

To;	Trust Board
From:	Suzanne Hinchliffe
Date:	2 June 2011
CQC regulation	All
Title:	Quality & Performance Report – Month 1
Author/Responsible Director: S.Hinchliffe, Chief Operating Officer/Chief Nurse	
Purpose of the Report: To provide members with an overview of UHL performance against national, regional and local indicators for the month of April 2011.	
The Report is provided to the Board for:	
Decision	
Discussion	√
Assurance	√
Endorsement	
Summary / Key Points:	
<u>Corporate challenges:</u>	
<ul style="list-style-type: none"> ❖ ED performance for April type 1 and 2 is 91.5% (90.4% in March). ❖ MRSA – Two cases of MRSA were reported for the month of April against a 2011/2012 year end trajectory of 9. ❖ CDifficile – a positive start to the year with 9 cases reported for month 1. ❖ RTT - In April 91.7% was achieved for admitted patients (target of 90%) and 97.4% (target of 95%) for non-admitted patients. Further to the DoH revised performance measures reducing admitted 95th percentile waiting time threshold from 27.7 weeks to 23 weeks, work has actively commenced to increase activity over the next 10 weeks by a further 650 cases to create both delivery and headroom during quarter 2 and beyond. 	
<u>Performance Position:</u>	
<ul style="list-style-type: none"> ❖ Same Sex Accommodation - with a national target of 100%, this has been achieved for both UHL base wards and intensivists areas. ❖ Performance for April for Primary PCI is 90% against a target of 75%. ❖ Confirmation has been received that Q4 cancer targets have been achieved (one month behind in reporting). ❖ Theatre Utilisation - Inpatient utilisation was 81.6% (72.8% April 2010) and day surgery utilisation was 90.8% (68.7% April 2010) ❖ A reduction of 46 patient falls are recorded for month 1 corresponding with a positive improvement in nursing metrics performance relating to falls assessment to 94% (85% in March). ❖ A reduction in pressure ulcers has been seen for month 1 corresponding with a positive improvement in nursing metric performance relating to pressure ulcer assessment to 96% (91% in March). ❖ The sickness rate for April is 3.6% and the appraisal rate for April is 90.4%. 	
Recommendations: Members to note and receive the report	
Previously considered at another corporate UHL Committee ? Yes – iterations seen at Finance and Performance Committee 25 May 2011, GRMC 26 May 2011, QPMG 1 June 2011	
Strategic Risk Register	Performance KPIs year to date ALE/CQC
Resource Implications (eg Financial, HR) N/A	
Assurance Implications N/A	
Patient and Public Involvement (PPI) Implications N/A	

Paper J

Equality Impact N/A
Information exempt from Disclosure N/A
Requirement for further review? Monthly review

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 2ND JUNE 2011

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

SUBJECT: MONTH ONE UHL PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following paper provides an overview of the Quality & Performance month 1 report highlighting performance where indicators may be subject to further development or reporting. Additionally, a summary of indicators may also be seen that are presented at other forums for discussion/action.

2.0 April 2011 Operational Performance

2.1 Month 1 Corporate Performance Indicators

The following table presents a summary position of the wider corporate indicators of which further detail by CBU may be found in the Heatmap report which is currently under review with revised performance measures for 2011/2012 being introduced. Of particular note, although improved in April, is the focus on out-patient cancellations where a more challenging trajectory is to be introduced, and, operations cancelled on/after day of admission where performance has been slow to improve. Both indicators are subject to trust transformational projects.

Performance Indicator	Target	Performance
MRSA Elective Screening	100%	100%
MRSA Non-elective Screening	100%	100%
Stroke % stay on stroke ward	80%	72% (March)
Stroke TIA	60%	68%
Primary PCI	75%	90%
Rapid Access Chest Pain	98%	99.5%
48hr GUM access	99%	100%
Out Patient DNA	9%	9.2%
Out Patient Cancellations (UHL)	13%	11.4%
Out Patient Cancellations (Patient)	11%	9.6%
Day Case Basket	75%	77.7%
Theatre utilisation - Inpatient	86%	81.6%
Theatre utilisation – Day Case	86%	90.8%
Operations cancelled on/after day of admission	0.8%	1.3%

2.2 Infection Prevention

- ❖ MRSA – Two cases of MRSA were reported for the month of April against a 2011/2012 year end trajectory of 9. Further discussions have been held in relation to compliance findings which are being progressed via a suite of actions including

individual letters to clinicians highlighting expectations and the seriousness of non-compliance to trust policy and training.

- ❖ CDifficile – a positive start to the year with 9 cases reported for month 1. The SHA have confirmed the 2011/12 trajectory of 165 will not be changed as proposed by the Trust (to 180).

2.3 RTT

In April 91.7% was achieved for admitted patients (target of 90%) and 97.4% (target of 95%) for non-admitted patients.

Further to the DoH revised performance measures reducing admitted 95th percentile waiting time threshold from 27.7 weeks to 23 weeks, work has actively commenced to increase activity over the next 10 weeks by a further 650 cases to create both delivery and headroom during quarter 2 and beyond. Monitoring of this activity will take place weekly and will be reported to the technical performance meeting. During this period, it is expected that performance of the RTT will be affected on a monthly basis to achieve the revised performance measures going forward.

2.4 ED

Performance for April type 1 and 2 is 91.5% (90.4% in March) and remains of acute concern despite a very slow but improving performance. Furthermore, there is also evidence of a slow but improving performance in overall waiting times reducing to near November 2010 levels. Both of the above indicators do not include the UCC data, where confirmation has been given from the Department of Health that with effect from Q1, subject to George Elliott agreement, this data can also be attributed to UHL. In performance terms, this would increase the performance by circa 1.5% - 2%.

2.5 Cancer Targets

Confirmation has been received that Q4 cancer targets have been achieved (one month behind in reporting).

2.6 Same Sex Accommodation (SSA)

With a national target of 100%, this has been achieved for both UHL Base Wards and Intensivist areas.

2.7 Patient Experience

The "Patient Experience Survey" has been running continuously now for 10 months. Overall the number of survey returns has increased by 500 during April. The Acute Division have made the biggest improvement returning an increase of 289 forms. Divisions continue to emphasise the importance of gathering surveys in each CBU, this will be supported by the Patient Experience Team.

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

- ❖ Respect and Dignity scores have all turned green with Women's and Children maintaining amber.

- ❖ Acute have improved their overall score by 2.9 points
- ❖ The overall UHL score is the highest so far, thought to be a reflection of the increased activity around privacy and dignity and the impact of the hourly nursing rounds.
- ❖ The overall care results show a general improvement across all Divisions, again with the Acute Division showing the biggest improvement with a leap of 8.6 points.
- ❖ Cardiac, Renal, Critical Care and Musculo-skeletal have all improved their overall scores from amber to green
- ❖ The overall UHL score has improved by 4.6 points.

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)

2.8 Efficiency Programme Support

Further to a disappointing response to two rounds of adverts for the efficiency programme Senior Responsible Officers (SRO's) to manage the trust cross cutting transformational schemes, these roles have been subject to a further recruitment process resulting in 5 of the 6 vacancies being filled. Overseeing the projects is the Head of Transformation Programmes which will be filled by Debra Mitchell, currently Divisional Manager for Planned Care, on a one year secondment who will commence in post on 1st June 2011. Her successor, Nigel Kee will also commence in Planned Care on the 1st June 2011.

2.9 Falls

A reduction of 46 patient falls are recorded for month 1 corresponding with a positive improvement in nursing metrics performance relating to falls assessment to 94% (85% in March). A 2011/2012 internal target to reduce falls by 5% on 2010/2011 out-turn has been set.

2.10 Pressure Ulcers

A reduction in pressure ulcers has been seen for month 1 corresponding with a positive improvement in nursing metric performance relating to pressure ulcer assessment to 96% (91% in March). A 2011/2012 internal target to reduce pressure ulcers by 20% in the highest reporting specialities has been set.

2.11 TIA & Stroke Performance

April TIA performance has achieved for the last 4 consecutive months and is 68% against a target of 60%.

The percentage of stroke patients who spent 90% of their stay on a dedicated stroke ward has improved in March (one month behind in reporting) to 72% against a target of 80%. Performance for Qtr 4 has been poor due to a number of factors including swine flu, winter bed pressures, rebeds and an increase in outliers and delayed discharges. Improvements are expected in Qtr 1 2011/12.

2.12 Length of Stay

The attached Appendix A provides an overview of current length of stay performance by division.

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 2010/11. Following discussion at the Clinical Effectiveness Committee meeting earlier this month, the aim for UHL's mortality rate is to be in the top 25% of trusts.

CHKS have been asked to confirm the 'peer' RAMI of those 25% of trusts, once they have rebased their 2010/11 data, in order that UHL can use this as a threshold.

3.2 Discharge Letters

The bi-annual full audit of March's discharge letters has now been completed with the exception of two specialities (Cardiac and Urology). Whilst there has been an improvement in most of the discharge letter standards, performance is still below the threshold for 'information given to patients' (Amber) and 'medication changes' (Red).

There has been a small delay with the implementation of the ICE discharge letter following difficulties experienced in the formatting of the template during piloting.

Full implementation is due to commence in June with the expectation that all wards will be using the ICE system by August ahead of the new intake of Junior Doctors.

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 April 11 for 'fractured neck of femur patients taken to theatre within 36 hours of attendance' was 67%. 59 patients were admitted and 12 were not taken to theatre within 12 hours, 4 due to patients being unfit for surgery. However, significant delays were experienced due to lack of theatre time over the bank holiday period.

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 is one of the two National CQUINs for 2011/12 with a monthly threshold of 90%.

Currently performance with VTE risk assessment is monitored by both the nursing metrics and Patient Centre reports.

Performance for April 11 remains below the 90% threshold (80.3% on Patient Centre and 80% via Nursing Metrics).

A report is due to be submitted to the Commissioners advising of the work in progress to implement the electronic VTE risk assessment on iCM (due to commence end of May) and to request deferment of CQUIN penalties (£60,000 per month) until the end of Quarter 1, as supported by the SHA.

3.5 Readmissions

Clarity has been sought from the National Payment by Results team to understand whether patients discharge prior to April but then readmitted during April would be subject to the new penalties.

They team have confirmed that “The policy applies to all readmitted patients discharged from 1 April 2011, regardless of when the initial admission occurred”

3.6 Patient Safety

This month’s heat map tracks some improvement on safety indicators. The incidence of in-hospital falls continues to show a downward trend, there has been a reduction in the number of complaints which highlight discharge safety issues, and the report shows fifteen consecutive months without a Never Event. Staff incident-reporting concerns regarding staffing levels remains very low despite the recent capacity pressures, and although still flagging red, the average daily outlying rate has halved on the previous month.

The two principle areas of concern remain (i) SUIs relating to deteriorating patients and (ii) complaints relating to attitude of staff. These two issues continue to be addressed at corporate, divisional and CBU level and are central to the safety and experience work for 2011/12.

3.7 Staff Safety

Only 1 RIDDOR reported in April, the lowest number reported for over a year.

4.0 **Human Resources – Kate Bradley**

4.1 Appraisals

Appraisal rates peaked at just over 90% after 6 months of growth up to December. Since then the rates have remained relatively static - 10% below target.

4.2 Sickness

The current level of sickness at the date of reporting is 3.6% although the figure may actually reduce as earlier reporting appears to be adding about 0.4 % to the rate.

5.0 April 2011 Financial Performance – Andrew Seddon

5.1 Financial Position

The Trust is reporting an actual deficit of £2.2 million, a £2.3 million adverse variance from the planned £0.1 million surplus which is a most disappointing start to the year. Table 1 outlines the current position.

Table 1 – I&E Summary

	April '11			
	Actual £m	Plan £m	Variance	
			£m	%
Income	56.8	57.3	-0.5	-0.9
Operating Expenditure				
Pay	36.9	35.4	-1.5	-4.2
Non Pay	18.4	18.0	-0.3	-1.7
EBITDA	1.5	3.8	-2.3	-60.5
Depreciation	-2.5	-2.6	0.1	3.8
Net Interest payable	0.0	0.0	0.0	0.0
PDC dividend payable	-1.1	-1.1	0.0	0.0
Net Surplus / (Deficit)	-2.2	0.1	-2.3	

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

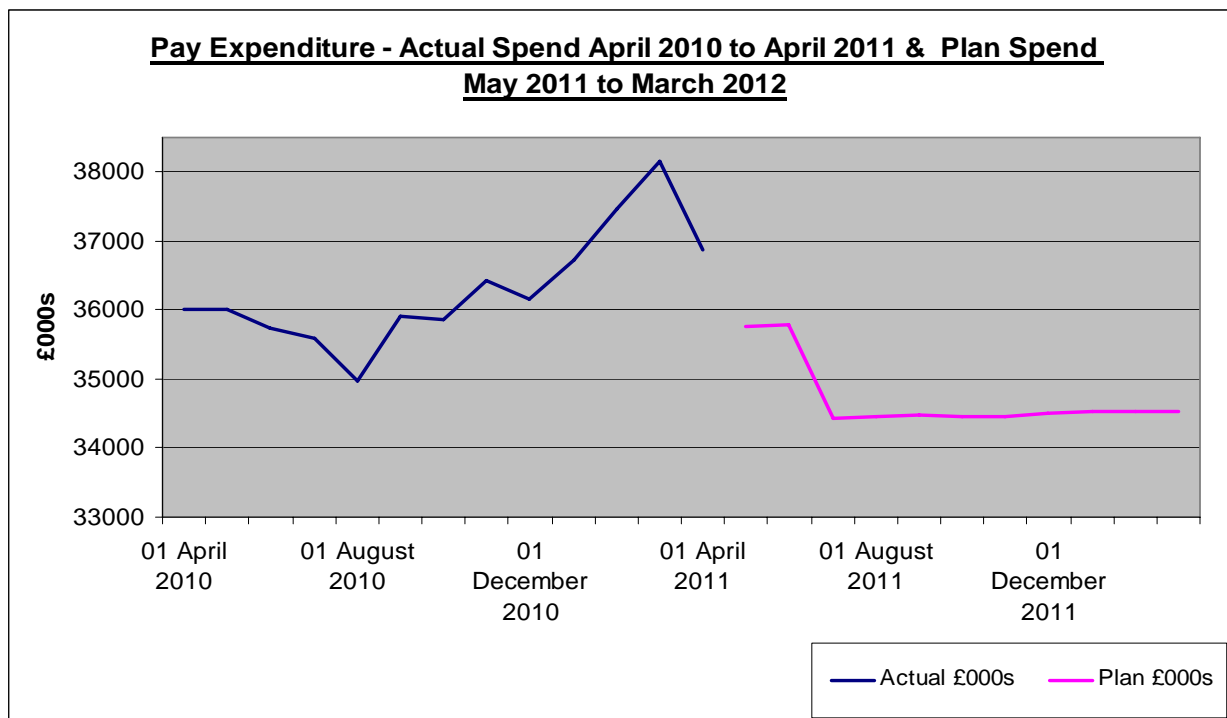
Income

Income is £0.5 million below plan. This reflects a shortfall on NHS patient care income of £0.2 million, and other income of £0.3 million. Analysis of the adverse variance is under way but this appears to be a combination of £0.5m fav on price offset by £0.7m adv on volume – with virtually all this shortfall coming in emergency / non-elective IP activity. The Trust is 819 procedures adverse to Plan (8%) in month.

Expenditure

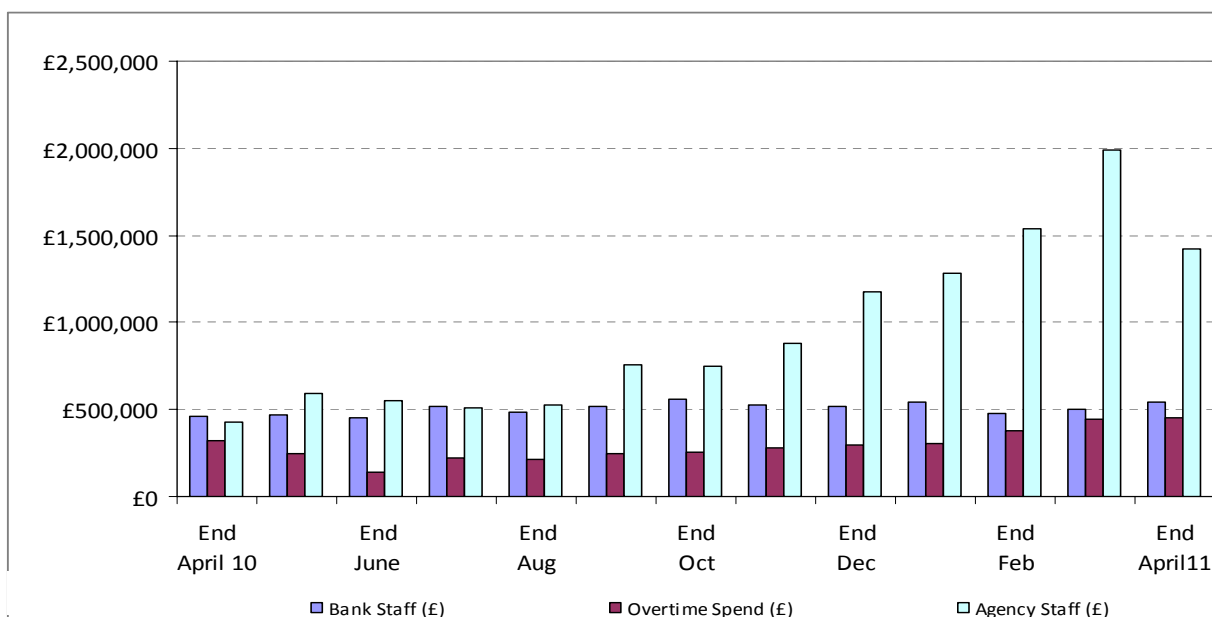
Expenditure is £1.7 million over plan. This reflects a shortfall on the cost improvement programme of £0.9 million and the continued use of significant premium agency staff (£1.4 million of expenditure in month 1). Chart 1 clearly shows that the level of pay expenditure is well above the planned level for the year.

Chart 1



The immediate focus for Divisions is to reduce the level of temporary pay expenditure, particularly premium payments. Agency costs are particularly high against this time last year – costs of £0.8m in the Acute division alone are almost 4 times higher than April 2010. It should be noted that total heads, (worked WTE), including bank and agency at 10,445, shows a reduction of only just over 100 from last year – the growth in temporary staffing has nullified the savings from the reduction in employed (contracted) staff over the same period from 10,376 to 10,146. The impact can be seen best graphically in Chart 2 below:

Chart 2



The position has been discussed by the Executive Team on 17 May and with the Divisions at the Confirm and Challenge meetings on 18 May. A fuller description of the issues, the recovery plan and any consequential impact on the full year plan will be ready for discussion with F&P members on 25 May.

5.3 Working Capital

The Trust's cash position improved in month by £4.2 million. This reflects early slippage on the capital programme, and an increase in creditors.

Paper J appendix A – Average Length of Stay Performance

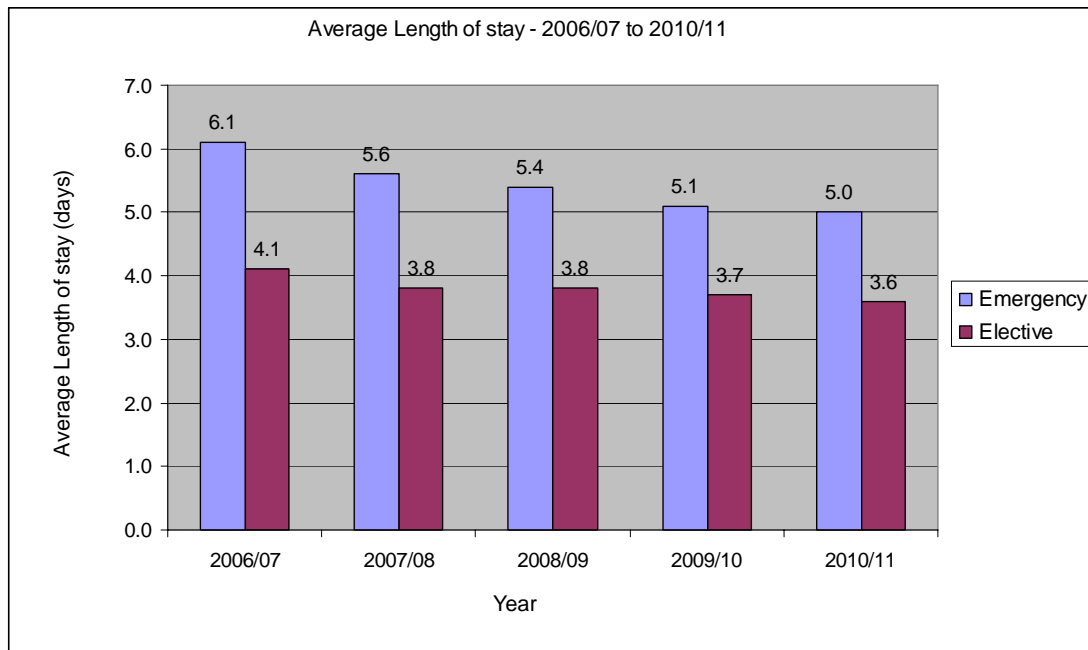
1. Introduction

Average length of stay for the Trust over the past 5 years is reported in the following graphs. The performance is split between Elective inpatients and Emergency activity for the Trust and at Division and CBU level and also includes UHL benchmarked against other Trusts in England.

2. Trust Performance

- 2.1. Over the past 5 years elective length of stay has reduced from 4.1 days down to 3.6 days, a reduction of 0.5 days. During the same timescales emergency length of stay has reduced from 6.1 days down to 5.0 days, a reduction of 1.1 days

Table 1 – average length of stay 2006/07 to 2010/11



- 2.2. Translating the length of stay reductions into potential beds saved during the 5 year period, equates to approximately 1 elective 30 bedded wards and 9 non-elective 30 bedded wards.

- 2.3. The following graphs show the monthly trends over the 5 year period for Elective and Emergency spells.

Table 2 – Monthly trend for Elective Length of stay

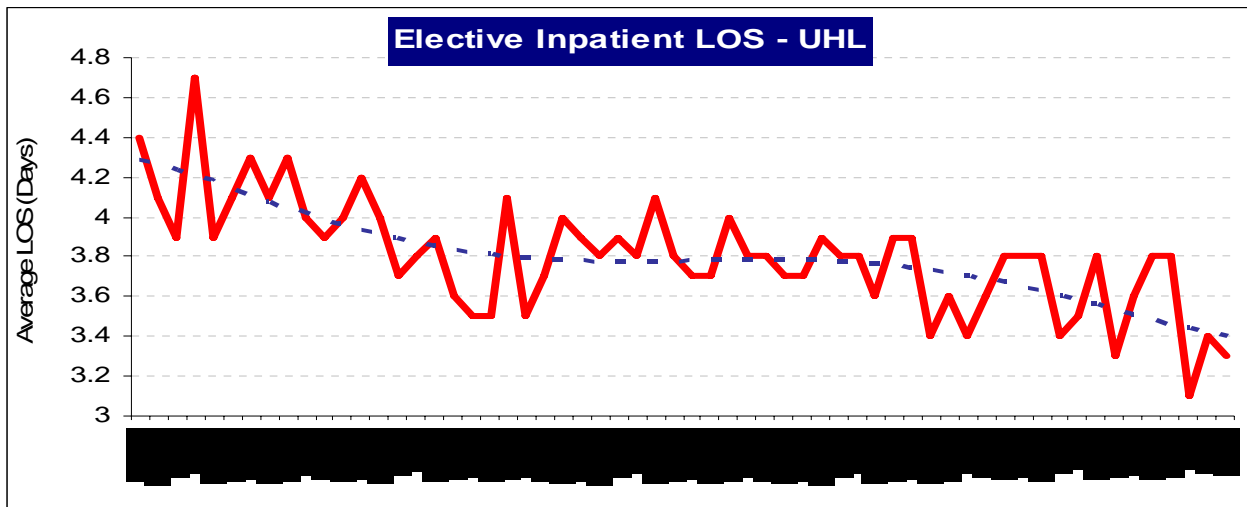
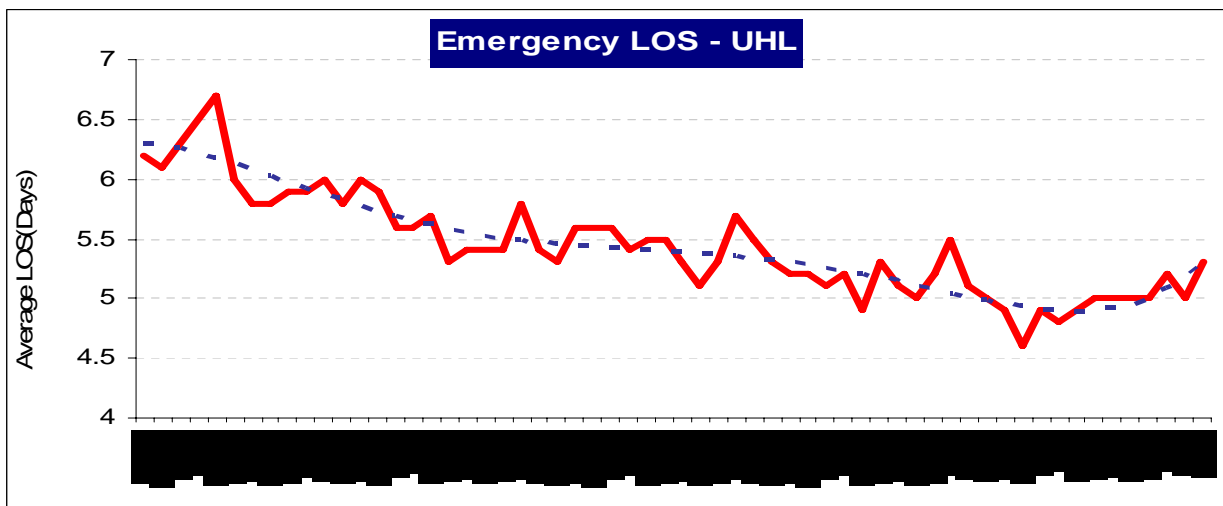


Table 3 – Monthly trend for Elective Length of stay



Emergency length of stay monthly trend has recently begun to increase which is possibly due to a number of factors including swine flu, winter bed pressures, rebeds and an increase in outliers and delayed discharges.

2.4. UHL's performance has been benchmarked against a number of peers:

- ❖ BCBV peers are Sheffield, Nottingham, Leeds, Newcastle and Birmingham
- ❖ Non London Acute Teaching Hospitals
- ❖ All Hospitals

using CHKS and Better Care Better Value (BCBV) information. UHL is consistently lower than each of the peer groups

Table 4 Elective LOS Jan 2010 to March 2011

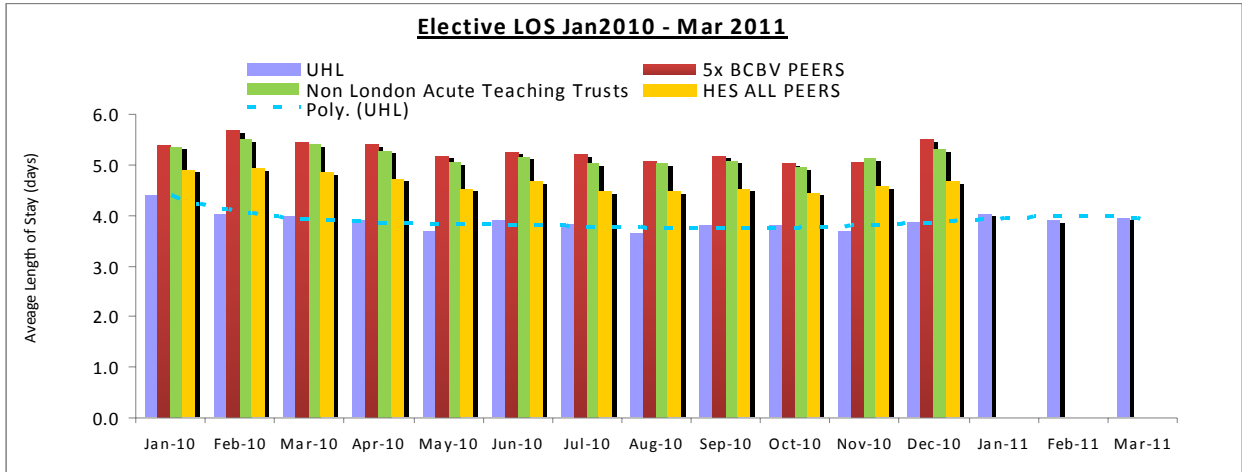
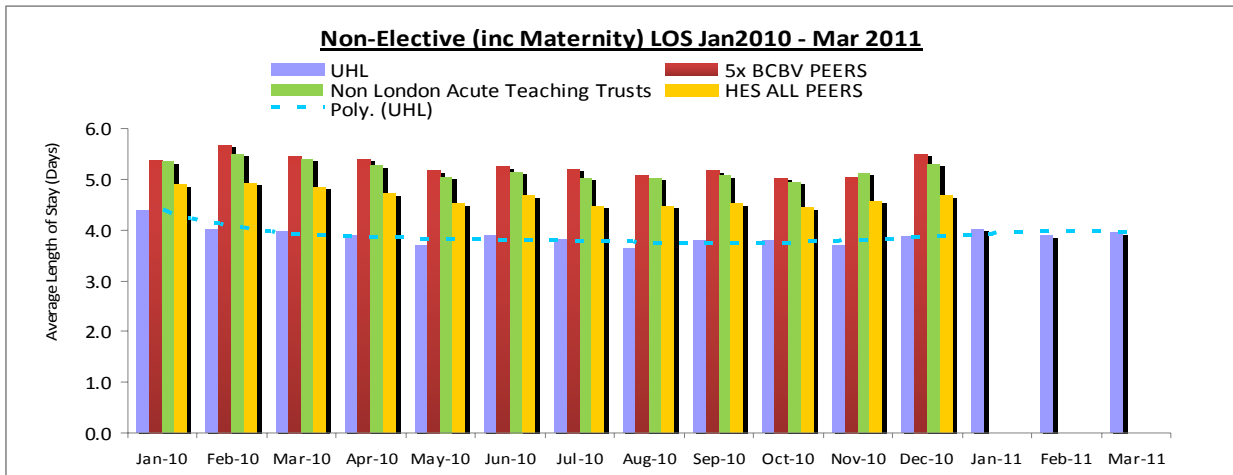


Table 5 Non-Elective (inc Maternity) LOS Jan 2010 to March 2011



The most current benchmarking information available to UHL is December 2010.

2.5. Performance by Division and Clinical Business Unit is shown below.

Table 6 – Acute Division

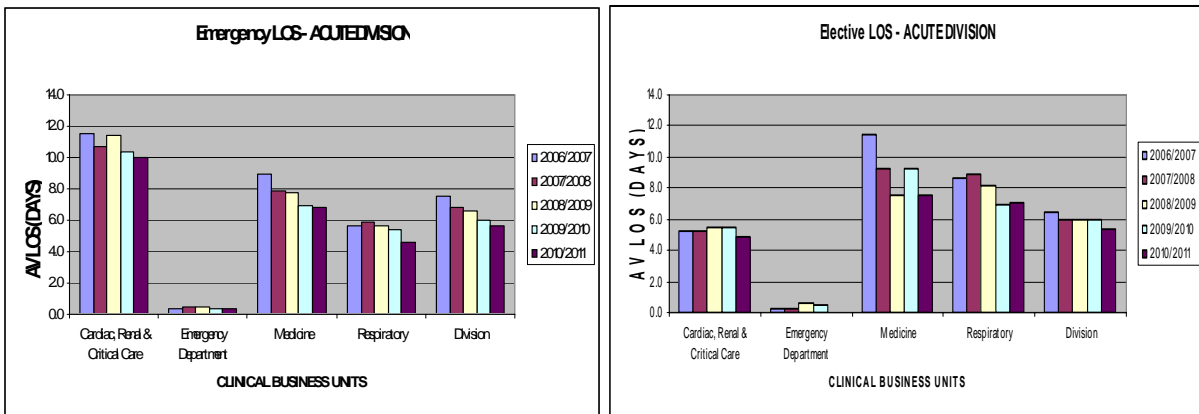


Table 7 – Planned Division

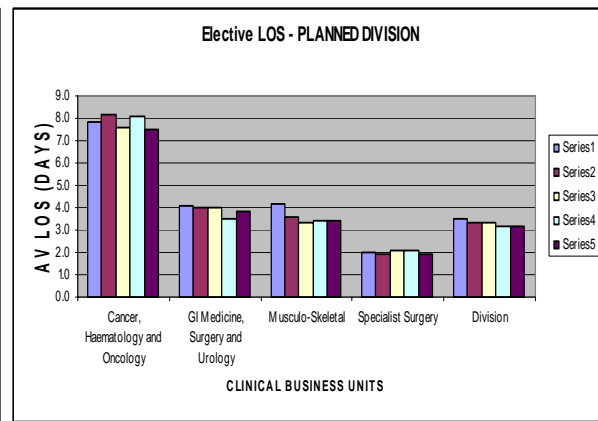
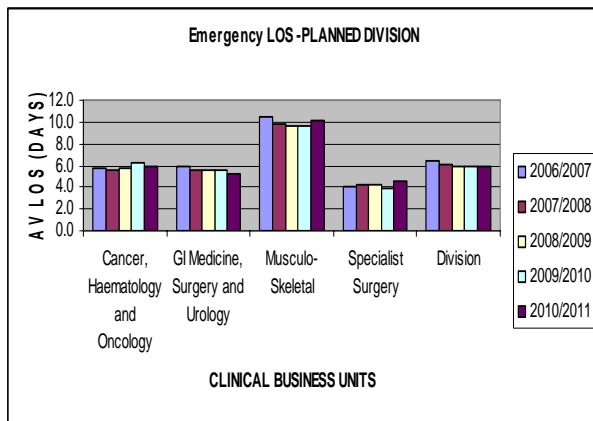
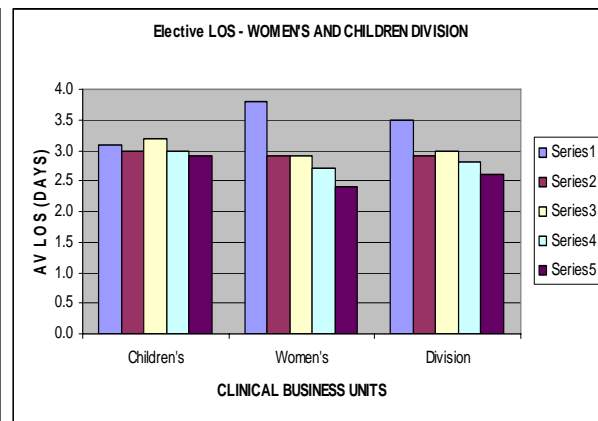
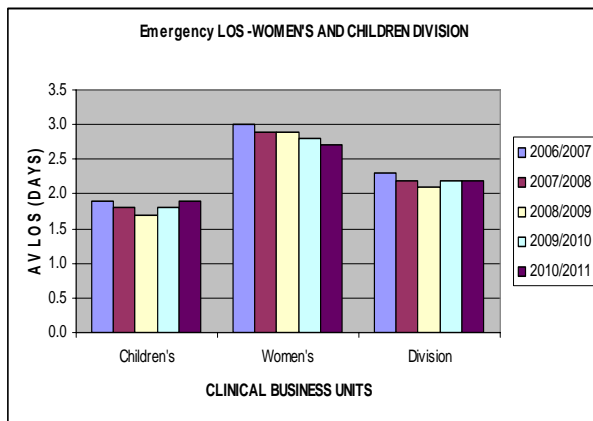


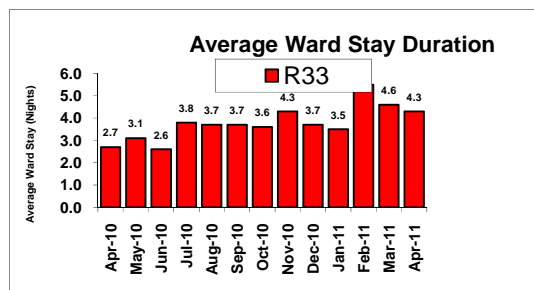
Table 8 – Women’s & Children Division



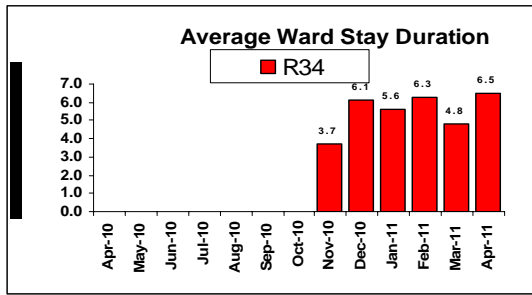
2.6. Acute Division performance for Quarter 4

Emergency length of stay has deteriorated in a number of the medical wards at the LRI and LGH during Quarter 4. The tables below show the wards with the largest increases and actions taken to get length of stay back to levels seen in the first 9 months of 2010/11.

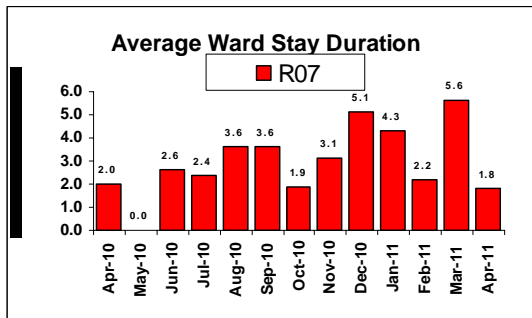
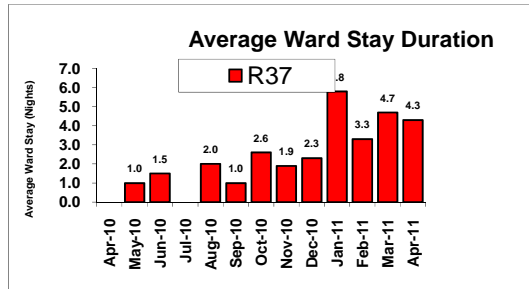
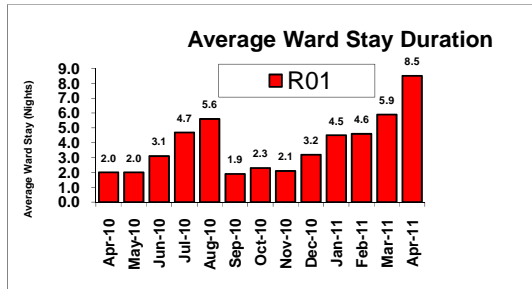
LRI – emergency medical length of stay at the LRI has increased by around 0.2 days during Qtr 4.



Ward R33 is a short stay ward but since the transfer of CVU ward to the GGH in Qtr 3 has been admitting a number of CVU patients that do not get transferred over to the GGH. A review is underway to revert this back to short stay patients only and also used as an admissions ward.

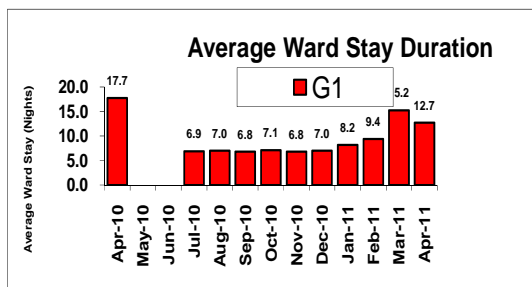


Ward R34 is a General Medical ward has now fully recruited substantive staff to run the ward instead of agency staff.

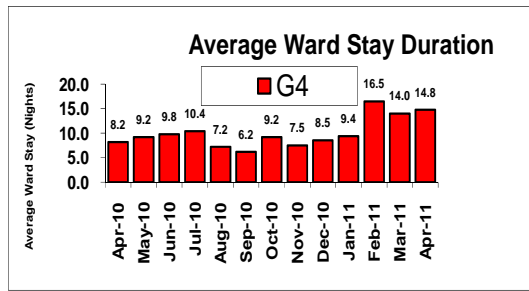
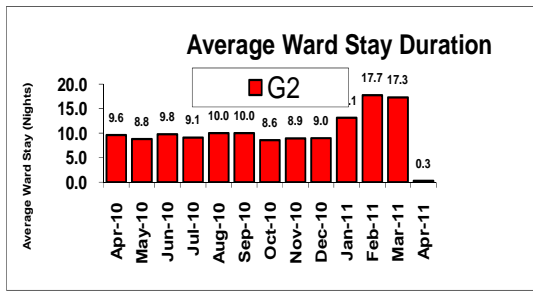


R01, R07 and R37 are all surgical wards and that have been used as medical outlying wards when additional capacity is required. The length of stay reported in these tables is for medical patients only. Medicine has stopped outlying into these wards from the beginning of May.

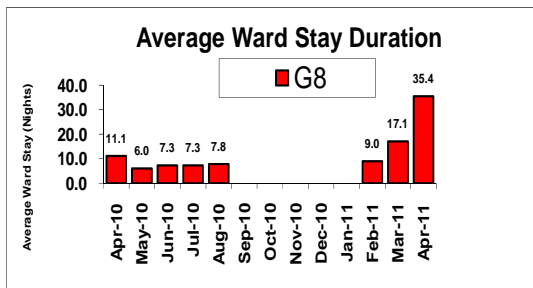
Leicester General – from January 2011 the LGH stopped taking Bed Bureau medical emergencies. The majority of admissions to the LGH are post acute care transfers from the LRI and GGH.



Ward G1 at the LGH was an 'extra capacity' ward and was closed on the 21st May.



Ward G2 and G4 are care of the elderly wards. The length of stay increase on both these wards increased with the closure of EMU (admitting ward). A joint piece of work has commenced with the Local Authority and PCTs to address delays in transferring patients to Community Hospitals/Care Homes.



Ward 8 is the City Stoke Rehabilitation ward which was is funded for 15 beds, although the daily number of patients during the last few months has consistently been in the low to mid 20's. The Division have carried out detailed analysis and are working with the City PCTs to resolve the delays.

Glenfield General average length of stay has not increased during Qtr 4 and information at ward level shows length of stay is fairly stable.

Caring at its best

Divisional Heatmap

Trust Board

Thursday 2nd June 2011

April 2011

DIVISIONAL HEAT MAP - Month 1 - 2011/12

QUALITY STANDARDS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
Infection Prevention																
MRSA Bacteraemias	3	2	1	0	0	1	0	1	0	1	2	1	2	2	9	▼
CDT Isolates in Patients (UHL - All Ages)	24	25	19	14	13	10	16	20	12	17	16	14	9	9	165	▲
GRE	0	1	0	0	3	0	1	3	1	3	2	1	3	3	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%	100.0%	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%	133.2%	127.7%	127.7%	100%	▼
MRSA Non-Elective Screening (Patient Matched)								81.1%	93.7%	96.5%	98.6%	100.0%	100.0%	100.0%		
MRSA Non-Elective Screening (Patient Not Matched)								99.8%	108.6%	141.6%	164.1%	168.3%	165.3%	165.3%		
Patient Safety																
10X Medication Errors	1	0	1	1	1	0	1	0	0	1	3	1	0	0	0	▲
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	225	219	212	118	175	205	211	148	127	123	180	177	131	131	2441	▲
Complaints Re-Opened	14	17	22	24	27	13	19	24	13	14	17	22	18	18	210	▲
SUIs (Relating to Deteriorating Patients)	0	0	3	0	0	0	0	1	2	0	1	1	1	1	0	◀▶
RIDDOR	3	4	6	4	3	2	5	3	2	8	7	12	1	1	56	▲
In-hospital fall resulting in hip fracture	0	3	0	0	0	1	0	0	3	2	2	2	2	2		
No of Staffing Level Issues Reported as Incidents	60	82	102	158	96	172	54	75	87	44	34	67	34	34	1080	▲
Outlying (daily average)	5	3	15	5	7	9	4	10	26	35	15	24	12	12	5	▲
Pressure Ulcers (Grade 3 and 4)	11	15	17	20	17	19	11	12	26	33	14	20	10	10	TBC	
ALL Complaints Regarding Attitude of Staff	46	33	44	34	29	42	21	34	30	32	36	58	42	42	366	▲
ALL Complaints Regarding Discharge	36	33	29	22	27	36	32	27	23	31	35	39	22	22	220	▲
Bed Occupancy (inc short stay admissions)	88%	88%	88%	88%	88%	91%	91%	90%	89%	92%	92%	90%	89%	89%		
Bed Occupancy (excl short stay admissions)	82%	83%	82%	82%	82%	86%	86%	86%	85%	88%	86%	85%	83%	83%		
Staffing : Nurses per Bed	Data Validation in Progress															
Compliance with Blood Traceability	99.0%	99.2%	99.1%	98.8%	98.7%	97.3%	98.1%	99.1%	98.8%	98.8%	98.0%	98.8%			100%	▲

DIVISIONAL HEAT MAP - Month 1 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
Clinical Effectiveness																
Emergency 30 Day Readmissions (UHL Data - Any Specialty)	8.8%	8.4%	8.4%	8.3%	9.0%	8.1%	8.2%	7.9%	8.2%	8.6%	8.4%	8.1%			TBC	
Mortality (UHL Data) - Elective	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%	0.1%	TBC	
Mortality (CHKS - Risk Adjusted) - Elective	95.9	112.6	95.9	72.3	101.7	93.3	104.8	86.2	61.7	61.7	63.0	75.0			TBC	
Mortality (UHL Data) - Emergency	2.2%	2.5%	2.5%	2.1%	2.0%	2.4%	2.6%	2.2%	3.1%	3.0%	2.5%	2.5%	2.6%	2.6%	TBC	
Mortality (CHKS - Risk Adjusted) - Emergency	69.6	78.4	74.4	70.6	69.4	76.5	81.8	67.9	88.0	78.3	74.3	77.7			TBC	
Discharge summaries to GP within 48hrs	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	64%	70%	67%	64%	67%	79%	79%	81%	72%	57%	54%	72%			80%	▲
Stroke - TIA Clinic within 24 Hours	62%	34%	65%	52%	63%	33%	19%	20%	46%	67%	65%	77%	68%	68%	60%	▼
No. of # Neck of femurs operated on < 36hrs	89%	66%	64%	76%	66%	87%	69%	83%	67%	86%	72%	72%	80%	80%	90% at Yr End	
Maternity - Breast Feeding < 48 Hours	70.5%	73.7%	72.3%	72.3%	74.3%	74.2%	72.1%	72.6%	71.6%	71.5%	75.0%	76.3%	73.8%	73.8%	67.0%	▼
Maternity - % Smoking at Time of Delivery	11.6%	12.3%	11.9%	12.2%	11.6%	13.3%	10.0%	12.7%	12.3%	15.1%	11.8%	11.1%	12.4%	12.4%	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%	99.87%	99.87%	98%	
NICE Guidance			Non Compliant													
Audit		Compliant	Compliant													
Senior clinical review on ward rounds (Audit Medicine CBU)			100%													

DIVISIONAL HEAT MAP - Month 1 - 2011/12

QUALITY STANDARDS *Continued*

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

Nursing Metrics

All Wards (105)

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

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	96.6	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	88.4	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														80.0%	80.0%	
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100.0%	▲
% Beds Providing Same Sex Accommodation - Intensivist	87%	87%	87%	87%	87%	86%	86%	89%	93%	95%	100%	100%	100%	100%	100.0%	◀▶

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 1 - 2011/12

QUALITY STANDARDS *Continued*

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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	75.7%	77.5%	77.2%	76.5%	76.4%	79.1%	78.9%	76.2%	79.0%	76.0%	78.3%	81.2%	76.2%			78%
Reduction in A&E attendances resulting in admission (<17yrs)	13.6%	14.3%	14.3%	14.1%	13.7%	14.8%	14.8%	15.6%	17.1%	16.6%	17.2%	15.6%	13.0%			TBC
Reduction in admissions from A&E with 0 length of stay (<17yrs)	36.9%	39.0%	40.2%	41.3%	42.5%	42.4%	43.9%	43.2%	46.7%	40.5%	43.4%	33.0%	17.5%			TBC
Reduction in A&E attendances resulting in admission (>=17yrs)	33.2%	32.6%	32.1%	34.7%	35.7%	35.3%	34.4%	36.5%	35.1%	35.1%	34.7%	34.4%	36.4%			TBC
Reduction in adm from A&E with 0 length of stay (>=17yrs)	18.8%	16.6%	18.6%	18.4%	16.5%	17.5%	16.4%	17.2%	15.6%	17.1%	18.4%	16.9%	16.2%			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 1 - 2011/12

OPERATIONAL STANDARDS

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

A&E Waits - Leics	98.6%	97.6%	97.0%	98.4%	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%			95%	▼
A&E Waits - UHL (Type 1 and 2)	97.8%	96.3%	95.3%	97.4%	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	91.5%	95%	▲
Admitted Median Wait (Mins) -Type1+2	209	218	216	215	214	221	218	227	228	228	225	225	222	222	205	▲
Admitted 95th Percentile Wait (Mins) - Type 1+2	258	330	343	302	319	346	357	407	485	580	497	509	417	417	350	▲
Non-Admitted Median Wait (Mins) - Type 1+2	113	115	108	113	111	118	116	121	117	108	109	122	119	119	105	▲
Non-Admitted 95th Percentile Wait (Mins) Type 1+2	222	228	231	226	227	231	233	236	239	237	235	238	237	237	235	▲

Referral to Treatment

18 week referral to treatment - admitted	94.0%	94.3%	94.2%	94.2%	93.4%	91.5%	92.6%	92.1%	91.6%	91.5%	91.0%	91.8%	91.7%	91.7%	90%	▼
18 week referral to treatment - non admitted	98.3%	98.3%	98.3%	98.0%	97.4%	96.4%	97.1%	98.3%	97.0%	96.9%	97.1%	97.1%	97.3%	97.3%	95%	▲

Cancer Treatment

Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.2%	94.6%	93.3%	93.5%	94.8%	93.3%	93.0%	94.5%	91.3%	88.5%	95.7%	94.5%		93.4%	93%	▼
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	95.4%	93.4%	93.5%	93.4%	98.3%	98.3%	97.7%	94.9%	98.4%	99.0%	95.5%	95.4%		95.9%	93%	▼
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	97.6%	96.0%	96.3%	98.2%	96.4%	97.0%	96.7%	97.3%	98.3%	96.7%	96.6%	96.8%		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	100.0%	92.1%	94.0%	94.0%	91.4%	97.9%	97.8%	95.5%	95.3%	94.7%	96.3%	95.8%		95.2%	94%	▼
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	100.0%	98.7%	99.3%	99.2%	100.0%	100.0%	100.0%	99.4%	99.3%	99.3%	100.0%	98.8%		99.5%	94%	▼
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85.9%	85.0%	87.1%	89.0%	82.8%	87.3%	85.5%	86.4%	88.1%	85.8%	87.2%	85.9%		86.3%	85%	▼
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	92.9%	87.2%	93.2%	91.4%	87.9%	91.5%	87.2%	91.1%	98.2%	90.5%	87.0%	100.0%		91.7%	90%	▲
62-Day Wait For First Treatment From Consultant Upgrade		-----	-----	-----	100.0%	-----	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100%	100%	◀▶

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 1 - 2011/12

OPERATIONAL STANDARDS (continued)

		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
UNIVERSITY HOSPITALS of	Coronary Heart Disease																
	Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%	100.0%	98.9%	96.5%	92.9%	93.1%	95.3%	94.5%	94.5%	99.0%	▼
	Primary PCI Call to Balloon <150 Mins	62.5%	95.5%	82.6%	73.3%	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	90.0%	90.0%	75.0%	▲
	Rapid Access Chest Pain Clinics - % in 2 Weeks	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	99.5%	99.5%	98.0%	▼

DIVISIONAL HEAT MAP - Month 1 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
Access																
6+ Week Wait (Diagnostics)	0	0	0	0	0	1	5	58	161	207	234	208	182	182	5	▲
Outpatient Waiting List (Total - GP/GDP Referred)	12,860	13,422	13,396	13,619	13,364	13,361	13,164	12,411	11,613	11,294	11,832	12,143	12,527	12,527		
Outpatient WL (5+ Week Local Target)	3,363	3,460	3,750	3,747	4,347	4,284	4,138	3,701	4,376	3,584	2,784	3,111	4,172	4,172		
Outpatient WL (11+ Week Local Target)	5	4	2	12	26	44	51	44	134	158	111	72	205	205	4	▼
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	8	19	9	16	62	62	0	▼
Day case Waiting List (Total)	5,121	5,284	5,416	5,678	5,772	5,884	5,928	5,785	5,823	5,898	5,975	5,891	5,951	5,951		
Day Case List (11+ Week Local Target)	375	499	493	662	840	915	1016	896	1112	1204	1227	1020	1150	1150	514	▼
Day Case List (20+ Week Local Target)	18	12	12	29	65	123	191	203	229	217	254	257	267	267	4	▼
Day Case List (26+ Week Local Target)	0	1	0	1	0	0	0	0	9	26	27	47	51	51	0	▼
Inpatient Waiting List (Total)	2,743	2,769	2,811	2,682	2,607	2,619	2,605	2,672	2,631	2,706	2,530	2,391	2,533	2,533		
Inpatient List (11+ Week Local Target)	427	455	375	396	466	484	444	434	512	567	548	495	586	586	720	▼
Inpatient List (20+ Week Local Target)	26	23	22	25	38	38	49	56	58	66	76	80	74	74	4	▲
Inpatient List (26+ Week Local Target)	0	0	0	1	0	1	0	0	5	10	12	11	6	6	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 1 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

Efficiency - Outpatients and Inpatient Length of Stay

Outpatient DNA Rates (%)	9.1%	9.3%	9.6%	9.6%	9.7%	9.8%	9.7%	9.3%	11.2%	9.7%	8.6%	9.0%	9.2%	9.2%	9.0%	▼
Outpatient Appts % Cancelled by Hospital	11.8%	10.2%	10.7%	11.1%	11.0%	11.6%	10.8%	10.2%	10.4%	10.4%	10.9%	10.5%	11.4%	11.4%	13.0%	▼
Outpatient Appts % Cancelled by Patient	10.0%	10.6%	11.1%	11.0%	10.9%	11.0%	10.6%	10.3%	13.1%	10.0%	9.7%	9.7%	9.6%	9.6%	11.0%	▲
Outpatient F/Up Ratio	2.3	2.1	2.1	2.1	2.2	2.2	2.2	2.2	2.2	2.3	2.2	2.2	2.0	2.0	2.1	▲
Ave Length of Stay (Nights) - Emergency	4.9	4.6	4.9	4.8	4.9	5.0	5.0	5.0	5.0	5.2	5.0	5.3	6.0	6.0	5.0	▼
Ave Length of Stay (Nights) - Elective	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	3.6	3.8	▼
Delayed transfers per 10,000 admissions	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%	1.5%	3.5%	▲
% of Electives admitted on day of procedure	80.7%	80.1%	81.0%	81.5%	79.5%	81.5%	80.1%	84.0%	81.0%	84.8%	83.9%	83.1%	81.5%	81.5%		

Theatres and Cancelled Operations

Day Case Rate (Basket of 25)	78.0%	73.9%	75.8%	72.2%	73.5%	76.7%	72.9%	73.6%	75.6%	80.4%	75.3%	77.2%	77.7%	77.7%	75.0%	▲
Inpatient Theatre Utilisation Rate (%)	72.8%	79.4%	77.4%	74.1%	74.0%	75.6%	77.5%	78.4%	74.7%	78.4%	82.9%	82.1%	81.6%	81.6%	86.0%	▼
Day case Theatre Utilisation Rate (%)	68.7%	80.5%	74.6%	63.4%	69.9%	77.8%	74.0%	79.4%	79.6%	89.8%	90.4%	91.9%	90.8%	90.8%	86.0%	▼
Operations cancelled for non-clinical reasons on or after the day of admission	1.20%	1.17%	1.06%	1.05%	1.28%	1.16%	1.59%	1.40%	1.77%	1.94%	1.63%	1.62%	1.30%	1.30%	0.8%	▲
Cancelled patients offered a date within 28 days of the cancellations	91.9%	99.0%	94.6%	85.7%	96.3%	90.2%	87.5%	91.7%	88.7%	87.5%	89.7%	85.9%		90.3%	95.0%	▼

DIVISIONAL HEAT MAP - Month 1 - 2011/12

HUMAN RESOURCES

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
Staffing																
Contracted staff in post (substantive FTE)	10376.4	10306.8	10275.0	10179.7	10196.5	10102.0	10145.2	10167.5	10155.2	10158.0	10146.7	10170.9	10146.0	10146.0		
Bank hours paid (FTE)	240.6	238.7	240.7	272.6	251.4	271.2	287.7	262.8	250.8	283.5	242.7	257.3	279.7	279.7		
Overtime hours paid (FTE)	105.0	83.1	43.5	82.8	78.9	94.5	92.1	100.1	110.6	109.0	102.8	84.7	89.6	89.6		
Total FTE worked	10721.9	10628.6	10559.1	10535.1	10526.8	10467.6	10525.0	10530.3	10516.6	10550.5	10492.2	10512.9	10515.3	10515.3		
Pay bill - directly employed staff (£ m)	35.0	34.8	35.2	35.1	34.5	35.2	35.1	35.6	35.0	35.4	35.8	36.2	35.4	35.4		
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				
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				
Workforce HR Indicators																
Sickness absence	3.2%	3.2%	3.3%	3.4%	3.2%	3.5%	3.8%	3.7%	4.7%	4.1%	3.5%	3.6%	3.6%	3.6%	3.0%	▶▶
Appraisals	81.4%	73.2%	68.5%	72.7%	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	90.4%	100%	▲
Turnover	7.5%	7.5%	7.5%	7.7%	7.6%	8.1%	7.8%	8.3%	7.8%	8.1%	8.3%	8.0%	8.7%	8.7%	10.0%	▼
Formal action under absence policy - Warnings issued	17	23	16	13	18	18	13	21	14	27	22	25	22	22		
Formal action under absence policy – Dismissals	1	3	1	2	3	4	1	1	3	4	0	3	0	0		
% Corporate Induction attendance	75.0%	89.0%	88.0%	77.0%	90.0%	93.0%	91.0%	88.0%	88.0%	87.0%	93.0%	96.0%	93.0%	93.0%	95.0%	▼

DIVISIONAL HEAT MAP - Month 1 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	1	1	0	0	0	0	0	0	0	0	0	0	1	1		▼
CDT Positives (UHL)	6	11	6	4	6	3	8	5	1	6	6	6	5	5		▲
SAME SEX ACCOMMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist											100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	8.0%	7.4%	7.4%	7.7%	7.9%	7.4%	7.3%	7.5%	7.0%	7.6%	7.2%	7.0%				
30 Day Readmissions (UHL) - Same Specialty	4.7%	4.4%	4.4%	5.0%	4.7%	4.2%	4.3%	4.4%	4.1%	4.6%	4.3%	4.3%				
30 Day Readmission Rate (CHKS)	7.8%	7.3%	7.3%	7.6%	7.2%	7.4%	7.1%	7.5%	6.8%	7.5%	6.8%					
Mortality (UHL Data)	0.8%	1.0%	0.9%	1.0%	0.7%	1.0%	0.9%	0.6%	1.0%	0.8%	0.7%	0.6%	0.9%	0.9%	0.9%	▼
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	80.5	94.1	90.5	108.0	88.3	100.2	96.9	67.5	95.0	77.1	67.3	65.0				
PATIENT SAFETY																
10X Medication Errors	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	◀▶
Never Events	0	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	47	79	26	26	5% Red,n	
Complaints Re-Opened	5	2	10	14	9	6	10	10	5	4	11	7	9	9	10% Red,n	
SUIs (Relating to Deteriorating Patients)	0	0	1	0	0	0	0	0	1	0	0	1	1	1	0	◀▶
RIDDOR	0	0	2	1	0	0	2	1	0	2	1	2	0	0	TBC	
In-hospital fall resulting in hip fracture										0	0	0	1	1	TBC	
No of Staffing Level Issues Reported as Incidents	10	14	9	14	11	2	4	3	12	11	7	4	6	6		
Outlying (daily average)			8	1	1	4	2	4	12	8	6	2	3	3		
Pressure Ulcers (Grade 3 and 4)	4	5	9	5	6	11	6	3	7	8	6	9	2	2		
ALL Complaints Regarding Attitude of Staff	21	11	16	9	11	21	10	9	6	10	11	17	11	11		
ALL Complaints Regarding Discharge	20	14	11	6	9	10	13	11	6	12	8	11	6	6		
Bed Occupancy (inc short stay admissions)	87%	84%	88%	89%	88%	91%	92%	90%	87%	93%	92%	88%	89%	89%		
Bed Occupancy (excl short stay admissions)			82%	84%	85%	88%	89%	86%	83%	88%	85%	83%	84%	84%		
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 1 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
NURSING METRICS																
Patient Observation		75%	77%	86%	84%	89%	86%	95%	89%	91%	91%	95%	93%		98.0%	▼
Pain Management		63%	66%	77%	79%	87%	85%	84%	88%	82%	85%	89%	86%		98.0%	▼
Falls Assessment		43%	44%	63%	65%	78%	72%	79%	77%	74%	85%	72%	82%		98.0%	▲
Pressure Area Care		72%	64%	82%	79%	82%	80%	90%	82%	82%	86%	88%	91%		98.0%	▲
Nutritional Assessment		76%	69%	81%	79%	79%	79%	90%	83%	80%	86%	82%	94%		98.0%	▲
Medicine Prescribing and Assessment		91%	91%	93%	92%	95%	95%	95%	94%	95%	98%	96%	99%		98.0%	▲
Hand Hygiene															98.0%	
Resuscitation Equipment		73%	79%	77%	68%	60%	74%	85%	75%	63%	74%	88%	91%		98.0%	▲
Controlled Medicines		90%	96%	98%	98%	93%	98%	96%	100%	85%	98%	97%	98%		98.0%	▲
VTE				62%	57%	69%	66%	74%	69%	77%	80%	86%	85%		98.0%	▼
Patient Dignity				93%	94%	92%	95%	94%	93%	96%	94%	99%	97%		98.0%	▼
Infection Prevention and Control				86%	89%	91%	91%	94%	86%	92%	94%	88%	86%		98.0%	▼
Discharge								39%	27%	35%	37%	45%	40%		98.0%	▼
Continence								73%	85%	88%	94%	89%	93%		98.0%	▲
DISCHARGE LETTERS																
Discharge summaries to GP within 48hrs								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	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%	90.3%	90.0%	▼
RTT - Non Admitted	97.5%	97.2%	97.3%	96.6%	95.4%	93.7%	95.3%	93.6%	94.6%	94.6%	95.8%	95.6%	95.4%	95.4%	95.0%	▼
Elective LOS	3.7	3.4	2.9	3.2	3.4	2.9	3.3	3.5	3.3	2.8	3.1	3.1	3.4	3.4	3.3	▼
Non Elective LOS	6.2	5.8	6.2	5.8	6.1	6.3	5.9	5.9	6.2	5.8	5.8	6.0	6.2	6.2	6.0	▼
% of Electives Adm.on day of proc.	88.8%	89.8%	89.6%	89.9%	88.4%	90.5%	90.5%	92.2%	91.0%	92.1%	91.7%	91.3%	90.7%	90.7%	84.7%	
Day Case Rate (Basket of 25)	76.5%	69.7%	74.0%	69.0%	70.5%	75.1%	70.9%	73.5%	75.2%	78.7%	74.6%	76.1%	77.7%	77.7%	75.0%	▲
Day Case Rate (All Elective Care)	79.2%	77.2%	79.4%	76.7%	78.2%	78.8%	78.8%	79.3%	79.3%	81.7%	79.0%	80.1%	79.8%	79.8%	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%	80.2%	80.2%	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%	82.4%	82.4%	86.0%	▼
Outpatient New : F/Up Ratio	2.5	2.2	2.1	2.2	2.3	2.3	2.3	2.3	2.4	2.6	2.5	2.4	2.5	2.5	2.3	▼
Outpatient DNA Rate	8.9%	8.4%	8.8%	9.0%	9.6%	9.5%	9.4%	9.1%	11.1%	9.9%	8.7%	9.0%	8.9%	8.9%	10.1%	▲
Outpatient Hosp Canc Rate	11.4%	9.2%	10.0%	11.0%	11.1%	12.1%	11.4%	11.3%	10.9%	10.9%	11.9%	10.8%	12.2%	12.2%	13.4%	▼
Outpatient Patient Canc Rate	9.4%	10.1%	10.8%	10.3%	10.4%	10.5%	10.1%	9.5%	12.6%	9.5%	9.2%	9.0%	9.3%	9.3%	11.5%	▼

Red < 80
Amber 80 - 89
Green >=90

DIVISIONAL HEAT MAP - Month 1 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	48.9%	48.9%		
Diabetic Retinopathy - % Results in 3 Weeks				91.9%	87.1%	86.0%	77.7%	74.2%	82.3%	64.0%	80.9%	82.3%	83.7%	83.7%		
Diabetic Retinopathy - % Treatment in 4 Weeks				0.0%	0.0%	-----	-----	0.0%	-----	50.0%	50.0%	-----	50.0%	50.0%		
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%	5.6%	5.6%		
Abdominal Aortic Aneurysm - % Uptake	100%	100%	100%	100%	92.3%	98.1%	100%	96.1%	100%	94.1%	97.1%	96.2%	90.0%	90.0%		
Abdominal Aortic Aneurysm - 30 Day post-operative Mortality	0%	0%	0%	20%	0%	0%	0%	0%	-----	-----	0%					
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%	94.8%	94.8%	100%	▼
Sickness Absence	3.2%	2.7%	2.3%	2.6%	2.8%	3.0%	3.1%	2.8%	3.8%	3.3%	3.1%	3.2%	3.5%	3.5%	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	1.8			
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	62.9			
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	37.6	37.6		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

PLANNED CARE - Specialist Surgery

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	93.2%	93.2%	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%	96.3%	96.3%	95.0%	▼
Elective LOS	1.8	2.2	1.7	1.9	2.0	1.8	1.9	2.1	1.5	1.7	2.2	2.0	2.2	2.2	2.4	▼
Non Elective LOS	5.2	4.2	3.5	3.8	4.8	4.4	4.3	5.5	5.4	4.2	4.7	5.3	5.7	5.7	4.7	▼
% of Electives Adm.on day of proc.	88.6%	86.1%	88.6%	87.8%	87.8%	87.5%	88.6%	89.6%	89.6%	89.3%	85.4%	85.1%	86.3%	86.3%	80.7%	
Day Case Rate (Basket of 25)	89.3%	86.7%	86.5%	78.6%	77.5%	82.0%	81.0%	86.3%	87.9%	88.7%	87.0%	90.2%	88.0%	88.0%	75.0%	▼
Day Case Rate (All Elective Care)	67.3%	65.4%	66.2%	63.8%	67.3%	66.8%	69.4%	71.8%	71.3%	75.7%	71.0%	75.0%	71.0%	71.0%	64.4%	▼
30 Day Readmissions (UHL) - Any Specialty	3.9%	3.3%	2.6%	3.8%	2.6%	3.2%	3.8%	3.5%	3.1%	2.9%	3.1%	3.2%				
30 Day Readmissions (UHL) - Same Specialty	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	2.1	1.8	1.8	1.7	1.9	2.0	2.1	2.1	2.0	2.2	2.1	2.0	2.1	2.1	1.9	▼
Outpatient DNA Rate	9.7%	8.9%	9.3%	9.8%	9.8%	9.4%	9.7%	9.6%	11.6%	10.3%	9.3%	9.5%	9.1%	9.1%	11.6%	▲
Outpatient Hosp Canc Rate	11.0%	8.0%	8.3%	11.8%	11.0%	13.5%	11.3%	12.1%	11.9%	11.3%	10.6%	10.9%	14.2%	14.2%	13.0%	▼
Outpatient Patient Canc Rate	9.5%	10.6%	11.4%	11.0%	11.3%	11.5%	11.3%	10.8%	14.3%	10.6%	10.1%	10.2%	10.2%	10.2%	11.9%	◀▶
Bed Utilisation (Incl short stay admissions)	84%	82%	85%	86%	91%	89%	99%	94%	91%	99%	93%	91%	92%	92%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.7%	2.1%	1.8%	1.8%	2.7%	4.0%	4.8%	4.4%	3.9%	3.1%	3.5%	4.3%	4.1%	4.1%	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	0.8			
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	26.0			
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	13.0	13.0		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

PLANNED CARE - GI Medicine / Surgery

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	83.6%	83.6%	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%	89.9%	89.9%	95.0%	▼
Elective LOS	4.6	3.8	3.2	3.6	4.2	3.3	3.9	4.5	4.0	3.4	3.7	3.5	3.7	3.7	3.8	▼
Non Elective LOS	5.3	5.2	5.5	5.1	5.7	5.6	5.6	5.1	4.9	5.0	4.9	5.4	5.4	5.4	5.5	◀▶
% of Electives Adm.on day of proc.	85.2%	90.0%	87.7%	90.6%	87.6%	92.2%	90.3%	93.3%	91.6%	91.6%	94.2%	94.1%	92.7%	92.7%	81.2%	
Day Case Rate (Basket of 25)	46.9%	36.3%	40.2%	40.4%	47.5%	47.2%	42.6%	43.4%	42.5%	54.5%	47.5%	48.1%	48.0%	48.0%	75.0%	▼
Day Case Rate (All Elective Care)	82.2%	79.0%	82.3%	79.3%	81.4%	83.0%	82.2%	81.1%	80.0%	84.3%	82.6%	82.1%	82.2%	82.2%	80.4%	▲
30 Day Readmissions (UHL) - Any Specialty	9.0%	8.3%	8.3%	7.7%	8.8%	8.5%	7.9%	8.3%	7.2%	8.3%	7.8%	7.1%				
30 Day Readmissions (UHL) - Same Specialty	4.6%	4.2%	4.2%	4.7%	4.3%	4.4%	4.1%	4.1%	3.8%	4.4%	4.3%	3.6%				
Outpatient New : F/Up Ratio	2.1	1.9	1.9	2.1	1.8	1.9	1.9	1.9	1.9	2.0	2.0	2.2	2.0	2.0	2.1	▲
Outpatient DNA Rate	7.9%	8.3%	8.4%	8.2%	9.0%	9.5%	8.9%	8.5%	10.4%	10.0%	8.1%	8.4%	8.4%	8.4%	9.5%	◀▶
Outpatient Hosp Canc Rate	15.0%	14.1%	15.7%	13.3%	15.5%	14.3%	14.4%	15.6%	15.3%	11.8%	19.3%	16.7%	14.1%	14.1%	16.6%	▲
Outpatient Patient Canc Rate	10.4%	10.8%	11.5%	11.2%	10.9%	11.1%	10.4%	9.2%	13.9%	10.3%	9.8%	9.7%	10.5%	10.5%	13.0%	▼
Bed Utilisation (Incl short stay admissions)	91%	84%	90%	93%	90%	93%	95%	91%	85%	93%	91%	87%	89%	89%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	2.4%	2.5%	2.3%	2.5%	2.1%	2.2%	2.2%	2.6%	3.9%	2.9%	2.5%	2.7%	3.5%	3.5%	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	0.2			
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	19.8			
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	13.2	13.2		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

PLANNED CARE - Cancer and Haematology

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	--	--	--	--	--	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%	97.0%	97.0%	95.0%	▼
Elective LOS	10.7	7.2	7.1	7.3	6.7	6.3	7.9	8.8	6.4	5.8	6.5	8.5	8.6	8.6	7.6	▼
Non Elective LOS	5.9	5.9	6.4	5.8	5.3	7.2	5.7	5.7	6.9	5.5	6.1	5.5	5.8	5.8	5.7	▼
% of Electives Adm.on day of proc.	78.3%	78.8%	80.9%	71.6%	73.1%	75.8%	79.0%	75.4%	70.4%	82.0%	78.7%	70.2%	75.0%	75.0%	68.1%	
Day Case Rate (Basket of 25)																
Day Case Rate (All Elective Care)	95.2%	95.7%	95.5%	95.4%	95.0%	95.9%	95.1%	95.4%	95.8%	96.3%	96.2%	96.9%	97.7%	97.7%	95.9%	▲
30 Day Readmissions (UHL) - Any Specialty	10.6%	10.3%	11.3%	11.8%	11.8%	10.8%	10.3%	11.3%	10.8%	11.5%	11.3%	11.8%				
30 Day Readmissions (UHL) - Same Specialty	8.1%	8.3%	8.9%	9.7%	9.4%	7.9%	8.2%	8.9%	8.2%	9.6%	9.0%	10.1%				
Outpatient New : F/Up Ratio	8.0	7.7	7.2	7.2	7.7	7.7	8.1	7.5	8.2	8.7	8.9	8.0	9.0	9.0	8.1	▼
Outpatient DNA Rate	8.2%	7.6%	8.5%	8.7%	8.4%	9.9%	8.9%	8.7%	10.7%	8.6%	7.3%	8.3%	9.2%	9.2%	7.3%	▼
Outpatient Hosp Canc Rate	9.0%	8.5%	8.4%	7.2%	8.8%	6.8%	9.5%	7.1%	6.5%	7.4%	7.2%	6.6%	7.2%	7.2%	8.6%	▼
Outpatient Patient Canc Rate	8.4%	8.3%	8.6%	7.7%	7.7%	7.7%	6.8%	7.1%	8.1%	6.6%	7.1%	6.4%	6.3%	6.3%	10.7%	▲
Bed Utilisation (Incl short stay admissions)	96%	99%	99%	95%	89%	99.5%	99%	97%	93%	97%	94%	91%	95%	95%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.0%	3.0%	3.0%	2.9%	2.6%	2.9%	2.1%	2.1%	4.1%	4.3%	3.1%	2.6%	3.0%	3.0%	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	0.5			
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	8.7			
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	9.0	9.0		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

PLANNED CARE - Musculo-Skeletal

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	94.1%	94.1%	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%	96.8%	96.8%	95.0%	▲
Elective LOS	3.2	3.7	3.3	3.6	3.6	3.6	3.6	3.0	4.0	2.8	3.1	3.2	4.0	4.0	3.3	▼
Non Elective LOS	11.2	10.0	11.8	10.6	10.4	10.3	8.7	9.8	10.5	10.4	9.6	9.5	10.1	10.1	9.6	▼
% of Electives Adm.on day of proc.	95.9%	96.8%	95.7%	96.3%	93.6%	96.8%	95.7%	97.3%	96.2%	97.0%	97.9%	97.5%	94.7%	94.7%	96.9%	▲
Day Case Rate (Basket of 25)	78.5%	74.8%	81.6%	81.9%	78.6%	83.6%	78.8%	77.2%	85.4%	80.6%	80.5%	77.3%	84.2%	84.2%	75.0%	▲
Day Case Rate (All Elective Care)	47.4%	43.8%	52.2%	45.2%	43.9%	50.7%	45.5%	46.6%	46.0%	47.2%	43.6%	47.1%	45.5%	45.5%	41.7%	▼
30 Day Readmissions (UHL) - Any Specialty	5.5%	5.0%	4.4%	6.0%	5.6%	5.1%	5.4%	3.9%	4.6%	4.7%	5.0%	5.1%				
30 Day Readmissions (UHL) - Same Specialty	2.0%	1.6%	0.7%	2.1%	1.0%	1.8%	1.9%	0.6%	1.0%	1.1%	1.2%	1.7%				
Outpatient New : F/Up Ratio	1.7	1.5	1.4	1.4	1.6	1.4	1.5	1.5	1.6	1.8	1.8	1.7	1.9	1.9	1.6	▼
Outpatient DNA Rate	8.2%	8.3%	8.1%	8.0%	11.1%	9.5%	9.4%	8.8%	10.6%	10.3%	8.9%	8.7%	8.6%	8.6%	9.4%	▲
Outpatient Hosp Canc Rate	11.4%	8.0%	10.8%	10.4%	9.6%	11.7%	10.5%	9.4%	9.0%	12.2%	13.5%	9.6%	10.7%	10.7%	15.7%	▼
Outpatient Patient Canc Rate	8.9%	10.1%	11.0%	10.2%	10.1%	9.9%	9.7%	8.8%	11.2%	8.7%	8.5%	8.2%	9.0%	9.0%	9.5%	▼
Bed Utilisation (Incl short stay admissions)	80%	79%	84%	82%	84%	85%	79%	81%	85%	87%	90%	88%	84%	84%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.0%	3.4%	2.1%	3.2%	4.2%	2.8%	3.1%	2.1%	3.4%	2.9%	3.5%	3.1%	3.3%	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	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	8.5			
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	2.5	2.5		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	2	1	1	0	0	1	0	1	0	1	2	1	1	1		◀▶
CDT Positives (UHL)	18	14	13	8	7	6	8	15	10	11	10	7	3	3		▲
SAME SEX ACCOMMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	▲
% Beds Providing Same Sex Accommodation - Intensivist											100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmission Rate (UHL Data)	12.6%	12.5%	12.8%	12.8%	14.0%	11.9%	12.3%	11.6%	12.4%	13.0%	12.1%	12.6%				
Mortality (UHL Data)	3.4%	3.8%	3.4%	2.7%	3.1%	3.4%	4.0%	3.5%	5.1%	4.9%	3.9%	4.0%	4.0%	4.0%	4.3%	◀▶
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	68.7	77.3	71.9	62.6	66.8	72.3	80.1	69.4	86.5	78.4	75.2	80.3			85	
PATIENT SAFETY																
10X Medication Errors	1	0	0	1	1	0	0	0	0	0	2	0	0	0	0	◀▶
Never Events	0	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	121	88	99	99	5% Red,n	
Complaints Re-Opened	3	6	6	8	8	4	3	11	6	8	4	11	4	4	10% Red,n	
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	◀▶
RIDDOR	1	2	2	1	0	1	1	2	0	1	5	4	1	1	12	▲
In-hospital fall resulting in hip fracture										2	2	2	1	1	TBC	
Staffing Level Issues Reported as Incidents	9	17	19	19	14	13	12	7	5	13	5	7	3	134		
Outlying (daily average)			7	4	6	5	2	6	14	27	9	22	9	9	10	▲
Pressure Ulcers (Grade 3 and 4)	7	10	8	15	11	8	5	9	19	25	7	11	8	8	0	
ALL Complaints Regarding Attitude of Staff	16	12	24	15	12	13	8	14	10	13	15	21	13	13		
ALL Complaints Regarding Discharge	13	12	12	13	14	22	17	14	12	17	19	27	13	13		
Bed Occupancy (inc short stay admissions)	89%	91%	90%	89%	89%	91%	92%	91%	91%	93%	94%	91%	90%	90%	90%	
Bed Occupancy (excl short stay admissions)	85%	87%	85%	85%	85%	88%	88%	89%	89%	91%	90%	88%	87%	87%	90%	
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 1 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
NURSING METRICS																
Patient Observation		74%	82%	81%	82%	89%	87%	89%	89%	96%	89%	87%	91%		98.0%	▲
Pain Management		62%	72%	74%	76%	80%	85%	85%	80%	93%	90%	89%	91%		98.0%	▲
Falls Assessment		42%	50%	70%	63%	71%	83%	79%	80%	83%	87%	82%	88%		98.0%	▲
Pressure Area Care		68%	73%	78%	75%	76%	85%	87%	86%	94%	91%	91%	99%		98.0%	▲
Nutritional Assessment		74%	83%	75%	71%	70%	83%	85%	82%	92%	87%	88%	87%		98.0%	▼
Medicine Prescribing and Assessment		89%	92%	90%	91%	94%	92%	94%	91%	100%	98%	97%	95%		98.0%	▼
Hand Hygiene															98.0%	
Resuscitation Equipment		68%	69%	66%	65%	55%	64%	69%	66%	67%	88%	75%	83%		98.0%	▲
Controlled Medicines		89%	90%	87%	93%	96%	98%	99%	97%	92%	99%	100%	97%		98.0%	▼
VTE				39%	48%	50%	54%	59%	59%	64%	68%	74%	70%		98.0%	▼
Patient Dignity		Red < 80 Amber 80 - 89 Green >=90		88%	88%	92%	89%	93%	94%	97%	96%	96%	96%		98.0%	▶
Infection Prevention and Control				91%	85%	89%	90%	90%	91%	93%	95%	91%	98%		98.0%	▲
Discharge								45%	35%	28%	32%	40%	48%		98.0%	▲
Continence								75%	83%	86%	86%	87%	91%		98.0%	▲
DISCHARGE LETTERS																
Discharge summaries to GP within 48hrs								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	96.3%	97.2%	96.3%	97.3%	97.6%	97.2%	97.3%	97.1%	97.6%	95.0%	91.5%	94.4%	92.3%	92.3%	90.0%	▼
RTT - Non Admitted	99.3%	99.4%	99.4%	99.6%	99.5%	99.1%	99.4%	99.4%	99.6%	99.1%	99.3%	99.0%	99.5%	99.5%	95.0%	▲
Elective LOS	5.6	5.6	5.4	5.4	6.4	5.4	5.2	5.6	6.3	4.4	5.2	4.6	5.2	5.2	6.0	▼
Non Elective LOS	5.4	5.1	5.5	5.3	5.2	5.6	5.6	5.7	5.9	6.1	6.0	6.4	6.9	6.9	6.6	▼
% of Electives Adm.on day of proc.	50.5%	45.8%	51.4%	52.0%	43.9%	49.2%	46.5%	56.3%	48.7%	56.3%	57.5%	54.9%	52.6%	52.6%	45.9%	
Day Case Rate (All Elective Care)	72.8%	69.6%	72.2%	69.9%	70.6%	71.4%	68.1%	67.9%	64.8%	68.7%	71.2%	71.5%	70.3%	70.3%	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%	88.0%	88.0%	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%	98.8%	98.8%	86.0%	▲
Outpatient New : F/Up Ratio	2.3	2.2	2.2	2.2	2.4	2.3	2.3	2.2	2.2	2.4	2.4	2.4	1.9	1.9	2.4	▲
Outpatient DNA Rate	8.7%	9.4%	9.9%	9.7%	9.3%	9.2%	9.2%	8.5%	11.3%	9.3%	8.3%	8.9%	9.7%	9.7%	10.5%	▼
Outpatient Hosp Canc Rate	13.7%	12.3%	12.9%	12.8%	12.4%	12.0%	10.8%	10.4%	11.7%	11.7%	11.1%	11.9%	12.7%	12.7%	14.9%	▼
Outpatient Patient Canc Rate	10.4%	10.9%	11.2%	11.2%	11.1%	11.4%	10.9%	10.9%	14.2%	11.0%	10.4%	10.1%	10.1%	10.1%	10.9%	▶

DIVISIONAL HEAT MAP - Month 1 2011/12

ACUTE CARE

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	81.6%	81.6%	100%	⚠
Sickness Absence	3.6%	3.8%	4.0%	4.2%	3.7%	4.0%	4.2%	4.2%	5.6%	4.7%	4.5%	4.1%	3.9%	3.9%	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	20.9			
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	141.8			
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	-15.4	-15.4		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

ACUTE CARE - Medicine

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	98.3%	98.3%	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%	99.8%	95.0%	▼
Elective LOS	4.2	5.0	5.4	5.0	17.4	7.9	4.1	8.0	18.0	2.9	9.0	5.7	7.3	7.3	7.5	▼
Non Elective LOS	6.4	5.8	6.1	6.4	6.1	6.7	6.5	7.1	7.1	7.8	7.6	7.8	7.2	7.2	7.8	▲
% of Electives Adm.on day of proc.	46.2%	37.9%	50.0%	27.6%	43.5%	44.4%	52.6%	36.0%	43.5%	48.0%	37.5%	12.5%	40.0%	40.0%	38.8%	
Day Case Rate (All Elective Care)	92.9%	92.2%	94.4%	93.0%	93.0%	92.9%	94.2%	93.3%	92.3%	90.6%	95.9%	95.2%	96.2%	96.2%	89.4%	▼
30 Day Readmissions (UHL) - Any Specialty	13.4%	13.4%	13.2%	14.1%	14.9%	11.9%	12.5%	12.1%	11.8%	13.2%	11.6%	12.4%				
Outpatient New : F/Up Ratio	2.6	2.4	2.5	2.3	2.6	2.5	2.5	2.4	2.3	2.7	2.8	2.9	2.4	2.4	2.7	▲
Outpatient DNA Rate	8.1%	9.2%	9.4%	9.1%	9.4%	8.9%	8.9%	8.6%	11.0%	9.3%	8.2%	8.5%	9.4%	9.4%	10.7%	▼
Outpatient Hosp Canc Rate	12.5%	11.0%	11.7%	11.1%	11.0%	10.8%	9.5%	7.8%	9.5%	9.9%	9.8%	10.0%	10.5%	10.5%	13.0%	▼
Outpatient Patient Canc Rate	10.5%	11.5%	11.3%	11.7%	11.4%	12.0%	11.5%	11.6%	14.6%	11.4%	10.3%	10.5%	10.1%	10.1%	11.7%	▲
Bed Utilisation (Incl short stay admissions)	93%	95%	92%	94%	87%	93%	93%	91%	94%	94%	95%	90%	89%	89%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.8%	3.7%	4.3%	4.1%	3.4%	3.5%	3.9%	4.1%	5.7%	4.8%	4.7%	3.9%	4.2%	4.2%	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	7.4			
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	76.7			
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	2.3	2.3		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

ACUTE CARE - Respiratory Med. & Thoracic Surgery

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
RTT - Admitted	100%	100%	96.7%	100%	100%	100%	100%	100%	100%	97.3%	100%	100%	100%	100%	90.0%	◀▶
RTT - Non Admitted	100%	100%	100%	98.9%	100%	100%	100%	100%	100%	100%	99.1%	95.7%	100%	100%	95.0%	▲
Elective LOS	7.7	5.9	6.1	6.4	7.8	6.3	6.7	11.7	6.2	5.3	8.3	6.4	6.6	6.6	8.2	▼
Non Elective LOS	4.8	4.7	4.3	4.1	4.6	4.7	4.6	4.3	4.5	5.7	4.3	4.6	4.8	4.8	5.6	▼
% of Electives Adm.on day of proc.	26.1%	35.8%	34.1%	46.8%	35.3%	41.4%	27.0%	46.4%	36.6%	57.8%	47.1%	39.6%	54.0%	54.0%	19.6%	
Day Case Rate (All Elective Care)	63.7%	65.5%	75.0%	72.3%	66.2%	64.6%	59.6%	67.9%	58.3%	69.2%	63.2%	71.9%	63.5%	63.5%	68.7%	▼
30 Day Readmissions (UHL) - Any Specialty	14.0%	13.5%	14.9%	12.3%	13.4%	14.4%	14.0%	12.9%	13.9%	14.3%	13.4%	14.5%		13.8%		
Outpatient New : F/Up Ratio	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	1.6	1.7	▼
Outpatient DNA Rate	10.6%	12.5%	13.7%	12.4%	10.6%	11.5%	11.6%	8.1%	12.6%	10.2%	8.4%	10.3%	11.2%	11.2%	12.3%	▼
Outpatient Hosp Canc Rate	15.3%	12.4%	10.7%	8.9%	11.0%	9.5%	11.2%	9.8%	11.1%	11.3%	10.4%	11.5%	9.5%	9.5%	13.3%	▲
Outpatient Patient Canc Rate	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%	10.9%	10.2%	▲
Bed Utilisation (Incl short stay admissions)	91%	89%	90%	88%	97%	94%	94%	94%	91%	97%	98%	100%	96%	96%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	2.4%	3.7%	4.0%	5.0%	3.7%	3.8%	4.1%	4.0%	5.6%	4.9%	3.9%	4.2%	3.7%	3.7%	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	0.1			
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	21.7			
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	4.5	4.5		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

ACUTE CARE - Cardiac, Renal & Critical Care

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	90.6%	90.6%	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%	98.4%	98.4%	95.0%	▲
Elective LOS	5.3	5.6	5.4	5.3	5.0	4.9	4.9	4.4	5.2	4.3	4.4	4.2	4.7	4.7	5.5	▼
Non Elective LOS	9.6	9.1	10.7	9.4	9.8	9.2	10.9	10.6	10.6	8.7	10.4	10.7	10.1	10.1	11.4	▲
% of Electives Adm.on day of proc.	55.7%	48.4%	53.8%	54.9%	45.8%	51.3%	50.2%	59.9%	52.6%	56.9%	60.7%	59.5%	52.8%	52.8%	50.7%	
Day Case Rate (All Elective Care)	62.2%	57.2%	58.7%	55.3%	58.7%	61.0%	54.3%	53.6%	50.5%	55.8%	57.0%	52.9%	51.2%	51.2%	49.5%	▼
30 Day Readmissions (UHL) - Any Specialty	9.4%	9.1%	9.4%	9.1%	10.1%	8.2%	8.3%	8.7%	10.3%	9.8%	10.2%	9.1%				
Outpatient New : F/Up Ratio	2.7	2.5	2.8	2.7	2.9	2.7	2.8	2.8	2.7	2.9	2.4	2.5	2.2	2.2	2.6	▲
Outpatient DNA Rate	7.8%	7.2%	7.9%	8.4%	7.9%	7.7%	7.8%	7.8%	10.4%	8.5%	7.5%	8.0%	8.2%	8.2%	8.6%	▼
Outpatient Hosp Canc Rate	16.1%	15.7%	17.0%	18.6%	16.3%	16.1%	13.8%	16.0%	16.7%	16.0%	14.4%	16.4%	19.0%	19.0%	19.8%	▼
Outpatient Patient Canc Rate	10.1%	10.4%	11.7%	10.2%	11.0%	10.2%	9.8%	9.2%	13.8%	9.5%	10.3%	8.8%	9.4%	9.4%	9.8%	▼
Bed Utilisation (Incl short stay admissions)	83%	86%	87%	83%	85%	86%	88%	89%	88%	90%	90%	89%	90%	90%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.5%	3.7%	3.8%	4.1%	3.8%	4.1%	4.3%	4.1%	5.5%	4.6%	4.4%	4.2%	4.2%	4.2%	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	9.3			
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	31.8			
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	-23.2	-23.2		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

ACUTE CARE - Emergency Dept.

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
ED Waits - Type 1	97.6%	96.0%	94.8%	97.1%	96.3%	95.3%	94.3%	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	90.6%	95%	▲
Admitted Median Wait (Mins)	210	218	216	215	214	221	218	227	228	228	225	225	222	222		
Admitted 95th Percentile Wait (Mins)	258	331	344	302	319	346	357	407	485	580	499	509	418	418		
Non-Admitted Median Wait (Mins)	115	118	113	117	113	120	121	129	121	114	115	126	122	122		
Non-Admitted 95th Percentile Wait (Mins)	223	230	233	227	228	231	235	237	240	239	237	239	239	239		
Elective LOS																
Non Elective LOS	0.3	0.4	0.3	0.4	0.3	0.5	0.3	0.4	0.4	0.4	0.3	0.3	1.4	1.4	0.5	▼
30 Day Readmissions (UHL) - Any Specialty	17.8%	14.0%	15.4%	16.4%	18.5%	15.9%	16.6%	13.1%	15.5%	15.1%	15.5%	17.7%		15.8%		
Outpatient New : F/Up Ratio	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.2	▲
Outpatient DNA Rate	22.9%	23.0%	24.5%	26.5%	20.1%	22.2%	23.9%	22.1%	21.9%	20.2%	25.7%	25.1%	25.5%	25.5%	25.3%	▼
Outpatient Hosp Canc Rate	1.4%	0.7%	1.5%	4.6%	2.9%	1.5%	1.0%	4.9%	1.3%	2.0%	0.6%	1.8%	3.1%	3.1%	3.2%	▼
Outpatient Patient Canc Rate	10.0%	11.9%	11.0%	11.1%	10.3%	9.3%	14.4%	14.0%	9.7%	10.9%	10.4%	8.3%	14.1%	14.1%	7.5%	▼
Bed Utilisation (Incl short stay admissions)	100%	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	5.2%	4.9%	4.1%	4.1%	4.3%	5.6%	5.7%	5.6%	5.2%	4.6%	4.9%	4.3%	1.8%	1.8%	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	4.2			
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	11.6			
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	1.0	1.0		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status	
INFECTION PREVENTION																	
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0	0		◀▶	
CDT Positives (UHL)	0	0	0	2	0	1	0	0	1	0	0	1	1	1		◀▶	
SAME SEX ACCOMODATION																	
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist											100%	100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																	
30 Day Readmissions (UHL) - Any Specialty	5.9%	6.3%	5.7%	5.2%	6.2%	5.9%	6.0%	5.6%	6.2%	6.2%	6.9%	5.9%					
30 Day Readmissions (UHL) - Same Specialty	3.7%	3.8%	3.5%	2.8%	3.6%	3.4%	3.9%	3.4%	4.3%	3.8%	4.4%	4.2%					
30 Day Readmission Rate (CHKS)	6.3%	6.6%	6.3%	5.4%	6.8%	6.4%	6.8%	6.0%	6.9%	6.9%	7.5%						
Mortality (UHL Data)	0.2%	0.2%	0.3%	0.3%	0.2%	0.2%	0.2%	0.1%	0.2%	0.3%	0.2%	0.2%	0.1%	0.1%	0.2%	▲	
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	57.0	0	56.3	0	48.3	72.4	33.4	0	0	42.3	85.6	66.0					
PATIENT SAFETY																	
10X Medication Errors	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	▲
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	7	1	4	4	3	10	5	3	3	4	4	2	2	2	2	5% Red,n	◀▶
Complaints Re-Opened	6	3	5	1	9	1	3	3	2	1	2	3	5	5	5	10% Red,n	◀▶
SUIs (Relating to Deteriorating Patients)	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	◀▶
RIDDOR	1	1	1	0	0	0	2	0	1	1	0	2	0	0	0	TBC	
In-hospital fall resulting in hip fracture										0	0	0	0	0	0	TBC	
No of Staffing Level Issues Reported as Incidents	40	46	71	123	68	153	36	63	70	20	21	55	23	23			
Outlying (daily average)					0	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	0	0			
ALL Complaints Regarding Attitude of Staff	7	8	3	9	4	7	2	9	11	8	8	16	15	15			
ALL Complaints Regarding Discharge	2	7	4	2	3	4	1	2	4	1	4	0	2	2			
Bed Occupancy (inc short stay admissions)	86%	88%	82%	85%	84%	89%	87%	87%	87%	89%	86%	88%	83%	83%			
Bed Occupancy (excl short stay admissions)			69%	71%	68%	77%	75%	75%	76%	76%	74%	77%	70%	70%			
Staffing : Nurses per Bed																	

DIVISIONAL HEAT MAP - Month 1 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
NURSING METRICS																
Patient Observation		85%	74%	87%	91%	95%	90%	91%	96%	92%	88%	90%	83%		98.0%	⚠
Pain Management		52%	83%	71%	89%	84%	96%	77%	78%	86%	100%	83%	92%		98.0%	▲
Falls Assessment		29%	36%	45%	62%	46%	89%	67%	86%	76%	35%	42%	52%		98.0%	▲
Pressure Area Care		56%	58%	88%	72%	84%	86%	80%	84%	66%	29%	100%	63%		98.0%	▼
Nutritional Assessment		71%	90%	90%	95%	86%	76%	77%	81%	67%	34%	43%	59%		98.0%	▲
Medicine Prescribing and Assessment		93%	96%	95%	98%	97%	98%	93%	92%	96%	100%	100%	100%		98.0%	◀▶
Hand Hygiene															98.0%	
Resuscitation Equipment		73%	40%	87%	60%	67%	97%	92%	67%	86%	50%	50%	50%		98.0%	◀▶
Controlled Medicines		90%	96%	100%	100%	96%	100%	100%	100%	96%	100%	100%	100%		98.0%	◀▶
VTE				55%	34%	65%	88%	62%	48%	66%	67%	100%	86%		98.0%	⚠
Patient Dignity		Red < 80 Amber 80 - 89 Green >=90		94%	97%	97%	99%	93%	95%	97%	92%	90%	93%		98.0%	▲
Infection Prevention and Control	92%			92%	90%	92%	89%	84%	89%	100%	70%	93%		98.0%	▲	
Discharge									36%	25%	16%	39%	34%	37%		98.0%
Continence								75%	82%	84%	100%	77%	100%		98.0%	▲
DISCHARGE LETTERS																
Discharge summaries to GP within 48hrs								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	97.3%	95.9%	97.3%	98.0%	95.9%	97.1%	96.6%	95.0%	96.4%	97.1%	97.9%	97.1%	98.2%	98.2%	90.0%	▲
RTT - Non Admitted	98.5%	99.4%	99.3%	99.3%	99.4%	98.3%	97.9%	97.5%	99.3%	97.9%	96.9%	97.3%	98.4%	98.4%	95.0%	▲
Elective LOS	2.4	3.3	2.8	2.7	2.6	2.3	2.9	2.4	2.4	2.9	2.3	2.2	2.4	2.4	3.0	▼
Non Elective LOS	2.0	2.0	2.0	2.4	2.2	2.2	2.6	2.4	2.1	2.3	2.1	2.2	2.8	2.8	2.1	▼
% of Electives Adm.on day of proc.	81.9%	83.0%	84.7%	83.1%	81.5%	84.5%	82.5%	86.8%	85.3%	87.4%	83.9%	83.4%	83.5%	83.5%	83.4%	
Day Case Rate (Basket of 25)	83.0%	87.0%	82.2%	83.8%	83.9%	82.4%	80.6%	76.0%	77.2%	87.4%	78.6%	81.9%	78.1%	78.1%	75.0%	▼
Day Case Rate (All Elective Care)	66.1%	65.6%	67.7%	64.3%	67.9%	66.3%	63.7%	68.4%	65.4%	68.0%	66.3%	71.2%	67.3%	67.3%	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%	80.5%	80.5%	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%	86.7%	86.7%	86.0%	▲
Outpatient New : F/Up Ratio	1.6	1.6	1.6	1.6	1.6	1.8	1.6	1.6	1.6	1.6	1.5	1.4	1.2	1.2	1.6	▲
Outpatient DNA Rate	10.2%	11.2%	11.4%	11.3%	10.7%	11.4%	10.9%	10.8%	11.2%	9.4%	8.5%	9.0%	8.7%	8.7%	11.8%	▲
Outpatient Hosp Canc Rate	9.9%	9.4%	9.3%	8.7%	8.7%	9.5%	9.3%	6.7%	6.8%	6.4%	7.4%	7.2%	7.4%	7.4%	9.8%	▼
Outpatient Patient Canc Rate	10.3%	10.6%	11.1%	11.8%	11.5%	11.4%	10.6%	11.0%	12.0%	9.2%	9.1%	10.2%	8.7%	8.7%	11.9%	▲

DIVISIONAL HEAT MAP - Month 1 2011/12

WOMEN'S and CHILDREN'S

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	97.1%	97.1%	100%	▲
Sickness Absence	3.5%	3.6%	3.4%	4.1%	3.2%	4.0%	4.6%	4.2%	5.3%	4.4%	3.3%	3.7%	3.7%	3.7%	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	7.4			
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	17.7			
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	-7.6	-7.6		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

WOMEN'S and CHILDREN'S - Women's

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	98.6%	98.6%	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%	97.6%	97.6%	95.0%	▲
Elective LOS	2.5	2.4	2.8	2.5	2.4	2.2	2.4	2.4	2.4	2.3	2.5	2.1	2.3	2.3	2.9	▼
Non Elective LOS	2.4	2.7	2.4	2.8	2.5	2.8	2.7	3.1	2.4	2.9	2.7	2.7	2.3	2.3	2.9	▲
% of Electives Adm.on day of proc.	89.4%	91.5%	89.2%	91.4%	92.4%	93.9%	93.9%	92.0%	90.4%	96.6%	92.6%	93.1%	92.7%	92.7%	90.0%	▼
Day Case Rate (Basket of 25)	86.0%	88.1%	83.6%	87.9%	87.7%	86.0%	85.7%	81.8%	88.1%	88.1%	85.3%	88.1%	85.9%	85.9%	75.0%	▼
Day Case Rate (All Elective Care)	60.7%	61.4%	62.4%	60.1%	63.4%	63.1%	59.9%	65.5%	62.3%	63.3%	64.7%	69.2%	63.6%	63.6%	66.5%	▼
30 Day Readmissions (UHL) - Any Specialty	5.1%	5.2%	4.5%	4.5%	5.2%	4.9%	4.6%	4.4%	4.2%	4.9%	5.0%	4.4%				
30 Day Readmissions (UHL) - Same Specialty	2.5%	2.3%	2.0%	1.9%	2.2%	2.0%	2.2%	1.9%	1.9%	2.2%	2.2%	2.4%				
Outpatient New : F/Up Ratio	1.7	1.6	1.7	1.6	1.6	1.7	1.6	1.6	1.6	1.6	1.5	1.3	1.3	1.3	1.6	◀▶
Outpatient DNA Rate	8.7%	8.5%	9.3%	8.9%	8.0%	8.6%	8.5%	8.8%	10.2%	8.9%	7.9%	8.6%	7.8%	7.8%	8.7%	▲
Outpatient Hosp Canc Rate	9.3%	7.8%	8.0%	7.8%	7.4%	8.1%	7.5%	6.6%	7.6%	6.9%	7.4%	7.9%	7.5%	7.5%	8.2%	▲
Outpatient Patient Canc Rate	9.9%	10.4%	10.4%	10.6%	10.5%	11.2%	10.5%	10.6%	11.9%	9.6%	9.2%	10.3%	8.4%	8.4%	12.3%	▲
Bed Utilisation (Incl short stay admissions)	88%	88%	88%	85%	86%	89%	88%	88%	84%	87%	88%	86%	84%	84%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.8%	3.7%	3.7%	4.4%	3.4%	4.3%	4.7%	4.1%	5.6%	4.4%	3.7%	3.8%	3.5%	3.5%	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	6.4			
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	11.5			
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	0.1	0.1		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

WOMEN'S and CHILDREN'S - Children's

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	94.1%	94.1%	90.0%	▲
RTT - Non Admitted	99.8%	100%	100%	100%	99.8%	99.8%	100%	100%	100%	99.6%	100.0%	99.2%	100.0%	100%	95.0%	▲
Elective LOS	2.4	5.1	2.8	3.1	2.9	2.4	3.8	2.3	2.4	3.9	2.0	2.4	2.5	2.5	3.2	▼
Non Elective LOS	1.8	1.6	1.7	2.1	2.0	1.8	2.5	1.9	1.9	1.9	1.7	2.0	3.5	3.5	1.7	▼
% of Electives Adm.on day of proc.	68.6%	64.0%	74.4%	70.1%	62.6%	68.3%	62.8%	78.1%	76.1%	68.2%	71.8%	69.4%	67.4%	67.4%	71.9%	
Day Case Rate (Basket of 25)	71.1%	82.6%	77.4%	71.9%	69.6%	68.9%	63.6%	60.8%	52.3%	85.4%	62.2%	62.5%	61.7%	61.7%	75.0%	▼
Day Case Rate (All Elective Care)	72.5%	71.6%	74.9%	69.1%	73.2%	70.6%	68.6%	71.8%	69.4%	74.3%	68.2%	73.4%	72.0%	72.0%	69.7%	▼
30 Day Readmissions (UHL) - Any Specialty	8.6%	9.7%	9.4%	7.3%	9.8%	9.2%	10.4%	9.0%	11.2%	9.8%	11.8%	9.6%				
30 Day Readmissions (UHL) - Same Specialty	7.3%	8.5%	8.3%	5.9%	8.7%	8.0%	9.3%	7.5%	10.3%	8.4%	10.3%	8.4%				
Outpatient New : F/Up Ratio	1.6	1.6	1.5	1.7	1.7	1.9	1.6	1.7	1.6	1.6	1.4	1.5	1.0	1.0	1.9	▲
Outpatient DNA Rate	13.6%	17.4%	16.4%	17.0%	17.0%	18.2%	16.5%	15.2%	13.6%	10.4%	9.9%	10.2%	11.0%	11.0%	18.1%	▼
Outpatient Hosp Canc Rate	11.2%	12.8%	12.0%	10.8%	11.6%	12.7%	13.0%	6.9%	5.0%	5.3%	7.4%	5.5%	7.1%	7.1%	13.0%	▼
Outpatient Patient Canc Rate	11.1%	11.1%	12.4%	14.2%	13.7%	11.9%	10.8%	11.8%	12.2%	8.5%	8.7%	10.2%	9.6%	9.6%	11.0%	▲
Bed Utilisation (Incl short stay admissions)	89%	89%	88%	85%	82%	89%	85%	87%	94%	93%	83%	93%	81%	81%		
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	2.9%	3.2%	2.8%	3.4%	2.8%	3.3%	4.5%	4.4%	4.7%	4.3%	2.6%	3.4%	4.0%	4.0%	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	1.0			
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	6.2			
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	-7.6	-7.6		
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				
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 1 2011/12

CLINICAL SUPPORT

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status	
PATIENT SAFETY																	
10X Medication Errors	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0		◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		◀▶
Patient Falls	7	5	4	2	4	9	1	8	7	2	8	8	4	4	5% Red,n		
Complaints Re-Opened	0	6	1	1	1	2	3	0	0	1	0	1	0	0	10% Red,n		
SUIs (Relating to Deteriorating Patients)	0	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	0	0	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	2	2			
ALL Complaints Regarding Attitude of Staff	2	2	1	1	2	1	1	2	3	1	2	4	3	3			
ALL Complaints Regarding Discharge	1	0	2	1	1	0	1	0	0	1	4	1	1	1			
ANAESTHETICS & THEATRES																	
Referrals to Pain Management	189	208	226	242	201	167	164	253	244	215	191	224	154	154			
% Pain Mgmt Referrals Seen < 11 weeks	100%	100%	99%	98%	99%	98%	99%	98%	98%	99%	98%	97%	99%	99%	95.0%	▲	
Outpatient New : F/Up Ratio	4.2	3.6	4.3	3.8	4.8	3.6	4.5	3.4	3.4	3.7	3.8	3.8	3.9	3.9	3.2	▼	
Outpatient DNA Rate	10.7%	11.3%	10.4%	9.6%	10.4%	12.5%	13.1%	11.2%	13.6%	11.5%	11.3%	10.7%	11.3%	11.3%	12.0%	▼	
Outpatient Hosp Canc Rate	8.7%	10.7%	8.2%	8.1%	8.0%	10.9%	9.9%	5.7%	7.7%	9.0%	8.8%	6.0%	5.1%	5.1%	11.3%	▲	
Outpatient Patient Canc Rate	14.4%	16.4%	17.1%	17.5%	15.4%	15.5%	16.4%	15.8%	18.7%	15.2%	14.5%	14.7%	16.5%	16.5%	15.5%	▼	
RTT - Admitted	100%	100%	100%	94.9%	100%	100%	98.1%	98.1%	100.0%	97.2%	96.3%	98.4%	100.0%	100.0%	90.0%	▲	
RTT - Non Admitted	99.6%	98.8%	100%	100%	100%	100%	99.5%	99.1%	100.0%	99.2%	99.5%	99.6%	99.1%	99.1%	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%	135.6%	135.6%	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%	76.9%		40%	▼	
NUTRITION AND DIETETICS																	
% of adult inpatients seen within 2 days across UHL & PCT's	96.7%	97.6%	96.5%	97.1%	96.6%	97.6%	95.5%	96.0%	97.4%	98.2%	96.3%	97.5%	97.4%		100%	▼	
% of paed inpatients seen within 2 days across UHL & PCT's	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.7%	100.0%	100.0%	100.0%		100%	◀▶	

DIVISIONAL HEAT MAP - Month 1 2011/12

CLINICAL SUPPORT


	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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%	95.0%		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%	99.1%		95%	▲
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%			98%	◀▶
Inpatient Response Times - Urgent (3 hours)	100%	100%	100%	94%	92%	93%	100%	94%	93%	100%	100%	100%			98%	◀▶
Inpatient Response Times - Routine (24 hours)	89%	92%	92%	86%	88%	85%	83%	79%	80%	72%	79%	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%	99.0%		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%	97.8%		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)	98%	99%	100%	99%	99%	100%	100%	100%	99%	100%	99%	100%			98%	▲
Inpatient Response Times - Routine (24 hours)	98.8%	98.0%	97.9%	98.4%	98.1%	97.5%	97.5%	97.4%	97.9%	98.5%	98.2%	98.6%			98%	▲
MEDICAL RECORDS																
Med Rec - % Missing Casenotes	0.5%	0.5%	0.5%	0.5%	0.6%	0.4%	0.4%	0.4%	0.4%	0.5%	0.5%	0.3%	0.3%	0.3%	<1.5%	◀▶
Total requests LGH, LRI and GH	70691	64535	72664	73066	70447	76760	70037	80391	75040	86477	83591	96959	73006	73006	922973	
DISCHARGE TEAM																
Delayed Discharges - County	1.7	1.5	1.8	1.7	2.0	2.0	2.0	1.9	1.9	2.1	2.3	2.4	2.4		1.6	◀▶
Delayed Discharges - City	4.1	4.0	4.4	4.1	3.9	3.6	3.7	3.7	3.6	3.7	3.8	3.8	4.9		3.8	▼
ORTHOTICS																
Waiting times for routine adult outpatients (weeks)	9	11	9	8	6	6	8	10	12	15	12	13			8	▼
Waiting times for routine paediatric outpatients (weeks)	5	5	6	6	6	7	6	11	7	11	10	10			8	◀▶
PSYCHOLOGY / NEURO-PSYCHOLOGY																
New referrals inpatients Medical Psychology	3	1	3	2	3	2	3	2	2	5	4	2	2	2		
New referrals outpatients Medical Psychology	60	51	72	58	43	49	42	64	39	44	54	63	33	33		
New referrals inpatients Neuropsychology	2	4	7	2	0	2	5	2	8	5	8	7	4	4		
New referrals outpatients Neuropsychology	2	4	11	10	0	7	12	9	4	4	3	9	2	2		


DIVISIONAL HEAT MAP - Month 1 2011/12


CLINICAL SUPPORT


	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
CLINICAL SUPPORT																
SALT Wait Time in Weeks	4	6	5	5	3	2	4	4	3	2	4		2		4	▲
Podiatry New IP Referrals	68	66	49	71	58	70	57	61	78	56	64					
Pharmacy TTO Turnaround with 2 Hours	83%	84%	83%	85%	86%	82%	83%	85%	82%	87%	79.5%	87.4%	79.5%		80%	▼
Pharmacy Dispensing Accuracy						100.0%	99.99%	99.99%	99.99%	98.56%	100.0%	100.0%	98.4%		98%	▼
Wheelchair Assessment Waits - Urgent (Weeks)	6	6	4	3	4	4	4	3	4	7	11	4			8	▲
Wheelchair Assessment Waits - Standard (Weeks)	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%	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%	4.0%			
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%	7.6%			
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%	27.8%			
CRIS and PACS																
PACS Uptime	88%	100%	100%	94%	96%	96%	97%	95%	96%	96%	99.6%	99.0%	97.0%		98%	▼
CRIS Uptime	100%	100%	100%	100%	100%	100%	99.7%	100%	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%	96.3%		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%	99.1%		95%	
Diagnostic Wait > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0		0	
Cytology Screening 7 Day Target	97.7%	98.3%	99.8%	99.9%	100%	99.7%	99.7%	99.9%	99.0%	97.8%	99.98%	99.97%	99.87%		98%	
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%	92.4%	92.4%	100%	▼
Sickness Absence	3.0%	3.3%	3.4%	3.1%	3.0%	3.6%	3.8%	4.0%	4.5%	4.1%	3.4%	3.8%	3.9%	3.9%	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	17.0			
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	29.7			
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	-5.6	-5.6		
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				
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 2nd June 2011

April 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 1 - 2011/12

PATIENT SAFETY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
MRSA Bacteraemias	9	Apr-11	2	2		
CDT Isolates in Patients (UHL - All Ages)	165	Apr-11	9	9		
% of all adults who have had VTE risk assessment on adm to hosp ***	90%	Apr-11	80%	80%		
Reduction of hospital acquired venous thrombosis ***						
Incidents of Patient Falls ***	2441	Apr-11	131	131		
In Hospital Falls resulting in Hip Fracture ***	TBC	Apr-11	2	2		
CLINICAL EFFECTIVENESS	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93%	Mar-11	94.5%	93.4%		
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Mar-11	95.4%	95.9%		
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Mar-11	96.8%	97.0%		
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Mar-11	100.0%	100.0%		
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Mar-11	95.8%	95.2%		
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Mar-11	98.8%	99.5%		
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Mar-11	85.9%	86.3%		
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Mar-11	100.0%	91.7%		
62-Day Wait For First Treatment From Consultant Upgrade	100%	Mar-11	100.0%	100.0%		
Emergency 30 Day Readmissions (Following Elective Admission)	TBC	Mar-11	5.0%			
Mortality (UHL Data) - Elective		Apr-11	0.1%	0.1%		
Mortality (CHKS - Risk Adjusted) - Elective		Mar-11	75.0			
Mortality (UHL Data) - Non Elective		Apr-11	2.6%	2.6%		
Mortality (CHKS - Risk Adjusted) - Non Elective		Mar-11	77.7			
Primary PCI Call to Balloon <150 Mins	75.0%	Apr-11	90.0%	90.0%		
Pressure Ulcers (Grade 3 and 4) ***	197	Apr-11	10	10		

*** Trust Priorities

Data Quality Key

Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



UHL at a Glance - Month 1 - 2011/12

PATIENT EXPERIENCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Inpatient Polling - treated with respect and dignity ***	95.0	Apr-11	96.6	96.6		
Inpatient Polling - rating the care you receive ***	91.0	Apr-11	88.4	88.4		
% Beds Providing Same Sex Accommodation -Wards ***	100%	Apr-11	100.0%	100.0%	100.0%	
% Beds Providing Same Sex Accommodation - Intensivist ***	100%	Apr-11	100.0%	100.0%	100.0%	
ED Waits - Leics	95%	Apr-11				
ED Waits - UHL (Type 1 and 2)	95%	Apr-11	91.5%	91.5%		
ED Unplanned Re-attendance Rate (From Qtr 2 2011/12)	<5%	Apr-11	6.2%	6.2%		
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12)	<4Hrs	Apr-11	306	306		
ED Left Without Being Seen % (From Qtr 2 2011/12)	<5%	Apr-11	2.5%	2.5%		
ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12)	<15 mins	Apr-11				
ED Time to Treatment - Median (From Qtr 2 2011/12)	<60 mins	Apr-11	66	66		
RTT 18 week - Admitted	90%	Apr-11	91.7%	91.7%		
RTT 18 week - Non admitted	95%	Apr-11	97.4%	97.4%		
RTT Admitted Median Wait (Weeks)	<=11.1	Apr-11	8.5	8.5		
RTT Admitted 95th Percentile (Weeks)	<=23.0	Apr-11	23.4	23.4		
RTT Non-Admitted Median Wait (Weeks)	<=6.6	Apr-11	5.3	5.3		
RTT Non-Admitted 95th Percentile (Weeks)	<=18.3	Apr-11	16.5	16.5		
RTT Incomplete Median Wait (Weeks)	<=7.2	Apr-11	6.3	6.3		
RTT Incomplete 95th Percentile (Weeks)	<=28.0	Apr-11	21.3	21.3		
STAFF EXPERIENCE / WORKFORCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Headcount Reduction		Apr-11				
Sickness absence	3.0%	Apr-11	3.6%	3.6%		
Appraisals	100%	Apr-11	90.4%	90.4%		
VALUE FOR MONEY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Income (£000's)	TBC	Apr-11	56,760	56,760		
Operating Cost (£000's)	TBC	Apr-11	55,260	55,260		
Surplus / Deficit (as EBIDTA) (£000's)	TBC	Apr-11	1,500	1,500		
CIP (£000's)	TBC	Apr-11	TBC	TBC		
Cash Flow (£000's)	TBC	Apr-11	14,465	14,465		
Financial Risk Rating	TBC	Apr-11	2	2		
Pay - Locums (£ 000s)		Apr-11	283	283		
Pay - Agency (£ 000s)		Apr-11	1,427	1,427		
Pay - Bank (£ 000s)		Apr-11	540	540		
Pay - Overtime (£ 000s)		Apr-11	453	453		
Total Pay Bill (£ millions)		Apr-11	36.9	36.9		
Cost per Bed Day (£)		Apr-11	169	169		

*** 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	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	95.6%	0.0
subsequent anti cancer drug treatments	98%		100.0%		100.0%		100.0%		100.0%	
subsequent radiotherapy (from 1 Jan 2011)	94%		99.3%		99.8%		99.5%		99.4%	
62 day cancer :-										
from urgent GP referral to treatment	85%	1.0	86.1%	0.0	86.3%	0.0	86.6%	0.0	86.2%	0.0
from consultant screening service referral	90%		91.6%		90.3%		92.8%		92.3%	
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	96.7%	0.0
Cancer: two week wait										
all cancers	93%	0.5	93.7%	0.0	93.8%	0.0	93.0%	0.0	93.1%	0.0
for symptomatic breast patients (cancer not initially suspected)	93%		94.1%		96.9%		96.8%		96.1%	
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	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 to Qtr 4	Qtr 1 and Qtr 2	Qtr 1 to Qtr 3	Qtr 1 to Qtr 4
LLR Four-hour maximum wait in A&E	95%	94%	1	97.90%	96.90%	96.10%	3	3	3
Cancelled ops - breaches of 28 days readmission guarantee	5.0%	15.0%	1	8.50%	9.20%	9.70%	1	1	1
MRSA	0	>1SD	1	8	9	12	0	0	0
C Diff	0	>1SD	1	105	153	200	3	3	3
RTT - admitted - median	<=11.1		0.50	9.7	9.8	9.9	1.5	1.5	1.5
RTT - admitted - 95th percentile	<=27.7		0.50	19.8	22.1	23.7	1.5	1.5	1.5
RTT - non-admitted including audiology (DAA) - median	<=6.6		0.50	6.3	6.3	6.0	1.5	1.5	1.5
RTT - non-admitted including audiology (DAA) - 95th percentile	<=18.3		0.50	17.1	17.1	16.9	1.5	1.5	1.5
RTT - incomplete - median	<=7.2		0.50	6.1	6.8	5.5	1.5	1.5	1.5
RTT - incomplete - 95th percentile	<=36		0.50	18.3	20.9	21.8	1.5	1.5	1.5
2 week GP referral to 1st outpatient	93%	88%	0.5	93.8%	93.5%	93.4%	1.5	1.5	1.5
2 week GP referral to 1st outpatient - breast symptoms	93%	88%	0.5	95.4%	95.8%	95.9%	1.5	1.5	1.5
31 day second or subsequent treatment - surgery	94%	89%	0.33	94.4%	95.1%	95.2%	1	1	1
31 day second or subsequent treatment - drug	98%	93%	0.33	100.0%	100.0%	100.0%	1	1	1
31 day diagnosis to treatment for all cancers	96%	91%	0.33	96.9%	97.1%	97.0%	1	1	1
31 day second or subsequent treatment - radiotherapy Q4	94%	89%	0.25	99.5%	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%	91.7%	1	1	1
62 day referral to treatment from hospital specialist	85%	80%	0.33	100.0%	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%	86.3%	1	1	1
Reperfusion : Primary Angioplasty (PPCI)^	75.0%	60.0%	0.5	83.3%	85.4%	87.0%	1.5	1.5	1.5
Reperfusion : Thrombolysis^	68.0%	48.0%	0.5	91.7%	88.2%	88.7%	1.5	1.5	1.5
2 week RACP	98%	95%	1	99.8%	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	08/09 Sentinal	3	3	3
48 hours GUM access	98%	95%	1	100%	100%	100%	3	3	3
Delayed transfers of care	3.5%	5.0%	1	1.4%	1.3%	1.5%	3	3	3
Overall performance score threshold							2.67	2.67	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 1 - 2011/12

PATIENT SAFETY

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status	Page No
MRSA Bacteraemias	3	2	1	0	0	1	0	1	0	1	2	1	2	2	9	▼	11
CDT Isolates in Patients (UHL - All Ages)	24	25	19	14	13	10	16	20	12	17	16	14	9	9	165	▲	11
% of all adults who have had VTE risk assessment on adm to hosp			40%	49%	51%	57%	61%	65%	64%	69%	75%	79%	80%	80%	90%	▲	
Reduction of hospital acquired venous thrombosis															TBC		
Incidents of Patient Falls	225	219	212	118	175	205	211	148	127	123	180	177	131	131	2441	▲	14
In Hospital Falls resulting in Hip Fracture	0	3	0	0	0	1	0	0	3	2	2	2	2	2			

CLINICAL EFFECTIVENESS

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status	Page No
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.2%	94.6%	93.3%	93.5%	94.8%	93.3%	93.0%	94.5%	91.3%	88.5%	95.7%	94.5%		93.4%	93%	▼	20
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	95.4%	93.4%	93.5%	93.4%	98.3%	98.3%	97.7%	94.9%	98.4%	99.0%	95.5%	95.4%		95.9%	93%	▼	20
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	97.6%	96.0%	96.3%	98.2%	96.4%	97.0%	96.7%	97.3%	98.3%	96.7%	96.6%	96.8%		97.0%	96%	▲	20
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	98%	◀▶	20
31-Day Wait For Second Or Subsequent Treatment: Surgery	100.0%	92.1%	94.0%	94.0%	91.4%	97.9%	97.8%	95.5%	95.3%	94.7%	96.3%	95.8%		95.2%	94%	▼	20
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	100.0%	98.7%	99.3%	99.2%	100.0%	100.0%	100.0%	99.4%	99.3%	99.3%	100.0%	98.8%		99.5%	94%	▼	20
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85.9%	85.0%	87.1%	89.0%	82.8%	87.3%	85.5%	86.4%	88.1%	85.8%	87.2%	85.9%		86.3%	85%	▼	20
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	92.9%	87.2%	93.2%	91.4%	87.9%	91.5%	87.2%	91.1%	98.2%	90.5%	87.0%	100.0%		91.7%	90%	▲	20
62-Day Wait For First Treatment From Consultant Upgrade		-----	-----	-----	100%	-----	100%	100%	100%	100%	100%	100%		100%	100%	◀▶	20

HISTORY / TREND OVERVIEW - Month 1 - 2011/12

CLINICAL EFFECTIVENESS (Continued)

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status	Page No
Emergency 30 Day Readmissions (Following Elective Admission)	5.0%	5.1%	4.9%	5.2%	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.7%	5.0%			TBC		13
Emergency 30 Day Readmissions (Following Emergency Admission)	11.6%	10.9%	11.1%	10.7%	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%			TBC		13
Mortality (UHL Data) - Elective	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%	0.1%	TBC		12
Mortality (CHKS - Risk Adjusted) - Elective	95.9	112.6	95.9	72.3	101.7	93.3	104.8	86.0	78.9	61.7	63.1	75.0			TBC		12
Mortality (UHL Data) - Emergency	2.2%	2.5%	2.5%	2.1%	2.0%	2.4%	2.6%	2.2%	3.1%	3.0%	2.5%	2.5%	2.6%	2.6%	TBC		12
Mortality (CHKS - Risk Adjusted) - Emergency	69.6	78.4	74.4	70.6	69.4	76.5	81.8	67.9	88.0	78.3	74.3	77.7			TBC		12
Primary PCI Call to Balloon <150 Mins	62.5%	95.5%	82.6%	73.3%	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	90.0%	90.0%	75%	▲	19
Pressure Ulcers (Grade 3 and 4)	11	15	17	20	17	19	11	12	26	33	14	20	10	10	197		14

HISTORY / TREND OVERVIEW - Month 1 - 2011/12

PATIENT EXPERIENCE

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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	96.6		95.0	▲	16
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	88.4		91.0	▲	16
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	▲	19
% Beds Providing Same Sex Accommodation - Intensivist	87%	87%	87%	87%	87%	86%	86%	89%	93%	95%	100%	100%	100%	100%	100%	◀▶	19
A&E Waits - Leics	98.6%	97.6%	97.0%	98.4%	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%			95%	▼	17
A&E Waits - UHL (Type 1 and 2)	97.8%	96.3%	95.3%	97.4%	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	91.5%	95%	▲	17
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	6.0%	6.1%	6.1%	5.9%	6.5%	6.2%	6.0%	5.5%	5.9%	6.0%	6.1%	5.8%	6.2%	6.2%	<5%	▼	17
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12)	238	240	240	239	240	240	251	303	349	382	331	343	306	306	<240 Mins	▲	17
Left Without Being Seen % (From Qtr 2 11/12)	2.3%	2.5%	2.5%	2.4%	2.1%	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.5%	<5%	◀▶	17
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)															<15 Mins		17
Time to Treatment - Median (From Qtr 2 11/12)	63	66	59	59	56	62	63	69	65	55	57	66	66	66	<60 mins		17
RTT 18 week - Admitted	94.0%	94.3%	94.2%	94.2%	93.4%	91.5%	92.6%	92.1%	91.6%	91.5%	91.1%	91.8%	91.7%	91.7%	90%	▼	18
RTT 18 week - Non admitted	98.3%	98.3%	98.3%	98.0%	97.4%	96.4%	97.1%	98.3%	97.0%	96.9%	97.3%	97.1%	97.4%	97.4%	95%	▲	18
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	8.5	8.5	<=11.1	▲	18
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	23.4	23.4	<=23.0	▲	18
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	5.3	5.3	<=6.6	▲	18
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	16.5	16.5	<=18.3	▲	18
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	6.3	6.3	<=7.2	▼	18
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	21.3	21.3	<=28.0	▲	18

HISTORY / TREND OVERVIEW - Month 1 - 2011/12

STAFF EXPERIENCE / WORKFORCE

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	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			TBC		21
Sickness absence	3.2%	3.2%	3.3%	3.4%	3.2%	3.5%	3.8%	3.7%	4.7%	4.1%	3.5%	3.6%	3.6%	3.6%	3.0%	◀ ▶	21
Appraisals	81.4%	73.2%	68.5%	72.7%	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	90.4%	100%	▲	21

VALUE FOR MONEY

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

HR Pay Analysis

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Locums (£ 000s)	445	303	314	391	369	404	365	401	279	421	443	335	283	283
Agency (£ 000s)	429	588	547	510	524	758	746	879	1,175	1,283	1,540	1,990	1,427	1,427
Bank (£ 000s)	464	468	453	516	481	518	560	523	514	540	478	504	540	540
Overtime (£ 000s)	319	246	138	224	212	248	254	276	300	304	378	447	453	453
Total Pay Bill (£ millions)	36.0	36.0	35.7	35.6	35.0	35.9	35.9	36.4	36.1	36.7	37.5	38.1	36.9	36.9

Average Cost per Bed Day

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
	£	£	£	£	£	£	£	£	£	£	£	£	£
Cost per Bed Day (£)	153	143	150	158	150	155	151	164	162	143	183	172	169

INFECTION PREVENTION

Performance Overview

MRSA – Two cases of MRSA were reported for the month of April against a 2011/2012 year end trajectory of 9.

CDifficile – a positive start to the year with 9 cases reported for month 1.

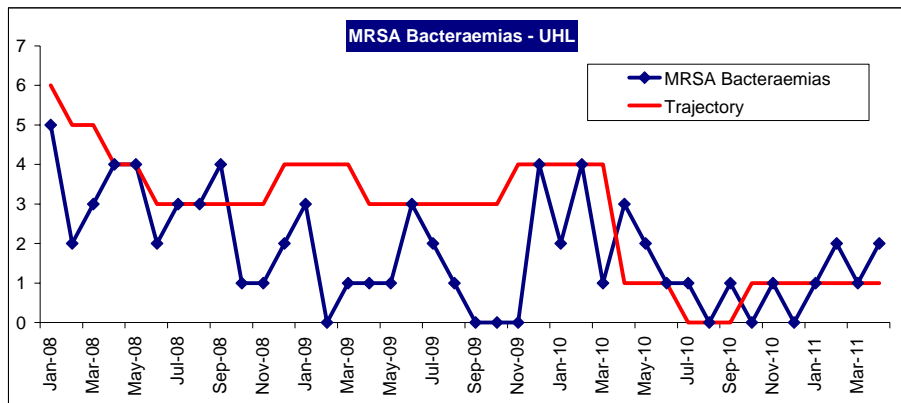
Key Actions

1. Further discussions have been held in relation to compliance findings which are being progressed via a suite of actions including individual letters to clinicians highlighting expectations and the seriousness of non-compliance to trust policy and training.

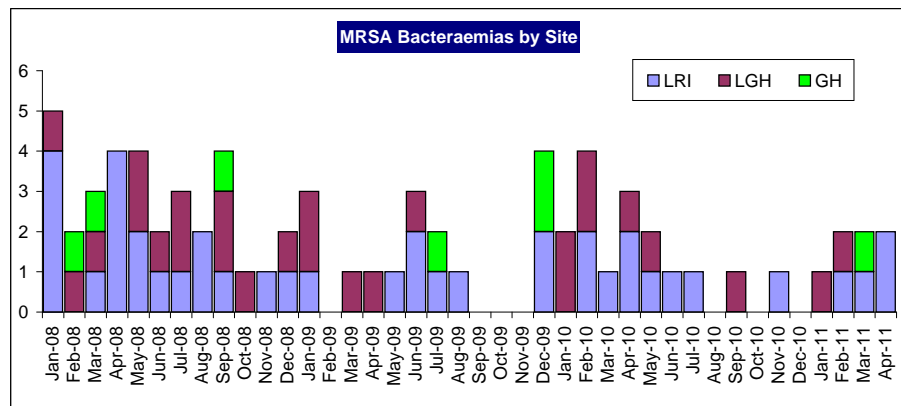
2. SHA feedback regarding the 165 2011/2012 trajectory is awaited where a proposal of 180 was made.

3. Mandatory reporting has now commenced in relation to MSSA with E-coli.

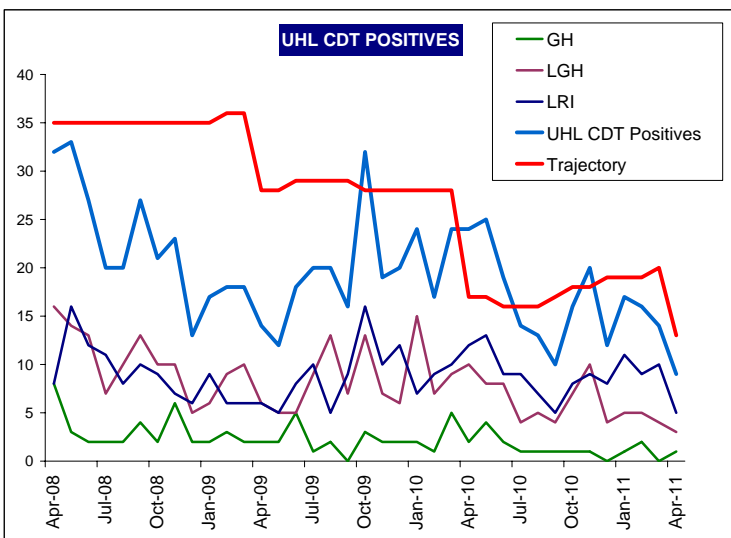
MRSA BACTERAEMIA



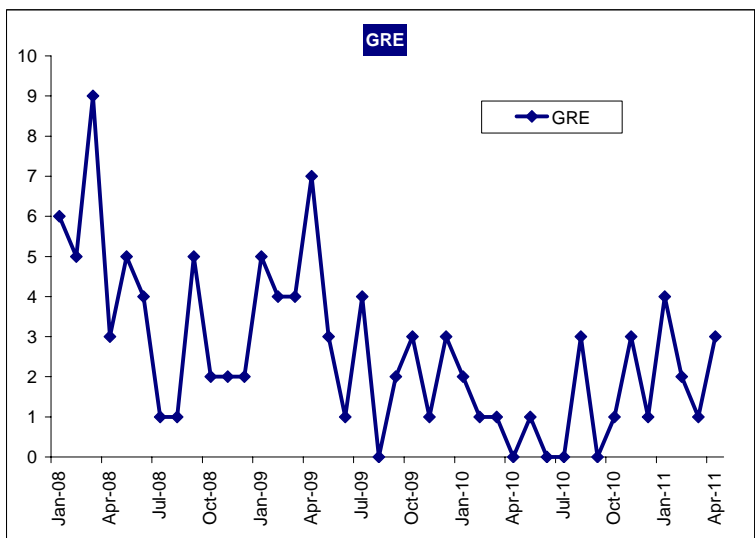
MRSA Bacteraemias by Site



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

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

MORTALITY

Performance Overview

CHKS RISK ADJUSTED MORTALITY

UHL's overall risk adjusted mortality index (RAMI) was 'much lower than expected' for the financial year 2010/11.

Although there was an increase in the Elective RAMI during Quarter 1, this was predominantly due to errors in activity coding which have now been rectified. UHL's Elective RAMI has significantly improved since December.

There was also an increase in the Trust's Non Elective RAMI during December. 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.

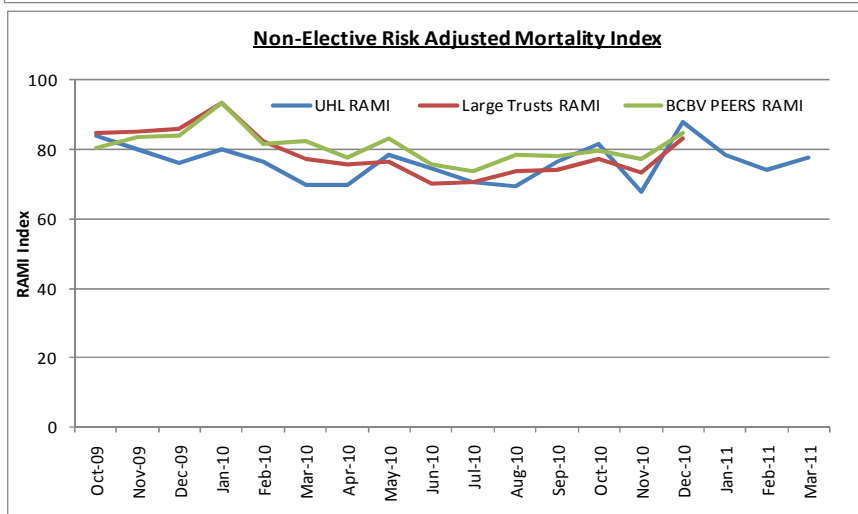
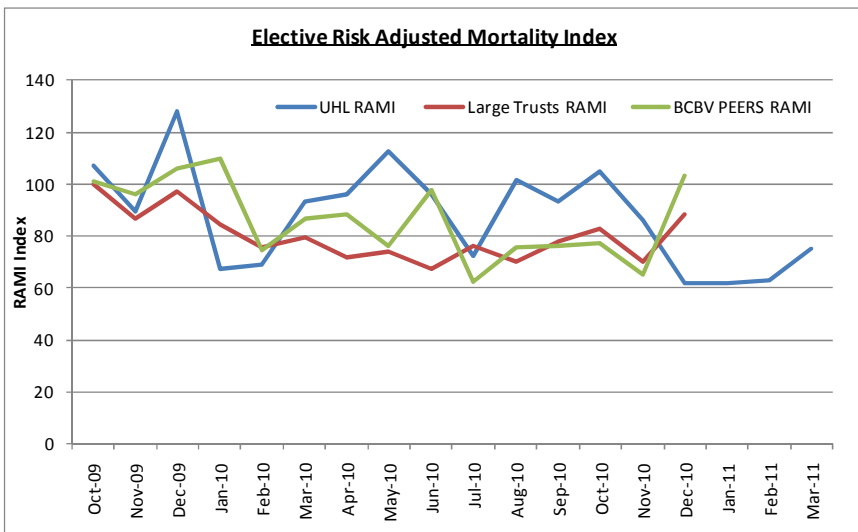
The adjacent charts show UHL's risk adjusted mortality compared against 'large trusts' and also against all trusts in England. However, benchmarked data will always be 3 months in arrears.

It should also be noted that the RAMI 2011 is now being used by CHKS. This rebase of RAMI resets the national average index to 100 resulting in an average increase of 19 points. For UHL this will increase our RAMI for 2010/11 from 76 to 86.

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.

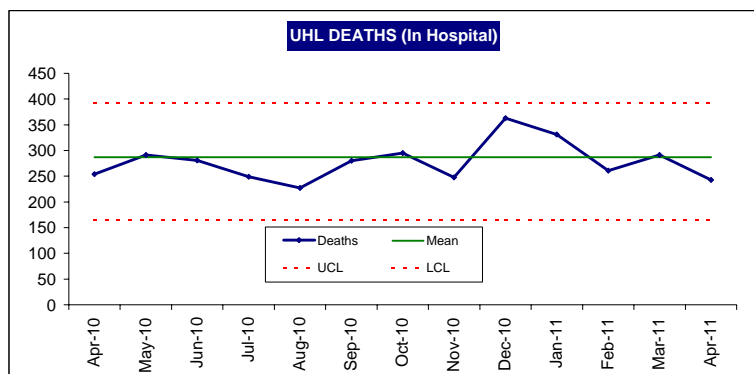
The national Summary Hospital Mortality Indicator (SHMI) has not yet been published and so UHL will continue to monitor its risk adjusted mortality using the CHKS tool.



CHKS - RISK ADJUSTED MORTALITY

	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	Mar-11	YTD
Total Spells (CHKS)	18,101	20,550	18,387	18,448	18,929	18,925	18,049	18,669	18,307	18,984	18,312	17,810	17,485	19,869	222,174
Observed Deaths	251	251	230	259	246	214	198	248	265	211	325	293	230	250	2969
RAMI	76.4	70.7	70.5	79.9	75.3	70.7	70.6	77.1	82.6	68.5	87.3	78.0	73.9	77.6	76.0

Clinical Business Unit	CURRENT MONTH		
	Spells	Deaths	%
Specialist Surgery	1523	3	0.2%
GI Medicine, Surgery and Urology	3171	39	1.2%
Cancer, Haematology and Oncology	1706	15	0.9%
Musculo-Skeletal	823	6	0.7%
Medicine	2175	86	4.0%
Respiratory	1126	48	4.3%
Cardiac, Renal & Critical Care	1095	38	3.5%
Emergency Department	10	4	40.0%
Women's	4098	3	0.1%
Children's	858		
Anaesthesia and Theatres	272	1	0.4%
Therapy, Phlebotomy and Central Outpatients	2		
Imaging	9		
Sum:	16868	243	1.4%



UHL CRUDE DATA TOTAL SPELLS

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target
UHL Crude Data - TOTAL Spells	19173	19277	19784	19860	18974	19627	19254	19894	19261	18665	18296	20755	16868	16868	TBC
UHL Crude Data - TOTAL Deaths	254	291	281	249	227	280	295	248	363	331	261	291	243	243	TBC
Percent	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%	1.4%	TBC

UHL CRUDE DATA ELECTIVE SPELLS

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target
UHL Crude Data - ELECTIVE Spells	8181	8214	8792	8678	8178	8602	8449	8794	7744	7784	8070	9411	7761	7761	TBC
UHL Crude Data - ELECTIVE Deaths	13	12	10	10	8	10	11	9	6	6	6	9	6	6	TBC
Percent	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%	0.1%	TBC

UHL CRUDE DATA NON ELECTIVE SPELLS

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target
UHL Crude Data - NON ELECTIVE Spells	10992	11063	10992	11182	10796	11025	10805	11100	11517	10881	10226	11344	9107	9107	TBC
UHL Crude Data - NON ELECTIVE Deaths	241	279	271	239	219	270	284	239	357	325	255	282	237	237	TBC
Percent	2.2%	2.5%	2.5%	2.1%	2.0%	2.4%	2.6%	2.2%	3.1%	3.0%	2.5%	2.5%	2.6%	2.6%	TBC

EMERGENCY READMISSIONS

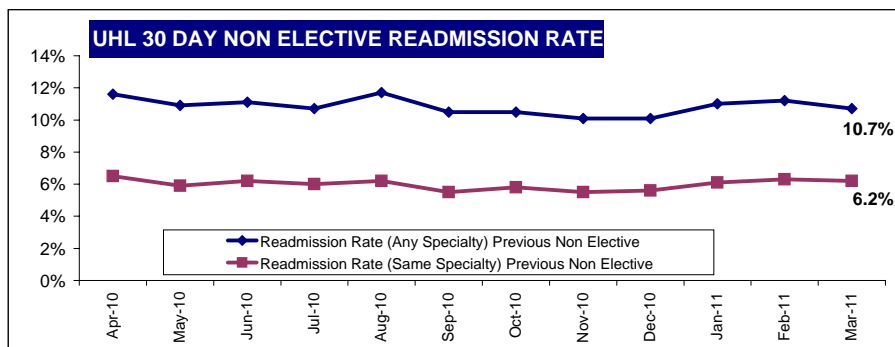
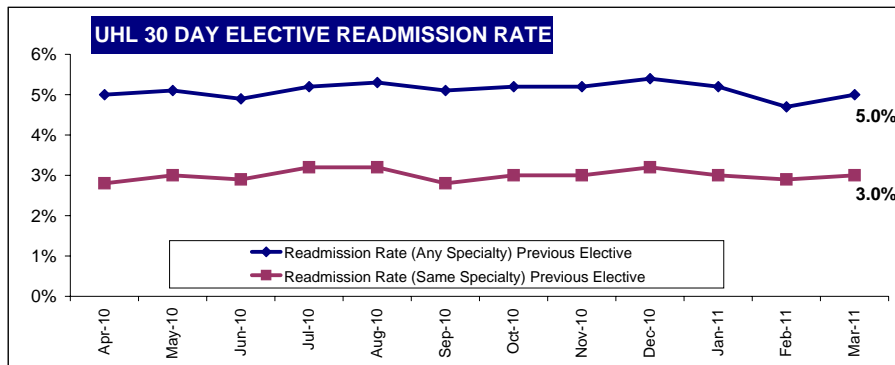
Performance Overview

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

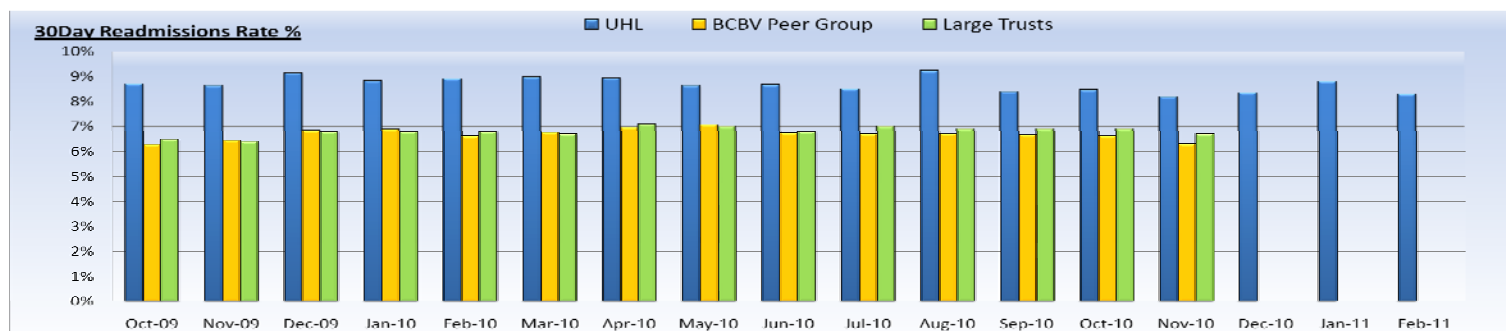
There will also be a financial penalty for emergency readmissions within 30 days of discharge from an emergency admission in that UHL is committed to delivering a 25% reduction in readmission rates from 2010/11.

Key Actions

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



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
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
Discharges	19173	19,277	19,784	19,860	18,974	19,627	19,254	19,894	19,261	18,665	18,296	20,755	20,755	TBC
30 Day Emerg. Readmissions (Any Spec)	1680	1,623	1,655	1,648	1,702	1,594	1,574	1,576	1,576	1,599	1,528	1,684	1,684	TBC
Readmission Rate (Any Specialty)	8.8%	8.4%	8.4%	8.3%	9.0%	8.1%	8.2%	7.9%	8.2%	8.6%	8.4%	8.1%	8.1%	TBC
30 Day Emerg. Readmissions (Same Spec)	948	903	931	944	927	850	876	873	901	897	880	987	987	TBC
Readmission Rate (Same Specialty)	4.9%	4.7%	4.7%	4.8%	4.9%	4.3%	4.5%	4.4%	4.7%	4.8%	4.8%	4.8%	4.8%	TBC
Redmissions - Previous Spell = Elective													YTD	Target
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
Discharges	8,181	8,214	8,792	8,678	8,178	8,602	8,449	8,794	7,744	7,784	8,070	9,411	9,411	TBC
30 Day Emerg. Readmissions (Any Spec) Previous Elective	408	416	433	455	434	438	436	453	415	407	382	471	471	TBC
Readmission Rate (Any Specialty) Previous Elective	5.0%	5.1%	4.9%	5.2%	5.3%	5.1%	5.2%	5.2%	5.4%	5.2%	4.7%	5.0%	5.0%	TBC
30 Day Emerg. Readmissions (Same Spec) Previous Elective	229	247	252	277	261	244	250	262	251	237	232	286	286	TBC
Readmission Rate (Same Specialty) Previous Elective	2.8%	3.0%	2.9%	3.2%	3.2%	2.8%	3.0%	3.0%	3.2%	3.0%	2.9%	3.0%	3.0%	TBC
Redmissions - Previous Spell = Non Elective													YTD	Target
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11		
Discharges	10,992	11,063	10,992	11,182	10,796	11,025	10,805	11,100	11,517	10,881	10,226	11,344	11,344	TBC
30 Day Emerg. Readmissions (Any Spec) Previous Non Elective	1,272	1,207	1,222	1,193	1,268	1,156	1,138	1,123	1,161	1,192	1,145	1,213	1,213	TBC
Readmission Rate (Any Specialty) Previous Non Elective	11.6%	10.9%	11.1%	10.7%	11.7%	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.7%	10.7%	TBC
30 Day Emerg. Readmissions (Same Spec) Previous Non Elective	719	656	679	667	666	606	626	611	650	660	648	701	701	TBC
Readmission Rate (Same Specialty) Previous Non Elective	6.5%	5.9%	6.2%	6.0%	6.2%	5.5%	5.8%	5.5%	5.6%	6.1%	6.3%	6.2%	6.2%	TBC

FALLS

Performance Overview

Over the last 12 months the number of patient falls has shown a decline. This trend has led to an end of year achievement in meeting the overall target.

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.

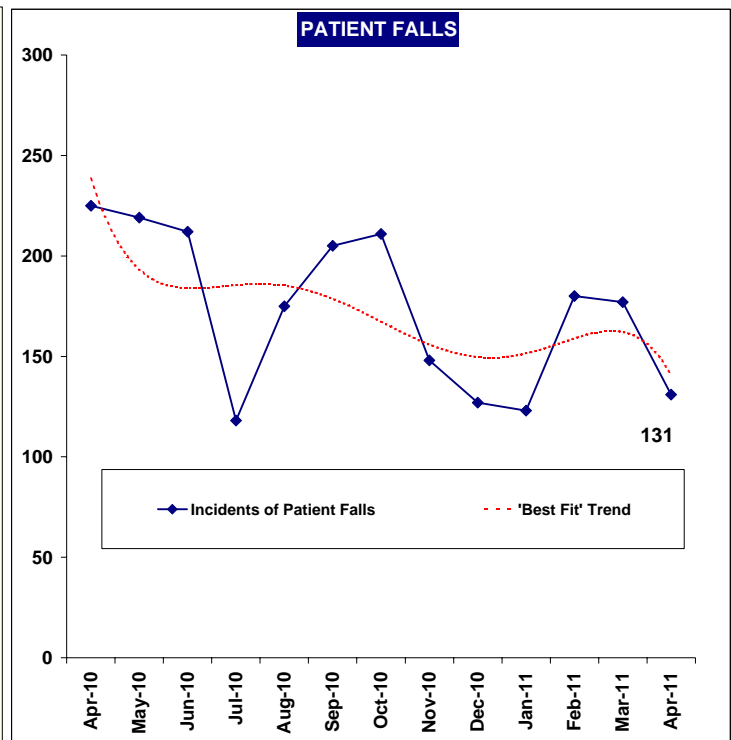
Plans continue to improve access to falls training via Divisional teams and via the planned "VITAL" initiative.

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. Performance Overview

Over the last 12 months the number of patient falls has shown a decline. This trend has led to an end of year achievement in meeting the overall target.

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



TARGET / STANDARD

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target
Incidents of Patient Falls	225	219	212	118	175	205	211	148	127	123	180	177	131	131	2441
In Hospital Falls resulting in Hip Fracture	0	3	0	0	0	1	0	0	3	2	2	2	2	2	

PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

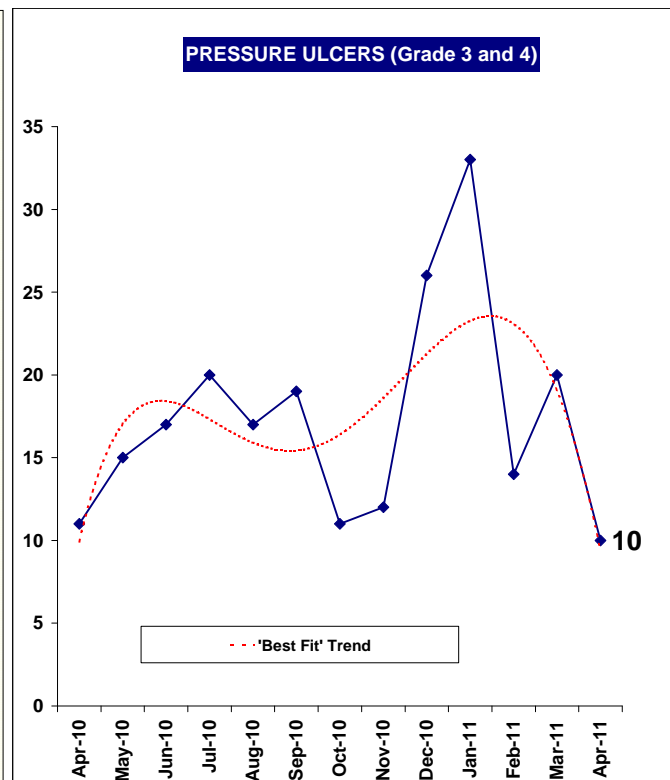
UHL has seen a decrease in hospital acquired pressure ulcers grade 3&4 over quarter 3 and 4 when compared with the same quarters in year 2009-10. April's performance continues this trend.

For 2010 / 11 there were 214 confirmed grade 3 & 4 HAPU's and it has been agreed that for the 2011/12 CQUIN, there will be a 20% reduction in grade 3 and 4 HAPU for those wards across the Trust that reported the highest number of HAPUs in the previous year. Individual trajectories to achieve the reductions are yet to be confirmed with each ward manager.

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

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

PATIENT EXPERIENCE

Performance Overview

The "Patient Experience Survey" has been running continuously now for 10 months. Overall the number of survey returns has increased by 500 this month which is a great achievement. The Acute Division have made the biggest improvement returning an increase of 289 forms this month. Divisions continue to emphasise the importance of gathering surveys in each CBU, this will be supported by the Patient Experience Team.

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

Respect and Dignity scores have all turned green with Women's and Children maintaining an amber. Acute have improved their overall score by 2.9 points, a great achievement. The overall UHL score is the highest so far, perhaps a reflection of the increase activity around privacy and dignity via the recent Trust audit as well as the hourly nursing rounds.

The overall care results show an improvement across all Divisions, again with the Acute Division showing the biggest improvement with a leap of 8.6 points. Cardiac, Renal, Critical Care and Musculo-skeletal have all improved their overall scores from amber to green. This has resulted in the overall UHL score improving by 4.6 points.

The results continue to be accessible for frontline staff via a one click link on INsite. The site has shown a significant 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)

DIVISIONAL PROJECTS

Area for Development	Lead Division	PES Question	Jan-11	Feb-11	Mar-11	Apr-11	Change
Noise at Night	Acute Care	Q10a – Were you ever bothered by noise at night from other patients?	64	68	65	76	Increase
		Q10b – Were you ever bothered by noise at night from hospital staff?	82	84	84	87	Increase
Staff Attitudes and Behaviours	Women's and Children's	Q13a – When you had important questions to ask the doctors did you get answers that you could understand?	88	89	88	90	Increase
	Children's	Q14a – Did any of the doctors talk in front of you as if you were not there?	86	88	89	89	Increase
		Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? CQUIN	79	78	77	81	Increase
		Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN	80	79	79	82	Increase
Providing Information	Clinical Support	Q15 – Sometimes in hospital a member of staff will say one thing and another say something quite different. Did this happen to you?	83	83	85	86	Increase
		Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN	95	94	92	95	Same
		Q24 – Has a member of staff told you about medication side effects to watch for when you went home? CQUIN	72	74	73	80	Increase
		Q26 – Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital? CQUIN	75	73	70	82	Increase
Pain	Planned Care	Q19 – Do you think the hospital staff did everything they could to help control your pain?	91	91	91	93	Increase
		Q28 – Overall, how would you rate the care you received?	87	86	84	88	Increase

Definition : Comparing January to April illustrates the trend

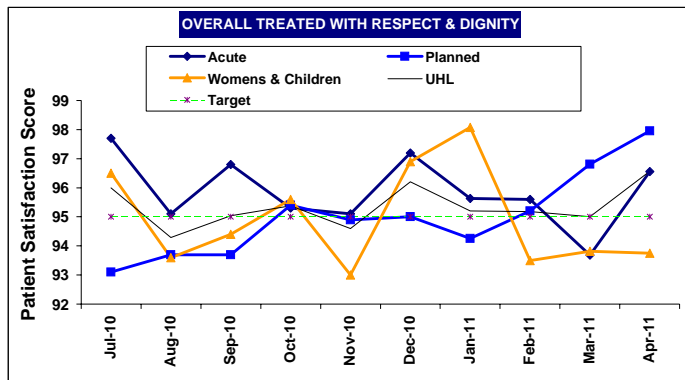
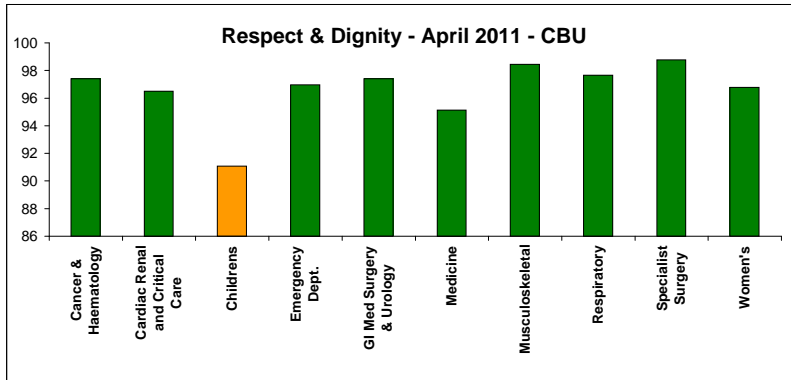
PATIENT EXPERIENCE

TARGET / STANDARD

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

Sep-09 May-10 Jul-10 Aug-10 Sep-10 Oct-10 Nov-10 Dec-10 Jan-11 Feb-11 Mar-11 **Apr-11** Status

Division	Sep-09	May-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	Status
Acute	93.9	95.4	97.7	95.1	96.8	95.3	95.1	97.2	95.6	95.6	93.7	96.6	▲
Planned	94.3	95.0	93.1	93.7	93.7	95.4	94.9	95.0	94.3	95.2	96.8	98.0	▲
Womens & Children	94.5	96.1	96.5	93.6	94.4	95.6	93.0	96.9	98.1	93.5	93.8	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	96.6	▲

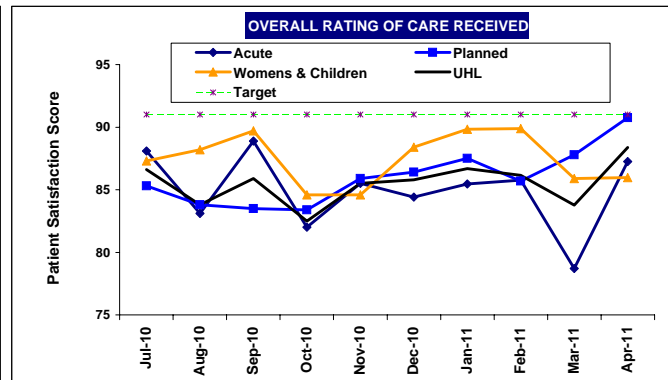
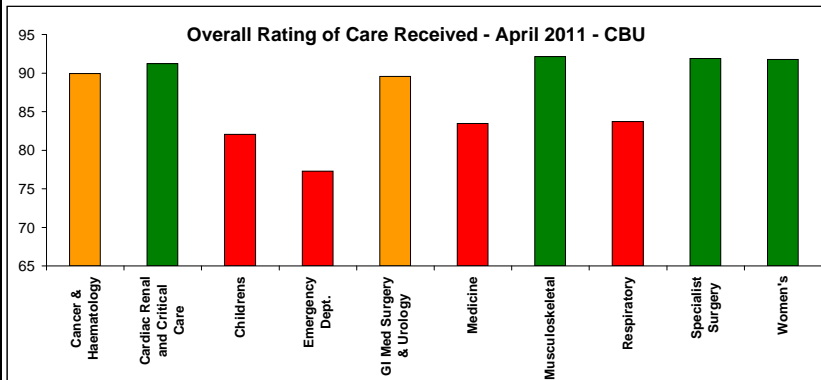


TARGET / STANDARD

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

Sep-09 May-10 Jul-10 Aug-10 Sep-10 Oct-10 Nov-10 Dec-10 Jan-11 Feb-11 Mar-11 **Apr-11** Status

Division	Sep-09	May-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	Status
Acute	84.2	85.6	88.1	83.1	88.9	82.0	85.5	84.4	85.5	85.8	78.7	87.3	▲
Planned	85.4	84.8	85.3	83.8	83.5	83.4	85.9	86.4	87.5	85.7	87.8	90.8	▲
Womens & Children	89.0	89.5	87.3	88.2	89.7	84.6	84.6	88.4	89.8	89.9	85.9	86.0	▲
UHL	85.8	85.6	87.0	84.0	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	▲



EMERGENCY DEPARTMENT

Performance Overview

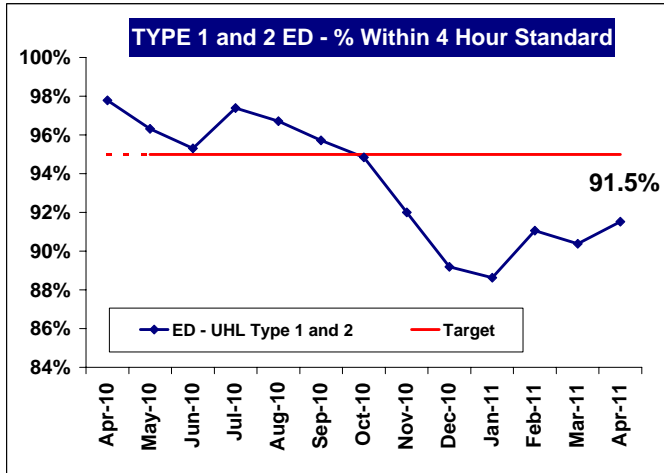
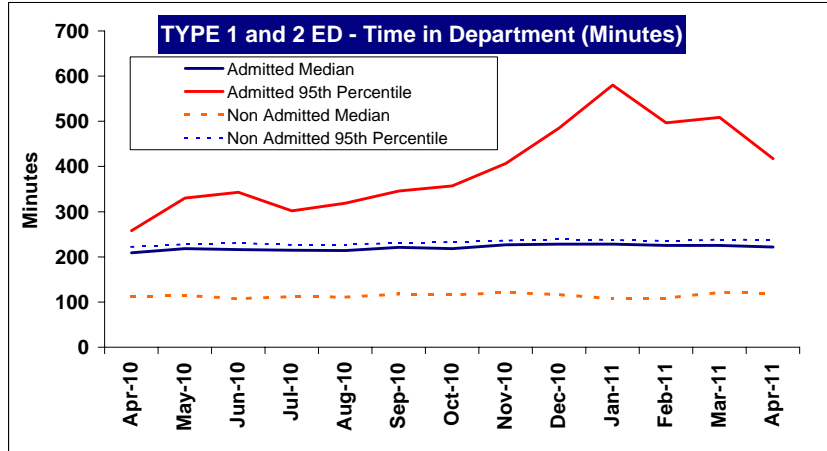
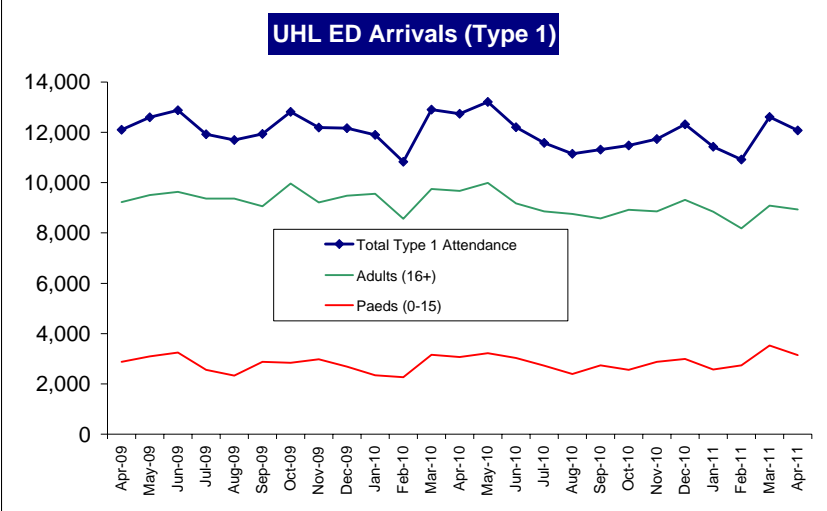
Performance for April type 1 and 2 is 91.5% (90.4% in March) and remains of acute concern despite a very slow but improving performance. Furthermore, there is also evidence of a slow but improving performance in overall waiting times reducing to near November 2010 levels. Both of the above indicators do not include the UCC data, where confirmation has been given from the Department of Health that with effect from Q1, subject to George Elliott agreement, this data can also be attributed to UHL. In performance terms, this would increase the performance by circa 1.5%.

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 by the LLR Emergency Care Network to deliver the plans.



Total Time in the Department

April 2011 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	420	4824	5244
3-4 Hours	2695	4320	7015
5-6 Hours	493	245	738
7-8 Hours	219	55	274
9-10 Hours	73	16	89
11-12 Hours	30	4	34
12 Hours+	9	2	11
Sum:	3939	9466	13405

4 HOUR STANDARD

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
ED - Leics	98.6%	97.6%	97.0%	98.4%	98.1%	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%				
ED - UHL Type 1 and 2	97.8%	96.3%	95.3%	97.4%	96.7%	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	91.5%	95.0%	▲
ED Waits - Type 1	97.6%	96.0%	94.8%	97.1%	96.3%	95.3%	94.3%	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	90.6%	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

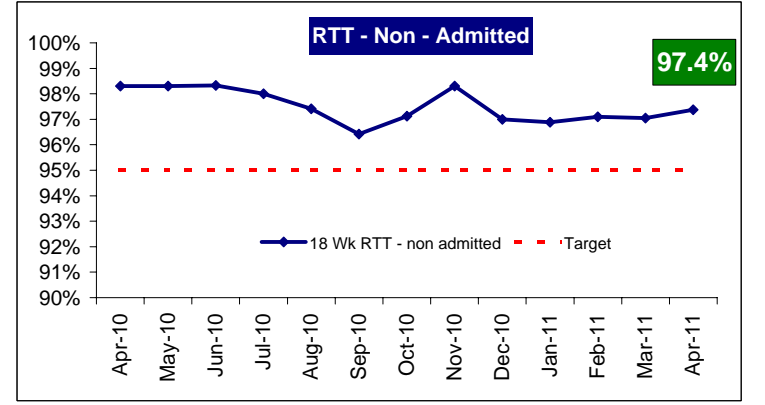
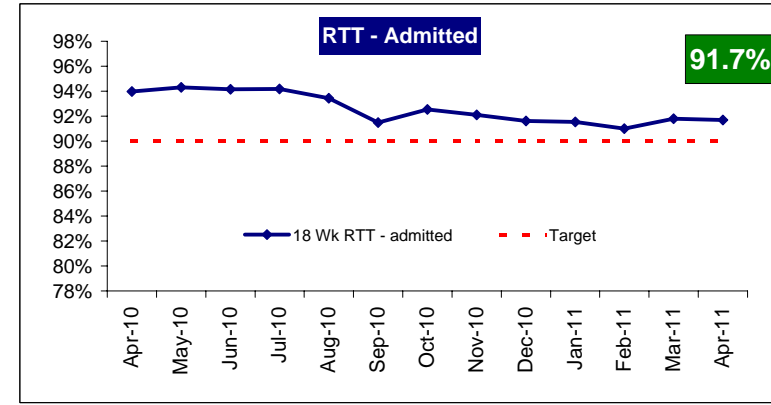
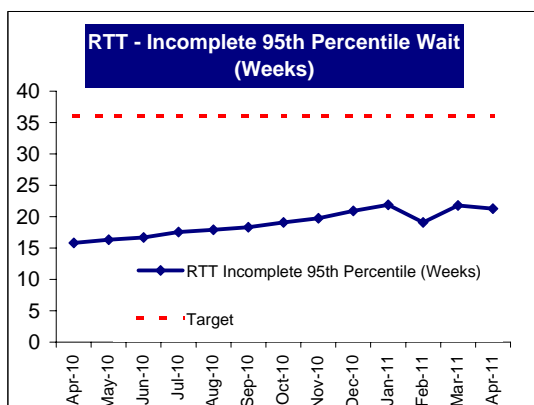
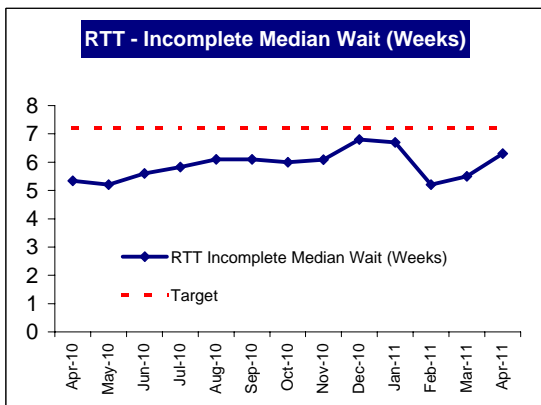
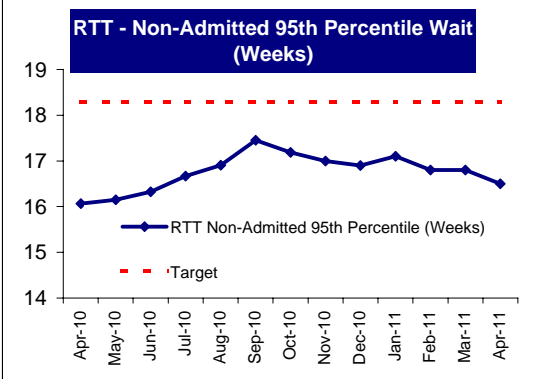
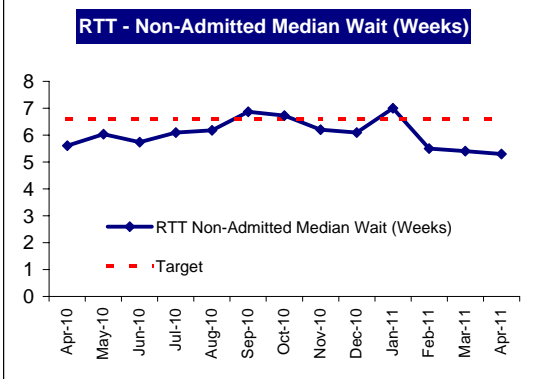
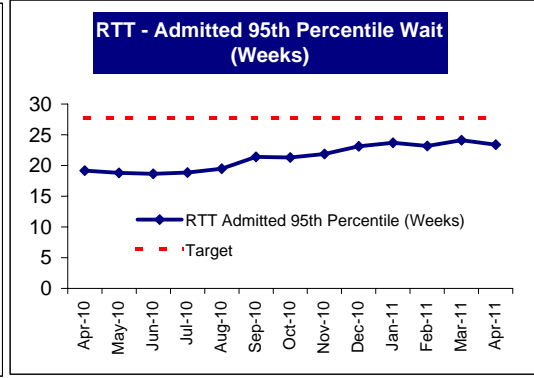
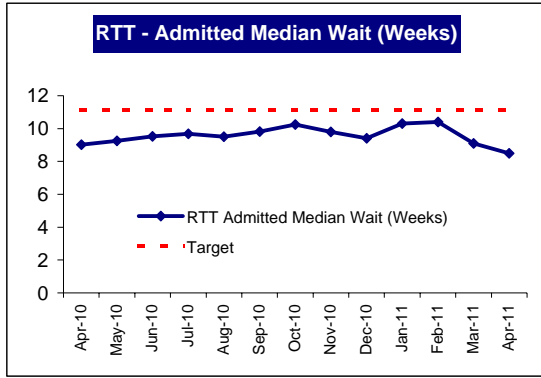
Performance Overview

In April 91.7% was achieved for admitted patients (target of 90%) and 97.4% (target of 95%) for non-admitted patients. Admitted median and percentile targets for April were also achieved.

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

Further to the DoH revised performance measures reducing admitted 95th percentile waiting time threshold from 27.7 weeks to 23 weeks, work has actively commenced to increase activity over the next 10 weeks by a further 650 cases to create both delivery and headroom during quarter 2 and beyond. Monitoring of this activity will take place weekly and will be reported to the technical performance meeting. During this period, it is expected that performance of the RTT will be affected on a monthly basis to achieve the revised performance measures going forward.



TARGET / STANDARD

RTT	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
18 Wk - admitted (%)	94.0	94.3	94.2	94.2	93.4	91.5	92.6	92.1	91.6	91.5	91.0	91.8	91.7	91.7	90.0%	▼
18 Wk - non admitted (%)	98.3	98.3	98.3	98.0	97.4	96.4	97.1	98.3	97.0	96.9	97.1	97.1	97.4	97.4	95.0%	▲

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target 11/12
RTT Admitted Median Wait (Weeks)	9.5	9.8	10.2	9.8	9.4	10.3	10.4	9.1	8.5	8.5	<=11.1
RTT Admitted 95th Percentile (Weeks)	19.5	21.4	21.3	21.9	23.1	23.7	23.2	24.1	23.4	23.4	<=23.0
RTT Non-Admitted Median Wait (Weeks)	6.2	6.9	6.7	6.2	6.1	7.0	5.5	5.4	5.3	5.3	<=6.6
RTT Non-Admitted 95th Percentile (Weeks)	16.9	17.4	17.2	17.0	16.9	17.1	16.8	16.8	16.5	16.5	<=18.3
RTT Incomplete Median Wait (Weeks)	6.1	6.1	6.0	6.1	6.8	6.7	5.2	5.5	6.3	6.3	<=7.2
RTT Incomplete 95th Percentile (Weeks)	17.9	18.3	19.1	19.8	20.9	21.9	19.1	21.8	21.3	21.3	<=28.0

PRIMARY PCI

Performance Overview

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

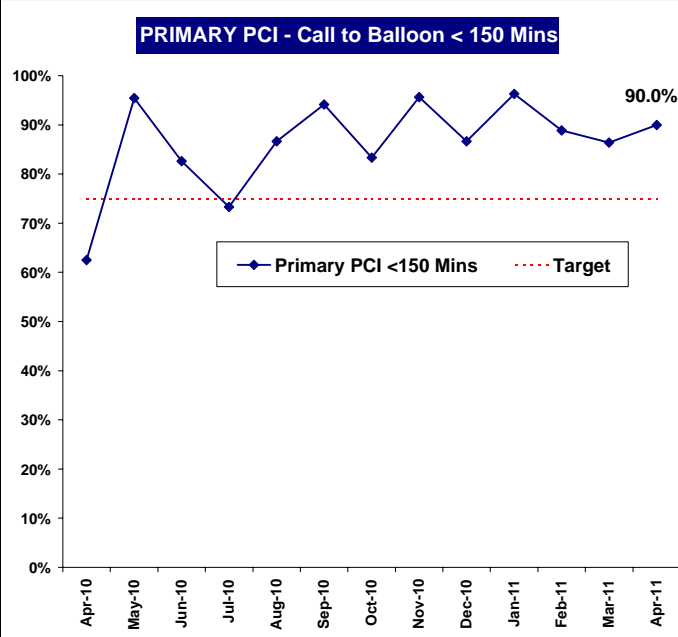
1. The percentage of eligible patients with acute myocardial infarction who receive Primary PCI within 150 minutes of calling professional help
2. The number of patients who receive thrombolysis where this is deemed to be the most effective treatment

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

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in April was 90% 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	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target
	62.5%	95.5%	82.6%	73.3%	86.7%	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	90.0%	90.0%	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 April 2011 UHL declared full SSA compliance as part of the annual declaration.

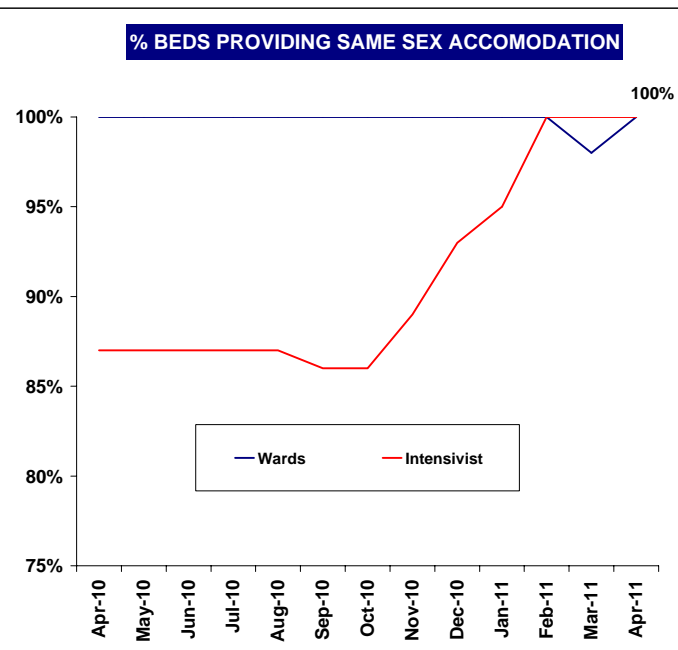
A financial penalty will be applied from April 2011 for any clinically unjustified breaches of the SSA guidance.

The Brain Injury Unit, LGH, will continue to report clinically justified breaches locally and will remain on long term Divisional plans.

Key Actions

April 2011 UHL national breach data declared on Unify reported zero unjustified SSA breaches. T

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

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

CANCER TREATMENT

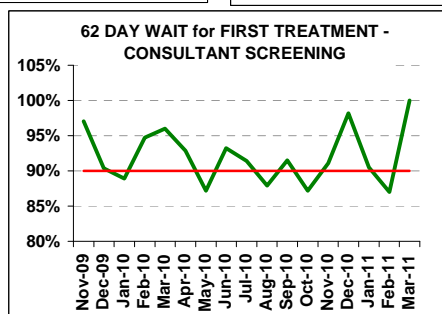
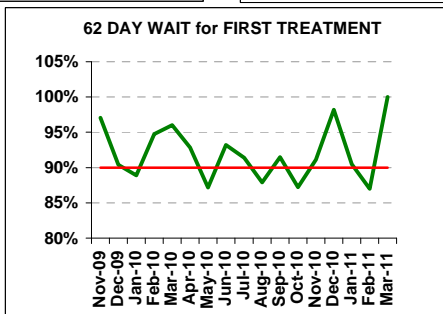
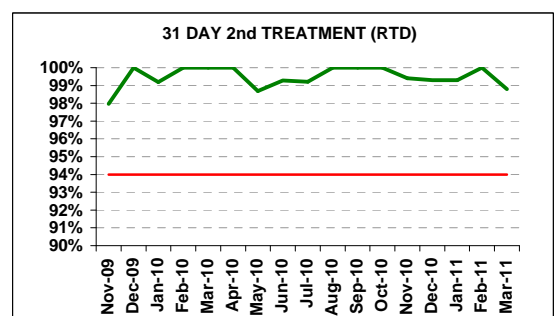
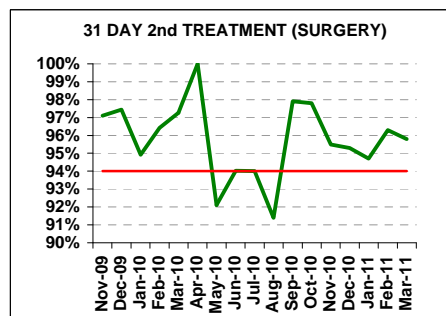
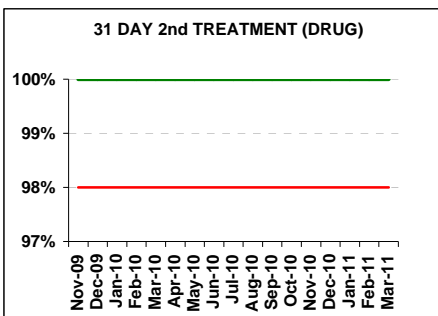
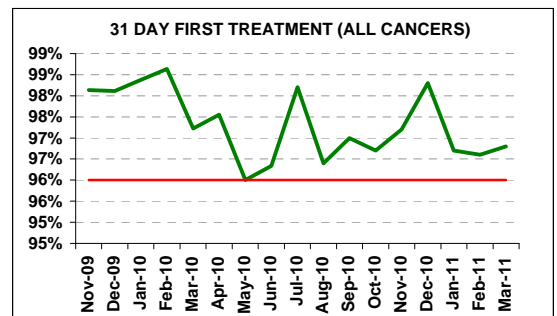
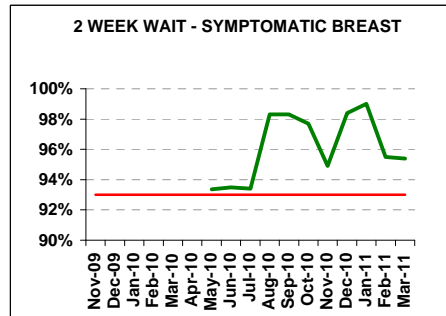
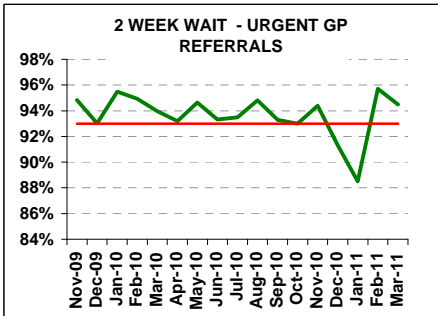
Performance Overview

Confirmation has been received that Q4 cancer targets have been achieved (one month behind in reporting).

Key Actions

1. Plans to increase Endoscopy capacity have been implemented.
2. Reports to predict/forecast performance have been developed to help manage patient pathways.
3. Revised Lower GI pathway to be implemented by the 1st June.

Commitment	Threshold	Qtr1 2010/11	Qtr2 2010/11	Qtr 3 2010/11	Qtr 4 2010/11
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%	93.1%
Two week wait for symptomatic breast patients (Cancer not initially suspected)	93.0%	94.1%	96.9%	96.8%	96.1%
31-day (Diagnosis To Treatment) wait for first treatment: all cancers	96.0%	96.6%	97.2%	97.4%	96.7%
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%	95.6%
31-day wait for second or subsequent treatment: radiotherapy treatments	94.0%	99.3%	99.8%	99.5%	99.4%
62-day (urgent GP referral to treatment) wait for first treatment: all cancers	85.0%	86.1%	86.3%	86.6%	86.2%
62-day wait for first treatment from consultant screening service referral: all cancers	90.0%	91.6%	90.3%	92.8%	92.3%
62-day wait for first treatment from consultant upgrade	100%	---	100%	100%	100%



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisals

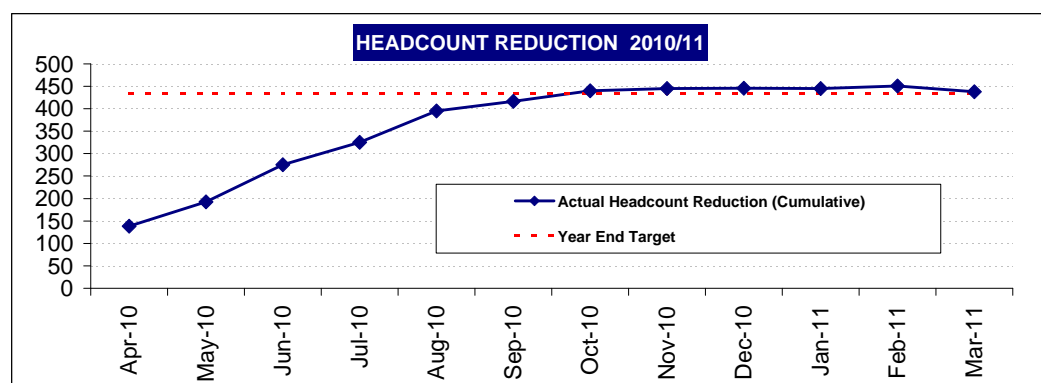
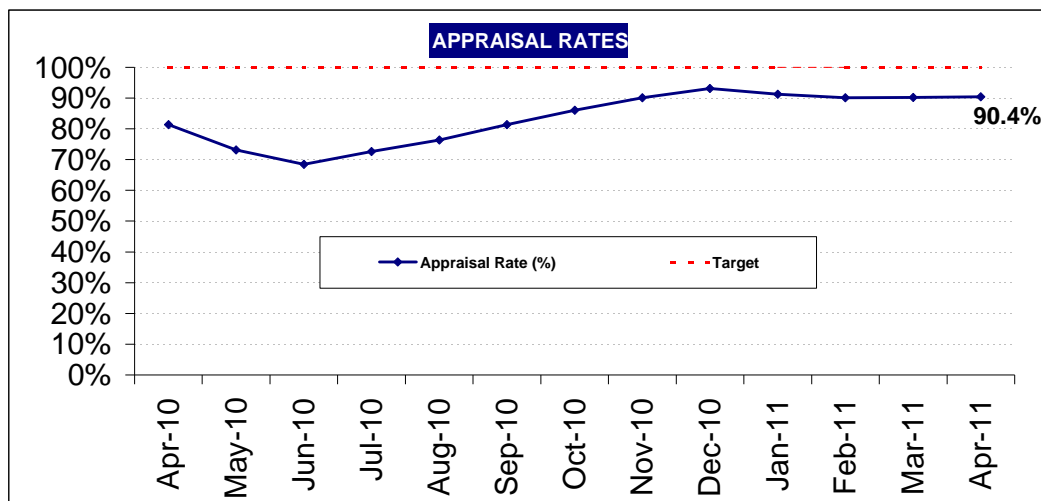
Appraisal rates peaked at just over 90% after 6 months of growth up to December. Since then the rate have remained relatively static 10% below target.

Sickness

The current level of sickness at the date of reporting is 3.6% although the figure may actually reduce as earlier reporting appears to be adding about 0.4 % to the rate.

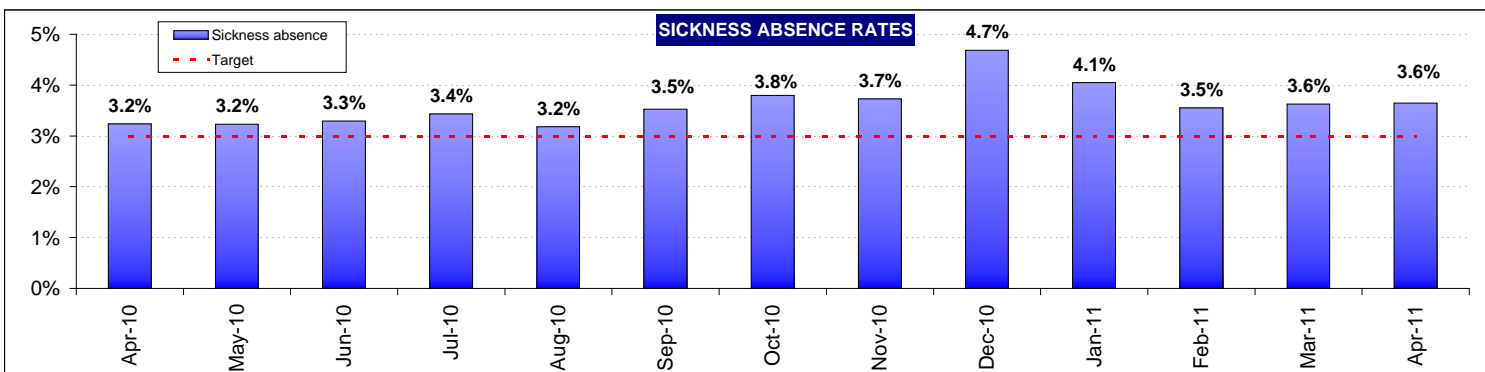
Headcount Reduction

In 2010/11 headcount reduction delivered 437.8 against a plan of 433.4 delivering a 4.4 WTE surplus. Reporting of headcount reduction figures to recommence next month.



Headcount Reduction 2010/11

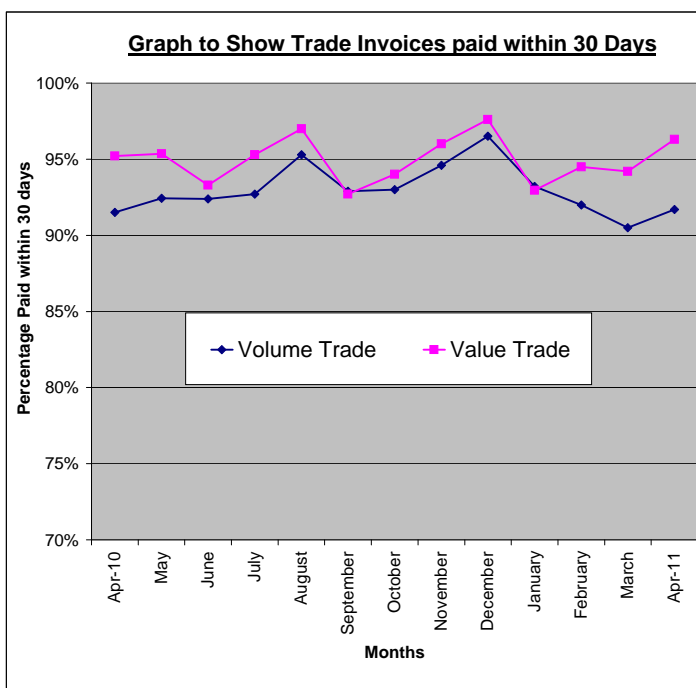
	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Planned	150.0	12.7	30.0	130.1	5.9	12.5	81.0	6.7	0.0	4.6	-0.2	0.0
Actual	138.4	54.4	82.6	49.7	70.4	20.9	23.7	4.6	0.7	-0.2	5.7	-13.0



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	YTD	Target	Status
Appraisals	81.4%	73.2%	68.5%	72.7%	76.3%	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	90.4%	100%	▲

VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Cumulative income at Month 1 was £56.8million (£0.5 million or 1.0% adverse to Plan). Cumulative expenditure was £58.9 million (£1.7 million adverse to plan). The actual deficit of £2.2 million is an adverse variance of £2.3 million against plan.
Activity/Income	An under performance of £0.2 million is reported on patient care income against plan.
BPPC	The Trust achieved an overall 30 day payment performance of 96% for value and 92% for volume for trade creditors in April 2011.
Cost Improvement Programme	At Month 1 Divisions have reported £1 million of savings, which is short of the £1.9m target by £0.9million. This reflects additional ward capacity planned to be closed being still open, plus an element of the unidentified CIP's.
Balance Sheet	The balance sheet is showing an increase in cash due to an increase in trade and other payables.
Cash Flow	An increase in cash of £4.2 million reflects the increases in trade and other receivables and payables, although cash is forecast to come back in line with plan.
Capital	The capital programme is under spent by £1.3 million, due to scheme slippage.
Risks	The Chief Operating Officer and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions required to ensure delivery of the planned surplus.



Financial Metrics		April	Year to Date	
		Result	Result	Score
	Weighting			
EBITDA achieved (% of plan)	10.0%	39.0%	39.0%	1
EBITDA margin (%)	25.0%	2.6%	2.6%	2
Return on assets (%)	20.0%	-1.4%	-1.4%	3
I&E surplus (%)	20.0%	-3.8%	-3.8%	1
Liquidity ratio (days)	25.0%	10	10	2
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 30 April

	2011/12 Annual Plan £000	April			Commentary
		Plan £ 000	Actual £ 000	Surplus / (Deficit) £ 000	
Service Income					<p>The Trust position is an actual deficit of £2.2 million, compared to a planned £0.1 million surplus, giving a £2.3 million deficit variance compared to plan.</p> <p>The deficit variance reflects under performance on income of £0.5 million, and an over spend on expenditure budgets of £1.7 million.</p> <p>The income position reflects £3.4 million of Transformational Funds, and therefore the underlying position is a deficit of £5.5 million.</p>
NHS Patient Related	589,205	48,875	48,631	(244)	
Non NHS Patient Care	6,526	487	316	(171)	
Teaching, Research & Development	76,774	6,383	6,219	(164)	
Total Service Income	672,505	55,745	55,166	(579)	
Other operating Income	18,914	1,552	1,594	42	
Total Income	691,419	57,297	56,760	(537)	
Operating Expenditure					
Pay	427,511	35,406	36,871	(1,465)	
Non Pay	213,388	18,016	18,371	(355)	
Central Funds	4,109	-	-	-	
Provision for Liabilities & Charges	348	29	18	11	
Total Operating Expenditure	645,356	53,451	55,260	(1,809)	
EBITDA	46,063	3,846	1,500	(2,346)	
Interest Receivable	84	7	7	-	
Interest Payable	(565)	(47)	(46)	1	
Depreciation & Amortisation	(31,057)	(2,588)	(2,511)	77	
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	14,525	1,218	(1,050)	(2,268)	
Profit / (Loss) on Disposal of Fixed Assets	-	-	-	-	
Dividend Payable on PDC	(13,236)	(1,103)	(1,113)	(10)	
Net Surplus / (Deficit)	1,289	115	(2,163)	(2,278)	
EBITDA MARGIN	6.66%		2.64%		
Impairment		-	-	-	
Net Surplus / (Deficit) after impairment	1,289	115	(2,163)	(2,278)	

VALUE FOR MONEY - COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at April 2011

Division	Plan	£	Actual	£	Variance	£	% of Plan
Acute Care		808,311		227,808		(580,503)	28.2%
Clinical Support		415,851		264,066		(151,785)	63.5%
Planned Care		298,259		298,259		0	100.0%
Women's and Children's		115,064		24,333		(90,731)	21.1%
Clinical Divisions		1,637,486		814,467		(823,019)	49.7%
Corporate		231,198		169,364		(61,833)	73.3%
Total		1,868,684		983,831		(884,852)	52.6%

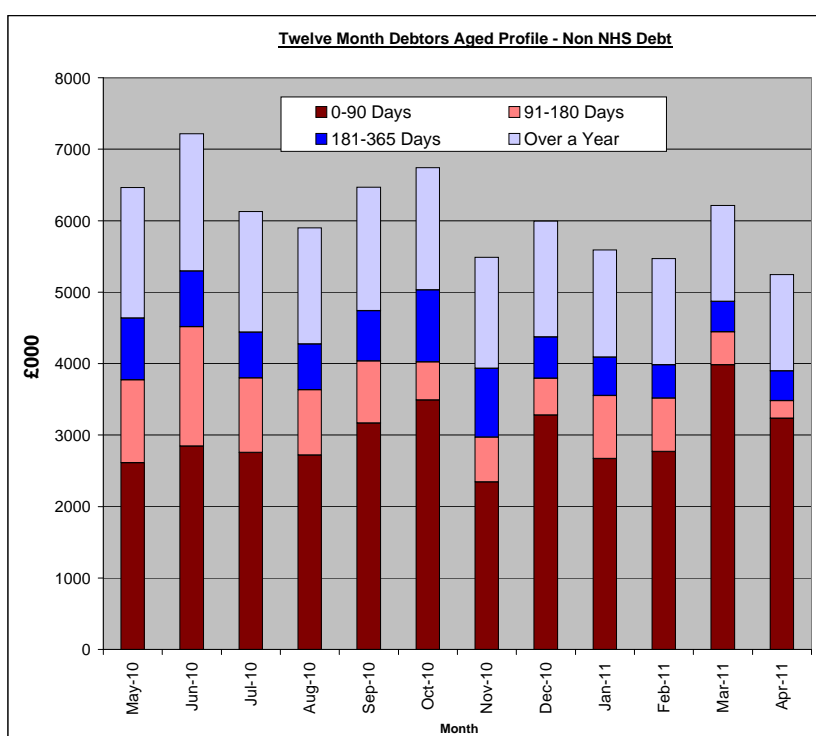
Category	Plan	£	Actual	£	Variance	£	% of Plan
Income		272,714		144,001		(128,713)	52.8%
Non Pay		857,947		392,694		(465,252)	45.8%
Pay		738,023		447,136		(290,886)	60.6%
Total		1,868,683		983,831		(884,852)	52.6%

Commentary

At Month 1 Divisions have reported £1 million of savings, which is short of the £1.9m target by £0.9million. This reflects additional ward capacity planned to be closed being still open, plus an element of the unidentified CIP's.

VALUE FOR MONEY - BALANCE SHEET

BALANCE SHEET	Mar-11 £000's Actual	Apr-11 £000's Actual
Non Current Assets		
Intangible assets	5,119	4,993
Property, plant and equipment	414,129	415,444
Trade and other receivables	4,818	1,864
TOTAL NON CURRENT ASSETS	424,066	422,301
Current Assets		
Inventories	11,920	12,711
Trade and other receivables	22,723	21,221
Other Assets	0	0
Cash and cash equivalents	10,306	14,465
TOTAL CURRENT ASSETS	44,949	48,397
Current Liabilities		
Trade and other payables	(59,555)	(62,010)
Dividend payable	0	(1,113)
Borrowings	(1,009)	(3,649)
Provisions for liabilities and charges	(667)	(667)
TOTAL CURRENT LIABILITIES	(61,231)	(67,439)
NET CURRENT ASSETS (LIABILITIES)	(16,282)	(19,042)
TOTAL ASSETS LESS CURRENT LIAB	407,784	403,259
Non Current Liabilities		
Borrowings	(5,876)	(3,491)
Other Liabilities	0	0
Provisions for liabilities and charges	(2,232)	(2,255)
TOTAL NON CURRENT LIABILITIES	(8,108)	(5,746)
TOTAL ASSETS EMPLOYED	399,676	397,513
Public dividend capital	273,903	273,903
Revaluation reserve	108,683	108,683
Retained earnings	17,090	14,927
TOTAL TAXPAYERS EQUITY	399,676	397,513



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	5,863	614	429	43	6,949
Non NHS sales ledger by division:					
Corporate Division	708	106	175	578	1,567
Planned Care Division	517	39	62	222	840
Clinical Support Division	286	24	27	49	386
Women's and Children's Division	55	25	76	102	258
Acute Care Division	1,668	54	77	396	2,195
Total Non-NHS sales ledger	3,234	248	417	1,347	5,246
Total Sales Ledger	9,097	862	846	1,390	12,195
Other Debtors					
WIP (HRG4adjusted)					3,948
SLA Phasing & Performance					(2,815)
Bad debt provision					(1,902)
VAT - net					685
Other receivables and assets					9,110
TOTAL					21,221

Commentary

Cash has increased as a result of an increase in trade and other payables.

Accounts receivable metrics:

Invoice cycle time	Apr-11		Mar-11		Non-NHS days sales outstanding (DSO)
	Days	Days	Days	Days	
Req date to invoice raised	7.2	30.4	DSO (all debt)	96.4	110.9
Service to invoice raised	22.8	41.0	DSO (In year debt)	63.8	88.7

VALUE FOR MONEY - CASH FLOW

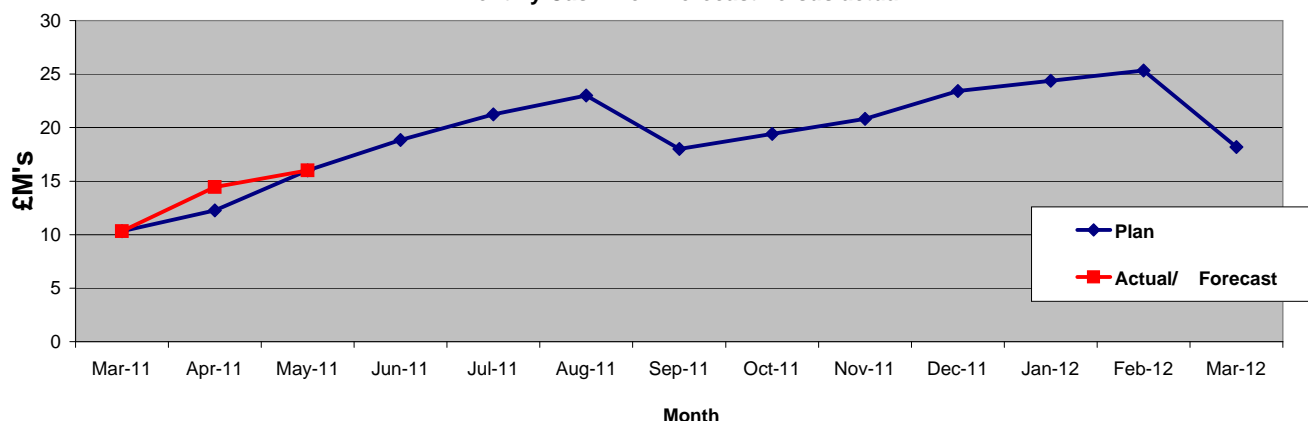
CASH FLOW for the PERIOD ENDED 30 APRIL 2011

Commentary

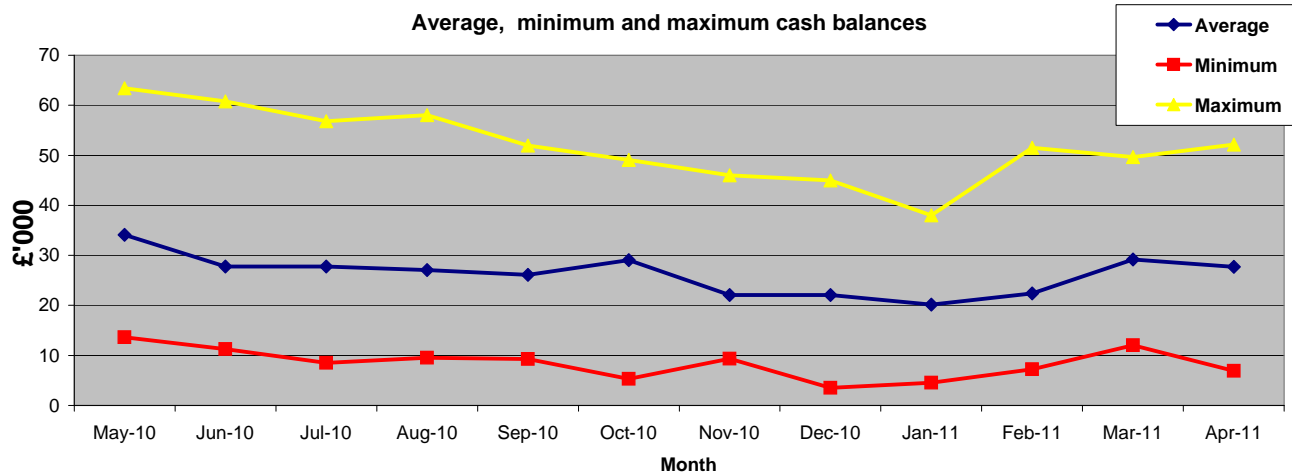
The increase in cash of £4.1 million reflects the increases in trade and other receivables and payables, although cash is forecast to come back in line with plan.

	2011/12 April 2011 Actual £ 000
CASH FLOWS FROM OPERATING ACTIVITIES	
Operating surplus before Depreciation and Amortisation	1,500
Impairments and reversals	-
Movements in Working Capital:	
- Inventories (Inc)/Dec	(791)
- Trade and Other Receivables (Inc)/Dec	1,502
- Trade and Other Payables Inc/(Dec)	2,733
- Provisions Inc/(Dec)	-
PDC Dividends paid	-
Interest paid	(33)
Other non-cash movements	-
Net Cash Inflow / (Outflow) from Operating Activities	4,911
CASH FLOWS FROM INVESTING ACTIVITIES	
Interest Received	7
Payments for Property, Plant and Equipment	(759)
Net Cash Inflow / (Outflow) from Investing Activities	(752)
Increase / (Decrease) in Cash	4,159

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 March 2012

	Total £000's	Actual Spend 11/12 £000's	Planned Expenditure Profile												Planned Out Turn £000's	Planned Variance £000's
			Plan													
			April £000's	May £000's	June £000's	July £000's	August £000's	Sept £000's	Oct £000's	Nov £000's	Dec £000's	Jan £000's	Feb £000's	March £000's		
FUNDING																
Depreciation as per CCE	27,194	2,286	2,286	2,239	2,240	2,240	2,245	2,188	2,280	2,279	2,279	2,335	2,335	2,248	27,194	0
Transformational Capital	1,289	0	0	0	0	0	0	0	0	0	1,289	0	0	0	1,289	0
Land Swap Disposals	19,800	0	0	0	19,800	0	0	0	0	0	0	0	0	0	19,800	0
Donations	800	0	0	40	140	140	140	40	40	40	40	40	40	100	800	0
Less cash for liquidity	-4,789	-388	-388	-394	-394	-394	-395	-385	-401	-401	-401	-411	-411	-414	-4,789	0
Total Funding	44,294	1,898	1,898	1,885	21,786	1,986	1,990	1,843	1,919	1,918	3,207	1,964	1,964	1,934	44,294	0
EXPENDITURE																
Backlog Maintenance																
IM&T	2,500	1	1	100	100	100	200	200	200	200	100	399	400	500	2,500	0
Medical Equipment	4,522	10	10	200	200	200	362	400	400	400	200	600	600	950	4,522	0
LRI Estates	2,500	16	16	134	150	100	200	200	200	200	100	350	350	500	2,500	0
LGH Estates	1,800	-12	-12	100	100	100	150	150	150	150	100	225	227	360	1,800	0
GGH Estates	1,700	17	17	68	68	68	136	136	136	136	68	250	250	367	1,700	0
Total Backlog Maintenance	13,022	30	30	602	618	568	1,048	1,086	1,086	1,086	568	1,824	1,827	2,679	13,022	0
Essential Developments																
Carbon Management	1,000	0	0	60	60	60	100	80	80	80	40	120	120	200	1,000	0
Diabetes R&D Funding	550	0	0	50	100	100	100	100	100	0	0	0	0	0	550	0
GGH CDU Phase II	900	2	2	100	100	100	100	100	100	100	100	98	0	0	900	0
LRI Disabled Car Park	190	0	0	0	0	0	0	0	60	130	0	0	0	0	190	0
Gwendolen House Vacation	400	0	0	0	0	0	0	0	80	80	0	80	80	80	400	0
MES Installation Costs	900	0	0	20	20	20	20	20	20	20	20	200	220	320	900	0
Congenital Heart Surgery	800	0	0	100	100	100	100	100	100	100	100	0	0	0	800	0
MacMillan Oncology Centre	300	0	0	0	100	100	100	0	0	0	0	0	0	0	300	0
ED Interim Improvements	1,500	0	0	0	0	0	0	0	300	300	0	300	300	300	1,500	0
LGH Theatre & Ward Refurbs	2,000	0	0	100	100	150	150	150	200	200	200	250	250	250	2,000	0
Cancer Trials Unit, LRI	100	0	0	0	0	0	50	50	0	0	0	0	0	0	100	0
Decontamination	300	452	452	100	100	0	0	0	0	0	0	0	0	0	652	-352
Encoder for Clinical Coding	131	0	0	131	0	0	0	0	0	0	0	0	0	0	131	0
DOSA Units Initial Planning	50	6	6	15	15	14	0	0	0	0	0	0	0	0	50	0
Purchase of PPD at LGH	250	0	0	0	0	0	100	100	50	0	0	0	0	0	250	0
Contingency	1,600	0	0	50	50	50	50	50	100	150	50	200	200	285	1,235	365
Land Swap	19,801	0	0	0	19,801	0	0	0	0	0	0	0	0	0	19,801	0
Other IM&T		1	1	0	0	0	0	0	0	0	0	0	0	0	1	-1
Other Medical Equipment		40	40	0	0	0	0	0	0	0	0	0	0	0	40	-40
Other Facilities		12	12	0	0	0	0	0	0	0	0	0	0	0	12	-12
Donations	500	0	0	40	40	40	40	40	40	40	40	40	40	60	460	40
Total Essential Development	31,272	513	513	706	20,526	674	810	710	1,150	1,120	510	1,168	1,090	1,295	30,272	0
Total Capital Programme	44,294	543	543	1,368	21,204	1,302	1,958	1,876	2,316	2,286	1,118	3,112	3,037	4,174	44,294	0
Original Plan		1,814	1,814	1,144	21,095	1,244	1,930	1,830	2,270	2,240	994	2,774	2,774	4,185	44,294	0
Forecast Over/(Under) Spend	0	-1,271	-1,271	224	109	58	28	46	46	46	124	338	263	-11	0	0

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 (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

	YTD : Cumulative or Current?	Target : Local or National?	Target		Thresholds	
Inpatient Polling - treated with respect and dignity	Current Month		95			>=95
Inpatient Polling - rating the care you receive	Current Month		91			>=91
% Beds Providing Same Sex Accommodation - Wards	Current Month	National Target	100%	<80	>80 and < 100	100.0%
% Beds Providing Same Sex Accommodation - Intensivist	Current Month	National Target	100.0%	<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		<=23.0			
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		<=28.0			

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				

