West Hertfordshire Hospitals NHS Trust

Integrated Performance Report

December 2015

(October data)

West Hertfordshire Hospitals NHS Trust

Executive Summary

Safe Effective Caring

Reporting sub committee - PSQR

Performance relative to targets/ thresholds

	Achieving	Not achieving	Better than national average	Worse than national average
Oct-15	7	9	7	3
Sep-15	9	7	6	4
Aug-15	7	9		

Areas of good performance

- Mortality indicators show sustained excellent performance *(pages 3 and 10)*
- There have been no medication errors causing serious harm *(pages 4 and 15)*
- Patients spending 90% of their time on the stroke unit achieved the performance standard *(pages 4 and 11)*

New to category this month:

None

Areas requiring performance improvement

- Clostridium difficile year to date total is 16 (against a trajectory of no more than 23 cases for the year) *(pages 3 and 14)*
- VTE risk assessment was below the threshold at 88.6% (noting an improvement from last month) *(pages 4 and 16)*
- There were 7 mixed sex accommodation breaches *(pages 3 and 17)*
- Admission to stroke ward within 4 hours was under the performance standard *(pages 4 and 11)*
- There were 5 serious incidents recorded *(pages 4 and 15)*

New to category this month:

- There was one MRSA bacteraemia (pages 3 and 14)
- Harm free care was worse than the performance threshold (pages 4 and 17)

Responsive

Reporting sub committee - F&P

Executive summary

	Achieving	Not achieving	Better than national average	Worse than national average
Oct-15	12	8	7	5
Sep-15	12	8	7	5
Aug-15	10	10		

Areas of good performance

- Diagnostic wait times delivered to the performance standard *(pages 5 and 19)*
- 2 week wait and all 31 day indicators are delivering to the performance standard (provisional) *(pages 5 and 20)*
- The RTT incomplete indicator delivered to the performance standard *(pages 5 and 18)*
- There were no RTT 52 week waits *(pages 5 and 18)*
- The cancer two week wait (breast symptomatic) is delivering to the performance standard (provisional) *(pages 5 and 20)*
- The 62 day cancer indicator achieved the performance standard (provisional) *(pages 5 and 21)*

New to category this month:

No change, though for noting the 62 day GP cancer indicator listed as provisional in September was finalised as compliant

Areas requiring performance improvement

- A&E 4 hour wait (all types) performance was 86.6% for October deteriorating from 87.7% in September *(pages 5 and 22)*
- Formal delayed transfers of care continue to report above the performance standard *(pages 5 and 23)*
- Patients not treated within 28 days of their 'last minute' cancelled operation was worse than the operational standard *(pages 6 and 19)*
- Ambulance turnaround times' performance was worse than standard *(pages 5 and 22)*

New to category this month:

None

Well led

Reporting sub committee - Workforce

	Achieving	Not achieving	Better than national average	Worse than national average
Oct-15	4	8	2	1
Sep-15	1	11	2	1
Aug-15	2	10		

Areas of good performance

- The percent of bank pay was better than target *(pages 7 and 24)*

New to category this month:

- The sickness rate was better than target *(pages 7 and 24)*
- Inpatient Friends and Family response rate was better than threshold *(pages 7 and 26)*
- Maternity Friends and Family response rate was better than threshold (pages 7 and 26)

Areas requiring performance improvement

- A number of workforce indicators continue to report underperformance, including agency pay, staff turnover rate, vacancy rate, appraisals and mandatory training *(pages 7, 24 and 25)*

New to category this month:

None

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.

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
Safe, Effective, Caring		SHMI (Rolling 12 months)	100	✓ 90.3	✓ 90.6	✓ 90.2			MD	Jan-Dec 14	Y	National	100	Jan-Dec 14	
		HSMR - Total (Rolling three months)	100	✓ 81.6	✓ 85.9	✓ 81.8			MD	Jul-15	Y	National	100	Jul-15	
		Crude Mortality Rate (Non elective ordinary)**	3.1%	✓ 1.7%	✓ 2.1%	✓ 2.1%	✓ 2.1%	3.1%	MD	Oct-15	Y	National	3.9% (East of Eng.)	Jan-Jul 15	
	●	30 Day Emergency Readmissions - Combined *	4.0%	✗ 7.3%	✗ 7.1%	✗ 7.4%	✗ 7.4%	4.0%	MD	Oct-15	Y	National	11.4%	2011-12	
		30 Day Emergency Readmissions - Elective *	n/a	3.7%	3.0%	3.8%	3.6%	n/a	MD	Oct-15	Y	National			
		30 Day Emergency Readmissions - Emerg *	n/a	10.3%	10.5%	10.5%	10.5%	n/a	MD	Oct-15	Y	National			
		Number of patients with a length of stay > 14 days *	tbc	300	360	353	2410	tbc	MD	Oct-15		Local			
		Staff FFT % recommended care	tbd TDA^	57.5%	63.1%	61.2%	61.9%	tbd TDA^	DoW	Sep-15	Y	National			
		Inpatient Scores FFT % positive	tbd TDA^	94.0%	96.7%	94.2%	94.2%	tbd TDA^	CN	Oct-15	Y	National	95.6%	Sep-15	
		A&E FFT % positive	tbd TDA^	96.6%	96.4%	95.2%	94.4%	tbd TDA^	CN	Oct-15	Y	National	87.8%	Sep-15	
		Daycase FFT % positive	tbd TDA^	99.0%	98.8%	97.9%	97.8%	tbd TDA^	CN	Oct-15	Y	National			
		Maternity FFT % positive	tbd TDA^	92.6%	95.7%	95.6%	94.3%	tbd TDA^	CN	Oct-15	N	National	96.5%	Sep-15	
		% Complaints responded to within one month or agreed timescales with complainant	tbd TDA^	40.9%	25.5%	32.4%	46.6%	tbd TDA^	CN	Oct-15	N	Local			
		Complaints - rate per 10,000 bed days	tbd TDA^	31.3	43.7	41.9	39.6	tbd TDA^	CN	Oct-15	N	National			
	●	Mixed sex accommodation breaches	0	✗ 4	✗ 4	✗ 7	✗ 31	0	CN	Oct-15	N	National	40 Trusts breaching	Oct-15	
	●	Clostridium Difficile	1	✗ 2	✗ 3	✗ 2	✗ 16	7	CN	Oct-15	Y	National			
	◆	MRSA bacteraemias	0	✓ 0	✓ 0	✗ 1	✗ 1	0	CN	Oct-15	Y	National			

* 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 TDA^ - threshold/target to be determined by Trust Development Agency guidance when available

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 – Standard of 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

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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
Safe, Effective, Caring	Never events	0	✓ 0	✓ 0	✓ 0	✗ 1	0	MD	Oct-15	Y	National			
	Serious incidents - number*	tbd TDA^	1	6	5	44	tbd TDA^	MD	Oct-15	Y	National			
	Serious incidents - % that are harmful*	n/a	0.0%	100.0%	80.0%	59.1%	n/a	MD	Oct-15	Y	National			
	Medication errors causing serious harm *	0	✓ 0	✓ 0	✓ 0	✗ 2	0	MD	Oct-15	Y	National			
●	Open CAS Alerts	0	✗ 12	✗ 6	✗ 8	✗ 8	0	CN	Oct-15	Y	National			
◆	Harm Free Care	95.0%	✗ 93.9%	✓ 95.4%	✗ 94.4%	✗ 93.7%	95.0%	CN	Oct-15	Y	National	94.3%	Oct-15	
	% New Harms (Safety Thermo - New/All Harms)	tbd TDA^	33.3%	29.6%	28.1%	30.0%	tbd TDA^	CN	Oct-15	Y	National			
	Pressure Ulcers New Harms	tbd TDA^	3	2	2	27	tbd TDA^	CN	Oct-15	Y	National			
	Falls New Harms	tbd TDA^	2	1	1	12	tbd TDA^	CN	Oct-15	Y	National			
	Catheter & UTI New Harms	tbd TDA^	0	2	1	15	tbd TDA^	CN	Oct-15	Y	National			
	VTE New Harms	tbd TDA^	7	3	5	23	tbd TDA^	CN	Oct-15	Y	National			
●	VTE risk assessment*	95.0%	✗ 84.5%	✗ 86.2%	✗ 88.6%	✗ 90.6%	95.0%	MD	Oct-15	Y	National	96.0%	Q1 2015	
●	Caesarean Section rate - Combined*	26.5%	✗ 27.7%	✗ 27.3%	✗ 31.4%	✗ 29.5%	26.5%	MD	Oct-15	Y	Local	26.7%	Apr15-Aug15	
	Caesarean Section rate - Emergency*	n/a	18.9%	16.0%	20.3%	18.8%	n/a	MD	Oct-15	Y	Local	15.3%	Apr15-Aug15	
	Caesarean Section rate - Elective*	n/a	8.8%	11.3%	11.0%	10.7%	n/a	MD	Oct-15	Y	Local	11.4%	Apr15-Aug15	
	Maternal deaths	0	✓ 0	✓ 0	✓ 0	✗ 1	0	MD	Oct-15	N	National			
●	Patients admitted directly to stroke unit within 4 hours of hospital arrival *	90.0%	✗ 48.6%	✗ 64.7%	✗ 68.1%	✗ 61.8%	90.0%	DCEO	Oct-15	Y	National	58.7%	Apr-Jun 15	
	Stroke patients spending 90% of their time on stroke unit *	80.0%	✗ 78.9%	✓ 82.4%	✓ 80.9%	✓ 82.4%	80.0%	DCEO	Oct-15	Y	National	82.6%	Apr-Jun 15	

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NB Exception reports not provided for FFT scores

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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
Responsive	●	Referral to Treatment - Admitted*	90.0%	✗ 75.0%	✗ 74.9%	✗ 74.5%	✗ 73.2%	90.0%	DCEO	Oct-15	Y	National	85.5%	Sep-15	
	●	Referral to Treatment - Non Admitted*	95.0%	✗ 92.6%	✗ 92.3%	✗ 90.7%	✗ 91.1%	95.0%	DCEO	Oct-15	Y	National	93.7%	Sep-15	
		Referral to Treatment - Incomplete*	92.0%	✓ 92.3%	✓ 92.2%	✓ 92.3%	✗ 91.2%	92.0%	DCEO	Oct-15	Y	National	92.5%	Sep-15	
		Referral to Treatment - 52 week waits - Incompletes	0	✓ 0	✓ 0	✓ 0	✗ 4	0	DCEO	Oct-15		National	799 (all Trusts)	Sep-15	
		Diagnostic wait times	99.0%	✓ 99.7%	✓ 99.9%	✓ 99.8%	✓ 99.7%	99.0%	DCEO	Oct-15	Y	National	98.1%	Sep-15	
	●	ED 4hr waits (Type 1, 2 & 3)	95.0%	✗ 93.6%	✗ 87.7%	✗ 86.6%	✗ 90.1%	95.0%	DCEO	Oct-15	Y	National	93.4%	Sep-15	
		ED 12hr trolley waits	0	✓ 0	✓ 0	✓ 0	✓ 0	0	DCEO	Oct-15	Y	National	25 (all Trusts)	Sep-15	
	●	Ambulance turnaround time between 30 and 60 mins	0	✗ 224	✗ 288	✗ 454	✗ 2,216	0	DCEO	Oct-15	Y	Local			
	●	Ambulance turnaround time > 60 mins	0	✗ 15	✗ 42	✗ 114	✗ 578	0	DCEO	Oct-15	Y	Local			
		Cancer - Two week wait *	93.0%	✓ 95.1%	✓ 96.6%	✓ 97.8%	✓ 95.8%	93.0%	DCEO	Oct-15	Y	National	93.5%	Q2 15/16	
		Cancer - Breast Symptomatic two week wait *	93.0%	✗ 92.2%	✓ 98.8%	✓ 98.4%	✗ 91.2%	93.0%	DCEO	Oct-15	Y	National	92.4%	Q2 15/16	
		Cancer - 31 day *	96.0%	✓ 99.4%	✓ 97.4%	✓ 97.3%	✓ 98.4%	96.0%	DCEO	Oct-15	Y	National	97.6%	Q2 15/16	
		Cancer - 31 day subsequent drug *	98.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	98.0%	DCEO	Oct-15	Y	National	99.6%	Q2 15/16	
		Cancer - 31 day subsequent surgery *	94.0%	✗ 91.3%	✓ 100.0%	✓ 100.0%	✓ 96.9%	94.0%	DCEO	Oct-15	Y	National	95.8%	Q2 15/16	
		Cancer - 62 day *	85.0%	✗ 93.0%	! 85.5%	! 85.1%	✓ 87.7%	85.0%	DCEO	Oct-15	Y	National	82.1%	Q2 15/16	
		Cancer - 62 day screening *	90.0%	✓ 100.0%	✓ 100.0%	✓ 94.4%	✓ 97.3%	90.0%	DCEO	Oct-15	Y	National	93.9%	Q2 15/16	

*RTT and cancer performance for latest month is provisional and subject to validation

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
Responsive	Urgent operations cancelled for a second time	0	✓ 0	✓ 0	✓ 0	✓ 0	0	DCEO	Oct-15	Y	National			
	● Number of patients not treated within 28 days of last minute cancellation	0	✗ 7	✗ 7	✗ 3	✗ 33	0	DCEO	Oct-15	Y	National	6 (avg. all Trusts)	Q2 15/16	
	● Delayed Transfers of Care (DToC)	3.5%	✗ 6.9%	✗ 5.7%	✗ 6.4%	✗ 6.5%	3.5%	DCEO	Oct-15	Y	National			
	● Outpatient cancellation rate	8.0%	✗ 11.9%	✗ 10.5%	✗ 10.7%	✗ 11.2%	8.0%	DCEO	Oct-15	Y	Local			

Exception indicators key

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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
Well Led	●	Staff turnover rate	12.0%	✗ 16.7%	✗ 17.1%	✗ 16.8%	✗ 17.1%	12.0%	DoW	Oct-15	Y	National			
		Sickness rate	3.5%	✓ 3.3%	✗ 3.5%	✓ 3.5%	✓ 3.3%	3.5%	DoW	Oct-15	Y	National			
	●	Vacancy rate	5.0%	✗ 15.8%	✗ 15.2%	✗ 15.5%	✗ 15.5%	5.0%	DoW	Oct-15	Y	National			
	●	Appraisal rate (non-medical staff only)	95.0%	✗ 78.1%	✗ 63.9%	✗ 59.3%	✗ 59.3%	95.0%	DoW	Oct-15	Y	National			
	●	Mandatory Training	90.0%	✗ 82.8%	✗ 82.6%	✗ 83.6%	✗ 82.4%	90.0%	DoW	Oct-15	Y	Local			
		% Bank Pay**	6.6%	✗ 6.7%	✓ 6.1%	✓ 5.5%	✓ 6.2%	6.7%	DoW	Oct-15	Y	Local			
	●	% Agency Pay**	16.0%	✗ 18.3%	✗ 17.7%	✗ 19.4%	✗ 17.6%	18.3%	DoW	Oct-15	Y	Local			
	●	Temporary costs and overtime as % of total paybill**	22.6%	✗ 25.3%	✗ 24.1%	✗ 25.2%	✗ 24.1%	25.3%	DoW	Oct-15	Y	National			
		Inpatient FFT response rate	54.0%	✓ 55.4%	✗ 54.0%	✓ 55.7%	✗ 53.1%	54.0%	CN	Oct-15	Y	National	25.1%	Sep-15	
	●	A&E FFT response rate	20%	✗ 15.2%	✗ 17.5%	✗ 12.6%	✗ 10.2%	20.0%	CN	Oct-15	Y	National	14.1%	Sep-15	
		Daycases FFT response rate	tbd TDA^	49.4%	59.6%	45.0%	47.4%	tbd TDA^	CN	Oct-15	Y	National			
	●	Staff FFT response rate	50%	✗ 17.9%	✗ 13.0%	✗ 20.8%	✗ 16.9%	50%	DoW	Sep-15	Y	National			
		Staff FFT % recommended work	tbd TDA^	49.4%	56.3%	58.4%	57.6%	tbd TDA^	DoW	Sep-15	Y	National			
		Maternity FFT response rate	38%	✗ 21.2%	✗ 15.8%	✓ 53.9%	✗ 34.9%	38%	CN	Oct-15	N	National	22.7%	Sep-15	

*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
tbd TDA^ - threshold/target to be determined by Trust Development Agency guidance when available
NB. Exception reports not provided for FFT scores ** Trajectory set as target

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Indicator Summary

Domain	Indicator	Target	Latest three data points (Most Recent →)			YTD Actual	YTD Target	Executive Lead	Month	National / Local
		£000s	£000s	£000s	£000s					
Financial Viability	Bottom line Income & Expenditure position – forecast against plan	0	-32,800	-32,800	-29,229			DoF	Oct-15	National
	Bottom line Income & Expenditure position – year to date actual against plan	0	-21,492	-24,639	-27,264			DoF	Oct-15	National
	Actual efficiency recurring- forecast against plan	0	8,837	8,708	8,381			DoF	Oct-15	National
	Actual efficiency recurring - year to date against actual plan	0	2,630	3,242	4,006			DoF	Oct-15	National
	Actual efficiency non-recurring- forecast against plan	0	2,524	2,793	7,219			DoF	Oct-15	National
	Actual efficiency non -recurring - year to date against actual plan	0	1,279	1,454	2,167			DoF	Oct-15	National
	Forecast underlying surplus/deficit against plan	0	-25,700	-25,700	-29,251			DoF	Oct-15	National
	Forecast year end charge to capital resource limit	0	2,833	3,614	4,008			DoF	Oct-15	National
	Is the Trust forecasting permanent PDC for liquidity purposes?	0	35,500	32,000	32,000			DoF	Oct-15	National
	Cumulative I&E surplus or deficit	0	-21,492	-24,639	-27,264			DoF	Oct-15	National
	Month's I&E surplus or deficit	0	-4,816	-3,147	-2,625			DoF	Oct-15	National
	Cumulative EBITDA margin (%)	0.0%	-12.9%	-12.1%	-11.1%			DoF	Oct-15	National
	NHS income variance (%)	0.0%	-0.1%	-0.4%	-0.7%			DoF	Oct-15	National
	Year on year change in income	0	-418	-540	-7,916			DoF	Oct-15	National
	Year on year change in pay costs	0	-6,326	-7,074	-8,062			DoF	Oct-15	National
	Year on year change in non pay costs	0	-6,733	-7,674	-7,980			DoF	Oct-15	National
	Year on year change in capital spend	0	1,448	14	178			DoF	Oct-15	National
	Capital spend as a % of annual CRL.	0	10.41%	13.30%	18.56%			DoF	Oct-15	National
	Continuity of services risk rating	0	0	0	0			DoF	Oct-15	National
	Liquidity ratio	0	1	1	1			DoF	Oct-15	National
	Capital servicing capacity	0	1	1	1			DoF	Oct-15	National
	NHS clinical income per consultant PA	0	0	0	0			DoF	Oct-15	National
	Outstanding loans value	0	20,397	27,771	31,371			DoF	Oct-15	National
	Debtor days	0	24	28	29			DoF	Oct-15	National
	Creditor days	0	58	58	56			DoF	Oct-15	National
	Purchase order non compliance	0	1.00%	1.00%	1.00%			DoF	Oct-15	National
	% of turnover saved in month	0.0%	3.38%	3.07%	5.67%			DoF	Oct-15	National
	Forecast savings as % of turnover	0.0%	3.91%	3.91%	3.91%			DoF	Oct-15	National
	% of forecast savings classified RED	0.0%	6.50%	6.80%	6.20%			DoF	Oct-15	National

Detailed reports

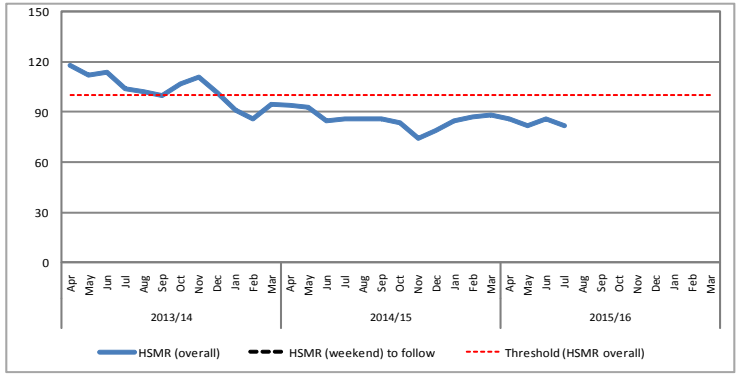
Safe, effective, caring

Reporting sub committee - PSQR

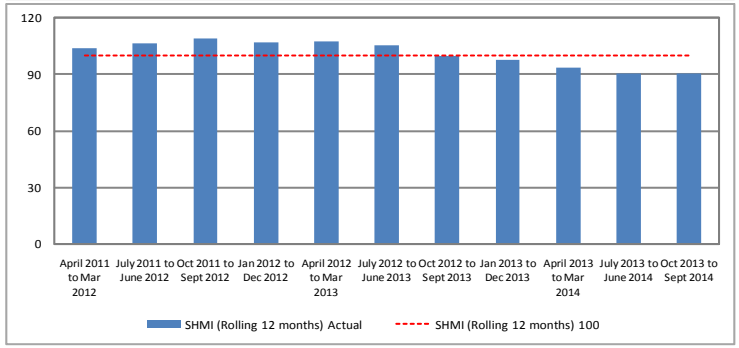
Executive lead	Clinical lead	Operational lead
*Dr Mike Van der Watt Tracey Carter		

Performance relative to targets/ thresholds	Achieving	Not achieving
Oct-15	4	2
Sep-15	4	2
Aug-15	3	3

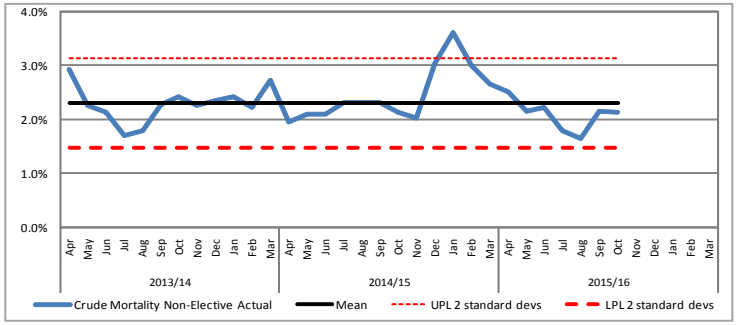
Hospital Standardised Mortality Ratio (HSMR)*



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 seven (out of 17 trusts nationally) with a 'lower than expected' HSMR.

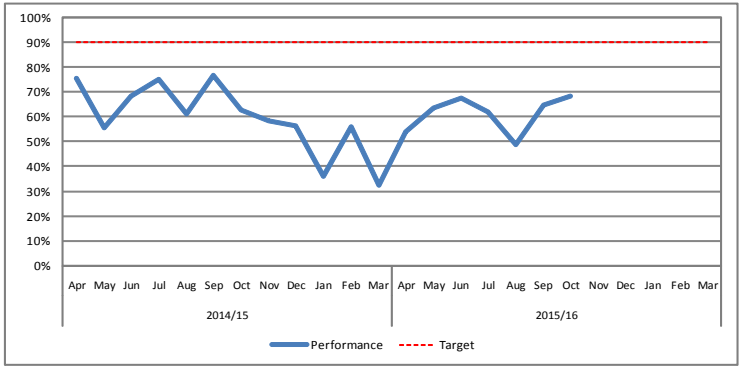
HSMR emergency weekday vs weekend has no significant difference for emergency admissions. Both are significantly lower than expected. There were no diagnosis groups attracting significantly higher than expected deaths.

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

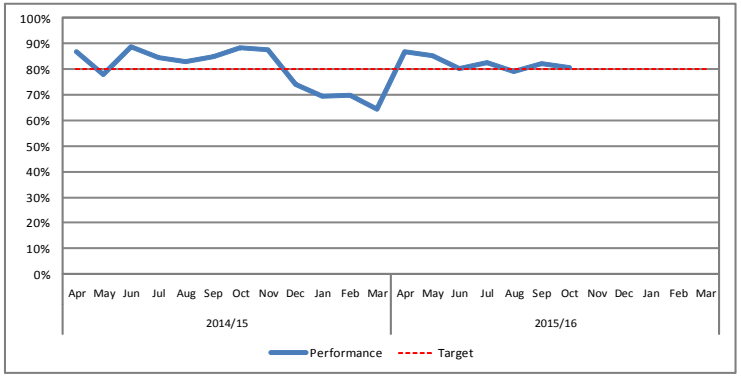
The Summary Hospital Mortality Indicator (SHMI) is significantly lower than expected. The Trust continues to hold Mortality Review meetings monthly, with CCG participation.

% 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

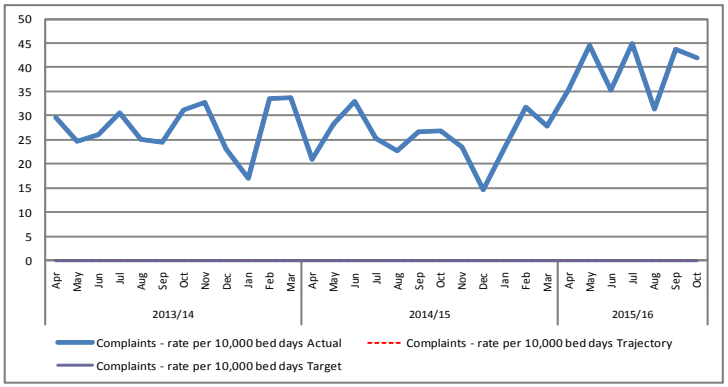
This continues to be a challenge due to:

- The high numbers of patients who present with symptoms that are atypical of a stroke
- Outlying patients on the Stroke ward (query strokes confirmed as non-strokes & neuro patients)

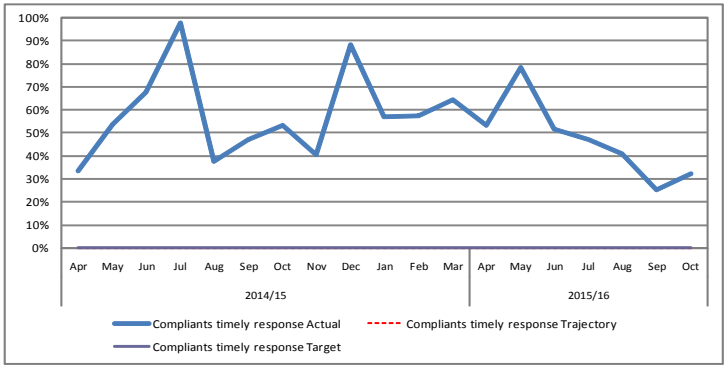
A short term project is underway to target improvements in this area, looking at operational policies in bed allocation and transfer of patients, and opportunities to reduce LOS on the Stroke rehab ward, as part of the ward accreditation project.

Safe, effective, caring (continued)

Complaints - rate per 10,000 bed days



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



Complaints

All complaints on the Trust Datix system have now been fully validated and as at 17 November, the Trust has 96 open complaints.

The dip in response times performance reflects the work undertaken over the past three months to address a backlog in overdue complaints and the validation of the database. A detailed briefing has been provided to the November Safety and Quality committee .

The new Policy for the Management of Concerns & Complaints policy has been drafted, discussed at QSG and CAG. and is awaiting final ratification at January QSG. The Trust's complaints KPIs have been updated to include a new KPI which states that local resolution meetings take place within 20 days of complaint notification, pending agreement with complainants. The system for capturing and recording formal complaints has been strengthened to ensure that clear audit trails and communication exists between the different governance teams, ie SI, incidents and complaints, to ensure triangulation and timely circulation.

Although a process is now in place for action plans to be completed for all fully or partially upheld complaints there is further work to do to ensure wider learning from complaints received is captured and translated into broader service improvement processes. The corporate Quality Governance team will be working with Divisions over the next period to support divisions to develop action plans to strengthen this aspect of their local quality governance processes. Trust wide processes to share learning from complaints are also being reviewed.

West Hertfordshire Hospitals NHS Trust

Intentionally blank

Safe, effective, caring

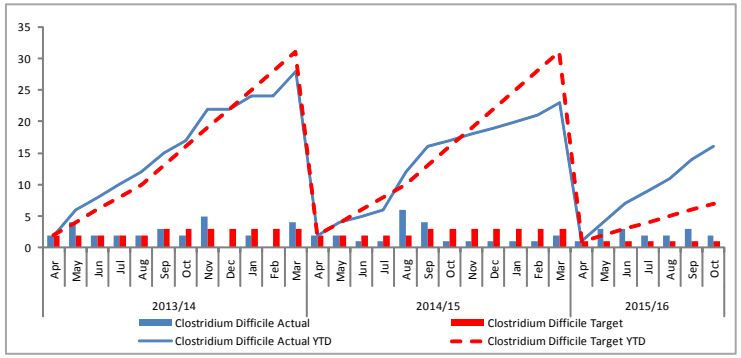
Reporting sub committee - PSQR

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

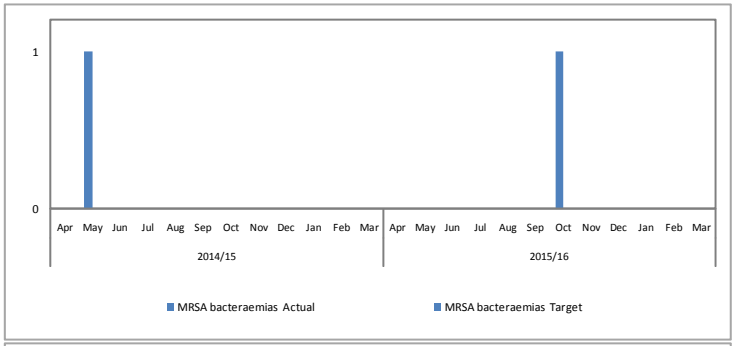
Performance relative to targets/ thresholds	Achieving	Not achieving
Oct-15	2	2
Sep-15	3	1
Aug-15	2	2

West Hertfordshire Hospitals NHS
NHS Trust

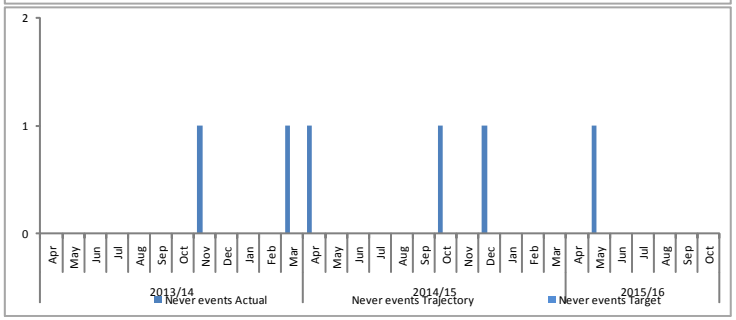
Clostridium Difficile



MRSA bactaraemias



Never events*



Clostridium difficile

The monthly trajectory for *Clostridium difficile* is 1 per month between April and August, 2 per month between September and November and 3 per month between December and March 2016. We are currently breaching our monthly target. Two cases were reported in October. Each *Clostridium difficile* case continues to be thoroughly investigated internally and externally, involving the Head of Infection Prevention Control (IPC) from the CCG in the Root Cause Analysis (RCA) meetings, for lessons learned. All learning are shared within the divisions within the Trust.

Targeted support audits are being undertaken by the IPC nurses on wards where a new Trust acquired *Clostridium difficile* Infection (CDI) case is identified until they reach a satisfactory compliance. Audits results are informing the training needed.

In addition to the mandatory training, extra training and education is being delivered to all staff groups. A CDI reduction action plan has been developed this will be shared with the CCG and TDA.

MRSA bacteraemia:

One WHHT apportioned MRSA bacteraemia has been reported in October.

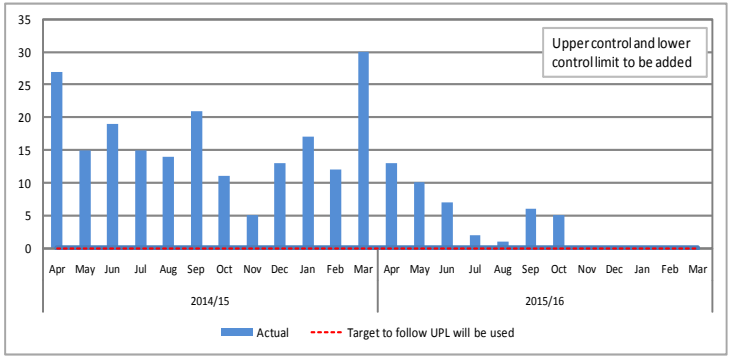
A post infection review meeting was undertaken involving GP and CCG Head of IPC. An action plan has been generated. The learning will be shared at Divisional governance meetings trust wide, and presented at the IPC panel meeting. A Vascular Access nurse has been appointed and will commence 1st February 2016, will support the management of vascular devices.

Never Events

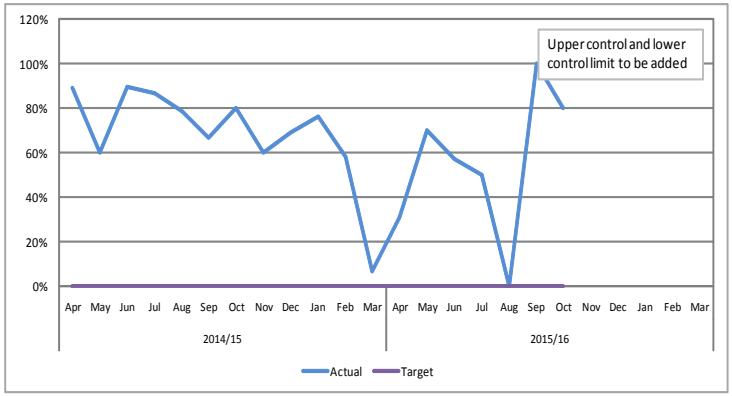
The one never event declared 2015/16; related to a misplaced NG Tube (2015/17537). The RCA and action plan has been completed and a Decision Tree for naso-gastric tube placement-checks in adults and a Standard Operating procedure for risk managing fine bore naso-gastic tubes (NGT) has been agreed. This will be presented at the November Quality and Safety Group .

West Hertfordshire Hospitals NHS Trust

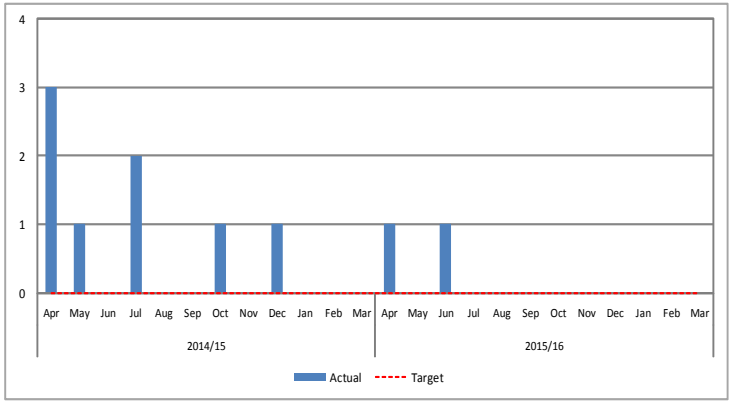
Serious incidents



% of reported patient safety incidents that are harmful



Medication errors causing serious harm*



Serious Incidents

The Trust has 59 open SIs. This includes 19 concerning VTE issues which are being addressed as one investigation. The investigation report has been submitted to the CCG who are seeking assurances over the action plan prior to closure.
From 1 April 2015, the Trust has reported a total of 46 SIs to the CCG. Four of these SIs have since been downgraded leaving the total at 42.

There are currently 11 investigation reports with the CCG that have not been closed on STEIS (the national database for monitoring SI). The SI team are working with the CCG to progress the SIs which have not yet been closed as the CCG are seeking further assurances around the investigations and action plans . These SI's will be counted as overdue for closure, but not overdue for submission. The final closure of SI investigations can only be 'actioned' by the CCG.

Progress continues against the number of outstanding RCAs , the current position being 4 RCA's outstanding against a position of 34 in April 2015.

Improvement changes to the incident process and assurance mechanisms continue giving greater transparency of incidents , embedding changes and more importantly supporting a culture of learning.

RCA training has been delivered in October 2015 and Being Open training is planned for December 2015.

Duty of Candour is currently at 87.5% documentation compliance for October 2015, changes to the documentation process is in progress to ensure capture of conversations which have taken place. For the cases not supported by documentation, assurance has been gained verbally that this has taken place. In one case there was an agreement with the CCG that contacting the patient's family can be delayed until the report has completed to avoid unnecessary distress being caused.

Medication incidents causing serious harm have included a number of anticoagulant incidents which have resulted in a thematic review and the development of an action plan which is being implemented.

Following the review in relation to Gentamicin monitoring, the Trust has introduced a Gentamicin sticker which is placed on the Prescription Chart to enable monitoring and prescribing to be together in one place.

There were no medication incidents causing serious harm in October.

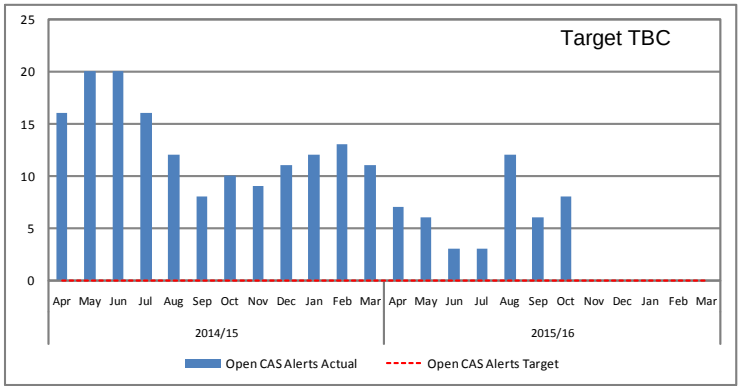
Safe, effective, caring

Reporting sub committee - PSQR

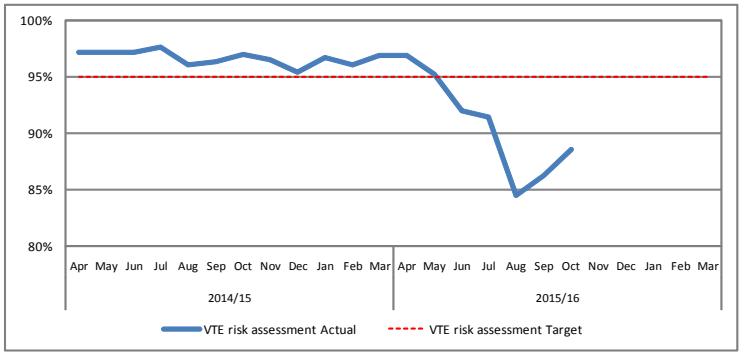
Executive lead	Clinical lead	Operational lead
*Dr Mike Van der Watt Tracey Carter		

Performance relative to targets/ thresholds	Achieving	Not achieving
Oct-15	0	4
Sep-15	1	3
Aug-15	0	4

CAS alerts outstanding and time to closure



VTE risk assessment*



Admissions to adult facilities of patients <16 years of age

to follow

CAS

The total number of alerts issued in October 2015 was 12 and the total number of alerts closed in October 2015 was 5

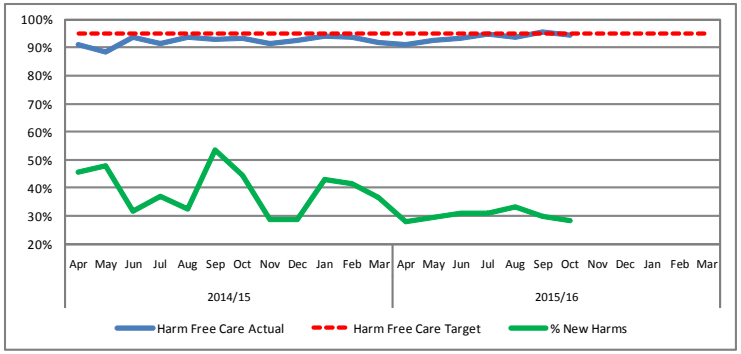
There was one breach in response from the Trust in October 2015 in relation to a medical devices alert issued in September 2015.

VTE

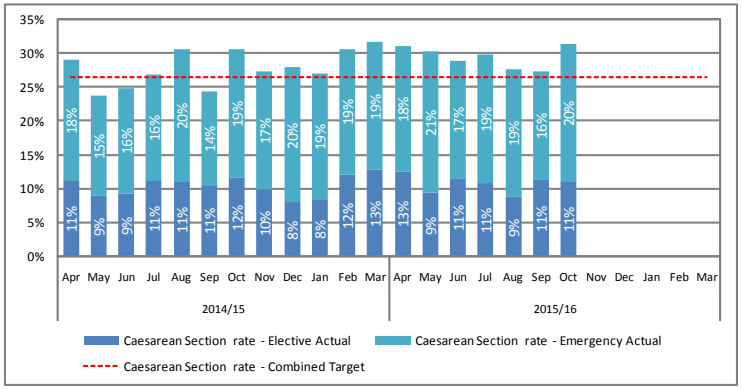
The Trust has adopted a far more rigorous approach regarding compliance with VTE, in that if the assessment has been done but is not signed, this is considered non-compliant even if the treatment / prophylaxis is prescribed.

A new policy is in place regarding VTE prophylaxis, with consultant review at post take ward rounds. The Medical Director has emphasized 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.

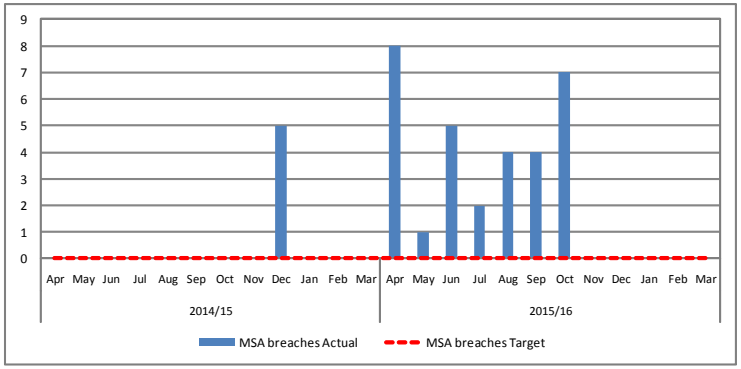
Percentage of Harm Free Care and New Harms



C-section rate



Mixed sex accommodation



Harm Free Care

Nationally the year's data for Harm Free Care Sept 2014- 2015 has shown improvement with new harms for Pressure Ulcers and Falls, and no improvements with New VTE and Catheters with new UTI.

The Trust data for the same time period has shown improvements in New Pressure Ulcers, Falls, and VTE but as with the national picture no improvement with Catheters and New UTI.

Benchmarking against local Trusts (the Hillingdon Trust) shows they have made the most improvements in all Harms so West Hertfordshire Harm Free care team will contact them to share learning.

Mixed sex accommodation

The mixed sex accommodation breaches occurred within ITU (3 patients) and ESAU (4 patients). In order to try to address this and reduce the incidence of MSA breaches the following actions have been taken:

ESAU

• The ESAU unit has been expanded to 2 bays since the beginning of November 2015, allowing male and female patients to be segregated and therefore MSA issue to be eliminated.

ICU

• The challenge in ICU is the layout of the unit and the lack of facility to segregate step down patients from those requiring Level 3 and Level 2 care.

• A review of the capacity versus demand within Critical Care with a view to reducing capacity to meet demand if appropriate is being undertaken.

• Inclusion of date and time of patient being ready for transfer out of ICU is on the sitrep for the operational team. Decisions are made in regard to the level of care the patients require in the morning following the Consultant rounds.

The Trust's ability to eliminate MSA breeches in Critical Care is severely compromised by the system wide issue with delayed transfers of care.

Responsive

Reporting sub committee - F&P

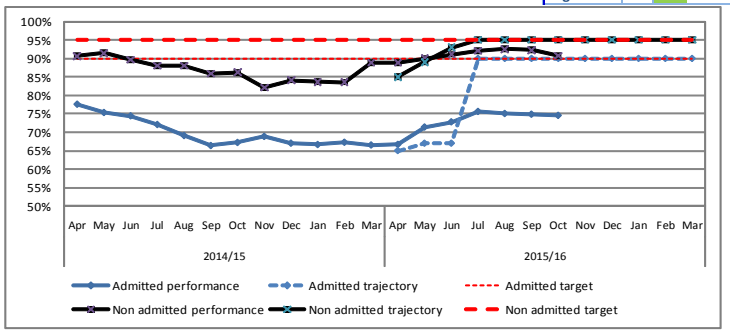
Access indicators - RTT, diagnostics, cancelled operations and outpatient appointments

Executive lead	Clinical lead	Operational lead
Lynn Hill	Jeremy Livingstone	Jane Shentall

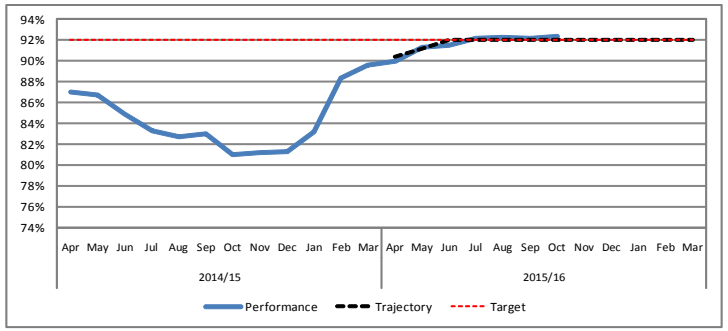
Performance relative to targets/ thresholds	Achieving	Not achieving
Oct-15	2	4
Sep-15	2	4
Aug-15	2	4

West Hertfordshire Hospitals NHS Trust

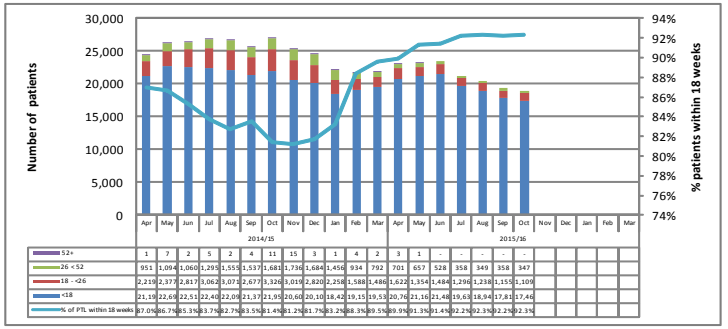
Completed pathways within 18 weeks



Incomplete pathways within 18 weeks



Incomplete pathways WL profile



RTT

WHHT undertook to achieve organisational compliance against the incomplete 92% standard for Referral to Treatment (RTT) and diagnostics by the end of Q1 2015/16. This was achieved and performance has been sustained in Q2 and October.

The RTT incomplete standard requires 92% of patients who have not received definitive treatment to be waiting under 18 weeks.

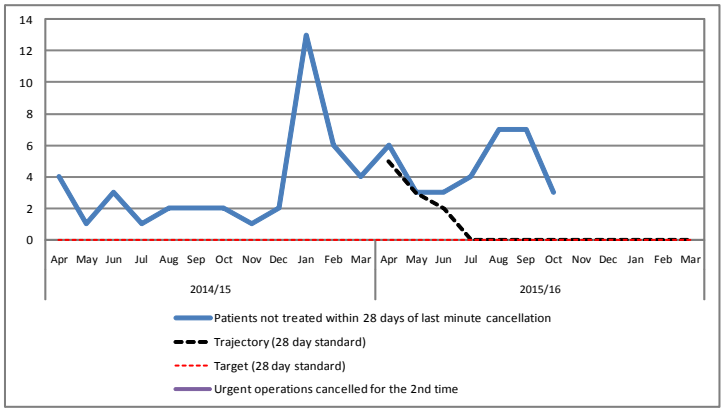
The Trust's compliant performance in October is slightly below the national average (92.5%), however this should be seen in the context of the Trust's significant improvements against the downward trend of the national position, which has deteriorated each month since May 2015. However, the impact of the Trust's financial position on the Trust's ability to continue to run additional sessions puts the RTT programme at significant risk.

There were no patients waiting over 52 weeks in October and the number of patients waiting over 40 weeks continues to reduce, down from 156 in October 2014 to 1 patient in October 2015.

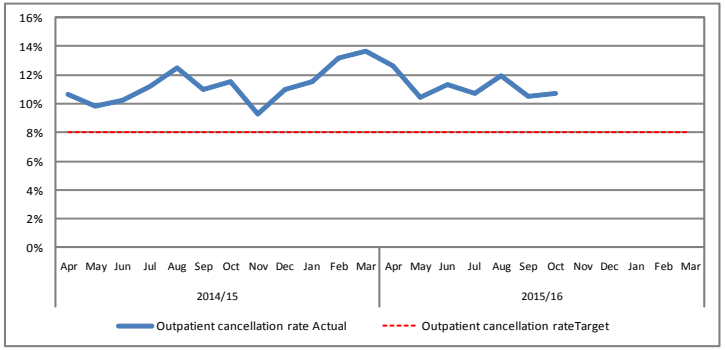
Other improvements put in place include:

- Following the new clinic outcome form pilot, a roll out across the organisation commences in November.
- Daily update on performance embedded in business as usual activities, giving current performance, number of patients to be booked from backlog and a new feature, the date in 3 weeks' time to ensure we are giving reasonable notice.
- Tool developed for Assistant Divisional Managers showing the current and future position to encourage a more forward looking approach.
- The review of the Trust's Access policy has been completed and is to be reviewed by the Policy Review Group on 23 November. The new Access Policy incorporates the new (Oct 15) draft guidance. Other changes include the management of DNAs and addition of icons to prompt users including the use PAS codes to make the policy user friendly.

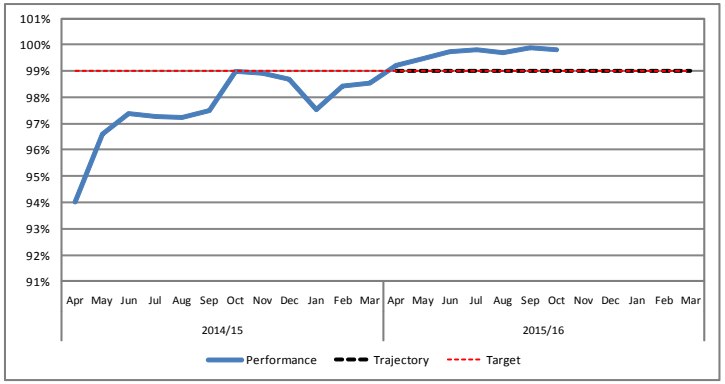
Patients not treated within 28 days of last minute cancellation and urgent operations cancelled for 2nd time



Hospital outpatient cancellations all (% cancelled within 6 weeks to follow)



Diagnostics



Cancelled Operations Task Force

This group was formed in the summer of 2015 to address the rising rate of cancellations (clinical and non-clinical), many of which were considered avoidable. The group membership includes a Matron, Day Surgery Manager, Theatre Manager and the POA Manager. A cancelled operation can give a poor patient experience, adversely affects theatre utilisation and financial performance. The Cancelled Operations Task Force was tasked with identifying trends in all cancellation types, understanding the reasons for cancellations and agreeing actions to improve the rate of cancellation.

The group agreed a number of work streams including:
- Redesign of admission letters.
- Implementation of a missing notes escalation process.
- Identification of the "golden patient" – first on list.
- Consultant sign off of theatre lists.

Future projects include:
- Introduction of a pre-op phone call made by clinical staff to patients a week before admission (started 1/11/15).
- Day Surgery to be responsible for all day case patients, including those without an allocated bed on admission (started 1/11/15).
- Offer of same day pre-operative assessment (started 19/11/15).
- Introduction of an electronic waiting list card.

Ongoing work

The following meetings and discussions continue to review waiting times performance, including cancelled operations and outpatient appointments.
a) twice weekly internal RTT conference call – monitoring performance very closely
b) weekly organisational level Access/performance meetings
c) weekly divisional level Access meetings (RTT)
d) patient level detailed review of PTLs by Director of Operations for Elective Care.

These meetings will review any systemic issues leading to last minute cancellations and failure to re-book within 28 days. Ongoing management of leave processes and adherence continues to prevent cancellations of hospital appointments within six weeks.

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. Diagnostic wait times has been delivered to the performance standard since April 2015 (seven consecutive months) and is also better than the national average of 98.1%.

Responsive

Reporting sub committee - F&P

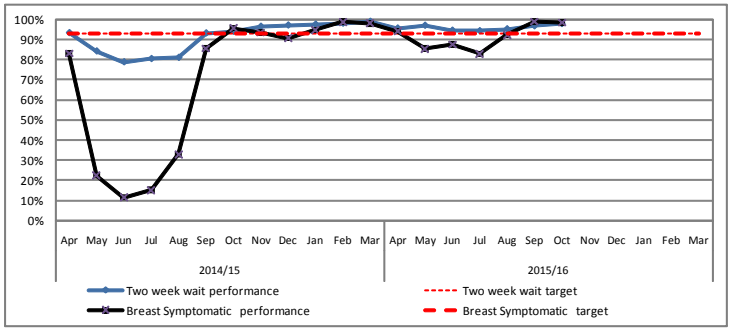
CWTs

Executive lead	Clinical lead	Operational lead
Lynn Hill	Jeremy Livingstone	Jane Shentall

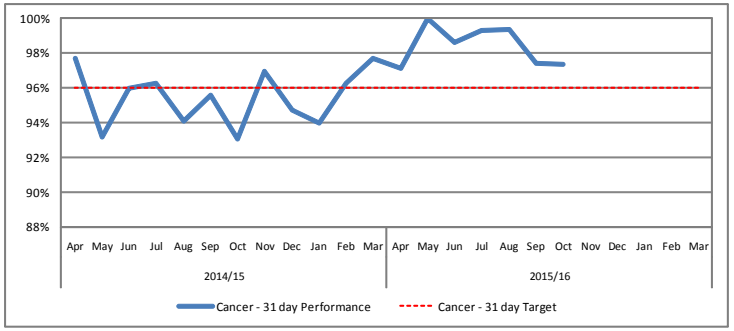
Performance relative to targets/ thresholds	Achieving	Not achieving
Oct-15	7	0
Sep-15	7	0
Aug-15	5	2

West Hertfordshire Hospitals NHS Trust

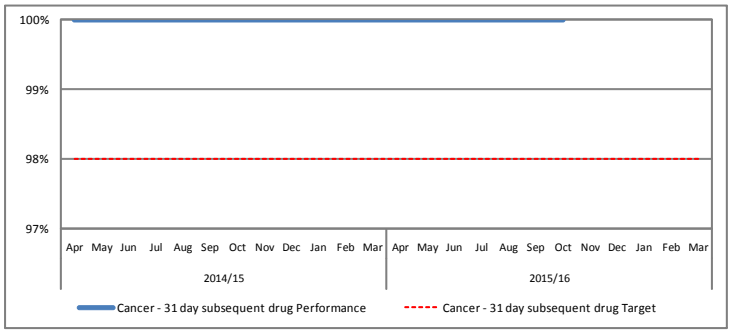
Two week standard and breast symptom two week



31 day standard



31 day subsequent drug standard



Breast symptomatic performance has made significant improvements and October is provisionally compliant. This has provided further support that our interventions, including bringing the first offer in to 0-7 days, and working with GPs to improve patient information and advice, has been effective. Patients now receive an offer of an appointment on day 5, on average. The Trust's performance is better than the national average for both the 2WW and breast symptomatic standards.

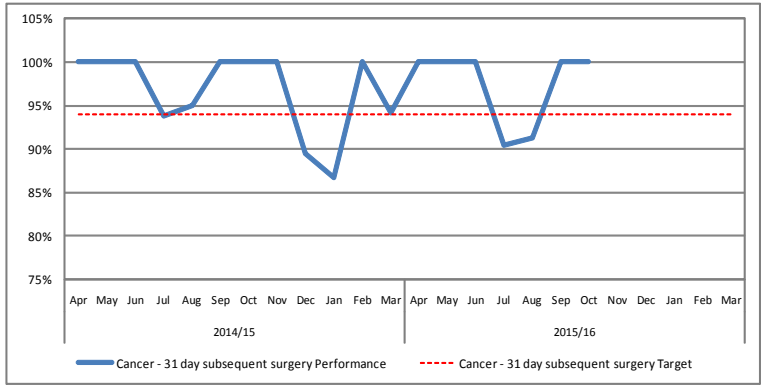
31 day first

The consolidated improvement plan now includes the main action plan, the specialty based recovery plans, the information plan and the Peer review actions. This is monitored through the fortnightly cancer improvement meeting.

At a specialty level, a number of pathway improvements have been realised, all of which are contributing to the improvement in performance. Weekly scrutiny of the Cancer PTLs (at patient level) is well embedded, with tracking from day 0. Dedicated MRI capacity has been sourced for prostate pathway patients and pathway redesign in Urology (consultant first appointment) and Lung (straight to CT by day 5) has recently been implemented. Additional MRI capacity has been sourced from Spire Bushey to support patients on the prostate pathway.

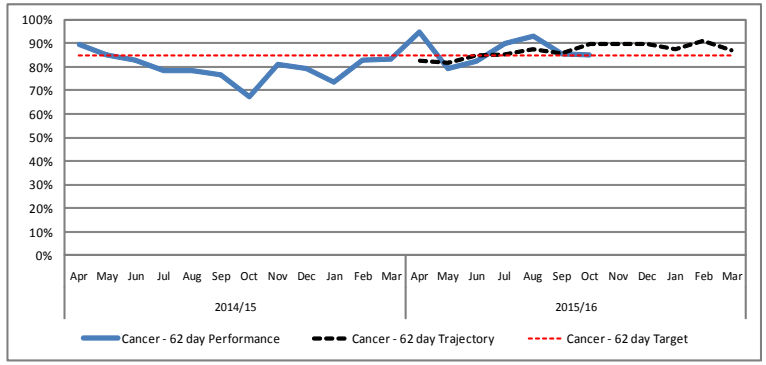
The Trust is now compliant with five of the eight key priorities for Cancer waiting times improvements.

31 day subsequent surgery standard



31 day subsequent surgery is provisionally compliant in October. In addition to the review of the PTL, we have introduced weekly breach reviews and consultant sign off. The standard remains at risk due to relatively low patient volumes which mean that the standard can be missed with any more than one breach in the month.

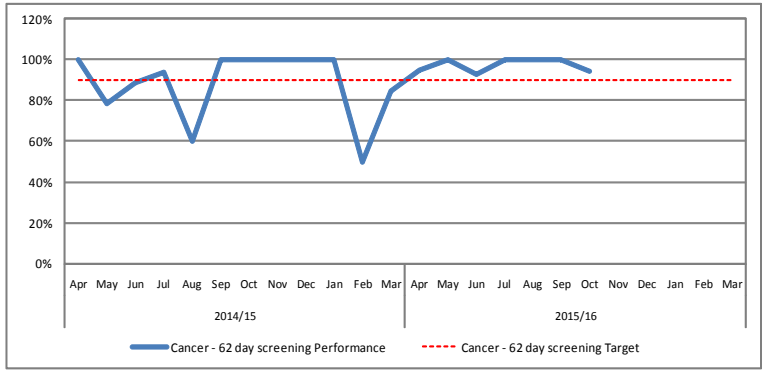
62 day standard



The **62 day GP** standard is provisionally compliant in October, and the standard was also compliant in quarter 2. This marks the second successive compliant quarter for the Trust. The Trust's performance remains better than the national average.

Issues in achieving compliance within tumour sites are being experienced in Colorectal, Urology, Lung and to a lesser extent Head & Neck. All of these services are the focus of the Cancer Improvement Programme Group.

62 day screening standard



The **62 day screening** standard has been delivered to the performance standard in October.

Responsive

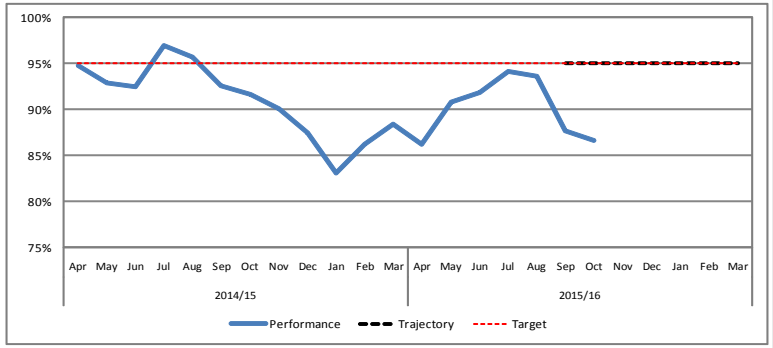
Reporting sub committee - F&P

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

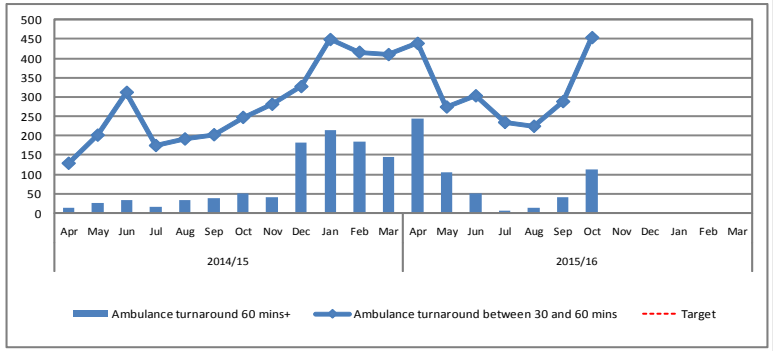
Executive lead	Clinical lead	Operational lead
Lynn Hill	Dr David Gaunt	Caroline Landon

Performance relative to targets/ thresholds	Achieving	Not achieving
Oct-15	1	4
Sep-15	1	4
Aug-15	1	4

A&E



Ambulance turnaround time



A&E performance decreased in October to 86.6%. The position was impacted by an increase in type 1 attendances between August and September (9.0% increase) and a further increase in the beds occupied by patients whose discharge was delayed (DToC patients). Ambulance Turnaround time deteriorated, with handover between 30-60 minutes increasing from 244 to 454 between August and October.

Winter Resilience

- A weekly winter planning group has been established, led by the head of operations, which includes representatives from all divisions. The project team have developed a broader action plan to implement CCG funded plans and additional schemes without significant cost implication, in order to further boost the resilience plan for 15/16.

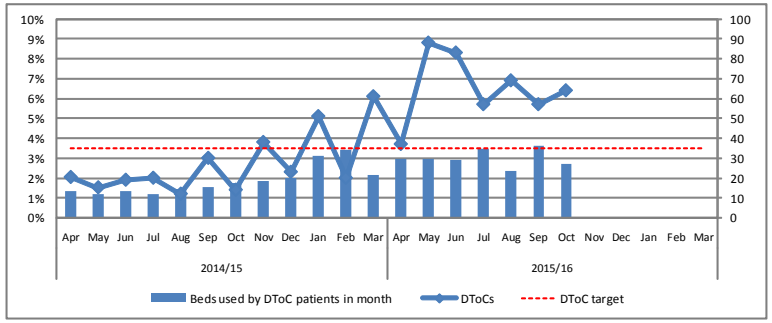
Front Door Flow, including acute assessment units

- Analysis of the impact of the single point of access implemented for GP referrals showed a slight upward trend in the number of patients referred into Ambulatory Care, and improved control of presentation of ambulant GP patients, with the majority of patients arriving within 2 hours of referral.
- Focus is ongoing in relation to ring-fencing assessment capacity to reduce the impact of GP heralded patients in A&E
- A&E reconfiguration plans continue, with modelling outputs indicating likely performance improvement from a new minors triage process and increased CDU capacity. Modelling confirms that reconfiguring A&E alone will not be sufficient to sustain 95% performance, without concurrent improvement in flow and DTOCs.

Hospital Patient Flow

- The discharge lounge move to incorporate stretcher patients has seen an average increase of 2 patients per day, and the discharge lounge will remain in Castle
- Additional corporate nursing support has been identified to increase the pace of progress and mitigate the risks highlighted previously regarding lack of capacity to deliver improvements.

Delayed Transfers of Care (DToC)

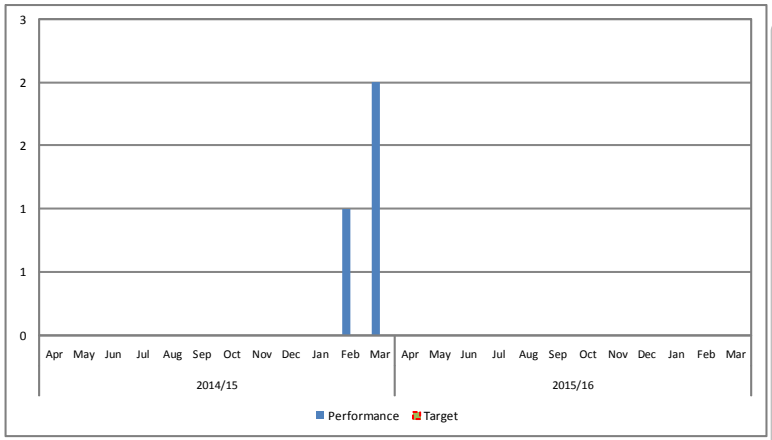


Summary issues

The number of DTOCs remains a challenge for the Trust. In October, DTOC patients occupied 839 bed days, down from 1083 bed days in September. This corresponds the equivalent of 27 beds in October. The national figure of the percentage of DToC can be misleading since this is based on the number of patients waiting at a point in time in the 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



Immediate and additional actions

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.

The discharge lounge will be retained in its temporary location on Castle Ward to continue to accommodate patients awaiting transfer out of hospital on beds, releasing ward space earlier.

Well led

Reporting sub committee - Workforce

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

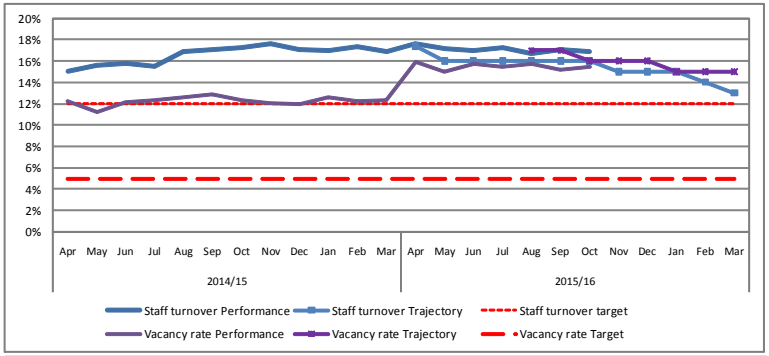
Executive lead	Clinical lead	Operational lead
Paul da Gama		

Performance relative to targets/ thresholds

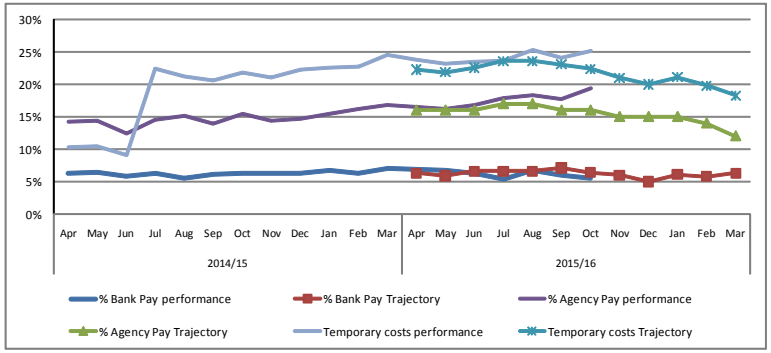
	Achieving	Not achieving
Oct-15	2	6
Sep-15	1	7
Aug-15	2	6

West Hertfordshire Hospitals NHS Trust

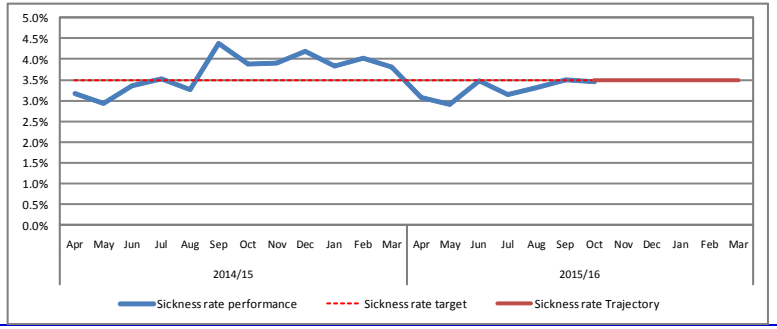
Staff turnover and vacancy rate



% bank, agency and temporary pay



Sickness rate



Turnover & Vacancy

Our overseas nurse recruitment campaign is progressing well and we have:
Interviewed to date: 177
Offered to date: 144
Start date agreed to date: 66
Started to date (actual) 33
Planned start dates are are 25th November: 23 and 2nd December: 13
Around 40 EU nurses and 9 Filipino nurses are expected to join us in January.
The Trust also continues to hold regular cohort recruitment days for UK based nurses. At the end of October our vacancy rate for qualified nurses fell from 27.4% to 25.6%, the first fall in over a year.
The overall vacancy rate increased slightly from 15.2% to 15.5%. This was due entirely to an increase in establishment of 42 wtes, as the 'staff in post' also increased, by 22 wtes. Turnover fell from 17.1% to 16.8%.

% Bank, agency and temporary pay

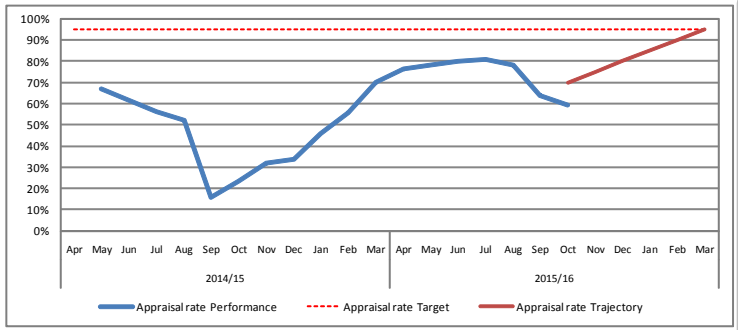
October saw an increase in agency expenditure to 19.4% of paybill, compared to 17.6% in October. This followed a slight reduction in the previous month. Agency expenditure increased from £3.22m in September to £3.56m in October.
The Trust is continuing to work with our Bank provider NHSP to improve the service offered and to place greater emphasis upon growing our Bank. In addition, from 26th October, the Trust introduced a Winter Incentive Scheme for our bank workers
All ward areas have been given virtual 'purses' which allows them to better understand and manage their agency spend. In addition the Trust has been working at a system level to improve the rates we receive from our agency suppliers and harmonise approaches in anticipation of the new 'rate cap' being introduced

Sickness rate

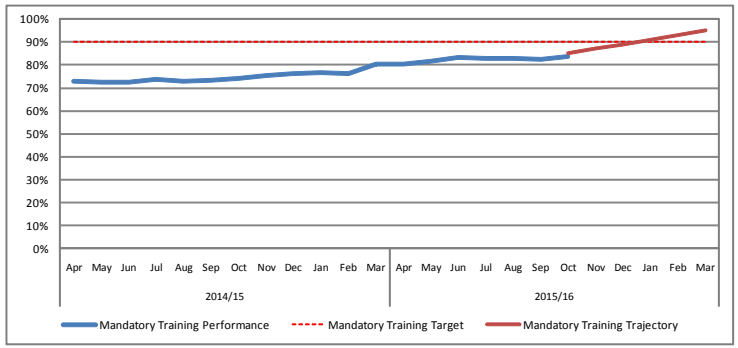
Sickness is currently running at 3.4%, a slight reduction on September. The Trust is maintaining a sickness rate slightly below its East of England peers.

A review of our approaches to the management of absence is being undertaken and is due to report in December.

Appraisal rate
(non medical staff only)



Mandatory training



Appraisal – non medical staff

The values-based appraisal rate at the end of October was 59%, compared to 65% at the end of September. This reflects: a) earlier completed values-based appraisals now dropping out of the count, which is based on a 12-month period, and b) the new policy which links incremental progression to performance at appraisal. We have further simplified the appraisal paperwork and introduced a fresh round of management training. Appraisal compliance is reviewed at all divisional performance meetings and fortnightly e-mails are being sent to divisions with details of non-compliance at an individual level. HR BP are working with their divisions to produce detailed recovery plans to ensure a return to compliance levels.

Mandatory training

Overall Trust compliance with Statutory and Mandatory Training Mandatory training compliance figures increased to 84% from 83%, six percentage points below our target figure of 90%. Actions over the last month in respect to improving compliance includes:

•The programme of mandatory training for 2016 is now available for booking via the Training Dept and this has been capacity planned to 150%.

•Work has begun on an entire refresh of our on-boarding processes which will include work to to ensure that mandatory training is undertaken prior to candidates joining us

•Work continues on the East of England streamlining work in relation to mandatory training which will see an automated 'Passport to Practice' introduced early in the new year.

•The Trust is working on a new ESR related training release which will be launch by January which will significantly improve both the content and recording of our on-line offering.

• The Trust has received a Declaration 0f Alignment for its mandatory training from Skills for Health which is seen as the Gold standard "kitemark" for training recognised as meeting the standards set for the Core National Skills Framework.

Safe, effective, caring

Well led

Reporting sub committees - PSQR and Workforce

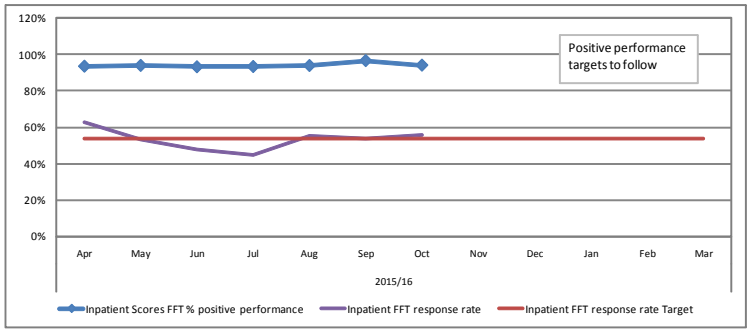
Friends and family

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

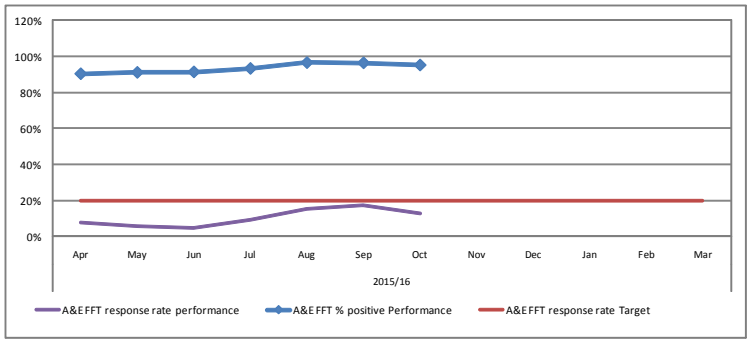
Well led	Achieving	Not achieving
Oct-15	1	3
Sep-15	0	4
Aug-15	1	3

West Hertfordshire Hospitals NHS Trust

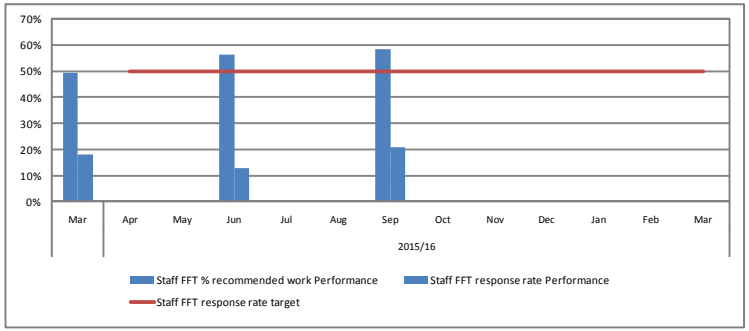
Inpatient scores (% positive and negative) and response rate



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



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



Inpatient

The 54% response rate target set in the quality schedule for the inpatient ward areas was not achieved in October. The results of the FFT showed that 95% of these patients would recommend our Trust.

Ward managers are made aware of their scores and actively encouraged to think of ways to improve. Family friendly Fridays continues with the lead nurse for Patient experience going to areas to discuss their results and give back any feedback.

A&E

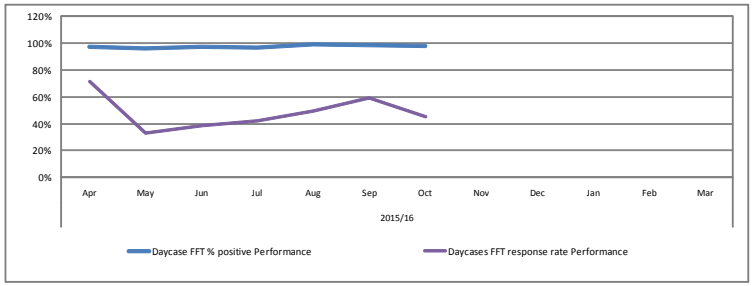
The A&E response rate target is now 20%, A&E now covers the minor injuries unit at SACH, Urgent Care Centre at HHGH and CED. There has been a decrease in the response rate for October which is 12.6%, this has been very disappointing to the teams and they are again looking at ways of improving their response rate and sustaining this. There are new posters being printed for the waiting area in A&E which shows what our patients are saying about the service. If this initiative is successful it will be taken to all the other A&E areas. The results of the A&E FFT showed that 95.0% of these patients would recommend the service.

Staff

The Friends and Family Test for quarter 2 ran between 24th August and 11th September. There was an improvement on the response rate which increased from 13% in Quarter 1 to 21% in Quarter 2. The percentage of people happy to recommend the Trust as a place for care or treatment went down by 2% to 61%. However, the percentage of people happy to recommend the Trust as a place to work increased by 2% to 58%.

The HR team were all involved and allocated departments to visit and encourage to complete a survey. It was felt that this worked better than promoting the survey from the hospital restaurant every day.

Daycases 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.

In October 97.5% of our patients would recommend the service we provide and 0.5% would not.

Ward Scorecard

Areas of good performance

Indicator/wards

July – October the top 5 performing clinical areas are :

1st Place – Simpson
2nd Place- AAUG1
3rdPlace – SCBU
4th Place- Cleves
Joint 5th Place – Bluebell and DLM

Indicators September 2015 on heat map of wards are Green

Pressure Ulcers as outcome indicators.
Infection Control outcome indicators such commodes.

October 2015 Green

TYC Medication storage 91%
TYC Resuscitation trolley 89%

Comment

- These wards are performing well across all the indicators.
- Each of these wards have strong clinical leaders and the wards perform well on the TYC indicators which are the process and observation indicators as well as outcome indicators.

Areas requiring performance improvement

Indicator

July – October the bottom 5 performing clinical areas are :

22nd place –Winyard
23rd place – Heronsgate
24th place – Elizabeth
25th place Croxley
26th place Sarratt

Indicators September 2015 on heat map of wards are Red

Falls and Falls with harms

October 2015 Red

TYC Tissue Viability 73%
TYC Observations 70%
TYC Nutritional 59%

Comment

- These bottom 5 wards are being monitored by the matrons and Heads of Nursing.
- Further performance work to be developed with the Medical Division to address and support these wards.
- Elizabeth Ward is moving to be under the leadership of the Head of Nursing in Surgery.
- A Falls campaign is being implemented following the information from the national audit.
- Trust falls rate 4.29 per 1000 occupied beds days and the national average is 6.63. However falls with harm is at a rate of 0.37 per occupied bed days and the national average is 0.19.
- The actual number of hospital avoidable Pressure ulcers in the Trust have reduced however the TYC which is the documentation of the care given is being target by the SSKIN champions and the TVNs.
- The matrons have committed to improve the following indicators with target work
- Observations – NEWS action plan
- Nutrition – related to the MUST risk assessment.
- Omitted medicines – Further medicine summit in December.
- Safety communication – safety huddles/ISOBAR/Folders.

Ward Scorecard

West Hertfordshire Hospitals NHS Trust

October-2015

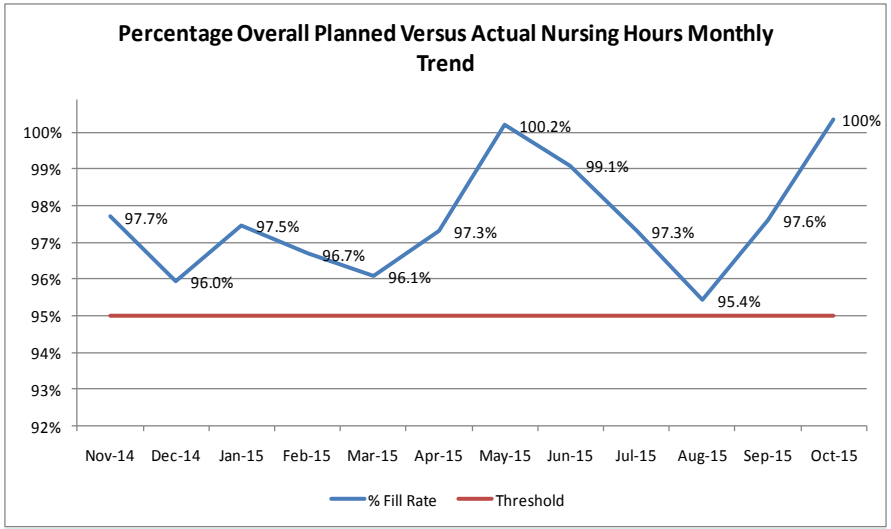
Division	Ward	Matron Quality Checks/Patients	Matron Quality Checks/Staff	TYC Overall	TYC/TVN section	Pressure Ulcers	No. of Falls	Falls with Harms	Commode Audit	Hand Hygiene Audit	Hospital accquired C.diff	Hopsital accquired MRSA isolate	% Extremely Likely>90	iWGC Response >54%	Red Flag Number of shifts less than 2 RN's on shift	Red Flag Number of shifts more than 8 hours less than planned	% of Supervisory filled Hours	% shifts filled (hrs) actual vs planned (RN and Care staff)
Unscheduled Care	AAU B/Y 3	! 85%	! 86%	! 82%	✗ 72%	✓ 0	✗ 14	✗ 4	! 89%	✓ 100%	✗ 1	✓ 0	✓ 94%	! 51%	✓ 0	✗ 4	✗ 59%	✓ 99.5%
	AAU B1	✓ 99%	✓ 96%	✗ 65%	✗ 37%	✓ 0	✓ 2	✗ 2	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 98%	✓ 69%	✓ 0	✗ 3	✗ 42%	! 94.3%
	AAU G1	✓ 96%	✓ 100%	! 82%	✗ 66%	✓ 0	✓ 0	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 94%	✓ 64%	✓ 0	✗ 6	✗ 50%	✓ 95.5%
	AAU P1	✓ 97%	✓ 100%	! 89%	! 88%	✓ 0	✓ 1	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 97%	✗ 44%	✓ 0	✗ 18	! 82%	NA
	AAU Y1	✓ 97%	✓ 100%	✗ 78%	✗ 60%	✓ 0	✓ 1	✓ 0	✓ 100%	✗ 75%	✓ 0	✓ 0	✓ 93%	✓ 90%	! 1	✗ 7	✗ 49%	! 94.0%
	CCU/ P/G 3	! 84%	! 89%	✓ 97%	✓ 97%	✓ 0	✓ 4	✗ 1	✓ 100%	✓ 100%	✗ 1	✓ 0	✓ 99%	✓ 62%	✓ 0	✗ 22	✗ 14%	! 92.5%
	A&E	NA	NA	! 83%	✓ 98%	✓ 0	✓ 1	✗ 1	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 95%	✗ 11%	! 1	✗ 14	NA	NA
	MIU	NA	NA	✗ 78%	NA	✓ 0	✓ 0	✓ 0	NA	NA	✓ 0	✓ 0	NA	NA	NA	NA	NA	NA
	UCC	NA	NA	✓ 94%	NA	✓ 0	✓ 0	✓ 0	NA	NA	✓ 0	✓ 0	NA	NA	✓ 0	✗ 6	NA	NA
Medicine	Aldenham	✓ 94%	✓ 96%	✓ 99%	✓ 100%	✓ 0	✓ 1	✓ 0	✓ 100%	✓ 93%	✓ 0	✓ 0	✓ 98%	✓ 66%	✓ 0	✗ 26	! 79%	✓ 100.7%
	Bluebell	NA	✓ 100%	✓ 93%	✓ 91%	✓ 0	! 6	✗ 2	✓ 100%	✓ 99%	✓ 0	✗ 1	✓ 100%	✗ 26%	✓ 0	✓ 0	! 89%	✓ 105.5%
	Cassio	! 86%	✓ 97%	✗ 58%	✗ 48%	✗ 1	✓ 0	✓ 0	! 83%	✓ 100%	✗ 1	✓ 0	✓ 96%	✓ 59%	✓ 0	✗ 4	✓ 125%	✓ 116.9%
	Churchill	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓ 0	✓ 0	NA	NA	NA	✗ 2	! 76%	NA
	Croxley	✓ 91%	! 89%	! 83%	✓ 90%	✗ 1	✓ 1	✗ 1	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 93%	✓ 78%	✓ 0	✗ 4	! 82%	✓ 113.8%
	Heronsgate	! 89%	✓ 100%	! 85%	✗ 77%	✓ 0	! 9	✓ 0	✓ 100%	✓ 94%	✓ 0	✓ 0	✓ 94%	! 52%	✓ 0	✗ 8	✗ 68%	✓ 107.7%
	Red	✓ 91%	✓ 93%	✗ 79%	✗ 69%	✓ 0	✓ 4	✗ 2	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 98%	✓ 91%	✓ 0	✓ 0	! 77%	✓ 131.3%
	Sarratt	NA	✓ 90%	✗ 63%	✗ 41%	✓ 0	! 5	✓ 0	✗ 67%	✓ 92%	✗ 1	✓ 0	! 87%	✓ 63%	✓ 0	✓ 0	! 86%	✓ 114.0%
	Simpson	NA	NA	✓ 94%	✓ 95%	✓ 0	✓ 2	✓ 0	✓ 10000%	✓ 100%	✓ 0	✓ 0	✓ 100%	✓ 62%	✓ 0	✗ 3	✓ 96%	✓ 124.5%
	Stroke	✓ 94%	✓ 96%	! 85%	! 80%	✓ 0	✓ 4	✗ 2	✓ 100%	✓ 99%	✓ 0	✓ 0	✓ 91%	✓ 89%	✓ 0	✗ 13	✓ 100%	✓ 99.6%
	Tudor	✓ 90%	✓ 100%	✗ 68%	✗ 49%	✓ 0	✗ 10	✓ 0	! 89%	✓ 10000%	✓ 0	✓ 0	NA	NA	✓ 0	✗ 1	✓ 100%	✓ 112.5%
	Winyard	! 85%	✓ 93%	✗ 74%	✗ 76%	✓ 0	! 5	✗ 1	✓ 100%	✓ 90%	✓ 0	✓ 0	✓ 91%	✓ 63%	✓ 0	✓ 0	✓ 98%	✓ 136.5%
Surgery	Cleves	! 88%	✓ 99%	! 84%	! 81%	✗ 1	✓ 1	✓ 0	✓ 100%	✓ 98%	✓ 0	✓ 0	✓ 93%	✓ 69%	✗ 5	✗ 11	✗ 50%	! 94.0%
	DLM	NA	✗ 76%	! 87%	✗ 70%	✓ 0	✓ 3	✗ 1	NA	✗ 70%	✓ 0	✓ 0	✓ 96%	✗ 41%	✗ 2	✗ 13	✗ 59%	! 92.9%
	Flaunden	! 87%	✓ 98%	! 78%	✗ 44%	✓ 0	✓ 2	✗ 1	✓ 100%	✓ 100%	✓ 0	✓ 0	! 88%	✓ 63%	✓ 0	✗ 11	✗ 68%	✓ 99.9%
	ICU	! 80%	✓ 96%	✗ 74%	✓ 93%	✗ 1	✓ 0	✓ 0	✓ 100%	! 85%	✓ 0	✗ 1	✓ 100%	✗ 11%	✗ 2	✗ 17	✓ 103%	✓ 96.3%
	Langley	! 89%	✓ 95%	! 89%	✓ 100%	✗ 1	✓ 1	✓ 0	✓ 100%	✓ 90%	✓ 0	✓ 0	✓ 96%	✓ 64%	✓ 0	✗ 7	✗ 36%	✓ 97.0%
	Letchmore	✓ 94%	✓ 97%	! 85%	! 84%	✗ 1	! 5	✓ 0	✗ 50%	✓ 100%	✓ 0	✓ 0	✓ 93%	✓ 79%	✗ 2	✗ 9	✗ 73%	✓ 95.7%
	Ridge	✓ 93%	✓ 95%	! 79%	✗ 67%	✗ 2	✓ 2	✗ 1	! 80%	✓ 100%	✓ 0	✓ 0	✓ 95%	✓ 70%	✓ 0	✗ 15	✗ 14%	! 93.9%
WACS	Elizabeth	✓ 91%	✓ 92%	✗ 63%	✗ 52%	✓ 0	✓ 2	✓ 0	✗ 60%	✓ 100%	✓ 0	✓ 0	! 88%	! 52%	! 1	✗ 8	! 87%	✓ 95.5%
Paeds	SCBU	✓ 99%	✓ 97%	✓ 92%	✓ 98%	✓ 0	NA	NA	NA	✓ 100%	✓ 0	✓ 0	✓ 100%	✓ 82%	NA	NA	NA	✗ 84.3%
	Starfish	✓ 99%	✓ 96%	! 85%	✓ 100%	✓ 0	NA	NA	NA	✓ 100%	✓ 0	✓ 0	✓ 100%	✗ 5%	✗ 3	✗ 4	✓ 100%	! 94.7%
	CED	NA	NA	✓ 95%	NA	✓ 0	NA	NA	NA	✓ 100%	✓ 0	✓ 0	NA	NA	NA	NA	NA	NA
	Safari	NA	NA	NA	NA	NA	NA	NA	NA	✓ 100%	✓ 0	✓ 0	NA	NA	✓ 0	✓ 0	✓ 100%	NA
Maternity	Delivery Suite	NA	NA	NA	NA	NA	NA	NA	NA	✓ 100%	✓ 0	✓ 0	NA	NA	NA	NA	NA	! 90.7%

Green		>=90	>=90	>=90	>=90	0	0	0	>=90	>=90	0	0	>=90	>=54	0	0	>=90	>=95
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	85-94
Red		<=79	<=79	<=79	<=79	>=1	>=5	>=1	<=79	<=79	>=1	>=1	<=79	<=49	>=2	>=1	<=74	<=85

West Hertfordshire Hospitals NHS NHS Trust

Safer staffing

Indicator	Performance (October)	Threshold	Trend	Forecast next month
% Nursing hours versus planned	100%	>95%	Upwards	99%



Indicator by shift and skill mix	Shift	RN	Care staff
% Nursing hours versus planned	Day	93.1%	112.8%
	Night	98.0%	106.1%

What is causing the variance

- Continued pressure on unscheduled care and urgent care pathway placing increased demand on additional staffing above planned hours to support surge capacity
- Skill mixing takes place, when clinically appropriate, leading to the higher number of actual HCA hours worked
- Use of additional HCAs above planned hours to support patients with enhanced care needs
- Senior Sisters work in actual hours to fill unfilled shifts
- 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).

What actions have been taken to improve performance

- A total of 46 new starters in October
- Forensic review of all rosters throughout November to ensure worked rosters align to funded establishments
- Refreshed roster controls, roster performance KPIs and weekly N&M staffing review meetings in place from December 2015
- Matrons and HoN to approve additional shifts above funded establishment from November 2015
- Focus on use of additional staff to support patients with enhanced care needs; review of policy and approval of risk assessment to sit with HoN or Deputy Chief Nurse
- Accelerated and targeted recruitment process for agency staff joining Bank and WHHT
- Skill mix and ratio of Trust: Temporary workers reflected in daily staffing sitrep
- Overseas and local recruitment continues to be active throughout November
- Senior nurse presence and support until 2000 every day
- Agency ceiling agreed with Heads of Nursing across adult inpatient areas. Specialist areas to be agreed throughout December 2015