

EAST AND NORTH HERTFORDSHIRE NHS TRUST

CHIEF EXECUTIVE'S REPORT

January 2013

1. Lister Surgicentre Risk Summit – 15th January 2013

On Tuesday 15th January I attended the second risk summit relating to the Lister Sugicentre, accompanied by the Medical Director, Director of Nursing and Patient Experience and Director of Operations. The summit was also attended by representatives of the Care Quality Commission, NHS Hertfordshire, the Clinical Commissioning Group for East and North Hertfordshire, Clinicenta, the Postgraduate Deanery and the General Medical Council. The risk summit was held in accordance with existing guidance produced by the National Quality Board.

The Trust Board will be receiving a more detailed report in Part II of this Board meeting.

2. National Recognition for Quality of Training

The Trust's urology service has been recognised by the Royal College of Surgeons as a national centre for robotic urology surgery training. Based at the Lister Hospital, the Hertfordshire Robotics Centre is the first in the country to be given such recognition for the training of future surgeons and as such, is the only NHS service providing a Royal College of Surgeons Urology Robotics Training Fellowship in England.

3. Kissing It Better Initiative

On 21 December 2012, the [BBC Breakfast news programme](#) reported the initiative being undertaken currently by the Trust, supported by the national charity [Kissing it Better](#), to find different and innovative ways to improve the experience of inpatients - especially older people.

The feature, which was aired on news bulletins throughout the day on the BBC1, BBC News 24 and BBC News Online channels, featured interviews with Trust nursing staff along with members of the *Kissing it Better* team. The item featured a local petting dog service, children's choir and beauty therapists from North Herts College, who visited several Lister wards. The reaction of patients showed why this Trust initiative to improve patient experience is important to their overall perception of the care and support they receive from our staff.

Apart from being a much talked-about piece of media coverage, it also attracted considerable interest from those on the Twitter social media channel. This in turn led to an increase in the numbers of people choosing to follow the Trust on Twitter.

4. Top Teachers Awards 2011-12

Throughout the course of the past year UCL Medical School Students were given the opportunity to nominate teachers who were particularly helpful or inspiring to them during their studies. I am delighted to report that Dr Rachel Quail and Dr Nigel Stanley, Consultant Physicians, were amongst the teachers singled out by the students and have been awarded Top Teachers Awards.

5. Neil Dardis, Director of Operations

I would like to take this opportunity to thank Neil Dardis, who has been the Trust's Director of Operations since June 2008 and who has worked in a number of managerial posts for the Trust since August 2001, for his substantial contribution to the development of the Trust. Neil will be leaving the Trust on 1st February to become Deputy Chief Executive and Chief Operating Officer for the Buckinghamshire Healthcare NHS Trust. I am sure that Board members will wish to join me in thanking Neil for all his efforts and to wish him all future success and happiness.

6. Trust's maternity team gets £186,000 to upgrade Lister's maternity wards

Following bids submitted to the Department of Health from around the country to a new £25 million maternity fund, the Trust has been given £185,754 to upgrade its two maternity inpatient wards at the Lister. The funding covers:

- Refurbishment of existing bathrooms on the antenatal and postnatal wards to provide wet rooms that support easy access for mothers, as well as providing toilet facilities for partners – which are not available currently;
- Provision of recliner chairs for birth partners in ward areas, making it a more comfortable place for them to stay;
- Helping women with higher risk pregnancies to have a normal birth through the use of new birthing stools and other equipment to encourage active birth positions;
- Purchase of baby cots that are adjustable in height in order to support early bonding, and promote continued skin-to-skin contact between mother and child, which also aids breast feeding.

7. Executive Committee Summary Report to Board

The Executive Committee has met twice since the last Board meeting. The meeting scheduled for 24 January 2013 was cancelled to ensure full support to the Deanery Inspection. Below is a summary of the key issues and areas discussed:

Electronic Staff Record (ESR)

The Committee received a presentation which included the current status, revised project plan and future benefits. A communication strategy is in process of being developed with the Communications Team to ensure staff engagement. Assurance was sought on the mechanisms for escalation of issues outside the monthly project Board: the Project Lead provided this – clear escalation to the Lead Director and Sponsor.

A&E performance / pressures – and winter pressures funding bid

A&E performance was highlighted as an area of risk for December 2012 and additional actions were agreed. Notification was received that the Trust was successful in its bid for winter pressures funding.

Operational Planning Process

The NHS Trust Development Authority (TDA) came into being in June 2012 with a remit to support the development and performance of non foundation trust NHS trusts in line with the Department of Health's requirements that, in the future, all NHS trusts will be foundation trusts. The TDA now requires trusts to develop a 2013/14 Operating Plan, the first draft of which is to be

submitted by 25 January. A Project Group was agreed and established with Directors & Leads to ensure that the required time and commitment was given to deliver the plan within the required timeframe. The draft Operating Plan will be considered by the Board in Part II of the meeting.

Workforce Assurance Tool

As part of the development of the Trust’s Operating Plan, the NHS Trust Development Authority (TDA) requires trusts to develop the use of the Workforce Assurance Tool (WFAT). The WFAT will be used by the Trust as a strategic assurance tool, triangulating information on workforce, finance and activity. This will also be used by external bodies. The Executive Committee was given an overview of WFAT on 17 January 2013 and agreed the project lead as the Workforce Development Manager. It will review the project plan to roll out the application within the organisation as a priority on 31 January 2013.

Summary of ongoing areas monitored (no changes)

Weekly Monitoring	Fortnightly Monitoring	Monthly Monitoring
<ul style="list-style-type: none"> • Surgicentre inc monthly SLA monitoring – Execs/DEC (Director of Strategic Development) • Reported Mortality – Execs / DEC (Medical Director/Deputy Medical Director) 	<ul style="list-style-type: none"> • HCAs (AT) (DEC) • Pathology Transformation DEC (Director of Strategic Development) (DEC) • Deanery Inspection (DEC) (Medical Director/ Associate Medical Director of Education) • NHS Professionals (Director of Workforce & OD) 	<ul style="list-style-type: none"> • Pressure Ulcers & Falls (Director of Nursing) • Workforce Management Group (including delivery of workforce plans in line with the Trusts Long Term Financial Model) (Director of Workforce & OD) • ESR update (Director of Workforce & OD) • Mandatory Training (Director of Nursing – from Sept 12)

The full action log is available to Board members on request.

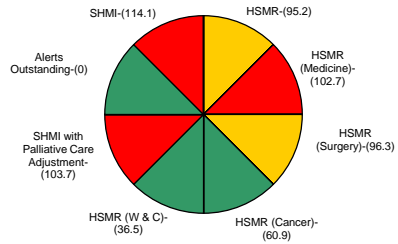
8. Floodlight Scorecard

The Month 9 Trust floodlight scorecard is attached as **Appendix B**. The Board committee executive summary reports reflect the key discussions that have taken place at both the Finance and Performance and the Risk and Quality Committees. Explanation of red indicators is provided within the appropriate accountable Director’s report and the exception reports in the data pack.

Nick Carver
Chief Executive
 18th January 2013

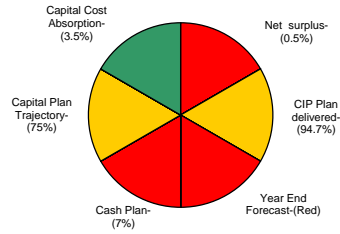
2012/2013 Trust Floodlight Indicators : Month 09

CLINICAL OUTCOMES

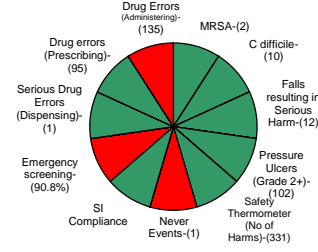


SHMI most recent published figures

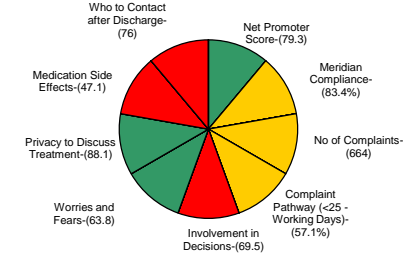
INTERNAL FINANCIAL MEASURES



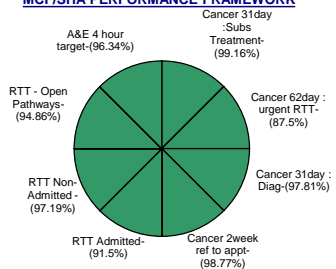
PATIENT SAFETY



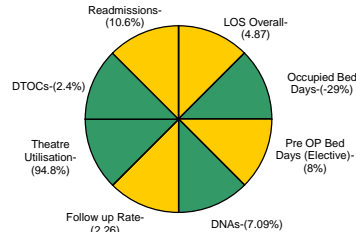
PATIENT EXPERIENCE



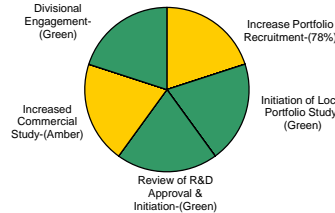
MCF/SHA PERFORMANCE FRAMEWORK



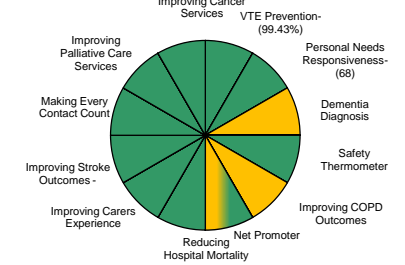
CLINICAL EFFICIENCY



RESEARCH AND DEVELOPMENT



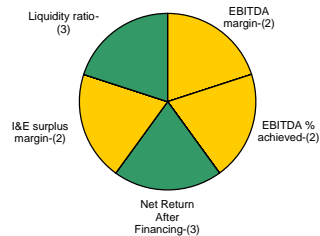
CQUINS



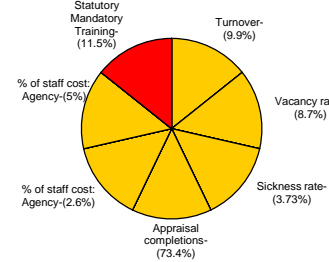
GOVERNANCE / REGULATION



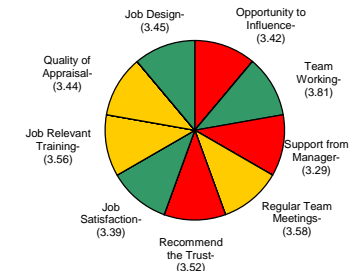
MCF FINANCIAL INDICATORS



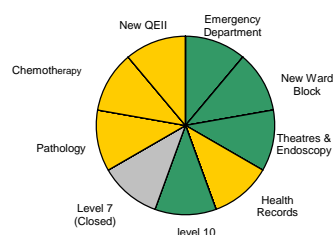
WORKFORCE



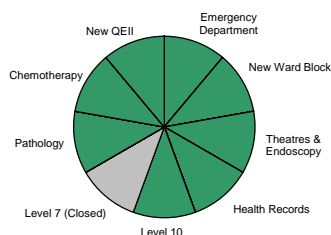
CULTURE



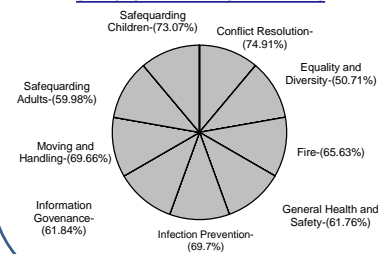
STRATEGY ON TIME



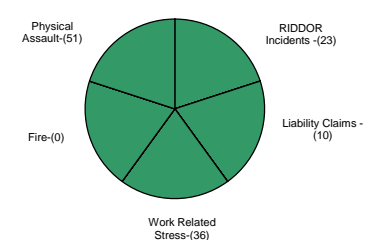
STRATEGY ON BUDGET



STATUTORY MANDATORY TRAINING



HEALTH AND SAFETY



In-Month Performance

2012/2013 Trust Floodlight Indicators : Month 09

Clinical Outcomes																								
Description	YTD Measurement	Thresholds						Historic Performance			In Month Performance											Indicative Current Performance		
		Achieve		Underachieve		Fail		2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG
HSMR	Rolling 12 mths, 3months in arrears	≤	89	≤	99	>	99	101.9	99.0	98.2	94.2	82.1	90.9	94.1	96.8	96.9	TBC	TBC	TBC				95.2	Amber
HSMR (Medicine)	Rolling 12 mths, 3months in arrears	≤	90	≤	100	>	100	119.4	108.2	101.9	91	94.9	97.8	98.1	99.8	101.9	TBC	TBC	TBC				102.7	Red
HSMR (Surgery)	Rolling 12 mths, 3months in arrears	≤	90	≤	100	>	100	124.6	115.5	96	106.7	62.8	77.7	108	108.1	117.3	TBC	TBC	TBC				96.3	Amber
HSMR (Cancer)	Rolling 12 mths, 3months in arrears	≤	85	≤	90	>	90	48.0	47.5	63.7	99.2	27.9	69.9	58.1	57.3	49.1	TBC	TBC	TBC				60.9	Green
HSMR (W & C)	Rolling 12 mths, 3months in arrears	≤	85	≤	90	>	90	81.4	107.6	68.3	0	200	83.3	0	250	0	TBC	TBC	TBC				36.5	Green
SHMI	Period Apr-11 to Mar-12	≤	95	≤	105	>	105				TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC				114.1	Red
SHMI with Palliative Care Adjustment	Period Apr-11 to Mar-12	≤	90	≤	100	>	100				TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC				103.7	Red
Central Alerts Outstanding	End of period	≤	0			>	0		Green	Green	0	0	0	0	0	0	0	0	0				0	Green

Internal Financial Measures																								
Description	YTD Measurement	Thresholds						Historic Performance			In Month Performance											Indicative Current Performance		
		Achieve		Underachieve		Fail		2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG
Net surplus	In-month performance	≥	100.0%	≥	93.0%	<	93.0%	102.0%	100.0%	101.0%	100.5%	106.1%	101.1%	95.3%	35.0%	1.9%	14.0%	134.0%	0.5%				0.5%	Red
CIP Plan delivered	Financial Year to date	≥	100.0%	≥	93.0%	<	93.0%	100.0%	91.0%	97.0%	83.5%	90.6%	82.3%	93.1%	110.0%	103.7%	88.7%	101.2%	93.0%				94.7%	Amber
Year-end forecast	Financial Year to date	≥	100.0%	≥	93.0%	<	93.0%				TBC	TBC	TBC	TBC	TBC	Green	Red	Green	Red				Red	Red
Cash Plan	Financial Year to date	≥	90.0%	≥	80.0%	<	80.0%	219.0%	116.0%	101.0%	100.0%	113.4%	61.0%	65.0%	50.0%	46.0%	55.0%	65.0%	7.0%				7.0%	Red
Capital Plan Trajectory	In-month performance	≥	90.0%	≥	50.0%	<	50.0%	99.0%	102.0%	99.0%	91.0%	3.0%	35.7%	-12.5%	148.0%	79.0%	71.0%	61.0%	84.0%				75.0%	Amber
Capital Cost Absorption	Financial Year to date	≈+/-	3.5%	≤+/-	0.1%	>+/-	0.1%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%				3.5%	Green

Patient Safety																								
Description	YTD Measurement	Thresholds						Historic Performance			In Month Performance											Indicative Current Performance		
		Achieve		Underachieve		Fail		2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG
MRSA	Financial Year to date (Threshold subject to change)	≤	3			>	3	10	5	3	0	1	0	1	0	0	0	0	0				2	Green
C-Difficile (Trust)	Financial Year to date	≤	14			>	14	82	55	11	2	3	0	2	0	1	0						10	Green
Falls resulting in serious harm	Financial Year to date	≤	24	≤	36	>	36				3	1	0	1	0	3	1	2	1				12	Green
Pressure ulcers (Grade 2+)	Financial Year to date	≤	120			>	120		335	323	9	7	21	9	18	7	12	12	7				102	Green
Safety Thermometer	Financial Year to date	≤	589	>	618	>	619				71	58	55	50	38	39	20	27	35				393	Green
Never Events	Financial Year to date	≤	0			>	0		1	1	0	0	0	0	0	0	0	1					1	Red
SI compliance	Financial Year to date	≥	Compliant	≥	Judgement of risk	<	Non-compliant			Compliant	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
MRSA Emergency Screening	Financial Year to date	≥	100%	≥	95%	<	95%				87.8%	92.4%	90.5%	87.7%	88.7%	91.8%	93.5%	95.3%	91.6%				90.8%	Red
Serious Drug Errors (Dispensing)	Financial Year to date	≤	3	≤	6	>	6				0	1	0	0	0	0	0	0	0				1	Green
Drug Errors (Prescribing)	Financial Year to date	≤	186	≤	187	>	187				12	27	13	13	8	10	24	14	5				95	Green
Drug Errors (Administering)	Financial Year to date	≤	145	≤	161	>	161				25	23	19	24	21	17	15	5	6				141	Red

2012/2013 Trust Floodlight Indicators : Month 09

CQUIN																						
Description	YTD Measurement	Thresholds			Historic Performance			In Month Performance												Indicative Current Performance		
		Achieve	Underachieve	Fail	2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG	
VTE Prevention		≥	98.0%	≥	93.0%	<	93.0%		62.6%	92.8%	99.4%	99.7%	99.6%	99.5%	99.2%	99.3%	99.3%	99.5%	99.5%		99.4%	Green
Improve responsiveness to personal needs	Quarterly Position	≥	67	≥	66	<	66			64.8*	69			68			69				69	Green
Dementia Diagnosis			TBC		TBC		TBC			108	Green	Green	Green	Green	Green	Green	Green	Amber	Amber		Amber	Amber
Safety Thermometer			TBC		TBC		TBC				Green	Green	Green	Green	Green	Green	Green	Green	Green		Green	Green
Improving COPD outcomes			TBC		TBC		TBC				Green	Green	Green	Green	Green	Green	Green	Amber	Amber		Amber	Amber
Net Promoter			TBC		TBC		TBC				Green	Green	Green	Green	Amber /Green	Amber /Green	Green	Amber /Green	Amber /Green		Amber /Green	Amber /Green
Reducing Hospital Mortality			TBC		TBC		TBC				Green	Green	Green	Green	Green	Green	Green	Green	Green		Green	Green
Improving Carers Experience			TBC		TBC		TBC				Green	Green	Green	Green	Green	Green	Green	Green	Green		Green	Green
Improving stroke assessment & outcomes			TBC		TBC		TBC		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		Green	Green
Making Every Contact Count			TBC		TBC		TBC				Green	Green	Green	Green	Green	Green	Green	Green	Green		Green	Green
Improving Cancer Services	Quarterly		TBC		TBC		TBC				Green			Green			Green				Green	Green
Improving palliative care services			TBC		TBC		TBC		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		Green	Green

*Q4 Position Only

Patient Experience																						
Description	YTD Measurement	Thresholds			Historic Performance			In Month Performance												Indicative Current Performance		
		Achieve	Underachieve	Fail	2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG	
Net Promoter Score	In Month Performance	≥	71			<	71			94.8	80.3	74.7	76.4	71.1	63.9	63.0	75.7	64.4	79.3		79.3	Green
Meridian compliance	In Month Performance	≥	90%	≥	80%	<	80%				109.7%	112.8%	90.0%	127.6%	124.5%	141.4%	139.9%	119.4%	83.4%		83.4%	Amber
Complaint numbers (count)		≤	930	≤	1022	>	1022			Amber	92	97	71	74	78	75	84	91	63		664	Amber
Complaint pathway (<25-working days)	1 mth in arrears	≥	75%	≥	50%	<	50%				53.0%	42.0%	53.0%	51.0%	64.0%	69.0%	68.0%	57.0%	TBC		57.1%	Amber
Q41 Involvement in decisions	Quarterly Position	≥	71			<	71			68.6*	68.3			69.7			69.5				69.5	Red
Q44 Worries and fears	Quarterly Position	≥	58			<	58			64.8*	62.8			62.8			63.8				63.8	Green
Q46 Privacy to discuss condition or treatment	Quarterly Position	≥	80			<	80			87.5*	86.6			86.3			88.1				88.1	Green
Q65 Medication side-effects	Quarterly Position	≥	50			<	50			44.9*	50.6			47.0			47.1				47.1	Red
Q70 who to contact if worried after leaving hospital	Quarterly Position	≥	79			<	79			74.1*	73.8			75.5			76.0				76.0	Red

*Q4 Position Only

2012/2013 Trust Floodlight Indicators : Month 09

MCF / SHA Performance Framework																								
Description	YTD Measurement	Thresholds			Historic Performance			In Month Performance												Indicative Current Performance				
		Achieve	Underachieve	Fail	2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG			
Cancer 31day :Subs Treatment	Confirmed 1mth in arrears. Provisional Figures*	≥	94.0%	≥	89.0%	<	89.0%	99.9%	99.3%	99.7%	98.8%	99.4%	99.2%	99.5%	99.3%	98.6%	96.7%	100.0%	96.0%*				99.2%	Green
Cancer 62day : urgent RTT	Confirmed 1mth in arrears. Provisional Figures*	≥	85.0%	≥	80.0%	<	80.0%	89.2%	88.4%	87.5%	87.6%	87.3%	88.2%	86.1%	86.7%	86.6%	86.6%	86.1%	85.6%*				87.5%	Green
Cancer 31day : Diag	Confirmed 1mth in arrears. Provisional Figures*	≥	96.0%	≥	91.0%	<	91.0%	98.9%	99.4%	99.3%	97.8%	96.9%	97.7%	98.7%	98.8%	96.4%	97.2%	98.3%	96.0%*				97.8%	Green
Cancer 2week ref to appt	Confirmed 1mth in arrears. Provisional Figures*	≥	93.0%	≥	88.0%	<	88.0%	99.5%	99.1%	99.3%	99.2%	99.8%	98.5%	98.4%	98.5%	98.7%	97.6%	97.6%	97.8%*				98.8%	Green
RTT Admitted		≥	90.0%	≥	85.0%	<	85.0%			21.3	92.8%	91.1%	91.7%	91.5%	90.0%	90.4%	90.4%	92.8%	93.3%				91.5%	Green
RTT Non admitted		≥	95.0%	≥	90.0%	<	90.0%			16	98.0%	97.8%	97.5%	97.0%	97.0%	97.4%	97.0%	96.2%	96.5%				97.2%	Green
RTT - Open pathways		≥	92.0%	≥	87.0%	<	87.0%				96.5%	96.7%	96.3%	95.8%	95.6%	95.4%	95.4%	95.1%	94.9%				94.9%	Green
A&E 4 hour target		≥	95.0%			<	95.0%	98.6%	97.5%	95.9%	97.8%	97.2%	97.2%	97.9%	97.6%	95.5%	96.8%	95.2%	91.3%				96.3%	Green

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

Clinical Efficiency																								
Description	YTD Measurement	Thresholds			Historic Performance			In Month Performance												Indicative Current Performance				
		Achieve	Underachieve	Fail	2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG			
LOS Overall	Financial Year to date (Refresh in Q1)	≤	4.5	≤	6.0	>	6.0		4.76	4.58	5.4	5.1	4.9	4.7	5.0	4.9	4.5	4.5	4.8				4.9	Amber
Occupied Bed Days	Confirmed 2 mths in arrears, *Provisional Figures	≤	0.0%	≤	5.0%	>	5.0%			-19.2%	50.9%	8.9%	-4.6%	-2.2%	-4.9%	-6.6%	-6.9%	-21.5%	-59.8%				-29.0%	Green
Pre OP bed days (elective)	Confirmed 2 mths in arrears, *Provisional Figures	≤	6.0%	≤	12.0%	>	12.0%	7.8%	5.4%	4.7%	10.1%	5.9%	12.5%	7.9%	7.3%	8.3%	8.7%	5.4%	1.4%				8.0%	Amber
DNAs	Financial Year to date	≤	7.4%	≤	8.4%	>	8.4%	10.4%	9.6%	8.9%	7.6%	7.4%	7.4%	6.9%	6.7%	6.6%	6.3%	6.7%	7.1%				7.1%	Green
Follow up Rate	Financial Year to date	≤	1.75	≤	2.27	>	2.27	1.84	1.74	1.80	2.17	2.15	2.30	2.28	2.30	2.38	2.20	2.20	2.05				2.26	Amber
Theatre Utilisation	1 mth in arrears	≥	87.5%	≥	75%	<	75%	88.0%	88.2%	89.9%	94.1%	93.3%	94.1%	92.8%	96.8%	97.4%	95.6%	94.4%	TBC				94.8%	Green
DTOCs (Trust)	Financial Year to date	≤	3.5%	≤	5%	>	5%				2.4%	2.4%	3.2%	1.8%	2.6%	2.7%	2.4%	2.4%	1.7%				2.4%	Green
Readmissions	2 mths in arrears	≤	9.0%	≤	13%	>	13%			13.2%	10.2%	10.4%	12.9%	10.7%	9.4%	10.2%	10.5%	TBC	TBC				10.6%	Amber

Health and Safety																								
Description	YTD Measurement	Thresholds			Historic Performance			In Month Performance												Indicative Current Performance				
		Achieve	Underachieve	Fail	2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG			
RIDDOR Incidents	Postion at time of Reporting	≤	36	≤	40	>	40				6	1	0	2	1	4	7	2	0				23	Green
Liability Claims	Postion at time of Reporting	≤	17	≤	19	>	19				0	0	0	1	2	3	2	2	0				10	Green
Work Related Stress	Postion at time of Reporting	≤	16			>	16				10	3	4	2	5	1	4	5	2				36	Green
Fire	Postion at time of Reporting	≤	0	≤	2	>	2				0	0	0	0	0	0	0	0	0				0	Green
Physical assault	Postion at time of Reporting	≤	170	≤	189	>	189				4	5	2	1	8	6	16	6	3				51	Green

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Governance / Regulation																									
Description	YTD Measurement	Thresholds						Historic Performance			In Month Performance											Indicative Current Performance			
		Achieve	Underachieve	Fail	2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG				
MCF risk rating	Green <1, Amber Green <= 1.5, Amber Red <= 3.5, Red >4 QUARTERLY	≤	1.0	≤	2.0	>	4.0		1.0	2.0	1.0			1.0									1.0	Amber /Green	
SHA Governance risk rating	Green <1, Green Amber <= 1.5, Amber Red <= 3.5, Red >4	≤	1.0	≤	2.0	>	4.0		0.5	2.0	1.0	1.0	1.0	2.0	0.0	1.0	0.0	0.0	1.0				1.0	Amber /Green	
Finance risk rating		≥	3.0	≥	2.0	<	2.0		3.5	3.5	2.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	2.0				2.0	Amber
Involvement & Communication			No concerns		Minor or Moderate Concern		Major concern		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Personalised care			No concerns		Minor or Moderate Concern		Major concern		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Safeguarding			No concerns		Minor or Moderate Concern		Major concern		Green	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Suitability of staffing			No concerns		Minor or Moderate Concern		Major concern		Green	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Quality and management			No concerns		Minor or Moderate Concern		Major concern		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Suitability of management			No concerns		Minor or Moderate Concern		Major concern		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Risk register			Less than 10% of divisional risks overdue by 4 weeks		10% - 20% of divisional risks overdue by 4 weeks		More than 20% of divisional risks overdue by 4 weeks		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Audit compliance			Progress up to date. Clear plan for delivery by scheduled date		Broad compliance, but one or more recoverable areas of concern		Significant abandoned or incomplete with no clear plan		Amber	Amber	Amber	Amber	Amber	Amber	Amber	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		Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber				Amber	Amber

MCF Financial Indicators																									
Description	YTD Measurement	Thresholds						Historic Performance			In Month Performance											Indicative Current Performance			
		Achieve	Underachieve	Fail	2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG				
EBITDA margin	In-month performance	≥	3	≥	2	<	2	3	2	2	1	2	2	2	2	2	2	2	2	2				2	Amber
EBITDA % achieved	In-month performance	≥	3	≥	2	<	2	2	4	4	5	4	4	4	4	3	3	3	2				2	Amber	
Net Return After Financing	In-month performance	≥	3	≥	2	<	2	2	5	5	3	3	3	3	3	3	3	3	3				3	Green	
I&E surplus margin	In-month performance	≥	3	≥	2	<	2	3	3	3	1	2	2	2	2	2	2	2	2				2	Amber	
Liquidity ratio	In-month performance	≥	3	≥	2	<	2	2	4	3	2	3	3	3	3	3	3	3	3				3	Green	

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Workforce																							
Description	YTD Measurement	Thresholds						Historic Performance			In Month Performance											Indicative Current Performance	
		Achieve		Underachieve		Fail		2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD
Turnover	Rolling 12mths	+/-	10.0%	≤+/-	3.0%	>+/-	3.0%		9.9%	10.1%	10.4%	10.5%	10.5%	10.5%	10.7%	10.9%	10.4%	10.2%	9.9%			9.9%	Amber
Vacancy rate	Month End	≤	7.5%	≤	10.0%	>	10.0%		8.8%	9.1%	10.3%	10.1%	10.0%	8.7%	9.9%	10.0%	9.2%	8.5%	8.7%			8.7%	Amber
Sickness rate (Calendar days)	Month End	≤	3.0%	≤	5.0%	>	5.0%		4.7%	3.5%*	3.4%	3.1%	3.3%	3.3%	3.4%	3.5%	3.6%	3.5%	3.7%			3.7%	Amber
Appraisal completions	Rolling 12mths	≥	90.0%	≥	70.0%	<	70.0%		88.1%	69.9%	70.8%	71.7%	80.5%	71.3%	69.3%	66.3%	68.8%	74.3%	73.4%			73.4%	Amber
% of staff cost: Agency	Financial Year to date	≤	2.0%	≤	5.0%	>	5.0%		4.4%	3.7%	3.4%	3.9%	3.3%	3.0%	2.5%	1.7%	1.7%	2.8%	2.3%			2.6%	Amber
% of staff cost: Bank	Financial Year to date	≤	4.0%	≤	7.0%	>	7.0%		4.6%	4.8%	5.5%	5.1%	4.8%	5.0%	5.4%	4.8%	4.5%	3.9%				5.0%	Amber
Statutory Mandatory Training**	Month End	≥	90.0%			<	90.0%			85.0%	87.0%	66.7%	57.7%	56.5%	58.9%	61.5%	8.1%	10.6%	11.5%			11.5%	Red

** NOTE - Now reported as a % of staff fully compliant with all 9 elements

Statutory Mandatory Training																								
Description	YTD Measurement	Thresholds						Historic Performance			In Month Performance											Indicative Current Performance		
		Achieve		Underachieve		Fail		2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG
Conflict Resolution	Month End		TBC		TBC		TBC										72.2%	73.8%	74.9%				74.9%	
Equality and Diversity	Month End		TBC		TBC		TBC										47.8%	50.3%	50.7%				50.7%	
Fire	Month End		TBC		TBC		TBC										62.8%	61.6%	65.6%				65.6%	
General Health and Safety	Month End		TBC		TBC		TBC										54.3%	58.1%	61.8%				61.8%	
Infection Prevention	Month End		TBC		TBC		TBC										68.1%	68.8%	69.7%				69.7%	
Information Governance	Month End		TBC		TBC		TBC										62.8%	61.6%	61.8%				61.8%	
Moving and Handling	Month End		TBC		TBC		TBC										67.3%	68.8%	69.7%				69.7%	
Safeguarding Adults	Month End		TBC		TBC		TBC										54.7%	58.1%	60.0%				60.0%	
Safeguarding Children	Month End		TBC		TBC		TBC										71.3%	71.3%	73.1%				73.1%	

* Monthly Reporting Only

Culture																								
Description	YTD Measurement	Thresholds						Historic Performance			In Month Performance											Indicative Current Performance		
		Achieve		Underachieve		Fail		2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG
Opportunity to Influence	Triennial Staff Survey	≥	3.68	≥	3.44	<	3.44			61.0%	3.51			3.51			3.42						3.42	Red
Team Working	Triennial Staff Survey	≥	3.77	≥	3.53	<	3.53			3.63	3.83			3.83			3.81						3.81	Green
Support from Manager	Triennial Staff Survey	≥	3.56	≥	3.32	<	3.32			3.61	3.29			3.29			3.29						3.29	Red
Regular Team meetings	Triennial Staff Survey	≥	3.76	≥	3.52	<	3.52				3.57			3.57			3.58						3.58	Amber
Recommend the Trust	Triennial Staff Survey	≥	3.82	≥	3.58	<	3.58			3.49	3.62			3.62			3.52						3.52	Red
Job Satisfaction	Triennial Staff Survey	≥	3.3	≥	3.06	<	3.06			3.49	3.36			3.36			3.39						3.39	Green
Job Relevant Training	Triennial Staff Survey	≥	3.57	≥	3.33	<	3.33			76.0%	3.56			3.56			3.56						3.56	Amber
Quality of Appraisal	Triennial Staff Survey	≥	3.51	≥	3.27	<	3.27			42.0%	3.49			3.49			3.44						3.44	Amber
Job Design	Triennial Staff Survey	≥	3.36	≥	3.12	<	3.12			3.41	3.38			3.38			3.45						3.45	Green

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Strategy-on-Time																									
Description	YTD Measurement	Thresholds					Historic Performance			In Month Performance												Indicative Current Performance			
		Achieve	Underachieve	Fail		2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG			
Emergency Department	Postion at time of Reporting	≤	On or ahead of plan	≤	≤ 28-days slippage	>	> 28-days behind plan			Red	Red	Green	Green	Green	Green	Green	Green	Green				Green	Green		
New Ward Block	Postion at time of Reporting	≤	On or ahead of plan	≤	≤ 28-days slippage	>	> 28-days behind plan			Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Green				Green	Green	
Theatres & Endoscopy	Postion at time of Reporting	≤	On or ahead of plan	≤	≤ 28-days slippage	>	> 28-days behind plan			Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Green				Green	Green
Health Records	Postion at time of Reporting	≤	On or ahead of plan	≤	≤ 28-days slippage	>	> 28-days behind plan			Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber				Amber	Amber
Level 7 (Closed)	Postion at time of Reporting	≤	On or ahead of plan	≤	≤ 28-days slippage	>	> 28-days behind plan			Amber	Amber	Green	Green	Green	Green	Green	Green	Green	Closed				Closed	Closed	
Pathology	Postion at time of Reporting	≤	On or ahead of plan	≤	≤ 28-days slippage	>	> 28-days behind plan			Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber	Amber				Amber	Amber
Chemotherapy	Postion at time of Reporting	≤	On or ahead of plan	≤	≤ 28-days slippage	>	> 28-days behind plan			Green	Green	Green	Amber	Amber	Amber	Amber	Green	Green	Amber				Amber	Amber	
Level 10	Postion at time of Reporting	≤	On or ahead of plan	≤	≤ 28-days slippage	>	> 28-days behind plan			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green	
New QEII	Postion at time of Reporting	≤	On or ahead of plan	≤	≤ 28-days slippage	>	> 28-days behind plan			Green	Green	Green	Green	Green	Green	Green	Green	Amber	Amber				Amber	Amber	

Strategy-on-Budget																									
Description	YTD Measurement	Thresholds					Historic Performance			In Month Performance												Indicative Current Performance			
		Achieve	Underachieve	Fail		2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG			
Emergency Department	Postion at time of Reporting	≤	5%	≤	10%	>	10%			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green	
New Ward Block	Postion at time of Reporting	≤	5%	≤	10%	>	10%			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Theatres & Endoscopy	Postion at time of Reporting	≤	5%	≤	10%	>	10%			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Health Records	Postion at time of Reporting	≤	5%	≤	10%	>	10%			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Level 7 (Closed)	Postion at time of Reporting	≤	5%	≤	10%	>	10%			Green	Green	Green	Green	Green	Green	Green	Green	Green	Closed				Closed	Closed	
Pathology	Postion at time of Reporting	≤	5%	≤	10%	>	10%			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Chemotherapy	Postion at time of Reporting	≤	5%	≤	10%	>	10%			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
Level 10	Postion at time of Reporting	≤	5%	≤	10%	>	10%			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green
New QEII	Postion at time of Reporting	≤	5%	≤	10%	>	10%			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green				Green	Green

Research and Development																												
Description	YTD Measurement	Thresholds					Historic Performance			In Month Performance												Indicative Current Performance						
		Achieve	Underachieve	Fail		2009/10	2010/11	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	YTD	RAG						
Increase Portfolio Recruitment	Quarterly Position	≥	80%	≥	60%	<	60%				78.0%														78.0%	Amber		
Initiation of Local Portfolio Study	Quarterly Position		YES		Pending		NO				Green															Green	Green	
Review of R&D Approval & Initiation	Quarterly Position		YES		Pending		NO				Green															Green	Green	
Increased Commercial Study	Quarterly Position		YES		Pending		NO				Amber															Amber	Amber	
Divisional Engagement	Quarterly Position	≥	10%			<	10%				Green																Green	Green