

DATA PACK

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Inpatient Wards - Friends and Family Test - October 2013

Ward	Extremely Likely	Likely	Neither Likely nor Unlikely	Unlikely	Extremely Unlikely	Don't Know	Total no. of responses	FFT Score	No. of Discharges	Total % response rate
Princes 1	3	1					4	75.00	25	16.00
Princes 2	14						14	100.00	37	37.84
5A	11	8					19	57.89	120	15.83
5B	9	8				1	18	52.94	75	24.00
7BN	39		2	1			42	85.71	100	42.00
8A	14	8	1			2	25	56.52	143	17.48
8B	4	3			1		8	37.50	63	12.70
11 BN	8	4	1				13	53.85	81	16.05
Swift	2						2	100.00	70	2.86
ITU/HDU							0	NA	0	NA
SURGERY TOTAL	104	32	4	1	1	3	145	69.01	714	20.31
SSU	25	4				3	32	86.21	140	22.86
Digswell	8	6	1				15	46.67	38	39.47
Stanborough	3	1					4	75.00	47	8.51
6A	6	5					11	54.55	48	22.92
6B	7	2					9	77.78	31	29.03
9A	27	2				1	30	93.10	58	51.72
9B S&N	23	4				1	28	85.19	153	18.30
10B S&N	3	1					4	75.00	35	11.43
Codicote	3						3	100.00	24	12.50
Pirton	7						7	100.00	41	17.07
Barley	3	1					4	75.00	32	12.50
MEDICINE TOTAL	115	26	1	0	0	5	147	80.28	647	22.72
7A Gynae	42	4	1	1			48	83.33	140	34.29
WOMEN'S TOTAL	42	4	1	1	0	0	48	83.33	140	34.29
Elizabeth House	21	3					24	87.50	42	57.14
CLINICAL SS TOTAL	21	3	0	0	0	0	24	87.50	42	57.14
Michael Sobell House	8		1				9	77.78	15	60.00
10	21	6		1			28	71.43	93	30.11
11	38	6					44	86.36	71	61.97
CANCER TOTAL	67	12	1	1	0	0	81	80.25	179	45.25
TOTAL TRUST	349	77	7	3	1	8	445	77.35	1722	25.84

FRIENDS AND FAMILY TEST - MATERNITY

Oct-13

Antenatal service

	Promoter	Passive	Detractors			Don't know	Total Detractors	Total Responses for FFT score (exc Don't know)	FFT Score	Total no. eligible to respond	% response rate
	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely						
Antenatal	27	31	1	3	1	0	5	63	34.92	617	10.21

Labour ward/birthing unit/homebirth service

	Promoter	Passive	Detractors			Don't know	Total Detractors	Total Responses for FFT score (exc Don't know)	FFT Score	Total no. eligible to respond	% response rate
	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely						
MLU	56	5	1	0	0	0	1	62	88.71	113	54.87
CLU	75	27	5	0	0	3	5	107	65.42	356	30.90
Other	5	2	0	0	1	0	0	8	62.50	8	100.00
Homebirth	2	1	0	0	0	0	0	3	66.67	7	42.86
TOTAL	138	35	6	0	1	3	7	180	72.78	484	37.81

Postnatal ward

	Promoter	Passive	Detractors			Don't know	Total Detractors	Total Responses for FFT score (exc Don't know)	FFT Score	Total no. eligible to respond	% response rate
	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely						
MLU	43	6	2	1	0	4	3	52	76.92	113	49.56
CLU	6	4	0	0	0	2	0	10	60.00	12	100.00
Gloucester	55	32	13	2	2	1	17	104	36.54	332	31.63
Dacre	4	3	1	0	0	0	1	8	37.50	12	66.67
TOTAL	108	45	16	3	2	7	21	174	50.00	469	38.59

Community midwifery service

	Promoter	Passive	Detractors			Don't know	Total Detractors	Total Responses for FFT score (exc Don't know)	FFT Score	Total no. eligible to respond	% response rate
	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely						
Community	9	3	0	1	0	0	1	13	61.54	617	2.11

Total Maternity Services Friends & Family Test

	Promoter	Passive	Detractors			Don't know	Total Detractors	Total Responses for FFT score (exc Don't know)	FFT Score	Total no. eligible to respond	% response rate
	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely						
TOTAL	282	114	23	7	4	10	34	430	57.67	2187	20.12

Note: The total number of patients 'eligible to respond' at the 36 week antenatal appointment & community midwifery are a best estimate.

FRIENDS AND FAMILY TEST - ACCIDENT AND EMERGENCY DEPARTMENT (LISTER & QEII)

Oct-13

LISTER HOSPITAL

		Promoter	Passive	Detractors			Don't know	Total Detractors	Total Responses (exc Don't know)	Net Promoter Score	No. of discharges home	% response rate
		Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely						
Week 1	1-7 Oct-13	5	1	1	0	0	0	1	7	57.14	692	1.01
Week 2	8-14 Oct-13	5	11	0	0	0	0	0	16	31.25	661	2.42
Week 3	15-21 Oct-13	15	4	1	0	0	0	1	20	70.00	699	2.86
Week 4	22-31 Oct-13	75	17	4	1	0	1	5	97	72.16	936	10.47
MONTH	TOTAL	100	33	6	1	0	1	7	140	66.43	2988	4.72

QUEEN ELIZABETH II HOSPITAL

		Promoter	Passive	Detractors			Don't know	Total Detractors	Total Responses (exc Don't know)	Net Promoter Score	No. of discharges home	% response rate
		Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely						
Week 1	1-7 Oct-13	22	14	0	0	0	1	0	36	61.11	369	10.03
Week 2	8-14 Oct-13	42	10	0	0	0	0	0	52	80.77	352	14.77
Week 3	15-21 Oct-13	27	9	1	0	1	0	2	38	65.79	293	12.97
Week 4	22-31 Oct-13	72	35	2	0	0	1	2	109	64.22	417	26.38
MONTH	TOTAL	163	68	3	0	1	2	4	235	67.66	1431	16.56

TOTAL LISTER + QEII

		Promoter	Passive	Detractors			Don't know	Total Detractors	Total Responses (exc Don't know)	Net Promoter Score	No. of discharges home	% response rate
		Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely						
Week 1	1-7 Oct-13	27	15	1	0	0	1	1	43	60.47	1061	4.15
Week 2	8-14 Oct-13	47	21	0	0	0	0	0	68	69.12	1013	6.71
Week 3	15-21 Oct-13	42	13	2	0	1	0	3	58	67.24	992	5.85
Week 4	22-31 Oct-13	147	52	6	1	0	2	7	206	67.96	1353	15.37
MONTH	TOTAL	263	101	9	1	1	3	11	375	67.20	4419	8.55

Key Performance Indicators Reported To RACC

2013/14		Yearly RAG Threshold	Monthly Target	Financial Year 2013/2014												YTD
				April	May	June	July	August	September	October	November	December	January	February	March	
				Patient Incidents: Red > 1, Green = 0 Visitor Incidents: Red > 1, Green = 0 The Workforce (Including Contractors) Incidents: Red > 28, Amber = 27, Green < 26												
Patient Incidents	RIDDOR incidents	Red > 1 Green = 0	0	0	0	0	0	0	0	0						0
	H&S public liability claims	Red > 1 Green = 0	0	0	0	0	0	0	0	0						0
	Slips, Trips & Falls (not including inpatient falls)	Red > 9 Amber = 8 Green < 7	0/8	2	3	1	2	1	4	0						13
	Physical assault	Red > 1 Green = 0	0	0	0	0	0	0	0	0						0
Visitor Incidents	RIDDOR incidents	Red > 1 Green = 0	0	0	0	0	0	1	0	0						1
	H&S public liability claims	Red > 2 Amber = 1-2 Green = 1	0/8	0	0	1	1	0	0	0						2
	Slips, Trips & Falls	Red > 14 Amber = 13 Green < 12	1	0	0	0	2	1	1	0						4
The Workforce (Including Contractors) Incidents	RIDDOR incidents	Red > 28 Amber = 27 Green < 26	2/7	2	5	3	1	2	0	1						14
	Slips, Trips & Falls	Red > 45 Amber = 44 Green < 41	3/42	11	3	3	2	6	8	6						39
	Employer liability claims	Red > 10 Green < 9	0/75	0	1	0	0	0	0	1						2
	Sharp incidents	Red > 106 Amber = 97-105 Green < 96	8	9	9	13	2	11	8	10						62
	Workplace stress	Red > 43 Amber = 40-42 Green < 39	3/25	5	10	5	9	4	6	7						46
	Contact dermatitis/latex	Red > 7 Amber = 6 Green < 5	0/42	0	0	0	0	0	0	0						0
	Musculoskeletal injuries	Red > 63 Amber = 57-62 Green < 56	4/67	3	8	2	6	5	10	4						33
	Physical assault	Red > 75 Amber = 68-74 Green < 67	5/38	14	19	8	10	6	4	10						71
	Mandatory training	Red > TBA Amber > TBA	TBC	116%	138%	152%	143%	163%	249%	261%						261%

Statutory and Mandatory Training Performance
Exception Report – November 2013
Target / Core Standard:

Trust Target:

The target for staff compliance in the 9 competencies of statutory and mandatory training is 90% by September 2014

Current Position and Progress:

October has seen another rise in staff compliance in all 9 competencies from 24.9% to 26.1%. The attached Dashboard presents the current position.

All staff groups have increased compliance in the 9 competencies; and compliance per competency has increased in 8 with only Equality and Diversity reducing from 71% to 69%.

September and October saw a usually high recruitment of non-medical clinical staff to the trust, with 74 in September and 106 in October, expected monthly starter numbers for this group is approximately 20. This created a huge impact on training requirements which was met by Nurse Education and supporting trainers.

Statutory and Mandatory Training capacity has remained stable with sufficient capacity against demand. Vital training dates for the first 3 months of 2014 have been released with good uptake, the remainder of the year being released by December. This gives the training team ability to predict capacity requirements and adjust capacity. Medical mandatory update days have been booked for 2014.

Equality and Diversity

This is delivered as face to face and via e-learning to address different learning needs of Trust staff. New starters are expected to complete the e-learning module, compliance with this will be closely monitored.

This is a 3 yearly competency for medical staff; currently compliance remains static at 47%.

Information Governance

This competency continues to rise slowly. All staff are required to complete this yearly. New starters are expected to complete the e-learning module; compliance with this will be closely monitored.

Monitoring of Compliance

A new excel workbook has been developed by workforce to support managers in monitoring staff compliance. Future plans are to include DNAs and figures for compliance with all 9 competencies. The workbook requires excel 2010 to function to its full capacity, this is unsupported on most trust computers.

A handbook for individual staff and managers will be launched at the ARC appraisal sessions. This handbook will give an overview on competencies required, how to achieve them and how to monitor them using ESR.

E-learning

A 3 month e-learning project has commenced to consider the potential for further e-learning to support the training programme.

[End]

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**FINANCE REPORT MONTH 7
FINANCIAL METRICS**

Financial Criteria	Metric to be scored	Weight	Rating categories					Trust YTD figure	Score	Target
			5	4	3	2	1			
Underlying performance	EBITDA margin %	0.25	11%	9%	5%	1%	<1%	2.8%	2	2
Achievement of plan	EBITDA % of plan achieved	0.10	100%	85%	70%	50%	<50%	65.4%	2	5
Financial Efficiency	Net return after financing	0.20	>3%	2%	-0.5%	-5%	<-5%	-3.4%	2	1
	I&E surplus margin	0.20	3%	2%	1%	-2%	< -2%	-0.6%	2	1
Liquidity	Liquidity ratio (days)	0.25	60	25	15	10	<10	29.6	4	3
Financial Risk rating is the weighted average of financial criteria scores after applying adjustment factors. an indicative risk rating of:								This gives	2.5	2.2

Overriding rules

Maximum overall score

One financial criterion scored at '1'	2
One financial criterion scored at '2'	3
Two financial criteria scored at '2'	2
Two financial criteria at '1'	1
Less than 1 year as an Foundation Trust	4

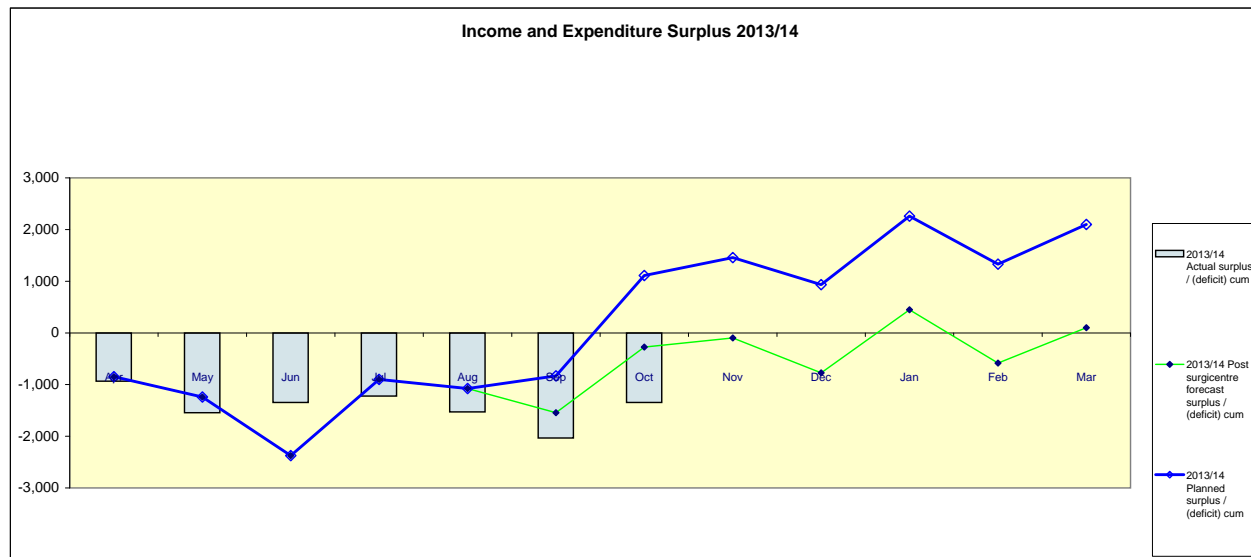
Overriding rules rating

2	2
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FINANCE REPORT MONTH 07
CONSOLIDATED TRUST INCOME AND EXPENDITURE

	Current Month			Year to Date			Full Year		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Forecast £000	Variance £000
Income									
Income from NHS activities	28,169	27,364	-805	174,835	175,243	407	303,763	302,935	-828
Income from non NHS activities	523	406	-117	3,380	3,239	-140	5,912	5,912	0
Other operating income	3,682	3,696	14	30,315	29,433	-881	48,527	48,527	0
Total Income	32,375	31,467	-908	208,529	207,916	-614	358,202	357,374	-828
Expenditure within Divisions									
Pay	-18,689	-19,387	-697	-129,735	-131,798	-2,064	-222,417	-223,467	-1,050
Non-Pay	-10,287	-11,012	-726	-69,244	-71,993	-2,748	-117,726	-117,851	-125
Unallocated Budgets	-109	306	415	-526	1,780	2,306	-1,314	-1,314	0
Total expenditure within Divisions	-29,086	-30,093	-1,008	-199,506	-202,011	-2,505	-341,457	-342,632	-1,175
EBITDA	3,289	1,373	-1,916	9,024	5,905	-3,119	16,746	14,743	-2,003
PDC Dividends payable	-377	-21	356	-1,991	-1,635	356	-3,878	-3,878	0
Depreciation & minor impairments	-774	-452	322	-4,558	-4,236	322	-8,427	-8,427	0
Investment Revenue	2	2	0	15	19	4	25	25	0
Finance Costs	-197	-217	-20	-1,379	-1,399	-20	-2,364	-2,364	0
NET SURPLUS / (DEFICIT)	1,943	686	-1,257	1,110	-1,347	-2,457	2,103	100	-2,003

EBITDA % delivered = $5,905 / 9,024 = 65.4\%$
 EBITDA margin = $5,905 / 207,916 = 2.84\%$
 I&E surplus margin = $-1,347 / 207,916 = -0.6\%$



**FINANCE REPORT MONTH 7
ANALYSIS OF CONTRACT INCOME BY SOURCE**

	Current Period			Year to Date			Full Year		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000
Income from activities - NHS									
National Commissioning Board	6,705	6,257	-448	43,055	42,947	-109	71,537	71,537	0
East & North Herts CCG	15,568	15,898	330	101,942	103,541	1,600	175,288	185,870	10,582
Herts Valleys CCG	1,275	1,223	-52	8,505	8,049	-456	14,149	14,149	0
Bedfordshire CCG	1,521	1,663	142	10,135	10,915	780	17,205	17,205	0
Luton CCG	258	260	2	1,702	1,573	-129	2,885	2,885	0
Cambridgeshire & Peterborough CCG	159	-220	-378	1,076	978	-98	1,826	1,826	0
West Essex CCG	25	51	26	169	221	51	288	288	0
Hillingdon CCG	195	155	-40	1,240	1,027	-213	2,089	2,089	0
Brent CCG	25	15	-10	159	98	-61	268	268	0
Harrow CCG	74	81	7	469	536	66	791	791	0
Barnet CCG	30	17	-13	192	115	-77	324	324	0
Chiltern CCG	40	24	-15	252	161	-92	425	425	0
Other CCGs	31	26	-4	195	173	-22	363	363	0
Non Contract Activity	221	189	-33	1,462	1,149	-313	2,451	2,451	0
NHSCB Public Health	246	272	26	1,592	1,754	162	2,693	2,693	0
<i>Treatment Centre</i>	1,796	1,452	-344	2,688	2,006	-682	11,180	10,352	-828
Total income from activities - NHS	28,169	27,364	-806	174,835	175,243	408	303,763	313,517	9,754
Income from non-NHS activities									
Private Patients	341	248	-93	2,083	1,870	-214	3,816	3,816	0
Road Traffic Act	81	43	-38	569	558	-11	1,005	1,005	0
Non NHS Other	101	115	14	727	811	84	1,091	1,091	0
Total income from non-NHS activities	523	406	-117	3,380	3,239	-140	5,912	5,912	0
Other operating income									
Education, Training and Research	1,058	1,059	0	7,360	7,268	-92	12,561	12,561	0
Distinction / Merit Awards	72	72	0	528	528	0	889	889	0
Hosted Services SLAs	295	292	-2	2,064	2,047	-17	3,538	3,538	0
Non Patient Care Services	275	298	23	1,555	1,614	59	2,754	2,754	0
R&D Income	367	468	101	2,273	2,312	39	3,914	3,914	0
Other Income	1,156	1,094	-62	8,268	8,167	-101	14,313	14,313	0
ISTC: SLAs	0	-11	-11	5,058	4,523	-535	5,058	5,058	0
ISTC: Transitional Relief	458	424	-35	3,208	2,974	-235	5,500	5,500	0
Total other operating income	3,682	3,696	14	30,315	29,433	-881	48,527	48,527	0
Grand Total	32,375	31,466	-909	208,529	207,916	-614	358,202	367,956	9,754

FINANCE REPORT MONTH 7
ANALYSIS OF CONTRACT INCOME BY TYPE OF ACTIVITY

	Current Period			Year to Date			Full Year		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000
Income from activities - NHS									
Accident & emergency	1,214	1,118	-97	8,385	8,214	-171	14,302	14,302	0
Non-elective short stay	214	295	81	1,581	1,751	170	2,847	2,847	0
Non-elective standard (incl excess bed days)	5,420	5,234	-186	36,620	36,750	130	62,623	62,623	0
Total Non-Elective Inpatients	5,634	5,529	-105	38,201	38,501	300	65,471	65,471	0
Day Case	1,154	999	-155	6,641	6,170	-471	11,876	11,876	0
Elective standard (incl excess bed days)	1,671	1,590	-82	10,600	10,261	-339	18,143	28,725	10,582
Total Elective Inpatients/Day Case	2,826	2,589	-237	17,241	16,430	-810	30,019	40,601	10,582
PbR outpatient consultant led first attendances	1,265	1,502	237	8,121	8,880	759	13,735	13,735	0
PbR outpatient consultant led follow up attendances	1,629	1,565	-63	10,178	9,787	-390	17,386	17,386	0
Outpatient - other	844	889	46	5,406	6,030	624	9,210	9,210	0
Outpatient procedures	467	499	32	3,238	3,646	408	5,482	5,482	0
Total Outpatient	4,204	4,456	252	26,943	28,343	1,400	45,813	45,813	0
Direct access pathology	723	720	-3	4,685	4,676	-9	7,923	7,923	0
Direct access radiology	295	336	41	1,912	2,256	344	3,234	3,234	0
Renal dialysis services	1,113	1,035	-78	7,241	6,930	-311	12,652	12,652	0
Neonatal & SCBU	335	321	-14	2,313	2,392	78	3,946	3,946	0
Intensive care	720	672	-49	4,972	5,297	325	8,480	8,480	0
Chemotherapy HCD	669	661	-9	4,287	4,276	-11	6,771	6,771	0
PbR drug exclusions	538	456	-82	3,074	2,760	-314	5,166	5,166	0
Ward attenders	338	207	-132	2,200	1,730	-470	3,718	3,718	0
Maternity pathway	1,935	2,147	212	13,358	13,988	630	22,783	22,783	0
Other Non-PbR Cost & volume services	557	555	-3	3,636	3,723	87	6,155	6,155	0
Non-PbR block services	508	512	4	3,291	3,315	24	5,566	5,566	0
Total Non-PbR cost & volume	7,733	7,622	-111	50,969	51,342	373	86,394	86,394	0
CQUIN	486	458	-29	3,150	3,072	-78	5,328	5,328	0
Treatment Centre	1,796	1,471	-325	2,688	2,025	-663	11,180	10,352	-828
Total Acute Services	23,894	23,242	-652	147,576	147,928	352	258,506	268,260	9,754
Mount Vernon									
PBR	2,301	2,403	102	14,760	14,874	114	25,168	25,168	0
Non PBR	1,890	1,650	-240	11,953	12,016	63	19,164	19,164	0
CQUIN	84	69	-15	546	425	-122	924	924	0
Total Mount Vernon	4,275	4,122	-153	27,259	27,314	56	45,256	45,256	0
Total income from activities - NHS	28,169	27,364	-805	174,835	175,243	407	303,763	313,517	9,754
Income from non-NHS activities									
Private Patients	341	248	-93	2,083	1,870	-214	3,816	3,816	0
Road Traffic Act	81	43	-38	569	558	-11	1,005	1,005	0
Non NHS Other	101	115	14	727	811	84	1,091	1,091	0
Total income from non-NHS activities	523	406	-117	3,380	3,239	-140	5,912	5,912	0
Other operating income									
Education, Training and Research	1,058	1,059	0	7,360	7,268	-92	12,561	12,561	0
Distinction / Merit Awards	72	72	0	528	528	0	889	889	0
Hosted Services SLAs	295	292	-2	2,064	2,047	-17	3,538	3,538	0
Non Patient Care Services	275	298	23	1,555	1,614	59	2,754	2,754	0
R&D Income	367	468	101	2,273	2,312	39	3,914	3,914	0
Other Income	1,156	1,094	-62	8,268	8,167	-101	14,313	14,313	0
ISTC: SLAs	0	-11	-11	5,058	4,523	-535	5,058	5,058	0
ISTC: Transitional Relief	458	424	-35	3,208	2,974	-235	5,500	5,500	0
Total other operating income	3,682	3,696	14	30,315	29,433	-881	48,527	48,527	0
Grand Total	32,375	31,467	-908	208,530	207,915	-614	358,202	367,956	9,754

**SERVICE LINE REPORT MONTH 7 IN-MONTH POSITION
ANALYSIS OF INCOME AND EXPENDITURE BY DIVISION**

	Cancer			Medicine			Surgery		
	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>
<u>Income</u>									
NHS Activities	5,623	5,478	(145)	8,893	8,341	(551)	8,232	7,883	(349)
Income reported in Divisions	455	424	(31)	96	110	14	76	90	14
Other Operating	446	449	4	1,072	1,056	(16)	1,021	986	(36)
Total Income	<u>6,523</u>	<u>6,351</u>	<u>(172)</u>	<u>10,061</u>	<u>9,507</u>	<u>(554)</u>	<u>9,329</u>	<u>8,958</u>	<u>(371)</u>
<u>Expenditure</u>									
Net Direct	(4,268)	(4,452)	(184)	(5,572)	(6,139)	(567)	(5,255)	(5,574)	(318)
Income reported in Divisions	(455)	(424)	31	(96)	(110)	(14)	(76)	(90)	(14)
Direct	(4,723)	(4,876)	(153)	(5,668)	(6,249)	(581)	(5,331)	(5,664)	(332)
Indirect Clinical Costs	(718)	(718)	0	(1,019)	(1,019)	0	(562)	(562)	0
Indirect Overhead Costs	(655)	(523)	132	(2,629)	(2,293)	336	(3,546)	(3,205)	341
Total Expenditure	<u>(6,096)</u>	<u>(6,117)</u>	<u>(21)</u>	<u>(9,315)</u>	<u>(9,561)</u>	<u>(246)</u>	<u>(9,439)</u>	<u>(9,430)</u>	<u>9</u>
Net Surplus/Deficit	<u>427</u>	<u>235</u>	<u>(192)</u>	<u>746</u>	<u>(54)</u>	<u>(800)</u>	<u>(110)</u>	<u>(472)</u>	<u>(362)</u>
<i>Contribution</i>	636	308	(328)	2,302	1,183	(1,119)	2,414	1,747	(667)
	<u>W&C</u>			<u>Clinical Services</u>			<u>Grand Total</u>		
	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>
<u>Income</u>									
NHS Activities	3,973	4,206	233	1,449	1,456	7	28,169	27,364	(805)
Income reported in Divisions	78	81	3	327	296	(31)	1,032	1,001	(31)
Other Operating	533	509	(24)	120	102	(18)	3,191	3,102	(90)
Total Income	<u>4,584</u>	<u>4,796</u>	<u>212</u>	<u>1,896</u>	<u>1,854</u>	<u>(42)</u>	<u>32,393</u>	<u>31,467</u>	<u>(926)</u>
<u>Expenditure</u>									
Net Direct	(2,590)	(2,608)	(18)	(3,903)	(4,300)	(397)	(21,589)	(23,073)	(1,484)
Income reported in Divisions	(78)	(81)	(3)	(327)	(296)	31	(1,032)	(1,001)	31
Direct	(2,668)	(2,689)	(21)	(4,230)	(4,596)	(366)	(22,621)	(24,074)	(1,453)
Indirect Clinical Costs	(376)	(376)	0	2,675	2,675	0	0	0	0
Indirect Overhead Costs	(1,323)	(1,185)	138	324	499	175	(7,829)	(6,706)	1,123
Total Expenditure	<u>(4,368)</u>	<u>(4,251)</u>	<u>117</u>	<u>(1,231)</u>	<u>(1,422)</u>	<u>(191)</u>	<u>(30,449)</u>	<u>(30,780)</u>	<u>(331)</u>
Net Surplus/Deficit	<u>216</u>	<u>545</u>	<u>330</u>	<u>665</u>	<u>432</u>	<u>(233)</u>	<u>1,943</u>	<u>686</u>	<u>(1,257)</u>
<i>Contribution</i>	1,007	1,222	215	221	(169)	(390)	6,580	4,291	(2,290)

**SERVICE LINE REPORT MONTH 7 YTD POSITION
ANALYSIS OF INCOME AND EXPENDITURE BY DIVISION**

	Cancer			Medicine			Surgery (incl treatment centre)		
	Plan	Actual	Diff	Plan	Actual	Diff	Plan	Actual	Diff
Income									
NHS Activities	35,914	36,171	257	58,400	57,142	(1,258)	45,020	45,031	10
Income reported in Divisions	3,241	3,317	76	658	642	(16)	540	521	(19)
Other Operating	3,297	3,309	12	9,078	8,788	(290)	8,984	8,652	(332)
Total Income	42,452	42,797	345	68,136	66,572	(1,564)	54,544	54,204	(340)
Expenditure									
Net Direct	(29,985)	(30,166)	(181)	(39,741)	(41,654)	(1,912)	(36,450)	(37,918)	(1,468)
Income reported in Divisions	(3,241)	(3,317)	(76)	(658)	(642)	16	(540)	(521)	19
Direct	(33,226)	(33,483)	(257)	(40,399)	(42,296)	(1,896)	(36,990)	(38,439)	(1,449)
Indirect Clinical Costs	(4,522)	(4,522)	0	(7,090)	(7,090)	0	(4,030)	(4,030)	0
Indirect Overhead Costs	(4,304)	(3,953)	351	(18,797)	(17,992)	806	(18,870)	(18,318)	552
Total Expenditure	(42,052)	(41,957)	94	(66,286)	(67,377)	(1,091)	(59,890)	(60,786)	(896)
Net Surplus/Deficit	400	839	439	1,850	(805)	(2,655)	(5,346)	(6,583)	(1,237)
<i>Contribution</i>	1,407	1,483	76	11,569	8,399	(3,170)	4,540	3,083	(1,457)
	W&C			Clinical Services			Grand Total		
	Plan	Actual	Diff	Plan	Actual	Diff	Plan	Actual	Diff
Income									
NHS Activities	26,113	27,097	984	9,387	9,802	414	174,835	175,243	408
Income reported in Divisions	601	506	(95)	2,057	1,801	(256)	7,097	6,787	(310)
Other Operating	4,358	4,236	(122)	880	901	21	26,597	25,886	(711)
Total Income	31,072	31,839	767	12,324	12,503	179	208,529	207,916	(614)
Expenditure									
Net Direct	(17,781)	(17,957)	(176)	(27,309)	(28,387)	(1,079)	(151,265)	(156,081)	(4,816)
Income reported in Divisions	(601)	(506)	95	(2,057)	(1,801)	256	(7,097)	(6,787)	310
Direct	(18,382)	(18,463)	(81)	(29,366)	(30,188)	(823)	(158,362)	(162,868)	(4,506)
Indirect Clinical Costs	(2,651)	(2,651)	0	18,293	18,293	0	0	0	0
Indirect Overhead Costs	(9,639)	(9,270)	369	2,554	3,137	583	(49,057)	(46,395)	2,661
Total Expenditure	(30,672)	(30,384)	288	(8,519)	(8,758)	(239)	(207,419)	(209,263)	(1,844)
Net Surplus/Deficit	400	1,455	1,055	3,805	3,745	(60)	1,110	(1,348)	(2,458)
<i>Contribution</i>	5,682	6,489	807	372	(293)	(664)	23,570	19,162	(4,408)

**SERVICE LINE REPORT MONTH 7 YTD POSITION
ANALYSIS OF INCOME AND EXPENDITURE BY DIVISION - EXCLUDING TREATMENT CENTRE**

	<u>Cancer</u>			<u>Medicine</u>			<u>Surgery (excl treatment centre)</u>		
	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>
<u>Income</u>									
NHS Activities	35,914	36,171	257	58,293	57,123	(1,169)	42,562	43,139	577
Income reported in Divisions	3,241	3,317	76	658	642	(16)	540	521	(19)
Other Operating	3,297	3,309	12	9,078	8,788	(290)	8,984	8,652	(332)
Total Income	42,452	42,797	345	68,029	66,553	(1,476)	52,086	52,313	227
<u>Expenditure</u>									
Net Direct	(29,985)	(30,166)	(181)	(39,741)	(41,654)	(1,912)	(34,174)	(35,220)	(1,046)
Income reported in Divisions	(3,241)	(3,317)	(76)	(658)	(642)	16	(540)	(521)	19
Direct	(33,226)	(33,483)	(257)	(40,399)	(42,296)	(1,896)	(34,714)	(35,741)	(1,027)
Indirect Clinical Costs	(4,522)	(4,522)	0	(7,090)	(7,090)	0	(4,030)	(4,030)	0
Indirect Overhead Costs	(4,304)	(3,953)	351	(18,797)	(17,992)	806	(18,459)	(17,907)	552
Total Expenditure	(42,052)	(41,957)	94	(66,286)	(67,377)	(1,091)	(57,203)	(57,677)	(474)
Net Surplus/Deficit	400	840	439	1,743	(824)	(2,566)	(5,117)	(5,365)	(248)
<i>Contribution</i>	1,407	1,483	76	11,462	8,380	(3,082)	4,358	3,890	(468)
	<u>W&C</u>			<u>Clinical Services</u>			<u>Grand Total</u>		
	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>	<u>Plan</u>	<u>Actual</u>	<u>Diff</u>
<u>Income</u>									
NHS Activities	25,991	26,982	991	9,387	9,802	415	172,147	173,218	1,071
Income reported in Divisions	601	506	(95)	2,057	1,801	(256)	7,097	6,787	(310)
Other Operating	4,358	4,236	(122)	880	901	21	26,597	25,886	(711)
Total Income	30,950	31,724	774	12,324	12,504	179	205,841	205,891	50
<u>Expenditure</u>									
Net Direct	(17,781)	(17,957)	(176)	(27,309)	(28,387)	(1,079)	(148,989)	(153,383)	(4,394)
Income reported in Divisions	(601)	(506)	95	(2,057)	(1,801)	256	(7,097)	(6,787)	310
Direct	(18,382)	(18,463)	(81)	(29,366)	(30,188)	(823)	(156,086)	(160,170)	(4,084)
Indirect Clinical Costs	(2,651)	(2,651)	0	18,293	18,293	0	0	0	0
Indirect Overhead Costs	(9,639)	(9,270)	369	2,554	3,137	583	(48,646)	(45,984)	2,661
Total Expenditure	(30,672)	(30,384)	288	(8,519)	(8,758)	(239)	(204,732)	(206,154)	(1,422)
Net Surplus/Deficit	278	1,340	1,062	3,805	3,745	(60)	1,109	(264)	(1,373)
<i>Contribution</i>	5,559	6,374	815	372	(292)	(664)	23,158	19,835	(3,323)

FINANCE REPORT MONTH 07

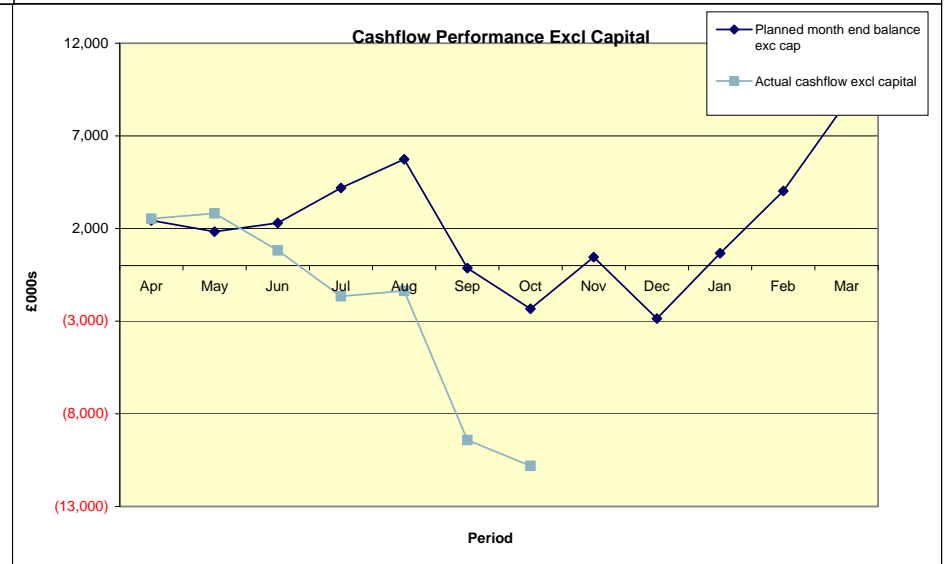
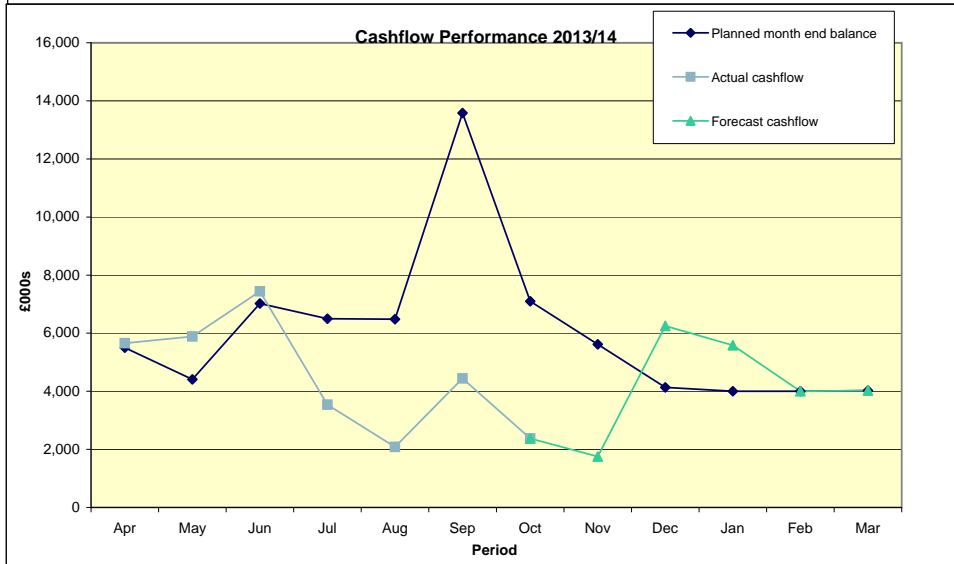
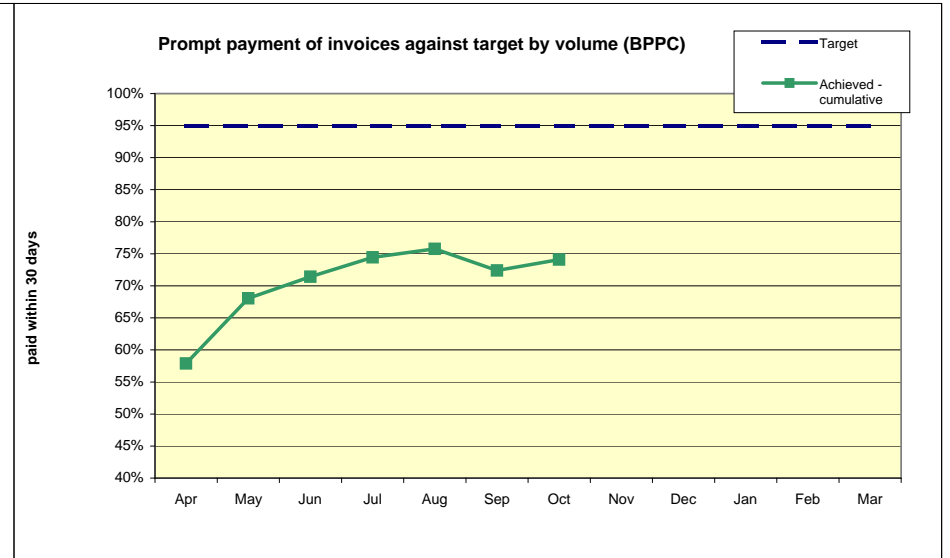
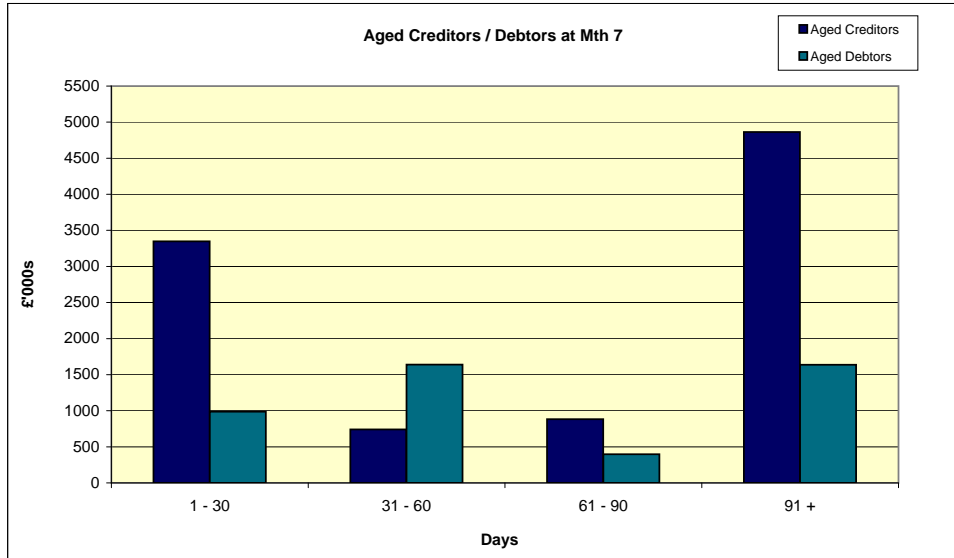
EXPENDITURE BY DIVISION AND SPECIALTY/DEPARTMENT

Division	Current Month			Year to Date			Full Year		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Forecast £000	Variance £000
Medical Division									
Emergency Care	-2,240	-2,591	-351	-16,705	-17,946	-1,242	-28,224	-28,224	0
A&E	-1,011	-1,116	-106	-7,115	-7,546	-431	-12,239	-12,239	0
Renal	-1,300	-1,234	65	-8,794	-8,616	179	-15,214	-15,214	0
Speciality Medicine	-451	-524	-73	-3,014	-3,112	-97	-5,234	-5,234	0
Cardiology	-595	-673	-79	-4,113	-4,429	-316	-7,048	-7,048	0
Total Medical Division	-5,596	-6,139	-543	-39,741	-41,649	-1,907	-67,959	-67,959	0
Surgical Division									
General Surgery & Urology & Gastroenterology	-1,336	-1,383	-47	-9,118	-9,730	-612	-15,776	-15,776	0
Orthopaedics	-967	-1,073	-106	-6,757	-7,008	-252	-11,597	-11,597	0
Surgical Specialities	-644	-766	-122	-4,560	-5,103	-542	-7,788	-7,788	0
Anaesthetics & Theatres	-1,503	-1,555	-51	-10,313	-10,534	-222	-17,574	-17,574	0
Critical Care	-811	-797	14	-5,708	-5,542	166	-9,770	-9,770	0
Total Surgical Division	-5,261	-5,574	-312	-36,456	-37,918	-1,462	-62,505	-62,505	0
Women's & Children's Division									
Obstetrics & Gynaecology	-1,457	-1,458	-2	-9,969	-10,037	-68	-17,265	-17,265	0
Paediatrics	-1,133	-1,150	-17	-7,812	-7,920	-108	-13,329	-13,329	0
Total Women's & Children's Division	-2,590	-2,608	-18	-17,781	-17,957	-176	-30,594	-30,594	0
Cancer Services Division									
Mount Vernon Cancer Services	-3,450	-3,623	-173	-24,328	-24,406	-78	-40,171	-40,171	0
Oncology & Haematology	-818	-829	-11	-5,657	-5,760	-103	-9,205	-9,205	0
Total Cancer Services Division	-4,268	-4,452	-184	-29,985	-30,166	-181	-49,376	-49,376	0
Clinical Support Division									
Pathology & EBME & QC	-1,428	-1,571	-143	-10,518	-10,793	-275	-17,488	-17,488	0
Pharmacy	-978	-986	-8	-5,933	-5,930	3	-9,976	-9,976	0
Radiology	-964	-1,089	-125	-6,932	-7,295	-364	-11,802	-11,802	0
Elizabeth House PP	37	2	-35	144	-127	-272	314	314	0
Patient Access & Occupational Health	-570	-656	-87	-4,071	-4,242	-171	-6,927	-6,927	0
Total Clinical Support Division	-3,903	-4,300	-397	-27,309	-28,387	-1,079	-45,879	-45,879	0
ISTC	-30	13	43	1,535	1,557	22	1,384	1,384	0
Lister Treatment Centre	-1,108	-1,156	-49	-1,660	-2,081	-422	-7,198	-8,660	-1,462
Corporate Directorates									
Finance	-702	-744	-41	-5,006	-5,099	-94	-8,530	-8,530	0
Personnel	-278	-272	6	-1,942	-1,883	59	-3,275	-3,275	0
Estates & Strategic Development&Facilities	-1,830	-1,823	7	-12,789	-12,995	-206	-21,946	-21,946	0
Trust Management	-634	-633	0	-4,304	-4,382	-78	-7,186	-7,186	0
Nursing	-832	-819	12	-6,031	-6,024	7	-10,364	-10,364	0
Education	-229	-236	-8	-1,251	-1,201	50	-2,101	-2,101	0
Total Corporate Departments	-4,505	-4,528	-23	-31,323	-31,585	-262	-53,402	-53,402	0
Reserves									
R&D	-67	-67	0	-442	-442	0	-746	-746	0
Unallocated Budgets - general reserves	-115	306	421	-532	1,780	2,312	-1,314	-1,314	0
Total Unallocated Budgets	-182	239	421	-974	1,338	2,312	-2,059	-2,059	0
Income reported in Divisions	-1,648	-1,588	60	-15,818	-15,160	658	-23,869	-23,869	0
Total Expenditure within Divisions	-29,092	-30,093	-1,001	-199,512	-202,007	-2,496	-341,458	-342,920	0

**FINANCE REPORT MONTH 07
ROLLING 12 MONTHS CASHFLOW**

	Oct-13 <i>Actual</i>	Nov-13 <i>Forecast</i>	Dec-13 <i>Forecast</i>	Jan-14 <i>Forecast</i>	Feb-14 <i>Forecast</i>	Mar-14 <i>Forecast</i>	Apr-14 <i>Forecast</i>	May-14 <i>Forecast</i>	Jun-14 <i>Forecast</i>	Jul-14 <i>Forecast</i>	Aug-14 <i>Forecast</i>	Sep-14 <i>Forecast</i>	TOTAL <i>13-14</i>
BALANCE	4,440	2,378	1,754	6,251	5,583	4,000	4,021	3,777	3,158	2,600	5,868	5,902	10,099
RECEIPTS													
NHS ACUTE ACTIVITY INCOME	27,362	23,092	28,192	23,092	28,509	24,175	23,092	23,092	23,092	23,092	23,092	23,092	298,153
EDUCATION/MERIT AWARDS/R&D	919	869	869	869	869	869	869	869	869	869	869	869	10,606
OTHER INCOME	4,521	3,777	3,777	3,777	3,777	3,777	3,777	3,777	3,777	3,777	3,777	3,777	48,053
INTEREST	2	2	2	2	2	2	2	2	2	2	2	2	28
LOAN RECEIVED	0	0	12,450	0	0	2,064	0	0	1,894	0	0	0	33,551
PDC RECEIVED	0	0	4,490	0	0	0	0	0	0	0	0	0	9,776
SUB-TOTAL RECEIPTS	32,804	27,740	49,780	27,740	33,157	30,887	27,740	27,740	29,634	27,740	27,740	27,740	400,167
PAYMENTS													
SALARIES & WAGES - TRUST	10,202	10,028	10,028	10,028	10,028	10,028	10,028	10,028	10,028	10,028	10,028	10,028	120,876
SALARIES & WAGES - OTHER	143	149	149	149	149	149	149	149	149	149	149	149	1,758
PAYE/ SUPERN/ NI - TRUST	7,135	7,034	7,034	7,034	7,034	7,034	7,034	7,034	7,034	7,034	7,034	7,034	85,384
PAYE/ SUPN/ NI - OTHER	47	53	53	53	53	53	53	53	53	53	53	53	619
CREDITORS	14,818	6,185	13,616	4,898	12,639	4,609	5,284	9,748	11,581	5,861	9,095	9,095	141,669
CREDITORS- CAPITAL	2,521	4,915	9,303	6,246	4,837	5,436	5,436	1,347	1,347	1,347	1,347	1,347	44,272
DIVIDEND PAID	0	0	0	0	0	1,555	0	0	0	0	0	1,555	2,997
INTEREST ON DH LOANS	0	0	0	0	0	792	0	0	0	0	0	879	1,435
DH LOAN REPAYMENTS	0	0	5,100	0	0	1,210	0	0	0	0	0	1,295	7,235
SUB-TOTAL PAYMENTS	34,866	28,364	45,283	28,408	34,740	30,866	27,984	28,359	30,192	24,472	27,706	31,435	406,245
Month end actual and forecast	2,378	1,754	6,251	5,583	4,000	4,021	3,777	3,158	2,600	5,868	5,902	2,207	4,021
Trust Cash plan	7,098	5,615	4,132	4,000	4,000	4,021	3,777	3,158	2,600	5,868	5,902	2,207	4,021

**FINANCE REPORT MONTH 7
CASHFLOW PERFORMANCE 2013/14**



**FINANCE REPORT MONTH 7
BALANCE SHEET 2013/14**

	Opening Balance as at 01/04/13 £000	Balance Sheet as at 31/10/13 £000	Forecast as at 31/03/14 £000
FIXED ASSETS			
Property, Plant Equipment	144,668	155,855	199,694
Trade & Other Receivables N-Current	1,485	1,485	1,325
TOTAL FIXED ASSETS	146,153	157,340	201,019
CURRENT ASSETS			
Inventories	4,864	4,989	4,063
Cash & Cash Equivalents	10,099	2,378	4,021
Trade & Other Receivables - Current	24,158	35,131	19,375
TOTAL CURRENT ASSETS	39,121	42,498	27,459
Creditors: Amounts Falling Due Within One Year	(42,498)	-35,109	(37,998)
NET CURRENT ASSETS / (LIABILITIES)	(3,377)	7,389	(10,539)
FIXED & NET CURRENT ASSETS LESS CURRENT LIABILITIES	142,776	164,729	190,480
Creditors: Amounts Falling Due More Than One Year	(50,799)	-68,891	(80,195)
Provisions For Liabilities & Charges	(961)	-882	(818)
NET ASSETS	91,016	94,956	109,467
FINANCED BY			
TAXPAYERS EQUITY:			
Public Dividend Capital	151,139	156,426	155,815
Revaluation Reserve	45,664	45,664	62,436
Retained Earnings	(105,787)	(107,134)	(108,784)
TOTAL TAXPAYERS EQUITY	91,016	94,956	109,467

FINANCE REPORT MONTH 7
CAPITAL PROGRAMME 2013/2014

Scheme Code	Scheme Description	Revised Budget as at 01/10/2013 £000	YTD Plan as at 31/10/2013 £000	YTD Expenditure as at 31/10/2013 £000	YTD Variance as at 31/10/2013 £000	YE Forecast as at 31/10/2013 £000
2012/13 Pre Commitments						
	Medical Equipment 12/13	93	93	164	(71)	164
	Decontamination	50	50	11	39	50
	IMT b/fwd 12/13	180	105	44	61	180
	MRI Enabling works	380	210	-10	220	380
	Other	0	0	-166	166	-72
Total b/f 2012/13		703	458	43	415	702
Additional capital allocation						
26741	Birthing Environment	186	105	21	84	186
	Hertfordshire Partnership FT	4,490	0	0	0	4,490
Additional Allocation		4,676	105	21	84	4,676
Essential Schemes						
26900	Project Support	2,250	210	278	(68)	2,250
26736	TPP	679	385	214	171	679
26501	HCH - PFI Asset	88	0	0	0	88
		3,017	595	492	103	3,017
New Schemes						
26754	Medical Equipment	1,000	630	169	461	1,000
	IM&T	874	504	232	272	974
26707	Maintenance	1,030	602	321	281	1,030
	Site Strategy including Mount Vernon	372	217	175	42	372
Total New Schemes		3,276	1,953	897	1,056	3,376
OCH						
26625	Phase 4 - A&E	7,413	5,077	5,245	(168)	7,018
26938	Phase 4 - ED Equipment	1,496	804	441	363	1,496
26751	Phase 4 - non GMP ED	95	55	113	(58)	95
26939	Phase 4 - Trust Fees			28	(28)	
26651	Phase 4 - Ward 11a	0	0	-263	263	-263
26744	Paeds Oph	93	93	7	86	93
26743	Fracture Clinic	85	85	85	0	85
26746	Social Services	0	0	11	(11)	0
26742	Office Moves	485	272	11	261	485
26936	Pharmacy Consolidation			5		
26749	Mamography	20	20	0	20	20
	Phase 4 - underspend	806	100	0	100	0
26650	Phase 4 - 7a	0		-74	74	-74
26705	Phase 4 - Ward Block	11,442	4,693	4,843	(150)	11,364
26941	Phase 4 - non GMP Ward Block	1,468	961	8	953	1,468
26940	Phase 4 - New ward block equipment	142	0	0	0	142
26942	Phase 4 - New ward block trust fees	0	0	20	(20)	
26656	Phase 4 - Theatres	11,475	4,497	2,718	1,779	11,436
26752	Phase 4 - non GMP Theatres	1,241	773	147	626	1,241
26943	Phase 4 - Theatres equipment	1,434	240	17	223	1,434
26653	Phase 4 - Chemo	2,060	440	805	(365)	2,060
26724	Phase 4 - Pathology	609	359	20	339	609
26661	Phase 4 - critical Care	0	0	-128	128	-132
26665	Phase 4 - Medical Records	350	292	-32	324	348
Total OCH		40,714	18,761	14,027	4,739	38,925
Programme Total 2013/14		52,386	21,872	15,480	6,397	50,696

Funding & CRL	
Depreciation	8,500
Loan - Phase 4	23,165
Additional PDC	10,386
Internally Generated	1,727
Donated	1,232
HPT	8,990
Sales proceeds on QE	2,700
Improving Birthing Env.	186
Total	56,886

**FINANCE REPORT MONTH 7
 SUMMARY OF CIP DELIVERY BY DIVISION**

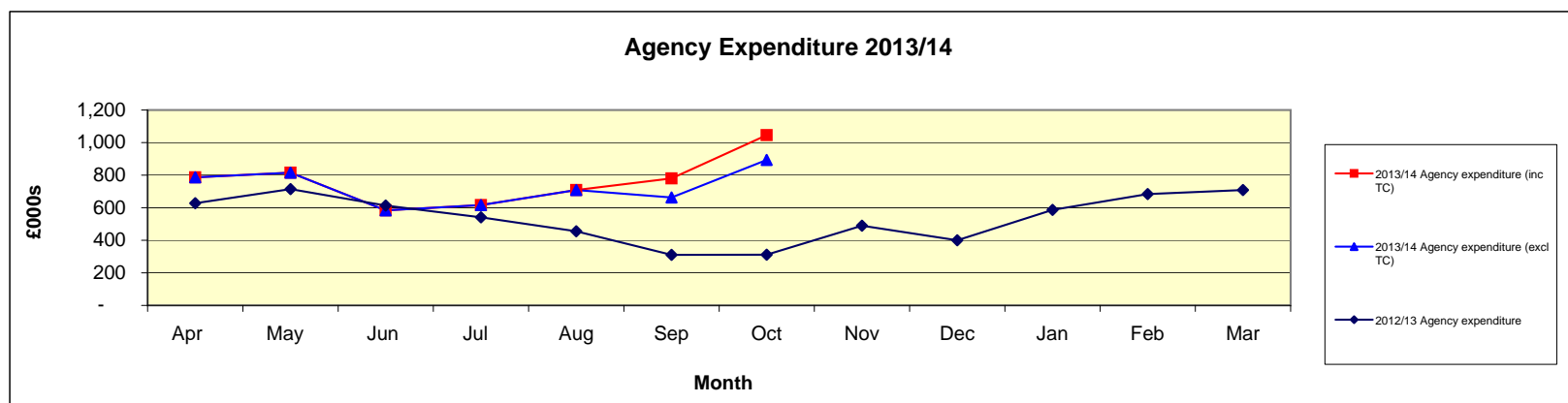
	Current Period			Year to Date			Full Year		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Forecast £000	Variance £000
Medical Division	296	187	-109	1,420	914	-506	2,900	2,900	0
Surgical Division	372	242	-130	1,881	1,081	-800	3,959	3,959	0
Women & Children's Division	195	190	-5	906	852	-54	1,879	1,879	0
Cancer Services Division	296	152	-144	1,214	1,057	-157	2,731	2,731	0
Clinical Support Division	275	240	-35	1,300	1,219	-81	2,792	2,792	0
Corporate Directorates	383	670	287	1,968	2,250	282	3,939	3,939	0
Total	1,817	1,681	-136	8,689	7,373	-1,316	18,200	18,200	0
		93%			85%			100%	

SUMMARY OF PHASING BY DIVISION

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Total
Medical Division	87	102	130	242	277	286	296	296	296	296	296	296	2900
Surgical Division	99	148	198	324	362	380	372	415	415	415	415	415	3958
Women & Children's Division	56	75	84	142	157	198	195	191	191	195	198	197	1879
Cancer Services Division	72	84	122	200	218	222	296	300	302	303	305	307	2731
Clinical Support Division	120	133	157	186	202	226	275	291	290	302	304	306	2792
Corporate Directorates	166	188	263	297	299	372	383	384	391	397	399	402	3940
Total £000	600	730	954	1,391	1,515	1,684	1,817	1,877	1,885	1,908	1,917	1,923	18,200
Total %	3.3%	4.0%	5.2%	7.6%	8.3%	9.3%	10.0%	10.3%	10.4%	10.5%	10.5%	10.6%	100.0%

FINANCE REPORT MONTH 7
2013/14 AGENCY EXPENDITURE AGAINST TRAJECTORY

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 Agency expenditure (inc TC)	787	815	584	616	709	780	1,046					
2013/14 Agency expenditure (excl TC)	787	815	584	616	709	663	893					
2013/14 Agency worked WTE	144	182	102	88	95	114	154					
2012/13 Agency expenditure	628	714	613	541	455	310	311	490	400	587	684	709



Monitor Compliance Framework and SHA Provider Management Regime

Monitor Compliance Framework - Performance Thresholds for 2013-14

Indicator	Achieve	Under-achieve	Fail	Weighting	Area	Lead Director	2010-11 Q3	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	Jul-13	Aug-13	Sep-13	Oct-13	Year to date	Qtr-end	PF RR
Clostridium Difficile -(profiled as 1 per month)	≤ 14	≤	> 14	1	Safety	AT	4.00	5.00	4.00	1.00	3.00	1.00	2.00	1.00	1.00	12.00		0
MRSA	≤ 0	≤	> 0	1	Safety	AT	2.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00		0
*All Cancers: 31-day wait from diagnosis to treatment 96% (1month in arrears)	> 96%	> -	< 96%	0.5	Quality	JW	99.24%	97.51%	98.02%	98.41%	96.57%	97.65%	99.46%	98.90%	TBC	98.19%		0
*All Cancers: 31-day wait for second or subsequent treatment - Surgery *94% (1month in arrears)	All 3 targets met	-	1 or more target failed	1	Quality	JW		96.77%	98.09%	98.13%	96.63%	100.00%	96.97%	94.59%	TBC	98.00%		0
*All Cancers: 31-day wait for second or subsequent treatment - Drug *98% (1month in arrears)					Quality	JW		100.00%	99.69%	100.00%	99.16%	100.00%	98.11%	98.35%	TBC	98.93%		0
*All Cancers: 31-day wait for second or subsequent treatment - Radiotherapy *94% (1month in arrears)					Quality	JW		99.18%	99.64%	99.88%	95.67%	99.45%	100.00%	98.54%	TBC	98.29%		0
*All Cancers: 62-day wait for first treatment - Urgent GP referral *85% (1month in arrears)	Both targets met	-	1 or more target failed	1	Quality	JW		87.91%	86.68%	85.28%	82.69%	85.80%	85.81%	86.45%	TBC	85.78%		0
*All Cancers: 62-day wait for first treatment - Consultant Screening Service *90% (1month in arrears)					Quality	JW		94.74%	92.41%	90.32%	100.00%	88.89%	100.00%	71.49%	TBC	91.11%		0
*Cancer 2-week wait from referral to date first seen - All cancers *93% (1month in arrears)	Both targets met	-	1 or more target failed	0.5	Quality	JW		99.25%	98.30%	98.02%	98.25%	98.30%	97.71%	96.52%	TBC	97.75%		0
*Cancer 2-week wait from referral to date first seen - Symptomatic breast patients *93% (1month in arrears)					Quality	JW		96.49%	96.31%	96.09%	98.52%	96.50%	96.10%	95.03%	TBC	96.64%		0
Maximum Waiting Time of 18-weeks from Referral to Treatment - Admitted	≥ 90%	-	< 90%	1	Patient Experience	JW	20.10	91.80%	90.60%	92.10%	94.59%	94.00%	93.83%	90.15%	90.26%	92.01%		0
Maximum Waiting Time of 18-weeks from Referral to Treatment - Non-Admitted	≥ 95%	-	< 95%	1	Patient Experience	JW	16.90	97.80%	97.10%	96.70%	96.79%	96.40%	97.31%	96.61%	96.65%	96.72%		0
Maximum Waiting Time of 18-weeks from Referral to Treatment - Incomplete	≥ 92%	-	< 92%	1	Patient Experience	JW	16.90	96.50%	95.60%	94.90%	94.90%	96.00%	96.12%	95.75%	95.49%	95.49%		0
A&E: Maximum Waiting Time of four hours from Arrival to Discharge or Admission	≥ 95%	-	< 95%	1	Quality	JW	95.63%	97.39%	97.02%	94.57%	94.66%	97.30%	96.40%	95.60%	97.33%	96.24%		0
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliant	-	Non-compliant	0.5	Patient Experience	AT												0

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

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

Monitor Compliance Framework GRR - Quality Overrides

Indicator	Achieve	Under-achieve	Fail	Weighting	Area	Lead Director	2010-11 Q3	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	Jul-13	Aug-13	Sep-13	Oct-13	Year to date	Qtr-end	PF RR
NHS Litigation Authority Level 1-3	Level 2				MCF Override	JMc												
CNST Level 1-3 (Against Plan Level 1 > April 2012)	Level 1				MCF Override	AT												
Mandatory Services Provision					MCF Override	ND												
Other Certification - Financial Compliance, Cooperation with Other NHS Bodies & Local Authorities, Information Governance, Cooperation & Competition Panel					MCF Override	PT												

Monitor Compliance Framework Quarterly Risk Rating (Q2) **Amber / Green** 1.00
 SHA Provider Management Regime Monthly Governance Risk Rating (GRR) **Amber / Green** 1.00

Department of Health Operating Framework measures

Service Performance Indicators for 2012-13

Indicator	Achieve	Under-achieve	Fail	Weighting	Area	Lead Director	2010-11 Q3	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	Jul-13	Aug-13	Sep-13	Oct-13	Year to date	Qtr-end
RTT Delivery in all Specialities (Treatment Functions not delivered (average Admitted, Non-Admitted & Incomplete Pathways)	≤ 0	≤ 20	> 20		Patient Experience	JW		4.30	3.80	4.30	2.33	3.00	12.00	16.00	4.00	18.00	
Diagnostic Test Waiting Times (patients waiting >6-weeks for 15 key diagnostic tests)	≤ 1.0%	≤ 5%	> 5%		Patient Experience	JW		1.90%	0.96%	0.81%	0.65%	0.21%	0.55%	0.35%	0.58%	0.41%	
Delayed Transfers of Care - DTCs	≤ 3.5%	≤ 5%	> 5%		Quality	JW		2.70%	2.40%	2.20%	4.00%	3.10%	3.41%	3.60%	2.50%	3.24%	
Total Equivalent beds blocked	≤ 6	≤ 12	> 12		Quality	JW		TBC	TBC	TBC	TBC	20	19	18	14	149	
MSA breaches - Numbers of unjustified breaches	≤ 0.0%	≤ 0.5%	> 0.5%		Patient Experience	AT		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
VTE Risk Assessment	≥ 98.0%	≥ 93%	< 93%		Safety	JM		99.57%	99.32%	99.39%	98.37%	97.93%	97.41%	98.18%	98.93%	97.84%	

Legend for Risk Ratings:

- RED
- AMBER
- GREEN
- TBC or N/A
- AMBER RED
- AMBER GREEN

East & North Hertfordshire NHS Trust :Board Performance Report (2013-14) - Month 7

Publication Date: 15/11/2013

Trust Clinical Efficiency KPIs

Performance Thresholds for 2012-13

Indicator	Achieve	Under-achieve	Fail	Weighting	Area	Lead Director	2010-11 Q3	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	Jul-13	Aug-13	Sep-13	Oct-13	Year to date	Qtr-end
DNA rate	Plan	Plan +1%	Plan +1%		Productivity	JW	9.46%	7.70%	6.88%	7.15%	7.68%	8.17%	8.65%	8.20%	8.57%	7.95%	
New to Follow-up outpatient appointment ratio	1.75	2.27	2.27		Productivity	JW	1.68	2.12	2.22	2.33	2.16	1.79	1.63	1.82	1.63	1.87	
*Pre-op bed-days	6.0%	12.0%	12.0%		Productivity	JW	5.50%	9.00%	6.30%	7.40%	4.00%	4.65%	1.90%	2.70%	2.42%	4.98%	
Bed occupancy (at 4pm)	85.0%		85.0%		Resources	JW		TBC	TBC	TBC	TBC	80.22%	80.18%	82.60%	84.95%	84.49%	
Length of Stay (Overall)	4.5	6	6		Resources	JW		4.54	4.28	4.58	5.12	4.04	4.01	3.89	3.74	4.04	
Theatre Utilisation (1month in arrears)	87.5%	75.0%	75.0%		Productivity	JW	86.70%	93.80%	95.60%	95.30%	94.90%	94.70%	94.10%	93.90%	TBC	94.90%	

Key Contract Requirements

Performance Thresholds for 2012-13

Indicator	Achieve	Under-achieve	Fail	Weighting	Area	Lead Director	2010-11 Q3	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	Jul-13	Aug-13	Sep-13	Oct-13	Year to date	Qtr-end			
A&E Quality Indicator - Total Time in A&E (95th percentile)	1		1	1.0 (failing 3 or more) OR 0.5 (failing 2 or less)	Quality	JW		>1 'Timeliness' indicator achieved	>1 'Timeliness' indicator achieved	0 'Timeliness' indicator achieved	0 'Timeliness' indicator achieved	>1 'Timeliness' indicator achieved	>1 'Timeliness' indicator achieved	1 'Timeliness' indicator achieved	1 'Timeliness' indicator achieved	>1 'Timeliness' indicator achieved				
A&E Quality Indicator - Time to initial assessment (95th percentile)					Quality	JW														
A&E Quality Indicator - Time to treatment decision (median)					Quality	JW														
A&E Quality Indicator - Unplanned reattendance rate	1		1		Quality	JW		>1 'Impact' indicator achieved	>1 'Impact' indicator achieved	>1 'Impact' indicator achieved	>1 'Impact' indicator achieved	>1 'Impact' indicator achieved	>1 'Impact' indicator achieved	>1 'Impact' indicator achieved	>1 'Impact' indicator achieved	>1 'Impact' indicator achieved				
A&E Quality Indicator - Left without being seen					Quality	JW														
Ambulance Turnaround (To Apply from Q2)	15 minutes		15 minutes		Quality	JW	3.00%		72.70%	72.20%	66.60%	86.00%	88.40%	87.40%	89.50%	83.70%				
Choose & Book Slot issues under 5%	5%	5% <EoE	EoE Avg		Quality	JW	3.00%	12.20%	11.90%	9.17%	10.49%	14.49%	11.46%	8.82%	7.84%	12.66%				
Cancelled Operations - on the day	0.80%	0.8%	1.50%		Quality	JW	0.74%	0.64%	0.34%	0.40%	0.80%	0.63%	0.75%	0.65%	0.66%	0.71%				
Readmissions following non-elective admission	9%	13%	13%		Activity	JW		TBC	TBC	TBC	TBC	9.14%	5.03%	5.28%	4.18%	9.87%				
Admissions to a Critical Care Bed <4-hours from Decision to Admit	0		>1 per month		Quality	JW		0	0	0	0	0	0	0	0	0				
Admissions to a Stroke Bed <4-hours from Arrival at A&E (1 month in arrears)* (*Q1 - 50% pts, Q2 - 70% pts, Q3 - 90% pts, Q4 - 90% pts)	90		90%		Quality	JW		40.00%	53.70%	47.10%	40.40%	57.60%	70.50%	73.50%	TBC	67.30%				

Local Priorities

Performance Thresholds for 2012-13

Indicator	Achieve	Under-achieve	Fail	Weighting	Area	Lead Director	2010-11 Q3	2012-13 Q1	2012-13 Q2	2012-13 Q3	2012-13 Q4	Jul-13	Aug-13	Sep-13	Oct-13	Year to date	Qtr-end
Stroke Care - % of patients spending 90% of hospital stay on a specialist stroke unit (1mth in arrears)	80%	70%	70%		Local Priority	JW	71.5%	83.2%	81.7%	78.8%	70.0%	64.9%	71.4%	67.6%	TBC	72.0%	
Stroke Care - % patients with high risk TIA seen and scanned/treated within 24 hours (1mth in arrears)	60%	54%	54%		Local Priority	JW	59.3%	62.5%	54.5%	37.8%	55.3%	72.2%	47.6%	87.9%	TBC	72.8%	
PPCI - 150 minute call to balloon time	80%	75%	75%		Local Priority	JW	100.0%	85.7%	87.5%	90.0%	90.5%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%
Two-week wait access for Rapid Access Chest Pain Clinics.	98%		98%		Local Priority	JW	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
MRSA Elective screening	100%	99%	99%		Local Priority	AT	82.80%	99.96%	99.89%	99.96%	99.95%	99.36%	99.60%	99.86%	100.00%	99.79%	
MRSA Emergency screening (*provisional figures)	100%	95%	95%		Local Priority	AT	82.8%	90.2%	88.8%	93.3%	91.0%	90.8%	91.6%	91.4%	92.6%	91.7%	

CQC Outcomes Summary

Registration Position 11/12	Registration position 12/13	Outcome	Regulation	CQC ESSENTIAL STANDARDS OF QUALITY & SAFETY	DIRECTOR LEAD	Current Registration Position - April '13					Anticipated Full Year Position 2012/13- All locations /Regulatory Activities
						Lister	QEII	MVCC	Hertford	Bedford renal	
Section 1: Involvement and Communication											
C	C	1	17	Respecting and involving people who use services	Director of Nursing	C	C	C	C	C	Compliant - No compliance conditions
C	C	2	18	Consent to care and treatment	Medical Director	C	C	C	C	C	Compliant - No compliance conditions
C	C	3	21	Fees etc. (applies to people how pay for their care)	Director of Finance	C	C	C	C	C	Compliant - (No declaration required)
Section 2: Personalised Care Treatment and Support											
C	C	4	9	Care and welfare of people who use services	Director of Nursing	C	C	C	C	C	Compliant - No compliance conditions
C	C	5	14	Meeting nutritional needs	Director of Nursing	C	C	C	C	C	Compliant - No compliance conditions
C	C	6	24	Cooperating with other providers	Director of Operations	C	C	C	C	C	Compliant - No compliance conditions
Section 3: Safeguarding and Safety											
C x 3 sites Lister site - Minor concern Q4 only	C	7	11	Safeguarding vulnerable service users	Director of Nursing	C	C	C	C	C	Compliant - No compliance conditions
C	C	8	12	Cleanliness and infection control	Director of Nursing	C	C	C	C	C	Compliant - No compliance conditions
C	C	9	13	Management of medicines	Medical Director	C	C	C	C	C	Compliant - No compliance conditions
C	C	10	15	Safety and suitability of premises	Director of Strategic	C	C	C	C	C	Compliant - No compliance conditions
C	C	11	16	Safety, availability and suitability of equipment	Director of Nursing	C	C	C	C	C	Compliant - No compliance conditions
Section 4: Suitability of Staffing											
C	C	12	21	Requirements relating to workers	Director of HR	C	C	C	C	C	Compliant - No compliance conditions
C	C	13	22	Staffing	Director of HR	C	C	C	C	C	Compliant - No compliance conditions
C x 3 sites Lister site - Minor concern Q4 only	C	14	23	Supporting workers	Director of HR	C	C	C	C	C	Compliant - No compliance conditions
Section 5: Quality and management											
C	C	15	8	Statement of Purpose	Director of Finance	Compliant					Compliant
C	C	16	9	Assessing and monitoring the quality of service provision	Medical Director	C	C	C	C	C	Compliant - No compliance conditions
C	C	17		Complaints	Director of Nursing	C	C	C	C	C	Compliant - No compliance conditions
C	C	18	17	Notification of Death of a Service User	Director of Nursing	C	C	C	C	C	Compliant
C	C	19	18	Notification of death or unauthorised absence of a service user who is detailed or liable to be detailed under the Mental Health Act 1983	Director of Nursing	C	C	C	C	C	Compliant
C	C	20	29	Notification of other incidents	Director of Nursing	C	C	C	C	C	Compliant
C	C	21	20	Records	Director of Operations	C	C	C	C	C	Compliant - No compliance conditions
Section 6: Suitability of management											
N/A		22	4	Requirements where the service provider is an individual of partnership	Not applicable to NHS						N/A
C	C	23	5	Requirement where the service provider is a body other than a partnership (nominated individual)	Director of HR	Trust Nominated Individual is the Chief Executive					Compliant
N/A		24	6	Requirements relating to registered managers	Not applicable to NHS						N/A
C	C	25	7	Registered Person: training	Director of HR	C					Compliant
N/A		26	12	Financial position	Not applicable to NHS						N/A
C	C	27	14	Notice of absence	Director of Finance	C	C	C	C	C	Compliant
C	C	28	15	Notice of changes	Director of Finance	C	C	C	C	C	Compliant

From 1st April 2010 the Trust has been formally registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities at the specified locations.

REGULATORY ACTIVITY	LISTER HOSPITAL	QEII	MVCC	HERTFORD	BEDFORD RENAL	HARLOW RENAL
Treatment of disease, disorder or injury	Registered	Registered	Registered	Registered	Registered	Registered
Surgical procedures	Registered	Registered	Registered			
Diagnostic and screening procedures	Registered	Registered	Registered	Registered	Registered	
Maternity and midwifery services	Registered	Registered		Registered		
Termination of pregnancies	Registered	Registered				
Family Planning Services	Registered	Registered		Registered		
Assessment or medical treatment of people detained under the Mental Health Act 1983	Registered	Registered	Registered			

Intelligent Monitoring Report – October 2013 (revised)



The Intelligent Monitoring report replaces the QRP report previously provided by CQC and will be updated quarterly by CQC.

The areas of risk identified above all have full action plans in place to ensure these are addressed and are monitored through reports to RAQC and Board.

SHMI – the latest iteration of the data reflects that SHMI is now within the 'as expected' range as outlined in the Medical Director's report.

Mortality outlier (respiratory conditions and procedures) – mortality outlier alert received and responded to CQC - awaiting outcome. Update provided in Medical Director Report.

Whistleblowing alert – assurance given and enquiry closed by local CQC compliance inspector. It is anticipated that risk will be reduced in the next release of data.

GMC Serious Education Concerns – data relates to 2013 trainee survey which has demonstrated improvements on the previous year. Summary report and action plan provided to RAQC in October 2013.

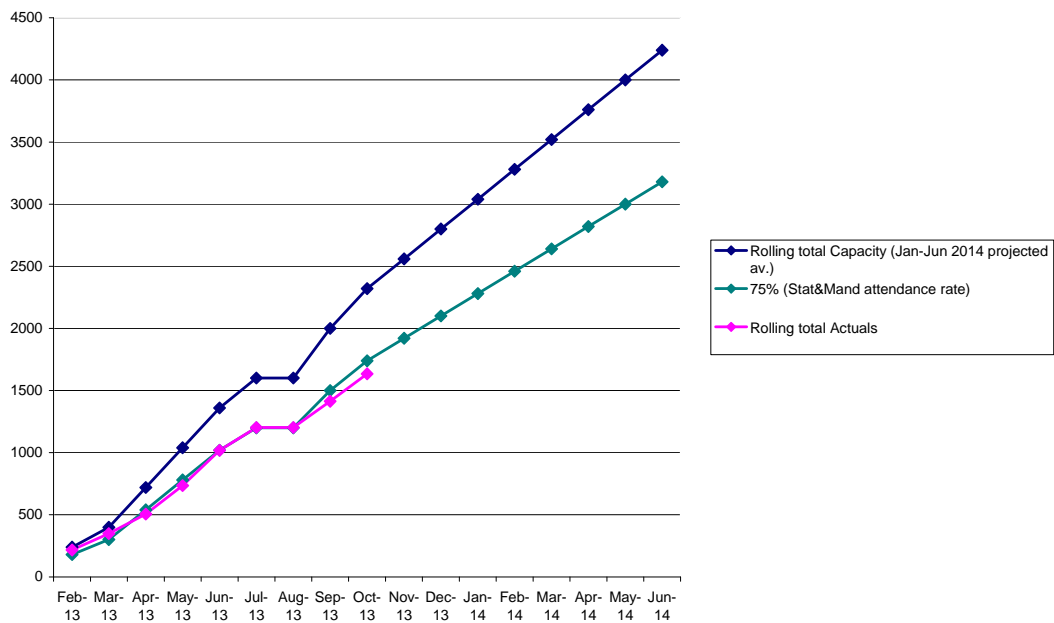
Band: CQC has categorised trusts into one of six summary bands, with Band 1 representing highest risk and Band 6 with the lowest. These bands have been assigned based on the proportion of indicators that have been identified as 'risk' or 'elevated risk' or if there are known serious concerns with trusts (for example, trusts in special measures) they are categorised as Band 1.

Appendix 1

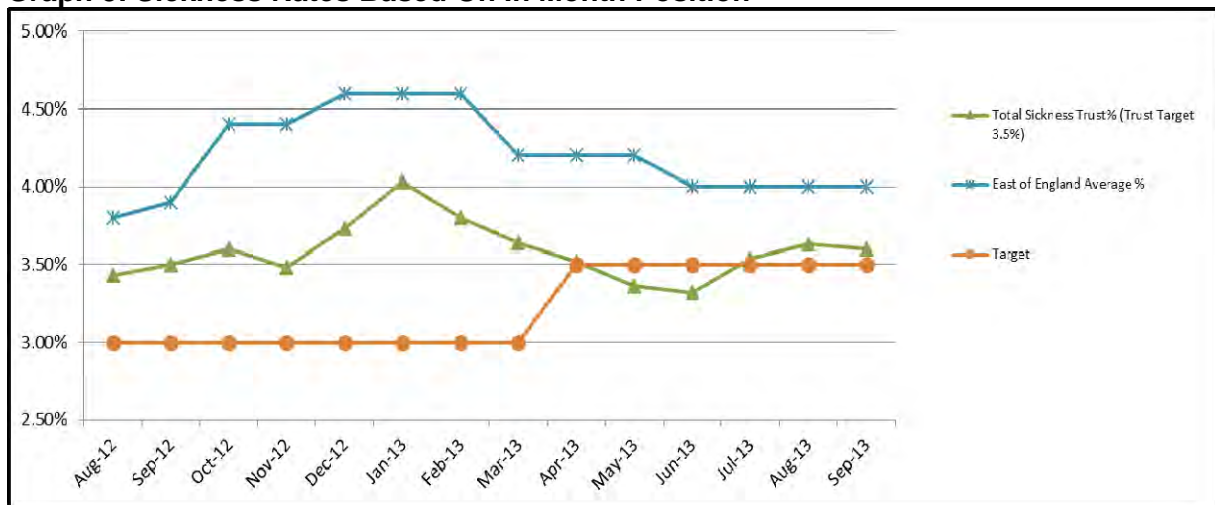
Graph 1: CRB Look Back Graph



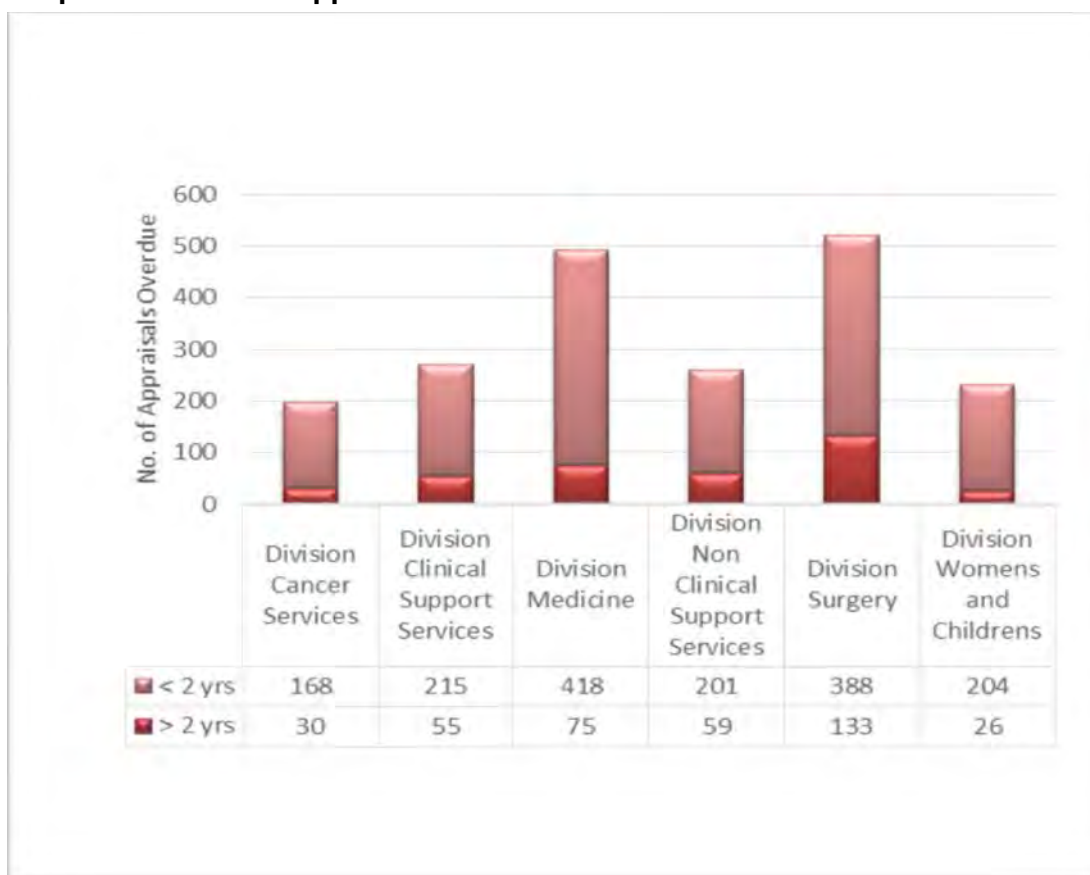
Graph 2: Customer Excellence Training, Attendance and Booking



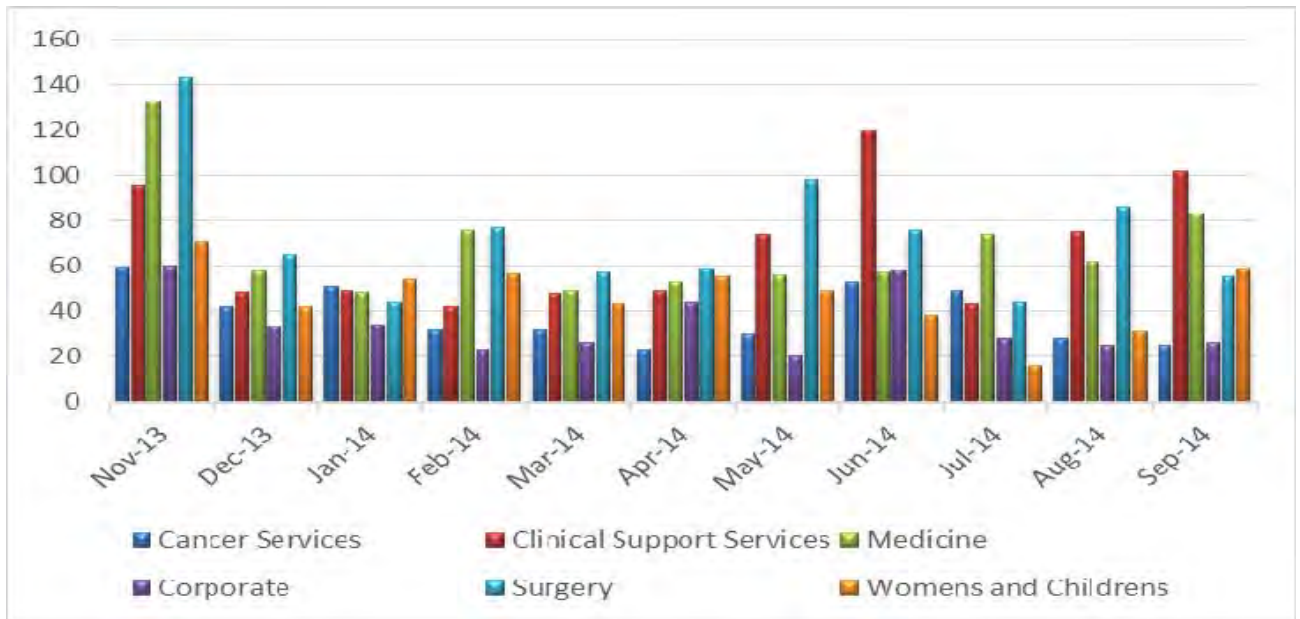
Graph 3: Sickness Rates Based On In Month Position



Graph 4: Number of Appraisals Overdue



Graph 5: Appraisals Required by month to meet 90% Compliance by 31st March 2014



Appendix 2

Table 1: Bank & Agency Spend

October 2013 position				
Total spend	Current month		YTD	
	£	%	£	%
Agency	1,046,274	5.40	5,483,000	4.2
Bank	795,791	4.0	5,361,000	4.1
Substantive	17,544,534	90.50	120,955,000	91.7
Total	19,386,599		131,799,000	
Variance against pay budget	697,000	3.7	2,063,556	1.6

Table 2: Recruitment Data

Source: Stepchange	Target	Trust MTH	Previous MTH
Time to Start: From requisition approval to start date	12 weeks	15 weeks	15 weeks
Time to Start: From create requisition to start date	14 weeks	17 weeks	17 weeks

Table 3: Resourcing Data

Source: ESR/NHS jobs	Trust Mth	Trust YTD	Surgery	Medicine	CS	W & C	Cancer	Corporate
Jobs advertised – WTE	85.3		20	12.74	21.3	6.56	12.7	12
Number of candidates undergoing pre- employment checks	70.6		24.5	14.9	9	6	14.2	2
Number of starters – 12 mth (rolling figure) Not inc Jnr Docs	152	758	62 (201)	34 (201)	17 (106)	28 (113)	6 (64)	5 (73)
Number of leavers – 12 mth (rolling figure) Not inc Jnr Docs	55	632	16 (162)	11 (114)	11 (120)	6 (90)	5 (70)	6 (76)

Table 4: NHSP Performance

Professional Group	Number of Shifts Requested	Number of Bank Shifts Filled	Bank Fill Rate	Number of Agency Shifts Filled	Agency Fill Rate	% late booking requests	Total Fill Rate
Nursing	5291	3494	66%	972	18.4%	Data will be available for next report	84.4%
Medical	1046	423	40.4%	581	55.5%	Data will be available for next report	96%
AHP	166	44	26.5%	119	71.7%	Data will be available for next report	98.2%
A&C	2507	2087	83.2%	332	13.2%	Data will be available for next report	96.55
HCS	275	73	26.5%	191	69.5%	Data will be available for next report	96%
Support	659	591	89.7%	24	3.6%	Data will be available for next report	93.3%
Total	9944	6712	67.5%	2219	22.3%	Data will be available for next report	89.8%

Table 5: Appraisal Data

Source: ESR	Trust MTH	Trust YTD	Surgery	Medicine	CS	W & C	Cancer	Corporate^
% Appraisals complete – Overall from Nov 2012-Oct 2013	66.93%		58.62%	67.66%	76.19%	68.50%	69.03%	62.78%
% Appraisals complete – All Directors since 1 May 2013	Data will support implementation of new appraisal process.							
% Appraisals complete – Direct reports to Directors since 1 May 2013	Data will support implementation of new appraisal process.							
% Appraisals complete – Rest of the Workforce since 1 May 2013								
Consultant Job plans % complete	Data not currently available							
Corporate Induction Compliance Rates								
Junior Doctor Induction Compliance Rates excluding conflict resolution training	60% ** 25 drs in Oct	94%	91%	98%	83%	98%	87%	100%
Statutory and mandatory training compliance	26.05%		23.43%	19.34%	28.60%	33.70%	23.23%	35.24%

** 10 of the 25 starters in October had not completed all induction requirements.

^ Corporate = FY2s + GPSTs in General Practice & Psychiatry

Table 6: Total number of employee relations cases in progress including sickness absence

Source: Capsticks	Total Live cases as at 31 Sept 2013	Total Live Cases as at 31 October 2013	Surgery	Medicine	CSS	W & C	Cancer	Corporate
Total number of cases in progress	125	144	35	42	17	16	10	24
%= number of cases as % of headcount	2.35%	2.58%	2.6%	3.3%	1.8%	2.1%	1.6%	3.9%

Table 8: Average time taken to close disciplinary cases

Number of Completed Disciplinary Cases	Q4 Jan-Mar 2013	Q1 Apr-June 2013	Q2 July – Sept 2013	Q3 Oct-Dec 2013
Average time taken for closed disciplinary cases (excluding MHPS cases)	139 days 31 cases	131 days 38 cases	120 days 36 cases	

Appendix 3

Open Disciplinary Cases

There are 33 cases which have run for a period of more than 90 days. Of these 15 have run above 200 days. The longest running case has been running for 467 days.

Table 1: Number of non-medical cases per Division and average time taken

Division	Number of Open Cases	Average time taken of open cases	Red	Amber	Green
Non clinical Support	6	213	6	0	0
Clinical Support	7	177	5	0	2
Surgery	15	142	8	0	7
Medicine	18	141	10	0	8
Women's & Children's	7	98	4	0	3
Cancer	3	28	0	0	3

Appendix 4

Table 1: Junior Doctor & Consultants Recruitment - October 2013

Specialty	Grade	Advert Open	Advert Close	Interview Date	Candidate Appointed	Start Date
Plastic Surgery	Senior Clinical Fellow	04/09/13	14/10/13	30/10/2013	S L Karamatsoukis	18/11/2013
Trauma &Orthopaedics	Junior Clinical Fellow	03/09/13	16/09/13	26/09/2013	A.Pandithartne & Chokkaparu	02/10/2013
Cardiology	Trust Grade Registrar	28/09/13	12/09/13	03/10/2013 and 22/10/2013	Dr Santosh Raga and Dr Hamid Mahmood	TBC
Paediatrics	LAS SpR	17/09/13	23/09/13	25/09/2013	Dr E Doamekpor	04/11/2013
Trauma &Orthopaedics	LAS ST3	10/10/13	20/10/13	24/10/2013	South Voon	04/11/2013
Anaesthetics	Locum Consultant	08/08/13	24/08/13	10/09/2013	Dr B Panesar	09/12/2013
Anaesthetics	Locum Consultant	08/08/13	24/08/13	10/09/2013	Dr J Bramall	06/11/2013
Paediatrics (Hybrid)	Locum Consultant	08/08/13	31/08/13	18/09/2013	Dr B Ravindranathan	14/10/2013
Paediatrics (Allegry)	Locum Consultant	08/08/13	31/08/13	18/09/2013	Dr D Bakshi	23/10/2013
Stroke	Consultant	23/07/13	16/08/13	23/09/2013	Dr P Dangree	16/01/14
Radiology	Consultant	13/08/13	13/09/13	22/10/2013	Dr A Patel & Dr R Patel	TBA
Obs and Gynae Early Preg	Consultant	03/09/13	27/09/13	30/10/2013	Dr M Modi	TBA
Obs and Gynae Inf/Colp	Consultant	03/09/13	27/09/13	08/11/2013	Miss R Farah	TBA
Emergency Medicine	Locum Consultant	12/09/13	28/09/13	04/10/2013	Dr A Chesters	04/11/2013
Emergency Medicine	Senior Clinical Fellow	HCL Recruitment Project	HCL Recruitment Project	26/09/2013	Dr S Tahir	16/12/13
Emergency Medicine	Senior Clinical Fellow	HCL Recruitment Project	HCL Recruitment Project	04/11/2013	Dr A Periyanan	Mid-Feb 2014
Emergency Medicine	Junior Clinical Fellow	HCL Recruitment Project	HCL Recruitment Project	25/10/2013	Dr E Ali	Early-Feb 2014
Emergency Medicine	Junior Clinical Fellow	HCL Recruitment Project	HCL Recruitment Project	31/08/2013	Dr I Lopez	TBA
Emergency Medicine	Junior Clinical Fellow	Trust Appointment	Trust Appointment	13/11/2013	Dr R Anwar	04/12/13

Appendix 5

Table 1: Readiness Criteria for OCH Gateway One

Gateway One: Organisation Design			
Ref No	Criteria Name	Criteria Description	Evidence Required
1.1	Clear vision of when service moves are taking place and where	Dates of when each service move is taking place.	Service moves timetable signed off
1.2	Interdependencies understood	Are there any service moves that are dependent on another service move taking place	All interdependencies documented and consequences mapped
1.3	High level service design completed	List of which services will be provided at Lister and which services will no longer be needed. Plus details of any services the division will need to provide at the New QE11	High level service design agreed and signed off
1.4	Workforce pay envelope understood	Workforce pay envelope for each division and department available.	Workforce pay envelope for each division/department agreed and signed off
1.5	Workforce 'as is' split between funded permanent and bank staff understood	As is split between funded permanent and flexible staff as at September 2013 signed off	As is split between funded permanent and flexible staff validated
1.6	Accurate staffing data both funded and in post available and site locations verified.	As is staffing establishments signed off including vacancies and flexible workforce	As is staffing establishments validated
1.7	Detailed project plans in place with timelines	Detailed project plans completed	Project Plans agreed and signed off
1.8	Divisional OCH resources and leads identified.	Divisional OCH leads identified and time to be allocated to OCH	Identified Divisional OCH Leads agreed, including time allocated to the project and signed off.
1.9	CIP posts that have been removed and signed off in this financial year.	All posts removed and signed off as a CIP in this financial year identified and the savings made as a result	A list of all posts that have been removed and signed off as a CIP in this financial year to date and the savings made as a result signed off.

Table 2: Progress in Completing Gateway One

Gateway One	Cancer	Clinical Support Services	Medicine	Surgery	Womens and Childrens
RAG Rating					



Infection Prevention and Control Board Report

October 2013

Purpose

The purpose of this report is to provide the Trust Board with an overview of Infection Prevention & Control performance for period of 1st of October 2013 to 31st October 2013

Performance

There have been 0 cases of hospital acquired MRSA Bacteraemia in October 2013.

Target 2013/14 = 0 avoidable YTD= 1

There has been 1 case of hospital acquired C.difficile in October 2013

Target 2013/14 =14 YTD = 12

There have been 0 cases of hospital acquired MSSA bacteraemia post 48 hours in October 2013.

Target 2012-2013 = (No Target) YTD =7

Elective MRSA Screening Compliance in October 2013 100%

Target 2013/14 = 100% YTD = 99.79%

There has been 3 cases of hospital acquired E.Coli Bacteraemia in October 2013.

Target 2013/14 = (No Target) YTD = 33

Emergency MRSA Screening Compliance in October 2013 92.62%

Target 2013/14 =100% YTD = 91.72%

There has been 1 case of hospital acquired Vancomycin Resistant Enterococci in October 2013.

Target 2013/14 = (No Target) YTD = 3

Clinical Issues

Legionella species identified via routine sampling of water in the Renal Dialysis Unit Harlow

Surgical site infection in # NOF cases increased in quarter 3

High Impact Interventions

All above 95% compliance

DH-Deep Clean Program 2013 – 2014

SCBU deep cleaned in October

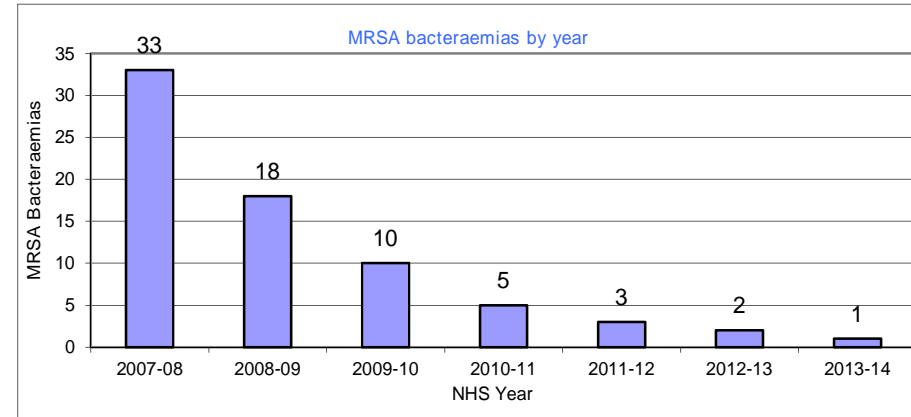
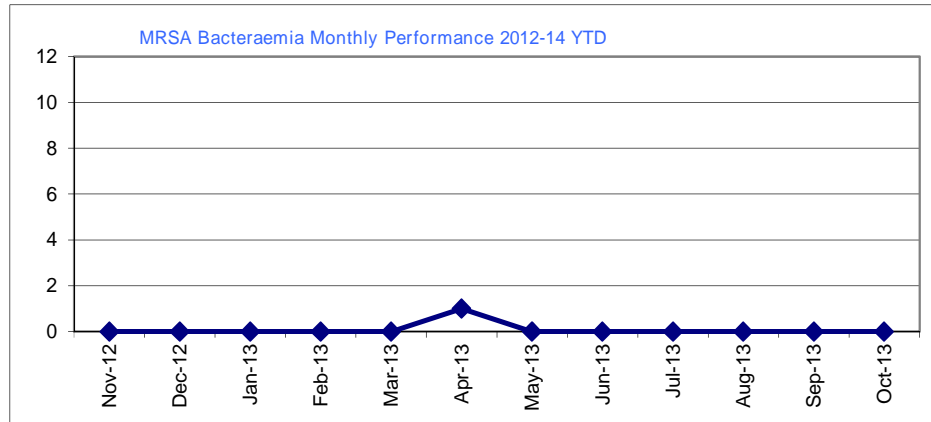
MVCC and 6b planned for November

Summary

1. No further MRSA bacteraemias.
2. C. difficile over trajectory year to date – see exception report.
3. Legionella species isolated from Renal Dialysis Unit -see exception report
4. Increase in orthopaedic surgical site infection – see exception report
5. Reduction in blood culture taking contamination rates



MRSA BACTERAEMIA



MRSA bacteraemia Apr13 - Mar14	
No. of MRSA Bacteraemia	1
No. of Occupied Bed Days	86,900
MRSA Bacteraemia per 1,000 bed days	0.01

MRSA bacteraemia by Division

Division	2012-13 YTD	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	YTD
Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicine	1	0	0	0	0	0	1	0	0	0	0	0	0	1
Surgical	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Women & Children	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	2	0	0	0	0	0	1	0	0	0	0	0	0	1

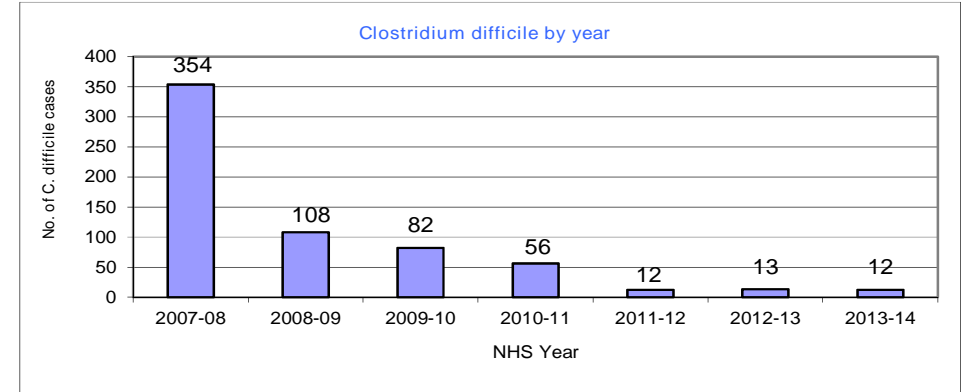
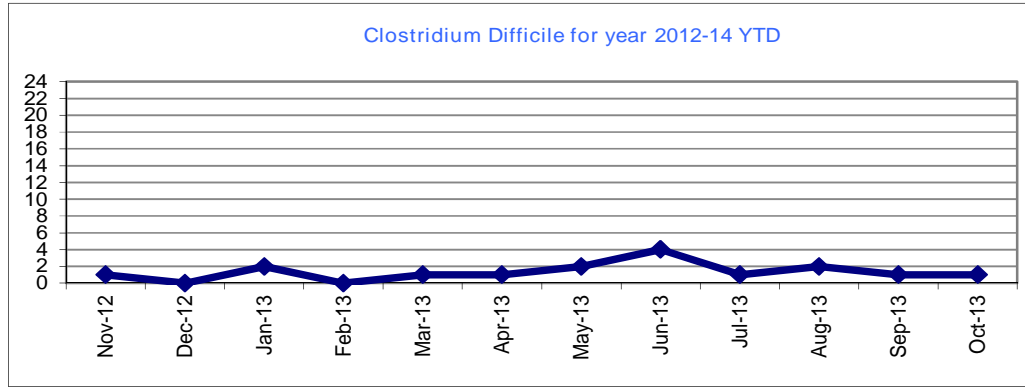


Screening Compliance (rounded to nearest % point)

Elective Admissions MRSA Screens	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Total 12-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	YTD
% Compliance	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%
Emergency Admissions MRSA Screens	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Total 12-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	YTD
% Compliance	95%	92%	90%	90%	92%	91%	93%	92%	90%	91%	92%	91%	93%	92%



CLOSTRIDIUM DIFFICILE



Clostridium difficile Apr 13 - Mar 14	
No. of C.diff. Cases	12
No. of General admissions	53,579
C.diff. Cases per 1,000 general admissions	0.22

C-DIFF via Division

Division	Total 12-13	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	YTD
Cancer	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicine	6	0	0	2	0	1	1	2	2	1	1	1	1	9
Surgical	5	1	0	0	0	0	0	0	2	0	1	0	0	3
Women & Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	13	1	0	2	0	1	1	2	4	1	2	1	1	12



CLOSTRIDIUM DIFFICILE

C.diff. Specimen Testing (All Specimens Received Including Community)

Criteria for testing DH (2008) Bristol Stool Chart types 5-7

Samples	Total 12-13	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	YTD
No. of Specimens for CDT to lab	1483	175	162	173		151	152	174	152	145	149	152	156	457
No. Tested	1191	126	103	117	103	106	110	97	106	113	123	122	126	371
No. Not tested for lab reasons	248	23	22	29	25	9	20	21	11	10	7	12	13	32
No. Not tested as advised by the ICT	223	26	37	27	16	36	22	51	35	22	19	18	17	54
% of Specimen's tested	80.3%	72.0%	63.6%	67.6%	#DIV/0!	78.6%	72.4%	55.7%	69.7%	77.9%	82.6%	80.3%	80.8%	81.18%

Stools samples from GPs from <65 yrs are no longer tested for C diff , unless explicitly requested by the GP.



Impact of the new Blood Culture Policy (and associated measures) on the rate of contaminated blood cultures

Table 1: Coagulase Negative Staphylococci (CNS):
Pre Policy:

Month	Apr 11	May 11	Jun 11	July 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Total
CNS (mixed)	32(9)	27(7)	26(2)	25(3)	35(5)	32(5)	34 (7)	25 (4)	45 (5)	40 (6)	39 (8)	51 (8)	411(69)
Total BLC	783	832	811	718	816	891	787	821	886	895	584	991	9815
Total POS (%)	91(35)	83(33)	104(25)	86(29)	80(44)	96(33)	94 (36)	98 (26)	115 (39)	97 (41)	59 (66)	140 (36)	1143 (36)

Post Policy:

Month	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Total
CNS (mixed)	35 (4)	36 (2)	39 (7)	25 (7)	27 (2)	32 (4)	29(5)	41(7)	31(7)	20(1)	24(3)	36(0)	375(49)
Total BLC	731	828	792	803	723	763	834	851	899	918	768	944	9854
Total POS (%)	94 (37)	98 (37)	92 (42)	88 (28)	71 (38)	85 (38)	89(33)	105(39)	106(29)	87(23)	83(29)	106(34)	1104(34)

Table 2: Diphtheroids (Diph):
Pre Policy:

Month	Apr 11	May 11	Jun 11	July 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Total
Diphtheroids	7	2	3	6	2	6	4	5	5	5	3	6	54
Total BLC	783	832	811	718	816	891	787	821	886	895	584	991	9815
Total POS (%)	91(8)	83(2)	104(3)	86(7)	80(3)	96(6)	94 (4)	98 (5)	115 (4)	97 (5)	59 (5)	140 (4)	1143(5)

Post Policy:

Month	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sept 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Total
Diphtheroids	4	0	1	4	3	0	2	1	2	6	7	2	32
Total BLC	731	828	792	803	723	763	834	851	899	918	768	944	9854
Total POS (%)	94 (4)	98 (0)	92 (1)	88 (5)	71 (4)	85 (0)	89(2)	105(1)	106(2)	87(7)	83(8)	106(2)	1104(3)

Following the implementation of the Blood Culture Collection Policy the number of both mixed CNS and diphtheroid positive blood cultures (best indicators of contamination of the blood culture bottle with skin organisms) have reduced.



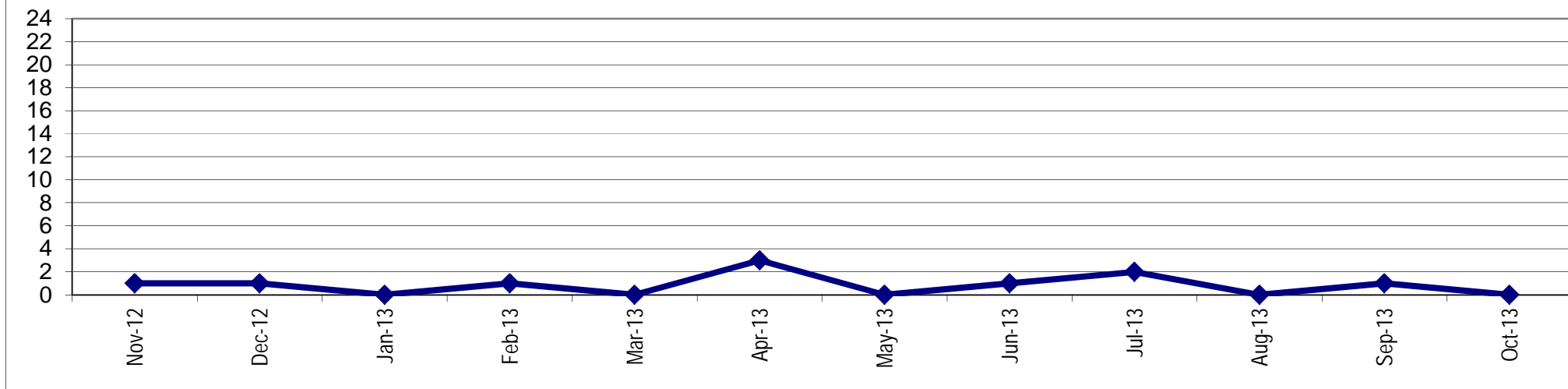
High Impact Intervention Key Performance Indicators

High Impact Interventions	Total 12-13	RAG rate	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	YTD	RAG rate
Hand Hygiene	99.17	▲	98.52	99.16	99.61	99.85	99.63	99.82	99.88	99.72	98.79	99.27	99.52	98.66	99.30	▼
Surgical Site Observation Tool	98.74	▲	94.52	98.43	99.46	99.20	98.93	98.29	99.31	97.30	100.00	99.00	87.00	97.78	98.09	▲
PVC(Insertion)	96.31	▲	94.15	95.98	97.51	89.21	97.92	97.66	97.10	96.08	95.61	98.29	98.41	94.27	95.84	▼
PVC(Continuing Care)	97.79	▼	97.48	97.79	98.03	95.69	98.05	97.23	97.10	95.07	94.44	95.56	98.03	98.08	97.21	▲
Urinary Catheter(Insertion)	98.90	▲	100.00	99.70	99.07	100.00	87.74	98.63	97.71	99.21	98.76	99.47	99.38	99.45	98.93	▲
Urinary Catheter (Continuing Care)	98.10	▲	99.00	98.94	98.09	97.21	96.34	99.78	97.83	94.09	97.38	98.16	97.82	98.38	97.49	▲
Renal Dialysis Catheter Insertion	100.00	▲	100.00	100.00	100.00	100.00	100.00	100.00	N/A	100.00	100.00	100.00	100.00	100.00	100.00	▲
Renal Dialysis(Continuing Care)	98.54	▲	100.00	93.75	100.00	100.00	100.00	100.00	100.00	100.00	93.33	100.00	100.00	95.00	98.65	▼
Environment and Safety	97.59	▲	97.15	97.69	98.01	97.88	98.15	97.59	97.74	97.31	97.43	97.93	97.91	97.80	97.69	▼
Ventilator Catheter Insertion	98.91	▲	100.00	100.00	100.00	92.50	100.00	100.00	100.00	100.00	100.00	100.00	100.00	96.60	99.39	▼
Ventilator(Continuing Care)	98.33	▲	100.00	100.00	95.14	100.00	87.25	100.00	100.00	100.00	100.00	100.00	100.00	96.60	99.39	▼
Central Venous Catheter Insertion	99.51	▲	100.00	100.00	100.00	95.88	98.06	100.00	96.80	99.26	100.00	100.00	100.00	100.00	99.12	▲
Central Venous Catheter Care	99.11	▲	100.00	100.00	100.00	100.00	100.00	100.00	97.35	95.35	94.52	95.56	96.39	94.73	95.86	▼



MSSA BACTERAEMIA

MSSA Monthly Performance November 2012 onwards



Hospital acquired MSSA by Division	Total 12-13 YTD	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Total 13-14 YTD
Cancer	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicine	10	1	1	0	1	0	2	0	1	2	0	1	0	6
Surgical	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Women &	1	0	0	0	0	0	1	0	0	0	0	0	0	1
Grand Total	16	1	1	0	1	0	3	0	1	2	0	1	0	7



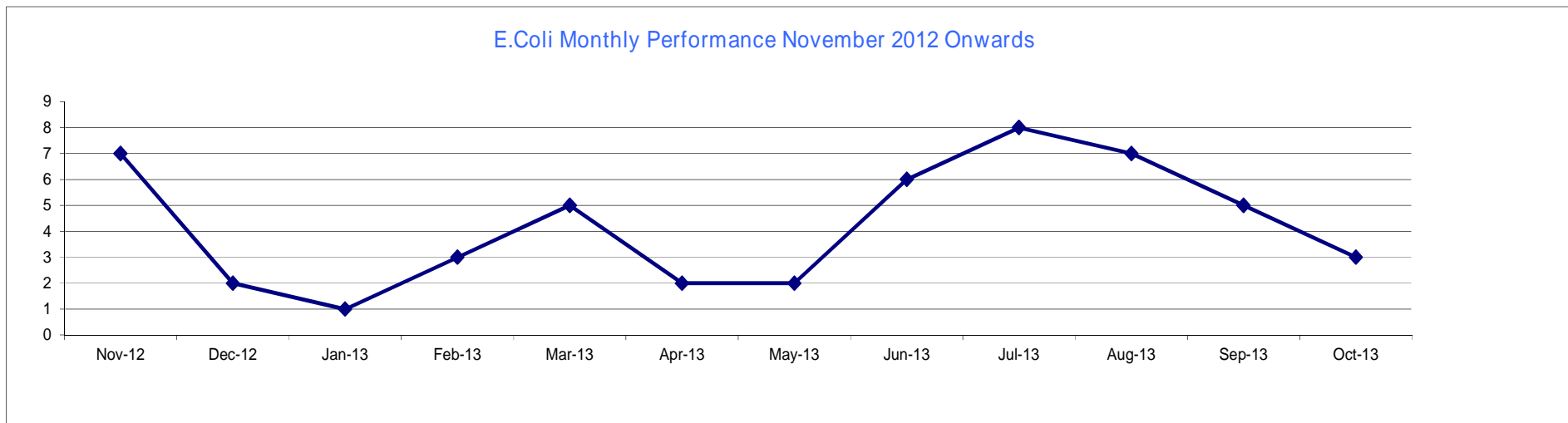
Contaminated Blood Culture Samples (All Specimens) Internal Target <3%

Samples	Total 12-13 YTD	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	YTD
Specimen Received in Lab	3081	*	*	*	*	*	*	*	*	*	*	*	*	
No. Contaminated	131	*	*	*	*	*	*	*	*	*	*	*	*	
% Contaminated	4.3%	*	*	*	*	*	*	*	*	*	*	*	*	

* not available at time of report



E.COLI BACTERAEMIA



E.Coli Bacteraemia April 2013 Onwards	
E.Coli Bacteraemia	33
No. of Occupied Bed Days	86,900
MSSA Bacteraemia per 1,000 bed days	0.38

Hospital Acquired E.Coli by Division

Division	Total 12-13 YTD	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Total 2013-14 YTD
Cancer	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicine	25	4	1	1	1	4	2	1	4	5	4	2	2	20
Surgical	13	2	1	0	2	0	0	0	2	1	3	1	1	8
Women & Children	4	1	0	0	0	1	0	1	0	1	0	1	0	3
MVCC										1		1	0	2



CLOSTRIDIUM DIFFICILE

EXCEPTION REPORT: COMPLIANCE & CLINICAL EFFICIENCY OCTOBER 2013

Target /Core Standard:

Clostridium difficile ceiling target of 14 for 2013/4

Target Definition:

All cases of Clostridium difficile identified 72 hours post admission up to and no more 14 cases in the year 2013/4

The Issue:

- 12 cases of Clostridium difficile have been reported year to date.
- 6 community acquired cases were identified post 72 hours.
- 1 case was diagnosed on sigmoidoscopy, the patient was toxin negative but still requires reporting
- 2 case post RCA deemed as colonised on admission (one previously known positive)
- 2 unavoidable due to antibiotic treatment
- 2 patients on Barley Ward related. Cross transmission occurred
- 1 patient on 11A avoidable due to inappropriate antibiotics

Actions Taken:

- RCAs undertaken for all cases within 10 days
- Findings of RCA shared with wards and divisions through divisional IP&C meetings.
- Newsletter for ward staff with feedback on RCA findings and learning points
- Side room ward round weekly by Infection Control Doctor and Infection Control Nurse continues
- Daily follow-up of all patients made known to the IP&C Nursing Team continues. 229 visits performed for 88 patients in October bi-weekly escalation meeting continue during October
- C.diff. action plan rolled out to all medical wards including the Emergency Dept.
- A further question added to ICE prior to sending stool sample for C.diff. to focus medical staff on rationale for sending specimens
- Method of weekly antimicrobial ward rounds changed to increase ownership of ward pharmacists, to provide educational input by microbiologists and increase opportunity to cover more wards.
- ADIPC and ICD have become members of the Whole Systems C.diff. Task & Finish Group, looking at ways of reducing C.diff. across the Health Economy
- Commenced antimicrobial audit in the ED of antibiotics given to non admitted patients who then go on to develop CDT in the community

Next Steps:

- Embed C.diff. action plans across all wards
- Embed new format of antimicrobial rounds



- Continue with all current actions
- Trial draft RCA tool from Whole Systems C.diff Task & Finish Group on any future cases

Lead Director Angela Thompson 1.10.13



SURGICAL SITE INFECTION

EXCEPTION REPORT: COMPLIANCE & CLINICAL EFFICIENCY OCTOBER 2013

Issue:

- Above National trajectory for #NOFs and Total Hip Replacement Surgery in Q3
- 4 RCAs outstanding since August (1) & September (3) therefore learning not identified and implemented in a timely manner
- 6 action plans not completed from previous RCAs therefore learning not implemented

Actions taken:

- Two RCAs undertaken in past two months. RCAs continue and findings addressed as per action plan
- Competency assessments near completion in gloving and gowning techniques for all senior nursing theatre staff
- Competency assessments for gowning and gloving commenced for orthopaedic surgeons
- Audit currently in place across all theatres for anaesthetists' compliance with NICE guidance on the management of hypothermia, antibiotic prophylaxis and blood glucose monitoring.
- Blanket warming cupboards reintroduced to assist the management of post-operative hypothermia
- Introduction of plum coloured scrubs for orthopaedic staff attending at the operating table to ensure these are removed prior to leaving the theatres at all times.
- Current post operative wound dressing being reconsidered and an alternative being investigated.
- Non compliance with RCAs to be completed within 10 working days – escalated to Divisional Chair
- ADIPC supporting Ward Managers to complete RCAs, all consultants with outstanding actions written to.

Next Steps:

- Work through second stage action plan
- Complete outstanding RCAs with attendance from consultant anaesthetists and a member of theatre staff
- Continue competency assessments for all surgeons commencing with T&O in gloving and gowning
- Completion of outstanding action plans



Operation	Period 1 1Jan-31Mar 2013	Period 2 1Apr- 30June 2013	Period 3 1Jul-30 Sept 2013	Period 4 1 Oct-31 Dec 2013	Total No .of infections Ytd		National average Ytd
Total Knee Rep.	0 (0.0%)	0 (0.0%)	0 (0.0%)		0 (0.0%)		0.5-0.6%
Total Hip Rep.	2 (3.5%)	1 (2.2%)	1 (2.1%)		4 (2.7%)		0.7-0.8%
#NOF	2 (1.6%)	2 (1.6%)	7 (6.5%)		11(3.3%)		1.5-1.8%

Lead Director Angela Thompson 1.10.13



CONTAMINATION OF WATER WITH LEGIONELLA SPECIES AT RENAL DIALYSIS UNIT, HARLOW

EXCEPTION REPORT: COMPLIANCE & CLINICAL EFFICIENCY OCTOBER 2013

The Issue:

- Legionella species identified from 4 water sources out of 17 tested.
- Strain of Legionella currently not know.
- Legionella pneumophila not isolated suggesting species identified are environmental rather than pathogenic.

Actions Taken:

- Meeting held with landlords of Princess Alexander Hospital in Harlow where unit is situated. This included estates, microbiologists, DIPCs, Managers from E&N Herts NHS Trust, PHE and Management Company for the unit Diaverum 6/11/13
- All patients assessed by Consultant Nephrologists for signs of respiratory infection – none detected, incubation period now passed.
- All patients informed that unit is currently experiencing a water contamination problem
- Water dispenser removed from use, bottled water being supplied for drinking
- Staff continue to use water for hand hygiene if visibly spoiled but this is now followed by use of alcohol gel as additional measure
- Patients using alcohol gel for decontaminating arms prior to treatments
- Detergent wipes using for cleaning equipment instead of water
- Filters placed on water outlets where this has not been possible those outlets have been put out of action
- All infrequently used outlets now flushed daily instead of usual 3 times a week and recorded
- Water system chlorinated 4/11/13
- Local Action Plan in place
- CCG Lead Informed

Next Steps:

- Diaverum to complete risk assessment of unit by 29/11/13
- Diaverum to test all water outlets for Legionella pre and post flush by 3/11/13
- Laboratory to be informed of exact tests and information required including species and strains by ICD by 1/11/13
- All results to be shared with both Estates Depts.
- Water testing results undertaken as part of routine water management by PAH to be shared with E&N Herts NHS Trust to give assurance
- Diaverum to retest all water temperatures at water outlets
- Any samples found to be positive to Legionella pneumophila (none to date) to be forwarded to PHE Lab. for further analysis
- SOP to be written by 15/11/13



- Risk assessment by E&N Herts NHS Trust to be completed by 11/11/13
- Revised action plan in light of meeting on 6/11/13 by 11/11/13

Lead Director Angela Thompson 1.10.13