.7% last month), with 10.0% voluntary turnover and 2.8% involuntary turnover. HDFT's turnover rate has generally increased over the last two years but remains below the turnover norm of 15%. The Exit questionnaire return has been reviewed and the 'other/unknown' voluntary resignation reason has been removed from the form to enable more informative data to be gathered about the reasons why people are leaving the Trust. Compliance with exit interview completion is a focus of attention.</p>
<p>Research internal monitoring</p>	<p>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.</p>		<p>There were no critical or major findings reported in the year to date.</p>
<p>Maternity - Caesarean section rate</p>	<p>The caesarean section rate is determined by a number of factors including ability to provide 1-1 care in labour, previous birth experience and confidence and ability of the staff providing care in labour. The rate of caesarean section can fluctuate significantly from month to month, but looking longitudinally it is a barometer for the care we provide antenatally and in labour.</p>		<p>HDFT's C-section rate in December was 23% of deliveries, a decrease on the previous month. Of the C-sections carried out, 51% were elective (planned) and 49% were non-elective (emergency).</p>

Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Maternity - Rate of third and fourth degree tears</p>	<p>Third and fourth degree tears are a source of short term and long term morbidity. A previous third degree tear can increase the likelihood of a woman choosing a caesarean section in a subsequent pregnancy. Recent intelligence suggested that HDFT were an outlier for third degree tears with operative vaginal delivery. Quality improvement work is being undertaken to understand and improve this position and its inclusion on this dashboard will allow the Trust Board to have sight of the results of this.</p>		<p>The rate of 3rd/4th degree tears reduced to 2.7% of deliveries in December.</p> <p>The maternity team carry out a full review of all cases of 3rd/4th degree tears. Consideration is currently being made to a clinical re-audit of 3rd/4th degree tears occurring with normal deliveries.</p>
<p>Maternity - Unexpected term admissions to SCBU</p>	<p>This indicator is a reflection of the intrapartum care provided. For example, an increase in the number of term admissions to special care might reflect issues with understanding of fetal heart rate monitoring in labour.</p>		<p>The chart shows the number of babies born at greater than 37 weeks gestation who were admitted to the Special Care Baby Unit (SCBU). The maternity team carry out a full review of all term admissions to SCBU.</p> <p>There were 5 term admissions to SCBU in December, an increase on last month but lower than the average number over the last two years.</p>

Finance and Efficiency - December 2015

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 fell in November, both actual numbers and as a percentage of all emergency admissions. The figure is now just below the average for 2014/15. An audit of 60 patient notes was undertaken in November 2015 - the findings indicated that no patients from the sample were readmitted to hospital due to failure to prepare for discharge on the initial admission. The main reasons for readmission were new medical problems, exacerbation of existing medical problem or planned investigations, treatments or reviews.
Readmissions - standardised	This indicator looks at the standardised readmission rate within 30 days. The data is standardised against various criteria including age, sex, diagnosis, comorbidities 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.		The standardised readmission rate for HDFT for Aug-15 (latest data available) was 92.6, a decrease on the previous month. This is below the national average and within expected levels.
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 Dec-15 was 3.0 days, an increase 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. Two average lines have been added to the chart (national average and the average for a group of similar benchmarked trusts). These will enable us to understand where HDFT sit and whether our actions have an impact compared to other Trusts.
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 Dec-15 was 5.3 days, an increase on the previous month. An increase in non-elective length of stay is often seen during the winter months. Two average lines have been added to the chart (national average and the average for a group of similar benchmarked trusts). These will enable us to understand where HDFT sit and whether our actions have an impact compared to other Trusts.

Finance and Efficiency - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Non-elective bed days</p>	<p>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.</p>		<p>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 demographic changes during this period and the number of admissions for this group will assist in understanding this further.</p>
<p>Theatre utilisation</p>	<p>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.</p>		<p>Theatre utilisation decreased in December 2015 but remains above 85%. This was achieved despite a significant amount of annual leave over the Christmas period. The utilisation calculation has been reviewed with Elective Care Directorate and amended to give a more accurate picture of elective list utilisation. The calculation now excludes Main Theatre 2 (emergency theatre) and operating lists that are planned not to go ahead due to annual leave or study leave etc.. The data has been refreshed back to April 2015.</p>
<p>Delayed transfers of care</p>	<p>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.</p>		<p>Delayed transfers of care rose to 5.3% when the snapshot was taken in December, above the maximum threshold of 3.5% set out in the contract. The number of patients waiting on the day that the snapshot was taken was higher than normal - this will be monitored closely in the coming weeks to ensure that this is not a long term trend.</p>
<p>Outpatient DNA rate</p>	<p>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.</p>		<p>The DNA rate increased to 4.9% in December. This will continue to be monitored. The content of the appointment reminder text message sent to patients is being reviewed with a view to including the actual cost of a missed appointment. DNA rates at outreach clinics continue to be monitored to ensure that they are not significantly higher than clinics on the main site. During Q3, the DNA rate for first outpatient appointments at outreach clinics was 5.1%, compared to 4.5% on the main Harrogate site. Directorate teams will be asked to focus on why offsite rates are higher if this persists.</p>

Finance and Efficiency - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Outpatient new to follow up ratio</p>	<p>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.</p>		<p>Actions with HARD CCG continue and are on plan.</p>
<p>Day case rate</p>	<p>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.</p>		<p>The Day Surgery Transformation group continues their work and are on plan.</p>
<p>Surplus / deficit and variance to plan</p>	<p>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.</p>		<p>The Trust reported a deficit of £253k in month, £354k behind plan. Our year to date position is a deficit of £679K, and actions are being taken to deliver a year end surplus. Expenditure improved in month with a favourable variance of £150k. Income was behind plan for December, in particular in relation to non-elective income. This is partly explained by the success of the FLIP project which has reduced length of stay but also reduced income levels. Action is being taken by directorates to deliver the elective and outpatient activity to plan in Q4.</p>
<p>Cash balance</p>	<p>Monthly cash balance (£'000s)</p>		<p>The increase in cash is positive, however, as the profile suggests there will be no more monthly contract payments in relation to the acute contract, only overtrade payments which are yet to be finalised. This will be carefully managed until the end of the financial year. The underlying liquidity of the Trust remains a 3 using Monitor's risk ratings, which represents a more accurate indicator of the Trust's cash position.</p>

Finance and Efficiency - December 2015

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.	<table border="1"> <thead> <tr> <th>Element</th> <th>Plan</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Capital Service Capacity rating</td> <td>4</td> <td>3</td> </tr> <tr> <td>Liquidity rating</td> <td>4</td> <td>3</td> </tr> <tr> <td>I&E Margin rating</td> <td>3</td> <td>2</td> </tr> <tr> <td>I&E Margin Variance rating</td> <td>2</td> <td>2</td> </tr> <tr> <td>Financial Sustainability Risk Rating</td> <td>3</td> <td>3</td> </tr> </tbody> </table>	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 Sustainability Risk Rating	3	3	<p>The Trust will report a risk rating of 3 for the year to December. This is in line with the Trust plan following the introduction of the new metrics previously discussed.</p> <p>Despite still being a 3, the Trust's current position means this is weaker than initially planned.</p>
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 Sustainability Risk Rating	3	3																			
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.		<p>91% of plans have been actioned by directorates. A further 9% of plans are in place at present following risk adjustment.</p>																		
Capital spend	Cumulative Capital Expenditure by month (£'000s)		<p>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. Work has been done to assess schemes that can be safely deferred due to the Trust's financial position, and this action is now being taken. The capital programme will therefore underspend this year.</p>																		
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.		<p>Pay Expenditure remains high. The position for December is 3.25% of pay spend on agency, no change on the November position. Significant work to try and adhere to the agency rate cap is being carried out but is challenging in some areas where the demand for locums nationally significantly exceeds the supply.</p>																		

Finance and Efficiency - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Research - Cost per recruitment</p>	<p>Cost of recruitment to NIHR adopted studies. The Research department has a delivery budget of £69,212 per month. A low figure is preferable.</p>		<p>The Research department has a delivery budget of £69,000 per month. The Yorkshire and Humber Clinical Research Network calculate the cost of recruitment at each NHS site. It is desired that HDFT return a cost of recruitment that is in line with previous years.</p>
<p>Research - Invoiced research activity</p>	<p>Aspects of research studies are paid for by the study sponsor or funder.</p>		<p>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.</p>

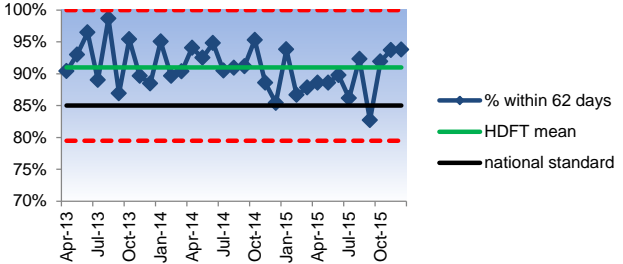
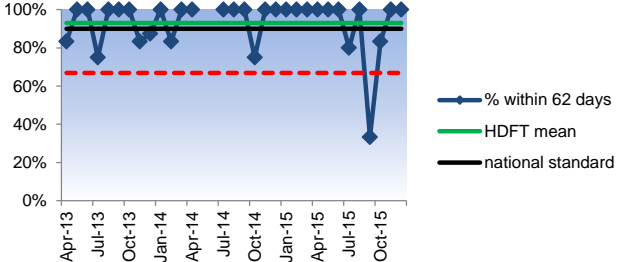
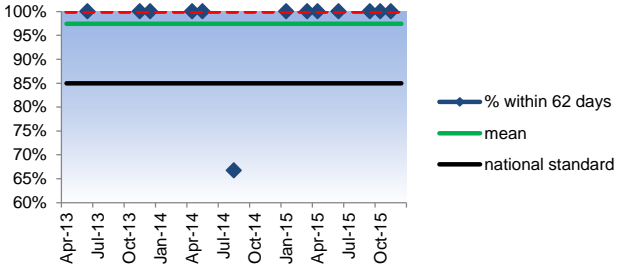
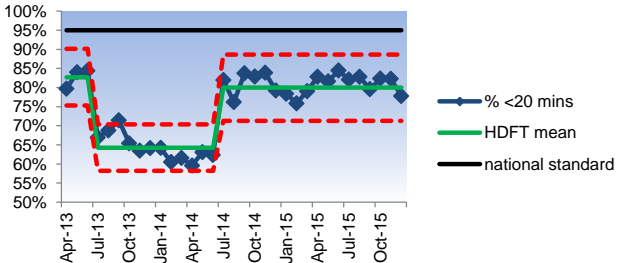
Operational Performance - December 2015

Indicator	Description	Trend chart				Interpretation
		Indicator	Q3 to date score	Indicator	Q3 to date score	
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.	18 weeks - incomplete	0.0	Cancer - 14 days	0.0	<p>HDFT's provisional governance rating for Q3 to date is Green.</p> <p>The Trust reported 21 cases of hospital acquired C. difficile year to date at end December. Provisional RCA results indicate that 16 of these cases were not due to lapses in care and therefore these would be discounted from the trajectory for 2015/16.</p>
		A&E - 4 hour standard	0.0	Cancer - 14 days - breast symptoms	0.0	
		Cancer - 62 days to treatment	0.0	C-Difficile	0.0	
		Cancer - 62 days to treatment - screening	0.0	MRSA	0.0	
		Cancer - 31 day subsequent treatment - surgery	0.0	Compliance with requirements regarding access to healthcare for patients with learning disabilities	0.0	
		Cancer - 31 day subsequent treatment - drugs	0.0	Community services data completeness - RTT information	0.0	
		Cancer - 31 day subsequent treatment - radiotherapy	N/A	Community services data completeness - Referral information	0.0	
		Cancer - 31 day first treatment	0.0	Community services data completeness - Treatment activity information	0.0	
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.					<p>94.1% of patients were waiting 18 weeks or less at the end of December, a decrease on last month but remaining above the required national standard of 92%.</p> <p>At specialty level, one specialty (Trauma & Orthopaedics) continued to be below the 92% standard in December. The Elective Care Directorate are working on recovery plans to get this specialty above the standard as soon as possible.</p>
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. Historical 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.					<p>HDFT's overall Trust level performance for December 2015 was 96.3%, above the required 95% standard and an improvement on last month. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Harrogate ED was also above the 95% standard at 95.7%. For Quarter 3, Trust level performance was at 95.4% and performance of Harrogate ED at 94.7%.</p>
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.					<p>Delivery at expected levels.</p>

Operational Performance - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Cancer - 14 days maximum wait from GP referral for symptomatic breast patients</p>	<p>Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>
<p>Cancer - 31 days maximum wait from diagnosis to treatment for all cancers</p>	<p>Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>
<p>Cancer - 31 day wait for second or subsequent treatment: Surgery</p>	<p>Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>
<p>Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug</p>	<p>Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>

Operational Performance - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Cancer - 62 day wait for first treatment from urgent GP referral to treatment</p>	<p>Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.</p>		<p>Trust total delivery at expected levels.</p> <p>Of the 11 cancer sites treated at HDFT, 9 had performance above 85% in December and 2 had performance below 85% - colorectal (2.5 breaches) and gynaecological (0.5 breach). One patient treated in December had waited longer than 104 days for treatment - this was due to clinical complexity.</p>
<p>Cancer - 62 day wait for first treatment from consultant screening service referral</p>	<p>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.</p>		<p>Delivery at expected levels.</p>
<p>Cancer - 62 day wait for first treatment from consultant upgrade</p>	<p>Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>
<p>GP OOH - NQR 9</p>	<p>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.</p>		<p>Performance in December 2015 was at 77.8%, below the 95% standard. This is a continued trend and the service have been requested to do further work to improve the performance in this area.</p>

Operational Performance - December 2015

Indicator	Description	Trend chart	Interpretation
<p>GP OOH - NQR 12</p>	<p>NQR 12 (National Quality Requirement 12) looks at the % of GP OOH face to face consultations (home visits) 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.</p>		<p>Performance in December 2015 was at 75.0%, a decrease on last month and remaining below the 95% standard. The direct booking of face to face contacts into OOH clinic slots by NHS111 commenced recently, it is anticipated this will strengthen performance against this measure.</p>
<p>Health Visiting - new born visits</p>	<p>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.</p>		<p>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 December 2015, 78.2% of babies had a new born visit within 14 days of birth.</p>
<p>Community equipment - deliveries within 7 days</p>	<p>The number of standard items delivered within 7 days by the community equipment service. A high percentage is good.</p>		<p>Performance above expected levels.</p>
<p>CQUIN - dementia screening</p>	<p>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.</p>		<p>Recurrent achievement of this standard. Ongoing monitoring. No new actions identified.</p>

Operational Performance - December 2015

Indicator	Description	Trend chart	Interpretation																																							
<p>CQUIN - Acute Kidney Injury</p>	<p>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.</p>	<table border="1"> <caption>% key items in discharge summaries</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>25</td></tr> <tr><td>May-15</td><td>25</td></tr> <tr><td>Jun-15</td><td>25</td></tr> <tr><td>Jul-15</td><td>25</td></tr> <tr><td>Aug-15</td><td>25</td></tr> <tr><td>Sep-15</td><td>100</td></tr> </tbody> </table>	Month	%	Apr-15	25	May-15	25	Jun-15	25	Jul-15	25	Aug-15	25	Sep-15	100	<p><i>There is no update of this data this month - data will be reported quarterly with Q3 reported in next month's report.</i></p>																									
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<p>CQUIN - sepsis screening</p>	<p>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.</p>	<table border="1"> <caption>% eligible patients screened</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>45</td></tr> <tr><td>May-15</td><td>35</td></tr> <tr><td>Jun-15</td><td>75</td></tr> <tr><td>Jul-15</td><td>80</td></tr> <tr><td>Aug-15</td><td>50</td></tr> </tbody> </table>	Month	%	Apr-15	45	May-15	35	Jun-15	75	Jul-15	80	Aug-15	50	<p><i>There is no update of this data this month - data will be reported quarterly with Q3 reported in next month's report.</i></p>																											
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<p>CQUIN - severe sepsis treatment</p>	<p>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.</p>	<table border="1"> <caption>% antibiotics within 1 hour</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>50</td></tr> <tr><td>May-15</td><td>0</td></tr> <tr><td>Jun-15</td><td>30</td></tr> </tbody> </table>	Month	%	Apr-15	50	May-15	0	Jun-15	30	<p><i>There is no update of this data this month - data will be reported quarterly with Q2 reported in next month's report.</i></p>																															
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<p>Recruitment to NIHR adopted research studies</p>	<p>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.</p>	<table border="1"> <caption>Recruitment to NIHR adopted research studies</caption> <thead> <tr> <th>Month</th> <th>Target (cum)</th> <th>Actual (cum)</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>230</td><td>500</td></tr> <tr><td>May-15</td><td>230</td><td>800</td></tr> <tr><td>Jun-15</td><td>230</td><td>1100</td></tr> <tr><td>Jul-15</td><td>230</td><td>1400</td></tr> <tr><td>Aug-15</td><td>230</td><td>1700</td></tr> <tr><td>Sep-15</td><td>230</td><td>2000</td></tr> <tr><td>Oct-15</td><td>230</td><td>2300</td></tr> <tr><td>Nov-15</td><td>230</td><td>2600</td></tr> <tr><td>Dec-15</td><td>230</td><td>2900</td></tr> <tr><td>Jan-16</td><td>230</td><td>3200</td></tr> <tr><td>Feb-16</td><td>230</td><td>3500</td></tr> <tr><td>Mar-16</td><td>230</td><td>3800</td></tr> </tbody> </table>	Month	Target (cum)	Actual (cum)	Apr-15	230	500	May-15	230	800	Jun-15	230	1100	Jul-15	230	1400	Aug-15	230	1700	Sep-15	230	2000	Oct-15	230	2300	Nov-15	230	2600	Dec-15	230	2900	Jan-16	230	3200	Feb-16	230	3500	Mar-16	230	3800	<p>Recruitment has been good to date. Currently recruitment stands at 492 over its target year to date. The department currently has an online study which recruits very well - 57% of recruits in 2015/16 have been via this route.</p>
Month	Target (cum)	Actual (cum)																																								
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Operational Performance - December 2015

Indicator	Description	Trend chart	Interpretation																																										
<p>Directorate research activity</p>	<p>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.</p>	<table border="1"> <caption>Estimated data from the trend chart</caption> <thead> <tr> <th>Directorate</th> <th>Commercial</th> <th>Interventional</th> <th>Observational</th> <th>Large Scale</th> <th>PIC</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Elective Care</td> <td>0</td> <td>5</td> <td>2</td> <td>0</td> <td>2</td> <td>11</td> </tr> <tr> <td>Integrated Care</td> <td>5</td> <td>10</td> <td>10</td> <td>15</td> <td>5</td> <td>15</td> </tr> <tr> <td>Urgent Community & Cancer</td> <td>0</td> <td>10</td> <td>5</td> <td>5</td> <td>5</td> <td>10</td> </tr> <tr> <td>Trustwide</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>Corporate Services</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>5</td> </tr> </tbody> </table>	Directorate	Commercial	Interventional	Observational	Large Scale	PIC	N/A	Elective Care	0	5	2	0	2	11	Integrated Care	5	10	10	15	5	15	Urgent Community & Cancer	0	10	5	5	5	10	Trustwide	0	0	0	0	0	1	Corporate Services	0	0	0	0	0	5	<p>The directorate research teams are subject to studies that are available to open. The 'type of study', Commercial, Interventional, Observational, Large scale, Patient Identification Centre (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 on the NIHR portfolio. They include commercial, interventional, observational, large scale, PIC, local and student projects. They do not influence the recruitment target.</p>
Directorate	Commercial	Interventional	Observational	Large Scale	PIC	N/A																																							
Elective Care	0	5	2	0	2	11																																							
Integrated Care	5	10	10	15	5	15																																							
Urgent Community & Cancer	0	10	5	5	5	10																																							
Trustwide	0	0	0	0	0	1																																							
Corporate Services	0	0	0	0	0	5																																							

Indicator traffic light criteria

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.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	Falls causing harm	IP falls causing moderate harm, severe harm or death, per 1,000 bed days	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	Infection control	No. hospital acquired C.diff cases	The number of avoidable emergency admissions to HDFT as per the national definition.	tbc
Quality	Avoidable admissions	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	Reducing readmissions in older people	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).	Comparison with national average performance.
Quality	Mortality - HSMR	Summary Hospital Mortality Index (SHMI)	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	Mortality - SHMI	No. complaints, split by criteria	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	Complaints	Incidents split by grade (hosp and community)	Green if latest month =0, red if latest month >0.	
Quality	Incidents - all	SIRI and never events (hosp and community)		
Quality	Incidents - SIRIs and never events	% 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%.	Comparison with performance of other acute trusts.
Quality	Friends & Family Test (FFT) - Staff	% staff who would recommend HDFT as a place to receive care	Green if latest month >= latest published national average, Red if < latest published national average.	Comparison with national average performance.
Quality	Friends & Family Test (FFT) - Staff	% recommend, % not recommend - combined score for all services currently doing patient FFT	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	Friends & Family Test (FFT) - Patients	RN and CSW - day and night overall fill rates at trust level	Annual rolling total - 85% green, Amber between 70% and 85%, red<70%.	Locally agreed target level based on historic local and NHS performance
Quality	Safer staffing levels	Latest position on no. staff who had an appraisal within the last 12 months	Blue if latest month >=95%; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	Locally agreed target level - no national comparative information available until February 2016
Quality	Staff appraisal rate	Latest position on the % staff trained for each mandatory training requirement	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	Mandatory training rate	Staff sickness rate		
Quality	Staff sickness rate	Expenditure per month on staff types.	tbc	tbc
Quality	Temporary staffing expenditure - medical/nursing/other	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	Staff turnover	No. critical or major findings reported	Green if <1 per quarter (cumulative)	Locally agreed target.
Quality	Research internal monitoring	Green if <25% of deliveries, amber if between 25% and 30%, red if above 30%.		
Quality	Maternity - Caesarean section rate	Caesarean section rate as a % of all deliveries	Green if <3% of deliveries, amber if between 3% and 6%, red if above 6%.	tbc
Quality	Maternity - Rate of third and fourth degree tears	No. third or fourth degree tears as a % of all deliveries		
Quality	Maternity - Unexpected term admissions to SCBU	Admissions to SCBU for babies born at 37 weeks gestation or over.	tbc	tbc
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%.	Comparison with performance of other acute trusts.
Finance and efficiency	Length of stay - non-elective	Average LOS for non-elective patients		

Section	Indicator	Further detail	Proposed traffic light criteria	Rationale/source of traffic light criteria
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.
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		
Finance and efficiency	Outpatient new to follow up ratio	No. follow up appointments per new appointment.	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	Day case rate	% elective admissions that are day case	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
Finance and efficiency	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s)	Green if on plan, amber <10% behind plan, red >10% behind plan	Locally agreed targets.
Finance and efficiency	Cash balance	Monthly cash balance (£'000s)	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	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	Green if on or above plan, amber if less than 10% behind plan YTD, red if > 10% behind plan YTD.	Locally agreed targets.
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	Green if above or on target, red if below target.	
Operational Performance	Directorate research activity	The number of studies within each of the directorates	to be agreed	