

Caring at its best

Quality and Performance

Trust Board

Thursday 1st September 2011

July 2011

One team shared values

QUALITY and PERFORMANCE REPORT

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Thresholds

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

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

UHL at a Glance - Month 4 - 2011/12

PATIENT SAFETY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality	
MRSA Bacteraemias	9	Jul-11	1	3	9		
CDT Isolates in Patients (UHL - All Ages)	165	Jul-11	8	39	150		
% of all adults who have had VTE risk assessment on adm to hosp ***	90%	Jul-11	94.5%	93.6%	90%		
Reduction of hospital acquired venous thrombosis ***	0.175	Qtr 1 11/12	0.15		0.175		
Incidents of Patient Falls	1934	Process / results under review / validation					
In Hospital Falls resulting in Hip Fracture ***	12	Jul-11	0	2	10		
CLINICAL EFFECTIVENESS	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality	
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93%	Jun-11	93.4%	94.4%	93.8%		
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Jun-11	98.3%	96.9%	96.5%		
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Jun-11	96.8%	97.3%	97.5%		
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Jun-11	100.0%	100.0%	100.0%		
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Jun-11	100.0%	97.3%	97.0%		
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Jun-11	100.0%	99.2%	98.5%		
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Jun-11	83.7%	85.1%	86.0%		
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Jun-11	93.5%	95.0%	95.0%		
62-Day Wait For First Treatment From Consultant Upgrade	100%	Jun-11	100.0%	100.0%	100.0%		
Emergency 30 Day Readmissions (Following Elective Admission)	1.6%	Jun-11	5.3%	5.0%	4.5%		
Emergency 30 Day Readmissions (Following Emergency Admission)	8.0%	Jun-11	10.0%	9.5%	8.5%		
Mortality (CHKS Risk Adjusted) - OVERALL	85	Jun-11	75.0	80.0			
Primary PCI Call to Balloon <150 Mins	75.0%	Jul-11	82.6%	86.1%	87.0%		
Pressure Ulcers (Grade 3 and 4)	197	Process / results under review / validation					

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



UHL at a Glance - Month 4 - 2011/12

PATIENT EXPERIENCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Inpatient Polling - treated with respect and dignity ***	95.0	Jul-11	95.7	95.8		
Inpatient Polling - rating the care you receive ***	91.0	Jul-11	87.0	86.4		
Outpatient Polling - treated with respect and dignity ***	95.0	Jul-11	84.0	91.0		
Outpatient Polling - rating the care you receive ***	85.0	Jul-11	72.6	81.3		
% Beds Providing Same Sex Accommodation -Wards ***	100%	Jul-11	100.0%	100.0%	100.0%	
% Beds Providing Same Sex Accommodation - Intensivist ***	100%	Jul-11	100.0%	100.0%	100.0%	
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	Jul-11	97.2%	95.0%		
ED Waits - UHL (Type 1 and 2)	95%	Jul-11	96.4%	93.6%		
ED Unplanned Re-attendance Rate (From Qtr 2 2011/12)	<5%	Jul-11	5.5%	5.4%		
ED Left Without Being Seen % (From Qtr 2 2011/12)	<5%	Jul-11	2.1%	2.2%		
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12)	<4Hrs	Jul-11	239	278		
ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12)	<15 mins	Jul-11	39	51		
ED Time to Treatment - Median (From Qtr 2 2011/12)	<60 mins	Jul-11	33	49		
RTT 18 week - Admitted	90%	Jul-11	91.4%	91.4%		
RTT 18 week - Non admitted	95%	Jul-11	97.2%	97.2%		
RTT Admitted Median Wait (Weeks)	<=11.1	Jul-11	8.5	9.2		
RTT Admitted 95th Percentile (Weeks)	<=23.0	Jul-11	21.3	23.6		
RTT Non-Admitted Median Wait (Weeks)	<=6.6	Jul-11	6.0	6.0		
RTT Non-Admitted 95th Percentile (Weeks)	<=18.3	Jul-11	17.1	16.9		
RTT Incomplete Median Wait (Weeks)	<=7.2	Jul-11	6.3	6.3		
RTT Incomplete 95th Percentile (Weeks)	<=28.0	Jul-11	21.1	21.1		
STAFF EXPERIENCE / WORKFORCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Headcount Reduction	TBC	Jul-11				
Sickness absence	3.0%	Jul-11	4.0%	3.5%		
Appraisals	100%	Jul-11	85.9%	85.9%		
VALUE FOR MONEY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Income (£000's)	681,756	Jul-11	56,772	226,138	685,783	
Operating Cost (£000's)	635,693	Jul-11	55,943	222,623	645,665	
Surplus / Deficit (as EBIDTA) (£000's)	46,063	Jul-11	829	3,515	40,118	
CIP (£000's)	38,245	Jul-11	1,508	4,854	25,591	
Cash Flow (£000's)	18,200	Jul-11	8,296	8,296	3,623	
Financial Risk Rating	3	Jul-11	1	1	2	
Pay - Locums (£ 000s)		Jul-11	315	1,343		
Pay - Agency (£ 000s)		Jul-11	1,522	5,950		
Pay - Bank (£ 000s)		Jul-11	554	2,112		
Pay - Overtime (£ 000s)		Jul-11	282	1,309		
Total Pay Bill (£ millions)	420,410	Jul-11	37.0	148.5	424,464	
Cost per Bed Day (£)		Jul-11	166	166		

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level

Audit

Director Sign Off

QUALITY and PERFORMANCE REPORT - QTR1 2011/12

QUARTERLY FOUNDATION TRUST COMPLIANCE FRAMEWORK

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

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

QUALITY and PERFORMANCE REPORT - Qtr 1 - 2011/12

CQC SERVICE PERFORMANCE

CQC Service Performance - Indicators, weighting and scoring

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

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

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

Scoring values

Underperforming	0
Performance under review:	1
Performing:	3

Overall performance score threshold

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

HISTORY / TREND OVERVIEW - Month 4 - 2011/12

PATIENT SAFETY *** Falls July '11 - Process / results under review / validation**

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target	Status	Page No
MRSA Bacteraemias	0	0	1	0	1	0	1	2	1	2	0	0	1	3	9		11
CDT Isolates in Patients (UHL - All Ages)	14	13	10	16	20	12	17	16	14	9	15	7	8	39	165		11
% of all adults who have had VTE risk assessment on adm to hosp	49%	51%	57%	61%	65%	64%	69%	75%	79%	92.7%	93.5%	93.5%	94.5%	93.6%	90%		
Reduction of hospital acquired venous thrombosis	Qtr 2 - 0.16			Qtr 3 - 0.17			Qtr 4 - 0.12			Qtr 1 - 0.15				17.500%			
Incidents of Patient Falls *****	118	175	205	211	148	127	267	197	207	235	130	168		533	1934		14
In Hospital Falls resulting in Hip Fracture	0	0	1	0	0	3	2	2	2	2	0	0	0	2	12		

CLINICAL EFFECTIVENESS

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target	Status	Page No
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.5%	94.8%	93.3%	93.0%	94.5%	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%		94.4%	93%		20
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93.4%	98.3%	98.3%	97.7%	94.9%	98.4%	99.0%	95.5%	95.4%	97.2%	94.6%	98.3%		96.9%	93%		20
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	98.2%	96.4%	97.0%	96.7%	97.3%	98.3%	96.7%	96.6%	96.8%	97.0%	98.3%	96.8%		97.3%	96%		20
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	98%		20
31-Day Wait For Second Or Subsequent Treatment: Surgery	94.0%	91.4%	97.9%	97.8%	95.5%	95.3%	94.7%	96.3%	95.8%	98.5%	94.3%	100.0%		97.3%	94%		20
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.2%	100.0%	100.0%	100.0%	99.4%	99.3%	99.3%	100.0%	98.8%	99.1%	98.7%	100.0%		99.2%	94%		20
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	89.0%	82.8%	87.3%	85.5%	86.4%	88.1%	85.8%	87.2%	85.9%	86.4%	85.5%	83.7%		85.1%	85%		20
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	91.4%	87.9%	91.5%	87.2%	91.1%	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%		95.0%	90%		20
62-Day Wait For First Treatment From Consultant Upgrade	-----	100.0%	-----	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	---	100.0%		100.0%	100%		20

HISTORY / TREND OVERVIEW - Month 4 - 2011/12

CLINICAL EFFECTIVENESS (Continued) *** Pressure Ulcers July '11 - Process / results under review / validation**

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target	Status	Page No
Emergency 30 Day Readmissions (Following Elective Admission)	5.2%	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.8%	5.0%	4.9%	4.7%	5.3%		5.0%	1.6%	▼	13
Emergency 30 Day Readmissions (Following Emergency Admission)	10.7%	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	9.4%	9.2%	10.0%		9.5%	8.0%	▼	13
Mortality (CHKS - Risk Adjusted) - OVERALL	79.8	80.2	87.3	93.6	77.5	98.1	87.7	82.5	87.9	80.5	84.5	75.0		80.0	85	▲	
Stroke - 90% of Stay on a Stroke Unit	64%	67%	79%	79%	81%	75%	58%	56%	80%	85%	87%	89%		87%	80%	▲	
Primary PCI Call to Balloon <150 Mins	73.3%	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	86.1%	75%	▼	19
Pressure Ulcers (Grade 3 and 4)	20	17	19	11	12	26	33	14	20	10	11	22			197	▼	14

HISTORY / TREND OVERVIEW - Month 4 - 2011/12

PATIENT EXPERIENCE

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target	Status	Page No
Inpatient Polling - treated with respect and dignity	96.0	94.3	95.0	95.4	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.3	95.0	▼	16
Inpatient Polling - rating the care you receive	87.0	84.0	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	87.5	91.0	▼	16
Outpatient Polling - treated with respect and dignity												93.1	84.0	91.0	95.0	▼	
Outpatient Polling - rating the care you receive												84.6	72.6	81.3	85.0	▼	
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	↔	19
% Beds Providing Same Sex Accommodation - Intensivist	87%	87%	86%	86%	89%	93%	95%	100%	100%	100%	100%	100%	100%	100%	100%	↔	19
A&E Waits - Leics (10/11) - UHL Incl UCC (11/12)	98.4%	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	95.0%	95%	▲	17
A&E Waits - UHL (Type 1 and 2)	97.4%	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	93.6%	95%	▲	17
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	5.9%	6.5%	6.2%	6.0%	5.5%	5.9%	6.0%	6.1%	5.8%	6.2%	5.2%	4.9%	5.5%	5.4%	<5%	▼	17
Left Without Being Seen % (From Qtr 2 11/12)	2.4%	2.1%	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.2%	<5%	▼	17
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12)	239	240	240	251	303	349	382	331	343	306	307	256	239	278	<240 Mins	▲	17
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	40	43	41	52	49	55	55	49	63	71	56	41	39	51	<15 Mins	▲	17
Time to Treatment - Median (From Qtr 2 11/12)	52	49	55	55	62	60	49	50	58	59	54	50	33	49	<60 mins	▲	17
RTT 18 week - Admitted	94.2%	93.4%	91.5%	92.6%	92.1%	91.6%	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	91.4%	90%	▲	18
RTT 18 week - Non admitted	98.0%	97.4%	96.4%	97.1%	98.3%	97.0%	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	97.2%	95%	▲	18
RTT Admitted Median Wait (Weeks)	9.7	9.5	9.8	10.2	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	9.2	<=11.1	▲	18
RTT Admitted 95th Percentile (Weeks)	18.8	19.5	21.4	21.3	21.9	23.1	23.7	23.2	24.1	23.4	25.1	25.3	21.3	23.6	<=23.0	▲	18
RTT Non-Admitted Median Wait (Weeks)	6.1	6.2	6.9	6.7	6.2	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.0	<=6.6	▲	18
RTT Non-Admitted 95th Percentile (Weeks)	16.7	16.9	17.4	17.2	17.0	16.9	17.1	16.8	16.8	16.5	16.8	17.1	17.1	16.9	<=18.3	▼	18
RTT Incomplete Median Wait (Weeks)	5.8	6.1	6.1	6.0	6.1	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.3	<=7.2	▼	18
RTT Incomplete 95th Percentile (Weeks)	17.6	17.9	18.3	19.1	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	21.1	<=28.0	▼	18

HISTORY / TREND OVERVIEW - Month 4 - 2011/12

STAFF EXPERIENCE / WORKFORCE

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target	Status	Page No
Headcount Reduction	49.7	70.4	20.9	23.7	4.6	0.7	-0.2	5.7	-13.0						TBC		21
Sickness absence	3.4%	3.2%	3.5%	3.8%	3.7%	4.7%	4.0%	3.4%	3.4%	3.2%	3.0%	3.62%	4.02%	3.5%	3.0%	▼	21
Appraisals	72.7%	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	85.9%	100%	▼	21

VALUE FOR MONEY

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD
Income (£000's)						58,569	59,015	58,759	64,835	56,760	55,861	56,745	56,772	226,138
Operating Cost (£000's)						54,865	55,342	55,770	58,922	55,260	55,886	55,534	55,943	222,623
Surplus / Deficit (as EBIDTA) (£000's)						3,704	3,673	2,989	5,913	1,500	-25	1,211	829	3,515
CIP (£000's)						3,048	3,073	2,798	3,270	1,012	912	1,422	1,508	4,854
Cash Flow (£000's)						9752	12,491	18,358	10,306	14,465	9,778	4,425	8,296	8,296
Financial Risk Rating						2	2	2	2	2	1	1	1	1

HR Pay Analysis

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£	
Locums (£ 000s)	391	369	404	365	401	279	421	443	335	283	328	417	315	1,343
Agency (£ 000s)	510	524	758	746	879	1,175	1,283	1,540	1,990	1,427	1,475	1,526	1,522	5,950
Bank (£ 000s)	516	481	518	560	523	514	540	478	504	540	509	509	554	2,112
Overtime (£ 000s)	224	212	248	254	276	300	304	378	447	453	317	257	282	1,309
Total Pay Bill (£ millions)	35.6	35.0	35.9	35.9	36.4	36.1	36.7	37.5	38.1	36.9	37.1	37.5	37.0	149

Average Cost per Bed Day

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11
	£	£	£	£	£	£	£	£	£	£	£	£	£
Cost per Bed Day (£)	158	150	155	151	164	162	143	183	172	169	165	165	166

INFECTION PREVENTION

Performance Overview

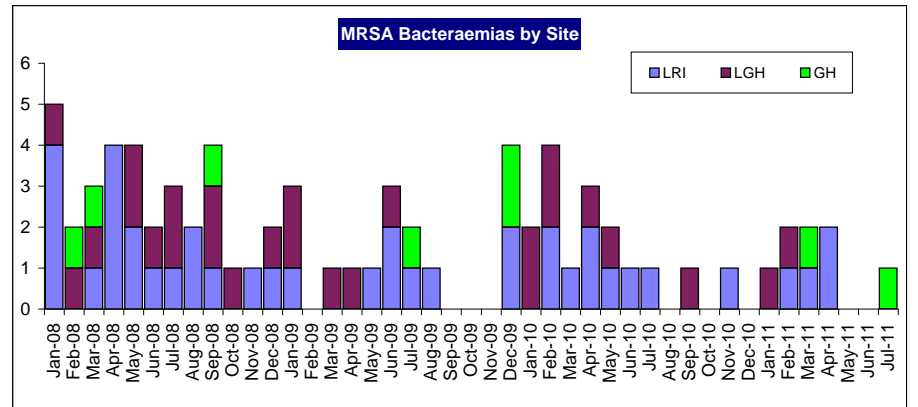
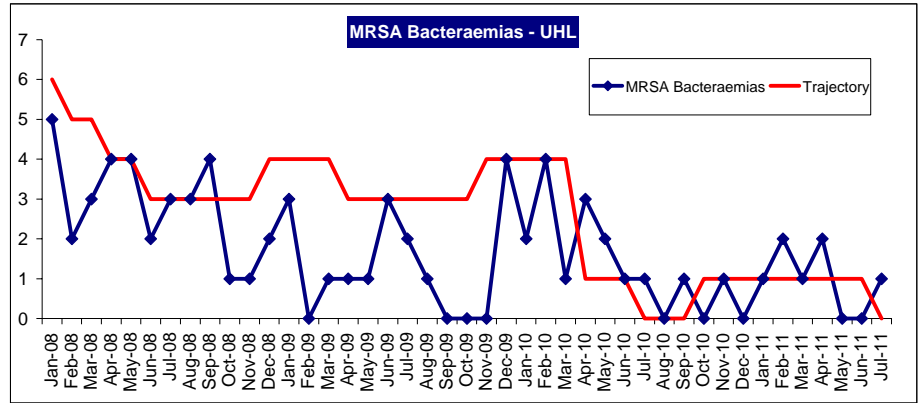
MRSA – 1 case of MRSA was reported during July and notification of a potential recurring report going forward due to patient circumstances

CDifficile – a positive month 4 report with 8 cases identified in contrast to the July 2010 position of 14. The year to date position is 39 and ahead of target to date.

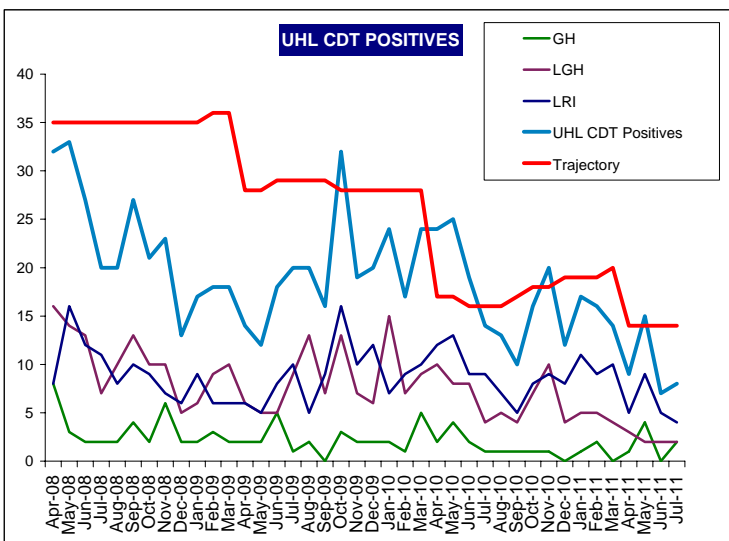
Key Actions

1. Correspondence has been forwarded to all clinicians regarding expectations and compliance with recommended infection prevention procedures
2. Monthly reporting for MSSA and EColi is now in place in line with national guidance. At present there are no local or national targets set.

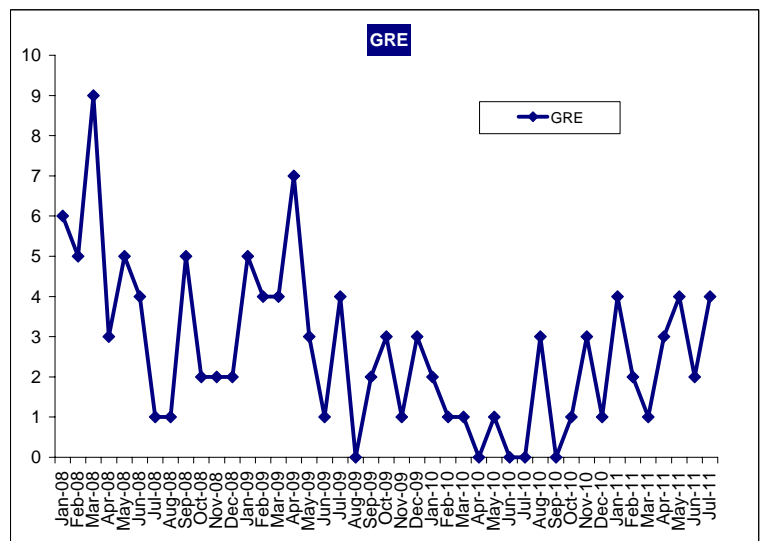
MRSA BACTERAEMIA



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target	Status
MRSA	0	0	1	0	1	0	1	2	1	2	0	0	1	3	9	▼
C. Diff.	14	13	10	16	20	12	17	16	14	9	15	7	8	39	165	▼
Rate / 1000 Adm's	1.6	1.6	1.2	1.9	2.4	1.4	2.1	2.1	1.6	1.2	2.0	0.9	1.0	1.3		
GRE	0	3	0	1	3	1	3	2	1	3	4	2	4	13	TBC	
MSSA											4	2	5	11	No National Target	
E-Coli												38	27	65	No National Target	

MORTALITY

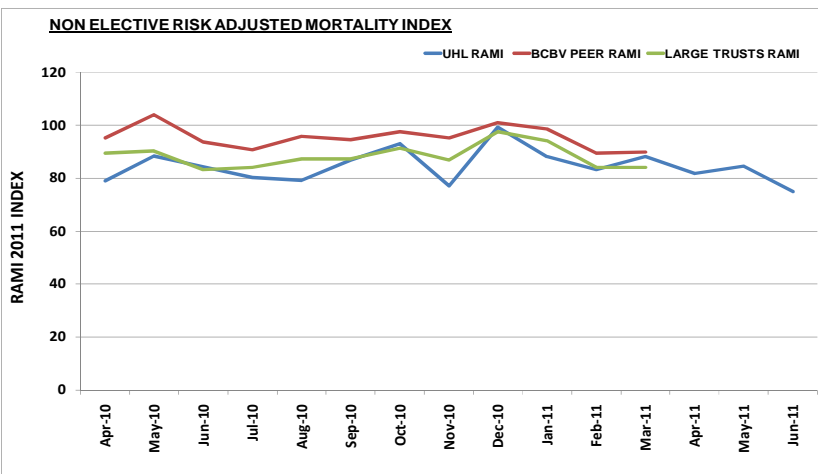
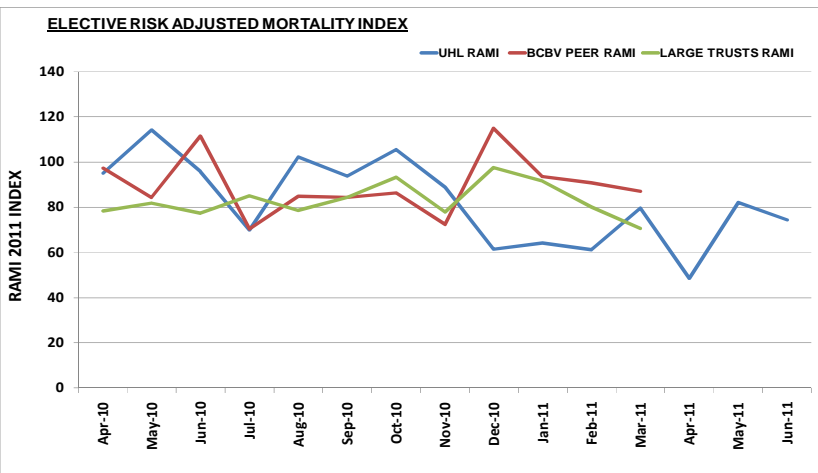
Performance Overview

UHL's 'crude' overall mortality rate has remained constant at 1.2% in July with a year to date figure of 1.3%. Reassuringly the trust's 'elective mortality' also remains constant whilst there has been a slight fall in the mortality rate for 'emergency admissions', albeit this is in line with normal seasonal variation.

The Risk Adjusted Mortality Index (RAMI) is 80.0 for the financial year to date and remains below the Trust's target of 85.

The EM Quality Observatory have also developed a 'standardised mortality rate' (age and sex) for all trusts in the SHA. This data will be published on the SHA's website from August 11. In order to compare trusts' SMR nationally, the data presented will be for Q3 10/11.

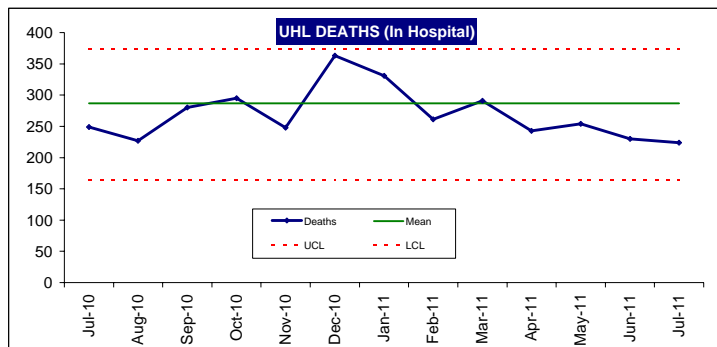
UHL's SMR for Q3 10/11 is 103.2 which is slightly above the national of 100. Discussion with the SHA and review of their methodology has confirmed that this is due to 'palliative care patients' being included in UHL's data but excluded from trusts with 'palliative care specialty' inpatient beds.



CHKS - RISK ADJUSTED MORTALITY

	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD
Total Spells (CHKS)	18,448	18,929	18,925	18,049	18,669	18,307	18,984	18,312	17,810	17,485	19,886	16,061	16,660	17,970	50,691
Observed Deaths	259	246	214	198	248	265	211	325	293	230	250	216	214	197	627
RAMI	89.7	84.8	79.8	80.2	87.3	93.6	77.5	98.1	87.7	82.5	87.9	80.5	84.5	75.0	80.0

Clinical Business Unit	CURRENT MONTH		
	Spells	Deaths	%
Specialist Surgery	1577	3	0.2%
GI Medicine, Surgery and Urology	3455	28	0.8%
Cancer, Haematology and Oncology	1812	16	0.9%
Musculo-Skeletal	1018	2	0.2%
Medicine	2253	94	4.2%
Respiratory	1099	36	3.3%
Cardiac, Renal & Critical Care	1308	35	2.7%
Emergency Department	13	2	15.4%
Women's	4656	7	0.2%
Children's	852	1	0.1%
Anaesthesia and Theatres	322		
Imaging	6		
Sum	18371	224	1.2%



UHL CRUDE DATA TOTAL SPELLS

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target
UHL Crude Data - TOTAL Spells	19860	18974	19627	19254	19895	19261	18674	18300	20760	16889	17530	18890	18371	33662	31680
UHL Crude Data - TOTAL Deaths	249	227	280	295	248	363	331	261	291	243	254	230	224	951	TBC
Percent	1.3%	1.2%	1.4%	1.5%	1.2%	1.9%	1.8%	1.4%	1.4%	1.4%	1.4%	1.2%	1.2%	1.3%	TBC

UHL CRUDE DATA ELECTIVE SPELLS

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target
UHL Crude Data - ELECTIVE Spells	8678	8178	8602	8449	8794	7744	7793	8074	9408	7760	8101	9236	8565	33662	31680
UHL Crude Data - ELECTIVE Deaths	10	8	10	11	9	6	6	6	9	5	8	9	11	33	TBC
Percent	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	TBC

UHL CRUDE DATA NON ELECTIVE SPELLS

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target
UHL Crude Data - NON ELECTIVE Spells	11182	10796	11025	10805	11101	11517	10881	10226	11352	9129	9429	9654	9806	38018	31680
UHL Crude Data - NON ELECTIVE Deaths	239	219	270	284	239	357	325	255	282	238	246	221	213	918	TBC
Percent	2.1%	2.0%	2.4%	2.6%	2.2%	3.1%	3.0%	2.5%	2.5%	2.6%	2.6%	2.3%	2.2%	2.4%	TBC

EMERGENCY READMISSIONS

Performance Overview

The Readmissions Project Manager is now in post and the project infrastructure has been reviewed and amended to achieve the aim of a 25% reduction in readmissions by March 2012.

An early review of the coding processes shows that there has been some marginal over-counting with regard to the contract penalty and this will be amended.

As can be seen from the chart below, UHL appears as an outlier compared to other trusts. However further review had identified that this is predominantly due to the way some other Trusts count admissions and when compared with individual 'like' hospitals, such as Nottingham, the readmission rates are similar.

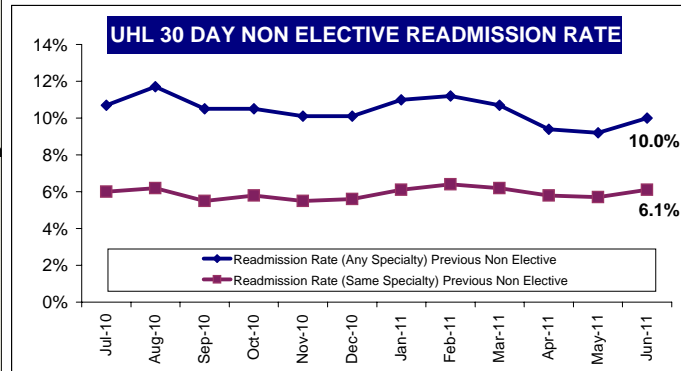
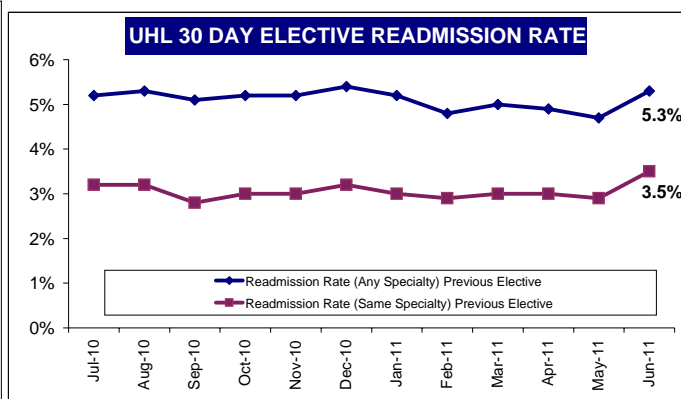
Despite an increase in the June rate on April/May 11, the overall trend in readmissions for the year is down.

However, there were increases in the volume of readmissions in June across all specialties bar Women's and Children's.

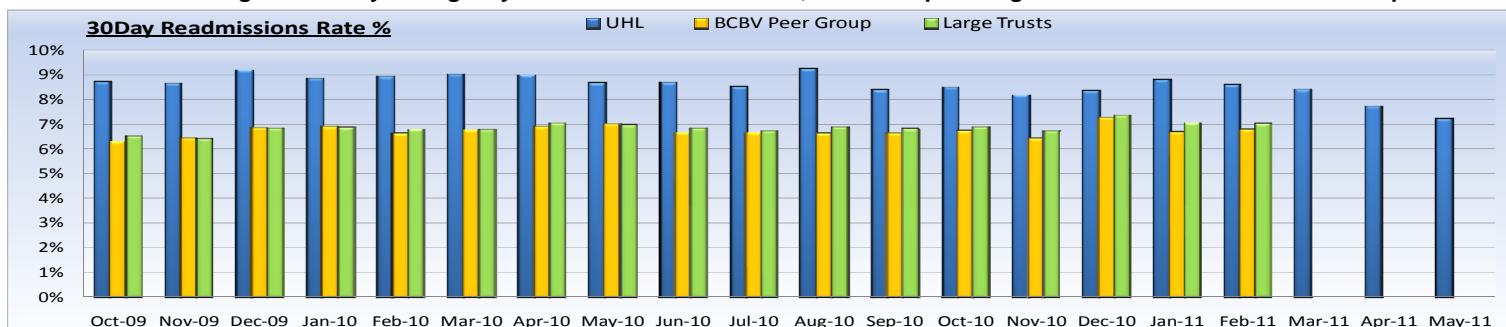
Key Actions

There are many pilots taking place across the hospital to reduce readmissions, which are in line with best practice, they include:

- Improving the communication with clinicians with regard to readmissions by adding them to weekly metrics and a daily list of all readmissions distributed.
- Education sessions taken place with staff in planned care regard accurate method of admission coding
- 3 Surgeon pilot commenced to reduce follow up outpatients lead time to 3 weeks from 6 weeks
- All surgical LGH discharges being provided with ward phone number for follow up. AMU specialist nurses providing follow up phone calls to discharges
- General Surgical bed bureau admissions being triaged by Consultant/SPR
- Audit of all emergency readmissions via CDU and AMU in order to understand key reasons for readmission and to inform action plan.



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



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

ALL READMISSIONS

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target
Discharges	19,860	18,974	19,627	19,254	19,895	19,261	18,674	18,300	20,760	16,889	17,530	18,890	53,309	
30 Day Emerg. Readmissions (Any Spec)	1,648	1,702	1,594	1,574	1,576	1,577	1,599	1,531	1,687	1,242	1,248	1,451	3,941	
Readmission Rate (Any Specialty)	8.3%	9.0%	8.1%	8.2%	7.9%	8.2%	8.6%	8.4%	8.1%	7.4%	7.1%	7.7%	7.4%	TBC
30 Day Emerg. Readmissions (Same Spec)	944	927	850	876	873	900	897	883	989	767	773	906	2,446	
Readmission Rate (Same Specialty)	4.8%	4.9%	4.3%	4.5%	4.4%	4.7%	4.8%	4.8%	4.8%	4.5%	4.4%	4.8%	4.6%	TBC

Readmissions - Previous Spell = Elective

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target
Discharges	8,678	8,178	8,602	8,449	8,794	7,744	7,793	8,074	9,408	7,760	8,101	9,236	25,097	
30 Day Emerg. Readmissions (Any Spec) Previous Elective	455	434	438	436	453	415	407	384	467	383	383	486	1,252	
Readmission Rate (Any Specialty) Previous Elective	5.2%	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.8%	5.0%	4.9%	4.7%	5.3%	5.0%	1.6%
30 Day Emerg. Readmissions (Same Spec) Previous Elective	277	261	244	250	262	251	237	233	284	234	236	320	790	
Readmission Rate (Same Specialty) Previous Elective	3.2%	3.2%	2.8%	3.0%	3.0%	3.2%	3.0%	2.9%	3.0%	3.0%	2.9%	3.5%	3.1%	TBC

Readmissions - Previous Spell = Non Elective

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	YTD	Target
Discharges	11,182	10,796	11,025	10,805	11,101	11,517	10,881	10,226	11,352	9,129	9,429	9,654	28,212	
30 Day Emerg. Readmissions (Any Spec) Previous Non Elective	1,193	1,268	1,156	1,138	1,123	1,162	1,192	1,147	1,220	859	865	965	2,689	
Readmission Rate (Any Specialty) Previous Non Elective	10.7%	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	9.4%	9.2%	10.0%	9.5%	8%
30 Day Emerg. Readmissions (Same Spec) Previous Non Elective	667	666	606	626	611	649	660	650	705	533	537	586	1,656	
Readmission Rate (Same Specialty) Previous Non Elective	6.0%	6.2%	5.5%	5.8%	5.5%	5.6%	6.1%	6.4%	6.2%	5.8%	5.7%	6.1%	5.9%	TBC

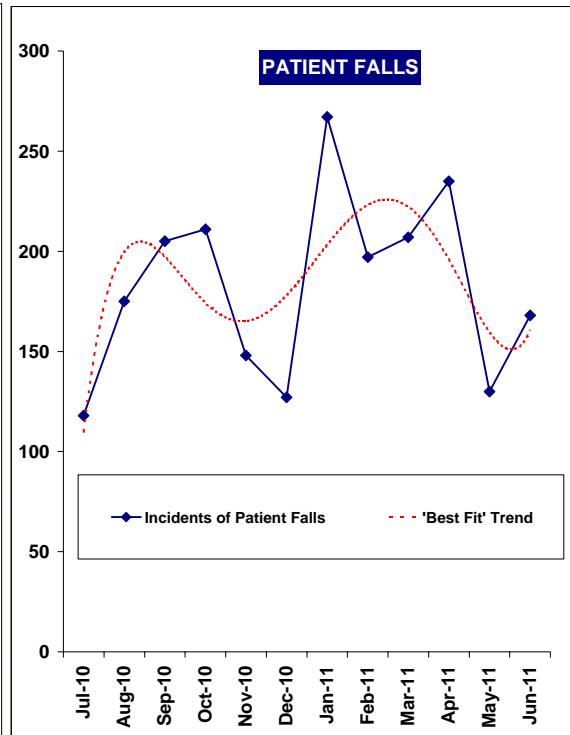
FALLS

Performance Overview

Planned Care has sustained their overall reduction in reported falls from a high of 88 in March 2011 to an average of 26 reported falls for the last three months. This is evidenced by the improvement seen with the falls risk assessments in MSK highlighted through metrics scores following intensive staff awareness training.

Key Actions

It is recommended that falls reporting is undertaken a month in arrears to allow for CBU's to close the DATIX reports which will enable accurate reporting of numbers and causation.



TARGET / STANDARD

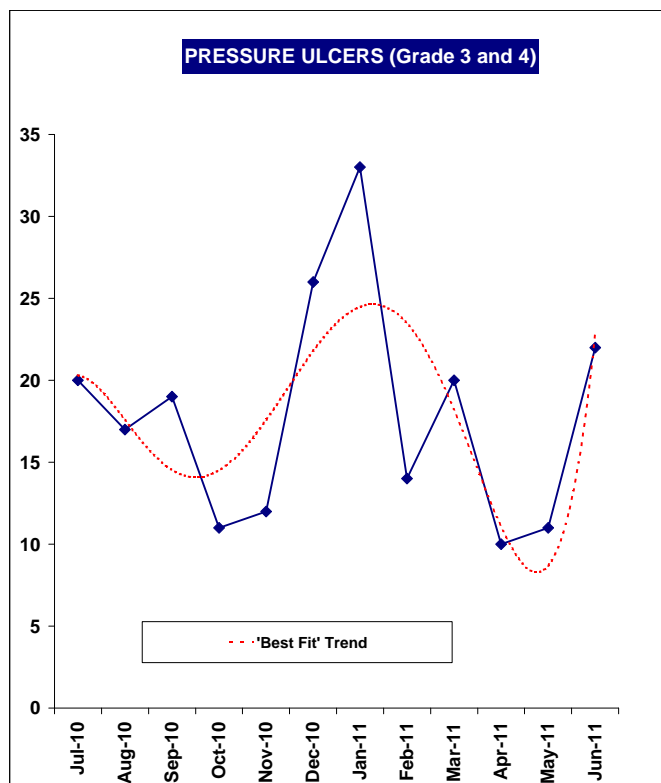
	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target
Incidents of Patient Falls	118	175	205	211	148	127	267	197	207	235	130	168		533	1934
In Hospital Falls resulting in Hip Fracture	0	0	1	0	0	3	2	2	2	2	0	0	0	2	12

PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

Further to the month 3 report, work is progressing to align data to reflect other EM SHA Trusts (avoidable/unavoidable). A Matron has been assigned to work within the medical wards which have seen recent clusters of hospital acquired pressure ulcers. Ward Sisters for these areas have been tasked with ensuring all qualified staff under- take the tissue viability VITAL module within the next month to provide a consistent approach to raising staff awareness of current practice.

It is recommended that reporting of HAPU is provided one month in arrears to allow for completion of RCAs and improve accuracy of reporting.



TARGET / STANDARD

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

PATIENT EXPERIENCE

Performance Overview

The monthly "Patient Experience Survey" for July 2011 resulted in 1,390 surveys being returned from patients, a Trust return rate of 92.0%. The table below shows the return rates by Division.

The UHL overall Respect and Dignity score has shown a slight decline from 96.5 to 95.7, however the score remains green. The Women's and Children's Division have shown an increase improving last months score, moving back in to the green threshold. Acute and Planned have shown a slight decrease however all three Divisions are now within the green threshold. Eight CBU's are rated green and only two remain in the amber threshold.

The UHL overall care score has declined from 87.6 to 87.0 and remains within the amber threshold.

- Cardiac, Renal and Critical Care CBU dropped 3.4 satisfaction points and returned 65 less surveys. This alone accounts for the drop in patient satisfaction scores.

- GI medicine, Surgery and Urology score fell from amber to red. This was due to a drop in satisfaction points in one area, this accounted for half of the overall drop for the CBU.

- The Medicine CBU satisfaction score fell further in to the red this is due to a drop in satisfaction in two areas.

Although the Acute and Planned divisions have shown a slight decrease overall the Women's and Children's Division have improved their score by 3.6 points, all three divisions remain amber. Further work needs to take place to establish why patients score the overall hospital experience as lower.

Return Rates - July 2011	Division	Surveys Returned	Target	% Achieved
	Acute Care	643	790	81%
	Planned Care	570	535	107%
	Women's and Children's	177	180	98%
	UHL	1,390	1,505	92%

DIVISIONAL PROJECTS

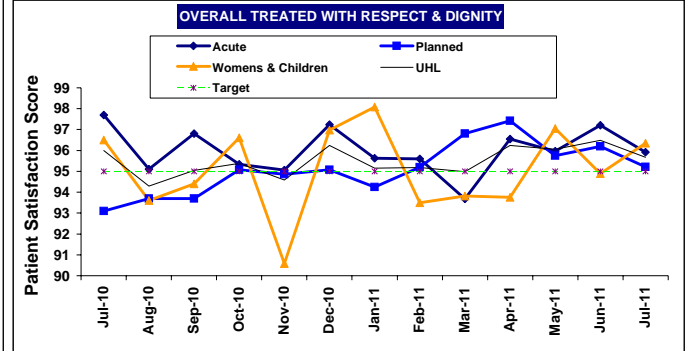
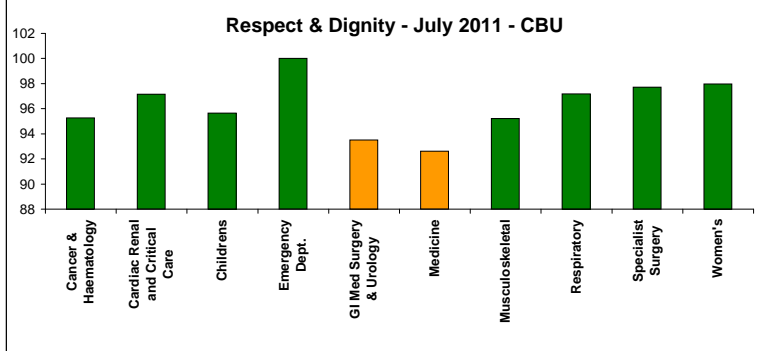
Area for Development	Lead Division	PES Question	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11
Noise at Night	Acute Care	Q10a – Were you ever bothered by noise at night from other patients?	64.5	67.7	65.0	75.7	71.8	74.7	70.6
		Q10b – Were you ever bothered by noise at night from hospital staff?	82.4	84.0	84.2	87.1	86.8	87.4	87.4
Staff Attitudes and Behaviours	Women's and Children's	Q13a – When you had important questions to ask the doctors did you get answers that you could understand?	87.7	88.6	88.2	89.9	88.2	89.1	89.7
	Children's	Q14a – Did any of the doctors talk in front of you as if you were not there?	85.8	88.1	88.9	89.1	88.0	88.1	90.7
		Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? CQUIN	78.9	77.6	77.3	80.7	79.8	79.9	78.8
		Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN	80.3	79.1	79.5	82.0	80.9	81.6	81.4
Providing Information	Clinical Support	Q15 – Sometimes in hospital a member of staff will say one thing and another say something quite different. Did this happen to you?	82.7	83.0	84.7	86.0	85.9	86.6	85.2
		Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN	94.6	94.0	92.3	95.1	94.4	94.7	94.8
		Q24 – Has a member of staff told you about medication side effects to watch for when you went home? CQUIN	72.3	74.2	73.4	80.1	77.7	75.4	74.9
		Q26 – Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital? CQUIN	75.5	72.7	69.8	81.9	75.3	80.4	78.1
Pain	Planned Care	Q19 – Do you think the hospital staff did everything they could to help control your pain?	91.3	91.1	90.5	93.1	91.7	92.3	91.8
		Q28 – Overall, how would you rate the care you received?	86.7	86.1	83.8	88.4	87.2	87.6	87.0

PATIENT EXPERIENCE

TARGET / STANDARD

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

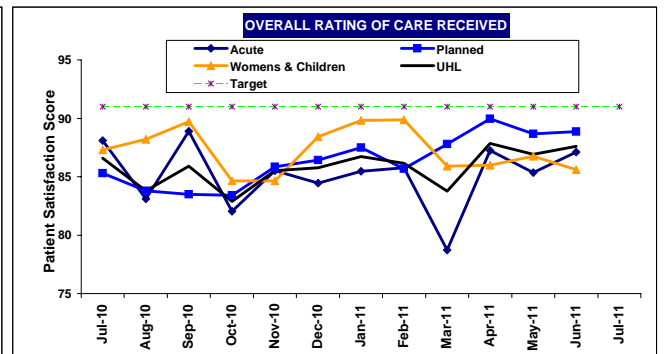
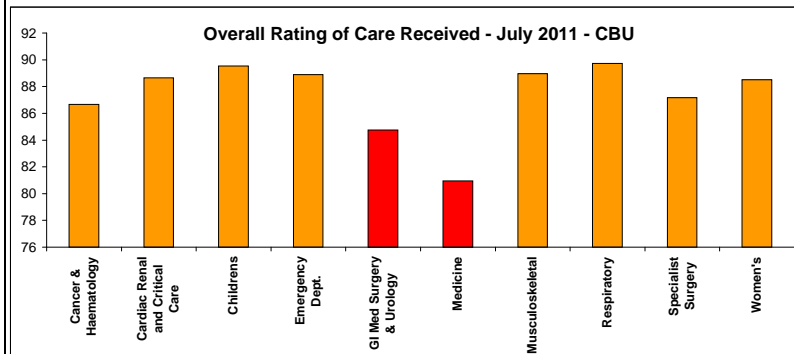
Division	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Status
Acute	97.7	95.1	96.8	95.1	95.1	97.2	95.6	95.6	93.7	96.6	95.8	97.2	95.9	▼
Planned	93.1	93.7	93.7	95.4	94.9	95.1	94.3	95.2	96.8	98.0	96.6	96.2	95.2	▼
Womens & Children	96.5	93.6	94.4	96.6	90.6	97.0	98.1	93.5	93.8	93.8	97.1	94.9	96.3	▲
UHL	96.0	94.3	95.0	95.4	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	▼



TARGET / STANDARD

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

Division	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Status
Acute	88.1	83.1	88.9	82.0	85.7	84.5	85.5	85.8	78.7	87.3	84.9	87.0	86.4	▼
Planned	85.3	83.8	83.5	83.4	85.6	86.4	87.5	85.7	87.8	90.8	89.6	88.9	87.0	▼
Womens & Children	87.3	88.2	89.7	84.7	84.6	88.4	89.8	89.9	85.9	86.0	86.8	85.6	89.2	▲
UHL	87.0	84.0	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	▼



EMERGENCY DEPARTMENT

Performance Overview

Performance for July Type 1 and 2 is 96.4% and including UCC is 97.2%.

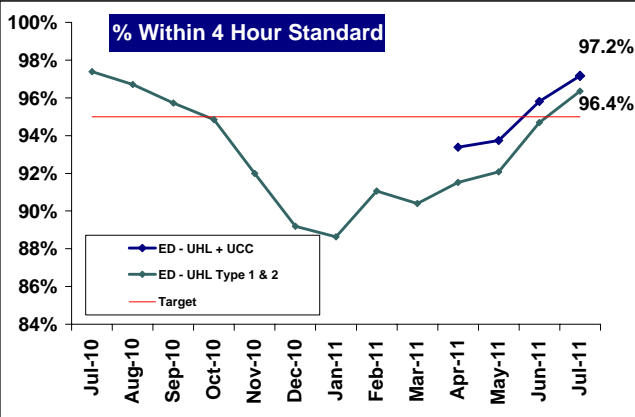
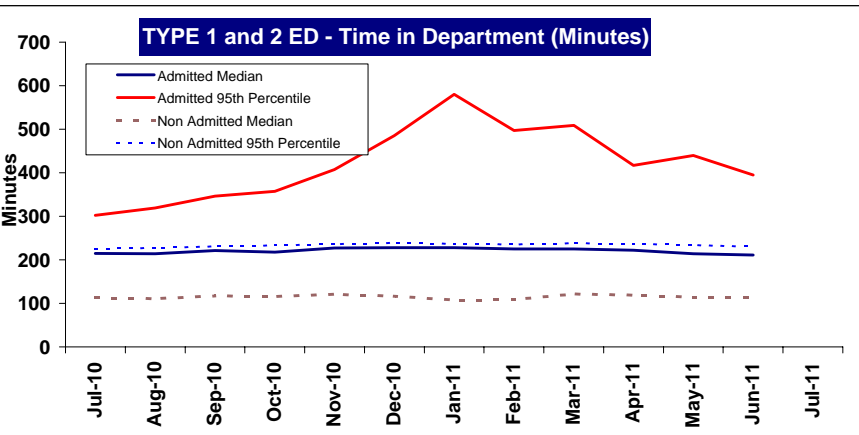
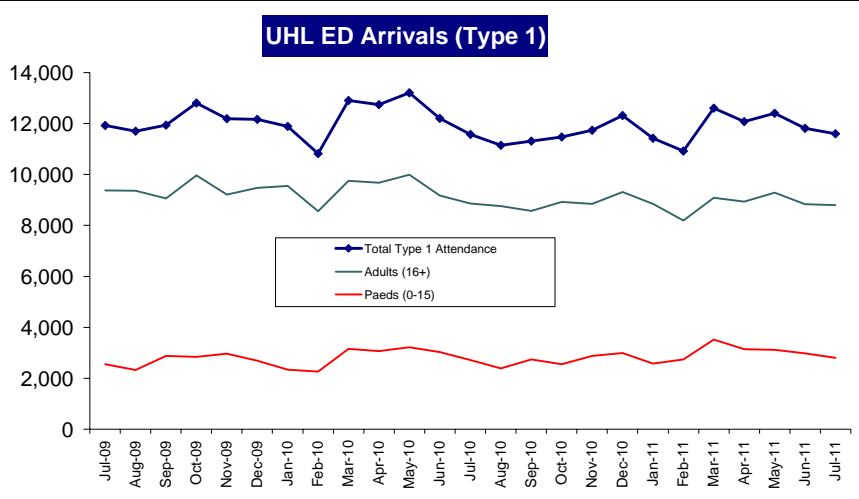
From the 1 July, the DoH expects compliance with the minimum thresholds set for the five headline measures. To judge compliance against the thresholds, the five indicators will be divided into two groups: timeliness (time to initial assessment, time to treatment and total time) and patient impact (left without being seen and re-attendance).

In August supplementary guidance has been made available by both the DoH and Monitor to update Trusts how the new clinical outcome indicators will be monitored and scored from Quarter 2 onwards. The quarterly FT compliance framework (page 5) and CQC service performance (page 6) will be amended next month to reflect the revised guidance.

A joint plan commencing on the 27th September will mean that the UCC will close from midnight to early morning, with practitioner and reception resources being transferred into ED. All UCC patients will be directed to the minors waiting area and the practitioner will work from the See & Treat rooms within ED.

Key Actions

A separate report regarding Emergency Care Transformation will be submitted to the September Trust Board.



Total Time in the Department

July 2011 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	509	5064	5573
3-4 Hours	2892	4000	6892
5-6 Hours	224	93	317
7-8 Hours	102	24	126
9-10 Hours	25	3	28
11-12 Hours	5		5
12 Hours+	1		1
Sum:	3758	9184	12942

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

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

TIMELINESS

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	TARGET
Time in Dept (95th centile)	239	240	240	251	303	349	382	331	343	306	307	256	239	278	< 240 Minutes
Time to initial assessment (95th)	40	43	41	52	49	55	55	49	63	71	56	41	39	51	<= 15 Minutes
Time to treatment (Median)	52	49	55	55	62	60	49	50	58	59	54	50	33	49	<= 60 Minutes

4 HOUR STANDARD

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	TARGET	
ED - (UHL + UCC)										93.4%	93.7%	95.8%	97.2%	95.0%	95.0%	▲
ED - UHL Type 1 and 2	97.4%	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	93.6%	95.0%	▲
ED Waits - Type 1	97.1%	96.3%	95.3%	94.3%	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	92.9%	95.0%	▲

18 WEEK REFERRAL TO TREATMENT

Performance Overview

Further to backlog work undertaken in the first quarter of the year impacting on the June position as planned, performance in July has recovered as forecast to 91.5% for admitted patients (target of 90%) and 97.2% (target of 95%) for non-admitted patients.

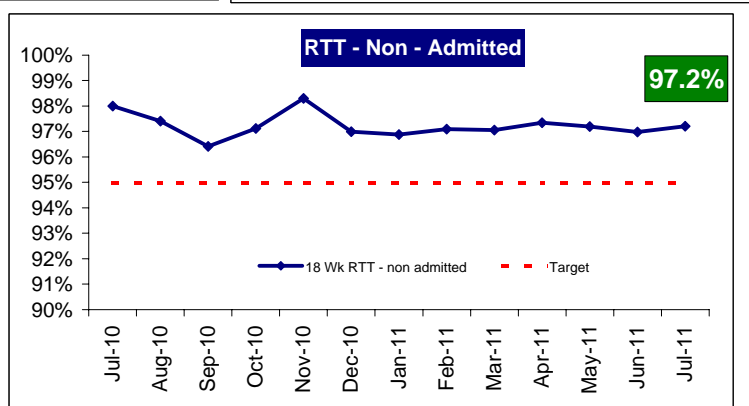
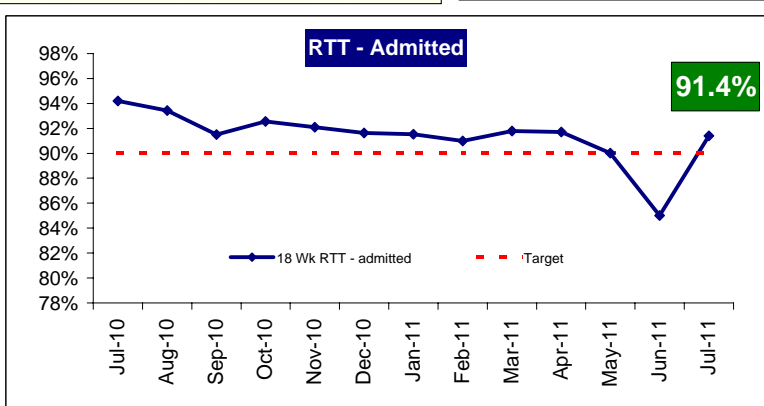
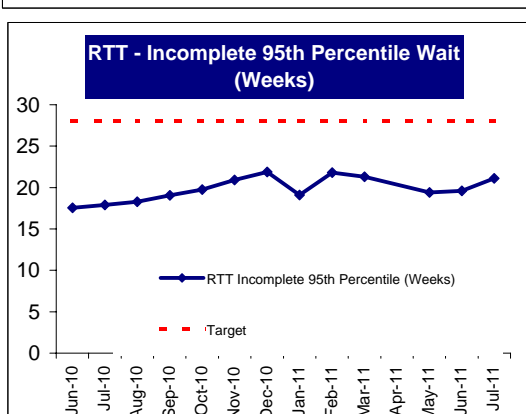
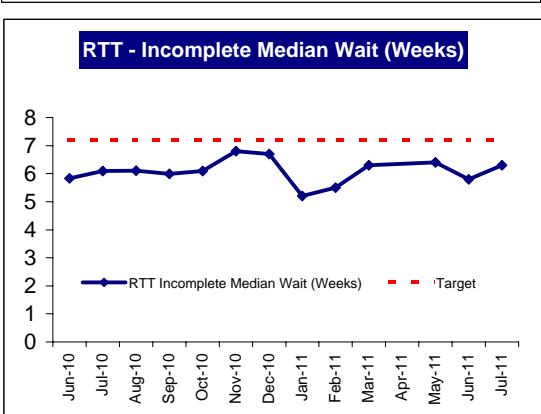
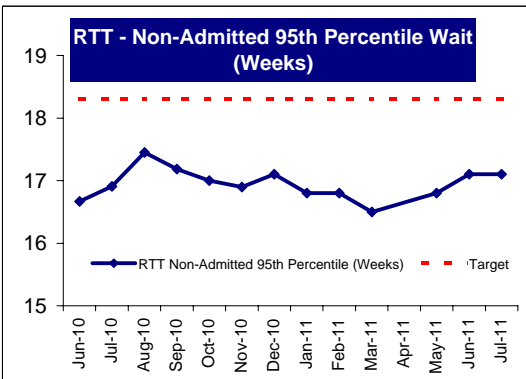
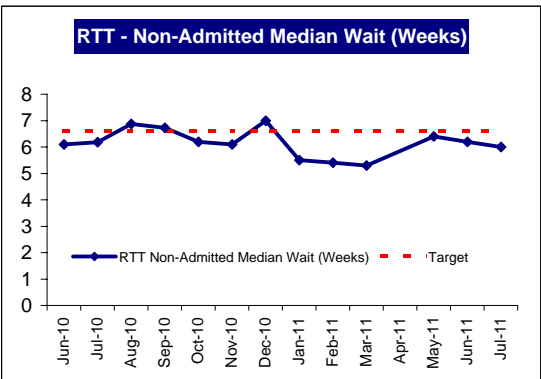
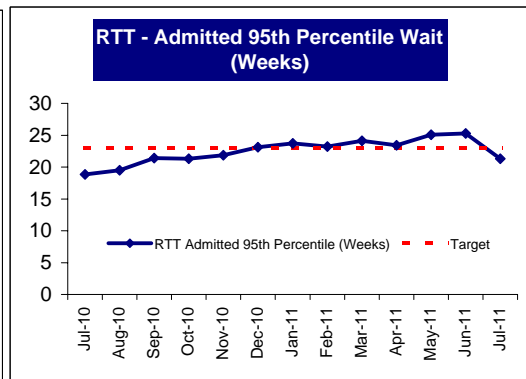
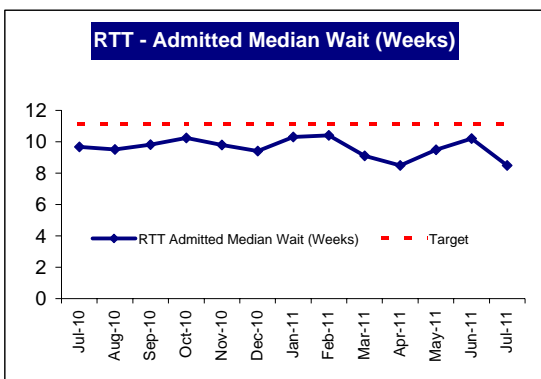
The Department of Health and MONITOR have also introduced additional statistical RTT measures and thresholds for 2011/12:-

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

During July all these targets were delivered.

Key Actions

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



TARGET / STANDARD

RTT	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target	Status
18 Wk - admitted (%)	94.2	93.4	91.5	92.6	92.1	91.6	91.5	91.0	91.8	91.7	90.0	85.0	91.4	91.4	90.0%	▲
18 Wk - non admitted (%)	98.0	97.4	96.4	97.1	98.3	97.0	96.9	97.1	97.1	97.4	97.2	97.0	97.2	97.2	95.0%	▲

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target 11/12
RTT Admitted Median Wait (Weeks)	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	9.2	<=11.1
RTT Admitted 95th Percentile (Weeks)	21.9	23.1	23.7	23.2	24.1	23.4	25.1	25.3	21.3	23.6	<=23.0
RTT Non-Admitted Median Wait (Weeks)	6.2	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.0	<=6.6
RTT Non-Admitted 95th Percentile (Weeks)	17.0	16.9	17.1	16.8	16.8	16.5	16.8	17.1	17.1	16.9	<=18.3
RTT Incomplete Median Wait (Weeks)	6.1	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.3	<=7.2
RTT Incomplete 95th Percentile (Weeks)	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	21.1	<=28.0

PRIMARY PCI

Performance Overview

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

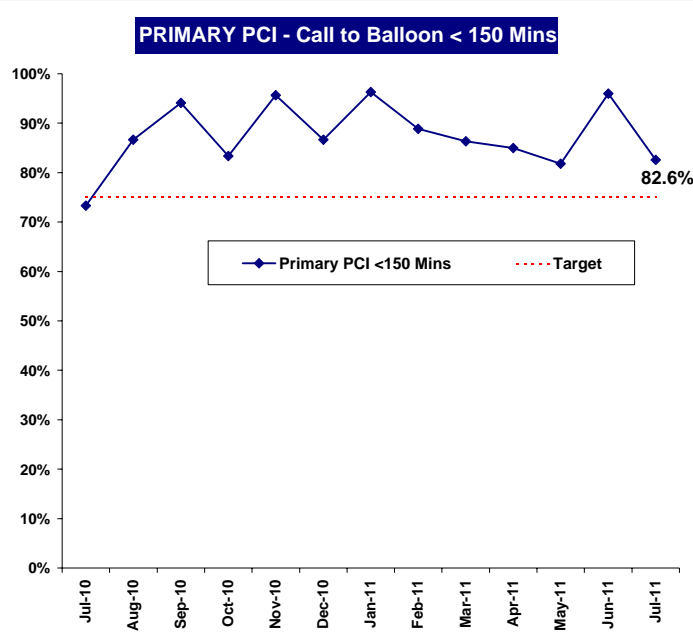
1. The percentage of eligible patients with acute myocardial infarction who receive Primary PCI within 150 minutes of calling professional help
2. The number of patients who receive thrombolysis where this is deemed to be the most effective treatment

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

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in July was 82.6% (19 out of 23 patients). Performance remains above the target of 75%.

Key Actions

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



Primary PCI <150 Mins	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target
	73.3%	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	86.1%	75.0%

SAME SEX ACCOMMODATION

Performance Overview

UHL wards and intensivist areas now offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance, which has recently been updated to factor risk mitigation in majors, ED. This guidance has been jointly agreed with our commissioners.

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

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

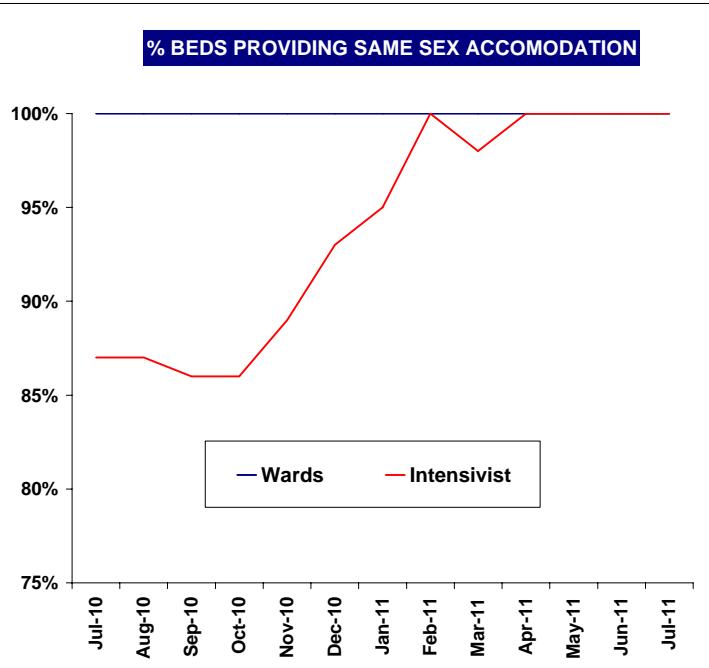
Key Actions

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

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

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

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



TARGET / STANDARD

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

CANCER TREATMENT

Performance Overview

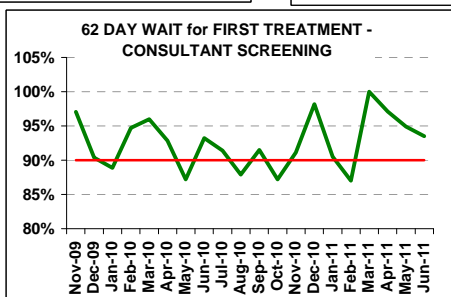
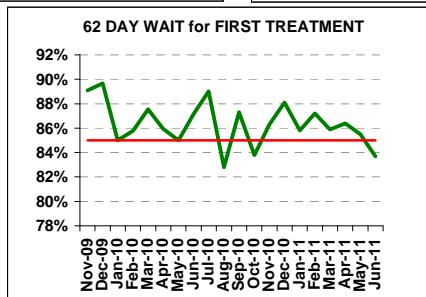
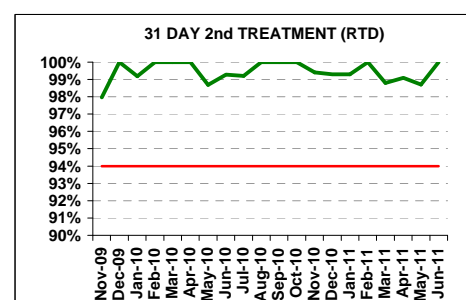
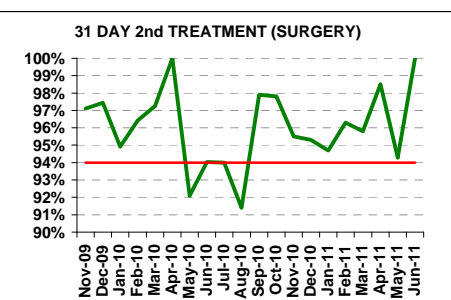
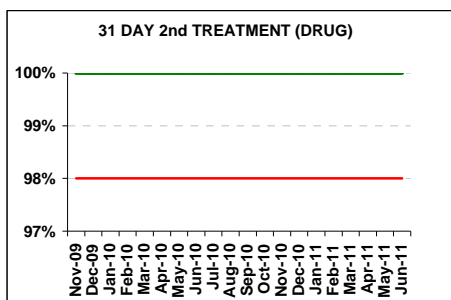
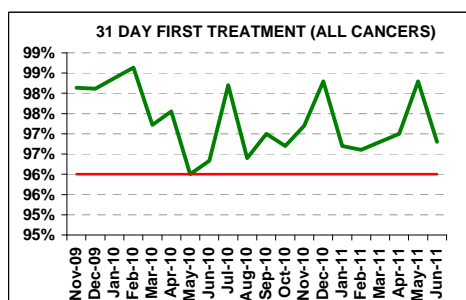
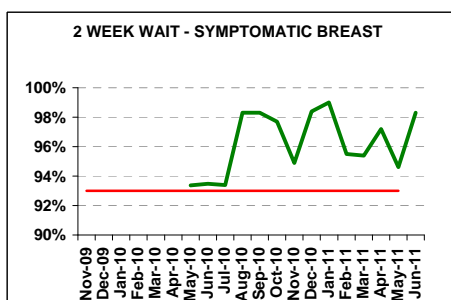
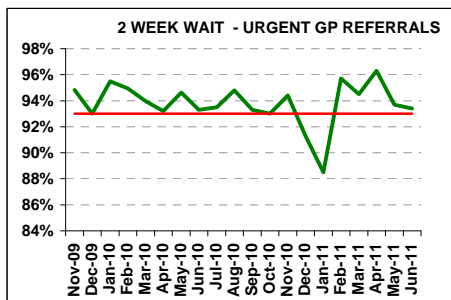
All cancer targets were achieved in Qtr 1 (one month behind in reporting) with an amber report for the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position.

Monitor has reviewed its approach to applying a governance score for breaches of the cancer targets in the 2011/12 Compliance Framework. This is to recognise that for a number of trusts the thresholds set for these targets are negated by the very small number of patients being treated. As a result Monitor will no longer apply a score of 1.0 to a trust's governance risk rating where a failure of one of the cancer targets is due to a single patient breach across a quarter.

Key Actions

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

Commitment	Threshold	2010/11	Apr-11	May-11	Jun-11	YTD
Maximum two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.0%	93.4%	96.3%	93.7%	93.4%	94.4%
Two week wait for symptomatic breast patients (Cancer not initially suspected)	93.0%	95.9%	97.2%	94.6%	98.3%	96.9%
31-day (Diagnosis To Treatment) wait for first treatment: all cancers	96.0%	97.0%	97.0%	98.3%	96.8%	97.3%
31-day wait for second or subsequent treatment: anti cancer drug treatments	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31-day wait for second or subsequent treatment: surgery	94.0%	95.2%	98.5%	94.3%	100.0%	97.3%
31-day wait for second or subsequent treatment: radiotherapy treatments	94.0%	99.5%	99.1%	98.7%	100.0%	99.2%
62-day (urgent GP referral to treatment) wait for first treatment: all cancers	85.0%	86.3%	86.4%	85.5%	83.7%	85.1%
62-day wait for first treatment from consultant screening service referral: all cancers	90.0%	91.7%	97.1%	94.9%	93.5%	95.0%
62-day wait for first treatment from consultant upgrade	100.0%	100.0%	100.0%	--	100.0%	100.0%



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

The appraisal rate has fallen for 4 consecutive months to the current rate of 85.9%. 10 of the Trusts CBU and corporate areas have a lower rate than this ranging from 64% to 85%.

Of the 533 pay cost centres 236 have 100% appraisal rates. Of the remaining, 133 have percentage of less than 80%.

The Acute Division have highlighted the worst 8 areas and are looking into the reasons for the low appraisal rates. On investigation some areas with apparent low appraisal rates, have actually undertaken the appraisals but have not sent through the information for input into ESR. Within the Trust those areas that have had additional support appraisal rates have increased. Anaesthetics have had a bespoke training session.

Sickness

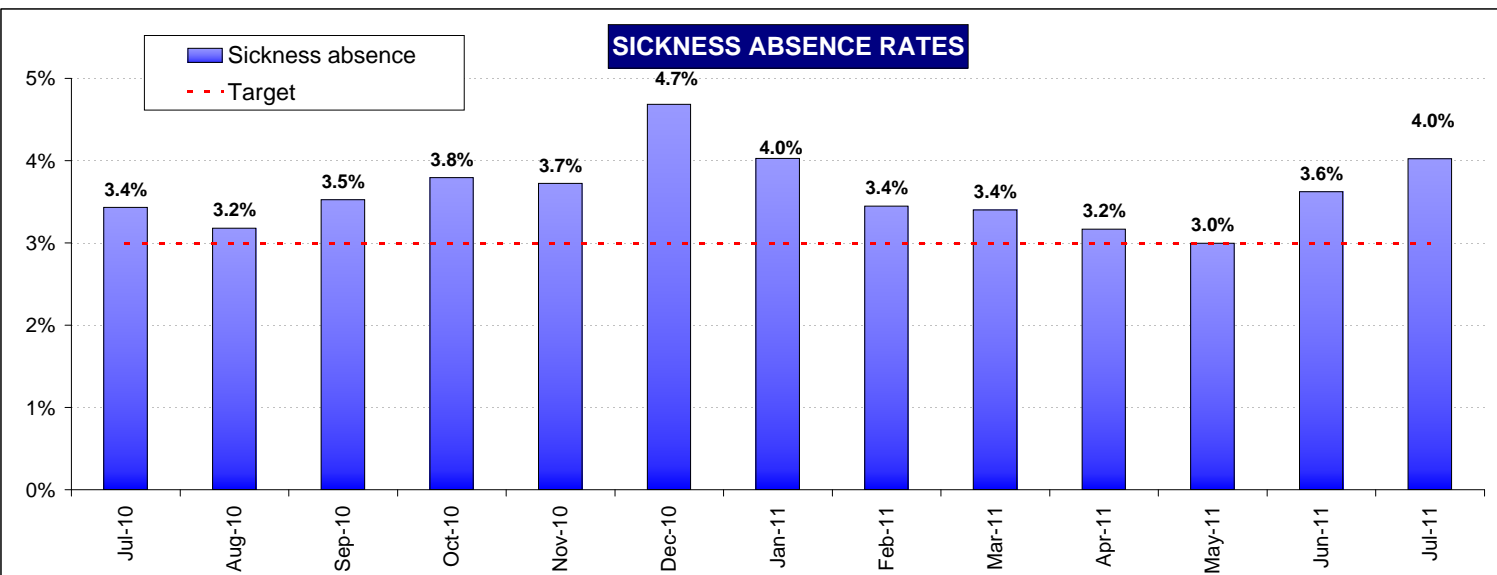
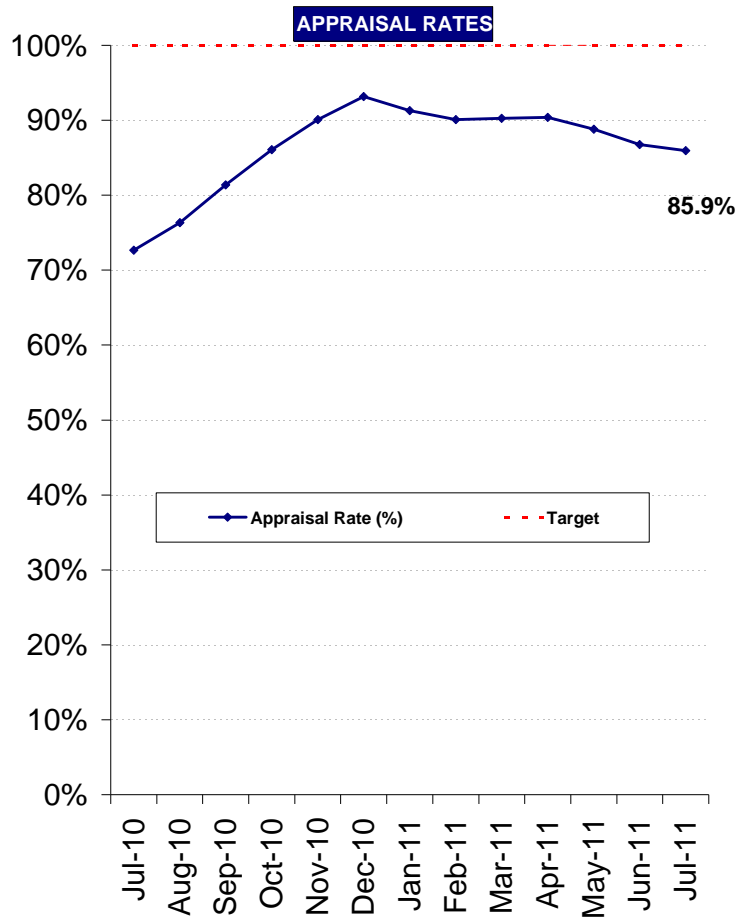
The Trust sickness rate has increased for the 3rd consecutive month from 3% in May to the current rate of 4.02 % in July.

Of the Trust 30 CBUs and corporate areas:-

- 10 are Red in RAG rating being in excess of 4%
- 9 are Amber in RAG rating being between 3% and 4%
- 11 are Green in RAG rating being less than 3%.

The sickness rate for GI Medicine / Surgery increase by 1.86% from June to July and the rate in Anaesthetics increased by 1.27% over the same period. We are aware that there have been delays in closing absence periods and further work is being done to minimise this.

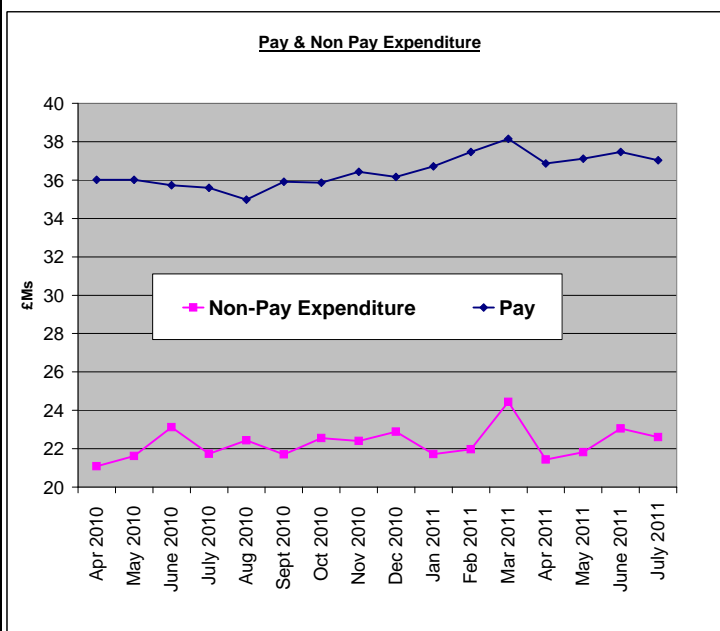
Some of the increases are due to an increase in short term absences.



	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	YTD	Target	Status
Appraisals	72.7%	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	85.9%	100%	▼

VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Cumulative income at Month 4 was £226.1million (£0.6 million or 0.3% favourable to Plan). Cumulative expenditure was £237.4 million (£12 million adverse to plan). The actual deficit of £11.3 million is an adverse variance of £11.4 million against plan.
Activity/Income	An over performance of £0.8 million, 0.4% against plan is reported on patient care income against plan. This reflects an over performance on day cases of £0.9 million, elective inpatients of £0.8 million and outpatients of £0.5 million. These over performing areas are offset by an under performance of £1 million, 1.7% of plan, on non elective / emergencies. This equates to 1,229 spells below the planned level.
BPPC	The Trust achieved an overall 30 day payment performance of 94% for value and 94% for volume for trade creditors in July 2011. The cumulative position is 93% for value and 92% for volume.
Cost Improvement Programme	At Month 4 Divisions have reported £4.9 million of savings, short of the £9.9 million target by £5 million.
Balance Sheet	The balance sheet reflects the land swap with LPT.
Cash Flow	The year to date decrease in cash of £2 million reflects the income and expenditure position. Cash continues to be actively managed, and a positive balance is forecast to year end.
Capital	The capital plan has been refreshed to reflect the agreed reductions in expenditure totalling £5 million.
Risks	The Chief Operating Officer and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus.



Financial Metrics	Weighting	July	Year to Date	
		Result	Result	Score
EBITDA achieved (% of plan)	10.0%	38.4%	26.0%	1
EBITDA margin (%)	25.0%	1.5%	1.6%	2
Return on assets (%)	20.0%	-0.4%	-1.7%	2
I&E surplus (%)	20.0%	-5.0%	-5.0%	1
Liquidity ratio (days)	25.0%	7	7	1
Overall Financial Risk Rating				1

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

VALUE FOR MONEY - INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 31 July							
	2011/12 Annual Plan £000	July			April - July 2011		
		Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Service Income							
NHS Patient Related	589,205	48,334	48,914	580	194,964	195,804	840
Non NHS Patient Care	6,638	531	520	(11)	2,059	1,709	(350)
Teaching, Research & Development	67,077	5,591	5,792	201	22,364	22,450	86
Total Service Income	662,920	54,456	55,226	770	219,387	219,963	576
Other operating Income	18,836	1,538	1,546	8	6,160	6,175	15
Total Income	681,756	55,994	56,772	778	225,547	226,138	591
Operating Expenditure							
Pay	420,427	34,875	37,024	(2,149)	140,955	148,485	(7,530)
Non Pay	212,823	18,930	18,901	29	70,971	74,072	(3,101)
Central Funds	2,095	-	-	-	-	-	-
Provision for Liabilities & Charges	348	29	18	11	116	66	50
Total Operating Expenditure	635,693	53,834	55,943	(2,109)	212,042	222,623	(10,581)
EBITDA	46,063	2,160	829	(1,331)	13,505	3,515	(9,990)
Interest Receivable	84	7	5	(2)	28	21	(7)
Interest Payable	(565)	(27)	(24)	3	(165)	(163)	2
Depreciation & Amortisation	(31,057)	(2,588)	(2,559)	29	(10,352)	(10,172)	180
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	14,525	(448)	(1,749)	(1,301)	3,016	(6,799)	(9,815)
Profit / (Loss) on Disposal of Fixed Assets	-	-	-	-	-	(4)	(4)
Dividend Payable on PDC	(13,236)	(1,103)	(1,113)	(10)	(4,412)	(4,452)	(40)
Net Surplus / (Deficit)	1,289	(1,551)	(2,862)	(1,311)	1,396	(11,255)	(9,859)
EBITDA MARGIN	6.76%		1.46%		-	1.55%	
Impairment		-	-	-	-	-	-
Total	1,289	(1,551)	(2,862)	(1,311)	(1,396)	(11,255)	(9,859)
Plan Phasing Adjustment		1,559	-	(1,559)	1,559	-	(1,559)
Net Surplus / (Deficit) after impairment	1,289	8	(2,862)	(2,870)	163	(11,255)	(11,418)

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 31 July 2011

	Income				Expenditure								Total Year to Date			
	Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Pay				Non Pay				Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
					Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance (Adv) / Fav £ 000				
Acute Care	261,061	85,742	86,779	1,037	132,232	44,554	49,738	(5,184)	76,504	25,604	26,233	(629)	52,325	15,584	10,808	(4,776)
Clinical Support	27,238	9,037	8,954	(84)	108,026	36,137	36,746	(609)	14,922	5,013	5,941	(928)	(95,710)	(32,113)	(33,733)	(1,621)
Planned Care	194,015	63,520	64,228	707	78,019	26,864	28,069	(1,205)	43,000	14,237	14,797	(560)	72,996	22,419	21,362	(1,058)
Women's and Children's	116,642	38,020	37,233	(786)	62,523	20,319	20,708	(389)	16,615	5,745	6,292	(547)	37,504	11,956	10,233	(1,722)
Corporate Directorates	11,722	3,782	3,910	128	39,627	13,081	12,976	105	61,569	20,280	20,622	(342)	(89,474)	(29,579)	(29,688)	(109)
Sub-Total Divisions	610,678	200,101	201,104	1,002	420,427	140,955	148,237	(7,282)	212,610	70,879	73,885	(3,006)	(22,359)	(11,733)	(21,018)	(9,286)
Central Income	71,078	25,446	25,034	(412)	0	0	0	0	0	0	0	0	71,078	25,446	25,034	(412)
Central Expenditure	0	0	0	0	0	0	248	(248)	47,430	13,550	15,023	(1,473)	(47,430)	(13,550)	(15,271)	(1,721)
Grand Total	681,756	225,547	226,138	591	420,427	140,955	148,485	(7,530)	260,040	84,429	88,908	(4,479)	1,289	163	(11,255)	(11,418)

VALUE FOR MONEY - COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at July 2011

Division	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000	YTD Achieved £000	RISK RATING OF FORECAST CIPS			Forecast £000
										HIGH	MEDIUM	LOW	
Acute Care	13,383	8,858	(4,525)	4,200	1,555	37.0%	8,763	96	1,555	2,599	2,311	2,393	8,858
Clinical Support	6,218	5,300	(918)	1,778	1,114	62.7%	4,488	812	1,114	763	1,291	2,132	5,300
Planned Care	8,685	5,285	(3,400)	2,065	1,227	59.5%	4,898	387	1,227	1,853	728	1,476	5,285
Women's and Children's	2,916	1,754	(1,162)	514	170	33.0%	1,718	36	170	316	816	453	1,754
Clinical Divisions	31,202	21,198	(10,004)	8,557	4,066	47.5%	19,866	1,331	4,066	5,531	5,146	6,454	21,198
Corporate	3,571	3,570	(1)	922	787	85.4%	2,654	916	787	668	530	1,585	3,570
Central	3,471	1,500	(1,971)	386	0		1,500	0	0	0	1,500	0	1,500
Total	38,244	26,268	(11,976)	9,864	4,854	49.2%	24,020	2,248	4,854	6,200	7,176	8,039	26,268

Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Income	3,763	4,264	501	997	813	81.5%	4,006	258
Non Pay	11,555	8,545	(3,010)	3,127	1,677	53.6%	7,547	997
Pay	22,927	13,460	(9,467)	5,740	2,365	41.2%	12,467	993
Total	38,244	26,268	(11,976)	9,864	4,854	49.2%	24,020	2,248

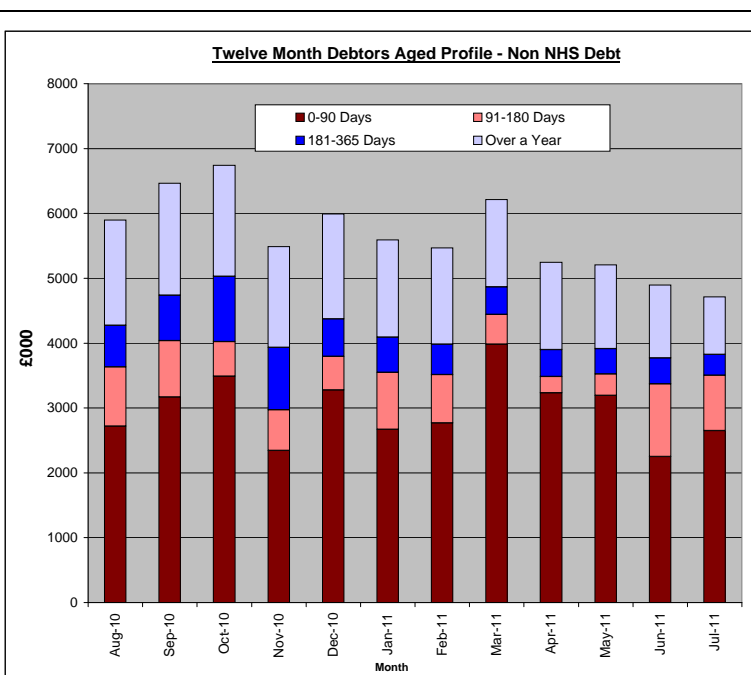
Commentary

There is a year to date under performance on delivery of cost improvement of £5 million and a year end forecast under performance of £12 million (reflecting shortfalls in all Clinical Divisions totalling £10 million and the unidentified value of £2 million).

This position is unacceptable and the Divisions are developing contingency measures with the Chief Operating Officer / Chief Nurse and Director of Finance and Procurement. These contingency measures will also include the financial recovery plans presented to the Finance & Performance Committee in July.

VALUE FOR MONEY - BALANCE SHEET

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



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	2,130	(665)	123	15	1,603
Non NHS sales ledger by division:					
Corporate Division	423	126	144	215	908
Planned Care Division	399	118	45	197	759
Clinical Support Division	265	37	32	23	357
Women's and Children's Division	180	15	34	111	340
Acute Care Division	1,381	560	65	344	2,350
Total Non-NHS sales ledger	2,648	856	320	890	4,714
Total Sales Ledger	4,778	191	443	905	6,317
Other Debtors					
WIP					3,948
SLA Phasing & Performance					10,150
Bad debt provision					(1,760)
VAT - net					928
Other receivables and assets					3,492
TOTAL					23,075

Accounts receivable metrics:					
Invoice cycle time	July - 11 Days		June - 11 Days		Non-NHS days sales outstanding (DSO)
	July - 11 Days	June - 11 Days	July - 11 YTD Days	June - 11 YTD Days	
Req date to invoice raised	19.7	10.8	DSO (all debt)	88.7	80
Service to invoice raised	39.3	30.0	DSO (In year debt)	28.8	43.6

Commentary

The balance sheet reflects the transfer of assets between the Trust and LPT.

VALUE FOR MONEY - CASH FLOW

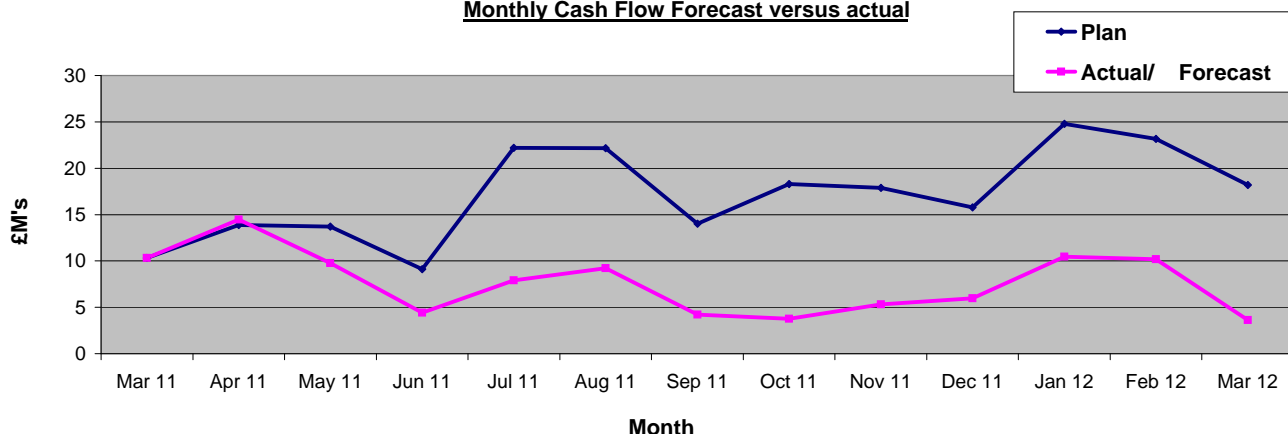
CASH FLOW for the PERIOD ENDED 31 JULY 2011

Commentary

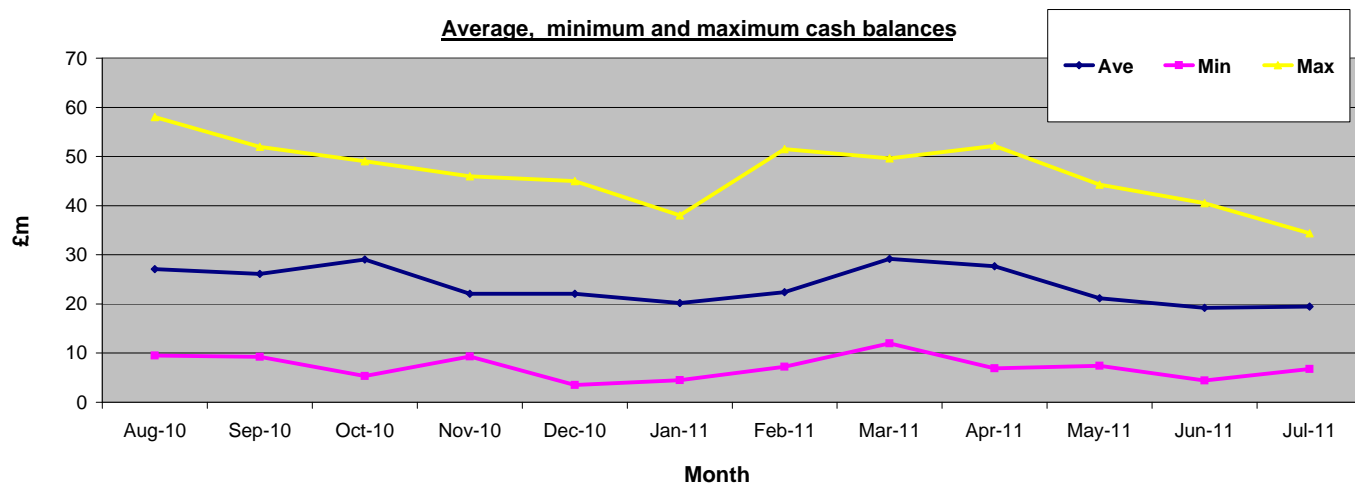
Despite the unacceptable income and expenditure position, actions continue to be taken to actively manage cash, and a positive balance is forecast to the end of the year.

	2011/12 April - July 2011 Actual £ 000
CASH FLOWS FROM OPERATING ACTIVITIES	
Operating surplus before Depreciation and Amortisation	3,515
Impairments and reversals	-
Movements in Working Capital:	
- Inventories (Inc)/Dec	(652)
- Trade and Other Receivables (Inc)/Dec	(353)
- Trade and Other Payables Inc/(Dec)	427
- Provisions Inc/(Dec)	-
PDC Dividends paid	-
Interest paid	(46)
Other non-cash movements	-
Net Cash Inflow / (Outflow) from Operating Activities	2,891
CASH FLOWS FROM INVESTING ACTIVITIES	
Interest Received	22
Payments for Property, Plant and Equipment	(4,923)
Net Cash Inflow / (Outflow) from Investing Activities	(4,901)
Increase / (Decrease) in Cash	(2,010)

Monthly Cash Flow Forecast versus actual



Average, minimum and maximum cash balances



VALUE FOR MONEY - CAPITAL BUDGET

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

	Initial Budget £000's	Changes £000's	Revised Plan £000's	Actual Apr-Jun 11/12 £000's	July 11/12 £000's	YTD Spend 11/12 £000's	Plan										Planned Variance £000's
							August	Sept	Oct	Nov	Dec	Jan	Feb	March	Out Turn		
							£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
FUNDING																	
Depreciation as per CCE	27,194	-	27,194	6,896	2,284	9,180	2,240	2,188	2,280	2,279	2,279	2,335	2,209	2,225	27,215	(21)	
Transformational Capital	1,289	-	1,289	-	-	-	-	-	-	1,289	-	-	-	-	1,289	-	
Land Swap Disposals	19,800	-	19,800	-	19,779	19,779	-	-	-	-	-	-	-	-	19,779	21	
Donations	800	-	800	79	0	79	141	80	80	80	80	80	80	100	800	(0)	
Less cash for liquidity	(4,789)	(5,000)	(9,789)	(1,176)	(394)	(1,570)	(1,027)	(1,027)	(1,027)	(1,027)	(1,027)	(1,028)	(1,028)	(1,028)	(9,789)	-	
Total Funding	44,294	(5,000)	39,294	5,799	21,669	27,468	1,354	1,241	1,333	1,332	2,621	1,387	1,261	1,297	39,294	(0)	
EXPENDITURE																	
Backlog Maintenance																	
IM&T	2,500	-	2,500	263	93	357	100	100	200	250	150	420	423	500	2,500	0	
Medical Equipment	4,522	-	4,522	753	588	1,341	1,309	791	80	79	51	-	-	871	4,522	(0)	
LRI Estates	2,500	(450)	2,050	300	86	386	100	100	150	100	250	250	564	2,050	(0)		
LGH Estates	1,800	(150)	1,650	63	71	134	40	237	284	298	299	185	115	58	1,650	(0)	
GGH Estates	1,700	(400)	1,300	2	66	68	66	80	138	213	85	200	200	250	1,300	0	
Total Backlog Maintenance	13,022	(1,000)	12,022	1,382	904	2,286	1,615	1,308	852	990	685	1,055	988	2,243	12,022	0	
Essential Developments																	
Carbon Management	1,000	(800)	200	-	-	-	-	-	-	-	100	100	-	200	-		
Diabetes R&D Funding	550	-	550	30	(1)	29	100	100	100	100	121	-	-	550	-		
GGH CDU Phase II	900	-	900	4	0	4	20	50	150	150	150	150	76	900	-		
LRI Disabled Car Park	190	(190)	-	-	-	-	-	-	-	-	-	-	-	-	-		
Gwendolen House / PPD	650	(300)	350	-	-	-	-	-	200	-	-	-	70	350	-		
MES Installation Costs	900	(400)	500	8	6	14	20	20	20	20	20	50	150	186	500	-	
Congenital Heart Surgery	800	-	800	13	14	27	10	10	10	140	130	140	140	193	800	-	
MacMillan Oncology Centre	300	-	300	25	(25)	-	40	40	40	40	40	40	20	300	-		
ED Interim Improvements	1,500	(400)	1,100	8	3	11	20	20	20	20	20	300	389	1,100	-		
LGH Theatre & Ward Refurbs	2,050	-	2,050	20	54	75	200	250	250	250	250	260	265	2,050	-		
Cancer Trials Unit, LRI	100	-	100	-	-	-	50	50	-	-	-	-	-	100	-		
Decontamination	300	814	1,114	868	9	877	123	114	-	-	-	-	-	1,114	-		
Contingency	1,600	(1,600)	-	-	-	-	-	-	-	-	-	-	-	-	-		
Land Swap	19,801	-	19,801	3	19,781	19,784	-	-	-	-	-	-	-	19,784	17		
Other IM&T	131	-	131	79	33	111	20	-	-	-	-	-	-	131	-		
Residual on 10/11 Schemes	-	209	209	71	99	171	28	10	-	-	-	-	-	209	-		
Ward 8 Fire	-	-	-	15	(8)	7	-	-	-	-	-	-	(7)	-	-		
Capital CIP	-	(1,333)	(1,333)	-	-	-	(400)	-	-	-	-	-	(500)	(416)	(1,316)	(17)	
Donations	500	-	500	79	-	79	101	40	40	40	40	40	40	80	500	0	
Total Essential Development	31,272	(4,000)	27,272	1,224	19,965	21,189	332	704	830	760	771	980	655	851	27,072	(0)	
Total Capital Programme	44,294	(5,000)	39,294	2,606	20,869	23,475	1,947	2,012	1,682	1,750	1,456	2,135	1,743	3,094	39,294	0	
Original Plan				24,053	1,244	25,297	1,930	1,830	2,270	2,240	994	2,774	2,774	4,185	44,294	-	
Variance Under / (Over)				21,447	(19,625)	1,822	(17)	(182)	588	490	(462)	639	1,031	1,091	5,000	(0)	

YTD Expenditure Excluding the Land Swap

3,691

Commentary

The capital plan has been refreshed to reflect the agreed reductions in expenditure totalling £5 million.

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT SAFETY

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

CLINICAL EFFECTIVENESS

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

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT EXPERIENCE

Thresholds

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

STAFF EXPERIENCE / WORKFORCE

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

VALUE FOR MONEY

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

