

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 5TH May 2011

REPORT BY: SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE

SUBJECT: MONTH TWELVE UHL PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following paper provides an overview of the Quality & Performance report March 2011 position highlighting performance indicator progress where indicators may be subject to further development or reporting.

Further technical guidance has been received in relation to the national targets, which may be found in Appendix B of this report.

2.0 March 2011 Operational Performance

2.1 Infection Prevention

- ❖ MRSA & CDifficile – One case of MRSA was reported for the month of March resulting in a total of 12 for the year. A further appeal is to be made for two cases where extraordinary multi-pathologies existed and where treatment of the patient was felt to be appropriate. The CDifficile position for March recorded 14 cases bringing the year to date total to 200 against a target of 212.

Year End position for MRSA – unachieved though with 8% reduction from 2009/10 with no appeal (23% with appeal).

Year End position for CDifficile – achieved and with a further 6% reduction from 2010/11 target.

2.2 RTT

In March 91.8% was achieved for admitted patients (target of 90%) and 97.1% (target of 95%) for non-admitted patients.

The Department of Health and MONITOR have introduced revised statistical measures which may be found in Appendix B, both relating to the 95th percentile where the threshold has been reduced from 27.7 weeks to 23 weeks. Furthermore, from a MONITOR perspective, any deviation in any month will result in a quarterly fail irrespective of subsequent performance. Plans are currently being agreed to respond to this performance change which is forecast to see a separation of performing/underperforming reports between the DoH Performance Framework and FT Compliance Framework.

2.3 ED

Performance for March for type 1 and 2 is 90.4% and year to date UHL performance 93.8%. Year to date performance across LLR is 96.1%. As per Appendix B, the four hour wait in A&E from arrival to admission, transfer or discharge remains for Q1. However revised indicators are to be introduced from Q2 including the change to the time in A&E being measured by the 95th percentile.

Furthermore, changes have also been made regarding what organisations can be included in the monthly reporting performance, moving from a 'trust perspective' to a 'site perspective'.

2.4 TIA

March performance has further improved on the February position to 77% (65% in February) against a target of 60%.

2.5 Thrombolysis

Performance for March for Primary PCI is 86.4% against a target of 75%. Year to date performance is 87%.

2.6 Cancer Targets

All cancer targets are delivering against performance thresholds in February with the exception of the 62 day screening where a small number of patients impacted on the delivery. Forecast for March is that all cancer targets will achieve, with an overall achievement for Q4.

2.7 Same Sex Accommodation (SSA)

With a national target of 100%, UHL Base Wards have continued to offer Same Sex Accommodation (SSA) 100% of the time and 100% compliance has also been achieved for intensivist areas during March.

2.8 Theatre Utilisation

UHL utilisation data for March 2011 has shown a pleasing improvement as follows:

- ❖ UHL inpatient utilisation was 82.97% - (72.39% March 2010)
- ❖ UHL day surgery utilisation was 91% – (67% March 2010)
- ❖ Run Hours – 91.5%

2.9 Cost Improvement Programme (CIP)

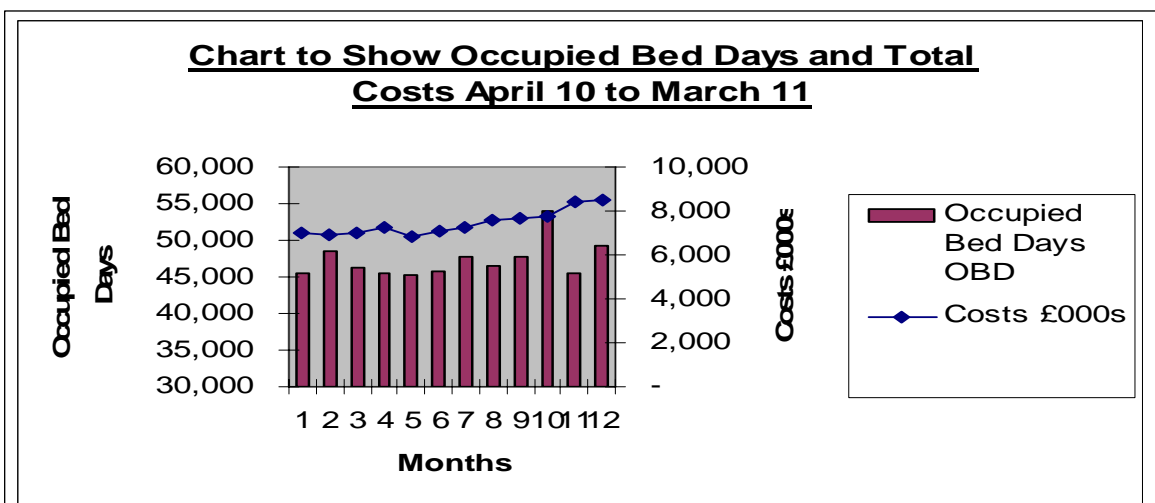
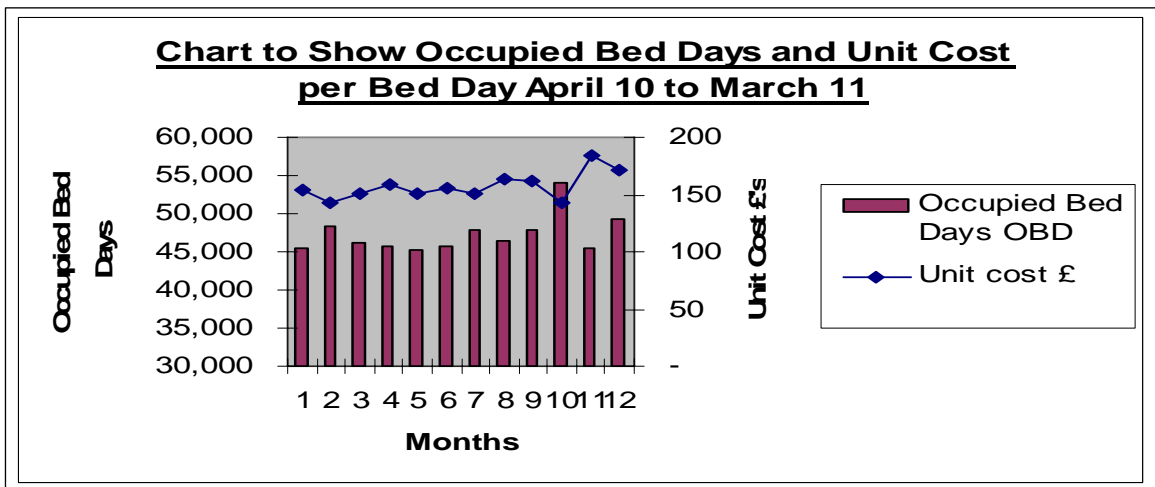
Further to a disappointing response for CIP Senior Responsible Officers (SRO's) to manage the trusts cross cutting corporate schemes, these roles alongside the Head of Transformation Programmes have been re-advertised on a wider catchment basis. Over 30 applications have been received for both the SRO positions and the Head of Transformation Programmes with interviews planned for the first week in May. Current plans for CIP deliver stand at 32.2m against a target of 38m (5.6%). A summary of the schemes may be seen in Appendix A.

2.10 Cost per bed

In response to the increasing cost per bed data, the following Chart 1 shows fluctuating occupied days during the year with the monthly average being 47,287. The main variations to this are January and February. The unit cost average is £158 for the year, with again January to March as outliers.

Chart 2 shows occupied bed days and the monthly cost. The key trend is the continued increase in costs over the year particularly from October explained by the monthly unit cost driven from the occupied bed days and costs of providing this service. Whilst recognising that there will always be a natural variation each month simply due to the days in a particular month, the main variations in year are explained by:

- ❖ January – significant increase in bed days with a small increase in costs resulting in a fall in the unit cost
- ❖ February – significant decrease in bed days as expected, but with a much greater increase in costs predominately agency spend
- ❖ March – bed days as expected but with the continued additional agency spend as seen in February. As a result we see an overall reduction in the unit cost from February but with the value still being above the annual average.



3.0 Medical Director's Report – Kevin Harris

3.1 Mortality Rates

UHL's overall risk adjusted mortality index (RAMI) is 'lower than expected' for this financial year.

Although there was an increase in the Elective RAMI during Quarter 1, predominantly due to errors in activity coding, this has significantly improved since December.

Following an increase in December and January in UHL's crude mortality rate and 'risk adjusted mortality index' (RAMI), both have returned to their pre-December rate in February.

The UHL Mortality and Morbidity Policy has been approved and disseminated to all consultants and implementation support is being given to CBUs and Specialties.

3.2 Discharge Letters

The bi-annual full audit of March's discharge letters has almost been completed. Preliminary results show that there has been an improvement in all the 'monthly audit standards' ('actions expected of GP'; 'information given to patient' 'medication changes' and 'timing of letter').

Good progress is being made with the implementation of the ICE discharge letter, which will facilitate emailing of letters to GPs. The new process is currently being 'road tested' by a small number of wards prior to full roll out across the trust. Similar progress is being made with the development of an ICE template for outpatient letters.

The ICE templates will support compliance with the 'content standards' for both discharge and outpatient letters in line with the CQUIN requirements.

3.3 Fractured Neck of Femur 'Time to Theatre'

Performance for 2010/11 for 'fractured neck of femur patients taken to theatre within 36 hours of attendance' was 75%.

Contact has been made with the National Hip Fracture Database team to confirm the national average in order to inform discussions with the PCT Quality Team regarding the thresholds to be agreed for 2011/12.

3.4 Venous Thrombo-embolism (VTE) Risk Assessment

'VTE risk assessment within 24 hours of admission was one of the National CQUINs for 2010/11 and has been repeated for 2011/12. The 10/11 CQUIN thresholds for "VTE risk assessment within 24 hours of admission" were fully met for Quarters 1 and 2 and partially met for Quarter 3.

In addition to improving performance with the VTE risk assessment, all trusts have been required to submit data on number of admissions and number of patients risk assessed to the DoH via Unify on a monthly basis since July last year. Due to lack

of availability of data for 'all patients' and following discussion with the SHA and DOH, UHL gave a 'nil return' for July and August and then submitted 'sample audit based' performance data for September to December. Due to UHL not providing data on 'all patients', UHL's submission has been counted as a 'nil return' for the months of October to December.

From 5th January, ward clerks and bank staff have been recording on Patient Centre whether or not patients on their ward have had a VTE risk assessment within 24 hours of admission. This has meant that 'all patient' data has been submitted for the months January to March

Due to non achievement of the 90% threshold for Quarter 4, there is a potential risk that the Commissioners will look to withhold CQUIN payment albeit the financial arrangements for 10/11 have been finalised.

Despite all the work undertaken to increase both VTE risk assessment and data capture on Patient Centre, it is also anticipated that performance will remain below the 90% threshold for April with the associated risk that the full monthly CQUIN payment will be withheld (approx £60,000).

Discussions have taken place with both the Commissioners and the SHA to explain the difficulties around 'full patient data capture' in order to fulfil the DoH requirements and to request that this is taken into account when applying any financial penalties. The SHA have responded favourably to this request and are currently supporting the trust with the iCM developments.

3.5 Readmissions

Although there has been a small reduction in the percentage of readmissions during February following an elective admission, there was a slight increase in the percentage of readmissions following a previous emergency admission.

Actions being taken to reduce readmissions include: post discharge phone calls; triaging of bed bureau patients and emergency clinics. The last two initiatives aim to reduce all unnecessary admissions but obviously will also have a positive impact on reducing readmissions

In addition to the internal workstreams in place, discussions have taken place with Commissioners to agree priorities for joint working.

Review of all actions will take place at the next 'Readmissions Programme Board meeting' on Friday, 6th May.

The Senior Responsible Officer for Readmissions post has now closed and short-listing of prospective candidates is underway.

3.6 Patient Safety

It is pleasing to note that there continues to be a reduction in reported patient falls incidents across the trust suggesting that the falls intervention measures are having a positive and sustained effect. Similarly at year end it is encouraging to be able to report the whole 2010/11 year position (and 14 consecutive months) of no 'never

events'. 10 x medication errors continue to be scrutinised at the Medications Management Board and relevant actions identified and implemented.

There has been a deteriorating position regarding outlying and complaints relating to discharge and attitudes of staff and these indicators are being closely examined within divisions and will be subject to a more detailed review at the next QPMG meeting.

3.7 Staff Safety

The March figures show an increase in RIDDORS reported, giving the highest figure for 2010/11. Some of these cases are historical RIDDORS relating to reportable occupational dermatitis that the HSE has requested the trust to report retrospectively

4.0 Human Resources – Kate Bradley

4.1 Appraisals

Whilst appraisal rates have increased significantly over the last 6 months from 68.5% in June 2010 the current overall rate is still almost 10% under the Trust target of 100%.

4.2 Sickness

The current level of sickness at the date of reporting is 4.0%, although the figure may actually reduce as earlier reporting appears to be adding about 0.4 % to the rate.

4.3 Headcount Reduction

At year end, headcount reduction delivered 437.8 against a plan of 433.4 WTE delivering 4.4 WTE surplus.

5.0 March 2011 Financial Performance – Andrew Seddon

5.1 Financial Position

The Trust is reporting a cumulative year to date end surplus of £1 million, which is in line with the £1 million planned surplus, excluding the impact of impairment:

Table 1 – I&E Summary

| | April 10 - March 11 | | | |
|----------------------------------|---------------------|------------|-----------------------|-----|
| | Actual £m | Plan £m | Variance £m % | |
| Income | 703.7 | 692.3 | 11.4 | 1.7 |
| Operating Expenditure | | | | |
| Pay | 435.0 | 430.6 | 4.5 | 1.0 |
| Non Pay | 224.6 | 217.8 | 6.7 | 3.1 |

| | | | | |
|--------------------------------|-------------|-------------|------------|------------|
| EBITDA | 44.1 | 43.9 | 0.2 | 0.6 |
| Depreciation | -29.4 | -29.1 | -0.3 | 1.1 |
| Net Interest payable | -0.4 | -0.5 | 0.1 | -20.7 |
| PDC dividend payable | -13.3 | -13.3 | 0.0 | 0.0 |
| Net Surplus / (Deficit) | 1.0 | 1.0 | 0.0 | |

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

Net Operating Income and Expenditure

The cumulative £1 million surplus is analysed above. Service income is £9.6 million favourable plus a further £1.8 million favourable variance on other operating income. The month 12 cumulative position includes the £7.4 million settlement with commissioners reported previously to Trust Board in respect of 2010/11 activity.

The pay position reflects the continued delivery of the planned headcount reduction offset by increased use of non-contracted staffing to meet the additional activity demands. The non pay position predominantly reflects the shortfall in cost improvement delivery, NICE and High Cost Therapy expenditure and increased R&D activity (offset by other operating income).

5.3 Patient Care Income and Activity

At the end of March 2011, there is an over-performance on patient care income of £7.1 million compared to the original plan.

The £7.1 million patient care over-performance against plan reflects some significantly under-performing areas, e.g. Neonates Transport income, offset by over-performance on critical care, outpatient and End Stage Renal Failure activity. Due to the terms of the contract, the Trust does not receive full cost payment for these over-performing areas.

5.4 Cost Improvement Programme

At the end of March 2011, the Trust has delivered £30.97 million against the planned £30.48 million cost improvement targets (102% delivery).

5.5 Better Payments Practice Code (BPPC)

Current performance is noted in the following table:

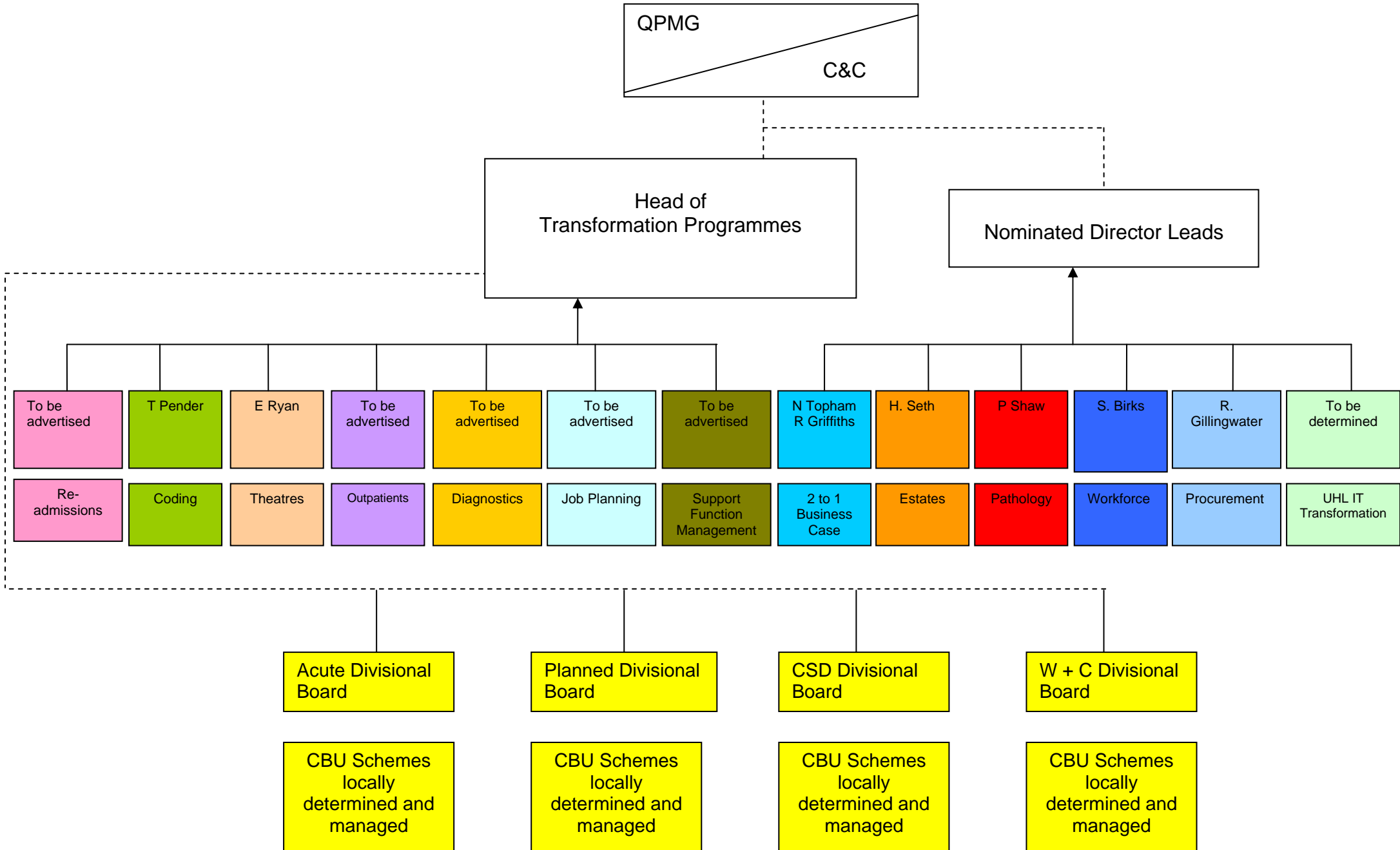
| | March 2011 | | Year to Date | |
|------------------|------------|---------|--------------|---------|
| | NHS | Non-NHS | NHS | Non-NHS |
| By Value | 94.5% | 94.2% | 93.4% | 94.9% |
| By Volume | 91.2% | 90.5% | 88.5% | 93.5% |

5.6 Working Capital

At the end of March 2011, the Trust's working capital reflects the following:

- The Trust has met its external financing limit and achieved a year end cash balance of £10,306K against a plan of £10,250K.

COST IMPROVEMENT PROGRAMME ASSURANCE PROCESS 2011



Indicators and Weightings for DoH Performance Framework and FT Compliance Framework

| Performance Indicator | DoH - PERFORMANCE FRAMEWORK | | | | FT COMPLIANCE FRAMEWORK | | |
|--|-----------------------------|------------------|-----------|-------------------|-------------------------|--|-------------------|
| | Performing | Under-performing | Weighting | Monitoring Period | Performing | Weighting | Monitoring Period |
| Four-hour maximum wait in A&E from arrival to admission, transfer or discharge | 95% | 94% | 1.00 | QTR | | | |
| Time in A&E (95th Percentile) | | | | | <= 240 mins | 1.0 | QTR 1 only |
| Time in A&E (95th Percentile) | | | | | <= 240 mins | 1.0 (failing 3 or more) 0.5 (failing 2 or less) | QTR 2 onwards |
| Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional) | | | 0.50 | QTR 2 onwards | <= 5% | | QTR 2 onwards |
| Left department without being seen rate | | | 0.50 | QTR 2 onwards | <= 5% | | QTR 2 onwards |
| Time to initial assessment - 95th centile | | | 0.50 | QTR 2 onwards | <= 15 mins | | QTR 2 onwards |
| Time to treatment in department - median | | | 0.50 | QTR 2 onwards | <= 60 mins | | QTR 2 onwards |
| Cancelled ops - breaches of 28 days readmission guarantee as % of cancelled ops | 5.0% | 15.0% | 1.00 | QTR | | | |
| MRSA | 0 | >1SD | 1.00 | YTD | 0 | 1.0 | QTR |
| C Diff | 0 | >1SD | 1.00 | YTD | 0 | 1.0 | QTR |
| RTT - admitted - 95th percentile | <=23 | >27.7 | 0.50 | Monthly | <=23 | 1.0 | Monthly |
| RTT - non-admitted - 95th percentile | <=18.3 | | 0.50 | Monthly | <=18.3 | 1.0 | Monthly |
| RTT - incomplete - 95th percentile | <=28 | >36 | 0.50 | Monthly | | | |
| RTT - admitted - 90% in 18 weeks | 90% | 85% | 0.75 | Monthly | | | |
| RTT - non-admitted - 95% in 18 weeks | 95% | 90% | 0.75 | Monthly | | | |
| 2 week GP referral to 1st outpatient | 93% | 88% | 0.50 | QTR | 93% | 0.5 | QTR |
| 2 week GP referral to 1st outpatient - breast symptoms | 93% | 88% | 0.50 | QTR | 93% | | QTR |
| 31 day diagnosis to treatment for all cancers | 96% | 91% | 0.25 | QTR | 96% | 0.5 | QTR |
| 31 day second or subsequent treatment - surgery | 94% | 89% | 0.25 | QTR | 94% | 1.0 | QTR |
| 31 day second or subsequent treatment - drug | 98% | 93% | 0.25 | QTR | 98% | | QTR |
| Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments) | 94% | 89% | 0.25 | QTR | 94% | | QTR |
| 62 days urgent GP referral to treatment of all cancers | 85% | 80% | 0.33 | QTR | 85% | 1.0 | QTR |
| 62 day referral to treatment from screening | 90% | 85% | 0.33 | QTR | 90% | | QTR |
| 62 day referral to treatment from hospital specialist | 85% | 80% | 0.33 | QTR | | | |
| Patients that have spent more than 90% of their stay in hospital on a stroke unit | 80% | 60% | 1.00 | 08/09 | TBC | 0.5 | QTR |
| Delayed transfers of care | 3.5% | 5.0% | 1.00 | QTR | | | |

Sum of weights

14.00

Scoring values

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

Overall performance score threshold

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

| Service Performance | Governance Risk Rating |
|---------------------|------------------------|
| < 1.0 | Green |
| > 0.9 and < 2.0 | Amber-Green |
| > 1.9 and < 4.0 | Amber-Red |
| > 3.9 | Red |

KEY
 Indicators as last year
 Indicators introduce part year
 New Indicators

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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DATE: 5th May 2011

REPORT BY: SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE

REPORT AUTHOR: JOHN ROBERTS, ASSISTANT DIRECTOR OF INFORMATION

SUBJECT: 2011/12 NHS PERFORMANCE FRAMEWORK INDICATORS

1. Introduction

The Operating Framework for the NHS in England for 2011/12, published on the 15 December 2010, set out the national priorities for the NHS in the year ahead. At the same time the performance indicators to be measured and the thresholds for achievement were published.

This paper sets out the 2011/12 indicators, thresholds, weightings and monitoring periods and any changes in definitions and thresholds for both the DoH performance framework and Monitor FT Compliance Framework.

2. The NHS Performance Framework – Quality of Service

The NHS Performance Framework, Implementation Guidance was published on the 14th April 2011. The Framework is administered by the Department and applied quarterly. The results are communicated in the Departmental publication *The Quarter*.

The Performance Indicators the Trust will be monitored and measured against are shown in Appendix A. Each indicator has a threshold set for achievement and is scored as follows:-

- 3 Performing
- 1 Performance Under Review
- 0 Underperforming

Also, each indicator has a weighting of 0.25, 0.33, 0.5, 0.75 or 1 which is multiplied by the score above. For example MRSA is weighted 1, so if the Trust achieves against this indicator a maximum score of 3 will be achieved. Whereas for cancer 2 week from GP referral to 1st outpatient the weighting is 0.5, therefore an 'achieve' would score 1.5.

All individual indicator scores are added together (maximum score 42) and divided by the 'sum of weightings' (14) to give an overall performance score threshold.

Based on the indicators underpinning the Performance Framework, organisations will be categorised as:

- ❖ *Performing (performance score >2.4)*
- ❖ *Performance under review (performance score 2.1 to 2.4)*
- ❖ *Underperforming (performance score <2.1)*

One major difference this year is that the monitoring periods are quarterly where as in previous years performance was reported quarterly and measured cumulative year to date.

3. **Monitor Foundation Trust Compliance Framework**

Monitor's 2011/12 Compliance Framework, published 31st March 2011, sets out the approach Monitor will take to assess the compliance of the NHS foundation trusts with their terms of Authorisation.

Monitor uses a limited set of national measures (Appendix A) to assess the quality governance at NHS foundation trusts. Monitor uses performance against these indicators as a component of the service performance score used to calculate governance risk ratings which are applied quarterly.

Indicators that do not achieve against the thresholds outlined in Appendix A, receive the weighted score associated with that indicator. All weighted scores are added together to ascertain the Governance Risk Rating as shown below.

| <u>Service Performance Score of</u> | <u>Governance Risk Rating</u> |
|-------------------------------------|-------------------------------|
| < 1.0 | Green |
| > 0.9 and < 2.0 | Amber-Green |
| > 1.9 and < 4.0 | Amber-Red |
| > 3.9 | Red |

4. **2011-12 Performance Indicators**

4.1. Accident and Emergency measures

The 4 hour maximum wait in A&E from arrival to admission, transfer or discharge target of 95% remains for Quarter 1.

The Working with the College of Emergency Medicine and the Royal College of Nursing, the National Clinical Director for Urgent and Emergency Care has developed a set of indicators to look at the performance of A&E departments. The indicators to be monitored from Quarter 2 are:

- Time in A&E (95th Percentile)
- Unplanned re-attendances within 7 days
- Left department without being seen rate
- Time to initial assessment (95th Percentile)
- Time to treatment in Department (Median)

These measures remain under review during 2011/12 and implementation may change in line with national policy. Consideration is also being given to the degree to which split site trusts can report ED performance moving from total trust reporting to site reporting.

4.2. Cancelled Operations – 28 day standard

This indicator remains in the DoH Performance Framework and the thresholds are as 2010/11.

4.3. Healthcare Associated Infections

The target set for MRSA during 2011/12 is 9 cases and for C Difficile 165 cases.

4.4. 18 weeks - Referral To Treatment Times (RTT)

RTT admitted 95th percentile, RTT non-admitted 95th percentile and RTT incomplete 95th percentile indicators introduced in Quarter 2 of 2010 will be monitored. For 2011/12 the RTT admitted 95th percentile threshold has been reduced to 23 weeks, from 27.7 weeks. Thresholds for the other indicators remain the same.

Patients' rights to access services within maximum waiting times under the NHS Constitution will continue. In addition to the suite of new RTT indicators the admitted 90% target and non-admitted 95% target are still to be reported as part of the DoH performance framework.

Whilst performance is measured on an aggregate basis, Trusts are required to meet the threshold on a monthly basis. Failure for any month represents failure for the quarter.

4.5. Cancer Waits

No change to cancer waits and thresholds from 2010/11. DoH performance framework measures each indicator separately where as FT compliance framework groups a number of the targets together and failure against any threshold represents a failure against the overall target.

4.6. Stroke

This indicator relates to stroke patients that have spent 90% of their stay in hospital on a stroke ward. FT compliance framework threshold for performing is to be confirmed.

4.7. Delayed Transfers of Care

This indicator remains in the DoH Performance Framework and the thresholds are as 2010/11.

5. **Recommendations**

The Trust Board is recommended to receive and note the content of this report.

Caring at its best

Divisional Heatmap

Trust Board

Thursday 5th May 2011

March 2011

DIVISIONAL HEAT MAP - Month 12 - 2010/11

QUALITY STANDARDS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status | |
|---|-----------|--------|--------|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| Infection Prevention | | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 1 | 3 | 2 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 2 | 1 | 12 | 9 | ▲ | |
| CDT Isolates in Patients (UHL - All Ages) | 24 | 24 | 25 | 19 | 14 | 13 | 10 | 16 | 20 | 12 | 17 | 16 | 14 | 200 | 212 | ▲ | |
| GRE | 1 | 0 | 1 | 0 | 0 | 3 | 0 | 1 | 3 | 1 | 3 | 2 | 1 | 15 | TBC | | |
| MRSA Elective Screening (Patient Matched) | | 99.95% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 100.0% | 100% | ◀▶ | |
| MRSA Elective Screening (Patient Not Matched) | | 118.7% | 117.9% | 118.9% | 123.9% | 125.3% | 134.4% | 132.9% | 132.2% | 128.7% | 111.8% | 132.9% | | 125.1% | 100% | ▲ | |
| MRSA Non-Elective Screening (Patient Matched) | | | | | | | | | 81.1% | 93.7% | 96.5% | 98.6% | | 92.5% | | | |
| MRSA Non-Elective Screening (Patient Not Matched) | | | | | | | | | 99.8% | 108.6% | 141.6% | 164.1% | | 125.7% | | | |
| Patient Safety | | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 3 | 1 | 10 | 0 | ▲ | |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ | |
| Patient Falls | 202 | 225 | 219 | 212 | 118 | 175 | 205 | 211 | 148 | 127 | 123 | 159 | 114 | 2036 | 2569 | ▲ | |
| Complaints Re-Opened | 19 | 14 | 17 | 22 | 24 | 27 | 13 | 19 | 24 | 13 | 14 | 17 | 22 | 226 | 210 | ▼ | |
| SUIs (Relating to Deteriorating Patients) | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 1 | 1 | 8 | 0 | ◀▶ | |
| RIDDOR | 4 | 3 | 4 | 6 | 4 | 3 | 2 | 5 | 3 | 2 | 8 | 7 | 12 | 59 | 56 | ▼ | |
| In-hospital fall resulting in hip fracture | Qtr 3 - 4 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 3 | 2 | 2 | 2 | 13 | | | |
| No of Staffing Level Issues Reported as Incidents | 85 | 60 | 82 | 102 | 158 | 96 | 172 | 54 | 75 | 87 | 44 | 34 | 67 | 1031 | 1080 | ▼ | |
| Outlying (daily average) | | 5 | 3 | 15 | 5 | 7 | 9 | 4 | 10 | 26 | 35 | 15 | 24 | 24 | 5 | ▲ | |
| Pressure Ulcers (Grade 3 and 4) | | 11 | 15 | 17 | 20 | 17 | 19 | 11 | 12 | 26 | 33 | 14 | 20 | 215 | TBC | | |
| ALL Complaints Regarding Attitude of Staff | 36 | 46 | 33 | 44 | 34 | 29 | 42 | 21 | 34 | 30 | 32 | 36 | 58 | 439 | 366 | ▼ | |
| ALL Complaints Regarding Discharge | 24 | 36 | 33 | 29 | 22 | 27 | 36 | 32 | 27 | 23 | 31 | 35 | 39 | 370 | 220 | ▼ | |
| Bed Occupancy (inc short stay admissions) | | 88% | 88% | 88% | 88% | 88% | 91% | 91% | 90% | 89% | 92% | 92% | 90% | 90% | | | |
| Bed Occupancy (excl short stay admissions) | | 82% | 83% | 82% | 82% | 82% | 86% | 86% | 86% | 85% | 88% | 86% | 85% | 84% | | | |
| Staffing : Nurses per Bed | | | | Data Validation in Progress | | | | | | | | | | | | | |
| Compliance with Blood Traceability | 98.8% | 99.0% | 99.2% | 99.1% | 98.8% | 98.7% | 97.3% | 98.1% | 99.1% | 98.8% | 98.8% | 98.0% | | 98.1% | 100% | ▼ | |

DIVISIONAL HEAT MAP - Month 12 - 2010/11

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|-----------|---------------|---------|---------|--------|--------|--------|--------|--------|--------|--------|-------|---------------|--------|
| Clinical Effectiveness | | | | | | | | | | | | | | | | |
| Emergency 30 Day Readmissions (UHL Data - Any Specialty) | 8.8% | 8.8% | 8.4% | 8.4% | 8.3% | 9.0% | 8.1% | 8.2% | 7.9% | 8.2% | 8.6% | 8.4% | | 8.4% | TBC | |
| Mortality (UHL Data) - Elective | 0.1% | 0.2% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | TBC | |
| Mortality (CHKS - Risk Adjusted) - Elective | 93.3 | 95.9 | 112.6 | 95.9 | 72.3 | 101.7 | 93.3 | 104.8 | 86.0 | 78.9 | 61.7 | 63.1 | | | TBC | |
| Mortality (UHL Data) - Emergency | 2.2% | 2.2% | 2.5% | 2.5% | 2.1% | 2.0% | 2.4% | 2.6% | 2.2% | 3.1% | 3.0% | 2.5% | 2.5% | 2.5% | TBC | |
| Mortality (CHKS - Risk Adjusted) - Emergency | 70.0 | 69.6 | 78.4 | 74.4 | 70.6 | 69.4 | 76.5 | 81.8 | 67.9 | 88.0 | 78.3 | 74.4 | | | TBC | |
| Discharge summaries to GP within 48hrs | 99% | 95% | No data | No data | 90% | 96% | 92% | 98% | 94% | | Audit | | | | 100% | ▼ |
| Participation in Monthly Discharge Letter Audit | | 79% | 40% | 52% | 44% | 57% | 50% | 93% | 61% | | Audit | | | | 100% | ▼ |
| Quality of Discharge Summaries | | 74% | No data | No data | No data | No data | | | | | Audit | | | | 90% | ◀▶ |
| Stroke - 90% of Stay on a Stroke Unit | 60% | 64% | 70% | 67% | 64% | 67% | 79% | 79% | 81% | 72% | 57% | 54% | | 68% | 80% | ⚠ |
| Stroke - TIA Clinic within 24 Hours | 64% | 62% | 34% | 65% | 52% | 63% | 33% | 19% | 20% | 46% | 67% | 65% | 77% | 49% | 60% | ▲ |
| No. of # Neck of femurs operated on < 36hrs | | 89% | 65% | 64% | 77% | 66% | 88% | 68% | 83% | 67% | 86% | 72% | 72% | 75% | 90% at Yr End | ⚠ |
| Maternity - Breast Feeding < 48 Hours | 73.8% | 70.5% | 73.7% | 72.3% | 72.3% | 74.3% | 74.2% | 72.1% | 72.6% | 71.6% | 71.5% | 75.0% | 76.3% | 73.0% | 67.0% | ▲ |
| Maternity - % Smoking at Time of Delivery | 11.6% | 11.6% | 12.3% | 11.9% | 12.2% | 11.6% | 13.3% | 10.0% | 12.7% | 12.3% | 15.1% | 11.8% | 11.1% | 12.2% | 18.1% | ▲ |
| Cytology Screening 7 day target | | 97.7% | 98.3% | 99.8% | 99.9% | 100.0% | 99.7% | 99.7% | 99.9% | 99.0% | 97.8% | 99.98% | 99.97% | | | |
| NICE Guidance | | | | Non Compliant | | | | | | | | | | | | |
| Audit | | | Compliant | Compliant | | | | | | | | | | | | |
| Senior clinical review on ward rounds (Audit Medicine CBU) | | | | 100% | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 - 2010/11

QUALITY STANDARDS *Continued*

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

Nursing Metrics

All Wards (105)

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| Patient Observation | 70% | 77% | 76% | 80% | 84% | 84% | 90% | 87% | 92% | 92% | 92% | 91% | 94% | 98.0% | 98.0% | ▲ |
| Pain Management | 50% | 60% | 61% | 71% | 75% | 79% | 82% | 87% | 84% | 85% | 85% | 88% | 90% | 98.0% | 98.0% | ▲ |
| Falls Assessment | 33% | 40% | 41% | 47% | 65% | 64% | 70% | 80% | 80% | 81% | 80% | 85% | 85% | 98.0% | 98.0% | ▶▶ |
| Pressure Area Care | 56% | 64% | 67% | 68% | 81% | 76% | 79% | 83% | 90% | 85% | 86% | 89% | 91% | 98.0% | 98.0% | ▲ |
| Nutritional Assessment | 58% | 67% | 72% | 80% | 79% | 77% | 75% | 80% | 85% | 85% | 82% | 85% | 90% | 98.0% | 98.0% | ▲ |
| Medicine Prescribing and Assessment | 91% | 93% | 91% | 92% | 92% | 92% | 95% | 94% | 95% | 94% | 96% | 98% | 99% | 98.0% | 98.0% | ▲ |
| Hand Hygiene | 99% | 95% | 98% | 99% | 99% | 97% | 95% | 94% | 96% | 98% | 98% | 98% | 98% | 98.0% | 98.0% | ◀▶ |
| Resuscitation Equipment | 57% | 54% | 70% | 69% | 73% | 65% | 59% | 73% | 77% | 71% | 71% | 84% | 83% | 98.0% | 98.0% | ▼ |
| Controlled Medicines | 87% | 88% | 93% | 93% | 93% | 96% | 95% | 98% | 98% | 98% | 90% | 100% | 100% | 98.0% | 98.0% | ◀▶ |
| VTE | | | | 40% | 49% | 51% | 57% | 61% | 65% | 64% | 69% | 75% | 79% | 98.0% | 98.0% | ▲ |
| Patient Dignity | | | | 87% | 91% | 92% | 93% | 93% | 94% | 95% | 95% | 96% | 99% | 98.0% | 98.0% | ▲ |
| Infection Prevention and Control | | | | 84% | 89% | 88% | 90% | 91% | 91% | 92% | 91% | 96% | 94% | 98.0% | 98.0% | ▼ |
| Discharge | | | | | | | | | 43% | 35% | 41% | 50% | 60% | 98.0% | 98.0% | ▲ |
| Continence | | | | | | | | | 75% | 84% | 86% | 91% | 90% | 98.0% | 98.0% | ▼ |

Red < 80
Amber 80 - 89
Green >=90

Patient Experience

| | | | | | | | | | | | | | | | | |
|---|-------|------|------|------|------|------|------|------|------|------|------|------|------|-------|--------|----|
| Inpatient Polling - treated with respect and dignity | | | 95.3 | | 95.8 | 94.4 | 94.9 | 95.5 | 94.6 | 96.2 | 95.2 | 95.2 | 95.0 | 95.0 | 95.0 | ▼ |
| Inpatient Polling - rating the care you receive | | | 85.8 | | 86.6 | 83.8 | 85.9 | 82.5 | 85.5 | 85.8 | 86.7 | 86.1 | 83.8 | 91.0 | 91.0 | ▼ |
| Outpatient Polling - treated with respect and dignity | | | | | | | | | | | | | | 90.0 | 90.0 | |
| Outpatient Polling - rating the care you receive | | | | | | | | | | | | | | 90.0 | 90.0 | |
| Real Time Patient Monitoring (Satisf'n Score) | | | | | | | | | | | | | | TBC | TBC | |
| PROMs | 55.4% | | | | | | | | | | | | | 80.0% | 80.0% | |
| % Beds Providing Same Sex Accommodation -Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100.0% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | 87% | 87% | 87% | 87% | 87% | 87% | 86% | 86% | 89% | 93% | 95% | 100% | 100% | 100% | 100.0% | ◀▶ |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 12 - 2010/11

QUALITY STANDARDS *Continued*

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|---|--------|--------|--------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|---------------|
| CQUIN | | | | | | | | | | | | | | | | |
| CROMS - Renal | | | | | | | | | | | | | | | | 65% |
| CROMS - Stroke | | | | | | | | | | | | | | | | 80% |
| % of all adults who have had VTE risk assessment on adm to hosp | | | | | | | | | | | | | | | | Pending Audit |
| Reduction of hospital acquired venous thrombosis | | | | | | | | | | | | | | | | Pending Audit |
| Increase proportion of normal and assisted deliveries | 78.8% | 75.7% | 77.5% | 77.2% | 76.5% | 76.4% | 79.1% | 78.9% | 76.2% | 79.0% | 76.0% | 78.3% | 81.2% | | | 78% |
| Reduction in A&E attendances resulting in admission (<17yrs) | 15.3% | 13.6% | 14.3% | 14.3% | 14.1% | 13.7% | 14.8% | 14.8% | 15.6% | 17.1% | 16.6% | 17.2% | 15.6% | | | TBC |
| Reduction in admissions from A&E with 0 length of stay (<17yrs) | 44.3% | 36.9% | 39.0% | 40.2% | 41.3% | 42.5% | 42.4% | 43.9% | 43.2% | 46.7% | 40.5% | 43.4% | 33.0% | | | TBC |
| Reduction in A&E attendances resulting in admission (>=17yrs) | 33.5% | 33.2% | 32.6% | 32.1% | 34.7% | 35.7% | 35.3% | 34.4% | 36.5% | 35.1% | 35.1% | 34.7% | 34.4% | | | TBC |
| Reduction in adm from A&E with 0 length of stay (>=17yrs) | 17.0% | 18.8% | 16.6% | 18.6% | 18.4% | 16.5% | 17.5% | 16.4% | 17.2% | 15.6% | 17.1% | 18.4% | 16.9% | | | TBC |
| Surveillance - CABG sternal wounds | | | | | | | | | | | | | | | | Pending Audit |
| Surveillance - Central lines in IC units | | | | Compliant | | | | | | | | | | | | |
| Surveillance - Ventilator associated pneumonia | | | | Compliant | | | | | | | | | | | | |
| Surveillance - Surgical site 30 days post discharge | | | | Compliant | | | | | | | | | | | | |
| Surveillance - C. Section infections | | | | | | | | | | | | | | | | Pending Audit |
| Quality Schedule | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 12 - 2010/11

OPERATIONAL STANDARDS

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Emergency Department | | | | | | | | | | | | | | | | |
| A&E Waits - Leics | 97.5% | 98.6% | 97.6% | 97.0% | 98.4% | 98.1% | 97.3% | 96.9% | 94.9% | 93.1% | 92.9% | 94.1% | 93.8% | 96.1% | 95% | ▼ |
| A&E Waits - UHL (Type 1 and 2) | 97.6% | 97.8% | 96.3% | 95.3% | 97.4% | 96.7% | 95.7% | 94.8% | 92.0% | 89.2% | 88.6% | 91.1% | 90.4% | 93.8% | 95% | ▼ |
| Admitted Median Wait (Mins) -Type1+2 | 212 | 209 | 218 | 216 | 215 | 214 | 221 | 218 | 227 | 228 | 228 | 225 | 225 | 220 | 205 | ◀▶ |
| Admitted 95th Percentile Wait (Mins) - Type 1+2 | 268 | 258 | 330 | 343 | 302 | 319 | 346 | 357 | 407 | 485 | 580 | 497 | 509 | 407 | 350 | ▼ |
| Non-Admitted Median Wait (Mins) - Type 1+2 | 118 | 113 | 115 | 108 | 113 | 111 | 118 | 116 | 121 | 117 | 108 | 109 | 122 | 114 | 105 | ▼ |
| Non-Admitted 95th Percentile Wait (Mins) Type 1+2 | 230 | 222 | 228 | 231 | 226 | 227 | 231 | 233 | 236 | 239 | 237 | 235 | 238 | 233 | 235 | ▼ |
| Referral to Treatment | | | | | | | | | | | | | | | | |
| 18 week referral to treatment - admitted | 95.3% | 94.0% | 94.3% | 94.2% | 94.2% | 93.4% | 91.5% | 92.6% | 92.1% | 91.6% | 91.5% | 91.0% | 91.8% | 91.8% | 90% | ▲ |
| 18 week referral to treatment - non admitted | 97.8% | 98.3% | 98.3% | 98.3% | 98.0% | 97.4% | 96.4% | 97.1% | 98.3% | 97.0% | 96.9% | 97.1% | 97.1% | 97.1% | 95% | ◀▶ |
| Cancer Treatment | | | | | | | | | | | | | | | | |
| Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 94.0% | 93.2% | 94.6% | 93.3% | 93.5% | 94.8% | 93.3% | 93.0% | 94.5% | 91.3% | 88.5% | 95.7% | | 93.3% | 93% | ▲ |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 96.5% | 95.4% | 93.4% | 93.5% | 93.4% | 98.3% | 98.3% | 97.7% | 94.9% | 98.4% | 98.0% | 95.5% | | 95.9% | 93% | ▼ |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 97.2% | 97.6% | 96.0% | 96.3% | 98.2% | 96.4% | 97.0% | 96.7% | 97.3% | 98.3% | 96.6% | 96.6% | | 97.0% | 96% | ◀▶ |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 100.0% | 98% | ◀▶ |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | 97.3% | 100.0% | 92.1% | 94.0% | 94.0% | 91.4% | 97.9% | 97.8% | 95.5% | 95.3% | 94.7% | 96.3% | | 95.1% | 94% | ▲ |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 100.0% | 100.0% | 98.7% | 99.3% | 99.2% | 100.0% | 100.0% | 100.0% | 99.4% | 99.3% | 99.3% | 100.0% | | 99.6% | 94% | ▲ |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 87.5% | 85.9% | 85.0% | 87.1% | 89.0% | 82.8% | 87.3% | 85.5% | 86.4% | 88.1% | 85.2% | 87.2% | | 86.3% | 85% | ▲ |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 96.0% | 92.9% | 87.2% | 93.2% | 91.4% | 87.9% | 91.5% | 87.2% | 91.1% | 98.2% | 90.5% | 85.1% | | 90.9% | 90% | ▼ |
| 62-Day Wait For First Treatment From Consultant Upgrade | | | ----- | ----- | ----- | 100.0% | ----- | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 100% | 100% | ◀▶ |

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 12 - 2010/11

OPERATIONAL STANDARDS (continued)

| | | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--------------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| UNIVERSITY HOSPITALS of | Coronary Heart Disease | | | | | | | | | | | | | | | | |
| | Maintain a maximum 13 week wait for revascularisation (CABG/PTCA) | 100.0% | 100.0% | 100.0% | 99.4% | 100.0% | 100.0% | 100.0% | 100.0% | 98.9% | 96.5% | 92.9% | 93.1% | 95.3% | 97.8% | 99.0% | ▲ |
| | Primary PCI Call to Balloon <150 Mins | 81.8% | 62.5% | 95.5% | 82.6% | 73.3% | 86.7% | 94.1% | 83.3% | 95.7% | 86.7% | 96.3% | 88.9% | 86.4% | 87.0% | 75.0% | ▼ |
| | Rapid Access Chest Pain Clinics - % in 2 Weeks | 99.6% | 100.0% | 100.0% | 100.0% | 100.0% | 99.3% | 100.0% | 100.0% | 98.9% | 100.0% | 100.0% | 100.0% | 100.0% | 99.8% | 98.0% | ◀▶ |

DIVISIONAL HEAT MAP - Month 12 - 2010/11

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Access | | | | | | | | | | | | | | | | |
| 6+ Week Wait (Diagnostics) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5 | 58 | 161 | 207 | 234 | 208 | 208 | 5 | ▲ |
| Outpatient Waiting List (Total - GP/GDP Referred) | 11,705 | 12,860 | 13,422 | 13,396 | 13,619 | 13,364 | 13,361 | 13,164 | 12,411 | 11,613 | 11,294 | 11,832 | 12,146 | 12,146 | | |
| Outpatient WL (5+ Week Local Target) | 2,263 | 3,363 | 3,460 | 3,750 | 3,747 | 4,347 | 4,284 | 4,138 | 3,701 | 4,376 | 3,584 | 2,784 | 3,114 | 3,114 | | |
| Outpatient WL (11+ Week Local Target) | 1 | 5 | 4 | 2 | 12 | 26 | 44 | 51 | 44 | 134 | 158 | 111 | 75 | 75 | 4 | ▲ |
| Outpatient WL(13+ Week Local Tgt) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 19 | 9 | 19 | 19 | 0 | ▼ |
| Day case Waiting List (Total) | 4,851 | 5,121 | 5,284 | 5,416 | 5,678 | 5,772 | 5,884 | 5,928 | 5,785 | 5,823 | 5,898 | 5,975 | 5,891 | 5,891 | | |
| Day Case List (11+ Week Local Target) | 338 | 375 | 499 | 493 | 662 | 840 | 915 | 1016 | 896 | 1112 | 1204 | 1227 | 1020 | 1020 | 514 | ▲ |
| Day Case List (20+ Week Local Target) | 14 | 18 | 12 | 12 | 29 | 65 | 123 | 191 | 203 | 229 | 217 | 254 | 257 | 257 | 4 | ▼ |
| Day Case List (26+ Week Local Target) | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 9 | 26 | 27 | 47 | 47 | 0 | ▼ |
| Inpatient Waiting List (Total) | 2,760 | 2,743 | 2,769 | 2,811 | 2,682 | 2,607 | 2,619 | 2,605 | 2,672 | 2,631 | 2,706 | 2,530 | 2,391 | 2,391 | | |
| Inpatient List (11+ Week Local Target) | 364 | 427 | 455 | 375 | 396 | 466 | 484 | 444 | 434 | 512 | 567 | 548 | 495 | 495 | 720 | ▲ |
| Inpatient List (20+ Week Local Target) | 37 | 26 | 23 | 22 | 25 | 38 | 38 | 49 | 56 | 58 | 66 | 76 | 80 | 80 | 4 | ▼ |
| Inpatient List (26+ Week Local Target) | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 5 | 10 | 12 | 11 | 11 | 0 | ▲ |
| 48 hours GUM access | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 99.97% | ▲ |

DIVISIONAL HEAT MAP - Month 12 - 2010/11

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

Efficiency - Outpatients and Inpatient Length of Stay

| | | | | | | | | | | | | | | | | |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----|
| Outpatient DNA Rates (%) | 8.9% | 9.1% | 9.3% | 9.6% | 9.6% | 9.7% | 9.8% | 9.7% | 9.3% | 11.2% | 9.7% | 8.6% | 9.0% | 9.5% | 9.0% | ▼ |
| Outpatient Appts % Cancelled by Hospital | 11.2% | 11.8% | 10.2% | 10.7% | 11.1% | 11.0% | 11.6% | 10.8% | 10.2% | 10.4% | 10.4% | 10.9% | 10.5% | 10.8% | 13.0% | ▲ |
| Outpatient Appts % Cancelled by Patient | 10.5% | 10.0% | 10.6% | 11.1% | 11.0% | 10.9% | 11.0% | 10.6% | 10.3% | 13.1% | 10.0% | 9.7% | 9.7% | 10.7% | 11.0% | ◀▶ |
| Outpatient F/Up Ratio | 2.2 | 2.3 | 2.1 | 2.1 | 2.1 | 2.2 | 2.2 | 2.2 | 2.2 | 2.2 | 2.3 | 2.2 | 2.2 | 2.2 | 2.1 | ▶▶ |
| Ave Length of Stay (Nights) - Emergency | 5.0 | 4.9 | 4.6 | 4.9 | 4.8 | 4.9 | 5.0 | 5.0 | 5.0 | 5.0 | 5.2 | 5.0 | 5.3 | 5.0 | 5.0 | ▼ |
| Ave Length of Stay (Nights) - Elective | 3.8 | 3.8 | 3.8 | 3.4 | 3.5 | 3.8 | 3.3 | 3.6 | 3.8 | 3.8 | 3.1 | 3.4 | 3.3 | 3.6 | 3.8 | ▲ |
| Delayed transfers per 10,000 admissions | 2.0% | 1.2% | 1.1% | 1.6% | 1.2% | 1.6% | 1.4% | 1.5% | 1.1% | 1.5% | 1.9% | 2.0% | 1.8% | 1.5% | 3.5% | ▲ |
| % of Electives admitted on day of procedure | 80.7% | 80.7% | 80.1% | 81.0% | 81.5% | 79.5% | 81.5% | 80.1% | 84.0% | 81.0% | 84.8% | 83.9% | 82.4% | 81.7% | | |

Theatres and Cancelled Operations

| | | | | | | | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Day Case Rate (Basket of 25) | 74.0% | 78.0% | 73.9% | 75.8% | 72.2% | 73.5% | 76.7% | 72.9% | 73.6% | 75.6% | 80.4% | 75.3% | 77.5% | 75.4% | 75.0% | ▲ |
| Inpatient Theatre Utilisation Rate (%) | 76.1% | 72.8% | 79.4% | 77.4% | 74.1% | 74.0% | 75.6% | 77.5% | 78.4% | 74.7% | 78.4% | 82.9% | 82.1% | 77.3% | 86.0% | ▼ |
| Day case Theatre Utilisation Rate (%) | 76.6% | 68.7% | 80.5% | 74.6% | 63.4% | 69.9% | 77.8% | 74.0% | 79.4% | 79.6% | 89.8% | 90.4% | 91.9% | 77.4% | 86.0% | ▲ |
| Operations cancelled for non-clinical reasons on or after the day of admission | 0.91% | 1.20% | 1.17% | 1.06% | 1.05% | 1.28% | 1.16% | 1.59% | 1.40% | 1.77% | 1.94% | 1.63% | 1.62% | 1.33% | 0.8% | ▲ |
| Cancelled patients offered a date within 28 days of the cancellations | 88.4% | 91.9% | 99.0% | 94.6% | 85.7% | 96.3% | 90.2% | 87.5% | 91.7% | 88.7% | 87.5% | 89.7% | | 90.8% | 95.0% | ▶ |

DIVISIONAL HEAT MAP - Month 12 - 2010/11
HUMAN RESOURCES

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|--------|
| Staffing | | | | | | | | | | | | | | | | |
| Contracted staff in post (substantive FTE) | 10421.1 | 10376.4 | 10306.8 | 10275.0 | 10179.7 | 10196.5 | 10102.0 | 10145.2 | 10167.5 | 10155.2 | 10158.0 | 10146.7 | 10170.9 | 10170.9 | | |
| Bank hours paid (FTE) | 282.6 | 240.6 | 238.7 | 240.7 | 272.6 | 251.4 | 271.2 | 287.7 | 262.8 | 250.8 | 283.5 | 242.7 | 257.3 | 257.3 | | |
| Overtime hours paid (FTE) | 125.6 | 105.0 | 83.1 | 43.5 | 82.8 | 78.9 | 94.5 | 92.1 | 100.1 | 110.6 | 109.0 | 102.8 | 84.7 | 84.7 | | |
| Total FTE worked | 10829.3 | 10721.9 | 10628.6 | 10559.1 | 10535.1 | 10526.8 | 10467.6 | 10525.0 | 10530.3 | 10516.6 | 10550.5 | 10492.2 | 10512.9 | 10512.9 | | |
| Pay bill - directly employed staff (£ m) | 35.1 | 35.0 | 34.8 | 35.2 | 35.1 | 34.5 | 35.2 | 35.1 | 35.6 | 35.0 | 35.4 | 35.8 | 36.2 | 422.7 | | |
| Planned CIP reduction this month | | 150.0 | 12.7 | 30.0 | 130.1 | 5.9 | 12.5 | 81.0 | 6.7 | 0.0 | 4.6 | -0.2 | 0.0 | 433.4 | -433.5 | |
| Actual CIP reduction this month | | 138.4 | 54.4 | 82.6 | 49.7 | 70.4 | 20.9 | 23.7 | 4.6 | 0.7 | -0.2 | 5.7 | -13.0 | 437.8 | | |
| Workforce HR Indicators | | | | | | | | | | | | | | | | |
| Sickness absence | 3.7% | 3.2% | 3.2% | 3.3% | 3.4% | 3.2% | 3.5% | 3.8% | 3.7% | 4.7% | 4.2% | 3.8% | 4.0% | 3.7% | 3.0% | ▼ |
| Appraisals | 84.9% | 81.4% | 73.2% | 68.5% | 72.7% | 76.3% | 81.4% | 86.1% | 90.1% | 93.2% | 91.3% | 90.1% | 90.3% | 90.3% | 100% | ▲ |
| Turnover | 7.6% | 7.5% | 7.5% | 7.5% | 7.7% | 7.6% | 8.1% | 7.8% | 8.3% | 7.8% | 8.1% | 8.3% | 8.0% | 8.0% | 10.0% | ▲ |
| Formal action under absence policy - Warnings issued | 22 | 17 | 23 | 16 | 13 | 18 | 18 | 13 | 21 | 14 | 27 | 22 | 25 | 227 | | |
| Formal action under absence policy – Dismissals | 4 | 1 | 3 | 1 | 2 | 3 | 4 | 1 | 1 | 3 | 4 | 0 | 3 | 26 | | |
| % Corporate Induction attendance | 91.0% | 75.0% | 89.0% | 88.0% | 77.0% | 90.0% | 93.0% | 91.0% | 88.0% | 88.0% | 87.0% | 93.0% | 96.0% | 88.0% | 95.0% | ▲ |

DIVISIONAL HEAT MAP - Month 12 2010/11

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|-----------|--------|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | ◀▶ |
| CDT Positives (UHL) | 10 | 6 | 11 | 6 | 4 | 6 | 3 | 8 | 5 | 1 | 6 | 6 | 6 | 68 | | ▶▶ |
| 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% | | ◀▶ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 7.7% | 8.0% | 7.4% | 7.4% | 7.7% | 7.9% | 7.4% | 7.3% | 7.5% | 7.0% | 7.6% | 7.2% | | 7.5% | | |
| 30 Day Readmissions (UHL) - Same Specialty | 4.7% | 4.7% | 4.4% | 4.4% | 5.0% | 4.7% | 4.2% | 4.3% | 4.4% | 4.1% | 4.6% | 4.3% | | 4.5% | | |
| 28 Day Readmission Rate (CHKS) | 7.5% | 7.5% | 7.1% | 7.1% | 7.5% | 7.4% | 7.0% | 7.0% | 7.1% | 3.6% | 7.1% | | | | | |
| Mortality (UHL Data) | 0.8% | 0.8% | 1.0% | 0.9% | 1.0% | 0.7% | 1.0% | 0.9% | 0.6% | 1.0% | 0.8% | 0.7% | 0.6% | 0.8% | 0.9% | ▲ |
| Mortality (CHKS - Risk Adjusted - Peers to be Confirmed) | 85.2 | 80.5 | 94.1 | 90.5 | 108.0 | 88.3 | 100.2 | 96.9 | 68.0 | 96.8 | 77.0 | 67.0 | | | | |
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | ▲ |
| Never Events | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Patient Falls | | 56 | 61 | 58 | 12 | 53 | 65 | 78 | 47 | 78 | 43 | 42 | 54 | 647 | 5% Red,n | |
| Complaints Re-Opened | | 5 | 2 | 10 | 14 | 9 | 6 | 10 | 10 | 5 | 4 | 11 | 7 | 93 | 10% Red,n | |
| SUIs (Relating to Deteriorating Patients) | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 3 | 0 | ▼ |
| RIDDOR | | 0 | 0 | 2 | 1 | 0 | 0 | 2 | 1 | 0 | 2 | 1 | 2 | 11 | TBC | |
| In-hospital fall resulting in hip fracture | | | | | | | | | | | | | | | TBC | |
| No of Staffing Level Issues Reported as Incidents | | 10 | 14 | 9 | 14 | 11 | 2 | 4 | 3 | 12 | 11 | 7 | 4 | 101 | | |
| Outlying (daily average) | | | | 8 | 1 | 1 | 4 | 2 | 4 | 12 | 8 | 6 | 2 | 2 | | |
| Pressure Ulcers (Grade 3 and 4) | | 4 | 5 | 9 | 5 | 6 | 11 | 6 | 3 | 7 | 8 | 6 | 9 | 79 | | |
| ALL Complaints Regarding Attitude of Staff | | 21 | 11 | 16 | 9 | 11 | 21 | 10 | 9 | 6 | 10 | 11 | 17 | 152 | | |
| ALL Complaints Regarding Discharge | | 20 | 14 | 11 | 6 | 9 | 10 | 13 | 11 | 6 | 12 | 8 | 11 | 131 | | |
| Bed Occupancy (inc short stay admissions) | | 87% | 84% | 88% | 89% | 88% | 91% | 92% | 90% | 87% | 93% | 92% | 88% | 89% | | |
| Bed Occupancy (excl short stay admissions) | | | | 82% | 84% | 85% | 88% | 89% | 86% | 83% | 88% | 85% | 83% | 85% | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status | |
|---|--------|--------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|-------|
| NURSING METRICS | | | | | | | | | | | | | | | | | |
| Patient Observation | | | 75% | 77% | 86% | 84% | 89% | 86% | 95% | 89% | 91% | 91% | | | 98.0% | ◀▶ | |
| Pain Management | | | 63% | 66% | 77% | 79% | 87% | 85% | 84% | 88% | 82% | 85% | | | 98.0% | ▲ | |
| Falls Assessment | | | 43% | 44% | 63% | 65% | 78% | 72% | 79% | 77% | 74% | 85% | | | 98.0% | ▲ | |
| Pressure Area Care | | | 72% | 64% | 82% | 79% | 82% | 80% | 90% | 82% | 82% | 86% | | | 98.0% | ▲ | |
| Nutritional Assessment | | | 76% | 69% | 81% | 79% | 79% | 79% | 90% | 83% | 80% | 86% | | | 98.0% | ▲ | |
| Medicine Prescribing and Assessment | | | 91% | 91% | 93% | 92% | 95% | 95% | 95% | 94% | 95% | 98% | | | 98.0% | ▲ | |
| Hand Hygiene | | | | | | | | | | | | | | | 98.0% | | |
| Resuscitation Equipment | | | 73% | 79% | 77% | 68% | 60% | 74% | 85% | 75% | 63% | 74% | | | 98.0% | ▲ | |
| Controlled Medicines | | | 90% | 96% | 98% | 98% | 93% | 98% | 96% | 100% | 85% | 98% | | | 98.0% | ▲ | |
| VTE | | | | | 62% | 57% | 69% | 66% | 74% | 69% | 77% | 80% | | | 98.0% | ▲ | |
| Patient Dignity | | | Red < 80 Amber 80 - 89 Green >=90 | | | 93% | 94% | 92% | 95% | 94% | 93% | 96% | 94% | | | 98.0% | ▼ |
| Infection Prevention and Control | | | | | | 86% | 89% | 91% | 91% | 94% | 86% | 92% | 94% | | | | 98.0% |
| Discharge | | | | | | | | | 39% | 27% | 35% | 37% | | | 98.0% | ▲ | |
| Continence | | | | | | | | | 73% | 85% | 88% | 94% | | | 98.0% | ▲ | |
| DISCHARGE LETTERS | | | | | | | | | | | | | | | | | |
| Discharge summaries to GP within 48hrs | 92% | | | | | | | | 86% | | | | | | TBC | | |
| Participation in Monthly Discharge Letter Audit | | | | 35% | | 24% | | | 46% | | | | | | TBC | | |
| Quality of Discharge Summaries | | | | | | | | | | | | | | | TBC | | |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | | 17.5% | 18.5% | 17.0% | 24.6% | 16.0% | 15.1% | | | | | | | | 4.0% | ▲ | |
| RTT - Admitted | 94.8% | 92.8% | 93.2% | 93.1% | 92.8% | 92.2% | 89.2% | 90.9% | 90.2% | 89.7% | 89.8% | 89.7% | 90.3% | 90.3% | 90.0% | ▲ | |
| RTT - Non Admitted | 96.9% | 97.5% | 97.2% | 97.3% | 96.6% | 95.4% | 93.7% | 95.3% | 93.6% | 94.6% | 94.6% | 95.8% | 95.6% | 95.6% | 95.0% | ▼ | |
| Elective LOS | 3.4 | 3.7 | 3.4 | 2.9 | 3.2 | 3.4 | 2.9 | 3.3 | 3.5 | 3.3 | 2.8 | 3.1 | 3.1 | 3.2 | 3.3 | ◀▶ | |
| Non Elective LOS | 6.1 | 6.2 | 5.8 | 6.2 | 5.8 | 6.1 | 6.3 | 5.9 | 5.9 | 6.2 | 5.8 | 5.8 | 6.0 | 6.0 | 6.0 | ▼ | |
| % of Electives Adm.on day of proc. | 89.0% | 88.8% | 89.8% | 89.6% | 89.9% | 88.4% | 90.5% | 90.5% | 92.2% | 91.0% | 92.1% | 91.7% | 90.9% | 90.4% | 84.7% | | |
| Day Case Rate (Basket of 25) | 69.9% | 76.5% | 69.7% | 74.0% | 69.0% | 70.5% | 75.1% | 70.9% | 73.5% | 75.2% | 78.7% | 74.6% | 76.4% | 73.7% | 75.0% | ▲ | |
| Day Case Rate (All Elective Care) | 78.7% | 79.2% | 77.2% | 79.4% | 76.7% | 78.2% | 78.8% | 78.8% | 79.3% | 79.3% | 81.7% | 79.0% | 80.1% | 79.0% | 77.1% | ▲ | |
| Inpatient Theatre Utilisation | | 73.8% | 77.7% | 77.2% | 73.1% | 74.0% | 76.5% | 76.2% | 78.4% | 75.0% | 77.2% | 82.3% | 80.7% | 76.8% | 86.0% | ▼ | |
| Day Case Theatre Utilisation | | 69.8% | 77.3% | 71.4% | 61.4% | 71.3% | 77.1% | 74.8% | 78.8% | 79.0% | 85.4% | 88.5% | 88.7% | 76.1% | 86.0% | ▲ | |
| Outpatient New : F/Up Ratio | 2.3 | 2.5 | 2.2 | 2.1 | 2.2 | 2.3 | 2.3 | 2.3 | 2.3 | 2.4 | 2.6 | 2.5 | 2.4 | 2.3 | 2.3 | ▲ | |
| Outpatient DNA Rate | 8.3% | 8.9% | 8.4% | 8.8% | 9.0% | 9.6% | 9.5% | 9.4% | 9.1% | 11.1% | 9.9% | 8.7% | 9.0% | 9.3% | 10.1% | ▼ | |
| Outpatient Hosp Canc Rate | 10.7% | 11.4% | 9.2% | 10.0% | 11.0% | 11.1% | 12.1% | 11.4% | 11.3% | 10.9% | 10.9% | 11.9% | 10.8% | 11.0% | 13.4% | ▲ | |
| Outpatient Patient Canc Rate | 10.1% | 9.4% | 10.1% | 10.8% | 10.3% | 10.4% | 10.5% | 10.1% | 9.5% | 12.6% | 9.5% | 9.2% | 9.0% | 10.1% | 11.5% | ▲ | |

DIVISIONAL HEAT MAP - Month 12 2010/11

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| SCREENING PROGRAMMES | | | | | | | | | | | | | | | | |
| Diabetic Retinopathy - % Uptake | | | | | 76.8% | 84.2% | 37.5% | 42.1% | 62.3% | 28.6% | 59.8% | 70.1% | 56.0% | 53.5% | | |
| Diabetic Retinopathy - % Results in 3 Weeks | | | | | 91.9% | 87.1% | 86.0% | 77.7% | 74.2% | 82.3% | 64.0% | 80.9% | 82.3% | 79.8% | | |
| Diabetic Retinopathy - % Treatment in 4 Weeks | | | | | 0.0% | 0.0% | ----- | ----- | 0.0% | ----- | 50.0% | 50.0% | | 30.8% | | |
| Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month | | 5.2% | 4.7% | 7.7% | 6.5% | 4.7% | 7.8% | 6.0% | 11.3% | 5.7% | 5.2% | 7.0% | 7.1% | 79.0% | | |
| Abdominal Aortic Aneurysm - % Uptake | | 100% | 100% | 100% | 100% | 92.3% | 98.1% | 100% | 96.1% | 100% | 94.1% | 97.1% | 96.2% | 98.0% | | |
| Abdominal Aortic Aneurysm - 30 Day post-operative Mortality | | 0% | 0% | 0% | 20% | 0% | 0% | 0% | 0% | ----- | ----- | 0% | | 2% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Appraisals | | 79.1% | 70.2% | 61.4% | 72.6% | 74.4% | 78.0% | 86.0% | 93.7% | 95.3% | 95.0% | 94.5% | 95.6% | 95.6% | 100% | ▲ |
| Sickness Absence | 3.7% | 3.2% | 2.7% | 2.3% | 2.6% | 2.8% | 3.0% | 3.1% | 2.8% | 3.8% | 3.3% | 3.4% | 3.8% | 3.1% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 11.8 | 6.8 | 4.7 | 6.0 | 5.3 | 7.4 | 8.8 | 7.2 | 6.4 | 6.8 | 4.6 | 2.4 | | | |
| Bank FTE | | 73.2 | 74.4 | 75.2 | 85.2 | 79.3 | 77.5 | 75.0 | 63.9 | 57.6 | 61.3 | 50.4 | 53.0 | | | |
| Actual net FTE reduction this month | | -49.0 | 11.1 | 2.2 | 3.3 | 16.9 | 12.3 | 6.1 | 6.8 | -7.6 | -8.4 | -10.9 | -12.3 | -29.4 | | |
| Planned FTE reduction this month | | 11.4 | 2.2 | 5.6 | 3.4 | 0.4 | 2.0 | 52.8 | 2.5 | 0.5 | 0.0 | 0.0 | 0.0 | 80.8 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

PLANNED CARE - Specialist Surgery

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| RTT - Admitted | | 94.5% | 94.4% | 93.4% | 92.5% | 90.6% | 85.5% | 91.2% | 91.2% | 91.2% | 90.3% | 92.7% | 93.4% | 93.4% | 90.0% | ▲ |
| RTT - Non Admitted | | 98.1% | 97.6% | 97.6% | 96.9% | 96.0% | 92.7% | 96.0% | 91.0% | 94.6% | 94.6% | 96.2% | 96.6% | 96.6% | 95.0% | ▲ |
| Elective LOS | 2.6 | 1.8 | 2.2 | 1.7 | 1.9 | 2.0 | 1.8 | 1.9 | 2.1 | 1.5 | 1.7 | 2.2 | 2.0 | 1.9 | 2.4 | ▲ |
| Non Elective LOS | 5.2 | 5.2 | 4.2 | 3.5 | 3.8 | 4.8 | 4.4 | 4.3 | 5.5 | 5.4 | 4.2 | 4.7 | 5.3 | 4.6 | 4.7 | ▼ |
| % of Electives Adm.on day of proc. | 85.8% | 88.6% | 86.1% | 88.6% | 87.8% | 87.8% | 87.5% | 88.6% | 89.6% | 89.6% | 89.3% | 85.4% | 84.6% | 87.8% | 80.7% | |
| Day Case Rate (Basket of 25) | 83.9% | 89.3% | 86.7% | 86.5% | 78.6% | 77.5% | 82.0% | 81.0% | 86.3% | 87.9% | 88.7% | 87.0% | 90.2% | 85.0% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 70.3% | 67.3% | 65.4% | 66.2% | 63.8% | 67.3% | 66.8% | 69.4% | 71.8% | 71.3% | 75.7% | 71.0% | 75.1% | 69.3% | 64.4% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 3.6% | 3.9% | 3.3% | 2.6% | 3.8% | 2.6% | 3.2% | 3.8% | 3.5% | 3.1% | 2.9% | 3.1% | | 3.3% | | |
| 30 Day Readmissions (UHL) - Same Specialty | 1.9% | 2.2% | 1.3% | 0.9% | 1.7% | 1.6% | 1.2% | 1.9% | 1.8% | 1.2% | 1.3% | 1.4% | | 1.5% | | |
| Outpatient New : F/Up Ratio | 2.0 | 2.1 | 1.8 | 1.8 | 1.7 | 1.9 | 2.0 | 2.1 | 2.1 | 2.0 | 2.2 | 2.1 | 2.0 | 2.0 | 1.9 | ▲ |
| Outpatient DNA Rate | 9.4% | 9.7% | 8.9% | 9.3% | 9.8% | 9.8% | 9.4% | 9.7% | 9.6% | 11.6% | 10.3% | 9.3% | 9.5% | 9.7% | 11.6% | ▼ |
| Outpatient Hosp Canc Rate | 11.0% | 11.0% | 8.0% | 8.3% | 11.8% | 11.0% | 13.5% | 11.3% | 12.1% | 11.9% | 11.3% | 10.6% | 10.9% | 11.0% | 13.0% | ▼ |
| Outpatient Patient Canc Rate | 10.4% | 9.5% | 10.6% | 11.4% | 11.0% | 11.3% | 11.5% | 11.3% | 10.8% | 14.3% | 10.6% | 10.1% | 10.2% | 11.0% | 11.9% | ▼ |
| Bed Utilisation (Incl short stay admissions) | | 84% | 82% | 85% | 86% | 91% | 89% | 99% | 94% | 91% | 99% | 93% | 91% | 90% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 4.3% | 3.7% | 2.1% | 1.8% | 1.8% | 2.7% | 4.0% | 4.8% | 4.4% | 3.9% | 3.1% | 3.6% | 4.8% | 3.4% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 4.5 | 2.5 | 1.7 | 2.2 | 1.1 | 1.1 | 1.8 | 1.9 | 1.8 | 1.4 | 1.2 | 1.4 | | | |
| Bank FTE | | 18.9 | 17.1 | 16.0 | 24.4 | 21.3 | 21.6 | 20.8 | 16.8 | 15.2 | 21.8 | 19.0 | 17.8 | | | |
| Actual net FTE reduction this month | | -24.2 | 27.1 | -1.7 | 0.6 | -62.7 | -4.7 | 5.3 | 0.5 | -3.4 | 1.3 | 5.1 | -3.5 | -60.2 | | |
| Planned FTE reduction this month | | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | 0.0 | 26.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 27.0 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

PLANNED CARE - GI Medicine / Surgery

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| RTT - Admitted | | 93.8% | 92.7% | 92.5% | 91.9% | 92.8% | 92.8% | 90.3% | 87.2% | 85.8% | 87.9% | 84.5% | 83.8% | 83.8% | 90.0% | ▼ |
| RTT - Non Admitted | | 97.6% | 97.2% | 96.3% | 95.8% | 93.7% | 96.4% | 95.0% | 91.0% | 94.6% | 93.1% | 95.7% | 90.5% | 90.5% | 95.0% | ▼ |
| Elective LOS | 3.6 | 4.6 | 3.8 | 3.2 | 3.6 | 4.2 | 3.3 | 3.9 | 4.5 | 4.0 | 3.4 | 3.7 | 3.5 | 3.8 | 3.8 | ▲ |
| Non Elective LOS | 5.2 | 5.3 | 5.2 | 5.5 | 5.1 | 5.7 | 5.6 | 5.6 | 5.1 | 4.9 | 5.0 | 4.9 | 5.3 | 5.3 | 5.5 | ▼ |
| % of Electives Adm.on day of proc. | 87.9% | 85.2% | 90.0% | 87.7% | 90.6% | 87.6% | 92.2% | 90.3% | 93.3% | 91.6% | 91.6% | 94.2% | 94.2% | 90.7% | 81.2% | |
| Day Case Rate (Basket of 25) | 34.4% | 46.9% | 36.3% | 40.2% | 40.4% | 47.5% | 47.2% | 42.6% | 43.4% | 42.5% | 54.5% | 47.5% | 48.0% | 44.6% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 80.2% | 82.2% | 79.0% | 82.3% | 79.3% | 81.4% | 83.0% | 82.2% | 81.1% | 80.0% | 84.3% | 82.6% | 82.1% | 81.6% | 80.4% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 8.6% | 9.0% | 8.3% | 8.3% | 7.7% | 8.8% | 8.5% | 7.9% | 8.3% | 7.2% | 8.3% | 7.8% | | 8.2% | | |
| 30 Day Readmissions (UHL) - Same Specialty | 4.5% | 4.6% | 4.2% | 4.2% | 4.7% | 4.3% | 4.4% | 4.1% | 4.1% | 3.8% | 4.4% | 4.3% | | 4.3% | | |
| Outpatient New : F/Up Ratio | 1.9 | 2.1 | 1.9 | 1.9 | 2.1 | 1.8 | 1.9 | 1.9 | 1.9 | 1.9 | 2.0 | 2.0 | 2.1 | 2.0 | 2.1 | ▼ |
| Outpatient DNA Rate | 8.2% | 7.9% | 8.3% | 8.4% | 8.2% | 9.0% | 9.5% | 8.9% | 8.5% | 10.4% | 10.0% | 8.1% | 8.4% | 8.8% | 9.5% | ▼ |
| Outpatient Hosp Canc Rate | 15.3% | 15.0% | 14.1% | 15.7% | 13.3% | 15.5% | 14.3% | 14.4% | 15.6% | 15.3% | 11.8% | 19.3% | 16.7% | 15.1% | 16.6% | ▲ |
| Outpatient Patient Canc Rate | 11.2% | 10.4% | 10.8% | 11.5% | 11.2% | 10.9% | 11.1% | 10.4% | 9.2% | 13.9% | 10.3% | 9.8% | 9.7% | 10.7% | 13.0% | ▲ |
| Bed Utilisation (Incl short stay admissions) | | 91% | 84% | 90% | 93% | 90% | 93% | 95% | 91% | 85% | 93% | 91% | 87% | 90% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.1% | 2.4% | 2.5% | 2.3% | 2.5% | 2.1% | 2.2% | 2.2% | 2.5% | 3.8% | 2.8% | 2.6% | 3.6% | 2.7% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 2.7 | 0.5 | 0.2 | 0.3 | 0.9 | 0.8 | 1.4 | 1.3 | 1.4 | 3.2 | 2.1 | 0.5 | | | |
| Bank FTE | | 31.6 | 33.2 | 33.3 | 34.4 | 36.1 | 32.5 | 30.9 | 26.9 | 22.8 | 24.2 | 16.3 | 17.0 | | | |
| Actual net FTE reduction this month | | -22.8 | -6.9 | 2.0 | 3.1 | 79.1 | 6.4 | 5.2 | -4.0 | -3.8 | 0.6 | -9.4 | -9.5 | 40.1 | | |
| Planned FTE reduction this month | | 7.0 | 0.0 | 4.5 | 1.5 | 0.4 | 2.0 | 25.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 41.2 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

PLANNED CARE - Cancer and Haematology

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| RTT - Admitted | | -- | -- | -- | -- | -- | 100% | -- | -- | -- | -- | -- | -- | 100% | 90.0% | ◀▶ |
| RTT - Non Admitted | | 96.2% | 97.3% | 100% | 98.4% | 92.7% | 98.7% | 95.1% | 96.1% | 98.2% | 95.5% | 97.8% | 98.0% | 98.0% | 95.0% | ▲ |
| Elective LOS | 7.6 | 10.7 | 7.2 | 7.1 | 7.3 | 6.7 | 6.3 | 7.9 | 8.8 | 6.4 | 5.8 | 6.5 | 8.3 | 7.5 | 7.6 | ▼ |
| Non Elective LOS | 6.4 | 5.9 | 5.9 | 6.4 | 5.8 | 5.3 | 7.2 | 5.7 | 5.7 | 6.9 | 5.5 | 6.1 | 5.6 | 6.0 | 5.7 | ▲ |
| % of Electives Adm.on day of proc. | 80.8% | 78.3% | 78.8% | 80.9% | 71.6% | 73.1% | 75.8% | 79.0% | 75.4% | 70.4% | 82.0% | 78.7% | 68.1% | 76.1% | 68.1% | |
| Day Case Rate (Basket of 25) | | | | | | | | | | | | | | | | |
| Day Case Rate (All Elective Care) | 95.7% | 95.2% | 95.7% | 95.5% | 95.4% | 95.0% | 95.9% | 95.1% | 95.4% | 95.8% | 96.3% | 96.2% | 96.8% | 95.7% | 95.9% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 10.5% | 10.6% | 10.3% | 11.3% | 11.8% | 11.8% | 10.8% | 10.3% | 11.3% | 10.8% | 11.5% | 11.2% | | 11.1% | | |
| 30 Day Readmissions (UHL) - Same Specialty | 8.6% | 8.1% | 8.3% | 8.9% | 9.7% | 9.4% | 7.9% | 8.2% | 8.9% | 8.2% | 9.6% | 8.9% | | 8.8% | | |
| Outpatient New : F/Up Ratio | 7.2 | 8.0 | 7.7 | 7.2 | 7.2 | 7.7 | 7.7 | 8.1 | 7.5 | 8.2 | 8.7 | 8.9 | 8.1 | 7.9 | 8.1 | ▲ |
| Outpatient DNA Rate | 6.6% | 8.2% | 7.6% | 8.5% | 8.7% | 8.4% | 9.9% | 8.9% | 8.7% | 10.7% | 8.6% | 7.3% | 8.3% | 8.7% | 7.3% | ▼ |
| Outpatient Hosp Canc Rate | 6.7% | 9.0% | 8.5% | 8.4% | 7.2% | 8.8% | 6.8% | 9.5% | 7.1% | 6.5% | 7.3% | 7.2% | 6.6% | 7.7% | 8.6% | ▲ |
| Outpatient Patient Canc Rate | 8.9% | 8.4% | 8.3% | 8.6% | 7.7% | 7.7% | 7.7% | 6.8% | 7.1% | 8.1% | 6.6% | 7.1% | 6.4% | 7.5% | 10.7% | ▲ |
| Bed Utilisation (Incl short stay admissions) | | 96% | 99% | 99% | 95% | 89% | 99.5% | 99% | 97% | 93% | 97% | 94% | 91% | 96% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 4.0% | 4.0% | 3.0% | 3.0% | 2.9% | 2.6% | 2.9% | 2.1% | 2.1% | 4.1% | 4.3% | 3.1% | 2.7% | 3.1% | 3.0% | ▲ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 0.6 | 0.5 | 0.2 | 0.8 | 0.7 | 0.9 | 0.3 | 0.1 | 0.3 | 0.1 | 0.8 | 0.3 | | | |
| Bank FTE | | 10.7 | 11.0 | 11.4 | 10.6 | 6.6 | 9.0 | 9.1 | 9.5 | 10.0 | 8.7 | 9.4 | 9.3 | | | |
| Actual net FTE reduction this month | | -1.4 | 0.3 | 1.1 | -2.6 | 0.4 | 0.9 | -3.4 | 2.8 | 1.3 | -4.9 | -2.6 | -2.0 | -8.5 | | |
| Planned FTE reduction this month | | 0.2 | 2.2 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 2.5 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

PLANNED CARE - Musculo-Skeletal

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| RTT - Admitted | | 87.5% | 91.5% | 93.2% | 94.7% | 95.0% | 92.2% | 91.2% | 92.9% | 92.3% | 91.2% | 90.8% | 92.7% | 92.7% | 90.0% | ▲ |
| RTT - Non Admitted | | 93.7% | 94.8% | 96.2% | 95.3% | 94.4% | 94.8% | 92.9% | 94.9% | 94.3% | 95.5% | 94.4% | 95.4% | 95.4% | 95.0% | ▲ |
| Elective LOS | 3.1 | 3.2 | 3.7 | 3.3 | 3.6 | 3.6 | 3.6 | 3.6 | 3.0 | 4.0 | 2.8 | 3.1 | 3.2 | 3.4 | 3.3 | ▼ |
| Non Elective LOS | 11.3 | 11.2 | 10.0 | 11.8 | 10.6 | 10.4 | 10.3 | 8.7 | 9.8 | 10.5 | 10.4 | 9.6 | 9.5 | 10.2 | 9.6 | ▲ |
| % of Electives Adm.on day of proc. | 96.4% | 95.9% | 96.8% | 95.7% | 96.3% | 93.6% | 96.8% | 95.7% | 97.3% | 96.2% | 97.0% | 97.9% | 97.3% | 96.4% | 96.9% | |
| Day Case Rate (Basket of 25) | 78.2% | 78.5% | 74.8% | 81.6% | 81.9% | 78.6% | 83.6% | 78.8% | 77.2% | 85.4% | 80.6% | 80.5% | 79.5% | 80.1% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 45.9% | 47.4% | 43.8% | 52.2% | 45.2% | 43.9% | 50.7% | 45.5% | 46.6% | 46.0% | 47.2% | 43.6% | 47.1% | 46.6% | 41.7% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 5.9% | 5.5% | 5.0% | 4.4% | 6.0% | 5.6% | 5.1% | 5.4% | 3.9% | 4.6% | 4.7% | 5.0% | | 5.0% | | |
| 30 Day Readmissions (UHL) - Same Specialty | 1.7% | 2.0% | 1.6% | 0.7% | 2.1% | 1.0% | 1.8% | 1.9% | 0.6% | 1.0% | 1.1% | 1.2% | | 1.4% | | |
| Outpatient New : F/Up Ratio | 1.7 | 1.7 | 1.5 | 1.4 | 1.4 | 1.6 | 1.4 | 1.5 | 1.5 | 1.6 | 1.8 | 1.8 | 1.7 | 1.6 | 1.6 | ▲ |
| Outpatient DNA Rate | 7.4% | 8.2% | 8.3% | 8.1% | 8.0% | 11.1% | 9.5% | 9.4% | 8.8% | 10.6% | 10.3% | 8.9% | 8.8% | 9.2% | 9.4% | ▲ |
| Outpatient Hosp Canc Rate | 9.8% | 11.4% | 8.0% | 10.8% | 10.4% | 9.6% | 11.7% | 10.5% | 9.4% | 9.0% | 12.2% | 13.5% | 9.6% | 10.5% | 15.7% | ▲ |
| Outpatient Patient Canc Rate | 9.3% | 8.9% | 10.1% | 11.0% | 10.2% | 10.1% | 9.9% | 9.7% | 8.8% | 11.2% | 8.7% | 8.5% | 8.2% | 9.6% | 9.5% | ▲ |
| Bed Utilisation (Incl short stay admissions) | | 80% | 79% | 84% | 82% | 84% | 85% | 79% | 81% | 85% | 87% | 90% | 88% | 84% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.7% | 3.0% | 3.4% | 2.1% | 3.2% | 4.2% | 2.8% | 3.1% | 2.1% | 3.6% | 3.4% | 4.2% | 4.0% | 3.3% | 3.0% | ▲ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 4.0 | 3.3 | 2.6 | 2.7 | 2.6 | 4.6 | 5.2 | 3.9 | 2.9 | 2.1 | 0.5 | 0.2 | | | |
| Bank FTE | | 12.0 | 13.1 | 14.5 | 15.8 | 15.3 | 14.4 | 14.1 | 10.7 | 9.6 | 6.6 | 5.7 | 8.8 | | | |
| Actual net FTE reduction this month | | -0.6 | -9.4 | 0.8 | 2.2 | 0.0 | 9.6 | -1.0 | 7.4 | -1.8 | -5.4 | -4.0 | 2.7 | 0.6 | | |
| Planned FTE reduction this month | | 4.2 | 0.0 | 0.0 | 1.9 | 0.0 | 0.0 | 1.0 | 2.5 | 0.5 | 0.0 | 0.0 | 0.0 | 10.1 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-----------|--------|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 1 | 2 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 2 | 1 | 10 | | ▲ |
| CDT Positives (UHL) | 12 | 18 | 14 | 13 | 8 | 7 | 6 | 8 | 15 | 10 | 11 | 10 | 7 | 127 | | ▲ |
| 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% | 1.0 | ◀▶ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | |
| 28 Day Readmission Rate (UHL Data) | 12.0% | 12.7% | 12.0% | 12.3% | 12.4% | 13.4% | 11.6% | 11.7% | 11.3% | 12.0% | 12.4% | 11.7% | | 12.1% | | |
| Mortality (UHL Data) | 3.3% | 3.4% | 3.8% | 3.4% | 2.7% | 3.1% | 3.4% | 4.0% | 3.5% | 5.1% | 4.9% | 3.9% | 4.0% | 3.8% | 4.3% | ▼ |
| Mortality (CHKS - Risk Adjusted - Peers to be Confirmed) | 68.0 | 68.7 | 77.3 | 71.9 | 62.6 | 66.8 | 72.3 | 80.1 | 69.3 | 86.5 | 78.0 | 75.0 | | | 85 | |
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 5 | 0 | ▲ |
| Never Events | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Patient Falls | | 155 | 152 | 146 | 100 | 115 | 121 | 127 | 90 | 132 | 74 | 105 | 53 | 1370 | 5% Red,n | |
| Complaints Re-Opened | | 3 | 6 | 6 | 8 | 8 | 4 | 3 | 11 | 6 | 8 | 4 | 11 | 78 | 10% Red,n | |
| SUIs (Relating to Deteriorating Patients) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | ◀▶ |
| RIDDOR | | 1 | 2 | 2 | 1 | 0 | 1 | 1 | 2 | 0 | 1 | 5 | 4 | 20 | 12 | ▲ |
| In-hospital fall resulting in hip fracture | | | | | | | | | | | | | | | TBC | |
| Staffing Level Issues Reported as Incidents | | 9 | 17 | 19 | 19 | 14 | 13 | 12 | 7 | 5 | 13 | 5 | 7 | 140 | | |
| Outlying (daily average) | | | | 7 | 4 | 6 | 5 | 2 | 6 | 14 | 27 | 9 | 22 | 22 | 10 | ▼ |
| Pressure Ulcers (Grade 3 and 4) | | 7 | 10 | 8 | 15 | 11 | 8 | 5 | 9 | 19 | 25 | 7 | 11 | 135 | 0 | |
| ALL Complaints Regarding Attitude of Staff | | 16 | 12 | 24 | 15 | 12 | 13 | 8 | 14 | 10 | 13 | 15 | 21 | 173 | | |
| ALL Complaints Regarding Discharge | | 13 | 12 | 12 | 13 | 14 | 22 | 17 | 14 | 12 | 17 | 19 | 27 | 192 | | |
| Bed Occupancy (inc short stay admissions) | | 89% | 91% | 90% | 89% | 89% | 91% | 92% | 91% | 91% | 93% | 94% | 91% | 91% | 90% | |
| Bed Occupancy (excl short stay admissions) | | 85% | 87% | 85% | 85% | 85% | 88% | 88% | 89% | 89% | 91% | 90% | 88% | 88% | 90% | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | | | 74% | 82% | 81% | 82% | 89% | 87% | 89% | 89% | 96% | 89% | | | 98.0% | ▼ |
| Pain Management | | | 62% | 72% | 74% | 76% | 80% | 85% | 85% | 80% | 93% | 90% | | | 98.0% | ▼ |
| Falls Assessment | | | 42% | 50% | 70% | 63% | 71% | 83% | 79% | 80% | 83% | 87% | | | 98.0% | ▲ |
| Pressure Area Care | | | 68% | 73% | 78% | 75% | 76% | 85% | 87% | 86% | 94% | 91% | | | 98.0% | ▼ |
| Nutritional Assessment | | | 74% | 83% | 75% | 71% | 70% | 83% | 85% | 82% | 92% | 87% | | | 98.0% | ▼ |
| Medicine Prescribing and Assessment | | | 89% | 92% | 90% | 91% | 94% | 92% | 94% | 91% | 100% | 98% | | | 98.0% | ▼ |
| Hand Hygiene | | | | | | | | | | | | | | | 98.0% | |
| Resuscitation Equipment | | | 68% | 69% | 66% | 65% | 55% | 64% | 69% | 66% | 67% | 88% | | | 98.0% | ▲ |
| Controlled Medicines | | | 89% | 90% | 87% | 93% | 96% | 98% | 99% | 97% | 92% | 99% | | | 98.0% | ▲ |
| VTE | | | | | 39% | 48% | 50% | 54% | 59% | 59% | 64% | 68% | | | 98.0% | ▲ |
| Patient Dignity | | | | | 88% | 88% | 92% | 89% | 93% | 94% | 97% | 96% | | | 98.0% | ▼ |
| Infection Prevention and Control | | | | | 91% | 85% | 89% | 90% | 90% | 91% | 93% | 95% | | | 98.0% | ▲ |
| Discharge | | | | | | | | | 45% | 35% | 28% | 32% | | | 98.0% | ▲ |
| Continence | | | | | | | | | 75% | 83% | 86% | 86% | | | 98.0% | ▶ |
| DISCHARGE LETTERS | | | | | | | | | | | | | | | | |
| Discharge summaries to GP within 48hrs | 99% | | | | | | | | 100% | | | | | | 100% | |
| Participation in Monthly Discharge Letter Audit | | | | 11% | | 52% | | | 55% | | | | | | 100% | |
| Quality of Discharge Summaries | | | | | | | | | | | | | | | TBC | |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | | 4.1% | 4.2% | 5.7% | 9.9% | 10.5% | 2.8% | | | | | | | | 4.0% | ▲ |
| RTT - Admitted | 97.2% | 96.3% | 97.2% | 96.3% | 97.3% | 97.6% | 97.2% | 97.3% | 97.1% | 97.6% | 95.0% | 91.5% | 94.4% | 94.4% | 90.0% | ▲ |
| RTT - Non Admitted | 99.0% | 99.3% | 99.4% | 99.4% | 99.6% | 99.5% | 99.1% | 99.4% | 99.4% | 99.6% | 99.1% | 99.3% | 99.0% | 99.0% | 95.0% | ▼ |
| Elective LOS | 5.9 | 5.6 | 5.6 | 5.4 | 5.4 | 6.4 | 5.4 | 5.2 | 5.6 | 6.3 | 4.4 | 5.2 | 4.6 | 5.4 | 6.0 | ▲ |
| Non Elective LOS | 5.8 | 5.4 | 5.1 | 5.5 | 5.3 | 5.2 | 5.6 | 5.6 | 5.7 | 5.9 | 6.1 | 6.0 | 6.4 | 5.7 | 6.6 | ▼ |
| % of Electives Adm.on day of proc. | 48.9% | 50.5% | 45.8% | 51.4% | 52.0% | 43.9% | 49.2% | 46.5% | 56.3% | 48.7% | 56.3% | 57.5% | 55.0% | 51.0% | 45.9% | |
| Day Case Rate (All Elective Care) | 71.3% | 72.8% | 69.6% | 72.2% | 69.9% | 70.6% | 71.4% | 68.1% | 67.9% | 64.8% | 68.7% | 71.2% | 71.0% | 69.9% | 63.7% | ▼ |
| Inpatient Theatre Utilisation | | 71.5% | 88.8% | 81.6% | 82.0% | 80.6% | 72.1% | 86.5% | 82.7% | 75.2% | 84.1% | 90.9% | 90.1% | 82.1% | 86.0% | ▼ |
| Day Case Theatre Utilisation | | 98.6% | 93.6% | 54.3% | 89.8% | 65.2% | 101.0% | 79.3% | 88.1% | | 72.6% | 64.5% | 58.4% | 77.8% | 86.0% | ▼ |
| Outpatient New : F/Up Ratio | 2.5 | 2.3 | 2.2 | 2.2 | 2.2 | 2.4 | 2.3 | 2.3 | 2.2 | 2.2 | 2.4 | 2.4 | 2.4 | 2.3 | 2.4 | ▶ |
| Outpatient DNA Rate | 8.9% | 8.7% | 9.4% | 9.9% | 9.7% | 9.3% | 9.2% | 9.2% | 8.5% | 11.3% | 9.3% | 8.3% | 8.9% | 9.3% | 10.5% | ▼ |
| Outpatient Hosp Canc Rate | 13.1% | 13.7% | 12.3% | 12.9% | 12.8% | 12.4% | 12.0% | 10.8% | 10.4% | 11.7% | 11.7% | 11.1% | 11.9% | 12.0% | 14.9% | ▼ |
| Outpatient Patient Canc Rate | 10.2% | 10.4% | 10.9% | 11.2% | 11.2% | 11.1% | 11.4% | 10.9% | 10.9% | 14.2% | 11.0% | 10.4% | 10.1% | 11.1% | 10.9% | ▲ |

Red < 80
Amber 80 - 89
Green >=90

DIVISIONAL HEAT MAP - Month 12 2010/11

ACUTE CARE

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Public Sector Payment Policy | | | | | | | | | | | | | | | 95% | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Appraisals | | 77.8% | 67.9% | 65.6% | 66.7% | 70.5% | 76.3% | 80.8% | 84.3% | 85.4% | 83.1% | 79.4% | 80.7% | 80.7% | 100% | ▲ |
| Sickness Absence | 4.1% | 3.6% | 3.8% | 4.0% | 4.2% | 3.7% | 4.0% | 4.2% | 4.3% | 5.7% | 5.2% | 5.1% | 4.8% | 4.4% | 3% | ▲ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 33.8 | 27.7 | 18.3 | 21.9 | 21.4 | 26.7 | 31.2 | 35.1 | 39.3 | 40.8 | 36.7 | 24.1 | | | |
| Bank FTE | | 88.8 | 90.2 | 98.5 | 114.7 | 96.5 | 117.4 | 133.1 | 111.7 | 106.2 | 131.8 | 127.7 | 138.2 | | | |
| Actual net FTE reduction this month | | -9.7 | -66.0 | -22.3 | -8.2 | -20.5 | -29.3 | 42.5 | -17.5 | -3.4 | 37.9 | 0.0 | 34.3 | -62.2 | | |
| Planned FTE reduction this month | | 55.1 | 7.2 | 16.0 | 32.8 | -10.1 | 10.7 | 26.8 | 5.0 | -1.5 | 2.0 | 0.0 | 0.0 | 144.0 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

ACUTE CARE - Medicine

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| RTT - Admitted | | 97.5% | 100.0% | 98.8% | 100.0% | 100.0% | 98.6% | 99.1% | 100.0% | 100.0% | 98.0% | 98.4% | 98.9% | 98.9% | 90.0% | ▲ |
| RTT - Non Admitted | | 99.0% | 99.6% | 99.4% | 99.9% | 99.7% | 99.1% | 99.6% | 99.4% | 99.6% | 99.1% | 99.7% | 99.8% | 99.8% | 95.0% | ▲ |
| Elective LOS | 13.7 | 4.2 | 5.0 | 5.4 | 5.0 | 17.4 | 7.9 | 4.1 | 8.0 | 18.0 | 2.9 | 9.0 | 5.7 | 7.5 | 7.5 | ▲ |
| Non Elective LOS | 6.7 | 6.4 | 5.8 | 6.1 | 6.4 | 6.1 | 6.7 | 6.5 | 7.1 | 7.1 | 7.8 | 7.6 | 7.8 | 6.8 | 7.8 | ▼ |
| % of Electives Adm.on day of proc. | 50.0% | 46.2% | 37.9% | 50.0% | 27.6% | 43.5% | 44.4% | 52.6% | 36.0% | 43.5% | 48.0% | 37.5% | 12.5% | 40.4% | 38.8% | |
| Day Case Rate (All Elective Care) | 95.6% | 92.9% | 92.2% | 94.4% | 93.0% | 93.0% | 92.9% | 94.2% | 93.3% | 92.3% | 90.6% | 95.9% | 95.2% | 93.5% | 89.4% | ▼ |
| 28 Day Readmissions (UHL) - Any Specialty | 12.9% | 12.7% | 12.8% | 12.8% | 13.7% | 14.1% | 11.6% | 11.7% | 11.9% | 11.4% | 12.5% | 11.2% | | 12.4% | | |
| Outpatient New : F/Up Ratio | 2.8 | 2.6 | 2.4 | 2.5 | 2.3 | 2.6 | 2.5 | 2.5 | 2.4 | 2.3 | 2.7 | 2.8 | 2.9 | 2.5 | 2.7 | ▼ |
| Outpatient DNA Rate | 9.0% | 8.1% | 9.2% | 9.4% | 9.1% | 9.4% | 8.9% | 8.9% | 8.6% | 11.0% | 9.3% | 8.2% | 8.5% | 9.0% | 10.7% | ▼ |
| Outpatient Hosp Canc Rate | 12.7% | 12.5% | 11.0% | 11.7% | 11.1% | 11.0% | 10.8% | 9.5% | 7.8% | 9.5% | 9.9% | 9.8% | 10.0% | 10.4% | 13.0% | ▼ |
| Outpatient Patient Canc Rate | 10.4% | 10.5% | 11.5% | 11.3% | 11.7% | 11.4% | 12.0% | 11.5% | 11.6% | 14.6% | 11.4% | 10.3% | 10.5% | 11.5% | 11.7% | ▼ |
| Bed Utilisation (Incl short stay admissions) | | 93% | 95% | 92% | 94% | 87% | 93% | 93% | 91% | 94% | 94% | 95% | 90% | 93% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 4.0% | 3.8% | 3.7% | 4.3% | 4.1% | 3.4% | 3.5% | 3.9% | 4.1% | 5.8% | 5.2% | 5.2% | 4.6% | 4.3% | 3.0% | ▲ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 11.5 | 12.0 | 6.9 | 9.7 | 8.8 | 13.2 | 15.7 | 18.7 | 20.0 | 16.4 | 16.8 | 9.9 | | | |
| Bank FTE | | 31.8 | 35.5 | 39.9 | 45.3 | 39.4 | 49.0 | 55.0 | 47.0 | 46.4 | 67.6 | 65.9 | 73.4 | | | |
| Actual net FTE reduction this month | | -0.2 | -38.6 | -10.9 | -5.0 | -12.6 | -16.1 | 12.5 | -8.8 | -14.5 | 25.0 | 0.7 | -21.5 | -89.9 | | |
| Planned FTE reduction this month | | 40.9 | 2.7 | 1.0 | 19.1 | -10.1 | 10.7 | 26.8 | 5.0 | 0.0 | 2.0 | 0.0 | 0.0 | 98.1 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

ACUTE CARE - Respiratory Med. & Thoracic Surgery

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| RTT - Admitted | | 100% | 100% | 96.7% | 100% | 100% | 100% | 100% | 100% | 100% | 97.3% | 100% | 100% | 100% | 90.0% | ▶▶ |
| RTT - Non Admitted | | 100% | 100% | 100% | 98.9% | 100% | 100% | 100% | 100% | 100% | 100% | 99.1% | 95.7% | 95.7% | 95.0% | ▼ |
| Elective LOS | 6.6 | 7.7 | 5.9 | 6.1 | 6.4 | 7.8 | 6.3 | 6.7 | 11.7 | 6.2 | 5.3 | 8.3 | 6.4 | 7.1 | 8.2 | ▲ |
| Non Elective LOS | 5.4 | 4.8 | 4.7 | 4.3 | 4.1 | 4.6 | 4.7 | 4.6 | 4.3 | 4.5 | 5.7 | 4.3 | 4.6 | 4.6 | 5.6 | ▼ |
| % of Electives Adm.on day of proc. | 40.4% | 26.1% | 35.8% | 34.1% | 46.8% | 35.3% | 41.4% | 27.0% | 46.4% | 36.6% | 57.8% | 47.1% | 39.6% | 39.2% | 19.6% | |
| Day Case Rate (All Elective Care) | 74.8% | 63.7% | 65.5% | 75.0% | 72.3% | 66.2% | 64.6% | 59.6% | 67.9% | 58.3% | 69.2% | 63.2% | 71.9% | 66.6% | 68.7% | ▲ |
| 28 Day Readmissions (UHL) - Any Specialty | 12.6% | 14.0% | 13.3% | 14.1% | 11.9% | 13.0% | 14.1% | 13.5% | 12.5% | 13.3% | 13.7% | 12.8% | | 13.3% | | |
| Outpatient New : F/Up Ratio | 1.6 | 1.6 | 1.6 | 1.4 | 1.7 | 1.7 | 1.6 | 1.6 | 1.4 | 1.6 | 1.6 | 1.6 | 1.5 | 1.6 | 1.7 | ▲ |
| Outpatient DNA Rate | 10.5% | 10.6% | 12.5% | 13.7% | 12.4% | 10.6% | 11.5% | 11.6% | 8.1% | 12.6% | 10.2% | 8.3% | 10.2% | 11.0% | 12.3% | ▼ |
| Outpatient Hosp Canc Rate | 12.1% | 15.3% | 12.4% | 10.7% | 8.9% | 11.0% | 9.5% | 11.2% | 9.8% | 11.1% | 11.3% | 10.4% | 11.5% | 11.1% | 13.3% | ▼ |
| Outpatient Patient Canc Rate | 10.4% | 10.4% | 9.4% | 9.5% | 10.9% | 9.8% | 11.4% | 10.5% | 10.8% | 13.9% | 12.1% | 10.6% | 11.3% | 10.9% | 10.2% | ▼ |
| Bed Utilisation (Incl short stay admissions) | | 91% | 89% | 90% | 88% | 97% | 94% | 94% | 94% | 91% | 97% | 98% | 100% | 94% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.1% | 2.4% | 3.7% | 4.0% | 5.0% | 3.7% | 3.7% | 4.1% | 4.5% | 6.2% | 6.6% | 5.7% | 5.4% | 4.6% | 3.0% | ▲ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 3.8 | 1.2 | 1.1 | 0.9 | 0.4 | 0.6 | 1.0 | 1.7 | 0.8 | 1.9 | 1.8 | 0.7 | | | |
| Bank FTE | | 24.8 | 20.9 | 21.2 | 24.1 | 15.4 | 21.5 | 25.2 | 21.8 | 20.4 | 21.6 | 19.6 | 22.9 | | | |
| Actual net FTE reduction this month | | 4.9 | -6.6 | -0.1 | -0.6 | -38.0 | 4.2 | 13.3 | -5.9 | 11.5 | 1.4 | 1.6 | 35.4 | 21.1 | | |
| Planned FTE reduction this month | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

ACUTE CARE - Cardiac, Renal & Critical Care

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| RTT - Admitted | | 96.1% | 96.2% | 95.7% | 96.4% | 96.9% | 96.7% | 96.4% | 96.2% | 96.6% | 94.1% | 89.6% | 92.7% | 92.7% | 90.0% | ▲ |
| RTT - Non Admitted | | 99.8% | 98.8% | 99.3% | 99.1% | 98.4% | 98.3% | 98.6% | 98.9% | 99.3% | 98.3% | 97.8% | 95.7% | 95.7% | 95.0% | ▼ |
| Elective LOS | 5.3 | 5.3 | 5.6 | 5.4 | 5.3 | 5.0 | 4.9 | 4.9 | 4.4 | 5.2 | 4.3 | 4.4 | 4.2 | 4.9 | 5.5 | ▲ |
| Non Elective LOS | 9.6 | 9.6 | 9.1 | 10.7 | 9.4 | 9.8 | 9.2 | 10.9 | 10.6 | 10.6 | 8.7 | 10.4 | 10.7 | 10.0 | 11.4 | ▼ |
| % of Electives Adm.on day of proc. | 50.2% | 55.7% | 48.4% | 53.8% | 54.9% | 45.8% | 51.3% | 50.2% | 59.9% | 52.6% | 56.9% | 60.7% | 59.7% | 54.2% | 50.7% | |
| Day Case Rate (All Elective Care) | 55.2% | 62.2% | 57.2% | 58.7% | 55.3% | 58.7% | 61.0% | 54.3% | 53.6% | 50.5% | 55.8% | 57.0% | 51.7% | 56.4% | 49.5% | ▼ |
| 28 Day Readmissions (UHL) - Any Specialty | 8.5% | 8.7% | 8.7% | 9.0% | 8.8% | 9.9% | 7.9% | 7.8% | 8.3% | 10.0% | 9.4% | 9.9% | | 8.9% | | |
| Outpatient New : F/Up Ratio | 3.0 | 2.7 | 2.5 | 2.8 | 2.7 | 2.9 | 2.6 | 2.8 | 2.8 | 2.7 | 2.9 | 2.4 | 2.5 | 2.7 | 2.6 | ▼ |
| Outpatient DNA Rate | 7.2% | 7.8% | 7.2% | 7.9% | 8.4% | 7.9% | 7.7% | 7.8% | 7.8% | 10.4% | 8.5% | 7.5% | 8.0% | 8.0% | 8.6% | ▼ |
| Outpatient Hosp Canc Rate | 14.9% | 16.1% | 15.7% | 17.0% | 18.6% | 16.3% | 16.1% | 13.8% | 16.0% | 16.7% | 16.0% | 14.4% | 16.4% | 16.1% | 19.8% | ▼ |
| Outpatient Patient Canc Rate | 9.7% | 10.1% | 10.4% | 11.7% | 10.2% | 11.0% | 10.2% | 9.8% | 9.2% | 13.8% | 9.5% | 10.3% | 8.8% | 10.4% | 9.8% | ▲ |
| Bed Utilisation (Incl short stay admissions) | | 83% | 86% | 87% | 83% | 85% | 86% | 88% | 89% | 88% | 90% | 90% | 89% | 87% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 4.0% | 3.5% | 3.7% | 3.8% | 4.1% | 3.8% | 4.1% | 4.3% | 4.1% | 5.5% | 5.0% | 4.9% | 5.0% | 4.3% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 14.9 | 11.9 | 8.3 | 8.4 | 9.4 | 9.9 | 10.9 | 10.5 | 14.7 | 20.0 | 15.1 | 9.6 | | | |
| Bank FTE | | 22.2 | 23.1 | 24.4 | 31.3 | 29.1 | 31.9 | 35.7 | 30.1 | 27.9 | 29.0 | 29.8 | 29.6 | | | |
| Actual net FTE reduction this month | | -8.0 | -21.2 | -12.2 | -7.4 | 27.3 | -11.6 | 11.0 | -5.1 | 1.1 | 6.1 | 2.8 | 19.7 | 2.6 | | |
| Planned FTE reduction this month | | 13.3 | 4.5 | 15.0 | 13.7 | 0.0 | 0.0 | 0.0 | 0.0 | -1.5 | 0.0 | 0.0 | 0.0 | 45.0 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

ACUTE CARE - Emergency Dept.

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| ED Waits - Type 1 | 97.4% | 97.6% | 96.0% | 94.8% | 97.1% | 96.3% | 95.3% | 94.3% | 91.1% | 88.2% | 87.2% | 90.0% | 89.3% | 93.1% | 95% | ▼ |
| Admitted Median Wait (Mins) | 212 | 210 | 218 | 216 | 215 | 214 | 221 | 218 | 227 | 228 | 228 | 225 | 225 | 220 | | |
| Admitted 95th Percentile Wait (Mins) | 268 | 258 | 331 | 344 | 302 | 319 | 346 | 357 | 407 | 485 | 580 | 499 | 509 | 407 | | |
| Non-Admitted Median Wait (Mins) | 120 | 115 | 118 | 113 | 117 | 113 | 120 | 121 | 129 | 121 | 114 | 115 | 126 | 118 | | |
| Non-Admitted 95th Percentile Wait (Mins) | 230 | 223 | 230 | 233 | 227 | 228 | 231 | 235 | 237 | 240 | 239 | 237 | 239 | 234 | | |
| Elective LOS | | | | | | | | | | | | | | | | |
| Non Elective LOS | 0.3 | 0.3 | 0.4 | 0.3 | 0.4 | 0.3 | 0.5 | 0.3 | 0.4 | 0.4 | 0.4 | 0.3 | 0.3 | 0.4 | 0.5 | ◀▶ |
| 28 Day Readmissions (UHL) - Any Specialty | 14.6% | 17.8% | 13.3% | 14.8% | 15.6% | 17.6% | 15.6% | 16.5% | 12.7% | 15.0% | 14.6% | 14.9% | | 15.3% | | |
| Outpatient New : F/Up Ratio | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | ◀▶ |
| Outpatient DNA Rate | 19.0% | 22.9% | 23.0% | 24.5% | 26.5% | 20.1% | 22.2% | 23.9% | 22.1% | 21.9% | 20.2% | 25.7% | 25.1% | 23.3% | 25.3% | ▲ |
| Outpatient Hosp Canc Rate | 1.2% | 1.4% | 0.7% | 1.5% | 4.6% | 2.9% | 1.5% | 1.0% | 4.9% | 1.3% | 2.0% | 0.6% | 1.8% | 2.0% | 3.2% | ▼ |
| Outpatient Patient Canc Rate | 10.1% | 10.0% | 11.9% | 11.0% | 11.1% | 10.3% | 9.3% | 14.4% | 14.0% | 9.7% | 10.9% | 10.4% | 8.3% | 11.0% | 7.5% | ▲ |
| Bed Utilisation (Incl short stay admissions) | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 6.4% | 5.2% | 4.9% | 4.1% | 4.1% | 4.3% | 5.6% | 5.7% | 5.6% | 5.2% | 4.9% | 5.1% | 3.8% | 4.9% | 3.0% | ▲ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 3.6 | 2.6 | 1.9 | 2.9 | 2.9 | 3.0 | 3.6 | 4.2 | 3.8 | 2.5 | 3.0 | 3.9 | | | |
| Bank FTE | | 10.0 | 10.7 | 13.0 | 14.0 | 12.5 | 15.0 | 17.1 | 12.7 | 11.6 | 13.7 | 12.4 | 12.3 | | | |
| Actual net FTE reduction this month | | -6.3 | 0.3 | 0.9 | 4.7 | 2.9 | -5.8 | 5.7 | 2.3 | -1.6 | 5.3 | -5.0 | 0.7 | 4.1 | | |
| Planned FTE reduction this month | | 0.9 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.9 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status | |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|-----------|--------|----|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | ◀▶ | |
| CDT Positives (UHL) | 2 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 5 | | ▼ | |
| SAME SEX ACCOMODATION | | | | | | | | | | | | | | | | | |
| % Beds Providing Same Sex Accommodation - Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | | | | | | | | | | | | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 7.4% | 5.9% | 6.3% | 5.7% | 5.2% | 6.2% | 5.9% | 6.0% | 5.6% | 6.2% | 6.2% | 6.9% | | 6.0% | | | |
| 30 Day Readmissions (UHL) - Same Specialty | 5.1% | 3.7% | 3.8% | 3.5% | 2.8% | 3.6% | 3.4% | 3.9% | 3.4% | 4.3% | 3.8% | 4.4% | | 3.7% | | | |
| 28 Day Readmission Rate (CHKS) | 7.7% | 6.1% | 6.5% | 6.1% | 5.4% | 6.7% | 6.2% | 6.6% | 5.8% | 4.5% | 6.7% | | | | | | |
| Mortality (UHL Data) | 0.2% | 0.2% | 0.2% | 0.3% | 0.3% | 0.2% | 0.2% | 0.2% | 0.1% | 0.2% | 0.3% | 0.2% | 0.2% | 0.2% | 0.2% | ◀▶ | |
| Mortality (CHKS - Risk Adjusted - Peers to be Confirmed) | 48.2 | 57.0 | 0 | 56.3 | 0 | 48.3 | 72.4 | 33.4 | 0 | 0 | 42.0 | 86.0 | | | | | |
| PATIENT SAFETY | | | | | | | | | | | | | | | | | |
| 10X Medication Errors | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | ▼ | |
| Never Events | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ | |
| Patient Falls | | 7 | 1 | 4 | 4 | 3 | 10 | 5 | 3 | 3 | 4 | 4 | 0 | 41 | 5% Red,n | | |
| Complaints Re-Opened | | 6 | 3 | 5 | 1 | 9 | 1 | 3 | 3 | 2 | 1 | 2 | 3 | 33 | 10% Red,n | | |
| SUIs (Relating to Deteriorating Patients) | | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | ▲ | |
| RIDDOR | | 1 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 2 | 8 | TBC | | |
| In-hospital fall resulting in hip fracture | | | | | | | | | | | | | | | TBC | | |
| No of Staffing Level Issues Reported as Incidents | | 40 | 46 | 71 | 123 | 68 | 153 | 36 | 63 | 70 | 20 | 21 | 55 | 726 | | | |
| Outlying (daily average) | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Pressure Ulcers (Grade 3 and 4) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | | | |
| ALL Complaints Regarding Attitude of Staff | | 7 | 8 | 3 | 9 | 4 | 7 | 2 | 9 | 11 | 8 | 8 | 16 | 85 | | | |
| ALL Complaints Regarding Discharge | | 2 | 7 | 4 | 2 | 3 | 4 | 1 | 2 | 4 | 1 | 4 | 0 | 32 | | | |
| Bed Occupancy (inc short stay admissions) | | 86% | 88% | 82% | 85% | 84% | 89% | 87% | 87% | 87% | 89% | 86% | 88% | 87% | | | |
| Bed Occupancy (excl short stay admissions) | | | | 69% | 71% | 68% | 77% | 75% | 75% | 76% | 76% | 74% | 77% | 74% | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | | | 85% | 74% | 87% | 91% | 95% | 90% | 91% | 96% | 92% | | | | 98.0% | ▼ |
| Pain Management | | | 52% | 83% | 71% | 89% | 84% | 96% | 77% | 78% | 86% | | | | 98.0% | ▲ |
| Falls Assessment | | | 29% | 36% | 45% | 62% | 46% | 89% | 67% | 86% | 76% | | | | 98.0% | ▼ |
| Pressure Area Care | | | 56% | 58% | 88% | 72% | 84% | 86% | 80% | 84% | 66% | | | | 98.0% | ▼ |
| Nutritional Assessment | | | 71% | 90% | 90% | 95% | 86% | 76% | 77% | 81% | 67% | | | | 98.0% | ▼ |
| Medicine Prescribing and Assessment | | | 93% | 96% | 95% | 98% | 97% | 98% | 93% | 92% | 96% | | | | 98.0% | ▲ |
| Hand Hygiene | | | | | | | | | | | | | | | 98.0% | |
| Resuscitation Equipment | | | 73% | 40% | 87% | 60% | 67% | 97% | 92% | 67% | 86% | | | | 98.0% | ▲ |
| Controlled Medicines | | | 90% | 96% | 100% | 100% | 96% | 100% | 100% | 100% | 96% | | | | 98.0% | ▼ |
| VTE | | | | | 55% | 34% | 65% | 88% | 62% | 48% | 66% | | | | 98.0% | ▲ |
| Patient Dignity | | | | | 94% | 97% | 97% | 99% | 93% | 95% | 97% | | | | 98.0% | ▲ |
| Infection Prevention and Control | | | | | 92% | 92% | 90% | 92% | 89% | 84% | 89% | | | | 98.0% | ▲ |
| Discharge | | | | | | | | | 36% | 25% | 16% | | | | 98.0% | ▼ |
| Continence | | | | | | | | | 75% | 82% | 84% | | | | 98.0% | ▲ |
| DISCHARGE LETTERS | | | | | | | | | | | | | | | | |
| Discharge summaries to GP within 48hrs | 89% | | | | | | | | 93% | | | | | | TBC | |
| Participation in Monthly Discharge Letter Audit | | | | 50% | | | 93% | | 100% | | | | | | TBC | |
| Quality of Discharge Summaries | | | | | | | | | | | | | | | TBC | |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | | 6.5% | 3.0% | 8.9% | 14.6% | 6.2% | 2.7% | | | | | | | | 4.0% | ▲ |
| RTT - Admitted | 96.0% | 97.3% | 95.9% | 97.3% | 98.0% | 95.9% | 97.1% | 96.6% | 95.0% | 96.4% | 97.1% | 97.9% | 97.1% | 97.1% | 90.0% | ▼ |
| RTT - Non Admitted | 98.4% | 98.5% | 99.4% | 99.3% | 99.3% | 99.4% | 98.3% | 97.9% | 97.5% | 99.3% | 97.9% | 96.9% | 97.3% | 97.3% | 95.0% | ▲ |
| Elective LOS | 2.6 | 2.4 | 3.3 | 2.8 | 2.7 | 2.6 | 2.3 | 2.9 | 2.4 | 2.4 | 2.9 | 2.3 | 2.2 | 2.6 | 3.0 | ▲ |
| Non Elective LOS | 2.0 | 2.0 | 2.0 | 2.0 | 2.4 | 2.2 | 2.2 | 2.6 | 2.4 | 2.1 | 2.3 | 2.1 | 2.2 | 2.2 | 2.1 | ▼ |
| % of Electives Adm.on day of proc. | 85.9% | 81.9% | 83.0% | 84.7% | 83.1% | 81.5% | 84.5% | 82.5% | 86.8% | 85.3% | 87.4% | 83.9% | 83.3% | 84.0% | 83.4% | |
| Day Case Rate (Basket of 25) | 87.3% | 83.0% | 87.0% | 82.2% | 83.8% | 83.9% | 82.4% | 80.6% | 76.0% | 77.2% | 87.4% | 78.6% | 81.9% | 82.3% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 67.6% | 66.1% | 65.6% | 67.7% | 64.3% | 67.9% | 66.3% | 63.7% | 68.4% | 65.4% | 68.0% | 66.3% | 71.3% | 66.8% | 67.8% | ▲ |
| Inpatient Theatre Utilisation | | 67.7% | 76.2% | 71.0% | 68.2% | 64.3% | 74.4% | 71.4% | 72.0% | 71.9% | 78.2% | 74.9% | 78.4% | 72.3% | 86.0% | ▲ |
| Day Case Theatre Utilisation | | 69.5% | 83.8% | 75.1% | 65.9% | 71.7% | 69.0% | 73.9% | 76.2% | 60.2% | 82.8% | 80.9% | 83.4% | 74.2% | 86.0% | ▲ |
| Outpatient New : F/Up Ratio | 1.6 | 1.6 | 1.6 | 1.6 | 1.6 | 1.6 | 1.8 | 1.6 | 1.6 | 1.6 | 1.6 | 1.5 | 1.4 | 1.6 | 1.6 | ▲ |
| Outpatient DNA Rate | 10.9% | 10.2% | 11.2% | 11.4% | 11.3% | 10.7% | 11.4% | 10.9% | 10.8% | 11.2% | 9.4% | 8.5% | 9.0% | 10.5% | 11.8% | ▼ |
| Outpatient Hosp Canc Rate | 8.9% | 9.9% | 9.4% | 9.3% | 8.7% | 8.7% | 9.5% | 9.3% | 6.7% | 6.8% | 6.4% | 7.4% | 7.2% | 8.3% | 9.8% | ▲ |
| Outpatient Patient Canc Rate | 11.4% | 10.3% | 10.6% | 11.1% | 11.8% | 11.5% | 11.4% | 10.6% | 11.0% | 12.0% | 9.2% | 9.1% | 10.2% | 10.8% | 11.9% | ▼ |

Red < 80
Amber 80 - 89
Green >=90

DIVISIONAL HEAT MAP - Month 12 2010/11

WOMEN'S and CHILDREN'S

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Appraisals | | 81.6% | 66.0% | 56.9% | 59.5% | 67.3% | 70.8% | 79.7% | 86.2% | 95.3% | 94.2% | 93.6% | 93.2% | 93.2% | 100% | ▼ |
| Sickness Absence | 4.2% | 3.5% | 3.6% | 3.4% | 4.1% | 3.2% | 4.0% | 4.6% | 4.2% | 5.3% | 4.4% | 3.4% | 4.1% | 4.0% | 3% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 7.9 | 4.1 | 3.3 | 3.2 | 3.6 | 4.3 | 5.3 | 10.2 | 10.6 | 9.2 | 8.7 | 7.0 | | | |
| Bank FTE | | 16.3 | 17.6 | 16.2 | 19.3 | 19.0 | 21.2 | 18.9 | 19.9 | 22.2 | 20.0 | 14.7 | 15.9 | | | |
| Actual net FTE reduction this month | | -3.2 | -4.5 | -3.9 | -7.8 | 0.1 | -7.8 | 10.3 | 21.7 | -8.9 | 0.2 | -2.9 | -5.6 | -12.3 | | |
| Planned FTE reduction this month | | 19.5 | 2.9 | 3.7 | 2.4 | 1.3 | 0.0 | -9.9 | 0.0 | 1.0 | 0.6 | -0.2 | 0.0 | 21.3 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

WOMEN'S and CHILDREN'S - Women's

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| RTT - Admitted | | 96.5% | 95.7% | 96.7% | 97.4% | 95.0% | 96.4% | 96.5% | 95.4% | 96.7% | 97.0% | 97.6% | 97.8% | 97.8% | 90.0% | ▲ |
| RTT - Non Admitted | | 98.0% | 99.2% | 99.3% | 98.9% | 99.3% | 97.8% | 97.0% | 96.3% | 99.0% | 97.1% | 95.3% | 96.4% | 96.4% | 95.0% | ▲ |
| Elective LOS | 2.5 | 2.5 | 2.4 | 2.8 | 2.5 | 2.4 | 2.2 | 2.4 | 2.4 | 2.4 | 2.3 | 2.5 | 2.1 | 2.4 | 2.9 | ▲ |
| Non Elective LOS | 3.1 | 2.4 | 2.7 | 2.4 | 2.8 | 2.5 | 2.8 | 2.7 | 3.1 | 2.4 | 2.9 | 2.7 | 2.7 | 2.7 | 2.9 | ◀▶ |
| % of Electives Adm.on day of proc. | 93.2% | 89.4% | 91.5% | 89.2% | 91.4% | 92.4% | 93.9% | 93.9% | 92.0% | 90.4% | 96.6% | 92.6% | 93.1% | 92.2% | 90.0% | ▲ |
| Day Case Rate (Basket of 25) | 89.1% | 86.0% | 88.1% | 83.6% | 87.9% | 87.7% | 86.0% | 85.7% | 81.8% | 88.1% | 88.1% | 85.3% | 88.1% | 86.4% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 64.4% | 60.7% | 61.4% | 62.4% | 60.1% | 63.4% | 63.1% | 59.9% | 65.5% | 62.3% | 63.3% | 64.7% | 69.2% | 63.0% | 66.5% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 5.5% | 5.1% | 5.2% | 4.5% | 4.5% | 5.2% | 4.9% | 4.6% | 4.4% | 4.2% | 4.9% | 5.0% | | 4.8% | | |
| 30 Day Readmissions (UHL) - Same Specialty | 2.8% | 2.5% | 2.3% | 2.0% | 1.9% | 2.2% | 2.0% | 2.2% | 1.9% | 1.9% | 2.2% | 2.2% | | 2.1% | | |
| Outpatient New : F/Up Ratio | 1.6 | 1.7 | 1.6 | 1.7 | 1.6 | 1.6 | 1.7 | 1.6 | 1.6 | 1.6 | 1.6 | 1.5 | 1.3 | 1.6 | 1.6 | ▲ |
| Outpatient DNA Rate | 7.9% | 8.7% | 8.5% | 9.3% | 8.9% | 8.0% | 8.6% | 8.5% | 8.8% | 10.2% | 8.9% | 7.9% | 8.6% | 8.7% | 8.7% | ▼ |
| Outpatient Hosp Canc Rate | 7.7% | 9.3% | 7.8% | 8.0% | 7.8% | 7.4% | 8.1% | 7.5% | 6.6% | 7.6% | 6.9% | 7.4% | 7.9% | 7.7% | 8.2% | ▼ |
| Outpatient Patient Canc Rate | 11.3% | 9.9% | 10.4% | 10.4% | 10.6% | 10.5% | 11.2% | 10.5% | 10.6% | 11.9% | 9.6% | 9.2% | 10.3% | 10.4% | 12.3% | ▼ |
| Bed Utilisation (Incl short stay admissions) | | 88% | 88% | 88% | 85% | 86% | 89% | 88% | 88% | 84% | 87% | 88% | 86% | 87% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 4.3% | 3.8% | 3.7% | 3.7% | 4.4% | 3.4% | 4.3% | 4.7% | 4.1% | 5.6% | 4.4% | 3.8% | 4.3% | 4.2% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 2.0 | 1.6 | 2.2 | 1.9 | 2.3 | 2.4 | 3.6 | 6.9 | 6.6 | 5.4 | 5.2 | 5.2 | | | |
| Bank FTE | | 7.7 | 9.3 | 9.1 | 11.1 | 10.8 | 12.6 | 10.4 | 11.2 | 14.5 | 12.7 | 9.7 | 10.2 | | | |
| Actual net FTE reduction this month | | 3.8 | 3.0 | 1.8 | -7.0 | -2.3 | -9.3 | -4.0 | 19.2 | -5.8 | -2.1 | -1.8 | 4.7 | 0.3 | | |
| Planned FTE reduction this month | | 6.1 | 1.0 | 3.0 | 0.0 | 0.0 | 0.0 | 2.4 | 0.0 | 0.0 | 1.0 | 0.0 | 0.0 | 13.5 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

WOMEN'S and CHILDREN'S - Children's

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| RTT - Admitted | | 99.2% | 96.6% | 100% | 100% | 99.1% | 100% | 97.3% | 92.2% | 93.1% | 97.6% | 100.0% | 91.5% | 91.5% | 90.0% | ▼ |
| RTT - Non Admitted | | 99.8% | 100% | 100% | 100% | 99.8% | 99.8% | 100% | 100% | 100% | 99.6% | 100.0% | 99.2% | 99% | 95.0% | ▼ |
| Elective LOS | 2.8 | 2.4 | 5.1 | 2.8 | 3.1 | 2.9 | 2.4 | 3.8 | 2.3 | 2.4 | 3.9 | 2.0 | 2.4 | 2.9 | 3.2 | ▼ |
| Non Elective LOS | 1.4 | 1.8 | 1.6 | 1.7 | 2.1 | 2.0 | 1.8 | 2.5 | 1.9 | 1.9 | 1.9 | 1.7 | 2.0 | 1.9 | 1.7 | ▼ |
| % of Electives Adm.on day of proc. | 70.7% | 68.6% | 64.0% | 74.4% | 70.1% | 62.6% | 68.3% | 62.8% | 78.1% | 76.1% | 68.2% | 71.8% | 68.8% | 69.5% | 71.9% | |
| Day Case Rate (Basket of 25) | 80.0% | 71.1% | 82.6% | 77.4% | 71.9% | 69.6% | 68.9% | 63.6% | 60.8% | 52.3% | 85.4% | 62.2% | 62.5% | 69.2% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 72.5% | 72.5% | 71.6% | 74.9% | 69.1% | 73.2% | 70.6% | 68.6% | 71.8% | 69.4% | 74.3% | 68.2% | 73.6% | 71.5% | 69.7% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 12.3% | 8.6% | 9.7% | 9.4% | 7.3% | 9.8% | 9.2% | 10.4% | 9.0% | 11.2% | 9.8% | 11.8% | | 9.7% | | |
| 30 Day Readmissions (UHL) - Same Specialty | 11.1% | 7.3% | 8.5% | 8.3% | 5.9% | 8.7% | 8.0% | 9.3% | 7.5% | 10.3% | 8.4% | 10.3% | | 8.5% | | |
| Outpatient New : F/Up Ratio | 1.4 | 1.6 | 1.6 | 1.5 | 1.7 | 1.7 | 1.9 | 1.6 | 1.7 | 1.6 | 1.6 | 1.4 | 1.5 | 1.6 | 1.9 | ▼ |
| Outpatient DNA Rate | 17.1% | 13.6% | 17.4% | 16.4% | 17.0% | 17.0% | 18.2% | 16.5% | 15.2% | 13.6% | 10.4% | 9.9% | 10.2% | 14.7% | 18.1% | ▼ |
| Outpatient Hosp Canc Rate | 11.2% | 11.2% | 12.8% | 12.0% | 10.8% | 11.6% | 12.7% | 13.0% | 6.9% | 5.0% | 5.3% | 7.4% | 5.5% | 9.5% | 13.0% | ▲ |
| Outpatient Patient Canc Rate | 11.5% | 11.1% | 11.1% | 12.4% | 14.2% | 13.7% | 11.9% | 10.8% | 11.8% | 12.2% | 8.5% | 8.7% | 10.2% | 11.4% | 11.0% | ▼ |
| Bed Utilisation (Incl short stay admissions) | | 89% | 89% | 88% | 85% | 82% | 89% | 85% | 87% | 94% | 93% | 83% | 93% | 88% | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 4.1% | 2.9% | 3.2% | 2.8% | 3.4% | 2.8% | 3.3% | 4.5% | 4.4% | 4.7% | 4.3% | 2.8% | 3.5% | 3.6% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 5.9 | 2.5 | 1.2 | 1.2 | 1.4 | 1.9 | 1.7 | 3.3 | 4.0 | 3.9 | 3.6 | 1.8 | | | |
| Bank FTE | | 8.6 | 8.3 | 7.1 | 8.2 | 8.2 | 8.6 | 8.5 | 8.6 | 7.7 | 7.4 | 5.0 | 5.7 | | | |
| Actual net FTE reduction this month | | -7.1 | -7.6 | -5.7 | -0.8 | 2.4 | 1.6 | 14.4 | 2.5 | -3.1 | 2.3 | -1.2 | -10.3 | -12.7 | | |
| Planned FTE reduction this month | | 13.4 | 1.9 | 0.7 | 2.4 | 1.3 | 0.0 | -12.3 | 0.0 | 1.0 | -0.4 | -0.2 | 0.0 | 7.8 | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2010/11

CLINICAL SUPPORT

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-----------|--------|
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | ◀▶ |
| Never Events | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Patient Falls | | 7 | 5 | 4 | 2 | 4 | 9 | 1 | 8 | 7 | 2 | 8 | 7 | 57 | 5% Red,n | |
| Complaints Re-Opened | | 0 | 6 | 1 | 1 | 1 | 2 | 3 | 0 | 0 | 1 | 0 | 1 | 16 | 10% Red,n | |
| SUIs (Relating to Deteriorating Patients) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| RIDDOR | | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 3 | 1 | 3 | 11 | TBC | |
| In-hospital fall resulting in hip fracture | | | | | | | | | | | | | | | TBC | |
| No of Staffing Level Issues Reported as Incidents | | 1 | 4 | 3 | 2 | 3 | 3 | 2 | 2 | 0 | 0 | 1 | 1 | 21 | | |
| ALL Complaints Regarding Attitude of Staff | | 2 | 2 | 1 | 1 | 2 | 1 | 1 | 2 | 3 | 1 | 2 | 4 | 20 | | |
| ALL Complaints Regarding Discharge | | 1 | 0 | 2 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 4 | 1 | 11 | | |
| ANAESTHETICS & THEATRES | | | | | | | | | | | | | | | | |
| Referrals to Pain Management | | 189 | 208 | 226 | 242 | 201 | 167 | 164 | 253 | 244 | 215 | 191 | 224 | 2524 | | |
| % Pain Mgmt Referrals Seen < 11 weeks | | 100% | 100% | 99% | 98% | 99% | 98% | 99% | 98% | 98% | 99% | 98% | 97% | 99% | 95.0% | ▼ |
| Outpatient New : F/Up Ratio | 3.8 | 4.2 | 3.6 | 4.3 | 3.8 | 4.8 | 3.6 | 4.4 | 3.4 | 3.4 | 3.7 | 3.8 | 3.8 | 3.9 | 3.2 | ◀▶ |
| Outpatient DNA Rate | 9.6% | 10.7% | 11.3% | 10.4% | 9.6% | 10.4% | 12.5% | 13.1% | 11.2% | 13.6% | 11.5% | 11.3% | 10.6% | 11.3% | 12.0% | ▲ |
| Outpatient Hosp Canc Rate | 12.7% | 8.7% | 10.7% | 8.2% | 8.1% | 8.0% | 10.9% | 9.9% | 5.7% | 7.7% | 9.0% | 8.8% | 6.0% | 8.4% | 11.3% | ▲ |
| Outpatient Patient Canc Rate | 14.9% | 14.4% | 16.4% | 17.1% | 17.5% | 15.4% | 15.5% | 16.3% | 15.8% | 18.7% | 15.2% | 14.5% | 14.7% | 15.9% | 15.5% | ▼ |
| RTT - Admitted | 100% | 100% | 100% | 100% | 94.9% | 100% | 100% | 98.1% | 98.1% | 100.0% | 97.2% | 96.3% | 98.4% | 98.4% | 90.0% | ▲ |
| RTT - Non Admitted | 100% | 99.6% | 98.8% | 100% | 100% | 100% | 100% | 99.5% | 99.1% | 100.0% | 99.2% | 99.5% | 99.6% | 99.6% | 95.0% | ▲ |
| Inpatient Theatre Utilisation | | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | 86.0% | |
| Day Case Theatre Utilisation | | 62.1% | 85.2% | 85.7% | 65.7% | 63.5% | 89.4% | 71.2% | 84.5% | 104.9% | 131.9% | 143.5% | 136.3% | 86.1% | 86.0% | ▼ |
| BOOKING CENTRE | | | | | | | | | | | | | | | | |
| % calls responded to within 30 seconds | | 38.5% | 44.6% | 45.2% | | 67.7% | 75.0% | 65.6% | 69.7% | 69.8% | 68.9% | 75.4% | 81.5% | | 40% | ▲ |
| NUTRITION AND DIETETICS | | | | | | | | | | | | | | | | |
| % of adult inpatients seen within 2 days across UHL & PCT's | 94.7% | 96.7% | 97.6% | 96.5% | 97.1% | 96.6% | 97.6% | 95.5% | 96.0% | 97.4% | 98.2% | 96.3% | 97.5% | | 100% | ▲ |
| % of paed inpatients seen within 2 days across UHL & PCT's | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 94.7% | 100.0% | 100.0% | | 100% | ◀▶ |

DIVISIONAL HEAT MAP - Month 12 2010/11

CLINICAL SUPPORT


| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| OCCUPATIONAL THERAPY (Response times are reported one month in arrears) | | | | | | | | | | | | | | | | |
| RTT Incompletes (% waiting <=8 weeks) | | 100% | 100% | 100% | 100% | 98.2% | 98.9% | 100% | 100% | 93.8% | 91.4% | 97.1% | 94.2% | | 95% | ▼ |
| RTT Completes (% waiting <=8 weeks) | | 99.7% | 100% | 99.7% | 100% | 100% | 99.0% | 99.3% | 100% | 99.7% | 99.7% | 99.2% | 99.5% | | 95% | ▲ |
| Inpatient Response Times - Emergency (45 mins) | 50% | 100% | 100% | 100% | 100% | 100% | 100% | 50% | 100% | 100% | 100% | 100% | | | 98% | ◀▶ |
| Inpatient Response Times - Urgent (3 hours) | 100% | 100% | 100% | 100% | 94% | 92% | 93% | 100% | 94% | 93% | 100% | 100% | | | 98% | ◀▶ |
| Inpatient Response Times - Routine (24 hours) | 89% | 89% | 92% | 92% | 86% | 88% | 85% | 83% | 79% | 80% | 72% | 79% | | | 98% | ▲ |
| PHYSIOTHERAPY (Response times are reported one month in arrears) | | | | | | | | | | | | | | | | |
| RTT Incompletes (% waiting <=8 weeks) | | 96.3% | 96.9% | 95.9% | 94.8% | 93.7% | 93.2% | 95.0% | 94.0% | 93.8% | 97.4% | 99.2% | 98.8% | | 95% | ▼ |
| RTT Completes (% waiting <=8 weeks) | | 97.6% | 97.5% | 96.1% | 96.0% | 95.3% | 94.7% | 95.1% | 96.1% | 95.8% | 94.8% | 96.2% | 98.5% | | 95% | ▲ |
| Inpatient Response Times - Emergency (45 mins) | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | | 98% | ◀▶ |
| Inpatient Response Times - Urgent (3 hours) | 97% | 98% | 99% | 100% | 99% | 99% | 100% | 100% | 100% | 99% | 100% | 99% | | | 98% | ▼ |
| Inpatient Response Times - Routine (24 hours) | 100% | 98.8% | 98.0% | 97.9% | 98.4% | 98.1% | 97.5% | 97.5% | 97.4% | 97.9% | 98.5% | 98.2% | | | 98% | ▼ |
| MEDICAL RECORDS | | | | | | | | | | | | | | | | |
| Med Rec - % Missing Casenotes | 0.9% | 0.5% | 0.5% | 0.5% | 0.5% | 0.6% | 0.4% | 0.4% | 0.4% | 0.4% | 0.5% | 0.5% | 0.3% | 0.5% | <1.5% | ▲ |
| Total requests LGH, LRI and GH | | 70691 | 64535 | 72664 | 73066 | 70447 | 76760 | 70037 | 80391 | 75040 | 86477 | 83591 | 96959 | 920658 | 920658 | |
| DISCHARGE TEAM | | | | | | | | | | | | | | | | |
| Delayed Discharges - County | 1.6 | 1.7 | 1.5 | 1.8 | 1.7 | 2.0 | 2.0 | 2.0 | 1.9 | 1.9 | 2.1 | 2.3 | 2.4 | | 1.6 | ▼ |
| Delayed Discharges - City | 3.7 | 4.1 | 4.0 | 4.4 | 4.1 | 3.9 | 3.6 | 3.7 | 3.7 | 3.6 | 3.7 | 3.8 | 3.8 | | 3.8 | ◀▶ |
| ORTHOTICS | | | | | | | | | | | | | | | | |
| Waiting times for routine adult outpatients (weeks) | 10 | 9 | 11 | 9 | 8 | 6 | 6 | 8 | 10 | 12 | 15 | 12 | 13 | | 8 | ▼ |
| Waiting times for routine paediatric outpatients (weeks) | 9 | 5 | 5 | 6 | 6 | 6 | 7 | 6 | 11 | 7 | 11 | 10 | 10 | | 8 | ◀▶ |
| PSYCHOLOGY / NEURO-PSYCHOLOGY | | | | | | | | | | | | | | | | |
| New referrals inpatients Medical Psychology | 3 | 3 | 1 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 5 | 4 | 2 | 32 | | |
| New referrals outpatients Medical Psychology | 41 | 60 | 51 | 72 | 58 | 43 | 49 | 42 | 64 | 39 | 44 | 54 | 63 | 639 | | |
| New referrals inpatients Neuropsychology | 5 | 2 | 4 | 7 | 2 | 0 | 2 | 5 | 2 | 8 | 5 | 8 | 7 | 52 | | |
| New referrals outpatients Neuropsychology | 10 | 2 | 4 | 11 | 10 | 0 | 7 | 12 | 9 | 4 | 4 | 3 | 9 | 75 | | |


DIVISIONAL HEAT MAP - Month 12 2010/11


CLINICAL SUPPORT


| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| CLINICAL SUPPORT | | | | | | | | | | | | | | | | |
| SALT Wait Time in Weeks | 4 | 4 | 6 | 5 | 5 | 3 | 2 | 4 | 4 | 3 | 2 | 4 | | | 4 | ▼ |
| Podiatry New IP Referrals | 59 | 68 | 66 | 49 | 71 | 58 | 70 | 57 | 61 | 78 | 56 | 64 | | 698 | | |
| Pharmacy TTO Turnaround with 2 Hours | 86% | 83% | 84% | 83% | 85% | 86% | 82% | 83% | 85% | 82% | 87% | 79.5% | 87.4% | | 80% | ▲ |
| Pharmacy Dispensing Accuracy | | | | | | | 100.0% | 99.99% | 99.99% | 99.99% | 98.56% | 100.0% | 100.0% | | 98% | ◀▶ |
| Wheelchair Assessment Waits - Urgent (Weeks) | | 6 | 6 | 4 | 3 | 4 | 4 | 4 | 3 | 4 | 7 | 11 | 4 | | 8 | ▲ |
| Wheelchair Assessment Waits - Standard (Weeks) | 18 | 20 | 17 | 10 | 14 | 14 | 15 | 14 | 21 | 16 | 25 | 10 | 14 | | 26 | ▼ |
| DSC - RTT % complete pathways <=26 weeks | | 82% | 86% | 92% | 95% | 90% | 96% | 96% | 94% | 96% | 96% | 91% | 94% | | 95% | ▲ |
| Prosthetics - Amputees Contacted < 5 Days of Surgery | 100% | 100% | 100% | 75% | 86% | 100% | 60% | 100% | 66% | 78% | 75% | 100% | | | 90% | ▲ |
| IMAGING | | | | | | | | | | | | | | | | |
| CT Scan (% Waiting 3+ Weeks) | | 1.0% | 0.2% | 1.2% | 0.1% | 0.6% | 0.9% | 0.5% | 1.2% | 1.8% | 0.7% | 1.0% | 2.3% | | | |
| MRI Scan (% Waiting 3+ Weeks) | | 0.6% | 2.3% | 4.3% | 13.6% | 10.6% | 7.7% | 6.6% | 9.1% | 14.0% | 6.0% | 9.8% | 10.2% | | | |
| Non-Obstetric Ultrasound (% Waiting 3+ Weeks) | | 17.6% | 0.1% | 0.7% | 2.5% | 0.7% | 6.8% | 4.8% | 6.6% | 28.1% | 10.5% | 9.0% | 12.2% | | | |
| CRIS and PACS | | | | | | | | | | | | | | | | |
| PACS Uptime | | 88% | 100% | 100% | 94% | 96% | 96% | 97% | 95% | 96% | 96% | 99.6% | 99.0% | | 98% | ▼ |
| CRIS Uptime | | 100% | 100% | 100% | 100% | 100% | 100% | 99.7% | 100% | 100% | 100% | 100% | 100% | | 98% | ◀▶ |
| PATHOLOGY | | | | | | | | | | | | | | | | |
| CDT 24 Hour TRT | | 98.9% | 99.7% | 99.2% | 98.8% | 94.6% | 91.2% | 95.5% | 93.9% | 92.9% | 92.3% | 91.8% | 98.6% | | 95% | |
| MRSA 48 Hour TRT | | 98.3% | 99.3% | 99.6% | 99.4% | 99.5% | 97.5% | 99.6% | 99.6% | 99.7% | 99.7% | 99.7% | 99.9% | | 95% | |
| Diagnostic Wait > 6 Weeks | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | |
| Cytology Screening 7 Day Target | | 97.7% | 98.3% | 99.8% | 99.9% | 100% | 99.7% | 99.7% | 99.9% | 99.0% | 97.8% | 99.98% | 99.97% | | 100% | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Appraisals | | 85.8% | 79.8% | 75.8% | 79.4% | 81.5% | 88.8% | 91.2% | 93.7% | 97.4% | 94.0% | 94.5% | 93.3% | 93.3% | 100% | ▼ |
| Sickness Absence | 3.4% | 3.0% | 3.3% | 3.4% | 3.1% | 3.0% | 3.6% | 3.8% | 4.0% | 4.5% | 4.1% | 3.5% | 4.0% | 3.6% | 3% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | | 22.3 | 18.3 | 13.9 | 17.0 | 16.5 | 18.9 | 17.6 | 17.9 | 17.7 | 19.7 | 20.3 | 16.1 | | | |
| Bank FTE | | 21.3 | 22.9 | 20.4 | 20.3 | 23.3 | 26.3 | 28.1 | 27.6 | 34.1 | 33.5 | 30.5 | 29.1 | | | |
| Actual net FTE reduction this month | | -13.2 | -5.7 | -14.7 | -23.5 | 0.2 | -2.1 | 2.5 | -5.0 | 5.9 | -2.7 | -30.9 | -5.1 | -94.1 | | |
| Planned FTE reduction this month | | 35.6 | 0.4 | 3.8 | 7.2 | 14.3 | 0.0 | 7.5 | -0.8 | 0.0 | 1.0 | 0.0 | 0.0 | 69.0 | | |
| 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

Caring at its best

Quality and Performance

Trust Board

Thursday 5th May 2011

March 2011

One team shared values

QUALITY and PERFORMANCE REPORT

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Thresholds

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

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

UHL at a Glance - Month 12 - 2010/11

| PATIENT SAFETY | Standard | Current Data Month | Month Actual | YTD | Annual Forecast | Data Quality |
|---|----------|--------------------|--------------|--------|-----------------|--------------|
| MRSA Bacteraemias | 9 | Mar-11 | 1 | 12 | 12 | |
| CDT Isolates in Patients (UHL - All Ages) | 212 | Mar-11 | 14 | 200 | 200 | |
| % of all adults who have had VTE risk assessment on adm to hosp *** | 90% | Mar-11 | 79% | 61% | | |
| Reduction of hospital acquired venous thrombosis *** | | | | | | |
| Incidents of Patient Falls *** | 2569 | Mar-11 | 114 | 2036 | 2036 | |
| In Hospital Falls resulting in Hip Fracture *** | TBC | Mar-11 | 2 | 13 | | |
| 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% | Feb-11 | 95.7% | 93.3% | 93.5% | |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 93% | Feb-11 | 95.5% | 95.9% | 95.5% | |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 96% | Feb-11 | 96.6% | 97.0% | 97.0% | |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | 98% | Feb-11 | 100.0% | 100.0% | 100.0% | |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | 94% | Feb-11 | 96.3% | 95.1% | 95.0% | |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 94% | Feb-11 | 100.0% | 99.6% | 99.5% | |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 85% | Feb-11 | 87.2% | 86.3% | 86.0% | |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 90% | Feb-11 | 85.1% | 90.9% | 91.0% | |
| 62-Day Wait For First Treatment From Consultant Upgrade | 100% | Feb-11 | 100.0% | 100.0% | 100.0% | |
| Emergency 30 Day Readmissions (Following Elective Admission) | TBC | Feb-11 | 4.7% | 5.1% | | |
| Mortality (UHL Data) - Elective | | Mar-11 | 0.1% | 0.1% | | |
| Mortality (CHKS - Risk Adjusted) - Elective | | Feb-11 | 63.1 | | | |
| Mortality (UHL Data) - Non Elective | | Mar-11 | 2.5% | 2.5% | | |
| Mortality (CHKS - Risk Adjusted) - Non Elective | | Feb-11 | 74.4 | | | |
| Primary PCI Call to Balloon <150 Mins | 75.0% | Mar-11 | 86.4% | 87.0% | 87.0% | |
| Pressure Ulcers (Grade 3 and 4) *** | TBC | Mar-11 | 20 | 215 | | |

*** Trust Priorities

Data Quality Key

Process & Procedure Fully Documented

Patient Level

Audit

Director Sign Off

UHL at a Glance - Month 12 - 2010/11

| PATIENT EXPERIENCE | Standard | Current Data Month | Month Actual | YTD | Annual Forecast | Data Quality |
|--|----------|--------------------|--------------|---------|-----------------|--------------|
| Inpatient Polling - treated with respect and dignity *** | 95.0 | Mar-11 | 95.0 | | | |
| Inpatient Polling - rating the care you receive *** | 91.0 | Mar-11 | 83.8 | | | |
| % Beds Providing Same Sex Accommodation -Wards *** | 100% | Mar-11 | 100.0% | 100.0% | 100.0% | |
| % Beds Providing Same Sex Accommodation - Intensivist *** | 100% | Mar-11 | 100.0% | 100.0% | 100.0% | |
| ED Waits - Leics | 95% | Mar-11 | 93.8% | 96.1% | 96.1% | |
| ED Waits - UHL (Type 1 and 2) | 95% | Mar-11 | 90.4% | 93.8% | | |
| ED Unplanned Re-attendance Rate (From Qtr 2 2011/12) | <5% | Mar-11 | 5.8% | 6.0% | | |
| ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12) | <4Hrs | Mar-11 | 343 | 277 | | |
| ED Left Without Being Seen % (From Qtr 2 2011/12) | <5% | Mar-11 | 2.5% | 2.4% | | |
| ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12) | <15 mins | Mar-11 | | | | |
| ED Time to Treatment - Median (From Qtr 2 2011/12) | <60 mins | Mar-11 | 66 | 62 | | |
| RTT 18 week - Admitted | 90% | Mar-11 | 91.8% | 91.8% | | |
| RTT 18 week - Non admitted | 95% | Mar-11 | 97.1% | 97.1% | | |
| RTT Admitted Median Wait (Weeks) | <=11.1 | Mar-11 | 9.1 | 9.7 | | |
| RTT Admitted 95th Percentile (Weeks) | <=27.7 | Mar-11 | 24.1 | 20.6 | | |
| RTT Non-Admitted Median Wait (Weeks) | <=6.6 | Mar-11 | 5.4 | 6.2 | | |
| RTT Non-Admitted 95th Percentile (Weeks) | <=18.3 | Mar-11 | 16.8 | 16.8 | | |
| RTT Incomplete Median Wait (Weeks) | <=7.2 | Mar-11 | 5.5 | 5.5 | | |
| RTT Incomplete 95th Percentile (Weeks) | <=36.0 | Mar-11 | 21.8 | 21.8 | | |
| STAFF EXPERIENCE / WORKFORCE | Standard | Current Data Month | Month Actual | YTD | Annual Forecast | Data Quality |
| Headcount Reduction | 433.4 | Mar-11 | -13.0 | 437.8 | | |
| Sickness absence | 3.0% | Mar-11 | 4.0% | 3.7% | | |
| Appraisals | 100% | Mar-11 | 90.3% | 90.3% | | |
| VALUE FOR MONEY | Standard | Current Data Month | Month Actual | YTD | Annual Forecast | Data Quality |
| Income (£000's) | 692,280 | Mar-11 | 64,835 | 703,718 | 703,718 | |
| Operating Cost (£000's) | 648,417 | Mar-11 | 58,922 | 659,611 | 659,611 | |
| Surplus / Deficit (as EBIDTA) (£000's) | 43,863 | Mar-11 | 5,913 | 44,107 | 44,107 | |
| CIP (£000's) | 30,479 | Mar-11 | 3,270 | 30,975 | 30,975 | |
| Cash Flow (£000's) | 10,250 | Mar-11 | 10,306 | 10,306 | 10,306 | |
| Financial Risk Rating | 2 | Mar-11 | 2 | 2 | 2 | |
| Pay - Locums (£ 000s) | | Mar-11 | 335 | 4,066 | | |
| Pay - Agency (£ 000s) | | Mar-11 | 1,990 | 10,211 | | |
| Pay - Bank (£ 000s) | | Mar-11 | 504 | 5,501 | | |
| Pay - Overtime (£ 000s) | | Mar-11 | 447 | 3,098 | | |
| Total Pay Bill (£ millions) | | Mar-11 | 38.1 | 435.0 | | |
| Cost per Bed Day (£) | | Mar-11 | 172 | 172 | | |

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level

Audit

Director Sign Off

QUALITY and PERFORMANCE REPORT - Month 12 - 2010/11

QUARTERLY FOUNDATION TRUST COMPLIANCE FRAMEWORK

| | QTR THRESHOLD | WEIGHTING | QTR 1 | | QTR 2 | | QTR 3 | | QTR 4 | |
|--|---------------|-----------|--------|-------|--------|-------|--------|-------|-------------------|-------|
| | | | Actual | Score | Actual | Score | Actual | Score | Actual / Forecast | Score |
| Acute Targets - National Requirements | | | | | | | | | | |
| CDIFF | 53 | 1.0 | 68 | 1.0 | 37 | 0.0 | 48 | 0.0 | 47 | 0.0 |
| MRSA | 2 | 1.0 | 6 | 1.0 | 1 | 0.0 | 1 | 0.0 | 4 | 1.0 |
| 31 day cancer :- | | | | | | | | | | |
| subsequent surgery | 94% | 1.0 | 94.2% | 0.0 | 94.5% | 0.0 | 96.2% | 0.0 | 95.5% | 0.0 |
| subsequent anti cancer drug treatments | 98% | | 100.0% | 0.0 | 100.0% | 0.0 | 100.0% | 0.0 | 100.0% | 0.0 |
| subsequent radiotherapy (from 1 Jan 2011) | 94% | | 99.3% | 0.0 | 99.8% | 0.0 | 99.5% | 0.0 | 99.4% | 0.0 |
| 62 day cancer :- | | | | | | | | | | |
| from urgent GP referral to treatment | 85% | 1.0 | 86.1% | 0.0 | 86.3% | 0.0 | 86.6% | 0.0 | 86.0% | 0.0 |
| from consultant screening service referral | 90% | | 91.6% | 0.0 | 90.3% | 0.0 | 92.8% | 0.0 | 91.7% | 0.0 |
| Acute Targets - Minimum Targets | | | | | | | | | | |
| 31-day cancer wait from diagnosis to first treatment | 96% | 1.0 | 96.6% | 0.0 | 97.2% | 0.0 | 97.4% | 0.0 | 96.4% | 0.0 |
| Cancer: two week wait | | | | | | | | | | |
| all cancers | 93% | 0.5 | 93.7% | 0.0 | 93.8% | 0.0 | 93.0% | 0.0 | 93.2% | 0.0 |
| for symptomatic breast patients (cancer not initially suspected) | 93% | | 94.1% | 0.0 | 96.9% | 0.0 | 96.8% | 0.0 | 95.9% | 0.0 |
| Screening all elective in-patients for MRSA | 100% | 0.5 | 100.0% | 0.0 | 100.0% | 0.0 | 100.0% | 0.0 | 100.0% | 0.0 |
| LLR ED 4hr wait | 95% | 0.5 | 97.8% | 0.0 | 98.0% | 0.0 | 94.9% | 0.5 | 93.6% | 0.5 |
| People suffering heart attack to receive thrombolysis within 60 mins of call | 68% | 0.5 | 100.0% | 0.0 | 84.2% | 0.0 | 80.0% | 0.0 | ---- | 0.0 |
| Performance Governance rating | | | | 2.0 | 0.0 | 0.5 | | | 1.5 | |

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 - Month 12 - 2010/11

CQC SERVICE PERFORMANCE

CQC Service Performance - Indicators, weighting and scoring for Q2 2010/11 onwards

| Quality of service Performance Indicator | Thresholds | | | 2010/11 performance | | 2010/11 score | | |
|---|------------|------------------|------------------|---------------------|----------------|-----------------|----------------|--------------------|
| | Performing | Under-performing | Weighting for PF | Qtr 1 and Qtr 2 | Qtr 1 to Qtr 3 | Qtr 1 and Qtr 2 | Qtr 1 to Qtr 3 | Full Year Forecast |
| LLR Four-hour maximum wait in A&E | 95% | 94% | 1 | 97.90% | 96.90% | 3 | 3 | 3 |
| Cancelled ops - breaches of 28 days readmission guarantee | 5.0% | 15.0% | 1 | 8.50% | 9.20% | 1 | 1 | 1 |
| MRSA | 0 | >1SD | 1 | 7 | 8 | 0 | 0 | 0 |
| C Diff | 0 | >1SD | 1 | 105 | 153 | 3 | 3 | 3 |
| RTT - admitted - median | <=11.1 | | 0.50 | 9.7 | 9.8 | 1.5 | 1.5 | 1.5 |
| RTT - admitted - 95th percentile | <=27.7 | | 0.50 | 19.8 | 22.1 | 1.5 | 1.5 | 1.5 |
| RTT - non-admitted including audiology (DAA) - median | <=6.6 | | 0.50 | 6.3 | 6.3 | 1.5 | 1.5 | 1.5 |
| RTT - non-admitted including audiology (DAA) - 95th percentile | <=18.3 | | 0.50 | 17.1 | 17.1 | 1.5 | 1.5 | 1.5 |
| RTT - incomplete - median | <=7.2 | | 0.50 | 6.1 | 6.8 | 1.5 | 1.5 | 1.5 |
| RTT - incomplete - 95th percentile | <=36 | | 0.50 | 18.3 | 20.9 | 1.5 | 1.5 | 1.5 |
| 2 week GP referral to 1st outpatient | 93% | 88% | 0.5 | 93.8% | 93.5% | 1.5 | 1.5 | 1.5 |
| 2 week GP referral to 1st outpatient - breast symptoms | 93% | 88% | 0.5 | 95.4% | 95.8% | 1.5 | 1.5 | 1.5 |
| 31 day second or subsequent treatment - surgery | 94% | 89% | 0.33 | 94.4% | 95.1% | 1 | 1 | 1 |
| 31 day second or subsequent treatment - drug | 98% | 93% | 0.33 | 100.0% | 100.0% | 1 | 1 | 1 |
| 31 day diagnosis to treatment for all cancers | 96% | 91% | 0.33 | 96.9% | 97.1% | 1 | 1 | 1 |
| 31 day second or subsequent treatment - radiotherapy Q4 | 94% | 89% | 0.25 | 99.5% | 99.5% | n/a | n/a | 0.75 |
| 62 day referral to treatment from screening | 90% | 85% | 0.33 | 90.9% | 91.5% | 1 | 1 | 1 |
| 62 day referral to treatment from hospital specialist | 85% | 80% | 0.33 | 100.0% | 100.0% | 1 | 1 | 1 |
| 62 days urgent GP referral to treatment of all cancers | 85% | 80% | 0.33 | 86.2% | 86.3% | 1 | 1 | 1 |
| Reperfusion : Primary Angioplasty (PPCI)^ | 75.0% | 60.0% | 0.5 | 83.3% | 85.4% | 1.5 | 1.5 | 1.5 |
| Reperfusion : Thrombolysis^ | 68.0% | 48.0% | 0.5 | 91.7% | 88.2% | 1.5 | 1.5 | 1.5 |
| 2 week RACP | 98% | 95% | 1 | 99.8% | 99.8% | 3 | 3 | 3 |
| Patients that have spent more than 90% of their stay in hospital on a stroke unit | 60% | 30% | 1 | 08/09 Sentinal | 08/09 Sentinal | 3 | 3 | 3 |
| 48 hours GUM access | 98% | 95% | 1 | 100% | 100% | 3 | 3 | 3 |
| Delayed transfers of care | 3.5% | 5.0% | 1 | 1.4% | 1.3% | 3 | 3 | 3 |
| Overall performance score threshold | | | | | | 2.67 | 2.80 | 2.67 |

Scoring values

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

Overall performance score threshold

| | |
|------------------------------|-------------|
| Underperforming if less than | 2.1 |
| between | 2.1 and 2.4 |
| Performing if | 2.4+ |

HISTORY / TREND OVERVIEW - Month 12 - 2010/11

PATIENT SAFETY

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status | Page No |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|---------|
| MRSA Bacteraemias | 1 | 3 | 2 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 2 | 1 | 12 | 9 | | 11 |
| CDT Isolates in Patients (UHL - All Ages) | 24 | 24 | 25 | 19 | 14 | 13 | 10 | 16 | 20 | 12 | 17 | 16 | 14 | 200 | 212 | | 11 |
| % of all adults who have had VTE risk assessment on adm to hosp | | | | 40% | 49% | 51% | 57% | 61% | 65% | 64% | 69% | 75% | 79% | 61% | 90% | | |
| Reduction of hospital acquired venous thrombosis | | | | | | | | | | | | | | | TBC | | |
| Incidents of Patient Falls | 202 | 225 | 219 | 212 | 118 | 175 | 205 | 211 | 148 | 127 | 123 | 159 | 114 | 2036 | 2569 | | 14 |
| In Hospital Falls resulting in Hip Fracture | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 3 | 2 | 2 | 2 | 13 | | | |

CLINICAL EFFECTIVENESS

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status | Page No |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 94.0% | 93.2% | 94.6% | 93.3% | 93.5% | 94.8% | 93.3% | 93.0% | 94.5% | 91.3% | 88.5% | 95.7% | | 93.3% | 93% | | 19 |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 96.5% | 95.4% | 93.4% | 93.5% | 93.4% | 98.3% | 98.3% | 97.7% | 94.9% | 98.4% | 98.0% | 95.5% | | 95.9% | 93% | | 19 |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 97.2% | 97.6% | 96.0% | 96.3% | 98.2% | 96.4% | 97.0% | 96.7% | 97.3% | 98.3% | 96.6% | 96.6% | | 97.0% | 96% | | 19 |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 100.0% | 98% | | 19 |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | 97.3% | 100.0% | 92.1% | 94.0% | 94.0% | 91.4% | 97.9% | 97.8% | 95.5% | 95.3% | 94.7% | 96.3% | | 95.1% | 94% | | 19 |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 100.0% | 100.0% | 98.7% | 99.3% | 99.2% | 100.0% | 100.0% | 100.0% | 99.4% | 99.3% | 99.3% | 100.0% | | 99.6% | 94% | | 19 |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 87.5% | 85.9% | 85.0% | 87.1% | 89.0% | 82.8% | 87.3% | 85.5% | 86.4% | 88.1% | 85.2% | 87.2% | | 86.3% | 85% | | 19 |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 96.0% | 92.9% | 87.2% | 93.2% | 91.4% | 87.9% | 91.5% | 87.2% | 91.1% | 98.2% | 90.5% | 85.1% | | 90.9% | 90% | | 19 |
| 62-Day Wait For First Treatment From Consultant Upgrade | | | ----- | ----- | ----- | 100% | ----- | 100% | 100% | 100% | 100% | 100% | | 100% | 100% | | 19 |

HISTORY / TREND OVERVIEW - Month 12 - 2010/11

CLINICAL EFFECTIVENESS (Continued)

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status | Page No |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|---------|
| Emergency 30 Day Readmissions (Following Elective Admission) | 5.2% | 5.0% | 5.1% | 4.9% | 5.2% | 5.3% | 5.1% | 5.2% | 5.2% | 5.4% | 5.2% | 4.7% | | 5.1% | TBC | | 13 |
| Emergency 30 Day Readmissions (Following Emergency Admission) | 11.7% | 11.6% | 10.9% | 11.1% | 10.7% | 11.7% | 10.5% | 10.5% | 10.1% | 10.1% | 11.0% | 11.2% | | 10.8% | TBC | | 13 |
| Mortality (UHL Data) - Elective | 0.1% | 0.2% | 0.2% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | TBC | | 12 |
| Mortality (CHKS - Risk Adjusted) - Elective | 93.3 | 95.9 | 112.6 | 95.9 | 72.3 | 101.7 | 93.3 | 104.8 | 86.0 | 78.9 | 61.7 | 63.1 | | | TBC | | 12 |
| Mortality (UHL Data) - Emergency | 2.2% | 2.2% | 2.5% | 2.5% | 2.1% | 2.0% | 2.4% | 2.6% | 2.1% | 3.1% | 3.0% | 2.5% | 2.5% | 2.5% | TBC | | 12 |
| Mortality (CHKS - Risk Adjusted) - Emergency | 70.0 | 69.6 | 78.4 | 74.4 | 70.6 | 69.4 | 76.5 | 81.8 | 67.9 | 88.0 | 78.3 | 74.4 | | | TBC | | 12 |
| Primary PCI Call to Balloon <150 Mins | 81.8% | 62.5% | 95.5% | 82.6% | 73.3% | 86.7% | 94.1% | 83.3% | 95.7% | 86.7% | 96.3% | 88.9% | 86.4% | 87.0% | 75% | ▼ | 18 |
| Pressure Ulcers (Grade 3 and 4) | | 11 | 15 | 17 | 20 | 17 | 19 | 11 | 12 | 26 | 33 | 14 | 20 | 215 | TBC | | 14 |

HISTORY / TREND OVERVIEW - Month 12 - 2010/11

PATIENT EXPERIENCE

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status | Page No |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------|---------|
| Inpatient Polling - treated with respect and dignity | | | 95.3 | | 95.8 | 94.4 | 94.9 | 95.5 | 94.6 | 96.2 | 95.2 | 95.2 | 95.0 | | 95.0 | ▼ | 15 |
| Inpatient Polling - rating the care you receive | | | 85.8 | | 86.6 | 83.8 | 85.9 | 82.5 | 85.5 | 85.8 | 86.7 | 86.1 | 83.8 | | 91.0 | ▼ | 15 |
| % Beds Providing Same Sex Accommodation -Wards | 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% | ◀▶ | 18 |
| % Beds Providing Same Sex Accommodation - Intensivist | 87.0% | 87.0% | 87.0% | 87.0% | 87.0% | 87.0% | 86.0% | 86.0% | 89.0% | 93.0% | 95.0% | 100.0% | 100.0% | 100.0% | 100% | ◀▶ | 18 |
| A&E Waits - Leics | 97.5% | 98.6% | 97.6% | 97.0% | 98.4% | 98.1% | 97.3% | 96.9% | 94.9% | 93.1% | 92.9% | 94.1% | 93.8% | 96.1% | 95% | ▼ | 16 |
| A&E Waits - UHL (Type 1 and 2) | 97.6% | 97.8% | 96.3% | 95.3% | 97.4% | 96.7% | 95.7% | 94.8% | 92.0% | 89.2% | 88.6% | 91.1% | 90.4% | 93.8% | 95% | ▼ | 16 |
| Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12) | 5.9% | 6.0% | 6.1% | 6.1% | 5.9% | 6.5% | 6.2% | 6.0% | 5.5% | 5.9% | 6.0% | 6.1% | 5.8% | 6.0% | <5% | ▲ | 16 |
| ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12) | 239 | 238 | 240 | 240 | 239 | 240 | 240 | 251 | 303 | 349 | 382 | 331 | 343 | 277 | <240 Mins | ▼ | 16 |
| Left Without Being Seen % (From Qtr 2 11/12) | 2.2% | 2.3% | 2.5% | 2.5% | 2.4% | 2.1% | 2.5% | 2.2% | 2.5% | 2.7% | 2.1% | 2.2% | 2.5% | 2.4% | <5% | ▼ | 16 |
| Time to Initial Assessment - 95th centile (From Qtr 2 11/12) | | | | | | | | | | | | | | | <15 Mins | | 16 |
| Time to Treatment - Median (From Qtr 2 11/12) | 66 | 63 | 66 | 59 | 59 | 56 | 62 | 63 | 69 | 65 | 55 | 57 | 67 | 62 | <60 mins | | 16 |
| RTT 18 week - Admitted | 95.3% | 94.0% | 94.3% | 94.2% | 94.2% | 93.4% | 91.5% | 92.6% | 92.1% | 91.6% | 91.5% | 91.1% | 91.8% | 91.8% | 90% | ▲ | 17 |
| RTT 18 week - Non admitted | 97.8% | 98.3% | 98.3% | 98.3% | 98.0% | 97.4% | 96.4% | 97.1% | 98.3% | 97.0% | 96.9% | 97.3% | 97.1% | 97.1% | 95% | ▼ | 17 |
| RTT Admitted Median Wait (Weeks) | | 9.0 | 9.3 | 9.5 | 9.7 | 9.5 | 9.8 | 10.2 | 9.8 | 9.4 | 10.3 | 10.4 | 9.1 | 9.7 | <=11.1 | ▲ | 17 |
| RTT Admitted 95th Percentile (Weeks) | | 19.2 | 18.8 | 18.7 | 18.8 | 19.5 | 21.4 | 21.3 | 21.9 | 23.1 | 23.7 | 23.2 | 24.1 | 20.6 | <=27.7 | ▼ | 17 |
| RTT Non-Admitted Median Wait (Weeks) | | 5.6 | 6.0 | 5.7 | 6.1 | 6.2 | 6.9 | 6.7 | 6.2 | 6.1 | 7.0 | 5.5 | 5.4 | 6.2 | <=6.6 | ▲ | 17 |
| RTT Non-Admitted 95th Percentile (Weeks) | | 16.1 | 16.2 | 16.3 | 16.7 | 16.9 | 17.4 | 17.2 | 17.0 | 16.9 | 17.1 | 16.8 | 16.8 | 16.8 | <=18.3 | ◀▶ | 17 |
| RTT Incomplete Median Wait (Weeks) | | 5.3 | 5.2 | 5.6 | 5.8 | 6.1 | 6.1 | 6.0 | 6.1 | 6.8 | 6.7 | 5.2 | 5.5 | 5.5 | <=7.2 | ▼ | 17 |
| RTT Incomplete 95th Percentile (Weeks) | | 15.8 | 16.3 | 16.7 | 17.6 | 17.9 | 18.3 | 19.1 | 19.8 | 20.9 | 21.9 | 19.1 | 21.8 | 21.8 | <=36.0 | ▼ | 17 |

HISTORY / TREND OVERVIEW - Month 12 - 2010/11

STAFF EXPERIENCE / WORKFORCE

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status | Page No |
|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|---------|
| Headcount Reduction | | 138.4 | 54.4 | 82.6 | 49.7 | 70.4 | 20.9 | 23.7 | 4.6 | 0.7 | -0.2 | 5.7 | -13.0 | 437.8 | 433.4 | ▼ | 20 |
| Sickness absence | 3.7% | 3.2% | 3.2% | 3.3% | 3.4% | 3.2% | 3.5% | 3.8% | 3.7% | 4.7% | 4.2% | 3.8% | 4.0% | 3.7% | 3.0% | ▼ | 20 |
| Appraisals | 84.9% | 81.4% | 73.2% | 68.5% | 72.7% | 76.3% | 81.4% | 86.1% | 90.1% | 93.2% | 91.3% | 90.1% | 90.3% | 90.3% | 100% | ▲ | 20 |

VALUE FOR MONEY

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Income (£000's) | | | | | | | | | | 58,569 | 59,015 | 58,759 | 64,835 | 703,718 |
| Operating Cost (£000's) | | | | | | | | | | 54,865 | 55,342 | 55,770 | 58,922 | 659,611 |
| Surplus / Deficit (as EBIDTA) (£000's) | | | | | | | | | | 3,704 | 3,673 | 2,989 | 5,913 | 44,107 |
| CIP (£000's) | | | | | | | | | | 3,048 | 3,073 | 2,798 | 3,270 | 30,975 |
| Cash Flow (£000's) | | | | | | | | | | 9752 | 12,491 | 18,358 | 10,306 | 10,306 |
| Financial Risk Rating | | | | | | | | | | 2 | 2 | 2 | 2 | 2 |

HR Pay Analysis

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ |
| Locums (£ 000s) | 409 | 445 | 303 | 314 | 391 | 369 | 404 | 365 | 401 | 279 | 421 | 443 | 335 | 4,066 |
| Agency (£ 000s) | 844 | 429 | 588 | 547 | 510 | 524 | 758 | 746 | 879 | 1,175 | 1,283 | 1,540 | 1,990 | 10,211 |
| Bank (£ 000s) | 520 | 464 | 468 | 453 | 516 | 481 | 518 | 560 | 523 | 514 | 540 | 478 | 504 | 5,501 |
| Overtime (£ 000s) | 370 | 319 | 246 | 138 | 224 | 212 | 248 | 254 | 276 | 300 | 304 | 378 | 447 | 3,098 |
| Total Pay Bill (£ millions) | 36.0 | 36.0 | 36.0 | 35.7 | 35.6 | 35.0 | 35.9 | 35.9 | 36.4 | 36.1 | 36.7 | 37.5 | 38.1 | 435.0 |

Average Cost per Bed Day

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ |
| Cost per Bed Day (£) | | 153 | 143 | 150 | 158 | 150 | 155 | 151 | 164 | 162 | 143 | 183 | 172 |

INFECTION PREVENTION

Performance Overview

MRSA – The single case in March brings the total for the year to 12. An appeal is to be forwarded relating to 2 recent cases due to the multi-pathology and the treatment of the patients concerned.
The number of C Difficile cases in March was 14 with a year end figure of 200.

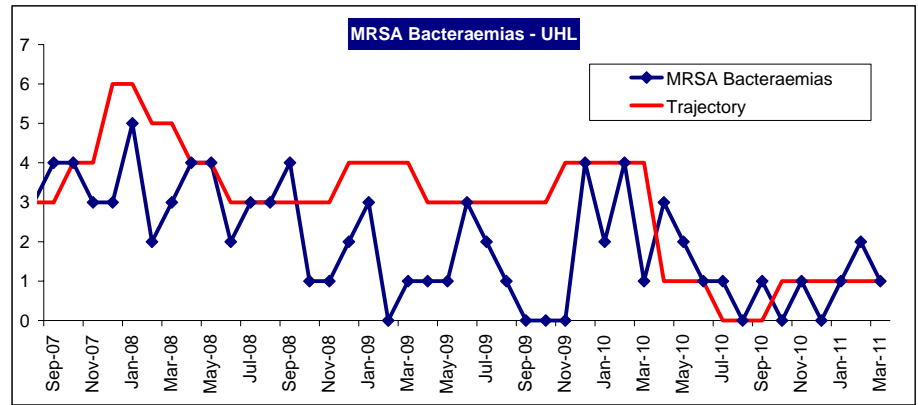
Key Actions

- All divisions continue to respond to the MRSA/CDIFF action plan and training is progressing as part of Chlorprep introduction.
- Mandatory reporting has now commenced in relation to MSSA with E-coli to follow in April 2011.
- Reporting for Non-elective MRSA screening has commenced and changes to testing methodology for C Difficile is now in place.
- Blood Culture 'grab bags' are to be introduced with immediate effect.

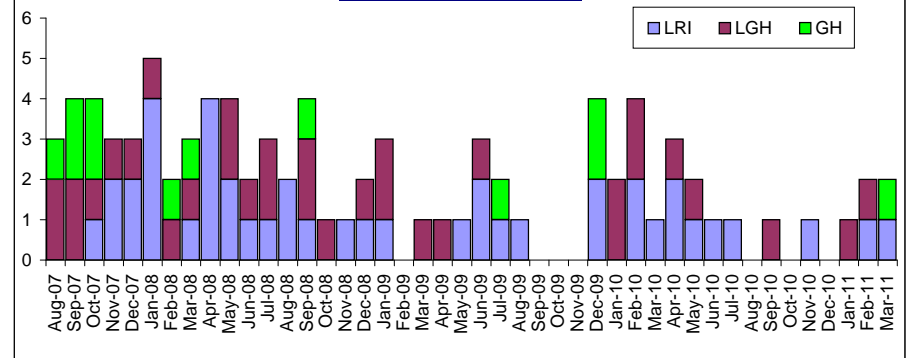
Year End

MRSA unachieved though with 8% reduction from 2009/10. CDiff achieved with 6% reduction from 2010/11 target.

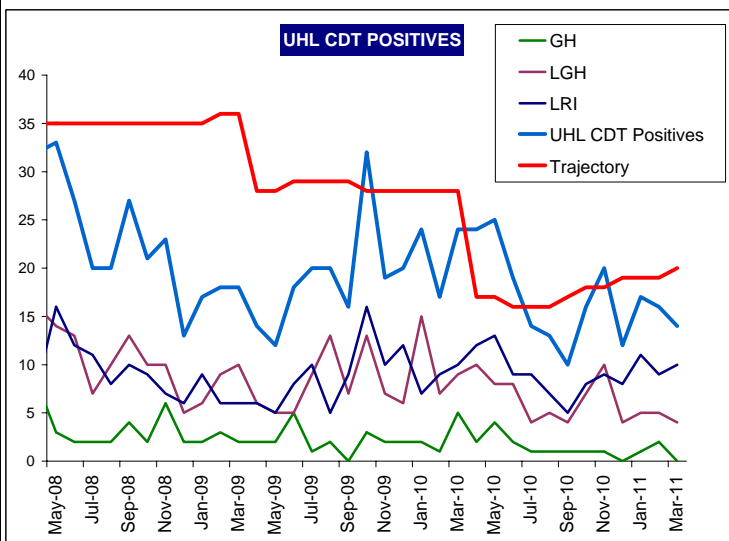
MRSA BACTERAEMIA



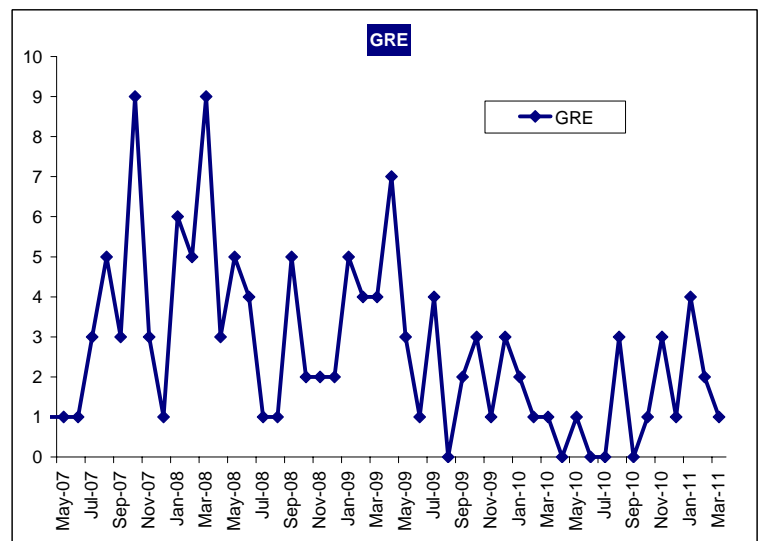
MRSA Bacteraemias by Site



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|
| MRSA | 1 | 3 | 2 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 2 | 1 | 12 | 9 | ▲ |
| C. Diff. | 24 | 24 | 25 | 19 | 14 | 13 | 10 | 16 | 20 | 12 | 17 | 16 | 14 | 200 | 212 | ▲ |
| Rate / 1000 Adm's | 2.6 | 2.9 | 3.0 | 2.3 | 1.6 | 1.6 | 1.2 | 1.9 | 2.4 | 1.4 | 2.1 | 2.1 | 1.6 | 2.0 | | |
| GRE | 1 | 0 | 1 | 0 | 0 | 3 | 0 | 1 | 3 | 1 | 3 | 2 | 1 | 15 | TBC | |
| MSSA | | | | | | | | | | | | | | | TBC | |
| E-Coli | | | | | | | | | | | | | | | TBC | |

MORTALITY

Performance Overview

CHKS RISK ADJUSTED MORTALITY

UHL's overall risk adjusted mortality index (RAMI) is 'lower than expected' for this financial year.

Although there was an increase in the Elective RAMI during Quarter 1, predominantly due to errors in activity coding, this has significantly improved since December.

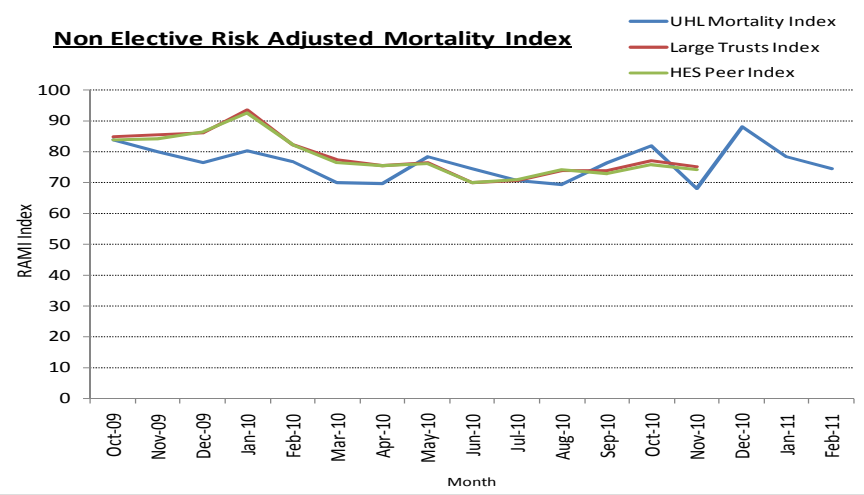
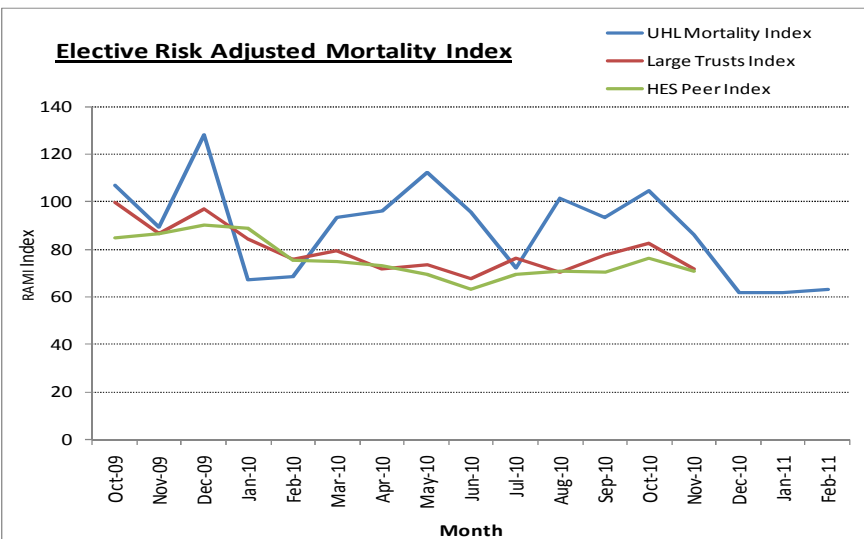
There was also an increase in the Trust's Non Elective RAMI during December and January. A summary of the review carried out by the Medicine and Respiratory CBU Medical Leads, was reported to the March Clinical Effectiveness Committee. Key findings were that an increased number of elderly, frail patients with several co-morbidities were admitted during those months, many with pneumonia which has a recognised high mortality rate.

The adjacent charts show UHL's risk adjusted mortality compared against 'large trusts' and also against all trusts in England. However, benchmarked data will always be 3 months in arrears.

Key Actions

The UHL Mortality & Morbidity Policy has been approved and is being implemented within each of the CBUs and Specialties. A process for providing a central report of all deaths and complications via Sharepoint is in development.

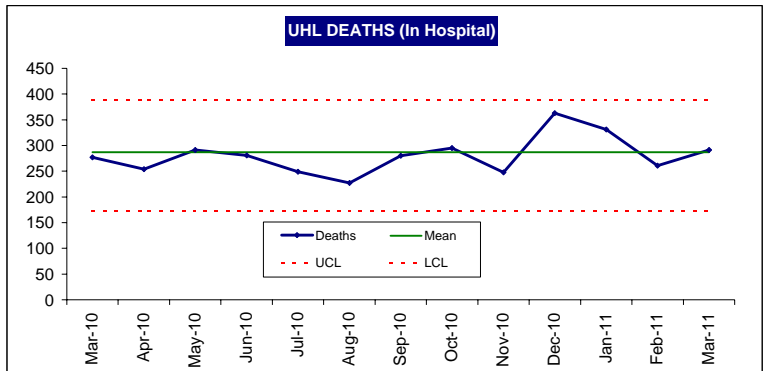
The national Summary Hospital Mortality Indicator (SHMI) has not yet been published and so UHL will continue to monitor its risk adjusted mortality using the CHKS tool.



CHKS - RISK ADJUSTED MORTALITY

| | Jan-10 | Feb-10 | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | YTD |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------|
| Total Spells (CHKS) | 18,298 | 18,101 | 20,550 | 18,387 | 18,448 | 18,929 | 18,925 | 18,049 | 18,669 | 18,307 | 18,984 | 18,312 | 17,810 | 17,483 | 202,303 |
| Observed Deaths | 313 | 251 | 251 | 230 | 259 | 246 | 214 | 198 | 248 | 265 | 211 | 325 | 293 | 230 | 2719 |
| RAMI | 79.9 | 76.4 | 70.7 | 70.5 | 79.9 | 75.3 | 70.7 | 70.6 | 77.1 | 82.6 | 68.5 | 87.3 | 78.0 | 74.1 | 76.2 |

| Clinical Business Unit | CURRENT MONTH | | |
|---|---------------|------------|-------------|
| | Spells | Deaths | % |
| Specialist Surgery | 1925 | 1 | 0.1% |
| GI Medicine, Surgery and Urology | 3636 | 27 | 0.7% |
| Cancer, Haematology and Oncology | 1880 | 13 | 0.7% |
| Musculo-Skeletal | 985 | 7 | 0.7% |
| Medicine | 2540 | 129 | 5.1% |
| Respiratory | 1097 | 43 | 3.9% |
| Cardiac, Renal & Critical Care | 1397 | 53 | 3.8% |
| Emergency Department | 679 | 5 | 0.7% |
| Women's | 4383 | 11 | 0.3% |
| Children's | 1820 | 1 | 0.1% |
| Anaesthesia and Theatres | 351 | 1 | 0.3% |
| Therapy, Phlebotomy and Central Outpatients | 1 | | |
| Imaging | 12 | | |
| Sum: | 20706 | 291 | 1.4% |



UHL CRUDE DATA TOTAL SPELLS

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| UHL Crude Data - TOTAL Spells | 21391 | 19173 | 19277 | 19784 | 19860 | 18974 | 19627 | 19254 | 19894 | 19261 | 18665 | 18295 | 20706 | 232770 | TBC |
| UHL Crude Data - TOTAL Deaths | 277 | 254 | 291 | 281 | 249 | 227 | 280 | 295 | 248 | 363 | 331 | 261 | 291 | 3371 | TBC |
| Percent | 1.3% | 1.3% | 1.5% | 1.4% | 1.3% | 1.2% | 1.4% | 1.5% | 1.2% | 1.9% | 1.8% | 1.4% | 1.4% | 1.4% | TBC |

UHL CRUDE DATA ELECTIVE SPELLS

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| UHL Crude Data - ELECTIVE Spells | 9500 | 8181 | 8214 | 8792 | 8678 | 8178 | 8602 | 8449 | 8794 | 7744 | 7784 | 8069 | 9390 | 100875 | TBC |
| UHL Crude Data - ELECTIVE Deaths | 11 | 13 | 12 | 10 | 10 | 8 | 10 | 11 | 9 | 6 | 6 | 6 | 9 | 110 | TBC |
| Percent | 0.1% | 0.2% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | TBC |

UHL CRUDE DATA NON ELECTIVE SPELLS

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| UHL Crude Data - NON ELECTIVE Spells | 11891 | 10992 | 11063 | 10992 | 11182 | 10796 | 11025 | 10805 | 11100 | 11517 | 10881 | 10226 | 11316 | 131895 | TBC |
| UHL Crude Data - NON ELECTIVE Deaths | 266 | 241 | 279 | 271 | 239 | 219 | 270 | 284 | 239 | 357 | 325 | 255 | 282 | 3261 | TBC |
| Percent | 2.2% | 2.2% | 2.5% | 2.5% | 2.1% | 2.0% | 2.4% | 2.6% | 2.2% | 3.1% | 3.0% | 2.5% | 2.5% | 2.5% | TBC |

EMERGENCY READMISSIONS

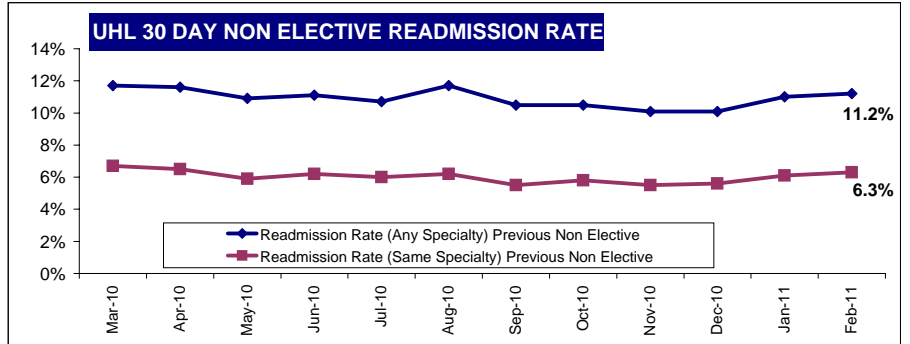
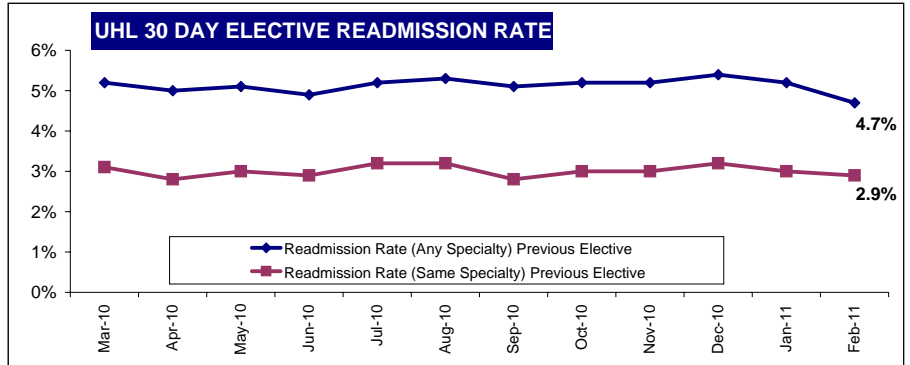
Performance Overview

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

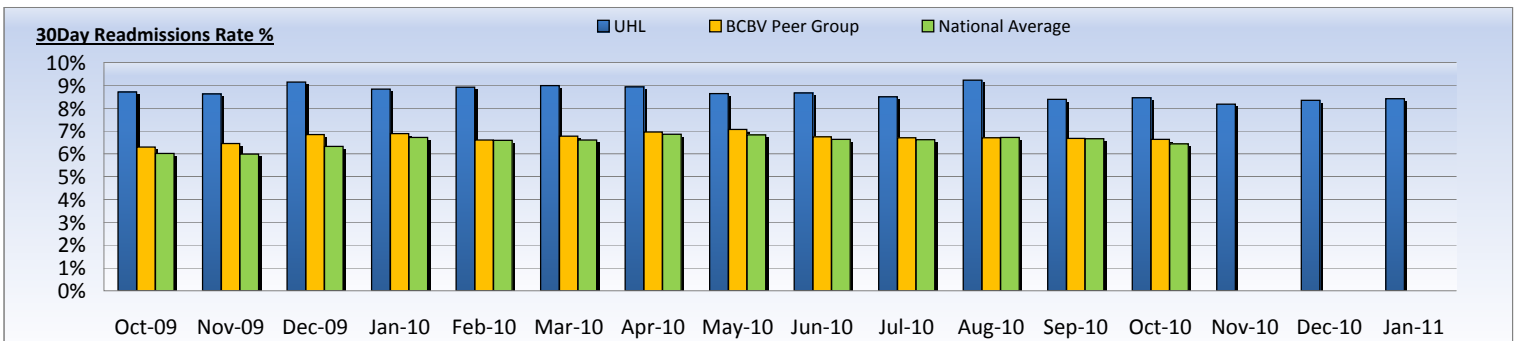
There will also be a financial penalty for emergency readmissions within 30 days of discharge from an emergency admission in that UHL is committed to delivering a 25% reduction in readmission rates from 2010/11.

Key Actions

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



CHKS Benchmarking - All 30 Day Emergency Readmission Rates - UHL, Peer Group of Similar Trusts and the National Average



Peers used = Nottingham, Sheffield, Birmingham, Newcastle and Leeds - (HES data only available up until October 2010)

| ALL READMISSIONS | | | | | | | | | | | | | YTD | Target |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|
| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | | |
| Discharges | 21,391 | 19,173 | 19,277 | 19,784 | 19,860 | 18,974 | 19,627 | 19,254 | 19,894 | 19,261 | 18,665 | 18,295 | 212,064 | TBC |
| 30 Day Emerg. Readmissions (Any Spec) | 1890 | 1680 | 1,623 | 1,655 | 1,648 | 1,702 | 1,594 | 1,574 | 1,576 | 1,576 | 1,599 | 1,528 | 17,755 | TBC |
| Readmission Rate (Any Specialty) | 8.8% | 8.8% | 8.4% | 8.4% | 8.3% | 9.0% | 8.1% | 8.2% | 7.9% | 8.2% | 8.6% | 8.4% | 8.4% | TBC |
| 30 Day Emerg. Readmissions (Same Spec) | 1081 | 948 | 903 | 931 | 944 | 927 | 850 | 876 | 873 | 901 | 897 | 880 | 9,930 | TBC |
| Readmission Rate (Same Specialty) | 5.1% | 4.9% | 4.7% | 4.7% | 4.8% | 4.9% | 4.3% | 4.5% | 4.4% | 4.7% | 4.8% | 4.8% | 4.7% | TBC |

| Redmissions - Previous Spell = Elective | | | | | | | | | | | | | YTD | Target |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | | |
| Discharges | 9,500 | 8,181 | 8,214 | 8,792 | 8,678 | 8,178 | 8,602 | 8,449 | 8,794 | 7,744 | 7,784 | 8,069 | 91,485 | TBC |
| 30 Day Emerg. Readmissions (Any Spec) Previous Elective | 496 | 408 | 416 | 433 | 455 | 434 | 438 | 436 | 453 | 415 | 407 | 382 | 4,677 | TBC |
| Readmission Rate (Any Specialty) Previous Elective | 5.2% | 5.0% | 5.1% | 4.9% | 5.2% | 5.3% | 5.1% | 5.2% | 5.2% | 5.4% | 5.2% | 4.7% | 5.1% | TBC |
| 30 Day Emerg. Readmissions (Same Spec) Previous Elective | 290 | 229 | 247 | 252 | 277 | 261 | 244 | 250 | 262 | 251 | 237 | 231 | 2,741 | TBC |
| Readmission Rate (Same Specialty) Previous Elective | 3.1% | 2.8% | 3.0% | 2.9% | 3.2% | 3.2% | 2.8% | 3.0% | 3.0% | 3.2% | 3.0% | 2.9% | 3.0% | TBC |

| Redmissions - Previous Spell = Non Elective | | | | | | | | | | | | | YTD | Target |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|
| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | | |
| Discharges | 11,891 | 10,992 | 11,063 | 10,992 | 11,182 | 10,796 | 11,025 | 10,805 | 11,100 | 11,517 | 10,881 | 10,226 | 120,579 | TBC |
| 30 Day Emerg. Readmissions (Any Spec) Previous Non Elective | 1,394 | 1,272 | 1,207 | 1,222 | 1,193 | 1,268 | 1,156 | 1,138 | 1,123 | 1,161 | 1,192 | 1,146 | 13,078 | TBC |
| Readmission Rate (Any Specialty) Previous Non Elective | 11.7% | 11.6% | 10.9% | 11.1% | 10.7% | 11.7% | 10.5% | 10.5% | 10.1% | 10.1% | 11.0% | 11.2% | 10.8% | TBC |
| 30 Day Emerg. Readmissions (Same Spec) Previous Non Elective | 791 | 719 | 656 | 679 | 667 | 666 | 606 | 626 | 611 | 650 | 660 | 649 | 7,189 | TBC |
| Readmission Rate (Same Specialty) Previous Non Elective | 6.7% | 6.5% | 5.9% | 6.2% | 6.0% | 6.2% | 5.5% | 5.8% | 5.5% | 5.6% | 6.1% | 6.3% | 6.0% | TBC |

FALLS

Performance Overview

Over the last 12 months the number of patient falls has shown a decline. There has been further improvement this month with a further reduction in falls.

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

Key Actions

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

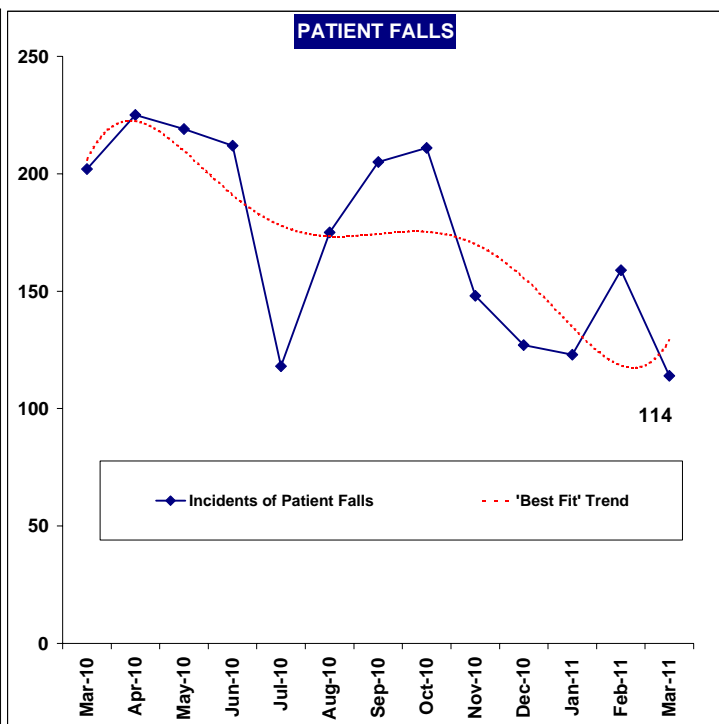
Nursing Metrics now includes falls assessment.

Raised falls awareness in all staff groups has been achieved through training and development activities.

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

A strategic review of falls is currently in progress and will be linked to wider corporate performance management going forward.

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



TARGET / STANDARD

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|
| Incidents of Patient Falls | 202 | 225 | 219 | 212 | 118 | 175 | 205 | 211 | 148 | 127 | 123 | 159 | 114 | 2036 | 2569 |
| In Hospital Falls resulting in Hip Fracture | | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 3 | 2 | 2 | 2 | 13 | |

PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

UHL has seen a decrease in hospital acquired pressure ulcers grade 3&4 over quarter 3 and 4 when compared with the same quarters in year 2009-10

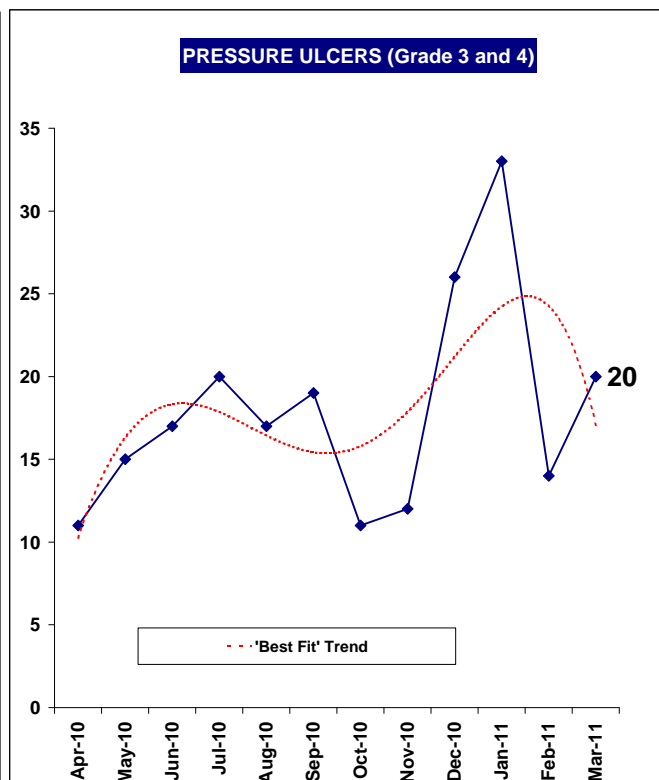
A 5% reduction in Press Ulcers (Grade 3 and 4) on 2010/11 outturn has been set for 2011/12.

Key Actions

During April 2011, the Assistant Director of Nursing and Head of Nursing for Planned Care will be meeting ward managers from the Acute and Planned Divisions to discuss the following:-

- Confirmation of the themes of all grade 3 and 4 HAPUs that have occurred on each ward from April 2010 - March 2011
- Seek assurance from ward managers that all action plans have been fully implemented with evidence of sustained improvements
- Agree thresholds and timescales for reductions of grade 3 and 4 HAPUs for every ward for 2011/12 (in line with the CQUIN)

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



TARGET / STANDARD

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target |
|---------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|
| Pressure Ulcers (Grade 3 and 4) | | 11 | 15 | 17 | 20 | 17 | 19 | 11 | 12 | 26 | 33 | 14 | 20 | 215 | TBC |

PATIENT EXPERIENCE

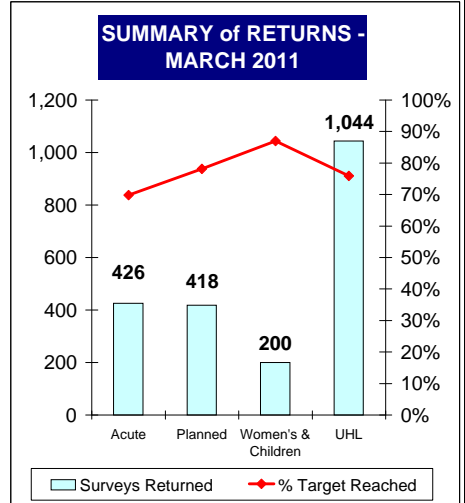
Performance Overview

The "Patient Experience Survey" has been running continuously now for 9 months. Overall the number of survey returns has increased, with Acute and Planned Divisions maintaining survey returns. Women's and Children have doubled their return rate, a great achievement, largely due to the Children's areas now being included in their results. Divisions continue to emphasise the importance of gathering surveys in each CBU, this will be supported by the Patient Experience Team.

Respect and Dignity scores have shown slight fluctuations from green to amber, whilst Women's has moved to green the overall division score is reduced by Children's, having reviewed the surveys there is a misconception amongst children of same sex accommodation, for this reason next month this question will be removed for Children's. The introduction of hourly nursing rounds to be rolled out across the Acute division will improve dignity and respect for all patients especially our elderly frail patients. Musculoskeletal have moved from amber to green and the Emergency Department score has improved from red to green a fantastic achievement for all the areas. All areas continue to be engaged in discussions about future patient experience workstreams. The Divisional patient experience projects are now in place and focus directly on areas that affect the answer to the overall care question.

The Respiratory CBU survey forms are not included in this months report due to a delay in the forms reaching the analysis process, these will be added to next months report. This has impacted on the Acute Division overall care score now red and the overall UHL score, also turning red.

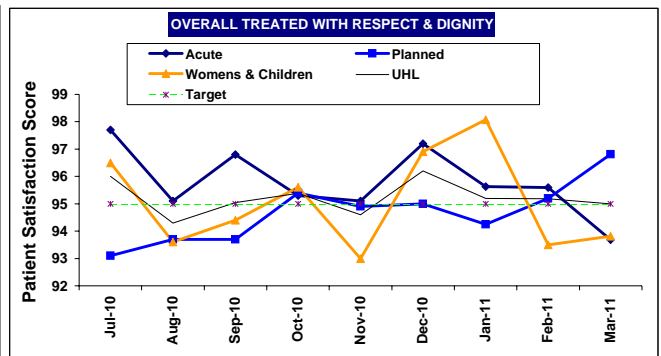
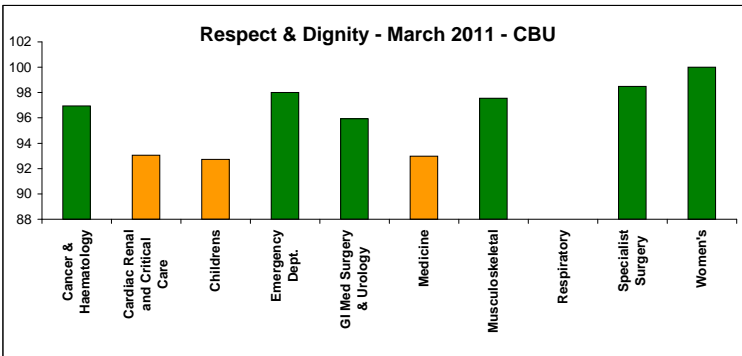
The results continue to be accessible for frontline staff via a one click link on INsite. The site has shown a dramatic rise in staff accessing this site with up to 800 staff now viewing their results every month. (NB The targets/thresholds for the results have been set by the NPS national results with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



TARGET / STANDARD

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

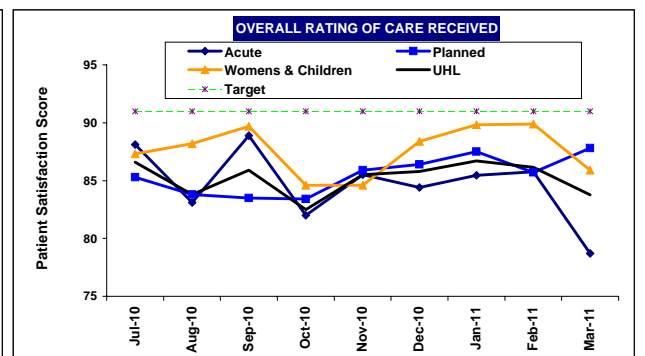
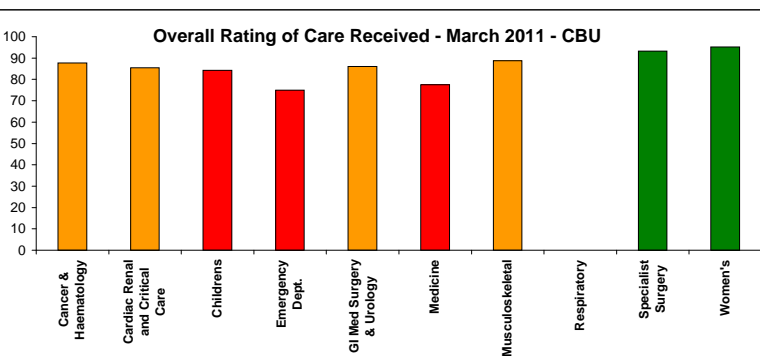
| Division | Sep-09 | May-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Acute | 93.9 | 95.4 | 97.7 | 95.1 | 96.8 | 95.3 | 95.1 | 97.2 | 95.6 | 95.6 | 93.7 |
| Planned | 94.3 | 95.0 | 93.1 | 93.7 | 93.7 | 95.4 | 94.9 | 95.0 | 94.3 | 95.2 | 96.8 |
| Womens & Children | 94.5 | 96.1 | 96.5 | 93.6 | 94.4 | 95.6 | 93.0 | 96.9 | 98.1 | 93.5 | 93.8 |
| UHL | 94.1 | 95.4 | 96.0 | 94.3 | 95.0 | 95.4 | 94.6 | 96.2 | 95.2 | 95.2 | 95.0 |



TARGET / STANDARD

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

| Division | Sep-09 | May-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Acute | 84.2 | 85.6 | 88.1 | 83.1 | 88.9 | 82.0 | 85.5 | 84.4 | 85.5 | 85.8 | 78.7 |
| Planned | 85.4 | 84.8 | 85.3 | 83.8 | 83.5 | 83.4 | 85.9 | 86.4 | 87.5 | 85.7 | 87.8 |
| Womens & Children | 89.0 | 89.5 | 87.3 | 88.2 | 89.7 | 84.6 | 84.6 | 88.4 | 89.8 | 89.9 | 85.9 |
| UHL | 85.8 | 85.6 | 87.0 | 84.0 | 86.5 | 82.9 | 85.5 | 85.8 | 86.7 | 86.1 | 83.8 |



EMERGENCY DEPARTMENT

Performance Overview

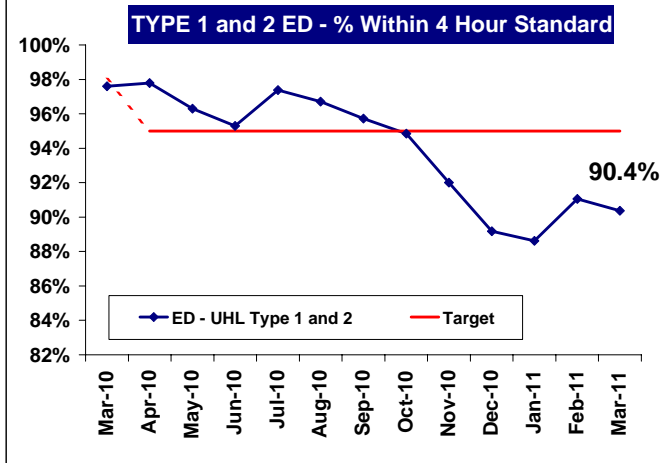
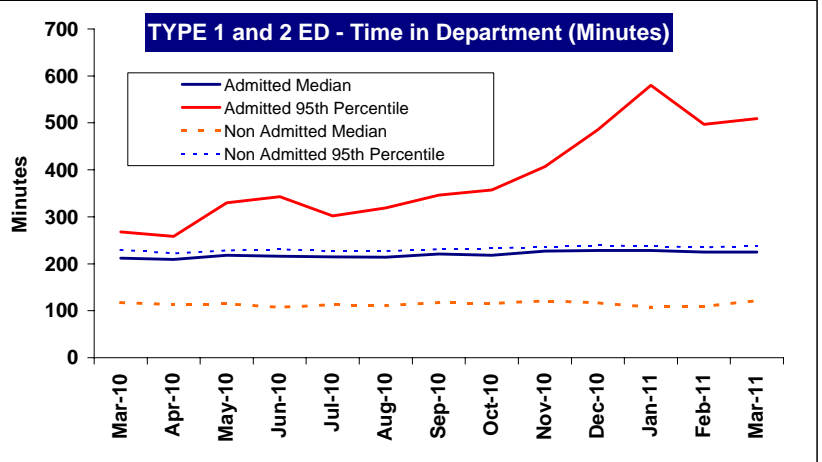
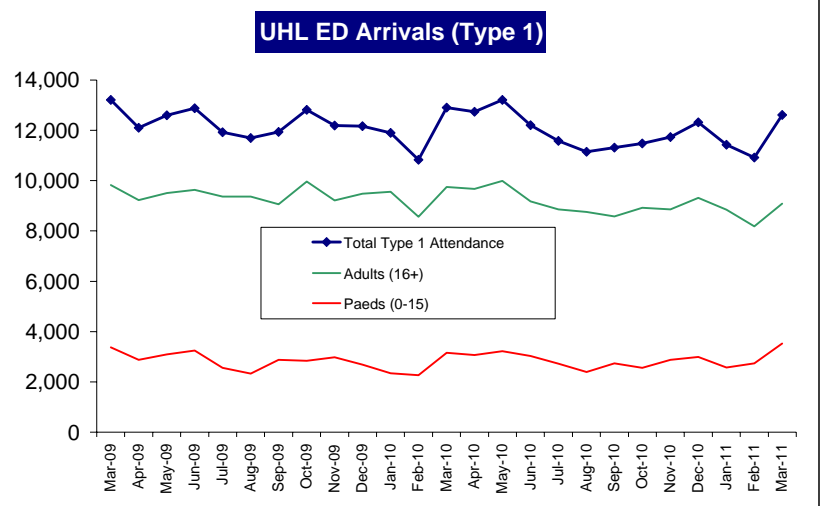
Performance for ED and Eye Casualty for March is 90.4%, with the year end figure for ED and Eye Casualty at 93.8%. The end of year performance for LLR is 96.1%.

New A&E clinical quality indicators are being introduced in Quarter 2 2011/12 to replace the 4 hour A&E operational standard. The purpose of the new set of indicators is to provide a balanced and comprehensive view of the quality of care, including outcomes, clinical effectiveness, safety and experience, as well as timeliness, and to remove the isolated focus on faster care. The indicators are:-

- 1) Ambulatory care (For cellulitis and DVT)
- 2) Unplanned 7 day re-attendance rate
- 3) Total time in the A&E department
- 4) Left without been seen rate
- 5) Service experience (Survey)
- 6) Time to initial assessment (Patients arriving by 999 ambulance)
- 7) Time to treatment
- 8) Consultant sign off (For certain high risk patient groups)

Key Actions

Actions are being progressed to deliver plans identified in the March Trust Board report.



Total Time in the Department

March 2011 - ED Type 1 and 2

| | Admitted | Not Admitted | Total |
|-------------|----------|--------------|-------|
| 0-2 Hours | 374 | 4843 | 5217 |
| 3-4 Hours | 2730 | 4639 | 7369 |
| 5-6 Hours | 489 | 261 | 750 |
| 7-8 Hours | 254 | 79 | 333 |
| 9-10 Hours | 128 | 8 | 136 |
| 11-12 Hours | 68 | 11 | 79 |
| 12 Hours+ | 46 | 12 | 58 |
| Sum: | 4089 | 9853 | 13942 |

4 HOUR STANDARD

| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| ED - Leics | 97.5% | 98.6% | 97.6% | 97.0% | 98.4% | 98.1% | 97.3% | 96.9% | 94.9% | 93.1% | 92.9% | 94.1% | 93.8% | 96.1% | 95.0% | ▼ |
| ED - UHL Type 1 and 2 | 97.6% | 97.8% | 96.3% | 95.3% | 97.4% | 96.7% | 95.7% | 94.8% | 92.0% | 89.2% | 88.6% | 91.1% | 90.4% | 93.8% | 95.0% | ▼ |
| ED Waits - Type 1 | 97.4% | 97.6% | 96.0% | 94.8% | 97.1% | 96.3% | 95.3% | 94.3% | 91.1% | 88.2% | 87.2% | 90.0% | 89.3% | 93.1% | 95.0% | ▼ |

A&E Clinical Quality Indicators (ED and Eye Casualty) - 95th Percentile commences Qtr 1 11/12. All other indicators commence Qtr 2 11/12.

| Headline Measures | Score | Qtr1 | Qtr2 | Qtr3 | Qtr4 | Target |
|--|-------|------|------|------|------|-------------------|
| 95th Percentile overall time in A&E Dept | 0.5 | 239 | 240 | 306 | 351 | <=4hrs (240 mins) |
| Unplanned reattendance at A&E with 7 days | 0.5 | 6.1% | 6.2% | 5.8% | 5.9% | >5% |
| 95th Percentile to initial assessment (ambulance arrivals) | 0.5 | 56 | 41 | 52 | 61 | >15mins |
| Time for arrival to treatment - median waiting time | 1 | 63 | 59 | 65 | 59 | >60mins |
| Left without being seen | 1 | 2.4% | 2.3% | 2.5% | 2.3% | >5% |

18 WEEK REFERRAL TO TREATMENT

Performance Overview

In March 91.8% was achieved for admitted patients (target of 90%) and 97.1% (target of 95%) for non-admitted patients.

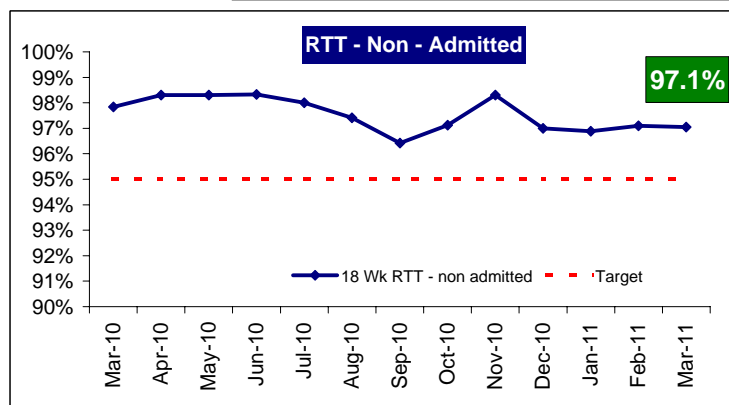
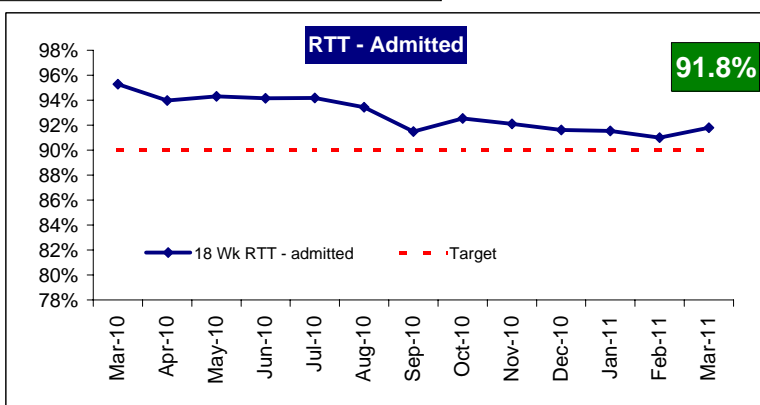
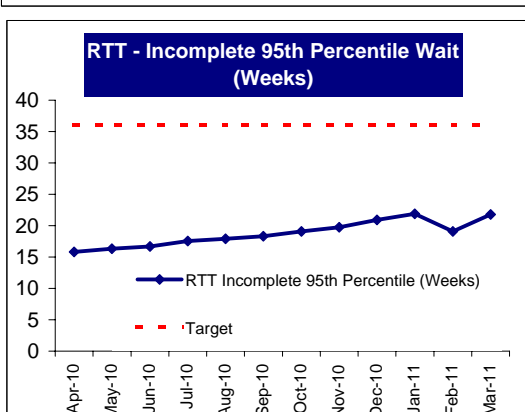
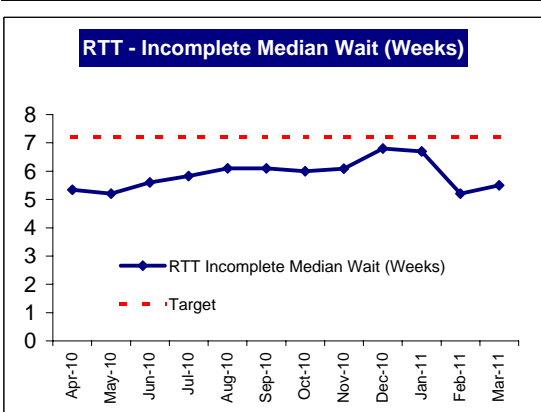
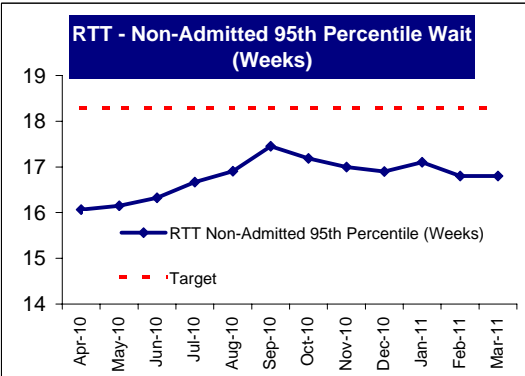
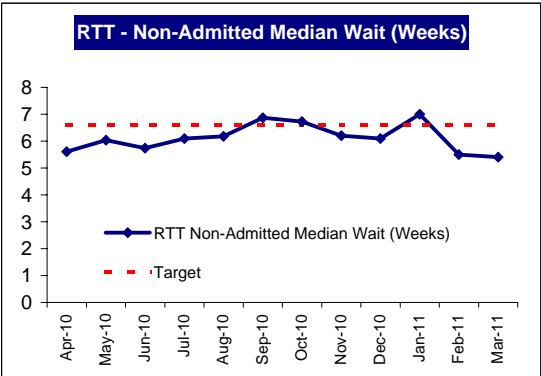
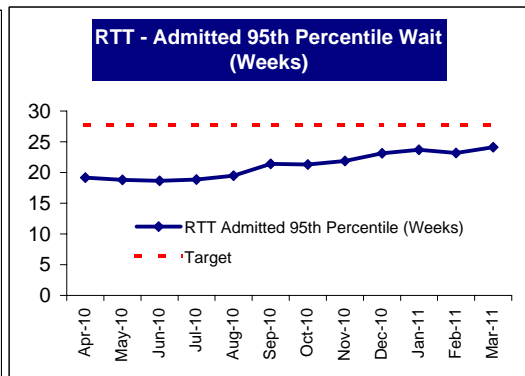
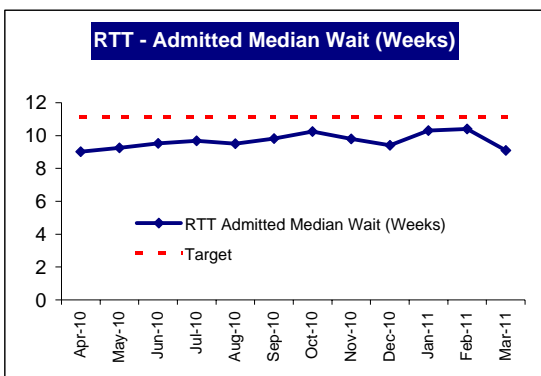
The Department of Health have introduced revised statistical measures. The median and 95th percentile RTT waiting times are being published every month to enable a fuller package of measures for the NHS, patients and the public to monitor waiting times for NHS treatment.

Early application shows achievement of the new measures in 2010/11 and Divisional plans have been implemented to maintain this position.

From April 2011 the admitted 95th percentile threshold reduces from less than or equal to 27.7 weeks to less than 23 weeks.

Key Actions

Updated 18 week action plans have been implemented by Planned Care Division to improve the activity position in Qtr 4 in a number of specialties to respond to a number of competing pressures. These are being reviewed in line with the revised statistical measures and thresholds to ensure performance is achieved.



TARGET / STANDARD

| RTT | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| 18 Wk - admitted (%) | 95.29 | 94.0 | 94.3 | 94.2 | 94.2 | 93.4 | 91.5 | 92.6 | 92.1 | 91.6 | 91.5 | 91.0 | 91.8 | 91.8 | 90.0% | ▲ |
| 18 Wk - non admitted (%) | 97.8 | 98.3 | 98.3 | 98.3 | 98.0 | 97.4 | 96.4 | 97.1 | 98.3 | 97.0 | 96.9 | 97.1 | 97.1 | 97.1 | 95.0% | ▲ |
| | | | | | | | | | | | | | | | | |
| RTT Admitted Median Wait (Weeks) | | 9.7 | 9.5 | 9.8 | 10.2 | 9.8 | 9.4 | 10.3 | 10.4 | 9.1 | | | | 9.7 | <=11.1 | |
| RTT Admitted 95th Percentile (Weeks) | | 18.8 | 19.5 | 21.4 | 21.3 | 21.9 | 23.1 | 23.7 | 23.2 | 24.1 | | | | 20.6 | <=27.7 | |
| RTT Non-Admitted Median Wait (Weeks) | | 6.1 | 6.2 | 6.9 | 6.7 | 6.2 | 6.1 | 7.0 | 5.5 | 5.4 | | | | 6.2 | <=6.6 | |
| RTT Non-Admitted 95th Percentile (Weeks) | | 16.7 | 16.9 | 17.4 | 17.2 | 17.0 | 16.9 | 17.1 | 16.8 | 16.8 | | | | 16.8 | <=18.3 | |
| RTT Incomplete Median Wait (Weeks) | | 5.8 | 6.1 | 6.1 | 6.0 | 6.1 | 6.8 | 6.7 | 5.2 | 5.5 | | | | 5.5 | <=7.2 | |
| RTT Incomplete 95th Percentile (Weeks) | | 17.6 | 17.9 | 18.3 | 19.1 | 19.8 | 20.9 | 21.9 | 19.1 | 21.8 | | | | 21.8 | <=36.0 | |

PRIMARY PCI

Performance Overview

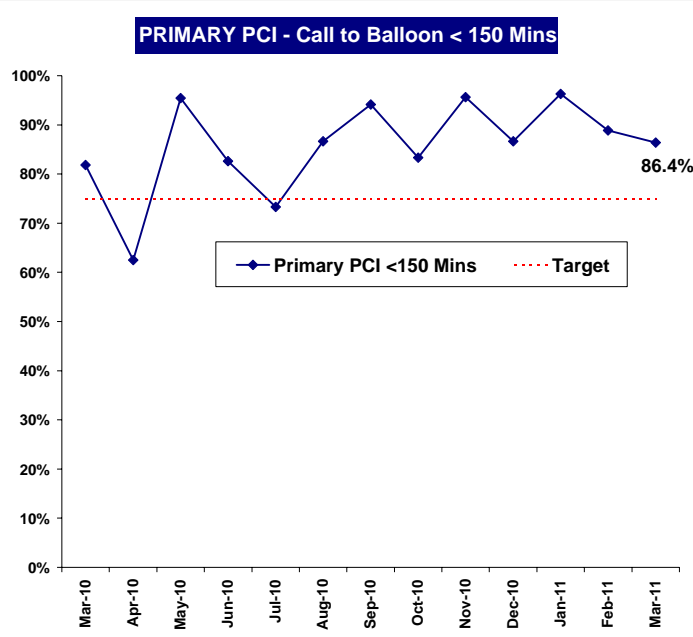
Two key standards are presented by the Operating Framework for 2011/2012:
 1. The percentage of eligible patients with acute myocardial infarction who receive Primary PCI within 150 minutes of calling professional help
 2. The number of patients who receive thrombolysis where this is deemed to be the most effective treatment

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

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in February was 88.9%% (16 out of 18 patients) against a target of 75%.

Key Actions

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



| Primary PCI <150 Mins | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD | Target |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|
| | 81.8% | 62.5% | 95.5% | 82.6% | 73.3% | 86.7% | 94.1% | 83.3% | 95.7% | 86.7% | 96.3% | 88.9% | 86.4% | 87.0% | 75.0% |

SAME SEX ACCOMMODATION

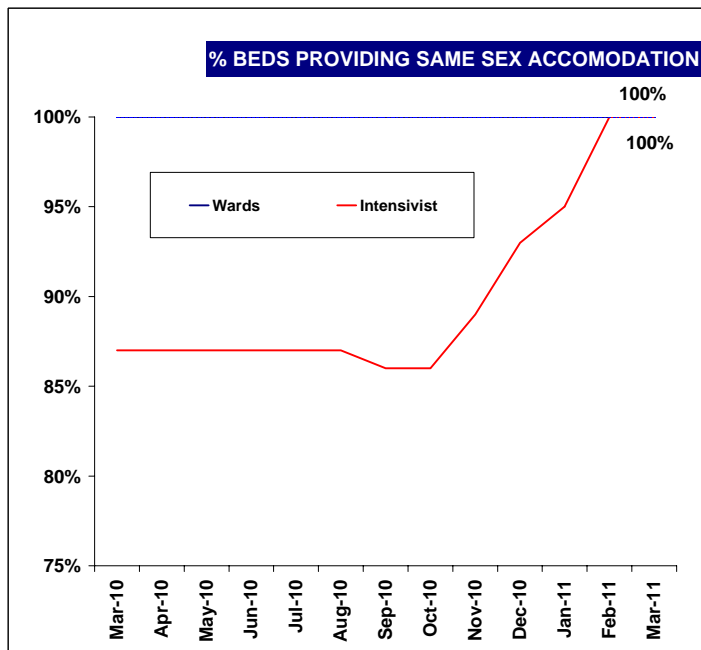
Performance Overview

UHL wards and intensivists areas now offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance. This guidance has been jointly agreed with our commissioners.
 During March 2011 UHL declared full SSA compliance as part of the annual declaration.

A financial penalty will be applied from April 2011 for any clinically unjustified breaches of the SSA guidance.
 The Brain Injury Unit, LGH, will continue to report clinically justified breaches locally and will remain on long term Divisional plans.

Key Actions

March 2011 UHL national breach data declared on Unify reported zero unjustified SSA breaches. This is a fantastic achievement for all the UHL teams who have worked hard to deliver this important patient agenda.
 All areas now have access to the SSA Matrix for future guidance.
 The SSA Matrix is an integral part of the UHL bed management policy.
 Facilities for patients will be monitored by quarterly CBU visits, as part of the SSA estates plan agreed with our commissioners.



TARGET / STANDARD

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

CANCER TREATMENT

Performance Overview

All cancer targets are delivering against performance thresholds in February with the exception of the 62 day screening where a small number of patients impacted on delivery.

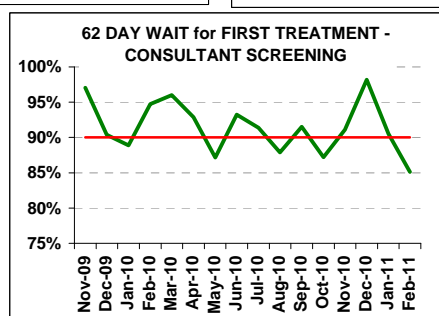
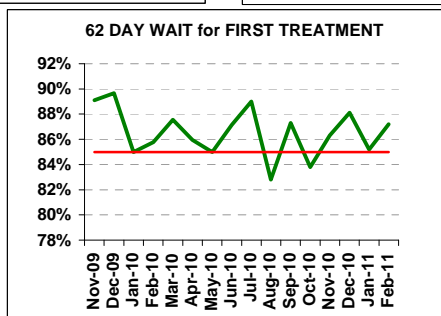
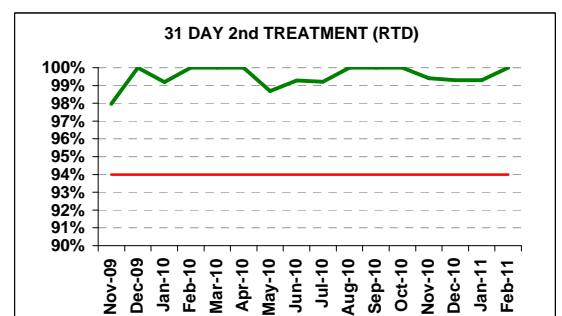
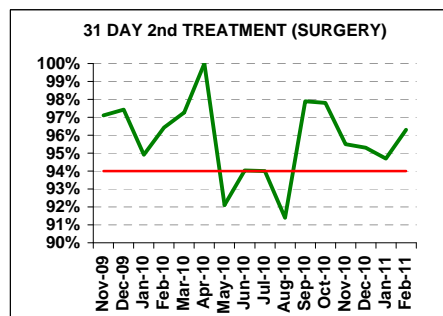
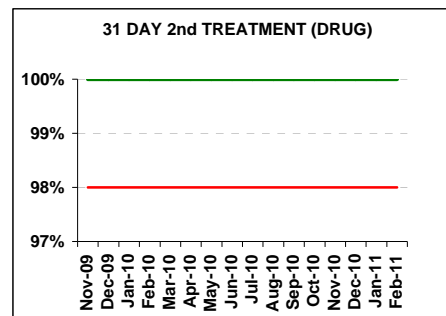
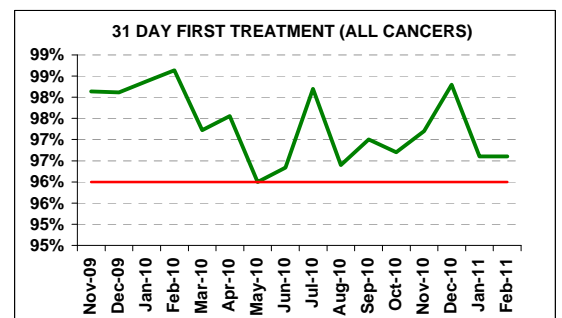
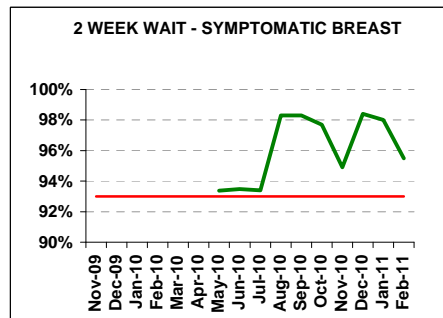
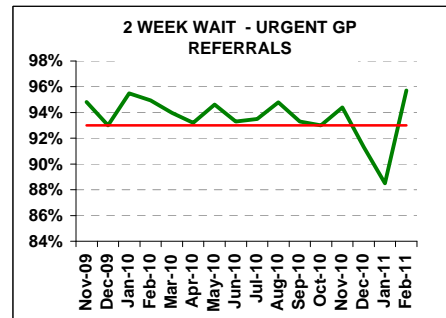
Key Actions

1. Actions to respond to patient cancellations during December and January are being addressed in conjunction with GPs through the development of patient information to emphasise to patients the importance of attending appointments.
2. Plans to increase Endoscopy capacity have been implemented.

Forecast

All cancer targets will be delivered for March, Qtr 4 and Year to Date.

| Commitment | Threshold | Qtr1 2010 | Qtr2 2010 | Qtr 3 2010 | Jan & Feb 2011 |
|---|-----------|-----------|-----------|------------|----------------|
| Maximum two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 93.0% | 93.7% | 93.8% | 93.0% | 92.3% |
| Two week wait for symptomatic breast patients (Cancer not initially suspected) | 93.0% | 94.1% | 96.9% | 96.8% | 96.4% |
| 31-day (Diagnosis To Treatment) wait for first treatment: all cancers | 96.0% | 96.6% | 97.2% | 97.4% | 96.6% |
| 31-day wait for second or subsequent treatment: anti cancer drug treatments | 98.0% | 100% | 100% | 100% | 100% |
| 31-day wait for second or subsequent treatment: surgery | 94.0% | 94.1% | 94.5% | 96.2% | 95.5% |
| 31-day wait for second or subsequent treatment: radiotherapy treatments | 94.0% | 99.3% | 99.8% | 99.5% | 99.7% |
| 62-day (urgent GP referral to treatment) wait for first treatment: all cancers | 85.0% | 86.1% | 86.3% | 86.6% | 86.1% |
| 62-day wait for first treatment from consultant screening service referral: all cancers | 90.0% | 91.6% | 90.3% | 92.8% | 87.6% |
| 62-day wait for first treatment from consultant upgrade | 100% | --- | 100% | 100% | 100% |



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisals

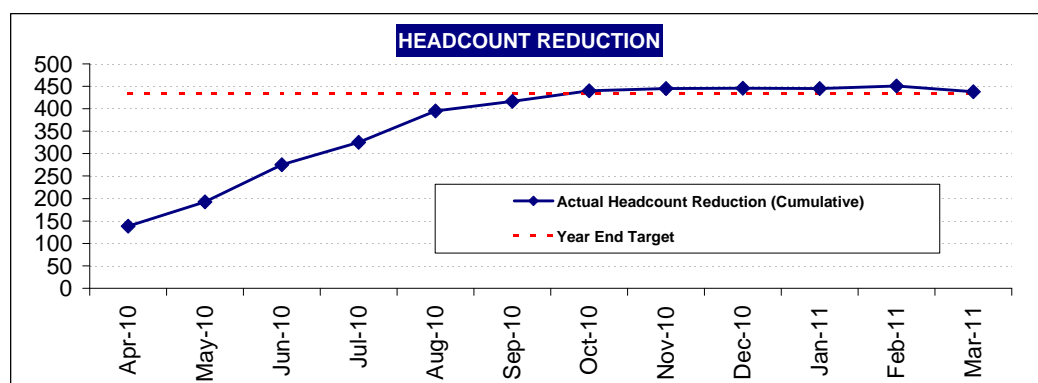
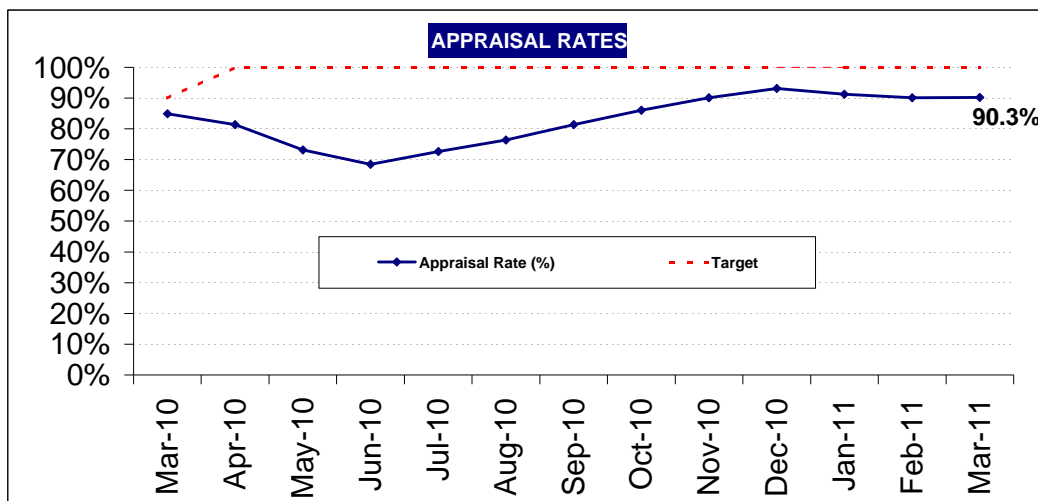
Whilst appraisal rates have increased significantly over the last 6 months from 68.5% in June 2010 the current overall rate is still almost 10% under the Trust target of 100%.

Sickness

The current level of sickness at the date of reporting is 4.0% although the figure may actually reduce as earlier reporting appears to be adding about 0.4 % to the rate.

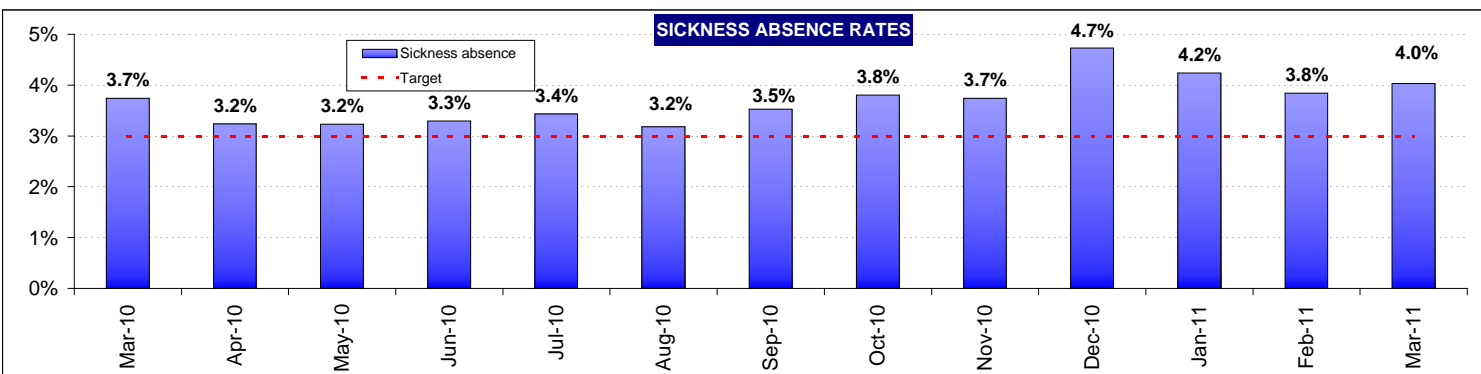
Headcount Reduction

At year end, headcount reduction delivered 437.8 against a plan of 433.4 WTE delivering a 4.4 WTE surplus.



Headcount Reduction

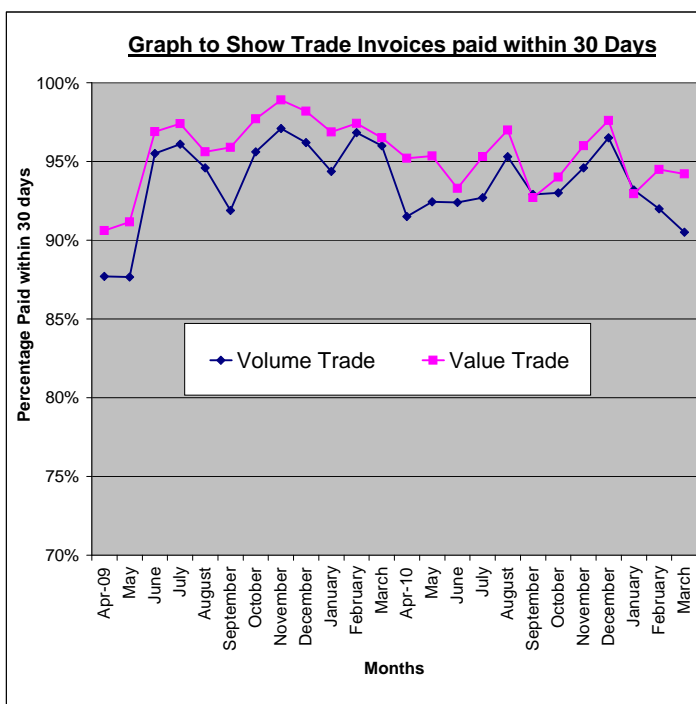
| | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | YTD |
|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Planned | 150.0 | 12.7 | 30.0 | 130.1 | 5.9 | 12.5 | 81.0 | 6.7 | 0.0 | 4.6 | -0.2 | 0.0 | 433.4 |
| Actual | 138.4 | 54.4 | 82.6 | 49.7 | 70.4 | 20.9 | 23.7 | 4.6 | 0.7 | -0.2 | 5.7 | -13.0 | 437.8 |



| | Mar-10 | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Mar-11 | YTD | Target | Status |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| Appraisals | 84.9% | 81.4% | 73.2% | 68.5% | 72.7% | 76.3% | 81.4% | 86.1% | 90.1% | 93.2% | 91.3% | 90.1% | 90.3% | 100% | ▲ |

VALUE FOR MONEY - EXECUTIVE SUMMARY

| Issues | Comments |
|---|--|
| Actual Income & Expenditure Year to Date | Cumulative income at Month 12 was £696.3 million (£4 million or 0.6% favourable to Plan). Cumulative expenditure (prior to impairment) was £695.3 million (£4 million adverse to plan). The actual net surplus of £1 million is in line with the planned £1 million year end surplus. This position reflects agreed annual accounts changes for research income and expenditure. |
| Actual Income & Expenditure Year End Forecast | The Trust has, subject to audit, delivered a year end £1.01 million surplus (prior to impairment). |
| Activity/Income | An over performance of £7.1 million is reported on patient care income against plan at the end of the 2010/11 financial year. |
| BPPC | The Trust achieved an overall 30 day payment performance of 94% for value and 91% for volume for trade creditors in March 2011. The cumulative position is 95% for value and 93% for volume. |
| Cost Improvement Programme | At Month 12 Divisions have reported £31 million of savings. |
| Balance Sheet | The Trusts balance sheet reflects the year end cash balance of £10.3 million |
| Cash Flow | The Trust has met its external financing limit, and achieved a year end cash balance of £10.3 million against a plan of £10.25 million. |
| Capital | The Trust has delivered the Capital Resource Limit, with an under spend of £1.3 million. |
| Risks | Agreement has been reached with LLR commissioners on 2010/11 patient care income. This agreement supported delivery of the £1 million year end surplus position. |



| Financial Metrics | Weighting | March | Year to Date | |
|--------------------------------------|-----------|--------|--------------|----------|
| | | Result | Result | Score |
| EBITDA achieved (% of plan) | 10.0% | 128.2% | 100.6% | 5 |
| EBITDA margin (%) | 25.0% | 9.1% | 6.3% | 3 |
| Return on assets (%) | 20.0% | 0.8% | 3.6% | 3 |
| I&E surplus (%) | 20.0% | 3.5% | 0.1% | 2 |
| Liquidity ratio (days) | 25.0% | 10 | 11 | 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 March

| | 2010/11 Annual Plan £000 | March | | | April - March 2011 | | | Commentary |
|---|-----------------------------------|---------------|---------------|------------------------|--------------------|----------------|------------------------|--|
| | | Plan | Actual | Surplus / (Deficit) | Plan | Actual | Surplus / (Deficit) | |
| | | £ 000 | £ 000 | £ 000 | £ 000 | £ 000 | £ 000 | |
| Service Income | | | | | | | | <p>The overall cumulative Trust position (prior to impairment) is a year end surplus of £1.01 million, compared to a planned £1 million surplus, and reflects a £2.2 million surplus position in March (£1.2 million favourable variance to plan).</p> <p>This cumulative position reflects over performance on income of £4 million, offset by an overspend on expenditure of £4 million.</p> |
| NHS Patient Related | 593,213 | 50,715 | 55,095 | 4,380 | 593,213 | 600,287 | 7,074 | |
| Non NHS Patient Care | 5,460 | 470 | 831 | 361 | 5,460 | 5,848 | 388 | |
| Teaching, Research & Development | 73,025 | 5,931 | 6,409 | 478 | 73,025 | 67,686 | (5,339) | |
| Total Service Income | 671,699 | 57,117 | 62,335 | 5,219 | 671,699 | 673,821 | 2,122 | |
| Other operating Income | 20,581 | 2,103 | 2,500 | 397 | 20,581 | 22,437 | 1,856 | |
| Total Income | 692,280 | 59,220 | 64,835 | 5,616 | 692,280 | 696,258 | 3,978 | |
| Operating Expenditure | | | | | | | | |
| Pay | 430,588 | 36,469 | 38,147 | (1,678) | 430,588 | 435,040 | (4,452) | |
| Non Pay | 217,556 | 18,115 | 20,770 | (2,655) | 217,556 | 217,314 | 242 | |
| Central Funds | - | - | - | - | - | - | - | |
| Provision for Liabilities & Charges | 273 | 23 | 5 | 18 | 273 | (204) | 477 | |
| Total Operating Expenditure | 648,417 | 54,607 | 58,922 | (4,315) | 648,417 | 652,151 | (3,734) | |
| EBITDA | 43,863 | 4,613 | 5,914 | 1,301 | 43,863 | 44,107 | 244 | |
| Interest Receivable | 101 | 8 | 6 | (2) | 101 | 70 | (31) | |
| Interest Payable | (588) | (51) | (39) | 12 | (588) | (456) | 132 | |
| Depreciation & Amortisation | (29,054) | (2,464) | (2,522) | (58) | (29,054) | (29,382) | (328) | |
| Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets | 14,322 | 2,106 | 3,359 | 1,253 | 14,322 | 14,339 | 17 | |
| Profit / (Loss) on Disposal of Fixed Assets | - | - | (1) | (1) | - | (1) | (1) | |
| Dividend Payable on PDC | (13,322) | (1,106) | (1,110) | (4) | (13,322) | (13,325) | (3) | |
| Net Surplus / (Deficit) | 1,000 | 1,000 | 2,248 | 1,248 | 1,000 | 1,013 | 13 | |
| EBITDA MARGIN | 6.34% | | 9.12% | | | 6.33% | | |
| Impairment | 1,387 | - | 2,435 | (2,435) | 1,387 | 3,555 | (2,168) | |
| Net Surplus / (Deficit) after impairment | (387) | 1,000 | (187) | (1,187) | (387) | (2,542) | (2,155) | |

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 31 March 2011

| | Income | | | Expenditure | | | Total Year End | | | |
|----------------------------|----------------------|-----------------|-------------------|----------------------|-----------------|-------------------|-----------------------------|-----------------|-------------------|---------------|
| | Annual Plan £ 000 | Actual £ 000 | Variance £ 000 | Annual Plan £ 000 | Actual £ 000 | Variance £ 000 | Annual Plan £ 000 | Actual £ 000 | Variance £ 000 | |
| Acute Care | 268,919 | 271,157 | 2,238 | 211,160 | 217,682 | -6,522 | 57,759 | 53,475 | -4,284 | |
| Clinical Support | 30,662 | 31,745 | 1,084 | 125,542 | 126,729 | -1,187 | -94,880 | -94,984 | -103 | |
| Planned Care | 209,052 | 207,413 | -1,639 | 126,482 | 126,661 | -179 | 82,570 | 80,752 | -1,818 | |
| Women's and Children's | 114,022 | 116,963 | 2,940 | 77,168 | 78,484 | -1,316 | 36,854 | 38,479 | 1,624 | |
| Corporate Directorates | 16,090 | 16,788 | 698 | 105,377 | 105,568 | -191 | -89,287 | -88,780 | 507 | |
| Sub-Total Divisions | 638,745 | 644,066 | 5,321 | 645,729 | 655,124 | -9,395 | -6,984 | -11,058 | -4,074 | |
| Central Income | 53,535 | 52,192 | -1,343 | 0 | 0 | 0 | 53,535 | 52,192 | -1,343 | |
| Central Expenditure | 0 | 0 | 0 | 46,938 | 43,676 | 3,262 | -46,938 | -43,676 | 3,262 | |
| Grand Total | 692,280 | 696,258 | 3,978 | 692,667 | 698,800 | -6,133 | -387 | -2,542 | -2,155 | |
| | | | | | | | Impairment | 1,387 | 3,555 | -2,168 |
| | | | | | | | Surplus / (Deficit) | | | |
| | | | | | | | excluding impairment | 1,000 | 1,013 | 13 |

VALUE FOR MONEY - COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at March 2011

| Division | Plan £ | Actual £ | Variance £ | % of Plan | Recurrent Actual £ | Non Rec Actual £ |
|---------------------------|-------------------|-------------------|----------------|---------------|--------------------|------------------|
| Acute Care | 9,316,053 | 9,174,964 | (141,089) | 98.5% | 6,949,974 | 2,224,990 |
| Clinical Support | 6,618,115 | 6,626,812 | 8,697 | 100.1% | 5,095,636 | 1,531,176 |
| Planned Care | 5,812,483 | 6,384,263 | 571,780 | 109.8% | 4,123,816 | 2,260,447 |
| Women's and Children's | 2,438,258 | 2,474,277 | 36,019 | 101.5% | 1,555,706 | 918,571 |
| Clinical Divisions | 24,184,909 | 24,660,316 | 475,407 | 102.0% | 17,725,132 | 6,935,184 |
| Corporate | 6,294,211 | 6,314,585 | 20,374 | 100.3% | 5,628,921 | 685,664 |
| Total | 30,479,120 | 30,974,901 | 495,781 | 101.6% | 23,354,053 | 7,620,848 |

| Category | Plan £ | Actual £ | Variance £ | % of Plan | Recurrent Actual £ | Non Rec Actual £ |
|--------------|-------------------|-------------------|----------------|---------------|--------------------|------------------|
| Income | 1,097,769 | 1,642,638 | 544,869 | 149.6% | 1,173,470 | 469,168 |
| Non Pay | 12,241,302 | 10,693,553 | (1,547,749) | 87.4% | 9,150,692 | 1,542,861 |
| Pay | 17,140,049 | 18,638,710 | 1,498,661 | 108.7% | 13,029,891 | 5,608,819 |
| Total | 30,479,120 | 30,974,901 | 495,781 | 101.6% | 23,354,053 | 7,620,848 |

| Division | Plan £ | Additional Target £ | Revised Target £ | Actual £ | Variance against Target £ |
|----------------------|-------------------|---------------------|-------------------|-------------------|---------------------------|
| Acute Care | 9,316,053 | 2,067,323 | 11,383,376 | 9,174,964 | (2,208,412) |
| Clinical Support | 6,618,115 | 628,346 | 7,246,461 | 6,626,812 | (619,649) |
| Corporate | 6,294,211 | 585,000 | 6,879,211 | 6,314,585 | (564,626) |
| Planned Care | 5,812,483 | 1,278,117 | 7,090,600 | 6,384,263 | (706,337) |
| Women's & Children's | 2,438,258 | 441,214 | 2,879,472 | 2,474,277 | (405,195) |
| Total | 30,479,120 | 5,000,000 | 35,479,120 | 30,974,901 | (4,504,219) |

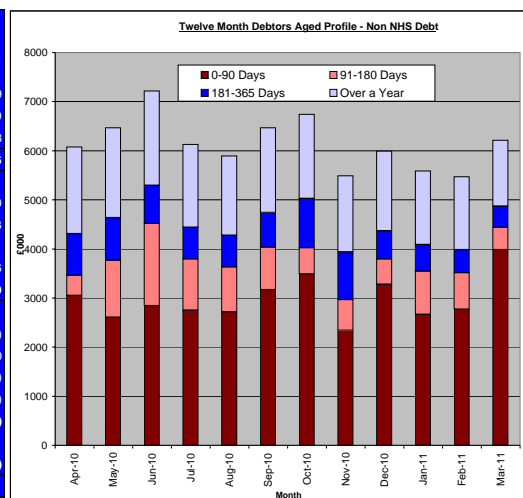
Commentary

The opening plan (Corporate and Pay) has been adjusted by £2.3 million for the management restructure savings, as this shortfall was recognised in the Trusts opening income and expenditure plan, and has no impact on the actual and forecast position.

Whilst the overall result is a £4.5 million shortfall against the £35.5 million revised target the Trust has delivered £31 million of cost savings in 2010/11.

VALUE FOR MONEY - BALANCE SHEET

| BALANCE SHEET | Mar-10 £000's Actual | Jun-10 £000's Actual | Jul-10 £000's Actual | Aug-10 £000's Actual | Sep-10 £000's Actual | Oct-10 £000's Actual | Nov-10 £000's Actual | Dec-10 £000's Actual | Jan-11 £000's Actual | Feb-11 £000's Actual | Mar-11 £000's Actual |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Non Current Assets | | | | | | | | | | | |
| Intangible assets | 4,483 | 4,194 | 4,095 | 3,994 | 3,884 | 3,784 | 3,685 | 4,444 | 3,776 | 3,671 | 5,119 |
| Property, plant and equipment | 417,046 | 417,154 | 416,915 | 417,944 | 418,146 | 417,733 | 415,322 | 416,348 | 415,917 | 414,892 | 414,129 |
| Trade and other receivables | 4,685 | 3,902 | 4,336 | 4,353 | 4,807 | 4,870 | 4,874 | 4,959 | 4,937 | 4,802 | 4,818 |
| TOTAL NON CURRENT ASSETS | 426,214 | 425,250 | 425,346 | 426,291 | 426,837 | 426,387 | 423,881 | 425,751 | 424,630 | 423,365 | 424,066 |
| Current Assets | | | | | | | | | | | |
| Inventories | 12,213 | 11,795 | 12,034 | 11,677 | 11,580 | 11,514 | 11,672 | 13,491 | 12,635 | 12,672 | 11,920 |
| Trade and other receivables | 37,263 | 27,423 | 24,564 | 29,081 | 24,907 | 26,304 | 24,612 | 23,370 | 23,380 | 21,142 | 22,723 |
| Other Assets | 198 | 14 | 52 | 200 | 0 | 21 | 51 | 95 | 28 | 68 | |
| Cash and cash equivalents | 12,495 | 12,958 | 14,371 | 12,584 | 9,275 | 9,183 | 22,902 | 9,752 | 12,491 | 18,358 | 10,306 |
| TOTAL CURRENT ASSETS | 62,169 | 52,190 | 51,021 | 53,542 | 45,762 | 47,022 | 59,237 | 46,708 | 48,534 | 52,240 | 44,949 |
| Current Liabilities | | | | | | | | | | | |
| Trade and other payables | (73,851) | (60,895) | (59,253) | (61,754) | (60,384) | (59,789) | (70,858) | (57,756) | (57,392) | (59,787) | (59,555) |
| Dividend payable | 0 | (3,331) | (4,440) | (5,551) | 0 | (1,110) | (2,220) | (3,331) | (4,441) | (5,551) | 0 |
| Borrowings | (1,203) | (717) | (717) | (827) | (894) | (894) | (894) | (951) | (1,009) | (1,009) | (1,009) |
| Provisions for liabilities and charges | (1,146) | (1,107) | (637) | (637) | (620) | (620) | (620) | (568) | (568) | (568) | (667) |
| TOTAL CURRENT LIABILITIES | (76,200) | (66,050) | (65,047) | (68,769) | (61,898) | (62,413) | (74,592) | (62,606) | (63,410) | (66,915) | (61,231) |
| NET CURRENT ASSETS (LIABILITIES) | (14,031) | (13,860) | (14,026) | (15,227) | (16,136) | (15,391) | (15,355) | (15,898) | (14,876) | (14,675) | (16,282) |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 412,183 | 411,390 | 411,320 | 411,064 | 410,701 | 410,996 | 408,526 | 409,853 | 409,754 | 408,690 | 407,784 |
| Non Current Liabilities | | | | | | | | | | | |
| Borrowings | (6,442) | (6,456) | (6,490) | (6,416) | (6,349) | (6,419) | (6,455) | (6,433) | (6,401) | (6,442) | (5,676) |
| Other Liabilities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Provisions for liabilities and charges | (2,762) | (2,690) | (2,678) | (2,698) | (2,593) | (2,592) | (2,753) | (2,751) | (2,735) | (2,299) | (2,232) |
| TOTAL NON CURRENT LIABILITIES | (9,204) | (9,146) | (9,168) | (9,114) | (8,942) | (9,011) | (9,208) | (9,184) | (9,136) | (8,741) | (8,108) |
| TOTAL ASSETS EMPLOYED | 402,979 | 402,244 | 402,152 | 401,950 | 401,759 | 401,985 | 399,318 | 400,669 | 400,618 | 399,949 | 399,676 |
| 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 | 108,128 | 108,127 | 108,127 | 108,127 | 108,128 | 108,127 | 108,127 | 108,127 | 108,127 | 108,127 | 108,683 |
| Donated Asset reserve | 8,389 | 8,232 | 8,167 | 8,102 | 8,050 | 7,987 | 8,109 | 8,051 | 8,000 | 8,020 | 7,938 |
| Government grant reserve | 986 | 977 | 973 | 970 | 967 | 964 | 961 | 958 | 954 | 951 | 948 |
| Other reserves | 272 | 272 | 272 | 272 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Retained earnings | 11,301 | 10,733 | 10,710 | 10,576 | 10,711 | 11,004 | 8,218 | 9,630 | 9,634 | 8,947 | 8,204 |
| TOTAL TAXPAYERS EQUITY | 402,979 | 402,244 | 402,152 | 401,950 | 401,759 | 401,985 | 399,318 | 400,669 | 400,618 | 399,949 | 399,676 |



| Type of Debtors | 0-90 days £000s | 91-180 days £000s | 181-365 days £000s | 365+ Days £000s | TOTAL £000s |
|-----------------------------------|--------------------|----------------------|-----------------------|--------------------|----------------|
| NHS Sales ledger | 1,606 | 842 | 136 | 45 | 2,629 |
| Non NHS sales ledger by division: | | | | | |
| Corporate Division | 1,212 | 97 | 192 | 548 | 2,049 |
| Planned Care Division | 527 | 78 | 75 | 241 | 921 |
| Clinical Support Division | 484 | 58 | 24 | 50 | 616 |
| Women's and Children's Division | 96 | 48 | 69 | 101 | 314 |
| Acute Care Division | 1,662 | 180 | 66 | 404 | 2,312 |
| Total Non-NHS sales ledger | 3,981 | 461 | 426 | 1,344 | 6,212 |
| Total Sales Ledger | 5,587 | 1,303 | 562 | 1,399 | 8,841 |
| Other Debtors | | | | | |
| WIP (HRG4adjusted) | | | | | 3,948 |
| SLA Phasing & Performance | | | | | (1,628) |
| Bad debt provision | | | | | 1,211 |
| VAT - net | | | | | 10,351 |
| Other receivables and assets | | | | | 22,723 |
| TOTAL | | | | | 22,723 |

Commentary

Cash has reduced from the prior month where the Trust had received £8.5 million in advance.

Accounts receivable metrics:

| Invoice cycle time | Non-NHS days sales outstanding (DSO) | |
|------------------------------------|--------------------------------------|------------------|
| | Mar-11 Days | Prior month Days |
| Requisition date to invoice raised | 12 | 97 |
| Service to invoice raised | 36 | 66 |

VALUE FOR MONEY - CASH FLOW

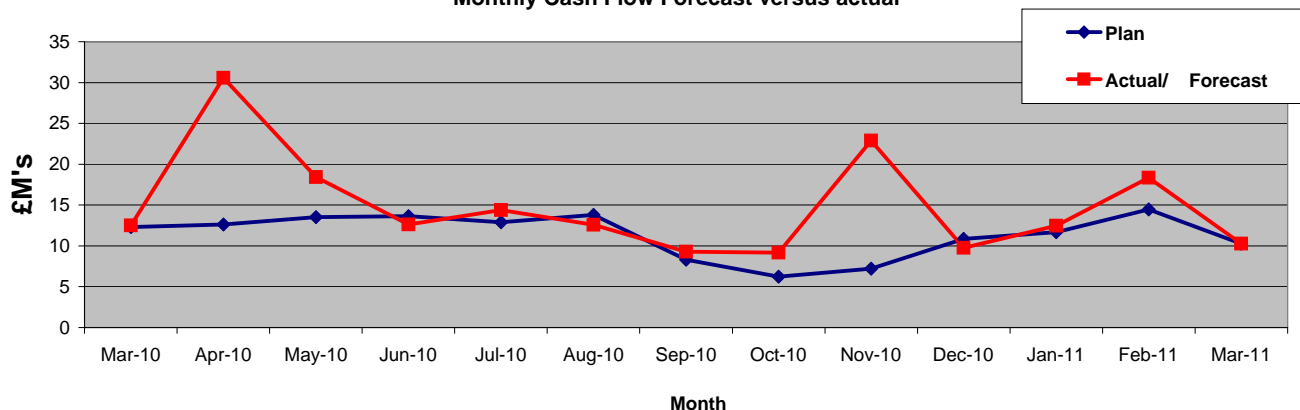
CASH FLOW for the PERIOD ENDED 31 MARCH 2011

Commentary

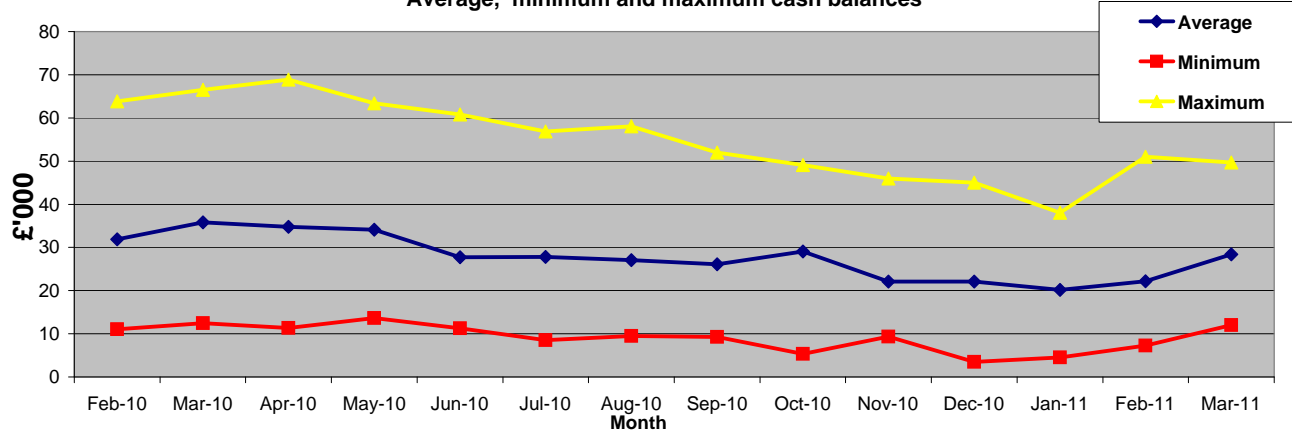
The Trust has met its external financing limit, and achieved a year end cash balance of £10.3 million against a plan of £10.25 million.

| | 2010/11 April - March 2011 Actual £ 000 |
|--|--|
| CASH FLOWS FROM OPERATING ACTIVITIES | |
| Operating surplus before Depreciation and Amortisation | 44,107 |
| Impairments and reversals | (3,555) |
| Movements in Working Capital: | |
| - Inventories (Inc)/Dec | (459) |
| - Trade and Other Receivables (Inc)/Dec | 16,134 |
| - Trade and Other Payables Inc/(Dec) | (14,258) |
| - Provisions Inc/(Dec) | (578) |
| PDC Dividends paid | (13,325) |
| Interest paid | (451) |
| Other non-cash movements | (533) |
| Net Cash Inflow / (Outflow) from Operating Activities | 27,082 |
| CASH FLOWS FROM INVESTING ACTIVITIES | |
| Interest Received | 68 |
| Payments for Property, Plant and Equipment | (29,339) |
| Net Cash Inflow / (Outflow) from Investing Activities | (29,271) |
| Increase / (Decrease) in Cash | (2,189) |

Monthly Cash Flow Forecast versus actual



Average, minimum and maximum cash balances



VALUE FOR MONEY - CAPITAL BUDGET

Capital Budget 2010/11 for the Period 1st April 2010 to 31st March 2011

| | Opening Plan £000's | Movement £000's | Revised Plan £000's | Actual Spend Apr-Feb £000's | Mar £000's | YTD Spend 10/11 £000's | Actual | |
|---|------------------------|--------------------|------------------------|-----------------------------------|---------------|------------------------------|-------------------|----------------|
| | | | | | | | Variance to | |
| | | | | | | | Outturn £000's | Plan £000's |
| FUNDING | | | | | | | | |
| Depreciation as per CCE | 26,008 | | 26,008 | | | | | |
| Retained Funding | 3,000 | | 3,000 | | | | | |
| Total Capital Resource Limit Funding | 29,008 | 0 | 29,008 | 26,319 | 2,689 | 29,008 | 29,008 | 0 |
| Disposals | | 19,059 | 19,059 | 0 | 0 | 1 | 1 | 19,058 |
| Donations | 150 | 200 | 350 | 320 | 167 | 486 | 486 | -136 |
| Total Other Funding | 150 | 19,259 | 19,409 | 320 | 167 | 487 | 487 | 18,922 |
| Total Funding | 29,158 | 19,259 | 48,417 | 26,639 | 2,856 | 29,495 | 29,495 | 18,922 |
| EXPENDITURE | | | | | | | | |
| IM&T Schemes | | | | | | | | |
| Sub Group Schemes | 1,500 | 750 | 2,250 | 1,668 | 650 | 2,318 | 2,318 | -68 |
| Total IM&T Schemes | 1,500 | 750 | 2,250 | 1,668 | 650 | 2,318 | 2,318 | -68 |
| Medical Equipment Schemes | | | | | | | | |
| Sub Group Schemes | 1,500 | 750 | 2,250 | 1,893 | 505 | 2,398 | 2,398 | -148 |
| Total Medical Equipment | 1,500 | 750 | 2,250 | 1,893 | 505 | 2,398 | 2,398 | -148 |
| Estates Schemes | | | | | | | | |
| LRI Estates | 2,500 | -500 | 2,000 | 1,828 | 483 | 2,311 | 2,311 | -311 |
| LGH Estates | 1,000 | | 1,000 | 909 | 115 | 1,024 | 1,024 | -24 |
| GGH Estates | 1,000 | -93 | 907 | 466 | 242 | 707 | 707 | 200 |
| Land Swap | | 19,616 | 19,616 | 3 | -0 | 3 | 3 | 19,613 |
| Total Estates Schemes | 4,500 | 19,023 | 23,523 | 3,205 | 840 | 4,045 | 4,045 | 19,478 |
| Directly Funded Schemes | | | | | | | | |
| Decontamination | 1,700 | -300 | 1,400 | 328 | 267 | 595 | 595 | 805 |
| BRU | 1,000 | -186 | 814 | 854 | 425 | 1,279 | 1,279 | -465 |
| NIHR MRI Scanner | 2,205 | 95 | 2,300 | 1,729 | 508 | 2,238 | 2,238 | 62 |
| Replacement Linear Accelerators | 3,581 | | 3,581 | 1,838 | 1,615 | 3,453 | 3,453 | 128 |
| Neonatal Expansion | 4,689 | | 4,689 | 4,439 | -30 | 4,408 | 4,408 | 281 |
| MSK Theatres | 4,826 | -483 | 4,343 | 4,242 | 91 | 4,332 | 4,332 | 11 |
| MES Refurbishments | 600 | -100 | 500 | 370 | 99 | 470 | 470 | 30 |
| Stroke Relocation | 1,000 | -250 | 750 | 657 | -74 | 584 | 584 | 166 |
| GGH CDU Phase II | 580 | -480 | 100 | 15 | 45 | 59 | 59 | 41 |
| Other IT Schemes | 355 | 174 | 529 | 202 | 278 | 479 | 479 | 50 |
| Other Medical Equipment Schemes | 600 | -29 | 571 | 585 | 20 | 604 | 604 | -33 |
| Other Facilities Schemes | 372 | 95 | 467 | 305 | 142 | 447 | 447 | 20 |
| Donated Buildings & Equipment | 150 | 200 | 350 | 320 | 167 | 486 | 486 | -136 |
| Total Directly Funded Schemes | 21,658 | -1,264 | 20,394 | 15,883 | 3,552 | 19,435 | 19,435 | 959 |
| Total Capital Programme | 29,158 | 19,259 | 48,417 | 22,650 | 5,546 | 28,196 | 28,196 | 20,221 |
| Forecast Over/(Under) Spend | 0 | (0) | (0) | (3,989) | 2,690 | (1,299) | (1,299) | 1,299 |

Commentary

The Trust is reporting a £1.3 million underspend on the Capital Programme, due to slippage on a number of schemes e.g. Decontamination. This slippage will be managed within the 2011/12 Programme.

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT SAFETY

Thresholds

| | 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 | 212 | >= Monthly Target+3 | Monthly Target+2 | <= Monthly Target |
| % of all adults who have had VTE risk assessment on adm to hosp | | | 90% | | | |
| Reduction of hospital acquired venous thrombosis | | | TBC | | | |
| Incidents of Patient Falls | Cumulative | Local Target | 2569 | | | |
| In Hospital Falls resulting in Hip Fracture *** | Cumulative | Local Target | | | | |

CLINICAL EFFECTIVENESS

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

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 | 100.0% | <80 | >80 and < 100 | 100.0% |
| A&E Waits - Leics | Cumulative | National Target | 95.0% | <94% | 94-95% | >=95% |
| A&E Waits - UHL (Type1 and 2) | Cumulative | Local Target | 95.0% | <97% | 94-95% | >=95% |
| RTT Admitted Median Wait (Weeks) | Cumulative | | <=11.1 | | | |
| RTT Admitted 95th Percentile (Weeks) | Cumulative | | <=27.7 | | | |
| RTT Non-Admitted Median Wait (Weeks) | Cumulative | | <=6.6 | | | |
| RTT Non-Admitted 95th Percentile (Weeks) | Cumulative | | <=18.3 | | | |
| RTT Incomplete Median Wait (Weeks) | Cumulative | | <=7.2 | | | |
| RTT Incomplete 95th Percentile (Weeks) | Cumulative | | <=36.0 | | | |

STAFF EXPERIENCE / WORKFORCE

| | | | | | | |
|----------------------------------|---------------|--------------|--------|------|------------|------|
| Planned CIP reduction this month | Cumulative | Local Target | -433.5 | | | |
| Sickness absence | Current Month | Local Target | 3% | >4% | >3%<=4% | <=3% |
| Appraisals | Current Month | Local Target | 100% | <90% | >=90%<100% | 100% |

VALUE FOR MONEY

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