

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

Key

Good performance
Under-performance
Significant under-performance

**Star rating indicators**

Trust Objective Ref.	Target Description	Target	Target due date
<b>Key targets</b>			
B2	<b>12 hour Trolley waits:</b> No patient should wait over 12 hours on a trolley for admission via A&E as an emergency following decision to admit	100%	Mar-03
D1	<b>Maximum wait for Cancer referral:</b> 100% of patients with suspected cancer should wait less than two weeks to be seen	100%	Mar-04
E2	<b>Financial Position:</b> WHHT must meet recovery plan targets and achieve breakeven	Break even	Mar-04
L1	<b>Hospital Cleanliness:</b> WHHT must maintain PEAT 4 Status	PEAT 4	Mar-04
G1	<b>Improving Working Lives (IWL):</b> To implement IWL standard and achieve 'Practice' status	IWL accreditation	Mar-04
C6	<b>Booking - Elective:</b> To achieve 67% of elective inpatient and day case booked admissions	67%	Mar-04
C6	<b>Booking - Outpatients:</b> To achieve 67% of outpatient booked admissions	67%	Mar-04
C1	<b>Maximum Outpatient Wait:</b> To achieve a maximum wait of 4 months (17 weeks)	0	Mar-04
C3	<b>Maximum Inpatient wait:</b> No patients waiting more than 9 months for inpatient treatment	0	Mar-04
B1	<b>Maximum Wait in A&amp;E:</b> 90% of all patients arriving in A&E will be admitted, transferred or will depart within 4 hours (to be based on July to March performance)	90%	Mar-04
<b>Capacity &amp; capability indicators</b>			
G8	<b>Consultant Appraisal:</b> 100% consultants to receive an annual appraisal and sign off their personal development plan.	100%	Mar-04
	<b>Data Quality:</b> Completeness of coding for ethnicity on patient and workforce datasets		
	Patient component		
	Workforce component		
H1	<b>Information Governance:</b> Composite score		
	HES data quality - composite indicator	96%	Mar-03
	Information Governance Toolkit percentage score		
G6	<b>Junior Doctors' Hours:</b> To carry out twice yearly monitoring of hours and rest carried out by junior doctors and trusts against compliance with the New Deal	Fully compliant with New Deal	Aug-03
	<b>Staff opinion survey:</b> Health, safety and incidents		
	<b>Staff opinion survey:</b> Human resource management		
	<b>Staff opinion survey:</b> Staff attitudes		

Quarter 1 2003/04	Quarter 2 2003/04	Quarter 3 2003/04	Quarter 4 2003/04	Star rating 2003/04	England 2003/04
3	1	0	11	15 = 99.92% of A&E admiss comply	99.96%
76.1%	75.9%	93.3%	99.2%	86.8%	99.7%
				-£519k = 0.24% of turnover	n/a
				2.5	n/a
				1	1
57.3%	68.6%	81.7%	86.9%	93.1%	n/a
73.4%	62.6%	48.7%	58.0%	67.1%	76.4%
588 (plan 491)	659 (plan 326)	368 (plan 161)	0 (plan 0)	0	n/a
586 (plan 632)	427 (plan 422)	245 (plan 212)	0 (plan 0)	0	n/a
88.4%	88.0%	85.1%	83.4%	85.5%	91.4%
				64.5%	96.6%
				34.9%	76.6%
				45.6%	n/a
				24.2%	n/a
				71.4%	78.9%
				94.7%	n/a
				48.0%	n/a
				80.1%	89.2%
				2.37	2.48
				2.58	2.69
				3.34	3.41

April 2004	May 2004
0	0
99.4%	100.0%
92.4%	92.5%
70.0%	72.6%
0	0
0	0
89.5%	95.4%

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

### Star rating indicators

Trust Objective Ref.	Target Description	Target	Target due date
<b>Clinical focus indicators</b>			
	<b>Child protection:</b> Score of compliance with recommended child protection systems & procedures		
	<b>Clinical governance:</b> Composite indicator		
F4	<b>Clinical negligence:</b> CNST level rating		
	<b>Clinical Audit:</b> Composite of participation in audits		
	<b>Deaths following a heart bypass operation</b>		
	<b>Deaths following selected non-elective surgical procedures</b>		
	<b>Emergency readmissions following discharge (adults):</b> Emergency readmissions to hospital within 28 days of discharge	no higher than 5%	Mar-04
	<b>Emergency readmission following discharge for a fractured hip</b>		
	<b>Stroke care:</b> Percentage of patients who spent time on specialist stroke unit		
	<b>Infection control:</b> Average scores across 15 criteria		
	<b>Thrombolysis:</b> 30 minute door to needle time - (revised indicator)	75%	Apr-03
	<b>"Winning Ways"</b> - Processes and procedures		

### Patient focus indicators

B1	<b>A&amp;E emergency admission waits:</b> Admission via A&E within 4 hours of decision to admit	90%	Mar-04
	<b>Adult inpatient and young patient surveys:</b> Access and waiting	Adult Young	
	<b>Adult inpatient and young patient surveys:</b> Better information, more choice	Adult Young	
	<b>Adult inpatient and young patient surveys:</b> Building closer relationships	Adult Young	
	<b>Adult inpatient and young patient surveys:</b> Clean, comfortable, friendly place to be	Adult Young	
	<b>Adult inpatient and young patient surveys:</b> Safe, high-quality, coordinated care	Adult Young	
L1	<b>Better Hospital Food:</b> Whole trust score against PEAT assessment		
D1	<b>Breast cancer:</b> 1 month diagnosis to treatment	100%	Mar-04
D1	<b>Breast cancer:</b> 2 month GP urgent referral to treatment	100%	Mar-04
	<b>Cancelled operations:</b> To have less than 1% of same day cancellations of elective surgery.	<1%	Mar-04
C6	<b>Day case patient booking:</b> To achieve 100% of day case booked admissions	100%	Mar-04
	<b>Delayed transfers of care:</b> To reduce		
I4	<b>Patient complaints:</b> Proportion resolved locally < 20 working days	70%	Mar-04
	<b>Patients waiting longer than standard for revascularisation</b>		
	<b>Six month inpatient waits:</b> Proportion of patients on waiting list waiting < 6 months		

### Key

Good performance
Under-performance
Significant under-performance

Quarter 1 2003/04	Quarter 2 2003/04	Quarter 3 2003/04	Quarter 4 2003/04	Star rating 2003/04	England 2003/04
				73.3%	91.4%
				10	10
				1	1
				18	18
				n/a	
				No data	
				No data	
				n/a	
				4.3%	36.6%
				82.0%	86.9%
89.5%	84.2%	87.8%	91.4%	88.7%	80.7%
				5	4

April 2004	May 2004
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97.6%	99.0%	93.7%	87.3%	94.2%	92.9%
				80.6	78.0
				79.5	81.1
				71.6	72.2
				80.1	77.9
				79.6	80.4
				85.7	83.9
				75.3	79.6
				80.7	78.5
				74.8	76.8
				85.0	81.9
				75.3%	86.9%
93.0%	87.3%	90.2%	86.8%	89.5%	98.1%
100.0%	100.0%	97.1%	96.2%	98.5%	98.1%
1.7%	1.4%	2.0%	3.0%	2.0%	1.2%
69.1%	80.3%	84.4%	92.4%	98.5%	96.9%
4.2%	4.3%	5.1%	6.4%	4.8%	3.4%
				59.2%	71.6%
				n/a	
73.7%	77.4%	82.1%	88.0%	88.0%	90.9%

97.1%	97.4%
83.3%	41.7%
100.0%	50.0%
0.8%	2.4%
96.6%	96.7%
7.7%	6.0%
88.4%	87.8%