REPORT STATUS: OPEN

COUNCIL OF GOVERNORS MEETING: 4th February 2015
Report Title: Appendix 11.3 – report on performance

Report From: Robert Harrison, Chief Operating Officer

Report Purpose: For information

Background

This report summarises HDFT's latest performance position – based on key performance indicators used by the Department of Health, Monitor and the Care Quality Commission. The report also looks at locally defined performance measures and presents a summary of the latest activity position.

Recommendations/ Next Steps

That the Council of Governors notes the information provided in the report.

Performance Framework 2014/15

•The key performance indicators are based on the Department of Health 2014/15 performance framework, the 2014/15 Monitor Risk Assessment Framework and a number of supporting performance measures.

Performance Highlights

•Provisional data indicates that the Trust achieved all applicable Cancer Waiting Times standards for Q3. Performance for the 62 day Screening standard was at 88.9% - this equates to 1 breach (0.5 accountable) from a denominator of 4.5, which is below the Monitor Risk Assessment Framework de minimus of 5 cases.

•The results of the National Accident and Emergency Survey 2014 show that HDFT was ranked 13th out of 142 participating Trusts. A more detailed summary is contained within this report.

•Performance at Harrogate ED was slightly below the 95% standard for the quarter, with 94.6% of patients spending less than 4 hours in the department. Combined performance for the Trust was above the expected standard at 96.3%.

•There were 35 ambulance handover delays of more than 30 minutes at Harrogate ED in Quarter 3, but no delays of more than 60 minutes. On a year to date basis, ED attendances are 3.7% higher than the same period last year.

•The results of the Sentinel Stroke National Audit Programme (SSNAP) for Quarter 2 show that HDFT has been assigned a C rating, which is an improvement on the previous quarter. A more detailed summary of the results is contained within this report.

•Provisional data suggests that the stroke performance standard (the percentage of stroke patients who spend over 90% of their stay on the stroke unit) was at 92.3% in Quarter 3. Delivery of the TIA standard for the quarter was at 70.1% against the 60% national standard .

•There were 2 cases of hospital acquired C-Difficile reported in Quarter 3 which means the year to date total increased to 8 cases against an annual trajectory of 15. No cases of hospital acquired MRSA have been reported in 2014/15 to date.

•The number of health visitors in post at the end of December was 103.73wte, which is above 2013/14 outturn, but below the 2014/15 trajectory of 105.86wte.

•The Trust continues to achieve all 18 week standards.

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Glossary of acronyms/terminology

A&E/ ED	Accident and emergency department
Acute ward	A ward in which patients with an illness that is of short duration and rapidly progressive are given urgent care.
Admission	The act of admitting a patient for a day case or inpatient procedure.
Admission - inpatient	An admission to the hospital for diagnosis and/or treatment which requires at lease one overnight stay.
Admission - day case	A planned admission to the hospital for diagnosis and/or treatment where the patient is discharged on the same day without an overnight stay.
Admission - elective	A procedure that is chosen (elected) by the patient or consultant and arranged in advance.
Admission - non-elective	An admission to hospital which is unplanned and at short notice because of clinical need. For example, this will include patients being seen in CAT having emergency surgery and admitted to a hospital bed via A&E.
Admitted pathway	A pathway that ends in a clock-stop for admission (day case or inpatient).
Clinical Assessment Team (CAT)	A consultant led rapid assessment of medical and surgical patients. Conditions assessed include cardiac chest pain, strokes, and deep vein thrombosis (DVT's).
Choose and Book	A national electronic referral service that gives patients a choice of place, date and time for their first consultant outpatient appointment in a hospital or clinic.
Consultant-led	A consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.
Decision to admit	Where a clinical decision is taken to admit the patient for either a day case or inpatient treatment.
Decision to treat	Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient.
Delayed transfer of care	When the patient is ready to be discharged from hospital however they remain in a bed.
DNA – Did Not Attend	DNA (sometimes known as an FTA – Failed to attend). In the context of consultant-led waiting times, this is defined as where a patient fails to attend an appointment/ admission without prior notice.
First definitive treatment	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention.
Follow-up appointment	Any subsequent attendances in an outpatient clinic following a first attendance.
General ward	A ward in which patients with many different types of ailments are given care.
MRSA	Meticillin Resistant Staphylococcus aureus
MSA	Mixed sex accommodation
MSSA	Methicillin Sensitive Staphylococcus aureus
New appointment	A patient's first attendance in a specific outpatient clinic
Non-admitted pathway	A pathway that results in a clock stop for treatment that does not require an admission or for 'non-treatment'.
OOH	Out of hours
Outpatient	A patient who comes to the hospital, clinic, or dispensary for diagnosis and/or treatment who does not require an overnight stay.
Referral to treatment period	The part of a patient's care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other clock stop that is covered by the 18 week target.
RTT	Referral to treatment
TIA	Transient ischaemic attack

Useful documents

Outcomes Framework: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf
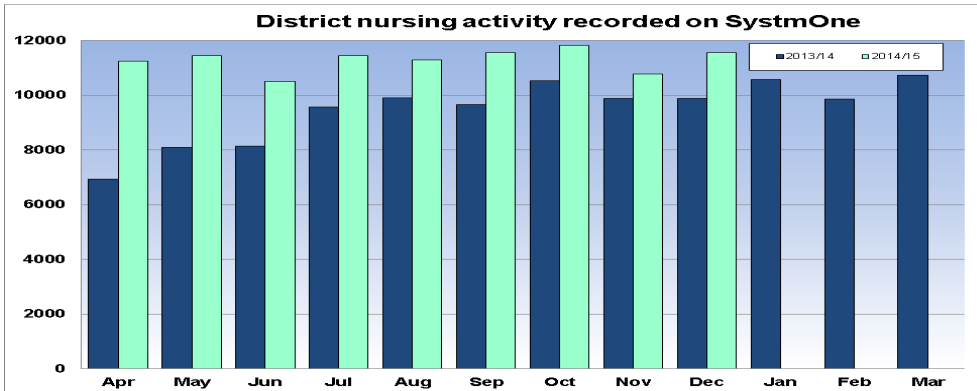
Risk Assessment Framework: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299929/RAF_Update_AppC_1April14.pdf

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Harrogate and District NHS
NHS Foundation Trust

2014/15 Performance Framework

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.

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You matter most

Service activity (1)

District nursing activity recorded on SystmOne

Specialist Nursing Contacts on SystmOne – by team

Out of Hours Service Activity

District Nursing activity

The Information Team produce activity and performance reports which are now being used by the district nursing teams to inform operational management. The reports includes detailed activity, referrals and discharges data at team level, as well as information on the clinical activities of the teams during their visits. The first chart to the left illustrates the impact of improved data capture of clinical activity from July 2013 to December 2014. Feedback from the district nursing teams was that these increases were initially due to improved data capture. However, it is now due to increased activity in the teams this year.
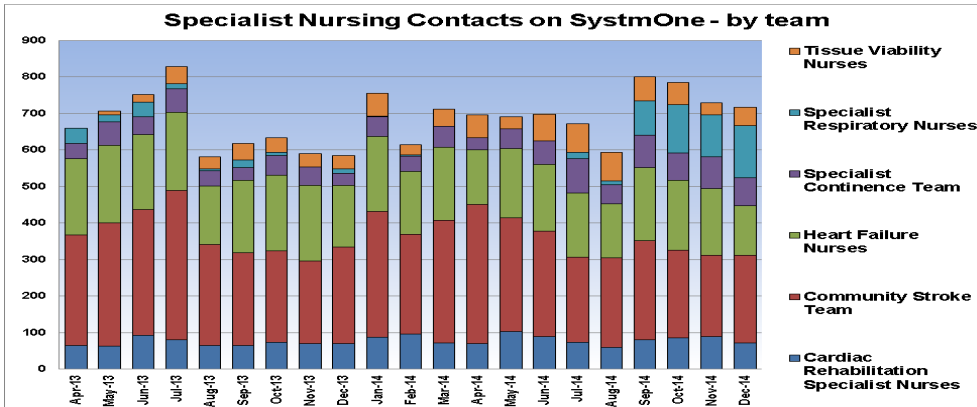
Specialist nursing activity

The Information Team have now developed a similar activity report for the Specialist Nursing Teams. The second chart to the left shows a summary of the activity by team. As can be seen, increased activity was reported since September 2014. This is likely to be due to improved data quality following the production of the first activity report for these teams in August. The Information Team continue meeting with the Specialist Nursing Teams to better understand this data and continue to address data quality and completeness issues with the activity that is being recorded on Systmone for these teams.
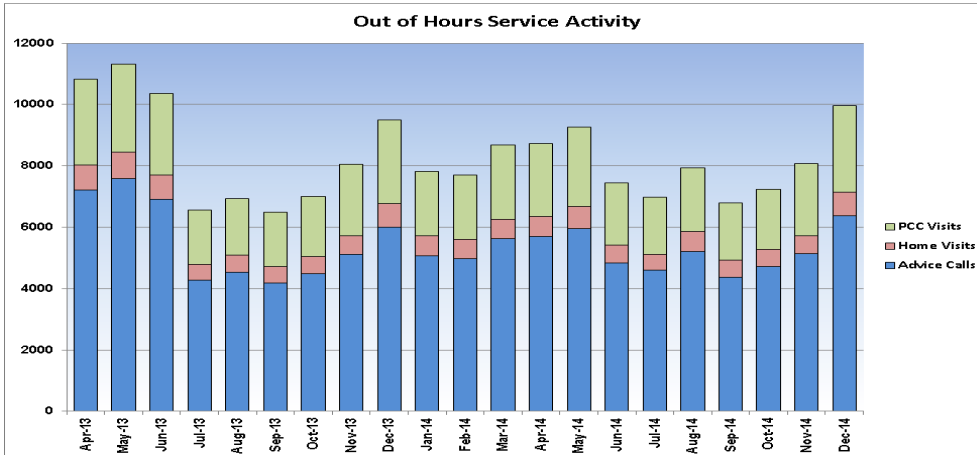
Out of Hours (OOH) Reporting

The third chart to the left shows trends in OOH activity over recent months. The reduction in activity since the local introduction of NHS 111 in July 2013 can be seen in the months following. However, December is the busiest period for the Service and in this month our activity was at its highest level since July 2013.

Outpatient new attendances

Outpatient follow up attendances

Elective (waiting list) admissions (IP and DC)

Non-elective admissions

Emergency Department attendances

Harrogate and District NHS
NHS Foundation Trust

Service Activity (2)
New Outpatients
New outpatient attendances in December were 7.7% below plan (6,782 vs. 7,347) and 1.5% below plan year-to-date. When compared to 2013/14, there has been a 4.4% increase in activity for the year-to-date, and in December activity was 15% higher than for the same month last year.
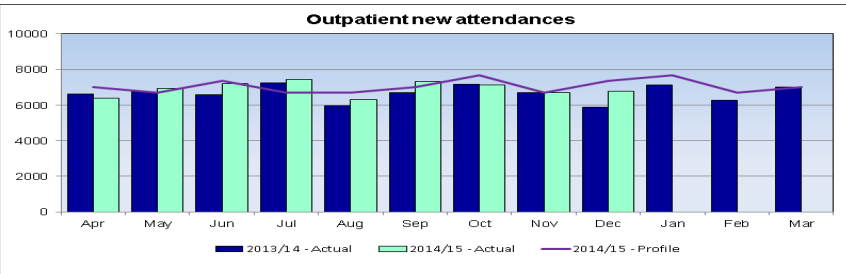
Follow Up Outpatients
Follow-up outpatient attendances were 12.5% below plan in December (13,950 vs. 15,939) and 5.9% below plan year-to-date. When compared to 2013/14, there has been a 2.4% increase in activity for the year-to-date.
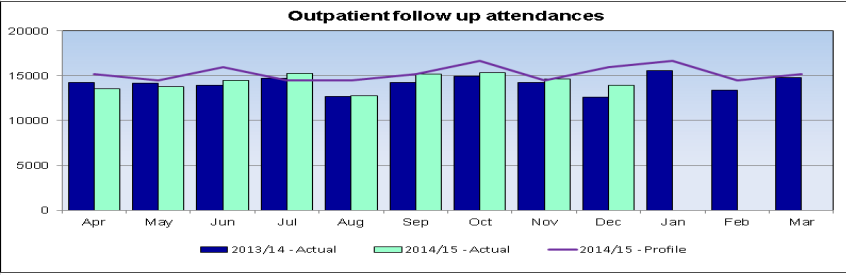
Elective Admissions
Overall, elective admissions were 7.2% above plan in December (2,436 vs. 2,272). Elective inpatients were 24.1% under plan, and elective day cases were 12.8% above plan. For the year-to-date, elective admissions are slightly below plan (22,144 vs. 22,178) but 7.9% higher than the same period last year (20,525 vs. 22,144).
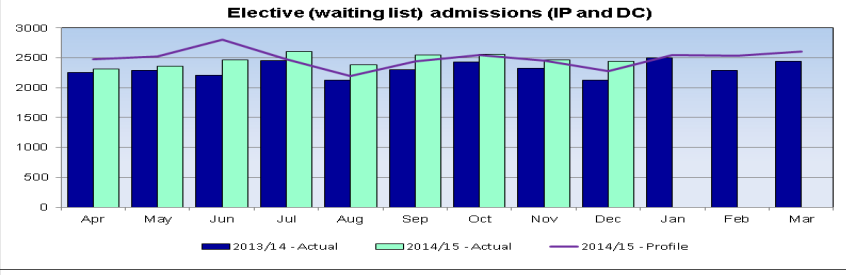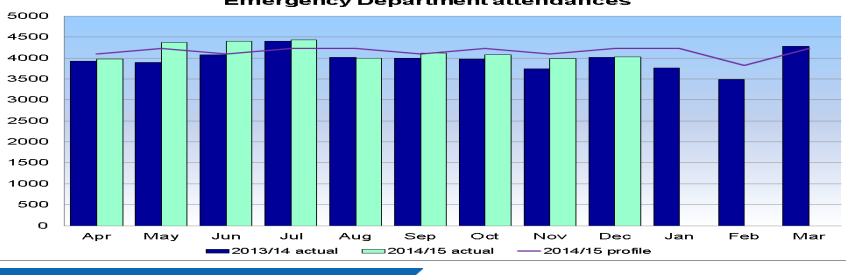
Non Elective Admissions (including CAT)
Non elective admissions were 0.6% below plan in December (1,769 vs. 1,781) and 2.2% below plan year-to-date. For the year-to-date, non-elective admissions are 0.2% lower than at the same period last year (14,839 vs. 14,810), and there was 1,769 admissions in December compared to 1,741 in the same month last year.
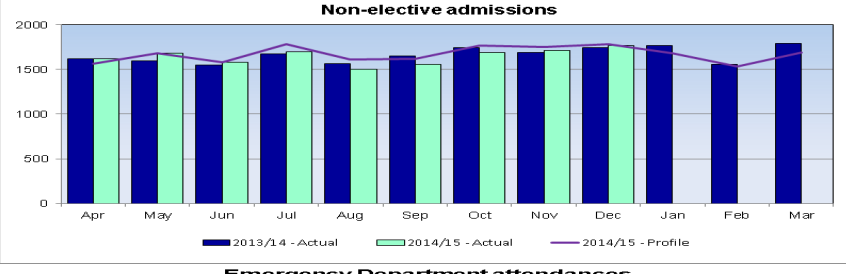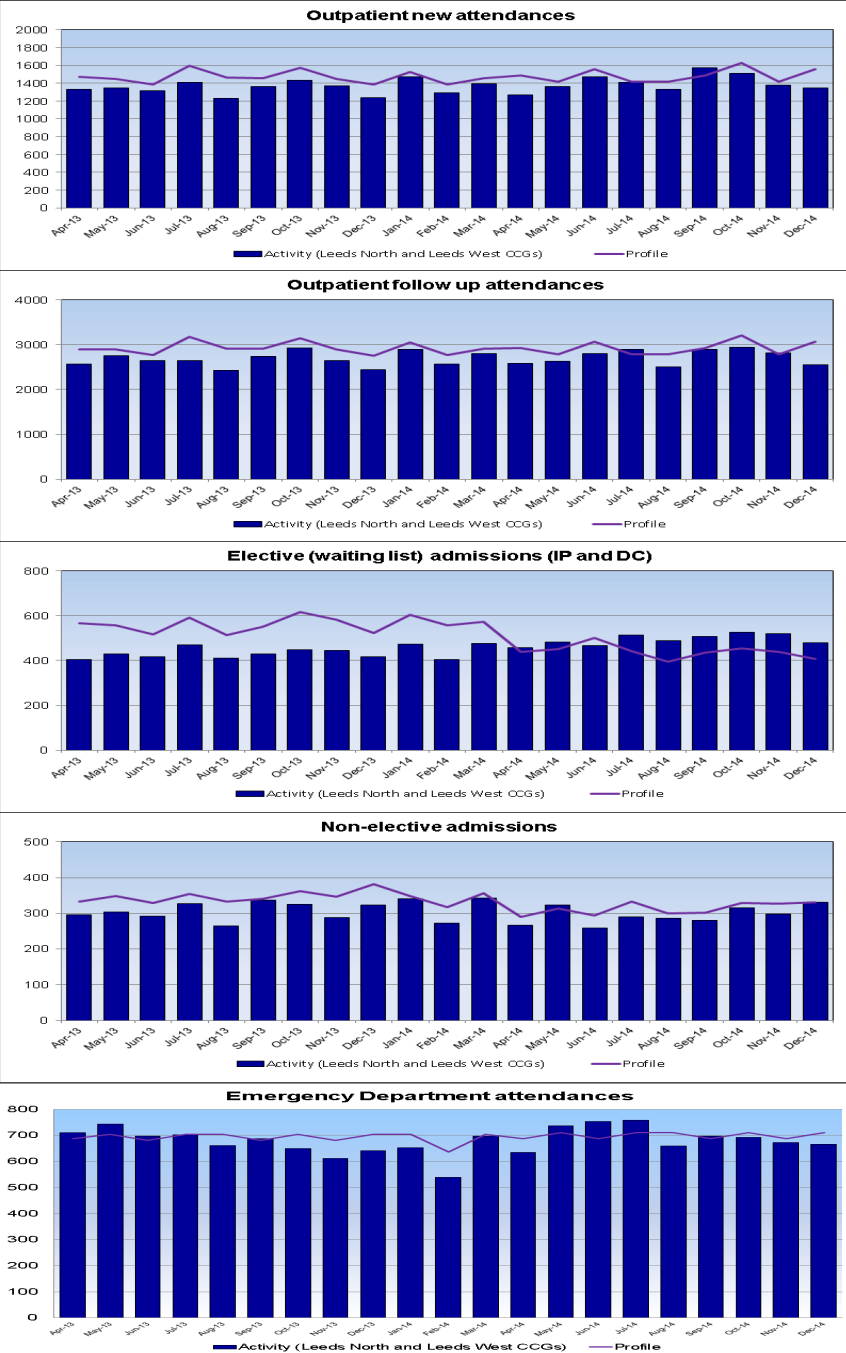
Emergency Department Attendances
Emergency Department attendances were 4.9% below plan in December (4,023 vs. 4,230). On a year to date basis, attendances were 0.4% below plan and 3.7% higher than the same period last year. Of 4,023 ED attendances (planned and unplanned) in December 2014, 23.7% resulted in an admission to hospital. This compares to 20.3% in December last year.

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You matter most

Outpatient new attendances

Outpatient follow up attendances

Elective (waiting list) admissions (IP and DC)

Non-elective admissions

Emergency Department attendances

You matter most

Service Activity (3)

Harrogate and District
NHS Foundation Trust

Activity for Leeds North and Leeds West CCGs

New Outpatients

New outpatient attendances in December were 13.2% below plan (1,349 vs. 1,555) and 5.2% below plan for the year-to-date. There has been a 5.2% increase in activity in 2014/15 to date when compared to the same period last year.

Follow Up Outpatients

Follow-up outpatient attendances were 16.6% below plan in December (2,560 vs. 3,069) and 6.5% below plan year-to-date. When compared to 2013/14, there has been a 3.6% increase in activity for the year-to-date.

Elective Admissions

Overall, elective admissions were 17.8% above plan in December (480 vs. 407). Elective inpatients were 33% below plan, and elective day cases were 30.7% above plan. For the year-to-date, elective admissions are 12.1% above plan and 14.9% higher than the same period last year (4,448 vs. 3,873).

Non Elective Admissions (including CAT)

Non elective admissions were 0.4% below plan in December (330 vs. 331) and 6% below plan year-to-date. In 2014/15 to date, non-elective admissions are 4% lower than for the same period last year (2,647 vs. 2,756).

Emergency Department Attendances

Emergency Department attendances were 6.3% below plan in December (666 vs. 710). On a year to date basis, attendances are slightly below plan (0.5%) and 2.7% higher than the same period last year (6,272 vs. 6,106).

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Weekly average bed occupancy rates - 01/04/2011 to 31/12/2014

— G&A, Group 1, Occupancy %   — G&A, Group 2, Occupancy %

Basket of 25

■ 14/15 % day case (B25)   □ 12/13 % day case (B25)

Average Length of Stay

■ 14/15 elective ALOS   □ 14/15 non-elective ALOS
▲ 13/14 elective ALOS   ● 13/14 non-elective ALOS

Pre-operative bed days

■ 14/15 elective pre-op bed days   □ 13/14 elective pre-op bed days

Acute Services - Efficiency Indicators

General and Acute (G&A) Bed Occupancy levels

General and Acute Beds (G&A) include all overnight beds at Harrogate District Hospital with the exception of maternity beds and cots. The graph on the left shows bed occupancy levels divided into two groups – Group 1 relates to all G&A beds and Group 2 relates to a sub group consisting of surgical and medical beds at Harrogate District Hospital. The average occupancy for both groups in 2014/15 to date is similar as for the same period last year. However, the average occupancy in December was higher than for the same month last year with 92.2% of Group 1 beds occupied compared to 89.7%, and 96.9% of Group 2 beds occupied compared to 92.7% in December 2013.
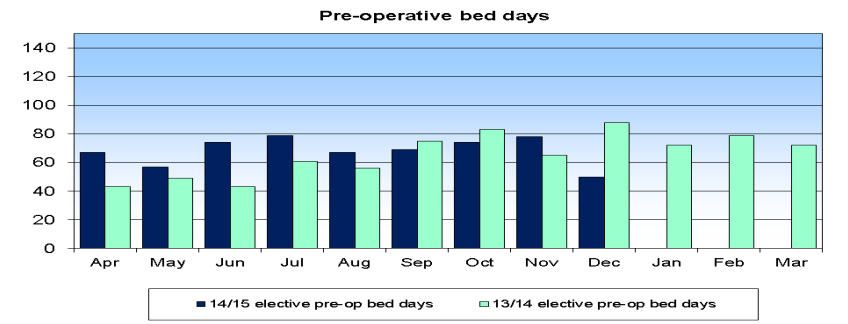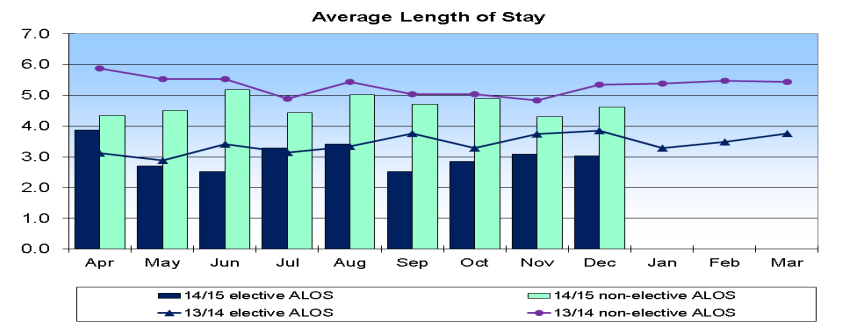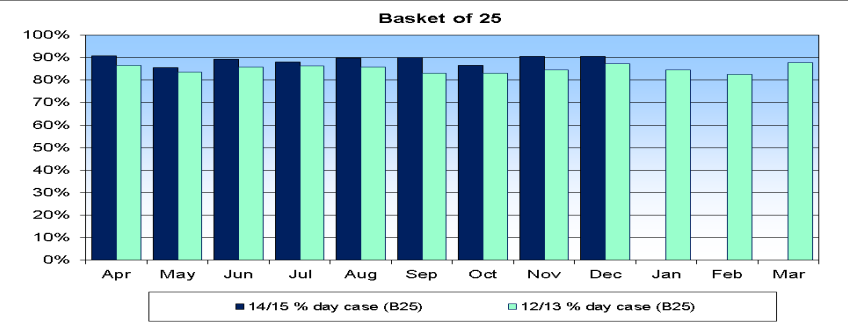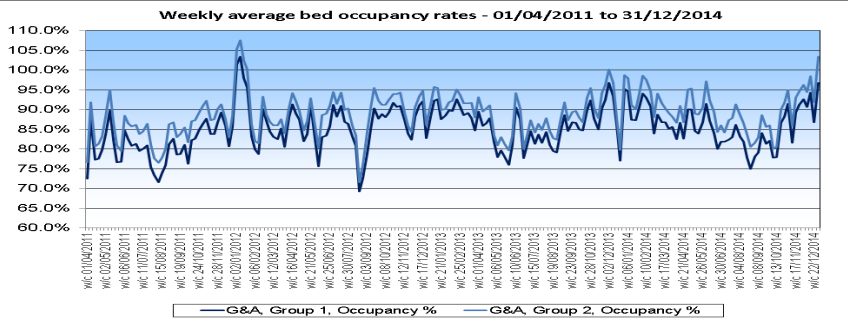
Day case rates – Basket of 25

Provisional data indicates that year-to-date performance against the basket of 25 procedures performed as a day case was at 88.9% at the end of December. This compares to 86.1% at the same time in 2013/14.
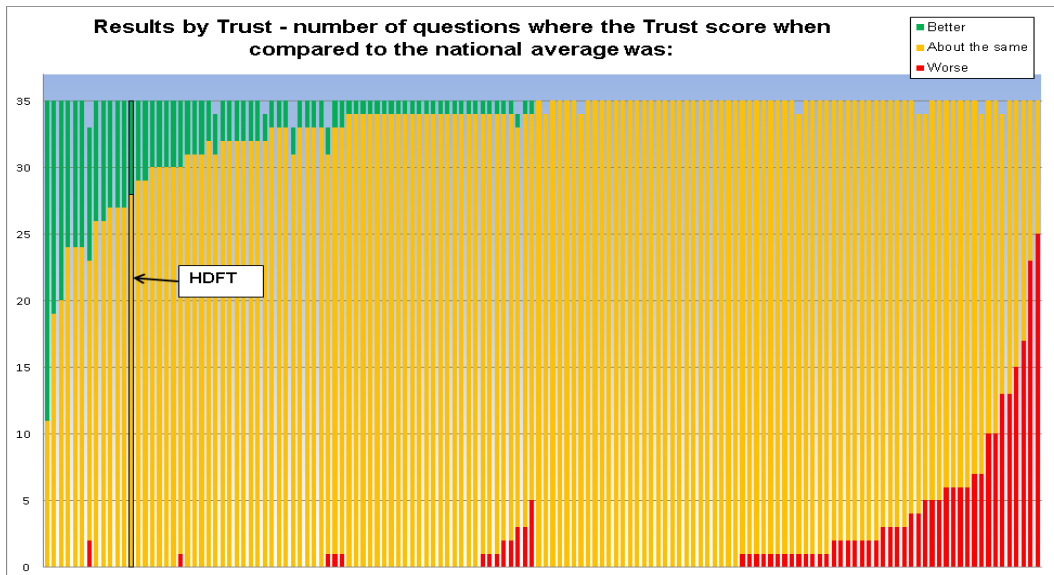
Average Length of Stay (ALOS)

The ALOS for non-elective cases in 2014/15 to date is 4.7 days, compared to 5.3 days in 2013/14. However this reduction will be largely due to CAT patients now being classed as admissions. The ALOS for elective cases in 2014/15 to date is 3 days which is slightly lower than the ALOS for the same period last year (3.4 days). The overall ALOS in 2014/15 to date is 4.4 days compared to 4.9 days in 2013/14.

Pre-operative bed days

The number of pre-operative bed days (patients brought in the day before their elective (waiting list) surgery) was 50 in December, and for the year-to-date the total is 615, which compares to 563 for the same period in 2013/14. The increase in pre-operative bed days is predominantly in orthopaedics.

Results by Trust - number of questions where the Trust score when compared to the national average was:
- Better
- About the same
- Worse

HDFT

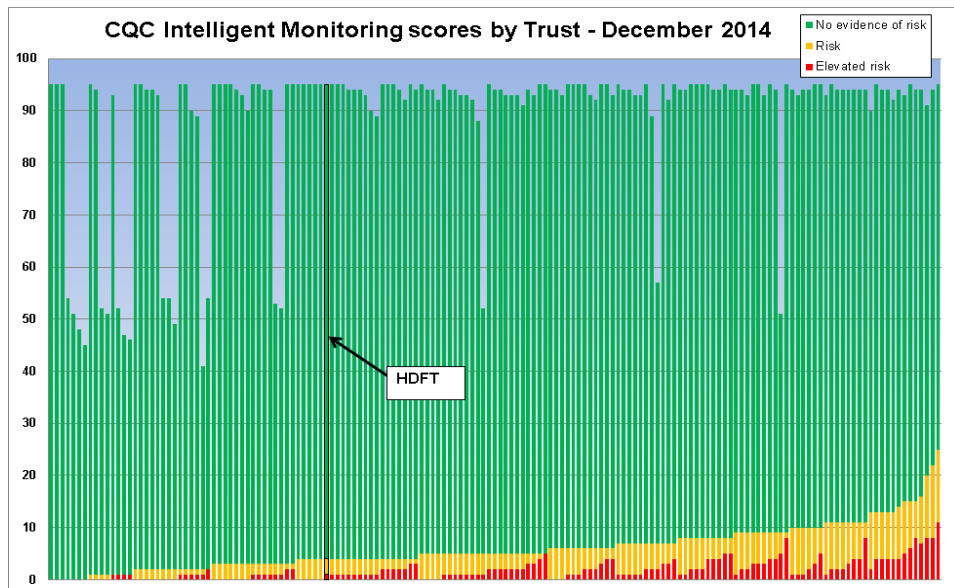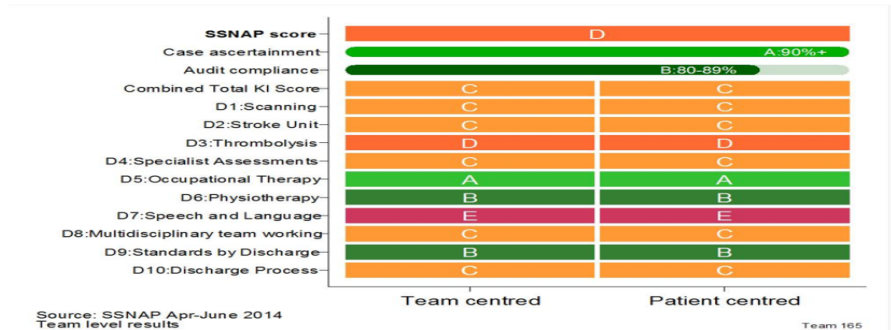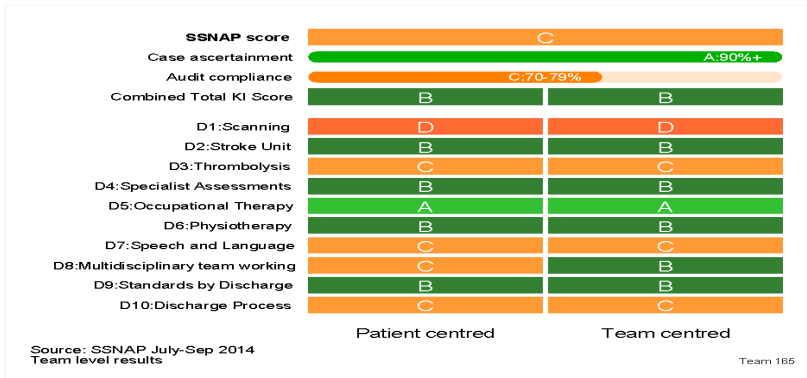| Section	Overall section score for HDFT, compared to the national average:	No. questions where HDFT score compared to the national average:		
		Significantly worse	About the same	Significantly better
Arrival at A&E	About the same	0	2	0
Waiting times	About the same	0	3	1
Doctors and nurses	About the same	0	5	2
Care and treatment	About the same	0	8	0
Tests	About the same	0	2	1
Hospital environment and facilities	About the same	0	3	0
Leaving A&E	Significantly better	0	3	3
Experience overall	About the same	0	2	0
Total		**0**	**28**	**7**

- The results of the National Accident and Emergency Survey 2014 were published by The Care Quality Commission (CQC) in December 2014.

- The survey involved 142 acute and specialist trusts and almost 40,000 patients aged 16 years or over who had attended a major (type 1) Accident and Emergency Department during January to March 2014.

- 362 patients responded from HDFT. This equates to a 44% response rate, compared to 34% nationally.

- Overall HDFT performed well, scoring "significantly better than average" for 7 out of 35 questions, compared to 6 out of 36 in 2012 when the survey was last carried out. HDFT had no questions rated "significantly worse than average". This places HDFT 13th out of 142 participating Trusts, as illustrated in the chart to the left.

- The table to the bottom left provides a summary of HDFT's scores in each section of the survey.

- The following 2 questions have improved significantly since the 2012 survey:
- Q13 – If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss it with you?
- Q40 – Did a member of staff tell you about what danger signals regarding your illness or treatment to watch out for after you went home?

You matter most

CQC Intelligent Monitoring scores by Trust - December 2014

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 published the most recent update of their Intelligent Monitoring Reports for each Trust in December 2014.

- The reports include around 100 indicators and are used by CQC as part of the new inspection process to raise questions about the quality of care and were chosen by CQC to reflect the five key questions that they will ask of all services – are they safe, effective, caring, responsive and well led?

- For each indicator, Trusts are assessed as "no evidence of risk", "at risk" or "elevated risk". In addition, Trusts that have not been recently inspected are given a banding from 1-6, where 1 indicates highest risk and highest priority for inspection and 6 indicates lowest risk and lowest priority for inspection.

- For the latest publication, HDFT is given an overall banding of 5. In the previous publication, HDFT were not given an overall banding as the Trust had been recently inspected.

- HDFT has 1 indicator assessed as "elevated risk" and 3 indicators assessed as "at risk", out of 95 applicable indicators. This is a deterioration on the July 2014 publication when HDFT had 1 indicator assessed as "elevated risk" and 1 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.

- The table to the bottom left provides further information on the 4 indicators classed as at risk/ elevated risk.

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Scores for HDFT this quarter

Scores for HDFT last quarter

- The July to September 2014 Sentinel Stroke National Audit Programme (SSNAP) data was shared with participating trusts in December. Results are presented in 10 Domains covering 45 key indicators and looking at all aspects of stroke patients' care in hospital.

- Each participating Trust is given an overall SSNAP score (a banding from A to E). Overall HDFT has been assigned a C rating this quarter, compared to D last quarter.

- The detailed clinical data is split out into 10 domains. The tables above compare HDFT's score in each domain this quarter and last quarter.

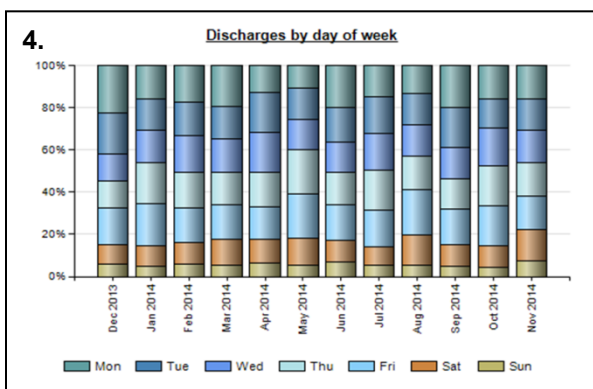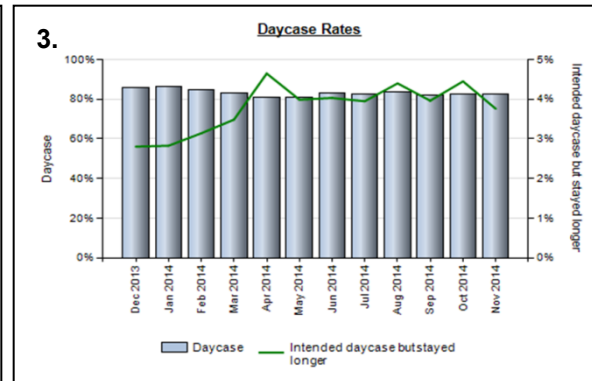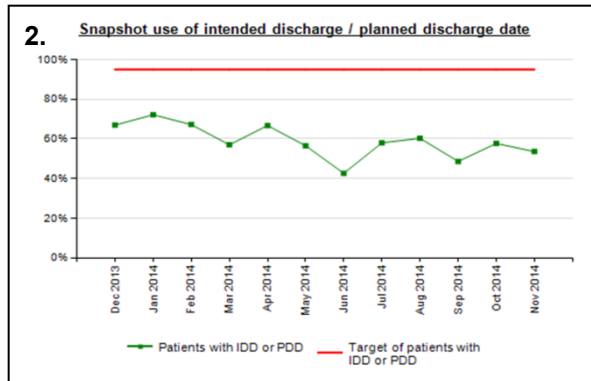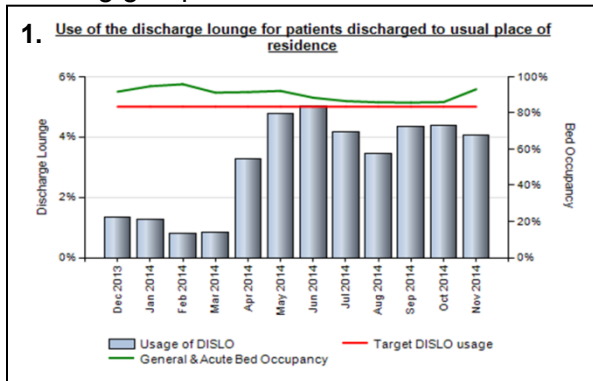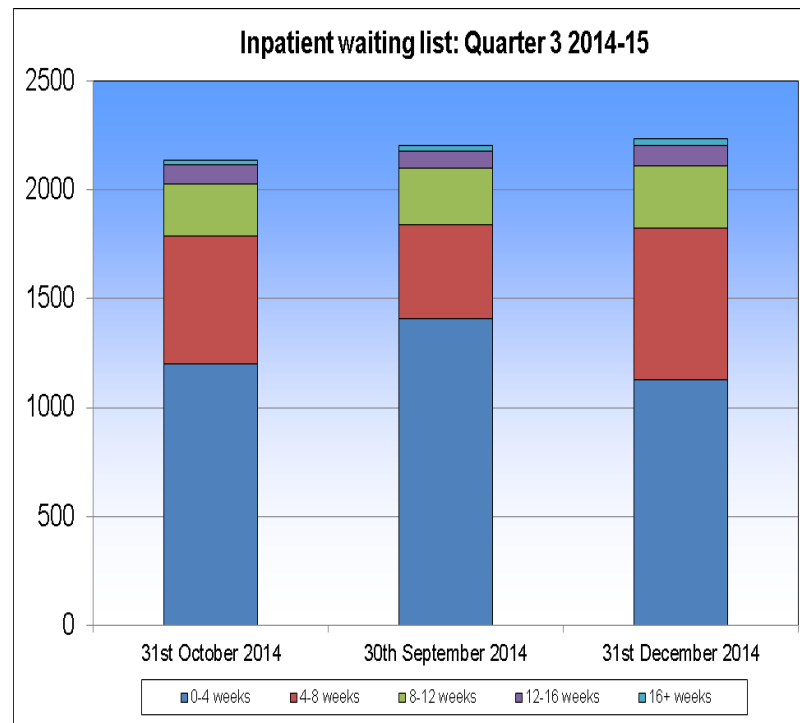- As can be seen, the Speech & Language domain score has improved significantly from E to C this quarter. In general, the Trust has performed well on the specialist assessments sections.

- The proportion of patients getting to the stroke unit within 4 hours and the proportion spending 90% of their time on the stroke unit has improved. However, the timeliness of scanning has deteriorated – HDFT scored D for the scanning domain this quarter (C last quarter).

- The proportion of eligible patients thrombolysed has decreased slightly but the proportion thrombolysed within an hour has increased to 43% (8% last quarter).

- HDFT's score this quarter has again been impacted by one of the data quality measures that are used to adjust the overall SSNAP score - the audit compliance measure, which looks at the completeness of several key fields within the data set. With an audit compliance score of A, this would have given HDFT an overall score of B this quarter. Processes are being put in place to ensure improved data completeness in future.

You matter most

Discharge dashboard

The charts below show the Trust's overall performance trend in each of the discharge performance indicators agreed by the Discharge steering group.

1. Use of the discharge lounge for patients discharged to usual place of residence

- Usage of DISLO
- General & Acute Bed Occupancy
- Target DISLO usage

2. Snapshot use of intended discharge / planned discharge date

- Patients with IDD or PDD
- Target of patients with IDD or PDD

3. Daycase Rates

- Daycase
- Intended daycase but stayed longer

4. Discharges by day of week

- Mon
- Tue
- Wed
- Thu
- Fri
- Sat
- Sun

5. Average length of stay (hours)

- Elective
- Non-Elective

6. Number of emergency readmissions within 30 days of discharge

7. Patients discharged with electronic discharge summary

Explanatory notes:

- Due to a staffing vacancy, the discharge lounge was operating on reduced capacity in early 2014. This is reflected in the low usage seen in Jan-Mar 2014.
- Emergency Readmissions are categorised by the date of readmission and are assigned to a patient's last ward/specialty/directorate of their initial admission.
- Average length of stay (hours) is calculated based on date/time of admission and date/time of discharge and not on the care spell duration field.
- Intended discharge date target is 95%.
- Use of discharge lounge target is based on a 2% increase on the last financial year for each ward/specialty/directorate.
- The following areas have been excluded from the electronic discharge figures: Endoscopy, Ophthalmology, Pannal, Delivery Suite and Special Care Baby Unit.
- The following wards have been excluded from the IDD/PDD figures: Day Surgery Unit, Intensive Therapy / High Dependency, Outpatients Ward, Lascelles, Pannal, Special Care Baby Unit, Delivery Suite and Woodlands.

You matter most

Inpatient waiting list: 31st December 2014

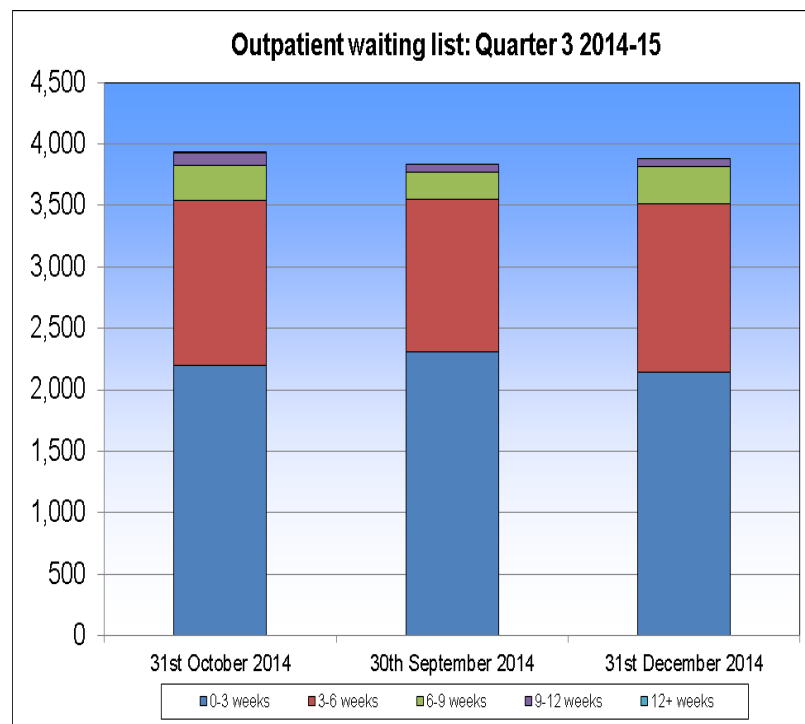|	0-4 weeks	4-8 weeks	8-12 weeks	12-16 weeks	16+ weeks
100: GENERAL SURGERY	258	99	39	21	11
101: UROLOGY	72	29	4	0	0
103: BREAST SURGERY	21	18	5	1	0
110: TRAUMA & ORTHOPAEDIC	290	258	127	48	15
120: ENT	28	23	8	0	0
130: OPHTHALMOLOGY	138	192	80	14	0
144: MAXILLO-FACIAL SURGERY	34	19	7	1	0
301: GASTROENTEROLOGY	210	16	0	0	0
320: CARDIOLOGY	38	9	1	0	0
330: DERMATOLOGY	4	0	0	0	0
502: GYNAECOLOGY	35	30	15	3	1
420: PAEDIATRICS	1	0	0	5	6

Inpatient waiting list: Quarter 3 2014-15

Inpatient waiting list

Inpatient waiting times looks at the length of time patients wait for an operation, measured from the date that the operation is proposed and agreed with the patient.

It is expected that patients should wait no longer than 26 weeks, however to deliver the 18 week referral to treatment standard the waiting time has to be significantly shorter than this. We believe that an inpatient waiting time of around 10 weeks will enable the Trust meet the 18 week standard

The number of inpatients waiting 16+ weeks at the end of December was 33 (11 General Surgery, 15 Trauma & Orthopaedics, 1 in Gynaecology, and 6 in Paediatrics). This compares to 36 patients at the end of December 2013.

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Outpatient waiting list: 31st December 2014

	0-3 weeks	3-6 weeks	6-9 weeks	9-12 weeks	12+ weeks
100: GENERAL SURGERY	160	46	0	0	0
101: UROLOGY	121	56	0	0	0
110: TRAUMA & ORTHOPAEDIC	251	211	61	0	0
120: ENT	246	169	1	0	0
130: OPHTHALMOLOGY	79	107	8	0	0
145: ORAL & MAXILLOFACIAL SURGERY	115	62	1	0	0
320: CARDIOLOGY	163	59	9	1	0
330: DERMATOLOGY	246	224	186	61	0
400: NEUROLOGY	114	72	0	1	0
502: GYNAECOLOGY	151	74	3	0	0

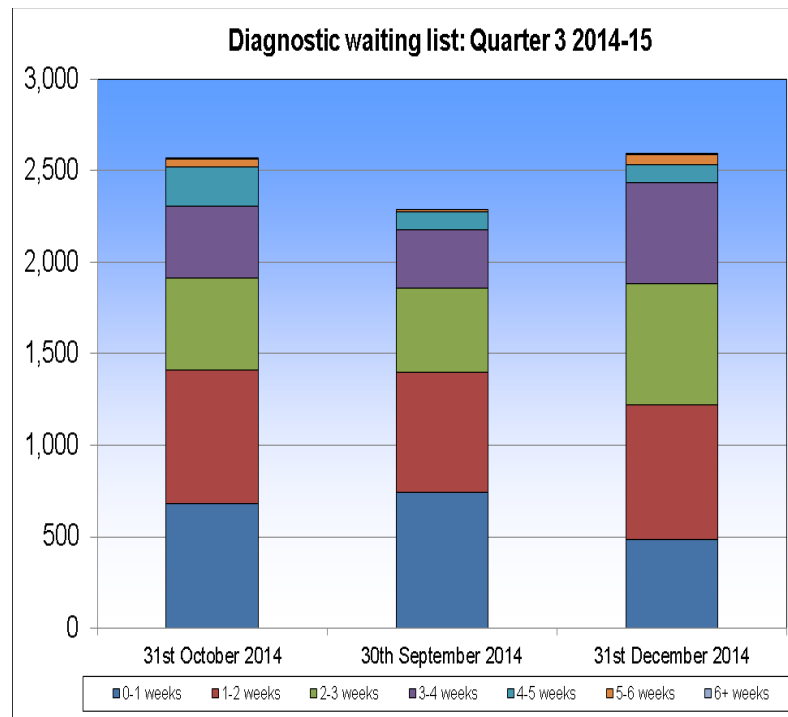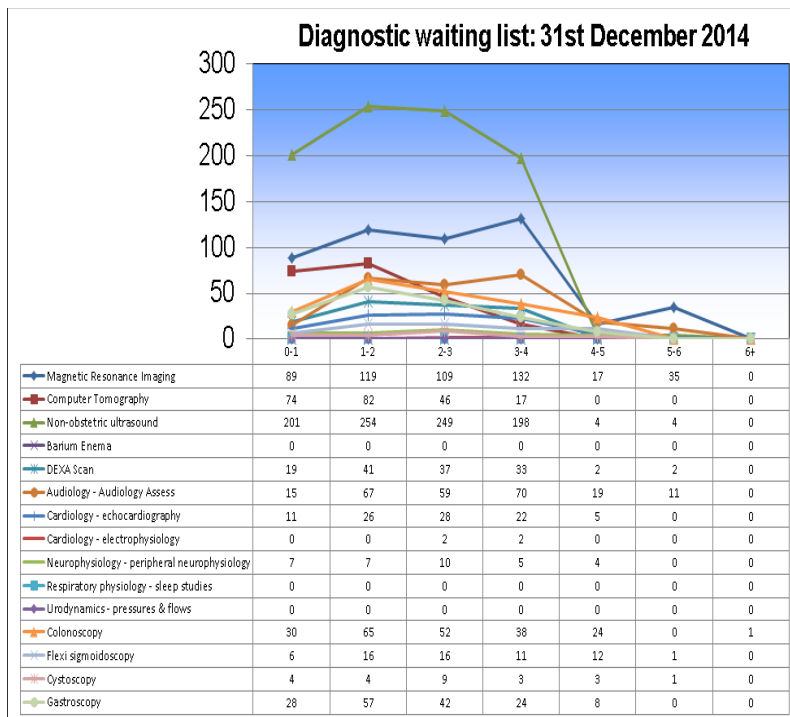**Outpatient waiting list: Quarter 3 2014-15**

Outpatient waiting list

Outpatient waiting times look at the length of time patients wait for a first appointment with a consultant, measured from the date that the referral is received by the Trust.

It is expected that patients should wait no longer than 13 weeks, however to deliver the 18 week referral to treatment standard, the waiting time for outpatients has to be significantly shorter than this. We believe an outpatient waiting time of around 5 weeks will enable the Trust meet the 18 week standard.

The number of patients waiting longer than 6 weeks at the end of December was 371 which is equivalent to 9.6% of total waiters at the end of the month (3,883).
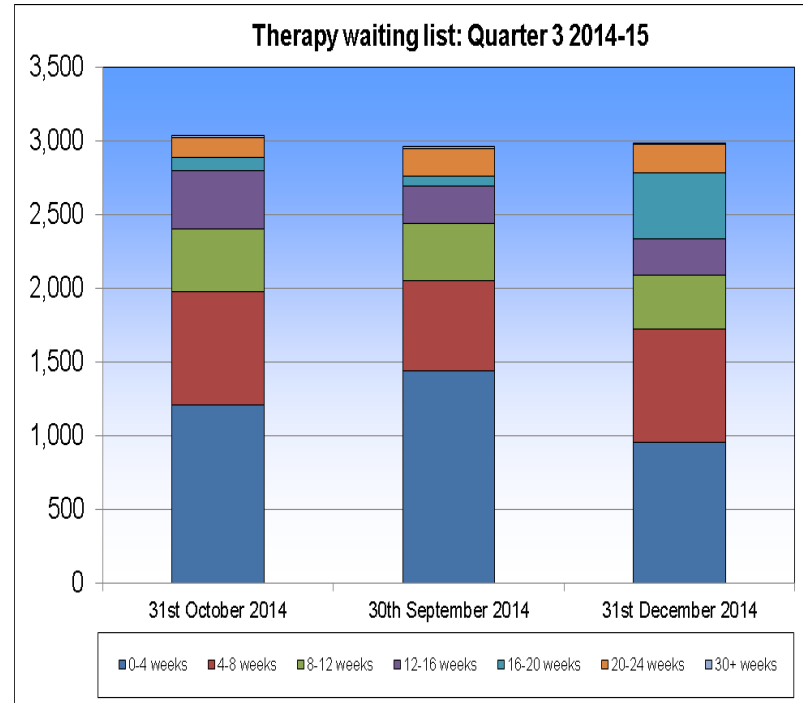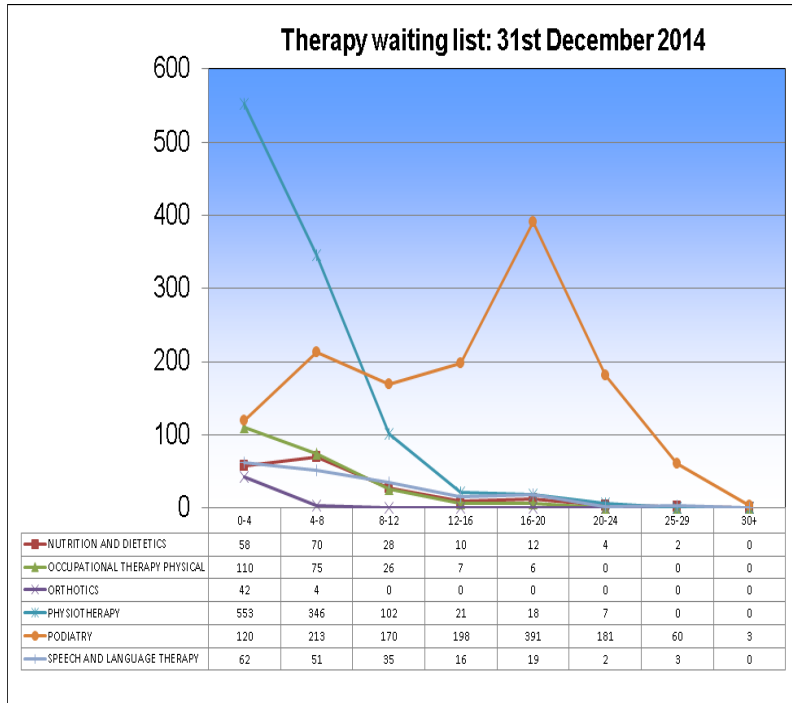
Diagnostic waiting list: 31st December 2014

	0-1	1-2	2-3	3-4	4-5	5-6	6+
Magnetic Resonance Imaging	89	119	109	132	17	35	0
Computer Tomography	74	82	46	17	0	0	0
Non-obstetric ultrasound	201	254	249	198	4	4	0
Barium Enema	0	0	0	0	0	0	0
DEXA Scan	19	41	37	33	2	2	0
Audiology - Audiology Assess	15	67	59	70	19	11	0
Cardiology - echocardiography	11	26	28	22	5	0	0
Cardiology - electrophysiology	0	0	2	2	0	0	0
Neurophysiology - peripheral neurophysiology	7	7	10	5	4	0	0
Respiratory physiology - sleep studies	0	0	0	0	0	0	0
Urodynamics - pressures & flows	0	0	0	0	0	0	0
Colonoscopy	30	65	52	38	24	0	1
Flexi sigmoidoscopy	6	16	16	11	12	1	0
Cystoscopy	4	4	9	3	3	1	0
Gastroscopy	28	57	42	24	8	0	0

Diagnostic waiting list: Quarter 3 2014-15

0-1 weeks 1-2 weeks 2-3 weeks 3-4 weeks 4-5 weeks 5-6 weeks 6+ weeks

Diagnostic waiting list

Diagnostic waiting times look at the length of time patients wait for a diagnostic test (e.g. a scan or an endoscopy procedure), measured from the date that the test is requested by the consultant in charge of the patient's care or the date we receive the referral if it is from the patient's GP.

The national standard is that patients should wait no longer than 6 weeks for a diagnostic test. The charts above show the data that the Trust has submitted for the monthly diagnostic waiting times submissions to NHS England.

The total number of diagnostic waiters was 2,589 at the end of December 2014/15 compared to 1,797 at the end of December last year, and 99.9% of patients waited less than 6 weeks in Quarter 3.

You matter most

Therapy waiting list: 31st December 2014

	0-4	4-8	8-12	12-16	16-20	20-24	25-29	30+
NUTRITION AND DIETETICS	58	70	28	10	12	4	2	0
OCCUPATIONAL THERAPY PHYSICAL	110	75	26	7	6	0	0	0
ORTHOTICS	42	4	0	0	0	0	0	0
PHYSIOTHERAPY	553	346	102	21	18	7	0	0
PODIATRY	120	213	170	198	391	181	60	3
SPEECH AND LANGUAGE THERAPY	62	51	35	16	19	2	3	0

Therapy waiting list: Quarter 3 2014-15

Therapy waiting list

Although not currently a national requirement, we monitor waiting times for therapy services within the trust and are working on reducing these waiting times.

279 patients were waiting longer than 20 weeks at the end of December, which is a increase on Quarter 2 (54 patients). The long waits at the end of December were for the following teams – Podiatry (244), Speech and Language Therapy (5), Physiotherapy (7) and Nutrition and Dietetics (6).

This significant change in the position above is due to the Podiatry Service. The team in Harrogate have been undergoing a period of transition following recent service restructure, higher than normal sickness levels, and a higher than normal level of staff turnover. The team have put in place a series of actions to create additional capacity to bring waiting times back within expected levels. At this early stage it is difficult to anticipate precisely when waiting times will return to normal levels, but of the 244 patients waiting longer than 20 weeks at the end of December, 134 have appointments booked in January or February. An update will be provided in next quarter's report.
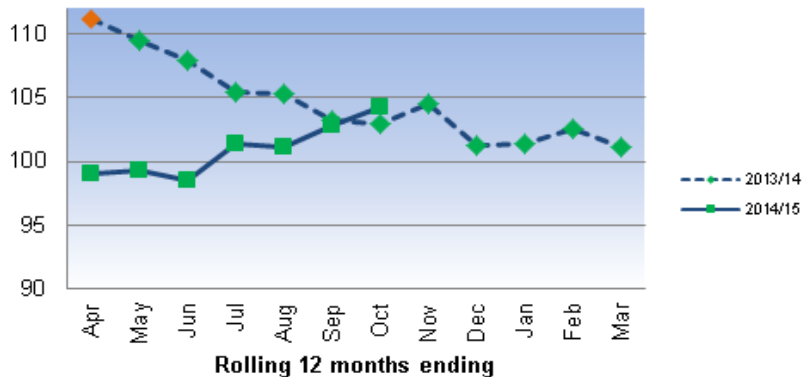
You matter most

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Harrogate and District NHS
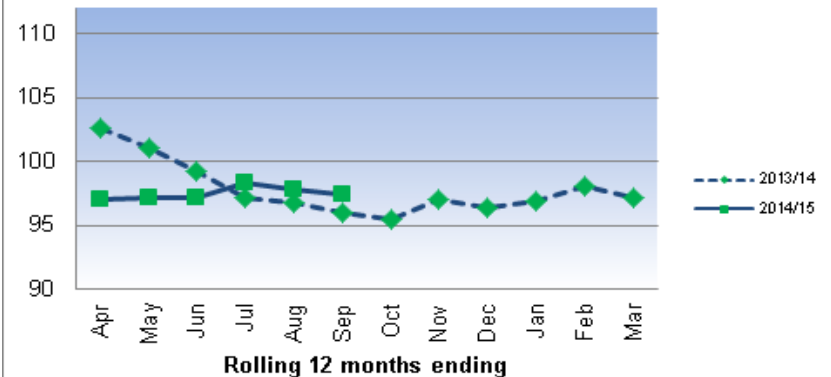## NHS Foundation Trust
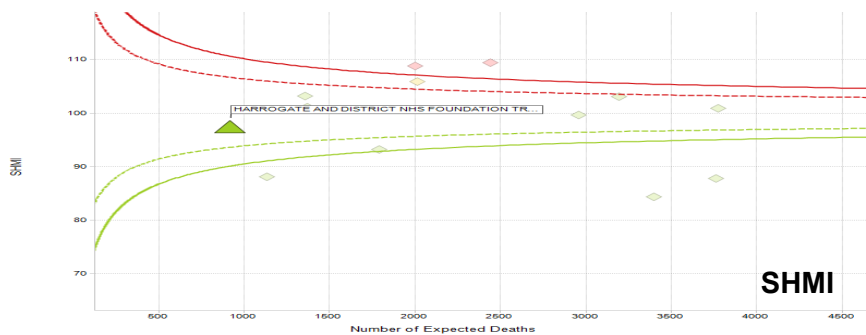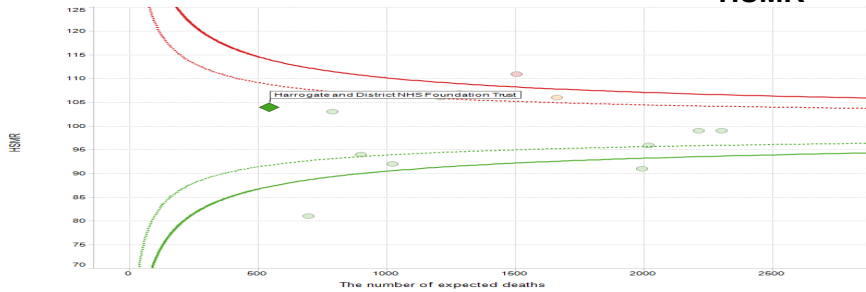
HSMR

SHMI

- HDFT's HSMR for the most recent 12 months is **104.23**, which is an increase on last month.

- The latest SHMI is **97.43**, which has reduced since last month.

- Both measures remain within expected levels.

- The two trend charts below track HDFT's HSMR and SHMI over 2013/14 and 2014/15. Each point on the chart shows the score for the most recently available 12 months.

- The charts to the left show HDFT's most recent HSMR and SHMI compared to other local trusts. HDFT is inside the funnel on both charts indicating that our scores are within expected levels.
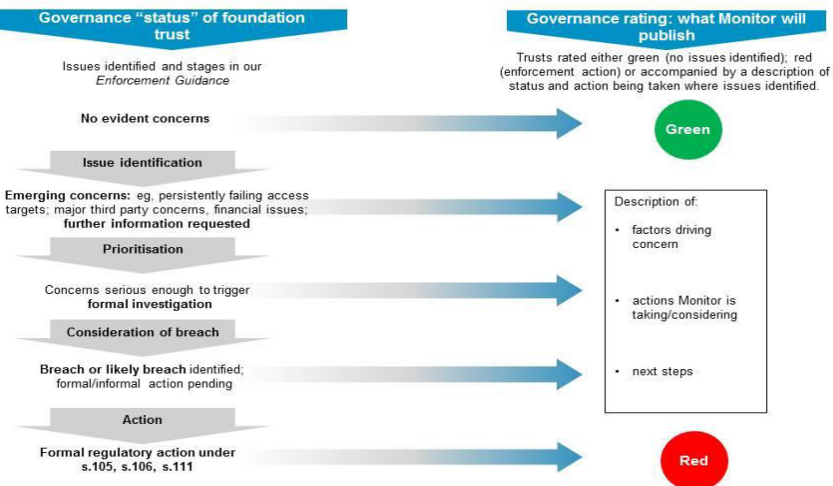

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You matter most

Category	Metrics	Governance concern triggered by
CQC information	• CQC judgments	• CQC warning notice issued • Civil and/or criminal action initiated
Access and outcomes metrics	For **acute trusts**, metrics including: • referral to treatment within 18 weeks • A&E waits (4 hours) • cancer waits (62 days) For **ambulance trusts**, Category A response times For **mental health trusts**, metrics including CPA follow-up and psychosis outreach For **acute trusts**, metrics including: • C. difficile – national target For **mental health trusts**, metrics including tracking accommodation/employment status (data completeness only) For providers of community services, data completeness against selected elements of the CIDS dataset	• Three consecutive quarters' breaches of a single metric *or* a service performance score of 4 or greater[1] • Breaching pre-determined annual C. difficile threshold (either three-quarters' breach of the year-to-date threshold or breaching the full year threshold at any time in the year) • Breaching the A&E waiting times target in two quarters over any four-quarter period *and* in any additional quarter over the subsequent three quarters
Third party reports	• Ad hoc reports from GMC, the Ombudsman, commissioners, Healthwatch England, auditor reports, Health & Safety Executive, patient groups, complaints, whistleblowers, medical Royal Colleges etc.	• Judgment based on the severity and frequency of reports

Quality governance indicators	• Patient metrics
	  • patient satisfaction
	
	• Staff metrics
	  • high executive team turnover
	  • satisfaction
	  • sickness/absence rate
	  • proportion temporary staff
	  • staff turnover
	
	• Aggressive cost reduction plans
		• Material reductions in satisfaction, or increases in sickness or turnover rates
		
		• Material increases in proportion of temporary staff
		
		• Cost reductions in excess of 5% in any given year

Financial risk	• Continuity of services risk rating	• Breaching any continuity of services licence condition as a result of governance • Inadequate planning processes

[1] For example a service performance score as per the metrics in Appendix A.

Governance "status" of foundation trust

Issues identified and stages in our *Enforcement Guidance*

No evident concerns

Issue identification

Emerging concerns: eg, persistently failing access targets; major third party concerns, financial issues; **further information requested**

Prioritisation

Concerns serious enough to trigger **formal investigation**

Consideration of breach

Breach or likely breach identified; formal/informal action pending

Action

Formal regulatory action under s.105, s.106, s.111

Governance rating: what Monitor will publish

Trusts rated either green (no issues identified); red (enforcement action) or accompanied by a description of status and action being taken where issues identified.

Green

Description of:
• factors driving concern
• actions Monitor is taking/considering
• next steps

Red

• Monitor's Risk Assessment Framework replaced the Compliance Framework from October 2013. The new framework assesses Foundation Trust's continuing compliance with the licence and focuses on financial sustainability and governance requirements. The table to the left shows the information used by Monitor to assess governance concerns.

• HDFT's performance against the national performance standards in the "Access and outcomes metrics" are shown in the table below.

• The diagram at the bottom left illustrates how Monitor assigns a governance rating to Foundation Trusts.

• **HDFT's governance rating for Q3 is green.**

Weightings and thresholds for targets and national core standards

Targets - weighted 1.0	Q2	Oct	Nov	Dec	Q3	Q3 expected	Q3 variance	Threshold	Weighting	Q3 score
RTT admitted pathways (% within 18 weeks)*	0.0	94.9%	91.5%	95.0%	93.8%	90%	3.8%	90%	1.0	0.0
RTT non-admitted pathways (% within 18 weeks)*	0.0	97.2%	96.7%	97.4%	97.1%	95%	2.1%	95%	1.0	0.0
RTT incomplete pathways (% within 18 weeks)*	0.0	97.0%	97.2%	96.9%	97.1%	92%	5.1%	92%	1.0	0.0
A&E: Total time spent in A&E (% within 4 hours)	0.0	96.6%	96.4%	95.9%	96.3%	95%	1.3%	95%	1.0	0.0
Cancer - 62 day wait for first treatment from urgent GP ref to treatment: all cancers*	0.0	95.3%	88.6%	85.7%	89.8%	85%	4.8%	85%	1.0	0.0
Cancer - 62 day wait for first treatment from Screening service referral: all cancers*	0.0	75.0%	100.0%	100.0%	88.9%	90%	-1.1%	90%		
Cancer - 31 day wait for second or subsequent treatment: Surgery*	0.0	100.0%	100.0%	100.0%	100.0%	94%	6.0%	94%	1.0	0.0
Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug*	0.0	100.0%	100.0%	100.0%	100.0%	98%	2.0%	98%		
Cancer - 31 day wait for second or subsequent treatment: Radiotherapy*	N/A	NA	NA	NA	NA	N/A	NA	N/A	N/A	N/A
Cancer - Maximum waiting time of 31 days from diagnosis to treatment for all cancers (%)*	0.0	100.0%	100.0%	100.0%	100.0%	96%	4.0%	96%	1.0	0.0
Cancer - Maximum waiting time or 14 days from urgent GP ref to date first seen for all urgent suspect cancer referrals (%)*	0.0	97.4%	98.4%	96.8%	97.5%	93%	4.5%	93%		
Cancer - maximum waiting time of 14-days for symptomatic breast patients (cancer not initially suspected)*	0.0	97.4%	96.0%	95.2%	96.2%	93%	3.2%	93%	1.0	0.0
C-Difficile	0.0	0	1	1	2	4	-2	0	1.0	0.0
Community services data completeness - RTT information	0.0				80.9%	50%		50%		0.0
Community services data completeness - Referral information	0.0				71.2%	50%		50%	1.0	0.0
Community services data completeness - Treatment activity information	0.0				82.2%	50%		50%		0.0
Score	0.0	**Rating: GREEN**								0.0
Governance concern triggered? (Y/N)	N									N

*Reporting month figures are provisional

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