West Hertfordshire Hospitals NHS

NHS Trust

Appendix 1   Key Performance Indicators for STROKE UNIT

Assessment September 2011

CORE

	KPI	REQUIRED STANDARD	SCORING	AWARD STATUS
1	Mandatory Training and Competency Assessment of staff - All staff to attend training - Evidence of competency	Quarterly review of records using E-Roster and Training Department OLM system	Gold = 90-100% Silver = 70-90% Bronze = 50 - 70%	Gold
2	Number of staff with IV Competency (ward to determine minimum number required	Quarterly review of records on E-Roster and database held by Corporate Practice Development Team	Gold = 100% Silver = 75-99% Bronze = 50 - 75%	Gold
3	Number of active qualified Mentors (standard and sign-off) (ward to agree numbers)	All Mentors are actively supporting learners Annual update attended Triennial review in progress	Gold = 80-100% Silver = 65-79% Bronze = 50 - 65%	Gold
4	Compliance with Quality Indicators	All relevant quality indicators are rated as Green or showing improvement	Gold = all Green Silver = 7/10 Green Bronze = less than 7 Green	Gold
5	Compliance with staff Appraisals	All staff on roster to have had an annual Appraisal Exception: Mat Leave or long-term sickness	Gold = 90-100% Silver = 70-90% Bronze = 50 - 70%	Gold
6	First 15 steps on the Stroke Unit	Ward and team is seen to be: - Welcoming - Organized - Caring - Compassionate - Responsive - Communicative - Patient-focused - Efficient - Clean clinical area	Gold = 75-100% Silver = 60-75% Bronze = 50 - 60%	Silver

West Hertfordshire Hospitals NHS

NHS Trust

Appendix 2   BESPOKE KPIs

	KPI	STANDARD REQUIRED	SCORING	AWARD STATUS
A	All staff to have completed Stroke Competencies relevant to grade/band/role - Dysphagia management - Stroke pathway documentation - Monitored patients management - Neuro observation recording and understanding - Positioning of Stroke patients - Health promotion	All staff to have achieved all Competencies within three months of employment on Stroke Unit	Gold = 85-100% Silver = 70-85% Bronze = 50 - 70%	Bronze
B	Mealtime SOP	All staff compliant with mealtime SOP for all mealtimes	Gold = all meals Silver = 2/3 Bronze = 1 or less meal	Bronze
C	LCP Version 12 is used consistently and completely for dying patients	All staff aware of V12 of LCP and implement if for appropriate patients identified by team	Gold = 90-100% Silver = 70-90% Bronze = 50 - 70%	Bronze
D	Attitudes and behaviours Feedback from external care providers to ward through questionnaire and interview e.g. Doctors, AHP's, SALT Physio's, Specialist Nurses, Chaplains, Portering staff and Domestic staff	Staff who work with Stroke Unit staff give positive feedback on the attitude, behavior and level of engagement they experience when interacting and working with the nursing team.	Gold = 75-100% positive Silver = 60-75% positive Bronze = 50 – 60% positive	Bronze
E	MCA/DOLS Need to be able to evidence MCA assessments in practice Staff knowledge and understanding of MCA and DOLS System for recording MCA as part of contract monitoring by PCT	All staff competent to undertake an MCA Assessment of patients Evidence of MCA in routine practice DOLS Assessor(s) maintain competence	Gold = 75-100% Silver = 60-75% Bronze = 50 - 60%	Bronze