

Trust Board paper F

Trust Board									
From:	Suzanne Hinchliffe								
Date:	3 November 2011								
CQC regulation	All								
Title:	Quality & Performance Report								
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 September 2011.									
The Report is provided to the Board for:									
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Decision</td> <td style="width: 50%;"></td> </tr> <tr> <td>Assurance</td> <td style="text-align: center;">√</td> </tr> </table>	Decision		Assurance	√	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Discussion</td> <td style="width: 50%; text-align: center;">√</td> </tr> <tr> <td>Endorsement</td> <td style="width: 50%;"></td> </tr> </table>	Discussion	√	Endorsement	
Decision									
Assurance	√								
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Summary / Key Points:									
<u>Corporate challenges:</u>									
<ul style="list-style-type: none"> ❖ Performance for September Type 1, 2 and UCC is 92.0%, a disappointing position despite the revised rotas and triage facilities in both AMU and ED. The year to date performance for ED (UHL+UCC) is 94.3%. ❖ MRSA – No cases of MRSA were reported during September with a year to date position of 4. One case appealed for August pending resolution of technical issue. ❖ RTT - Performance in September has been achieved realising 90.8% for admitted patients and 96.6% for non-admitted patients. ❖ The appraisal rate has increased slightly to 88.7% from 87.7% in August. 									
<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 Primary PCI is 72.2% against a target of 75%. ❖ TIA performance in August is 63.9% against a target of 60%. ❖ All cancer targets were achieved in September (one month behind in reporting) with an amber report for the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position. ❖ The reported sickness rate is 3.7%. 									
<u>Financial Position</u>									
<ul style="list-style-type: none"> ❖ The Trust achieved breakeven for the month of September for the first time this year. This was the first key milestone in the Trust's recovery plan ❖ The cumulative deficit remains at £13 million ❖ Pay costs in total are £0.5 million below August, and for the first time in 2011/12, premium payments are below the level in the prior year. ❖ The month end cash position decreased by £5.6 million to £15.4 million, reflecting the payment of the interim PDC dividend in September of £6.7 million ❖ Discussions continue with the commissioners regarding the financial position of the Trust. 									

Recommendations: Members to note and receive the report	
Strategic Risk Register	Performance KPIs year to date ALE/CQC
Resource Implications (eg Financial, HR) N/A	
Assurance Implications N/A	
Patient and Public Involvement (PPI) Implications N/A	
Equality Impact N/A	
Information exempt from Disclosure N/A	
Requirement for further review? Monthly review	

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 3rd NOVEMBER 2011

REPORT BY: SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER/CHIEF NURSE
KEVIN HARRIS, MEDICAL DIRECTOR
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES
ANDREW SEDDON, DIRECTOR OF FINANCE

SUBJECT: MONTH SIX PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following paper provides an overview of the Quality & Performance month 6 report highlighting key performance metrics and areas of escalation where required.

2.0 September 2011 Operational Performance

2.1 Infection Prevention

- ❖ MRSA – No cases of MRSA were reported during September with a year to date position of 4. One case appealed for August pending resolution of technical issue.
- ❖ MRSA elective and non-elective screening has been achieved at 100% respectively

2.2 RTT

Performance in September has been achieved realising 90.8% for admitted patients and 96.6% for non-admitted patients.

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

- ❖ Admitted 95th percentile– threshold 23 weeks
- ❖ Non admitted 95th percentile – threshold 18.3 weeks
- ❖ Incomplete pathways 95th percentile – threshold 28 week

During September all these targets were delivered.

2.3 ED

2.3.1 Performance for September Type 1, 2 and UCC is 92.0%, a disappointing position despite the revised rotas and triage facilities in both AMU and ED. The year to date performance for ED (UHL+UCC) is 94.3%.

Further information regarding ED performance and the Emergency Care Network targets will be addressed in the Emergency Care Transformation report.

From Qtr 2 Trusts will need to achieve the thresholds for at least one indicator in each of the two groups, timeliness (time to initial assessment, time to treatment) and patient impact (left without being seen and re-attendance). Performance on ED clinical indicators will be moderated by performance on the 4hr wait indicator. If performance is less than 95% on total time the overall score will be moderated down by 1 point.

From Qtr 2, Monitor will apply a governance score of 1 to foundation trusts for failing to achieve the indicator relating to total time in A&E. Trusts will be monitored using the 95% 4hr wait performance, *not* the 95th percentile (the original measure set out in the *Compliance Framework 2011/12*).

Performance for the ED clinical indicators for September is as follows:

ED CLINICAL INDICATORS

1 **min requirements MET for current month**

PATIENT IMPACT

	Jul-11	Aug-11	Sep-11	TARGET
1 Unplanned Reattendance	5.9%	6.8%	5.6%	<= 5%
2 Left without being seen	2.1%	2.8%	2.4%	< 5%

TIMELINESS

	Jul-11	Aug-11	Sep-11	TARGET
1 Time in Department (Minutes) - 95th Percentile	239	304	338	<= 240
2 Time to Initial Assessment (Minutes) - 95th Percentile	39	48	49	<= 15
3 Time to Treatment (Minutes) - Median	34	34	39	<= 60

2.3.2 The NHS Performance Framework Implementation Guidance published on the 14th April 2011 confirmed that for Qtr 1 only data coverage/quality of the new ED clinical indicators would be monitored and from Qtr 2 onwards the delivery of the clinical indicators themselves would be monitored.

During August supplementary guidance was made available confirming how the data coverage and quality indicators would be measured and thresholds for Qtr1. The thresholds to measure if Trusts are performing are to be retrospectively applied. At the same time the scoring methodology for the new clinical indicators for Qtr2 onwards was updated to reflect the DoH letter sent on the 23rd June, detailing the thresholds for compliance of the new indicators.

The data coverage indicator compares aggregate attendances on the weekly SITREP against the patient level attendance information submitted to HES. Trust's that have between 90%-110% coverage are performing and below 80% and above 120% are underperforming. Data submitted by UHL (Type 1 and 2) would be in the performing category.

After consultation with the DoH and the commissioners confirmation was received in May that the UCC performance can be reported as part of UHL performance. However, there is an issue with the UCC (Type 3) data which has a negative impact on the UHL data coverage. The UCC IT system can provide aggregate information to complete the weekly SITREP but cannot produce patient level information (a common problem with Type 3 organisations).

For Qtr 1 the result is that the UHL would not meet the data coverage criteria and will be rated as underperforming. From Qtr 2 onwards, although the data coverage indicator is not measured separately, Trusts will only be assessed on the ED clinical indicators if data coverage and quality meets the performance thresholds. This problem has been resolved from September as a new UCC IT system has been implemented which enables patient level submission to HES.

The Chief Executives from both UHL and LLR lodged an appeal at the end of September with the DoH. A positive response has been received from the DoH Director of Performance recognising that nationally data issues existed, and for Quarter 1 the DoH decided to include the A&E data quality and coverage information, but not to use it to contribute to the Quality of Services score. By Quarter 2, we expect to see greater improvement, but we will continue to review data quality and coverage and make a decision on next steps based on the progress made nationally.

2.3.3 Emergency Care Network Targets for UHL

Further to the ECN in January 2011, a series of targets were proposed for each organisation for delivery to improve the urgent and emergency performance on an LLR basis.

There are 75 targets set out in the ECN dashboard which has been expanded since the ECN Improvement Plan in January 2011. These are divided into the following agencies:

UHL:	38
UHL/PCT:	5
UHL/GP	3
GP:	7
UCC:	2
LPT:	5
EMAS:	5
EMAS/GP:	1
LA:	4
Named:	2
Not recorded:	3

The following summary provides feedback of key UHL attributed targets as identified in the Improvement Plan.

Facilitate pathways of care for chronic disease patients

Actions

UHL – Chronic disease pathways for:

- ❖ Chest Pain
- ❖ Headache

Update

1. Low risk chest pain pathway has been agreed. Work continuing to align with 3 hour TROPI (pathway example attached)

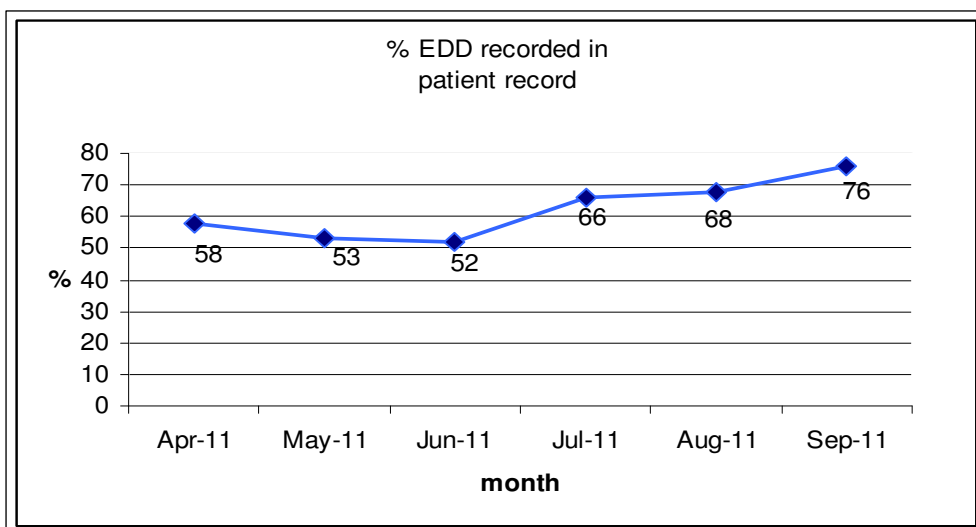
	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target
5% reduction in admissions to base wards for chest pains	19	47	42	30	45	42	225	591
10% reduction in 'in hours' chest pain admissions	36.8%	53.2%	47.6%	30.0%	40.0%	57.1%	45.8%	54.0%

2. UHL has carried out a scoping exercise for the Headache Pathway and are now in the process of developing a business case for the commissioners.

Discharge process – Internal UHL

Implement and monitor Estimated Date of Discharge (EDD).

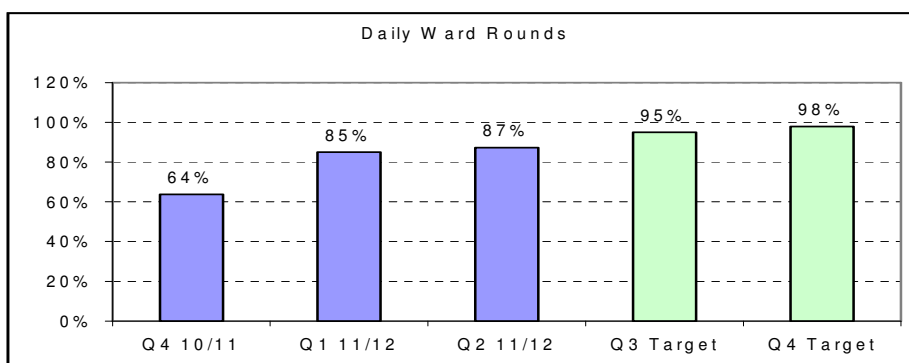
HISS EDD currently at 99%. The audit of those patients with corrected EDD's has improved to 76%.



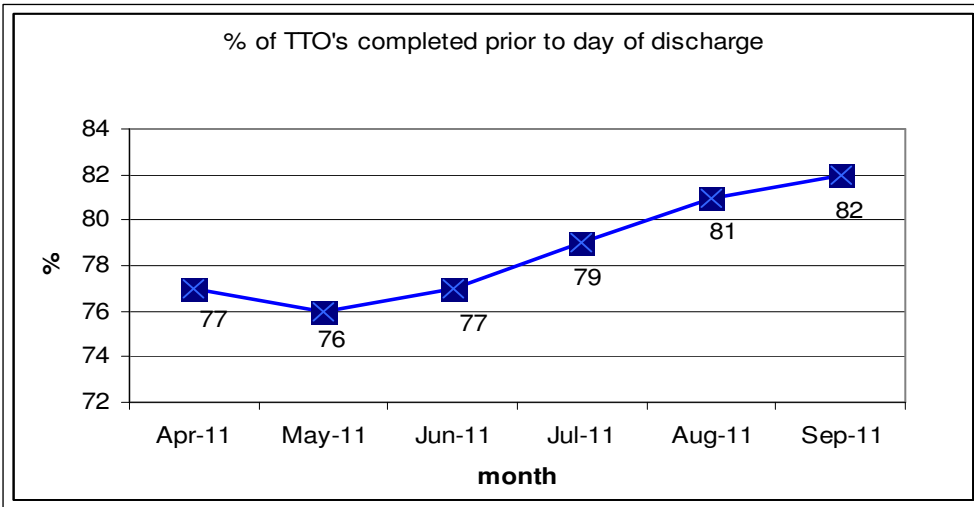
Senior clinician review where required (target set by UHL)

It is important to note that this target has been compiled to ensure greater engagement of the multi-disciplinary team (MDT). In some cases where patients are on a management plan, have nurse led discharge protocols in place or are attending as a day case, daily review by the MDT will not be required.

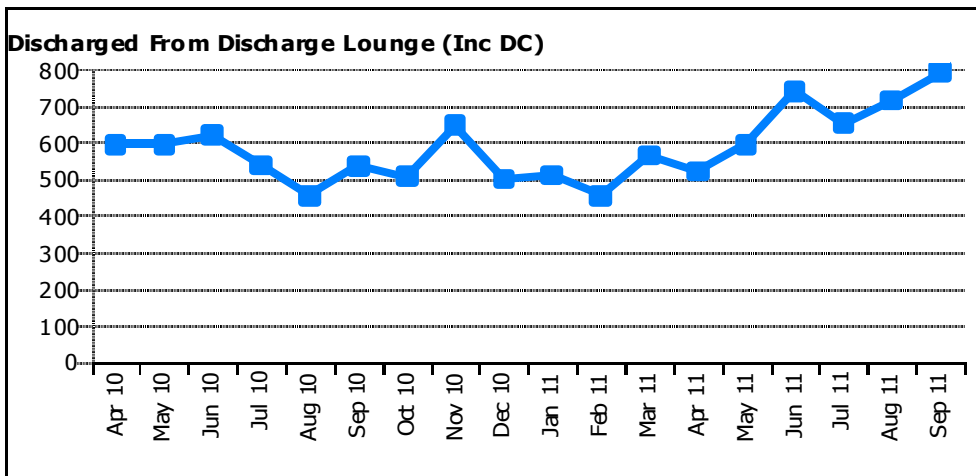
DAILY WARD ROUNDS PERFORMANCE					
	Q 4 10/11	Q 1 11/12	Q 2 11/12	Q 3 Target	Q 4 Target
Nurse	60 %	80 %	92 %		
OT	70 %	80 %	92 %		
Physio	75 %	85 %	93 %		
Medical	50 %	75 %	72 %		
Total	64 %	85 %	87 %		



Review TTO process and implement ward link pharmacist model



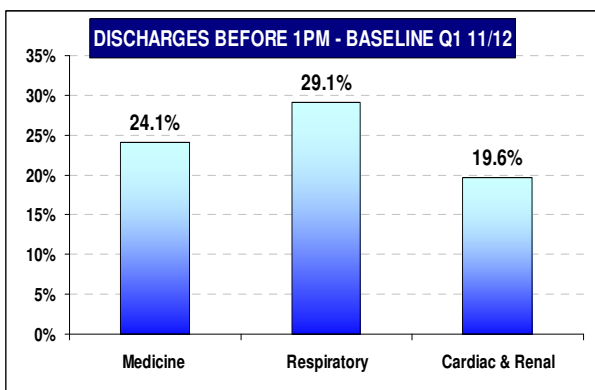
Review utilisation of discharge lounge



Discharge before 13.00hs target of 20% to be achieved by September 2011 and 30% to be achieved year end.

Quarter 1 snapshot results show the following:

Medicine 24.1%
 Respiratory 29.1%
 Cardiac & renal 19.6%



There are ongoing discussions to agree the inclusions and exclusions for measuring this indicator. Although the amendments to definitions are likely to change the percentage previously reported, there is a definite improvement in Qtr 2 performance. CQUIN targets will be rebased to reflect the revisions to how the performance is measured.

10% reduction in emergency re-admission rate

In January 2011 (when target was set the delivery was 11%. Current rate is 9.7% so reduction is greater than 10% of target.

LLR Surge and resilience plan

Actions

1. Resilience plan, including winter and flu, to be agreed across LLR
2. UHL bed Management policy to be re written in line with the restructuring of Divisions.

Policy/Plan Document Update/Position

1. The LLR Winter Resilience Plan has been agreed for 2011 – 2012.

Other preparedness plans include:

2. Bed Management Policy – August 2011
3. Critical Care Surge Plan – July 2011
4. Corporate Pandemic Influenza Plan – Review due 2012
5. Emergency Escalation Plan – August 2011
6. Severe Weather Response Plan - Review due 2012

Bed Occupancy Rates to be < 85%

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target
Average bed occupancy rates at < 85%	83%	84%	84%	85%	84%	85%	84%	85%

Redesign the Pathway for Frail Older People

Actions

1. Finalise PID with sign off from all stakeholders
2. Identify project resources
3. Identify current situation and key priority issues
4. Implement solutions
 - ❖ Frail Older Person’s Advice and Liaison Service (FOPAL) live
 - ❖ Geriatrician outreach in community clinics

Update

1. Frail Older Person’s Advice and Liaison Service (FOPAL) and Elderly (Emergency) Frailty Unit implemented in December 2010.

2. Scheme for geriatric sub-acute clinics approved by commissioners and implemented

A target has been set to achieve a 20% reduction in admissions to base wards for patients referred to the service. The following information provides a summary of the service to date:

Comparing Jul-Sep 2010 to Jul-Sep 2011

- ❖ Number aged 85+ attending ED has increased by 7% (relative increase)
- ❖ Overall discharge rate from ED for people aged 85+ has increased by 37% (relative increase)
- ❖ 7 & 30 day readmission rates reduced by one-third

FOPAL January – June 2011

- ❖ FOPAL discharging 6 times as many frail older people as AMU clinicians
- ❖ 2 patients per day going home who would otherwise have been admitted
- ❖ Readmission rates low; no clinical concerns identified within 30 days in those discharged
- ❖ Length of stay for admitted patients essentially unchanged

The combined impact to date is a 27% reduction in in-patient stays.
Data relating to re-admissions may be seen below.

(Averages)	7 day	30 day	90 day**
Jul-Sep 2010	32/637 (5.0%)	89/637 (13.8%)	177/637 (27.7%)
Jul-Sep 2011	24/681 (3.6%)	68/681 (10.0%)	111/633 (16.5%)

** NB. 90 day follow up incomplete 2011

ED footprint

Actions

1. Develop options for functionally increasing footprint

Update

1. Footprint agreed, Trust Board given approval to proceed.
2. Procurement route 21 agreed
3. Project Manager now in place.
4. SHA approval obtained
5. OBC/FBC being prepared as per SHA requirements

UHL Medical and Emergency Department Workforce

Actions

1. Advertise for 6 additional Consultants (over 2 phases if required) and Advanced Nurse Practitioner roles

2. Acute Care Physicians/Geriatricians to be integrated from existing Emergency Medical Unit and as part of the Frailty Unit
3. Multi Disciplinary Team including GPs, plus speciality integration to be part of the rostered workforce
4. ED Consultants to work 6.5 DCC and extended shifts (10 -1pm) with Consultant Of The Week covering EDU rounds as normalised working
5. Changing work pattern on AMU with consultants 6 -10 pm to be mainstreamed
6. Changing work patterns to be incorporated in job planning as consultant recruitment proceeds
7. Recruit ED consultants with special interest in acute medicine, paediatrics, geriatrics critical care and pre-hospital medicine to increase consultant numbers and increase market and reputational position of the ED
8. Decrease Band 2s and appoint generic HCA Band 3 and Physician Assistants Band 7, Advanced Practitioners
9. Mainstream consultant cover between 18.00hr - 22.00hrs on AMU Monday – Friday and additional SpR cover on CDU 18.00hrs – 22.00hrs
10. Expand physiotherapy and occupational therapy weekend working to full days
11. Conclude pilot of Primary Care Co-ordinators (PCC) weekend working to support discharge processes

Update

1. Geriatricians in post from March 2011
2. Agreement with LCRCHS/LPT that Primary Care Coordinators are expected to commence 7 day working from April 2011.
3. 5 ANPs in place; 1 further to recruit
4. Consultant's recruitment now 12.7 in post; further recruitment in Autumn/Winter.
5. Consultants cover 8am to 1am.
6. HCAs recruited and undergoing training.
7. Specialty integration – cardiology (working well)
8. ED Consultants being recruited with appropriate sub-specialty interest.
9. Physio and OT 7 days per week with Monday to Friday extended hours.

2.4 Cancer Targets

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

The 62 day target for September was missed by 5 patients due to factors including complex cases, delays in transfers from other Trusts, diagnostic delays and capacity constraints

2.5 Falls

A separate report for patient falls has been submitted to the October GRMC.

In line with the more detailed review and benchmarking exercise undertaken with Pressure Ulcers, it is proposed that a similar exercise is followed with falls and will include:

- Criterion for falls reporting
- Reporting comparisons with AUKUH organisations
- Benchmarking data

- RCA outcomes

This will improve accuracy and timelines and is likely to change the numbers that have previously been reported.

2.6 Pressure Ulcers

The data confirms a continuing reduction in the number of HAPUs with five ulcers being recorded for September 2011. All five HAPUs occurred within the Acute Division, two within Critical care and three within medicine.

It has been agreed with the commissioners that from September 2011, the Trust can use a checklist to determine whether a hospital acquired ulcer is avoidable or unavoidable, particularly for ITU patients; patients with history of falls and periods of decreased mobility; end of life patients or those with ischemic or drug related conditions. From September 2011, the total number of HAPUs will continue to be reported, but the data will differentiate between avoidable and unavoidable.

Therefore, for the five HAPUs for September 2011, it can be confirmed that

- ❖ 2 HAPUs were avoidable (both Medical CBU)
- ❖ 2 HAPUs were unavoidable (both Renal and Critical care CBU)
- ❖ One pressure ulcer occurred before the new 'unavoidable checklist' was implemented so a full RCA is currently being undertaken. (Medical CBU)

Data has also been collected on the number of grade 3 and 4 pressure ulcers found on a patients admission to UHL (i.e. ulcers that were acquired prior to the hospital admission). These ulcers are recorded on DATIX by ward nurses. The Patient Safety Team review the reports and escalate each case to the community for further investigation as appropriate. For September 2011, a total of 38 grade 3 and 4 ulcers were found on patients admitted to UHL. To date, fifteen of these ulcers have been escalated to the community with the remaining reports still being reviewed.

2.7 Patient Polling

The "Patient Experience Survey" for September 2011 resulted in 1,383 surveys being returned, a Trust return rate of 92%, with the Acute Care Division achieving a return rate of 101% which is a record number for this Division over the last 8 months. The UHL 'Overall Respect & Dignity' score has shown a slight decrease from 96 to 95.3 however this standard remains a Green RAG rated target. The UHL 'Overall Care Score' shows a deterioration which originates from the Womens and Childrens Division and the Acute Care Division.

The Women's and Children's Division are about to radically restructure the patient pathway and segregate planned and emergency services to positively impact on patients facilities and experience of care. The Division is confident this will improve the overall care score.

The Acute Care Division continue their plan to substantially improve the experience of care for patient by:

- ❖ The appointment of a New Lead Nurse within Medicine CBU
- ❖ The appointment of a patient experience specialist within the Matron team

Trust wide 'Caring at its Best' Project results are maintaining improvement since their launch in March 2011. This is complimented by the '10 Point Plan'. The introduction of nursing hourly rounds is a key development within this plan that will underpin improvements. The hourly rounds demand a fundamental shift in how activities are managed and how team roles are defined. Most of the clinical areas within the Trust previously had a very traditional model for nursing care delivery hourly rounds have changed these deep-seated structures and demands change to be embraced and adopted by the nursing teams.

2.8 Same Sex Accommodation

For the last six months, all UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance. The SSA Matrix is an integral part of the UHL Bed Management policy.

2.9 Primary PCI

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in September was 72.2% (13 out of 18 patients). The reasons for the 5 delays are:

2 EMAS

1 Cath lab delay

1 Initial ECG ineligible

1 Other – assessment requested on CCU

2.10 Month 6 Performance Areas

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

Maternity Breast Feeding <48 hrs	67%	73.3%	74.0%
Performance Indicator	Target		
Maternity – smoking at time of delivery	18.2%	11%	10.5%
MRSA Elective Screening *	100%		
MRSA Non-elective Screening *	98%	100%	99.7%
Cytology Screening 7 day target	98%		
Stroke % stay on stroke ward*	73%	81.0%	78.0%
Day Case Basket	88%		
Stroke TIA	88%	82.5%	81.2%
Theatre utilisation – Inpatient**	75%	78.2%	75.5%
Primary PCI	88%		
Theatre utilisation – Day Case**	88%	78.2%	75.5%
Rapid Access Chest Pain	98%	85%	84%
Same Sex Accommodation - Base	100%	100%	100%
Operations cancelled on after day	0.8%	100%	100%
Same Sex Accommodation - ICU of admission*			
Cancelled patients offered a date within 28 days of cancellation*	95%	93.9% Aug	94.3%
48hr GUM access	99%	100%	100%
Out Patient DNA**	11% April (achieved) 9% Revised July 7% TBR November	9%	9.2%
Out Patient Cancellations (UHL)**	13% April (achieved) 10.5% Revised July	11.0%	11.0%
Out Patient Cancellations (Patient)**	11% 10.0% Revised July 9.0% TBR November	10.4%	10.3%

*reported 1 month in arrears

** UHL local targets

2.10 The Quarter

David Flory's report for the first quarter April to June 2011/12 was published on the Department of Health's website on the 30th September 2011. The 'Quarter' provides a summary of the NHS financial position and performance against the national priorities set out in the Operating Framework for the NHS in England 2011/12.

The Qtr1 2011/12 Performance Framework are the first set of results to be fed by the new integrated performance measures from the NHS Operating Framework for 2011/12. Due to a number of new measures being introduced, along with the removal of some old measures, there has been a drop in national performance on quality of services from the previous quarter. The Qtr1 Finance results reveal that nationally, there are 68 trusts 'performing' (59 acute trusts and all 9 ambulance trusts), 5 Acute trusts 'performance under review', and 8 acute trusts 'underperforming'. The Qtr1 quality of service results reveal that there are 53 trusts 'performing' (44 acute trusts and 9 ambulance trusts), 20 acute trusts 'performance under review', and 8 acute trusts 'underperforming'

The Trust is rated as 'performing' for all elements of the performance framework for Qtr1 as shown below.

Overall financial score	Performing
Overall quality of service score	Performing
Quality: standards & integrated performance measures	Performing
Quality: user experience	Performing
Quality: CQC registration	Performing

An early assessment of the Quality: standards & integrated performance measures for Qtr2 show that the Trust is expected to be rated as 'performing' – see Appendix 1 DoH Service Performance Forecast – 2011/12.

3.0 **Medical Director's Report – Kevin Harris**

3.1 Mortality Rates

Although there were an increased number of in-hospital deaths following elective admission during July and August, the Trust's Risk Adjusted Mortality Index (RAMI) remained below 100 and below our own threshold of 85.

The Data Quality team have confirmed that a small number of patients were actually emergency admissions or transfers. Their coding has now been altered.

The findings from speciality M&M reviews were reported to the October Clinical Effectiveness Committee. Admission had been urgently arranged for several patients because of their deteriorating condition (i.e. within a few days) but had to be coded as 'planned admissions' (elective). The M&M reviews also confirmed that the deaths were primarily due to complexity of case mix.

There has been a reduced number of 'elective deaths' during September whilst the overall 'crude' mortality rate has risen slightly to 1.3% during September but remains within normal variation.

The new Summary Hospital Mortality Index (SHMI) is due for release at the end of this month. This national indicator is not directly equivalent to the 'risk adjusted' mortality rate (RAMI) used by CHKS and the Trust. SHMI uses a different risk adjustment model and includes 'out of hospital deaths' (within 30 days of discharge) and does not exclude 'palliative care patients'. CHKS have advised that Trusts with RAMI of 91 will have a SHMI of 100. As the 'mortality index' will be significantly affected by the number of out of hospital deaths, work is ongoing to assess the potential impact of this for UHL with the data-analysts.

The first SHMI data will be for 10/11 and UHL's RAMI (CHKS) for last year was 86. It is therefore likely that the Trust's SHMI will be near to 100.

3.2 UHL Quality Schedule /CQUIN

Quarter 1 reconciliation meetings were held in August with both the EMSCG and PCT Quality Leads and performance was considered below the threshold for 13 indicators (10 PCT and 3 EMSCG).

UHL submitted appeals for all but 3 of the PCT Ambers. The appeals have been accepted for all the PCT indicators but 2 EMSCG indicators remain Amber and 1 is still to be confirmed. Therefore currently 98% of the Q1 CQUIN value of £2m been achieved.

Performance for Quarter 2 in respect of both the CQUIN and Quality Schedule indicators will be reported to the Commissioners in November and predicted RAG ratings are currently being finalised.

3.3 Fractured Neck of Femur 'Time to Theatre'

The monthly performance for 'patients taken to theatre within 36 hours of arrival' deteriorated during September to 53%. This fall in performance is primarily due to an increase in spinal activity which adversely impacted on the availability of theatre time for fractured neck of femur patients.

3.4 Venous Thrombo-embolism (VTE) Risk Assessment

UHL's performance for August was 93.77% and therefore achieved the DoH and CQUIN threshold.

3.5 Readmissions

The In month readmission rate remained at 7.4%, 0.3% above trajectory. The in month number of readmissions was 1% lower than in August 2010. The financial penalty was £770k down on the previous 2 months and down as a proportion of total readmissions from an average of 69% to 62%. Bed day usage was similar to August 2010, but overall like for like bed day usage for the year down by 16 beds. The Readmissions programme is now in place with 4 work streams:

1) Coding & Commissioning - working continues to ensure Method of Admission is accurate including awareness raising with administrative teams, specialty specific work and formal training is now being planned. Audits are complete identifying where readmissions are reflecting quality care and not being commissioned. This information is being fed into the contracting process via the DOF.

2) Discussion to take place on the provision of a Discharge group to define the process for discharge of patients from UHL.

3) Specialty Priorities - plans are now in place for the priority specialties and are beginning to be implemented. Some pilots in line with best practice are already in place including post-discharge support to patients in care homes, roll out of ICE electronic discharge summaries, ISAR risk stratification, and triage of emergency General Surgery patients. Detailed work is also being undertaken on pathways for COPD patients, catheter patients along with the establishment of reablement services in the community.

4) Community work streams - some of the readmissions penalty has been diverted into expansion of community health and social care reablement services. The majority of these services are scheduled to be implemented between Nov 2011 and Jan 2012.

3.6 Patient Safety

Considerable work continues within the trust on the '5 Critical Safety Actions' particularly in relation to recording and acting upon Early Warning Scores (EWS) and handover. These actions, once fully embedded, should eliminate avoidable deteriorating patient SUIs and Never Events and reduce preventable mortality and morbidity. It is pleasing to note that no Never Events, 10 times medication errors, deteriorating patient SUIs or serious injury as a result of falls were recorded in September.

However, this month the daily outlying average, complaints relating to attitude of staff and complaints relating to discharge are RAG rated red. The pattern is being further analysed in conjunction with the Divisions to ensure that specific actions are taken to provide remedial actions in any area of the Trust where there is variable performance in these domains.

4.0 **Human Resources – Kate Bradley**

4.1 Appraisals

The appraisal rate has increased slightly to 88.7% from 87.7% in August.

Where appraisal rates continue to be low within cost centre areas Human Resources are proceeding with performance management action.

4.2 Sickness

The reported sickness rate is 3.7%. The actual rate is likely to be around 0.3% lower as absence periods are closed. The sickness rate remains constant at around 3.4 % for the fourth successive month.

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

5.0 Financial Performance – Andrew Seddon

5.1 I&E Summary

The Trust has achieved break-even in month for the first time this year. The Trust is reporting a cumulative deficit of £13.0 million (£13.2 million adverse to Plan). Table 1 outlines the current position.

Table 1 – I&E Summary

	2011/12 Annual Plan £m	September			April - September 2011		
		Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Service Income							
NHS Patient Related	589.2	49.4	50.0	0.5	293.8	294.7	0.9
Non NHS Patient Care	6.6	0.5	0.5	-	3.1	3.1	(0.0)
Teaching, Research and Development	67.1	5.6	6.5	0.9	33.5	34.4	0.9
Service Income	662.9	55.6	57.0	1.4	330.4	332.2	1.8
Other operating Income	18.9	1.5	1.6	0.0	9.3	9.4	0.2
Total Income	681.8	57.1	58.5	1.4	339.7	341.6	1.9
Operating Expenditure							
Pay	420.0	34.9	35.7	(0.9)	210.6	220.5	(9.9)
Non Pay	215.7	17.8	19.0	(1.3)	106.9	111.8	(4.8)
Total Operating Expenditure	635.7	52.6	54.8	(2.1)	317.5	332.3	(14.8)
EBITDA	46.1	4.5	3.7	(0.7)	22.2	9.4	(12.8)
Interest Receivable	0.1	0.0	0.0	(0.0)	0.0	0.0	(0.0)
Interest Payable	(0.6)	(0.0)	(0.0)	0.0	(0.2)	(0.2)	0.0
Depreciation & Amortisation	(31.1)	(2.6)	(2.6)	0.0	(15.5)	(15.4)	0.1
Dividend Payable on PDC	(13.2)	(1.1)	(1.1)	(0.0)	(6.6)	(6.7)	(0.1)
Net Surplus / (Deficit)	1.3	0.7	0.0	(0.7)	(0.2)	(13.0)	(12.8)
Planned Phasing Adjustment		(0.7)		0.7	0.3		(0.3)
Net Surplus / (Deficit)	1.3	0.0	0.0	(0.0)	0.2	(13.0)	(13.2)
EBITDA %	6.76%		6.41%			2.74%	

The reasons for the underlying financial position are as follows:

5.2 Income

Year to date, patient care income is £0.95m (0.3%) above Plan reflecting favourable volume variances in day cases (£1.1m), elective inpatients (£0.7m) and outpatients (£0.8m). These favourable variances are offset by underperformance in non-elective / emergencies of £1.9m (2.0% of plan). This represents 2,277 spells adverse to Plan (4%).

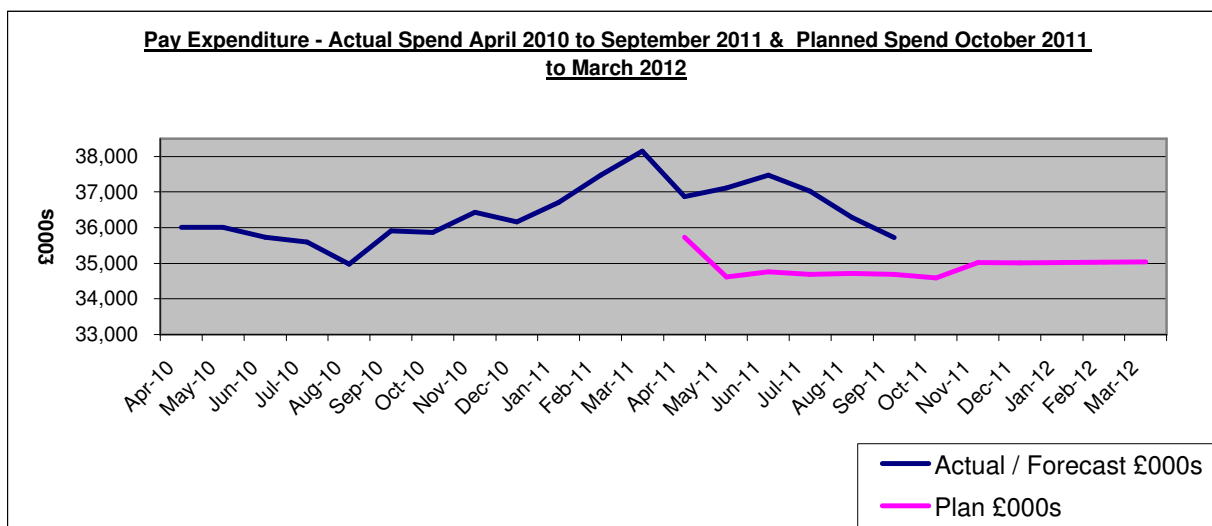
The Trust is still materially over 2008/09 emergency inpatient baselines and so receives only 30% income for marginal activity over that base. Full provision continues to be made for re-admissions.

5.3 Expenditure

Expenditure is £14.8m over Plan ytd. This reflects a shortfall on the cost improvement programme of £7.6m and the use of significant premium agency staff. Chart 1 clearly

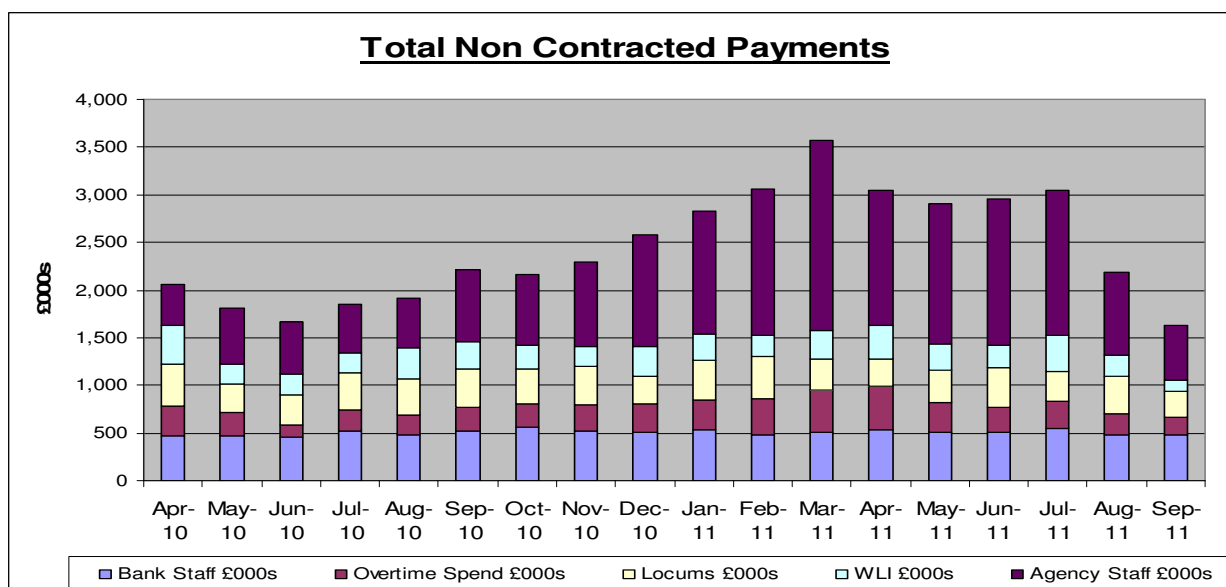
shows the trend for the year. Whilst expenditure continues to be above the planned level, September has seen a further £0.5m reduction in pay spend compared to August reflecting the increased controls over premium payments, particularly medical agency staff. Pay spend is now £1.3 million below July levels.

Chart 1



Premium payments, for the first time in 2011/12, have reduced significantly below the same period in 2010/11, reflecting the 'stabilisation' actions of the 21st July Trust Board paper and specifically the centralisation of controls

Chart 2



5.4 Financial position

The overall financial position in September (£40k surplus) is in line with the September forecast within the Stabilisation to Transformation paper (£30k surplus). This was our first key milestone and shows that our recovery plan is holding.

The focus for all the CBUs / Divisions is to now push forward with the transformational schemes in order to deliver the financial recovery programme. A key milestone in the recovery process will be a series of 2011-12 re-forecast presentations in mid November by CBUs to the Executive Team and the relevant Divisional management teams. CBUs will be supported by Deloitte and Finnamore.

The presentations are expected to cover:

- ❖ Financial performance and CIP position to Month 7
- ❖ Revised forecasts including CIP delivery for the remainder of the year
- ❖ A clear linkage between activity, income, costs and WTEs
- ❖ Key opportunities and sensitivities that may affect the forecasts and your plans to mitigate those sensitivities
- ❖ Summary action plans for delivery (this is alongside the detailed implementation plans you will be developing over the next few weeks)
- ❖ Next steps

5.5 Working capital and net cash

The Trust's month-end cash position decreased by £5.6m to £15.4m at the 30 September 2011. This mainly reflects the payment of the Public Dividend Capital (PDC) dividend in September of £6.7m. The £15.4m month end value includes £4m of transformational monies and £7.8m payment in advance of the October SLA from the Leicester PCTs.

Cash continues to be monitored on a daily basis and to date we have maintained monthly balances in excess of £3m.

Appendix 1 - DoH SERVICE PERFORMANCE FORECAST - 2011/12

Service Performance - Indicators, weighting and scoring

Quality of service Performance Indicator	Thresholds		Weighting for PF	2010/11 score			2011/12	
	Performing	Under-performing		Qtr 1 and Qtr 2	Qtr 1 to Qtr 3	Qtr 1 to Qtr 4	Qtr 1 forecast	Qtr 2 forecast
Four-hour maximum wait in A&E	95%	94%	1	3	3	3	1	1
A&E HES data coverage against SITREPS - Qtr 1 only	90-110%	<80 or > 110%	n/a	n/a	n/a	n/a		
Unplanned reattendance rate 7 days	5%		2	n/a	n/a	n/a	3	5
Left with out being seen rate	5%							
Time to initial assessment 95th centile	15mins							
Time to treatment median	60mins							
Cancelled ops - breaches of 28 days readmission guarantee	5.0%			15.0%	1	1		
MRSA	0	>1SD	1	0	0	0	3	3
C Diff	0	>1SD	1	3	3	3	3	3
RTT - admitted - 95th percentile	<=23	>27.7	0.50	1.5	1.5	1.5	0.5	1.5
RTT - non-admitted including audiology (DAA) - 95th percentile	<=18.3		0.50	1.5	1.5	1.5	1.5	1.5
RTT - incomplete - 95th percentile	<=28	>36	0.50	1.5	1.5	1.5	1.5	1.5
RTT - admitted 18 weeks	90%	85%	0.75	n/a	n/a	n/a	0.75	2.25
RTT - non-admitted 18weeks	95%	90%	0.75	n/a	n/a	n/a	2.25	2.25
2 week GP referral to 1st outpatient	93%	88%	0.5	1.5	1.5	1.5	1.5	1.5
2 week GP referral to 1st outpatient - breast symptoms	93%	88%	0.5	1.5	1.5	1.5	1.5	1.5
31 day second or subsequent treatment - surgery	94%	91%	0.25	1	1	1	0.75	0.75
31 day second or subsequent treatment - drug	98%	93%	0.25	1	1	1	0.75	0.75
31 day diagnosis to treatment for all cancers	96%	91%	0.25	1	1	1	0.75	0.75
31 day second or subsequent treatment - radiotherapy	94%	89%	0.25	n/a	n/a	0.75	0.75	0.75
62 day referral to treatment from screening	90%	85%	0.50	1	1	1	1.5	1.5
62 days urgent GP referral to treatment of all cancers	85%	80%	0.50	1	1	1	1.5	0.5
Patients that have spent more than 90% of their stay in hospital on a stroke unit	80%	60%	1	3	3	3	3	3
Delayed transfers of care	3.5%	5.0%	1	3	3	3	3	3
Overall performance score threshold				2.67	2.67	2.63	2.65	2.57

DoH confirmed DQ indicators was not scored in Qtr 1 and under review for Qtr 2

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

Scoring values

Underperforming	0
Performance under review:	1
Performing:	3

Overall performance score threshold

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

Caring at its best

Quality and Performance

Trust Board

Thursday 3rd November 2011

September 2011

One team shared values

QUALITY and PERFORMANCE REPORT

Index

Executive Scorecards

Pages 3 and 4	"UHL at a Glance"
Page 5	Quarterly Foundation Trust Compliance Framework
Page 6	DoH Service Performance
Pages 7 to 10	History / Trend Overview

Analysis and Commentary

Page 11	Infection Prevention
Page 12	Mortality
Page 13	Readmissions
Page 14	Falls and Pressure Ulcers
Pages 15 and 16	Patient Experience
Page 17	Emergency Department
Page 18	Referral to Treatment
Page 19	Primary PCI and Same Sex Accommodation
Page 20	Cancer Treatment
Page 21	Staff Experience / Workforce
Page 22	Value for Money - Executive Summary
Page 23	Income and Expenditure
Page 24	Income and Expenditure - Divisional Position
Page 25	Cost Improvement Programme
Page 26	Balance Sheet
Page 27	Cash Flow
Page 28	Capital Budget
Pages 29 and 30	Measures, Targets and Thresholds

Thresholds

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

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

UHL at a Glance - Month 6 - 2011/12

PATIENT SAFETY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality	
MRSA Bacteraemias	9	Sep-11	0	4	9		
CDT Isolates in Patients (UHL - All Ages)	165	Sep-11	8	57	140		
% of all adults who have had VTE risk assessment on adm to hosp ***	90%	Sep-11	94.7%	93.8%	92%		
Reduction of hospital acquired venous thrombosis ***	0.175	Qtr 1 11/12	0.15		0.175		
Incidents of Patient Falls	1934	Process / results under review / validation					
In Hospital Falls resulting in Hip Fracture ***	12	Sep-11	0	2	8		
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%	Aug-11	95.3%	94.5%	94.2%		
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Aug-11	96.5%	97.0%	96.5%		
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Aug-11	97.3%	97.4%	97.4%		
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Aug-11	100.0%	100.0%	100.0%		
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Aug-11	94.0%	96.5%	96.5%		
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Aug-11	97.8%	99.1%	98.5%		
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Aug-11	82.2%	83.2%	85.0%		
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Aug-11	90.6%	93.2%	93.0%		
62-Day Wait For First Treatment From Consultant Upgrade	100%	Aug-11	--	100.0%	100.0%		
Emergency 30 Day Readmissions (Following Elective Admission)	1.6%	Aug-11	5.1%	5.0%	4.5%		
Emergency 30 Day Readmissions (Following Emergency Admission)	8.0%	Aug-11	9.7%	9.6%	8.5%		
Mortality (CHKS Risk Adjusted) - OVERALL	85	Aug-11	80.0	81.0			
Primary PCI Call to Balloon <150 Mins	75.0%	Sep-11	72.2%	85.4%	87.0%		
Pressure Ulcers (Grade 3 and 4)	197	Sep-11	5	73			

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



UHL at a Glance - Month 6 - 2011/12

PATIENT EXPERIENCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Inpatient Polling - treated with respect and dignity ***	95.0	Sep-11	95.3	96.1		
Inpatient Polling - rating the care you receive ***	91.0	Sep-11	85.0	86.8		
Outpatient Polling - treated with respect and dignity ***	95.0	Sep-11	91.0	91.3		
Outpatient Polling - rating the care you receive ***	85.0	Sep-11	82.5	81.8		
% Beds Providing Same Sex Accommodation - Wards ***	100%	Sep-11	100.0%	100.0%	100.0%	
% Beds Providing Same Sex Accommodation - Intensivist ***	100%	Sep-11	100.0%	100.0%	100.0%	
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	Sep-11	92.0%	94.3%	94.5%	
ED Waits - UHL (Type 1 and 2)	95%	Sep-11	89.8%	92.7%	93.6%	
ED Unplanned Re-attendance Rate (From Qtr 2 2011/12)	<5%	Sep-11	5.6%	5.9%	5.5%	
ED Left Without Being Seen % (From Qtr 2 2011/12)	<5%	Sep-11	2.4%	2.3%	2.4%	
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12)	<4Hrs	Sep-11	338	294	260	
ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12)	<15 mins	Sep-11	49	50	30	
ED Time to Treatment - Median (From Qtr 2 2011/12)	<60 mins	Sep-11	39	45	40	
RTT 18 week - Admitted	90%	Sep-11	90.8%	90.8%	91.0%	
RTT 18 week - Non admitted	95%	Sep-11	96.6%	96.6%	97.0%	
RTT Admitted Median Wait (Weeks)	<=11.1	Sep-11	8.9	9.1	9.0	
RTT Admitted 95th Percentile (Weeks)	<=23.0	Sep-11	22.9	22.9	22.0	
RTT Non-Admitted Median Wait (Weeks)	<=6.6	Sep-11	6.8	6.2	6.1	
RTT Non-Admitted 95th Percentile (Weeks)	<=18.3	Sep-11	17.4	17.1	17.0	
RTT Incomplete Median Wait (Weeks)	<=7.2	Sep-11	6.4	6.4	6.5	
RTT Incomplete 95th Percentile (Weeks)	<=28.0	Sep-11	22.5	22.5	21.0	
STAFF EXPERIENCE / WORKFORCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Sickness absence	3.0%	Sep-11	3.7%	3.4%		
Appraisals	100%	Sep-11	88.7%	88.7%		
VALUE FOR MONEY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Income (£000's)	681,756	Sep-11	58,516	341,631	685,783	
Operating Cost (£000's)	635,693	Sep-11	54,768	332,275	645,665	
Surplus / Deficit (as EBIDTA) (£000's)	46,063	Sep-11	3,748	9,356	40,118	
CIP (£000's)	38,245	Sep-11	2,243	8,747	25,591	
Cash Flow (£000's)	18,200	Sep-11	15,384	15,384	3,623	
Financial Risk Rating	3	Sep-11	1	1	2	
Pay - Locums (£ 000s)		Sep-11	281	2,015		
Pay - Agency (£ 000s)		Sep-11	576	7,391		
Pay - Bank (£ 000s)		Sep-11	480	3,068		
Pay - Overtime (£ 000s)		Sep-11	181	1,714		
Total Pay Bill (£ millions)	420,410	Sep-11	35.7	221	424,464	
Cost per Bed Day (£)		Sep-11	157	157		

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level

Audit

Director Sign Off

QUALITY and PERFORMANCE REPORT - 2011/12

QUARTERLY FOUNDATION TRUST COMPLIANCE FRAMEWORK

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

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

QUALITY and PERFORMANCE REPORT - Qtr 1 and Qtr 2 - 2011/12

DoH SERVICE PERFORMANCE

Service Performance - Indicators, weighting and scoring

Quality of service Performance Indicator	Thresholds			2010/11 score			2011/12	
	Performing	Under-performing	Weighting for PF	Qtr 1 and Qtr 2	Qtr 1 to Qtr 3	Qtr 1 to Qtr 4	Qtr 1 forecast	Qtr2 forecast
Four-hour maximum wait in A&E	95%	94%	1	3	3	3	1	1
A&E HES data coverage against SITREPS - Qtr 1 only	90-110%	<80 or > 110%	1	n/a	n/a	n/a		
Unplanned reattendance rate 7 days	5%		2	n/a	n/a	n/a	3	5
Left with out being seen rate	5%							
Time to initial assessment 95th centile	15mins							
Time to treatment median	60mins							
Cancelled ops - breaches of 28 days readmission guarantee	5.0%			15.0%	1	1		
MRSA	0	>1SD	1	0	0	0	3	3
C Diff	0	>1SD	1	3	3	3	3	3
RTT - admitted - 95th percentile	<=23	>27.7	0.50	1.5	1.5	1.5	0.5	1.5
RTT - non-admitted including audiology (DAA) - 95th percentile	<=18.3		0.50	1.5	1.5	1.5	1.5	1.5
RTT - incomplete - 95th percentile	<=28	>36	0.50	1.5	1.5	1.5	1.5	1.5
RTT - admitted 18 weeks	90%	85%	0.75	n/a	n/a	n/a	0.75	2.25
RTT - non-admitted 18weeks	95%	90%	0.75	n/a	n/a	n/a	2.25	2.25
2 week GP referral to 1st outpatient	93%	88%	0.5	1.5	1.5	1.5	1.5	1.5
2 week GP referral to 1st outpatient - breast symptoms	93%	88%	0.5	1.5	1.5	1.5	1.5	1.5
31 day second or subsequent treatment - surgery	94%	91%	0.25	1	1	1	0.75	0.75
31 day second or subsequent treatment - drug	98%	93%	0.25	1	1	1	0.75	0.75
31 day diagnosis to treatment for all cancers	96%	91%	0.25	1	1	1	0.75	0.75
31 day second or subsequent treatment - radiotherapy	94%	89%	0.25	n/a	n/a	0.75	0.75	0.75
62 day referral to treatment from screening	90%	85%	0.50	1	1	1	1.5	1.5
62 days urgent GP referral to treatment of all cancers	85%	80%	0.50	1	1	1	1.5	0.5
Patients that have spent more than 90% of their stay in hospital on a stroke unit	80%	60%	1	3	3	3	3	3
Delayed transfers of care	3.5%	5.0%	1	3	3	3	3	3
Overall performance score threshold				2.67	2.67	2.63	2.65	2.57

Query raised with DoH about data coverage.

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

Scoring values

Underperforming	0
Performance under review:	1
Performing:	3

Overall performance score threshold

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

HISTORY / TREND OVERVIEW - Month 6 - 2011/12

PATIENT SAFETY

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status	Page No
MRSA Bacteraemias	1	0	1	0	1	2	1	2	0	0	1	1	0	4	9	▲	11
CDT Isolates in Patients (UHL - All Ages)	10	16	20	12	17	16	14	9	15	7	8	10	8	57	165	▲	11
% of all adults who have had VTE risk assessment on adm to hosp	57%	61%	65%	64%	69%	75%	79%	92.7%	93.5%	93.5%	94.5%	93.8%	94.7%	93.8%	90%	▲	
Reduction of hospital acquired venous thrombosis	Qtr 2 - 0.16	Qtr 3 - 0.17			Qtr 4 - 0.12			Qtr 1 - 0.15							0.175		
Incidents of Patient Falls *****	205	211	148	127	267	197	207	235	130	168	Data currently under review			533	1934		14
In Hospital Falls resulting in Hip Fracture	1	0	0	3	2	2	2	2	0	0	0	0	0	2	12	◀▶	

CLINICAL EFFECTIVENESS

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-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	93.3%	93.0%	94.5%	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%	93.9%	95.3%		94.5%	93%	▲	20
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	98.3%	97.7%	94.9%	98.4%	99.0%	95.5%	95.4%	97.2%	94.6%	98.3%	97.7%	96.5%		97.0%	93%	▼	20
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	97.0%	96.7%	97.3%	98.3%	96.7%	96.6%	96.8%	97.0%	98.3%	96.8%	97.7%	97.3%		97.4%	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	97.9%	97.8%	95.5%	95.3%	94.7%	96.3%	95.8%	98.5%	94.3%	100.0%	96.9%	94.0%		96.5%	94%	▼	20
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	100.0%	100.0%	99.4%	99.3%	99.3%	100.0%	98.8%	99.1%	98.7%	100.0%	100.0%	97.8%		99.1%	94%	▼	20
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	87.3%	85.5%	86.4%	88.1%	85.8%	87.2%	85.9%	86.4%	85.5%	83.7%	79.7%	82.2%		83.2%	85%	▼	20
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	91.5%	87.2%	91.1%	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%	92.5%	90.6%		93.2%	90%	▼	20
62-Day Wait For First Treatment From Consultant Upgrade	-----	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	---	100.0%	---	---		100.0%	100%	◀▶	20

HISTORY / TREND OVERVIEW - Month 6 - 2011/12

CLINICAL EFFECTIVENESS (Continued)

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status	Page No
Emergency 30 Day Readmissions (Following Elective Admission)	5.1%	5.2%	5.2%	5.4%	5.2%	4.8%	5.0%	4.9%	4.7%	5.3%	4.9%	5.1%		5.0%	1.6%	▼	13
Emergency 30 Day Readmissions (Following Emergency Admission)	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%		9.6%	8.0%	▼	13
Mortality (CHKS - Risk Adjusted) - OVERALL	87.3	93.6	77.5	98.1	87.7	82.5	87.9	84.8	85.9	74.8	80.7	80.0		81.0	85	▲	
Stroke - 90% of Stay on a Stroke Unit	79%	79%	81%	75%	58%	56%	80%	85%	87%	89%	88%	88%		88%	80%	▼	
Primary PCI Call to Balloon <150 Mins	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	85.4%	75%	▼	19
Pressure Ulcers (Grade 3 and 4)	19	11	12	26	33	14	20	15	12	18	16	7	5	73	197	▲	14

HISTORY / TREND OVERVIEW - Month 6 - 2011/12

PATIENT EXPERIENCE

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status	Page No
Inpatient Polling - treated with respect and dignity	95.0	95.4	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	96.1	95.0	▼	16
Inpatient Polling - rating the care you receive	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	85.0	86.8	91.0	▼	16
Outpatient Polling - treated with respect and dignity									96.7	93.5	84.0		91.0	91.3	95.0	▲	
Outpatient Polling - rating the care you receive									87.0	85.1	72.6		82.5	81.8	85.0	▲	
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶	19
% Beds Providing Same Sex Accommodation - Intensivist	86%	86%	89%	93%	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶	19
A&E Waits - Leics (10/11) - UHL Incl UCC (11/12)	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	94.3%	95%	▼	17
A&E Waits - UHL (Type 1 and 2)	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.0%	89.8%	92.7%	95%	▼	17
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	6.6%	6.4%	5.8%	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	5.9%	<5%	▲	17
Left Without Being Seen % (From Qtr 2 11/12)	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.3%	<5%	▲	17
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12)	240	251	303	349	382	331	343	306	307	256	239	304	338	294	<240 Mins	▼	17
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	41	52	49	55	55	49	63	70	56	41	39	48	49	50	<15 Mins	▼	17
Time to Treatment - Median (From Qtr 2 11/12)	55	55	62	60	48	50	58	59	54	50	34	34	39	45	<60 mins	▼	17
RTT 18 week - Admitted	91.5%	92.6%	92.1%	91.6%	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	92.0%	90.8%	90.8%	90%	▼	18
RTT 18 week - Non admitted	96.4%	97.1%	98.3%	97.0%	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	96.8%	96.6%	96.6%	95%	▼	18
RTT Admitted Median Wait (Weeks)	9.8	10.2	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	8.9	9.1	<=11.1	▼	18
RTT Admitted 95th Percentile (Weeks)	21.4	21.3	21.9	23.1	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	22.9	<=23.0	▼	18
RTT Non-Admitted Median Wait (Weeks)	6.9	6.7	6.2	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.8	6.2	<=6.6	▼	18
RTT Non-Admitted 95th Percentile (Weeks)	17.4	17.2	17.0	16.9	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.4	17.1	<=18.3	▼	18
RTT Incomplete Median Wait (Weeks)	6.1	6.0	6.1	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.6	6.4	6.4	<=7.2	▲	18
RTT Incomplete 95th Percentile (Weeks)	18.3	19.1	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	22.1	22.5	22.5	<=28.0	▼	18

HISTORY / TREND OVERVIEW - Month 6 - 2011/12

STAFF EXPERIENCE / WORKFORCE

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status	Page No
Sickness absence	3.5%	3.8%	3.7%	4.7%	4.0%	3.4%	3.4%	3.2%	3.0%	3.5%	3.4%	3.4%	3.7%	3.4%	3.0%	▼	21
Appraisals	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	88.7%	100%	▲	21

VALUE FOR MONEY

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD
Income (£000's)				58,569	59,015	58,759	64,835	56,760	55,861	56,745	56,772	56,977	58,516	341,631
Operating Cost (£000's)				54,865	55,342	55,770	58,922	55,260	55,886	55,534	55,943	54,884	54,768	332,275
Surplus / Deficit (as EBIDTA) (£000's)				3,704	3,673	2,989	5,913	1,500	-25	1,211	829	2,093	3,748	9,356
CIP (£000's)				3,048	3,073	2,798	3,270	1,012	912	1,422	1,508	1,650	2,243	8,747
Cash Flow (£000's)				9752	12,491	18,358	10,306	14,465	9,778	4,425	8,296	21,003	15,384	15,384
Financial Risk Rating				2	2	2	2	2	1	1	1	1	1	1

HR Pay Analysis

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Locums (£ 000s)	404	365	401	279	421	443	335	283	328	417	315	392	281	2,015
Agency (£ 000s)	758	746	879	1,175	1,283	1,540	1,990	1,427	1,475	1,526	1,522	866	576	7,391
Bank (£ 000s)	518	560	523	514	540	478	504	540	509	509	554	477	480	3,068
Overtime (£ 000s)	248	254	276	300	304	378	447	453	317	256	282	224	181	1,714
Total Pay Bill (£ millions)	35.9	35.9	36.4	36.1	36.7	37.5	38.1	36.9	37.1	37.5	37.0	36.3	35.7	221

Average Cost per Bed Day

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
	£	£	£	£	£	£	£	£	£	£	£	£	£
Cost per Bed Day (£)	155	151	164	162	143	183	172	169	165	165	166	161	157

INFECTION PREVENTION

Performance Overview

MRSA – no reported cases of MRSA during September. YTD performance is 4 with 1 case appealed during August, pending resolution of technical issue.

CDifficile – a positive September report with 8 cases identified. The year to date position is 57 and ahead of target to date.

MRSA elective and non-elective screening rates achieved 100%.

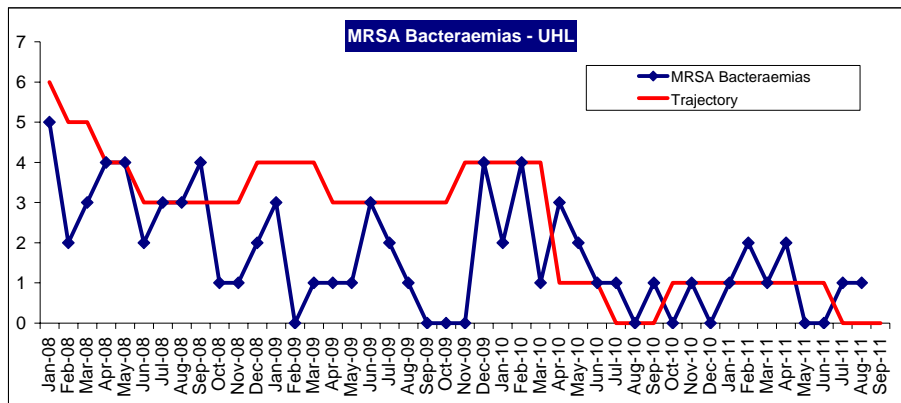
Key Actions

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

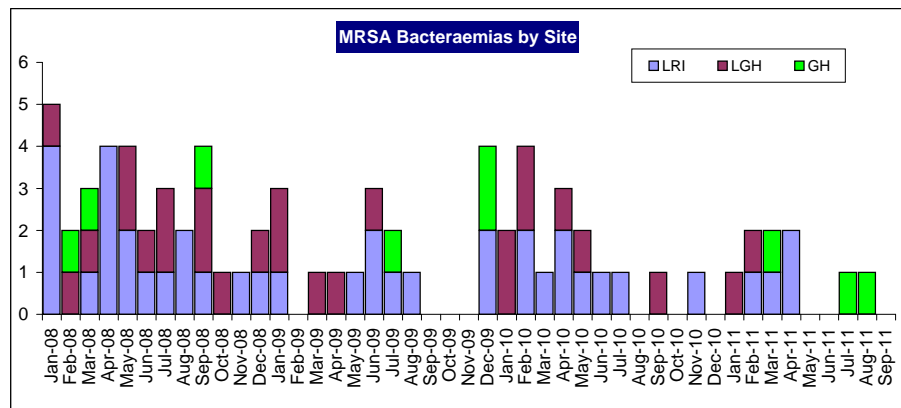
Full Year Forecast

MRSA - 9 (target 9)
CDiff - 140 (target 165)

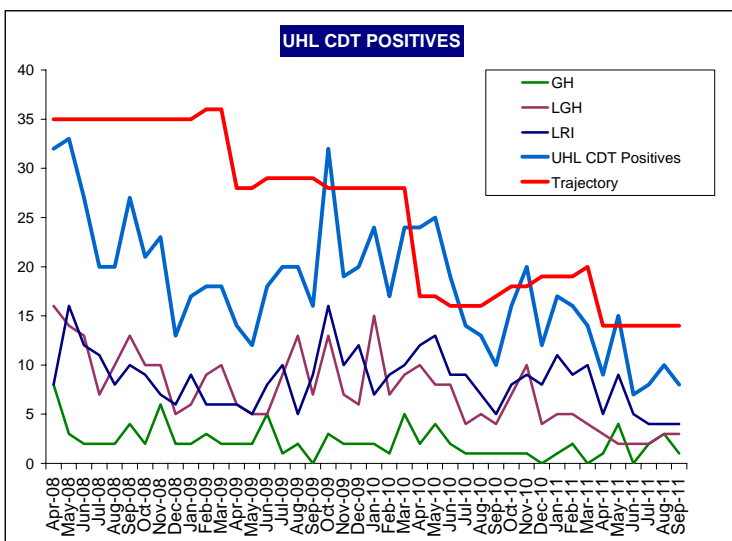
MRSA BACTERAEMIA



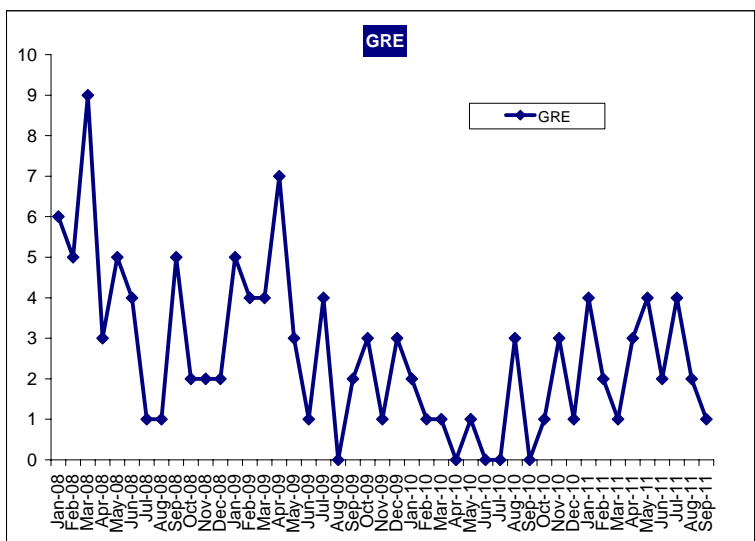
MRSA Bacteraemias by Site



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
MRSA	1	0	1	0	1	2	1	2	0	0	1	1	0	4	9	▲
C. Diff.	10	16	20	12	17	16	14	9	15	7	8	10	8	57	165	▲
Rate / 1000 Adm's	1.2	1.9	2.4	1.4	2.1	2.1	1.6	1.2	2.0	0.9	1.0	1.3	1.1	1.3		
GRE	0	1	3	1	3	2	1	3	4	2	4	2	1	16	TBC	
MSSA								1	4	2	5	2	6	20	No National Target	
E-Coli										38	39	41	39	157	No National Target	

MORTALITY

Performance Overview

Although there were an increased number of in-hospital deaths following elective admission during July and August, the Trust's Risk Adjusted Mortality Index (RAMI) remained below 100 and below our own threshold of 85.

The Data Quality team confirmed that a small number of patients were actually emergency admissions or transfers. Their coding has now been altered.

The findings from speciality M&M reviews were reported to the October Clinical Effectiveness Committee. Admission had been urgently arranged for several patients because of their deteriorating condition (i.e. within a few days) but had to be coded as 'planned admissions' (elective).

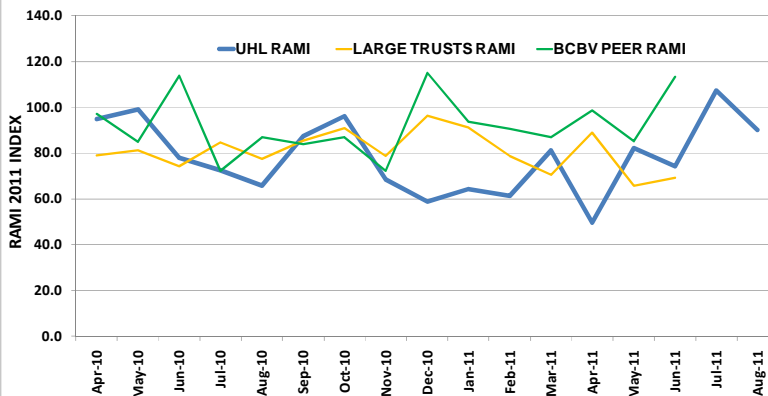
The M&M reviews also confirmed that the deaths were primarily due to complexity of case mix. There has been a reduced number of 'elective deaths' during September.

The overall 'crude' mortality rate has risen slightly to 1.3% during September but remains within normal variation.

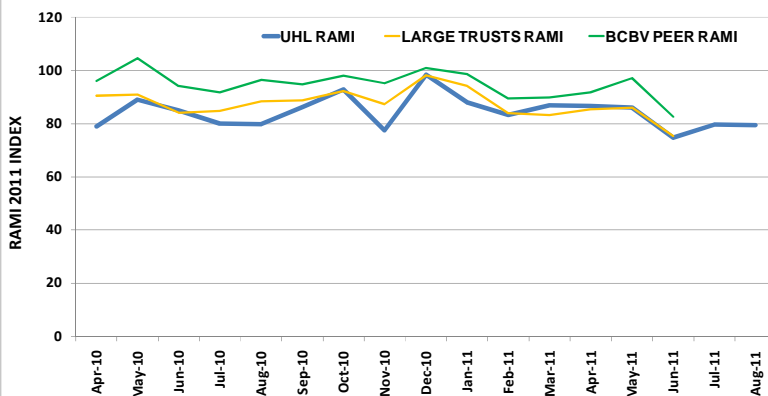
The new Summary Hospital Mortality Index (SHMI) is due for release at the end of this month. This national indicator is not directly equivalent to the 'risk adjusted' mortality rate (RAMI) used by CHKS and the Trust. SHMI uses a different risk adjustment model and includes 'out of hospital deaths' (within 30 days of discharge) and does not exclude 'palliative care patients'. CHKS have advised that Trusts with a RAMI of 91 will have a SHMI of 100. As the mortality index will be significantly affected by the number of out of hospital deaths, work is ongoing to assess the potential impact of this for UHL with the data analysts.

The first SHMI data will be for 10/11 and UHL's RAMI (CHKS) for last year was 86. It is therefore likely that the Trust's SHMI will be near to 100.

ELECTIVE RISK ADJUSTED MORTALITY INDEX



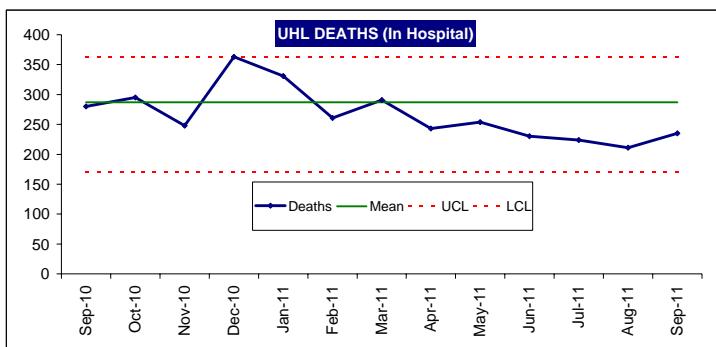
NON ELECTIVE RISK ADJUSTED MORTALITY INDEX



CHKS - RISK ADJUSTED MORTALITY

	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD
Total Spells (CHKS)	18,049	18,669	18,307	18,984	18,312	17,810	17,485	19,886	16,061	16,662	17,971	17,682	17,487	85,863
Observed Deaths	198	248	265	212	327	293	231	252	173	211	197	205	187	973
RAMI	79.3	87.3	93.6	77.5	98.1	87.7	82.5	87.9	84.8	85.9	74.8	80.7	80.0	81.0

Clinical Business Unit	CURRENT MONTH		
	Spells	Deaths	%
Specialist Surgery	1571	1	0.1%
GI Medicine, Surgery and Urology	3441	32	0.9%
Cancer, Haematology and Oncology	1987	13	0.7%
Musculo-Skeletal	922	9	1.0%
Medicine	1993	87	4.4%
Respiratory	1090	37	3.4%
Cardiac, Renal & Critical Care	1304	36	2.8%
Emergency Department	9	4	44.4%
Women's	4468	15	0.3%
Children's	869	1	0.1%
Anaesthesia and Theatres	325		
Imaging	16		
Sum:	17995	235	1.3%



UHL CRUDE DATA TOTAL SPELLS

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target
UHL Crude Data - TOTAL Spells	19627	19254	19895	19261	18674	18300	20760	16888	17537	18897	18386	18182	17995	107885	
UHL Crude Data - TOTAL Deaths	280	295	248	363	331	261	291	243	254	230	224	211	235	1397	TBC
Percent	1.4%	1.5%	1.2%	1.9%	1.8%	1.4%	1.4%	1.4%	1.4%	1.2%	1.2%	1.2%	1.3%	1.3%	TBC

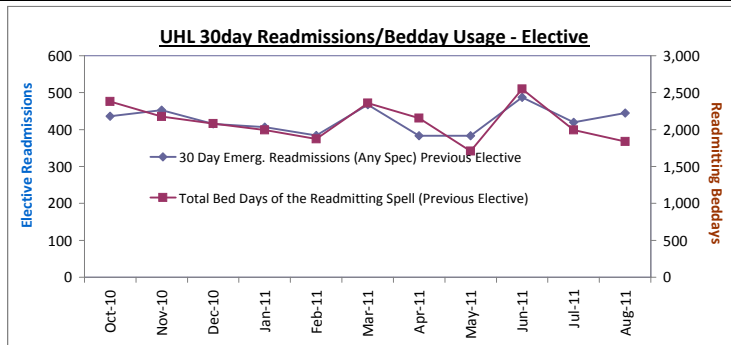
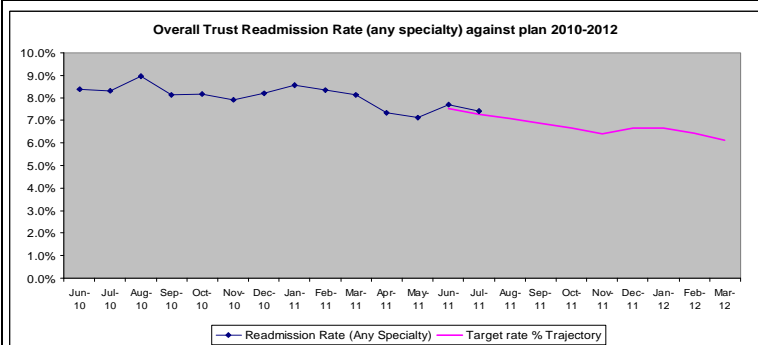
UHL CRUDE DATA ELECTIVE SPELLS

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target
UHL Crude Data - ELECTIVE Spells	8601	8449	8793	7742	7792	8073	9405	7757	8102	9240	8574	8808	8759	51240	
UHL Crude Data - ELECTIVE Deaths	9	11	9	5	6	6	8	4	5	7	11	11	5	43	TBC
Percent	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	TBC

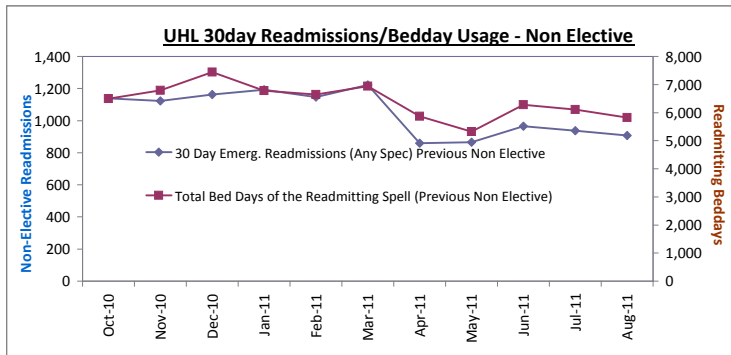
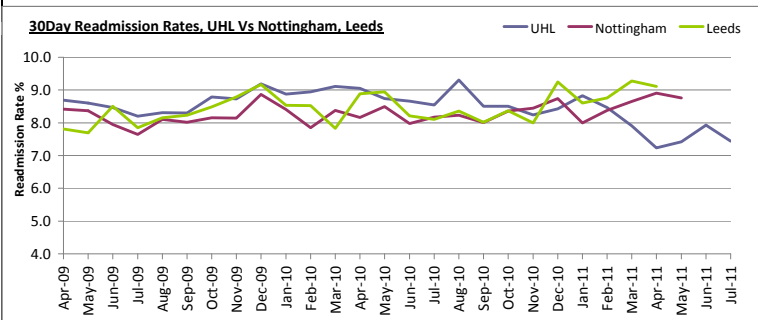
UHL CRUDE DATA NON ELECTIVE SPELLS

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target
UHL Crude Data - NON ELECTIVE Spells	11026	10805	11102	11519	10882	10227	11355	9131	9435	9657	9812	9374	9236	56645	
UHL Crude Data - NON ELECTIVE Deaths	271	284	239	358	325	255	283	239	249	223	213	200	230	1354	TBC
Percent	2.5%	2.6%	2.2%	3.1%	3.0%	2.5%	2.5%	2.6%	2.6%	2.3%	2.2%	2.1%	2.5%	2.4%	TBC

EMERGENCY READMISSIONS



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



ALL READMISSIONS

	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD	Target
Discharges	19,254	19,895	19,261	18,674	18,300	20,760	16,888	17,537	18,897	18,386	18,182	89,890	
30 Day Emerg. Readmissions (Any Spec)	1,574	1,576	1,577	1,599	1,531	1,689	1,242	1,249	1,452	1,358	1,352	6,653	
Readmission Rate (Any Specialty)	8.2%	7.9%	8.2%	8.6%	8.4%	8.1%	7.4%	7.1%	7.7%	7.4%	7.4%	7.4%	6.1%
30 Day Emerg. Readmissions (Same Spec)	876	873	900	897	883	989	767	774	906	834	815	4,096	
Readmission Rate (Same Specialty)	4.5%	4.4%	4.7%	4.8%	4.8%	4.8%	4.5%	4.4%	4.8%	4.5%	4.5%	4.6%	
Improvement trajectory (Any Specialty)													
Total Bed Days of Readmitting Spells	8,873	8,966	9,525	8,778	8,513	9,296	8,021	7,036	8,831	8,103	7,666	39,657	

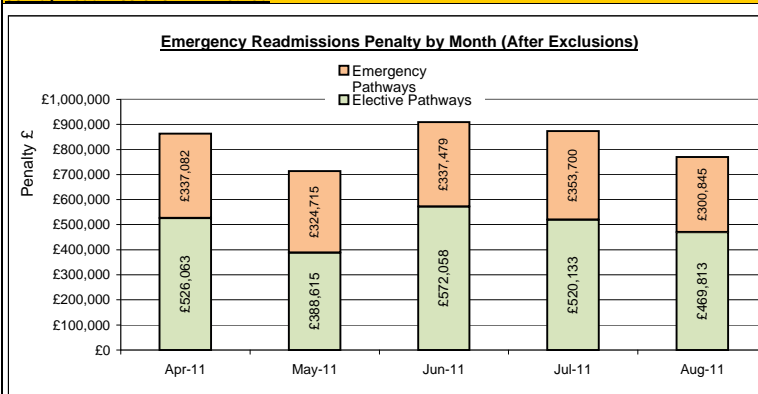
Readmissions - Previous Spell = Elective

	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD
Discharges	8,449	8,793	7,742	7,792	8,073	9,405	7,757	8,102	9,240	8,574	8,808	42,481
30 Day Emerg. Readmissions (Any Spec) Previous Elective	436	453	415	407	384	467	383	383	487	420	445	2,118
Readmission Rate (Any Specialty) Previous Elective	5.2%	5.2%	5.4%	5.2%	4.8%	5.0%	4.9%	4.7%	5.3%	4.9%	5.1%	5.0%
Total Bed Days of the Readmitting Spell (Previous Elective)	2,381	2,177	2,082	1,994	1,872	2,358	2,154	1,710	2,548	1,996	1,840	8,094

Readmissions - Previous Spell = Non Elective

	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	YTD
Discharges	10,805	11,102	11,519	10,882	10,227	11,355	9,131	9,435	9,657	9,812	9,374	47,409
30 Day Emerg. Readmissions (Any Spec) Previous Non Elective	1,138	1,123	1,162	1,192	1,147	1,222	859	866	965	938	907	4,535
Readmission Rate (Any Specialty) Previous Non Elective	10.5%	10.1%	10.1%	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%	9.6%
Total Bed Days of the Readmitting Spell (Previous Non Elective)	6,492	6,789	7,443	6,784	6,641	6,938	5,867	5,326	6,283	6,107	5,826	29,409

30 Day Readmissions PBR Method



Performance Overview

In month rate remained at 7.4%, 0.3% above trajectory. The in month number of readmissions was 1% lower than in August 2010. The financial penalty was £770k down on the previous 2 months and down as a proportion of total readmissions from an average of 69% to 62%. Bed day usage was similar to August 2010, but overall like for like bed day usage for the year down by 16 beds. The Readmissions programme is now in place with 4 work streams:

- 1) Coding & Commissioning - working continues to ensure Method of Admission is accurate including awareness raising with administrative teams, specialty specific work and formal training is now being planned. Audits are complete identifying where readmissions are reflecting quality care and not being commissioned. This information is being fed into the contracting process via the DOF.
- 2) Discussion to take place on the provision of a Discharge group to define the process for discharge of patients from UHL.
- 3) Specialty Priorities - plans are now in place for the priority specialties and are beginning to be implemented. Some pilots in line with best practice are already in place including post-discharge support to patients in care homes, roll out of ICE electronic discharge summaries, ISAR risk stratification, and triage of emergency General Surgery patients. Detailed work is also being undertaken on pathways for COPD patients, catheter patients along with the establishment of reablement services in the community.
- 4) Community work streams - some of the readmissions penalty has been diverted into expansion of community health and social care reablement services. The majority of these services are scheduled to be implemented between Nov 2011 and Jan 2012.

FALLS

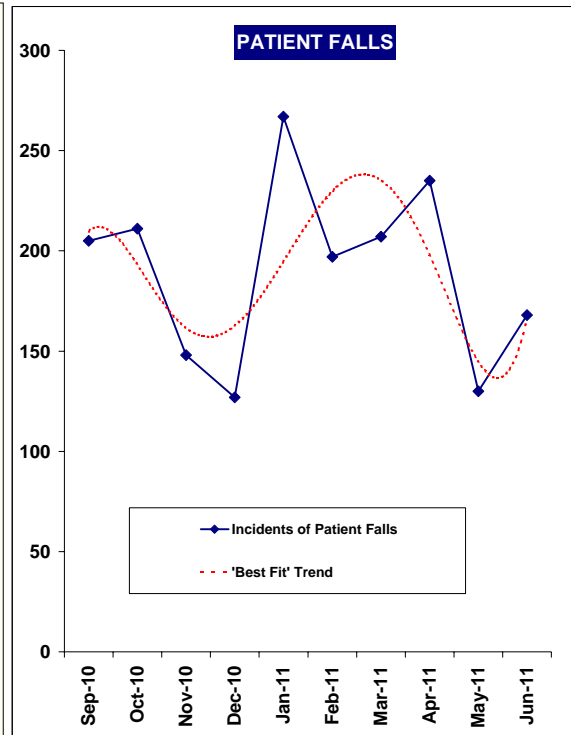
Performance Overview

A separate report for patient falls has been submitted to the October GRMC.

In line with the more detailed review and benchmarking exercise undertaken with Pressure Ulcers, it is proposed that a similar exercise is followed with falls and will include:

- Criterion for falls reporting
- Reporting comparisons with AUKUH organisations
- Benchmarking data
- RCA outcomes

This will improve accuracy and timelines and is likely to change the numbers that have previously been reported.



TARGET / STANDARD

FALLS : DATA CURRENTLY UNDER REVIEW / VALIDATION

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

PRESSURE ULCERS (Grade 3 and 4)

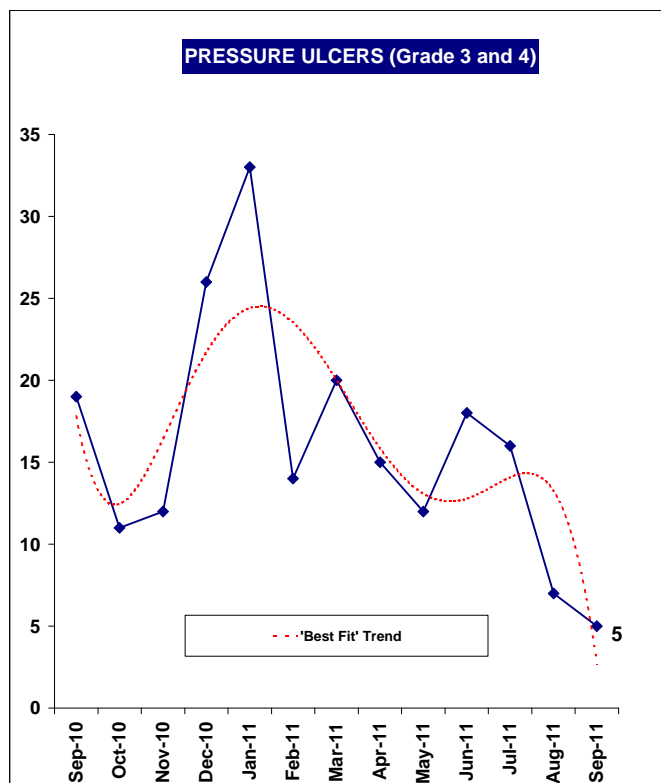
Performance Overview

The results of the second benchmarking exercise have demonstrated significant variance in the numbers of HAPUs reported within those organisations that were able to share their information.

Analysis of the data shows that the incidence of HAPUs in UHL is comparable to other similar size Trusts. The review also exposed differences in data collection and reporting methodology across the country and varying levels of confidence amongst senior nurses regarding the robustness and transparency of individual Trust data.

A full report is to be provided to the September GRMC which will also contain the following actions:

- Trustwide implementation of the checklist for 'non-avoidable pressure ulcers'.
- Changes to Datix reporting form - to be specific to Pressure Ulcer activity.
- Monitoring of source of admission and age range of patients.
- Continued analysis of VITAL results and support / education for all clinical areas
- Research proposal to be established to link to national work
- Support from Leeds and Sheffield to undertake some collaborative work with the DoH looking at patient perceptions of pressure ulcers



TARGET / STANDARD

April figure has been updated : Two ulcers were inadvertently missed in previous submission

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target
Pressure Ulcers (Grade 3 and 4)	19	11	12	26	33	14	20	15	12	18	16	7	5	73	197

PATIENT EXPERIENCE

Performance Overview

The "Patient Experience Survey" for September 2011 resulted in 1,383 surveys being returned, a Trust return rate of 92%, with the Acute Care Division achieving a return rate of 101% which is a record number for this Division over the last 8 months. The UHL 'Overall Respect & Dignity' score has shown a slight decrease from 96 to 95.3 however this standard remains a Green RAG rated target. The UHL 'Overall Care Score' shows a deterioration which originates from the Women's and Children's Division and the Acute Care Division.

The Women's and Children's Division are about to radically restructure the patient pathway and segregate planned and emergency services to positively impact on patients facilities and experience of care. The Division is confident this will improve the overall care score.

The Acute Care Division continue their plan to substantially improve the experience of care for patient by:

The appointment of a New Lead Nurse within Medicine CBU

The appointment of a patient experience specialist within the Matron team

Trust wide 'Caring at its Best' Project questions are maintaining improvement since their launch in March 2011. The implementation structure that overlays the Divisional projects is the '10 Point Plan'. The introduction of nursing hourly rounds is a key development that will underpin improvements. The hourly rounds demand a fundamental shift in how activities are managed and how team roles are defined. Most of the clinical areas within the Trust previously had a very traditional model for nursing care delivery hourly rounds have changed these deep-seated structures and demands an elementary change to be embraced and adopted by the nursing teams.

Return Rates - September 2011	Division	Surveys Returned	Target	% Achieved
	Acute Care	798	790	101%
	Planned Care	446	535	83%
	Women's and Children's	139	180	77%
	UHL	1,383	1,505	92%

**Trust Scores in
September 2011
minus
underperforming
Wards in Medicine**

DIVISIONAL PROJECTS

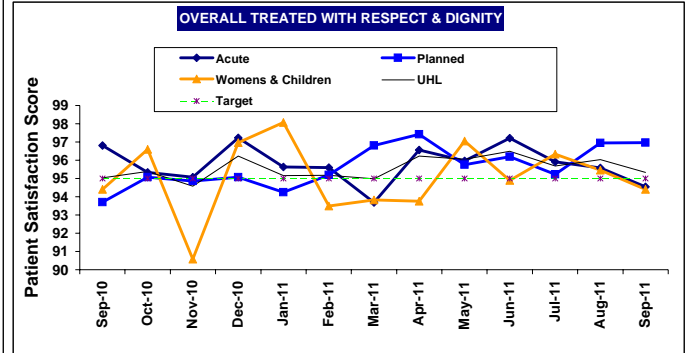
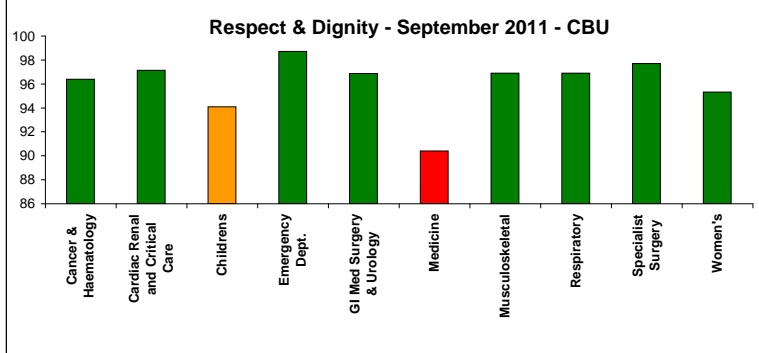
Area for Development	Lead Division	PES Question	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Sep-11
Noise at Night	Acute Care	Q10a – Were you ever bothered by noise at night from other patients?	65.0	75.7	71.8	74.7	70.6	70.6	67.2	69.8
		Q10b – Were you ever bothered by noise at night from hospital staff?	84.2	87.1	86.8	87.4	87.4	85.2	85.4	85.6
Staff Attitudes and Behaviours	Women's and Children's	Q13a – When you had important questions to ask the doctors did you get answers that you could understand?	88.2	89.9	88.2	89.1	89.7	89.3	87.5	88.7
Providing Information	Clinical Support	Q14a – Did any of the doctors talk in front of you as if you were not there?	88.9	89.1	88.0	88.1	90.7	89.6	87.9	88.9
		Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? CQUIN (National CQUIN Target = 71.0)	77.3	80.7	79.8	79.9	78.8	76.6	77.7	79.4
		Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN (National CQUIN Target = 61.0)	79.5	82.0	80.9	81.6	81.4	81.0	79.0	81.5
Pain	Planned Care	Q15 – Sometimes in hospital a member of staff will say one thing and another say something quite different. Did this happen to you?	84.7	86.0	85.9	86.6	85.2	85.4	82.6	84.4
		Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN (National CQUIN Target = 84.0)	92.3	95.1	94.4	94.7	94.8	94.9	94.2	94.6
		Q24 – Has a member of staff told you about medication side effects to watch for when you went home? CQUIN (National CQUIN Target = 48.0)	73.4	80.1	77.7	75.4	74.9	75.2	73.4	75.1
		Q26 – Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital? CQUIN (National CQUIN Target = 78.0)	69.8	81.9	75.3	80.4	78.1	76.5	73.5	78.6
		Q19 – Do you think the hospital staff did everything they could to help control your pain?	90.5	93.1	91.7	92.3	91.8	90.7	91.7	92.9
		Q28 – Overall, how would you rate the care you received?	83.8	88.4	87.2	87.6	87.0	85.4	85.0	86.4

PATIENT EXPERIENCE

TARGET / STANDARD

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

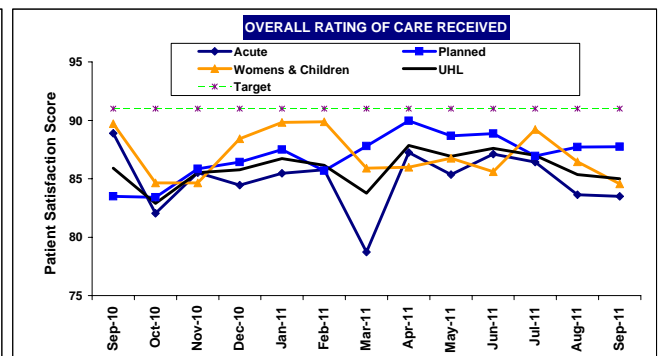
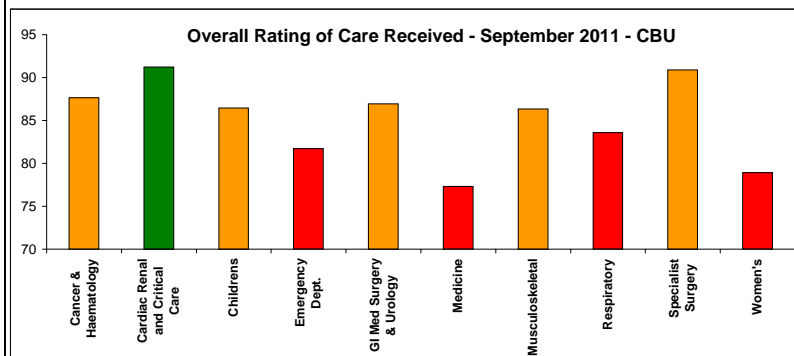
Division	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Status
Acute	96.8	95.1	95.1	97.2	95.6	95.6	93.7	96.6	95.8	97.2	95.9	95.6	94.5	▼
Planned	93.7	95.4	94.9	95.1	94.3	95.2	96.8	98.0	96.6	96.2	95.2	97.0	97.0	◀▶
Womens & Children	94.4	96.6	90.6	97.0	98.1	93.5	93.8	93.8	97.1	94.9	96.3	95.5	94.4	▼
UHL	95.0	95.4	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	▲



TARGET / STANDARD

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

Division	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Status
Acute	88.9	82.0	85.7	84.5	85.5	85.8	78.7	87.3	84.9	87.0	86.4	83.6	83.5	▼
Planned	83.5	83.4	85.6	86.4	87.5	85.7	87.8	90.8	89.6	88.9	87.0	87.7	87.7	◀▶
Womens & Children	89.7	84.7	84.6	88.4	89.8	89.9	85.9	86.0	86.8	85.6	89.2	86.5	84.6	▼
UHL	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	85.0	▼



EMERGENCY DEPARTMENT

Performance Overview

Performance for September Type 1 and 2 is 89.8% and including UCC is 92.0%, a disappointing deterioration despite the revised rotas and triage facilities in both AMU and ED. The year to date performance for ED (UHL+UCC) is 94.3%.

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

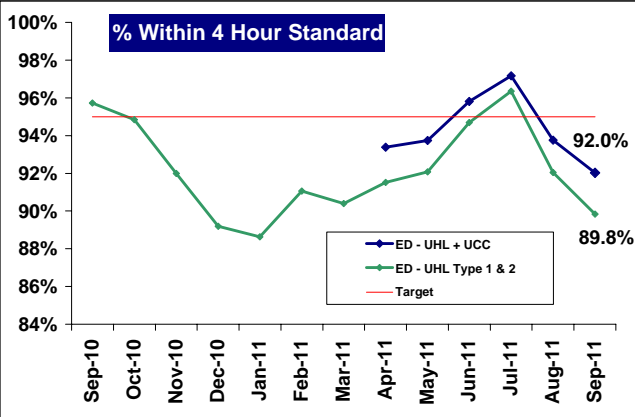
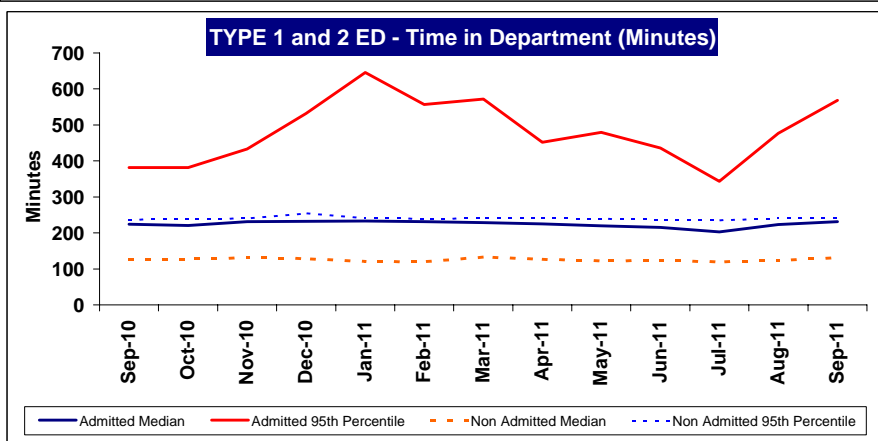
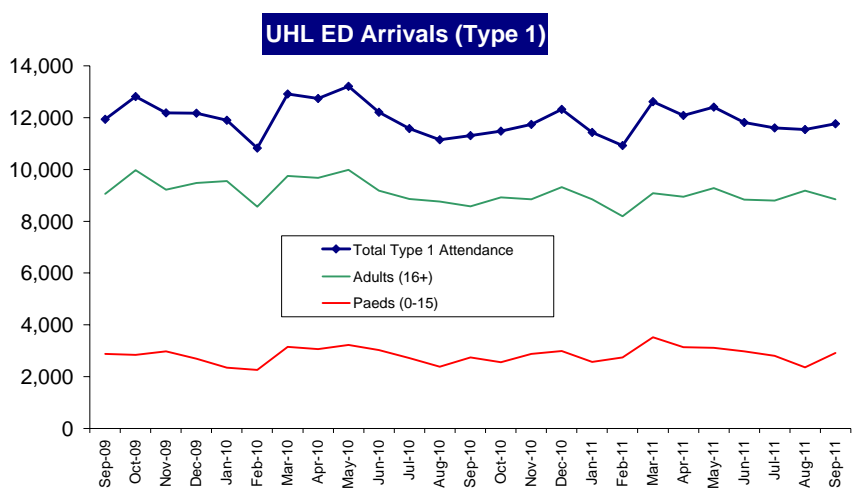
During August/September supplementary guidance has been made available by both the DoH and Monitor to update Trusts how the new clinical outcome indicators will be monitored and scored.

Key Actions

Further information regarding ED performance and the Emergency Care Network targets will be addressed in the Emergency Care Transformation report.

Full Year Forecast

ED + UCC 4 hr performance - 94.5%



Total Time in the Department

September 2011 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	195	4808	5003
3-4 Hours	1411	5379	6790
5-6 Hours	413	397	810
7-8 Hours	215	75	290
9-10 Hours	92	33	125
11-12 Hours	52	15	67
12 Hours+	49	4	53
Sum:	2427	10711	13138

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	TARGET
Unplanned Re-attendance %	6.6%	6.4%	5.8%	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	5.9%	<=5%
Left without being seen %	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.3%	< 5%

TIMELINESS

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	TARGET
Time in Dept (95th centile)	240	251	303	349	382	331	343	306	307	256	239	304	338	294	< 240 Minutes
Time to initial assessment (95th)	41	52	49	55	55	49	63	70	56	41	39	48	49	50	<= 15 Minutes
Time to treatment (Median)	55	55	62	60	48	50	58	59	54	50	34	34	39	45	<= 60 Minutes

4 HOUR STANDARD

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	TARGET
ED - (UHL + UCC)								93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	94.3%	95.0%
ED - UHL Type 1 and 2	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.0%	89.8%	92.7%	95.0%
ED Waits - Type 1	95.3%	94.3%	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	91.0%	88.7%	91.9%	95.0%

18 WEEK REFERRAL TO TREATMENT

Performance Overview

September 18 week referral to treatment is 90.8% for admitted patients (target of 90%) and 96.6% (target of 95%) for non-admitted patients.

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

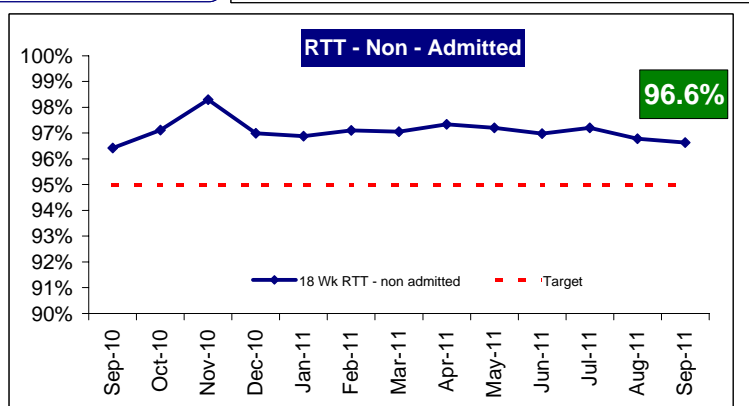
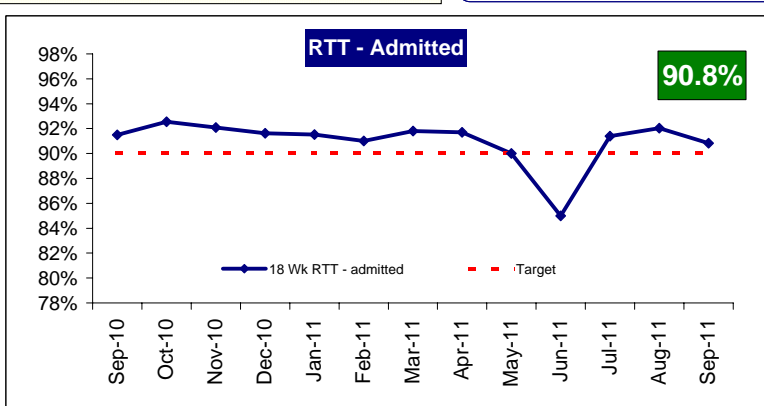
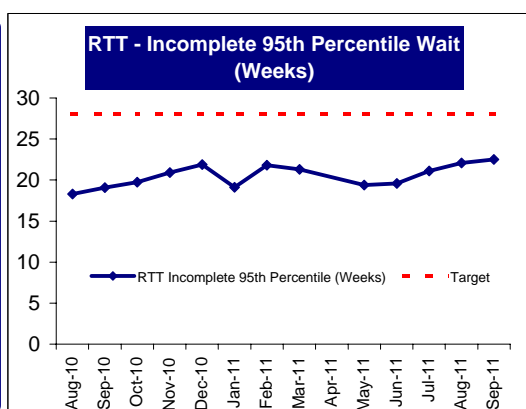
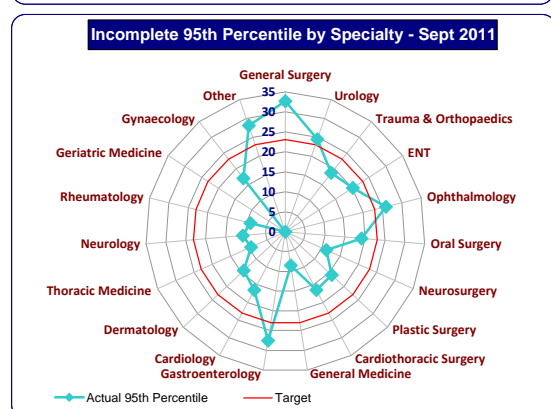
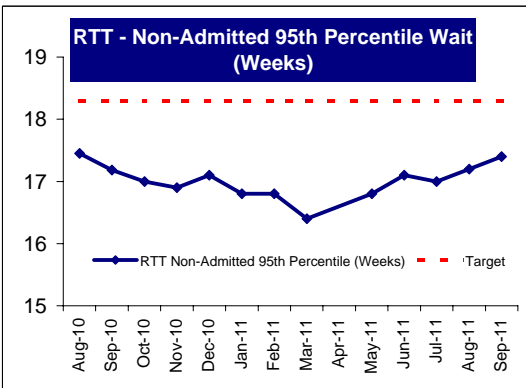
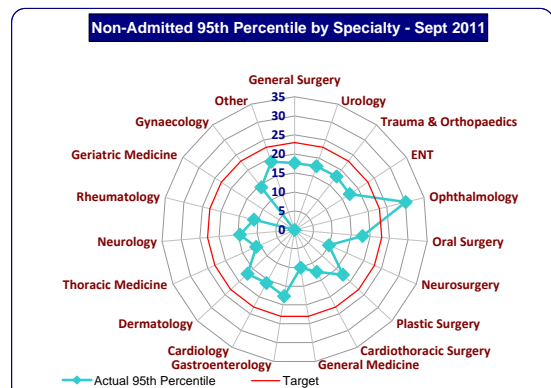
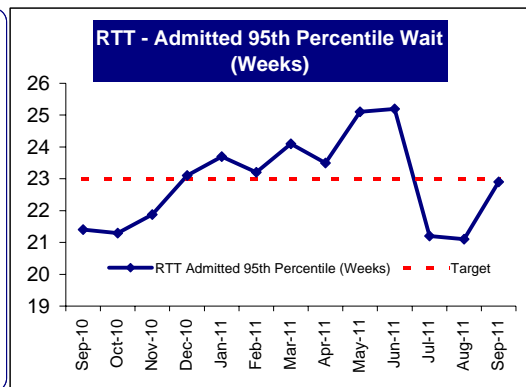
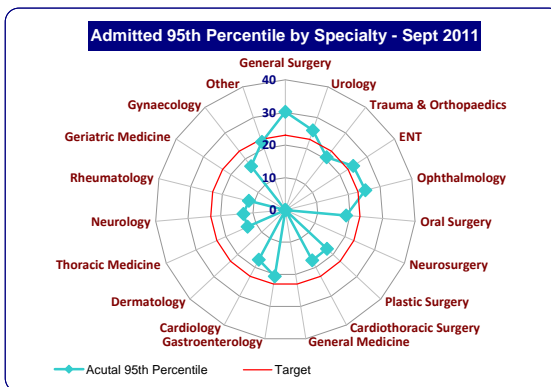
1. Admitted 95th percentile– threshold 23 weeks
2. Non admitted 95th percentile – threshold 18.3 weeks
3. Incomplete pathways 95th percentile – threshold 28 week

During September all these targets were delivered.

Key Actions

Further reductions in backlog of both 18 and 23 week RTT waiters need to continue, with weekly monitoring and targetting of long wait patients.

Planned care have developed revised plans to reduce backlog for both General Surgery and Endoscopy.



TARGET / STANDARD

RTT	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
18 Wk - admitted (%)	91.5	92.6	92.1	91.6	91.5	91.0	91.8	91.7	90.0	85.0	91.4	92.0	90.8	90.8	90.0%	▼
18 Wk - non admitted (%)	96.4	97.1	98.3	97.0	96.9	97.1	97.1	97.3	97.2	97.0	97.2	96.8	96.6	96.6	95.0%	▼
RTT Admitted Median Wait (Weeks)					10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	8.9	9.1	<=11.1	
RTT Admitted 95th Percentile (Weeks)					23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	22.9	<=23.0	
RTT Non-Admitted Median Wait (Weeks)					7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.8	6.2	<=6.6	
RTT Non-Admitted 95th Percentile (Weeks)					17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.4	17.1	<=18.3	
RTT Incomplete Median Wait (Weeks)					6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.6	6.4	6.4	<=7.2	
RTT Incomplete 95th Percentile (Weeks)					21.9	19.1	21.8	21.3	19.4	19.6	21.1	22.1	22.5	22.5	<=28.0	

PRIMARY PCI

Performance Overview

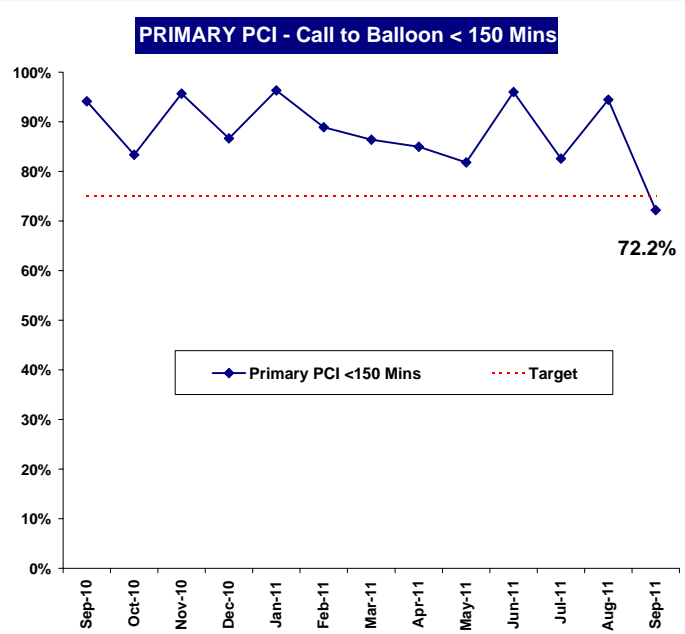
The chosen treatment for patients will focus on primary PCI and as such reporting of the thrombolysis target has ceased.

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in September was 72.2% (13 out of 18 patients). The reasons for the 5 delays are:

- 2 EMAS
- 1 Cath lab delay
- 1 Initial ECG ineligible
- 1 Other – assessment requested on CCU

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	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target
	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	85.4%	75.0%

SAME SEX ACCOMMODATION

Performance Overview

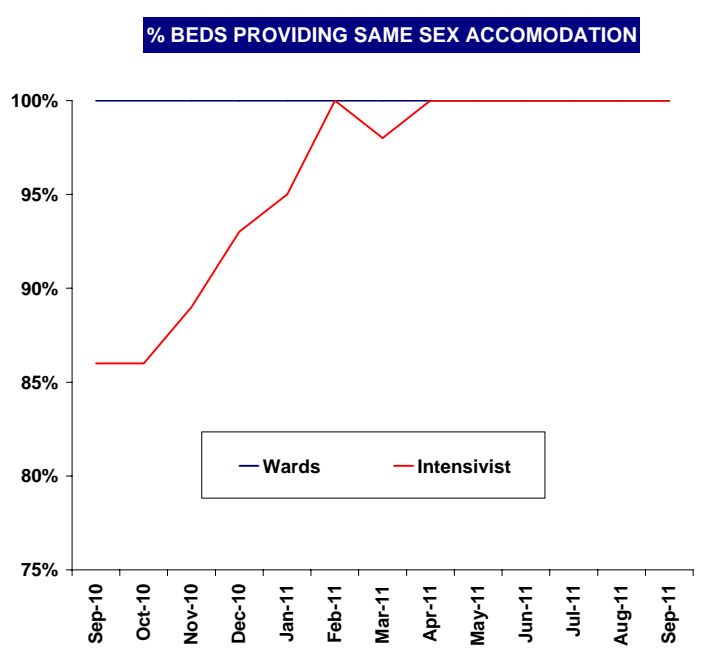
For the last six months, all UHL wards and intensivist areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance.

Key Actions

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

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

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



TARGET / STANDARD

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

CANCER TREATMENT

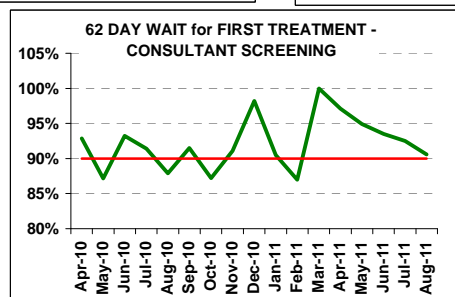
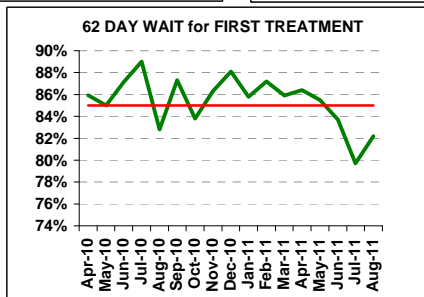
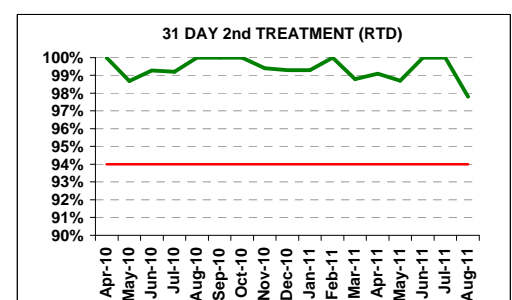
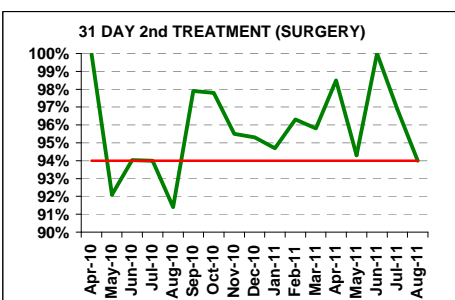
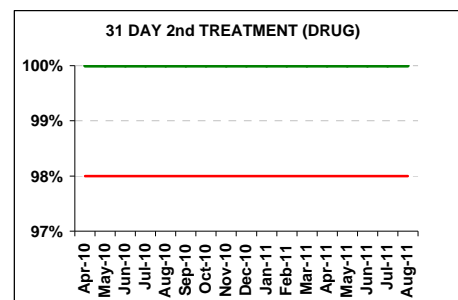
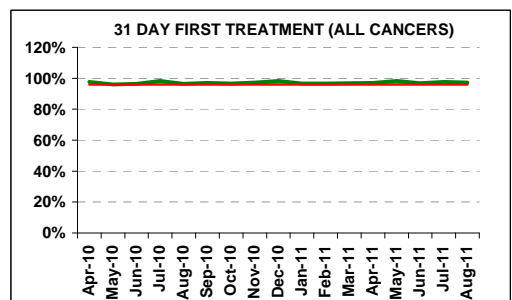
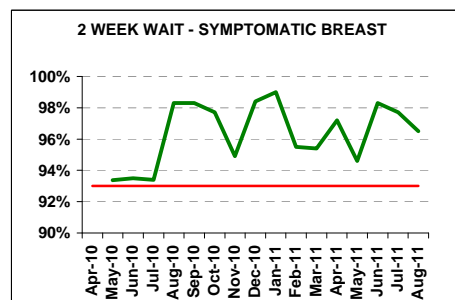
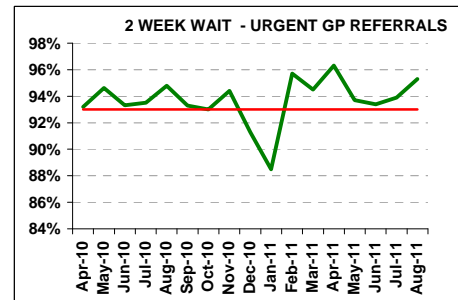
Performance Overview

For August all cancer target were achieved with the exception of the 62 day target which was missed by 5 patients due to factors including complex cases, delays in transfers from other Trusts, diagnostic delays and capacity constraints.

Key Actions

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

Commitment	Threshold	2010/11	Qtr 1	Jul-11	Aug-11	YTD
Maximum two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.0%	93.4%	94.4%	93.9%	95.3%	94.5%
Two week wait for symptomatic breast patients (Cancer not initially suspected)	93.0%	95.9%	96.9%	97.7%	96.5%	97.0%
31-day (Diagnosis To Treatment) wait for first treatment: all cancers	96.0%	97.0%	97.3%	97.7%	97.3%	97.4%
31-day wait for second or subsequent treatment: anti cancer drug treatments	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31-day wait for second or subsequent treatment: surgery	94.0%	95.2%	97.3%	96.9%	94.0%	96.5%
31-day wait for second or subsequent treatment: radiotherapy treatments	94.0%	99.5%	99.2%	100.0%	97.8%	99.1%
62-day (urgent GP referral to treatment) wait for first treatment: all cancers	85.0%	86.3%	85.1%	79.7%	82.2%	83.2%
62-day wait for first treatment from consultant screening service referral: all cancers	90.0%	91.7%	95.0%	92.5%	90.6%	93.2%
62-day wait for first treatment from consultant upgrade	100.0%	100.0%	100.0%	--	--	100.0%



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

The appraisal rate has increased slightly to 88.7% from 87.7% in August.

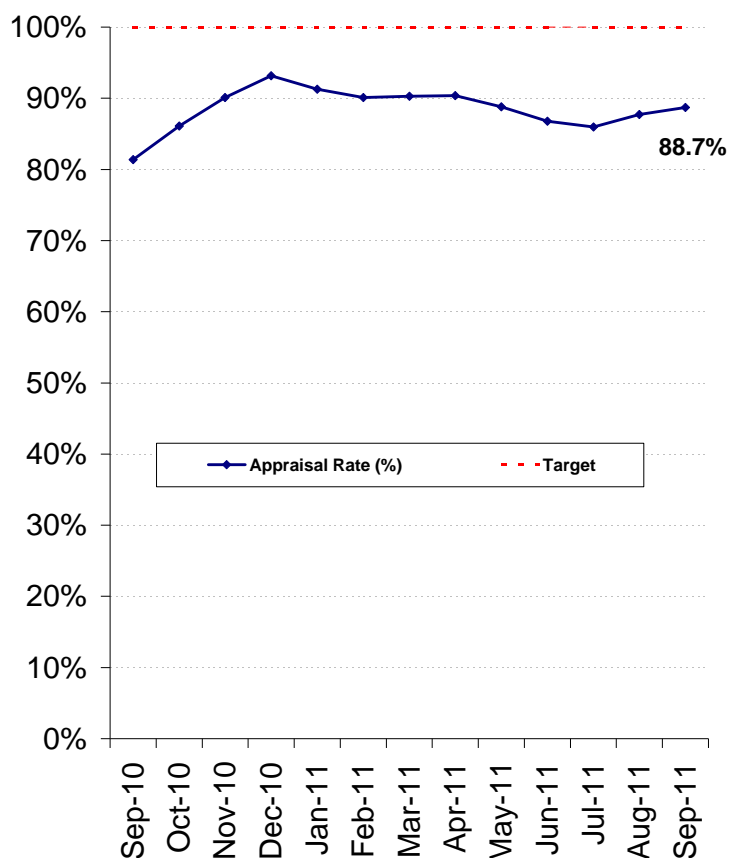
Where appraisal rates continue to be low within cost centre areas Human Resources are proceeding with performance management action.

Sickness

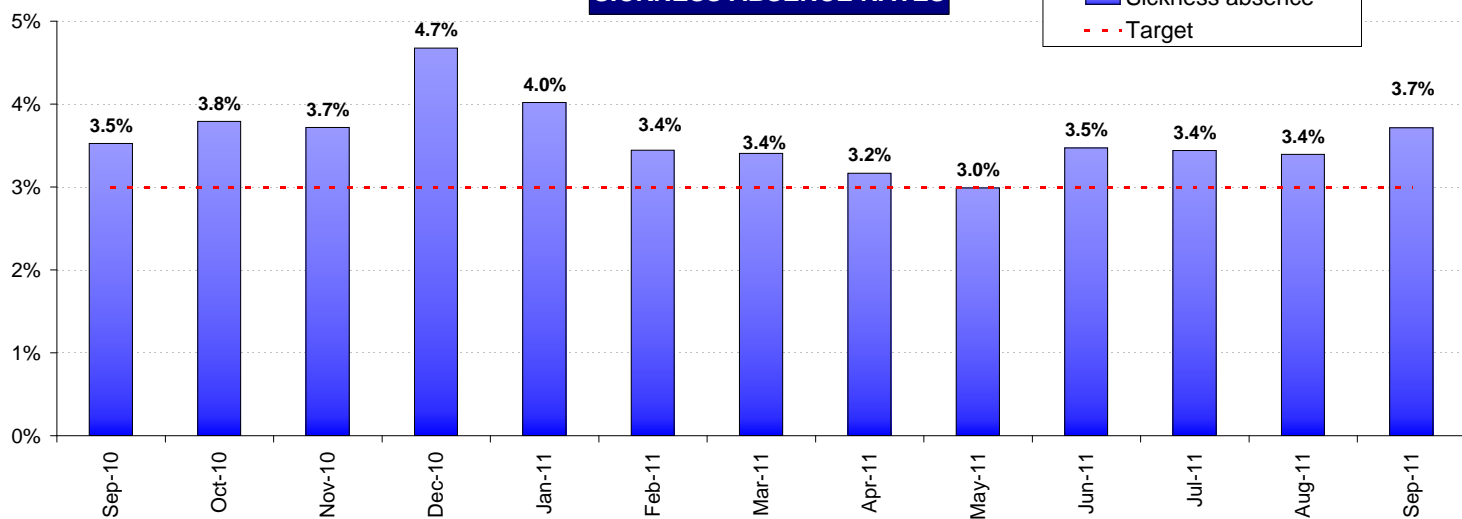
The reported sickness rate is 3.7%. The actual rate is likely to be around 0.3% lower as absence periods are closed. The sickness rate remains constant at around 3.4 % for the fourth successive month.

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

APPRAISAL RATES



SICKNESS ABSENCE RATES



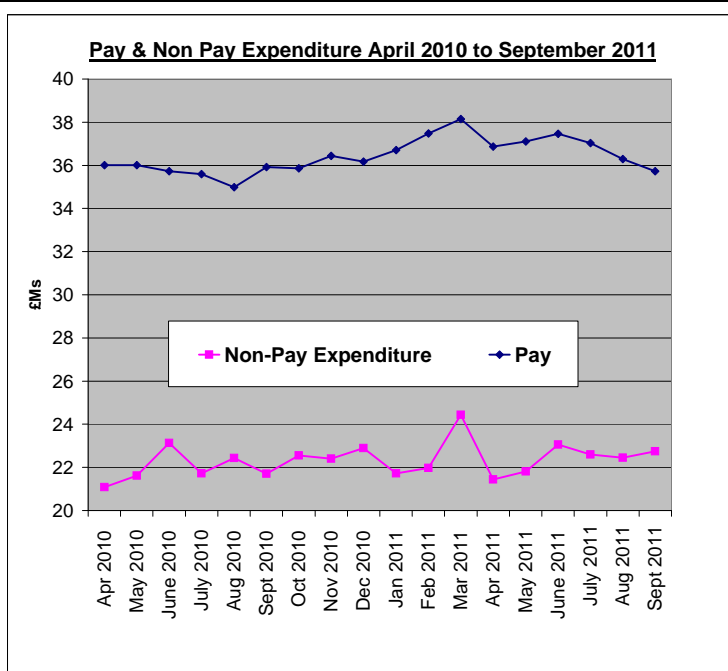
Sep-10 Oct-10 Nov-10 Dec-10 Jan-11 Feb-11 Mar-11 Apr-11 May-11 Jun-11 Jul-11 Aug-11 Sep-11

Appraisals	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%

YTD	Target	Status
88.7%	100%	▲

VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Cumulative income at Month 6 was £341.6 million (£1.9 million or 0.6% favourable to Plan). Cumulative expenditure was £354.6 million (£15.1 million adverse to plan). The actual deficit of £13 million is an adverse variance of £13.2 million against plan.
Activity/Income	An over performance of £0.95 million, 0.3% against plan is reported on patient care income against plan. This reflects an over performance on day cases of £1.1 million, elective inpatients of £0.7 million and outpatients of £0.8 million. These over performing areas are offset by an under performance of £1.9 million, 2.0% of plan, on non elective / emergencies. This equates to 2,277 spells below the planned level.
BPPC	The Trust achieved an overall 30 day payment performance of 83% for value and 82% for volume for trade creditors in September 2011.
Cost Improvement Programme	At Month 6 Divisions have reported £8.7 million of savings, short of the £16.3 million target by £7.6 million.
Balance Sheet	The balance sheet reflects the receipt of £7.8 million in advance from the Leicestershire Cluster.
Cash Flow	The year to date increase in cash of £5 million reflects the £7.8 million received from the Cluster as pre payment for the October SLA. Cash continues to be actively managed, and a positive balance is forecast to year end.
Capital	The Trust is forecasting the delivery of the refreshed plan, to support the cash position by £5 million.
Risks	The Chief Operating Officer and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus.



Financial Metrics	Weighting	September	Year to Date	
		Result	Result	Score
EBITDA achieved (% of plan)	10.0%	84.1%	42.2%	1
EBITDA margin (%)	25.0%	6.4%	2.7%	2
Return on assets (%)	20.0%	0.3%	-1.6%	2
I&E surplus (%)	20.0%	0.1%	-3.8%	1
Liquidity ratio (days)	25.0%	9	9	1
Overall Financial Risk Rating				1

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

VALUE FOR MONEY - INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 30 September							
	2011/12 Annual Plan £000	September			April - September 2011		
		Plan	Actual	Variance (Adv) / Fav	Plan	Actual	Variance (Adv) / Fav
		£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Elective	67,968	5,958	5,918	(40)	33,849	34,582	733
Day Case	56,368	4,941	5,080	139	28,072	29,183	1,111
Emergency	177,574	14,645	14,202	(443)	87,726	85,841	(1,885)
Outpatient	82,700	7,220	7,345	125	41,196	41,985	789
Other	204,595	16,670	17,435	765	102,910	103,112	202
Patient Care Income	589,205	49,434	49,980	546	293,753	294,703	950
Teaching, Research & Development	67,077	5,590	6,453	863	33,544	34,405	861
Non NHS Patient Care	6,638	532	532	0	3,124	3,083	(41)
Other operating Income	18,869	1,547	1,551	4	9,261	9,440	179
Total Income	681,789	57,103	58,516	1,413	339,682	341,631	1,949
Medical & Dental	133,478	10,500	11,427	(927)	66,748	67,162	(414)
Nursing & Midwifery	157,779	11,937	13,252	(1,315)	78,445	80,958	(2,513)
Other Clinical	56,327	4,546	4,618	(72)	28,189	27,961	228
Agency	1,530	115	576	(461)	962	8,648	(7,686)
Non Clinical	70,875	7,761	5,855	1,906	36,213	35,774	439
Pay Expenditure	419,989	34,859	35,728	(869)	210,557	220,503	(9,946)
Drugs	58,229	4,914	4,666	248	28,900	27,638	1,262
Recharges	(617)	(58)	23	(81)	(363)	9	(372)
Clinical supplies and services	73,922	6,014	6,647	(633)	36,912	38,879	(1,967)
Other	81,968	6,890	7,686	(796)	41,317	45,144	(3,827)
Central Funds	1,887	0	0	0	0	0	0
Provision for Liabilities & Charges	348	29	18	11	174	102	72
Non Pay Expenditure	215,737	17,789	19,040	(1,251)	106,940	111,772	(4,832)
Total Operating Expenditure	635,726	52,648	54,768	(2,120)	317,497	332,275	(14,778)
EBITDA	46,063	4,455	3,748	(707)	22,185	9,356	(12,829)
Interest Receivable	84	7	6	(1)	42	31	(11)
Interest Payable	(565)	(41)	(42)	(1)	(246)	(244)	2
Depreciation & Amortisation	(31,057)	(2,589)	(2,558)	31	(15,529)	(15,440)	89
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	14,525	1,832	1,154	(678)	6,452	(6,297)	(12,749)
Profit / (Loss) on Disposal of Fixed Assets	0	0	0	0	0	(6)	(6)
Dividend Payable on PDC	(13,236)	(1,103)	(1,113)	(10)	(6,618)	(6,678)	(60)
Net Surplus / (Deficit)	1,289	729	41	(688)	(166)	(12,981)	(12,815)
EBITDA MARGIN	6.76%		6.41%		0	2.74%	
Impairment		0	0	0	0	0	0
Total	1,289	729	41	(688)	(166)	(12,981)	(12,815)
Plan Phasing Adjustment		(723)	0	723	343	0	(343)
Net Surplus / (Deficit) after impairment	1,289	6	41	35	177	(12,981)	(13,158)

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION
Income and Expenditure Position for the Period Ended 30 September 2011

	Income				Expenditure								Total Year to Date			
	Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Pay				Non Pay				Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
					Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Annual Plan £ 000	Plan to Date £ 000	Actual £ 000	Variance (Adv) / Fav £ 000				
Acute Care	261,061	129,527	131,079	1,552	132,274	66,390	73,361	(6,971)	76,521	38,289	39,678	(1,389)	52,266	24,848	18,040	(6,808)
Clinical Support	27,272	13,641	13,628	(13)	106,878	53,743	54,636	(893)	15,310	7,811	8,832	(1,021)	(94,916)	(47,913)	(49,840)	(1,927)
Planned Care	194,015	96,942	97,728	786	78,678	40,014	41,987	(1,973)	43,069	21,492	22,653	(1,161)	72,268	35,436	33,088	(2,348)
Women's and Children's	116,642	57,426	56,702	(724)	62,532	30,705	30,957	(252)	16,613	8,605	9,253	(648)	37,497	18,116	16,492	(1,624)
Corporate Directorates	29,990	15,335	15,434	99	39,627	19,705	19,341	364	61,777	30,429	30,622	(193)	(71,414)	(34,799)	(34,529)	270
Sub-Total Divisions	628,980	312,872	314,571	1,699	419,989	210,557	220,282	(9,725)	213,290	106,626	111,038	(4,412)	(4,299)	(4,311)	(16,749)	(12,438)
Central Income	52,809	26,810	27,060	250	0	0	0	0	0	0	0	0	52,809	26,810	27,060	250
Central Expenditure	0	0	0	0	0	0	221	(221)	47,221	22,322	23,071	(749)	(47,221)	(22,322)	(23,292)	(970)
Grand Total	681,789	339,682	341,631	1,949	419,989	210,557	220,503	(9,946)	260,511	128,948	134,109	(5,161)	1,289	177	(12,981)	(13,158)

VALUE FOR MONEY - COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at September 2011

Division	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000	YTD Achieved £000	RISK RATING OF FORECAST CIPS			Forecast £000
										HIGH	MEDIUM	LOW	
Acute Care	13,383	8,320	(5,063)	6,493	2,746	42.3%	8,123	197	2,746	2,368	1,186	2,020	8,320
Clinical Support	6,218	4,573	(1,645)	2,829	2,040	72.1%	3,829	744	2,040	670	462	1,401	4,573
Planned Care	8,685	5,026	(3,659)	3,546	2,003	56.5%	4,599	427	2,003	1,226	352	1,445	5,026
Women's and Children's	2,916	1,339	(1,577)	869	351	40.4%	1,284	55	351	52	582	355	1,339
Clinical Divisions	31,202	19,258	(11,944)	13,736	7,140	52.0%	17,835	1,424	7,140	4,316	2,581	5,221	19,257
Corporate	3,571	4,551	980	1,412	1,607	113.8%	2,594	1,957	1,607	331	985	1,628	4,551
Central	3,471	1,500	(1,971)	1,157	0		1,500	0	0	1,500	0	0	1,500
Total	38,244	25,309	(12,935)	16,306	8,747	53.6%	21,929	3,381	8,747	6,147	3,566	6,849	25,309

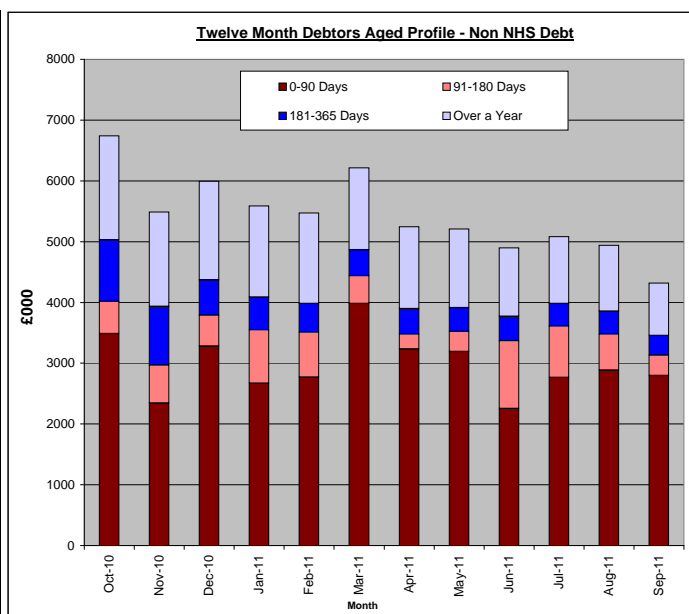
Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Income	4,532	5,044	513	1,713	1,617	94.4%	4,450	595
Non Pay	10,955	7,014	(3,941)	4,662	2,790	59.8%	6,177	838
Pay	22,757	13,251	(9,507)	9,931	4,340	43.7%	11,302	1,948
Total	38,244	25,309	(12,935)	16,306	8,747	53.6%	21,929	3,381

Commentary

There is a year to date under performance on delivery of cost improvement of £7.6 million and a year end forecast under performance of £12.9 million (reflecting shortfalls in all Clinical Divisions totalling £11.9 million).

VALUE FOR MONEY - BALANCE SHEET

	Mar-11 £000's Actual	Apr-11 £000's Actual	May-11 £000's Actual	Jun-11 £000's Actual	Jul-11 £000's Actual	Aug-11 £000's Actual	Sep-11 £000's Actual
BALANCE SHEET							
Non Current Assets							
Intangible assets	5,119	4,993	4,863	4,732	4,601	4,471	4,561
Property, plant and equipment	414,129	415,444	414,445	412,914	413,174	412,998	411,956
Trade and other receivables	4,818	1,864	1,866	1,848	1,916	2,050	2,188
TOTAL NON CURRENT ASSETS	424,066	422,301	421,174	419,494	419,691	419,519	418,705
Current Assets							
Inventories	11,923	12,711	12,282	11,904	12,575	12,414	12,099
Trade and other receivables	22,722	21,221	25,862	26,426	22,757	25,585	24,381
Other Assets	0	0	185	257	318	76	0
Cash and cash equivalents	10,306	14,465	9,778	4,425	8,296	21,003	15,384
TOTAL CURRENT ASSETS	44,951	48,397	48,107	43,012	43,946	59,078	51,864
Current Liabilities							
Trade and other payables	(59,556)	(62,010)	(61,877)	(57,626)	(59,126)	(73,592)	(70,946)
Dividend payable	0	(1,113)	(2,226)	(3,339)	(4,452)	(5,565)	0
Borrowings	(3,649)	(3,649)	(3,593)	(3,649)	(3,649)	(3,649)	(1,511)
Provisions for liabilities and charges	(667)	(667)	(667)	(657)	(667)	(667)	(667)
TOTAL CURRENT LIABILITIES	(63,872)	(67,439)	(68,363)	(65,271)	(67,894)	(83,473)	(73,124)
NET CURRENT ASSETS (LIABILITIES)	(18,921)	(19,042)	(20,256)	(22,259)	(23,948)	(24,395)	(21,260)
TOTAL ASSETS LESS CURRENT LIABILITIES	405,145	403,259	400,918	397,235	395,743	395,124	397,445
Non Current Liabilities							
Borrowings	(3,237)	(3,491)	(4,872)	(3,805)	(4,131)	(5,271)	(7,630)
Other Liabilities	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,232)	(2,255)	(2,217)	(2,143)	(2,195)	(2,202)	(2,128)
TOTAL NON CURRENT LIABILITIES	(5,469)	(5,746)	(7,089)	(5,948)	(6,326)	(7,473)	(9,758)
TOTAL ASSETS EMPLOYED	399,676	397,513	393,829	391,287	389,417	387,651	387,687
Public dividend capital	273,903	273,903	273,903	273,903	273,903	273,903	273,903
Revaluation reserve	108,683	108,683	108,683	108,651	101,001	101,001	101,001
Retained earnings	17,090	14,927	11,243	8,733	14,513	12,747	12,783
TOTAL TAXPAYERS EQUITY	399,676	397,513	393,829	391,287	389,417	387,651	387,687



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	8,526	(4,432)	-821	26	3,299
Non NHS sales ledger by division:					
Corporate Division	752	75	130	264	1,221
Planned Care Division	311	87	53	195	646
Clinical Support Division	347	11	32	18	408
Women's and Children's Division	130	5	39	71	245
Acute Care Division	1,259	155	67	316	1,797
Total Non-NHS sales ledger	2,799	333	321	864	4,317
Total Sales Ledger	11,325	- 4,099	- 500	890	7,616
Other Debtors					
WIP					3,948
SLA Phasing & Performance					1,481
Bad debt provision					(1,619)
VAT - net					154
Other receivables and assets					12,801
TOTAL					24,381

Commentary

The increase in the cash balance reflects £7.8 million received in advance from the Cluster. The equivalent receipt in advance was £10 million in August hence the reduction from the prior month.

The split of borrowings has changed between current and non-current due to the timing of payments within the managed equipment service contract.

Accounts receivable metrics:

Invoice cycle time	Non-NHS days sales outstanding (DSO)			
	Sep - 11 Days	Aug - 11 Days	Sep - 11 YTD Days	Aug - 11 YTD Days
Req date to invoice raised	33.2	17.1	DSO (all debt)	77.9 81.3
Service to invoice raised	80.7	30.0	DSO (In year debt)	19.6 23.8

VALUE FOR MONEY - CASH FLOW

CASH FLOW for the PERIOD ENDED 30 SEPTEMBER 2011

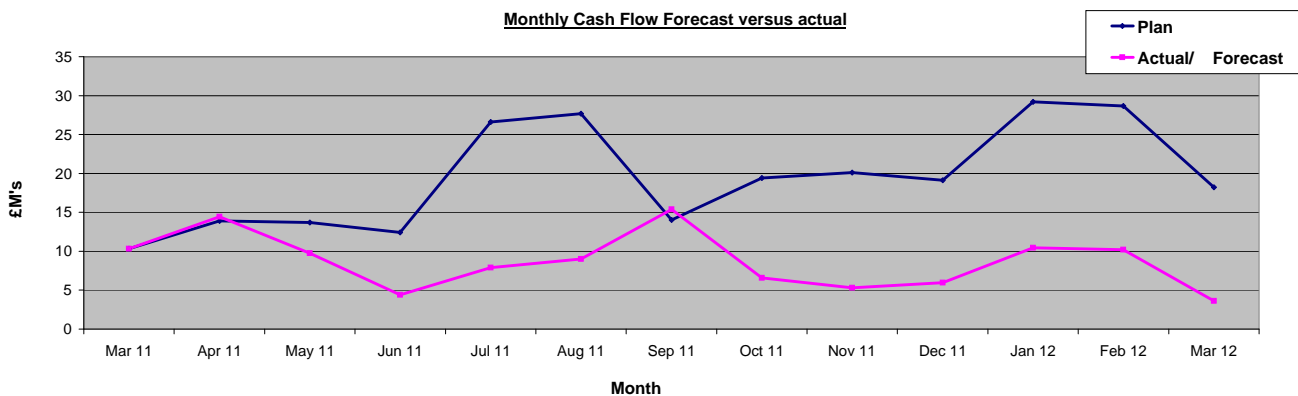
Commentary

Cash is higher than plan by £1.3m, due to a number of factors including:

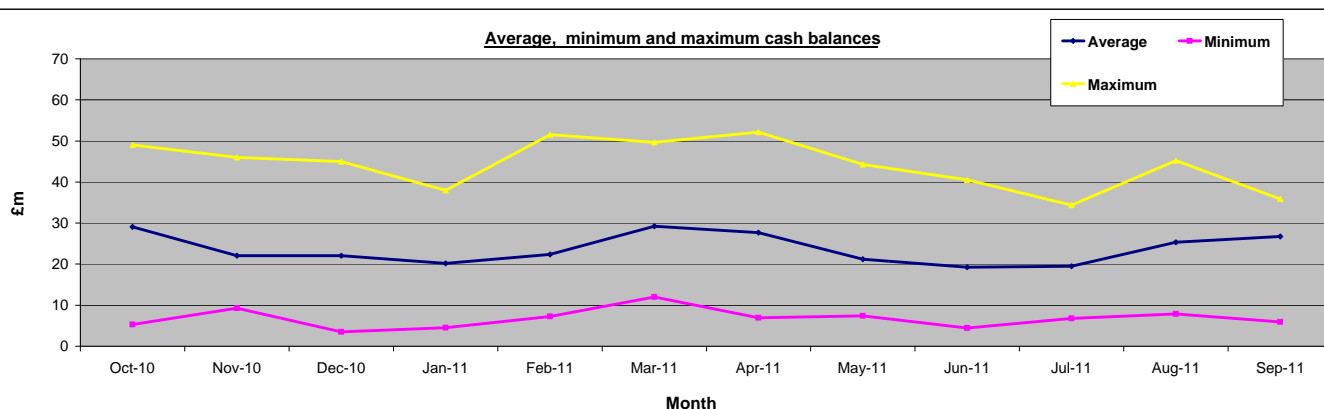
- (£12.9m) adverse variance in the EBITDA YTD position
- £11.4m increase in trade and other payables linked to a £7.8m receipt in advance of October SLAs from the Leicestershire Cluster and cash management actions taken to reduce the value of creditor payments in September
- £3.4m less capital spend than expected at this stage of the year

	2011/12 April - September 2011 Plan £ 000	2011/12 April - September 2011 Actual £ 000	Variance April - September 2011
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus before Depreciation and Amortisation	22,221	9,356	(13,188)
Movements in Working Capital:			
- Inventories (Inc)/Dec	1,002	(176)	(1,178)
- Trade and Other Receivables (Inc)/Dec	(3,207)	(2,311)	896
- Trade and Other Payables Inc/(Dec)	-	11,390	11,390
- Provisions Inc/(Dec)	(53)	(137)	(84)
PDC Dividends paid	(6,677)	(6,678)	(1)
Interest paid	(246)	(272)	(26)
Other non-cash movements	250	56	(194)
Net Cash Inflow / (Outflow) from Operating Activities	13,290	11,228	(2,062)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	42	31	(11)
Payments for Property, Plant and Equipment	(7,801)	(4,387)	3,414
Capital element of finance leases	(1,818)	(1,794)	24
Net Cash Inflow / (Outflow) from Investing Activities	(9,577)	(6,150)	3,427
Net Cash Inflow / (Outflow) from Financing			
	-	-	-
Opening cash	10,306	10,306	-
Increase / (Decrease) in Cash	3,713	5,078	1,365
Closing cash	14,019	15,384	1,365

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 30th September 2011

	Initial Budget	Changes	Revised Plan	Actual Apr-Aug	Sept	YTD Spend	Plan						Planned	
	£000's	£000's	£000's	£000's	£000's	£000's	Oct	Nov	Dec	Jan	Feb	March	Out Turn	Variance
FUNDING														
Depreciation as per CCE	27,194	0	27,194	11,464	2,284	13,748	2,215	2,279	2,279	2,335	2,209	2,225	27,290	-96
Transformational Capital	1,289	0	1,289	0	0	0	0	0	1,289	0	0	0	1,289	0
Land Swap Disposals	19,800	0	19,800	19,779	0	19,779	0	0	0	0	0	0	19,779	21
Donations	800	0	800	159	-13	146	90	90	87	90	90	114	707	93
Less cash for liquidity	-4,789	-5,000	-9,789	-2,597	-1,027	-3,624	-1,027	-1,027	-1,027	-1,028	-1,028	-1,010	-9,771	-18
Total Funding	44,294	-5,000	39,294	28,805	1,244	30,049	1,278	1,342	2,628	1,397	1,271	1,328	39,294	-0
EXPENDITURE														
Backlog Maintenance														
IM&T	2,500		2,500	560	143	703	168	188	149	279	229	784	2,500	0
Medical Equipment	4,522	-500	4,022	1,652	390	2,042	80	79	108	0	0	1,714	4,022	0
LRI Estates	2,500	-450	2,050	476	229	705	150	150	100	250	250	445	2,050	0
LGH Estates	1,800	-150	1,650	213	111	323	262	296	249	169	194	157	1,650	0
GGH Estates	1,700	-400	1,300	149	54	203	133	200	100	240	241	183	1,300	0
Total Backlog Maintenance	13,022	-1,500	11,522	3,050	927	3,977	793	913	706	938	914	3,282	11,522	0
Essential Developments														
Carbon Management	1,000	-800	200	0	0	0	0	0	0	100	100	0	200	0
Diabetes R&D Funding	550		550	29	1	30	100	100	121	100	99	0	550	0
GGH CDU Phase II	900		900	3	-6	-3	150	150	150	150	150	152	900	0
LRI Disabled Car Park	190	-190	0	0	0	0	0	0	0	0	0	0	0	0
Gwendolen House / PPD	650	-300	350	0	0	0	0	0	0	0	0	350	350	0
MES Installation Costs	900	-400	500	14	3	17	20	20	20	50	150	223	500	0
Congenital Heart Surgery	800		800	32	23	56	10	140	130	140	140	184	800	0
MacMillan Oncology Centre	300		300	26	4	30	40	40	40	40	40	70	300	0
ED Interim Improvements	1,500	-400	1,100	12	4	15	20	50	106	10	10	21	232	868
LGH Theatre & Ward Refurbs	2,050		2,050	108	20	129	280	280	250	400	400	469	2,208	-158
Cancer Trials Unit, LRI	100		100	0	4	4	50	46	0	0	0	0	100	0
Decontamination	300	814	1,114	954	-0	954	46	114	0	0	0	0	1,114	0
Contingency	1,600	-1,600	0	0	0	0	0	0	0	0	0	0	0	0
Land Swap	19,801		19,801	19,801	2	19,803	0	0	0	0	0	0	19,803	-2
Other IM&T	131		131	126	10	137	0	0	0	0	0	0	137	-6
Residual on 10/11 Schemes		209	209	233	-10	223	0	0	0	0	0	0	223	-14
Ward 8 Fire		0	0	37	5	43	0	0	0	0	0	-43	0	0
Capital CIP		-833	-833	0	0	0	0	0	0	0	0	-144	-144	-689
Donations	500		500	133	13	146	50	50	50	60	60	84	500	0
Total Essential Development	31,272	-3,500	27,772	21,510	73	21,582	766	990	867	950	1,049	1,367	27,572	0
Total Capital Programme	44,294	-5,000	39,294	24,559	1,000	25,559	1,559	1,903	1,573	1,988	2,063	4,649	39,294	0
Original Plan				25,297	1,830	27,127	2,270	2,240	994	2,774	2,774	4,185	42,364	
Variance Under / (Over)				-738	-830	-1,568	-711	-337	579	-786	-711	464	-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 (CHKS - Risk Adjusted) - Overall	Current	Local Target	85	>100	85-100	<85
Stroke - 90% of Stay on a Stroke Unit	Current	National Target	80.0%	<50%	50-80%	>=80%
Primary PCI Door to Balloon <150 Mins	Cumulative		75.0%	<60%	60-75%	>=75%
Pressure Ulcers (Grade 3 and 4)	Cumulative	Local Target	197			

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT EXPERIENCE

Thresholds

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

STAFF EXPERIENCE / WORKFORCE

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

VALUE FOR MONEY

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

Caring at its best

Divisional Heatmap

Trust Board

Thursday 3rd November 2011

September 2011

DIVISIONAL HEAT MAP - Month 6 - 2011/12

QUALITY STANDARDS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status		
Infection Prevention																		
MRSA Bacteraemias	1	0	1	0	1	2	1	2	0	0	1	1	0	4	9	▲		
CDT Isolates in Patients (UHL - All Ages)	10	16	20	12	17	16	14	9	15	7	8	10	8	57	165	▲		
E Coli (from June 1st 2011) ***	NO NATIONAL TARGET										38	39	41	39	157	----		
MSSA (from May 1st 2011) ***	NO NATIONAL TARGET										1	4	2	5	2	6	20	----
MRSA Elective Screening (Patient Matched)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100%	◀▶		
MRSA Elective Screening (Patient Not Matched)	134.4%	132.9%	132.2%	128.7%	111.8%	132.9%	133.2%	127.7%	112.5%	110.5%	132.4%	122.7%		120.9%	100%	▼		
MRSA Non-Elective Screening (Patient Matched) ***			81.1%	93.7%	96.5%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100%	◀▶		
MRSA Non-Elective Screening (Patient Not Matched) ***			99.8%	108.6%	141.6%	164.1%	168.3%	165.3%	146.9%	152.7%	168.0%	168.0%		160.0%	100%	◀▶		
Patient Safety																		
Patient Falls - Process / results currently under review / validation																		
10X Medication Errors	0	1	0	0	1	3	1	0	0	1	0	0	0	1	0	▲		
Never Events	0	0	0	0	0	0	0	0	1	0	0	1	0	2	0	▲		
Patient Falls	205	211	148	127	267	197	207	235	130	168				533	1934			
Complaints Re-Opened	13	19	24	13	14	17	22	17	18	24	17	26	29	131	210	▼		
SUIs (Relating to Deteriorating Patients)	0	0	1	2	0	1	1	1	0	1	1	1	0	4	0	▲		
RIDDOR	2	5	3	2	8	7	12	1	4	2	10	4	8	29	56	▼		
In-hospital fall resulting in hip fracture ***	1	0	0	3	2	2	2	2	0	0	0	0	0	2	12	◀▶		
No of Staffing Level Issues Reported as Incidents	172	54	75	87	44	34	67	34	62	54	91	82	73	396	1035	▲		
Outlying (daily average)	9	4	10	26	35	15	24	12	8	9	2	10	16	16	5	▼		
Pressure Ulcers (Grade 3 and 4)	19	11	12	26	33	14	20	15	12	18	16	7	5	73	197	▲		
ALL Complaints Regarding Attitude of Staff	42	21	34	30	32	36	58	42	44	41	37	44	40	248	366	▲		
ALL Complaints Regarding Discharge	36	32	27	23	31	35	39	22	29	39	20	27	32	169	220	▼		
Bed Occupancy (inc short stay admissions) ***	91%	91%	90%	89%	92%	92%	90%	89%	91%	91%	91%	90%	91%	90%	90%	▼		
Bed Occupancy (excl short stay admissions) ***	86%	86%	86%	85%	88%	86%	85%	83%	84%	84%	85%	84%	85%	84%	86%	▲		
Compliance with Blood Traceability	97.3%	98.1%	99.1%	98.8%	98.8%	98.0%	98.7%	99.1%	98.8%	98.7%	94.9%	92.3%		96.8%	100%	▼		

*** Indicates Revised / New Target for 2011/12

DIVISIONAL HEAT MAP - Month 6 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
Clinical Effectiveness																
Emergency 30 Day Readmissions (Previous Elective)	5.1%	5.2%	5.2%	5.4%	5.2%	4.8%	5.0%	4.9%	4.7%	5.3%	4.9%	5.1%		5.0%	1.6%	▼
Emergency 30 Day Readmissions (Previous Emergency)	10.5%	10.5%	10.1%	10.1%	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%		9.6%	8.0%	▼
Mortality (CHKS Risk Adjusted - Overall) ***	87.3	93.6	77.5	98.1	87.7	82.5	87.9	84.8	85.9	74.8	80.7	80.0		81.0	85	▲
Discharge summaries to GP within 24hrs (Quarterly Audit)	92%	98%	94%				97%			99%					100%	▲
Participation in Monthly Discharge Letter Audit (Quarterly Audit)	50%	93%	61%				73%			92%					100%	▲
Stroke - 90% of Stay on a Stroke Unit	78.7%	78.9%	80.6%	74.7%	58.2%	56.0%	79.8%	85.1%	86.8%	89.2%	88.2%	88.4%		87.5%	80%	▼
Stroke - TIA Clinic within 24 Hours	33.3%	18.5%	20.0%	46.4%	66.7%	65.4%	76.7%	67.9%	64.7%	80.8%	77.8%	56.5%	63.9%	69.3%	60%	▲
No. of # Neck of femurs operated on < 36hrs	87%	69%	83%	67%	86%	72%	72%	72%	53%	71%	73%	71%	53%	65%	70%	▼
Maternity - Breast Feeding < 48 Hours	74.2%	72.1%	72.6%	71.6%	71.5%	75.0%	76.3%	73.8%	72.9%	74.4%	74.9%	74.7%	73.3%	74.0%	67.0%	▼
Maternity - % Smoking at Time of Delivery	13.3%	10.0%	12.7%	12.3%	15.1%	11.8%	11.1%	12.4%	9.2%	10.1%	9.7%	10.9%	11.0%	10.5%	18.1%	▼
Cytology Screening 7 day target	99.7%	99.7%	99.9%	99.0%	97.8%	99.98%	99.97%	99.87%	99.98%	99.98%	99.98%	100.00%	100.00%	99.97%	98%	◀▶

*** Indicates Revised / New Target for 2011/12

DIVISIONAL HEAT MAP - Month 6 - 2011/12

QUALITY STANDARDS *Continued*

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

Nursing Metrics

All Wards (105)

Patient Observation	90%	87%	92%	92%	92%	91%	94%	95%	93%	96%	97%	96%	96%	98.0%	◀▶
Pain Management	82%	87%	84%	85%	85%	88%	90%	92%	93%	97%	96%	96%	94%	98.0%	▼
Falls Assessment	70%	80%	80%	81%	80%	85%	85%	94%	91%	95%	94%	94%	93%	98.0%	▼
Pressure Area Care	79%	83%	90%	85%	86%	89%	91%	96%	93%	97%	95%	95%	95%	98.0%	◀▶
Nutritional Assessment	75%	80%	85%	85%	82%	85%	90%	95%	93%	93%	95%	93%	92%	98.0%	▼
Medicine Prescribing and Assessment	95%	94%	95%	94%	96%	98%	99%	99%	98%	99%	100%	99%	99%	98.0%	◀▶
Hand Hygiene	95%	94%	96%	98%	98%	98%	98%	95%	97%	92%	94%	95%	95%	98.0%	◀▶
Resuscitation Equipment	59%	73%	77%	71%	71%	84%	83%	87%	91%	90%	85%	82%	81%	98.0%	▼
Controlled Medicines	95%	98%	98%	98%	90%	100%	100%	98%	99%	99%	100%	99%	100%	98.0%	▲
VTE	57%	61%	65%	64%	69%	75%	79%	80%	80%	78%	81%	85%	84%	98.0%	▼
Patient Dignity	93%	93%	94%	95%	95%	96%	99%	96%	98%	98%	98%	99%	99%	98.0%	◀▶
Infection Prevention and Control	90%	91%	91%	92%	91%	96%	94%	96%	93%	96%	97%	97%	99%	98.0%	▲
Discharge	Red < 80 Amber 80 - 89 Green >=90		43%	35%	41%	50%	60%	75%	68%	77%	78%	80%	80%	98.0%	▶▶
Continence			75%	84%	86%	91%	90%	97%	95%	97%	98%	98%	96%	98.0%	▼

Patient Experience

Inpatient Polling - treated with respect and dignity	95.0	95.4	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	96.1	95.0	▼
Inpatient Polling - rating the care you receive	86.5	82.9	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	85.0	86.8	91.0	▼
Outpatient Polling - treated with respect and dignity									96.7	93.5	84.0		91.0	91.3	95.0	▲
Outpatient Polling - rating the care you receive									87.0	85.1	72.6		82.5	81.8	85.0	▲
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist	86%	86%	89%	93%	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶

DIVISIONAL HEAT MAP - Month 6 - 2011/12

OPERATIONAL STANDARDS

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

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

Emergency Department

ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12)	97.3%	96.9%	94.9%	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	94.3%	95%	▼
ED 4 Hour Waits - UHL (Type 1 and 2)	95.7%	94.8%	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.0%	89.8%	92.7%	95%	▼
ED Maximum Wait (Mins) (From Qtr 2 11/12)	826	878	1,393	1,625	1,672	993	927	836	969	921	735	957	992	992	360	
Admitted Median Wait (Mins) -Type1+2 (From Qtr 2 11/12)	224	221	231	232	233	231	229	225	220	215	203	223	231	220	205	▼
Admitted 95th Percentile Wait (Mins) - Type 1+2 (From Qtr 2 11/12)	382	382	433	532	646	557	572	452	479	436	343	477	568	465	350	▼
Non-Admitted Median Wait (Mins) - Type 1+2	127	127	132	129	121	120	133	127	123	124	120	124	132	125	105	▼
Non-Admitted 95th Percentile Wait (Mins) Type 1+2 (From Qtr 2 11/12)	237	238	240	254	241	239	240	240	239	237	235	240	240	239	235	◀▶
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	41	52	49	55	55	49	63	70	56	41	39	48	49	50	<15 Mins	▼
Time to Treatment - Median (From Qtr 2 11/12)	55	55	62	60	48	50	58	59	54	50	34	34	39	45	<60 mins	▼
Left Without Being Seen % (From Qtr 2 11/12)	2.5%	2.2%	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.3%	<5%	▲
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	6.6%	6.4%	5.8%	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	5.9%	<5%	▲

Coronary Heart Disease

Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	100.0%	100.0%	98.9%	96.5%	92.9%	93.1%	95.3%	94.5%	95.7%	100.0%	100.0%	99.5%	98.3%	98.0%	99.0%	▼
Primary PCI Call to Balloon <150 Mins	94.1%	83.3%	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	85.4%	75.0%	▼
Rapid Access Chest Pain Clinics - % in 2 Weeks	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	99.0%	100.0%	100.0%	100.0%	99.7%	98.0%	◀▶

DIVISIONAL HEAT MAP - Month 6 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
Cancer Treatment																
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.3%	93.0%	94.5%	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%	93.9%	95.3%		94.5%	93%	▲
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	98.3%	97.7%	94.9%	98.4%	99.0%	95.5%	95.4%	97.2%	94.6%	98.3%	97.7%	96.5%		97.0%	93%	▼
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	97.0%	96.7%	97.3%	98.3%	96.7%	96.6%	96.8%	97.0%	98.3%	96.8%	97.7%	97.3%		97.4%	96%	▼
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	98%	◀▶
31-Day Wait For Second Or Subsequent Treatment: Surgery	97.9%	97.8%	95.5%	95.3%	94.7%	96.3%	95.8%	98.5%	94.3%	100.0%	96.9%	94.0%		96.5%	94%	▼
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	100.0%	100.0%	99.4%	99.3%	99.3%	100.0%	98.8%	99.1%	98.7%	100.0%	100.0%	97.8%		99.1%	94%	▼
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	87.3%	85.5%	86.4%	88.1%	85.8%	87.2%	85.9%	86.4%	85.5%	83.7%	79.7%	82.2%		83.2%	85%	▲
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	91.5%	87.2%	91.1%	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%	92.5%	90.6%		93.2%	90%	▼
62-Day Wait For First Treatment From Consultant Upgrade	-----	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	---	100.0%	---	---		100.0%	100%	◀▶

*** Indicates Revised / New Target for 2011/12

DIVISIONAL HEAT MAP - Month 6 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
Referral to Treatment																
18 week referral to treatment - admitted	91.5%	92.6%	92.1%	91.6%	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	92.0%	90.8%	90.8%	90%	▼
18 week referral to treatment - non admitted	96.4%	97.1%	98.3%	97.0%	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	96.8%	96.6%	96.6%	95%	▼
18 week Admitted Backlog	863	938	896	988	980	881	839	906	810	670	880	956	1057	1057		
23 week Admitted Backlog	394	489	485	532	543	549	482	515	452	219	319	474	551	551		
18 week Non Admitted Backlog	1108	1289	1592	1736	1560	1481	1737	1461	1377	1539	1898	1751	1782	1782		
RTT Admitted Median Wait (Weeks)	9.8	10.2	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	8.9	9.1	<=11.1	▼
RTT Admitted 95th Percentile (Weeks)	21.4	21.3	21.9	23.1	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	22.9	<=23.0	▼
RTT Non-Admitted Median Wait (Weeks)	6.9	6.7	6.2	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.8	6.2	<=6.6	▲
RTT Non-Admitted 95th Percentile (Weeks)	17.4	17.2	17.0	16.9	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.4	17.1	<=18.3	▼
RTT Incomplete Median Wait (Weeks)	6.1	6.0	6.1	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.6	6.4	6.4	<=7.2	▲
RTT Incomplete 95th Percentile (Weeks)	18.3	19.1	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	22.1	22.5	22.5	<=28.0	▼

DIVISIONAL HEAT MAP - Month 6 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
Access																
6+ Week Wait (Diagnostics)	1	5	58	161	207	234	208	182	245	127	129	193	205	205	5	▼
Outpatient Waiting List (Total - GP/GDP Referred)	13,361	13,164	12,411	11,613	11,294	11,832	12,143	12,525	13,233	13,217	13,460	13,190	13,055	13,055		
Outpatient WL (5+ Week Local Target)	4,284	4,138	3,701	4,376	3,584	2,784	3,111	4,170	4,197	4,121	4,623	4,851	4,713	4,713		
Outpatient WL (11+ Week Local Target)	44	51	44	134	158	111	72	203	292	212	236	407	465	465	4	▼
Outpatient WL(13+ Week Local Tgt)	0	0	0	8	19	9	16	60	72	86	85	107	196	196	0	▼
Day case Waiting List (Total)	5,884	5,928	5,785	5,823	5,898	5,975	5,891	5,949	6,044	5,852	5,898	5,704	5,910	5,910		
Day Case List (11+ Week Local Target)	915	1016	896	1112	1204	1227	1020	1148	1200	965	974	1192	1301	1301	514	▼
Day Case List (20+ Week Local Target)	123	191	203	229	217	254	257	265	202	105	146	197	214	214	4	▼
Day Case List (26+ Week Local Target)	0	0	0	9	26	27	47	49	64	28	16	5	8	8	0	▼
Inpatient Waiting List (Total)	2,619	2,605	2,672	2,631	2,706	2,530	2,391	2,533	2,516	2,511	2,508	2,479	2,499	2,499		
Inpatient List (11+ Week Local Target)	484	444	434	512	567	548	495	586	540	533	490	496	515	515	720	▼
Inpatient List (20+ Week Local Target)	38	49	56	58	66	76	80	74	88	88	71	65	56	56	4	▲
Inpatient List (26+ Week Local Target)	1	0	0	5	10	12	11	6	16	19	18	11	11	11	0	◀▶
48 hours GUM access	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.97%	▶▶

DIVISIONAL HEAT MAP - Month 6 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

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

Efficiency - Outpatients and Inpatient Length of Stay *** Revised / New Target 2011/12

Outpatient DNA Rates (%)	9.8%	9.7%	9.3%	11.2%	9.7%	8.6%	9.0%	9.2%	9.6%	9.0%	9.0%	9.5%	9.0%	9.2%	9.0%	▲
Outpatient Appts % Cancelled by Hospital ***	11.6%	10.8%	10.2%	10.4%	10.4%	10.9%	10.5%	11.4%	11.6%	10.4%	10.9%	11.1%	11.0%	11.0%	10.5%	▲
Outpatient Appts % Cancelled by Patient ***	11.0%	10.6%	10.3%	13.1%	10.0%	9.7%	9.7%	9.6%	9.9%	10.2%	10.8%	10.5%	10.4%	10.3%	10.0%	▲
Outpatient F/Up Ratio	2.2	2.2	2.2	2.2	2.3	2.2	2.2	1.9	2.0	2.0	2.0	2.0	2.0	2.0	2.1	▶▶
Ave Length of Stay (Nights) - Emergency	5.0	5.0	5.0	5.0	5.2	5.0	5.3	6.0	6.1	6.1	5.5	5.6	5.6	5.8	5.0	▶▶
Ave Length of Stay (Nights) - Elective	3.3	3.6	3.8	3.8	3.1	3.4	3.3	3.6	3.4	3.1	3.6	3.5	3.8	3.5	3.8	▼
Delayed transfers per 10,000 admissions	1.4%	1.5%	1.1%	1.5%	1.9%	2.0%	1.8%	1.5%	1.5%	1.5%	1.6%	1.5%	1.5%	1.5%	3.5%	▲
% of Electives admitted on day of procedure ***	81.6%	80.1%	84.0%	81.0%	84.9%	83.9%	83.2%	82.8%	82.1%	83.0%	81.5%	81.9%	80.6%	82.0%	90%	▼

Theatres and Cancelled Operations *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)

Day Case Rate (Basket of 25)	76.7%	72.9%	73.6%	75.6%	80.4%	75.3%	77.2%	77.7%	76.2%	75.9%	79.2%	81.1%	77.8%	78.0%	75.0%	▼
Inpatient Theatre Utilisation Rate (%) ***	75.6%	77.5%	78.4%	74.7%	78.4%	82.9%	82.1%	79.5%	79.4%	80.2%	81.1%	83.9%	82.5%	81.2%	86.0%	▼
Day case Theatre Utilisation Rate (%) ***	77.8%	74.0%	79.4%	79.6%	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	73.3%	78.8%	78.2%	75.7%	86.0%	▼
Operations cancelled for non-clinical reasons on or after the day of admission	1.2%	1.6%	1.4%	1.8%	1.9%	1.6%	1.6%	1.3%	1.6%	1.2%	1.0%	1.3%		1.3%	0.8%	▼
Cancelled patients offered a date within 28 days of the cancellations	90.2%	87.5%	91.7%	88.7%	87.5%	89.7%	85.9%	90.3%	94.7%	95.7%	97.5%	93.9%		94.3%	95.0%	▼

*** Indicates Revised / New Target for 2011/12

DIVISIONAL HEAT MAP - Month 6 - 2011/12

HUMAN RESOURCES

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
Staffing																
Contracted staff in post (substantive FTE)	10102.0	10145.2	10167.5	10155.2	10158.0	10146.7	10170.9	10146.0	10103.3	10125.0	10101.3	10183.9	10138.2	10138.2		
Bank hours paid (FTE)	271.2	287.7	262.8	250.8	283.5	242.7	257.3	279.7	260.4	256.4	281.7	243.1	241.7	241.7		
Overtime hours paid (FTE)	94.5	92.1	100.1	110.6	109.0	102.8	84.7	89.6	82.2	80.0	88.2	74.8	63.3	63.3		
Total FTE worked	10467.6	10525.0	10530.3	10516.6	10550.5	10492.2	10512.9	10515.3	10445.9	10461.3	10471.2	10501.8	10443.2	10443.2		
Pay bill - directly employed staff (£ m)	35.2	35.1	35.6	35.0	35.4	35.8	36.2	35.4	35.6	35.6	35.5	35.4	35.2	212.8		
Planned CIP reduction this month	12.5	81.0	6.7	0.0	4.6	-0.2	0.0									
Actual CIP reduction this month	20.9	23.7	4.6	0.7	-0.2	5.7	-13.0									
Workforce HR Indicators																
Sickness absence	3.5%	3.8%	3.7%	4.7%	4.0%	3.4%	3.4%	3.2%	3.0%	3.5%	3.4%	3.4%	3.7%	3.4%	3.0%	▼
Appraisals	81.4%	86.1%	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	88.7%	100%	▲
Turnover	8.1%	7.8%	8.3%	7.8%	8.1%	8.3%	8.0%	8.7%	8.6%	8.6%	8.6%	8.5%	8.1%		10.0%	▼
Formal action under absence policy - Warnings issued	18	13	21	14	27	22	25	22	27	26	21	27	17			
Formal action under absence policy – Dismissals	4	1	1	3	4	0	3	0	4	6	5	6	3			
% Corporate Induction attendance	93.0%	91.0%	88.0%	88.0%	87.0%	93.0%	96.0%	93.0%	89.0%	91.0%	89.0%	81.0%	96.0%		95.0%	▼

DIVISIONAL HEAT MAP - Month 6 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	◀▶
CDT Positives (UHL)	3	8	5	1	6	6	6	5	5	3	2	4	1	20	45	▲
SAME SEX ACCOMMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist						100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	7.4%	7.3%	7.5%	7.0%	7.5%	7.2%	7.0%	7.5%	7.0%	7.8%	7.4%	7.7%		7.5%	6.5%	▼
30 Day Readmissions (UHL) - Same Specialty	4.2%	4.3%	4.4%	4.0%	4.6%	4.3%	4.4%	4.7%	4.6%	5.1%	5.1%	5.1%		4.9%	4.0%	▶▶
30 Day Readmission Rate (CHKS)	7.1%	7.1%	7.5%	6.8%	7.5%	7.0%	7.1%	7.5%	7.2%	7.6%	7.3%			7.4%	6.5%	▲
Mortality (UHL Data)	1.0%	0.9%	0.6%	1.0%	0.8%	0.7%	0.6%	0.9%	0.8%	0.7%	0.6%	0.7%	0.7%	0.7%	0.9%	◀▶
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	113.7	110.2	76.3	108.9	89.1	76.1	76.7	82.5	90.1	76.5	79.8	83.5		82.0	90.0	▼
PATIENT SAFETY								Patient Falls - Process / results currently under review / validation								
10X Medication Errors	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	◀▶
Patient Falls	65	78	47	47	79	50	86	57	26	24				107	591	▶▶
Complaints Re-Opened	6	10	10	5	4	11	7	9	6	13	7	15	15	65	95	▼
SUIs (Relating to Deteriorating Patients)	0	0	0	1	0	0	1	1	0	1	1	1	0	4	0	▲
RIDDOR	0	2	1	0	2	1	2	0	0	0	0	1	3	4	6	▼
In-hospital fall resulting in hip fracture					0	0	0	1	0	0	0	0	0	1	1	◀▶
No of Staffing Level Issues Reported as Incidents	2	4	3	12	11	7	4	6	2	6	3	7	9	33	95	▼
Outlying (daily average)	4	2	4	12	8	6	2	3	3	1	0	3	4	4	2	▼
Pressure Ulcers (Grade 3 and 4)	11	6	3	7	8	6	9	3	3	1	5	4	0	16	75	▲
ALL Complaints Regarding Attitude of Staff	21	10	9	6	10	11	17	10	12	15	19	17	8	81	122	▲
ALL Complaints Regarding Discharge	10	13	11	6	12	8	11	6	7	17	8	8	11	57	80	▼
Bed Occupancy (inc short stay admissions)	91%	92%	90%	87%	93%	92%	88%	89%	92%	90%	93%	91%	92%	91%	90%	▲
Bed Occupancy (excl short stay admissions)	88%	89%	86%	83%	88%	85%	83%	84%	86%	85%	89%	88%	89%	87%	86%	▲
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 6 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	89%	86%	95%	89%	91%	91%	95%	93%	93%	95%	95%	97%	96%		98.0%	▼
Pain Management	87%	85%	84%	88%	82%	85%	89%	86%	94%	97%	96%	96%	94%		98.0%	▼
Falls Assessment	78%	72%	79%	77%	74%	85%	72%	82%	89%	94%	92%	95%	88%		98.0%	▼
Pressure Area Care	82%	80%	90%	82%	82%	86%	88%	91%	90%	94%	92%	95%	95%		98.0%	▼
Nutritional Assessment	79%	79%	90%	83%	80%	86%	82%	94%	91%	90%	93%	96%	93%		98.0%	▼
Medicine Prescribing and Assessment	95%	95%	95%	94%	95%	98%	96%	99%	99%	98%	98%	96%	95%		98.0%	▼
Hand Hygiene															98.0%	
Resuscitation Equipment	60%	74%	85%	75%	63%	74%	88%	91%	93%	75%	85%	75%	81%		98.0%	▲
Controlled Medicines	93%	98%	96%	100%	85%	98%	97%	98%	96%	100%	98%	100%	100%		98.0%	◀▶
VTE	69%	66%	74%	69%	77%	80%	86%	85%	89%	81%	89%	89%	90%		98.0%	▲
Patient Dignity	92%	95%	94%	93%	96%	94%	99%	97%	95%	98%	96%	97%	98%		98.0%	▲
Infection Prevention and Control	91%	91%	94%	86%	92%	94%	88%	86%	90%	94%	96%	96%	97%		98.0%	▲
Discharge								68%	64%	74%	81%	79%	80%		98.0%	▲
Continence			73%	85%	88%	94%	89%	93%	96%	96%	97%	99%	96%		98.0%	▼
ACCESS																
RTT - Admitted	89.2%	90.9%	90.2%	89.7%	89.8%	89.7%	90.3%	90.3%	87.5%	81.4%	88.6%	89.5%	87.5%	87.5%	90.0%	▼
RTT - Non Admitted	93.7%	95.3%	93.6%	94.6%	94.6%	95.8%	95.6%	95.4%	95.6%	95.1%	95.4%	95.0%	94.6%	94.6%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	8,372	8,232	8,020	7,457	7,295	7,508	7,612	7,962	8,277	8,191	8,366	8,160	8,256	8,256		
Outpatient WL (5+ Week Local Target)	3,008	2,960	2,776	3,292	2,703	2,133	2,285	3,048	3,060	2,986	3,331	3,420	3,553	3,553		
Outpatient WL (11+ Week Local Target)	40	51	43	134	156	108	70	202	276	200	220	391	454	454		
Outpatient WL(13+ Week Local Tgt)	0	0	0	8	18	8	16	59	71	84	83	103	187	187	0	▼
Day case Waiting List (Total)	4,666	4,715	4,676	4,641	4,678	4,773	4,726	4,742	4,869	4,686	4,673	4,496	4,716	4,716		
Day Case List (11+ Week Local Target)	874	962	852	1,047	1,148	1,142	958	1,063	1,123	920	920	1,113	1,231	1,231		
Day Case List (20+ Week Local Target)	123	191	203	228	217	254	254	261	201	104	143	196	210	210		
Day Case List (26+ Week Local Target)	0	0	0	9	26	27	45	47	64	28	14	4	8	8	0	▼
Inpatient Waiting List (Total)	1,860	1,851	1,881	1,870	1,924	1,773	1,667	1,761	1,774	1,745	1,776	1,797	1,822	1,822		
Inpatient List (11+ Week Local Target)	396	373	373	420	441	427	391	475	446	451	407	433	452	452		
Inpatient List (20+ Week Local Target)	38	46	53	57	63	71	72	65	82	88	70	65	56	56		
Inpatient List (26+ Week Local Target)	1	0	0	5	10	12	11	6	16	19	18	11	11	11	0	◀▶

Red < 80
Amber 80 - 89
Green >=90

DIVISIONAL HEAT MAP - Month 6 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	15.1%	24.0%	34.0%	17.0%	18.0%	29.0%	22.0%	24.0%	22.0%	22.0%	19.0%	27.0%	24.0%	23.0%	4.0%	▲
Elective LOS	2.9	3.3	3.5	3.3	2.8	3.1	3.1	3.4	3.1	2.8	3.2	3.3	3.6	3.2	3.0	▼
Non Elective LOS	6.3	5.9	5.9	6.2	5.8	5.8	6.0	6.2	6.1	6.3	5.6	6.0	5.8	6.0	5.8	▲
% of Electives Adm.on day of proc.	90.5%	90.5%	92.2%	91.0%	92.1%	91.7%	91.4%	91.2%	90.9%	91.4%	91.2%	91.8%	90.6%	91.2%	90.0%	▼
Day Case Rate (Basket of 25)	75.1%	70.9%	73.5%	75.2%	78.7%	74.6%	76.1%	77.7%	75.8%	74.1%	77.2%	81.1%	78.4%	77.3%	75.0%	▼
Day Case Rate (All Elective Care)	78.8%	78.8%	79.3%	79.3%	81.8%	79.0%	80.1%	79.8%	80.1%	79.5%	79.1%	80.2%	80.3%	79.8%	79.0%	▲
Inpatient Theatre Utilisation ***	76.5%	76.2%	78.4%	75.0%	77.2%	82.3%	80.7%	78.1%	77.1%	79.9%	81.0%	83.2%	81.4%	80.2%	86.0%	▼
Day Case Theatre Utilisation ***	77.1%	74.8%	78.8%	79.0%	85.4%	88.5%	88.7%	66.1%	66.9%	70.4%	71.1%	74.1%	75.8%	70.9%	86.0%	▲
Outpatient New : F/Up Ratio	2.3	2.3	2.3	2.4	2.6	2.5	2.4	2.6	2.5	2.5	2.5	2.5	2.7	2.5	2.3	▼
Outpatient DNA Rate	9.5%	9.4%	9.1%	11.1%	9.9%	8.7%	9.0%	8.9%	9.1%	9.0%	8.7%	9.4%	8.9%	9.0%	9.0%	▲
Outpatient Hosp Canc Rate	12.1%	11.4%	11.3%	10.9%	10.9%	11.9%	10.8%	12.2%	12.2%	10.1%	11.1%	10.9%	10.7%	11.1%	9.0%	▲
Outpatient Patient Canc Rate	10.5%	10.1%	9.5%	12.6%	9.5%	9.2%	9.0%	9.3%	9.3%	9.7%	10.2%	9.8%	10.0%	9.7%	9.0%	▼
SCREENING PROGRAMMES																
Diabetic Retinopathy - % Uptake	37.5%	42.1%	62.3%	28.6%	59.8%	70.1%	56.0%	48.9%	38.7%	37.0%	35.3%	44.1%	35.5%	39.1%	50.0%	▼
Diabetic Retinopathy - % Results in 3 Weeks	86.0%	77.7%	74.2%	82.3%	64.0%	80.9%	82.3%	83.7%	75.1%	95.5%	76.9%	85.7%	86.7%	84.3%	90.0%	▲
Diabetic Retinopathy - % Treatment in 4 Weeks	-----	-----	0.0%	-----	50.0%	50.0%	-----	50.0%	50.0%	0.0%	0.0%	-----	0.0%	18.2%		
Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month	7.8%	6.0%	11.3%	5.7%	5.2%	7.0%	7.1%	5.6%	6.3%	6.0%	5.3%	7.1%	8.6%	6.5%	6.0%	▲
Abdominal Aortic Aneurysm - % Uptake	98.1%	100.0%	96.1%	100.0%	94.1%	97.1%	96.2%	90.0%	97.8%	107.0%	96.5%	114.3%	111.9%	102.7%	99.0%	▼
Abdominal Aortic Aneurysm - 30 Day post-operative Mortality	0.0%	0.0%	0.0%	-----	-----	0.0%		0.0%	0.0%	0.0%	0.0%	9.1%		3.0%	0.0%	▼
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	78.0%	86.0%	93.7%	95.3%	95.0%	94.5%	95.6%	94.8%	92.3%	91.8%	90.0%	90.4%	89.8%	89.8%	100%	▼
Sickness Absence	3.0%	3.1%	2.8%	3.9%	3.3%	3.1%	2.9%	2.7%	2.7%	3.0%	3.2%	3.3%	3.6%	3.1%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	7.4	8.8	7.2	6.4	6.8	4.6	2.4	1.8	3.9	8.0	8.6	2.7	1.8			
Bank FTE	77.5	75.0	63.9	57.6	61.3	50.4	53.0	62.9	55.7	53.3	56.4	52.7	48.6			
Actual net FTE reduction this month	12.3	6.1	6.8	-7.6	-8.4	-10.9	-12.3	37.6	-37.4	2.4	35.2	7.4	-21.9	23.4		
Planned FTE reduction this month	2.0	52.8	2.5	0.5	0.0	0.0	0.0									
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

PLANNED CARE - Specialist Surgery

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
ACCESS																
RTT - Admitted	85.5%	91.2%	91.2%	91.2%	90.3%	92.7%	93.4%	93.2%	90.9%	82.6%	94.0%	92.5%	90.4%	90.4%	90.0%	▼
RTT - Non Admitted	92.7%	96.0%	91.0%	94.6%	94.6%	96.2%	96.6%	96.3%	96.8%	96.4%	96.3%	95.7%	94.7%	94.7%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	4,294	4,270	4,226	3,767	3,811	3,719	3,689	3,992	4,238	4,142	4,196	4,038	4,141	4,141		
Outpatient WL (5+ Week Local Target)	1,631	1,594	1,562	1,676	1,441	990	951	1,474	1,602	1,415	1,733	1,653	1,828	1,828		
Outpatient WL (11+ Week Local Target)	26	12	21	86	67	29	6	61	126	39	41	132	154	154		
Outpatient WL(13+ Week Local Tgt)	0	0	0	3	2	2	0	3	10	5	6	9	3	3	0	▲
Day case Waiting List (Total)	2,614	2,501	2,512	2,421	2,378	2,517	2,471	2,396	2,527	2,453	2,417	2,277	2,367	2,367		
Day Case List (11+ Week Local Target)	464	508	439	465	525	549	451	491	589	463	466	574	632	632		
Day Case List (20+ Week Local Target)	34	98	119	109	83	86	79	81	55	10	40	73	89	89		
Day Case List (26+ Week Local Target)	0	0	0	2	1	14	18	10	8	0	0	0	2	2	0	▼
Inpatient Waiting List (Total)	503	451	434	415	414	353	292	278	287	248	261	267	296	296		
Inpatient List (11+ Week Local Target)	111	70	63	75	91	77	52	65	57	56	44	40	42	42		
Inpatient List (20+ Week Local Target)	14	9	13	8	4	8	9	5	3	1	2	8	5	5		
Inpatient List (26+ Week Local Target)	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	1.8	1.9	2.1	1.5	1.7	2.2	2.0	2.1	2.2	2.0	2.0	2.0	2.1	2.1	1.9	▼
Non Elective LOS	4.4	4.3	5.5	5.4	4.2	4.7	5.3	5.7	5.4	6.5	4.6	5.0	4.2	5.2	4.7	▲
% of Electives Adm.on day of proc.	87.5%	88.6%	89.6%	89.6%	89.3%	85.4%	85.1%	86.4%	84.8%	85.3%	87.8%	88.2%	82.0%	85.9%	85.0%	▼
Day Case Rate (Basket of 25)	82.0%	81.0%	86.3%	87.9%	88.7%	87.0%	90.2%	88.0%	89.0%	87.8%	88.8%	88.7%	90.0%	88.7%	75.0%	▲
Day Case Rate (All Elective Care)	66.8%	69.4%	71.8%	71.3%	75.7%	71.0%	75.0%	70.9%	71.7%	73.3%	72.5%	71.0%	75.0%	72.5%	70.0%	▲
30 Day Readmissions (UHL) - Any Specialty	3.2%	3.8%	3.5%	3.1%	2.9%	3.1%	3.2%	3.5%	2.7%	3.2%	3.1%	3.3%		3.2%	2.8%	▼
30 Day Readmissions (UHL) - Same Specialty	1.2%	1.9%	1.8%	1.2%	1.3%	1.4%	1.5%	1.8%	1.5%	1.9%	1.6%	1.7%		1.7%	1.3%	▼
Outpatient New : F/Up Ratio	2.0	2.1	2.1	2.0	2.2	2.1	2.0	2.1	2.1	2.0	2.1	2.0	2.2	2.1	1.9	▼
Outpatient DNA Rate	9.4%	9.7%	9.6%	11.6%	10.3%	9.3%	9.5%	9.1%	9.4%	9.5%	9.2%	9.5%	9.3%	9.3%	9.5%	▲
Outpatient Hosp Canc Rate	13.5%	11.3%	12.1%	11.9%	11.3%	10.6%	10.9%	14.2%	13.3%	11.0%	12.4%	13.0%	13.3%	12.8%	11.5%	▼
Outpatient Patient Canc Rate	11.5%	11.3%	10.8%	14.3%	10.6%	10.1%	10.2%	10.2%	10.4%	10.7%	11.3%	10.9%	10.7%	10.7%	10.0%	▲
Bed Utilisation (Incl short stay admissions)	89%	99%	94%	91%	99%	93%	91%	92%	91%	86%	86%	100%	100%	93%	90.0%	◀▶

DIVISIONAL HEAT MAP - Month 6 2011/12

		Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
PLANNED CARE - Specialist Surgery	HR and FINANCE																
	Staffing : Nurses per Bed																1.1
	Staffing : Cost per Bed																
	Sickness Absence	4.0%	4.8%	4.4%	3.9%	3.1%	3.4%	3.9%	2.8%	2.7%	3.2%	2.4%	2.4%	2.7%	2.7%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	1.1	1.8	1.9	1.8	1.4	1.2	1.4	1	0.7	1.7	1.1	0.7	0.2			
	Bank FTE	21.6	20.8	16.8	15.2	21.8	19.0	17.8	26.0	18.2	18.2	17.5	15.7	16.3			
	Actual net FTE reduction this month	-4.7	5.3	0.5	-3.4	1.3	5.1	-3.5	13.0	-14.6	2.9	13.7	9.5	-6.3	18.2		
	Planned FTE reduction this month	0.0	26.0	0.0	0.0	0.0	0.0	0.0									
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

PLANNED CARE - GI Medicine / Surgery

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
ACCESS																
RTT - Admitted	92.8%	90.3%	87.2%	85.8%	87.9%	84.5%	83.8%	83.6%	80.7%	73.6%	78.3%	83.8%	81.3%	81.3%	90.0%	▼
RTT - Non Admitted	96.4%	95.0%	91.0%	94.6%	93.1%	95.7%	90.5%	89.9%	90.6%	86.9%	90.1%	90.9%	92.8%	92.8%	95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	1,980	1,995	2,054	2,028	1,860	2,060	2,227	2,171	2,163	2,378	2,569	2,422	2,457	2,457		
Outpatient WL (5+ Week Local Target)	625	654	677	922	741	678	811	996	878	1,041	1,133	1,254	1,205	1,205		
Outpatient WL (11+ Week Local Target)	2	13	11	30	46	55	54	120	128	143	167	229	277	277		
Outpatient WL(13+ Week Local Tgt)	0	0	0	4	16	6	16	56	61	79	76	92	182	182	0	▼
Day case Waiting List (Total)	1,391	1,476	1,388	1,461	1,573	1,512	1,489	1,594	1,578	1,425	1,398	1,405	1,449	1,449		
Day Case List (11+ Week Local Target)	335	398	346	454	484	474	413	447	435	351	354	419	446	446		
Day Case List (20+ Week Local Target)	89	93	84	116	131	159	164	168	143	84	102	117	118	118		
Day Case List (26+ Week Local Target)	0	0	0	7	25	12	26	37	54	28	14	4	6	6	0	▼
Inpatient Waiting List (Total)	514	529	507	519	586	545	532	567	536	531	539	521	487	487		
Inpatient List (11+ Week Local Target)	139	166	162	157	153	157	180	211	201	190	172	179	170	170		
Inpatient List (20+ Week Local Target)	24	37	37	47	51	50	46	46	66	70	63	50	40	40		
Inpatient List (26+ Week Local Target)	1	0	0	4	10	12	10	6	14	17	18	11	11	11	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	3.3	3.9	4.5	4.0	3.4	3.7	3.5	3.7	3.5	3.1	3.6	3.9	4.9	3.8	3.5	▼
Non Elective LOS	5.6	5.6	5.1	4.9	5.0	4.9	5.4	5.4	5.2	5.5	5.4	5.8	5.3	5.4	5.3	▲
% of Electives Adm.on day of proc.	92.2%	90.3%	93.3%	91.6%	91.6%	94.2%	94.4%	93.8%	91.2%	93.4%	91.6%	93.6%	92.4%	92.7%	90.0%	▼
Day Case Rate (Basket of 25)	47.2%	42.6%	43.4%	42.5%	54.5%	47.5%	48.1%	48.0%	50.5%	46.2%	50.2%	57.2%	58.6%	51.4%	75.0%	▲
Day Case Rate (All Elective Care)	83.0%	82.2%	81.1%	80.0%	84.3%	82.6%	82.1%	82.2%	82.3%	80.5%	81.5%	83.1%	82.1%	81.9%	85.0%	▼
30 Day Readmissions (UHL) - Any Specialty	8.5%	7.9%	8.3%	7.2%	8.3%	7.8%	7.1%	7.8%	7.4%	8.0%	8.0%	7.4%		7.7%	7.0%	▲
30 Day Readmissions (UHL) - Same Specialty	4.4%	4.1%	4.1%	3.7%	4.4%	4.3%	3.6%	3.8%	4.3%	4.5%	4.8%	4.1%		4.3%	3.8%	▲
Outpatient New : F/Up Ratio	1.9	1.9	1.9	1.9	2.1	2.0	2.2	2.1	2.0	2.2	2.0	1.8	2.2	2.0	2.0	▼
Outpatient DNA Rate	9.5%	8.9%	8.5%	10.4%	10.0%	8.1%	8.4%	8.5%	8.4%	7.5%	7.9%	8.3%	7.9%	8.1%	8.2%	▲
Outpatient Hosp Canc Rate	14.3%	14.4%	15.6%	15.3%	11.8%	19.3%	16.7%	14.2%	15.1%	15.4%	16.2%	15.3%	11.9%	14.6%	14.0%	▲
Outpatient Patient Canc Rate	11.1%	10.4%	9.2%	13.9%	10.3%	9.8%	9.7%	10.5%	10.4%	10.0%	10.9%	10.8%	12.3%	10.8%	10.3%	▼
Bed Utilisation (Incl short stay admissions)	93%	95%	91%	85%	93%	91%	87%	89%	96%	95%	94%	93%	99.7%	95%	90.0%	▲

DIVISIONAL HEAT MAP - Month 6 2011/12

		Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status	
PLANNED CARE - GI Medicine / Surgery	HR and FINANCE																	
	Staffing : Nurses per Bed																1.1	
	Staffing : Cost per Bed																	
	Sickness Absence	2.2%	2.2%	2.6%	4.0%	2.9%	2.5%	2.3%	2.8%	2.4%	3.0%	3.6%	3.2%	3.8%	3.1%	3.0%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	0.8	1.4	1.3	1.4	3.2	2.1	0.5	0.2	1.3	2.7	5.4	1.4	1.0				
	Bank FTE	32.5	30.9	26.9	22.8	24.2	16.3	17.0	19.8	19.3	15.9	21.3	21.9	16.6				
	Actual net FTE reduction this month	6.4	5.2	-4.0	-3.8	0.6	-9.4	-9.5	13.2	-4.1	-6.5	11.7	-5.2	-2.4	6.8			
	Planned FTE reduction this month	2.0	25.8	0.0	0.0	0.0	0.0	0.0										
	Finance : CIP Delivery																	

DIVISIONAL HEAT MAP - Month 6 2011/12

PLANNED CARE - Cancer and Haematology

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
ACCESS																
RTT - Admitted	100%	--	--	--	--	--	--	--	--	--	--	--	100%	100%	90.0%	◀▶
RTT - Non Admitted	98.7%	95.1%	96.1%	98.2%	95.5%	97.8%	98.0%	97.0%	98.8%	100.0%	99.0%	99.2%	98.9%	98.9%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	124	134	113	92	108	102	87	81	102	92	105	78	97	97		
Outpatient WL (5+ Week Local Target)	16	18	14	17	21	15	12	9	9	10	6	7	6	6		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Day case Waiting List (Total)	50	67	59	57	45	55	52	52	53	53	75	46	67	67		
Day Case List (11+ Week Local Target)	0	0	0	0	0	2	1	2	1	0	1	2	0	0		
Day Case List (20+ Week Local Target)	0	0	0	0	0	1	1	0	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	7	4	7	3	9	8	6	8	8	6	3	3	6	6		
Inpatient List (11+ Week Local Target)	0	0	0	0	0	0	0	1	0	0	0	0	0	0		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	6.3	7.9	8.8	6.3	5.8	6.5	8.5	8.8	5.9	7.1	9.9	6.7	9.0	7.9	7.0	▲
Non Elective LOS	7.2	5.7	5.7	6.9	5.5	6.1	5.5	5.7	6.3	5.7	4.9	5.6	5.4	5.6	5.7	▲
% of Electives Adm.on day of proc.	75.8%	79.0%	75.4%	69.8%	82.0%	78.7%	70.2%	75.9%	78.4%	75.0%	72.7%	68.0%	78.6%	74.6%	75.0%	▲
Day Case Rate (All Elective Care)	95.9%	95.1%	95.4%	95.8%	96.3%	96.2%	96.9%	97.7%	97.1%	96.7%	96.9%	96.5%	96.4%	96.9%	96.5%	▼
30 Day Readmissions (UHL) - Any Specialty	10.8%	10.3%	11.3%	10.8%	11.5%	11.3%	11.8%	11.9%	10.9%	13.8%	11.9%	13.1%		12.4%	11.0%	▼
30 Day Readmissions (UHL) - Same Specialty	7.9%	8.2%	8.9%	8.2%	9.6%	9.0%	10.2%	10.2%	9.2%	11.8%	10.4%	11.1%		10.6%	9.4%	▼
Outpatient New : F/Up Ratio	7.7	8.1	7.5	8.2	8.7	8.9	8.0	9.0	8.5	8.5	8.2	8.2	8.6	8.5	8.1	▼
Outpatient DNA Rate	9.9%	8.9%	8.7%	10.7%	8.6%	7.3%	8.3%	9.2%	8.5%	8.1%	7.9%	8.7%	8.4%	8.5%	7.4%	▲
Outpatient Hosp Canc Rate	6.8%	9.5%	7.1%	6.5%	7.4%	7.2%	6.6%	7.2%	8.1%	5.6%	6.6%	5.7%	6.3%	6.5%	7.3%	▼
Outpatient Patient Canc Rate	7.7%	6.8%	7.1%	8.1%	6.6%	7.1%	6.4%	6.3%	6.2%	7.3%	6.8%	6.9%	6.8%	6.7%	7.0%	▲
Bed Utilisation (Incl short stay admissions)	99.5%	99%	97%	93%	97%	94%	91%	95%	94%	95%	95%	97%	99%	96%	95.0%	▲
HR and FINANCE																
Staffing : Nurses per Bed															1.1	
Staffing : Cost per Bed																
Sickness Absence	2.9%	2.1%	2.1%	4.1%	4.3%	3.1%	2.5%	2.2%	2.8%	2.9%	4.0%	4.2%	3.1%	3.2%	3.0%	▲
Agency Costs (£000s)																
Overtime FTE	0.9	0.3	0.1	0.3	0.1	0.8	0.3	0.5	0.5	1.8	0.5	0.4	0.5			
Bank FTE	9.0	9.1	9.5	10.0	8.7	9.4	9.3	8.7	9.0	10.8	10.6	8.3	9.4			
Actual net FTE reduction this month	0.9	-3.4	2.8	1.3	-4.9	-2.6	-2.0	9.0	-9.7	-1.3	-0.7	-3.5	-8.5	-14.7		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0	0.0	0.0									
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

PLANNED CARE - Musculo-Skeletal

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
ACCESS																
RTT - Admitted	92.2%	91.2%	92.9%	92.3%	91.2%	90.8%	92.7%	94.1%	91.0%	90.0%	91.2%	91.6%	91.0%	91.0%	90.0%	▼
RTT - Non Admitted	94.8%	92.9%	94.9%	94.3%	95.5%	94.4%	95.4%	96.8%	95.0%	96.5%	95.8%	95.0%	95.4%	95.4%	95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	1,974	1,833	1,627	1,570	1,516	1,627	1,609	1,718	1,774	1,579	1,496	1,622	1,561	1,561		
Outpatient WL (5+ Week Local Target)	736	694	523	677	500	450	511	569	571	520	459	506	514	514		
Outpatient WL (11+ Week Local Target)	12	26	11	18	43	24	10	21	22	18	12	30	23	23		
Outpatient WL(13+ Week Local Tgt)	0	0	0	1	0	0	0	0	0	0	1	2	2	2	0	▶▶
Day case Waiting List (Total)	611	671	717	702	682	689	714	700	711	755	783	768	833	833		
Day Case List (11+ Week Local Target)	75	56	67	128	139	117	93	123	98	106	99	118	153	153		
Day Case List (20+ Week Local Target)	0	0	0	3	3	8	10	12	3	10	1	6	3	3		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	836	867	933	933	915	867	837	908	943	960	973	1,006	1,033	1,033		
Inpatient List (11+ Week Local Target)	146	137	148	188	197	193	159	198	188	205	191	214	240	240		
Inpatient List (20+ Week Local Target)	0	0	3	2	8	13	17	14	13	17	5	7	11	11		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	1	0	1	2	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	3.6	3.6	3.0	4.0	2.8	3.1	3.2	4.0	3.2	2.8	3.1	3.5	2.6	3.2	3.3	▲
Non Elective LOS	10.3	8.7	9.8	10.5	10.4	9.6	9.5	10.1	9.6	10.0	8.3	7.7	9.2	9.1	9.6	▼
% of Electives Adm.on day of proc.	96.8%	95.7%	97.3%	96.2%	97.0%	97.9%	97.5%	95.2%	98.6%	98.5%	96.4%	97.6%	98.2%	97.4%	97.5%	▲
Day Case Rate (Basket of 25)	83.6%	78.8%	77.2%	85.4%	80.6%	80.5%	77.3%	84.2%	80.4%	83.5%	84.2%	87.7%	77.8%	83.1%	75.0%	▼
Day Case Rate (All Elective Care)	50.7%	45.5%	46.6%	46.0%	47.2%	43.6%	47.1%	45.5%	48.4%	51.4%	46.8%	47.7%	41.7%	47.0%	46.0%	▼
30 Day Readmissions (UHL) - Any Specialty	5.1%	5.4%	3.9%	4.6%	4.7%	5.0%	5.1%	4.6%	5.0%	3.4%	4.4%	4.7%		4.4%	4.0%	▶
30 Day Readmissions (UHL) - Same Specialty	1.8%	1.9%	0.6%	1.0%	1.1%	1.2%	1.7%	1.9%	2.0%	1.0%	1.9%	1.6%		1.7%	1.8%	▲
Outpatient New : F/Up Ratio	1.4	1.5	1.5	1.6	1.8	1.8	1.7	1.9	1.7	1.8	1.8	1.8	2.0	1.8	1.7	▼
Outpatient DNA Rate	9.5%	9.4%	8.8%	10.6%	10.3%	8.9%	8.7%	8.6%	9.6%	9.8%	8.9%	10.6%	9.3%	9.5%	9.0%	▶
Outpatient Hosp Canc Rate	11.7%	10.5%	9.4%	9.0%	12.2%	13.5%	9.6%	10.7%	10.7%	7.8%	8.0%	7.2%	7.1%	8.5%	10.5%	▲
Outpatient Patient Canc Rate	9.9%	9.7%	8.8%	11.2%	8.7%	8.5%	8.2%	9.0%	8.7%	9.2%	10.3%	9.3%	9.4%	9.3%	8.8%	▶
Bed Utilisation (Incl short stay admissions)	85.4%	79%	81%	85%	87%	90%	88%	84%	86%	84%	84%	79%	73%	82%	90.0%	▶

DIVISIONAL HEAT MAP - Month 6 2011/12

		Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
PLANNED CARE - Musculo-Skeletal	HR and FINANCE																
	Staffing : Nurses per Bed																1.1
	Staffing : Cost per Bed																
	Sickness Absence	2.8%	3.1%	2.1%	3.4%	3.0%	3.5%	2.9%	2.9%	3.2%	3.0%	3.09%	3.6%	4.8%	3.4%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	4.6	5.2	3.9	2.9	2.1	0.5	0.2	0.2	1.4	1.8	1.6	0.3	0.1			
	Bank FTE	14.4	14.1	10.7	9.6	6.6	5.7	8.8	8.5	9.1	8.5	7.1	6.9	6.4			
	Actual net FTE reduction this month	9.6	-1.0	7.4	-1.8	-5.4	-4.0	2.7	2.5	-9.0	4.4	-2.6	6.6	-4.7	-2.7		
	Planned FTE reduction this month	0.0	1.0	2.5	0.5	0.0	0.0	0.0									
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	1	0	1	0	1	2	1	2	0	0	1	1	0	4	6	▲
CDT Positives (UHL)	6	8	15	10	11	10	7	3	10	4	6	6	6	35	104	◀▶
SAME SEX ACCOMMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist						100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	11.9%	12.3%	11.6%	12.4%	13.0%	12.2%	12.6%	11.2%	10.9%	11.9%	11.9%	11.8%		11.5%	10.0%	▲
30 Day Readmissions (UHL) - Same Specialty	5.8%	5.9%	5.8%	6.1%	6.4%	6.3%	6.3%	6.7%	5.9%	6.6%	6.4%	6.3%		6.4%		
Mortality (UHL Data)	3.4%	4.0%	3.5%	5.1%	4.9%	3.9%	4.0%	4.0%	4.0%	3.2%	3.6%	3.3%	3.7%	3.6%	4.3%	▼
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	80.9	90.2	78.2	96.0	87.6	83.8	89.1	86.0	85.5	74.4	81.5	78.8		81.0	85	▼
PATIENT SAFETY								Patient Falls - Process / results currently under review / validation								
10X Medication Errors	0	0	0	0	0	2	0	0	0	1	0	0	0	1	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	121	127	90	70	191	166	147	167	98	132				397	1250	
Complaints Re-Opened	4	3	11	6	8	4	11	3	6	6	6	7	11	39	75	▼
SUIs (Relating to Deteriorating Patients)	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	1	1	2	0	1	5	4	1	3	1	2	2	0	9	12	▲
In-hospital fall resulting in hip fracture					2	2	2	1	0	0	0	0	0	1	6	◀▶
Staffing Level Issues Reported as Incidents	13	12	7	5	13	5	7	3	1	5	5	11	12	37	140	▼
Outlying (daily average)	5	2	6	14	27	9	22	9	5	8	2	7	12	12	10	▼
Pressure Ulcers (Grade 3 and 4)	8	5	9	19	25	7	11	12	9	16	11	3	5	56	118	▼
ALL Complaints Regarding Attitude of Staff	13	8	14	10	13	15	21	14	10	14	13	14	18	83	110	▲
ALL Complaints Regarding Discharge	22	17	14	12	17	19	27	13	20	17	10	17	16	93	120	▼
Bed Occupancy (inc short stay admissions)	91%	92%	91%	91%	93%	94%	91%	90%	91%	92%	93%	93%	92%	92%	90%	▼
Bed Occupancy (excl short stay admissions)	88%	88%	89%	89%	91%	90%	88%	87%	87%	88%	89%	89%	89%	88%	86%	◀▶
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 6 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	89%	87%	89%	89%	96%	89%	87%	91%	96%	96%	97%	96%	96%		98.0%	▼
Pain Management	80%	85%	85%	80%	93%	90%	89%	91%	94%	97%	96%	96%	95%		98.0%	▼
Falls Assessment	71%	83%	79%	80%	83%	87%	82%	88%	93%	96%	95%	95%	94%		98.0%	▼
Pressure Area Care	76%	85%	87%	86%	94%	91%	91%	99%	95%	98%	96%	95%	95%		98.0%	▼
Nutritional Assessment	70%	83%	85%	82%	92%	87%	88%	87%	96%	95%	97%	93%	93%		98.0%	▼
Medicine Prescribing and Assessment	94%	92%	94%	91%	100%	98%	97%	95%	98%	98%	99%	99%	97%		98.0%	▼
Hand Hygiene															98.0%	
Resuscitation Equipment	55%	64%	69%	66%	67%	88%	75%	83%	94%	98%	88%	89%	89%		98.0%	▲
Controlled Medicines	96%	98%	99%	97%	92%	99%	100%	97%	100%	98%	99%	98%	99%		98.0%	▲
VTE	50%	54%	59%	59%	64%	68%	74%	70%	77%	73%	79%	79%	80%		98.0%	▲
Patient Dignity	92%	89%	93%	94%	97%	96%	96%	96%	98%	97%	97%	97%	98%		98.0%	▲
Infection Prevention and Control	89%	90%	90%	91%	93%	95%	91%	98%	95%	94%	96%	96%	99%		98.0%	▲
Discharge								86%	78%	84%	80%	85%	86%		98.0%	▲
Continence			75%	83%	86%	86%	87%	91%	95%	89%	95%	94%	94%		98.0%	▲
ACCESS																
RTT - Admitted	97.2%	97.3%	97.1%	97.6%	95.0%	91.5%	94.4%	92.3%	93.5%	91.4%	98.8%	97.9%	98.1%	98.1%	90.0%	▲
RTT - Non Admitted	99.1%	99.4%	99.4%	99.6%	99.1%	99.3%	99.0%	99.5%	99.5%	99.4%	99.6%	99.3%	99.5%	99.5%	95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	3,195	3,229	2,819	2,768	2,690	2,844	2,929	2,950	3,143	3,156	3,266	3,232	3,076	3,076		
Outpatient WL (5+ Week Local Target)	921	893	675	865	699	537	672	863	862	807	956	1,080	863	863		
Outpatient WL (11+ Week Local Target)	1	0	1	0	1	3	2	0	8	4	5	4	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	1	1	0	0	1	0	0	1	0	0	0	▲
Day case Waiting List (Total)	588	580	553	655	726	661	604	640	646	575	622	626	602	602		
Day Case List (11+ Week Local Target)	5	18	13	30	35	49	24	38	38	23	23	43	32	32		
Day Case List (20+ Week Local Target)	0	0	0	1	0	0	0	0	1	0	1	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	◀▶
Inpatient Waiting List (Total)	435	436	471	450	480	474	482	487	470	468	434	366	382	382		
Inpatient List (11+ Week Local Target)	40	40	31	52	78	87	75	77	66	54	54	35	25	25		
Inpatient List (20+ Week Local Target)	0	3	2	1	3	5	8	9	6	0	1	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶

Red < 80
Amber 80 - 89
Green >=90

DIVISIONAL HEAT MAP - Month 6 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	2.8%	3.0%	7.0%	6.0%	4.0%	9.0%	8.0%	7.0%	7.0%	9.0%	11.0%	8.0%	6.0%	8.0%	4.0%	▲
Elective LOS	5.3	5.2	5.6	6.2	4.3	5.2	4.6	5.2	5.7	4.5	5.3	5.0	5.3	5.1	5.0	▼
Non Elective LOS	5.6	5.6	5.8	5.9	6.1	6.0	6.4	6.9	7.1	7.1	6.4	6.4	6.9	6.8	6.0	▼
% of Electives Adm.on day of proc.	49.3%	46.5%	56.3%	48.7%	56.6%	57.5%	55.1%	56.1%	50.5%	57.5%	51.9%	50.2%	50.1%	52.7%	54.0%	▼
Day Case Rate (All Elective Care)	71.5%	68.1%	68.0%	64.9%	68.7%	71.2%	71.8%	70.9%	73.5%	71.7%	71.9%	67.3%	70.6%	71.0%	70.0%	▲
Inpatient Theatre Utilisation ***	72.1%	86.5%	82.7%	75.2%	84.1%	90.9%	90.1%	87.4%	91.6%	85.3%	86.2%	92.5%	90.3%	88.9%	86.0%	▼
Day Case Theatre Utilisation ***	101.0%	79.3%	88.1%	---	72.6%	64.5%	58.4%	86.5%	83.5%	67.3%	62.3%	68.1%	73.1%	73.5%	86.0%	▲
Operations cancelled for non-clinical reasons																
Cancelled Operations - 28 Day Re-Books															100%	
Outpatient New : F/Up Ratio	2.3	2.3	2.2	2.2	2.4	2.4	2.4	1.7	1.9	1.9	1.8	1.9	1.8	1.8	2.0	▲
Outpatient DNA Rate	9.2%	9.2%	8.5%	11.3%	9.4%	8.3%	8.9%	9.7%	10.0%	8.4%	9.1%	9.3%	9.1%	9.2%	9.5%	▲
Outpatient Hosp Canc Rate	12.0%	10.8%	10.4%	11.7%	11.7%	11.1%	11.9%	12.6%	13.3%	12.3%	12.5%	12.9%	12.2%	12.6%	12.8%	▲
Outpatient Patient Canc Rate	11.4%	10.9%	10.9%	14.2%	11.0%	10.4%	10.1%	10.1%	10.6%	10.7%	11.1%	11.1%	10.9%	10.8%	10.5%	▲
Bed Utilisation																
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	76.3%	80.8%	84.3%	85.4%	83.1%	79.4%	80.7%	81.6%	80.1%	77.7%	78.9%	85.5%	81.2%	81.2%	100%	▲
Sickness Absence	4.0%	4.2%	4.2%	5.5%	4.6%	4.3%	3.8%	3.4%	3.1%	3.8%	3.8%	4.0%	4.4%	3.8%	3%	▼
Agency Costs (£000s)																
Overtime FTE	26.7	31.2	35.1	39.3	40.8	36.7	24.1	20.9	23.3	23.9	28.1	23.5	17.2			
Bank FTE	117.4	133.1	111.7	106.2	131.8	127.7	138.2	141.8	128.9	128.5	150.2	127.6	116.4			
Actual net FTE reduction this month	-29.3	42.5	-17.5	-3.4	37.9	0.0	34.3	-15.4	-10.6	2.7	15.0	4.8	-23.8	-27.2		
Planned FTE reduction this month	10.7	26.8	5.0	-1.5	2.0	0.0	0.0									
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

		Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
ACUTE CARE - Medicine	ACCESS																
	RTT - Admitted	98.6%	99.1%	100.0%	100.0%	98.0%	98.4%	98.9%	98.3%	100.0%	100.0%	100.0%	98.4%	97.7%	97.7%	90.0%	▼
	RTT - Non Admitted	99.1%	99.6%	99.4%	99.6%	99.1%	99.7%	99.8%	99.8%	99.9%	99.8%	99.6%	99.5%	99.7%	99.7%	95.0%	▲
	Outpatient Waiting List (Total - GP/GDP Referred)	2,101	2,069	1,756	1,713	1,678	1,723	1,799	1,831	2,088	2,103	2,211	2,194	2,125	2,125		
	Outpatient WL (5+ Week Local Target)	605	567	421	511	417	309	366	485	518	536	660	764	594	594		
	Outpatient WL (11+ Week Local Target)	0	0	0	0	1	0	2	0	7	2	5	3	0	0		
	Outpatient WL(13+ Week Local Tgt)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	◀▶
	Day case Waiting List (Total)	188	148	152	182	207	181	131	174	169	141	133	165	157	157		
	Day Case List (11+ Week Local Target)	2	0	1	1	2	9	2	9	2	1	2	7	2	2		
	Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
	Inpatient Waiting List (Total)	4	7	12	13	7	3	6	6	6	0	0	0	0	0		
	Inpatient List (11+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
	OPERATIONAL PERFORMANCE																
	Elective LOS	7.5	4.1	8.0	18.0	2.9	9.0	5.3	7.2	15.8	1.7	5.4	5.8	9.6	7.3	7.5	▼
	Non Elective LOS	6.7	6.5	7.1	7.1	7.8	7.6	7.8	7.2	7.7	7.4	6.2	6.8	7.8	7.2	7.4	▼
	% of Electives Adm.on day of proc.	46.2%	52.6%	36.0%	43.5%	48.0%	37.5%	12.5%	45.5%	50.0%	55.6%	57.1%	29.2%	46.2%	43.4%	45.0%	▲
	Day Case Rate (All Elective Care)	93.1%	94.2%	93.3%	92.3%	90.6%	95.9%	95.4%	96.4%	97.6%	98.0%	97.5%	93.9%	96.9%	96.8%	94.0%	▲
30 Day Readmissions (UHL) - Any Specialty	11.9%	12.5%	12.2%	11.8%	13.2%	11.6%	12.4%	11.2%	10.8%	11.5%	11.5%	12.0%		11.4%	11.0%	▼	
Outpatient New : F/Up Ratio	2.5	2.5	2.4	2.3	2.7	2.8	2.9	2.5	2.6	2.4	2.3	2.4	2.3	2.4	2.5	▲	
Outpatient DNA Rate	8.9%	8.9%	8.6%	11.0%	9.3%	8.2%	8.5%	9.5%	9.6%	7.9%	9.0%	9.2%	8.9%	9.0%	9.0%	▲	
Outpatient Hosp Canc Rate	10.8%	9.5%	7.8%	9.5%	9.9%	9.8%	10.0%	10.5%	9.7%	10.4%	11.2%	10.5%	10.3%	10.4%	10.5%	▲	
Outpatient Patient Canc Rate	12.0%	11.5%	11.6%	14.6%	11.4%	10.3%	10.5%	10.2%	11.4%	11.0%	11.5%	11.9%	11.8%	11.3%	11.0%	▲	
Bed Utilisation (Incl short stay admissions)	93%	93%	91%	94%	94%	95%	90%	89%	91%	92%	96%	94%	93%	92%	90.0%	▼	

DIVISIONAL HEAT MAP - Month 6 2011/12

		Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
ACUTE CARE - Medicine	HR and FINANCE																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	3.5%	3.9%	4.1%	5.8%	4.9%	4.7%	3.8%	3.7%	3.7%	4.5%	4.0%	3.8%	3.7%	3.9%	3.0%	▲
	Agency Costs (£000s)																
	Overtime FTE	13.2	15.7	18.7	20.0	16.4	16.8	9.9	7.4	9.6	11.1	11.0	6.7	4.6			
	Bank FTE	49.0	55.0	47.0	46.4	67.6	65.9	73.4	76.7	66.2	66.4	74.6	63.1	55.3			
	Actual net FTE reduction this month	-16.1	12.5	-8.8	-14.5	25.0	0.7	-21.5	2.3	-14.8	-24.9	-6.6	-4.8	-22.3	-71.1		
	Planned FTE reduction this month	10.7	26.8	5.0	0.0	2.0	0.0	0.0									
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

ACUTE CARE - Respiratory Med. & Thoracic Surgery

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
ACCESS																
RTT - Admitted	100%	100%	100%	100%	97.3%	100%	100%	100%	98.0%	100%	100%	98%	100%	100%	90.0%	▲
RTT - Non Admitted	100%	100%	100%	100%	100%	99.1%	95.7%	100%	100%	100%	100%	100%	99.2%	99.2%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	427	468	424	419	396	441	443	441	417	376	390	385	335	335		
Outpatient WL (5+ Week Local Target)	108	120	106	128	100	78	109	117	121	88	93	111	84	84		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	0	0	0	1	1	0	1	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	▲
Day case Waiting List (Total)	24	17	12	23	12	8	17	14	9	13	21	22	11	11		
Day Case List (11+ Week Local Target)	0	5	0	0	0	0	0	0	0	0	1	0	1	1		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	1	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	◀▶
Inpatient Waiting List (Total)	36	29	34	23	24	22	27	24	31	36	28	18	29	29		
Inpatient List (11+ Week Local Target)	1	2	0	3	2	1	0	0	0	1	2	0	1	1		
Inpatient List (20+ Week Local Target)	0	1	0	0	0	0	0	0	0	0	1	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	6.3	6.7	11.6	6.0	5.1	8.2	6.3	6.6	6.6	6.1	6.9	6.9	8.5	6.9	6.6	▼
Non Elective LOS	4.7	4.6	4.3	4.5	5.7	4.3	4.6	4.8	4.2	4.7	4.7	4.3	4.2	4.5	4.5	▲
% of Electives Adm.on day of proc.	41.4%	27.0%	46.4%	36.6%	60.0%	47.1%	40.8%	53.0%	48.3%	51.6%	48.3%	44.8%	48.2%	49.1%	50.0%	▲
Day Case Rate (All Elective Care)	64.6%	59.6%	68.3%	58.7%	69.4%	63.6%	72.1%	64.2%	65.3%	63.4%	69.2%	65.4%	65.9%	65.6%	68.7%	▲
30 Day Readmissions (UHL) - Any Specialty	14.4%	14.0%	12.9%	13.9%	14.3%	13.4%	14.5%	12.5%	11.8%	14.4%	13.8%	14.4%		13.4%	12.0%	▼
Outpatient New : F/Up Ratio	1.6	1.6	1.4	1.6	1.6	1.6	1.5	1.6	1.5	1.6	1.6	1.7	1.5	1.6	1.5	▲
Outpatient DNA Rate	11.5%	11.6%	8.1%	12.6%	10.2%	8.4%	10.3%	11.2%	12.1%	10.6%	11.5%	10.1%	10.6%	11.0%	11.3%	▼
Outpatient Hosp Canc Rate	9.5%	11.2%	9.8%	11.1%	11.3%	10.4%	11.5%	9.4%	11.2%	8.9%	8.7%	11.1%	9.3%	9.8%	11.0%	▲
Outpatient Patient Canc Rate	11.4%	10.5%	10.8%	13.9%	12.1%	10.6%	11.3%	10.8%	10.1%	10.8%	12.0%	11.0%	10.8%	10.9%	10.2%	▲
Bed Utilisation (Incl short stay admissions)	94%	94%	94%	91%	97%	98%	100%	96%	95%	95%	94%	95%	94%	95%	90.0%	▼

DIVISIONAL HEAT MAP - Month 6 2011/12

ACUTE CARE - Respiratory
Med. & Thoracic Surgery

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	3.4%	3.7%	3.6%	5.1%	4.5%	3.3%	3.4%	2.4%	2.7%	2.5%	2.8%	3.1%	3.5%	2.8%	3.0%	⚠
Agency Costs (£000s)																
Overtime FTE	0.6	1.0	1.7	0.8	1.9	1.8	0.7	0.1	0.4	0.1	0.3	0.1	0.1			
Bank FTE	21.5	25.2	21.8	20.4	21.6	19.6	22.9	21.7	18.5	19.5	22.3	19.7	18.0			
Actual net FTE reduction this month	4.2	13.3	-5.9	11.5	1.4	1.6	35.4	4.5	-1.5	33.3	3.9	3.3	-3.6	39.9		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0	0.0	0.0									
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

ACUTE CARE - Cardiac, Renal & Critical Care

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
ACCESS																
RTT - Admitted	96.7%	96.4%	96.2%	96.6%	94.1%	89.6%	92.7%	90.6%	91.4%	88.8%	99.2%	97.9%	98.1%	98.1%	90.0%	▲
RTT - Non Admitted	98.3%	98.6%	98.9%	99.3%	98.3%	97.8%	95.7%	98.4%	98.2%	97.8%	98.4%	98.4%	99.3%	99.3%	95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	667	692	639	636	616	680	687	678	638	677	665	653	616	616		
Outpatient WL (5+ Week Local Target)	208	206	148	226	182	150	197	261	223	183	203	205	185	185		
Outpatient WL (11+ Week Local Target)	1	0	1	0	0	3	0	0	0	1	0	0	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	◀▶
Day case Waiting List (Total)	376	415	389	450	507	472	456	452	468	421	468	439	434	434		
Day Case List (11+ Week Local Target)	3	13	12	29	33	40	22	29	36	22	20	36	29	29		
Day Case List (20+ Week Local Target)	0	0	0	1	0	0	0	0	1	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	395	400	425	414	449	449	449	457	433	432	406	348	353	353		
Inpatient List (11+ Week Local Target)	39	38	31	49	76	86	75	77	66	53	52	35	24	24		
Inpatient List (20+ Week Local Target)	0	2	2	1	3	5	8	9	6	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	4.9	4.9	4.4	5.2	4.3	4.4	4.2	4.7	5.0	4.3	5.0	4.6	4.5	4.7	4.7	▲
Non Elective LOS	9.2	10.9	10.6	10.6	8.7	10.4	10.6	9.8	9.9	10.4	9.7	8.5	9.1	9.6	10.4	▼
% of Electives Adm.on day of proc.	51.3%	50.2%	59.9%	52.6%	56.9%	60.7%	59.7%	57.4%	51.0%	58.8%	52.5%	52.9%	50.7%	53.9%	55.0%	▼
Day Case Rate (All Elective Care)	61.0%	54.3%	53.6%	50.5%	55.8%	57.0%	53.2%	51.5%	57.6%	52.4%	51.6%	52.1%	52.1%	52.9%	52.0%	◀▶
30 Day Readmissions (UHL) - Any Specialty	8.2%	8.3%	8.7%	10.3%	9.8%	10.4%	9.2%	9.5%	10.3%	10.3%	11.0%	9.1%		10.1%	9.0%	▲
Outpatient New : F/Up Ratio	2.6	2.8	2.8	2.7	2.9	2.4	2.5	2.3	2.6	2.6	2.6	2.5	2.5	2.5	2.4	▶▶
Outpatient DNA Rate	7.7%	7.8%	7.8%	10.4%	8.5%	7.5%	8.0%	8.1%	8.6%	7.1%	7.5%	8.3%	7.6%	7.8%	8.2%	▲
Outpatient Hosp Canc Rate	16.1%	13.8%	16.0%	16.7%	16.0%	14.4%	16.4%	18.8%	21.6%	18.1%	17.3%	18.9%	17.4%	18.7%	18.6%	▲
Outpatient Patient Canc Rate	10.2%	9.8%	9.2%	13.8%	9.5%	10.3%	8.8%	9.3%	9.2%	9.8%	9.9%	9.5%	9.1%	9.5%	9.3%	▲
Bed Utilisation (Incl short stay admissions)	86%	88%	89%	88%	90%	90%	89%	90%	89%	92%	88%	89%	89%	90%	90.0%	▶▶

DIVISIONAL HEAT MAP - Month 6 2011/12

ACUTE CARE - Cardiac,
Renal & Critical Care

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.2%	4.3%	4.2%	5.5%	4.5%	4.1%	3.7%	3.5%	3.0%	3.7%	3.9%	4.4%	5.4%	4.0%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	9.9	10.9	10.5	14.7	20.0	15.1	9.6	9.3	9.4	8.4	11.2	9.9	8.8			
Bank FTE	31.9	35.7	30.1	27.9	29.0	29.8	29.6	31.8	30.9	31.4	40.1	30.6	31.8			
Actual net FTE reduction this month	-11.6	11.0	-5.1	1.1	6.1	2.8	19.7	-23.2	6.1	-39.0	6.7	-10.9	-3.1	-63.4		
Planned FTE reduction this month	0.0	0.0	0.0	-1.5	0.0	0.0	0.0									
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

ACUTE CARE - Emergency Dept.

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
ED Waits - Type 1	95.3%	94.3%	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	91.0%	88.7%	91.9%	95%	▼
Admitted Median Wait (Mins) - Type 1	224	222	231	233	233	231	230	225	220	215	203	223	232	220	205	▼
Admitted 95th Percentile Wait (Mins) - Type 1	382	383	433	532	646	557	573	453	479	436	343	478	569	466	350	▼
Non-Admitted Median Wait (Mins) - Type 1	130	132	139	135	128	128	138	131	127	131	124	132	138	130	105	▼
Non-Admitted 95th Percentile Wait (Mins) Type 1	237	238	240	263	260	240	255	240	240	238	236	240	255	240	235	▼
Outpatient New : F/Up Ratio	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	◀▶
Outpatient DNA Rate	22.2%	23.9%	22.1%	21.9%	20.2%	25.7%	25.1%	25.5%	24.4%	26.7%	23.0%	22.3%	27.6%	25.1%	24.4%	▼
Outpatient Hosp Canc Rate	1.5%	1.0%	4.9%	1.3%	2.0%	0.6%	1.8%	3.1%	2.0%	1.3%	2.3%	2.1%	1.3%	2.0%	2.5%	▲
Outpatient Patient Canc Rate	9.3%	14.4%	14.0%	9.7%	10.9%	10.4%	8.3%	14.1%	12.2%	14.8%	12.0%	12.6%	9.7%	12.7%	10.0%	▲
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	5.5%	5.7%	5.6%	5.2%	4.6%	4.8%	4.5%	2.9%	2.3%	3.6%	4.2%	3.3%	3.2%	3.2%	3.0%	▲
Agency Costs (£000s)																
Overtime FTE	3.0	3.6	4.2	3.8	2.5	3.0	3.9	4.2	3.7	4.3	5.6	6.8	3.7			
Bank FTE	15.0	17.1	12.7	11.6	13.7	12.4	12.3	11.6	13.3	11.2	13.1	14.3	11.4			
Actual net FTE reduction this month	-5.8	5.7	2.3	-1.6	5.3	-5.0	0.7	1.0	-0.4	1.5	8.4	19.9	-0.5	29.9		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0	0.0	0.0									
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status	
INFECTION PREVENTION																	
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
CDT Positives (UHL)	1	0	0	1	0	0	1	1	0	0	0	0	1	2	6	6	⚠
SAME SEX ACCOMODATION																	
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist						100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																	
30 Day Readmissions (UHL) - Any Specialty	5.9%	6.0%	5.6%	6.2%	6.2%	6.8%	5.9%	4.0%	4.2%	4.1%	3.8%	3.9%		4.0%	4.2%	4.2%	⚠
30 Day Readmissions (UHL) - Same Specialty	3.4%	3.9%	3.4%	4.3%	3.8%	4.4%	4.2%	2.7%	3.0%	2.9%	2.5%	2.4%		2.7%	2.8%	2.8%	▲
30 Day Readmission Rate (CHKS)	6.4%	6.8%	6.0%	6.9%	6.9%	7.6%	6.4%	4.7%	5.0%	4.7%	4.5%			4.7%	5.0%	5.0%	▲
Mortality (UHL Data)	0.2%	0.2%	0.1%	0.2%	0.3%	0.2%	0.2%	0.1%	0.2%	0.3%	0.1%	0.1%	0.3%	0.2%	0.2%	0.2%	⚠
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	72.7	32.6	0.0	0.0	34.7	77.4	65.0	48.8	41.0	89.0	38.4	105.2		62.0	40.0	40.0	⚠
PATIENT SAFETY								Patient Falls - Process / results currently under review / validation									
10X Medication Errors	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	▲
Patient Falls	10	5	3	3	8	5	2	4	1	5				10	39	39	◀▶
Complaints Re-Opened	1	3	3	2	1	2	3	5	5	4	3	3	3	23	30	30	◀▶
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	0	2	0	1	1	0	2	0	0	0	1	0	1	2	10	10	⚠
In-hospital fall resulting in hip fracture					0	0	0	0	0	0	0	0	0	0	0	0	◀▶
No of Staffing Level Issues Reported as Incidents	153	36	63	70	20	21	55	23	59	42	78	64	52	318	726	726	▲
Outlying (daily average)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Pressure Ulcers (Grade 3 and 4)	0	0	0	0	0	1	0	0	0	1	0	0	0	1	4	4	◀▶
ALL Complaints Regarding Attitude of Staff	7	2	9	11	8	8	16	15	16	12	3	6	11	63	98	98	⚠
ALL Complaints Regarding Discharge	4	1	2	4	1	4	0	2	2	3	1	0	4	12	20	20	⚠
Bed Occupancy (inc short stay admissions)	89%	87%	87%	87%	89%	86%	88%	83%	86%	87%	88%	82%	85%	85%	90.0%	90.0%	⚠
Bed Occupancy (excl short stay admissions)	77%	75%	75%	76%	76%	74%	77%	70%	69%	71%	71%	66%	70%	70%	86.0%	86.0%	⚠
Staffing : Nurses per Bed																	

DIVISIONAL HEAT MAP - Month 6 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	95%	90%	91%	96%	92%	88%	90%	83%	83%	88%	88%	93%	80%		98.0%	▼
Pain Management	84%	96%	77%	78%	86%	100%	83%	92%	100%	92%	99%	96%	92%		98.0%	▼
Falls Assessment	46%	89%	67%	86%	76%	35%	42%	52%	100%	92%	90%	73%	100%		98.0%	▲
Pressure Area Care	84%	86%	80%	84%	66%	29%	100%	63%	100%	92%	90%	85%	100%		98.0%	▲
Nutritional Assessment	86%	76%	77%	81%	67%	34%	43%	59%	92%	85%	81%	69%	100%		98.0%	▲
Medicine Prescribing and Assessment	97%	98%	93%	92%	96%	100%	100%	100%	98%	100%	100%	98%	96%		98.0%	▼
Hand Hygiene															98.0%	
Resuscitation Equipment	67%	97%	92%	67%	86%	50%	50%	50%	100%	50%	50%	0%	100%		98.0%	▲
Controlled Medicines	96%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	50%		98.0%	▼
VTE	65%	88%	62%	48%	66%	67%	100%	86%	100%	92%	46%	56%	88%		98.0%	▲
Patient Dignity	97%	99%	93%	95%	97%	92%	90%	93%	100%	99%	98%	93%	100%		98.0%	▲
Infection Prevention and Control	90%	92%	89%	84%	89%	100%	70%	93%	89%	92%	83%	93%	100%		98.0%	▲
Discharge								70%	88%	44%	60%	73%	64%		98.0%	▼
Continence			75%	82%	84%	100%	77%	100%	100%	93%	100%	98%	95%		98.0%	▼
Red < 80 Amber 80 - 89 Green >=90																
ACCESS																
RTT - Admitted	97.1%	96.6%	95.0%	96.4%	97.1%	97.9%	97.1%	98.2%	97.8%	96.8%	97.9%	98.8%	99.3%	99.3%	90.0%	▲
RTT - Non Admitted	98.3%	97.9%	97.5%	99.3%	97.9%	96.9%	97.3%	98.4%	97.3%	98.0%	98.8%	97.6%	96.8%	96.8%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	1,409	1,299	1,176	1,060	1,006	1,161	1,264	1,222	1,413	1,421	1,394	1,379	1,331	1,331		
Outpatient WL (5+ Week Local Target)	229	166	107	81	62	33	65	118	100	173	171	165	145	145		
Outpatient WL (11+ Week Local Target)	0	0	0	0	1	0	0	1	0	2	11	7	6	6		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	1	0	0	2	3	4	4	0	▼
Day case Waiting List (Total)	471	499	422	415	421	432	440	459	433	434	437	434	441	441		
Day Case List (11+ Week Local Target)	36	36	31	35	21	34	33	40	38	19	23	24	29	29		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	1	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	322	318	320	311	302	283	239	285	272	297	298	316	293	293		
Inpatient List (11+ Week Local Target)	48	31	30	40	48	34	29	34	28	28	29	28	38	38		
Inpatient List (20+ Week Local Target)	0	0	1	0	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶

DIVISIONAL HEAT MAP - Month 6 2011/12

		Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status	
WOMEN'S and CHILDREN'S	OPERATIONAL PERFORMANCE	*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
	Choose and Book Slot Unavailability	2.7%	1.0%	2.0%	2.0%	1.0%	9.0%	12.0%	10.0%	3.0%	13.0%	10.0%	13.0%	9.0%	9.7%	4.0%	▲	
	Elective LOS	2.3	2.9	2.4	2.4	2.9	2.3	2.2	2.4	2.2	2.3	2.7	2.1	2.4	2.3	2.3	2.3	▼
	Non Elective LOS	2.2	2.6	2.4	2.1	2.3	2.1	2.2	2.8	3.0	2.7	2.8	3.1	2.7	2.8	2.1	2.1	▲
	% of Electives Adm. on day of proc.	84.5%	82.5%	86.8%	85.3%	87.4%	83.9%	83.4%	83.9%	86.3%	80.8%	80.3%	88.9%	84.3%	84.2%	84.0%	84.0%	▼
	Day Case Rate (Basket of 25)	82.4%	80.6%	76.0%	77.2%	87.4%	78.6%	81.9%	78.1%	77.7%	84.3%	88.6%	81.4%	76.8%	81.2%	75.0%	75.0%	▼
	Day Case Rate (All Elective Care)	66.3%	63.7%	68.4%	65.4%	68.0%	66.3%	71.3%	67.3%	67.5%	71.0%	68.2%	66.8%	67.5%	68.1%	68.0%	68.0%	▲
	Inpatient Theatre Utilisation ***	74.4%	71.4%	72.0%	71.9%	78.2%	74.9%	78.4%	76.0%	75.3%	73.8%	70.9%	73.5%	76.7%	74.4%	86.0%	86.0%	▲
	Day Case Theatre Utilisation ***	69.0%	73.9%	76.2%	60.2%	82.8%	80.9%	83.4%	76.5%	75.5%	70.5%	72.3%	74.4%	73.1%	73.5%	86.0%	86.0%	▼
	Outpatient New : F/Up Ratio	1.8	1.6	1.6	1.6	1.6	1.5	1.4	1.1	1.2	1.2	1.2	1.3	1.3	1.2	1.2	1.2	▶▶
	Outpatient DNA Rate	11.4%	10.9%	10.8%	11.2%	9.4%	8.5%	9.0%	8.6%	10.2%	9.5%	9.8%	9.7%	8.8%	9.5%	9.5%	9.5%	▲
	Outpatient Hosp Canc Rate	9.5%	9.3%	6.7%	6.8%	6.4%	7.4%	7.2%	7.3%	7.3%	7.4%	7.3%	8.1%	7.3%	7.5%	7.4%	7.4%	▲
	Outpatient Patient Canc Rate	11.4%	10.6%	11.0%	12.0%	9.2%	9.1%	10.2%	8.7%	9.5%	10.3%	10.9%	10.8%	10.5%	10.1%	10.0%	10.0%	▲
	HR and FINANCE																	
	Staffing : Nurses per Bed																	
	Staffing : Cost per Bed																	
	Appraisals	70.8%	79.7%	86.2%	95.3%	94.2%	93.6%	93.2%	97.1%	95.7%	93.2%	90.9%	92.9%	92.5%	92.5%	100%	100%	▼
	Sickness Absence	4.0%	4.7%	4.2%	5.3%	4.3%	3.1%	3.5%	3.3%	3.1%	3.6%	3.4%	3.2%	3.6%	3.4%	3%	3%	▼
	Agency Costs (£000s)																	
	Overtime FTE	4.3	5.3	10.2	10.6	9.2	8.7	7.0	7.4	9.3	7.4	6.3	5.6	3.1				
Bank FTE	21.2	18.9	19.9	22.2	20.0	14.7	15.9	17.7	18.8	17.5	23.4	18.7	18.0					
Actual net FTE reduction this month	-7.8	10.3	21.7	-8.9	0.2	-2.9	-5.6	-7.6	10.8	3.1	14.7	8.2	-4.0	25.3				
Planned FTE reduction this month	0.0	-9.9	0.0	1.0	0.6	-0.2	0.0											
Finance : CIP Delivery																		

DIVISIONAL HEAT MAP - Month 6 2011/12

WOMEN'S and CHILDREN'S - Women's

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
ACCESS																
RTT - Admitted	96.4%	96.5%	95.4%	96.7%	97.0%	97.6%	97.8%	98.6%	97.7%	97.9%	97.0%	99.1%	99.4%	99.4%	90.0%	▲
RTT - Non Admitted	97.8%	97.0%	96.3%	99.0%	97.1%	95.3%	96.4%	97.6%	95.9%	96.9%	98.6%	96.4%	96.6%	96.6%	95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	642	575	602	536	516	586	661	601	686	651	669	659	677	677		
Outpatient WL (5+ Week Local Target)	9	1	1	0	1	2	1	2	0	1	3	8	0	0		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	0	0	1	0	0	1	0	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	◀▶
Day case Waiting List (Total)	332	365	328	344	342	343	355	352	316	310	320	322	318	318		
Day Case List (11+ Week Local Target)	6	10	13	20	15	30	27	30	21	12	17	12	22	22		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	1	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	255	265	287	281	269	241	216	261	241	243	262	270	266	266		
Inpatient List (11+ Week Local Target)	29	18	25	38	46	31	28	32	25	28	26	25	36	36		
Inpatient List (20+ Week Local Target)	0	0	1	0	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	2.2	2.4	2.4	2.4	2.3	2.5	2.1	2.3	2.4	2.4	2.6	2.3	2.4	2.4	2.4	▼
Non Elective LOS	2.8	2.7	3.1	2.4	2.9	2.7	2.7	2.3	2.9	2.7	2.3	2.4	2.4	2.5	2.7	◀▶
% of Electives Adm.on day of proc.	93.9%	93.9%	92.0%	90.4%	96.6%	92.6%	93.1%	93.1%	90.6%	92.5%	90.3%	93.9%	94.8%	92.5%	92.0%	◀▶
Day Case Rate (Basket of 25)	86.0%	85.7%	81.8%	88.1%	88.1%	85.3%	88.1%	85.9%	82.4%	88.6%	90.8%	86.9%	78.7%	85.5%	75.0%	▼
Day Case Rate (All Elective Care)	63.1%	59.9%	65.5%	62.3%	63.3%	64.7%	69.2%	63.6%	64.8%	67.7%	64.3%	62.8%	65.7%	64.9%	66.5%	▲
30 Day Readmissions (UHL) - Any Specialty	4.9%	4.6%	4.4%	4.2%	4.9%	4.9%	4.4%	3.5%	3.9%	3.9%	3.7%	3.5%		3.7%	3.8%	▲
30 Day Readmissions (UHL) - Same Specialty	2.0%	2.2%	1.9%	1.9%	2.2%	2.2%	2.4%	2.3%	2.7%	2.5%	2.2%	2.0%		2.3%	2.3%	▲
Outpatient New : F/Up Ratio	1.7	1.6	1.6	1.6	1.6	1.5	1.3	1.3	1.4	1.4	1.4	1.4	1.5	1.4	1.4	▼
Outpatient DNA Rate	8.6%	8.5%	8.8%	10.2%	8.9%	7.9%	8.6%	7.7%	9.4%	8.8%	8.8%	8.5%	8.3%	8.6%	8.5%	▲
Outpatient Hosp Canc Rate	8.1%	7.5%	6.6%	7.6%	6.9%	7.4%	7.9%	7.5%	7.8%	8.7%	8.1%	8.5%	7.7%	8.1%	7.8%	▲
Outpatient Patient Canc Rate	11.2%	10.5%	10.6%	11.9%	9.6%	9.2%	10.3%	8.4%	9.1%	10.0%	10.2%	10.9%	10.3%	9.8%	9.5%	▲
Bed Utilisation (Incl short stay admissions)	89%	88%	88%	84%	87%	88%	86%	84%	87%	91%	93%	86%	88%	88%	90.0%	▲

DIVISIONAL HEAT MAP - Month 6 2011/12

		Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
WOMEN'S and CHILDREN'S - Women's	HR and FINANCE																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	4.3%	4.7%	4.1%	5.6%	4.2%	3.4%	3.5%	3.1%	3.0%	3.6%	3.5%	3.4%	3.7%	3.4%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	2.4	3.6	6.9	6.6	5.4	5.2	5.2	6.4	6.0	5.6	4.3	4.9	2.7			
	Bank FTE	12.6	10.4	11.2	14.5	12.7	9.7	10.2	11.5	12.9	11.0	14.9	12.1	11.7			
	Actual net FTE reduction this month	-9.3	-4.0	19.2	-5.8	-2.1	-1.8	4.7	0.1	2.6	3.3	16.8	9.8	-8.1	24.3		
	Planned FTE reduction this month	0.0	2.4	0.0	0.0	1.0	0.0	0.0									
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

WOMEN'S and CHILDREN'S - Children's

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
ACCESS																
RTT - Admitted	100%	97.3%	92.2%	93.1%	97.6%	100.0%	91.5%	94.1%	98.4%	89.2%	100.0%	95.6%	98.4%	98.4%	90.0%	▲
RTT - Non Admitted	99.8%	100%	100%	100%	99.6%	100.0%	99.2%	100.0%	100.0%	100.0%	99.8%	99.8%	97.3%	97.3%	95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	767	724	574	524	490	575	603	621	727	770	725	720	654	654		
Outpatient WL (5+ Week Local Target)	220	165	106	81	61	31	64	116	100	172	168	157	145	145		
Outpatient WL (11+ Week Local Target)	0	0	0	0	1	0	0	0	0	2	10	7	6	6		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	0	0	1	3	4	4	0	▼
Day case Waiting List (Total)	139	134	94	71	79	89	85	107	117	124	117	112	123	123		
Day Case List (11+ Week Local Target)	30	26	18	15	6	4	6	10	17	7	6	12	7	7		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	67	53	33	30	33	42	23	24	31	54	36	46	27	27		
Inpatient List (11+ Week Local Target)	19	13	5	2	2	3	1	2	3	0	3	3	2	2		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	2.4	3.8	2.3	2.4	3.9	2.0	2.4	2.5	1.8	2.1	2.8	1.9	2.3	2.3	2.2	▼
Non Elective LOS	1.8	2.5	1.9	1.9	1.9	1.7	2.0	3.5	3.2	2.9	3.6	4.4	3.1	3.4	2.0	▲
% of Electives Adm.on day of proc.	68.3%	62.8%	78.1%	76.1%	68.2%	71.8%	69.4%	67.4%	78.4%	61.2%	66.1%	80.9%	65.3%	70.0%	71.9%	
Day Case Rate (Basket of 25)	68.9%	63.6%	60.8%	52.3%	85.4%	62.2%	62.5%	61.7%	62.0%	70.4%	81.4%	62.8%	69.2%	67.8%	75.0%	▲
Day Case Rate (All Elective Care)	70.6%	68.6%	71.8%	69.4%	74.3%	68.2%	73.6%	72.1%	71.5%	75.2%	72.6%	71.8%	70.1%	72.3%	69.7%	▼
30 Day Readmissions (UHL) - Any Specialty	9.2%	10.4%	9.0%	11.2%	9.8%	11.8%	9.6%	6.5%	5.8%	5.4%	4.8%	5.6%		5.6%	5.5%	▼
30 Day Readmissions (UHL) - Same Specialty	8.0%	9.3%	7.5%	10.3%	8.4%	10.3%	8.4%	4.8%	4.7%	4.7%	3.8%	4.7%		4.5%	4.0%	▼
Outpatient New : F/Up Ratio	1.9	1.6	1.7	1.6	1.7	1.4	1.5	0.8	1.0	0.9	1.0	1.1	1.0	0.9	1.2	▲
Outpatient DNA Rate	18.2%	16.5%	15.2%	13.6%	10.4%	9.9%	10.2%	11.0%	12.3%	11.4%	12.4%	12.6%	10.1%	11.7%	11.5%	▲
Outpatient Hosp Canc Rate	12.7%	13.0%	6.9%	5.0%	5.3%	7.4%	5.5%	7.0%	5.7%	4.2%	5.6%	7.0%	6.2%	5.9%	5.7%	▲
Outpatient Patient Canc Rate	11.9%	10.8%	11.8%	12.2%	8.5%	8.7%	10.2%	9.6%	10.6%	11.0%	12.7%	10.4%	11.1%	10.9%	10.0%	▼
Bed Utilisation (Incl short stay admissions)	89%	85%	87%	94%	93%	83%	93%	81%	84%	79%	79%	73%	79%	79%	90.0%	▲

DIVISIONAL HEAT MAP - Month 6 2011/12

		Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
WOMEN'S and CHILDREN'S - Children's	HR and FINANCE																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	3.3%	4.6%	4.4%	4.8%	4.6%	2.6%	3.5%	3.7%	3.4%	3.7%	3.0%	2.8%	3.4%	3.3%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	1.9	1.7	3.3	4.0	3.9	3.6	1.8	1.0	3.3	1.8	2.0	0.7	0.5			
	Bank FTE	8.6	8.5	8.6	7.7	7.4	5.0	5.7	6.2	5.9	6.5	8.5	6.6	6.3			
	Actual net FTE reduction this month	1.6	14.4	2.5	-3.1	2.3	-1.2	-10.3	-7.6	8.2	-0.1	-2.0	-1.6	-2.8	-6.0		
	Planned FTE reduction this month	0.0	-12.3	0.0	1.0	-0.4	-0.2	0.0									
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 6 2011/12

CLINICAL SUPPORT

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
PATIENT SAFETY								Patient Falls - Process / results currently under review / validation								
10X Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	9	1	8	7	7	10	9	7	5	7				19	54	
Complaints Re-Opened	2	3	0	0	1	0	1	0	1	1	1	1	0	4	0	▲
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	1	0	0	1	3	1	3	0	0	1	5	1	3	10	12	▼
No of Staffing Level Issues Reported as Incidents	3	2	2	0	0	1	1	2	0	1	5	0	0	8	12	◀▶
ALL Complaints Regarding Attitude of Staff	1	1	2	3	1	2	4	3	6	0	2	7	3	21	36	▲
ALL Complaints Regarding Discharge	0	1	0	0	1	4	1	1	0	2	1	2	1	7	0	▲
ACCESS																
Outpatient Waiting List (Total - GP/GDP Referred)	385	404	396	328	303	319	338	391	400	449	434	419	392	392		
Outpatient WL (5+ Week Local Target)	126	119	143	138	120	81	89	141	175	155	165	186	152	152		
Outpatient WL (11+ Week Local Target)	3	0	0	0	0	0	0	0	8	6	0	5	5	5		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	0	2	0	0	5	5	0	▼
Day case Waiting List (Total)	159	134	134	112	73	109	121	108	96	157	166	148	151	151		
Day Case List (11+ Week Local Target)	0	0	0	0	0	2	5	7	1	3	8	12	9	9		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	3	4	0	0	2	1	4	4		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	2	2	0	0	1	1	0	0	0	▲
ANAESTHETICS & THEATRES								*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)								
% Pain Mgmt Referrals Seen < 11 weeks	98.2%	99.4%	98.4%	98.4%	98.6%	99.0%	98.2%	98.7%	98.0%	98.5%	98.3%	97.2%	94.5%	97.5%	98.0%	▼
Outpatient New : F/Up Ratio	3.6	4.5	3.4	3.4	3.7	3.8	3.8	3.9	4.3	4.8	3.8	4.2	3.3	4.0	3.2	▲
Outpatient DNA Rate	12.5%	13.1%	11.2%	13.6%	11.5%	11.3%	10.7%	11.3%	11.8%	13.0%	10.6%	13.4%	11.8%	12.0%	11.5%	▲
Outpatient Hosp Canc Rate	10.9%	9.9%	5.7%	7.7%	9.0%	8.8%	6.0%	5.1%	7.0%	10.6%	9.5%	10.1%	23.8%	11.5%	8.0%	▼
Outpatient Patient Canc Rate	15.5%	16.7%	15.8%	18.9%	15.3%	14.8%	15.0%	16.7%	15.5%	13.6%	17.0%	16.5%	13.2%	15.3%	15.0%	▲
RTT - Admitted	100%	98.1%	98.1%	100.0%	97.2%	96.3%	98.4%	100.0%	100.0%	95.2%	100.0%	100.0%	100.0%	100.0%	90.0%	◀▶
RTT - Non Admitted	100%	99.5%	99.1%	100.0%	99.2%	99.5%	99.6%	99.1%	99.6%	99.1%	98.2%	99.2%	99.1%	99.1%	95.0%	▼
UHL Inpatient Theatre Utilisation Rate (%) ***	75.6%	77.5%	78.4%	74.7%	78.4%	82.9%	82.1%	79.5%	79.4%	80.2%	81.1%	83.9%	82.5%	81.2%	86.0%	▼
UHL Day case Theatre Utilisation Rate (%) ***	77.8%	74.0%	79.4%	79.6%	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	73.3%	78.8%	78.2%	75.7%	86.0%	▼

DIVISIONAL HEAT MAP - Month 6 2011/12

CLINICAL SUPPORT

	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
BOOKING CENTRE																
% calls responded to within 30 seconds	75.0%	65.6%	69.7%	69.8%	68.9%	75.4%	81.5%	76.9%	60.9%	64.4%	71.3%	68.6%	76.5%		65%	▲
NUTRITION AND DIETETICS																
% of adult inpatients seen within 2 days	97.6%	95.5%	96.0%	97.4%	98.2%	96.3%	97.5%	97.4%	98.0%	97.2%	96.3%	97.2%	98.5%		98%	▲
% of paediatric inpatients seen within 2 days	100%	100%	100%	100%	94.7%	100%	100%	100%	100%	100.0%	100.0%	100.0%	98.2%		98%	▼
OCCUPATIONAL THERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	98.9%	100%	100%	93.8%	91.4%	97.1%	94.2%	95.0%	95.1%	98.9%	97.3%	91.2%	88.9%		95%	▼
RTT Completes (% waiting <=8 weeks)	99.0%	99.3%	100%	99.7%	99.7%	99.2%	99.5%	99.1%	99.4%	99.1%	99.8%	99.8%	99.4%		95%	▼
Inpatient Response Times - Emergency (45 mins)	100%	50%	100%	100%	100%	100%	100%	100%	97%	98%	100%	80%			98%	▼
Inpatient Response Times - Urgent (3 hours)	93%	100%	94%	93%	100%	100%	100%	100%	95%	100%	95%	96%			98%	▲
Inpatient Response Times - Routine (24 hours)	85%	83%	79%	80%	72%	79%	79%	70%	71%	77%	80%	81%			98%	▲
PHYSIOTHERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	93.2%	95.0%	94.0%	93.8%	97.4%	99.2%	98.8%	99.0%	96.6%	97.4%	97.2%	96.4%	96.5%		95%	▲
RTT Completes (% waiting <=8 weeks)	94.7%	95.1%	96.1%	95.8%	94.8%	96.2%	98.5%	97.8%	96.8%	95.6%	97.3%	96.5%	97.0%		95%	▲
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%			98%	▼
Inpatient Response Times - Urgent (3 hours)	100%	100%	100%	99%	100%	99%	100%	99.8%	99.6%	99.4%	99.2%	99.7%			98%	▲
Inpatient Response Times - Routine (24 hours)	97.5%	97.5%	97.4%	97.9%	98.5%	98.2%	98.6%	99.1%	99.6%	99.3%	99.5%	99.5%			98%	▼
MEDICAL RECORDS																
Med Rec - % Missing Casenotes	0.4%	0.4%	0.4%	0.4%	0.5%	0.5%	0.3%	0.3%	0.5%	0.4%	0.3%	0.4%	0.3%		<0.5%	▲
DISCHARGE TEAM																
Delayed Discharges - County	2.0	2.0	1.9	1.9	2.1	2.3	2.4	2.4	2.5	2.7	2.6	2.7	2.8		1.6	▼
Delayed Discharges - City	3.6	3.7	3.7	3.6	3.7	3.8	3.8	4.9	4.9	4.5	4.1	4.1	4.3		3.8	▼
PSYCHOLOGY / NEURO-PSYCHOLOGY																
New referrals inpatients Medical Psychology	2	3	2	2	5	4	2	2	1	2	0	0	2	7		
New referrals outpatients Medical Psychology	49	42	64	39	44	54	63	33	66	61	52	34	64	310		
New referrals inpatients Neuropsychology	2	5	2	8	5	8	7	4	9	6	5	5	13	42		
New referrals outpatients Neuropsychology	7	12	9	4	4	3	9	2	10	8	9	5	16	50		

DIVISIONAL HEAT MAP - Month 6 2011/12




	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
CLINICAL SUPPORT																
SALT Wait Time in Weeks	2	4	4	3	2	4		2	2	2	2	2	3		4	▼
Podiatry New IP Referrals	70	57	61	78	56	64	78	53	51	67	63	62	59	355		
Pharmacy TTO Turnaround in 2 Hours	82%	83%	85%	82%	87%	79.5%	87.4%	79.5%	83.4%	85.8%	81.0%	87.2%	79.3%		80%	▼
Pharmacy Dispensing Accuracy	100%	99.99%	99.99%	99.99%	98.56%	100%	100%	98.4%	99.96%	99.98%	99.99%	99.99%	99.99%		99.5%	◀▶
IMAGING and MEDICAL PHYSICS																
CT Scan (% Waiting 3+ Weeks)	0.9%	0.5%	1.2%	1.8%	0.7%	1.0%	2.3%	4.0%	1.0%	1.0%	0.2%	3.6%	1.5%		5%	▲
MRI Scan (% Waiting 3+ Weeks)	7.7%	6.6%	9.1%	14.0%	6.0%	9.8%	10.2%	7.6%	4.9%	10.8%	5.5%	7.2%	3.3%		5%	▲
Non-Obstetric Ultrasound (% Waiting 3+ Weeks)	6.8%	4.8%	6.6%	28.1%	10.5%	9.0%	12.2%	27.8%	8.2%	6.3%	4.9%	2.1%	0.1%		5%	▲
Equipment Utilisation	78.5%	77.0%	82.0%	71.0%	75.0%	63.0%	72.0%	73.0%	77.5%	77.0%	75.0%	78.7%	73.0%		80%	▼
ED Breach - Total %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		1%	◀▶
ED Breach - Plain Film %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		1%	◀▶
ED Breach - CT %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%		1%	◀▶
CRIS and PACS																
PACS Uptime	96%	97%	95%	96%	96%	99.6%	99.0%	97.0%	97.0%	100%	99%	99.6%	100%		98%	▲
CRIS Uptime	100%	99.7%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%		98%	◀▶
PATHOLOGY																
CDT 24 Hour TRT	91.2%	95.5%	93.9%	92.9%	92.3%	91.8%	98.6%	96.3%	95.8%	96.6%	97.8%	96.6%	94.8%		95%	▼
MRSA 48 Hour TRT	97.5%	99.6%	99.6%	99.7%	99.7%	99.7%	99.9%	99.07%	99.67%	99.72%	99.71%	99.73%	99.83%		95%	▲
Diagnostic Wait > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0		0	◀▶
Cytology Screening 7 Day Target	99.7%	99.7%	99.9%	99.0%	97.8%	100.0%	100.0%	99.87%	99.98%	99.98%	99.98%	100%	100%		99%	▲




CLINICAL SUPPORT




DIVISIONAL HEAT MAP - Month 6 2011/12

		Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	YTD	Target	Status
CLINICAL SUPPORT	HR and FINANCE																
	Appraisals	88.8%	91.2%	93.7%	97.4%	94.0%	94.5%	93.3%	92.4%	90.9%	87.6%	86.2%	85.0%	93.2%	93.2%	100%	▲
	Sickness Absence	3.6%	3.8%	4.0%	4.5%	4.0%	3.3%	3.7%	3.4%	3.0%	3.4%	3.4%	3.2%	3.4%	3.3%	3%	▼
	Agency Costs (£000s)																
	Overtime FTE	18.9	17.6	17.9	17.7	19.7	20.3	16.1	17.0	19.4	16.6	20.6	17.0	17.9			
	Bank FTE	26.3	28.1	27.6	34.1	33.5	30.5	29.1	29.7	28.8	27.2	21.0	20.1	21.0			
	Actual net FTE reduction this month	-2.1	2.5	-5.0	5.9	-2.7	-30.9	-5.1	-5.6	-14.7	7.8	-50.7	15.2	-15.9	-63.8		
	Planned FTE reduction this month	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

