

EAST AND NORTH HERTFORDSHIRE NHS TRUST

CHIEF EXECUTIVE'S REPORT

27th February 2013

1. The Trust has received the **Care Quality Commission's report** following their unannounced inspection of the Lister hospital on the 6th and 7th December 2012.

The report is overwhelmingly positive and confirms that the Trust is fully compliant with:

- Outcome 4: Care and welfare of people who use services;
- Outcome 6: Co-operating with other providers;
- Outcome 7: Safeguarding people who use services from abuse;
- Outcome 13: Staffing;
- Outcome 16: Assessing and monitoring the quality of service provision.

I was delighted to receive the Commission's report, which reflects the hard work and commitment of our staff to providing high quality care to our patients and I would like to extend my thanks and congratulations to all members of staff who were interviewed by CQC, whose wards were inspected and those who provided evidence for scrutiny by the inspection team.

It is important that each and every member of Trust staff seeks to ensure that if the Care Quality Commission were to visit their ward or department, speak to their patients, and interview them that they would reach the same positive conclusions.

2. EAHSN – Bury St Edmunds

On Thursday 21st February I chaired the Hertfordshire Node meeting of the Eastern Academic Health Science Network (AHSN). The AHSN is composed of 4 nodes covering Cambridgeshire and Peterborough, Essex, Norfolk and Suffolk and Hertfordshire and Bedfordshire. The East and North Herts Clinical Commissioning Group, the University of Hertfordshire, the University of Bedfordshire, Hertfordshire Partnership NHS Foundation Trust and this Trust are full member organisations of the node which also benefits greatly from local authority involvement.

The meeting received positive feedback upon the network's establishment application to the Department of Health, considered the legal structure of the node and discussed the process for the establishment of the executive functions of the node.

On Monday 25th February I will be part of the interview panel for the appointment of the Chair of the Eastern Academic Health Science Network.

A full paper upon the establishment of the AHSN will be brought back to the next Board meeting.

3. Operational Plan 2013/14

The NHS Trust Development Authority (TDA) requires Trusts to develop a 2013/14 Operating Plan. The Trust submitted the first draft of the plan on 25 January and the feedback received to date on this is very positive. The next iteration will be submitted on 28 February in line with the

TDA requirements. The final version is scheduled for completion in March following the conclusion of the contract negotiations.

4. On 28th January I was delighted to welcome the **Police and Crime Commissioner for Hertfordshire**, Mr David Lloyd, to the Trust. Mr Lloyd was able to visit the Accident and Emergency department at the Lister hospital and to discuss with Trust staff both the policing challenges and areas where the Trust and the police can improve the existing strong collaboration. Specifically, the Trust is working with the Commissioner to share non-patient specific information relating to attendances at the Trust's A&E department that can be of assistance in relation to local policing.
5. On 7th February, together with the Trust's Finance Director, I attended the **Hertfordshire County Council Health Scrutiny Committee** as part of the committee's planned review of the financial positions of each of the commissioning and provider organisations in Hertfordshire.
6. **Executive Committee Summary Report to Board**

The Executive Committee/Divisional Executive Committee has met a total of four times since the last Board meeting. Below is a summary of the key issues and areas discussed:

Trust Strategy Development Workshop

The Divisional Executive Committee on 7 February was held as a Trust Strategy Development Workshop and included key leaders from across all areas of the Trust. The session objectives were to:

- Deepen internal awareness and consideration of key strategic issues expected to impact the Trust over the next twenty years
- Assess the Trust's current situation in relation to each of these strategic issues in the context of the Trust's aim to be amongst the best.

This work was then fed into the Board Development session held on 13 February 2013 as part of the programme to review the Trust's strategic aims and objectives.

Improvements to coding

The Committee reviewed proposals to enable improvements to coding. Amendments were requested prior to final review and approval.

CQC Registration Application – Bedford Renal Unit

The Committee reviewed and supported the CQC Registration Application for Bedford Renal Unit including the timeline and internal assurance processes. This was presented to RAQC for final approval at its February meeting.

Multi- Professional Deanery Performance and Quality Review, January 2013 – draft report

The Committee discussed the draft report received and noted the positive outcome, conditions and recommendations, areas of notable practice and the timeline to provide an action plan by 26 April 2013 and complete actions within the specified time periods. The final report and action plan will be reported through the Risk and Quality Committee in March/April. Dr Shahid Khan and the teams were congratulated.

Summary of ongoing areas monitored

Weekly Monitoring	Fortnightly Monitoring	Monthly Monitoring
<ul style="list-style-type: none">• Surgicentre – Execs (SP)• Reported Mortality – Execs / DEC (JMcC/JB)• NHS Professionals (inc slots filled, training and comms plan) (SP – from Feb 2013)	<ul style="list-style-type: none">• Infection Control (AT) (DEC)	<ul style="list-style-type: none">• Surgicentre Contract Monitoring (SP)• Pressure Ulcers & Falls (AT)• Workforce Management Group inc job planning reviews (SP – from Feb 2013)• ESR project update (SP – from Feb 2013)• Mandatory Training (AT – from Sept 12)• Transforming Pathology Services – briefing (SB)

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

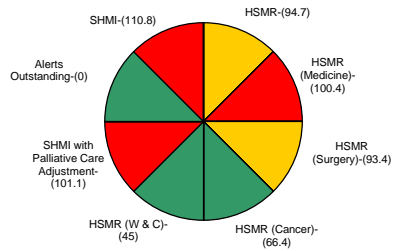
7. Floodlight Scorecard

The Month 10 Trust floodlight scorecard is attached as **Appendix A**. 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
22nd February 2013

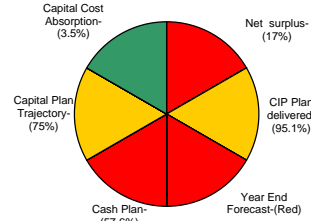
2012/2013 Trust Floodlight Indicators : Month 10

CLINICAL OUTCOMES

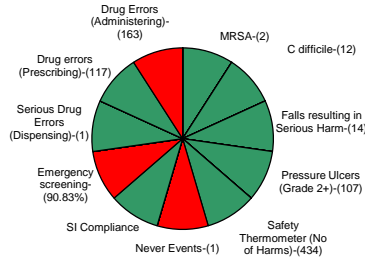


SHMI most recent published figures

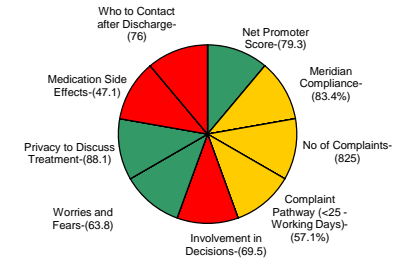
INTERNAL FINANCIAL MEASURES



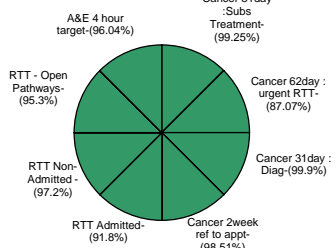
PATIENT SAFETY



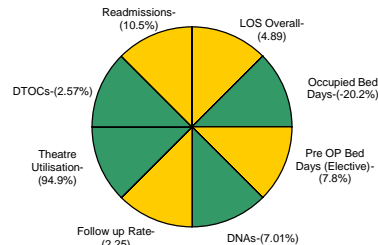
PATIENT EXPERIENCE



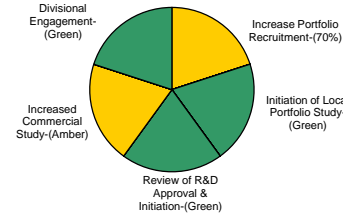
MCF/SHA PERFORMANCE FRAMEWORK



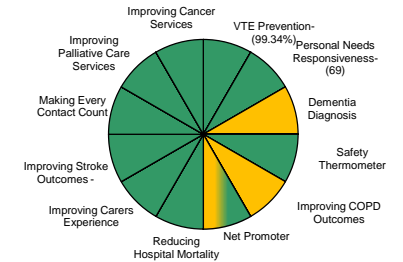
CLINICAL EFFICIENCY



RESEARCH AND DEVELOPMENT



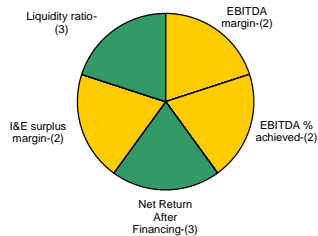
CQUINS



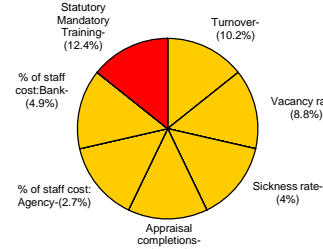
GOVERNANCE / REGULATION



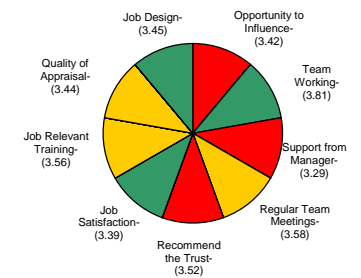
MCF FINANCIAL INDICATORS



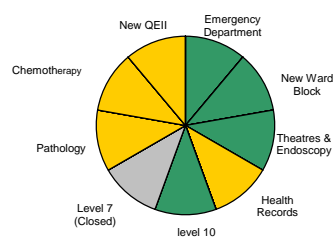
WORKFORCE



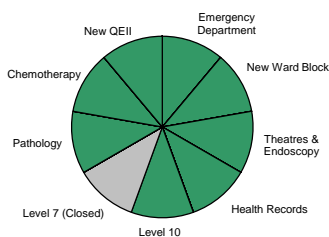
CULTURE



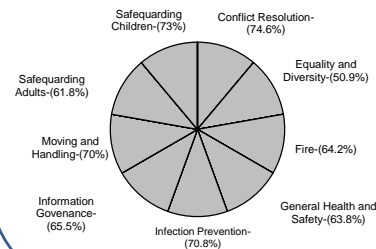
STRATEGY ON TIME



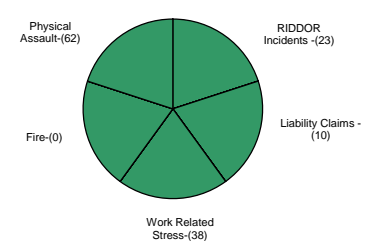
STRATEGY ON BUDGET



STATUTORY MANDATORY TRAINING



HEALTH AND SAFETY



In-Month Performance

2012/2013 Trust Floodlight Indicators : Month 10

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	93.0	82.3	90.0	95.3	97.9	97.5	97.8	TBC	TBC	TBC				94.7	Amber
HSMR (Medicine)	Rolling 12 mths, 3months in arrears	≤	90	≤	100	>	100	119.4	108.2	101.9	91.0	94.9	97.8	98.1	99.8	101.9	103.6	TBC	TBC	TBC				100.4	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	82.2	TBC	TBC	TBC				93.4	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	85.1	TBC	TBC	TBC				66.4	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	0	TBC	TBC	TBC				45	Green
SHMI	Period Apr-11 to Mar-12	≤	95	≤	105	>	105				TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC				110.8	Red
SHMI with Palliative Care Adjustment	Period Apr-11 to Mar-12	≤	90	≤	100	>	100				TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC				101.1	Red
Central Alerts Outstanding	End of period	≤	0			>	0		Green	Green	0	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%	17.0%				17.0%	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%	100.9%				95.1%	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	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%	57.6%				57.6%	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%	76.0%				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%				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	0				2	Green
C-Difficile (Trust)	Financial Year to date	≤	14			>	14	82	55	11	2	3	0	2	0	2	0	1	0	2				12	Green
Falls resulting in serious harm	Financial Year to date	≤	24	≤	36	>	36				3	1	0	1	0	3	1	2	1	2				14	Green
Pressure ulcers (Grade 2+)	Financial Year to date	≤	120			>	120		335	323	9	7	21	9	18	7	11	12	7	6				107	Green
Safety Thermometer	Financial Year to date	≤	589	>	618	>	619				71	58	55	50	38	39	20	27	35	41				434	Green
Never Events	Financial Year to date	≤	0			>	0		1	1	0	0	0	0	0	0	0	0	1	0				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	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%	90.1%				90.8%	Red
Serious Drug Errors (Dispensing)	Financial Year to date	≤	3	≤	6	>	6				0	1	0	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	7	14	9	4				117	Green
Drug Errors (Administering)	Financial Year to date	≤	145	≤	161	>	161				25	23	19	24	21	17	6	5	12	11				163	Red

2012/2013 Trust Floodlight Indicators : Month 10

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%	98.7%		99.3%	Green
Improve responsiveness to personal needs	Quarterly Position	≥	67	≥	66	<	66			64.8*	69			68			69			TBC		69	Green
Dementia Diagnosis			TBC		TBC		TBC			108	Green	Green	Green	Green	Green	Green	Green	Amber	Amber	Amber		Amber	Amber
Safety Thermometer			TBC		TBC		TBC				Green	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	Amber
Net Promoter			TBC		TBC		TBC				Green	Green	Green	Green	Amber /Green	Amber /Green	Green	Amber /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	Green
Improving Carers Experience			TBC		TBC		TBC				Green	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	Green
Making Every Contact Count			TBC		TBC		TBC				Green	Green	Green	Green	Green	Green	Green	Green	Green	Green		Green	Green
Improving Cancer Services	Quarterly		TBC		TBC		TBC				Green			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	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	73.6		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%	106.5%		83.4%	Amber
Complaint numbers (count)		≤	930	≤	1022	>	1022			Amber	92	97	71	74	78	75	84	91	64	99		825	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%	58.0%	55.0%	TBC		57.1%	Amber
Q41 Involvement in decisions	Quarterly Position	≥	71			<	71			68.6*	68.3			69.7			69.5			TBC		69.5	Red
Q44 Worries and fears	Quarterly Position	≥	58			<	58			64.8*	62.8			62.8			63.8			TBC		63.8	Green
Q46 Privacy to discuss condition or treatment	Quarterly Position	≥	80			<	80			87.5*	86.6			86.3			88.1			TBC		88.1	Green
Q65 Medication side-effects	Quarterly Position	≥	50			<	50			44.9*	50.6			47.0			47.1			TBC		47.1	Red
Q70 who to contact if worried after leaving hospital	Quarterly Position	≥	79			<	79			74.1*	73.8			75.5			76.0			TBC		76.0	Red

*Q4 Position Only

2012/2013 Trust Floodlight Indicators : Month 10

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.	≥	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%	100.0%	TBC		99.3%	Green
Cancer 62day : urgent RTT	Confirmed 1mth in arrears.	≥	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%	86.7%	TBC		87.1%	Green
Cancer 31day : Diag	Confirmed 1mth in arrears.	≥	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%	100.0%	TBC		99.9%	Green
Cancer 2week ref to appt	Confirmed 1mth in arrears.	≥	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%	99.0%	TBC		98.5%	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%	95.0%		91.8%	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%	97.1%		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%	95.3%		95.3%	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%	93.5%		96.0%	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	5.1		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%	-3.8%	-2.9%	-10.1%	-14.8%	-58.7%		-20.2%	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%	3.2%		7.8%	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%	8.3%		7.0%	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	2.38		2.25	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%	96.1%	TBC		94.9%	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%	3.6%		2.6%	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%	9.8%	TBC	TBC		10.5%	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	Position at time of Reporting	≤	36	≤	40	>	40				6	1	0	2	1	4	7	2	0	0		23	Green
Liability Claims	Position at time of Reporting	≤	17	≤	19	>	19				0	0	0	1	2	3	2	2	0	0		10	Green
Work Related Stress	Position at time of Reporting	≤	16			>	16				10	3	4	2	5	1	4	5	2	2		38	Green
Fire	Position at time of Reporting	≤	0	≤	2	>	2				0	0	0	0	0	0	0	0	0	0		0	Green
Physical assault	Position at time of Reporting	≤	170	≤	189	>	189				4	5	2	1	8	6	16	6	9	5		62	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			TBC			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	2.0			2.0	Amber / Red	
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	TBC		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	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	Green	
Safeguarding			No concerns		Minor or Moderate Concern		Major concern		Green	Amber	Green	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	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	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	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	Amber		Amber	Amber
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	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	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		2	Amber
EBITDA % achieved	In-month performance	≥	3	≥	2	<	2	2	4	4	5	4	4	4	4	3	3	3	2	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		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		2	Amber	
Liquidity ratio	In-month performance	≥	3	≥	2	<	2	2	4	3	2	3	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	RAG		
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%	10.2%			10.2%	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%	8.8%			8.8%	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%	4.0%			4.0%	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%	72.9%			72.9%	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%	3.3%			2.7%	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%	5.3%	5.4%	4.8%	4.5%	3.9%	4.4%			4.9%	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%	12.4%			12.4%	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%	74.6%			74.6%	
Equality and Diversity	Month End		TBC		TBC		TBC										47.8%	50.3%	50.7%	50.9%			50.9%	
Fire	Month End		TBC		TBC		TBC										62.8%	61.6%	65.6%	64.2%			64.2%	
General Health and Safety	Month End		TBC		TBC		TBC										54.3%	58.1%	61.8%	63.8%			63.8%	
Infection Prevention	Month End		TBC		TBC		TBC										68.1%	68.8%	69.7%	70.8%			70.8%	
Information Governance	Month End		TBC		TBC		TBC										62.8%	61.6%	61.8%	65.5%			65.5%	
Moving and Handling	Month End		TBC		TBC		TBC										67.3%	68.8%	69.7%	70.0%			70.0%	
Safeguarding Adults	Month End		TBC		TBC		TBC										54.7%	58.1%	60.0%	61.8%			61.8%	
Safeguarding Children	Month End		TBC		TBC		TBC										71.3%	71.3%	73.1%	73.0%			73.0%	

* 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		TBC			3.42	Red
Team Working	Triennial Staff Survey	≥	3.77	≥	3.53	<	3.53				3.63		3.83		3.83			3.81		TBC			3.81	Green
Support from Manager	Triennial Staff Survey	≥	3.56	≥	3.32	<	3.32				3.61		3.29		3.29			3.29		TBC			3.29	Red
Regular Team meetings	Triennial Staff Survey	≥	3.76	≥	3.52	<	3.52						3.57		3.57			3.58		TBC			3.58	Amber
Recommend the Trust	Triennial Staff Survey	≥	3.82	≥	3.58	<	3.58				3.49		3.62		3.62			3.52		TBC			3.52	Red
Job Satisfaction	Triennial Staff Survey	≥	3.3	≥	3.06	<	3.06				3.49		3.36		3.36			3.39		TBC			3.39	Green
Job Relevant Training	Triennial Staff Survey	≥	3.57	≥	3.33	<	3.33				76.0%		3.56		3.56			3.56		TBC			3.56	Amber
Quality of Appraisal	Triennial Staff Survey	≥	3.51	≥	3.27	<	3.27				42.0%		3.49		3.49			3.44		TBC			3.44	Amber
Job Design	Triennial Staff Survey	≥	3.36	≥	3.12	<	3.12						3.38		3.38			3.45		TBC			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	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	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	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	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	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	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	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	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	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	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	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	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	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	Closed
Pathology	Postion at time of Reporting	≤	5%	≤	10%	>	10%			Green	Green	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	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	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	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%						TBC	TBC	TBC	TBC			70.0%	Amber
Initiation of Local Portfolio Study	Quarterly Position		YES		Pending		NO				Green						TBC	TBC	TBC	TBC			Green	Green
Review of R&D Approval & Initiation	Quarterly Position		YES		Pending		NO				Green						TBC	TBC	TBC	TBC			Green	Green
Increased Commercial Study	Quarterly Position		YES		Pending		NO				Amber						TBC	TBC	TBC	TBC			Amber	Amber
Divisional Engagement	Quarterly Position	≥	10%			<	10%				Green						TBC	TBC	TBC	TBC			Green	Green