

Trust Board paper F

	Trust Board		
From:	Suzanne Hinchliffe		
Date:	6 th October 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 August 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 4 hr performance for August Type 1 and 2 is 93.8% and a year to date performance of 94.8% - a disappointing deterioration from the July position. ❖ MRSA – 1 case of MRSA was reported during August. A second case was successfully appealed. ❖ CDifficile – a positive month 5 report with 10 cases identified in contrast to the August 2010 position of 13. The year to date position is 49 and ahead of target to date. ❖ RTT - performance in August has been maintained as forecasted achieving 92.0% for admitted patients (target of 90%) and 96.8% (target of 95%) for non-admitted patients. ❖ The appraisal rate for August has increased slightly to 87.7% after having fallen for 4 consecutive months. 			
<u>Performance Position:</u>			
<ul style="list-style-type: none"> ❖ Same Sex Accommodation - with a national target of 100%, this has been achieved for both UHL base wards and intensivists areas. ❖ Performance for Primary PCI is 94.4% against a target of 75%. ❖ TIA performance in August is 56.5% against a target of 60%. ❖ For July all cancer target were achieved with the exception of the 62 day target which was missed by 7 patients due to factors including complex cases, delays in transfers from other Trusts, diagnostic delays and capacity constraints. ❖ Theatre Utilisation - Inpatient utilisation was 83.9% and day surgery utilisation was 78.8% ❖ The sickness rate remains constant at 3.6% for the third successive month. 			
Recommendations: Members to note and receive the report			
Strategic Risk Register		Performance KPIs year to date ALE/CQC	
Resource Implications (eg Financial, HR) N/A			
Assurance Implications N/A			
Patient and Public Involvement (PPI) Implications N/A			
Equality Impact N/A			
Information exempt from Disclosure N/A			
Requirement for further review? Monthly review			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 6th OCTOBER 2011

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

SUBJECT: MONTH FIVE PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following paper provides an overview of the Quality & Performance month 5 report highlighting key performance metrics and areas of escalation where required.

2.0 August 2011 Operational Performance

2.1 Infection Prevention

- ❖ MRSA – 1 case of MRSA was reported during August. A second case was successfully appealed.
- ❖ CDifficile – a positive month 5 report with 10 cases identified in contrast to the August 2010 position of 13. The year to date position is 49 and ahead of target to date.
- ❖ MRSA elective and non-elective screening has achieved 100%.

2.2 RTT

Performance in August has been maintained as forecasted achieving 92.0% for admitted patients (target of 90%) and 96.8% (target of 95%) for non-admitted patients.

2.3 ED

ED 4 hr performance for August UHL and UCC is 93.8% and a year to date performance of 94.8% - a disappointing deterioration from the July position. Further information regarding ED performance will be addressed in the Emergency Care Transformation report.

During August and September supplementary guidance has been made available by both the DoH and Monitor to update Trusts how the new clinical outcome indicators will be monitored and scored.

For Qtr1 the DoH will monitor ED data coverage and data completeness in addition to the ED 4hr wait target. From Qtr 2 Trusts will need to achieve the thresholds for at least one indicator in each of the two groups, timeliness (time to initial assessment, time to treatment) and patient

impact (left without being seen and re-attendance). Trusts will only be assessed on performance if their data coverage and their data quality is of sufficient quality i.e. meets the performing thresholds from Q1. Performance on ED clinical indicators will be moderated by performance on the 4hr wait indicator. If performance is less than 95% on total time the overall score will be moderated down by 1 point.

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

Performance relating to the new indicators for August is as follows:

ED CLINICAL INDICATORS

1 **min requirements MET for current month**

PATIENT IMPACT

	Jul-11	Aug-11	TARGET
1 Unplanned Reattendance	5.9%	6.8%	<= 5%
2 Left without being seen	2.1%	2.8%	< 5%

TIMELINESS

	Jul-11	Aug-11	TARGET
1 Time in Department (Minutes) - 95th Percentile	239	304	<= 240
2 Time to Initial Assessment (Minutes) - 95th Percentile	39	48	<= 15
3 Time to Treatment (Minutes) - Median	34	34	<= 60

The NHS Performance Framework Implementation Guidance published on the 14th April 2011 confirmed that for Qtr 1 only data coverage/quality of the new ED clinical indicators would be monitored and from Qtr 2 onwards the delivery of the clinical indicators themselves would be monitored.

During August supplementary guidance was made available confirming how the data coverage and quality indicators would be measured and thresholds for Qtr1. The thresholds to measure if Trusts are performing are to be retrospectively applied. At the same time the scoring methodology for the new clinical indicators for Qtr2 onwards was updated to reflect the DoH letter sent on the 23rd June, detailing the thresholds for compliance of the new indicators.

The data coverage indicator compares aggregate attendances on the weekly SITREP against the patient level attendance information submitted to HES. Trust's that have between 90%-110% coverage are performing and below 80% and above 120% are underperforming. Data submitted by UHL (Type 1 and 2) would be in the performing category.

After consultation with the DoH and the commissioners confirmation was received in May that the UCC performance can be reported as part of UHL performance. However, there is an issue with the UCC (Type 3) data which has a negative impact on the UHL data coverage. The UCC IT system can provide aggregate information to complete the weekly SITREP but cannot produce patient level information (a common problem with Type 3 organisations).

For Qtr 1 the result is that the UHL would not meet the data coverage criteria and will be rated as underperforming. From Qtr 2 onwards, although the data coverage indicator is not measured separately, Trusts will only be assessed on the ED clinical indicators if data coverage and quality meets the performance thresholds.

This problem has been resolved from September as a new UCC IT system has been implemented which enables patient level submission to HES. In the meantime, the Chief Executives from both UHL and LLR have lodged an appeal with the DoH.

2.4 Cancer Targets

All cancer targets were achieved in Qtr 1 (one month behind in reporting) with an amber report for the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position.

For July all cancer target were achieved with the exception of the 62 day target which was missed by 7 patients due to factors including complex cases, delays in transfers from other Trusts, diagnostic delays and capacity constraints

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 August.

2.6 Falls

In line with the more detailed review and benchmarking exercise undertaken with Pressure Ulcers, it is proposed that a similar exercise is followed with falls and will include:

- Criterion for falls reporting
- Reporting comparisons with AUKUH organisations
- Benchmarking data
- RCA outcomes

This will improve accuracy and timelines and is likely to change the numbers that have previously been reported,

A separate report is proposed to be part of the GRMC agenda in October 2011

2.7 Pressure Ulcers

The results of the second benchmarking exercise have demonstrated significant variance in the numbers of HAPUs reported within those organisations that were able to share their information.

Analysis of the data shows that the incidence of HAPUs in UHL is comparable to other similar size Trusts. The review also exposed differences in data collection and reporting methodology across the country and varying levels of confidence amongst senior nurses regarding the robustness and transparency of individual Trust data.

A full report is to be provided to the September GRMC which will also contain the following actions:

- Trust wide implementation of the checklist for 'non-avoidable pressure ulcers'.
- Changes to Datix reporting form to be specific to Pressure Ulcer activity.
- Monitoring of source of admission and age range of patients.
- Continued analysis of VITAL results and support / education for all clinical areas
- Research proposal to be established to link to national work
- Support from Leeds and Sheffield to undertake some collaborative work with the DoH looking at patient perceptions of pressure ulcers

2.8 Patient Polling

The "Patient Experience Survey" for August 2011 resulted in 1,400 surveys being returned, a Trust return rate of 93%, a slight increase from last month.

The UHL 'Overall Respect & Dignity' score has shown an increase from 95.7 to 96, however the UHL 'Overall Care Score' shows a deterioration which mirrors the patient experience questions from the Divisional projects.

When analysing the data, a number of wards in Medicine are largely responsible for the downturn in overall care rating and have scored red against patient experience questions for August. The August data illustrates overall care ratings for UHL. However if the specific underperforming areas from medicine are removed, the August figures are much improved as illustrated in the additional column of results. The specific underperforming areas in Medicine have been identified and analysed in relation to other performance indicators such as falls, complaints, metrics and pressure ulcers. Areas identified as demonstrating related reductions in metric performance are now under the Health-check performance.

Further actions taken to improve the position include an evening and night presence within designated areas to audit and promote standards of care at night in addition to fortnightly ward sister meetings with the Head of Nursing to review progress against the patient experience agenda.

2.9 TIA rapid access clinics

TIA performance for August has reduced to 56.5% due to service redesign in order to conform to DoH recommendations issued in July about what constitutes a high-risk TIA patient. In August the DoH reversed the decision and therefore to improve performance the clinics will be redesigned back to deliver the high performance previously reported

2.10 Endoscopy

The Endoscopy service in UHL is experiencing significant challenges in meeting the growing demand for upper and lower GI Endoscopy and as a consequence the delivery of national waiting times and cancer targets. The service is currently maintaining the delivery of the 2 week wait cancer target along with the 14 day bowel screening target. The main challenge for the department is the delivery of the 6 week diagnostic target, secondary tests for patients on a cancer pathway and planned surveillance demand. A plan has been developed to manage the waiting list pressures.

Issues and opportunities requiring further discussion and support from commissioners via the Contract Performance meetings include:-

- Referral rates - locally a 5% increase in GP referrals to gastroenterology in the past year increasing additions to waiting list for Endoscopy
- The National prediction in the demand for lower GI Endoscopy - annual growth by 5-10% every year for the next 5 years.
- Leicester City health awareness campaign in October for early diagnosis of bowel cancer – increase in 2 week referral
- National campaign to promote early diagnosis of bowel cancer in January 2012 - 50% increase in 2 week wait referrals
- Implementation of flexi sigmoidoscopy for pts age 55 yrs in April 2012 (tbc) – increasing demand on flexi capacity

2.11 Related Month 5 Performance Areas

The following table presents a summary position of the wider corporate indicators which are subject to external interest and where further detail by CBU may be found in the Heatmap report.

Performance Indicator	Target	April	July	August
MRSA Elective Screening *	100%	100%	100%	100%
MRSA Non-elective Screening *	100%	100%	100%	100%
Stroke % stay on stroke ward*	80%	76.7% (March)	89.2%	88.2%
Stroke TIA	60%	67.9%	77.8%	56.5%
Primary PCI	75%	85.0%	82.6%	94.4%
Rapid Access Chest Pain	98%	99.5%	100%	100%
48hr GUM access	99%	100%	100%	100%
Out Patient DNA**	9%	9.2%	9.1%	9.5%
Out Patient Cancellations (UHL)**	13% (10.5% July)	11.4%	10.9%	11.1%
Out Patient Cancellations (Patient)**	11% (10.0% July)	9.6%	10.8%	10.6%
Day Case Basket	75%	77.7%	79.3%	81.0%
Theatre utilisation – Inpatient**	86%	79.5%	81.4%	83.9%
Theatre utilisation – Day Case**	86%	74.6%	73.3%	78.8%
Operations cancelled on/after day of admission we need to check this	0.8%	1.3%	0.96%	TBC
Cancelled patients offered a date within 28 days of cancellation*	95%	90.3%	95.7%	97.5%

*reported 1 month in arrears

** UHL local targets

3.0 Medical Director's Report – Kevin Harris

3.1 Mortality Rates

Whilst UHL's Risk Adjusted Mortality Index (RAMI) remains below the threshold of 85 and the Trust's crude overall mortality rate has remained constant at 1.2%, there has been an increase in both the risk adjusted and crude 'elective mortality rate.

During July and August there were 26 patients that died following an elective admission. Review of their coding data suggests that 9 of these should have in fact been coded as an emergency admission. Early feedback from relevant specialty leads has confirmed this.

Specialities have also been asked to provide a summary of 'mortality review findings' of confirmed elective patients for the October Clinical Effectiveness Committee meeting.

In addition work is underway to tighten the coding validation process of 'elective deaths' that was established by the Data Quality Team following the erroneous increase in elective mortality last year. Also the implications of wrongly coding such patients are to be incorporated into the Ward Clerk training package being rolled out across Divisions.

3.2 Stroke CQUIN

There were 2 indicators in the Stroke CQUIN scheme where Quarter 1 performance did not initially meet the threshold. Following review of the NICE guidance the indicator around 'brain scan within 1 hour' has revised and the threshold subsequently met. However, the other CQUIN target of '80% of patient to be seen by all relevant members of the multi disciplinary team with 72 hours' was not achieved.

Performance for Quarter 2 to date has improved but achievement of the threshold is at risk due to delays in admission of stroke patients to the Stroke Unit caused by medical bed pressures. This is also has to potential to compromise the '90% stay on a stroke unit Vital Sign target'. The Medical CBU Bed Management Procedures have been revised to ensure any non stroke patients admitted to the stroke unit because of medical bed shortages are transferred out immediately a stroke patient needs a bed.

3.3 UHL Quality Schedule /CQUIN

UHL are required to report Q1 performance on 145 of the Quality Schedule / CQUIN indicators either to EMSCG or the PCT Clinical Quality Review Group (CQRG). 80 of these indicators are CQUINs.

Quarter 1 reconciliation meetings were held in August with both the EMSCG and PCT Quality Leads. There were 10 Amber and 3 Red RAGs for the CQUIN indicators. The Reds were all due to insufficient provision of data which has now been submitted.

UHL have appealed against all but 3 reconciliation ratings and the results of this appeal will be confirmed at the Contracts Performance Management meeting on 27th September. Should UHL's appeal be successful the CQUIN penalty will be reduced to £16,400

3.4 Fractured Neck of Femur 'Time to Theatre'

The monthly performance for percentage of 'patients taken to theatre within 36 hours of arrival' has been above the Quality Schedule threshold of 70% since June, with August's performance being 74%. Further work is required to ensure the FYE target of 75% is met.

3.4 Venous Thrombo-embolism (VTE) Risk Assessment

Following inclusion of 'dialysis patients' as a 'cohort' in our VTE risk assessment return to the DoH, UHL's performance has increased to 90+% since April. The Trust has submitted revised figures retrospectively for this financial year and the DoH have accepted these. As a result, the trust has also fully met the CQUIN threshold.

Work continues to increase risk assessment being undertaken of 'non cohort' patients and also to establish a 'root cause analysis' process where patients develop a 'hospital

acquired thrombosis' (HAT). Maintaining our 10/11 HAT rate is a Quality Schedule indicator and this was achieved for Quarter 1.

3.5 Readmissions

In month rate was 7.4%, 0.1% above trajectory. Penalty was £770k down on the previous 2 months and down as a proportion of total readmissions from an average of 69% to 62%. This was mainly seen in Cardiology, General Surgery, Gynaecology and Medicine. 5 less beds were used by readmitted patients during August against the average for the year. Forecast penalty is £9.5m.

Readmissions programme is now in place with 3 work streams: 1) Coding, 2) Discharge, 3) Specialty priorities (Older people, Respiratory Medicine, General Surgery, Urology, and Gynaecology).

Action taken this month:

- 1) Coding - sessions with administrative staff with regard to readmissions coding. Assessment of currently counting against guidance identified £452,000 FYE of penalty outside of guidance.
- 2) Discussion to take place on the provision of a Discharge group to define the process for discharge of patients from UHL.
- 3) Specialty Priorities - plans being developed for readmission reduction in top 5 specialties. Some pilots in line with best practice are already in place including post-discharge support to patients in care homes, roll out of ICE electronic discharge summaries, ISAR risk stratification, and triage of emergency General Surgery patients

3.6 Patient Safety

In August, one 'Never Event' was reported from the Women's and Children's division. This has been reported on to the NPSA and a full root cause analysis investigation is in progress. The incident involved the unintentional retention of a high vaginal swab. The patient incurred no readmission to hospital and has now made a full recovery. The SUI report and action plan will be shared with the patient and PCT upon completion and lessons shared within the trust.

The planned reduction of SUIs relating to the deteriorating patient has not yet been achieved and therefore much attention and focus has been put in addressing root causes and contributory factors. These include the roll out of 'Vital' training for all nursing staff, agreed minimum standards for the taking and recording of observations, the development and implementation of 5 critical safety actions and specific actions in development to strengthen '24/7 care'.

There has been a reduction in 10 times medication errors over the last 12 months compared to the same period last year. Work continues in addressing medication errors including the implementation of e-prescribing and promotion of the '5 rights'. It is also noteworthy that the serious outcomes of in-patient falls have reduced.

4.0 **Human Resources – Kate Bradley**

4.1 Appraisals

The appraisal rate has increased slightly to 87.7% after having fallen for 4 consecutive months. Within the Acute Division and Anaesthetics targeted action is being taken to

improve appraisal rates. Where appraisal rates continue to be low within cost centre areas we are now proceeding with performance management action.

4.2 Sickness

The sickness rate remains constant at 3.6% for the third successive month.

Human Resources have reviewed the twenty cost centres with the highest sickness rates and are currently working with Divisions to performance manage these areas.

Financial Performance – Andrew Seddon

5.0 Financial Position

5.1 I&E Summary

The Trust is reporting a cumulative deficit of £13.0 million (£13.2 million adverse to Plan). Table 1 outlines the current position:

Table 1 – I&E Summary

	2011/12 Annual Plan £m	August			April - August 2011		
		Plan £m	Actual £m	Variance (Adv) / £m	Plan £m	Actual £m	Variance (Adv) / £m
Service Income							
NHS Patient Related	589.2	49.4	48.9	(0.4)	244.3	244.7	0.4
Non NHS Patient Care	6.6	0.5	0.8	0.3	2.6	2.6	(0.0)
Teaching, Research and Development	67.1	5.6	5.5	(0.1)	28.0	28.0	(0.0)
Total Service Income	662.9	55.5	55.3	(0.2)	274.9	275.2	0.4
Other operating Income	18.9	1.5	1.7	0.2	7.7	7.9	0.2
Total Income	681.8	57.0	57.0	(0.0)	282.6	283.1	0.5
Operating Expenditure							
Pay	420.0	34.7	36.3	(1.5)	175.7	184.8	(9.1)
Non Pay	215.7	18.1	18.6	(0.5)	89.2	92.7	(3.6)
Total Operating Expenditure	635.7	52.8	54.9	(2.1)	264.8	277.5	(12.7)
				-			-
EBITDA	46.1	4.2	2.1	(2.1)	17.7	5.6	(12.1)
Interest Receivable	0.1	0.0	0.0	(0.0)	0.0	0.0	(0.0)
Interest Payable	(0.6)	(0.0)	(0.0)	0.0	(0.2)	(0.2)	0.0
Depreciation & Amortisation	(31.1)	(2.6)	(2.7)	(0.1)	(12.9)	(12.9)	0.1
Dividend Payable on PDC	(13.2)	(1.1)	(1.1)	(0.0)	(5.5)	(5.6)	(0.1)
Net Surplus / (Deficit)	1.3	0.5	(1.8)	(2.2)	(0.9)	(13.0)	(12.1)
Planned Phasing Adjustment		(0.5)	-	0.5	1.1	-	(1.1)
Net Surplus / (Deficit)	1.3	(0.0)	(1.8)	(1.8)	0.2	(13.0)	(13.2)
EBITDA %	6.76%		3.67%			1.98%	

The reasons for the underlying financial position are as follows:

5.2 Income

5.2.1 Year to date, patient care income is £0.5m (0.2%) above Plan reflecting favourable volume variances in daycases (£1.0m), elective inpatients (£0.8m) and outpatients (£0.7m). These favourable variances are offset by underperformance in non-elective / emergencies of £1.4m (2.0% of plan).

This represents 1,612 spells adverse to Plan (3%).

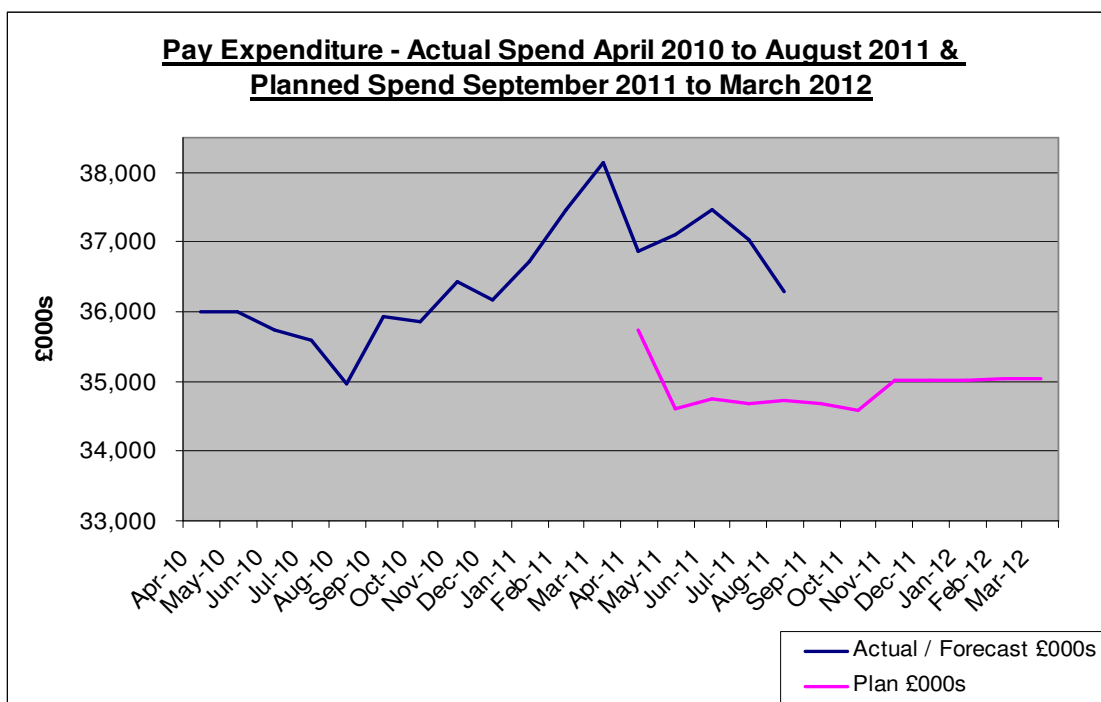
5.2.2 The Trust is still materially over 2008/09 emergency inpatient baselines and so receives only 30% income for marginal activity over that base. Full provision continues to be made for re-admissions. It should also be noted that the finalised coding of M5 activity resulted in an uplift to cumulative income of £0.5m which is not recognised in the month's results.

5.3 Expenditure

5.3.1 Expenditure is £12.7m over Plan ytd. This reflects a shortfall on the cost improvement programme of £6.5m and the use of significant premium agency staff. Chart 1 clearly shows the trend for the year. Whilst expenditure continues to be above the planned level, August has seen a £0.8m reduction in pay spend compared to July reflecting the increased controls over premium payments, particularly medical agency staff.

5.3.2 The format of the reporting has changed this month to give greater detail on the type of expenditure. This new format has been matched by changes in divisional reporting. The new format will analyse variances from Plan and forecast along with corrective actions.

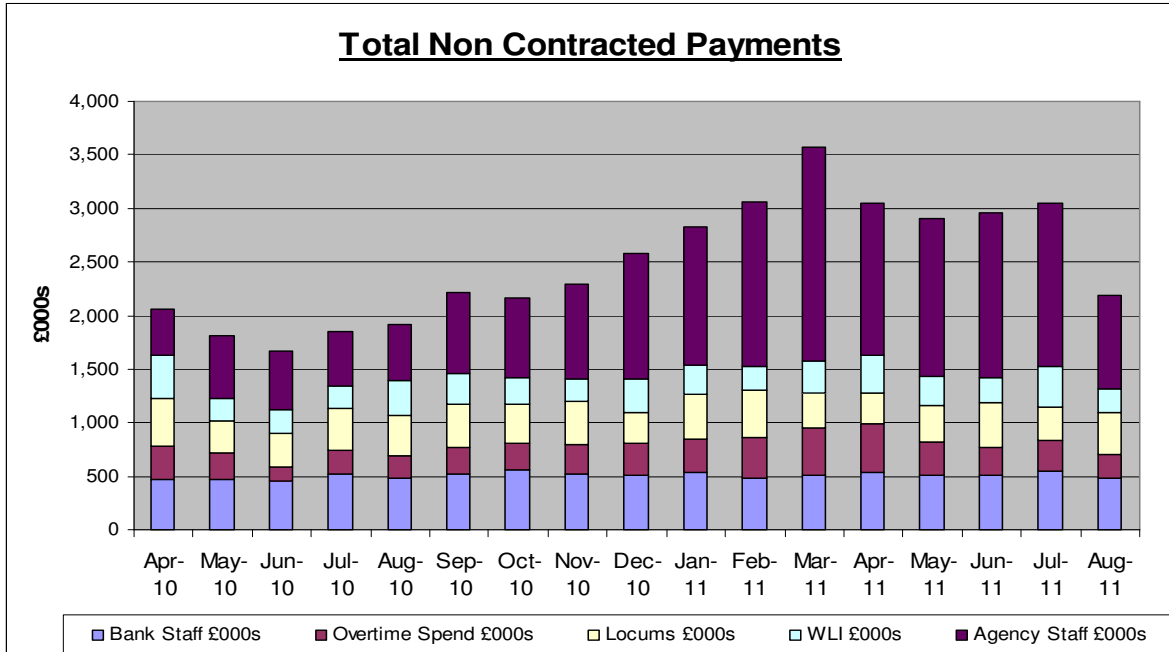
Chart 1



5.3.3 Agency costs remain high compared to this time last year – £9.3m April to August 2010 compared to £14.1m in April to August 2011. The growth in temporary staffing has more than offset the benefit of the marginal reduction in employed (contracted) staff over the same period from 10,197 to 10,184. The impact can be seen best graphically in Chart 2. Note that in August the Trust was able to recruit 83 new junior doctors as part of the annual rotation exercise which will help to reduce locum costs.

5.3.4 The premium payments, whilst still above 2010/11 levels, have reduced significantly in August 2011, reflecting the 'stabilisation' actions of the 21st July Trust Board paper and specifically the centralisation of controls.

Chart 2

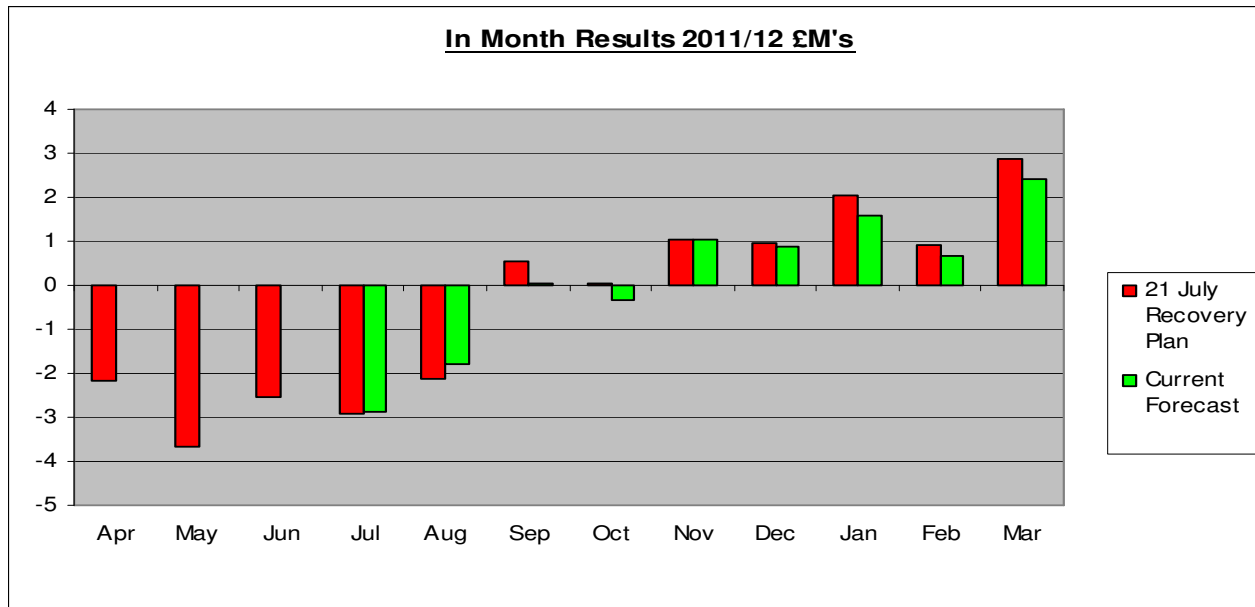


5.4 CIPs

5.4.1 Further details regarding the latest status on CIPs, including a profiling of the £24m in the CIP programme, are described within the 2011/12 Efficiency update paper, a separate paper for this Board meeting.

5.5 Financial position

5.5.1 The Trust's August deficit of £1.8m is an improvement from the month's forecast within the Stabilisation to Transformation recovery plan (£2.1 million deficit). The focus for all the CBUs / Divisions is to now push forward with the transformational schemes in order to deliver the financial recovery programme.



5.6 Working capital and net cash

5.6.1 The Trust's month-end cash position increased by £12.7m to a £21.0m at the 31 August 2011. This partly reflects an advance of £10.0m on the September SLA from Leicester City PCT, and movement in working capital. The variance to Plan may be summarised in the following table:

Cash Movements	£M's
Adverse EBITDA financial position	(13.2)
Inventories (Inc)/Dec	(1.3)
Creditor Movements Inc / (Dec)	(3.5)
Prepayment of Sept SLA by Leics PCT	10.0
Transformational monies	(6.4)
Credit notes / Other Receivables	5.8
Capital Payments	2.0
Other	(0.1)
Adverse Variance	(6.7)

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

Caring at its best

Quality and Performance

Trust Board

Thursday 6th October 2011

August 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 upward pointing arrow indicates an improvement in performance and an arrow pointing downwards indicates a deterioration in performance.

UHL at a Glance - Month 5 - 2011/12

PATIENT SAFETY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality	
MRSA Bacteraemias	9	Aug-11	1	4	9		
CDT Isolates in Patients (UHL - All Ages)	165	Aug-11	10	49	150		
% of all adults who have had VTE risk assessment on adm to hosp ***	90%	Aug-11	94.2%	93.7%	90%		
Reduction of hospital acquired venous thrombosis ***	0.175	Qtr 1 11/12	0.15		0.175		
Incidents of Patient Falls	1934	Process / results under review / validation					
In Hospital Falls resulting in Hip Fracture ***	12	Aug-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%	Jul-11	93.9%	94.3%	93.8%		
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Jul-11	97.7%	97.1%	96.5%		
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Jul-11	97.7%	97.4%	97.5%		
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Jul-11	100.0%	100.0%	100.0%		
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Jul-11	96.9%	97.2%	97.0%		
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Jul-11	100.0%	99.4%	98.5%		
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Jul-11	79.7%	83.6%	85.0%		
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Jul-11	92.5%	94.2%	95.0%		
62-Day Wait For First Treatment From Consultant Upgrade	100%	Jul-11	--	100.0%	100.0%		
Emergency 30 Day Readmissions (Following Elective Admission)	1.6%	Jul-11	4.9%	5.0%	4.5%		
Emergency 30 Day Readmissions (Following Emergency Admission)	8.0%	Jul-11	9.6%	9.5%	8.5%		
Mortality (CHKS Risk Adjusted) - OVERALL	85	Jul-11	80.9	80.0			
Primary PCI Call to Balloon <150 Mins	75.0%	Aug-11	94.4%	87.4%	87.0%		
Pressure Ulcers (Grade 3 and 4)	197	Aug-11	7	68			

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



UHL at a Glance - Month 5 - 2011/12

PATIENT EXPERIENCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Inpatient Polling - treated with respect and dignity ***	95.0	Aug-11	96.0	96.2		
Inpatient Polling - rating the care you receive ***	91.0	Aug-11	85.4	87.1		
Outpatient Polling - treated with respect and dignity ***	95.0	Jul-11	84.0	91.0		
Outpatient Polling - rating the care you receive ***	85.0	Jul-11	72.6	81.3		
% Beds Providing Same Sex Accommodation -Wards ***	100%	Aug-11	100.0%	100.0%	100.0%	
% Beds Providing Same Sex Accommodation - Intensivist ***	100%	Aug-11	100.0%	100.0%	100.0%	
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	Aug-11	93.8%	94.8%	94.8%	
ED Waits - UHL (Type 1 and 2)	95%	Aug-11	92.0%	93.3%	93.6%	
ED Unplanned Re-attendance Rate (From Qtr 2 2011/12)	<5%	Aug-11	6.8%	6.0%	5.5%	
ED Left Without Being Seen % (From Qtr 2 2011/12)	<5%	Aug-11	2.8%	2.3%	2.5%	
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12)	<4Hrs	Aug-11	304	284	260	
ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12)	<15 mins	Aug-11	48	50	30	
ED Time to Treatment - Median (From Qtr 2 2011/12)	<60 mins	Aug-11	34	46	40	
RTT 18 week - Admitted	90%	Aug-11	92.0%	92.0%	91.0%	
RTT 18 week - Non admitted	95%	Aug-11	96.8%	96.8%	97.0%	
RTT Admitted Median Wait (Weeks)	<=11.1	Aug-11	8.8	9.1	9.0	
RTT Admitted 95th Percentile (Weeks)	<=23.0	Aug-11	21.1	22.9	22.0	
RTT Non-Admitted Median Wait (Weeks)	<=6.6	Aug-11	6.5	6.1	6.1	
RTT Non-Admitted 95th Percentile (Weeks)	<=18.3	Aug-11	17.2	17.0	17.0	
RTT Incomplete Median Wait (Weeks)	<=7.2	Aug-11	6.6	6.6	6.5	
RTT Incomplete 95th Percentile (Weeks)	<=28.0	Aug-11	22.1	22.1	21.0	
STAFF EXPERIENCE / WORKFORCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Sickness absence	3.0%	Aug-11	3.6%	3.4%		
Appraisals	100%	Aug-11	87.7%	87.7%		
VALUE FOR MONEY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Income (£000's)	681,756	Aug-11	56,977	283,115	685,783	
Operating Cost (£000's)	635,693	Aug-11	54,884	277,507	645,665	
Surplus / Deficit (as EBIDTA) (£000's)	46,063	Aug-11	2,093	5,608	40,118	
CIP (£000's)	38,245	Aug-11	1,650	6,504	25,591	
Cash Flow (£000's)	18,200	Aug-11	21,003	21,003	3,623	
Financial Risk Rating	3	Aug-11	1	1	2	
Pay - Locums (£ 000s)		Aug-11	392	1,735		
Pay - Agency (£ 000s)		Aug-11	866	6,817		
Pay - Bank (£ 000s)		Aug-11	478	2,589		
Pay - Overtime (£ 000s)		Aug-11	224	1,533		
Total Pay Bill (£ millions)	420,410	Aug-11	36.3	184.8	424,464	
Cost per Bed Day (£)		Aug-11	161	161		

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level

Audit

Director Sign Off

QUALITY and PERFORMANCE REPORT - 2011/12

QUARTERLY FOUNDATION TRUST COMPLIANCE FRAMEWORK

	QTR THRESHOLD	WEIGHTING	2010/11				2011/12			
			QTR 1	QTR 2	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3	QTR 4
CDIFF	42	1.0	1.0	0.0	0.0	0.0	0.0	0.0		
MRSA	2	1.0	1.0	0.0	0.0	1.0	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%									
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 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%									
ED - 4hr wait	95%	1.0	0.0	0.0	0.5	0.5	1.0			
Patients that have spent more than 90% of their stay in hospital on a stroke unit	TBC	0.5	n/a	n/a	n/a	n/a	0.0			
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 and Qtr 2 - 2011/12

DoH SERVICE PERFORMANCE

Service Performance - Indicators, weighting and scoring

Quality of service Performance Indicator	Thresholds			2010/11 score			2011/12
	Performing	Under-performing	Weighting for PF	Qtr 1 and Qtr 2	Qtr 1 to Qtr 3	Qtr 1 to Qtr 4	Qtr 1
Four-hour maximum wait in A&E	95%	94%	1	3	3	3	1
A&E HES data coverage against SITREPS - Qtr 1 only	90-110%	<80 or > 110%	1	n/a	n/a	n/a	
Unplanned reattendance rate 7 days	5%		1	n/a	n/a	n/a	3
Left with out being seen rate	5%			n/a	n/a	n/a	
Time to initial assessment 95th centile	15mins			n/a	n/a	n/a	
Time to treatment median	60mins			n/a	n/a	n/a	
Cancelled ops - breaches of 28 days readmission guarantee	5.0%	15.0%		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%	0.50	1	1	1	1
62 days urgent GP referral to treatment of all cancers	85%	80%	0.50	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
Sum of weights			14.00	25.50	25.50	26.25	31.50
Overall performance score threshold				2.67	2.67	2.63	2.42

Query raised with DoH about data coverage.

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

Scoring values

Underperforming	0
Performance under review:	1
Performing:	3

Overall performance score threshold

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

HISTORY / TREND OVERVIEW - Month 5 - 2011/12

PATIENT SAFETY

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status	Page No
MRSA Bacteraemias	0	1	0	1	0	1	2	1	2	0	0	1	1	4	9		11
CDT Isolates in Patients (UHL - All Ages)	13	10	16	20	12	17	16	14	9	15	7	8	10	49	165		11
% of all adults who have had VTE risk assessment on adm to hosp	51%	57%	61%	65%	64%	69%	75%	79%	92.7%	93.5%	93.5%	94.5%	94.2%	93.7%	90%		
Reduction of hospital acquired venous thrombosis	Qtr 2 - 0.16		Qtr 3 - 0.17			Qtr 4 - 0.12			Qtr 1 - 0.15					0.175			
Incidents of Patient Falls *****	175	205	211	148	127	267	197	207	235	130	168			533	1934		14
In Hospital Falls resulting in Hip Fracture	0	1	0	0	3	2	2	2	2	0	0	0	0	2	12		

CLINICAL EFFECTIVENESS

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-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	94.8%	93.3%	93.0%	94.5%	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%	93.9%		94.3%	93%		20
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	98.3%	98.3%	97.7%	94.9%	98.4%	99.0%	95.5%	95.4%	97.2%	94.6%	98.3%	97.7%		97.1%	93%		20
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96.4%	97.0%	96.7%	97.3%	98.3%	96.7%	96.6%	96.8%	97.0%	98.3%	96.8%	97.7%		97.4%	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	91.4%	97.9%	97.8%	95.5%	95.3%	94.7%	96.3%	95.8%	98.5%	94.3%	100.0%	96.9%		97.2%	94%		20
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	100.0%	100.0%	100.0%	99.4%	99.3%	99.3%	100.0%	98.8%	99.1%	98.7%	100.0%	100.0%		99.4%	94%		20
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	82.8%	87.3%	85.5%	86.4%	88.1%	85.8%	87.2%	85.9%	86.4%	85.5%	83.7%	79.7%		83.6%	85%		20
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	87.9%	91.5%	87.2%	91.1%	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%	92.5%		94.2%	90%		20
62-Day Wait For First Treatment From Consultant Upgrade	100.0%	-----	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	---	100.0%	---		100.0%	100%		20

HISTORY / TREND OVERVIEW - Month 5 - 2011/12

CLINICAL EFFECTIVENESS (Continued)

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status	Page No
Emergency 30 Day Readmissions (Following Elective Admission)	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.8%	5.0%	4.9%	4.7%	5.3%	4.9%		5.0%	1.6%	▲	13
Emergency 30 Day Readmissions (Following Emergency Admission)	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	9.4%	9.2%	10.0%	9.6%		9.5%	8.0%	▲	13
Mortality (CHKS - Risk Adjusted) - OVERALL	80.2	87.3	93.6	77.5	98.1	87.7	82.5	87.9	80.5	84.5	75.0	80.9		80.0	85	▼	
Stroke - 90% of Stay on a Stroke Unit	67%	79%	79%	81%	75%	58%	56%	80%	85%	87%	89%	88%		87%	80%	▼	
Primary PCI Call to Balloon <150 Mins	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	87.4%	75%	▲	19
Pressure Ulcers (Grade 3 and 4)	17	19	11	12	26	33	14	20	15	12	18	16	7	68	197	▲	14

HISTORY / TREND OVERVIEW - Month 5 - 2011/12

PATIENT EXPERIENCE

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status	Page No
Inpatient Polling - treated with respect and dignity	94.4	94.9	95.4	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	96.2	95.0	▲	16
Inpatient Polling - rating the care you receive	84.0	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	87.1	91.0	▼	16
Outpatient Polling - treated with respect and dignity											93.1	84.0		91.0	95.0	▼	
Outpatient Polling - rating the care you receive											84.6	72.6		81.3	85.0	▼	
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	◀▶	19
% Beds Providing Same Sex Accommodation - Intensivist	87%	86%	86%	89%	93%	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	◀▶	19
A&E Waits - Leics (10/11) - UHL Incl UCC (11/12)	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	93.8%	94.8%	95%	▼	17
A&E Waits - UHL (Type 1 and 2)	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.0%	93.3%	95%	▼	17
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	7.0%	6.6%	6.4%	5.8%	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	6.0%	<5%	▼	17
Left Without Being Seen % (From Qtr 2 11/12)	2.1%	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.3%	<5%	▼	17
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12)	240	240	251	303	349	382	331	343	306	307	256	239	304	284	<240 Mins	▲	17
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	43	41	52	49	55	55	49	63	70	56	41	39	48	50	<15 Mins	▼	17
Time to Treatment - Median (From Qtr 2 11/12)	49	55	55	62	60	48	50	58	59	54	50	34	34	46	<60 mins	◀▶	17
RTT 18 week - Admitted	93.4%	91.5%	92.6%	92.1%	91.6%	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	92.0%	92.0%	90%	▲	18
RTT 18 week - Non admitted	97.4%	96.4%	97.1%	98.3%	97.0%	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	96.8%	96.8%	95%	▼	18
RTT Admitted Median Wait (Weeks)	9.5	9.8	10.2	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	9.1	<=11.1	▼	18
RTT Admitted 95th Percentile (Weeks)	19.5	21.4	21.3	21.9	23.1	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	<=23.0	▲	18
RTT Non-Admitted Median Wait (Weeks)	6.2	6.9	6.7	6.2	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.1	<=6.6	▼	18
RTT Non-Admitted 95th Percentile (Weeks)	16.9	17.4	17.2	17.0	16.9	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.0	<=18.3	▼	18
RTT Incomplete Median Wait (Weeks)	6.1	6.1	6.0	6.1	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.6	6.6	<=7.2	▼	18
RTT Incomplete 95th Percentile (Weeks)	17.9	18.3	19.1	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	22.1	22.1	<=28.0	▼	18

HISTORY / TREND OVERVIEW - Month 5 - 2011/12

STAFF EXPERIENCE / WORKFORCE

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status	Page No
Sickness absence	3.2%	3.5%	3.8%	3.7%	4.7%	4.0%	3.4%	3.4%	3.2%	3.0%	3.6%	3.6%	3.6%	3.4%	3.0%	🔍	21
Appraisals	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	87.7%	100%	🚩	21

VALUE FOR MONEY

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD
Income (£000's)					58,569	59,015	58,759	64,835	56,760	55,861	56,745	56,772	56,977	283,115
Operating Cost (£000's)					54,865	55,342	55,770	58,922	55,260	55,886	55,534	55,943	54,884	277,507
Surplus / Deficit (as EBIDTA) (£000's)					3,704	3,673	2,989	5,913	1,500	-25	1,211	829	2,093	5,608
CIP (£000's)					3,048	3,073	2,798	3,270	1,012	912	1,422	1,508	1,650	6,504
Cash Flow (£000's)					9752	12,491	18,358	10,306	14,465	9,778	4,425	8,296	21,003	21,003
Financial Risk Rating					2	2	2	2	2	1	1	1	1	1

HR Pay Analysis

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Locums (£ 000s)	369	404	365	401	279	421	443	335	283	328	417	315	392	1,735
Agency (£ 000s)	524	758	746	879	1,175	1,283	1,540	1,990	1,427	1,475	1,526	1,522	866	6,817
Bank (£ 000s)	481	518	560	523	514	540	478	504	540	509	509	554	478	2,589
Overtime (£ 000s)	212	248	254	276	300	304	378	447	453	317	257	282	224	1,533
Total Pay Bill (£ millions)	35.0	35.9	35.9	36.4	36.1	36.7	37.5	38.1	36.9	37.1	37.5	37.0	36.3	185

Average Cost per Bed Day

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
	£	£	£	£	£	£	£	£	£	£	£	£	£
Cost per Bed Day (£)	150	155	151	164	162	143	183	172	169	165	165	166	161

INFECTION PREVENTION

Performance Overview

MRSA – 1 MRSA bacteraemia was reported during August with a second case successfully appealed.

CDifficile – a positive August report with 10 cases identified. The year to date position is 49 and ahead of target to date.

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

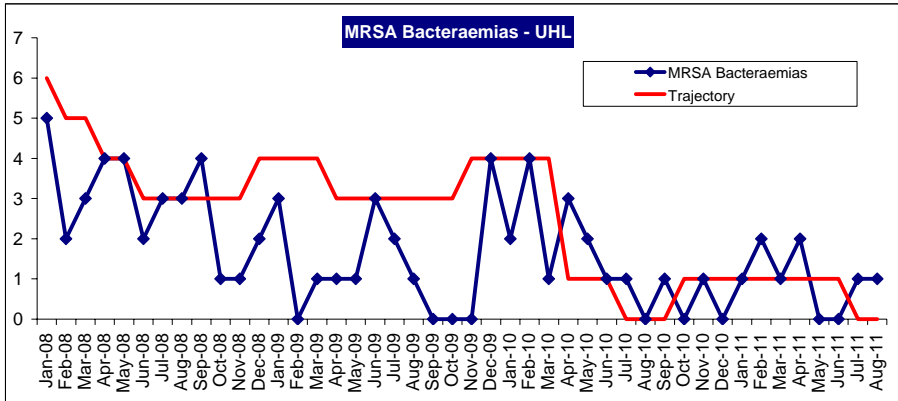
Key Actions

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

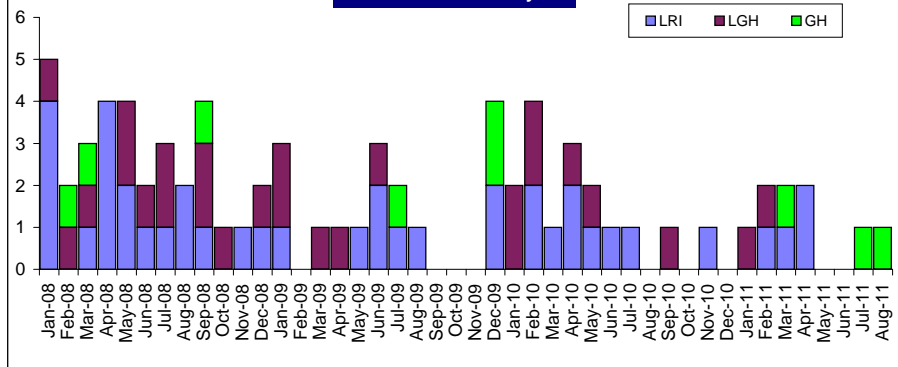
Full Year Forecast

MRSA - 9 (target 9)
CDiff - 150 (target 165)

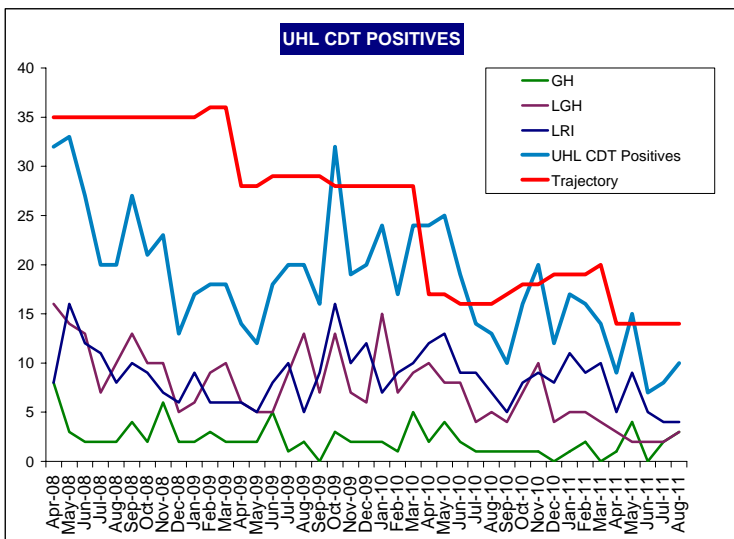
MRSA BACTERAEMIA



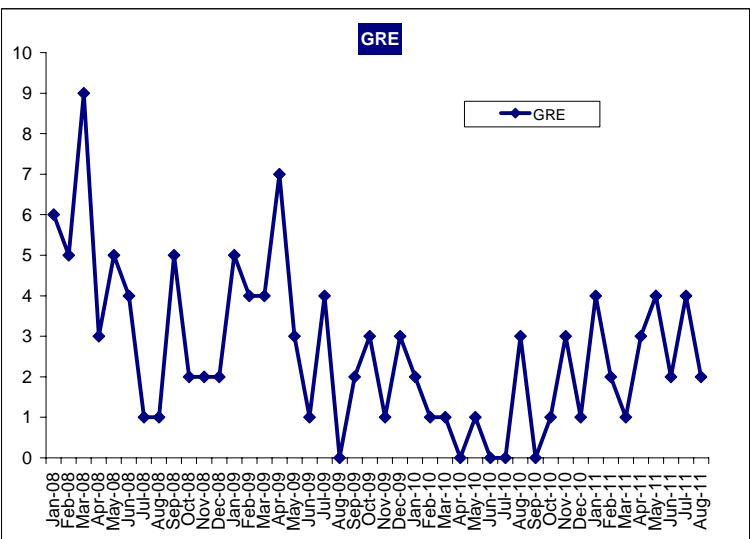
MRSA Bacteraemias by Site



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
MRSA	0	1	0	1	0	1	2	1	2	0	0	1	1	4	9	🔴🔴
C. Diff.	13	10	16	20	12	17	16	14	9	15	7	8	10	49	165	🟢
Rate / 1000 Adm's	1.6	1.2	1.9	2.4	1.4	2.1	2.1	1.6	1.2	2.0	0.9	1.0	1.3	1.3		
GRE	3	0	1	3	1	3	2	1	3	4	2	4	2	15	TBC	
MSSA									1	4	2	5	2	14	No National Target	
E-Coli											38	39	41	118	No National Target	

MORTALITY

Performance Overview

Whilst UHL's Risk Adjusted Mortality Index (RAMI) remains below the threshold of 85 and the Trust's crude overall mortality rate has remained constant at 1.2%, there has been an increase in both the risk adjusted and crude elective mortality rate.

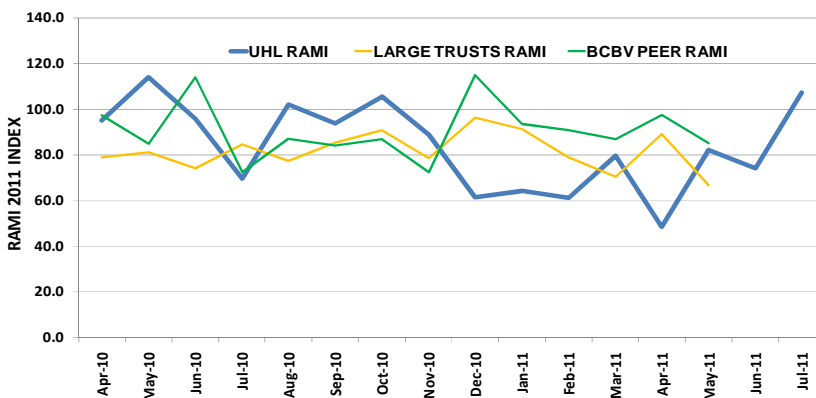
During July and August there were 26 patients that died following an elective admission. Preliminary review of their coding data suggests that 9 of these should have in fact been coded as an emergency admission.

All relevant Specialities have been asked to confirm that all 'elective' in-hospital deaths were accurately recorded as such.

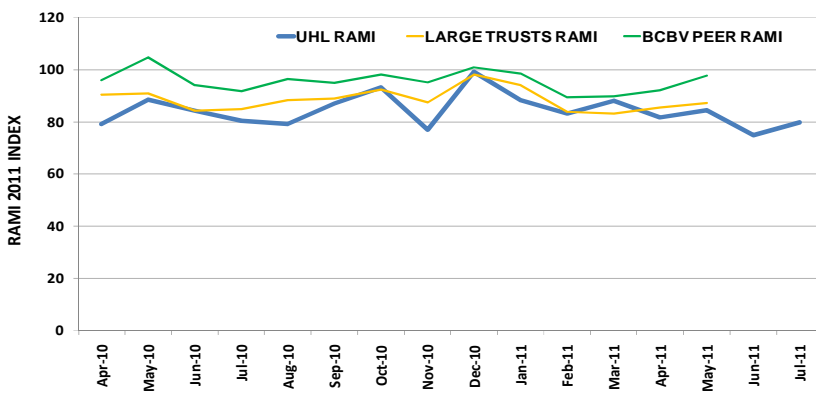
The Clinical Effectiveness Committee have also asked for details of M&M findings for each of the confirmed elective deaths for review at their October meeting.

Further work is underway to tighten the process for validating 'elective' coding of deceased patients prior to the monthly submission of UHL's data to HES and to feedback the implications of inaccurate recording to those staff entering this data onto Patient Centre.

ELECTIVE RISK ADJUSTED MORTALITY INDEX



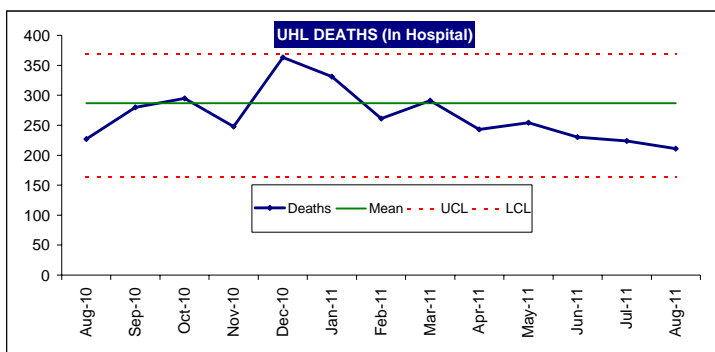
NON ELECTIVE RISK ADJUSTED MORTALITY INDEX



CHKS - RISK ADJUSTED MORTALITY

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD
Total Spells (CHKS)	18,925	18,049	18,669	18,307	18,984	18,312	17,810	17,485	19,886	16,061	16,662	17,971	17,378	68,072
Observed Deaths	214	198	248	265	211	325	293	230	250	240	243	218	220	921
RAMI	79.8	80.2	87.3	93.6	77.5	98.1	87.7	82.5	87.9	80.5	84.5	74.8	80.9	80.0

Clinical Business Unit	CURRENT MONTH		
	Spells	Deaths	%
Specialist Surgery	1620	2	0.1%
GI Medicine, Surgery and Urology	3390	27	0.8%
Cancer, Haematology and Oncology	2004	18	0.9%
Musculo-Skeletal	955	8	0.8%
Medicine	2048	70	3.4%
Respiratory	1101	38	3.5%
Cardiac, Renal & Critical Care	1343	39	2.9%
Emergency Department	15	3	20.0%
Women's	4499	6	0.1%
Children's	836		
Anaesthesia and Theatres	351		
Imaging	17		
Sum	18179	211	1.2%



UHL CRUDE DATA TOTAL SPELLS

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target
UHL Crude Data - TOTAL Spells	18973	19627	19254	19895	19261	18674	18300	20760	16889	17531	18892	18379	18179	89870	
UHL Crude Data - TOTAL Deaths	227	280	295	248	363	331	261	291	243	254	230	224	211	1162	TBC
Percent	1.2%	1.4%	1.5%	1.2%	1.9%	1.8%	1.4%	1.4%	1.4%	1.4%	1.2%	1.2%	1.2%	1.3%	TBC

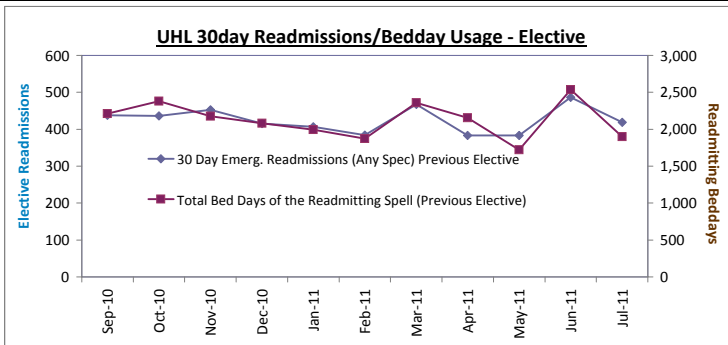
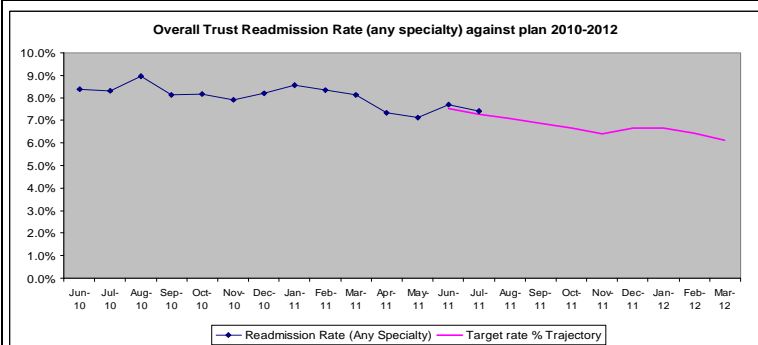
UHL CRUDE DATA ELECTIVE SPELLS

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target
UHL Crude Data - ELECTIVE Spells	8178	8602	8449	8794	7744	7793	8074	9408	7760	8102	9238	8569	8809	42478	
UHL Crude Data - ELECTIVE Deaths	8	10	11	9	6	6	6	9	5	8	9	11	15	48	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%	0.2%	0.1%	TBC

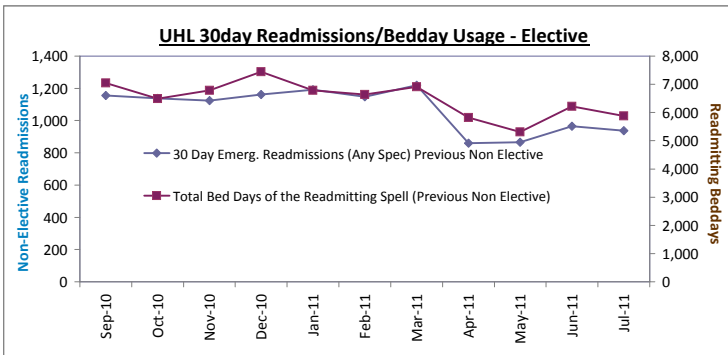
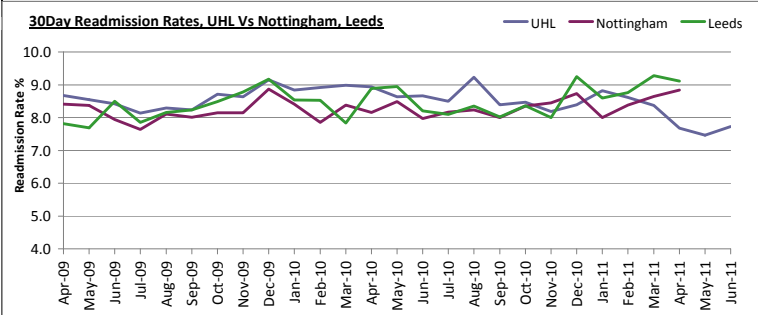
UHL CRUDE DATA NON ELECTIVE SPELLS

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target
UHL Crude Data - NON ELECTIVE Spells	10795	11025	10805	11101	11517	10881	10226	11352	9129	9429	9654	9810	9370	47392	
UHL Crude Data - NON ELECTIVE Deaths	219	270	284	239	357	325	255	282	238	246	221	213	196	1114	TBC
Percent	2.0%	2.4%	2.6%	2.2%	3.1%	3.0%	2.5%	2.5%	2.6%	2.6%	2.3%	2.2%	2.1%	2.4%	TBC

EMERGENCY READMISSIONS



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



ALL READMISSIONS

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target
Discharges	19,627	19,254	19,895	19,261	18,674	18,300	20,760	16,889	17,532	18,892	18,379	71,692	
30 Day Emerg. Readmissions (Any Spec)	1,594	1,574	1,576	1,577	1,599	1,531	1,687	1,242	1,248	1,451	1,356	5,297	
Readmission Rate (Any Speciality)	8.1%	8.2%	7.9%	8.2%	8.6%	8.4%	8.1%	7.4%	7.1%	7.7%	7.4%	7.4%	6.1%
Improvement trajectory (Any Speciality)										7.5%	7.3%		
Total Bed Days of the Readmitting Spell	9,255	8,873	8,966	9,525	8,778	8,513	9,266	7,979	7,032	8,755	7,780	31,546	

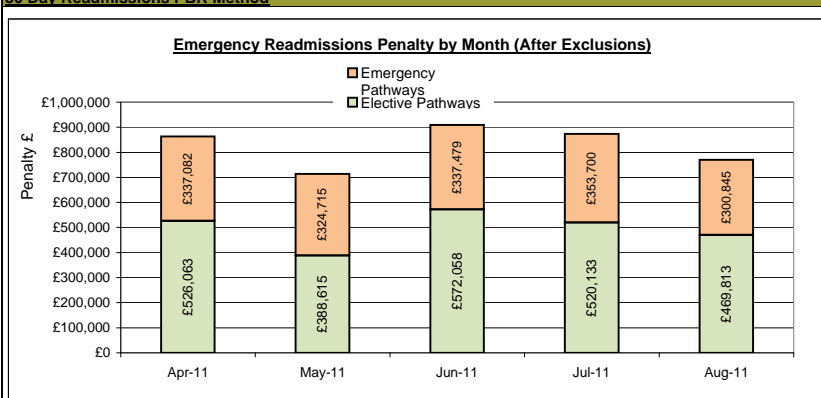
Readmissions - Previous Spell = Elective

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD
Discharges	8,602	8,449	8,794	7,744	7,793	8,074	9,408	7,760	8,103	9,238	8,569	33,670
30 Day Emerg. Readmissions (Any Spec) Previous Elective	438	436	453	415	407	384	467	383	383	486	419	1,671
Readmission Rate (Any Speciality) Previous Elective	5.1%	5.2%	5.2%	5.4%	5.2%	4.8%	5.0%	4.9%	4.7%	5.3%	4.9%	5.0%
Total Bed Days of the Readmitting Spell (Previous Elective)	2,210	2,381	2,177	2,082	1,994	1,872	2,358	2,154	1,719	2,537	1,899	8,309

Readmissions - Previous Spell = Non Elective

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD
Discharges	11,025	10,805	11,101	11,517	10,881	10,226	11,352	9,129	9,429	9,654	9,810	38,022
30 Day Emerg. Readmissions (Any Spec) Previous Non Elective	1,156	1,138	1,123	1,162	1,192	1,147	1,220	859	865	965	937	3,626
Readmission Rate (Any Speciality) Previous Non Elective	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	9.4%	9.2%	10.0%	9.6%	9.5%
Total Bed Days of the Readmitting Spell (Previous Non Elective)	7,045	6,492	6,789	7,443	6,784	6,641	6,908	5,825	5,313	6,218	5,881	23,237

30 Day Readmissions PBR Method



Performance Overview

In month rate was 7.4%, 0.1% above trajectory. Penalty was £770k down on the previous 2 months and down as a proportion of total readmissions from an average of 69% to 62%. This was mainly seen in Cardiology, General Surgery, Gynaecology and Medicine. 5 less beds were used by readmitted patients during August against the average for the year. Forecast penalty is £9.5m.

Readmissions programme is now in place with 3 workstreams: 1) Coding, 2) Discharge, 3) Speciality priorities (Older people, Respiratory Medicine, General Surgery, Urology, Gynaecology).

Action taken this month:

- 1) Coding - sessions with administrative staff with regard to readmissions coding. Assessment of currently counting against guidance identified £452,000 FYE of penalty outside of guidance.
- 2) Discussion to take place on the provision of a Discharge group to define the process for discharge of patients from UHL.
- 3) Speciality Priorities - plans being developed for readmission reduction in top 5 specialities. Some pilots in line with best practice are already in place including post-discharge support to patients in care homes, roll out of ICE electronic discharge summaries, ISAR risk stratification, and triage of emergency General Surgery patients

FALLS

Performance Overview

The strategy to reduce falls has included:

- Focus on implementation and embedding of the hourly rounds. There are examples where this is starting to make an impact for example Ward 29, LRI.
- Risk assessment of patients with a very high risk of fall/history of inpatient falls and provision of one to one supervision if required to ensure physical safety and care.
- Weekly monitoring by Matron teams regarding ward in medicine with the highest number of falls.

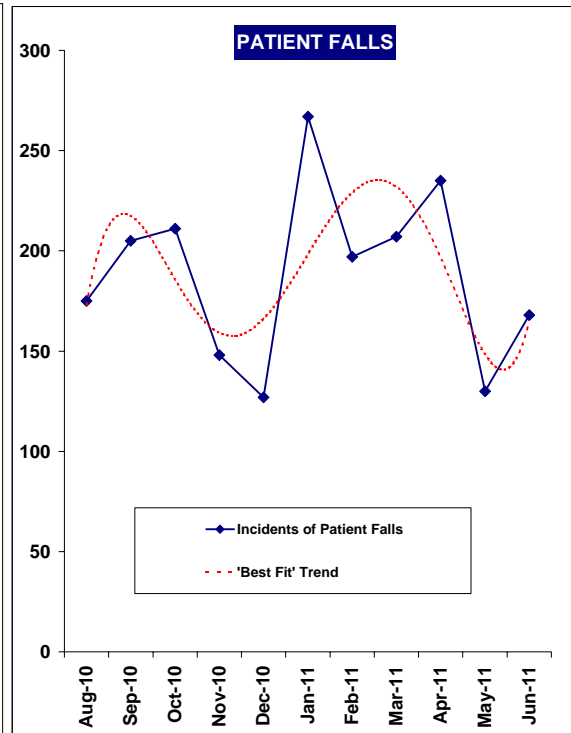
Key Actions for the next month

In line with the more detailed review and benchmarking exercise undertaken with Pressure Ulcers, it is proposed that a similar exercise is followed with falls and will include:

- Criterion for falls reporting
- Reporting comparisons with AUKUH organisations
- Benchmarking data
- RCA outcomes

This will improve accuracy and timelines and is likely to change the numbers that have previously been reported.

A separate report is proposed to be part of the GRMC agenda in October 2011.



TARGET / STANDARD

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

PRESSURE ULCERS (Grade 3 and 4)

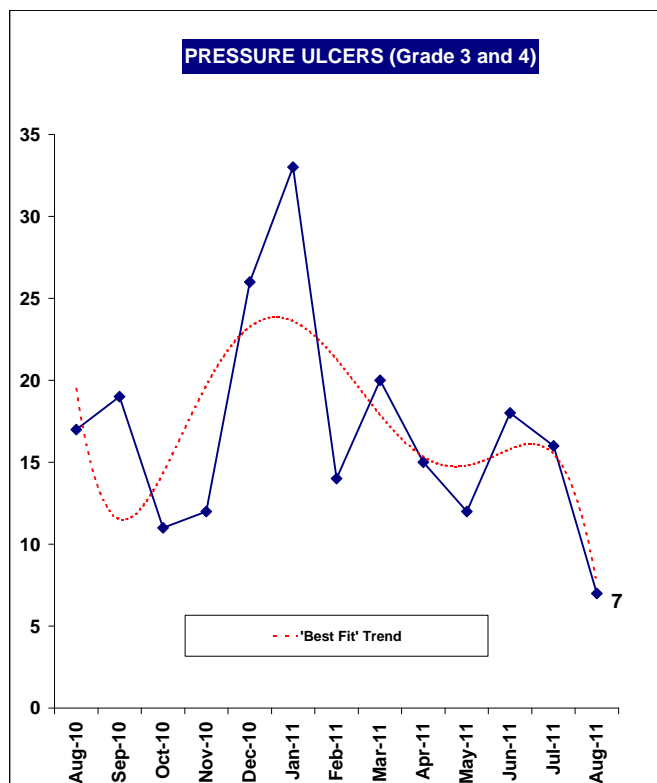
Performance Overview

The results of the second benchmarking exercise have demonstrated significant variance in the numbers of HAPUs reported within those organisations that were able to share their information.

Analysis of the data shows that the incidence of HAPUs in UHL is comparable to other similar size Trusts. The review also exposed differences in data collection and reporting methodology across the country and varying levels of confidence amongst senior nurses regarding the robustness and transparency of individual Trust data.

A full report is to be provided to the September GRMC which will also contain the following actions:

- Trustwide implementation of the checklist for 'non-avoidable pressure ulcers'.
- Changes to Datix reporting form - to be specific to Pressure Ulcer activity.
- Monitoring of source of admission and age range of patients.
- Continued analysis of VITAL results and support / education for all clinical areas
- Research proposal to be established to link to national work
- Support from Leeds and Sheffield to undertake some collaborative work with the DoH looking at patient perceptions of pressure ulcers



TARGET / STANDARD

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target
Pressure Ulcers (Grade 3 and 4)	17	19	11	12	26	33	14	20	15	12	18	16	7	68	197

April figure has been updated : Two ulcers were inadvertently missed in previous submission

PATIENT EXPERIENCE

Performance Overview

The "Patient Experience Survey" for August 2011 resulted in 1,400 surveys being returned, a Trust return rate of 93%, an increase from last month. The UHL 'Overall Respect & Dignity' score has shown an increase from 95.7 to 96 however the UHL 'Overall Care Score' shows a deterioration which mirrors the patient experience questions from the Divisional projects.

When analysing the data, a number of wards in Medicine are largely responsible for the downturn in overall care rating and have scored red against patient experience questions for August. Performance in the Women's CBU has also affected the score in two of their wards. The August data illustrates overall care ratings for UHL as a whole if the specific underperforming areas from Medicine are removed the August figures are much improved as illustrated in the additional column below.

The specific underperforming areas in Medicine have been identified and analysed in relation to other performance indicators such as falls, complaints, metrics and pressure sores. Ward areas which demonstrate deteriorating patient experience and nursing metrics results, undertake a full healthcheck review. The Division is taking immediate focused action to remedy issues:

1. Sessions held with junior doctors to address key issues in patient experience and their influence and responsibility
2. To reinforce the Job plans of Medical Matrons to focus on 10 point plan
3. Matrons in Medicine to undertake regular late evening/night shifts to audit/promote standards of care at night
4. Focused Ward Sister meetings fortnightly with Head of Nursing to review progress against patient experience agenda
5. Individual action plans for the lowest performing areas
6. Monthly Caring at its Best dashboards to illustrate response to Divisional actions

Despite these areas there are a number of positive results, for example AMU LRI have pulled their scores up from Amber to green this month.

Please note: The Outpatient Patient Experience data is absent due to the introduction of new data collection system. Data will start to be available from September.

Return Rates - August 2011	Division	Surveys Returned	Target	% Achieved
	Acute Care	759	790	96%
	Planned Care	466	535	87%
	Women's and Children's	175	180	97%
	UHL	1,400	1,505	93%

Trust Scores in August 2011 minus underperforming Wards in Medicine

DIVISIONAL PROJECTS

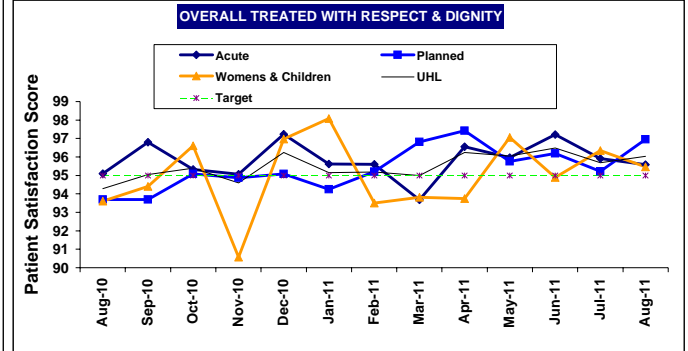
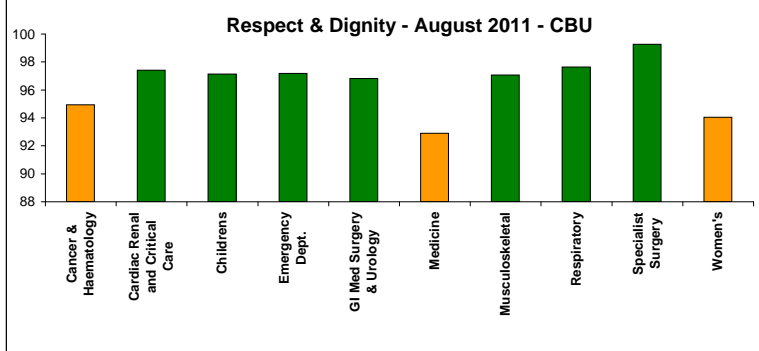
Area for Development	Lead Division	PES Question	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Aug-11
Noise at Night	Acute Care	Q10a – Were you ever bothered by noise at night from other patients?	67.7	65.0	75.7	71.8	74.7	70.6	70.6	75.3
		Q10b – Were you ever bothered by noise at night from hospital staff?	84.0	84.2	87.1	86.8	87.4	87.4	85.2	85.2
Staff Attitudes and Behaviours	Women's and Children's	Q13a – When you had important questions to ask the doctors did you get answers that you could understand?	88.6	88.2	89.9	88.2	89.1	89.7	89.3	91.2
	Children's	Q14a – Did any of the doctors talk in front of you as if you were not there?	88.1	88.9	89.1	88.0	88.1	90.7	89.6	90.8
		Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? CQUIN	77.6	77.3	80.7	79.8	79.9	78.8	76.6	79.3
		Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN	79.1	79.5	82.0	80.9	81.6	81.4	81.0	83.1
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?	83.0	84.7	86.0	85.9	86.6	85.2	85.4	86.9
		Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN	94.0	92.3	95.1	94.4	94.7	94.8	94.9	95.5
		Q24 – Has a member of staff told you about medication side effects to watch for when you went home? CQUIN	74.2	73.4	80.1	77.7	75.4	74.9	75.2	78.5
		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	72.7	69.8	81.9	75.3	80.4	78.1	76.5	83.5
Pain	Planned Care	Q19 – Do you think the hospital staff did everything they could to help control your pain?	91.1	90.5	93.1	91.7	92.3	91.8	90.7	92.0
		Q28 – Overall, how would you rate the care you received?	86.1	83.8	88.4	87.2	87.6	87.0	85.4	87.5

PATIENT EXPERIENCE

TARGET / STANDARD

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

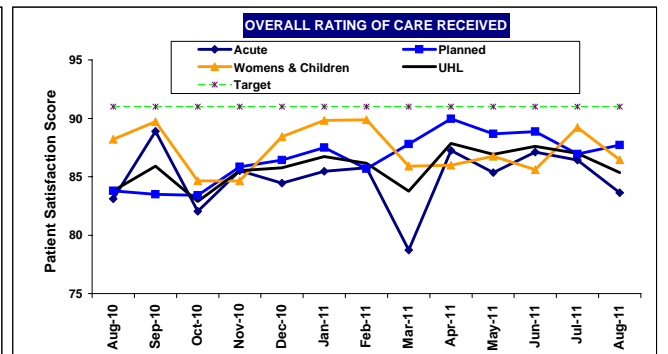
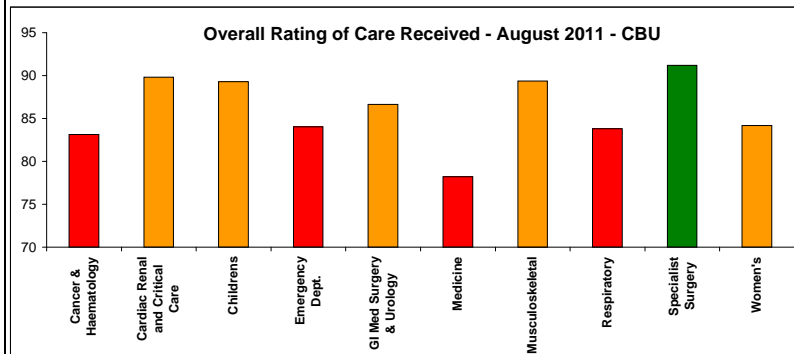
	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Status
Division														
Acute	95.1	96.8	95.1	95.1	97.2	95.6	95.6	93.7	96.6	95.8	97.2	95.9	95.6	▼
Planned	93.7	93.7	95.4	94.9	95.1	94.3	95.2	96.8	98.0	96.6	96.2	95.2	97.0	▲
Womens & Children	93.6	94.4	96.6	90.6	97.0	98.1	93.5	93.8	93.8	97.1	94.9	96.3	95.5	▼
UHL	94.3	95.0	95.4	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	▲



TARGET / STANDARD

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

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Status
Division														
Acute	83.1	88.9	82.0	85.7	84.5	85.5	85.8	78.7	87.3	84.9	87.0	86.4	83.6	▼
Planned	83.8	83.5	83.4	85.6	86.4	87.5	85.7	87.8	90.8	89.6	88.9	87.0	87.7	▲
Womens & Children	88.2	89.7	84.7	84.6	88.4	89.8	89.9	85.9	86.0	86.8	85.6	89.2	86.5	▼
UHL	84.0	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	▼



EMERGENCY DEPARTMENT

Performance Overview

Performance for August Type 1 and 2 is 92.0% and including UCC is 93.8% a disappointing deterioration from the July position. The year to date performance for ED (UHL+UCC) is 94.8%.

From the 1 July, the DoH expects 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).

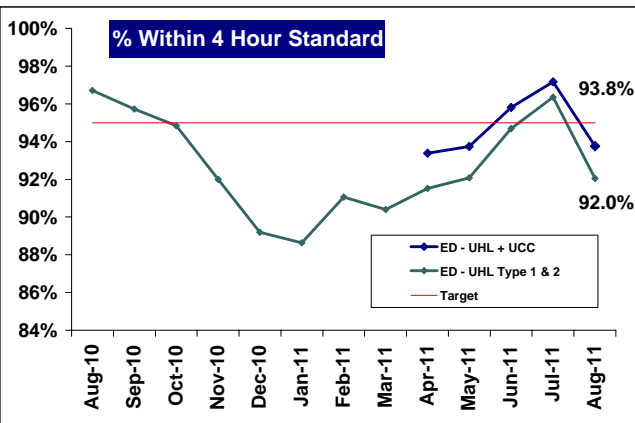
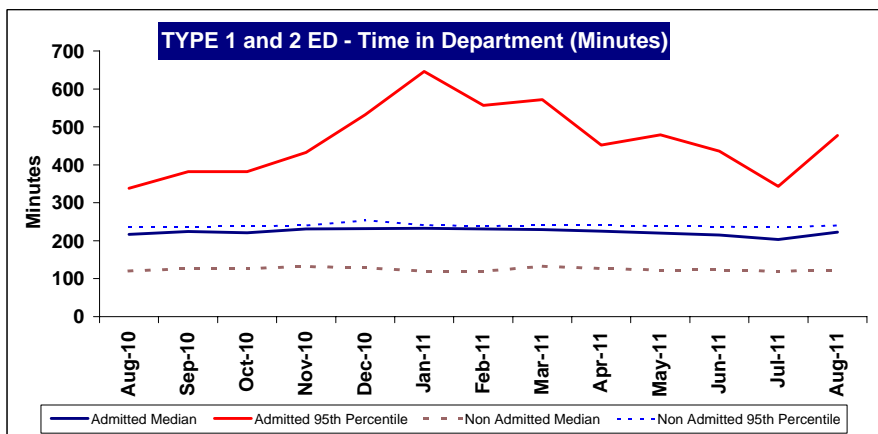
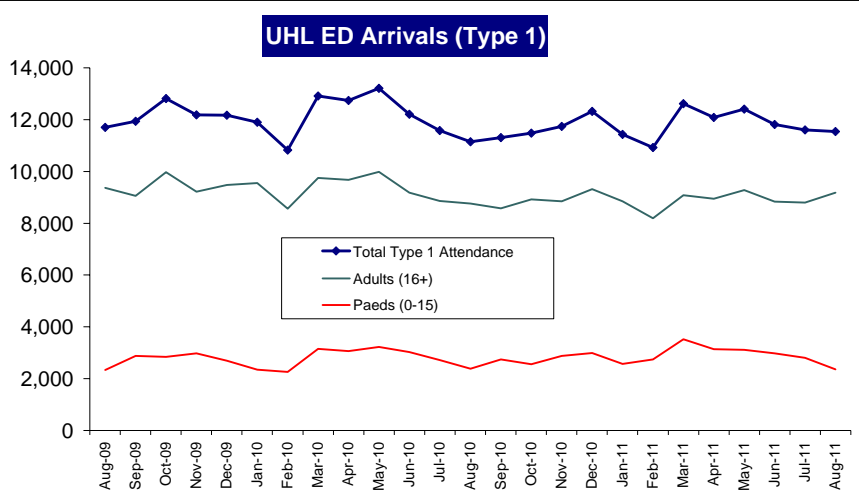
During August/September supplementary guidance has been made available by both the DoH and Monitor to update Trusts how the new clinical outcome indicators will be monitored and scored.

Key Actions

Further information regarding ED performance will be addressed in the Emergency Care Transformation report.

Full Year Forecast

ED + UCC 4 hr performance - 94.8%



Total Time in the Department

August 2011 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	238	5069	5307
3-4 Hours	1638	4976	6614
5-6 Hours	315	308	623
7-8 Hours	175	98	273
9-10 Hours	77	19	96
11-12 Hours	31	4	35
12 Hours+	12	1	13
Sum:	2486	10475	12961

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	TARGET
Unplanned Re-attendance %	7.0%	6.6%	6.4%	5.8%	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	6.0%	<=5%
Left without being seen %	2.1%	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.3%	< 5%

TIMELINESS

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	TARGET
Time in Dept (95th centile)	240	240	251	303	349	382	331	343	306	307	256	239	304	284	< 240 Minutes
Time to initial assessment (95th)	43	41	52	49	55	55	49	63	70	56	41	39	48	50	<= 15 Minutes
Time to treatment (Median)	49	55	55	62	60	48	50	58	59	54	50	34	34	46	<= 60 Minutes

4 HOUR STANDARD

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	TARGET
ED - (UHL + UCC)									93.4%	93.7%	95.8%	97.2%	93.8%	94.8%	95.0%
ED - UHL Type 1 and 2	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.0%	93.3%	95.0%
ED Waits - Type 1	96.3%	95.3%	94.3%	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	91.0%	92.6%	95.0%

18 WEEK REFERRAL TO TREATMENT

Performance Overview

August 18 week referral to treatment is 92.0% for admitted patients (target of 90%) and 96.8% (target of 95%) for non-admitted patients.

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

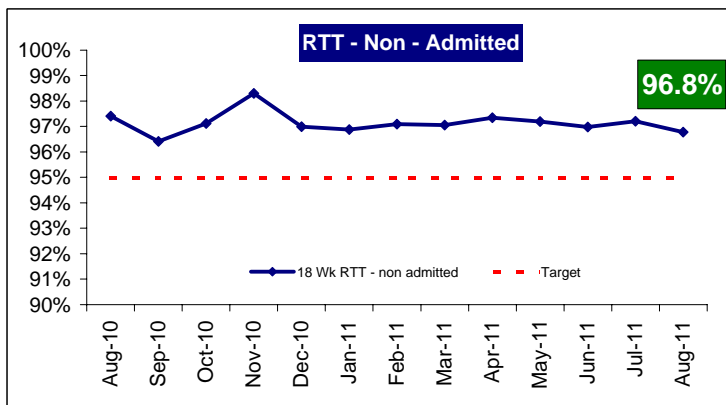
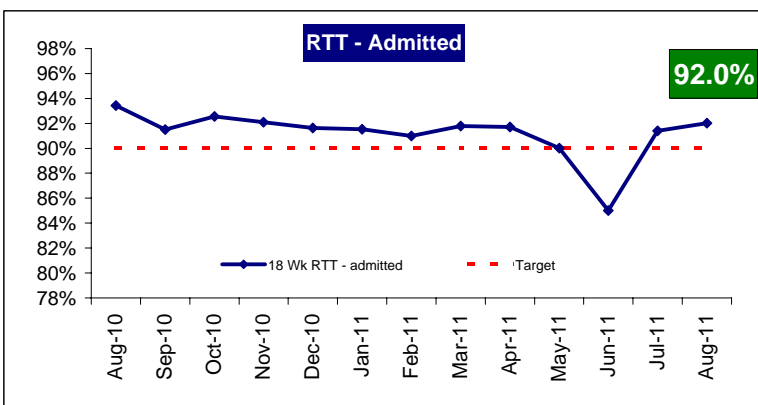
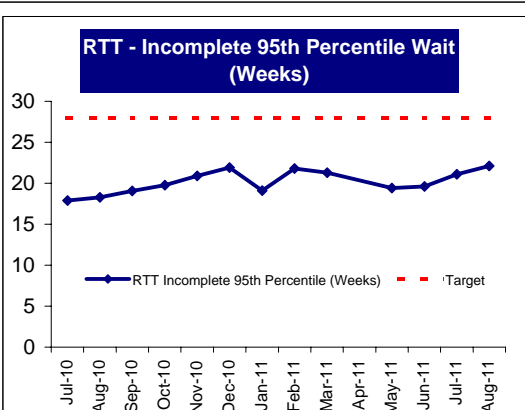
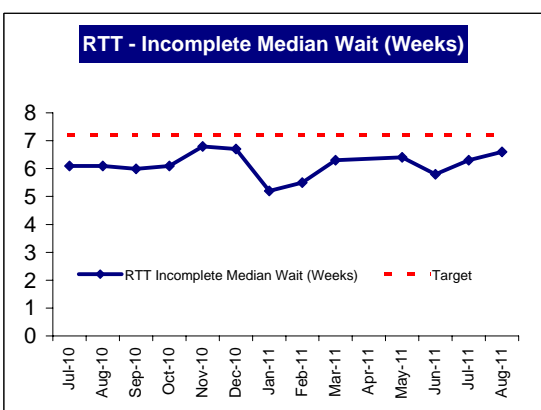
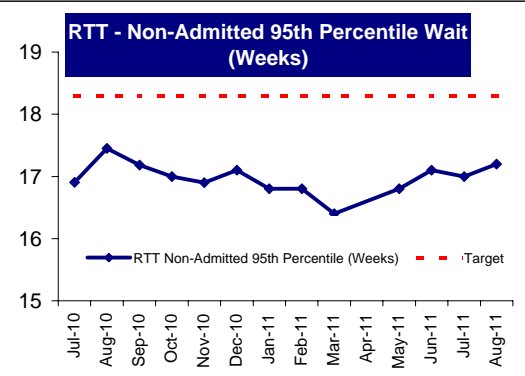
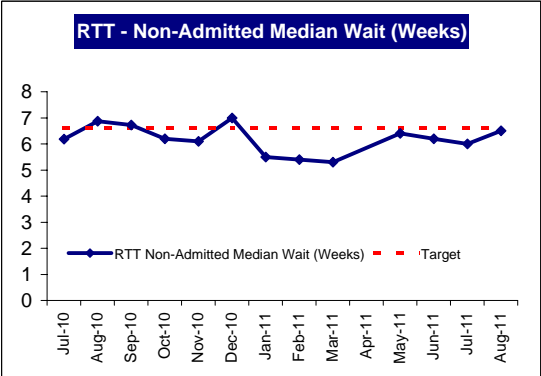
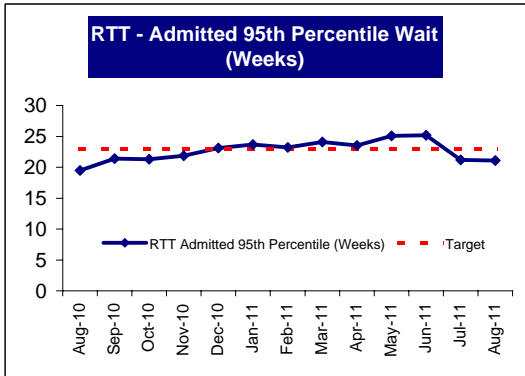
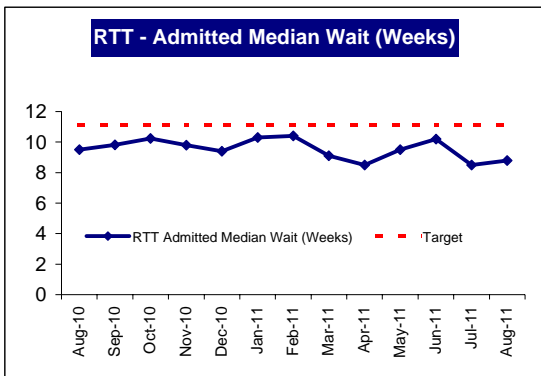
1. Admitted 95th percentile- threshold 23 weeks
2. Non admitted 95th percentile - threshold 18.3 weeks
3. Incomplete pathways 95th percentile - threshold 28 week

During August all these targets were delivered.

Key Actions

Further reductions in backlog of both 18 and 23 week RTT waiters need to continue, with weekly monitoring and targetting of long wait patients.

Planned care have developed revised plans to reduce backlog for both General Surgery and Endoscopy.



TARGET / STANDARD

RTT	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
18 Wk - admitted (%)	93.4	91.5	92.6	92.1	91.6	91.5	91.0	91.8	91.7	90.0	85.0	91.4	92.0	92.0	90.0%	▲
18 Wk - non admitted (%)	97.4	96.4	97.1	98.3	97.0	96.9	97.1	97.1	97.3	97.2	97.0	97.2	96.8	96.8	95.0%	▲

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target 11/12
RTT Admitted Median Wait (Weeks)	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	9.1	≤11.1
RTT Admitted 95th Percentile (Weeks)	23.1	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	≤23.0
RTT Non-Admitted Median Wait (Weeks)	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.1	≤6.6
RTT Non-Admitted 95th Percentile (Weeks)	16.9	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.0	≤18.3
RTT Incomplete Median Wait (Weeks)	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.6	6.6	≤7.2
RTT Incomplete 95th Percentile (Weeks)	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	22.1	22.1	≤28.0

PRIMARY PCI

Performance Overview

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

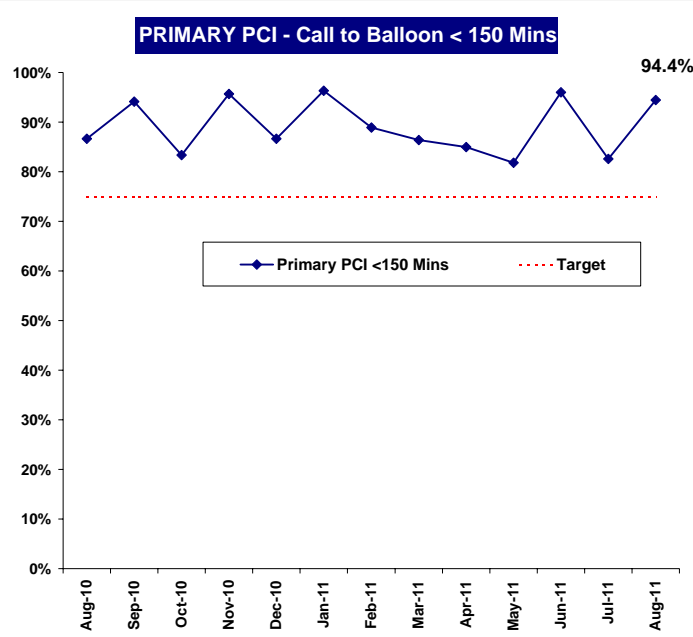
1. The percentage of eligible patients with acute myocardial infarction who receive Primary PCI within 150 minutes of calling professional help
2. The number of patients who receive thrombolysis where this is deemed to be the most effective treatment

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 August was 94.4% (17 out of 18 patients). Performance remains above the target of 75%.

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	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target
	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	87.4%	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.

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

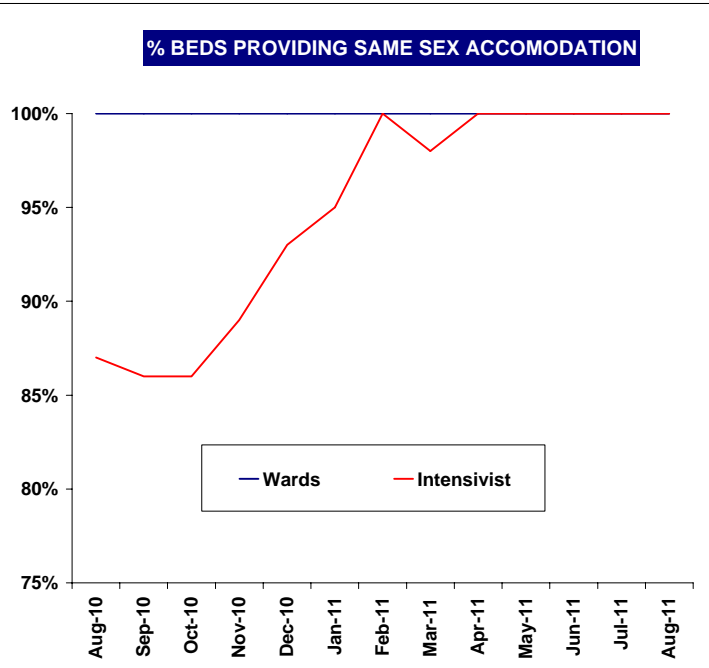
The Brain Injury Unit, LGH, will continue to report clinically justified breaches as per the local agreement. The Acute Care Division are in the process of developing a business case for the relocation of the Brain Injury Unit.

Key Actions

August 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.



TARGET / STANDARD

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

CANCER TREATMENT

Performance Overview

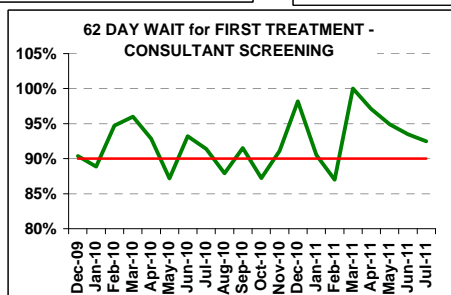
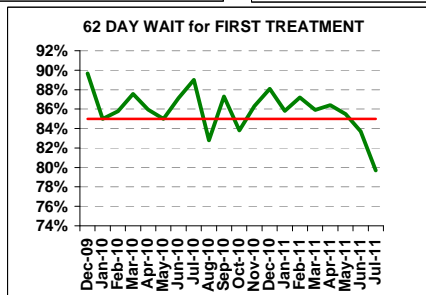
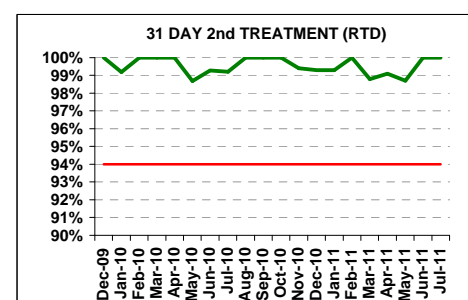
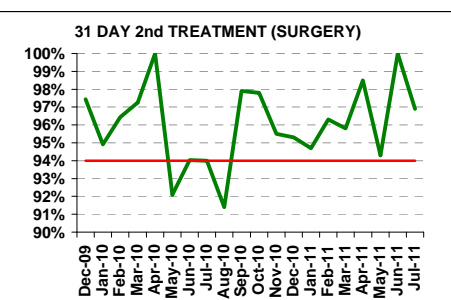
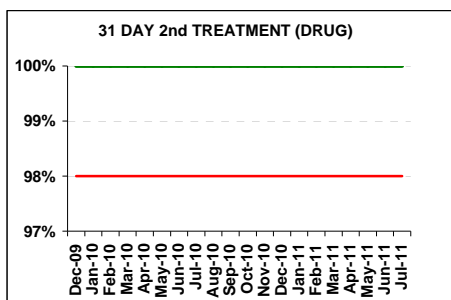
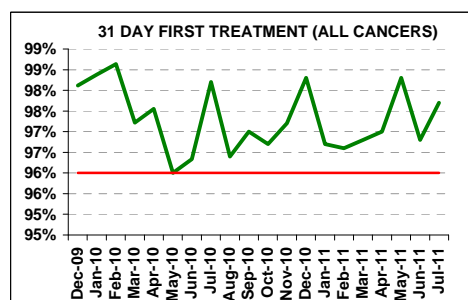
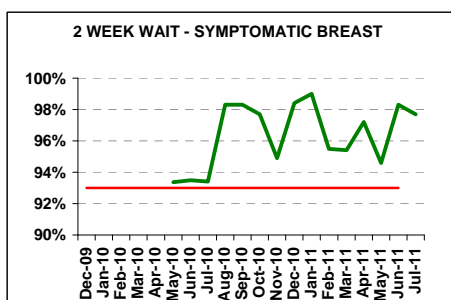
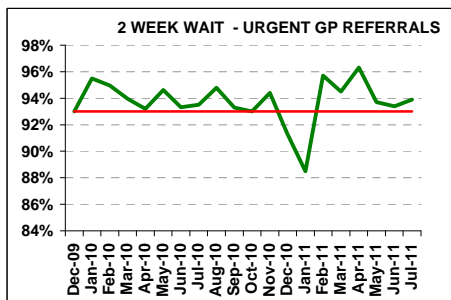
All cancer targets were achieved in Qtr 1 (one month behind in reporting) with an amber report for the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position.

For July all cancer target were achieved with the exception of the 62 day target which was missed by 7 patients due to factors including complex cases, delays in transfers from other Trusts, diagnostic delays and capacity constraints.

Key Actions

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

Commitment	Threshold	2010/11	Qtr 1	Jul-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%	94.4%	93.9%	94.3%
Two week wait for symptomatic breast patients (Cancer not initially suspected)	93.0%	95.9%	96.9%	97.7%	97.1%
31-day (Diagnosis To Treatment) wait for first treatment: all cancers	96.0%	97.0%	97.3%	97.7%	97.4%
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%	97.3%	96.9%	97.2%
31-day wait for second or subsequent treatment: radiotherapy treatments	94.0%	99.5%	99.2%	100.0%	99.4%
62-day (urgent GP referral to treatment) wait for first treatment: all cancers	85.0%	86.3%	85.1%	79.7%	83.6%
62-day wait for first treatment from consultant screening service referral: all cancers	90.0%	91.7%	95.0%	92.5%	94.2%
62-day wait for first treatment from consultant upgrade	100.0%	100.0%	100.0%	--	100.0%



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

The appraisal rate has increased slightly to 87.7% after having fallen for 4 consecutive months.

Within the Acute Division and Anaesthetics targeted action is being taken to improve appraisal rates.

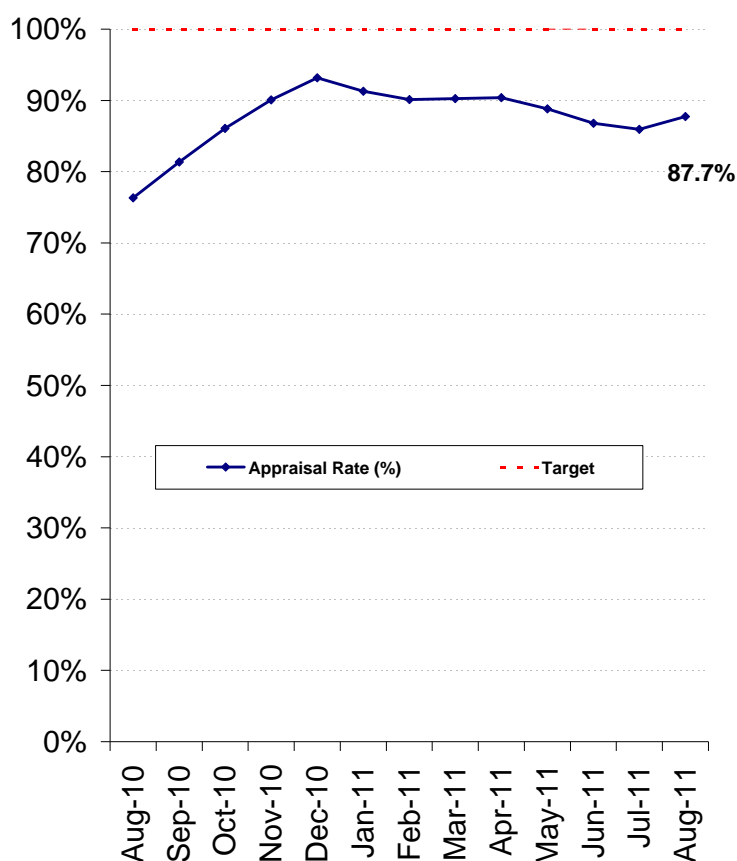
Where appraisal rates continue to be low within cost centre areas we are now proceeding with performance management action.

Sickness

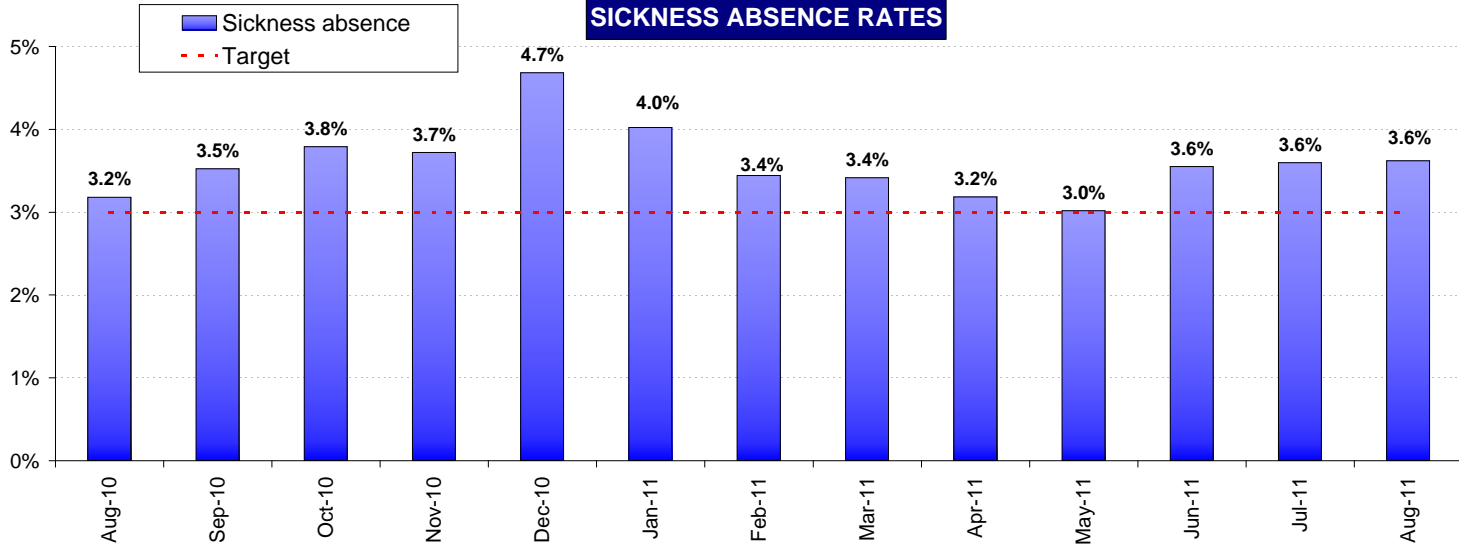
The sickness rate remains constant at 3.6% for the third successive month.

Human Resources have reviewed the twenty cost centres with the highest sickness rates and are currently working with Divisions to performance manage these areas.

APPRAISAL RATES



SICKNESS ABSENCE RATES

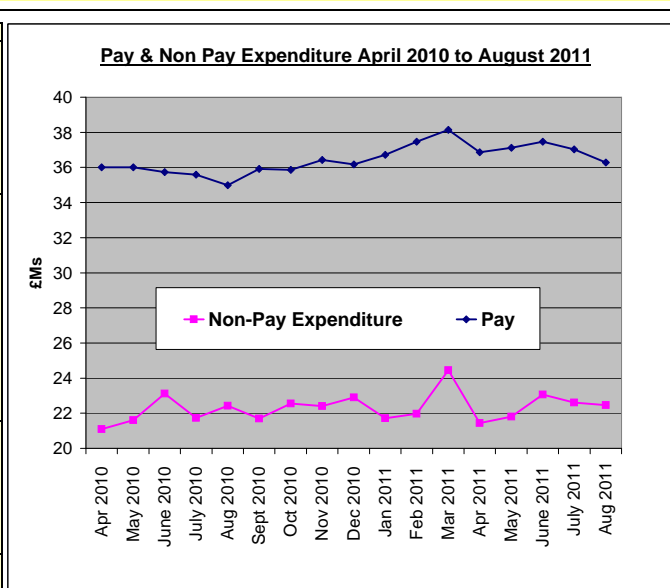


	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
Appraisals	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%

YTD	Target	Status
87.7%	100%	▲

VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Cumulative income at Month 5 was £283.1million (£0.5 million or 0.2% favourable to Plan). Cumulative expenditure was £296.1 million (£13.7 million adverse to plan). The actual deficit of £13 million is an adverse variance of £13.2 million against plan.
Activity/Income	An over performance of £0.4 million, 0.2% against plan is reported on patient care income against plan. This reflects an over performance on day cases of £1 million, elective inpatients of £0.8 million and outpatients of £0.7 million. These over performing areas are offset by an under performance of £1.4 million, 2.0% of plan, on non elective / emergencies. This equates to 1,612 spells below the planned level.
BPPC	The Trust achieved an overall 30 day payment performance of 94% for value and 91% for volume for trade creditors in August 2011. The cumulative position is 93% for value and 92% for volume.
Cost Improvement Programme	At Month 5 Divisions have reported £6.5 million of savings, short of the £13 million target by £6.5 million.
Balance Sheet	The balance sheet reflects the receipt of £10 million in advance from the Leicestershire Cluster.
Cash Flow	The year to date increase in cash of £10.7 million reflects the £10 million received from the Cluster. Cash continues to be actively managed, and a positive balance is forecast to year end.
Capital	The Trust is forecasting the delivery of the refreshed plan, to support the cash position by £5 million.
Risks	The Chief Operating Officer and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus.



Financial Metrics	Weighting	August	Year to Date	
		Result	Result	Score
EBITDA achieved (% of plan)	10.0%	49.5%	31.6%	1
EBITDA margin (%)	25.0%	3.7%	2.0%	2
Return on assets (%)	20.0%	-0.2%	-1.9%	2
I&E surplus (%)	20.0%	-3.1%	-4.6%	1
Liquidity ratio (days)	25.0%	7	7	1
Overall Financial Risk Rating				1

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

VALUE FOR MONEY - INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 31 August							
	2011/12 Annual Plan £000	August			April - August 2011		
		Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Elective	67,968	5,957	5,956	(1)	27,891	28,664	773
Day Case	56,368	4,940	5,011	71	23,131	24,103	972
Emergency	177,574	14,354	13,899	(455)	73,081	71,639	(1,442)
Outpatient	82,700	7,233	7,376	143	33,976	34,640	664
Other	204,595	16,871	16,677	(194)	86,240	85,677	(563)
Patient Care Income	589,205	49,355	48,919	(436)	244,319	244,723	404
Teaching, Research & Development	67,077	5,590	5,502	(88)	27,954	27,952	(2)
Non NHS Patient Care	6,638	533	842	309	2,592	2,551	(41)
Other operating Income	18,869	1,554	1,714	160	7,714	7,889	175
Total Income	681,789	57,032	56,977	(55)	282,579	283,115	536
Medical & Dental	135,204	11,168	11,397	(229)	56,248	55,735	513
Nursing & Midwifery	160,759	12,874	13,331	(457)	66,508	67,706	(1,198)
Other Clinical	56,686	4,625	4,687	(62)	23,643	23,343	300
Agency	1,530	0	895	(895)	847	8,072	(7,225)
Non Clinical	65,827	6,076	5,980	96	28,452	29,919	(1,467)
Pay Expenditure	420,006	34,743	36,290	(1,547)	175,698	184,775	(9,077)
Drugs	58,078	4,838	4,863	(25)	23,986	22,972	1,014
Recharges	(557)	(27)	(8)	(19)	(305)	(14)	(291)
Clinical supplies and services	74,335	6,091	6,304	(213)	30,898	32,232	(1,334)
Other	81,433	7,133	7,417	(284)	34,427	37,458	(3,031)
Central Funds	2,083	0	0	0	0	0	0
Provision for Liabilities & Charges	348	29	18	11	145	84	61
Non Pay Expenditure	215,720	18,064	18,594	(530)	89,151	92,732	(3,581)
Total Operating Expenditure	635,726	52,807	54,884	(2,077)	264,849	277,507	(12,658)
EBITDA	46,063	4,225	2,093	(2,132)	17,730	5,608	(12,122)
Interest Receivable	84	7	4	(3)	35	25	(10)
Interest Payable	(565)	(40)	(39)	1	(205)	(202)	3
Depreciation & Amortisation	(31,057)	(2,588)	(2,710)	(122)	(12,940)	(12,882)	58
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	14,525	1,604	(652)	(2,256)	4,620	(7,451)	(12,071)
Profit / (Loss) on Disposal of Fixed Assets	0	0	(2)	(2)		(6)	(6)
Dividend Payable on PDC	(13,236)	(1,103)	(1,113)	(10)	(5,515)	(5,565)	(50)
Net Surplus / (Deficit)	1,289	501	(1,767)	(2,268)	(895)	(13,022)	(12,127)
Impairment		0	0	0	0	0	0
Total	1,289	501	(1,767)	(2,268)	(895)	(13,022)	(12,127)
Plan Phasing Adjustment		(495)	0	495	1,066	0	(1,066)
Net Surplus / (Deficit) after impairment	1,289	6	(1,767)	(1,773)	171	(13,022)	(13,193)
EBITDA MARGIN	6.76%		3.67%		-	1.98%	

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 31 August 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	261,061	107,448	108,743	1,295	132,290	55,450	61,763	(6,313)	76,504	32,021	32,888	(867)	52,267	19,977	14,092	(5,885)
Clinical Support	27,272	11,347	11,228	(119)	106,865	44,863	45,723	(860)	15,307	6,524	7,424	(900)	(94,900)	(40,040)	(41,919)	(1,879)
Planned Care	194,015	80,274	80,955	681	78,678	33,493	35,053	(1,560)	43,069	17,868	18,750	(882)	72,268	28,913	27,152	(1,761)
Women's and Children's	116,642	47,832	46,723	(1,110)	62,545	25,497	25,848	(351)	16,615	7,125	7,794	(669)	37,482	15,210	13,081	(2,130)
Corporate Directorates	29,990	13,674	13,343	(331)	39,628	16,395	16,155	240	61,580	25,351	25,624	(273)	(71,218)	(28,072)	(28,436)	(364)
Sub-Total Divisions	628,980	260,575	260,991	416	420,006	175,698	184,542	(8,844)	213,075	88,889	92,480	(3,591)	(4,101)	(4,012)	(16,031)	(12,019)
Central Income	52,809	22,004	22,124	120	0	0	0	0	0	0	0	0	52,809	22,004	22,124	120
Central Expenditure	0	0	0	0	0	0	233	(233)	47,419	17,821	18,881	(1,060)	(47,419)	(17,821)	(19,114)	(1,293)
Grand Total	681,789	282,579	283,115	536	420,006	175,698	184,775	(9,077)	260,494	106,710	111,361	(4,651)	1,289	171	(13,021)	(13,192)

VALUE FOR MONEY - COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at August 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	8,146	(5,237)	5,348	2,092	39.1%	7,958	188	2,092	1,915	2,923	1,216	8,146
Clinical Support	6,218	4,823	(1,395)	2,296	1,456	63.4%	3,857	966	1,456	542	903	1,922	4,823
Planned Care	8,685	4,515	(4,170)	2,759	1,530	55.5%	4,087	428	1,530	1,119	624	1,242	4,515
Women's and Children's	2,916	1,357	(1,559)	671	248	37.0%	1,321	36	248	52	659	398	1,357
Clinical Divisions	31,202	18,841	(12,361)	11,074	5,326	48.1%	17,223	1,618	5,326	3,628	5,109	4,778	18,841
Corporate	3,571	3,922	351	1,163	1,178	101.3%	2,792	1,130	1,178	310	486	1,948	3,922
Central	3,471	1,500	(1,971)	771	0		1,500	0	0	0	1,500	0	1,500
Total	38,244	24,263	(13,981)	13,008	6,504	50.0%	21,515	2,748	6,504	3,938	7,095	6,726	24,263

Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Income	3,763	4,140	377	997	813	81.5%	3,885	255
Non Pay	11,555	7,474	(4,081)	3,127	1,677	53.6%	6,721	753
Pay	22,927	12,649	(10,278)	5,740	2,365	41.2%	10,909	1,740
Total	38,244	24,263	(13,981)	9,864	4,854	49.2%	21,515	2,748

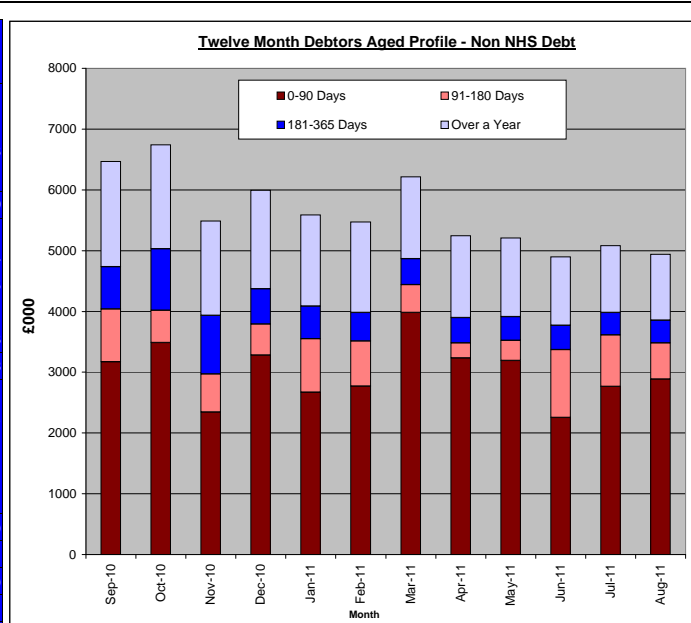
Commentary

There is a year to date under performance on delivery of cost improvement of £6.5 million and a year end forecast under performance of £14 million (reflecting shortfalls in all Clinical Divisions totalling £12.4 million and the unidentified value of £2 million).

The forecast position has deteriorated by a further £2 million, reflecting a reduction in delivery in the Clinical Divisions.

VALUE FOR MONEY - BALANCE SHEET

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



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	2,180	(539)	130	14	1,785
Non NHS sales ledger by division:					
Corporate Division	388	135	193	408	1,124
Planned Care Division	241	114	46	203	604
Clinical Support Division	403	29	31	20	483
Women's and Children's Division	89	31	26	107	253
Acute Care Division	1,767	284	80	343	2,474
Total Non-NHS sales ledger	2,888	593	376	1,081	4,938
Total Sales Ledger	5,068	54	506	1,095	6,723
Other Debtors					
WIP					3,948
SLA Phasing & Performance					7,176
Bad debt provision					(1,681)
VAT - net					747
Other receivables and assets					8,748
TOTAL					25,661

Commentary

The increase in the cash balance and trade and other payables during the year, reflects £10 million received in advance from the Cluster.

Accounts receivable metrics:

Invoice cycle time	Non-NHS days sales outstanding (DSO)			
	Aug - 11 Days	July - 11 Days	Aug - 11 YTD Days	July - 11 YTD Days
Req date to invoice raised	17.1	19.7	DSO (all debt)	81.3 88.7
Service to invoice raised	30.0	39.3	DSO (In year debt)	23.8 28.8

VALUE FOR MONEY - CASH FLOW

CASH FLOW for the PERIOD ENDED 31 AUGUST 2011

Commentary

Cash is £6.7m lower than plan, due to a number of factors including:

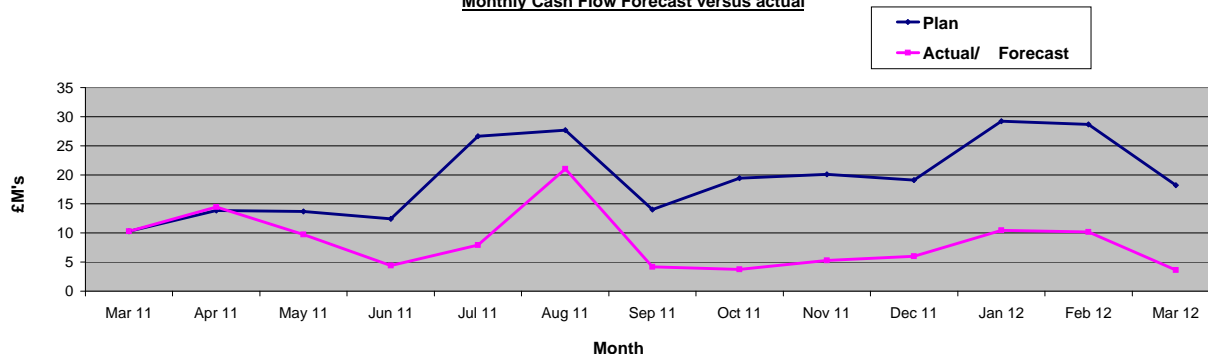
- (£0.6m) increase in trade and other receivables linked to the Trust's activity (transformation debtors are being offset by untaken credit notes)

- (£13.2m) adverse variance in the EBITDA YTD position

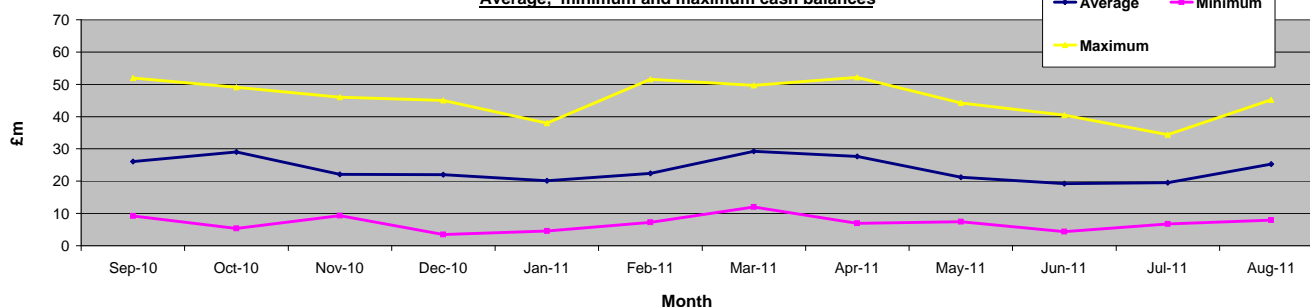
- £6.5m increase in trade and other payables mainly due to a £10m receipt in advance from the Leicester City PCT

	2011/12 April - August 2011 Plan £ 000	2011/12 April - August 2011 Actual £ 000	Variance April - August 2011
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus before Depreciation and Amortisation	18,796	5,608	(13,188)
Movements in Working Capital:			
- Inventories (Inc)/Dec	835	(491)	(1,326)
- Trade and Other Receivables (Inc)/Dec	(2,304)	(2,863)	(559)
- Trade and Other Payables Inc/(Dec)	7,530	14,036	6,506
- Provisions Inc/(Dec)	(10)	(30)	(20)
PDC Dividends paid	-	-	-
Interest paid	(205)	(219)	(14)
Other non-cash movements	(46)	(157)	(111)
Net Cash Inflow / (Outflow) from Operating Activities	24,596	15,884	(8,712)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	35	27	(8)
Payments for Property, Plant and Equipment	(5,734)	(4,759)	975
Capital element of finance leases	(1,515)	(455)	1,060
Net Cash Inflow / (Outflow) from Investing Activities	(7,214)	(5,187)	2,027
Net Cash Inflow / (Outflow) from Financing	-	-	-
Opening cash	10,306	10,306	-
Increase / (Decrease) in Cash	17,382	10,697	(6,685)
Closing cash	27,688	21,003	(6,685)

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 31st August 2011

	Initial Budget £000's	Changes £000's	Revised Plan £000's	Actual Apr-Jul 11/12 £000's	August 11/12 £000's	YTD Spend 11/12 £000's	Plan							Out Turn £000's	Planned Variance £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	0	27,194	9,180	2,284	11,464	2,188	2,215	2,279	2,279	2,335	2,209	2,225	27,194	0
Transformational Capital	1,289	0	1,289	0	0	0	0	0	1,289	0	0	0	0	1,289	0
Land Swap Disposals	19,800	0	19,800	19,779	0	19,779	0	0	0	0	0	0	0	19,779	21
Donations	800	0	800	79	80	159	80	90	90	87	90	90	114	800	0
Less cash for liquidity	-4,789	-5,000	-9,789	-1,570	-1,027	-2,597	-1,027	-1,027	-1,027	-1,028	-1,028	-1,028	-1,007	-9,768	-21
Total Funding	44,294	-5,000	39,294	27,468	1,337	28,805	1,241	1,278	1,342	2,628	1,397	1,271	1,331	39,294	-0
EXPENDITURE															
Backlog Maintenance															
IM&T	2,500		2,500	357	203	560	100	200	200	150	390	400	500	2,500	0
Medical Equipment	4,522	-500	4,022	1,341	311	1,652	767	80	79	51	0	0	1,393	4,022	0
LRI Estates	2,500	-450	2,050	386	90	476	100	150	150	100	250	260	564	2,050	0
LGH Estates	1,800	-150	1,650	134	79	213	237	284	298	299	146	115	58	1,650	0
GGH Estates	1,700	-400	1,300	68	81	149	80	138	213	85	185	200	250	1,300	0
Total Backlog Maintenance	13,022	-1,500	11,522	2,286	764	3,050	1,284	852	940	685	971	975	2,765	11,522	0
Essential Developments															
Carbon Management	1,000	-800	200	0	0	0	0	0	0	100	100	0	0	200	0
Diabetes R&D Funding	550		550	29	-0	29	100	100	100	121	100	0	0	550	0
GGH CDU Phase II	900		900	4	-1	3	50	150	150	150	150	150	97	900	0
LRI Disabled Car Park	190	-190	0	0	0	0	0	0	0	0	0	0	0	0	0
Gwendolen House / PPD	650	-300	350	0	0	0	0	200	0	0	0	70	80	350	0
MES Installation Costs	900	-400	500	14	1	14	20	20	20	20	50	150	206	500	0
Congenital Heart Surgery	800		800	27	6	32	10	10	140	130	140	140	198	800	0
MacMillan Oncology Centre	300		300	0	26	26	40	40	40	40	40	40	34	300	0
ED Interim Improvements	1,500	-400	1,100	11	1	12	20	20	20	20	300	300	408	1,100	0
LGH Theatre & Ward Refurbs	2,050		2,050	75	33	108	280	280	280	250	280	280	292	2,050	0
Cancer Trials Unit, LRI	100		100	0	0	0	50	50	0	0	0	0	0	100	0
Decontamination	300	814	1,114	877	77	954	114	46	0	0	0	0	0	1,114	0
Contingency	1,600	-1,600	0	0	0	0	0	0	0	0	0	0	0	0	0
Land Swap	19,801		19,801	19,784	17	19,801	0	0	0	0	0	0	0	19,801	0
Other IM&T	131		131	111	15	126	5	0	0	0	0	0	0	131	0
Residual on 10/11 Schemes		209	209	171	62	233	0	0	0	0	0	0	-24	209	0
Ward 8 Fire			0	7	30	37	0	-30	0	0	0	0	-7	0	0
Capital CIP		-833	-833	0	0	0	0	0	0	0	0	0	-833	-833	0
Donations	500		500	79	55	133	40	50	50	47	50	50	80	500	0
Total Essential Development	31,272	-3,500	27,772	21,189	321	21,510	729	936	800	777	1,110	1,180	529	27,572	0
Total Capital Programme	44,294	-5,000	39,294	23,475	1,085	24,559	2,013	1,788	1,740	1,462	2,181	2,255	3,294	39,294	0
Original Plan				25,297	1,930	27,227	1,830	2,270	2,240	994	2,774	2,774	4,185	44,294	
Variance Under / (Over)				-1,822	-845	-2,668	183	-482	-500	468	-593	-519	-891	-5,000	

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT SAFETY

	YTD : Cumulative or Current?	Target : Local or National?	Target			
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

	YTD : Cumulative or Current?	Target : Local or National?	Target			
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

Thresholds

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

STAFF EXPERIENCE / WORKFORCE

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

VALUE FOR MONEY

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

Caring at its best

Divisional Heatmap

Trust Board

Thursday 6th October 2011

August 2011

DIVISIONAL HEAT MAP - Month 5 - 2011/12

QUALITY STANDARDS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status				
Infection Prevention																				
MRSA Bacteraemias	0	1	0	1	0	1	2	1	2	0	0	1	1	4	9	◀▶				
CDT Isolates in Patients (UHL - All Ages)	13	10	16	20	12	17	16	14	9	15	7	8	10	49	165	▼				
E Coli (from June 1st 2011) ***	NO NATIONAL TARGET												38	39	41	118	----			
MSSA (from May 1st 2011) ***	NO NATIONAL TARGET												1	4	2	5	2	14	----	
MRSA Elective Screening (Patient Matched)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	◀▶				
MRSA Elective Screening (Patient Not Matched)	125.3%	134.4%	132.9%	132.2%	128.7%	111.8%	132.9%	133.2%	127.7%	112.5%	110.5%	132.4%	126.7%	121.8%	100%	▼				
MRSA Non-Elective Screening (Patient Matched) ***				81.1%	93.7%	96.5%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	◀▶				
MRSA Non-Elective Screening (Patient Not Matched) ***				99.8%	108.6%	141.6%	164.1%	168.3%	165.3%	146.9%	152.7%	168.0%	168.0%	160.0%	100%	◀▶				
Patient Safety																				
Patient Falls - Process / results currently under review / validation																				
10X Medication Errors	1	0	1	0	0	1	3	1	0	0	1	0	0	1	0	◀▶				
Never Events	0	0	0	0	0	0	0	0	0	1	0	0	1	2	0	▼				
Patient Falls	175	205	211	148	127	267	197	207	235	130	168			533	1934					
Complaints Re-Opened	27	13	19	24	13	14	17	22	17	18	24	17	26	102	210	▼				
SUIs (Relating to Deteriorating Patients)	0	0	0	1	2	0	1	1	1	0	1	1	1	4	0	◀▶				
RIDDOR	3	2	5	3	2	8	7	12	1	4	2	10	4	21	56	▲				
In-hospital fall resulting in hip fracture ***	0	1	0	0	3	2	2	2	2	0	0	0	0	2	12	◀▶				
No of Staffing Level Issues Reported as Incidents	96	172	54	75	87	44	34	67	34	62	54	91	82	323	1035	▲				
Outlying (daily average)	7	9	4	10	26	35	15	24	12	8	9	2	10	10	5	▼				
Pressure Ulcers (Grade 3 and 4)	17	19	11	12	26	33	14	20	15	12	18	16	7	68	197	▲				
ALL Complaints Regarding Attitude of Staff	29	42	21	34	30	32	36	58	42	44	41	37	44	208	366	▼				
ALL Complaints Regarding Discharge	27	36	32	27	23	31	35	39	22	29	39	20	27	137	220	▼				
Bed Occupancy (inc short stay admissions) ***	88%	91%	91%	90%	89%	92%	92%	90%	89%	91%	91%	91%	90%	90%	90%	▲				
Bed Occupancy (excl short stay admissions) ***	82%	86%	86%	86%	85%	88%	86%	85%	83%	84%	84%	85%	84%	84%	86%	▼				
Compliance with Blood Traceability	98.7%	97.3%	98.1%	99.1%	98.8%	98.8%	98.0%	98.7%	99.1%	98.8%	98.7%	94.9%		97.9%	100%	▼				

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

DIVISIONAL HEAT MAP - Month 5 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
Clinical Effectiveness																
Emergency 30 Day Readmissions (Previous Elective)	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.8%	5.0%	4.9%	4.7%	5.3%	4.9%		5.0%	1.6%	▲
Emergency 30 Day Readmissions (Previous Emergency)	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	9.4%	9.2%	10.0%	9.6%		9.5%	8.0%	▲
Mortality (CHKS Risk Adjusted - Overall) ***	80.2	87.3	93.6	77.5	98.1	87.7	82.5	87.9	80.5	84.5	75.0	80.9		80.0	85	▼
Discharge summaries to GP within 24hrs (Quarterly Audit)	96%	92%	98%	94%				97%			99%				100%	▲
Participation in Monthly Discharge Letter Audit (Quarterly Audit)	57%	50%	93%	61%				73%			92%				100%	▲
Stroke - 90% of Stay on a Stroke Unit	67.0%	78.7%	78.9%	80.6%	74.7%	58.2%	56.0%	79.8%	85.1%	86.8%	89.2%	88.2%		87.3%	80%	▼
Stroke - TIA Clinic within 24 Hours	62.5%	33.3%	18.5%	20.0%	46.4%	66.7%	65.4%	76.7%	67.9%	64.7%	80.8%	77.8%	56.5%	70.8%	60%	▼
No. of # Neck of femurs operated on < 36hrs	66%	87%	69%	83%	67%	86%	72%	72%	72%	53%	71%	73%	74%	69%	70%	▲
Maternity - Breast Feeding < 48 Hours	74.3%	74.2%	72.1%	72.6%	71.6%	71.5%	75.0%	76.3%	73.8%	72.9%	74.4%	74.9%	74.7%	74.2%	67.0%	▼
Maternity - % Smoking at Time of Delivery	11.6%	13.3%	10.0%	12.7%	12.3%	15.1%	11.8%	11.1%	12.4%	9.2%	10.1%	9.7%	10.9%	10.4%	18.1%	▼
Cytology Screening 7 day target	100.0%	99.7%	99.7%	99.9%	99.0%	97.8%	99.98%	99.97%	99.87%	99.98%	99.98%	99.98%	100.00%	99.96%	98%	▲

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

DIVISIONAL HEAT MAP - Month 5 - 2011/12

QUALITY STANDARDS *Continued*

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

Nursing Metrics

All Wards (105)

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

Red < 80
Amber 80 - 89
Green >=90

Patient Experience

Inpatient Polling - treated with respect and dignity	94.4	94.9	95.4	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	96.2	95.0	▲
Inpatient Polling - rating the care you receive	84.0	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	87.1	91.0	▼
Outpatient Polling - treated with respect and dignity											93.1	84.0		91.0	95.0	▼
Outpatient Polling - rating the care you receive											84.6	72.6		81.3	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%	86%	86%	89%	93%	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	◀▶

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 5 - 2011/12

OPERATIONAL STANDARDS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
Emergency Department																
ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12)	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	93.8%	94.8%	95%	▼
ED 4 Hour Waits - UHL (Type 1 and 2)	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.0%	93.3%	95%	▼
ED Maximum Wait (Mins) (From Qtr 2 11/12)	713	826	878	1,393	1,625	1,672	993	927	836	969	921	735	957	969	360	
Admitted Median Wait (Mins) -Type1+2 (From Qtr 2 11/12)	217	224	221	231	232	233	231	229	225	220	215	203	223	218	205	▼
Admitted 95th Percentile Wait (Mins) - Type 1+2 (From Qtr 2 11/12)	338	382	382	433	532	646	557	572	452	479	436	343	477	445	350	▼
Non-Admitted Median Wait (Mins) - Type 1+2	121	127	127	132	129	121	120	133	127	123	124	120	124	129	105	▼
Non-Admitted 95th Percentile Wait (Mins) Type 1+2 (From Qtr 2 11/12)	236	237	238	240	254	241	239	240	240	239	237	235	240	239	235	▼
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	43	41	52	49	55	55	49	63	70	56	41	39	48	50	<15 Mins	▼
Time to Treatment - Median (From Qtr 2 11/12)	49	55	55	62	60	48	50	58	59	54	50	34	34	46	<60 mins	◀▶
Left Without Being Seen % (From Qtr 2 11/12)	2.1%	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.3%	<5%	▼
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	7.0%	6.6%	6.4%	5.8%	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	6.0%	<5%	▼
Coronary Heart Disease																
Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	100.0%	100.0%	100.0%	98.9%	96.5%	92.9%	93.1%	95.3%	94.5%	95.7%	100.0%	100.0%	99.5%	97.9%	99.0%	▼
Primary PCI Call to Balloon <150 Mins	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	87.4%	75.0%	▲
Rapid Access Chest Pain Clinics - % in 2 Weeks	99.3%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	99.0%	100.0%	100.0%	99.7%	98.0%	◀▶

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

DIVISIONAL HEAT MAP - Month 5 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-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	94.8%	93.3%	93.0%	94.5%	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%	93.9%		94.3%	93%	▲
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	98.3%	98.3%	97.7%	94.9%	98.4%	99.0%	95.5%	95.4%	97.2%	94.6%	98.3%	97.7%		97.1%	93%	▼
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96.4%	97.0%	96.7%	97.3%	98.3%	96.7%	96.6%	96.8%	97.0%	98.3%	96.8%	97.7%		97.4%	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	91.4%	97.9%	97.8%	95.5%	95.3%	94.7%	96.3%	95.8%	98.5%	94.3%	100.0%	96.9%		97.2%	94%	▼
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	100.0%	100.0%	100.0%	99.4%	99.3%	99.3%	100.0%	98.8%	99.1%	98.7%	100.0%	100.0%		99.4%	94%	◀▶
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	82.8%	87.3%	85.5%	86.4%	88.1%	85.8%	87.2%	85.9%	86.4%	85.5%	83.7%	79.7%		83.6%	85%	▼
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	87.9%	91.5%	87.2%	91.1%	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%	92.5%		94.2%	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%	----		100.0%	100%	◀▶

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

DIVISIONAL HEAT MAP - Month 5 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
Referral to Treatment																
18 week referral to treatment - admitted	93.4%	91.5%	92.6%	92.1%	91.6%	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	92.0%	92.0%	90%	▲
18 week referral to treatment - non admitted	97.4%	96.4%	97.1%	98.3%	97.0%	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	96.8%	96.8%	95%	▼
18 week Admitted Backlog	764	863	938	896	988	980	881	839	906	810	670	880	956	956		
23 week Admitted Backlog	272	394	489	485	532	543	549	482	515	452	219	319	474	474		
18 week Non Admitted Backlog	1084	1108	1289	1592	1736	1560	1481	1737	1461	1377	1539	1898	1751	1751		
RTT Admitted Median Wait (Weeks)	9.5	9.8	10.2	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	9.1	<=11.1	▼
RTT Admitted 95th Percentile (Weeks)	19.5	21.4	21.3	21.9	23.1	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	<=23.0	▲
RTT Non-Admitted Median Wait (Weeks)	6.2	6.9	6.7	6.2	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.1	<=6.6	▼
RTT Non-Admitted 95th Percentile (Weeks)	16.9	17.4	17.2	17.0	16.9	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.0	<=18.3	▼
RTT Incomplete Median Wait (Weeks)	6.1	6.1	6.0	6.1	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.6	6.6	<=7.2	▼
RTT Incomplete 95th Percentile (Weeks)	17.9	18.3	19.1	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	22.1	22.1	<=28.0	▼

DIVISIONAL HEAT MAP - Month 5 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
Access																
6+ Week Wait (Diagnostics)	0	1	5	58	161	207	234	208	182	245	127	129	193	193	5	▼
Outpatient Waiting List (Total - GP/GDP Referred)	13,364	13,361	13,164	12,411	11,613	11,294	11,832	12,143	12,525	13,233	13,217	13,460	13,190	13,190		
Outpatient WL (5+ Week Local Target)	4,347	4,284	4,138	3,701	4,376	3,584	2,784	3,111	4,170	4,197	4,121	4,623	4,851	4,851		
Outpatient WL (11+ Week Local Target)	26	44	51	44	134	158	111	72	203	292	212	236	407	407	4	▼
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	8	19	9	16	60	72	86	85	107	107	0	▼
Day case Waiting List (Total)	5,772	5,884	5,928	5,785	5,823	5,898	5,975	5,891	5,949	6,044	5,852	5,898	5,704	5,704		
Day Case List (11+ Week Local Target)	840	915	1016	896	1112	1204	1227	1020	1148	1200	965	974	1192	1192	514	▼
Day Case List (20+ Week Local Target)	65	123	191	203	229	217	254	257	265	202	105	146	197	197	4	▼
Day Case List (26+ Week Local Target)	0	0	0	0	9	26	27	47	49	64	28	16	5	5	0	▲
Inpatient Waiting List (Total)	2,607	2,619	2,605	2,672	2,631	2,706	2,530	2,391	2,533	2,516	2,511	2,508	2,479	2,479		
Inpatient List (11+ Week Local Target)	466	484	444	434	512	567	548	495	586	540	533	490	496	496	720	▼
Inpatient List (20+ Week Local Target)	38	38	49	56	58	66	76	80	74	88	88	71	65	65	4	▲
Inpatient List (26+ Week Local Target)	0	1	0	0	5	10	12	11	6	16	19	18	11	11	0	▲
48 hours GUM access	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.97%	◀▶

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

DIVISIONAL HEAT MAP - Month 5 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

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

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

Outpatient DNA Rates (%)	9.7%	9.8%	9.7%	9.3%	11.2%	9.7%	8.6%	9.0%	9.2%	9.6%	9.0%	9.1%	9.5%	9.3%	9.0%	▼
Outpatient Appts % Cancelled by Hospital ***	11.0%	11.6%	10.8%	10.2%	10.4%	10.4%	10.9%	10.5%	11.4%	11.6%	10.4%	10.9%	11.1%	11.1%	10.5%	▼
Outpatient Appts % Cancelled by Patient ***	10.9%	11.0%	10.6%	10.3%	13.1%	10.0%	9.7%	9.7%	9.6%	9.9%	10.2%	10.8%	10.6%	10.2%	10.0%	▲
Outpatient F/Up Ratio	2.2	2.2	2.2	2.2	2.2	2.3	2.2	2.2	1.9	2.0	2.0	2.0	2.0	2.0	2.1	◀▶
Ave Length of Stay (Nights) - Emergency	4.9	5.0	5.0	5.0	5.0	5.2	5.0	5.3	6.0	6.1	6.1	5.6	5.7	5.9	5.0	▼
Ave Length of Stay (Nights) - Elective	3.8	3.3	3.6	3.8	3.8	3.1	3.4	3.3	3.6	3.5	3.1	3.6	3.5	3.5	3.8	▲
Delayed transfers per 10,000 admissions	1.6%	1.4%	1.5%	1.1%	1.5%	1.9%	2.0%	1.8%	1.5%	1.5%	1.5%	1.6%	1.5%	1.5%	3.5%	▲
% of Electives admitted on day of procedure ***	79.5%	81.5%	80.1%	84.0%	81.0%	84.8%	83.9%	83.1%	82.7%	81.8%	82.9%	81.5%	81.5%	82.1%	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)	73.5%	76.7%	72.9%	73.6%	75.6%	80.4%	75.3%	77.2%	77.7%	76.2%	75.9%	79.2%	81.0%	78.0%	75.0%	▲
Inpatient Theatre Utilisation Rate (%) ***	74.0%	75.6%	77.5%	78.4%	74.7%	78.4%	82.9%	82.1%	79.5%	79.3%	80.1%	81.1%	83.9%	80.8%	86.0%	▲
Day case Theatre Utilisation Rate (%) ***	69.9%	77.8%	74.0%	79.4%	79.6%	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	73.3%	78.8%	75.3%	86.0%	▲
Operations cancelled for non-clinical reasons on or after the day of admission	1.28%	1.16%	1.59%	1.40%	1.77%	1.94%	1.63%	1.62%	1.30%	1.61%	1.23%	0.96%		1.27%	0.8%	▲
Cancelled patients offered a date within 28 days of the cancellations	96.3%	90.2%	87.5%	91.7%	88.7%	87.5%	89.7%	85.9%	90.3%	94.7%	95.7%	97.5%		94.4%	95.0%	▲

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

DIVISIONAL HEAT MAP - Month 5 - 2011/12

HUMAN RESOURCES

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
Staffing																
Contracted staff in post (substantive FTE)	10196.5	10102.0	10145.2	10167.5	10155.2	10158.0	10146.7	10170.9	10146.0	10103.3	10125.0	10101.3	10183.9	10183.9		
Bank hours paid (FTE)	251.4	271.2	287.7	262.8	250.8	283.5	242.7	257.3	279.7	260.4	256.4	281.7	243.1	243.1		
Overtime hours paid (FTE)	78.9	94.5	92.1	100.1	110.6	109.0	102.8	84.7	89.6	82.2	80.0	88.2	74.8	74.8		
Total FTE worked	10526.8	10467.6	10525.0	10530.3	10516.6	10550.5	10492.2	10512.9	10515.3	10445.9	10461.3	10471.2	10501.8	10501.8		
Pay bill - directly employed staff (£ m)	34.5	35.2	35.1	35.6	35.0	35.4	35.8	36.2	35.4	35.6	35.6	35.5	35.4	177.6		
Planned CIP reduction this month	5.9	12.5	81.0	6.7	0.0	4.6	-0.2	0.0								
Actual CIP reduction this month	70.4	20.9	23.7	4.6	0.7	-0.2	5.7	-13.0								
Workforce HR Indicators																
Sickness absence	3.2%	3.5%	3.8%	3.7%	4.7%	4.0%	3.4%	3.4%	3.2%	3.0%	3.6%	3.6%	3.6%	3.4%	3.0%	▶▶
Appraisals	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	87.7%	100%	▲
Turnover	7.6%	8.1%	7.8%	8.3%	7.8%	8.1%	8.3%	8.0%	8.7%	8.6%	8.6%	8.6%	8.5%		10.0%	▼
Formal action under absence policy - Warnings issued	18	18	13	21	14	27	22	25	22	27	26	21	27			
Formal action under absence policy – Dismissals	3	4	1	1	3	4	0	3	0	4	6	5	6			
% Corporate Induction attendance	90.0%	93.0%	91.0%	88.0%	88.0%	87.0%	93.0%	96.0%	93.0%	89.0%	91.0%	89.0%	81.0%		95.0%	▼

DIVISIONAL HEAT MAP - Month 5 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	▶▶
CDT Positives (UHL)	6	3	8	5	1	6	6	6	5	5	3	2	4	19	45	▼
SAME SEX ACCOMMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	▶▶
% Beds Providing Same Sex Accommodation - Intensivist							100%	100%	100%	100%	100%	100%	100%	100%	100%	▶▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	7.9%	7.4%	7.3%	7.5%	7.0%	7.5%	7.2%	7.0%	7.5%	7.0%	7.8%	7.4%		7.4%	6.5%	▲
30 Day Readmissions (UHL) - Same Specialty	4.7%	4.2%	4.3%	4.4%	4.0%	4.6%	4.3%	4.4%	4.7%	4.6%	5.1%	5.0%		4.9%	4.0%	▲
30 Day Readmission Rate (CHKS)	7.6%	7.1%	7.1%	7.5%	6.8%	7.5%	7.0%	7.1%	7.5%	7.2%	7.6%			7.4%	6.5%	▼
Mortality (UHL Data)	0.7%	1.0%	0.9%	0.6%	1.0%	0.8%	0.7%	0.6%	0.9%	0.8%	0.7%	0.6%	0.7%	0.7%	0.9%	▼
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	103.5	115.3	112.1	77.6	109.2	89.4	76.7	75.6	83.0	90.5	76.5	80.5		82.0	90.0	▼
PATIENT SAFETY									Patient Falls - Process / results currently under review / validation							
10X Medication Errors	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	▶▶
Never Events	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	▶▶
Patient Falls	53	65	78	47	47	74	51	88	57	26	24			107	591	▶▶
Complaints Re-Opened	9	6	10	10	5	4	11	7	9	6	13	7	15	50	95	▼
SUIs (Relating to Deteriorating Patients)	0	0	0	0	1	0	0	1	1	0	1	1	1	4	0	▶▶
RIDDOR	0	0	2	1	0	2	1	2	0	0	0	0	1	1	6	▲
In-hospital fall resulting in hip fracture						0	0	0	1	0	0	0	0	1	1	▶▶
No of Staffing Level Issues Reported as Incidents	11	2	4	3	12	11	7	4	6	2	6	3	7	24	95	▲
Outlying (daily average)	1	4	2	4	12	8	6	2	3	3	1	0	3	3	2	▼
Pressure Ulcers (Grade 3 and 4)	6	11	6	3	7	8	6	9	3	3	1	5	4	16	75	▲
ALL Complaints Regarding Attitude of Staff	11	21	10	9	6	10	11	17	10	12	15	19	17	73	122	▲
ALL Complaints Regarding Discharge	9	10	13	11	6	12	8	11	6	7	17	8	8	46	80	▶▶
Bed Occupancy (inc short stay admissions)	88%	91%	92%	90%	87%	93%	92%	88%	89%	92%	90%	93%	91%	91%	90%	▼
Bed Occupancy (excl short stay admissions)	85%	88%	89%	86%	83%	88%	85%	83%	84%	86%	85%	89%	88%	86%	86%	▼
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 5 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	84%	89%	86%	95%	89%	91%	91%	95%	93%	93%	95%	95%	97%		98.0%	▲
Pain Management	79%	87%	85%	84%	88%	82%	85%	89%	86%	94%	97%	96%	96%		98.0%	◀▶
Falls Assessment	65%	78%	72%	79%	77%	74%	85%	72%	82%	89%	94%	92%	95%		98.0%	▲
Pressure Area Care	79%	82%	80%	90%	82%	82%	86%	88%	91%	90%	94%	92%	95%		98.0%	▲
Nutritional Assessment	79%	79%	79%	90%	83%	80%	86%	82%	94%	91%	90%	93%	96%		98.0%	▲
Medicine Prescribing and Assessment	92%	95%	95%	95%	94%	95%	98%	96%	99%	99%	98%	98%	96%		98.0%	▼
Hand Hygiene															98.0%	
Resuscitation Equipment	68%	60%	74%	85%	75%	63%	74%	88%	91%	93%	75%	85%	75%		98.0%	▼
Controlled Medicines	98%	93%	98%	96%	100%	85%	98%	97%	98%	96%	100%	98%	100%		98.0%	▲
VTE	57%	69%	66%	74%	69%	77%	80%	86%	85%	89%	81%	89%	89%		98.0%	◀▶
Patient Dignity	94%	92%	95%	94%	93%	96%	94%	99%	97%	95%	98%	96%	97%		98.0%	▲
Infection Prevention and Control	89%	91%	91%	94%	86%	92%	94%	88%	86%	90%	94%	96%	96%		98.0%	◀▶
Discharge	Red < 80 Amber 80 - 89 Green >=90								68%	64%	74%	81%	79%		98.0%	▼
Continence				73%	85%	88%	94%	89%	93%	96%	96%	97%	99%		98.0%	▲
ACCESS																
RTT - Admitted	92.2%	89.2%	90.9%	90.2%	89.7%	89.8%	89.7%	90.3%	90.3%	87.5%	81.4%	88.6%	89.5%	89.5%	90.0%	▲
RTT - Non Admitted	95.4%	93.7%	95.3%	93.6%	94.6%	94.6%	95.8%	95.6%	95.4%	95.6%	95.1%	95.4%	95.0%	95.0%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	8,173	8,372	8,232	8,020	7,457	7,295	7,508	7,612	7,962	8,277	8,191	8,366	8,160	8,160		
Outpatient WL (5+ Week Local Target)	2,967	3,008	2,960	2,776	3,292	2,703	2,133	2,285	3,048	3,060	2,986	3,331	3,420	3,420		
Outpatient WL (11+ Week Local Target)	25	40	51	43	134	156	108	70	202	276	200	220	391	391		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	8	18	8	16	59	71	84	83	103	103	0	▼
Day case Waiting List (Total)	4,615	4,666	4,715	4,676	4,641	4,678	4,773	4,726	4,742	4,869	4,686	4,673	4,496	4,496		
Day Case List (11+ Week Local Target)	788	874	962	852	1,047	1,148	1,142	958	1,063	1,123	920	920	1,113	1,113		
Day Case List (20+ Week Local Target)	65	123	191	203	228	217	254	254	261	201	104	143	196	196		
Day Case List (26+ Week Local Target)	0	0	0	0	9	26	27	45	47	64	28	14	4	4	0	▲
Inpatient Waiting List (Total)	1,851	1,860	1,851	1,881	1,870	1,924	1,773	1,667	1,761	1,774	1,745	1,776	1,797	1,797		
Inpatient List (11+ Week Local Target)	365	396	373	373	420	441	427	391	475	446	451	407	433	433		
Inpatient List (20+ Week Local Target)	37	38	46	53	57	63	71	72	65	82	88	70	65	65		
Inpatient List (26+ Week Local Target)	0	1	0	0	5	10	12	11	6	16	19	18	11	11	0	▲

DIVISIONAL HEAT MAP - Month 5 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
OPERATIONAL PERFORMANCE *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	16.0%	15.1%	24.0%	34.0%	17.0%	18.0%	29.0%	22.0%	24.0%	22.0%	22.0%	19.0%	23.0%	21.0%	4.0%	▼
Elective LOS	3.4	2.9	3.3	3.5	3.3	2.8	3.1	3.1	3.4	3.1	2.8	3.2	3.3	3.2	3.0	▼
Non Elective LOS	6.1	6.3	5.9	5.9	6.2	5.8	5.8	6.0	6.2	6.1	6.3	5.6	5.9	6.0	5.8	▼
% of Electives Adm.on day of proc.	88.4%	90.5%	90.5%	92.2%	91.0%	92.1%	91.7%	91.3%	91.1%	90.8%	91.3%	91.2%	91.8%	91.3%	90.0%	▲
Day Case Rate (Basket of 25)	70.5%	75.1%	70.9%	73.5%	75.2%	78.7%	74.6%	76.1%	77.7%	75.8%	74.1%	77.2%	81.0%	77.0%	75.0%	▲
Day Case Rate (All Elective Care)	78.2%	78.8%	78.8%	79.3%	79.3%	81.8%	79.0%	80.1%	79.8%	80.1%	79.5%	79.1%	80.2%	79.7%	79.0%	▲
Inpatient Theatre Utilisation ***	74.0%	76.5%	76.2%	78.4%	75.0%	77.2%	82.3%	80.7%	78.2%	77.1%	79.8%	81.0%	83.2%	79.9%	86.0%	▲
Day Case Theatre Utilisation ***	71.3%	77.1%	74.8%	78.8%	79.0%	85.4%	88.5%	88.7%	66.1%	66.9%	70.4%	71.1%	74.1%	70.1%	86.0%	▲
Outpatient New : F/Up Ratio	2.3	2.2	2.3	2.3	2.4	2.5	2.5	2.4	2.5	2.5	2.4	2.5	2.4	2.5	2.3	▲
Outpatient DNA Rate	9.6%	9.5%	9.4%	9.1%	11.1%	9.9%	8.7%	9.0%	8.9%	9.1%	9.0%	8.7%	9.4%	9.0%	9.0%	▼
Outpatient Hosp Canc Rate	11.1%	12.1%	11.4%	11.3%	10.9%	10.9%	11.9%	10.8%	12.2%	12.2%	10.1%	11.1%	10.9%	11.3%	9.0%	▲
Outpatient Patient Canc Rate	10.4%	10.5%	10.1%	9.5%	12.6%	9.5%	9.2%	9.0%	9.3%	9.3%	9.7%	10.2%	9.8%	9.7%	9.0%	▲
SCREENING PROGRAMMES																
Diabetic Retinopathy - % Uptake	84.2%	37.5%	42.1%	62.3%	28.6%	59.8%	70.1%	56.0%	48.9%	38.7%	37.0%	35.3%	44.1%	40.2%	50.0%	▲
Diabetic Retinopathy - % Results in 3 Weeks	87.1%	86.0%	77.7%	74.2%	82.3%	64.0%	80.9%	82.3%	83.7%	75.1%	95.5%	76.9%	85.7%	83.7%	90.0%	▲
Diabetic Retinopathy - % Treatment in 4 Weeks	0.0%	-----	-----	0.0%	-----	50.0%	50.0%	-----	50.0%	50.0%	0.0%	0.0%	-----	18.2%	-----	-----
Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month	4.7%	7.8%	6.0%	11.3%	5.7%	5.2%	7.0%	7.1%	5.6%	6.3%	6.0%	5.3%	7.1%	6.1%	6.0%	▲
Abdominal Aortic Aneurysm - % Uptake	92.3%	98.1%	100.0%	96.1%	100.0%	94.1%	97.1%	96.2%	90.0%	97.8%	107.0%	96.5%	114.3%	100.9%	99.0%	▲
Abdominal Aortic Aneurysm - 30 Day post-operative Mortality	0.0%	0.0%	0.0%	0.0%	-----	-----	0.0%	-----	0.0%	0.0%	0.0%	0.0%	-----	0.0%	0.0%	◀▶
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	74.4%	78.0%	86.0%	93.7%	95.3%	95.0%	94.5%	95.6%	94.8%	92.3%	91.8%	90.0%	90.4%	90.0%	100%	▲
Sickness Absence	2.8%	3.0%	3.1%	2.8%	3.8%	3.3%	3.1%	3.0%	2.7%	2.8%	3.1%	3.6%	3.7%	3.2%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	5.3	7.4	8.8	7.2	6.4	6.8	4.6	2.4	1.8	3.9	8.0	8.6	2.7			
Bank FTE	79.3	77.5	75.0	63.9	57.6	61.3	50.4	53.0	62.9	55.7	53.3	56.4	52.7			
Actual net FTE reduction this month	16.9	12.3	6.1	6.8	-7.6	-8.4	-10.9	-12.3	37.6	-37.4	2.4	35.2	7.4	45.3		
Planned FTE reduction this month	0.4	2.0	52.8	2.5	0.5	0.0	0.0	0.0								
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 5 2011/12

PLANNED CARE - Specialist Surgery

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
ACCESS																
RTT - Admitted	90.6%	85.5%	91.2%	91.2%	91.2%	90.3%	92.7%	93.4%	93.2%	90.9%	82.6%	94.0%	92.5%	92.5%	90.0%	▼
RTT - Non Admitted	96.0%	92.7%	96.0%	91.0%	94.6%	94.6%	96.2%	96.6%	96.3%	96.8%	96.4%	96.3%	95.7%	95.7%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	4,242	4,294	4,270	4,226	3,767	3,811	3,719	3,689	3,992	4,238	4,142	4,196	4,038	4,038		
Outpatient WL (5+ Week Local Target)	1,684	1,631	1,594	1,562	1,676	1,441	990	951	1,474	1,602	1,415	1,733	1,653	1,653		
Outpatient WL (11+ Week Local Target)	18	26	12	21	86	67	29	6	61	126	39	41	132	132		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	3	2	2	0	3	10	5	6	9	9	0	▼
Day case Waiting List (Total)	2,625	2,614	2,501	2,512	2,421	2,378	2,517	2,471	2,396	2,527	2,453	2,417	2,277	2,277		
Day Case List (11+ Week Local Target)	461	464	508	439	465	525	549	451	491	589	463	466	574	574		
Day Case List (20+ Week Local Target)	31	34	98	119	109	83	86	79	81	55	10	40	73	73		
Day Case List (26+ Week Local Target)	0	0	0	0	2	1	14	18	10	8	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	549	503	451	434	415	414	353	292	278	287	248	261	267	267		
Inpatient List (11+ Week Local Target)	128	111	70	63	75	91	77	52	65	57	56	44	40	40		
Inpatient List (20+ Week Local Target)	9	14	9	13	8	4	8	9	5	3	1	2	8	8		
Inpatient List (26+ Week Local Target)	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	2.0	1.8	1.9	2.1	1.5	1.7	2.2	2.0	2.1	2.2	2.0	2.0	2.0	2.1	1.9	◀▶
Non Elective LOS	4.8	4.4	4.3	5.5	5.4	4.2	4.7	5.3	5.7	5.3	6.5	4.6	5.0	5.4	4.7	▼
% of Electives Adm.on day of proc.	87.8%	87.5%	88.6%	89.6%	89.6%	89.3%	85.4%	85.1%	86.4%	84.5%	85.3%	87.8%	88.0%	86.4%	85.0%	▼
Day Case Rate (Basket of 25)	77.5%	82.0%	81.0%	86.3%	87.9%	88.7%	87.0%	90.2%	88.0%	89.0%	87.8%	88.8%	88.5%	88.4%	75.0%	▼
Day Case Rate (All Elective Care)	67.3%	66.8%	69.4%	71.8%	71.3%	75.7%	71.0%	75.0%	70.9%	71.7%	73.3%	72.5%	71.0%	71.9%	70.0%	▼
30 Day Readmissions (UHL) - Any Speciality	2.6%	3.2%	3.8%	3.5%	3.1%	2.9%	3.1%	3.2%	3.5%	2.7%	3.2%	3.0%		3.1%	2.8%	▲
30 Day Readmissions (UHL) - Same Speciality	1.6%	1.2%	1.9%	1.8%	1.2%	1.3%	1.4%	1.5%	1.8%	1.5%	1.9%	1.5%		1.7%	1.3%	▲
Outpatient New : F/Up Ratio	1.9	2.0	2.1	2.1	2.0	2.2	2.1	2.0	2.1	2.1	2.0	2.1	2.0	2.0	1.9	▲
Outpatient DNA Rate	9.8%	9.4%	9.7%	9.6%	11.6%	10.3%	9.3%	9.5%	9.1%	9.4%	9.5%	9.2%	9.6%	9.4%	11.6%	▼
Outpatient Hosp Canc Rate	11.0%	13.5%	11.3%	12.1%	11.9%	11.3%	10.6%	10.9%	14.2%	13.3%	11.0%	12.4%	13.0%	12.7%	13.0%	▼
Outpatient Patient Canc Rate	11.3%	11.5%	11.3%	10.8%	14.3%	10.6%	10.1%	10.2%	10.2%	10.4%	10.7%	11.4%	10.9%	10.7%	11.9%	▲
Bed Utilisation (Incl short stay admissions)	91%	89%	99%	94%	91%	99%	93%	91%	92%	91%	86%	86%	100%	91%	90.0%	▲

DIVISIONAL HEAT MAP - Month 5 2011/12

		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status	
PLANNED CARE - Specialist Surgery	HR and FINANCE																	
	Staffing : Nurses per Bed																1.1	
	Staffing : Cost per Bed																	
	Sickness Absence	2.7%	4.0%	4.8%	4.4%	3.9%	3.1%	3.4%	3.9%	2.8%	2.7%	3.2%	2.7%	3.0%	2.9%	3.0%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	1.1	1.1	1.8	1.9	1.8	1.4	1.2	1.4	1	0.7	1.7	1.1	0.7				
	Bank FTE	21.3	21.6	20.8	16.8	15.2	21.8	19.0	17.8	26.0	18.2	18.2	17.5	15.7				
	Actual net FTE reduction this month	-62.7	-4.7	5.3	0.5	-3.4	1.3	5.1	-3.5	13.0	-14.6	2.9	13.7	9.5	24.5			
	Planned FTE reduction this month	0.0	0.0	26.0	0.0	0.0	0.0	0.0	0.0									
	Finance : CIP Delivery																	

DIVISIONAL HEAT MAP - Month 5 2011/12

PLANNED CARE - GI Medicine / Surgery

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
ACCESS																
RTT - Admitted	92.8%	92.8%	90.3%	87.2%	85.8%	87.9%	84.5%	83.8%	83.6%	80.7%	73.6%	78.3%	83.8%	83.8%	90.0%	▲
RTT - Non Admitted	93.7%	96.4%	95.0%	91.0%	94.6%	93.1%	95.7%	90.5%	89.9%	90.6%	86.9%	90.1%	90.9%	90.9%	95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	1,937	1,980	1,995	2,054	2,028	1,860	2,060	2,227	2,171	2,163	2,378	2,569	2,422	2,422		
Outpatient WL (5+ Week Local Target)	598	625	654	677	922	741	678	811	996	878	1,041	1,133	1,254	1,254		
Outpatient WL (11+ Week Local Target)	4	2	13	11	30	46	55	54	120	128	143	167	229	229		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	4	16	6	16	56	61	79	76	92	92	0	▼
Day case Waiting List (Total)	1,317	1,391	1,476	1,388	1,461	1,573	1,512	1,489	1,594	1,578	1,425	1,398	1,405	1,405		
Day Case List (11+ Week Local Target)	271	335	398	346	454	484	474	413	447	435	351	354	419	419		
Day Case List (20+ Week Local Target)	34	89	93	84	116	131	159	164	168	143	84	102	117	117		
Day Case List (26+ Week Local Target)	0	0	0	0	7	25	12	26	37	54	28	14	4	4	0	▲
Inpatient Waiting List (Total)	519	514	529	507	519	586	545	532	567	536	531	539	521	521		
Inpatient List (11+ Week Local Target)	129	139	166	162	157	153	157	180	211	201	190	172	179	179		
Inpatient List (20+ Week Local Target)	28	24	37	37	47	51	50	46	46	66	70	63	50	50		
Inpatient List (26+ Week Local Target)	0	1	0	0	4	10	12	10	6	14	17	18	11	11	0	▲
OPERATIONAL PERFORMANCE																
Elective LOS	4.2	3.3	3.9	4.5	4.0	3.4	3.7	3.5	3.7	3.5	3.1	3.6	4.0	3.6	3.5	▼
Non Elective LOS	5.7	5.6	5.6	5.1	4.9	5.0	4.9	5.4	5.4	5.2	5.5	5.4	5.8	5.4	5.3	▼
% of Electives Adm.on day of proc.	87.6%	92.2%	90.3%	93.3%	91.6%	91.6%	94.2%	94.1%	93.5%	91.2%	93.2%	91.6%	93.6%	92.6%	90.0%	▲
Day Case Rate (Basket of 25)	47.5%	47.2%	42.6%	43.4%	42.5%	54.5%	47.5%	48.1%	48.0%	50.5%	46.2%	50.2%	57.2%	50.0%	75.0%	▲
Day Case Rate (All Elective Care)	81.4%	83.0%	82.2%	81.1%	80.0%	84.3%	82.6%	82.1%	82.2%	82.3%	80.5%	81.5%	83.0%	81.9%	85.0%	▲
30 Day Readmissions (UHL) - Any Specialty	8.8%	8.5%	7.9%	8.3%	7.2%	8.3%	7.8%	7.1%	7.8%	7.3%	8.0%	7.9%		7.8%	7.0%	▲
30 Day Readmissions (UHL) - Same Specialty	4.3%	4.4%	4.1%	4.1%	3.7%	4.4%	4.3%	3.6%	3.8%	4.3%	4.5%	4.8%		4.4%	3.8%	▼
Outpatient New : F/Up Ratio	1.8	1.9	1.9	1.9	1.9	2.1	2.0	2.2	2.0	2.0	2.1	1.9	1.8	2.0	2.0	▲
Outpatient DNA Rate	9.0%	9.5%	8.9%	8.5%	10.4%	10.0%	8.1%	8.4%	8.5%	8.4%	7.5%	7.9%	8.3%	8.1%	8.2%	▼
Outpatient Hosp Canc Rate	15.5%	14.3%	14.4%	15.6%	15.3%	11.8%	19.3%	16.7%	14.2%	15.1%	15.4%	16.2%	15.3%	15.2%	14.0%	▲
Outpatient Patient Canc Rate	10.9%	11.1%	10.4%	9.2%	13.9%	10.3%	9.8%	9.7%	10.5%	10.4%	10.0%	10.9%	10.8%	10.5%	10.3%	▲
Bed Utilisation (Incl short stay admissions)	90%	93%	95%	91%	85%	93%	91%	87%	89%	96%	95%	94%	93%	93%	90.0%	▼

DIVISIONAL HEAT MAP - Month 5 2011/12

		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status	
PLANNED CARE - GI Medicine / Surgery	HR and FINANCE																	
	Staffing : Nurses per Bed																1.1	
	Staffing : Cost per Bed																	
	Sickness Absence	2.1%	2.2%	2.2%	2.6%	4.0%	2.9%	2.5%	2.3%	2.8%	2.4%	3.3%	4.5%	3.9%	3.4%	3.0%	▲	
	Agency Costs (£000s)																	
	Overtime FTE	0.9	0.8	1.4	1.3	1.4	3.2	2.1	0.5	0.2	1.3	2.7	5.4	1.4				
	Bank FTE	36.1	32.5	30.9	26.9	22.8	24.2	16.3	17.0	19.8	19.3	15.9	21.3	21.9				
	Actual net FTE reduction this month	79.1	6.4	5.2	-4.0	-3.8	0.6	-9.4	-9.5	13.2	-4.1	-6.5	11.7	-5.2	9.2			
	Planned FTE reduction this month	0.4	2.0	25.8	0.0	0.0	0.0	0.0	0.0									
	Finance : CIP Delivery																	

DIVISIONAL HEAT MAP - Month 5 2011/12

PLANNED CARE - Cancer and Haematology

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
ACCESS																
RTT - Admitted	--	100%	--	--	--	--	--	--	--	--	--	--	--	--	90.0%	◀▶
RTT - Non Admitted	92.7%	98.7%	95.1%	96.1%	98.2%	95.5%	97.8%	98.0%	97.0%	98.8%	100.0%	99.0%	99.2%	99.2%	95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	115	124	134	113	92	108	102	87	81	102	92	105	78	78		
Outpatient WL (5+ Week Local Target)	9	16	18	14	17	21	15	12	9	9	10	6	7	7		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Day case Waiting List (Total)	39	50	67	59	57	45	55	52	52	53	53	75	46	46		
Day Case List (11+ Week Local Target)	0	0	0	0	0	0	2	1	2	1	0	1	2	2		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	1	1	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	3	7	4	7	3	9	8	6	8	8	6	3	3	3		
Inpatient List (11+ Week Local Target)	0	0	0	0	0	0	0	0	1	0	0	0	0	0		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	6.7	6.3	7.9	8.8	6.4	5.8	6.5	8.5	8.8	5.9	7.1	9.9	6.5	7.5	7.0	▲
Non Elective LOS	5.3	7.2	5.7	5.7	6.9	5.5	6.1	5.5	5.7	6.3	5.7	4.9	5.5	5.6	5.7	▼
% of Electives Adm.on day of proc.	73.1%	75.8%	79.0%	75.4%	70.4%	82.0%	78.7%	70.2%	75.9%	78.4%	75.0%	72.7%	70.8%	74.3%	75.0%	▼
Day Case Rate (All Elective Care)	95.0%	95.9%	95.1%	95.4%	95.8%	96.3%	96.2%	96.9%	97.7%	97.1%	96.7%	96.9%	96.5%	97.0%	96.5%	▼
30 Day Readmissions (UHL) - Any Speciality	11.8%	10.8%	10.3%	11.3%	10.8%	11.5%	11.3%	11.8%	11.9%	10.9%	13.8%	11.9%		12.2%	11.0%	▲
30 Day Readmissions (UHL) - Same Speciality	9.4%	7.9%	8.2%	8.9%	8.2%	9.6%	9.0%	10.2%	10.2%	9.2%	11.8%	10.4%		10.4%	9.4%	▲
Outpatient New : F/Up Ratio	7.7	7.7	8.1	7.5	8.2	8.7	8.9	8.0	9.0	8.5	8.5	8.2	8.2	8.5	8.1	▶▶
Outpatient DNA Rate	8.4%	9.9%	8.9%	8.7%	10.7%	8.6%	7.3%	8.3%	9.2%	8.5%	8.1%	7.9%	8.7%	8.5%	7.3%	▼
Outpatient Hosp Canc Rate	8.8%	6.8%	9.5%	7.1%	6.5%	7.4%	7.2%	6.6%	7.2%	8.1%	5.6%	6.6%	5.7%	6.6%	8.6%	▲
Outpatient Patient Canc Rate	7.7%	7.7%	6.8%	7.1%	8.1%	6.6%	7.1%	6.4%	6.3%	6.2%	7.3%	6.8%	6.9%	6.7%	10.7%	▼
Bed Utilisation (Incl short stay admissions)	89%	99.5%	99%	97%	93%	97%	94%	91%	95%	94%	95%	95%	97%	95%	95.0%	▲
HR and FINANCE																
Staffing : Nurses per Bed															1.1	
Staffing : Cost per Bed																
Sickness Absence	2.6%	2.9%	2.1%	2.1%	4.1%	4.3%	3.1%	2.8%	2.5%	3.1%	3.2%	4.1%	4.6%	3.5%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	0.7	0.9	0.3	0.1	0.3	0.1	0.8	0.3	0.5	0.5	1.8	0.5	0.4			
Bank FTE	6.6	9.0	9.1	9.5	10.0	8.7	9.4	9.3	8.7	9.0	10.8	10.6	8.3			
Actual net FTE reduction this month	0.4	0.9	-3.4	2.8	1.3	-4.9	-2.6	-2.0	9.0	-9.7	-1.3	-0.7	-3.5	-6.2		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0								
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 5 2011/12

PLANNED CARE - Musculo-Skeletal

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
ACCESS																
RTT - Admitted	95.0%	92.2%	91.2%	92.9%	92.3%	91.2%	90.8%	92.7%	94.1%	91.0%	90.0%	91.2%	91.6%	91.6%	90.0%	▲
RTT - Non Admitted	94.4%	94.8%	92.9%	94.9%	94.3%	95.5%	94.4%	95.4%	96.8%	95.0%	96.5%	95.8%	95.0%	95.0%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	1,879	1,974	1,833	1,627	1,570	1,516	1,627	1,609	1,718	1,774	1,579	1,496	1,622	1,622		
Outpatient WL (5+ Week Local Target)	676	736	694	523	677	500	450	511	569	571	520	459	506	506		
Outpatient WL (11+ Week Local Target)	3	12	26	11	18	43	24	10	21	22	18	12	30	30		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	1	0	0	0	0	0	0	1	2	2	0	▼
Day case Waiting List (Total)	634	611	671	717	702	682	689	714	700	711	755	783	768	768		
Day Case List (11+ Week Local Target)	56	75	56	67	128	139	117	93	123	98	106	99	118	118		
Day Case List (20+ Week Local Target)	0	0	0	0	3	3	8	10	12	3	10	1	6	6		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	780	836	867	933	933	915	867	837	908	943	960	973	1,006	1,006		
Inpatient List (11+ Week Local Target)	108	146	137	148	188	197	193	159	198	188	205	191	214	214		
Inpatient List (20+ Week Local Target)	0	0	0	3	2	8	13	17	14	13	17	5	7	7		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	1	0	1	2	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	3.6	3.6	3.6	3.0	4.0	2.8	3.1	3.2	4.0	3.2	2.8	3.1	3.5	3.3	3.3	▼
Non Elective LOS	10.4	10.3	8.7	9.8	10.5	10.4	9.6	9.5	10.1	9.6	10.0	8.3	7.7	9.1	9.6	▲
% of Electives Adm.on day of proc.	93.6%	96.8%	95.7%	97.3%	96.2%	97.0%	97.9%	97.5%	95.2%	98.6%	98.5%	96.4%	97.4%	97.2%	97.5%	▲
Day Case Rate (Basket of 25)	78.6%	83.6%	78.8%	77.2%	85.4%	80.6%	80.5%	77.3%	84.2%	80.4%	83.5%	84.2%	87.7%	84.1%	75.0%	▲
Day Case Rate (All Elective Care)	43.9%	50.7%	45.5%	46.6%	46.0%	47.2%	43.6%	47.1%	45.5%	48.4%	51.4%	46.8%	47.7%	48.1%	46.0%	▲
30 Day Readmissions (UHL) - Any Speciality	5.6%	5.1%	5.4%	3.9%	4.6%	4.7%	5.0%	5.1%	4.6%	5.0%	3.4%	4.4%		4.3%	4.0%	▼
30 Day Readmissions (UHL) - Same Speciality	1.0%	1.8%	1.9%	0.6%	1.0%	1.1%	1.2%	1.7%	1.9%	2.0%	1.0%	1.9%		1.7%	1.8%	▼
Outpatient New : F/Up Ratio	1.6	1.4	1.5	1.5	1.6	1.8	1.8	1.7	1.9	1.7	1.8	1.8	1.8	1.8	1.7	◀▶
Outpatient DNA Rate	11.1%	9.5%	9.4%	8.8%	10.6%	10.3%	8.9%	8.7%	8.6%	9.6%	9.8%	8.9%	10.6%	9.5%	9.0%	▼
Outpatient Hosp Canc Rate	9.6%	11.7%	10.5%	9.4%	9.0%	12.2%	13.5%	9.6%	10.7%	10.7%	7.8%	8.0%	7.2%	8.8%	10.5%	▲
Outpatient Patient Canc Rate	10.1%	9.9%	9.7%	8.8%	11.2%	8.7%	8.5%	8.2%	9.0%	8.7%	9.2%	10.3%	9.3%	9.3%	8.8%	▲
Bed Utilisation (Incl short stay admissions)	84%	85.4%	79%	81%	85%	87%	90%	88%	84%	86%	84%	84%	79%	83%	90.0%	▼

DIVISIONAL HEAT MAP - Month 5 2011/12

		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
PLANNED CARE - Musculo-Skeletal	HR and FINANCE																
	Staffing : Nurses per Bed																1.1
	Staffing : Cost per Bed																
	Sickness Absence	4.2%	2.8%	3.1%	2.1%	3.4%	3.0%	3.5%	2.9%	2.9%	3.2%	3.0%	3.08%	3.80%	3.2%	3.0%	⚠
	Agency Costs (£000s)																
	Overtime FTE	2.6	4.6	5.2	3.9	2.9	2.1	0.5	0.2	0.2	1.4	1.8	1.6	0.3			
	Bank FTE	15.3	14.4	14.1	10.7	9.6	6.6	5.7	8.8	8.5	9.1	8.5	7.1	6.9			
	Actual net FTE reduction this month	0.0	9.6	-1.0	7.4	-1.8	-5.4	-4.0	2.7	2.5	-9.0	4.4	-2.6	6.6	1.9		
	Planned FTE reduction this month	0.0	0.0	1.0	2.5	0.5	0.0	0.0	0.0								
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 5 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	0	1	0	1	0	1	2	1	2	0	0	1	1	4	6	↔
CDT Positives (UHL)	7	6	8	15	10	11	10	7	3	10	4	6	6	29	104	↔
SAME SEX ACCOMMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	↔
% Beds Providing Same Sex Accommodation - Intensivist							100%	100%	100%	100%	100%	100%	100%	100%	100%	↔
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	14.0%															
30 Day Readmissions (UHL) - Same Specialty	6.9%															
30 Day Readmission Rate (UHL Data)	14.0%	11.9%	12.3%	11.6%	12.4%	13.0%	12.2%	12.6%	11.2%	10.9%	11.9%	11.9%		11.5%	10.0%	↔
Mortality (UHL Data)	3.1%	3.4%	4.0%	3.5%	5.1%	4.9%	3.9%	4.0%	4.0%	4.0%	3.2%	3.6%	3.3%	3.6%	4.3%	▲
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	75.3	81.6	90.6	78.4	96.9	87.9	83.8	90.7	80.2	83.5	74.5	81.5		80.0	85	▼
PATIENT SAFETY									Patient Falls - Process / results currently under review / validation							
10X Medication Errors	1	0	0	0	0	0	2	0	0	0	1	0	0	1	0	↔
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔
Patient Falls	115	121	127	90	70	178	132	109	167	98	132			397	1250	↔
Complaints Re-Opened	8	4	3	11	6	8	4	11	3	6	6	6	7	28	75	▼
SUIs (Relating to Deteriorating Patients)	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	↔
RIDDOR	0	1	1	2	0	1	5	4	1	3	1	2	2	9	12	↔
In-hospital fall resulting in hip fracture						2	2	2	1	0	0	0	0	1	6	↔
Staffing Level Issues Reported as Incidents	14	13	12	7	5	13	5	7	3	1	5	5	11	25	140	▼
Outlying (daily average)	6	5	2	6	14	27	9	22	9	5	8	2	7	7	10	▼
Pressure Ulcers (Grade 3 and 4)	11	8	5	9	19	25	7	11	12	9	16	11	3	51	118	▲
ALL Complaints Regarding Attitude of Staff	12	13	8	14	10	13	15	21	14	10	14	13	14	65	110	▼
ALL Complaints Regarding Discharge	14	22	17	14	12	17	19	27	13	20	17	10	17	77	120	▼
Bed Occupancy (inc short stay admissions)	89%	91%	92%	91%	91%	93%	94%	91%	90%	91%	92%	93%	93%	92%	90%	↔
Bed Occupancy (excl short stay admissions)	85%	88%	88%	89%	89%	91%	90%	88%	87%	87%	88%	89%	89%	88%	86%	↔
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 5 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	82%	89%	87%	89%	89%	96%	89%	87%	91%	96%	96%	97%	96%		98.0%	▼
Pain Management	76%	80%	85%	85%	80%	93%	90%	89%	91%	94%	97%	96%	96%		98.0%	◀▶
Falls Assessment	63%	71%	83%	79%	80%	83%	87%	82%	88%	93%	96%	95%	95%		98.0%	◀▶
Pressure Area Care	75%	76%	85%	87%	86%	94%	91%	91%	99%	95%	98%	96%	95%		98.0%	▼
Nutritional Assessment	71%	70%	83%	85%	82%	92%	87%	88%	87%	96%	95%	97%	93%		98.0%	▼
Medicine Prescribing and Assessment	91%	94%	92%	94%	91%	100%	98%	97%	95%	98%	98%	99%	99%		98.0%	◀▶
Hand Hygiene															98.0%	
Resuscitation Equipment	65%	55%	64%	69%	66%	67%	88%	75%	83%	94%	98%	88%	89%		98.0%	▲
Controlled Medicines	93%	96%	98%	99%	97%	92%	99%	100%	97%	100%	98%	99%	98%		98.0%	▼
VTE	48%	50%	54%	59%	59%	64%	68%	74%	70%	77%	73%	79%	79%		98.0%	◀▶
Patient Dignity	88%	92%	89%	93%	94%	97%	96%	96%	96%	98%	97%	97%	97%		98.0%	◀▶
Infection Prevention and Control	85%	89%	90%	90%	91%	93%	95%	91%	98%	95%	94%	96%	96%		98.0%	◀▶
Discharge									86%	78%	84%	80%	85%		98.0%	▲
Continence				75%	83%	86%	86%	87%	91%	95%	89%	95%	94%		98.0%	▼
ACCESS																
RTT - Admitted	97.6%	97.2%	97.3%	97.1%	97.6%	95.0%	91.5%	94.4%	92.3%	93.5%	91.4%	98.8%	97.9%	97.9%	90.0%	▼
RTT - Non Admitted	99.5%	99.1%	99.4%	99.4%	99.6%	99.1%	99.3%	99.0%	99.5%	99.5%	99.4%	99.6%	99.3%	99.3%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	3,352	3,195	3,229	2,819	2,768	2,690	2,844	2,929	2,950	3,143	3,156	3,266	3,232	3,232		
Outpatient WL (5+ Week Local Target)	1,084	921	893	675	865	699	537	672	863	862	807	956	1,080	1,080		
Outpatient WL (11+ Week Local Target)	1	1	0	1	0	1	3	2	0	8	4	5	4	4		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	1	1	0	0	1	0	0	1	1	0	▲
Day case Waiting List (Total)	562	588	580	553	655	726	661	604	640	646	575	622	626	626		
Day Case List (11+ Week Local Target)	7	5	18	13	30	35	49	24	38	38	23	23	43	43		
Day Case List (20+ Week Local Target)	0	0	0	0	1	0	0	0	0	1	0	1	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	▲
Inpatient Waiting List (Total)	406	435	436	471	450	480	474	482	487	470	468	434	366	366		
Inpatient List (11+ Week Local Target)	50	40	40	31	52	78	87	75	77	66	54	54	35	35		
Inpatient List (20+ Week Local Target)	0	0	3	2	1	3	5	8	9	6	0	1	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶

DIVISIONAL HEAT MAP - Month 5 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	10.5%	2.8%	3.0%	7.0%	6.0%	4.0%	9.0%	8.0%	7.0%	7.0%	9.0%	11.0%	8.0%	8.0%	4.0%	▲
Elective LOS	6.4	5.4	5.2	5.6	6.3	4.3	5.2	4.6	5.2	6.0	4.5	5.3	5.2	5.2	5.0	▲
Non Elective LOS	5.2	5.6	5.6	5.8	5.9	6.1	6.0	6.4	6.9	7.1	7.1	6.4	6.4	6.8	6.0	◀▶
% of Electives Adm.on day of proc.	43.9%	49.2%	46.5%	56.3%	48.7%	56.4%	57.6%	55.1%	56.1%	49.7%	57.5%	51.9%	49.0%	52.8%	54.0%	▼
Day Case Rate (All Elective Care)	70.6%	71.4%	68.1%	67.9%	64.8%	68.6%	71.1%	71.7%	70.8%	73.1%	71.6%	71.7%	67.0%	70.8%	70.0%	▼
Inpatient Theatre Utilisation ***	80.6%	72.1%	86.5%	82.7%	75.2%	84.1%	90.9%	90.1%	86.9%	91.6%	85.3%	85.7%	92.5%	88.4%	86.0%	▲
Day Case Theatre Utilisation ***	65.2%	101.0%	79.3%	88.1%	---	72.6%	64.5%	58.4%	86.5%	83.5%	67.3%	62.3%	68.1%	73.5%	86.0%	▲
Operations cancelled for non-clinical reasons																
Cancelled Operations - 28 Day Re-Books															100%	
Outpatient New : F/Up Ratio	2.3	2.2	2.2	2.2	2.2	2.4	2.4	2.4	1.8	1.9	1.9	1.8	1.9	1.9	2.0	▼
Outpatient DNA Rate	9.3%	9.2%	9.2%	8.5%	11.3%	9.4%	8.3%	8.9%	9.7%	10.0%	8.4%	9.1%	9.3%	9.3%	9.5%	▼
Outpatient Hosp Canc Rate	12.4%	12.0%	10.8%	10.4%	11.7%	11.7%	11.1%	11.9%	12.6%	13.3%	12.3%	12.5%	13.0%	12.8%	12.8%	▼
Outpatient Patient Canc Rate	11.1%	11.4%	10.9%	10.9%	14.2%	11.0%	10.4%	10.1%	10.1%	10.6%	10.7%	11.1%	11.2%	10.8%	10.5%	▼
Bed Utilisation																
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	70.5%	76.3%	80.8%	84.3%	85.4%	83.1%	79.4%	80.7%	81.6%	80.1%	77.7%	78.9%	85.5%	85.5%	100%	▲
Sickness Absence	3.7%	4.0%	4.2%	4.2%	5.5%	4.6%	4.3%	3.8%	3.4%	3.2%	3.9%	4.0%	4.3%	3.8%	3%	▼
Agency Costs (£000s)																
Overtime FTE	21.4	26.7	31.2	35.1	39.3	40.8	36.7	24.1	20.9	23.3	23.9	28.1	23.5			
Bank FTE	96.5	117.4	133.1	111.7	106.2	131.8	127.7	138.2	141.8	128.9	128.5	150.2	127.6			
Actual net FTE reduction this month	-20.5	-29.3	42.5	-17.5	-3.4	37.9	0.0	34.3	-15.4	-10.6	2.7	15.0	4.8	-3.4		
Planned FTE reduction this month	-10.1	10.7	26.8	5.0	-1.5	2.0	0.0	0.0								
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 5 2011/12

ACUTE CARE - Medicine

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
ACCESS																
RTT - Admitted	100.0%	98.6%	99.1%	100.0%	100.0%	98.0%	98.4%	98.9%	98.3%	100.0%	100.0%	100.0%	98.4%	98.4%	90.0%	▼
RTT - Non Admitted	99.7%	99.1%	99.6%	99.4%	99.6%	99.1%	99.7%	99.8%	99.8%	99.9%	99.8%	99.6%	99.5%	99.5%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	2,221	2,101	2,069	1,756	1,713	1,678	1,723	1,799	1,831	2,088	2,103	2,211	2,194	2,194		
Outpatient WL (5+ Week Local Target)	690	605	567	421	511	417	309	366	485	518	536	660	764	764		
Outpatient WL (11+ Week Local Target)	1	0	0	0	0	1	0	2	0	7	2	5	3	3		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	◀▶
Day case Waiting List (Total)	151	188	148	152	182	207	181	131	174	169	141	133	165	165		
Day Case List (11+ Week Local Target)	2	2	0	1	1	2	9	2	9	2	1	2	7	7		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	4	4	7	12	13	7	3	6	6	6	0	0	0	0		
Inpatient List (11+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	17.4	7.9	4.1	8.0	18.0	2.9	9.0	5.7	7.2	15.8	2.3	5.4	5.8	7.0	7.5	▼
Non Elective LOS	6.1	6.7	6.5	7.1	7.1	7.8	7.6	7.8	7.2	7.7	7.4	6.2	6.8	7.1	7.4	▼
% of Electives Adm.on day of proc.	44%	44%	53%	36%	44%	48%	38%	13%	46%	50%	50%	57%	29%	42%	45.0%	▼
Day Case Rate (All Elective Care)	93.0%	92.9%	94.2%	93.3%	92.3%	90.6%	95.9%	95.2%	96.4%	97.6%	98.0%	97.5%	93.9%	96.8%	94.0%	▼
30 Day Readmissions (UHL) - Any Specialty	14.9%	11.9%	12.5%	12.2%	11.8%	13.2%	11.6%	12.4%	11.2%	10.8%	11.5%	11.5%		11.3%	11.0%	▶▶
Outpatient New : F/Up Ratio	2.5	2.4	2.4	2.3	2.3	2.6	2.8	2.9	2.5	2.5	2.4	2.3	2.5	2.4	2.5	▼
Outpatient DNA Rate	9.4%	8.9%	8.9%	8.6%	11.0%	9.3%	8.2%	8.5%	9.5%	9.6%	7.9%	9.0%	9.1%	9.0%	9.0%	▼
Outpatient Hosp Canc Rate	11.0%	10.8%	9.5%	7.8%	9.5%	9.9%	9.8%	10.0%	10.5%	9.7%	10.4%	11.2%	10.5%	10.5%	10.5%	▲
Outpatient Patient Canc Rate	11.4%	12.0%	11.5%	11.6%	14.6%	11.4%	10.3%	10.5%	10.2%	11.4%	11.0%	11.5%	11.9%	11.2%	11.0%	▼
Bed Utilisation (Incl short stay admissions)	87%	93%	93%	91%	94%	94%	95%	90%	89%	91%	92%	96%	94%	92%	90.0%	▼

DIVISIONAL HEAT MAP - Month 5 2011/12

		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status	
ACUTE CARE - Medicine	HR and FINANCE																	
	Staffing : Nurses per Bed																	
	Staffing : Cost per Bed																	
	Sickness Absence	3.4%	3.5%	3.9%	4.1%	5.8%	4.9%	4.7%	3.8%	3.8%	3.8%	4.6%	4.1%	3.9%	4.0%	3.0%	▲	
	Agency Costs (£000s)																	
	Overtime FTE	8.8	13.2	15.7	18.7	20.0	16.4	16.8	9.9	7.4	9.6	11.1	11.0	6.7				
	Bank FTE	39.4	49.0	55.0	47.0	46.4	67.6	65.9	73.4	76.7	66.2	66.4	74.6	63.1				
	Actual net FTE reduction this month	-12.6	-16.1	12.5	-8.8	-14.5	25.0	0.7	-21.5	2.3	-14.8	-24.9	-6.6	-4.8	-48.8			
	Planned FTE reduction this month	-10.1	10.7	26.8	5.0	0.0	2.0	0.0	0.0									
	Finance : CIP Delivery																	

DIVISIONAL HEAT MAP - Month 5 2011/12

ACUTE CARE - Respiratory Med. & Thoracic Surgery

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
ACCESS																
RTT - Admitted	100%	100%	100%	100%	100%	97.3%	100%	100%	100%	98.0%	100%	100%	98%	98%	90.0%	▼
RTT - Non Admitted	100%	100%	100%	100%	100%	100%	99.1%	95.7%	100%	100%	100%	100%	100%	100%	95.0%	◀▶
Outpatient Waiting List (Total - GP/GDP Referred)	439	427	468	424	419	396	441	443	441	417	376	390	385	385		
Outpatient WL (5+ Week Local Target)	142	108	120	106	128	100	78	109	117	121	88	93	111	111		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	0	0	0	0	1	1	0	1	1		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	▼
Day case Waiting List (Total)	28	24	17	12	23	12	8	17	14	9	13	21	22	22		
Day Case List (11+ Week Local Target)	0	0	5	0	0	0	0	0	0	0	0	1	0	0		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	▲
Inpatient Waiting List (Total)	30	36	29	34	23	24	22	27	24	31	36	28	18	18		
Inpatient List (11+ Week Local Target)	4	1	2	0	3	2	1	0	0	0	1	2	0	0		
Inpatient List (20+ Week Local Target)	0	0	1	0	0	0	0	0	0	0	0	1	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	7.8	6.3	6.7	11.7	6.2	5.1	8.2	6.3	6.6	7.5	6.1	7.2	6.8	6.8	6.6	▲
Non Elective LOS	4.6	4.7	4.6	4.3	4.5	5.7	4.3	4.6	4.8	4.1	4.7	4.6	4.3	4.5	4.5	▲
% of Electives Adm.on day of proc.	35.3%	41.4%	27.0%	46.4%	36.6%	58.7%	48.1%	40.8%	53.7%	45.2%	52.3%	49.2%	45.5%	49.2%	50.0%	▼
Day Case Rate (All Elective Care)	66.2%	64.6%	59.6%	67.9%	58.3%	69.0%	63.2%	72.1%	63.5%	63.9%	63.0%	68.4%	64.7%	64.7%	68.7%	▼
30 Day Readmissions (UHL) - Any Specialty	13.4%	14.4%	14.0%	12.9%	13.9%	14.3%	13.4%	14.5%	12.5%	11.8%	14.4%	13.8%		13.2%	12.0%	▲
Outpatient New : F/Up Ratio	1.7	1.6	1.6	1.4	1.6	1.6	1.6	1.5	1.6	1.5	1.6	1.6	1.6	1.6	1.5	◀▶
Outpatient DNA Rate	10.6%	11.5%	11.6%	8.1%	12.6%	10.2%	8.4%	10.3%	11.2%	12.1%	10.6%	11.5%	10.2%	11.1%	11.3%	▲
Outpatient Hosp Canc Rate	11.0%	9.5%	11.2%	9.8%	11.1%	11.3%	10.4%	11.5%	9.4%	11.2%	8.9%	8.7%	11.2%	9.9%	11.0%	▼
Outpatient Patient Canc Rate	9.8%	11.4%	10.5%	10.8%	13.9%	12.1%	10.6%	11.3%	10.8%	10.1%	10.8%	12.0%	11.1%	10.9%	10.2%	▲
Bed Utilisation (Incl short stay admissions)	97%	94%	94%	94%	91%	97%	98%	100%	96%	95%	95%	94%	95%	95%	90.0%	▲

DIVISIONAL HEAT MAP - Month 5 2011/12

ACUTE CARE - Respiratory
Med. & Thoracic Surgery

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.4%	3.4%	3.7%	3.6%	5.1%	4.5%	3.3%	3.4%	2.4%	2.7%	2.5%	3.2%	4.2%	3.0%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	0.4	0.6	1.0	1.7	0.8	1.9	1.8	0.7	0.1	0.4	0.1	0.3	0.1			
Bank FTE	15.4	21.5	25.2	21.8	20.4	21.6	19.6	22.9	21.7	18.5	19.5	22.3	19.7			
Actual net FTE reduction this month	-38.0	4.2	13.3	-5.9	11.5	1.4	1.6	35.4	4.5	-1.5	33.3	3.9	3.3	43.5		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0								
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 5 2011/12

ACUTE CARE - Cardiac, Renal & Critical Care

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
ACCESS																
RTT - Admitted	96.9%	96.7%	96.4%	96.2%	96.6%	94.1%	89.6%	92.7%	90.6%	91.4%	88.8%	99.2%	97.9%	97.9%	90.0%	▼
RTT - Non Admitted	98.4%	98.3%	98.6%	98.9%	99.3%	98.3%	97.8%	95.7%	98.4%	98.2%	97.8%	98.4%	98.4%	98.4%	95.0%	◀▶
Outpatient Waiting List (Total - GP/GDP Referred)	692	667	692	639	636	616	680	687	678	638	677	665	653	653		
Outpatient WL (5+ Week Local Target)	252	208	206	148	226	182	150	197	261	223	183	203	205	205		
Outpatient WL (11+ Week Local Target)	0	1	0	1	0	0	3	0	0	0	1	0	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	▼
Day case Waiting List (Total)	28	24	17	12	23	12	8	17	14	9	13	21	22	22		
Day Case List (11+ Week Local Target)	0	0	5	0	0	0	0	0	0	0	0	1	0	0		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	1	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	▲
Inpatient Waiting List (Total)	30	36	29	34	23	24	22	27	24	31	36	28	18	18		
Inpatient List (11+ Week Local Target)	4	1	2	0	3	2	1	0	0	0	1	2	0	0		
Inpatient List (20+ Week Local Target)	0	0	1	0	0	0	0	0	0	0	0	1	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	5.0	4.9	4.9	4.4	5.2	4.3	4.4	4.2	4.7	5.2	4.3	5.0	4.8	4.8	4.7	▲
Non Elective LOS	9.8	9.2	10.9	10.6	10.6	8.7	10.4	10.6	9.8	9.8	10.4	9.7	8.4	9.6	10.4	▲
% of Electives Adm.on day of proc.	45.8%	51.3%	50.2%	59.9%	52.6%	56.9%	60.7%	59.7%	57.1%	50.8%	58.8%	52.3%	51.3%	54.1%	55.0%	▼
Day Case Rate (All Elective Care)	58.7%	61.0%	54.3%	53.6%	50.5%	55.8%	57.0%	53.2%	51.5%	57.1%	52.2%	51.2%	51.6%	52.7%	52.0%	▲
30 Day Readmissions (UHL) - Any Speciality	10.1%	8.2%	8.3%	8.7%	10.3%	9.8%	10.4%	9.2%	9.5%	10.3%	10.3%	11.1%		10.4%	9.0%	▼
Outpatient New : F/Up Ratio	2.9	2.7	2.8	2.8	2.7	2.9	2.4	2.5	2.3	2.6	2.6	2.5	2.4	2.5	2.4	▲
Outpatient DNA Rate	7.9%	7.7%	7.8%	7.8%	10.4%	8.5%	7.5%	8.0%	8.1%	8.6%	7.1%	7.5%	8.5%	8.0%	8.2%	▼
Outpatient Hosp Canc Rate	16.3%	16.1%	13.8%	16.0%	16.7%	16.0%	14.4%	16.4%	18.8%	21.6%	18.1%	17.4%	19.2%	19.0%	18.6%	▼
Outpatient Patient Canc Rate	11.0%	10.2%	9.8%	9.2%	13.8%	9.5%	10.3%	8.8%	9.3%	9.2%	9.8%	10.0%	9.7%	9.6%	9.3%	▲
Bed Utilisation (Incl short stay admissions)	85%	86%	88%	89%	88%	90%	90%	89%	90%	89%	92%	88%	89%	90%	90.0%	▼

DIVISIONAL HEAT MAP - Month 5 2011/12

ACUTE CARE - Cardiac,
Renal & Critical Care

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.9%	4.2%	4.3%	4.2%	5.5%	4.5%	4.1%	3.7%	3.5%	3.0%	3.8%	4.2%	4.7%	3.8%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	9.4	9.9	10.9	10.5	14.7	20.0	15.1	9.6	9.3	9.4	8.4	11.2	9.9			
Bank FTE	29.1	31.9	35.7	30.1	27.9	29.0	29.8	29.6	31.8	30.9	31.4	40.1	30.6			
Actual net FTE reduction this month	27.3	-11.6	11.0	-5.1	1.1	6.1	2.8	19.7	-23.2	6.1	-39.0	6.7	-10.9	-60.3		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	-1.5	0.0	0.0	0.0								
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 5 2011/12

ACUTE CARE - Emergency Dept.

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
ED Waits - Type 1	96.3%	95.3%	94.3%	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	91.0%	92.6%	95%	▼
Admitted Median Wait (Mins) - Type 1	217	224	222	231	233	233	231	230	225	220	215	203	223	218	205	▼
Admitted 95th Percentile Wait (Mins) - Type 1	338	382	383	433	532	646	557	573	453	479	436	343	478	445	350	▼
Non-Admitted Median Wait (Mins) - Type 1	124	130	132	139	135	128	128	138	131	127	131	124	132	129	105	▼
Non-Admitted 95th Percentile Wait (Mins) Type 1	237	237	238	240	263	260	240	255	240	240	238	236	240	239	235	▼
Outpatient New : F/Up Ratio	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.2	↔
Outpatient DNA Rate	20.1%	22.2%	23.9%	22.1%	21.9%	20.2%	25.7%	25.1%	25.5%	24.4%	26.7%	23.0%	22.3%	24.6%	24.4%	▲
Outpatient Hosp Canc Rate	2.9%	1.5%	1.0%	4.9%	1.3%	2.0%	0.6%	1.8%	3.1%	2.0%	1.3%	2.3%	2.1%	2.2%	2.5%	▲
Outpatient Patient Canc Rate	10.3%	9.3%	14.4%	14.0%	9.7%	10.9%	10.4%	8.3%	14.1%	12.2%	14.8%	12.0%	12.6%	13.2%	10.0%	▼
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.3%	5.5%	5.7%	5.6%	5.2%	4.6%	4.8%	4.5%	3.0%	2.6%	3.93%	4.54%	3.84%	3.6%	3.0%	▲
Agency Costs (£000s)																
Overtime FTE	2.9	3.0	3.6	4.2	3.8	2.5	3.0	3.9	4.2	3.7	4.3	5.6	6.8			
Bank FTE	12.5	15.0	17.1	12.7	11.6	13.7	12.4	12.3	11.6	13.3	11.2	13.1	14.3			
Actual net FTE reduction this month	2.9	-5.8	5.7	2.3	-1.6	5.3	-5.0	0.7	1.0	-0.4	1.5	8.4	19.9	30.5		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0								
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 5 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status	
INFECTION PREVENTION																	
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
CDT Positives (UHL)	0	1	0	0	1	0	0	1	1	0	0	0	0	1	6	6	◀▶
SAME SEX ACCOMODATION																	
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist							100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																	
30 Day Readmissions (UHL) - Any Speciality	6.2%	5.9%	6.0%	5.6%	6.2%	6.2%	6.8%	5.9%	4.0%	4.2%	4.1%	3.8%		4.1%	4.2%	4.2%	▲
30 Day Readmissions (UHL) - Same Speciality	3.6%	3.4%	3.9%	3.4%	4.3%	3.8%	4.4%	4.2%	2.7%	3.0%	2.9%	2.5%		2.8%	2.8%	2.8%	▲
30 Day Readmission Rate (CHKS)	6.8%	6.4%	6.8%	6.0%	6.9%	6.9%	7.6%	6.4%	4.7%	5.0%	4.7%			4.9%	5.0%	5.0%	▲
Mortality (UHL Data)	0.2%	0.2%	0.2%	0.1%	0.2%	0.3%	0.2%	0.2%	0.1%	0.2%	0.3%	0.1%	0.1%	0.2%	0.2%	0.2%	◀▶
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	48.3	72.9	32.7	0.0	0.0	34.5	77.3	65.0	47.9	41.0	89.0	38.8		53.0	40.0	40.0	▲
PATIENT SAFETY									Patient Falls - Process / results currently under review / validation								
10X Medication Errors	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	▼
Patient Falls	3	10	5	3	3	8	5	2	4	1	5			10	39	39	◀▶
Complaints Re-Opened	9	1	3	3	2	1	2	3	5	5	4	3	3	20	30	30	◀▶
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	0	0	2	0	1	1	0	2	0	0	0	1	0	1	10	10	▲
In-hospital fall resulting in hip fracture						0	0	0	0	0	0	0	0	0	0	0	◀▶
No of Staffing Level Issues Reported as Incidents	68	153	36	63	70	20	21	55	23	59	42	78	64	266	726	726	▲
Outlying (daily average)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Pressure Ulcers (Grade 3 and 4)	0	0	0	0	0	0	1	0	0	0	1	0	0	1	4	4	◀▶
ALL Complaints Regarding Attitude of Staff	4	7	2	9	11	8	8	16	15	16	12	3	6	52	98	98	▼
ALL Complaints Regarding Discharge	3	4	1	2	4	1	4	0	2	2	3	1	0	8	20	20	▲
Bed Occupancy (inc short stay admissions)	84%	89%	87%	87%	87%	89%	86%	88%	83%	86%	87%	88%	82%	85%	90.0%	90.0%	▲
Bed Occupancy (excl short stay admissions)	68%	77%	75%	75%	76%	76%	74%	77%	70%	69%	71%	71%	66%	70%	86.0%	86.0%	▲
Staffing : Nurses per Bed																	

DIVISIONAL HEAT MAP - Month 5 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	91%	95%	90%	91%	96%	92%	88%	90%	83%	83%	88%	88%	93%		98.0%	▲
Pain Management	89%	84%	96%	77%	78%	86%	100%	83%	92%	100%	92%	99%	96%		98.0%	▼
Falls Assessment	62%	46%	89%	67%	86%	76%	35%	42%	52%	100%	92%	90%	73%		98.0%	▼
Pressure Area Care	72%	84%	86%	80%	84%	66%	29%	100%	63%	100%	92%	90%	85%		98.0%	▼
Nutritional Assessment	95%	86%	76%	77%	81%	67%	34%	43%	59%	92%	85%	81%	69%		98.0%	▼
Medicine Prescribing and Assessment	98%	97%	98%	93%	92%	96%	100%	100%	100%	98%	100%	100%	98%		98.0%	▼
Hand Hygiene															98.0%	
Resuscitation Equipment	60%	67%	97%	92%	67%	86%	50%	50%	50%	100%	50%	50%	0%		98.0%	▼
Controlled Medicines	100%	96%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%		98.0%	◀▶
VTE	34%	65%	88%	62%	48%	66%	67%	100%	86%	100%	92%	46%	56%		98.0%	▲
Patient Dignity	97%	97%	99%	93%	95%	97%	92%	90%	93%	100%	99%	98%	93%		98.0%	▼
Infection Prevention and Control	92%	90%	92%	89%	84%	89%	100%	70%	93%	89%	92%	83%	93%		98.0%	▲
Discharge									70%	88%	44%	60%	73%		98.0%	▲
Continence				75%	82%	84%	100%	77%	100%	100%	93%	100%	98%		98.0%	▼
ACCESS																
RTT - Admitted	95.9%	97.1%	96.6%	95.0%	96.4%	97.1%	97.9%	97.1%	98.2%	97.8%	96.8%	97.9%	98.8%	98.8%	90.0%	▲
RTT - Non Admitted	99.4%	98.3%	97.9%	97.5%	99.3%	97.9%	96.9%	97.3%	98.4%	97.3%	98.0%	98.8%	97.6%	97.6%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	1,479	1,409	1,299	1,176	1,060	1,006	1,161	1,264	1,222	1,413	1,421	1,394	1,379	1,379		
Outpatient WL (5+ Week Local Target)	226	229	166	107	81	62	33	65	118	100	173	171	165	165		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	1	0	0	1	0	2	11	7	7		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	1	0	0	2	3	3	0	▼
Day case Waiting List (Total)	479	471	499	422	415	421	432	440	459	433	434	437	434	434		
Day Case List (11+ Week Local Target)	45	36	36	31	35	21	34	33	40	38	19	23	24	24		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	350	322	318	320	311	302	283	239	285	272	297	298	316	316		
Inpatient List (11+ Week Local Target)	51	48	31	30	40	48	34	29	34	28	28	29	28	28		
Inpatient List (20+ Week Local Target)	1	0	0	1	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶

DIVISIONAL HEAT MAP - Month 5 2011/12

		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status	
WOMEN'S and CHILDREN'S	OPERATIONAL PERFORMANCE	*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
	Choose and Book Slot Unavailability	6.2%	2.7%	1.0%	2.0%	2.0%	1.0%	9.0%	12.0%	10.0%	3.0%	13.0%	10.0%	13.0%	9.0%	4.0%	▼	
	Elective LOS	2.6	2.3	2.9	2.4	2.4	2.9	2.3	2.2	2.4	2.2	2.3	2.7	2.1	2.3	3.0	▲	
	Non Elective LOS	2.2	2.2	2.6	2.4	2.1	2.3	2.1	2.2	2.8	3.2	2.9	3.1	3.5	3.1	2.1	▼	
	% of Electives Adm.on day of proc.	81.5%	84.5%	82.5%	86.8%	85.3%	87.4%	83.9%	83.4%	83.9%	86.3%	80.8%	80.3%	88.8%	84.1%	83.4%	▼	
	Day Case Rate (Basket of 25)	83.9%	82.4%	80.6%	76.0%	77.2%	87.4%	78.6%	81.9%	78.1%	77.7%	84.3%	88.6%	81.4%	82.1%	75.0%	▼	
	Day Case Rate (All Elective Care)	67.9%	66.3%	63.7%	68.4%	65.4%	68.0%	66.3%	71.3%	67.3%	67.5%	71.0%	68.2%	66.8%	68.2%	67.8%	▼	
	Inpatient Theatre Utilisation ***	64.3%	74.4%	71.4%	72.0%	71.9%	78.2%	74.9%	78.4%	76.0%	75.3%	73.8%	71.8%	73.5%	74.1%	86.0%	▲	
	Day Case Theatre Utilisation ***	71.7%	69.0%	73.9%	76.2%	60.2%	82.8%	80.9%	83.4%	76.5%	75.5%	70.5%	72.3%	74.4%	73.6%	86.0%	▲	
	Outpatient New : F/Up Ratio	1.6	1.7	1.6	1.6	1.6	1.6	1.5	1.4	1.1	1.2	1.2	1.2	1.3	1.2	1.6	▼	
	Outpatient DNA Rate	10.7%	11.4%	10.9%	10.8%	11.2%	9.4%	8.5%	9.0%	8.6%	10.2%	9.5%	9.8%	9.7%	9.6%	11.8%	▲	
	Outpatient Hosp Canc Rate	8.7%	9.5%	9.3%	6.7%	6.8%	6.4%	7.4%	7.2%	7.3%	7.3%	7.4%	7.3%	8.1%	7.5%	9.8%	▼	
	Outpatient Patient Canc Rate	11.5%	11.4%	10.6%	11.0%	12.0%	9.2%	9.1%	10.2%	8.7%	9.5%	10.3%	10.9%	10.8%	10.0%	11.9%	▲	
	HR and FINANCE																	
	Staffing : Nurses per Bed																	
	Staffing : Cost per Bed																	
	Appraisals	67.3%	70.8%	79.7%	86.2%	95.3%	94.2%	93.6%	93.2%	97.1%	95.7%	93.2%	90.9%	92.9%	90.9%	100%	▲	
	Sickness Absence	3.2%	4.0%	4.7%	4.2%	5.3%	4.3%	3.1%	3.5%	3.3%	3.1%	3.6%	3.4%	3.3%	3.4%	3%	▲	
	Agency Costs (£000s)																	
	Overtime FTE	3.6	4.3	5.3	10.2	10.6	9.2	8.7	7.0	7.4	9.3	7.4	6.3	5.6				
Bank FTE	19.0	21.2	18.9	19.9	22.2	20.0	14.7	15.9	17.7	18.8	17.5	23.4	18.7					
Actual net FTE reduction this month	0.1	-7.8	10.3	21.7	-8.9	0.2	-2.9	-5.6	-7.6	10.8	3.1	14.7	8.2	29.3				
Planned FTE reduction this month	1.3	0.0	-9.9	0.0	1.0	0.6	-0.2	0.0										
Finance : CIP Delivery																		

DIVISIONAL HEAT MAP - Month 5 2011/12

WOMEN'S and CHILDREN'S - Women's

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
ACCESS																
RTT - Admitted	95.0%	96.4%	96.5%	95.4%	96.7%	97.0%	97.6%	97.8%	98.6%	97.7%	97.9%	97.0%	99.1%	99.1%	90.0%	▲
RTT - Non Admitted	99.3%	97.8%	97.0%	96.3%	99.0%	97.1%	95.3%	96.4%	97.6%	95.9%	96.9%	98.6%	96.4%	96.4%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	713	642	575	602	536	516	586	661	601	686	651	669	659	659		
Outpatient WL (5+ Week Local Target)	7	9	1	1	0	1	2	1	2	0	1	3	8	8		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	0	0	0	1	0	0	1	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	▲
Day case Waiting List (Total)	317	332	365	328	344	342	343	355	352	316	310	320	322	322		
Day Case List (11+ Week Local Target)	20	6	10	13	20	15	30	27	30	21	12	17	12	12		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	275	255	265	287	281	269	241	216	261	241	243	262	270	270		
Inpatient List (11+ Week Local Target)	34	29	18	25	38	46	31	28	32	25	28	26	25	25		
Inpatient List (20+ Week Local Target)	1	0	0	1	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	2.4	2.2	2.4	2.4	2.4	2.3	2.5	2.1	2.3	2.4	2.4	2.6	2.3	2.4	2.9	▲
Non Elective LOS	2.5	2.8	2.7	3.1	2.4	2.9	2.7	2.7	2.3	3.2	2.9	2.8	3.3	2.9	2.9	▼
% of Electives Adm.on day of proc.	92.4%	93.9%	93.9%	92.0%	90.4%	96.6%	92.6%	93.1%	93.1%	90.6%	92.5%	90.3%	93.8%	92.1%	90.0%	
Day Case Rate (Basket of 25)	87.7%	86.0%	85.7%	81.8%	88.1%	88.1%	85.3%	88.1%	85.9%	82.4%	88.6%	90.8%	86.9%	86.9%	75.0%	▼
Day Case Rate (All Elective Care)	63.4%	63.1%	59.9%	65.5%	62.3%	63.3%	64.7%	69.2%	63.6%	64.8%	67.7%	64.3%	62.8%	64.7%	66.5%	▼
30 Day Readmissions (UHL) - Any Speciality	5.2%	4.9%	4.6%	4.4%	4.2%	4.9%	4.9%	4.4%	3.5%	3.9%	3.9%	3.7%		3.7%	3.8%	▲
30 Day Readmissions (UHL) - Same Speciality	2.2%	2.0%	2.2%	1.9%	1.9%	2.2%	2.2%	2.4%	2.3%	2.7%	2.5%	2.2%		2.4%	2.3%	▲
Outpatient New : F/Up Ratio	1.6	1.7	1.6	1.6	1.6	1.6	1.5	1.3	1.3	1.4	1.4	1.4	1.4	1.4	1.6	◀▶
Outpatient DNA Rate	8.0%	8.6%	8.5%	8.8%	10.2%	8.9%	7.9%	8.6%	7.7%	9.4%	8.8%	8.8%	8.5%	8.7%	8.7%	▲
Outpatient Hosp Canc Rate	7.4%	8.1%	7.5%	6.6%	7.6%	6.9%	7.4%	7.9%	7.5%	7.8%	8.7%	8.1%	8.5%	8.1%	8.2%	▼
Outpatient Patient Canc Rate	10.5%	11.2%	10.5%	10.6%	11.9%	9.6%	9.2%	10.3%	8.4%	9.1%	10.0%	10.2%	10.9%	9.7%	12.3%	▼
Bed Utilisation (Incl short stay admissions)	86%	89%	88%	88%	84%	87%	88%	86%	84%	87%	91%	93%	86%	88%	90.0%	▼

DIVISIONAL HEAT MAP - Month 5 2011/12

		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
WOMEN'S and CHILDREN'S - Women's	HR and FINANCE																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	3.4%	4.3%	4.7%	4.1%	5.6%	4.2%	3.4%	3.5%	3.1%	3.0%	3.6%	3.5%	3.6%	3.4%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	2.3	2.4	3.6	6.9	6.6	5.4	5.2	5.2	6.4	6.0	5.6	4.3	4.9			
	Bank FTE	10.8	12.6	10.4	11.2	14.5	12.7	9.7	10.2	11.5	12.9	11.0	14.9	12.1			
	Actual net FTE reduction this month	-2.3	-9.3	-4.0	19.2	-5.8	-2.1	-1.8	4.7	0.1	2.6	3.3	16.8	9.8	32.5		
	Planned FTE reduction this month	0.0	0.0	2.4	0.0	0.0	1.0	0.0	0.0								
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 5 2011/12

WOMEN'S and CHILDREN'S - Children's

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
ACCESS																
RTT - Admitted	99.1%	100%	97.3%	92.2%	93.1%	97.6%	100.0%	91.5%	94.1%	98.4%	89.2%	100.0%	95.6%	95.6%	90.0%	▼
RTT - Non Admitted	99.8%	99.8%	100%	100%	100%	99.6%	100.0%	99.2%	100.0%	100.0%	100.0%	99.8%	99.8%	99.8%	95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	766	767	724	574	524	490	575	603	621	727	770	725	720	720		
Outpatient WL (5+ Week Local Target)	219	220	165	106	81	61	31	64	116	100	172	168	157	157		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	1	0	0	0	0	2	10	7	7		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	0	0	0	1	3	3	0	▼
Day case Waiting List (Total)	162	139	134	94	71	79	89	85	107	117	124	117	112	112		
Day Case List (11+ Week Local Target)	25	30	26	18	15	6	4	6	10	17	7	6	12	12		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	75	67	53	33	30	33	42	23	24	31	54	36	46	46		
Inpatient List (11+ Week Local Target)	17	19	13	5	2	2	3	1	2	3	0	3	3	3		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	2.9	2.4	3.8	2.3	2.4	3.9	2.0	2.4	2.5	1.8	2.1	2.8	1.9	2.2	2.2	▲
Non Elective LOS	2.0	1.8	2.5	1.9	1.9	1.9	1.7	2.0	3.5	3.2	2.9	3.6	3.7	3.3	2.0	▼
% of Electives Adm.on day of proc.	62.6%	68.3%	62.8%	78.1%	76.1%	68.2%	71.8%	69.4%	67.4%	78.4%	61.2%	66.1%	80.6%	70.8%	71.9%	
Day Case Rate (Basket of 25)	69.6%	68.9%	63.6%	60.8%	52.3%	85.4%	62.2%	62.5%	61.7%	62.0%	70.4%	81.4%	62.8%	67.5%	75.0%	▼
Day Case Rate (All Elective Care)	73.2%	70.6%	68.6%	71.8%	69.4%	74.3%	68.2%	73.6%	72.1%	71.5%	75.2%	72.6%	71.8%	72.7%	69.7%	▼
30 Day Readmissions (UHL) - Any Speciality	9.8%	9.2%	10.4%	9.0%	11.2%	9.8%	11.8%	9.6%	6.5%	5.8%	5.4%	4.8%		5.6%	5.5%	▲
30 Day Readmissions (UHL) - Same Speciality	8.7%	8.0%	9.3%	7.5%	10.3%	8.4%	10.3%	8.4%	4.8%	4.7%	4.8%	3.9%		4.5%	4.0%	▲
Outpatient New : F/Up Ratio	1.7	1.9	1.6	1.7	1.6	1.7	1.4	1.5	0.8	1.0	0.9	1.0	1.0	0.9	1.2	◀▶
Outpatient DNA Rate	17.0%	18.2%	16.5%	15.2%	13.6%	10.4%	9.9%	10.2%	11.0%	12.3%	11.4%	12.5%	12.7%	12.0%	11.5%	▼
Outpatient Hosp Canc Rate	11.6%	12.7%	13.0%	6.9%	5.0%	5.3%	7.4%	5.5%	7.0%	5.7%	4.2%	5.6%	7.0%	5.9%	5.7%	▼
Outpatient Patient Canc Rate	13.7%	11.9%	10.8%	11.8%	12.2%	8.5%	8.7%	10.2%	9.6%	10.6%	11.0%	12.7%	10.4%	10.9%	10.0%	▲
Bed Utilisation (Incl short stay admissions)	82%	89%	85%	87%	94%	93%	83%	93%	81%	84%	79%	79%	73%	79%	90.0%	▲

DIVISIONAL HEAT MAP - Month 5 2011/12

		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
WOMEN'S and CHILDREN'S - Children's	HR and FINANCE																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	2.8%	3.3%	4.6%	4.4%	4.8%	4.6%	2.6%	3.5%	3.7%	3.4%	3.8%	3.2%	2.6%	3.3%	3.0%	▲
	Agency Costs (£000s)																
	Overtime FTE	1.4	1.9	1.7	3.3	4.0	3.9	3.6	1.8	1.0	3.3	1.8	2.0	0.7			
	Bank FTE	8.2	8.6	8.5	8.6	7.7	7.4	5.0	5.7	6.2	5.9	6.5	8.5	6.6			
	Actual net FTE reduction this month	2.4	1.6	14.4	2.5	-3.1	2.3	-1.2	-10.3	-7.6	8.2	-0.1	-2.0	-1.6	-3.2		
	Planned FTE reduction this month	1.3	0.0	-12.3	0.0	1.0	-0.4	-0.2	0.0								
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 5 2011/12

CLINICAL SUPPORT

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
PATIENT SAFETY									Patient Falls - Process / results currently under review / validation							
10X Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	4	9	1	8	7	7	9	8	7	5	7			19	54	
Complaints Re-Opened	1	2	3	0	0	1	0	1	0	1	1	1	1	4	0	▶▶
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	0	1	0	0	1	3	1	3	0	0	1	5	1	7	12	▲
No of Staffing Level Issues Reported as Incidents	3	3	2	2	0	0	1	1	2	0	1	5	0	8	12	▲
ALL Complaints Regarding Attitude of Staff	2	1	1	2	3	1	2	4	3	6	0	2	7	18	36	▼
ALL Complaints Regarding Discharge	1	0	1	0	0	1	4	1	1	0	2	1	2	6	0	▼
ACCESS																
Outpatient Waiting List (Total - GP/GDP Referred)	360	385	404	396	328	303	319	338	391	400	449	434	419	419		
Outpatient WL (5+ Week Local Target)	70	126	119	143	138	120	81	89	141	175	155	165	186	186		
Outpatient WL (11+ Week Local Target)	0	3	0	0	0	0	0	0	0	8	6	0	5	5		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	◀▶
Day case Waiting List (Total)	116	159	134	134	112	73	109	121	108	96	157	166	148	148		
Day Case List (11+ Week Local Target)	0	0	0	0	0	0	2	5	7	1	3	8	12	12		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	3	4	0	0	2	1	1		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	2	2	0	0	1	1	1	0	▶▶
ANAESTHETICS & THEATRES									*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)							
% Pain Mgmt Referrals Seen < 11 weeks	99.0%	98.2%	100.0%	98.4%	98.4%	98.6%	99.0%	98.2%	98.7%	97.6%	98.5%	97.7%	97.2%	97.9%	98.0%	▼
Outpatient New : F/Up Ratio	4.8	3.6	4.5	3.4	3.4	3.7	3.8	3.8	3.9	4.3	4.8	3.8	4.2	4.2	3.2	▼
Outpatient DNA Rate	10.4%	12.5%	13.1%	11.2%	13.6%	11.5%	11.3%	10.7%	11.3%	11.8%	13.0%	10.6%	13.4%	12.1%	11.5%	▼
Outpatient Hosp Canc Rate	7.9%	10.9%	9.9%	5.7%	7.7%	9.0%	8.7%	6.0%	5.1%	7.0%	10.6%	9.5%	10.1%	8.6%	8.0%	▼
Outpatient Patient Canc Rate	15.5%	15.5%	16.7%	15.8%	18.9%	15.3%	14.8%	15.0%	16.7%	15.4%	13.6%	16.9%	16.4%	15.8%	15.0%	▲
RTT - Admitted	100%	100%	98.1%	98.1%	100.0%	97.2%	96.3%	98.4%	100.0%	100.0%	95.2%	100.0%	100.0%	100.0%	90.0%	◀▶
RTT - Non Admitted	100%	100%	99.5%	99.1%	100.0%	99.2%	99.5%	99.6%	99.1%	99.6%	99.1%	98.2%	99.2%	99.2%	95.0%	▲
UHL Inpatient Theatre Utilisation Rate (%) ***	74.0%	75.6%	77.5%	78.4%	74.7%	78.4%	82.9%	82.1%	79.6%	79.3%	80.1%	81.1%	83.9%	80.9%	86.0%	▲
UHL Day case Theatre Utilisation Rate (%) ***	69.9%	77.8%	74.0%	79.4%	79.6%	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	73.4%	78.8%	75.3%	86.0%	▲

DIVISIONAL HEAT MAP - Month 5 2011/12

CLINICAL SUPPORT

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
BOOKING CENTRE																
% calls responded to within 30 seconds	67.7%	75.0%	65.6%	69.7%	69.8%	68.9%	75.4%	81.5%	76.9%	60.9%	64.4%	71.3%	68.6%		65%	▼
NUTRITION AND DIETETICS																
% of adult inpatients seen within 2 days	96.6%	97.6%	95.5%	96.0%	97.4%	98.2%	96.3%	97.5%	97.4%	98.0%	97.2%	96.3%	97.2%		98%	▲
% of paed inpatients seen within 2 days	100%	100%	100%	100%	100%	94.7%	100%	100%	100%	100%	100.0%	100.0%	100.0%		98%	◀▶
OCCUPATIONAL THERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	98.2%	98.9%	100%	100%	93.8%	91.4%	97.1%	94.2%	95.0%	95.1%	98.9%	97.3%	91.2%		95%	▼
RTT Completes (% waiting <=8 weeks)	100%	99.0%	99.3%	100%	99.7%	99.7%	99.2%	99.5%	99.1%	99.4%	99.1%	99.8%	99.8%		95%	◀▶
Inpatient Response Times - Emergency (45 mins)	100%	100%	50%	100%	100%	100%	100%	100%	100%	97%	98%	100%			98%	▲
Inpatient Response Times - Urgent (3 hours)	92%	93%	100%	94%	93%	100%	100%	100%	100%	95%	100%	95%			98%	▼
Inpatient Response Times - Routine (24 hours)	88%	85%	83%	79%	80%	72%	79%	79%	70%	71%	77%	80%			98%	▲
PHYSIOTHERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	93.7%	93.2%	95.0%	94.0%	93.8%	97.4%	99.2%	98.8%	99.0%	96.6%	97.4%	97.2%	96.4%		95%	▼
RTT Completes (% waiting <=8 weeks)	95.3%	94.7%	95.1%	96.1%	95.8%	94.8%	96.2%	98.5%	97.8%	96.8%	95.6%	97.3%	96.5%		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)	99%	100%	100%	100%	99%	100%	99%	100%	99.8%	99.6%	99.4%	99.2%			98%	▼
Inpatient Response Times - Routine (24 hours)	98.1%	97.5%	97.5%	97.4%	97.9%	98.5%	98.2%	98.6%	99.1%	99.6%	99.3%	99.5%			98%	▲
MEDICAL RECORDS																
Med Rec - % Missing Casenotes	0.6%	0.4%	0.4%	0.4%	0.4%	0.5%	0.5%	0.3%	0.3%	0.5%	0.4%	0.3%	0.4%		<0.5%	▼
DISCHARGE TEAM																
Delayed Discharges - County	2.0	2.0	2.0	1.9	1.9	2.1	2.3	2.4	2.4	2.5	2.7	2.6	2.7		1.6	▼
Delayed Discharges - City	3.9	3.6	3.7	3.7	3.6	3.7	3.8	3.8	4.9	4.9	4.5	4.1	4.1		3.8	◀▶
PSYCHOLOGY / NEURO-PSYCHOLOGY																
New referrals inpatients Medical Psychology	3	2	3	2	2	5	4	2	2	1	2	0	0	5		
New referrals outpatients Medical Psychology	43	49	42	64	39	44	54	63	33	66	61	52	34	246		
New referrals inpatients Neuropsychology	0	2	5	2	8	5	8	7	4	9	6	5	5	29		
New referrals outpatients Neuropsychology	0	7	12	9	4	4	3	9	2	10	8	9	5	34		

DIVISIONAL HEAT MAP - Month 5 2011/12

		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status	
CLINICAL SUPPORT	CLINICAL SUPPORT																	
	SALT Wait Time in Weeks	3	2	4	4	3	2	4		2	2	2	2	2		4	◀▶	
	Podiatry New IP Referrals	58	70	57	61	78	56	64		53	51	67	63	62	296			
	Pharmacy TTO Turnaround in 2 Hours	86%	82%	83%	85%	82%	87%	79.5%	87.4%	79.5%	83.4%	85.8%	81.0%	87.2%		80%	▲	
	Pharmacy Dispensing Accuracy		100%	99.99%	99.99%	99.99%	98.56%	100%	100%	98.4%	99.96%	99.98%	99.99%	99.99%		99.5%	◀▶	
	IMAGING and MEDICAL PHYSICS																	
	CT Scan (% Waiting 3+ Weeks)	0.6%	0.9%	0.5%	1.2%	1.8%	0.7%	1.0%	2.3%	4.0%	1.0%	1.0%	0.2%	3.6%		5%	▼	
	MRI Scan (% Waiting 3+ Weeks)	10.6%	7.7%	6.6%	9.1%	14.0%	6.0%	9.8%	10.2%	7.6%	4.9%	10.8%	5.5%	7.2%		5%	▼	
	Non-Obstetric Ultrasound (% Waiting 3+ Weeks)	0.7%	6.8%	4.8%	6.6%	28.1%	10.5%	9.0%	12.2%	27.8%	8.2%	6.3%	4.9%	2.1%		5%	▲	
	Equipment Utilisation	74.0%	78.5%	77.0%	82.0%	71.0%	75.0%	63.0%	72.0%	73.0%	77.5%	77.0%	75.0%	78.7%		80%	▲	
	ED Breach - Total %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		1%	◀▶	
	ED Breach - Plain Film %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		1%	◀▶	
	ED Breach - CT %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%		1%	◀▶	
	CRIS and PACS																	
	PACS Uptime	96%	96%	97%	95%	96%	96%	99.6%	99.0%	97.0%	97.0%	100%	99%	99.6%		98%	▲	
	CRIS Uptime	100%	100%	99.7%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%		98%	◀▶	
	PATHOLOGY																	
	CDT 24 Hour TRT	94.6%	91.2%	95.5%	93.9%	92.9%	92.3%	91.8%	98.6%	96.3%	95.8%	96.6%	97.8%	96.6%		95%	▼	
	MRSA 48 Hour TRT	99.5%	97.5%	99.6%	99.6%	99.7%	99.7%	99.7%	99.9%	99.07%	99.67%	99.72%	99.71%	99.73%		95%	▲	
	Diagnostic Wait > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0		0	◀▶	
	Cytology Screening 7 Day Target	100%	99.7%	99.7%	99.9%	99.0%	97.8%	100.0%	100.0%	99.87%	99.98%	99.98%	99.98%	100%		99%	▲	

DIVISIONAL HEAT MAP - Month 5 2011/12

		Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target	Status
CLINICAL SUPPORT	HR and FINANCE																
	Appraisals	81.5%	88.8%	91.2%	93.7%	97.4%	94.0%	94.5%	93.3%	92.4%	90.9%	87.6%	86.2%	85.0%	85.0%	100%	▼
	Sickness Absence	3.0%	3.6%	3.8%	4.0%	4.5%	4.1%	3.3%	3.7%	3.4%	3.0%	3.4%	3.5%	3.3%	3.3%	3%	▲
	Agency Costs (£000s)																
	Overtime FTE	16.5	18.9	17.6	17.9	17.7	19.7	20.3	16.1	17.0	19.4	16.6	20.6	17.0			
	Bank FTE	23.3	26.3	28.1	27.6	34.1	33.5	30.5	29.1	29.7	28.8	27.2	21.0	20.1			
	Actual net FTE reduction this month	0.2	-2.1	2.5	-5.0	5.9	-2.7	-30.9	-5.1	-5.6	-14.7	7.8	-50.7	15.2	-48.0		
	Planned FTE reduction this month	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

