

Corporate Report for the Month Ending
30th November 2010

**Alder Hey Children's NHS Foundation Trust
Corporate Report for Month Ending November 2010**

EXECUTIVE SUMMARY

MONITOR COMPLIANCE FRAMEWORK	Previous Month	Current Month
Monitor Financial Risk Rating	4	4
Monitor Governance Rating	Green	Green
Monitor Mandatory Services	Green	Green

KEY ISSUES - SUMMARY	
1	<p>Clinical Outcomes</p> <p>Infection control</p> <p>There have been no new cases of C-Difficile infection or MRSA Bacteraemia. Rotavirus remain at low levels for the time of year. RSV levels have risen sharply in November. There have been no cases of RSV contacted post 5 days admission including zero levels of hospital acquired RSV. There are 1 reported case of rotavirus detected post 48 hour admission.</p> <p>Medication Errors</p> <p>There has been a marked 17% reduction in medication errors. This achievement has been enabled by the roll out of Near Patient Pharmacy which has also resulted in a marked reduction in waiting time for take home medications (TTO) from an average of 2 hours to below 15 minutes.</p> <p>Mortality Rates</p> <ul style="list-style-type: none"> • Performance- We continue to be close to best in class using Dr Foster comparison with our peers • Actions- In depth analysis of mortality measures is being undertaken. <p>Outcomes</p> <ul style="list-style-type: none"> • Performance- Work to collect clinical indicators for each specialty is 80% complete and will continue to be developed through the Clinical Information group. • Actions - IM&T have seconded a member of the information team to the Clinical Information Group for a nine month period to set up outcome data collection systems.
2	<p>Positive Patient & Family Experience</p> <p>RTT Times</p> <ul style="list-style-type: none"> • Performance – Median wait is 8 weeks for admitted patients and 5 weeks for non admitted patients against targeted levels of 11.1 & 6.6 weeks respectively. 98% of patients on non admitted pathways received definitive treatment within 18 weeks as did 90% of admitted patients. • Actions - Continues to be managed via waiting times group. <p>CQUINS</p> <p>Reduction in pressure sores</p> <ul style="list-style-type: none"> • Performance - A baseline has now been established. For reference of achievement of this target please see the CQUINS dashboard commentary. • Actions - A data quality review has now been completed. <p>Protection from Infection</p> <ul style="list-style-type: none"> • Performance - Green <p>Discharge Summaries</p> <ul style="list-style-type: none"> • Performance – 83% of patients discharged had a discharge summary of which 94% were sent to GP's within 24 hours against a target of 100%. This is an improvement on previous performance. • Actions – Divisional action plans to address shortfall. Quality Accts Target Progress Report <p>Fit and Well to Care</p> <ul style="list-style-type: none"> • Performance - see below, under Motivated and Well Led Workforce - Sickness Absence, for reference to achievement of nursing CQUIN target for sickness absence.
3	<p>Provider of Choice</p> <ul style="list-style-type: none"> • Performance – 3.2% increase in YTD referrals consisting: 5.3% increase in GP referrals, 1.8% increase in non GP referrals. This indicates that the Trust continues to attract an increasing level of referrals. • Actions – Capacity waiting times being managed by waiting times group. Divisions are implementing plans to ensure each specialty delivers its elective plan. Divisions are ensuring clinic slot availability at close to 100%. <p>Regarding Regional Market Share, since February Alder Hey has improved its market share and is the largest provider of children's healthcare in North West region.</p>

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4	<p>Financial Strength</p> <p>The Trust's financial position is on target with surplus being £8.8m which is £16k ahead of plan. EBITDA, Monitor's key measure of income and expenditure performance is now behind plan by £312K. Expenditure overspends have increased by £680k during the month and the total income position has declined by £100k. Budgetary performance in Surgery and Facilities remain the areas of major concern with limited improvement in their overall financial positions or their CIP performance. Overall, CIP performance has declined with achievement of £3,260k against a plan of £3,849k, a shortfall of £589k. The cash position is £1.7m below plan, mainly due to an increased level of accrued income compared to plan, together with a higher level of prepayments which were not in the plan, including the new Meditech contract and profiling of the rates payments.</p> <p>Action: Budget holders are continuing to implement stricter control of expenditure. Surgery and Facilities will continue to be the focus during the forthcoming period. Action plans to address the shortfall on elective activity performance will be implemented.</p>
5	<p>Motivated & Well Led Workforce</p> <p>PDR's</p> <ul style="list-style-type: none"> • Performance – There has been little improvement since last month. The overall level of compliance is 61% for all bands. Both of the business focused windows are now closed and targets have not been achieved. • Actions - Work is ongoing to support areas where compliance is below target. Managers continue to receive monthly exception reports from the HR Learning Team. The Learning and Development Manager is conducting an audit of PDR's and will provide recommendations for improvement to the Workforce and OD Committee in January <p>Training Compliance</p> <ul style="list-style-type: none"> • Performance – Statutory training compliance was unchanged in November; the average compliance rate remains 81%. Most areas of mandatory training have shown slight improvement this month. Practical manual handling has improved considerably from 27% in October to 49% in November. • Actions – Regular training events continue to be provided and exception reports are provided to managers on a monthly basis by the Learning and Development Department. <p>Induction</p> <ul style="list-style-type: none"> • Performance – Attendance at Trust Induction increased slightly but is still below target. The current figure is 79%. • Actions – From next month corporate induction will be reported based on the new process, where all new staff have induction on their first day without exception. This should lead to a marked improvement. Local induction continues to be a problem. The Learning and Development Manager is reviewing reporting processes, which are felt to be the root of the problem. <p>Staff Analysis</p> <p>Performance – Overall staff in post has reduced this month by 8 FTE. Staff in post remains comfortably below the budgeted establishment.</p> <p>Outcomes - Tight vacancy control mechanisms will remain in place.</p> <p>Sickness Absence</p> <ul style="list-style-type: none"> • Performance – The Trust's sickness absence rate for November increased slightly to 6.17%. Registered nursing sickness increased to 6.72%. Short term sickness accounted for 53% of total absence. The main reasons for absence continue to be stress and muscular skeletal injuries, accounting for 28% of the total. Flu/colds account for 4.6%. • Actions – Robust local action plans are being developed to address problems. An initial piece of work has been done with CBU general managers to inform the strategy. A review of all absence management procedures is going to be undertaken. <p>Bank, Agency and Overtime</p> <ul style="list-style-type: none"> • Performance – There was an increase in Bank, Agency and Overtime usage of approximately £54k compared to October. Overall it remains below the average for the year. • Actions – Tight control mechanisms remain in place for the approval of bank, agency and overtime.

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6	<p>Research & Development (R&D)</p> <ul style="list-style-type: none"> • Performance - Income for research is estimated to be £3.5m for this year, a significant increase compared to 2008/09. • Actions - surplus research income is being generated which will be invested in further research activity this is due to an increase in the number of research awards to the Trust and its higher education institution partners as well as participation in more multicentre studies. A key target is to achieve a 20% year-on-year increase in patient recruitment into research studies and the Trust is performing well above this target.
7	<p>CBU Summary</p> <p>This month the report contains the summary performance of the Trust's revised Performance Management Framework. The dashboards detailing the performance of each CBU are contained within the report from pages 11 to 16. Clinical Support achieved "emerging risk" (yellow) level this month. All of the other Clinical Business Units were rated "medium risk" level (amber).</p> <p>The predominant common factor contributing to these risk levels was the poor performance on indicators relating to a motivated and well lead workforce.</p> <p>It should be noted that for this first month the thresholds relating to World Class Research indicators are still under discussion with the Research team and Clinical Business Units as to the allocation of target levels.</p>

Sue Lorimer Director of Finance
Jayne Shaw Director of Human Resources
November 2010

Strategic Aims Dashboard

Definition: Summary of current performance against Trust Strategic Aims and Objectives

Trust Board Committee	Trust Objective	Page (Detail)	<div><div></div><div></div><div></div></div>	Trend against Previous Month	Measure, Threshold or Target
1. Clinical Outcome Measures					
Clinical Governance	1.1 Clostridium difficile.	17	<div></div>	➡	Not > 5
	1.2 MRSA	17	<div></div>	➡	Not > 2
	1.3 MRSA Screening (Elective High Risk patients only)	17	<div></div>	➡	100%
	1.4 Readmission Rates	18	<div></div>	➡	7.78%
	1.5 Mortality Rates (HSMR)	18	<div></div>	➡	Peer Best
	1.6 Clinical Incidents	19	<div></div>	⬇	Better 10/11
	1.7 Medication Errors	19	<div></div>	⬇	Better 10/11
	1.8 Other Hospital Acquired Infection	21	<div></div>	⬇	
2. Positive Patient & Family Experience					
Finance	2.1 Achieve Maximum wait of 18 Weeks (Admitted pathways)	22	<div></div>	➡	90%
	2.2 Achieve Maximum wait of 18 Weeks (Non-Admitted pathways)	23	<div></div>	➡	95%
	2.5 Achieve Maximum wait of 4 weeks for Diagnostics	24	<div></div>	⬆	0
	2.6 Accident and Emergency 4 Hour wait	24	<div></div>	➡	95%
	2.7 Pre-Operative Bed Days %	24	<div></div>	➡	23%
	2.8 Reducing Average Length of Stay	25	<div></div>	➡	Improve
	2.9 Average Length of stay - Peer Group Analysis	25	<div></div>	➡	Peer Best
	2.10 Increasing Day case Rates	26	<div></div>	➡	Improve
	2.11 Day case Rates - Peer Group Analysis	26	<div></div>	➡	Peer Best
	2.12 Did Not Attend (DNA) by specialty	27	<div></div>	➡	Improve
	2.13 Outpatient First to Follow Up Ratio - Peer Group Comparison	28	<div></div>	➡	Peer Best
	2.14 Outpatient New to Follow Up Ratio by Specialty	28	<div></div>	➡	Excellent
Clinical Governance	2.15 Cancer Waiting Time - 2 weeks from Urgent referral - GP	29	<div></div>	➡	0
	2.16 Cancer Waiting Time - 31 days - Decision to Treat	29	<div></div>	➡	0
	2.17 % treated within 1 month - subsequent cancers	29	<div></div>	➡	0
	2.18 Cancelled operations for non-clinical reasons	29	<div></div>	⬇	0.8%
	2.19 Cancelled operations offered another date within 28 days	29	<div></div>	➡	5%
	2.20 Bed Refusal	30	<div></div>	⬆	
	2.21 The Patient Environment Action Team (PEAT) Score	30	<div></div>	➡	Improve
	2.22 Data Quality of Ethnicity recording	30	<div></div>	⬇	85%
	2.23 Food Wastage	31	<div></div>	⬆	10%
	2.24 Domestic Services Cleanliness Compliance	31	<div></div>	⬆	100%
	2.25 Estates Performance times	31	<div></div>	⬇	100%
	2.26 Complaints Received	32	<div></div>	⬆	Improve
	2.27 Complaints Breached	32	<div></div>	➡	80%
	2.28 Top 5 PALS Concerns	32	<div></div>	➡	Improve
	2.29 Top 5 Complaints	32	<div></div>	➡	Improve
	2.30 Discharge Summaries	33	<div></div>	⬆	100%
	2.31 Patient Experience	34	<div></div>	⬆	100%
	2.32 Patient/Carer Recommendations	34	<div></div>	⬆	100%
3. Provider of Choice					
Finance	3.1 Convenience and choice - directly bookable services (DBS)	36	<div></div>	➡	98%
<div> <div>⬆</div> = Improvement on Previous Month <div>➡</div> = No Significant Difference to Previous Month <div>⬇</div> = Deterioration on Previous Month </div> <div> <div></div> = Achieving Plan <div></div> = Below Plan (Non-Critical Issue) <div></div> = Significantly Below Plan (Critical Issue) </div>					


























Strategic Aims Dashboard (Cont.)

Definition: Summary of current performance against Trust Strategic Aims and Objectives

Trust Board Committee	Trust Objective	Page (Detail)		Trend against Previous Month	Measure, Threshold or Target
Finance	3.2 Convenience and choice - Slot Availability	36			90%
	3.3 Number of GP Referrals received	36			Plan +
	3.4 Number of NON - GP Referrals received	36			Plan +
	3.5 Number of 1st Outpatient Appointments	37			Plan +
	3.6 Number of Follow up Appointments	38			Plan +
	3.7 Number of Elective Spells	39			Plan +
	3.8 Number of Non Elective Spells	40			Plan +
	3.11 Market Share	41			
	3.12 Choose & Book Competitive Waiting Times	42			
4. Financial Strength					
Finance	4.1 Income & Expenditure	43			
	4.2 Balance Sheet	43			
	4.3 Divisional Report	44			
	4.4 Divisional Pay/Non Pay Analysis	44			
	4.5 Savings Plan	45			
	4.6 Monitor Risk Ratings	45			
	4.7 Capital Expenditure	46			
	4.8 Cash Flow	46			90%
	4.9 Outpatient Clinic Session Utilisation	47			90%
	4.9 Theatre Utilisation - Number of Sessions	48			95%
	4.10 Theatre Utilisation - Direct Patient Care	48			90%
	4.11 Bed Occupancy	49			80-89%
	4.12 PICU bed days	49			Plan +
5. Motivated & Well Led Workforce					
Workforce & Organisational Development	5.1 Personal Development Reviews	50			95%
	5.1 Consultant Appraisals	50			95%
	5.2 Mandatory Training Compliance	51			95%
	5.3 Corporate & Local Induction	52			100%
	5.4 Staff Turnover	52			9.9%
	5.5 Staff Cost Improvement Plans	53			N/A
	5.6 Current Month Staff Analysis	53			N/A
	5.8 Employee Relations Casework	53			N/A
	5.8 HEALTH AND WELLBEING	54			
	5.8.1 Trust & Divisional Sickness Rates	54			3.81%
	5.8.2 Top 10 Reasons for Absence	55			
	5.8.3 Short & Long Term Sickness	55			TBC
	5.9 Staff Counselling	56			TBC
6. Research & Development					
Clinical Governance	6.1 Staff Research Income	57			10% +
	6.2 Research Activity	57			20% +
	6.3 Research Governance	58			Full compliance
	6.4 Research Outputs	58			15 publications per month
<div> <div> = Improvement on Previous Month = Achieving Plan </div> <div> = No Significant Difference to Previous Month = Below Plan (Non-Critical Issue) </div> <div> = Deterioration on Previous Month = Significantly Below Plan (Critical Issue) </div> </div>					

Annual Health Check Dashboard

Definition: High level summary of current performance against 2009/10 Healthcare Commission Existing and New National Targets / progress against Core Standards.

Indicator	Page (Detail)	  	Trend against Previous Month	Measure, Threshold or Target
Existing National Targets				
All cancers: two week wait	27			0
All cancers: one month diagnosis (decision to treat) to treatment	27			0
All cancers: 31 day wait for subsequent treatments	27			0
Hospital Cancelled Operations Against Elective Admissions	27			0.8%
Hospital Cancelled Operations Not Admitted Within 28 Days	27			5%
A&E 4 hour Waiting Time in Department Until Discharge	22			95%
Data quality on ethnic group	28			>=85%
New National Targets				
C. Difficile	15			5
MRSA Bacteraemia	15			2
18 Week Referral to Treatment - Admitted	20			90%
18 Week Referral to Treatment - Non-Admitted	20			95%



= Improvement on Previous Month



= No Significant Difference to Previous Month



= Deterioration on Previous Month



= Achieving Plan



























= Below Plan (Non-Critical Issue)



= Significantly Below Plan (Critical Issue)

Monitor Compliance Dashboard

Definition: High level summary of current performance against 2010/11 Monitor Compliance, Governance and Quality Targets.

Indicator	Page (Detail)	  	Trend against Previous Month	Measure, Threshold or Target
C. difficile	15			5
MRSA Bacteraemia	15			2
MRSA screening Elective Inpatients (High risk patients only)	19			100%
18 Week RTT Target Admitted Patients	20			90%
18 Week RTT Target Non Admitted Patients	20			95%
All cancers: two week GP referrals	27			0
All cancers: one month diagnosis (decision to treat) to treatment	27			0
All cancers: 31 day wait until subsequent treatments	27			0
Total time in A&E - All waits	22			95%
Compliance with the Authorisation	-			
Financial & Service performance Ratings	-			



= Improvement on Previous Month



= No Significant Difference to Previous Month



= Deterioration on Previous Month



= Achieving Plan



= Below Plan (Non-Critical Issue)



= Significantly Below Plan (Critical Issue)

CQUIN & Quality Accounts Dashboard

Definition: High level summary of current performance against 2010/11 Monitor Compliance, Governance and Quality Targets.

CQUIN Dashboard

Indicator	Q1	Sep	Oct	Nov	Measure, Threshold or Target
1. TARN (Trauma Audit Research Network)	■	■	■	■	
2. Patient Experience : Responsiveness to care	■	■	■	■	Develop and implement patient surveys
3. QIPP Indicators	■	■	■	■	Participation in QIPP
4. High Impact Actions					
a. Reduction in hospital acquired pressure ulcers	■	■	■	■	Reduction (TBD) by ward/speciality
b. End of life care	■	■	■	■	Develop pathway and provision
c. Protection from infection: IV infection rates	■	■	■	■	10% Reduction
d. Keeping nourished	■	■	■	■	Food satisfaction /Nutritional Assessments
e. Fit and well to care	■	■	■	■	Goal of 4.5%
5. Discharge Planning	■	■	■	■	90% discharge summaries received in 24 hrs
6. Smoking Cessation	■	■	■	■	Measure Number of smokers in household
7. Alcohol Prevention	■	■	■	■	Develop pathway/Deliver BIT training
8. Transition Neuro Disability	■	■	■	■	Develop pathway
9. Intra Operative MRI	■	■	■	■	5-10% reduction in repeat brain surgery
10. Baclofen Therapy	■	■	■	■	Full implementation of therapy option

Commentary: The lead Primary Care Trust for CQUIN measured performance of all CQUIN goals in quarter 1 (April - June) by the production and submission of a detailed project initiation document. This was completed and as such all CQUINS are rated green for that period.

End of life care: amber: Further work is still required on the meditech system to ensure that all relevant information can be captured this relates to those patients who on 'on plan or 'off plan'. in relation to the palliative care pathway.

Pressure ulcers: Red 13 pressure sores were reported via incident reporting in 2009-10. 31 have been recorded to date. The increase in numbers can in part be attributed to increased reporting and awareness, however further investigation is underway to look at trends or/and patterns in the data to ensure reporting and recording is accurate and that the ulcers can be identified by grade e.g. 3/4

Discharge summaries : Red issues at this time are: summaries not containing minimum CRG data set, no evidence that patient's are receiving a copy of their summary and no current data on discharge letters received by GPs within 2 weeks.

Fit and Well to Care: red: The current month position is 6.72% a detailed breakdown of sickness by areas can be found in section 2.34 CBUs need to produce action plans detailing how sickness is being managed.

Baclofen: areas of higher risk at this stage are as follows: reporting complications from procedures, patient evaluations.

Quality Accounts Dashboard

Indicator	April	May	Jun	Sept	Oct	Nov	2009-10 Performance	Measure, Threshold or Target
No. Theatre Incidents	13	8	13	8	4	12	143	
Wrong Site Surgeries	0	0	0	0	0	0	0	
Utilisation of MRI Scanner: Brain surgeries operations	16						60	N/A
Repeat brain Surgery operations	0			0	1	0	7	<5%
Patient Satisfaction	Nil	84%	100%	84%	99%	98%	92%	95%
IV line infection rates	Please refer to page 21							

Commentary:

Wrong site surgery remains at 0 which is currently in line with 09-10 performance.

Theatre incidents are currently running at a cumulative total of 63. If the current rate continues then this will represent an overall reduction by the year end.

There have been no repeat brain surgeries in the first quarter this trend remains into the second quarter

A more detailed breakdown of patient satisfaction can be found in sections 2.31 and 2.33

IV Line infections have been reported on page 21

Performance Framework Dashboard

Medical Specialties

November 2010

3.45

Trust Objective	Threshold	Weighting	Result	Trend against Previous Month
Clinical Excellence				
MRSA cases	1	1.00	0	→
C Difficile cases	1	1.00	0	→
Elective MRSA Screening	100%	0.50	100%	→
MRSA Screening - unplanned care from April 2011	60%	0.50	90%	↑
Hospital acquired RSV - post 5 days	2	0.25	0	→
Hospital acquired Rotavirus - post 48 hours	2	0.25	0	↓
Line infections *	3	0.25	6	↓
Re-admission rate - 28 days	7.60%	0.25	10.46%	↓
Discharge summaries to GPs within 24 hours *	95%	0.25	90%	↓
Never events	0	0.50	0	→
Red medication errors	0	0.50	0	→
Environmental audit re cleanliness	>90% achieved clinical area	0.25	89%	↓
Postive Patient Experience				
18 week RTT Admitted	90%	0.25	100%	→
18 week RTT Non Admitted	95%	0.25	90%	↑
Diagnostic Waiting Times - % under 2 weeks	100%	0.25	54%	↑
Cancer Waiting Times	100%	0.50	100%	→
A&E 4 hour wait	Not Applicable			
Average Length of stay	3.34	0.10	3.84	↓
Daycase Rates	90%	0.10	89%	↓
Pre-operative bed days	13%	0.10	12%	↓
Provider of 1st Choice				
Elective Spells	On or above plan	0.1 - 0.5	5.59%	-
Outpatient attendances	On or above plan	0.1 - 0.3	-4.01%	-
Choose & Book slots available	96%	0.25	100%	→
Financial Strength				
% Variance against plan - Income	% plan achieved	0.50	-4.23%	-
% Variance against plan - Expenditure	% plan achieved	0.50	5.00%	-
Theatre Utilisation	Not Applicable			
Clinic Utilisation	90%	0.25	78%	-
Bed Occupancy (for CBU)	85%	0.25	88.00%	↑
World Class Research				
No of active studies registered with NIHR	% increase in recruitments	0.10	-29%	-
Non-NIHR portfolio research studies	% increase on previous year	0.10	0%	-
Studies with Trust principle investigator	Increase in no. of studies	0.10	0	-
Publications	Increase in no. of publications	0.10	-3	-
Specialty specific research	Target research plan is achieved	0.10		
Motivated & well led workforce				
Mandatory training (Statutory)	90%	0.25	76%	↓
PDR reviews	90%	0.25	81%	↓
Sickness absence	4%	0.25	3.2%	↓
Corporate Induction	100%	0.10	86%	→
Consultant Appraisals	100%	0.10	26%	
CQUIN / Quality Accounts				
Fit & Well to care - Nursing sickness level				
Pressure Ulcers - grade 3 & 4				
Keeping nourished - identifying nutritional needs				
Baclofen Therapy				
MRI: % of repeat brain surgery				
Neuro Disability Transition				
Palliative Care				
TARN - increase data completeness and accreditation				
Alcohol young people admittted to A&E for alchol issues				
QIPP - Particpated in C&Y persons QIPP				
Patient Experience				
Smoking - ascertain household smoking status				

* Additional CQUIN/Quality Accounts targets

Key

< 1

2.1 - 4

1.0 - 2.0

>4



Deterioration on Previous Month



No significant difference to previous month



Improvement on previous month

Performance Framework Dashboard

Surgery / Ortho / Theatres

November 2010

3.80

Trust Objective	Threshold	Weighting	Result	Trend against Previous Month
Clinical Excellence				
MRSA cases	1	1.00	0	→
C Difficile cases	1	1.00	0	→
Elective MRSA Screening	100%	0.50	100%	→
MRSA Screening - unplanned care from April 2011	60%	0.50	80%	→
Hospital acquired RSV - post 5 days	2	0.25	0	→
Hospital acquired Rotavirus - post 48 hours	2	0.25	0	→
Line infections *	2	0.25	1	↓
Re-admission rate - 28 days	7.60%	0.25	2.25%	↓
Discharge summaries to GPs within 24 hours *	95%	0.25	94%	↓
Never events	0	0.50	0	→
Red medication errors	0	0.50	0	→
Environmental audit re cleanliness	>90% achieved clinical area	0.25	93%	↑
Postive Patient Experience				
18 week RTT Admitted	90%	0.25	91%	↑
18 week RTT Non Admitted	95%	0.25	98%	↓
Diagnostic Waiting Times - % under 2 weeks	100%	0.25	64%	↑
Cancer Waiting Times	Not Applicable			
A&E 4 hour wait	Not Applicable			
Average Length of stay	2.24	0.10	2.32	↓
Daycase Rates	70%	0.10	68%	↓
Pre-operative bed days	8%	0.10	8%	↓
Provider of 1st Choice				
Elective Spells	On or above plan	0.1 - 0.5	-3.13%	-
Outpatient attendances	On or above plan	0.1 - 0.3	-0.89%	-
Choose & Book slots available	96%	0.25	98%	↑
Financial Strength				
% Variance against plan - Income	% plan achieved	0.50	-3.28%	-
% Variance against plan - Expenditure	% plan achieved	0.50	-4.81%	-
Theatre Utilisation	81%	0.25	67%	↓
Clinic Utilisation	90%	0.25	89%	-
Bed Occupancy (for CBU)	85%	0.25	84.22%	↓
World Class Research				
No of active studies registered with NIHR	% increase in recruitments	0.10	0%	-
Non-NIHR portfolio research studies	% increase on previous year	0.10	0%	-
Studies with Trust principle investigator	Increase in no. of studies	0.10	0	-
Publications	Increase in no. of publications	0.10	3	-
Specialty specific research	Target research plan is achieved	0.10		
Motivated & well led workforce				
Mandatory training (Statutory)	90%	0.25	76%	↑
PDR reviews	90%	0.25	60%	↓
Sickness absence	4%	0.25	7.3%	↓
Corporate Induction	100%	0.10	75%	→
Consultant Appraisals	100%	0.10	30%	
CQUIN / Quality Accounts				
Fit & Well to care - Nursing sickness level				
Pressure Ulcers - grade 3 & 4				
Keeping nourished - identifying nutritional needs				
Baclofen Therapy				
MRI: % of repeat brain surgery				
Neuro Disability Transition				
Palliative Care				
TARN - increase data completeness and accreditation				
Alcohol young people admittted to A&E for alchol issues				
QIPP - Particpated in C&Y persons QIPP				
Patient Experience				
Smoking - ascertain household smoking status				

* Additional CQUIN/Quality Accounts targets

Key

< 1

2.1 - 4

1.0 - 2.0

>4



Deterioration on Previous Month



No significant difference to previous month



Improvement on previous month

Performance Framework Dashboard

Neuro, Head & Neck

November 2010

2.80

Trust Objective	Threshold	Weighting	Result	Trend against Previous Month
Clinical Excellence				
MRSA cases	1	1.00	0	→
C Difficile cases	1	1.00	0	→
Elective MRSA Screening	100%	0.50	100%	→
MRSA Screening - unplanned care from April 2011	60%	0.50	81%	↓
Hospital acquired RSV - post 5 days	2	0.25	0	→
Hospital acquired Rotavirus - post 48 hours	2	0.25	0	↓
Line infections *	0	0.25	2	↑
Re-admission rate - 28 days	7.60%	0.25	4.31%	↑
Discharge summaries to GPs within 24 hours *	95%	0.25	94%	↑
Never events	0	0.50	0	→
Red medication errors	0	0.50	0	→
Environmental audit re cleanliness	>90% achieved clinical area	0.25	93%	↑
Postive Patient Experience				
18 week RTT Admitted	90%	0.25	89%	↓
18 week RTT Non Admitted	95%	0.25	98%	↓
Diagnostic Waiting Times - % under 2 weeks	100%	0.25	64%	↓
Cancer Waiting Times	Not Applicable			
A&E 4 hour wait	Not Applicable			
Average Length of stay	2.38	0.10	2.67	↓
Daycase Rates	60%	0.10	60%	↑
Pre-operative bed days	13%	0.10	13%	↓
Provider of 1st Choice				
Elective Spells	On or above plan	0.1 - 0.5	0.97%	-
Outpatient attendances	On or above plan	0.1 - 0.3	4.13%	-
Choose & Book slots available	96%	0.25	97%	↓
Financial Strength				
% Variance against plan - Income	% plan achieved	0.50	2.80%	-
% Variance against plan - Expenditure	% plan achieved	0.50	-2.83%	-
Theatre Utilisation	Not Applicable			
Clinic Utilisation	90%	0.25	88%	-
Bed Occupancy (for CBU)	85%	0.25	82.61%	↑
World Class Research				
No of active studies registered with NIHR	% increase in recruitments	0.10	23%	-
Non-NIHR portfolio research studies	% increase on previous year	0.10	0%	-
Studies with Trust principle investigator	Increase in no. of studies	0.10	0	-
Publications	Increase in no. of publications	0.10	1	-
Specialty specific research	Target research plan is achieved	0.10		
Motivated & well led workforce				
Mandatory training (Statutory)	90%	0.25	76%	↑
PDR reviews	90%	0.25	50%	↓
Sickness absence	4%	0.25	4.0%	↓
Corporate Induction	100%	0.10	75%	↑
Consultant Appraisals	100%	0.10	14%	
CQUIN / Quality Accounts				
Fit & Well to care - Nursing sickness level				
Pressure Ulcers - grade 3 & 4				
Keeping nourished - identifying nutritional needs				
Baclofen Therapy				
MRI: % of repeat brain surgery				
Neuro Disability Transition				
Palliative Care				
TARN - increase data completeness and accreditation				
Alcohol young people admittted to A&E for alchol issues				
QIPP - Participated in C&Y persons QIPP				
Patient Experience				
Smoking - ascertain household smoking status				

* Additional CQUIN/Quality Accounts targets

Key

< 1

2.1 - 4

1.0 - 2.0

>4



Deterioration on Previous Month



No significant difference to previous month



Improvement on previous month

Performance Framework Dashboard

Critical Care / Cardiac / Burns

November 2010

2.75

Trust Objective	Threshold	Weighting	Result	Trend against Previous Month
Clinical Excellence				
MRSA cases	1	1.00	0	↓
C Difficile cases	1	1.00	0	→
Elective MRSA Screening	100%	0.50	100%	→
MRSA Screening - unplanned care from April 2011	60%	0.50	47%	↓
Hospital acquired RSV - post 5 days	2	0.25	0	→
Hospital acquired Rotavirus - post 48 hours	2	0.25	1	↓
Line infections *	2	0.25	0	↓
Re-admission rate - 28 days	7.60%	0.25	6.42%	↑
Discharge summaries to GPs within 24 hours *	95%	0.25	88%	↓
Never events	0	0.50	0	→
Red medication errors	0	0.50	0	→
Environmental audit re cleanliness	>90% achieved clinical area	0.25	83%	↑
Postive Patient Experience				
18 week RTT Admitted	90%	0.25	97%	↑
18 week RTT Non Admitted	95%	0.25	100%	→
Diagnostic Waiting Times - % under 2 weeks	Not Applicable			
Cancer Waiting Times	Not Applicable			
A&E 4 hour wait	Not Applicable			
Average Length of stay	2.45	0.10	3.04	↓
Daycase Rates - Cardiac Catheters only	45%	0.10	44%	↑
Pre-operative bed days	13%	0.10	12%	↓
Provider of 1st Choice				
Elective Spells	On or above plan	0.1 - 0.5	-0.75%	-
Outpatient attendances	On or above plan	0.1 - 0.3	7.30%	-
Choose & Book slots available	Not Applicable			
Financial Strength				
% Variance against plan - Income	% plan achieved	0.50	5.63%	-
% Variance against plan - Expenditure	% plan achieved	0.50	-2.72%	-
Theatre Utilisation	Not Applicable			
Clinic Utilisation	90%	0.25	91%	-
Bed Occupancy (for CBU)	85%	0.25	85.99%	↑
World Class Research				
No of active studies registered with NIHR	% increase in recruitments	0.10	6%	-
Non-NIHR portfolio research studies	% increase on previous year	0.10	0%	-
Studies with Trust principle investigator	Increase in no. of studies	0.10	0	-
Publications	Increase in no. of publications	0.10	2	-
Specialty specific research	Target research plan is achieved	0.10		
Motivated & well led workforce				
Mandatory training (Statutory)	90%	0.25	83%	↓
PDR reviews	90%	0.25	73%	↓
Sickness absence	4%	0.25	6.7%	↓
Corporate Induction	100%	0.10	76%	↑
Consultant Appraisals	100%	0.10	5%	
CQUIN / Quality Accounts				
Fit & Well to care - Nursing sickness level				
Pressure Ulcers - grade 3 & 4				
Keeping nourished - identifying nutritional needs				
Baclofen Therapy				
MRI: % of repeat brain surgery				
Neuro Disability Transition				
Palliative Care				
TARN - increase data completeness and accreditation				
Alcohol young people admitted to A&E for alcohol issues				
QIPP - Participated in C&Y persons QIPP				
Patient Experience				
Smoking - ascertain household smoking status				

* Additional CQUIN/Quality Accounts targets

Key

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2.1 - 4

1.0 - 2.0

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Deterioration on Previous Month



No significant difference to previous month



Improvement on previous month

Performance Framework Dashboard

Clinical Support

November 2010

2.00

Trust Objective	Threshold	Weighting	Result	Trend against Previous Month
Clinical Excellence				
MRSA cases	1	1.00	0	→
C Difficile cases	1	1.00	0	→
Elective MRSA Screening	<i>Not Applicable</i>			
MRSA Screening - unplanned care from April 2011	<i>Not Applicable</i>			
Hospital acquired RSV - post 5 days	2	0.25	0	→
Hospital acquired Rotavirus - post 48 hours	2	0.25	0	→
Line infections *	0	0.25	0	→
Re-admission rate - 28 days	<i>Not Applicable</i>			
Discharge summaries to GPs within 24 hours *	95%	0.25		↑
Never events	0	0.50	0	→
Red medication errors	0	0.50	0	→
Environmental audit re cleanliness	<i>Not Applicable</i>			
Positive Patient Experience				
18 week RTT Admitted	90%	0.25	100%	↓
18 week RTT Non Admitted	95%	0.25		→
Diagnostic Waiting Times - % under 2 weeks	100%	0.25	50%	↓
Cancer Waiting Times	<i>Not Applicable</i>			
A&E 4 hour wait	<i>Not Applicable</i>			
Average Length of stay	0.70	0.10	0.71	↓
Daycase Rates	100%	0.10	98%	↓
Pre-operative bed days	0%	0.10	5%	↑
Provider of 1st Choice				
Elective Spells	On or above plan	0.1 - 0.5	24.74%	-
Outpatient attendances	On or above plan	0.1 - 0.3		-
Choose & Book slots available	<i>Not Applicable</i>			
Financial Strength				
% Variance against plan - Income	% plan achieved	0.50	6.81%	-
% Variance against plan - Expenditure	% plan achieved	0.50	-3.90%	-
Theatre Utilisation	<i>Not Applicable</i>			
Clinic Utilisation	<i>Not Applicable</i>			
Bed Occupancy (for CBU)	<i>Not Applicable</i>			
World Class Research				
No of active studies registered with NIHR	% increase in recruitments	0.10	-12%	-
Non-NIHR portfolio research studies	% increase on previous year	0.10	0%	-
Studies with Trust principle investigator	Increase in no. of studies	0.10	0	-
Publications	Increase in no. of publications	0.10	1	-
Specialty specific research	Target research plan is achieved	0.10		
Motivated & well led workforce				
Mandatory training (Statutory)	90%	0.25	83%	↑
PDR reviews	90%	0.25	85%	↓
Sickness absence	4%	0.25	5.2%	↓
Corporate Induction	100%	0.10	90%	→
Consultant Appraisals	100%	0.10	60%	
CQUIN / Quality Accounts				
Fit & Well to care - Nursing sickness level				
Pressure Ulcers - grade 3 & 4				
Keeping nourished - identifying nutritional needs				
Baclofen Therapy				
MRI: % of repeat brain surgery				
Neuro Disability Transition				
Palliative Care				
TARN - increase data completeness and accreditation				
Alcohol young people admitted to A&E for alcohol issues				
QIPP - Participated in C&Y persons QIPP				
Patient Experience				
Smoking - ascertain household smoking status				

* Additional CQUIN/Quality Accounts targets

Key

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2.1 - 4

1.0 - 2.0

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Deterioration on Previous Month



No significant difference to previous month



Improvement on previous month

Performance Framework Dashboard

District Services, CAMHS & Community

November 2010

2.55

Trust Objective	Threshold	Weighting	Result	Trend against Previous Month
Clinical Excellence				
MRSA cases	1	1.00	0	→
C Difficile cases	1	1.00	0	→
Elective MRSA Screening	100%	0.50		
MRSA Screening - unplanned care from April 2011	60%	0.50	100%	↑
Hospital acquired RSV - post 5 days	2	0.25	0	↓
Hospital acquired Rotavirus - post 48 hours	2	0.25	0	→
Line infections *	0	0.25	0	→
Re-admission rate - 28 days	7.60%	0.25	4.38%	↓
Discharge summaries to GPs within 24 hours *	95%	0.25	98%	↑
Never events	0	0.50	0	→
Red medication errors	0	0.50	0	→
Environmental audit re cleanliness	>90% achieved clinical area	0.25	89%	↑
Postive Patient Experience				
18 week RTT Admitted	90%	0.25		
18 week RTT Non Admitted	95%	0.25	99%	↓
Diagnostic Waiting Times - % under 2 weeks	<i>Not Applicable</i>			
Cancer Waiting Times	<i>Not Applicable</i>			
A&E 4 hour wait	95%	0.50	98.80%	↓
Average Length of stay	2.34	0.10	2.31	↑
Daycase Rates	83%	0.10	74%	↓
Pre-operative bed days	8%	0.10	6%	↑
Provider of 1st Choice				
Elective Spells	On or above plan	0.1 - 0.5	15.17%	-
Outpatient attendances	On or above plan	0.1 - 0.3	3.10%	-
Choose & Book slots available	96%	0.25	94%	↓
Financial Strength				
% Variance against plan - Income	% plan achieved	0.50	2.99%	-
% Variance against plan - Expenditure	% plan achieved	0.50	-2.35%	-
Theatre Utilisation	<i>Not Applicable</i>			
Clinic Utilisation	90%	0.25	69%	-
Bed Occupancy (for CBU)	85%	0.25	79.76%	↓
World Class Research				
No of active studies registered with NIHR	% increase in recruitments	0.10	79%	-
Non-NIHR portfolio research studies	% increase on previous year	0.10	0%	-
Studies with Trust principle investigator	Increase in no. of studies	0.10	0	-
Publications	Increase in no. of publications	0.10	-1	-
Specialty specific research	Target research plan is achieved	0.10		
Motivated & well led workforce				
Mandatory training (Statutory)	90%	0.25	76%	↓
PDR reviews	90%	0.25	56%	↓
Sickness absence	4%	0.25	6.2%	↓
Corporate Induction	100%	0.10	82%	↑
Consultant Appraisals	100%	0.10	26%	
CQUIN / Quality Accounts				
Fit & Well to care - Nursing sickness level				
Pressure Ulcers - grade 3 & 4				
Keeping nourished - identifying nutritional needs				
Baclofen Therapy				
MRI: % of repeat brain surgery				
Neuro Disability Transition				
Palliative Care				
TARN - increase data completeness and accreditation				
Alcohol young people admittted to A&E for alchol issues				
QIPP - Particpated in C&Y persons QIPP				
Patient Experience				
Smoking - ascertain household smoking status				

* Additional CQUIN/Quality Accounts targets

Key

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2.1 - 4

1.0 - 2.0

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Deterioration on Previous Month



No significant difference to previous month



Improvement on previous month

1. Clinical Outcome Measures

1.1 Clostridium Difficile

C-Difficile

Definition: The national target (a 30% reduction nationally in 2010/11 compared with the 2007/08 baseline figure) requires effective working across health communities to tackle infections in both healthcare settings and the community. Acute and specialist trusts are therefore expected to work effectively with primary care trusts to tackle C. difficile infections. As such, acute and specialist trusts are expected to set interim targets each year (between 2008/09 and 2010/11) with their strategic health authorities (SHA) to help achieve the national target overall by 2010/11

Data Source: 1. Health Protection Agency (financial year 2009/10)
2. Trajectories for C. difficile reduction (financial year 2009/10)

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Cumulative Actual	0	3	3	3	3	3	3	3				
Cumulative Plan	1	1	1	2	2	3	3	3	4	4	5	5

Commentary: The Trust has had 3 cases of C-Difficile cumulatively April - November 2010.

1.2 & 1.3 MRSA & MRSA Screening

MRSA

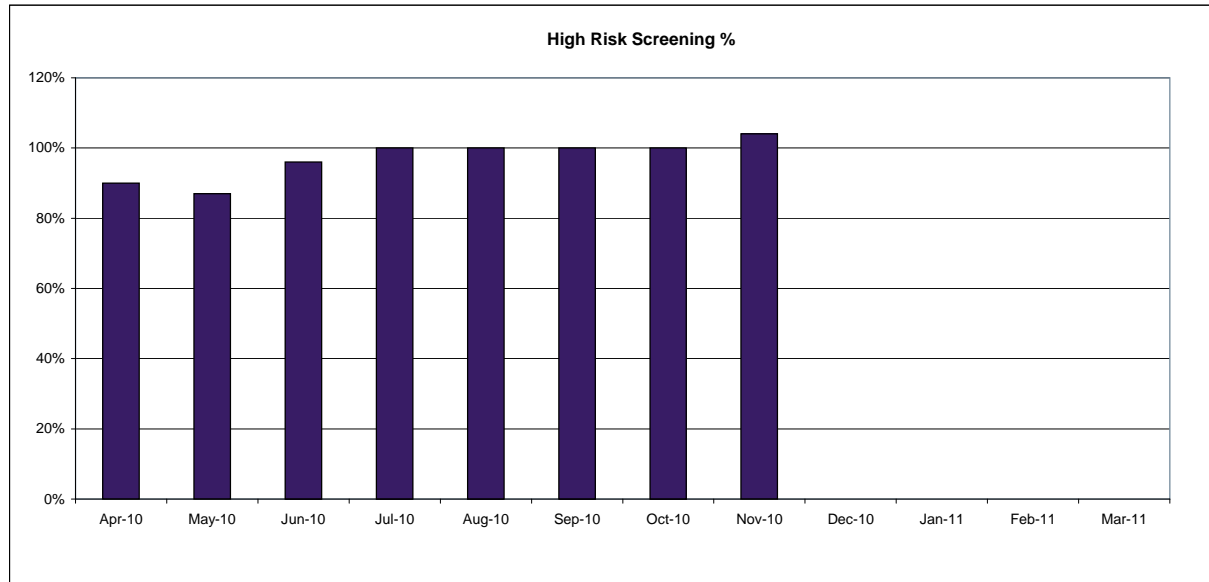
Definition: The overall policy is to achieve year on year reductions in methicillin resistant staphylococcus aureus (MRSA) levels, expanding to cover other health care associated infections as data from mandatory surveillance becomes available.

Data Source: HCAI Data Capture System

Total MRSA Infections	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Cumulative Actual	0	0	1	1	1	1	2	2				
Cumulative Plan	1	1	1	1	1	1	2	2	2	2	2	2

Positive MRSA swabs	8	8	5	6	9	16	8	8				
Positive swabs post 48 hrs after admission	4	4	1	2	1	3	4	7				

% High Risk Screenings (Elective)	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
	90%	87%	96%	100%	100%	100%	100%	104%				



Commentary: The Trust had no cases of MRSA during November 2010. We are now using the 'matched census' methodology to report MRSA screening so will see % compliance of over 100%

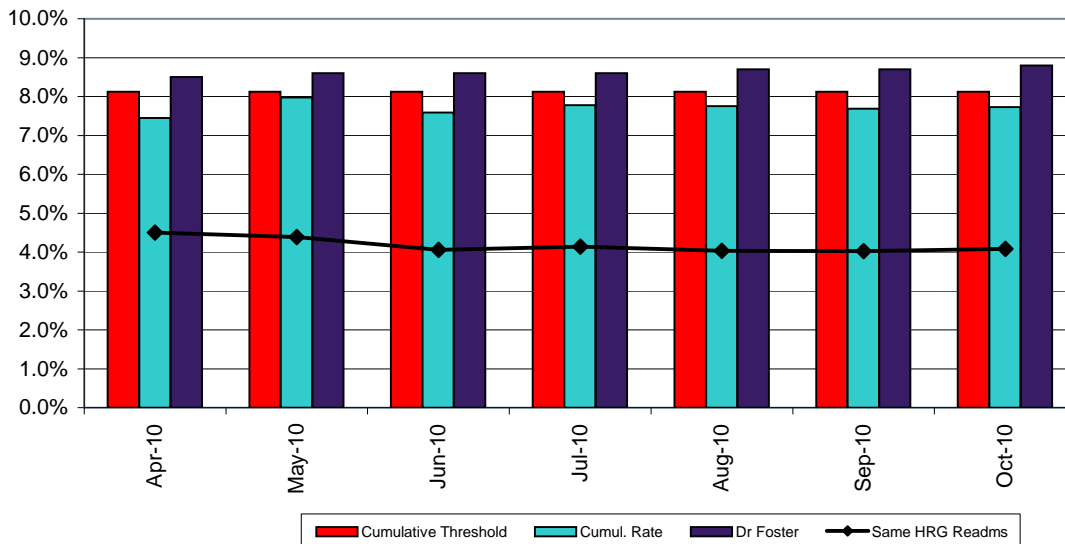
1. Clinical Outcome Measures

1.4 Readmission Rates

28 Day Readmission Rates

Definition: The Trust has set a target of having no more than 7.78% of all patients being readmitted as an emergency within 28 days.

Data Source: Trust Hospital Information System



Commentary: Using Dr Foster the Trust shows a readmission rate of 8.7% for November 2010, against a target of 8.12% . Local analysis using the Trust Hospital Information System shows a rate of 8.0% for November 2010. An additional line has been included to show emergency readmissions which have the same HRG as the previous admission, this gives a cumulative readmission rate of 4.3%.

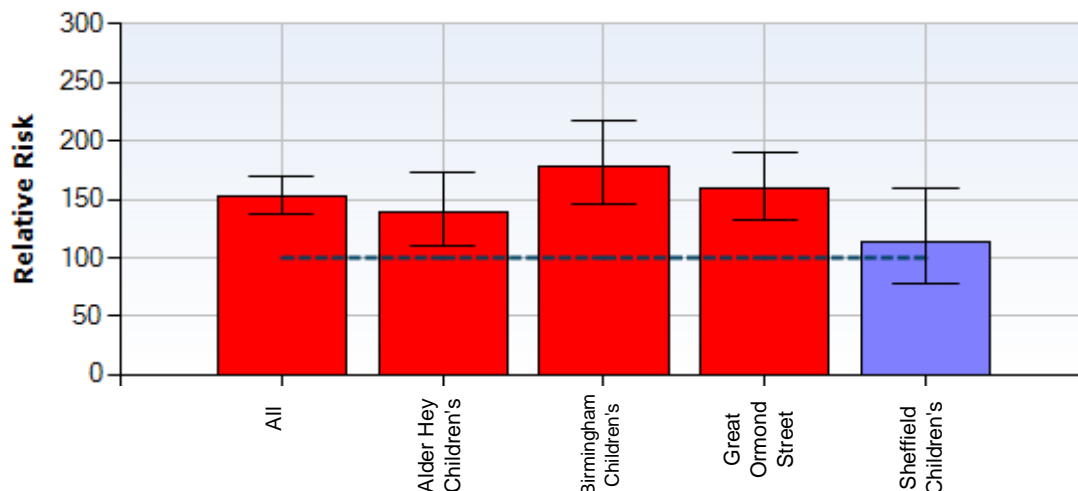
1.5 Mortality Rates

Mortality Rates

Definition: Dr Foster peer analysis for hospital mortality rates.

Data Source: Dr Foster

Mortality (in-hospital) | Diagnoses - All



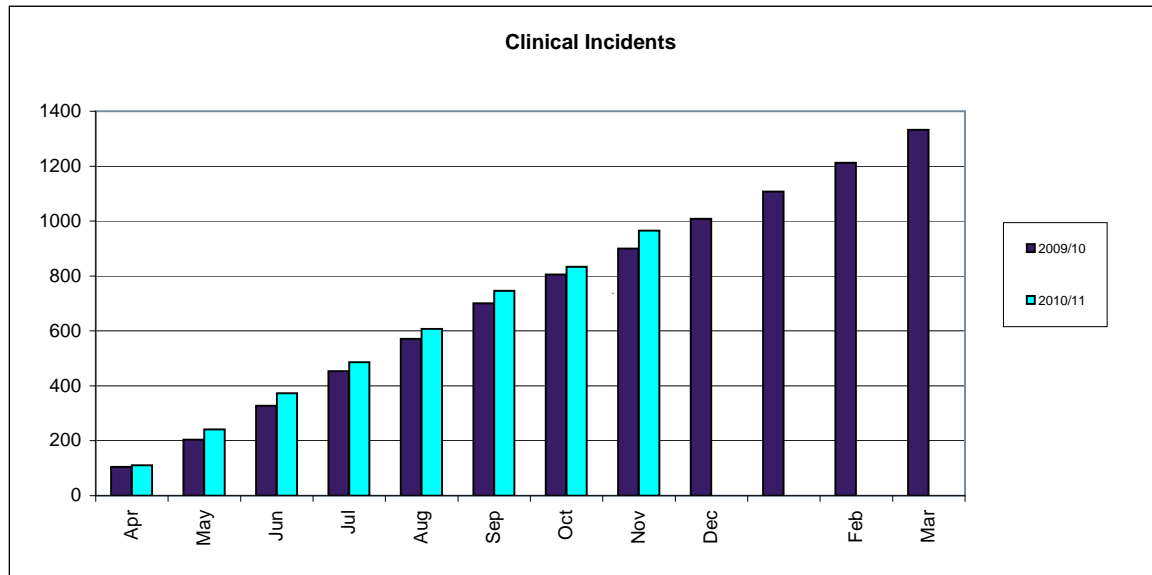
Commentary: For November 2010, the Trust is close to best in class when compared with a selected peer group.

1. Clinical Outcome Measures

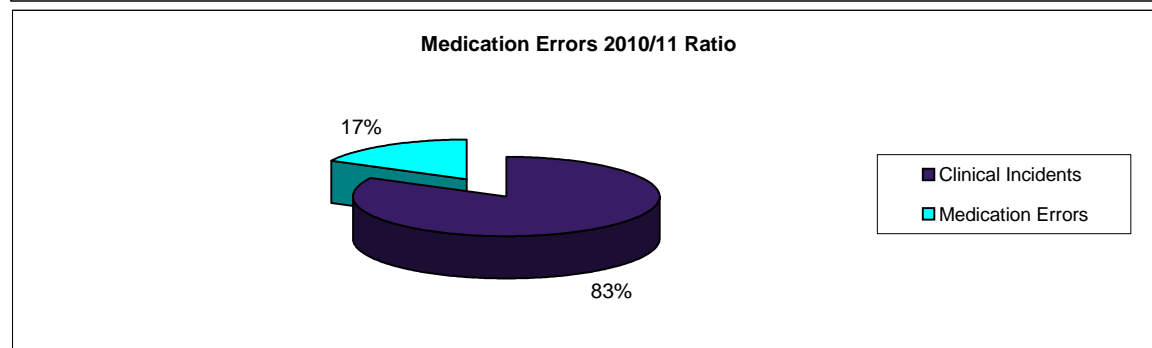
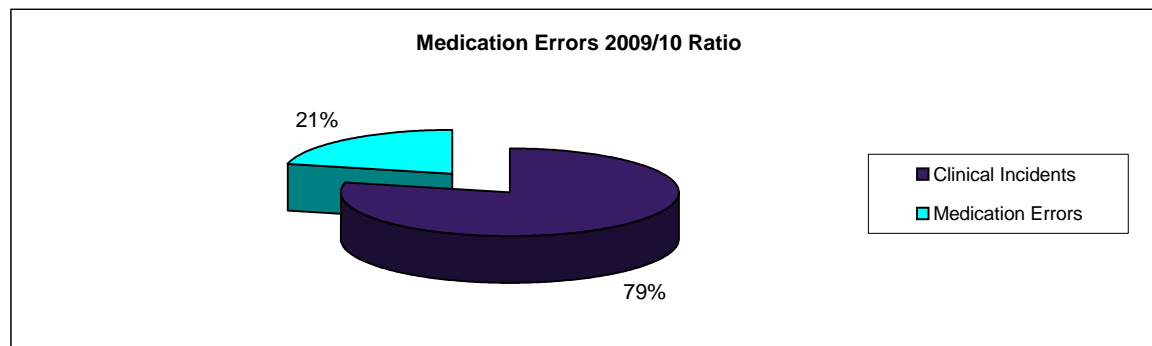
1.6 & 1.7 Clinical Incidents & Medication Errors

Trust Recorded Clinical Incidents & Medication Errors

Definition: Clinical incidents, including those classed as medication errors as recorded by the Trust. **Data Source:** Sentinel System



Commentary: At the end of November 2010, the Trust had 65 more clinical incidents than the same period last year. This is reviewed at the Clinical Governance Committee meeting.



Commentary: November 2010 showed a 4% lower proportion of medication errors within clinical incidents than November 2009. At the end of November 2010, the Trust had 965 clinical incidents of which 202 were Medication errors. This compares to 900 clinical incidents at the end of November 2009 with 245 Medication errors. The clinical incidents increase could in part be attributed to Clinical Support due to the introduction of Imaging wrong site error reporting. This is estimated at 28 incidents.

1. Clinical Outcome Measures

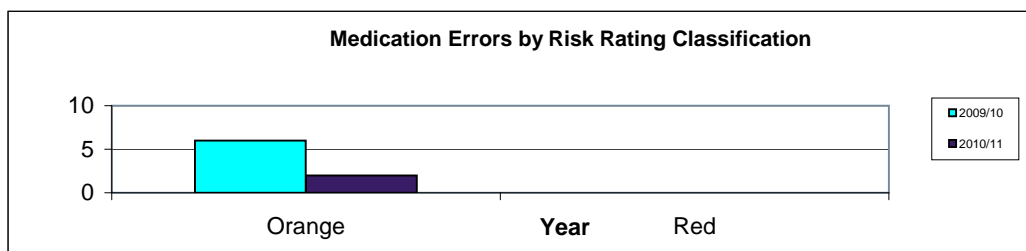
1.7 Further Clinical Incident Information

Further Clinical Incident Information

Definition: Clinical incidents, including those classed as medication errors as recorded by the Trust.

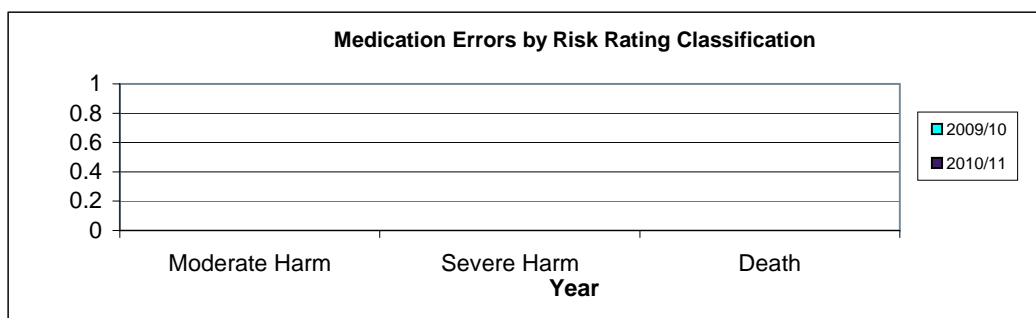
Data Source: Sentinel System

Medication errors with a risk rating classification of orange or red.



Date	Medication Errors	Orange	Red
1st November 2009 - 30th November 2009	26	6	0
1st November 2010 - 30th November 2010	38	2	0

Medication errors resulting in an impact on the patient of moderate, severe or death.



Date	Moderate Harm	Severe Harm	Death
1st November 2009 - 30th November 2009	0	0	0
1st November 2010 - 30th November 2010	0	0	0

Commentary: Between 01/11/2009 and 30/11/2009 – 26 medication errors were reported, of these 8 were classed as near misses. The number of medication errors is out of a total of 94 clinical incidents reported in this time period. Between 01/11/2010 and 30/11/2010 - 38 medication errors were reported, of these 10 were classed as near misses. The number of medication errors is out of a total of 132 clinical incidents reported in this time period.

Theatre Incidents & Never Events

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
2009/10	13	12	9	7	4	6	9	14
2010/11	8	6	10	7	8	8	4	12
Variance	-5	-6	1	0	4	2	-5	-2

Never Events	0	0	0	0	0	0	0	0
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Commentary: The Trust has had zero Never Events since April 2010.

1. Clinical Outcome Measures

1.8 Other Hospital Acquired Infection

Positive Rotavirus and RSV - Pre and Post 48hrs positive

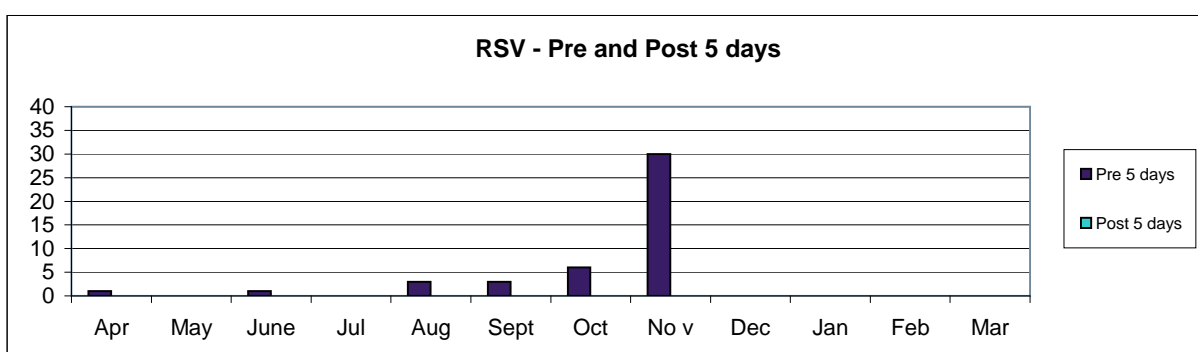
Definition: To analyse the rate of infection of Rotavirus and RSV distinguishing between infections pre and post admission (48 hours).

Data Source: Trust Hospital Information System

RSV - Children under 2 years of age

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
Total pre 5 days	0	1	0	3	3	6	30
Total post 5 days	0	0	0	0	0	0	0

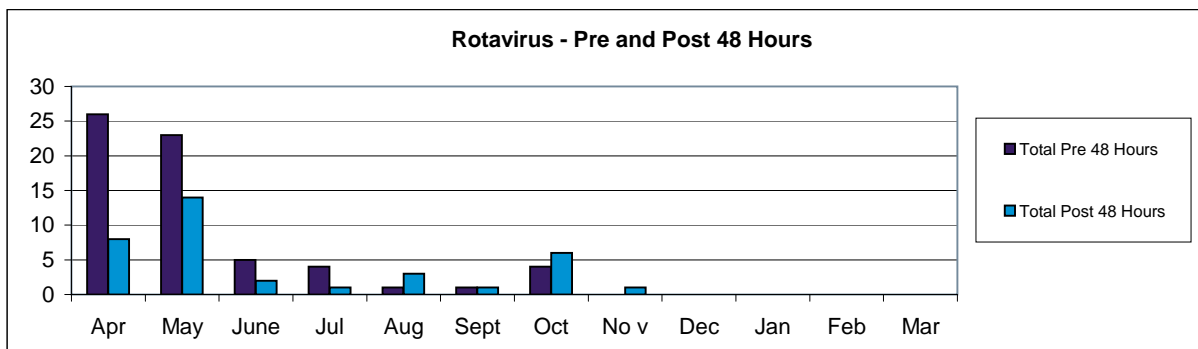
% pre 5 days against adms under 2 yrs	0.00%	0.14%	0.00%	0.31%	0.32%	0.71%	2.82%
% post 5 days against adms under 2 yrs	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%



Rotavirus - Children under 5 years of age

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
Total Pre 48 Hours	23	5	4	1	1	4	0
Total Post 48 Hours	14	2	1	3	1	6	1

% Pre 48 Hrs against Adms under 5 yrs	1.44%	0.33%	0.27%	0.06%	0.06%	0.25%	0.00%
% Post 48 Hrs against Adms under 5 yrs	0.87%	0.13%	0.07%	0.18%	0.06%	0.37%	0.05%



CVL Infections

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
Number CVL Infections	13	13	14	15	11	14	9
Number CVL Contaminants	27	26	17	16	20	38	28

Commentary: In November 2010, the Trust has had 30 cases of RSV. Rotavirus shows 1 case post 48 hours. The Trust aim is to reach a target state of Zero. The Trust had 9 cases of CVL Infections in November 2010. Currently we are only able to monitor line **associated** infections. The definition for line associated infection is a blood stream infection in a child who has a line in situ, it does not necessarily imply the infection is due to contamination of the line.

2. Positive Patient & Family Experience

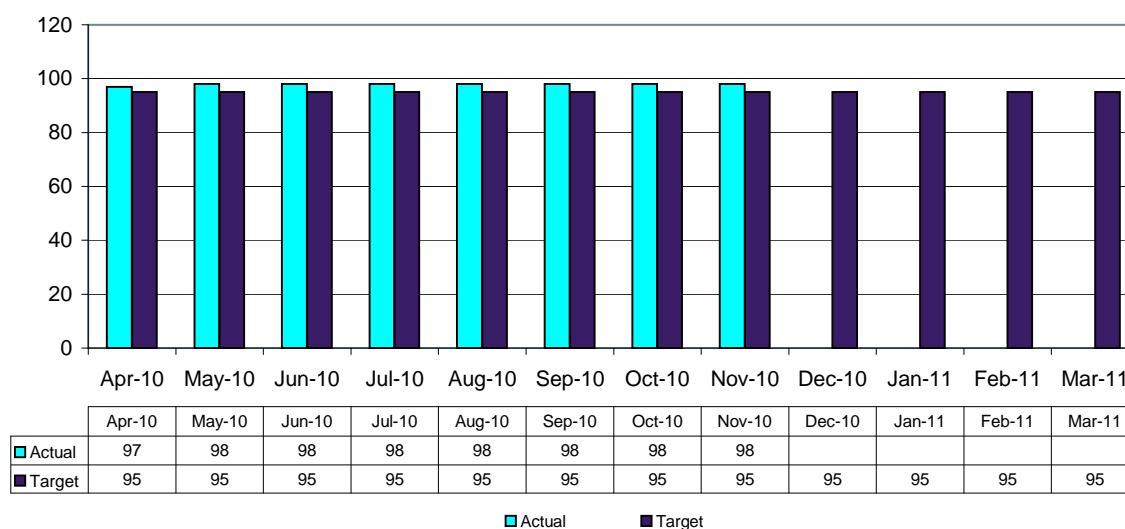
2.1 & 2.2 Achieve Maximum Wait of 18 Weeks

Referral to Treatment Milestones

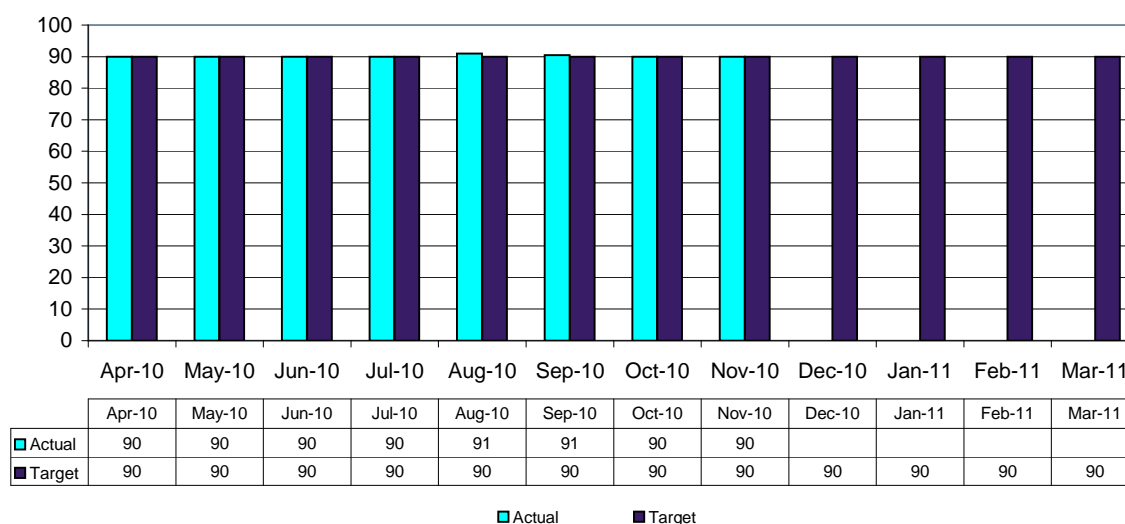
Definition: In 2010/11 trusts will be expected to maintain a maximum waiting time of 18 weeks from referral to start of treatment for 90 per cent of admitted patients and 95 per cent of non-admitted patients.

Data Source: Trust Hospital Information System

Non Admitted Pathways



Admitted Pathways



Commentary: The Trust met the non-admitted and admitted targets for November 2010 with 98% and 90% respectively. This remains an extremely challenging target for the Trust due to pressures in Orthopaedics, Spinal and Oral Surgery. Median and 95th Percentile measures were introduced in June 2010, with thresholds of > 11.1 and > 6.6 weeks for admitted and non admitted pathways and 95 percentile measures of > 27.7 and > 18.3 weeks respectively.

2. Positive Patient & Family Experience

2.3 & 2.4 Achieve Maximum Wait of 18 Weeks

RTT Admitted Pathways

Threshold > 11.1 > 27.7

Specialty	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Median Wait (Weeks)	95th Percentile (Weeks)
Critical Care/ Cardiac Unit									
Cardiology	97%	97%	95%	95%	82%	94%	96%	5	18
Cardiac Surgery	100%	100%	100%	67%	100%	100%	100%	1	7
Sub Total	98%	98%	96%	89%	88%	96%	97%	4	17
Medical Specialties									
Gastroenterology	100%	100%	100%	100%	100%	100%	100%	17	16
Id And Immunology	100%	100%	100%	100%	100%	100%	100%	6	7
Sub Total	100%	100%	100%	100%	100%	100%	100%	7	16
Neuro/Head & Neck									
Ear, Nose and Throat	91%	90%	90%	82%	90%	90%	81%	10	23
Ophthalmology	95%	79%	96%	94%	100%	100%	86%	11	19
Neurosurgery	95%	100%	100%	94%	100%	100%	100%	6	11
Oral Surgery	69%	73%	54%	73%	65%	63%	75%	11	30
Paediatric Dentistry	100%	100%	100%	100%	99%	99%	100%	5	14
Sub Total	90%	90%	90%	89%	91%	91%	89%	8	22
Surgery/Ortho/Theatres									
Trauma & Orthopaedic Surgery	71%	59%	70%	72%	69%	57%	81%	8	32
Paediatric Surgery	94%	95%	95%	98%	97%	97%	97%	8	17
Plastic Surgery	89%	95%	97%	95%	92%	97%	91%	9	22
Spinal Disorders	50%	50%	33%	-	50%	0%	0%	31	48
Urology Paediatric	94%	94%	100%	94%	100%	98%	100%	6	12
Sub Total	80%	87%	88%	90%	88%	88%	91%	8	25
Clinical Support									
Radiology	80%	-	-	-	100%	-	100%	7	11
Total All	90%	90%	90%	91%	91%	90%	90%	8	23

RTT Non Admitted Pathways

Threshold > 6.6 > 18.3

Specialty	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Median Wait (Weeks)	95th Percentile (Weeks)
Critical Care/ Cardiac Unit									
Cardiology	98%	97%	99%	96%	100%	100%	100%	6	12
Sub Total	98%	97%	99%	96%	100%	100%	100%	6	12
District Services,CAMHS & Comm									
Allergy (Outpatient Only)	100%	100%	98%	96%	92%	100%	100%	8	13
Ambulatory	100%	100%	100%	100%	100%	100%	100%	0	4
Audiology	80%	100%	100%	100%	100%	100%	100%	5	11
Community Medicine	95%	93%	96%	94%	95%	98%	98%	5	14
Dermatology	99%	99%	95%	100%	97%	98%	99%	12	17
Paediatric Medicine	100%	99%	99%	99%	100%	99%	98%	3	16
Sub Total	96%	99%	98%	98%	97%	99%	99%	5	16
Medical Specialties									
Endocrinology	80%	97%	81%	86%	88%	72%	68%	9	31
Id And Immunology	100%	100%	100%	100%	100%	100%	100%	4	6
Gastroenterology	100%	94%	91%	100%	100%	94%	95%	7	16
Paed. Haematology / Oncology	96%	100%	95%	100%	100%	95%	94%	11	20
Nephrology	94%	90%	100%	100%	100%	71%	69%	6	36
Respiratory Medicine	100%	100%	97%	100%	100%	100%	97%	3	15
Rheumatology	100%	100%	91%	100%	95%	80%	92%	4	23
Sub Total	98%	97%	96%	100%	99%	87%	90%	6	27
Neuro/Head & Neck									
Ear, Nose & Throat	99%	99%	99%	99%	99%	98%	97%	2	15
Ophthalmology	99%	100%	100%	99%	100%	97%	98%	8	14
Neurosurgery	100%	100%	94%	100%	100%	95%	100%	4	13
Orthodontics	100%	100%	100%	100%	100%	100%	100%	2	2
Oral Surgery	100%	94%	100%	100%	100%	97%	100%	7	11
Paediatric Dentistry	100%	100%	97%	100%	100%	100%	100%	5	8
Paediatric Neurology	93%	100%	97%	100%	100%	98%	96%	7	14
Sub Total	99%	99%	98%	100%	100%	98%	98%	5	14
Surgery/Ortho/Theatres									
Anaesthetics (Icu)	50%	100%	100%	100%	100%	100%	-	0	0
Gynaecology	100%	100%	93%	100%	88%	100%	100%	6	7
Laser (Op)	90%	100%	100%	100%	100%	100%	100%	7	17
Trauma & Orthopaedic Surgery	99%	100%	99%	99%	99%	99%	98%	7	15
Paediatric Surgery	100%	100%	97%	99%	100%	100%	98%	5	10
Pain Management	-	100%	-	100%	-	-	-	0	0
Plastic Surgery	100%	97%	100%	100%	99%	100%	99%	1	17
Urology Paediatric	100%	97%	92%	100%	97%	93%	98%	5	17
Sub Total	91%	99%	97%	100%	98%	99%	98%	6	15
Total All	98%	98%	98%	98%	98%	98%	98%	5	16
All Pathways								6	17

2. Positive Patient & Family Experience

2.5 Achieve Maximum wait of 4 weeks for Diagnostics

Diagnostic Waiting Times

Definition: The overall aim is to ensure that all diagnostic tests are carried out speedily to make sure 18 weeks is achieved.

Data Source: Hospital Information System

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
6 week breaches	0	2	2	8	1	0	0	1	
Over 4 weeks	16	12	32	60	38	29	21	12	
Over 2 weeks	83	113	115	152	138	154	129	124	
2 Week Target	158	144	129	115	101	86	72	57	43

Commentary: The Trust had one 6 week diagnostic breaches in November 2010. In order to reach a target of a maximum 2 week wait for a diagnostic test by March 2011, a trajectory has been put in place to monitor progress. As at November 2010, there were 124 tests waiting two weeks and over. This is currently being managed by the Waiting Times group.

2.6 Maintain the four hour maximum wait in A&E from arrival to admission, transfer or discharge.

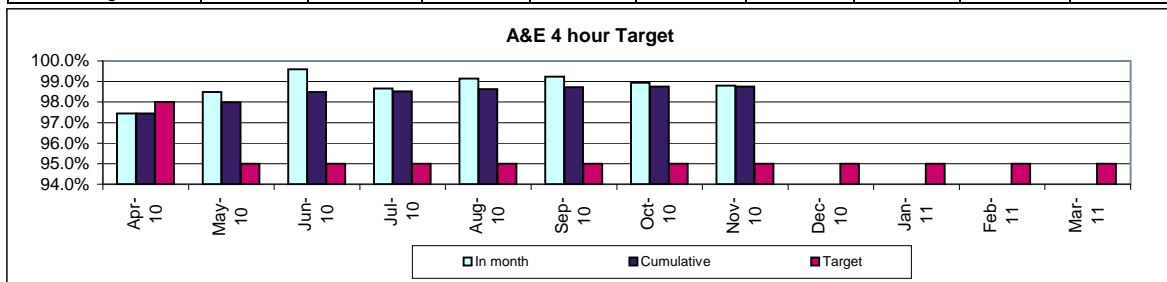
A&E Waiting Times

Definition: The NHS target requires that at least 95% of patients spend four hours or less in any type of A&E from arrival to admission, transfer or discharge from January 2005 onwards.

Data Source: Hospital Information System

***Now includes Smithdown Road Childrens Walk In Centre data**

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Total Attns*	6820	7234	6370	6530	5048	6078	6217	6341	
In month	97.45%	98.49%	99.59%	98.65%	99.15%	99.24%	98.94%	98.80%	
Cumulative	97.45%	97.99%	98.49%	98.53%	98.63%	98.72%	98.75%	98.76%	
Target	98%	95%	95%	95%	95%	95%	95%	95%	95%



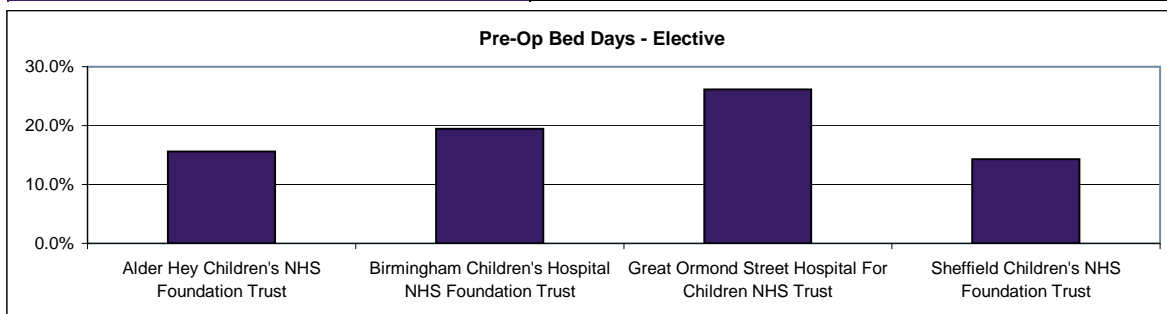
Commentary: The Trust has achieved the A&E 4 hour target in October 2010 with a performance of 98.80%.

2.7 Pre-operative Bed Days

Pre-Operative Bed Days

Definition: The number of bed days spent pre-operative of all total bed days admitted electively for a procedure.

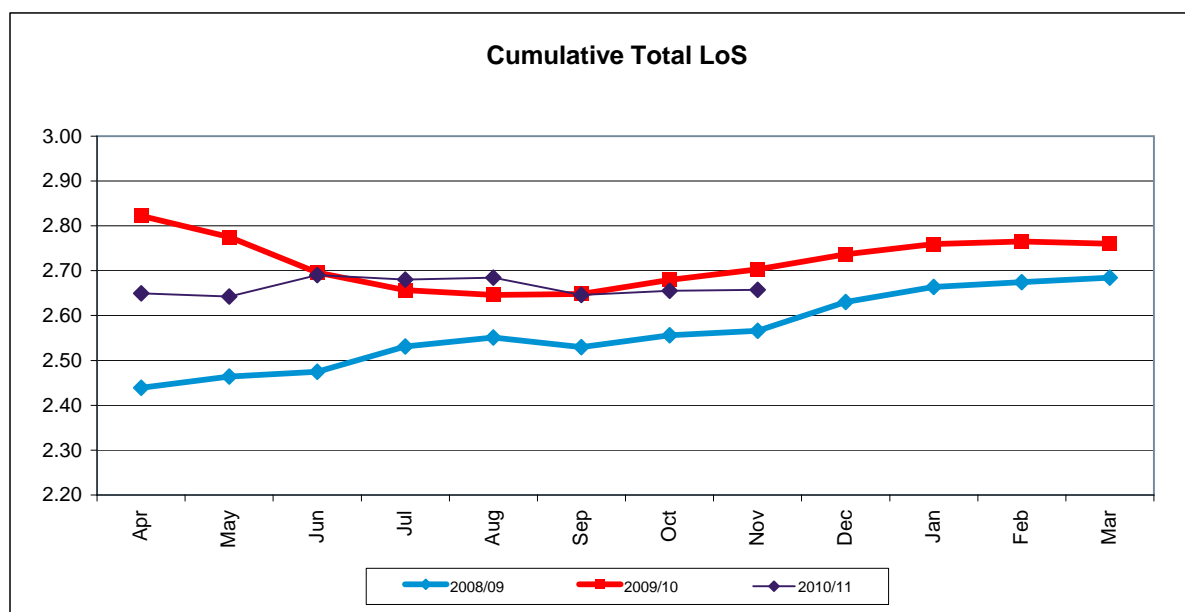
Data Source: Dr Foster



Commentary: The Trust has 15.6% of its elective bed days waiting for a procedure as pre-operative. Work is ongoing in the Surgical Division to reduce this figure.

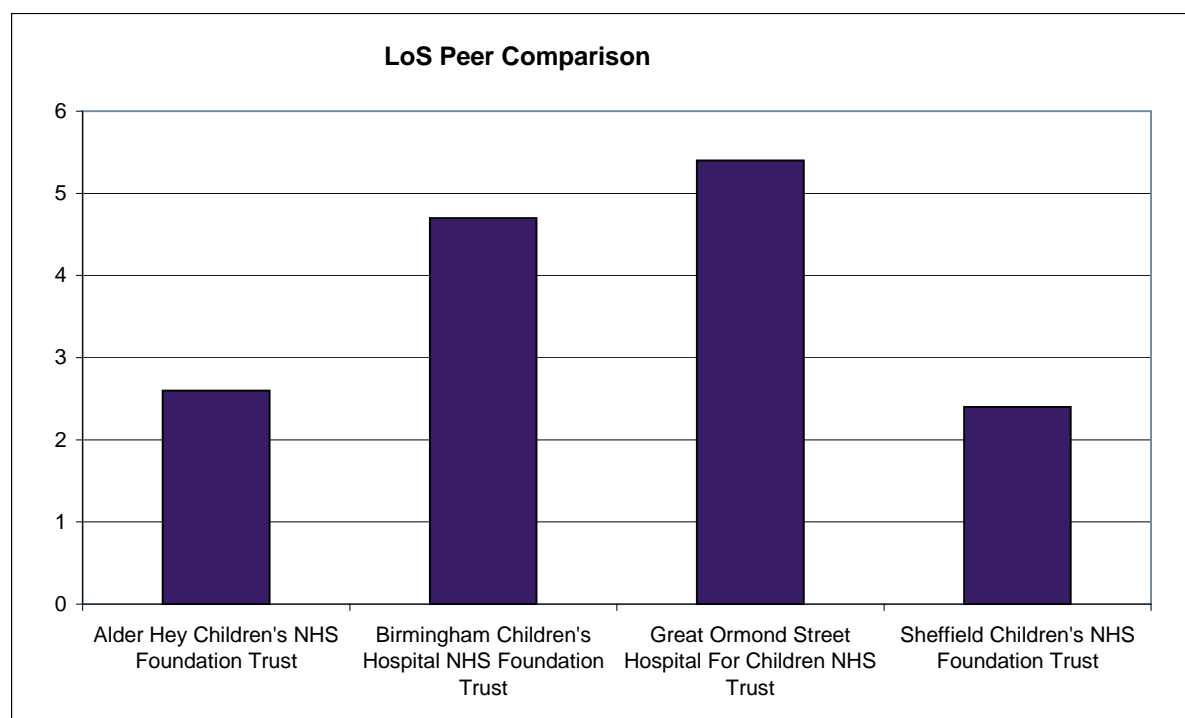
2. Positive Patient & Family Experience

2.8 Reduction in Total Average Length of Stay - Timeline



Commentary: The Trust has a cumulative inpatient length of stay of 2.66 days in November 2010. Divisions are tasked with implementing improvements which will reduce length of stay, workstreams will be revisited to review the effectiveness of these.

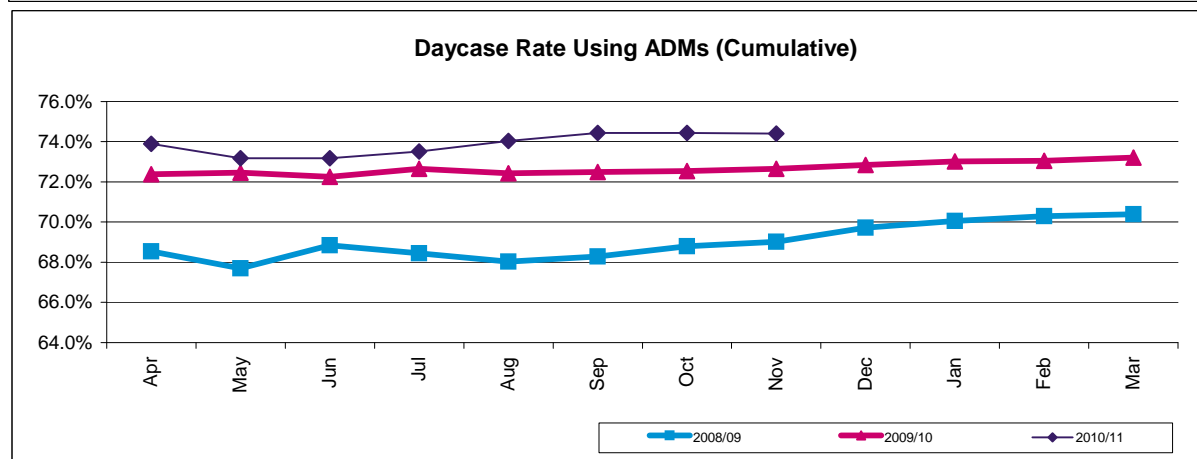
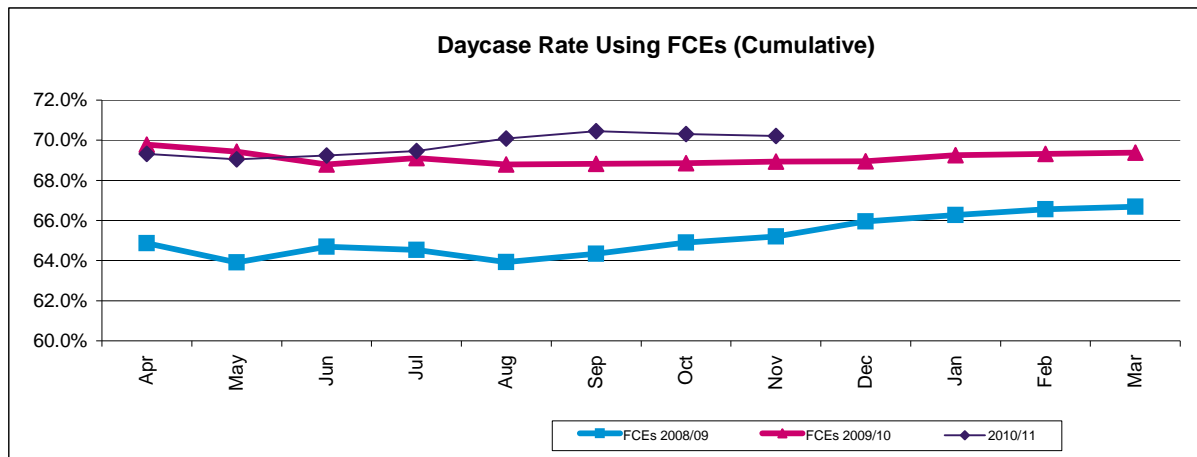
2.9 Dr Foster Analysis Average LOS (Elective + Non Elective) - Peer Group Comparison



Commentary: This peer comparison is taken from September 2010 as Dr Foster publishes data months in arrears. The results will be presented in this report cumulatively for future months as Dr Foster makes the data available.

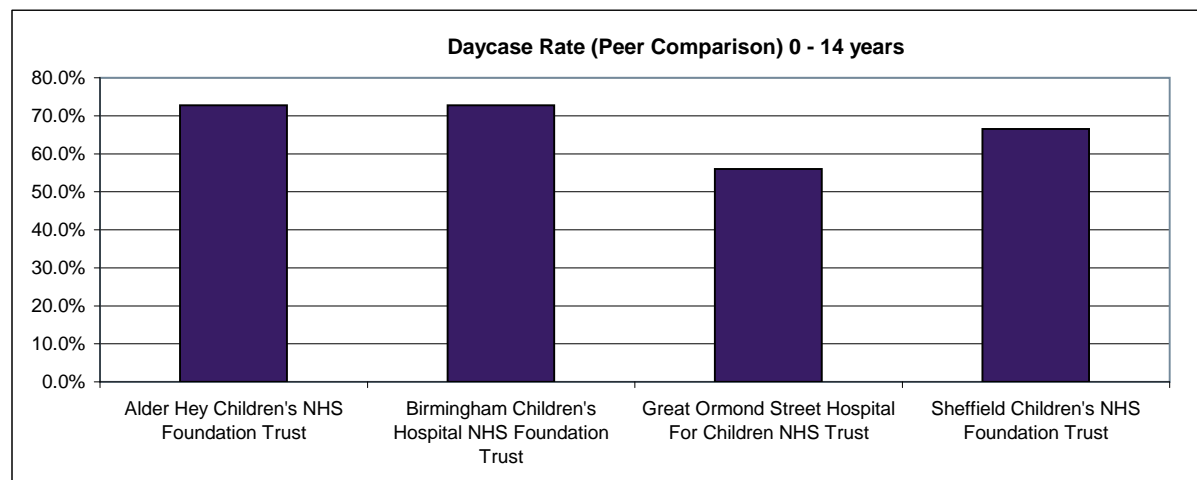
2. Positive Patient & Family Experience

2.10 Day Case Rates



Commentary: November 2010 shows the ADMs daycase rates higher than the cumulative for the previous two years, at 74.2%. The FCEs daycase rates remain unchanged at 69% in November 2010.

2.11 Daycase Rates - Peer Group Analysis



Commentary: The graph above shows day case rates cumulative to September 2010 across a selection of children's trusts, with Alder Hey being close to best in class. Data for Great Ormond Street is currently unavailable.

2. Positive Patient & Family Experience

2.12 DNA Rates by Specialty

Specialty	2009/10 Total					
	% DNA Rate	Total Attns	Total DNAs	% New	% FU	% Total

Critical Care/Cardiac Unit

Cardiology	7%	4054	342	8%	8%	8%
Cardiothoracic Surgery	0%	136	23	23%	12%	14%
Anaesthetics	8%	140	26	18%	15%	16%
Total	7%	4330	391	9%	8%	8%

District Services/CAMHS & Community

Audiology	20%	2900	611	13%	21%	17%
Allergy	14%	4480	998	12%	22%	18%
Dermatology	17%	6841	1128	16%	14%	14%
Paediatrics	20%	4807	1248	14%	23%	21%
Child and Adolescent Psychiatry	15%	2993	829	17%	24%	22%
Community Medicine	23%	2242	505	19%	18%	18%
Community Ophthalmology	25%	601	121	8%	26%	17%
Ambulatory	15%	1150	171	7%	19%	13%
Total	19%	26014	5611	14%	19%	18%

Medical Specialties

Nephrology	13%	1103	243	9%	19%	18%
Endocrinology	12%	1661	325	9%	19%	16%
Anticoagulation	18%	211	48	0%	19%	19%
Rheumatology	16%	1497	226	6%	15%	13%
Immunology	29%	2182	392	5%	17%	15%
Respiratory Medicine	15%	2604	255	9%	9%	9%
Haematology	8%	317	100	26%	23%	24%
Gastroenterology	21%	2341	519	10%	22%	18%
Total	15%	11916	2108	9%	16%	15%

Neuro/Head & Neck

Ophthalmology	17%	7375	1467	12%	18%	17%
Paediatric Neurology	13%	2609	488	9%	18%	16%
ENT	16%	5792	956	9%	18%	14%
Oral Surgery	18%	1478	310	7%	22%	17%
Paediatric Dentistry	19%	2319	465	7%	20%	17%
Neurosurgery	12%	1386	151	6%	11%	10%
Orthodontics	9%	1411	86	9%	6%	6%
Total	16%	22370	3923	9%	17%	15%

Surgery/Ortho/Theatres

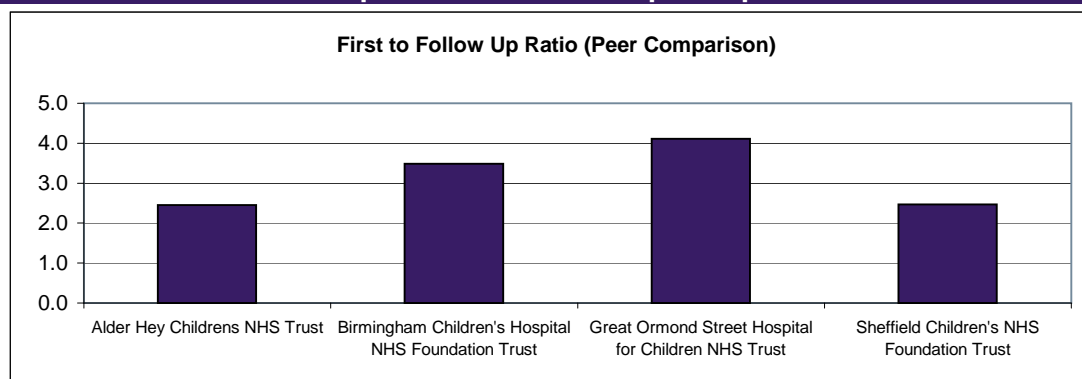
Trauma & Orthopaedics	11%	6884	956	9%	15%	12%
Spinal Disorders	17%	105	6	4%	6%	5%
Plastic Surgery	17%	4391	876	5%	20%	17%
Paediatric Surgery	14%	4060	870	10%	22%	18%
Gynaecology	25%	166	45	12%	31%	21%
Urology	17%	1700	319	9%	18%	16%
Fracture	11%	8364	924	6%	12%	10%
Laser (Outpatients only)	13%	1898	335	9%	16%	15%
Total	13%	27568	4331	8%	17%	14%

Grand Total	15%	92198	16364	10%	17%	15%
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Commentary: The DNA rates cumulatively from April 2010 to November 2010 for New Attendances were 10% and 17% for Follow Ups. The total DNA rate was 15% cumulatively Apr - November 2010 compared against 15% for the same period the previous year. A task and finish group is being led by the CBU General Manager for Medical Specialties and the outcome of the group will be fed back to the Clinical Quality Assurance Committee.

2. Positive Patient & Family Experience

2.13 Dr Foster First to Follow Up Ratios - Peer Group Comparison



Commentary: The Trust had a New to Follow Up Ratio of 2.5 for the most recent 12 months of data reported on Dr Foster (Oct 09 - Sept 10). This is best in class.

2.14 First to Follow Up Ratios - By Specialty (Includes Ward Based Outpatients & Ward Attenders)

Specialty	Peer Avg	Aug-10	Sep-10	Oct-10	Nov-10
District Services, CAMHS & Community					
Child and Adolescent Psychiatry	32.7	5.5	5.5	5.0	5.3
Accident & Emergency	0.3	0.1	0.1	0.1	0.1
Community Paediatrics	5.4	2.7	2.7	2.5	2.6
Dermatology	2.7	2.9	3.0	2.9	3.1
Paediatrics	2.8	1.6	1.6	1.6	1.5
Total		2.6	2.3	2.1	2.2
Medical Specialties					
Endocrinology	5.8	6.3	5.7	5.6	6.8
Gastroenterology	3.6	1.8	1.9	1.7	2.1
Haematology & Oncology	17.4	18.1	17.8	14.7	15.8
Nephrology	10.1	8.4	8.1	8.0	9.6
Respiratory	6.4	5.7	5.7	5.2	6.1
Rheumatology	5.1	4.4	4.4	3.9	3.9
Total		7.5	8.9	4.0	4.6
Critical Care / Cardiac Unit					
Cardiology	4.2	3.4	3.4	3.2	3.6
Cardiac Surgery	4.1	2.8	2.8	2.4	1.4
Total		3.1	3.4	3.2	3.4
Neuro / Head & Neck					
Ear, Nose & Throat	2.6	1.4	1.4	1.4	1.4
Ophthalmology	3.5	3.1	3.2	3.3	3.1
Neurology	2.4	3.0	3.1	2.9	2.8
Neurosurgery	5.5	6.8	6.4	6.4	7.1
Orthodontics	23.9	8.6	10.3	7.2	7.5
Oral Surgery	7.1	2.4	2.4	2.1	1.9
Paediatric Dentistry	7.8	2.8	2.7	2.2	2.4
Total		4.0	2.4	2.3	2.3
Surgery / Ortho / Theatres					
Anaesthetics	-	3.4	3.1	3.0	3.9
Gynaecology	-	0.7	0.8	0.4	0.4
Orthopaedics	2.6	1.6	1.6	1.5	1.5
Paediatric Surgery	2.7	2.0	2.0	2.0	2.1
Plastic Surgery	4.6	3.6	3.7	3.5	3.5
Urology	3.7	3.3	2.2	2.2	2.2
Pain Management	3.5	0.8	0.8	0.8	0.7
Total	2.8	2.2	2.0	1.9	2.0
Grand Total	3.2	2.5	2.5	2.3	2.5

2. Positive Patient & Family Experience

2.15 - 2.17 Cancer Waiting Times Targets

Cancer Waiting Times

Definition: The publication of the Cancer Reform Strategy, in December 2007, set new, more ambitious standards for the NHS.

Data Source: Informix System

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
% GP Refs seen within 2 weeks	100%	100%	100%	100%	100%	100%
% treated within 1 month	100%	100%	100%	100%	100%	100%
% treated within 1 month - subsequent cancers	100%	100%	100%	100%	100%	100%

Commentary: Cancer waiting times targets continue to be met.

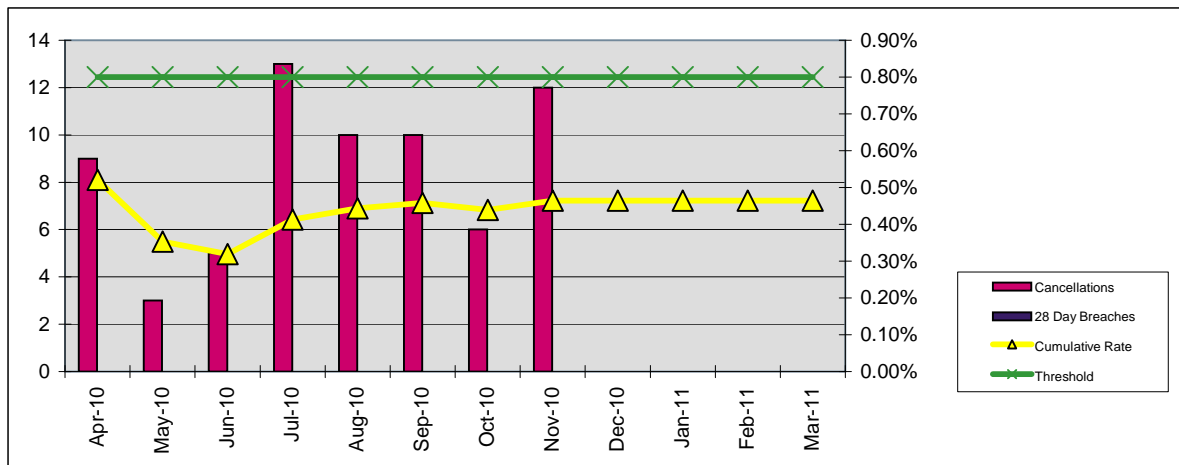
2.18 & 2.19 Cancelled Operations for Non Clinical Reasons

Cancelled Operations & Not Readmitted Within 28 Days

Definition: The NHS Plan (published in July 2000) states that patients will have the right to redress when things go wrong. When a patient's operation is cancelled by the hospital on the day of admission, or later, for non-clinical reasons, the hospital will have to offer another binding date to treat the patient within a maximum of 28 days. This continues to be a standard which should be maintained by the NHS.

Data Source: Hospital Information System

	Cancelled	28 Day Breaches	Cumulative Rate
Apr-10	9	0	0.52%
May-10	3	0	0.35%
Jun-10	5	0	0.32%
Jul-10	13	0	0.41%
Aug-10	10	0	0.44%
Sep-10	10	0	0.46%
Oct-10	6	0	0.44%
Nov-10	12	0	0.46%
Dec-10			
Jan-11			
Feb-11			
Mar-11			



Commentary: The above graph shows the cumulative rate for hospital cancellations against total elective admissions (yellow triangle). With a threshold of 0.8% the Trust is currently below this with a rate of 0.46%. There were no 28 day breach during November 2010. Actions to improve the cancellation rate have been put into place by the Surgical Division.

2. Positive Patient & Family Experience

2.20 Bed Refusal

Bed Refusal

Definition: Number of patients turned away from a bed at Alder Hey. This is due to recommendations from CQC inline with the Birmingham Children's Hospital report to monitor admissions to beds.

Data Source: Bed Management Dept / Intensive Care Unit

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
PICU	1	1	3	0	1	0	5	0	
Other	23	2	10	1	0	0	0	3	
Cumulative	24	27	40	41	42	42	47	50	

Commentary: The Trust had three refused admissions for November 2010 with the cumulative total standing at 50.

2.21 PEAT Score

Privacy & Dignity	Good
Environment	Acceptable
Food	Good

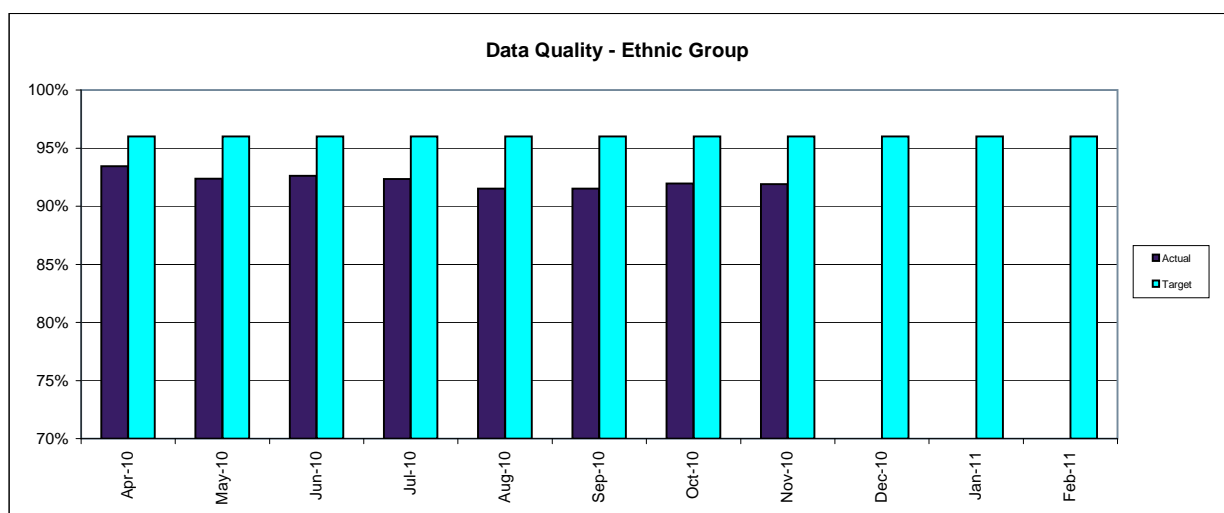
Commentary: Work continues to achieve the highest possible rating within the PEAT assessment. An assessment was carried out on April 13th 2009 and the results can be seen above. A review is to be carried out around the actions from the PEAT assessment.

2.22 Data quality on ethnic group

Data Quality on Ethnic Group

Definition: % of Inpatient episodes assigned with an ethnic category.

Data Source: Meditech



Commentary: For November 2010, the Trust had 91.90% of its inpatient episodes assigned with an ethnic category. This is currently 4.10% below the target. An analysis of this data has been undertaken to identify areas of low compliance; which has been shared with the appropriate areas. Discussions have taken place with the PCT to try and identify alternative ways of collecting this data and a new system is being implemented to collect patient demographics. The ethnicity categories on meditech need to be refined/reduced and the PCT are looking to develop an agreed set of standard categories for ethnicity.

2. Positive Patient & Family Experience

2.23 Patient Food Wastage

Patient Food Wastage

Definition: To monitor percentage of meals prepared, served and returned. **Data Source:** Catering Dept.

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
% Patient Food Wastage (Quantity)	6.70%	5.90%	7.50%	6.30%	6.80%	8.20%

Commentary: The patient food wastage figure for November was 8.2%

2.24 Domestic Services Cleanliness Compliance

Domestics Services Cleanliness Compliance

Definition: Two measures have been developed. Audit Compliance which is a measure of Trust ability to conduct audit and Hospital Cleanliness Performance. **Data Source:** Hotel Services Dept

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
Audit Compliance (%)		100%	93%	84%	88%	79%
Cleanliness Performance (%)	76%	80%	82%	79%	76%	86%

Commentary: Audit compliance has reduced in November to 79%. Audit results from nursing staff not being completed or returned on time. We have seen an increase of cleanliness performance in November to 86%. Performance of newly included areas who are showing improvement are having a positive effect on the summary position

2.25 Estates

Estates

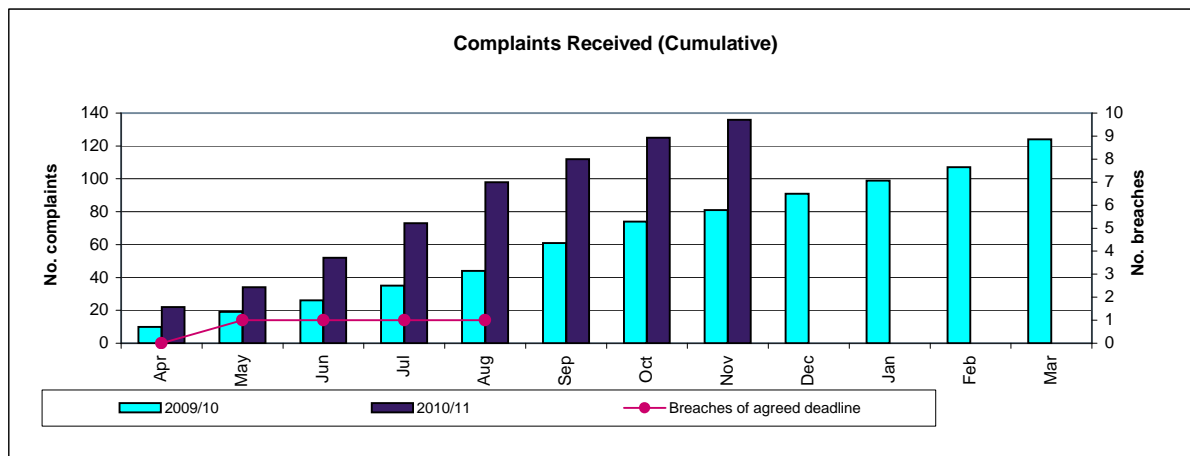
Definition: Two measures have been developed. Routine Maintenance performance which reports Trust ability to address routine maintenance jobs and measures "logged tasks" that have been resolved. PPM measures performance of planned maintenance activities **Data Source:** Estates Dept.

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
Routine Maintenance Resolution (%)	101%	97%	97%	87%	83%	80%
PPM (%)	84%	81%	81%	88%	73%	93%

Commentary: Routine Maintenance Resolution has decreased to 80% in November 2010. This line of work orders has reduced slightly and has also taken second place to mandatory PPM. Performance of planned maintenance activities has increased to 93%.

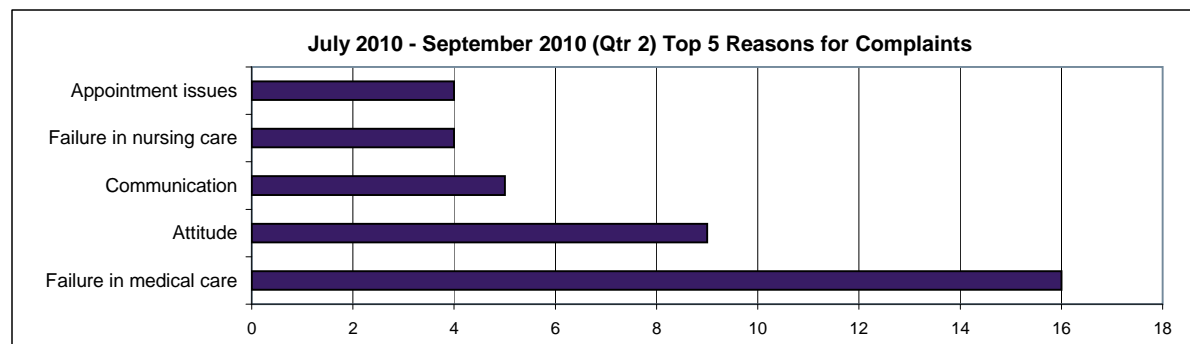
2. Positive Patient & Family Experience

2.26 & 2.27 Number of Complaints Received and Agreed Deadlines Breached



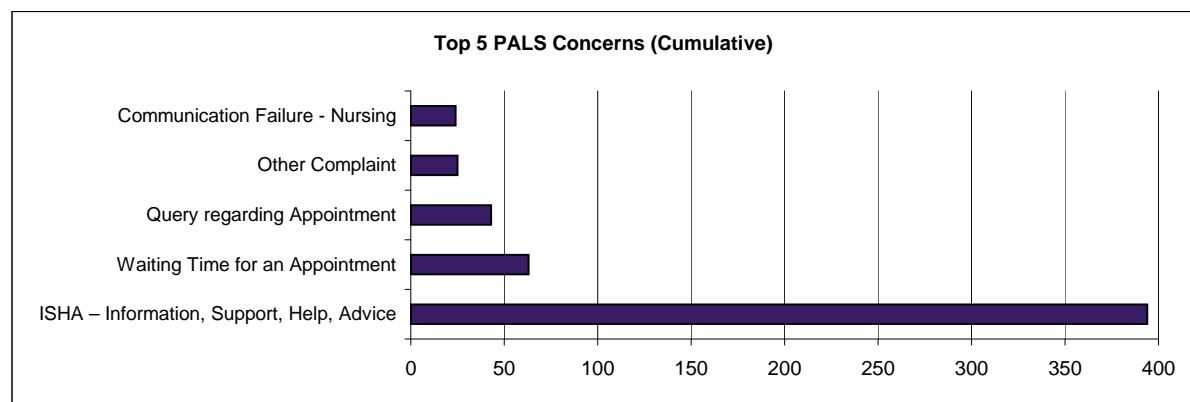
Commentary: The Trust received 11 complaints in November 2010, cumulatively this is 55 complaints higher than the same period the previous year. The Trust has had one breach of agreed complaints cumulatively since April 2010.

2.28 Top 5 Complaints



Commentary: The most prevalent reason for complaints during quarter 2 of 2010/11 financial year was Failure in Medical Care.

2.29 Top 5 PALS Concerns



Commentary: The chart above demonstrates that stakeholders predominantly contact PALS for information support help and advice. The majority of contacts concerned with "Waiting time for appointments".

2. Positive Patient & Family Experience

2.30 Quality Standards - Discharge Summaries

Discharge Summaries

Definition: All Discharge summaries are to be received by GPs within 24 hours

Data Source: Meditech

Critical Care/Cardiac Unit	Discharges		Summaries Completed	Fax	Post	Within 24 Hrs	% Discharges Within 24 Hours	% Summaries Within 24 Hours Completed
HDU	6	0	6	6	0	6	100%	100%
ICU	6	0	0	0	0	0	0%	
K2	61	5	59	55	0	53	87%	90%
M2	14	0	14	14	0	12	86%	86%
Total	87	5	79	75	0	71	82%	90%

District Services/CAMHS & Community

DJU	2	0	0	0	0	0	0%	
MAU	89	2	86	85	0	85	96%	99%
MAU2	83	2	77	77	0	76	92%	99%
Total	174	4	163	162	0	161	93%	99%

Medical Specialties

C2	54	1	52	52	0	51	94%	98%
C3M	64	1	52	52	0	42	66%	81%
E3	42	1	38	37	1	38	90%	100%
Oncology Adolescent	11	0	9	8	1	9	82%	100%
Oncology IP	43	1	36	28	4	32	74%	89%
Total	214	4	187	177	6	172	80%	92%

Neuro/Head & Neck

L2	81	0	70	66	4	68	84%	97%
NMW	26	0	24	23	1	22	85%	92%
NSW	47	1	35	35	0	30	64%	86%
TCU	1	0	0	0	0	0	0%	
Total	155	1	129	124	5	120	77%	93%

Surgery/Ortho/Theatres

E2	80	0	78	78	0	78	98%	100%
F2	51	0	47	46	1	47	92%	100%
K3	77	0	65	63	2	59	77%	91%
M3	66	2	57	57	0	49	74%	86%
NEO	13	8	7	7	0	7	54%	100%
Total	287	10	254	251	3	240	84%	94%

Total All	917	24	812	789	14	764	83%	94%
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Commentary: For November 2010, 94% of Discharges produced were received by GPs within 24 hours. Only 83% of discharges have had a discharge summary produced. CBUs are tasked with improving the compliance rate. This is now based on patients who have stayed in hospital for more than 24 hours.

2. Positive Patient & Family Experience

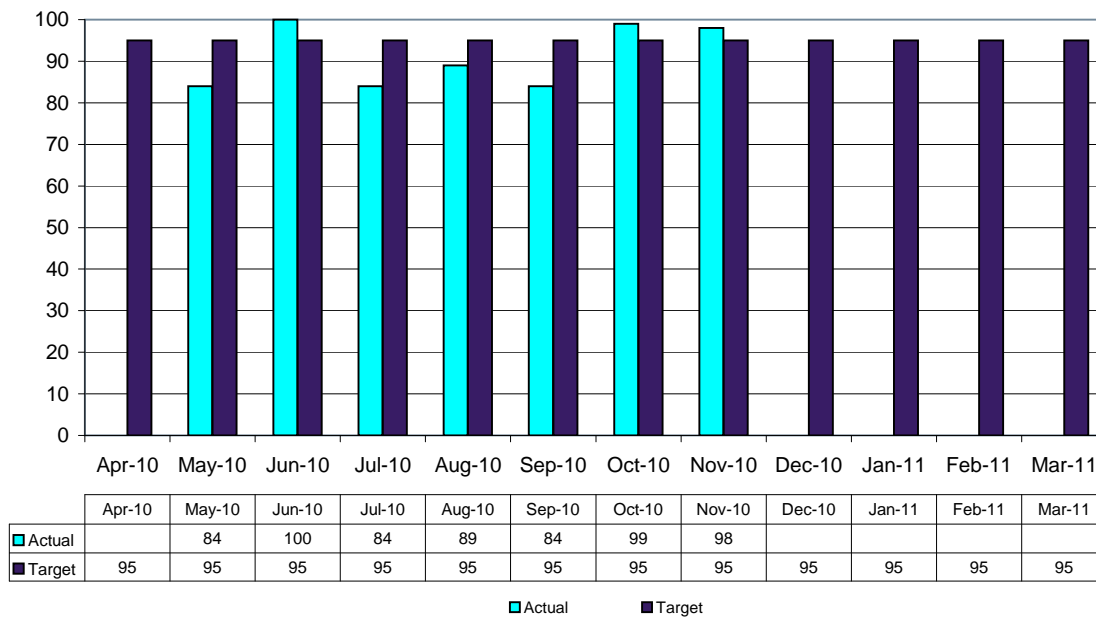
2.31 & 2.32 Patient Experience

Patient Experience and Recommendation

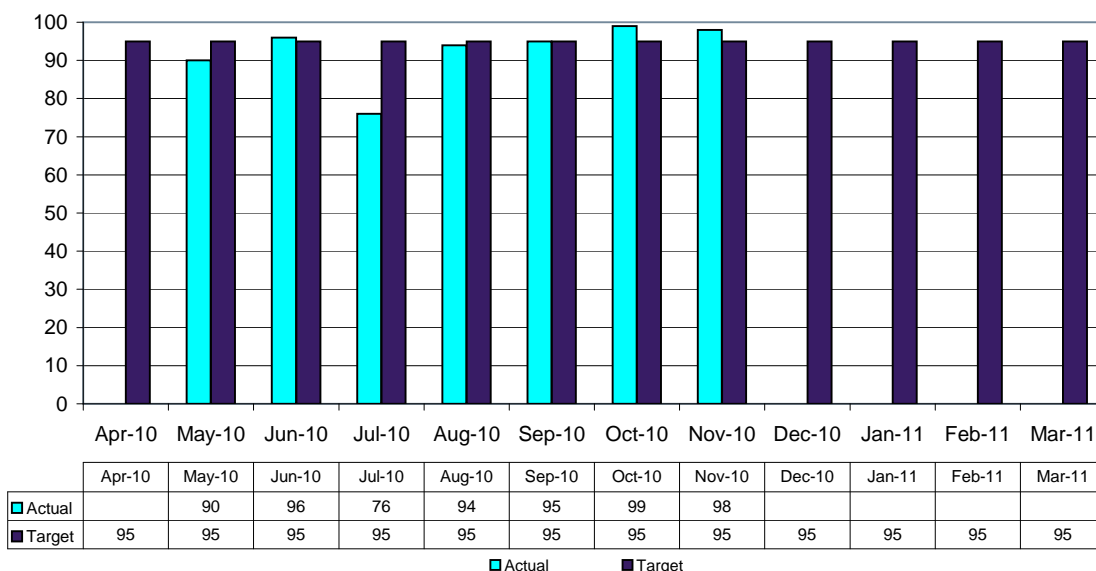
Definition: Measuring patient satisfaction

Data Source: Patient, Parent/Carer feedback cards

Patient Experience Scores



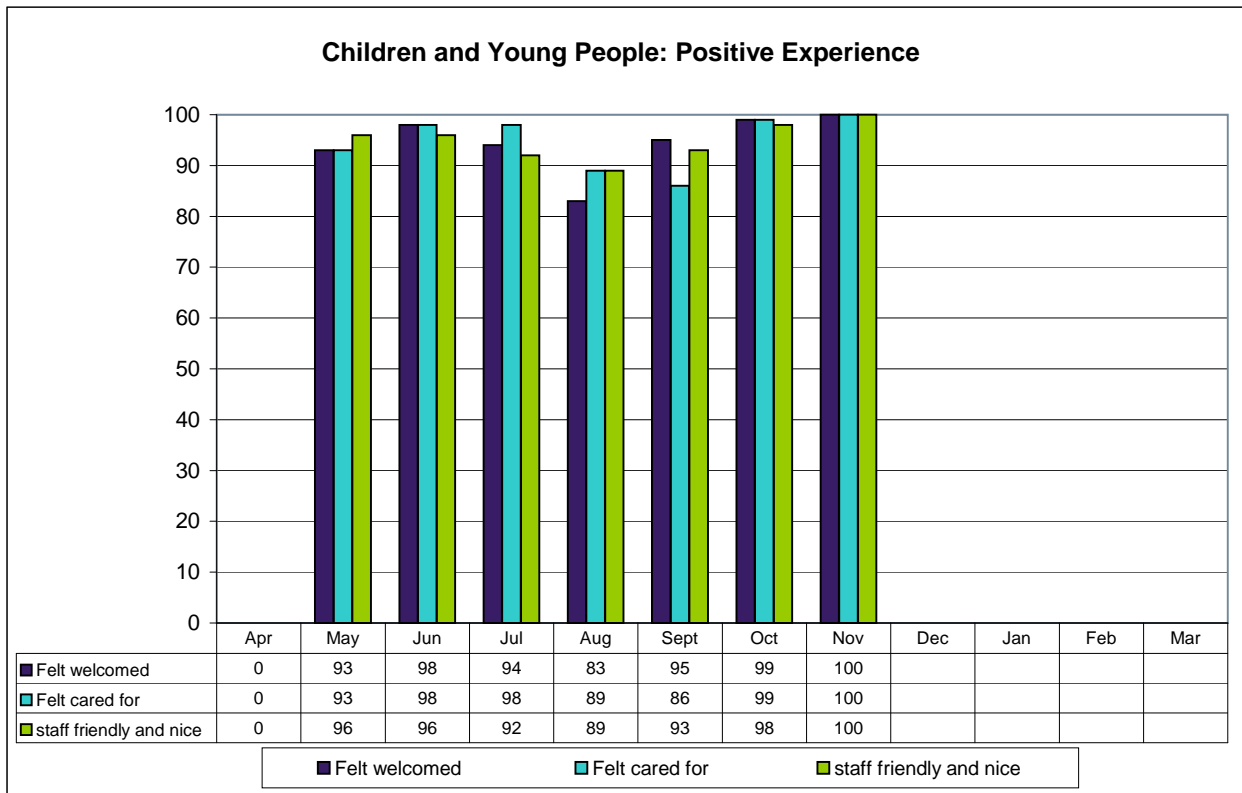
Parent/Carer Recommendation



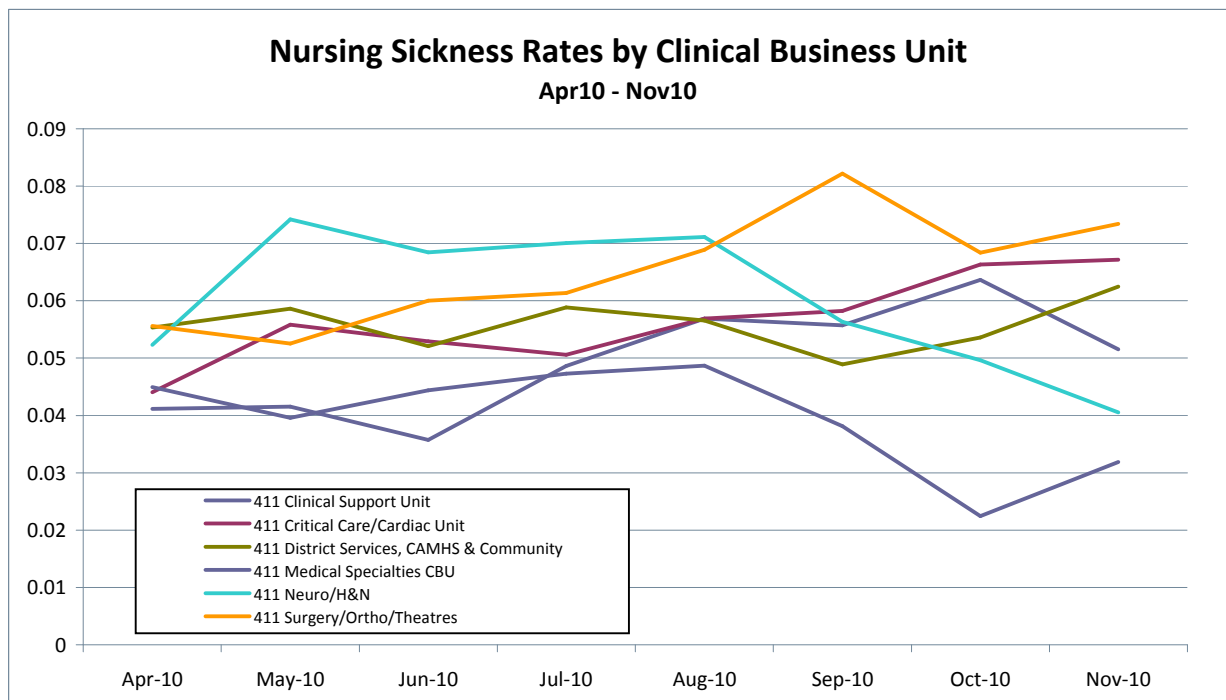
Commentary: Patient satisfaction rates are measured using the "did we send you home happy" question on our feedback cards. This month saw a dramatic rise in the overall satisfaction rate and an overall rise in the total number of cards submitted (205). Parent and Carer Recommendation also increased.

2. Positive Patient & Family Experience

2.33 Positive Experience



2.34 Nursing Workforce Sickness Absence



3. Provider of Choice

3.1 & 3.2 Convenience & Choice

Services Directly Bookable & Slot Availability

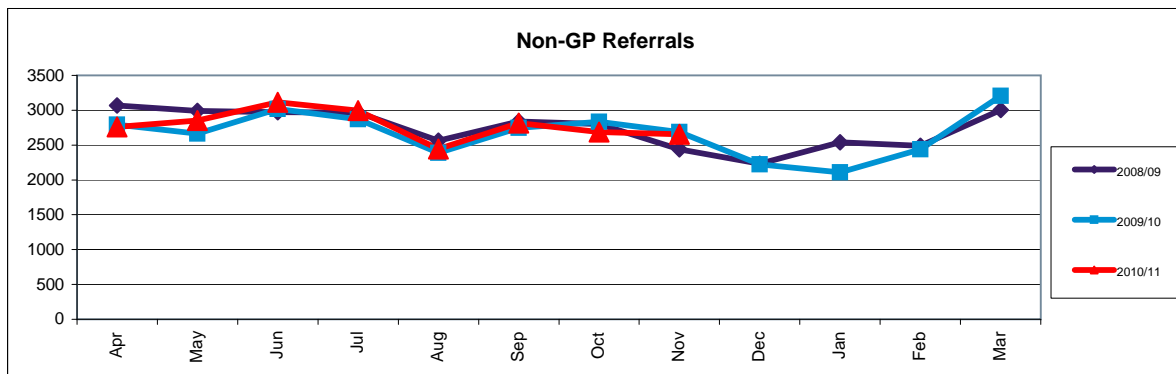
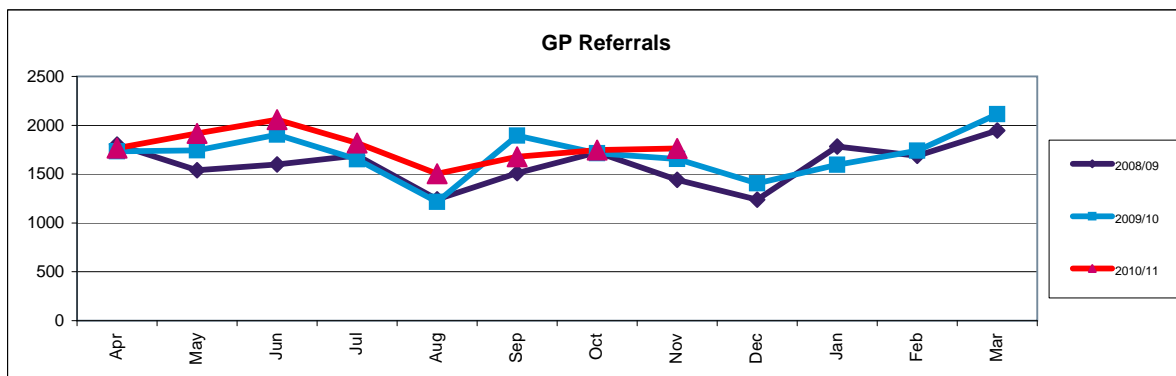
Definition: The Trust has recorded the percentage of services it provides as directly bookable since June 2008. Also monitored are the number of appointment slots that are made available for electronic reservations of a Choose & Book direct GP referral.

Data Source: National Choose & Book System



Commentary: The Trust had a total of 97.4% of its services listed as directly bookable during November 2010. The number of available slots stood at 96%.

3.3 & 3.4 - GP & Non GP Referrals



Commentary: November 2010 saw an increase of 5.5% in GP referrals and a 1.5% increase in non-GP referrals when compared with the same period the previous year. This gave a increase of 3% in referrals overall.

3. Provider of Choice

3.5 - New Outpatient Attendances

	Activity			Income		
	Actual	Variance	% Variance	Actual £'000	Variance £'000	% Variance
Neuro/ Head & Neck CBU						
ENT	3,658	160	4.58%	£ 468,523	£ 28,115	6.38%
Neurosurgery	386	80	26.34%	£ 34,129	£ 6,439	23.25%
Ophthalmology	1,772	-52	-2.86%	£ 214,019	-£ 31,820	-12.94%
Orthodontics	69	-35	-33.73%	£ 13,042	-£ 8,142	-38.44%
Paediatric Dentistry	792	74	10.33%	£ 27,806	£ 1,671	6.39%
Paediatric Maxillo-Facial	482	97	25.11%	£ 73,183	£ 8,894	13.83%
Paediatric Neurology	783	-98	-11.08%	£ 225,022	-£ 25,186	-10.07%
Cost & Volume Adjustment	-	0		£ -	£ 12,667	-100.00%
Total	7,942	227	2.94%	£ 1,055,725	-£ 7,363	-0.69%
Surgery/Orthopaedics/Theatres CBU						
GAIT Analysis	-	-		£ -	£ -	
Gynaecology	132	4	3.48%	£ 18,133	£ 296	1.66%
Paediatric Pain Management	12	5	-28.84%	£ 8,708	£ 502	6.12%
Paediatric Surgery	1,788	-116	-6.11%	£ 379,630	-£ 23,274	-5.78%
Plastic Surgery	1,401	78	5.91%	£ 220,304	£ 2,155	0.99%
Trauma And Orthopaedics	6,466	343	5.60%	£ 1,071,059	£ 65,114	6.47%
Urology	587	-97	-14.18%	£ 118,639	-£ 18,886	-13.73%
Cost & Volume Adjustment	-	-	#DIV/0!	£ -	£ 12,667	-100.00%
Total	10,386	207	2.03%	£ 1,816,473	£ 38,574	2.17%
Medical Specialties CBU						
Endocrinology	487	-23	-5%	£ 137,284	£ 875	1%
Gastroenterology	1,550	-131	-8%	£ 417,356	-£ 50,324	-11%
Haematology	164	3	2%	£ 70,690	-£ 2,107	-3%
Nephrology	219	-23	-10%	£ 25,704	-£ 3,659	-12%
Oncology	80	27	50%	£ 31,793	£ 17,688	125%
Respiratory Medicine	483	-144	-23%	£ 127,227	-£ 37,309	-23%
Rheumatology	355	22	7%	£ 50,571	-£ 693	-1%
Cost & Volume Adjustment	-	0		£ -	£ 12,667	-100%
Total	3,338	-270	-7%	£ 860,625	-£ 62,862	-7%
Critical Care/ Cardiac Unit CBU						
Cardiac Surgery	30	-21	-41.48%	£ 19,380	-£ 17,694	-47.73%
Cardiology	1,006	-149	-12.93%	£ 224,350	-£ 32,978	-12.82%
Paediatric Intensive Care	50	3	6.82%	£ 36,373	£ 2,027	5.90%
Cost & Volume Adjustment	-	0		£ -	£ 12,667	-100.00%
Total	1,086	-167	-13.36%	£ 280,103	-£ 35,979	-11.38%
District Services, CAMHS & Community CBU						
Accident & Emergency	1,755	-157	-8.20%	£ 618,869	-£ 41,738	-6.32%
Child & Adolescent Pyschiatry	8	8		£ 3,750	£ 3,750	
Dermatology	1,341	-21	-1.52%	£ 102,241	-£ 19,585	-16.08%
Paediatrics	3,553	-172	-4.61%	£ 846,480	-£ 66,290	-7.26%
Cost & Volume Adjustment	-	0		£ -	£ 12,667	-100.00%
Total	6,657	-341	-4.87%	£ 1,571,341	-£ 111,197	-6.61%
Total All	29,409	-345	-1.16%	£ 5,584,267	-£ 178,827	-3.10%

Commentary: New Outpatients are 1% below plan increasing to -3% for income. Due to casemix and the marginal rate reduction actual performance is above 2009/10 levels but below the 2% growth target.

3. Provider of Choice

3.6 - Follow Up Outpatient Attendances

	Activity			Income		
	Actual	Variance	% Variance	Actual £'000	Variance £'000	% Variance
Neuro/ Head & Neck CBU						
ENT	5,184	- 525	-9.20%	£ 403,439	-£ 56,742	-12.33%
Neurosurgery	1,907	- 216	-10.18%	£ 177,034	-£ 19,115	-9.75%
Ophthalmology	6,441	1,345	26.38%	£ 533,116	£ 76,048	16.64%
Orthodontics	1,345	315	30.61%	£ 115,437	£ 25,313	28.09%
Paediatric Dentistry	1,981	- 101	-4.83%	£ 74,095	-£ 6,519	-8.09%
Paediatric Maxillo-Facial	1,027	106	11.51%	£ 97,428	£ 8,033	8.99%
Paediatric Neurology	2,531	- 25	-0.99%	£ 725,506	-£ 104	-0.01%
Cost & Volume Adjustment	-	-	-	£ -	£ 12,667	-100.00%
Total	20,416	899	4.60%	£ 2,126,055	£ 39,581	1.90%
Surgery/Orthopaedics/Theatres CBU						
GAIT Analysis	215	- 76	-26.24%	268,535	- 95,545	-26.24%
Gynaecology	88	- 23	-20.94%	6,056	- 2,626	-30.25%
Paediatric Pain Management	14	3	22.55%	9,559	976	11.37%
Paediatric Surgery	3,630	30	0.82%	383,407	8,434	2.25%
Plastic Surgery	5,094	- 41	-0.79%	560,668	- 11,126	-1.95%
Trauma And Orthopaedics	9,179	- 467	-4.84%	879,481	- 52,161	-5.60%
Urology	1,583	96	6.47%	158,981	9,365	6.26%
Cost & Volume Adjustment	-	-	-	-	12,667	-100.00%
Total	19,803	- 479	-2.36%	2,266,688	- 130,019	-5.42%
Medical Specialties CBU						
Endocrinology	1,853	- 473	-20.32%	£ 226,168	-£ 37,714	-14.29%
Gastroenterology	2,455	175	7.69%	£ 293,314	£ 6,557	2.29%
Haematology	943	17	1.82%	£ 333,031	-£ 1,401	-0.42%
Nephrology	1,712	- 61	-3.45%	£ 205,474	-£ 10,595	-4.90%
Oncology	2,429	- 179	-6.87%	£ 689,043	-£ 35,562	-4.91%
Respiratory Medicine	2,483	26	1.07%	£ 304,623	£ 10,708	3.64%
Rheumatology	1,470	68	4.81%	£ 218,341	£ 584	0.27%
Cost & Volume Adjustment	-	-	-	£ -	£ 12,667	-100.00%
Total	13,345	- 427	-3.10%	£ 2,269,995	-£ 54,755	-2.36%
Critical Care/ Cardiac Unit CBU						
Cardiac Surgery	178	50	39.18%	£ 125,788	£ 31,584	33.53%
Cardiology	3,339	428	14.69%	£ 461,704	£ 59,960	14.92%
Paediatric Intensive Care	118	14	13.61%	£ 85,318	£ 7,262	9.30%
Cost & Volume Adjustment	-	0	-	£ -	£ 12,667	-100.00%
Total	3,635	492	15.65%	£ 672,810	£ 111,473	19.86%
District Services, CAMHS & Community CBU						
Accident & Emergency	214	- 40	-15.82%	£ 98,189	£ 11,042	12.67%
Child & Adolescent Pyschiatry	10	10	-	£ 897	£ 897	-
Dermatology	4,132	694	20.20%	£ 335,572	£ 23,572	7.56%
Paediatrics	6,407	201	3.24%	£ 749,958	-£ 23,624	-3.05%
Cost & Volume Adjustment	-	-	-	£ -	£ 12,667	-100.00%
Total	10,763	865	8.74%	£ 1,184,616	£ 24,553	2.12%
Total All	67,962	1,350	2%	£ 8,520,163	-£ 9,167	-0.11%
Total New & FU Attns	97,371	1,004	1%	14,104,430	- 187,994	-1%

Commentary: Follow Up attendances are cumulatively 1% above plan however, income is down by 1% due to casemix and the marginal rate reduction for sceondary activity.

3. Provider of Choice

3.7 - Elective Inpatient Spells by Specialty

	Activity			Income		
	Actual	Variance	% Variance	Actual	Variance	% Variance
Elective						
Neuro/ Head & Neck CBU						
ENT	1,450	-128	-8.11%	£ 1,892,502	£ 80,397	-4.08%
Neurosurgery	191	-37	-16.21%	£ 1,288,349	£ 311,994	31.96%
Ophthalmology	371	-20	-5.03%	£ 389,256	£ 11,514	-2.87%
Oral Surgery	288	85	41.80%	£ 423,546	£ 128,557	43.58%
Paediatric Dentistry	873	39	4.64%	£ 660,548	£ 10,248	1.58%
Paediatric Neurology	109	-42	-27.62%	£ 345,408	£ 9,898	-2.79%
Cost & Volume Adjustment	-	0	#DIV/0!	£ -	£ 18,472	-100.00%
Total	3,282	-103	-3.12%	£ 4,999,609	£ 367,463	7.35%
Surgery/Orthopaedics/Theatres CBU						
Gynaecology	12	12	2825.85%	£ 15,673	£ 14,895	1915.45%
Neonatal Surgery	1	1	#DIV/0!	£ 1,788	£ 1,788	#DIV/0!
Paediatric Surgery	1,517	-69	-4.37%	£ 2,589,144	£ 185,998	7.74%
Plastic Surgery	972	-126	-11.45%	£ 1,244,372	£ 273,530	-18.02%
Spinal Surgery	45	1	1.73%	£ 289,072	£ 122,505	-29.76%
Trauma & Orthopaedics	797	-13	-1.59%	£ 2,635,395	£ 349,976	-11.72%
Urology	671	108	19.10%	£ 1,232,333	£ 106,720	9.48%
Cost & Volume Adjustment	-	0	#DIV/0!	£ -	£ 18,472	-100.00%
Total	4,026	-82	-2.04%	£ 8,114,238	£ 370,343	-4.56%
Medical Specialties CBU						
Endocrinology	509	56	12.37%	£ 459,316	£ 43,769	10.53%
Gastroenterology	663	101	17.94%	£ 861,960	£ 56,968	7.08%
Haematology	287	42	17.37%	£ 418,055	£ 115,357	-21.63%
Nephrology	858	129	17.73%	£ 1,111,170	£ 269,513	32.02%
Oncology	1,512	458	43.41%	£ 1,407,424	£ 315,220	28.86%
Respiratory Medicine	102	-17	-14.11%	£ 146,324	£ 23,027	-13.60%
Rheumatology	1,277	-215	-14.43%	£ 1,014,684	£ 378,254	-27.16%
Cost & Volume Adjustment	-	0	#DIV/0!	£ -	£ 18,472	-100.00%
Total	5,208	554	10.64%	£ 5,418,934	£ 187,304	3.46%
Critical Care/ Cardiac Unit CBU						
Cardiology	285	-36	-11.10%	£ 1,220,329	£ 116,174	-8.69%
Cardiothoracic Surgery	200	-4	-1.79%	£ 3,084,354	£ 70,483	2.34%
Cost & Volume Adjustment	0	0	#DIV/0!	£ -	£ 18,472	-100.00%
Total	485	-39	-8.09%	£ 4,304,683	£ 27,219	-0.63%
District Services, CAMHS & Community CBU						
Accident & Emergency	0	0	#DIV/0!	£ -	£ -	#DIV/0!
Child & Adolescent Psychiatry	2	2	#DIV/0!	£ 51,333	£ 51,333	#DIV/0!
Dermatology	14	-25	-64.27%	£ 9,547	£ 16,000	-62.63%
Paediatrics	553	-186	-25.14%	£ 737,793	£ 134,131	-15.38%
Cost & Volume Adjustment	0	0	#DIV/0!	£ -	£ 18,472	-100.00%
Total	569	-209	-36.71%	£ 798,674	£ 80,326	-10.06%
Clinical Support						
Radiology	841	160	23.57%	£ 1,066,582	£ 223,085	26.45%
Radiology	841	160	23.57%	£1067	£223	26%
Total All	14,411	282	2%	24,702,720	299,963	1%

Commentary: Elective spells are 2% above plan (after taking into account the 2.8% growth rate applied to plan). The main area of overperformance is in medical specialties.

3. Provider of Choice

3.8 - Non Elective Inpatient Spells by Specialty

	Activity			Income		
	Actual	Variance	% Variance	Actual	Variance	% Variance
Non Elective						
Neuro/ Head & Neck CBU						
ENT	231	69	42.33%	£ 490,608	£ 118,280	31.77%
Neurosurgery	219	48	28.00%	£ 1,470,831	£ 47,978	3.37%
Ophthalmology	30	-3	-10.11%	£ 55,617	£ 8,437	17.88%
Oral Surgery	85	6	7.08%	£ 112,302	-£ 9,064	-7.47%
Paediatric Dentistry	15	3	26.53%	£ 27,794	£ 9,320	50.45%
Paediatric Neurology	99	37	60.62%	£ 353,186	-£ 187,260	-34.65%
Total	679	159	30.67%	£ 2,510,337	-£ 12,309	-0.49%
Surgery/Orthopaedics/Theatres CBU						
Gynaecology	-	0	#DIV/0!	£ -	£ -	#DIV/0!
Neonatal Surgery	152	7	4.73%	£ 1,168,856	£ 806,025	222.15%
Paediatric Surgery	1,093	-136	-11.04%	£ 3,334,634	-£ 1,043,817	-23.84%
Plastic Surgery	773	74	10.56%	£ 1,038,260	£ 87,759	9.23%
Spinal Surgery	-	-5	-100.00%	£ -	-£ 26,772	-100.00%
Trauma & Orthopaedics	689	-46	-6.21%	£ 2,768,136	£ 296,674	12.00%
Urology	41	-1	-3.18%	£ 149,259	£ 3,099	2.12%
Total	2,748	-107	-3.73%	£ 8,459,144	£ 122,968	1.48%
Medical Specialties CBU						
Endocrinology	6	-11	-65.34%	£ 23,978	-£ 30,622	-56.08%
Gastroenterology	60	-10	-14.16%	£ 754,003	£ 169,028	28.89%
Haematology	90	-51	-36.02%	£ 177,465	-£ 131,078	-42.48%
Nephrology	30	1	3.39%	£ 86,592	-£ 26,551	-23.47%
Oncology	149	-83	-35.73%	£ 359,536	-£ 30,170	-7.74%
Respiratory Medicine	1,064	-39	-3.63%	£ 1,014,073	-£ 508,204	-50.12%
Rheumatology	35	-4	-10.94%	£ 111,932	£ 40,917	57.62%
Total	1,434	-197	-13.71%	£ 2,527,579	-£ 516,679	-20.44%
Critical Care/ Cardiac Unit CBU						
Cardiology	100	-7	-6.13%	£ 463,764	-£ 105,549	-18.54%
Cardiothoracic Surgery	124	46	59.85%	£ 2,437,546	£ 798,091	48.68%
Total	224	40	21.67%	£ 2,901,309	£ 692,541	31.35%
District Services, CAMHS & Community CBU						
Accident & Emergency	7,013	942	15.51%	£ 5,255,120	£ 197,734	3.91%
Child & Adolescent Psychiatry	1	1	100.00%	£ 231,500	£ 231,500	100.00%
Dermatology	-	2	-100.00%	£ 59	-£ 1,861	-96.93%
Paediatrics	2,059	546	36.07%	£ 2,299,332	£ 304,442	15.26%
Total	9,073	1,487	16.39%	£ 7,786,011	£ 731,815	9.40%
Clinical Support						
Radiology	8	8	#DIV/0!	£ 28,903	£ 28,903	#DIV/0!
Radiology	8	8		£ 28,903	£ 28,903	#DIV/0!
Total All	14,166	1,391	10.89%	£ 24,213,283	£ 1,047,240	4.52%
Total Elective & Non Elective	28,577	1,672	6%	£ 48,916,004	£ 1,347,203	3%

Commentary: Non elective activity is 6% above plan reducing to 3% for income due to the marginal rate adjustment. Observation ward activity is the highest overperforming area.

3. Provider of Choice

3.9 - Market Share

Alder Hey Market Share

Definition: Total value and size of market share and assessment of performance

Data Source: Dr Foster

Primary Market: Liverpool Sefton Knowsley

Provider	Elective volume market share %				Elective tariff market share %				
	Apr	May	June	July	Mar	Apr	May	June	July
Alder Hey Children's	85.30%	83.60%	85.00%	86.50%	90.00%	90.90%	89.70%	90.00%	88.50%
Royal Liverpool & Broadgreen	7.80%	8.70%	7.60%	5.80%	4.10%	4.30%	4.60%	4.00%	3.30%
Southport and Ormskirk	2.10%	3.60%	1.80%	1.50%	1.70%	1.40%	2.50%	0.20%	1.40%
Liverpool Women's	1.50%	1.80%	2.00%	1.80%	0.60%	0.60%	0.70%	0.40%	0.80%

Regional Market: NW SHA plus North Wales

Provider	Elective volume market share %				Elective tariff market share %				
	Apr	May	June	July	Mar	Apr	May	June	July
Central Manchester	22.60%	22.60%	23.30%	25.00%	22.90%	23.20%	23.20%	25.60%	27.10%
Alder Hey Children's	26.40%	26.40%	26.50%	26.10%	33.00%	35.70%	35.70%	33.70%	32.60%
East Lancashire	6.00%	6.00%	6.50%	5.70%	4.40%	3.80%	3.80%	4.30%	4.20%
Lancashire Teaching	5.10%	5.10%	4.60%	4.40%	4.40%	4.20%	4.20%	3.90%	3.60%

National Market: UK market

Provider	Elective volume market share %				Elective tariff market share %				
	Apr	May	June	July	Mar	Apr	May	June	July
Central Manchester	5%	8%	5.10%	5.00%	5.10%	5.40%	6.10%	4.10%	5.40%
Alder Hey Children's	5.30%	4.10%	5.00%	5.00%	6.30%	7.20%	7.80%	8.00%	7.00%
Birmingham Children's	2.40%	na	4.80%	4.80%	5.80%	3.30%	na	6.90%	6.30%
Great Ormond Street	4.20%	3.20%	4.00%	4.00%	6.20%	6.70%	5.50%	6.90%	6.70%
Sheffield Children's	3.50%	2.80%	3.70%	3.60%	3.10%	3.60%	3.30%	3.70%	3.60%

Primary Care Trust (PCT)

	elective Activity 3mtl	
	Change	%
Central Lancashire PCT	76	2%
Central and Eastern Cheshire PCT	9	0%
Halton and St Helens PCT	3	0%
Warrington PCT	16	1%
Knowsley PCT	1	0%
Betsi Cadwaladr University LHB	96	2%
Total for main PCTs	-250	0%
Liverpool PCT	-493	-2%
Wirral PCT	9	0%
Sefton PCT	8	0%
Western Cheshire PCT	25	0%

Performance: Locally we are remaining steady, it is regionally that we have now consistently held our position over Manchester on activity and tariff even though this month it has slightly dipped. Growth is being driven still by three PCTs these include Central Lancashire, North Wales and Western Cheshire. The specialities that underpin the growth from these areas are oncology, general surgery and from north Wales cardiology and cardiac surgery. The big declines have been locally from Liverpool PCT in particular - 424 cases over the last 3 months for A&E [usual trend for summer] but also a decline in general paediatrics and dental. Finally this is the first month that we have seen our market share nationally match Manchester [only 35 case this month behind] but our market share for tariff is number one.

3. Provider of Choice

3.10 Choose and Book - Competitive Waiting Times

Choose and Book - Competitive Waiting Times

Definition: Search within 25 miles of Alderhey Site
Postcode (Unknown - not included)

Choose and book as at 09.12.2010

Alder Hey		Best Competitor	
Specialty	Wait (Days)	Name	Wait (Days)
Allergy	48	ROYAL ALBERT EDWARD	55
Cardiology (Non Directly Bookable Service)			
Comm Paed	70	Not listed by other local provider	
Dental	21	TRAFFORD GENERAL	
Dermatology	64	TRAFFORD GENERAL	26
Endocrinology	54	Not listed by other local provider	
ENT	12	WARRINGTON	8
Gastro	53	Not listed by other local provider	
Gen Paed Med ALCH clinic	5	ROYAL ALBERT EDWARD	7
Gen Paed Med Alderhey@Know	5	Not listed by other local provider	
Gynaecology	56	LEIGH INFIRMARY	41
Nephrology	11	Not listed by other local provider	
Neurology	33	WHISTON	33
EYES - Opthal	62	WARRINGTON	11
Oral/Facio	36	WARRINGTON	5
Ortho - Gen	55	VICTORIA INFIRMARY NORTHWICH	39
Ortho - Spinal	41	Not listed by other local provider	
Plastics - General	7	WHISTON	15
Plastics Laser	64	Not listed by other local provider	
Respiratory	12	ST HELENS	7
Respiratory -Asthma	12	WHISTON	12
Rheumatology	43	WRIGHTINGTON	35
Surgery	33	HALTON	22
Urology	41	ROYAL BOLTON	26
Urology Incont Nurse	11	Not listed by other local provider	

Commentary: We currently have the shortest waiting time locally for Outpatient appointments made via choose and Book in 3 specialties, a further 8 specialties are not listed by other local provider indicating Alder Hey is the only Trust you can currently book into. Working in conjunction with the Service Developer, Divisions will be developing plans to improve the competitive position.

4. Financial Strength

4.1 Trust Income & Expenditure Report period ended November 2010

	FULL YEAR PLAN £'000	ACTUAL TO DATE £'000	VARIANCE TO DATE £'000	PREVIOUS MONTHS VARIANCE £'000	FORECAST OUTTURN £'000
Clinical Income	156,828	105,118	1,213	1,661	156,828
Other Income	17,697	13,638	1,124	751	17,697
Sub Total Income	174,525	118,756	2,337	2,412	174,525
Clinical Staff	87,973	59,869	(823)	(648)	87,973
Non Clinical Staff	25,244	16,485	(445)	(425)	25,244
Drugs	11,350	7,512	122	53	11,350
Clinical Supplies	14,071	9,337	(209)	(76)	14,071
Other Non Pay	17,497	12,728	(1,294)	(920)	17,497
Sub Total Expenditure	156,135	105,931	(2,649)	(2,016)	156,135
EBITDA	18,390	12,825	(312)	396	18,390
Capital Charges	6,430	3,985	302	252	6,430
Interest received/payable	32	47	26	21	32
Surplus	11,992	8,887	16	669	11,992

() Denotes Adverse Variance

4.2 Trust Balance Sheet as at November 2010

2009/10 £'000		FULL YEAR PLAN £'000	ACTUAL TO DATE £'000
69,079	Property, Plant and Non Current Assets	71,471	70068
13,815	Cash and Cash Equivalents	23,553	20040
10,198	Trade & Other Current Assets	9,158	10121
(17,993)	Current Liabilities	(16,562)	(15,869)
75,099	Total Assets Less Current Liabilities	87,620	84,360
(440)	Provisions	(381)	(752)
74,659	Total Assets Employed	87,239	83,608
74,659	Financed by: Taxpayers' Equity	87,239	83,608

4. Financial Strength

4.3 CBU Report period ended November 2010

	INCOME ACTUAL £,000	INCOME VARIANCE £,000	EXPEND ACTUAL £,000	EXPEND VARIANCE £,000	TOTAL VARIANCE £,000	PREVIOUS MONTH VARIANCE £,000	FORECAST OUTTURN £,000
Medical Specs CBU	17,899	(791)	8,384	441	(350)	329	13,922
District Svs CBU	28,077	816	22,538	(518)	298	(192)	9,761
CC / Cardiac CBU	20,076	1,070	12,658	(335)	735	567	9,891
Neuro H&N CBU	14,415	392	6,970	(192)	200	555	10,658
Surgery CBU	21,140	(716)	19,252	(883)	(1,599)	(1,324)	4,030
Clin Support CBU	3,043	194	15,165	(569)	(375)	(154)	(17,125)
Facilities CBU	1,260	186	9,304	(967)	(781)	(613)	(10,336)
Other Corporate CBU	4,034	(310)	14,995	302	(8)	25	(15,805)
Sub Total	109,944	841	109,266	(2,721)	(1,880)	(808)	4,996
Other I & E	8,812	1,588	603	308	1,896	1,477	6,996
TOTAL	118,756	2,429	109,869	(2,413)	16	669	11,992

4.4 CBU Pay/Non Pay Analysis

	PAY ACTUAL £,000	PAY VARIANCE £,000	NON PAY ACTUAL £,000	NON PAY VARIANCE £,000	TOTAL ACTUAL £,000	TOTAL VARIANCE £,000
Medical CBU	3,978	(105)	4,406	546	8,384	441
District CBU	19,347	41	3,191	(559)	22,538	(518)
CC / Cardiac CBU	10,764	8	1,894	(343)	12,658	(335)
Neuro H&N CBU	6,253	(11)	717	(181)	6,970	(192)
Surgery CBU	14,235	(438)	5,018	(445)	19,253	(883)
Clin Support CBU	10,545	(229)	4,620	(340)	15,165	(569)
Facilities CBU	3,006	(314)	6,298	(653)	9,304	(967)
Corporate CBU	8,226	(150)	6,769	452	14,995	302
Total	76,354	(1,198)	32,913	(1,523)	109,267	(2,721)

Medical Specialties CBU - the overall variance for the CBU is £350k adverse. This is largely due to an under recovery of income.
District Svs CBU - the overall variance for the CBU is £298k surplus. This is due to non pay issues such as drugs being offset by income over recovery.
CC/ Cardiac CBU - Overall in surplus £735k. Over performance on income £1m majority of which is Non Elective offset by over spend £335k.
Neuro H+N CBU - Overall in surplus £200k. Over performance on income £392k offset by over spend £192k. Position includes reduction in Clinical excellence funding £25k and high bank spend in Neuromedical ward.
Surgery CBU - Overall in deficit £1.6m. Underperformance on income £716K offset by over spend £883k. Future focus on Anaesthetics/ Theatre non pay over spends. £280k of expenditure is 1 off items / pressures.
Clinical Support CBU - Overall Variance £340k adverse. Income overachievement £193k, Imaging & Pathology 120k. Overspends subject to further investigation & action, Pay £229k: Pharmacy £139k, Speech Therapy £47k & Medical Records £50k mainly unachieved CIP. Non Pay £339k, Pathology £312k mainly Bone Marrow transplant activity & high blood usage (high cost Oncology patients), & pressure with MRD testing.
Facilities & Other Corporate Services CBU - Overall variance £789k negative due to overspends in Hotel (£573k) and Estates (£207k). Hotel Services pay overspend 137k against: Staffing issues in Catering & Portering. Non pay overspend 378k against: Security 74k, Medical Gases 31k, Contract Refuse 50k, Cleaning Contracts 65k, Admin Office 50k. Estates overspend against Build Maintenance & Unachievement of CIP. Unachieved CIP to date of £234k in both Hotel & Estates. Director

() Denotes Adverse Variance

4. Financial Strength

4.5 Trust Savings Plan as at November 2010

	TOTAL TARGET 2010/11 £ '000	TARGET TO DATE £ '000	ACHIEVED TO DATE £ '000	IDENTIFIED SCHEMES 2010/11 £ '000	IDENTIFIED RECURRENT SAVINGS £'000
Staff Savings:					
Medical	1062	751	692	1064	838
Surgery	1039	707	446	823	783
Clinical Support	762	439	333	762	762
Corporate Services	756	497	458	756	756
Sub Total Staff Savings	3,619	2,394	1,929	3,405	3,139
Non Staff Savings:					
Medical	498	351	286	450	322
Surgery	427	318	213	434	397
Clinical Support	315	215	185	315	315
Corporate Services	841	572	439	829	841
Sub Total non Staff Savings	2,081	1,456	1,123	2,028	1,875
Income Generation:					
Medical	0	0	47	46	45
Surgery	0	0	0	0	0
Clinical Support	0	0	0	0	0
Corporate Services	0	0	161	0	0
Sub Total Income Generation	0	0	208	46	45
Total by Division:					
Medical	1560	1103	1,025	1560	1205
Surgery	1466	1025	659	1257	1180
Clinical Support	1077	653	518	1077	1077
Corporate Services	1597	1069	1,058	1585	1597
Total Savings Plan	5,700	3,849	3,260	5,479	5,059

4.6 Monitor Risk Ratings

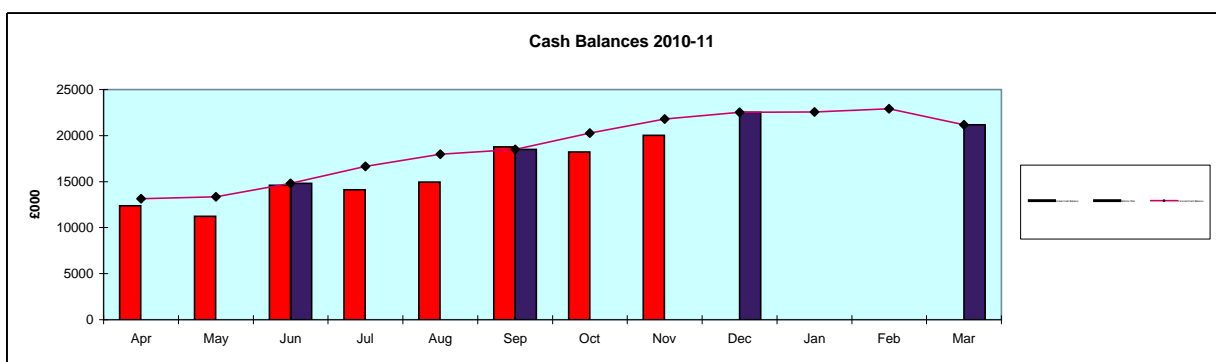
2009/10		FULL YEAR PLAN	ACTUAL TO DATE
8.2%	EBITDA Margin rating	10.5%	10.8%
101.8%	EBITDA % of Plan Achieved rating	100.0%	97.6%
12.8%	Return on Assets rating	17.4%	19.4%
4.7%	Financial Efficiency rating	6.9%	7.5%
39.1	Liquidity rating	39.2	29.4
4	Financial Risk rating	5	4

4. Financial Strength

4.7 Capital Expenditure period ended November 2010

PRIOR YEARS EXPEND £'000	APPROVED CAP PROG £'000	YTD EXPEND £000	FORECAST VARIANCE £000	PROGRESS
1,702 Outpatients B1/D1	500	546	(150)	Estimated works/equip costs exceeded mainly due to extent of unplanned out of hours working necessary
536 L1 D Theatre including Equipment 0 Rainbow Centre	200 185	155 199	45 (25)	Complete Add funds for refloor/redecoration of existing unit
2,238 Sub Total Clinical Area Upgrades	885	900	(130)	
0 General Backlog Maintenance	1,000	279	0	Principally electrical infrastructure Scheme design in progress. Firm price to be
0 Clinical Research Facility	500	1	400	developed
0 Physio (Flintoff Foundation)	600	269	(50)	Complete early December
0 Eaton Road Entrance	40	14	0	Complete
0 Sub Total Building Infrastructure	2,140	563	350	
1147 Networking, Infrastructure & other IT	1,300	859	0	Phase 1 completion due December 2010
1147 Sub Total IM&T	1,300	859	0	
General Medical Equipment	1,907	1,291	0	
Other Equipment	12	44	(11)	
Decontamination	135	43	0	Endoscope drier delayed pending agreement with Signbrick
MRI Headclamp	170	0	170	Equipment on trial in Montreal. May defer to 11/12
MRI Neuro Equipment	35	0	35	
Contingency	220	(77)	0	
3,385 Total Expenditure	6,804	3,623	414	£205K of this forecast variance relates to MRI equipment funded by charitable funds and is not available for other schemes
Funding	£000	£000		
Depreciation	3,802	3,802		
Contribution from Surplus				
Revenue Funding	2,157	2,157		
Charitable Funding - MRI	205	205		
Charitable Funding - Eaton Road Entrance	40	40		
Charitable Funding - Physio (Flintoff Foundation)	600	600		
Total Resources Available	6,804	6,804		

4.8 Cash Flow period ended November 2010



With regard to the Better Payments Practice Code, the Trust has paid 99% of non-NHS invoices and 95% of NHS invoices within 30 days between April and November 2010. This compares favourably with the target of 95%. The value of invoices paid within 30 days was 95% for non-NHS and 93% for NHS invoices. Cash balance is £1.7m below plan. The main reasons relate to higher accrued income than planned together prepayments not included in the plan such as the new Meditech contract and profiling of the rates payments.

4. Financial Strength

4.9 Outpatient Clinic Session Utilisation

Clinic Session Utilisation

Definition: Session Utilisation is calculated by taking the number of slots available for the month as a denominator and the number of attended slots with the number of slots cancelled on the day as a numerator, giving a utilisation percentage.

Data Source: Trust Hospital Information System

Specialty	Slots Available	Slots Booked	% Utilisation	Total Attns	CxIs within 24 hours	Total DNAs
Critical Care/Cardiac Unit						
Anaesthetics	24	21	88%	16	1	4
Cardiology	642	659	103%	571	31	57
Cardiothoracic Surgery	96	15	16%	14	0	1
Total	762	695	91%	601	32	62

District Services/CAMHS & Community

Audiology	381	347	91%	275	12	60
Community Medicine	1786	918	51%	729	61	128
Dermatology	525	499	95%	397	30	72
Paediatrics	756	658	87%	536	38	84
Total	3448	2422	70%	1937	141	344

Medical Specialties

Allergy	106	103	97%	80	7	16
Anticoagulation	32	42	131%	35	3	4
Endocrinology	304	308	101%	249	19	40
Gastroenterology	326	397	122%	317	25	55
Haematology	549	380	69%	320	27	33
Immunology	104	51	49%	36	5	10
Nephrology	268	192	72%	148	7	37
Respiratory Medicine	690	344	50%	281	18	45
Rheumatology	248	257	104%	215	11	31
Metabolic Disease	60	51	85%	39	3	9
Total	2687	2125	79%	1720	125	280

Neuro/Head & Neck

Community Ophthalmology	625	576	92%	412	31	133
ENT	992	979	99%	818	51	110
Ophthalmology	1429	1207	84%	985	75	147
Paediatric Neurology	405	457	113%	369	19	69
Neurosurgery	256	234	91%	207	14	13
Orthodontics	337	178	53%	149	11	18
Oral Surgery	189	196	104%	165	12	19
Paediatric Dentistry	390	252	65%	187	29	36
Total	4623	4079	88%	3292	242	545

Surgery/Ortho/Theatres

Gynaecology	8	8	100%	8	0	0
Laser (Outpatients only)	335	279	83%	215	27	37
Trauma & Orthopaedics	1149	1118	97%	968	27	123
Paediatric Surgery	822	786	96%	620	41	125
Plastic Surgery	773	555	72%	426	38	91
Spinal Disorders	50	47	94%	39	4	4
Urology	343	300	87%	248	14	38
Total	3480	3093	89%	2524	151	418

Grand Total	15720	12414	79%	10074	691	1649
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Emergency / Unplanned clinics

PLASA/REF	264	64	24%	63	1	0
Child and Adolescent Psychiatry	27250	676	2%	582	13	81
Ambulatory	325	183	56%	154	9	20
Fracture	1892	991	52%	861	32	98

Alder Hey @	107	71	66%	60	2	9
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Commentary: In November 2010, the session utilisation rate was 83%. A number of clinics are excluded based on the following criteria: Telephone Clinics, Ad Hoc clinics (not in consultant job plan), Urgent clinics that are set from 9-5 - Monday to Friday, All pre-op assessment clinics for K1, Some Ad Hoc/Urgent clinics which are dressing clinics or minor op clinics and A&E Clinics.

4. Financial Strength

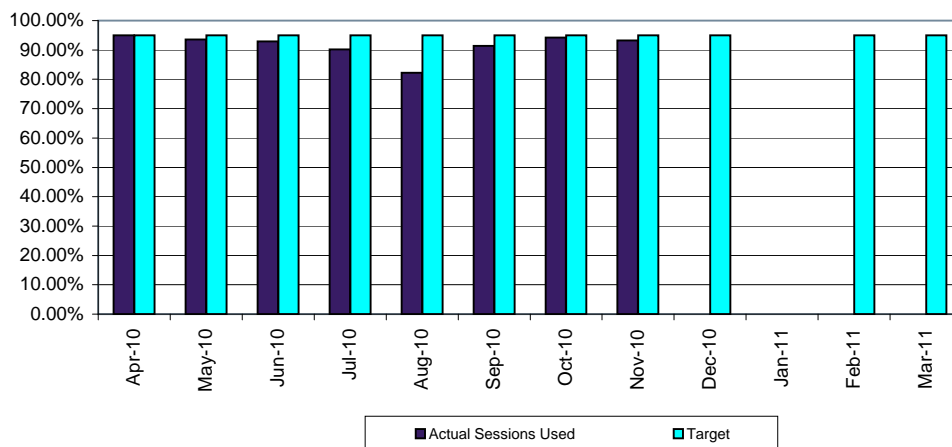
4.10 & 4.11 - Theatre Sessions & Direct Patient Care

Theatre Usage Activity

Definition: Theatre session usage is derived from taking the number of planned sessions for the month as a denominator and the number of utilised sessions as a numerator, giving an ultimate percentage. Direct patient care is the proportion of sessions used, isolating the time anaesthetic is administered until the patient entered recovery.

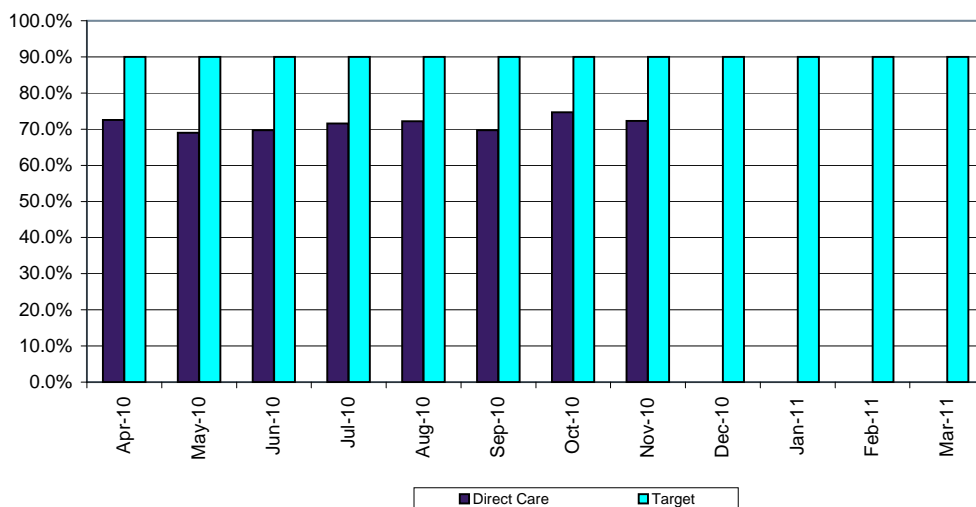
Data Source: Trust Hospital Information System

Sessions Used of Those Planned 10/11



Commentary: Theatre Utilisation was below plan in November 2010 with 93%.

Direct Patient Care 10/11

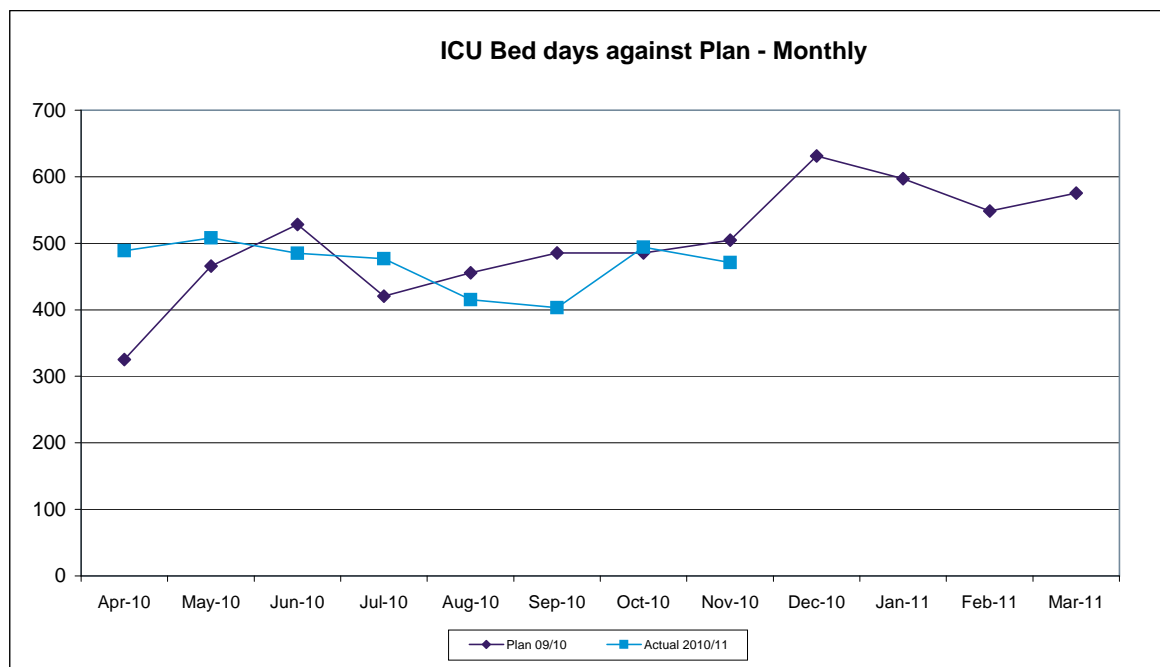


Commentary: For November 2010, 72.32% of theatre time was spent in direct patient care during the operation intervention. Direct patient care within theatre continues to be below target.

4. Financial Strength

4.12 & 4.13 Bed Occupancy (Inc. PICU Beds)

		Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
Medical Specialties						
C2	(Cubicle isolation, mainly respiratory)	90.57%	85.28%	85.56%	85.86%	92.14%
C3	(Renal, Rheumatology, Haematology)	83.96%	81.98%	80.48%	84.95%	87.31%
E3	(Gastroenterology, some Cystic Fibrosis)	93.78%	89.86%	90.79%	87.86%	92.62%
ONCOLOGY		75.35%	69.23%	74.10%	62.16%	78.89%
Total		84.65%	79.11%	84.99%	79.66%	87.84%
Surgery / Orthopaedics / Theatres						
E2	(Orthopaedics)	86.64%	85.10%	86.65%	85.64%	84.92%
F2	(Multi-functional - Medical in Winter)	90.47%	82.27%	86.96%	83.18%	74.62%
K3	(Urology, General Surgery)	84.95%	84.83%	87.94%	88.86%	85.71%
M3	(General Surgery)	87.10%	86.62%	91.72%	91.40%	90.71%
NEO	(Neonatal Ward - 28 Days and Under)	71.15%	89.86%	83.13%	84.68%	81.76%
Total		83.73%	82.50%	87.78%	87.24%	84.22%
Critical Care / Cardiac						
HDU	(High Dependency Care)	90.41%	93.10%	88.22%	86.28%	87.31%
ICU	(Critical Care)	71.46%	61.83%	68.64%	91.35%	92.50%
K2	(Cardiac Surgery)	84.26%	65.44%	65.29%	84.56%	85.72%
M2	(Burns)	58.49%	43.23%	50.67%	54.19%	60.89%
Total		78.43%	67.16%	71.68%	84.36%	85.99%
Neuro / Head & Neck						
NMW	(Neurology)	85.33%	82.33%	89.76%	88.10%	94.02%
NSW	(Neuro Surgery)	83.94%	69.83%	76.94%	80.91%	86.67%
L2	(Plastic Surgery, ENT)	77.61%	65.06%	72.99%	77.69%	73.56%
TCU	(Transitional Care)	71.97%	78.92%	72.78%	62.54%	64.81%
Total		82.48%	70.40%	72.89%	79.90%	82.61%
District Services / CAMHS / Community						
MAU	(General Medicine - < 48 hours Stay)	82.04%	70.05%	81.11%	86.18%	79.76%
MAU2		-	-	-	-	92.12%
Total		82.04%	70.59%	72.38%	86.18%	79.76%
Grand Total		82.32%	76.95%	80.06%	83.21%	84.83%



Commentary: Bed occupancy for November 2010 stood at 84.83%. Cumulatively since April 2010 ICU bed days are above plan by 1.9%. Bed capacity and staff are flexed at weekends in response to demand.

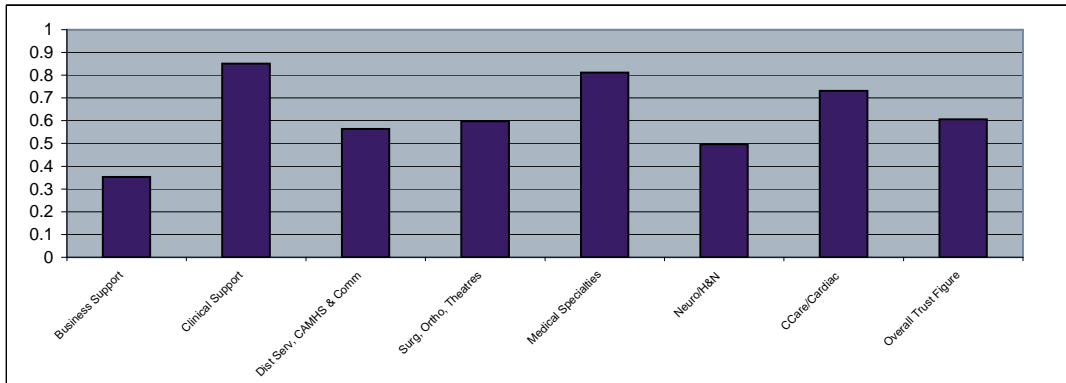
Motivated & Well Led Workforce

5.1 Personal Development Reviews & Consultant Appraisals

5.1.1 Personal Development Reviews

Definition: All staff are to have a Personal Development Review each year.

Target: The Trust has set a target to achieve 95% compliance. With all Band 6-9 being completed in March - June 2010 and all bands 1-5 being completed in April - Sept 2010



CBU	Nov-10
Business Support	35%
Clinical Support	85%
Dist Serv, CAMHS & Comm	56%
Surg, Ortho, Theatres	60%
Medical Specialties	81%
Neuro/H&N	50%
Critical Care/Cardiac	73%
Overall Trust Figure	61%
Trust Target	95%

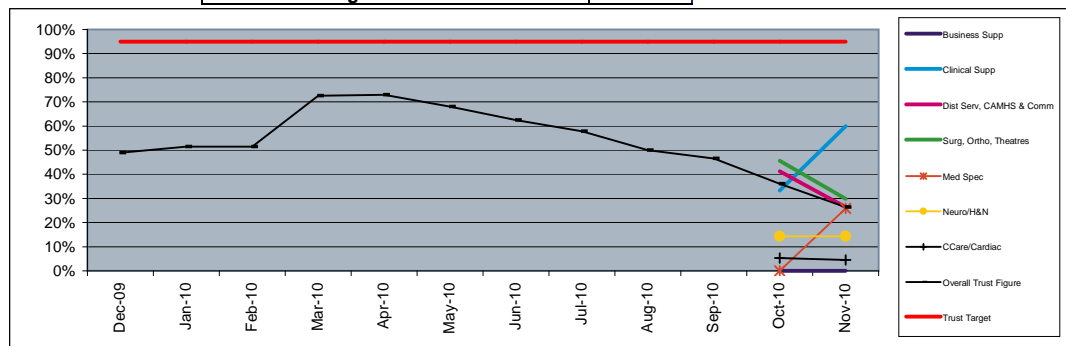
Commentary: Although the business focused time frame has passed PDR compliance continues to be monitored and reported. All those who have had a PDR since the 1st March 2010 are included in the figures.

5.1.2 Consultant Appraisals

Definition: All Consultants are to have an Appraisal each year.

Target: The Trust has set a target to achieve 95% compliance

Clinical Business Unit	Nov-10
Business Support	N/A
Clinical Support	60%
District Services, CAMHS & Community	26%
Surgery/Ortho/Theatres	30%
Medical Specialties	26%
Neuro/H&N	14%
Critical Care/Cardiac Unit	5%
Overall Trust Figure	26%



Commentary : The overall Trust position for consultant appraisals is 26%. This has continued to reduce over recent months. This may be due to the transition to the new consultant appraisal process. As reported previously, appraisals this year will be undertaken using either the current NHS standard documentation or using an electronic appraisal toolkit as part of the revalidation pilot. The table below provides a summary of doctors across all specialties who are participating in the pilot. Appraisals using the new system have now commenced and these will be incorporated in the consultant appraisal numbers reported to Workforce and Organisational Development.

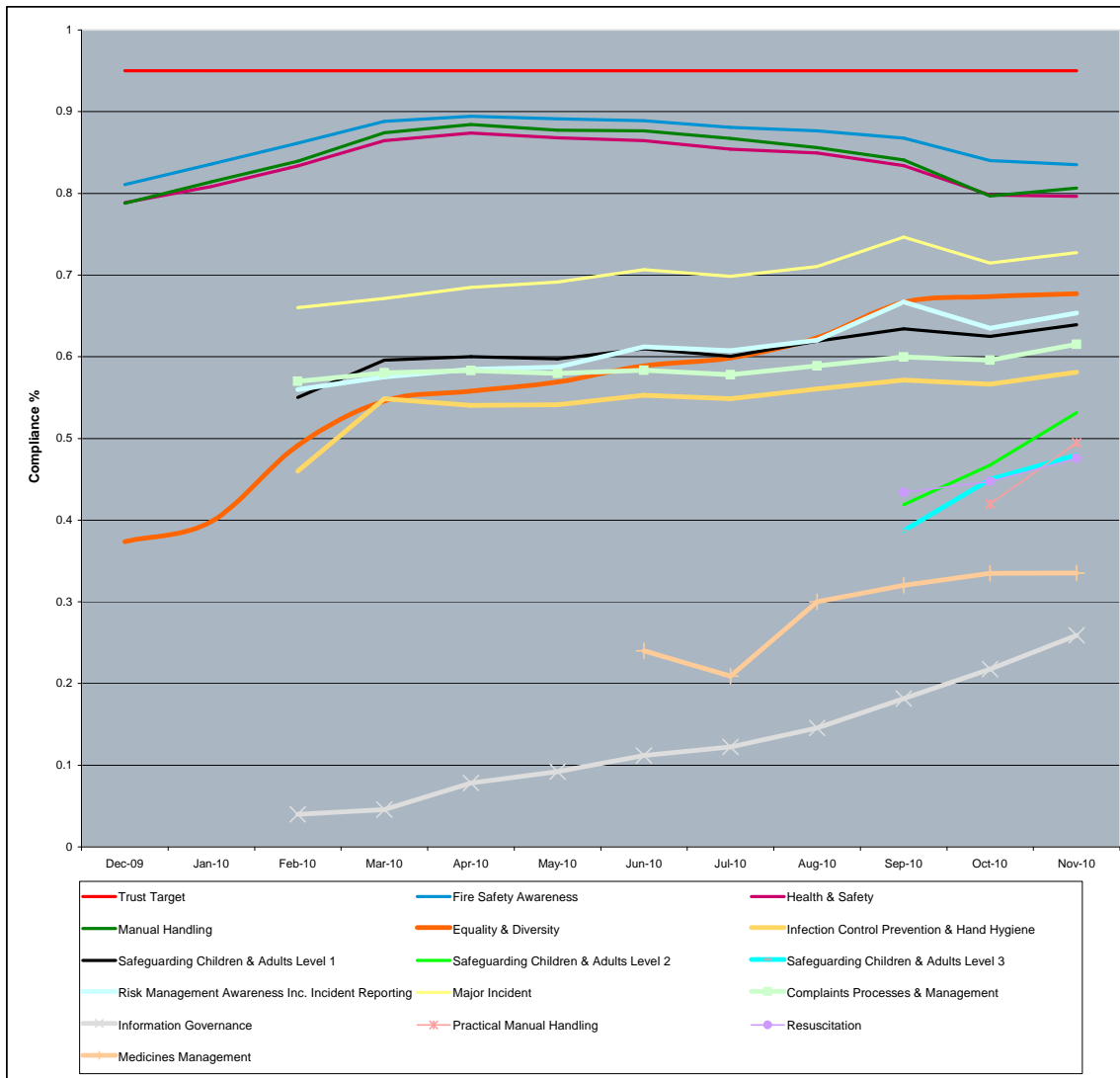
Motivated & Well Led Workforce

5.2.1 Mandatory Training Compliance - Trust

Definition: The Trust is required to ensure all staff undertake mandatory training updates in line with policy. Mandatory training topics required by all staff are reported in line with NHSLA requirements

Target: The Trust target for staff to be compliant with mandatory training updates is 95%.

Discipline	Nov-10	
Fire Safety Awareness	83%	*Statutory
Health & Safety	80%	
Manual Handling	81%	
Equality & Diversity	68%	
Infection Control Prevention & Hand Hygiene	58%	
Safeguarding Children & Adults Level 1	64%	
Safeguarding Children & Adults Level 2 (not required by all staff)	53%	
Safeguarding Children & Adults Level 3 (not required by all staff)	48%	
Risk Management Awareness Inc. Incident Reporting	65%	
Major Incident	73%	
Complaints Processes & Management	61%	
Information Governance	26%	
Practical Manual Handling (not required by all staff)	49%	
Resuscitation (not required by all staff)	48%	
Medicines Management (not required by all staff)	34%	



Commentary: Despite service seasonal fluctuations the rate of improvement for mandatory training compliance is slow but is moving in a positive direction, additional effort has been given to Practical Manual Handling and Safeguarding. Next month conflict resolution training will be incorporated in to this report.

Motivated & Well Led Workforce

5.2.2 Mandatory Training Compliance - CBU

Definition: The Trust is required to ensure all staff undertake mandatory training updates in line with policy. Mandatory training topics required by all staff are reported in line with NHSLA requirements	Target: The Trust target for staff to be compliant with mandatory training updates is 95%.
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Medical Specialties CBU Compliance			Trend	Neuro/H&N Compliance			Trend
Fire Safety Awareness	89%		↓	Fire Safety Awareness	84%		↓
Health & Safety	85%		↓	Health & Safety	81%		↓
Manual Handling	85%		↓	Manual Handling	81%		↓
Equality & Diversity	48%		↑	Equality & Diversity	56%		↑
Infection Control Prevention & Hand Hygiene	66%		↓	Infection Control Prevention & Hand Hygiene	66%		↑
Safeguarding Children & Adults L1	62%		↓	Safeguarding Children & Adults L1	64%		↑
Safeguarding Children & Adults L2 (not required by all staff)	32%		↓	Safeguarding Children & Adults L2 (not required by all staff)	12%		↓
Safeguarding Children & Adults L3 (not required by all staff)	32%		↑	Safeguarding Children & Adults L3 (not required by all staff)	29%		↑
Risk Management Awareness Inc. Incident Reporting	70%		↓	Risk Management Awareness Inc. Incident Reporting	79%		↑
Major Incident	80%		↓	Major Incident	82%		↓
Complaints Processes & Management	73%		↓	Complaints Processes & Management	78%		↑
Information Governance	12%		↑	Information Governance	9%		↑
Practical Manual Handling (not required by all staff)	64%		↑	Practical Manual Handling (not required by all staff)	42%		↑
Resuscitation (not required by all staff)	42%		↑	Resuscitation (not required by all staff)	38%		↓
Medicines Management (not required by all staff)	41%		↓	Medicines Management (not required by all staff)	34%		↑

District Services, CAMHS & Community Compliance			Trend	Surgery/Ortho/Theatres Compliance			Trend
Fire Safety Awareness	83%		↑	Fire Safety Awareness	80%		↓
Health & Safety	81%		↑	Health & Safety	77%		↓
Manual Handling	81%		↑	Manual Handling	78%		↓
Equality & Diversity	69%		↑	Equality & Diversity	69%		↑
Infection Control Prevention & Hand Hygiene	47%		↑	Infection Control Prevention & Hand Hygiene	64%		↓
Safeguarding Children & Adults L1	67%		↑	Safeguarding Children & Adults L1	73%		↓
Safeguarding Children & Adults L2 (not required by all staff)	60%		↑	Safeguarding Children & Adults L2 (not required by all staff)	36%		↑
Safeguarding Children & Adults L3 (not required by all staff)	62%		↑	Safeguarding Children & Adults L3 (not required by all staff)	49%		↑
Risk Management Awareness Inc. Incident Reporting	61%		↑	Risk Management Awareness Inc. Incident Reporting	76%		↓
Major Incident	73%		↑	Major Incident	79%		↓
Complaints Processes & Management	61%		↑	Complaints Processes & Management	75%		↓
Information Governance	26%		↑	Information Governance	10%		↑
Practical Manual Handling (not required by all staff)	40%		↑	Practical Manual Handling (not required by all staff)	44%		↑
Resuscitation (not required by all staff)	42%		↑	Resuscitation (not required by all staff)	45%		↓
Medicines Management (not required by all staff)	12%		↑	Medicines Management (not required by all staff)	33%		↓

Critical Care/Cardiac Unit Compliance			Trend	Clinical Support Unit Compliance			Trend
Fire Safety Awareness	88%		↓	Fire Safety Awareness	83%		↓
Health & Safety	80%		↓	Health & Safety	81%		↓
Manual Handling	88%		↓	Manual Handling	82%		↓
Equality & Diversity	70%		↓	Equality & Diversity	87%		↑
Infection Control Prevention & Hand Hygiene	79%		↓	Infection Control Prevention & Hand Hygiene	42%		↑
Safeguarding Children & Adults L1	68%		↓	Safeguarding Children & Adults L1	60%		↑
Safeguarding Children & Adults L2 (not required by all staff)	44%		↑	Safeguarding Children & Adults L2 (not required by all staff)	77%		↑
Safeguarding Children & Adults L3 (not required by all staff)	47%		↓	Safeguarding Children & Adults L3 (not required by all staff)	62%		↑
Risk Management Awareness Inc. Incident Reporting	69%		↓	Risk Management Awareness Inc. Incident Reporting	54%		↑
Major Incident	75%		↓	Major Incident	69%		↑
Complaints Processes & Management	42%		↓	Complaints Processes & Management	56%		↑
Information Governance	7%		↑	Information Governance	63%		↑
Practical Manual Handling (not required by all staff)	76%		↑	Practical Manual Handling (not required by all staff)	41%		↑
Resuscitation (not required by all staff)	61%		↓	Resuscitation (not required by all staff)	65%		↑
Medicines Management (not required by all staff)	50%		↓	Medicines Management (not required by all staff)	17%		↓

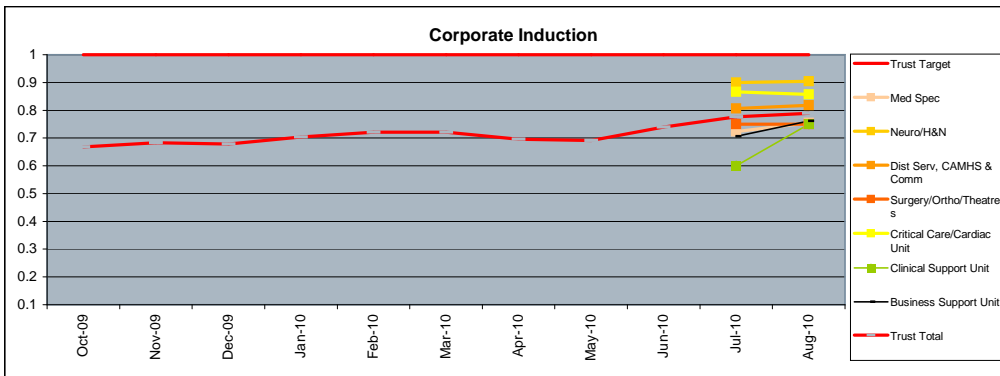
Business Support Unit Compliance			Trend
Fire Safety Awareness	81%		↓
Health & Safety	76%		↓
Manual Handling	75%		↓
Equality & Diversity	61%		↓
Infection Control Prevention & Hand Hygiene	56%		↑
Safeguarding Children & Adults L1	56%		↑
Safeguarding Children & Adults L2 (not required by all staff)	34%		↑
Safeguarding Children & Adults L3 (not required by all staff)	39%		↓
Risk Management Awareness Inc. Incident Reporting	62%		↑
Major Incident	64%		↑
Complaints Processes & Management	58%		↑
Information Governance	32%		↑
Practical Manual Handling (not required by all staff)	39%		↓
Resuscitation (not required by all staff)	31%		↓
Medicines Management (not required by all staff)	24%		↓

Motivated & Well Led Workforce

5.3 Corporate & Local Induction

Definition: Identified as the number of new starters who have attended Corporate & Local Induction within three calendar months of commencing in post.

Target: The Trust has set a target of 100% within 3 months of starting



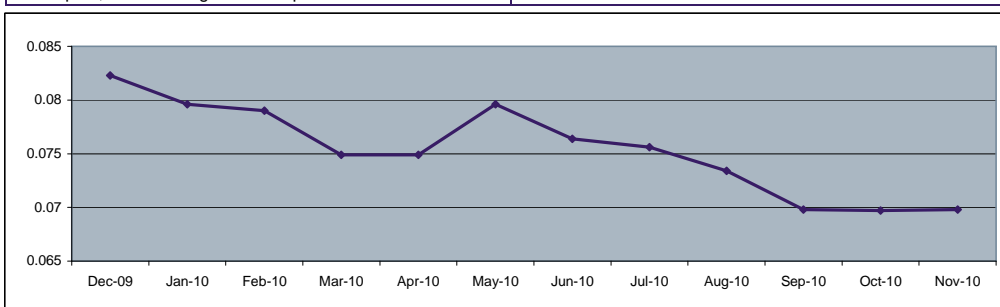
	New Starters October 09 - August 10	New Starters			
		Corporate Induction completed within 3 mths		Local Induction completed within 3 mths	
		No of Staff	% of Starters	No of Staff	% of Starters
Business Support Unit	61	46	75%	9	15%
Clinical Support Unit	21	19	90%	12	57%
District Services, CAMHS & Community	22	18	82%	9	41%
Surgery/Ortho/Theatres	28	21	75%	16	57%
Medical Specialties CBU	14	12	86%	7	50%
Neuro/H&N	4	3	75%	1	25%
Critical Care/Cardiac Unit	21	16	76%	11	52%
Trust Total	171	135	79%	65	38%

Commentary : From next month Corporate Induction Compliance will be reported against the Induction change in process, synchronising Start Date with Corporate Induction date.

5.4 Staff Turnover

Definition: Turnover represents the number of permanent staff leaving the Trust as a percentage of the average permanent staff in post, over a rolling 12 month period.

Target: The Trust has set a staff turnover benchmark of 9.9%.



Turnover by Staff Group	Nov-10	Nov-10		Cumulative*	
		Starters	Leavers	Starters	Leavers
Consultant	5.30%	0	0 (0)	3	7 (0)
Dental	0.00%	0	0 (0)	0	0 (0)
Other Medical	20.32%	0	0 (0)	2	4 (1)
Non Clinical	7.64%	0	6 (0)	38	42 (3)
Nursing	6.42%	6	5 (0)	31	54 (8)
Scientific Therapeutic and Tech	7.18%	1	2 (0)	7	26 (3)
Total	6.98%	7	13 (2)	81	133 (15)

NB: Leavers figures in brackets shows how many leavers had 12 months or less service.

* from April 2010

Commentary: Overall staff turnover remains low. It is little changed this month with a rate of 6.98% (+0.01% compared with last month).

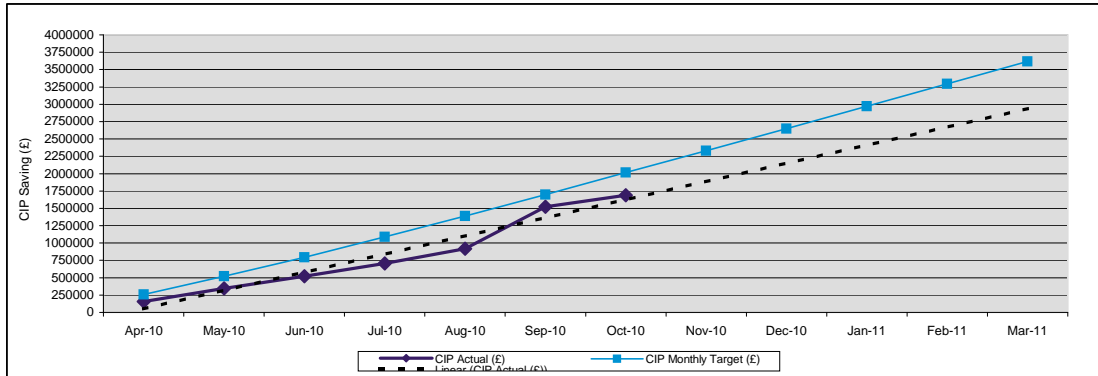
Motivated & Well Led Workforce

5.5 Staffing Cost Improvement Plans - Progress Against Target Reductions By Division

Definition: Achieved savings against Cost Improvement Plan targets. Savings are translated into FTE's from actual financial savings using average salaries. Savings may be generated through removal of posts, skill mix changes and other opportunities based on

Target: Set individually for FTE's for each of the staff groups within the Division. Financial targets are presented on the below chart.

	Medical		Surgical		Clinical Support		Corporate		Total	
	Target	Achieved to date	Target	Achieved to date	Target	Achieved to date	Target	Achieved to date	Target	Achieved to date
Clinical Staff	18.76	7.58	24.82	10.97	0	1.42	0.58	0.30	44.16	20.27
Scientific Staff	7.06	6.99	0.88	1.02	23.79	11.50	0	-	31.73	19.51
Non Clinical Staff	5.73	1.21	4.94	1.13	0	0.90	23.12	19.24	33.79	22.49
Total Staff CIP	31.55	15.78	30.64	13.12	23.79	13.83	23.7	19.54	109.68	62.27



Commentary: Staff Cost Improvement Plans have achieved a recurring saving of £1,929,000 from April to November. This is approximately £400k below the in month target. Work is ongoing to achieve the 2010/11 target and to identify plans for the coming year.

5.6 Current Month Staff Analysis

Definition: Staff In Post data compares the current and previous month staffing FTE's. The source is ESR.

Staff Group	Budgeted Establishment*	FTE			Variance - Budgeted Establishment*
		Oct-10	Nov-10	Change	
Consultant	166.82	169.12	168.32	-0.80	1.50
Dental	3.07	3.00	3.00	0.00	-0.07
Other Medical	199.02	190.27	192.27	2.00	-6.75
Non Clinical	740.89	723.09	717.48	-5.61	-23.41
Nursing	1,128.72	1,078.74	1,074.87	-3.87	-53.85
STT	441.14	415.89	416.17	0.28	-24.97
TOTALS	2,679.66	2580.11	2572.11	-8.00	-107.55

* as at Nov10

Commentary: Overall staffing levels have dropped when compared to the October by a total of 8FTE's. With the exception of the 'STT' and 'Other Medical' staff groups, there are reductions across the board, the largest of which is evident in the 'Non Clinical' group (-5.61FTE).

When comparing actual FTE figures with the November Budgeted Establishment taken from the financial ledger the Trust is doing considerably well, showing an overall reduction of 107.55FTE's. The greatest reduction against Budgeted Establishment is visible in the 'Nursing' staff group, which sees a variance of -53.85FTE's.

5.7 Current Month Staff Analysis - Bank, Agency & Overtime

Staff Group	Bank		Agency		Overtime		TOTAL		Staffing Budget (over/underspend)
	FTE	Cost	FTE	Cost	FTE	Cost	FTE	Cost	
Consultant	-	-	-	-	-	-	-	-	
Dental	-	-	-	-	-	-	-	-	
Other Medical	-	-	3.02	£35,240.33	-	-	3.02	£35,240.33	
Non Clinical	-	-	10.30	£20,480.79	19.32	£31,775.59	29.62	£52,256.38	
Nursing	68.46	£137,854.39	0.43	£4,090.21	6.44	£13,637.86	75.33	£155,582.46	
STT	-	-	0.13	£2,250.00	1.44	£3,351.32	1.57	£5,601.32	
TOTALS	68.46	£137,854.39	13.88	£62,061.33	27.20	£48,764.77	109.54	£248,680.49	£0
Cumulative Av.	65.02	£138,582.77	12.55	£27,554.14	34.17	£62,248.83	110.09	£226,640.30	

Commentary: When compared to October there are increases in usage Bank, Agency and Overtime this month (+£54k). The largest increases are evident in Bank usage which has gone up 15.13FTE/£30.4k. Increased usage across the board is likely to be as a result of the current high rates of sickness experienced across the Trust.

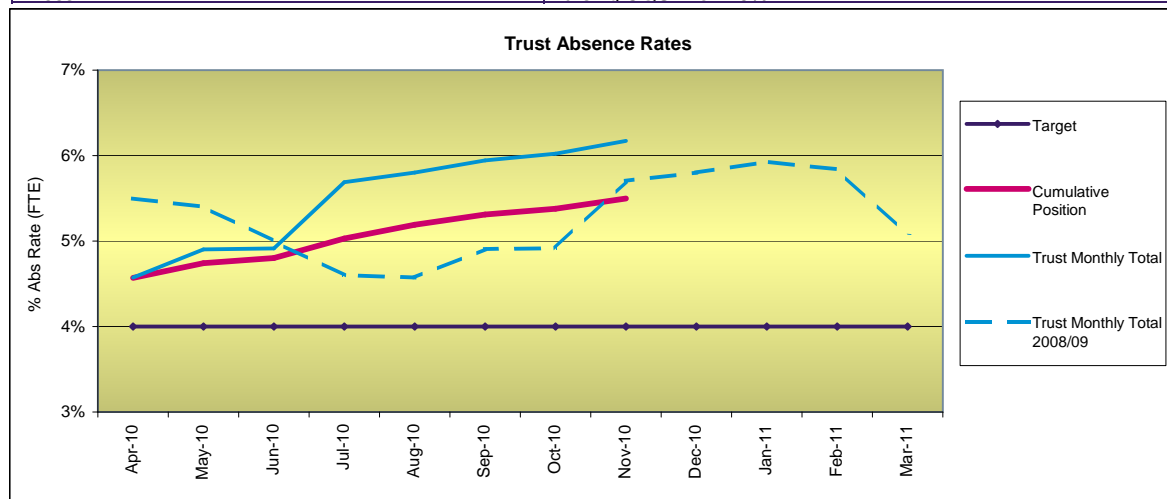
Motivated & Well Led Workforce

5.8 Health and Wellbeing - Staff Sickness & Absence

5.8.1 - Trust and Divisional Sickness Rates

Definition: Number of Staff reporting absence through illness.

Target: The Trust has set a cumulative target of 4.0%. There is a Nursing CQUIN of 4.5%.



Staff Group Total	Nov-10
Add Prof Scientific and Technical	7.22%
Additional Clinical Services	7.96%
Admin and Clerical	5.82%
Allied Health Professionals	3.13%
Estates and Ancillary	10.75%
Healthcare Scientists	2.50%
Medical and Dental	0.58%
Nursing and Midwifery Registered	6.72%
Nursing Absence CQUIN Target	4.50%

	Nov-10
Total Days Lost through Sickness Absence	5496
Average Days lost per employee	1.91

CBU Monthly Totals	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10
Medical Specialties	3.96%	4.44%	4.73%	4.87%	3.81%	2.24%	3.19%
District Services, Comm. & CAMHS	5.86%	5.21%	5.89%	5.65%	4.89%	5.36%	6.20%
Critical Care/Cardiac Unit	5.58%	5.29%	5.06%	5.69%	5.82%	6.63%	6.68%
Neuro/H&N	7.42%	6.84%	7.00%	7.11%	5.63%	4.96%	4.02%
Surgery/Ortho/Theatres	5.26%	6.00%	6.14%	6.89%	8.22%	6.84%	7.34%
Clinical Support Unit	4.16%	3.57%	4.86%	5.69%	5.57%	6.37%	5.18%
Business Support Unit	4.43%	4.43%	6.20%	5.52%	6.46%	7.39%	7.65%
Trust Monthly Total	4.90%	4.91%	5.69%	5.80%	5.94%	6.02%	6.17%
Cumulative Position	4.74%	4.80%	5.03%	5.19%	5.31%	5.38%	5.50%
Target	4.20%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

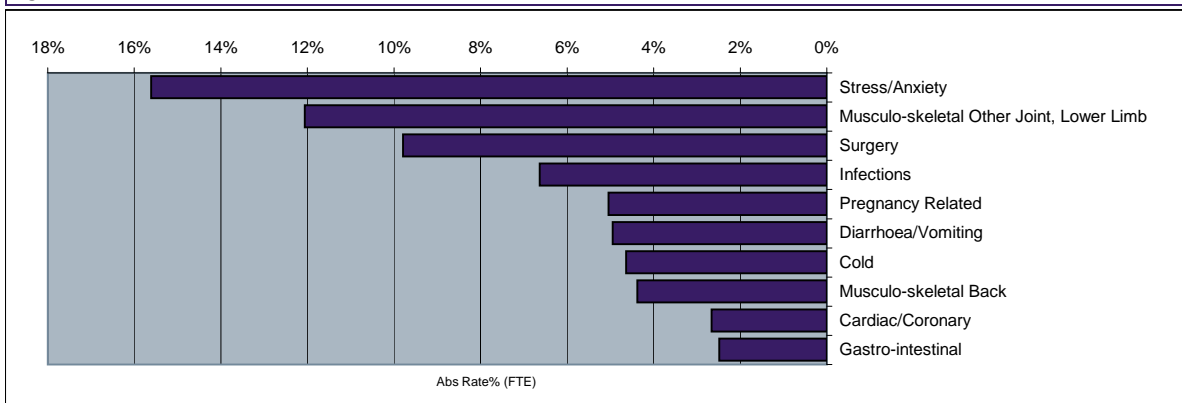
Commentary: There is a slight increase in overall absence this month, taking sickness levels over the Trust target by 2.17%. The Nursing absence rate also sees an increase this month, up a further 0.15%. This takes the overall rate 2.22% over target. Highest sickness absence is in Business Support (7.65%) followed closely by Surgery/Ortho/Theatres (7.34%). Medical Specialties and Neuro, Head and Neck are the only Clinical Business Units with a sickness rate which is below target.

5. Motivated & Well Led Workforce

5.8 Staff Sickness & Absence (cont . .)

5.8.2 - Top 10 Reasons for Absence in month

Definition: Sickness Absence Reasons for the current month based on the overall Trust Abs Rate % (FTE). The source is ESR.

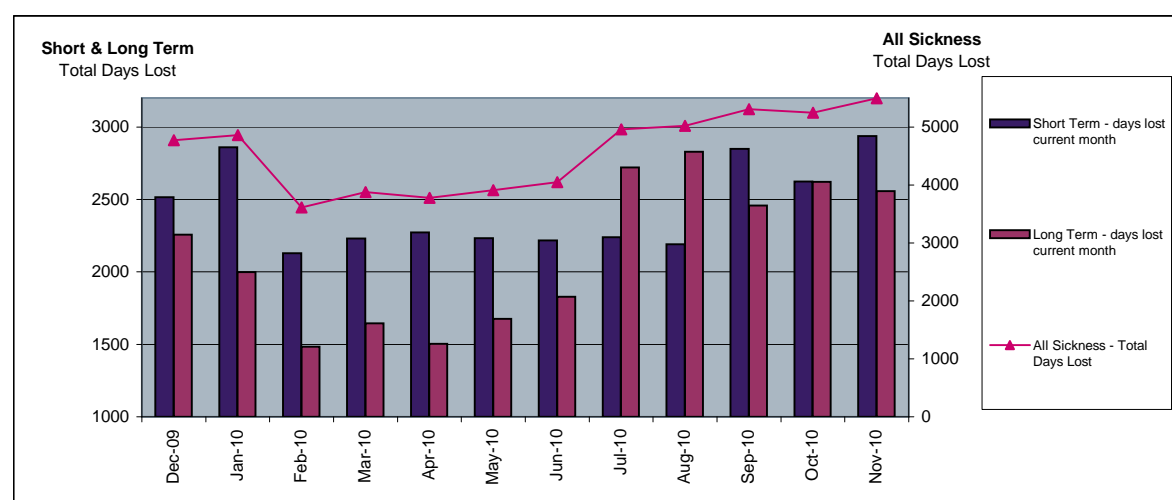


Commentary: The top three reasons for sickness remain unchanged when compared to last month, with 'Stress/Anxiety', 'Musculo-skeletal Other Joint, Lower Limb' and 'Surgery' topping the table. Combined these three reasons for absence account for 37% of all sickness, which is slightly down on last month (-4%). Most notable reduction is evident in the 'Stress/Anxiety' reason for absence (-1.22%).

5.8.3 - Short and Long Term Sickness

Definition: Sickness Absence Rates for those employees on long and short term sickness. Long Term sickness identified as 28 days or more continuous absence within the current month.

	Nov-10	Trend	%
All Sickness - Total Days Lost	5496	↕	%
Short Term Sickness - No. of days lost due to short term absence 'in month'.	2938	↕	53.46%
Long Term Sickness - No. of days lost due to long term absence 'in month'.	2558	↕	46.54%



Commentary: Compared to October data the overall number of days lost due to sickness has increased and is now standing at its highest level during the 12 month reference period.

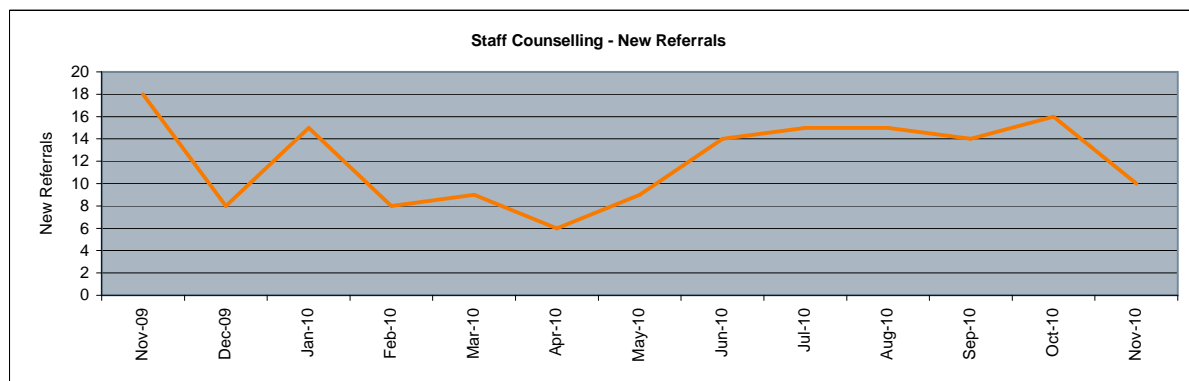
5. Motivated & Well Led Workforce

5.9 Health and Wellbeing - Staff Counselling

Definition: Number of staff within each Division who have attended counselling at the Alder Centre

Target: None currently set.

Staff Counselling: New Referrals - Nov 2009 to Nov 2010



Current clients (excl new referrals)	49	(*14 Clients beyond the standard 6 sessions)
New referrals	16	
Total clients	65	
Total sessions	98	

New Referrals by Primary Presenting Issue / Division - Nov 2010

	District Services	Critical Care	Clinical Support	Business Unit	Total
Bereavement				1	1
B&H				2	2
Work and Family Stress				1	1
Pending			1		1
Stress - Personal			1		1
Work Stress	1		1		2
Stress, conflict, anxiety, B&H		2			2
Total	1	2	3	4	10

Commentary: A further 2 referrals were received from Theatres this month, continuing the support offered for work stress/anxiety/conflict/B&H. An additional stress awareness workshop was also offered, with work continuing on the theatre diagnostic undertaken by Alan Phillips.

Supervision was offered to the MacMillan team and Urology and also continues for the genetic counselling team. Two 'Care for the Carers' sessions took place as part of the continued support offered to the Home Care team.

Mediation sessions were carried out for two members of staff, and support offered to one manager following an investigation for Bullying and Harassment.

6. Research & Development

6.1 Research Income

Measure	Sept 2010 (000's)	Oct 2010 (000's)	Nov 2010 (000's)	Quarter Total (000's)	Year to date (000's)
Total R&D Income	260	246	389	895	2210
NIHR income	151	251	119	521	810
Commercial income	1	8	14	23	59
CLRN income	0	0	196	196	492
FSF income	0	160	0	160	480
Trust charitable income	22	9	10	41	84
Expenditure	216	204	345	765	1864

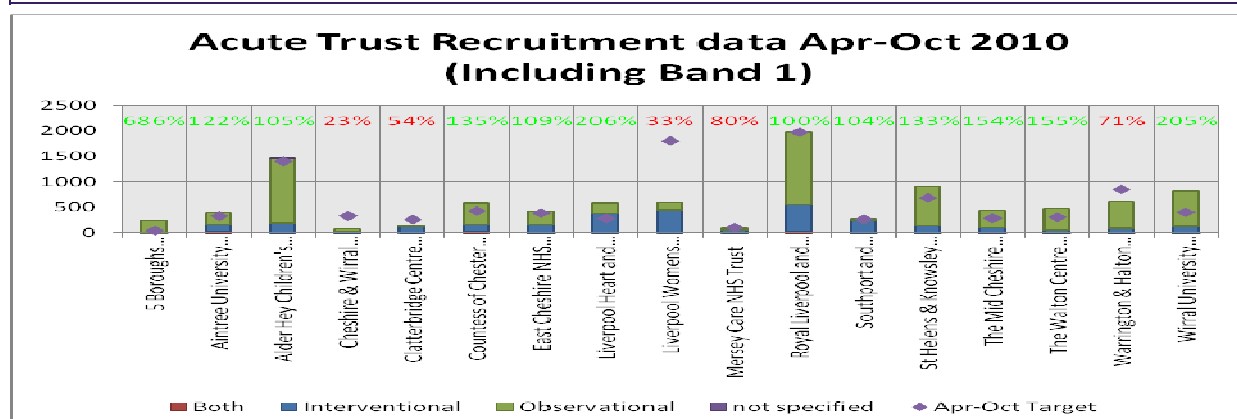
Commentary: The target is to increase research income 10% annually. Research income is generated from individual projects, the Department of Health and from the Comprehensive Local Research Network on the basis of research activity. Total research income in 2009/10 was forecast at £3.5m and we achieved £3.7m. Working on a 10% annual increase of baseline we would need to achieve a target of £3.85m. This will present a challenge in this tough economic climate. The DH has already informed us that our FSF allocation will be reduced from £928k to £559k.

A key target is for the Trust to increase its income through commercially funded research. A significant amount of activity related to commercial studies will take place which will increase commercial research income in this year. The Trust is also in the midst of planning a Clinical Research Facility (CRF) which will enable the Trust to better facilitate clinical trials thus attracting further commercial study income. The Finance Department has agreed finance for this initiative the development of which will move forward within the coming months. Accounting adjustments have been made to match income to expenditure.

6.2 Research Activity

Measure	Sep-10	Oct-10	Nov-10	Quarter Total	Year to date
Patient recruitment for studies open during 2010/11 (n)					
NIHR registered	209	183	266	648	1688
Patient recruitment compared to baseline 2008/2009 year (%)					
NIHR registered only	262	274	303	n/a	291
Number of studies active during 2010/11:					
NIHR registered	63	64	64	n/a	64
non-NIHR	27	27	27	n/a	27
Number of studies open during 2010/11:					
NIHR registered	84	85	86	n/a	86
non-NIHR	24	24	27	n/a	27
Number of active studies with Trust Chief Investigator (CI)	24	27	30	n/a	27

Commentary: The NHS Operating Framework sets out a target for a doubling of patient recruitment into clinical trials (and other well designed studies) over a five year period (reference year 2008/09, n=834). This represents a 20% increase in recruitment annually which is currently being achieved. Recruitment in the first eight months is three fold above target. The Trust will continue to open studies the findings from which will aim to improve the standard of care for our patients. There has been steady growth in the number of studies registered on the NIHR Clinical Research Network Portfolio. The table below represents our recruitment performance mapped against other Trusts in the Cheshire and Merseyside Comprehensive Local Research Network from April - October 2010



6. Research & Development

6.3 Research Governance

Measure	Sep-10	Oct-10	Nov-10	Quarter Total	Year to date
Serious adverse events reported	4	1	5	10	27
Compliance with NIHR approvals timeframe	100%	100%	100%	100%	100%

Commentary: As a healthcare organization that either leads or participates in research the Trust is required to have systems in place to ensure that the principles and requirements of the Research Governance Framework are consistently applied. The R&D Manager is working with outcome leads to identify precisely which outcome measures within the Care Quality Commission Essential Standards for Quality and Care are relevant to the R&D department. The past year has seen an increase in the Trust taking part in multi-centre studies which are led from outside the Trust. The Trust has not sponsored any new studies this year. The R&D office records Serious Adverse Events (SAEs) and ensures that all SAEs are reported by study staff to the sponsor. The term "Serious Adverse Events" is the usual nomenclature used in research governance and European Directive/Good Clinical Practice for a series of clearly defined episodes which may happen to a clinical trial participant.

These include a patient being admitted to hospital, staying in hospital longer than expected, a birth defect or death. There are clearly defined roles and responsibilities for recording and reporting these events to the necessary agencies e.g. Medical Healthcare and Regulatory Agency and the National Research Ethics Service. The Trust has seen no breaches in R&D approval time. All studies being processed via the NIHR Co-ordinated System for Gaining NHS permissions have done so within the stated time period.

6.4 Research Outputs

Measure	Sep-10	Oct-10	Nov-10	Quarter	Annual
Publications	15	12	6	33	51
NIHR Faculty Members:					
NIHR Senior Investigators	1	1	1	1	1
NIHR Investigators	20	22	23	23	23
NIHR Associates	52	54	55	55	55
NIHR Fellowships	1	1	1	1	1
NIHR Trainee	0	0	2	2	2

Commentary: Research staff engaged in NIHR funded studies benefit from one of four different type of membership of the NIHR Faculty. Professor Ros Smyth has achieved the highest status within the NIHR Faculty being one of the first 200 Senior Investigators. NIHR Investigators are those Faculty members whose salaries are paid in part or fully from NIHR Funding. The NIHR Associates all contribute towards supporting NIHR studies. Dr. Caroline Sanders has been appointed as a NIHR Clinical Lectureship, the first in nursing. Cathryn Benson, Immunology & Infectious Diseases Nurse Specialist has recently been successful in gaining funding to undertake an NIHR 2 year funded Masters in Clinical Research course at the University of Manchester. This award is one of only 10 awarded regionally. Mrs. Clare van Miert has recently been awarded a prestigious NIHR Fellowship which will fund her to undertake a PhD. We are still awaiting the outcome two programme grant applications to NIHR.

Key Quality Indicators Matrix

November 2010

			Medical CBU					Surgical CBU						Critical Care / Cardiac / Burns CBU				Neuro / Head & Neck				District Services CBU	
Indicator	Target		C2	C3	D2	E3	Oncology	E2	F2	K1	K3	M3	NEO	HDU	ICU	K2	M2	L2	NMW	NSW	TCU	MAU	DJU
1	Bed Occupancy %	90%	92.14%	87.31%	48.39%	92.62%	78.89%	84.92%	74.62%	87.57%	85.71%	90.71%	81.76%	87.31%	92.50%	86.38%	60.89%	73.56%	94.02%	86.67%	72.78%	79.76%	37.90%
2	Productive ward module implemented	tbc	0	0	0	1	5	4	0	1	2	1	0	0	0	0	3	0	0	0	1	2	0
3	C.Difficile Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	MRSA Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
5	Rotavirus (Children under 5 years)	0	0	0	0	0	0	0	0	NA	0	0	0	0	0	1	0	0	0	0	0	0	0
6	RSV (Children under 2 years)	0	2	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	13	0
7	MRSA Screening % (Elective)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
8	Number of complaints received	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
9	PALS concerns	0	0	1	0	1	0	1	0	0	1	2	0	1	1	5	0	1	0	7	0	0	0
10	Issues resolved at local level	0-5	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0	0	1	1	0	0
11	Numbers of survey cards returned	1	3	2	0	5	12	n/a	0	39	5	3	n/a	0	2	0	n/a	9	12	3	n/a	1	n/a
12	Trust reported clinical incidents		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
13	Medication errors within Clinical Incidents		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
14	Hand Hygiene Compliance score	90-100%	100%	95%	93%	92%	100%	85%	100%	100%	100%	100%	85%	95%	81%	100%	n/a	100%	100%	100%	100%	95%	n/a
15	Cleanliness audit score	90-100%	95%	90%	91%	93%	78%	90%	95%	87%	97%	91%	91%	92%	75%	83%	n/a	86%	96%	92%	98%	89%	93%
16	Number of line infections	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
17	Staff Sickness & Absence %	4.20%	0.71%	1.00%	10.85%	1.25%	5.13%	8.13%	5.82%	1.95%	4.99%	16.38%	11.50%	10.59%	7.01%	5.61%	1.76%	8.43%	9.26%	2.29%	2.71%	14.91%	7.72%
18	Total pay budget (overspend) - underspend 000's monthly	£0	-£ 4,778	-£ 1,867	£ 864	£ 1,350	-£ 8,456	-£ 1,540	£ 36	£ 2,927	-£ 1,116	-£ 2,846	£ 992	-£11,189	£ 14,227	£ 634	£ 6,761	£ 1,876	-£ 4,550	£ 4,925	£ 4,040	£ 18,865	#####
19	Total pay budget (overspend) - underspend 000's cumulative	£0	-£ 16,895	-£ 36,195	-£ 5,674	£ 28,685	-£ 51,153	-£ 6,936	£ 7,149	£ 24,850	£ 725	-£ 46	-£ 11,492	-£54,512	£ 27,356	-£ 34,232	£ 28,484	-£ 26,099	-£ 34,604	-£ 17,303	£ 32,604	-£ 62,602	-£2,773

Key Quality Indicators Matrix

October 2010

			Medical CBU					Surgical CBU						Critical Care / Cardiac / Burns CBU				Neuro / Head & Neck CBU				District Services	
Indicator	Target		C2	C3	D2	E3	ONC	E2	F2	K1	K3	M3	NEO	HDU	ICU	K2	M2	L2	NMW	NSW	TCU	MAU	DJU
1	Bed Occupancy %	90%	85.86%	84.95%	42.04%	87.86%	62.16%	85.64%	83.18%	86.75%	88.86%	91.40%	84.68%	86.28%	91.35%	84.56%	54.19%	77.69%	88.10%	80.91%	72.78%	86.18%	35.65%
2	Productive ward module implemented	tbc	0	0	0	1	5	4	0	1	2	1	0	0	0	0	3	0	0	0	1	2	0
3	C.Difficile Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	MRSA Cases	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
5	Rotavirus (Children under 5 years)	0	0	0	0	1	0	0	0	0	1	0	0	1	1	0	0	0	0	1	0	1	0
6	RSV (Children under 2 years)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0
7	MRSA Screening % (Elective)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
8	Number of complaints received	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	1	0
9	PALS concerns	0	1	0	0	0	0	0	0	0	1	2	0	1	1	0	0	0	0	1	0	0	0
10	Issues resolved at local level	0-5	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0	1	0	0
11	Numbers of survey cards returned	1	0	0	2	1	4	n/a	3	21	7	4	n/a	0	3	5	n/a	2	3	3	n/a	1	n/a
12	Trust reported clinical incidents		4	1	0	1	3	1	0	1	3	4	2	11	17	5	0	5	2	3	0	5	2
13	Medication errors within Clinical Incidents		1	1	0	0	2	0	0	0	0	1	0	5	8	0	0	0	0	0	0	0	0
14	Hand Hygiene Compliance score	90-100%	93%	100%	100%	92%	100%	100%	96%	100%	94%	82%	100%	95%	81%	100%	100%	n/a	100%	100%	60%	100%	n/a
15	Cleanliness audit score	90-100%	96%	93%	93%	89%	82%	88%	90%	87%	97%	84%	85%	92%	75%	73%	93%	71%	94%	97%	83%	60%	93%
16	Number of line infections	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
17	Staff Sickness & Absence %	4.20%	0.78%	1.65%	7.03%	0.15%	2.07%	12.63%	0.00%	1.37%	1.95%	12.84%	10.59%	7.66%	8.31%	6.68%	0.68%	8.23%	10.42%	3.48%	6.66%	7.93%	10.77%
18	Total pay budget (overspend) - underspend 000's monthly	£0	-£ 229	-£ 5,078	-£ 842	£ 7,597	-£ 3,370	£ 222	£ 1,746	£ 3,120	£ 1,617	-£ 6,305	£ 3,053	-£ 12,192	£ 22,616	-£ 1,640	-£ 575	-£ 2,700	-£ 1,172	£ 5,760	14k	-£ 700	£ 7,422
19	Total pay budget (overspend) - underspend 000's cumulative	£0	-£ 12,117	-£ 34,328	-£ 6,537	£ 27,335	-£ 42,696	-£ 5,396	£ 7,113	£ 21,923	£ 1,840	-£ 43,397	-£ 22,229	-£ 43,323	£ 13,130	-£ 34,866	£ 21,722	-£ 27,974	-£ 30,054	-£ 27,989	29k	-£ 81,320	-£ 15,032

Accident & Emergency Key Quality Indicators Matrix

Indicator	Target	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
1	4 hr target - % monthly	98%	98%	98%	99%	98%	98%	98%	98%	98%			
2	Discharge summaries - % within 24 hrs	100%		100%	100%	100%	100%	100%	100%	100%			
3	Numbers seen by ENP's	20%		tbc	25.80%	24.60%	25.00%	20%	19.88%	n/a			
4	Time to Triage	100%		tbc	tbc	tbc	tbc	tbc	tbc	tbc			
5	Number of complaints received	0	5	7	1	0	4	0	1	0			
6	PALS concerns received	0	2	0	3	2	4	0	1	2			
7	Number of survey cards returned	1	0	0	0	1	8	7	5	3			
8	Trust reported clinical incidents	0-5	1	8	0	0	5	8	5	4			
9	Trust reported medication errors	0-1	0	1	0	1	1	0	0	0			
10	Hand Hygiene Audits & Compliance rate	90-100%		tbc	61%	64%	77%	86%	75%	80%			
11	Cleanliness audit score	90-100%		72%	67%	66%	86.00%	87%	90%	96%			
12	Staff Sickness & Absence	4%	10%	9%	6%	7%	6%	7%	6%	5%			
13	Total pay budget (overspend) - underspend 000's monthly	£0					£18,528	-£2,936k	£1,252	£4,287			
14	Total pay budget (overspend) - underspend 000's cumulative	£0		£8k	(20k)	£(25k)	£_6,850	-£9,786k	-£8,534k	-£12,821k			
15	Mandatory training	95%		80%	86%	82%	82%		88%	n/a			

Theatres Key Quality Indicators Matrix

Nov '10	Quality Indicators	Threshold	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5	Zone 6
Cost	* Within budget	100%	42k	£82k	0	43k	47k	£133k
	* No overtime shifts in the previous month	0	0	3	0	0	0	4
	* Sickness / absence below Trust target 4.0%	4%	10	4.2	3.4	6.7	2.95	12.57
	* Out of date stock	<10%	0	12%	0	0.10%	0	0
Delivery	* Theatre utilisation	>95%	93	93	93	83	98.5	93
	* All patients have wristbands	100%	100	100	100	100	100	100
	* In-session utilisation	>90%	83	83	83	83	83	83
	* Pt profile / verification completed on day of surgery	100%	85	98	99	96.5	95	98
People	* Weekly minuted communication meetings held	100%	90	98	100	100	100	100
	* Staff to have up-to-date PDR's	>95%	45	93	100	85	97	27
	* All staff to receive a Return to Work interview	100%	100	100	100	100	100	100
	* Occ Health reviews for staff on long term sickness	100%	100	100	100	100	100	100
	* All staff compliant with Trust uniform policy	100%	100	100	100	100	100	100
	* Staff compliant with Mandatory training	>95%	64	100	98	85	100	80
Quality	* All areas to have up-to-date risk assessments	100%	100	100	100	100	100	100
	* All fridge logs completed	100%	100	100	100	100	100	100
	* WHO checklist is undertaken for every patient	100%	100	100	100	100	100	100
	* Weekly cleaning audits completed	100%	95	98	100	99	100	100
	* Blood products to be checked in accordance with policy	100%	100	100	100	100	100	100

Monthly Key Performance Indicators Summary

Ward Quality Indicators November 2010

Current Position

For the month of November, the ward data has been split by CBU. This month we are including Theatre data by Zone for the first time. We again have included last months Dashboard to enable data comparisons and the ability to map progress. Again similarly to AED, Theatre indicators and associated targets are different to the main core ward indicators, to reflect their own particular challenges. The indicators continue to be closely scrutinised, monitored and adapted on a monthly basis. We are still working on developing a more robust data collection process in order to assure ourselves, the ward managers and the Board, that the central venous line infections truly relate to particular wards.

The Dashboard data continues to be very closely scrutinized by the Executive Nurse and her Senior nursing team. The Dashboard is used as a performance marker at CBU and ward management level. The Dashboard is used by the Senior Nursing Team, to performance manage the ward managers, and to highlight areas of both good and poor performance with their nursing teams. The ward managers continue to use the data and the narrative provided to benchmark themselves against each other, as well as identify trends from month to month. The ward indicators provide a level of quality assurance, ensuring managers are focussed on the key deliverables in their CBU's.

The key issues from this months data have been correlated into the following narrative.

Cleanliness Issues

The cleanliness audit assessments continue to be undertaken, using the same rigour and robustness of previous months. The assessment documentation is based on the CQC templates and on national audit guidelines. This continues to provide us with assurance that we are monitoring with the level of detail required for CQC compliance. High risk areas are monitored weekly and the ward areas monthly. The 'spot check' assessments continue to be undertaken and the template has been amended this month to include issues around the uniform policy. Wards are assessed every two weeks with an action plan drawn up by the ward managers from the information highlighted on the audit sheet. There are weekly CQC summit meetings attended by the Executive Nurse and senior members of the Infection control, Nursing, Hotel Services and Facilities team, where the areas audited are discussed and actions identified for individuals to complete. We are now able to produce consistent data which differentiates between nursing, estates and domestic performance, and thus focus on those areas in improving a wards overall score.

As can be seen from the Dashboard, hygiene scores continue to improve across the wards. 100% compliance has been achieved in a number of areas. Significant improvements again can be seen on K2, L2 and MAU. The scores are generally consistent now with just 2 areas below 75%, PICU and Oncology, with in the main Estates issues lowering their scores. In terms of hand hygiene again scores are up with now the majority of wards achieving 100% compliance. This is an excellent achievement by the ward and Infection Control teams. The introduction of closer monitoring and special measures for wards with consistently lower scores than 90% has also helped to drive scores higher. Housekeepers are continuing to play a significant role in improved scores and we now have an individual carrying out housekeeper duties on all wards. The 'Spot Checks' have again proved to be an invaluable tool in the audit process, picking up smaller details and providing a focus for further improvement. The Senior Nursing team continue to meet weekly with the Facilities and Hotel services team to review the 'spot check' results, and to provide further assurance that the cleanliness agenda is being properly and thoroughly addressed.

MRSA Screening

We have 100% compliance across all wards in relation to this planned admissions target. We are receiving data for compliance relating to unplanned patients although currently we are not monitored. However managers are being asked to trace information relating to non compliance for this patient group, so when we are monitored we will have consistent and robust systems in place to ensure compliance.

Clinical Incidents/Medication Error

We have currently received no data from Risk Management in relation to the above

Occupancy

Occupancy was up in 12 wards in November reflecting the start of Winter. There continues to be areas of consistently higher occupancy such as M3, HDU, and E3, This month PICU occupancy is up again to 93%. Significant increases were apparent on NSW, NMW and Oncology. However, there are areas of lower occupancy particularly related to the restricted access which applies to these areas such as Burns, DJU, D2 (Medical day case). L2's lower occupancy relates to their weekend closure and their Monday morning opening. They gradually increase their occupancy during the course of the day, however their capacity does not change and brings down their occupancy. The same applies to F2 and this needs to be taken account of as it adversely affects weekly occupancy figures in both areas. The times for assessing their occupancy incorporates 9 am, when they are starting to admit patients for the days lists and the ward is not full. It is anticipated that occupancy will again increase further as we move towards winter and elective planned activity also increases as we get back on plan.

Overall Total Budgetary Overspend

This months figures are a cumulative total of pay expenditure at month 7. Again there are areas of improvement in month with 8 areas being overspent in month compared to 11 last month.. There continues to be significant issues on a number of areas and the CBU's are working closely with the senior nursing teams and the accountants to reduce this figure. Closer monitoring of the nurse bank by the senior nursing team continues to show improvements, although sickness in month has had an impact in expenditure. MAU 's figure of £62k overspend cumulatively on pay, is directly attributable to budgetary realignment following the amalgamation of B3 and AAU. The CBU accountant has confirmed that realignment over the next few months will see a more accurate figure by months 9 and 10. To reflect this their position has reduced from 80 k in month to 62k. There have been significant improvements in month 7, again on PICU, where they have turned around an overspend to a £27 k underspend. There were also improvements on Neo, NSW, M2, TCU, C3, DJU, M3, and PICU.

The skill mix review for nursing and a review of local shift patterns, has also led to progress towards achieving the CIP. Nurse Managers, CBU service leads and accountants, continue to work in partnership to address the budgetary management issues.

Patient Surveys

There was a reduction in the number of cards this month with 125 cards received in total. The highest performing area was again K1 with 39 in total. The overall satisfaction score continued to be positive this month with patient satisfaction scoring 98% and parent/carer recommendations also scoring high this month at 98%.

Food scores dropped this month with children and young people from 97% to 83%. A plan is in place to trial cold lunches on a number of wards.

100% of parent/carers felt that the hospital was clean which is an increase from the 95% in October.

Car parking and waiting times still remain issues scoring 58% and 42% respectively, waiting time relate to issues in outpatients and this is being raised through the relevant people.

Below are a range of the Positive comments received this month and the area they came from.

If a friend needed to go to hospital, would you tell them to go to the Alder Hey?: "It's the best"

Did you feel safe while you were with us?: "totally"

Did you feel that our staff cared about you? "Very caring and understanding"

One negative comment was received which was based on disabled car parking spaces. This is being picked up as part of the overall access audit action plan.

Sickness

Sickness continues to be a particularly challenging area. There continue to be areas of significant level of sickness absence including D2, HDU, M3, MAU and Neo. The sickness absence policy is currently under review and all Managers have been asked at CBU level, to review their sickness action plans, update them and provide assurance to the CBU General Managers that all sickness is being managed effectively according to policy. Continued support is being provided to the Ward Managers by the HR Team. There have been areas of improvement however, including DJU, E2 and TCU.

AED

AED's indicators and associated targets are different from the main wards in order to make them more meaningful. They have achieved their 98% 4 hourly wait targets and are 100% for discharge summaries. The Emergency Nurse Practitioners seeing 20% of all patients, is essentially a figure based on AED's own 8 am to 9pm service against the number of ENP's employed i.e. 5.6 wte, with one being on duty during the long day (8am-9pm). It is a local target as most other Departments have little or no ENP service, and are thus difficult to benchmark against. The target is essentially that 1 ENP working a long day will see 20% of all minor injuries that enter the AED over a calendar month. Time to triage data is still not quite attainable and further work needs to be undertaken with IT. However, the Nurse Consultant feels it is an essential indicator as rapid assessment and clinical risk management are critical factors in patient triage. There is a £4287 overspend in month, however with special measures in place hand hygiene score is up to 80% and cleanliness is again up to 96%. There are no significant issues relating to PALS or complaints and 2 incidents were near misses relating to wrong labelling of samples. Time to triage data should be available next month.

Theatres

This is the first months data from Theatres by Zone. Again, the indicators and targets have been developed to reflect the particular quality issues relating to Theatre. The key themes are in terms of the 4 domains; Cost is showing that all areas are overspent apart from Zone 3. The Theatre budget is closely monitored by the Zone Managers and Zone Managers and incorporates a monthly finance meeting. Recent employment of a stores manager has had a positive effect on improving the overall non pay budget. A stock control system has been rolled out for orthopaedics, and plans are to roll out further in the new year. Zones 1, 4 and 6 have not achieved the Trust's sickness target and Managers have developed action plans with support from HR, to assure the CBU that policy is being followed. Theatre utilisation is above 93% and 100% compliance has been achieved in terms of patients having wristbands. Managers in Zones 1 and 6 are developing plans to address the poor performance on PDR's and similarly in Zone 1 in relation to mandatory training.

Phil O'Connor

Assistant Director of Nursing

14/12/2010

