West Hertfordshire Hospitals NHS Trust

Integrated Performance Report

September 2015

(August Data)

West Hertfordshire Hospitals NHS Trust

Executive Summary

West Hertfordshire Hospitals NHS Trust

Safe Effective Caring

Reporting sub committee - PSQR

Performance relative to targets/ thresholds

	Achieving	Achieving but close to target/threshold	Not achieving
Aug-15	7	0	9
Jul-15	7	0	9
Jun-15	8	0	8

Areas of good performance

- Serious incidents recorded reduced to 1, down from 2 the previous month
- Mortality indicators show sustained excellent performance
- There have been no MRSA bacteraemias
- There have been no medication errors causing serious harm

Areas requiring performance improvement

- Clostridium difficile year to date total is 11 (against a trajectory of no more than 23 cases for the year)
- VTE risk assessment was below the threshold at 85.1%
- There were 4 mixed sex accommodation breaches
- Harm free care was below the performance threshold
- Admission to stroke ward within 4 hours was under the performance standard

New this month:

- Patients spending 90% of their time on the stroke unit did not achieve the performance standard

Responsive

Reporting sub committee - F&P

Executive summary

	Achieving	Achieving but close to target/threshold	Not achieving
Aug-15	10	0	10
Jul-15	10	0	10
Jun-15	9	0	11

Areas of good performance

- Diagnostic wait times delivered to the performance standard
- Provisionally for July cancer 2 week wait and all 31 day indicators are delivering to the performance standard (except subsequent surgery)
- The 62 day cancer indicator delivered to the performance standard
- The RTT incomplete indicator delivered to the performance standard
- Thre were no RTT 52 week waits

Areas requiring performance improvement

- A&E 4 hour wait (all types) performance was 93.6% for August, deteriorating from 94.1% in July
- The cancer two week wait (breast symptomatic) indicator continues to report under the performance standard
- Formal delayed transfers of care continue to report above the performance standard, deteriorating in August from July

New this month:

- Patients not treated within 28 days of their 'last minute' cancelled operation was worse than the operational standard

Well led

Reporting sub committee - Workforce

	Achieving	Achieving but close to target/threshold	Not achieving
Aug-15	2	0	10
Jul-15	2	0	9
Jun-15	2	0	9

Areas of good performance

- The sickness rate has recorded a sixth consecutive month ahead of target

New this month:

- Inpatient Friends and Family response rate ahead of threshold, improving to 55.4% in August, up from 44.5% in July

Areas requiring performance improvement

- A number of workforce indicators continue to report underperformance, including staff turnover rate, vacancy rate, appraisals and mandatory training.

NB. Indicators achieving relate only to where targets have been set - as seen on the indicator summary

Indicator Summary

	Domain	Indicator	Target	Latest three data points (Most Recent)			YTD Actual	YTD Target	Executive Lead	Month	Included in Detailed Reports	National / Local	Trend	Data Quality RAG
	Safe, Effective, Caring	SHMI (Rolling 12 months)	100	✓ 93.4	✓ 90.3	✓ 90.6			MD	Oct-Sep 14	Y	National		G
		HSMR - Total (Rolling three months)	100	✓ 88.4	✓ 85.9	✓ 81.6			MD	May-15	Y	National		G
		Crude Mortality Rate (Non elective ordinary)**	3.2%	✓ 2.2%	✓ 1.8%	✓ 1.7%	✓ 2.1%	3.2%	MD	Aug-15	Y	National		G
●		30 Day Emergency Readmissions - Combined *	4.0%	✗ 7.4%	✗ 7.4%	✗ 7.4%	✗ 7.5%	4.0%	MD	Aug-15	Y	National		G
		30 Day Emergency Readmissions - Elective *	n/a	3.8%	3.9%	3.7%	3.7%	n/a	MD	Aug-15	Y	National		G
		30 Day Emergency Readmissions - Emerg *	n/a	10.3%	10.5%	10.3%	10.5%	n/a	MD	Aug-15	Y	National		G
		Number of patients with a length of stay > 14 days *	tbc	339	325	299	1696	tbc	MD	Aug-15		Local		G
		Staff FFT % recommended care	tbd TDA^	-	-	57.5%	57.5%	tbd TDA^	DoW	Mar-15	Y	National		G
		Inpatient Scores FFT % positive	tbd TDA^	93.3%	93.5%	94.0%	93.7%	tbd TDA^	CN	Aug-15	Y	National		G
		A&E FFT % positive	tbd TDA^	91.3%	93.3%	96.6%	93.4%	tbd TDA^	CN	Aug-15	Y	National		G
		Daycase FFT % positive	tbd TDA^	97.7%	97.0%	99.0%	97.5%	tbd TDA^	CN	Aug-15	Y	National		G
		Maternity FFT % positive	tbd TDA^	92.7%	97.0%	92.6%	93.8%	tbd TDA^	CN	Aug-15	N	National		G
		% Complaints responded to within one month or agreed timescales with complainant	tbd TDA^	51.5%	47.1%	40.9%	54.4%	tbd TDA^	CN	Aug-15	N	Local		G
		Complaints - rate per 10,000 bed days	tbd TDA^	35.3	44.9	31.3	38.3	tbd TDA^	CN	Aug-15	N	National		G
●		Mixed sex accommodation breaches	0	✗ 5	✗ 2	✗ 4	✗ 20	0	CN	Aug-15	N	National		G
●		Clostridium Difficile	1	✗ 3	✗ 2	✗ 2	✗ 11	4	CN	Aug-15	Y	National		G
		MRSA bacteraemias	0	✓ 0	✓ 0	✓ 0	✓ 0	0	CN	Aug-15	Y	National		G

* 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

Indicator Summary

Domain	Indicator	Target	Latest three data points (Most Recent)			YTD Actual	YTD Target	Executive Lead	Month	Included in Detailed Reports	National / Local	Trend	Data Quality RAG
Safe, Effective, Caring	Never events	0	✓ 0	✓ 0	✓ 0	✗ 1	0	MD	Aug-15	Y	National		G
	Serious incidents - number*	tbd TDA^	7	2	1	33	tbd TDA^	MD	Aug-15	Y	National		A
	Serious incidents - % that are harmful*	n/a	57.1%	50.0%	0.0%	48.5%	n/a	MD	Aug-15	Y	National		A
	Medication errors causing serious harm *	0	✗ 1	✓ 0	✓ 0	✗ 2	0	MD	Aug-15	Y	National		A
●	Open CAS Alerts	0	✗ 3	✗ 3	✗ 12	✗ 12	0	CN	Aug-15	Y	National		A
●	Harm Free Care	95.0%	✗ 93.4%	✗ 94.8%	✗ 93.9%	✗ 93.1%	95.0%	CN	Aug-15	Y	National		G
	% New Harms (Safety Thermo - New/All Harms)	tbd TDA^	30.8%	31.0%	33.3%	29.6%	tbd TDA^	CN	Aug-15	Y	National		G
	Pressure Ulcers New Harms	tbd TDA^	9	3	1	23	tbd TDA^	CN	Aug-15	Y	National		G
	Falls New Harms	tbd TDA^	1	3	2	10	tbd TDA^	CN	Aug-15	Y	National		G
	Catheter & UTI New Harms	tbd TDA^	2	4	3	12	tbd TDA^	CN	Aug-15	Y	National		G
	VTE New Harms	tbd TDA^	1	2	3	15	tbd TDA^	CN	Aug-15	Y	National		G
●	VTE risk assessment*	95.0%	✗ 92.0%	✗ 91.5%	✗ 85.1%	✗ 92.1%	95.0%	MD	Aug-15	Y	National		A
●	Caesarean Section rate - Combined*	26.5%	✗ 28.9%	✗ 29.8%	✗ 27.7%	✗ 29.5%	26.5%	MD	Aug-15	Y	Local		A
	Caesarean Section rate - Emergency*	n/a	17.4%	19.0%	18.9%	19.0%	n/a	MD	Aug-15	Y	Local		A
	Caesarean Section rate - Elective*	n/a	11.5%	10.8%	8.8%	10.6%	n/a	MD	Aug-15	Y	Local		A
	Maternal deaths	0	✓ 0	✗ 1	✓ 0	✗ 1	0	MD	Aug-15	N	National		G
●	Patients admitted directly to stroke unit within 4 hours of hospital arrival *	90.0%	✗ 66.0%	✗ 62.1%	✗ 43.6%	✗ 57.5%	90.0%	DCEO	Aug-15	Y	Local		G
◆	Stroke patients spending 90% of their time on stroke unit *	80.0%	✗ 78.7%	✓ 82.8%	✗ 77.5%	✓ 81.1%	80.0%	DCEO	Aug-15	Y	Local		A

* Performance may change for the current month due to data entered after the production of this report
tbd TDA^ - threshold/target to be determined by Trust Development Agency guidance when available
NB Exception reports not provided for FFT scores

Indicator Summary

Domain	Indicator	Target	Latest three data points (Most Recent →)			YTD Actual	YTD Target	Executive Lead	Month	Included in Detailed Reports	National / Local	Trend	Data Quality RAG
Responsive	Referral to Treatment - Admitted*	90.0%	✗ 72.8%	✗ 75.5%	✗ 75.0%	✗ 72.5%	90.0%	DCEO	Aug-15	Y	National		G
	Referral to Treatment - Non Admitted*	95.0%	✗ 91.1%	✗ 91.9%	✗ 92.6%	✗ 90.9%	95.0%	DCEO	Aug-15	Y	National		G
	Referral to Treatment - Incomplete*	92.0%	✗ 91.4%	✓ 92.2%	✓ 92.3%	✗ 91.2%	92.0%	DCEO	Aug-15	Y	National		G
	Referral to Treatment - 52 week waits - Incompletes	0	✓ 0	✓ 0	✓ 0	✗ 4	0	DCEO	Aug-15		National		
	Diagnostic wait times	99.0%	✓ 99.7%	✓ 99.8%	✓ 99.7%	✓ 99.6%	99.0%	DCEO	Aug-15	Y	National		G
	ED 4hr waits (Type 1, 2 & 3)	95.0%	✗ 91.9%	✗ 94.1%	✗ 93.6%	✗ 91.3%	95.0%	DCEO	Aug-15	Y	National		G
	ED 12hr trolley waits	0	✓ 0	✓ 0	✓ 0	✓ 0	0	DCEO	Aug-15	Y	National		G
	Ambulance turnaround time between 30 and 60 mins	0	✗ 303	✗ 234	✗ 224	✗ 1,474	0	DCEO	Aug-15	Y	Local		A
	Ambulance turnaround time > 60 mins	0	✗ 51	✗ 7	✗ 15	✗ 422	0	DCEO	Aug-15	Y	Local		A
	Cancer - Two week wait *	93.0%	✓ 94.4%	✓ 94.2%	✓ 94.2%	✓ 95.0%	93.0%	DCEO	Aug-15	Y	National		A
	Cancer - Breast Symptomatic two week wait *	93.0%	✗ 87.6%	✗ 83.3%	✗ 83.3%	✗ 86.3%	93.0%	DCEO	Aug-15	Y	National		A
	Cancer - 31 day *	96.0%	✓ 98.6%	✓ 99.3%	✓ 99.3%	✓ 98.8%	96.0%	DCEO	Aug-15	Y	National		A
	Cancer - 31 day subsequent drug *	98.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	98.0%	DCEO	Aug-15	Y	National		A
	Cancer - 31 day subsequent surgery *	94.0%	✓ 100.0%	✗ 90.5%	✗ 90.5%	✓ 95.7%	94.0%	DCEO	Aug-15	Y	National		A
	Cancer - 62 day *	85.0%	✗ 82.3%	✓ 90.2%	✓ 90.1%	✓ 88.0%	85.0%	DCEO	Aug-15	Y	National		A
	Cancer - 62 day screening *	90.0%	✓ 92.9%	✓ 100.0%	✓ 100.0%	✓ 96.9%	90.0%	DCEO	Aug-15	Y	National		A

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

Indicator Summary

Domain	Indicator	Target	Latest three data points (Most Recent)			YTD Actual	YTD Target	Executive Lead	Month	Included in Detailed Reports	National / Local	Trend	Data Quality RAG
Responsive	Urgent operations cancelled for a second time	0	✓ 0	✓ 0	✓ 0	✓ 0	0	DCEO	Aug-15	Y	National		G
	Number of patients not treated within 28 days of last minute cancellation	0	✗ 3	✗ 4	✗ 7	✗ 23	0	DCEO	Aug-15	Y	National		G
	Delayed Transfers of Care (DToC)	3.5%	✗ 8.3%	✗ 5.7%	✗ 6.9%	✗ 6.7%	3.5%	DCEO	Aug-15	Y	National		G
	Outpatient cancellation rate	8.0%	✗ 11.3%	✗ 10.8%	✗ 12.0%	✗ 11.4%	8.0%	DCEO	Aug-15	Y	Local		G

Indicator Summary

Domain	Indicator	Target	Latest three data points (Most Recent →)			YTD Actual	YTD Target	Executive Lead	Month	Included in Detailed Reports	National / Local	Trend	Data Quality RAG
Well Led	● Staff turnover rate	12.0%	✗ 17.0%	✗ 17.2%	✗ 16.7%	✗ 17.1%	12.0%	DoW	Aug-15	Y	National		G
	Sickness rate	3.5%	✓ 3.5%	✓ 3.1%	✓ 3.3%	✓ 3.2%	3.5%	DoW	Aug-15	Y	National		G
	● Vacancy rate	5.0%	✗ 15.7%	✗ 15.4%	✗ 15.8%	✗ 15.6%	5.0%	DoW	Aug-15	Y	National		G
	● Appraisal rate (non-medical staff only)	95.0%	✗ 80.2%	✗ 80.8%	✗ 78.1%	✗ 78.1%	95.0%	DoW	Aug-15	Y	National		G
	● Mandatory Training	90.0%	✗ 83.2%	✗ 82.7%	✗ 82.8%	✗ 82.2%	90.0%	DoW	Aug-15	Y	Local		G
	◆ % Bank Pay**	6.6%	✓ 6.3%	✓ 5.4%	✗ 6.7%	✓ 6.4%	6.3%	DoW	Aug-15	Y	Local		G
	● % Agency Pay**	16.0%	✗ 16.8%	✗ 17.9%	✗ 18.3%	✗ 17.2%	16.8%	DoW	Aug-15	Y	Local		G
	● Temporary costs and overtime as % of total paybill**	22.6%	✗ 23.5%	✗ 23.7%	✗ 25.3%	✗ 23.9%	23.5%	DoW	Aug-15	Y	National		G
	Inpatient FFT response rate	54.0%	✗ 47.5%	✗ 44.5%	✓ 55.4%	✗ 52.3%	54.0%	CN	Aug-15	Y	National		G
	● A&E FFT response rate	20%	✗ 4.8%	✗ 9.1%	✗ 15.2%	✗ 8.3%	20.0%	CN	Aug-15	Y	National		G
	Daycases FFT response rate	tbd TDA^	38.8%	42.1%	49.4%	45.2%	tbd TDA^	CN	Aug-15	Y	National		G
	◆ Staff FFT response rate	50%	-	-	✗ 17.9%	✗ 17.9%	50%	DoW	Mar-15	Y	National		G
	Staff FFT % recommended work	tbd TDA^	-	-	49.4%	49.4%	tbd TDA^	DoW	Mar-15	Y	National		G
	● Maternity FFT response rate	38%	✗ 36.4%	✗ 34.2%	✗ 21.2%	✗ 34.8%	38%	CN	Aug-15	N	National		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

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

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	-32,800			DoF	Aug-15	National
	Bottom line Income & Expenditure position – year to date actual against plan	0	-14,099	-16,473	-21,492			DoF	Aug-15	National
	Actual efficiency recurring- forecast against plan	0	8,433	8,846	8,837			DoF	Aug-15	National
	Actual efficiency recurring - year to date against actual plan	0	1,331	2,019	2,630			DoF	Aug-15	National
	Actual efficiency non-recurring- forecast against plan	0	2,068	2,248	2,524			DoF	Aug-15	National
	Actual efficiency non -recurring - year to date against actual plan	0	815	1,090	1,279			DoF	Aug-15	National
	Forecast underlying surplus/deficit against plan	0	-25,700	-30,800	-25,700			DoF	Aug-15	National
	Forecast year end charge to capital resource limit	0	2,301	2,542	2,833			DoF	Aug-15	National
	Is the Trust forecasting permanent PDC for liquidity purposes?	0	35,500	35,500	35,500			DoF	Aug-15	National
	Cumulative I&E surplus or deficit	0	-14,099	-16,473	-21,492			DoF	Aug-15	National
	Month's I&E surplus or deficit	0	-3,477	-2,373	-4,816			DoF	Aug-15	National
	Cumulative EBITDA margin (%)	0.0%	-14.6%	-12.0%	-12.9%			DoF	Aug-15	National
	NHS income variance (%)	0.0%	0.2%	0.2%	-0.1%			DoF	Aug-15	National
	Year on year change in income	0	32	-88	-418			DoF	Aug-15	National
	Year on year change in pay costs	0	-4,664	-5,161	-6,326			DoF	Aug-15	National
	Year on year change in non pay costs	0	-2,171	-6,458	-6,733			DoF	Aug-15	National
	Year on year change in capital spend	0	1,350	1,440	1,448			DoF	Aug-15	National
	Capital spend as a % of annual CRL.	0	8.46%	9.34%	10.41%			DoF	Aug-15	National
	Continuity of services risk rating	0	0	0	0			DoF	Aug-15	National
	Liquidity ratio	0	1	1	1			DoF	Aug-15	National
	Capital servicing capacity	0	1	1	1			DoF	Aug-15	National
	NHS clinical income per consultant PA	0	0	0	0			DoF	Aug-15	National
	Outstanding loans value	0	14,107	17,107	20,397			DoF	Aug-15	National
	Debtor days	0	22	25	24			DoF	Aug-15	National
	Creditor days	0	57	56	58			DoF	Aug-15	National
	Purchase order non compliance	0	1.00%	1.00%	1.00%			DoF	Aug-15	National
	% of turnover saved in month	0.0%	4.17%	3.62%	3.38%			DoF	Aug-15	National
	Forecast savings as % of turnover	0.0%	3.91%	3.91%	3.91%			DoF	Aug-15	National
	% of forecast savings classified RED	0.0%	7.30%	7.30%	6.50%			DoF	Aug-15	National

Detailed reports

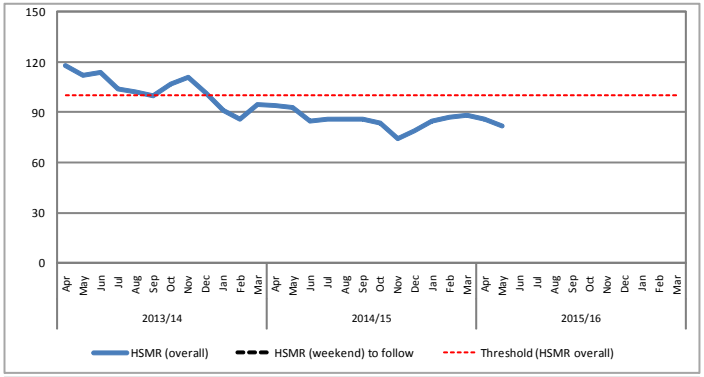
Safe, effective, caring

Reporting sub committee - PSQR

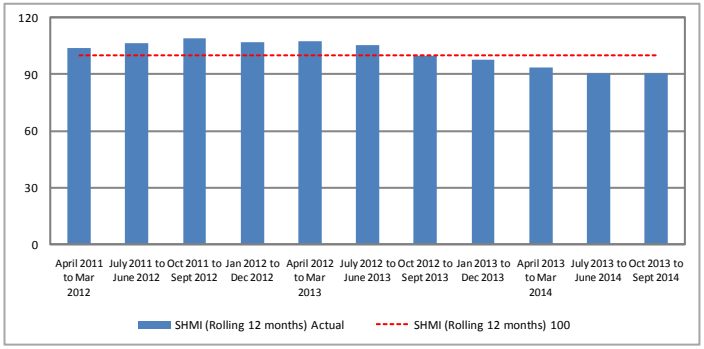
Executive lead	Clinical lead	Operational lead
*Dr Mike Van der Watt Tracey Carter		

Performance relative to targets/ thresholds	Achieving	Achieving but close to target/threshold	Not achieving
Aug-15	3	0	3
Jul-15	4	0	2
Jun-15	4	0	2

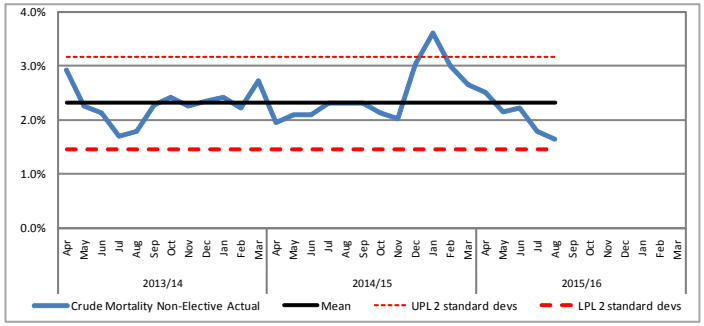
Hospital Standardised Mortality Ratio (HSMR)*



Summary Hospital Mortality Indicator*



Crude mortality rate (non-elective)*



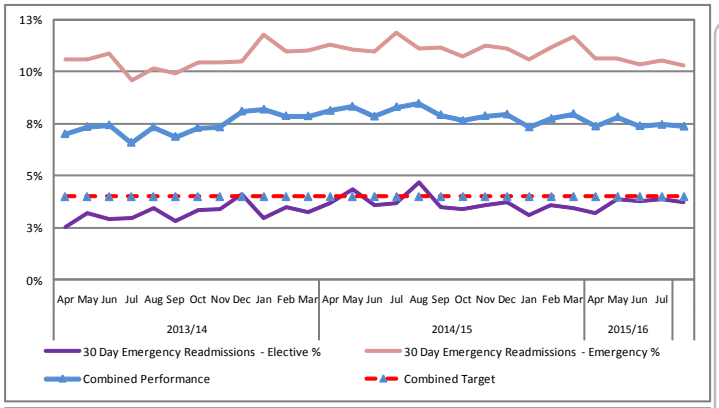
Hospital mortality indices continue to improve, and the trust has gone from being in the bottom decile (2013) to being in the top performing quartile. Within the region, the Trust is one of five (out of 17) with a 'lower than expected' Hospital Standardise Mortality Ratio (HSMR).

HSMR emergency weekday vs weekend has no significant difference for emergency admissions. Both are significantly lower than expected.

There was a peak over the winter period in crude mortality which was mirrored nationally. The crude rate has since reduced month on month.

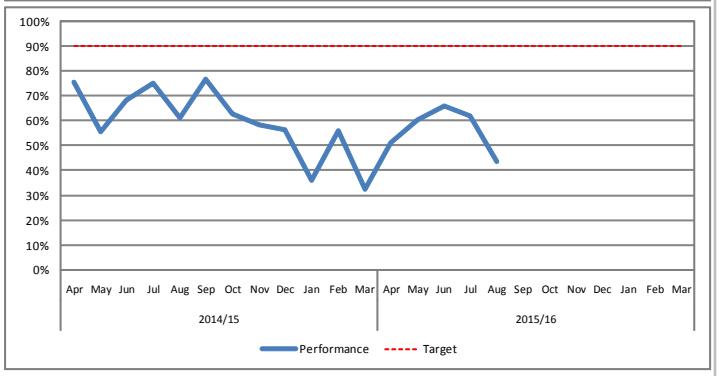
The Summary Hospital Mortality Indicator (SHMI) is within the expected range. The Trust continues to hold Mortality Review meetings monthly, with CCG participation.

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

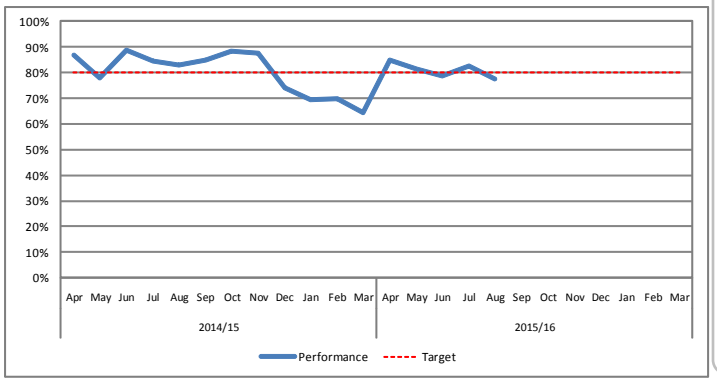


Emergency Readmissions
Emergency Readmission rates have dropped since Q4 of last year, however an audit process has been put in place, which is being led by the consultants in Unscheduled Care and Medicine divisions.
The notes of readmitted patients will be reviewed and assessed for additional insight 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.

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



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



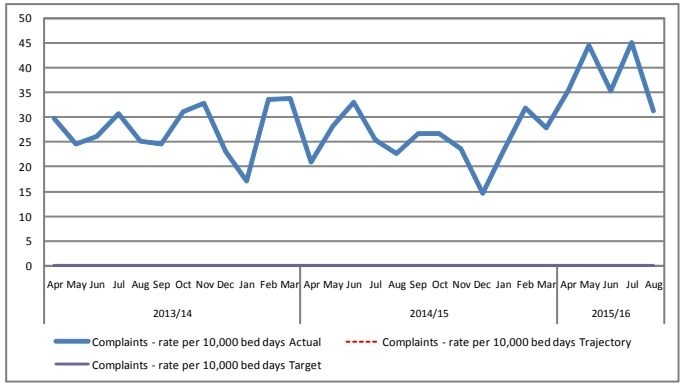
Stroke 60 mins, stroke care and STeMI 150 mins* (to follow)

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)

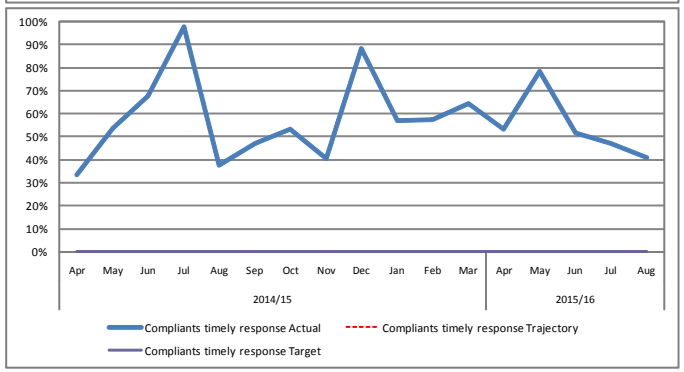
A short term project is underway to target improvements in this area, looking at operational policies in bed allocation and transfer of patients, and opportunities to reduce LOS on the Stroke rehab ward, as part of the Unscheduled Care 'Efficient Ward' programme.

Safe, effective, caring (continued)

Complaints - rate per 10,000 bed days



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



Complaints

Validation of all complaints continues on the Datix system. This will be completed in mid September 2015.

Overall August complaints are down from July by 24 and 9% from 2014, with Surgery receiving 29% of all complaints.

Overdue complaint responses for all divisions have risen in August further support from the corporate team has been given.

Intentionally blank

Safe, effective, caring

Reporting sub committee - PSQR

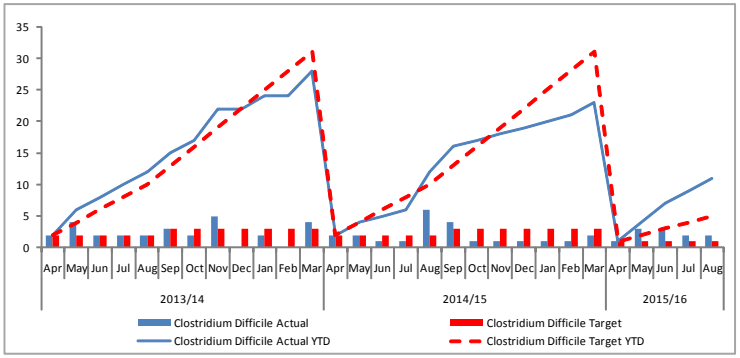
Executive lead	Clinical lead	Operational lead
*Dr Mike Van der Watt Tracey Carter		

Performance relative to targets/ thresholds

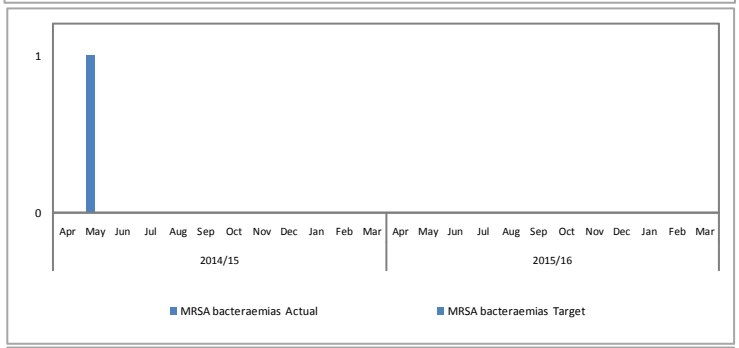
	Achieving	Achieving but close to target/threshold	Not achieving
Aug-15	3	0	1
Jul-15	2	0	2
Jun-15	2	0	2

West Hertfordshire Hospitals NHS Trust

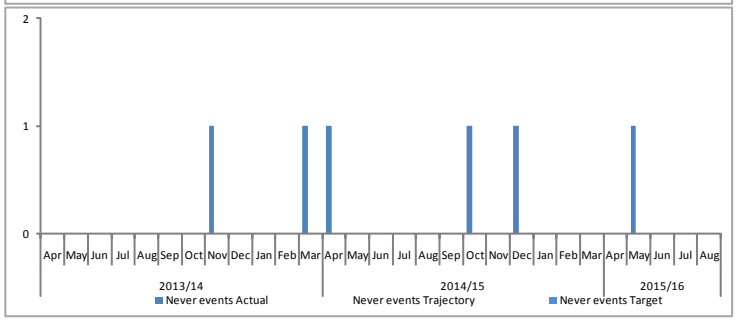
Clostridium Difficile



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.

Each *Clostridium difficile* case is 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 learnings are shared within the divisions within the Trust..

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

We reported one case of *Clostridium difficile* in April, three cases each in May and June and two cases each for July and August.

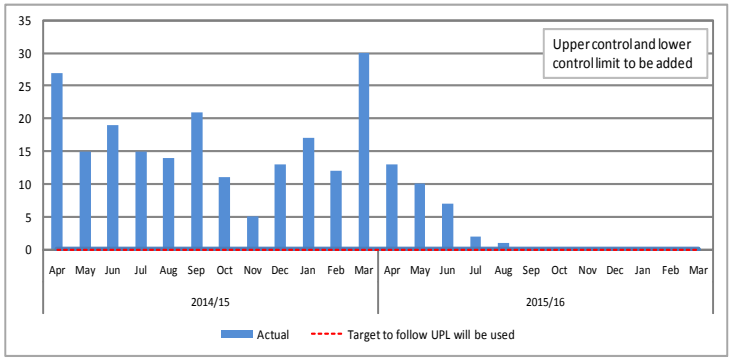
MRSA bacteraemia:

No WHHT apportioned MRSA bacteraemia has been reported since May2014.

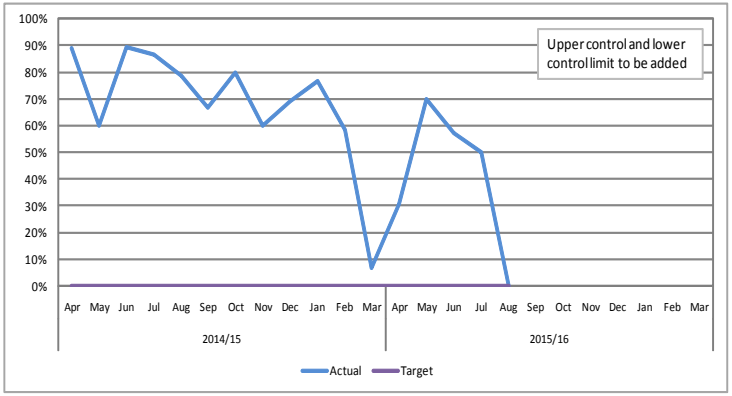
Never Events

There is one never event declared 2015/16; Misplaced NG Tube (2015/17537). The RCA and action plan has been reviewed by the division and continues through the Trust QA and sign off process.

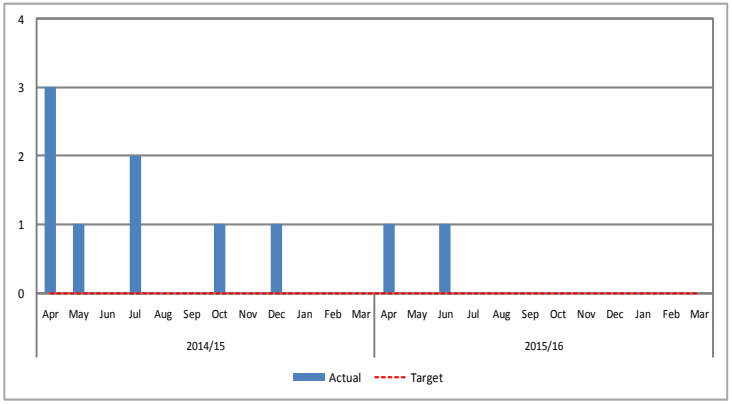
Serious incidents



% of reported patient safety incidents that are harmful



Medication errors causing serious harm*



Serious Incidents

The Trust has 59 open SIs including one SI which is for 19 VTE issues. The VTE RCA has been submitted to the CCG for scrutiny, assurance and sign off.

From 1 April 2015 33 RCAs have been submitted to the CCG for sign off.

The backlog of SI RCAs to be completed has further reduced to 11 from 14 last month. There are currently 11 RCAs with the CCG for closure.

Refinement and validation of the SI RCA process continues.

RCA training has been booked to be available for October 2015 and Being Open training in December 2015.

Duty of candour is at 100% for August 2015.

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 August.

Safe, effective, caring

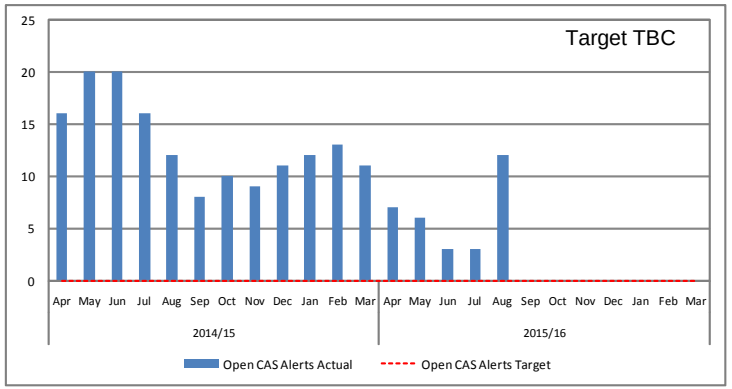
Reporting sub committee - PSQR

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

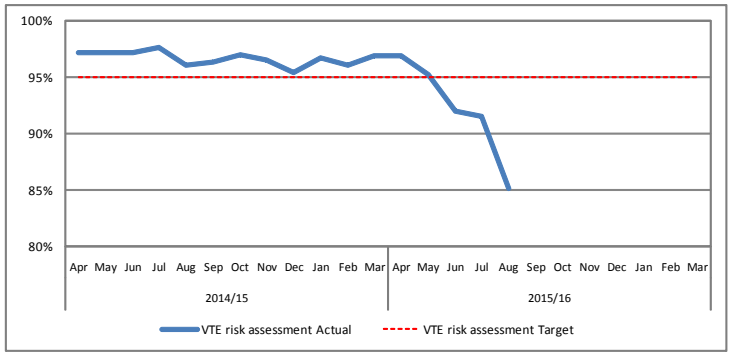
Performance relative to targets/ thresholds	Achieving		Achieving but close to target/threshold		Not achieving	
Aug-15	0		0		4	
Jul-15	0		0		4	
Jun-15	0		0		4	

West Hertfordshire Hospitals NHS Trust

CAS alerts outstanding and time to closure



VTE risk assessment*



Admissions to adult facilities of patients <16 years of age

to follow

CAS

The Trust has migrated its Central Alerting System (CAS) tracking for issuing patient safety alerts to the new risk management system (Datix). The benefit of moving the CAS tracking to Datix is that it will enable clearer and more concise tracking of patient safety alerts.

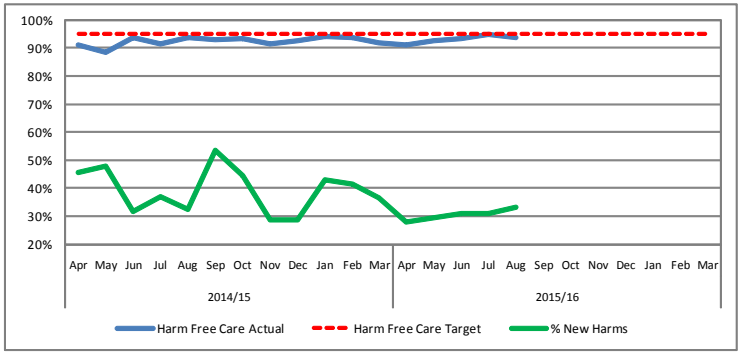
In August 2015 there were no breached CAS alerts.

VTE

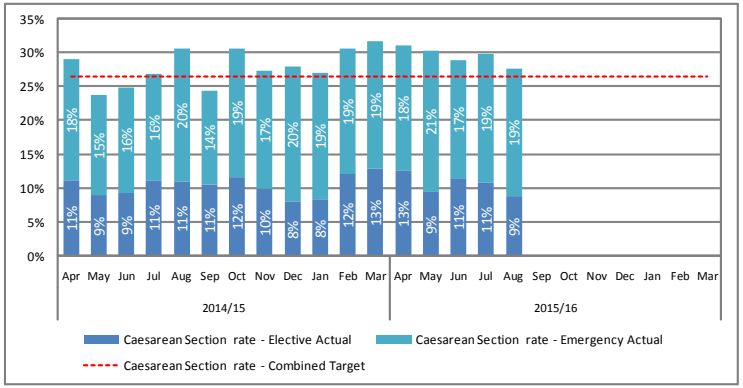
The Trust has adopted a far more rigorous approach regarding compliance with VTE, in that if the assessment has been done but is not signed, this is considered non-compliant even if the treatment / prophylaxis is prescribed.

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.

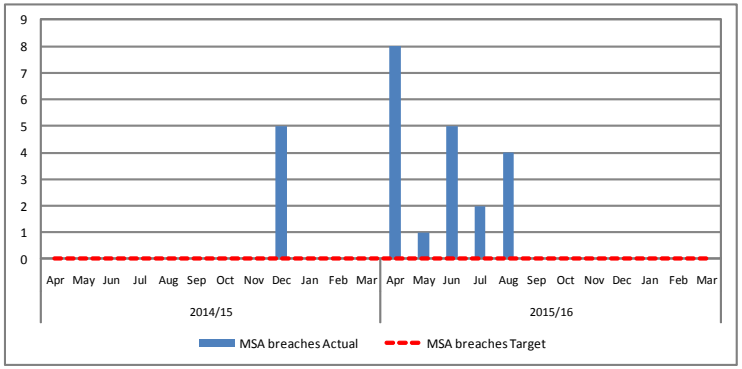
Percentage of Harm Free Care and New Harms



C-section rate



Mixed sex accommodation



Harm Free Care performance in August was 93.9% against a national median of 93.5%. Harm free care has been promoted by a number of joint work initiatives including a Nursing Risk Assessment booklet, Nursing Assessment Proforma booklet and ongoing development of care plans for specialities. Harm free performance will be presented to Heads of Nursing, matrons and senior sisters alongside the ward scorecard to ensure that all staff can review their own data.

Other actions include:
- Harm Free Care is to be included on Safety Thermometer training days
- Harm Free Care group Terms of Reference and Audit Strategy for 2015/16 have been agreed, and
- SKIN champions launched in July.

Within harm free care, the plan to reduce ulcers has seen improvements in Q1 2015/16 compared to the same period last year. This included:
- Grade 2: 40% reduction
- Grade 3: 60% reduction , or a 75% reduction reviewing avoidable pressure ulcers.

The **mixed sex accommodation** breaches occurred in the surgical assessment area (two breaches) and within ITU (two breaches). The division of surgery are investigating whether two separate areas can be created and continue to plan for patients who need to step down from ITU/HDU into a ward environment. The operational site team will be monitoring through the daily site meetings.

Responsive

Reporting sub committee - F&P

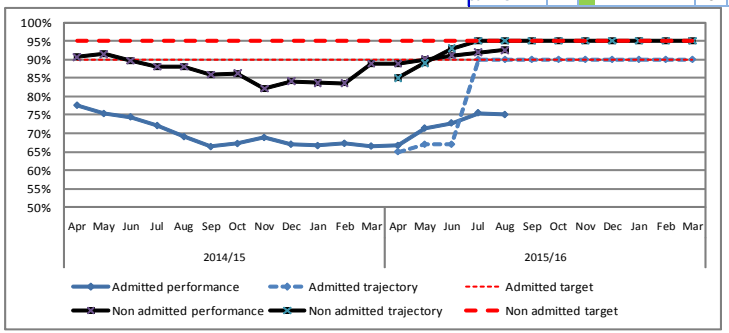
Access indicators - RTT, diagnostics, cancelled operations and outpatient appointments

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

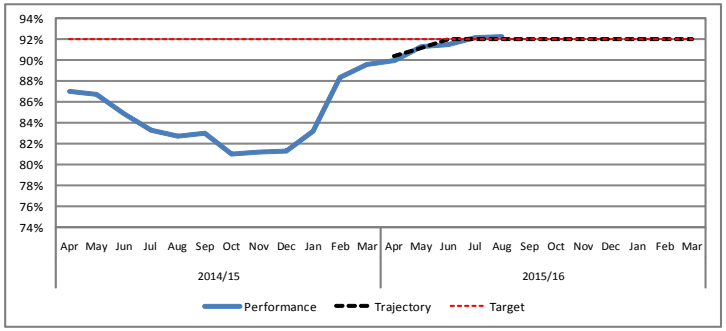
Performance relative to targets/ thresholds

	Achieving	Achieving but close to target/threshold	Not achieving
Aug-15	2	0	4
Jul-15	2	0	4
Jun-15	1	0	5

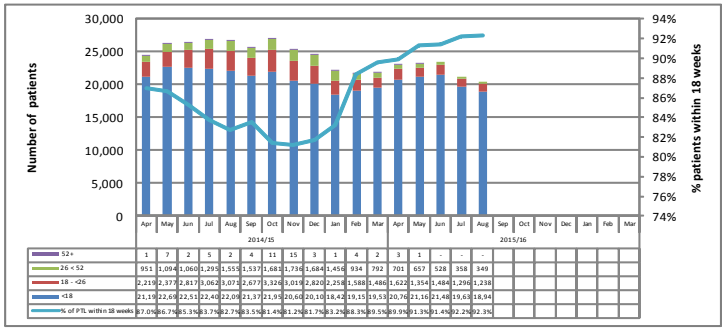
Completed pathways within 18 weeks



Incomplete pathways within 18 weeks



Incomplete pathways WL profile



RTT

WHHT undertook to achieve organisational compliance in Referral to Treatment (RTT) and diagnostics by the end of Q1 2015/16.

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

The operational recovery plan has identified specialty level RTT plans to achieve organisational compliance, noting that compliance at a specialty level will require additional time for some of the more challenged specialties to achieve compliance.

The operational recovery plan has put in place more robust access, admissions and outsourcing teams and recruitment to vacant ADM posts have been successful, strengthening waiting list governance, engagement in the access agenda and provided better support to the services.

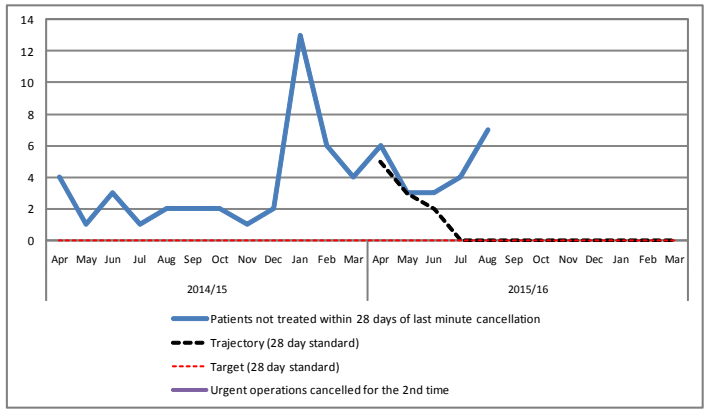
Regular meetings with external partners have begun which provide an opportunity for the Trust to focus the search for capacity in the independent sector to specific areas of significant demand.

Progress has been made in acquiring additional equipment in both Cardiology and Gynaecology, which will provide some resilience and will also deliver an increase in capacity for Echocardiology and Urodynamic diagnostic tests.

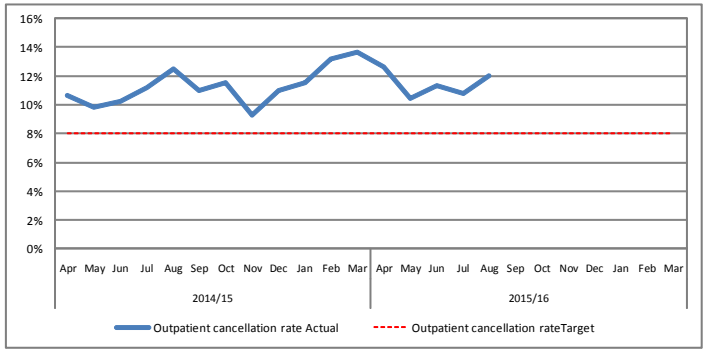
The recovery plan also includes the ring-fencing of some elective surgical beds on the WGH site in order to reduce the number of elective cancellations due to lack of beds. In addition, activity continues to go through the Vanguard modular theatre which became operational on 18 May 2015.

The Trust has delivered the 92% standard for incomplete pathways in August. The impact of the Trust's financial position on our ability to continue to run additional sessions puts the RTT programme at significant risk.

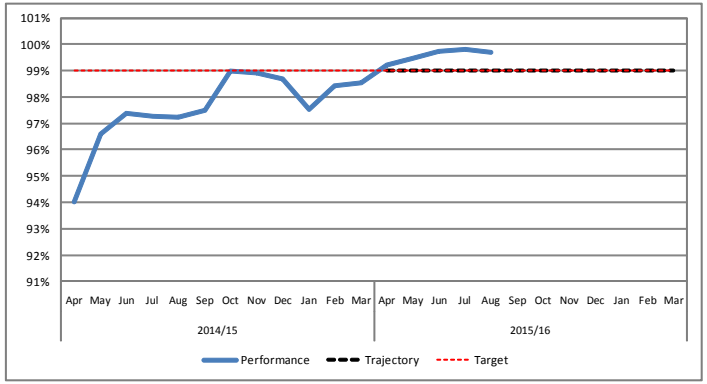
Patients not treated within 28 days of last minute cancellation and urgent operations cancelled for 2nd time



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



Diagnostics



RTT

The following meetings and discussions 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 trajectories shared with services weekly, highlighting performance against the incomplete standard

e) 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.

Next steps

1) Ratification of the Trust's Access policy in October. The revised access policy includes clear guidance for diagnostic and cancer waiting times, with steps in place to ensure that the Trust's Access Policy is followed by all scheduling staff.

2) Continued focus in sustaining the progress made to date and ensuring compliance with the national standards. A more forward looking approach to RTT performance must be embedded into business as usual. This is to become part of the weekly Access meeting agenda.

3) Development of the demand and capacity tool in partnership with NHSE and Herts Valleys CCG.

4) Development of the GOO (general other outcome - patients who have had a first appointment but are without any definitive pathway outcome) report.

5) Refresher 18 week RTT training for all staff involved in the administration of the patient pathway and inclusion in mandatory training requirements for relevant staff groups.

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 YTD.

Responsive

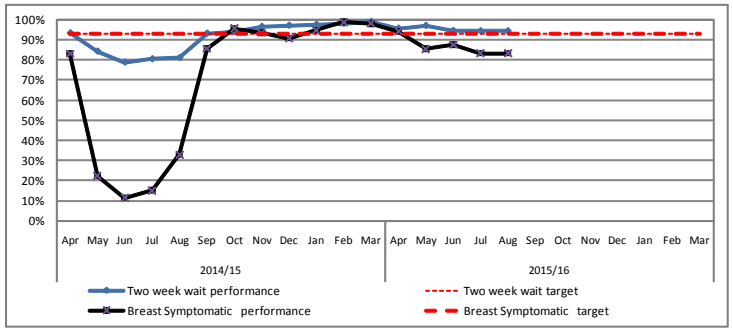
Reporting sub committee - F&P

CWTs

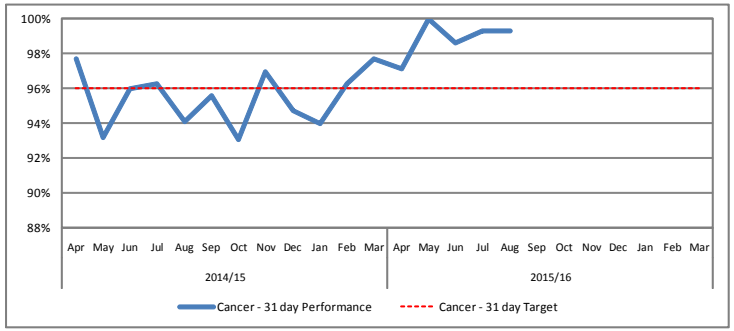
Executive lead	Clinical lead	Operational lead
Lynn Hill	Jeremy Livingstone	Jane Shentall

Performance relative to targets/ thresholds	Achieving	Achieving but close to target/threshold	Not achieving
Aug-15	5	0	2
Jul-15	5	0	2
Jun-15	5	0	2

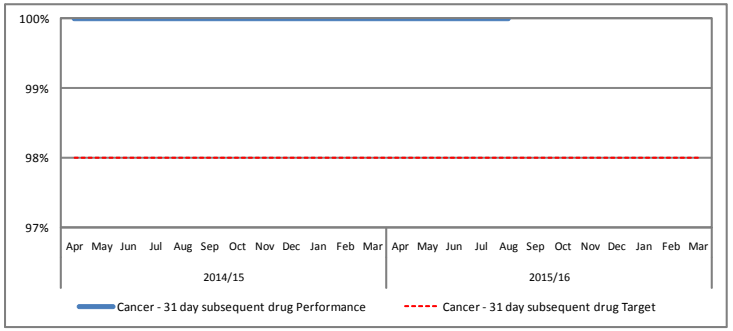
Two week standard and breast symptom two week



31 day standard



31 day subsequent drug standard



Breast symptomatic performance is an issue due to patient choice of women electing to be seen outside of an appointment offered in two weeks.

In the specialty of breast appointments are now in the first week (day 5) and this is being adopted in other specialties (where 30% of appointments are currently in the first week). Specialties are implementing these plans to ensure a second week appointment can be offered as necessary.

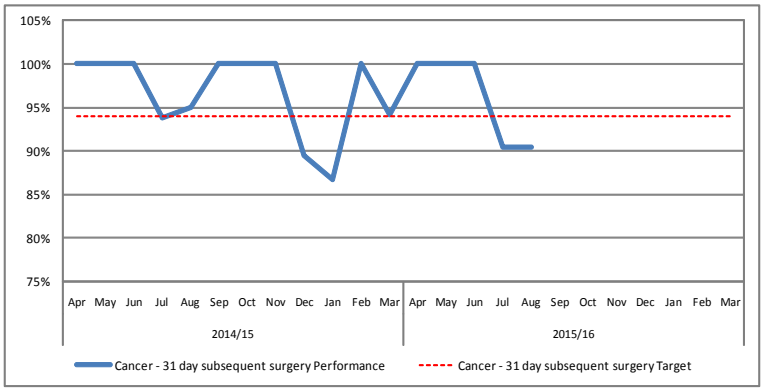
31 day first

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.

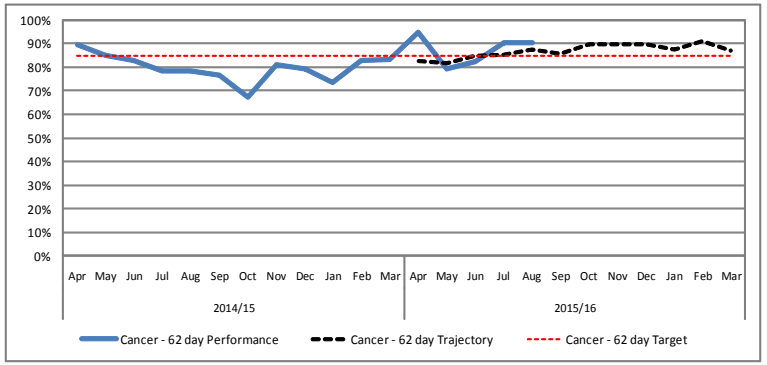
Other elements of the recovery plan and ongoing actions include:

- Weekly access/PTL meeting in place to review patients and plans. Breach analysis completed for all 31/62/100+. Weekly review of all breaches including forecasting of breach position.
- Tracking to day '0' for recovery specialties.
- Senior management overseeing tracking of Urology and lung
- Capacity aligned with demand for Urology 2ww clinics with Consultant reviewing patients 'upfront'
- The lung cancer pathway has been redesigned to facilitate direct referral from radiology to the lung team following an abnormal chest x-ray. This will mean that a CT scan, chest x-ray and bloods will be done prior to the clinic appointment. The clinic appointment is organised within two weeks of the chest x-ray being reported. Dedicated lung cancer clinics have been organised to facilitate the pathway.
- Template biopsy equipment in place.

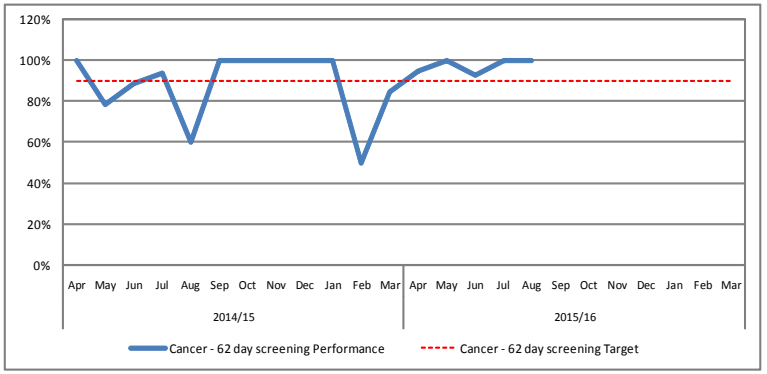
31 day subsequent surgery standard



62 day standard



62 day screening standard



The main challenges remain in the 3 specialties: lung (EBUS and CT guided biopsies), urology (access to joint oncology clinics and 2WW capacity) and colorectal (endoscopy and theatre capacity. These are the focus of the improvement work.

The **62 day cancer** standard has been delivered to the performance standard in August.

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

Responsive

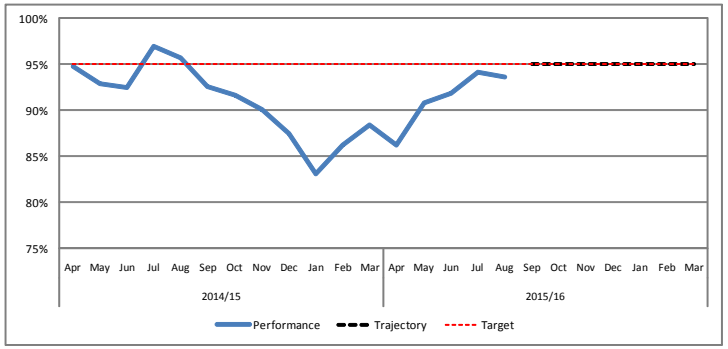
Reporting sub committee - F&P

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

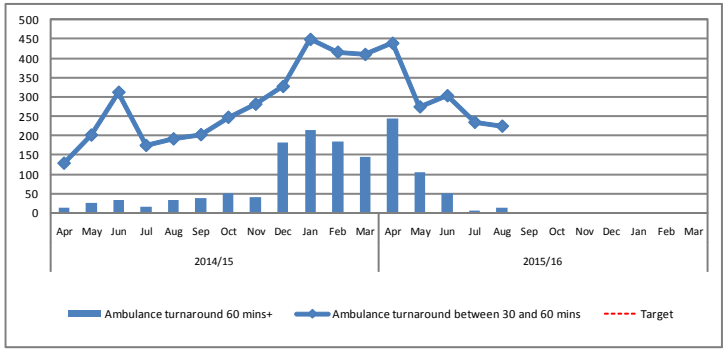
Executive lead	Clinical lead	Operational lead
Lynn Hill	Dr David Gaunt	Caroline Landon

Performance relative to targets/ thresholds	Achieving	Achieving but close to target/threshold	Not achieving
Aug-15	1	0	4
Jul-15	1	0	4
Jun-15	1	0	4

A&E



Ambulance turnaround time



A&E performance dipped by 0.5% in August with a Trust position of 93.6%, however the core performance metrics internally are showing positive improvement, most notably and consistently in Medicine Length of Stay (23% reduction since April). Ambulance Turnaround time continued to improve, with handover between 30-60 minutes now at 10.1%. Improvements seen in the delayed transfers of care (DTOC) position seen in July have been reversed in August. The monthly position increased to 6.9%, reflected in the drop in A&E performance. The recovery plan has been updated and refreshed in preparation for Winter 2015/16.

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.

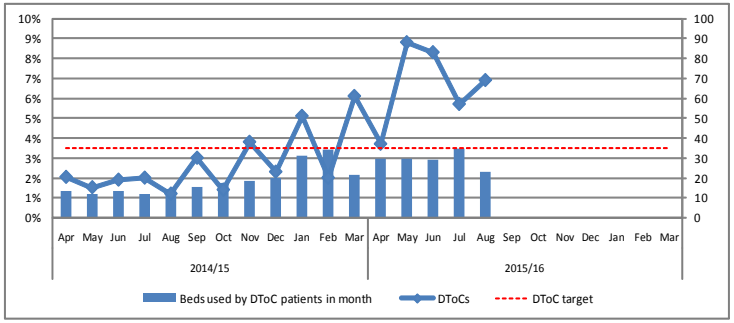
Front Door Flow, including acute assessment units

- 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.

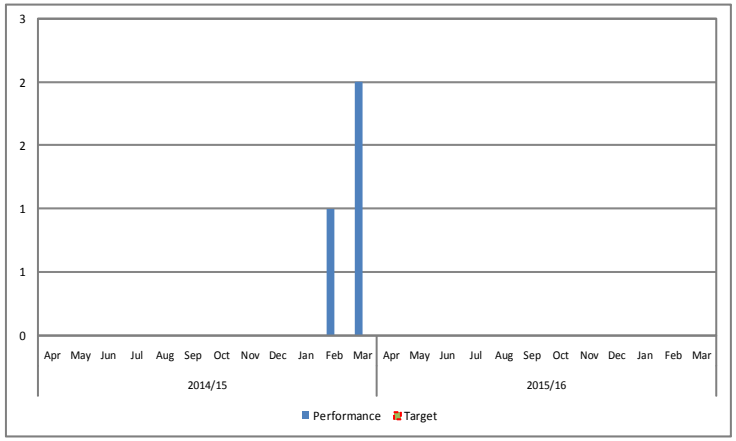
Delayed Transfers of Care (DToC)



Summary issues

The number of DTOCs remains a challenge for the Trust. In August, DTOC patients occupied 722 bed days (equivalent to 23 beds). 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

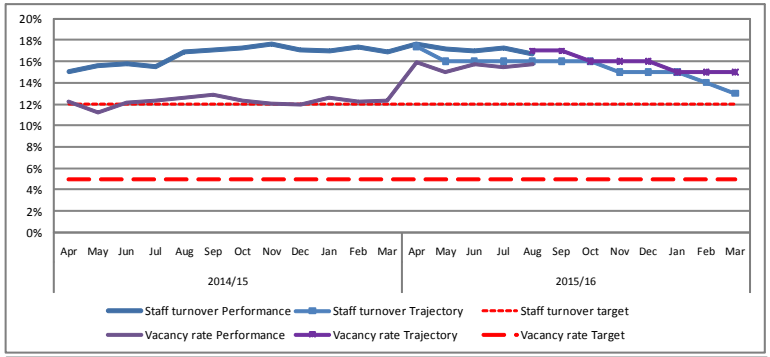
Executive lead	Clinical lead	Operational lead
Paul da Gama		

Performance relative to targets/ thresholds

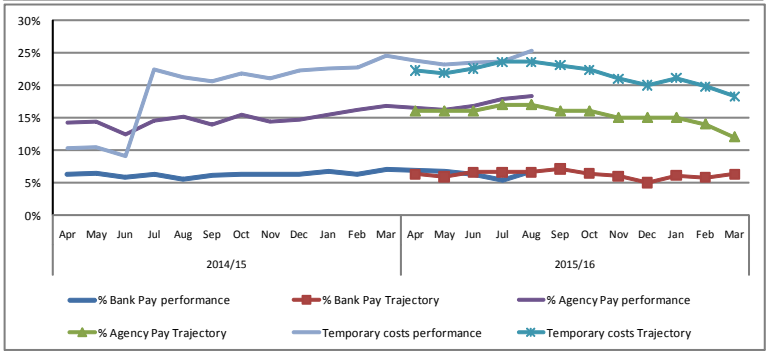
	Achieving	Achieving but close to target/threshold	Not achieving
Aug-15	1	0	7
Jul-15	2	0	6
Jun-15	1	0	7

West Hertfordshire Hospitals NHS
NHS Trust

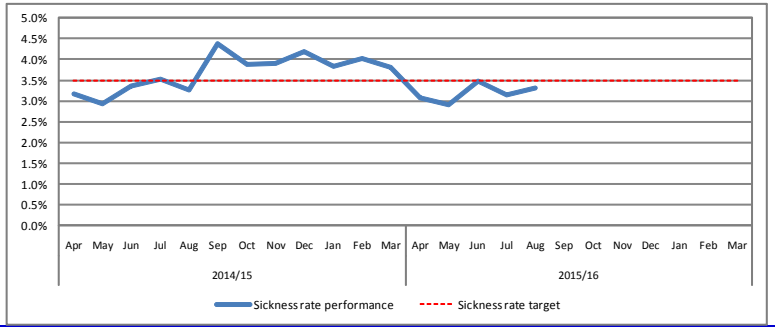
Staff turnover and vacancy rate



% bank, agency and temporary pay



Sickness rate



Turnover & Vacancy

The highest levels of vacancy are qualified nurses. The overseas recruitment campaign is starting to see some progress with offers being made to 40 applicants in the last month with a few confirmed start dates in September 2015. Turnover has reduced to 16.7% and vacancy rate has held steady at 15.8%.

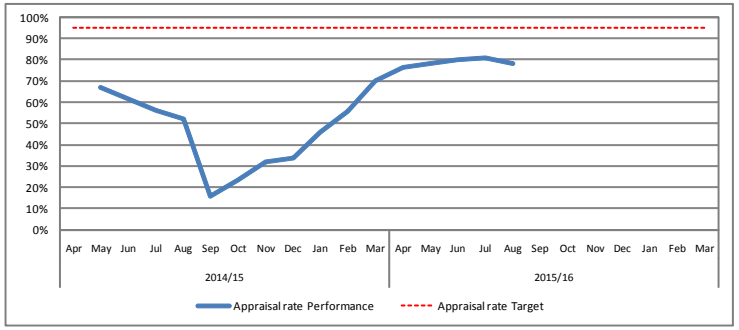
% Bank, agency and temporary pay

Both Bank and Agency usage has increased. The Trust is looking at reviewing bank rates to incentivise staff to work on the bank and reduce agency usage.

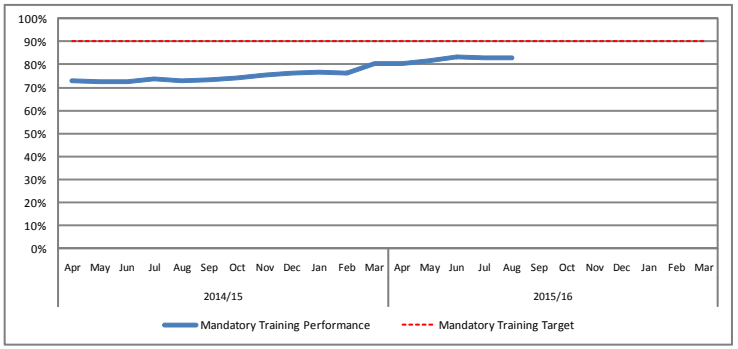
Sickness rate

Sickness is currently running at 3.3% which compares reasonably favourably with other acute Trusts. Work continues to validate these returns and ensure full reporting.

Appraisal rate
(non medical staff only)



Mandatory training



Appraisal – non medical staff

Appraisal rates have decreased to 78%. The new streamlined appraisal process has been launched with briefing sessions taking place. The paperwork associated with appraisals has now reduced significantly. In addition aligning appraisals with pay progression will hopefully have a positive impact on appraisal compliance.

Mandatory training

Mandatory training compliance is now at 83%. HR Business partners have been working closely with divisions to undertake a validation exercise to align medical and non medical compliance data. In addition specific emphasis has been placed on Safeguarding Adults and Children with compliance now exceeding the Trust target of 90%. Focus has now moved to Information Governance training.

Safe, effective, caring

Well led

Reporting sub committees - PSQR and Workforce

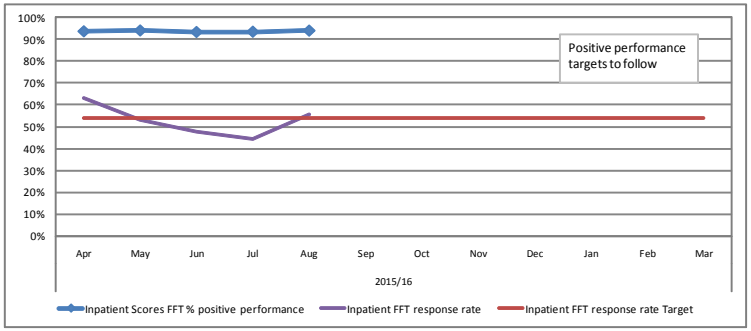
Friends and family

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

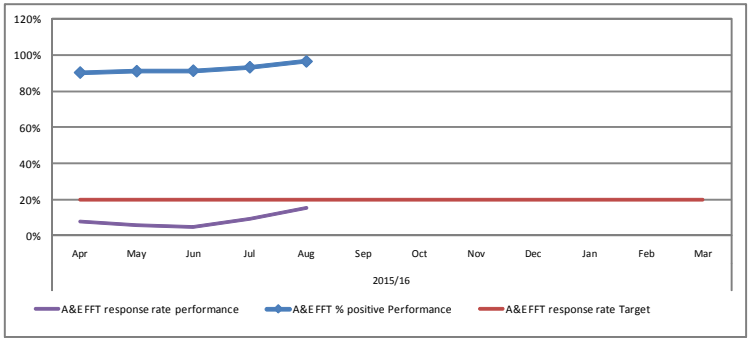
Well led	Achieving	Achieving but close to target/threshold	Not achieving
Aug-15	1	0	3
Jul-15	0	0	4
Jun-15	0	0	4

West Hertfordshire Hospitals NHS Trust

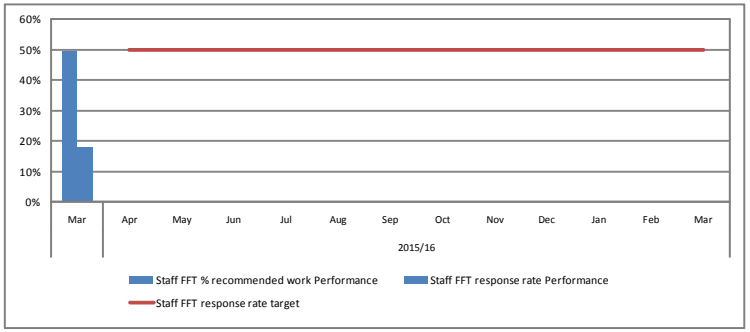
Inpatient scores (% positive and negative) and response rate



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



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



Inpatient

The 55% response rate target for the inpatient ward areas was achieved in August. Ward managers are made aware of their scores and actively encouraged to think of ways to improve. Many wards are now looking at different methods of collecting the response rates. This includes patients being phoned at home 24 hours after discharge. This can also work as a check that the patient is comfortable and has no questions about their care or stay in the hospital. The wards also continue to have weekly feedback regarding their response rate and the actual responses. This is given by the lead nurse for Patient Experience.

A&E

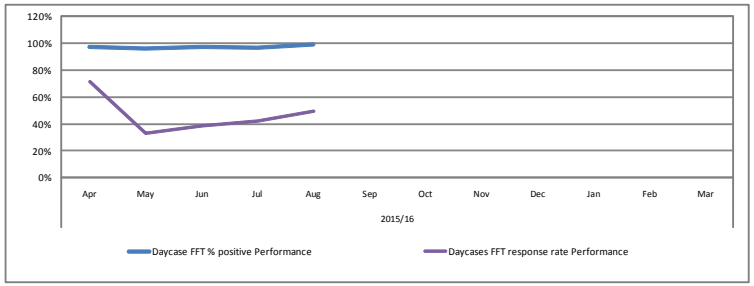
The A&E response rate target is now 20%, and in August the department made a significant improvement, increasing from 9.1% in July to 15.2%. A&E now covers the minor injuries unit at SACH, Urgent Care Centre at HHGH and CED. The matron for the A&E has action plans for all 3 areas. The Lead for Patient Experience also is highly visible in the A&E department daily to support and educate the staff. Response rates above the target are being achieved in some areas, including the Minor Injuries at SACH.

Despite the response rates in A&E being lower than the target, the percentage of patients that would recommend our department remains over 90% which again is above the England average.

Staff

The Friends and Family Test for quarter 2 ran between 24th August and 11th September and the results are in the process of being collated. We anticipate that we will have a 20-21% response rate, which is an improvement on Q1 . 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. A barrier to staff completing the survey continues to be staff reporting being 'surveyed out'.

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 also being measured for response rate and % positive feedback. Both areas have been able to maintain over 40% response rate with a % feedback of over 90% except for May 2015, when there was an issue with the printing of FFT forms. This was resolved quickly, but some patients were not able to be given feedback forms. A stock of forms are now available.

The use of text messaging patients is being explored as another method to collect feedback.

Ward Scorecard

West Hertfordshire Hospitals NHS Trust

Division	Ward	August-2015															
		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 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
Unscheduled Care	AAU B/Y 3	! 88%	✓ 96%	! 80%	! 85%	✓ 0	✗ 12	✗ 3	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 98%	✓ 72%	✓ 0	✗ 18	88%
	AAU B1	✓ 99%	✓ 100%	✓ 90%	✓ 91%	✓ 0	✓ 1	✗ 1	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 97%	✓ 71%	✓ 0	✗ 10	70%
	AAU G1	✓ 100%	✓ 100%	✓ 92%	✓ 92%	✓ 0	✓ 0	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 94%	✗ 36%	✓ 0	✗ 14	83%
	AAU GPB 3	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓ 0	✓ 0	NA	NA	NA	NA	NA
	AAU P1	✓ 96%	✓ 99%	! 80%	! 82%	✓ 0	✓ 2	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 96%	! 50%	✓ 0	✗ 24	NA
	AAU Y1	✓ 96%	✓ 100%	✗ 77%	✗ 69%	✓ 0	✓ 0	✓ 0	✓ 100%	✗ 79%	✓ 0	✓ 0	! 89%	! 54%	✓ 0	✗ 15	0%
	AAU Y3	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓ 0	✓ 0	NA	NA	NA	NA	NA
	CCU/ P/G 3	! 82%	✓ 92%	✓ 91%	✓ 90%	✓ 0	✓ 3	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 100%	✗ 44%	! 1	✗ 29	71%
	A&E	NA	NA	✗ 69%	NA	✓ 0	✓ 2	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 93%	✗ 15%	! 1	✗ 32	NA
	MIU	NA	NA	! 88%	NA	✓ 0	✓ 0	✓ 0	NA	NA	NA	NA	NA	NA	✓ 0	✓ 0	NA
	UCC	NA	NA	! 80%	NA	✓ 0	✓ 0	✓ 0	NA	NA	NA	NA	NA	NA	✓ 0	✗ 24	NA
Medicine	Aldenham	✓ 95%	✓ 96%	✓ 91%	! 88%	✓ 0	✓ 3	✓ 0	! 88%	✓ 99%	✓ 0	✓ 0	✓ 94%	✓ 63%	✓ 0	✗ 15	52%
	Bluebell	✓ 92%	! 83%	✓ 92%	✓ 100%	✓ 0	! 6	✓ 0	✓ 100%	✓ 99%	✓ 0	✓ 0	✓ 93%	✓ 65%	! 1	✗ 4	81%
	Cassio	✓ 90%	✓ 94%	✗ 72%	✗ 79%	✓ 0	! 5	✗ 1	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 93%	✓ 67%	✓ 0	✗ 5	33%
	Churchill	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Croxley	✓ 90%	NA	! 82%	! 84%	✓ 0	✓ 3	✓ 0	✓ 100%	✗ 69%	✓ 0	✗ 5	✗ 77%	✗ 37%	✓ 0	✗ 5	19%
	Gade	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Heronsgate	✓ 95%	✓ 96%	! 85%	✗ 72%	✗ 3	! 7	✗ 4	✓ 100%	✓ 98%	✗ 2	✓ 0	✓ 93%	✓ 56%	! 1	✗ 26	33%
	Oxhey	NA	NA	NA	NA	NA	✓ 0	✓ 0	ND	NA	✓ 0	✓ 0	NA	NA	NA	NA	NA
	Red	! 84%	✗ 78%	! 89%	! 88%	✗ 1	✓ 2	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 95%	✓ 68%	! 1	✗ 7	33%
	Sarratt	! 89%	✓ 92%	✗ 69%	✗ 55%	✓ 0	✓ 4	✗ 1	✗ 50%	✓ 93%	✓ 0	✓ 0	! 88%	✗ 36%	✓ 0	✗ 14	71%
	Simpson	NA	NA	✓ 95%	✓ 100%	✓ 0	✓ 2	✓ 0	! 84%	✓ 100%	✓ 0	✓ 0	✓ 90%	✓ 61%	✓ 0	✗ 8	52%
	Stroke	✓ 91%	✓ 94%	! 88%	✓ 90%	✓ 0	! 5	✗ 1	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 97%	✓ 79%	✓ 0	✗ 26	71%
	Tudor	✓ 91%	! 88%	! 89%	✓ 99%	✓ 0	✓ 0	✓ 0	✓ 100%	✓ 100%	✓ 0	✗ 1	✓ 100%	✗ 42%	! 1	✗ 11	80%
	Castle	NA	NA	NA	NA	NA	NA	NA	NA	NA	✓ 0	NA	NA	NA	NA	NA	NA
	Winyard	! 88%	! 83%	✗ 78%	✓ 94%	✗ 2	✓ 2	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 100%	✗ 34%	✓ 0	✗ 18	62%
Surgery	Cleves	✓ 93%	NA	! 89%	✓ 90%	✓ 0	✓ 0	✓ 0	✗ 75%	✓ 100%	✓ 0	✓ 0	✓ 97%	✓ 72%	✗ 2	✗ 11	5%
	DLM	NA	✓ 100%	✓ 90%	✓ 93%	✓ 0	✓ 1	✓ 0	NA	✓ 100%	✓ 0	✓ 0	✓ 97%	✓ 76%	✗ 2	✗ 20	43%
	Flaunden	✓ 99%	✓ 96%	✗ 76%	✗ 55%	✓ 0	✓ 0	✓ 0	✓ 100%	✓ 98%	✓ 0	✓ 0	✓ 90%	✓ 62%	✓ 0	✗ 13	30%
	ICU	✓ 95%	✓ 94%	NA	NA	✗ 1	✓ 0	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	! 83%	✓ 86%	✗ 2	✗ 25	NA
	Langley	✓ 100%	! 86%	! 86%	✓ 97%	✓ 0	✓ 1	✓ 0	✓ 100%	! 89%	✓ 0	✓ 0	! 89%	✓ 81%	✗ 2	✗ 12	29%
	Letchmore	✓ 92%	✓ 91%	NA	NA	✓ 0	✓ 1	✓ 0	✗ 75%	✓ 100%	✓ 0	✓ 0	✓ 91%	! 51%	! 1	✗ 18	14%
	Ridge	✓ 97%	! 87%	✗ 65%	✗ 44%	✓ 0	✓ 0	✓ 0	✗ 67%	✗ 70%	✓ 0	✓ 0	✓ 91%	✓ 67%	✓ 0	✗ 27	19%
WACS	Elizabeth	! 87%	✓ 92%	✗ 64%	✗ 44%	✓ 0	✓ 1	✓ 0	✗ 75%	✓ 94%	✓ 0	✓ 0	✓ 93%	✓ 69%	✓ 0	✗ 22	67%
Paeds	SCBU	✓ 99%	✓ 100%	! 85%	NA	✓ 0	NA	NA	NA	✓ 100%	✓ 0	✓ 0	✓ 100%	✓ 100%	✓ 0	✗ 19	NA
	Starfish	✓ 98%	✓ 100%	NA	NA	✓ 0	NA	NA	✓ 100%	✓ 99%	✓ 0	✓ 0	✓ 100%	✗ 5%	✗ 3	✗ 24	NA
	CED	NA	NA	! 86%	NA	✓ 0	NA	NA	NA	✗ 72%	✓ 0	✓ 0	NA	NA	✓ 0	✓ 0	NA
	Safari	NA	NA	NA	NA	✓ 0	NA	NA	NA	✓ 100%	✓ 0	✓ 0	NA	NA	TBC	TBC	NA

Green		>=90	>=90	>=90	>=90		0	0	>=90	>=90	0	0	>=90	>=54	0	0	>=90
Amber		80-89	80-89	80-89	80-89		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		>=5	>=1	<=79	<=79	>=1	>=1	<=79	<=49	>=2	>=1	<=74

West Hertfordshire Hospitals NHS Trust