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|---|---|-------------------------------------|
| | TRUST BOARD | |
| From: | Suzanne Hinchliffe Andrew Seddon Kevin Harris Kate Bradley | |
| Date: | 1st December 2011 | |
| CQC regulation | All | |
| Title: | Quality & Performance Report | |
| Author/Responsible Director: S.Hinchliffe, Chief Operating Officer/Chief Nurse A. Seddon, Director of Finance K. Harris, Medical Director K. Bradley, HR Director | | |
| Purpose of the Report: To provide members with an overview of UHL financial position, performance and quality against national, regional and local indicators for the month of October 2011. | | |
| The Report is provided to the Board for: | | |
| | Decision | <input type="checkbox"/> |
| | Discussion | <input checked="" type="checkbox"/> |
| | Assurance | <input checked="" type="checkbox"/> |
| | Endorsement | <input type="checkbox"/> |
| Summary / Key Points: | | |
| <u>Financial Position</u> | | |
| <ul style="list-style-type: none"> ❖ October deficit of £0.5million, resulting in a year to date deficit of £13.4m (£13.9m adverse to plan). The main reason for this shortfall was a reduction in emergency patient care activity against the forecast levels. ❖ Premium payments continue to reduce month on month reflecting the 'stabilisation' actions of the 21st July Trust Board paper and specifically the centralisation of controls. ❖ Cash balances have increased in month by £5.6m and are £20.9m at the end of October. | | |
| <u>Performance Position:</u> | | |
| <ul style="list-style-type: none"> ❖ Performance for October Type 1, 2 and UCC is 92.0%, a disappointing position despite the revised rotas and triage facilities in both AMU and ED. The year to date performance for ED (UHL+UCC) is 94.0%. ❖ MRSA – No cases of MRSA were reported during October with a year to date position of 4 (full year target 9). ❖ CDifficile – a positive month 7 report with 13 cases identified with a year to date position of 70 (full year target 165). ❖ RTT - Performance in October has been achieved realising 90.9% for admitted patients and 96.4% for non-admitted patients. ❖ Performance for Primary PCI is 84.8% against a target of 75%. ❖ TIA performance in October is 60.7% against a target of 60%. ❖ All cancer targets were achieved in September (one month behind in reporting) with an amber report for the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach | | |

Trust Board Paper E

position.

- ❖ The reported sickness rate is 4.2%.
- ❖ The appraisal rate has increased to 93.5% in October.

Quality

- ❖ MRSA – No cases of MRSA were reported during October with a year to date position of 4 (full year target 9).
- ❖ CDifficile – a positive month 7 report with 13 cases identified with a year to date position of 70 (full year target 165).
- ❖ Same Sex Accommodation - with a national target of 100%, this has been achieved for both UHL base wards and intensivists areas.
Pressure ulcers - the bi-annual UHL Prevalence Survey was undertaken 9th & 10th November and this confirms accurate reporting by ward staff.
- ❖ Patient Polling - The 'overall respect and dignity' scores show a marked improvement across all Divisions resulting in the UHL score rising to 96.1.
- ❖ Mortality - There has been a reduced number of 'elective deaths' during September and October whilst the overall 'crude' mortality rate has remained at 1.3%.
- ❖ Mortality – SHMI value for 2010/11 is 106 and falls within an expected range when using the 95% control limits but is 'higher than expected' when using the more sensitive 99.8% control limits. Further analysis of data is currently being carried out to clarify the impact of the different risk adjustment model.
- ❖ CQUIN - Quarter 2 Performance for the PCT CQUINs will be RAG rated at the Clinical Quality Review Group on 23rd November.
- ❖ Fractured Neck of Femur 'Time to Theatre' - the monthly performance for 'patients taken to theatre within 36 hours of arrival' has improved in October to 59%.
- ❖ Readmissions - the in-month readmissions rate dropped to 7.3%, 0.4% above trajectory. The in month number of readmissions was 1% lower than in September 2010.

Recommendations: Members to note and receive the report

Strategic Risk Register

Performance KPIs year to date

ALE/CQC

Resource Implications (eg Financial, HR) N/A

Assurance Implications N/A

Patient and Public Involvement (PPI) Implications N/A

Equality Impact N/A

Information exempt from Disclosure N/A

Requirement for further review? Monthly review

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 1 DECEMBER 2011

**REPORT BY: SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE
KEVIN HARRIS, MEDICAL DIRECTOR
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES
ANDREW SEDDON, DIRECTOR OF FINANCE**

SUBJECT: MONTH SEVEN PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following paper provides an overview of the Quality & Performance month 7 report highlighting key performance metrics and areas of escalation where required.

2.0 October 2011 Operational Performance

2.1 Infection Prevention

- ❖ MRSA – No cases of MRSA were reported during October with a year to date position of 4. One case appealed for August pending resolution of technical issue.
- ❖ CDifficile – a positive month 7 report with 13 cases identified. The year to date position is 70 and ahead of target to date.
- ❖ MRSA elective and non-elective screening has been achieved at 100% respectively

2.2 RTT

Performance in October has been achieved realising 90.8% for admitted patients and 96.8% for non-admitted patients.

The Department of Health and MONITOR have also introduced additional statistical RTT measures and thresholds for 2011/12:-

- ❖ Admitted 95th percentile– threshold 23 weeks
- ❖ Non admitted 95th percentile – threshold 18.3 weeks
- ❖ Incomplete pathways 95th percentile – threshold 28 week

During October all these targets were delivered.

A proposal has been submitted to commissioners to respond to the capacity constraints within the general surgical specialities and the need to identify a joint sustainable solution for 2012 onwards. This includes a backlog reduction plan for quarter 3 and quarter 4, which will improve the overall UHL position going forward though affect the bottom line position overall.

Further to the Contract Performance Meeting on the 22nd November it has been agreed with commissioners that a blend of outsourced activity and additional in-house activity will be funded across all planned care specialties to reduce backlog.

Challenges have also been faced within routine maintenance work on the LGH site where extended bed closure has resulted impacting on both bed capacity and surgical reductions. This is likely to continue until the end of January 2012 and alternative solutions are being sourced from the Planned Care Division to ameliorate the impact going forward.

All Trusts have been asked to review and validate/treat all patients with a RTT wait of 52+ weeks. Nationally this number is 20,000 compared to 70 (review on going) within the UHL.

2.3 ED

Performance for September Type 1, 2 and UCC is 92.0%, a disappointing position despite the revised rotas and triage facilities in both AMU and ED. The year to date performance for ED (UHL+UCC) is 94.0%.

Further information regarding emergency provision will be addressed in the December Trust Board Emergency Care Transformation report.

From Qtr 2, Trusts have been required to achieve the thresholds for at least one indicator in each of the two groups, timeliness (time to initial assessment, time to treatment) and patient impact (left without being seen and re-attendance). Performance on ED clinical indicators will be moderated by performance on the 4hr wait indicator. If performance is less than 95% on total time the overall score will be moderated down by 1 point.

From Qtr 2, Monitor will apply a governance score of 1 to foundation trusts for failing to achieve the indicator relating to total time in A&E. Trusts will be monitored using the 95% 4hr wait performance, *not* the 95th percentile (the original measure set out in the *Compliance Framework 2011/12*).

Performance for the ED clinical indicators for October is as follows:

ED CLINICAL INDICATORS

min requirements MET for current month

PATIENT IMPACT

| | Jul-11 | Aug-11 | Sep-11 | Oct-11 | TARGET |
|-------------------------|--------|--------|--------|--------|--------|
| Unplanned Reattendance | 5.9% | 6.8% | 5.6% | 6.1% | <= 5% |
| Left without being seen | 2.1% | 2.8% | 2.4% | 2.9% | < 5% |

TIMELINESS

| | Jul-11 | Aug-11 | Sep-11 | Oct-11 | TARGET |
|--|--------|--------|--------|--------|--------|
| Time in Department (Minutes) - 95th Percentile | 239 | 304 | 338 | 341 | <= 240 |
| Time to Initial Assessment (Minutes) - 95th Percentile | 39 | 48 | 48 | 61 | <= 15 |
| Time to Treatment (Minutes) - Median | 34 | 34 | 39 | 44 | <= 60 |

Across the Trust new processes were introduced on the 21st November, which ensure that the following standards are achieved:

- ❖ Patients will be referred from ED to a receiving specialty within 15 minutes of their treatment being completed in ED
- ❖ All patients will be sent to the receiving specialty within 30 minutes of initial request for a bed.

This will be applied to all assessment units across the trust.

Daily meetings are in place to make sure that any issues of concern and risks are addressed. These are set to continue. Also increased visibility of senior staff and more safety walkabouts have been introduced so that members of staff have the opportunity to say what is working well and what is causing them concern.

Also, daily senior briefings are held to discuss and address any issues identified during the previous 24 hrs.

2.4 Cancer Targets

All cancer targets were achieved in September (one month behind in reporting) with the exception of an amber report for the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position.

The 62 day target for September was missed by 5 patients due to factors including complex cases, delays in transfers from other Trusts, diagnostic delays and capacity constraints.

2.5 Falls

A separate report for patient falls was submitted to the October GRMC which received support.

In line with the more detailed review and benchmarking exercise undertaken, adjustments have been made to the reporting of falls including the separation by division. The target and thresholds will be reviewed and amended in future reports to reflect the changes in reporting falls.

2.6 Pressure Ulcers

There have been 11 reported pressure ulcers in October, currently awaiting confirmation of classification for reporting which as agreed will be one month in areas if required to ensure accurate review.

The bi-annual UHL Prevalence Survey was undertaken 9th & 10th November and this confirms accurate reporting by ward staff.

Use of the checklist for non-avoidable pressure ulcers has been rolled out and work is ongoing with Matrons and Ward Sisters to embed this into practice.

2.7 Patient Polling

The "Patient Experience Survey" for October 2011 resulted in 1,184 surveys being returned, a Trust return rate of 79%.

The 'overall respect and dignity' scores show a marked improvement across all Divisions resulting in the UHL score rising to 96.1.

The 'overall how would you rate the care you receive whilst in hospital' shows a similar improvement with the UHL score rising by 1.8 to 86.8. The Cardiac, Renal and Critical Care CBU have scored a Green RAG rating for two months attained by achieving a score in excess of 91 when compared with National Patient Survey results. There are two CBU's that continue to have a red RAG rating for the 'overall how would you rate your care' question. However the Medicine CBU score has risen from 77 in September to 83 in October illustrating an improvement.

The Trust wide 'Caring at its Best' Project questions are maintaining improvement since their launch in March 2011. When removing the 13 wards within the Medicine CBU that are receiving 'additional support' the scores show greater improvement. The Acute Care Division continues the plan to substantially improve the experience for patients within Medicine by a number of initiatives:

- ❖ Monthly reporting of the 10 point plan implementation
- ❖ Effectiveness audits of the hourly rounds and subsequent actions
- ❖ HON and Lead Nurse meeting all staff to discuss care & compassion
- ❖ Introduction of new discharge information for patients within AMU

The Patient Experience Feedback in Outpatients shows improvements with both question indicators showing improvement, particularly with the 'overall how would you rate your care' question results moving from amber to green RAG.

2.8 Same Sex Accommodation

For the last six months, all UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance. The SSA Matrix is an integral part of the UHL Bed Management policy.

2.9 Primary PCI

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in October was 84.8% (28 out of 33 patients).

2.10 Month 7 Performance Areas

The following table presents a summary position of the wider corporate indicators which are subject to external monitoring or local targets being set. Further detail by CBU may be found in the Heatmap report.

| Performance Indicator | Target | October | Year To Date |
|---|--------|-------------|--------------|
| MRSA Elective Screening * | 100% | 100% (Sep) | 100% |
| MRSA Non-elective Screening * | 100% | 100% (Sep) | 100% |
| Stroke % stay on stroke ward* | 80% | 74.7% (Sep) | 85.3% |
| Stroke TIA | 60% | 60.7% | 68.0% |
| Primary PCI | 75% | 84.8% | 85.3% |
| Rapid Access Chest Pain | 98% | 100% | 99.8% |
| Operations cancelled on/after day of admission | 0.8% | 1.7% | 1.4% |
| Cancelled patients offered a date within 28 days of cancellation* | 95% | 92.8% (Sep) | 94.0% |
| 48hr GUM access | 99% | 100% | 100% |
| Maternity Breast Feeding <48 hrs | 67% | 73.2% | 73.9% |
| Maternity – smoking at time of delivery | 18.1% | 11.1% | 10.6% |
| Cytology Screening 7 day target | 98% | 100% | 100% |
| Day Case Basket | 75% | 77.0% | 77.8% |
| Bed Occupancy excl short stay | 86% | 87% | 85% |
| Same Sex Accommodation - Base | 100% | 100% | 100% |
| Same Sex Accommodation - ICU | 100% | 100% | 100% |

*reported 1 month in arrears

2.10 Weekly Divisional Metrics meetings

As part of the Trust's stabilisation plan, weekly metrics meetings take place with all Divisions to monitor key performance areas. An example of the metrics monitored is shown in Appendix 1.

2.11 2012/2013 Operating Framework

The NHS Operating Framework for 2012/13 is due to be published on 24 November 2011. This will set out the national requirements and rules for next year, and is expected to focus on quality, reform and resources.

2.12 FT Compliance Framework from April 2012

In December, as in previous years, MONITOR will launch a consultation on proposed changes for the *Compliance Framework from April 2012*. MONITOR is not intending to make any major amendments, since the Health and Social Care Bill proposes a new oversight regime that would apply from late 2012. The consultation will focus on board certifications, specific components of the financial risk rating and will reflect any changes made by the Care Quality Commission and the Department of Health.

3.0 Medical Director's Report – Kevin Harris

3.1 Mortality Rates

There has been a reduced number of 'elective deaths' during September and October whilst the overall 'crude' mortality rate has remained at 1.3%.

At the end of last month the new Summary Hospital Mortality Index (SHMI) for 2010/11 was published for all Trusts.

This national indicator is not directly equivalent to the 'risk adjusted' mortality rate (RAMI) used by CHKS and the Trust. SHMI uses a different risk adjustment model to CHKS and the expected number of deaths is calculated from a risk-adjustment model developed for each diagnosis grouping that accounts for age, gender, admission method and co morbidity (using the Charlson index). The SHMI does not risk adjust for patients coded as 'palliative care' - these patients are excluded in the CHKS model. In addition the dataset used to calculate the SHMI includes all deaths in hospital, plus those deaths occurring within 30 days after discharge from hospital (CHKS only include 'in hospital deaths').

UHL's SHMI value for 2010/11 is 106 and falls within an expected range when using the 95% control limits but is 'higher than expected' when using the more sensitive 99.8% control limits.

UHL's RAMI (as calculated by CHKS) for the same time period is 86 and the Dr Foster HSMR is 102.

Further analysis of data is currently being carried out to clarify the impact of the different risk adjustment model and also out of hospital deaths on the trust's SHMI value in order to identify priority areas for action and this work is being pursued through the GRMC.

3.2 UHL Quality Schedule /CQUIN

The EMSCG CQUIN Quarter 2 reconciliation meeting has been held and 16 of the 18 indicators were RAG rated Green (i.e. 100% payment). The two 'Red' indicators are 'Renal Dialysis at home and Cancer Home Chemotherapy, both are expected to change to Green once further work undertaken.

UHL's Quarter 2 Performance for the PCT CQUINs will be RAG rated at the Clinical Quality Review Group on 23rd November. The Quarter 2 thresholds are considered to have been fully achieved for 44 of the 62 indicators. For 15 indicators performance has been maintained or improved but there will need to be discussion with the Commissioners to confirm if the thresholds have been met.

There are 3 indicators where performance has deteriorated since the Q1 baseline – "timing of outpatient letters"; "time to swallow assessment for stroke patients" and "review by stroke team". Again discussions will be held with the Commissioners around recognition of the work carried out to improve performance with possible review of the baseline and improvement thresholds set.

All Specialities have been asked to confirm the actions in place to improve timing of outpatient letters (taking into account the transforming transcription project work streams). In order to improve performance in respect of the stroke indicators, actions have already been taken for the Stroke 'RAP' nurse to review all stroke patients whilst in the Emergency Department (previously only patients suitable for thrombolysis were reviewed).

3.3 Fractured Neck of Femur 'Time to Theatre'

The monthly performance for 'patients taken to theatre within 36 hours of arrival' has improved in October to 59% (previously 56%); however this is still below the Quality Schedule monthly threshold of 70%. Reasons for patients not getting to theatre within 36 hours were again due to an increase in spinal activity which adversely impacted on the availability of theatre time for fractured neck of femur patients on 5 separate occasions.

A Trauma escalation plan is being worked up and will be discussed with theatres in order to enable flexible capacity as peaks in admissions or complexity of case mix occurs.

3.4 Venous Thrombo-embolism (VTE) Risk Assessment

UHL's performance for September was 93.83% and 94.04% for October and therefore achieved the DoH and CQUIN threshold.

3.5 Readmissions

The in-month readmissions rate dropped to 7.3%, 0.4% above trajectory. The in month number of readmissions was 1% lower than in September 2010.

The financial penalty was £89k down against the average penalty year to date and has dropped to 69% as a proportion of the overall readmissions from an average of 71% YTD.

Bed day usage for readmissions was 39 beds lower than September 2010 and overall like for like readmission bed day usage for the year is down by 18 beds.

The improvement programme is working in 4 key areas, in partnership with primary and community care:

1) Coding & Commissioning - working continues to ensure Method of Admission is accurate including awareness raising and now formal training with administrative teams. Speciality specific work is being undertaken for coding of self admission. Audits are complete identifying where readmissions are reflecting quality care and not being commissioned and have been shared with commissioners.

2) A discharge improvement group is now established in the Acute Division and this will define the process for discharge of patients from UHL a crucial element of improvement in readmissions.

3) Specialty Priorities - plans are now in place for the priority specialties and are beginning to be implemented. Some pilots in line with best practice are already in place including post-discharge support to patients in care homes, roll out of ICE electronic discharge summaries, ISAR risk stratification, and triage of emergency General Surgery patients. Detailed work is also being undertaken on pathways for COPD patients, catheter patients, flagging of readmissions in ED, along with the establishment of reablement services in the community.

4) Community work streams - some of the readmissions penalty has been diverted into expansion of community health and social care reablement services. The majority of these services are scheduled to be implemented between Nov 2011 and Jan 2012.

Analysis of quarterly movements in UK teaching hospitals readmission rates shows an increasing trend against the reducing cumulative trend at UHL over the past 4 quarters.

3.6 Patient Safety

Despite total complaint numbers remaining high and no improvement in complaints relating to attitude of staff, the October report shows a decrease in the number of complaints relating to discharge. The increase in complaints remains a concern and is being reviewed in detail at the Governance and Risk Management Committee.

The number of staffing level issues reported as incidents has risen considerably this month with a particular spike in the Planned Care Division and this concern has also been reflected more recently in safety walkabout feedback and as high risks reported on the operational risk register. Staffing levels were discussed at the last meeting of the Quality and Performance Management Group and actions suggested to improve the current difficulties.

4.0 **Human Resources – Kate Bradley**

4.1 Appraisals

The Appraisal rate rose from 88.7% in September to 93.5% in October; this is the highest that it has been since we started using ESR to record this.

Human Resources are working closely with Divisions and Directorates in implementing targeted actions to continue to improve appraisal performance.

4.2 Sickness

The reported sickness rate is 4.2%. The actual rate is likely to be around 0.3% lower as absence periods are closed.

This sickness rate is higher than the previous 9 months, and is likely to remain so even after the absence periods have been closed down. This would however be consistent with the previous October and the 12 month rolling sickness remains at 3.6%

Human Resources are currently working with Divisions to performance manage areas with the highest sickness rates.

5.0 **Financial Performance – Andrew Seddon**

5.1 I&E Summary

The Trust is reporting a cumulative deficit of £13.4m (£13.9m adverse to Plan). Table 1 outlines the current position.

Table 1 – I&E Summary

| | 2011/12 Annual Plan £m | October | | | April - October 2011 | | |
|------------------------------------|---------------------------------|-------------|--------------|--------------|----------------------|---------------|---------------|
| | | Plan £m | Actual £m | Var £m | Plan £m | Actual £m | Var £m |
| Income | | | | | | | |
| Patient income | 595.8 | 49.6 | 50.1 | 0.6 | 346.4 | 347.9 | 1.5 |
| Teaching, R&D | 67.1 | 5.6 | 6.8 | 1.2 | 39.1 | 41.2 | 2.1 |
| Other operating Income | 19.0 | 1.7 | 1.8 | 0.1 | 11.0 | 11.2 | 0.3 |
| Total Income | 682.0 | 56.8 | 58.7 | 1.9 | 396.5 | 400.4 | 3.8 |
| Operating expenditure | | | | | | | |
| Pay | 420.5 | 35.0 | 35.9 | (0.9) | 245.5 | 256.4 | (10.9) |
| Non-pay | 215.4 | 17.8 | 19.5 | (1.7) | 124.8 | 131.3 | (6.5) |
| Total Operating Expenditure | 635.9 | 52.8 | 55.4 | (2.6) | 370.3 | 387.7 | (17.4) |
| EBITDA | 46.1 | 4.0 | 3.3 | (0.7) | 26.2 | 12.7 | (13.5) |
| Net interest | (0.5) | (0.0) | (0.1) | (0.1) | (0.3) | (0.3) | (0.0) |
| Depreciation | (31.1) | (2.6) | (2.6) | 0.0 | (18.1) | (18.0) | 0.1 |
| PDC dividend payable | (13.2) | (1.1) | (1.1) | (0.0) | (7.7) | (7.8) | (0.1) |
| Net deficit | 1.3 | 0.3 | (0.5) | (0.8) | 0.1 | (13.4) | (13.5) |
| Planned phasing adjustment | | | | | 0.3 | | (0.3) |
| Reported net deficit | 1.3 | 0.3 | (0.5) | (0.8) | 0.4 | (13.4) | (13.9) |
| EBITDA % | 6.76% | | 5.63% | | | 3.16% | |

The reasons for the underlying financial position are as follows:

5.2 Income

5.2.1 Year to date, patient care income is £1.57m (0.5%) above Plan reflecting favourable volume variances in day cases (£1.3m), elective inpatients (£1.2m) and outpatients (£1.5m). These favourable variances are offset by underperformance in non-elective / emergencies of £2.6m (2.5% of plan). This represents 2,911 spells adverse to Plan (4%).

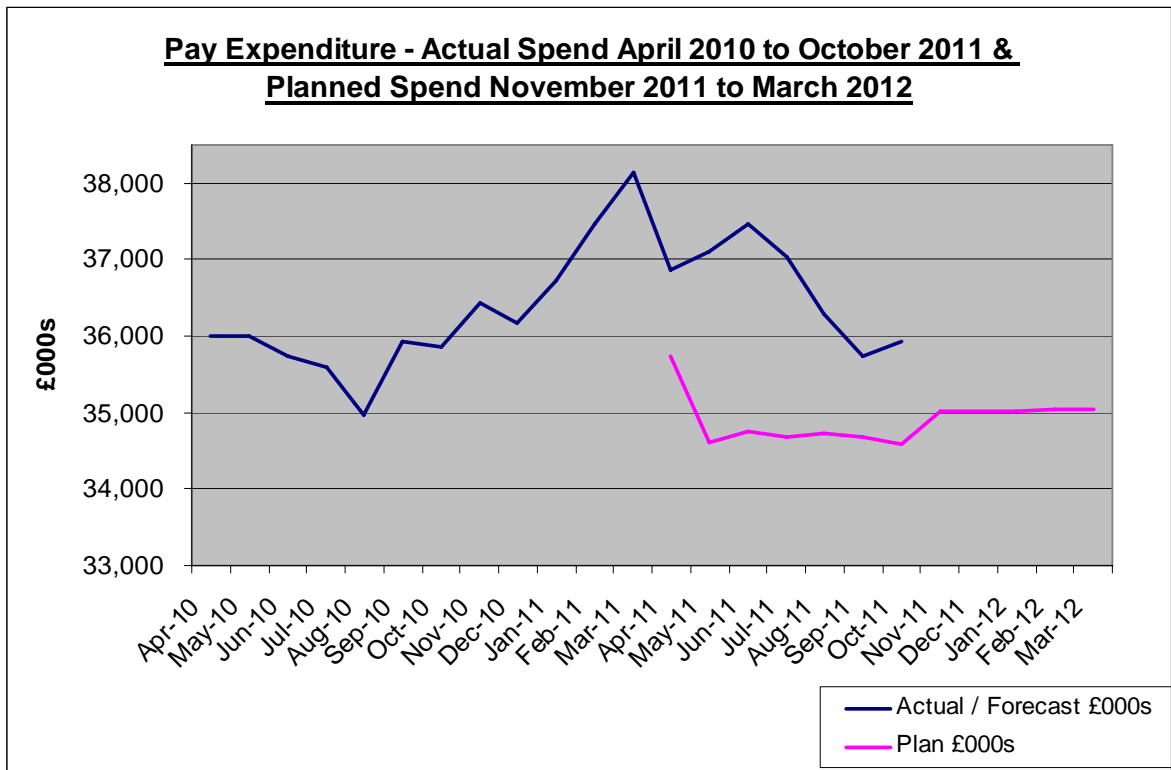
5.2.2 The Trust is marginally over 2008/09 emergency inpatient baselines and so receives only 30% income for marginal activity over that base. Negotiations are underway relating to the application of these marginal rates.

5.2.3 Full provision continues to be made for re-admissions, which still run at just under £1m per month. An offer was received from commissioners in month to share the “penalty” 50:50 but this has been declined. Negotiations continue at Director of Finance and Chief Executive Officer level with our commissioners.

5.3 Expenditure

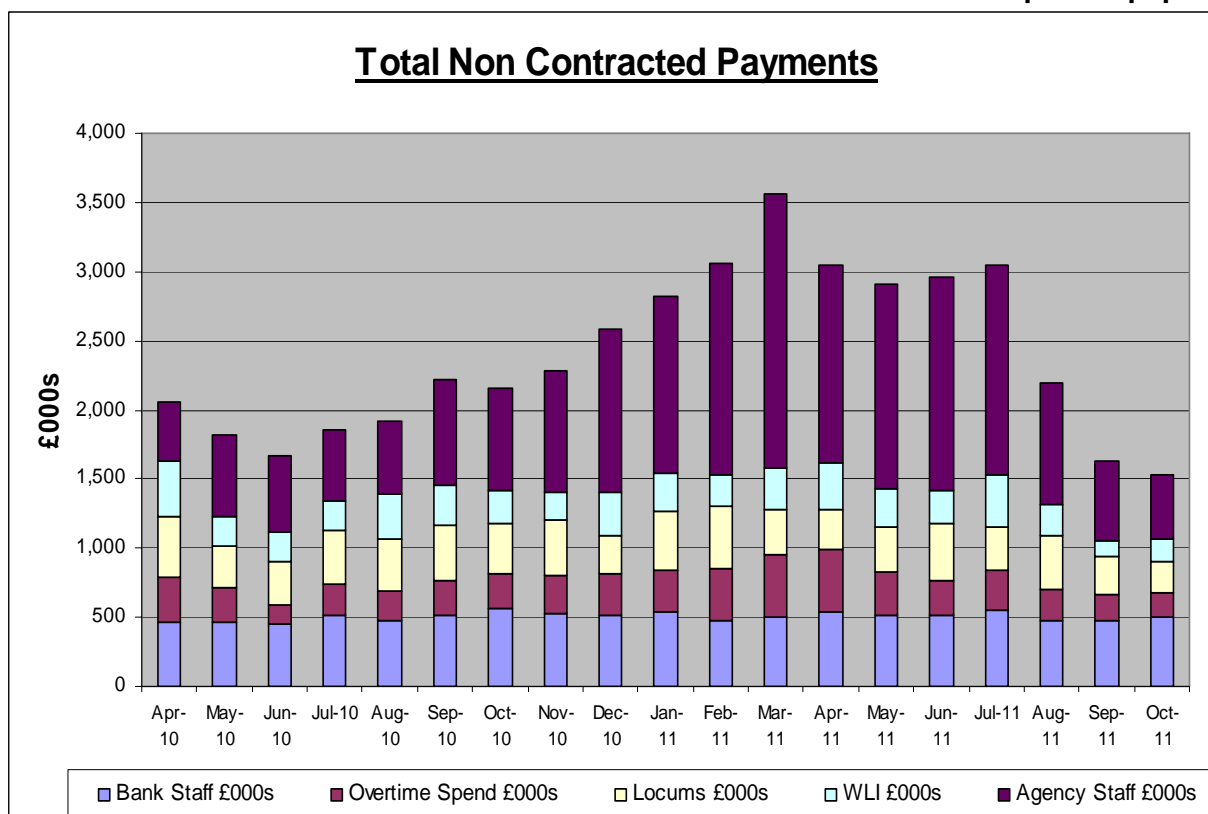
5.3.1 Expenditure is £17.4m over Plan ytd. This reflects a shortfall on the cost improvement programme of £8.7m and the use of significant premium agency staff. Chart 1 clearly shows the trend for the year. The small increase in pay costs in October reflects increased enhancement payments, predominately for nursing and midwifery staff. This increase was reflected in the Divisional pay forecasts.

Chart 1



5.3.2 Premium payments continue to reduce month on month reflecting the ‘stabilisation’ actions of the 21 July Trust Board paper and specifically the centralisation of controls.

Chart 2



5.4 Financial position

5.4.1 The overall financial position in October (£0.5m deficit) was in line with the October forecast within the updated recovery plan phasing shared at the 6 October Board meeting. Nevertheless this is a disappointing position. The main reason for this shortfall was a reduction in emergency patient care activity against the forecast levels.

5.5 Working capital and net cash

5.5.1 The Trust's month-end cash position increased by £5.6m to £20.9m at the 31 October 2011. The £20.9m month end value includes a £12m payment in advance of the November SLA from the Leicester PCTs.

5.5.2 Cash continues to be monitored on a daily basis and to date we have maintained monthly balances in excess of £3m.

Appendix 1 – Example of weekly metrics

PLANNED CARE DIVISION - WEEKLY METRICS SUMMARY REPORT

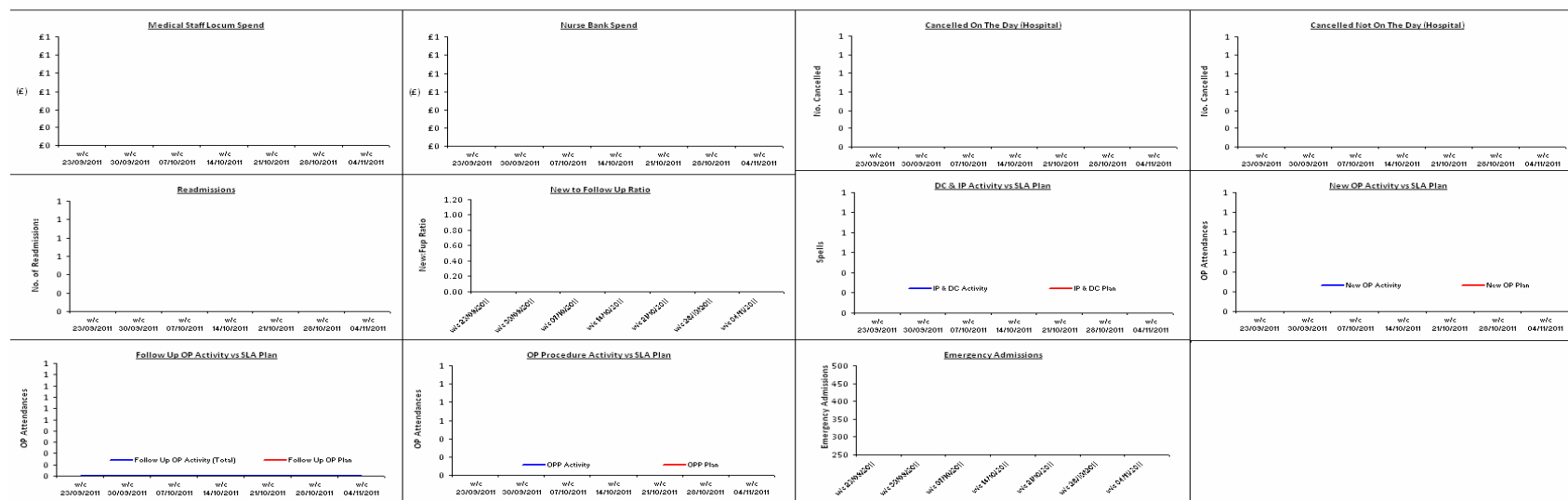
Week Commencing:

| | CBU | | | Detail | Planned Total | | | | | | | | |
|---|---------------------------------|---------------|--------------------|---|---------------|--|---------------|--|----------------|--|---------------|--|--|
| 1. Incidents | | | | | | | | | | | | | |
| Incidents relating to reported staffing shortages (medical and nursing) | | | | | | | | | | | | | |
| Incidents relating to patient falls | | | | | | | | | | | | | |
| Incidents relating to grade 3 / 4 pressure ulcers | | | | | | | | | | | | | |
| - Hospital acquired | | | | | | | | | | | | | |
| - Community acquired | | | | | | | | | | | | | |
| Incidents relating to patient deterioration | | | | | | | | | | | | | |
| DATIX Incidents Overdue | | | | | | | | | | | | | |
| 2. Complaints | | | | | | | | | | | | | |
| Number of complaints received | <u>Verbal</u> | <u>Formal</u> | <u>GP Concerns</u> | | | | | | | | | | |
| Top 4 complaint themes for this week | For Division by primary subject | | | <table border="1"> <tr> <td>Medical Care</td> <td></td> </tr> <tr> <td>Waiting times</td> <td></td> </tr> <tr> <td>Staff attitude</td> <td></td> </tr> <tr> <td>Communication</td> <td></td> </tr> </table> | Medical Care | | Waiting times | | Staff attitude | | Communication | | |
| Medical Care | | | | | | | | | | | | | |
| Waiting times | | | | | | | | | | | | | |
| Staff attitude | | | | | | | | | | | | | |
| Communication | | | | | | | | | | | | | |
| 3. Infection Prevention | | | | | | | | | | | | | |
| MRSA bacteraemia | | | | | | | | | | | | | |
| CDT | | | | | | | | | | | | | |
| MSSA | | | | | | | | | | | | | |
| 4. Inquests (Opened) | | | | | | | | | | | | | |
| 5. SUI's | | | | | | | | | | | | | |

Appendix 1(continued) – Example of weekly metrics

Week Commencing:

| Metric | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | YTD | Target | Actions / Comments | RAG Trend |
|--|------------|------------|------------|------------|------------|------------|------------|-----|-----|--------|--------------------|-----------|
| | 23/09/2011 | 30/09/2011 | 07/10/2011 | 14/10/2011 | 21/10/2011 | 28/10/2011 | 04/11/2011 | | | | | |
| 1 Medical staff locum spend | | | | | | | | | | | | |
| 2 Nurse Bank | | | | | | | | | | | | |
| Nurse Bank Spend | | | | | | | | | | | | |
| Nurse Bank Vacancy | | | | | | | | | | | | |
| 3 Cancelled Operations | | | | | | | | | | | | |
| (a) Cancelled on the day (Hosp) | | | | | | | | | | | | |
| (b) Cancelled not on the day (Hosp) | | | | | | | | | | | | |
| 4 Readmissions | | | | | | | | | | | | |
| 5 Follow-up Ratio (incl. OPP) | | | | | | | | | | | | |
| 6 Activity vs. Plan | | | | | | | | | | | | |
| (a) Elective activity (DC & IP) delivered to plan YTD | | | | | | | | | | | | |
| (b) New Outpatient activity delivered to plan YTD | | | | | | | | | | | | |
| (c) Follow Up Outpatient activity delivered to plan YTD | | | | | | | | | | | | |
| (d) Outpatient Procedure activity (New & F/Up) delivered to plan YTD | | | | | | | | | | | | |
| 7 Emergency Admissions | | | | | | | | | | | | |



Caring at its best

Quality and Performance

Trust Board

Thursday 1st December 2011

October 2011

One team shared values

QUALITY and PERFORMANCE REPORT

Index

Executive Scorecards

| | |
|---------------|---|
| Pages 3 and 4 | "UHL at a Glance" |
| Page 5 | Quarterly Foundation Trust Compliance Framework |
| Page 6 | DoH Service Performance |
| Pages 7 to 10 | History / Trend Overview |

Analysis and Commentary

| | |
|-----------------|--|
| Page 11 | Infection Prevention |
| Page 12 | Mortality |
| Page 13 | Readmissions |
| Page 14 | Falls and Pressure Ulcers |
| Pages 15 and 16 | Patient Experience |
| Page 17 | Emergency Department |
| Page 18 | Referral to Treatment |
| Page 19 | Primary PCI and Same Sex Accommodation |
| Page 20 | Cancer Treatment |
| Page 21 | Staff Experience / Workforce |
| Page 22 | Value for Money - Executive Summary |
| Page 23 | Income and Expenditure |
| Page 24 | Income and Expenditure - Divisional Position |
| Page 25 | Balance Sheet |
| Page 26 | Cash Flow |
| Page 27 | Capital Budget |
| Pages 28 and 29 | Measures, Targets and Thresholds |

Thresholds

Where available indicators are measured against national thresholds and targets, locally agreed commissioner targets and standards set by the Trust.

In addition to a performance being measured against a target the status are designed to give an indication of the underlying trends. An upward pointing arrow indicates an improvement in performance and an arrow pointing downwards indicates a deterioration in performance.

UHL at a Glance - Month 7 - 2011/12

| PATIENT SAFETY | Standard | Current Data Month | Month Actual | YTD | Annual Forecast | Data Quality |
|---|----------|--------------------|--------------|--------|-----------------|--------------|
| MRSA Bacteraemias | 9 | Oct-11 | 0 | 4 | 9 | |
| CDT Isolates in Patients (UHL - All Ages) | 165 | Oct-11 | 13 | 70 | 140 | |
| % of all adults who have had VTE risk assessment on adm to hosp *** | 90% | Oct-11 | 93.9% | 93.7% | 93% | |
| Reduction of hospital acquired venous thrombosis *** | 0.175 | Qtr 1 11/12 | 0.15 | | 0.175 | |
| Incidents of Patient Falls | TBC | Sep-11 | 215 | 1514 | | |
| In Hospital Falls resulting in Hip Fracture *** | 12 | Oct-11 | 0 | 2 | 8 | |
| CLINICAL EFFECTIVENESS | Standard | Current Data Month | Month Actual | YTD | Annual Forecast | Data Quality |
| Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 93% | Sep-11 | 93.1% | 94.3% | 94.2% | |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 93% | Sep-11 | 97.4% | 97.1% | 96.8% | |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 96% | Sep-11 | 96.5% | 97.2% | 97.0% | |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | 98% | Sep-11 | 100.0% | 100.0% | 100.0% | |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | 94% | Sep-11 | 95.6% | 96.3% | 96.5% | |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 94% | Sep-11 | 99.3% | 99.0% | 98.5% | |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 85% | Sep-11 | 80.5% | 83.2% | 85.0% | |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 90% | Sep-11 | 91.8% | 92.4% | 92.5% | |
| 62-Day Wait For First Treatment From Consultant Upgrade | 85% | Sep-11 | 80.0% | 90.9% | 95.0% | |
| Emergency 30 Day Readmissions (Following Elective Admission) | 1.6% | Sep-11 | 4.8% | 5.0% | 5.0% | |
| Emergency 30 Day Readmissions (Following Emergency Admission) | 8.0% | Sep-11 | 9.7% | 9.6% | 9.0% | |
| Mortality (CHKS Risk Adjusted) - OVERALL | 85 | Sep-11 | 87.0 | 82.0 | | |
| Primary PCI Call to Balloon <150 Mins | 75.0% | Oct-11 | 84.8% | 85.3% | 86.0% | |
| Pressure Ulcers (Grade 3 and 4) | 197 | Sep-11 | 5 | 72 | | |

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



UHL at a Glance - Month 7 - 2011/12

| PATIENT EXPERIENCE | Standard | Current Data Month | Month Actual | YTD | Annual Forecast | Data Quality |
|--|----------|--------------------|--------------|---------|-----------------|--------------|
| Inpatient Polling - treated with respect and dignity *** | 95.0 | Oct-11 | 96.1 | 96.1 | | |
| Inpatient Polling - rating the care you receive *** | 91.0 | Oct-11 | 86.8 | 86.8 | | |
| Outpatient Polling - treated with respect and dignity *** | 95.0 | Oct-11 | 94.3 | 91.9 | | |
| Outpatient Polling - rating the care you receive *** | 85.0 | Oct-11 | 85.7 | 82.6 | | |
| % Beds Providing Same Sex Accommodation - Wards *** | 100% | Oct-11 | 100.0% | 100.0% | 100.0% | |
| % Beds Providing Same Sex Accommodation - Intensivist *** | 100% | Oct-11 | 100.0% | 100.0% | 100.0% | |
| ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre) | 95% | Oct-11 | 92.0% | 94.0% | 94.5% | |
| ED Waits - UHL (Type 1 and 2) | 95% | Oct-11 | 89.8% | 92.3% | 93.6% | |
| ED Unplanned Re-attendance Rate (From Qtr 2 2011/12) | <5% | Oct-11 | 6.1% | 6.0% | 5.5% | |
| ED Left Without Being Seen % (From Qtr 2 2011/12) | <5% | Oct-11 | 2.9% | 2.4% | 2.4% | |
| ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12) | <4Hrs | Oct-11 | 341 | 301 | 260 | |
| ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12) | <15 mins | Oct-11 | 61 | 52 | 30 | |
| ED Time to Treatment - Median (From Qtr 2 2011/12) | <60 mins | Oct-11 | 44 | 44 | 40 | |
| RTT 18 week - Admitted | 90% | Oct-11 | 90.9% | 90.9% | 91.0% | |
| RTT 18 week - Non admitted | 95% | Oct-11 | 96.4% | 96.4% | 96.5% | |
| RTT Admitted Median Wait (Weeks) | <=11.1 | Oct-11 | 9.0 | 9.1 | 9.0 | |
| RTT Admitted 95th Percentile (Weeks) | <=23.0 | Oct-11 | 22.5 | 22.8 | 22.0 | |
| RTT Non-Admitted Median Wait (Weeks) | <=6.6 | Oct-11 | 6.3 | 6.2 | 6.1 | |
| RTT Non-Admitted 95th Percentile (Weeks) | <=18.3 | Oct-11 | 17.6 | 17.2 | 17.0 | |
| RTT Incomplete Median Wait (Weeks) | <=7.2 | Oct-11 | 5.9 | 5.9 | 6.5 | |
| RTT Incomplete 95th Percentile (Weeks) | <=28.0 | Oct-11 | 22.6 | 22.6 | 21.0 | |
| STAFF EXPERIENCE / WORKFORCE | Standard | Current Data Month | Month Actual | YTD | Annual Forecast | Data Quality |
| Sickness absence | 3.0% | Oct-11 | 4.2% | 3.4% | | |
| Appraisals | 100% | Oct-11 | 93.5% | 93.5% | | |
| VALUE FOR MONEY | Standard | Current Data Month | Month Actual | YTD | Annual Forecast | Data Quality |
| Income (£000's) | 681,756 | Oct-11 | 58,722 | 400,353 | 685,783 | |
| Operating Cost (£000's) | 635,693 | Oct-11 | 55,416 | 387,691 | 645,665 | |
| Surplus / Deficit (as EBIDTA) (£000's) | 46,063 | Oct-11 | 3,306 | 12,662 | 40,118 | |
| CIP (£000's) | 38,245 | Oct-11 | 2,486 | 11,233 | 25,591 | |
| Cash Flow (£000's) | 18,200 | Oct-11 | 20,927 | 20,927 | 3,623 | |
| Financial Risk Rating | 3 | Oct-11 | 1 | 1 | 2 | |
| Pay - Locums (£ 000s) | | Oct-11 | 231 | 2,246 | | |
| Pay - Agency (£ 000s) | | Oct-11 | 469 | 7,861 | | |
| Pay - Bank (£ 000s) | | Oct-11 | 504 | 3,572 | | |
| Pay - Overtime (£ 000s) | | Oct-11 | 168 | 1,882 | | |
| Total Pay Bill (£ millions) | 420,410 | Oct-11 | 35.9 | 256 | 424,464 | |
| Cost per Bed Day (£) | | Oct-11 | 159 | 159 | | |

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level

Audit

Director Sign Off

QUALITY and PERFORMANCE REPORT - 2011/12

QUARTERLY FOUNDATION TRUST COMPLIANCE FRAMEWORK

| | QTR THRESHOLD | WEIGHTING | 2010/11 | | | | 2011/12 | | | |
|---|---------------|-----------|---------|-------|-------|-------|---------|-------|-------|-------|
| | | | QTR 1 | QTR 2 | QTR 3 | QTR 4 | QTR 1 | QTR 2 | QTR 3 | QTR 4 |
| CDIFF | 42 | 1.0 | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| MRSA | 2 | 1.0 | 1.0 | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | | |
| 31 day cancer :- | | | | | | | | | | |
| subsequent surgery | 94% | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | |
| subsequent anti cancer drug treatments | 98% | | | | | | | | | |
| subsequent radiotherapy (from 1 Jan 2011) | 94% | | | | | | | | | |
| 62 day cancer :- | | | | | | | | | | |
| from urgent GP referral to treatment | 85% | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 | | |
| from consultant screening service referral | 90% | | | | | | | | | |
| RTT - admitted 95th Percentile | <=23 weeks | 1.0 | n/a | n/a | n/a | n/a | 1.0 | 0.0 | | |
| RTT - non admitted 95th Percentile | <=18.3 weeks | 1.0 | n/a | n/a | n/a | n/a | 0.0 | 0.0 | | |
| 31-day cancer wait from diagnosis to first treatment | 96% | 1.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | |
| Cancer: two week wait | | | | | | | | | | |
| all cancers | 93% | 0.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | |
| for symptomatic breast patients (cancer not initially suspected) | 93% | | | | | | | | | |
| ED - 4hr wait | 95% | 1.0 | 0.0 | 0.0 | 0.5 | 0.5 | 1.0 | 1.0 | | |
| Patients that have spent more than 90% of their stay in hospital on a stroke unit | TBC | 0.5 | n/a | n/a | n/a | n/a | 0.0 | 0.0 | | |
| Performance Governance rating | | | 2.0 | 0.0 | 0.5 | 1.5 | 2.0 | 2.0 | | |

Performance governance rating : 0-0.9 green, 1-1.9 amber-green, 2-2.9 amber-red, 3 or above red.

QUALITY and PERFORMANCE REPORT - Qtr 1 and Qtr 2 - 2011/12

DoH SERVICE PERFORMANCE

Service Performance - Indicators, weighting and scoring

| Quality of service | Thresholds | | | 2010/11 score | | | 2011/12 | |
|---|------------|------------------|------------------|-----------------|----------------|----------------|----------------|---------------|
| | Performing | Under-performing | Weighting for PF | Qtr 1 and Qtr 2 | Qtr 1 to Qtr 3 | Qtr 1 to Qtr 4 | Qtr 1 forecast | Qtr2 forecast |
| Four-hour maximum wait in A&E | 95% | 94% | 1 | 3 | 3 | 3 | 1 | 1 |
| A&E HES data coverage against SITREPS - Qtr 1 only | 90-110% | <80 or > 110% | 1 | n/a | n/a | n/a | | |
| Unplanned reattendance rate 7 days | 5% | | 2 | n/a | n/a | n/a | 3 | 5 |
| Left with out being seen rate | 5% | | | | | | | |
| Time to initial assessment 95th centile | 15mins | | | | | | | |
| Time to treatment median | 60mins | | | | | | | |
| Cancelled ops - breaches of 28 days readmission guarantee | 5.0% | | | 15.0% | 1 | 1 | | |
| MRSA | 0 | >1SD | 1 | 0 | 0 | 0 | 3 | 3 |
| C Diff | 0 | >1SD | 1 | 3 | 3 | 3 | 3 | 3 |
| RTT - admitted - 95th percentile | <=23 | >27.7 | 0.50 | 1.5 | 1.5 | 1.5 | 0.5 | 1.5 |
| RTT - non-admitted including audiology (DAA) - 95th percentile | <=18.3 | | 0.50 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 |
| RTT - incomplete - 95th percentile | <=28 | >36 | 0.50 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 |
| RTT - admitted 18 weeks | 90% | 85% | 0.75 | n/a | n/a | n/a | 0.75 | 2.25 |
| RTT - non-admitted 18weeks | 95% | 90% | 0.75 | n/a | n/a | n/a | 2.25 | 2.25 |
| 2 week GP referral to 1st outpatient | 93% | 88% | 0.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 |
| 2 week GP referral to 1st outpatient - breast symptoms | 93% | 88% | 0.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 |
| 31 day second or subsequent treatment - surgery | 94% | 91% | 0.25 | 1 | 1 | 1 | 0.75 | 0.75 |
| 31 day second or subsequent treatment - drug | 98% | 93% | 0.25 | 1 | 1 | 1 | 0.75 | 0.75 |
| 31 day diagnosis to treatment for all cancers | 96% | 91% | 0.25 | 1 | 1 | 1 | 0.75 | 0.75 |
| 31 day second or subsequent treatment - radiotherapy | 94% | 89% | 0.25 | n/a | n/a | 0.75 | 0.75 | 0.75 |
| 62 day referral to treatment from screening | 90% | 85% | 0.50 | 1 | 1 | 1 | 1.5 | 1.5 |
| 62 days urgent GP referral to treatment of all cancers | 85% | 80% | 0.50 | 1 | 1 | 1 | 1.5 | 0.5 |
| Patients that have spent more than 90% of their stay in hospital on a stroke unit | 80% | 60% | 1 | 3 | 3 | 3 | 3 | 3 |
| Delayed transfers of care | 3.5% | 5.0% | 1 | 3 | 3 | 3 | 3 | 3 |
| Overall performance score threshold | | | | 2.67 | 2.67 | 2.63 | 2.65 | 2.57 |

Query raised with DoH about data coverage.

RTT Admitted performance as expected due to agreed backlog reduction in Quarter 1

Scoring values

| | |
|---------------------------|---|
| Underperforming | 0 |
| Performance under review: | 1 |
| Performing: | 3 |

Overall performance score threshold

| | |
|------------------------------|-------------|
| Underperforming if less than | 2.1 |
| Performance under review | 2.1 and 2.4 |
| Performing if | 2.4+ |

HISTORY / TREND OVERVIEW - Month 7 - 2011/12

PATIENT SAFETY

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status | Page No |
|---|--------------|--------|--------|--------------|--------|--------|--------------|--------|--------|--------|--------|--------|--------|-------|--------|--------|---------|
| MRSA Bacteraemias | 0 | 1 | 0 | 1 | 2 | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 4 | 9 | ◀▶ | 11 |
| CDT Isolates in Patients (UHL - All Ages) | 16 | 20 | 12 | 17 | 16 | 14 | 9 | 15 | 7 | 8 | 10 | 8 | 13 | 70 | 165 | ▼ | 11 |
| % of all adults who have had VTE risk assessment on adm to hosp | 61% | 65% | 64% | 69% | 75% | 79% | 92.7% | 93.5% | 93.5% | 94.5% | 93.8% | 93.8% | 93.9% | 93.7% | 90% | ▲ | |
| Reduction of hospital acquired venous thrombosis | Qtr 3 - 0.17 | | | Qtr 4 - 0.12 | | | Qtr 1 - 0.15 | | | | | | | | 0.175 | | |
| Incidents of Patient Falls | 268 | 238 | 259 | 286 | 231 | 246 | 271 | 271 | 248 | 263 | 246 | 215 | | 1514 | TBC | | 14 |
| In Hospital Falls resulting in Hip Fracture | 0 | 0 | 3 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 12 | ◀▶ | |

CLINICAL EFFECTIVENESS

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status | Page No |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 93.0% | 94.5% | 91.3% | 88.5% | 95.7% | 94.5% | 96.3% | 93.7% | 93.4% | 93.9% | 95.3% | 93.1% | | 94.3% | 93% | ▼ | 20 |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 97.7% | 94.9% | 98.4% | 99.0% | 95.5% | 95.4% | 97.2% | 94.6% | 98.3% | 97.7% | 96.5% | 97.4% | | 97.1% | 93% | ▲ | 20 |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 96.7% | 97.3% | 98.3% | 96.7% | 96.6% | 96.8% | 97.0% | 98.3% | 96.8% | 97.7% | 97.3% | 96.5% | | 97.2% | 96% | ▼ | 20 |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 100.0% | 98% | ◀▶ | 20 |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | 97.8% | 95.5% | 95.3% | 94.7% | 96.3% | 95.8% | 98.5% | 94.3% | 100.0% | 96.9% | 94.0% | 95.6% | | 96.3% | 94% | ▲ | 20 |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 100.0% | 99.4% | 99.3% | 99.3% | 100.0% | 98.8% | 99.1% | 98.7% | 100.0% | 99.3% | 97.8% | 99.3% | | 99.0% | 94% | ▲ | 20 |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 85.5% | 86.4% | 88.1% | 85.8% | 87.2% | 85.9% | 86.4% | 85.5% | 83.7% | 81.3% | 82.8% | 80.5% | | 83.2% | 85% | ▼ | 20 |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 87.2% | 91.1% | 98.2% | 90.5% | 87.0% | 100.0% | 97.1% | 94.9% | 93.5% | 92.5% | 90.6% | 91.8% | | 92.4% | 90% | ▲ | 20 |
| 62-Day Wait For First Treatment From Consultant Upgrade | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | --- | 100.0% | --- | 100.0% | 80.0% | | 90.9% | 85% | ▼ | 20 |

HISTORY / TREND OVERVIEW - Month 7 - 2011/12

CLINICAL EFFECTIVENESS (Continued)

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status | Page No |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|---------|
| Emergency 30 Day Readmissions (Following Elective Admission) | 5.2% | 5.2% | 5.4% | 5.2% | 4.8% | 5.0% | 4.9% | 4.7% | 5.3% | 4.9% | 5.1% | 4.8% | | 5.0% | 1.6% | | 13 |
| Emergency 30 Day Readmissions (Following Emergency Admission) | 10.5% | 10.1% | 10.1% | 11.0% | 11.2% | 10.8% | 9.4% | 9.2% | 10.0% | 9.6% | 9.7% | 9.7% | | 9.6% | 8.0% | | 13 |
| Mortality (CHKS - Risk Adjusted) - OVERALL | 93.6 | 77.5 | 98.1 | 87.7 | 82.5 | 87.9 | 84.8 | 85.9 | 74.8 | 80.7 | 80.0 | 87.0 | | 82.0 | 85 | | |
| Stroke - 90% of Stay on a Stroke Unit | 79% | 81% | 75% | 58% | 56% | 80% | 85% | 87% | 89% | 88% | 88% | 75% | | 85% | 80% | | |
| Primary PCI Call to Balloon <150 Mins | 83.3% | 95.7% | 86.7% | 96.3% | 88.9% | 86.4% | 85.0% | 81.8% | 96.0% | 82.6% | 94.4% | 72.2% | 84.8% | 85.3% | 75% | | 19 |
| Pressure Ulcers (Grade 3 and 4) | 11 | 12 | 26 | 33 | 14 | 20 | 15 | 12 | 17 | 16 | 7 | 5 | | 72 | 197 | | 14 |

HISTORY / TREND OVERVIEW - Month 7 - 2011/12

PATIENT EXPERIENCE

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status | Page No |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-----------|--------|---------|
| Inpatient Polling - treated with respect and dignity | 95.4 | 94.6 | 96.2 | 95.2 | 95.2 | 95.0 | 96.6 | 96.3 | 96.5 | 95.7 | 96.0 | 95.3 | 96.1 | 96.1 | 95.0 | ▲ | 16 |
| Inpatient Polling - rating the care you receive | 82.9 | 85.5 | 85.8 | 86.7 | 86.1 | 83.8 | 88.4 | 87.2 | 87.6 | 87.0 | 85.4 | 85.0 | 86.8 | 86.8 | 91.0 | ▲ | 16 |
| Outpatient Polling - treated with respect and dignity | | | | | | | | 96.7 | 93.5 | 84.0 | | 91.0 | 94.3 | 91.9 | 95.0 | ▲ | |
| Outpatient Polling - rating the care you receive | | | | | | | | 87.0 | 85.1 | 72.6 | | 82.5 | 85.7 | 82.6 | 85.0 | ▲ | |
| % Beds Providing Same Sex Accommodation -Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ | 19 |
| % Beds Providing Same Sex Accommodation - Intensivist | 86% | 89% | 93% | 95% | 100% | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ | 19 |
| A&E Waits - Leics (10/11) - UHL Incl UCC (11/12) | 96.9% | 94.9% | 93.1% | 92.9% | 94.1% | 93.8% | 93.4% | 93.7% | 95.8% | 97.2% | 93.8% | 92.0% | 92.0% | 94.0% | 95% | ▼ | 17 |
| A&E Waits - UHL (Type 1 and 2) | 94.8% | 92.0% | 89.2% | 88.6% | 91.1% | 90.4% | 91.5% | 92.1% | 94.7% | 96.4% | 92.1% | 89.9% | 89.8% | 92.3% | 95% | ▼ | 17 |
| Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12) | 6.4% | 5.8% | 6.3% | 6.5% | 6.5% | 6.3% | 6.6% | 5.6% | 5.2% | 5.9% | 6.8% | 5.6% | 6.1% | 6.0% | <5% | ▼ | 17 |
| Left Without Being Seen % (From Qtr 2 11/12) | 2.2% | 2.5% | 2.7% | 2.1% | 2.2% | 2.5% | 2.5% | 2.2% | 2.0% | 2.1% | 2.8% | 2.4% | 2.9% | 2.4% | <5% | ▼ | 17 |
| ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12) | 251 | 303 | 349 | 382 | 331 | 343 | 306 | 307 | 256 | 239 | 304 | 338 | 341 | 301 | <240 Mins | ▼ | 17 |
| Time to Initial Assessment - 95th centile (From Qtr 2 11/12) | 52 | 49 | 55 | 55 | 49 | 63 | 70 | 56 | 41 | 39 | 48 | 48 | 61 | 52 | <15 Mins | ▼ | 17 |
| Time to Treatment - Median (From Qtr 2 11/12) | 55 | 62 | 60 | 48 | 50 | 58 | 59 | 54 | 50 | 34 | 34 | 39 | 44 | 44 | <60 mins | ▼ | 17 |
| RTT 18 week - Admitted | 92.6% | 92.1% | 91.6% | 91.5% | 91.0% | 91.8% | 91.7% | 90.0% | 85.0% | 91.4% | 92.0% | 90.8% | 90.9% | 90.9% | 90% | ▲ | 18 |
| RTT 18 week - Non admitted | 97.1% | 98.3% | 97.0% | 96.9% | 97.1% | 97.1% | 97.3% | 97.2% | 97.0% | 97.2% | 96.8% | 96.6% | 96.4% | 96.4% | 95% | ▼ | 18 |
| RTT Admitted Median Wait (Weeks) | 10.2 | 9.8 | 9.4 | 10.3 | 10.4 | 9.1 | 8.5 | 9.5 | 10.2 | 8.5 | 8.8 | 8.9 | 9.0 | 9.1 | <=11.1 | ▼ | 18 |
| RTT Admitted 95th Percentile (Weeks) | 21.3 | 21.9 | 23.1 | 23.7 | 23.2 | 24.1 | 23.5 | 25.1 | 25.2 | 21.2 | 21.1 | 22.9 | 22.5 | 22.8 | <=23.0 | ▲ | 18 |
| RTT Non-Admitted Median Wait (Weeks) | 6.7 | 6.2 | 6.1 | 7.0 | 5.5 | 5.4 | 5.3 | 6.4 | 6.2 | 6.0 | 6.5 | 6.8 | 6.3 | 6.2 | <=6.6 | ▲ | 18 |
| RTT Non-Admitted 95th Percentile (Weeks) | 17.2 | 17.0 | 16.9 | 17.1 | 16.8 | 16.8 | 16.4 | 16.8 | 17.1 | 17.0 | 17.2 | 17.4 | 17.6 | 17.2 | <=18.3 | ▼ | 18 |
| RTT Incomplete Median Wait (Weeks) | 6.0 | 6.1 | 6.8 | 6.7 | 5.2 | 5.5 | 6.3 | 6.4 | 5.8 | 6.3 | 6.3 | 6.4 | 5.9 | 5.9 | <=7.2 | ▲ | 18 |
| RTT Incomplete 95th Percentile (Weeks) | 19.1 | 19.8 | 20.9 | 21.9 | 19.1 | 21.8 | 21.3 | 19.4 | 19.6 | 21.1 | 21.1 | 22.5 | 22.6 | 22.6 | <=28.0 | ▼ | 18 |

HISTORY / TREND OVERVIEW - Month 7 - 2011/12

STAFF EXPERIENCE / WORKFORCE

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status | Page No |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|---------|
| Sickness absence | 3.8% | 3.7% | 4.7% | 4.0% | 3.4% | 3.4% | 3.2% | 3.0% | 3.4% | 3.4% | 3.2% | 3.4% | 4.2% | 3.4% | 3.0% | ▼ | 21 |
| Appraisals | 86.1% | 90.1% | 93.2% | 91.3% | 90.1% | 90.3% | 90.4% | 88.8% | 86.8% | 85.9% | 87.7% | 88.7% | 93.5% | 93.5% | 100% | ▲ | 21 |

VALUE FOR MONEY

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Income (£000's) | | | 58,569 | 59,015 | 58,759 | 64,835 | 56,760 | 55,861 | 56,745 | 56,772 | 56,977 | 58,516 | 58,722 | 400,353 |
| Operating Cost (£000's) | | | 54,865 | 55,342 | 55,770 | 58,922 | 55,260 | 55,886 | 55,534 | 55,943 | 54,884 | 54,768 | 55,416 | 387,691 |
| Surplus / Deficit (as EBIDTA) (£000's) | | | 3,704 | 3,673 | 2,989 | 5,913 | 1,500 | -25 | 1,211 | 829 | 2,093 | 3,748 | 3,306 | 12,662 |
| CIP (£000's) | | | 3,048 | 3,073 | 2,798 | 3,270 | 1,012 | 912 | 1,422 | 1,508 | 1,650 | 2,243 | 2,486 | 11,233 |
| Cash Flow (£000's) | | | 9752 | 12,491 | 18,358 | 10,306 | 14,465 | 9,778 | 4,425 | 8,296 | 21,003 | 15,384 | 20,927 | 20,927 |
| Financial Risk Rating | | | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

HR Pay Analysis

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ |
| Locums (£ 000s) | 365 | 401 | 279 | 421 | 443 | 335 | 283 | 328 | 417 | 315 | 392 | 281 | 231 | 2,246 |
| Agency (£ 000s) | 746 | 879 | 1,175 | 1,283 | 1,540 | 1,990 | 1,427 | 1,475 | 1,526 | 1,522 | 866 | 576 | 469 | 7,861 |
| Bank (£ 000s) | 560 | 523 | 514 | 540 | 478 | 504 | 540 | 509 | 509 | 554 | 477 | 480 | 504 | 3,572 |
| Overtime (£ 000s) | 254 | 276 | 300 | 304 | 378 | 447 | 453 | 317 | 256 | 282 | 224 | 181 | 168 | 1,882 |
| Total Pay Bill (£ millions) | 35.9 | 36.4 | 36.1 | 36.7 | 37.5 | 38.1 | 36.9 | 37.1 | 37.5 | 37.0 | 36.3 | 35.7 | 35.9 | 256 |

Average Cost per Bed Day

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ |
| Cost per Bed Day (£) | 151 | 164 | 162 | 143 | 183 | 172 | 169 | 165 | 165 | 166 | 161 | 157 | 159 |

INFECTION PREVENTION

Performance Overview

MRSA – no reported cases of MRSA during October. YTD performance is 4 with 1 case appealed during August, pending resolution of technical issue.

CDifficile – a positive October report with 13 cases identified. The year to date position is 70 and ahead of target to date.

MRSA elective and non-elective screening rates achieved 100%.

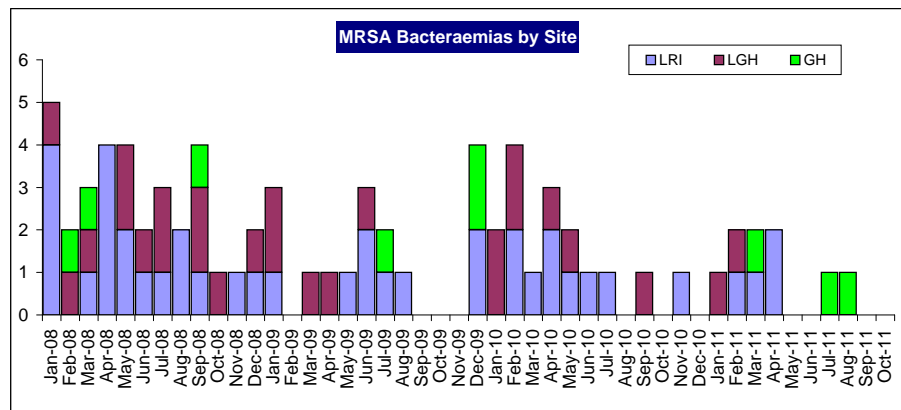
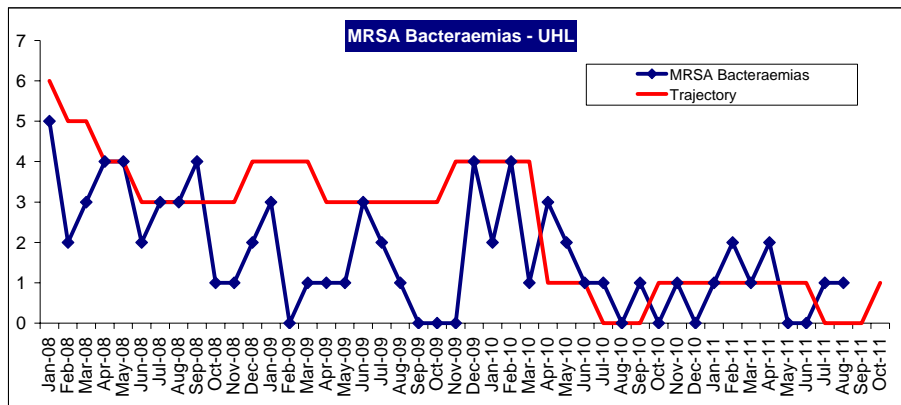
Key Actions

Correspondence has been forwarded to all clinicians regarding expectations and compliance with recommended infection prevention procedures.

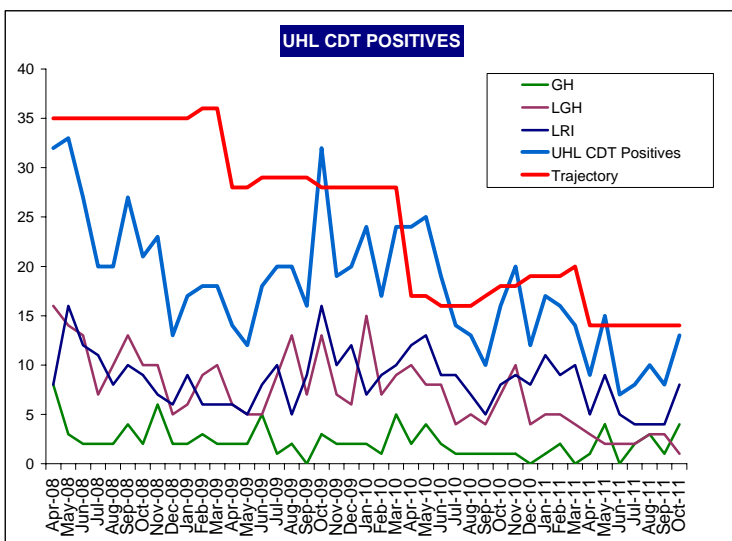
Full Year Forecast

MRSA - 9 (target 9)
CDiff - 140 (target 165)

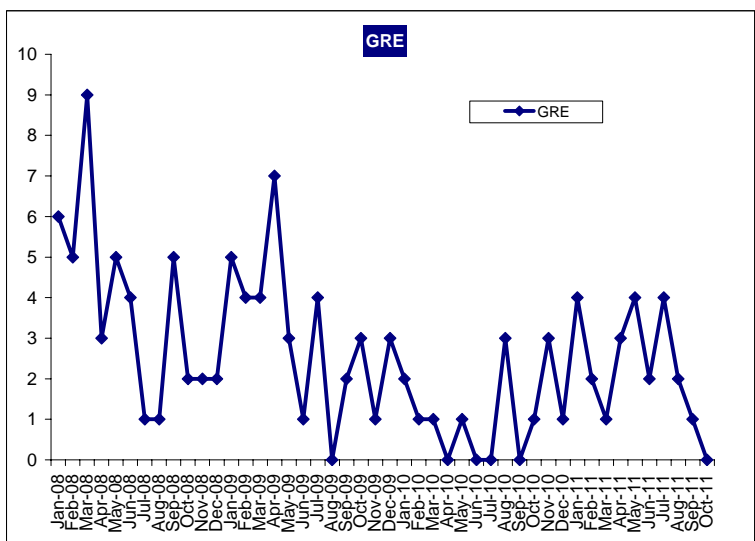
MRSA BACTERAEMIA



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------------------|--------|
| MRSA | 0 | 1 | 0 | 1 | 2 | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 4 | 9 | 🟢 |
| C. Diff. | 16 | 20 | 12 | 17 | 16 | 14 | 9 | 15 | 7 | 8 | 10 | 8 | 13 | 70 | 165 | 🟢 |
| Rate / 1000 Adm's | 1.9 | 2.4 | 1.4 | 2.1 | 2.1 | 1.6 | 1.2 | 2.0 | 0.9 | 1.0 | 1.3 | 1.1 | 1.8 | 1.3 | | |
| GRE | 1 | 3 | 1 | 3 | 2 | 1 | 3 | 4 | 2 | 4 | 2 | 1 | 0 | 16 | TBC | |
| MSSA | | | | | | | 1 | 4 | 2 | 5 | 2 | 6 | 4 | 24 | No National Target | |
| E-Coli | | | | | | | | | 38 | 39 | 41 | 39 | 41 | 198 | No National Target | |

MORTALITY

Performance Overview

There was an increase in UHL's crude and risk adjusted mortality rates in September which was similarly reflected in the 'emergency admissions' mortality rate. The increase in 'emergency admissions' mortality rate has continued into October. This increased mortality rates reflects seasonal variation which is a natural phenomenon (UHL's crude mortality rate for Sept 10 was 1.4% and for Oct 1.5%).

Encouragingly the elective risk adjusted mortality rate has fallen to 44 for September and there is a further reduction in the crude rate for October.

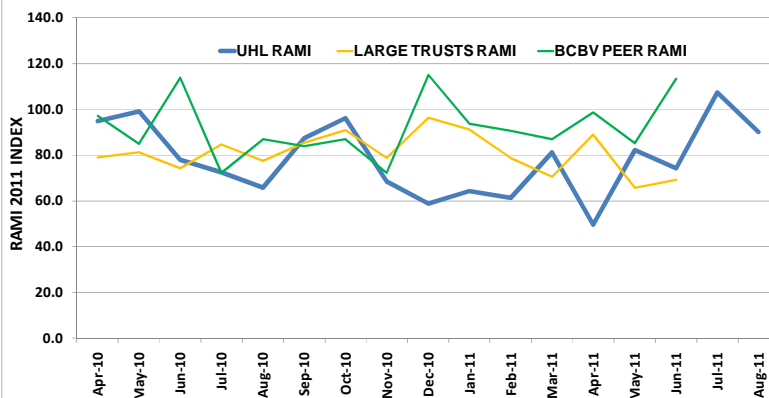
At the end of last month the new Summary Hospital Mortality Index (SHMI) for 2010/11 was published for all Trusts.

This national indicator is not directly equivalent to the 'risk adjusted' mortality rate (RAMI) used by CHKS and the Trust. SHMI uses a different risk adjustment model to CHKS and the expected number of deaths is calculated from a risk-adjustment model developed for each diagnosis grouping that accounts for age, gender, admission method and comorbidity (using the Charlson index). The SHMI does not risk adjust for patients coded as 'palliative care' - these patients are excluded in the CHKS model. In addition the dataset used to calculate the SHMI includes all deaths in hospital, plus those deaths occurring within 30 days after discharge from hospital (CHKS only include 'in hospital deaths').

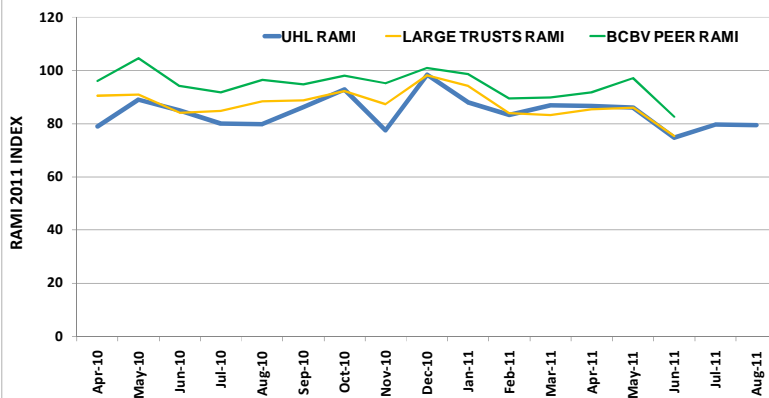
During 2010/11 there were 3,395 patients that died whilst in UHL. There were then a further 1,264 patients that died within 30 days of discharge. UHL's SHMI value for 2010/11 is 106 and falls within an expected range when using the 95% control limits but is 'higher than expected' when using the more sensitive 99.8% control limits. UHL's RAMI for the same time period is 86.

Further analysis of data is currently being carried out to clarify the impact the different risk adjustment model and also out of hospital deaths on the trust's SHMI value in order to identify priority areas for action and this work is being pursued through the GRMC.

ELECTIVE RISK ADJUSTED MORTALITY INDEX



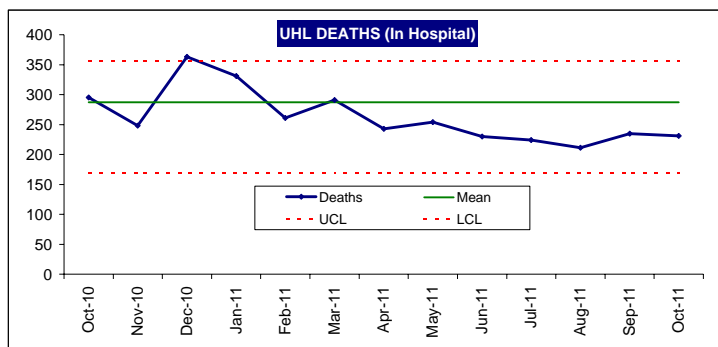
NON ELECTIVE RISK ADJUSTED MORTALITY INDEX



CHKS - RISK ADJUSTED MORTALITY

| | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | YTD |
|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Total Spells (CHKS) | 18,669 | 18,307 | 18,984 | 18,312 | 17,810 | 17,485 | 19,886 | 16,061 | 16,662 | 17,971 | 17,682 | 17,487 | 17,330 | 103,193 |
| Observed Deaths | 248 | 265 | 212 | 327 | 293 | 231 | 252 | 173 | 211 | 197 | 205 | 187 | 198 | 1,171 |
| RAMI | 87.3 | 93.6 | 77.5 | 98.1 | 87.7 | 82.5 | 87.9 | 84.8 | 85.9 | 74.8 | 80.7 | 80.0 | 87.0 | 82.0 |

| Clinical Business Unit | CURRENT MONTH | | |
|----------------------------------|---------------|------------|-------------|
| | Spells | Deaths | % |
| Specialist Surgery | 1500 | 2 | 0.1% |
| GI Medicine, Surgery and Urology | 3508 | 34 | 1.0% |
| Cancer, Haematology and Oncology | 1915 | 9 | 0.5% |
| Musculo-Skeletal | 970 | 5 | 0.5% |
| Medicine | 2111 | 96 | 4.5% |
| Respiratory | 1092 | 40 | 3.7% |
| Cardiac, Renal & Critical Care | 1298 | 31 | 2.4% |
| Emergency Department | 9 | 3 | 33.3% |
| Women's | 4353 | 9 | 0.2% |
| Children's | 830 | | |
| Anaesthesia and Theatres | 312 | 2 | 0.6% |
| Imaging | 16 | | |
| Sum: | 17914 | 231 | 1.3% |



UHL CRUDE DATA TOTAL SPELLS

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| UHL Crude Data - TOTAL Spells | 19254 | 19895 | 19261 | 18674 | 18300 | 20760 | 16888 | 17538 | 18897 | 18386 | 18183 | 18002 | 17914 | 125808 | TBC |
| UHL Crude Data - TOTAL Deaths | 295 | 248 | 363 | 331 | 261 | 291 | 243 | 254 | 230 | 224 | 211 | 235 | 231 | 1628 | TBC |
| Percent | 1.5% | 1.2% | 1.9% | 1.8% | 1.4% | 1.4% | 1.4% | 1.4% | 1.2% | 1.2% | 1.2% | 1.3% | 1.3% | 1.3% | TBC |

UHL CRUDE DATA ELECTIVE SPELLS

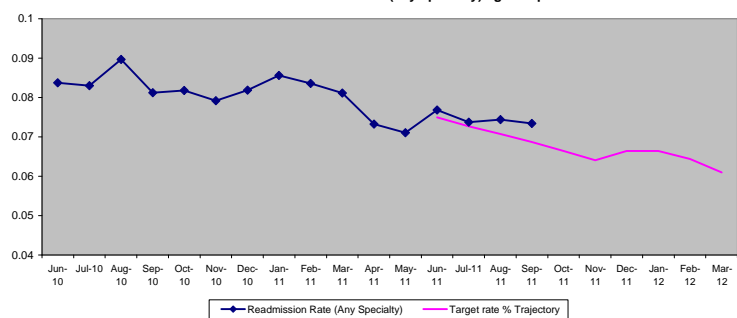
| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|
| UHL Crude Data - ELECTIVE Spells | 8449 | 8793 | 7742 | 7792 | 8073 | 9405 | 7757 | 8102 | 9240 | 8574 | 8809 | 8760 | 8659 | 59901 | TBC |
| UHL Crude Data - ELECTIVE Deaths | 11 | 9 | 5 | 6 | 6 | 8 | 4 | 5 | 7 | 11 | 11 | 5 | 4 | 47 | TBC |
| Percent | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.0% | 0.1% | TBC |

UHL CRUDE DATA NON ELECTIVE SPELLS

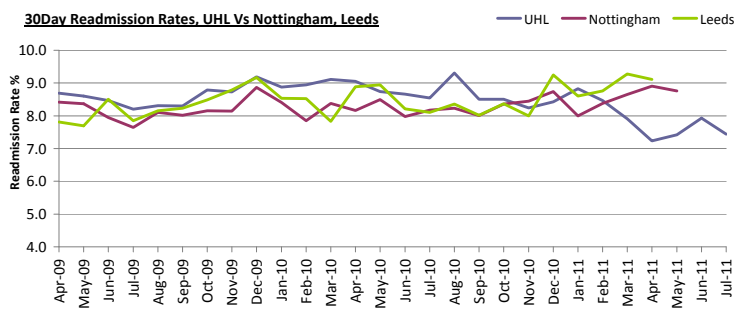
| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|
| UHL Crude Data - NON ELECTIVE Spells | 10805 | 11102 | 11519 | 10882 | 10227 | 11355 | 9131 | 9436 | 9657 | 9812 | 9374 | 9242 | 9255 | 65907 | TBC |
| UHL Crude Data - NON ELECTIVE Deaths | 284 | 239 | 358 | 325 | 255 | 283 | 239 | 249 | 223 | 213 | 200 | 230 | 227 | 1581 | TBC |
| Percent | 2.6% | 2.2% | 3.1% | 3.0% | 2.5% | 2.5% | 2.6% | 2.6% | 2.3% | 2.2% | 2.1% | 2.5% | 2.5% | 2.4% | TBC |

EMERGENCY READMISSIONS

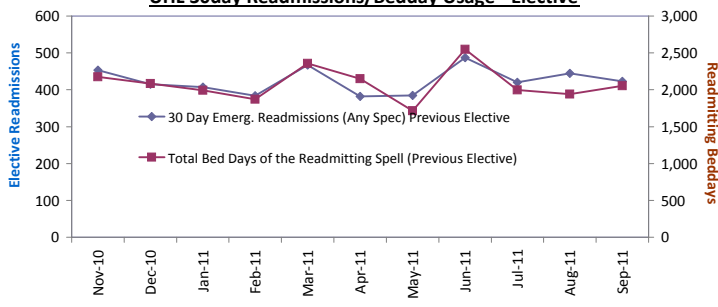
Chart 1 - Overall Trust Readmission Rate (any speciality) against plan 2010-2012



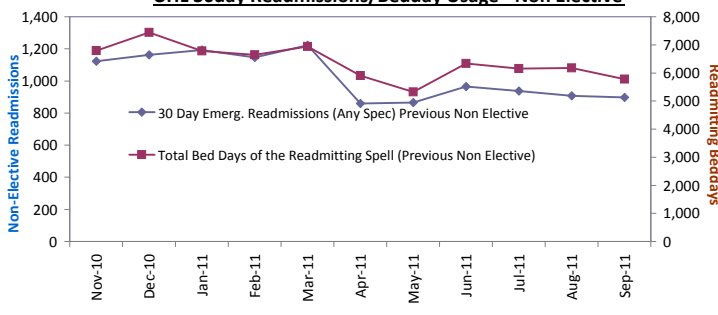
CHKS Benchmarking - 30 Day Emergency Readmission Rates - UHL, Nottingham and Leeds



UHL 30day Readmissions/Bedday Usage - Elective



UHL 30day Readmissions/Bedday Usage - Non Elective



ALL READMISSIONS

| | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | YTD | Target |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|
| Discharges | 19895 | 19261 | 18674 | 18300 | 20760 | 16888 | 17538 | 18897 | 18386 | 18183 | 18002 | 107,894 | |
| 30 Day Emerg. Readmissions (Any Spec) | 1,576 | 1,577 | 1,599 | 1,531 | 1,689 | 1,241 | 1,251 | 1,452 | 1,358 | 1,352 | 1,321 | 7,975 | |
| Readmission Rate (Any Speciality) | 7.90% | 8.20% | 8.60% | 8.40% | 8.10% | 7.30% | 7.10% | 7.70% | 7.40% | 7.40% | 7.30% | 7.4% | 6.1% |
| 30 Day Emerg. Readmissions (Same Spec) | 867 | 888 | 893 | 879 | 978 | 757 | 769 | 903 | 829 | 813 | 798 | 4,869 | |
| Readmission Rate (Same Speciality) | 4.40% | 4.60% | 4.80% | 4.80% | 4.70% | 4.50% | 4.40% | 4.80% | 4.50% | 4.50% | 4.40% | 4.5% | |
| Improvement trajectory (Any Speciality) | | | | | | | | | | | | | |
| Total Bed Days of Readmitting Spells | 8,966 | 9,525 | 8,778 | 8,513 | 9,296 | 8,050 | 7,039 | 8,888 | 8,146 | 8,121 | 7,832 | 48,076 | |

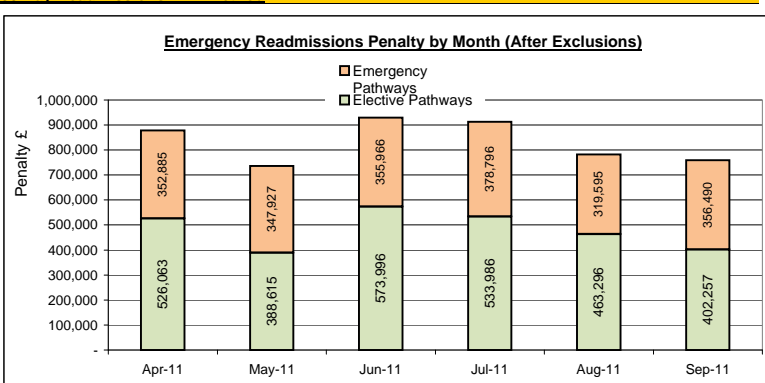
Readmissions - Previous Spell = Elective

| | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | YTD |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Discharges | 8793 | 7742 | 7792 | 8073 | 9405 | 7757 | 8102 | 9240 | 8574 | 8809 | 8760 | 51,242 |
| 30 Day Emerg. Readmissions (Any Spec) Previous Elective | 453 | 415 | 407 | 384 | 467 | 382 | 385 | 487 | 420 | 445 | 423 | 2,542 |
| Readmission Rate (Any Speciality) Previous Elective | 5.20% | 5.40% | 5.20% | 4.80% | 5.00% | 4.90% | 4.80% | 5.30% | 4.90% | 5.10% | 4.80% | 5.0% |
| Total Bed Days of the Readmitting Spell (Previous Elective) | 2,177 | 2,082 | 1,994 | 1,872 | 2,358 | 2,151 | 1,713 | 2,548 | 1,997 | 1,942 | 2,053 | 12,404 |

Readmissions - Previous Spell = Non Elective

| | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | YTD |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Discharges | 11,102 | 11,519 | 10,882 | 10,227 | 11,355 | 9,131 | 9,436 | 9,657 | 9,812 | 9,374 | 9,242 | 56,652 |
| 30 Day Emerg. Readmissions (Any Spec) Previous Non Elective | 1,123 | 1,162 | 1,192 | 1,147 | 1,222 | 859 | 866 | 965 | 938 | 907 | 898 | 5,433 |
| Readmission Rate (Any Speciality) Previous Non Elective | 10.1% | 10.1% | 11.0% | 11.2% | 10.8% | 9.4% | 9.2% | 10.0% | 9.6% | 9.7% | 9.7% | 9.6% |
| Total Bed Days of the Readmitting Spell (Previous Non Elective) | 6,789 | 7,443 | 6,784 | 6,641 | 6,938 | 5,899 | 5,326 | 6,340 | 6,149 | 6,179 | 5,779 | 35,672 |

30 Day Readmissions PBR Method



Performance Overview

The in-month readmissions rate dropped to 7.3%, 0.4% above trajectory. The in month number of readmissions was 1% lower than in September 2010.

The financial penalty was £89k down against the average penalty year to date and has dropped to 69% as a proportion of the overall readmissions from an average of 71% YTD.

Bed day usage for readmissions was 39 beds lower than September 2010 and overall like for like readmission bed day usage for the year is down by 18 beds.

The improvement programme is working in 4 key areas, in partnership with primary and community care:

- 1) Coding & Commissioning - working continues to ensure Method of Admission is accurate including awareness raising and new formal training with administrative teams. Speciality specific work is being undertaken for coding of self admission. Audits are complete identifying where readmissions are reflecting quality care and not being commissioned and have been shared with commissioners.
- 2) A discharge improvement group is now established in the Acute Division and this will define the process for discharge of patients from UHL a crucial element of improvement in readmissions.
- 3) Speciality Priorities - plans are now in place for the priority specialities and are beginning to be implemented. Some pilots in line with best practice are already in place including post-discharge support to patients in care homes, roll out of ICE electronic discharge summaries, ISAR risk stratification, and triage of emergency General Surgery patients. Detailed work is also being undertaken on pathways for COPD patients, catheter patients, flagging of readmissions in ED, along with the establishment of readmission services in the community.
- 4) Community work streams - some of the readmissions penalty has been diverted into expansion of community health and social care readmission services. The majority of these services are scheduled to be implemented between Nov 2011 and Jan 2012.

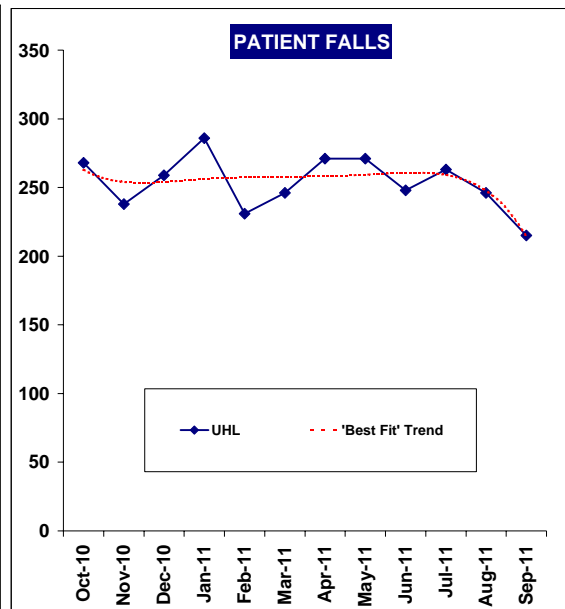
Analysis of quarterly movements in UK teaching hospitals readmission rates shows an increasing trend against the reducing cumulative trend at UHL over the past 4 quarters.

FALLS

Performance Overview

A separate report for patient falls was submitted to the October GRMC which received support.

In line with the more detailed review and benchmarking exercise undertaken adjustments have been made to the reporting of falls including the separation by division. The target and thresholds will be reviewed and amended in future reports to reflect the changes in reporting falls.



TARGET / STANDARD

| Incidents of Patient Falls | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|
| UHL | 268 | 238 | 259 | 286 | 231 | 246 | 271 | 271 | 248 | 263 | 246 | 215 | | 1514 | TBC |
| Planned Care | 92 | 61 | 79 | 79 | 50 | 87 | 57 | 61 | 56 | 62 | 60 | 65 | | 361 | TBC |
| Acute Care | 166 | 160 | 170 | 192 | 166 | 148 | 202 | 197 | 176 | 192 | 169 | 140 | | 1076 | TBC |
| Women's and Children's | 5 | 4 | 3 | 8 | 5 | 2 | 4 | 2 | 5 | 7 | 7 | 4 | | 29 | TBC |
| Clinical Support | 5 | 13 | 7 | 7 | 10 | 9 | 8 | 11 | 11 | 2 | 10 | 6 | | 48 | TBC |
| In Hospital Falls resulting in Hip Fracture | 0 | 0 | 3 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 12 |

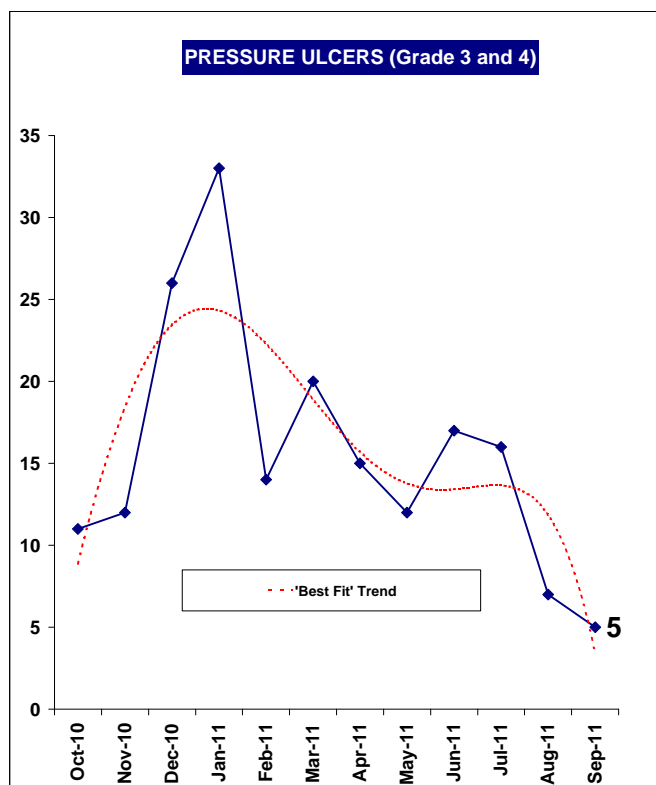
PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

There have been 11 reported pressure ulcers in October, currently awaiting confirmation of classification for reporting which as agreed will be one month in arrears if required to ensure accurate review.

The bi-annual UHL Prevalence Survey was undertaken 9th & 10th November and this confirms accurate reporting by ward staff.

Use of the checklist for non-avoidable pressure ulcers has been rolled out and work is ongoing with Matrons and Ward Sisters to embed this into practice.



TARGET / STANDARD

| REPORTED ONE MONTH IN ARREARS | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|
| Pressure Ulcers (Grade 3 and 4) | 11 | 12 | 26 | 33 | 14 | 20 | 15 | 12 | 17 | 16 | 7 | 5 | | 72 | 197 |
| Attributable to Trust | | | | | | | | | | | | | | | |
| Not Attributable to Trust | | | | | | | | | | | | | | | |

PATIENT EXPERIENCE

Performance Overview

The "Patient Experience Survey" for October 2011 resulted in 1,184 surveys being returned, a Trust return rate of 79%.

The 'overall respect and dignity' scores show a marked improvement across all Divisions resulting in the UHL score rising to 96.1.

The 'overall how would you rate the care you receive whilst in hospital' shows a similar improvement with the UHL score rising by 1.8 to 86.8. The Cardiac, Renal and Critical Care CBU have scored a Green RAG rating for two months attained by achieving a score in excess of 91 when compared with National Patient Survey results. There are two CBU's that continue to have a red RAG rating for the 'overall how would you rate your care' question. However the Medicine CBU score has risen from 77 in September to 83 in October illustrating an improvement.

The Trust wide 'Caring at its Best' Project questions are maintaining improvement since their launch in March 2011. When removing the 13 wards within the Medicine CBU that are receiving 'additional support' the scores show greater improvement. The Acute Care Division continues the plan to substantially improve the experience for patients within Medicine by a number of initiatives:

- Monthly reporting of the 10 point plan implementation
- Effectiveness audits of the hourly rounds and subsequent actions
- HON and Lead Nurse meeting all staff to discuss care & compassion
- Introduction of new discharge information for patients within AMU

The Patient Experience Feedback in Outpatients shows improvements with both question indicators showing improvement, particularly with the 'overall how would you rate your care' question results moving from amber to green RAG.

Return Rates - October 2011

| Division | Surveys Returned | Target | % Achieved |
|------------------------|------------------|--------------|------------|
| Acute Care | 737 | 790 | 93% |
| Planned Care | 333 | 535 | 62% |
| Women's and Children's | 114 | 180 | 63% |
| UHL | 1,184 | 1,505 | 79% |

Trust Scores in October 2011 minus underperforming Wards in Medicine

DIVISIONAL PROJECTS

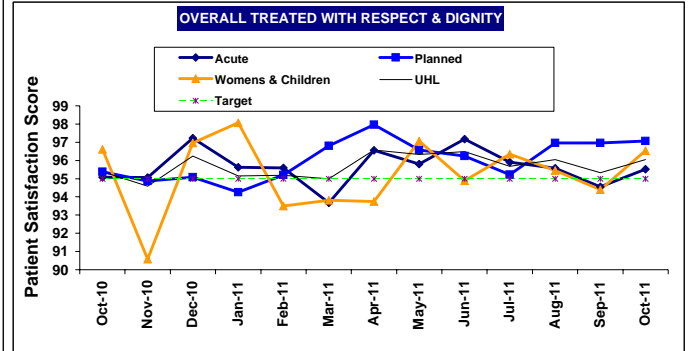
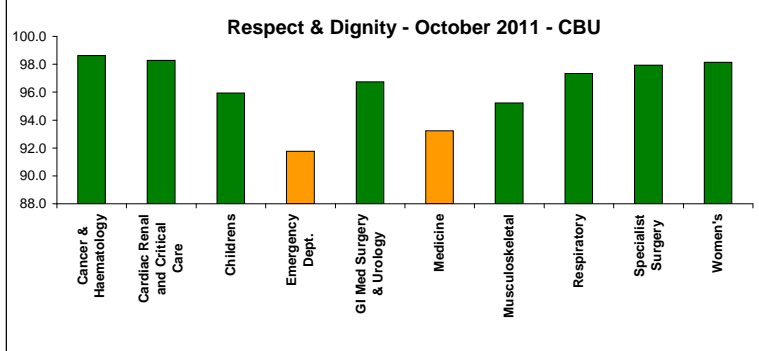
| Area for Development | Lead Division | PES Question | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Oct-11 |
|--------------------------------|------------------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Noise at Night | Acute Care | Q10a – Were you ever bothered by noise at night from other patients? | 65.0 | 75.7 | 71.8 | 74.7 | 70.6 | 70.6 | 67.2 | 73.3 | 75.4 |
| | | Q10b – Were you ever bothered by noise at night from hospital staff? | 84.2 | 87.1 | 86.8 | 87.4 | 87.4 | 85.2 | 85.4 | 89.0 | 90.4 |
| Staff Attitudes and Behaviours | Women's and Children's | Q13a – When you had important questions to ask the doctors did you get answers that you could understand? | 88.2 | 89.9 | 88.2 | 89.1 | 89.7 | 89.3 | 87.5 | 88.9 | 90.2 |
| | Children's | Q14a – Did any of the doctors talk in front of you as if you were not there? | 88.9 | 89.1 | 88.0 | 88.1 | 90.7 | 89.6 | 87.9 | 88.0 | 88.7 |
| | | Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? CQUIN (National CQUIN Target = 71.0) | 77.3 | 80.7 | 79.8 | 79.9 | 78.8 | 76.6 | 77.7 | 78.8 | 80.6 |
| Providing Information | Clinical Support | Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN (National CQUIN Target = 61.0) | 79.5 | 82.0 | 80.9 | 81.6 | 81.4 | 81.0 | 79.0 | 80.8 | 83.2 |
| | | Q15 – Sometimes in hospital a member of staff will say one thing and another say something quite different. Did this happen to you? | 84.7 | 86.0 | 85.9 | 86.6 | 85.2 | 85.4 | 82.6 | 85.8 | 86.8 |
| | | Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN (National CQUIN Target = 84.0) | 92.3 | 95.1 | 94.4 | 94.7 | 94.8 | 94.9 | 94.2 | 94.3 | 94.8 |
| | | Q24 – Has a member of staff told you about medication side effects to watch for when you went home? CQUIN (National CQUIN Target = 48.0) | 73.4 | 80.1 | 77.7 | 75.4 | 74.9 | 75.2 | 73.4 | 74.7 | 75.8 |
| Pain | Planned Care | Q26 – Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital? CQUIN (National CQUIN Target = 78.0) | 69.8 | 81.9 | 75.3 | 80.4 | 78.1 | 76.5 | 73.5 | 75.2 | 78.6 |
| | | Q19 – Do you think the hospital staff did everything they could to help control your pain? | 90.5 | 93.1 | 91.7 | 92.3 | 91.8 | 90.7 | 91.7 | 92.8 | 93.8 |
| | | Q28 – Overall, how would you rate the care you received? | 83.8 | 88.4 | 87.2 | 87.6 | 87.0 | 85.4 | 85.0 | 86.8 | 87.6 |

PATIENT EXPERIENCE

TARGET / STANDARD

Overall, did you feel you were treated with respect and dignity while you were in the hospital? (Paper surveys only)

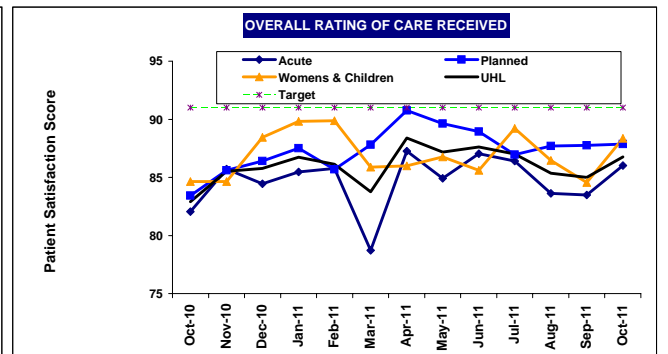
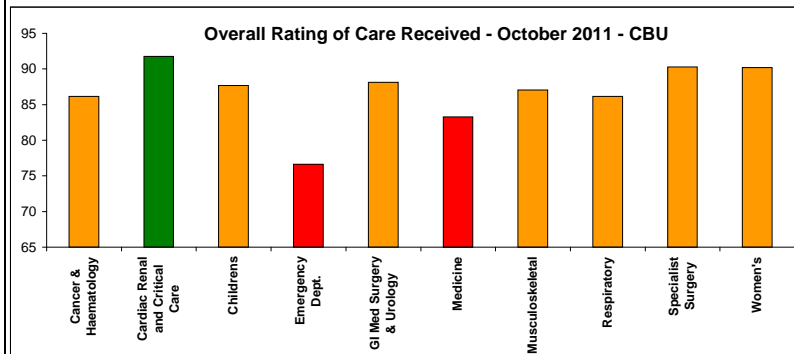
| Division | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Status |
|-------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------|
| Acute | 95.1 | 95.1 | 97.2 | 95.6 | 95.6 | 93.7 | 96.6 | 95.8 | 97.2 | 95.9 | 95.6 | 94.5 | 95.5 | ▲ |
| Planned | 95.4 | 94.9 | 95.1 | 94.3 | 95.2 | 96.8 | 98.0 | 96.6 | 96.2 | 95.2 | 97.0 | 97.0 | 97.1 | ▲ |
| Womens & Children | 96.6 | 90.6 | 97.0 | 98.1 | 93.5 | 93.8 | 93.8 | 97.1 | 94.9 | 96.3 | 95.5 | 94.4 | 96.5 | ▲ |
| UHL | 95.4 | 94.6 | 96.2 | 95.2 | 95.2 | 95.0 | 96.6 | 96.3 | 96.5 | 95.7 | 96.0 | 95.3 | 96.1 | ▲ |



TARGET / STANDARD

Overall, how would you rate the care you received whilst in hospital? (Paper surveys only)

| Division | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Status |
|-------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------|
| Acute | 82.0 | 85.7 | 84.5 | 85.5 | 85.8 | 78.7 | 87.3 | 84.9 | 87.0 | 86.4 | 83.6 | 83.5 | 86.0 | ▲ |
| Planned | 83.4 | 85.6 | 86.4 | 87.5 | 85.7 | 87.8 | 90.8 | 89.6 | 88.9 | 87.0 | 87.7 | 87.7 | 87.9 | ▲ |
| Womens & Children | 84.7 | 84.6 | 88.4 | 89.8 | 89.9 | 85.9 | 86.0 | 86.8 | 85.6 | 89.2 | 86.5 | 84.6 | 88.3 | ▲ |
| UHL | 82.9 | 85.5 | 85.8 | 86.7 | 86.1 | 83.8 | 88.4 | 87.2 | 87.6 | 87.0 | 85.4 | 85.0 | 86.8 | ▲ |



EMERGENCY DEPARTMENT

Performance Overview

Performance for October Type 1 and 2 is 89.8% and including UCC is 92.0%, a disappointing deterioration despite the revised rotas and triage facilities in both AMU and ED. The year to date performance for ED (UHL+UCC) is 94.0%.

Key Actions

Across the Trust new processes were introduced on the 21st November, which ensure that the following standards are achieved:

1) Patients will be referred from ED to a receiving specialty within 15 minutes of their treatment being completed in EC and

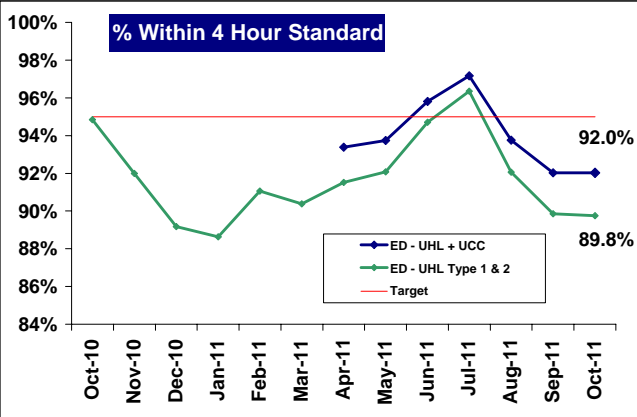
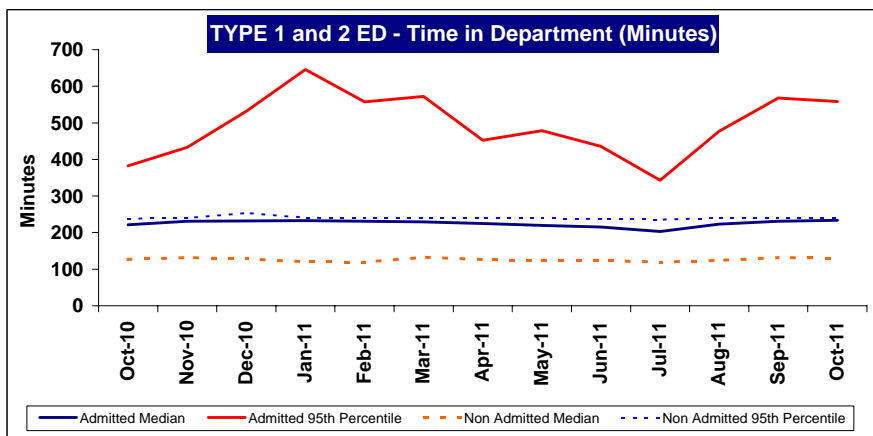
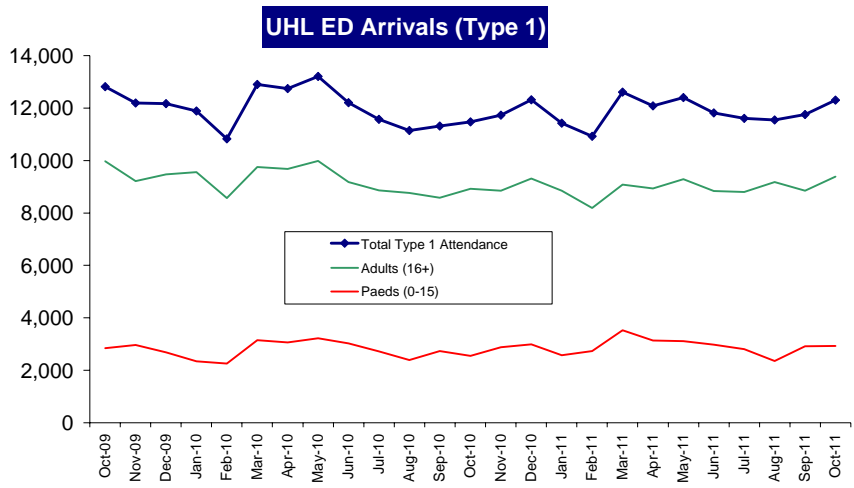
2) All patients will be sent to the receiving specialty within 30 minutes of initial request for a bed.

This will be applied to all assessment units across the trust. what is causing them concern.

Further information regarding emergency provision will be addressed in the December Trust Board Emergency Care Transformation report.

Full Year Forecast

ED + UCC 4 hr performance - 94.5%



Total Time in the Department

October 2011 - ED Type 1 and 2

| | Admitted | Not Admitted | Total |
|-------------|----------|--------------|-------|
| 0-2 Hours | 227 | 5183 | 5410 |
| 3-4 Hours | 1463 | 5550 | 7013 |
| 5-6 Hours | 419 | 424 | 843 |
| 7-8 Hours | 255 | 96 | 351 |
| 9-10 Hours | 126 | 19 | 145 |
| 11-12 Hours | 62 | 4 | 66 |
| 12 Hours+ | 27 | 3 | 30 |
| Sum: | 2579 | 11279 | 13858 |

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | TARGET |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|
| Unplanned Re-attendance % | 6.4% | 5.8% | 6.3% | 6.5% | 6.5% | 6.3% | 6.6% | 5.6% | 5.2% | 5.9% | 6.8% | 5.6% | 6.1% | 6.0% | <=5% |
| Left without being seen % | 2.2% | 2.5% | 2.7% | 2.1% | 2.2% | 2.5% | 2.5% | 2.2% | 2.0% | 2.1% | 2.8% | 2.4% | 2.9% | 2.4% | < 5% |

TIMELINESS

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | TARGET |
|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|---------------|
| Time in Dept (95th centile) | 251 | 303 | 349 | 382 | 331 | 343 | 306 | 307 | 256 | 239 | 304 | 338 | 341 | 301 | < 240 Minutes |
| Time to initial assessment (95th) | 52 | 49 | 55 | 55 | 49 | 63 | 70 | 56 | 41 | 39 | 48 | 48 | 61 | 52 | <= 15 Minutes |
| Time to treatment (Median) | 55 | 62 | 60 | 48 | 50 | 58 | 59 | 54 | 50 | 34 | 34 | 39 | 44 | 44 | <= 60 Minutes |

4 HOUR STANDARD

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | TARGET |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|---------|
| ED - (UHL + UCC) | | | | | | | 93.4% | 93.7% | 95.8% | 97.2% | 93.8% | 92.0% | 92.0% | 94.0% | 95.0% ▼ |
| ED - UHL Type 1 and 2 | 94.8% | 92.0% | 89.2% | 88.6% | 91.1% | 90.4% | 91.5% | 92.1% | 94.7% | 96.4% | 92.1% | 89.9% | 89.8% | 92.3% | 95.0% ▼ |
| ED Waits - Type 1 | 94.3% | 91.1% | 88.2% | 87.2% | 90.0% | 89.3% | 90.6% | 91.3% | 94.1% | 95.9% | 91.0% | 88.7% | 88.5% | 91.4% | 95.0% ▼ |

18 WEEK REFERRAL TO TREATMENT

Performance Overview

October 18 week referral to treatment is 90.8% for admitted patients (target of 90%) and 96.4% (target of 95%) for non-admitted patients.

The Department of Health and MONITOR have also introduced additional statistical RTT measures and thresholds for 2011/12:-

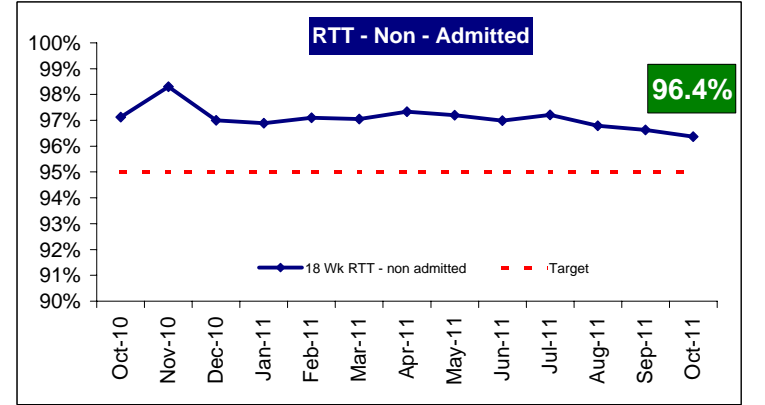
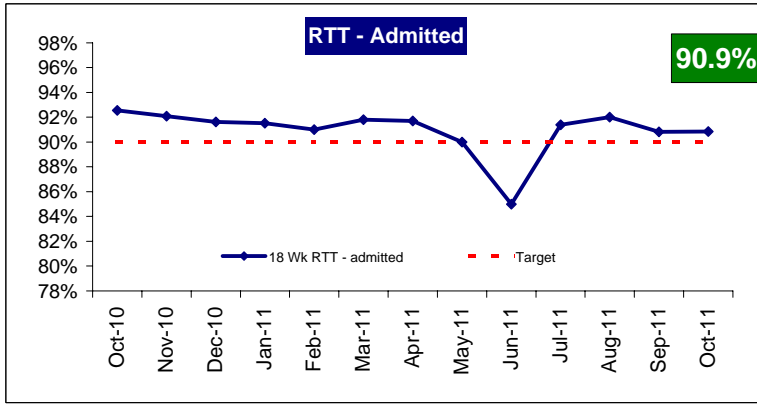
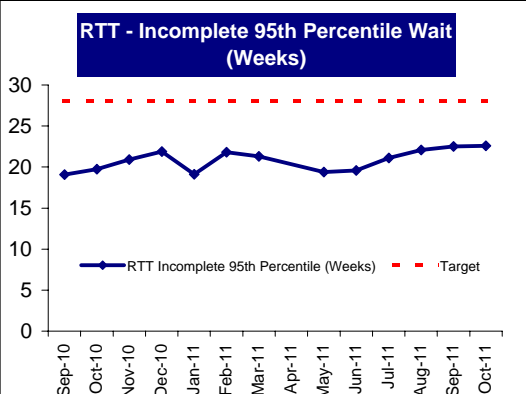
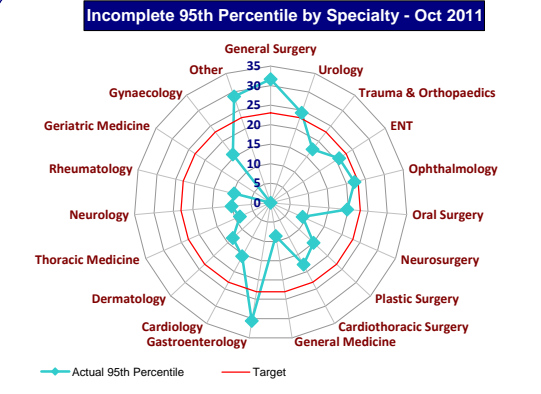
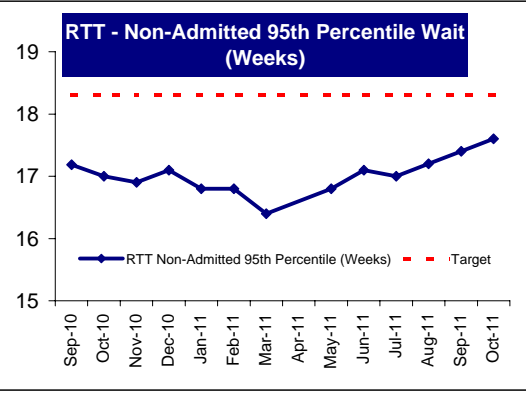
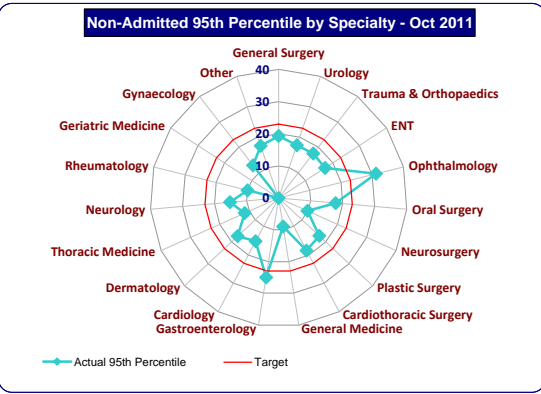
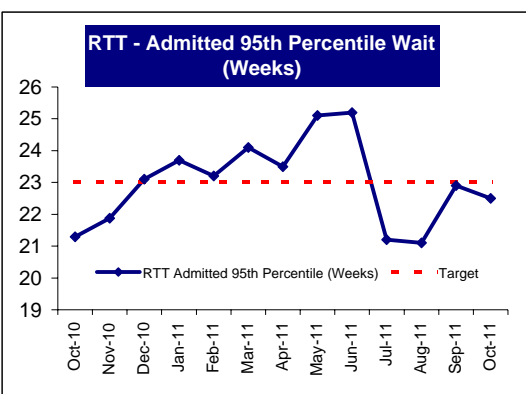
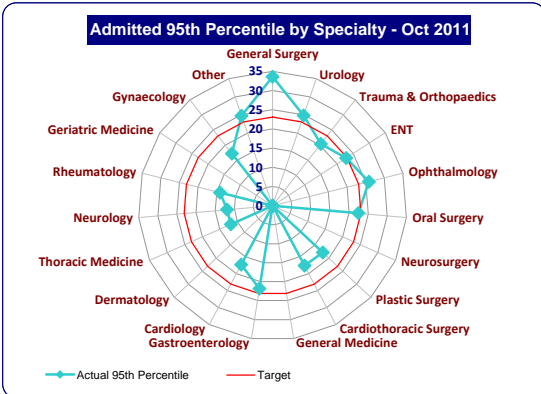
1. Admitted 95th percentile- threshold 23 weeks
2. Non admitted 95th percentile – threshold 18.3 weeks
3. Incomplete pathways 95th percentile – threshold 28 week

During October all these targets were delivered.

Key Actions

A proposal has been submitted to commissioners to respond to the capacity constraints within the general surgical specialities and the need to identify a joint sustainable solution for 2012 onwards. This includes a backlog reduction plan for quarter 3 and quarter 4, which will improve the overall UHL position going forward though affect the bottom line position overall.

Further to the Contract Performance Meeting on the 22nd November it has been agreed with commissioners that a blend of outsourced activity and additional in-house activity will be funded across all planned care specialities to reduce backlog.



TARGET / STANDARD

| RTT | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| 18 Wk - admitted (%) | 92.6 | 92.1 | 91.6 | 91.5 | 91.0 | 91.8 | 91.7 | 90.0 | 85.0 | 91.4 | 92.0 | 90.8 | 90.9 | 90.9 | 90.0% | ▲ |
| 18 Wk - non admitted (%) | 97.1 | 98.3 | 97.0 | 96.9 | 97.1 | 97.1 | 97.3 | 97.2 | 97.0 | 97.2 | 96.8 | 96.6 | 96.4 | 96.4 | 95.0% | ▲ |
| RTT Admitted Median Wait (Weeks) | | | | 10.4 | 9.1 | 8.5 | 8.5 | 9.5 | 10.2 | 8.5 | 8.8 | 8.9 | 9.0 | 9.1 | <=11.1 | |
| RTT Admitted 95th Percentile (Weeks) | | | | 23.2 | 24.1 | 23.5 | 25.1 | 25.2 | 21.2 | 21.2 | 21.1 | 22.9 | 22.5 | 22.8 | <=23.0 | |
| RTT Non-Admitted Median Wait (Weeks) | | | | 5.5 | 5.4 | 5.3 | 6.4 | 6.2 | 6.0 | 6.0 | 6.5 | 6.8 | 6.3 | 6.2 | <=6.6 | |
| RTT Non-Admitted 95th Percentile (Weeks) | | | | 16.8 | 16.8 | 16.4 | 16.8 | 17.1 | 17.0 | 17.0 | 17.2 | 17.4 | 17.6 | 17.2 | <=18.3 | |
| RTT Incomplete Median Wait (Weeks) | | | | 5.2 | 5.5 | 6.3 | 6.4 | 5.8 | 6.3 | 6.3 | 6.3 | 6.4 | 5.9 | 5.9 | <=7.2 | |
| RTT Incomplete 95th Percentile (Weeks) | | | | 19.1 | 21.8 | 21.3 | 19.4 | 19.6 | 19.6 | 21.1 | 21.1 | 22.5 | 22.6 | 22.6 | <=28.0 | |

PRIMARY PCI

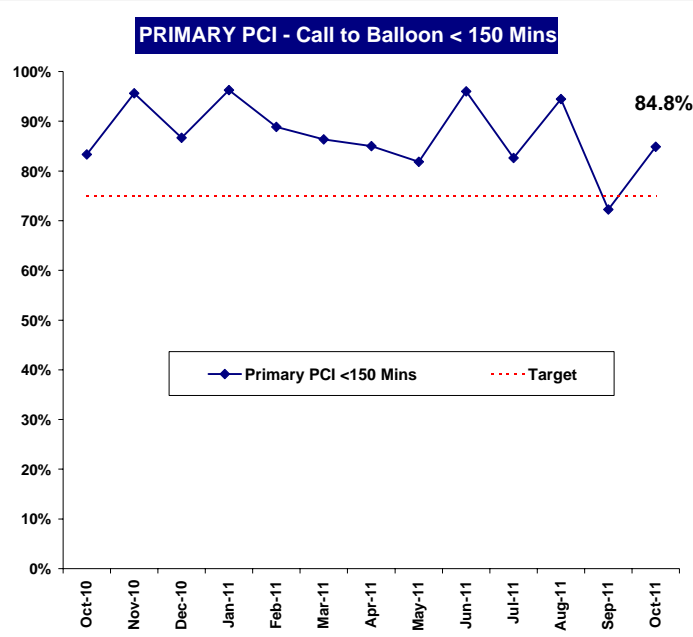
Performance Overview

The chosen treatment for patients will focus on primary PCI and as such reporting of the thrombolysis target has ceased.

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in October was 84.8% (28 out of 33 patients).

Key Actions

Monthly clinical MINAP meetings, at which both EMAS and Commissioners are invited, are held to review individual cases and agree actions to improve quality and performance.



| Primary PCI <150 Mins | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|
| | 83.3% | 95.7% | 86.7% | 96.3% | 88.9% | 86.4% | 85.0% | 81.8% | 96.0% | 82.6% | 94.4% | 72.2% | 84.8% | 85.3% | 75.0% |

SAME SEX ACCOMMODATION

Performance Overview

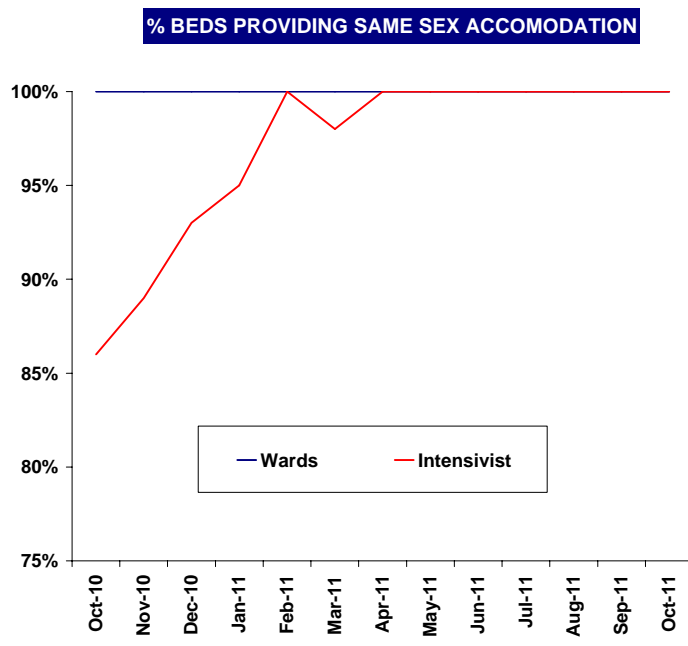
For the last six months, all UHL wards and intensivist areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance.

Key Actions

October 2011 UHL national breach data declared zero unjustified SSA breaches.

All areas now have access to the SSA Matrix for guidance.

The SSA Matrix is an integral part of the UHL Bed Management policy.



TARGET / STANDARD

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|
| Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Intensivist | 86% | 89% | 93% | 95% | 100% | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

CANCER TREATMENT

Performance Overview

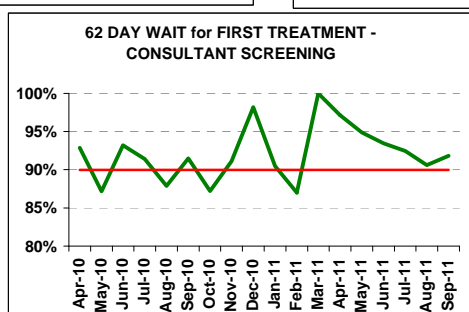
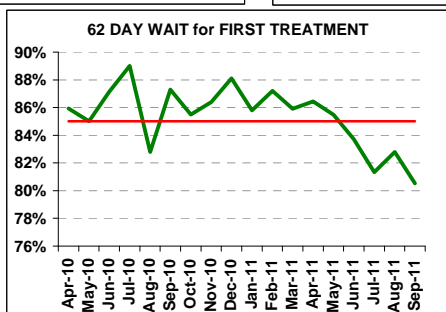
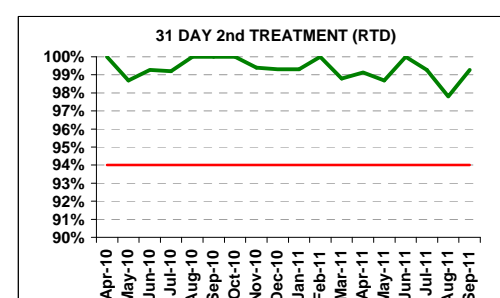
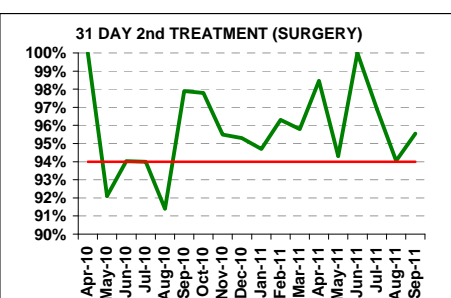
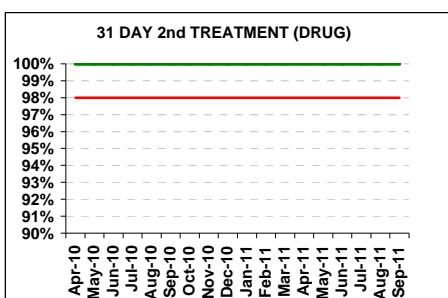
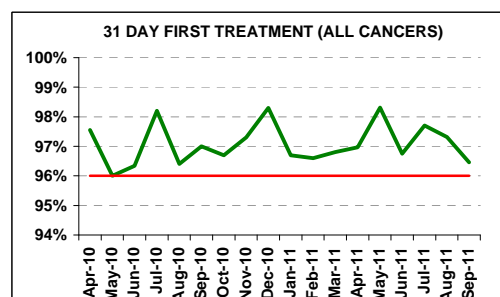
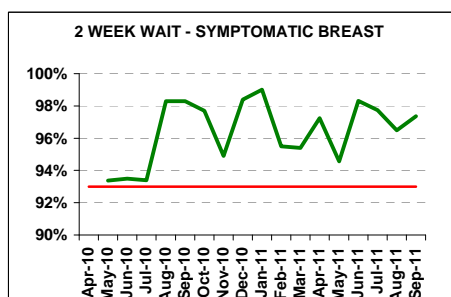
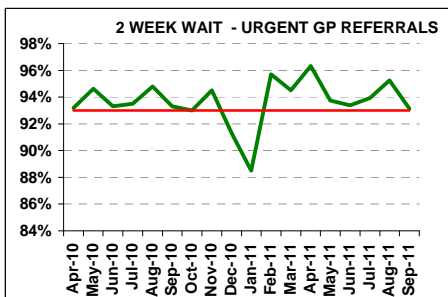
All cancer targets were achieved in September (one month behind in reporting) with the exception of an amber report for the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position.

The 62 day target for September was missed by 5 patients due to factors including complex cases, delays in transfers from other Trusts, diagnostic delays and capacity constraints.

Key Actions

1. Continued actions to reduce endoscopy waits, affecting lower GI pathway
2. Review of all tumour site 62 day pathways, to ensure all delays are minimalised
3. Weekly monitoring of PTL's

| Commitment | Threshold | Qtr 1 | Qtr 2 | YTD |
|---|-----------|--------|--------|--------|
| Maximum two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 93.0% | 94.4% | 94.1% | 94.3% |
| Two week wait for symptomatic breast patients (Cancer not initially suspected) | 93.0% | 96.9% | 97.2% | 97.1% |
| 31-day (Diagnosis To Treatment) wait for first treatment: all cancers | 96.0% | 97.3% | 97.2% | 97.2% |
| 31-day wait for second or subsequent treatment: anti cancer drug treatments | 98.0% | 100.0% | 100.0% | 100.0% |
| 31-day wait for second or subsequent treatment: surgery | 94.0% | 97.3% | 95.6% | 96.3% |
| 31-day wait for second or subsequent treatment: radiotherapy treatments | 94.0% | 99.2% | 98.8% | 99.0% |
| 62-day (urgent GP referral to treatment) wait for first treatment: all cancers | 85.0% | 85.1% | 81.7% | 83.2% |
| 62-day wait for first treatment from consultant screening service referral: all cancers | 90.0% | 95.0% | 90.5% | 92.4% |
| 62-day wait for first treatment from consultant upgrade | 85.0% | 100.0% | 85.7% | 90.9% |



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

The Appraisal rate rose from 88.7% in September to 93.5% in October; this is the highest that it has been since we started using ESR to record this.

Human Resources are working closely with Divisions and Directorates in implementing targeted actions to continue to improve appraisal performance.

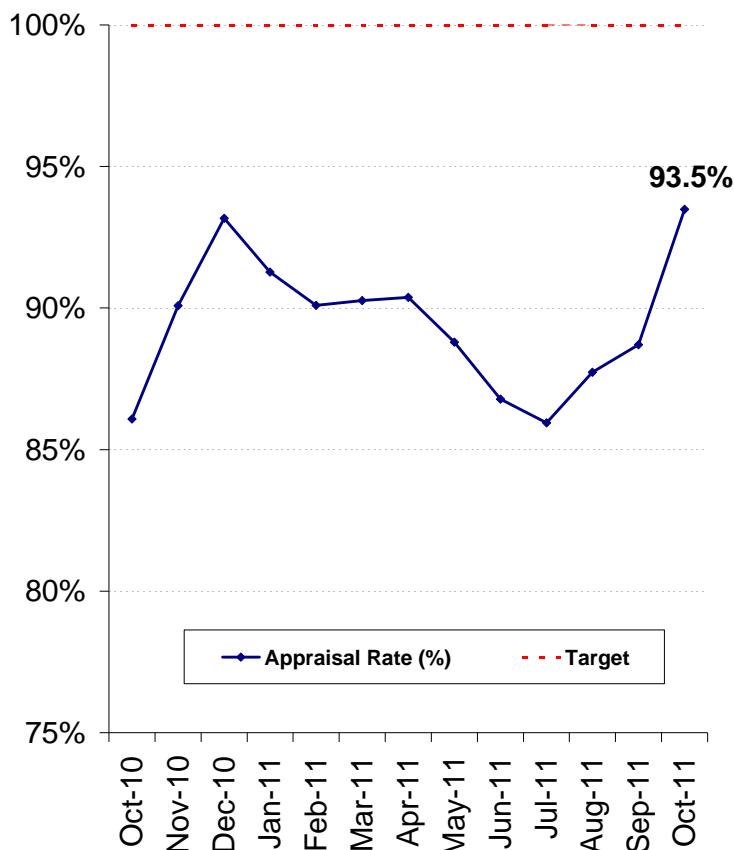
Sickness

The reported sickness rate is 4.2%. The actual rate is likely to be around 0.3% lower as absence periods are closed.

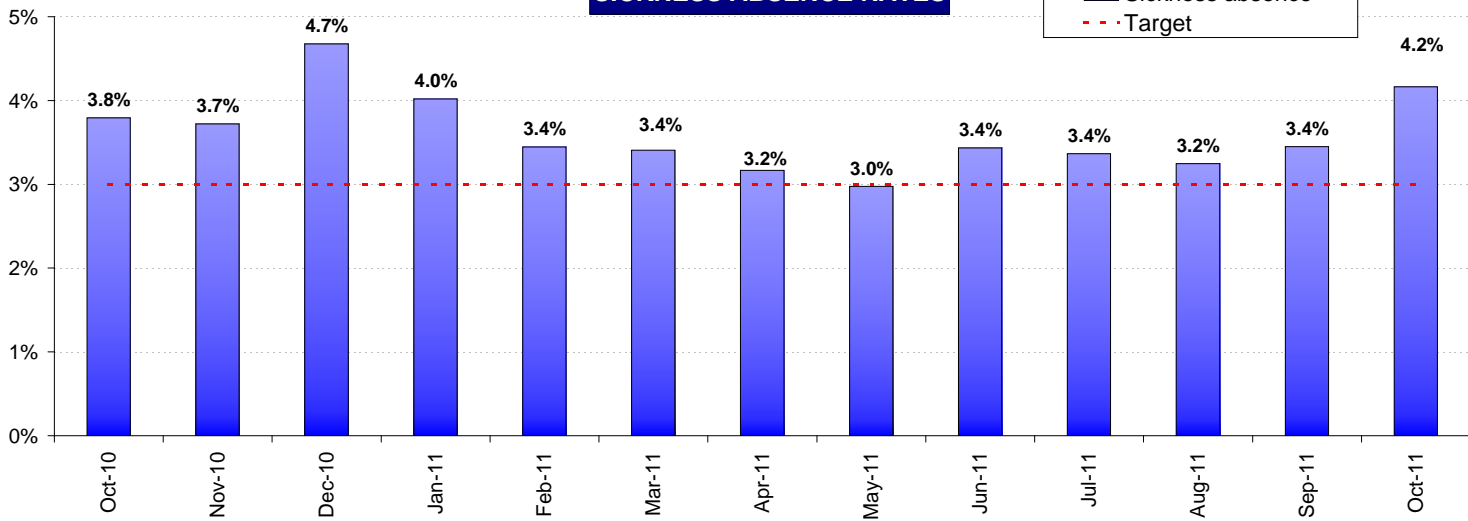
This sickness rate is higher than the previous 9 months, and is likely to remain so even after the absence periods have been closed down. This would however be consistent with the previous October and the 12 month rolling sickness remains at 3.6%.

Human Resources are currently working with Divisions to performance manage areas with the highest sickness rates.

APPRAISAL RATES



SICKNESS ABSENCE RATES



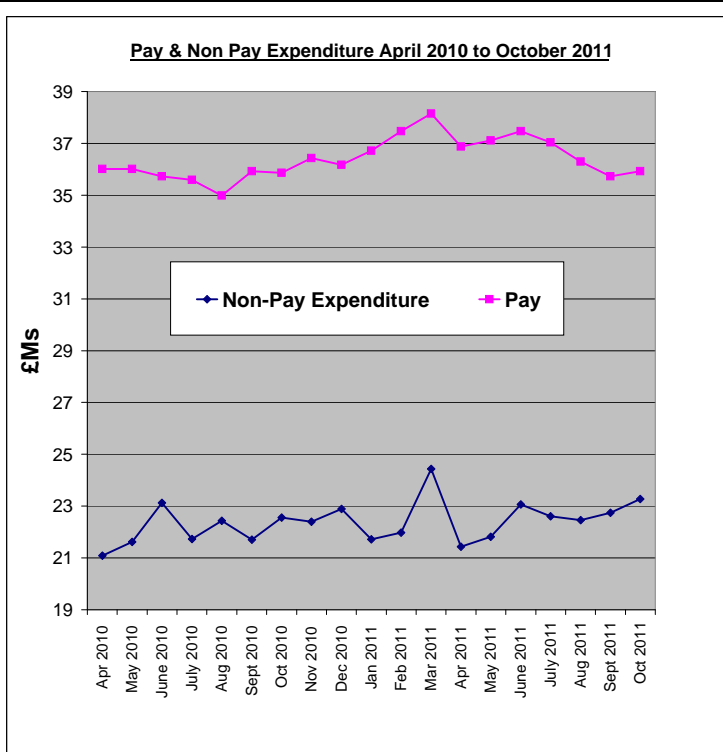
Oct-10 Nov-10 Dec-10 Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11

| Appraisals | 86.1% | 90.1% | 93.2% | 91.3% | 90.1% | 90.3% | 90.4% | 88.8% | 86.8% | 85.9% | 87.7% | 88.7% | 93.5% |
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|

| YTD | Target | Status |
|-------|--------|--------|
| 93.5% | 100% | ▲ |

VALUE FOR MONEY - EXECUTIVE SUMMARY

| Issues | Comments |
|--|--|
| Actual Income & Expenditure Year to Date | Cumulative income at Month 7 was £400.4 million (£3.8 million or 1.0% favourable to Plan). Cumulative expenditure was £413.8 million (£17.7 million adverse to plan). The actual deficit of £13.5 million is an adverse variance of £13.9 million against plan. |
| Activity/Income | An over performance of £1.57 million, 0.5% against plan is reported on patient care income against plan. This reflects an over performance on day cases of £1.3 million, elective inpatients of £1.2 million and outpatients of £1.5 million. These over performing areas are offset by an under performance of £2.6 million, 2.5% of plan, on non elective / emergencies. This equates to 2,911 spells below the planned level. |
| BPPC | The Trust achieved an overall 30 day payment performance of 88% for value and 82% for volume for trade creditors in October 2011. |
| Cost Improvement Programme | At Month 7 Divisions have reported £11.2 million of savings, short of the £19.9 million target by £8.7 million. |
| Balance Sheet | The balance sheet reflects the receipt of £12 million in advance from the Leicestershire Cluster. |
| Cash Flow | The year to date increase in cash of £10.6 million reflects the £12 million Cluster prepayment. Cash continues to be actively managed, and a positive balance is forecast to year end. |
| Capital | The Trust is forecasting the delivery of the refreshed plan, to support the cash position by £5 million. |
| Risks | The Chief Operating Officer and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus. |



| Financial Metrics | Weighting | October | Year to Date | |
|--------------------------------------|-----------|---------|--------------|----------|
| | | Result | Result | Score |
| EBITDA achieved (% of plan) | 10.0% | 82.3% | 48.3% | 1 |
| EBITDA margin (%) | 25.0% | 5.6% | 3.2% | 2 |
| Return on assets (%) | 20.0% | 0.2% | -1.4% | 2 |
| I&E surplus (%) | 20.0% | -0.8% | -3.4% | 1 |
| Liquidity ratio (days) | 25.0% | 10 | 9 | 1 |
| Overall Financial Risk Rating | | | | 1 |

| | Risk Ratings Table | | | | |
|-----------------------------|--------------------|-----|-----|-----|------|
| | 5 | 4 | 3 | 2 | 1 |
| EBITDA achieved (% of plan) | 100% | 85% | 70% | 50% | <50% |
| EBITDA margin (%) | 11% | 9% | 5% | 1% | <1% |
| Return on assets (%) | 6% | 5% | 3% | -2% | <-2% |
| I&E surplus (%) | 3% | 2% | 1% | -2% | <-2% |
| Liquidity ratio (days) | 60 | 25 | 15 | 10 | <10 |

VALUE FOR MONEY - INCOME and EXPENDITURE ACCOUNT

| Income and Expenditure Account for the Period Ended 31 October | | | | | | | |
|---|-----------------------------------|---------------|---------------|-------------------------|----------------------|-----------------|-------------------------|
| | 2011/12 Annual Plan £000 | October | | | April - October 2011 | | |
| | | Plan | Actual | Variance (Adv) / Fav | Plan | Actual | Variance (Adv) / Fav |
| | | £ 000 | £ 000 | £ 000 | £ 000 | £ 000 | £ 000 |
| Elective | 67,968 | 5,686 | 6,153 | 467 | 39,535 | 40,735 | 1,200 |
| Day Case | 56,368 | 4,716 | 4,952 | 236 | 32,788 | 34,135 | 1,347 |
| Emergency | 177,574 | 14,872 | 14,156 | (716) | 102,598 | 99,997 | (2,601) |
| Outpatient | 82,700 | 6,924 | 7,634 | 710 | 48,120 | 49,619 | 1,499 |
| Other | 204,595 | 16,820 | 16,743 | (77) | 119,730 | 119,855 | 125 |
| Patient Care Income | 589,205 | 49,018 | 49,638 | 620 | 342,771 | 344,341 | 1,570 |
| Teaching, Research & Development | 67,077 | 5,591 | 6,814 | 1,223 | 39,135 | 41,219 | 2,084 |
| Non NHS Patient Care | 6,638 | 532 | 463 | (69) | 3,656 | 3,546 | (110) |
| Other operating Income | 19,036 | 1,699 | 1,807 | 108 | 10,960 | 11,247 | 287 |
| Total Income | 681,956 | 56,840 | 58,722 | 1,882 | 396,522 | 400,353 | 3,831 |
| Medical & Dental | 133,752 | 11,251 | 11,103 | 148 | 77,999 | 78,265 | (266) |
| Nursing & Midwifery | 158,319 | 13,440 | 13,491 | (51) | 91,885 | 94,449 | (2,564) |
| Other Clinical | 56,139 | 4,560 | 4,680 | (120) | 32,749 | 32,641 | 108 |
| Agency | 1,582 | 60 | 665 | (605) | 1,022 | 9,313 | (8,291) |
| Non Clinical | 70,721 | 5,674 | 5,987 | (313) | 41,887 | 41,761 | 126 |
| Pay Expenditure | 420,513 | 34,985 | 35,926 | (941) | 245,542 | 256,429 | (10,887) |
| Drugs | 57,748 | 4,575 | 4,902 | (327) | 33,475 | 32,540 | 935 |
| Recharges | (607) | 32 | (45) | 77 | (331) | (36) | (295) |
| Clinical supplies and services | 73,922 | 6,188 | 6,831 | (643) | 43,100 | 45,710 | (2,610) |
| Other | 82,503 | 7,015 | 7,785 | (770) | 48,332 | 52,929 | (4,597) |
| Central Funds | 1,466 | 0 | 0 | 0 | 0 | 0 | 0 |
| Provision for Liabilities & Charges | 348 | 29 | 17 | 12 | 203 | 119 | 84 |
| Non Pay Expenditure | 215,380 | 17,839 | 19,490 | (1,651) | 124,779 | 131,262 | (6,483) |
| Total Operating Expenditure | 635,893 | 52,824 | 55,416 | (2,592) | 370,321 | 387,691 | (17,370) |
| EBITDA | 46,063 | 4,016 | 3,306 | (710) | 26,201 | 12,662 | (13,539) |
| Interest Receivable | 84 | 7 | 5 | (2) | 49 | 36 | (13) |
| Interest Payable | (565) | (83) | (110) | (27) | (329) | (354) | (25) |
| Depreciation & Amortisation | (31,057) | (2,588) | (2,562) | 26 | (18,117) | (18,002) | 115 |
| Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets | 14,525 | 1,352 | 639 | (713) | 7,804 | (5,658) | (13,462) |
| Profit / (Loss) on Disposal of Fixed Assets | 0 | 0 | 0 | 0 | 0 | (6) | (6) |
| Dividend Payable on PDC | (13,236) | (1,103) | (1,113) | (10) | (7,721) | (7,791) | (70) |
| Net Surplus / (Deficit) | 1,289 | 249 | (474) | (723) | 83 | (13,455) | (13,538) |
| EBITDA MARGIN | 6.75% | | 5.63% | | 0 | 3.16% | |
| Impairment | | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 1,289 | 249 | (474) | (723) | 83 | (13,455) | (13,538) |
| Plan Phasing Adjustment | | 0 | 0 | 0 | 343 | 0 | (343) |
| Net Surplus / (Deficit) after impairment | 1,289 | 249 | (474) | (723) | 426 | (13,455) | (13,881) |

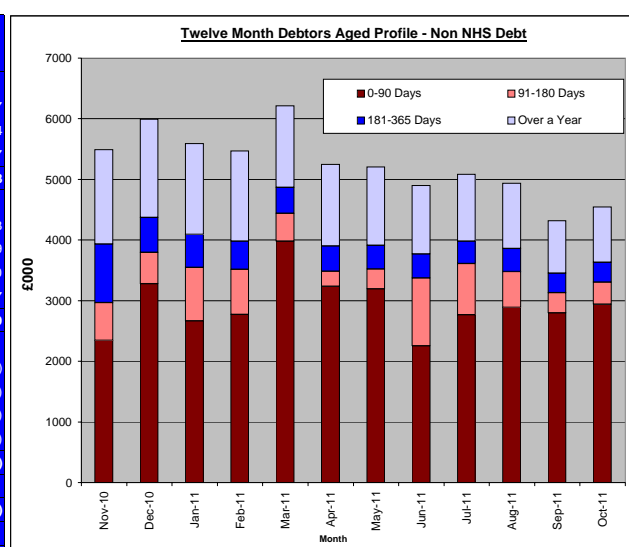
VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 31 October 2011

| | Income | | | | Expenditure | | | | | | | | Total Year to Date | | | |
|----------------------------|----------------------|-----------------------|-----------------|----------------------------------|----------------------|-----------------------|-----------------|----------------------------------|----------------------|-----------------------|-----------------|----------------------------------|----------------------|-----------------------|-----------------|----------------------------------|
| | Annual Plan £ 000 | Plan to Date £ 000 | Actual £ 000 | Variance (Adv) / Fav £ 000 | Pay | | | | Non Pay | | | | Annual Plan £ 000 | Plan to Date £ 000 | Actual £ 000 | Variance (Adv) / Fav £ 000 |
| | | | | | Annual Plan £ 000 | Plan to Date £ 000 | Actual £ 000 | Variance (Adv) / Fav £ 000 | Annual Plan £ 000 | Plan to Date £ 000 | Actual £ 000 | Variance (Adv) / Fav £ 000 | | | | |
| Acute Care | 262,069 | 151,643 | 153,590 | 1,947 | 132,695 | 77,524 | 85,107 | (7,583) | 76,598 | 44,767 | 46,262 | (1,495) | 52,777 | 29,352 | 22,221 | (7,132) |
| Clinical Support | 27,272 | 15,918 | 15,978 | 60 | 106,879 | 62,621 | 63,587 | (966) | 15,310 | 9,127 | 10,635 | (1,508) | (94,917) | (55,830) | (58,244) | (2,415) |
| Planned Care | 194,181 | 113,286 | 114,765 | 1,479 | 78,678 | 46,463 | 48,875 | (2,412) | 43,069 | 25,048 | 26,944 | (1,896) | 72,434 | 41,775 | 38,946 | (2,829) |
| Women's and Children's | 116,739 | 67,607 | 66,168 | (1,439) | 62,532 | 35,922 | 36,074 | (152) | 16,613 | 9,899 | 10,758 | (859) | 37,594 | 21,786 | 19,336 | (2,451) |
| Corporate Directorates | 11,722 | 6,679 | 7,351 | 672 | 39,780 | 23,043 | 22,569 | 474 | 61,765 | 35,616 | 35,702 | (86) | (89,823) | (51,980) | (50,920) | 1,060 |
| Sub-Total Divisions | 611,983 | 355,134 | 357,852 | 2,718 | 420,564 | 245,573 | 256,213 | (10,640) | 213,354 | 124,457 | 130,301 | (5,844) | (21,934) | (14,896) | (28,662) | (13,767) |
| Central Income | 69,973 | 41,388 | 42,501 | 1,113 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 69,973 | 41,388 | 42,501 | 1,113 |
| Central Expenditure | 0 | 0 | 0 | 0 | (51) | (31) | 215 | (246) | 46,801 | 26,097 | 27,078 | (981) | (46,749) | (26,066) | (27,293) | (1,227) |
| Grand Total | 681,956 | 396,522 | 400,353 | 3,831 | 420,512 | 245,542 | 256,429 | (10,887) | 260,154 | 150,554 | 157,379 | (6,825) | 1,289 | 426 | (13,455) | (13,881) |

VALUE FOR MONEY - BALANCE SHEET

| BALANCE SHEET | Mar-11 £000's Actual | Apr-11 £000's Actual | May-11 £000's Actual | Jun-11 £000's Actual | Jul-11 £000's Actual | Aug-11 £000's Actual | Sep-11 £000's Actual | Oct-11 £000's Actual |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Non Current Assets | | | | | | | | |
| Intangible assets | 5,119 | 4,993 | 4,863 | 4,732 | 4,601 | 4,471 | 4,561 | 4,427 |
| Property, plant and equipment | 414,129 | 415,444 | 414,445 | 412,914 | 413,174 | 412,998 | 411,956 | 411,774 |
| Trade and other receivables | 4,818 | 1,864 | 1,866 | 1,848 | 1,916 | 2,050 | 2,188 | 2,197 |
| TOTAL NON CURRENT ASSETS | 424,066 | 422,301 | 421,174 | 419,494 | 419,691 | 419,519 | 418,705 | 418,398 |
| Current Assets | | | | | | | | |
| Inventories | 11,923 | 12,711 | 12,282 | 11,904 | 12,575 | 12,414 | 12,099 | 11,913 |
| Trade and other receivables | 22,722 | 21,221 | 25,862 | 26,426 | 22,757 | 25,585 | 24,381 | 28,929 |
| Other Assets | 0 | 0 | 185 | 257 | 318 | 76 | 0 | 0 |
| Cash and cash equivalents | 10,306 | 14,465 | 9,778 | 4,425 | 8,296 | 21,003 | 15,384 | 20,927 |
| TOTAL CURRENT ASSETS | 44,951 | 48,397 | 48,107 | 43,012 | 43,946 | 59,078 | 51,864 | 61,769 |
| Current Liabilities | | | | | | | | |
| Trade and other payables | (59,556) | (62,010) | (61,877) | (57,626) | (59,126) | (73,592) | (70,946) | (79,572) |
| Dividend payable | 0 | (1,113) | (2,226) | (3,339) | (4,452) | (5,565) | 0 | (1,113) |
| Borrowings | (3,649) | (3,649) | (3,593) | (3,649) | (3,649) | (3,649) | (1,511) | (1,511) |
| Provisions for liabilities and charges | (667) | (667) | (667) | (657) | (667) | (667) | (667) | (667) |
| TOTAL CURRENT LIABILITIES | (63,872) | (67,439) | (68,363) | (65,271) | (67,894) | (83,473) | (73,124) | (82,863) |
| NET CURRENT ASSETS (LIABILITIES) | (18,921) | (19,042) | (20,256) | (22,259) | (23,948) | (24,395) | (21,260) | (21,094) |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 405,145 | 403,259 | 400,918 | 397,235 | 395,743 | 395,124 | 397,445 | 397,304 |
| Non Current Liabilities | | | | | | | | |
| Borrowings | (3,237) | (3,491) | (4,872) | (3,805) | (4,131) | (5,271) | (7,630) | (7,955) |
| Other Liabilities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Provisions for liabilities and charges | (2,232) | (2,255) | (2,217) | (2,143) | (2,195) | (2,202) | (2,128) | (2,133) |
| TOTAL NON CURRENT LIABILITIES | (5,469) | (5,746) | (7,089) | (5,948) | (6,326) | (7,473) | (9,758) | (10,088) |
| TOTAL ASSETS EMPLOYED | 399,676 | 397,513 | 393,829 | 391,287 | 389,417 | 387,651 | 387,687 | 387,216 |
| Public dividend capital | 273,903 | 273,903 | 273,903 | 273,903 | 273,903 | 273,903 | 273,903 | 273,903 |
| Revaluation reserve | 108,683 | 108,683 | 108,683 | 108,651 | 101,001 | 101,001 | 101,001 | 101,001 |
| Retained earnings | 17,090 | 14,927 | 11,243 | 8,733 | 14,513 | 12,747 | 12,783 | 12,312 |
| TOTAL TAXPAYERS EQUITY | 399,676 | 397,513 | 393,829 | 391,287 | 389,417 | 387,651 | 387,687 | 387,216 |



| Type of Debtors | 0-90 days | 91-180 days | 181-365 days | 365+ Days | TOTAL |
|-----------------------------------|---------------|-------------|--------------|------------|---------------|
| | £000s | £000s | £000s | £000s | £000s |
| NHS Sales ledger | 7,146 | (790) | 218 | 35 | 6,609 |
| Non NHS sales ledger by division: | | | | | |
| Corporate Division | 819 | 23 | 153 | 277 | 1,272 |
| Planned Care Division | 369 | 55 | 69 | 211 | 704 |
| Clinical Support Division | 270 | 13 | 12 | 21 | 316 |
| Women's and Children's Division | 166 | 15 | 34 | 75 | 290 |
| Acute Care Division | 1,317 | 260 | 57 | 330 | 1,964 |
| Total Non-NHS sales ledger | 2,941 | 366 | 325 | 914 | 4,546 |
| Total Sales Ledger | 10,087 | 424 | 543 | 949 | 11,155 |
| Other Debtors | | | | | |
| WIP | | | | | 3,948 |
| SLA Phasing & Performance | | | | | 1,234 |
| Bad debt provision | | | | | (1,620) |
| VAT - net | | | | | 744 |
| Other receivables and assets | | | | | 13,468 |
| TOTAL | | | | | 28,929 |

Commentary

The year to date increase in the cash balance reflects £12 million received in advance from the Cluster.

Accounts receivable metrics:

| Invoice cycle time | Non-NHS days sales outstanding (DSO) | | | |
|----------------------------|--------------------------------------|---------------|--------------------|-------------------|
| | Oct - 11 Days | Sep - 11 Days | Oct - 11 YTD Days | Sep - 11 YTD Days |
| Req date to invoice raised | 17.6 | 33.2 | DSO (all debt) | 82.9 |
| Service to invoice raised | 39.6 | 80.7 | DSO (In year debt) | 18 |

VALUE FOR MONEY - CASH FLOW

CASH FLOW for the PERIOD ENDED 31 OCTOBER 2011

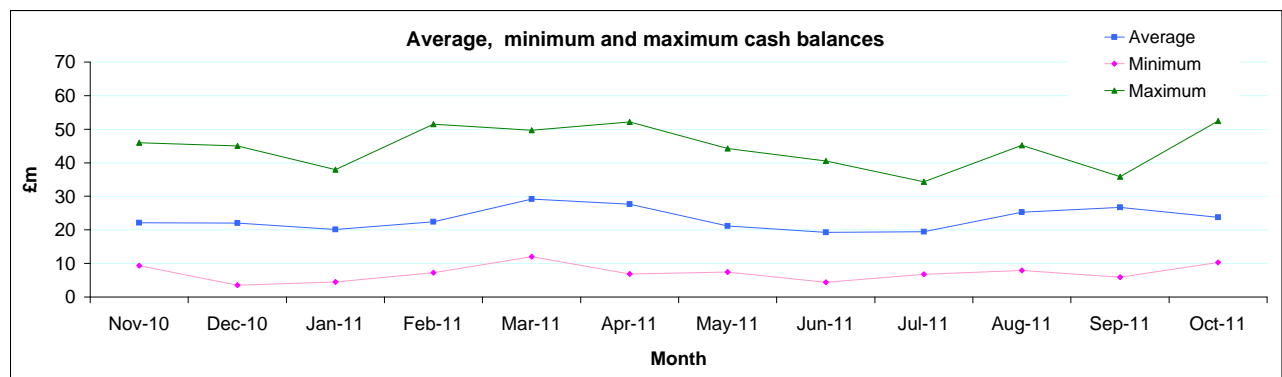
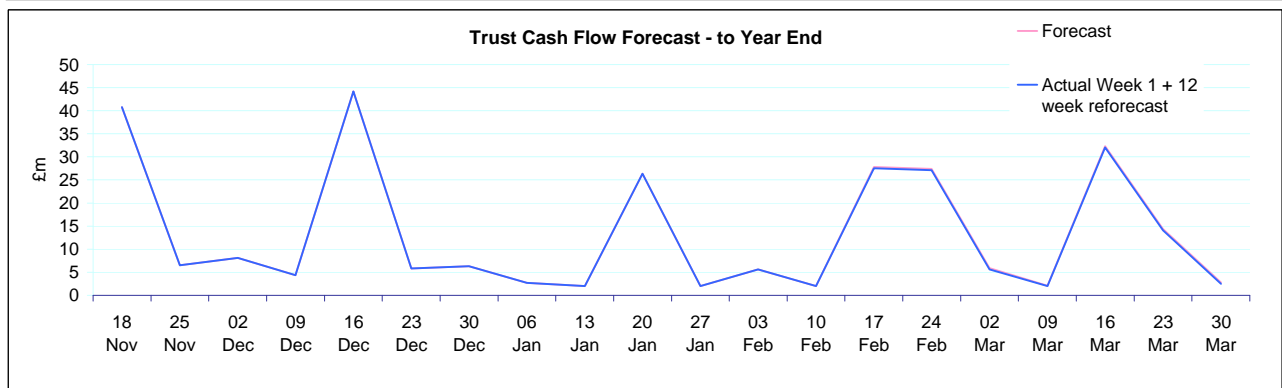
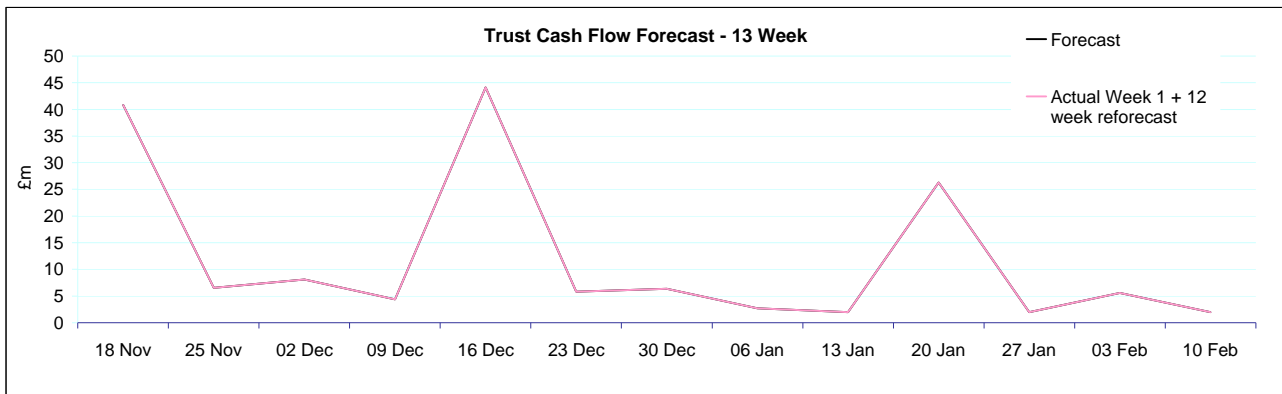
Commentary

The Trust's cash position compared to plan reflects:

- (£13.5 million) adverse variance in the EBITDA YTD position
- £13.5 million increase in trade and other payables.

The 13 week cash forecast is based on the October performance and shows a critical level of cash in the week ending 13th January. Action will be taken to ensure that the balance remains above £2 million at all times.

| | 2011/12 April - October 2011 Plan £ 000 | 2011/12 April - October Actual £ 000 | Variance April - October |
|--|--|---|-----------------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Operating surplus before Depreciation and Amortisation | 26,146 | 12,662 | (13,484) |
| Movements in Working Capital: | | | |
| - Inventories (Inc)/Dec | 1,169 | 10 | (1,159) |
| - Trade and Other Receivables (Inc)/Dec | (3,663) | (3,981) | (318) |
| - Trade and Other Payables Inc/(Dec) | 4,106 | 17,615 | 13,509 |
| - Provisions Inc/(Dec) | (47) | (99) | (52) |
| PDC Dividends paid | (6,677) | (6,678) | (1) |
| Interest paid | (288) | (316) | (28) |
| Other non-cash movements | 292 | 266 | (26) |
| Net Cash Inflow / (Outflow) from Operating Activities | 21,038 | 19,479 | (1,559) |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Interest Received | 49 | 42 | (7) |
| Payments for Property, Plant and Equipment | (9,868) | (7,389) | 2,479 |
| Capital element of finance leases | (2,121) | (1,511) | 610 |
| Net Cash Inflow / (Outflow) from Investing Activities | (11,940) | (8,858) | 3,082 |
| Net Cash Inflow / (Outflow) from Financing | - | - | - |
| Opening cash | 10,306 | 10,306 | - |
| Increase / (Decrease) in Cash | 9,098 | 10,621 | 1,523 |
| Closing cash | 19,404 | 20,927 | 1,523 |



VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Period 1st April 2011 to 31st October 2011

| | Initial Budget | Changes | Revised Plan | Actual Apr-Sep 11/12 | Oct 11/12 | YTD Spend 11/12 | Plan | | | | | | Planned Variance |
|-------------------------------------|----------------|---------------|---------------|----------------------|--------------|-----------------|--------------|--------------|--------------|--------------|--------------|-----------------|------------------|
| | £000's | £000's | £000's | £000's | £000's | £000's | Nov £000's | Dec £000's | Jan £000's | Feb £000's | March £000's | Out Turn £000's | £'000's |
| FUNDING | | | | | | | | | | | | | |
| Depreciation as per CCE | 27,194 | 0 | 27,194 | 13,748 | 2,334 | 16,082 | 2,279 | 2,279 | 2,150 | 2,209 | 2,195 | 27,194 | 0 |
| Transformational Capital | 1,289 | 0 | 1,289 | 0 | 0 | 0 | 0 | 1,289 | 0 | 0 | 0 | 1,289 | 0 |
| Land Swap Disposals | 19,800 | 0 | 19,800 | 19,779 | 0 | 19,779 | 0 | 0 | 0 | 0 | 0 | 19,779 | 21 |
| Donations | 800 | 0 | 800 | 146 | 37 | 183 | 90 | 90 | 100 | 130 | 207 | 800 | 0 |
| Less cash for liquidity | -4,789 | -5,000 | -9,789 | -3,624 | -1,027 | -4,651 | -1,027 | -1,027 | -1,028 | -1,028 | -1,007 | -9,768 | -21 |
| Total Funding | 44,294 | -5,000 | 39,294 | 30,049 | 1,344 | 31,393 | 1,342 | 2,631 | 1,222 | 1,311 | 1,395 | 39,294 | -0 |
| EXPENDITURE | | | | | | | | | | | | | |
| Backlog Maintenance | | | | | | | | | | | | | |
| IM&T | 2,500 | -500 | 2,000 | 703 | 96 | 799 | 161 | 341 | 200 | 217 | 282 | 2,000 | 0 |
| Medical Equipment | 4,522 | -500 | 4,022 | 2,042 | 742 | 2,784 | 79 | 108 | 0 | 0 | 1,052 | 4,022 | 0 |
| LRI Estates | 2,500 | -450 | 2,050 | 705 | 136 | 841 | 150 | 100 | 250 | 250 | 459 | 2,050 | 0 |
| LGH Estates | 1,800 | -150 | 1,650 | 323 | 95 | 418 | 296 | 249 | 229 | 244 | 214 | 1,650 | 0 |
| GGH Estates | 1,700 | -400 | 1,300 | 203 | 111 | 314 | 200 | 100 | 240 | 241 | 205 | 1,300 | 0 |
| Total Backlog Maintenance | 13,022 | -2,000 | 11,022 | 3,977 | 1,180 | 5,157 | 886 | 898 | 919 | 952 | 2,211 | 11,022 | 0 |
| Essential Developments | | | | | | | | | | | | | |
| Carbon Management | 1,000 | -800 | 200 | 0 | 0 | 0 | 0 | 0 | 100 | 100 | 0 | 200 | 0 |
| Diabetes R&D Funding | 550 | | 550 | 30 | 27 | 57 | 120 | 120 | 120 | 99 | 34 | 550 | 0 |
| GGH CDU Phase II | 900 | | 900 | -3 | 1 | -1 | 180 | 180 | 180 | 180 | 181 | 900 | 0 |
| LRI Disabled Car Park | 190 | -190 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gwendolen House / PPD | 650 | -300 | 350 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 350 | 350 | 0 |
| MES Installation Costs | 900 | -400 | 500 | 17 | 5 | 23 | 10 | 10 | 50 | 50 | 57 | 200 | 300 |
| Congenital Heart Surgery | 800 | | 800 | 56 | 20 | 76 | 140 | 130 | 140 | 140 | 174 | 800 | 0 |
| MacMillan Oncology Centre | 300 | | 300 | 30 | 7 | 36 | 40 | 40 | 40 | 70 | 74 | 300 | 0 |
| ED Interim Improvements | 1,500 | -400 | 1,100 | 15 | 1 | 17 | 50 | 104 | 20 | 20 | 21 | 232 | 868 |
| LGH Theatre & Ward Refurbs | 2,050 | | 2,050 | 129 | 237 | 365 | 280 | 294 | 400 | 400 | 469 | 2,208 | -158 |
| Cancer Trials Unit, LRI | 100 | | 100 | 4 | 8 | 12 | 0 | 0 | 8 | 40 | 40 | 100 | 0 |
| Decontamination | 300 | 814 | 1,114 | 954 | 14 | 968 | 0 | 60 | 0 | 0 | 86 | 1,114 | 0 |
| Contingency | 1,600 | -1,600 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Land Swap | 19,801 | | 19,801 | 19,803 | 0 | 19,803 | 0 | 0 | 0 | 0 | 0 | 19,803 | -2 |
| Other IM&T | 131 | | 131 | 137 | -10 | 127 | 0 | 0 | 0 | 0 | 0 | 127 | 4 |
| Residual on 10/11 Schemes | | 209 | 209 | 223 | 62 | 285 | 0 | 0 | 0 | 0 | 0 | 285 | -76 |
| Ward 8 Fire | | | 0 | 43 | 22 | 65 | 90 | 90 | 90 | 45 | 29 | 409 | -409 |
| Capital CIP | | -333 | -333 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 196 | 196 | -529 |
| Donations | 500 | | 500 | 146 | 37 | 183 | 50 | 50 | 60 | 60 | 97 | 500 | 0 |
| Total Essential Developments | 31,272 | -3,000 | 28,272 | 21,582 | 432 | 22,014 | 960 | 1,078 | 1,108 | 1,104 | 1,808 | 28,072 | 0 |
| Total Capital Programme | 44,294 | -5,000 | 39,294 | 25,559 | 1,611 | 27,170 | 1,846 | 1,976 | 2,127 | 2,156 | 4,019 | 39,294 | 0 |
| Original Plan | | | | 29,057 | 2,270 | 31,327 | 2,240 | 994 | 2,774 | 2,774 | 4,185 | 44,294 | |
| Variance Under / (Over) | | | | -3,498 | -659 | -4,157 | -394 | 982 | -647 | -618 | -166 | 0 | |

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT SAFETY

| | YTD : Cumulative or Current? | Target : Local or National? | Target | Thresholds | | |
|---|------------------------------|-----------------------------|--------|---------------------|------------------|-------------------|
| MRSA Bacteraemias | Cumulative | CQUIN | 9 | >= 1 | | 0 |
| CDT Isolates in Patients (UHL - All Ages) | Cumulative | CQUIN | 165 | >= Monthly Target+3 | Monthly Target+2 | <= Monthly Target |
| % of all adults who have had VTE risk assessment on adm to hosp | | | 90% | | | |
| Reduction of hospital acquired venous thrombosis | | | TBC | | | |
| Incidents of Patient Falls | Cumulative | Local Target | 2569 | | | |
| In Hospital Falls resulting in Hip Fracture *** | Cumulative | Local Target | | | | |

CLINICAL EFFECTIVENESS

| | | | | | | |
|---|------------|--------------------------------------|-------|-------|--------|-------|
| Maximum two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | Cumulative | National Target | 93.0% | <90% | 90-93% | >=93% |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | Cumulative | National (With Effect 31st Dec 2009) | 93.0% | ----- | <93% | >=93% |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | Cumulative | National Target | 96.0% | <93% | 93-96% | >=96% |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | Cumulative | National Target | 98.0% | <95% | 95-98% | >=98% |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | Cumulative | National Target | 94.0% | <91% | 91-94% | >=94% |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | Cumulative | National Target | 94.0% | <91% | 91-94% | >=94% |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | Cumulative | National Target | 85.0% | <80% | 80-85% | >=85% |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | Cumulative | National Target | 90.0% | <87% | 87-90% | >=90% |
| 62-Day Wait For First Treatment From Consultant Upgrade | Cumulative | National Target | 85.0% | <80% | 80-85% | >=85% |
| Emergency 30 Day Readmissions (Following Elective Admission) | Current | Local Target | TBC | | | |
| Mortality (CHKS - Risk Adjusted) - Overall | Current | Local Target | 85 | >100 | 85-100 | <85 |
| Stroke - 90% of Stay on a Stroke Unit | Current | National Target | 80.0% | <50% | 50-80% | >=80% |
| Primary PCI Door to Balloon <150 Mins | Cumulative | | 75.0% | <60% | 60-75% | >=75% |
| Pressure Ulcers (Grade 3 and 4) | Cumulative | Local Target | 197 | | | |

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT EXPERIENCE

Thresholds

| | YTD : Cumulative or Current? | Target : Local or National? | Target | | | |
|---|------------------------------|-----------------------------|------------|------|---------------|------------|
| Inpatient Polling - treated with respect and dignity | Current Month | | 95 | | | >=95 |
| Inpatient Polling - rating the care you receive | Current Month | | 91 | | | >=91 |
| % Beds Providing Same Sex Accommodation - Wards | Current Month | National Target | 100% | <80 | >80 and < 100 | 100.0% |
| % Beds Providing Same Sex Accommodation - Intensivist | Current Month | National Target | 100% | <80 | >80 and < 100 | 100.0% |
| A&E Waits - UHL + UCC | Cumulative | National Target | 95.0% | <94% | 94-95% | >=95% |
| A&E Waits - UHL (Type1 and 2) | Cumulative | Local Target | 95.0% | <94% | 94-95% | >=95% |
| Unplanned Re-attendance % | Cumulative | National Target | <=5% | | >5% | <=5% |
| Left without being seen % | Cumulative | National Target | < 5% | | >= 5% | < 5% |
| Time in Dept (95th Percentile) | Cumulative | National Target | < 240 Mins | | >= 240 Mins | < 240 Mins |
| Time to initial assessment (95th Percentile) | Cumulative | National Target | <= 15 Mins | | > 15 Mins | <= 15 Mins |
| Time to treatment (Median) | Cumulative | National Target | <= 60 Mins | | > 60 Mins | <= 60 Mins |
| RTT Admitted Median Wait (Weeks) | Cumulative | National Target | <=11.1 | | | |
| RTT Admitted 95th Percentile (Weeks) | Cumulative | National Target | <=23 | | | |
| RTT Non-Admitted Median Wait (Weeks) | Cumulative | National Target | <=6.6 | | | |
| RTT Non-Admitted 95th Percentile (Weeks) | Cumulative | National Target | <=18.3 | | | |
| RTT Incomplete Median Wait (Weeks) | Cumulative | National Target | <=7.2 | | | |
| RTT Incomplete 95th Percentile (Weeks) | Cumulative | National Target | <=28 | | | |

STAFF EXPERIENCE / WORKFORCE

| | | | | | | |
|------------------|---------------|--------------|------|------|------------|------|
| Sickness absence | Current Month | Local Target | 3% | >4% | >3%<=4% | <=3% |
| Appraisals | Current Month | Local Target | 100% | <90% | >=90%<100% | 100% |

VALUE FOR MONEY

| | | | | | | |
|--|---------------|--------------|---------|--|--|--|
| Income (£000's) | Cumulative | Local Target | 681,756 | | | |
| Operating Cost (£000's) | Cumulative | Local Target | 635,693 | | | |
| Surplus / Deficit (as EBIDTA) (£000's) | Cumulative | Local Target | 46,063 | | | |
| CIP (£000's) | Cumulative | Local Target | 38,245 | | | |
| Cash Flow (£000's) | Current Month | Local Target | 18,200 | | | |
| Financial Risk Rating | Cumulative | Local Target | 3 | | | |

Caring at its best

Divisional Heatmap

Trust Board

Thursday 1st December 2011

October 2011

One team shared values

DIVISIONAL HEAT MAP - Month 7 - 2011/12

QUALITY STANDARDS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Infection Prevention | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 0 | 1 | 0 | 1 | 2 | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 4 | 9 | ◀▶ |
| CDT Isolates in Patients (UHL - All Ages) | 16 | 20 | 12 | 17 | 16 | 14 | 9 | 15 | 7 | 8 | 10 | 8 | 13 | 70 | 165 | ▼ |
| E Coli (from June 1st 2011) *** | NO NATIONAL TARGET | | | | | | | | | | | | | 198 | ---- | |
| MSSA (from May 1st 2011) *** | NO NATIONAL TARGET | | | | | | | | | | | | | 24 | ---- | |
| MRSA Elective Screening (Patient Matched) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100% | ◀▶ |
| MRSA Elective Screening (Patient Not Matched) | 132.9% | 132.2% | 128.7% | 111.8% | 132.9% | 133.2% | 127.7% | 112.5% | 110.5% | 132.4% | 122.7% | 133.2% | 132.9% | 124.3% | 100% | ▲ |
| MRSA Non-Elective Screening (Patient Matched) *** | | 81.1% | 93.7% | 96.5% | 98.6% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100% | ◀▶ |
| MRSA Non-Elective Screening (Patient Not Matched) *** | | 99.8% | 108.6% | 141.6% | 164.1% | 168.3% | 165.3% | 146.9% | 152.7% | 168.0% | 168.0% | 169.4% | 165.6% | 162.1% | 100% | ▲ |
| Patient Safety | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 1 | 0 | 0 | 1 | 3 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 | 0 | ▼ |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | ◀▶ |
| Patient Falls | 268 | 238 | 259 | 286 | 231 | 246 | 271 | 271 | 248 | 263 | 246 | 215 | | 1514 | TBC | |
| Complaints Re-Opened | 19 | 24 | 13 | 14 | 17 | 22 | 17 | 18 | 24 | 17 | 26 | 29 | 29 | 160 | 210 | ◀▶ |
| SUIs (Relating to Deteriorating Patients) | 0 | 1 | 2 | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 4 | 0 | ◀▶ |
| RIDDOR | 5 | 3 | 2 | 8 | 7 | 12 | 1 | 4 | 2 | 10 | 4 | 8 | 4 | 33 | 56 | ▲ |
| In-hospital fall resulting in hip fracture *** | 0 | 0 | 3 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 12 | ◀▶ |
| No of Staffing Level Issues Reported as Incidents | 54 | 75 | 87 | 44 | 34 | 67 | 34 | 62 | 54 | 91 | 82 | 73 | 107 | 503 | 1035 | ▼ |
| Outlying (daily average) | 4 | 10 | 26 | 35 | 15 | 24 | 12 | 8 | 9 | 2 | 10 | 16 | 5 | 5 | 5 | ▼ |
| Pressure Ulcers (Grade 3 and 4) | 11 | 12 | 26 | 33 | 14 | 20 | 15 | 12 | 17 | 16 | 7 | 5 | | 72 | 197 | ▲ |
| ALL Complaints Regarding Attitude of Staff | 21 | 34 | 30 | 32 | 36 | 58 | 42 | 44 | 41 | 37 | 44 | 40 | 42 | 290 | 366 | ▼ |
| ALL Complaints Regarding Discharge | 32 | 27 | 23 | 31 | 35 | 39 | 22 | 29 | 39 | 20 | 27 | 32 | 24 | 193 | 220 | ▲ |
| Bed Occupancy (inc short stay admissions) *** | 91% | 90% | 89% | 92% | 92% | 90% | 89% | 91% | 91% | 91% | 90% | 91% | 93% | 91% | 90% | ▲ |
| Bed Occupancy (excl short stay admissions) *** | 86% | 86% | 85% | 88% | 86% | 85% | 83% | 84% | 84% | 85% | 84% | 85% | 87% | 85% | 86% | ▲ |
| Compliance with Blood Traceability | 98.1% | 99.1% | 98.8% | 98.8% | 98.0% | 98.7% | 99.1% | 98.8% | 98.7% | 94.8% | 92.3% | 93.5% | | 96.3% | 100% | ▲ |

*** Indicates Revised / New Target for 2011/12

DIVISIONAL HEAT MAP - Month 7 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|--------|--------|--------|--------|
| Clinical Effectiveness | | | | | | | | | | | | | | | | |
| Emergency 30 Day Readmissions (Previous Elective) | 5.2% | 5.2% | 5.4% | 5.2% | 4.8% | 5.0% | 4.9% | 4.7% | 5.3% | 4.9% | 5.1% | 4.8% | | 5.0% | 1.6% | ▲ |
| Emergency 30 Day Readmissions (Previous Emergency) | 10.5% | 10.1% | 10.1% | 11.0% | 11.2% | 10.8% | 9.4% | 9.2% | 10.0% | 9.6% | 9.7% | 9.7% | | 9.6% | 8.0% | ▶▶ |
| Mortality (CHKS Risk Adjusted - Overall) *** | 93.6 | 77.5 | 98.1 | 87.7 | 82.5 | 87.9 | 84.8 | 85.9 | 74.8 | 80.7 | 80.0 | 87.0 | | 82.0 | 85 | ▼ |
| Discharge summaries to GP within 24hrs (Quarterly Audit) | 98% | 94% | | | | 97% | | | 99% | | | | | | 100% | ▲ |
| Participation in Monthly Discharge Letter Audit (Quarterly Audit) | 93% | 61% | | | | 73% | | | 92% | | | | | | 100% | ▲ |
| Stroke - 90% of Stay on a Stroke Unit | 78.9% | 80.6% | 74.7% | 58.2% | 56.0% | 79.8% | 85.1% | 86.8% | 89.2% | 88.2% | 88.4% | 74.7% | | 85.3% | 80% | ▼ |
| Stroke - TIA Clinic within 24 Hours | 18.5% | 20.0% | 46.4% | 66.7% | 65.4% | 76.7% | 67.9% | 64.7% | 80.8% | 77.8% | 56.5% | 63.9% | 60.7% | 68.0% | 60% | ▼ |
| No. of # Neck of femurs operated on < 36hrs | 69% | 83% | 67% | 86% | 72% | 72% | 72% | 53% | 71% | 73% | 71% | 56% | 59% | 65% | 70% | ▲ |
| Maternity - Breast Feeding < 48 Hours | 72.1% | 72.6% | 71.6% | 71.5% | 75.0% | 76.3% | 73.8% | 72.9% | 74.4% | 74.9% | 74.7% | 73.3% | 73.2% | 73.9% | 67.0% | ▼ |
| Maternity - % Smoking at Time of Delivery | 10.0% | 12.7% | 12.3% | 15.1% | 11.8% | 11.1% | 12.4% | 9.2% | 10.1% | 9.7% | 10.9% | 11.0% | 11.1% | 10.6% | 18.1% | ▼ |
| Cytology Screening 7 day target | 99.7% | 99.9% | 99.0% | 97.8% | 99.98% | 99.97% | 99.87% | 99.98% | 99.98% | 99.98% | 100.00% | 100.00% | 99.98% | 99.97% | 98% | ▼ |

*** Indicates Revised / New Target for 2011/12

DIVISIONAL HEAT MAP - Month 7 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|

Nursing Metrics

| All Wards (105) | | | | | | | | | | | | | | | | |
|-------------------------------------|---|-----|-----|-----|------|------|-----|-----|-----|------|-----|------|-----|-------|---|--|
| Patient Observation | 87% | 92% | 92% | 92% | 91% | 94% | 95% | 93% | 96% | 97% | 96% | 96% | 95% | 98.0% | ▼ | |
| Pain Management | 87% | 84% | 85% | 85% | 88% | 90% | 92% | 93% | 97% | 96% | 96% | 94% | 91% | 98.0% | ▼ | |
| Falls Assessment | 80% | 80% | 81% | 80% | 85% | 85% | 94% | 91% | 95% | 94% | 94% | 93% | 90% | 98.0% | ▼ | |
| Pressure Area Care | 83% | 90% | 85% | 86% | 89% | 91% | 96% | 93% | 97% | 95% | 95% | 95% | 93% | 98.0% | ▼ | |
| Nutritional Assessment | 80% | 85% | 85% | 82% | 85% | 90% | 95% | 93% | 93% | 95% | 93% | 92% | 90% | 98.0% | ▼ | |
| Medicine Prescribing and Assessment | 94% | 95% | 94% | 96% | 98% | 99% | 99% | 98% | 99% | 100% | 99% | 99% | 95% | 98.0% | ▼ | |
| Hand Hygiene | 94% | 96% | 98% | 98% | 98% | 98% | 95% | 97% | 92% | 94% | 95% | 95% | 97% | 98.0% | ▲ | |
| Resuscitation Equipment | 73% | 77% | 71% | 71% | 84% | 83% | 87% | 91% | 90% | 85% | 82% | 81% | 70% | 98.0% | ▼ | |
| Controlled Medicines | 98% | 98% | 98% | 90% | 100% | 100% | 98% | 99% | 99% | 100% | 99% | 100% | 97% | 98.0% | ▼ | |
| VTE | 61% | 65% | 64% | 69% | 75% | 79% | 80% | 80% | 78% | 81% | 85% | 84% | 86% | 98.0% | ▲ | |
| Patient Dignity | 93% | 94% | 95% | 95% | 96% | 99% | 96% | 98% | 98% | 98% | 99% | 99% | 95% | 98.0% | ▼ | |
| Infection Prevention and Control | 91% | 91% | 92% | 91% | 96% | 94% | 96% | 93% | 96% | 97% | 97% | 99% | 96% | 98.0% | ▼ | |
| Discharge | Red < 80 Amber 80 - 89 Green >=90 | 43% | 35% | 41% | 50% | 60% | 75% | 68% | 77% | 78% | 80% | 80% | 71% | 98.0% | ▼ | |
| Continence | | 75% | 84% | 86% | 91% | 90% | 97% | 95% | 97% | 98% | 98% | 96% | 95% | 98.0% | ▼ | |

Patient Experience

| | | | | | | | | | | | | | | | | |
|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|
| Inpatient Polling - treated with respect and dignity | 95.4 | 94.6 | 96.2 | 95.2 | 95.2 | 95.0 | 96.6 | 96.3 | 96.5 | 95.7 | 96.0 | 95.3 | 96.1 | 96.1 | 95.0 | ▲ |
| Inpatient Polling - rating the care you receive | 82.9 | 85.5 | 85.8 | 86.7 | 86.1 | 83.8 | 88.4 | 87.2 | 87.6 | 87.0 | 85.4 | 85.0 | 86.8 | 86.8 | 91.0 | ▲ |
| Outpatient Polling - treated with respect and dignity | | | | | | | | 96.7 | 93.5 | 84.0 | | 91.0 | 94.3 | 91.9 | 95.0 | ▲ |
| Outpatient Polling - rating the care you receive | | | | | | | | 87.0 | 85.1 | 72.6 | | 82.5 | 85.7 | 82.6 | 85.0 | ▲ |
| % Beds Providing Same Sex Accommodation -Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | 86% | 89% | 93% | 95% | 100% | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |

DIVISIONAL HEAT MAP - Month 7 - 2011/12

OPERATIONAL STANDARDS

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|

Emergency Department

| | | | | | | | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|----------|----|
| ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12) | 96.9% | 94.9% | 93.1% | 92.9% | 94.1% | 93.8% | 93.4% | 93.7% | 95.8% | 97.2% | 93.8% | 92.0% | 92.02% | 93.97% | 95% | ▼ |
| ED 4 Hour Waits - UHL (Type 1 and 2) | 94.8% | 92.0% | 89.2% | 88.6% | 91.1% | 90.4% | 91.5% | 92.1% | 94.7% | 96.4% | 92.1% | 89.9% | 89.8% | 92.3% | 95% | ▼ |
| ED Maximum Wait (Mins) (From Qtr 2 11/12) | 878 | 1,393 | 1,625 | 1,672 | 993 | 927 | 836 | 969 | 921 | 735 | 957 | 1,503 | 983 | 1,503 | 360 | |
| Admitted Median Wait (Mins) -Type1+2 (From Qtr 2 11/12) | 221 | 231 | 232 | 233 | 231 | 229 | 225 | 220 | 215 | 203 | 223 | 231 | 234 | 222 | 205 | ▼ |
| Admitted 95th Percentile Wait (Mins) - Type 1+2 (From Qtr 2 11/12) | 382 | 433 | 532 | 646 | 557 | 572 | 452 | 479 | 436 | 343 | 477 | 568 | 558 | 479 | 350 | ▲ |
| Non-Admitted Median Wait (Mins) - Type 1+2 | 127 | 132 | 129 | 121 | 120 | 133 | 127 | 123 | 124 | 120 | 124 | 132 | 130 | 126 | 105 | ▲ |
| Non-Admitted 95th Percentile Wait (Mins) Type 1+2 (From Qtr 2 11/12) | 238 | 240 | 254 | 241 | 239 | 240 | 240 | 239 | 237 | 235 | 240 | 240 | 240 | 239 | 235 | ◀▶ |
| Time to Initial Assessment - 95th centile (From Qtr 2 11/12) | 52 | 49 | 55 | 55 | 49 | 63 | 70 | 56 | 41 | 39 | 48 | 48 | 61 | 52 | <15 Mins | ▼ |
| Time to Treatment - Median (From Qtr 2 11/12) | 55 | 62 | 60 | 48 | 50 | 58 | 59 | 54 | 50 | 34 | 34 | 39 | 44 | 44 | <60 mins | ▼ |
| Left Without Being Seen % (From Qtr 2 11/12) | 2.2% | 2.5% | 2.7% | 2.1% | 2.2% | 2.5% | 2.5% | 2.2% | 2.0% | 2.1% | 2.8% | 2.4% | 2.9% | 2.4% | <5% | ▼ |
| Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12) | 6.4% | 5.8% | 6.3% | 6.5% | 6.5% | 6.3% | 6.6% | 5.6% | 5.2% | 5.9% | 6.8% | 5.6% | 6.1% | 6.0% | <5% | ▼ |

Coronary Heart Disease

| | | | | | | | | | | | | | | | | |
|---|--------|-------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|-------|-------|----|
| Maintain a maximum 13 week wait for revascularisation (CABG/PTCA) | 100.0% | 98.9% | 96.5% | 92.9% | 93.1% | 95.3% | 94.5% | 95.7% | 100.0% | 100.0% | 99.5% | 98.3% | 99.4% | 98.2% | 99.0% | ▲ |
| Primary PCI Call to Balloon <150 Mins | 83.3% | 95.7% | 86.7% | 96.3% | 88.9% | 86.4% | 85.0% | 81.8% | 96.0% | 82.6% | 94.4% | 72.2% | 84.8% | 85.3% | 75.0% | ▲ |
| Rapid Access Chest Pain Clinics - % in 2 Weeks | 100.0% | 98.9% | 100.0% | 100.0% | 100.0% | 100.0% | 99.5% | 100.0% | 99.0% | 100.0% | 100.0% | 100.0% | 100.0% | 99.8% | 98.0% | ◀▶ |

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 7 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Cancer Treatment | | | | | | | | | | | | | | | | |
| Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 93.0% | 94.5% | 91.3% | 88.5% | 95.7% | 94.5% | 96.3% | 93.7% | 93.4% | 93.9% | 95.3% | 93.1% | | 94.3% | 93% | ▼ |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 97.7% | 94.9% | 98.4% | 99.0% | 95.5% | 95.4% | 97.2% | 94.6% | 98.3% | 97.7% | 96.5% | 97.4% | | 97.1% | 93% | ▲ |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 96.7% | 97.3% | 98.3% | 96.7% | 96.6% | 96.8% | 97.0% | 98.3% | 96.8% | 97.7% | 97.3% | 96.5% | | 97.2% | 96% | ▼ |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 100.0% | 98% | ◀▶ |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | 97.8% | 95.5% | 95.3% | 94.7% | 96.3% | 95.8% | 98.5% | 94.3% | 100.0% | 96.9% | 94.0% | 95.6% | | 96.3% | 94% | ▲ |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 100.0% | 99.4% | 99.3% | 99.3% | 100.0% | 98.8% | 99.1% | 98.7% | 100.0% | 99.3% | 97.8% | 99.3% | | 99.0% | 94% | ▲ |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 85.5% | 86.4% | 88.1% | 85.8% | 87.2% | 85.9% | 86.4% | 85.5% | 83.7% | 81.3% | 82.8% | 80.5% | | 83.2% | 85% | ▼ |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 87.2% | 91.1% | 98.2% | 90.5% | 87.0% | 100.0% | 97.1% | 94.9% | 93.5% | 92.5% | 90.6% | 91.8% | | 92.4% | 90% | ▲ |
| 62-Day Wait For First Treatment From Consultant Upgrade | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | --- | 100.0% | --- | 100.0% | 80.0% | | 90.9% | 85% | ▼ |

*** Indicates Revised / New Target for 2011/12

DIVISIONAL HEAT MAP - Month 7 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| Referral to Treatment | | | | | | | | | | | | | | | | |
| 18 week referral to treatment - admitted | 92.6% | 92.1% | 91.6% | 91.5% | 91.0% | 91.8% | 91.7% | 90.0% | 85.0% | 91.4% | 92.0% | 90.8% | 90.9% | 90.9% | 90% | ◀▶ |
| 18 week referral to treatment - non admitted | 97.1% | 98.3% | 97.0% | 96.9% | 97.1% | 97.1% | 97.3% | 97.2% | 97.0% | 97.2% | 96.8% | 96.6% | 96.4% | 96.4% | 95% | ▼ |
| 18 week Admitted Backlog | 938 | 896 | 988 | 980 | 881 | 839 | 906 | 810 | 670 | 880 | 956 | 1057 | 1104 | 1104 | | |
| 23 week Admitted Backlog | 489 | 485 | 532 | 543 | 549 | 482 | 515 | 452 | 219 | 319 | 474 | 551 | 564 | 564 | | |
| 18 week Non Admitted Backlog | 1289 | 1592 | 1736 | 1560 | 1481 | 1737 | 1461 | 1377 | 1539 | 1898 | 1751 | 1782 | 1639 | 1639 | | |
| RTT Admitted Median Wait (Weeks) | 10.2 | 9.8 | 9.4 | 10.3 | 10.4 | 9.1 | 8.5 | 9.5 | 10.2 | 8.5 | 8.8 | 8.9 | 9.0 | 9.1 | <=11.1 | ▼ |
| RTT Admitted 95th Percentile (Weeks) | 21.3 | 21.9 | 23.1 | 23.7 | 23.2 | 24.1 | 23.5 | 25.1 | 25.2 | 21.2 | 21.1 | 22.9 | 22.5 | 22.8 | <=23.0 | ▲ |
| RTT Non-Admitted Median Wait (Weeks) | 6.7 | 6.2 | 6.1 | 7.0 | 5.5 | 5.4 | 5.3 | 6.4 | 6.2 | 6.0 | 6.5 | 6.8 | 6.3 | 6.2 | <=6.6 | ▲ |
| RTT Non-Admitted 95th Percentile (Weeks) | 17.2 | 17.0 | 16.9 | 17.1 | 16.8 | 16.8 | 16.4 | 16.8 | 17.1 | 17.0 | 17.2 | 17.4 | 17.6 | 17.2 | <=18.3 | ▼ |
| RTT Incomplete Median Wait (Weeks) | 6.0 | 6.1 | 6.8 | 6.7 | 5.2 | 5.5 | 6.3 | 6.4 | 5.8 | 6.3 | 6.3 | 6.4 | 5.9 | 5.9 | <=7.2 | ▲ |
| RTT Incomplete 95th Percentile (Weeks) | 19.1 | 19.8 | 20.9 | 21.9 | 19.1 | 21.8 | 21.3 | 19.4 | 19.6 | 21.1 | 21.1 | 22.5 | 22.6 | 22.6 | <=28.0 | ▼ |

DIVISIONAL HEAT MAP - Month 7 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Access | | | | | | | | | | | | | | | | |
| 6+ Week Wait (Diagnostics) | 5 | 58 | 161 | 207 | 234 | 208 | 182 | 245 | 127 | 129 | 193 | 205 | 206 | 206 | 5 | ▼ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 13,164 | 12,411 | 11,613 | 11,294 | 11,832 | 12,143 | 12,525 | 13,233 | 13,217 | 13,460 | 13,190 | 13,055 | 12,834 | 12,834 | | |
| Outpatient WL (5+ Week Local Target) | 4,138 | 3,701 | 4,376 | 3,584 | 2,784 | 3,111 | 4,170 | 4,197 | 4,121 | 4,623 | 4,851 | 4,713 | 4,555 | 4,555 | | |
| Outpatient WL (11+ Week Local Target) | 51 | 44 | 134 | 158 | 111 | 72 | 203 | 292 | 212 | 236 | 407 | 465 | 548 | 548 | 4 | ▼ |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 8 | 19 | 9 | 16 | 60 | 72 | 86 | 85 | 107 | 196 | 227 | 227 | 0 | ▼ |
| Day case Waiting List (Total) | 5,928 | 5,785 | 5,823 | 5,898 | 5,975 | 5,891 | 5,949 | 6,044 | 5,852 | 5,898 | 5,704 | 5,910 | 5,858 | 5,858 | | |
| Day Case List (11+ Week Local Target) | 1016 | 896 | 1112 | 1204 | 1227 | 1020 | 1148 | 1200 | 965 | 974 | 1192 | 1301 | 1240 | 1240 | 514 | ▲ |
| Day Case List (20+ Week Local Target) | 191 | 203 | 229 | 217 | 254 | 257 | 265 | 202 | 105 | 146 | 197 | 214 | 289 | 289 | 4 | ▼ |
| Day Case List (26+ Week Local Target) | 0 | 0 | 9 | 26 | 27 | 47 | 49 | 64 | 28 | 16 | 5 | 8 | 2 | 2 | 0 | ▲ |
| Inpatient Waiting List (Total) | 2,605 | 2,672 | 2,631 | 2,706 | 2,530 | 2,391 | 2,533 | 2,516 | 2,511 | 2,508 | 2,479 | 2,499 | 2,489 | 2,489 | | |
| Inpatient List (11+ Week Local Target) | 444 | 434 | 512 | 567 | 548 | 495 | 586 | 540 | 533 | 490 | 496 | 515 | 505 | 505 | 720 | ▲ |
| Inpatient List (20+ Week Local Target) | 49 | 56 | 58 | 66 | 76 | 80 | 74 | 88 | 88 | 71 | 65 | 56 | 56 | 56 | 4 | ◀▶ |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 5 | 10 | 12 | 11 | 6 | 16 | 19 | 18 | 11 | 11 | 2 | 2 | 0 | ▲ |
| 48 hours GUM access | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 99.97% | ◀▶ |

DIVISIONAL HEAT MAP - Month 7 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Oct-10 Nov-10 Dec-10 Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 YTD Target Status

Efficiency - Outpatients and Inpatient Length of Stay *** Revised / New Target 2011/12

| | | | | | | | | | | | | | | | | |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----|
| Outpatient DNA Rates (%) | 9.7% | 9.3% | 11.2% | 9.7% | 8.6% | 9.0% | 9.2% | 9.6% | 9.0% | 9.0% | 9.5% | 9.0% | 9.5% | 9.3% | 9.0% | ▼ |
| Outpatient Appts % Cancelled by Hospital *** | 10.8% | 10.2% | 10.4% | 10.4% | 10.9% | 10.5% | 11.4% | 11.6% | 10.4% | 10.9% | 11.1% | 11.0% | 10.3% | 10.9% | 10.5% | ▲ |
| Outpatient Appts % Cancelled by Patient *** | 10.6% | 10.3% | 13.1% | 10.0% | 9.7% | 9.7% | 9.6% | 9.9% | 10.2% | 10.8% | 10.5% | 10.4% | 10.2% | 10.2% | 10.0% | ▲ |
| Outpatient F/Up Ratio | 2.2 | 2.2 | 2.2 | 2.3 | 2.2 | 2.2 | 1.9 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.1 | ◀▶ |
| Ave Length of Stay (Nights) - Emergency | 5.0 | 5.0 | 5.0 | 5.2 | 5.0 | 5.3 | 6.0 | 6.1 | 6.1 | 5.5 | 5.6 | 5.6 | 5.5 | 5.8 | 5.0 | ▲ |
| Ave Length of Stay (Nights) - Elective | 3.6 | 3.8 | 3.8 | 3.1 | 3.4 | 3.3 | 3.6 | 3.4 | 3.1 | 3.6 | 3.5 | 3.8 | 3.6 | 3.5 | 3.8 | ▲ |
| Delayed transfers per 10,000 admissions | 1.5% | 1.1% | 1.5% | 1.9% | 2.0% | 1.8% | 1.5% | 1.5% | 1.5% | 1.6% | 1.5% | 1.5% | 1.7% | 1.5% | 3.5% | ▼ |
| % of Electives admitted on day of procedure *** | 80.1% | 84.0% | 81.0% | 84.9% | 83.9% | 83.2% | 82.8% | 82.1% | 83.0% | 81.5% | 81.9% | 80.8% | 81.3% | 81.9% | 90% | ▲ |

Theatres and Cancelled Operations *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)

| | | | | | | | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Day Case Rate (Basket of 25) | 72.9% | 73.6% | 75.6% | 80.4% | 75.3% | 77.2% | 77.7% | 76.2% | 75.9% | 79.2% | 81.1% | 77.8% | 77.0% | 77.8% | 75.0% | ▼ |
| Inpatient Theatre Utilisation Rate (%) *** | 77.5% | 78.4% | 74.7% | 78.4% | 82.9% | 82.1% | 79.6% | 79.5% | 80.1% | 81.1% | 83.9% | 82.4% | 80.8% | 81.1% | 86.0% | ▼ |
| Day case Theatre Utilisation Rate (%) *** | 74.0% | 79.4% | 79.6% | 89.8% | 90.4% | 91.9% | 74.6% | 74.5% | 74.9% | 73.4% | 78.8% | 78.2% | 75.1% | 75.7% | 86.0% | ▼ |
| Operations cancelled for non-clinical reasons on or after the day of admission | 1.6% | 1.4% | 1.8% | 1.9% | 1.6% | 1.6% | 1.3% | 1.6% | 1.2% | 1.0% | 1.3% | 1.6% | 1.7% | 1.4% | 0.8% | ▼ |
| Cancelled patients offered a date within 28 days of the cancellations | 87.5% | 91.7% | 88.7% | 87.5% | 89.7% | 85.9% | 90.3% | 94.7% | 95.7% | 97.5% | 93.8% | 92.8% | | 94.0% | 95.0% | ▼ |

*** Indicates Revised / New Target for 2011/12

DIVISIONAL HEAT MAP - Month 7 - 2011/12
HUMAN RESOURCES

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|--------|
| Staffing | | | | | | | | | | | | | | | | |
| Contracted staff in post (substantive FTE) | 10145.2 | 10167.5 | 10155.2 | 10158.0 | 10146.7 | 10170.9 | 10146.0 | 10103.3 | 10125.0 | 10101.3 | 10183.9 | 10138.2 | 10186.7 | 10186.7 | | |
| Bank hours paid (FTE) | 287.7 | 262.8 | 250.8 | 283.5 | 242.7 | 257.3 | 279.7 | 260.4 | 256.4 | 281.7 | 243.1 | 241.7 | 254.8 | 254.8 | | |
| Overtime hours paid (FTE) | 92.1 | 100.1 | 110.6 | 109.0 | 102.8 | 84.7 | 89.6 | 82.2 | 80.0 | 88.2 | 74.8 | 63.3 | 57.2 | 57.2 | | |
| Total FTE worked | 10525.0 | 10530.3 | 10516.6 | 10550.5 | 10492.2 | 10512.9 | 10515.3 | 10445.9 | 10461.3 | 10471.2 | 10501.8 | 10443.2 | 10498.6 | 10498.6 | | |
| Pay bill - directly employed staff (£ m) | 35.1 | 35.6 | 35.0 | 35.4 | 35.8 | 36.2 | 35.4 | 35.6 | 35.9 | 35.5 | 35.4 | 35.2 | 35.5 | 248.6 | | |
| Planned CIP reduction this month | 81.0 | 6.7 | 0.0 | 4.6 | -0.2 | 0.0 | | | | | | | | | | |
| Actual CIP reduction this month | 23.7 | 4.6 | 0.7 | -0.2 | 5.7 | -13.0 | | | | | | | | | | |
| Workforce HR Indicators | | | | | | | | | | | | | | | | |
| Sickness absence | 3.8% | 3.7% | 4.7% | 4.0% | 3.4% | 3.4% | 3.2% | 3.0% | 3.4% | 3.4% | 3.2% | 3.4% | 4.2% | 3.4% | 3.0% | ▼ |
| Appraisals | 86.1% | 90.1% | 93.2% | 91.3% | 90.1% | 90.3% | 90.4% | 88.8% | 86.8% | 85.9% | 87.7% | 88.7% | 93.5% | 93.5% | 100% | ▲ |
| Turnover | 7.8% | 8.3% | 7.8% | 8.1% | 8.3% | 8.0% | 8.7% | 8.6% | 8.6% | 8.6% | 8.5% | 8.1% | 8.0% | | 10.0% | ▼ |
| Formal action under absence policy - Warnings issued | 13 | 21 | 14 | 27 | 22 | 25 | 22 | 27 | 26 | 21 | 27 | 17 | 32 | 172 | | |
| Formal action under absence policy – Dismissals | 1 | 1 | 3 | 4 | 0 | 3 | 0 | 4 | 6 | 5 | 6 | 3 | 3 | 27 | | |
| % Corporate Induction attendance | 91.0% | 88.0% | 88.0% | 87.0% | 93.0% | 96.0% | 93.0% | 86.0% | 91.0% | 89.0% | 80.0% | 96.0% | 86.0% | | 95.0% | ▼ |

DIVISIONAL HEAT MAP - Month 7 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | ◀▶ |
| CDT Positives (UHL) | 8 | 5 | 1 | 6 | 6 | 6 | 5 | 5 | 3 | 2 | 4 | 1 | 3 | 23 | 45 | ▼ |
| SAME SEX ACCOMMODATION | | | | | | | | | | | | | | | | |
| % Beds Providing Same Sex Accommodation - Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 7.3% | 7.5% | 7.0% | 7.5% | 7.2% | 7.0% | 7.5% | 7.0% | 7.8% | 7.4% | 7.7% | 7.8% | | 7.5% | 6.5% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 4.3% | 4.4% | 4.0% | 4.6% | 4.3% | 4.4% | 4.7% | 4.6% | 5.1% | 5.1% | 5.1% | 5.0% | | 4.9% | 4.0% | ▲ |
| 30 Day Readmission Rate (CHKS) | 7.1% | 7.5% | 6.8% | 7.5% | 7.0% | 7.1% | 7.5% | 7.2% | 7.6% | 7.6% | 7.3% | | | 7.5% | 6.5% | ▲ |
| Mortality (UHL Data) | 0.9% | 0.6% | 1.0% | 0.8% | 0.7% | 0.6% | 0.9% | 0.8% | 0.7% | 0.6% | 0.7% | 0.7% | 0.6% | 0.7% | 0.9% | ▲ |
| Mortality (CHKS - Risk Adjusted - Peers to be Confirmed) | 110.2 | 76.3 | 108.9 | 89.1 | 76.1 | 76.7 | 82.5 | 90.1 | 76.5 | 79.8 | 83.5 | 86.0 | | 85.0 | 90.0 | ▼ |
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | ▼ |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | ◀▶ |
| Patient Falls | 92 | 61 | 79 | 79 | 50 | 87 | 57 | 61 | 56 | 62 | 60 | 65 | | 361 | TBC | |
| Complaints Re-Opened | 10 | 10 | 5 | 4 | 11 | 7 | 9 | 6 | 13 | 7 | 15 | 15 | 14 | 79 | 95 | ▲ |
| SUIs (Relating to Deteriorating Patients) | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 4 | 0 | ◀▶ |
| RIDDOR | 2 | 1 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 3 | 1 | 5 | 6 | ▲ |
| In-hospital fall resulting in hip fracture | | | | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | ◀▶ |
| No of Staffing Level Issues Reported as Incidents | 4 | 3 | 12 | 11 | 7 | 4 | 6 | 2 | 6 | 3 | 7 | 9 | 24 | 57 | 95 | ▼ |
| Outlying (daily average) | 2 | 4 | 12 | 8 | 6 | 2 | 3 | 3 | 1 | 0 | 3 | 4 | 3 | 3 | 2 | ▲ |
| Pressure Ulcers (Grade 3 and 4) | 6 | 3 | 7 | 8 | 6 | 9 | 3 | 3 | 1 | 5 | 4 | 0 | | 16 | 75 | ▲ |
| ALL Complaints Regarding Attitude of Staff | 10 | 9 | 6 | 10 | 11 | 17 | 10 | 12 | 15 | 19 | 17 | 8 | 11 | 92 | 122 | ▼ |
| ALL Complaints Regarding Discharge | 13 | 11 | 6 | 12 | 8 | 11 | 6 | 7 | 17 | 8 | 8 | 11 | 8 | 65 | 80 | ▲ |
| Bed Occupancy (inc short stay admissions) | 92% | 90% | 87% | 93% | 92% | 88% | 89% | 92% | 90% | 93% | 91% | 92% | 95% | 92% | 90% | ▲ |
| Bed Occupancy (excl short stay admissions) | 89% | 86% | 83% | 88% | 85% | 83% | 84% | 86% | 85% | 89% | 88% | 89% | 91% | 87% | 86% | ▲ |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | 86% | 95% | 89% | 91% | 91% | 95% | 93% | 93% | 95% | 95% | 97% | 96% | 95% | | 98.0% | ▼ |
| Pain Management | 85% | 84% | 88% | 82% | 85% | 89% | 86% | 94% | 97% | 96% | 96% | 94% | 94% | | 98.0% | ◀▶ |
| Falls Assessment | 72% | 79% | 77% | 74% | 85% | 72% | 82% | 89% | 94% | 92% | 95% | 88% | 93% | | 98.0% | ▲ |
| Pressure Area Care | 80% | 90% | 82% | 82% | 86% | 88% | 91% | 90% | 94% | 92% | 95% | 95% | 95% | | 98.0% | ◀▶ |
| Nutritional Assessment | 79% | 90% | 83% | 80% | 86% | 82% | 94% | 91% | 90% | 93% | 96% | 93% | 96% | | 98.0% | ▲ |
| Medicine Prescribing and Assessment | 95% | 95% | 94% | 95% | 98% | 96% | 99% | 99% | 98% | 98% | 96% | 95% | 95% | | 98.0% | ◀▶ |
| Hand Hygiene | | | | | | | | | | | | | | | 98.0% | |
| Resuscitation Equipment | 74% | 85% | 75% | 63% | 74% | 88% | 91% | 93% | 75% | 85% | 75% | 81% | 78% | | 98.0% | ▼ |
| Controlled Medicines | 98% | 96% | 100% | 85% | 98% | 97% | 98% | 96% | 100% | 98% | 100% | 100% | 100% | | 98.0% | ◀▶ |
| VTE | 66% | 74% | 69% | 77% | 80% | 86% | 85% | 89% | 81% | 89% | 89% | 90% | 91% | | 98.0% | ▲ |
| Patient Dignity | 95% | 94% | 93% | 96% | 94% | 99% | 97% | 95% | 98% | 96% | 97% | 98% | 96% | | 98.0% | ▼ |
| Infection Prevention and Control | 91% | 94% | 86% | 92% | 94% | 88% | 86% | 90% | 94% | 96% | 96% | 97% | 95% | | 98.0% | ▼ |
| Discharge | | | | | | | 68% | 64% | 74% | 81% | 79% | 80% | 75% | | 98.0% | ▼ |
| Continence | | 73% | 85% | 88% | 94% | 89% | 93% | 96% | 96% | 97% | 99% | 96% | 94% | | 98.0% | ▼ |
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 90.9% | 90.2% | 89.7% | 89.8% | 89.7% | 90.3% | 90.3% | 87.5% | 81.4% | 88.6% | 89.5% | 87.5% | 87.6% | 87.6% | 90.0% | ▲ |
| RTT - Non Admitted | 95.3% | 93.6% | 94.6% | 94.6% | 95.8% | 95.6% | 95.4% | 95.6% | 95.1% | 95.4% | 95.0% | 94.6% | 94.1% | 94.1% | 95.0% | ▼ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 8,232 | 8,020 | 7,457 | 7,295 | 7,508 | 7,612 | 7,962 | 8,277 | 8,191 | 8,366 | 8,160 | 8,256 | 8,351 | 8,351 | | |
| Outpatient WL (5+ Week Local Target) | 2,960 | 2,776 | 3,292 | 2,703 | 2,133 | 2,285 | 3,048 | 3,060 | 2,986 | 3,331 | 3,420 | 3,553 | 3,484 | 3,484 | | |
| Outpatient WL (11+ Week Local Target) | 51 | 43 | 134 | 156 | 108 | 70 | 202 | 276 | 200 | 220 | 391 | 454 | 539 | 539 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 8 | 18 | 8 | 16 | 59 | 71 | 84 | 83 | 103 | 187 | 221 | 221 | 0 | ▼ |
| Day case Waiting List (Total) | 4,715 | 4,676 | 4,641 | 4,678 | 4,773 | 4,726 | 4,742 | 4,869 | 4,686 | 4,673 | 4,496 | 4,716 | 4,691 | 4,691 | | |
| Day Case List (11+ Week Local Target) | 962 | 852 | 1,047 | 1,148 | 1,142 | 958 | 1,063 | 1,123 | 920 | 920 | 1,113 | 1,231 | 1,192 | 1,192 | | |
| Day Case List (20+ Week Local Target) | 191 | 203 | 228 | 217 | 254 | 254 | 261 | 201 | 104 | 143 | 196 | 210 | 285 | 285 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 9 | 26 | 27 | 45 | 47 | 64 | 28 | 14 | 4 | 8 | 2 | 2 | 0 | ▲ |
| Inpatient Waiting List (Total) | 1,851 | 1,881 | 1,870 | 1,924 | 1,773 | 1,667 | 1,761 | 1,774 | 1,745 | 1,776 | 1,797 | 1,822 | 1,821 | 1,821 | | |
| Inpatient List (11+ Week Local Target) | 373 | 373 | 420 | 441 | 427 | 391 | 475 | 446 | 451 | 407 | 433 | 452 | 447 | 447 | | |
| Inpatient List (20+ Week Local Target) | 46 | 53 | 57 | 63 | 71 | 72 | 65 | 82 | 88 | 70 | 65 | 56 | 56 | 56 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 5 | 10 | 12 | 11 | 6 | 16 | 19 | 18 | 11 | 11 | 2 | 2 | 0 | ▲ |

Red < 80
Amber 80 - 89
Green >=90

DIVISIONAL HEAT MAP - Month 7 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| OPERATIONAL PERFORMANCE *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11) | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | 24.0% | 34.0% | 17.0% | 18.0% | 29.0% | 22.0% | 24.0% | 22.0% | 22.0% | 19.0% | 27.0% | 24.0% | 34.0% | 24.6% | 4.0% | ▼ |
| Elective LOS | 3.3 | 3.5 | 3.3 | 2.8 | 3.1 | 3.1 | 3.4 | 3.1 | 2.8 | 3.2 | 3.3 | 3.6 | 3.2 | 3.2 | 3.0 | ▲ |
| Non Elective LOS | 5.9 | 5.9 | 6.2 | 5.8 | 5.8 | 6.0 | 6.2 | 6.1 | 6.3 | 5.6 | 6.0 | 5.8 | 6.3 | 6.0 | 5.8 | ▼ |
| % of Electives Adm.on day of proc. | 90.5% | 92.2% | 91.0% | 92.1% | 91.7% | 91.4% | 91.2% | 90.9% | 91.4% | 91.2% | 91.8% | 90.9% | 91.2% | 91.2% | 90.0% | ▲ |
| Day Case Rate (Basket of 25) | 70.9% | 73.5% | 75.2% | 78.7% | 74.6% | 76.1% | 77.7% | 75.8% | 74.1% | 77.2% | 81.1% | 78.4% | 75.8% | 77.1% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 78.8% | 79.3% | 79.3% | 81.8% | 79.0% | 80.1% | 79.8% | 80.1% | 79.5% | 79.1% | 80.2% | 80.4% | 80.0% | 79.9% | 79.0% | ▼ |
| Inpatient Theatre Utilisation *** | 76.2% | 78.4% | 75.0% | 77.2% | 82.3% | 80.7% | 78.3% | 77.3% | 79.7% | 81.0% | 83.2% | 81.3% | 79.1% | 80.1% | 86.0% | ▼ |
| Day Case Theatre Utilisation *** | 74.8% | 78.8% | 79.0% | 85.4% | 88.5% | 88.7% | 66.1% | 66.9% | 70.4% | 71.1% | 74.1% | 75.8% | 73.4% | 71.2% | 86.0% | ▼ |
| Outpatient New : F/Up Ratio | 2.3 | 2.3 | 2.4 | 2.6 | 2.5 | 2.4 | 2.6 | 2.5 | 2.5 | 2.5 | 2.5 | 2.7 | 2.5 | 2.5 | 2.3 | ▲ |
| Outpatient DNA Rate | 9.4% | 9.1% | 11.1% | 9.9% | 8.7% | 9.0% | 8.9% | 9.1% | 9.0% | 8.7% | 9.4% | 8.9% | 9.4% | 9.1% | 9.0% | ▼ |
| Outpatient Hosp Canc Rate | 11.4% | 11.3% | 10.9% | 10.9% | 11.9% | 10.8% | 12.2% | 12.2% | 10.1% | 11.1% | 10.9% | 10.7% | 10.6% | 11.1% | 9.0% | ▲ |
| Outpatient Patient Canc Rate | 10.1% | 9.5% | 12.6% | 9.5% | 9.2% | 9.0% | 9.3% | 9.3% | 9.7% | 10.2% | 9.8% | 10.0% | 9.7% | 9.7% | 9.0% | ▲ |
| SCREENING PROGRAMMES | | | | | | | | | | | | | | | | |
| Diabetic Retinopathy - % Uptake | 42.1% | 62.3% | 28.6% | 59.8% | 70.1% | 56.0% | 48.9% | 38.7% | 37.0% | 35.3% | 44.1% | 35.5% | 43.2% | 39.8% | 50.0% | ▲ |
| Diabetic Retinopathy - % Results in 3 Weeks | 77.7% | 74.2% | 82.3% | 64.0% | 80.9% | 82.3% | 83.7% | 75.1% | 95.5% | 76.9% | 85.7% | 86.7% | 84.1% | 84.2% | 90.0% | ▼ |
| Diabetic Retinopathy - % Treatment in 4 Weeks | ----- | 0.0% | ----- | 50.0% | 50.0% | ----- | 50.0% | 50.0% | 0.0% | 0.0% | ----- | 0.0% | 88.9% | 50.0% | | |
| Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month | 6.0% | 11.3% | 5.7% | 5.2% | 7.0% | 7.1% | 5.6% | 6.3% | 6.0% | 5.3% | 7.1% | 8.6% | 10.6% | 7.1% | 6.0% | ▲ |
| Abdominal Aortic Aneurysm - % Uptake | 100.0% | 96.1% | 100.0% | 94.1% | 97.1% | 96.2% | 90.0% | 97.8% | 107.0% | 96.5% | 114.3% | 111.9% | 115.9% | 104.6% | 99.0% | ▲ |
| Abdominal Aortic Aneurysm - 30 Day post-operative Mortality | 0.0% | 0.0% | ----- | ----- | 0.0% | | 0.0% | 0.0% | 0.0% | 0.0% | 9.1% | 0.0% | | 2.6% | 0.0% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Appraisals | 86.0% | 93.7% | 95.3% | 95.0% | 94.5% | 95.6% | 94.8% | 92.3% | 91.8% | 90.0% | 90.4% | 89.8% | 91.1% | 91.1% | 100% | ▲ |
| Sickness Absence | 3.1% | 2.8% | 3.9% | 3.3% | 3.1% | 2.9% | 2.7% | 2.7% | 3.0% | 3.1% | 3.1% | 3.2% | 4.6% | 3.2% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 8.8 | 7.2 | 6.4 | 6.8 | 4.6 | 2.4 | 1.8 | 3.9 | 8.0 | 8.6 | 2.7 | 1.8 | 2.8 | | | |
| Bank FTE | 75.0 | 63.9 | 57.6 | 61.3 | 50.4 | 53.0 | 62.9 | 55.7 | 53.3 | 56.4 | 52.7 | 48.6 | 59.5 | | | |
| Actual net FTE reduction this month | 6.1 | 6.8 | -7.6 | -8.4 | -10.9 | -12.3 | 37.6 | -37.4 | 2.4 | 35.2 | 7.4 | -21.9 | 21.9 | 45.3 | | |
| Planned FTE reduction this month | 52.8 | 2.5 | 0.5 | 0.0 | 0.0 | 0.0 | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

PLANNED CARE - Specialist Surgery

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 91.2% | 91.2% | 91.2% | 90.3% | 92.7% | 93.4% | 93.2% | 90.9% | 82.6% | 94.0% | 92.5% | 90.4% | 91.2% | 91.2% | 90.0% | ▲ |
| RTT - Non Admitted | 96.0% | 91.0% | 94.6% | 94.6% | 96.2% | 96.6% | 96.3% | 96.8% | 96.4% | 96.3% | 95.7% | 94.7% | 94.6% | 94.6% | 95.0% | ▼ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 4,270 | 4,226 | 3,767 | 3,811 | 3,719 | 3,689 | 3,992 | 4,238 | 4,142 | 4,196 | 4,038 | 4,141 | 4,323 | 4,323 | | |
| Outpatient WL (5+ Week Local Target) | 1,594 | 1,562 | 1,676 | 1,441 | 990 | 951 | 1,474 | 1,602 | 1,415 | 1,733 | 1,653 | 1,828 | 1,860 | 1,860 | | |
| Outpatient WL (11+ Week Local Target) | 12 | 21 | 86 | 67 | 29 | 6 | 61 | 126 | 39 | 41 | 132 | 154 | 175 | 175 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 3 | 2 | 2 | 0 | 3 | 10 | 5 | 6 | 9 | 3 | 3 | 3 | 0 | ▶▶ |
| Day case Waiting List (Total) | 2,501 | 2,512 | 2,421 | 2,378 | 2,517 | 2,471 | 2,396 | 2,527 | 2,453 | 2,417 | 2,277 | 2,367 | 2,308 | 2,308 | | |
| Day Case List (11+ Week Local Target) | 508 | 439 | 465 | 525 | 549 | 451 | 491 | 589 | 463 | 466 | 574 | 632 | 598 | 598 | | |
| Day Case List (20+ Week Local Target) | 98 | 119 | 109 | 83 | 86 | 79 | 81 | 55 | 10 | 40 | 73 | 89 | 151 | 151 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 2 | 1 | 14 | 18 | 10 | 8 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | ▲ |
| Inpatient Waiting List (Total) | 451 | 434 | 415 | 414 | 353 | 292 | 278 | 287 | 248 | 261 | 267 | 296 | 330 | 330 | | |
| Inpatient List (11+ Week Local Target) | 70 | 63 | 75 | 91 | 77 | 52 | 65 | 57 | 56 | 44 | 40 | 42 | 31 | 31 | | |
| Inpatient List (20+ Week Local Target) | 9 | 13 | 8 | 4 | 8 | 9 | 5 | 3 | 1 | 2 | 8 | 5 | 4 | 4 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 1.9 | 2.1 | 1.5 | 1.7 | 2.2 | 2.0 | 2.1 | 2.2 | 2.0 | 2.0 | 2.0 | 2.1 | 2.1 | 2.1 | 1.9 | ◀▶ |
| Non Elective LOS | 4.3 | 5.5 | 5.4 | 4.2 | 4.7 | 5.3 | 5.7 | 5.4 | 6.5 | 4.6 | 5.0 | 4.1 | 5.9 | 5.3 | 4.7 | ▼ |
| % of Electives Adm.on day of proc. | 88.6% | 89.6% | 89.6% | 89.3% | 85.4% | 85.1% | 86.4% | 84.8% | 85.3% | 87.8% | 88.2% | 82.7% | 86.7% | 86.0% | 85.0% | ▲ |
| Day Case Rate (Basket of 25) | 81.0% | 86.3% | 87.9% | 88.7% | 87.0% | 90.2% | 88.0% | 89.0% | 87.8% | 88.8% | 88.7% | 90.0% | 89.3% | 88.8% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 69.4% | 71.8% | 71.3% | 75.7% | 71.0% | 75.0% | 70.9% | 71.7% | 73.3% | 72.5% | 71.0% | 75.1% | 71.7% | 72.4% | 70.0% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 3.8% | 3.5% | 3.1% | 2.9% | 3.1% | 3.2% | 3.5% | 2.7% | 3.2% | 3.1% | 3.3% | 2.7% | | 3.1% | 2.8% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 1.9% | 1.8% | 1.2% | 1.3% | 1.4% | 1.5% | 1.8% | 1.5% | 1.9% | 1.6% | 1.7% | 1.3% | | 1.6% | 1.3% | ▲ |
| Outpatient New : F/Up Ratio | 2.1 | 2.1 | 2.0 | 2.2 | 2.1 | 2.0 | 2.1 | 2.1 | 2.0 | 2.1 | 2.0 | 2.2 | 2.3 | 2.1 | 1.9 | ▼ |
| Outpatient DNA Rate | 9.7% | 9.6% | 11.6% | 10.3% | 9.3% | 9.5% | 9.1% | 9.4% | 9.5% | 9.2% | 9.5% | 9.2% | 9.9% | 9.4% | 9.5% | ▼ |
| Outpatient Hosp Canc Rate | 11.3% | 12.1% | 11.9% | 11.3% | 10.6% | 10.9% | 14.2% | 13.3% | 11.0% | 12.4% | 13.0% | 13.3% | 13.5% | 12.9% | 11.5% | ▼ |
| Outpatient Patient Canc Rate | 11.3% | 10.8% | 14.3% | 10.6% | 10.1% | 10.2% | 10.2% | 10.4% | 10.7% | 11.3% | 10.9% | 10.7% | 10.4% | 10.7% | 10.0% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 99% | 94% | 91% | 99% | 93% | 91% | 92% | 91% | 86% | 86% | 100% | 100% | 100% | 94% | 90.0% | ◀▶ |

DIVISIONAL HEAT MAP - Month 7 2011/12

| | | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| PLANNED CARE - Specialist Surgery | HR and FINANCE | | | | | | | | | | | | | | | | |
| | Staffing : Nurses per Bed | | | | | | | | | | | | | | | | 1.1 |
| | Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| | Sickness Absence | 4.8% | 4.4% | 3.9% | 3.1% | 3.4% | 4.0% | 2.8% | 2.7% | 3.2% | 2.4% | 2.4% | 2.4% | 4.1% | 2.9% | 3.0% | ▼ |
| | Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| | Overtime FTE | 1.8 | 1.9 | 1.8 | 1.4 | 1.2 | 1.4 | 1 | 0.7 | 1.7 | 1.1 | 0.7 | 0.2 | 0.6 | | | |
| | Bank FTE | 20.8 | 16.8 | 15.2 | 21.8 | 19.0 | 17.8 | 26.0 | 18.2 | 18.2 | 17.5 | 15.7 | 16.3 | 23.0 | | | |
| | Actual net FTE reduction this month | 5.3 | 0.5 | -3.4 | 1.3 | 5.1 | -3.5 | 13.0 | -14.6 | 2.9 | 13.7 | 9.5 | -6.3 | 8.0 | 26.1 | | |
| | Planned FTE reduction this month | 26.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | | | | |
| | Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

PLANNED CARE - GI Medicine / Surgery

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 90.3% | 87.2% | 85.8% | 87.9% | 84.5% | 83.8% | 83.6% | 80.7% | 73.6% | 78.3% | 83.8% | 81.3% | 80.9% | 80.9% | 90.0% | ▼ |
| RTT - Non Admitted | 95.0% | 91.0% | 94.6% | 93.1% | 95.7% | 90.5% | 89.9% | 90.6% | 86.9% | 90.1% | 90.9% | 92.8% | 87.9% | 87.9% | 95.0% | ▼ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 1,995 | 2,054 | 2,028 | 1,860 | 2,060 | 2,227 | 2,171 | 2,163 | 2,378 | 2,569 | 2,422 | 2,457 | 2,429 | 2,429 | | |
| Outpatient WL (5+ Week Local Target) | 654 | 677 | 922 | 741 | 678 | 811 | 996 | 878 | 1,041 | 1,133 | 1,254 | 1,205 | 1,177 | 1,177 | | |
| Outpatient WL (11+ Week Local Target) | 13 | 11 | 30 | 46 | 55 | 54 | 120 | 128 | 143 | 167 | 229 | 277 | 336 | 336 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 4 | 16 | 6 | 16 | 56 | 61 | 79 | 76 | 92 | 182 | 217 | 217 | 0 | ▼ |
| Day case Waiting List (Total) | 1,476 | 1,388 | 1,461 | 1,573 | 1,512 | 1,489 | 1,594 | 1,578 | 1,425 | 1,398 | 1,405 | 1,449 | 1,470 | 1,470 | | |
| Day Case List (11+ Week Local Target) | 398 | 346 | 454 | 484 | 474 | 413 | 447 | 435 | 351 | 354 | 419 | 446 | 428 | 428 | | |
| Day Case List (20+ Week Local Target) | 93 | 84 | 116 | 131 | 159 | 164 | 168 | 143 | 84 | 102 | 117 | 118 | 129 | 129 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 7 | 25 | 12 | 26 | 37 | 54 | 28 | 14 | 4 | 6 | 2 | 2 | 0 | ▲ |
| Inpatient Waiting List (Total) | 529 | 507 | 519 | 586 | 545 | 532 | 567 | 536 | 531 | 539 | 521 | 487 | 474 | 474 | | |
| Inpatient List (11+ Week Local Target) | 166 | 162 | 157 | 153 | 157 | 180 | 211 | 201 | 190 | 172 | 179 | 170 | 152 | 152 | | |
| Inpatient List (20+ Week Local Target) | 37 | 37 | 47 | 51 | 50 | 46 | 46 | 66 | 70 | 63 | 50 | 40 | 40 | 40 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 4 | 10 | 12 | 10 | 6 | 14 | 17 | 18 | 11 | 11 | 2 | 2 | 0 | ▲ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 3.9 | 4.5 | 4.0 | 3.4 | 3.7 | 3.5 | 3.7 | 3.5 | 3.1 | 3.6 | 3.9 | 4.9 | 3.9 | 3.8 | 3.5 | ▲ |
| Non Elective LOS | 5.6 | 5.1 | 4.9 | 5.0 | 4.9 | 5.4 | 5.4 | 5.2 | 5.5 | 5.4 | 5.8 | 5.3 | 5.9 | 5.5 | 5.3 | ▼ |
| % of Electives Adm.on day of proc. | 90.3% | 93.3% | 91.6% | 91.6% | 94.2% | 94.4% | 93.8% | 91.2% | 93.4% | 91.6% | 93.6% | 92.5% | 91.9% | 92.6% | 90.0% | ▼ |
| Day Case Rate (Basket of 25) | 42.6% | 43.4% | 42.5% | 54.5% | 47.5% | 48.1% | 48.0% | 50.5% | 46.2% | 50.2% | 57.2% | 58.6% | 50.7% | 51.3% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 82.2% | 81.1% | 80.0% | 84.3% | 82.6% | 82.1% | 82.2% | 82.3% | 80.5% | 81.5% | 83.1% | 82.2% | 83.3% | 82.2% | 85.0% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 7.9% | 8.3% | 7.2% | 8.3% | 7.8% | 7.1% | 7.8% | 7.4% | 8.0% | 8.0% | 7.4% | 7.7% | | 7.7% | 7.0% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 4.1% | 4.1% | 3.7% | 4.4% | 4.3% | 3.6% | 3.8% | 4.3% | 4.5% | 4.8% | 4.1% | 3.9% | | 4.2% | 3.8% | ▲ |
| Outpatient New : F/Up Ratio | 1.9 | 1.9 | 1.9 | 2.1 | 2.0 | 2.2 | 2.1 | 2.0 | 2.2 | 2.0 | 1.8 | 2.2 | 1.8 | 2.0 | 2.0 | ▲ |
| Outpatient DNA Rate | 8.9% | 8.5% | 10.4% | 10.0% | 8.1% | 8.4% | 8.5% | 8.4% | 7.5% | 7.9% | 8.3% | 7.9% | 8.9% | 8.2% | 8.2% | ▼ |
| Outpatient Hosp Canc Rate | 14.4% | 15.6% | 15.3% | 11.8% | 19.3% | 16.7% | 14.2% | 15.1% | 15.4% | 16.2% | 15.3% | 12.0% | 11.5% | 14.2% | 14.0% | ▲ |
| Outpatient Patient Canc Rate | 10.4% | 9.2% | 13.9% | 10.3% | 9.8% | 9.7% | 10.5% | 10.4% | 10.0% | 10.9% | 10.9% | 12.3% | 11.1% | 10.9% | 10.3% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 95% | 91% | 85% | 93% | 91% | 87% | 89% | 96% | 95% | 94% | 93% | 100% | 94% | 94% | 90.0% | ▼ |

DIVISIONAL HEAT MAP - Month 7 2011/12

| | | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--------------------------------------|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| PLANNED CARE - GI Medicine / Surgery | HR and FINANCE | | | | | | | | | | | | | | | | |
| | Staffing : Nurses per Bed | | | | | | | | | | | | | | | | 1.1 |
| | Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| | Sickness Absence | 2.2% | 2.6% | 4.0% | 2.9% | 2.5% | 2.3% | 2.8% | 2.4% | 2.9% | 3.4% | 3.1% | 3.8% | 5.0% | 3.3% | 3.0% | ▼ |
| | Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| | Overtime FTE | 1.4 | 1.3 | 1.4 | 3.2 | 2.1 | 0.5 | 0.2 | 1.3 | 2.7 | 5.4 | 1.4 | 1.0 | 1.3 | | | |
| | Bank FTE | 30.9 | 26.9 | 22.8 | 24.2 | 16.3 | 17.0 | 19.8 | 19.3 | 15.9 | 21.3 | 21.9 | 16.6 | 15.1 | | | |
| | Actual net FTE reduction this month | 5.2 | -4.0 | -3.8 | 0.6 | -9.4 | -9.5 | 13.2 | -4.1 | -6.5 | 11.7 | -5.2 | -2.4 | 5.2 | 12.0 | | |
| | Planned FTE reduction this month | 25.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | | | | |
| | Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

PLANNED CARE - Cancer and Haematology

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | 100% | 100% | 100% | 90.0% | ◀▶ |
| RTT - Non Admitted | 95.1% | 96.1% | 98.2% | 95.5% | 97.8% | 98.0% | 97.0% | 98.8% | 100.0% | 99.0% | 99.2% | 98.9% | 99.0% | 99.0% | 95.0% | ▲ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 134 | 113 | 92 | 108 | 102 | 87 | 81 | 102 | 92 | 105 | 78 | 97 | 87 | 87 | | |
| Outpatient WL (5+ Week Local Target) | 18 | 14 | 17 | 21 | 15 | 12 | 9 | 9 | 10 | 6 | 7 | 6 | 5 | 5 | | |
| Outpatient WL (11+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Day case Waiting List (Total) | 67 | 59 | 57 | 45 | 55 | 52 | 52 | 53 | 53 | 75 | 46 | 67 | 68 | 68 | | |
| Day Case List (11+ Week Local Target) | 0 | 0 | 0 | 0 | 2 | 1 | 2 | 1 | 0 | 1 | 2 | 0 | 0 | 0 | | |
| Day Case List (20+ Week Local Target) | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Inpatient Waiting List (Total) | 4 | 7 | 3 | 9 | 8 | 6 | 8 | 8 | 6 | 3 | 3 | 6 | 6 | 6 | | |
| Inpatient List (11+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Inpatient List (20+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 7.9 | 8.8 | 6.3 | 5.8 | 6.5 | 8.5 | 8.8 | 5.9 | 7.1 | 9.9 | 6.7 | 9.0 | 7.8 | 7.9 | 7.0 | ▲ |
| Non Elective LOS | 5.7 | 5.7 | 6.9 | 5.5 | 6.1 | 5.5 | 5.7 | 6.3 | 5.7 | 4.9 | 5.6 | 5.4 | 4.5 | 5.4 | 5.7 | ▲ |
| % of Electives Adm.on day of proc. | 79.0% | 75.4% | 69.8% | 82.0% | 78.7% | 70.2% | 75.9% | 78.4% | 75.0% | 72.7% | 68.0% | 78.6% | 70.8% | 74.0% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 95.1% | 95.4% | 95.8% | 96.3% | 96.2% | 96.9% | 97.7% | 97.1% | 96.7% | 96.9% | 96.5% | 96.4% | 96.3% | 96.8% | 96.5% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 10.3% | 11.3% | 10.8% | 11.5% | 11.3% | 11.8% | 11.9% | 10.9% | 13.8% | 11.9% | 13.1% | 12.9% | | 12.5% | 11.0% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 8.2% | 8.9% | 8.2% | 9.6% | 9.0% | 10.2% | 10.2% | 9.2% | 11.8% | 10.4% | 11.1% | 10.8% | | 10.6% | 9.4% | ▲ |
| Outpatient New : F/Up Ratio | 8.1 | 7.5 | 8.2 | 8.7 | 8.9 | 8.0 | 9.0 | 8.5 | 8.5 | 8.2 | 8.2 | 8.6 | 8.0 | 8.4 | 8.1 | ▲ |
| Outpatient DNA Rate | 8.9% | 8.7% | 10.7% | 8.6% | 7.3% | 8.3% | 9.2% | 8.5% | 8.1% | 7.9% | 8.7% | 8.4% | 8.3% | 8.5% | 7.4% | ▲ |
| Outpatient Hosp Canc Rate | 9.5% | 7.1% | 6.5% | 7.4% | 7.2% | 6.6% | 7.2% | 8.1% | 5.6% | 6.6% | 5.7% | 6.3% | 4.8% | 6.3% | 7.3% | ▲ |
| Outpatient Patient Canc Rate | 6.8% | 7.1% | 8.1% | 6.6% | 7.1% | 6.4% | 6.3% | 6.2% | 7.3% | 6.8% | 6.9% | 6.8% | 6.9% | 6.7% | 7.0% | ▼ |
| Bed Utilisation (Incl short stay admissions) | 99% | 97% | 93% | 97% | 94% | 91% | 95% | 94% | 95% | 95% | 97% | 99% | 97% | 96% | 95.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | 1.1 | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 2.1% | 2.1% | 4.1% | 4.3% | 3.1% | 2.5% | 2.2% | 2.8% | 2.9% | 3.8% | 3.9% | 2.9% | 3.1% | 3.1% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 0.3 | 0.1 | 0.3 | 0.1 | 0.8 | 0.3 | 0.5 | 0.5 | 1.8 | 0.5 | 0.4 | 0.5 | 0.8 | | | |
| Bank FTE | 9.1 | 9.5 | 10.0 | 8.7 | 9.4 | 9.3 | 8.7 | 9.0 | 10.8 | 10.6 | 8.3 | 9.4 | 14.0 | | | |
| Actual net FTE reduction this month | -3.4 | 2.8 | 1.3 | -4.9 | -2.6 | -2.0 | 9.0 | -9.7 | -1.3 | -0.7 | -3.5 | -8.5 | 4.0 | -10.8 | | |
| Planned FTE reduction this month | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

PLANNED CARE - Musculo-Skeletal

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 91.2% | 92.9% | 92.3% | 91.2% | 90.8% | 92.7% | 94.1% | 91.0% | 90.0% | 91.2% | 91.6% | 91.0% | 91.0% | 91.0% | 90.0% | ◀▶ |
| RTT - Non Admitted | 92.9% | 94.9% | 94.3% | 95.5% | 94.4% | 95.4% | 96.8% | 95.0% | 96.5% | 95.8% | 95.0% | 95.4% | 96.9% | 96.9% | 95.0% | ▲ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 1,833 | 1,627 | 1,570 | 1,516 | 1,627 | 1,609 | 1,718 | 1,774 | 1,579 | 1,496 | 1,622 | 1,561 | 1,512 | 1,512 | | |
| Outpatient WL (5+ Week Local Target) | 694 | 523 | 677 | 500 | 450 | 511 | 569 | 571 | 520 | 459 | 506 | 514 | 442 | 442 | | |
| Outpatient WL (11+ Week Local Target) | 26 | 11 | 18 | 43 | 24 | 10 | 21 | 22 | 18 | 12 | 30 | 23 | 28 | 28 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 2 | 1 | 1 | 0 | ▲ |
| Day case Waiting List (Total) | 671 | 717 | 702 | 682 | 689 | 714 | 700 | 711 | 755 | 783 | 768 | 833 | 845 | 845 | | |
| Day Case List (11+ Week Local Target) | 56 | 67 | 128 | 139 | 117 | 93 | 123 | 98 | 106 | 99 | 118 | 153 | 166 | 166 | | |
| Day Case List (20+ Week Local Target) | 0 | 0 | 3 | 3 | 8 | 10 | 12 | 3 | 10 | 1 | 6 | 3 | 5 | 5 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Inpatient Waiting List (Total) | 867 | 933 | 933 | 915 | 867 | 837 | 908 | 943 | 960 | 973 | 1,006 | 1,033 | 1,011 | 1,011 | | |
| Inpatient List (11+ Week Local Target) | 137 | 148 | 188 | 197 | 193 | 159 | 198 | 188 | 205 | 191 | 214 | 240 | 264 | 264 | | |
| Inpatient List (20+ Week Local Target) | 0 | 3 | 2 | 8 | 13 | 17 | 14 | 13 | 17 | 5 | 7 | 11 | 12 | 12 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 3.6 | 3.0 | 4.0 | 2.8 | 3.1 | 3.2 | 4.0 | 3.2 | 2.8 | 3.1 | 3.5 | 2.6 | 2.8 | 3.1 | 3.3 | ▼ |
| Non Elective LOS | 8.7 | 9.8 | 10.5 | 10.4 | 9.6 | 9.5 | 10.1 | 9.6 | 10.0 | 8.3 | 7.7 | 9.2 | 9.7 | 9.2 | 9.6 | ▼ |
| % of Electives Adm.on day of proc. | 95.7% | 97.3% | 96.2% | 97.0% | 97.9% | 97.5% | 95.2% | 98.6% | 98.5% | 96.4% | 97.6% | 98.3% | 97.5% | 97.4% | 97.5% | ▼ |
| Day Case Rate (Basket of 25) | 78.8% | 77.2% | 85.4% | 80.6% | 80.5% | 77.3% | 84.2% | 80.4% | 83.5% | 84.2% | 87.7% | 77.8% | 75.6% | 82.1% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 45.5% | 46.6% | 46.0% | 47.2% | 43.6% | 47.1% | 45.5% | 48.4% | 51.4% | 46.8% | 47.7% | 41.8% | 44.4% | 46.7% | 46.0% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 5.4% | 3.9% | 4.6% | 4.7% | 5.0% | 5.1% | 4.6% | 5.0% | 3.4% | 4.4% | 4.7% | 5.5% | | 4.6% | 4.0% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 1.9% | 0.6% | 1.0% | 1.1% | 1.2% | 1.7% | 1.9% | 2.0% | 1.0% | 1.9% | 1.6% | 2.5% | | 1.8% | 1.8% | ▼ |
| Outpatient New : F/Up Ratio | 1.5 | 1.5 | 1.6 | 1.8 | 1.8 | 1.7 | 1.9 | 1.7 | 1.8 | 1.8 | 1.8 | 2.0 | 1.7 | 1.8 | 1.7 | ▲ |
| Outpatient DNA Rate | 9.4% | 8.8% | 10.6% | 10.3% | 8.9% | 8.7% | 8.6% | 9.6% | 9.8% | 8.9% | 10.7% | 9.3% | 9.7% | 9.5% | 9.0% | ▼ |
| Outpatient Hosp Canc Rate | 10.5% | 9.4% | 9.0% | 12.2% | 13.5% | 9.6% | 10.7% | 10.7% | 7.8% | 8.0% | 7.2% | 7.1% | 7.9% | 8.5% | 10.5% | ▼ |
| Outpatient Patient Canc Rate | 9.7% | 8.8% | 11.2% | 8.7% | 8.5% | 8.2% | 9.0% | 8.7% | 9.2% | 10.3% | 9.3% | 9.4% | 9.6% | 9.3% | 8.8% | ▼ |
| Bed Utilisation (Incl short stay admissions) | 79% | 81% | 85% | 87% | 90% | 88% | 84% | 86% | 84% | 84% | 79% | 73% | 91% | 83% | 90.0% | ▲ |

DIVISIONAL HEAT MAP - Month 7 2011/12

| | | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| PLANNED CARE - Musculo-Skeletal | HR and FINANCE | | | | | | | | | | | | | | | | |
| | Staffing : Nurses per Bed | | | | | | | | | | | | | | | | 1.1 |
| | Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| | Sickness Absence | 3.1% | 2.1% | 3.4% | 3.0% | 3.5% | 2.9% | 2.9% | 3.2% | 3.0% | 2.98% | 3.2% | 3.9% | 5.9% | 3.6% | 3.0% | ▼ |
| | Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| | Overtime FTE | 5.2 | 3.9 | 2.9 | 2.1 | 0.5 | 0.2 | 0.2 | 1.4 | 1.8 | 1.6 | 0.3 | 0.1 | 0.1 | | | |
| | Bank FTE | 14.1 | 10.7 | 9.6 | 6.6 | 5.7 | 8.8 | 8.5 | 9.1 | 8.5 | 7.1 | 6.9 | 6.4 | 7.5 | | | |
| | Actual net FTE reduction this month | -1.0 | 7.4 | -1.8 | -5.4 | -4.0 | 2.7 | 2.5 | -9.0 | 4.4 | -2.6 | 6.6 | -4.7 | 5.7 | 3.0 | | |
| | Planned FTE reduction this month | 1.0 | 2.5 | 0.5 | 0.0 | 0.0 | 0.0 | | | | | | | | | | |
| | Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 0 | 1 | 0 | 1 | 2 | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 4 | 6 | ◀▶ |
| CDT Positives (UHL) | 8 | 15 | 10 | 11 | 10 | 7 | 3 | 10 | 4 | 6 | 6 | 6 | 9 | 44 | 104 | ▼ |
| SAME SEX ACCOMMODATION | | | | | | | | | | | | | | | | |
| % Beds Providing Same Sex Accommodation - Wards | 100% | 100% | 100% | 100% | 100% | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 12.3% | 11.6% | 12.4% | 13.0% | 12.2% | 12.6% | 11.2% | 10.9% | 11.9% | 11.9% | 11.8% | 11.1% | | 11.5% | 10.0% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 5.9% | 5.8% | 6.1% | 6.4% | 6.3% | 6.2% | 6.5% | 5.9% | 6.5% | 6.3% | 6.3% | 6.1% | | 6.3% | | |
| Mortality (UHL Data) | 4.0% | 3.5% | 5.1% | 4.9% | 3.9% | 4.0% | 4.0% | 4.0% | 3.2% | 3.6% | 3.3% | 3.7% | 3.8% | 3.7% | 4.3% | ▼ |
| Mortality (CHKS - Risk Adjusted - Peers to be Confirmed) | 90.2 | 78.2 | 96.0 | 87.6 | 83.8 | 89.1 | 86.0 | 85.5 | 74.4 | 81.5 | 78.8 | 88.0 | | 81.0 | 85 | ▼ |
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | ◀▶ |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Patient Falls | 166 | 160 | 170 | 192 | 166 | 148 | 202 | 197 | 176 | 192 | 169 | 140 | | 1076 | TBC | |
| Complaints Re-Opened | 3 | 11 | 6 | 8 | 4 | 11 | 3 | 6 | 6 | 6 | 7 | 11 | 9 | 48 | 75 | ▲ |
| SUIs (Relating to Deteriorating Patients) | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| RIDDOR | 1 | 2 | 0 | 1 | 5 | 4 | 1 | 3 | 1 | 2 | 2 | 0 | 1 | 10 | 12 | ▼ |
| In-hospital fall resulting in hip fracture | | | | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 6 | ◀▶ |
| Staffing Level Issues Reported as Incidents | 12 | 7 | 5 | 13 | 5 | 7 | 3 | 1 | 5 | 5 | 11 | 12 | 10 | 47 | 140 | ▲ |
| Outlying (daily average) | 2 | 6 | 14 | 27 | 9 | 22 | 9 | 5 | 8 | 2 | 7 | 12 | 2 | 2 | 10 | ▲ |
| Pressure Ulcers (Grade 3 and 4) | 5 | 9 | 19 | 25 | 7 | 11 | 12 | 9 | 15 | 11 | 3 | 5 | | 55 | 118 | ▼ |
| ALL Complaints Regarding Attitude of Staff | 8 | 14 | 10 | 13 | 15 | 21 | 14 | 10 | 14 | 13 | 14 | 18 | 14 | 97 | 110 | ▲ |
| ALL Complaints Regarding Discharge | 17 | 14 | 12 | 17 | 19 | 27 | 13 | 20 | 17 | 10 | 17 | 16 | 11 | 104 | 120 | ▲ |
| Bed Occupancy (inc short stay admissions) | 92% | 91% | 91% | 93% | 94% | 91% | 90% | 91% | 92% | 93% | 93% | 92% | 94% | 92% | 90% | ▲ |
| Bed Occupancy (excl short stay admissions) | 88% | 89% | 89% | 91% | 90% | 88% | 87% | 87% | 88% | 89% | 89% | 89% | 90% | 88% | 86% | ▲ |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | 87% | 89% | 89% | 96% | 89% | 87% | 91% | 96% | 96% | 97% | 96% | 96% | 96% | | 98.0% | ◀▶ |
| Pain Management | 85% | 85% | 80% | 93% | 90% | 89% | 91% | 94% | 97% | 96% | 96% | 95% | 92% | | 98.0% | ▼ |
| Falls Assessment | 83% | 79% | 80% | 83% | 87% | 82% | 88% | 93% | 96% | 95% | 95% | 94% | 89% | | 98.0% | ▼ |
| Pressure Area Care | 85% | 87% | 86% | 94% | 91% | 91% | 99% | 95% | 98% | 96% | 95% | 95% | 93% | | 98.0% | ▼ |
| Nutritional Assessment | 83% | 85% | 82% | 92% | 87% | 88% | 87% | 96% | 95% | 97% | 93% | 93% | 91% | | 98.0% | ▼ |
| Medicine Prescribing and Assessment | 92% | 94% | 91% | 100% | 98% | 97% | 95% | 98% | 98% | 99% | 99% | 97% | 95% | | 98.0% | ▼ |
| Hand Hygiene | | | | | | | | | | | | | | | 98.0% | |
| Resuscitation Equipment | 64% | 69% | 66% | 67% | 88% | 75% | 83% | 94% | 98% | 88% | 89% | 89% | 67% | | 98.0% | ▼ |
| Controlled Medicines | 98% | 99% | 97% | 92% | 99% | 100% | 97% | 100% | 98% | 99% | 98% | 99% | 99% | | 98.0% | ◀▶ |
| VTE | 54% | 59% | 59% | 64% | 68% | 74% | 70% | 77% | 73% | 79% | 79% | 80% | 89% | | 98.0% | ▲ |
| Patient Dignity | 89% | 93% | 94% | 97% | 96% | 96% | 96% | 98% | 97% | 97% | 97% | 98% | 95% | | 98.0% | ▼ |
| Infection Prevention and Control | 90% | 90% | 91% | 93% | 95% | 91% | 98% | 95% | 94% | 96% | 96% | 99% | 95% | | 98.0% | ▼ |
| Discharge | | | | | | | 86% | 78% | 84% | 80% | 85% | 86% | 77% | | 98.0% | ▼ |
| Continence | | 75% | 83% | 86% | 86% | 87% | 91% | 95% | 89% | 95% | 94% | 94% | 96% | | 98.0% | ▲ |
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 97.3% | 97.1% | 97.6% | 95.0% | 91.5% | 94.4% | 92.3% | 93.5% | 91.4% | 98.8% | 97.9% | 98.1% | 99.0% | 99.0% | 90.0% | ▲ |
| RTT - Non Admitted | 99.4% | 99.4% | 99.6% | 99.1% | 99.3% | 99.0% | 99.5% | 99.5% | 99.4% | 99.6% | 99.3% | 99.5% | 99.2% | 99.2% | 95.0% | ▼ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 3,228 | 2,819 | 2,768 | 2,690 | 2,844 | 2,929 | 2,950 | 3,143 | 3,156 | 3,266 | 3,222 | 3,061 | 2,938 | 2,938 | | |
| Outpatient WL (5+ Week Local Target) | 892 | 675 | 865 | 699 | 537 | 672 | 863 | 862 | 807 | 956 | 1,079 | 859 | 801 | 801 | | |
| Outpatient WL (11+ Week Local Target) | 0 | 1 | 0 | 1 | 3 | 2 | 0 | 8 | 4 | 5 | 4 | 0 | 2 | 2 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | ◀▶ |
| Day case Waiting List (Total) | 580 | 553 | 655 | 726 | 661 | 604 | 640 | 646 | 575 | 622 | 626 | 602 | 570 | 570 | | |
| Day Case List (11+ Week Local Target) | 18 | 13 | 30 | 35 | 49 | 24 | 38 | 38 | 23 | 23 | 43 | 32 | 32 | 32 | | |
| Day Case List (20+ Week Local Target) | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Inpatient Waiting List (Total) | 436 | 471 | 450 | 480 | 474 | 482 | 487 | 470 | 468 | 434 | 366 | 382 | 376 | 376 | | |
| Inpatient List (11+ Week Local Target) | 40 | 31 | 52 | 78 | 87 | 75 | 77 | 66 | 54 | 54 | 35 | 25 | 28 | 28 | | |
| Inpatient List (20+ Week Local Target) | 3 | 2 | 1 | 3 | 5 | 8 | 9 | 6 | 0 | 1 | 0 | 0 | 0 | 0 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |

Red < 80
Amber 80 - 89
Green >=90

DIVISIONAL HEAT MAP - Month 7 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11) | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | 3.0% | 7.0% | 6.0% | 4.0% | 9.0% | 8.0% | 7.0% | 7.0% | 9.0% | 11.0% | 8.0% | 6.0% | 10.0% | 8.3% | 4.0% | ▼ |
| Elective LOS | 5.2 | 5.6 | 6.2 | 4.3 | 5.2 | 4.6 | 5.2 | 5.7 | 4.5 | 5.3 | 5.0 | 5.3 | 4.8 | 5.1 | 5.0 | ▲ |
| Non Elective LOS | 5.6 | 5.8 | 5.9 | 6.1 | 6.0 | 6.4 | 6.9 | 7.1 | 7.1 | 6.4 | 6.4 | 6.9 | 6.3 | 6.8 | 6.0 | ▲ |
| % of Electives Adm.on day of proc. | 46.5% | 56.3% | 48.7% | 56.6% | 57.5% | 55.1% | 56.1% | 50.5% | 57.5% | 51.9% | 50.2% | 51.0% | 53.5% | 52.9% | 54.0% | ▲ |
| Day Case Rate (All Elective Care) | 68.1% | 67.9% | 64.9% | 68.7% | 71.2% | 71.8% | 70.9% | 73.5% | 71.7% | 71.9% | 67.3% | 70.9% | 66.5% | 70.4% | 70.0% | ▲ |
| Inpatient Theatre Utilisation *** | 86.5% | 82.7% | 75.2% | 84.1% | 90.9% | 90.1% | 87.4% | 91.6% | 85.3% | 85.7% | 92.5% | 90.3% | 88.1% | 88.7% | 86.0% | ▼ |
| Day Case Theatre Utilisation *** | 79.3% | 88.1% | --- | 72.6% | 64.5% | 58.4% | 86.5% | 83.5% | 67.3% | 62.3% | 68.1% | 73.1% | 79.0% | 74.3% | 86.0% | ▲ |
| Operations cancelled for non-clinical reasons | | | | | | | | | | | | | | | | |
| Cancelled Operations - 28 Day Re-Books | | | | | | | | | | | | | | | 100% | |
| Outpatient New : F/Up Ratio | 2.3 | 2.2 | 2.2 | 2.4 | 2.4 | 2.4 | 1.7 | 1.9 | 1.9 | 1.8 | 1.9 | 1.8 | 1.9 | 1.8 | 2.0 | ▼ |
| Outpatient DNA Rate | 9.2% | 8.5% | 11.3% | 9.4% | 8.3% | 8.9% | 9.7% | 10.0% | 8.5% | 9.1% | 9.3% | 9.1% | 9.7% | 9.3% | 9.5% | ▼ |
| Outpatient Hosp Canc Rate | 10.8% | 10.4% | 11.7% | 11.7% | 11.1% | 11.9% | 12.6% | 13.3% | 12.3% | 12.5% | 12.9% | 12.1% | 10.6% | 12.3% | 12.8% | ▲ |
| Outpatient Patient Canc Rate | 10.9% | 10.9% | 14.2% | 11.0% | 10.4% | 10.1% | 10.1% | 10.6% | 10.7% | 11.1% | 11.1% | 10.9% | 10.7% | 10.7% | 10.5% | ▲ |
| Bed Utilisation | | | | | | | | | | | | | | | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Appraisals | 80.8% | 84.3% | 85.4% | 83.1% | 79.4% | 80.7% | 81.6% | 80.1% | 77.7% | 78.9% | 85.5% | 81.2% | 90.5% | 90.5% | 100% | ▲ |
| Sickness Absence | 4.2% | 4.2% | 5.5% | 4.6% | 4.3% | 3.8% | 3.4% | 3.1% | 3.8% | 3.7% | 3.7% | 3.9% | 4.3% | 3.7% | 3% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 31.2 | 35.1 | 39.3 | 40.8 | 36.7 | 24.1 | 20.9 | 23.3 | 23.9 | 28.1 | 23.5 | 17.2 | 14.9 | | | |
| Bank FTE | 133.1 | 111.7 | 106.2 | 131.8 | 127.7 | 138.2 | 141.8 | 128.9 | 128.5 | 150.2 | 127.6 | 116.4 | 118.7 | | | |
| Actual net FTE reduction this month | 42.5 | -17.5 | -3.4 | 37.9 | 0.0 | 34.3 | -15.4 | -10.6 | 2.7 | 15.0 | 4.8 | -23.8 | 24.4 | -2.8 | | |
| Planned FTE reduction this month | 26.8 | 5.0 | -1.5 | 2.0 | 0.0 | 0.0 | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

ACUTE CARE - Medicine

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 99.1% | 100.0% | 100.0% | 98.0% | 98.4% | 98.9% | 98.3% | 100.0% | 100.0% | 100.0% | 98.4% | 97.7% | 99.0% | 99.0% | 90.0% | ▲ |
| RTT - Non Admitted | 99.6% | 99.4% | 99.6% | 99.1% | 99.7% | 99.8% | 99.8% | 99.9% | 99.8% | 99.6% | 99.5% | 99.7% | 99.2% | 99.2% | 95.0% | ▼ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 2,068 | 1,756 | 1,713 | 1,678 | 1,723 | 1,799 | 1,831 | 2,088 | 2,103 | 2,211 | 2,184 | 2,110 | 2,005 | 2,005 | | |
| Outpatient WL (5+ Week Local Target) | 566 | 421 | 511 | 417 | 309 | 366 | 485 | 518 | 536 | 660 | 763 | 590 | 580 | 580 | | |
| Outpatient WL (11+ Week Local Target) | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 7 | 2 | 5 | 3 | 0 | 0 | 0 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Day case Waiting List (Total) | 148 | 152 | 182 | 207 | 181 | 131 | 174 | 169 | 141 | 133 | 165 | 157 | 164 | 164 | | |
| Day Case List (11+ Week Local Target) | 0 | 1 | 1 | 2 | 9 | 2 | 9 | 2 | 1 | 2 | 7 | 2 | 4 | 4 | | |
| Day Case List (20+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Inpatient Waiting List (Total) | 7 | 12 | 13 | 7 | 3 | 6 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Inpatient List (11+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Inpatient List (20+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 4.1 | 8.0 | 18.0 | 2.9 | 9.0 | 5.3 | 7.2 | 15.8 | 1.7 | 5.4 | 5.8 | 9.6 | 7.5 | 7.4 | 7.5 | ▲ |
| Non Elective LOS | 6.5 | 7.1 | 7.1 | 7.8 | 7.6 | 7.8 | 7.2 | 7.7 | 7.4 | 6.2 | 6.8 | 7.8 | 6.6 | 7.1 | 7.4 | ▲ |
| % of Electives Adm.on day of proc. | 52.6% | 36.0% | 43.5% | 48.0% | 37.5% | 12.5% | 45.5% | 50.0% | 55.6% | 57.1% | 29.2% | 42.9% | 69.2% | 46.7% | 45.0% | ▲ |
| Day Case Rate (All Elective Care) | 94.2% | 93.3% | 92.3% | 90.6% | 95.9% | 95.4% | 96.4% | 97.6% | 98.0% | 97.5% | 93.9% | 96.9% | 95.6% | 96.7% | 94.0% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 12.5% | 12.2% | 11.8% | 13.2% | 11.6% | 12.4% | 11.2% | 10.8% | 11.5% | 11.5% | 11.9% | 10.2% | | 11.2% | 11.0% | ▲ |
| Outpatient New : F/Up Ratio | 2.5 | 2.4 | 2.3 | 2.7 | 2.8 | 2.9 | 2.5 | 2.6 | 2.4 | 2.3 | 2.4 | 2.3 | 2.5 | 2.4 | 2.5 | ▼ |
| Outpatient DNA Rate | 8.9% | 8.6% | 11.0% | 9.3% | 8.2% | 8.5% | 9.5% | 9.6% | 7.9% | 9.0% | 9.2% | 8.9% | 10.0% | 9.1% | 9.0% | ▼ |
| Outpatient Hosp Canc Rate | 9.5% | 7.8% | 9.5% | 9.9% | 9.8% | 10.0% | 10.5% | 9.7% | 10.4% | 11.2% | 10.5% | 10.3% | 9.2% | 10.2% | 10.5% | ▲ |
| Outpatient Patient Canc Rate | 11.5% | 11.6% | 14.6% | 11.4% | 10.3% | 10.5% | 10.2% | 11.4% | 11.0% | 11.5% | 11.9% | 11.8% | 11.5% | 11.4% | 11.0% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 93% | 91% | 94% | 94% | 95% | 90% | 89% | 91% | 92% | 96% | 94% | 93% | 98% | 93% | 90.0% | ▲ |

DIVISIONAL HEAT MAP - Month 7 2011/12

| | | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|------------------------------|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ACUTE CARE - Medicine | HR and FINANCE | | | | | | | | | | | | | | | | |
| | Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| | Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| | Sickness Absence | 3.9% | 4.1% | 5.7% | 4.9% | 4.7% | 3.8% | 3.7% | 3.7% | 4.5% | 3.9% | 3.8% | 4.0% | 4.1% | 4.0% | 3.0% | ▼ |
| | Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| | Overtime FTE | 15.7 | 18.7 | 20.0 | 16.4 | 16.8 | 9.9 | 7.4 | 9.6 | 11.1 | 11.0 | 6.7 | 4.6 | 4.2 | | | |
| | Bank FTE | 55.0 | 47.0 | 46.4 | 67.6 | 65.9 | 73.4 | 76.7 | 66.2 | 66.4 | 74.6 | 63.1 | 55.3 | 60.0 | | | |
| | Actual net FTE reduction this month | 12.5 | -8.8 | -14.5 | 25.0 | 0.7 | -21.5 | 2.3 | -14.8 | -24.9 | -6.6 | -4.8 | -22.3 | 26.4 | -44.7 | | |
| | Planned FTE reduction this month | 26.8 | 5.0 | 0.0 | 2.0 | 0.0 | 0.0 | | | | | | | | | | |
| | Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

ACUTE CARE - Respiratory Med. & Thoracic Surgery

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 100% | 100% | 100% | 97.3% | 100% | 100% | 100% | 98.0% | 100% | 100% | 98% | 100% | 100% | 100% | 90.0% | ◀▶ |
| RTT - Non Admitted | 100% | 100% | 100% | 100% | 99.1% | 95.7% | 100% | 100% | 100% | 100% | 100% | 99.2% | 99.2% | 99.2% | 95.0% | ◀▶ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 468 | 424 | 419 | 396 | 441 | 443 | 441 | 417 | 376 | 390 | 385 | 335 | 336 | 336 | | |
| Outpatient WL (5+ Week Local Target) | 120 | 106 | 128 | 100 | 78 | 109 | 117 | 121 | 88 | 93 | 111 | 84 | 58 | 58 | | |
| Outpatient WL (11+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | ◀▶ |
| Day case Waiting List (Total) | 17 | 12 | 23 | 12 | 8 | 17 | 14 | 9 | 13 | 21 | 22 | 11 | 9 | 9 | | |
| Day Case List (11+ Week Local Target) | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | | |
| Day Case List (20+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Inpatient Waiting List (Total) | 29 | 34 | 23 | 24 | 22 | 27 | 24 | 31 | 36 | 28 | 18 | 29 | 29 | 29 | | |
| Inpatient List (11+ Week Local Target) | 2 | 0 | 3 | 2 | 1 | 0 | 0 | 0 | 1 | 2 | 0 | 1 | 1 | 1 | | |
| Inpatient List (20+ Week Local Target) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 6.7 | 11.6 | 6.0 | 5.1 | 8.2 | 6.3 | 6.7 | 6.6 | 6.1 | 6.9 | 7.1 | 8.5 | 7.4 | 7.0 | 6.6 | ▲ |
| Non Elective LOS | 4.6 | 4.3 | 4.5 | 5.7 | 4.3 | 4.6 | 4.8 | 4.2 | 4.7 | 4.7 | 4.3 | 4.2 | 4.0 | 4.4 | 4.5 | ▲ |
| % of Electives Adm.on day of proc. | 27.0% | 46.4% | 36.6% | 60.0% | 47.1% | 40.8% | 53.0% | 48.3% | 51.6% | 48.3% | 44.8% | 46.6% | 42.6% | 48.0% | 50.0% | ▼ |
| Day Case Rate (All Elective Care) | 59.6% | 68.3% | 58.7% | 69.4% | 63.6% | 72.1% | 63.9% | 65.3% | 63.4% | 68.8% | 65.0% | 66.5% | 67.1% | 65.7% | 68.7% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 14.0% | 12.9% | 13.9% | 14.3% | 13.4% | 14.5% | 12.5% | 11.8% | 14.4% | 13.8% | 14.4% | 14.3% | | 13.6% | 12.0% | ▲ |
| Outpatient New : F/Up Ratio | 1.6 | 1.4 | 1.6 | 1.6 | 1.6 | 1.5 | 1.6 | 1.5 | 1.6 | 1.6 | 1.7 | 1.5 | 1.6 | 1.6 | 1.5 | ▼ |
| Outpatient DNA Rate | 11.6% | 8.1% | 12.6% | 10.2% | 8.4% | 10.3% | 11.2% | 12.1% | 10.7% | 11.5% | 10.1% | 10.5% | 11.5% | 11.1% | 11.3% | ▼ |
| Outpatient Hosp Canc Rate | 11.2% | 9.8% | 11.1% | 11.3% | 10.4% | 11.5% | 9.4% | 11.2% | 8.9% | 8.7% | 11.1% | 9.3% | 7.3% | 9.4% | 11.0% | ▲ |
| Outpatient Patient Canc Rate | 10.5% | 10.8% | 13.9% | 12.1% | 10.6% | 11.3% | 10.8% | 10.1% | 10.8% | 12.0% | 11.0% | 10.7% | 10.3% | 10.8% | 10.2% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 94% | 94% | 91% | 97% | 98% | 100% | 96% | 95% | 95% | 94% | 95% | 94% | 93% | 95% | 90.0% | ▼ |

DIVISIONAL HEAT MAP - Month 7 2011/12

ACUTE CARE - Respiratory
Med. & Thoracic Surgery

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.7% | 3.6% | 5.1% | 4.5% | 3.3% | 3.4% | 2.4% | 2.7% | 2.5% | 2.4% | 2.7% | 2.7% | 3.4% | 2.7% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 1.0 | 1.7 | 0.8 | 1.9 | 1.8 | 0.7 | 0.1 | 0.4 | 0.1 | 0.3 | 0.1 | 0.1 | 0.1 | | | |
| Bank FTE | 25.2 | 21.8 | 20.4 | 21.6 | 19.6 | 22.9 | 21.7 | 18.5 | 19.5 | 22.3 | 19.7 | 18.0 | 17.4 | | | |
| Actual net FTE reduction this month | 13.3 | -5.9 | 11.5 | 1.4 | 1.6 | 35.4 | 4.5 | -1.5 | 33.3 | 3.9 | 3.3 | -3.6 | 0.9 | 40.8 | | |
| Planned FTE reduction this month | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

ACUTE CARE - Cardiac, Renal & Critical Care

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 96.4% | 96.2% | 96.6% | 94.1% | 89.6% | 92.7% | 90.6% | 91.4% | 88.8% | 99.2% | 97.9% | 98.1% | 99.0% | 99.0% | 90.0% | ▲ |
| RTT - Non Admitted | 98.6% | 98.9% | 99.3% | 98.3% | 97.8% | 95.7% | 98.4% | 98.2% | 97.8% | 98.4% | 98.4% | 99.3% | 99.2% | 99.2% | 95.0% | ▼ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 692 | 639 | 636 | 616 | 680 | 687 | 678 | 638 | 677 | 665 | 653 | 616 | 597 | 597 | | |
| Outpatient WL (5+ Week Local Target) | 206 | 148 | 226 | 182 | 150 | 197 | 261 | 223 | 183 | 203 | 205 | 185 | 163 | 163 | | |
| Outpatient WL (11+ Week Local Target) | 0 | 1 | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Day case Waiting List (Total) | 415 | 389 | 450 | 507 | 472 | 456 | 452 | 468 | 421 | 468 | 439 | 434 | 397 | 397 | | |
| Day Case List (11+ Week Local Target) | 13 | 12 | 29 | 33 | 40 | 22 | 29 | 36 | 22 | 20 | 36 | 29 | 28 | 28 | | |
| Day Case List (20+ Week Local Target) | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Inpatient Waiting List (Total) | 400 | 425 | 414 | 449 | 449 | 449 | 457 | 433 | 432 | 406 | 348 | 353 | 347 | 347 | | |
| Inpatient List (11+ Week Local Target) | 38 | 31 | 49 | 76 | 86 | 75 | 77 | 66 | 53 | 52 | 35 | 24 | 27 | 27 | | |
| Inpatient List (20+ Week Local Target) | 2 | 2 | 1 | 3 | 5 | 8 | 9 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 4.9 | 4.4 | 5.2 | 4.3 | 4.4 | 4.2 | 4.7 | 5.0 | 4.3 | 5.0 | 4.6 | 4.6 | 4.2 | 4.6 | 4.7 | ▲ |
| Non Elective LOS | 10.9 | 10.6 | 10.6 | 8.7 | 10.4 | 10.6 | 9.8 | 9.9 | 10.4 | 9.7 | 8.5 | 9.1 | 9.0 | 9.5 | 10.4 | ▲ |
| % of Electives Adm.on day of proc. | 50.2% | 59.9% | 52.6% | 56.9% | 60.7% | 59.7% | 57.4% | 51.0% | 58.8% | 52.5% | 52.9% | 52.2% | 55.1% | 54.2% | 55.0% | ▲ |
| Day Case Rate (All Elective Care) | 54.3% | 53.6% | 50.5% | 55.8% | 57.0% | 53.2% | 51.6% | 57.6% | 52.4% | 51.7% | 52.2% | 52.2% | 49.0% | 52.3% | 52.0% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 8.3% | 8.7% | 10.3% | 9.8% | 10.4% | 9.2% | 9.6% | 10.3% | 10.3% | 11.0% | 9.1% | 9.9% | | 10.0% | 9.0% | ▼ |
| Outpatient New : F/Up Ratio | 2.8 | 2.8 | 2.7 | 2.9 | 2.4 | 2.5 | 2.3 | 2.6 | 2.6 | 2.6 | 2.5 | 2.6 | 2.8 | 2.6 | 2.4 | ▼ |
| Outpatient DNA Rate | 7.8% | 7.8% | 10.4% | 8.5% | 7.5% | 8.0% | 8.1% | 8.6% | 7.1% | 7.5% | 8.3% | 7.6% | 7.1% | 7.7% | 8.2% | ▲ |
| Outpatient Hosp Canc Rate | 13.8% | 16.0% | 16.7% | 16.0% | 14.4% | 16.4% | 18.8% | 21.6% | 18.1% | 17.3% | 18.9% | 17.3% | 15.3% | 18.2% | 18.6% | ▲ |
| Outpatient Patient Canc Rate | 9.8% | 9.2% | 13.8% | 9.5% | 10.3% | 8.8% | 9.3% | 9.2% | 9.8% | 9.9% | 9.5% | 9.1% | 9.2% | 9.4% | 9.3% | ▼ |
| Bed Utilisation (Incl short stay admissions) | 88% | 89% | 88% | 90% | 90% | 89% | 90% | 89% | 92% | 88% | 89% | 89% | 88% | 90% | 90.0% | ▼ |

DIVISIONAL HEAT MAP - Month 7 2011/12

ACUTE CARE - Cardiac,
Renal & Critical Care

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 4.3% | 4.2% | 5.6% | 4.5% | 4.1% | 3.7% | 3.6% | 2.9% | 3.6% | 3.8% | 4.0% | 4.4% | 4.9% | 3.9% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 10.9 | 10.5 | 14.7 | 20.0 | 15.1 | 9.6 | 9.3 | 9.4 | 8.4 | 11.2 | 9.9 | 8.8 | 7.1 | | | |
| Bank FTE | 35.7 | 30.1 | 27.9 | 29.0 | 29.8 | 29.6 | 31.8 | 30.9 | 31.4 | 40.1 | 30.6 | 31.8 | 30.0 | | | |
| Actual net FTE reduction this month | 11.0 | -5.1 | 1.1 | 6.1 | 2.8 | 19.7 | -23.2 | 6.1 | -39.0 | 6.7 | -10.9 | -3.1 | -3.1 | -66.5 | | |
| Planned FTE reduction this month | 0.0 | 0.0 | -1.5 | 0.0 | 0.0 | 0.0 | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

ACUTE CARE - Emergency Dept.

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| ED Waits - Type 1 | 94.3% | 91.1% | 88.2% | 87.2% | 90.0% | 89.3% | 90.6% | 91.3% | 94.1% | 95.9% | 91.0% | 88.7% | 88.5% | 91.4% | 95% | ▼ |
| Admitted Median Wait (Mins) - Type 1 | 222 | 231 | 233 | 233 | 231 | 230 | 225 | 220 | 215 | 203 | 223 | 232 | 234 | 222 | 205 | ▼ |
| Admitted 95th Percentile Wait (Mins) - Type 1 | 383 | 433 | 532 | 646 | 557 | 573 | 453 | 479 | 436 | 343 | 478 | 569 | 558 | 480 | 350 | ▲ |
| Non-Admitted Median Wait (Mins) - Type 1 | 132 | 139 | 135 | 128 | 128 | 138 | 131 | 127 | 131 | 124 | 132 | 138 | 135 | 131 | 105 | ▲ |
| Non-Admitted 95th Percentile Wait (Mins) Type 1 | 238 | 240 | 263 | 260 | 240 | 255 | 240 | 240 | 238 | 236 | 240 | 255 | 253 | 240 | 235 | ▲ |
| Outpatient New : F/Up Ratio | 0.1 | 0.1 | 0.2 | 0.2 | 0.2 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | ◀▶ |
| Outpatient DNA Rate | 23.9% | 22.1% | 21.9% | 20.2% | 25.7% | 25.1% | 25.5% | 24.4% | 26.7% | 23.0% | 22.3% | 27.6% | 25.4% | 25.1% | 24.4% | ▲ |
| Outpatient Hosp Canc Rate | 1.0% | 4.9% | 1.3% | 2.0% | 0.6% | 1.8% | 3.1% | 2.0% | 1.3% | 2.3% | 2.1% | 1.3% | 2.7% | 2.1% | 2.5% | ▼ |
| Outpatient Patient Canc Rate | 14.4% | 14.0% | 9.7% | 10.9% | 10.4% | 8.3% | 14.1% | 12.2% | 14.8% | 12.0% | 12.6% | 9.7% | 11.7% | 12.6% | 10.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 5.7% | 5.6% | 5.2% | 4.6% | 4.8% | 4.5% | 2.9% | 2.3% | 3.6% | 4.2% | 3.3% | 2.8% | 3.6% | 3.2% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 3.6 | 4.2 | 3.8 | 2.5 | 3.0 | 3.9 | 4.2 | 3.7 | 4.3 | 5.6 | 6.8 | 3.7 | 3.5 | | | |
| Bank FTE | 17.1 | 12.7 | 11.6 | 13.7 | 12.4 | 12.3 | 11.6 | 13.3 | 11.2 | 13.1 | 14.3 | 11.4 | 11.4 | | | |
| Actual net FTE reduction this month | 5.7 | 2.3 | -1.6 | 5.3 | -5.0 | 0.7 | 1.0 | -0.4 | 1.5 | 8.4 | 19.9 | -0.5 | 0.8 | 30.7 | | |
| Planned FTE reduction this month | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status | |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|----|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| CDT Positives (UHL) | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 3 | 6 | ▶▶ | |
| SAME SEX ACCOMODATION | | | | | | | | | | | | | | | | | |
| % Beds Providing Same Sex Accommodation - Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | | | | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 6.0% | 5.6% | 6.2% | 6.2% | 6.8% | 5.9% | 4.0% | 4.2% | 4.1% | 3.8% | 3.9% | 4.0% | | 4.0% | 4.2% | ▼ | |
| 30 Day Readmissions (UHL) - Same Specialty | 3.9% | 3.4% | 4.3% | 3.8% | 4.4% | 4.2% | 2.7% | 3.0% | 2.9% | 2.5% | 2.4% | 2.6% | | 2.7% | 2.8% | ▼ | |
| 30 Day Readmission Rate (CHKS) | 6.8% | 6.0% | 6.9% | 6.9% | 7.6% | 6.4% | 4.7% | 5.0% | 4.7% | 4.5% | 4.4% | | | 4.6% | 5.0% | ▲ | |
| Mortality (UHL Data) | 0.2% | 0.1% | 0.2% | 0.3% | 0.2% | 0.2% | 0.1% | 0.2% | 0.3% | 0.1% | 0.1% | 0.3% | 0.2% | 0.2% | 0.2% | ▲ | |
| Mortality (CHKS - Risk Adjusted - Peers to be Confirmed) | 32.6 | 0.0 | 0.0 | 34.7 | 77.4 | 65.0 | 48.8 | 41.0 | 89.0 | 38.4 | 105.2 | 44.0 | | 59.0 | 40.0 | ▲ | |
| PATIENT SAFETY | | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | ◀▶ |
| Patient Falls | 5 | 4 | 3 | 8 | 5 | 2 | 4 | 2 | 5 | 7 | 7 | 4 | | 29 | TBC | | |
| Complaints Re-Opened | 3 | 3 | 2 | 1 | 2 | 3 | 5 | 5 | 4 | 3 | 3 | 3 | 4 | 27 | 30 | ▼ | |
| SUIs (Relating to Deteriorating Patients) | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| RIDDOR | 2 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 10 | ▲ | |
| In-hospital fall resulting in hip fracture | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| No of Staffing Level Issues Reported as Incidents | 36 | 63 | 70 | 20 | 21 | 55 | 23 | 59 | 42 | 78 | 64 | 52 | 71 | 389 | 726 | ▼ | |
| Outlying (daily average) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Pressure Ulcers (Grade 3 and 4) | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | | 1 | 4 | ◀▶ | |
| ALL Complaints Regarding Attitude of Staff | 2 | 9 | 11 | 8 | 8 | 16 | 15 | 16 | 12 | 3 | 6 | 11 | 6 | 69 | 98 | ▲ | |
| ALL Complaints Regarding Discharge | 1 | 2 | 4 | 1 | 4 | 0 | 2 | 2 | 3 | 1 | 0 | 4 | 4 | 16 | 20 | ▶▶ | |
| Bed Occupancy (inc short stay admissions) | 87% | 87% | 87% | 89% | 86% | 88% | 83% | 86% | 87% | 88% | 82% | 85% | 85% | 85% | 90.0% | ▶▶ | |
| Bed Occupancy (excl short stay admissions) | 75% | 75% | 76% | 76% | 74% | 77% | 70% | 69% | 71% | 71% | 66% | 70% | 70% | 70% | 86.0% | ▶▶ | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | 90% | 91% | 96% | 92% | 88% | 90% | 83% | 83% | 88% | 88% | 93% | 80% | 92% | | 98.0% | ▲ |
| Pain Management | 96% | 77% | 78% | 86% | 100% | 83% | 92% | 100% | 92% | 99% | 96% | 92% | 100% | | 98.0% | ▲ |
| Falls Assessment | 89% | 67% | 86% | 76% | 35% | 42% | 52% | 100% | 92% | 90% | 73% | 100% | 92% | | 98.0% | ▼ |
| Pressure Area Care | 86% | 80% | 84% | 66% | 29% | 100% | 63% | 100% | 92% | 90% | 85% | 100% | 97% | | 98.0% | ▼ |
| Nutritional Assessment | 76% | 77% | 81% | 67% | 34% | 43% | 59% | 92% | 85% | 81% | 69% | 100% | 94% | | 98.0% | ▼ |
| Medicine Prescribing and Assessment | 98% | 93% | 92% | 96% | 100% | 100% | 100% | 98% | 100% | 100% | 98% | 96% | 100% | | 98.0% | ▲ |
| Hand Hygiene | | | | | | | | | | | | | | | 98.0% | |
| Resuscitation Equipment | 97% | 92% | 67% | 86% | 50% | 50% | 50% | 100% | 50% | 50% | 0% | 100% | 100% | | 98.0% | ◀▶ |
| Controlled Medicines | 100% | 100% | 100% | 96% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 50% | 100% | | 98.0% | ▲ |
| VTE | 88% | 62% | 48% | 66% | 67% | 100% | 86% | 100% | 92% | 46% | 56% | 88% | 79% | | 98.0% | ▼ |
| Patient Dignity | 99% | 93% | 95% | 97% | 92% | 90% | 93% | 100% | 99% | 98% | 93% | 100% | 100% | | 98.0% | ◀▶ |
| Infection Prevention and Control | 92% | 89% | 84% | 89% | 100% | 70% | 93% | 89% | 92% | 83% | 93% | 100% | 100% | | 98.0% | ◀▶ |
| Discharge | | | | | | | 70% | 88% | 44% | 60% | 73% | 64% | 100% | | 98.0% | ▲ |
| Continence | | 75% | 82% | 84% | 100% | 77% | 100% | 100% | 93% | 100% | 98% | 95% | 100% | | 98.0% | ▲ |
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 96.6% | 95.0% | 96.4% | 97.1% | 97.9% | 97.1% | 98.2% | 97.8% | 96.8% | 97.9% | 98.8% | 99.3% | 98.9% | 98.9% | 90.0% | ▼ |
| RTT - Non Admitted | 97.9% | 97.5% | 99.3% | 97.9% | 96.9% | 97.3% | 98.4% | 97.3% | 98.0% | 98.8% | 97.6% | 96.8% | 97.4% | 97.4% | 95.0% | ▲ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 1,300 | 1,176 | 1,060 | 1,006 | 1,161 | 1,264 | 1,222 | 1,413 | 1,421 | 1,394 | 1,389 | 1,346 | 1,178 | 1,178 | | |
| Outpatient WL (5+ Week Local Target) | 167 | 107 | 81 | 62 | 33 | 65 | 118 | 100 | 173 | 171 | 166 | 149 | 135 | 135 | | |
| Outpatient WL (11+ Week Local Target) | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 2 | 11 | 7 | 6 | 4 | 4 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 3 | 4 | 3 | 3 | 0 | ▲ |
| Day case Waiting List (Total) | 499 | 422 | 415 | 421 | 432 | 440 | 459 | 433 | 434 | 437 | 434 | 441 | 422 | 422 | | |
| Day Case List (11+ Week Local Target) | 36 | 31 | 35 | 21 | 34 | 33 | 40 | 38 | 19 | 23 | 24 | 29 | 10 | 10 | | |
| Day Case List (20+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Inpatient Waiting List (Total) | 318 | 320 | 311 | 302 | 283 | 239 | 285 | 272 | 297 | 298 | 316 | 293 | 291 | 291 | | |
| Inpatient List (11+ Week Local Target) | 31 | 30 | 40 | 48 | 34 | 29 | 34 | 28 | 28 | 29 | 28 | 38 | 30 | 30 | | |
| Inpatient List (20+ Week Local Target) | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |

Red < 80
Amber 80 - 89
Green >=90

DIVISIONAL HEAT MAP - Month 7 2011/12

| | | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status | |
|-------------------------------------|-------------------------------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|--|
| WOMEN'S and CHILDREN'S | OPERATIONAL PERFORMANCE | *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11) | | | | | | | | | | | | | | | | |
| | Choose and Book Slot Unavailability | 1.0% | 2.0% | 2.0% | 1.0% | 9.0% | 12.0% | 10.0% | 3.0% | 13.0% | 10.0% | 13.0% | 9.0% | 7.0% | 9.3% | 4.0% | ▲ | |
| | Elective LOS | 2.9 | 2.4 | 2.4 | 2.9 | 2.3 | 2.2 | 2.4 | 2.2 | 2.3 | 2.7 | 2.1 | 2.3 | 3.5 | 2.5 | 2.3 | ▼ | |
| | Non Elective LOS | 2.6 | 2.4 | 2.1 | 2.3 | 2.1 | 2.2 | 2.8 | 3.0 | 2.7 | 2.8 | 3.1 | 2.7 | 2.5 | 2.8 | 2.1 | ▲ | |
| | % of Electives Adm.on day of proc. | 82.5% | 86.8% | 85.3% | 87.4% | 83.9% | 83.4% | 83.9% | 86.3% | 80.8% | 80.3% | 88.9% | 83.1% | 82.9% | 83.8% | 84.0% | ▲ | |
| | Day Case Rate (Basket of 25) | 80.6% | 76.0% | 77.2% | 87.4% | 78.6% | 81.9% | 78.1% | 77.7% | 84.3% | 88.6% | 81.4% | 76.8% | 82.1% | 81.4% | 75.0% | ▲ | |
| | Day Case Rate (All Elective Care) | 63.7% | 68.4% | 65.4% | 68.0% | 66.3% | 71.3% | 67.3% | 67.5% | 71.0% | 68.2% | 66.9% | 67.4% | 70.7% | 68.5% | 68.0% | ▲ | |
| | Inpatient Theatre Utilisation *** | 71.4% | 72.0% | 71.9% | 78.2% | 74.9% | 78.4% | 76.0% | 75.3% | 73.8% | 71.8% | 73.5% | 76.7% | 81.5% | 75.5% | 86.0% | ▲ | |
| | Day Case Theatre Utilisation *** | 73.9% | 76.2% | 60.2% | 82.8% | 80.9% | 83.4% | 76.5% | 75.5% | 70.5% | 72.3% | 74.4% | 73.1% | 67.8% | 72.8% | 86.0% | ▼ | |
| | Outpatient New : F/Up Ratio | 1.6 | 1.6 | 1.6 | 1.6 | 1.5 | 1.4 | 1.1 | 1.2 | 1.2 | 1.2 | 1.3 | 1.3 | 1.2 | 1.2 | 1.2 | ▲ | |
| | Outpatient DNA Rate | 10.9% | 10.8% | 11.2% | 9.4% | 8.5% | 9.0% | 8.6% | 10.2% | 9.5% | 9.8% | 9.7% | 8.8% | 8.9% | 9.4% | 9.5% | ▼ | |
| | Outpatient Hosp Canc Rate | 9.3% | 6.7% | 6.8% | 6.4% | 7.4% | 7.2% | 7.3% | 7.3% | 7.4% | 7.3% | 8.1% | 7.3% | 7.4% | 7.5% | 7.4% | ▼ | |
| | Outpatient Patient Canc Rate | 10.6% | 11.0% | 12.0% | 9.2% | 9.1% | 10.2% | 8.7% | 9.5% | 10.3% | 10.9% | 10.8% | 10.5% | 10.2% | 10.1% | 10.0% | ▲ | |
| | HR and FINANCE | | | | | | | | | | | | | | | | | |
| | Staffing : Nurses per Bed | | | | | | | | | | | | | | | | | |
| | Staffing : Cost per Bed | | | | | | | | | | | | | | | | | |
| | Appraisals | 79.7% | 86.2% | 95.3% | 94.2% | 93.6% | 93.2% | 97.1% | 95.7% | 93.2% | 90.9% | 92.9% | 92.5% | 95.2% | 95.2% | 100% | ▲ | |
| | Sickness Absence | 4.7% | 4.2% | 5.3% | 4.3% | 3.1% | 3.5% | 3.3% | 3.1% | 3.6% | 3.4% | 3.2% | 3.6% | 4.8% | 3.6% | 3% | ▼ | |
| | Agency Costs (£000s) | | | | | | | | | | | | | | | | | |
| | Overtime FTE | 5.3 | 10.2 | 10.6 | 9.2 | 8.7 | 7.0 | 7.4 | 9.3 | 7.4 | 6.3 | 5.6 | 3.1 | 3.3 | | | | |
| Bank FTE | 18.9 | 19.9 | 22.2 | 20.0 | 14.7 | 15.9 | 17.7 | 18.8 | 17.5 | 23.4 | 18.7 | 18.0 | 15.8 | | | | | |
| Actual net FTE reduction this month | 10.3 | 21.7 | -8.9 | 0.2 | -2.9 | -5.6 | -7.6 | 10.8 | 3.1 | 14.7 | 8.2 | -4.0 | 21.0 | 46.3 | | | | |
| Planned FTE reduction this month | -9.9 | 0.0 | 1.0 | 0.6 | -0.2 | 0.0 | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

WOMEN'S and CHILDREN'S - Women's

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 96.5% | 95.4% | 96.7% | 97.0% | 97.6% | 97.8% | 98.6% | 97.7% | 97.9% | 97.0% | 99.1% | 99.4% | 99.0% | 99.0% | 90.0% | ▼ |
| RTT - Non Admitted | 97.0% | 96.3% | 99.0% | 97.1% | 95.3% | 96.4% | 97.6% | 95.9% | 96.9% | 98.6% | 96.4% | 96.6% | 96.8% | 96.8% | 95.0% | ▲ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 575 | 602 | 536 | 516 | 586 | 661 | 601 | 686 | 651 | 669 | 659 | 677 | 648 | 648 | | |
| Outpatient WL (5+ Week Local Target) | 1 | 1 | 0 | 1 | 2 | 1 | 2 | 0 | 1 | 3 | 8 | 0 | 1 | 1 | | |
| Outpatient WL (11+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Day case Waiting List (Total) | 365 | 328 | 344 | 342 | 343 | 355 | 352 | 316 | 310 | 320 | 322 | 318 | 318 | 318 | | |
| Day Case List (11+ Week Local Target) | 10 | 13 | 20 | 15 | 30 | 27 | 30 | 21 | 12 | 17 | 12 | 22 | 6 | 6 | | |
| Day Case List (20+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Inpatient Waiting List (Total) | 265 | 287 | 281 | 269 | 241 | 216 | 261 | 241 | 243 | 262 | 270 | 266 | 272 | 272 | | |
| Inpatient List (11+ Week Local Target) | 18 | 25 | 38 | 46 | 31 | 28 | 32 | 25 | 28 | 26 | 25 | 36 | 28 | 28 | | |
| Inpatient List (20+ Week Local Target) | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 2.4 | 2.4 | 2.4 | 2.3 | 2.5 | 2.1 | 2.3 | 2.4 | 2.4 | 2.6 | 2.3 | 2.4 | 2.3 | 2.4 | 2.4 | ▲ |
| Non Elective LOS | 2.7 | 3.1 | 2.4 | 2.9 | 2.7 | 2.7 | 2.3 | 2.9 | 2.7 | 2.3 | 2.4 | 2.4 | 1.9 | 2.4 | 2.7 | ▲ |
| % of Electives Adm.on day of proc. | 93.9% | 92.0% | 90.4% | 96.6% | 92.6% | 93.1% | 93.1% | 90.6% | 92.5% | 90.3% | 93.9% | 94.8% | 89.9% | 92.2% | 92.0% | |
| Day Case Rate (Basket of 25) | 85.7% | 81.8% | 88.1% | 88.1% | 85.3% | 88.1% | 85.9% | 82.4% | 88.6% | 90.8% | 86.9% | 78.7% | 85.3% | 85.4% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 59.9% | 65.5% | 62.3% | 63.3% | 64.7% | 69.2% | 63.6% | 64.8% | 67.7% | 64.3% | 62.8% | 65.7% | 64.5% | 64.8% | 66.5% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 4.6% | 4.4% | 4.2% | 4.9% | 4.9% | 4.4% | 3.5% | 3.9% | 3.9% | 3.7% | 3.5% | 3.6% | | 3.7% | 3.8% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 2.2% | 1.9% | 1.9% | 2.2% | 2.2% | 2.4% | 2.3% | 2.7% | 2.5% | 2.2% | 2.0% | 2.2% | | 2.3% | 2.3% | ▼ |
| Outpatient New : F/Up Ratio | 1.6 | 1.6 | 1.6 | 1.6 | 1.5 | 1.3 | 1.3 | 1.4 | 1.4 | 1.4 | 1.4 | 1.5 | 1.5 | 1.4 | 1.4 | ◀▶ |
| Outpatient DNA Rate | 8.5% | 8.8% | 10.2% | 8.9% | 7.9% | 8.6% | 7.7% | 9.4% | 8.8% | 8.8% | 8.5% | 8.3% | 8.5% | 8.6% | 8.5% | ▼ |
| Outpatient Hosp Canc Rate | 7.5% | 6.6% | 7.6% | 6.9% | 7.4% | 7.9% | 7.5% | 7.8% | 8.7% | 8.1% | 8.5% | 7.7% | 8.0% | 8.0% | 7.8% | ▼ |
| Outpatient Patient Canc Rate | 10.5% | 10.6% | 11.9% | 9.6% | 9.2% | 10.3% | 8.4% | 9.1% | 10.0% | 10.2% | 10.9% | 10.3% | 10.4% | 9.9% | 9.5% | ▼ |
| Bed Utilisation (Incl short stay admissions) | 88% | 88% | 84% | 87% | 88% | 86% | 84% | 87% | 91% | 93% | 86% | 88% | 84% | 87% | 90.0% | ▼ |

DIVISIONAL HEAT MAP - Month 7 2011/12

| | | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| WOMEN'S and CHILDREN'S - Women's | HR and FINANCE | | | | | | | | | | | | | | | | |
| | Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| | Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| | Sickness Absence | 4.7% | 4.1% | 5.6% | 4.2% | 3.4% | 3.5% | 3.1% | 3.0% | 3.6% | 3.5% | 3.4% | 3.7% | 5.2% | 3.6% | 3.0% | ▼ |
| | Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| | Overtime FTE | 3.6 | 6.9 | 6.6 | 5.4 | 5.2 | 5.2 | 6.4 | 6.0 | 5.6 | 4.3 | 4.9 | 2.7 | 2.3 | | | |
| | Bank FTE | 10.4 | 11.2 | 14.5 | 12.7 | 9.7 | 10.2 | 11.5 | 12.9 | 11.0 | 14.9 | 12.1 | 11.7 | 10.9 | | | |
| | Actual net FTE reduction this month | -4.0 | 19.2 | -5.8 | -2.1 | -1.8 | 4.7 | 0.1 | 2.6 | 3.3 | 16.8 | 9.8 | -8.1 | 8.6 | 33.0 | | |
| | Planned FTE reduction this month | 2.4 | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | | | | | | | | | | |
| | Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

WOMEN'S and CHILDREN'S - Children's

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ACCESS | | | | | | | | | | | | | | | | |
| RTT - Admitted | 97.3% | 92.2% | 93.1% | 97.6% | 100.0% | 91.5% | 94.1% | 98.4% | 89.2% | 100.0% | 95.6% | 98.4% | 98.4% | 98.4% | 90.0% | ◀▶ |
| RTT - Non Admitted | 100% | 100% | 100% | 99.6% | 100.0% | 99.2% | 100.0% | 100.0% | 100.0% | 99.8% | 99.8% | 97.3% | 98.3% | 98.3% | 95.0% | ▲ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 725 | 574 | 524 | 490 | 575 | 603 | 621 | 727 | 770 | 725 | 730 | 669 | 530 | 530 | | |
| Outpatient WL (5+ Week Local Target) | 166 | 106 | 81 | 61 | 31 | 64 | 116 | 100 | 172 | 168 | 158 | 149 | 134 | 134 | | |
| Outpatient WL (11+ Week Local Target) | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 10 | 7 | 6 | 4 | 4 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 4 | 3 | 3 | 0 | ▲ |
| Day case Waiting List (Total) | 134 | 94 | 71 | 79 | 89 | 85 | 107 | 117 | 124 | 117 | 112 | 123 | 104 | 104 | | |
| Day Case List (11+ Week Local Target) | 26 | 18 | 15 | 6 | 4 | 6 | 10 | 17 | 7 | 6 | 12 | 7 | 4 | 4 | | |
| Day Case List (20+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Inpatient Waiting List (Total) | 53 | 33 | 30 | 33 | 42 | 23 | 24 | 31 | 54 | 36 | 46 | 27 | 19 | 19 | | |
| Inpatient List (11+ Week Local Target) | 13 | 5 | 2 | 2 | 3 | 1 | 2 | 3 | 0 | 3 | 3 | 2 | 2 | 2 | | |
| Inpatient List (20+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 3.8 | 2.3 | 2.4 | 3.9 | 2.0 | 2.4 | 2.5 | 1.8 | 2.1 | 2.8 | 1.9 | 2.3 | 5.9 | 2.7 | 2.2 | ▼ |
| Non Elective LOS | 2.5 | 1.9 | 1.9 | 1.9 | 1.7 | 2.0 | 3.5 | 3.2 | 2.9 | 3.6 | 4.4 | 3.1 | 3.7 | 3.5 | 2.0 | ▼ |
| % of Electives Adm.on day of proc. | 62.8% | 78.1% | 76.1% | 68.2% | 71.8% | 69.4% | 67.4% | 78.4% | 61.2% | 66.1% | 80.9% | 63.5% | 69.4% | 69.6% | 71.9% | |
| Day Case Rate (Basket of 25) | 63.6% | 60.8% | 52.3% | 85.4% | 62.2% | 62.5% | 61.7% | 62.0% | 70.4% | 81.4% | 62.8% | 69.2% | 72.9% | 68.5% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 68.6% | 71.9% | 69.4% | 74.3% | 68.2% | 73.6% | 72.1% | 71.5% | 75.2% | 72.7% | 71.9% | 69.9% | 78.4% | 73.1% | 69.7% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 10.4% | 9.0% | 11.2% | 9.8% | 11.8% | 9.6% | 6.5% | 5.8% | 5.4% | 4.8% | 5.6% | 6.3% | | 5.7% | 5.5% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 9.3% | 7.5% | 10.3% | 8.4% | 10.3% | 8.4% | 4.8% | 4.7% | 4.7% | 3.8% | 4.7% | 4.8% | | 4.6% | 4.0% | ▼ |
| Outpatient New : F/Up Ratio | 1.6 | 1.7 | 1.6 | 1.7 | 1.4 | 1.5 | 0.8 | 1.0 | 0.9 | 1.0 | 1.1 | 1.0 | 0.9 | 0.9 | 1.2 | ▲ |
| Outpatient DNA Rate | 16.5% | 15.2% | 13.6% | 10.4% | 9.9% | 10.2% | 11.0% | 12.3% | 11.4% | 12.4% | 12.6% | 10.1% | 9.7% | 11.4% | 11.5% | ▲ |
| Outpatient Hosp Canc Rate | 13.0% | 6.9% | 5.0% | 5.3% | 7.4% | 5.5% | 7.0% | 5.7% | 4.2% | 5.6% | 7.0% | 6.2% | 5.7% | 5.9% | 5.7% | ▲ |
| Outpatient Patient Canc Rate | 10.8% | 11.8% | 12.2% | 8.5% | 8.7% | 10.2% | 9.6% | 10.6% | 11.0% | 12.7% | 10.4% | 11.1% | 9.8% | 10.8% | 10.0% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 85% | 87% | 94% | 93% | 83% | 93% | 81% | 84% | 79% | 79% | 73% | 79% | 87% | 80% | 90.0% | ▲ |

DIVISIONAL HEAT MAP - Month 7 2011/12

| | | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| WOMEN'S and CHILDREN'S - Children's | HR and FINANCE | | | | | | | | | | | | | | | | |
| | Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| | Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| | Sickness Absence | 4.6% | 4.4% | 4.8% | 4.5% | 2.6% | 3.5% | 3.7% | 3.4% | 3.7% | 3.0% | 2.8% | 3.5% | 3.8% | 3.4% | 3.0% | ▼ |
| | Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| | Overtime FTE | 1.7 | 3.3 | 4.0 | 3.9 | 3.6 | 1.8 | 1.0 | 3.3 | 1.8 | 2.0 | 0.7 | 0.5 | 0.9 | | | |
| | Bank FTE | 8.5 | 8.6 | 7.7 | 7.4 | 5.0 | 5.7 | 6.2 | 5.9 | 6.5 | 8.5 | 6.6 | 6.3 | 4.9 | | | |
| | Actual net FTE reduction this month | 14.4 | 2.5 | -3.1 | 2.3 | -1.2 | -10.3 | -7.6 | 8.2 | -0.1 | -2.0 | -1.6 | -2.8 | 12.4 | 6.4 | | |
| | Planned FTE reduction this month | -12.3 | 0.0 | 1.0 | -0.4 | -0.2 | 0.0 | | | | | | | | | | |
| | Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 7 2011/12

CLINICAL SUPPORT

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Patient Falls | 5 | 13 | 7 | 7 | 10 | 9 | 8 | 11 | 11 | 2 | 10 | 6 | | 48 | TBC | |
| Complaints Re-Opened | 3 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 2 | 6 | 0 | ▼ |
| SUIs (Relating to Deteriorating Patients) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| RIDDOR | 0 | 0 | 1 | 3 | 1 | 3 | 0 | 0 | 1 | 5 | 1 | 3 | 1 | 11 | 12 | ▲ |
| No of Staffing Level Issues Reported as Incidents | 2 | 2 | 0 | 0 | 1 | 1 | 2 | 0 | 1 | 5 | 0 | 0 | 2 | 10 | 12 | ▼ |
| ALL Complaints Regarding Attitude of Staff | 1 | 2 | 3 | 1 | 2 | 4 | 3 | 6 | 0 | 2 | 7 | 3 | 11 | 32 | 36 | ▼ |
| ALL Complaints Regarding Discharge | 1 | 0 | 0 | 1 | 4 | 1 | 1 | 0 | 2 | 1 | 2 | 1 | 1 | 8 | 0 | ▶▶ |
| ACCESS | | | | | | | | | | | | | | | | |
| Outpatient Waiting List (Total - GP/GDP Referred) | 404 | 396 | 328 | 303 | 319 | 338 | 391 | 400 | 449 | 434 | 419 | 392 | 367 | 367 | | |
| Outpatient WL (5+ Week Local Target) | 119 | 143 | 138 | 120 | 81 | 89 | 141 | 175 | 155 | 165 | 186 | 152 | 135 | 135 | | |
| Outpatient WL (11+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 6 | 0 | 5 | 5 | 3 | 3 | | |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 5 | 3 | 3 | 0 | ▲ |
| Day case Waiting List (Total) | 134 | 134 | 112 | 73 | 109 | 121 | 108 | 96 | 157 | 166 | 148 | 151 | 175 | 175 | | |
| Day Case List (11+ Week Local Target) | 0 | 0 | 0 | 0 | 2 | 5 | 7 | 1 | 3 | 8 | 12 | 9 | 6 | 6 | | |
| Day Case List (20+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 3 | 4 | 0 | 0 | 2 | 1 | 4 | 3 | 3 | | |
| Day Case List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | ◀▶ |
| ANAESTHETICS & THEATRES *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11) | | | | | | | | | | | | | | | | |
| % Pain Mgmt Referrals Seen < 11 weeks | 99.4% | 98.4% | 98.4% | 98.6% | 99.0% | 98.2% | 98.7% | 98.0% | 98.5% | 98.3% | 98.1% | 95.1% | 97.6% | 97.8% | 98.0% | ▲ |
| Outpatient New : F/Up Ratio | 4.5 | 3.4 | 3.4 | 3.7 | 3.8 | 3.8 | 3.9 | 4.3 | 4.8 | 3.8 | 4.2 | 3.3 | 3.1 | 3.9 | 3.2 | ▲ |
| Outpatient DNA Rate | 13.1% | 11.2% | 13.6% | 11.5% | 11.3% | 10.7% | 11.3% | 11.8% | 13.0% | 10.6% | 13.4% | 11.8% | 11.7% | 12.0% | 11.5% | ▲ |
| Outpatient Hosp Canc Rate | 9.9% | 5.7% | 7.7% | 9.0% | 8.8% | 6.0% | 5.1% | 7.0% | 10.6% | 9.5% | 10.1% | 23.8% | 18.7% | 12.6% | 8.0% | ▲ |
| Outpatient Patient Canc Rate | 16.7% | 15.8% | 18.9% | 15.3% | 14.8% | 15.0% | 16.7% | 15.5% | 13.6% | 17.0% | 16.5% | 13.1% | 12.9% | 15.0% | 15.0% | ▲ |
| RTT - Admitted | 98.1% | 98.1% | 100.0% | 97.2% | 96.3% | 98.4% | 100.0% | 100.0% | 95.2% | 100.0% | 100.0% | 100.0% | 97.9% | 97.9% | 90.0% | ▼ |
| RTT - Non Admitted | 99.5% | 99.1% | 100.0% | 99.2% | 99.5% | 99.6% | 99.1% | 99.6% | 99.1% | 98.2% | 99.2% | 99.1% | 99.6% | 99.6% | 95.0% | ▲ |
| UHL Inpatient Theatre Utilisation Rate (%) *** | 77.5% | 78.4% | 74.7% | 78.4% | 82.9% | 82.1% | 79.6% | 79.5% | 80.1% | 81.1% | 83.9% | 82.4% | 80.8% | 81.1% | 86.0% | ▼ |
| UHL Day case Theatre Utilisation Rate (%) *** | 74.0% | 79.4% | 79.6% | 89.8% | 90.4% | 91.9% | 74.6% | 74.5% | 74.9% | 73.4% | 78.8% | 78.2% | 75.1% | 75.7% | 86.0% | ▼ |

DIVISIONAL HEAT MAP - Month 7 2011/12

CLINICAL SUPPORT

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|
| BOOKING CENTRE | | | | | | | | | | | | | | | | |
| % calls responded to within 30 seconds | 65.6% | 69.7% | 69.8% | 68.9% | 75.4% | 81.5% | 76.9% | 60.9% | 64.4% | 71.3% | 68.6% | 76.5% | 76.9% | | 65% | ▲ |
| NUTRITION AND DIETETICS | | | | | | | | | | | | | | | | |
| % of adult inpatients seen within 2 days | 95.5% | 96.0% | 97.4% | 98.2% | 96.3% | 97.5% | 97.4% | 98.0% | 97.2% | 96.3% | 97.2% | 98.5% | 97.9% | | 98% | ▼ |
| % of paediatric inpatients seen within 2 days | 100% | 100% | 100% | 94.7% | 100% | 100% | 100% | 100% | 100.0% | 100.0% | 100.0% | 98.2% | 100.0% | | 98% | ▲ |
| OCCUPATIONAL THERAPY (Response times are reported one month in arrears) | | | | | | | | | | | | | | | | |
| RTT Incompletes (% waiting <=8 weeks) | 100% | 100% | 93.8% | 91.4% | 97.1% | 94.2% | 95.0% | 95.1% | 98.9% | 97.3% | 91.2% | 88.9% | 98.2% | | 95% | ▲ |
| RTT Completes (% waiting <=8 weeks) | 99.3% | 100% | 99.7% | 99.7% | 99.2% | 99.5% | 99.1% | 99.4% | 99.1% | 99.8% | 99.8% | 99.4% | 99.8% | | 95% | ▲ |
| Inpatient Response Times - Emergency (45 mins) | 50% | 100% | 100% | 100% | 100% | 100% | 100% | 97% | 98% | 100% | 80% | 90% | | | 98% | ▲ |
| Inpatient Response Times - Urgent (3 hours) | 100% | 94% | 93% | 100% | 100% | 100% | 100% | 95% | 100% | 95% | 96% | 100% | | | 98% | ▲ |
| Inpatient Response Times - Routine (24 hours) | 83% | 79% | 80% | 72% | 79% | 79% | 70% | 71% | 77% | 80% | 81% | 86% | | | 98% | ▲ |
| PHYSIOTHERAPY (Response times are reported one month in arrears) | | | | | | | | | | | | | | | | |
| RTT Incompletes (% waiting <=8 weeks) | 95.0% | 94.0% | 93.8% | 97.4% | 99.2% | 98.8% | 99.0% | 96.6% | 97.4% | 97.2% | 96.4% | 96.5% | 96.4% | | 95% | ▼ |
| RTT Completes (% waiting <=8 weeks) | 95.1% | 96.1% | 95.8% | 94.8% | 96.2% | 98.5% | 97.8% | 96.8% | 95.6% | 97.3% | 96.5% | 97.0% | 97.6% | | 95% | ▲ |
| Inpatient Response Times - Emergency (45 mins) | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 96% | 97% | | | 98% | ▲ |
| Inpatient Response Times - Urgent (3 hours) | 100% | 100% | 99% | 100% | 99% | 100% | 99.8% | 99.6% | 99.4% | 99.2% | 99.7% | 98.2% | | | 98% | ▼ |
| Inpatient Response Times - Routine (24 hours) | 97.5% | 97.4% | 97.9% | 98.5% | 98.2% | 98.6% | 99.1% | 99.6% | 99.3% | 99.5% | 99.5% | 99.7% | | | 98% | ▲ |
| MEDICAL RECORDS | | | | | | | | | | | | | | | | |
| Med Rec - % Missing Casenotes | 0.4% | 0.4% | 0.4% | 0.5% | 0.5% | 0.3% | 0.3% | 0.5% | 0.4% | 0.3% | 0.4% | 0.3% | 0.3% | | <0.5% | ◀▶ |
| DISCHARGE TEAM | | | | | | | | | | | | | | | | |
| Delayed Discharges - County | 2.0 | 1.9 | 1.9 | 2.1 | 2.3 | 2.4 | 2.4 | 2.5 | 2.7 | 2.6 | 2.7 | 2.8 | 2.8 | | 1.6 | ◀▶ |
| Delayed Discharges - City | 3.7 | 3.7 | 3.6 | 3.7 | 3.8 | 3.8 | 4.9 | 4.9 | 4.5 | 4.1 | 4.1 | 4.3 | 4.3 | | 3.8 | ◀▶ |
| PSYCHOLOGY / NEURO-PSYCHOLOGY | | | | | | | | | | | | | | | | |
| New referrals inpatients Medical Psychology | 3 | 2 | 2 | 5 | 4 | 2 | 2 | 1 | 2 | 0 | 0 | 2 | 4 | 11 | | |
| New referrals outpatients Medical Psychology | 42 | 64 | 39 | 44 | 54 | 63 | 33 | 66 | 61 | 52 | 34 | 64 | 35 | 345 | | |
| New referrals inpatients Neuropsychology | 5 | 2 | 8 | 5 | 8 | 7 | 4 | 9 | 6 | 5 | 5 | 13 | 1 | 43 | | |
| New referrals outpatients Neuropsychology | 12 | 9 | 4 | 4 | 3 | 9 | 2 | 10 | 8 | 9 | 5 | 16 | 7 | 57 | | |




DIVISIONAL HEAT MAP - Month 7 2011/12




| | | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status | |
|-------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|--|
| CLINICAL SUPPORT | CLINICAL SUPPORT | | | | | | | | | | | | | | | | | |
| | SALT Wait Time in Weeks | 4 | 4 | 3 | 2 | 4 | | 2 | 2 | 2 | 2 | 2 | 3 | | | 4 | ▼ | |
| | Podiatry New IP Referrals | 57 | 61 | 78 | 56 | 64 | 78 | 53 | 51 | 67 | 63 | 62 | 61 | 55 | 412 | | | |
| | Pharmacy TTO Turnaround in 2 Hours | 83% | 85% | 82% | 87% | 79.5% | 87.4% | 79.5% | 83.4% | 85.8% | 81.0% | 87.2% | 79.3% | 78.9% | | 80% | ▼ | |
| | Pharmacy Dispensing Accuracy | 99.99% | 99.99% | 99.99% | 98.56% | 100% | 100% | 98.4% | 99.96% | 99.98% | 99.99% | 99.99% | 99.99% | 99.99% | | 99.5% | ◀▶ | |
| | IMAGING and MEDICAL PHYSICS | | | | | | | | | | | | | | | | | |
| | CT Scan (% Waiting 3+ Weeks) | 0.5% | 1.2% | 1.8% | 0.7% | 1.0% | 2.3% | 4.0% | 1.0% | 1.0% | 0.2% | 3.6% | 1.5% | 0.2% | | 5% | ▲ | |
| | MRI Scan (% Waiting 3+ Weeks) | 6.6% | 9.1% | 14.0% | 6.0% | 9.8% | 10.2% | 7.6% | 4.9% | 10.8% | 5.5% | 7.2% | 3.3% | 3.9% | | 5% | ▼ | |
| | Non-Obstetric Ultrasound (% Waiting 3+ Weeks) | 4.8% | 6.6% | 28.1% | 10.5% | 9.0% | 12.2% | 27.8% | 8.2% | 6.3% | 4.9% | 2.1% | 0.1% | 0.3% | | 5% | ▼ | |
| | Equipment Utilisation | 77.0% | 82.0% | 71.0% | 75.0% | 63.0% | 72.0% | 73.0% | 77.5% | 77.0% | 75.0% | 78.7% | 73.0% | | | 80% | ▼ | |
| | ED Breach - Total % | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | 1% | ◀▶ | |
| | ED Breach - Plain Film % | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | 1% | ◀▶ | |
| | ED Breach - CT % | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | 1% | ◀▶ | |
| | CRIS and PACS | | | | | | | | | | | | | | | | | |
| | PACS Uptime | 97% | 95% | 96% | 96% | 99.6% | 99.0% | 97.0% | 97.0% | 100% | 99% | 99.6% | 100% | | | 98% | ▲ | |
| | CRIS Uptime | 99.7% | 100% | 100% | 100% | 100% | 100% | 100% | 97% | 100% | 100% | 100% | 100% | | | 98% | ◀▶ | |
| | PATHOLOGY | | | | | | | | | | | | | | | | | |
| | CDT 24 Hour TRT | 95.5% | 93.9% | 92.9% | 92.3% | 91.8% | 98.6% | 96.3% | 95.8% | 96.6% | 97.8% | 96.6% | 94.8% | 96.0% | | 95% | ▲ | |
| | MRSA 48 Hour TRT | 99.6% | 99.6% | 99.7% | 99.7% | 99.7% | 99.9% | 99.07% | 99.67% | 99.72% | 99.71% | 99.73% | 99.83% | 99.59% | | 95% | ▼ | |
| | Diagnostic Wait > 6 Weeks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | ◀▶ | |
| | Cytology Screening 7 Day Target | 99.7% | 99.9% | 99.0% | 97.8% | 100.0% | 100.0% | 99.87% | 99.98% | 99.98% | 99.98% | 100% | 100% | 99.98% | | 99% | ▼ | |




DIVISIONAL HEAT MAP - Month 7 2011/12

| | | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | YTD | Target | Status |
|-------------------------|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| CLINICAL SUPPORT | HR and FINANCE | | | | | | | | | | | | | | | | |
| | Appraisals | 91.2% | 93.7% | 97.4% | 94.0% | 94.5% | 93.3% | 92.4% | 90.9% | 87.6% | 86.2% | 85.0% | 93.2% | 96.6% | 96.6% | 100% | ▲ |
| | Sickness Absence | 3.8% | 4.0% | 4.5% | 4.0% | 3.3% | 3.7% | 3.4% | 3.0% | 3.4% | 3.5% | 3.1% | 3.2% | 3.6% | 3.3% | 3% | ▼ |
| | Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| | Overtime FTE | 17.6 | 17.9 | 17.7 | 19.7 | 20.3 | 16.1 | 17.0 | 19.4 | 16.6 | 20.6 | 17.0 | 17.9 | 17.2 | | | |
| | Bank FTE | 28.1 | 27.6 | 34.1 | 33.5 | 30.5 | 29.1 | 29.7 | 28.8 | 27.2 | 21.0 | 20.1 | 21.0 | 17.6 | | | |
| | Actual net FTE reduction this month | 2.5 | -5.0 | 5.9 | -2.7 | -30.9 | -5.1 | -5.6 | -14.7 | 7.8 | -50.7 | 15.2 | -15.9 | -8.9 | -72.7 | | |
| | Planned FTE reduction this month | 7.5 | -0.8 | 0.0 | 1.0 | 0.0 | 0.0 | | | | | | | | | | |
| | Finance : CIP Delivery | | | | | | | | | | | | | | | | |

KEY to STATUS INDICATORS

-  Latest month achievement is "Green" and an improvement on previous month
-  Latest month achievement is "Amber" and an improvement on previous month
-  Latest month achievement is "Red" and an improvement on previous month

-  Latest month achievement is "Green" but a deterioration relative to previous month
-  Latest month achievement is "Amber" and a deterioration relative to previous month
-  Latest month achievement is "Red" and a deterioration relative to previous month

-  Latest month achievement is "Green" and performance unchanged from previous month
-  Latest month achievement is "Amber" and performance unchanged from previous month
-  Latest month achievement is "Red" and performance unchanged from previous month

