

# EAST AND NORTH HERTFORDSHIRE NHS TRUST

## CHIEF EXECUTIVE'S REPORT

21<sup>st</sup> December 2011

### 1. Health Scrutiny Committee - Tuesday 13<sup>th</sup> December

On 13<sup>th</sup> December, the Chairman, representatives from the Trust and I attended the Health Scrutiny Committee in order to provide them with an update on progress made by the Trust so far this year and key challenges ahead. Following questions from members, the Trust was congratulated on its report and successful delivery of a series of complex service reconfigurations this year.

### 2. East Herts Council - Wednesday 14<sup>th</sup> December

On 14<sup>th</sup> December, the Chairman and I attended a meeting of East Hertfordshire Council in order to brief them on Trust developments and plans to revise the A&E service at the QEII from January 2012. Members posed a wide range of questions. The Chairman and I were delighted to have this opportunity to engage with the full council and were thanked for our clear and helpful responses.

### 3. Our Changing Hospitals Programme Progress Report

The OCH master programme continues to expand as more detailed tasks are included as the projects move through the project life cycle. The projected completion dates for Phase 4 are based on an approval of the OBC by DH and HMT on 4<sup>th</sup> August 2011, the development of one combined FBC for the New Ward Block and Theatres and Endoscopy projects and the approval of the Emergency Department FBC in December 2011.

The programme highlights for the month include:

- There remains continued dialogue with the DH regarding the Emergency Care business case following approval of the FBC by the SHA in October 2011.
- The works for the generators are progressing to plan and testing of the new generators will take place during December and in to January 2012.
- The GMP's for the two major Phase 4 schemes are due in December 2011 and between the two schemes these are anticipated to fall within the OBC budget.
- The workforce plans for the two major schemes re being finalised to ensure that they provide the necessary detail and remain consistent with the OBC targets.

### 4. Trust Floodlight

The month 8 Trust floodlight is attached as *Appendix A*. I would refer Board members to the Board Committee Executive Summary reports which reflect the key discussions that have taken place at both the FPC and RAQC. Explanation of red indicators is provided within the appropriate accountable Directors report.

### 5. Vascular Designation : External Clinical Review – Wednesday 7<sup>th</sup> December

The Trust has submitted a bid to the Specialist Commissioning Group (SCG) for East of England to become a designated centre for complex vascular surgery in September 2012. The next phase of the process was an external review of the Trust's current services and plans on how we would meet the criteria for designation as set out by the Vascular Society.

The visit took place on 7<sup>th</sup> December by two external vascular surgeons Mr Simon Parvin and Mr Mike Wyatt. They received a presentation and a visit of the site, the afternoon went well and was attended by 15 Consultants from the Trust from a range of specialties. It is anticipated that the number of organisations undertaking vascular surgery across the region will reduce with only one centre in Hertfordshire and the Trust is making a strong bid, the outcome of the visit will be in early 2012 and the Surgical Division is developing a Business Case to support the increase in activity.

#### **6. Prospective Governor Focus Groups - Tuesday 13<sup>th</sup> December**

As the Trust's Foundation Trust application progresses, it is essential that we are ready for the elections for the Council of Governors, which will commence when the Trust is referred to Monitor. In this context, and following on from the successful Trust's Governor's Awareness event held in July 2011, we have started discussing the role of the Trusts governors with the Trust's Involvement Committee and prospective public and staff governors. On 12<sup>th</sup> December 2011 we held the first of two focus groups for prospective public governors The second event is due to be held on 19<sup>th</sup> December 2011.

#### **7. Occupational Health Accreditation**

Following months of hard work, and during a period of significant change, the Trust's Occupational Health team has been awarded the Safe Effective Quality Occupational Health Service (SEQOHS) accreditation. This is the national quality assurance standard for occupational health providers run by the Royal College of Physicians on behalf of the Faculty of Occupational Medicine which was introduced in 2011.

The award follows several years of continuous development by the team to establish processes in all areas including competencies, safety and confidentiality culminating in an intense 6 month period this year of collating supporting documentation.

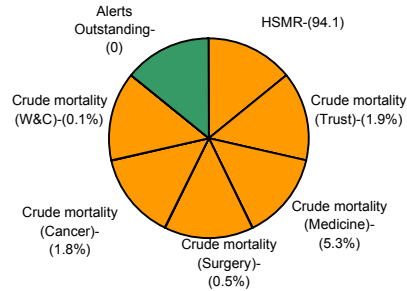
When the assessors were on site they said our Trust's team was 'up there with the best occupational health providers in the country'. The Trust team is only the 5<sup>th</sup> NHS Trust in the UK to receive this award, and the first in the East of England.

**Nick Carver**  
**21<sup>st</sup> December 2011**

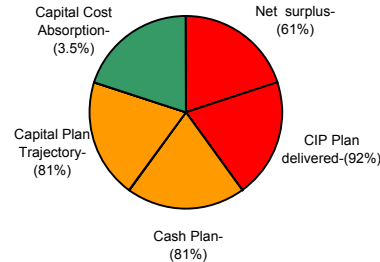


2011/2012 Trust Floodlight Indicators : Month 8

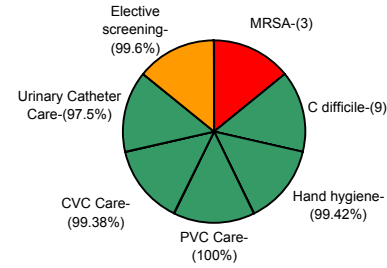
**CLINICAL OUTCOMES**



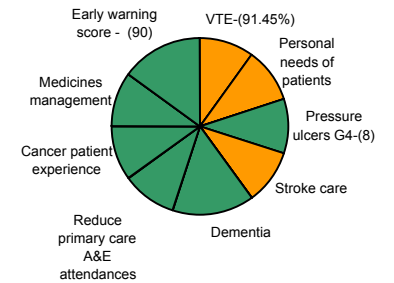
**INTERNAL FINANCIAL MEASURES**



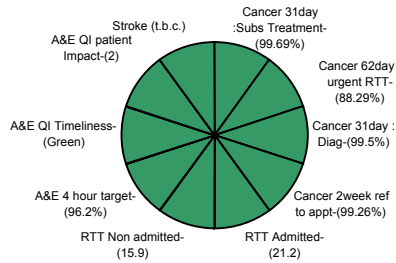
**INFECTION PREVENTION & CONTROL**



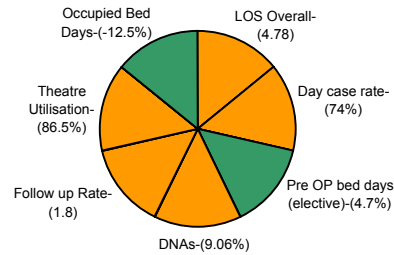
**CQUIN**



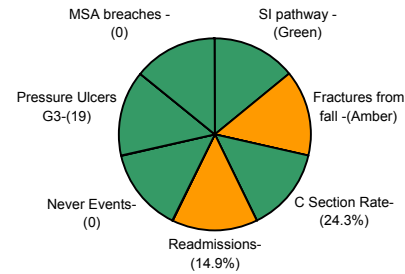
**OPERATIONAL STANDARDS PERFORMANCE**



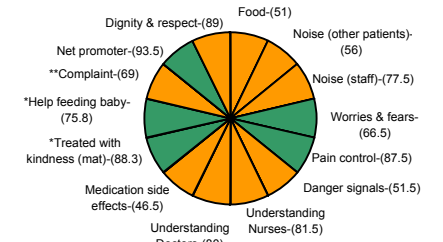
**CLINICAL EFFICIENCY**



**CLINICAL QUALITY**



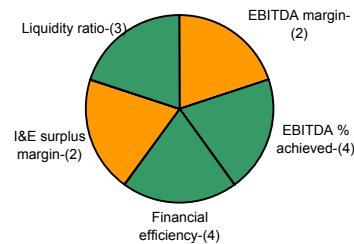
**PATIENT EXPERIENCE**



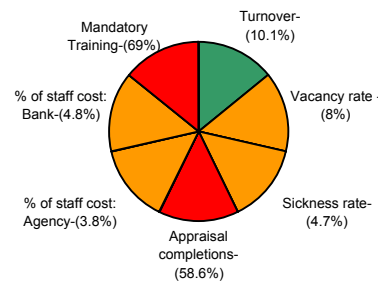
**GOVERNANCE / REGULATION**



**MONITOR COMPLIANCE FRAMEWORK - FINANCE**



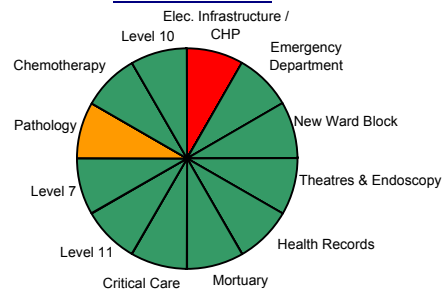
**WORKFORCE INDICATORS**



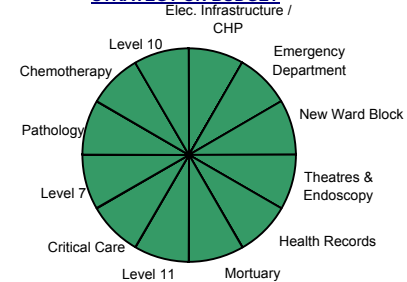
**CULTURE**



**STRATEGY ON TIME**



**STRATEGY ON BUDGET**





**2011-12 Trust Floodlight Indicator Thresholds & Monthly Trends : Month 8**

**Clinical Outcomes**

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
HSMR	≤ 87.0	≤ 95.0	> 95.0	94.1	Amber	100.9	90.3	106.4	76.6	96.4	TBC	TBC	TBC				
Crude mortality (Trust)	≤ 1.6%	≤ 2.5%	> 2.5%	1.90%	Amber	1.89%	2.19%	1.73%	1.97%	1.50%	1.80%	1.95%	2.43%				
Crude mortality (Medicine)	≤ 4.6%	≤ 6.5%	> 6.5%	5.46%	Amber	4.99%	5.63%	5.34%	5.62%	3.93%	5.41%	6.01%	6.65%				
Crude mortality (Surgery)	≤ 0.3%	≤ 1.0%	> 1.0%	0.52%	Amber	0.69%	0.69%	0.31%	0.52%	0.43%	0.39%	0.50%	0.79%				
Crude mortality (Cancer)	≤ 1.5%	≤ 3.0%	> 3.0%	1.80%	Amber	2.34%	2.93%	1.44%	1.81%	2.22%	1.77%	1.33%	0.25%				
Crude mortality (W&C)	≤ 0.0%	≤ 0.2%	> 0.2%	0.06%	Amber	0.00%	0.00%	0.00%	0.06%	0.19%	0.21%	0.00%	0.15%				
Alerts Outstanding	≤ 0	≤ 0	> 0	0	Green	0	0	2	2	2	2	1	0				

**Internal Financial Measures**

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Net surplus	≥ 100.0%	≥ 93.0%	< 93.0%	61.0%	Red	100.0%	116.0%	94.0%	100.9%	51.0%	138.0%	26.0%	50.0%				
CIP Plan delivered	≥ 100.0%	≥ 93.0%	< 93.0%	92.0%	Red	79.1%	89.0%	82.8%	93.0%	79.0%	85.0%	93.0%	92.0%				
Cash Plan	≥ 90.0%	≥ 80.0%	< 80.0%	81.0%	Amber	103.0%	95.0%	102.8%	115.3%	111.5%	102.0%	79.0%	81.0%				
Capital Plan Trajectory	≥ 100.0%	≥ 50.0%	< 10.0%	81.0%	Amber	5.0%	48.0%	71.0%	95.9%	48.0%	349.0%	111.0%	-8.0%				
Capital Cost Absorption	+/- 3.5%	> 0.1%	> 0.5%	3.5%	Green	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%				

**Infection Prevention and Control**

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
MRSA	≤ 0	≤ 2	> 2	3	Red	0	1	0	1	1	0	0	0				
C difficile	≤ 48	≤ 65	> 65	9	Green	0	0	3	1	0	1	3	1				
Hand hygiene	≥ 95.0%	≥ 90.0%	< 90.0%	99.4%	Green	99.0%	99.5%	99.4%	99.7%	99.7%	98.8%	99.3%	100.0%				
PVC Care	≥ 98.0%	≥ 90.0%	< 90.0%	100.0%	Green	66.5%	100.0%	75.0%	100.0%	100.0%	79.0%	100.0%	100.0%				
CVC Care	≥ 95.0%	≥ 90.0%	< 90.0%	99.4%	Green	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	97.9%	100.0%				
Urinary Catheter Care	≥ 95.0%	≥ 90.0%	< 90.0%	97.5%	Green	99.1%	100.0%	96.7%	98.6%	97.6%	96.3%	94.6%	96.5%				
Elective screening	≥ 100.0%	≥ 99.0%	< 99.0%	99.5%	Amber	100.0%	99.1%	99.6%	99.7%	99.4%	99.8%	100.0%	98.9%				



**CQUIN**

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
VTE	≥ 95.0%	≥ 90.0%	< 90.0%	91.5%	Amber	90.6%	92.8%	91.6%	91.2%	90.8%	90.4%	92.8%	TBC				
Personal needs of patients	≥ 70.50	≥ 66.50	< 66.50	68.2	Amber	Q1	Q1	71.3	Q2	Q2	68.2	Q3	Q3				
Pressure ulcers G4	≤ 17		> 17	8	Green	1	1	1	2	0	1	2	TBC				
Stroke care	≥ 85	≥ 80	< 80	Amber	Amber	Green	Green	Green	Amber	Amber	Amber	Amber	TBC				
Dementia	≥ 85	≥ 80	< 80	125	Green	Q1	Q1	Green	Q2	Q2	125	Q3	Q3				
Reduce primary care A&E attendances	≥ 0	≥ 0	< 0	0	Green	TBC	TBC	TBC	Green	Green	Green	N/A	TBC				
Cancer patient experience	≥ TBC	≥ TBC	< TBC	Green	Green	Q1	Q1	Green	Q2	Q2	Green	Q3	Q3				
Medicines management	≥ TBC	0	< TBC	Green	Green	Q1	Q1	Green	Q2	Q2	Green	Q3	Q3				
Early warning score	≥ 80	≥ 80	< 80	90	Green	Q1	Q1	86	Q2	Q2	90	Q3	Q3				

**Clinical Quality**

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
SI pathway -(Green)	Compliant	Judgement of risk	Non-compliant	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				
Fractures from fall -(Amber)	≤ 18	0	> 18	Amber	Amber	1	2	1	2	5	2	2	5				
C Section Rate	≤ 25.0%	≤ 28.0%	> 28.0%	24.3%	Green	22.2%	24.1%	26.3%	25.8%	21.9%	23.5%	23.9%	27.0%				
Readmissions	≤ 13.1%	≤ 16.1%	> 16.1%	14.9%	Amber	16.3%	15.2%	12.7%	16.1%	14.0%	14.9%	TBC	TBC				
Never Events	≤ 0	≤ 0	> 1	0	Green	0	0	0	0	0	0	0	0				
Pressure Ulcers G3	≤ 28		> 28	19	Green	1	4	1	1	2	5	5	TBC				
MSA breaches	≤ 0	≤ 0	> 0	0	Green	0	0	0	0	0	0	0	0				

**Patient Experience**

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Food	≥ 59	≥ 49	< 49	51.0	Amber	Q1	Q1	49	Q2	Q2	53	Q3	Q3				
Noise (other patients)	≥ 65	≥ 55	< 55	56.0	Amber	Q1	Q1	55	Q2	Q2	57	Q3	Q3				
Noise (staff)	≥ 82	≥ 76	< 76	77.5	Amber	Q1	Q1	76	Q2	Q2	79	Q3	Q3				
Worries & fears	≥ 64	≥ 56	< 56	66.5	Green	Q1	Q1	68	Q2	Q2	65	Q3	Q3				
Pain control	≥ 85	≥ 80	< 80	87.5	Green	Q1	Q1	88	Q2	Q2	87	Q3	Q3				
Danger signals	≥ 56	≥ 46	< 46	51.5	Amber	Q1	Q1	51	Q2	Q2	52	Q3	Q3				
Understanding Nurses	≥ 84	≥ 78	< 78	81.5	Amber	Q1	Q1	81	Q2	Q2	82	Q3	Q3				
Understanding Doctors	≥ 84	≥ 78	< 78	80.0	Amber	Q1	Q1	79	Q2	Q2	81	Q3	Q3				
Medication side effects	≥ 52	≥ 41	< 41	46.5	Amber	Q1	Q1	46	Q2	Q2	47	Q3	Q3				
*Treated with kindness (mat)	≥ 83	≥ 74	< 74	88.3	Green	88	88	88	95.5	88.3	82	84.8	91.9				
*Help feeding baby	≥ 69	≥ 60	< 60	75.8	Green	71	71	71	85.5	75.9	78	72.7	81.0				
**Complaint	≥ 75	≥ 50	< 50	69	Amber	53	52	62	55	81	109	96	TBC				
Net promoter	≥ 85	≥ 75	< 75	93.5	Green	88.0	88.0	88.0	97.5	95.8	95.7	98.1	97.1				
Dignity & respect	≥ 90	≥ 86	< 86	89.0	Amber	89	89	89	88	88	88	Q3	Q3				



## Operational Performance Standards

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Cancer 31day :Subs Treatment	≥ 94.0%	< 94.0%	< 89.0%	99.7%	Green	100.0%	100.0%	97.4%	100.0%	98.2%	98.0%	100.0%	TBC				
Cancer 62day : urgent RTT	≥ 85.0%	< 85.0%	< 80.0%	88.3%	Green	87.5%	88.9%	92.7%	86.7%	89.1%	85.6%	86.5%	TBC				
Cancer 31day : Diag	≥ 96.0%	< 96.0%	< 91.0%	99.5%	Green	99.5%	98.9%	99.2%	99.6%	97.8%	95.1%	98.9%	TBC				
Cancer 2week ref to appt	≥ 93.0%	< 93.0%	< 88.0%	99.3%	Green	99.6%	98.4%	98.9%	100.0%	99.2%	99.0%	99.5%	TBC				
RTT Admitted	≤ 23.0	≤ 24.0	> 24.0	21.2	Green	21.2	22.2	20.6	21.6	20.8	21.3	19.6	TBC				
RTT Non admitted	≤ 18.3	≤ 19.0	> 19.0	15.9	Green	16.4	16.2	15.9	15.7	15.3	16.1	16.0	TBC				
A&E 4 hour target	≥ 95.0%		< 95.0%	96.2%	Green	96.3%	95.4%	97.7%	97.8%	97.3%	95.5%	93.6%	95.6%				
A&E QI Timeliness	≥ 1.0		< 1.0	Green	Green				2.0	1.0	2.0	0.0	2.0				
A&E QI patient Impact	≥ 1.0		< 1.0	2.0	Green				1.0	2.0	2.0	2.0	2.0				
Stroke (t.b.c.)	≥ 0.0%		< 0.0%	Green	Green	Green	Green	Green	Green	Green	Green	Green	TBC				

\*cancer performance figures are not finalised until 6-weeks after month-end and therefore subject to change.

## Clinical Efficiency

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
LOS Overall	≤ 4.5	≤ 6	> 6	4.78	Amber	4.11	4.26	4.81	4.44	4.48	4.44	4.57	4.61				
Occupied Bed Days	≤ 0.0%	≤ 1.0%	> 5.0%	-12.5%	Green	1.2%	3.6%	0.3%	-6.7%	-26.0%	-25.3%	-25.3%	-30.9%				
Day case rate	≥ 80.0%	≥ 60.0%	< 60.0%	74.0%	Amber	73.2%	73.2%	67.5%	74.2%	73.0%	76.7%	75.8%	71.4%				
Pre OP bed days (elective)	≤ 6%	≤ 12%	> 12%	4.7%	Green	1.6%	3.2%	2.9%	4.4%	5.3%	5.9%	4.2%	5.3%				
DNAs	≤ 7%	≤ 10%	> 10%	9.1%	Amber	9.8%	9.3%	9.3%	8.9%	8.9%	9.4%	9.1%	8.9%				
Follow up Rate	≤ 1.80	≤ 2.20	> 2.20	1.82	Amber	1.91	1.90	1.82	1.76	1.78	1.82	1.82	1.80				
Theatre Utilisation	≥ 87.5%	≥ 75.0%	< 75.0%	86.5%	Amber	87.7%	87.3%	86.7%	86.7%	87.2%	85.0%	85.0%	87.4%				



### Governance / Regulation

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
SHA Governance risk rating	≤ 1.00	≤ 3.00	> 3.00	0.0	Green	0.5	1	0.0	1.5	1.5	0.5	1.0	0.0				
Finance risk rating	≥ 3	≥ 2	< 2	3	Green	2	2	3	3	3	3	3	3				
Involvement & Communication	Achieve	0	Fail	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				
Personalised care	Achieve	0	Fail	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				
Safeguarding	Achieve	0	Fail	Amber	Amber	Green	Green	Green	Green	Green	Green	Green	Green				
Suitability of staffing	Achieve	0	Fail	Amber	Amber	Green	Green	Green	Green	Green	Green	Green	Green				
Quality and management	Achieve	0	Fail	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				
Suitability of management	Achieve	0	Fail	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				
Risk register	Up to date and managed risks	Slippage of review and timeframe beyond 3 months	Failure to manage / not reviewing	Green	Green	Green	Green	Green	Green	Green	Green	Green	Amber	Amber			
Audit compliance	Progress up to date. Clear plan for delivery by scheduled areas of concern	Broad compliance, but one or more recoverable areas of concern	Significant abandoned or incomplete with no clear plan	Amber	Amber	Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber				
NICE guidance	Responding to and implementing all relevant guidance	Broad compliance, but one or more recoverable areas of concern	Implementation outstanding / overdue response required	Amber	Amber	Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber				
MCF risk rating-(0)	≤ 1	≤ 2	> 4	0	Green	0.0	0.5	1.0	1.0	1.0	1.0	1.0	0.0				

### Monitor Compliance Framework - Financial Indicators

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
EBITDA margin	≥ 3	≥ 2	< 1	2	Amber	1	1	2	2	2	2	2	2				
EBITDA % achieved	≥ 3	≥ 2	< 1	4	Green	4	5	5	5	4	5	4	4				
Financial efficiency	≥ 3	≥ 2	< 1	4	Green	5	5	4	4	4	4	4	4				
I&E surplus margin	≥ 3	≥ 2	< 1	2	Amber	1	1	1	1	1	1	2	2				
Liquidity ratio	≥ 3	≥ 2	< 1	3	Green	4	4	3	3	3	3	3	3				



### Workforce

Description	Thresholds					Performance		In Month Performance											
	Achieve	Underachieve		Fail		YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Turnover	+/- 10.0%	> 1.0%	> 3.0%	10.1%	Green	10.1%	10.2%	10.3%	10.3%	10.0%	9.7%	10.0%	10.1%						
Vacancy rate	≤ 7.5%	≤ 10.0%	> 10.0%	8.0%	Amber	9.4%	9.6%	9.4%	8.5%	8.8%	8.7%	8.0%	8.0%						
Sickness rate	≤ 4.0%	≤ 5.0%	> 5.0%	4.7%	Amber	5.2%	4.9%	4.7%	5.6%	5.3%	5.1%	4.7%	4.7%						
Appraisal completions	≥ 90.0%	≥ 70.0%	< 70.0%	58.6%	Red	88.7%	86.4%	82.8%	86.7%	82.2%	71.1%	65.7%	58.6%						
% of staff cost: Agency	≤ 2.0%	≤ 5.0%	> 5.0%	3.8%	Amber	3.3%	3.4%	3.9%	5.5%	4.3%	4.0%	4.3%	3.4%						
% of staff cost: Bank	≤ 4.0%	≤ 7.0%	> 7.0%	4.8%	Amber	5.1%	4.7%	4.8%	4.8%	4.3%	4.7%	4.9%	5.1%						
Mandatory Training	≥ 100.0%	≥ 100.0%	< 100.0%	69.0%	Red	45.5%	46.4%	47.6%	46.9%	49.5%	50.1%	51.5%	69.0%						

### Culture

Description	Thresholds					Performance		In Month Performance											
	Achieve	Underachieve		Fail		YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Opportunity to Influence	≥ 65.0%		< 58.0%	62.0%	Amber								62.0%	TBC					
Team Working	≥ 3.74		< 3.64	3.62	Red								3.6	TBC					
Support from Manager	≥ 3.68		< 3.53	3.60	Amber								3.6	TBC					
Recommend the Trust	≥ 3.66		< 3.38	3.48	Amber								3.5	TBC					
Job Satisfaction	≥ 3.54		< 3.43	3.55	Green								3.6	TBC					
Job Related Training	≥ 80%		< 75%	74.0%	Red								74.0%	TBC					
Health & Safety Training	≥ 86%		< 72%	75.0%	Amber								75.0%	TBC					
Intention to Leave	≤ 2.63		> 2.42	2.5%	Amber								2.5%	TBC					
Job Design	≥ 3.46		< 3.34	3.47	Green								3.5	TBC					





Strategy-on-Time

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Elec. Infrastructure / CHP	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Red	Red	0	0	Green	Green	Green	Red	Red	Green				
Emergency Department	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Green	Green	0	0	Green	Green	Amber	Amber	Green	Green				
New Ward Block	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Green	Green	0	0	Red	Red	Red	Green	Green	Green				
Theatres & Endoscopy	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Green	Green	0	0	Red	Red	Red	Green	Green	Green				
Health Records	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Green	Green	0	0	Red	Red	Red	Red	Green	Green				
Mortuary	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Green	Green	0	0	Red	Red	Amber	Green	Green	Green				
Critical Care	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Green	Green	0	0	Red	Red	Red	Green	Green	Green				
Level 7	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Green	Green	0	0	Red	Red	Red	Green	Green	Green				
Pathology	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Amber	Amber	0	0	Red	Red	Red	Amber	Amber	Amber				
Chemotherapy	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Green	Green	0	0	Red	Red	Red	Green	Green	Green				
Level 10	On or ahead of plan	≤ 28-days slippage	> 28-days behind plan	Green	Green	0	0	Red	Red	Red	Green	Green	Green				



**Strategy-on-Budget**

Description	Thresholds			Performance		In Month Performance											
	Achieve	Underachieve	Fail	YTD	RAG	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Elec. Infrastructure / CHP	0%	5%	10%	Green	Green	0	0	Green	Green	Amber	Red	Green	Green				
Emergency Department	0%	5%	10%	Green	Green	0	0	Green	Green	Green	Green	Green	Green				
New Ward Block	0%	5%	10%	Green	Green	0	0	Green	Green	Green	Green	Green	Green				
Theatres & Endoscopy	0%	5%	10%	Green	Green	0	0	Green	Green	Green	Green	Green	Green	Amber			
Health Records	0%	5%	10%	Green	Green	0	0	Green	Green	Green	Green	Green	Green				
Mortuary	0%	5%	10%	Green	Green	0	0	Green	Green	Green	Green	Green	Green				
Critical Care	0%	5%	10%	Green	Green	0	0	Green	Green	Green	Green	Green	Green				
Level 7	0%	5%	10%	Green	Green	0	0	Green	Green	Green	Green	Green	Green				
Pathology	0%	5%	10%	Green	Green	0	0	Green	Green	Green	Green	Green	Green				
Chemotherapy	0%	5%	10%	Green	Green	0	0	Green	Green	Green	Green	Green	Green				
Level 10	0%	5%	10%	Green	Green	0	0	Green	Green	Green	Green	Green	Green				