West Hertfordshire Hospitals NHS Trust

Integrated Performance Report

March 2017

(February data)

West Hertfordshire Hospitals NHS Trust

Executive Summary

West Hertfordshire Hospitals NHS Trust

Safe Effective Caring

Reporting sub committee – SQC

Areas of good performance

- Mortality indicators show sustained excellent performance *(pages 3 & 14)*
- There were no MRSA bacteraemia *(pages 3 & 18)*
- No medication errors causing serious harm *(pages 4 & 19)*
- New harms, as measured through the Safety Thermometer, were better than the national average *(pages 4 & 21)*
- There were no never events *(pages 4 & 18)*

New to category this month:
None

Achieving

Feb-17	8
Jan-17	10
Dec-16	10

Better than national average

Feb-17	8
Jan-17	9
Dec-16	10

Areas requiring performance improvement

- VTE risk assessment was below threshold *(pages 4 & 20)*
- Admissions to stroke ward within 4 hours was below the performance standard *(pages 4 & 15)*
- There were 6 mixed sex accommodation breaches *(pages 3 & 22)*
- Harm free care was worse than the performance standard and the national average *(pages 4 & 21).*
- Complaints responded to within agreed timescales was worse than the performance threshold *(pages 3 & 16)*
- There were 10 reactivated complaints *(pages 3 & 16)*

New to category this month:

- Clostridium difficile was worse than the monthly threshold (four cases recorded) but better than the year to date threshold (19 vs 22). A review by HVCCG has deemed that 7 cases recorded did not contain lapses in care. The full year trajectory is for no more than 23 cases *(pages 3 & 18)*
- Patients spending 90% of their time on the stroke unit was worse than the performance standard *(pages 4 & 15)*

Not achieving

Feb-17	10
Jan-17	8
Dec-16	8

Worse than national average

Feb-17	8
Jan-17	9
Dec-16	8

Responsive

Reporting sub committee – FIP

Areas of good performance

- Diagnostic wait times delivered to the performance standard *(pages 5 & 24)*
- Cancer 31 day subsequent surgery and drug are delivering to the performance standard (provisional) *(pages 5 & 25-26)*
- Hospital initiated outpatient cancellations under 6 weeks performed better than the performance standard *(pages 6 & 24)*
- The 2WW cancer indicator achieved the performance standard (provisional) *(pages 5 & 25)*

New to category this month:

- The 62 day GP indicator and 62 day screening indicator was provisionally better than the standard (*pages 5 & 26*)
- The 31 day first indicator was provisionally better than the standard (*pages 5 & 25*)

Achieving

Feb-17	10
Jan-17	8
Dec-16	10

Better than national average

Feb-17	6
Jan-17	5
Dec-16	7

Areas requiring performance improvement

- A&E 4 hour wait performance was below standard *(pages 5 & 27)*
- Formal DToCs were below standard *(pages 6 & 28)*
- Ambulance turnaround times' performance was worse than standard *(pages 5 & 27)*
- The RTT incomplete indicator was worse than the standard *(pages 5 & 23)*
- Patients not treated within 28 days of their last minute cancellation was below standard *(pages 6 & 24)*
- The breast symptomatic cancer indicator was below standard (provisional) *(pages 5 & 25)*

New to category this month:

- There was one patient waiting 52 weeks on an incomplete pathway *(pages 5 & 23)*

Not achieving

Feb-17	11
Jan-17	13
Dec-16	11

Worse than national average

Feb-17	7
Jan-17	8
Dec-16	6

Well led

Reporting sub committee – Workforce

Areas of good performance

- Temporary costs and overtime as % of total paybill was better than target *(pages 7 & 29)*
- Bank pay was better than target *(pages 7 & 29)*

New to category this month:

- Agency pay was better than target *(pages 7 & 29)*

NB. RAG rating parameters have changed for workforce indicators. As a result the number of indicators achieving has changed from last month as this has been applied for the 2016/17 financial year.

Achieving

Feb-17	4
Jan-17	3
Dec-16	3

Better than national average

Feb-17	3
Jan-17	3
Dec-16	2

Areas requiring performance improvement

- A number of workforce indicators continue to report underperformance, including, staff turnover rate, vacancy rate, appraisals and mandatory training *(pages 7 & 29-31).*
- The sickness rate was worse than target *(pages 7 & 29)*
- Friends and Family response rate for A&E was below threshold *(pages 7 & 31)*
- Inpatient FFT response rate was worse than the target *(pages 7 & 31)*
- Maternity Friends and Family response rate was worse than target *(pages 7 & 31)*

New to category this month:
None

Not achieving

Feb-17	10
Jan-17	11
Dec-16	11

Worse than national average

Feb-17	6
Jan-17	6
Dec-16	7

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. Indicators which are identified in the main pack as provisional may lead to changes to achieving/not achieving counts previous months in Executive Summary.

West Hertfordshire Hospitals NHS Trust

Indicator Summary

West Hertfordshire Hospitals NHS Trust

Domain		Indicator	Target	Latest three data points (Most Recent)			YTD Actual	YTD Target	Executive Lead	Month	Included in Detailed Reports	National / Local	National avg.	National avg. Period	Trend	Data Quality RAG	Financial impact
Safe, Effective, Caring		SHMI (Rolling 12 months)	100	✓ 93.8	✓ 90.9	✓ 88.9			MD	Aug-16	Y	National	100	Aug-16		G	
		HSMR - Total (Rolling three months)	100	✓ 88.1	✓ 82.4	✓ 80.7			MD	Nov-16	Y	National	100	Nov-16		G	
		Crude Mortality Rate (Non elective ordinary)**	3.5%	✓ 3.2%	✓ 4.0%	✓ 3.3%	✓ 2.6%	3.5%	MD	Feb-17	Y	National	3.04% (East of Eng.)	Nov-16		G	
●		30 Day Emergency Readmissions - Combined *	4.0%	✗ 7.7%	✗ 7.1%	✗ 7.2%	✗ 7.3%	4.0%	MD	Feb-17	Y	National	11.4%	2011-12		G	£ Marginal tariff reimbursement, possible penalties
		30 Day Emergency Readmissions - Elective *	n/a	3.6%	2.9%	2.7%	3.3%	n/a	MD	Feb-17	Y	National	n/a			G	£ Marginal tariff reimbursement, possible penalties
		30 Day Emergency Readmissions - Emerg *	n/a	10.9%	10.7%	11.4%	10.7%	n/a	MD	Feb-17	Y	National	n/a			G	£ Marginal tariff reimbursement, possible penalties^
		Number of patients with a length of stay > 14 days *	tbc	349	379	344	3982	tbc	MD	Feb-17		Local	n/a			G	£ Reduction in reimbursement vs largely fixed costs. No penalty levied.
		Staff FFT % recommended care	tbd NHSI^	68.0%	63.1%	66.8%	65.2%	tbd NHSI^	DoW	Sep-16	Y	National	n/a			G	
		Inpatient Scores FFT % positive	tbd NHSI^	94.5%	94.0%	94.6%	93.6%	tbd NHSI^	CN	Feb-17	Y	National	95.7%	Jan-17		G	
		A&E FFT % positive	tbd NHSI^	90.3%	89.6%	90.7%	91.2%	tbd NHSI^	CN	Feb-17	Y	National	86.7%	Jan-17		G	
		Daycase FFT % positive	tbd NHSI^	99.0%	98.8%	98.9%	98.5%	tbd NHSI^	CN	Feb-17	Y	National	n/a			G	
		Maternity FFT % positive	tbd NHSI^	100.0%	98.7%	100.0%	95.9%	tbd NHSI^	CN	Feb-17	N	National	96.9%	Jan-17		G	
●		% Complaints responded to within one month or agreed timescales with complainant	85%	✗ 47.6%	✗ 40.0%	✗ 41.1%	✗ 42.6%	85%	CN	Feb-17	N	Local	n/a			R	
		Complaints - rate per 10,000 bed days	tbd NHSI^	22.1	34.3	37.4	32.3	tbd NHSI^	CN	Feb-17	N	National	n/a			R	
		Reactivated complaints	0	✓ 0	✗ 6	✗ 10	61	n/a	CN	Feb-17	N	Local	n/a			R	
●		Mixed sex accommodation breaches	0	✗ 4	✗ 11	✗ 6	✗ 112	0	CN	Feb-17	N	National	52 Trusts breaching	Jan-17		G	£ Penalties from CCG. £250 per day per service user.
◆		Clostridium Difficile	1	! 1	✓ 0	✗ 4	✓ 19	22	CN	Feb-17	Y	National	Nationally C-diffs down by 10.4%	Apr-Jan16 vs 17		G	£ Penalties from CCG, fines from other statutory authorities. £10,000 per case above threshold.
		MRSA bacteraemias	0	✓ 0	✓ 0	✓ 0	✓ 0	0	CN	Feb-17	Y	National	n/a			G	£ Penalties from CCG, fines from other statutory authorities. £10,000 in respect of each incidence in the relevant month.
		E. Coli Bacteraemia	tbc	4	4	2	27	tbc	CN	Feb-17	Y	National	n/a			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 NHSI^ - threshold/target to be determined by Trust Development Agency guidance when available
NB. Where national avg. blank - information not currently available

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

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

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

West Hertfordshire Hospitals NHS Trust

Indicator Summary

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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	Data Quality RAG	Financial impact
Safe, Effective, Caring		Never events	0	✗ 2	✓ 0	✓ 0	✗ 2	0	MD	Feb-17	Y	National	n/a			G	£ Penalties from CCG, fines from other statutory authorities, prosecution^
		Serious incidents - number*	tbd NHSI^	10	4	2	69	tbd NHSI^	MD	Feb-17	Y	National	n/a			A	
		% of patients safety incidents which are harmful*	n/a	12.3%	13.8%	13.9%	12.6%	n/a	MD	Feb-17	Y	National	n/a			A	
		Medication errors causing serious harm *	0	✓ 0	✓ 0	✓ 0	✗ 1	0	MD	Feb-17	Y	National	n/a			A	
	●	CAS Alerts: Number issued each month	n/a	5	7	4	4	n/a	CN	Feb-17	Y	National	n/a			A	
		CAS alerts not acknowledged within 48 hours	0	✓ 0	✓ 0	✓ 0	✓ 0	0	CN	Feb-17		National	n/a			A	
	●	Harm Free Care*/**	95.0%	✗ 94.6%	✗ 92.3%	✗ 91.6%	✗ 92.9%	95.0%	CN	Feb-17	Y	National	94.0%	Feb-17		G	
		Pressure Ulcers New Harms*/**	tbd NHSI^	4	3	4	48	tbd NHSI^	CN	Feb-17	Y	National	WHHT 0.5 vs 1.0	Feb-17		G	
		Falls New Harms*/**	tbd NHSI^	1	0	1	12	tbd NHSI^	CN	Feb-17	Y	National	WHHT 0.0 vs 0.5	Feb-17		G	
		Catheter & UTI New Harms*/**	tbd NHSI^	1	2	0	18	tbd NHSI^	CN	Feb-17	Y	National	WHHT 0.3 vs 0.3	Feb-17		G	
		VTE New Harms*/**	tbd NHSI^	0	3	1	25	tbd NHSI^	CN	Feb-17	Y	National	WHHT 0.5 vs 0.4	Feb-17		G	
	●	VTE risk assessment*	95.0%	✗ 89.4%	✗ 90.0%	✗ 90.7%	✗ 90.3%	95.0%	MD	Feb-17	Y	National	95.6%	Q3 2016		A	
	●	Caesarean Section rate - Combined*	26.5%	✗ 29.4%	✗ 28.4%	✗ 30.0%	✗ 30.3%	26.5%	MD	Feb-17	Y	Local	26.7%	Apr15-Aug15		A	
		Caesarean Section rate - Emergency*	n/a	16.1%	18.2%	16.5%	19.4%	n/a	MD	Feb-17	Y	Local	15.3%	Apr15-Aug15		A	
		Caesarean Section rate - Elective*	n/a	13.4%	10.2%	13.5%	10.9%	n/a	MD	Feb-17	Y	Local	11.4%	Apr15-Aug15		A	
		Maternal deaths	0	✓ 0	✓ 0	✓ 0	✓ 0	0	MD	Feb-17	N	National	n/a			G	
	●	Patients admitted directly to stroke unit within 4 hours of hospital arrival *	90.0%	✗ 63.8%	✗ 45.7%	✗ 52.9%	✗ 60.0%	90.0%	COO	Feb-17	Y	National	59.3%	Apr-Jul 16		G	
	◆	Stroke patients spending 90% of their time on stroke unit *	80.0%	✓ 89.4%	✓ 91.4%	✗ 79.4%	✓ 86.0%	80.0%	COO	Feb-17	Y	National	84.0%	Apr-Jul 16		A	

* Performance may change for the current month due to data entered after the production of this report
tbd NHSI^ - threshold/target to be determined by Trust Development Agency guidance when available
** Indicators reported from NHS Safety Thermometer
NB Exception reports not provided for FFT scores
NB. Where national avg. blank - information not currently available

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

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Responsive	●	Referral to Treatment - Admitted*	90.0%	✗ 69.3%	✗ 66.9%	✗ 69.0%	✗ 67.3%	90.0%	COO	Feb-17	Y	Local	76.4%	Jan-17		G	
	●	Referral to Treatment - Non Admitted*	95.0%	✗ 86.5%	✗ 86.2%	✗ 87.5%	✗ 86.6%	95.0%	COO	Feb-17	Y	Local	89.7%	Jan-17		G	
	●	Referral to Treatment - Incomplete*	92.0%	✗ 86.9%	✗ 88.3%	✗ 89.3%	✗ 87.9%	92.0%	COO	Feb-17	Y	National	89.9%	Jan-17		G	£ CCG penalty of £100 in respect of each excess breach above the threshold
	◆	Referral to Treatment - 52 week waits - Incompletes	0	✓ 0	✓ 0	✗ 1	✗ 5	0	COO	Feb-17		National	1433 (all Trusts)	Jan-17		G	
		Diagnostic wait times	99.0%	✓ 99.96%	✓ 99.92%	✓ 99.81%	✓ 99.9%	99.0%	COO	Feb-17	Y	National	98.3%	Jan-17		G	£ CCG penalty of £200 in respect of each excess breach above the threshold
	●	ED 4hr waits (Type 1, 2 & 3)	95.0%	✗ 77.8%	✗ 75.4%	✗ 77.6%	✗ 81.7%	95.0%	COO	Feb-17	Y	National	85.1%	Jan-17		G	£ CCG penalty of £120 in respect of each excess breach above the threshold (cap off 8% of attendances)
		ED 12hr trolley waits	0	✓ 0	✓ 0	✓ 0	✓ 0	0	COO	Feb-17	Y	National	988 (all Trusts)	Jan-17		G	£ CCG penalty £1,000 per incidence
	●	Ambulance turnaround time between 30 and 60 mins	0	✗ 525	✗ 514	✗ 538	✗ 5,199	0	COO	Feb-17	Y	Local	n/a			R	£ CCG penalty £200 per service user waiting over 30 mins
	●	Ambulance turnaround time > 60 mins	0	✗ 356	✗ 454	✗ 290	✗ 2,712	0	COO	Feb-17	Y	Local	n/a			R	£ CCG penalty £1,000 per service user waiting over 60 mins
		Cancer - Two week wait *	93.0%	✓ 94.3%	✓ 95.1%	✓ 96.8%	✗ 91.4%	93.0%	COO	Feb-17	Y	National	95.1%	Q3 16/17		A	£ CCG penalty breaches per qtr in excess of tolerance is £200 for each breach.
	●	Cancer - Breast Symptomatic two week wait *	93.0%	✗ 90.6%	✗ 88.8%	✗ 87.5%	✗ 81.4%	93.0%	COO	Feb-17	Y	National	95.8%	Q3 16/17		A	£ CCG penalty breaches per qtr in excess of tolerance is £200 for each breach.
		Cancer - 31 day *	96.0%	✓ 98.5%	✗ 94.7%	✓ 97.4%	✓ 97.1%	96.0%	COO	Feb-17	Y	National	97.6%	Q3 16/17		A	£ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.
		Cancer - 31 day subsequent drug *	98.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	98.0%	COO	Feb-17	Y	National	99.5%	Q3 16/17		A	£ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.
		Cancer - 31 day subsequent surgery *	94.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 97.4%	94.0%	COO	Feb-17	Y	National	95.4%	Q3 16/17		A	£ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.
		Cancer - 62 day *	85.0%	✓ 94.9%	✗ 75.4%	✓ 87.7%	✓ 87.5%	85.0%	COO	Feb-17	Y	National	82.3%	Q3 16/17		A	£ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.
		Cancer - 62 day screening *	90.0%	✗ 63.2%	✗ 85.7%	✓ 100.0%	✗ 87.5%	90.0%	COO	Feb-17	Y	National	92.5%	Q3 16/17		A	£ CCG penalty breaches per qtr in excess of tolerance is £1,000 for each breach.

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

NB. Where national avg. blank - information not currently available

Exception indicators key

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West Hertfordshire Hospitals NHS NHS Trust

Indicator Summary

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Responsive		Urgent operations cancelled for a second time	0	✓ 0	✓ 0	✓ 0	✓ 0	0	COO	Feb-17	Y	National	n/a			G	
	•	Number of patients not treated within 28 days of last minute cancellation	0	✗ 6	✗ 6	✗ 2	✗ 78	0	COO	Feb-17	Y	National	9 (avg. all Trusts)	Q3 16/17		G	
	•	Delayed Transfers of Care (DToC)*	3.5%	✗ 4.4%	✗ 10.3%	✗ 8.3%	✗ 6.8%	3.5%	COO	Feb-17	Y	National	6.0%	Feb-16		G	£ Marginal tariff reimbursement, possible penalties
		Delayed Tranfers of Care (DToC) beddays used in month	0	1,155	1,323	1,372	13,275	0	COO	Feb-17	Y	National	n/a			G	£ Marginal tariff reimbursement, possible penalties
	•	Outpatient cancellation rate	8.0%	✗ 9.8%	✗ 9.9%	✗ 11.6%	✗ 10.5%	8.0%	COO	Feb-17	Y	Local	n/a			G	
		Outpatient cancellation rate within 6 weeks^	5.0%	✓ 3.5%	✓ 2.9%	✓ 4.1%	✓ 3.8%	3.0%	COO	Feb-17	Y	Local	n/a			G	

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

Exception indicators key
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- ◆ Red for the latest data point

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Indicator Summary

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Well Led	●	Staff turnover rate (rolling 12 months)	12.0%	✗ 16.5%	✗ 15.8%	✗ 16.4%	✗ 16.2%	12.0%	DoW	Feb-17	Y	National	13.5% (Beds and Herts orgs)	Dec-15		G	
		Staff turnover rate (rolling 3 months)	12.0%	✗ 14.6%	✗ 12.8%	✗ 14.0%	✗ 16.1%	12.0%	DoW	Feb-17	Y	National	13.5% (Beds and Herts orgs)	Dec-15		G	
		% staffleaving within first year (excluding medics and fixed term contracts)		18.2%	18.3%	18.6%	16.7%		DoW	Feb-17	Y	National	n/a			G	
	●	Sickness rate	3.2%	✗ 3.5%	✗ 3.8%	✗ 3.7%	! 3.2%	3.2%	DoW	Feb-17	Y	National	3.8% (EoE orgs)	Dec-15		A	£ Payments made to staff for nil productivity
	●	Vacancy rate	9.0%	✗ 14.3%	✗ 13.5%	✗ 13.1%	✗ 14.6%	9.0%	DoW	Feb-17	Y	National	11% (local survey)	Dec-15		G	£ Costs saved in short term for nil productivity
	●	Appraisal rate (non-medical staff only)	95.0%	✗ 80.9%	✗ 75.9%	✗ 74.6%	✗ 74.6%	95.0%	DoW	Feb-17	Y	National	85% (local survey)	Dec-15		G	
	●	Mandatory Training	95.0%	✗ 87.2%	✗ 88.1%	✗ 86.5%	✗ 87.3%	95.0%	DoW	Feb-17	Y	Local	86% (local survey)	Dec-15		G	
		% Bank Pay**	10.0%	✓ 6.8%	✓ 6.3%	✓ 8.4%	✓ 7.4%	10.0%	DoW	Feb-17	Y	Local	n/a			G	£ Costs at established rates rather than premium
		% Agency Pay**	10.0%	✗ 13.7%	✗ 12.1%	✓ 10.0%	✗ 12.5%	10.0%	DoW	Feb-17	Y	Local	11.4% (local survey)	Dec-15		G	£ Costs at premium rates rather than established
		Temporary costs and overtime as % of total paybill** (Inc. unfunded beds)	22.6%	✓ 20.9%	✓ 18.8%	✓ 18.9%	✓ 20.3%	22.6%	DoW	Feb-17	Y	National	n/a			G	£ Premium payments of various types vs established rates
		*Temporary costs and overtime as % of total paybill** (Excl. unfunded beds)*		✓ 13.1%	✓ 10.7%	✓ 5.0%	11.5%		DoW	Feb-17	Y	National	n/a			G	£ Premium payments of various types vs established rates
	●	Inpatient FFT response rate	54.0%	✗ 21.4%	✗ 23.3%	✗ 19.1%	✗ 37.3%	54.0%	CN	Feb-17	Y	National	23.6%	Jan-17		G	
	●	A&E FFT response rate	20%	✗ 1.6%	✗ 2.8%	✗ 3.8%	✗ 4.1%	20.0%	CN	Feb-17	Y	National	12.3%	Jan-17		G	
		Daycases FFT response rate	tbd NHSI^	33.7%	38.4%	33.4%	43.3%	tbd NHSI^	CN	Feb-17	Y	National	n/a			G	
	●	Staff FFT response rate	50%	✗ 16.9%	✗ 12.2%	✗ 16.2%	✗ 14.2%	50%	DoW	Sep-16	Y	National	n/a			G	
		Staff FFT % recommended work	tbd NHSI^	57.0%	56.3%	57.4%	56.9%	tbd NHSI^	DoW	Sep-16	Y	National	n/a			G	
	●	Maternity FFT response rate	38%	✗ 9.7%	✗ 19.7%	✗ 19.2%	✗ 24.1%	38%	CN	Feb-17	N	National	22.5%	Jan-17		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 NHSI^ - threshold/target to be determined by Trust Development Agency guidance when available

NB. Exception reports not provided for FFT scores ** Trajectory set as target

NB. Where national avg. blank - information not currently 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 – 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

Finance (Overview)

Financial Overview as at 28 February 2017

Month 11 Income & Expenditure

£m	Plan	Actual	Variance
Surplus (Deficit)	(2.3)	(1.1)	1.2

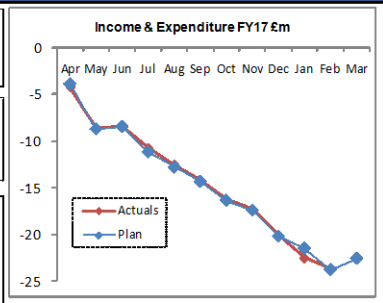
YTD

£m	Plan	Actual	Variance
Surplus (Deficit)	(23.8)	(23.6)	0.2

Statutory / Regulatory Duties

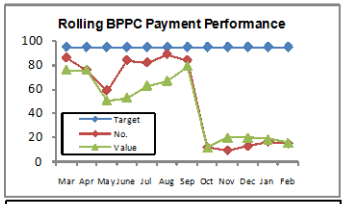
Breakeven	The Trust's plan is to deliver a deficit position in FY 17.	R
CRL	The Trust has not exceeded its Capital Resource Limit.	G
EFL	The Trust has managed spend within its External Financing Limit.	G
10 Days' Cash	Cash at 28/02/17 equated to 7 days' spend	R
BPPC	Month 11 performance - 15% by number and 16% by value (95% target)	R

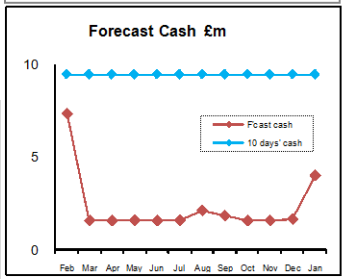
Financial Risk Rating	M11	R

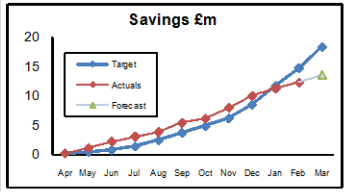


YTD Variance by Division

	£m	% Budget
Medicine	(1.1)	(22)
Unscheduled Care	(0.8)	(7)
Surgery	(1.0)	(7)
Women's	0.1	1
Clinical Support	(0.4)	(8)
Estates & Facilities	0.4	2
Corporate	0.9	2
Other	2.0	
Total	0.2	







Savings and outlook for FY17:

Savings achieved at £1.0m in Month 11 vs plan of £1.3m (Full Year expected £1.9m down on plan, i.e. projects costed vs actual delivery).

January's Efficiency Workshop will help to strengthen pipelines and bridge the gap, albeit primarily in 2017/18 and beyond. Other possibilities remain for 2016/17.

Current identified savings as at M11 exceed the record FY16 figure (£13.5m vs £12.3m).

Statutory duties:

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

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

Operational performance:

Control total of £22.55m deficit received and accepted by the Trust. Month favourable to plan by £1.19m (£0.18m adverse YTD) after adjustments. CQUIN management much improved on FY16 with agreed divisional targets and plans to implement. Contract penalties and reimbursement of readmission tariffs under discussion.

Finance (I&E)

West Hertfordshire Hospitals NHS Trust

Statement of Comprehensive Income (I&E)

Month 11 (Feb) Budget	Month 11 (Feb) Actual	Month 11 (Feb) Var		YTD Budget	YTD Actual	YTD Var	Prior Year Actual	Full Year Budget
			Volumes					
3,674	3,341	(333)	Elective	39,331	38,198	(1,133)	36,873	43,424
3,547	3,594	47	Non elective	46,033	45,563	(470)	45,052	50,043
37,375	34,157	(3,218)	Outpatient	399,531	391,355	(8,176)	385,318	455,425
8,121	8,925	804	A&E	105,615	107,027	1,412	102,746	114,839
£000's	£000's	£000's		£000's	£000's	£000's	£000's	£000's
			NHS REVENUE					
4,749	4,125	(624)	Elective	50,785	48,566	(2,219)	46,608	56,058
6,627	7,233	607	Non elective	86,340	87,645	1,304	80,558	93,837
6,167	5,786	(381)	Outpatient	66,868	64,479	(2,389)	63,822	73,812
1,014	1,160	147	A&E	13,183	13,435	252	12,553	14,334
984	966	(17)	Critical care	12,500	12,446	(54)	12,146	13,577
3,217	2,980	(238)	Other NHS revenue	36,576	37,253	677	34,699	40,197
22,757	**22,251**	**(506)**	**TOTAL NHS REVENUES**	**266,253**	**263,824**	**(2,429)**	**250,386**	**291,815**
26	(2)	(28)	Private Patients	282	231	(51)	371	307
1,118	1,052	(66)	Other non-NHS clinical income	12,297	12,604	307	1,253	13,415
1,144	**1,050**	**(94)**	**TOTAL Non NHS Clinical**	**12,579**	**12,835**	**256**	**1,624**	**13,723**
756	785	29	Education & Training	8,316	8,613	297	7,988	9,072
1,280	1,331	50	Other Revenue	14,347	15,381	1,034	14,955	15,659
8	-	(8)	Income savings	80	-	(80)	0	88
2,044	**2,115**	**71**	**TOTAL OTHER REVENUE**	**22,742**	**23,994**	**1,251**	**22,943**	**24,819**
25,944	**25,415**	**(529)**	**NET HOSPITAL REVENUE**	**301,574**	**300,652**	**(922)**	**274,952**	**330,357**

FY17 outturn / FY17 plan

FY17 expected income growth is factored into Annual Planning assumptions, and contractual HVCCG activity continues to form the bulk of all income. Small areas of block contract, but otherwise activity-related reimbursement.

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

Operational performance:

NHS income for the month was £506k below plan (£481k below excluding high cost drugs), broken down by: £607k above in admitted non-elective care, offset by £624k & £381k below in admitted elective care & outpatients respectively.

Outpatient YTD adverse variance of £2.4m is a mix of negative (general surgery £741k, obstetrics £271k, cardiology £657k) and positive (orthopaedics £119k, thoracic medicine £124k), and includes £548k of YTD savings targets added to the plan.

£6.5m of growth assumptions & £2.9m CIPs are part of the YTD budget, which should be noted when considering the £2.4m YTD adverse variance.

Finance (I&E)

Statement of Comprehensive Income (I&E)

Month 11 (Feb) Budget	Month 11 (Feb) Actual	Month 11 (Feb) Var		YTD Budget	YTD Actual	YTD Var	Prior Year Actual	Full Year Budget
18,973	16,760	2,214	Permanent / Bank Staff	202,991	180,578	22,412	167,062	221,985
460	1,126	(666)	Agency	5,586	25,007	(19,420)	34,091	6,076
(1,111)		(1,111)	Unidentified pay savings	(874)		(874)		(3,156)
18,323	**17,886**	**437**	**TOTAL PAY**	**207,703**	**205,585**	**2,118**	**201,153**	**224,904**
1,611	1,599	12	Drugs	18,747	19,789	(1,043)	15,779	20,523
2,272	1,593	679	Clinical services	27,435	27,610	(175)	27,010	29,914
5,508	4,496	1,011	Non-clinical services	60,982	61,327	(345)	61,303	66,790
(512)		(512)	Unidentified non-pay savings	(1,035)		(1,035)		(1,745)
8,879	**7,688**	**1,191**	**TOTAL NON-PAY**	**106,129**	**108,727**	**(2,598)**	**104,091**	**115,481**
(1,257)	**(158)**	**1,099**	**EBITDA**	**(12,258)**	**(13,659)**	**(1,401)**	**(30,291)**	**(10,029)**
736	594	142	Depreciation & Amortisation	7,763	6,615	1,148	6,865	8,500
111	189	(79)	Interest	1,474	1,649	(175)	800	1,585
-		-	Profit / Loss on Disposal	-	33	(33)		
173	147	26	Dividends Payable	2,267	1,623	645	3,171	2,440
(2,277)	**(1,088)**	**1,189**	**Surplus / (Deficit)**	**(23,763)**	**(23,579)**	**184**	**(41,127)**	**(22,553)**

CIP schemes

The FY17 agency cost run rate of £27.0m compares with the £24.4 FY17 target, improving in month 11 due to a £0.7m non-recurrent prior year adjustment, but still around £2.6m above the trajectory required to achieve the target. While YTD spend is now higher than the full year target, due attention is being given to measures for maintaining reductions

All cross-cutting CIP themes are closely monitored through formal monthly meetings, and more frequent operational actions. Targets must be met, alongside other important schemes, in order to avoid greater financial difficulties for the Trust, the success of which will depend on Trust-wide efficiency schemes alongside consistently implemented ideas from all.

Operational performance:

Pay costs are £0.4m adverse in month and £2.1m favourable to plan YTD (See CIP & agency notes).

Non-pay costs were £2.6m favourable to plan for M10 YTD (incl £0.7m benefit of agency & £1.1m goods receipting adjustments), with adverse variances maintained in all categories, and the effect of increased CIP targets having a significant effect on outcomes.

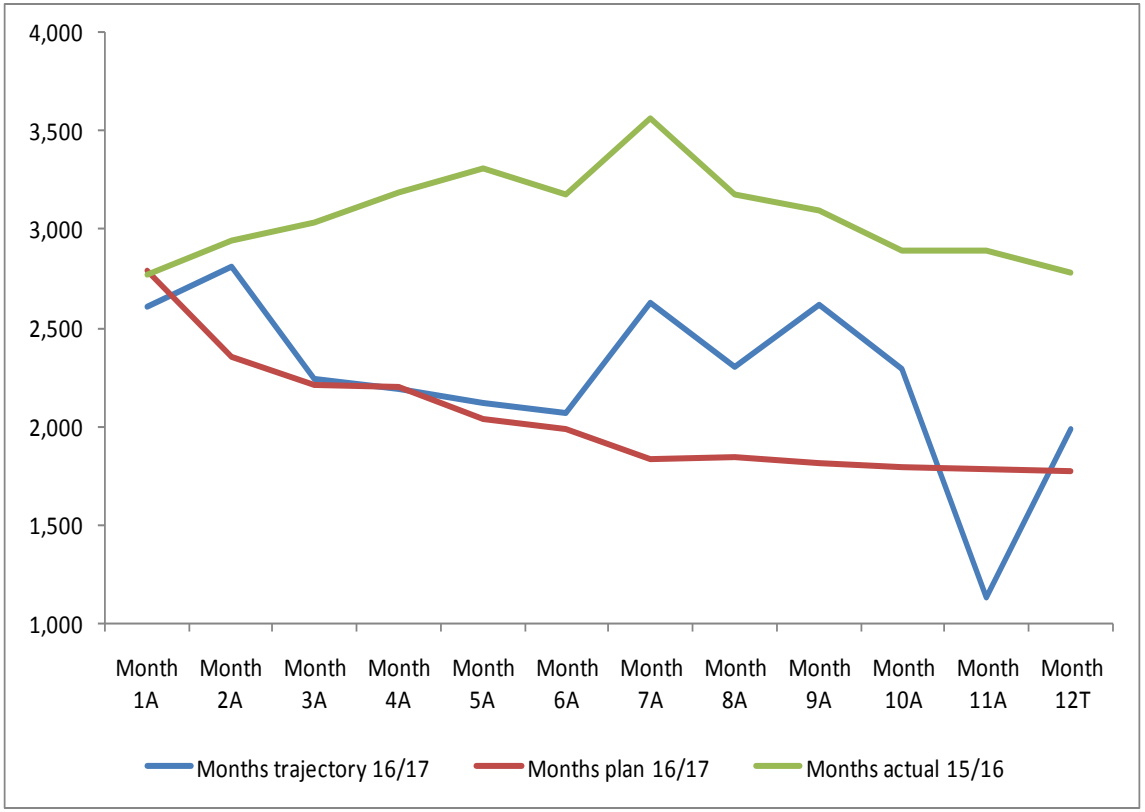
Most drugs overspends related to high cost drugs (for which there is an income offset) and the non-clinical services overspend includes £1.3m of outsourced diagnostics

[Further detail is given in the main Finance Report.]

Finance (Agency)

Agency spend trajectory

	Month 1A	Month 2A	Month 3A	Month 4A	Month 5A	Month 6A	Month 7A	Month 8A	Month 9A	Month 10A	Month 11A	Month 12T
Cumulative trajectory 16/17	2,605	5,416	7,655	9,846	11,966	14,038	16,669	18,972	21,593	23,881	25,007	26,998
Cumulative plan 16/17	2,788	5,139	7,353	9,554	11,590	13,575	15,404	17,251	19,060	20,855	22,633	24,406
Cumulative actual 15/16	2,772	5,712	8,744	11,930	15,236	18,418	21,978	25,157	28,255	31,149	34,046	36,827
Months trajectory 16/17	2,605	2,811	2,239	2,191	2,120	2,072	2,631	2,303	2,621	2,288	1,126	1,991
Months plan 16/17	2,788	2,351	2,214	2,201	2,036	1,985	1,829	1,847	1,809	1,795	1,778	1,773
Months actual 15/16	2,772	2,940	3,032	3,186	3,306	3,182	3,561	3,179	3,098	2,894	2,898	2,780



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

Blue - This year, where we will be if YTD spend continues for the remaining month on-trend, i.e. missed target.

Red - This year, where we needed to be in order to achieve target expenditure of £24.4m. Current YTD expenditure exceeds this at £25.0m after non-recurrent adjustments of £0.7m. Mitigation options are still pursued in M12 and into 2017/18.

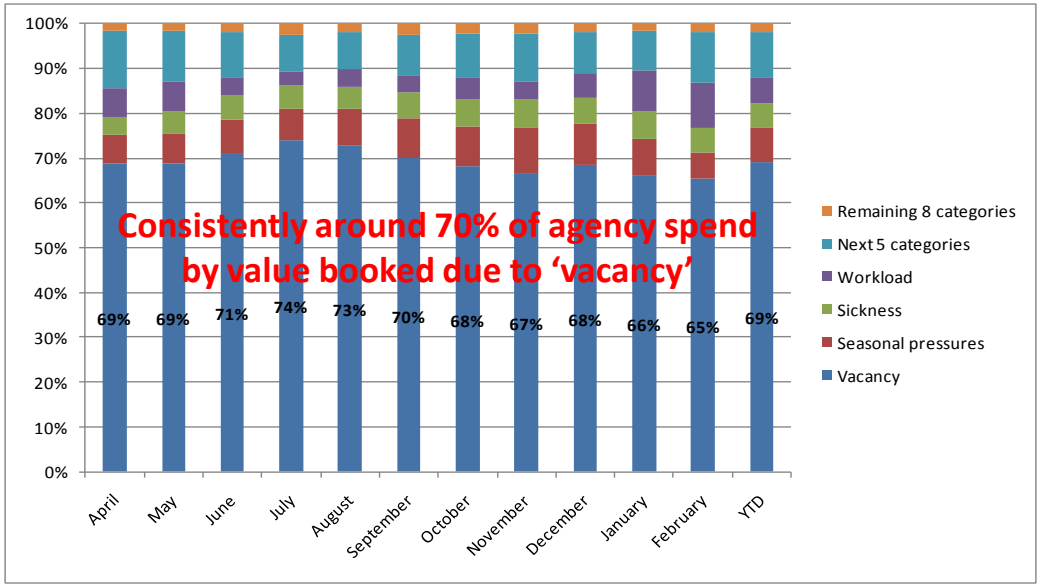
Note: The major risk to meeting the agency cap is the need to increase staffing capacity in isolated areas (e.g. cardiology) to cope with increased activity.

Finance (Agency)

NHSP agency spend by reason code

Reason	April	May	June	July	August	September	October	November	December	January	February	YTD
Vacancy	69%	69%	71%	74%	73%	70%	68%	67%	68%	66%	65%	69%
Workload	6%	7%	4%	3%	4%	4%	5%	4%	5%	9%	10%	6%
Seasonal pressures	6%	7%	8%	7%	8%	9%	9%	10%	9%	8%	6%	8%
Sickness	4%	5%	6%	5%	5%	6%	6%	6%	6%	6%	6%	5%
Next 5 categories	13%	11%	10%	8%	8%	9%	10%	11%	9%	9%	11%	10%
Remaining 8 categories	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
% of NHSP spend	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Reason	April	May	June	July	August	September	October	November	December	January	February	YTD
Vacancy	2,030	1,842	1,458	1,587	1,576	1,536	1,530	1,538	1,522	1,531	1,468	17,620
Workload	184	174	79	67	83	78	111	93	118	211	223	1,422
Seasonal pressures	187	179	156	152	175	198	200	231	207	188	133	2,004
Sickness	121	131	115	112	110	127	139	143	129	143	126	1,396
Next 5 categories	376	303	211	176	181	206	217	246	206	208	257	2,587
Remaining 8 categories	50	45	36	52	41	54	49	51	42	38	40	498
NHSP spend in £k	**2,948**	**2,674**	**2,056**	**2,147**	**2,166**	**2,198**	**2,246**	**2,303**	**2,224**	**2,318**	**2,247**	**25,527**



Note:
The above charts are based on booked and worked shifts booked through NHS Professionals, and do not necessarily reflect the timing of actual cash flows.

(Total YTD agency spend across all providers on an accruals basis is £25.7m after allowing for non-recurrent adjustments of £0.7m in February)

Detailed reports

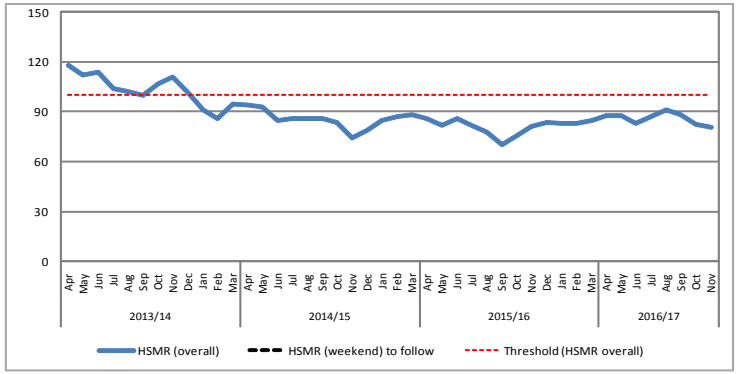
Safe, effective, caring

Reporting sub committee - PSQ

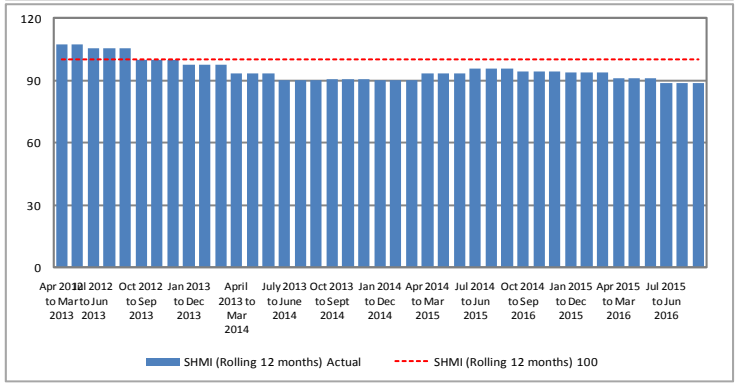
Executive lead	Clinical lead	Operational lead
*Dr Mike Van der Watt Tracey Carter		

Performance relative to targets/ thresholds		
	Achieving	Not achieving
Feb-17	4	4
Jan-17	4	4
Dec-16	4	4

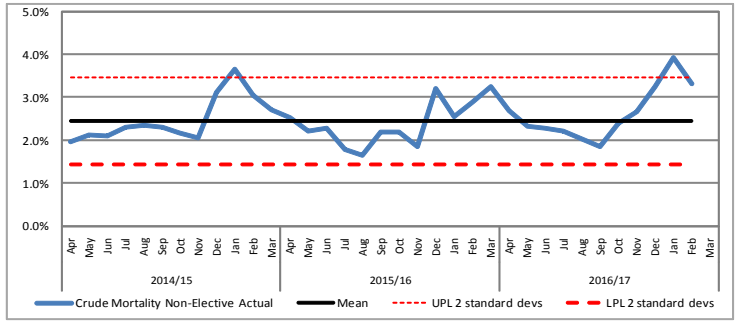
Hospital Standardised Mortality Ratio (HSMR)*



Summary Hospital Mortality Indicator*



Crude mortality rate (non-elective)*



Hospital mortality indices continue to demonstrate sustained 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 five (out of 17 trusts regionally) with a 'lower than expected' HSMR.

For the most recent 12 month period, the Trust's HSMR of 90.5 is lower than expected and our Trust compares favourably against others nationally. For the full year 2015/16 we had the 13th lowest HSMR out of 136 non specialist trusts nationally which puts the Trust in the top 10% when compared across England. Within the East of England region, the Trust has the fourth lowest HSMR.

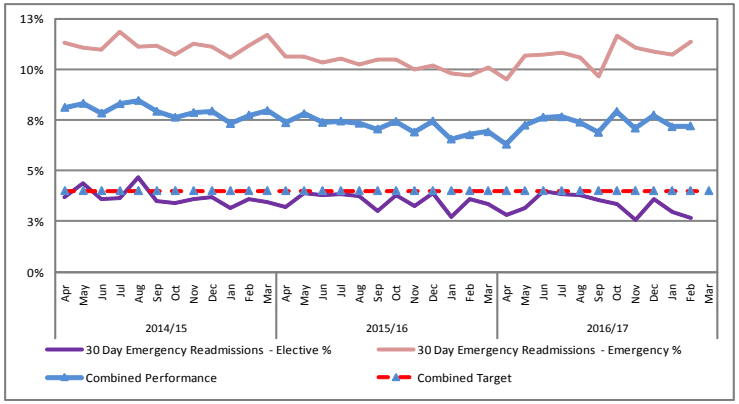
There was a peak over the winter period in crude mortality which was mirrored nationally.

The Summary Hospital Mortality Indicator's (SHMI) latest statistics for the year ending June 2016 show WHHT is one of only 15 trusts in England (of 136) that have a 'lower than expected' mortality rate.

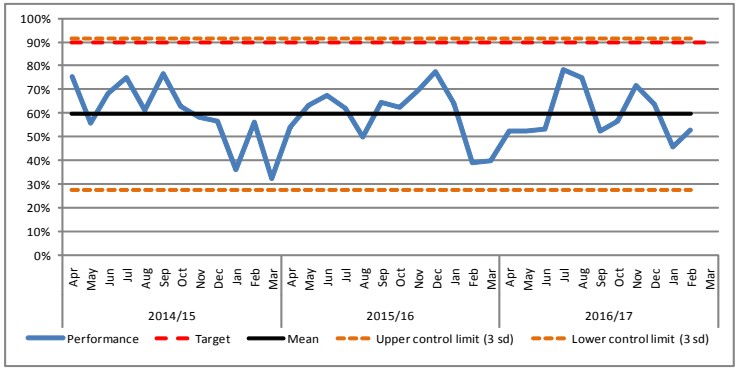
The Trust continues to hold monthly divisional Mortality Review meetings and a Trust wide Mortality Review bi-monthly, chaired by the Medical Director.

West Hertfordshire Hospitals NHS Trust

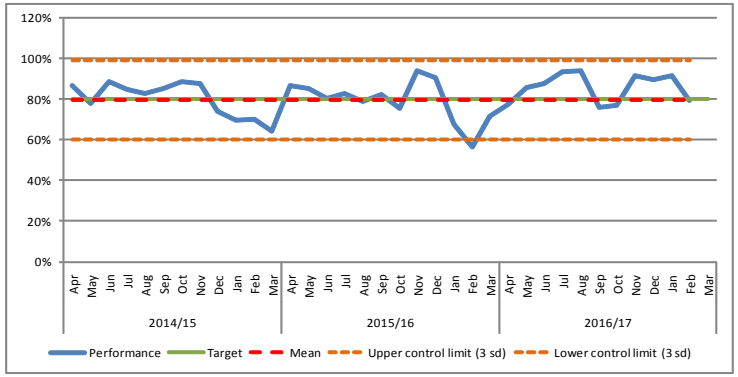
% Emergency re-admissions within 30 days following an elective or emergency spell*



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

Combined emergency readmission rates, including both emergency and elective admissions have deteriorated slightly in February. The indicator includes all patients with more than one admission to the hospital within a period of 30 days, regardless of whether the second admission was related.

Within the Trust's Unscheduled Care Transformation Programme there is a work stream directly related to reducing readmissions. This is being led by the divisional director.

Stroke

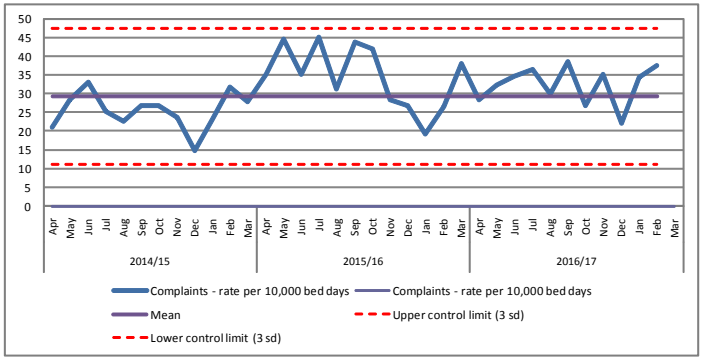
In February the number of stroke patients spending 90% of their stay in the Stroke Unit dropped to 79.4% . Emergency pressures continue to impact on access to the Stroke Unit within 4 hours with performance at 52.9% and 60% YTD.

For the last SSNAP reporting Quarter, August – November 2016 Watford Stroke Unit achieved 62.4% of patients reaching the stroke unit within 4 hours, this was higher than the national average of 58.5%.

For the reporting quarter, August – November 2016 SSNAP results continue to be rated an overall "A".

West Hertfordshire Hospitals NHS
NHS Trust

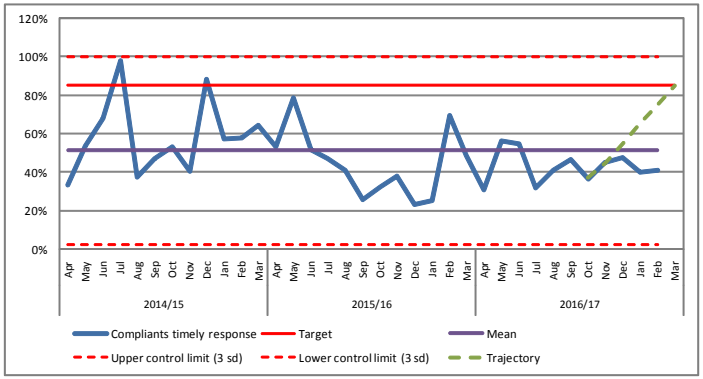
Complaints - rate per 10,000 bed days



Complaints rate per 10,000 bed days

67 new complaints were received in February of which 24% relate to Surgery, Anaesthetics and Cancer (SAC), 22% relate to Unscheduled Care (USC), 19% relate to Medicine, 15% relate to Women and Children's (WACS), 10% relate to Clinical Support, 6% relate to Corporate (inc Finance) and 3% relate to Environment. This month, the three most common themes were: all aspects of clinical treatment (25%), Communication/information (22%) and attitude of staff (18%). The Trust upheld 17complaints, partially upheld 13 and 17 were not upheld.

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



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

This month 41% of complaints were responded to on time (trajectory 75%). There were 73 complaints due for response during February; 30 were responded to on time and 50 responses were sent in total. In February the focus is on local resolution and responding to complaints within the agreed timeframe. There continues to be a focus on improving the quality of complaint investigations and responses. Consistent application of validation of response times has improved data quality, resulting in a more accurate performance measure.

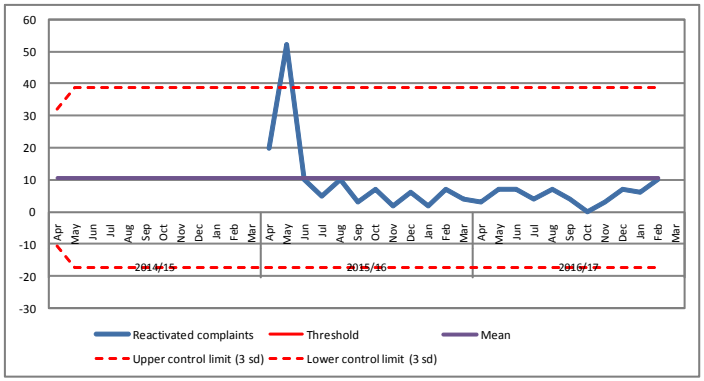
Complaints responded to on time broken down by division is as follows

	December	January	February
Trust wide	48%	40%	41%
Medicine	64%**	50%**	85%**
USC	25%	17%	12%
SAC	47%	51%	38%
WACS	20%	40%	67%
Environment***	100%	33%	100%
CSS	100%	33%	100%
Corp (inc Finance)	100	100%	0%

Performance timescales continue to be monitored weekly. Work continues to ensure that the target for responding to 85% of complaints within one month or agreed timescales is met (as per the trajectory) by the end of March 2107. This includes, but is not limited to:

- New KPI for Local Resolution to measure performance for these type of complaints – now updating individual concerns to ensure compliance with performance.
- Focus on complaints response times at Divisional Performance Review Meetings
- Support from Corporate Complaints Team to complete complaint responses
- Telephoning complainants in the first 3 days of their complaint
- New system of triaging to provide better recommendations to resolve complaints

Number of reactivated complaints



10 complaints were reactivated in February. Reopened complaints are now recorded with the new triaging process on a daily basis and numbers will be monitored.

N/A denotes – no complaints capable of being replied to this month.

**Improvements in response times under the Medicine division can partly be attributed to the Lead Nurse for Resolution whose workload includes complaints from this division.

***The Environment division altered its approach to responding to complaints and will be telephoning complainants at an early stage in a complaint to address their concerns.

Intentionally blank

Safe, effective, caring

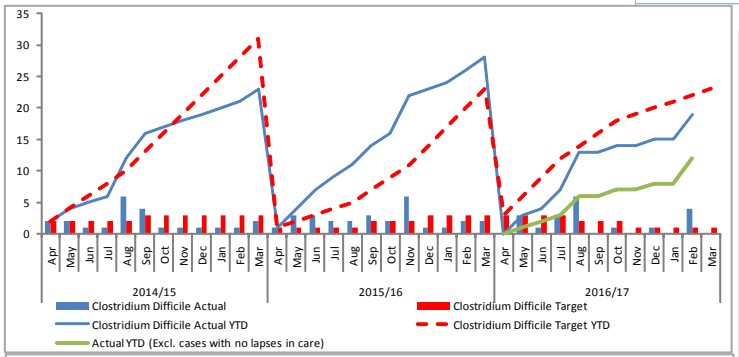
Reporting sub committee - PSQ

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

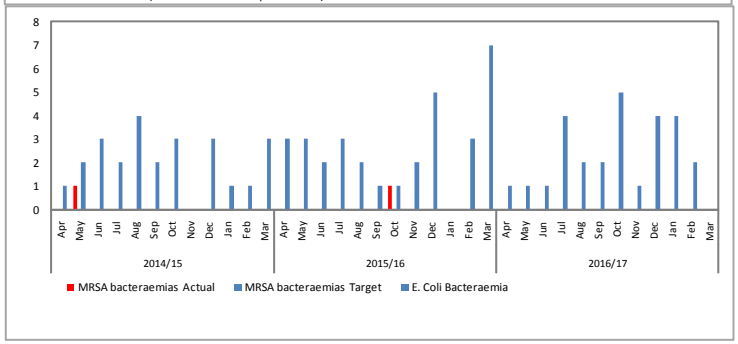
Performance relative to targets/ thresholds

	Achieving	Not achieving
Feb-17	4	2
Jan-17	3	3
Dec-16	4	2

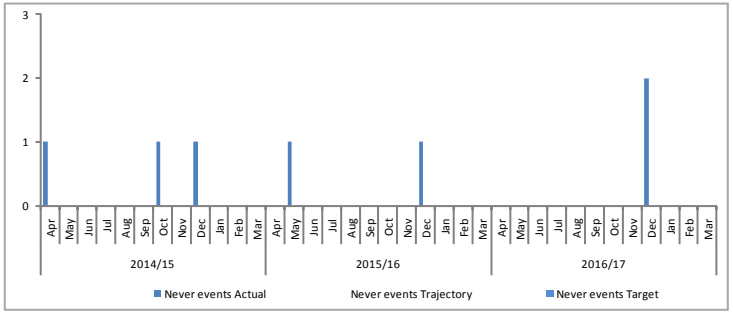
Clostridium Difficile



MRSA bactaraemias and E. Coli Bacteraemia



Never events*



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

The target ceiling for WHHT apportioned CDI is 23. 4 cases were reported in February and 19 have been reported year to date, below the cumulative target of 22. Of the four cases in February, one case following the undertaking of a root cause analysis had 'no lapse of care' identified, whilst two of the four *CDI* cases have links with Sarratt ward and both with the same ribotype. A review of these two cases is in progress and cross infection is yet to be confirmed. The fourth case is pending review. The IPCNs are continuing with support audits for wards that have WHHT apportioned *Clostridium difficile* cases. Lessons identified from RCAs inform the key issues to be addressed by divisions and shared across the organisation and through education and training provided by the IPCT. A Trust wide CDI reduction plan to assist clinical areas to focus on patients with diarrhoea and assess the risk of *CDI* has been produced. Progress against the plan is monitored at the IPC panel. Weekly antimicrobial ward rounds continue, as do weekly *CDI* reviews. 7 CDI cases where there was no lapse in care that contributed to the patient's acquisition of *CDI*, have been reviewed and approved by HVCCG for exclusion from contractual sanctions.

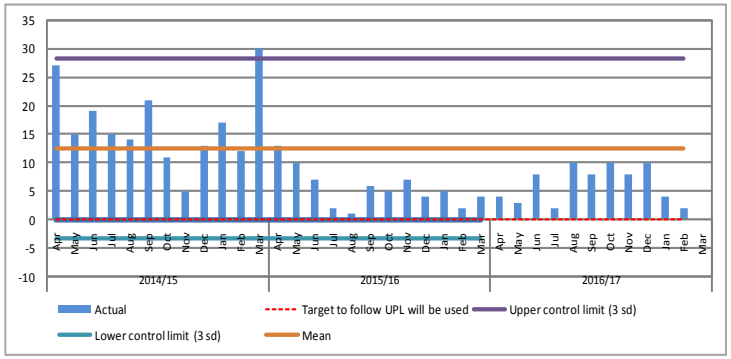
MRSA bacteraemia

The target ceiling for MRSA bacteraemia is 0 avoidable cases. In February, no cases of MRSA bacteraemia were reported and year to date there are also no reported cases. The last WHHT apportioned case was in October 2015. The Trust continues to screen all relevant emergency and elective admissions for MRSA. Those found to be positive are placed in isolation rooms and commenced on the decolonisation protocol (to reduce the amount of MRSA living on the skin or nose), reducing the risk of spreading it to other patients. There are occasions when MRSA positive patients cannot be isolated and the IPCT team provide advice to mitigate the risk of cross infection during these periods. All previously MRSA positive patients have an alert on their Clinicom/PAS electronic records which makes staff aware of the need for appropriate placement and management on admission. The Vascular Access nurse, who commenced in February 2016, continues to support the management of vascular devices.

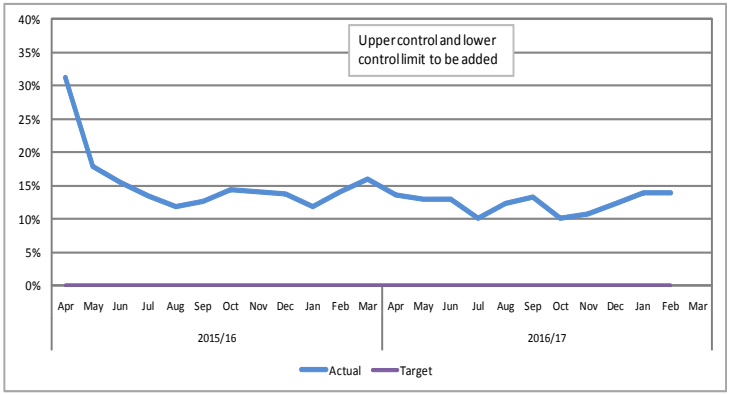
Never event

No never events were declared in February 2017.

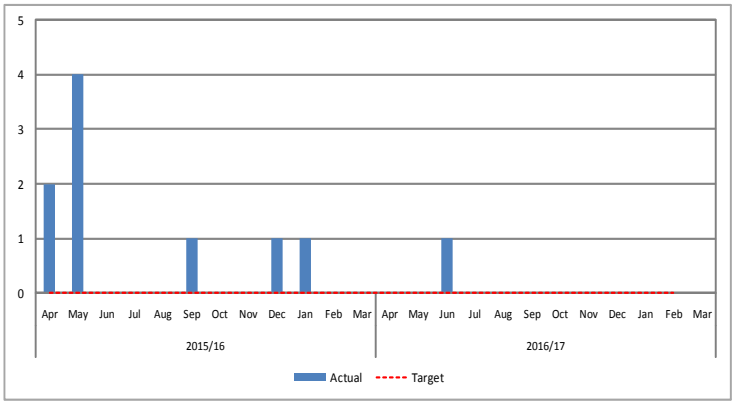
Serious incidents



% of reported patient safety incidents that are harmful



Medication errors causing serious harm*



Serious Incidents
2 SIs were declared in February 2017, a decrease from 4 in January 2017.
February SIs included:

- 1 in Surgery, Anaesthetics & Cancer relating to a surgical procedure which took place during a previous hospital admission in December 2015.
- 1 in Unscheduled Care relating to an inpatient fall

At the end of February there were 58 open SIs. 32 have been completed and are with Commissioners pending formal closure on StEIS.

At the end of February there were 24 ongoing SI investigations; 11 were over the StEIS deadline as the investigation is ongoing. All overdue SIs have a plan for completion.

Learning from SIs
The following actions and processes are in place to ensure learning from SIs and provide assurance that learning has taken place and changes have been implemented:

- 45 day review meetings allow the SI draft report to be discussed and challenged by the relevant clinical and management teams prior to the action plan being completed.
- Each action plan is developed, signed off and monitored by the division leading the investigation.
- The SI review group (SIRG), chaired by the Medical Director, review all closed SI action plans and senior divisional representation provides assurance and evidence that actions have been implemented before the SI is formally closed internally.

There were two 45 day review meetings in February 2017.

SI Review Group meetings are held bi-monthly.

% of patient safety incidents which are harmful
13.88% of incidents reported in February were recorded as harmful, an increase from January 2017 which is currently at 12.53%.

The level of harm may change following investigation of an incident and charts will be updated for each report to Board to reflect this.

28 incidents were scored as moderate or above in February 2017, of which 17 still require harm validation and are therefore subject to change.

Medication incidents causing serious harm
There were no medication errors causing serious harm in February 2017

Safe, effective, caring

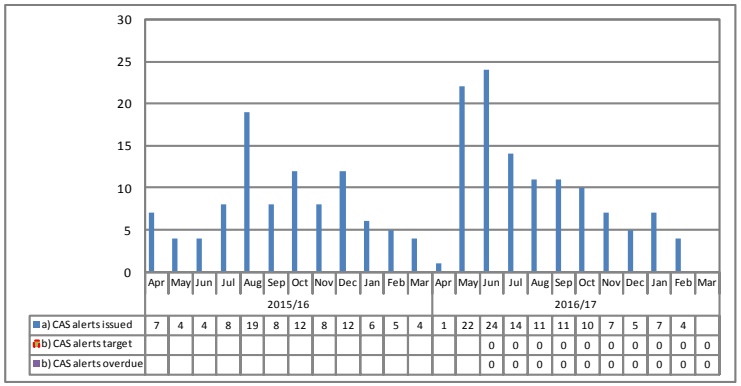
Reporting sub committee - PSQ

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

Performance relative to targets/ thresholds		
	Achieving	Not achieving
Feb-17	1	4
Jan-17	1	4
Dec-16	1	4

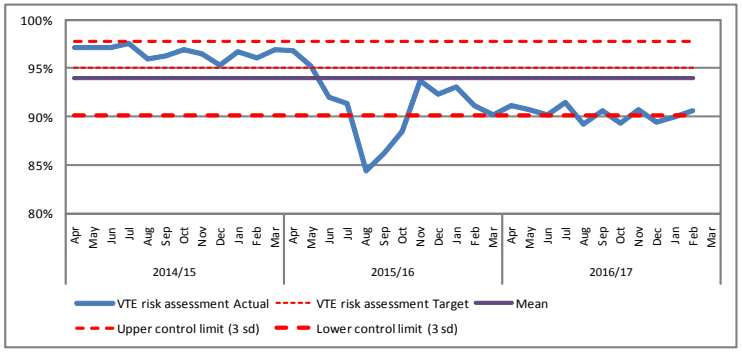
CAS alerts:

a) number issued per month (not target)
b) number where acknowledgement overdue* (target = 0)
(Class 4: for information only and class 2: Action within 48 hours)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
a) CAS alerts issued	7	4	4	8	19	8	12	8	12	6	5	4	1	22	24	14	11	11	10	7	5	7	4	
b) CAS alerts target															0	0	0	0	0	0	0	0	0	0
b) CAS alerts overdue															0	0	0	0	0	0	0	0	0	0

VTE risk assessment*



All alerts issued by CAS in February 2017 were acknowledged within the 48hr deadline.

Of the 4 alerts issued in February 2017, 3 relate to medical device alerts and 1 relates to a Patient Safety Alert.

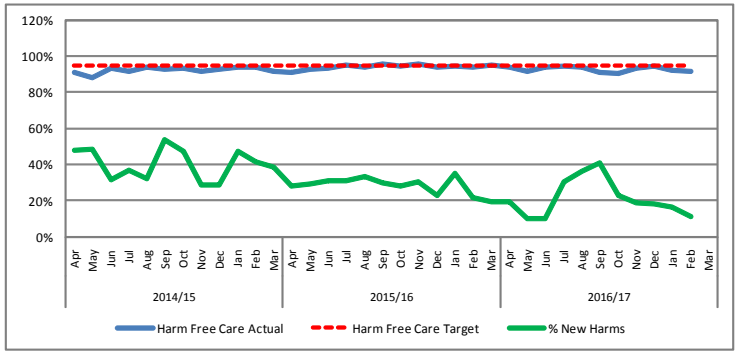
There were no breaches during February 2017 and all alerts with deadlines were closed on time.

Issued by CAS	4
Breached in month	0
Currently overdue	0
CAS alerts not acknowledged within 48hrs	0

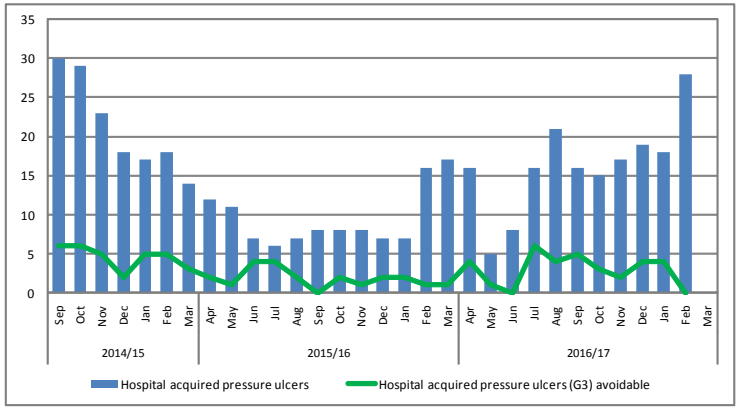
VTE
The Trust has adopted a far more rigorous approach regarding compliance with VTE risk assessment, in that if the assessment has been done but is not signed, this is considered non-compliant even if the treatment / prophylaxis is prescribed.

The new continuation sheets piloted have been issued.

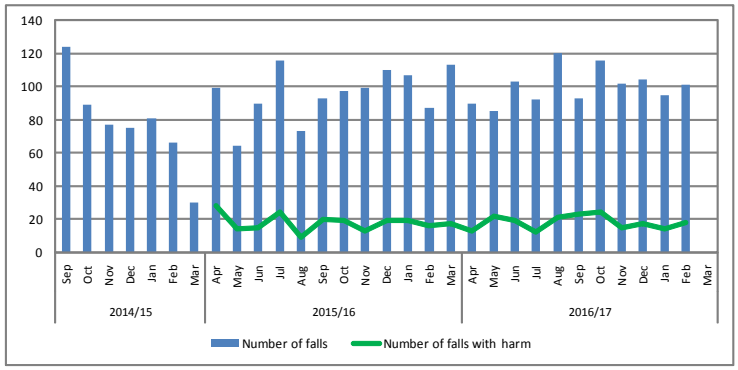
Percentage of Harm Free Care and New Harms



Hospital acquired pressure ulcers



Falls and falls with harm



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

In February Harm Free Care was 91.59%, below the national average of 94.03%. This includes harms acquired in and outside of the Trust.

New Harm Free care (harms acquired in the Trust) for February 2017 was 99.05 %, better than the national average of 97.84%.

In February there was a rise in new pressure ulcers, to 4 (new grade 2) which equates to 0.63 %, but better than the national average of 0.97%.

New VTE in February was 1

Falls with harm was 1 (low harm) for February 2017.

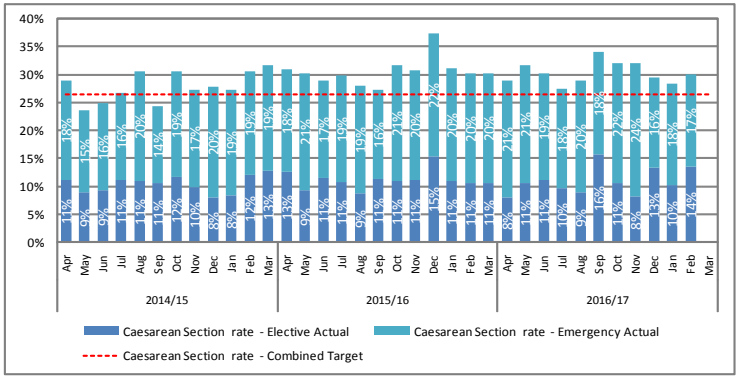
Catheters and new UTI for February was 0
The Trust remains above the national average for catheters in situ at 17.46% against the national figure of 13.51%

Harm Free Actions

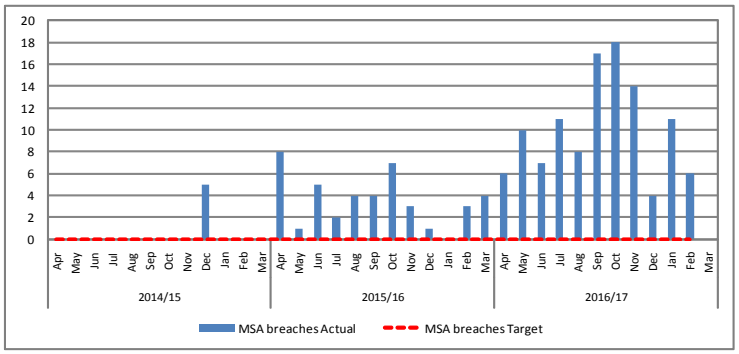
- The Trust's urinary catheter CQUIN focuses on reducing the number of catheters inserted, which should in turn, reduce the number of catheter associated UTIs.
- E-coli will be a national focus in 2017, with new tool kits to help reduce UTIs in March 2017.
- VTE specialist Nurse post (secondment) from Jan 2017 focus on education, risk assessment appropriate treatment.
- National programme planned with NHSI to further reduce acquired pressure damage
- Promotion of Nutrition and Hydration week across the Trust 13th March – 17th March

February 2017	National	WHHT	Milton Keynes	East and North	The Hillingdon
Pressure Ulcers - New	0.97	0.63	0.23	-	0.22
Catheter & New UTI	0.27	-	-	-	0.44
Catheters	13.51	17.46	21.31	19.90	23.56
Falls with Harm	0.53	0.16	-	0.34	0.22
All New VTEs	0.42	0.16	0.70	0.51	0.44
New Harm Free	97.84	99.05	99.06	99.16	98.67

C-section rate



Mixed sex accommodation



Mixed sex accommodation (MSA)

All breaches occurred in ITU and were due to pressures on the emergency care pathway.

The monitoring and management of patients requiring step down is reviewed daily as part of the regular operational management meetings with the intention of reducing where possible, the number of mixed sex accommodation breaches that occur. Advance planning for complex patients requiring side-room capacity is reviewed as part of these meetings.

An unmet needs audit was completed, reviewing the bed capacity required for ITU and discussions have taken place at the clinical advisory group (CAG) and with the Critical Care Network in January.

Responsive

Reporting sub committee - F&P

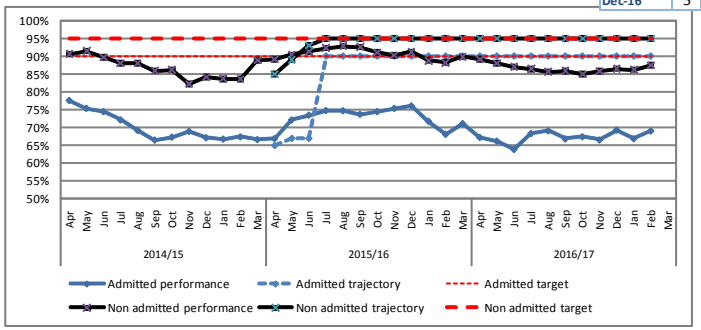
Access indicators - RTT, diagnostics, cancelled operations and outpatient appointments

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

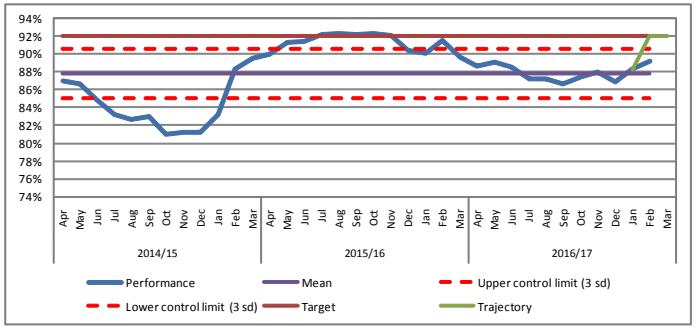
Performance relative to targets/ thresholds	Achieving	Not achieving
Feb-17	5	2
Jan-17	5	2
Dec-16	5	2

West Hertfordshire Hospitals NHS
NHS Trust

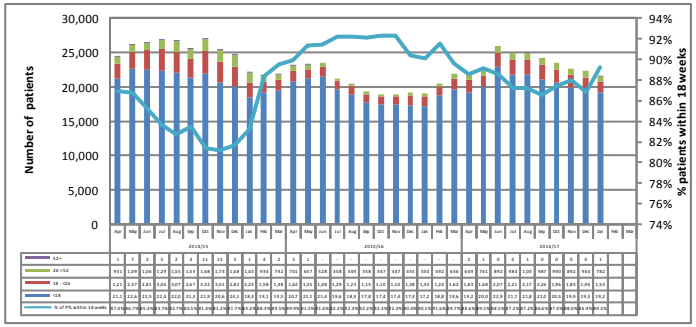
Completed pathways within 18 weeks



Incomplete pathways within 18 weeks



Incomplete pathways WL profile



RTT

Performance has improved to 89.3%. The most recent national data available (January) shows that performance is slightly below the national average (89.9%) with 92% achieved at RFH & L&D but not at E&NH (91.8%). The median waiting time at WHHT (ie the weeks half the patients on an RTT pathway were waiting) was slightly longer than the national position (7.3 weeks v 7.2 weeks) as was 92 percentile wait time (21 weeks v 19.8 weeks). There was 1 x 52 week breach (Gen Surgery) resulting from an admin error where a pathway episode was incorrectly processed and the pathway closed prematurely. This patient has now been treated.

Surgery performance continues to improve, at 84.9% (up 1% from January). Clinical Support Services (Orthotics) is unchanged at 70%. Elective Medicine and WACS have sustained performance above 92%. The backlog has reduced by 6% since April, with an 8.6% decrease from January. The backlog currently represents 10.75% of the total PTL (April 11.4%, September 13.5%)

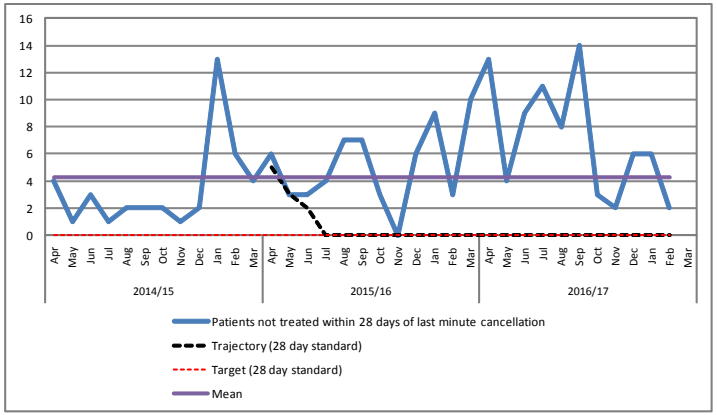
Service/Specialty Description	Backlog	Performance against 92% standard
ORTHODONTICS	12	45.45%
ORTHOTICS	20	70.59%
ORAL SURGERY	211	72.56%
ENT	349	81.58%
PAIN MANAGEMENT	91	84.63%
OPHTHALMOLOGY	331	84.71%
TRAUMA & ORTHOPAEDICS	526	85.50%
GENERAL SURGERY	223	85.63%
VASCULAR SURGERY	20	85.92%
UROLOGY	137	87.47%
PAEDIATRIC ENDOCRINOLOGY	4	90.24%
RHEUMATOLOGY	38	91.06%
PAEDIATRIC GASTROENTEROLOGY	8	92.31%
NEUROLOGY	68	92.63%
COLORECTAL SURGERY	30	92.82%
PAEDIATRIC CLINICAL HAEMATOLOGY	2	93.55%
PAEDIATRIC OPHTHALMOLOGY	5	94.32%
CARDIOLOGY	59	94.47%
NEONATOLOGY	1	95.00%
PAEDIATRIC DERMATOLOGY	1	95.24%
DIABETIC MEDICINE	5	95.58%
DERMATOLOGY	80	95.87%
ENDOCRINOLOGY	12	96.48%
GYNAECOLOGY	30	96.58%

Service/Specialty Description	Backlog	Performance against 92% standard
CLINICAL ONCOLOGY	1	97.37%
GASTROENTEROLOGY	24	97.49%
RESPIRATORY MEDICINE	12	97.77%
CLINICAL HAEMATOLOGY	5	97.84%
PAEDIATRIC UROLOGY	2	98.23%
PAEDIATRICS	12	98.29%
NEPHROLOGY	1	98.59%
** BLANK **	0	100.00%
GENERAL MEDICINE	0	100.00%
GERIATRIC MEDICINE	0	100.00%
BREAST SURGERY	0	100.00%
UPPER GASTROINTESTINAL SURGERY	0	100.00%
ANAESTHETICS	0	100.00%
CRITICAL CARE MEDICINE	0	100.00%
PAEDIATRIC EPILEPSY	0	100.00%
HEPATOLOGY	0	100.00%
PAEDIATRIC CARDIOLOGY	0	100.00%
STROKE MEDICINE	0	100.00%
TRANSIENT ISCHAEMIC ATTACK	0	100.00%
RESPIRATORY PHYSIOLOGY	0	100.00%
MEDICAL ONCOLOGY	0	100.00%
GYNAECOLOGICAL ONCOLOGY	0	100.00%
ORTHOPTICS	0	100.00%
Total	**2320**	**89.25%**

Outsourcing is ongoing, with 51% uptake from patients considered appropriate. 289 patients have been treated, with a further 303 patients booked for surgery or pre-operative assessment appointments.

West Hertfordshire Hospitals NHS Trust

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

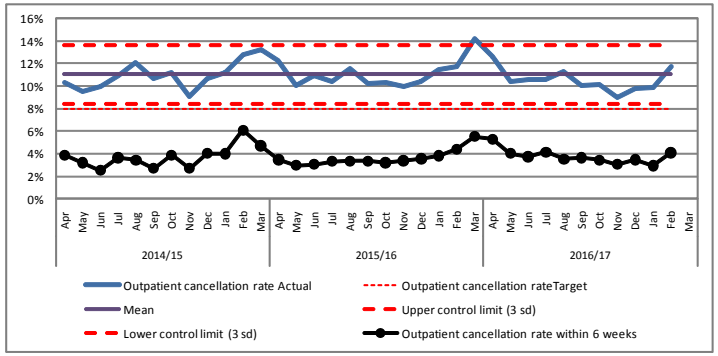


Hospital cancellations – patients not treated within 28 days of last minute cancellation

There were 2 breaches of the 28 day rebooking requirement in February. There was a patient choice breach in ENT and in Cardiology the patient requires further clinical assessment before proceeding.

Hospital outpatient cancellations all and % cancelled* within 6 weeks

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

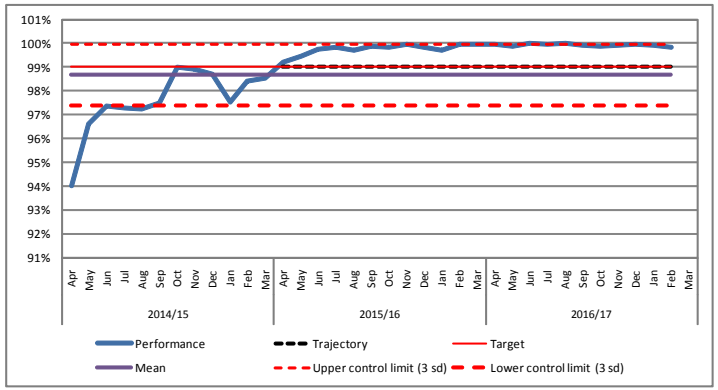


Hospital cancellations – patients cancelled within 6 weeks and overall

Short notice cancellations remained below the Trust tolerance (5%) at 4.1% (excluding valid cancellations and patient initiated cancellations).

Total cancellations: 23.6%			
Hospital initiated		Patient initiated	
All cancellations	Under 6 weeks	All cancellations	Under 6 weeks
11.7%	4.1%	11.9%	10.1%

Diagnostics



Diagnostic wait times

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

Consistently strong performance against this standard continues and remains better than the national position

Responsive

Reporting sub committee - F&P

CWTs

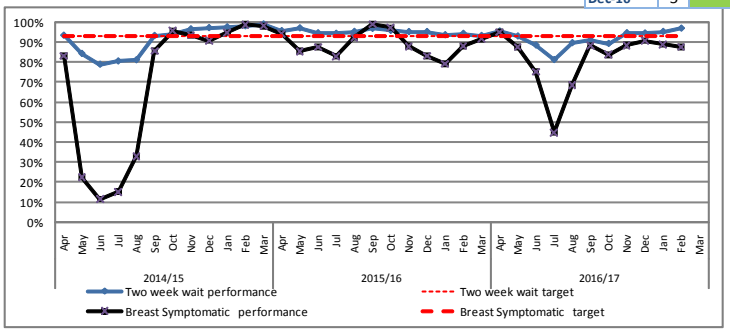
Executive lead	Clinical lead	Operational lead
Sally Tucker	Jeremy Livingstone	Jane Shentall

Performance relative to targets/ thresholds

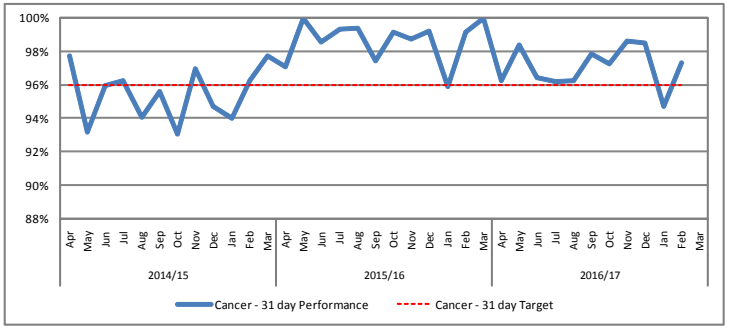
	Achieving	Not achieving
Feb-17	6	1
Jan-17	3	4
Dec-16	5	2

West Hertfordshire Hospitals NHS
NHS Trust

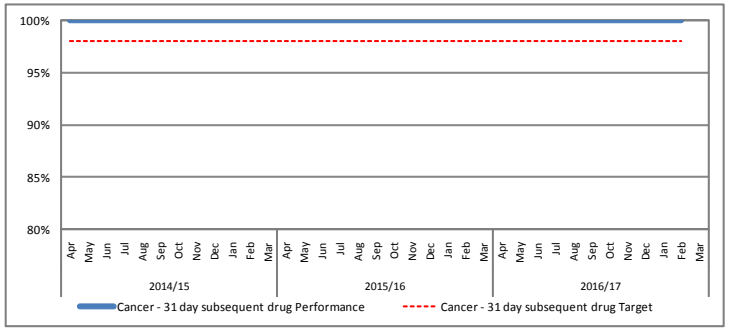
Two week standard and breast symptom two week standard



31 day standard



31 day subsequent drug standard



Breast symptomatic
The provisional position for February is non compliant at 87.5%.

Further deterioration against December position of 90.6% and January 88.8%. No increase in demand seen with attendances at 171, 169 and 170 (Dec-Jan). Breaches have increased from 16 December to 19 January and 21 February

Actions identified:
Meeting with ADM for Surgery 08/032017 to discuss benchmarking with other Trusts

- Division to review capacity and consider resource to contact all patients cancelling and rebooking appointments.
- Proportion of C&B within cohort exercising choice to be understood & conversion rate to cancer diagnosis
- Longer term impact of capacity linked with Breast Unit expansion / redesign plans

Additional proposals:

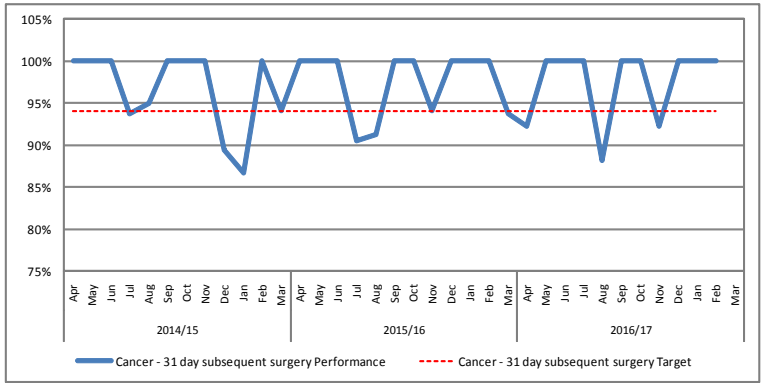
- Consider patient questionnaires to understand patient prioritisation
- GP education – previously raised with CCG

2ww
The provisional position for February is compliant at 96.8%. An improvement on the January position of 95.1%. Fewer treatments 993 vs 1063 with fewer breaches (32 vs 52). Continued improvement from December position

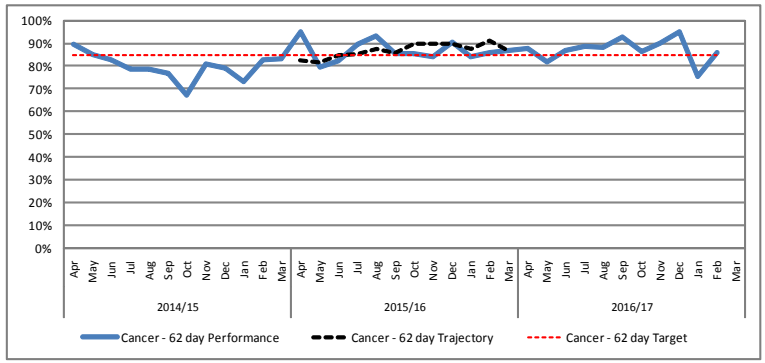
31 day first
The provisional position for February is compliant at 97.4%, an improvement on the January failed position of 94.7%. There has been a continued decrease in the number of treatments from 136 in December to 125 and 99 respectively for January & February. A reduction in breaches from 6 in January to 2 in February has been seen.

31 day subsequent – drugs
The provisional position for February continues as January to be compliant at 100%

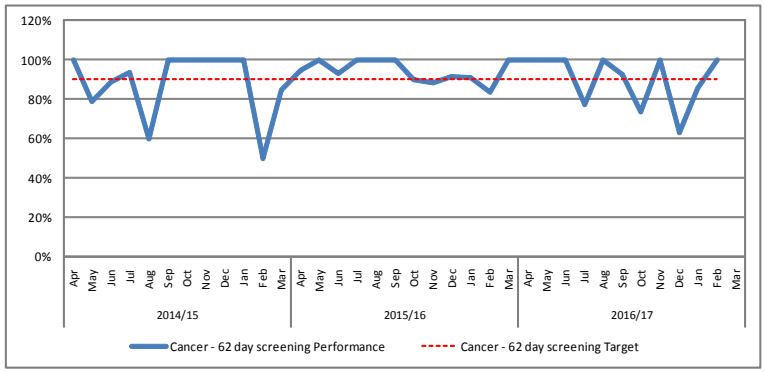
31 day subsequent surgery standard



62 day standard



62 day screening standard



31 day subsequent - surgery
The provisional position for February is compliant.

62 day GP - urgent
The provisional position for February is compliant at 87.7% and is an improvement on the January position of 75.4%. This is due to a reduction in the number of breaches from 15 January (64 treatments) to 9 in February (52.5 treatments).

Breach Themes Jan / Feb(un-validated):

- Delays in sending and receiving Tertiary referrals compounded by
  - RALP capacity Lister
  - Brachy / Radiotherapy capacity Mount Vernon
- Patient choice to defer Tertiary treatment – discussion needed with tertiary centres to ensure offer of dates within target is made and documented to enable pause to be applied
- Lung Pathway – Meetings planned with:
  - Harefield to review surgical pathway
  - Radiology to review diagnostic within West Herts
- Gynae - meeting planned with specialty to review barriers including:
  - Late ITR into Trust from Lister.
  - Surgical dating process

Tumour site	January (provisional)	February (provisional)
Breast	85.7	100
Gynaecological	50	75
Haematological	100	100
Head and Neck	40	50
Lower Gastrointestinal	61.5	55.6
Lung	0	50
Other		100
Skin	95.5	100
Upper Gastrointestinal	66.7	100
Urological	87.5	71.4
Total	**76.6**	**87.7%**

62 day screening
The provisional position February is compliant at 100% despite a reduction in treatments from 11 January to 6.5 February. Low numbers continue to increase risk to future performance

Responsive

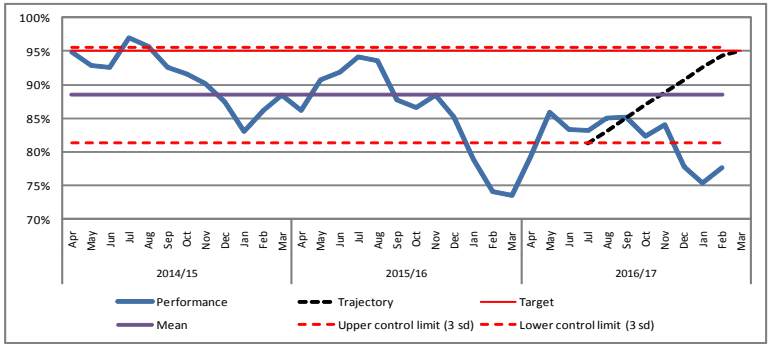
Reporting sub committee - F&P

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

Executive lead	Clinical lead	Operational lead
Sally Tucker	Dr David Gaunt	

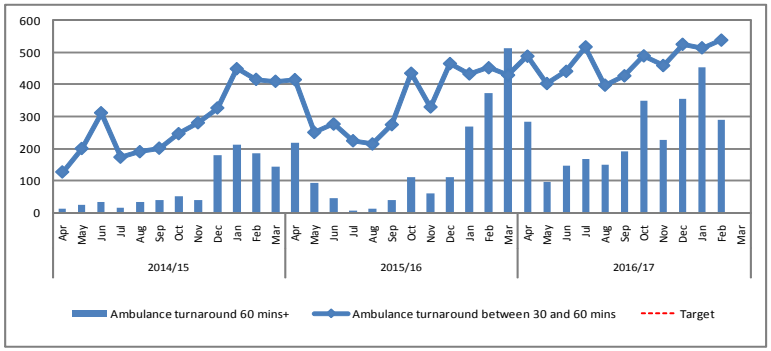
Performance relative to targets/ thresholds		
	Achieving	Not achieving
Feb-17	1	4
Jan-17	1	4
Dec-16	1	4

A&E



** Please note that the A&E trajectory is a working trajectory and awaiting final approval*

Ambulance turnaround time



A&E performance in February was 77.6% , as result of on-going capacity issues, although this is a slight improvement from January. Performance is still not in line with the revised trajectory to meet compliance.

A&E performance was worse than the national average (85.1%) for the most recent period(January) and also the performance of surrounding Trusts; Hillingdon (79.4%), Royal Free (83.0%), East and North Hertfordshire (83.4%) and Luton and Dunstable (98.5%).

Ambulance turnaround times remained worse than target during February due to increased demand and capacity issues. However there has been a significant reduction in turnarounds over 60 minutes. Work streams have been established with East of England Ambulance Service to improve handover times and reduce the time crews spend at the hospital. The Trust is continuing to provide 2 queue nurses to support patients in the corridor.

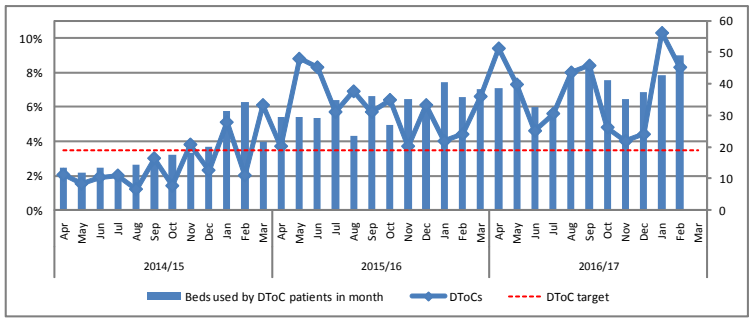
There is a focus on recovering Minors performance at Watford with an agreed action plan, which includes a Minors lead nurse, benchmarking Emergency Nurse Practitioner (ENP) performance and implementing a separate rota for ENPs. Performance is to be monitored through the Emergency Department Transformation Meeting chaired by the Medical Director.

A number of immediate and future actions are being explored or implemented to improve A&E flow, including protecting assessment areas , optimising the use of the Clinical Decision Unit , extending the role of GPs in A&E including redirection to the out of hours GP service and maximising available space within A&E.

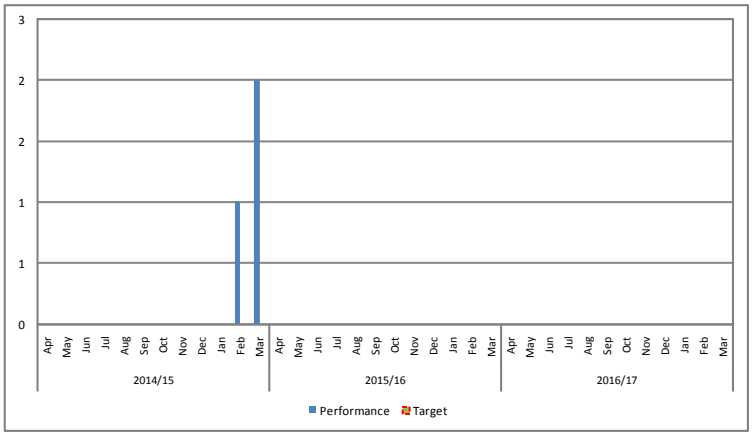
An activity comparison of the current financial year (to 12/3/2017) with the same period last year has shown:

- Type 1 attendances are up by 5.7%,
- Ambulance arrivals are up by 6.9%,
- Admission rate from A&E (excluding ambulatory and frailty) is up by only 0.8 percentage points.

Delayed Transfers of Care (DToC)



12 hour trolley waits



Delayed Transfers of Care

The number of DToC patients was 8.3% in February, as measured using the nationally reported method. This is based on a snapshot of the number of patients waiting at a point in time in the month, expressed as a percentage of beds.

The total beds occupied by DToC patients is therefore a more useful measure to illustrate the impact of DToC because it includes all patients waiting in the month. In February, DToC patients consumed 1,372 bed days, the equivalent of 49 beds . This was the highest recorded number of DToCs at the Trust on record. There are regular audits of both DToC and other stranded patients (over 7 day length of stay) to identify issues and remove avoidable causes of delay.

Ongoing escalation to system partners via the A&E Delivery Board 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.

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

Well led

Reporting sub committee - Workforce

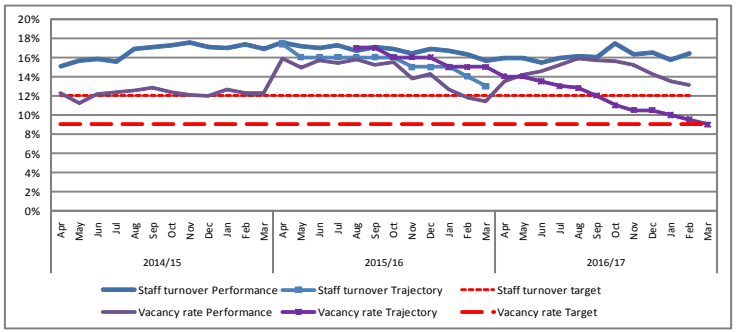
Workforce indicators - staff turnover, sickness, bank & agency, vacancy, appraisal, and mandatory training

Executive lead	Clinical lead	Operational lead
Paul da Gama		

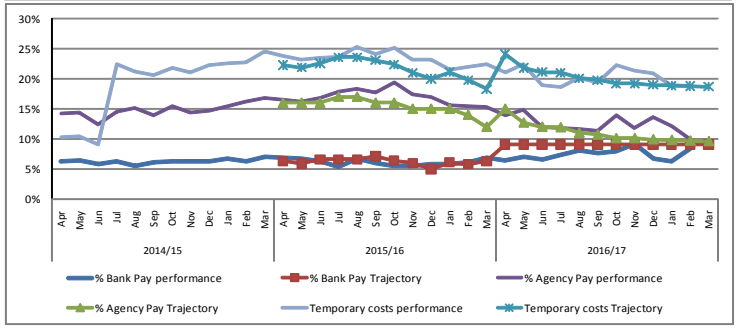
Performance relative to targets/ thresholds

	Achieving	Not achieving
Feb-17	2	5
Jan-17	1	6
Dec-16	1	6

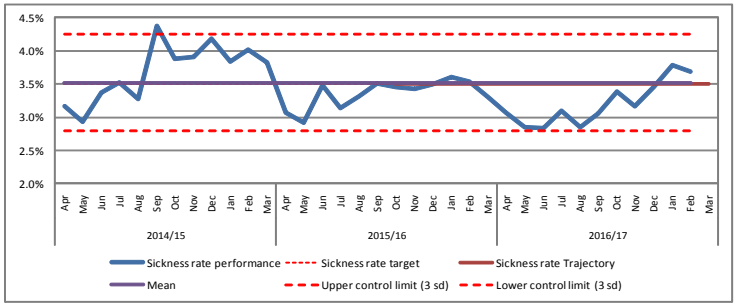
Staff turnover and vacancy rate



% bank, agency and temporary pay



Sickness rate



Turnover and Vacancies

At the end of February the Trust vacancy rate fell from 13.5% to 13.1%; the sixth consecutive month in which the vacancy rate has fallen (from a peak of 15.9% in August). Within this, the Nursing & Midwifery vacancy rate increased slightly, from 13.1% to 13.2%; however, this follows two months in which it reduced significantly. Recruitment activity has built up a large pipeline of new N&M recruits (currently 229 registered and 50 unregistered nurses), so this figure is forecast to reduce over the next few months. The 12-month rolling turnover rate increased from 15.8% to 16.4%. We have the seventh highest turnover (out of 13) compared to Herts & Beds peers. Our turnover has fluctuated between 16.9% and 15.5% over the last 16 months, displaying a modest downward trend.

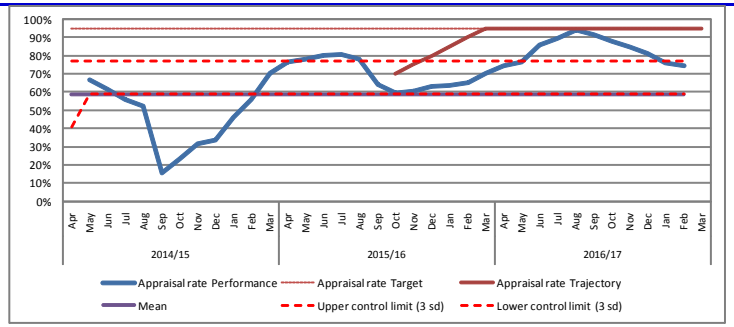
% Bank and Agency Expenditure

Agency spend fell considerably in February, from £2.29m to £1.86m, the second consecutive significant monthly fall. This represented 10.0% of the overall pay-bill compared to 12.1% in January. Agency use and spend has reduced considerably compared to 2015/16 – cumulative spend year to date is £8.35m less than for the same period last year. Despite this, a cumulative negative variance of £3.11m year to date has built up against the challenging NHSI ceiling, meaning that the Trust exceeded its ceiling partway through February. This is largely a result of increased activity due to surge and RTT. Work continues to keep agency spend as low as possible via the Agency Steering Group and with Herts & Beds Partners. One aspect of this strategy is to promote a shift from Agency to Bank, and bank spend increased in February, from 6.3% of pay-bill to 8.4%.

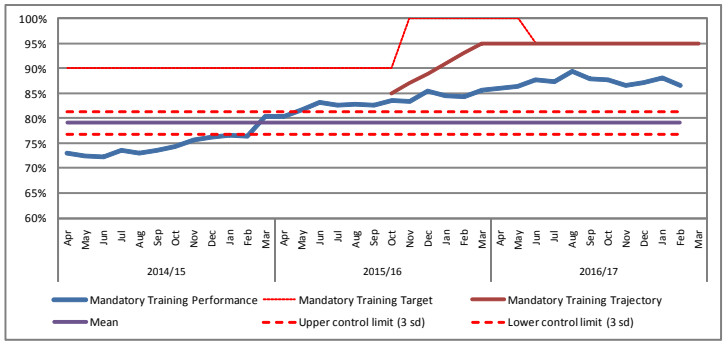
Sickness rate

The sickness absence rate fell fractionally from 3.8% in January to 3.7% in February, still slightly above the target of 3.5%. However, the Trust is currently well below the Herts & Beds average, which stood at 4.5% at the end of Quarter 3. Sickness absence has fluctuated between 3.8% and 2.8% over the last 16 months and is now showing a slight upward trend, which reflects an improvement in sickness absence monitoring.

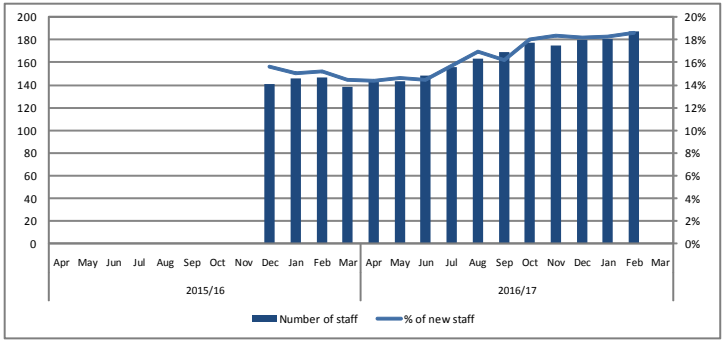
Appraisal rate
(non medical staff only)



Mandatory training



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



Appraisal – non medical staff

Appraisal rates have dropped since the peak in late September at 93%, and at the end of February were 75%. Current operational pressures have impacted on the number of appraisals being completed and there is a significant challenge to maintain focus and ensure appraisal dates are aligned to staff increments to further improve organisational performance. HR Business Partners are working with managers to support the transition to effective alignment of appraisals to increments.

Mandatory training

Mandatory training compliance continues to hover around 87%. This remains a slight dip since its peak at 90% in September. Retained focus is required to sustain and better compliance rates. In particular the Trust is moving to more e-learning in place of classroom sessions for subjects that are knowledge based rather than practical. New starters are being asked to complete e-learning prior to commencing in post which will help to increase compliance rates for new joiners.

Work continues towards the implementation of a new learning management system – 'ACORN' with Think Associates. This is being run as a project and is anticipated to take a further 2 months to implement now that some IT issues have been resolved. As a self-serve system this will alert staff to the need to complete training in a timely way and automate many of the processes involved in logging training which should drive a step change in compliance figures.

Number of staff leaving within first year

The Trust is closely monitoring staff leavers and has recently introduced a new exit questionnaire process to gather more intelligent data about staff reasons for leaving. The reconnect sessions continue following corporate induction, bringing new starters back together and offering an opportunity to resolve any issues and gather information to further improve staff experience in their first year in post.

Safe, effective, caring

Well led

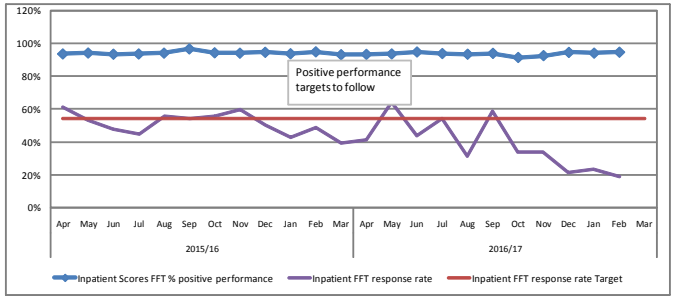
Reporting sub committees - PSQ and Workforce

Friends and family

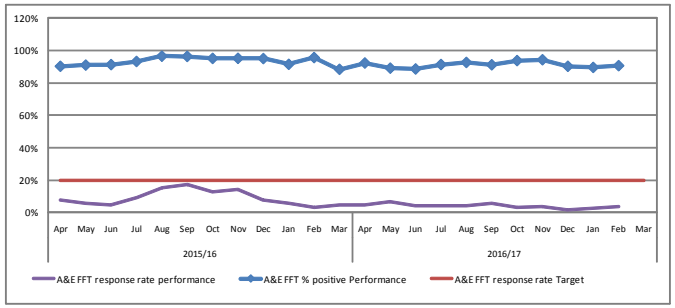
Executive lead	Clinical lead	Operational lead
Tracey Carter and Paul Da Gama		

Well led	Achieving		Not achieving	
Feb-17	0		3	
Jan-17	0		3	
Dec-16	0		3	

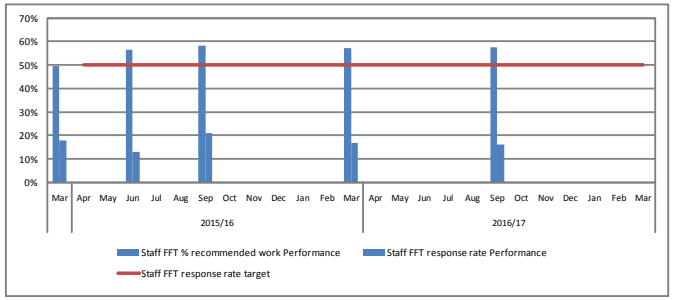
Inpatient scores (% positive and negative) and response rate



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



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



A&E

The response rate has improved further this month as a result of improved performance in the UCC at HHGH.

The positive rate of response has increased and the rate of negative responses has fallen.

Patients in A&E will be able to access the FFT survey via a QR code from next month; this will be monitored for any corresponding increase in the response rate.

Inpatients

The overall response rate has fallen by more than 5% this month; accounted for by a change in the number of areas that we have included in the Unify return under the Inpatient and Day Case category (e.g. Endoscopy, ESAU, Windsor ward & GACU). This change equates to approximately 2000 additional patients that were eligible to respond and an average of less than 10% response rate for these patients.

The positive responses have generally remained above 95%, however this dipped to 94.6% in February despite a small improvement in the negative rate of responses.

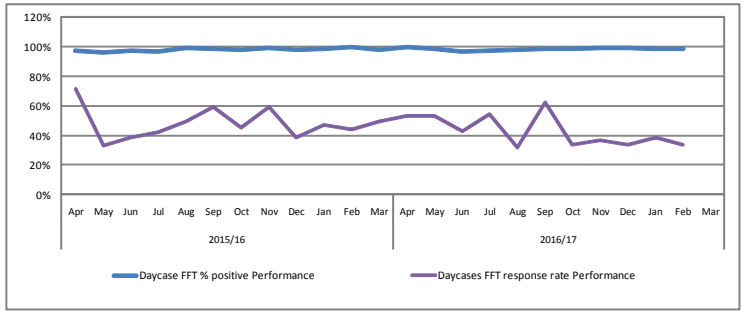
Maternity - Question 2

The response rate has been maintained with an improved positive rate of response this month to 100%.

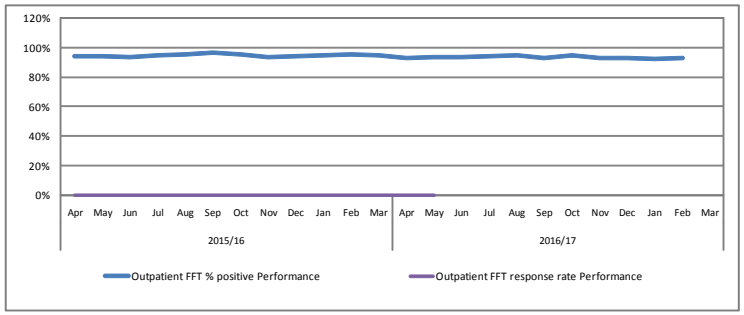
Staff

The Staff Friends and Family Test ran from the 20th February until the 10th March. There were 335 electronic (e-mail) returns and 422 paper (hard copy) returns, a total of 757. The results are currently being analysed and will be reported on next month.

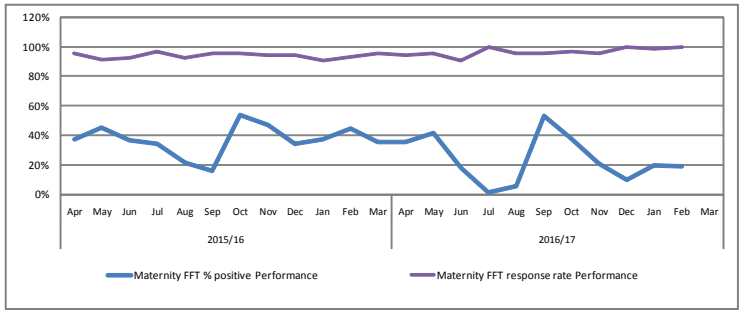
Daycases scores (% positive and negative) and response rate



Outpatient scores (% positive and negative) and response rate



Maternity (Q2) scores (% positive and negative) and response rate



Day case

The Trust is now measuring both the main DSU at SACH and also the Surgical admission lounge at WGH.

Outpatients

The total number of responses has significantly increased this month to 1058, an improvement of circa 500.

There has also been an improvement in the negative response rate of 0.6%

West Hertfordshire Hospitals NHS Trust

Ward Scorecard February 2017

Alert Trigger Point		<90%	<90%	<90%	<90%	>0	>4	>0	<90%	<90%	>0	>0	<90%	<54%	>0	>1	<90%	<95%	n/a	Number of Alerts	
Number of Alerts	Process	13 / 26	2 / 26	11 / 33	9 / 30				3 / 26	3 / 31				30 / 31		24 / 33	17 / 28	6 / 29	n/a		
	Safety					15 / 34	6 / 29	9 / 29			4 / 36	2 / 36	7 / 36		1 / 32						
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	FFT 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	Overall Fill Rate	Care hours per patient	Safety	Process
Unscheduled Care	AAU B/Y 3	! 85%	✓ 99%	! 89%	! 88%	✗ 1	✗ 8	✗ 1	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 94%	✗ 35%	✓ 0	✗ 16	✗ 50%	✓ 98%	7.37	3	6
	AAU B1	! 86%	✓ 93%	✗ 73%	✗ 76%	✓ 0	! 3	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 91%	✗ 13%	✓ 0	✓ 0	✓ 95%	✓ 98%	8.50	0	4
	AAU G1	! 86%	! 89%	! 80%	✗ 66%	✓ 0	✗ 7	✗ 1	✓ 100%	ND	✓ 0	✓ 0	✓ 100%	✗ 1%	✓ 0	✗ 2	✗ 20%	✓ 96%	8.38	2	7
	AAU P1	! 82%	✓ 93%	✓ 92%	✓ 100%	✗ 1	! 2	✓ 0	✓ 100%	✗ 71%	✓ 0	✗ 1	✓ 100%	✗ 2%	✓ 0	✗ 8	✗ 73%	✓ 95%	9.09	2	5
	AAU Y1	✓ 90%	✓ 93%	✓ 93%	✓ 96%	✓ 0	✗ 5	✗ 4	✓ 100%	✗ 67%	✓ 0	✓ 0	✓ 100%	✗ 6%	✓ 0	✗ 6	✗ 33%	✓ 95%	8.46	2	4
	CCU/ P/G 3	✓ 92%	✓ 100%	✓ 92%	✓ 94%	✓ 0	! 3	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 100%	✗ 19%	✓ 0	✗ 12	! 85%	✓ 99%	7.06	0	3
	A&E	NA	NA	✗ 75%	✗ 30%	✓ 0	! 2	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✗ 74%	✗ 2%	✓ 0	✗ 4	NA	NA	NA	1	4
	MIU	NA	NA	NA	NA	✓ 0	! 1	✓ 0	NA	NA	✓ 0	✓ 0	! 90%	✗ 3%	✓ 0	✓ 0	NA	NA	NA	1	1
	UCC	NA	NA	✓ 98%	NA	✓ 0	✓ 0	✓ 0	NA	NA	✓ 0	✓ 0	✓ 95%	✗ 9%	✓ 0	✓ 0	NA	NA	NA	0	1
Medicine	Aldenham	! 88%	✓ 100%	✓ 99%	✓ 100%	✗ 3	! 2	✓ 0	✓ 100%	✓ 95%	✓ 0	✓ 0	✓ 92%	! 51%	✓ 0	✗ 21	! 75%	✓ 99%	6.52	1	4
	Bluebell	! 81%	✓ 93%	! 88%	✓ 91%	✓ 0	! 4	✓ 0	✓ 100%	✓ 100%	✗ 1	✓ 0	NA	NA	✓ 0	✗ 28	✗ 10%	✓ 96%	11.38	1	4
	Cassio	✓ 97%	✓ 100%	! 89%	✓ 90%	✗ 2	! 2	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 100%	✗ 27%	✓ 0	✓ 0	! 75%	✓ 105%	5.85	1	3
	Croxley	✓ 91%	✓ 98%	✓ 95%	✓ 100%	✗ 2	! 2	✗ 2	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 100%	✗ 10%	✓ 0	✗ 5	✓ 98%	✓ 104%	6.60	2	2
	Heronsgate & Gade	✓ 97%	✓ 97%	✓ 96%	✓ 92%	✗ 1	✗ 8	✗ 1	✓ 100%	✓ 92%	✓ 0	✓ 0	✓ 100%	✗ 3%	✓ 0	✗ 6	✗ 58%	NA	NA	3	3
	Oxhey	! 88%	✓ 100%	! 87%	✓ 93%	✗ 1	! 2	✓ 0	✗ 75%	✓ 100%	✓ 0	✓ 0	✓ 100%	✗ 47%	! 1	✗ 1	! 80%	✓ 109%	8.56	2	5
	Red	! 84%	✓ 98%	✓ 99%	✓ 99%	✗ 1	! 3	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 100%	✗ 41%	✓ 0	✓ 0	✓ 95%	✓ 141%	8.35	1	2
	Sarratt	✓ 91%	✓ 100%	! 89%	✓ 92%	✗ 3	! 3	✗ 1	! 87%	✓ 97%	✗ 1	✓ 0	✓ 100%	✗ 13%	✓ 0	✗ 1	✗ 54%	✓ 99%	6.50	3	4
	Simpson	✓ 98%	✓ 100%	✓ 93%	! 88%	✗ 1	! 1	✓ 0	na	✓ 100%	✓ 0	✓ 0	✓ 90%	✓ 89%	✓ 0	✗ 5	✓ 104%	✓ 103%	6.17	1	2
	Stroke	✓ 91%	✓ 93%	✓ 99%	✓ 99%	✗ 4	! 3	✗ 2	✓ 100%	✓ 100%	✗ 1	✓ 0	✓ 100%	✗ 28%	✓ 0	✗ 3	! 75%	✓ 102%	7.75	3	3
	Tudor	✓ 90%	✓ 100%	✗ 71%	✗ 51%	✗ 3	✗ 12	✗ 4	✓ 100%	✓ 100%	✓ 0	✓ 0	✗ 67%	✗ 3%	✓ 0	✗ 11	✓ 116%	✓ 99%	10.59	4	4
	Winyard	! 85%	✓ 93%	✓ 91%	✓ 95%	✗ 2	! 2	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	! 83%	✗ 38%	✓ 0	✗ 3	✓ 90%	✓ 105%	6.34	2	3
Surgery	Cleves	! 85%	✓ 100%	✓ 98%	✓ 97%	✓ 0	✓ 0	✓ 0	✓ 100%	✓ 100%	✓ 0	✗ 1	✓ 100%	✗ 26%	✓ 0	✓ 0	✓ 100%	✓ 101%	6.34	1	2
	DLM	✓ 91%	✓ 97%	✓ 96%	✓ 95%	✗ 2	✗ 7	✓ 0	NA	✓ 100%	✓ 0	✓ 0	✓ 97%	! 53%	✓ 0	✗ 7	✗ 45%	! 94%	9.14	2	4
	Flaunden	! 88%	✓ 100%	✓ 95%	✓ 100%	✓ 0	! 2	✓ 0	! 86%	✓ 99%	✓ 0	✓ 0	! 89%	✗ 42%	✓ 0	✓ 0	! 75%	✓ 101%	5.33	1	4
	ICU	✓ 100%	✓ 100%	✓ 95%	✓ 100%	✗ 1	✓ 0	✓ 0	✓ 100%	✓ 92%	✓ 0	✓ 0	✓ 100%	✗ 11%	✓ 0	✗ 39	✓ 100%	! 93%	23.28	1	3
	Langley	✓ 95%	✓ 98%	✓ 99%	✓ 100%	✓ 0	! 1	✓ 0	✓ 100%	✗ 32%	✓ 0	✓ 0	! 89%	✗ 38%	✓ 0	✗ 20	! 75%	✓ 97%	6.25	1	4
	Letchmore	! 88%	✓ 100%	✓ 95%	! 89%	✓ 0	! 4	✓ 0	✓ 100%	✓ 100%	✗ 1	✓ 0	✓ 94%	✗ 46%	✓ 0	✗ 3	✓ 100%	✓ 115%	5.78	1	4
	Ridge	! 86%	✓ 98%	! 88%	! 89%	✓ 0	! 3	✓ 0	✓ 100%	✓ 100%	✓ 0	✓ 0	✓ 92%	✗ 40%	✓ 0	✗ 13	✓ 95%	✓ 97%	5.32	0	5
	Elizabeth	✓ 93%	! 86%	✓ 97%	✓ 100%	✓ 0	! 1	✗ 1	✓ 100%	✓ 100%	✓ 0	✓ 0	! 89%	✗ 28%	✓ 0	✗ 8	✗ 60%	✓ 96%	5.30	2	4
Paeds	SCBU	NA	NA	✓ 95%	✓ 98%	✓ 0	NA	NA	NA	✓ 100%	✓ 0	✓ 0	✓ 100%	! 50%	✓ 0	✗ 45	NA	✗ 76%	11.48	0	3
	Starfish	NA	NA	! 87%	✗ 74%	✓ 0	NA	NA	✓ 100%	✓ 94%	✓ 0	✓ 0	✓ 100%	✗ 2%	✓ 0	✗ 17	✗ 30%	✗ 87%	7.22	0	6
	CED	NA	NA	✓ 100%	NA	NA	NA	NA	NA	✓ 100%	✓ 0	✓ 0	✓ 95%	NA	NA	✗ 12	NA	NA	NA	0	1
	Safari	NA	NA	NA	NA	✓ 0	NA	NA	NA	✓ 100%	✓ 0	✓ 0	✓ 100%	✗ 10%	✓ 0	✗ 2	✓ 100%	NA	NA	0	2
Maternity	Delivery Suite	NA	NA	✓ 93%	NA	✓ 0	NA	NA	NA	✓ 100%	✓ 0	✓ 0	✓ 100%	NA	NA	NA	NA	✗ 85%	28.10	0	1
	Katherine	NA	NA	✓ 97%	✓ 100%	✓ 0	NA	NA	NA	NA	NA	NA	✓ 93%	NA	NA	NA	NA	✗ 71%	4.47	0	1
Green		>=90	>=90	>=90	>=90	0	0	0	>=90	>=90	0	0	>=90	>=54	0	0	>=90	>=95	n/a		
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	90-94	n/a		
Red		<=79	<=79	<=79	<=79	>=1	>=5	>=1	<=79	<=79	>=1	>=1	<=79	<=49	>=2	>=1	<=74	<=89	n/a		

West Hertfordshire Hospitals NHS Trust

Ward Scorecard

The ward score card is now being ranked by Safety and Process measures . Safety measures being taken as the leading indicator

February 2017 Data

Scorecard weighting is separated into process (documentation) and safety (harm free care).

Adult Clinical areas-

- 1st CCU P/G3 - 0 safety and 3 process measures
- 2nd AAUB1 - 0 safety and 4 process measures
- CCUP/G3 - 0 safety measures for 4 consecutive months

Paediatric areas-

- All areas have 0 safety measures . CED has 0 safety measure and 1 process measure.

Adult areas-

- 4 Clinical areas had 0 safety triggers for January 2017 and 12 have 1 safety trigger.

TYC Indicators Adult wards : February 17

There are 7 indicators that are green for February (above 90%) increased from 4 in Jan.

2 areas are below 90%:

- Patient observations indicator amber at 85%.
- 1 red indicator Nutrition indicator at 77 %

Overall February results for adult inpatient wards is at 92% .

February 2017 Data

Wards triggering 2 safety alerts, and if the total of safety and process alerts are greater than 7

- **Tudor - 4 safety and 4 process measures.** The safety measures are 3 pressure ulcer all grade 2 ; 12 falls, 3 with with low harm, 1 severe harm and low Friends and Family extremely likely response rate for FFT. The process alerts were, low overall TYC results , 51% for the TVN section of TYC, low Friends and Family response rate and 11 Red Flag shifts less than 8 hours RN planned.
- **AAUBY3 - 3 safety and 6 process measures.** Safety measures are 1 pressure ulcer grade 2, 8 falls 1 with low harm. The process measures are low 85% Matron Quality Patient checks, low TYC Overall and low TVN section, low FFT response rate, 16 red flag shifts less than 8 hours RN planned and 50% of supervisory hours
- **Sarratt - 3 safety and 4 process measures.** 3 pressure ulcer 1 grade 3 , 1 grade 2, 1 grade 1, 3 falls 1 with severe harm. Process alerts are Test Your Care overall score 89%, low commode audit of 87%, low FFT response rate, 1 Red Flag shifts less than 8 hours RN planned. 54% percentage of supervisory hours.
- **AAUG1 - 2 safety and 7 process measures.** 7 falls of which 1 fall had low harm Process alerts are 80% Test Your Care overall score, 66% TVN section, low matron quality checks for staff and patients , a low Friends and Family response rate, 2 Red Flag shifts less than 8 hours planned RN. 20% of supervisory hours
- **AAUP1 - 2 safety and 5 process measures.** 1 Grade 2 pressure ulcer, 1 hospital acquired MRSA isolate. Process measures are low matron patient checks, low hand hygiene , low FFT response rate, 8 red flags and 73% supervisory hours
- **Oxhey - 2 safety and 5 process measures.** 1 pressure ulcer grade 1, 2 Falls 1 fall with no harm. Process measures low Matron Quality checks for patients, Low overall TYC 87%, Low response rate for Friends and Family, low commode audit. 1 Red Flag shift less than 8 hours RN planned and 80% Supervisory hours.

The majority of Process measures are related to staffing and FFT.

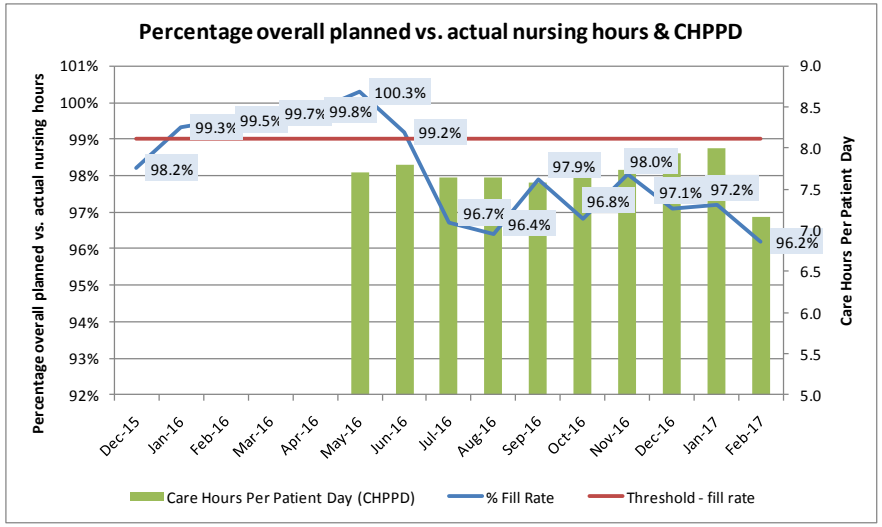
Improved from January 2017 data – Aldenham, Simpson, Letchmore, A & E and Cassio

Action

- Reinforcing Safety huddles to cover harms, deteriorating patients and issues with medicines.
- Developing a record book for Safety Huddles
- Ward Accreditation Tool to be launched in 2017.
- Competencies being reviewed to align with Ward Accreditation and gaps identified in learning.
- Reinforcing Safety Huddles to be undertaken immediately post Grade 3 Pressure damage notification to establish root causes
- Reviewing e-learning nutritional tool by BAPEN.
- Focus on Harm Free care by the specialist nurses using Mr B Harmfree
- New slipper socks for falls prevention agreed replacing current socks.
- Once a month 'Harm Free Friday' – specialist nurses visiting clinical areas.
- Ward Scorecard being developed further to match process and outcome measures.
- Developing more Champion roles – such as Falls, Safeguarding, Patient Experience. Study dates planned.
- Trust to take part in national Pressure Ulcer programme to be launched by NHSI.
- Trust action plan around the Deteriorating Patient Alert .
- Electronic Observations being scoped for use.

Safer staffing

Indicator	Performance (February)	Threshold	Trend	Forecast next month
% Nursing hours versus planned	96.2%	>95%	Up	>99%
Care hours per patient day	7.2	n/a	Down	7.8



Indicator by shift and skill mix	Shift	RN	Care staff
% Nursing hours versus planned	Day	90.0%	103.4%
	Night	94.4%	105.5%
Care hours per patient day	All	4.5	2.7

What actions have been taken to improve performance

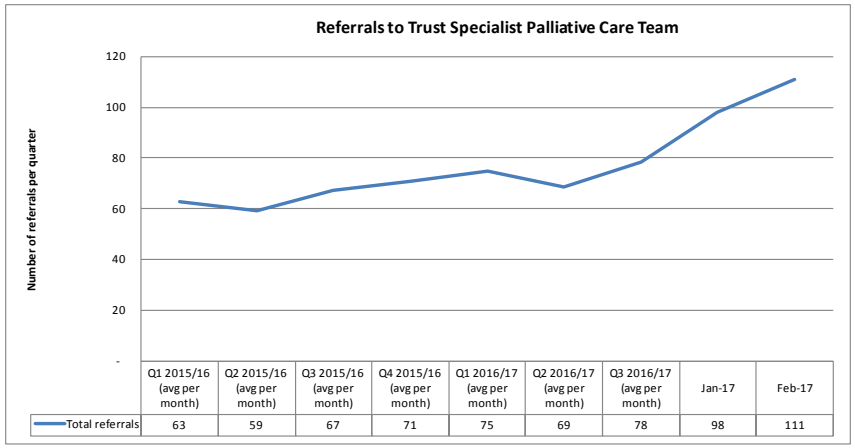
- Business cases for enhanced care approved to appoint 16 HCSWs.
- Local and international recruitment initiatives continue.
- Strong reliance on Bank/Agency to cover surge areas

What is causing the variance

Overall the % fill rate for February was 96.2% which showed a 1% decrease from last month but continues to remain above the national target of 95%. Additional surge areas remain open. This was particularly noted in RN day fill rates as showing 90% down 2% from last month; while RN night fill rates showed a slight decrease 0.1%. Fill rates for HCSWs day and night was unchanged from last month. The continued usage of above percentage fill rates for HCAs is in part to address the high number of patients with enhanced care needs and to support where RN positions are not filled during the day. When the fill rate is lower than planned, support staff, supervisory sisters and senior staff continue to be deployed to maintain safe staffing levels. In addition this has been supported by corporate nursing weekly visits on Mondays to surge areas to support matrons and HONs in reviewing patient safety and quality. Agency spend continues to be monitored with the monthly steering group, a meeting chaired by Executive Directors and by the monthly workforce meetings with ward managers, matrons and HONs. The overall Trust supervisory hours lost was 25.1%, a decrease of 3.4% from last month, (26.6% Medicine, 13.3% Surgery and 39.4% Paeds/Maternity). Sarratt and Heronsgate/Gade have high supervisory hours allocated with a band 7 and band 6 however both areas lost 42.2% and 41.8% respectively. De La Mare lost 55% of its supervisory hours and Starfish lost 68.4% of its supervisory hours. There was 1 Red Flag reported in February for Oxhey ward, which was supported by the adjacent ward (the Stroke unit). In addition ITU reported 4 red shifts in February due to not having sufficient ITU nurses on duty, which impacted on the outreach service on one shift. Care Hours per Patient Day (CHPPD) has continued to be reported since May 2016. This will inform targets to be set for 2017.

End of Life Care

Number of patients who are referred to the palliative care team and who have an identified preferred place of death

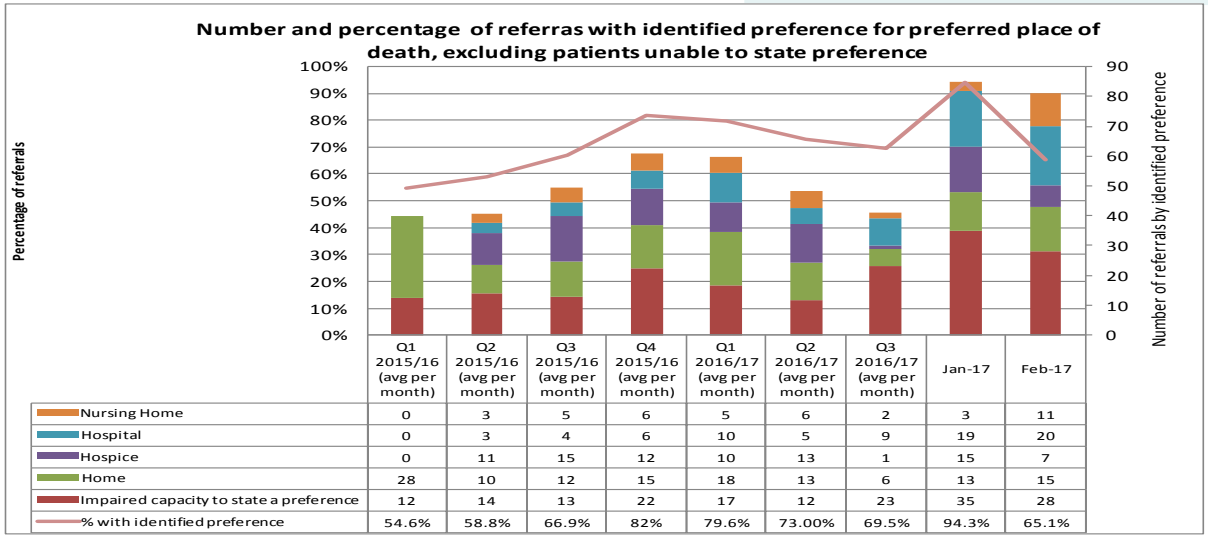


	Q1 2015/16 (avg per month)	Q2 2015/16 (avg per month)	Q3 2015/16 (avg per month)	Q4 2015/16 (avg per month)	Q1 2016/17 (avg per month)	Q2 2016/17 (avg per month)	Q3 2016/17 (avg per month)	Jan-17	Feb-17
Total referrals	63	59	67	71	75	69	78	98	111

What actions have been taken to improve performance

• In 2008, the End of Life Care Strategy (Department of Health) was published and one of the insights from this was that people weren't supported to die in their place of choice; and although progress has been made this has been evidenced in many other reports. In July 2014 just over 50% of respondents to the National Survey of Bereaved People (VOICES-SF) felt that their relative had died in a place of their choice (Office of National Statistics, 2014).There is now a national focus on reducing the numbers of patients dying in hospital and offering everyone who is approaching the end of their life the opportunity to express and share their preference for where they want to die as well as any goals that are important to them (National Palliative and End of Life Care Partnership, 2015).

In February, the number of referrals to the Trust Specialist Palliative Care Team was 111 and the number of patients seen by The Specialist Palliative Care Team with an identified preferred place of death (PPD) was 54 out of 83 patients, equating to 65%, excluding those unable to state a preference.



	Q1 2015/16 (avg per month)	Q2 2015/16 (avg per month)	Q3 2015/16 (avg per month)	Q4 2015/16 (avg per month)	Q1 2016/17 (avg per month)	Q2 2016/17 (avg per month)	Q3 2016/17 (avg per month)	Jan-17	Feb-17
Nursing Home	0	3	5	6	5	6	2	3	11
Hospital	0	3	4	6	10	5	9	19	20
Hospice	0	11	15	12	10	13	1	15	7
Home	28	10	12	15	18	13	6	13	15
Impaired capacity to state a preference	12	14	13	22	17	12	23	35	28
% with identified preference	54.6%	58.8%	66.9%	82%	79.6%	73.00%	69.5%	94.3%	65.1%