

Caring at its best

Quality and Performance

Trust Board

Thursday 7th July 2011

May 2011

One team shared values

QUALITY and PERFORMANCE REPORT

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Thresholds

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

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

UHL at a Glance - Month 2 - 2011/12

PATIENT SAFETY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
MRSA Bacteraemias	9	May-11	0	2		
CDT Isolates in Patients (UHL - All Ages)	165	May-11	15	24		
% of all adults who have had VTE risk assessment on adm to hosp ***	90%	May-11	84.6%	82.4%		
Reduction of hospital acquired venous thrombosis ***	0.175%	Qtr 4 10/11	0.12%			
Incidents of Patient Falls ***	2441	May-11	130	365		
In Hospital Falls resulting in Hip Fracture ***	12	May-11	0	2		
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%	Apr-11	96.3%	96.3%		
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Apr-11	97.2%	97.2%		
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Apr-11	97.0%	97.0%		
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Apr-11	100.0%	100.0%		
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Apr-11	98.5%	98.5%		
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Apr-11	99.1%	99.1%		
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Apr-11	86.4%	86.4%		
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Apr-11	97.1%	97.1%		
62-Day Wait For First Treatment From Consultant Upgrade	100%	Apr-11	100.0%	100.0%		
Emergency 30 Day Readmissions (Following Elective Admission)	TBC	Apr-11	4.9%	4.9%		
Emergency 30 Day Readmissions (Following Emergency Admission)	TBC	Apr-11	9.4%	9.4%		
Mortality (CHKS Risk Adjusted) - OVERALL	85	Apr-11	80.8	80.8		
Primary PCI Call to Balloon <150 Mins	75.0%	May-11	85.0%	83.0%		
Pressure Ulcers (Grade 3 and 4) ***	197	May-11	11	21		

*** Trust Priorities

Data Quality Key

Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



UHL at a Glance - Month 2 - 2011/12

PATIENT EXPERIENCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Inpatient Polling - treated with respect and dignity ***	95.0	May-11	96.1	95.5		
Inpatient Polling - rating the care you receive ***	91.0	May-11	87.2	86.0		
% Beds Providing Same Sex Accommodation -Wards ***	100%	May-11	100.0%	100.0%	100.0%	
% Beds Providing Same Sex Accommodation - Intensivist ***	100%	May-11	100.0%	100.0%	100.0%	
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	May-11	93.7%	93.6%		
ED Waits - UHL (Type 1 and 2)	95%	May-11	92.1%	91.8%		
ED Unplanned Re-attendance Rate (From Qtr 2 2011/12)	<5%	May-11	5.2%	5.7%		
ED Left Without Being Seen % (From Qtr 2 2011/12)	<5%	May-11	2.2%	2.3%		
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12)	<4Hrs	May-11	307	307		
ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12)	<15 mins	May-11	56	63		
ED Time to Treatment - Median (From Qtr 2 2011/12)	<60 mins	May-11	54	56		
RTT 18 week - Admitted	90%	May-11	91.7%	91.7%		
RTT 18 week - Non admitted	95%	May-11	97.4%	97.4%		
RTT Admitted Median Wait (Weeks)	<=11.1	May-11	9.5	9.0		
RTT Admitted 95th Percentile (Weeks)	<=23.0	May-11	25.1	24.5		
RTT Non-Admitted Median Wait (Weeks)	<=6.6	May-11	6.4	5.9		
RTT Non-Admitted 95th Percentile (Weeks)	<=18.3	May-11	16.8	16.6		
RTT Incomplete Median Wait (Weeks)	<=7.2	May-11	6.4	6.4		
RTT Incomplete 95th Percentile (Weeks)	<=28.0	May-11	19.4	19.4		
STAFF EXPERIENCE / WORKFORCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Headcount Reduction	TBC	May-11				
Sickness absence	3.0%	May-11	3.3%	3.3%		
Appraisals	100%	May-11	88.8%	88.8%		
VALUE FOR MONEY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Income (£000's)	TBC	May-11	55,861	112,621		
Operating Cost (£000's)	TBC	May-11	55,886	111,146		
Surplus / Deficit (as EBIDTA) (£000's)	TBC	May-11	-25	1,475		
CIP (£000's)	TBC	May-11	912	1,924		
Cash Flow (£000's)	TBC	May-11	9,778	9,778		
Financial Risk Rating	TBC	May-11	1	1		
Pay - Locums (£ 000s)	TBC	May-11	328	611		
Pay - Agency (£ 000s)	TBC	May-11	1,475	2,902		
Pay - Bank (£ 000s)	TBC	May-11	509	1,049		
Pay - Overtime (£ 000s)	TBC	May-11	317	770		
Total Pay Bill (£ millions)	TBC	May-11	37.1	74.0		
Cost per Bed Day (£)	TBC	May-11	165	165		

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level

Audit

Director Sign Off

QUALITY and PERFORMANCE REPORT - QTR1 2011/12

QUARTERLY FOUNDATION TRUST COMPLIANCE FRAMEWORK

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

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

QUALITY and PERFORMANCE REPORT - Qtr 1 - 2011/12

CQC SERVICE PERFORMANCE

CQC Service Performance - Indicators, weighting and scoring

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

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

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

Scoring values

Underperforming	0
Performance under review:	1
Performing:	3

Overall performance score threshold

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

HISTORY / TREND OVERVIEW - Month 2 - 2011/12

PATIENT SAFETY

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target	Status	Page No
MRSA Bacteraemias	2	1	0	0	1	0	1	0	1	2	1	2	0	2	9	▲	11
CDT Isolates in Patients (UHL - All Ages)	25	19	14	13	10	16	20	12	17	16	14	9	15	24	165	▼	11
% of all adults who have had VTE risk assessment on adm to hosp		40%	49%	51%	57%	61%	65%	64%	69%	75%	79%	80.3%	84.6%	82.4%	90%	▲	
Reduction of hospital acquired venous thrombosis	Qtr 1 - 0.15%		Qtr 2 - 0.16%			Qtr 3 - 0.17%			Qtr 4 - 0.12%					0.175%			
Incidents of Patient Falls	219	212	118	175	205	211	148	127	267	197	207	235	130	365	2441	▲	14
In Hospital Falls resulting in Hip Fracture	3	0	0	0	1	0	0	3	2	2	2	2	0	2	12	▲	

CLINICAL EFFECTIVENESS

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target	Status	Page No
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	94.6%	93.3%	93.5%	94.8%	93.3%	93.0%	94.5%	91.3%	88.5%	95.7%	94.5%	96.3%		96.3%	93%	▲	20
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93.4%	93.5%	93.4%	98.3%	98.3%	97.7%	94.9%	98.4%	99.0%	95.5%	95.4%	97.2%		97.2%	93%	▲	20
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96.0%	96.3%	98.2%	96.4%	97.0%	96.7%	97.3%	98.3%	96.7%	96.6%	96.8%	97.0%		97.0%	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	92.1%	94.0%	94.0%	91.4%	97.9%	97.8%	95.5%	95.3%	94.7%	96.3%	95.8%	98.5%		98.5%	94%	▲	20
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	98.7%	99.3%	99.2%	100.0%	100.0%	100.0%	99.4%	99.3%	99.3%	100.0%	98.8%	99.1%		99.1%	94%	▲	20
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85.0%	87.1%	89.0%	82.8%	87.3%	85.5%	86.4%	88.1%	85.8%	87.2%	85.9%	86.4%		86.4%	85%	▲	20
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	87.2%	93.2%	91.4%	87.9%	91.5%	87.2%	91.1%	98.2%	90.5%	87.0%	100.0%	97.1%		97.1%	90%	▼	20
62-Day Wait For First Treatment From Consultant Upgrade	-----	-----	-----	100%	-----	100%	100%	100%	100%	100%	100%	100%		100%	100%	◀▶	20

HISTORY / TREND OVERVIEW - Month 2 - 2011/12

CLINICAL EFFECTIVENESS (Continued)

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target	Status	Page No
Emergency 30 Day Readmissions (Following Elective Admission)	5.1%	4.9%	5.2%	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.7%	5.0%	4.9%		4.9%	TBC		13
Emergency 30 Day Readmissions (Following Emergency Admission)	10.9%	11.1%	10.7%	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	9.4%		9.4%	TBC		13
Mortality (CHKS - Risk Adjusted) - OVERALL	89.7	84.8	79.8	80.2	87.3	93.6	77.5	98.1	87.7	82.5	87.9	80.8		80.8	85	▲	
Stroke - 90% of Stay on a Stroke Unit	70%	67%	64%	67%	79%	79%	81%	75%	58%	56%	80%	85%	87%	86%	80%	▲	
Primary PCI Call to Balloon <150 Mins	95.5%	82.6%	73.3%	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	83.0%	75%	▼	19
Pressure Ulcers (Grade 3 and 4)	15	17	20	17	19	11	12	27	33	14	20	10	11	21	197	▼	14

HISTORY / TREND OVERVIEW - Month 2 - 2011/12

PATIENT EXPERIENCE

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target	Status	Page No
Inpatient Polling - treated with respect and dignity	95.3		95.8	94.4	94.9	95.4	94.6	96.2	95.2	95.2	95.0	96.2	96.1	95.5	95.0	▼	16
Inpatient Polling - rating the care you receive	85.8		87.0	84.0	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	86.0	91.0	▼	16
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	◀▶	19
% Beds Providing Same Sex Accommodation - Intensivist	87%	87%	87%	87%	86%	86%	89%	93%	95%	100%	100%	100%	100%	100%	100%	◀▶	19
A&E Waits - Leics (10/11) - UHL Incl UCC (11/12)	97.6%	97.0%	98.4%	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	93.6%	95%	▲	17
A&E Waits - UHL (Type 1 and 2)	96.3%	95.3%	97.4%	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	91.8%	95%	▲	17
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	6.1%	6.1%	5.9%	6.5%	6.2%	6.0%	5.5%	5.9%	6.0%	6.1%	5.8%	6.2%	5.2%	5.7%	<5%	▲	17
Left Without Being Seen % (From Qtr 2 11/12)	2.5%	2.5%	2.4%	2.1%	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.3%	<5%	▲	17
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12)	240	240	239	240	240	251	303	349	382	331	343	306	307	307	<240 Mins	▼	17
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	65	45	40	43	41	52	49	55	55	49	63	71	56	63	<15 Mins	▲	17
Time to Treatment - Median (From Qtr 2 11/12)	60	53	52	49	55	55	62	60	49	50	58	59	54	56	<60 mins	▲	17
RTT 18 week - Admitted	94.3%	94.2%	94.2%	93.4%	91.5%	92.6%	92.1%	91.6%	91.5%	91.1%	91.8%	91.7%	90.0%	90.0%	90%	▼	18
RTT 18 week - Non admitted	98.3%	98.3%	98.0%	97.4%	96.4%	97.1%	98.3%	97.0%	96.9%	97.3%	97.1%	97.4%	97.2%	97.2%	95%	▼	18
RTT Admitted Median Wait (Weeks)	9.3	9.5	9.7	9.5	9.8	10.2	9.8	9.4	10.3	10.4	9.1	8.5	9.5	9.0	<=11.1	▼	18
RTT Admitted 95th Percentile (Weeks)	18.8	18.7	18.8	19.5	21.4	21.3	21.9	23.1	23.7	23.2	24.1	23.4	25.1	24.5	<=23.0	▼	18
RTT Non-Admitted Median Wait (Weeks)	6.0	5.7	6.1	6.2	6.9	6.7	6.2	6.1	7.0	5.5	5.4	5.3	6.4	5.9	<=6.6	▼	18
RTT Non-Admitted 95th Percentile (Weeks)	16.2	16.3	16.7	16.9	17.4	17.2	17.0	16.9	17.1	16.8	16.8	16.5	16.8	16.6	<=18.3	▼	18
RTT Incomplete Median Wait (Weeks)	5.2	5.6	5.8	6.1	6.1	6.0	6.1	6.8	6.7	5.2	5.5	6.3	6.4	6.4	<=7.2	▼	18
RTT Incomplete 95th Percentile (Weeks)	16.3	16.7	17.6	17.9	18.3	19.1	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.4	<=28.0	▲	18

HISTORY / TREND OVERVIEW - Month 2 - 2011/12

STAFF EXPERIENCE / WORKFORCE

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target	Status	Page No
Headcount Reduction	54.4	82.6	49.7	70.4	20.9	23.7	4.6	0.7	-0.2	5.7	-13.0				TBC		21
Sickness absence	3.2%	3.3%	3.4%	3.2%	3.5%	3.8%	3.7%	4.7%	4.0%	3.5%	3.5%	3.3%	3.3%	3.3%	3.0%		21
Appraisals	73.2%	68.5%	72.7%	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	88.8%	100%		21

VALUE FOR MONEY

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD
Income (£000's)								58,569	59,015	58,759	64,835	56,760	55,861	112,621
Operating Cost (£000's)								54,865	55,342	55,770	58,922	55,260	55,886	111,146
Surplus / Deficit (as EBIDTA) (£000's)								3,704	3,673	2,989	5,913	1,500	-25	1,475
CIP (£000's)								3,048	3,073	2,798	3,270	1,012	912	1,924
Cash Flow (£000's)								9752	12,491	18,358	10,306	14,465	9,778	9,778
Financial Risk Rating								2	2	2	2	2	1	1

HR Pay Analysis

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Locums (£ 000s)	303	314	391	369	404	365	401	279	421	443	335	283	328	611
Agency (£ 000s)	588	547	510	524	758	746	879	1,175	1,283	1,540	1,990	1,427	1,475	2,902
Bank (£ 000s)	468	453	516	481	518	560	523	514	540	478	504	540	509	1,049
Overtime (£ 000s)	246	138	224	212	248	254	276	300	304	378	447	453	317	770
Total Pay Bill (£ millions)	36.0	35.7	35.6	35.0	35.9	35.9	36.4	36.1	36.7	37.5	38.1	36.9	37.1	74.0

Average Cost per Bed Day

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

INFECTION PREVENTION

Performance Overview

MRSA – There were no MRSA bacteraemias reported in May with a year to date figure of 2 (year end target of 9).

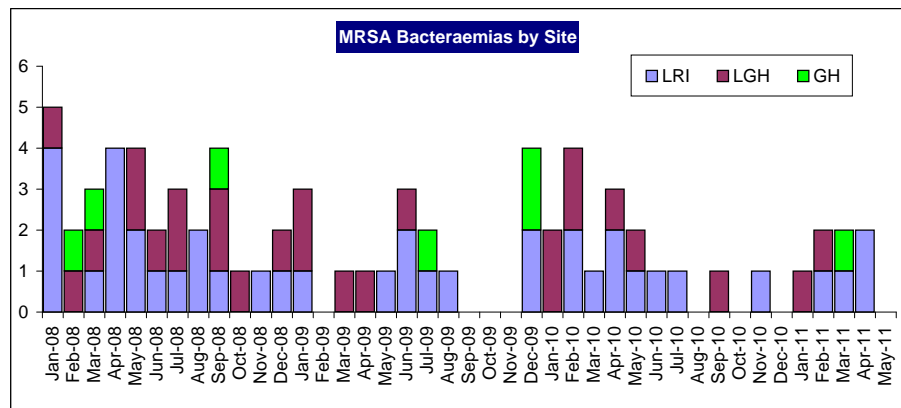
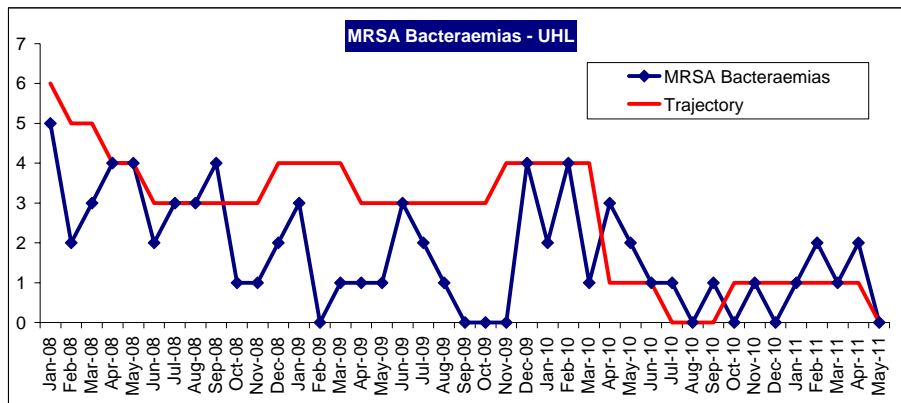
CDifficile – 15 cases reported in May brings the year to date total to 24 (year end target of 165).

Key Actions

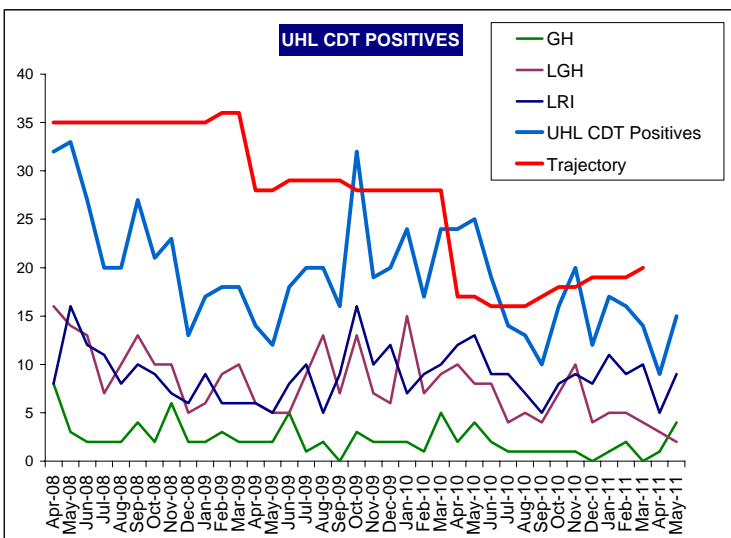
1. Further to last months Q&P report, correspondence has been forwarded to all clinicians regarding expectations and compliance with recommended infection prevention procedures

2. Monthly reporting for MSSA is now in place with EColi due to commence in June 2011 in line with national guidance. A more detailed report will be presented in July.

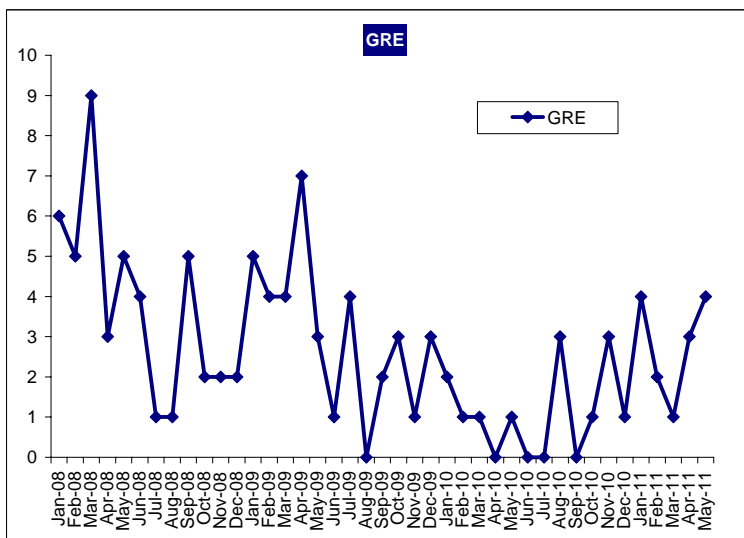
MRSA BACTERAEMIA



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target	Status
MRSA	2	1	0	0	1	0	1	0	1	2	1	2	0	2	9	▲
C. Diff.	25	19	14	13	10	16	20	12	17	16	14	9	15	24	165	▼
Rate / 1000 Adm's	3.0	2.3	1.6	1.6	1.2	1.9	2.4	1.4	2.1	2.1	1.6	1.2	2.0	1.2		
GRE	1	0	0	3	0	1	3	1	3	2	1	3	4	7	TBC	
MSSA													4	4	TBC	
E-Coli															TBC	

MORTALITY

Performance Overview

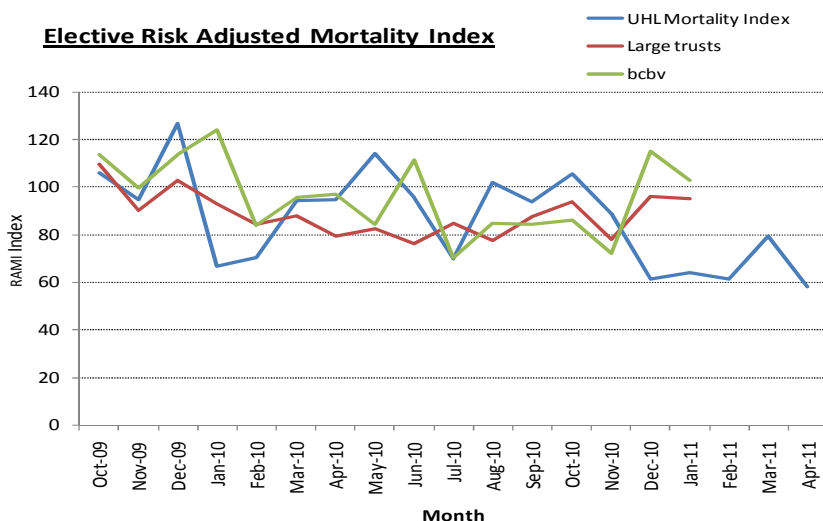
CHKS RISK ADJUSTED MORTALITY

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

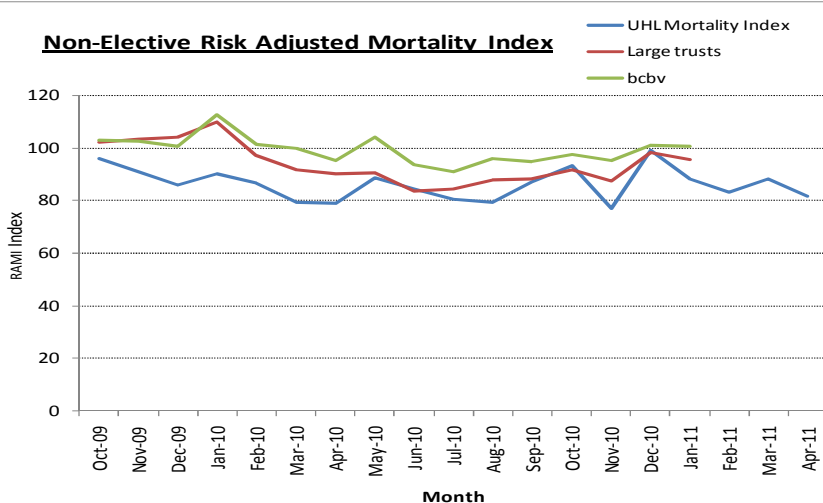
Following review of UHL's RAMI for 10/11, compared with other large acute Trusts, the Clinical Effectiveness Committee have set a threshold of below 85 for the overall RAMI. The expectation is that this will put us in the top 25%.

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

Elective Risk Adjusted Mortality Index



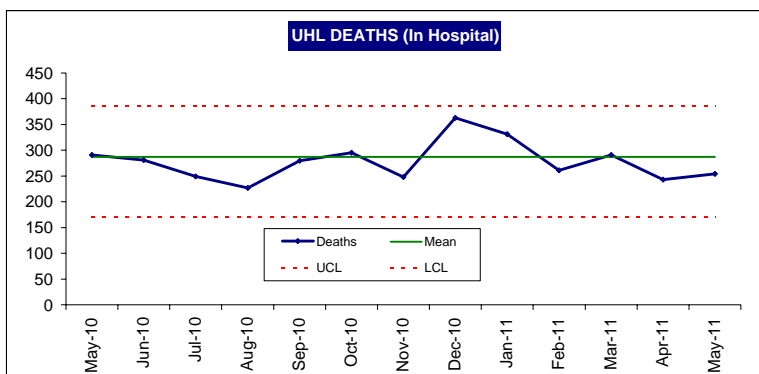
Non-Elective Risk Adjusted Mortality Index



CHKS - RISK ADJUSTED MORTALITY

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

Clinical Business Unit	CURRENT MONTH		
	Spells	Deaths	%
Specialist Surgery	1422	10	0.7%
GI Medicine, Surgery and Urology	3357	23	0.7%
Cancer, Haematology and Oncology	1697	22	1.3%
Musculo-Skeletal	909	5	0.6%
Medicine	2205	107	4.9%
Respiratory	1104	31	2.8%
Cardiac, Renal & Critical Care	1284	45	3.5%
Emergency Department	8	3	37.5%
Women's	4411	7	0.2%
Children's	834	1	0.1%
Anaesthesia and Theatres	281		
Therapy, Phlebotomy and Central Outpatients			
Imaging	14		
Sum:	17526	254	1.4%



UHL CRUDE DATA TOTAL SPELLS

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target
UHL Crude Data - TOTAL Spells	19277	19784	19860	18974	19627	19254	19894	19261	18665	18296	20755	16889	17526	34415	
UHL Crude Data - TOTAL Deaths	291	281	249	227	280	295	248	363	331	261	291	243	254	497	TBC
Percent	1.5%	1.4%	1.3%	1.2%	1.4%	1.5%	1.2%	1.9%	1.8%	1.4%	1.4%	1.4%	1.4%	1.4%	TBC

UHL CRUDE DATA ELECTIVE SPELLS

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target
UHL Crude Data - ELECTIVE Spells	8214	8792	8678	8178	8602	8449	8794	7744	7784	8070	9411	7778	8127	15905	
UHL Crude Data - ELECTIVE Deaths	12	10	10	8	10	11	9	6	6	6	9	5	8	13	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%	10.0%	0.1%	TBC

UHL CRUDE DATA NON ELECTIVE SPELLS

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target
UHL Crude Data - NON ELECTIVE Spells	11063	10992	11182	10796	11025	10805	11100	11517	10881	10226	11344	9111	9399	18510	
UHL Crude Data - NON ELECTIVE Deaths	279	271	239	219	270	284	239	357	325	255	282	238	246	484	TBC
Percent	2.5%	2.5%	2.1%	2.0%	2.4%	2.6%	2.2%	3.1%	3.0%	2.5%	2.5%	2.6%	2.6%	2.6%	TBC

EMERGENCY READMISSIONS

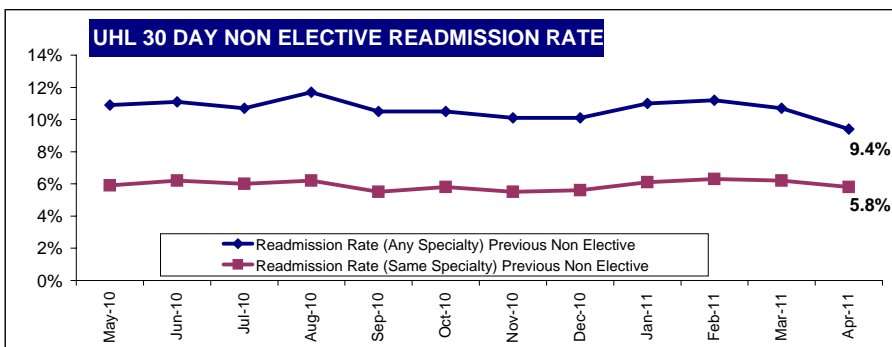
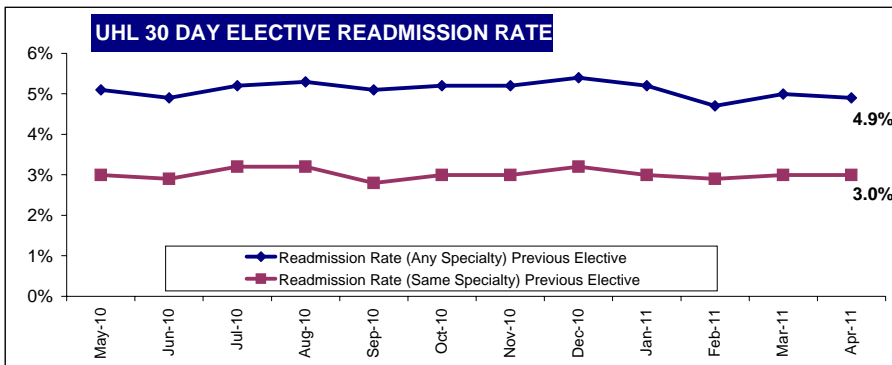
Performance Overview

UHL will not receive payment for any emergency readmissions within 30 days of discharge from an elective admission (with some exclusions) and the trust is therefore committed to eliminating all such readmissions.

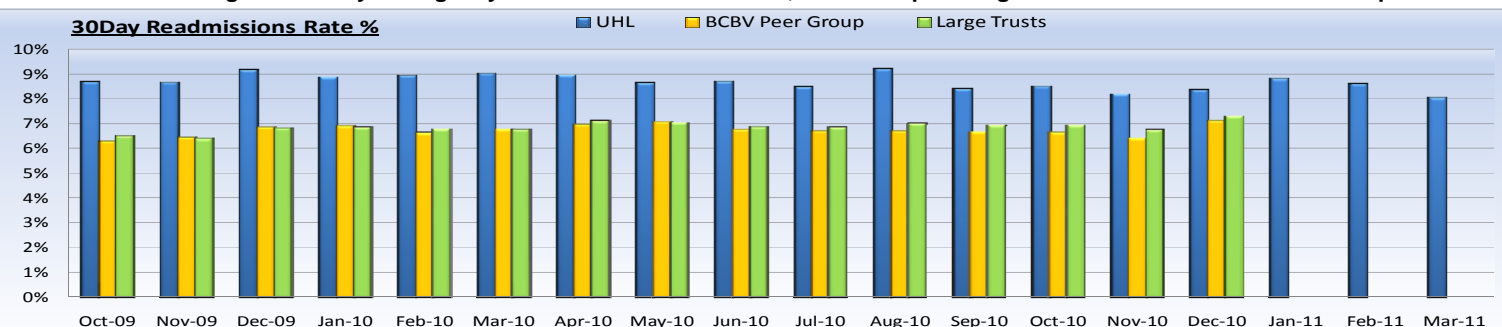
There will also be a financial penalty for emergency readmissions within 30 days of discharge from an emergency admission in that UHL is committed to delivering a 25% reduction in readmission rates from 2010/11.

Key Actions

1. CBUs are completing a review of the patient pathways and re-emphasising the importance of communication at discharge, ensuring all patients are given full explanation at the time of discharge.
2. Clinically appropriate Surgical and Medical bed bureau patients are now offered urgent outpatient appointments resulting in reduced admissions.
3. Clinical appropriate bed bureau patients are triaged, prior to admission
4. The SRO Readmissions Project Officer will commence at the beginning of August.



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



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

ALL READMISSIONS														YTD	Target
	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11			
Discharges	19,277	19,785	19,861	18,974	19,627	19,254	19,895	19,261	18,672	18,298	20,755	16,889	16,889	TBC	
30 Day Emerg. Readmissions (Any Spec)	1,623	1,656	1,648	1,702	1,594	1,574	1,576	1,577	1,599	1,528	1,685	1,233	1,233	TBC	
Readmission Rate (Any Specialty)	8.4%	8.4%	8.3%	9.0%	8.1%	8.2%	7.9%	8.2%	8.6%	8.4%	8.1%	7.3%	7.3%	TBC	
30 Day Emerg. Readmissions (Same Spec)	903	932	944	927	850	876	873	900	897	880	987	761	761	TBC	
Readmission Rate (Same Specialty)	4.7%	4.7%	4.8%	4.9%	4.3%	4.5%	4.4%	4.7%	4.8%	4.8%	4.8%	4.5%	4.5%	TBC	
Redmissions - Previous Spell = Elective														YTD	Target
	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11			
Discharges	8,214	8,792	8,678	8,178	8,602	8,449	8,794	7,744	7,791	8,071	9,411	7,778	7,778	TBC	
30 Day Emerg. Readmissions (Any Spec) Previous Elective	416	433	455	434	438	436	453	415	407	383	471	381	381	TBC	
Readmission Rate (Any Specialty) Previous Elective	5.1%	4.9%	5.2%	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.7%	5.0%	4.9%	4.9%	TBC	
30 Day Emerg. Readmissions (Same Spec) Previous Elective	247	252	277	261	244	250	262	251	237	232	286	235	235	TBC	
Readmission Rate (Same Specialty) Previous Elective	3.0%	2.9%	3.2%	3.2%	2.8%	3.0%	3.0%	3.2%	3.0%	2.9%	3.0%	3.0%	3.0%	TBC	
Redmissions - Previous Spell = Non Elective														YTD	Target
	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11			
Discharges	11,063	10,993	11,183	10,796	11,025	10,805	11,101	11,517	10,881	10,227	11,344	9,111	9,111	TBC	
30 Day Emerg. Readmissions (Any Spec) Previous Non Elective	1,207	1,223	1,193	1,268	1,156	1,138	1,123	1,162	1,192	1,145	1,214	852	852	TBC	
Readmission Rate (Any Specialty) Previous Non Elective	10.9%	11.1%	10.7%	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	9.4%	9.4%	TBC	
30 Day Emerg. Readmissions (Same Spec) Previous Non Elective	656	680	667	666	606	626	611	649	660	648	701	526	526	TBC	
Readmission Rate (Same Specialty) Previous Non Elective	5.9%	6.2%	6.0%	6.2%	5.5%	5.8%	5.5%	5.6%	6.1%	6.3%	6.2%	5.8%	5.8%	TBC	

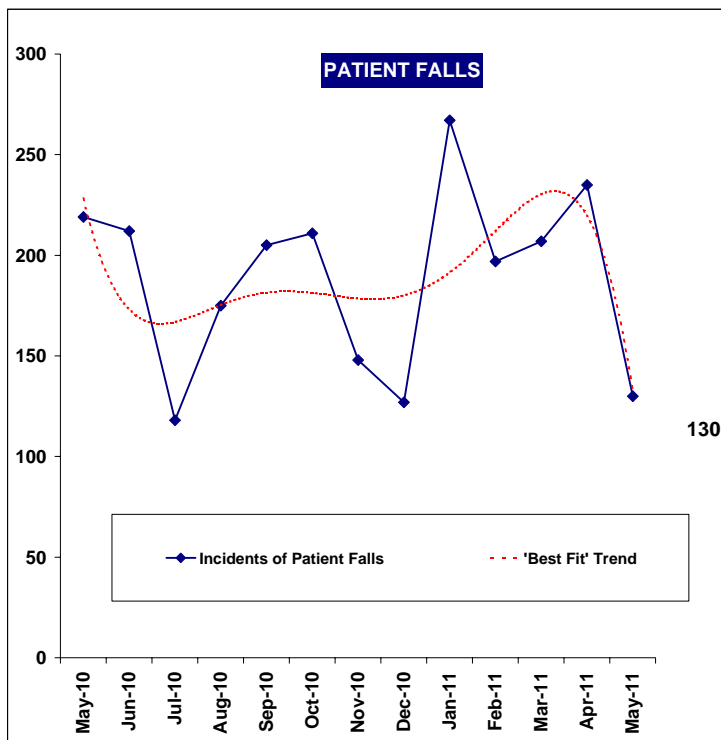
FALLS

Performance Overview

An overall reduction in patient falls continues this month with a reduction of 105 reported incidents.
A 5% reduction in falls on 2010/11 outturn has been set for 2011/12

Key Actions

The UHL Falls Risk Assessment document and associated care plans are now in place.
Nursing Metrics now include falls assessment monitoring.
Training and Development opportunities will continue to be offered during 2011.
Plans continue to improve access to falls training via Divisional teams and via the "VITAL" initiative.
A strategic review of falls is currently in progress and will be linked to wider corporate performance management going forward. The Acute Care Division is taking a lead on further improvements.
Via the UHL Falls Prevention Group and Nursing Metrics there will continue to be heightened awareness in the prevention of patient falls.



TARGET / STANDARD

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target
Incidents of Patient Falls	219	212	118	175	205	211	148	127	267	197	207	235	130	365	2441
In Hospital Falls resulting in Hip Fracture	3	0	0	0	1	0	0	3	2	2	2	2	0	2	

PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

There has been a very slight increase in hospital acquired pressure ulcers grade 3&4 from April to May 2011 but the figures are still lower than those reported in May 2010. Those wards who need to reduce their overall incidence of HAPUs by 20% are making progress towards the reduction threshold.

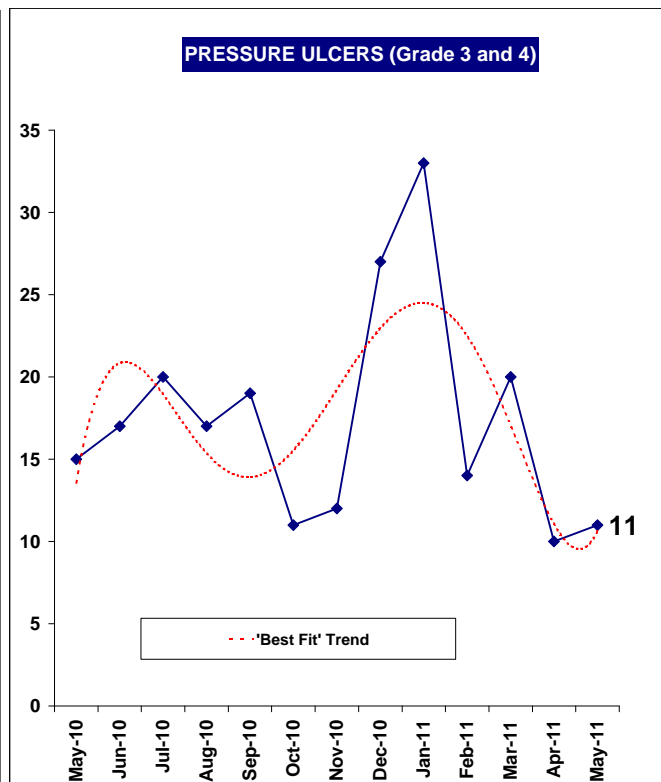
Key Actions

The Assistant Director of Nursing (ADNS) and Head of Nursing for Planned Care are meeting regularly with those ward managers who have been identified as needing to reduce their incidence of pressure ulcers.

Assurance has been received in relation to action plans from 2010 being fully implemented with evidence of improvements to clinical practice and documentation. There is also evidence of heightened awareness of pressure ulcer prevention strategies in both staff and patients

VITAL is being rolled out across the Trust and early indications show that the level of knowledge regarding tissue viability is good

Progress with reduction thresholds will continue to be monitored on a monthly basis by the ADNS and Head of Nursing



TARGET / STANDARD

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target
Pressure Ulcers (Grade 3 and 4)	15	17	20	17	19	11	12	27	33	14	20	10	11	21	197

PATIENT EXPERIENCE

Performance Overview

The "Patient Experience Survey" has been running continuously now for 11 months. The number of overall surveys returned was 1,398 with the target being 1,555. Divisions continue to emphasise the importance of gathering surveys in each CBU, this will be supported by the Patient Experience Team.

The 'Caring at its Best' Divisional Projects that began in March 2011 and focus upon key themes from patient experience intelligence and the areas that matter most to patients, continue to demonstrate a positive impact on the Patient Experience Survey results.

Respect and Dignity scores have all turned green, a reflection of the increased activity around privacy and dignity via the recent Trust audit as well as the hourly nursing rounds.

The overall care results maintain an amber position. This is positive result within the context of the 4.6 improvement made last month.

Clinical Support Division (CSD) has started to participate this month returning 90 surveys with a target of 40, a great start. This will change shortly as the two Daycase areas in CSD will soon be part of the Planned Care Division.

Overall looking at our key development areas below we have maintained an improvement from our April position, with 6 of the 12 questions scoring green.

The results continue to be accessible for frontline staff via a one click link on INsite. The site has shown a rise in staff accessing this site with up to 800 staff now viewing their results every month. (NB The targets/thresholds for the results have been set by the National Patient Survey results with adjustments made to align this to our internal results as best as possible)

DIVISIONAL PROJECTS

Area for Development	Lead Division	PES Question	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Change
Noise at Night	Acute Care	Q10a – Were you ever bothered by noise at night from other patients?	64.5	67.7	65.0	75.7	71.8	Increase
		Q10b – Were you ever bothered by noise at night from hospital staff?	82.4	84.0	84.2	87.1	86.8	Increase
Staff Attitudes and Behaviours	Women's and	Q13a – When you had important questions to ask the doctors did you get answers that you could understand?	87.7	88.6	88.2	89.9	88.2	Increase
	Children's	Q14a – Did any of the doctors talk in front of you as if you were not there?	85.8	88.1	88.9	89.1	88.0	Increase
		Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? CQUIN	78.9	77.6	77.3	80.7	79.8	Increase
		Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN	80.3	79.1	79.5	82.0	80.9	Increase
Providing Information	Clinical Support	Q15 – Sometimes in hospital a member of staff will say one thing and another say something quite different. Did this happen to you?	82.7	83.0	84.7	86.0	85.9	Increase
		Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN	94.6	94.0	92.3	95.1	94.4	Decrease
		Q24 – Has a member of staff told you about medication side effects to watch for when you went home? CQUIN	72.3	74.2	73.4	80.1	77.7	Increase
		Q26 – Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital? CQUIN	75.5	72.7	69.8	81.9	75.3	Decrease
Pain	Planned Care	Q19 – Do you think the hospital staff did everything they could to help control your pain?	91.3	91.1	90.5	93.1	91.7	Increase
		Q28 – Overall, how would you rate the care you received?	86.7	86.1	83.8	88.4	87.2	Increase

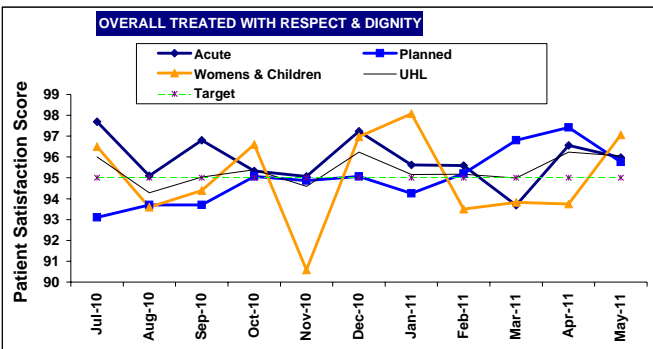
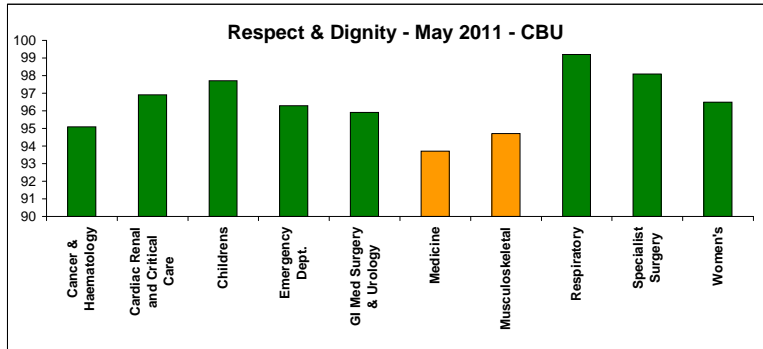
Definition : Comparing January to May illustrates the trend

PATIENT EXPERIENCE

TARGET / STANDARD

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

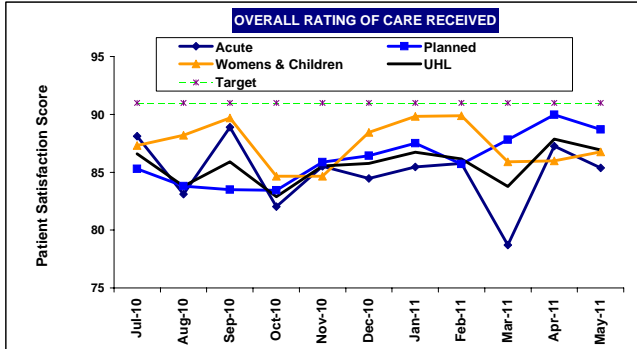
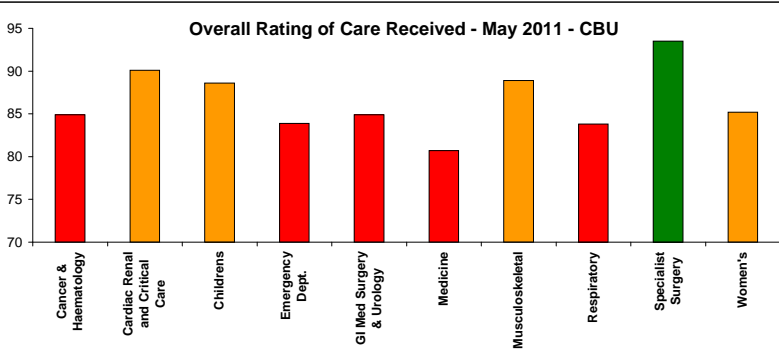
Division	May-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Status
Acute	95.4	97.7	95.1	96.8	95.3	95.1	97.2	95.6	95.6	93.7	96.6	96.0	▼
Planned	95.0	93.1	93.7	93.7	95.1	94.9	95.1	94.3	95.2	96.8	97.4	95.8	▼
Womens & Children	96.1	96.5	93.6	94.4	96.6	90.6	97.0	98.1	93.5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



TARGET / STANDARD

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

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



EMERGENCY DEPARTMENT

Performance Overview

Performance for May Type 1 and 2 is 92.1% and including UCC (now approved by the DoH) is 93.7% - a slightly improving position. .

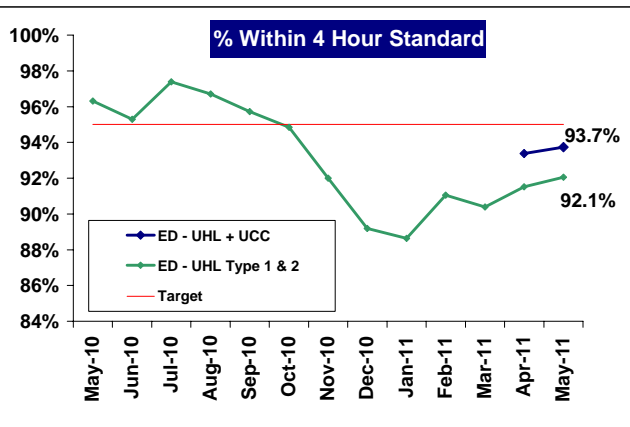
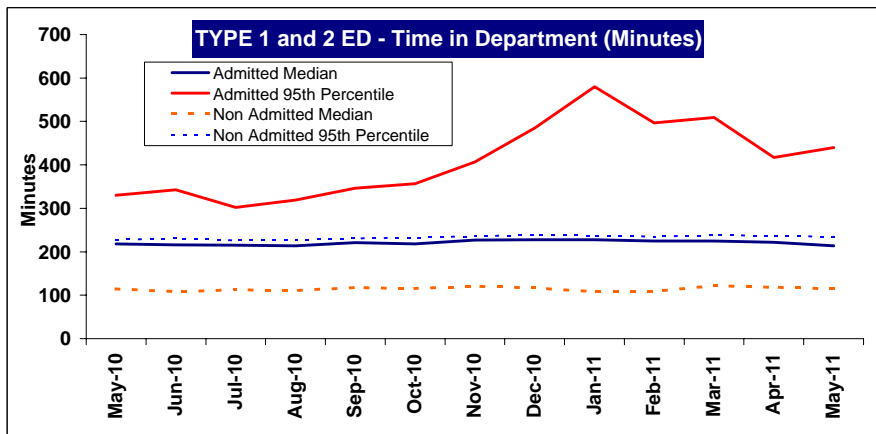
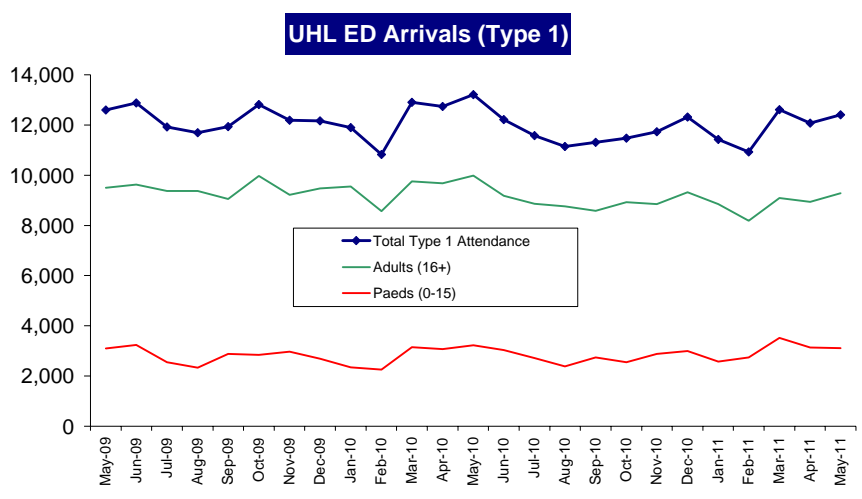
Further guidance in relation to performance management of the NHS A&E services using the clinical quality indicators was published by the Department of Health (DoH) on the 23rd June 2011.

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

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

Key Actions

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



Total Time in the Department

May 2011 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	477	5171	5648
3-4 Hours	2682	4309	6991
5-6 Hours	429	216	645
7-8 Hours	245	39	284
9-10 Hours	96	16	112
11-12 Hours	30	7	37
12 Hours+	20		20
Sum:	3979	9758	13737

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	TARGET
Unplanned Re-attendance %	6.1%	6.1%	5.9%	6.5%	6.2%	6.0%	5.5%	5.9%	6.0%	6.1%	5.8%	6.2%	5.2%	5.7%	<=5%
Left without being seen %	2.5%	2.5%	2.4%	2.1%	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.3%	< 5%

TIMELINESS

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	TARGET
Time in Dept (95th)	240	240	239	240	240	251	303	349	382	331	343	306	307	307	< 240 Minutes
Time to initial assessment (95th)	65	45	40	43	41	52	49	55	55	49	63	71	56	63	<= 15 Minutes
Time to treatment (Median)	60	53	52	49	55	55	62	60	49	50	58	59	54	56	<= 60 Minutes

4 HOUR STANDARD

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	TARGET
ED - (UHL + UCC)												93.4%	93.7%	93.6%	95.0% ▲
ED - (Leics)	97.6%	97.0%	98.4%	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%				
ED - UHL Type 1 and 2	96.3%	95.3%	97.4%	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	91.8%	95.0% ▲
ED Waits - Type 1	96.0%	94.8%	97.1%	96.3%	95.3%	94.3%	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	91.2%	90.9%	95.0% ▲

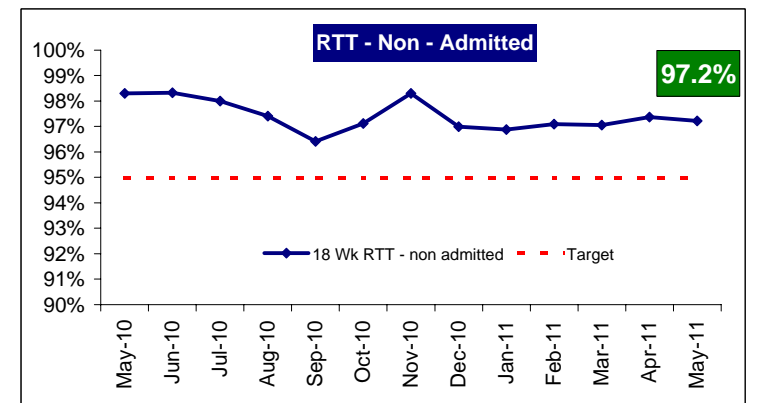
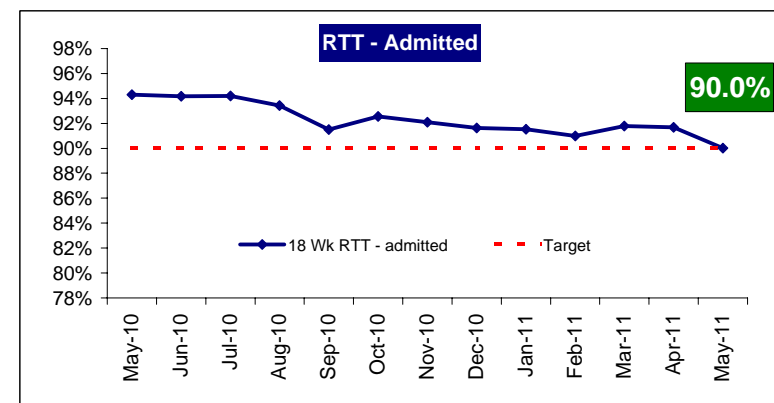
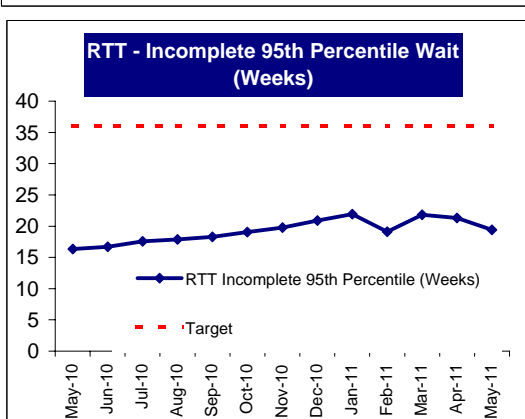
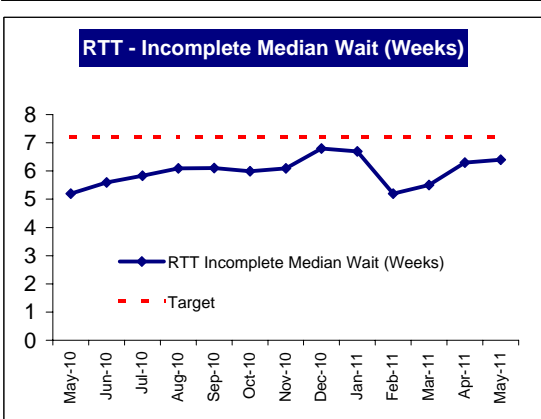
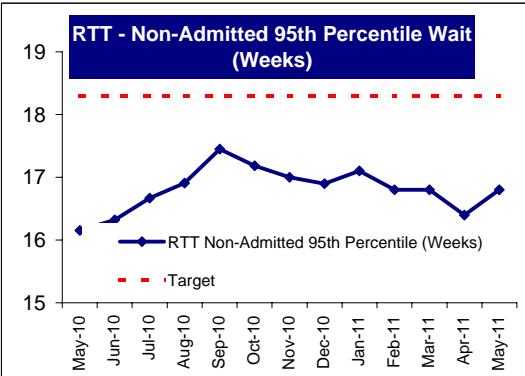
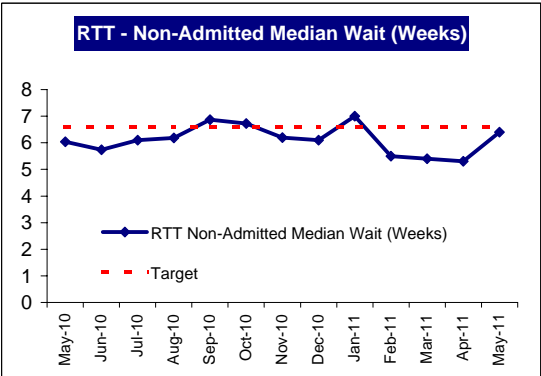
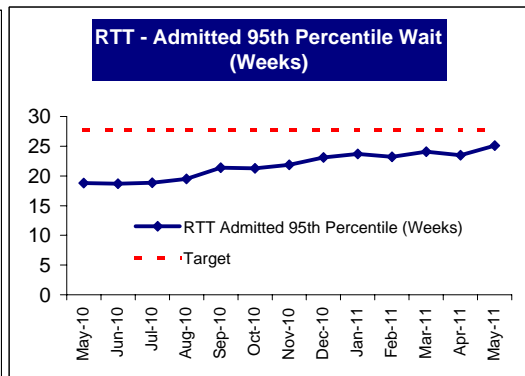
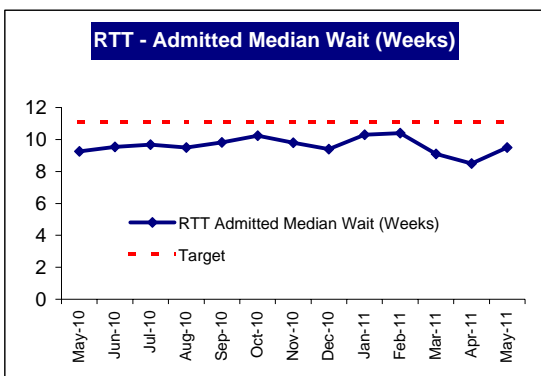
18 WEEK REFERRAL TO TREATMENT

Performance Overview

In May, 90.0% was achieved for admitted patients (target of 90%) and 97.2% (target of 95%) for non-admitted patients. Non-admitted median and percentile targets for May were also achieved. However, admitted 95th percentile is currently above the 23 week target at 25.1 weeks,

Key Actions

Further to the DoH revised performance measures reducing admitted 95th percentile waiting time threshold from 27.7 weeks to 23 weeks, work actively commenced during May to increase activity over the next 10 weeks by a further 650 cases to create both delivery and headroom during quarter 2 and beyond. As expected and reported earlier in the year, performance is reducing whilst backlog is addressed though is expected to regain pace by the end of July.



TARGET / STANDARD

RTT	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target	Status
18 Wk - admitted (%)	94.3	94.2	94.2	93.4	91.5	92.6	92.1	91.6	91.5	91.0	91.8	91.7	90.0	90.0	90.0%	▲
18 Wk - non admitted (%)	98.3	98.3	98.0	97.4	96.4	97.1	98.3	97.0	96.9	97.1	97.1	97.4	97.2	97.2	95.0%	▲
					Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target 11/12	
RTT Admitted Median Wait (Weeks)					9.8	10.2	9.8	9.4	10.3	10.4	9.1	8.5	9.5	9.0	<=11.1	
RTT Admitted 95th Percentile (Weeks)					21.4	21.3	21.9	23.1	23.7	23.2	24.1	23.5	25.1	24.5	<=23.0	
RTT Non-Admitted Median Wait (Weeks)					6.9	6.7	6.2	6.1	7.0	5.5	5.4	5.3	6.4	5.9	<=6.6	
RTT Non-Admitted 95th Percentile (Weeks)					17.4	17.2	17.0	16.9	17.1	16.8	16.8	16.4	16.8	16.6	<=18.3	
RTT Incomplete Median Wait (Weeks)					6.1	6.0	6.1	6.8	6.7	5.2	5.5	6.3	6.4	6.4	<=7.2	
RTT Incomplete 95th Percentile (Weeks)					18.3	19.1	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.4	<=28.0	

PRIMARY PCI

Performance Overview

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

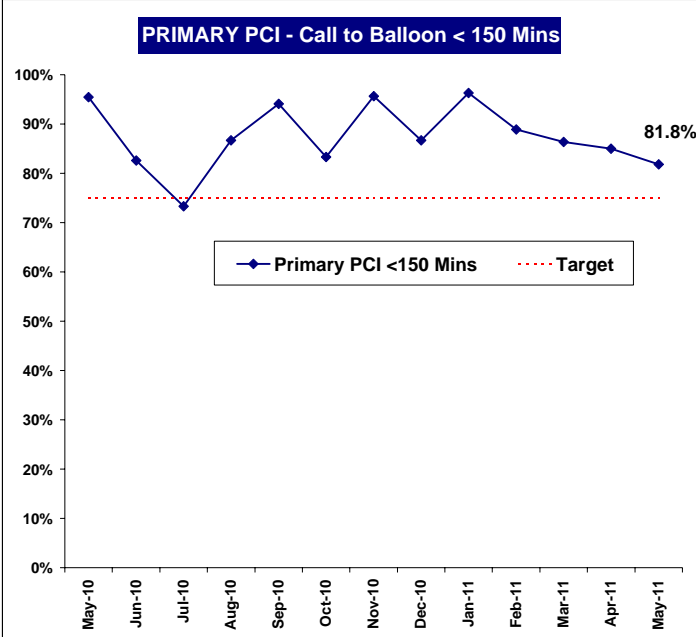
1. The percentage of eligible patients with acute myocardial infarction who receive Primary PCI within 150 minutes of calling professional help
2. The number of patients who receive thrombolysis where this is deemed to be the most effective treatment

Further to recent discussions between clinicians and EMAS, the chosen treatment for patients will focus on primary PCI and as such reporting of the thrombolysis target will cease.

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in May was 81.8% against a 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	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	YTD	Target
	95.5%	82.6%	73.3%	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	83.0%	75.0%

SAME SEX ACCOMMODATION

Performance Overview

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

During April 2011 the Trust declared full compliance as part of the annual declaration.

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

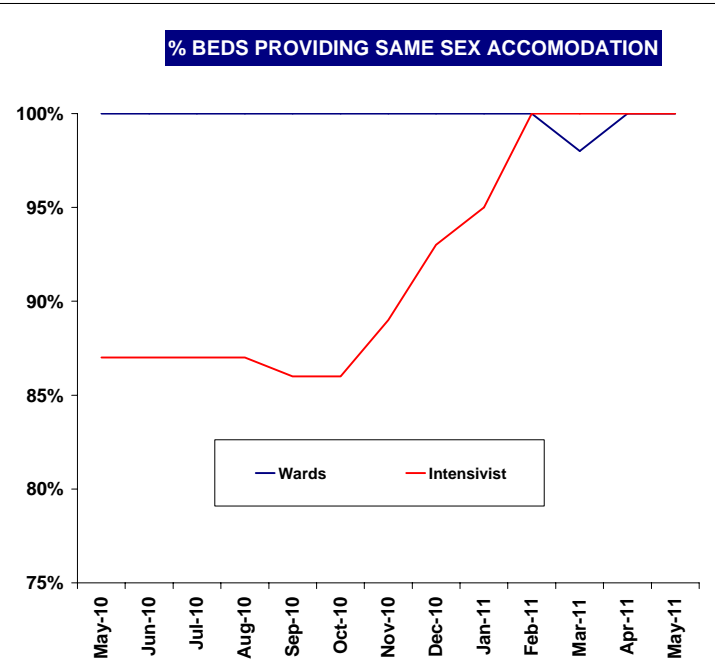
The Brain Injury Unit, LGH, will continue to report clinically justified breaches as per the local agreement. The Acute Care Division are in the process of developing a business case for the re-location of the Brain Injury Unit. The plans will be discussed as part of the service configuration group led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

Key Actions

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

All areas now have access to the SSA Matrix for future guidance. The SSA Matrix is an integral part of the UHL Bed Management policy.

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



TARGET / STANDARD

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

CANCER TREATMENT

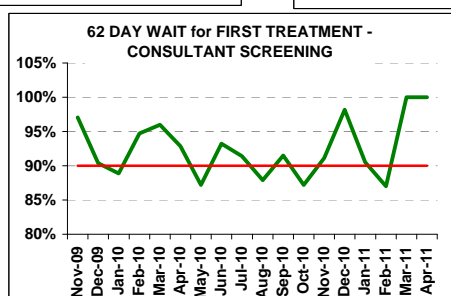
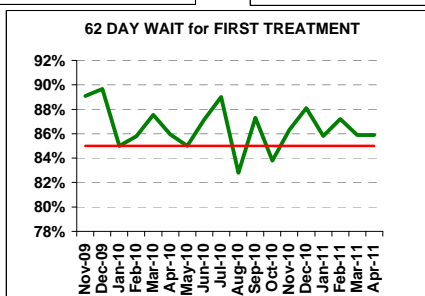
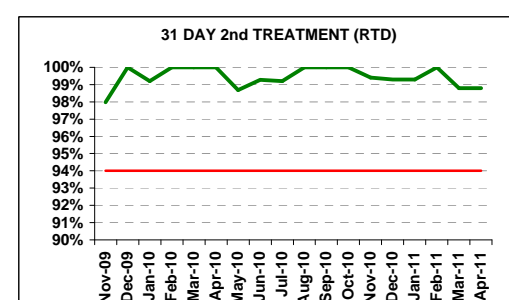
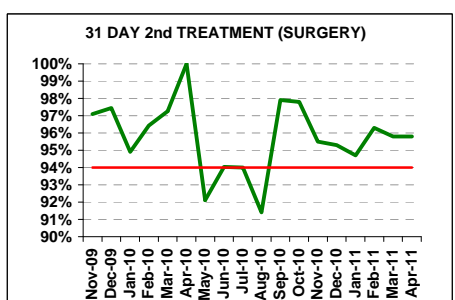
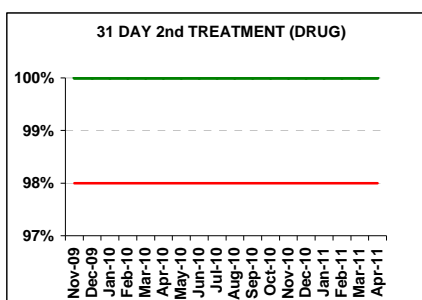
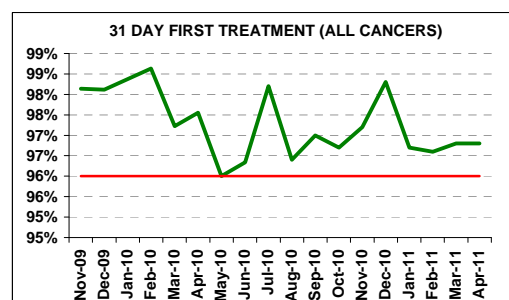
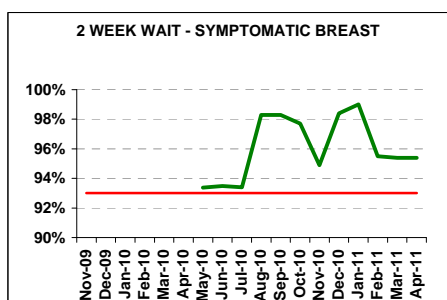
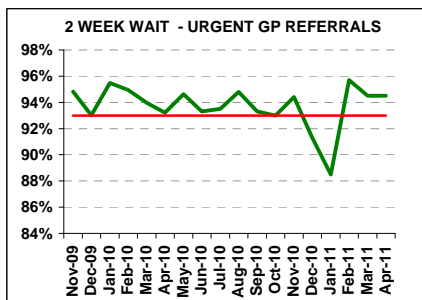
Performance Overview

2010/11 Year end position is presented here along with April showing all targets achieved in month 1.

Key Actions

- Plans to increase Endoscopy capacity have been implemented.
- Reports to predict/forecast performance have been developed to help manage patient pathways.

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



STAFF EXPERIENCE / WORKFORCE

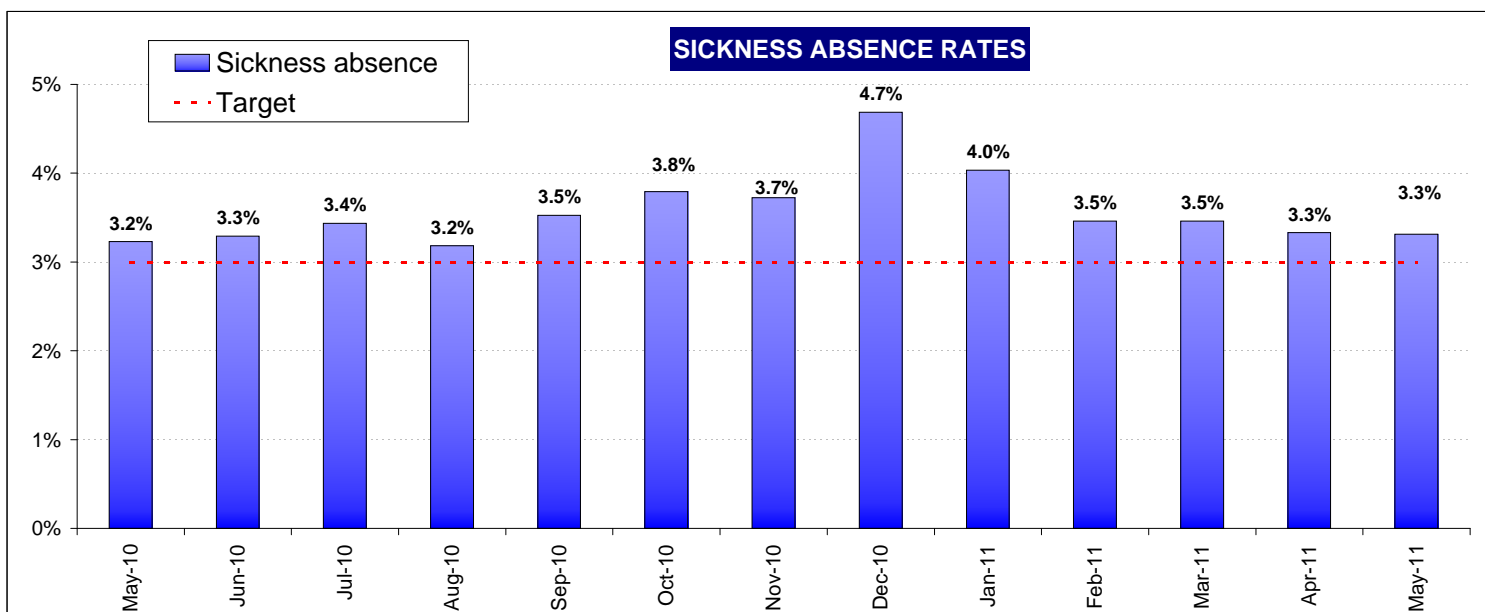
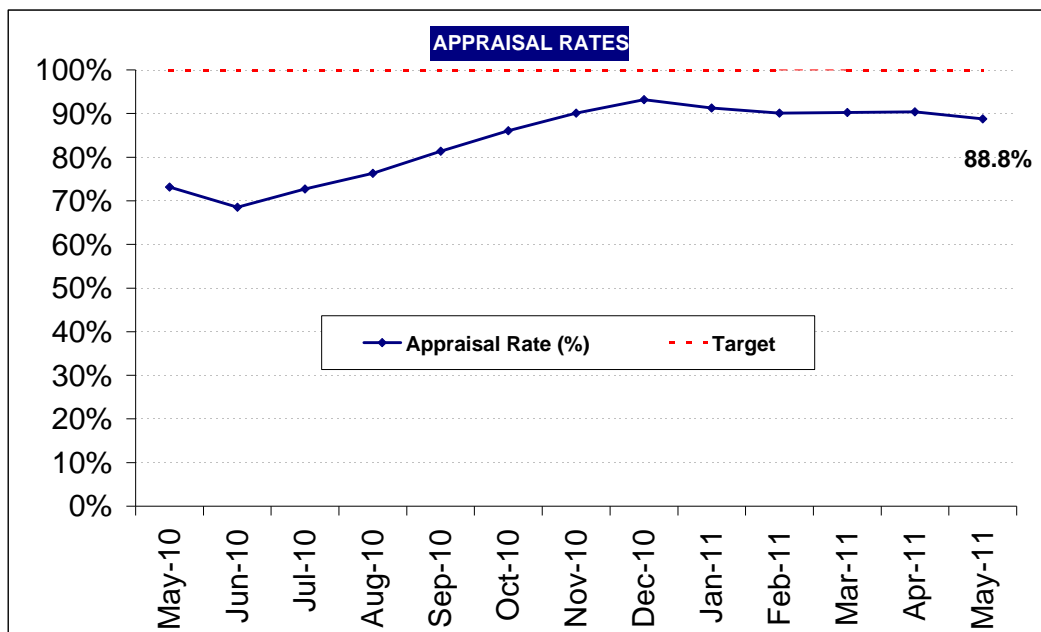
Performance Overview

Appraisal

Despite considerable effort we have not achieved an appraisal rate beyond 93.2% which is well short of the Trusts 100 %target. The appraisal rates now stands at 88.8% which is the lowest monthly rate since October 2010. This is of concern as appraisal rates dropped significantly from May 2010 onwards.

Sickness

Aprils actual sickness rate was 3.3% (initially reported at 3.6%). For May we are initially reporting at 3.3% - a figure which is likely to be actually less as sickness episodes are closed after our reporting deadline. This could be the Trust lowest ever sickness level bettering the 3.2% rate in August 2010.

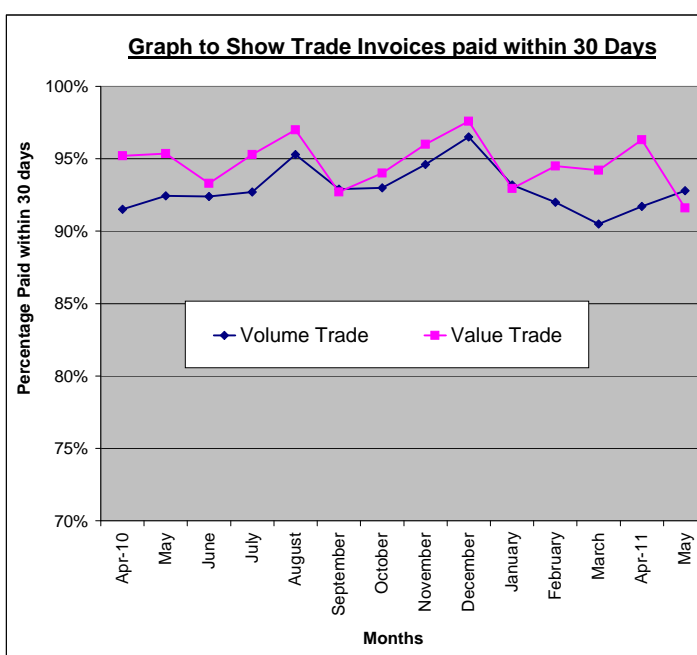


	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11
Appraisals	73.2%	68.5%	72.7%	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%

YTD	Target	Status
88.8%	100%	▼

VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Cumulative income at Month 2 was £112.6 million (£1.3 million or 1.0% adverse to Plan). Cumulative expenditure was £118.5 million (£4.7 million adverse to plan). The actual deficit of £5.8 million is an adverse variance of £6 million against plan.
Activity/Income	Patient income is £0.6 million adverse against plan. This reflects underperformance on non elective / emergency activity of 1,054 spells totalling £1.2 million.
BPPC	The Trust achieved an overall 30 day payment performance of 92% for value and 93% for volume for trade creditors in May 2011. The cumulative position is 94% for value and 92% for volume.
Cost Improvement Programme	At Month 2 Divisions have reported £1.9 million of savings, short of the £4.3 million target by £2.4 million.
Balance Sheet	The balance sheet is showing a deteriorating net liability position, reflecting current income and expenditure performance.
Cash Flow	A decrease in cash of £4.7 million in part reflects the income and expenditure position. Cash is being actively monitored and managed. Note that none of the £15 million transformational monies have been received as yet.
Capital	The capital programme is under spent by £1.3 million, due to scheme slippage.
Risks	The Chief Operating Officer and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions required to ensure delivery of the planned surplus.



Financial Metrics	Weighting	May	Year to Date	Score
		Result	Result	
EBITDA achieved (% of plan)	10.0%	-0.7%	19.5%	1
EBITDA margin (%)	25.0%	0.0%	1.3%	2
Return on assets (%)	20.0%	-0.6%	-0.9%	3
I&E surplus (%)	20.0%	-6.6%	-5.2%	1
Liquidity ratio (days)	25.0%	10	9	1
Overall Financial Risk Rating				1

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

VALUE FOR MONEY - INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 31 May

	2011/12 Annual Plan £000	May			April - May 2011			Commentary
		Plan	Actual	Surplus / (Deficit)	Plan	Actual	Surplus / (Deficit)	
		£ 000	£ 000	£ 000	£ 000	£ 000	£ 000	
Service Income								<p>The Trust position is an actual deficit of £5.8 million, compared to a planned £0.1 million surplus, giving a £6 million adverse variance compared to plan.</p> <p>The adverse variance reflects under performance on income of £1.3 million, and an over spend on expenditure budgets of £4.7 million, reflecting a shortfall on cost improvement delivery of £2.4 million and other pressures and premium agency payments of £2.3 million.</p>
NHS Patient Related	589,205	48,605	48,201	(404)	97,480	96,832	(648)	
Non NHS Patient Care Teaching, Research & Development	6,638	509	468	(41)	996	784	(212)	
	74,532	6,040	5,954	(86)	12,423	12,173	(250)	
Total Service Income	670,375	55,154	54,623	(531)	110,899	109,789	(1,110)	
Other operating Income	18,654	1,486	1,238	(248)	3,038	2,832	(206)	
Total Income	689,029	56,640	55,861	(779)	113,937	112,621	(1,316)	
Operating Expenditure								
Pay	419,554	35,482	37,113	(1,631)	70,888	73,984	(3,096)	
Non Pay	218,955	17,404	18,755	(1,351)	35,420	37,126	(1,706)	
Central Funds	4,109	-	-	-	-	-	-	
Provision for Liabilities & Charges	348	29	18	11	58	36	22	
Total Operating Expenditure	642,966	52,915	55,886	(2,971)	106,366	111,146	(4,780)	
EBITDA	46,063	3,725	(25)	(3,750)	7,571	1,475	(6,096)	
Interest Receivable	84	7	4	(3)	14	11	(3)	
Interest Payable	(565)	(35)	(47)	(12)	(82)	(93)	(11)	
Depreciation & Amortisation	(31,057)	(2,588)	(2,503)	85	(5,176)	(5,014)	162	
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	14,525	1,109	(2,571)	(3,680)	2,327	(3,621)	(5,948)	
Profit / (Loss) on Disposal of Fixed Assets	-	-	-	-	-	(1)	(1)	
Dividend Payable on PDC	(13,236)	(1,103)	(1,113)	(10)	(2,206)	(2,226)	(20)	
Net Surplus / (Deficit)	1,289	6	(3,684)	(3,690)	121	(5,847)	(5,968)	
EBITDA MARGIN	6.69%		-0.04%			1.31%		
Impairment		-	-	-	1,387	3,555	(2,168)	
Net Surplus / (Deficit) after impairment	1,289	6	(3,684)	(3,690)	121	(5,847)	(5,968)	

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 31st May 2011

	Income				Expenditure								Total Year to Date			
	Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance £ 000	Pay				Non Pay				Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance £ 000
					Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance £ 000	Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance £ 000				
Acute Care	263,772	42,666	42,632	-34	132,251	22,681	24,728	-2,047	79,209	13,352	13,267	85	52,312	6,633	4,637	-1,996
Clinical Support	27,238	4,478	4,304	-174	107,861	18,055	18,354	-299	14,360	2,445	3,008	-563	-94,983	-16,022	-17,058	-1,036
Planned Care	194,005	30,585	30,453	-132	77,703	13,467	14,022	-555	43,306	7,056	7,024	32	72,996	10,062	9,407	-655
Women's and Children's	116,342	18,584	17,700	-884	62,523	10,142	10,322	-180	16,615	2,960	2,936	24	37,204	5,482	4,442	-1,040
Corporate Directorates	16,294	2,672	2,651	-21	39,207	6,543	6,485	58	65,647	10,901	11,203	-302	-88,560	-14,772	-15,037	-265
Sub-Total Divisions	617,651	98,985	97,740	-1,245	419,545	70,888	73,911	-3,023	219,137	36,714	37,438	-724	-21,031	-8,617	-13,609	-4,992
Central Income	71,378	14,952	14,881	-71	0		0	0				0	71,378	14,952	14,881	-71
Central Expenditure	0	0	0	0	0	0	72	-72	49,058	6,214	7,047	-833	-49,058	-6,214	-7,119	-905
Grand Total	689,029	113,937	112,621	-1,316	419,545	70,888	73,983	-3,095	268,195	42,928	44,485	-1,557	1,289	121	-2,847	-2,848

VALUE FOR MONEY - COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at May 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 £	RISK RATING OF FORECAST CIPS			Forecast £
										HIGH	MEDIUM	LOW	
Acute Care	13,383	7,328	(6,055)	1,907	466	24.4%	7,270	58	466	3,743	1,516	1,603	7,328
Clinical Support	6,218	5,308	(910)	837	462	55.2%	4,520	788	462	1,230	1,229	2,387	5,308
Planned Care	8,685	8,301	(384)	861	607	70.5%	6,113	2,188	607	4,827	929	1,938	8,301
Women's and Children's	2,916	2,914	(2)	236	62	26.3%	2,878	36	62	1,238	1,033	581	2,914
Clinical Divisions	31,202	23,851	(7,351)	3,841	1,597	41.6%	20,781	3,070	1,597	11,038	4,707	6,509	23,851
Corporate	3,571	3,199	(372)	451	326	72.3%	2,665	534	326	939	511	1,423	3,199
Central	3,471	0	(3,471)	0	0		0	0	0	0	0	0	0
Total	38,244	27,050	(11,194)	4,292	1,923	44.8%	23,446	3,604	1,923	11,977	5,218	7,932	27,050

Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Income	4,089	3,394	(695)	517	306	59.2%	3,137	257
Non Pay	14,341	10,451	(3,890)	1,889	675	35.7%	9,041	1,410
Pay	19,814	13,205	(6,609)	1,886	942	49.9%	11,268	1,937
Total	38,244	27,050	(11,194)	4,292	1,923	44.8%	23,446	3,604

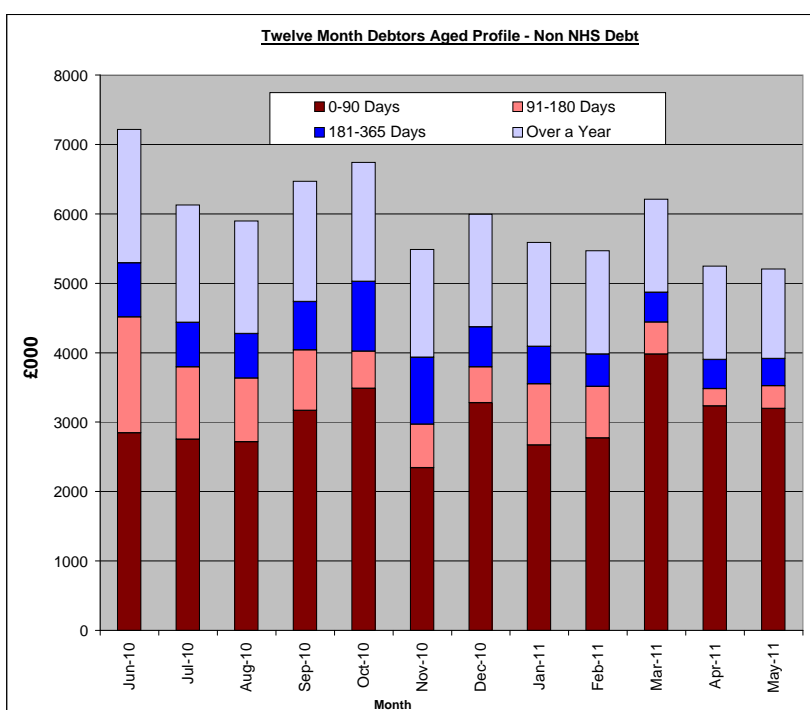
Commentary

There is a year to date under performance on delivery of cost improvement of £2.4 million and a year end forecast under performance of £11.2 million (reflecting a shortfall in the Acute Division of £6.1 million and the unidentified value of £3.5 million).

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

VALUE FOR MONEY - BALANCE SHEET

BALANCE SHEET	Mar-11 £000's Actual	Apr-11 £000's Actual	May-11 £000's Actual
Non Current Assets			
Intangible assets	5,119	4,993	4,863
Property, plant and equipment	414,129	415,444	414,445
Trade and other receivables	4,818	1,864	1,866
TOTAL NON CURRENT ASSETS	424,066	422,301	421,174
Current Assets			
Inventories	11,923	12,711	12,282
Trade and other receivables	22,722	21,221	25,862
Other Assets	0	0	185
Cash and cash equivalents	10,306	14,465	9,778
TOTAL CURRENT ASSETS	44,951	48,397	48,107
Current Liabilities			
Trade and other payables	(59,556)	(62,010)	(61,877)
Dividend payable	0	(1,113)	(2,226)
Borrowings	(3,649)	(3,649)	(3,593)
Provisions for liabilities and charges	(667)	(667)	(667)
TOTAL CURRENT LIABILITIES	(63,872)	(67,439)	(68,363)
NET CURRENT ASSETS (LIABILITIES)	(18,921)	(19,042)	(20,256)
TOTAL ASSETS LESS CURRENT LIA	405,145	403,259	400,918
Non Current Liabilities			
Borrowings	(3,237)	(3,491)	(4,872)
Other Liabilities	0	0	0
Provisions for liabilities and charges	(2,232)	(2,255)	(2,217)
TOTAL NON CURRENT LIABILITIES	(5,469)	(5,746)	(7,089)
TOTAL ASSETS EMPLOYED	399,676	397,513	393,829
Public dividend capital	273,903	273,903	273,903
Revaluation reserve	108,683	108,683	108,683
Retained earnings	17,090	14,927	11,243
TOTAL TAXPAYERS EQUITY	399,676	397,513	393,829



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	9,037	599	238	60	9,934
Non NHS sales ledger by division:					
Corporate Division	674	105	169	537	1,485
Planned Care Division	589	40	55	221	905
Clinical Support Division	261	67	27	40	395
Women's and Children's Division	186	23	68	96	373
Acute Care Division	1,484	94	71	400	2,049
Total Non-NHS sales ledger	3,194	329	390	1,294	5,207
Total Sales Ledger	12,231	928	628	1,354	15,141
Other Debtors					
WIP					3,948
SLA Phasing & Performance					(1,916)
Bad debt provision					(1,722)
VAT - net					941
Other receivables and assets					9,655
TOTAL					26,047

Commentary

The balance sheet is showing a deteriorating net liability position, reflecting current income and expenditure performance.

Accounts receivable metrics:

Invoice cycle time	Non-NHS days sales outstanding (DSO)			
	May - 11 Days	Apr - 11 Days	May - 11 YTD Days	Apr - 11 YTD Days
Req date to invoice raised	11.1	7.2	DSO (all debt)	89.2 96.4
Service to invoice raised	28.3	22.8	DSO (In year debt)	45.1 27.1

VALUE FOR MONEY - CASH FLOW

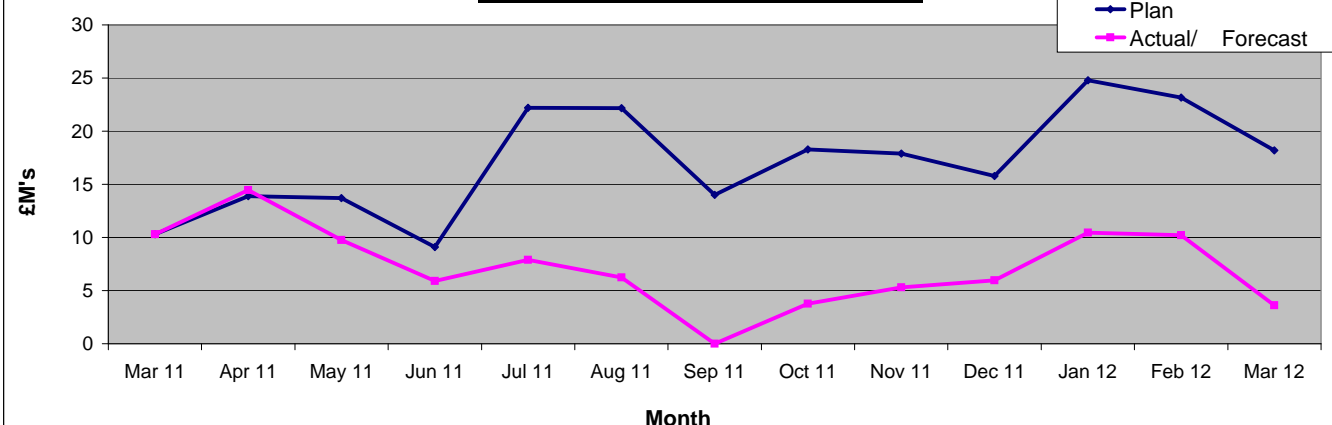
CASH FLOW for the PERIOD ENDED 31 MAY 2011

Commentary

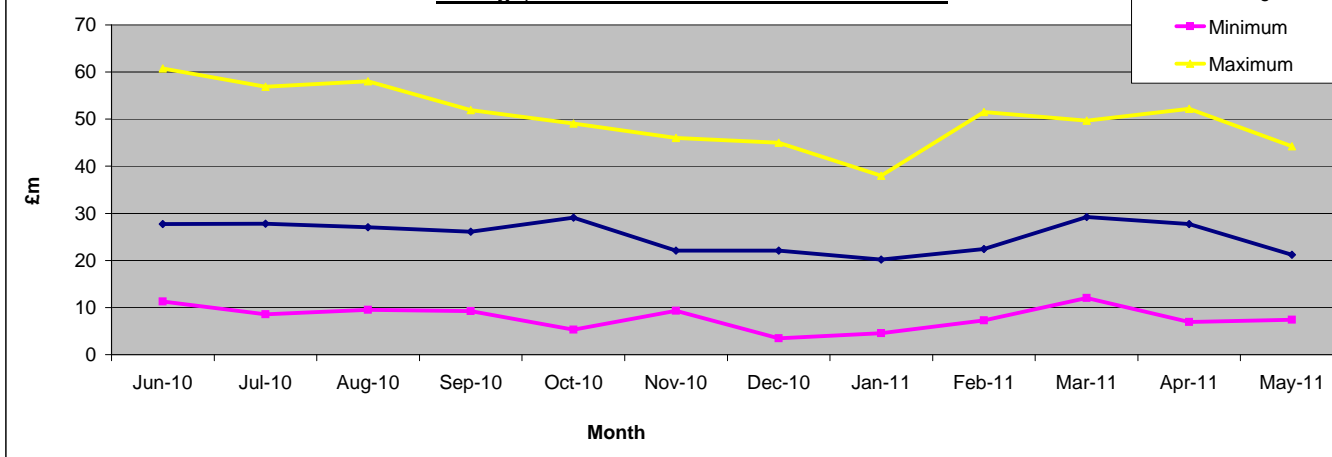
The cash position is deteriorating with the financial position. The forecast cash is based on Divisional forecasts at month 2 and includes the transformation monies of £12 million coming in as cash from October onwards. The actions being taken to address this include a review of the capital programme to identify what can be suspended, a review of creditor payment terms and advancing the transformation fund flow from local PCTs.

	2011/12 April - May 2011 Actual £ 000
CASH FLOWS FROM OPERATING ACTIVITIES	
Operating surplus before Depreciation and Amortisation	1,475
Impairments and reversals	-
Movements in Working Capital:	
- Inventories (Inc)/Dec	(359)
- Trade and Other Receivables (Inc)/Dec	(3,325)
- Trade and Other Payables Inc/(Dec)	3,885
- Provisions Inc/(Dec)	-
PDC Dividends paid	-
Interest paid	(74)
Other non-cash movements	-
Net Cash Inflow / (Outflow) from Operating Activities	1,602
CASH FLOWS FROM INVESTING ACTIVITIES	
Interest Received	13
Payments for Property, Plant and Equipment	(2,143)
Net Cash Inflow / (Outflow) from Investing Activities	(2,130)
Increase / (Decrease) in Cash	(528)

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 May 2011

	Initial Budget £000's	YTD Spend 11/12 £000's	Planned Expenditure Profile												Out Turn £000's	Planned Variance £000's	
			Actual		Plan												
			April £000's	May £000's	June £000's	July £000's	August £000's	Sept £000's	Oct £000's	Nov £000's	Dec £000's	Jan £000's	Feb £000's	March £000's			
FUNDING																	
Depreciation as per CCE	27,194	4,571	2,286	2,286	2,199	2,240	2,240	2,188	2,280	2,279	2,279	2,335	2,335	2,248	27,194	0	
Transformational Capital	1,289	0	0	0	0	0	0	0	0	0	1,289	0	0	0	1,289	0	
Land Swap Disposals	19,800	0	0	0	19,800	0	0	0	0	0	0	0	0	0	19,800	0	
Donations	800	0	0	0	140	140	140	60	60	40	40	40	40	100	800	0	
Less cash for liquidity	-4,789	-782	-388	-394	-394	-394	-395	-385	-401	-401	-401	-411	-411	-414	-4,789	0	
Total Funding	44,294	3,789	1,898	1,892	21,745	1,986	1,985	1,863	1,939	1,918	3,207	1,964	1,964	1,934	44,294	0	
EXPENDITURE																	
Backlog Maintenance																	
IM&T	2,500	177	1	176	100	100	200	200	200	200	100	399	400	424	2,500	0	
Medical Equipment	4,522	603	10	593	200	200	362	400	400	400	200	600	600	557	4,522	0	
LRI Estates	2,500	195	16	179	150	100	200	200	200	200	100	350	350	455	2,500	0	
LGH Estates	1,800	-5	-12	8	100	100	150	150	150	150	144	250	250	360	1,800	0	
GGH Estates	1,700	27	17	10	68	68	136	136	148	150	100	250	250	367	1,700	0	
Total Backlog Maintenance	13,022	996	30	966	618	568	1,048	1,086	1,098	1,100	644	1,849	1,850	2,164	13,022	0	
Essential Developments																	
Carbon Management	1,000	0	0	0	60	60	100	100	100	100	40	120	120	200	1,000	0	
Diabetes R&D Funding	550	12	0	12	100	100	100	100	100	38	0	0	0	0	550	0	
GGH CDU Phase II	900	2	2	0	100	100	100	100	150	150	100	98	0	0	900	0	
LRI Disabled Car Park	190	0	0	0	0	0	0	0	60	130	0	0	0	0	190	0	
Gwendolen House Vacation	400	0	0	0	0	0	0	0	80	80	0	80	80	80	400	0	
MES Installation Costs	900	1	0	1	20	20	20	20	20	20	20	200	220	339	900	0	
Congenital Heart Surgery	800	4	0	4	100	100	100	100	100	150	146	0	0	0	800	0	
MacMillan Oncology Centre	300	0	0	0	100	100	100	0	0	0	0	0	0	0	300	0	
ED Interim Improvements	1,500	0	0	0	0	0	0	0	300	300	0	300	300	300	1,500	0	
LGH Theatre & Ward Refurbs	2,050	11	6	5	100	189	200	200	200	200	200	250	250	250	2,050	0	
Cancer Trials Unit, LRI	100	0	0	0	0	0	50	50	0	0	0	0	0	0	100	0	
Decontamination	300	521	452	68	296	297	0	0	0	0	0	0	0	0	1,114	-814	
Purchase of PPD at LGH	250	0	0	0	0	0	0	0	250	0	0	0	0	0	250	0	
Contingency	1,600	0	0	0	0	0	0	0	0	0	87	150	150	150	537	1,063	
Land Swap	19,801	0	0	0	19,801	0	0	0	0	0	0	0	0	0	19,801	0	
Other IM&T	131	0	1	-1	131	0	0	0	0	0	0	0	0	0	131	0	
Other Facilities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Residual on 10/11 Schemes	64	52	12	40	40	28	0	0	30	40	0	0	0	0	242	-242	
Ward 8 Fire	10	10	0	10	1	0	0	0	0	0	0	0	0	-3	8	-8	
Donations	500	0	0	0	40	40	40	60	60	40	40	40	40	100	500	0	
Total Essential Development	31,272	626	513	112	20,829	986	738	630	1,320	1,138	633	1,118	1,040	1,215	30,272	0	
Total Capital Programme	44,294	1,622	543	1,079	21,507	1,614	1,886	1,816	2,518	2,338	1,317	3,087	3,010	3,580	44,294	0	
Original Plan			2,958	1,814	1,144	21,095	1,244	1,930	1,830	2,270	2,240	994	2,774	2,774	4,185	44,294	0
Forecast Over/(Under) Spend	0		-1,336	-1,271	-65	412	370	-44	-14	248	98	323	313	236	-605	0	-0

Key Issues:

There is an under spend on the capital programme of £1.3 million, reflecting slippage on schemes.

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT SAFETY

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

CLINICAL EFFECTIVENESS

Maximum two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	Cumulative	National Target	93.0%	<90%	90-93%	>=93%
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	Cumulative	National (With Effect 31st Dec 2009)	93.0%	-----	<93%	>=93%
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	Cumulative	National Target	96.0%	<93%	93-96%	>=96%
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	Cumulative	National Target	98.0%	<95%	95-98%	>=98%
31-Day Wait For Second Or Subsequent Treatment: Surgery	Cumulative	National Target	94.0%	<91%	91-94%	>=94%
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	Cumulative	National Target	94.0%	<91%	91-94%	>=94%
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	Cumulative	National Target	85.0%	<80%	80-85%	>=85%
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	Cumulative	National Target	90.0%	<87%	87-90%	>=90%
62-Day Wait For First Treatment From Consultant Upgrade	Cumulative	National Target	100.0%	<97%	97-100%	=100%
Emergency 30 Day Readmissions (Following Elective Admission)	Current	Local Target	TBC			
Mortality (CHKS - Risk Adjusted) - Overall	Current	Local Target	85	>100	85-100	<85
Stroke - 90% of Stay on a Stroke Unit	Current	National Target	80.0%	<50%	50-80%	>=80%
Primary PCI Door to Balloon <150 Mins	Cumulative		75.0%	<60%	60-75%	>=75%
Pressure Ulcers (Grade 3 and 4)	Cumulative	Local Target	197			

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT EXPERIENCE

	YTD : Cumulative or Current?	Target : Local or National?	Target		Thresholds	
Inpatient Polling - treated with respect and dignity	Current Month		95			>=95
Inpatient Polling - rating the care you receive	Current Month		91			>=91
% Beds Providing Same Sex Accommodation - Wards	Current Month	National Target	100%	<80	>80 and < 100	100.0%
% Beds Providing Same Sex Accommodation - Intensivist	Current Month	National Target	100%	<80	>80 and < 100	100.0%
A&E Waits - UHL + UCC	Cumulative	National Target	95.0%	<94%	94-95%	>=95%
A&E Waits - UHL (Type1 and 2)	Cumulative	Local Target	95.0%	<94%	94-95%	>=95%
RTT Admitted Median Wait (Weeks)	Cumulative	National Target	<=11.1			
RTT Admitted 95th Percentile (Weeks)	Cumulative	National Target	<=23			
RTT Non-Admitted Median Wait (Weeks)	Cumulative	National Target	<=6.6			
RTT Non-Admitted 95th Percentile (Weeks)	Cumulative	National Target	<=18.3			
RTT Incomplete Median Wait (Weeks)	Cumulative	National Target	<=7.2			
RTT Incomplete 95th Percentile (Weeks)	Cumulative	National Target	<=28			

STAFF EXPERIENCE / WORKFORCE

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

VALUE FOR MONEY

Income (£000's)	Cumulative	Local Target				
Operating Cost (£000's)	Cumulative	Local Target				
Surplus / Deficit (as EBIDTA) (£000's)	Cumulative	Local Target				
CIP (£000's)	Cumulative	Local Target				
Cash Flow (£000's)	Current Month	Local Target				
Financial Risk Rating	Cumulative	Local Target				

