West Hertfordshire Hospitals NHS Trust

Integrated Performance Report

June 2016

(May data)

West Hertfordshire Hospitals NHS Trust

Executive Summary

West Hertfordshire Hospitals NHS Trust

Safe Effective Caring
Reporting sub committee – PSQ

Areas of good performance

•Mortality indicators show sustained excellent performance (*pages 3 and 14*)
•There were no MRSA bacteraemia (*pages 3 and 18*)
•There were no medication errors causing serious harm (*pages 4 and 19*)
• Clostridium difficile year to date total is 3 (against a trajectory of no more than 23 cases for the year, and 3 below YTD trajectory) *(pages 3 and 18)*

New to category this month:

• Patients spending 90% of their time on the stroke unit was above the performance standard (*pages 4 and 15)*

Achieving

May-16	9
Apr-16	8
Mar-16	9

Better than national average

May-16	7
Apr-16	8
Mar-16	8

Areas requiring performance improvement

• VTE risk assessment was below the threshold, although slightly improved on the previous month *(pages 4 and 20)*
• Admission to stroke ward within 4 hours was below the performance standard *(pages 4 and 15)*
• There were 5 serious incidents recorded *(pages 4 and 19)*
•There were 10 mixed sex accommodation breaches *(pages 3 and 22)*
• Harm free care was worse than the performance standard (pages 4 and 21) and below the national average. However, new harms were better than the national average.

New to category this month:

None

Not achieving

May-16	7
Apr-16	8
Mar-16	7

Worse than national average

May-16	9
Apr-16	8
Mar-16	8

Responsive
Reporting sub committee – FIP

Areas of good performance

• Diagnostic wait times delivered to the performance standard *(pages 5 and 24)*
• Cancer indicators are delivering to the performance standard (provisional) , with the exception of 2WW, breast symptomatic and 62 day GP standards (*pages 5 , 24 and 25*)

New to category this month:

• The cancer 31 day first indicator and 31 day subsequent surgery standards were better than the operational standard *(pages 5 , 25 and 26)*

Achieving

May-16	7
Apr-16	8
Mar-16	9

Better than national average

May-16	6
Apr-16	6
Mar-16	6

Areas requiring performance improvement

• A&E 4 hour wait (all types) performance was below standard *(pages 5 and 27),* but improved on April's performance
• Formal DToC continue to report above the performance standard, representing 1,277 beddays *(pages 6 and 28)*
• Ambulance turnaround times' performance was worse than standard but improved on April *(pages 5 and 27)*
•The referral to treatment incomplete indicator was below the performance standard (*pages 5 and 23*),
•Number of patients not treated within 28 days of last minute cancellation was below the performance standard (*pages 6 and 24)*
• There was one RTT 52 week wait *(pages 5 and 23)*

New to category this month:

• The 2WW (by 0.2%) and breast symptomatic indicator were worse the performance standard (provisional) (*pages 5 and 25).*
• The 62 day GP indicator was provisionally below the performance standard *(pages 5 and 26)*

Not achieving

May-16	13
Apr-16	12
Mar-16	11

Worse than national average

May-16	9
Apr-16	9
Mar-16	9

Well led
Reporting sub committee – Workforce

Areas of good performance

•Temporary costs and overtime as % of total paybill was better than target (*pages 7 and 29)*
The sickness rate was better than target *(pages 7 and 29)*

New to category this month:

• Friends and Family response rates for Inpatients and Maternity was better than threshold, and above the national average (*pages 7 and 31*)
Please note that the Maternity response rate was incorrectly reported as 48.6% last month for April. The correct value was 35.4%

Achieving

May-16	6
Apr-16	5
Mar-16	4

Better than national average

May-16	4
Apr-16	6
Mar-16	4

Areas requiring performance improvement

A number of workforce indicators continue to report underperformance, including, staff turnover rate, vacancy rate, appraisals and mandatory training *(pages 7, 29 and 30),*
•Friends and Family response rates for A&E were below threshold (*pages 7 and 31*)
• The Staff Friends and Family response rate was worse than target and *(pages 7 and 29*)

New to category this month:

• The percent of bank pay was worse than target *(pages 7 and 29)*

Not achieving

May-16	6
Apr-16	7
Mar-16	8

Worse than national average

May-16	5
Apr-16	4
Mar-16	6

NB. Indicators achieving relate only to where targets have been set - as seen on the indicator summary. Ratings showing the number of indicators better or worse than the national average relate to only those indicators where the national average was available.

West Hertfordshire Hospitals NHS Trust

Indicator Summary

West Hertfordshire Hospitals NHS Trust

Domain	Indicator	Target	Latest three data points (Most Recent)			YTD Actual	YTD Target	Executive Lead	Month	Included in Detailed Reports	National / Local	National avg.	National avg. Period	Trend	Data Quality RAG	Financial impact
Safe, Effective, Caring	SHMI (Rolling 12 months)	100	✓ 93.4	✓ 95.5	✓ 94.1			MD	Nov-15	Y	National	100	Nov-15		G	
	HSMR - Total (Rolling three months)	100	✓ 83.8	✓ 82.8	✓ 82.9			MD	Feb-16	Y	National	100	Feb-16		G	
	Crude Mortality Rate (Non elective ordinary)**	3.3%	✓ 3.2%	✓ 2.6%	✓ 2.3%	✓ 2.5%	3.3%	MD	May-16	Y	National	3.2% (East of Eng.)	Feb-16		G	
●	30 Day Emergency Readmissions - Combined *	4.0%	✗ 6.9%	✗ 6.3%	✗ 7.3%	✗ 6.8%	4.0%	MD	May-16	Y	National	11.4%	2011-12		G	£ Marginal tariff reimbursement, possible penalties
	30 Day Emergency Readmissions - Elective *	n/a	3.4%	2.8%	3.2%	3.0%	n/a	MD	May-16	Y	National	n/a			G	£ Marginal tariff reimbursement, possible penalties
	30 Day Emergency Readmissions - Emerg *	n/a	10.1%	9.5%	10.7%	10.2%	n/a	MD	May-16	Y	National	n/a			G	£ Marginal tariff reimbursement, possible penalties^
	Number of patients with a length of stay > 14 days *	tbc	363	383	370	753	tbc	MD	May-16		Local	n/a			G	£ Reduction in reimbursement vs largely fixed costs. No penalty levied.
	Staff FFT % recommended care	tbd NHSI^	61.2%	N/Av	68.0%	64.0%	tbd NHSI^	DoW	Mar-16	Y	National	n/a			G	
	Inpatient Scores FFT % positive	tbd NHSI^	93.0%	93.2%	93.5%	93.4%	tbd NHSI^	CN	May-16	Y	National	95.9%	Apr-16		G	
	A&E FFT % positive	tbd NHSI^	88.4%	92.3%	89.1%	90.4%	tbd NHSI^	CN	May-16	Y	National	86.1%	Apr-16		G	
	Daycase FFT % positive	tbd NHSI^	98.1%	99.7%	98.5%	99.0%	tbd NHSI^	CN	May-16	Y	National	n/a			G	
	Maternity FFT % positive	tbd NHSI^	95.5%	94.2%	95.3%	94.8%	tbd NHSI^	CN	May-16	N	National	96.4%	Apr-16		G	
	% Complaints responded to within one month or agreed timescales with complainant	tbd NHSI^	48.7%	33.8%	36.0%	34.8%	tbd NHSI^	CN	May-16	N	Local	n/a			R	
	Complaints - rate per 10,000 bed days	tbd NHSI^	37.9	28.4	32.3	30.4	tbd NHSI^	CN	May-16	N	National	n/a			R	
●	Mixed sex accommodation breaches	0	✗ 4	✗ 6	✗ 10	✗ 16	0	CN	May-16	N	National	37 Trusts breaching	Apr-16		G	£ Penalties from CCG. £250 per day per service user.
◆	Clostridium Difficile	3	✓ 2	✓ 0	! 3	✓ 3	6	CN	May-16	Y	National	Nationally C-diffs down by 17.9% April	Apr16 vs 17		G	£ Penalties from CCG, fines from other statutory authorities. £10,000 per case above threshold.
	MRSA bacteraemias	0	✓ 0	✓ 0	✓ 0	✓ 0	0	CN	May-16	Y	National	n/a			G	£ Penalties from CCG, fines from other statutory authorities. £10,000 in respect of each incidence in the relevant month.

* Performance may change for the current month due to data entered after the production of this report
** Crude mortality threshold UCL upper control limit (2 standard deviations from mean)
tbd NHSI^ - threshold/target to be determined by Trust Development Agency guidance when available
NB. Where national avg. blank - information not currently available

^Calculation of emergency re-admissions penalty – Re-admission rate is applied to the value of all admitted activity. 25% of this is then applied on the basis that this proportion is avoidable.

Exception indicators key
- ● Red for a minimum of two data points and amber for one, out of the latest three data points
- ◆ Red for the latest data point

Data Quality RAG key
Red – Data accuracy is not known, it is incomplete and inconsistent with relevant standards
Amber – Data is assumed to be complete and accurate, although there may be limitations or unresolved queries
Green – Data is complete, accurate and consistent with the standards set for the specific indicator

West Hertfordshire Hospitals NHS Trust

Indicator Summary

West Hertfordshire Hospitals NHS Trust

Domain		Indicator	Target	Latest three data points (Most Recent)			YTD Actual	YTD Target	Executive Lead	Month	Included in Detailed Reports	National / Local	National avg.	National avg. Period	Trend	Data Quality RAG	Financial impact
Safe, Effective, Caring		Never events	0	✓ 0	✓ 0	✓ 0	✓ 0	0	MD	May-16	Y	National	n/a			G	£ Penalties from CCG, fines from other statutory authorities, prosecution^
		Serious incidents - number*	tbd NHSI^	4	4	5	9	tbd NHSI^	MD	May-16	Y	National	n/a			A	
		% of patients safety incidents which are harmful	n/a	16.4%	13.9%	14.5%	14.2%	n/a	MD	May-16	Y	National	n/a			A	
		Medication errors causing serious harm *	0	✓ 0	✓ 0	✓ 0	✓ 0	0	MD	May-16	Y	National	n/a			A	
	●	CAS Alerts: Number issued each month	0	✗ 4	✗ 1	✗ 23	✗ 23	0	CN	May-16	Y	National	n/a			A	
	◆	Harm Free Care	95.0%	✓ 95.1%	✗ 94.2%	✗ 91.9%	✗ 93.1%	95.0%	CN	May-16	Y	National	93.9%	May-16		G	
		% New Harms (Safety Thermo - New/All Harms)*	tbd NHSI^	20.0%	18.9%	8.2%	12.8%	tbd NHSI^	CN	May-16	Y	National	36.2%	May-16		G	
		Pressure Ulcers New Harms*	tbd NHSI^	2	3	1	4	tbd NHSI^	CN	May-16	Y	National	WHHT 0.16 vs 1.0	May-16		G	
		Falls New Harms*	tbd NHSI^	3	0	1	1	tbd NHSI^	CN	May-16	Y	National	WHHT 0.16 vs 0.6	May-16		G	
		Catheter & UTI New Harms*	tbd NHSI^	1	1	0	1	tbd NHSI^	CN	May-16	Y	National	WHHT 0.00 vs 0.3	May-16		G	
		VTE New Harms*	tbd NHSI^	0	3	2	5	tbd NHSI^	CN	May-16	Y	National	WHHT 0.33 vs 0.4	May-16		G	
	●	VTE risk assessment*	95.0%	✗ 90.2%	✗ 90.7%	✗ 91.1%	✗ 90.9%	95.0%	MD	May-16	Y	National	95.5%	Q4 2015		A	
	●	Caesarean Section rate - Combined*	26.5%	✗ 30.2%	✗ 29.0%	✗ 31.7%	✗ 30.4%	26.5%	MD	May-16	Y	Local	26.7%	Apr15-Aug15		A	
		Caesarean Section rate - Emergency*	n/a	19.6%	21.0%	21.1%	21.1%	n/a	MD	May-16	Y	Local	15.3%	Apr15-Aug15		A	
		Caesarean Section rate - Elective*	n/a	10.6%	7.9%	10.6%	9.3%	n/a	MD	May-16	Y	Local	11.4%	Apr15-Aug15		A	
		Maternal deaths	0	✓ 0	✓ 0	✓ 0	✓ 0	0	MD	May-16	N	National	n/a			G	
	●	Patients admitted directly to stroke unit within 4 hours of hospital arrival *	90.0%	✗ 40.0%	✗ 52.5%	✗ 52.0%	✗ 52.3%	90.0%	DCEO	May-16	Y	National	59.8%	Oct-Dec 15		G	
		Stroke patients spending 90% of their time on stroke unit *	80.0%	✗ 71.4%	✗ 77.5%	✓ 88.0%	✓ 81.5%	80.0%	DCEO	May-16	Y	National	84.4%	Oct-Dec 15		A	

* Performance may change for the current month due to data entered after the production of this report
tbd NHSI^ - threshold/target to be determined by Trust Development Agency guidance when available

^Recovery of cost of procedure or episode plus any additional charge incurred for corrective procedure or care in consequence to the event.

Exception indicators key

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◆ Red for the latest data point

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Responsive	●	Referral to Treatment - Admitted*	90.0%	✗ 70.6%	✗ 66.7%	✗ 65.7%	✗ 66.2%	90.0%	DCEO	May-16	Y	Local	79.3%	Apr-16		G	
	●	Referral to Treatment - Non Admitted*	95.0%	✗ 89.5%	✗ 88.7%	✗ 87.7%	✗ 88.2%	95.0%	DCEO	May-16	Y	Local	92.1%	Apr-16		G	
	●	Referral to Treatment - Incomplete*	92.0%	✗ 89.7%	✗ 88.6%	✗ 89.1%	✗ 88.9%	92.0%	DCEO	May-16	Y	National	91.6%	Apr-16		G	£ CCG penalty of £100 in respect of each excess breach above the threshold
	◆	Referral to Treatment - 52 week waits - Incompletes	0	✓ 0	✗ 2	✗ 1	✗ 3	0	DCEO	May-16		National	870 (all Trusts)	Apr-16		G	
		Diagnostic wait times	99.0%	✓ 99.96%	✓ 99.9%	✓ 99.9%	✓ 99.9%	99.0%	DCEO	May-16	Y	National	98.2%	Apr-16		G	£ CCG penalty of £200 in respect of each excess breach above the threshold
	●	ED 4hr waits (Type 1, 2 & 3)	95.0%	✗ 73.6%	✗ 79.2%	✗ 85.9%	✗ 82.6%	95.0%	DCEO	May-16	Y	National	90.0%	Apr-16		G	£ CCG penalty of £120 in respect of each excess breach above the threshold (cap off 8% of attendances)
		ED 12hr trolley waits	0	✓ 0	✓ 0	✓ 0	✓ 0	0	DCEO	May-16	Y	National	203 (all Trusts)	Apr-16		G	£ CCG penalty £1,000 per incidence
	●	Ambulance turnaround time between 30 and 60 mins	0	✗ 429	✗ 473	✗ 388	✗ 861	0	DCEO	May-16	Y	Local	n/a			R	£ CCG penalty £200 per service user waiting over 30 mins
	●	Ambulance turnaround time > 60 mins	0	✗ 513	✗ 276	✗ 96	✗ 372	0	DCEO	May-16	Y	Local	n/a			R	£ CCG penalty £1,000 per service user waiting over 60 mins
	◆	Cancer - Two week wait *	93.0%	! 93.1%	✓ 94.7%	✗ 92.8%	✓ 93.8%	93.0%	DCEO	May-16	Y	National	94.7%	Q4 15/16		A	£ CCG penalty breaches per qtr in excess of tolerance is £200 for each breach.
	◆	Cancer - Breast Symptomatic two week wait *	93.0%	✗ 91.6%	✓ 94.9%	✗ 87.8%	✗ 91.6%	93.0%	DCEO	May-16	Y	National	93.6%	Q4 15/16		A	£ CCG penalty breaches per qtr in excess of tolerance is £200 for each breach.
		Cancer - 31 day *	96.0%	✓ 100.0%	✗ 95.6%	✓ 98.2%	✓ 96.8%	96.0%	DCEO	May-16	Y	National	97.5%	Q4 15/16		A	£ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.
		Cancer - 31 day subsequent drug *	98.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	98.0%	DCEO	May-16	Y	National	99.2%	Q4 15/16		A	£ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.
		Cancer - 31 day subsequent surgery *	94.0%	✗ 93.8%	✗ 92.9%	✓ 100.0%	✓ 96.4%	94.0%	DCEO	May-16	Y	National	95.3%	Q4 15/16		A	£ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.
	◆	Cancer - 62 day *	85.0%	✓ 86.9%	✓ 88.2%	✗ 78.5%	✗ 83.6%	85.0%	DCEO	May-16	Y	National	82.1%	Q4 15/16		A	£ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.
		Cancer - 62 day screening *	90.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	90.0%	DCEO	May-16	Y	National	91.9%	Q4 15/16		A	£ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.

Exception indicators key

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West Hertfordshire Hospitals NHS NHS Trust

Indicator Summary

	Domain	Indicator	Target	Latest three data points (Most Recent)			YTD Actual	YTD Target	Executive Lead	Month	Included in Detailed Reports	National / Local	National avg.	National avg. Period	Trend	Data Quality RAG	Financial impact
	Responsive	Urgent operations cancelled for a second time	0	✓ 0	✓ 0	✓ 0	✓ 0	0	DCEO	May-16	Y	National	n/a			G	
●		Number of patients not treated within 28 days of last minute cancellation	0	✗ 10	✗ 13	✗ 4	✗ 17	0	DCEO	May-16	Y	National	11 (avg. all Trusts)	Q4 15/16		G	
●		Delayed Transfers of Care (DToC)*	3.5%	✗ 6.6%	✗ 6.1%	✗ 5.7%	✗ 5.9%	3.5%	DCEO	May-16	Y	National	6.0%	Feb-16		G	£ Marginal tariff reimbursement, possible penalties
		Delayed Tranfers of Care (DToC) beddays used in month		1,192	1,135	1,277	2,412		DCEO	May-16	Y	National	n/a			G	£ Marginal tariff reimbursement, possible penalties
●		Outpatient cancellation rate	8.0%	✗ 14.7%	✗ 13.0%	✗ 10.8%	✗ 11.9%	8.0%	DCEO	May-16	Y	Local	n/a			G	
		Outpatient cancellation rate within 6 weeks^	5.0%	5.5%	5.3%	4.1%	4.7%		DCEO	May-16	Y	Local	n/a			G	

^ Excluding valid cancellations (cancellations to provide earlier appointments, cancellations due to where patients have died and cancellations to appointments made in error)
NB. Where national avg. blank - information not currently available
**DToC benchmark estimated by total delayed patients nationaly as percentage of occupied general and accute beds*

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Indicator Summary

^ Excluding valid cancellations (cancellations to provide earlier appointments, cancellations due to where patients have died and cancellations to appointments made in error)
NB. Where national avg. blank - information not currently available
**DToC benchmark estimated by total delayed patients nationaly as percentage of occupied general and accute beds*

Domain		Indicator	Target	Latest three data points (Most Recent →)			YTD Actual	YTD Target	Executive Lead	Month	Included in Detailed Reports	National / Local	National avg.	National avg. Period	Trend	Data Quality RAG	Financial impact
Well Led	●	Staff turnover rate (rolling 12 months)	12.0%	✗ 15.6%	✗ 15.9%	✗ 15.9%	✗ 15.9%	12.0%	DoW	May-16	Y	National	13.5% (Beds and Herts orgs)	Dec-15		G	
		Staff turnover rate (rolling 3 months)		14.3%	14.6%	16.8%	✗ 15.7%	0.0%	DoW	May-16	Y	National	13.5% (Beds and Herts orgs)	Dec-15		G	
		% staffleaving within first year (excluding medics and fixed term contracts)		14.4%	14.4%	14.6%	14.5%	0.0%	DoW	May-16	Y	National	n/a			G	
		Sickness rate	3.5%	✓ 3.3%	✓ 3.1%	✓ 2.9%	✓ 3.0%	3.5%	DoW	May-16	Y	National	3.8% (EoE orgs)	Dec-15		R	£ Payments made to staff for nil productivity
	●	Vacancy rate	5.0%	✗ 11.4%	✗ 13.5%	✗ 14.2%	✗ 13.9%	5.0%	DoW	May-16	Y	National	11% (local survey)	Dec-15		G	£ Costs saved in short term for nil productivity
	●	Appraisal rate (non-medical staff only)	95.0%	✗ 70.3%	✗ 74.2%	✗ 76.5%	✗ 76.5%	95.0%	DoW	May-16	Y	National	85% (local survey)	Dec-15		G	
	●	Mandatory Training	100.0%	✗ 85.6%	✗ 86.0%	✗ 86.4%	✗ 86.2%	100.0%	DoW	May-16	Y	Local	86% (local survey)	Dec-15		G	
	●	% Bank Pay**	6.6%	✗ 6.8%	! 6.5%	✗ 7.1%	✗ 6.8%	6.8%	DoW	May-16	Y	Local	n/a			G	£ Costs at established rates rather than premium
		% Agency Pay**	16.0%	✓ 15.3%	✓ 14.0%	✓ 14.8%	✓ 14.4%	15.3%	DoW	May-16	Y	Local	11.4% (local survey)	Dec-15		G	£ Costs at premium rates rather than established
		Temporary costs and overtime as % of total paybill** (Inc. unfunded beds)	22.6%	! 22.5%	✓ 21.1%	! 22.4%	✓ 21.8%	22.5%	DoW	May-16	Y	National	n/a			G	£ Premium payments of various types vs established rates
		*Temporary costs and overtime as % of total paybill** (Excl. unfunded beds)*		✓ 16.0%	✓ 14.0%	✓ 14.8%	14.4%	16.0%	DoW	May-16	Y	National	n/a			G	£ Premium payments of various types vs established rates
		Inpatient FFT response rate	54.0%	✗ 39.1%	✗ 41.3%	✓ 64.0%	✗ 53.0%	54.0%	CN	May-16	Y	National	25.4%	Apr-16		G	
	●	A&E FFT response rate	20%	✗ 4.7%	✗ 4.9%	✗ 6.6%	✗ 5.8%	20.0%	CN	May-16	Y	National	12.9%	Apr-16		G	
		Daycases FFT response rate	tbd NHSI^	49.6%	53.1%	53.1%	53.1%	tbd NHSI^	CN	May-16	Y	National	n/a			G	
	◆	Staff FFT response rate	50%	✗ 20.8%	N/Av	✗ 16.9%	✗ 16.9%	50%	DoW	Mar-16	Y	National	n/a			G	
		Staff FFT % recommended work	tbd NHSI^	58.4%	N/Av	57.0%	57.4%	tbd NHSI^	DoW	Mar-16	Y	National	n/a			G	
		Maternity FFT response rate	38%	✗ 35.3%	✗ 35.4%	! 41.8%	! 38.6%	38%	CN	May-16	N	National	23.8%	Apr-16		G	

**Perfomance for current month may change due to data entry post production of this report*
**Medication errors causing serious harm data for latest month is provisional and subject to validation. Temporary costs and overtime performance is provisional for the current month*

Exception indicators key
● Red for a minimum of two data points and amber for one,
◆ out of the latest three data points
Red for the latest data point

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Finance

West Hertfordshire Hospitals NHS Trust

Financial Overview as at 31 May 2016

Month 2 Income & Expenditure

£m	Plan	Actual	Variance
Surplus (Deficit)	(4.8)	(4.4)	0.4

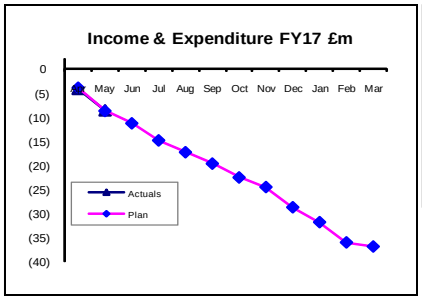
YTD

£m	Plan	Actual	Variance
Surplus (Deficit)	(8.7)	(8.7)	0.0

Statutory Duties

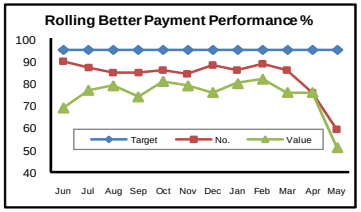
Breakeven	The Trust's plan is to deliver a deficit position in FY17.	R
CRL	The Trust has not exceeded its Capital Resource Limit.	G
EFL	The Trust has managed spend within its External Financing Limit.	G
10 Days' Cash	Cash at 31/05/16 equated to 7 days' spend	R
BPPC	Month 2 performance -59% by number and 51% by value (95% target)	R

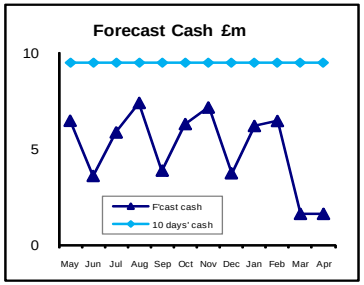
Financial Risk Rating	**M2**	R

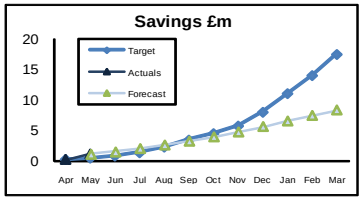


YTD Variance by Division

	£m	% Budget
Medicine	(0.7)	(16)
Unscheduled Care	(0.3)	(27)
Surgery	0.3	(14)
Women's	0.1	2
Clinical Support	0.1	7
Estates & Facilities	0.0	0
Corporate	0.0	0
Other	0.6	
Total	**0.0**	







Savings and outlook for FY17:

Savings achieved at £0.87m in Month 2 vs plan of £0.82m (YTD on plan). Achievement of full £17.5m and possibly more required to meet deficit targets.

Around 75% of FY17 savings identified at this time, with those that have been identified being risk-assessed and delivery-assisted by the PMO.

Statutory duties:

Reliant on cash support from DH/NHSI, but within borrowing and capital expenditure limits.

Financial risks remain high but underlying controls are strong, and alongside agreed recovery actions (embedded within FY17 plan) will strengthen the Trust's position in future months.

Operational performance:

Month favourable to plan by £0.4m (on plan YTD).
Revised control total proposals received by NHSI and under discussion.
CQUIN management much improved on FY16 with agreed divisional targets and plans to implement.
Contract penalties under discussion, with broad agreement reached not to levy. Update to follow.

Finance

Statement of Comprehensive Income (I&E)

Month 2 (May) Budget	Month 2 (May) Actual	Month 2 (May) Var		YTD Budget	YTD Actual	YTD Var	Prior Year Actual
			Volumes				
3,280	3,421	141	Elective	6,609	6,799	190	6,404
4,458	4,168	(290)	Non elective	8,743	7,855	(888)	8,380
33,105	35,889	2,784	Outpatient	66,626	69,898	3,272	62,871
10,223	9,897	(326)	A&E	19,973	19,281	(692)	18,239
£000's	£000's	£000's		£000's	£000's	£000's	£000's
			NHS REVENUE				
4,095	4,503	407	Elective	8,273	8,738	466	7,885
8,474	8,076	(397)	Non elective	16,579	15,631	(948)	14,976
5,536	6,003	466	Outpatient	11,206	11,685	479	10,938
1,286	1,276	(10)	A&E	2,493	2,431	(62)	2,206
1,197	1,204	7	Critical care	2,343	2,451	108	2,311
3,219	3,258	38	Other NHS revenue	6,460	6,499	39	5,940
23,807	**24,318**	**512**	**TOTAL NHS REVENUES**	**47,354**	**47,436**	**82**	**44,256**
26	19	(7)	Private Patients	51	38	(14)	116
118	(33)	(151)	Other non-NHS clinical income	236	49	(187)	213
144	**(15)**	**(158)**	**TOTAL Non NHS Clinical**	**287**	**87**	**(200)**	**329**
722	694	(28)	Education & Training	1,443	1,397	(46)	1,414
1,238	1,292	54	Other Revenue	2,425	2,537	112	2,561
426	-	(426)	Income savings	488	-	(488)	-
2,386	**1,986**	**(400)**	**TOTAL OTHER REVENUE**	**4,356**	**3,934**	**(422)**	**3,975**
26,335	**26,291**	**(46)**	**NET HOSPITAL REVENUE**	**51,998**	**51,457**	**(540)**	**48,561**

FY17 outturn / FY17 plan

FY17 expected income growth is factored into the Annual Planning assumptions, and contractual terms have been agreed with HVCCG and others. Small areas of block contract, but otherwise activity-related reimbursement.

CQUIN management is more robust than in previous years, with monthly formal monitoring and more regular operational controls.

Operational performance:

NHS income for the month was £512k above plan in the month (£371k excluding high cost drugs), broken down by: £397k below in admitted non-elective care, £407k above in admitted elective care, £466k in outpatients. CIP savings will be rolled into NHS revenue directly from June.

Non-elective care remains a concern, with a YTD adverse variance of £0.95m to budget reflecting an activity under-performance of 888 spells.

The 'volume variance (that is the value of under-performance attributable to the 888 spell under-performance) is £1,892k and the value attributable to a favourable case-mix is £944k.

Previous maternity concerns continue to be addressed, with senior divisional appointments made in-month.

Finance

West Hertfordshire Hospitals NHS Trust

Statement of Comprehensive Income (I&E)

Month 2 (May) Budget	Month 2 (May) Actual	Month 2 (May) Var		YTD Budget	YTD Actual	YTD Var	Prior Year Actual
18,171	16,178	1,993	Permanent / Bank Staff	36,216	32,155	4,061	32,751
434	2,811	(2,377)	Agency	1,192	5,416	(4,223)	5,712
447		447	Unidentified pay savings	424		424	
19,052	**18,989**	**63**	**TOTAL PAY**	**37,832**	**37,571**	**261**	**38,463**
1,675	1,877	(202)	Drugs	3,386	3,577	(191)	2,734
2,582	2,594	(12)	Clinical services	5,183	5,104	79	4,656
6,453	6,410	43	Non-clinical services	11,930	12,064	(134)	11,258
41		41	Unidentified non-pay savings	31		31	
10,751	**10,881**	**(130)**	**TOTAL NON-PAY**	**20,529**	**20,745**	**(215)**	**18,648**
(3,468)	**(3,580)**	**(112)**	**EBITDA**	**(6,364)**	**(6,858)**	**(494)**	**(8,550)**
625	583	42	Depreciation & Amortisation	1,250	1,250	0	1,333
439	119	320	Interest	518	225	292	89
293	183	110	Dividends Payable	586	366	220	650
(4,824)	**(4,465)**	**360**	**Surplus / (Deficit)**	**(8,718)**	**(8,699)**	**19**	**(10,622)**

CIP schemes

The FY17 agency cost run rate of £32.5m compares with the £24.4 FY17 target, noting the likely need to reduce gross agency costs by more than £8m to make a sufficient contribution to the FY17 savings target. Costs are still in line with the plan to achieve this, noting further work to be done.

All cross-cutting CIP themes are closely monitored through formal monthly meetings, and more frequent operational actions. Full year targets of £17.5m must be met in order to avoid greater financial difficulties for the Trust, the success of which will depend on Trust-wide efficiency schemes alongside smaller but consistently implemented ideas from all staff and volunteers.

Operational performance:

Pay costs are favourable to plan in both Month 2 and YTD (See CIP & agency notes).

Drugs overspend of £0.20m is mainly within Medicine (£0.16m) and due to high cost drugs offset by favourable spend on prescriptions.

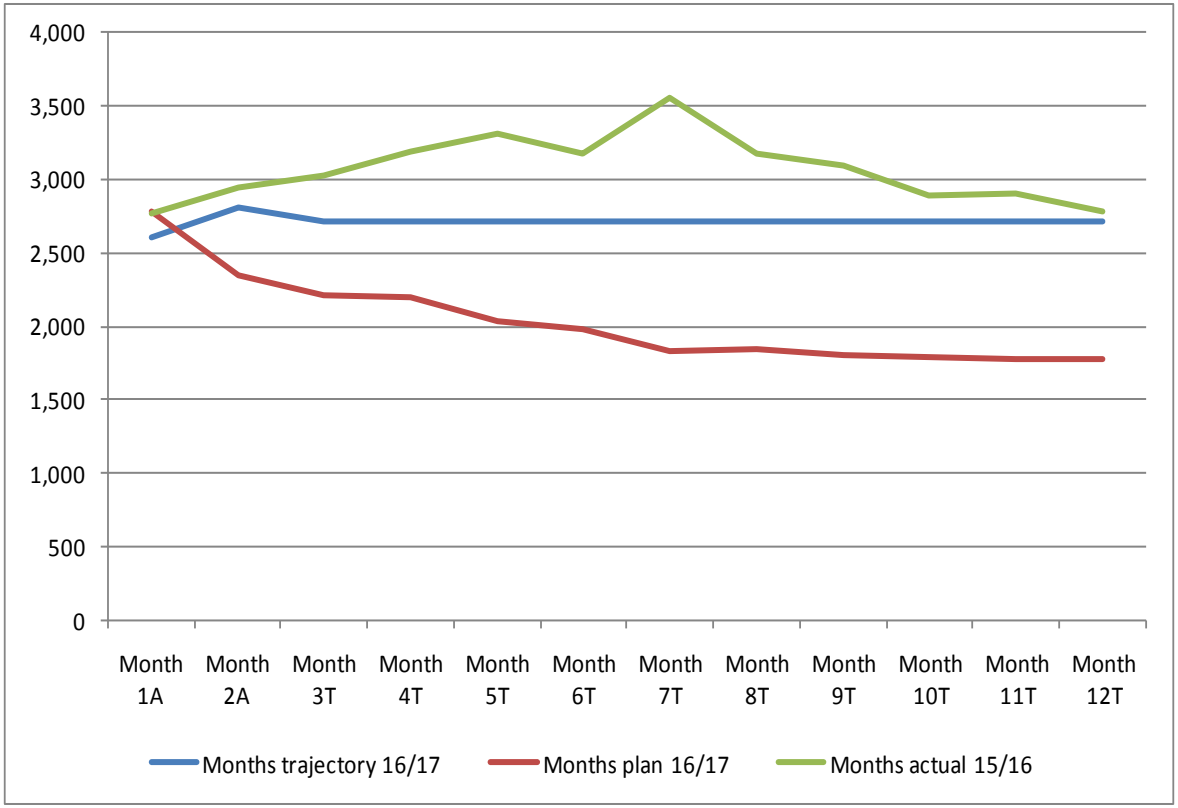
Favourable variances in interest & dividends arose through revised calculations of Trust liabilities in-month.

The Trust continues to progress prudent planning for FY17, and the Finance & Performance Committee monitors progress against this plan.

Finance

Agency spend trajectory

	Month 1A	Month 2A	Month 3T	Month 4T	Month 5T	Month 6T	Month 7T	Month 8T	Month 9T	Month 10T	Month 11T	Month 12T
Cumulative trajectory 16/17	2,605	5,416	8,124	10,832	13,540	16,248	18,956	21,664	24,372	27,080	29,788	32,496
Cumulative plan 16/17	2,788	5,139	7,353	9,554	11,590	13,575	15,404	17,251	19,060	20,855	22,633	24,406
Cumulative actual 15/16	2,772	5,712	8,744	11,930	15,236	18,418	21,978	25,157	28,255	31,149	34,046	36,827
Months trajectory 16/17	2,605	2,811	2,708	2,708	2,708	2,708	2,708	2,708	2,708	2,708	2,708	2,708
Months plan 16/17	2,788	2,351	2,214	2,201	2,036	1,985	1,829	1,847	1,809	1,795	1,778	1,773
Months actual 15/16	2,772	2,940	3,032	3,186	3,306	3,182	3,561	3,179	3,098	2,894	2,898	2,780



Green - Last year, peaked in winter months and declined as agency caps and other measures were implemented.

Blue - This year, where we will be if YTD spend continues unchanged, i.e. missed target.

Red - This year, where we need to be in order to achieve target expenditure of £24.4m. Planned decline as final cap implemented , and stable expenditure in second half.

Note:
The major risk to meeting the agency cap is the need to increase staffing capacity in isolated areas (e.g. cardiology) to cope with increased activity.

Finance

	2016/17 Plan	2016/17 spend to date	2016/17 forecast
	£m	£m	£m
Sources			
Depreciation generated cash	8.7	1.5	8.7
Additional CRL from working balances	0.1	0.1	0.1
Additonal capital loans b/f	1.6	1.6	1.6
Reduction of CRL for loan repayment	-3.8		-3.8
sub total - c/fwd	6.6	3.2	6.6
Loan from WBC - Access road	2.0		2.0
sub total approved CRL	8.6	3.2	8.6
ITFF - Strategic Business cases	2.0		2.0
ITFF - Other essential projects	8.9		8.9
Donated asset grants	0.0		0.0
Other grants	0.0		0.0
Total sources of funds for capital programme	19.5	3.2	19.5
Applications			
2016/17 c/fwds	6.6	0.8	8.3
Access Road - IFRS adjustment	2.0		2
Sub total	8.6	0.8	10.3
Unapproved projects (Pending Funding Application)			
Backlog estates	3.4	0.3	3.6
IT projects	0.9	0.1	0.9
Equipment	1.8	0.1	1.8
Strategic Schemes	2.0	0.1	2.0
Other	2.8		0.9
Total applications of funds	19.5	1.3	19.5
Net funding surplus or (deficit)	0.0	1.8	0.0

- Capital spend to May £1.3m
- Forecast spend includes overspend on MRI/CT and Endoscopy of £1.7m and new Cardiology business case for works in Sexual Health building in Watford site for £0.2m
- Application for funding to DH for £10.9m plus £1.7m overspend on MRI/CT and Endoscopy is in progress
- Funding will be challenging in FY17 as signalled by NHSI
- All new capital projects will need to have funding available and approval by appropriate committees before any money is committed

Detailed reports

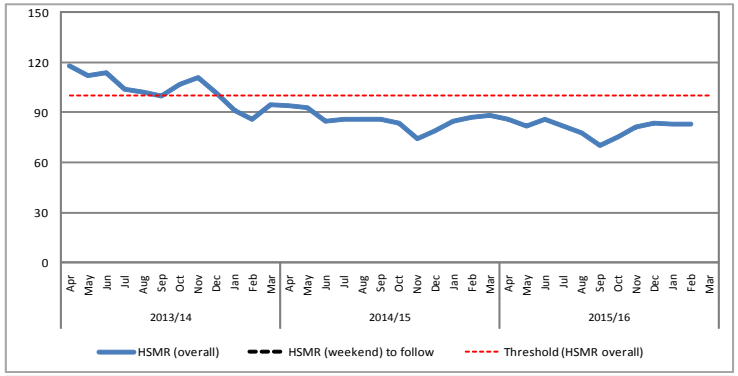
Safe, effective, caring

Reporting sub committee - PSQ

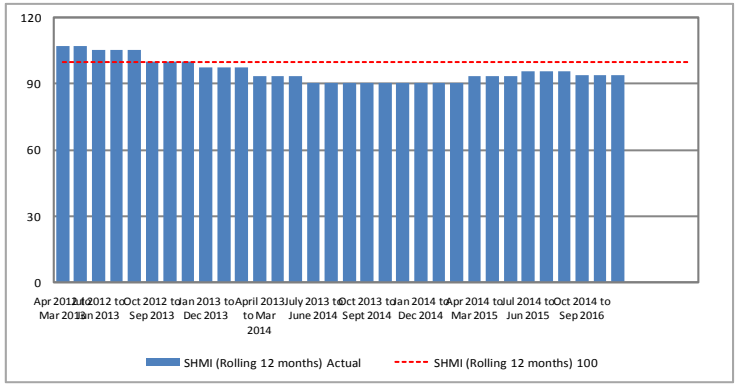
Executive lead	Clinical lead	Operational lead
*Dr Mike Van der Watt Tracey Carter		

Performance relative to targets/ thresholds		
	Achieving	Not achieving
May-16	5	3
Apr-16	4	2
Mar-16	4	2

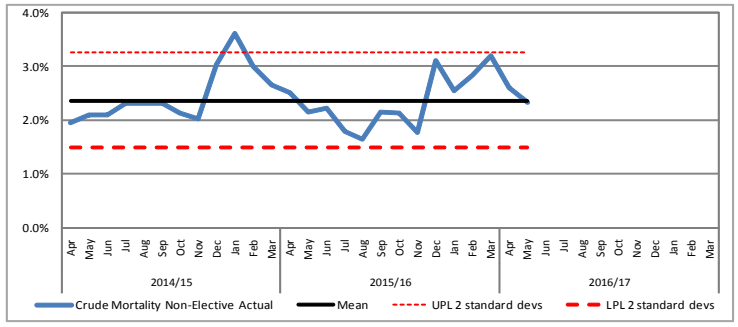
Hospital Standardised Mortality Ratio (HSMR)*



Summary Hospital Mortality Indicator*



Crude mortality rate (non-elective)*



Hospital mortality indices continue to sustain improvements. The trust has gone from being in the bottom decile (2013) to being in the top performing quartile within the Hospital Standardised Mortality Ratio (HSMR). Within the region, the Trust is one of eight (out of 17 trusts nationally) with a 'lower than expected' HSMR.

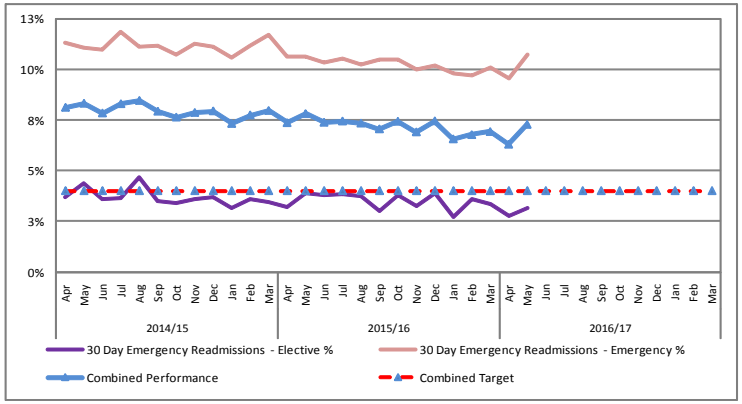
For the most recent 12 month period (*March 2015 to February 2016*), West Hert's HSMR of 85.25 is lower than expected. Our Trust compares favourably nationally and is the 15th lowest HSMR out of 136 non specialist trusts nationally (top 11%). Within the East of England region we have the fourth lowest HSMR.

There is a significant difference between the weekday and weekend HSMR for emergency admissions but neither is higher than expected.

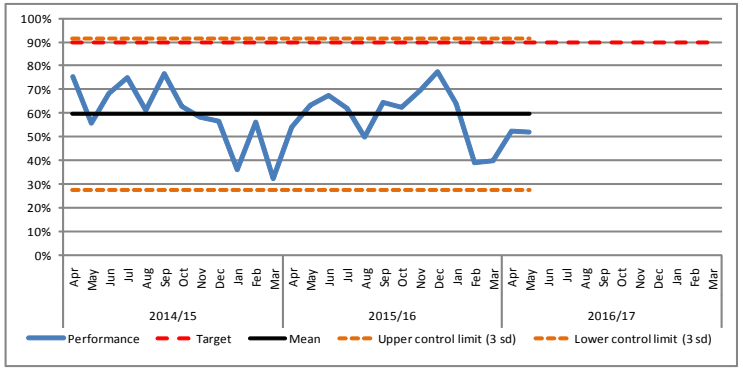
There was a peak over the winter period in crude mortality which was mirrored nationally.

The Summary Hospital Mortality Indicator (SHMI) is as expected. The Trust continues to hold Mortality Review meetings monthly, with CCG participation.

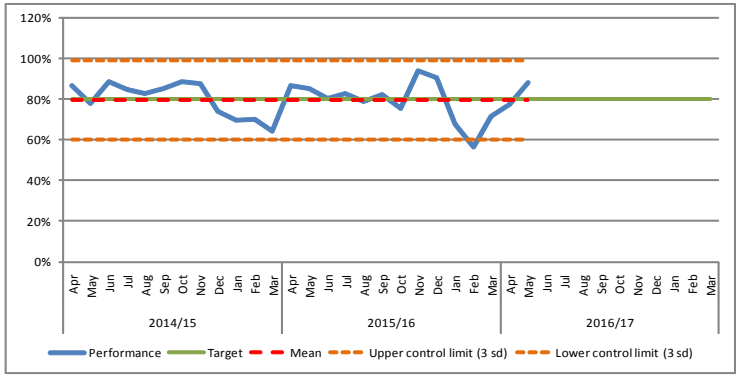
% Emergency re-admissions within 30 days following an elective or emergency spell*



Patients admitted directly to stroke unit within 4 hours of hospital arrival*



Stroke patients spending 90% of their time on stroke unit*



Stroke 60 mins, stroke care and STeMI 150 mins* (to follow)

Emergency Readmissions

Emergency Readmission rates have dropped since Q4 of last year, however an audit process has been put in place, which is being led by the consultants in Unscheduled Care and Medicine divisions.

The notes of readmitted patients will be reviewed and assessed for additional insight into how and why these patients could have been prevented from being readmitted.

The initial results of audits in Unscheduled Care suggest a significant proportion of patients could not have been prevented from re-admittance, however the audit results will be assessed appropriately when completed.

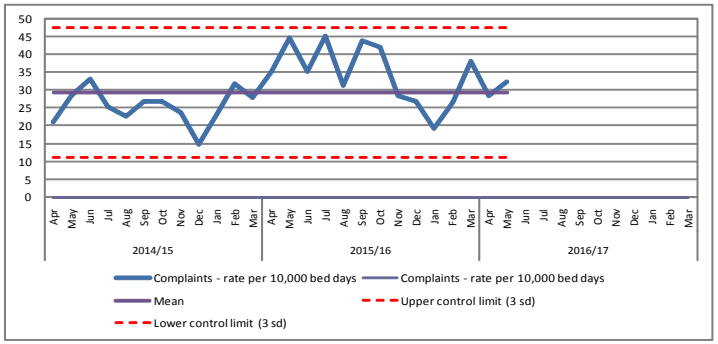
A standardised audit approach for readmissions has now been agreed and a consultant led review of readmitted patients will be initiated in the coming weeks.

Stroke

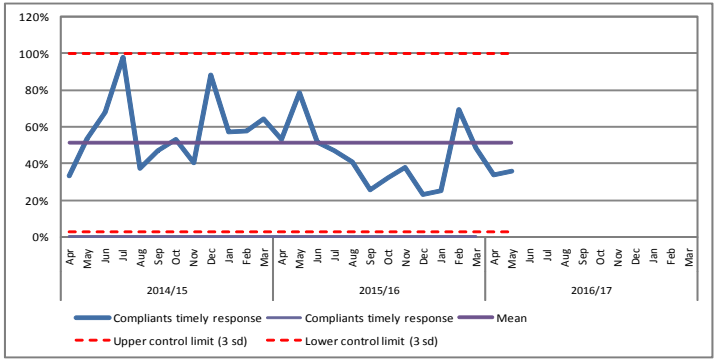
In May the Trust achieved the target for stroke patients to spend 90% of their time on the stroke unit. Although there is still much to do. Work has begun with the specialty and operational teams to review pathways of repatriated patients minimizing the impact on stroke bed capacity. Additionally, both teams are looking at increasing the awareness and visibility of outlying stroke patients, aiming for patients to get to a specialist stroke bed as soon as possible, once available.

For the reporting quarter of January –March 2016, total performance decreased compared to the last reporting quarter . Our team SSNAP level is B (was A in last report) and the combined SSNAP level is C (was B in last report).

Complaints - rate per 10,000 bed days



% Complaints responded to within one month or agreed timescales with complainant



Complaints rate per 10,000 bed days
In May, 64 new complaints were opened, an increase of 10 compared to the previous month.

The majority of complaints related to aspects of clinical services provided to patients within the Medical and Surgical divisions. In addition to complaints relating to clinical services, other common themes included communication and information provided to patients. In May, appointment delays and cancellations within outpatient settings were also cited as reasons for concern.

% Complaints responded to within one month or agreed timescales with complainant

During May, a total of 50 complaints were closed following investigation, 18 of which (36%) were closed within the timeframe assigned for investigation. This was a slight increase on the previous month where 34% of complaints were responded to in time.

Reasons for the low response rate within one month or agreed timescales with the complainant were due to delays in the clinical review and sign off process. This is being addressed by increasing the administrative support to coordinate the complaint investigations process . Vacancies in some areas remain a challenge. In addition, training programmes are being planned from August to support clinicians in providing clinical input where required alongside their existing clinical commitments..

The tracking and review of all complaints continues to be managed within the weekly meetings with the corporate complaints team and divisional teams.

Intentionally blank

Safe, effective, caring

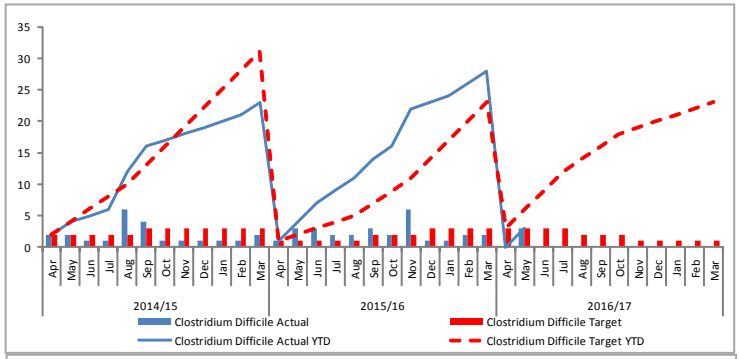
Reporting sub committee - PSQ

Executive lead	Clinical lead	Operational lead
*Dr Mike Van der Watt Tracey Carter		

Performance relative to targets/ thresholds

	Achieving	Not achieving
May-16	4	2
Apr-16	3	3
Mar-16	1	3

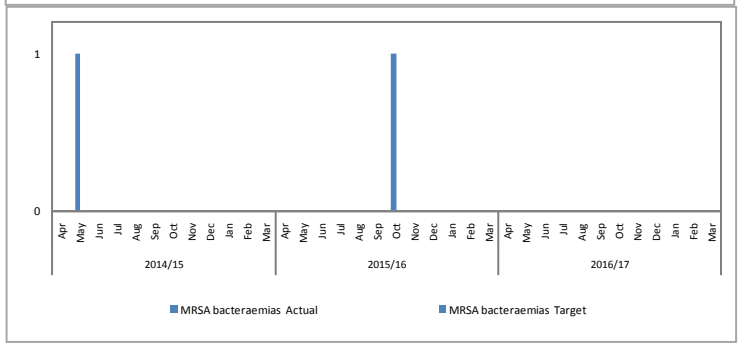
Clostridium Difficile



***Clostridium difficile* Infection (CDI)**

The target ceiling for WHHT apportioned CDI is 23. The monthly target is 3 from April to July, 2 from August to October then 1 per month from November to March 2017. In May we reported 3 cases of CDI. All 3 cases had different ribotypes, therefore there was no transmission. Targeted training and audits on the areas where there's has been a case of CDI have been undertaken by the Infection Prevention and Control nurses to support the ward staff. RCAs have been completed , lessons learned will be shared through Divisional Governance and Infection Prevention and Control Panel meetings.

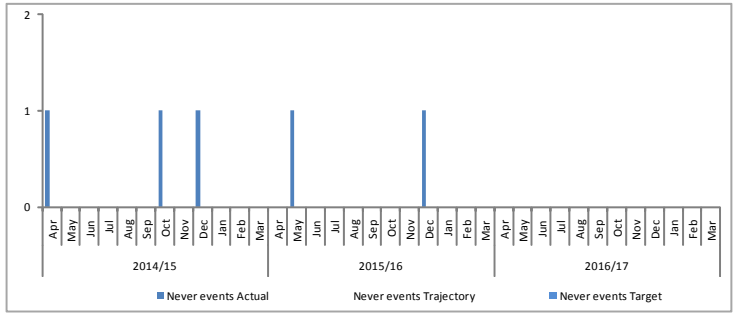
MRSA bactaraemias



MRSA bacteraemia:

The target ceiling target for MRSA bacteraemia is zero avoidable cases. In May we reported no cases of MRSA bacteraemia. Year to date is 0. The Trust continues to screen all relevant emergency admissions for MRSA. Those that are found to be positive for MRSA are placed in isolation rooms and commenced on the decolonisation protocol for MRSA (to reduce the amount of MRSA living on the skin or nose) and reduces the risk of spreading it to other patients. All previous MRSA positive patients have an Alert on their Clinicom records ,this alerts staff on appropriate placement and management of the patients on admission. A Vascular Access nurse commenced in February 2016, to support the management of vascular devices.

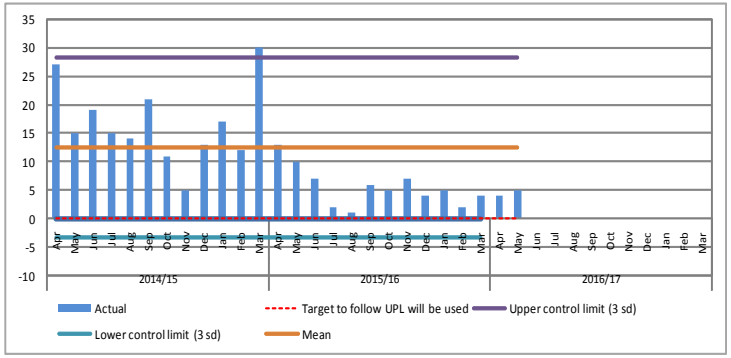
Never events*



Never Events

Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There were no never events recorded in April 2016.

Serious incidents



There were 5 Serious Incidents (SIs) declared in May, compared to 4 each in March and April. The Trust is reporting significantly fewer SIs than in 2014/15; this is due to the consistent and robust way in which the national criteria for SIs is being applied in line with the focus of the new framework to 'do less better'. Slide 36 includes a divisional breakdown.

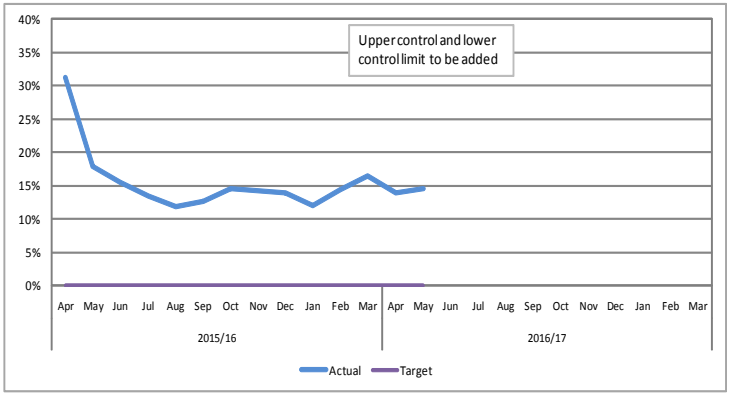
The Trust currently has a total of 16 open SIs (Including 10 ongoing investigations and 5 completed reports with the CCG in QA process). Three divisional RCA's were declared. At the end of May there were no overdue investigations waiting to be submitted to the CCG.

The following actions and processes are in place to enable learning and evidence of learning to be assured;

- 45 day review meetings allow the RCA to be discussed and challenged by the relevant clinical and management teams prior to the action plan being written.
- The SI review group undertakes a deep dive for all never events and reviews all SI action plans for completion and that evidence gives assurance of actions being undertaken and that learning has taken place.

There were three 45 day review meetings in May. The last SI review group took place in April. The next one is scheduled for July.

% of reported patient safety incidents that are harmful



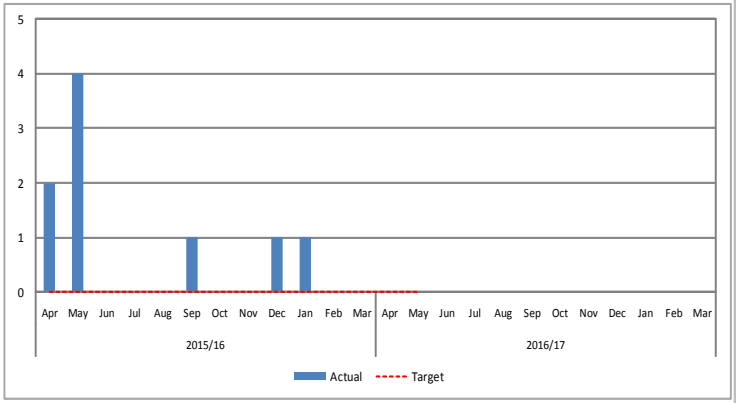
% of Patient Safety Incidents which are harmful

The table below shows the reported degree of harm for patient safety incidents reported in May 2015 and May 2016. These data included are indicative of an effective and proactive reporting culture in that an increased number of incidents were reported in May 2016 from May 2015 with an increase of no harm and a reducing severity level of harm reported as related to the incident.

	May 15	May 16
No Harm	639	698
Low	83	71
Moderate	35	28
Severe	10	8
Death/ Catastrophic	11	3
Total	778	808

Of the severe and catastrophic harm incidents reported in May (11 combined) 9 have not yet been validated at the data was reported, therefore the harm classification has not been confirmed. It should be noted that these figures relate to harm as recorded on Datix, the harm validation process is under review to ensure that the severe harm and death incidents are validated in a timely manner.

Medication errors causing serious harm*



Medication incidents causing serious harm

There were no medication incidents causing serious harm reported in May 2016 and there has been no serious harm medication incidents reported in 2016/17 to date. The incident reported in January 2016 is subject to an ongoing investigation.

Safe, effective, caring

Reporting sub committee - PSQ

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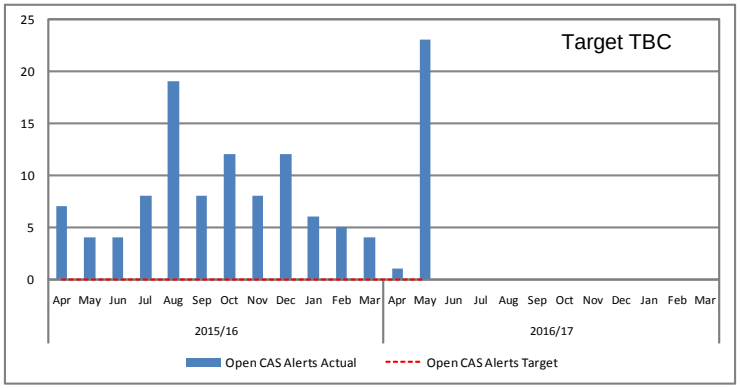
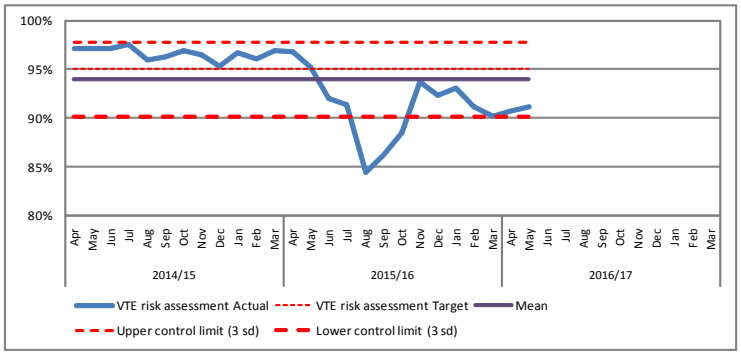
*Dr Mike Van der Watt Tracey Carter		

Performance relative to targets/ thresholds		
	Achieving	Not achieving
May-16	1	3
Apr-16	1	3
Mar-16	0	4

CAS alerts: Number issued each month



VTE risk assessment*



NB. From next month the CAS alerts information will be changed to Where the acknowledgement is overdue (Class 4: for information only), and where the response is overdue (Class 2: Action within 28 hours)

CAS

Actions	
Open CAS alerts	13
Closed in month	3
Breached in month	0
Currently overdue	0

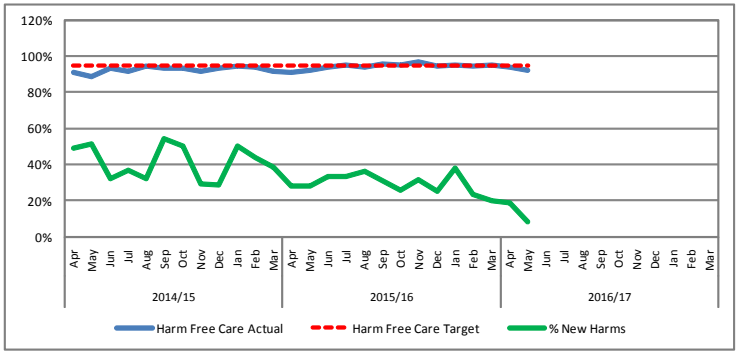
There were no overdue CAS alerts in May 2016.

VTE
The Trust has adopted a far more rigorous approach regarding compliance with VTE, in that if the assessment has been done but is not signed, this is considered non-compliant even if the treatment / prophylaxis is prescribed.

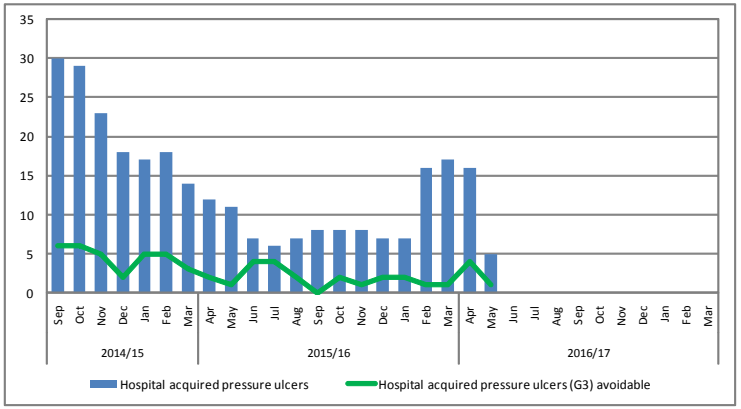
A new policy is in place regarding VTE prophylaxis, with consultant review at post take ward rounds. The Medical Director has emphasised consultants' responsibilities in ensuring this aspect of care is prescribed. It has come to light that the audit of compliance has being using local rather than national criteria, which has significantly reduced the apparent compliance rate. This has been rectified, and the reported compliance is expected to therefore increase.

A new daily ward round proforma, reminding clinicians of VTE assessment (and other measures) is being trialed, and the new ward "white boards" have a VTE check embedded.

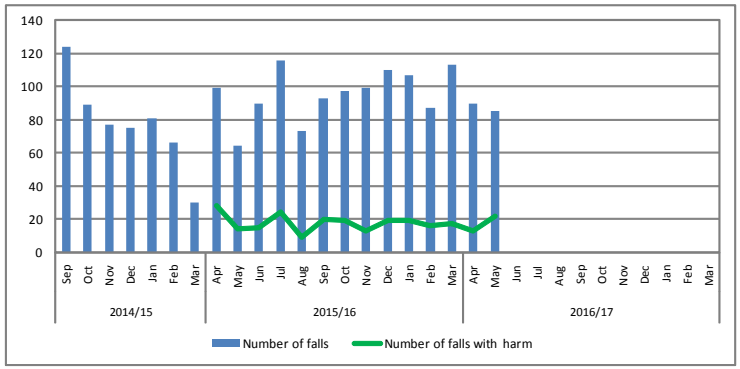
Percentage of Harm Free Care and New Harms



Hospital acquired pressure ulcers



Falls and falls with harm



Harm Free Care – Safety Thermometer

'Harm free' care as defined by the absence of pressure ulcers, harm from a fall, urine infection (in patients with a catheter) and new VTE.

In May Harm Free Care for the Trust was 91.93%, the national average is 94.44% . This includes harms acquired in and outside of the Trust.

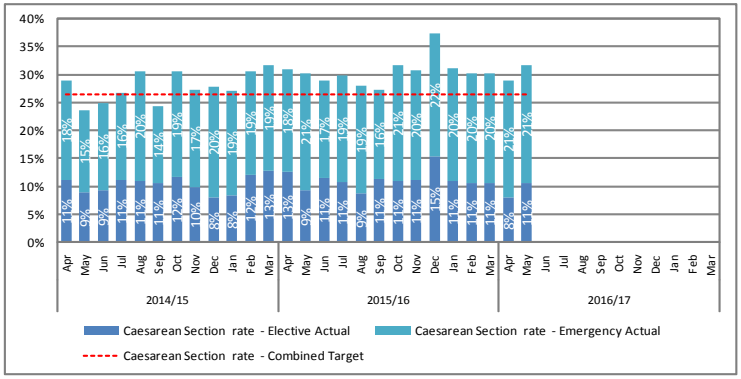
New Harm Free care for May 2016 is 99.34% which is above the national figure of 97.81% . This only includes harms acquired in the Trust. Since May 2015, the Trust has improved new Harmfree Care by 1.56 percentage points.

In May the Trust had one new pressure ulcers grade 2 ; Zero new harm with catheter and a new UTI. Nine falls were recorded with one recording harm, and one new VTE was recorded. We are working jointly with the community to achieve further improvements across the patient pathway.

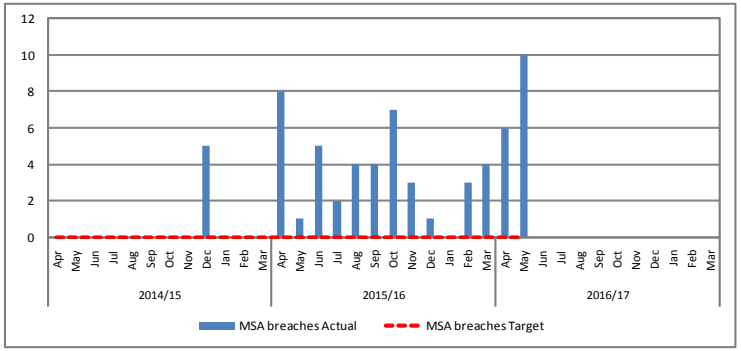
May16	National	WHHT	Milton Keynes	East and North	The Hillingdon
Pressure Ulcers - New	0.96	0.16	n/avail	0.17	0.21
Catheter & New UTI	0.29	-	n/avail	0.17	0.63
Catheters	13.08	16.80	n/avail	20.51	21.22
Falls with Harm	0.60	0.16	n/avail	0.17	0.21
All New VTEs	0.38	0.33	n/avail	0.68	0.42
New Harm Free	97.81	99.34	n/avail	98.81	98.53

NB. Data for Milton Keynes was not available for May.

C-section rate



Mixed sex accommodation



Mixed sex accommodation

All of the breaches occurred in ITU and were due to limited capacity for the care of step down patients requiring ongoing acute medical and surgical care.

Responsive

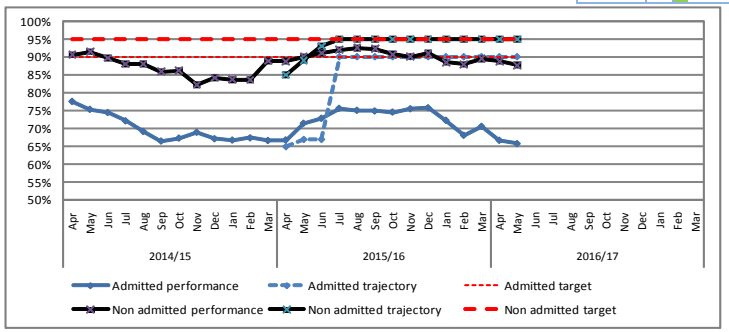
Reporting sub committee - F&P

Access indicators - RTT, diagnostics, cancelled operations and outpatient appointments

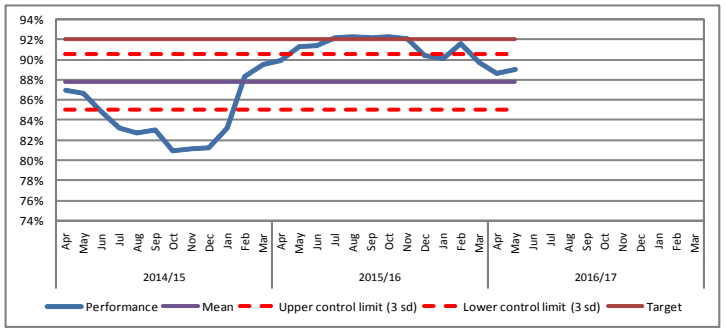
Executive lead	Clinical lead	Operational lead
Sally Tucker	Jeremy Livingstone	Jane Shentall

Performance relative to targets/ thresholds	Achieving	Not achieving
Apr-16	1	5
Mar-16	1	5
Feb-16	1	5

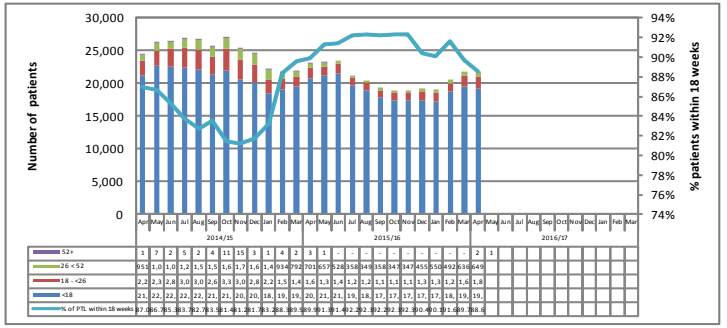
Completed pathways within 18 weeks



Incomplete pathways within 18 weeks



Incomplete pathways WL profile



RTT

There was some improvement in performance against the 18 week standard in May, at 89.12% against a national picture of 91.6%

The combination of increased referrals to a number of services and reduced activity as a result of industrial action in previous months, has resulted in an overall increase in the number of patients waiting over 18 weeks. (Non-admitted pathway activity was on average 400 clock stops lower in February, March & April).

The services of greatest concern in terms of 18 week performance are:
Pain 69.98%
ENT 79.02%
Cardiology 79.42%

Additional theatre lists and outpatient sessions continue as part of the performance recovery plan. Analysis of clock stops during May has shown an increase in backlog clock stops by almost 30% . The costs associated with provision of additional sessions provided this month are in the order of £26,000

The Cardiology Service expansion business case was presented to the Board and approved in May 2016.

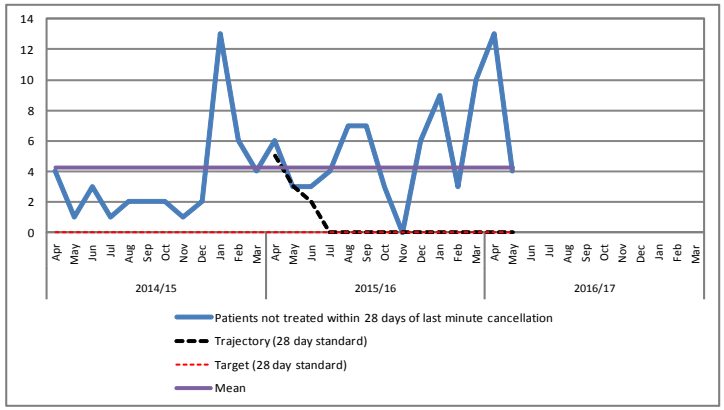
Ongoing referral demand has been highlighted to the CCG on a number of occasions, particularly in relation to Cardiology and Pain. The CCG have been asked to add referral and demand management to the monthly Planned Care SRG and further meetings are planned to discuss referral analysis.

Services that are achieving 92% or above have been given a stretch target to the next percentage point to support services where compliance is an issue. Local actions are being implemented to increase activity to reduce the backlog and achieve a sustainable compliant position.

52 week breach

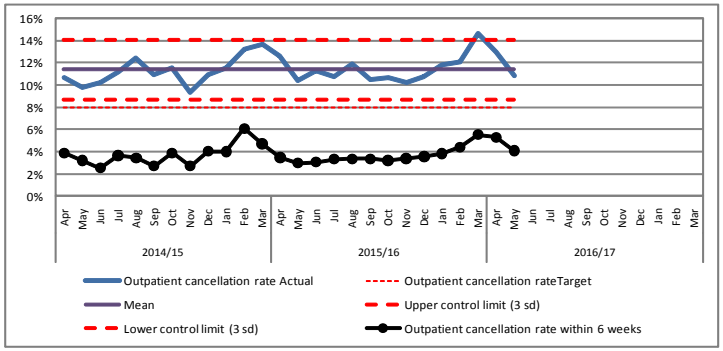
An increase in the trauma workload resulted in the last minute cancellation (on 27/5/16) of one of the 52 week breach patients reported last month. The patient was offered a new date and has since been treated (4/6/16).

Patients not treated within 28 days of last minute cancellation and urgent operations cancelled for 2nd time

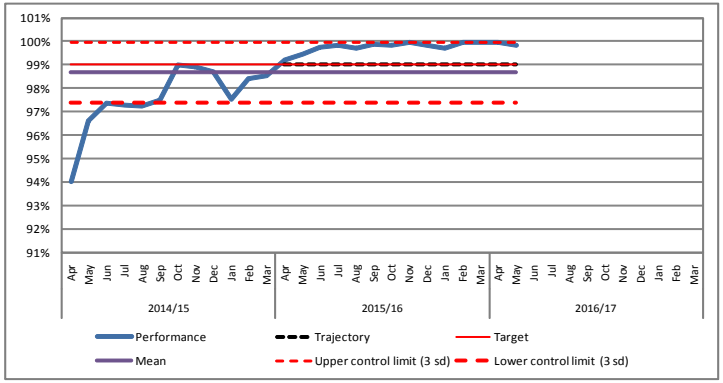


Hospital outpatient cancellations all and % cancelled* within 6 weeks

*(*excluding cancellations to provide earlier appointments, where patients have*



Diagnostics



Hospital cancellations – patients not treated within 28 days of last minute cancellation

The Surgical Division review reportable cancellations within their weekly activity meetings. Further emphasis on ensuring patients are rebooked within 28 days has resulted in a reduction from 13 breaches in April to 4 breaches reported for May.

Breach reasons – 2 x patient choice (less than 3 weeks notice of new TCI)
2 x new TCI offer not made within 28 days.

Hospital cancellations – patients cancelled within 6 weeks and overall

A significant reduction (>1%) in short notice hospital initiated outpatient appointment cancellations was achieved in May. The current rate is below the Trust's 5% tolerance and is the result of the robust approach to short notice cancellation requests from the divisions. Analysis of hospital initiated single appointment cancellations (as opposed to whole session cancellations) is now underway to identify themes/reasons for these cancellations.

Diagnostic wait times

The diagnostic waiting time standard is for 99% of patients referred for 15 diagnostic tests/procedures, should wait no longer than 6 weeks.

The strong performance against this standard has been delivered consistently since April 2015 and is better than the national position of 98.2%.

Responsive

Reporting sub committee - F&P

CWTs

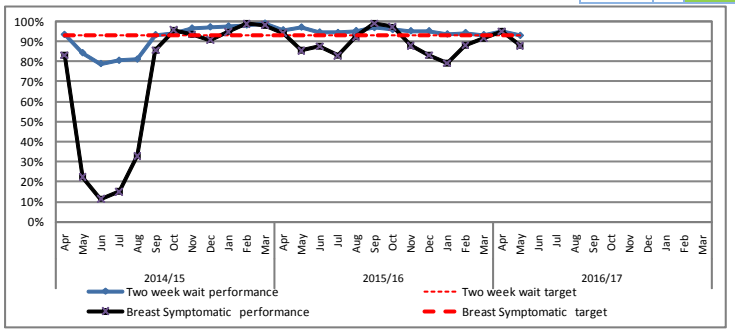
Executive lead	Clinical lead	Operational lead
Sally Tucker	Jeremy Livingstone	Jane Shentall

Performance relative to targets/ thresholds

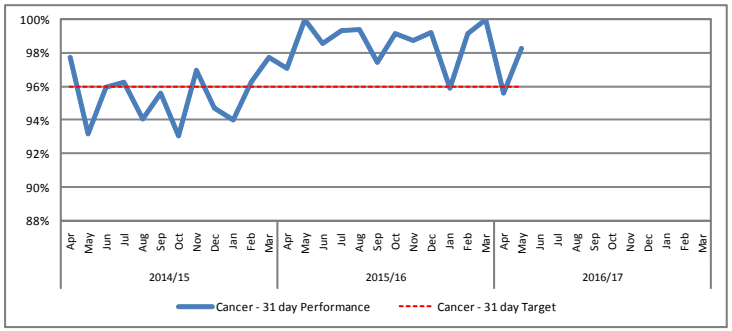
	Achieving	Not achieving
May-16	4	3
Apr-16	5	2
Mar-16	5	2

West Hertfordshire Hospitals NHS Trust

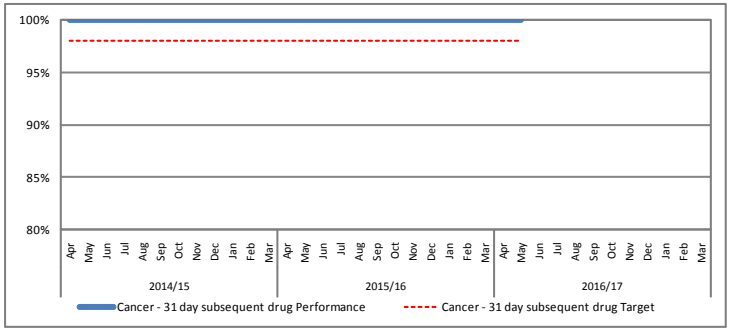
Two week standard and breast symptom two week standard



31 day standard



31 day subsequent drug standard



Breast symptomatic
May provisional position non compliant 87.8%
21 breaches for May. 19 patient choice and 2 due to patient being an inpatient.
Reduced capacity in May due to Radiologist cover. This reduces our ability to reappoint within 14 days after a patient cancellation.

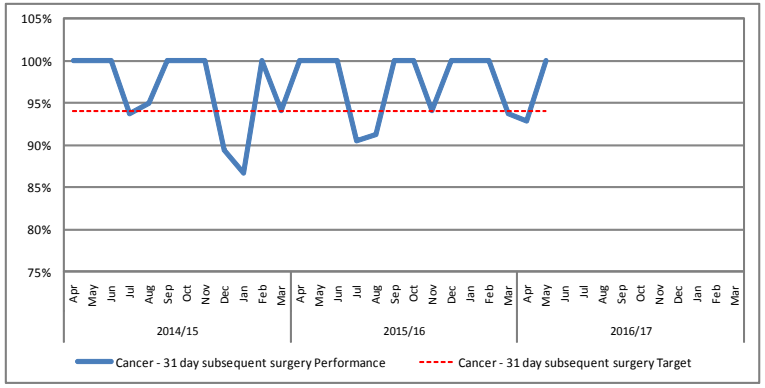
2ww
May provisional position non compliant 92.8%. There are still some validations to take place but it is unlikely to improve the overall position to a compliant level.
There were 87 breaches in May. Of these, 72 were due to patient choice and 4 were related to capacity. The main areas for non compliance were dermatology and breast.

The way in which 2ww and breast symptomatic appointments are offered is crucial in ensuring patients accept an appointment within 14 days. The Trust is working towards an enhanced out of hours appointment service as well as a new process for offering appointments during the day.

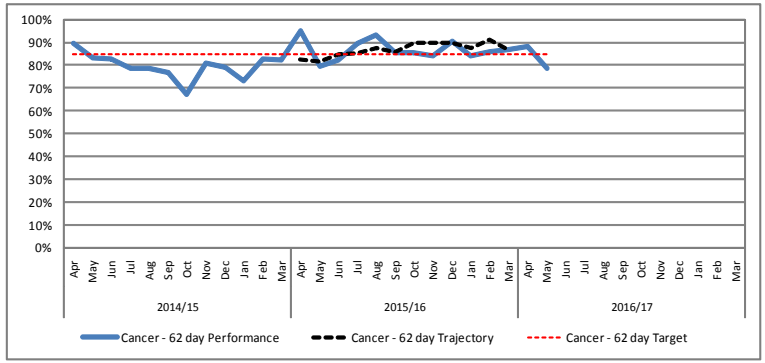
31 day first
May provisional position is compliant at 98.3%

31 day subsequent – drugs
May provisional position is compliant at 98.3%

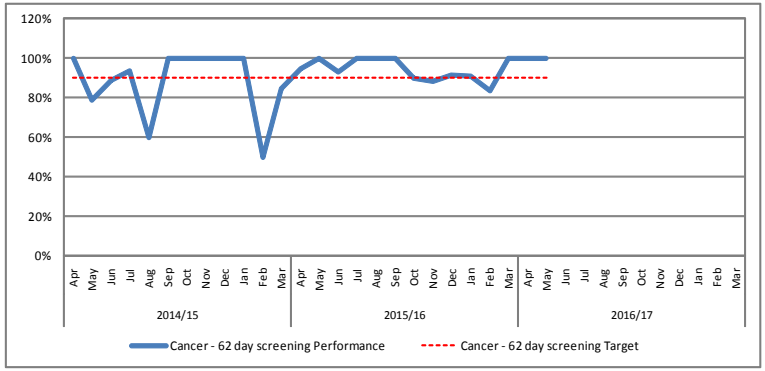
31 day subsequent surgery standard



62 day standard



62 day screening standard



31 day subsequent - surgery
May provisional position is compliant at 100%

The **62 day GP**
May provisional position is non compliant. There are currently 59.5 compliant pathways for May which is a significant drop from April. This could be due to the bank holidays and strikes in May.
There are currently 13.5 breaches in May. These have been validated and the position is unlikely to change.
The main specialties contributing to the breaches were urology, lower GI and head and neck.
The main reasons for breaching were patient choice/unfit, delays at tertiary centres, late referrals, complex pathways and admin delays.

Tumour site	April	May
Suspected breast cancer	94.9	100
Suspected lung cancer	100	50
Suspected haematological malignancies excluding acute leukaemia	100	-
Suspected upper gastrointestinal cancers	100	83.3
Suspected lower gastrointestinal cancers	57.9	50
Suspected skin cancers	100	88
Suspected gynaecological cancers	78.6	77.8
Suspected urological cancers (excluding testicular)	83.9	70.6
Suspected head and neck cancers	0	25
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	100	-
Total	**88.2**	**78.5**

The **62 day screening**
May provisional position is compliant at 100%

Responsive

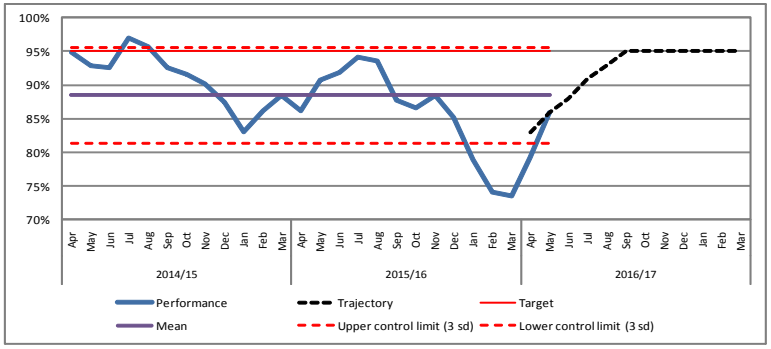
Reporting sub committee - F&P

Unscheduled care indicators - A&E, ambulance turnaround and DToC

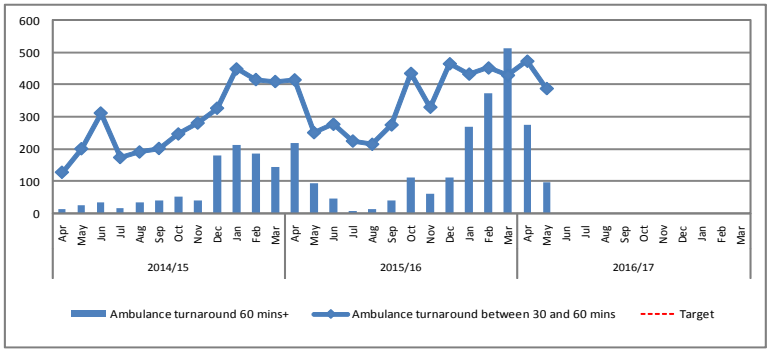
Executive lead	Clinical lead	Operational lead
Sally Tucker	Dr David Gaunt	

Performance relative to targets/ thresholds		
	Achieving	Not achieving
May-16	1	4
Apr-16	1	4
Mar-16	1	4

A&E



Ambulance turnaround time



A&E performance improved again in May to 85.9%, an increase of over 6%. The system is working hard to improve further. The position still continues to be impacted by high levels of DTOC patients, 5.7% against a target of 3.5%. Ambulance Turnaround over 60 mins improved significantly again in May from 276 to 96,handovers between 30 and 60 mins also decreased from 473 to 388. There is significant focus across all system partners to improve ambulance handover.

The Trust continues to work with ECIP partners and a team recently visited the A&E at Luton and Dunstable Hospital.

Front Door Flow, including acute assessment units

•Interviews will be taking place end September for a further A&E consultant this is an increase of 0.5 wte to the establishment.

•There is a plan to introduce a GP service into A&E from late June, the service will run between the hours of 13.00 – 23.00 Fri – Sun and 18.00 – 23.00 Monday – Thursday.

•A transport contingency plan is being developed to reduce the number of failed discharges due to transport, this should be in place late June and is supported by CCG colleagues.

•The Frailty service continues to embed , staffing allocation is currently under review. The admission criteria for the Langley beds has now been agreed. This has been confirmed as a CQUIN

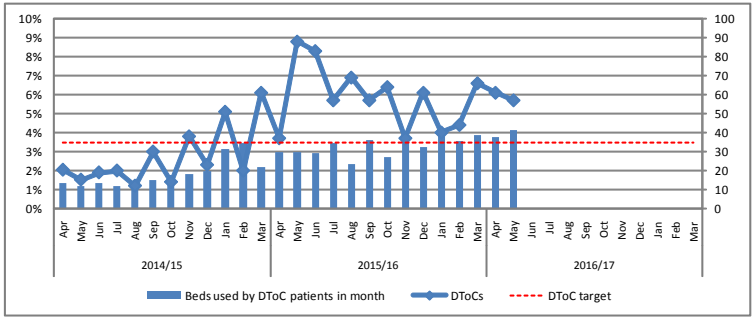
•Future projects for short – medium term are Twilight Service and ring fencing of assessment space on AAU L1 .

Hospital Patient Flow

Operationally , we have been successful in keeping assessment areas free of in patients, this has had a positive impact on patient experience , performance and efficiency.

The Divisional restructure has now been confirmed and will be in place on 1st July, the includes Ops Services team remaining in the USC Division, this enables and supports a new focus on patient flow from front to back door.

Delayed Transfers of Care (DToC)

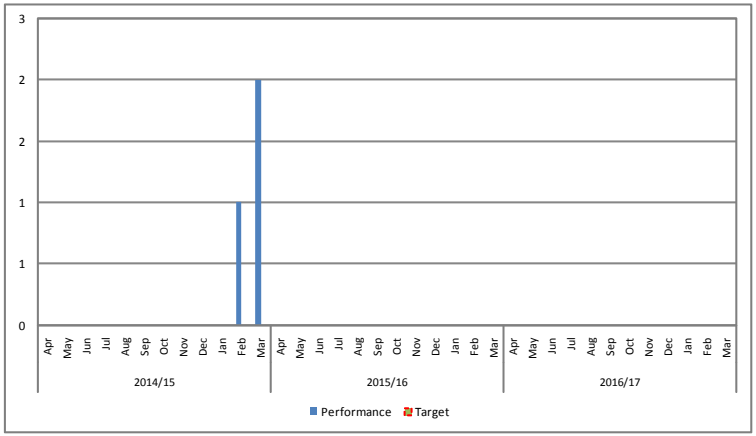


The number of Delayed Transfers of Care (DToC) remains a challenge for the Trust. In May, DToC patients accounted for 1277 beddays, representing over 41 occupied beds. This is the highest number of beds used by DToC patients recorded by the Trust.

The Trust also reports the national figure of the percentage of DToC. However this can be a misleading indicator since this is based on a snapshot of the number of patients waiting at a point in time in the month, rather than the total across the entire month. The total beds occupied by DToC patients is therefore a more useful measure to illustrate the impact of DToC.

Social care capacity remains a system-wide constraint to achieving target DTOC rates. The longer term development of the IDT and the links with Social Care and Community services is still being reviewed.

12 hour trolley waits



Ongoing escalation to system partners via SRG continues, with significant resource directed to generating additional capacity and improving discharge processes.

An IDT improvement plan is underway, however its impact will be marginal until capacity matches demand for onward health and social care services. The development of the discharge coordinators, including discharge planning books, standardised checklists and appropriate allocation of resource have all been identified as issues through the perfect ward projects which are now being owned by the IDT to implement.

Streamlined processes for data monitoring and reported have been introduced, as well as daily “live” patient monitoring with board briefings with the discharge planning nurses held daily. Lead roles have been introduced in relation to self-funders, and continuing healthcare (CHC) assessments, and a number of staff have been re-allocated to different areas to tackle issues of bottle necked referrals.

Well led

Reporting sub committee - Workforce

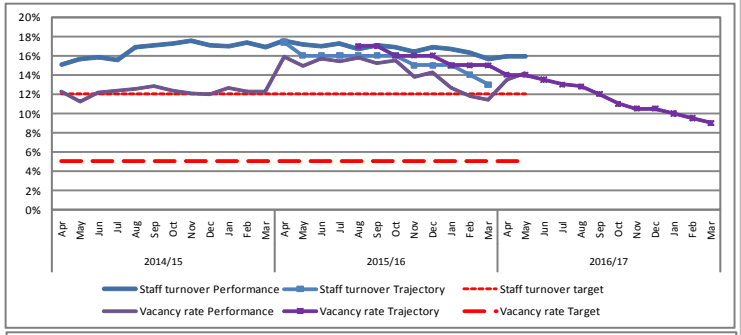
Workforce indicators - staff turnover, sickness, bank & agency, vacancy, appraisal, and mandatory training

Executive lead	Clinical lead	Operational lead
Paul da Gama		

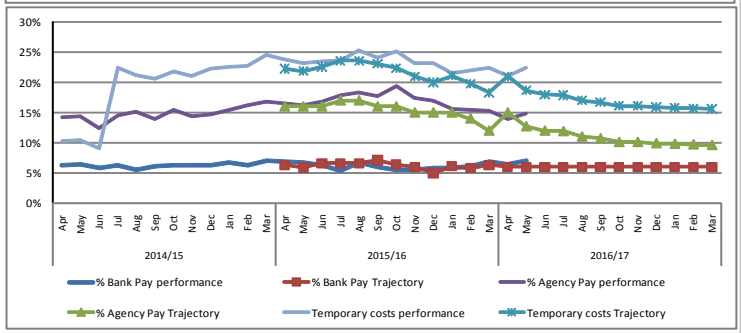
Performance relative to targets/ thresholds

	Achieving	Not achieving
May-16	2	6
Apr-16	2	6
Mar-16	3	5

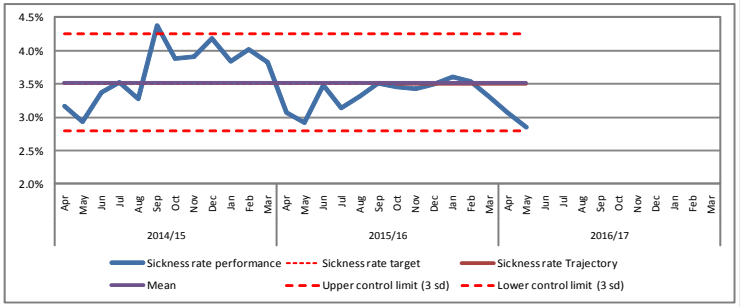
Staff turnover and vacancy rate



% bank, agency and temporary pay



Sickness rate

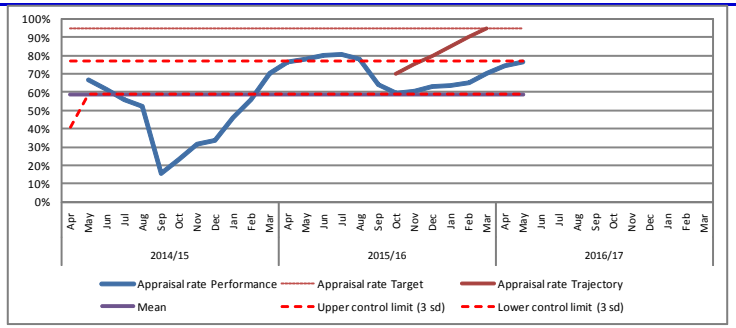


Turnover and Vacancies: At the end of May the Trust vacancy rate increased from 13.5% to 14.2%. This was purely due to an increase in establishment, of 43 wte positions, which would otherwise have resulted in a reduction in the vacancy rate. Despite the increase in establishment, the vacancy rate was still well below the Trust average for the first 9 months of last year, which was 15.1%, and the comparable figure for April 2015 (15.9%). Within the Trust vacancy rate, the figure for the overall nursing workforce increased to 14.8%, mainly due to the increase in nursing establishment for areas such as Tudor/Castle ward which are now formally established. The rate for Band 5 nurses increase also due to increases in establishment from 7.1% to 8.7%. It would have fallen to 5% otherwise.
The 12 month rolling turnover rate, having fallen in March from 16.3% to 15.6%, increased slightly to 15.9% in April and maintained this rate for May. This is still well below the average for the first 9 months of last year, which was 17.0%, and the comparable figure for April 2015 (17.3%).

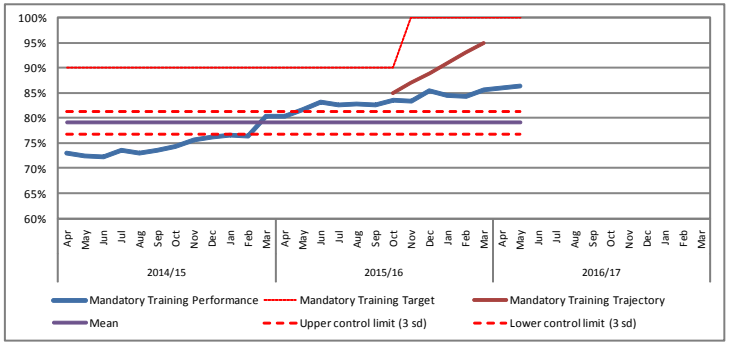
% Bank and Agency Expenditure: May saw a slight increase in Agency expenditure from 14% to 14.8%, but still less than 15.3% in March. Spend on our bank increased slightly to 7.1 of pay-bill in May compared to 6.5% in April – the overall temporary staffing expenditure was 22.2% of the paybill. This is partly due to 25 overseas nurses starting in month and requiring supernumerary cover until their registration is approved. We are no longer required to report separately on nursing agency expenditure; instead we have a target for overall agency spend, profiled across the year. Our May spend was slightly above our profiled figure for the month.
The Trust continues to implement a number of steps both internally and as part of the wider NHS to limit agency spend, including the national NHS agency rate-capping. Good progress is being made in achieving the rate caps both at a local level and in partnership across Herts and Beds, in terms of nursing, but less so with locums and AHPs. As anticipated, breaches increased in April with the implementation of the final tier of the national rate caps, but these reduced noticeably in May,

Sickness rate: Sickness is currently running at 2.8%, down from 3.1% in April. The Trust continues to run with a sickness rate slightly below peers, which was averaged 3.8% across Beds and Herts, measured in quarter 4 of 2015/16. A major review of sickness absence is ongoing. This includes auditing of local absence figures to ensure robust reporting is in place.

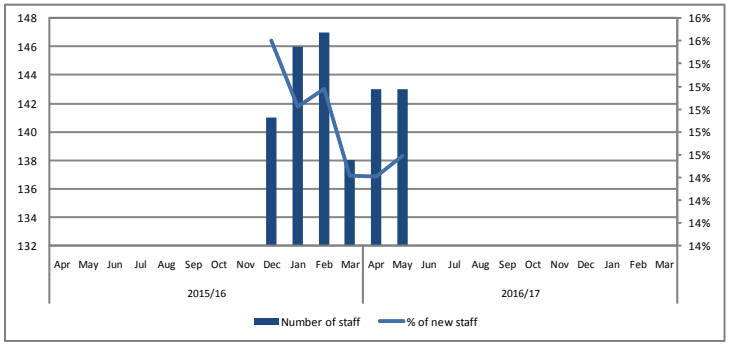
Appraisal rate
(non medical staff only)



Mandatory training



Number of staffleaving within first year (excluding medics and fixed term contracts)



Appraisal – non medical staff

The values-based appraisal rate has increased to 77% this month and is moving in the right direction but more work is required to achieve a 95% target. The HRBP's are working closely with Divisional Managers to work towards the 95% target and using weekly reporting to further target hot spot areas. Significant focus has been placed upon ensuring that support areas less impacted by service pressure complete appraisals which should further positively impact future figures.

Note went out from the COO to organisational leaders which stressed the importance of good appraisal compliance and this seems to have had a positive impact.

Communication has been shared to reiterate the link between appraisal completion and incremental pay awards. Training continues to be provided to managers on the new Appraisal and Pay Progression Policy and the Core Management Development Program has been rolled out for 2016 to include sessions for managers to develop their capability in relation to conducting appraisals.

Mandatory training

Mandatory training compliance has increased slightly to 87%. The team have done significant work to enable greater access to e-learning for mandatory training and this can now be done through a web based portal using 3 clicks from the intranet home page which should further positively impact figures over the next couple of months. The Trust is working with a new provider to for the Learning Management system which should enable a step change in terms of compliance as this will automate e-mail reminders to staff about the need to undertake training and signpost them to the relevant e-learning. In the short term a number of actions are being undertaken to ensure that 95% compliance is achieved by end of July. These actions include:

- E-learning material available via a weblink is being publicised and coaching offered
- Work underway to validate training data for accuracy
- Working with divisions to reduce the number of 'DNA's, currently circa 25%. Capacity of face to face training is not an issue.
- Strengthening requirement for mandatory training compliance before incremental payments are approved.
- Weekly reporting on compliance is being shared with divisions

Safe, effective, caring

Well led

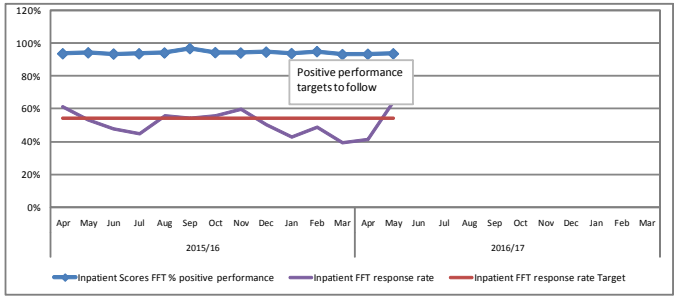
Reporting sub committees - PSQ and Workforce

Friends and family

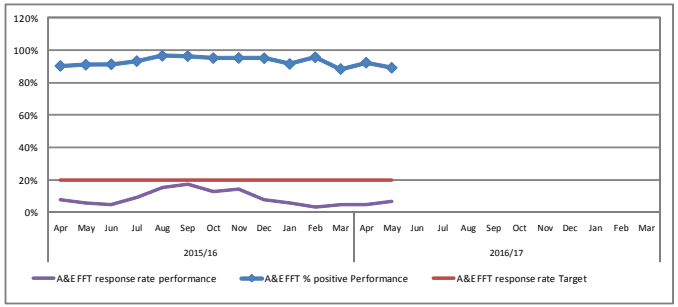
Executive lead	Clinical lead	Operational lead
Tracey Carter and Paul Da Gama		

Well led	Achieving	Not achieving
May-16	1	3
Apr-16	0	4
Mar-16	0	4

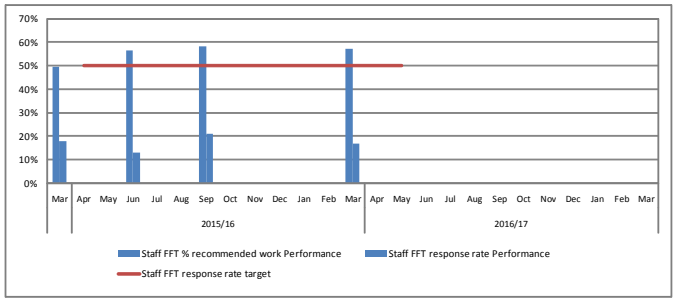
Inpatient scores (% positive and negative) and response rate



A&E scores (% positive and negative) and response rate



Staff scores (% reccommended and not recommended) and response rate



Inpatients

The overall response rate has increased to 60.6%, an increase of over 16% on last month. This may be due to the bank holiday collections back log so next month's performance will be eagerly anticipated to assess whether the improvement has been sustained. The positive rate of response has dropped slightly by 0.3% to 94.5, slightly under the 95% target. The rate of negative responses is similar in change to the positives with a 0.2% increase to 1.5% this month

A&E

The response rate has improved further this month from 4.7% to 6.6%. The positive response rate has reduced by 3.2% to 89.1% this month and the rate of negative responses has also increased by 0.3% to 4.3% this month.

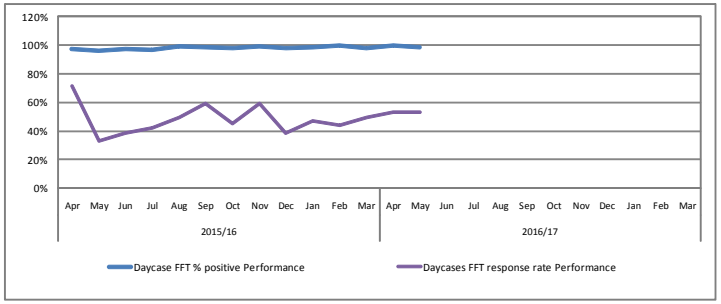
Maternity – Question 2

The response rate increased from 35.4% to 41.8% this month which is better than the target response rate of 38%. The positive response rate also increased, improving by 1.1% to 95.3%. This was above the positive response rate target of 95%.

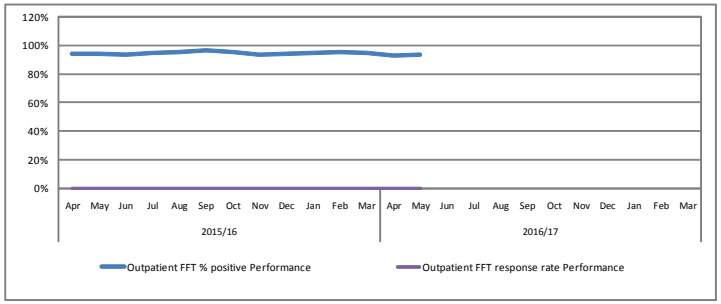
Staff

The Staff Friends and Family Test for Q1 ran between 19 May and 5 June. The Trust wanted to use the survey this time as a broader engagement exercise and as IWGC were unable to support us without incurring considerable extra costs, the decision was made to run this quarter's FFT in-house. This caused a slight delay to the survey going out and had an impact on resources and consequently the level it was promoted. As previously, the survey was available both online and on paper but the overall response rate this time was just 13%. Of these, 49% would recommend the Trust as a place to work and 58% would recommend the organisation for care and treatment. Both these figures are a drop from last time. This was the first time this in-house approach was used and therefore the concern is whether the approach taken negatively impacted the results. We will be reviewing this approach going forward.

Daycases scores (% positive and negative) and response rate



Outpatient scores (% positive and negative) and response rate



Daycase

The Trust is now measuring both the main DSU at SACH and also the Surgical admission lounge at WGH, which also has surgery patients. These are now included in the inpatient survey results.

The response rate for day cases has remained consistently high and an improving position in the positive response rate is evident.

Outpatient

In May the positive response rate increased by 0.1% to 93.2%. Negative responses increased by 0.5% increase to 2%

The most common negative response from patients continues to focus on waiting time/delays in being seen and parking.

Ward Scorecard

Areas of good performance	*Areas requiring performance improvement*	
The number of new harms this month continues to fall. **March –May16 Three month Trend** The top 5 performing clinical areas are: •1st AAUP/G 3 CCU •2nd Winyard •3rd Cleves •4th Starfish •5th Langley •The top 5 wards are performing well over the last 3 months across all indicators. • Langley and AAU PG3 wards are showing Green in the Test your Care Nine indicators - 98% for May 2016 **Indicators May 16** Green outcome indicators remain as pressure ulcers and infection control.	**March –May16 Three month trend** The bottom 5 clinical areas are: •22nd Letchmore •23rd Heronsgate •24th Tudor •25th Sarratt •26th AAU B/Y 3 remaining consistently at the bottom. Falls and Falls with Harm are Red rated areas on the Heat map **Actions** •Implementation of the Falls Campaign – All new paperwork (amended Risk booklet, Nursing Assessment •Proforma, and FALLSTOP pack) out in clinical areas • Posters highlighting Falls displayed in clinical areas and will be in the new bedside folders for patients. • Teaching on the new documentation taking place – 4 weeks. **May2016 TYC** •Overall results for adult inpatient wards is 84%. The three indicators for May that remain below 80% are- •Nutritional standards have decreased to 63% from 67% in April 2016 •Patient Observations standards have decreased to 77% in April from 78% March 2016. •Tissue Viability standards have remained static at 75% .	**Comment** • Methodology for Test Your Care audit collection refreshed and independent auditors working alongside ward sisters • Improvement plan being scoped by ward manager, Matron and HoN re AAU B/Y 3 • Launch of Fluid Guidelines following approval at Medicines Use and Safety Panel (MUSP) in May. •Safety huddles continue to be undertaken on wards, resulting in sustained improvement in handovers •New Nursing folders with a standardised layout and content. • Education and rollout of new care plans on personal hygiene, mouth care and breathing/ taken place in June- now launched in clinical areas. • Self assessment in progress against the draft core competencies for Ward accreditation framework on Langley, Aldenham and Stroke underway. • Work on competencies underway with agreed framework.

Ward Scorecard

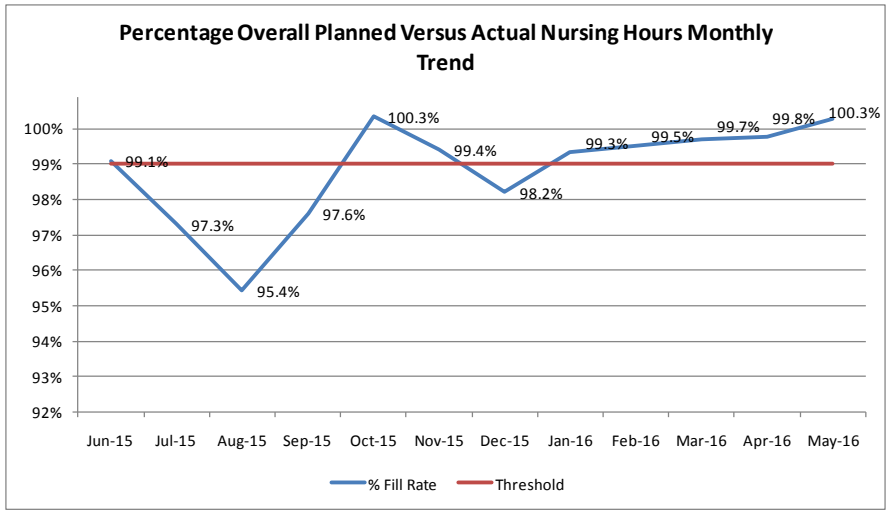
West Hertfordshire Hospitals NHS Trust

Division	Ward	May-2016															
		Matron Quality Checks/Patients	Matron Quality Checks/Staff	TYC Overall	TYC/TVN section	Pressure Ulcers	No. of Falls	Falls with Harms	Commode Audit	Hand Hygiene Audit	Hospital acquired C.diff	Hopsital acquired MRSA isolate	% Extremely Likely>90	iWGC Response >54%	Red Flag Number of shifts less than 2 RN's on shift	Red Flag Number of shifts more than 8 hours less than planned	% of Supervisory filled Hours
Unscheduled Care	AAU B/Y 3	! 83%	! 88%	! 85%	! 80%	✗ 1	! 7	✗ 2	✓ 100%	✓ 90%	✗ 2	✓ 0	✓ 90%	✓ 85%	✓ 0	✗ 14	✗ 68%
	AAU B1	✗ 78%	! 80%	✓ 92%	! 88%	✓ 0	✓ 2	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 97%	✓ 63%	✓ 0	✓ 0	✗ 60%
	AAU G1	! 88%	✗ 78%	! 88%	! 87%	✓ 0	✓ 4	✓ 0	✓ 100%	! 87%	✓ 0	✓ 0	✓ 97%	✓ 82%	✓ 0	✗ 5	✗ 57%
	AAU P1	✗ 68%	! 81%	! 89%	! 86%	✓ 0	✓ 3	✗ 2	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 95%	✗ 26%	✓ 0	✗ 5	! 83%
	AAU Y1	✗ 71%	✗ 78%	✓ 91%	✓ 100%	✓ 0	✓ 2	✗ 1	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 90%	✓ 80%	✓ 0	✗ 1	✗ 37%
	CCU/ P/G 3	✗ 70%	! 88%	✓ 98%	✓ 97%	✓ 0	✓ 1	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 98%	✓ 77%	✓ 0	✗ 3	✗ 73%
	A&E	✗ 75%	NA	✗ 65%	✗ 10%	✓ 0	✓ 4	✗ 2	✓ 100%	✓ 100%	✓ 0	✓ 0	! 87%	✗ 6%	✓ 0	✗ 2	NA
	MIU	NA	NA	✓ 92%	NA	✓ 0	✓ 0	✓ 0	NA	NA	✓ 0	✓ 0	! 81%	✗ 4%	✓ 0	✓ 0	NA
	UCC	NA	NA	! 88%	NA	✓ 0	✓ 0	✓ 0	NA	NA	✓ 0	✓ 0	✓ 90%	✗ 8%	✓ 0	✓ 0	NA
Medicine	Aldenham	✓ 90%	✓ 97%	! 84%	✗ 75%	✓ 0	✓ 3	✓ 0	! 88%	✓ 98%	✓ 0	✗ 1	✓ 95%	✓ 67%	✓ 0	✗ 2	✓ 91%
	Bluebell	NA	NA	✓ 93%	✓ 98%	✓ 0	✓ 4	✓ 0	! 88%	✓ 100%	✓ 0	✓ 0	✓ 91%	! 52%	✓ 0	✗ 3	✗ 68%
	Cassio	✓ 97%	✓ 100%	! 84%	! 84%	✓ 0	! 6	✗ 2	✓ 100%	✓ 100%	✗ 1	✓ 0	✓ 95%	✓ 76%	✓ 0	✓ 0	✓ 113%
	Croxley	✓ 94%	✓ 93%	✗ 71%	✗ 74%	✓ 0	✓ 3	✗ 1	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 95%	✓ 98%	✓ 0	✓ 0	✓ 91%
	Heronsgate	NA	NA	✗ 78%	! 83%	✗ 2	✓ 3	✗ 2	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 90%	✓ 92%	✓ 0	✗ 20	✓ 98%
	Oxhey	NA	NA	✗ 65%	✗ 40%	✓ 0	✓ 1	✓ 0	NA	NA	NA	NA	✓ 91%	✓ 61%	NA	NA	NA
	Red	NA	NA	✓ 92%	✗ 70%	✓ 0	✓ 4	✗ 2	✓ 100%	✓ 100%	✓ 0	✓ 0	! 87%	✓ 81%	✓ 0	✓ 0	✓ 91%
	Sarratt	✓ 92%	✓ 90%	✗ 77%	✗ 58%	✓ 0	! 8	✗ 3	✗ 72%	✓ 97%	✓ 0	✓ 0	! 81%	✓ 134%	✓ 0	✓ 0	✓ 105%
	Simpson	✓ 96%	✓ 97%	✗ 73%	✗ 48%	✓ 0	✓ 4	✗ 1	ND	ND	✓ 0	✓ 0	✓ 100%	✓ 97%	✓ 0	✗ 1	! 77%
	Stroke	✓ 91%	✓ 90%	✓ 96%	✓ 92%	✓ 0	✓ 3	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	! 89%	✓ 73%	✓ 0	✓ 0	! 82%
	Tudor	NA	NA	✗ 58%	✗ 25%	✓ 0	! 6	✗ 1	✗ 65%	✓ 100%	✓ 0	✓ 0	✓ 96%	✓ 145%	✓ 0	✗ 1	✓ 112%
	Winyard	NA	NA	✓ 91%	✓ 93%	✗ 1	✓ 1	✓ 0	! 88%	✓ 100%	✓ 0	✓ 0	✓ 95%	! 51%	✓ 0	✗ 1	✓ 91%
Surgery	Cleves	✓ 97%	✓ 98%	! 84%	✗ 70%	✓ 0	✓ 2	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 92%	✓ 79%	✓ 0	✗ 1	✗ 41%
	DLM	NA	NA	! 81%	✗ 54%	✓ 0	! 8	✗ 1	NA	✓ 100%	✓ 0	✓ 0	✓ 96%	✓ 58%	✓ 0	✗ 15	✗ 41%
	Flaunden	✓ 99%	✓ 100%	✓ 91%	! 85%	✓ 0	✓ 0	✓ 0	! 89%	✓ 100%	✓ 0	✓ 0	✓ 92%	✓ 79%	✓ 0	✗ 11	! 86%
	ICU	✓ 94%	✓ 95%	✓ 93%	✓ 98%	✗ 1	✓ 1	✓ 0	! 83%	! 84%	✓ 0	✓ 0	✓ 100%	✗ 10%	✓ 0	✗ 6	✓ 100%
	Langley	✓ 98%	✓ 100%	✓ 98%	✓ 100%	✓ 0	✓ 0	✓ 0	! 83%	! 89%	✓ 0	✓ 0	✓ 99%	✓ 66%	✓ 0	✗ 7	! 82%
	Letchmore	✓ 94%	✓ 96%	! 83%	! 75%	✓ 0	✓ 2	✓ 0	! 80%	✓ 100%	✓ 0	✓ 0	✓ 93%	! 51%	✓ 0	✗ 11	! 80%
	Ridge	NA	NA	✓ 90%	! 87%	✓ 0	✓ 2	✗ 2	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 93%	✓ 81%	✓ 0	✗ 8	! 82%
WACS	Elizabeth	✓ 93%	! 86%	✗ 68%	✗ 31%	✓ 0	✓ 2	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 92%	✗ 48%	✓ 0	✗ 1	✗ 46%
Paeds	SCBU	NA	NA	✓ 93%	✓ 98%	✓ 0	NA	NA	NA	✓ 100%	✓ 0	✓ 0	✓ 100%	✓ 92%	✓ 0	✗ 2	NA
	Starfish	✓ 99%	✓ 100%	! 84%	✓ 94%	✓ 0	NA	NA	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 96%	✗ 7%	✓ 0	✗ 6	NA
	CED	✓ 99%	✓ 96%	✓ 98%	NA	NA	NA	NA	NA	✓ 100%	✓ 0	✓ 0	✓ 95%	✗ 6%	✓ 0	✓ 0	NA
	Safari	✓ 100%	✓ 96%	NA	NA	NA	NA	NA	NA	! 87%	✓ 0	✓ 0	✓ 98%	NA	✓ 0	✗ 6	✗ 57%
Maternity	Delivery Suite	NA	NA	! 76%	NA	NA	NA	NA	NA	✓ 100%	✓ 0	✓ 0	✓ 93%	✗ 27%	NA	NA	NA
	Community	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	! 85%	NA	NA	NA	NA
Green		>=90	>=90	>=90	>=90	0	0	0	>=90	>=90	0	0	>=90	>=54	0	0	>=90
Amber		80-89	80-89	80-89	80-89	n/a	1-4	n/a	80-89	80-89	n/a	n/a	80-89	50-53	1	n/a	75-89
Red		<=79	<=79	<=79	<=79	>=1	>=5	>=1	<=79	<=79	>=1	>=1	<=79	<=49	>=2	>=1	<=74

West Hertfordshire Hospitals NHS Trust

Safer staffing

Indicator	Performance (May)	Threshold	Trend	Forecast next month
% Nursing hours versus planned	100.3%	>95%	Upwards	>99%



Indicator by shift and skill mix	Shift	RN	Care staff
% Nursing hours versus planned	Day	94.7%	108.0%
	Night	97.4%	110.5%

What actions have been taken to improve performance

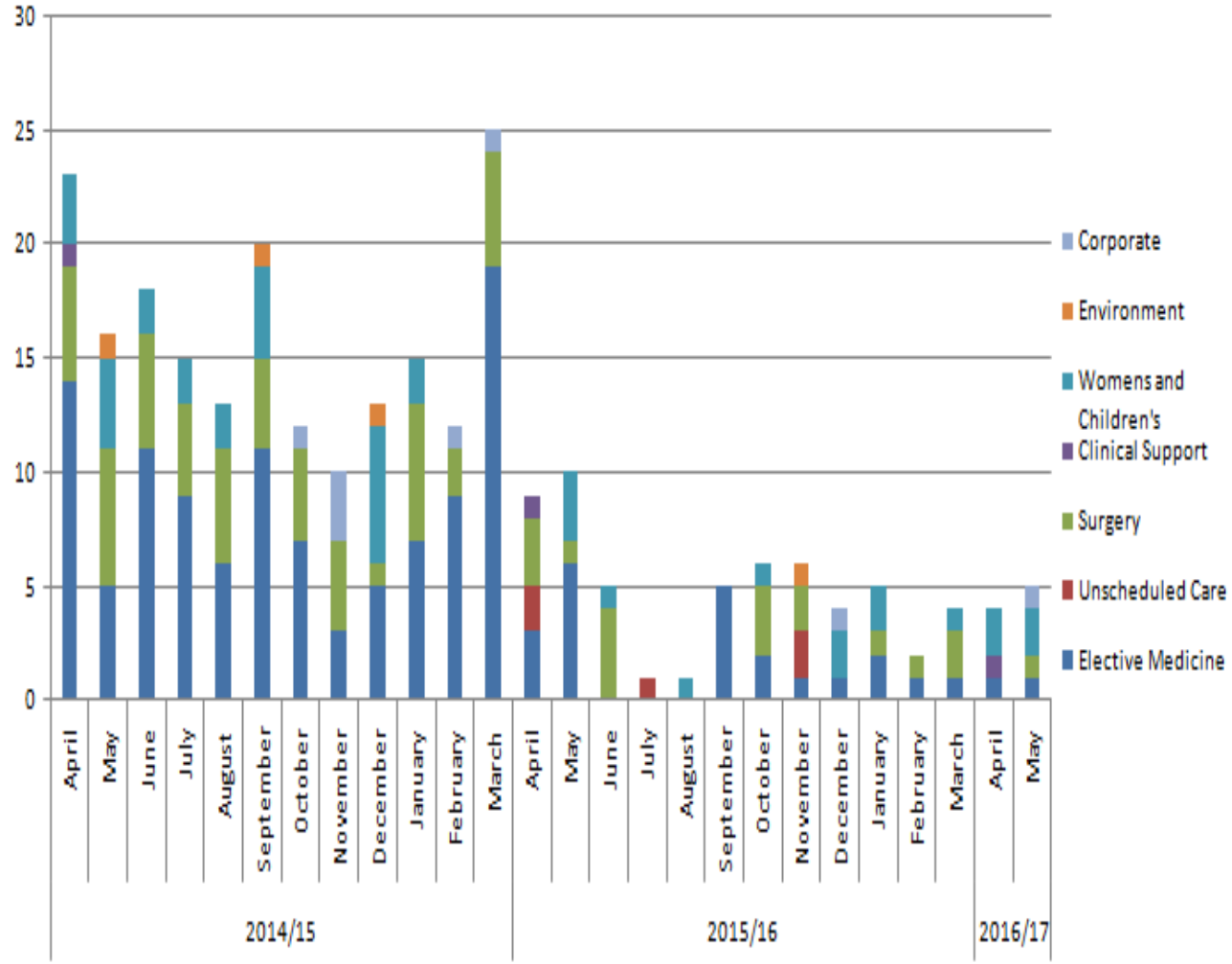
- Continued focus on recruiting and retaining new staff
- Ongoing focus on reducing reliance on high cost temporary agency
- Senior nurse presence and support until 20:00 every day and working clinically
- Percentage of supervisory hours lost has continued to improve as a result of recruitment and retention.

What is causing the variance

- Overall fill rate continues to increase.
- Spend on nursing agency as a percentage of total nursing spend increased by 1% to18% in May; the increase in % spend was attributed to increased pressures in urgent care over this period and increased acuity of the patients across specialist areas, e.g. ITU, respiratory
- Whilst recruitment continues temporary workers are attracted to work at night and weekends due to the enhanced payments. This will impact on the RN fill rate on day shifts.
- Skill mixing takes place, when clinically appropriate, leading to the higher number of actual HCA hours worked This is particularly noticeable for day shits.
- Use of additional HCAs above planned hours to support patients with enhanced care needs contributes to the hours worked above plan. The Trust's transitional nurses are also included in the HCA hours worked, further contributing to the positive variance in worked care staff hours.
- There were no shifts reported as red rated, as described in the Trust's safe staffing escalation policy as mitigation was put in place to address the shortfall in actual worked RN hours from planned.
- Lower fill rate of RNs in day vs. night due to presence of other multi professional staff supplementing workforce (e.g. therapists, pharmacists and ward clerks).
- In line with revised reporting requirements to NHSI, Care Hours per Patient Day (CHPPD) have been reported from May 2016. No benchmarking is available as yet although local comparisons have taken place with a neighbouring trust where similar data is now evident.

Patient safety – Serious incidents

Number of serious incidents



Patient safety – Serious incidents

Number of serious incidents, by STEIS category

STEIS category	Total 15/16	Total de-escalated 15/16	YTD 16/17	May 2016
Alleged abuse of patient	3			
Adverse media coverage	1			
Confidential information leak	1			
Diagnostic incident	8	3	1	1
Infection control	1			
Environmental incident	1	1		
Major incident preparedness	1			
Maternity obstetric	10	4	3	1
Medication incident	2	1		
Operation/treatment and consent	1			
Pressure ulcer	13		1	1
Slips trips and falls	2			
Surgical/invasive procedure	11	1	1	1
Treatment delay	2			
VTE incident	8			
Incident affecting pt body after death	1		1	
Suboptimal care	3		2	1
Total	69	10	9	5

Number of serious incidents, by action plan status

SIs	2015/16		
	Yes	No	Total
Action plans completed Action plan confirmed closed	3		3
Total	**3**	**0**	**3**

STEIS Category May 2016

STEIS Category		No
Medicine	HAPU	1
WACS	Surgical Error	1
WACS	CED unexpected death	1
environment	Clinical informatics	1
SAC	Unexpected death	1

Serious Incidents which have proceeded to a new claim

Ref.	Claim Date	Division	Speciality
60804	20 Apr 2016	medicine	Urology