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Report to:	TRUST BOARD		
From:	Suzanne Hinchliffe Andrew Seddon Kevin Harris Kate Bradley		
Date:	1st March 2012		
CQC regulation	All		
Title:	Quality & Performance Report		
Author/Responsible Director: S.Hinchliffe, Chief Operating Officer/Chief Nurse A. Seddon, Director of Finance K. Harris, Medical Director K. Bradley, HR Director			
Purpose of the Report: To provide members with an overview of UHL financial position, performance and quality against national, regional and local indicators for the month of January 2012.			
The Report is provided to the Board for:			
Decision		<input type="checkbox"/>	
Discussion		<input checked="" type="checkbox"/>	
Assurance		<input checked="" type="checkbox"/>	
Endorsement		<input type="checkbox"/>	
Summary / Key Points:			
<u>Financial Position</u>			
<ul style="list-style-type: none"> ❖ The Trust is reporting a cumulative deficit of £8.1m (£8.6m adverse to Plan). ❖ Year to date patient care income is £8.8m (1.8%) ahead of Plan. ❖ Expenditure is £21.9m over Plan year to date. This reflects a shortfall on the cost improvement programme of £11.5m and the use of significant premium agency staff in the first four months of the year. 			
<u>Performance Position:</u>			
<ul style="list-style-type: none"> ❖ ED performance for January Type 1, 2 is 94.4%, and 95.5% including the Urgent Care Centre (UCC). The year to date performance for ED (UHL+UCC) has increased from 94.4% to 94.6%. ❖ RTT performance in January has reduced as planned (recognised impact on Q3/4) to 84.6% for admitted patients in response to the additional backlog activity agreed with commissioners. The non-admitted target has been achieved at 95.5%. ❖ The percentage of eligible patients who received Primary PCI within 150 minutes of calling professional help in January was 86.4%. ❖ TIA performance in January is 65.4% against a target of 60%. ❖ All cancer targets are delivering against performance thresholds for Quarter 3, with the exception of the 62 day target and the 62 day consultant upgrade (failed target by 0.5 due to shared breach). ❖ The provisional reported sickness rate for January is 4.4%. ❖ The appraisal rate has increased to 96.1%. 			

Quality

- ❖ MRSA – 1 case of MRSA was reported during January with a year to date position of 7. This case is currently being reviewed due to previous patient incidence and where appeal processes may be appropriate.
- ❖ CDifficile – a positive month 10 report with 4 cases identified. The year to date position is 91 and ahead of target to date.
- ❖ For the last ten months, all UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance.
- ❖ Pressure ulcers - there were 6 reported hospital acquired grade 3 and 4 pressure ulcers in December 2011. This is a significant reduction in tissue damage when comparing data from December 2010 when 26 ulcers were reported.
- ❖ The 'overall respect and dignity' score has increased and has remained green across the Trust for the past ten months.
- ❖ Mortality - UHL's crude mortality rate has fallen slightly from December although is still reflecting the annual 'winter increase'.
- ❖ CQUIN - Over 95% of the £2m CQUIN monies was paid in quarter 2 with a penalty for partial achievement of the 15 indicators of less than £90k.
- ❖ Fractured Neck of Femur 'Time to Theatre' - The monthly performance for 'patients taken to theatre within 36 hours of arrival' fell to 65% in December.
Readmissions - Whilst an in-month increase in the readmission rate was expected in December, the increase was much higher than expected at 7.8% from 6.9% the previous month. This was mainly due to an increase in readmissions from planned care.

Recommendations: Members to note and receive the report

Considered at another UHL corporate Committee ? yes – Finance and Performance Committee 22 February 2012 and GRMC 23 February 2012

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: 1st MARCH 2012

**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 TEN PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following paper provides an overview of the Quality & Performance month 10 report highlighting key performance metrics and areas of escalation where required.

2.0 January 2012 Operational Performance

2.1 Infection Prevention

MRSA – 1 case of MRSA was reported during January with a year to date position of 7. This case is currently being reviewed due to previous patient incidence and where appeal processes may be appropriate.

CDifficile – a positive month 10 report with 4 cases identified. The year to date position is 91 and ahead of target to date.

MRSA elective and non-elective screening has been achieved at 100% respectively

2.2 RTT

Performance in January has reduced as planned (recognised impact on Q3/4) to 84.6% for admitted patients in response to the additional backlog activity agreed with commissioners. The non-admitted target has been achieved at 95.5%.

Further to bids submitted as part of 'Access' monies, confirmation has been received by commissioners supporting plans to both continue and progress activity. Current additional activity has now reached a reduction of 280 18+ week wait patients since its commencement and a Gastroenterology endoscopy wait time of less than 6 weeks.

2.3 ED

Performance for January Type 1, 2 is 94.4%, and 95.5% including the Urgent Care Centre (UCC). The year to date performance for ED (UHL+UCC) has increased from 94.4% to 94.6%.

From Qtr 2, Trusts have been required to achieve the thresholds for at least one indicator in each of the two groups, timeliness (time to initial assessment, time to treatment) and patient impact (left without being seen and re-attendance).

Performance for the ED clinical indicators for January achieves the minimum requirement and is as follows:

ED CLINICAL INDICATORS

PATIENT IMPACT

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	TARGET
Unplanned Reattendance	5.9%	6.8%	5.6%	6.1%	5.8%	5.5%	6.1%	<= 5%
Left without being seen	2.1%	2.8%	2.4%	2.9%	2.0%	2.3%	2.1%	< 5%

TIMELINESS

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	TARGET
Time in Department (Minutes) - 95th Percentile	239	304	338	341	288	240	264	<= 240
Time to Initial Assessment (Minutes) - 95th Percentile	39	48	48	61	48	42	32	<= 15
Time to Treatment (Minutes) - Median	34	34	39	44	43	42	42	<= 60

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

2.4 Cancer Targets

All cancer targets are delivering against performance thresholds for Quarter 3, with the exception of the 62 day target and the 62 day consultant upgrade (failed target by 0.5 shared breach).

Challenges remain in the delivery of the 62 day cancer target with the December position exceeding its breach position by 2 patients. There have been clear discussions with lead officers where gaps in internal processes have been identified and despite quarter data 'lock down', any diagnostic extended pathways are being reviewed year to date given the importance of delivery.

2.5 Falls

A reduction of 7 falls were reported between November and December (reported 1 month in arrears), predominantly from the Acute Division.

2.6 Pressure Ulcers

There were 6 reported hospital acquired grade 3 and 4 pressure ulcers in December 2011 (reported 1 month in arrears). This is a significant reduction in tissue damage when comparing data from December 2010 when 26 ulcers were reported.

For the month of December, the six reported hospital acquired pressure ulcers have been reviewed using the unavoidable checklist. Although the decisions need ratified by the commissioners it would appear that two were avoidable with the remainder unavoidable.

2.7 Patient Polling

The "Patient Experience Survey" for January 2012 resulted in 1,337 surveys being returned, a Trust return rate of 88.8% an increase by 4.7%.

The 'overall respect and dignity' score has increased and has remained green across the Trust for the past ten months. In January/February all wards and departments including outpatients and theatres have completed the revised Trust Privacy and Dignity Audit (2010), the tool was revised using local patient feedback and complaints (April-September 2011) and current themes reported in several national reports; including 'Care and Compassion', Health Service Ombudsman (2011); 'Dignity and Nutrition', Care Quality Commission (2011) and the Patients Association Report (2011). Results and action plans will be available next month.

The 'overall how would you rate the care whilst in hospital' score remains amber across the Trust. Analysis shows that the 1 point satisfaction decrease in the Trust score for overall care from December 2011 to January 2012 is due to changes in results across many Wards, CBUs and Divisions. The effect is slightly more notable in three Medical Wards, a Children's Ward and single wards in Specialist Surgery and Musculoskeletal. The pilot to provide additional new ward support volunteers to underperforming areas continues, the results will be analysed and reported in the March 2012 report.

Ten of the twelve Trust wide 'Caring at its Best' project question scores have improved when compared with the trust scores minus the underperforming wards in Medicine. The outpatients Patient Experience survey question 'Overall, how would you rate the care you received in this area?' score remains green, the 'overall respect and dignity' score remains amber

2.8 Same Sex Accommodation

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

2.9 Primary PCI

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in January was 86.4%.

2.10 Month 10 Performance Areas

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

Performance Indicator	Target	January	Year To Date
MRSA Elective Screening *	100%	100% (Dec)	100%
MRSA Non-elective Screening *	100%	100% (Dec)	100%
Stroke % stay on stroke ward*	80%	89.8% (Dec)	86.0%
Stroke TIA	60%	65.4%	66.4%
Primary PCI	75%	86.4%	86.3%
Rapid Access Chest Pain	98%	100%	99.9%

Operations cancelled on/after day of admission	0.8%	1.2%	1.3%
Cancelled patients offered a date within 28 days of cancellation	95%	86.9%	91.9%
48hr GUM access	99%	100%	100%
Maternity Breast Feeding <48 hrs	67%	68.0%	73.5%
Maternity – smoking at time of delivery	18.1%	12.9%	11.0%
Cytology Screening 7 day target	98%	100%	100%
Day Case Basket	75%	76.3%	77.2%
Bed Occupancy excl short stay	86%	88%	85%
* Same Sex Accommodation - Base	100%	100%	100%
Same Sex Accommodation - ICU	100%	100%	100%

*reported 1 month in arrears

2.11 Patients Waiting on Planned Waiting Lists

Further to correspondence received from the Department of Health during November with regards to the management of 'Planned' lists, work has continued to quantify the trust position in relation to this.

Patients should only be added to a 'planned' list when it is clinically appropriate for them to wait for a period of time. This includes patients waiting for a planned diagnostic test or treatment or a series of procedures carried out as part of a treatment plan - which are required for clinical reasons to be carried out at a specific time or repeated at a specific frequency i.e. patients requiring annual re-call for investigations such as bowel screening. Patients on these 'planned' lists should be booked for an appointment at the clinically appropriate time and should not wait for a further period after this time has elapsed.

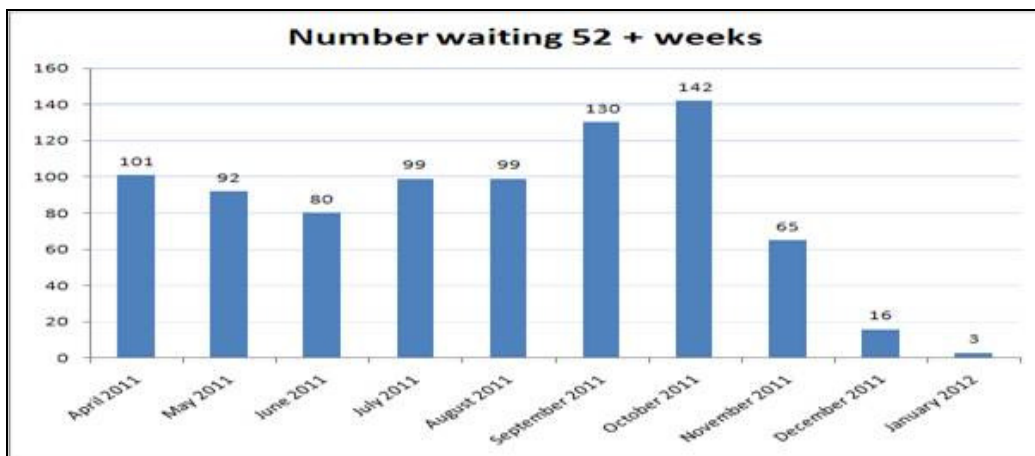
UHL maintains any planned waiting lists on behalf of LLR health colleagues.

Significant progress has been made for both waiting lists from day-cases, in-patients (including diagnostics) and out-patients. Patient tracking arrangements have been developed and are in place for all day-cases and in-patients. Due to the construction of follow-up waiting lists within PAS, tracking lists have now been developed for out-patient procedures and Standard Operating Procedures introduced for all processes and operationalised in December.

From a monitoring perspective, planned waiting lists are reported at the weekly trust Access meeting. Work is now continuing to validate patient records for inpatient, day cases and out-patients which is planned to be completed by the end of March.

2.12 Patients waiting over 52 weeks

Further to Department of Health correspondence during quarter 3 requiring all organisations to eliminate patients waiting over 52 weeks, the trust has made positive progress with 3 remaining patients all of whom have now received dates for treatment.



2.13 Ward Influenza

There has been a positive position to date regarding ward restrictions which have been limited. To date one area is restricted due to 6 patients with laboratory confirmed H3N2 and 3 members of staff who have had symptoms but are not confirmed. All required precautions are in place.

2.14 Provider Management Regime (PMR)

In December 2011 the NHS Midlands and East Provider Development Committee, a sub-committee of the SHA Cluster Board, agreed to adopt a Provider Management Regime (PMR) approach to over-sight of NHS Trusts across the cluster.

The approach is based on the Monitor Compliance Framework and puts the onus on Trust Boards to demonstrate self awareness in providing assurance, to submit accurate self certification, to be clear on plans to address issues in a timely manner and holds Trust Boards to account for the delivery of their commitments.

3.0 Medical Director's Report – Kevin Harris

3.1 Mortality Rates

UHL's crude mortality rate has fallen slightly from December although is still reflecting the annual 'winter increase'. The 'risk adjusted mortality' for December appears to be lower than last year however further data is needed both for UHL and also our peers to confirm whether this is a significant reduction.

The NHS Information Centre have published July 10 to June 11 SHMI data and the 'rolling 12 month' SHMI for UHL remains at 106 for reasons previously investigated and reported to and discussed at GRMC. Dr Fosters have calculated that the Trust's SHMI has fallen to 100 in quarter 1 of 11/12. However, due to the SHMI being a 'rolling 12 month figure' the impact of this improvement won't be confirmed by the NHSIC until June 12.

3.2 UHL Quality Schedule /CQUIN

Following submission of further information to the Commissioners, UHL was considered to have fully or almost met the Quarter 2 thresholds for 49 of the 64 CQUIN indicators and increased payment has been made for 5 others (including 'timing of Outpatient letters')

Over 95% of the £2m CQUIN monies was paid in quarter 2 with a penalty for partial achievement of the 15 indicators of less than £90k.

3.2.1 Fractured Neck of Femur 'Time to Theatre'

The monthly performance for 'patients taken to theatre within 36 hours of arrival' fell to 65% in December.

In addition to there being a continued high level of admissions (89) during December, of the 28 breaches 13 patients were unfit for surgery at the time of admission and if these patients had been excluded performance would have been 85.3%.

3.4 Venous Thrombo-embolism (VTE) Risk Assessment

Whilst performance with VTE risk assessment continues to improve, and the national CQUIN threshold of 90% met for all of Quarter 3, there appears to have been an increase in the number/rate of 'hospital acquired thromboses' (HATs) during this period (from 0.18 in Q2 to 0.22 in Q3).

However, not all suspected HATs have undergone full 'root cause analysis' and therefore the final 'hospital acquired' rate may be lower.

Reporting 'VTE risk assessment'; 'appropriate thromboprophylaxis' and 'VTE prevalence' as part of the Safety Thermometer CQUIN next year will support benchmarking with other trusts.

3.5 Readmissions

Whilst an in-month increase in the readmission rate was expected in December, the increase was much higher than expected at 7.8% from 6.9% the previous month. This was mainly due to an increase in readmissions from planned care.

The Trust remains at the Emergency Care Network plan of 10% reduction. Performance continues to be better than other local UK University Teaching hospitals as is the trend. This 10% target will be further applied for 2012/13.

Following discussions with the commissioners the readmissions penalty for the 2011/12 contract has reduced by £7.5 million non-recurrently from circa £11 million. Informal guidance has been provided by the Foundation Trust Network indicating that penalties are likely to be much lower in 12/13, but a nationally defined local clinical audit will be required to inform it.

The improvement programme continues to work in 4 key areas, in partnership with primary and community care:

1. Coding & Commissioning – now resolved for 2011/12 as described above, with a process ready for 12/13 when the guidance is released.
2. A discharge improvement group is now established in the Acute Division and this has defined a discharge and communication process for patients based on best practice which is to be piloted for medical patients from March.
3. A risk stratification model is being analysed that if workable will be able to identify patients most at risk of readmission and then a pathway will be developed to ensure they are supported in the community post-discharge.

Specialty Priorities – work continues in the priority specialties and actions are beginning to be implemented. This includes the development of a new catheter pathway for implementation in March, the implementation of the COPD care bundle in February, a new chest pain pathway, a new process for senior review of potential readmissions within ED, along with redesign work being undertaken for patients with non-specific abdominal pain.

4. Community work streams - some of the readmissions penalty has been diverted into expansion of community health and social care reablement services. The majority of these services are now operational and it is key that they are used to full capacity.

3.6 Patient Safety

The KPIs for the 5 Critical Safety Actions continue to be refined ahead of monthly monitoring from April 2012. Negotiations continue with commissioner colleagues on reasonable and appropriate key performance indicators for the 5 CSA for inclusion in the 12/12 CQUIN framework. Actions are being implemented to embed the safety actions but without the appointment of a project lead this work remains slow. Divisional teams have been asked to include the 5 CSA work on their board agendas and progress will be checked at divisional confirm and challenge meetings.

This month's patient safety indicators on the Quality and Performance report show the most improved position for twelve months with no indicators flagging red. Particularly pleasing are the reductions seen in re-opened complaints, complaints relating to discharge, EWS SUIs and 10 times medication errors.

4.0 **Human Resources – Kate Bradley**

4.1 Appraisals

January's appraisal rate of 96.1% saw a further improvement on December's appraisal rate of 95%. This is the fourth consecutive month that the reporting month's rate is the highest since we started using ESR to record appraisals.

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

4.2 Sickness

The reported sickness rate is 4.4%. The actual rate is likely to be around 0.5% lower as absence periods are closed. This sickness rate is higher than the previous 11 months but may fall after the absence periods have been closed down. The 12 month rolling sickness has fallen by 0.1% to 3.5%

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

5.0 **Financial Performance – Andrew Seddon**

5.1 I&E summary – January and year to date

The Trust is reporting a cumulative deficit of £8.1m (£8.6m adverse to Plan). Table 1 outlines the current position and Table 2 outlines the current Financial Risk Rating.

Table 1 – I&E summary

	2011/12 Annual Plan £m	January			April - January 2012		
		Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Income							
Patient income	595.8	50.9	53.2	2.3	496.2	504.9	8.7
Teaching, R&D	66.9	5.6	5.0	(0.6)	55.7	59.0	3.2
Other operating Income	19.0	1.6	2.4	0.8	15.8	17.1	1.3
Total Income	681.8	58.1	60.5	2.5	567.7	580.9	13.2
Operating expenditure							
Pay	420.5	35.0	34.2	0.7	350.4	362.1	(11.7)
Non-pay	215.2	19.0	19.6	(0.6)	179.3	189.5	(10.1)
Total Operating Expenditure	635.7	54.0	53.8	0.1	529.8	551.6	(21.9)
EBITDA	46.1	4.1	6.7	2.6	38.0	29.3	(8.7)
Net interest	(0.5)	(0.0)	(0.0)	0.0	(0.4)	(0.4)	(0.0)
Depreciation	(31.1)	(2.6)	(2.6)	(0.0)	(25.9)	(25.8)	0.0
PDC dividend payable	(13.2)	(1.1)	(1.1)	(0.0)	(11.0)	(11.1)	(0.1)
Net deficit	1.3	0.4	2.9	2.5	0.6	(8.1)	(8.8)
Planned phasing adjustment		(0.4)		0.4	(0.2)		0.2
Reported net deficit	1.3	(0.0)	2.9	2.9	0.4	(8.1)	(8.6)
EBITDA %	6.76%		11.08%			5.04%	

Table 2 – Financial Risk Ratings

	Weighting	January	Year To Date						
		Result	Result	Score	5	4	3	2	1
EBITDA achieved (% of plan)	10.0%	162.6%	77.2%	3	100%	85%	70%	50%	<50%
EBITDA margin (%)	25.0%	11.1%	5.0%	3	11%	9%	5%	1%	<1%
Return on assets (%)	20.0%	1.0%	0.8%	2	6%	5%	3%	-2%	<-2%
I&E surplus (%)	20.0%	4.8%	-1.4%	2	3%	2%	1%	-2%	<-2%
Liquidity ratio (days)	25.0%	14	13	2	60	25	15	10	<10
Overall Financial Risk Rating				2					

The reasons for the year to date financial position are as follows:

5.2 Income

5.2.1 Year to date patient care income is £8.8m (1.8%) ahead of Plan. This reflects an over-performance on day cases of £2.5m, elective inpatients of £1.3m and outpatients of £2.6m. Whilst the emergencies are £1.7m above plan, this does reflect £4m year to date of the additional monies secured from the PCTs regarding re-admissions. Actual activity is 3,713 spells (3.8%) below Plan.

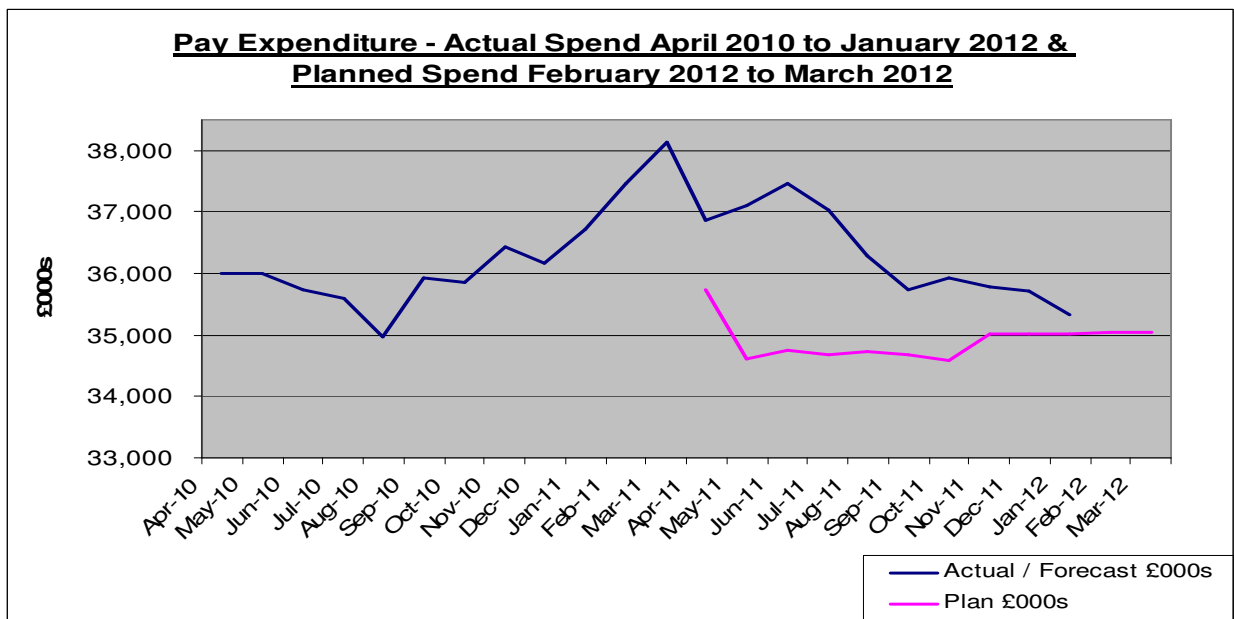
5.2.2 The £3.2m favourable position against the Teaching, R&D line relates to £2.8m of the £6m of the Corporate accruals as agreed in the “Stabilisation and Transformational”

Trust Board paper. Following detailed analysis of the planned £6m accruals, £1.1m has also been reported against pay expenditure this month, resulting in an in month favourable variance against pay.

5.3 Expenditure

5.3.1 Expenditure is £21.9m over Plan year to date. This reflects a shortfall on the cost improvement programme of £11.5m and the use of significant premium agency staff in the first four months of the year. Chart 1 clearly shows the pay trend for the year.

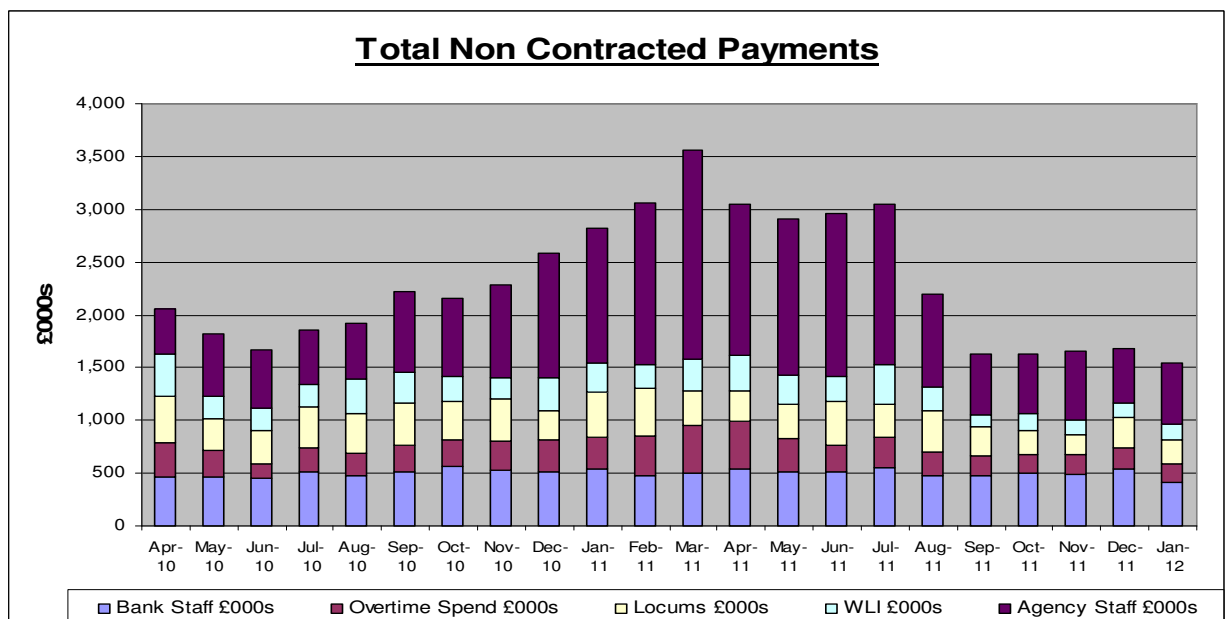
Chart 1



* The January actual excludes the £1.1m deferral

5.3.2 Premium payments, whilst becoming stable over the last three months, are still 50% below the levels of April to July 2011 and are approximately £0.9m lower per month than the same period in 2010/11.

Chart 2



5.3.3 Appendix 1 details the financial positions and variances for the four Divisions, the year to date position and the year end forecast. The table below summarises Divisional year to date positions.

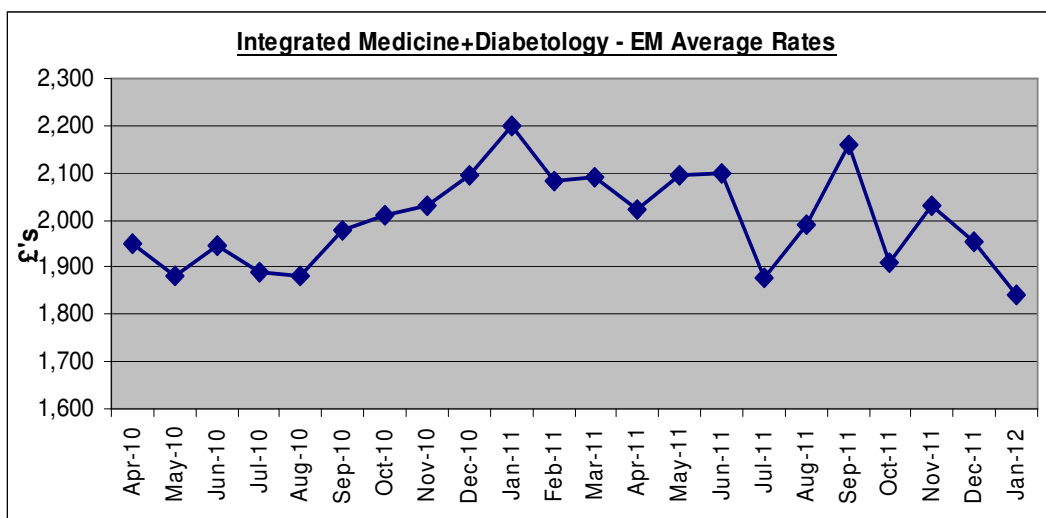
	Total Year to Date				Month 9 Variance (Adv) / Fav £m
	Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	
Acute Care	52.6	43.2	33.4	(9.8)	(8.7)
Clinical Support	(94.9)	(79.3)	(82.0)	(2.6)	(2.5)
Planned Care	72.4	59.8	57.4	(2.4)	(2.2)
Women's and Children's	37.6	31.4	28.3	(3.1)	(3.0)
Corporate Directorates	(89.7)	(74.5)	(72.9)	1.6	1.5
Sub-Total Divisions	(21.9)	(19.4)	(35.8)	(16.3)	(14.9)
Central Income	70.0	58.9	65.3	6.4	4.5
Central Expenditure	(46.7)	(39.0)	(37.7)	1.3	(1.1)
Grand Total	1.3	0.4	(8.1)	(8.6)	(11.5)

5.4 Financial position – In month against forecast

5.4.1 The in month December financial position of a £2.9m surplus is £0.8m adverse to the £3.7m forecast and reflects the following significant factors:

- £2.05m of the £8.2m income received from the PCTs relating to re-admissions income and the Frail and Older People's Advise and Liaison (FOPAL) service in line with forecast.
- Total income £1.6m adverse to forecast, £1.0m relating to patient income, £0.6m on teaching and R&D and other operating income. The patient income predominately is a consequence of:
 - £0.3m favourable variance in Planned Care, predominately due to the increased activity to secure the Referral to Treat (RTT) targets in MSK, GI Medicine and Specialist Surgery CBU's (£0.5m in total)
 - £0.2m favourable in W&C, split between Women's £0.06m and Children's £0.14m – The majority of the movement relates to a reduction in the emergency marginal rate of £0.1m
 - £1.5m adverse in Acute Care - £0.7m down in ECMO –as reported in December 2011, the new adult contract now has no fixed element and is reimbursed on an occupied bed day basis – in January 2012, there were only 9 occupied adult days compared to a forecast of 94. As well as ECMO, non-elective activity in Medicine was also 20 spells and £0.5m below forecast, and Critical Care was a further £0.1m adverse to forecast.

The following graph clearly highlights the significant reduction on the average tariff of emergency activity in Medicine – January 2012 is 16% lower than January 2011. The CBU is currently reviewing a sample of case notes.



- A continued reduction on the pay costs of £0.3m compared to December, and £0.1m favourable to forecast, excluding the additional £1.1m credit relating to the Corporate accruals.
- Non pay costs £0.5m adverse to the forecast reflecting:
 - Planned Care, £0.3m adverse, reflecting the costs of the additional RTT work both “in house” and through the independent sector. The RTT activity is profiled from January to March 2012, with 80% of the activity planned for February and March. The net financial contribution of the RTT in January was approximately £10k, reflecting the use of the independent sector
 - A £0.1m adverse movement in W&C as a consequence of increased HIV drugs – this is offset by additional patient care income
 - £0.1m adverse position in CSD as a consequence of reduced Pathology trading – clearly, the benefit of this will be reflected in the other Clinical Divisions
 - Acute Care, £0.1m adverse as a result of 5 defibs above forecast.

The following table summarises the month 10 position (variance) against forecast:

Division	Month 10 Variance against FOT £Ms
Acute	(1.3)
Clinical Support	(0.1)
Planned	0.1
Women’s & Children’s	0.1
Corporate & Central	0.4
TOTAL	(0.8)

5.5 Financial position – year end forecast

5.5.1 The month 10 re-forecast now shows a potential year end deficit of £2.70m, £3.99m adverse to the planned £1.29m surplus. Appendix 2 details the monthly forecasts for

February and March and the 2011/12 year end forecast by CBU and Division. The year end forecast is summarised in the table below:

CBU	Month 9			Month 10			Move M9 to M10 £000s
	Plan £000s	FOT £000s	Variance £000s	Plan £000s	FOT £000s	Variance £000s	
Acute Divisional	52,592	43,598	(8,993)	52,592	41,037	(11,555)	(2,561)
Planned Divisional	72,441	70,040	(2,401)	72,441	71,146	(1,296)	1,106
CSD Divisional	(94,911)	(97,353)	(2,442)	(94,911)	(97,434)	(2,523)	(81)
W&C Divisional	37,598	34,083	(3,515)	37,598	34,284	(3,314)	201
Divisional Total	67,720	50,368	(17,352)	67,720	49,033	(18,687)	(1,335)
Corporate & Central	(66,431)	(59,581)	6,850	(66,431)	(53,232)	13,198	6,348
Trust TOTAL	1,289	(9,212)	(10,501)	1,289	(4,199)	(5,488)	5,013
Corporate accruals		6,000	6,000		above the line		(6,000)
Readmissions / Deflection Income		above the line			above the line		
Winter flexibility		above the line			above the line		
VSS Deferral		above the line			above the line		
Coding & Counting					500	500	500
Salary - tax		1,000	1,000		1,000	1,000	0
Year End Forecast	1,289	(2,212)	(3,501)	1,289	(2,699)	(3,988)	(487)

5.5.2 This has deteriorated from the month 9 position by £0.5m due to the following factors:

- An improvement in Planned Care of £1.1m, of which £0.7m relates to the contribution of the RTT activity.
- Acute Care adverse movement of £2.6m. The material reasons for this are:
 - ECMO (£1.4m) – an in month adverse movement of £0.7m plus a further £0.7m forecast in February and March. The reduction on February and March is volume related, as the current activity levels forecast of 3 adult patients per month are down on the previous forecast level (7)
 - Medicine emergency activity (£0.8m) – an in month adverse £0.5m plus a further £0.3m in the last two months of the financial year. As highlighted earlier in the paper, the CBU is reviewing case notes of a sample of patients
 - Infectious Diseases - £0.7m reduction as a result of changes in coding and counting in year which have been successfully challenged by the Commissioners
- Pay forecasts have remained the same based on the month 10 re-forecast despite the additional costs associated with the RTT activity and the additional capacity which has been opened to meet the emergency activity demands.

Further details regarding the year end forecast, risks and opportunities are provided in the Financial Recovery paper.

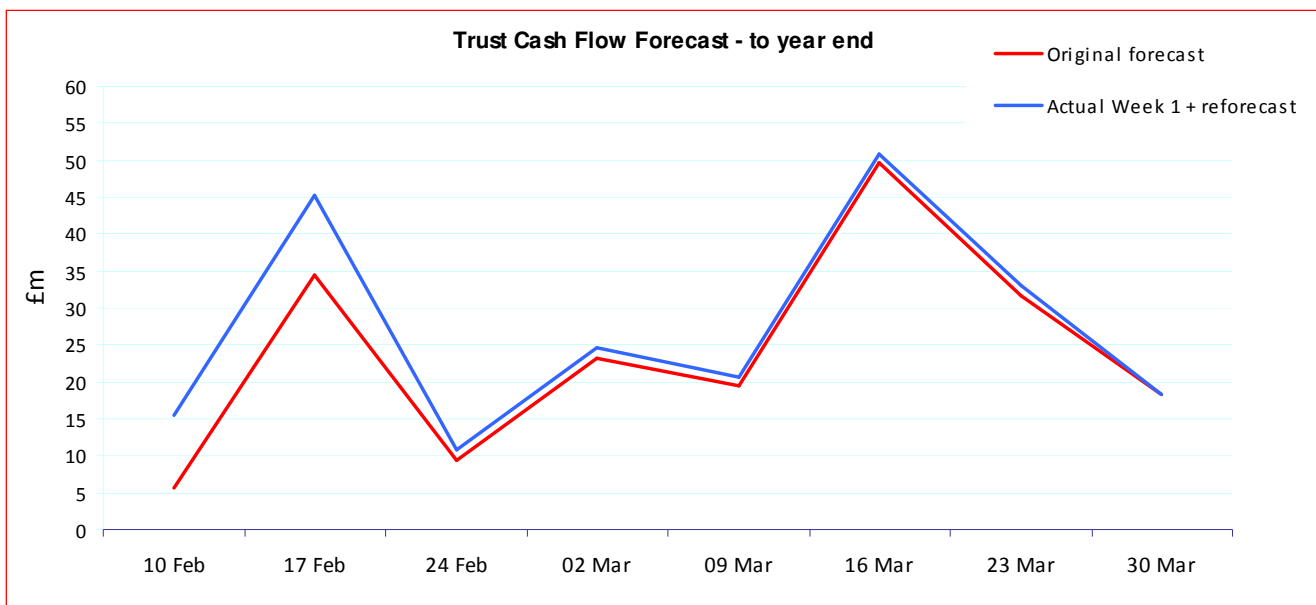
5.5.3 The focus for all the CBUs/Divisions is to now push forward and deliver:

- The additional CIPs (£3.1m) which were targeted at the November 2011 Finance and Performance Committee meeting
- The referral to treat and winter capacity bids (Flory money)
- Delivery/Acceleration of existing CIPs from 2011/12 or 2012/13
- Specific year end management actions e.g. discretionary spend controls
- Managing the Q4 transformation targets (e.g. new to follow up ratios) in order to secure the income

5.6 Working capital and net cash

5.6.1 The Trust's month end cash position increased slightly by £4.9m to £21.8m at 31 January 2012. The £21.8m month end value includes £9.2m payment in advance of the SLA from the Leicester Cluster.

5.6.2 Cash continues to be monitored on a daily basis and to date we have maintained monthly balances in excess of £2m.



Caring at its best

Quality and Performance

Trust Board

Thursday 1st March 2012

January 2012

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 10 - 2011/12

PATIENT SAFETY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
MRSA Bacteraemias	9	Jan-12	1	7	9	
CDT Isolates in Patients (UHL - All Ages)	165	Jan-12	4	91	120	
% of all adults who have had VTE risk assessment on adm to hosp ***	90%	Jan-12	94.1%	93.9%	93.5%	
Reduction of hospital acquired venous thrombosis ***	0.175	Qtr 2 11/12	0.18		0.175	
Incidents of Patient Falls	TBC	Dec-11	218	2252		
In Hospital Falls resulting in Hip Fracture ***	12	Jan-12	1	3	6	
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%	Dec-11	93.2%	94.2%	94.2%	
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Dec-11	93.3%	96.3%	96.8%	
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Dec-11	97.2%	97.5%	97.0%	
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Dec-11	100.0%	99.9%	100.0%	
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Dec-11	92.1%	95.4%	96.0%	
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Dec-11	98.3%	99.0%	98.5%	
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Dec-11	84.9%	83.1%	84.0%	
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Dec-11	91.8%	93.4%	92.5%	
62-Day Wait For First Treatment From Consultant Upgrade	85%	Dec-11	0.0%	85.7%	95.0%	
Emergency 30 Day Readmissions (Following Elective Admission)	1.6%	Dec-11	5.7%	5.1%	5.0%	
Emergency 30 Day Readmissions (Following Emergency Admission)	8.0%	Dec-11	9.5%	9.5%	9.0%	
Mortality (CHKS Risk Adjusted) - OVERALL	85	Dec-11	74.1	80.0		
Primary PCI Call to Balloon <150 Mins	75.0%	Jan-12	86.4%	86.3%	86.0%	
Pressure Ulcers (Grade 3 and 4)	197	Dec-11	6	96	140	

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



UHL at a Glance - Month 10 - 2011/12

PATIENT EXPERIENCE						
	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Inpatient Polling - treated with respect and dignity ***	95.0	Jan-12	96.2	96.1		
Inpatient Polling - rating the care you receive ***	91.0	Jan-12	86.6	86.8		
Outpatient Polling - treated with respect and dignity ***	95.0	Jan-12	92.0	92.7		
Outpatient Polling - rating the care you receive ***	85.0	Jan-12	86.0	84.2		
% Beds Providing Same Sex Accommodation - Wards ***	100%	Jan-12	100.0%	100.0%	100.0%	
% Beds Providing Same Sex Accommodation - Intensivist ***	100%	Jan-12	100.0%	100.0%	100.0%	
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	Jan-12	95.5%	94.6%	94.8%	
ED Waits - UHL (Type 1 and 2)	95%	Jan-12	94.4%	93.1%	94.0%	
ED Unplanned Re-attendance Rate (From Qtr 2 2011/12)	<5%	Jan-12	6.1%		4.9%	
ED Left Without Being Seen % (From Qtr 2 2011/12)	<5%	Jan-12	2.1%		2.4%	
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12)	<4Hrs	Jan-12	264		239	
ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12)	<15 mins	Jan-12	32		30	
ED Time to Treatment - Median (From Qtr 2 2011/12)	<60 mins	Jan-12	42		40	
RTT 18 week - Admitted	90%	Jan-12	84.6%		91.0%	
RTT 18 week - Non admitted	95%	Jan-12	95.5%		96.5%	
RTT Admitted Median Wait (Weeks)	<=11.1	Jan-12	10.3		9.0	
RTT Admitted 95th Percentile (Weeks)	<=23.0	Jan-12	27.1		22.0	
RTT Non-Admitted Median Wait (Weeks)	<=6.6	Jan-12	6.9		6.1	
RTT Non-Admitted 95th Percentile (Weeks)	<=18.3	Jan-12	17.9		17.0	
RTT Incomplete Median Wait (Weeks)	<=7.2	Jan-12	6.6		6.5	
RTT Incomplete 95th Percentile (Weeks)	<=28.0	Jan-12	21.5		21.0	
STAFF EXPERIENCE / WORKFORCE						
	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Sickness absence	3.0%	Jan-12	4.4%	3.5%		
Appraisals	100%	Jan-12	96.1%	96.1%		
VALUE FOR MONEY						
	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Income (£000's)	681,756	Jan-12	60,542	580,916	685,783	
Operating Cost (£000's)	635,693	Jan-12	53,833	551,618	645,665	
Surplus / Deficit (as EBIDTA) (£000's)	46,063	Jan-12	6,709	29,298	40,118	
CIP (£000's)	38,245	Jan-12	2,767	19,424	25,591	
Cash Flow (£000's)	18,200	Jan-12	21,818	21,818	3,623	
Financial Risk Rating	3	Jan-12	2	2	2	
Pay - Locums (£ 000s)		Jan-12	229	2,967		
Pay - Agency (£ 000s)		Jan-12	567	9,699		
Pay - Bank (£ 000s)		Jan-12	413	5,018		
Pay - Overtime (£ 000s)		Jan-12	173	2,432		
Total Pay Bill (£ millions)	420,410	Jan-12	35.3	363	424,464	
Cost per Bed Day (£)		Jan-12	143	143		

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level

Audit

Director Sign Off

QUALITY and PERFORMANCE REPORT - 2011/12

QUARTERLY FOUNDATION TRUST COMPLIANCE FRAMEWORK

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

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

QUALITY and PERFORMANCE REPORT

DoH SERVICE PERFORMANCE 2011/12

Service Performance - Indicators, weighting and scoring

Quality of service

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

Overall performance score threshold

2010/11 score		
Qtr 1 and Qtr 2	Qtr 1 to Qtr 3	Qtr 1 to Qtr 4

3	3	3
n/a	n/a	n/a
n/a	n/a	n/a
n/a	n/a	n/a
n/a	n/a	n/a
1	1	1
0	0	0
3	3	3
1.5	1.5	1.5
1.5	1.5	1.5
1.5	1.5	1.5
n/a	n/a	n/a
n/a	n/a	n/a
1.5	1.5	1.5
1.5	1.5	1.5
1	1	1
1	1	1
1	1	1
n/a	n/a	0.75
1	1	1
1	1	1
3	3	3
3	3	3

2.67 2.67 2.63

2011/12	
Qtr 1	Qtr2

1	0
3	0
3	0
1	3
3	1
3	3
1.5	1.5
1.5	1.5
1.5	1.5
0.75	2.25
2.25	2.25
1.5	1.5
1.5	1.5
0.75	0.75
0.75	0.75
0.75	0.75
1.5	1.5
1.5	0.5
1	1
3	3
3	3

2.65 2.15

Although both ED clinical quality indicators were delivered scored 0 due to data coverage issues relating to the UCC submissions. This issue was raised with DoH by the Chief Executive in December.

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 10 - 2011/12

PATIENT SAFETY

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	#	YTD	Target	Status	Page No
MRSA Bacteraemias	1	2	1	2	0	0	1	1	0	0	1	1	1	7	9	9	◀▶	11
CDT Isolates in Patients (UHL - All Ages)	17	16	14	9	15	7	8	10	8	13	11	6	4	91	165	165	▲	11
% of all adults who have had VTE risk assessment on adm to hosp	69%	75%	79%	92.7%	93.5%	93.5%	94.5%	93.8%	93.8%	93.8%	94.5%	94.3%	94.1%	93.9%	90%	90%	▼	
Reduction of hospital acquired venous thrombosis	Qtr 4 - 0.12			Qtr 1 - 0.15			Qtr 2 - 0.18								0.175			
Incidents of Patient Falls	285	231	244	271	271	248	266	250	233	270	225	218		2252	TBC	TBC		14
In Hospital Falls resulting in Hip Fracture	2	2	2	2	0	0	0	0	0	0	0	0	1	3	12	12	▼	

CLINICAL EFFECTIVENESS

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status	Page No
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%	94.0%	95.3%	93.1%	94.3%	94.4%	93.2%		94.2%	93%	▼	20
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	99.0%	95.5%	95.4%	97.2%	93.8%	98.3%	97.7%	96.5%	97.3%	95.8%	95.4%	93.3%		96.3%	93%	▼	20
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96.7%	96.6%	96.8%	97.0%	98.7%	96.8%	97.7%	97.3%	96.8%	98.4%	97.9%	97.2%		97.5%	96%	▼	20
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.9%	98%	◀▶	20
31-Day Wait For Second Or Subsequent Treatment: Surgery	94.7%	96.3%	95.8%	97.1%	95.5%	94.1%	96.9%	94.0%	95.6%	94.1%	98.8%	92.1%		95.4%	94%	▼	20
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.3%	100.0%	98.8%	99.1%	99.4%	100.0%	99.3%	97.8%	99.3%	99.2%	98.7%	98.3%		99.0%	94%	▼	20
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85.8%	87.2%	85.9%	87.3%	85.4%	84.1%	81.8%	83.2%	81.1%	79.4%	81.3%	84.9%		83.1%	85%	▲	20
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%	92.5%	87.9%	91.8%	95.2%	98.3%	91.8%		93.4%	90%	▼	20
62-Day Wait For First Treatment From Consultant Upgrade	100.0%	100.0%	100.0%	100.0%	-----	100.0%	n/a	100.0%	80.0%	100.0%	-----	0.0%		85.7%	85%	▼	20

HISTORY / TREND OVERVIEW - Month 10 - 2011/12

CLINICAL EFFECTIVENESS (Continued)

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status	Page No
Emergency 30 Day Readmissions (Following Elective Admission)	5.2%	4.8%	5.0%	4.9%	4.8%	5.3%	4.9%	5.1%	4.8%	5.3%	4.7%	5.7%		5.1%	1.6%	▼	13
Emergency 30 Day Readmissions (Following Emergency Admission)	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%	9.7%	9.0%	9.1%	9.5%		9.5%	8.0%	▼	13
Mortality (CHKS - Risk Adjusted) - OVERALL	87.4	82.4	86.8	84.8	85.9	74.8	80.7	80.1	87.1	78.5	75.0	74.1		80.0	85	▲	
Stroke - 90% of Stay on a Stroke Unit	58%	56%	80%	85%	87%	89%	88%	88%	75%	82%	91%	90%		86%	80%	▼	
Primary PCI Call to Balloon <150 Mins	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	84.8%	90.0%	88.5%	86.4%	86.3%	75%	▼	19
Pressure Ulcers (Grade 3 and 4)	33	14	20	15	12	17	17	8	5	10	6	6		96	197	◀▶	14

HISTORY / TREND OVERVIEW - Month 10 - 2011/12

PATIENT EXPERIENCE

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status	Page No
Inpatient Polling - treated with respect and dignity	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	96.1	96.0	96.1	96.2	96.1	95.0	▲	16
Inpatient Polling - rating the care you receive	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	85.0	86.8	86.3	87.7	86.6	86.8	91.0	▼	16
Outpatient Polling - treated with respect and dignity					96.7	93.5	84.0		91.0	94.3	98.0	92.0	92.0	92.7	95.0	▶▶	
Outpatient Polling - rating the care you receive					87.0	85.1	72.6		82.5	85.7	84.0	91.0	86.0	84.2	85.0	▼	
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	▶▶	19
% Beds Providing Same Sex Accommodation - Intensivist	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	▶▶	19
A&E Waits - Leics (10/11) - UHL Incl UCC (11/12)	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	92.0%	94.4%	97.0%	95.5%	94.6%	95%	▼	17
A&E Waits - UHL (Type 1 and 2)	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.1%	89.9%	89.8%	92.9%	96.3%	94.4%	93.1%	95%	▼	17
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	6.1%	5.8%	5.5%	6.1%		<5%	▼	17
Left Without Being Seen % (From Qtr 2 11/12)	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.9%	2.0%	2.3%	2.1%		<5%	▲	17
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12)	382	331	343	306	307	256	239	304	338	341	288	240	264		<240 Mins	▼	17
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	55	49	63	70	56	41	39	48	48	61	48	42	32		<15 Mins	▲	17
Time to Treatment - Median (From Qtr 2 11/12)	48	50	58	59	54	50	34	34	39	44	43	42	42		<60 mins	▲	17
RTT 18 week - Admitted	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	92.0%	90.8%	90.9%	88.5%	87.6%	84.6%		90%	▼	18
RTT 18 week - Non admitted	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	96.8%	96.6%	96.4%	96.2%	96.6%	95.5%		95%	▼	18
RTT Admitted Median Wait (Weeks)	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	8.9	9.0	8.4	9.2	10.3		<=11.1	▼	18
RTT Admitted 95th Percentile (Weeks)	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	22.5	25.3	25.8	27.1		<=23.0	▼	18
RTT Non-Admitted Median Wait (Weeks)	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.8	6.3	6.1	5.8	6.9		<=6.6	▼	18
RTT Non-Admitted 95th Percentile (Weeks)	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.4	17.6	17.7	17.4	17.9		<=18.3	▼	18
RTT Incomplete Median Wait (Weeks)	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.3	6.4	5.9	6.0	6.8	6.6		<=7.2	▲	18
RTT Incomplete 95th Percentile (Weeks)	21.9	19.1	21.8	21.3	19.4	19.6	21.1	21.1	22.5	22.6	21.9	22.5	21.5		<=28.0	▲	18

HISTORY / TREND OVERVIEW - Month 10 - 2011/12

STAFF EXPERIENCE / WORKFORCE

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status	Page No
Sickness absence	4.0%	3.4%	3.4%	3.2%	3.0%	3.5%	3.4%	3.1%	3.2%	3.5%	3.9%	4.1%	4.4%	3.5%	3.0%	▼	21
Appraisals	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	95.0%	96.1%	96.1%	100%	▲	21

VALUE FOR MONEY

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD
Income (£000's)	59,015	58,759	64,835	56,760	55,861	56,745	56,772	56,977	58,516	58,722	58,984	61,037	60,542	580,916
Operating Cost (£000's)	55,342	55,770	58,922	55,260	55,886	55,534	55,943	54,884	54,768	55,416	54,797	55,297	53,833	551,618
Surplus / Deficit (as EBIDTA) (£000's)	3,673	2,989	5,913	1,500	-25	1,211	829	2,093	3,748	3,306	4,187	5,740	6,709	29,298
CIP (£000's)	3,073	2,798	3,270	1,012	912	1,422	1,508	1,650	2,243	2,486	2,652	2,772	2,767	19,424
Cash Flow (£000's)	12,491	18,358	10,306	14,465	9,778	4,425	8,296	21,003	15,384	20,927	16,563	16,872	21,818	21,818
Financial Risk Rating	2	2	2	2	1	1	1	1	1	1	1	2	2	2

HR Pay Analysis

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD
	£	£	£	£	£	£								
Locums (£ 000s)	421	443	335	283	328	417	315	392	281	231	199	293	229	2,967
Agency (£ 000s)	1,283	1,540	1,990	1,427	1,475	1,526	1,522	866	576	569	656	515	567	9,699
Bank (£ 000s)	540	478	504	540	509	509	554	477	480	504	490	543	413	5,018
Overtime (£ 000s)	304	378	447	453	317	256	282	224	181	168	181	196	173	2,432
Total Pay Bill (£ millions)	36.7	37.5	38.1	36.9	37.1	37.5	37.0	36.3	35.7	35.9	35.8	35.7	35.3	363

Average Cost per Bed Day

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12
	£	£	£	£	£	£	£	£	£	£	£	£	£
Cost per Bed Day (£)	143	183	172	169	165	165	166	161	157	159	161	157	143

INFECTION PREVENTION

Performance Overview

MRSA – 1 case of MRSA was reported during January with a year to date position of 7. This case is currently being reviewed due to previous patient incidence and where appeal processes may be appropriate.

CDifficile – a positive month 10 report with 4 cases identified. The year to date position is 91 and ahead of target to date.

MRSA elective and non-elective screening has been achieved at 100% respectively

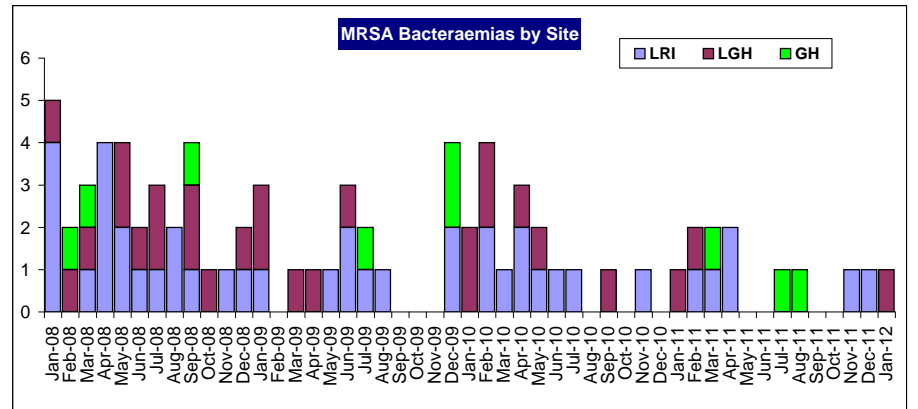
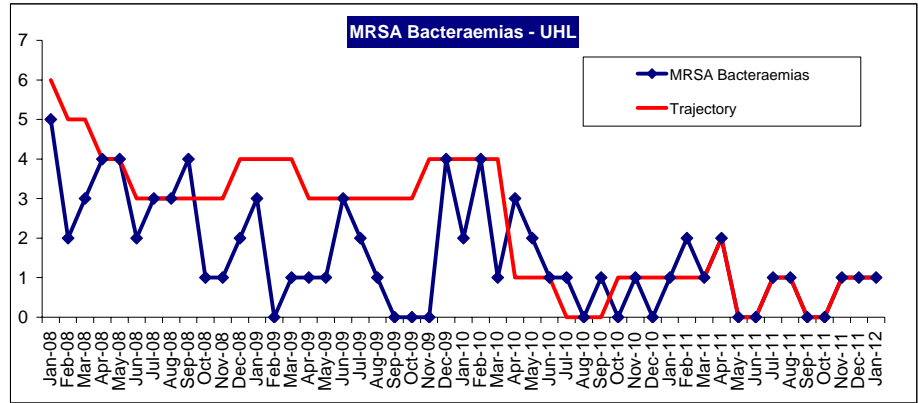
Key Actions

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

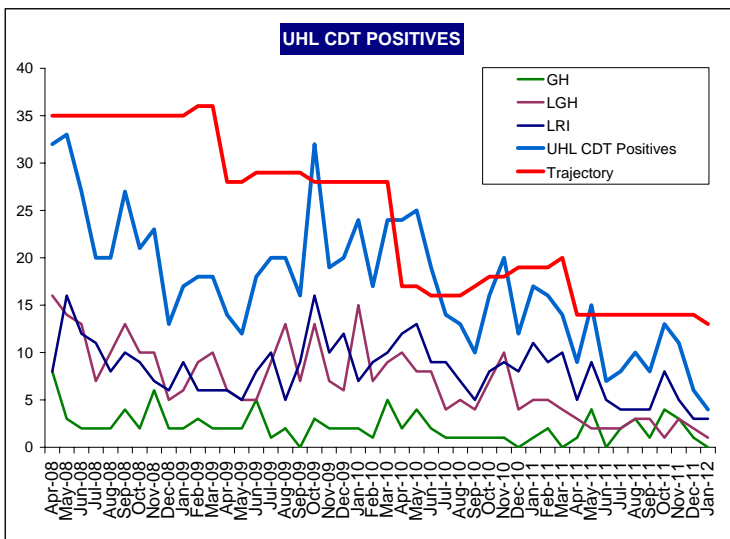
Full Year Forecast

MRSA - 9 (target 9)
CDiff - 120 (target 165)

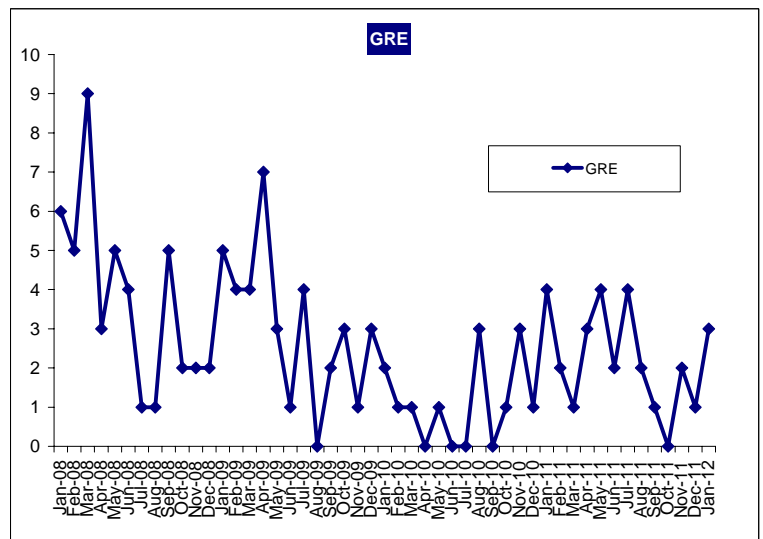
MRSA BACTERAEMIA



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
MRSA	1	2	1	2	0	0	1	1	0	0	1	1	1	7	9	🔴
C. Diff.	17	16	14	9	15	7	8	10	8	13	11	6	4	91	165	🟢
Rate / 1000 Adm's	2.1	2.1	1.6	1.2	2.0	0.9	1.0	1.3	1.1	1.8	1.4	0.8	0.5	1.2		
GRE	3	2	1	3	4	2	4	2	1	0	2	1	3	22	TBC	
MSSA				1	4	2	5	2	6	4	3	2	0	29	No National Target	
E-Coli						38	39	42	39	41	45	38		282	No National Target	

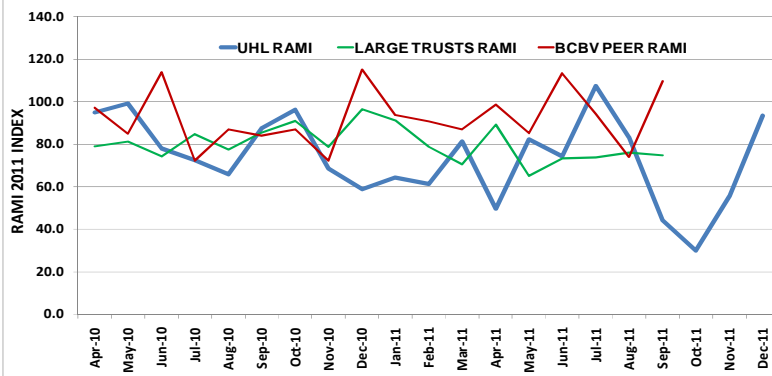
MORTALITY

Performance Overview

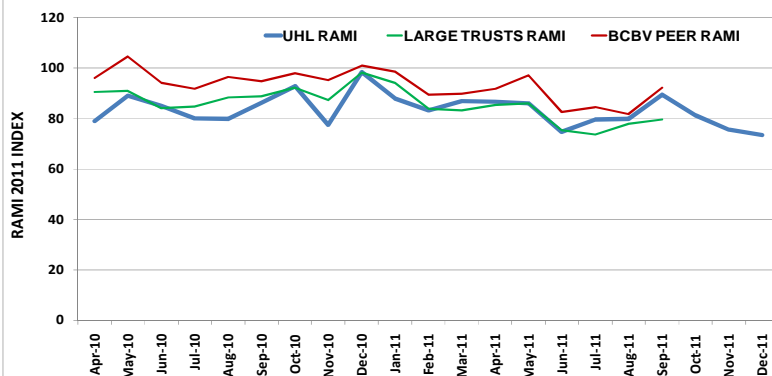
UHL's crude mortality rate has fallen slightly from December although is still reflecting the annual 'winter increase'. The 'risk adjusted mortality' for December appears to be lower than last year however further data is needed both for UHL and also our peers to confirm whether this is a significant reduction.

The NHSIC have published July 10 to June 11 SHMI data and the 'rolling 12 month' SHMI for UHL remains at 106 for reasons previously investigated and reported to and discussed at GRMC. Dr Fosters have calculated that the Trust's SHMI has fallen to 100 in Q1 of 11/12. However, due to the SHMI being a 'rolling 12 month figure' the impact of this improvement won't be confirmed by the NHSIC until June 12.

ELECTIVE RISK ADJUSTED MORTALITY INDEX,



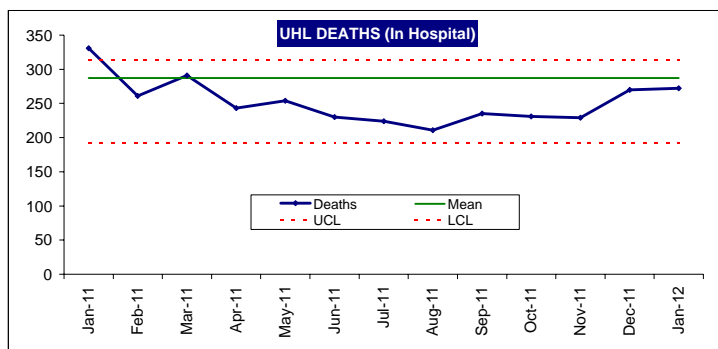
NON ELECTIVE RISK ADJUSTED MORTALITY INDEX



CHKS - RISK ADJUSTED MORTALITY

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
Observed Deaths	327	293	231	252	173	211	197	205	187	198	196	197	231	1,795
RAMI	97.2	87.4	82.4	86.8	84.8	85.9	74.8	80.7	80.1	87.1	78.5	75.0	74.1	80.0

Clinical Business Unit	CURRENT MONTH (Jan)		
	Spells	Deaths	%
Specialist Surgery	1564	3	0.2%
GI Medicine, Surgery and Urology	3940	33	0.8%
Cancer, Haematology and Oncology	2110	18	0.9%
Musculo-Skeletal	894	8	0.9%
Medicine	2148	116	5.4%
Respiratory	1238	37	3.0%
Cardiac, Renal & Critical Care	1320	39	3.0%
Emergency Department	15	8	53.3%
Women's	4622	7	0.2%
Children's	948	2	0.2%
Anaesthesia and Theatres	328	1	0.3%
Imaging	6		
Sum:	19133	272	1.4%



UHL CRUDE DATA TOTAL SPELLS

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target
UHL Crude Data - TOTAL Spells	18673	18300	20761	16895	17540	18900	18387	18186	18005	17952	18539	18373	19133	181910	
UHL Crude Data - TOTAL Deaths	331	261	291	243	254	230	224	211	235	231	229	270	272	2399	TBC
Percent	1.8%	1.4%	1.4%	1.4%	1.4%	1.2%	1.2%	1.2%	1.3%	1.3%	1.2%	1.5%	1.4%	1.3%	TBC

UHL CRUDE DATA ELECTIVE SPELLS

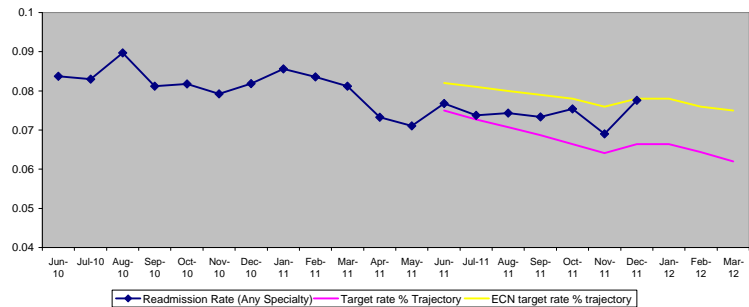
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target
UHL Crude Data - ELECTIVE Spells	7791	8073	9406	7760	8098	9240	8570	8811	8761	8690	9250	8445	8909	86534	
UHL Crude Data - ELECTIVE Deaths	6	6	8	4	5	7	11	11	5	4	6	12	4	69	TBC
Percent	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	TBC

UHL CRUDE DATA NON ELECTIVE SPELLS

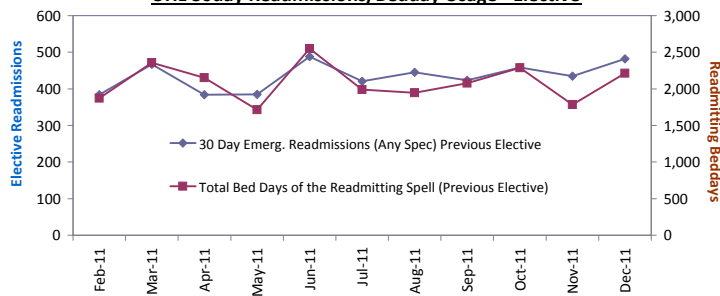
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target
UHL Crude Data - NON ELECTIVE Spells	10882	10227	11355	9135	9442	9660	9817	9375	9244	9262	9289	9928	10224	95376	
UHL Crude Data - NON ELECTIVE Deaths	325	255	283	239	249	223	213	200	230	227	223	258	268	2330	TBC
Percent	3.0%	2.5%	2.5%	2.6%	2.6%	2.3%	2.2%	2.1%	2.5%	2.5%	2.4%	2.6%	2.6%	2.4%	TBC

EMERGENCY READMISSIONS

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

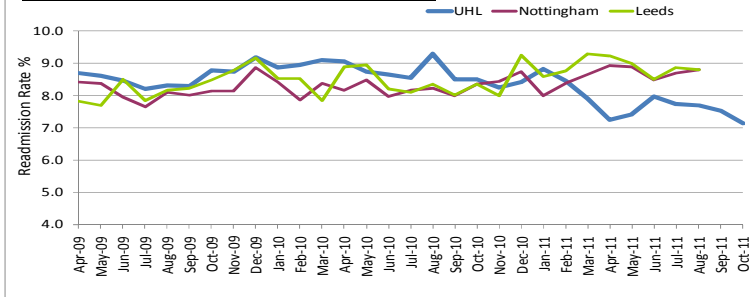


UHL 30day Readmissions/Bedday Usage - Elective

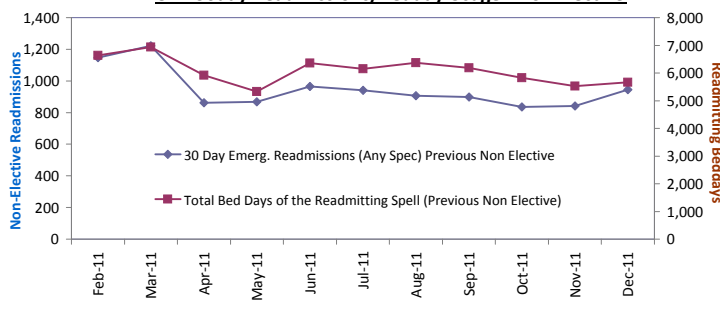


CHKS Benchmarking - 30 Day Emergency Readmission Rates - UHL, Nottingham and Leeds

30Day Readmission Rates, UHL Vs Nottingham, Leeds



UHL 30day Readmissions/Bedday Usage - Non Elective



ALL READMISSIONS

	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target
Discharges	18300	20760	16896	17541	18900	18387	18186	18005	17952	18539	18375	162,781	
30 Day Emerg. Readmissions (Any Spec)	1,531	1,689	1,245	1,252	1,453	1,361	1,352	1,321	1,293	1,276	1,426	11,979	
Readmission Rate (Any Speciality)	8.40%	8.10%	7.40%	7.10%	7.70%	7.40%	7.40%	7.30%	7.20%	6.90%	7.80%	7.4%	6.1%
30 Day Emerg. Readmissions (Same Spec)	879	980	766	770	907	837	813	804	789	747	873	7,306	
Readmission Rate (Same Speciality)	4.80%	4.70%	4.50%	4.40%	4.80%	4.60%	4.50%	4.50%	4.40%	4.00%	4.80%	4.5%	
Improvement trajectory (Any Speciality)													
Total Bed Days of Readmitting Spells	8,513	9,296	8,066	7,039	8,908	8,146	8,313	8,261	8,113	7,313	7,881	72,040	

Readmissions - Previous Spell = Elective

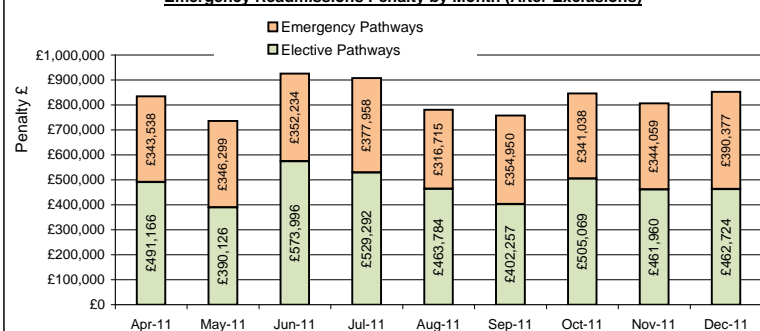
	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
Discharges	8073	9405	7761	8098	9240	8570	8811	8761	8690	9250	8445	77,626
30 Day Emerg. Readmissions (Any Spec) Previous Elective	384	467	384	385	488	421	445	423	458	435	482	3,921
Readmission Rate (Any Speciality) Previous Elective	4.80%	5.00%	4.90%	4.80%	5.30%	4.90%	5.10%	4.80%	5.30%	4.70%	5.70%	5.1%
Total Bed Days of the Readmitting Spell (Previous Elective)	1,872	2,358	2,151	1,713	2,548	1,990	1,946	2,079	2,289	1,786	2,215	16,502

Readmissions - Previous Spell = Non Elective

	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
Discharges	10,227	11,355	9,135	9,443	9,660	9,817	9,375	9,244	9,262	9,289	9,930	85,155
30 Day Emerg. Readmissions (Any Spec) Previous Non Elective	1,147	1,222	861	867	965	940	907	898	835	841	944	8,058
Readmission Rate (Any Speciality) Previous Non Elective	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%	9.7%	9.0%	9.1%	9.5%	9.5%
Total Bed Days of the Readmitting Spell (Previous Non Elective)	6,641	6,938	5,915	5,326	6,360	6,156	6,367	6,182	5,824	5,527	5,666	47,657

30 Day Readmissions PBR Method

Emergency Readmissions Penalty by Month (After Exclusions)



Performance Overview

Whilst an in-month increase in the readmission rate was expected in December, the increase was much higher than expected at 7.8% from 6.9% the previous month. This was mainly due to an increase in readmissions from planned care.

The Trust remains at the Emergency Care Network plan of 10% reduction. Performance continues to be better than other local UK University Teaching hospitals as is the trend. This 10% target will be further applied for 2012/13.

Following discussions with the commissioners the readmissions penalty for the 2011/12 contract has reduced by £7.5 million non-recurrently from circa £11 million. Informal guidance has been provided by the Foundation Trust Network indicating that penalties are likely to be much lower in 12/13, but a nationally defined local clinical audit will be required to inform it.

The improvement programme continues to work in 4 key areas, in partnership with primary and community care:

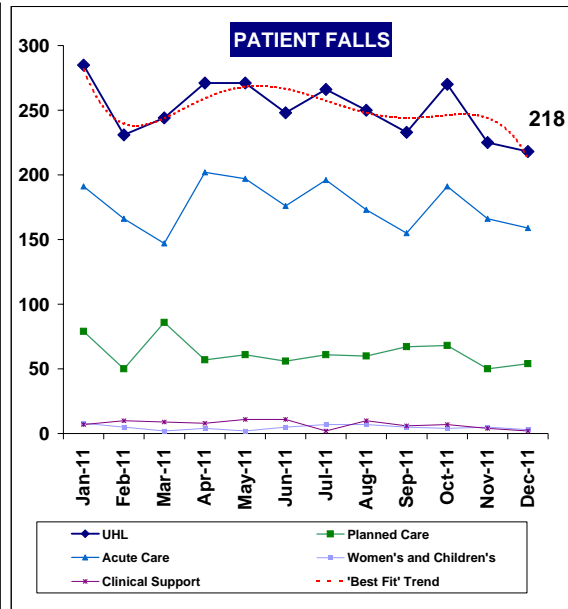
- 1) Coding & Commissioning – now resolved for 2011/12 as described above, with a process ready for 12/13 when the guidance is released.
- 2) A discharge improvement group is now established in the Acute Division and this has defined a discharge and communication process for patients based on best practice which is to be piloted for medical patients from March. A risk stratification model is being analysed that if workable will be able to identify patients most at risk of readmission and then a pathway will be developed to ensure they are supported in the community post-discharge.
- 3) Speciality Priorities – work continues in the priority specialities and are beginning to be implemented. This includes the development of a new catheter pathway for implementation in March, the implementation of the COPD care bundle in February, a new chest pain pathway, a new process for senior review of potential readmissions within ED, along with redesign work being undertaken for patients with non-specific abdominal pain.
- 4) Community work streams – some of the readmissions penalty has been diverted into expansion of community health and social care reablement services. The majority of these services are now operational and it is key that they are used to full capacity.

FALLS

Performance Overview

A reduction of 7 falls were reported between November and December, predominantly from the Acute Division.

The Acute Division now produces information on a weekly basis tracking the number of falls by ward. The three highest reporters of falls incidents have been particularly focussed and are endeavouring to cohort patients at risk of falls to try to manage them more closely.



TARGET / STANDARD

Incidents of Patient Falls	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target
UHL	285	231	244	271	271	248	266	250	233	270	225	218		2252	TBC
Planned Care	79	50	86	57	61	56	61	60	67	68	50	54		534	TBC
Acute Care	191	166	147	202	197	176	196	173	155	191	166	159		1615	TBC
Women's and Children's	8	5	2	4	2	5	7	7	5	4	5	3		42	TBC
Clinical Support	7	10	9	8	11	11	2	10	6	7	4	2		61	TBC
In Hospital Falls resulting in Hip Fracture	2	2	2	2	0	0	0	0	0	0	0	0	1	3	12

PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

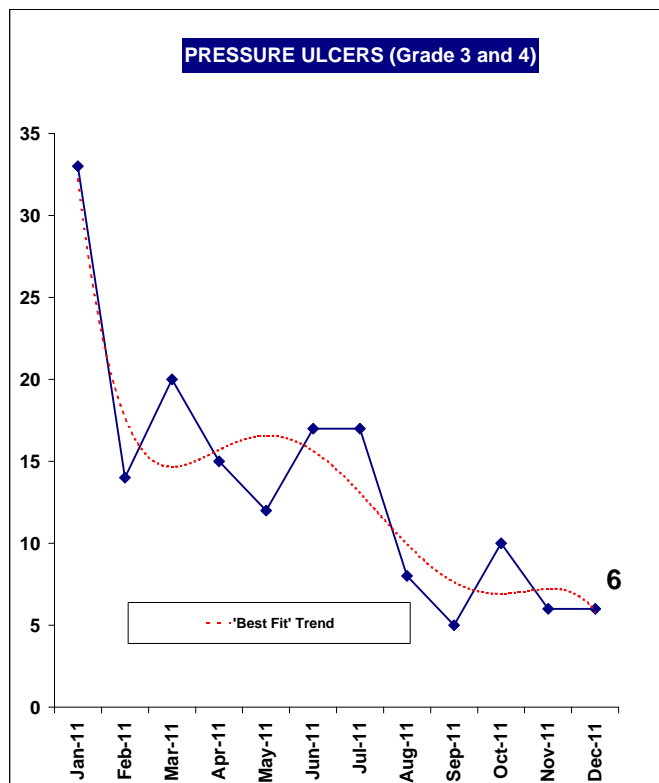
There were 6 reported hospital acquired grade 3 and 4 pressure ulcers in December 2011. This is a significant reduction in tissue damage when comparing data from December 2010 when 26 ulcers were reported.

For the month of December, the six reported hospital acquired pressure ulcers have been reviewed using the unavoidable checklist. Although the decisions need ratified by the commissioners it would appear that two were avoidable with the remainder unavoidable.

It is anticipated that all healthcare providers across the Midlands and East SHA will be using a standardised Unavoidable Checklist by April 1st 2012.

NHS Midlands and East have confirmed that 'Ambition One' for 2012/13 is the elimination of avoidable Grade 2, 3 and 4 pressure ulcers by December 2012. It has been agreed to monitor reductions via the NHS Safety Thermometer, and data will be collected on a monthly basis across the whole organisation at a point in time every month (similar to a prevalence survey). It should be noted that data will be collected on four key harms not just pressure ulcers and so will include; VTE, Falls, Catheter Acquired UTI's and Pressure Ulcers Grade 2, 3 and 4). The rationale for collecting on all four harms is to ensure that improvements in one area of care do not have a detrimental effect on another. It is anticipated that the first Trust wide data collection exercise for the Safety Thermometer will take place on the 20th March 2012.

UHL is working in partnership with LPT to develop a standardised Safety Thermometer data collection tool and a robust process to capture grade two HAPUs.



TARGET / STANDARD

Pressure Ulcers (Grade 3 and 4)	REPORTED ONE MONTH IN ARREARS												YTD	Target	
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11			Jan-12
	33	14	20	15	12	17	17	8	5	10	6	6		96	197
Attributable to Trust										6	6	2		14	
Not Attributable to Trust										3	0	4		7	

PATIENT EXPERIENCE

Performance Overview

The "Patient Experience Survey" for January 2012 resulted in 1,337 surveys being returned, a Trust return rate of 88.8% an increase by 4.7%.

The 'overall respect and dignity' score has increased and has remained green across the Trust for the past ten months. In January/February all wards and departments including outpatients and theatres have completed the revised Trust Privacy and Dignity Audit (2010), the tool was revised using local patient feedback and complaints (April-September 2011) and current themes reported in several national reports; including 'Care and Compassion', Health Service Ombudsman (2011); 'Dignity and Nutrition', Care Quality Commission (2011) and the Patients Association Report (2011). Results and action plans will be available next month.

The 'overall how would you rate the care whilst in hospital' score remains amber across the Trust. Analysis shows that the 1 point satisfaction decrease in the Trust score for overall care from December 2011 to January 2012 is due to changes in results across many Wards, CBUs and Divisions. The effect is slightly more notable in three Medical Wards, a Children's Ward and single wards in Specialist Surgery and Musculoskeletal. The pilot to provide additional new ward support volunteers to underperforming areas continues, the results will be analysed and reported in the March 2012 report.

Ten of the twelve trust wide 'Caring at its Best' project question scores have improved when compared with the trust scores minus the underperforming wards in Medicine.

The outpatients Patient Experience survey question 'Overall, how would you rate the care you received in this area?' score remains green, the 'overall respect and dignity' score remains amber.

Return Rates - January 2012

Division	Surveys Returned	Target	% Achieved
Acute Care	788	790	99.7%
Planned Care	400	535	74.8%
Women's and Children's	149	180	82.8%
UHL	1,337	1,505	88.8%

Trust Scores in January 2012 minus underperforming Wards in Medicine

DIVISIONAL PROJECTS

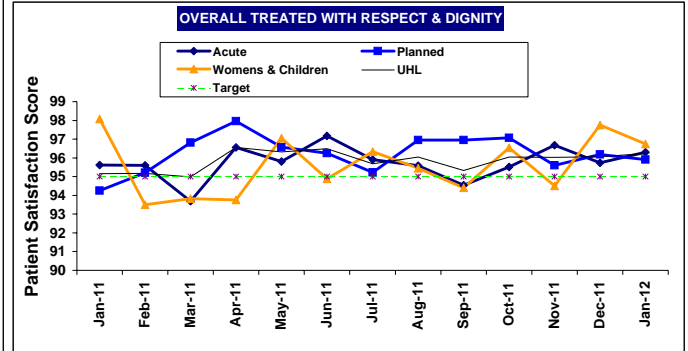
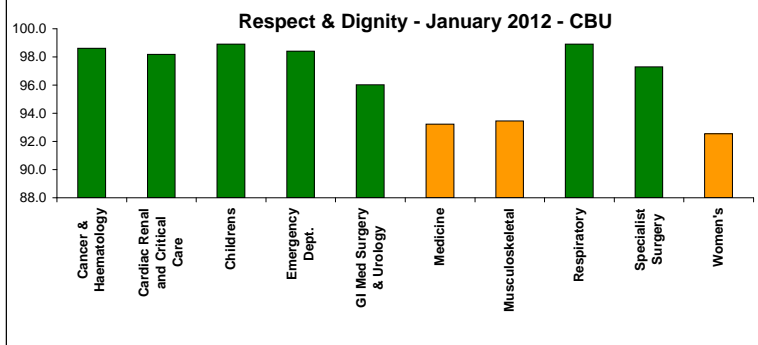
Area for Development	Lead Division	PES Question	Mar-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Jan-12
Noise at Night	Acute Care	Q10a – Were you ever bothered by noise at night from other patients?	65.0	70.6	70.6	67.2	73.3	66.9	67.0	66.2	70.2
		Q10b – Were you ever bothered by noise at night from hospital staff?	84.2	87.4	85.2	85.4	89.0	86.2	87.3	87.0	87.0
Staff Attitudes and Behaviours	Women's and Children's	Q13a – When you had important questions to ask the doctors did you get answers that you could understand?	88.2	89.7	89.3	87.5	88.9	88.9	89.1	89.6	90.9
	Children's	Q14a – Did any of the doctors talk in front of you as if you were not there?	88.9	90.7	89.6	87.9	88.0	88.9	89.4	89.4	90.2
		Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? CQUIN (National CQUIN Target = 71.0)	77.3	78.8	76.6	77.7	78.8	79.2	76.9	79.0	79.7
Providing Information	Clinical Support	Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN (National CQUIN Target = 61.0)	79.5	81.4	81.0	79.0	80.8	80.5	79.7	81.4	83.0
		Q15 – Sometimes in hospital a member of staff will say one thing and another say something quite different. Did this happen to you?	84.7	85.2	85.4	82.6	85.8	85.2	85.8	85.4	86.5
		Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN (National CQUIN Target = 84.0)	92.3	94.8	94.9	94.2	94.3	94.1	94.9	95.6	96.2
		Q24 – Has a member of staff told you about medication side effects to watch for when you went home? CQUIN (National CQUIN Target = 48.0)	73.4	74.9	75.2	73.4	74.7	72.6	76.6	76.3	77.7
Pain	Planned Care	Q26 – Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital? CQUIN (National CQUIN Target = 78.0)	69.8	78.1	76.5	73.5	75.2	78.2	77.8	75.8	77.7
		Q19 – Do you think the hospital staff did everything they could to help control your pain?	90.5	91.8	90.7	91.7	92.8	90.2	91.1	91.7	92.5
		Q28 – Overall, how would you rate the care you received?	83.8	87.0	85.4	85.0	86.8	86.3	87.7	86.6	88.1

PATIENT EXPERIENCE

TARGET / STANDARD

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

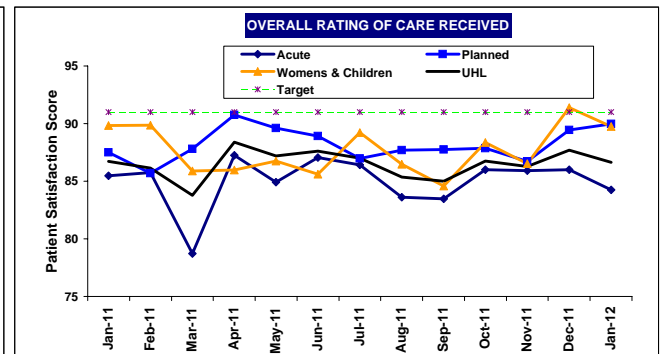
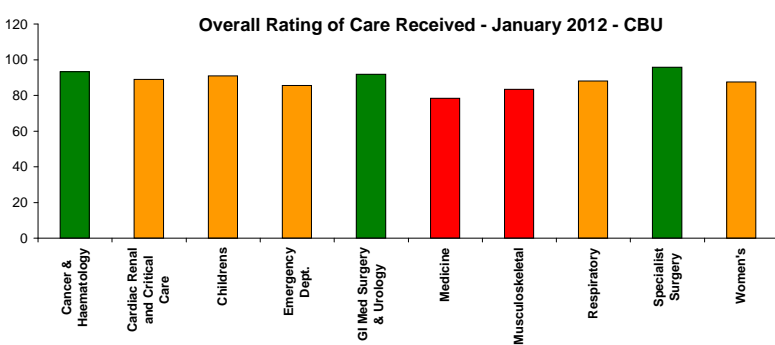
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Status
Division														
Acute	95.6	95.6	93.7	96.6	95.8	97.2	95.9	95.6	94.5	95.5	96.7	95.7	96.3	▲
Planned	94.3	95.2	96.8	98.0	96.6	96.2	95.2	97.0	97.0	97.1	95.6	96.2	95.9	▼
Womens & Children	98.1	93.5	93.8	93.8	97.1	94.9	96.3	95.5	94.4	96.5	94.5	97.8	96.7	▼
UHL	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	96.1	96.0	96.1	96.2	▲



TARGET / STANDARD

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

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Status
Division														
Acute	85.5	85.8	78.7	87.3	84.9	87.0	86.4	83.6	83.5	86.0	85.9	86.0	84.2	▼
Planned	87.5	85.7	87.8	90.8	89.6	88.9	87.0	87.7	87.7	87.9	86.7	89.5	90.0	▲
Womens & Children	89.8	89.9	85.9	86.0	86.8	85.6	89.2	86.5	84.6	88.3	86.5	91.4	89.7	▼
UHL	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	85.0	86.8	86.3	87.7	86.6	▼



EMERGENCY DEPARTMENT

Performance Overview

Performance for January Type 1, 2 is 94.4%, and 95.5% including the Urgent Care Centre (UCC). The year to date performance for ED (UHL+UCC) has increased from 94.4% to 94.6%.
From Qtr 2, Trusts have been required to achieve the thresholds for at least one indicator in each of the two groups, timeliness (time to initial assessment, time to treatment) and patient impact (left without being seen and re-attendance).

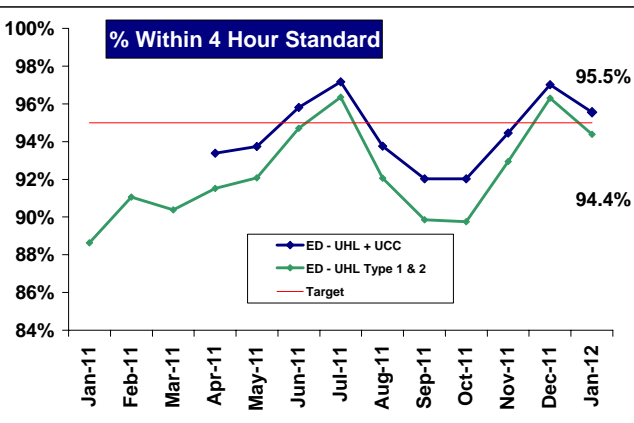
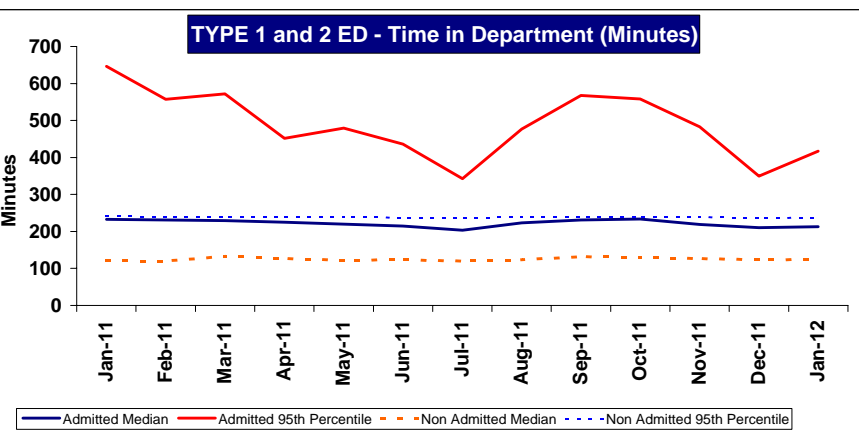
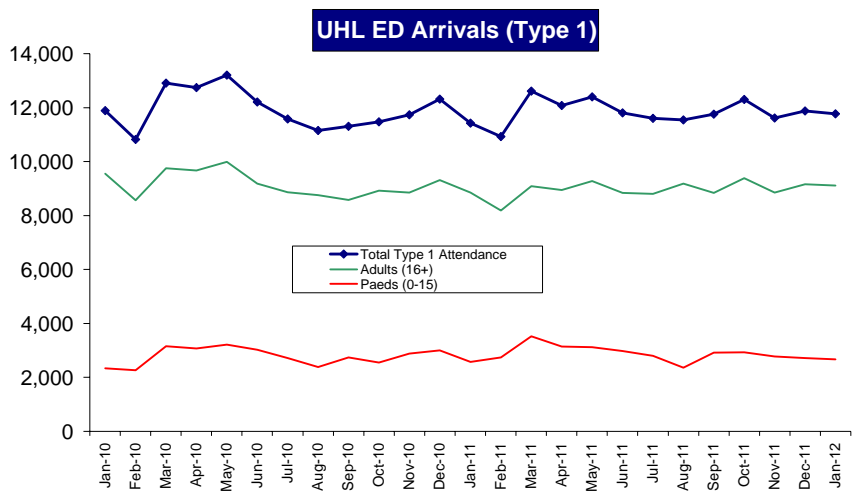
Performance for the ED clinical indicators for January achieves the minimum requirement.

Key Actions

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

Full Year Forecast

ED + UCC 4 hr performance - 94.8%



Total Time in the Department

January 2012 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	290	4988	5278
3-4 Hours	2018	5107	7125
5-6 Hours	273	195	468
7-8 Hours	156	35	191
9-10 Hours	48	7	55
11-12 Hours	23	1	24
12 Hours+	4		4
Sum:	2812	10333	13145

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	TARGET
Left without being seen %	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.9%	2.0%	2.3%	2.1%	<=5%
Unplanned Re-attendance %	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	6.1%	5.8%	5.5%	6.1%	< 5%

TIMELINESS

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	TARGET
Time in Dept (95th centile)	382	331	343	306	307	256	239	304	338	341	288	240	264	< 240 Minutes
Time to initial assessment (95th)	55	49	63	70	56	41	39	48	48	61	48	42	32	<= 15 Minutes
Time to treatment (Median)	48	50	58	59	54	50	34	34	39	44	43	42	42	<= 60 Minutes

4 HOUR STANDARD

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	
ED - (UHL + UCC)				93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	92.0%	94.4%	97.0%	95.5%	94.6%	95.0%	▲
ED - UHL Type 1 and 2	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.1%	89.9%	89.8%	92.9%	96.3%	94.4%	93.1%	95.0%	▲
ED Waits - Type 1	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	91.0%	88.7%	88.5%	92.1%	96.0%	93.7%	92.2%	95.0%	▲

18 WEEK REFERRAL TO TREATMENT

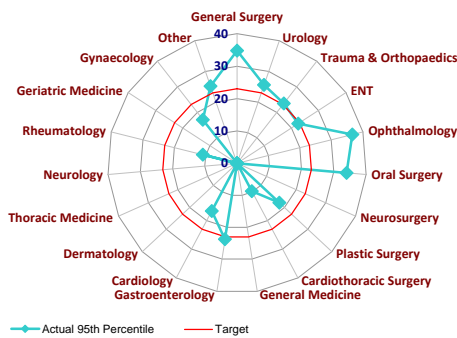
Performance Overview

Performance in January has reduced as planned (recognised impact on Q3/4) to 84.6% for admitted patients in response to the additional backlog activity agreed with commissioners. The non-admitted target has been achieved at 95.5%.

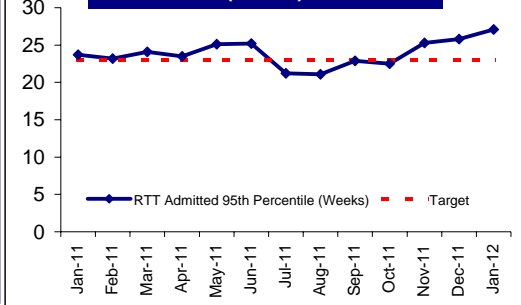
Key Actions

Further to bids submitted as part of 'Access' monies, confirmation has been received by commissioners supporting plans to both continue and progress activity. Current additional activity has now reached a reduction of 280 18+ week wait patients since its commencement and a Gastroenterology endoscopy wait time of less than 6 weeks.

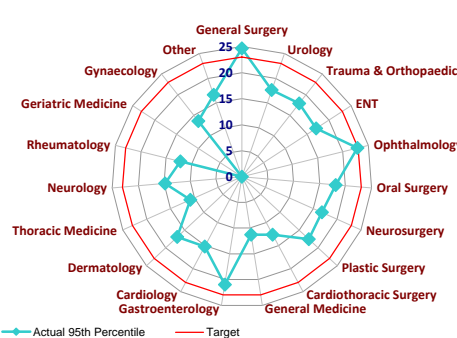
Admitted 95th Percentile by Specialty - Jan 2012



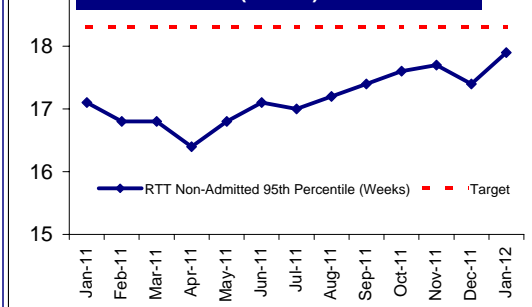
RTT - Admitted 95th Percentile Wait (Weeks)



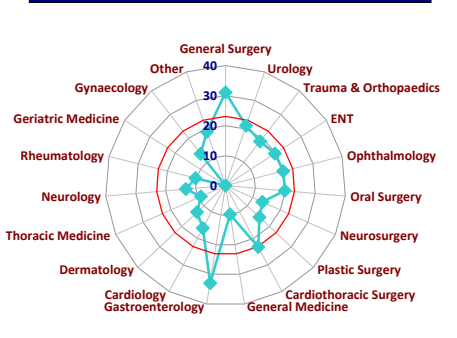
Non-Admitted 95th Percentile by Specialty - Jan 2012



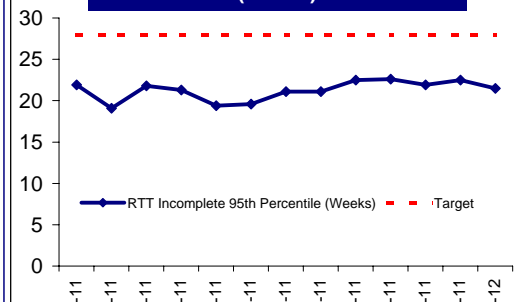
RTT - Non-Admitted 95th Percentile Wait (Weeks)



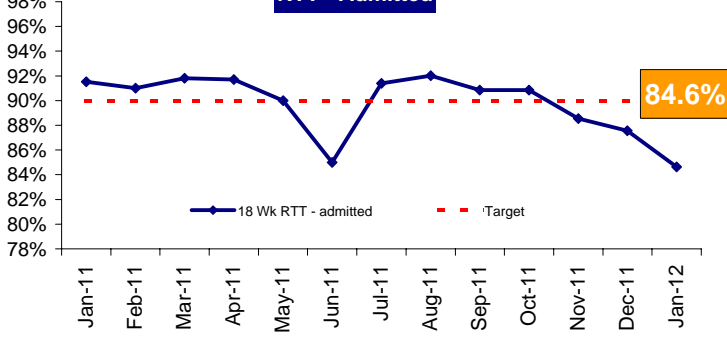
Incomplete 95th Percentile by Specialty - Jan 2012



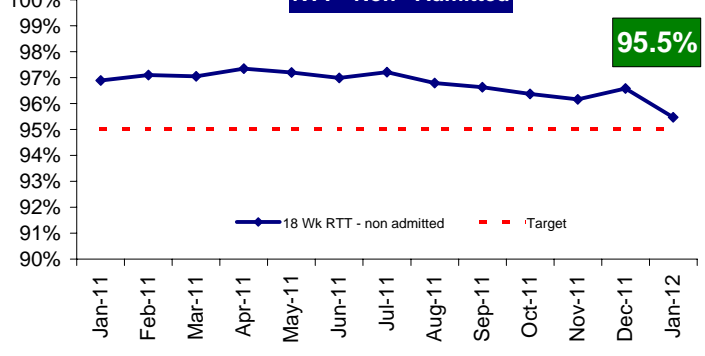
RTT - Incomplete 95th Percentile Wait (Weeks)



RTT - Admitted



RTT - Non - Admitted



TARGET / STANDARD

RTT	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12
18 Wk - admitted (%)	91.5	91.0	91.8	91.7	90.0	85.0	91.4	92.0	90.8	90.9	88.5	87.6	84.6
18 Wk - non admitted (%)	96.9	97.1	97.1	97.3	97.2	97.0	97.2	96.8	96.6	96.4	96.2	96.6	95.5

	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12
RTT Admitted Median Wait (Weeks)	9.5	10.2	8.5	8.8	8.9	9.0	8.4	9.2	10.3
RTT Admitted 95th Percentile (Weeks)	25.1	25.2	21.2	21.1	22.9	22.5	25.3	25.8	27.1
RTT Non-Admitted Median Wait (Weeks)	6.4	6.2	6.0	6.5	6.8	6.3	6.1	5.8	6.9
RTT Non-Admitted 95th Percentile (Weeks)	16.8	17.1	17.0	17.2	17.4	17.6	17.7	17.4	17.9
RTT Incomplete Median Wait (Weeks)	6.4	5.8	6.3	6.3	6.4	5.9	6.0	6.8	6.6
RTT Incomplete 95th Percentile (Weeks)	19.4	19.6	21.1	21.1	22.5	22.6	21.9	22.5	21.5

Target	Status
90%	⚠
95%	✅

Target 11/12
<=11.1
<=23.0
<=6.6
<=18.3
<=7.2
<=28.0

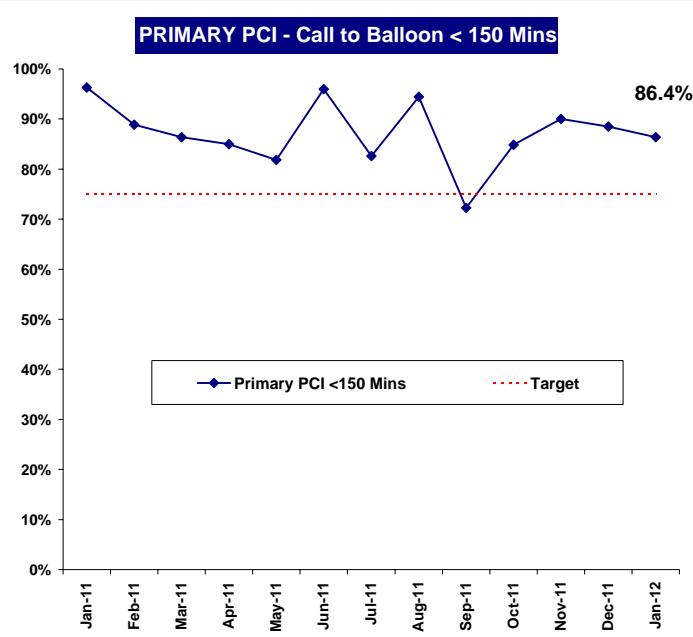
PRIMARY PCI

Performance Overview

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in January was achieved (86.4% = 19 of 22 patients).

Key Actions

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



Primary PCI <150 Mins	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target
	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	84.8%	90.0%	88.5%	86.4%	86.3%	75.0%

SAME SEX ACCOMMODATION

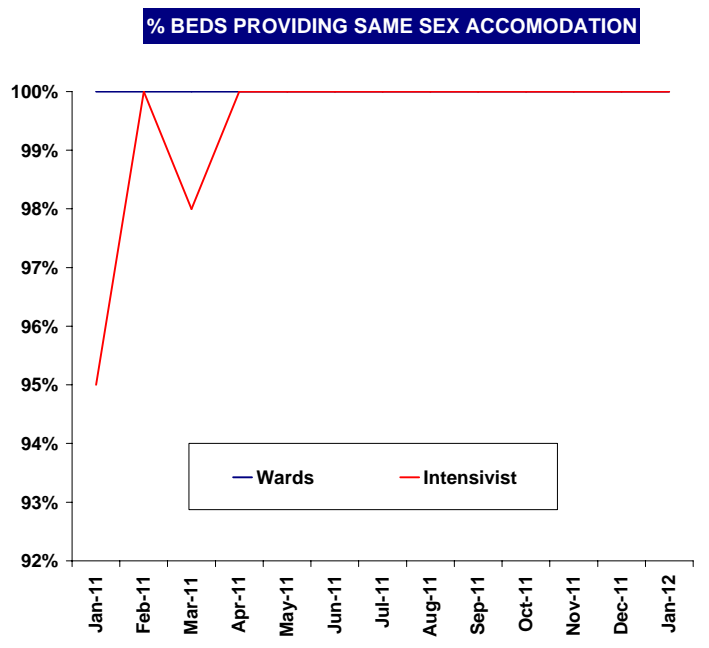
Performance Overview

All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance.

Key Actions

The Acute Division are developing a business case for the relocation of the Brain Injury Unit, LGH. A recent meeting has taken place and the Division is aiming to relocate the unit in this financial year, to the LRI, combining Brain Injury and Neurology Services.

In January 2012 UHL national breach data declared zero unjustified SSA breaches.



TARGET / STANDARD

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target
Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Intensivist	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

CANCER TREATMENT

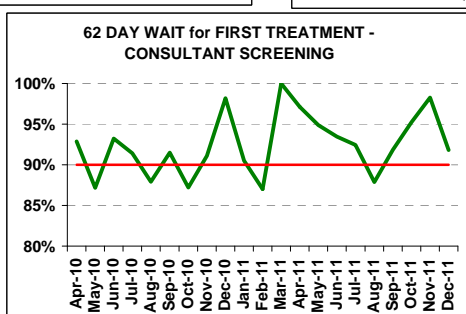
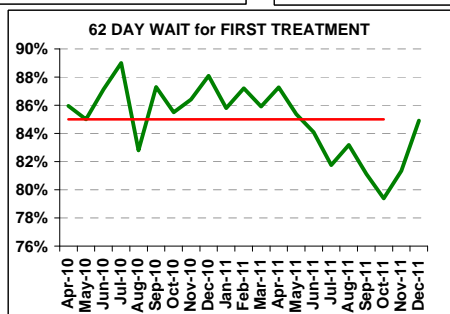
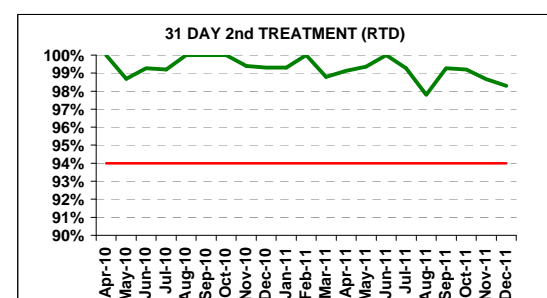
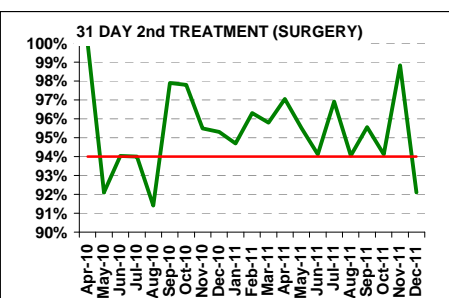
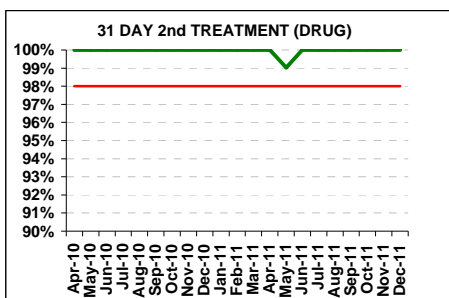
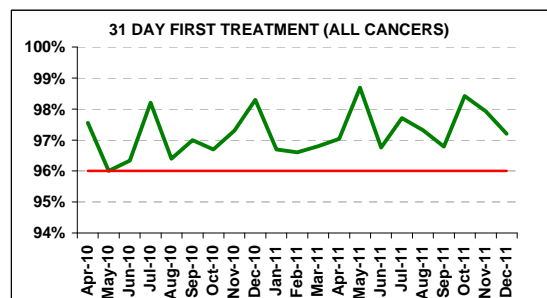
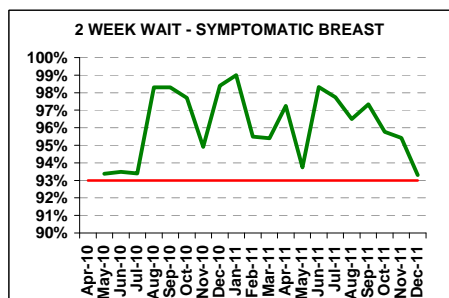
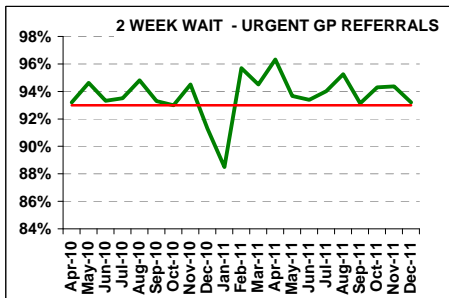
Performance Overview

All cancer targets are delivering against performance thresholds for Quarter 3, with the exception of the 62 day target and the 62 day consultant upgrade (failed target by 0.5 shared breach).

Key Actions

Challenges remain in the delivery of the 62 day cancer target with the December position exceeding its breach position by 2 patients. There have been clear discussions with lead officers where gaps in internal processes have been identified and despite quarter data 'lock down', any diagnostic extended pathways are being reviewed year to date given the importance of delivery.

Commitment	Threshold	Qtr 1	Qtr 2	Qtr 3	YTD
Maximum two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.0%	94.4%	94.2%	93.9%	94.2%
Two week wait for symptomatic breast patients (Cancer not initially suspected)	93.0%	96.7%	97.2%	94.8%	96.3%
31-day (Diagnosis To Treatment) wait for first treatment: all cancers	96.0%	97.5%	97.3%	97.9%	97.5%
31-day wait for second or subsequent treatment: anti cancer drug treatments	98.0%	99.6%	100.0%	100.0%	99.9%
31-day wait for second or subsequent treatment: surgery	94.0%	95.6%	95.6%	95.1%	95.4%
31-day wait for second or subsequent treatment: radiotherapy treatments	94.0%	99.5%	98.8%	98.7%	99.0%
62-day (urgent GP referral to treatment) wait for first treatment: all cancers	85.0%	85.5%	82.1%	82.0%	83.1%
62-day wait for first treatment from consultant screening service referral: all cancers	90.0%	95.0%	90.5%	95.3%	93.4%
62-day wait for first treatment from consultant upgrade	85.0%	100.0%	85.7%	66.7%	85.7%



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

January's appraisal rate of 96.1% saw a further improvement on December's appraisal rate of 95%.

This is the fourth consecutive month that the reporting month's rate is the highest since we started using ESR to record appraisals.

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

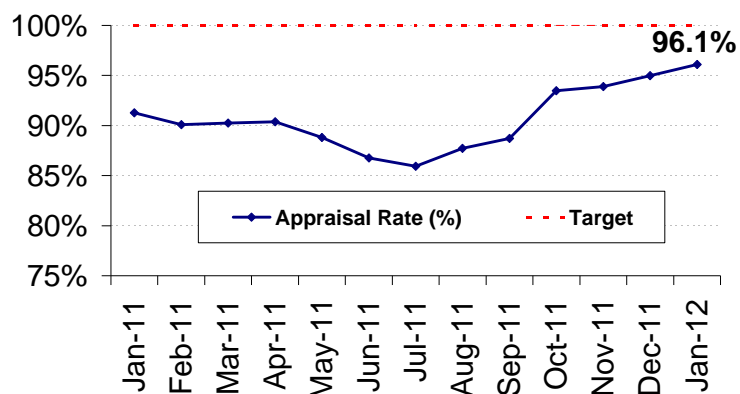
Sickness

The reported sickness rate is 4.4%. The actual rate is likely to be around 0.5% lower as absence periods are closed.

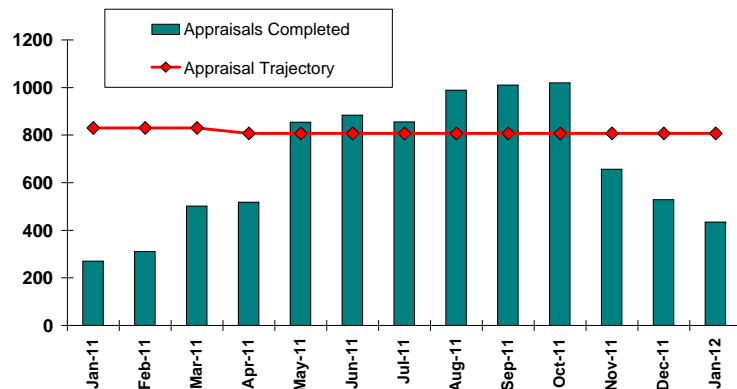
This sickness rate is higher than the previous 11 months but may fall after the absence periods have been closed down. The 12 month rolling sickness has fallen by 0.1% to 3.5%

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

APPRAISAL RATES



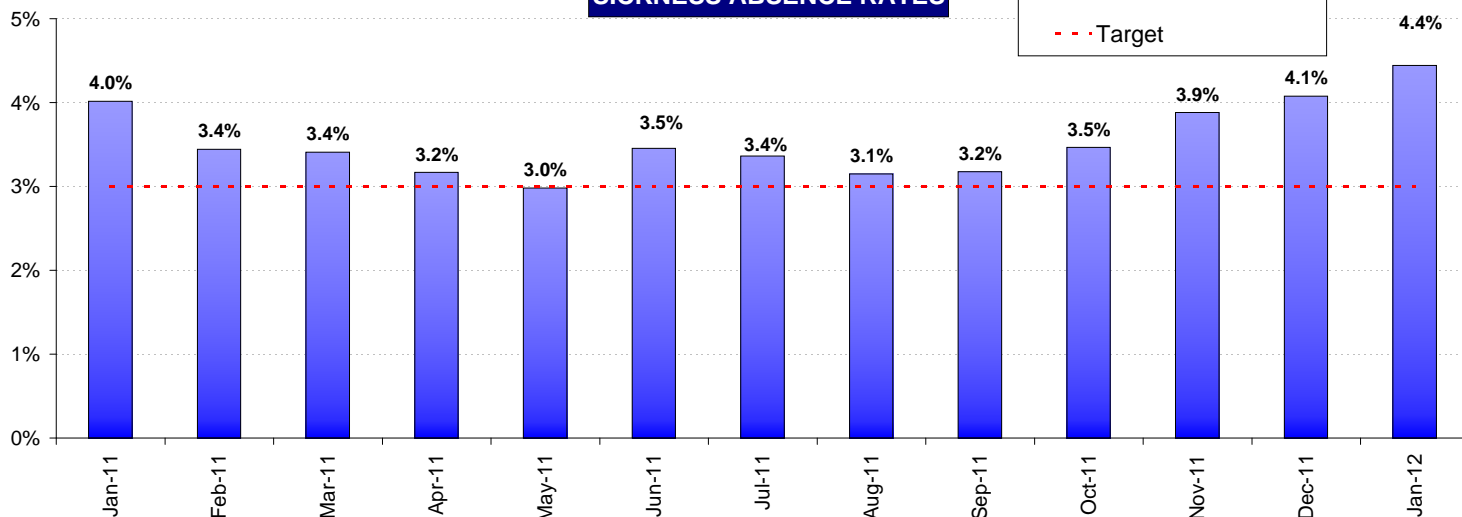
APPRAISALS COMPLETED



Appraisal Trajectory assumes that appraisals are evenly distributed across the year

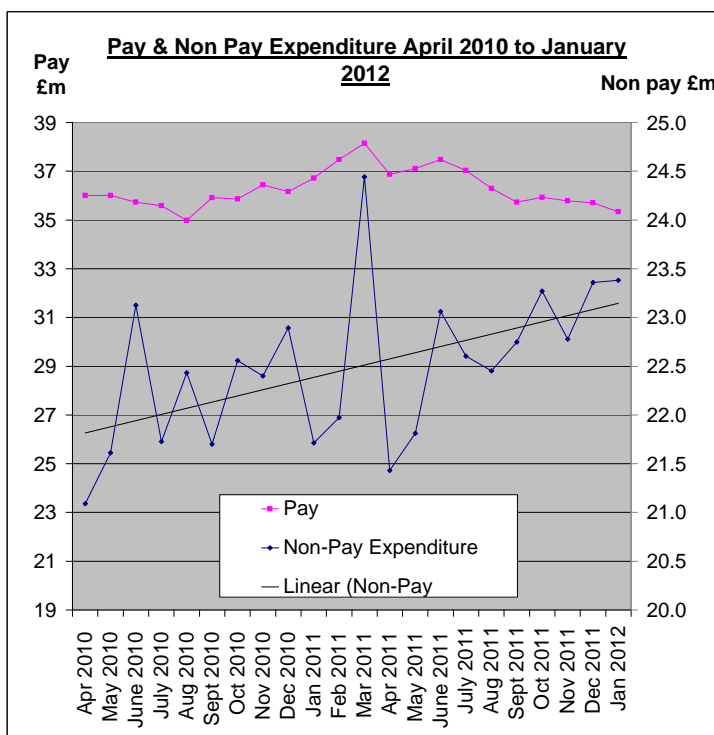
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
Appraisals	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	95.0%	96.1%	96.1%	100%	▲

SICKNESS ABSENCE RATES



VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Cumulative income at Month 10 of £580.9 million is £13.2 million (2.3%) favourable to Plan. Cumulative expenditure of £589.0 million is £21.8 million adverse to Plan. The actual deficit of £8.1 million is £8.6 million adverse against Plan.
Activity/Income	Year to date patient care income is £8.8 million (1.8%) ahead of Plan. This reflects an over-performance on day cases of £2.5 million, elective inpatients of £1.3 million and outpatients of £2.6 million. Whilst the emergencies are £1.7 million above plan, this does reflect £4 million year to date of the additional monies secured from the PCTs regarding re-admissions. Actual activity is 3,713 spells (3.8%) below plan.
BPPC	The Trust achieved an overall 30 day payment performance of 85% for value and 85% for volume for trade creditors in January 2012.
Cost Improvement Programme	At Month 10 Divisions have reported £19.4 million of savings, short of the £30.9 million target by £11.5 million.
Balance Sheet	The balance sheet reflects the receipt of £9.6 million in advance from the Leicestershire Cluster.
Cash Flow	The year to date increase in cash of £11.5 million reflects the £9.2 million Cluster prepayment. Cash continues to be actively managed, and a positive balance is forecast to year end.
Capital	The Trust is forecasting the delivery of the refreshed Plan (£5 million below the original Plan) to support the cash position. Additional slippage has reduced forecast expenditure by another £1 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	January	Year to Date	
		Result	Result	Score
EBITDA achieved (% of plan)	10.0%	162.6%	77.2%	3
EBITDA margin (%)	25.0%	11.1%	5.0%	3
Return on assets (%)	20.0%	1.0%	0.8%	2
I&E surplus (%)	20.0%	4.8%	-1.4%	2
Liquidity ratio (days)	25.0%	14	13	2
Overall Financial Risk Rating				2

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 January							
	2011/12 Annual Plan £000	January			April 2011 - January 2012		
		Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Elective	67,968	5,687	5,243	(444)	56,324	57,580	1,256
Day Case	56,368	4,716	5,090	374	46,711	49,166	2,455
Emergency	177,574	15,122	17,010	1,888	147,777	149,541	1,764
Outpatient	82,700	6,924	7,579	655	68,570	71,174	2,603
Other	204,595	17,846	17,716	(130)	171,358	172,121	762
Patient Care Income	589,205	50,295	52,639	2,344	490,741	499,582	8,841
Teaching, Research & Development	66,877	5,572	4,984	(588)	55,735	58,980	3,245
Non NHS Patient Care	6,638	598	538	(60)	5,442	5,270	(172)
Other operating Income	19,036	1,615	2,381	766	15,803	17,084	1,281
Total Income	681,756	58,080	60,542	2,462	567,721	580,916	13,195
Medical & Dental	133,739	11,155	11,090	65	111,418	111,885	(467)
Nursing & Midwifery	158,250	13,270	12,020	1,250	131,689	133,637	(1,948)
Other Clinical	56,185	4,676	4,602	74	46,810	46,352	458
Agency	1,582	123	664	(541)	1,373	11,149	(9,776)
Non Clinical	70,715	5,738	5,854	(116)	59,126	59,126	0
Pay Expenditure	420,471	34,962	34,230	732	350,416	362,149	(11,733)
Drugs	57,748	4,846	4,556	290	48,118	46,938	1,180
Recharges	(612)	(32)	(61)	29	(529)	(132)	(397)
Clinical supplies and services	73,922	6,483	7,117	(634)	64,278	69,519	(5,241)
Other	82,350	7,667	7,973	(306)	67,189	72,971	(5,782)
Central Funds	1,466	0	0	0	0	0	0
Provision for Liabilities & Charges	348	29	18	11	290	173	117
Non Pay Expenditure	215,222	18,993	19,603	(610)	179,346	189,469	(10,123)
Total Operating Expenditure	635,693	53,955	53,833	122	529,762	551,618	(21,856)
EBITDA	46,063	4,125	6,709	2,584	37,959	29,298	(8,661)
Interest Receivable	84	7	4	(3)	70	49	(21)
Interest Payable	(565)	(49)	(40)	9	(479)	(494)	(15)
Depreciation & Amortisation	(31,057)	(2,588)	(2,629)	(41)	(25,881)	(25,847)	34
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	14,525	1,495	4,044	2,549	11,669	3,006	(8,663)
Profit / (Loss) on Disposal of Fixed Assets	0	0	0	0	0	(6)	(6)
Dividend Payable on PDC	(13,236)	(1,103)	(1,113)	(10)	(11,030)	(11,130)	(100)
Net Surplus / (Deficit)	1,289	392	2,931	2,539	639	(8,130)	(8,769)
EBITDA MARGIN	6.76%		11.08%			5.04%	
Plan Phasing Adjustment		(387)	0	(387)	(197)	0	(197)
Net Surplus / (Deficit)	1,289	5	2,931	2,926	442	(8,130)	(8,572)
Impairment				0		0	0
Net Surplus / (Deficit) after impairment	1,289	5	2,931	2,926	442	(8,130)	(8,572)

VALUE FOR MONEY - CONTRACT PERFORMANCE

Summary by Point of Delivery of Patient Related Income - January 2012

Casemix	Annual Plan (Activity)	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Annual Plan (£000)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)
Day Case	80,541	66,743	67,253	510	56,368	46,711	49,166	2,455
Elective Inpatient	23,191	19,218	18,495	(723)	67,968	56,324	57,580	1,256
Emergency / Non-elective Inpatient	118,539	98,848	95,135	(3,713)	177,574	147,777	149,541	1,764
Outpatient	751,698	623,096	637,219	14,123	82,700	68,570	71,174	2,603
Emergency Department	159,130	133,043	132,604	(439)	14,242	11,907	12,481	573
Other	6,559,842	5,467,146	5,402,233	(64,913)	190,354	159,451	159,640	189
Grand Total	7,692,942	6,408,094	6,352,939	(55,155)	589,205	490,741	499,582	8,841

Average tariff	Annual Plan £ / episode	Plan to Date £ / episode	Total YTD £ / episode	Variance YTD £ / episode	Variance YTD %
Day Case	£700	£700	£731	£31	4.5%
Elective Inpatient	£2,931	£2,931	£3,113	£182	6.2%
Emergency / Non-elective Inpatient	£1,498	£1,495	£1,572	£77	5.1%
Outpatient	£110	£110	£112	£2	1.5%
Emergency Department	£89	£89	£94	£5	5.2%
Other	£29	£29	£30	£0	1.3%
Grand Total	£77	£77	£79	£2	2.7%

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 31 January 2012																	
	Income				Expenditure								Total Year to Date				Month 9 Variance (Adv) / Fav £m
	Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Pay				Non Pay				Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	
					Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m					
Acute Care	261.9	217.8	219.6	1.8	132.7	110.6	119.8	(9.2)	76.6	64.0	66.4	(2.3)	52.6	43.2	33.4	(9.8)	(8.7)
Clinical Support	27.3	22.7	22.8	0.1	106.9	89.2	90.1	(1.0)	15.3	12.9	14.7	(1.8)	(94.9)	(79.3)	(82.0)	(2.6)	(2.5)
Planned Care	194.2	161.4	166.5	5.1	78.7	65.8	69.4	(3.6)	43.1	35.8	39.6	(3.8)	72.4	59.8	57.4	(2.4)	(2.2)
Women's and Children's	116.7	97.2	95.7	(1.5)	62.5	51.9	51.7	0.1	16.6	13.9	15.7	(1.7)	37.6	31.4	28.3	(3.1)	(3.0)
Corporate Directorates	11.7	9.7	11.0	1.3	39.8	33.1	32.3	0.7	61.6	51.2	51.6	(0.4)	(89.7)	(74.5)	(72.9)	1.6	1.5
Sub-Total Divisions	611.8	508.8	515.6	6.8	420.5	350.5	363.5	(13.0)	213.2	177.8	187.9	(10.1)	(21.9)	(19.4)	(35.8)	(16.3)	(14.9)
Central Income	70.0	58.9	65.3	6.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	70.0	58.9	65.3	6.4	4.5
Central Expenditure	0.0	0.0	0.0	0.0	(0.1)	(0.0)	(1.3)	1.3	46.8	39.0	38.9	0.1	(46.7)	(39.0)	(37.7)	1.3	(1.1)
Grand Total	681.8	567.7	580.9	13.2	420.5	350.4	362.1	(11.7)	260.0	216.9	226.9	(10.0)	1.3	0.4	(8.1)	(8.6)	(11.5)

VALUE FOR MONEY - COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at January 2012

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	9,078	(4,305)	11,085	6,663	60.1%	8,824	254	6,663	886	387	1,143	9,078
Clinical Support	6,218	4,682	(1,536)	5,067	3,864	76.3%	3,550	1,132	3,864	167	182	468	4,682
Planned Care	8,685	4,975	(3,710)	6,985	3,977	56.9%	4,580	395	3,977	423	124	451	4,975
Women's and Children's	2,916	1,651	(1,265)	2,234	1,284	57.5%	1,515	136	1,284	16	97	254	1,652
Clinical Divisions	31,202	20,386	(10,816)	25,371	15,788	62.2%	18,470	1,916	15,788	1,491	791	2,317	20,387
Corporate	3,571	4,767	1,196	2,854	3,636	127.4%	2,553	2,214	3,636	0	264	867	4,767
Central	3,471	0	(3,471)	2,700	0		0	0	0		0	0	0
Total	38,244	25,154	(13,090)	30,925	19,424	62.8%	21,023	4,130	19,424	1,491	1,055	3,183	25,154

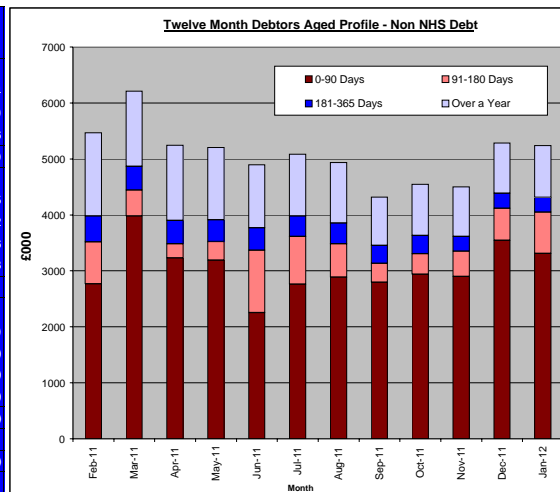
Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Income	4,532	5,344	812	3,608	4,149	115.0%	4,733	611
Non Pay	10,955	6,969	(3,986)	8,881	5,589	62.9%	6,069	900
Pay	22,757	12,841	(9,917)	18,436	9,686	52.5%	10,222	2,618
Total	38,244	25,154	(13,090)	30,925	19,424	62.8%	21,023	4,130

Commentary

There is a year to date under performance on delivery of cost improvement of £11.5 million and a year end forecast under-delivery of £13.1 million (reflecting shortfalls in Clinical Divisions of £10.8 million.)

VALUE FOR MONEY - BALANCE SHEET

BALANCE SHEET	Mar-11 £000's Actual	Apr-11 £000's Actual	May-11 £000's Actual	Jun-11 £000's Actual	Jul-11 £000's Actual	Aug-11 £000's Actual	Sep-11 £000's Actual	Oct-11 £000's Actual	Nov-11 £000's Actual	Dec-11 £000's Actual	Jan-12 £000's Actual
Non Current Assets											
Intangible assets	5,119	4,993	4,863	4,732	4,601	4,471	4,561	4,427	4,293	4,332	4,194
Property, plant and equipment	414,129	415,444	414,445	412,914	413,174	412,998	411,956	411,774	411,065	411,030	410,879
Trade and other receivables	1,878	1,864	1,866	1,848	1,916	2,050	2,188	2,197	2,285	2,255	2,276
TOTAL NON CURRENT ASSETS	421,126	422,301	421,174	419,494	419,691	419,519	418,705	418,398	417,643	417,617	417,349
Current Assets											
Inventories	11,923	12,711	12,282	11,904	12,575	12,414	12,099	11,913	11,832	12,673	11,825
Trade and other receivables	22,722	21,221	25,862	26,426	22,757	25,585	24,381	28,929	30,089	36,170	36,212
Other Assets	0	0	185	257	318	76	0	0	286	348	366
Cash and cash equivalents	10,306	14,465	9,778	4,425	8,296	21,003	15,384	20,927	16,563	16,872	21,318
TOTAL CURRENT ASSETS	44,951	48,397	48,107	43,012	43,946	59,078	51,864	61,769	58,770	66,063	70,221
Current Liabilities											
Trade and other payables	(59,556)	(62,010)	(61,877)	(57,626)	(59,126)	(73,592)	(70,946)	(79,572)	(72,350)	(77,862)	(77,632)
Dividend payable	0	(1,113)	(2,226)	(3,339)	(4,452)	(5,565)	0	(1,113)	(2,226)	(3,339)	(4,452)
Borrowings	(3,649)	(3,649)	(3,593)	(3,649)	(3,649)	(3,649)	(1,511)	(1,511)	(1,511)	(1,511)	(1,511)
Provisions for liabilities and charges	(667)	(667)	(667)	(667)	(667)	(667)	(667)	(667)	(667)	(667)	(667)
TOTAL CURRENT LIABILITIES	(63,872)	(67,439)	(68,363)	(65,271)	(67,894)	(83,473)	(73,124)	(82,863)	(76,754)	(83,379)	(84,262)
NET CURRENT ASSETS (LIABILITIES)	(18,921)	(19,042)	(20,256)	(22,259)	(23,948)	(24,395)	(21,260)	(21,094)	(17,984)	(17,316)	(14,041)
TOTAL ASSETS LESS CURRENT LIABILITIES	402,205	403,259	400,918	397,235	395,743	395,124	397,445	397,304	399,659	400,301	403,308
Non Current Liabilities											
Borrowings	(3,237)	(3,491)	(4,872)	(3,805)	(4,131)	(5,271)	(7,630)	(7,955)	(9,907)	(8,623)	(8,950)
Other Liabilities	0	0	0	0	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,232)	(2,255)	(2,217)	(2,143)	(2,195)	(2,202)	(2,128)	(2,133)	(2,115)	(2,068)	(1,817)
TOTAL NON CURRENT LIABILITIES	(5,469)	(5,746)	(7,089)	(5,948)	(6,326)	(7,473)	(9,758)	(10,088)	(12,022)	(10,691)	(10,767)
TOTAL ASSETS EMPLOYED	396,736	397,513	393,829	391,287	389,417	387,651	387,687	387,216	387,637	389,610	392,541
Public dividend capital	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903
Revaluation reserve	108,683	108,683	108,683	108,651	101,001	101,001	101,001	101,001	101,001	101,001	101,001
Retained earnings	17,090	14,927	11,243	8,733	14,513	12,747	12,783	12,312	12,733	14,706	17,637
TOTAL TAXPAYERS EQUITY	399,676	397,513	393,829	391,287	389,417	387,651	387,687	387,216	387,637	389,610	392,541



Type of Debtors	0-90 days £000s	91-180 days £000s	181-365 days £000s	365+ Days £000s	TOTAL £000s
NHS Sales ledger	16,048	2,857	-823	72	18,154
Non NHS sales ledger by division:					
Corporate Division	1,008	300	161	478	1,947
Planned Care Division	401	116	89	209	815
Clinical Support Division	475	29	6	30	540
Women's and Children's Division	130	45	28	87	290
Acute Care Division	1,315	266	77	337	1,995
Total Non-NHS sales ledger	3,329	756	361	1,141	5,587
Total Sales Ledger	19,377	3,613	-462	1,213	23,741
Other Debtors					
WIP					3,948
SLA Phasing & Performance					2,625
Bad debt provision					(1,685)
VAT - net					739
Other receivables and assets					7,210
TOTAL					36,578

Accounts receivable metrics:

Invoice cycle time	Non-NHS days sales outstanding (DSO)			
	Jan - 11 Days	Dec - 11 Days	Jan - 11 YTD Days	Dec - 11 YTD Days
Req date to invoice raised	13.1	11.1	DSO (all debt)	94.2 94.4
Service to invoice raised	31.7	31.4	DSO (In year debt)	17.6 18.4

Commentary

The year to date increase in the cash balance reflects £9.6 million received in advance from the Cluster. The level of trade and other receivables reflects the outstanding invoices relating to the re-admissions income and the Frail and Older Peoples Advise and Liaison (FOPAL) service agreed with the PCTs.

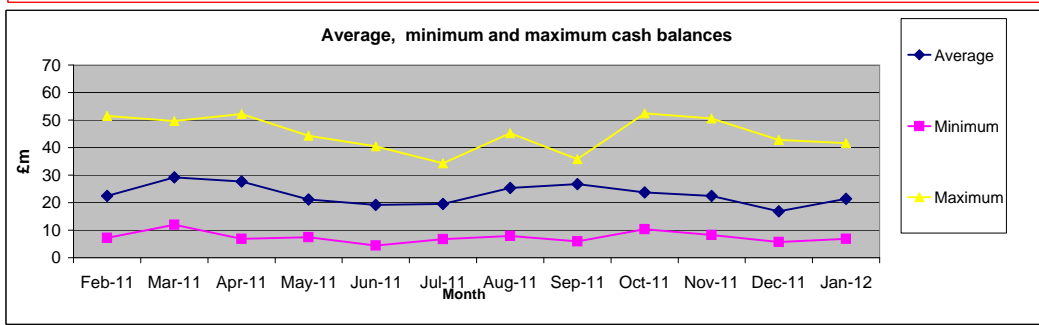
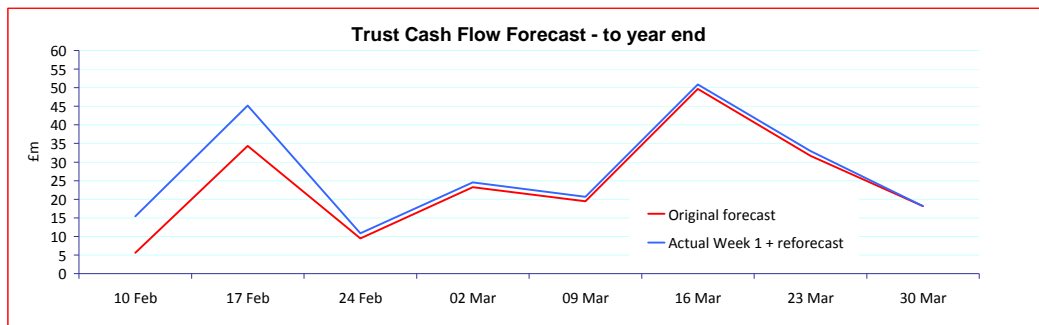
VALUE FOR MONEY - CASH FLOW

CASH FLOW for the PERIOD ENDED 31 JANUARY 2012

Commentary	2011/12	2011/12	Variance	
	April - January Plan £ 000	April - January Actual £ 000	April - January £ 000	
<p>The Trust's cash position compared to plan reflects:</p> <ul style="list-style-type: none"> - (£7.9 million) adverse variance in the EBITDA YTD position - £10.6 million increase in trade and other payables - (£12.2 million) increase in trade and other receivables <p>The cash forecast is based on the January performance. Action will be taken to ensure that the balance remains above £2 million at all times and that the year end target balance of £18.2 million is achieved.</p>	CASH FLOWS FROM OPERATING ACTIVITIES			
	Operating surplus before Depreciation and Amortisation	37,184	29,298	(7,886)
	Transfers from donated / government granted reserves	-	-	-
	Impairments and reversals	-	-	-
	Movements in Working Capital:			
	- Inventories (Inc)/Dec	1,670	98	(1,572)
	- Trade and Other Receivables (Inc)/Dec	(1,595)	(13,888)	(12,293)
	- Trade and Other Payables Inc/(Dec)	7,424	18,078	10,654
	- Provisions Inc/(Dec)	(69)	(415)	(346)
	PDC Dividends paid	(6,677)	(6,678)	(1)
	Interest paid	(411)	(355)	56
	Other non-cash movements	417	336	(81)
	Net Cash Inflow / (Outflow) from Operating Activities	37,943	26,472	(11,471)
	CASH FLOWS FROM INVESTING ACTIVITIES			
	Interest Received	70	52	(18)
Payments for Property, Plant and Equipment	(16,068)	(12,309)	3,759	
Capital element of finance leases	(3,030)	(2,703)	327	
Net Cash Inflow / (Outflow) from Investing Activities	(19,028)	(14,960)	4,068	
Net Cash Inflow / (Outflow) from Financing				
	-	-	-	
Opening cash	10,306	10,306	-	
Increase / (Decrease) in Cash	18,915	11,512	(7,403)	
Closing cash	29,221	21,818	(7,403)	

Cash movements to the 31st March 2012 and assumptions

	£'000	
Cash balance as at 01/01/2012	21,818	
Cash to be received		
Contract Income	87,552	
Other debtor receipts	28,183	Other debtor receipts include £8 million transformation monies to be received in equal instalments in February and March, and £7.5 million readmissions monies anticipated in February.
	<u>115,735</u>	
Cash to be paid out		
Creditor payment runs	43,472	Creditor payment runs will be managed in order to achieve the required year end cash balance of £18.2 million.
Payroll (including tax, NI and Pensions)	69,203	
PDC dividends	6,678	
	<u>119,353</u>	
Year-end cash	<u>18,200</u>	



VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Period 1st April 2011 to 31st January 2012

	Revised Plan	Actual	Jan	YTD				Planned
	£000's	Apr-Dec 11/12	11/12	Spend 11/12	Feb	March	Out Turn	Variance
		£000's	£000's	£000's	£000's	£000's	£000's	£'000's
FUNDING								
Depreciation as per CCE	27,194	20,749	2,354	23,103	2,354	2,354	27,811	-617
Transformational Capital	1,289	0	0	0	0	693	693	596
Land Swap Disposals	19,800	19,779	0	19,779	0	0	19,779	21
Donations	800	396	133	528	130	142	800	0
Less cash for liquidity	-9,789	-6,716	-1,017	-7,733	-1,017	-1,039	-9,789	0
Total Funding	39,294	34,208	1,470	35,678	1,467	2,149	39,294	-0
EXPENDITURE								
Backlog Maintenance								
IM&T	2,030	1,078	272	1,350	267	413	2,030	0
Medical Equipment	4,022	3,224	24	3,248	198	576	4,022	0
LRI Estates	2,050	1,149	138	1,287	275	488	2,050	0
LGH Estates	1,650	999	46	1,045	192	413	1,650	0
GGH Estates	1,300	477	86	563	241	496	1,300	0
Total Backlog Maintenance	11,052	6,926	567	7,492	1,173	2,386	11,052	0
Essential Developments								
Carbon Management	200	1	14	14	84	89	188	12
Diabetes R&D Funding	550	223	213	436	90	24	550	0
GGH CDU Phase II	900	3	102	105	240	389	734	166
Gwendolen House / PPD	350	0	7	7	0	3	10	340
MES Installation Costs	500	-35	13	-22	20	102	100	400
Congenital Heart Surgery	800	129	99	228	100	172	500	300
MacMillan Oncology Centre	300	39	2	41	60	97	198	102
ED Interim Improvements	1,100	21	2	22	0	10	32	1,068
LGH Theatre & Ward Refurbs	2,050	1,660	295	1,956	150	102	2,208	-158
Cancer Trials Unit, LRI	100	15	1	16	40	44	100	0
Decontamination	1,114	971	1	972	57	85	1,114	0
Land Swap	19,801	19,802	0	19,802	0	0	19,802	-1
Other IM&T	131	137	0	137	0	0	137	-6
Other Facilities	0	22	16	38	18	22	78	-78
Residual on 10/11 Schemes	209	-198	10	-188	0	250	62	147
Ward 8 Fire	0	278	222	500	50	40	590	-590
Maternity & Gynae Reconfiguration	0	0		6	100	221	327	-327
Capital CIP	-363	0	0	0	0	-90	-90	-273
Donations	500	396	133	528	30	44	603	-103
Total Essential Development	28,242	23,464	1,127	24,598	1,040	1,604	27,242	1000
Total Capital Programme	39,294	30,390	1,694	32,090	2,213	3,991	38,294	1000
Original Plan		34,561	2,774	37,335	2,774	4,185	44,294	
Forecast Over/(Under) Spend		-4,171	-1,080	-5,245	-561	-194	-6,000	

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	85.0%	<80%	80-85%	>=85%
Emergency 30 Day Readmissions (Following Elective Admission)	Current	Local Target	TBC			
Mortality (CHKS - Risk Adjusted) - Overall	Current	Local Target	85	>100	85-100	<85
Stroke - 90% of Stay on a Stroke Unit	Current	National Target	80.0%	<50%	50-80%	>=80%
Primary PCI Door to Balloon <150 Mins	Cumulative		75.0%	<60%	60-75%	>=75%
Pressure Ulcers (Grade 3 and 4)	Cumulative	Local Target	197			

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT EXPERIENCE

Thresholds

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

STAFF EXPERIENCE / WORKFORCE

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

VALUE FOR MONEY

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

Caring at its best

Divisional Heatmap

Trust Board

Thursday 1st March 2012

January 2012

DIVISIONAL HEAT MAP - Month 10 - 2011/12

QUALITY STANDARDS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
Infection Prevention																
MRSA Bacteraemias	1	2	1	2	0	0	1	1	0	0	1	1	1	7	9	◀▶
CDT Isolates in Patients (UHL - All Ages)	17	16	14	9	15	7	8	10	8	13	11	6	4	91	165	▲
E Coli (from June 1st 2011)	NO NATIONAL TARGET					38	39	42	39	41	45	38		282	----	
MSSA (from May 1st 2011)	NO NATIONAL TARGET			1	4	2	5	2	6	4	3	2	0	29	----	
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)	111.8%	132.9%	133.2%	127.7%	112.5%	110.5%	132.4%	122.7%	133.2%	132.9%	136.0%	135.9%	130.2%	127.1%	100%	▼
MRSA Non-Elective Screening (Patient Matched)	96.5%	98.6%	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 Non-Elective Screening (Patient Not Matched)	141.6%	164.1%	168.3%	165.3%	146.9%	152.7%	168.0%	168.0%	169.4%	165.6%	163.2%	171.4%	171.8%	164.2%	100%	▲
Patient Safety																
10X Medication Errors	1	3	1	0	0	1	0	0	0	1	2	1	0	5	0	▲
Never Events	0	0	0	0	1	0	0	1	0	0	0	0	0	2	0	◀▶
Patient Falls	285	231	244	271	271	248	266	250	233	270	225	218		2252	TBC	
Complaints Re-Opened	14	17	22	17	18	24	17	26	29	29	30	22	13	225	210	▲
SUIs (Relating to Deteriorating Patients)	0	1	1	1	0	1	1	1	0	0	2	1	0	7	0	▲
RIDDOR	8	7	12	1	4	2	10	4	8	4	5	6	2	46	56	▲
In-hospital fall resulting in hip fracture	2	2	2	2	0	0	0	0	0	0	0	0	1	3	12	▼
No of Staffing Level Issues Reported as Incidents	44	34	67	34	62	54	91	82	73	107	122	86	64	775	1035	▲
Outlying (daily average)	35	15	24	12	8	9	2	10	16	5					5	▲
Pressure Ulcers (Grade 3 and 4)	33	14	20	15	12	17	17	8	5	10	6	6		96	197	◀▶
ALL Complaints Regarding Attitude of Staff	32	36	58	42	44	41	37	44	40	42	37	33	32	392	366	▲
ALL Complaints Regarding Discharge	31	35	39	22	29	39	20	27	32	24	18	31	17	259	220	▲
Bed Occupancy (inc short stay admissions)	92%	92%	90%	89%	91%	91%	91%	90%	91%	93%	94%	92%	94%	91%	90%	▲
Bed Occupancy (excl short stay admissions)	88%	86%	85%	83%	84%	84%	85%	84%	85%	87%	87%	86%	88%	85%	86%	▼
Compliance with Blood Traceability	98.8%	98.0%	98.7%	99.1%	98.8%	98.7%	94.8%	92.4%	93.5%	96.1%	96.3%	96.2%		96.2%	100%	▼

DIVISIONAL HEAT MAP - Month 10 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
Clinical Effectiveness																
Emergency 30 Day Readmissions (Previous Elective)	5.2%	4.8%	5.0%	4.9%	4.8%	5.3%	4.9%	5.1%	4.8%	5.3%	4.7%	5.7%		5.1%	1.6%	▼
Emergency 30 Day Readmissions (Previous Emergency)	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%	9.7%	9.0%	9.1%	9.5%		9.5%	8.0%	▼
Mortality (CHKS Risk Adjusted - Overall)	87.4	82.4	86.8	84.8	85.9	74.8	80.7	80.1	87.1	78.5	75.0	74.1		80.0	85	▲
Discharge summaries to GP within 24hrs (Quarterly Audit)			97%			99%			98%			99%			100%	▲
Participation in Monthly Discharge Letter Audit (Quarterly Audit)			73%			92%			82%			75%			100%	▼
Stroke - 90% of Stay on a Stroke Unit	58.2%	56.0%	79.8%	85.1%	86.8%	89.2%	88.2%	88.4%	74.7%	82.3%	90.7%	89.8%		86.0%	80%	▼
Stroke - TIA Clinic within 24 Hours	66.7%	65.4%	76.7%	67.9%	64.7%	80.8%	77.8%	56.5%	63.9%	60.7%	57.1%	64.7%	65.4%	66.4%	60%	▲
No. of # Neck of femurs operated on < 36hrs	86%	72%	72%	72%	53%	71%	73%	70%	56%	53%	75%	65%		65%	70%	▼
Maternity - Breast Feeding < 48 Hours	71.5%	75.0%	76.3%	73.8%	72.9%	74.4%	74.9%	74.7%	73.3%	73.2%	74.5%	75.0%	68.0%	73.5%	67.0%	▼
Maternity - % Smoking at Time of Delivery	15.1%	11.8%	11.1%	12.4%	9.2%	10.1%	9.7%	10.9%	11.0%	11.1%	11.0%	11.7%	12.9%	11.0%	18.1%	▼
Cytology Screening 7 day target	97.8%	99.98%	99.97%	99.87%	99.98%	99.98%	99.98%	100.00%	100.00%	99.98%	100.00%	97.7%	100.0%	99.7%	98%	▲

DIVISIONAL HEAT MAP - Month 10 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
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Nursing Metrics

Patient Observation	92%	91%	94%	95%	93%	96%	97%	96%	96%	95%	96%	96%	98%	98.0%	98.0%	▲
Pain Management	85%	88%	90%	92%	93%	97%	96%	96%	94%	91%	94%	97%	98%	98.0%	98.0%	▲
Falls Assessment	80%	85%	85%	94%	91%	95%	94%	94%	93%	90%	94%	93%	96%	98.0%	98.0%	▲
Pressure Area Care	86%	89%	91%	96%	93%	97%	95%	95%	95%	93%	97%	95%	97%	98.0%	98.0%	▲
Nutritional Assessment	82%	85%	90%	95%	93%	93%	95%	93%	92%	90%	95%	95%	98%	98.0%	98.0%	▲
Medicine Prescribing and Assessment	96%	98%	99%	99%	98%	99%	100%	99%	99%	95%	97%	97%	98%	98.0%	98.0%	▲
Hand Hygiene	98%	98%	98%	95%	97%	92%	94%	95%	95%	97%	98%	95%	96%	98.0%	98.0%	▲
Resuscitation Equipment	71%	84%	83%	87%	91%	90%	85%	82%	81%	70%	84%	80%	88%	98.0%	98.0%	▲
Controlled Medicines	90%	100%	100%	98%	99%	99%	100%	99%	100%	97%	100%	100%	100%	98.0%	98.0%	▶▶
VTE	69%	75%	79%	80%	80%	78%	81%	85%	84%	86%	89%	89%	88%	98.0%	98.0%	▼
Patient Dignity	95%	96%	99%	96%	98%	98%	98%	99%	99%	95%	96%	97%	96%	98.0%	98.0%	▼
Infection Prevention and Control	91%	96%	94%	96%	93%	96%	97%	97%	99%	96%	97%	99%	99%	98.0%	98.0%	▶▶
Discharge	41%	50%	60%	75%	68%	77%	78%	80%	80%	71%	80%	82%	82%	98.0%	98.0%	▶▶
Continence	86%	91%	90%	97%	95%	97%	98%	98%	96%	95%	98%	99%	99%	98.0%	98.0%	▶▶

Patient Experience

Inpatient Polling - treated with respect and dignity	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	96.1	96.0	96.1	96.2	96.1	95.0	▲
Inpatient Polling - rating the care you receive	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	85.0	86.8	86.3	87.7	86.6	86.8	91.0	▼
Outpatient Polling - treated with respect and dignity					96.7	93.5	84.0		91.0	94.3	98.0	92.0	92.0	92.7	95.0	▶▶
Outpatient Polling - rating the care you receive					87.0	85.1	72.6		82.5	85.7	84.0	91.0	86.0	84.2	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	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	▶▶

DIVISIONAL HEAT MAP - Month 10 - 2011/12

OPERATIONAL STANDARDS

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
Emergency Department																
ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12)	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	92.02%	94.4%	97.0%	95.5%	94.6%	95%	▼
ED 4 Hour Waits - UHL (Type 1 and 2)	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.1%	89.9%	89.8%	92.9%	96.3%	94.4%	93.1%	95%	▼
ED Maximum Wait (Mins) (From Qtr 2 11/12)	1,672	993	927	836	969	921	735	957	1,503	983	958	737	823		360	
Admitted Median Wait (Mins) -Type1+2 (From Qtr 2 11/12)	233	231	229	225	220	215	203	223	231	234	219	210	213		205	▼
Admitted 95th Percentile Wait (Mins) - Type 1+2 (From Qtr 2 11/12)	646	557	572	452	479	436	343	477	568	558	483	350	417		350	▼
Non-Admitted Median Wait (Mins) - Type 1+2	121	120	133	127	123	124	120	124	132	130	127	124	125		105	▼
Non-Admitted 95th Percentile Wait (Mins) Type 1+2 (From Qtr 2 11/12)	241	239	240	240	239	237	235	240	240	240	239	236	237		235	▼
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	55	49	63	70	56	41	39	48	48	61	48	42	32		<15 Mins	▲
Time to Treatment - Median (From Qtr 2 11/12)	48	50	58	59	54	50	34	34	39	44	43	42	42		<60 mins	◀▶
Left Without Being Seen % (From Qtr 2 11/12)	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.9%	2.0%	2.3%	2.1%		<5%	▲
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	6.1%	5.8%	5.5%	6.1%		<5%	▼
Coronary Heart Disease																
Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	92.9%	93.1%	95.3%	94.5%	95.7%	100.0%	100.0%	99.5%	98.3%	99.4%	98.8%	98.3%	97.1%	98.1%	99.0%	▼
Primary PCI Call to Balloon <150 Mins	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	84.8%	90.0%	88.5%	86.4%	86.3%	75.0%	▼
Rapid Access Chest Pain Clinics - % in 2 Weeks	100.0%	100.0%	100.0%	99.5%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	98.0%	◀▶

DIVISIONAL HEAT MAP - Month 10 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
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Cancer Treatment

Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%	94.0%	95.3%	93.1%	94.3%	94.4%	93.2%		94.2%	93%	▼
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	99.0%	95.5%	95.4%	97.2%	93.8%	98.3%	97.7%	96.5%	97.3%	95.8%	95.4%	93.3%		96.3%	93%	▼
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96.7%	96.6%	96.8%	97.0%	98.7%	96.8%	97.7%	97.3%	96.8%	98.4%	97.9%	97.2%		97.5%	96%	▼
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.9%	98%	◀▶
31-Day Wait For Second Or Subsequent Treatment: Surgery	94.7%	96.3%	95.8%	97.1%	95.5%	94.1%	96.9%	94.0%	95.6%	94.1%	98.8%	92.1%		95.4%	94%	▼
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.3%	100.0%	98.8%	99.1%	99.4%	100.0%	99.3%	97.8%	99.3%	99.2%	98.7%	98.3%		99.0%	94%	▼
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85.8%	87.2%	85.9%	87.3%	85.4%	84.1%	81.8%	83.2%	81.1%	79.4%	81.3%	84.9%		83.1%	85%	▲
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%	92.5%	87.9%	91.8%	95.2%	98.3%	91.8%		93.4%	90%	▼
62-Day Wait For First Treatment From Consultant Upgrade	100.0%	100.0%	100.0%	100.0%	-----	100.0%	n/a	100.0%	80.0%	100.0%	-----	0.0%		85.7%	85%	▼

DIVISIONAL HEAT MAP - Month 10 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
Referral to Treatment																
18 week referral to treatment - admitted	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	92.0%	90.8%	90.9%	88.5%	87.6%	84.6%		90%	⚠
18 week referral to treatment - non admitted	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	96.8%	96.6%	96.4%	96.2%	96.6%	95.5%		95%	⚠
18 week Admitted Backlog	980	881	838	905	809	669	879	956	1057	1104	1118	1222	1117			
23 week Admitted Backlog	543	549	482	514	451	218	318	474	551	564	598	643	556			
18 week Non Admitted Backlog	1560	1481	1737	1461	1376	1538	1896	1750	1781	1637	1558	1717	1494			
RTT Admitted Median Wait (Weeks)	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	8.9	9.0	8.4	9.2	10.3		<=11.1	⚠
RTT Admitted 95th Percentile (Weeks)	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	22.5	25.3	25.8	27.1		<=23.0	⚠
RTT Non-Admitted Median Wait (Weeks)	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.8	6.3	6.1	5.8	6.9		<=6.6	⚠
RTT Non-Admitted 95th Percentile (Weeks)	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.4	17.6	17.7	17.4	17.9		<=18.3	⚠
RTT Incomplete Median Wait (Weeks)	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.3	6.4	5.9	6.0	6.8	6.6		<=7.2	⚠
RTT Incomplete 95th Percentile (Weeks)	21.9	19.1	21.8	21.3	19.4	19.6	21.1	21.1	22.5	22.6	21.9	22.5	21.5		<=28.0	⚠

DIVISIONAL HEAT MAP - Month 10 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11 Oct-11 Nov-11 Dec-11 Jan-12 YTD Target Status

Efficiency - Outpatients and Inpatient Length of Stay

Outpatient DNA Rates (%)	9.7%	8.6%	9.0%	9.2%	9.6%	9.0%	9.0%	9.5%	9.0%	9.4%	8.9%	9.3%	9.4%	9.2%	9.0%	▼
Outpatient Appts % Cancelled by Hospital	10.4%	10.9%	10.5%	11.4%	11.6%	10.4%	10.9%	11.0%	11.0%	10.3%	10.0%	10.6%	10.7%	10.8%	10.5%	▼
Outpatient Appts % Cancelled by Patient	10.0%	9.7%	9.7%	9.6%	9.9%	10.2%	10.8%	10.5%	10.4%	10.2%	9.6%	10.7%	9.7%	10.1%	10.0%	▲
Outpatient F/Up Ratio	2.3	2.2	2.2	1.9	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1.9	1.9	2.0	2.1	◀▶
Ave Length of Stay (Nights) - Emergency	5.2	5.0	5.3	5.9	6.1	6.1	5.5	5.6	5.6	5.5	5.8	5.5	5.6	5.7	5.0	▼
Ave Length of Stay (Nights) - Elective	3.1	3.4	3.3	3.6	3.4	3.1	3.6	3.5	3.8	3.6	3.4	3.6	3.1	3.5	3.8	▲
Delayed transfers per 10,000 admissions	1.9%	2.0%	1.8%	1.5%	1.5%	1.5%	1.6%	1.5%	1.5%	1.7%	1.5%	1.5%	1.2%	1.5%	3.5%	▲
% of Electives admitted on day of procedure	84.9%	83.9%	83.2%	82.9%	82.1%	83.0%	81.6%	81.9%	80.8%	81.3%	83.2%	81.7%	82.4%	82.1%	90%	▲

Theatres and Cancelled Operations

Day Case Rate (Basket of 25)	80.4%	75.3%	77.2%	77.7%	76.2%	75.9%	79.2%	81.1%	77.8%	77.0%	74.2%	76.2%	76.3%	77.2%	75.0%	▲
Inpatient Theatre Utilisation Rate (%)	78.4%	82.9%	82.1%	79.3%	79.3%	80.2%	81.1%	83.9%	82.5%	81.0%	80.9%	80.0%	81.8%	81.1%	86.0%	▲
Day case Theatre Utilisation Rate (%)	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	73.4%	78.8%	78.2%	75.1%	79.8%	75.8%	77.3%	76.2%	86.0%	▲
Operations cancelled for non-clinical reasons on or after the day of admission	1.9%	1.7%	1.7%	1.3%	1.6%	1.3%	0.9%	1.3%	1.6%	1.5%	1.7%	1.1%	1.2%	1.3%	0.8%	▼
Cancelled patients offered a date within 28 days of the cancellations	90.8%	86.0%	88.5%	82.5%	92.4%	94.0%	96.3%	95.6%	97.1%	92.3%	93.6%	84.3%	86.9%	91.9%	95.0%	▲

DIVISIONAL HEAT MAP - Month 10 - 2011/12

HUMAN RESOURCES

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
Staffing																
Contracted staff in post (substantive FTE)	10158.0	10146.7	10170.9	10146.0	10103.3	10125.0	10101.3	10183.9	10138.2	10186.7	10188.3	10137.9	10077.8	10077.8		
Bank hours paid (FTE)	283.5	242.7	257.3	279.7	260.4	256.4	281.7	243.1	241.7	254.8	237.9	256.7	195.5	195.5		
Overtime hours paid (FTE)	109.0	102.8	84.7	89.6	82.2	80.0	88.2	74.8	63.3	57.2	62.5	67.2	57.4	57.4		
Total FTE worked	10550.5	10492.2	10512.9	10515.3	10445.9	10461.3	10471.2	10501.8	10443.2	10498.6	10488.6	10461.7	10330.7	10330.7		
Pay bill - directly employed staff (£ m)	35.4	35.8	36.2	35.4	35.6	35.9	35.5	35.4	35.2	35.5	35.1	35.2	34.8	353.7		
Planned CIP reduction this month	4.6	-0.2	0.0													
Actual CIP reduction this month	-0.2	5.7	-13.0													
Workforce HR Indicators																
Sickness absence	4.0%	3.4%	3.4%	3.2%	3.0%	3.5%	3.4%	3.1%	3.2%	3.5%	3.9%	4.1%	4.4%	3.5%	3.0%	▼
Appraisals	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	95.0%	96.1%	96.1%	100%	▲
Turnover	8.1%	8.3%	8.0%	8.7%	8.6%	8.6%	8.6%	8.5%	8.1%	8.0%	7.9%	8.2%	8.2%		10.0%	▲
Formal action under absence policy - Warnings issued	27	22	25	22	27	26	21	27	17	32	29	17	33	251		
Formal action under absence policy – Dismissals	4	0	3	0	4	6	5	6	3	3	3	4	4	38		
% Corporate Induction attendance	87.0%	93.0%	96.0%	93.0%	86.0%	91.0%	89.0%	80.0%	96.0%	86.0%	94.0%	100.0%	95.0%		95.0%	▲

DIVISIONAL HEAT MAP - Month 10 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	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	6	6	5	5	3	2	4	1	3	3	2	2	30	45	◀▶
SAME SEX ACCOMMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	7.5%	7.2%	7.0%	7.6%	7.0%	7.8%	7.5%	7.7%	7.8%	7.7%	6.8%	8.2%		7.5%	6.5%	▼
30 Day Readmissions (UHL) - Same Specialty	4.6%	4.3%	4.4%	4.7%	4.6%	5.2%	5.1%	5.1%	4.9%	4.8%	4.3%	5.2%		4.9%	4.0%	▼
30 Day Readmission Rate (CHKS)	7.5%	6.9%	6.9%	7.4%	7.2%	8.0%	7.6%	7.6%	7.7%	7.7%	6.6%			7.4%	6.5%	▲
Mortality (UHL Data)	0.8%	0.7%	0.6%	0.9%	0.8%	0.7%	0.6%	0.7%	0.7%	0.6%	0.7%	0.9%	0.7%	0.7%	0.9%	▲
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	89.1	76.1	76.7	82.5	90.1	76.5	79.8	83.4	85.7	75.9	84.5	94.8		84.0	90.0	▼
PATIENT SAFETY																
10X Medication Errors	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	◀▶
Never Events	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	◀▶
Patient Falls	79	50	86	57	61	56	61	60	67	68	50	54		534	TBC	
Complaints Re-Opened	4	11	7	9	6	13	7	15	15	14	15	11	8	113	95	▲
SUIs (Relating to Deteriorating Patients)	0	0	1	1	0	1	1	1	0	0	0	1	0	5	0	▲
RIDDOR	2	1	2	0	0	0	0	1	3	1	1	2	0	8	6	▲
In-hospital fall resulting in hip fracture	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	◀▶
No of Staffing Level Issues Reported as Incidents	11	7	4	6	2	6	3	7	9	24	15	12	13	97	95	▼
Outlying (daily average)	8	6	2	3	3	1	0	3	4	3					2	▲
Pressure Ulcers (Grade 3 and 4)	8	6	9	3	3	1	5	5	0	2	3	4		26	75	▼
ALL Complaints Regarding Attitude of Staff	10	11	17	10	12	15	19	17	8	11	18	15	16	141	122	▼
ALL Complaints Regarding Discharge	12	8	11	6	7	17	8	8	11	8	4	7	3	79	80	▲
Bed Occupancy (inc short stay admissions)	93%	92%	88%	89%	92%	90%	93%	91%	92%	95%	95%	88%	95%	92%	90%	▲
Bed Occupancy (excl short stay admissions)	88%	85%	83%	84%	86%	85%	89%	88%	89%	91%	90%	84%	90%	88%	86%	▲
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 10 2011/12

		Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
PLANNED CARE - DIVISIONAL PERFORMANCE	NURSING METRICS																
	Patient Observation	91%	91%	95%	93%	93%	95%	95%	97%	96%	95%	97%	96%	99%		98.0%	▲
	Pain Management	82%	85%	89%	86%	94%	97%	96%	96%	94%	94%	94%	95%	99%		98.0%	▲
	Falls Assessment	74%	85%	72%	82%	89%	94%	92%	95%	88%	93%	94%	96%	96%		98.0%	◀▶
	Pressure Area Care	82%	86%	88%	91%	90%	94%	92%	95%	95%	95%	96%	98%	98%		98.0%	◀▶
	Nutritional Assessment	80%	86%	82%	94%	91%	90%	93%	96%	93%	96%	95%	97%	98%		98.0%	▲
	Medicine Prescribing and Assessment	95%	98%	96%	99%	99%	98%	98%	96%	95%	95%	96%	96%	96%		98.0%	◀▶
	Hand Hygiene															98.0%	
	Resuscitation Equipment	63%	74%	88%	91%	93%	75%	85%	75%	81%	78%	90%	91%	89%		98.0%	▼
	Controlled Medicines	85%	98%	97%	98%	96%	100%	98%	100%	100%	100%	98%	100%	100%		98.0%	◀▶
	VTE	77%	80%	86%	85%	89%	81%	89%	89%	90%	91%	91%	92%	89%		98.0%	▼
	Patient Dignity	96%	94%	99%	97%	95%	98%	96%	97%	98%	96%	96%	97%	95%		98.0%	▼
	Infection Prevention and Control	92%	94%	88%	86%	90%	94%	96%	96%	97%	95%	97%	96%	97%		98.0%	▲
	Discharge				68%	64%	74%	81%	79%	80%	75%	85%	82%	81%		98.0%	▼
	Continence	88%	94%	89%	93%	96%	96%	97%	99%	96%	94%	98%	99%	98%		98.0%	▼
	REFERRAL to TREATMENT																
	RTT - Admitted	89.8%	89.7%	90.3%	90.3%	87.5%	81.4%	88.6%	89.5%	87.5%	87.6%	85.0%	83.7%	79.5%		90.0%	▼
RTT - Non Admitted	94.6%	95.8%	95.6%	95.4%	95.6%	95.1%	95.4%	95.0%	94.6%	94.1%	93.5%	94.4%	92.4%		95.0%	▼	

DIVISIONAL HEAT MAP - Month 10 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
OPERATIONAL PERFORMANCE																
Choose and Book Slot Unavailability	18.0%	29.0%	22.0%	24.0%	22.0%	22.0%	19.0%	27.0%	24.0%	34.0%	29.0%	21.0%	18.0%	24.0%	4.0%	▲
Elective LOS	2.8	3.1	3.1	3.4	3.1	2.8	3.2	3.3	3.6	3.3	3.1	3.4	2.9	3.2	3.0	▲
Non Elective LOS	5.8	5.8	6.0	6.2	6.1	6.3	5.6	6.0	5.8	6.3	6.2	5.2	5.8	5.9	5.8	▼
% of Electives Adm.on day of proc.	92.1%	91.7%	91.4%	91.2%	90.9%	91.4%	91.3%	91.8%	90.9%	90.5%	91.9%	91.0%	90.2%	91.2%	90.0%	▼
Day Case Rate (Basket of 25)	78.7%	74.6%	76.1%	77.7%	75.8%	74.1%	77.2%	81.1%	78.4%	75.8%	72.9%	74.6%	75.0%	76.2%	75.0%	▲
Day Case Rate (All Elective Care)	81.8%	79.0%	80.1%	79.8%	80.1%	79.5%	79.1%	80.2%	80.4%	80.1%	80.2%	81.2%	81.9%	80.3%	79.0%	▲
Inpatient Theatre Utilisation	77.2%	82.3%	80.7%	77.8%	77.1%	79.9%	81.0%	83.2%	81.4%	79.2%	78.7%	79.1%	78.8%	79.7%	86.0%	▼
Day Case Theatre Utilisation	85.4%	88.5%	88.7%	66.1%	66.9%	70.4%	71.1%	74.1%	75.8%	73.4%	77.2%	74.0%	70.5%	71.9%	86.0%	▼
Outpatient New : F/Up Ratio	2.6	2.5	2.4	2.6	2.5	2.5	2.5	2.5	2.7	2.5	2.5	2.4	2.4	2.5	2.3	◀▶
Outpatient DNA Rate	9.9%	8.7%	9.0%	8.9%	9.1%	9.0%	8.7%	9.4%	8.9%	9.4%	8.6%	9.1%	9.2%	9.0%	9.0%	▼
Outpatient Hosp Canc Rate	10.9%	11.9%	10.8%	12.2%	12.2%	10.1%	11.1%	10.9%	10.7%	10.6%	9.6%	10.2%	10.8%	10.8%	9.0%	▼
Outpatient Patient Canc Rate	9.5%	9.2%	9.0%	9.3%	9.3%	9.7%	10.2%	9.8%	10.0%	9.7%	9.0%	10.3%	9.1%	9.6%	9.0%	▲
SCREENING PROGRAMMES																
Diabetic Retinopathy - % Uptake	59.8%	70.1%	56.0%	48.9%	38.7%	37.0%	35.3%	44.1%	35.5%	43.2%	83.0%	49.1%	43.8%	44.2%	50.0%	▼
Diabetic Retinopathy - % Results in 3 Weeks	64.0%	80.9%	82.3%	83.7%	75.1%	95.5%	76.9%	85.7%	86.7%	84.1%	87.8%	90.3%	98.0%	86.8%	90.0%	▲
Diabetic Retinopathy - % Treatment in 4 Weeks	50.0%	50.0%	-----	50.0%	50.0%	0.0%	0.0%	-----	-----	88.9%	83.3%	88.9%	45.8%	60.0%		
Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month	5.2%	7.0%	7.1%	5.6%	6.3%	6.0%	5.3%	7.1%	8.6%	10.6%	14.0%	9.8%	13.1%	86.3%	6.0%	▲
Abdominal Aortic Aneurysm - % Uptake	94.1%	97.1%	96.2%	90.0%	97.8%	107.0%	96.5%	114.3%	111.9%	115.9%	105.7%	104.3%	118.2%	106.0%	99.0%	▲
Abdominal Aortic Aneurysm - 30 Day post-operative Mortality	-----	0.0%		0.0%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%				2.4%	0.0%	◀▶
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	95.0%	94.5%	95.6%	94.8%	92.3%	91.8%	90.0%	90.4%	89.8%	91.1%	92.7%	98.0%	99.0%	99.0%	100%	▲
Sickness Absence	3.3%	3.1%	2.9%	2.7%	2.7%	3.0%	3.1%	2.9%	2.9%	3.5%	4.1%	4.1%	4.2%	3.3%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	6.8	4.6	2.4	1.8	3.9	8.0	8.6	2.7	1.8	2.8	2.6	3.0	2.4			
Bank FTE	61.3	50.4	53.0	62.9	55.7	53.3	56.4	52.7	48.6	59.5	53.6	59.9	48.2			
Actual net FTE reduction this month	-8.4	-10.9	-12.3	37.6	-37.4	2.4	35.2	7.4	-21.9	21.9	-10.5	0.2	-32.0	3.1		
Planned FTE reduction this month	0.0	0.0	0.0													
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 10 2011/12

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT - Admitted	90.3%	92.7%	93.4%	93.2%	90.9%	82.6%	94.0%	92.5%	90.4%	91.2%	87.6%	86.1%	82.3%		90.0%	▼
RTT - Non Admitted	94.6%	96.2%	96.6%	96.3%	96.8%	96.4%	96.3%	95.7%	94.7%	94.6%	95.7%	95.5%	92.7%		95.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	1.7	2.2	2.0	2.1	2.2	2.0	2.0	2.0	2.1	2.1	1.8	2.2	1.7	2.0	1.9	▲
Non Elective LOS	4.2	4.7	5.3	5.7	5.4	6.5	4.6	5.0	4.1	5.8	4.9	4.1	5.5	5.2	4.7	▼
% of Electives Adm.on day of proc.	89.3%	85.4%	85.1%	86.4%	84.8%	85.3%	87.8%	88.2%	82.7%	84.9%	86.4%	83.8%	86.8%	85.8%	85.0%	▲
Day Case Rate (Basket of 25)	88.7%	87.0%	90.2%	88.0%	89.0%	87.8%	88.8%	88.7%	90.0%	89.3%	84.0%	84.3%	85.3%	87.5%	75.0%	▲
Day Case Rate (All Elective Care)	75.7%	71.0%	75.0%	70.9%	71.7%	73.3%	72.5%	71.0%	75.1%	71.7%	71.8%	72.9%	72.2%	72.3%	70.0%	▼
30 Day Readmissions (UHL) - Any Specialty	2.9%	3.1%	3.2%	3.5%	2.7%	3.2%	3.1%	3.3%	2.7%	3.7%	2.7%	3.4%		3.2%	2.8%	▼
30 Day Readmissions (UHL) - Same Specialty	1.3%	1.4%	1.5%	1.8%	1.5%	1.9%	1.6%	1.7%	1.3%	1.8%	1.3%	1.6%		1.6%	1.3%	▼
Outpatient New : F/Up Ratio	2.2	2.1	2.0	2.1	2.1	2.0	2.0	2.0	2.2	2.3	2.2	2.0	2.1	2.1	1.9	▼
Outpatient DNA Rate	10.3%	9.3%	9.5%	9.1%	9.4%	9.5%	9.2%	9.5%	9.2%	9.9%	9.2%	9.1%	9.4%	9.4%	9.5%	▼
Outpatient Hosp Canc Rate	11.3%	10.6%	10.9%	14.2%	13.3%	11.0%	12.4%	13.0%	13.3%	13.5%	11.2%	11.9%	11.3%	12.5%	11.5%	▲
Outpatient Patient Canc Rate	10.6%	10.1%	10.2%	10.2%	10.4%	10.7%	11.4%	10.9%	10.7%	10.4%	9.7%	11.4%	10.0%	10.6%	10.0%	▲
Bed Utilisation (Incl short stay admissions)	99%	93%	91%	92%	91%	86%	86%	100%	100%	100%	99%	94%	100%	95%	90.0%	▲
HR and FINANCE																
Staffing : Nurses per Bed															1.1	
Staffing : Cost per Bed																
Sickness Absence	3.10%	3.39%	3.97%	2.77%	2.68%	3.38%	2.65%	2.27%	2.21%	2.79%	3.27%	4.01%	4.00%	3.0%	3.0%	▲
Agency Costs (£000s)																
Overtime FTE	1.4	1.2	1.4	1	0.7	1.7	1.1	0.7	0.2	0.6	0.5	0.9	0.4			
Bank FTE	21.8	19.0	17.8	26.0	18.2	18.2	17.5	15.7	16.3	23.0	16.7	18.1	13.8			
Actual net FTE reduction this month	1.3	5.1	-3.5	13.0	-14.6	2.9	13.7	9.5	-6.3	8.0	-6.2	0.5	-16.2	4.3		
Planned FTE reduction this month	0.0	0.0	0.0													
Finance : CIP Delivery																

PLANNED CARE - Specialist Surgery

DIVISIONAL HEAT MAP - Month 10 2011/12

PLANNED CARE - GI Medicine / Surgery

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT - Admitted	87.9%	84.5%	83.8%	83.6%	80.7%	73.6%	78.3%	83.8%	81.3%	80.9%	77.8%	77.0%	74.1%		90.0%	▼
RTT - Non Admitted	93.1%	95.7%	90.5%	89.9%	90.6%	86.9%	90.1%	90.9%	92.8%	87.9%	82.4%	87.9%	86.6%		95.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	3.4	3.7	3.5	3.7	3.5	3.1	3.6	3.9	4.9	4.0	3.4	3.6	3.2	3.7	3.5	▲
Non Elective LOS	5.0	4.9	5.4	5.4	5.2	5.5	5.4	5.8	5.3	5.9	5.7	4.7	5.3	5.4	5.3	▼
% of Electives Adm.on day of proc.	91.6%	94.2%	94.4%	93.8%	91.2%	93.4%	91.9%	93.6%	92.5%	93.2%	94.6%	93.3%	89.7%	92.8%	90.0%	▼
Day Case Rate (Basket of 25)	54.5%	47.5%	48.1%	48.0%	50.5%	46.2%	50.2%	57.2%	58.6%	50.7%	46.0%	51.7%	54.8%	51.2%	75.0%	▲
Day Case Rate (All Elective Care)	84.3%	82.6%	82.2%	82.3%	82.3%	80.5%	81.5%	83.1%	82.2%	83.6%	83.2%	83.7%	85.4%	82.8%	85.0%	▲
30 Day Readmissions (UHL) - Any Specialty	8.3%	7.8%	7.1%	7.9%	7.4%	8.0%	8.0%	7.4%	7.7%	7.5%	6.6%	7.6%		7.6%	7.0%	▼
30 Day Readmissions (UHL) - Same Specialty	4.4%	4.3%	3.6%	3.9%	4.4%	4.5%	4.9%	4.1%	3.9%	3.7%	3.3%	3.8%		4.0%	3.8%	▼
Outpatient New : F/Up Ratio	2.1	2.0	2.2	2.1	2.0	2.2	2.0	1.8	2.2	1.8	1.8	1.7	1.9	1.9	2.0	▼
Outpatient DNA Rate	10.0%	8.1%	8.4%	8.5%	8.4%	7.5%	7.9%	8.3%	7.9%	8.9%	7.5%	8.4%	8.3%	8.1%	8.2%	▲
Outpatient Hosp Canc Rate	11.8%	19.3%	16.7%	14.2%	15.1%	15.4%	16.2%	15.3%	12.1%	11.7%	12.5%	13.1%	16.0%	14.1%	14.0%	▼
Outpatient Patient Canc Rate	10.3%	9.8%	9.7%	10.5%	10.4%	10.0%	10.9%	10.9%	12.3%	11.1%	9.4%	11.1%	9.2%	10.6%	10.3%	▲
Bed Utilisation (Incl short stay admissions)	93%	91%	87%	89%	96%	95%	94%	93%	100%	94%	94%	91%	95%	94%	90.0%	▲
HR and FINANCE																
Staffing : Nurses per Bed															1.1	
Staffing : Cost per Bed																
Sickness Absence	2.9%	2.5%	2.3%	2.8%	2.4%	2.9%	3.3%	2.7%	3.1%	3.8%	5.4%	5.5%	4.7%	3.7%	3.0%	▲
Agency Costs (£000s)																
Overtime FTE	3.2	2.1	0.5	0.2	1.3	2.7	5.4	1.4	1.0	1.3	0.8	0.8	0.8			
Bank FTE	24.2	16.3	17.0	19.8	19.3	15.9	21.3	21.9	16.6	15.1	16.5	18.7	16.6			
Actual net FTE reduction this month	0.6	-9.4	-9.5	13.2	-4.1	-6.5	11.7	-5.2	-2.4	5.2	-3.0	1.3	-4.0	6.4		
Planned FTE reduction this month	0.0	0.0	0.0													
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 10 2011/12

		Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status	
PLANNED CARE - Cancer and Haematology	REFERRAL to TREATMENT																	
	RTT - Admitted	--	--	--	--	--	--	--	--	100%	100%	--	--	100%		90.0%	◀▶	
	RTT - Non Admitted	95.5%	97.8%	98.0%	97.0%	98.8%	100.0%	99.0%	99.2%	98.9%	99.0%	97.5%	99.1%	98.1%		95.0%	▼	
	OPERATIONAL PERFORMANCE																	
	Elective LOS	5.8	6.5	8.5	8.8	5.9	7.1	9.9	6.7	9.2	8.1	7.0	8.8	9.5	8.1	7.0	▼	
	Non Elective LOS	5.5	6.1	5.5	5.7	6.2	5.7	4.9	5.6	5.4	4.5	5.9	4.7	5.0	5.3	5.7	▼	
	% of Electives Adm.on day of proc.	82.0%	78.7%	70.2%	75.9%	78.4%	75.0%	72.7%	68.0%	78.2%	69.2%	77.4%	76.9%	62.8%	73.5%	75.0%	▼	
	Day Case Rate (All Elective Care)	96.3%	96.2%	96.9%	97.7%	97.1%	96.7%	96.9%	96.5%	96.4%	96.5%	96.1%	96.8%	97.0%	96.8%	96.5%	▲	
	30 Day Readmissions (UHL) - Any Specialty	11.5%	11.3%	11.8%	11.9%	11.0%	13.8%	11.9%	13.1%	12.9%	12.7%	11.9%	14.4%		12.7%	11.0%	▼	
	30 Day Readmissions (UHL) - Same Specialty	9.6%	9.0%	10.2%	10.2%	9.2%	11.8%	10.4%	11.1%	10.8%	10.9%	10.5%	12.4%		10.8%	9.4%	▼	
	Outpatient New : F/Up Ratio	8.7	8.9	8.0	9.0	8.5	8.5	8.2	8.2	8.6	8.0	7.8	7.5	7.3	8.1	8.1	▲	
	Outpatient DNA Rate	8.6%	7.3%	8.3%	9.2%	8.5%	8.1%	7.9%	8.7%	8.4%	8.3%	7.7%	8.2%	8.6%	8.4%	7.4%	▼	
	Outpatient Hosp Canc Rate	7.4%	7.2%	6.6%	7.2%	8.1%	5.6%	6.6%	5.7%	6.3%	4.8%	5.3%	5.6%	5.8%	6.1%	7.3%	▼	
	Outpatient Patient Canc Rate	6.6%	7.1%	6.4%	6.3%	6.2%	7.3%	6.8%	6.9%	6.8%	6.9%	6.6%	7.1%	7.4%	6.8%	7.0%	▼	
	Bed Utilisation (Incl short stay admissions)	97%	94%	91%	95%	94%	95%	95%	97%	99%	97%	97%	93%	97%	96%	95.0%	▲	
	HR and FINANCE																	
	Staffing : Nurses per Bed																1.1	
	Staffing : Cost per Bed																	
	Sickness Absence	4.3%	3.1%	2.5%	2.2%	2.8%	2.9%	3.8%	3.8%	2.6%	2.4%	2.9%	2.5%	3.1%	2.9%	3.0%	▼	
	Agency Costs (£000s)																	
Overtime FTE	0.1	0.8	0.3	0.5	0.5	1.8	0.5	0.4	0.5	0.8	0.6	0.6	1.1					
Bank FTE	8.7	9.4	9.3	8.7	9.0	10.8	10.6	8.3	9.4	14.0	13.8	14.1	10.0					
Actual net FTE reduction this month	-4.9	-2.6	-2.0	9.0	-9.7	-1.3	-0.7	-3.5	-8.5	4.0	-0.8	1.4	-6.9	-17.1				
Planned FTE reduction this month	0.0	0.0	0.0															
Finance : CIP Delivery																		

DIVISIONAL HEAT MAP - Month 10 2011/12

		Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status	
PLANNED CARE - Musculo-Skeletal	REFERRAL to TREATMENT																	
	RTT - Admitted	91.2%	90.8%	92.7%	94.1%	91.0%	90.0%	91.2%	91.6%	91.0%	91.0%	90.0%	90.0%	82.7%		90.0%	▼	
	RTT - Non Admitted	95.5%	94.4%	95.4%	96.8%	95.0%	96.5%	95.8%	95.0%	95.4%	96.9%	94.8%	95.5%	95.3%		95.0%	▼	
	OPERATIONAL PERFORMANCE																	
	Elective LOS	2.8	3.1	3.2	4.0	3.2	2.8	3.1	3.5	2.6	2.8	3.4	3.4	2.9	3.1	3.3	▲	
	Non Elective LOS	10.4	9.6	9.5	10.1	9.6	10.0	8.3	7.7	9.2	9.7	9.6	8.4	9.5	9.2	9.6	▼	
	% of Electives Adm.on day of proc.	97.0%	97.9%	97.5%	95.2%	98.6%	98.5%	96.4%	97.6%	98.3%	96.3%	97.2%	97.5%	99.2%	97.4%	97.5%	▲	
	Day Case Rate (Basket of 25)	80.6%	80.5%	77.3%	84.2%	80.4%	83.5%	84.2%	87.7%	77.8%	75.6%	80.3%	82.2%	79.5%	81.6%	75.0%	▼	
	Day Case Rate (All Elective Care)	47.2%	43.6%	47.1%	45.5%	48.4%	51.4%	46.8%	47.7%	41.8%	44.4%	47.0%	44.9%	45.8%	46.4%	46.0%	▲	
	30 Day Readmissions (UHL) - Any Specialty	4.7%	5.0%	5.1%	4.6%	5.0%	3.4%	4.4%	4.7%	5.5%	5.2%	3.7%	4.3%		4.5%	4.0%	▼	
	30 Day Readmissions (UHL) - Same Specialty	1.1%	1.2%	1.7%	1.9%	2.0%	1.0%	1.9%	1.6%	2.5%	1.6%	0.7%	1.0%		1.6%	1.8%	▼	
	Outpatient New : F/Up Ratio	1.8	1.8	1.7	1.9	1.7	1.8	1.8	1.8	2.0	1.7	1.8	1.7	1.8	1.8	1.7	▼	
	Outpatient DNA Rate	10.3%	8.9%	8.7%	8.6%	9.6%	9.8%	9.0%	10.7%	9.3%	9.7%	9.3%	10.9%	10.0%	9.7%	9.0%	▲	
	Outpatient Hosp Canc Rate	12.2%	13.5%	9.6%	10.7%	10.7%	7.8%	8.0%	7.2%	7.1%	7.9%	7.0%	7.7%	9.2%	8.3%	10.5%	▼	
	Outpatient Patient Canc Rate	8.7%	8.5%	8.2%	9.0%	8.7%	9.2%	10.3%	9.3%	9.4%	9.6%	9.0%	10.0%	8.0%	9.2%	8.8%	▲	
	Bed Utilisation (Incl short stay admissions)	87%	90%	88%	84%	86%	84%	84%	79%	73%	91%	93%	79%	85%	84%	90.0%	▲	
	HR and FINANCE																	
	Staffing : Nurses per Bed																1.1	
	Staffing : Cost per Bed																	
	Sickness Absence	3.0%	3.5%	2.9%	2.9%	3.2%	3.0%	2.98%	3.2%	3.9%	4.8%	4.7%	3.9%	4.8%	3.7%	3.0%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	2.1	0.5	0.2	0.2	1.4	1.8	1.6	0.3	0.1	0.1	0.6	0.7	0.1				
	Bank FTE	6.6	5.7	8.8	8.5	9.1	8.5	7.1	6.9	6.4	7.5	6.7	8.9	7.7				
	Actual net FTE reduction this month	-5.4	-4.0	2.7	2.5	-9.0	4.4	-2.6	6.6	-4.7	5.7	-2.5	-2.0	-4.9	-6.4			
	Planned FTE reduction this month	0.0	0.0	0.0														
	Finance : CIP Delivery																	

DIVISIONAL HEAT MAP - Month 10 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	1	2	1	2	0	0	1	1	0	0	1	0	1	6	6	▼
CDT Positives (UHL)	11	10	7	3	10	4	6	6	6	9	8	4	2	58	104	▲
SAME SEX ACCOMMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	13.0%	12.2%	12.6%	11.1%	10.9%	11.9%	11.9%	11.7%	11.1%	11.2%	11.0%	12.0%		11.4%	10.0%	▼
30 Day Readmissions (UHL) - Same Specialty	6.4%	6.3%	6.3%	6.6%	5.9%	6.6%	6.4%	6.3%	6.2%	6.9%	5.6%	6.7%		6.4%		
Mortality (UHL Data)	4.9%	3.9%	4.0%	4.0%	4.0%	3.2%	3.6%	3.3%	3.7%	3.7%	3.5%	4.0%	4.3%	3.7%	4.3%	▼
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	87.6	83.8	89.1	86.0	85.5	74.4	81.5	78.9	88.0	79.8	73.3	70.2		79.0	85	▲
PATIENT SAFETY																
10X Medication Errors	0	2	0	0	0	1	0	0	0	0	1	0	0	2	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	191	166	147	202	197	176	196	173	155	191	166	159		1615	TBC	
Complaints Re-Opened	8	4	11	3	6	6	6	7	11	9	8	5	4	65	75	▲
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	2	0	0	2	0	◀▶
RIDDOR	1	5	4	1	3	1	2	2	0	1	1	2	0	13	12	▲
In-hospital fall resulting in hip fracture	2	2	2	1	0	0	0	0	0	0	0	0	1	2	6	▼
Staffing Level Issues Reported as Incidents	13	5	7	3	1	5	5	11	12	10	10	14	19	90	140	▼
Outlying (daily average)	27	9	22	9	5	8	2	7	12	2					10	▲
Pressure Ulcers (Grade 3 and 4)	25	7	11	12	9	15	12	3	5	8	3	2		69	118	▲
ALL Complaints Regarding Attitude of Staff	13	15	21	14	10	14	13	14	18	14	11	11	6	125	110	▲
ALL Complaints Regarding Discharge	17	19	27	13	20	17	10	17	16	11	13	21	13	151	120	▲
Bed Occupancy (inc short stay admissions)	93%	94%	91%	90%	91%	92%	93%	93%	92%	94%	95%	94%	95%	93%	90%	▲
Bed Occupancy (excl short stay admissions)	91%	90%	88%	87%	87%	88%	89%	89%	89%	90%	91%	91%	92%	89%	86%	▲
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 10 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
NURSING METRICS																
Patient Observation	96%	89%	87%	91%	96%	96%	97%	96%	96%	96%	95%	95%	96%		98.0%	▲
Pain Management	93%	90%	89%	91%	94%	97%	96%	96%	95%	92%	94%	97%	93%		98.0%	▼
Falls Assessment	83%	87%	82%	88%	93%	96%	95%	95%	94%	89%	94%	93%	95%		98.0%	▲
Pressure Area Care	94%	91%	91%	99%	95%	98%	96%	95%	95%	93%	96%	93%	95%		98.0%	▲
Nutritional Assessment	92%	87%	88%	87%	96%	95%	97%	93%	93%	91%	95%	94%	97%		98.0%	▲
Medicine Prescribing and Assessment	100%	98%	97%	95%	98%	98%	99%	99%	97%	95%	96%	96%	95%		98.0%	▼
Hand Hygiene															98.0%	
Resuscitation Equipment	67%	88%	75%	83%	94%	98%	88%	89%	89%	67%	56%	56%	87%		98.0%	▲
Controlled Medicines	92%	99%	100%	97%	100%	98%	99%	98%	99%	99%	100%	99%	98%		98.0%	▼
VTE	64%	68%	74%	70%	77%	73%	79%	79%	80%	89%	89%	88%	87%		98.0%	▲
Patient Dignity	97%	96%	96%	96%	98%	97%	97%	97%	98%	95%	96%	96%	94%		98.0%	▼
Infection Prevention and Control	93%	95%	91%	98%	95%	94%	96%	96%	99%	95%	97%	98%	98%		98.0%	◀▶
Discharge				86%	78%	84%	80%	85%	86%	77%	85%	86%	86%		98.0%	▶▶
Continence	86%	86%	87%	91%	95%	89%	95%	94%	94%	96%	98%	97%	98%		98.0%	▲
REFERRAL to TREATMENT																
RTT - Admitted	95.0%	91.5%	94.4%	92.3%	93.5%	91.4%	98.8%	97.9%	98.1%	99.0%	95.7%	98.3%	97.1%		90.0%	▼
RTT - Non Admitted	99.1%	99.3%	99.0%	99.5%	99.5%	99.4%	99.6%	99.3%	99.5%	99.2%	99.3%	99.2%	99.0%		95.0%	▼
OPERATIONAL PERFORMANCE																
Choose and Book Slot Unavailability	4.0%	9.0%	8.0%	7.0%	7.0%	9.0%	11.0%	8.0%	6.0%	10.0%	13.0%	3.0%	1.0%	7.5%	4.0%	▲
Elective LOS	4.3	5.2	4.6	5.2	5.7	4.5	5.3	5.0	5.3	4.6	4.9	4.8	4.3	5.0	5.0	▲
Non Elective LOS	6.1	6.0	6.4	6.9	7.1	7.1	6.4	6.4	6.9	6.3	6.8	6.5	6.5	6.7	6.0	◀▶
% of Electives Adm.on day of proc.	56.6%	57.5%	55.1%	56.3%	50.5%	57.5%	51.9%	50.2%	51.0%	54.8%	53.7%	52.8%	57.5%	53.5%	54.0%	▲
Day Case Rate (All Elective Care)	68.7%	71.2%	71.8%	71.1%	73.6%	71.7%	71.9%	67.3%	70.9%	67.4%	71.4%	69.8%	70.0%	70.5%	70.0%	▲
Inpatient Theatre Utilisation	84.1%	90.9%	90.1%	87.4%	91.6%	85.3%	85.7%	92.5%	90.3%	88.2%	89.7%	85.3%	96.3%	89.3%	86.0%	▲
Day Case Theatre Utilisation	72.6%	64.5%	58.4%	86.5%	83.5%	67.3%	62.3%	68.1%	73.1%	79.0%	79.0%	----	62.9%	74.1%	86.0%	▼
Operations cancelled for non-clinical reasons																
Cancelled Operations - 28 Day Re-Books															100%	
Outpatient New : F/Up Ratio	2.4	2.4	2.4	1.7	1.9	1.9	1.8	1.9	1.8	2.0	1.8	1.8	1.9	1.8	2.0	▼
Outpatient DNA Rate	9.3%	8.3%	8.9%	9.7%	10.0%	8.4%	9.1%	9.2%	9.1%	9.6%	9.0%	9.2%	9.5%	9.3%	9.5%	▼
Outpatient Hosp Canc Rate	11.7%	11.1%	11.9%	12.6%	13.3%	12.3%	12.5%	12.9%	12.1%	10.6%	11.9%	12.9%	11.6%	12.3%	12.8%	▲
Outpatient Patient Canc Rate	11.0%	10.4%	10.1%	10.1%	10.6%	10.7%	11.1%	11.1%	10.8%	10.6%	10.0%	11.1%	10.4%	10.6%	10.5%	▲
Bed Utilisation																

DIVISIONAL HEAT MAP - Month 10 2011/12

		Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status	
ACUTE CARE - DIVISIONAL PERFORMANCE	HR and FINANCE																	
	Staffing : Nurses per Bed																	
	Staffing : Cost per Bed																	
	Appraisals	83.1%	79.4%	80.7%	81.6%	80.1%	77.7%	78.9%	85.5%	81.2%	90.5%	93.6%	93.5%	93.9%	93.9%	100%	▲	
	Sickness Absence	4.6%	4.3%	3.8%	3.4%	3.1%	3.8%	3.6%	3.5%	3.4%	3.4%	4.0%	4.5%	5.1%	3.8%	3%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	40.8	36.7	24.1	20.9	23.3	23.9	28.1	23.5	17.2	14.9	16.5	17.5	14.2				
	Bank FTE	131.8	127.7	138.2	141.8	128.9	128.5	150.2	127.6	116.4	118.7	110.2	120.1	89.3				
	Actual net FTE reduction this month	37.9	0.0	34.3	-15.4	-10.6	2.7	15.0	4.8	-23.8	24.4	-10.3	-10.3	-53.5	-76.8			
	Planned FTE reduction this month	2.0	0.0	0.0														
Finance : CIP Delivery																		

DIVISIONAL HEAT MAP - Month 10 2011/12

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT - Admitted	98.0%	98.4%	98.9%	98.3%	100.0%	100.0%	100.0%	98.4%	97.7%	99.0%	98.9%	100.0%	100.0%		90.0%	◀▶
RTT - Non Admitted	99.1%	99.7%	99.8%	99.8%	99.9%	99.8%	99.6%	99.5%	99.7%	99.2%	99.5%	99.8%	99.4%		95.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	2.9	9.0	5.3	7.2	15.8	1.7	5.4	5.8	9.6	7.5	17.3	6.3	10.4	8.4	7.5	▼
Non Elective LOS	7.8	7.6	7.8	7.2	7.7	7.4	6.2	6.8	7.8	6.6	7.4	6.6	6.6	7.0	7.4	◀▶
% of Electives Adm.on day of proc.	48.0%	37.5%	12.5%	45.5%	50.0%	55.6%	57.1%	29.2%	42.9%	66.7%	44.4%	50.0%	62.5%	47.9%	45.0%	▲
Day Case Rate (All Elective Care)	90.6%	95.9%	95.4%	96.5%	97.6%	98.0%	97.5%	93.9%	96.9%	95.8%	97.3%	97.5%	96.9%	96.9%	94.0%	▼
30 Day Readmissions (UHL) - Any Specialty	13.2%	11.6%	12.4%	11.3%	10.8%	11.5%	11.5%	11.9%	10.2%	11.9%	11.1%	13.3%		11.5%	11.0%	▼
Outpatient New : F/Up Ratio	2.7	2.8	2.9	2.5	2.6	2.4	2.3	2.4	2.3	2.5	2.3	2.3	2.4	2.4	2.5	▼
Outpatient DNA Rate	9.3%	8.2%	8.5%	9.5%	9.6%	7.9%	9.0%	9.2%	8.9%	10.0%	9.0%	8.8%	9.2%	9.1%	9.0%	▼
Outpatient Hosp Canc Rate	9.9%	9.8%	10.0%	10.5%	9.7%	10.4%	11.2%	10.5%	10.3%	9.2%	10.0%	10.7%	8.5%	10.1%	10.5%	▲
Outpatient Patient Canc Rate	11.4%	10.3%	10.5%	10.2%	11.4%	11.0%	11.5%	11.9%	11.8%	11.5%	10.9%	12.1%	11.3%	11.4%	11.0%	▲
Bed Utilisation (Incl short stay admissions)	94%	95%	90%	89%	91%	92%	96%	94%	93%	98%	97%	98%	98%	95%	90.0%	◀▶
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.9%	4.7%	3.8%	3.7%	3.7%	4.5%	3.8%	3.6%	3.3%	3.3%	3.4%	4.5%	4.8%	3.9%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	16.4	16.8	9.9	7.4	9.6	11.1	11.0	6.7	4.6	4.2	4.6	4.5	4.2			
Bank FTE	67.6	65.9	73.4	76.7	66.2	66.4	74.6	63.1	55.3	60.0	54.6	54.5	36.2			
Actual net FTE reduction this month	25.0	0.7	-21.5	2.3	-14.8	-24.9	-6.6	-4.8	-22.3	26.4	-1.8	-4.9	-29.3	-80.8		
Planned FTE reduction this month	2.0	0.0	0.0													
Finance : CIP Delivery																

ACUTE CARE - Medicine

DIVISIONAL HEAT MAP - Month 10 2011/12

ACUTE CARE - Respiratory Med. & Thoracic Surgery

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT - Admitted	97.3%	100%	100%	100%	98.0%	100%	100%	98%	100%	100%	100%	100%	100%		90.0%	◀▶
RTT - Non Admitted	100%	99.1%	95.7%	100%	100%	100%	100%	100%	99.2%	99.2%	99.3%	100.0%	99.5%		95.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	5.1	8.2	6.3	6.8	6.6	6.1	6.9	7.1	8.5	6.3	8.3	5.8	7.0	6.9	6.6	▼
Non Elective LOS	5.7	4.3	4.6	4.8	4.2	4.7	4.7	4.3	4.2	4.1	4.3	4.1	4.6	4.4	4.5	▼
% of Electives Adm.on day of proc.	60.0%	47.1%	40.8%	53.8%	48.3%	51.6%	48.3%	44.8%	46.6%	47.6%	44.3%	53.6%	52.4%	49.0%	50.0%	▼
Day Case Rate (All Elective Care)	69.4%	63.6%	72.1%	64.2%	65.7%	63.4%	68.8%	65.0%	66.5%	67.6%	68.0%	67.4%	68.4%	66.5%	68.7%	▲
30 Day Readmissions (UHL) - Any Specialty	14.3%	13.4%	14.5%	12.4%	11.8%	14.4%	13.8%	14.4%	14.3%	14.0%	13.1%	12.4%		13.4%	12.0%	▲
Outpatient New : F/Up Ratio	1.6	1.6	1.5	1.6	1.5	1.6	1.6	1.7	1.5	1.7	1.5	1.6	1.7	1.6	1.5	▼
Outpatient DNA Rate	10.2%	8.4%	10.3%	11.2%	12.1%	10.7%	11.5%	10.1%	10.5%	11.5%	10.4%	11.2%	10.9%	11.0%	11.3%	▲
Outpatient Hosp Canc Rate	11.3%	10.4%	11.5%	9.4%	11.2%	8.9%	8.7%	11.1%	9.3%	7.3%	9.2%	15.9%	9.0%	9.9%	11.0%	▲
Outpatient Patient Canc Rate	12.1%	10.6%	11.3%	10.8%	10.1%	10.8%	12.0%	11.0%	10.7%	10.3%	9.5%	9.6%	9.3%	10.4%	10.2%	▲
Bed Utilisation (Incl short stay admissions)	97%	98%	100%	96%	95%	95%	94%	95%	94%	93%	95%	97%	95%	95%	90.0%	▼
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.5%	3.3%	3.4%	2.4%	2.7%	2.5%	2.5%	2.8%	2.9%	3.3%	4.7%	5.0%	6.2%	3.5%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	1.9	1.8	0.7	0.1	0.4	0.1	0.3	0.1	0.1	0.1	0.2	0.1	0.3			
Bank FTE	21.6	19.6	22.9	21.7	18.5	19.5	22.3	19.7	18.0	17.4	16.8	15.5	13.5			
Actual net FTE reduction this month	1.4	1.6	35.4	4.5	-1.5	33.3	3.9	3.3	-3.6	0.9	2.3	3.8	-4.5	42.3		
Planned FTE reduction this month	0.0	0.0	0.0													
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 10 2011/12

ACUTE CARE - Cardiac, Renal & Critical Care

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT - Admitted	94.1%	89.6%	92.7%	90.6%	91.4%	88.8%	99.2%	97.9%	98.1%	99.0%	94.8%	97.8%	96.4%		90.0%	▼
RTT - Non Admitted	98.3%	97.8%	95.7%	98.4%	98.2%	97.8%	98.4%	98.4%	99.3%	99.2%	98.7%	97.2%	97.8%		95.0%	▲
OPERATIONAL PERFORMANCE																
Elective LOS	4.3	4.4	4.2	4.7	5.0	4.3	5.0	4.6	4.6	4.2	3.7	4.6	3.6	4.4	4.7	▲
Non Elective LOS	8.7	10.4	10.6	9.8	9.9	10.4	9.7	8.5	9.1	8.9	8.4	9.5	9.4	9.4	10.4	▲
% of Electives Adm.on day of proc.	56.9%	60.7%	59.7%	57.4%	51.0%	58.8%	52.5%	52.9%	52.2%	55.6%	55.9%	52.8%	58.4%	54.6%	55.0%	▲
Day Case Rate (All Elective Care)	55.8%	57.0%	53.2%	51.7%	57.6%	52.5%	51.7%	52.3%	52.3%	49.3%	54.1%	51.6%	53.4%	52.6%	52.0%	▲
30 Day Readmissions (UHL) - Any Specialty	9.8%	10.4%	9.2%	9.5%	10.3%	10.3%	11.0%	9.1%	9.9%	8.0%	9.4%	9.5%		9.7%	9.0%	▼
Outpatient New : F/Up Ratio	2.9	2.4	2.5	2.3	2.6	2.6	2.6	2.6	2.6	2.8	2.6	2.6	2.7	2.6	2.4	▼
Outpatient DNA Rate	8.5%	7.5%	8.0%	8.0%	8.6%	7.1%	7.4%	8.2%	7.6%	6.9%	7.7%	8.1%	8.3%	7.8%	8.2%	▼
Outpatient Hosp Canc Rate	16.0%	14.4%	16.4%	18.8%	21.6%	18.1%	17.2%	18.7%	17.3%	15.1%	17.2%	16.5%	19.4%	18.0%	18.6%	▼
Outpatient Patient Canc Rate	9.4%	10.3%	8.8%	9.3%	9.2%	9.8%	9.9%	9.4%	9.1%	9.0%	8.3%	9.8%	8.9%	9.3%	9.3%	▲
Bed Utilisation (Incl short stay admissions)	90%	90%	89%	90%	89%	92%	88%	89%	89%	88%	91%	89%	90%	90%	90.0%	▲
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.5%	4.1%	3.7%	3.6%	2.9%	3.7%	3.8%	3.7%	3.6%	3.4%	4.3%	4.6%	5.3%	3.9%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	20.0	15.1	9.6	9.3	9.4	8.4	11.2	9.9	8.8	7.1	7.7	8.0	7.0			
Bank FTE	29.0	29.8	29.6	31.8	30.9	31.4	40.1	30.6	31.8	30.0	29.1	38.3	30.7			
Actual net FTE reduction this month	6.1	2.8	19.7	-23.2	6.1	-39.0	6.7	-10.9	-3.1	-3.1	-4.8	-11.0	-12.3	-94.6		
Planned FTE reduction this month	0.0	0.0	0.0													
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 10 2011/12

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
OPERATIONAL PERFORMANCE																
ED Waits - Type 1	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	91.0%	88.7%	88.5%	92.1%	96.0%	93.7%	92.2%	95%	▼
Admitted Median Wait (Mins) - Type 1	233	231	230	225	220	215	203	223	232	234	219	210	214		205	▼
Admitted 95th Percentile Wait (Mins) - Type 1	646	557	573	453	479	436	343	478	569	558	484	350	417		350	▼
Non-Admitted Median Wait (Mins) - Type 1	128	128	138	131	127	131	124	132	138	135	133	129	133		105	▼
Non-Admitted 95th Percentile Wait (Mins) Type 1	260	240	255	240	240	238	236	240	255	253	240	236	238		235	▼
Outpatient New : F/Up Ratio	0.2	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	◀▶
Outpatient DNA Rate	20.2%	25.7%	25.1%	25.5%	24.4%	26.7%	23.0%	22.3%	27.6%	25.4%	21.3%	27.8%	24.4%	24.9%	24.4%	▲
Outpatient Hosp Canc Rate	2.0%	0.6%	1.8%	3.1%	2.0%	1.3%	2.3%	2.1%	1.3%	2.7%	3.0%	4.3%	3.3%	2.5%	2.5%	▲
Outpatient Patient Canc Rate	10.9%	10.4%	8.3%	14.1%	12.2%	14.8%	12.0%	12.6%	9.7%	11.7%	14.1%	9.7%	12.5%	12.5%	10.0%	▼
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.6%	4.8%	4.5%	2.9%	2.3%	3.6%	4.2%	3.4%	2.9%	3.6%	4.5%	4.1%	4.1%	3.5%	3.0%	◀▶
Agency Costs (£000s)																
Overtime FTE	2.5	3.0	3.9	4.2	3.7	4.3	5.6	6.8	3.7	3.5	3.9	4.9	2.7			
Bank FTE	13.7	12.4	12.3	11.6	13.3	11.2	13.1	14.3	11.4	11.4	9.8	11.8	9.0			
Actual net FTE reduction this month	5.3	-5.0	0.7	1.0	-0.4	1.5	8.4	19.9	-0.5	0.8	-4.3	2.0	-8.4	20.0		
Planned FTE reduction this month	0.0	0.0	0.0													
Finance : CIP Delivery																

ACUTE CARE - Emergency Dept.

DIVISIONAL HEAT MAP - Month 10 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	▲
CDT Positives (UHL)	0	0	1	1	0	0	0	0	1	1	0	0	0	3	6	◀▶
SAME SEX ACCOMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	6.2%	6.8%	5.9%	4.0%	4.2%	4.1%	3.8%	3.9%	4.0%	3.2%	3.8%	3.7%		3.9%	4.2%	▲
30 Day Readmissions (UHL) - Same Specialty	3.8%	4.4%	4.1%	2.7%	2.9%	2.9%	2.5%	2.4%	2.6%	1.8%	2.3%	2.5%		2.5%	2.8%	▼
30 Day Readmission Rate (CHKS)	7.0%	7.8%	6.4%	4.7%	4.9%	4.8%	4.5%	4.4%	4.5%	3.6%	4.4%			4.5%	5.0%	▲
Mortality (UHL Data)	0.3%	0.2%	0.2%	0.1%	0.2%	0.3%	0.1%	0.1%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	◀▶
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	34.7	77.4	65.0	48.8	41.0	89.0	38.4	105.2	44.0	32.2	0.0	32.2		46.0	40.0	▼
PATIENT SAFETY																
10X Medication Errors	1	0	1	0	0	0	0	0	0	0	1	1	0	2	0	▲
Never Events	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	◀▶
Patient Falls	8	5	2	4	2	5	7	7	5	4	5	3		42	TBC	
Complaints Re-Opened	1	2	3	5	5	4	3	3	3	4	3	4	1	35	30	▲
SUIs (Relating to Deteriorating Patients)	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	1	0	2	0	0	0	1	0	1	0	1	1	0	4	10	▲
In-hospital fall resulting in hip fracture	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
No of Staffing Level Issues Reported as Incidents	20	21	55	23	59	42	78	64	52	71	96	58	29	572	726	▲
Outlying (daily average)	0	0	0	0	0	0	0	0	0	0					0	◀▶
Pressure Ulcers (Grade 3 and 4)	0	1	0	0	0	1	0	0	0	0	0	0		1	4	◀▶
ALL Complaints Regarding Attitude of Staff	8	8	16	15	16	12	3	6	11	6	4	6	6	85	98	◀▶
ALL Complaints Regarding Discharge	1	4	0	2	2	3	1	0	4	4	0	3	0	19	20	▲
Bed Occupancy (inc short stay admissions)	89%	86%	88%	83%	86%	87%	88%	82%	85%	85%	88%	90%	89%	86%	90.0%	▼
Bed Occupancy (excl short stay admissions)	76%	74%	77%	70%	69%	71%	71%	66%	70%	70%	73%	76%	75%	71%	86.0%	▼
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 10 2011/12

**WOMEN'S and CHILDREN'S -
DIVISIONAL PERFORMANCE**

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
NURSING METRICS																
Patient Observation	92%	88%	90%	83%	83%	88%	88%	93%	80%	92%	97%	93%	97%		98.0%	▲
Pain Management	86%	100%	83%	92%	100%	92%	99%	96%	92%	100%	97%	97%	94%		98.0%	▼
Falls Assessment	76%	35%	42%	52%	100%	92%	90%	73%	100%	92%	100%	100%	100%		98.0%	◀▶
Pressure Area Care	66%	29%	100%	63%	100%	92%	90%	85%	100%	97%	100%	100%	100%		98.0%	◀▶
Nutritional Assessment	67%	34%	43%	59%	92%	85%	81%	69%	100%	94%	100%	100%	93%		98.0%	▼
Medicine Prescribing and Assessment	96%	100%	100%	100%	98%	100%	100%	98%	96%	100%	100%	100%	100%		98.0%	◀▶
Hand Hygiene															98.0%	
Resuscitation Equipment	86%	50%	50%	50%	100%	50%	50%	0%	100%	100%	100%	100%	100%		98.0%	◀▶
Controlled Medicines	96%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%		98.0%	◀▶
VTE	66%	67%	100%	86%	100%	92%	46%	56%	88%	79%	100%	100%	100%		98.0%	◀▶
Patient Dignity	97%	92%	90%	93%	100%	99%	98%	93%	100%	100%	100%	100%	100%		98.0%	◀▶
Infection Prevention and Control	89%	100%	70%	93%	89%	92%	83%	93%	100%	100%	100%	100%	98%		98.0%	▼
Discharge				70%	88%	44%	60%	73%	64%	100%	89%	98%	98%		98.0%	◀▶
Continence	84%	100%	77%	100%	100%	93%	100%	98%	95%	100%	93%	100%	93%		98.0%	▼

DIVISIONAL HEAT MAP - Month 10 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT - Admitted	97.1%	97.9%	97.1%	98.2%	97.8%	96.8%	97.9%	98.8%	99.3%	98.9%	97.9%	98.4%	97.5%		90.0%	▼
RTT - Non Admitted	97.9%	96.9%	97.3%	98.4%	97.3%	98.0%	98.8%	97.6%	96.8%	97.4%	98.4%	98.5%	98.9%		95.0%	▲
OPERATIONAL PERFORMANCE																
Choose and Book Slot Unavailability	1.0%	9.0%	12.0%	10.0%	3.0%	13.0%	10.0%	13.0%	9.0%	7.0%	6.0%	3.0%	3.0%	7.7%	4.0%	◀▶
Elective LOS	2.9	2.3	2.2	2.4	2.2	2.3	2.7	2.1	2.3	3.5	2.5	2.6	2.5	2.5	2.3	▲
Non Elective LOS	2.3	2.1	2.2	2.8	3.0	2.7	2.7	3.1	2.7	2.5	3.0	3.4	3.3	2.9	2.1	▲
% of Electives Adm.on day of proc.	87.4%	83.9%	83.4%	83.9%	86.3%	80.8%	80.3%	88.9%	83.1%	82.4%	85.6%	82.6%	79.6%	83.5%	84.0%	
Day Case Rate (Basket of 25)	87.4%	78.6%	81.9%	78.1%	77.7%	84.3%	88.6%	81.4%	76.8%	82.1%	79.5%	81.5%	81.8%	81.2%	75.0%	▲
Day Case Rate (All Elective Care)	68.0%	66.3%	71.3%	67.4%	67.6%	71.2%	68.2%	66.9%	67.4%	70.7%	68.2%	66.2%	69.6%	68.4%	68.0%	▲
Inpatient Theatre Utilisation	78.2%	74.9%	78.4%	76.0%	75.3%	73.8%	71.8%	73.5%	76.7%	81.5%	83.4%	77.8%	81.6%	77.1%	86.0%	▲
Day Case Theatre Utilisation	82.8%	80.9%	83.4%	76.5%	75.5%	70.5%	72.3%	74.4%	73.1%	67.8%	76.7%	70.3%	79.9%	73.6%	86.0%	▲
Outpatient New : F/Up Ratio	1.6	1.5	1.4	1.1	1.2	1.2	1.2	1.3	1.3	1.2	1.2	1.1	1.1	1.2	1.2	◀▶
Outpatient DNA Rate	9.4%	8.5%	9.0%	8.6%	10.2%	9.5%	9.8%	9.7%	8.8%	8.9%	8.8%	9.9%	9.6%	9.4%	9.5%	▲
Outpatient Hosp Canc Rate	6.4%	7.4%	7.2%	7.3%	7.3%	7.4%	7.3%	8.1%	7.3%	7.4%	6.1%	6.8%	7.3%	7.2%	7.4%	▼
Outpatient Patient Canc Rate	9.2%	9.1%	10.2%	8.7%	9.5%	10.3%	10.9%	10.8%	10.5%	10.2%	10.1%	10.6%	9.8%	10.1%	10.0%	▲
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	94.2%	93.6%	93.2%	97.1%	95.7%	93.2%	90.9%	92.9%	92.5%	95.2%	93.9%	94.5%	95.7%	95.7%	100%	▲
Sickness Absence	4.3%	3.1%	3.5%	3.3%	3.1%	3.6%	3.4%	3.2%	3.3%	3.8%	3.8%	4.3%	4.0%	3.6%	3%	▲
Agency Costs (£000s)																
Overtime FTE	9.2	8.7	7.0	7.4	9.3	7.4	6.3	5.6	3.1	3.3	4.3	6.4	4.8			
Bank FTE	20.0	14.7	15.9	17.7	18.8	17.5	23.4	18.7	18.0	15.8	18.9	16.9	15.0			
Actual net FTE reduction this month	0.2	-2.9	-5.6	-7.6	10.8	3.1	14.7	8.2	-4.0	21.0	23.2	-4.2	-9.9	55.4		
Planned FTE reduction this month	0.6	-0.2	0.0													
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 10 2011/12

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT - Admitted	97.0%	97.6%	97.8%	98.6%	97.7%	97.9%	97.0%	99.1%	99.4%	99.0%	99.3%	99.5%	98.3%		90.0%	▼
RTT - Non Admitted	97.1%	95.3%	96.4%	97.6%	95.9%	96.9%	98.6%	96.4%	96.6%	96.8%	98.0%	97.9%	98.5%		95.0%	▲
OPERATIONAL PERFORMANCE																
Elective LOS	2.3	2.5	2.1	2.3	2.4	2.4	2.6	2.3	2.4	2.3	2.2	2.3	2.2	2.3	2.4	▲
Non Elective LOS	2.9	2.7	2.7	2.3	2.9	2.6	2.3	2.4	2.4	1.9	2.5	2.2	2.2	2.4	2.7	◀▶
% of Electives Adm.on day of proc.	96.6%	92.6%	93.1%	93.1%	90.6%	92.5%	90.3%	93.9%	94.8%	88.0%	91.9%	91.1%	88.2%	91.5%	92.0%	▲
Day Case Rate (Basket of 25)	88.1%	85.3%	88.1%	85.9%	82.4%	88.6%	90.8%	86.9%	78.7%	85.3%	78.7%	83.4%	83.8%	84.4%	75.0%	▲
Day Case Rate (All Elective Care)	63.3%	64.7%	69.2%	63.7%	65.0%	68.1%	64.3%	62.8%	65.7%	64.6%	63.1%	64.0%	67.3%	64.9%	66.5%	▲
30 Day Readmissions (UHL) - Any Specialty	4.9%	4.9%	4.4%	3.5%	3.9%	3.9%	3.7%	3.5%	3.6%	2.7%	3.4%	3.3%		3.5%	3.8%	▲
30 Day Readmissions (UHL) - Same Specialty	2.2%	2.2%	2.4%	2.3%	2.7%	2.5%	2.3%	2.0%	2.2%	1.4%	1.8%	2.0%		2.1%	2.3%	▼
Outpatient New : F/Up Ratio	1.6	1.5	1.3	1.3	1.4	1.4	1.4	1.4	1.5	1.5	1.5	1.4	1.4	1.4	1.4	◀▶
Outpatient DNA Rate	8.9%	7.9%	8.6%	7.7%	9.4%	8.8%	8.8%	8.5%	8.3%	8.5%	8.2%	9.1%	8.6%	8.6%	8.5%	▲
Outpatient Hosp Canc Rate	6.9%	7.4%	7.9%	7.5%	7.8%	8.7%	8.1%	8.5%	7.7%	8.0%	6.1%	7.4%	7.7%	7.8%	7.8%	▼
Outpatient Patient Canc Rate	9.6%	9.2%	10.3%	8.4%	9.1%	10.0%	10.2%	10.9%	10.3%	10.4%	10.5%	10.5%	9.7%	10.0%	9.5%	▲
Bed Utilisation (Incl short stay admissions)	87%	88%	86%	84%	87%	91%	93%	86%	88%	84%	87%	88%	88%	88%	90.0%	◀▶
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.2%	3.4%	3.5%	3.1%	3.0%	3.6%	3.5%	3.3%	3.4%	4.0%	4.0%	4.0%	3.6%	3.6%	3.0%	▲
Agency Costs (£000s)																
Overtime FTE	5.4	5.2	5.2	6.4	6.0	5.6	4.3	4.9	2.7	2.3	2.9	4.7	3.5			
Bank FTE	12.7	9.7	10.2	11.5	12.9	11.0	14.9	12.1	11.7	10.9	12.0	11.6	11.0			
Actual net FTE reduction this month	-2.1	-1.8	4.7	0.1	2.6	3.3	16.8	9.8	-8.1	8.6	13.6	1.1	-5.6	42.0		
Planned FTE reduction this month	1.0	0.0	0.0													
Finance : CIP Delivery																

WOMEN'S and CHILDREN'S - Women's

DIVISIONAL HEAT MAP - Month 10 2011/12

		Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status	
WOMEN'S and CHILDREN'S - Children's	REFERRAL to TREATMENT																	
	RTT - Admitted	97.6%	100.0%	91.5%	94.1%	98.4%	89.2%	100.0%	95.6%	98.4%	98.4%	86.0%	91.8%	89.8%		90.0%	⚠	
	RTT - Non Admitted	99.6%	100.0%	99.2%	100.0%	100.0%	100.0%	99.8%	99.8%	97.3%	98.3%	99.3%	100.0%	99.8%		95.0%	⬇	
	OPERATIONAL PERFORMANCE																	
	Elective LOS	3.9	2.0	2.4	2.5	1.8	2.1	2.8	1.9	2.3	5.9	3.0	3.2	3.2	2.8	2.2	⬅ ➡	
	Non Elective LOS	1.9	1.7	2.0	3.5	3.2	2.9	3.6	4.4	3.1	3.7	3.7	5.4	4.9	3.9	2.0	⬆	
	% of Electives Adm.on day of proc.	68.2%	71.8%	69.4%	67.4%	78.4%	61.2%	66.1%	80.9%	63.5%	70.5%	72.8%	67.7%	63.4%	69.3%	71.9%		
	Day Case Rate (Basket of 25)	85.4%	62.2%	62.5%	61.7%	62.0%	70.4%	81.4%	62.8%	69.2%	72.9%	81.8%	76.7%	76.0%	71.5%	75.0%	⬇	
	Day Case Rate (All Elective Care)	74.3%	68.2%	73.6%	72.1%	71.5%	75.2%	72.7%	71.9%	69.9%	78.2%	74.9%	69.3%	73.2%	73.0%	69.7%	⬆	
	30 Day Readmissions (UHL) - Any Specialty	9.8%	11.8%	9.6%	6.5%	5.8%	5.4%	4.8%	5.6%	6.3%	5.5%	5.6%	5.7%		5.7%	5.5%	⚠	
	30 Day Readmissions (UHL) - Same Specialty	8.1%	10.1%	8.0%	4.3%	4.0%	4.7%	3.6%	4.5%	4.7%	3.9%	4.7%	5.1%		4.4%	4.0%	⬇	
	Outpatient New : F/Up Ratio	1.7	1.4	1.5	0.8	1.0	0.9	1.0	1.1	1.0	0.9	0.8	0.7	0.7	0.9	1.2	⬅ ➡	
	Outpatient DNA Rate	10.4%	9.9%	10.2%	11.0%	12.3%	11.4%	12.4%	12.6%	10.1%	9.8%	10.7%	12.4%	12.2%	11.5%	11.5%	⚠	
	Outpatient Hosp Canc Rate	5.3%	7.4%	5.5%	7.0%	5.7%	4.2%	5.6%	7.0%	6.2%	5.7%	6.1%	4.9%	6.0%	5.8%	5.7%	⚠	
	Outpatient Patient Canc Rate	8.5%	8.7%	10.2%	9.6%	10.6%	11.0%	12.7%	10.4%	11.1%	9.8%	9.0%	10.8%	10.0%	10.5%	10.0%	⬆	
	Bed Utilisation (Incl short stay admissions)	93%	83%	93%	81%	84%	79%	79%	73%	79%	87%	90%	95%	91%	84%	90.0%	⬇	
	HR and FINANCE																	
	Staffing : Nurses per Bed																	
	Staffing : Cost per Bed																	
	Sickness Absence	4.5%	2.6%	3.5%	3.7%	3.4%	3.7%	3.0%	2.9%	3.3%	3.4%	3.5%	5.0%	5.0%	3.7%	3.0%	⬅ ➡	
Agency Costs (£000s)																		
Overtime FTE	3.9	3.6	1.8	1.0	3.3	1.8	2.0	0.7	0.5	0.9	1.5	1.8	1.3					
Bank FTE	7.4	5.0	5.7	6.2	5.9	6.5	8.5	6.6	6.3	4.9	6.9	5.4	4.1					
Actual net FTE reduction this month	2.3	-1.2	-10.3	-7.6	8.2	-0.1	-2.0	-1.6	-2.8	12.4	9.7	-5.3	-3.9	6.9				
Planned FTE reduction this month	-0.4	-0.2	0.0															
Finance : CIP Delivery																		

DIVISIONAL HEAT MAP - Month 10 2011/12

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status	
PATIENT SAFETY																	
10X Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	7	10	9	8	11	11	2	10	6	7	4	2		61	TBC		
Complaints Re-Opened	1	0	1	0	1	1	1	1	0	2	4	2	0	12	0	▲	
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	3	1	3	0	0	1	5	1	3	1	1	0	0	12	12	◀▶	
No of Staffing Level Issues Reported as Incidents	0	1	1	2	0	1	5	0	0	2	1	2	3	16	12	▼	
ALL Complaints Regarding Attitude of Staff	1	2	4	3	6	0	2	7	3	11	4	1	4	41	36	▼	
ALL Complaints Regarding Discharge	1	4	1	1	0	2	1	2	1	1	1	0	1	10	0	▼	
ANAESTHETICS & THEATRES																	
% Pain Mgmt Referrals Seen < 11 weeks	98.6%	99.0%	98.2%	98.7%	98.5%	98.5%	98.3%	98.1%	96.2%	97.6%	97.0%	94.3%	94.2%	97.1%	98.0%	▼	
Outpatient New : F/Up Ratio	3.7	3.8	3.8	3.9	4.3	4.8	3.8	4.2	3.3	3.1	3.4	3.5	2.7	3.7	3.2	▲	
Outpatient DNA Rate	11.5%	11.3%	10.7%	11.3%	11.8%	13.0%	10.6%	13.4%	11.8%	11.7%	11.7%	11.8%	10.9%	11.8%	11.5%	▲	
Outpatient Hosp Canc Rate	9.0%	8.8%	6.0%	5.1%	7.0%	10.6%	9.5%	10.1%	23.8%	18.7%	17.3%	15.5%	18.9%	14.0%	8.0%	▼	
Outpatient Patient Canc Rate	15.3%	14.8%	15.0%	16.6%	15.5%	13.6%	17.0%	16.5%	13.1%	13.0%	13.1%	14.6%	12.9%	14.5%	15.0%	▲	
RTT - Admitted	97.2%	96.3%	98.4%	100.0%	100.0%	95.2%	100.0%	100.0%	100.0%	97.9%	95.1%	100.0%	97.7%		90.0%	▼	
RTT - Non Admitted	99.2%	99.5%	99.6%	99.1%	99.6%	99.1%	98.2%	99.2%	99.1%	99.6%	99.3%	99.5%	99.6%		95.0%	▲	
UHL Inpatient Theatre Utilisation Rate (%)	78.4%	82.9%	82.1%	79.3%	79.3%	80.2%	81.1%	83.9%	82.5%	81.0%	80.9%	80.0%	81.8%	81.1%	86.0%	▲	
UHL Day case Theatre Utilisation Rate (%)	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	73.4%	78.8%	78.2%	75.1%	79.8%	75.8%	77.3%	76.2%	86.0%	▲	
BOOKING CENTRE																	
% calls responded to within 30 seconds	68.9%	75.4%	81.5%	76.9%	60.9%	64.4%	71.3%	68.6%	76.5%	76.9%	79.9%	89.8%	74.7%		65%	▼	
NUTRITION AND DIETETICS																	
% of adult inpatients seen within 2 days	98.2%	96.3%	97.5%	97.4%	98.0%	97.2%	96.3%	97.2%	98.5%	97.9%	96.7%	97.7%	98.9%		98%	▲	
% of paed inpatients seen within 2 days	94.7%	100%	100%	100%	100%	100.0%	100.0%	100.0%	98.2%	100.0%	96.7%	98.3%	100.0%		98%	▲	

CLINICAL SUPPORT

DIVISIONAL HEAT MAP - Month 10 2011/12

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
OCCUPATIONAL THERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	91.4%	97.1%	94.2%	95.0%	95.1%	98.9%	97.3%	91.2%	88.9%	98.2%	100.0%	100.0%	100.0%		95%	◀▶
RTT Completes (% waiting <=8 weeks)	99.7%	99.2%	99.5%	99.1%	99.4%	99.1%	99.8%	99.8%	99.4%	99.8%	100.0%	100.0%	100.0%		95%	◀▶
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	100%	97%	98%	100%	80%	90%	100%	80%	100%			98%	▲
Inpatient Response Times - Urgent (3 hours)	100%	100%	100%	100%	95%	100%	95%	96%	100%	95%	90%	98%			98%	▲
Inpatient Response Times - Routine (24 hours)	72%	79%	79%	70%	71%	77%	80%	81%	86%	83%	85%	88%			98%	▲
PHYSIOTHERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	97.4%	99.2%	98.8%	99.0%	96.6%	97.4%	97.2%	96.4%	96.5%	96.4%	97.2%	94.1%	95.0%		95%	▲
RTT Completes (% waiting <=8 weeks)	94.8%	96.2%	98.5%	97.8%	96.8%	95.6%	97.3%	96.5%	97.0%	97.6%	97.8%	97.7%	95.2%		95%	▼
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	100%	100%	100%	100%	96%	97%	100%	100%	100%			98%	◀▶
Inpatient Response Times - Urgent (3 hours)	100%	99%	100%	99.8%	99.6%	99.4%	99.2%	99.7%	98.2%	99.8%	99.4%	98.6%			98%	▼
Inpatient Response Times - Routine (24 hours)	98.5%	98.2%	98.6%	99.1%	99.6%	99.3%	99.5%	99.5%	99.7%	99.5%	99.5%	99.1%			98%	▼
MEDICAL RECORDS																
Med Rec - % Missing Casenotes	0.49%	0.46%	0.32%	0.31%	0.46%	0.44%	0.34%	0.35%	0.34%	0.30%	0.41%	0.35%	0.38%		<0.5%	▼
DISCHARGE TEAM																
Delayed Discharges - County	2.1	2.3	2.4	2.3	2.5	2.6	2.6	2.7	2.8	2.8	2.7	2.7	2.7		1.6	▶
Delayed Discharges - City	3.7	3.8	3.8	4.9	4.9	4.3	4.1	4.1	4.3	4.3	4.4	4.3	4.2		3.8	▲
PSYCHOLOGY / NEURO-PSYCHOLOGY																
New referrals inpatients Medical Psychology	5	4	2	2	1	2	0	0	2	4	6	3	5	25		
New referrals outpatients Medical Psychology	44	54	63	33	66	61	52	34	64	35	53	54	60	512		
New referrals inpatients Neuropsychology	5	8	7	4	9	6	5	5	13	1	15	2	5	65		
New referrals outpatients Neuropsychology	4	3	9	2	10	8	9	5	16	7	8	9	14	88		

CLINICAL SUPPORT




DIVISIONAL HEAT MAP - Month 10 2011/12




		Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status	
CLINICAL SUPPORT	CLINICAL SUPPORT																	
	SALT Wait Time in Weeks	2	4		2	2	2	2	2	3	3	2	3	3			4	◀▶
	Podiatry New IP Referrals	56	64	78	53	51	67	63	62	61	55	60	58	51	581			
	Pharmacy TTO Turnaround in 2 Hours	87%	79.5%	87.4%	79.5%	83.4%	85.8%	81.0%	87.2%	79.3%	78.9%	80.3%	81.7%	80.5%			80%	▼
	Pharmacy Dispensing Accuracy	98.56%	100%	100%	98.4%	99.96%	99.98%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%			99.5%	◀▶
	IMAGING and MEDICAL PHYSICS																	
	CT Scan (% Waiting 3+ Weeks)	0.7%	1.0%	2.3%	4.0%	1.0%	1.0%	0.2%	3.6%	1.5%	0.2%	1.7%	4.7%	1.2%			5%	▲
	MRI Scan (% Waiting 3+ Weeks)	6.0%	9.8%	10.2%	7.6%	4.9%	10.8%	5.5%	7.2%	3.3%	3.9%	5.0%	6.7%	3.5%			5%	▲
	Non-Obstetric Ultrasound (% Waiting 3+ Weeks)	10.5%	9.0%	12.2%	27.8%	8.2%	6.3%	4.9%	2.1%	0.1%	0.3%	4.2%	12.2%	4.9%			5%	▲
	Equipment Utilisation	75.0%	63.0%	72.0%	73.0%	77.5%	77.0%	75.0%	78.7%	73.0%	77.0%	78.0%	70.0%	79.0%			80%	▲
	ED Breach - Total %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			1%	◀▶
	ED Breach - Plain Film %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			1%	◀▶
	ED Breach - CT %	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			1%	◀▶
	CRIS and PACS																	
	PACS Uptime	96%	99.6%	99.0%	97.0%	97.0%	100%	99%	99.6%	100%	97%	100%	100%	99%			98%	▼
	CRIS Uptime	100%	100%	100%	100%	97%	100%	100%	100%	100%	99.7%	100%	100%	97%			98%	▼
	PATHOLOGY																	
	CDT 24 Hour TRT	92.3%	91.8%	98.6%	96.3%	95.8%	96.6%	97.8%	96.6%	94.8%	96.0%	97.1%	98.5%	97.8%			95%	▼
	MRSA 48 Hour TRT	99.7%	99.7%	99.9%	99.07%	99.67%	99.72%	99.71%	99.73%	99.83%	99.59%	99.88%	99.50%	98.70%			95%	▼
	Diagnostic Wait > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0			0	◀▶
	Cytology Screening 7 Day Target	97.8%	100.0%	100.0%	99.87%	99.98%	99.98%	99.98%	100%	100%	99.98%	100%	97.7%	100%			98%	▲




DIVISIONAL HEAT MAP - Month 10 2011/12

		Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	YTD	Target	Status
CLINICAL SUPPORT	HR and FINANCE																
	Appraisals	94.0%	94.5%	93.3%	92.4%	90.9%	87.6%	86.2%	85.0%	93.2%	96.6%	94.2%	93.5%	95.9%	95.9%	100%	▲
	Sickness Absence	4.0%	3.3%	3.7%	3.4%	3.0%	3.4%	3.5%	3.1%	3.1%	3.4%	3.5%	3.4%	4.3%	3.4%	3%	▼
	Agency Costs (£000s)																
	Overtime FTE	19.7	20.3	16.1	17.0	19.4	16.6	20.6	17.0	17.9	17.2	15.8	17.9	18.3			
	Bank FTE	33.5	30.5	29.1	29.7	28.8	27.2	21.0	20.1	21.0	17.6	23.0	23.1	16.9			
	Actual net FTE reduction this month	-2.7	-30.9	-5.1	-5.6	-14.7	7.8	-50.7	15.2	-15.9	-8.9	-2.4	-8.8	-19.6	-103.6		
	Planned FTE reduction this month	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