West Hertfordshire Hospitals NHS Trust
Traffic Light Monitoring Report 2004/05

Key targets

Achieved
Under-achieved
Significantly under-achieved

Focus areas

Band 5 (good)
Bands 2-4 (moderate)
Band 1 (poor)

Star rating indicators

Trust Objective Ref.	Target Description	Star rating 2003/04	England 2003/04	Quarter 1 2004/05	Quarter 2 2004/05	Oct 2004	Year to date	Lead	Pessimistic projection	Pessimistic score	Realistic projection	Realistic score	Optimistic projection	Optimistic score
Key targets														
B2	**12 hour Trolley waits:** No patient should wait over 12 hours on a trolley for admission via A&E as an emergency following decision to admit	15 = 99.92% of A&E admiss comply	99.96%	2	0	0	2	S Green	4		2		2	
D1	**Maximum wait for Cancer referral:** 100% of patients with suspected cancer should wait less than two weeks to be seen	**86.8%**	99.7%	99.0%	97.7%	96.0%	98.0%	D Taylor	97.0%		98.0%		99.0%	
E2	**Financial Position:** WHHT must meet recovery plan targets and achieve breakeven (figures quoted are cumulative YTD)	-£519k = 0.24% of turnover	???	-£2.2 m	-£3.0 m	-£6.4 m	-£6.4 m	A Moore + All Div Mgrs	-£13.8 m	6	-£11.5 m	6	-£11.5 m	6
L1	**Hospital Cleanliness:** WHHT must maintain PEAT 4 Status	2.5	???					P Mosley	3.0		3.0		3.5	
C6	**Booking - Elective:** To achieve 67% of elective inpatient and day case booked admissions	93.1%	???	93.7%	92.1%	92.1%	92.8%	D Taylor	92.8%		94.1%		94.1%	
C6	**Booking - Outpatients:** To achieve 67% of outpatient booked admissions	67.1%	76.4%	72.8%	77.0%	80.6%	75.7%	D Taylor	75.7%		80.5%		80.5%	
C1	**Maximum Outpatient Wait:** To achieve a maximum wait of 4 months (17 weeks)	0	???	0	0	0	0	M Jarvis & S Green	0		0		0	
C3	**Maximum Inpatient wait:** No patients waiting more than 9 months for inpatient treatment	0	???	0	0	0	0	M Jarvis	0		0		0	
B1	**Maximum Wait in A&E:** For the period April to December 2004 90% of patients will be admitted, transferred or will depart within 4 hours. For the period Jan to March 2005, this rises to 98%.	85.5%	91.4%	94.0%	95.3%	94.4%	94.6%	S Green	95.3%	2	97.7%	2	98.5%	
	Penalty Points								8		8		6	
	Status								Mod. Fail		Mod. Fail		Borderline	
	Implications								max 1 star		max 1 star		1-2 stars	

Pass: 0-2
Borderline: 4-6
Moderate Fail: 8-12
Fail: > 12

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Capacity & capability focus indicators														
G8	**Consultant Appraisal**: 100% consultants to receive an annual appraisal and sign off their personal development plan.	64.5%	96.6%					S Hill	95.0%	3	98.0%	3	100.0%	5
	Data Quality: Completeness of coding for ethnicity on patient and workforce datasets	34.9%	76.6%			71.6%			71.1%	3	71.4%	3	72.7%	3
	Patient component	45.6%	n./a	61.6%	64.4%	64.3%	63.2%	J Dodds	63.2%		63.8%		64.4%	
	Workforce component	24.2%	n./a			79.0%	79.0%	R Wilkes	79.0%		79.0%		81.0%	
	Information Governance: Composite score	71.4%	78.9%						77.0%	3	80.0%	3	80.5%	3
H1	HES data quality - composite indicator	94.7%	n./a					J Dodds	94.0%		95.0%		96.0%	
	Information Governance Toolkit percentage score	48.0%	n./a					J Dodds	60.0%		65.0%		65.0%	
G6	**Junior Doctors' Hours:** To carry out twice yearly monitoring of hours and rest carried out by junior doctors and trusts against compliance with the New Deal	80.1%	89.2%		90.0%	90.0%	90.0%	C Mooney	95.0%	3	99.0%	5	100.0%	5
	Staff opinion survey: Health, safety and incidents	2.37	2.48					S Emerson	2.17	1	2.37	3	2.57	3
	Staff opinion survey: Human resource management	2.58	2.69					S Emerson	2.38	2	2.58	3	2.78	3
	Staff opinion survey: Staff attitudes	3.34	3.41					S Emerson	3.14	1	3.34	3	3.54	4

	Pessimistic	Realistic	Optimistic	
Average band	2.29	3.29	3.71	<2.5 = Bottom
Focus area banding	Bottom	Top	Top	2.5-<3.0 = Middle
Balanced score value	0	2	2	3.0+ = Top

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Clinical focus indicators														
	Child protection: Score of compliance with recommended child protection systems & procedures	73.3%	91.4%					A Harrington	93.3%	5	100.0%	5	100.0%	5
	Clinical governance: Composite indicator	10	10					C Richards	10	5	10	5	10	5
F4	**Clinical negligence**: CNST level rating	1	1					N Moore	1	3	1	3	1	3
	Clinical Audit: Composite of participation in audits	18	18					D Evans	17	3	18	5	18	5
	Deaths following a heart bypass operation	This service not provided in the trust												
	Deaths following selected non-elective surgical procedures	No data						P Cussons / M Jarvis	5540	3	5040	3	4890	3
	Emergency readmissions following discharge (adults): Emergency readmissions to hospital within 28 days of discharge	No data	8.7%	5.1%	5.4%	5.8%	5.3%	S Green	5.4%	5	5.3%	5	5.3%	5
	Emergency readmission following discharge for a fractured hip	9.3%	9.5%					M Jarvis	10.3%	3	9.3%	3	8.3%	3
	Stroke care: Percentage of patients who spent time on specialist stroke unit	4.3%	36.6%					S Green	52%	3	56%	4	66%	4
	Infection control: Average scores across 15 criteria	82.0%	86.9%					J Foley /R Wiggins	82.0%	2	88.0%	3	92.0%	4
	Thrombolysis: 30 minute door to needle time - (revised indicator)	88.7%	80.7%	93.3%	88.0%	100.0%	92.2%	S Green / J Bayliss	92.2%	5	92.3%	5	93.0%	5
	"Winning Ways" - Processes and procedures	5	4					R Wiggins	5	5	5	5	5	5

Average band		3.82	4.18	4.27	<3.4 = Bottom
Focus area banding		Top	Top	Top	3.4-3.7 = Middle
Balanced score value		2	2	2	3.7+ = Top

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Patient focus indicators														
B1	**A&E emergency admission waits:** Admission via A&E within 4 hours of decision to admit	94.2%	92.9%	97.8%	98.5%	96.9%	97.9%	S Green	97.8%	3	97.9%	4	98.9%	4
	Adult inpatient and young patient surveys: Access and waiting	80.6 / 79.5	78.0 / 81.1					L Lopez / L Lopez		3		3		3
	Adult inpatient and young patient surveys: Better information, more choice	71.6 / 80.1	72.2 / 77.9					L Lopez / L Lopez		3		3		3
	Adult inpatient and young patient surveys: Building closer relationships	79.6 / 85.7	80.4 / 83.9					L Lopez / L Lopez		3		3		3
	Adult inpatient and young patient surveys: Clean, comfortable, friendly place to be	75.3 / 80.7	79.6 / 78.5					L Lopez / L Lopez		3		3		3
	Adult inpatient and young patient surveys: Safe, high-quality, coordinated care	74.8 / 85.0	76.8 / 81.9					L Lopez / L Lopez		3		3		3
L1	**Better Hospital Food:** Whole trust score against PEAT asssessment	75.3%	86.9%					P Mosley	75.3%	2	75.3%	2	86.9%	3
D1	**Breast cancer:** 1 month diagnosis to treatment	89.5%	98.1%	74.3%	77.3%	81.8%	76.2%	S Dhungana	76.2%	1	82.1%	1	88.1%	1
D1	**Breast cancer:** 2 month GP urgent referral to treatment	98.5%	98.1%	84.8%	87.2%	85.7%	86.1%	S Dhungana	86.1%	1	89.6%	1	93.0%	1
	Cancelled operations: To have less than 1% of same day cancellations of elective surgery.	2.0%	1.2%	1.6%	1.5%	1.7%	1.6%	D Taylor/ C Pollard	1.7%	2	1.5%	3	1.3%	3
C6	**Day case patient booking:** To achieve 100% of day case booked admissions	98.5%	96.9%	97.3%	94.3%	93.8%	95.5%	D Taylor	92.8%	1	95.5%	3	97.3%	3
	Delayed transfers of care: To reduce	4.8%	3.4%	6.3%	4.5%	6.4%	5.6%	S Green	6.3%	2	5.6%	2	4.9%	2
I4	**Patient complaints:** Proportion resolved locally < 20 working days	59.2%	71.6%	72.8%	78.8%	Not yet avail.	76.0%	L Hill	80.0%	4	84.0%	4	84.0%	4
	Patients waiting longer than standard for revascularisation	This service not provided in the trust												
	Six month inpatient waits: Proportion of patients on waiting list waiting < 6 months	88.0%	90.9%	89.3%	91.1%	91.7%	91.1%	M Jarvis	91.1%	3	92.0%	3	92.9%	3
	Thirteen week outpatients: Proportion of GP referred patients seen within 13 weeks	68.1%	79.9%	79.1%	78.2%	79.7%	78.8%	M Jarvis & S Green	77.7%	3	78.8%	3	79.1%	3
	Average band								2.47		2.73		2.80	<=2.8 = Bottom
	Focus area banding								Bottom		Bottom		Bottom	2.8-3.13 = Middle
	Balanced score value								0		0		0	3.13+ = Top

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Star rating summary

Key targets performance			
Total balanced score card value	Mod. Fail 2	Mod. Fail 4	Borderline 4

Table showing mapping to star rating

	Balanced scorecard			
Key targets	BS=0	BS=1, 2 or 3	BS=4	BS=5 or 6
Fail: penalty points greater than 12	0 star	0 star	0 star	0 star
Moderate Fail: penalty points between 7 and 12 inclusive	0 star	1 star	1 star	1 star
Borderline: between 3 and 6 points inclusive	1 star	1 star	2 star	2 star
Pass: no more than 2 points	1 star	2 star	2 star	3 star

Star rating | 1 star | 1 star | 2 star