

No.	Goal and Indicator	Weighting	Required Performance				Quarter 1 Total			Quarter 2 Total			October			Quarter 3 Total			Comments
							num	den	%	num	den	%	num	den	%	num	den	%	
NATIONAL COQUINS																			
1	FRIENDS AND FAMILY TEST		Q1	Q2	Q3	Q4	num	den	%										
1.1	Friends and Family Test: improved performance on the Staff Friends and Family Test. Implementation of the Patient FFT in Outpatient, Day Case and Community as specified in National Guidance by 1st October 2014.	3.00%	Roll out of the FFT to Outpatients, Daycases and Community by October 2014				National Guidance issued			Roll out of the FFT to Outpatients, Daycases and Community is now underway									
1.2	Friends and Family Test: increased response rate (Inpatients) 30% by Q4 and 40% for the month of March 2015	3.67%	25%			30% Q4 and 40% for the month of March	2007	4017	50.0%	1990	3809	52.2%	678	1350	50.2%	678	1350	50.2%	
	Friends and Family Test: increased response rate (A&E)		15%			25%	1480	7914	18.7%	1316	8047	16.4%	564	2499	22.6%	564	2499	22.6%	
2	NHS SAFETY THERMOMETER		Q1	Q2	Q3	Q4	num	den	%	num	den	%	num	den	%	num	den	%	
2.1	NHS Safety Thermometer: improvement in Pressure Ulcers	6.67%	35% reduction from the baseline (Target 4.55%)				108	1437	7.5%	90	1334	6.7%	26	453	5.7%	26	453	5.7%	
3	DEMENTIA		Q1	Q2	Q3	Q4	num	den	%	num	den	%	num	den	%	num	den	%	
3.1	Dementia: A&E admitted Patients >75 know to have dementia or delirium (Find)	4.00%	90%	90%	90%	90%	687	749	91.7%	607	664	91.4%	TBC			TBC			
	Dementia: Diagnostic assessment including investigation (Assess)		90%	90%	90%	90%	61	66	92.4%	51	52	98.1%	TBC			TBC			
	Dementia: Referred for further diagnostic advice (Refer)		90%	90%	90%	90%	7	7	100%	9	9	100.0%	0	0	100.0%	0	0	100.0%	
3.2	Dementia: clinical leadership	0.67%	Annual evidence				Annual Evidence												
3.3	Dementia: supporting carers of people with Dementia	2.00%		Bi-annual report		Bi-annual report	Bi-annual Report submitted Quarter 2					Next report due Quarter 4							
LOCAL COQUINS																			
4	LIAISON PSYCHIATRY		Q1	Q2	Q3	Q4	num	den	%	num	den	%	num	den	%	num	den	%	
4.1	Liaison Psychiatry - Training	14.60%	Training package developed by BDCT and joint implementation plan developed with A&E and BTHFT.	Implementation to take place	Delivery of training to 25% of eligible staff	Delivery of training continues to a total of 80% of eligible staff	The training package developed by BDCT is now in place with a joint implementation plan developed with Airedale NHS Foundation Trust and BTHFT during Quarter 1. The training package is now being delivered and implementation has started.												
5	INTEGRATED COMMUNITY		Q1	Q2	Q3	Q4	Quarter 1 and Quarter 2						num	den	%	num	den	%	
5.1	Integrated Community Team approaches to proactive continuity of care - Proactive continuity of care	17.24%	90 patients discussed at MDTs		90 patients discussed at MDTs		Quarter 1 and Quarter 2 = 140 Airedale NHS Foundation Trust patients recorded as being discussed at joint MDTs.						Next report due Quarter 4						
5.2	Integrated Community Team approaches to proactive continuity of care - Care Plans Patients accepted by MDT as requiring an integrated approach to their care to have an Integrated Care Plan in place. (Q2 & Q4 audit 5 care plans conducted by CCG)	12.88%	25%	50%	75%	95%	1. Collaboration between BDCT, AWC CCG and local GPs to modify shared templates. 2. Manual data collection in place for Quarter 1 and Quarter 2. 3. Further work required to clarify Lead Practitioners across organisations. 4. Small number of patients where Airedale FT are Lead Practitioner have Care plan in place. 5. Audit of 5 care plans by AWC CCG has taken place.						Next report due Quarter 3						
5.3	Integrated Community Team approaches to proactive continuity of care - Patient Satisfaction	12.88%	Develop a patient satisfaction survey	Data collection & submission and action plan		Data collection & submission 95% of patients surveyed	Patient Satisfaction survey developed and being used.						Next report due Quarter 4						
6	INTEGRATED DISCHARGE		Q1	Q2	Q3	Q4	num	den	%	num	den	%	num	den	%	num	den	%	
6.1	Integrated discharge co-ordination (supporting reducing re-admissions) - Increase the number of discharges before 2pm.	19.99%	Baseline data to be collected and improvement targets agreed	25%	30%	35%	651	2460	22.4%	638	2258	28.3%	215	786	27.4%	215	786	27.4%	
	The LACE Scoring tool is currently been rolled out across the relevant wards. Quarter 4 requirement.																		
7	DEMENTIA - SELF ASSESSMENT		Q1	Q2	Q3	Q4	num	den	%	num	den	%	num	den	%	num	den	%	
7.1	Dementia - Self assess in terms of benchmarking dementia care to ensure the nursing contribution to the 6Cs and dementia. Ward 6 ANHSFT Ward 9 ANHSFT Ward 4 ANHSFT Emergency department Castleberg Specialist nursing services - Heart Failure and Neuro Specialist Nurses	1.20%	Benchmarking and developed action plan	Action plan sample and actions completed to date	Action plan sample and actions completed to date	Measurement data against the action plans.	Self assessments have been completed and action plans developed on Ward 6 Ward 4 Ward 9 ED Castleberg Hospital Specialist Nursing in Community Services												
8	C-SECTIONS		Q1	Q2	Q3	Q4	num	den	%	num	den	%	num	den	%	num	den	%	
8.1	Embed use of PDA's for birth options after caesarean section	1.20%			Completed audit and action plan	20% reduction in 2nd C-section (from baseline)	Completed audit and action plan to be submitted in Quarter 3 as agreed												