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	Trust Board		
From:	Suzanne Hinchliffe		
Date:	4 August 2011		
CQC regulation	All		
Title:	Quality & Performance Report		
Author/Responsible Director: S.Hinchliffe, Chief Operating Officer/Chief Nurse			
Purpose of the Report: To provide members with an overview of UHL performance against national, regional and local indicators for the month of May 2011.			
The Report is provided to the Board for:			
	Decision		
	Discussion		√
	Assurance	√	
	Endorsement		
Summary / Key Points:			
<u>Corporate challenges:</u>			
<ul style="list-style-type: none"> ❖ ED performance for June Type 1 and 2 is 94.7% and including UCC is 95.8% - a significantly improving position. ❖ MRSA – No cases of MRSA were reported for the month of June with a year to date figure of 2 (year end target of 9). ❖ CDifficile – 7 cases identified. The year to date position is 31, an overall improving position. ❖ RTT – As anticipated and agreed with commissioners, in June performance deteriorated to 85% for admitted patients (target of 90%) whilst reducing backlog. With achievement of 97% (target of 95%) for non-admitted patients. All indications are that performance is expected to be regained by the end of July. 			
<u>Performance Position:</u>			
<ul style="list-style-type: none"> ❖ Same Sex Accommodation - with a national target of 100%, this continues to be achieved for both UHL base wards and intensivist areas. ❖ Performance for June for Primary PCI is significantly improved at 96.8% against a target of 75%. ❖ TIA performance in June has been achieved for the 6th consecutive month and is 66% against a target of 60%. ❖ All May cancer targets have been achieved (one month behind in reporting). Achievement of the 62 day referral to treatment target remains a challenge, raising concerns about the June position. ❖ Theatre Utilisation - Inpatient utilisation 80.2% and day surgery utilisation was 74.9%. This marked deterioration is a result of an alteration of metrics used, from 3.5hr sessions to 4hrs. ❖ The number of pressure ulcers reported has increased in June to 22. ❖ The reported sickness rate for June is 3.9% ❖ Annual appraisal rate for June has reduced to 86.8%. 			
<u>Financial Position:</u>			
<ul style="list-style-type: none"> ❖ The accumulative result to the end of Month 3 is a loss of £8.4 million ❖ The financial recovery plan has been presented to the Trust Board on 21 July 2011 			

Recommendations: Members to note and receive the report.	
Previously considered at another corporate UHL Committee ? yes – Finance and Performance Committee 28 July 2011 and GRMC 28 July 2011	
Strategic Risk Register N/A	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: 4 AUGUST 2011
REPORT BY: SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE
SUBJECT: MONTH THREE PERFORMANCE SUMMARY REPORT

1.0 Introduction

1.1 The following paper provides an overview of the Quality & Performance month 3 report highlighting key performance metrics and areas of escalation where required.

2.0 June 2011 Operational Performance

2.1 Infection Prevention

- ❖ MRSA – No cases of MRSA were reported for a second successive month with a year to date figure of 2 (year end target of 9).
- ❖ CDifficile – a positive month 3 report with 7 cases identified in contrast to the June 2010 position of 19. The year to date position is 31 and on target to date.
- ❖ Monthly reporting for MSSA and EColi is now in place in line with national guidance. No national targets have as yet been set.

2.2 RTT

In June, 85% was achieved for admitted patients (target of 90%) and 97.0% (target of 95%) for non-admitted patients.

The reduction in the June admitted position was as a direct result of a planned reduction in performance whilst backlog activity was undertaken in order to respond to the April 2011 Operating Framework changes to the RTT performance measures reducing the admitted 95th percentile waiting time threshold from 27.7 weeks to 23 weeks. As previously reported to the Trust Board, it is anticipated that this position will recover by the end of July. During the last 6 weeks, a total of 480 additional patients have been treated to improve our overall waiting time position.

2.3 ED

Performance for June Type 1 and 2 is 94.7% and including UCC (now approved by the DoH) is 95.8%. Improvements in performance have now been sustained over the past 4 weeks consistently achieving the 95% target in Type 1 & 2 alone.

In light of an emerging health & safety issue regarding the flooring within the department, temporary relocation of both majors and the EDU have been made whilst remedial work and deep cleaning processes are undertaken. This is expected to be concluded by the 28th July 2011 when services will repatriate.

2.4 Cancer Targets

All cancer targets were achieved in May (one month behind in reporting). Concerns remain regarding the fragility of the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position.

2.5 Same Sex Accommodation (SSA)

With a national target of 100%, this has been achieved for UHL Base Wards and Intensivist areas for the month of June.

2.6 TIA & Stroke Performance

June TIA performance has been achieved for the 6th consecutive month and is currently performing at 66% against a target of 60%.

The percentage of stroke patients who spent 90% of their stay on a dedicated stroke ward has been maintained in June achieving an 88% performance against a target of 80%. Issues remain regarding the challenge to transfer patients to community settings due to capacity which is being monitored on a daily basis and reported to commissioners.

2.7 Primary PCI

Further to a concerning deterioration of performance relating to Primary PCI and post discussion with EMAS, performance for June has regained its position to 96% with a year to date performance of 87.2% against a target of 75%.

2.8 Cancelled Operations on the Day of Surgery

Further to the deteriorating position of the above target over the winter months, agreement has been reached between theatres and surgical colleagues regarding actions to be taken to mitigate any further deterioration and to rapidly improve our performance. Whilst Month 3 position has shown improvement of the cancellation rate from 1.61% to 1.23% - the lowest since September 2010 – pressure to continue this improvement will remain.

2.9 Pressure Ulcers

Despite positive progress during 2010/11, the numbers of pressure ulcers (grade 3 and 4) has not been sustained. Furthermore, it is reported that UHL cumulatively report all pressure ulcers irrespective of source or causal factor differentially to other trusts in the region. To respond to this, whilst all ulcers will be reported, data will be aligned to reflect the above going forward. Furthermore, following a review of all ulcers during June, dedicated focus is being provided by a nominated matron in key areas in liaison with community partners, and, advice is being obtained from vascular clinicians due to an increase in heel ulcers.

3.0 **Medical Director's Report – Kevin Harris**

3.1 Venous Thrombo-embolism (VTE) Risk Assessment

'VTE risk assessment within 24 hours of admission is one of the two National CQUINs for 2011/12 with a monthly threshold of 90%.

As per national guidance, performance figures, using 'full patient data' taken from Patient Centre, are submitted to the Department of Health on a monthly basis. Details of whether a patient has had a risk assessment carried out within 24 hours is inputted into Patient Centre by either Ward Clerks or Bank Audit Clerks.

Although 100% of patients' data is mandated for the DoH submission, not all patients are required to have a risk assessment undertaken as they are considered for 'risk assessment as a cohort'.

UHL's performance in May was reported as 84.6%, including both 'non cohort patients' that were risk assessed individually and 'cohort patients' risk assessed as a group. Performance for June will be slightly lower at 82.7%. Closer review of the data suggests that this deterioration was not a result of a decrease in the number being assessed but as a result of a decrease in the '% of patients with data inputted onto Patient Centre'.

79% of 'non cohort patients' had their 'risk assessment status' recorded in May but this had fallen to 70% in June. Where patients did have a risk assessment status recorded, the percentage of patients being risk assessed within 24 hours has increased month on month (April 82%; May 86% and June 90%). Further work is currently underway to confirm these figures prior to the discussions to be held with the Commissioners at next month's CQRG meeting in respect of the CQUIN thresholds and payment mechanism.

Although UHL has not yet made the national target our current level of performance is one of the highest amongst acute Trusts in the East Midlands.

As advised in last month's report the pilot of the use of the electronic VTE risk assessment tool on iCM in Nephrology and Haematology has shown the system is not yet fit for purpose for wider roll out. This is being addressed with the supplier. Therefore, following discussion with the Heads of Nursing, it has been agreed to continue with the use of Patient Centre in the medium term. Alternative electronic avenues including a risk assessment tool in the proposed 'e-prescribing system' are also being explored.

3.2 Mortality Rate

CHKS have rebased their 10/11 data and UHL's risk adjusted mortality rate (RAMI) for both 10/11 and April 11 continues to be lower than expected.

3.3 Discharge and Outpatients Letter CQUINs

All CBU and Specialities have been asked to commence the Discharge letter audit in order to meet the CQUIN requirements. To date 23 Wards have carried out the audit with a further 40 to complete before the end of next week.

The 'Outpatient Letter CQUIN audit is currently underway in order to provide baselines in respect of 'timing of letters' and also 'letter content'. The results of this audit are due to be discussed at a Trustwide meeting on 3rd August in order to discuss the improvement thresholds that should be agreed with the Commissioners.

3.4 Fractured Neck of Femur 'Time to Theatre'

The National Hip Fracture Database report has now been published and has confirmed that UHL's performance for 10/11 was above the national average at 71.2% .

Discussions have been held with the Commissioners and the proposed 11/12 Quality Schedule threshold is 70% or above with a 'full year effect target' of 75%. June's performance (to be confirmed) was 71%.

3.5 Re-admissions

Following discussion at the last Re-admissions Programme Board the following actions have been put in place:

- the prospective review previously piloted in Planned Care is now being rolled out across all bed holding wards. This will highlight any patients wrongly coded or who are otherwise exempt from the 'Readmissions Penalty'. To date a number of such coding issues have been identified and this information is being used in discussion with the commissioners (for example patients readmitted with alcohol related problems are exempt and a number of

patients have been coded as emergency admission following an elective procedure when the initial admission was emergency). The review will also provide information about key reasons for patients being admitted. These will be brought to the attention of the readmitting clinical teams in order that they can address any potential ongoing issues prior to 're-discharge' and thus avoid a further readmission.

- following piloting 'follow up telephone calls' and 'earlier outpatient follow up' are being rolled out
- in collaboration with primary care, work is being undertaken to look at identifying patients most at risk of 'readmission' prior to discharge.
- Work is being undertaken with IMT to explore whether patients identified as "at risk" for readmission can be flagged so clinicians can be alerted to take pro-active actions to prevent this.

The Readmissions SRO has attended the project board and has subsequently met with key personnel in order to gain a greater understanding of the issues and actions being taken in order that he is fully briefed when taking up post on 1st August.

3.6 Patient Safety

It is disappointing that the incidence of Patient Falls has increased slightly during the month of June. There was one Serious Incident relating to a fall reported and escalated during this month which relates to the fall of an elderly patient who sustained a fractured wrist. A falls assessment had not been undertaken despite the patient having a history of falls prior to admission. Work continues within the CBU's to improve the undertaking of assessments.

A joint report is being presented to GRMC at the end of July by the Corporate Safety team and the Planned and Acute Divisions to provide an understanding of the complaints procedures, and assurances that complaints are managed effectively, and that actions are taken in light of outcomes of investigations.

3.7 Quality Schedule and CQUINs

Two Quality Schedule Indicators were RAG rated Amber for May (MRSA bacteraemias and Complaint Response Times) and there was one Red indicator (Never Event).

Actions in place to improve performance were supported by the Clinical Quality Review Group following discussion at the June meeting. It is anticipated that there will be an Amber RAG for Complaint Response Times for June but all other Quality Schedule indicators should be Green.

4.0 **Human Resources – Kate Bradley**

4.1 Appraisals

Despite considerable effort we have not achieved an appraisal rate beyond 93.2% which is short of the Trust's 100% target. The appraisal rate now stands at 86.8%. This is a high level percentage and is not representative of all Divisions. Focused action is being undertaken in areas which remain significantly under target.

4.2 Sickness

For May we initially reported a figure of 3.3% - which further reduced to 3.1%, the lowest since ESR reports began in 2006.

The June figure has risen to 3.97%. It is hoped that there will be a 0.2% reduction on this figure as absences are closed after the reporting deadline.

5.0 Financial Performance – Andrew Seddon

5.1 Financial Position

The Trust is reporting a cumulative deficit of £8.4m (£8.6m adverse Plan), which has been widely reported and is most disappointing. Table 1 outlines the current position.

Table 1 – I&E Summary

	2011/12 Annual Plan £m	June			April - June 2011		
		Plan £m	Actual £m	Var (Adv) / Fav £m	Plan £m	Actual £m	Var (Adv) / Fav £m
Service Income							
NHS Patient Related	589.2	49.2	50.1	0.9	146.6	146.9	0.3
Non NHS Patient Care	6.6	0.5	0.4	(0.1)	1.5	1.2	(0.3)
Teaching, R&D	67.1	4.4	4.5	0.1	16.8	16.7	(0.1)
Total Service Income	662.9	54.0	54.9	0.9	164.9	164.7	(0.2)
Other operating Income	18.8	1.6	1.8	0.2	4.6	4.6	0.0
Total Income	681.8	55.6	56.7	1.1	169.6	169.4	(0.2)
Operating Expenditure							
Pay	420.4	35.2	37.5	(2.3)	106.1	111.5	(5.4)
Non Pay	215.3	16.6	18.0	(1.4)	52.0	55.2	(3.1)
Total Operating Expenditure	635.7	51.8	55.5	(3.7)	158.2	166.7	(8.5)
EBITDA	46.1	3.8	1.2	(2.6)	11.3	2.7	(8.7)
Interest Payable	(0.6)	(0.1)	(0.0)	0.0	(0.1)	(0.1)	(0.0)
Depreciation & Amortisation	(31.1)	(2.6)	(2.6)	(0.0)	(7.8)	(7.6)	0.2
Dividend Payable on PDC	(13.2)	(1.1)	(1.1)	(0.0)	(3.3)	(3.3)	(0.0)
Net Surplus / (Deficit)	1.3	0.0	(2.5)	(2.6)	0.2	(8.4)	(8.5)
EBITDA %	6.76%		2.13%		-	1.59%	

5.2 The reasons for the underlying financial position are as follows:

Income

Income is £0.2m below Plan. This reflects £0.3m, (0.2% favourable) in patient care income due to overperformance in daycases (£0.6m), elective inpatients (£0.1m) and outpatients (£0.4m). These favourable variances are offset by underperformance in non-elective / emergencies by £0.8m (1.7% of plan). This represents 1,068 spells adverse to plan (4%).

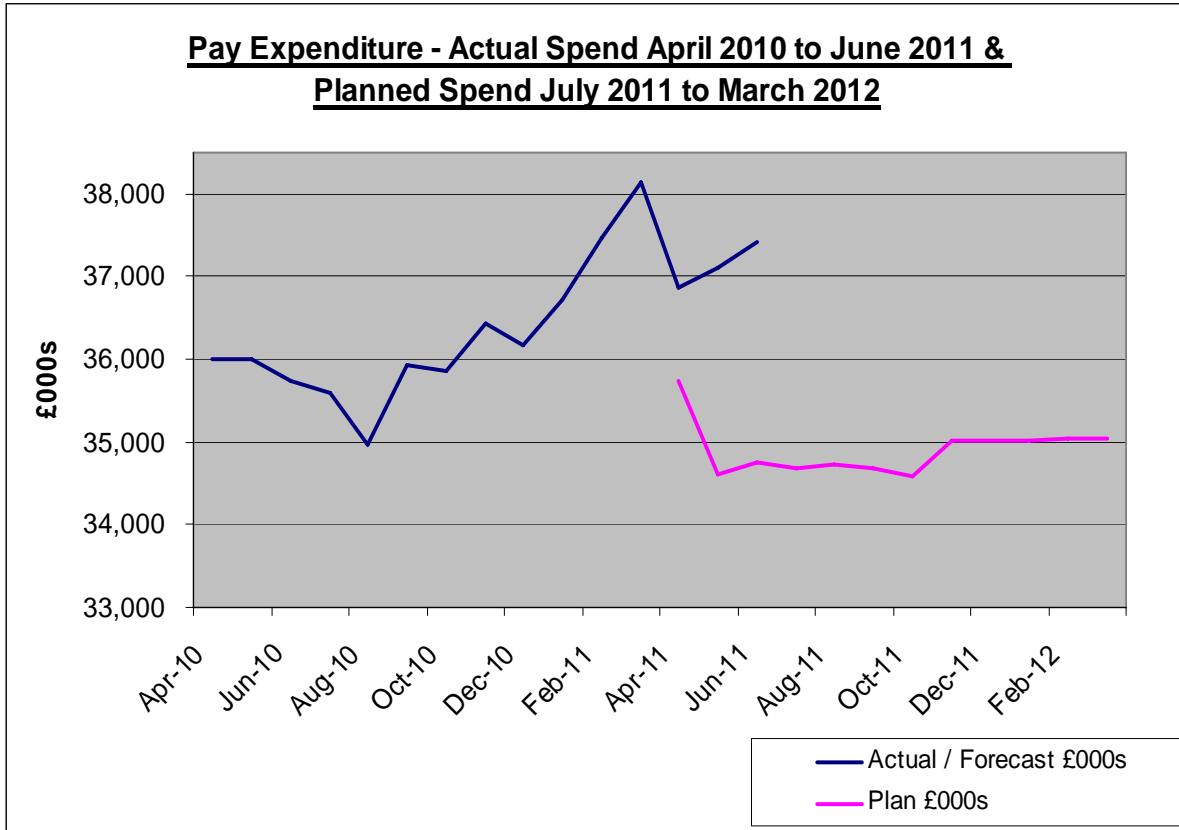
Expenditure

Expenditure is £8.5m over plan. This reflects a shortfall on the cost improvement programme of £3.3m and the continued use of significant premium agency staff (£4.4m year to date). Chart 1 clearly shows the trend for the year.

Despite three ward closures in late May / early June, the adverse position against Plan has persisted as the underlying CIP plan required higher delivery of savings in June than in preceding months.

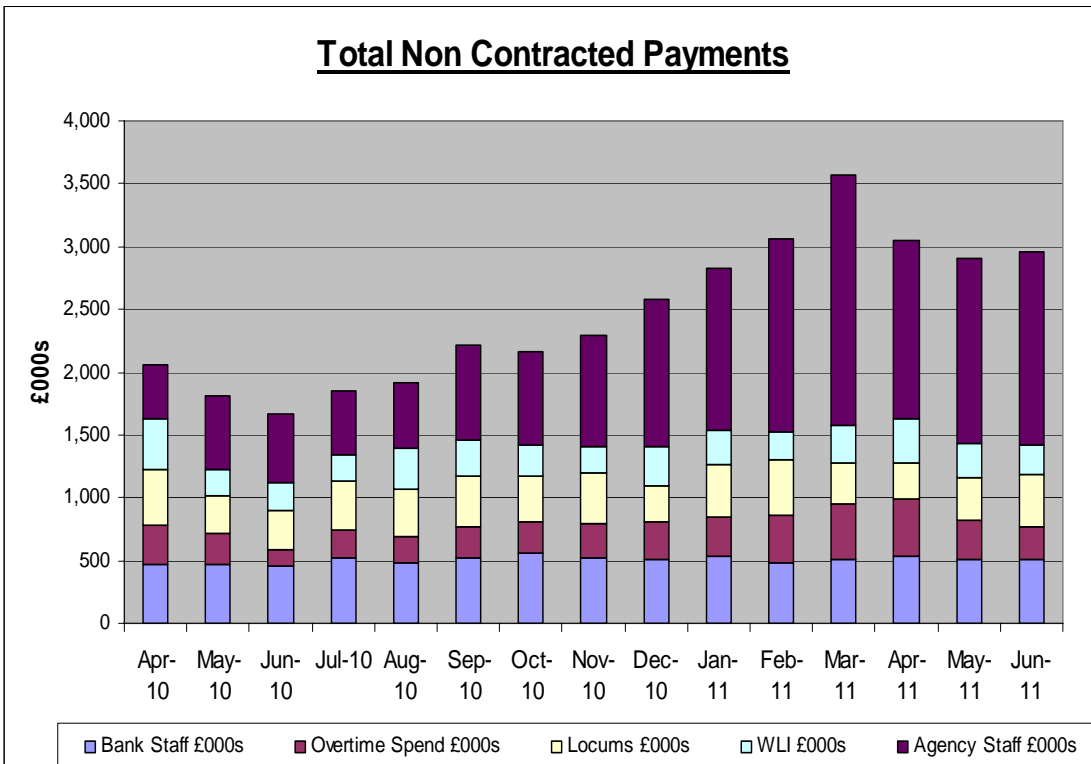
This third successive month of poor results coincides with the first month of strengthened operational controls and is thus particularly disappointing. The adverse position is across all Divisions (and the majority of CBUs) and triggered a full review of the full year forecast and the underlying CIP plans.

Chart 1



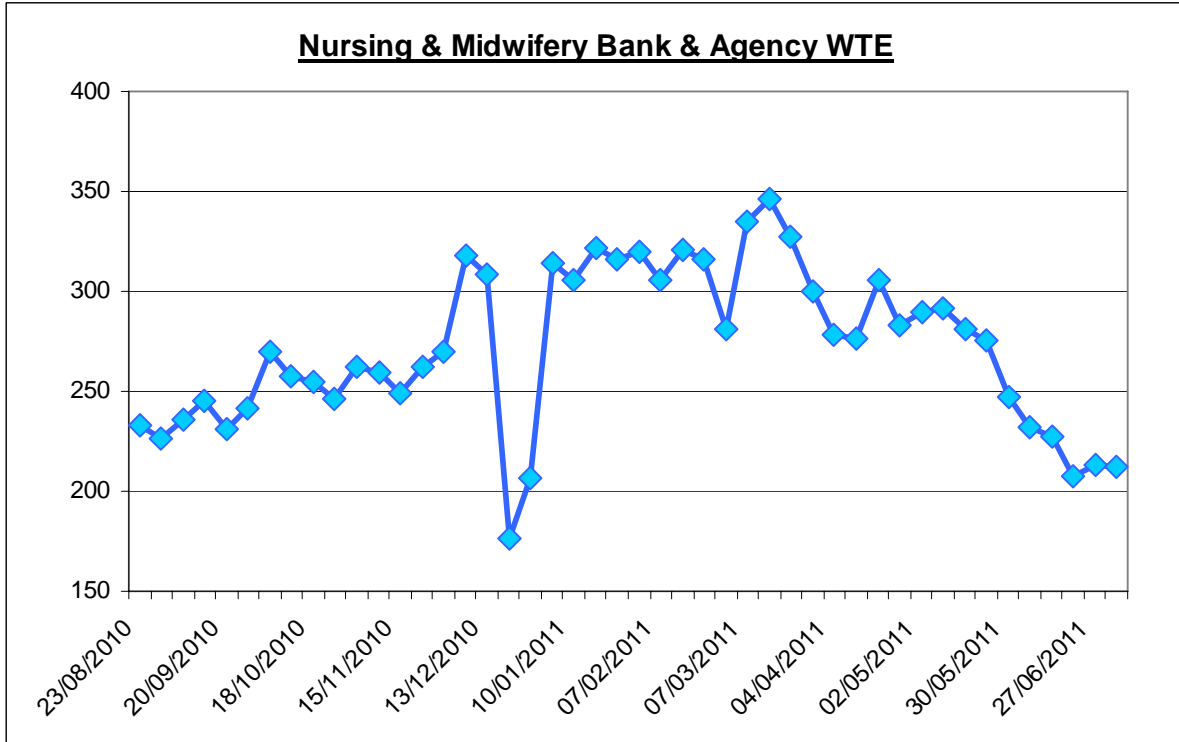
Agency costs remain particularly high compared to this time last year – almost 3 times higher than in the same period in 2010. The growth in temporary staffing has nullified the savings from the reduction in employed (contracted) staff over the same period from 10,275 to 10,125. The impact can be seen best graphically in Chart 2 below:

Chart 2



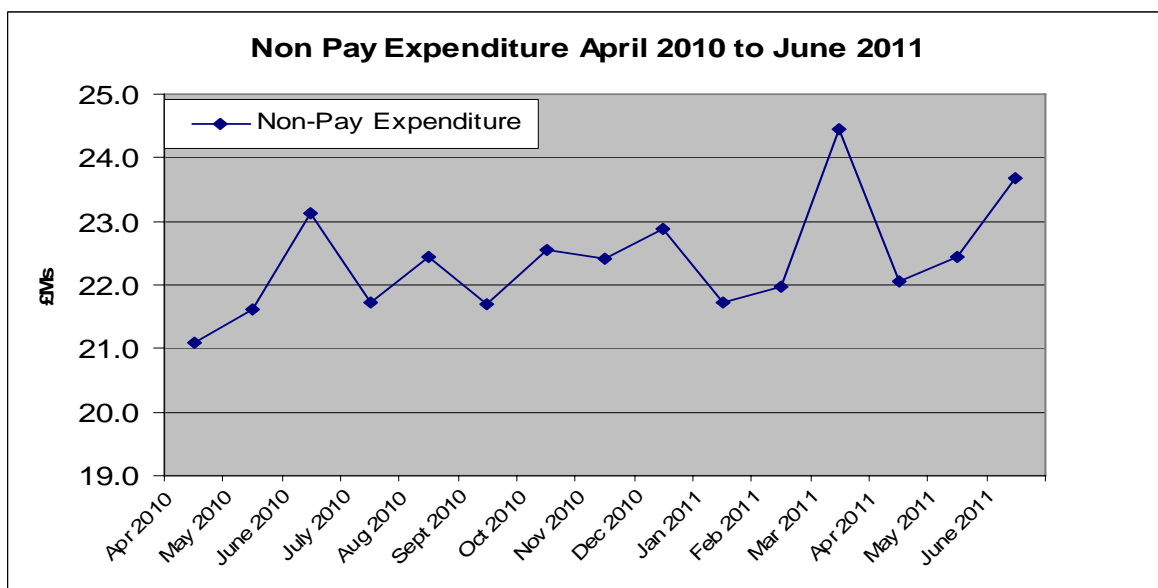
Following the Confirm and Challenge meetings with the Divisions and CBUs, actions have been taken to reduce premium expenditure and the impact has been seen from mid June onwards. This can be seen clearly from Chart 3 of nursing & midwifery bank and agency WTE. There is still further work to be done on medical locum spend and external agency costs.

Chart 3



Non-pay is a particular area for concern in the month. Additional costs are being incurred on the outsourced sterile services contract as the new service provider beds in. There is also overspend on high costs drugs (with a contra in income) and in some areas of ward stocks. Investigations continue into the underlying causes.

Chart 4



In summary the pay and non pay graphs show the trend and the problem. Costs are increasing; CIPs are not being delivered and yet revenue is falling mostly through the national tariff but also from reduced activity.

5.3 Working capital and net cash

The Trust's cash position reduced in month by £5.4 million, and was £4.4 million at the 30 June 2011. This partly reflects the deterioration in the I&E position but also the fact that transformational support funds have not been received in the year to date.

Cash is inevitably a concern when losses are being incurred. Cash is monitored on a daily basis and to date we have maintained monthly balances in excess of £3m (NB: the Trust consumes on average £2m per day).

An enhanced internal cash management programme has been enacted including:

- a reduction in the annual capital spend of £5m (see below)
- a communication programme with major suppliers on credit terms
- discussion with our commissioning PCT on cash phasing around SLA payments

Note that the liquidity programme highlighted as part of our Foundation Trust programme has been escalated to the SHA and we are still seeking technical solutions. Finally we have met with RBS, the Trust's cash handling bank, to apprise them of the recovery situation.

5.4 Revised Capital Plan

The capital plan has been reviewed to identify a reduction of £5 million. At this point in the year many of the schemes are still awaiting final figures and timelines. There are confirmed reductions to the plan of £1.6 million, with a further £3.4 million awaiting the outcome of the preliminary work currently being undertaken. This £3.4m includes slippage on the carbon management and ED schemes as well as reductions in backlog maintenance.

	Initial Plan	Confirmed Changes	Potential Changes	Revised Plan
	£000's	£000's	£000's	£000's
Backlog Maintenance				
IM&T	2,500			2,500
Medical Equipment	4,522			4,522
LRI Estates	2,500	(400)	(50)	2,050
LGH Estates	1,800		(150)	1,650
GGH Estates	1,700		(400)	1,300
Total Backlog Maintenance	13,022	(400)	(600)	12,022
Developments				
Carbon Management	1,000		(800)	200
Diabetes R&D Funding	550			550
GGH CDU Phase II	900			900
LRI Disabled Car Park	190	(190)		0
Gwendolen House Moves / PPD Purchase	650		(300)	350
MES Installation Costs	900	(400)		500
Congenital Heart Surgery	800			800
MacMillan Oncology Centre	300			300
ED Interim Improvements	1,500		(400)	1,100
LGH Theatre & Ward Refurbishments	2,050			2,050
Cancer Trials Unit, LRI	100			100
Decontamination	300	814		1,114
Contingency	1,600	(1,600)		0
Land Swap	19,801			19,801
Encoder for Clinical Coding	131			131
Residual on 10/11 Schemes	0	209		209
Further reductions to be finalised	0		(1,333)	(1,333)
Donations	500			500
Total Essential Developments	31,272	(1,167)	(2,833)	27,272
Total Capital Programme	44,294	(1,567)	(3,433)	39,294

Caring at its best

Quality and Performance

Trust Board

Thursday 4th August 2011

June 2011

One team shared values

QUALITY and PERFORMANCE REPORT

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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 arrow pointing to the right indicates an improvement in performance and an arrow pointing to the left indicates a deterioration in performance.

UHL at a Glance - Month 3 - 2011/12

PATIENT SAFETY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
MRSA Bacteraemias	9	Jun-11	0	2	9	
CDT Isolates in Patients (UHL - All Ages)	165	Jul-11	7	31	150	
% of all adults who have had VTE risk assessment on adm to hosp ***	90%	Jun-11	85.0%	84.1%	90%	
Reduction of hospital acquired venous thrombosis ***	0.175%	Qtr 4 10/11	0.12%		0.175%	
Incidents of Patient Falls ***	1934	Jun-11	168	533		
In Hospital Falls resulting in Hip Fracture ***	12	Jun-11	0	2	10	
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%	May-11	93.7%	95.0%	93.5%	
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	May-11	94.6%	96.2%	96.0%	
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	May-11	98.3%	97.7%	97.5%	
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	May-11	100.0%	100.0%	100.0%	
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	May-11	94.3%	96.1%	96.0%	
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	May-11	98.7%	98.9%	98.5%	
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	May-11	85.5%	85.9%	86.0%	
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	May-11	94.9%	95.9%	95.0%	
62-Day Wait For First Treatment From Consultant Upgrade	100%	May-11	----	100.0%	100.0%	
Emergency 30 Day Readmissions (Following Elective Admission)	1.6%	May-11	4.7%	4.8%	KH	
Emergency 30 Day Readmissions (Following Emergency Admission)	8.0%	May-11	9.2%	9.3%	KH	
Mortality (CHKS Risk Adjusted) - OVERALL	85	May-11	85.1	83.0		
Primary PCI Call to Balloon <150 Mins	75.0%	Jun-11	96.0%	87.2%	87.0%	
Pressure Ulcers (Grade 3 and 4) ***	197	Jun-11	22	43	190	

*** Trust Priorities

Data Quality Key

Process & Procedure Fully Documented

Patient Level

Audit

Director Sign Off

UHL at a Glance - Month 3 - 2011/12

PATIENT EXPERIENCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Inpatient Polling - treated with respect and dignity ***	95.0	Jun-11	96.5	95.8		
Inpatient Polling - rating the care you receive ***	91.0	Jun-11	87.6	86.3		
Outpatient Polling - treated with respect and dignity ***	95.0	Jun-11	93.1	93.1		
Outpatient Polling - rating the care you receive ***	85.0	Jun-11	84.6	84.6		
% Beds Providing Same Sex Accommodation -Wards ***	100%	Jun-11	100.0%	100.0%	100.0%	
% Beds Providing Same Sex Accommodation - Intensivist ***	100%	Jun-11	100.0%	100.0%	100.0%	
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	Jun-11	95.8%	94.3%		
ED Waits - UHL (Type 1 and 2)	95%	Jun-11	94.7%	92.8%		
ED Unplanned Re-attendance Rate (From Qtr 2 2011/12)	<5%	Jun-11	4.9%	5.4%		
ED Left Without Being Seen % (From Qtr 2 2011/12)	<5%	Jun-11	2.0%	2.2%		
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12)	<4Hrs	Jun-11	256	294		
ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12)	<15 mins	Jun-11	41	56		
ED Time to Treatment - Median (From Qtr 2 2011/12)	<60 mins	Jun-11	50	54		
RTT 18 week - Admitted	90%	Jun-11	85.0%	85.0%		
RTT 18 week - Non admitted	95%	Jun-11	97.0%	97.0%		
RTT Admitted Median Wait (Weeks)	<=11.1	Jun-11	10.2	9.4		
RTT Admitted 95th Percentile (Weeks)	<=23.0	Jun-11	25.3	24.8		
RTT Non-Admitted Median Wait (Weeks)	<=6.6	Jun-11	6.2	6.0		
RTT Non-Admitted 95th Percentile (Weeks)	<=18.3	Jun-11	17.1	16.8		
RTT Incomplete Median Wait (Weeks)	<=7.2	Jun-11	5.8	5.8		
RTT Incomplete 95th Percentile (Weeks)	<=28.0	Jun-11	19.6	19.6		
STAFF EXPERIENCE / WORKFORCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Headcount Reduction	TBC	Jun-11				
Sickness absence	3.0%	Jun-11	3.97%	3.4%		
Appraisals	100%	Jun-11	86.8%	86.8%		
VALUE FOR MONEY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Income (£000's)	681,756	Jun-11	56,745	169,366	685,783	
Operating Cost (£000's)	635,693	Jun-11	55,534	166,680	645,665	
Surplus / Deficit (as EBIDTA) (£000's)	46,063	Jun-11	1,211	2,686	40,118	
CIP (£000's)	38,245	Jun-11	1,422	3,346	25,591	
Cash Flow (£000's)	18,200	Jun-11	4,425	4,425	3,623	
Financial Risk Rating	3	Jun-11	1	1	2	
Pay - Locums (£ 000s)		Jun-11	417	1,028		
Pay - Agency (£ 000s)		Jun-11	1,526	4,428		
Pay - Bank (£ 000s)		Jun-11	509	1,558		
Pay - Overtime (£ 000s)		Jun-11	257	1,027		
Total Pay Bill (£ millions)	420,410	Jun-11	37.5	111.5	424,464	
Cost per Bed Day (£)		Jun-11	165	165		

*** Trust Priorities

Data Quality Key: Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



QUALITY and PERFORMANCE REPORT - QTR1 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
ED - 4hr wait	95%	1.0	0.0	0.0	0.5	0.5	1.0			
CDIFF	42	1.0	1.0	0.0	0.0	0.0	0.0			
MRSA	2	1.0	1.0	0.0	0.0	1.0	0.0			
RTT - admitted 95th Percentile	<=23 weeks	1.0	n/a	n/a	n/a	n/a	1.0	RTT Admitted performance as expected due to agreed backlog reduction in Quarter 1		
RTT - non admitted 95th Percentile	<=18.3 weeks	1.0	n/a	n/a	n/a	n/a	0.0			
31 day cancer :-										
subsequent surgery	94%	1.0	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			
from consultant screening service referral	90%									
31-day cancer wait from diagnosis to first treatment	96%	1.0	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			
for symptomatic breast patients (cancer not initially suspected)	93%									
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			
Performance Governance rating			2.0	0.0	0.5	1.5	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 - 2011/12

CQC SERVICE PERFORMANCE

CQC Service Performance - Indicators, weighting and scoring

Quality of service Performance Indicator	Thresholds		Weighting for PF	2010/11 score			2011/12
	Performing	Under-performing		Qtr 1 and Qtr 2	Qtr 1 to Qtr 3	Qtr 1 to Qtr 4	Qtr 1
Four-hour maximum wait in A&E	95%	94%	1	3	3	3	1
Cancelled ops - breaches of 28 days readmission guarantee	5.0%	15.0%	1	1	1	1	1
MRSA	0	>1SD	1	0	0	0	3
C Diff	0	>1SD	1	3	3	3	3
RTT - admitted - 95th percentile	<=23	>27.7	0.50	1.5	1.5	1.5	0.5
RTT - non-admitted including audiology (DAA) - 95th percentile	<=18.3		0.50	1.5	1.5	1.5	1.5
RTT - incomplete - 95th percentile	<=28	>36	0.50	1.5	1.5	1.5	1.5
RTT - admitted 18 weeks	90%	85%	0.75	n/a	n/a	n/a	0.75
RTT - non-admitted 18weeks	95%	90%	0.75	n/a	n/a	n/a	2.25
2 week GP referral to 1st outpatient	93%	88%	0.5	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
31 day second or subsequent treatment - surgery	94%	91%	0.25	1	1	1	0.75
31 day second or subsequent treatment - drug	98%	93%	0.25	1	1	1	0.75
31 day diagnosis to treatment for all cancers	96%	91%	0.25	1	1	1	0.75
31 day second or subsequent treatment - radiotherapy	94%	89%	0.25	n/a	n/a	0.75	0.75
62 day referral to treatment from screening	90%	85%	0.33	1	1	1	1
62 day referral to treatment from hospital specialist	85%	80%	0.33	1	1	1	1
62 days urgent GP referral to treatment of all cancers	85%	80%	0.33	1	1	1	1
Patients that have spent more than 90% of their stay in hospital on a stroke unit	80%	60%	1	3	3	3	3
Delayed transfers of care	3.5%	5.0%	1	3	3	3	3
Overall performance score threshold				2.67	2.67	2.63	2.46

From 2011/12 Four Hour target excludes MIUs and WICs not on UHL campus

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 3 - 2011/12

PATIENT SAFETY

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status	Page No
MRSA Bacteraemias	1	0	0	1	0	1	0	1	2	1	2	0	0	2	9		11
CDT Isolates in Patients (UHL - All Ages)	19	14	13	10	16	20	12	17	16	14	9	15	7	31	165		11
% of all adults who have had VTE risk assessment on adm to hosp	40%	49%	51%	57%	61%	65%	64%	69%	75%	79%	80.3%	84.6%	85.0%	84.1%	90%		
Reduction of hospital acquired venous thrombosis	Qtr 1 - 0.15%	Qtr 2 - 0.16%			Qtr 3 - 0.17%			Qtr 4 - 0.12%							0.175%		
Incidents of Patient Falls	212	118	175	205	211	148	127	267	197	207	235	130	168	533	1934		14
In Hospital Falls resulting in Hip Fracture	0	0	0	1	0	0	3	2	2	2	2	0	0	2	12		

CLINICAL EFFECTIVENESS

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-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	93.3%	93.5%	94.8%	93.3%	93.0%	94.5%	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%		95.0%	93%		20
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93.5%	93.4%	98.3%	98.3%	97.7%	94.9%	98.4%	99.0%	95.5%	95.4%	97.2%	94.6%		96.2%	93%		20
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96.3%	98.2%	96.4%	97.0%	96.7%	97.3%	98.3%	96.7%	96.6%	96.8%	97.0%	98.3%		97.7%	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	94.0%	94.0%	91.4%	97.9%	97.8%	95.5%	95.3%	94.7%	96.3%	95.8%	98.5%	94.3%		96.1%	94%		20
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.3%	99.2%	100.0%	100.0%	100.0%	99.4%	99.3%	99.3%	100.0%	98.8%	99.1%	98.7%		98.9%	94%		20
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	87.1%	89.0%	82.8%	87.3%	85.5%	86.4%	88.1%	85.8%	87.2%	85.9%	86.4%	85.5%		85.9%	85%		20
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	93.2%	91.4%	87.9%	91.5%	87.2%	91.1%	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%		95.9%	90%		20
62-Day Wait For First Treatment From Consultant Upgrade	-----	-----	100%	-----	100%	100%	100%	100%	100%	100%	100.0%	-----		100.0%	100%		20

HISTORY / TREND OVERVIEW - Month 3 - 2011/12

CLINICAL EFFECTIVENESS (Continued)

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status	Page No
Emergency 30 Day Readmissions (Following Elective Admission)	4.9%	5.2%	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.7%	5.0%	4.9%	4.7%		4.8%	1.6%	▲	13
Emergency 30 Day Readmissions (Following Emergency Admission)	11.1%	10.7%	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	9.4%	9.2%		9.3%	8.0%	▲	13
Mortality (CHKS - Risk Adjusted) - OVERALL	84.8	79.8	80.2	87.3	93.6	77.5	98.1	87.7	82.5	87.9	80.6	85.1		83.0	85	▼	
Stroke - 90% of Stay on a Stroke Unit	67%	64%	67%	79%	79%	81%	75%	58%	56%	80%	85%	87%	88%	86%	80%	▲	
Primary PCI Call to Balloon <150 Mins	82.6%	73.3%	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	87.2%	75%	▲	19
Pressure Ulcers (Grade 3 and 4)	17	20	17	19	11	12	26	33	14	20	10	11	22	43	197	▼	14

HISTORY / TREND OVERVIEW - Month 3 - 2011/12

PATIENT EXPERIENCE

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status	Page No
Inpatient Polling - treated with respect and dignity		95.8	94.4	94.9	95.4	94.6	96.2	95.2	95.2	95.0	96.2	96.1	96.5	95.8	95.0	▲	16
Inpatient Polling - rating the care you receive		87.0	84.0	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	86.3	91.0	▲	16
Outpatient Polling - treated with respect and dignity													93.1	93.1	95.0		
Outpatient Polling - rating the care you receive													84.6	84.6	85.0		
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	◀▶	19
% Beds Providing Same Sex Accommodation - Intensivist	87%	87%	87%	86%	86%	89%	93%	95%	100%	100%	100%	100%	100%	100%	100%	◀▶	19
A&E Waits - Leics (10/11) - UHL Incl UCC (11/12)	97.0%	98.4%	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	94.3%	95%	▲	17
A&E Waits - UHL (Type 1 and 2)	95.3%	97.4%	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	92.8%	95%	▲	17
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	6.1%	5.9%	6.5%	6.2%	6.0%	5.5%	5.9%	6.0%	6.1%	5.8%	6.2%	5.2%	4.9%	5.4%	<5%	▲	17
Left Without Being Seen % (From Qtr 2 11/12)	2.5%	2.4%	2.1%	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.2%	<5%	▲	17
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12)	240	239	240	240	251	303	349	382	331	343	306	307	256	294	<240 Mins	▲	17
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	45	40	43	41	52	49	55	55	49	63	71	56	41	56	<15 Mins	▲	17
Time to Treatment - Median (From Qtr 2 11/12)	53	52	49	55	55	62	60	49	50	58	59	54	50	54	<60 mins	▲	17
RTT 18 week - Admitted	94.2%	94.2%	93.4%	91.5%	92.6%	92.1%	91.6%	91.5%	91.1%	91.8%	91.7%	90.0%	85.0%	85.0%	90%	▼	18
RTT 18 week - Non admitted	98.3%	98.0%	97.4%	96.4%	97.1%	98.3%	97.0%	96.9%	97.3%	97.1%	97.4%	97.2%	97.0%	97.0%	95%	▼	18
RTT Admitted Median Wait (Weeks)	9.5	9.7	9.5	9.8	10.2	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	9.4	<=11.1	▼	18
RTT Admitted 95th Percentile (Weeks)	18.7	18.8	19.5	21.4	21.3	21.9	23.1	23.7	23.2	24.1	23.4	25.1	25.3	24.8	<=23.0	▼	18
RTT Non-Admitted Median Wait (Weeks)	5.7	6.1	6.2	6.9	6.7	6.2	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	<=6.6	▲	18
RTT Non-Admitted 95th Percentile (Weeks)	16.3	16.7	16.9	17.4	17.2	17.0	16.9	17.1	16.8	16.8	16.5	16.8	17.1	16.8	<=18.3	▼	18
RTT Incomplete Median Wait (Weeks)	5.6	5.8	6.1	6.1	6.0	6.1	6.8	6.7	5.2	5.5	6.3	6.4	5.8	5.8	<=7.2	▲	18
RTT Incomplete 95th Percentile (Weeks)	16.7	17.6	17.9	18.3	19.1	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.6	19.6	<=28.0	▼	18

HISTORY / TREND OVERVIEW - Month 3 - 2011/12

STAFF EXPERIENCE / WORKFORCE

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status	Page No
Headcount Reduction	82.6	49.7	70.4	20.9	23.7	4.6	0.7	-0.2	5.7	-13.0					TBC		21
Sickness absence	3.3%	3.4%	3.2%	3.5%	3.8%	3.7%	4.7%	4.0%	3.4%	3.4%	3.2%	3.1%	3.97%	3.4%	3.0%	⚠	21
Appraisals	68.5%	72.7%	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	86.8%	100%	⚠	21

VALUE FOR MONEY

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD
Income (£000's)							58,569	59,015	58,759	64,835	56,760	55,861	56,745	169,366
Operating Cost (£000's)							54,865	55,342	55,770	58,922	55,260	55,886	55,534	166,680
Surplus / Deficit (as EBIDTA) (£000's)							3,704	3,673	2,989	5,913	1,500	-25	1,211	2,686
CIP (£000's)							3,048	3,073	2,798	3,270	1,012	912	1,422	3,346
Cash Flow (£000's)							9752	12,491	18,358	10,306	14,465	9,778	4,425	4,425
Financial Risk Rating							2	2	2	2	2	1	1	1

HR Pay Analysis

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Locums (£ 000s)	314	391	369	404	365	401	279	421	443	335	283	328	417	1,028
Agency (£ 000s)	547	510	524	758	746	879	1,175	1,283	1,540	1,990	1,427	1,475	1,526	4,428
Bank (£ 000s)	453	516	481	518	560	523	514	540	478	504	540	509	509	1,558
Overtime (£ 000s)	138	224	212	248	254	276	300	304	378	447	453	317	257	1,027
Total Pay Bill (£ millions)	35.7	35.6	35.0	35.9	35.9	36.4	36.1	36.7	37.5	38.1	36.9	37.1	37.5	111.5

Average Cost per Bed Day

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
	£	£	£	£	£	£	£	£	£	£	£	£	£
Cost per Bed Day (£)	150	158	150	155	151	164	162	143	183	172	169	165	165

INFECTION PREVENTION

Performance Overview

MRSA – For the second successive month there were no MRSA bacteraemias reported. Year to date figure constant at 2 against a year end target of 9.

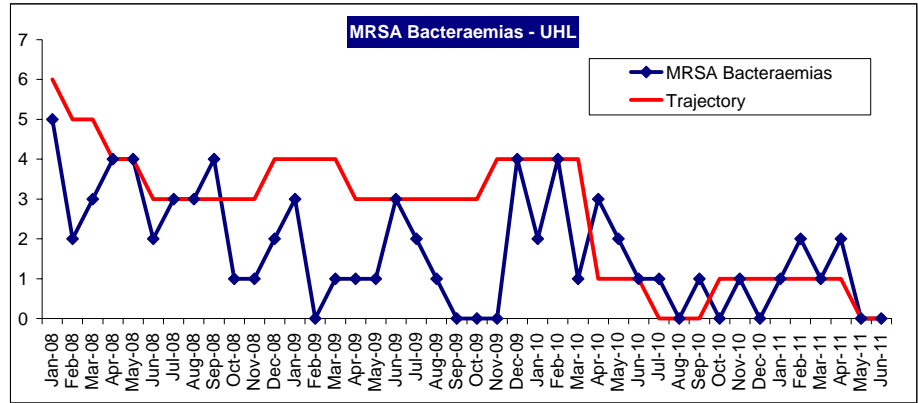
CDifficile – 7 cases reported in June brings the year to date total to 31 (year end target of 165).

Key Actions

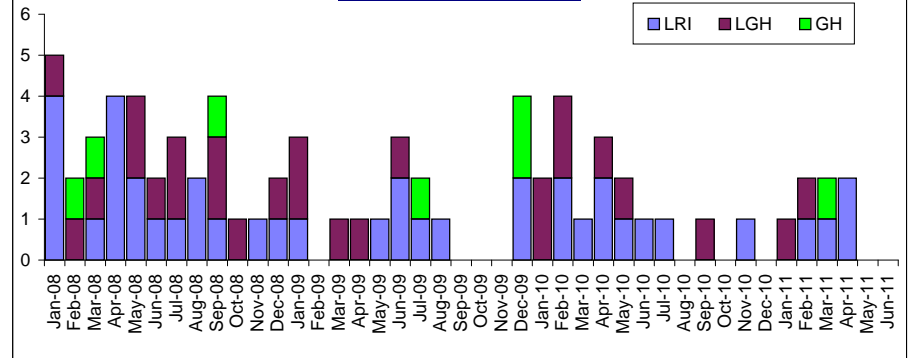
1. Further to last months Q&P report, correspondence has been forwarded to all clinicians regarding expectations and compliance with recommended infection prevention procedures

2. Monthly reporting for MSSA and EColi is now in place in line with national guidance. At present there are no local or national targets set.

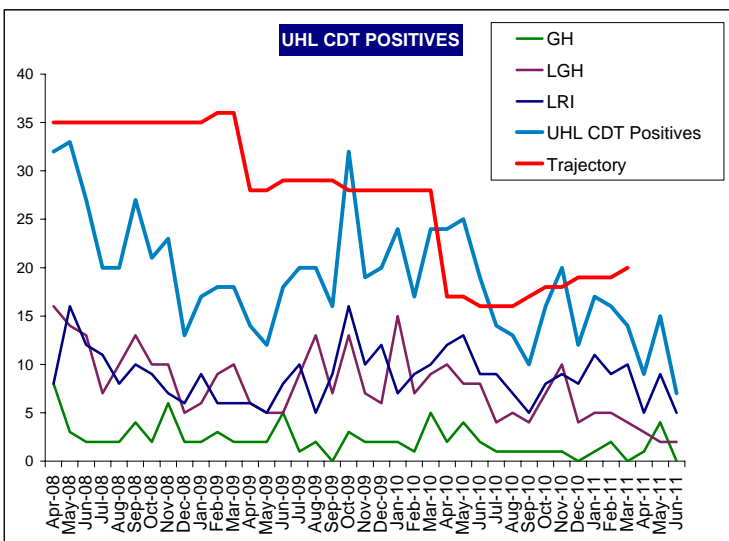
MRSA BACTERAEMIA



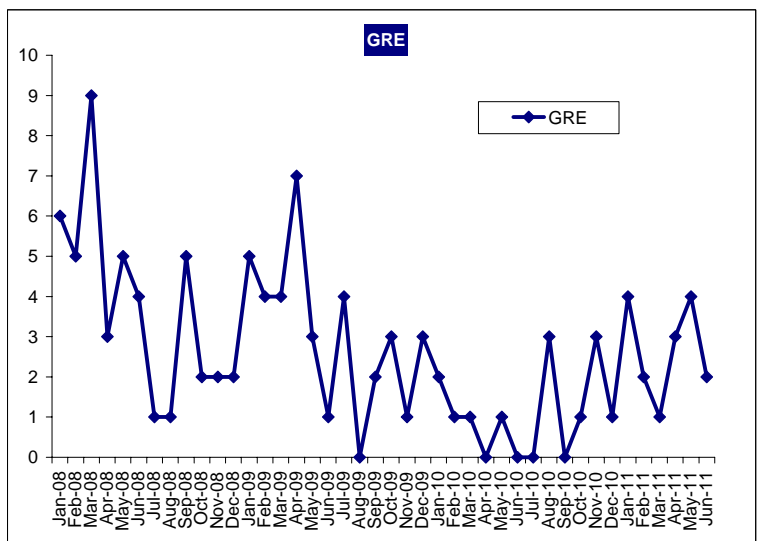
MRSA Bacteraemias by Site



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
MRSA	1	0	0	1	0	1	0	1	2	1	2	0	0	2	9	🟢
C. Diff.	19	14	13	10	16	20	12	17	16	14	9	15	7	31	165	🟡
Rate / 1000 Adm's	2.3	1.6	1.6	1.2	1.9	2.4	1.4	2.1	2.1	1.6	1.2	2.0	0.9	1.4		

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
GRE	0	0	3	0	1	3	1	3	2	1	3	4	2	9	TBC	
MSSA												4	2	6	No National Target	
E-Coli													38	38	No National Target	

MORTALITY

Performance Overview

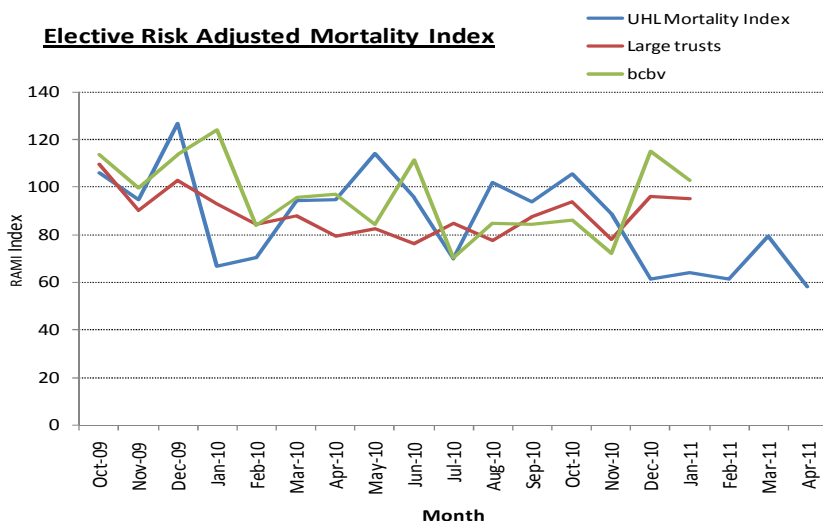
CHKS RISK ADJUSTED MORTALITY

One of the aims of the Trust's Quality Strategy is to consistently have a Risk Adjusted Mortality Index (RAMI) score in the top 25% of Trusts across all our specialties.

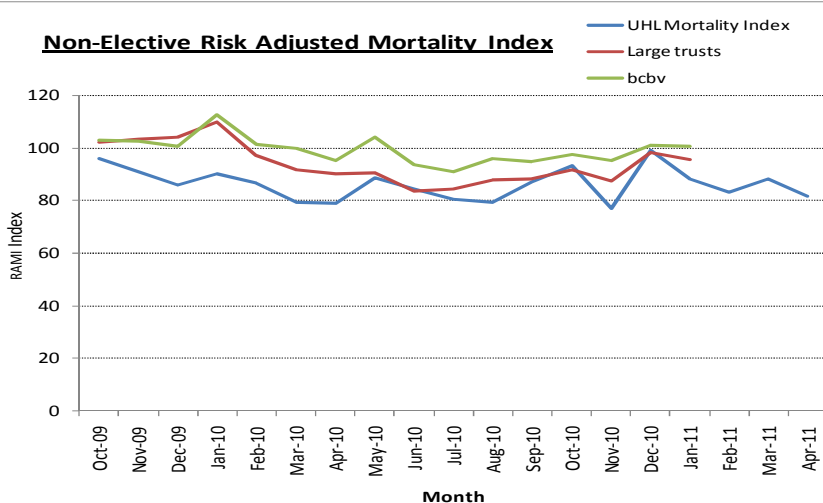
Following review of UHL's RAMI for 10/11, compared with other large acute Trusts, the Clinical Effectiveness Committee have set a threshold of below 85 for the overall RAMI. The expectation is that this will put us in the top 25%.

The 'crude' mortality rate for April and May remained at 1.4% and the CHKS RAMI for April was below 85.

Elective Risk Adjusted Mortality Index



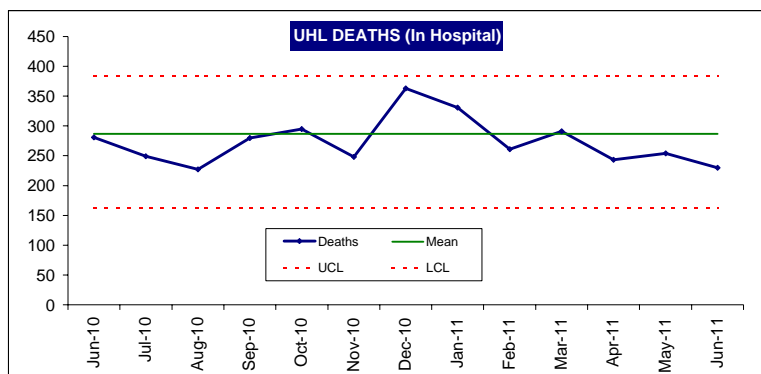
Non-Elective Risk Adjusted Mortality Index



CHKS - RISK ADJUSTED MORTALITY

	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD
Total Spells (CHKS)	20,550	18,387	18,448	18,929	18,925	18,049	18,669	18,307	18,984	18,312	17,810	17,485	19,886	16,044	16,044
Observed Deaths	251	230	259	246	214	198	248	265	211	325	293	230	250	216	216
RAMI	79.7	79.7	89.7	84.8	79.8	80.2	87.3	93.6	77.5	98.1	87.7	82.5	87.9	80.8	80.8

Clinical Business Unit	CURRENT MONTH		
	Spells	Deaths	%
Specialist Surgery	1760	5	0.3%
GI Medicine, Surgery and Urology	3708	27	0.7%
Cancer, Haematology and Oncology	1868	15	0.8%
Musculo-Skeletal	992	10	1.0%
Medicine	2367	76	3.2%
Respiratory	1170	34	2.9%
Cardiac, Renal & Critical Care	1347	46	3.4%
Emergency Department	6	2	33.3%
Women's	4441	14	0.3%
Children's	936	1	0.1%
Anaesthesia and Theatres	280		
Imaging	15		
Sum	18890	230	1.2%



UHL CRUDE DATA TOTAL SPELLS

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target
UHL Crude Data - TOTAL Spells	19785	19861	18974	19627	19254	19895	19261	18674	18301	20760	16889	17527	18890	53306	TBC
UHL Crude Data - TOTAL Deaths	281	249	227	280	295	248	363	331	261	291	243	254	230	727	TBC
Percent	1.4%	1.3%	1.2%	1.4%	1.5%	1.2%	1.9%	1.8%	1.4%	1.4%	1.4%	1.4%	1.2%	1.4%	TBC

UHL CRUDE DATA ELECTIVE SPELLS

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target
UHL Crude Data - ELECTIVE Spells	8792	8678	8178	8602	8449	8794	7744	7793	8074	9413	7766	8106	9238	25110	TBC
UHL Crude Data - ELECTIVE Deaths	10	10	8	10	11	9	6	6	6	9	5	8	9	22	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%	0.1%	0.1%	TBC

UHL CRUDE DATA NON ELECTIVE SPELLS

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target
UHL Crude Data - NON ELECTIVE Spells	10993	11183	10796	11025	10805	11101	11517	10881	10227	11347	9123	9421	9652	28196	TBC
UHL Crude Data - NON ELECTIVE Deaths	271	239	219	270	284	239	357	325	255	282	238	246	221	705	TBC
Percent	2.5%	2.1%	2.0%	2.4%	2.6%	2.2%	3.1%	3.0%	2.5%	2.5%	2.6%	2.6%	2.3%	2.5%	TBC

EMERGENCY READMISSIONS

Performance Overview

UHL will not receive payment for any emergency readmissions within 30 days of discharge from an elective admission (with some exclusions) and the trust is therefore committed to eliminating all such readmissions. There will also be a financial penalty for emergency readmissions within 30 days of discharge from an emergency admission and UHL is therefore aiming to reduce such readmissions by at least 25%.

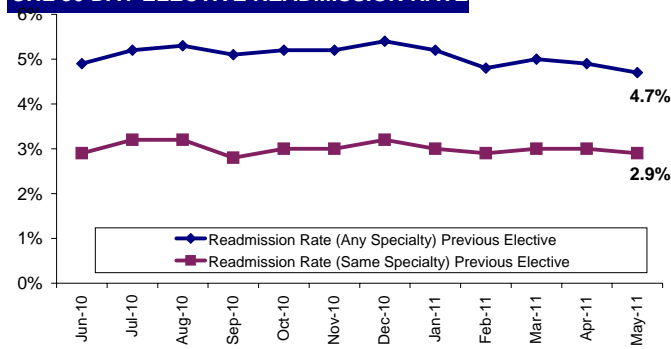
Key Actions

1. Readmissions Programme Board reviewed Action Plans for reducing readmissions in Medicine, Cardiac, GI /Gen Surgery and Cancer & Haematology
2. Ophthalmology patients identified as potential readmissions are reviewed in eye casualty.
3. Elective orthopaedic representing as potential emergency readmissions are reviewed through fracture clinic.
4. All patients on colorectal enhanced recovery programme receive phone call within 48 hours of discharge from colorectal nurse specialist and outpatient following up is within 2 weeks of discharge. Other areas of GI surgery looking to bring forward post discharge outpatient follow up
5. Planned Care - Readmission numbers added to weekly metric.
6. Bed bureau patients in Medicine and Surgery being triaged prior to admission - readmission patients have been deflected as well as first admissions.
7. Post Maternity - Urgent clinic appointment for babies with jaundice to be reviewed commenced.

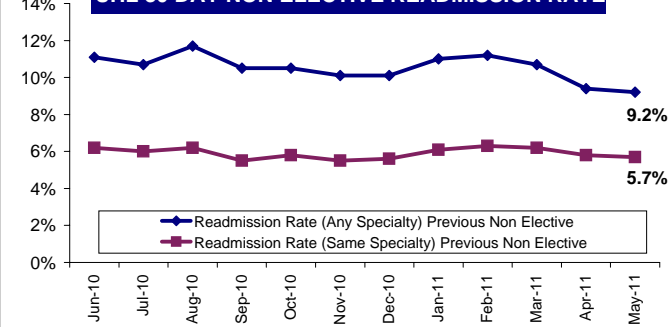
Trust wide actions in progress are:

1. Follow up phone calls to patients discharged home or to nursing/residential homes 48hrs after discharge being piloted in some areas in order to evaluate impact on reducing readmissions and also resource implications prior to wider roll out.
2. Daily reports on readmissions being sent to Consultants in Planned Care in order that review of reason for readmissions and confirmation of 'classification'. Early findings from Gen Surgery readmissions were that all the readmissions were genuine emergency readmissions and the majority of were unrelated to the previous admission. None of the readmissions were due to failed discharge and none could have been prevented. One patient potentially should have been coded as having a primary diagnosis of cancer and therefore would have been 'an exclusion' from the penalty. This work is now to be extended to all Divisions.
3. 'Readmission Risk Assessment' tool being considered to help staff identify those patients at greatest risk of readmission prior to discharge
4. All patient information and discharge information being reviewed. This includes work with pharmacy on information regarding medication.

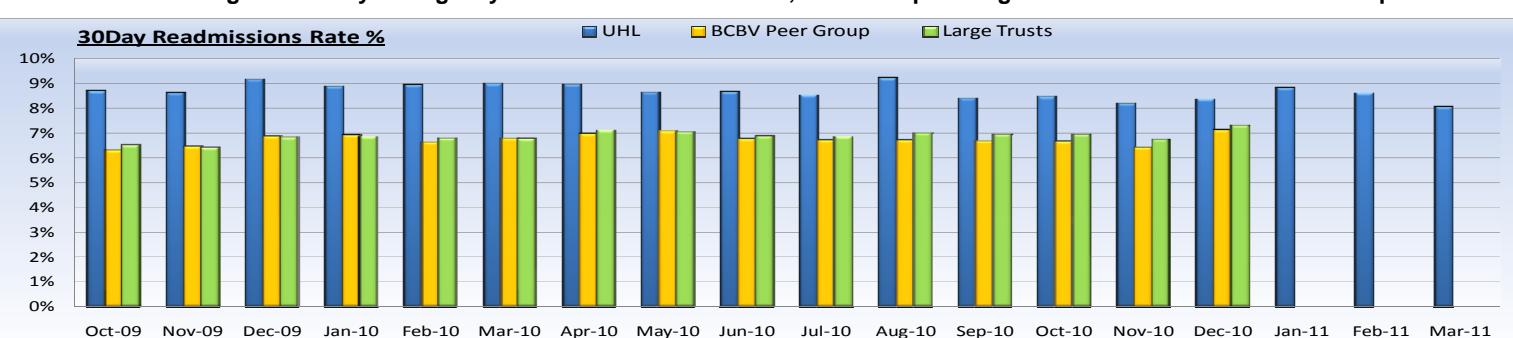
UHL 30 DAY ELECTIVE READMISSION RATE



UHL 30 DAY NON ELECTIVE READMISSION RATE



CHKS Benchmarking - All 30 Day Emergency Readmission Rates - UHL, Peer Group of Large Trusts and the BCBV Peer Group



BCBV Peer = Nottingham, Sheffield, Birmingham, Newcastle and Leeds

ALL READMISSIONS

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target
Discharges	19,785	19,861	18,974	19,627	19,254	19,895	19,261	18,674	18,301	20,760	16,889	17,528	34,417	
30 Day Emerg. Readmissions (Any Spec)	1,656	1,648	1,702	1,594	1,574	1,576	1,577	1,599	1,530	1,685	1,237	1,246	2,483	
Readmission Rate (Any Specialty)	8.4%	8.3%	9.0%	8.1%	8.2%	7.9%	8.2%	8.6%	8.4%	8.1%	7.3%	7.1%	7.2%	TBC
30 Day Emerg. Readmissions (Same Spec)	932	944	927	850	876	873	900	897	882	987	762	772	1,534	
Readmission Rate (Same Specialty)	4.7%	4.8%	4.9%	4.3%	4.5%	4.4%	4.7%	4.8%	4.8%	4.8%	4.5%	4.4%	4.5%	TBC

Redmissions - Previous Spell = Elective

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target
Discharges	8,792	8,678	8,178	8,602	8,449	8,794	7,744	7,793	8,074	9,413	7,768	8,108	15,876	
30 Day Emerg. Readmissions (Any Spec) Previous Elective	433	455	434	438	436	453	415	407	384	468	381	381	762	
Readmission Rate (Any Specialty) Previous Elective	4.9%	5.2%	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.8%	5.0%	4.9%	4.7%	4.8%	1.6%
30 Day Emerg. Readmissions (Same Spec) Previous Elective	252	277	261	244	250	262	251	237	233	283	232	235	467	
Readmission Rate (Same Specialty) Previous Elective	2.9%	3.2%	3.2%	2.8%	3.0%	3.0%	3.2%	3.0%	2.9%	3.0%	3.0%	2.9%	2.9%	TBC

Redmissions - Previous Spell = Non Elective

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target
Discharges	10,993	11,183	10,796	11,025	10,805	11,101	11,517	10,881	10,227	11,347	9,121	9,420	18,541	
30 Day Emerg. Readmissions (Any Spec) Previous Non Elective	1,223	1,193	1,268	1,156	1,138	1,123	1,162	1,192	1,146	1,217	856	865	1,721	
Readmission Rate (Any Specialty) Previous Non Elective	11.1%	10.7%	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	9.4%	9.2%	9.3%	8%
30 Day Emerg. Readmissions (Same Spec) Previous Non Elective	680	667	666	606	626	611	649	660	649	704	530	537	1,067	
Readmission Rate (Same Specialty) Previous Non Elective	6.2%	6.0%	6.2%	5.5%	5.8%	5.5%	5.6%	6.1%	6.3%	6.2%	5.8%	5.7%	5.8%	TBC

FALLS

Performance Overview

A slight increase in falls is shown this month, this is in line with previous trends in falls data.

The data shows a small number of patients account for the increase in falls as these patients have fallen several times during their hospital stay.

A 5% reduction in falls on 2010/11 outturn has been set for 2011/12.

Key Actions

The UHL Falls Risk Assessment document and associated care plans are now in place.

Nursing metrics now include falls assessment monitoring.

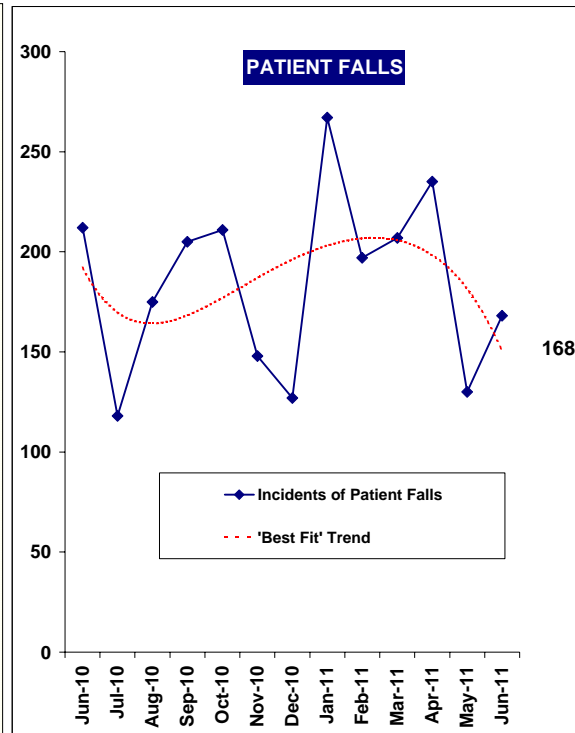
Training and Development opportunities will continue to be offered during 2011.

Plans continue to improve access to falls training via Divisional teams and via the VITAL initiative.

The Acute Care Division is taking a lead on further improvements linked to CQUIN and the Patient Experience Team are undertaking training in dementia care and falls reduction.

Via the UHL Falls Prevention Group and Nursing Metrics there will continue to be heightened awareness in the prevention of patient falls.

Shift patterns and ward activity is being looked at on the elderly care wards to increase staff availability at the high risk times for patient falls.



TARGET / STANDARD

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target
Incidents of Patient Falls	212	118	175	205	211	148	127	267	197	207	235	130	168	533	1934
In Hospital Falls resulting in Hip Fracture	0	0	0	1	0	0	3	2	2	2	2	0	0	2	12

PRESSURE ULCERS (Grade 3 and 4)

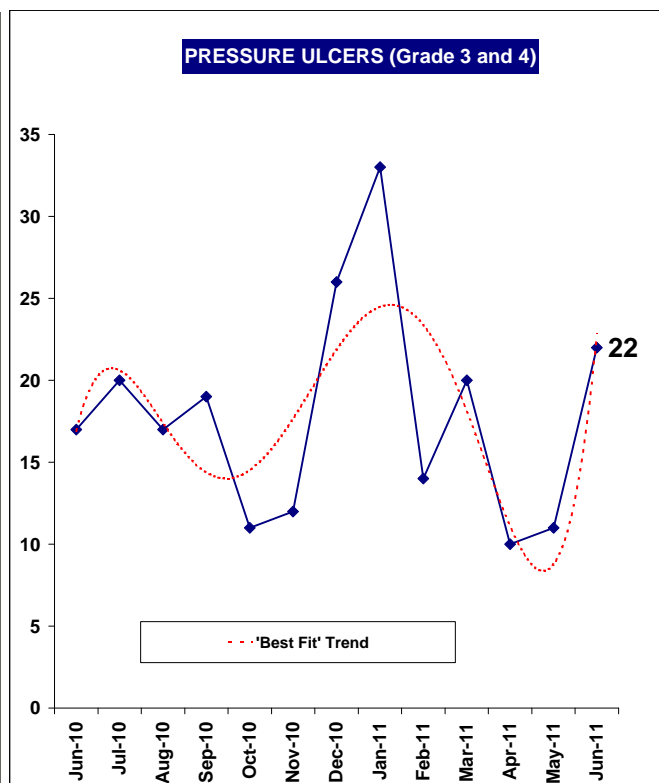
Performance Overview

There has been a noticeable increase in hospital acquired pressure ulcers grade 3&4 from April to May 2011. On investigation a number of patients appear to have developed pressure ulcers after falls at home which have caused tissue damage. Furthermore we have been informed that UHL cumulatively report all pressure ulcers irrespective of source or causal factor compared to follow Trusts who only report hospital acquired. As such it is recommended that we align our data to reflect this. Wards that need to reduce their overall incidence of HAPUs by 20% as part of the CQUIN programme are making good progress towards the reduction threshold. The SHA have also commented on UHLs strong reporting culture relating to pressure ulcers

Key Actions

A Trust wide review of pressure ulcers has taken place for June which has shown a number of ulcers are reported differentially by UHL due to reasons above. As such data will be aligned to reflect this. The Trust action plan has been amended in light of the review and targeted training is taking place in the next month by the tissue viability team and a Matron is providing dedicated performance management to key areas internally in addition to liaison with community partners. There is evidence of heightened awareness and knowledge of pressure ulcer prevention strategies following VITAL training which is being rolled out across the Trust.

Due to an increase in heel ulcers, expert advice has been sought from a vascular surgeon to identify further training needs for staff and to raise awareness in identifying peripheral vascular disease.



TARGET / STANDARD

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target
Pressure Ulcers (Grade 3 and 4)	17	20	17	19	11	12	26	33	14	20	10	11	22	43	197

PATIENT EXPERIENCE

Performance Overview

The monthly "Patient Experience Survey" for June 2011 resulted in 1,449 surveys being returned from patients. A Trust return rate of 96.28%.

The Divisions returned the following:

Acute care - 86.08% (680 surveys of their 790 target)

Planned care - 106.54% (570 surveys of their 535 target)

Womens and Childrens - 110.56% (199 surveys of their 180 target)

The UHL overall Respect and Dignity score has shown an improvement from 96.1 to 96.5 which is the highest overall score for the last 12 months. Both the Acute and Planned Care Divisions have improved their overall scores. Womens and Children show a slight decline which is specific to the Children's CBU. On closer examination of the overall survey results the same question asked at ward level is 96 green. However when this question is asked at hospital level it drops to 95 amber. The CBU is undertaking some specific work to understand why patient perception drops from ward to hospital.

The UHL overall care score has improved from 87.2 to 87.6 and remains in the amber rating which is a positive improvement. Again both Acute and Planned Divisions are showing an upward trend this month. Womens and Children Division show a decline as a result of the experience within the Childrens CBU. Again on closer examination the overall how would you rate your care question within the Children's wards scores 87, and falls into an Amber rating. Further work needs to take place to establish why patients score the overall hospital experience as lower (85 Red RAG).

The 'Caring at its Best' Divisional Projects that began in March 2011 and focus upon key themes from patient experience intelligence and the areas that matter most to patients, continue to demonstrate a positive impact on the Patient Experience Survey results. 10 of the 12 Patient experience Questions are now Green. Over the last five months there has been an improvement trend across all 12 questions this indicates that the work going on in the Divisions with the Caring at its best Projects, is having a positive impact.

DIVISIONAL PROJECTS

Area for Development	Lead Division	PES Question	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Change
Noise at Night	Acute Care	Q10a – Were you ever bothered by noise at night from other patients?	64.5	67.7	65.0	75.7	71.8	74.7	Increase
		Q10b – Were you ever bothered by noise at night from hospital staff?	82.4	84.0	84.2	87.1	86.8	87.4	Increase
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?	87.7	88.6	88.2	89.9	88.2	89.1	Increase
	Children's	Q14a – Did any of the doctors talk in front of you as if you were not there?	85.8	88.1	88.9	89.1	88.0	88.1	Increase
		Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? CQUIN	78.9	77.6	77.3	80.7	79.8	79.9	Increase
		Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN	80.3	79.1	79.5	82.0	80.9	81.6	Increase
Providing Information	Clinical Support	Q15 – Sometimes in hospital a member of staff will say one thing and another say something quite different. Did this happen to you?	82.7	83.0	84.7	86.0	85.9	86.6	Increase
		Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN	94.6	94.0	92.3	95.1	94.4	94.7	Increase
		Q24 – Has a member of staff told you about medication side effects to watch for when you went home? CQUIN	72.3	74.2	73.4	80.1	77.7	75.4	Increase
		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	75.5	72.7	69.8	81.9	75.3	80.4	Increase
Pain	Planned Care	Q19 – Do you think the hospital staff did everything they could to help control your pain?	91.3	91.1	90.5	93.1	91.7	92.3	Increase
		Q28 – Overall, how would you rate the care you received?	86.7	86.1	83.8	88.4	87.2	87.6	Increase

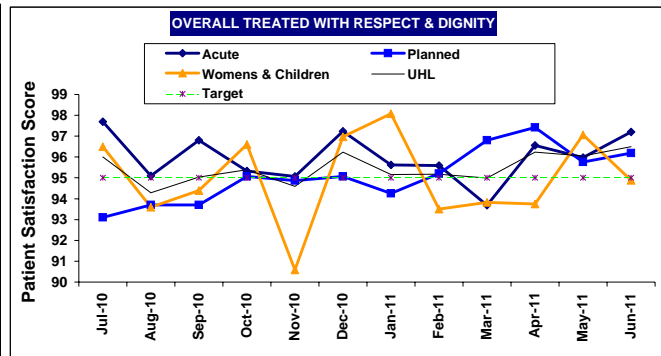
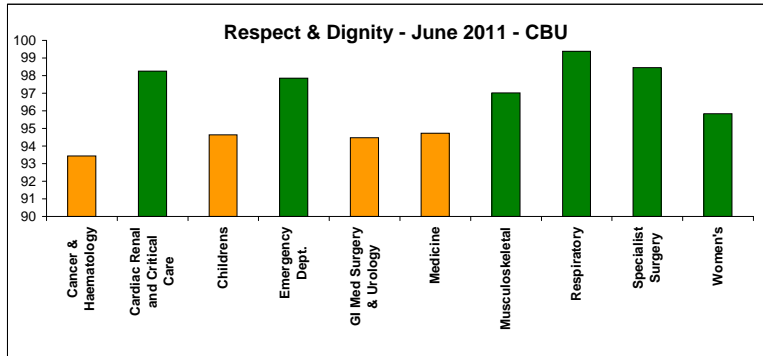
Definition : Comparing January to June illustrates the trend

PATIENT EXPERIENCE

TARGET / STANDARD

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

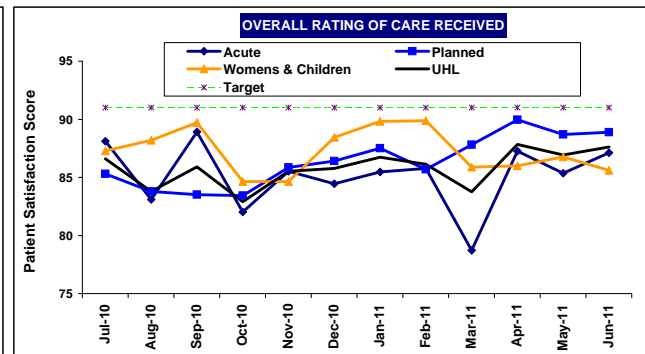
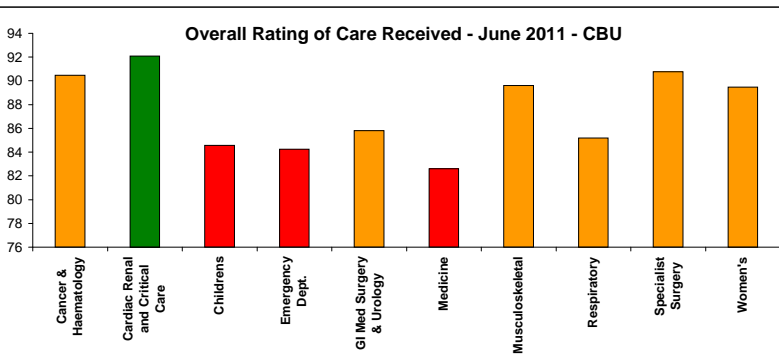
Division	May-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Status
Acute	95.4	97.7	95.1	96.8	95.3	95.1	97.2	95.6	95.6	93.7	96.6	96.0	97.2	▲
Planned	95.0	93.1	93.7	93.7	95.1	94.9	95.1	94.3	95.2	96.8	97.4	95.8	96.2	▲
Womens & Children	96.1	96.5	93.6	94.4	96.6	90.6	97.0	98.1	93.5	93.8	93.8	97.1	94.9	▼
UHL	95.4	96.0	94.3	95.0	95.4	94.6	96.2	95.2	95.2	95.0	96.2	96.1	96.5	▲



TARGET / STANDARD

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

Division	May-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Status
Acute	85.6	88.1	83.1	88.9	82.0	85.5	84.5	85.5	85.8	78.7	87.3	85.4	87.1	▲
Planned	84.8	85.3	83.8	83.5	83.4	85.9	86.4	87.5	85.7	87.8	90.0	88.7	88.9	▲
Womens & Children	89.5	87.3	88.2	89.7	84.7	84.6	88.4	89.8	89.9	85.9	86.0	86.8	85.6	▼
UHL	85.6	87.0	84.0	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	▲



EMERGENCY DEPARTMENT

Performance Overview

Performance for June Type 1 and 2 is 94.7% and including UCC (now approved by the DoH) is 95.8% - achieving the 95% target.

Further guidance in relation to performance management of the NHS A&E services using the clinical quality indicators was published by the Department of Health (DoH) on the 23rd June 2011.

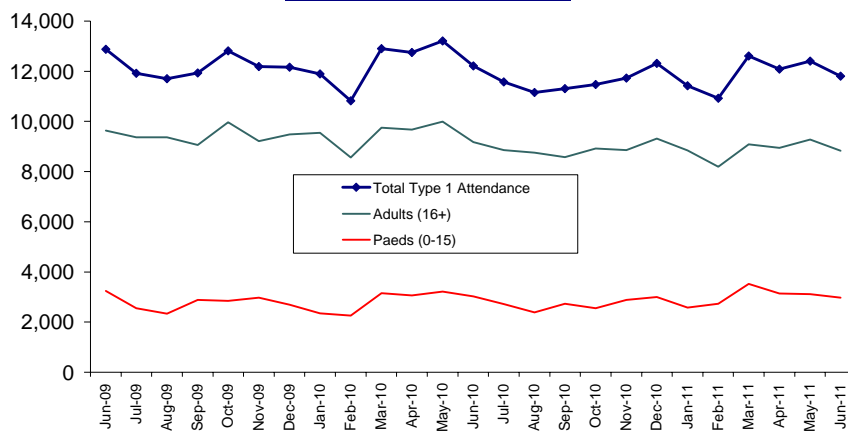
From the 1 July, the DoH expect compliance with the minimum thresholds set for the five headline measures. To judge compliance against the thresholds, the five indicators will be divided into two groups: timeliness (time to initial assessment, time to treatment and total time) and patient impact (left without being seen and re-attendance). Organisations will be regarded as achieving the required minimum level of performance where robust data shows they have achieved the thresholds for at least one indicator in each of the two groups.

Given the timeliness of the data for performance management and the importance of maintaining grip in this critical year of transition compliance with the minimum threshold for total time in A&E will also be a given for each quarter in 2011/12. This means that the DoH would add any organisation not achieving the minimum threshold to the group of organisations identified above as not achieving.

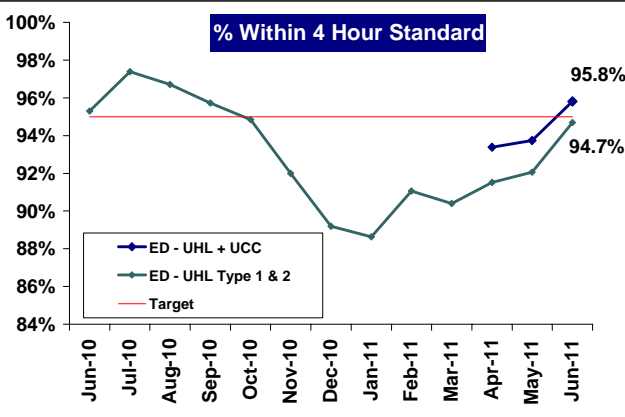
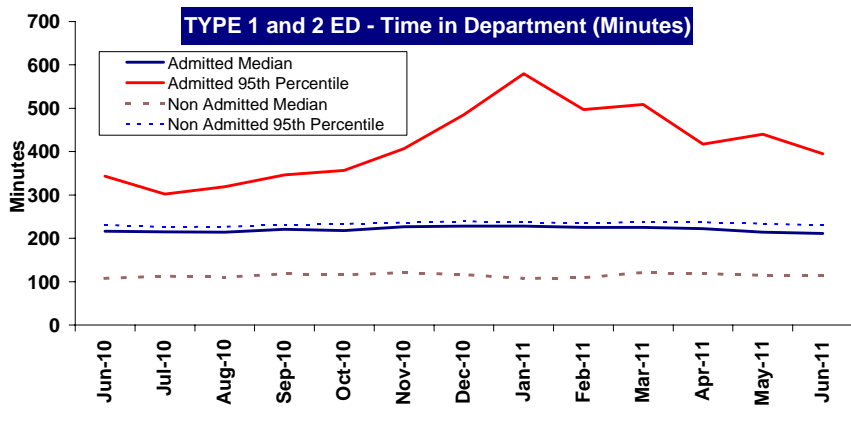
Key Actions

In line with the workforce plans for ED, new staff who have been appointed are due to commence during June to September which will in turn reduce the use of agency transition costs.

UHL ED Arrivals (Type 1)



TYPE 1 and 2 ED - Time in Department (Minutes)



Total Time in the Department

June 2011 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	444	4919	5363
3-4 Hours	2905	4207	7112
5-6 Hours	298	121	419
7-8 Hours	138	22	160
9-10 Hours	74	9	83
11-12 Hours	27	2	29
12 Hours+	12	3	15
Sum:	3898	9283	13181

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	TARGET
Unplanned Re-attendance %	6.1%	5.9%	6.5%	6.2%	6.0%	5.5%	5.9%	6.0%	6.1%	5.8%	6.2%	5.2%	4.9%	5.4%	<=5%
Left without being seen %	2.5%	2.4%	2.1%	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.2%	< 5%

TIMELINESS

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	TARGET
Time in Dept (95th)	240	239	240	240	251	303	349	382	331	343	306	307	256	294	< 240 Minutes
Time to initial assessment (95th)	45	40	43	41	52	49	55	55	49	63	71	56	41	56	<= 15 Minutes
Time to treatment (Median)	53	52	49	55	55	62	60	49	50	58	59	54	50	54	<= 60 Minutes

4 HOUR STANDARD

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	TARGET
ED - (UHL + UCC)											93.4%	93.7%	95.8%	94.3%	95.0%
ED - (Leics)	97.0%	98.4%	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%					
ED - UHL Type 1 and 2	95.3%	97.4%	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	92.8%	95.0%
ED Waits - Type 1	94.8%	97.1%	96.3%	95.3%	94.3%	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	92.0%	95.0%

18 WEEK REFERRAL TO TREATMENT

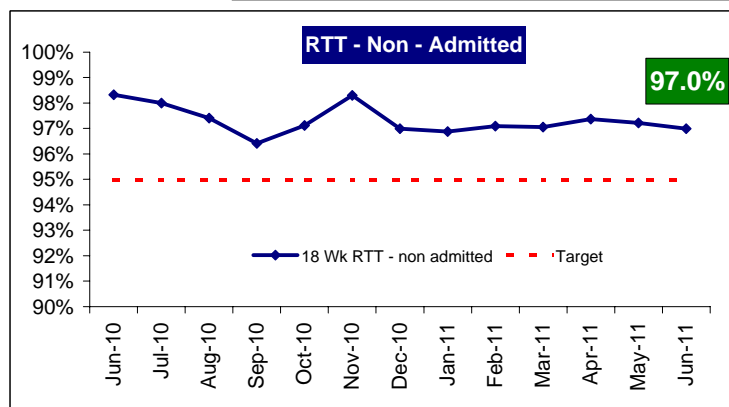
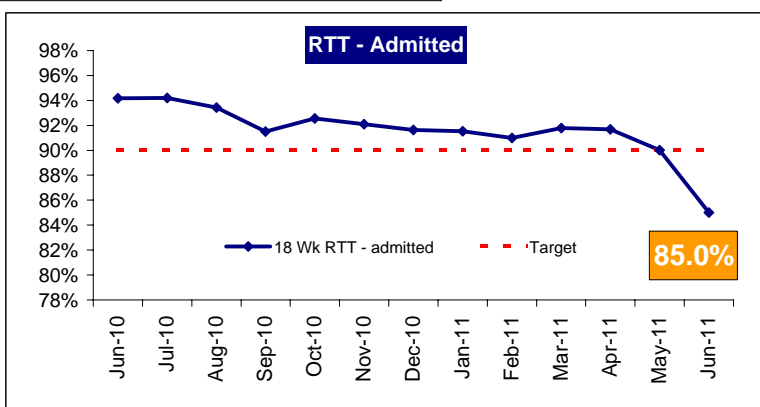
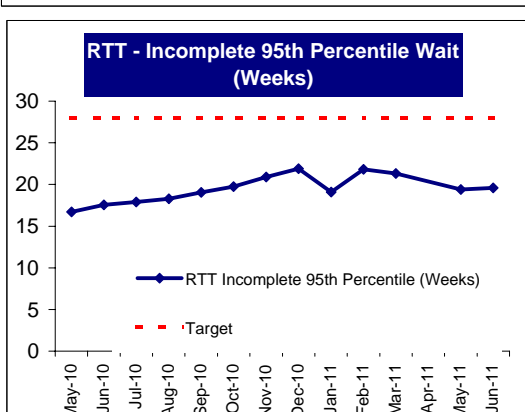
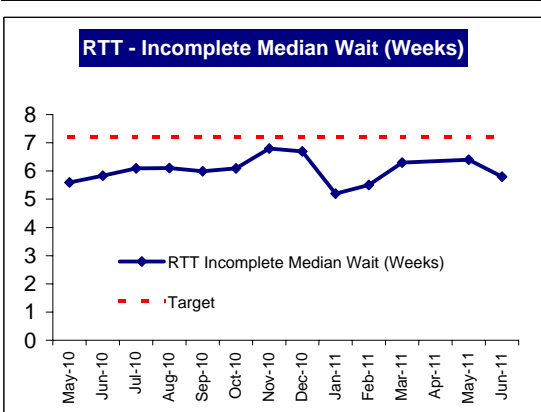
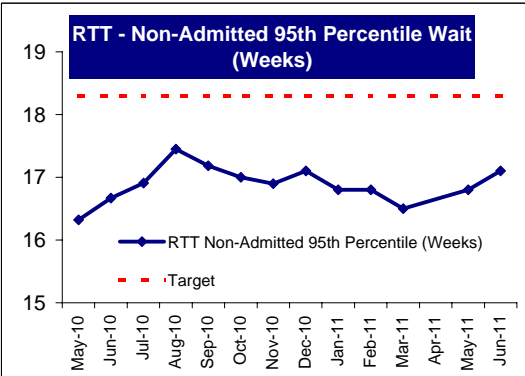
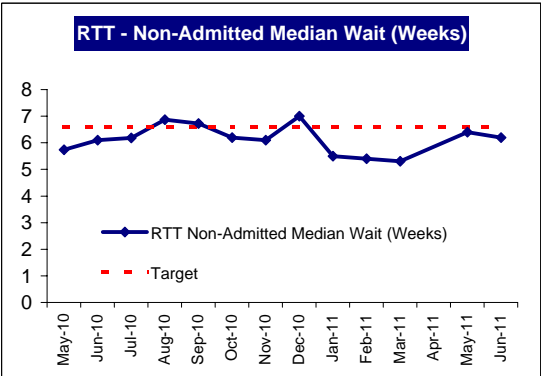
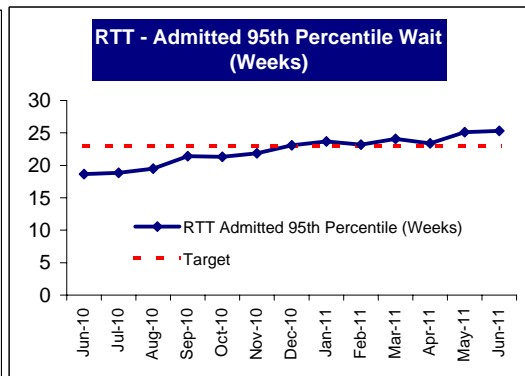
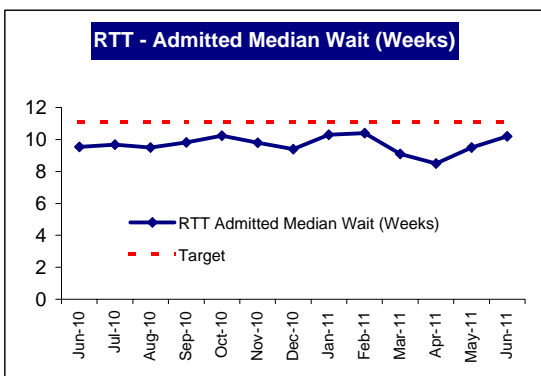
Performance Overview

In order to reduce backlog, as anticipated and as agreed with commissioners, June performance was 85.0% for admitted patients against a target of 90% and 97.0% (target of 95%) for non-admitted patients. Non-admitted median and percentile targets for June were also achieved. However, admitted 95th percentile is currently above the 23 week target at 25.3 weeks. All indications are that performance for July looks set to achieve the admitted targets of both 90% and 95th percentile.

Key Actions

Further reductions in backlog of both 18 and 23 week RTT waiters is expected, with weekly monitoring and targetting of long wait patients. This will be achieved whilst maintaining admitted performance targets.

A further 480 patients were treated in this period.



TARGET / STANDARD

RTT	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
18 Wk - admitted (%)	94.2	94.2	93.4	91.5	92.6	92.1	91.6	91.5	91.0	91.8	91.7	90.0	85.0	85.0	90.0%	⬇️
18 Wk - non admitted (%)	98.3	98.0	97.4	96.4	97.1	98.3	97.0	96.9	97.1	97.1	97.4	97.2	97.0	97.0	95.0%	⬆️

	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target 11/12
RTT Admitted Median Wait (Weeks)	10.2	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	9.4	<=11.1
RTT Admitted 95th Percentile (Weeks)	21.3	21.9	23.1	23.7	23.2	24.1	23.4	25.1	25.3	24.8	<=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	<=6.6
RTT Non-Admitted 95th Percentile (Weeks)	17.2	17.0	16.9	17.1	16.8	16.8	16.5	16.8	17.1	16.8	<=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	5.8	<=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	19.6	<=28.0

PRIMARY PCI

Performance Overview

Two key standards are presented by the Operating Framework for 2011/2012:

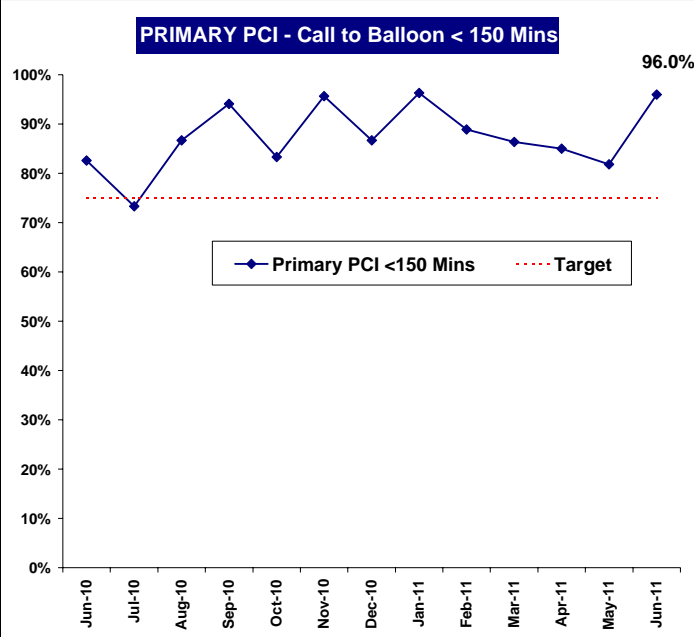
1. The percentage of eligible patients with acute myocardial infarction who receive Primary PCI within 150 minutes of calling professional help
2. The number of patients who receive thrombolysis where this is deemed to be the most effective treatment

Further to recent discussions between clinicians and EMAS, 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 June was 96.8% against a target of 75% and reverses a recent downward trend.

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	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target
	82.6%	73.3%	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	87.2%	75.0%

SAME SEX ACCOMMODATION

Performance Overview

UHL wards and intensivist areas now offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance. This guidance has been jointly agreed with our commissioners.

A financial penalty will be applied from April 2011 for any clinically unjustified breaches of the guidance.

The Brain Injury Unit, LGH, will continue to report clinically justified breaches as per the local agreement. The Acute Care Division are in the process of developing a business case for the re-location of the Brain Injury Unit. The plans will be discussed as part of the service configuration group led by Planned Care Division.

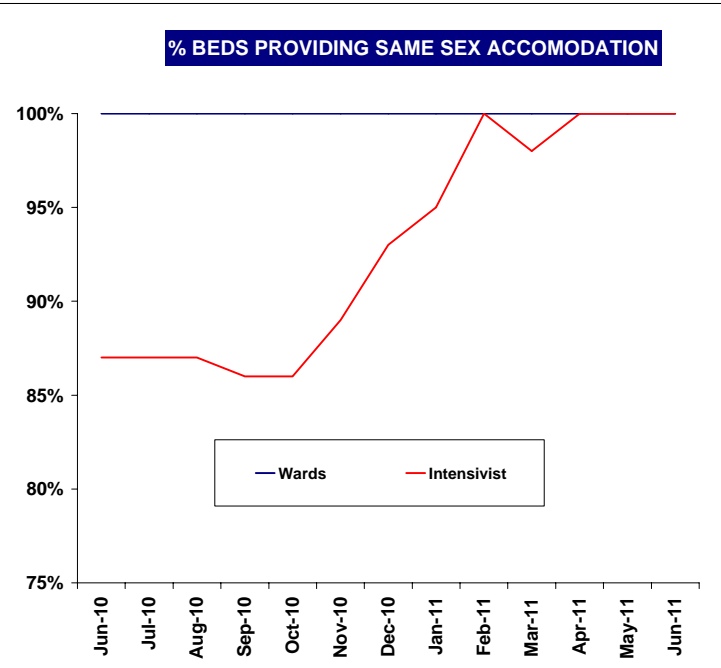
Key Actions

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

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

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

Facilities for patients will be monitored by quarterly CBU visits, as part of the SSA estates plan agreed with our commissioners. The outcome of the visits will be reported as part of the quality schedule.



TARGET / STANDARD

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target
Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Intensivist	87%	87%	87%	86%	86%	89%	93%	95%	100%	98%	100%	100%	100%	100%	100%

CANCER TREATMENT

Performance Overview

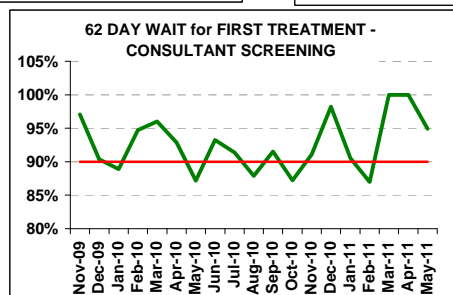
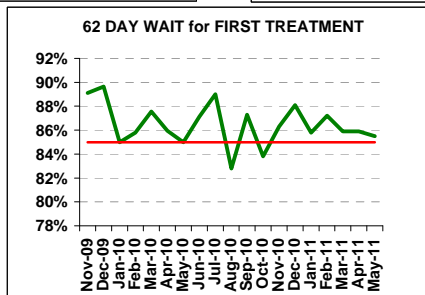
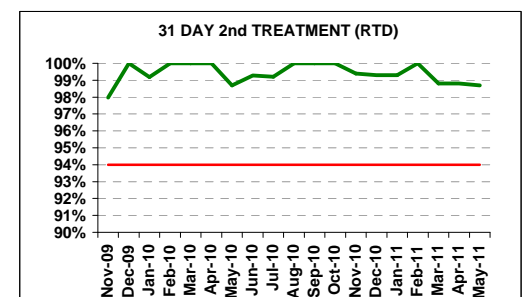
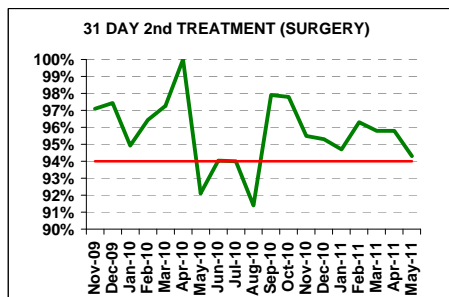
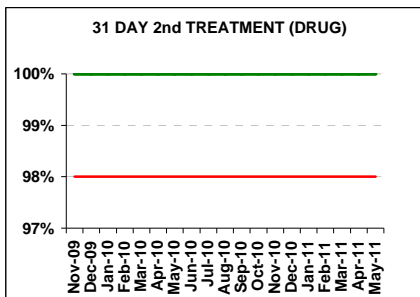
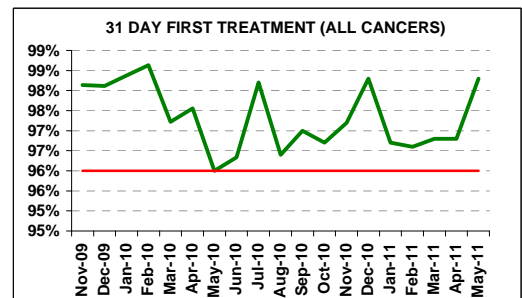
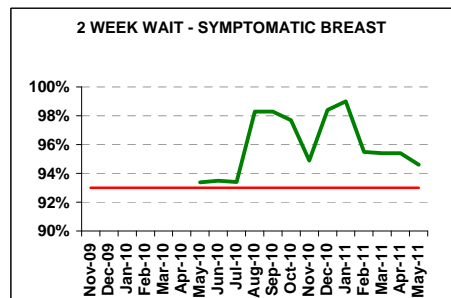
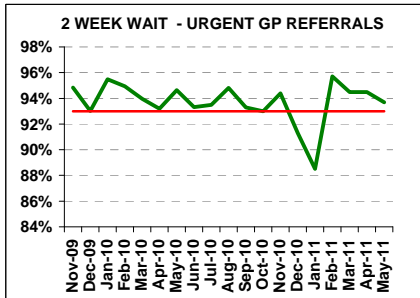
2010/11 Year end position is presented here along with current performance showing all targets achieved in month 2.

Achievement of the 62 day target remains a challenge.

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 minimised

Commitment	Threshold	2010/11	Apr-11	May-11	YTD
Maximum two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.0%	93.4%	96.3%	93.7%	95.0%
Two week wait for symptomatic breast patients (Cancer not initially suspected)	93.0%	95.9%	97.2%	94.6%	96.2%
31-day (Diagnosis To Treatment) wait for first treatment: all cancers	96.0%	97.0%	97.0%	98.3%	97.7%
31-day wait for second or subsequent treatment: anti cancer drug treatments	98.0%	100.0%	100.0%	100.0%	100.0%
31-day wait for second or subsequent treatment: surgery	94.0%	95.2%	98.5%	94.3%	96.1%
31-day wait for second or subsequent treatment: radiotherapy treatments	94.0%	99.5%	99.1%	98.7%	98.9%
62-day (urgent GP referral to treatment) wait for first treatment: all cancers	85.0%	86.3%	86.4%	85.5%	85.9%
62-day wait for first treatment from consultant screening service referral: all cancers	90.0%	91.7%	97.1%	94.9%	95.9%
62-day wait for first treatment from consultant upgrade	100.0%	100.0%	100.0%	--	100.0%



STAFF EXPERIENCE / WORKFORCE

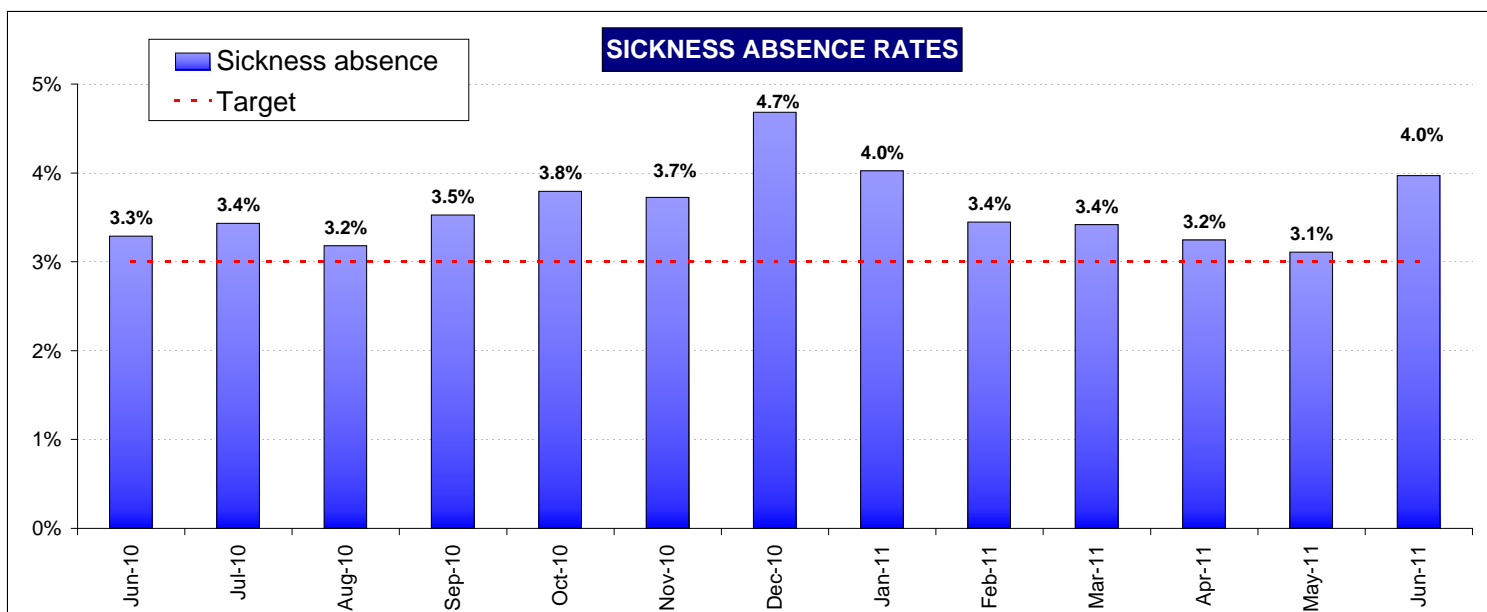
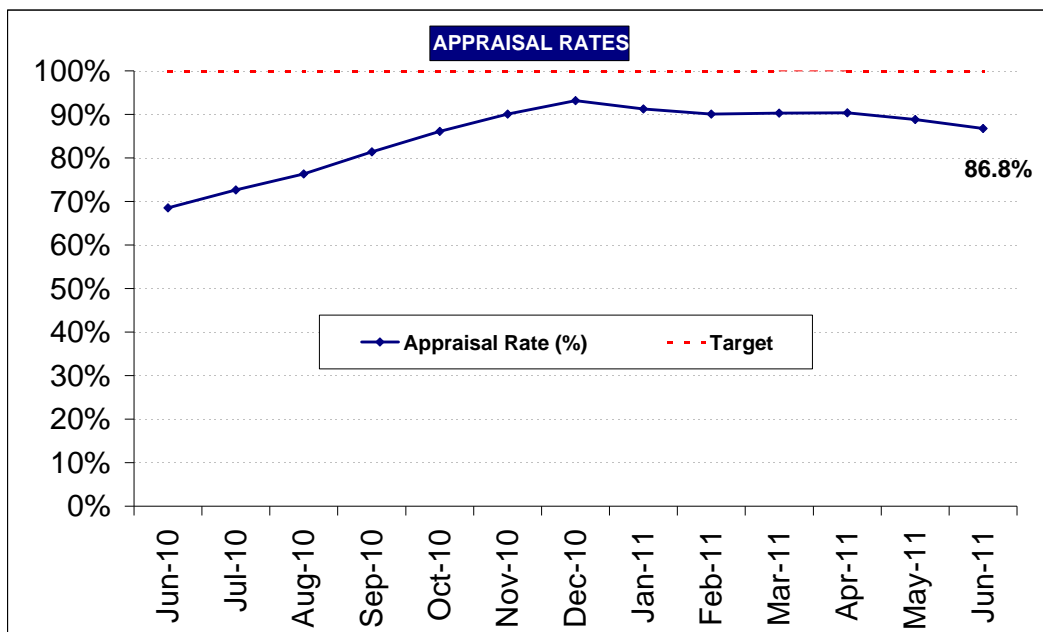
Performance Overview

Appraisal

Despite considerable effort we have not achieved an appraisal rate beyond 93.2% which is short of the Trust's 100% target. The appraisal rate now stands at 86.8%. This is a high level percentage and is not representative of all Divisions. Focussed action is being undertaken in areas which remain significantly under target.

Sickness

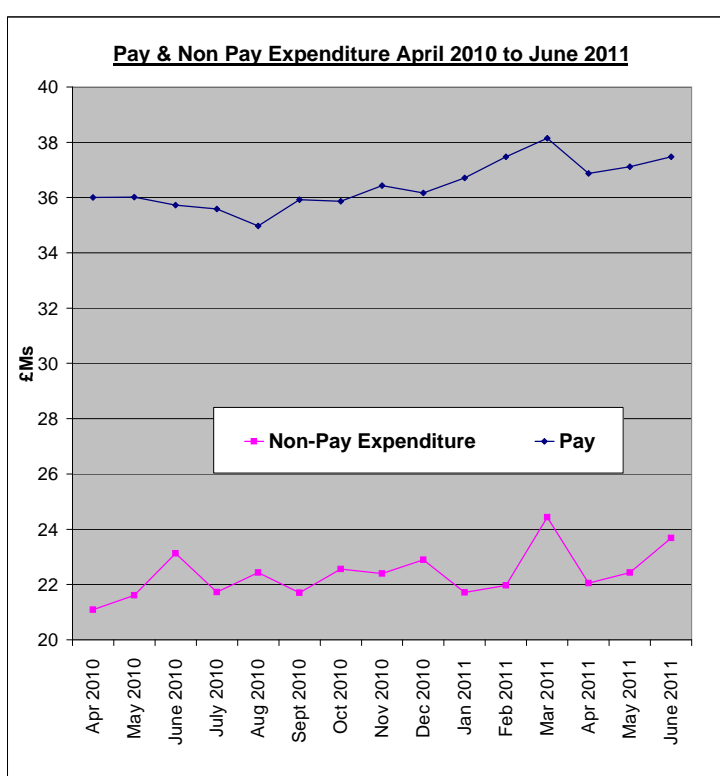
For May we initially reported a figure of 3.3% - which further reduced to 3.1%, the lowest since ESR reports began in 2006. The June figure has risen to 3.97%. It is hoped that there will be a 0.2% reduction on this figure as absences are closed after the reporting deadline.



	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
Appraisals	68.5%	72.7%	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	86.8%	100%	▼

VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Cumulative income at Month 3 was £169.4 million (£0.2 million or 0.1% adverse to Plan). Cumulative expenditure was £177.8 million (£8.3 million adverse to plan). The actual deficit of £8.4 million is an adverse variance of £8.5 million against plan.
Activity/Income	An over performance of £0.3 million, 0.2% against plan is reported on patient care income against plan. This reflects an over performance on day cases of £0.6 million, elective inpatients of £0.1 million and outpatients of £0.4million. These over performing areas are offset by an under performance of £0.8 million, 1.7% of plan, on non elective / emergencies. This equates to 1,068 spells below the planned level.
BPPC	The Trust achieved an overall 30 day payment performance of 91% for value and 91% for volume for trade creditors in June 2011. The cumulative position is 93% for value and 92% for volume.
Cost Improvement Programme	At Month 3 Divisions have reported £3.4 million of savings, short of the £6.7 million target by £3.3 million.
Balance Sheet	The balance sheet is showing a deteriorating net liability position, reflecting the current income and expenditure performance
Cash Flow	A year to date decrease in cash of £5.9 million reflects the income and expenditure position.
Capital	The capital programme is under spent by £1.6 million (excluding the impact of the land swap), due to scheme slippage.
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	June	Year to Date	
		Result	Result	Score
EBITDA achieved (% of plan)	10.0%	32.1%	23.7%	1
EBITDA margin (%)	25.0%	2.1%	1.6%	2
Return on assets (%)	20.0%	-0.4%	-1.3%	2
I&E surplus (%)	20.0%	-4.5%	-5.0%	1
Liquidity ratio (days)	25.0%	9	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 30 June							
	2011/12 Annual Plan £000	June			April - June 2011		
		Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Service Income							
NHS Patient Related	589,205	49,150	50,058	908	146,630	146,890	260
Non NHS Patient Care	6,638	532	405	(127)	1,528	1,189	(339)
Teaching, Research & Development	67,077	4,350	4,485	135	16,773	16,658	(115)
Total Service Income	662,920	54,032	54,948	916	164,931	164,737	(194)
Other operating Income	18,836	1,584	1,797	213	4,622	4,629	7
Total Income	681,756	55,616	56,745	1,129	169,553	169,366	(187)
Operating Expenditure							
Pay	420,410	35,192	37,477	(2,285)	106,080	111,461	(5,381)
Non Pay	212,511	16,621	18,045	(1,424)	52,041	55,171	(3,130)
Central Funds	2,424	-	-	-	-	-	-
Provision for Liabilities & Charges	348	29	12	17	87	48	39
Total Operating Expenditure	635,693	51,842	55,534	(3,692)	158,208	166,680	(8,472)
EBITDA	46,063	3,774	1,211	(2,563)	11,345	2,686	(8,659)
Interest Receivable	84	7	5	(2)	21	16	(5)
Interest Payable	(565)	(56)	(46)	10	(138)	(139)	(1)
Depreciation & Amortisation	(31,057)	(2,588)	(2,599)	(11)	(7,764)	(7,613)	151
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	14,525	1,137	(1,429)	(2,566)	3,464	(5,050)	(8,514)
Profit / (Loss) on Disposal of Fixed Assets	-	-	(4)	(4)	-	(4)	(4)
Dividend Payable on PDC	(13,236)	(1,103)	(1,113)	(10)	(3,309)	(3,339)	(30)
Net Surplus / (Deficit)	1,289	34	(2,546)	(2,580)	155	(8,393)	(8,548)
EBITDA MARGIN	6.76%		2.13%		-	1.59%	
Impairment		-	-	-	-	-	-
Net Surplus / (Deficit) after impairment	1,289	34	(2,546)	(2,580)	155	(8,393)	(8,548)

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 30 June 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	263,819	64,595	65,204	609	132,232	33,616	37,350	-3,734	79,262	19,899	20,230	-331	52,325	11,080	7,624	-3,456
Clinical Support	27,238	6,759	6,658	-101	108,026	27,136	27,590	-454	14,922	3,756	4,341	-585	-95,710	-24,133	-25,273	-1,140
Planned Care	194,015	47,199	47,264	65	78,019	20,300	21,040	-740	43,000	10,643	10,906	-263	72,996	16,256	15,318	-938
Women's and Children's	116,642	28,322	27,580	-742	62,523	15,200	15,520	-320	16,615	4,408	4,772	-364	37,504	8,714	7,288	-1,426
Corporate Directorates	16,404	4,009	4,093	84	39,610	9,828	9,780	48	65,938	16,384	16,858	-474	-89,144	-22,203	-22,545	-342
Sub-Total Divisions	618,118	150,884	150,799	-85	420,410	106,080	111,280	-5,200	219,737	55,090	57,107	-2,017	-22,029	-10,286	-17,588	-7,302
Central Income	63,638	18,669	18,567	-102	0	0	0	0	0	0	0	0	63,638	18,669	18,567	-102
Central Expenditure	0	0	0	0	0	0	174	-174	40,310	8,228	9,198	-970	-40,310	-8,228	-9,372	-1,144
Grand Total	681,756	169,553	169,366	-187	420,410	106,080	111,454	-5,374	260,047	63,318	66,305	-2,987	1,299	155	-8,393	-8,548

VALUE FOR MONEY - COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at June 2011

Division	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000	YTD Achieved £000	RISK RATING OF FORECAST CIPS			Forecast £000
										HIGH	MEDIUM	LOW	
Acute Care	13,383	7,308	(6,075)	3,052	953	31.2%	7,283	25	953	3,295	1,632	1,428	7,308
Clinical Support	6,218	5,301	(917)	1,261	800	63.4%	4,558	743	800	1,284	1,055	2,162	5,301
Planned Care	8,685	6,091	(2,594)	1,387	933	67.2%	5,656	435	933	2,602	862	1,694	6,091
Women's and Children's	2,916	1,820	(1,096)	366	105	28.8%	1,784	37	105	381	848	486	1,820
Clinical Divisions	31,202	20,520	(10,682)	6,066	2,791	46.0%	19,281	1,240	2,791	7,562	4,397	5,770	20,520
Corporate	3,571	3,571	0	682	555	81.4%	2,990	581	555	1,000	487	1,529	3,571
Central	3,471	1,500	(1,971)	0	0		1,500	0	0	0	1,500	0	1,500
Total	38,244	25,591	(12,653)	6,747	3,346	49.6%	23,770	1,821	3,346	8,562	6,384	7,299	25,591

Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Income	3,724	3,107	(617)	721	467	64.8%	2,847	260
Non Pay	11,585	8,747	(2,838)	2,257	1,130	50.1%	7,991	756
Pay	22,935	13,737	(9,198)	3,769	1,749	46.4%	12,932	805
Total	38,244	25,591	(12,653)	6,747	3,346	49.6%	23,770	1,821

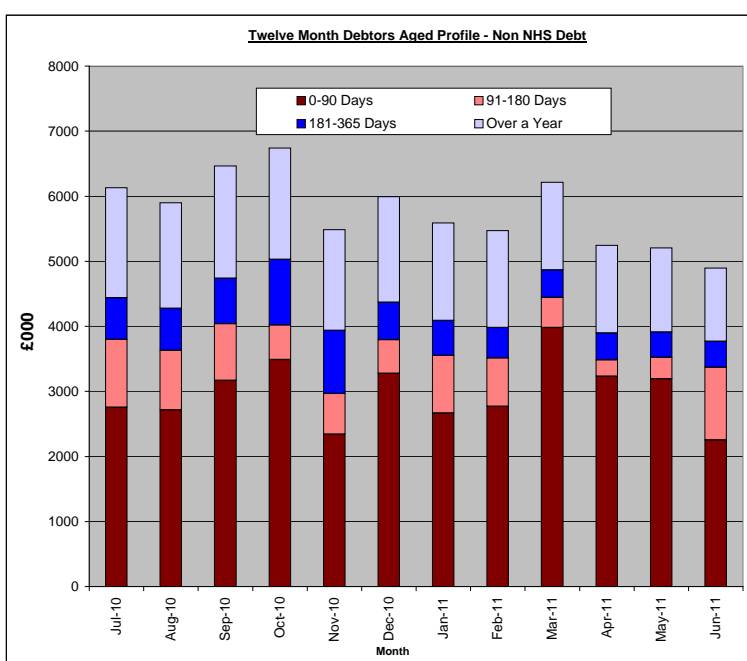
Commentary

There is a year to date under performance on delivery of cost improvement of £3.3 million and a year end forecast under performance of £12.7 million (reflecting shortfalls in all Clinical Divisions, £10.7 million and the unidentified value of £2.0 million).

This position is unacceptable and the Divisions are developing contingency measures with the Chief Operating Officer / Chief Nurse and Director of Finance and Procurement.

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
Non Current Assets				
Intangible assets	5,119	4,993	4,863	4,732
Property, plant and equipment	414,129	415,444	414,445	412,914
Trade and other receivables	4,818	1,864	1,866	1,848
TOTAL NON CURRENT ASSETS	424,066	422,301	421,174	419,494
Current Assets				
Inventories	11,923	12,711	12,282	11,904
Trade and other receivables	22,722	21,221	25,862	26,426
Other Assets	0	0	185	257
Cash and cash equivalents	10,306	14,465	9,778	4,425
TOTAL CURRENT ASSETS	44,951	48,397	48,107	43,012
Current Liabilities				
Trade and other payables	(59,556)	(62,010)	(61,877)	(57,626)
Dividend payable	0	(1,113)	(2,226)	(3,339)
Borrowings	(3,649)	(3,649)	(3,593)	(3,649)
Provisions for liabilities and charges	(667)	(667)	(667)	(657)
TOTAL CURRENT LIABILITIES	(63,872)	(67,439)	(68,363)	(65,271)
NET CURRENT ASSETS (LIABILITIES)	(18,921)	(19,042)	(20,256)	(22,259)
TOTAL ASSETS LESS CURRENT LIABILITIES	405,145	403,259	400,918	397,235
Non Current Liabilities				
Borrowings	(3,237)	(3,491)	(4,872)	(3,805)
Other Liabilities	0	0	0	0
Provisions for liabilities and charges	(2,232)	(2,255)	(2,217)	(2,143)
TOTAL NON CURRENT LIABILITIES	(5,469)	(5,746)	(7,089)	(5,948)
TOTAL ASSETS EMPLOYED	399,676	397,513	393,829	391,287
Public dividend capital	273,903	273,903	273,903	273,903
Revaluation reserve	108,683	108,683	108,683	108,651
Retained earnings	17,090	14,927	11,243	8,733
TOTAL TAXPAYERS EQUITY	399,676	397,513	393,829	391,287



Type of Debtors	91-180 days				TOTAL
	0-90 days	91-180 days	181-365 days	365+ Days	
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	2,606	-202	154	14	2,572
Non NHS sales ledger by division:					
Corporate Division	760	152	165	438	1,515
Planned Care Division	376	141	50	194	761
Clinical Support Division	260	40	32	30	362
Women's and Children's Division	112	17	51	113	293
Acute Care Division	744	769	101	352	1,966
Total Non-NHS sales ledger	2,252	1,119	399	1,127	4,897
Total Sales Ledger	4,858	917	553	1,141	7,469
Other Debtors					
WIP					3,948
SLA Phasing & Performance					10,150
Bad debt provision					(1,760)
VAT - net					1,101
Other receivables and assets					5,775
TOTAL					26,683

Commentary

Trade and other payables (creditors) have reduced in month by £4.3 million, with a corresponding impact on cash (reduction of £5.4 million)

Accounts receivable metrics:

Invoice cycle time	Non-NHS days sales outstanding (DSO)				
	June - 11 Days	May - 11 Days	June - 11 YTD Days	May - 11 YTD Days	
Req date to invoice raised	10.8	11.1	DSO (all debt)	80	89.2
Service to invoice raised	30.0	28.3	DSO (In year debt)	43.6	45.1

VALUE FOR MONEY - CASH FLOW

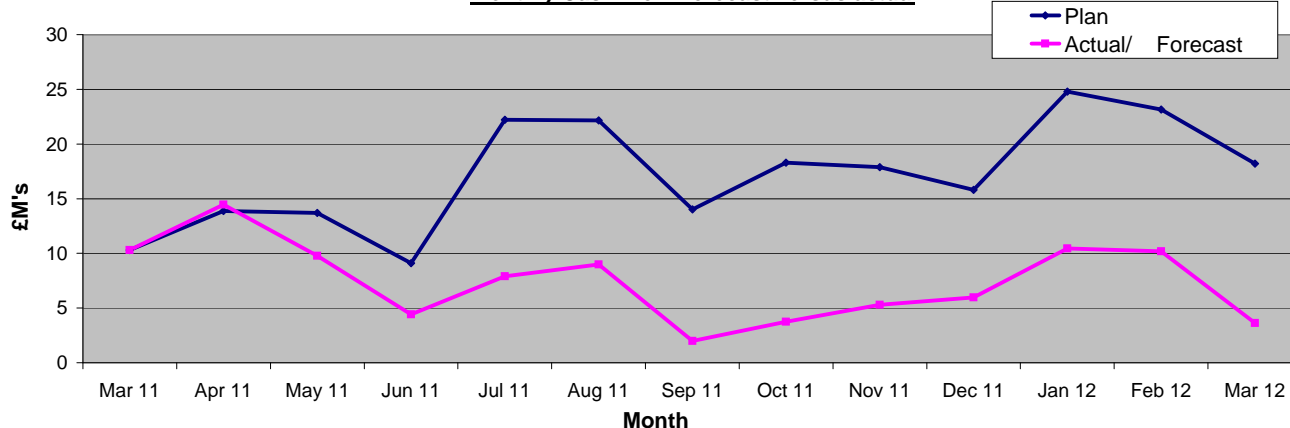
CASH FLOW for the PERIOD ENDED 30 JUNE 2011

Commentary

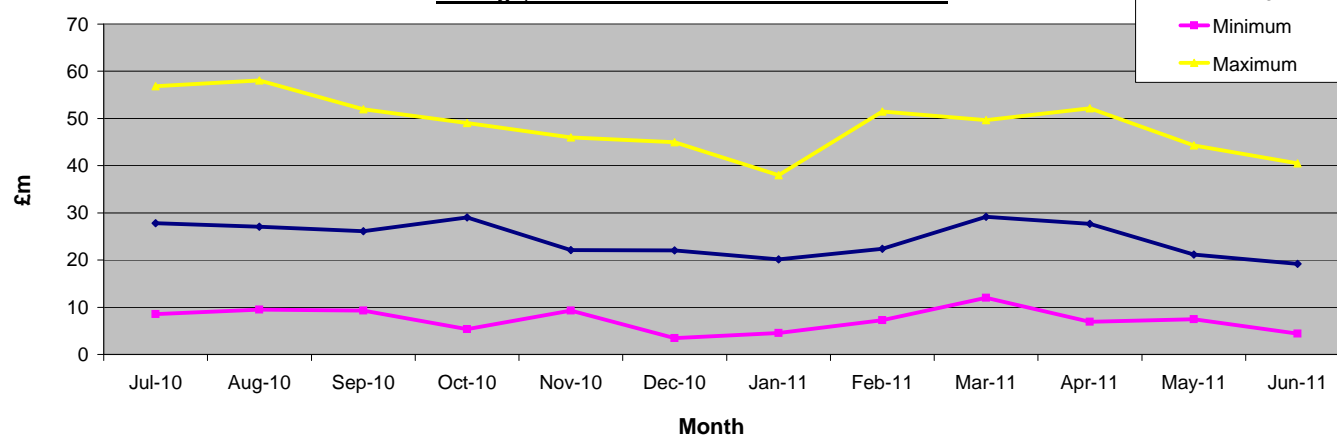
The cash position is deteriorating with the financial position. The forecast is based on Divisional income and expenditure forecasts at month 3, and the agreed actions (reduction in the capital programme and increase to creditor terms). Despite the unacceptable income and expenditure forecast, a positive cash balance is forecast to the end of the year.

	2011/12 April - June 2011 Actual £ 000
CASH FLOWS FROM OPERATING ACTIVITIES	
Operating surplus before Depreciation and Amortisation	2,686
Impairments and reversals	-
Movements in Working Capital:	
- Inventories (Inc)/Dec	19
- Trade and Other Receivables (Inc)/Dec	(3,746)
- Trade and Other Payables Inc/(Dec)	(298)
- Provisions Inc/(Dec)	(112)
PDC Dividends paid	-
Interest paid	(37)
Other non-cash movements	-
Net Cash Inflow / (Outflow) from Operating Activities	(1,488)
CASH FLOWS FROM INVESTING ACTIVITIES	
Interest Received	18
Payments for Property, Plant and Equipment	(4,411)
Net Cash Inflow / (Outflow) from Investing Activities	(4,393)
Increase / (Decrease) in Cash	(5,881)

Monthly Cash Flow Forecast versus actual



Average, minimum and maximum cash balances



VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Period 1st April 2011 to 30th June 2011

	Initial Budget £000's	Actual	June	YTD	Plan										Out Turn £000's	Planned Variance £'000's
		Apr-May 11/12 £000's	11/12 £000's	Spend 11/12 £000's	July £000's	August £000's	Sept £000's	Oct £000's	Nov £000's	Dec £000's	Jan £000's	Feb £000's	March £000's			
FUNDING																
Depreciation as per CCE	27,194	4,571	2,199	6,896	2,240	2,240	2,188	2,280	2,279	2,279	2,335	2,209	2,248	27,194	0	
Transformational Capital	1,289	0	0	0	0	0	0	0	0	1,289	0	0	0	1,289	0	
Land Swap Disposals	19,800	0	0	0	19,800	0	0	0	0	0	0	0	0	19,800	0	
Donations	800	0	79	79	140	140	60	60	60	60	60	41	100	800	0	
Less cash for liquidity	-4,789	-782	-394	-1,176	-394	-395	-385	-401	-401	-401	-411	-411	-414	-4,789	0	
Total Funding	44,294	3,789	1,883	5,799	21,786	1,985	1,863	1,939	1,938	3,227	1,984	1,839	1,934	44,294	0	
EXPENDITURE																
Backlog Maintenance																
IM&T	2,500	177	86	263	100	200	200	200	200	100	399	400	438	2,500	0	
Medical Equipment	4,522	603	151	753	200	362	400	400	400	200	600	600	607	4,522	0	
LRI Estates	2,500	195	105	300	100	200	200	200	200	100	350	395	455	2,500	0	
LGH Estates	1,800	-5	68	63	130	150	150	150	150	144	250	250	363	1,800	0	
GGH Estates	1,700	27	-24	2	68	136	136	148	150	100	300	300	360	1,700	0	
Total Backlog Maintenance	13,022	996	385	1,382	598	1,048	1,086	1,098	1,100	644	1,899	1,945	2,222	13,022	0	
Essential Developments																
Carbon Management	1,000	0	0	0	60	100	100	100	100	40	150	150	200	1,000	0	
Diabetes R&D Funding	550	12	18	30	100	100	100	100	100	20	0	0	0	550	0	
GGH CDU Phase II	900	2	2	4	50	0	100	150	150	100	100	96	150	900	0	
LRI Disabled Car Park	190	0	0	0	0	0	0	60	130	0	0	0	0	190	0	
Gwendolen House Vacation	400	0	0	0	0	0	0	80	80	0	80	80	80	400	0	
MES Installation Costs	900	1	6	8	20	20	20	20	20	20	200	220	352	900	0	
Congenital Heart Surgery	800	4	8	13	100	0	0	0	130	130	130	130	167	800	0	
MacMillan Oncology Centre	300	0	25	25	100	100	75	0	0	0	0	0	0	300	0	
ED Interim Improvements	1,500	0	8	8	0	0	0	292	300	0	300	300	300	1,500	0	
LGH Theatre & Ward Refurbs	2,050	11	9	20	200	200	200	200	230	250	250	250	250	2,050	0	
Cancer Trials Unit, LRI	100	0	0	0	0	50	50	0	0	0	0	0	0	100	0	
Decontamination	300	521	348	868	246	0	0	0	0	0	0	0	0	1,114	-814	
Purchase of PPD at LGH	250	0	0	0	0	0	0	250	0	0	0	0	0	250	0	
Contingency	1,600	0	0	0	0	0	0	0	0	119	150	150	150	569	1,031	
Land Swap	19,801	0	3	3	19,798	0	0	0	0	0	0	0	0	19,801	0	
Other IM&T	131	0	79	79	0	52	0	0	0	0	0	0	0	131	0	
Residual on 10/11 Schemes		64	8	71	40	28	0	0	30	40	0	0	0	209	-209	
Ward 8 Fire		10	5	15	0	0	0	0	0	0	0	0	-8	7	-7	
Capital CIP		0	0	0				-500	-500		-1,000	-1,000	-2,000	-5,000	5,000	
Donations	500	0	79	79	40	40	60	60	40	40	40	40	61	500	0	
Total Essential Development	31,272	625	598	1,224	20,694	590	605	712	710	718	250	266	-497	25,272	5,000	
Total Capital Programme	44,294	1,622	984	2,606	21,352	1,738	1,791	1,910	1,910	1,403	2,299	2,360	1,925	39,294	5,000	
Original Plan		2,958	21,095	24,053	1,244	1,930	1,830	2,270	2,240	994	2,774	2,774	4,185	20,241	0	
Forecast Over/(Under)																
Spend	0	-1,336	-20,111	-21,447	20,108	-192	-39	-360	-330	409	-475	-414	-2,260	-5,000	5,000	
Commentary																
There is an under spend on the capital programme of £1.6 million (excluding the impact of the land swap), reflecting slippage on schemes.																

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	100.0%	<97%	97-100%	=100%
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

	YTD : Cumulative or Current?	Target : Local or National?	Target		Thresholds	
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%
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				
Operating Cost (£000's)	Cumulative	Local Target				
Surplus / Deficit (as EBIDTA) (£000's)	Cumulative	Local Target				
CIP (£000's)	Cumulative	Local Target				
Cash Flow (£000's)	Current Month	Local Target				
Financial Risk Rating	Cumulative	Local Target				

Caring at its best

Divisional Heatmap

Trust Board

Thursday 4th August 2011

June 2011

DIVISIONAL HEAT MAP - Month 3 - 2011/12

QUALITY STANDARDS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
Infection Prevention *** Revised / New Target 2011/12																
MRSA Bacteraemias	1	0	0	1	0	1	0	1	2	1	2	0	0	2	9	◀▶
CDT Isolates in Patients (UHL - All Ages)	19	14	13	10	16	20	12	17	16	14	9	15	7	31	165	▲
E Coli (from June 1st 2011) ***						NO NATIONAL TARGET							38	38	----	
MSSA (from May 1st 2011) ***						NO NATIONAL TARGET						4	2	6	----	
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%	◀▶
MRSA Elective Screening (Patient Not Matched)	118.9%	123.9%	125.3%	134.4%	132.9%	132.2%	128.7%	111.8%	132.9%	133.2%	127.7%	112.5%		120.0%	100%	▼
MRSA Non-Elective Screening (Patient Matched) ***						81.1%	93.7%	96.5%	98.6%	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%		155.5%	100%	▼
Patient Safety *** Revised / New Target 2011/12																
10X Medication Errors	1	1	1	0	1	0	0	1	3	1	0	0	1	1	0	▼
Never Events	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	▲
Patient Falls	212	118	175	205	211	148	127	267	197	207	235	130	168	533	1934	▼
Complaints Re-Opened	22	24	27	13	19	24	13	14	17	22	17	18	24	59	210	▼
SUIs (Relating to Deteriorating Patients)	3	0	0	0	0	1	2	0	1	1	1	0	1	2	0	▼
RIDDOR	6	4	3	2	5	3	2	8	7	12	1	4	2	7	56	▲
In-hospital fall resulting in hip fracture ***	0	0	0	1	0	0	3	2	2	2	2	0	0	2	12	◀▶
No of Staffing Level Issues Reported as Incidents	102	158	96	172	54	75	87	44	34	67	34	62	54	150	1080	▲
Outlying (daily average)	15	5	7	9	4	10	26	35	15	24	12	8	9	9	5	▼
Pressure Ulcers (Grade 3 and 4)	17	20	17	19	11	12	26	33	14	20	10	11	22	43	197	▼
ALL Complaints Regarding Attitude of Staff	44	34	29	42	21	34	30	32	36	58	42	44	41	127	366	▲
ALL Complaints Regarding Discharge	29	22	27	36	32	27	23	31	35	39	22	29	39	90	220	▼
Bed Occupancy (inc short stay admissions) ***	88%	88%	88%	91%	91%	90%	89%	92%	92%	90%	89%	91%	91%	90%	90%	◀▶
Bed Occupancy (excl short stay admissions) ***	82%	82%	82%	86%	86%	86%	85%	88%	86%	85%	83%	84%	84%	84%	86%	◀▶
Compliance with Blood Traceability	99.1%	98.8%	98.7%	97.3%	98.1%	99.1%	98.8%	98.8%	98.0%	98.8%	99.1%	98.8%		98.9%	100%	▼

DIVISIONAL HEAT MAP - Month 3 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
Clinical Effectiveness														*** Revised / New Target 2011/12		
Emergency 30 Day Readmissions (Previous Elective)	4.9%	5.2%	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.7%	5.0%	4.9%	4.7%		4.8%	1.6%	
Emergency 30 Day Readmissions (Previous Emergency)	11.1%	10.7%	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	9.4%	9.2%		9.3%	8.0%	
Mortality (CHKS Risk Adjusted - Overall) ***	84.8	79.8	80.2	87.3	93.6	77.5	98.1	87.7	82.5	87.9	80.6	85.1		83.0	85	▼
Discharge summaries to GP within 24hrs (Quarterly Audit)	No data	90%	96%	92%	98%	94%				97%					100%	▲
Participation in Monthly Discharge Letter Audit (Quarterly Audit)	52%	44%	57%	50%	93%	61%				73%					100%	▲
Stroke - 90% of Stay on a Stroke Unit	67%	64%	67%	79%	79%	81%	75%	58%	56%	80%	85%	87%	88%	86%	80%	▲
Stroke - TIA Clinic within 24 Hours	65%	52%	63%	33%	19%	20%	46%	67%	65%	77%	68%	65%	81%	72%	60%	▲
No. of # Neck of femurs operated on < 36hrs	64%	76%	66%	87%	69%	83%	67%	86%	72%	72%	80%	59%	78%	72%	90% at Yr End	▲
Maternity - Breast Feeding < 48 Hours	72.3%	72.3%	74.3%	74.2%	72.1%	72.6%	71.6%	71.5%	75.0%	76.3%	73.8%	72.9%	74.4%	73.7%	67.0%	▲
Maternity - % Smoking at Time of Delivery	11.9%	12.2%	11.6%	13.3%	10.0%	12.7%	12.3%	15.1%	11.8%	11.1%	12.4%	9.2%	10.1%	10.5%	18.1%	▼
Cytology Screening 7 day target	99.8%	99.9%	100.0%	99.7%	99.7%	99.9%	99.0%	97.8%	99.98%	99.97%	99.87%	99.98%	99.98%	99.94%	98%	◀▶

DIVISIONAL HEAT MAP - Month 3 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

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

Nursing Metrics

All Wards (105)

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
Patient Observation	80%	84%	84%	90%	87%	92%	92%	92%	91%	94%	95%	93%	96%	98.0%	98.0%	▲
Pain Management	71%	75%	79%	82%	87%	84%	85%	85%	88%	90%	92%	93%	97%	98.0%	98.0%	▲
Falls Assessment	47%	65%	64%	70%	80%	80%	81%	80%	85%	85%	94%	91%	95%	98.0%	98.0%	▲
Pressure Area Care	68%	81%	76%	79%	83%	90%	85%	86%	89%	91%	96%	93%	97%	98.0%	98.0%	▲
Nutritional Assessment	80%	79%	77%	75%	80%	85%	85%	82%	85%	90%	95%	93%	93%	98.0%	98.0%	◀▶
Medicine Prescribing and Assessment	92%	92%	92%	95%	94%	95%	94%	96%	98%	99%	99%	98%	99%	98.0%	98.0%	▲
Hand Hygiene	99%	99%	97%	95%	94%	96%	98%	98%	98%	98%	95%	97%	92%	98.0%	98.0%	▼
Resuscitation Equipment	69%	73%	65%	59%	73%	77%	71%	71%	84%	83%	87%	91%	90%	98.0%	98.0%	▼
Controlled Medicines	93%	93%	96%	95%	98%	98%	98%	90%	100%	100%	98%	99%	99%	98.0%	98.0%	◀▶
VTE	40%	49%	51%	57%	61%	65%	64%	69%	75%	79%	80%	80%	78%	98.0%	98.0%	▼
Patient Dignity	87%	91%	92%	93%	93%	94%	95%	95%	96%	99%	96%	98%	98%	98.0%	98.0%	◀▶
Infection Prevention and Control	84%	89%	88%	90%	91%	91%	92%	91%	96%	94%	96%	93%	96%	98.0%	98.0%	▲
Discharge						43%	35%	41%	50%	60%	75%	68%	77%	98.0%	98.0%	▲
Continence						75%	84%	86%	91%	90%	97%	95%	97%	98.0%	98.0%	▲

Red < 80
Amber 80 - 89
Green >=90

Patient Experience

Inpatient Polling - treated with respect and dignity		95.8	94.4	94.9	95.4	94.6	96.2	95.2	95.2	95.0	96.2	96.1	96.5	95.8	95.0	▲
Inpatient Polling - rating the care you receive		87.0	84.0	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	86.3	91.0	▲
Outpatient Polling - treated with respect and dignity													93.1	93.1	95.0	
Outpatient Polling - rating the care you receive													84.6	84.6	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	87%	87%	87%	86%	86%	89%	93%	95%	100%	98%	100%	100%	100%	100%	100%	◀▶

DIVISIONAL HEAT MAP - Month 3 - 2011/12

OPERATIONAL STANDARDS

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

Emergency Department

ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12)	97.0%	98.4%	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	94.3%	95%	▲
ED 4 Hour Waits - UHL (Type 1 and 2)	95.3%	97.4%	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	92.8%	95%	▲
ED Maximum Wait (Mins) (From Qtr 2 11/12)	720	1,011	713	826	878	1,393	1,625	1,672	993	927	836	969	921	1,672		
Admitted Median Wait (Mins) -Type1+2 (From Qtr 2 11/12)	216	215	214	221	218	227	228	228	225	225	222	214	211	216	205	▲
Admitted 95th Percentile Wait (Mins) - Type 1+2 (From Qtr 2 11/12)	343	302	319	346	357	407	485	580	497	509	417	440	395	420	350	▲
Non-Admitted Median Wait (Mins) - Type 1+2	108	113	111	118	116	121	117	108	109	122	119	115	115	116	105	▲
Non-Admitted 95th Percentile Wait (Mins) Type 1+2 (From Qtr 2 11/12)	231	226	227	231	233	236	239	237	235	238	237	234	230	234	235	▲
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	45	40	43	41	52	49	55	55	49	63	71	56	41	56	<15 Mins	▲
Time to Treatment - Median (From Qtr 2 11/12)	53	52	49	55	55	62	60	49	50	58	59	54	50	54	<60 mins	▲
Left Without Being Seen % (From Qtr 2 11/12)	2.5%	2.4%	2.1%	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.2%	<5%	▲
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	6.1%	5.9%	6.5%	6.2%	6.0%	5.5%	5.9%	6.0%	6.1%	5.8%	6.2%	5.2%	4.9%	5.4%	<5%	▲

Coronary Heart Disease

Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	99.4%	100.0%	100.0%	100.0%	100.0%	98.9%	96.5%	92.9%	93.1%	95.3%	94.5%	95.7%	100.0%	96.7%	99.0%	▲
Primary PCI Call to Balloon <150 Mins	82.6%	73.3%	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	87.2%	75.0%	▲
Rapid Access Chest Pain Clinics - % in 2 Weeks	100.0%	100.0%	99.3%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	99.0%	99.5%	98.0%	▼

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 3 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-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	93.3%	93.5%	94.8%	93.3%	93.0%	94.5%	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%		95.0%	93%	▼
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93.5%	93.4%	98.3%	98.3%	97.7%	94.9%	98.4%	99.0%	95.5%	95.4%	97.2%	94.6%		96.2%	93%	▼
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96.3%	98.2%	96.4%	97.0%	96.7%	97.3%	98.3%	96.7%	96.6%	96.8%	97.0%	98.3%		97.7%	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	94.0%	94.0%	91.4%	97.9%	97.8%	95.5%	95.3%	94.7%	96.3%	95.8%	98.5%	94.3%		96.1%	94%	▼
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.3%	99.2%	100.0%	100.0%	100.0%	99.4%	99.3%	99.3%	100.0%	98.8%	99.1%	98.7%		98.9%	94%	▼
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	87.1%	89.0%	82.8%	87.3%	85.5%	86.4%	88.1%	85.8%	87.2%	85.9%	86.4%	85.5%		85.9%	85%	▼
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	93.2%	91.4%	87.9%	91.5%	87.2%	91.1%	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%		95.9%	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%	100%	◀▶

DIVISIONAL HEAT MAP - Month 3 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
Referral to Treatment																
18 week referral to treatment - admitted	94.2%	94.2%	93.4%	91.5%	92.6%	92.1%	91.6%	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	85.0%	90%	▼
18 week referral to treatment - non admitted	98.3%	98.0%	97.4%	96.4%	97.1%	98.3%	97.0%	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.0%	95%	▼
18 week Admitted Backlog	410	588	764	863	938	896	988	980	881	839	906	810	670	670		
23 week Admitted Backlog	161	202	272	394	489	485	532	543	549	482	515	452	219	219		
18 week Non Admitted Backlog	868	1062	1084	1108	1289	1592	1736	1560	1481	1737	1461	1377	1539	1539		
RTT Admitted Median Wait (Weeks)	9.5	9.7	9.5	9.8	10.2	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	9.4	<=11.1	▼
RTT Admitted 95th Percentile (Weeks)	18.7	18.8	19.5	21.4	21.3	21.9	23.1	23.7	23.2	24.1	23.4	25.1	25.3	24.8	<=23.0	▼
RTT Non-Admitted Median Wait (Weeks)	5.7	6.1	6.2	6.9	6.7	6.2	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	<=6.6	▲
RTT Non-Admitted 95th Percentile (Weeks)	16.3	16.7	16.9	17.4	17.2	17.0	16.9	17.1	16.8	16.8	16.5	16.8	17.1	16.8	<=18.3	▼
RTT Incomplete Median Wait (Weeks)	5.6	5.8	6.1	6.1	6.0	6.1	6.8	6.7	5.2	5.5	6.3	6.4	5.8	5.8	<=7.2	▲
RTT Incomplete 95th Percentile (Weeks)	16.7	17.6	17.9	18.3	19.1	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.6	19.6	<=28.0	▼

DIVISIONAL HEAT MAP - Month 3 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
Access																
6+ Week Wait (Diagnostics)	0	0	0	1	5	58	161	207	234	208	182	245	127	127	5	▲
Outpatient Waiting List (Total - GP/GDP Referred)	13,396	13,619	13,364	13,361	13,164	12,411	11,613	11,294	11,832	12,143	12,525	13,233	13,223	13,223		
Outpatient WL (5+ Week Local Target)	3,750	3,747	4,347	4,284	4,138	3,701	4,376	3,584	2,784	3,111	4,170	4,197	4,127	4,127		
Outpatient WL (11+ Week Local Target)	2	12	26	44	51	44	134	158	111	72	203	292	218	218	4	▲
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	8	19	9	16	60	72	92	92	0	▼
Day case Waiting List (Total)	5,416	5,678	5,772	5,884	5,928	5,785	5,823	5,898	5,975	5,891	5,949	6,044	5,854	5,854		
Day Case List (11+ Week Local Target)	493	662	840	915	1016	896	1112	1204	1227	1020	1148	1200	967	967	514	▲
Day Case List (20+ Week Local Target)	12	29	65	123	191	203	229	217	254	257	265	202	106	106	4	▲
Day Case List (26+ Week Local Target)	0	1	0	0	0	0	9	26	27	47	49	64	29	29	0	▲
Inpatient Waiting List (Total)	2,811	2,682	2,607	2,619	2,605	2,672	2,631	2,706	2,530	2,391	2,533	2,516	2,511	2,511		
Inpatient List (11+ Week Local Target)	375	396	466	484	444	434	512	567	548	495	586	540	533	533	720	▲
Inpatient List (20+ Week Local Target)	22	25	38	38	49	56	58	66	76	80	74	88	88	88	4	◀▶
Inpatient List (26+ Week Local Target)	0	1	0	1	0	0	5	10	12	11	6	16	19	19	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 3 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

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

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

Outpatient DNA Rates (%)	9.6%	9.6%	9.7%	9.8%	9.7%	9.3%	11.2%	9.7%	8.6%	9.0%	9.2%	9.6%	9.0%	9.3%	9.0%	▲
Outpatient Appts % Cancelled by Hospital ***	10.7%	11.1%	11.0%	11.6%	10.8%	10.2%	10.4%	10.4%	10.9%	10.5%	11.4%	11.6%	10.4%	11.1%	10.5%	▲
Outpatient Appts % Cancelled by Patient ***	11.1%	11.0%	10.9%	11.0%	10.6%	10.3%	13.1%	10.0%	9.7%	9.7%	9.6%	9.9%	10.2%	9.9%	10.0%	▼
Outpatient F/Up Ratio	2.1	2.1	2.2	2.2	2.2	2.2	2.2	2.3	2.2	2.2	1.9	2.0	2.0	2.0	2.1	◀▶
Ave Length of Stay (Nights) - Emergency	4.9	4.8	4.9	5.0	5.0	5.0	5.0	5.2	5.0	5.3	6.0	6.1	6.1	6.1	5.0	▶◀
Ave Length of Stay (Nights) - Elective	3.4	3.5	3.8	3.3	3.6	3.8	3.8	3.1	3.4	3.3	3.6	3.5	3.1	3.4	3.8	▲
Delayed transfers per 10,000 admissions	1.6%	1.2%	1.6%	1.4%	1.5%	1.1%	1.5%	1.9%	2.0%	1.8%	1.5%	1.5%	1.5%	1.5%	3.5%	◀▶
% of Electives admitted on day of procedure ***	81.0%	81.5%	79.5%	81.5%	80.1%	84.0%	81.0%	84.8%	83.9%	83.1%	82.6%	81.8%	82.3%	82.2%	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)	75.8%	72.2%	73.5%	76.7%	72.9%	73.6%	75.6%	80.4%	75.3%	77.2%	77.7%	76.2%	75.9%	76.5%	75.0%	▼
Inpatient Theatre Utilisation Rate (%) ***	77.4%	74.1%	74.0%	75.6%	77.5%	78.4%	74.7%	78.4%	82.9%	82.1%	79.5%	79.4%	80.2%	79.7%	86.0%	▲
Day case Theatre Utilisation Rate (%) ***	74.6%	63.4%	69.9%	77.8%	74.0%	79.4%	79.6%	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	74.7%	86.0%	▲
Operations cancelled for non-clinical reasons on or after the day of admission	1.06%	1.05%	1.28%	1.16%	1.59%	1.40%	1.77%	1.94%	1.63%	1.62%	1.30%	1.61%	1.23%	1.38%	0.8%	▲
Cancelled patients offered a date within 28 days of the cancellations	94.6%	85.7%	96.3%	90.2%	87.5%	91.7%	88.7%	87.5%	89.7%	85.9%	90.3%	94.7%		92.8%	95.0%	▲

DIVISIONAL HEAT MAP - Month 3 - 2011/12
HUMAN RESOURCES

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
Staffing																
Contracted staff in post (substantive FTE)	10275.0	10179.7	10196.5	10102.0	10145.2	10167.5	10155.2	10158.0	10146.7	10170.9	10146.0	10103.3	10125.0	10125.0		
Bank hours paid (FTE)	240.7	272.6	251.4	271.2	287.7	262.8	250.8	283.5	242.7	257.3	279.7	260.4	256.4	256.4		
Overtime hours paid (FTE)	43.5	82.8	78.9	94.5	92.1	100.1	110.6	109.0	102.8	84.7	89.6	82.2	80.0	80.0		
Total FTE worked	10559.1	10535.1	10526.8	10467.6	10525.0	10530.3	10516.6	10550.5	10492.2	10512.9	10515.3	10445.9	10461.3	10461.3		
Pay bill - directly employed staff (£ m)	35.2	35.1	34.5	35.2	35.1	35.6	35.0	35.4	35.8	36.2	35.4	35.6	35.6	106.7		
Planned CIP reduction this month	30.0	130.1	5.9	12.5	81.0	6.7	0.0	4.6	-0.2	0.0						
Actual CIP reduction this month	82.6	49.7	70.4	20.9	23.7	4.6	0.7	-0.2	5.7	-13.0						
Workforce HR Indicators																
Sickness absence	3.3%	3.4%	3.2%	3.5%	3.8%	3.7%	4.7%	4.0%	3.4%	3.4%	3.2%	3.1%	3.97%	3.4%	3.0%	▼
Appraisals	68.5%	72.7%	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	86.8%	100%	▼
Turnover	7.5%	7.7%	7.6%	8.1%	7.8%	8.3%	7.8%	8.1%	8.3%	8.0%	8.7%	8.6%	8.6%		10.0%	◀▶
Formal action under absence policy - Warnings issued	16	13	18	18	13	21	14	27	22	25	22	27	26			
Formal action under absence policy – Dismissals	1	2	3	4	1	1	3	4	0	3	0	4	6			
% Corporate Induction attendance	88.0%	77.0%	90.0%	93.0%	91.0%	88.0%	88.0%	87.0%	93.0%	96.0%	93.0%	89.0%	91.0%		95.0%	▲

DIVISIONAL HEAT MAP - Month 3 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	1	0	0	1		◀▶
CDT Positives (UHL)	6	4	6	3	8	5	1	6	6	6	5	5	3	13		▲
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%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	7.4%	7.7%	7.9%	7.4%	7.3%	7.5%	7.0%	7.5%	7.2%	7.0%	7.5%	7.0%		7.2%		
30 Day Readmissions (UHL) - Same Specialty	4.4%	5.0%	4.7%	4.2%	4.3%	4.4%	4.0%	4.6%	4.3%	4.3%	4.7%	4.6%		4.6%		
30 Day Readmission Rate (CHKS)	7.3%	7.6%	7.6%	7.1%	7.1%	7.5%	6.8%	7.5%	7.0%	6.9%	7.1%			7.1%		
Mortality (UHL Data)	0.9%	1.0%	0.7%	1.0%	0.9%	0.6%	1.0%	0.8%	0.7%	0.6%	0.9%	0.8%	0.7%	0.8%	0.9%	▲
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	102.3	124.4	103.5	115.3	112.1	77.6	109.2	89.4	76.7	75.6	83.6	91.0				
PATIENT SAFETY																
10X Medication Errors	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	▲
Patient Falls	58	12	53	65	78	47	78	74	51	88	57	26	24	107	5% Red'n	
Complaints Re-Opened	10	14	9	6	10	10	5	4	11	7	9	6	13	28	10% Red,n	
SUIs (Relating to Deteriorating Patients)	1	0	0	0	0	0	1	0	0	1	1	0	1	2	0	▼
RIDDOR	2	1	0	0	2	1	0	2	1	2	0	0	0	0	TBC	
In-hospital fall resulting in hip fracture								0	0	0	1	0	0	1	TBC	
No of Staffing Level Issues Reported as Incidents	9	14	11	2	4	3	12	11	7	4	6	2	6	14		
Outlying (daily average)	8	1	1	4	2	4	12	8	6	2	3	3	1	1		
Pressure Ulcers (Grade 3 and 4)	9	5	6	11	6	3	7	8	6	9	2	3	4	9		
ALL Complaints Regarding Attitude of Staff	16	9	11	21	10	9	6	10	11	17	10	12	15	37		
ALL Complaints Regarding Discharge	11	6	9	10	13	11	6	12	8	11	6	7	17	30		
Bed Occupancy (inc short stay admissions)	88%	89%	88%	91%	92%	90%	87%	93%	92%	88%	89%	92%	90%	90%		
Bed Occupancy (excl short stay admissions)	82%	84%	85%	88%	89%	86%	83%	88%	85%	83%	84%	86%	85%	85%		
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 3 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	77%	86%	84%	89%	86%	95%	89%	91%	91%	95%	93%	93%	95%		98.0%	▲
Pain Management	66%	77%	79%	87%	85%	84%	88%	82%	85%	89%	86%	94%	97%		98.0%	▲
Falls Assessment	44%	63%	65%	78%	72%	79%	77%	74%	85%	72%	82%	89%	94%		98.0%	▲
Pressure Area Care	64%	82%	79%	82%	80%	90%	82%	82%	86%	88%	91%	90%	94%		98.0%	▲
Nutritional Assessment	69%	81%	79%	79%	79%	90%	83%	80%	86%	82%	94%	91%	90%		98.0%	▼
Medicine Prescribing and Assessment	91%	93%	92%	95%	95%	95%	94%	95%	98%	96%	99%	99%	98%		98.0%	▼
Hand Hygiene															98.0%	
Resuscitation Equipment	79%	77%	68%	60%	74%	85%	75%	63%	74%	88%	91%	93%	75%		98.0%	▼
Controlled Medicines	96%	98%	98%	93%	98%	96%	100%	85%	98%	97%	98%	96%	100%		98.0%	▲
VTE		62%	57%	69%	66%	74%	69%	77%	80%	86%	85%	89%	81%		98.0%	▼
Patient Dignity		93%	94%	92%	95%	94%	93%	96%	94%	99%	97%	95%	98%		98.0%	▲
Infection Prevention and Control		86%	89%	91%	91%	94%	86%	92%	94%	88%	86%	90%	94%		98.0%	▲
Discharge											68%	64%	74%		98.0%	▲
Continence						73%	85%	88%	94%	89%	93%	96%	96%		98.0%	▶▶
DISCHARGE LETTERS																
Discharge summaries to GP within 24hrs						86%				99%					TBC	
Participation in Monthly Discharge Letter Audit	35%		24%			46%				74%					TBC	
Quality of Discharge Summaries															TBC	
OPERATIONAL PERFORMANCE *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	17.0%	24.6%	16.0%	15.1%											4.0%	▲
RTT - Admitted	93.1%	92.8%	92.2%	89.2%	90.9%	90.2%	89.7%	89.8%	89.7%	90.3%	90.3%	87.5%	81.4%	81.4%	90.0%	▼
RTT - Non Admitted	97.3%	96.6%	95.4%	93.7%	95.3%	93.6%	94.6%	94.6%	95.8%	95.6%	95.4%	95.6%	95.1%	95.1%	95.0%	▼
Elective LOS	2.9	3.2	3.4	2.9	3.3	3.5	3.3	2.8	3.1	3.1	3.4	3.1	2.8	3.1	3.3	▲
Non Elective LOS	6.2	5.8	6.1	6.3	5.9	5.9	6.2	5.8	5.8	6.0	6.2	6.1	6.3	6.2	6.0	▼
% of Electives Adm.on day of proc.	89.6%	89.9%	88.4%	90.5%	90.5%	92.2%	91.0%	92.1%	91.7%	91.3%	91.1%	90.8%	90.7%	90.9%	84.7%	
Day Case Rate (Basket of 25)	74.0%	69.0%	70.5%	75.1%	70.9%	73.5%	75.2%	78.7%	74.6%	76.1%	77.7%	75.8%	74.1%	75.6%	75.0%	▼
Day Case Rate (All Elective Care)	79.4%	76.7%	78.2%	78.8%	78.8%	79.3%	79.3%	81.8%	79.0%	80.1%	79.8%	80.1%	79.5%	79.8%	77.1%	▼
Inpatient Theatre Utilisation ***	77.2%	73.1%	74.0%	76.5%	76.2%	78.4%	75.0%	77.2%	82.3%	80.7%	78.3%	77.2%	79.9%	78.5%	86.0%	▶
Day Case Theatre Utilisation ***	71.4%	61.4%	71.3%	77.1%	74.8%	78.8%	79.0%	85.4%	88.5%	88.7%	66.1%	66.9%	70.4%	68.0%	86.0%	▲
Outpatient New : F/Up Ratio	2.1	2.2	2.3	2.3	2.3	2.3	2.4	2.6	2.5	2.4	2.6	2.5	2.5	2.5	2.3	▶▶
Outpatient DNA Rate	8.8%	9.0%	9.6%	9.5%	9.4%	9.1%	11.1%	9.9%	8.7%	9.0%	8.9%	9.1%	9.0%	9.0%	10.1%	▲
Outpatient Hosp Canc Rate	10.0%	11.0%	11.1%	12.1%	11.4%	11.3%	10.9%	10.9%	11.9%	10.8%	12.2%	12.2%	10.1%	11.4%	13.4%	▲
Outpatient Patient Canc Rate	10.8%	10.3%	10.4%	10.5%	10.1%	9.5%	12.6%	9.5%	9.2%	9.0%	9.3%	9.3%	9.7%	9.4%	11.5%	▼

Red < 80
Amber 80 - 89
Green >=90

DIVISIONAL HEAT MAP - Month 3 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
SCREENING PROGRAMMES																
Diabetic Retinopathy - % Uptake		76.8%	84.2%	37.5%	42.1%	62.3%	28.6%	59.8%	70.1%	56.0%	48.9%	38.7%	37.0%	40.6%		
Diabetic Retinopathy - % Results in 3 Weeks		91.9%	87.1%	86.0%	77.7%	74.2%	82.3%	64.0%	80.9%	82.3%	83.7%	75.1%	95.5%	85.4%		
Diabetic Retinopathy - % Treatment in 4 Weeks		0.0%	0.0%	-----	-----	0.0%	-----	50.0%	50.0%	-----	50.0%	50.0%	0.0%	20.0%		
Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month	7.7%	6.5%	4.7%	7.8%	6.0%	11.3%	5.7%	5.2%	7.0%	7.1%	5.6%	6.3%	6.0%	17.9%		
Abdominal Aortic Aneurysm - % Uptake	100%	100%	92.3%	98.1%	100%	96.1%	100%	94.1%	97.1%	96.2%	90.0%	97.8%	107.0%	100.0%		
Abdominal Aortic Aneurysm - 30 Day post-operative Mortality	0%	20%	0%	0%	0%	0%	-----	-----	0%		0.0%	0.0%	0.0%	0.0%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	61.4%	72.6%	74.4%	78.0%	86.0%	93.7%	95.3%	95.0%	94.5%	95.6%	94.8%	92.3%	91.8%	91.8%	100%	▼
Sickness Absence	2.3%	2.6%	2.8%	3.0%	3.1%	2.8%	3.8%	3.3%	3.1%	2.9%	2.8%	2.9%	3.6%	3.1%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	4.7	6.0	5.3	7.4	8.8	7.2	6.4	6.8	4.6	2.4	1.8	3.9	8.0			
Bank FTE	75.2	85.2	79.3	77.5	75.0	63.9	57.6	61.3	50.4	53.0	62.9	55.7	53.3			
Actual net FTE reduction this month	2.2	3.3	16.9	12.3	6.1	6.8	-7.6	-8.4	-10.9	-12.3	37.6	-37.4	2.4	2.7		
Planned FTE reduction this month	5.6	3.4	0.4	2.0	52.8	2.5	0.5	0.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

PLANNED CARE - Specialist Surgery

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	93.4%	92.5%	90.6%	85.5%	91.2%	91.2%	91.2%	90.3%	92.7%	93.4%	93.2%	90.9%	82.6%	82.6%	90.0%	▼
RTT - Non Admitted	97.6%	96.9%	96.0%	92.7%	96.0%	91.0%	94.6%	94.6%	96.2%	96.6%	96.3%	96.8%	96.4%	96.4%	95.0%	▼
Elective LOS	1.7	1.9	2.0	1.8	1.9	2.1	1.5	1.7	2.2	2.0	2.1	2.2	2.0	2.1	2.4	▲
Non Elective LOS	3.5	3.8	4.8	4.4	4.3	5.5	5.4	4.2	4.7	5.3	5.7	5.3	6.3	5.8	4.7	▼
% of Electives Adm.on day of proc.	88.6%	87.8%	87.8%	87.5%	88.6%	89.6%	89.6%	89.3%	85.4%	85.1%	86.4%	84.5%	84.3%	85.1%	80.7%	▼
Day Case Rate (Basket of 25)	86.5%	78.6%	77.5%	82.0%	81.0%	86.3%	87.9%	88.7%	87.0%	90.2%	88.0%	89.0%	88.0%	88.3%	75.0%	▼
Day Case Rate (All Elective Care)	66.2%	63.8%	67.3%	66.8%	69.4%	71.8%	71.3%	75.7%	71.0%	75.0%	70.9%	71.6%	73.5%	72.1%	64.4%	▲
30 Day Readmissions (UHL) - Any Specialty	2.6%	3.8%	2.6%	3.2%	3.8%	3.5%	3.1%	2.9%	3.1%	3.2%	3.5%	2.7%		3.2%		
30 Day Readmissions (UHL) - Same Specialty	0.9%	1.7%	1.6%	1.2%	1.9%	1.8%	1.2%	1.3%	1.4%	1.5%	1.8%	1.5%		1.6%		
Outpatient New : F/Up Ratio	1.8	1.7	1.9	2.0	2.1	2.1	2.0	2.2	2.1	2.0	2.1	2.1	2.0	2.1	1.9	▲
Outpatient DNA Rate	9.3%	9.8%	9.8%	9.4%	9.7%	9.6%	11.6%	10.3%	9.3%	9.5%	9.1%	9.4%	9.5%	9.4%	11.6%	▼
Outpatient Hosp Canc Rate	8.3%	11.8%	11.0%	13.5%	11.3%	12.1%	11.9%	11.3%	10.6%	10.9%	14.2%	13.3%	11.0%	12.7%	13.0%	▲
Outpatient Patient Canc Rate	11.4%	11.0%	11.3%	11.5%	11.3%	10.8%	14.3%	10.6%	10.1%	10.2%	10.2%	10.4%	10.7%	10.4%	11.9%	▼
Bed Utilisation (Incl short stay admissions)	85%	86%	91%	89%	99%	94%	91%	99%	93%	91%	92%	91%	86%			
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	1.8%	1.8%	2.7%	4.0%	4.8%	4.4%	3.9%	3.1%	3.4%	3.9%	2.8%	2.9%	4.1%	3.2%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	1.7	2.2	1.1	1.1	1.8	1.9	1.8	1.4	1.2	1.4	1	0.7	1.7			
Bank FTE	16.0	24.4	21.3	21.6	20.8	16.8	15.2	21.8	19.0	17.8	26.0	18.2	18.2			
Actual net FTE reduction this month	-1.7	0.6	-62.7	-4.7	5.3	0.5	-3.4	1.3	5.1	-3.5	13.0	-14.6	2.9	1.3		
Planned FTE reduction this month	1.0	0.0	0.0	0.0	26.0	0.0	0.0	0.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

PLANNED CARE - GI Medicine / Surgery

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	92.5%	91.9%	92.8%	92.8%	90.3%	87.2%	85.8%	87.9%	84.5%	83.8%	83.6%	80.7%	73.6%	73.6%	90.0%	▼
RTT - Non Admitted	96.3%	95.8%	93.7%	96.4%	95.0%	91.0%	94.6%	93.1%	95.7%	90.5%	89.9%	90.6%	86.9%	86.9%	95.0%	▼
Elective LOS	3.2	3.6	4.2	3.3	3.9	4.5	4.0	3.4	3.7	3.5	3.7	3.5	3.1	3.4	3.8	▲
Non Elective LOS	5.5	5.1	5.7	5.6	5.6	5.1	4.9	5.0	4.9	5.4	5.4	5.2	5.5	5.4	5.5	▼
% of Electives Adm.on day of proc.	87.7%	90.6%	87.6%	92.2%	90.3%	93.3%	91.6%	91.6%	94.2%	94.1%	93.5%	91.2%	92.4%	92.3%	81.2%	
Day Case Rate (Basket of 25)	40.2%	40.4%	47.5%	47.2%	42.6%	43.4%	42.5%	54.5%	47.5%	48.1%	48.0%	50.5%	45.9%	47.9%	75.0%	▼
Day Case Rate (All Elective Care)	82.3%	79.3%	81.4%	83.0%	82.2%	81.1%	80.0%	84.3%	82.6%	82.1%	82.2%	82.3%	80.4%	81.6%	80.4%	▼
30 Day Readmissions (UHL) - Any Specialty	8.3%	7.7%	8.8%	8.5%	7.9%	8.3%	7.2%	8.3%	7.8%	7.1%	7.8%	7.3%		7.6%		
30 Day Readmissions (UHL) - Same Specialty	4.2%	4.7%	4.3%	4.4%	4.1%	4.1%	3.7%	4.4%	4.3%	3.6%	3.8%	4.3%		4.1%		
Outpatient New : F/Up Ratio	1.9	2.1	1.8	1.9	1.9	1.9	1.9	2.1	2.0	2.2	2.1	2.0	2.1	2.1	2.1	▼
Outpatient DNA Rate	8.4%	8.2%	9.0%	9.5%	8.9%	8.5%	10.4%	10.0%	8.1%	8.5%	8.5%	8.4%	7.6%	8.1%	9.5%	▲
Outpatient Hosp Canc Rate	15.7%	13.3%	15.5%	14.3%	14.4%	15.6%	15.3%	11.8%	19.3%	16.7%	14.2%	15.1%	15.3%	14.9%	16.6%	▼
Outpatient Patient Canc Rate	11.5%	11.2%	10.9%	11.1%	10.4%	9.2%	13.9%	10.3%	9.8%	9.7%	10.5%	10.4%	10.0%	10.3%	13.0%	▲
Bed Utilisation (Incl short stay admissions)	90%	93%	90%	93%	95%	91%	85%	93%	91%	87%	89%	96%	95%	93%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	2.3%	2.5%	2.1%	2.2%	2.2%	2.6%	3.9%	2.9%	2.5%	2.4%	3.1%	2.7%	3.3%	3.0%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	0.2	0.3	0.9	0.8	1.4	1.3	1.4	3.2	2.1	0.5	0.2	1.3	2.7			
Bank FTE	33.3	34.4	36.1	32.5	30.9	26.9	22.8	24.2	16.3	17.0	19.8	19.3	15.9			
Actual net FTE reduction this month	2.0	3.1	79.1	6.4	5.2	-4.0	-3.8	0.6	-9.4	-9.5	13.2	-4.1	-6.5	2.6		
Planned FTE reduction this month	4.5	1.5	0.4	2.0	25.8	0.0	0.0	0.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

PLANNED CARE - Cancer and Haematology

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	--	--	--	100%	--	--	--	--	--	--	--	--	--	--	90.0%	◀▶
RTT - Non Admitted	100%	98.4%	92.7%	98.7%	95.1%	96.1%	98.2%	95.5%	97.8%	98.0%	97.0%	98.8%	100.0%	100.0%	95.0%	▲
Elective LOS	7.1	7.3	6.7	6.3	7.9	8.8	6.4	5.8	6.5	8.5	8.8	5.7	7.1	7.1	7.6	▼
Non Elective LOS	6.4	5.8	5.3	7.2	5.7	5.7	6.9	5.5	6.1	5.5	5.7	6.5	5.7	6.0	5.7	▲
% of Electives Adm.on day of proc.	80.9%	71.6%	73.1%	75.8%	79.0%	75.4%	70.4%	82.0%	78.7%	70.2%	75.9%	78.9%	75.0%	76.5%	68.1%	
Day Case Rate (Basket of 25)																
Day Case Rate (All Elective Care)	95.5%	95.4%	95.0%	95.9%	95.1%	95.4%	95.8%	96.3%	96.2%	96.9%	97.7%	97.1%	96.7%	97.1%	95.9%	▼
30 Day Readmissions (UHL) - Any Specialty	11.3%	11.8%	11.8%	10.8%	10.3%	11.3%	10.8%	11.5%	11.3%	11.8%	11.9%	10.8%		11.4%		
30 Day Readmissions (UHL) - Same Specialty	8.9%	9.7%	9.4%	7.9%	8.2%	8.9%	8.2%	9.6%	9.0%	10.1%	10.1%	9.1%		9.6%		
Outpatient New : F/Up Ratio	7.2	7.2	7.7	7.7	8.1	7.5	8.2	8.7	8.9	8.0	9.0	8.5	8.6	8.7	8.1	▼
Outpatient DNA Rate	8.5%	8.7%	8.4%	9.9%	8.9%	8.7%	10.7%	8.6%	7.3%	8.3%	9.3%	8.5%	8.1%	8.6%	7.3%	▲
Outpatient Hosp Canc Rate	8.4%	7.2%	8.8%	6.8%	9.5%	7.1%	6.5%	7.4%	7.2%	6.6%	7.2%	8.1%	5.6%	6.9%	8.6%	▲
Outpatient Patient Canc Rate	8.6%	7.7%	7.7%	7.7%	6.8%	7.1%	8.1%	6.6%	7.1%	6.4%	6.3%	6.2%	7.3%	6.6%	10.7%	▼
Bed Utilisation (Incl short stay admissions)	99%	95%	89%	99.5%	99%	97%	93%	97%	94%	91%	95%	94%	95%	95%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.0%	2.9%	2.6%	2.9%	2.1%	2.1%	4.1%	4.3%	3.1%	2.5%	2.2%	2.9%	4.0%	3.0%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	0.2	0.8	0.7	0.9	0.3	0.1	0.3	0.1	0.8	0.3	0.5	0.5	1.8			
Bank FTE	11.4	10.6	6.6	9.0	9.1	9.5	10.0	8.7	9.4	9.3	8.7	9.0	10.8			
Actual net FTE reduction this month	1.1	-2.6	0.4	0.9	-3.4	2.8	1.3	-4.9	-2.6	-2.0	9.0	-9.7	-1.3	-2.0		
Planned FTE reduction this month	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

PLANNED CARE - Musculo-Skeletal

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	93.2%	94.7%	95.0%	92.2%	91.2%	92.9%	92.3%	91.2%	90.8%	92.7%	94.1%	91.0%	90.0%	90.0%	90.0%	▼
RTT - Non Admitted	96.2%	95.3%	94.4%	94.8%	92.9%	94.9%	94.3%	95.5%	94.4%	95.4%	96.8%	95.0%	96.5%	96.5%	95.0%	▲
Elective LOS	3.3	3.6	3.6	3.6	3.6	3.0	4.0	2.8	3.1	3.2	4.0	3.2	2.8	3.3	3.3	▲
Non Elective LOS	11.8	10.6	10.4	10.3	8.7	9.8	10.5	10.4	9.6	9.5	10.1	9.6	10.0	9.9	9.6	▼
% of Electives Adm.on day of proc.	95.7%	96.3%	93.6%	96.8%	95.7%	97.3%	96.2%	97.0%	97.9%	97.5%	95.2%	98.6%	98.4%	97.4%	96.9%	▲
Day Case Rate (Basket of 25)	81.6%	81.9%	78.6%	83.6%	78.8%	77.2%	85.4%	80.6%	80.5%	77.3%	84.2%	80.4%	83.5%	82.7%	75.0%	▲
Day Case Rate (All Elective Care)	52.2%	45.2%	43.9%	50.7%	45.5%	46.6%	46.0%	47.2%	43.6%	47.1%	45.5%	48.4%	51.4%	48.7%	41.7%	▲
30 Day Readmissions (UHL) - Any Specialty	4.4%	6.0%	5.6%	5.1%	5.4%	3.9%	4.6%	4.7%	5.0%	5.1%	4.6%	5.0%		4.8%		
30 Day Readmissions (UHL) - Same Specialty	0.7%	2.1%	1.0%	1.8%	1.9%	0.6%	1.0%	1.1%	1.2%	1.7%	1.9%	2.0%		2.0%		
Outpatient New : F/Up Ratio	1.4	1.4	1.6	1.4	1.5	1.5	1.6	1.8	1.8	1.7	1.9	1.7	1.8	1.8	1.6	▼
Outpatient DNA Rate	8.1%	8.0%	11.1%	9.5%	9.4%	8.8%	10.6%	10.3%	8.9%	8.7%	8.6%	9.6%	9.8%	9.4%	9.4%	▼
Outpatient Hosp Canc Rate	10.8%	10.4%	9.6%	11.7%	10.5%	9.4%	9.0%	12.2%	13.5%	9.6%	10.7%	10.7%	7.8%	9.6%	15.7%	▲
Outpatient Patient Canc Rate	11.0%	10.2%	10.1%	9.9%	9.7%	8.8%	11.2%	8.7%	8.5%	8.2%	9.0%	8.7%	9.2%	9.0%	9.5%	▼
Bed Utilisation (Incl short stay admissions)	84%	82%	84%	85%	79%	81%	85%	87%	90%	88%	84%	86%	84%	85%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	2.1%	3.2%	4.2%	2.8%	3.1%	2.1%	3.4%	3.0%	3.5%	2.9%	2.9%	3.2%	3.3%	3.2%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	2.6	2.7	2.6	4.6	5.2	3.9	2.9	2.1	0.5	0.2	0.2	1.4	1.8			
Bank FTE	14.5	15.8	15.3	14.4	14.1	10.7	9.6	6.6	5.7	8.8	8.5	9.1	8.5			
Actual net FTE reduction this month	0.8	2.2	0.0	9.6	-1.0	7.4	-1.8	-5.4	-4.0	2.7	2.5	-9.0	4.4	-2.1		
Planned FTE reduction this month	0.0	1.9	0.0	0.0	1.0	2.5	0.5	0.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	1	0	0	1	0	1	0	1	2	1	1	0	0	1		◀▶
CDT Positives (UHL)	13	8	7	6	8	15	10	11	10	7	3	10	4	17		▲
SAME SEX ACCOMMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist									100%	100%	100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmission Rate (UHL Data)	12.8%	12.8%	14.0%	11.9%	12.3%	11.6%	12.4%	13.0%	12.2%	12.6%	11.1%	10.9%		11.0%		
Mortality (UHL Data)	3.4%	2.7%	3.1%	3.4%	4.0%	3.5%	5.1%	4.9%	3.9%	4.0%	4.0%	4.0%	3.2%	3.7%	4.3%	▲
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	81.1	70.4	75.3	81.6	90.6	78.4	96.9	87.9	83.8	90.7	80.2	84.2			85	
PATIENT SAFETY																
10X Medication Errors	0	1	1	0	0	0	0	0	2	0	0	0	1	1	0	▼
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	146	100	115	121	127	90	132	178	132	109	167	98	132	397	5% Red,n	
Complaints Re-Opened	6	8	8	4	3	11	6	8	4	11	3	6	6	15	10% Red,n	
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	◀▶
RIDDOR	2	1	0	1	1	2	0	1	5	4	1	3	1	5	12	▲
In-hospital fall resulting in hip fracture								2	2	2	1	0	0	1	TBC	
Staffing Level Issues Reported as Incidents	19	19	14	13	12	7	5	13	5	7	3	1	5	9		
Outlying (daily average)	7	4	6	5	2	6	14	27	9	22	9	5	8	8	10	▲
Pressure Ulcers (Grade 3 and 4)	8	15	11	8	5	9	19	25	7	11	8	9	17	34	0	
ALL Complaints Regarding Attitude of Staff	24	15	12	13	8	14	10	13	15	21	14	10	14	38		
ALL Complaints Regarding Discharge	12	13	14	22	17	14	12	17	19	27	13	20	17	50		
Bed Occupancy (inc short stay admissions)	90%	89%	89%	91%	92%	91%	91%	93%	94%	91%	90%	91%	92%	91%	90%	
Bed Occupancy (excl short stay admissions)	85%	85%	85%	88%	88%	89%	89%	91%	90%	88%	87%	87%	88%	87%	90%	
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 3 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	82%	81%	82%	89%	87%	89%	89%	96%	89%	87%	91%	96%	96%		98.0%	◀▶
Pain Management	72%	74%	76%	80%	85%	85%	80%	93%	90%	89%	91%	94%	97%		98.0%	▲
Falls Assessment	50%	70%	63%	71%	83%	79%	80%	83%	87%	82%	88%	93%	96%		98.0%	▲
Pressure Area Care	73%	78%	75%	76%	85%	87%	86%	94%	91%	91%	99%	95%	98%		98.0%	▲
Nutritional Assessment	83%	75%	71%	70%	83%	85%	82%	92%	87%	88%	87%	96%	95%		98.0%	▼
Medicine Prescribing and Assessment	92%	90%	91%	94%	92%	94%	91%	100%	98%	97%	95%	98%	98%		98.0%	◀▶
Hand Hygiene															98.0%	
Resuscitation Equipment	69%	66%	65%	55%	64%	69%	66%	67%	88%	75%	83%	94%	98%		98.0%	▲
Controlled Medicines	90%	87%	93%	96%	98%	99%	97%	92%	99%	100%	97%	100%	98%		98.0%	▼
VTE		39%	48%	50%	54%	59%	59%	64%	68%	74%	70%	77%	73%		98.0%	▼
Patient Dignity		88%	88%	92%	89%	93%	94%	97%	96%	96%	96%	98%	97%		98.0%	▼
Infection Prevention and Control		91%	85%	89%	90%	90%	91%	93%	95%	91%	98%	95%	94%		98.0%	▼
Discharge											86%	78%	84%		98.0%	▲
Continence						75%	83%	86%	86%	87%	91%	95%	89%		98.0%	▼
DISCHARGE LETTERS																
Discharge summaries to GP within 24hrs						100%				98%					100%	
Participation in Monthly Discharge Letter Audit	11%		52%			55%				73%					100%	
Quality of Discharge Summaries															TBC	
OPERATIONAL PERFORMANCE *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	5.7%	9.9%	10.5%	2.8%											4.0%	▲
RTT - Admitted	96.3%	97.3%	97.6%	97.2%	97.3%	97.1%	97.6%	95.0%	91.5%	94.4%	92.3%	93.5%	91.4%	91.4%	90.0%	▼
RTT - Non Admitted	99.4%	99.6%	99.5%	99.1%	99.4%	99.4%	99.6%	99.1%	99.3%	99.0%	99.5%	99.5%	99.4%	99.4%	95.0%	▼
Elective LOS	5.4	5.4	6.4	5.4	5.2	5.6	6.3	4.3	5.1	4.5	5.2	6.0	4.5	5.2	6.0	▲
Non Elective LOS	5.5	5.3	5.2	5.6	5.6	5.7	5.9	6.1	6.0	6.4	6.9	7.1	7.1	7.1	6.6	◀▶
% of Electives Adm.on day of proc.	51.4%	52.0%	43.9%	49.2%	46.5%	56.3%	48.7%	56.6%	57.9%	55.4%	55.7%	49.8%	56.8%	54.2%	45.9%	
Day Case Rate (All Elective Care)	72.2%	69.9%	70.6%	71.4%	68.1%	67.9%	64.8%	68.5%	71.0%	71.3%	70.6%	73.0%	71.4%	71.7%	63.7%	▼
Inpatient Theatre Utilisation ***	81.6%	82.0%	80.6%	72.1%	86.5%	82.7%	75.2%	84.1%	90.9%	90.1%	86.9%	91.6%	85.3%	87.9%	86.0%	▼
Day Case Theatre Utilisation ***	54.3%	89.8%	65.2%	101.0%	79.3%	88.1%	---	72.6%	64.5%	58.4%	86.5%	83.5%	67.3%	79.1%	86.0%	▼
Outpatient New : F/Up Ratio	2.2	2.2	2.4	2.3	2.3	2.2	2.2	2.4	2.4	2.4	1.7	1.9	1.8	1.8	2.4	▲
Outpatient DNA Rate	9.9%	9.7%	9.3%	9.2%	9.2%	8.5%	11.3%	9.4%	8.3%	8.9%	9.7%	10.0%	8.5%	9.4%	10.5%	▲
Outpatient Hosp Canc Rate	12.9%	12.8%	12.4%	12.0%	10.8%	10.4%	11.7%	11.7%	11.1%	11.9%	12.6%	13.3%	12.3%	12.8%	14.9%	▲
Outpatient Patient Canc Rate	11.2%	11.2%	11.1%	11.4%	10.9%	10.9%	14.2%	11.0%	10.4%	10.1%	10.1%	10.6%	10.7%	10.5%	10.9%	▼

DIVISIONAL HEAT MAP - Month 3 2011/12

ACUTE CARE

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
HR and FINANCE																
Public Sector Payment Policy															95%	
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	65.6%	66.7%	70.5%	76.3%	80.8%	84.3%	85.4%	83.1%	79.4%	80.7%	81.6%	80.1%	77.7%	77.7%	100%	▼
Sickness Absence	4.0%	4.2%	3.7%	4.0%	4.2%	4.2%	5.5%	4.6%	4.3%	3.8%	3.6%	3.3%	4.6%	3.8%	3%	▼
Agency Costs (£000s)																
Overtime FTE	18.3	21.9	21.4	26.7	31.2	35.1	39.3	40.8	36.7	24.1	20.9	23.3	23.9			
Bank FTE	98.5	114.7	96.5	117.4	133.1	111.7	106.2	131.8	127.7	138.2	141.8	128.9	128.5			
Actual net FTE reduction this month	-22.3	-8.2	-20.5	-29.3	42.5	-17.5	-3.4	37.9	0.0	34.3	-15.4	-10.6	2.7	-23.3		
Planned FTE reduction this month	16.0	32.8	-10.1	10.7	26.8	5.0	-1.5	2.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

ACUTE CARE - Medicine

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	98.8%	100.0%	100.0%	98.6%	99.1%	100.0%	100.0%	98.0%	98.4%	98.9%	98.3%	100.0%	100.0%	100.0%	90.0%	▶▶
RTT - Non Admitted	99.4%	99.9%	99.7%	99.1%	99.6%	99.4%	99.6%	99.1%	99.7%	99.8%	99.8%	99.9%	99.8%	99.8%	95.0%	▼
Elective LOS	5.4	5.0	17.4	7.9	4.1	8.0	18.0	2.9	9.0	5.7	7.2	15.8	2.3	8.3	7.5	▲
Non Elective LOS	6.1	6.4	6.1	6.7	6.5	7.1	7.1	7.8	7.6	7.8	7.2	7.7	7.4	7.4	7.8	▲
% of Electives Adm.on day of proc.	50.0%	27.6%	43.5%	44.4%	52.6%	36.0%	43.5%	48.0%	37.5%	12.5%	45.5%	50.0%	44.4%	46.9%	38.8%	
Day Case Rate (All Elective Care)	94.4%	93.0%	93.0%	92.9%	94.2%	93.3%	92.3%	90.6%	95.9%	95.2%	96.4%	97.6%	98.0%	97.4%	89.4%	▲
30 Day Readmissions (UHL) - Any Specialty	13.2%	14.1%	14.9%	11.9%	12.5%	12.1%	11.8%	13.2%	11.6%	12.4%	11.2%	10.8%		11.0%		
Outpatient New : F/Up Ratio	2.5	2.3	2.6	2.5	2.5	2.4	2.3	2.7	2.8	2.9	2.5	2.6	2.4	2.5	2.7	▲
Outpatient DNA Rate	9.4%	9.1%	9.4%	8.9%	8.9%	8.6%	11.0%	9.3%	8.2%	8.5%	9.5%	9.6%	7.9%	9.0%	10.7%	▲
Outpatient Hosp Canc Rate	11.7%	11.1%	11.0%	10.8%	9.5%	7.8%	9.5%	9.9%	9.8%	10.0%	10.5%	9.7%	10.4%	10.2%	13.0%	▼
Outpatient Patient Canc Rate	11.3%	11.7%	11.4%	12.0%	11.5%	11.6%	14.6%	11.4%	10.3%	10.5%	10.2%	11.4%	11.0%	10.9%	11.7%	▲
Bed Utilisation (Incl short stay admissions)	92%	94%	87%	93%	93%	91%	94%	94%	95%	90%	89%	91%	92%	90%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.3%	4.1%	3.4%	3.5%	3.9%	4.1%	5.7%	4.9%	4.7%	3.8%	3.9%	3.9%	4.8%	4.2%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	6.9	9.7	8.8	13.2	15.7	18.7	20.0	16.4	16.8	9.9	7.4	9.6	11.1			
Bank FTE	39.9	45.3	39.4	49.0	55.0	47.0	46.4	67.6	65.9	73.4	76.7	66.2	66.4			
Actual net FTE reduction this month	-10.9	-5.0	-12.6	-16.1	12.5	-8.8	-14.5	25.0	0.7	-21.5	2.3	-14.8	-24.9	-37.4		
Planned FTE reduction this month	1.0	19.1	-10.1	10.7	26.8	5.0	0.0	2.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

ACUTE CARE - Respiratory Med. & Thoracic Surgery

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	96.7%	100%	100%	100%	100%	100%	100%	97.3%	100%	100%	100%	98.0%	100%	100%	90.0%	▲
RTT - Non Admitted	100%	98.9%	100%	100%	100%	100%	100%	100%	99.1%	95.7%	100%	100%	100%	100%	95.0%	◀▶
Elective LOS	6.1	6.4	7.8	6.3	6.7	11.7	6.2	5.0	7.9	5.9	6.6	7.3	6.0	6.6	8.2	▲
Non Elective LOS	4.3	4.1	4.6	4.7	4.6	4.3	4.5	5.7	4.3	4.6	4.8	4.1	4.7	4.5	5.6	▼
% of Electives Adm.on day of proc.	34.1%	46.8%	35.3%	41.4%	27.0%	46.4%	36.6%	59.6%	50.0%	45.3%	53.7%	46.0%	53.8%	51.3%	19.6%	
Day Case Rate (All Elective Care)	75.0%	72.3%	66.2%	64.6%	59.6%	67.9%	58.3%	68.4%	61.9%	70.1%	63.5%	63.1%	62.3%	63.0%	68.7%	▼
30 Day Readmissions (UHL) - Any Specialty	14.9%	12.3%	13.4%	14.4%	14.0%	12.9%	13.9%	14.3%	13.4%	14.5%	12.6%	11.8%		12.2%		
Outpatient New : F/Up Ratio	1.4	1.7	1.7	1.6	1.6	1.4	1.6	1.6	1.6	1.5	1.6	1.5	1.6	1.5	1.7	▼
Outpatient DNA Rate	13.7%	12.4%	10.6%	11.5%	11.6%	8.1%	12.6%	10.2%	8.4%	10.3%	11.2%	12.1%	10.7%	11.3%	12.3%	▲
Outpatient Hosp Canc Rate	10.7%	8.9%	11.0%	9.5%	11.2%	9.8%	11.1%	11.3%	10.4%	11.5%	9.4%	11.2%	8.9%	9.8%	13.3%	▲
Outpatient Patient Canc Rate	9.5%	10.9%	9.8%	11.4%	10.5%	10.8%	13.9%	12.1%	10.6%	11.3%	10.8%	10.1%	10.8%	10.6%	10.2%	▼
Bed Utilisation (Incl short stay admissions)	90%	88%	97%	94%	94%	94%	91%	97%	98%	100%	96%	95%	95%	95%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.0%	4.6%	3.4%	3.4%	3.7%	3.6%	5.1%	4.5%	3.3%	3.2%	2.6%	3.0%	3.6%	3.0%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	1.1	0.9	0.4	0.6	1.0	1.7	0.8	1.9	1.8	0.7	0.1	0.4	0.1			
Bank FTE	21.2	24.1	15.4	21.5	25.2	21.8	20.4	21.6	19.6	22.9	21.7	18.5	19.5			
Actual net FTE reduction this month	-0.1	-0.6	-38.0	4.2	13.3	-5.9	11.5	1.4	1.6	35.4	4.5	-1.5	33.3	36.3		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

ACUTE CARE - Cardiac, Renal & Critical Care

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	95.7%	96.4%	96.9%	96.7%	96.4%	96.2%	96.6%	94.1%	89.6%	92.7%	90.6%	91.4%	88.8%	88.8%	90.0%	▼
RTT - Non Admitted	99.3%	99.1%	98.4%	98.3%	98.6%	98.9%	99.3%	98.3%	97.8%	95.7%	98.4%	98.2%	97.8%	97.8%	95.0%	▼
Elective LOS	5.4	5.3	5.0	4.9	4.9	4.4	5.2	4.3	4.4	4.2	4.8	5.2	4.3	4.7	5.5	▲
Non Elective LOS	10.7	9.4	9.8	9.2	10.9	10.6	10.6	8.7	10.4	10.7	9.9	9.9	10.4	10.0	11.4	▼
% of Electives Adm.on day of proc.	53.8%	54.9%	45.8%	51.3%	50.2%	59.9%	52.6%	56.9%	60.7%	59.4%	56.6%	50.8%	57.8%	55.2%	50.7%	
Day Case Rate (All Elective Care)	58.7%	55.3%	58.7%	61.0%	54.3%	53.6%	50.5%	55.8%	57.0%	53.0%	51.2%	57.1%	51.9%	53.5%	49.5%	▼
30 Day Readmissions (UHL) - Any Specialty	9.4%	9.1%	10.1%	8.2%	8.3%	8.7%	10.3%	9.8%	10.4%	9.1%	9.4%	10.3%		9.9%		
Outpatient New : F/Up Ratio	2.8	2.7	2.9	2.7	2.8	2.8	2.7	2.9	2.4	2.5	2.3	2.6	2.6	2.5	2.6	◀▶
Outpatient DNA Rate	7.9%	8.4%	7.9%	7.7%	7.8%	7.8%	10.4%	8.5%	7.5%	8.0%	8.1%	8.6%	7.2%	8.0%	8.6%	▲
Outpatient Hosp Canc Rate	17.0%	18.6%	16.3%	16.1%	13.8%	16.0%	16.7%	16.0%	14.4%	16.4%	18.8%	21.7%	18.2%	19.6%	19.8%	▲
Outpatient Patient Canc Rate	11.7%	10.2%	11.0%	10.2%	9.8%	9.2%	13.8%	9.5%	10.3%	8.8%	9.3%	9.2%	9.9%	9.5%	9.8%	▼
Bed Utilisation (Incl short stay admissions)	87%	83%	85%	86%	88%	89%	88%	90%	90%	89%	90%	89%	92%	90%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.8%	4.2%	3.9%	4.2%	4.3%	4.2%	5.6%	4.5%	4.1%	3.8%	3.7%	3.2%	4.8%	3.9%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	8.3	8.4	9.4	9.9	10.9	10.5	14.7	20.0	15.1	9.6	9.3	9.4	8.4			
Bank FTE	24.4	31.3	29.1	31.9	35.7	30.1	27.9	29.0	29.8	29.6	31.8	30.9	31.4			
Actual net FTE reduction this month	-12.2	-7.4	27.3	-11.6	11.0	-5.1	1.1	6.1	2.8	19.7	-23.2	6.1	-39.0	-56.1		
Planned FTE reduction this month	15.0	13.7	0.0	0.0	0.0	0.0	-1.5	0.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

ACUTE CARE - Emergency Dept.

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
ED Waits - Type 1	94.8%	97.1%	96.3%	95.3%	94.3%	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	92.0%	95%	▲
Admitted Median Wait (Mins)	216	215	214	221	218	227	228	228	225	225	222	214	211	216		
Admitted 95th Percentile Wait (Mins)	344	302	319	346	357	407	485	580	499	509	418	440	395	420		
Non-Admitted Median Wait (Mins)	113	117	113	120	121	129	121	114	115	126	122	117	121	120		
Non-Admitted 95th Percentile Wait (Mins)	233	227	228	231	235	237	240	239	237	239	239	236	232	236		
Elective LOS																
Non Elective LOS	0.3	0.4	0.3	0.5	0.3	0.4	0.4	0.4	0.3	0.3	1.4	1.1	1.7	1.4	0.5	▼
30 Day Readmissions (UHL) - Any Specialty	15.4%	16.4%	18.5%	15.9%	16.6%	13.1%	15.6%	15.1%	15.5%	17.7%	20.0%	25.0%		22.2%		
Outpatient New : F/Up Ratio	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.0	0.0	0.0	0.0	0.2	◀▶
Outpatient DNA Rate	24.5%	26.5%	20.1%	22.2%	23.9%	22.1%	21.9%	20.2%	25.7%	25.1%	25.5%	24.4%	26.7%	25.5%	25.3%	▼
Outpatient Hosp Canc Rate	1.5%	4.6%	2.9%	1.5%	1.0%	4.9%	1.3%	2.0%	0.6%	1.8%	3.1%	2.0%	1.3%	2.1%	3.2%	▲
Outpatient Patient Canc Rate	11.0%	11.1%	10.3%	9.3%	14.4%	14.0%	9.7%	10.9%	10.4%	8.3%	14.1%	12.2%	14.8%	13.7%	7.5%	▼
Bed Utilisation (Incl short stay admissions)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.1%	4.1%	4.3%	5.6%	5.7%	5.6%	5.2%	4.6%	4.9%	4.5%	3.0%	2.6%	4.0%	3.2%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	1.9	2.9	2.9	3.0	3.6	4.2	3.8	2.5	3.0	3.9	4.2	3.7	4.3			
Bank FTE	13.0	14.0	12.5	15.0	17.1	12.7	11.6	13.7	12.4	12.3	11.6	13.3	11.2			
Actual net FTE reduction this month	0.9	4.7	2.9	-5.8	5.7	2.3	-1.6	5.3	-5.0	0.7	1.0	-0.4	1.5	2.2		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0	0		▶▶
CDT Positives (UHL)	0	2	0	1	0	0	1	0	0	1	1	0	0	1		▶▶
SAME SEX ACCOMODATION																
% 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%	▶▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	5.7%	5.2%	6.2%	5.9%	6.0%	5.6%	6.2%	6.2%	6.8%	5.9%	4.0%	4.2%		4.1%		
30 Day Readmissions (UHL) - Same Specialty	3.5%	2.8%	3.6%	3.4%	3.9%	3.4%	4.3%	3.8%	4.4%	4.2%	2.7%	3.0%		2.9%		
30 Day Readmission Rate (CHKS)	6.3%	5.4%	6.8%	6.4%	6.8%	6.0%	6.9%	6.9%	7.5%	6.4%	4.5%					
Mortality (UHL Data)	0.3%	0.3%	0.2%	0.2%	0.2%	0.1%	0.2%	0.3%	0.2%	0.2%	0.1%	0.2%	0.3%	0.2%	0.2%	▼
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	58.6	0	48.3	72.9	32.7	0	0	34.5	77.3	65.0	47.9	41.0				
PATIENT SAFETY																
10X Medication Errors	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	▶▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	▶▶
Patient Falls	4	4	3	10	5	3	3	8	5	2	4	1	5	10	5% Red,n	
Complaints Re-Opened	5	1	9	1	3	3	2	1	2	3	5	5	4	14	10% Red,n	
SUIs (Relating to Deteriorating Patients)	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	▶▶
RIDDOR	1	0	0	0	2	0	1	1	0	2	0	0	0	0	TBC	
In-hospital fall resulting in hip fracture								0	0	0	0	0	0	0	TBC	
No of Staffing Level Issues Reported as Incidents	71	123	68	153	36	63	70	20	21	55	23	59	42	124		
Outlying (daily average)			0	0	0	0	0	0	0	0	0	0	0	0		
Pressure Ulcers (Grade 3 and 4)	0	0	0	0	0	0	0	0	1	0	0	0	1	1		
ALL Complaints Regarding Attitude of Staff	3	9	4	7	2	9	11	8	8	16	15	16	12	43		
ALL Complaints Regarding Discharge	4	2	3	4	1	2	4	1	4	0	2	2	3	7		
Bed Occupancy (inc short stay admissions)	82%	85%	84%	89%	87%	87%	87%	89%	86%	88%	83%	86%	87%	85%		
Bed Occupancy (excl short stay admissions)	69%	71%	68%	77%	75%	75%	76%	76%	74%	77%	70%	69%	71%	70%		
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 3 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	74%	87%	91%	95%	90%	91%	96%	92%	88%	90%	83%	83%	88%		98.0%	▲
Pain Management	83%	71%	89%	84%	96%	77%	78%	86%	100%	83%	92%	100%	92%		98.0%	▼
Falls Assessment	36%	45%	62%	46%	89%	67%	86%	76%	35%	42%	52%	100%	92%		98.0%	▼
Pressure Area Care	58%	88%	72%	84%	86%	80%	84%	66%	29%	100%	63%	100%	92%		98.0%	▼
Nutritional Assessment	90%	90%	95%	86%	76%	77%	81%	67%	34%	43%	59%	92%	85%		98.0%	▼
Medicine Prescribing and Assessment	96%	95%	98%	97%	98%	93%	92%	96%	100%	100%	100%	98%	100%		98.0%	▲
Hand Hygiene															98.0%	
Resuscitation Equipment	40%	87%	60%	67%	97%	92%	67%	86%	50%	50%	50%	100%	50%		98.0%	▼
Controlled Medicines	96%	100%	100%	96%	100%	100%	100%	96%	100%	100%	100%	100%	100%		98.0%	◀▶
VTE		55%	34%	65%	88%	62%	48%	66%	67%	100%	86%	100%	92%		98.0%	▼
Patient Dignity		94%	97%	97%	99%	93%	95%	97%	92%	90%	93%	100%	99%		98.0%	▼
Infection Prevention and Control		92%	92%	90%	92%	89%	84%	89%	100%	70%	93%	89%	92%		98.0%	▲
Discharge											70%	88%	44%		98.0%	▼
Continence						75%	82%	84%	100%	77%	100%	100%	93%		98.0%	▼
DISCHARGE LETTERS																
Discharge summaries to GP within 24hrs						93%				94%					TBC	
Participation in Monthly Discharge Letter Audit	50%		93%			100%				100%					TBC	
Quality of Discharge Summaries															TBC	
OPERATIONAL PERFORMANCE *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	8.9%	14.6%	6.2%	2.7%											4.0%	▲
RTT - Admitted	97.3%	98.0%	95.9%	97.1%	96.6%	95.0%	96.4%	97.1%	97.9%	97.1%	98.2%	97.8%	96.8%	96.8%	90.0%	▼
RTT - Non Admitted	99.3%	99.3%	99.4%	98.3%	97.9%	97.5%	99.3%	97.9%	96.9%	97.3%	98.4%	97.3%	98.0%	98.0%	95.0%	▲
Elective LOS	2.8	2.7	2.6	2.3	2.9	2.4	2.4	2.9	2.3	2.2	2.4	2.2	2.3	2.3	3.0	▼
Non Elective LOS	2.0	2.4	2.2	2.2	2.6	2.4	2.1	2.3	2.1	2.2	2.8	3.2	2.9	3.0	2.1	▲
% of Electives Adm.on day of proc.	84.7%	83.1%	81.5%	84.5%	82.5%	86.8%	85.3%	87.4%	83.9%	83.4%	83.9%	86.3%	80.7%	83.6%	83.4%	
Day Case Rate (Basket of 25)	82.2%	83.8%	83.9%	82.4%	80.6%	76.0%	77.2%	87.4%	78.6%	81.9%	78.1%	77.6%	84.3%	80.3%	75.0%	▲
Day Case Rate (All Elective Care)	67.7%	64.3%	67.9%	66.3%	63.7%	68.4%	65.4%	68.0%	66.3%	71.2%	67.3%	67.5%	70.9%	68.7%	67.8%	▲
Inpatient Theatre Utilisation ***	71.0%	68.2%	64.3%	74.4%	71.4%	72.0%	71.9%	78.2%	74.9%	78.4%	76.0%	75.3%	73.8%	75.0%	86.0%	▼
Day Case Theatre Utilisation ***	75.1%	65.9%	71.7%	69.0%	73.9%	76.2%	60.2%	82.8%	80.9%	83.4%	76.5%	75.5%	70.5%	73.8%	86.0%	▼
Outpatient New : F/Up Ratio	1.6	1.6	1.6	1.8	1.6	1.6	1.6	1.6	1.5	1.4	1.1	1.2	1.2	1.2	1.6	◀▶
Outpatient DNA Rate	11.4%	11.3%	10.7%	11.4%	10.9%	10.8%	11.2%	9.4%	8.5%	9.0%	8.6%	10.2%	9.5%	9.5%	11.8%	▲
Outpatient Hosp Canc Rate	9.3%	8.7%	8.7%	9.5%	9.3%	6.7%	6.8%	6.4%	7.4%	7.2%	7.3%	7.3%	7.4%	7.4%	9.8%	▼
Outpatient Patient Canc Rate	11.1%	11.8%	11.5%	11.4%	10.6%	11.0%	12.0%	9.2%	9.1%	10.2%	8.7%	9.5%	10.3%	9.5%	11.9%	▼

DIVISIONAL HEAT MAP - Month 3 2011/12

WOMEN'S and CHILDREN'S

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	56.9%	59.5%	67.3%	70.8%	79.7%	86.2%	95.3%	94.2%	93.6%	93.2%	97.1%	95.7%	93.2%	93.2%	100%	▼
Sickness Absence	3.4%	4.1%	3.2%	4.0%	4.7%	4.2%	5.3%	4.3%	3.1%	3.5%	3.3%	3.2%	4.2%	3.6%	3%	▼
Agency Costs (£000s)																
Overtime FTE	3.3	3.2	3.6	4.3	5.3	10.2	10.6	9.2	8.7	7.0	7.4	9.3	7.4			
Bank FTE	16.2	19.3	19.0	21.2	18.9	19.9	22.2	20.0	14.7	15.9	17.7	18.8	17.5			
Actual net FTE reduction this month	-3.9	-7.8	0.1	-7.8	10.3	21.7	-8.9	0.2	-2.9	-5.6	-7.6	10.8	3.1	6.4		
Planned FTE reduction this month	3.7	2.4	1.3	0.0	-9.9	0.0	1.0	0.6	-0.2	0.0				3		
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

WOMEN'S and CHILDREN'S - Women's

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	96.7%	97.4%	95.0%	96.4%	96.5%	95.4%	96.7%	97.0%	97.6%	97.8%	98.6%	97.7%	97.9%	97.9%	90.0%	▲
RTT - Non Admitted	99.3%	98.9%	99.3%	97.8%	97.0%	96.3%	99.0%	97.1%	95.3%	96.4%	97.6%	95.9%	96.9%	96.9%	95.0%	▲
Elective LOS	2.8	2.5	2.4	2.2	2.4	2.4	2.4	2.3	2.5	2.1	2.3	2.4	2.4	2.4	2.9	◀▶
Non Elective LOS	2.4	2.8	2.5	2.8	2.7	3.1	2.4	2.9	2.7	2.7	2.3	3.2	2.9	2.8	2.9	▲
% of Electives Adm.on day of proc.	89.2%	91.4%	92.4%	93.9%	93.9%	92.0%	90.4%	96.6%	92.6%	93.1%	93.1%	90.6%	92.4%	92.0%	90.0%	▲
Day Case Rate (Basket of 25)	83.6%	87.9%	87.7%	86.0%	85.7%	81.8%	88.1%	88.1%	85.3%	88.1%	85.9%	82.3%	88.6%	85.6%	75.0%	▲
Day Case Rate (All Elective Care)	62.4%	60.1%	63.4%	63.1%	59.9%	65.5%	62.3%	63.3%	64.7%	69.2%	63.6%	64.8%	67.6%	65.4%	66.5%	▲
30 Day Readmissions (UHL) - Any Specialty	4.5%	4.5%	5.2%	4.9%	4.6%	4.4%	4.2%	4.9%	4.9%	4.4%	3.5%	3.9%		3.7%		
30 Day Readmissions (UHL) - Same Specialty	2.0%	1.9%	2.2%	2.0%	2.2%	1.9%	1.9%	2.2%	2.2%	2.4%	2.3%	2.7%		2.5%		
Outpatient New : F/Up Ratio	1.7	1.6	1.6	1.7	1.6	1.6	1.6	1.6	1.5	1.3	1.3	1.4	1.4	1.4	1.6	◀▶
Outpatient DNA Rate	9.3%	8.9%	8.0%	8.6%	8.5%	8.8%	10.2%	8.9%	7.9%	8.6%	7.7%	9.4%	8.8%	8.7%	8.7%	▲
Outpatient Hosp Canc Rate	8.0%	7.8%	7.4%	8.1%	7.5%	6.6%	7.6%	6.9%	7.4%	7.9%	7.5%	7.8%	8.7%	8.0%	8.2%	▼
Outpatient Patient Canc Rate	10.4%	10.6%	10.5%	11.2%	10.5%	10.6%	11.9%	9.6%	9.2%	10.3%	8.4%	9.1%	10.0%	9.2%	12.3%	▼
Bed Utilisation (Incl short stay admissions)	88%	85%	86%	89%	88%	88%	84%	87%	88%	86%	84%	87%	91%	87%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.7%	4.4%	3.4%	4.3%	4.7%	4.1%	5.6%	4.3%	3.4%	3.5%	3.1%	2.9%	4.2%	3.4%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	2.2	1.9	2.3	2.4	3.6	6.9	6.6	5.4	5.2	5.2	6.4	6.0	5.6			
Bank FTE	9.1	11.1	10.8	12.6	10.4	11.2	14.5	12.7	9.7	10.2	11.5	12.9	11.0			
Actual net FTE reduction this month	1.8	-7.0	-2.3	-9.3	-4.0	19.2	-5.8	-2.1	-1.8	4.7	0.1	2.6	3.3	5.9		
Planned FTE reduction this month	3.0	0.0	0.0	0.0	2.4	0.0	0.0	1.0	0.0	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

WOMEN'S and CHILDREN'S - Children's

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	100%	100%	99.1%	100%	97.3%	92.2%	93.1%	97.6%	100.0%	91.5%	94.1%	98.4%	89.2%	89.2%	90.0%	▼
RTT - Non Admitted	100%	100%	99.8%	99.8%	100%	100%	100%	99.6%	100.0%	99.2%	100.0%	100.0%	100.0%	100.0%	95.0%	◀▶
Elective LOS	2.8	3.1	2.9	2.4	3.8	2.3	2.4	3.9	2.0	2.4	2.5	1.8	2.1	2.2	3.2	▼
Non Elective LOS	1.7	2.1	2.0	1.8	2.5	1.9	1.9	1.9	1.7	2.0	3.5	3.2	2.9	3.2	1.7	▲
% of Electives Adm.on day of proc.	74.4%	70.1%	62.6%	68.3%	62.8%	78.1%	76.1%	68.2%	71.8%	69.4%	67.4%	78.4%	61.2%	68.9%	71.9%	
Day Case Rate (Basket of 25)	77.4%	71.9%	69.6%	68.9%	63.6%	60.8%	52.3%	85.4%	62.2%	62.5%	61.7%	62.0%	70.4%	64.9%	75.0%	▲
Day Case Rate (All Elective Care)	74.9%	69.1%	73.2%	70.6%	68.6%	71.8%	69.4%	74.3%	68.2%	73.4%	72.0%	71.6%	75.2%	73.1%	69.7%	▲
30 Day Readmissions (UHL) - Any Specialty	9.5%	7.3%	9.8%	9.2%	10.4%	9.0%	11.2%	9.8%	11.8%	9.6%	6.2%	5.8%		6.0%		
30 Day Readmissions (UHL) - Same Specialty	8.4%	5.9%	8.7%	8.0%	9.3%	7.5%	10.3%	8.4%	10.3%	8.4%	4.4%	4.7%		4.6%		
Outpatient New : F/Up Ratio	1.5	1.7	1.7	1.9	1.6	1.7	1.6	1.6	1.4	1.5	0.8	1.0	0.9	0.9	1.9	▲
Outpatient DNA Rate	16.4%	17.0%	17.0%	18.2%	16.5%	15.2%	13.6%	10.4%	9.9%	10.2%	11.0%	12.3%	11.4%	11.5%	18.1%	▲
Outpatient Hosp Canc Rate	12.0%	10.8%	11.6%	12.7%	13.0%	6.9%	5.0%	5.3%	7.4%	5.5%	7.0%	5.7%	4.2%	5.6%	13.0%	▲
Outpatient Patient Canc Rate	12.4%	14.2%	13.7%	11.9%	10.8%	11.8%	12.2%	8.5%	8.7%	10.2%	9.6%	10.6%	11.0%	10.5%	11.0%	▼
Bed Utilisation (Incl short stay admissions)	88%	85%	82%	89%	85%	87%	94%	93%	83%	93%	81%	84%	79%	81%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	2.8%	3.4%	2.8%	3.3%	4.6%	4.4%	4.8%	4.5%	2.6%	3.5%	3.7%	3.9%	4.4%	4.0%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	1.2	1.2	1.4	1.9	1.7	3.3	4.0	3.9	3.6	1.8	1.0	3.3	1.8			
Bank FTE	7.1	8.2	8.2	8.6	8.5	8.6	7.7	7.4	5.0	5.7	6.2	5.9	6.5			
Actual net FTE reduction this month	-5.7	-0.8	2.4	1.6	14.4	2.5	-3.1	2.3	-1.2	-10.3	-7.6	8.2	-0.1	0.4		
Planned FTE reduction this month	0.7	2.4	1.3	0.0	-12.3	0.0	1.0	-0.4	-0.2	0.0						
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 3 2011/12

CLINICAL SUPPORT

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status	
PATIENT SAFETY																	
10X Medication Errors	1	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	0	▶▶
Patient Falls	4	2	4	9	1	8	7	7	9	8	7	5	7	19	67	0	▼
Complaints Re-Opened	1	1	1	2	3	0	0	1	0	1	0	1	1	2	0	0	▶▶
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	▶▶
RIDDOR	1	0	0	1	0	0	1	3	1	3	0	0	1	1	12	0	▼
In-hospital fall resulting in hip fracture															TBC		
No of Staffing Level Issues Reported as Incidents	3	2	3	3	2	2	0	0	1	1	2	0	1	3	12	0	▼
ALL Complaints Regarding Attitude of Staff	1	1	2	1	1	2	3	1	2	4	3	6	0	9	36	0	▲
ALL Complaints Regarding Discharge	2	1	1	0	1	0	0	1	4	1	1	0	2	3	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%	98%	99%	98%	100%	98%	98%	99%	99%	98%	99%	98%	97%	98%	95.0%	0	▼
Outpatient New : F/Up Ratio	4.3	3.8	4.8	3.6	4.5	3.4	3.4	3.7	3.8	3.8	3.9	4.3	4.8	4.3	3.2	0	▼
Outpatient DNA Rate	10.4%	9.6%	10.4%	12.5%	13.1%	11.2%	13.6%	11.5%	11.3%	10.7%	11.3%	11.8%	13.0%	12.0%	12.0%	0	▼
Outpatient Hosp Canc Rate	8.2%	8.1%	7.9%	10.9%	9.9%	5.7%	7.7%	9.0%	8.7%	6.0%	5.1%	7.0%	10.6%	7.7%	11.3%	0	▼
Outpatient Patient Canc Rate	17.5%	17.6%	15.5%	15.5%	16.7%	15.8%	18.9%	15.3%	14.8%	15.0%	16.7%	15.4%	13.6%	15.2%	15.5%	0	▲
RTT - Admitted	100%	94.9%	100%	100%	98.1%	98.1%	100.0%	97.2%	96.3%	98.4%	100.0%	100.0%	95.2%	95.2%	90.0%	0	▶▶
RTT - Non Admitted	100%	100%	100%	100%	99.5%	99.1%	100.0%	99.2%	99.5%	99.6%	99.1%	99.6%	99.1%	99.1%	95.0%	0	▼
UHL Inpatient Theatre Utilisation Rate (%) ***	77.4%	74.1%	74.0%	75.6%	77.5%	78.4%	74.7%	78.4%	82.9%	82.1%	79.5%	79.4%	80.2%	79.7%	86.0%	0	▲
UHL Day case Theatre Utilisation Rate (%) ***	74.6%	63.4%	69.9%	77.8%	74.0%	79.4%	79.6%	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	74.7%	86.0%	0	▲
BOOKING CENTRE																	
% calls responded to within 30 seconds	45.2%		67.7%	75.0%	65.6%	69.7%	69.8%	68.9%	75.4%	81.5%	76.9%	60.9%	64.4%		40%	0	▲
NUTRITION AND DIETETICS																	
% of adult inpatients seen within 2 days	96.5%	97.1%	96.6%	97.6%	95.5%	96.0%	97.4%	98.2%	96.3%	97.5%	97.4%	98.0%	97.2%		98%	0	▼
% of paed inpatients seen within 2 days	100%	100%	100%	100%	100%	100%	100%	94.7%	100%	100%	100%	100%	100.0%		98%	0	▶▶

DIVISIONAL HEAT MAP - Month 3 2011/12

CLINICAL SUPPORT

	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
OCCUPATIONAL THERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	100%	100%	98.2%	98.9%	100%	100%	93.8%	91.4%	97.1%	94.2%	95.0%	95.1%	98.9%		95%	▲
RTT Completes (% waiting <=8 weeks)	99.7%	100%	100%	99.0%	99.3%	100%	99.7%	99.7%	99.2%	99.5%	99.1%	99.4%	99.1%		95%	▼
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	97%			98%	▼
Inpatient Response Times - Urgent (3 hours)	100%	94%	92%	93%	100%	94%	93%	100%	100%	100%	100%	95%			98%	▼
Inpatient Response Times - Routine (24 hours)	92%	86%	88%	85%	83%	79%	80%	72%	79%	79%	70%	71%			98%	▲
PHYSIOTHERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	95.9%	94.8%	93.7%	93.2%	95.0%	94.0%	93.8%	97.4%	99.2%	98.8%	99.0%	96.6%	97.4%		95%	▲
RTT Completes (% waiting <=8 weeks)	96.1%	96.0%	95.3%	94.7%	95.1%	96.1%	95.8%	94.8%	96.2%	98.5%	97.8%	96.8%	95.6%		95%	▼
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			98%	◀▶
Inpatient Response Times - Urgent (3 hours)	100%	99%	99%	100%	100%	100%	99%	100%	99%	100%	99.8%	99.6%			98%	▼
Inpatient Response Times - Routine (24 hours)	97.9%	98.4%	98.1%	97.5%	97.5%	97.4%	97.9%	98.5%	98.2%	98.6%	99.1%	99.6%			98%	▲
MEDICAL RECORDS																
Med Rec - % Missing Casenotes	0.5%	0.5%	0.6%	0.4%	0.4%	0.4%	0.4%	0.5%	0.5%	0.3%	0.3%	0.5%	0.4%		<1.5%	▲
DISCHARGE TEAM																
Delayed Discharges - County	1.8	1.7	2.0	2.0	2.0	1.9	1.9	2.1	2.3	2.4	2.4	2.5	2.7		1.6	▼
Delayed Discharges - City	4.4	4.1	3.9	3.6	3.7	3.7	3.6	3.7	3.8	3.8	4.9	4.9	4.5		3.8	▲
ORTHOTICS																
Waiting times for routine adult outpatients (weeks)	9	8	6	6	8	10	12	15	12	13					8	▼
Waiting times for routine paediatric outpatients (weeks)	6	6	6	7	6	11	7	11	10	10					8	◀▶
PSYCHOLOGY / NEURO-PSYCHOLOGY																
New referrals inpatients Medical Psychology	3	2	3	2	3	2	2	5	4	2	2	1	2	5		
New referrals outpatients Medical Psychology	72	58	43	49	42	64	39	44	54	63	33	66	61	160		
New referrals inpatients Neuropsychology	7	2	0	2	5	2	8	5	8	7	4	9	6	19		
New referrals outpatients Neuropsychology	11	10	0	7	12	9	4	4	3	9	2	10	8	20		

DIVISIONAL HEAT MAP - Month 3 2011/12

CLINICAL SUPPORT


	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
CLINICAL SUPPORT																
SALT Wait Time in Weeks	5	5	3	2	4	4	3	2	4		2	2	2		4	◀▶
Podiatry New IP Referrals	49	71	58	70	57	61	78	56	64		53	51	67	171		
Pharmacy TTO Turnaround in 2 Hours	83%	85%	86%	82%	83%	85%	82%	87%	79.5%	87.4%	79.5%	83.4%	85.8%		80%	▲
Pharmacy Dispensing Accuracy				100%	99.99%	99.99%	99.99%	98.56%	100%	100%	98.4%	99.96%	99.98%		98%	▲
Wheelchair Assessment Waits - Urgent (Weeks)	4	3	4	4	4	3	4	7	11	4					8	▲
Wheelchair Assessment Waits - Standard (Weeks)	10	14	14	15	14	21	16	25	10	14					26	▼
DSC - RTT % complete pathways <=26 weeks	92%	95%	90%	96%	96%	94%	96%	96%	91%	94%					95%	▲
Prosthetics - Amputees Contacted < 5 Days of Surgery	75%	86%	100%	60%	100%	66%	78%	75%	100%						90%	▲
IMAGING and MEDICAL PHYSICS																
CT Scan (% Waiting 3+ Weeks)	1.2%	0.1%	0.6%	0.9%	0.5%	1.2%	1.8%	0.7%	1.0%	2.3%	4.0%	1.0%	1.0%		5%	▲
MRI Scan (% Waiting 3+ Weeks)	4.3%	13.6%	10.6%	7.7%	6.6%	9.1%	14.0%	6.0%	9.8%	10.2%	7.6%	4.9%	10.8%		5%	▼
Non-Obstetric Ultrasound (% Waiting 3+ Weeks)	0.7%	2.5%	0.7%	6.8%	4.8%	6.6%	28.1%	10.5%	9.0%	12.2%	27.8%	8.2%	6.3%		5%	▲
Equipment Utilisation	81.0%	80.0%	74.0%	78.5%	77.0%	82.0%	71.0%	75.0%	63.0%	72.0%	73.0%	77.5%	77.0%		80%	▲
ED Breach - Total %		0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		2%	◀▶
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%		2%	◀▶
ED Breach - CT %		0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%		2%	▲
CRIS and PACS																
PACS Uptime	100%	94%	96%	96%	97%	95%	96%	96%	99.6%	99.0%	97.0%	97.0%	100%		98%	▲
CRIS Uptime	100%	100%	100%	100%	99.7%	100%	100%	100%	100%	100%	100%	97%	100%		98%	▲
PATHOLOGY																
CDT 24 Hour TRT	99.2%	98.8%	94.6%	91.2%	95.5%	93.9%	92.9%	92.3%	91.8%	98.6%	96.3%	95.8%	96.6%		95%	▲
MRSA 48 Hour TRT	99.6%	99.4%	99.5%	97.5%	99.6%	99.6%	99.7%	99.7%	99.7%	99.9%	99.1%	99.7%	99.7%		95%	▲
Diagnostic Wait > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0		0	◀▶
Cytology Screening 7 Day Target	99.8%	99.9%	100%	99.7%	99.7%	99.9%	99.0%	97.8%	100.0%	100.0%	99.87%	99.98%	99.98%		98%	◀▶


DIVISIONAL HEAT MAP - Month 3 2011/12


CLINICAL SUPPORT


	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target	Status
HR and FINANCE																
Appraisals	75.8%	79.4%	81.5%	88.8%	91.2%	93.7%	97.4%	94.0%	94.5%	93.3%	92.4%	90.9%	87.6%	87.6%	100%	▼
Sickness Absence	3.3%	3.1%	3.0%	3.6%	3.8%	4.0%	4.5%	4.1%	3.4%	3.7%	3.4%	3.1%	3.8%	3.4%	3%	▼
Agency Costs (£000s)																
Overtime FTE	13.9	17.0	16.5	18.9	17.6	17.9	17.7	19.7	20.3	16.1	17.0	19.4	16.6			
Bank FTE	20.4	20.3	23.3	26.3	28.1	27.6	34.1	33.5	30.5	29.1	29.7	28.8	27.2			
Actual net FTE reduction this month	-14.7	-23.5	0.2	-2.1	2.5	-5.0	5.9	-2.7	-30.9	-5.1	-5.6	-14.7	7.8	-12.5		
Planned FTE reduction this month	3.8	7.2	14.3	0.0	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

