

<b>To:</b>	<b>TRUST BOARD</b>		
<b>From:</b>	Suzanne Hinchliffe Andrew Seddon Kevin Harris Kate Bradley		
<b>Date:</b>	<b>2nd February 2012</b>		
<b>CQC regulation</b>	All		
<b>Title:</b>	<b>Quality &amp; Performance Report – Month 9</b>		
<b>Author/Responsible Director:</b> S.Hinchliffe, Chief Operating Officer/Chief Nurse A. Seddon, Director of Finance K. Harris, Medical Director K. Bradley, HR Director			
<b>Purpose of the Report:</b> To provide members with an overview of UHL financial position, performance and quality against national, regional and local indicators for the month of December 2011.			
<b>The Report is provided to the Board for:</b>			
Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
<b>Summary / Key Points:</b>			
<u>Financial Position</u>			
<ul style="list-style-type: none"> <li>❖ The Trust is reporting a cumulative deficit of £11.1m (£11.5m adverse to Plan)</li> <li>❖ Year to date patient care income is £6.4m (1.5%) above Plan</li> <li>❖ Expenditure is £22.0m over Plan ytd. This reflects a shortfall on the cost improvement programme of £10.6m and the use of significant premium agency staff in the first four months of the year.</li> </ul>			
<u>Performance Position:</u>			
<ul style="list-style-type: none"> <li>❖ ED performance for December Type 1, 2 is 96.3%, and 97% including the Urgent Care Centre (UCC), an improving position. The year to date performance for ED (UHL+UCC) is 94.4%.</li> <li>❖ RTT performance in December has reduced as planned (recognised impact on Q3/4) to 87.6% for admitted patients in response to the additional backlog activity agreed with commissioners. The non-admitted target has been achieved at 96.6%.</li> <li>❖ Performance for Primary PCI is 88.5% against a target of 75%.</li> <li>❖ TIA performance in December is 64.7% against a target of 60%.</li> <li>❖ All cancer targets were achieved in November (one month behind in reporting) with the exception of the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position.</li> <li>❖ The provisional reported sickness rate for December is 4.7%.</li> <li>❖ The appraisal rate has increased to 95%.</li> </ul>			

## Paper F

### Quality

- ❖ MRSA – 1 case of MRSA was reported during December with a year to date position of 6.
- ❖ CDifficile – a positive month 9 report with 6 cases identified. The year to date position is 87 and ahead of target to date.
- ❖ For the last nine months, all UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance.
- ❖ Pressure ulcers - provisionally, there were 6 reported hospital acquired grade 3 and 4 pressure ulcers in December 2011. This is a significant reduction in tissue damage when comparing data from December 2010 when 26 ulcers were reported.
- ❖ The 'overall respect and dignity' score has increased and remains green across the Trust
- ❖ Mortality - There was an increase in UHL's 'crude in-hospital' mortality rate for both elective and emergency admissions. The overall increase was in line with seasonal variation and was lower than last December.
- ❖ CQUIN - A further meeting is due to take place with Commissioners to discuss reconciliation of the Quarter 2's performance for CQUINs not currently confirmed; these include 'timing of outpatient letters', surgical site surveillance and stroke care.
- ❖ Fractured Neck of Femur 'Time to Theatre' - The monthly performance for 'patients taken to theatre within 36 hours of arrival' improved again for November to 75% which is above the threshold for the Clinical Quality Review Group.
- ❖ Readmissions - The in-month readmissions rate dropped to 6.9%, a year low; however this was still 0.5% above the internal 25% trajectory.

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

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** TRUST BOARD

**DATE:** 2<sup>nd</sup> FEBRUARY 2012

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

**SUBJECT:** MONTH NINE PERFORMANCE SUMMARY REPORT

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### **1.0 Introduction**

The following paper provides an overview of the Quality & Performance month 9 report highlighting key performance metrics and areas of escalation where required.

### **2.0 December 2011 Operational Performance**

#### **2.1 Infection Prevention**

- ❖ MRSA – 1 case of MRSA was reported during December with a year to date position of 6.
- ❖ CDifficile – a positive month 9 report with 6 cases identified. The year to date position is 87 and ahead of target to date.
- ❖ MRSA elective and non-elective screening has been achieved at 100% respectively

The targets set for the UHL for 2012/13 have now been confirmed as 6 MRSA and 113 CDifficile.

#### **2.2 RTT**

Performance in December has reduced as planned (recognised impact on Q3/4) to 87.6% for admitted patients in response to the additional backlog activity agreed with commissioners. The non-admitted target has been achieved at 96.6%.

A proposal has been submitted to commissioners to respond to the requirements of the 2012/13 Operating Framework and the additional activity required as part of the national bowel screening campaign. Feedback has been provided regarding stage one of the additional activity with General Surgery and Endoscopy support. Further bid outcomes will be known on the 27<sup>th</sup> January 2012.

#### **2.3 ED**

Performance for December Type 1, 2 is 96.3%, and 97% including the Urgent Care Centre (UCC), an improving position. The year to date performance for ED (UHL+UCC) is 94.4%.

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

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

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

### ED CLINICAL INDICATORS

#### PATIENT IMPACT

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

#### TIMELINESS

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

## 2.4 Cancer Targets

All cancer targets were achieved in November (one month behind in reporting) with the exception of 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 November was missed by 5 patients due to factors including complex cases, delays in transfers from other Trusts, diagnostic delays and capacity constraints. A 62 day cancer pathway recovery plan, signed off by senior managers and lead clinicians, has been received by Commissioners. Performance during November was a pleasing 81.3% against a plan of 79.6%.

Cancer performance reported in the Q&P has been aligned to the performance reported nationally on the Department of Health website, which includes 31 day referral to treatment for rare cancers performance in the 62 day target.

## 2.5 Falls

A separate report for patient falls was submitted to the October GRMC which received support.

In line with the more detailed review and benchmarking exercise undertaken adjustments have been made to the reporting of falls including the separation by division. The target and thresholds will be reviewed and amended in future reports to reflect the changes in reporting falls.

A series of actions have been developed and implemented to reduce the number of inpatient falls. These were outlined in the GRMC paper and include: focused training in areas where there have been a high numbers of falls, continued embedding of the

hourly rounds, weekly review of falls data/ ward by Lead Nurses, Head of Nursing meeting with the matron/ward sisters in the 10 wards in the Trust with the highest number of falls to performance review action plans and introduction of standardised medical post fall documentation.

There is now an indication that the incidence of falls in the Trust is starting to reduce, this is particularly noticeable in Planned Care. The actions identified above need to start to deliver into outcomes in the Acute Division. This will be one of the main patient safety focuses in the Division for the remainder of the financial year.

## 2.6 Pressure Ulcers

Provisionally, there were 6 reported hospital acquired grade 3 and 4 pressure ulcers in December 2011. This is a significant reduction in tissue damage when comparing data from December 2010 when 26 ulcers were reported. Recent STEISS data from the SHA has also confirmed that UHL compares favourably with other Trusts when comparing the incidence of grade 3 and 4 ulcers in Q3 2011.

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

The results of the November 2011 prevalence survey indicate a continuing improvement in the overall prevalence of ulcers across the Trust, particularly hospital acquired and improvements in nursing documentation and completion of risk assessments. Further detail about the survey has been included in the January GRMC report.

## 2.7 Patient Polling

The "Patient Experience Survey" for December 2011 resulted in 1,264 surveys being returned, a Trust return rate of 84.1%.

The 'overall respect and dignity' score has increased and remains green across the Trust with Children's, Women's and GI Med/Surgery & Urology CBU's all improving from Amber to Green.

The 'overall how would you rate the care whilst in hospital' score has improved 1.4 remaining amber across the Trust. There have been some individual CBU improvements from November's results including; twice as many CBU's are now rated Green and Respiratory and Musculo-Skeletal CBU's have moved from Red to Amber.

In response to November's results it was agreed to pilot additional volunteers within a number of underperforming areas to see how this improves patients experience and perception of their overall care. In order to provide additional new ward support volunteers the pilot will commence from mid January for six weeks, and will be analysed and reported in the March 2012 Quality and Performance report.

The Trust wide 'Caring at its Best' project question scores have all improved when compared with the Trust scores minus the underperforming wards in Medicine.

The outpatients Patient Experience Feedback question 'Overall, how would you rate the care you received in this area?' score has improved by 7.0 to an overall score of 91, moving from amber to green RAG rating.

## 2.8 Same Sex Accommodation

For the last nine months, all UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance, however, as challenges to bed capacity become evident during the winter months there are situations whereby limited capacity for emergency patients may require patient moves thus potentially result in breaches. To respond to this, agreement has been reached in how these situations may be managed which are out-with the control of staff and their impact on contract penalties.

## 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 December was achieved (88.5%).

## 2.10 Month 9 Performance Areas

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

Performance Indicator	Target	December	Year To Date
MRSA Elective Screening *	100%	100% (Nov)	100%
MRSA Non-elective Screening *	100%	100% (Nov)	100%
Stroke % stay on stroke ward*	80%	90.7% (Nov)	85.6%
Stroke TIA	60%	64.7%	66.5%
Primary PCI	75%	88.5%	86.3%
Rapid Access Chest Pain	98%	100%	99.8%
Operations cancelled on/after day of admission	0.8%	1.3%	1.4%
Cancelled patients offered a date within 28 days of cancellation*	95%	89.2% (Nov)	93.3%
48hr GUM access	99%	100%	100%
Maternity Breast Feeding <48 hrs	67%	75.0%	74.1%
Maternity – smoking at time of delivery	18.1%	11.7%	10.8%
Cytology Screening 7 day target	98%	97.7%	100%
Day Case Basket	75%	75.3%	77.4%
Bed Occupancy excl short stay	86%	86%	85%
Same Sex Accommodation - Base	100%	100%	100%
Same Sex Accommodation - ICU	100%	100%	100%

\*reported 1 month in arrears

## 2.11 Cancellations on the Day of Surgery

Cancelled operations can result in patient distress and are a waste of resource; as a result the Trust expects that every possible effort is made to avoid the cancellation of operations at the last minute. Nationally, the last minute cancellation of an operation for a clinical or non-clinical reason is defined as:

- Cancellation on the day the patient was due to arrive
- Cancellation after the patient has arrived in hospital, regardless of when their operation is scheduled
- Cancellation on the day of the operation

Non-clinical reasons for cancellations include:

- Ward bed unavailable
- HDU or ITU bed unavailable
- Theatre list over-run
- Equipment failure
- Administrative error
- Ward closed
- Patient delayed due to the admission of a high priority patient
- Case notes missing
- Surgeon unavailable
- Anaesthetic staff unavailable
- Theatre staff unavailable

There may also be clinical reasons for cancellation which are primarily focussed around the fitness for surgery of the patient.

Following a period of consultation, revised trust processes were developed in order to:

- ensure UHL is consistent in its reporting model,
- ensure the clinician and specialty has every opportunity to avoid the cancellation and to ensure the patient is re-scheduled appropriately,
- provide a weekly report to CBU and divisions in order to identify reasons why operations are cancelled at the last minute and ensure that we put the right measures in place to manage cancellation rates.

Revised processes commenced on the 9<sup>th</sup> January 2012 with positive feedback during the first week of operation – weekly performance shown below. A fuller report will be provided in the next Q&P report.

**Total 'On the Day' Hospital Cancellations for  
Non Clinical Reason**

Week Ending	TOTAL	Cancellation Rate (as % of Elective FFCes)
02/10/2011	25	1.3%
09/10/2011	20	1.0%
16/10/2011	35	1.7%
23/10/2011	24	1.2%
30/10/2011	42	1.9%
06/11/2011	46	2.2%
13/11/2011	55	2.5%
20/11/2011	24	1.1%
27/11/2011	21	1.0%
04/12/2011	23	1.1%
11/12/2011	32	1.5%
18/12/2011	34	1.6%
25/12/2011	17	0.8%
01/01/2012	3	0.3%
08/01/2012	20	1.3%
15/01/2012*	12	0.6%

\* Revised process commenced on the 9th January

## 2.12 The Quarter

Following the DoH publication of the 'the Quarter 2' where the Trust has been rated as 'performance under review', further clarification was sought by the Chief Executive to understand how the Trust had been assessed against the two A&E clinical Indicator. The DoH have confirmed that following a review of the position in Quarter 2 and in conjunction with the SHA an agreement was made to score the data quality and coverage for Quarter 2 and for the rest of 2011/12.

In the October TB it was noted that there was a potential issue with data coverage for UCC attendances. After consultation with the DoH and the commissioners, and, representation from the CEO, confirmation was received in May that the UCC performance can be reported as part of UHL performance. However, 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).

In light of the above the Trust did not meet the data coverage criteria and was not assessed on the two indicators; data quality and completeness.

MRSA was scored as underperforming in 'the Quarter 2', although the Trust successfully appealed 1 case resulting in 2 MRSA being reported in Qtr 2 against a plan of 2.

The DoH also confirmed that the stroke indicator (% of stay on stroke ward) was scored as underperforming, following further review of the methodology this indicator is assessed against data published in 2009/10. The Trust is achieving against this indicator for 2011/12.

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

### 3.1 Mortality Rates

There was an increase in UHL's 'crude in-hospital' mortality rate for both elective and emergency admissions. The overall increase was in line with seasonal variation and was lower than last December.

Confirmation that type of admission has been accurately recorded in respect of the 'elective deaths' has been sought from relevant clinical teams and where confirmed elective admissions, the case will then be subject to M&M review.

Further to publication of UHL's SHMI for 10/11 a case note review has been undertaken of patients in 3 of the 'top 10 SHMI diagnostic groups' who died in hospital or within 30 days of discharge. This confirmed that the documenting of clear diagnosis was often missing, particularly in respect of patients with a 'primary diagnosis of urinary tract infection'.

The findings of the review were discussed at the Clinical Effectiveness Committee and a consistent approach to documentation of diagnosis and co-morbidities agreed. This would then enable to Clinical Coders to identify and code the confirmed 'admission' and 'discharge' diagnoses plus code all relevant co-morbidities. The expectation is



both of these will then be more accurately reflected in the 'SHMI risk adjustment model'. Guidance is being disseminated to all clinical teams and individual consultants and, where appropriate, admission proformas will be revised to incorporate this guidance.

### 3.2 UHL Quality Schedule /CQUIN

A further meeting is due to take place with Commissioners to discuss reconciliation of the Quarter 2's performance for CQUINs not currently confirmed; these include 'timing of outpatient letters', surgical site surveillance and stroke care. The final reconciliation will be confirmed at the Contract Performance Management meeting on 27<sup>th</sup> January.

### 3.3 Fractured Neck of Femur 'Time to Theatre'

The monthly performance for 'patients taken to theatre within 36 hours of arrival' improved again for November to 75% which is above the threshold for the Clinical Quality Review Group.

The unit saw continued high level of admissions, 84 compared to an average 65 from April to September and 40. Of the 84 admissions (47%) occurred in a 10 day period (15/11 – 24/11) which put pressure on the hip lists and resulted in 17 of the 21 breaches.

### 3.4 Venous Thrombo-embolism (VTE) Risk Assessment

The national CQUIN threshold for VTE continues to be met and was 94.31% in December. This will continue to be a CQUIN for 12/13.

### 3.5 Readmissions

The in-month readmissions rate dropped to 6.9%, a year low; however this was still 0.5% above the internal 25% trajectory. The Trust remains below the Emergency Care Network plan of 10% reduction. Performance continues to be better than other local UK University Teaching hospitals as is the trend.

Following discussions with the commissioners the readmissions penalty for the 2011/12 contract has reduced by £7.5 million non-recurrently from circa £11 million.

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

- 1) Coding & Commissioning – now resolved for 2011/12 as described above. But plans are required to be put in place to support a sensible penalty resolution for 2012/13.
- 2) A discharge improvement group is now established in the Acute Division and this is in the process of defining the process for discharge of patients from UHL a crucial element of improvement in readmissions.
- 3) Specialty Priorities – plans are now in place for the priority specialties and are beginning to be implemented. This includes the development of a new catheter pathway, the implementation of the COPD care bundle, a new chest pain pathway, a new process for senior review of potential readmissions within ED

- 4) Community work streams - some of the readmissions penalty has been diverted into expansion of community health and social care reablement services. The majority of these services are now operational from November and December 2011, with the Rapid Intervention team to commence from 1st February.

### 3.6 Patient Safety

Further progress has been made in implementing work related to the 5 Critical Safety Actions. This work is being tracked through a RAG-rated action log and presented at the Governance and Risk Management Committee. Medical leads have identified key performance indicators which will be subject to discussion at the Joint Governance session on 26<sup>th</sup> January with commissioner colleagues. Once approved and tested, these KPIs will then form the basis of a common performance framework which will be presented at both UHL and PCT Board meetings and which may be monitored through the Quality Schedule.

The 5CSA work is gaining increasing prominence at CBU, divisional and trust forums and is being captured in ward rounds, teaching sessions, induction programmes and clinical review meetings. IT solutions for some of the handover and Early Warning Score actions are being pursued and bids have been submitted to the Deanery and to the PCT for project leads to support this work.

The patient safety indicators monitored on the Quality and Performance dashboard show a significant decrease in staffing level issues reported as incidents this month (from 122 in November to 86 in December). This issue is being carefully monitored by the divisional Heads of Nursing with activity reviews and walkabout visits targeted to areas of concern. Also pleasing in December was a large decrease in complaints received in the month (from 285 in November to 194 in December) and a modest reduction in complaints received relating to staff attitude. As reported last month, the task and finish group work on implementing additional measures to reduce complaints continues in two CBUs and will report back on progress to the GRMC meeting in March.

Due to another ten times (10x) medication error being reported in December, the Chief Pharmacist has undertaken a review of these errors, four of which have occurred in Children's Services since October. A deep dive has been conducted within this CBU and although no common denominators have been identified, some further actions have been recommended to strengthen the medication safety arrangements within Children's.

## 4.0 **Human Resources – Kate Bradley**

### 4.1 Appraisals

December's appraisal rate of 95% saw a further improvement on November's appraisal rate of 93.9%. This month's rate is the highest since we started using ESR to record appraisals.

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

## 4.2 Sickness

The reported sickness rate is 4.7%. The actual rate is likely to be around 0.3% lower as absence periods are closed.

This sickness rate is higher than the previous 11 months, and is likely to remain so even after the absence periods have been closed down. The 12 month rolling sickness remains at 3.6%

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 – December and year to date

The Trust is reporting a cumulative deficit of £11.1m (£11.5m adverse to Plan). Table 1 outlines the current position.

Table 1 – I&E summary

	2011/12 Annual Plan £m	December			April - December 2011		
		Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
<b>Income</b>							
Patient income	595.8	49.6	52.8	3.2	445.3	451.7	6.4
Teaching, R&D	66.9	5.6	6.5	0.9	50.2	54.0	3.8
Other operating Income	19.0	1.6	1.7	0.1	14.2	14.7	0.5
<b>Total Income</b>	<b>681.8</b>	<b>56.8</b>	<b>61.0</b>	<b>4.2</b>	<b>509.6</b>	<b>520.4</b>	<b>10.7</b>
<b>Operating expenditure</b>							
Pay	420.5	35.0	35.7	(0.7)	315.5	327.9	(12.5)
Non-pay	215.2	17.9	19.6	(1.7)	160.4	169.9	(9.5)
<b>Total Operating Expenditure</b>	<b>635.7</b>	<b>52.9</b>	<b>55.3</b>	<b>(2.4)</b>	<b>475.8</b>	<b>497.8</b>	<b>(22.0)</b>
<b>EBITDA</b>	<b>46.1</b>	<b>3.9</b>	<b>5.7</b>	<b>1.8</b>	<b>33.8</b>	<b>22.6</b>	<b>(11.2)</b>
Net interest	(0.5)	(0.0)	(0.1)	(0.0)	(0.4)	(0.4)	(0.0)
Depreciation	(31.1)	(2.6)	(2.6)	(0.0)	(23.3)	(23.2)	0.1
PDC dividend payable	(13.2)	(1.1)	(1.1)	(0.0)	(9.9)	(10.0)	(0.1)
<b>Net deficit</b>	<b>1.3</b>	<b>0.2</b>	<b>2.0</b>	<b>1.8</b>	<b>0.2</b>	<b>(11.1)</b>	<b>(11.3)</b>
<b>Planned phasing adjustment</b>		<b>(0.2)</b>		<b>0.2</b>	<b>0.2</b>		<b>(0.2)</b>
<b>Reported net deficit</b>	<b>1.3</b>	<b>0.0</b>	<b>2.0</b>	<b>2.0</b>	<b>0.4</b>	<b>(11.1)</b>	<b>(11.5)</b>
<b>EBITDA %</b>	<b>6.76%</b>		<b>9.40%</b>			<b>4.30%</b>	

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

### 5.2 Income

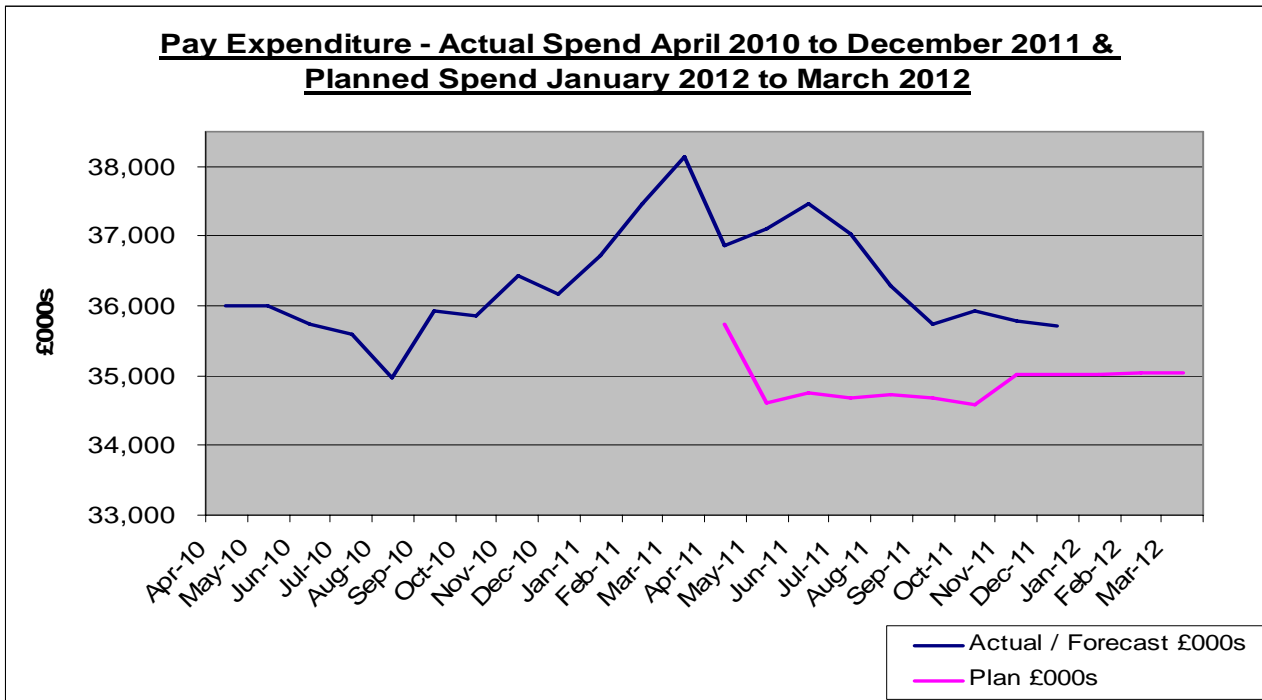
5.2.1 Year to date patient care income is £6.4m (1.5%) above Plan reflecting favourable volume variances in daycases (£2.1m), elective inpatients (£1.7m) and outpatients (£1.9m).

5.2.2 The £3.8m favourable position against the Teaching, R&D line relates to £3.4m of the £6m of the Corporate accruals income as agreed in the “Stabilisation and Transformational” Trust Board paper.

## 5.3 Expenditure

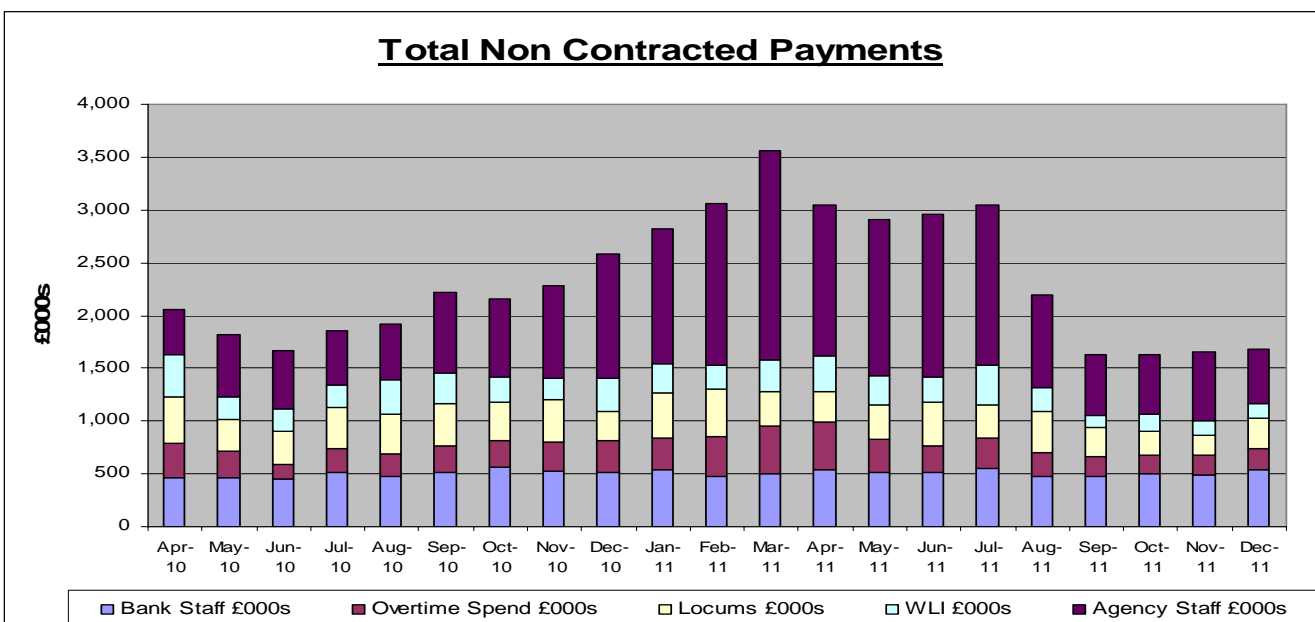
5.3.1 Expenditure is £22.0m over Plan ytd. This reflects a shortfall on the cost improvement programme of £10.6m and the use of significant premium agency staff in the first four months of the year. Chart 1 clearly shows the pay trend for the year. Chart 1 clearly shows the pay trend for the year.

**Chart 1**



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

**Chart 2**



5.3.3 The table below summarises Divisional year to date positions.

	Total Year to Date				Month 8 Variance (Adv) / Fav £m
	Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	
Acute Care	52.6	38.5	29.9	(8.7)	(7.3)
Clinical Support	(94.9)	(71.5)	(74.0)	(2.5)	(2.3)
Planned Care	72.4	53.6	51.4	(2.2)	(2.7)
Women's and Children's	37.6	28.0	25.0	(3.0)	(3.0)
Corporate Directorates	(89.7)	(67.0)	(65.4)	1.5	1.4
<b>Sub-Total Divisions</b>	<b>(21.9)</b>	<b>(18.3)</b>	<b>(33.2)</b>	<b>(14.9)</b>	<b>(13.8)</b>
Central Income	70.0	52.5	57.0	4.5	1.7
Central Expenditure	(46.7)	(33.8)	(34.8)	(1.1)	(1.4)
<b>Grand Total</b>	<b>1.3</b>	<b>0.4</b>	<b>(11.1)</b>	<b>(11.5)</b>	<b>(13.5)</b>

#### 5.4 Financial position – In month against forecast

5.4.1 The in month December financial position of a £2m surplus is £0.1m adverse to the £2.1m forecast and reflects the following significant factors:

- £2.05m of the £8.2m income received from the PCTs relating to re-admissions income and the Frail and Older People's Advise and Liaison (FOPAL) service in line with forecast
- Total income £0.9m above forecast, £0.5m relating to patient income, £0.3m on teaching and R&D and £0.1m on other operating income. The patient income predominately is a consequence of:
  - £1m favourable variance in Planned Care split between elective care, £0.5m and emergency care, £0.4m. The main reason for the change is an increase in activity against forecast in MSK and Trauma
  - £0.4m favourable in W&C, split between Women's £0.3m and Children's £0.1m
  - £0.7m adverse in Acute Care of which £0.3m relates to ECMO – this was the first month of the new adult contract which now has no fixed element and is reimbursed on an occupied bed day basis – in December, there were only 26 occupied adult days compared to a forecast of 91. As well as ECMO, non-elective activity was also 25 spells and £0.2m below forecast
- A continued stabilisation on the pay costs, albeit not reducing to the forecast levels - £0.5m adverse against the forecast
- Non pay costs £0.6m adverse to the forecast reflecting:
  - Planned Care, £0.3m adverse, with £0.2m of this movement relating to increased costs associated with the increased activity in MSK and Trauma
  - A very small favourable movement in W&C - £11k

- £0.1m favourable position in CSD as a consequence of improved Pathology trading
- Acute Care, £0.5m adverse. The movement primarily relates to disputed supplier charges (£0.3m) which we expect to overturn.

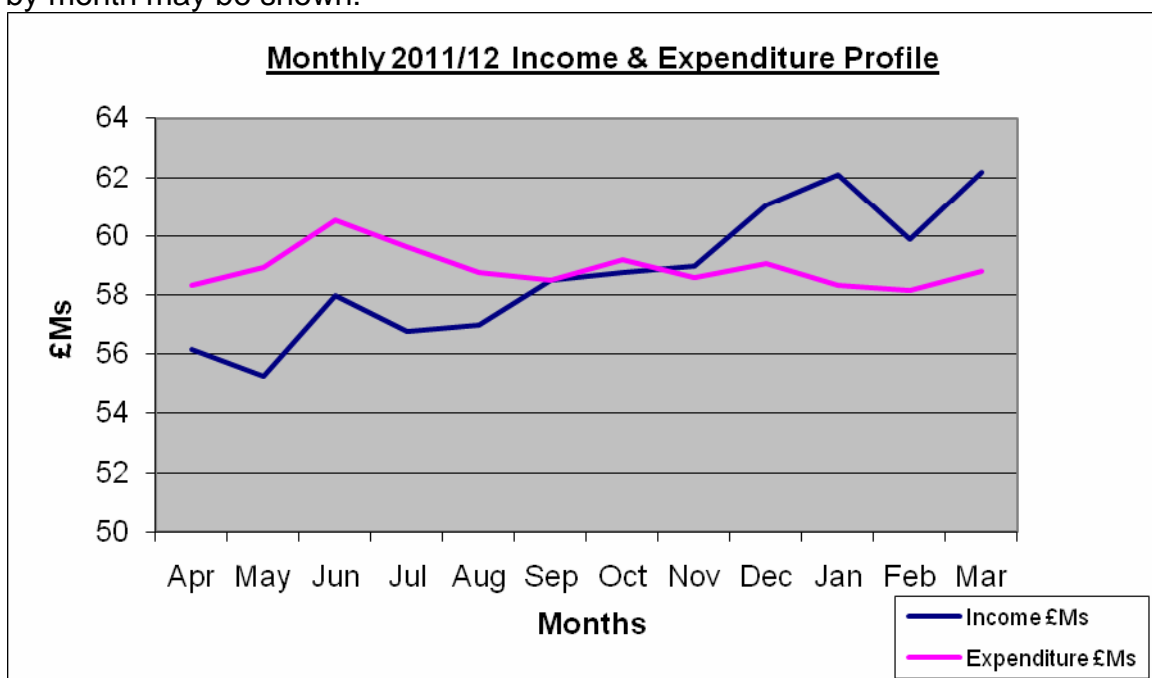
There was also a movement in respect of drugs in the Medicine CBU.

The following table summarises the month 9 position (variance) against forecast:

Division	Month 9 Variance against FOT £Ms
Acute	(1.2)
Clinical Support	(0.1)
Planned	0.7
Women's & Children's	0.3
Corporate & Central	0.2
<b>TOTAL</b>	<b>(0.1)</b>

## 5.5 Financial position – year end forecast

5.5.1 The month 9 re-forecast now shows a potential year end deficit of £2.12m, £3.50m adverse to the planned £1.29m surplus. The movement by month may be shown:



5.5.2 This has deteriorated from the month 8 position by £0.56m due to:

- A deterioration on the pay forecast by over £1m across all four Clinical Divisions, reflecting the deterioration in month 9, additional capacity opened in Acute and additional activity supported by TAPS
- An improvement in patient care income of £1.3m – favourable movements of £0.4m in W&C, £0.1m in CSD, £1.1m in Planned Care offset by a deterioration in Acute Care, £0.5m.

- £0.9m deterioration in non-pay split between Acute Care, £0.6m and £0.3m Planned Care – these predominately reflect the movements seen in month 9.

CBU	Month 8			Month 9		
	Plan	FOT	Variance	Plan	FOT	Variance
Acute Divisional	52,592	44,855	(7,737)	52,592	43,598	(8,993)
Planned Divisional	72,441	69,213	(3,229)	72,441	70,040	(2,401)
CSD Divisional	(94,911)	(97,179)	(2,267)	(94,911)	(97,353)	(2,442)
W&C Divisional	37,598	33,847	(3,751)	37,598	34,083	(3,515)
<b>Divisional Total</b>	<b>67,720</b>	<b>50,736</b>	<b>(16,984)</b>	<b>67,720</b>	<b>50,368</b>	<b>(17,352)</b>
<b>Corporate &amp; Central</b>	<b>(66,431)</b>	<b>(59,391)</b>	<b>7,040</b>	<b>(66,431)</b>	<b>(59,581)</b>	<b>6,850</b>
<b>Trust TOTAL</b>	<b>1,289</b>	<b>(8,655)</b>	<b>(9,944)</b>	<b>1,289</b>	<b>(9,212)</b>	<b>(10,501)</b>
Corporate accruals	6,000			6,000		
Readmissions / Deflection Income	above the line			above the line		
Winter flexibility	above the line			above the line		
VSS Deferral	above the line			above the line		
Salary - tax	1,000			1,000		
<b>Year End Forecast</b>	<b>1,289</b>	<b>(1,655)</b>	<b>(2,944)</b>	<b>1,289</b>	<b>(2,212)</b>	<b>(3,501)</b>

We continue to work with our commissioners on the underlying issues regarding the forecast year end position.

5.5.3 The following tables show the Divisions' performance against the pay cost target for H2 (October to March 2012) and against the WTE target:

### Pay Costs

Division	H1 £000s	H2 £000s	Move £000s	H2		Move from M8 FOT £000s
				TARGET £000s	Gap from Target £000s	
Acute Care Division	73,361	70,009	3,353	67,530	(2,479)	(513)
Central Division	221	10	211	-	(10)	(5)
Clinical Support Division	54,636	52,909	1,727	52,008	(901)	(260)
Corporate Division	19,341	19,395	(55)	18,887	(508)	7
Planned Care Division	41,987	41,092	895	39,873	(1,219)	(104)
Womens & Childrens Division	30,957	31,242	(285)	30,945	(297)	(129)
<b>Grand Total</b>	<b>220,502</b>	<b>214,656</b>	<b>5,846</b>	<b>209,243</b>	<b>(5,413)</b>	<b>(1,005)</b>

5.5.4 Whilst pay costs in H2 are forecast to reduce by £5.85m when compared to H1, this is still £5.4m below the required target. This is reflected in the WTE numbers where the current forecast is showing a year end number of 10,212 WTE against a target of 9,965 WTE.

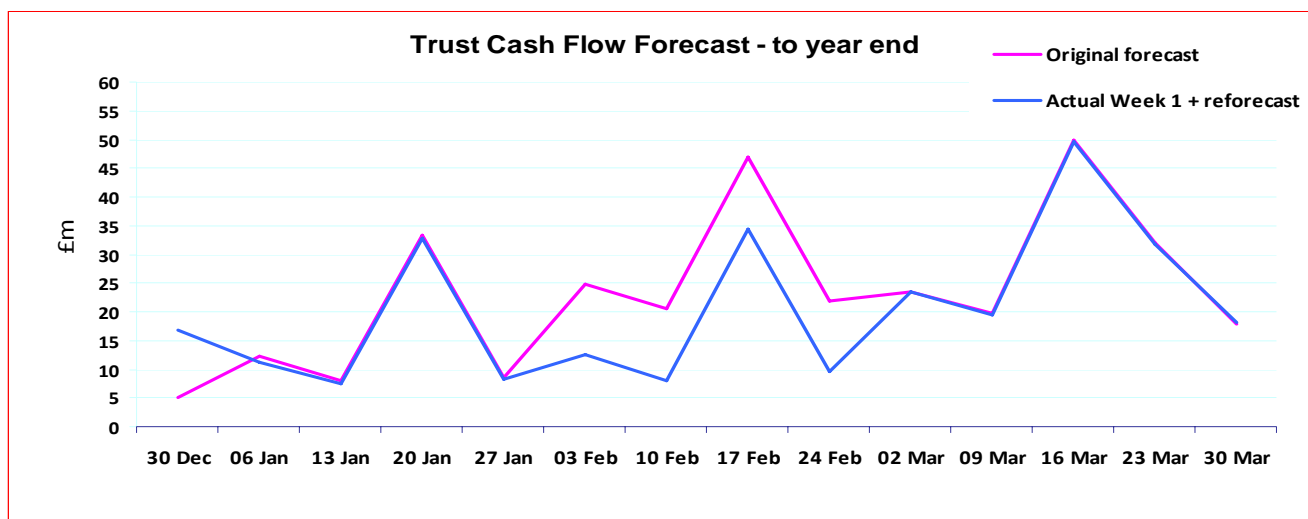
## Worked WTE

Division	Sept WTE	Dec WTE	March WTE Forecast	March WTE Target	Gap from Target WTE
Acute Care Division	3,321	3,300	3,333	3,193	(140)
Clinical Support Division	2,455	2,430	2,441	2,419	(22)
Corporate Division	1,101	1,087	1,079	1,071	(8)
Planned Care Division	1,932	1,938	1,920	1,850	(70)
Womens & Childrens Division	1,412	1,428	1,436	1,432	(4)
<b>Grand Total</b>	<b>10,220</b>	<b>10,183</b>	<b>10,209</b>	<b>9,965</b>	<b>(244)</b>

## 5.6 Working capital and net cash

5.6.1 The Trust's month end cash position increased slightly by £0.3m to £16.9m at 31 December 2011. The £16.9m month end value includes £8m payment in advance of the SLA from the Leicester PCTs.

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





*Caring at its best*

# Quality and Performance

Trust Board

Thursday 2nd February 2012

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December 2011

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One team shared values

# QUALITY and PERFORMANCE REPORT

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### **Thresholds**

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

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

## UHL at a Glance - Month 9 - 2011/12

PATIENT SAFETY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
MRSA Bacteraemias	9	Dec-11	1	6	9	
CDT Isolates in Patients (UHL - All Ages)	165	Dec-11	6	87	140	
% of all adults who have had VTE risk assessment on adm to hosp ***	90%	Dec-11	94.3%	93.8%	93.5%	
Reduction of hospital acquired venous thrombosis ***	0.175	Qtr 2 11/12	0.18		0.175	
Incidents of Patient Falls	TBC	Nov-11	223	2024		
In Hospital Falls resulting in Hip Fracture ***	12	Dec-11	0	2	6	
CLINICAL EFFECTIVENESS	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93%	Nov-11	94.4%	94.3%	94.2%	
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Nov-11	95.4%	96.7%	96.8%	
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Nov-11	97.9%	97.6%	97.0%	
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Nov-11	100.0%	99.9%	100.0%	
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Nov-11	98.8%	95.8%	96.0%	
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Nov-11	98.7%	99.1%	98.5%	
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Nov-11	81.3%	82.8%	85.0%	
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Nov-11	98.3%	93.6%	92.5%	
62-Day Wait For First Treatment From Consultant Upgrade	85%	Nov-11	-----	92.3%	95.0%	
Emergency 30 Day Readmissions (Following Elective Admission)	1.6%	Nov-11	4.7%	5.0%	5.0%	
Emergency 30 Day Readmissions (Following Emergency Admission)	8.0%	Nov-11	9.1%	9.5%	9.0%	
Mortality (CHKS Risk Adjusted) - OVERALL	85	Dec-11	74.1	80.0		
Primary PCI Call to Balloon <150 Mins	75.0%	Dec-11	88.5%	86.3%	86.0%	
Pressure Ulcers (Grade 3 and 4)	197	Nov-11	6	89	140	

\*\*\* Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



## UHL at a Glance - Month 9 - 2011/12

<b>PATIENT EXPERIENCE</b>	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Inpatient Polling - treated with respect and dignity ***	95.0	Dec-11	96.1	96.1		
Inpatient Polling - rating the care you receive ***	91.0	Dec-11	87.7	86.8		
Outpatient Polling - treated with respect and dignity ***	95.0	Dec-11	92.0	92.8		
Outpatient Polling - rating the care you receive ***	85.0	Dec-11	91.0	84.0		
% Beds Providing Same Sex Accommodation - Wards ***	100%	Dec-11	100.0%	100.0%	100.0%	
% Beds Providing Same Sex Accommodation - Intensivist ***	100%	Dec-11	100.0%	100.0%	100.0%	
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	Dec-11	97.0%	94.4%	94.8%	
ED Waits - UHL (Type 1 and 2)	95%	Dec-11	96.3%	92.8%	94.0%	
ED Unplanned Re-attendance Rate (From Qtr 2 2011/12)	<5%	Dec-11	5.5%		4.9%	
ED Left Without Being Seen % (From Qtr 2 2011/12)	<5%	Dec-11	2.3%		2.4%	
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12)	<4Hrs	Dec-11	240		239	
ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12)	<15 mins	Dec-11	42		30	
ED Time to Treatment - Median (From Qtr 2 2011/12)	<60 mins	Dec-11	42		40	
RTT 18 week - Admitted	90%	Dec-11	87.6%		91.0%	
RTT 18 week - Non admitted	95%	Dec-11	96.6%		96.5%	
RTT Admitted Median Wait (Weeks)	<=11.1	Dec-11	8.3		9.0	
RTT Admitted 95th Percentile (Weeks)	<=23.0	Dec-11	25.8		22.0	
RTT Non-Admitted Median Wait (Weeks)	<=6.6	Dec-11	5.8		6.1	
RTT Non-Admitted 95th Percentile (Weeks)	<=18.3	Dec-11	17.5		17.0	
RTT Incomplete Median Wait (Weeks)	<=7.2	Dec-11	6.8		6.5	
RTT Incomplete 95th Percentile (Weeks)	<=28.0	Dec-11	22.5		21.0	
<b>STAFF EXPERIENCE / WORKFORCE</b>	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Sickness absence	3.0%	Dec-11	4.7%	3.6%		
Appraisals	100%	Dec-11	95.0%	95.0%		
<b>VALUE FOR MONEY</b>	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Income (£000's)	681,756	Dec-11	61,037	520,374	685,783	
Operating Cost (£000's)	635,693	Dec-11	55,297	497,785	645,665	
Surplus / Deficit (as EBIDTA) (£000's)	46,063	Dec-11	5,740	22,589	40,118	
CIP (£000's)	38,245	Dec-11	2,772	16,657	25,591	
Cash Flow (£000's)	18,200	Dec-11	16,872	16,872	3,623	
Financial Risk Rating	3	Dec-11	2	2	2	
Pay - Locums (£ 000s)		Dec-11	293	2,738		
Pay - Agency (£ 000s)		Dec-11	515	9,131		
Pay - Bank (£ 000s)		Dec-11	543	4,604		
Pay - Overtime (£ 000s)		Dec-11	196	2,259		
Total Pay Bill (£ millions)	420,410	Dec-11	35.7	328	424,464	
Cost per Bed Day (£)		Dec-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		
<b>31 day cancer :-</b>										
subsequent surgery	94%	1.0	0.0	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%									
<b>62 day cancer :-</b>										
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		
<b>Cancer: two week wait</b>										
all cancers	93%	0.5	0.0	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		
<b>Performance Governance rating</b>			2.0	0.0	0.5	1.5	2.0	2.0		

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

# QUALITY and PERFORMANCE REPORT

## DoH SERVICE PERFORMANCE 2011/12

### Service Performance - Indicators, weighting and scoring

Quality of service	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	Qtr2
Performance Indicator								
Four-hour maximum wait in A&E	95%	94%	1	3	3	3	1	0
A&E HES data coverage against SITREPS -	90-110%	<80 or > 110%	1	n/a	n/a	n/a	3	0
Unplanned reattendance rate 7 days	5%		1	n/a	n/a	n/a	3	0
Left with out being seen rate	5%			n/a	n/a	n/a		
Time to initial assessment 95th centile	15mins			n/a	n/a	n/a		
Time to treatment median	60mins			n/a	n/a	n/a		
Cancelled ops - breaches of 28 days readmission guarantee	5.0%	15.0%		1	1	1		
MRSA	0	>1SD	1	0	0	0	3	1
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	1.5	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	1	1
Delayed transfers of care	3.5%	5.0%	1	3	3	3	3	3
<b>Overall performance score threshold</b>				<b>2.67</b>	<b>2.67</b>	<b>2.63</b>	<b>2.65</b>	<b>2.15</b>

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

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

#### Scoring values

Underperforming	0
Performance under review:	1
Performing:	3

#### Overall performance score threshold

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

**HISTORY / TREND OVERVIEW - Month 9 - 2011/12**

**PATIENT SAFETY**

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	Page No
MRSA Bacteraemias	0	1	2	1	2	0	0	1	1	0	0	1	1	6	9		11
CDT Isolates in Patients (UHL - All Ages)	12	17	16	14	9	15	7	8	10	8	13	11	6	87	165		11
% of all adults who have had VTE risk assessment on adm to hosp	64%	69%	75%	79%	92.7%	93.5%	93.5%	94.5%	93.8%	93.8%	93.8%	94.5%	94.3%	93.8%	90%		
Reduction of hospital acquired venous thrombosis	Qtr 3 - 0.17	Qtr 4 - 0.12			Qtr 1 - 0.15			Qtr 2 - 0.18							0.175		
Incidents of Patient Falls	259	285	231	244	268	267	248	266	249	233	270	223		2024	TBC		14
In Hospital Falls resulting in Hip Fracture	3	2	2	2	2	0	0	0	0	0	0	0	0	2	12		

**CLINICAL EFFECTIVENESS**

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	Page No
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%	94.0%	95.3%	93.1%	94.3%	94.4%		94.3%	93%		20
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	98.4%	99.0%	95.5%	95.4%	97.2%	93.8%	98.3%	97.7%	96.5%	97.3%	95.8%	95.4%		96.7%	93%		20
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	98.3%	96.7%	96.6%	96.8%	97.0%	98.7%	96.8%	97.7%	97.3%	96.8%	98.4%	97.9%		97.6%	96%		20
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.9%	98%		20
31-Day Wait For Second Or Subsequent Treatment: Surgery	95.3%	94.7%	96.3%	95.8%	97.1%	95.5%	94.1%	96.9%	94.0%	95.6%	94.1%	98.8%		95.8%	94%		20
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.3%	99.3%	100.0%	98.8%	99.1%	99.4%	100.0%	99.3%	97.8%	99.3%	99.2%	98.7%		99.1%	94%		20
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	88.1%	85.8%	87.2%	85.9%	87.3%	85.4%	84.1%	81.8%	83.2%	81.1%	79.4%	81.3%		82.8%	85%		20
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%	92.5%	87.9%	91.8%	95.2%	98.3%		93.6%	90%		20
62-Day Wait For First Treatment From Consultant Upgrade	100.0%	100.0%	100.0%	100.0%	100.0%	-----	100.0%	n/a	100.0%	80.0%	100.0%	-----		92.3%	85%		20

**HISTORY / TREND OVERVIEW - Month 9 - 2011/12**

**CLINICAL EFFECTIVENESS (Continued)**

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	Page No
Emergency 30 Day Readmissions (Following Elective Admission)	5.4%	5.2%	4.8%	5.0%	4.9%	4.8%	5.3%	4.9%	5.1%	4.8%	5.3%	4.7%		5.0%	1.6%	▲	13
Emergency 30 Day Readmissions (Following Emergency Admission)	10.1%	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%	9.7%	9.0%	9.1%		9.5%	8.0%	▼	13
Mortality (CHKS - Risk Adjusted) - OVERALL	97.2	87.4	82.4	86.8	84.8	85.9	74.8	80.7	80.1	87.1	78.5	75.0	74.1	80.0	85	▲	
Stroke - 90% of Stay on a Stroke Unit	75%	58%	56%	80%	85%	87%	89%	88%	88%	75%	82%	91%		86%	80%	▲	
Primary PCI Call to Balloon <150 Mins	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	84.8%	90.0%	88.5%	86.3%	75%	▼	19
Pressure Ulcers (Grade 3 and 4)	26	33	14	20	15	12	17	16	8	5	10	6		89	197	▲	14



HISTORY / TREND OVERVIEW - Month 9 - 2011/12

PATIENT EXPERIENCE

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	Page No
Inpatient Polling - treated with respect and dignity	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	96.1	96.0	96.1	96.1	95.0	▲	16
Inpatient Polling - rating the care you receive	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	85.0	86.8	86.3	87.7	86.8	91.0	▲	16
Outpatient Polling - treated with respect and dignity						96.7	93.5	84.0		91.0	94.3	98.0	92.0	92.8	95.0	▼	
Outpatient Polling - rating the care you receive						87.0	85.1	72.6		82.5	85.7	84.0	91.0	84.0	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	93%	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶	19
A&E Waits - Leics (10/11) - UHL Incl UCC (11/12)	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	92.0%	94.4%	97.0%	94.4%	95%	▲	17
A&E Waits - UHL (Type 1 and 2)	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.1%	89.9%	89.8%	92.9%	96.3%	92.8%	95%	▲	17
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	6.1%	5.8%	5.5%		<5%	▲	17
Left Without Being Seen % (From Qtr 2 11/12)	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.9%	2.0%	2.3%		<5%	▲	17
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12)	349	382	331	343	306	307	256	239	304	338	341	288	240		<240 Mins	▲	17
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	55	55	49	63	70	56	41	39	48	48	61	48	42		<15 Mins	▲	17
Time to Treatment - Median (From Qtr 2 11/12)	60	48	50	58	59	54	50	34	34	39	44	43	42		<60 mins	▲	17
RTT 18 week - Admitted	91.6%	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	92.0%	90.8%	90.9%	88.5%	87.6%		90%	▼	18
RTT 18 week - Non admitted	97.0%	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	96.8%	96.6%	96.4%	96.2%	96.6%		95%	▲	18
RTT Admitted Median Wait (Weeks)	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	8.9	9.0	8.4	8.3		<=11.1	▲	18
RTT Admitted 95th Percentile (Weeks)	23.1	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	22.5	25.3	25.8		<=23.0	▼	18
RTT Non-Admitted Median Wait (Weeks)	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.8	6.3	6.1	5.8		<=6.6	▲	18
RTT Non-Admitted 95th Percentile (Weeks)	16.9	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.4	17.6	17.7	17.5		<=18.3	▼	18
RTT Incomplete Median Wait (Weeks)	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.3	6.4	5.9	6.0	6.8		<=7.2	▼	18
RTT Incomplete 95th Percentile (Weeks)	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	21.1	22.5	22.6	21.9	22.5		<=28.0	▲	18

## HISTORY / TREND OVERVIEW - Month 9 - 2011/12

### STAFF EXPERIENCE / WORKFORCE

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	Page No
Sickness absence	4.7%	4.0%	3.4%	3.4%	3.2%	3.0%	3.4%	3.4%	3.1%	3.2%	3.6%	4.1%	4.7%	3.6%	3.0%	▼	21
Appraisals	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	95.0%	95.0%	100%	▲	21

### VALUE FOR MONEY

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
Income (£000's)	58,569	59,015	58,759	64,835	56,760	55,861	56,745	56,772	56,977	58,516	58,722	58,984	61,037	520,374
Operating Cost (£000's)	54,865	55,342	55,770	58,922	55,260	55,886	55,534	55,943	54,884	54,768	55,416	54,797	55,297	497,785
Surplus / Deficit (as EBIDTA) (£000's)	3,704	3,673	2,989	5,913	1,500	-25	1,211	829	2,093	3,748	3,306	4,187	5,740	22,589
CIP (£000's)	3,048	3,073	2,798	3,270	1,012	912	1,422	1,508	1,650	2,243	2,486	2,652	2,772	16,657
Cash Flow (£000's)	9752	12,491	18,358	10,306	14,465	9,778	4,425	8,296	21,003	15,384	20,927	16,563	16,872	16,872
Financial Risk Rating	2	2	2	2	2	1	1	1	1	1	1	1	2	2

### HR Pay Analysis

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Locums (£ 000s)	279	421	443	335	283	328	417	315	392	281	231	199	293	2,738
Agency (£ 000s)	1,175	1,283	1,540	1,990	1,427	1,475	1,526	1,522	866	576	569	656	515	9,131
Bank (£ 000s)	514	540	478	504	540	509	509	554	477	480	504	490	543	4,604
Overtime (£ 000s)	300	304	378	447	453	317	256	282	224	181	168	181	196	2,259
Total Pay Bill (£ millions)	36.1	36.7	37.5	38.1	36.9	37.1	37.5	37.0	36.3	35.7	35.9	35.8	35.7	328

### Average Cost per Bed Day

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
	£	£	£	£	£	£	£	£	£	£	£	£	£
Cost per Bed Day (£)	162	143	183	172	169	165	165	166	161	157	159	161	157

# INFECTION PREVENTION

## Performance Overview

**MRSA** – 1 case of MRSA was reported during December with a year to date position of 6.

**CDifficile** – a positive month 9 report with 6 cases identified. The year to date position is 87 and ahead of target to date.

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

The targets set for the UHL for 2012/13 have now been confirmed as 6 MRSA and 113 CDifficile.

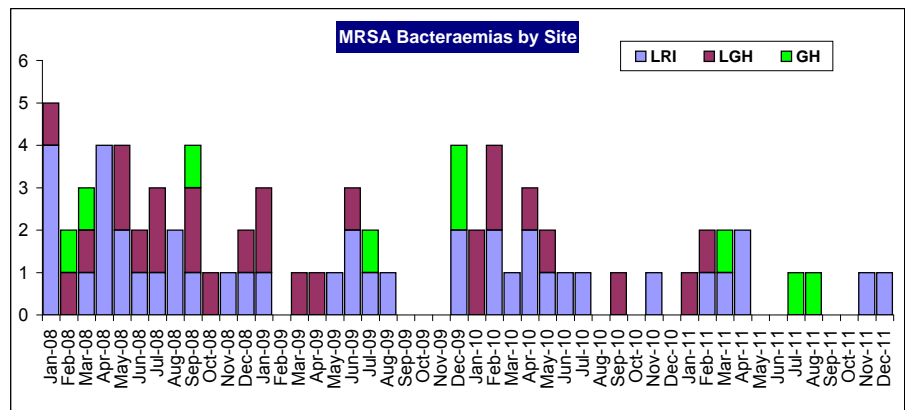
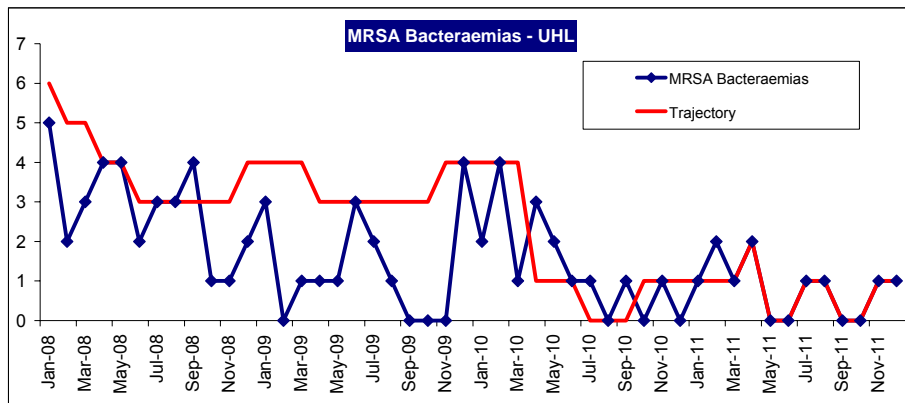
## Key Actions

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

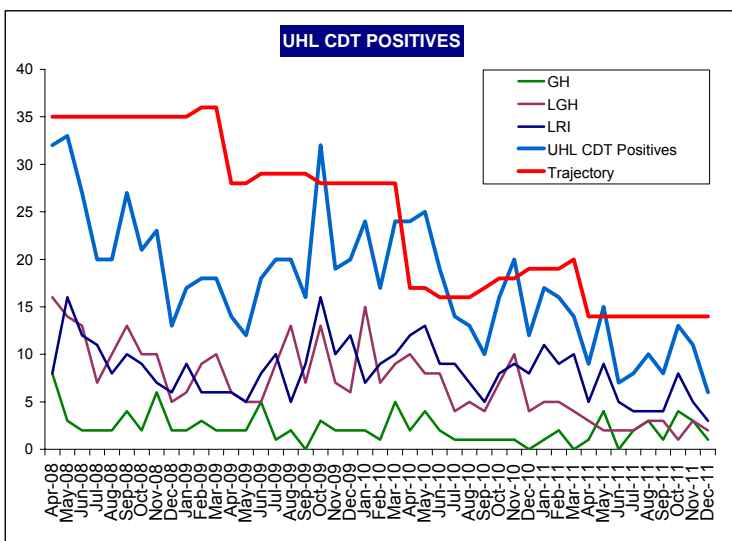
## Full Year Forecast

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

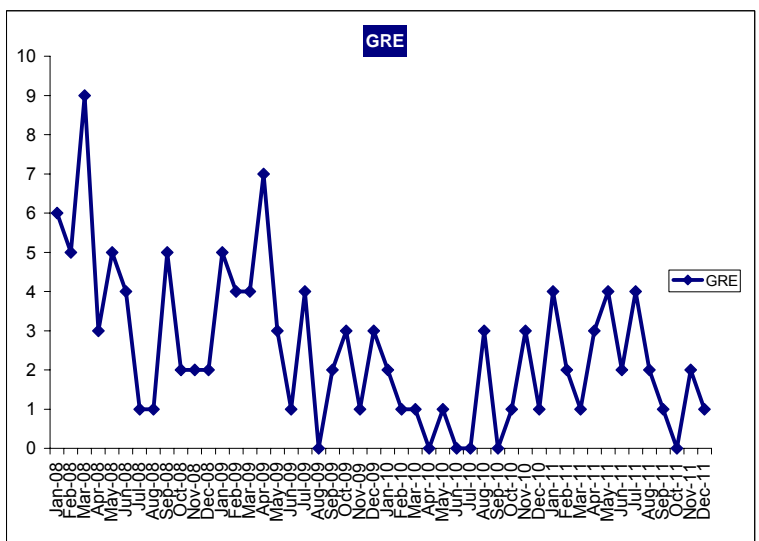
## MRSA BACTERAEMIA



## CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



## GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



## TARGET / STANDARD

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>MRSA</b>	0	1	2	1	2	0	0	1	1	0	0	1	1	6	9	🔴
<b>C. Diff.</b>	12	17	16	14	9	15	7	8	10	8	13	11	6	87	165	🟢
Rate / 1000 Adm's	1.4	2.1	2.1	1.6	1.2	2.0	0.9	1.0	1.3	1.1	1.8	1.4	0.8	1.3		
<b>GRE</b>	1	3	2	1	3	4	2	4	2	1	0	2	1	19	TBC	
<b>MSSA</b>					1	4	2	5	2	6	4	3	2	29	No National Target	
<b>E-Coli</b>							38	39	42	39	41	45	38	282	No National Target	

## MORTALITY

### Performance Overview

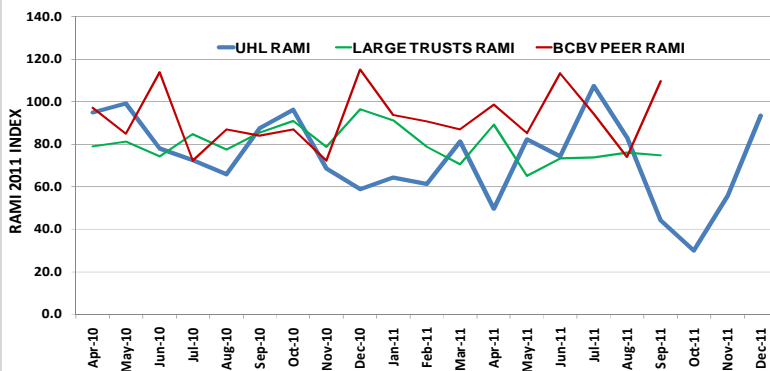
There was an increase in UHL's 'crude in-hospital' mortality rate for both elective and emergency admissions. The overall increase was in line with seasonal variation and was lower than last December.

Confirmation that type of admission has been accurately recorded in respect of the 'elective deaths' has been sought from relevant clinical teams and where confirmed elective admissions, the case will then be subject to M&M review.

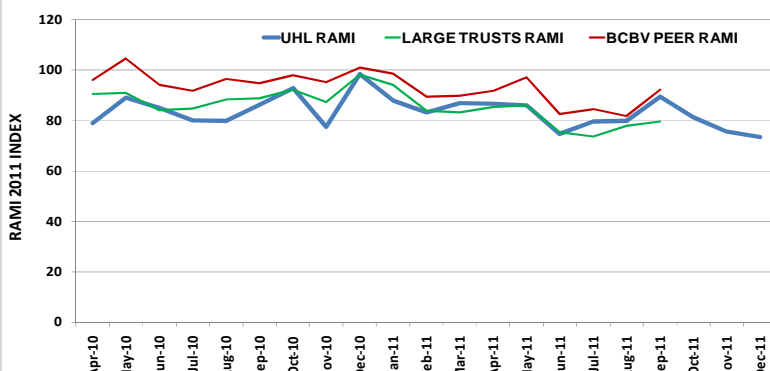
Further to publication of UHL's SHMI for 10/11 a case note review has been undertaken of patients in 3 of the 'top 10 SHMI diagnostic groups' who died in hospital or within 30 days of discharge. This confirmed that the documenting of clear diagnosis was often missing, particularly in respect of patients with a 'primary diagnosis of urinary tract infection'.

The findings of the review were discussed at the Clinical Effectiveness Committee and a consistent approach to documentation of diagnosis and co-morbidities agreed. This would then enable to Clinical Coders to identify and code the confirmed 'admission' and 'discharge' diagnoses plus code all relevant co-morbidities. The expectation is both of these will then be more accurately reflected in the 'SHMI risk adjustment model'. Guidance is being disseminated to all clinical teams and individual consultants and, where appropriate, admission proformas will be revised to incorporate this guidance.

**ELECTIVE RISK ADJUSTED MORTALITY INDEX**



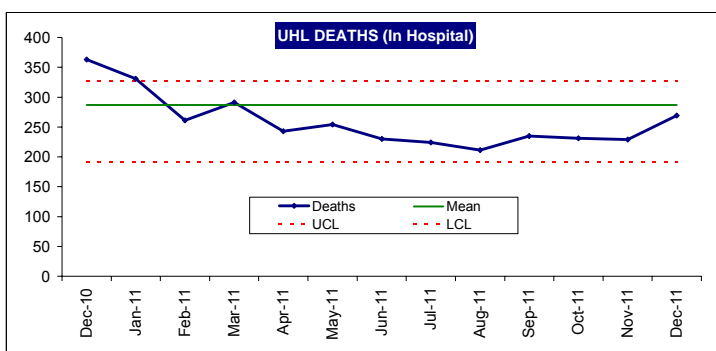
**NON ELECTIVE RISK ADJUSTED MORTALITY INDEX**



### CHKS - RISK ADJUSTED MORTALITY

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

Clinical Business Unit	CURRENT MONTH (Dec)		
	Spells	Deaths	%
Specialist Surgery	1410	7	0.5%
GI Medicine, Surgery and Urology	3706	34	0.9%
Cancer, Haematology and Oncology	2000	20	1.0%
Musculo-Skeletal	963	7	0.7%
Medicine	2167	95	4.4%
Respiratory	1129	43	3.8%
Cardiac, Renal & Critical Care	1391	47	3.4%
Emergency Department	10	2	20.0%
Women's	4379	10	0.2%
Children's	862	1	0.1%
Anaesthesia and Theatres	293	3	1.0%
Imaging	16		
<b>Sum:</b>	<b>18326</b>	<b>269</b>	<b>1.5%</b>



### UHL CRUDE DATA TOTAL SPELLS

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target
UHL Crude Data - TOTAL Spells	19261	18674	18300	20760	16894	17540	18898	18387	18184	18004	17940	18530	18326	162703	
UHL Crude Data - TOTAL Deaths	363	331	261	291	243	254	224	211	235	231	229	269	269	2126	TBC
Percent	1.9%	1.8%	1.4%	1.4%	1.4%	1.4%	1.2%	1.2%	1.2%	1.3%	1.3%	1.2%	1.5%	1.3%	TBC

### UHL CRUDE DATA ELECTIVE SPELLS

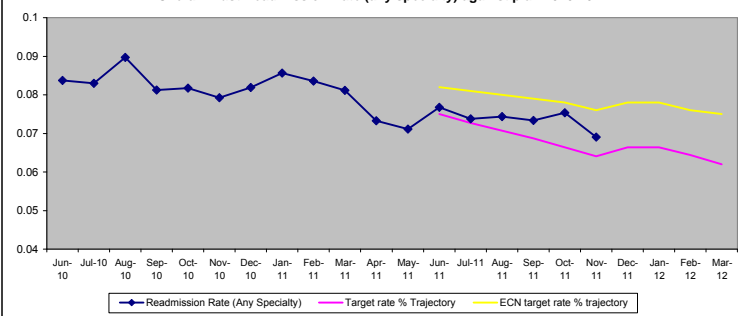
	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target
UHL Crude Data - ELECTIVE Spells	7742	7792	8073	9405	7760	8099	9238	8570	8809	8760	8678	9241	8403	77558	
UHL Crude Data - ELECTIVE Deaths	5	6	6	8	4	5	7	11	11	5	4	6	12	65	TBC
Percent	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%	0.1%	TBC

### UHL CRUDE DATA NON ELECTIVE SPELLS

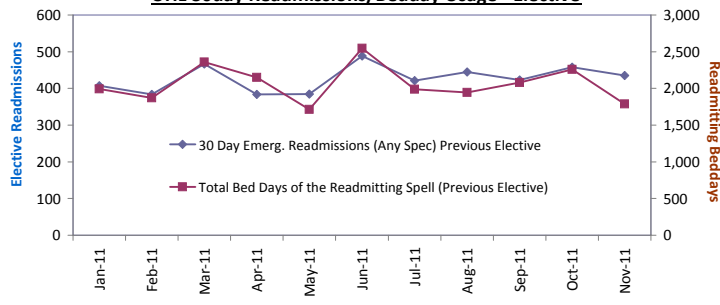
	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target
UHL Crude Data - NON ELECTIVE Spells	11519	10882	10227	11355	9134	9441	9660	9817	9375	9244	9262	9289	9923	85145	
UHL Crude Data - NON ELECTIVE Deaths	358	325	255	283	239	249	223	213	200	230	227	223	256	2060	TBC
Percent	3.1%	3.0%	2.5%	2.5%	2.6%	2.6%	2.3%	2.2%	2.1%	2.5%	2.5%	2.4%	2.6%	2.4%	TBC

# EMERGENCY READMISSIONS

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

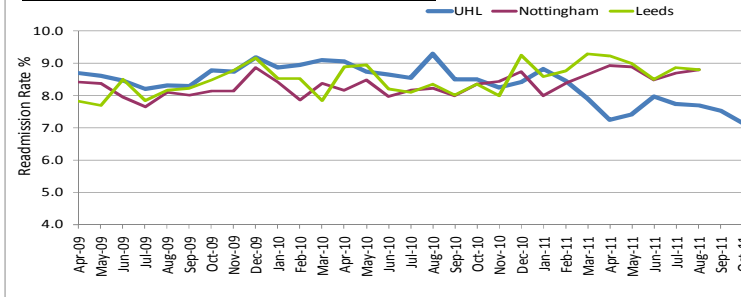


UHL 30day Readmissions/Bedday Usage - Elective

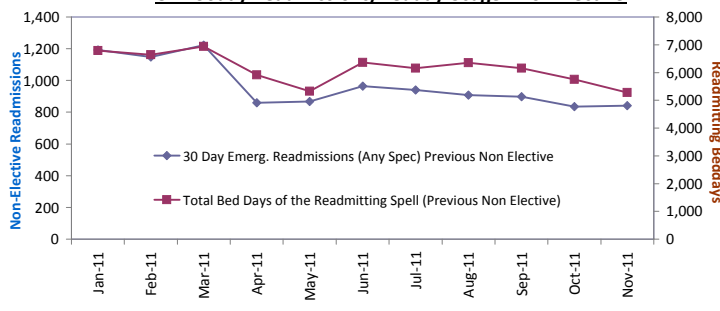


## CHKS Benchmarking - 30 Day Emergency Readmission Rates - UHL, Nottingham and Leeds

30Day Readmission Rates, UHL Vs Nottingham, Leeds



UHL 30day Readmissions/Bedday Usage - Non Elective



## ALL READMISSIONS

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target
Discharges	18674	18300	20760	16895	17541	18898	18387	18184	18004	17940	18530	144,379	
30 Day Emerg. Readmissions (Any Spec)	1,599	1,531	1,689	1,244	1,252	1,453	1,361	1,352	1,321	1,293	1,276	10,552	
Readmission Rate (Any Speciality)	8.60%	8.40%	8.10%	7.40%	7.10%	7.70%	7.40%	7.40%	7.30%	7.20%	6.90%	7.3%	6.1%
30 Day Emerg. Readmissions (Same Spec)	893	879	980	765	770	907	837	813	804	789	747	6,432	
Readmission Rate (Same Speciality)	4.80%	4.80%	4.70%	4.50%	4.40%	4.80%	4.60%	4.50%	4.50%	4.40%	4.00%	4.5%	
Improvement trajectory (Any Speciality)													
Total Bed Days of Readmitting Spells	8,778	8,513	9,296	8,065	7,039	8,908	8,146	8,294	8,232	8,009	7,071	63,764	

## Readmissions - Previous Spell = Elective

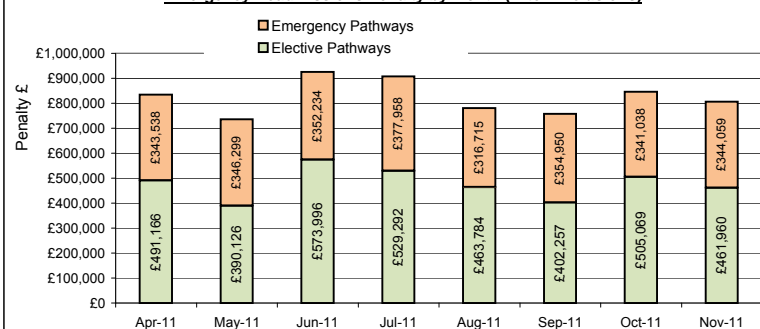
	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD
Discharges	7792	8073	9405	7761	8099	9238	8570	8809	8760	8678	9241	69,156
30 Day Emerg. Readmissions (Any Spec) Previous Elective	407	384	467	384	385	488	421	445	423	458	435	3,439
Readmission Rate (Any Speciality) Previous Elective	5.20%	4.80%	5.00%	4.90%	4.80%	5.30%	4.90%	5.10%	4.80%	5.30%	4.70%	5.0%
Total Bed Days of the Readmitting Spell (Previous Elective)	1,994	1,872	2,358	2,151	1,713	2,548	1,990	1,946	2,079	2,259	1,786	16,472

## Readmissions - Previous Spell = Non Elective

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD
Discharges	10,882	10,227	11,355	9,134	9,442	9,660	9,817	9,375	9,244	9,262	9,289	75,223
30 Day Emerg. Readmissions (Any Spec) Previous Non Elective	1,192	1,147	1,222	860	867	965	940	907	898	835	841	7,113
Readmission Rate (Any Speciality) Previous Non Elective	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%	9.7%	9.0%	9.1%	9.5%
Total Bed Days of the Readmitting Spell (Previous Non Elective)	6,784	6,641	6,938	5,914	5,326	6,360	6,156	6,348	6,153	5,750	5,285	47,292

## 30 Day Readmissions PBR Method

Emergency Readmissions Penalty by Month (After Exclusions)



## Performance Overview

The in-month readmissions rate dropped to 6.9%, a year low, however this was still 0.5% above the internal 25% trajectory. The Trust remains below the Emergency Care Network plan of 10% reduction. Performance continues to be better than other local UK University Teaching hospitals as is the trend.

Following discussions with the commissioners the readmissions penalty for the 2011/12 contract has reduced by £7.5 million non-recurrently from circa £11 million.

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

- 1) Coding & Commissioning – now resolved for 2011/12 as described above. But plans are required to be put in place to support a sensible penalty resolution for 2012/13.
- 2) A discharge improvement group is now established in the Acute Division and this is in the process of defining the process for discharge of patients from UHL a crucial element of improvement in readmissions.
- 3) Speciality Priorities – plans are now in place for the priority specialities and are beginning to be implemented. This includes the development of a new catheter pathway, the implementation of the COPD care bundle, a new chest pain pathway, a new process for senior review of potential readmissions within ED
- 4) Community work streams – some of the readmissions penalty has been diverted into expansion of community health and social care reablement services. The majority of these services are now operational from November and December 2011, with the Rapid Intervention team to commence from 1st February.



## FALLS

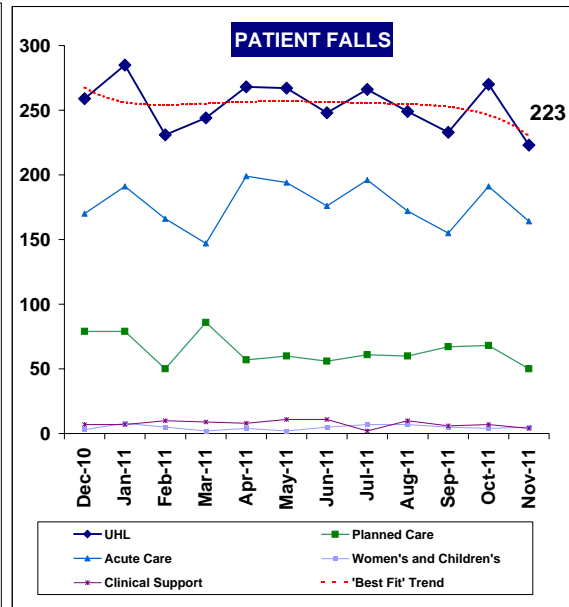
### Performance Overview

A separate report for patient falls was submitted to the October GRMC which received support.

In line with the more detailed review and benchmarking exercise undertaken adjustments have been made to the reporting of falls including the separation by division. The target and thresholds will be reviewed and amended in future reports to reflect the changes in reporting falls.

A series of actions have been developed and implemented to reduce the number of in patient falls. These were outlined in the GRMC paper and include: focused training in areas where there have been a high numbers of falls, continued embedding of the hourly rounds, weekly review of falls data/ ward by Lead Nurses, Head of Nursing meeting with the matron/ward sisters in the 10 wards in the Trust with the highest number of falls to performance review action plans and introduction of standardised medical post fall documentation.

There is now an indication that the incidence of falls in the Trust is starting to reduce, this is particularly noticeable in Planned Care. The actions identified above need to start to deliver into outcomes in the Acute Division. This will be one of the main patient safety focuses in the Division for the remainder of the financial year. □



### TARGET / STANDARD

Incidents of Patient Falls	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target
<b>UHL</b>	259	285	231	244	268	267	248	266	249	233	270	223		2024	TBC
Planned Care	79	79	50	86	57	60	56	61	60	67	68	50		479	TBC
Acute Care	170	191	166	147	199	194	176	196	172	155	191	164		1447	TBC
Women's and Children's	3	8	5	2	4	2	5	7	7	5	4	5		39	TBC
Clinical Support	7	7	10	9	8	11	11	2	10	6	7	4		59	TBC
<b>In Hospital Falls resulting in Hip Fracture</b>	3	2	2	2	2	0	0	0	0	0	0	0	0	2	12

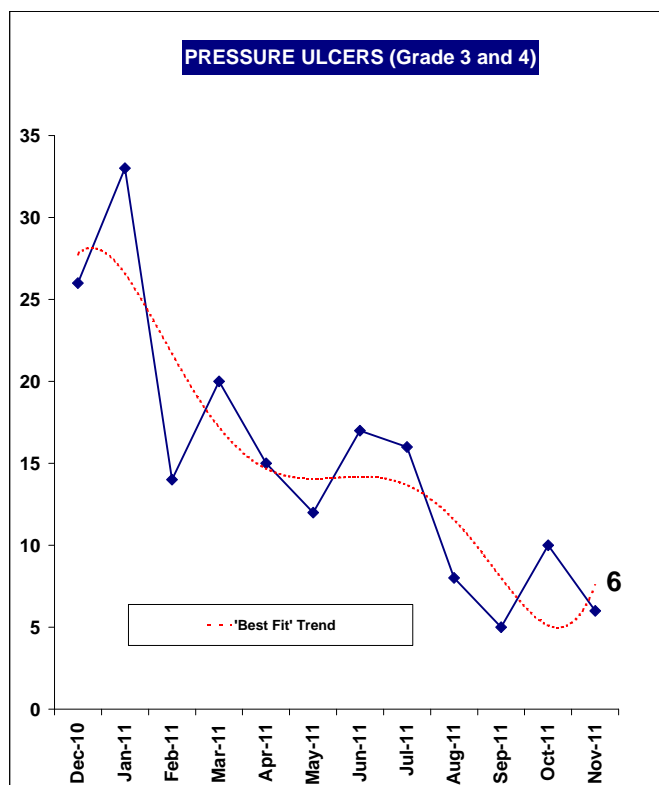
## PRESSURE ULCERS (Grade 3 and 4)

### Performance Overview

Provisionally, there were 6 reported hospital acquired grade 3 and 4 pressure ulcers in December 2011:- two for the Acute Division and four for the Planned Care Division (although there is a query that one of these ulcers may have originated in the Acute Division). This is a significant reduction in tissue damage when comparing data from December 2010 when 26 ulcers were reported. Recent STEISS data from the SHA has also confirmed that UHL compares favourably with other Trusts when comparing the incidence of grade 3 and 4 ulcers in Q3 2011.

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

The results of the November 2011 prevalence survey indicate a continuing improvement in the overall prevalence of ulcers across the Trust, particularly hospital acquired and improvements in nursing documentation and completion of risk assessments. Further detail about the survey has been included in the January GRMC report.



### TARGET / STANDARD

REPORTED ONE MONTH IN ARREARS	Oct-11 - 1 case yet to be classified - awaiting notes												YTD	Target	
	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11			Dec-11
<b>Pressure Ulcers (Grade 3 and 4)</b>	26	33	14	20	15	12	17	16	8	5	10	6		89	197
Attributable to Trust											6	6		12	
Not Attributable to Trust											3	0		3	

## PATIENT EXPERIENCE

**Performance Overview**

The "Patient Experience Survey" for December 2011 resulted in 1,264 surveys being returned, a Trust return rate of 84.1% .

The 'overall respect and dignity' score has increased and remains green across the Trust with Children's, Women's and GI Med/Surgery & Urology CBU's all improving from Amber to Green.

The 'overall how would you rate the care whilst in hospital' score has improved 1.4 remaining amber across the Trust. There have been some individual CBU improvements from November's results including; twice as many CBU's are now rated Green and Respiratory and Musculo-Skeletal CBU's have moved from Red to Amber.

In response to November's results it was agreed to pilot additional volunteers within a number of underperforming areas to see how this improves patients experience and perception of their overall care. In order to provide additional new ward support volunteers the pilot will commence from mid January for six weeks, and will be analysed and reported in the March 2012 Quality and Performance report.

The Trust wide 'Caring at its Best' project question scores have all improved when compared with the Trust scores minus the underperforming wards in Medicine.

The outpatients Patient Experience Feedback question 'Overall, how would you rate the care you received in this area?' score has improved by 7.0 to an overall score of 91, moving from amber to green RAG rating.

Return Rates - December 2011	Division	Surveys Returned	Target	% Achieved
	Acute Care	712	790	90.1%
	Planned Care	454	535	84.9%
	Women's and Children's	98	180	54.4%
	<b>UHL</b>	<b>1,264</b>	<b>1,505</b>	<b>84.1%</b>

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

**DIVISIONAL PROJECTS**

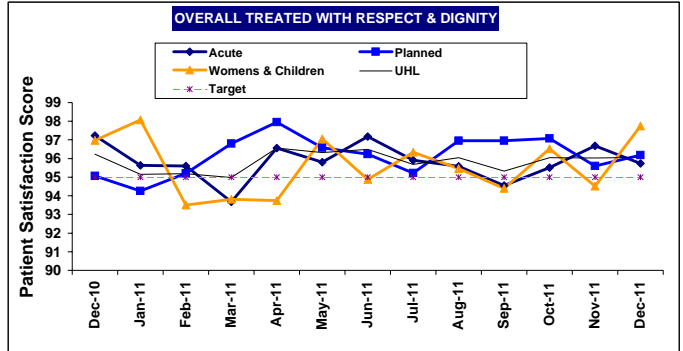
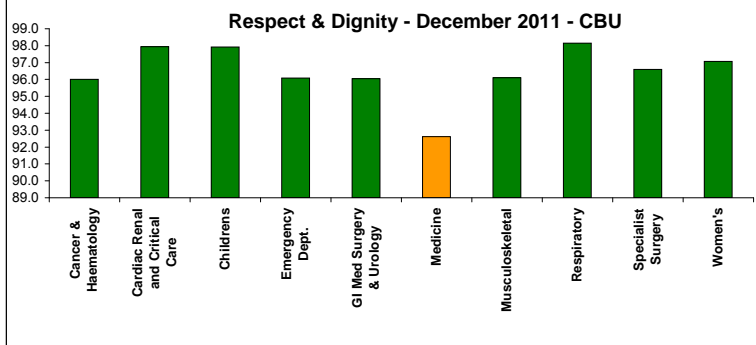
Area for Development	Lead Division	PES Question	Mar-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Dec-11
Noise at Night	Acute Care	Q10a – Were you ever bothered by noise at night from other patients?	65.0	74.7	70.6	70.6	67.2	73.3	66.9	67.0	70.5
		Q10b – Were you ever bothered by noise at night from hospital staff?	84.2	87.4	87.4	85.2	85.4	89.0	86.2	87.3	88.6
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	89.1	89.7	89.3	87.5	88.9	88.9	89.1	90.7
		Q14a – Did any of the doctors talk in front of you as if you were not there?	88.9	88.1	90.7	89.6	87.9	88.0	88.9	89.4	89.9
		Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? <b>CQUIN (National CQUIN Target = 71.0)</b>	77.3	79.9	78.8	76.6	77.7	78.8	79.2	76.9	79.7
		Q17 – Did you find someone on the hospital staff to discuss your worries and fears? <b>CQUIN (National CQUIN Target = 61.0)</b>	79.5	81.6	81.4	81.0	79.0	80.8	80.5	79.7	82.0
Providing Information	Clinical Support	Q15 – Sometimes in hospital a member of staff will say one thing and another say something quite different. Did this happen to you?	84.7	86.6	85.2	85.4	82.6	85.8	85.2	85.8	87.0
		Q18b – Were you given enough privacy when discussing your condition or treatment? <b>CQUIN (National CQUIN Target = 84.0)</b>	92.3	94.7	94.8	94.9	94.2	94.3	94.1	94.9	95.3
		Q24 – Has a member of staff told you about medication side effects to watch for when you went home? <b>CQUIN (National CQUIN Target = 48.0)</b>	73.4	75.4	74.9	75.2	73.4	74.7	72.6	76.6	79.2
		Q26 – Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital? <b>CQUIN (National CQUIN Target = 78.0)</b>	69.8	80.4	78.1	76.5	73.5	75.2	78.2	77.8	80.6
Pain	Planned Care	Q19 – Do you think the hospital staff did everything they could to help control your pain?	90.5	92.3	91.8	90.7	91.7	92.8	90.2	91.1	92.0
		Q28 – Overall, how would you rate the care you received?	83.8	87.6	87.0	85.4	85.0	86.8	86.3	87.7	88.8

## PATIENT EXPERIENCE

### TARGET / STANDARD

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

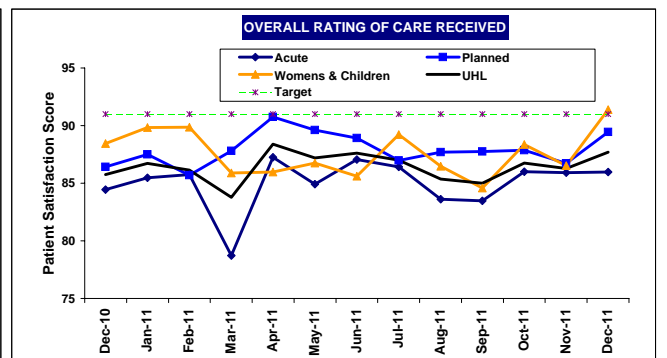
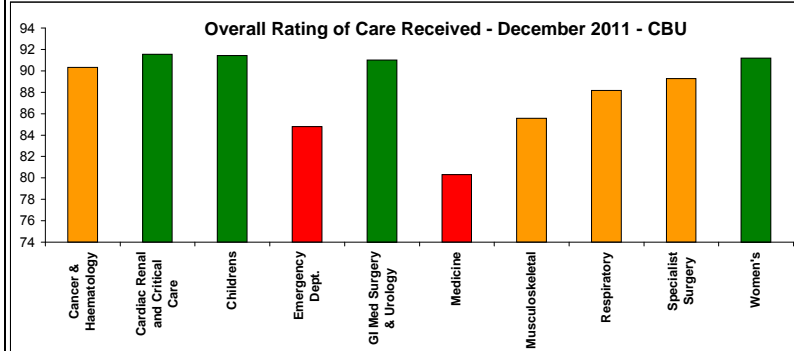
	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Status
<b>Division</b>														
Acute	97.2	95.6	95.6	93.7	96.6	95.8	97.2	95.9	95.6	94.5	95.5	96.7	95.7	▼
Planned	95.1	94.3	95.2	96.8	98.0	96.6	96.2	95.2	97.0	97.0	97.1	95.6	96.2	▲
Womens & Children	97.0	98.1	93.5	93.8	93.8	97.1	94.9	96.3	95.5	94.4	96.5	94.5	97.8	▲
<b>UHL</b>	<b>96.2</b>	<b>95.2</b>	<b>95.2</b>	<b>95.0</b>	<b>96.6</b>	<b>96.3</b>	<b>96.5</b>	<b>95.7</b>	<b>96.0</b>	<b>95.3</b>	<b>96.1</b>	<b>96.0</b>	<b>96.1</b>	▲



### TARGET / STANDARD

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

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Status
<b>Division</b>														
Acute	84.5	85.5	85.8	78.7	87.3	84.9	87.0	86.4	83.6	83.5	86.0	85.9	86.0	▲
Planned	86.4	87.5	85.7	87.8	90.8	89.6	88.9	87.0	87.7	87.7	87.9	86.7	89.5	▲
Womens & Children	88.4	89.8	89.9	85.9	86.0	86.8	85.6	89.2	86.5	84.6	88.3	86.5	91.4	▲
<b>UHL</b>	<b>85.8</b>	<b>86.7</b>	<b>86.1</b>	<b>83.8</b>	<b>88.4</b>	<b>87.2</b>	<b>87.6</b>	<b>87.0</b>	<b>85.4</b>	<b>85.0</b>	<b>86.8</b>	<b>86.3</b>	<b>87.7</b>	▲





## EMERGENCY DEPARTMENT

### Performance Overview

Performance for December Type 1, 2 is 96.3%, and 97% including the Urgent Care Centre (UCC), an improving position. The year to date performance for ED (UHL+UCC) is 94.4%.

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

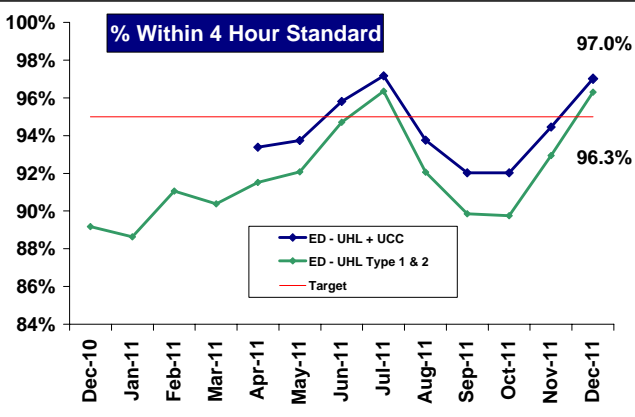
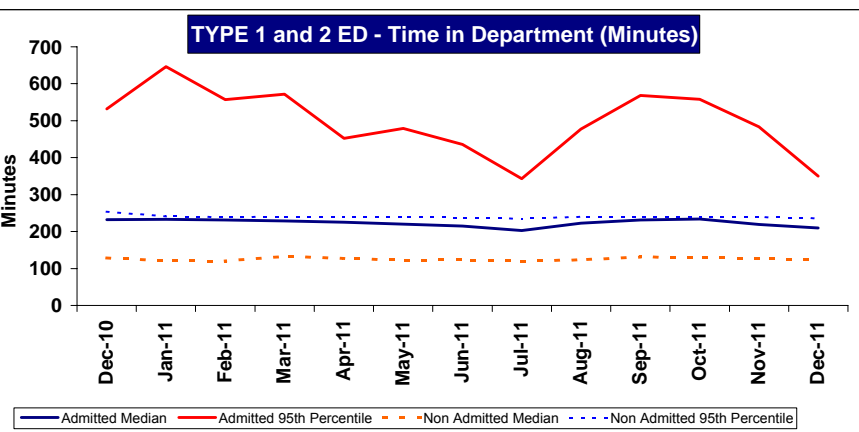
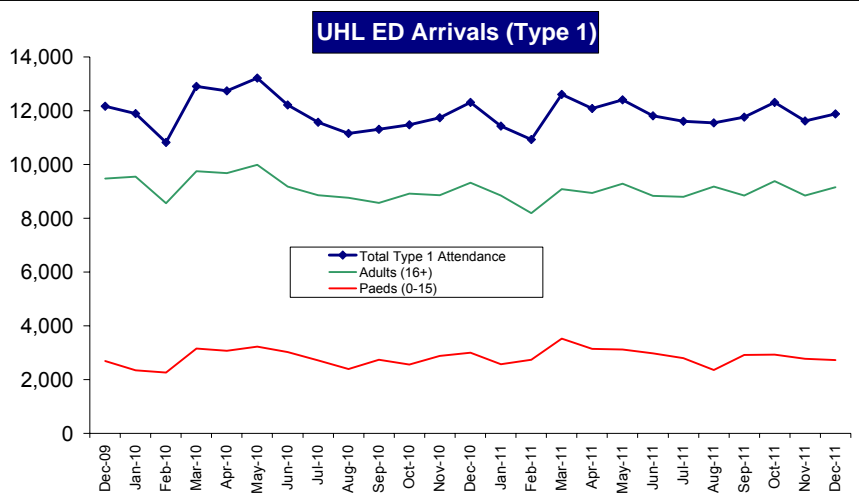
Performance for the ED clinical indicators for December achieves the minimum requirement.

### Key Actions

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

### Full Year Forecast

ED + UCC 4 hr performance - 94.8%



### Total Time in the Department

#### December 2011 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	282	4990	5272
3-4 Hours	2189	5197	7386
5-6 Hours	196	125	321
7-8 Hours	101	31	132
9-10 Hours	20	4	24
11-12 Hours	4	1	5
12 Hours+	2		2
Sum:	2794	10348	13142

## CLINICAL QUALITY INDICATORS

### PATIENT IMPACT

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	TARGET
Left without being seen %	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.9%	2.0%	2.3%	<=5%
Unplanned Re-attendance %	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	6.1%	5.8%	5.5%	< 5%

### TIMELINESS

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	TARGET
Time in Dept (95th centile)	349	382	331	343	306	307	256	239	304	338	341	288	240	< 240 Minutes
Time to initial assessment (95th)	55	55	49	63	70	56	41	39	48	48	61	48	42	<= 15 Minutes
Time to treatment (Median)	60	48	50	58	59	54	50	34	34	39	44	43	42	<= 60 Minutes

### 4 HOUR STANDARD

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Indicator
ED - (UHL + UCC)					93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	92.0%	94.4%	97.0%	94.4%	95.0%	▲
ED - UHL Type 1 and 2	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.1%	89.9%	89.8%	92.9%	96.3%	92.8%	95.0%	▲
ED Waits - Type 1	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	91.0%	88.7%	88.5%	92.1%	96.0%	92.0%	95.0%	▲

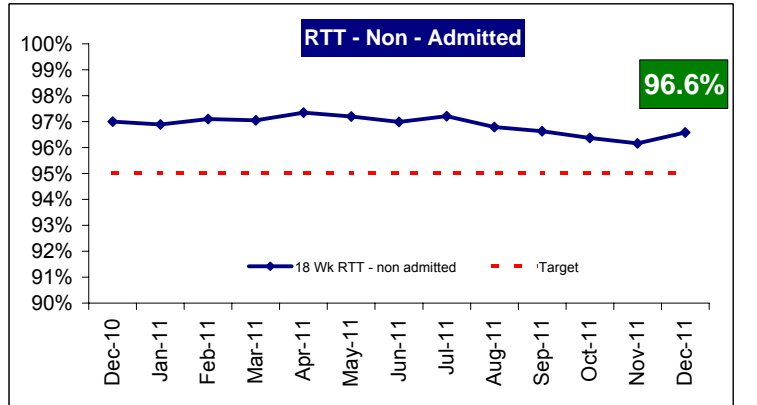
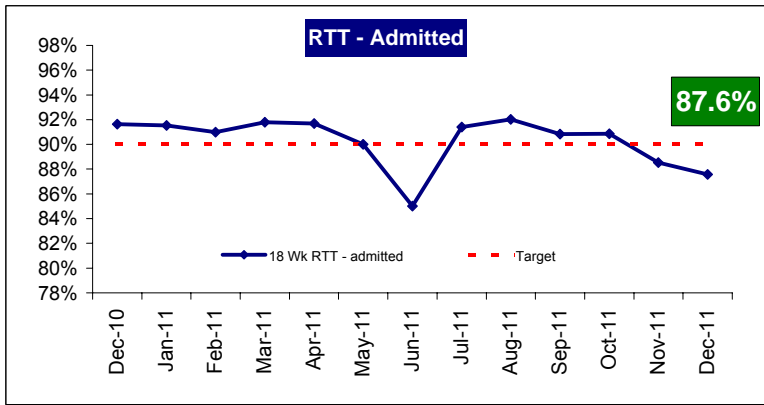
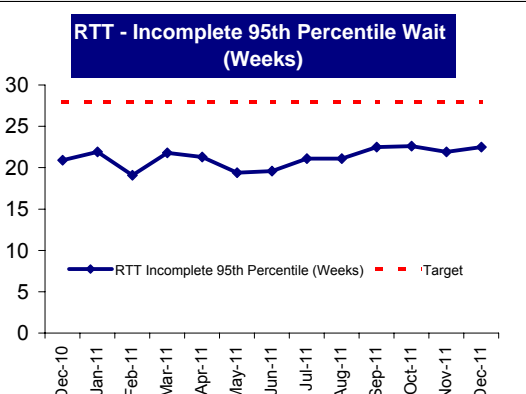
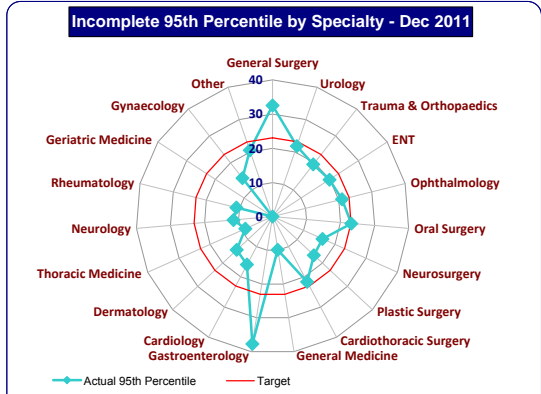
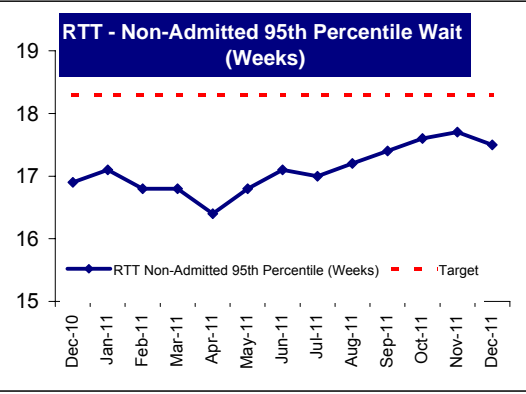
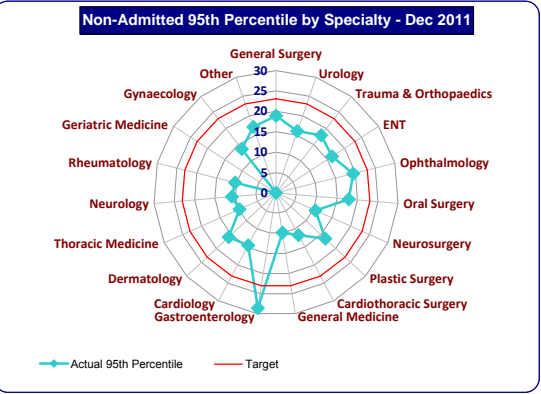
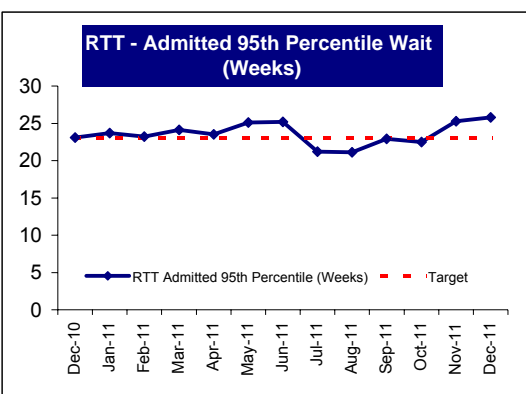
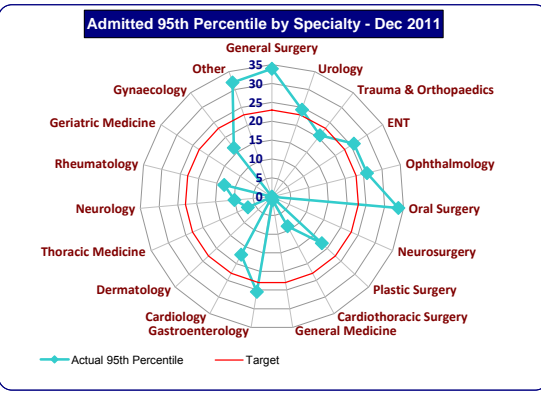
# 18 WEEK REFERRAL TO TREATMENT

## Performance Overview

Performance in December has reduced as planned (recognised impact on Q3/4) to 87.6% for admitted patients in response to the additional backlog activity agreed with commissioners. The non-admitted target has been achieved at 96.6%.

## Key Actions

A proposal has been submitted to commissioners to respond to the requirements of the 2012/13 Operating Framework and the additional activity required as part of the national bowel screening campaign. Feedback has been provided regarding stage one of the additional activity with General Surgery and Endoscopy support. Further bid outcomes will be known on the 19th January 2012.



## TARGET / STANDARD

RTT	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
18 Wk - admitted (%)	91.6	91.5	91.0	91.8	91.7	90.0	85.0	91.4	92.0	90.8	90.9	88.5	87.6
18 Wk - non admitted (%)	97.0	96.9	97.1	97.1	97.3	97.2	97.0	97.2	96.8	96.6	96.4	96.2	96.6

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
RTT Admitted Median Wait (Weeks)	8.5	9.5	10.2	8.5	8.8	8.9	9.0	8.4	8.3
RTT Admitted 95th Percentile (Weeks)	23.5	25.1	25.2	21.2	21.1	22.9	22.5	25.3	25.8
RTT Non-Admitted Median Wait (Weeks)	5.3	6.4	6.2	6.0	6.5	6.8	6.3	6.1	5.8
RTT Non-Admitted 95th Percentile (Weeks)	16.4	16.8	17.1	17.0	17.2	17.4	17.6	17.7	17.5
RTT Incomplete Median Wait (Weeks)	6.3	6.4	5.8	6.3	6.3	6.4	5.9	6.0	6.8
RTT Incomplete 95th Percentile (Weeks)	21.3	19.4	19.6	21.1	21.1	22.5	22.6	21.9	22.5

Target	Status
90%	⚠
95%	✅

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

## PRIMARY PCI

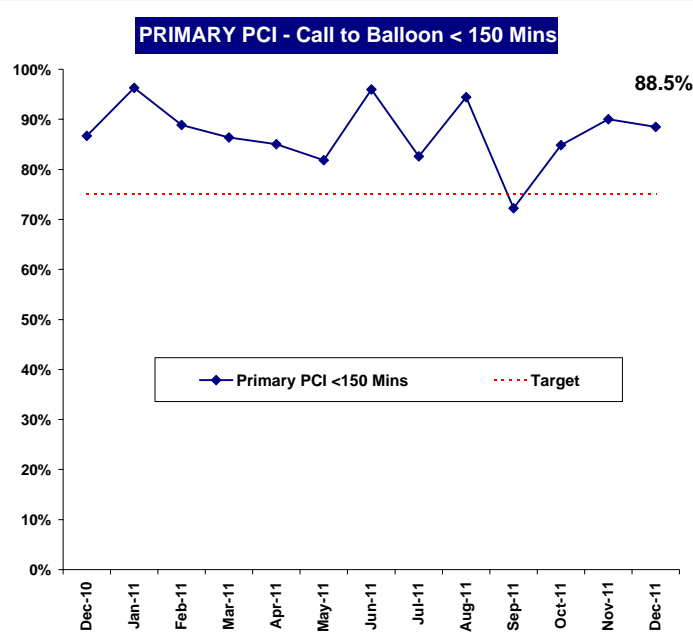
### Performance Overview

The 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 December was achieved (88.5%).

### 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	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target
	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	84.8%	90.0%	88.5%	86.3%	75.0%

## SAME SEX ACCOMMODATION

### Performance Overview

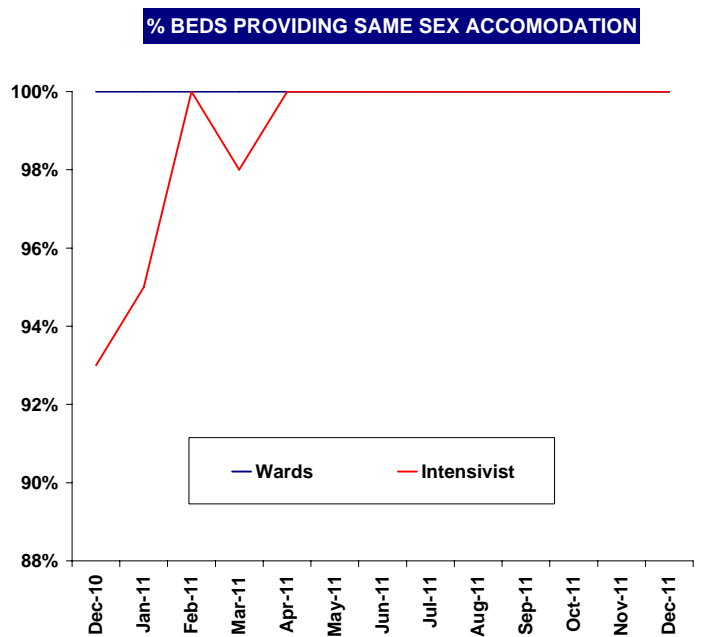
All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance.

### Key Actions

A meeting has been organised in January 2012 to determine the Divisional plans for the Brain Injury Unit in respect of providing Same Sex Accommodation to patients on the Unit.

In December 2011 UHL national breach data declared zero unjustified SSA breaches.

In addition to the SSA Matrix a reporting guide has been developed to assist teams with breach reporting, currently the tool is under consultation with the aim that it will be available for clinical teams in February 2012.



### TARGET / STANDARD

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

## CANCER TREATMENT

### Performance Overview

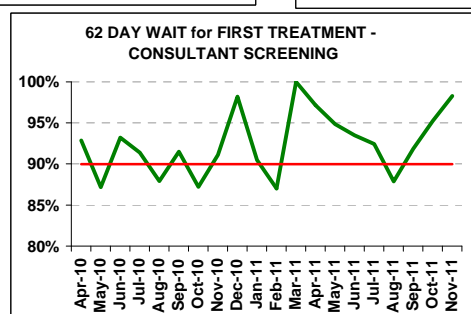
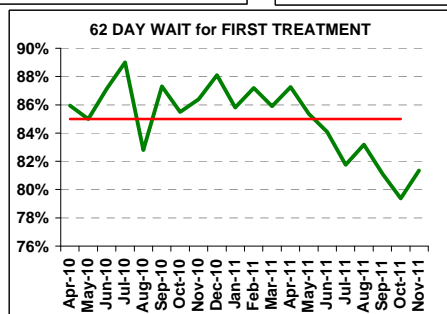
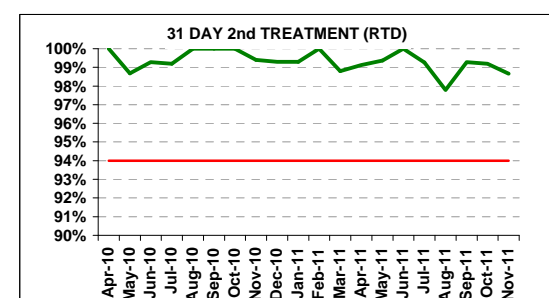
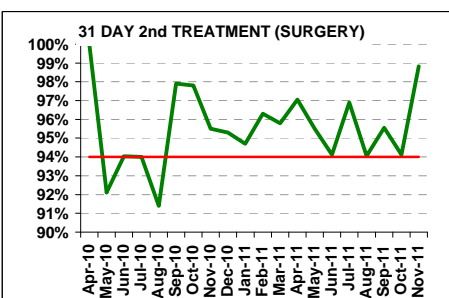
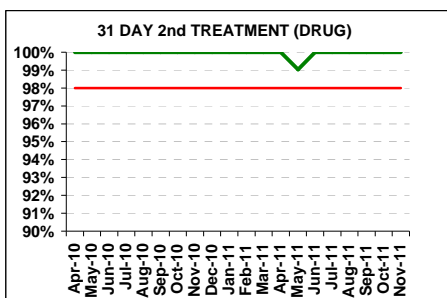
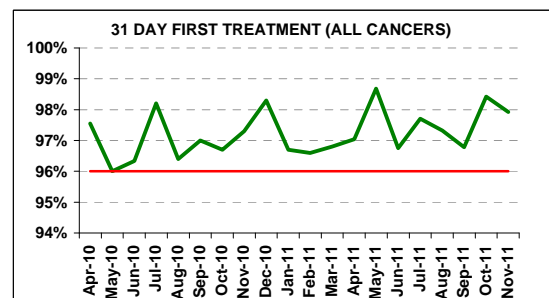
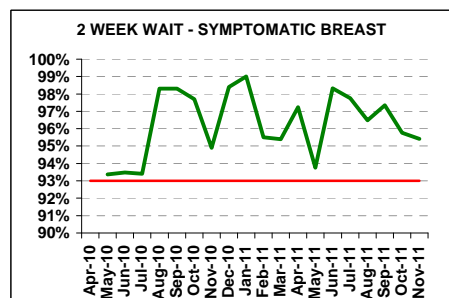
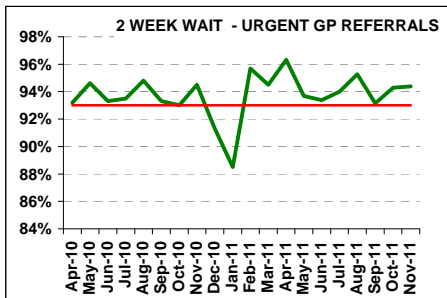
All cancer targets were achieved in November (one month behind in reporting) with the exception of the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position.

The 62 day target for November was missed by 5 patients due to factors including complex cases, delays in transfers from other Trusts, diagnostic delays and capacity constraints. A 62 day cancer pathway recovery plan, signed off by senior managers and lead clinicians, has been received by Commissioners. Performance during November was a pleasing 81.3% against a plan of 79.6%.

### Key Actions

1. Reduce diagnostic delays
2. Reduce inter-Provider delays
3. Senior management review of all tumour site 62 day pathways to ensure all delays are minimalised

Commitment	Threshold	Qtr 1	Qtr 2	Oct-11	Nov-11	YTD
Maximum two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.0%	94.4%	94.2%	94.3%	94.4%	94.3%
Two week wait for symptomatic breast patients (Cancer not initially suspected)	93.0%	96.7%	97.2%	95.8%	95.4%	96.7%
31-day (Diagnosis To Treatment) wait for first treatment: all cancers	96.0%	97.5%	97.3%	98.4%	97.9%	97.6%
31-day wait for second or subsequent treatment: anti cancer drug treatments	98.0%	99.6%	100.0%	100.0%	100.0%	99.9%
31-day wait for second or subsequent treatment: surgery	94.0%	95.6%	95.6%	94.1%	98.8%	95.8%
31-day wait for second or subsequent treatment: radiotherapy treatments	94.0%	99.5%	98.8%	99.2%	98.7%	99.1%
62-day (urgent GP referral to treatment) wait for first treatment: all cancers	85.0%	85.5%	82.1%	79.4%	81.3%	82.8%
62-day wait for first treatment from consultant screening service referral: all cancers	90.0%	95.0%	90.5%	95.2%	98.3%	93.6%
62-day wait for first treatment from consultant upgrade	85.0%	100.0%	85.7%	100.0%	-----	92.3%



## STAFF EXPERIENCE / WORKFORCE

### Performance Overview

#### Appraisal

December's appraisal rate of 95% saw a further improvement on November's appraisal rate of 93.9%. This month's rate is the highest since we started using ESR to record appraisals.

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

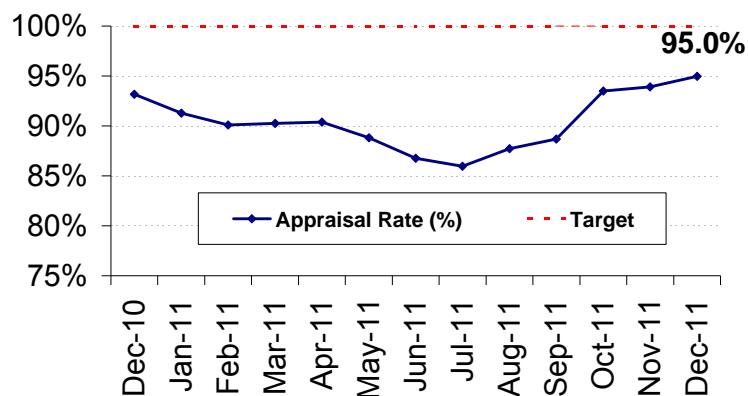
#### Sickness

The reported sickness rate is 4.7%. The actual rate is likely to be around 0.3% lower as absence periods are closed.

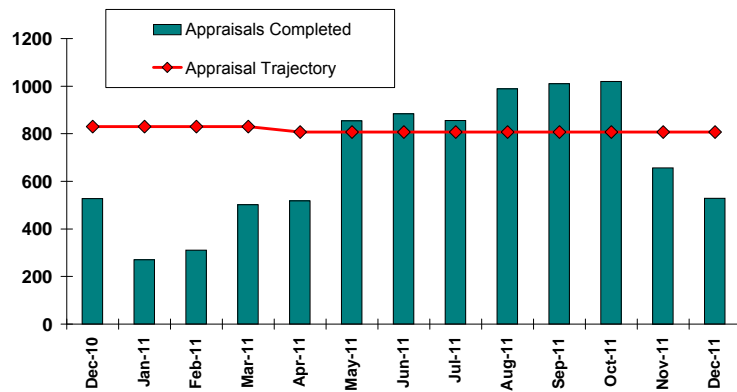
This sickness rate is higher than the previous 11 months, and is likely to remain so even after the absence periods have been closed down. The 12 month rolling sickness remains at 3.6%.

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

#### APPRAISAL RATES

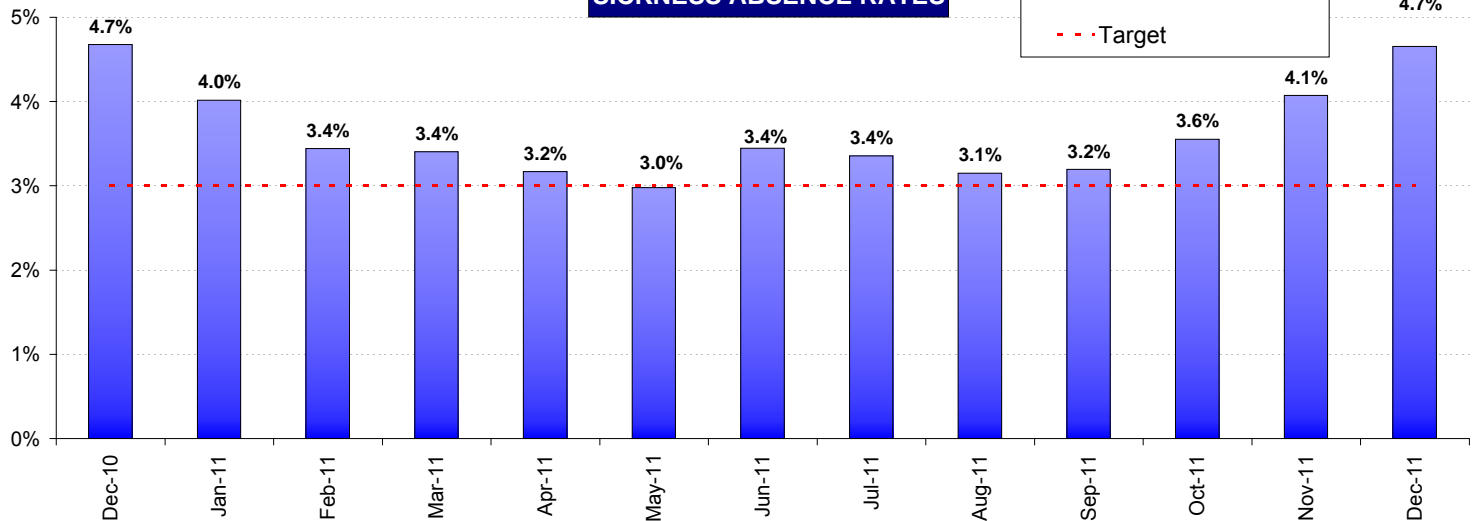


#### APPRAISALS COMPLETED



Appraisal Trajectory assumes that appraisals are evenly distributed across the year

#### SICKNESS ABSENCE RATES



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

Appraisals	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	95.0%
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YTD	Target	Status
95.0%	100%	▲



## VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Cumulative income at Month 9 of £520.4 million is £10.7 million (2.1%) favourable to Plan. Cumulative expenditure of £531.4 million is £22.2 million adverse to Plan. The actual deficit of £11.1 million is £11.5 million adverse against Plan.
Activity/Income	Year to date patient care income is £6.5 million (1.5%) ahead of Plan. This reflects an over-performance on daycases of £2.1 million, elective inpatients of £1.7 million and outpatients of £1.9 million.
BPPC	The Trust achieved an overall 30 day payment performance of 84% for value and 81% for volume for trade creditors in December 2011.
Cost Improvement Programme	At Month 9 Divisions have reported £16.7 million of savings, short of the £27.2 million target by £10.6 million.
Balance Sheet	The balance sheet reflects the receipt of £8 million in advance from the Leicestershire Cluster.
Cash Flow	The year to date increase in cash of £6.6 million reflects the £8.2 million Cluster prepayment. Cash continues to be actively managed, and a positive balance is forecast to year end.
Capital	The Trust is forecasting the delivery of the refreshed Plan (£5 million below the original Plan) to support the cash position. Additional slippage has reduced forecast expenditure by another £1 million.
Risks	The Chief Operating Officer and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus.



Financial Metrics	December		Year to Date	
	Weighting	Result	Result	Score
EBITDA achieved (% of plan)	10.0%	147.0%	66.8%	2
EBITDA margin (%)	25.0%	9.4%	4.3%	2
Return on assets (%)	20.0%	0.8%	-0.3%	2
I&E surplus (%)	20.0%	3.2%	-2.1%	1
Liquidity ratio (days)	25.0%	11	11	2
<b>Overall Financial Risk Rating</b>				<b>2</b>

	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**

<b>Income and Expenditure Account for the Period Ended 31 December</b>							
	2011/12 Annual Plan £000	December			April - December 2011		
		Plan	Actual	Variance (Adv) / Fav	Plan	Actual	Variance (Adv) / Fav
		£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Elective	67,968	5,145	5,611	466	50,638	52,337	1,699
Day Case	56,368	4,267	4,660	393	41,995	44,076	2,081
Emergency	177,574	15,330	17,993	2,663	132,654	132,531	(124)
Outpatient	82,700	6,306	6,098	(209)	61,646	63,594	1,949
Other	204,595	17,972	17,679	(293)	153,513	154,405	892
<b>Patient Care Income</b>	<b>589,205</b>	<b>49,021</b>	<b>52,040</b>	<b>3,020</b>	<b>440,446</b>	<b>446,943</b>	<b>6,497</b>
Teaching, Research & Development	66,877	5,572	6,501	929	50,163	53,996	3,833
Non NHS Patient Care	6,638	593	764	171	4,844	4,732	(112)
Other operating Income	19,036	1,612	1,732	120	14,188	14,703	515
<b>Total Income</b>	<b>681,756</b>	<b>56,798</b>	<b>61,037</b>	<b>4,240</b>	<b>509,641</b>	<b>520,374</b>	<b>10,733</b>
Medical & Dental	133,739	11,154	11,411	(257)	100,263	100,795	(532)
Nursing & Midwifery	158,250	13,261	13,668	(407)	118,419	121,617	(3,198)
Other Clinical	56,185	4,679	4,519	160	42,134	41,750	384
Agency	1,582	112	515	(403)	1,250	10,485	(9,235)
Non Clinical	70,715	5,750	5,592	158	53,388	53,272	116
<b>Pay Expenditure</b>	<b>420,471</b>	<b>34,956</b>	<b>35,705</b>	<b>(749)</b>	<b>315,454</b>	<b>327,919</b>	<b>(12,465)</b>
Drugs	57,748	4,960	5,075	(115)	43,272	42,382	890
Recharges	(612)	(33)	(29)	(4)	(497)	(71)	(426)
Clinical supplies and services	73,922	8,517	10,028	(1,511)	57,795	62,402	(4,607)
Other	82,350	4,463	4,500	(37)	59,522	64,998	(5,476)
Central Funds	1,466	0	0	0	0	0	0
Provision for Liabilities & Charges	348	29	18	11	261	155	106
<b>Non Pay Expenditure</b>	<b>215,222</b>	<b>17,936</b>	<b>19,592</b>	<b>(1,656)</b>	<b>160,353</b>	<b>169,866</b>	<b>(9,513)</b>
<b>Total Operating Expenditure</b>	<b>635,693</b>	<b>52,892</b>	<b>55,297</b>	<b>(2,405)</b>	<b>475,807</b>	<b>497,785</b>	<b>(21,978)</b>
<b>EBITDA</b>	<b>46,063</b>	<b>3,906</b>	<b>5,740</b>	<b>1,834</b>	<b>33,834</b>	<b>22,589</b>	<b>(11,245)</b>
Interest Receivable	84	7	4	(3)	63	45	(18)
Interest Payable	(565)	(53)	(49)	4	(430)	(454)	(24)
Depreciation & Amortisation	(31,057)	(2,589)	(2,608)	(19)	(23,293)	(23,218)	75
<b>Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets</b>	<b>14,525</b>	<b>1,271</b>	<b>3,087</b>	<b>1,817</b>	<b>10,174</b>	<b>(1,038)</b>	<b>(11,212)</b>
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)	(9,927)	(10,017)	(90)
<b>Net Surplus / (Deficit)</b>	<b>1,289</b>	<b>168</b>	<b>1,974</b>	<b>1,807</b>	<b>247</b>	<b>(11,061)</b>	<b>(11,308)</b>
<b>EBITDA MARGIN</b>	<b>6.76%</b>		<b>9.40%</b>		<b>0</b>	<b>4.34%</b>	
Plan Phasing Adjustment		(160)	0	(160)	190	0	190
<b>Net Surplus / (Deficit)</b>	<b>1,289</b>	<b>8</b>	<b>1,974</b>	<b>1,967</b>	<b>437</b>	<b>(11,061)</b>	<b>(11,498)</b>
Impairment			(372)	372		0	0
<b>Net Surplus / (Deficit) after impairment</b>	<b>1,289</b>	<b>8</b>	<b>2,346</b>	<b>2,339</b>	<b>437</b>	<b>(11,061)</b>	<b>(11,498)</b>

## VALUE FOR MONEY - CONTRACT PERFORMANCE

**Summary by Point of Delivery of Patient Related Income - December 2011**

<b>Casemix</b>	<b>Annual Plan (Activity)</b>	<b>Plan to Date (Activity)</b>	<b>Total YTD (Activity)</b>	<b>Variance YTD (Activity)</b>	<b>Annual Plan (£000)</b>	<b>Plan to Date (£000)</b>	<b>Total YTD (£000)</b>	<b>Variance YTD (£000)</b>
Day Case	80,541	60,005	60,173	168	56,368	41,995	44,076	2,081
Elective Inpatient	23,191	17,278	16,748	(530)	67,968	50,638	52,337	1,699
Emergency / Non-elective Inpatient	118,539	88,694	84,951	(3,743)	177,574	132,654	132,531	(124)
Outpatient	751,698	560,181	570,621	10,440	82,700	61,646	63,594	1,949
Emergency Department	159,130	119,565	119,457	(108)	14,242	10,701	11,149	448
Other	6,559,842	4,919,959	4,848,175	(71,784)	190,354	142,812	143,256	444
<b>Grand Total</b>	<b>7,692,942</b>	<b>5,765,682</b>	<b>5,700,125</b>	<b>(65,557)</b>	<b>589,205</b>	<b>440,446</b>	<b>446,943</b>	<b>6,497</b>

<b>Average tariff</b>	<b>Annual Plan £ / episode</b>	<b>Plan to Date £ / episode</b>	<b>Total YTD £ / episode</b>	<b>Variance YTD £ / episode</b>	<b>Variance YTD %</b>
Day Case	£700	£700	£732	£33	4.7%
Elective Inpatient	£2,931	£2,931	£3,125	£194	6.6%
Emergency / Non-elective Inpatient	£1,498	£1,496	£1,560	£64	4.3%
Outpatient	£110	£110	£111	£1	1.3%
Emergency Department	£89	£89	£93	£4	4.3%
Other	£29	£29	£30	£1	1.8%
<b>Grand Total</b>	<b>£77</b>	<b>£76</b>	<b>£78</b>	<b>£2</b>	<b>2.6%</b>



VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 31 December 2011

	Income				Expenditure								Total Year to Date				Month 8 Variance (Adv) / Fav £m
	Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Pay				Non Pay				Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	
					Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m					
Acute Care	261.9	195.6	198.2	2.6	132.7	99.5	108.4	(8.9)	76.6	57.5	59.9	(2.4)	52.6	38.5	29.9	(8.7)	(7.3)
Clinical Support	27.3	20.4	20.5	0.0	106.9	80.4	81.3	(0.9)	15.3	11.6	13.2	(1.6)	(94.9)	(71.5)	(74.0)	(2.5)	(2.3)
Planned Care	194.2	145.1	149.3	4.2	78.7	59.4	62.6	(3.3)	43.1	32.2	35.4	(3.2)	72.4	53.6	51.4	(2.2)	(2.7)
Women's and Children's	116.7	87.2	85.6	(1.6)	62.5	46.5	46.6	(0.0)	16.6	12.7	14.0	(1.4)	37.6	28.0	25.0	(3.0)	(3.0)
Corporate Directorates	11.7	8.7	9.8	1.1	39.8	29.7	29.1	0.6	61.6	45.9	46.2	(0.2)	(89.7)	(67.0)	(65.4)	1.5	1.4
<b>Sub-Total Divisions</b>	<b>611.8</b>	<b>457.1</b>	<b>463.4</b>	<b>6.3</b>	<b>420.5</b>	<b>315.5</b>	<b>327.9</b>	<b>(12.4)</b>	<b>213.2</b>	<b>159.9</b>	<b>168.7</b>	<b>(8.7)</b>	<b>(21.9)</b>	<b>(18.3)</b>	<b>(33.2)</b>	<b>(14.9)</b>	<b>(13.8)</b>
Central Income	70.0	52.5	57.0	4.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	70.0	52.5	57.0	4.5	1.7
Central Expenditure	0.0	0.0	0.0	0.0	(0.1)	(0.0)	(0.0)	(0.0)	46.8	33.8	34.8	(1.0)	(46.7)	(33.8)	(34.8)	(1.1)	(1.4)
<b>Grand Total</b>	<b>681.8</b>	<b>509.6</b>	<b>520.4</b>	<b>10.7</b>	<b>420.5</b>	<b>315.5</b>	<b>327.9</b>	<b>(12.5)</b>	<b>260.0</b>	<b>193.8</b>	<b>203.5</b>	<b>(9.8)</b>	<b>1.3</b>	<b>0.4</b>	<b>(11.1)</b>	<b>(11.5)</b>	<b>(13.5)</b>

**VALUE FOR MONEY - COST IMPROVEMENT PROGRAMME**

*Cost Improvement Programme as at December 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	9,131	(4,252)	9,937	5,548	55.8%	8,875	256	5,548	1,312	590	1,681	9,131
Clinical Support	6,218	4,709	(1,509)	4,488	3,480	77.5%	3,578	1,132	3,480	239	287	703	4,709
Planned Care	8,685	4,975	(3,710)	6,126	3,473	56.7%	4,630	345	3,473	637	186	678	4,975
Women's and Children's	2,916	1,593	(1,323)	1,892	1,083	57.2%	1,457	136	1,083	25	163	321	1,593
<b>Clinical Divisions</b>	<b>31,202</b>	<b>20,407</b>	<b>(10,795)</b>	<b>22,444</b>	<b>13,583</b>	<b>60.5%</b>	<b>18,539</b>	<b>1,868</b>	<b>13,583</b>	<b>2,214</b>	<b>1,226</b>	<b>3,384</b>	<b>20,407</b>
<b>Corporate</b>	<b>3,571</b>	<b>4,660</b>	<b>1,089</b>	<b>2,489</b>	<b>3,074</b>	<b>123.5%</b>	<b>2,587</b>	<b>2,074</b>	<b>3,074</b>	<b>30</b>	<b>1,232</b>	<b>325</b>	<b>4,660</b>
<b>Central</b>	<b>3,471</b>	<b>0</b>	<b>(3,471)</b>	<b>2,314</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>38,244</b>	<b>25,068</b>	<b>(13,176)</b>	<b>27,247</b>	<b>16,657</b>	<b>61.1%</b>	<b>21,126</b>	<b>3,942</b>	<b>16,657</b>	<b>2,243</b>	<b>2,458</b>	<b>3,709</b>	<b>25,068</b>

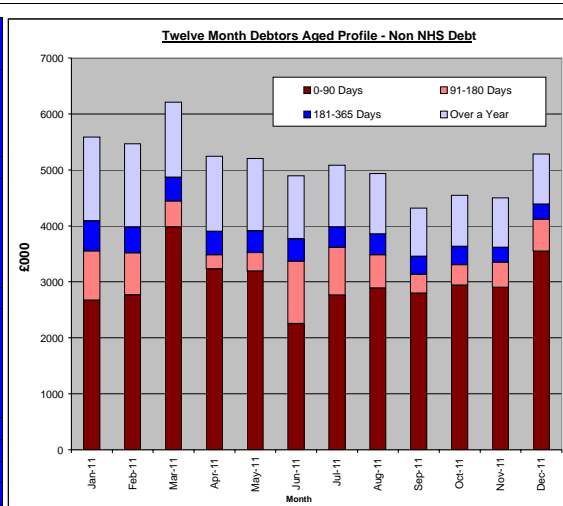
Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Income	4,532	5,186	654	3,151	3,449	109.4%	4,572	614
Non Pay	10,955	6,964	(3,991)	7,827	4,974	63.5%	6,166	798
Pay	22,757	12,919	(9,838)	16,270	8,235	50.6%	10,389	2,530
<b>Total</b>	<b>38,244</b>	<b>25,068</b>	<b>(13,176)</b>	<b>27,247</b>	<b>16,657</b>	<b>61.1%</b>	<b>21,126</b>	<b>3,942</b>

**Commentary**

There is a year to date under performance on delivery of cost improvement of £10.6 million and a year end forecast under-delivery of £13.2 million (reflecting shortfalls in Clinical Divisions of £10.8 million.)

**VALUE FOR MONEY - BALANCE SHEET**

	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
<b>BALANCE SHEET</b>										
<b>Non Current Assets</b>										
Intangible assets	5,119	4,993	4,863	4,732	4,601	4,471	4,561	4,427	4,293	4,332
Property, plant and equipment	414,129	415,444	414,445	412,914	413,174	412,998	411,956	411,774	411,065	411,030
Trade and other receivables	4,818	1,864	1,866	1,848	1,916	2,050	2,188	2,197	2,285	2,255
<b>TOTAL NON CURRENT ASSETS</b>	<b>424,066</b>	<b>422,301</b>	<b>421,174</b>	<b>419,494</b>	<b>419,691</b>	<b>419,519</b>	<b>418,705</b>	<b>418,398</b>	<b>417,643</b>	<b>417,617</b>
<b>Current Assets</b>										
Inventories	11,923	12,711	12,282	11,904	12,575	12,414	12,099	11,913	11,832	12,673
Trade and other receivables	22,722	21,221	25,862	26,426	22,757	25,585	24,381	28,929	30,089	36,170
Other Assets	0	0	185	257	318	76	0	0	286	348
Cash and cash equivalents	10,306	14,465	9,778	4,425	8,296	21,003	15,384	20,927	16,563	16,872
<b>TOTAL CURRENT ASSETS</b>	<b>44,951</b>	<b>48,397</b>	<b>48,107</b>	<b>43,012</b>	<b>43,946</b>	<b>59,078</b>	<b>51,864</b>	<b>61,769</b>	<b>58,770</b>	<b>66,063</b>
<b>Current Liabilities</b>										
Trade and other payables	(59,556)	(62,010)	(61,877)	(57,626)	(59,126)	(73,592)	(70,946)	(79,572)	(72,350)	(77,862)
Dividend payable	0	(1,113)	(2,226)	(3,339)	(4,452)	(5,565)	0	(1,113)	(2,226)	(3,339)
Borrowings	(3,649)	(3,649)	(3,593)	(3,649)	(3,649)	(3,649)	(1,511)	(1,511)	(1,511)	(1,511)
Provisions for liabilities and charges	(667)	(667)	(667)	(667)	(667)	(667)	(667)	(667)	(667)	(667)
<b>TOTAL CURRENT LIABILITIES</b>	<b>(63,872)</b>	<b>(67,439)</b>	<b>(68,363)</b>	<b>(65,271)</b>	<b>(67,894)</b>	<b>(83,473)</b>	<b>(73,124)</b>	<b>(82,863)</b>	<b>(76,754)</b>	<b>(83,379)</b>
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>(18,921)</b>	<b>(19,042)</b>	<b>(20,256)</b>	<b>(22,259)</b>	<b>(23,948)</b>	<b>(24,395)</b>	<b>(21,260)</b>	<b>(21,094)</b>	<b>(17,984)</b>	<b>(17,316)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>405,145</b>	<b>403,259</b>	<b>400,918</b>	<b>397,235</b>	<b>395,743</b>	<b>395,124</b>	<b>397,445</b>	<b>397,304</b>	<b>399,659</b>	<b>400,301</b>
<b>Non Current Liabilities</b>										
Borrowings	(3,237)	(3,491)	(4,872)	(3,805)	(4,131)	(5,271)	(7,630)	(7,955)	(9,907)	(8,623)
Other Liabilities	0	0	0	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,232)	(2,255)	(2,217)	(2,143)	(2,195)	(2,202)	(2,128)	(2,133)	(2,115)	(2,068)
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>(5,469)</b>	<b>(5,746)</b>	<b>(7,089)</b>	<b>(5,948)</b>	<b>(6,326)</b>	<b>(7,473)</b>	<b>(9,758)</b>	<b>(10,088)</b>	<b>(12,022)</b>	<b>(10,691)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>399,676</b>	<b>397,513</b>	<b>393,829</b>	<b>391,287</b>	<b>389,417</b>	<b>387,651</b>	<b>387,687</b>	<b>387,216</b>	<b>387,637</b>	<b>389,610</b>
Public dividend capital	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903
Revaluation reserve	108,683	108,683	108,683	108,651	101,001	101,001	101,001	101,001	101,001	101,001
Retained earnings	17,090	14,927	11,243	8,733	14,513	12,747	12,783	12,312	12,733	14,706
<b>TOTAL TAXPAYERS EQUITY</b>	<b>399,676</b>	<b>397,513</b>	<b>393,829</b>	<b>391,287</b>	<b>389,417</b>	<b>387,651</b>	<b>387,687</b>	<b>387,216</b>	<b>387,637</b>	<b>389,610</b>



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	
NHS Sales ledger	15,428	3,615	-2,754	65	16,354
Non NHS sales ledger by division:					
Corporate Division	872	213	102	241	1,428
Planned Care Division	437	95	64	210	806
Clinical Support Division	353	18	6	29	406
Women's and Children's Division	110	50	28	84	272
Acute Care Division	1,773	197	69	336	2,375
Total Non-NHS sales ledger	3,545	573	269	900	5,287
Total Sales Ledger	<b>18,973</b>	<b>4,188</b>	<b>-2,485</b>	<b>965</b>	<b>21,641</b>
<b>Other Debtors</b>					
WIP					3,948
SLA Phasing & Performance					4,375
Bad debt provision					(1,698)
VAT - net					1,249
Other receivables and assets					7,003
					<b>TOTAL 36,518</b>

**Commentary**

The year to date increase in the cash balance reflects £8 million received in advance from the Cluster. The increase in trade and other receivables reflects the outstanding invoices relating to the re-admissions income and the Frail and Older Peoples Advise and Liaison (FOPAL) service agreed with the PCTs.

**Accounts receivable metrics:**

Invoice cycle time	Non-NHS days sales outstanding (DSO)			
	Dec - 11 Days	Nov - 11 Days	Dec - 11 YTD Days	Nov - 11 YTD Days
Req date to invoice raised	11.1	11.9	DSO (all debt)	94.4 76.3
Service to invoice raised	31.4	34.9	DSO (In year debt)	18.4 15.2

**VALUE FOR MONEY - CASH FLOW**

**CASH FLOW for the PERIOD ENDED 31 DECEMBER 2011**

**Commentary**

The Trust's cash position compared to plan reflects:

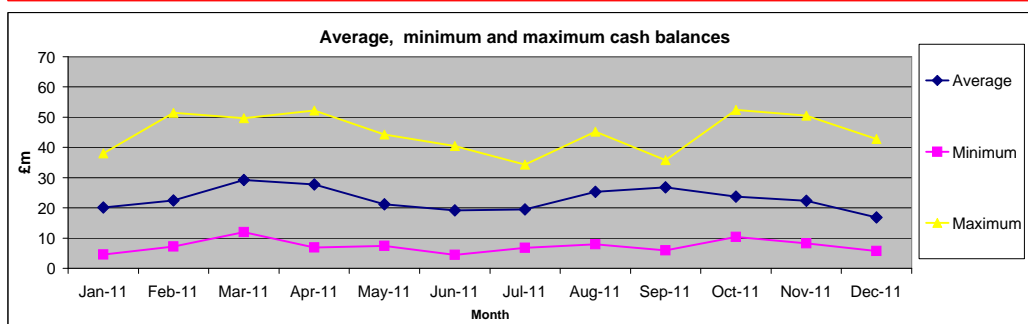
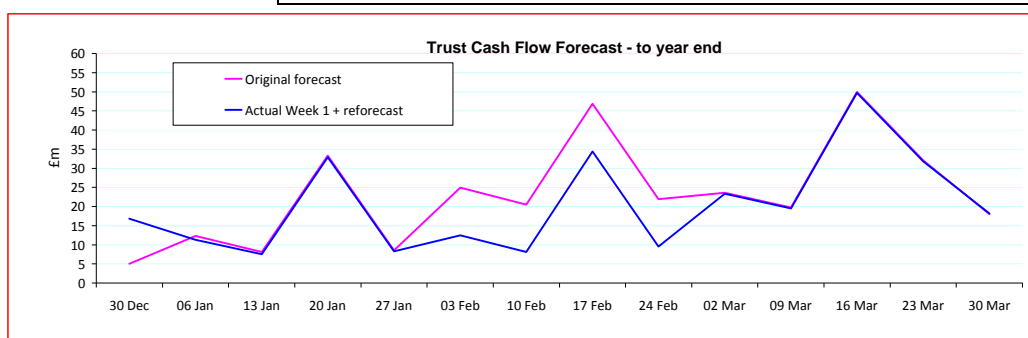
- (£11 million) adverse variance in the EBITDA YTD position
- £15 million increase in trade and other payables
- £4.7m increase in trade and other receivables

The 13 week cash forecast is based on the December performance. Action will be taken to ensure that the balance remains above £2 million at all times and that the year end target balance of £18.2m is achieved.

	2011/12 April - December 2011 Plan £ 000	2011/12 April - December Actual £ 000	Variance April - December
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating surplus before Depreciation and Amortisation	33,505	22,589	(10,916)
Transfers from donated / government granted reserves	-	-	-
Impairments and reversals	-	-	-
Movements in Working Capital:			
- Inventories (Inc)/Dec	1,503	(750)	(2,253)
- Trade and Other Receivables (Inc)/Dec	(6,144)	(10,885)	(4,741)
- Trade and Other Payables Inc/(Dec)	3,318	18,306	14,988
- Provisions Inc/(Dec)	(75)	(164)	(89)
PDC Dividends paid	(6,677)	(6,678)	(1)
Interest paid	(370)	(453)	(83)
Other non-cash movements	375	(178)	(554)
<b>Net Cash Inflow / (Outflow) from Operating Activities</b>	<b>25,435</b>	<b>21,786</b>	<b>(3,649)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Interest Received	63	45	(18)
Payments for Property, Plant and Equipment	(13,968)	(13,513)	455
Capital element of finance leases	(2,727)	(1,752)	975
<b>Net Cash Inflow / (Outflow) from Investing Activities</b>	<b>(16,632)</b>	<b>(15,220)</b>	<b>1,412</b>
<b>Net Cash Inflow / (Outflow) from Financing</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Opening cash</b>	<b>10,306</b>	<b>10,306</b>	<b>-</b>
<b>Increase / (Decrease) in Cash</b>	<b>8,803</b>	<b>6,566</b>	<b>(2,237)</b>
<b>Closing cash</b>	<b>19,109</b>	<b>16,872</b>	<b>(2,237)</b>

**Cash movements to the 31st March 2012 and assumptions**

	£'000	
Cash balance as at 21/12/2011	16,872	
<b>Cash to be received</b>		
Contract Income	147,379	
Other debtor receipts	37,526	Other debtor receipts include £8 million transformation monies to be received in equal instalments in February and March, and £7.5 million readmissions monies anticipated in February.
	<u>184,905</u>	
<b>Cash to be paid out</b>		
Creditor payment runs	72,998	Creditor payment runs will be managed in order to achieve the required year end cash balance of £18.2 million.
Payroll (including tax, NI and Pensions)	103,901	
PDC dividends	6,678	
	<u>183,577</u>	
Year-end cash	<u>18,200</u>	



**VALUE FOR MONEY - CAPITAL BUDGET**

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

	Initial Budget	Changes	Revised Plan	Actual Apr-Nov	Dec	YTD Spend					Planned
	£000's	£000's	£000's	£000's	£000's	£000's	Jan	Feb	March	Out Turn	Variance
							£000's	£000's	£000's	£000's	£000's
<b>FUNDING</b>											
Depreciation as per CCE	27,194	0	27,194	18,415	2,334	20,749	2,148	2,148	2,149	27,194	0
Transformational Capital	1,289	0	1,289	0	0	0	0	0	1,289	1,289	0
Land Swap Disposals	19,800	0	19,800	19,779	0	19,779	0	0	0	19,779	21
Donations	800	0	800	257	138	396	100	130	175	800	0
Less cash for liquidity	-4,789	-5,000	-9,789	-5,699	-1,017	-6,716	-1,017	-1,017	-1,018	-9,768	-21
<b>Total Funding</b>	<b>44,294</b>	<b>-5,000</b>	<b>39,294</b>	<b>32,753</b>	<b>1,455</b>	<b>34,208</b>	<b>1,231</b>	<b>1,261</b>	<b>2,595</b>	<b>39,294</b>	<b>0</b>
<b>EXPENDITURE</b>											
<b>Backlog Maintenance</b>											
IM&T	2,500	-470	2,030	898	179	1,078	261	267	424	2,030	0
Medical Equipment	4,522	-500	4,022	2,815	409	3,224	79	198	521	4,022	-0
LRI Estates	2,500	-450	2,050	1,071	78	1,149	260	275	366	2,050	0
LGH Estates	1,800	-150	1,650	659	340	999	258	192	201	1,650	0
GGH Estates	1,700	-400	1,300	425	52	477	240	241	342	1,300	0
<b>Total Backlog Maintenance</b>	<b>13,022</b>	<b>-1,970</b>	<b>11,052</b>	<b>5,868</b>	<b>1,058</b>	<b>6,926</b>	<b>1,098</b>	<b>1,173</b>	<b>1,855</b>	<b>11,052</b>	<b>0</b>
<b>Essential Developments</b>											
Carbon Management	1,000	-800	200	0	0	1	85	84	0	170	30
Diabetes R&D Funding	550		550	220	2	223	170	90	67	550	-0
GGH CDU Phase II	900		900	1	2	3	240	240	317	800	100
LRI Disabled Car Park	190	-190	0	0	0	0	0	0	0	0	0
Gwendolen House / PPD	650	-300	350	0	0	0		0	50	50	300
MES Installation Costs	900	-400	500	25	-60	-35	20	20	95	100	400
Congenital Heart Surgery	800		800	88	41	129	100	100	171	500	300
MacMillan Oncology Centre	300		300	40	-0	39	70	70	121	300	0
ED Interim Improvements	1,500	-400	1,100	18	2	21	0	0	10	31	1,069
LGH Theatre & Ward Refurbs	2,050		2,050	927	733	1,660	200	200	148	2,208	-158
Cancer Trials Unit, LRI	100		100	13	3	15	8	40	37	100	0
Decontamination	300	814	1,114	968	3	971	60	57	26	1,114	-0
Contingency	1,600	-1,600	0	0	0	0	0	0	0	0	0
Land Swap	19,801		19,801	19,803	-1	19,802	0	0	0	19,802	-1
Other IM&T	131		131	140	-3	137	0	0	0	137	-6
Other Facilities			0	4	19	22	18	18	42	100	-100
Residual on 10/11 Schemes		209	209	280	-478	-198	0	0	250	52	157
Ward 8 Fire			0	106	172	278	164	50	40	532	-532
Maternity & Gynae Reconfiguration			0			0	100	100	122	322	-322
Capital CIP		-363	-363	0	0	0	0	0	-127	-127	-236
Donations	500		500	257	138	396	30	30	44	500	0
<b>Total Essential Developments</b>	<b>31,272</b>	<b>-3,030</b>	<b>28,242</b>	<b>22,890</b>	<b>574</b>	<b>23,464</b>	<b>1,265</b>	<b>1,100</b>	<b>1,413</b>	<b>27,242</b>	<b>1000</b>
<b>Total Capital Programme</b>	<b>44,294</b>	<b>-5,000</b>	<b>39,294</b>	<b>28,758</b>	<b>1,632</b>	<b>30,390</b>	<b>2,363</b>	<b>2,273</b>	<b>3,268</b>	<b>38,294</b>	<b>1000</b>
<b>Original Plan</b>				<b>33,567</b>	<b>994</b>	<b>34,561</b>	<b>2,774</b>	<b>2,774</b>	<b>4,185</b>	<b>44,294</b>	
<b>Forecast Over/(Under) Spend</b>				<b>-4,809</b>	<b>638</b>	<b>-4,171</b>	<b>-411</b>	<b>-501</b>	<b>-917</b>	<b>-6,000</b>	

**INDICATORS, THRESHOLDS and TARGETS**

**QUALITY and PERFORMANCE REPORT**

**PATIENT SAFETY**

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

**CLINICAL EFFECTIVENESS**

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

**INDICATORS, THRESHOLDS and TARGETS**

**QUALITY and PERFORMANCE REPORT**

**PATIENT EXPERIENCE**

**Thresholds**

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

**STAFF EXPERIENCE / WORKFORCE**

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

**VALUE FOR MONEY**

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

*Caring at its best*

# Divisional Heatmap

**Trust Board**

**Thursday 2nd February 2012**

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December 2011

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**DIVISIONAL HEAT MAP - Month 9 - 2011/12**

**QUALITY STANDARDS**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>Infection Prevention</b>																
MRSA Bacteraemias	0	1	2	1	2	0	0	1	1	0	0	1	1	6	9	◀▶
CDT Isolates in Patients (UHL - All Ages)	12	17	16	14	9	15	7	8	10	8	13	11	6	87	165	▲
E Coli (from June 1st 2011) ***	NO NATIONAL TARGET						38	39	42	39	41	45	38	282	----	
MSSA (from May 1st 2011) ***	NO NATIONAL TARGET				1	4	2	5	2	6	4	3	2	29	----	
MRSA Elective Screening (Patient Matched)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	◀▶
MRSA Elective Screening (Patient Not Matched)	128.7%	111.8%	132.9%	133.2%	127.7%	112.5%	110.5%	132.4%	122.7%	133.2%	132.9%	136.0%	135.9%	126.8%	100%	▼
MRSA Non-Elective Screening (Patient Matched) ***	93.7%	96.5%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	◀▶
MRSA Non-Elective Screening (Patient Not Matched) ***	108.6%	141.6%	164.1%	168.3%	165.3%	146.9%	152.7%	168.0%	168.0%	169.4%	165.6%	163.2%	171.4%	163.3%	100%	▲
<b>Patient Safety</b>																
10X Medication Errors	0	1	3	1	0	0	1	0	0	0	1	2	1	5	0	▲
Never Events	0	0	0	0	0	1	0	0	1	0	0	0	0	2	0	◀▶
Patient Falls	259	285	231	244	268	267	248	266	249	233	270	223		2024	TBC	
Complaints Re-Opened	13	14	17	22	17	18	24	17	26	29	29	30	22	212	210	▲
SUIs (Relating to Deteriorating Patients)	2	0	1	1	1	0	1	1	1	0	0	2	1	7	0	▲
RIDDOR	2	8	7	12	1	4	2	10	4	8	4	5	6	44	56	▼
In-hospital fall resulting in hip fracture ***	3	2	2	2	2	0	0	0	0	0	0	0	0	2	12	◀▶
No of Staffing Level Issues Reported as Incidents	87	44	34	67	34	62	54	91	82	73	107	122	86	711	1035	▲
Outlying (daily average)	26	35	15	24	12	8	9	2	10	16	5				5	▲
Pressure Ulcers (Grade 3 and 4)	26	33	14	20	15	12	17	16	8	5	10	6		89	197	▲
ALL Complaints Regarding Attitude of Staff	30	32	36	58	42	44	41	37	44	40	42	37	33	360	366	▲
ALL Complaints Regarding Discharge	23	31	35	39	22	29	39	20	27	32	24	18	31	242	220	▼
Bed Occupancy (inc short stay admissions) ***	89%	92%	92%	90%	89%	91%	91%	91%	90%	91%	93%	94%	92%	91%	90%	▼
Bed Occupancy (excl short stay admissions) ***	85%	88%	86%	85%	83%	84%	84%	85%	84%	85%	87%	87%	86%	85%	86%	▼
Compliance with Blood Traceability	98.8%	98.8%	98.0%	98.7%	99.1%	98.8%	98.7%	94.8%	92.4%	93.5%	96.1%	96.3%		96.2%	100%	▲

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

**DIVISIONAL HEAT MAP - Month 9 - 2011/12**

**QUALITY STANDARDS** *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>Clinical Effectiveness</b>																
Emergency 30 Day Readmissions (Previous Elective)	5.4%	5.2%	4.8%	5.0%	4.9%	4.8%	5.3%	4.9%	5.1%	4.8%	5.3%	4.7%		5.0%	1.6%	▲
Emergency 30 Day Readmissions (Previous Emergency)	10.1%	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%	9.7%	9.0%	9.1%		9.5%	8.0%	▼
Mortality (CHKS Risk Adjusted - Overall) ***	97.2	87.4	82.4	86.8	84.8	85.9	74.8	80.7	80.1	87.1	78.5	75.0	74.1	80.0	85	▲
Discharge summaries to GP within 24hrs (Quarterly Audit)				97%			99%			98%					100%	▲
Participation in Monthly Discharge Letter Audit (Quarterly Audit)				73%			92%			82%					100%	▲
Stroke - 90% of Stay on a Stroke Unit	74.7%	58.2%	56.0%	79.8%	85.1%	86.8%	89.2%	88.2%	88.4%	74.7%	82.3%	90.7%		85.6%	80%	▲
Stroke - TIA Clinic within 24 Hours	46.4%	66.7%	65.4%	76.7%	67.9%	64.7%	80.8%	77.8%	56.5%	63.9%	60.7%	57.1%	64.7%	66.5%	60%	▲
No. of # Neck of femurs operated on < 36hrs	67%	86%	72%	72%	72%	53%	71%	73%	71%	56%	53%	75%		66%	70%	▲
Maternity - Breast Feeding < 48 Hours	71.6%	71.5%	75.0%	76.3%	73.8%	72.9%	74.4%	74.9%	74.7%	73.3%	73.2%	74.5%	75.0%	74.1%	67.0%	▲
Maternity - % Smoking at Time of Delivery	12.3%	15.1%	11.8%	11.1%	12.4%	9.2%	10.1%	9.7%	10.9%	11.0%	11.1%	11.0%	11.7%	10.8%	18.1%	▼
Cytology Screening 7 day target	99.0%	97.8%	99.98%	99.97%	99.87%	99.98%	99.98%	99.98%	100.00%	100.00%	99.98%	100.00%	97.7%	99.7%	98%	▼

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

**DIVISIONAL HEAT MAP - Month 9 - 2011/12**

**QUALITY STANDARDS** *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

**Nursing Metrics**

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

**Patient Experience**

Inpatient Polling - treated with respect and dignity	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	96.1	96.0	96.1	96.1	95.0	95.0	▲
Inpatient Polling - rating the care you receive	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	85.0	86.8	86.3	87.7	86.8	91.0	91.0	▲
Outpatient Polling - treated with respect and dignity						96.7	93.5	84.0		91.0	94.3	98.0	92.0	92.8	95.0	95.0	▼
Outpatient Polling - rating the care you receive						87.0	85.1	72.6		82.5	85.7	84.0	91.0	84.0	85.0	85.0	▲
% 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	93%	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶

**DIVISIONAL HEAT MAP - Month 9 - 2011/12**

**OPERATIONAL STANDARDS**

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>Emergency Department</b>																
ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12)	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	92.02%	94.4%	97.0%	94.4%	95%	▲
ED 4 Hour Waits - UHL (Type 1 and 2)	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.1%	89.9%	89.8%	92.9%	96.3%	92.8%	95%	▲
ED Maximum Wait (Mins) (From Qtr 2 11/12)	1,625	1,672	993	927	836	969	921	735	957	1,503	983	958	737		360	
Admitted Median Wait (Mins) -Type1+2 (From Qtr 2 11/12)	232	233	231	229	225	220	215	203	223	231	234	219	210		205	▲
Admitted 95th Percentile Wait (Mins) - Type 1+2 (From Qtr 2 11/12)	532	646	557	572	452	479	436	343	477	568	558	483	350		350	▲
Non-Admitted Median Wait (Mins) - Type 1+2	129	121	120	133	127	123	124	120	124	132	130	127	124		105	▲
Non-Admitted 95th Percentile Wait (Mins) Type 1+2 (From Qtr 2 11/12)	254	241	239	240	240	239	237	235	240	240	240	239	236		235	▲
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	55	55	49	63	70	56	41	39	48	48	61	48	42		<15 Mins	▲
Time to Treatment - Median (From Qtr 2 11/12)	60	48	50	58	59	54	50	34	34	39	44	43	42		<60 mins	▲
Left Without Being Seen % (From Qtr 2 11/12)	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.9%	2.0%	2.3%		<5%	▼
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	6.1%	5.8%	5.5%		<5%	▲
<b>Coronary Heart Disease</b>																
Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	96.5%	92.9%	93.1%	95.3%	94.5%	95.7%	100.0%	100.0%	99.5%	98.3%	99.4%	98.8%	98.3%	98.2%	99.0%	▼
Primary PCI Call to Balloon <150 Mins	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	84.8%	90.0%	88.5%	86.3%	75.0%	▼
Rapid Access Chest Pain Clinics - % in 2 Weeks	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	98.0%	◀▶

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

**DIVISIONAL HEAT MAP - Month 9 - 2011/12**

**OPERATIONAL STANDARDS (continued)**

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>Cancer Treatment</b>																
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%	94.0%	95.3%	93.1%	94.3%	94.4%		94.3%	93%	▲
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	98.4%	99.0%	95.5%	95.4%	97.2%	93.8%	98.3%	97.7%	96.5%	97.3%	95.8%	95.4%		96.7%	93%	▼
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	98.3%	96.7%	96.6%	96.8%	97.0%	98.7%	96.8%	97.7%	97.3%	96.8%	98.4%	97.9%		97.6%	96%	▼
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.9%	98%	◀▶
31-Day Wait For Second Or Subsequent Treatment: Surgery	95.3%	94.7%	96.3%	95.8%	97.1%	95.5%	94.1%	96.9%	94.0%	95.6%	94.1%	98.8%		95.8%	94%	▲
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.3%	99.3%	100.0%	98.8%	99.1%	99.4%	100.0%	99.3%	97.8%	99.3%	99.2%	98.7%		99.1%	94%	▼
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	88.1%	85.8%	87.2%	85.9%	87.3%	85.4%	84.1%	81.8%	83.2%	81.1%	79.4%	81.3%		82.8%	85%	▲
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%	92.5%	87.9%	91.8%	95.2%	98.3%		93.6%	90%	▲
62-Day Wait For First Treatment From Consultant Upgrade	100.0%	100.0%	100.0%	100.0%	100.0%	-----	100.0%	n/a	100.0%	80.0%	100.0%	-----		92.3%	85%	▲

**DIVISIONAL HEAT MAP - Month 9 - 2011/12**

**OPERATIONAL STANDARDS (continued)**

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>Referral to Treatment</b>																
18 week referral to treatment - admitted	91.6%	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	92.0%	90.8%	90.9%	88.5%	87.6%		90%	▼
18 week referral to treatment - non admitted	97.0%	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	96.8%	96.6%	96.4%	96.2%	96.6%		95%	▲
18 week Admitted Backlog	988	980	881	838	905	809	669	879	956	1057	1104	1118	1222			
23 week Admitted Backlog	532	543	549	482	514	451	218	318	474	551	564	598	643			
18 week Non Admitted Backlog	1736	1560	1481	1737	1461	1376	1538	1896	1750	1781	1637	1558	1717			
RTT Admitted Median Wait (Weeks)	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	8.9	9.0	8.4	8.3		<=11.1	▲
RTT Admitted 95th Percentile (Weeks)	23.1	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	22.5	25.3	25.8		<=23.0	▼
RTT Non-Admitted Median Wait (Weeks)	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.8	6.3	6.1	5.8		<=6.6	▲
RTT Non-Admitted 95th Percentile (Weeks)	16.9	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.4	17.6	17.7	17.5		<=18.3	▲
RTT Incomplete Median Wait (Weeks)	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.3	6.4	5.9	6.0	6.8		<=7.2	▼
RTT Incomplete 95th Percentile (Weeks)	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	21.1	22.5	22.6	21.9	22.5		<=28.0	▼

**DIVISIONAL HEAT MAP - Month 9 - 2011/12**

**OPERATIONAL STANDARDS (continued)**

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>Access</b>																
6+ Week Wait (Diagnostics)	161	207	234	208	182	245	127	126	193	205	206	160	85	85	5	▲
Outpatient Waiting List (Total - GP/GDP Referred)	11,613	11,294	11,832	12,143	12,525	13,233	13,217	13,460	13,190	13,055	12,834	12,194	11,870	11,870		
Outpatient WL (5+ Week Local Target)	4,376	3,584	2,784	3,111	4,170	4,197	4,121	4,623	4,851	4,713	4,555	4,175	4,645	4,645		
Outpatient WL (11+ Week Local Target)	134	158	111	72	203	292	212	236	407	465	548	439	452	452	4	▼
Outpatient WL(13+ Week Local Tgt)	8	19	9	16	60	72	86	85	107	196	227	195	191	191	0	▲
Day case Waiting List (Total)	5,823	5,898	5,975	5,891	5,949	6,044	5,852	5,898	5,704	5,910	5,858	5,969	6,030	6,030		
Day Case List (11+ Week Local Target)	1112	1204	1227	1020	1148	1200	965	974	1192	1301	1240	1236	1337	1337	514	▼
Day Case List (20+ Week Local Target)	229	217	254	257	265	202	105	146	197	214	289	281	274	274	4	▲
Day Case List (26+ Week Local Target)	9	26	27	47	49	64	28	16	5	8	2	6	9	9	0	▼
Inpatient Waiting List (Total)	2,631	2,706	2,530	2,391	2,533	2,516	2,511	2,508	2,479	2,499	2,489	2,613	2,746	2,746		
Inpatient List (11+ Week Local Target)	512	567	548	495	586	540	533	490	496	515	505	468	555	555	720	▼
Inpatient List (20+ Week Local Target)	58	66	76	80	74	88	88	71	65	56	56	65	72	72	4	▼
Inpatient List (26+ Week Local Target)	5	10	12	11	6	16	19	18	11	11	2	2	4	4	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 9 - 2011/12**

**OPERATIONAL STANDARDS (continued)**

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

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

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

Outpatient DNA Rates (%)	11.2%	9.7%	8.6%	9.0%	9.2%	9.6%	9.0%	9.0%	9.5%	9.0%	9.4%	8.9%	9.4%	9.2%	9.0%	▼
Outpatient Appts % Cancelled by Hospital ***	10.4%	10.4%	10.9%	10.5%	11.4%	11.6%	10.4%	10.9%	11.0%	11.0%	10.3%	10.0%	10.6%	10.8%	10.5%	▼
Outpatient Appts % Cancelled by Patient ***	13.1%	10.0%	9.7%	9.7%	9.6%	9.9%	10.2%	10.8%	10.5%	10.4%	10.2%	9.6%	10.7%	10.2%	10.0%	▼
Outpatient F/Up Ratio	2.2	2.3	2.2	2.2	1.9	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1.9	2.0	2.1	▲
Ave Length of Stay (Nights) - Emergency	5.0	5.2	5.0	5.3	6.0	6.1	6.1	5.5	5.6	5.6	5.5	5.8	5.5	5.7	5.0	▲
Ave Length of Stay (Nights) - Elective	3.8	3.1	3.4	3.3	3.6	3.4	3.1	3.6	3.5	3.8	3.6	3.4	3.6	3.5	3.8	▼
Delayed transfers per 10,000 admissions	1.5%	1.9%	2.0%	1.8%	1.5%	1.5%	1.5%	1.6%	1.5%	1.5%	1.7%	1.5%	1.5%	1.5%	3.5%	◀▶
% of Electives admitted on day of procedure ***	81.0%	84.9%	83.9%	83.2%	82.9%	82.1%	83.0%	81.6%	81.9%	80.8%	81.3%	83.2%	81.2%	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)	75.6%	80.4%	75.3%	77.2%	77.7%	76.2%	75.9%	79.2%	81.1%	77.8%	77.0%	74.2%	75.3%	77.2%	75.0%	▲
Inpatient Theatre Utilisation Rate (%) ***	74.7%	78.4%	82.9%	82.1%	79.5%	79.5%	80.1%	81.1%	83.9%	82.5%	80.9%	80.9%	80.0%	81.0%	86.0%	▼
Day case Theatre Utilisation Rate (%) ***	79.6%	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	73.4%	78.8%	78.2%	75.1%	79.8%	75.0%	76.1%	86.0%	▼
Operations cancelled for non-clinical reasons on or after the day of admission	1.8%	1.9%	1.6%	1.6%	1.3%	1.6%	1.2%	1.0%	1.3%	1.6%	1.7%	1.8%	1.3%	1.4%	0.8%	▲
Cancelled patients offered a date within 28 days of the cancellations	90.8%	90.8%	86.0%	88.5%	82.5%	92.4%	94.0%	96.3%	95.6%	97.1%	92.3%	93.6%	84.3%	92.4%	95.0%	▼

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



## DIVISIONAL HEAT MAP - Month 9 - 2011/12

## HUMAN RESOURCES

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>Staffing</b>																
Contracted staff in post (substantive FTE)	10155.2	10158.0	10146.7	10170.9	10146.0	10103.3	10125.0	10101.3	10183.9	10138.2	10186.7	10188.3	10137.9	10137.9		
Bank hours paid (FTE)	250.8	283.5	242.7	257.3	279.7	260.4	256.4	281.7	243.1	241.7	254.8	237.9	256.7	256.7		
Overtime hours paid (FTE)	110.6	109.0	102.8	84.7	89.6	82.2	80.0	88.2	74.8	63.3	57.2	62.5	67.2	67.2		
Total FTE worked	10516.6	10550.5	10492.2	10512.9	10515.3	10445.9	10461.3	10471.2	10501.8	10443.2	10498.6	10488.6	10137.9	10137.9		
Pay bill - directly employed staff (£ m)	35.0	35.4	35.8	36.2	35.4	35.6	35.9	35.5	35.4	35.2	35.5	35.1	35.2	318.9		
Planned CIP reduction this month	0.0	4.6	-0.2	0.0												
Actual CIP reduction this month	0.7	-0.2	5.7	-13.0												
<b>Workforce HR Indicators</b>																
Sickness absence	4.7%	4.0%	3.4%	3.4%	3.2%	3.0%	3.4%	3.4%	3.1%	3.2%	3.6%	4.1%	4.7%	3.6%	3.0%	▼
Appraisals	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	95.0%	95.0%	100%	▲
Turnover	7.8%	8.1%	8.3%	8.0%	8.7%	8.6%	8.6%	8.6%	8.5%	8.1%	8.0%	7.9%	8.2%		10.0%	▲
Formal action under absence policy - Warnings issued	14	27	22	25	22	27	26	21	27	17	32	29	17	218		
Formal action under absence policy – Dismissals	3	4	0	3	0	4	6	5	6	3	3	3	4	34		
% Corporate Induction attendance	88.0%	87.0%	93.0%	96.0%	93.0%	86.0%	91.0%	89.0%	80.0%	96.0%	86.0%	94.0%	100.0%		95.0%	▲

# DIVISIONAL HEAT MAP - Month 9 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>INFECTION PREVENTION</b>																
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	◀▶
CDT Positives (UHL)	1	6	6	6	5	5	3	2	4	1	3	3	2	28	45	▲
<b>SAME SEX ACCOMMODATION</b>																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
<b>MORTALITY and READMISSIONS</b>																
30 Day Readmissions (UHL) - Any Specialty	7.0%	7.5%	7.2%	7.0%	7.6%	7.0%	7.8%	7.5%	7.7%	7.8%	7.7%	6.8%		7.5%	6.5%	▲
30 Day Readmissions (UHL) - Same Specialty	4.0%	4.6%	4.3%	4.4%	4.7%	4.6%	5.2%	5.1%	5.1%	4.9%	4.8%	4.3%		4.8%	4.0%	▲
30 Day Readmission Rate (CHKS)	6.8%	7.5%	7.0%	7.1%	7.4%	7.2%	7.8%	7.6%	7.6%	7.7%	7.5%			7.5%	6.5%	▲
Mortality (UHL Data)	1.0%	0.8%	0.7%	0.6%	0.9%	0.8%	0.7%	0.6%	0.7%	0.7%	0.6%	0.7%	0.8%	0.7%	0.9%	▼
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	108.9	89.1	76.1	76.7	82.5	90.1	76.5	79.8	83.4	85.7	75.9	84.5	94.8	84.0	90.0	▼
<b>PATIENT SAFETY</b>																
10X Medication Errors	0	0	1	0	0	0	0	0	0	0	1	0	0	1	0	◀▶
Never Events	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	◀▶
Patient Falls	79	79	50	86	57	60	56	61	60	67	68	50		479	TBC	
Complaints Re-Opened	5	4	11	7	9	6	13	7	15	15	14	15	11	105	95	▲
SUIs (Relating to Deteriorating Patients)	1	0	0	1	1	0	1	1	1	0	0	0	1	5	0	▼
RIDDOR	0	2	1	2	0	0	0	0	1	3	1	1	2	8	6	▼
In-hospital fall resulting in hip fracture		0	0	0	1	0	0	0	0	0	0	0	0	1	1	◀▶
No of Staffing Level Issues Reported as Incidents	12	11	7	4	6	2	6	3	7	9	24	15	12	84	95	▲
Outlying (daily average)	12	8	6	2	3	3	1	0	3	4	3				2	▲
Pressure Ulcers (Grade 3 and 4)	7	8	6	9	3	3	1	5	4	0	2	3		21	75	▼
ALL Complaints Regarding Attitude of Staff	6	10	11	17	10	12	15	19	17	8	11	18	15	125	122	▲
ALL Complaints Regarding Discharge	6	12	8	11	6	7	17	8	8	11	8	4	7	76	80	▼
Bed Occupancy (inc short stay admissions)	87%	93%	92%	88%	89%	92%	90%	93%	91%	92%	95%	95%	88%	92%	90%	▼
Bed Occupancy (excl short stay admissions)	83%	88%	85%	83%	84%	86%	85%	89%	88%	89%	91%	90%	84%	87%	86%	▼
Staffing : Nurses per Bed																

# DIVISIONAL HEAT MAP - Month 9 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>NURSING METRICS</b>																
Patient Observation	89%	91%	91%	95%	93%	93%	95%	95%	97%	96%	95%	97%	96%		98.0%	▼
Pain Management	88%	82%	85%	89%	86%	94%	97%	96%	96%	94%	94%	94%	95%		98.0%	▲
Falls Assessment	77%	74%	85%	72%	82%	89%	94%	92%	95%	88%	93%	94%	96%		98.0%	▲
Pressure Area Care	82%	82%	86%	88%	91%	90%	94%	92%	95%	95%	95%	96%	98%		98.0%	▲
Nutritional Assessment	83%	80%	86%	82%	94%	91%	90%	93%	96%	93%	96%	95%	97%		98.0%	▲
Medicine Prescribing and Assessment	94%	95%	98%	96%	99%	99%	98%	98%	96%	95%	95%	96%	96%		98.0%	◀▶
Hand Hygiene															98.0%	
Resuscitation Equipment	75%	63%	74%	88%	91%	93%	75%	85%	75%	81%	78%	90%	91%		98.0%	▲
Controlled Medicines	100%	85%	98%	97%	98%	96%	100%	98%	100%	100%	100%	98%	100%		98.0%	▲
VTE	69%	77%	80%	86%	85%	89%	81%	89%	89%	90%	91%	91%	92%		98.0%	▲
Patient Dignity	93%	96%	94%	99%	97%	95%	98%	96%	97%	98%	96%	96%	97%		98.0%	▲
Infection Prevention and Control	86%	92%	94%	88%	86%	90%	94%	96%	96%	97%	95%	97%	96%		98.0%	▼
Discharge					68%	64%	74%	81%	79%	80%	75%	85%	82%		98.0%	▼
Continence	85%	88%	94%	89%	93%	96%	96%	97%	99%	96%	94%	98%	99%		98.0%	▲
<b>ACCESS</b>																
RTT - Admitted	89.7%	89.8%	89.7%	90.3%	90.3%	87.5%	81.4%	88.6%	89.5%	87.5%	87.6%	85.0%	83.7%		90.0%	▼
RTT - Non Admitted	94.6%	94.6%	95.8%	95.6%	95.4%	95.6%	95.1%	95.4%	95.0%	94.6%	94.1%	93.5%	94.4%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	7,457	7,295	7,508	7,612	7,962	8,277	8,191	8,366	8,160	8,256	8,351	8,034	7,648	7,648		
Outpatient WL (5+ Week Local Target)	3,292	2,703	2,133	2,285	3,048	3,060	2,986	3,331	3,420	3,553	3,484	3,254	3,470	3,470		
Outpatient WL (11+ Week Local Target)	134	156	108	70	202	276	200	220	391	454	539	432	444	444		
Outpatient WL(13+ Week Local Tgt)	8	18	8	16	59	71	84	83	103	187	221	190	186	186	0	▲
Day case Waiting List (Total)	4,641	4,678	4,773	4,726	4,742	4,869	4,686	4,673	4,496	4,716	4,691	4,702	4,805	4,805		
Day Case List (11+ Week Local Target)	1,047	1,148	1,142	958	1,063	1,123	920	920	1,113	1,231	1,192	1,188	1,285	1,285		
Day Case List (20+ Week Local Target)	228	217	254	254	261	201	104	143	196	210	285	278	272	272		
Day Case List (26+ Week Local Target)	9	26	27	45	47	64	28	14	4	8	2	6	7	7	0	▼
Inpatient Waiting List (Total)	1,870	1,924	1,773	1,667	1,761	1,774	1,745	1,776	1,797	1,822	1,821	1,937	2,048	2,048		
Inpatient List (11+ Week Local Target)	420	441	427	391	475	446	451	407	433	452	447	407	478	478		
Inpatient List (20+ Week Local Target)	57	63	71	72	65	82	88	70	65	56	56	62	67	67		
Inpatient List (26+ Week Local Target)	5	10	12	11	6	16	19	18	11	11	2	1	2	2	0	▼

# DIVISIONAL HEAT MAP - Month 9 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>OPERATIONAL PERFORMANCE</b> *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	17.0%	18.0%	29.0%	22.0%	24.0%	22.0%	22.0%	19.0%	27.0%	24.0%	34.0%	29.0%	21.0%	24.7%	4.0%	▲
Elective LOS	3.3	2.8	3.1	3.1	3.4	3.1	2.8	3.2	3.3	3.6	3.3	3.1	3.4	3.2	3.0	▼
Non Elective LOS	6.2	5.8	5.8	6.0	6.2	6.1	6.3	5.6	6.0	5.8	6.3	6.2	5.2	6.0	5.8	▲
% of Electives Adm.on day of proc.	91.0%	92.1%	91.7%	91.4%	91.2%	90.9%	91.4%	91.3%	91.8%	90.9%	90.5%	91.9%	91.0%	91.2%	90.0%	▼
Day Case Rate (Basket of 25)	75.2%	78.7%	74.6%	76.1%	77.7%	75.8%	74.1%	77.2%	81.1%	78.4%	75.8%	72.9%	73.5%	76.2%	75.0%	▲
Day Case Rate (All Elective Care)	79.3%	81.8%	79.0%	80.1%	79.8%	80.1%	79.5%	79.1%	80.2%	80.4%	80.1%	80.2%	81.0%	80.1%	79.0%	▲
Inpatient Theatre Utilisation ***	75.0%	77.2%	82.3%	80.7%	78.1%	77.3%	79.7%	81.0%	83.2%	81.4%	79.1%	78.8%	79.1%	79.8%	86.0%	▲
Day Case Theatre Utilisation ***	79.0%	85.4%	88.5%	88.7%	66.1%	66.9%	70.4%	71.1%	74.1%	75.8%	73.4%	77.2%	72.6%	72.0%	86.0%	▼
Outpatient New : F/Up Ratio	2.4	2.6	2.5	2.4	2.6	2.5	2.5	2.5	2.5	2.7	2.5	2.5	2.4	2.5	2.3	▲
Outpatient DNA Rate	11.1%	9.9%	8.7%	9.0%	8.9%	9.1%	9.0%	8.7%	9.4%	8.9%	9.4%	8.7%	9.2%	9.0%	9.0%	▼
Outpatient Hosp Canc Rate	10.9%	10.9%	11.9%	10.8%	12.2%	12.2%	10.1%	11.1%	10.9%	10.7%	10.6%	9.6%	10.2%	10.8%	9.0%	▼
Outpatient Patient Canc Rate	12.6%	9.5%	9.2%	9.0%	9.3%	9.3%	9.7%	10.2%	9.8%	10.0%	9.7%	9.0%	10.3%	9.7%	9.0%	▼
<b>SCREENING PROGRAMMES</b>																
Diabetic Retinopathy - % Uptake	28.6%	59.8%	70.1%	56.0%	48.9%	38.7%	37.0%	35.3%	44.1%	35.5%	43.2%	83.0%	49.1%	44.3%	50.0%	▼
Diabetic Retinopathy - % Results in 3 Weeks	82.3%	64.0%	80.9%	82.3%	83.7%	75.1%	95.5%	76.9%	85.7%	86.7%	84.1%	87.8%	90.3%	85.5%	90.0%	▲
Diabetic Retinopathy - % Treatment in 4 Weeks	-----	50.0%	50.0%	-----	50.0%	50.0%	0.0%	0.0%	-----	0.0%	88.9%	83.3%	88.9%	68.3%		
Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month	5.7%	5.2%	7.0%	7.1%	5.6%	6.3%	6.0%	5.3%	7.1%	8.6%	10.6%	14.0%	9.8%	8.1%	6.0%	▼
Abdominal Aortic Aneurysm - % Uptake	100.0%	94.1%	97.1%	96.2%	90.0%	97.8%	107.0%	96.5%	114.3%	111.9%	115.9%	105.7%	104.3%	104.8%	99.0%	▼
Abdominal Aortic Aneurysm - 30 Day post-operative Mortality	-----	-----	0.0%		0.0%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%			2.4%	0.0%	◀▶
<b>HR and FINANCE</b>																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	95.3%	95.0%	94.5%	95.6%	94.8%	92.3%	91.8%	90.0%	90.4%	89.8%	91.1%	92.7%	98.0%	98.0%	100%	▲
Sickness Absence	3.9%	3.3%	3.1%	2.9%	2.7%	2.7%	3.0%	3.1%	2.9%	2.9%	3.6%	4.3%	4.5%	3.3%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	6.4	6.8	4.6	2.4	1.8	3.9	8.0	8.6	2.7	1.8	2.8	2.6	3.0			
Bank FTE	57.6	61.3	50.4	53.0	62.9	55.7	53.3	56.4	52.7	48.6	59.5	53.6	59.9			
Actual net FTE reduction this month	-7.6	-8.4	-10.9	-12.3	37.6	-37.4	2.4	35.2	7.4	-21.9	21.9	-10.5	0.2	35.0		
Planned FTE reduction this month	0.5	0.0	0.0	0.0												
Finance : CIP Delivery																

# DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	
PLANNED CARE - Specialist Surgery	<b>ACCESS</b>																	
	RTT - Admitted	91.2%	90.3%	92.7%	93.4%	93.2%	90.9%	82.6%	94.0%	92.5%	90.4%	91.2%	87.6%	86.1%		90.0%	▼	
	RTT - Non Admitted	94.6%	94.6%	96.2%	96.6%	96.3%	96.8%	96.4%	96.3%	95.7%	94.7%	94.6%	95.7%	95.5%		95.0%	▼	
	Outpatient Waiting List (Total - GP/GDP Referred)	3,767	3,811	3,719	3,689	3,992	4,238	4,142	4,196	4,038	4,141	4,323	4,077	3,992	3,992			
	Outpatient WL (5+ Week Local Target)	1,676	1,441	990	951	1,474	1,602	1,415	1,733	1,653	1,828	1,860	1,712	1,829	1,829			
	Outpatient WL (11+ Week Local Target)	86	67	29	6	61	126	39	41	132	154	175	128	135	135			
	Outpatient WL(13+ Week Local Tgt)	3	2	2	0	3	10	5	6	9	3	3	9	7	7	0	▲	
	Day case Waiting List (Total)	2,421	2,378	2,517	2,471	2,396	2,527	2,453	2,417	2,277	2,367	2,308	2,308	2,347	2,347			
	Day Case List (11+ Week Local Target)	465	525	549	451	491	589	463	466	574	632	598	574	594	594			
	Day Case List (20+ Week Local Target)	109	83	86	79	81	55	10	40	73	89	151	141	110	110			
	Day Case List (26+ Week Local Target)	2	1	14	18	10	8	0	0	0	2	0	0	1	1	0	▼	
	Inpatient Waiting List (Total)	415	414	353	292	278	287	248	261	267	296	330	336	383	383			
	Inpatient List (11+ Week Local Target)	75	91	77	52	65	57	56	44	40	42	31	29	51	51			
	Inpatient List (20+ Week Local Target)	8	4	8	9	5	3	1	2	8	5	4	1	1	1			
	Inpatient List (26+ Week Local Target)	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	▶▶	
	<b>OPERATIONAL PERFORMANCE</b>																	
	Elective LOS	1.5	1.7	2.2	2.0	2.1	2.2	2.0	2.0	2.0	2.0	2.1	2.1	1.8	2.2	2.1	1.9	▼
	Non Elective LOS	5.4	4.2	4.7	5.3	5.7	5.4	6.5	4.6	5.0	4.1	5.8	4.9	4.1	5.1	4.7	▲	
	% of Electives Adm.on day of proc.	89.6%	89.3%	85.4%	85.1%	86.4%	84.8%	85.3%	87.8%	88.2%	82.7%	84.9%	86.4%	83.9%	85.7%	85.0%	▼	
	Day Case Rate (Basket of 25)	87.9%	88.7%	87.0%	90.2%	88.0%	89.0%	87.8%	88.8%	88.7%	90.0%	89.3%	84.0%	84.3%	87.8%	75.0%	▲	
	Day Case Rate (All Elective Care)	71.3%	75.7%	71.0%	75.0%	70.9%	71.7%	73.3%	72.5%	71.0%	75.1%	71.7%	71.8%	72.9%	72.3%	70.0%	▲	
	30 Day Readmissions (UHL) - Any Specialty	3.1%	2.9%	3.1%	3.2%	3.5%	2.7%	3.2%	3.1%	3.3%	2.7%	3.7%	2.7%		3.1%	2.8%	▲	
	30 Day Readmissions (UHL) - Same Specialty	1.2%	1.3%	1.4%	1.5%	1.8%	1.5%	1.9%	1.6%	1.7%	1.3%	1.8%	1.3%		1.6%	1.3%	▲	
	Outpatient New : F/Up Ratio	2.0	2.2	2.1	2.0	2.1	2.1	2.0	2.0	2.0	2.2	2.3	2.2	2.1	2.1	1.9	▲	
	Outpatient DNA Rate	11.6%	10.3%	9.3%	9.5%	9.1%	9.4%	9.5%	9.2%	9.5%	9.2%	9.9%	9.2%	9.2%	9.4%	9.5%	▶▶	
Outpatient Hosp Canc Rate	11.9%	11.3%	10.6%	10.9%	14.2%	13.3%	11.0%	12.4%	13.0%	13.3%	13.5%	11.2%	11.9%	12.6%	11.5%	▼		
Outpatient Patient Canc Rate	14.3%	10.6%	10.1%	10.2%	10.2%	10.4%	10.7%	11.4%	10.9%	10.7%	10.4%	9.7%	11.4%	10.6%	10.0%	▼		
Bed Utilisation (Incl short stay admissions)	91%	99%	93%	91%	92%	91%	86%	86%	100%	100%	100%	99%	94%	94%	90.0%	▼		

# DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	
<b>PLANNED CARE - Specialist Surgery</b>	<b>HR and FINANCE</b>																	
	Staffing : Nurses per Bed																1.1	
	Staffing : Cost per Bed																	
	Sickness Absence	3.9%	3.1%	3.4%	4.0%	2.8%	2.7%	3.2%	2.4%	2.1%	2.0%	2.6%	3.2%	4.0%	2.8%	3.0%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	1.8	1.4	1.2	1.4	1	0.7	1.7	1.1	0.7	0.2	0.6	0.5	0.9				
	Bank FTE	15.2	21.8	19.0	17.8	26.0	18.2	18.2	17.5	15.7	16.3	23.0	16.7	18.1				
	Actual net FTE reduction this month	-3.4	1.3	5.1	-3.5	13.0	-14.6	2.9	13.7	9.5	-6.3	8.0	-6.2	0.5	20.5			
	Planned FTE reduction this month	0.0	0.0	0.0	0.0													
	Finance : CIP Delivery																	

# DIVISIONAL HEAT MAP - Month 9 2011/12

PLANNED CARE - GI Medicine / Surgery

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>ACCESS</b>																
RTT - Admitted	85.8%	87.9%	84.5%	83.8%	83.6%	80.7%	73.6%	78.3%	83.8%	81.3%	80.9%	77.8%	77.0%		90.0%	▼
RTT - Non Admitted	94.6%	93.1%	95.7%	90.5%	89.9%	90.6%	86.9%	90.1%	90.9%	92.8%	87.9%	82.4%	87.9%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	2,028	1,860	2,060	2,227	2,171	2,163	2,378	2,569	2,422	2,457	2,429	2,456	2,218	2,218		
Outpatient WL (5+ Week Local Target)	922	741	678	811	996	878	1,041	1,133	1,254	1,205	1,177	1,123	1,126	1,126		
Outpatient WL (11+ Week Local Target)	30	46	55	54	120	128	143	167	229	277	336	283	281	281		
Outpatient WL(13+ Week Local Tgt)	4	16	6	16	56	61	79	76	92	182	217	181	179	179	0	▲
Day case Waiting List (Total)	1,461	1,573	1,512	1,489	1,594	1,578	1,425	1,398	1,405	1,449	1,470	1,495	1,592	1,592		
Day Case List (11+ Week Local Target)	454	484	474	413	447	435	351	354	419	446	428	451	494	494		
Day Case List (20+ Week Local Target)	116	131	159	164	168	143	84	102	117	118	129	128	138	138		
Day Case List (26+ Week Local Target)	7	25	12	26	37	54	28	14	4	6	2	6	6	6	0	◀▶
Inpatient Waiting List (Total)	519	586	545	532	567	536	531	539	521	487	474	526	552	552		
Inpatient List (11+ Week Local Target)	157	153	157	180	211	201	190	172	179	170	152	142	152	152		
Inpatient List (20+ Week Local Target)	47	51	50	46	46	66	70	63	50	40	40	32	33	33		
Inpatient List (26+ Week Local Target)	4	10	12	10	6	14	17	18	11	11	2	1	2	2	0	▼
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	4.0	3.4	3.7	3.5	3.7	3.5	3.1	3.6	3.9	4.9	4.0	3.4	3.6	3.7	3.5	▼
Non Elective LOS	4.9	5.0	4.9	5.4	5.4	5.2	5.5	5.4	5.8	5.3	5.9	5.7	4.7	5.4	5.3	▲
% of Electives Adm.on day of proc.	91.6%	91.6%	94.2%	94.4%	93.8%	91.2%	93.4%	91.9%	93.6%	92.5%	93.2%	94.6%	93.0%	93.0%	90.0%	▼
Day Case Rate (Basket of 25)	42.5%	54.5%	47.5%	48.1%	48.0%	50.5%	46.2%	50.2%	57.2%	58.6%	50.7%	46.0%	47.7%	50.4%	75.0%	▲
Day Case Rate (All Elective Care)	80.0%	84.3%	82.6%	82.2%	82.3%	82.3%	80.5%	81.5%	83.1%	82.2%	83.6%	83.2%	83.4%	82.4%	85.0%	▲
30 Day Readmissions (UHL) - Any Specialty	7.2%	8.3%	7.8%	7.1%	7.9%	7.4%	8.0%	8.0%	7.4%	7.7%	7.5%	6.6%		7.5%	7.0%	▲
30 Day Readmissions (UHL) - Same Specialty	3.7%	4.4%	4.3%	3.6%	3.9%	4.4%	4.5%	4.9%	4.1%	3.9%	3.7%	3.3%		4.1%	3.8%	▲
Outpatient New : F/Up Ratio	1.9	2.1	2.0	2.2	2.1	2.0	2.2	2.0	1.9	2.2	1.8	1.8	1.7	1.9	2.0	▲
Outpatient DNA Rate	10.4%	10.0%	8.1%	8.4%	8.5%	8.4%	7.5%	7.9%	8.3%	7.9%	8.9%	7.5%	8.5%	8.1%	8.2%	▼
Outpatient Hosp Canc Rate	15.3%	11.8%	19.3%	16.7%	14.2%	15.1%	15.4%	16.2%	15.3%	12.1%	11.7%	12.5%	13.0%	13.9%	14.0%	▼
Outpatient Patient Canc Rate	13.9%	10.3%	9.8%	9.7%	10.5%	10.4%	10.0%	10.9%	10.9%	12.3%	11.1%	9.4%	11.1%	10.7%	10.3%	▼
Bed Utilisation (Incl short stay admissions)	85%	93%	91%	87%	89%	96%	95%	94%	93%	100%	94%	94%	91%	94%	90.0%	▼



# DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	
<b>PLANNED CARE - GI Medicine / Surgery</b>	<b>HR and FINANCE</b>																	
	Staffing : Nurses per Bed																1.1	
	Staffing : Cost per Bed																	
	Sickness Absence	4.0%	2.9%	2.5%	2.3%	2.8%	2.4%	2.9%	3.3%	3.0%	3.3%	4.4%	6.1%	7.0%	3.9%	3.0%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	1.4	3.2	2.1	0.5	0.2	1.3	2.7	5.4	1.4	1.0	1.3	0.8	0.8				
	Bank FTE	22.8	24.2	16.3	17.0	19.8	19.3	15.9	21.3	21.9	16.6	15.1	16.5	18.7				
	Actual net FTE reduction this month	-3.8	0.6	-9.4	-9.5	13.2	-4.1	-6.5	11.7	-5.2	-2.4	5.2	-3.0	1.3	10.3			
	Planned FTE reduction this month	0.0	0.0	0.0	0.0													
	Finance : CIP Delivery																	

# DIVISIONAL HEAT MAP - Month 9 2011/12

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>ACCESS</b>																
RTT - Admitted	--	--	--	--	--	--	--	--	--	100%	100%	--	--		90.0%	◀▶
RTT - Non Admitted	98.2%	95.5%	97.8%	98.0%	97.0%	98.8%	100.0%	99.0%	99.2%	98.9%	99.0%	97.5%	99.1%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	92	108	102	87	81	102	92	105	78	97	87	91	73	73		
Outpatient WL (5+ Week Local Target)	17	21	15	12	9	9	10	6	7	6	5	4	7	7		
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)	57	45	55	52	52	53	53	75	46	67	68	59	65	65		
Day Case List (11+ Week Local Target)	0	0	2	1	2	1	0	1	2	0	0	0	0	0		
Day Case List (20+ Week Local Target)	0	0	1	1	0	0	0	0	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	3	9	8	6	8	8	6	3	3	6	6	3	12	12		
Inpatient List (11+ Week Local Target)	0	0	0	0	1	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	◀▶
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	6.3	5.8	6.5	8.5	8.8	5.9	7.1	9.9	6.7	9.2	8.1	7.0	8.8	7.9	7.0	▼
Non Elective LOS	6.9	5.5	6.1	5.5	5.7	6.2	5.7	4.9	5.6	5.4	4.5	5.9	4.6	5.4	5.7	▲
% of Electives Adm.on day of proc.	69.8%	82.0%	78.7%	70.2%	75.9%	78.4%	75.0%	72.7%	68.0%	78.2%	69.2%	77.4%	80.0%	74.8%	75.0%	▲
Day Case Rate (All Elective Care)	95.8%	96.3%	96.2%	96.9%	97.7%	97.1%	96.7%	96.9%	96.5%	96.4%	96.5%	96.1%	96.8%	96.7%	96.5%	▲
30 Day Readmissions (UHL) - Any Specialty	10.8%	11.5%	11.3%	11.8%	11.9%	11.0%	13.8%	11.9%	13.1%	12.9%	12.7%	11.9%		12.4%	11.0%	▲
30 Day Readmissions (UHL) - Same Specialty	8.2%	9.6%	9.0%	10.2%	10.2%	9.2%	11.8%	10.4%	11.1%	10.8%	10.9%	10.5%		10.6%	9.4%	▲
Outpatient New : F/Up Ratio	8.2	8.7	8.9	8.0	9.0	8.5	8.5	8.2	8.2	8.6	8.0	7.8	7.6	8.2	8.1	▲
Outpatient DNA Rate	10.7%	8.6%	7.3%	8.3%	9.2%	8.5%	8.1%	7.9%	8.7%	8.4%	8.3%	7.7%	8.2%	8.3%	7.4%	▼
Outpatient Hosp Canc Rate	6.5%	7.4%	7.2%	6.6%	7.2%	8.1%	5.6%	6.6%	5.7%	6.3%	4.8%	5.3%	5.6%	6.1%	7.3%	▼
Outpatient Patient Canc Rate	8.1%	6.6%	7.1%	6.4%	6.3%	6.2%	7.3%	6.8%	6.9%	6.8%	6.9%	6.6%	7.1%	6.8%	7.0%	▼
Bed Utilisation (Incl short stay admissions)	93%	97%	94%	91%	95%	94%	95%	95%	97%	99%	97%	97%	93%	96%	95.0%	▼
<b>HR and FINANCE</b>																
Staffing : Nurses per Bed															1.1	
Staffing : Cost per Bed																
Sickness Absence	4.1%	4.3%	3.1%	2.5%	2.2%	2.8%	2.9%	3.8%	3.8%	2.6%	2.4%	2.9%	2.4%	2.9%	3.0%	▲
Agency Costs (£000s)																
Overtime FTE	0.3	0.1	0.8	0.3	0.5	0.5	1.8	0.5	0.4	0.5	0.8	0.6	0.6			
Bank FTE	10.0	8.7	9.4	9.3	8.7	9.0	10.8	10.6	8.3	9.4	14.0	13.8	14.1			
Actual net FTE reduction this month	1.3	-4.9	-2.6	-2.0	9.0	-9.7	-1.3	-0.7	-3.5	-8.5	4.0	-0.8	1.4	-10.2		
Planned FTE reduction this month	0.0	0.0	0.0	0.0												
Finance : CIP Delivery																

PLANNED CARE - Cancer and Haematology

# DIVISIONAL HEAT MAP - Month 9 2011/12

PLANNED CARE - Musculo-Skeletal

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>ACCESS</b>																
RTT - Admitted	92.3%	91.2%	90.8%	92.7%	94.1%	91.0%	90.0%	91.2%	91.6%	91.0%	91.0%	90.0%	90.0%		90.0%	▼
RTT - Non Admitted	94.3%	95.5%	94.4%	95.4%	96.8%	95.0%	96.5%	95.8%	95.0%	95.4%	96.9%	94.8%	95.5%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	1,570	1,516	1,627	1,609	1,718	1,774	1,579	1,496	1,622	1,561	1,512	1,410	1,365	1,365		
Outpatient WL (5+ Week Local Target)	677	500	450	511	569	571	520	459	506	514	442	415	508	508		
Outpatient WL (11+ Week Local Target)	18	43	24	10	21	22	18	12	30	23	28	21	28	28		
Outpatient WL(13+ Week Local Tgt)	1	0	0	0	0	0	0	1	2	2	1	0	0	0	0	◀▶
Day case Waiting List (Total)	702	682	689	714	700	711	755	783	768	833	845	840	801	801		
Day Case List (11+ Week Local Target)	128	139	117	93	123	98	106	99	118	153	166	163	197	197		
Day Case List (20+ Week Local Target)	3	3	8	10	12	3	10	1	6	3	5	9	24	24		
Day Case List (26+ Week Local Target)	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	933	915	867	837	908	943	960	973	1,006	1,033	1,011	1,072	1,101	1,101		
Inpatient List (11+ Week Local Target)	188	197	193	159	198	188	205	191	214	240	264	236	275	275		
Inpatient List (20+ Week Local Target)	2	8	13	17	14	13	17	5	7	11	12	29	33	33		
Inpatient List (26+ Week Local Target)	0	0	0	1	0	1	2	0	0	0	0	0	0	0	0	◀▶
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	4.0	2.8	3.1	3.2	4.0	3.2	2.8	3.1	3.5	2.6	2.8	3.4	3.4	3.2	3.3	◀▶
Non Elective LOS	10.5	10.4	9.6	9.5	10.1	9.6	10.0	8.3	7.7	9.2	9.7	9.6	8.4	9.1	9.6	▲
% of Electives Adm.on day of proc.	96.2%	97.0%	97.9%	97.5%	95.2%	98.6%	98.5%	96.4%	97.6%	98.3%	96.3%	97.2%	97.6%	97.3%	97.5%	▲
Day Case Rate (Basket of 25)	85.4%	80.6%	80.5%	77.3%	84.2%	80.4%	83.5%	84.2%	87.7%	77.8%	75.6%	80.3%	81.5%	81.8%	75.0%	▲
Day Case Rate (All Elective Care)	46.0%	47.2%	43.6%	47.1%	45.5%	48.4%	51.4%	46.8%	47.7%	41.8%	44.4%	47.0%	44.8%	46.5%	46.0%	▼
30 Day Readmissions (UHL) - Any Specialty	4.6%	4.7%	5.0%	5.1%	4.6%	5.0%	3.4%	4.4%	4.7%	5.5%	5.2%	3.7%		4.5%	4.0%	▲
30 Day Readmissions (UHL) - Same Specialty	1.0%	1.1%	1.2%	1.7%	1.9%	2.0%	1.0%	1.9%	1.6%	2.5%	1.6%	0.7%		1.6%	1.8%	▲
Outpatient New : F/Up Ratio	1.6	1.8	1.8	1.7	1.9	1.7	1.8	1.8	1.8	2.0	1.7	1.8	1.8	1.8	1.7	◀▶
Outpatient DNA Rate	10.6%	10.3%	8.9%	8.7%	8.6%	9.6%	9.8%	9.0%	10.7%	9.3%	9.7%	9.3%	10.9%	9.6%	9.0%	▼
Outpatient Hosp Canc Rate	9.0%	12.2%	13.5%	9.6%	10.7%	10.7%	7.8%	8.0%	7.2%	7.1%	7.9%	7.0%	7.7%	8.2%	10.5%	▼
Outpatient Patient Canc Rate	11.2%	8.7%	8.5%	8.2%	9.0%	8.7%	9.2%	10.3%	9.3%	9.4%	9.6%	9.0%	10.0%	9.4%	8.8%	▼
Bed Utilisation (Incl short stay admissions)	85%	87%	90%	88%	84%	86%	84%	84%	79%	73%	91%	93%	79%	84%	90.0%	▼

# DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	
<b>PLANNED CARE - Musculo-Skeletal</b>	<b>HR and FINANCE</b>																	
	Staffing : Nurses per Bed																1.1	
	Staffing : Cost per Bed																	
	Sickness Absence	3.4%	3.0%	3.5%	2.9%	2.9%	3.2%	3.0%	2.98%	3.2%	3.9%	4.8%	4.7%	3.8%	3.6%	3.0%	▲	
	Agency Costs (£000s)																	
	Overtime FTE	2.9	2.1	0.5	0.2	0.2	1.4	1.8	1.6	0.3	0.1	0.1	0.6	0.7				
	Bank FTE	9.6	6.6	5.7	8.8	8.5	9.1	8.5	7.1	6.9	6.4	7.5	6.7	8.9				
	Actual net FTE reduction this month	-1.8	-5.4	-4.0	2.7	2.5	-9.0	4.4	-2.6	6.6	-4.7	5.7	-2.5	-2.0	-1.5			
	Planned FTE reduction this month	0.5	0.0	0.0	0.0													
	Finance : CIP Delivery																	

# DIVISIONAL HEAT MAP - Month 9 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>INFECTION PREVENTION</b>																
MRSA Bacteraemias	0	1	2	1	2	0	0	1	1	0	0	1	0	5	6	▲
CDT Positives (UHL)	10	11	10	7	3	10	4	6	6	6	9	8	4	56	104	▲
<b>SAME SEX ACCOMMODATION</b>																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
<b>MORTALITY and READMISSIONS</b>																
30 Day Readmissions (UHL) - Any Specialty	12.4%	13.0%	12.2%	12.6%	11.1%	10.9%	11.9%	11.9%	11.8%	11.1%	11.3%	11.0%		11.4%	10.0%	▲
30 Day Readmissions (UHL) - Same Specialty	6.1%	6.4%	6.3%	6.2%	6.6%	5.9%	6.6%	6.4%	6.3%	6.2%	6.9%	5.6%		6.3%		
Mortality (UHL Data)	5.1%	4.9%	3.9%	4.0%	4.0%	4.0%	3.2%	3.6%	3.3%	3.7%	3.8%	3.5%	4.0%	3.7%	4.3%	▼
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	96.0	87.6	83.8	89.1	86.0	85.5	74.4	81.5	78.9	88.0	79.8	73.3	70.2	79.0	85	▲
<b>PATIENT SAFETY</b>																
10X Medication Errors	0	0	2	0	0	0	1	0	0	0	0	1	0	2	0	▲
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	170	191	166	147	199	194	176	196	172	155	191	164		1447	TBC	
Complaints Re-Opened	6	8	4	11	3	6	6	6	7	11	9	8	5	61	75	▲
SUIs (Relating to Deteriorating Patients)	1	0	0	0	0	0	0	0	0	0	0	2	0	2	0	▲
RIDDOR	0	1	5	4	1	3	1	2	2	0	1	1	2	13	12	▼
In-hospital fall resulting in hip fracture		2	2	2	1	0	0	0	0	0	0	0	0	1	6	◀▶
Staffing Level Issues Reported as Incidents	5	13	5	7	3	1	5	5	11	12	10	10	14	71	140	▼
Outlying (daily average)	14	27	9	22	9	5	8	2	7	12	2				10	▲
Pressure Ulcers (Grade 3 and 4)	19	25	7	11	12	9	15	11	3	5	9	3		67	118	▲
ALL Complaints Regarding Attitude of Staff	10	13	15	21	14	10	14	13	14	18	14	11	11	119	110	▶▶
ALL Complaints Regarding Discharge	12	17	19	27	13	20	17	10	17	16	11	13	21	138	120	▼
Bed Occupancy (inc short stay admissions)	91%	93%	94%	91%	90%	91%	92%	93%	93%	92%	94%	95%	94%	93%	90%	▼
Bed Occupancy (excl short stay admissions)	89%	91%	90%	88%	87%	87%	88%	89%	89%	89%	90%	91%	91%	89%	86%	◀▶
Staffing : Nurses per Bed																

# DIVISIONAL HEAT MAP - Month 9 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>NURSING METRICS</b>																
Patient Observation	89%	96%	89%	87%	91%	96%	96%	97%	96%	96%	96%	95%	95%		98.0%	◀▶
Pain Management	80%	93%	90%	89%	91%	94%	97%	96%	96%	95%	92%	94%	97%		98.0%	▲
Falls Assessment	80%	83%	87%	82%	88%	93%	96%	95%	95%	94%	89%	94%	93%		98.0%	▼
Pressure Area Care	86%	94%	91%	91%	99%	95%	98%	96%	95%	95%	93%	96%	93%		98.0%	▼
Nutritional Assessment	82%	92%	87%	88%	87%	96%	95%	97%	93%	93%	91%	95%	94%		98.0%	▼
Medicine Prescribing and Assessment	91%	100%	98%	97%	95%	98%	98%	99%	99%	97%	95%	96%	96%		98.0%	◀▶
Hand Hygiene															98.0%	
Resuscitation Equipment	66%	67%	88%	75%	83%	94%	98%	88%	89%	89%	67%	56%	56%		98.0%	◀▶
Controlled Medicines	97%	92%	99%	100%	97%	100%	98%	99%	98%	99%	99%	100%	99%		98.0%	▼
VTE	59%	64%	68%	74%	70%	77%	73%	79%	79%	80%	89%	89%	88%		98.0%	▼
Patient Dignity	94%	97%	96%	96%	96%	98%	97%	97%	97%	98%	95%	96%	96%		98.0%	◀▶
Infection Prevention and Control	91%	93%	95%	91%	98%	95%	94%	96%	96%	99%	95%	97%	98%		98.0%	▲
Discharge					86%	78%	84%	80%	85%	86%	77%	85%	86%		98.0%	▲
Continence	83%	86%	86%	87%	91%	95%	89%	95%	94%	94%	96%	98%	97%		98.0%	▼
<b>ACCESS</b>																
RTT - Admitted	97.6%	95.0%	91.5%	94.4%	92.3%	93.5%	91.4%	98.8%	97.9%	98.1%	99.0%	95.7%	98.3%		90.0%	▲
RTT - Non Admitted	99.6%	99.1%	99.3%	99.0%	99.5%	99.5%	99.4%	99.6%	99.3%	99.5%	99.2%	99.3%	99.2%		95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	2,768	2,690	2,844	2,929	2,950	3,143	3,156	3,266	3,222	3,061	2,938	2,742	2,900	2,900		
Outpatient WL (5+ Week Local Target)	865	699	537	672	863	862	807	956	1,079	859	801	705	949	949		
Outpatient WL (11+ Week Local Target)	0	1	3	2	0	8	4	5	4	0	2	1	0	0		
Outpatient WL(13+ Week Local Tgt)	0	1	1	0	0	1	0	0	1	0	0	0	0	0	0	◀▶
Day case Waiting List (Total)	655	726	661	604	640	646	575	622	626	602	570	618	612	612		
Day Case List (11+ Week Local Target)	30	35	49	24	38	38	23	23	43	32	32	28	34	34		
Day Case List (20+ Week Local Target)	1	0	0	0	0	1	0	1	0	0	1	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	450	480	474	482	487	470	468	434	366	382	376	385	398	398		
Inpatient List (11+ Week Local Target)	52	78	87	75	77	66	54	54	35	25	28	37	44	44		
Inpatient List (20+ Week Local Target)	1	3	5	8	9	6	0	1	0	0	0	2	4	4		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	▼

# DIVISIONAL HEAT MAP - Month 9 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>OPERATIONAL PERFORMANCE</b>																
*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	6.0%	4.0%	9.0%	8.0%	7.0%	7.0%	9.0%	11.0%	8.0%	6.0%	10.0%	13.0%	3.0%	8.2%	4.0%	▲
Elective LOS	6.2	4.3	5.2	4.6	5.2	5.7	4.5	5.3	5.0	5.3	4.6	4.9	4.8	5.0	5.0	▲
Non Elective LOS	5.9	6.1	6.0	6.4	6.9	7.1	7.1	6.4	6.4	6.9	6.3	6.8	6.5	6.7	6.0	▲
% of Electives Adm.on day of proc.	48.7%	56.6%	57.5%	55.1%	56.3%	50.5%	57.5%	51.9%	50.2%	51.0%	54.8%	53.7%	52.3%	53.1%	54.0%	▼
Day Case Rate (All Elective Care)	64.9%	68.7%	71.2%	71.8%	71.0%	73.6%	71.7%	71.9%	67.3%	70.9%	67.1%	71.2%	69.2%	70.5%	70.0%	▼
Inpatient Theatre Utilisation ***	75.2%	84.1%	90.9%	90.1%	87.4%	91.6%	85.3%	86.2%	92.5%	90.3%	88.1%	89.7%	85.3%	88.5%	86.0%	▼
Day Case Theatre Utilisation ***	----	72.6%	64.5%	58.4%	86.5%	83.5%	67.3%	62.3%	68.1%	73.1%	79.0%	79.0%	----	74.8%	86.0%	▶▶
Operations cancelled for non-clinical reasons																
Cancelled Operations - 28 Day Re-Books															100%	
Outpatient New : F/Up Ratio	2.2	2.4	2.4	2.4	1.7	1.9	1.9	1.8	1.9	1.8	2.0	1.8	1.7	1.8	2.0	▲
Outpatient DNA Rate	11.3%	9.3%	8.3%	8.9%	9.7%	10.0%	8.4%	9.1%	9.2%	9.1%	9.6%	9.0%	9.3%	9.3%	9.5%	▼
Outpatient Hosp Canc Rate	11.7%	11.7%	11.1%	11.9%	12.6%	13.3%	12.3%	12.5%	12.9%	12.1%	10.6%	11.9%	13.0%	12.3%	12.8%	▼
Outpatient Patient Canc Rate	14.2%	11.0%	10.4%	10.1%	10.1%	10.6%	10.7%	11.1%	11.1%	10.9%	10.6%	10.0%	11.2%	10.7%	10.5%	▼
Bed Utilisation																
<b>HR and FINANCE</b>																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	85.4%	83.1%	79.4%	80.7%	81.6%	80.1%	77.7%	78.9%	85.5%	81.2%	90.5%	93.6%	93.5%	93.5%	100%	▼
Sickness Absence	5.5%	4.6%	4.3%	3.8%	3.4%	3.1%	3.8%	3.6%	3.5%	3.4%	3.6%	4.4%	5.4%	3.8%	3%	▼
Agency Costs (£000s)																
Overtime FTE	39.3	40.8	36.7	24.1	20.9	23.3	23.9	28.1	23.5	17.2	14.9	16.5	17.5			
Bank FTE	106.2	131.8	127.7	138.2	141.8	128.9	128.5	150.2	127.6	116.4	118.7	110.2	120.1			
Actual net FTE reduction this month	-3.4	37.9	0.0	34.3	-15.4	-10.6	2.7	15.0	4.8	-23.8	24.4	-10.3	-10.3	-23.3		
Planned FTE reduction this month	-1.5	2.0	0.0	0.0												
Finance : CIP Delivery																



# DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	
ACUTE CARE - Medicine	<b>ACCESS</b>																	
	RTT - Admitted	100.0%	98.0%	98.4%	98.9%	98.3%	100.0%	100.0%	100.0%	98.4%	97.7%	99.0%	98.9%	100.0%		90.0%	▲	
	RTT - Non Admitted	99.6%	99.1%	99.7%	99.8%	99.8%	99.9%	99.8%	99.6%	99.5%	99.7%	99.2%	99.5%	99.8%		95.0%	▲	
	Outpatient Waiting List (Total - GP/GDP Referred)	1,713	1,678	1,723	1,799	1,831	2,088	2,103	2,211	2,184	2,110	2,005	1,837	1,879	1,879			
	Outpatient WL (5+ Week Local Target)	511	417	309	366	485	518	536	660	763	590	580	498	614	614			
	Outpatient WL (11+ Week Local Target)	0	1	0	2	0	7	2	5	3	0	0	0	0	0			
	Outpatient WL(13+ Week Local Tgt)	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
	Day case Waiting List (Total)	182	207	181	131	174	169	141	133	165	157	164	169	156	156			
	Day Case List (11+ Week Local Target)	1	2	9	2	9	2	1	2	7	2	4	1	2	2			
	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	0	0	0	0	0	0	◀▶
	Inpatient Waiting List (Total)	13	7	3	6	6	6	0	0	0	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	0	◀▶
	<b>OPERATIONAL PERFORMANCE</b>																	
	Elective LOS	18.0	2.9	9.0	5.3	7.2	15.8	1.7	5.4	5.8	9.6	7.5	17.3	6.3	8.3	7.5	▲	
	Non Elective LOS	7.1	7.8	7.6	7.8	7.2	7.7	7.4	6.2	6.8	7.8	6.6	7.4	6.6	7.1	7.4	▲	
	% of Electives Adm.on day of proc.	43.5%	48.0%	37.5%	12.5%	45.5%	50.0%	55.6%	57.1%	29.2%	42.9%	66.7%	44.4%	42.9%	46.3%	45.0%	▼	
	Day Case Rate (All Elective Care)	92.3%	90.6%	95.9%	95.4%	96.5%	97.6%	98.0%	97.5%	93.9%	96.9%	95.8%	97.3%	97.4%	96.8%	94.0%	▲	
30 Day Readmissions (UHL) - Any Specialty	11.8%	13.2%	11.6%	12.4%	11.3%	10.8%	11.5%	11.5%	11.9%	10.2%	11.9%	11.1%		11.3%	11.0%	▲		
Outpatient New : F/Up Ratio	2.3	2.7	2.8	2.9	2.5	2.6	2.4	2.3	2.4	2.3	2.5	2.3	2.3	2.4	2.5	◀▶		
Outpatient DNA Rate	11.0%	9.3%	8.2%	8.5%	9.5%	9.6%	7.9%	9.0%	9.2%	8.9%	10.0%	9.0%	8.8%	9.1%	9.0%	▲		
Outpatient Hosp Canc Rate	9.5%	9.9%	9.8%	10.0%	10.5%	9.7%	10.4%	11.2%	10.5%	10.3%	9.2%	10.0%	10.7%	10.3%	10.5%	▼		
Outpatient Patient Canc Rate	14.6%	11.4%	10.3%	10.5%	10.2%	11.4%	11.0%	11.5%	11.9%	11.8%	11.5%	10.9%	12.1%	11.4%	11.0%	▼		
Bed Utilisation (Incl short stay admissions)	94%	94%	95%	90%	89%	91%	92%	96%	94%	93%	98%	97%	98%	94%	90.0%	▲		

## DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	
<b>ACUTE CARE - Medicine</b>	<b>HR and FINANCE</b>																	
	Staffing : Nurses per Bed																	
	Staffing : Cost per Bed																	
	Sickness Absence	5.7%	4.9%	4.7%	3.8%	3.7%	3.7%	4.5%	3.8%	3.6%	3.4%	3.6%	3.8%	4.7%	3.9%	3.0%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	20.0	16.4	16.8	9.9	7.4	9.6	11.1	11.0	6.7	4.6	4.2	4.6	4.5				
	Bank FTE	46.4	67.6	65.9	73.4	76.7	66.2	66.4	74.6	63.1	55.3	60.0	54.6	54.5				
	Actual net FTE reduction this month	-14.5	25.0	0.7	-21.5	2.3	-14.8	-24.9	-6.6	-4.8	-22.3	26.4	-1.8	-4.9	-51.5			
	Planned FTE reduction this month	0.0	2.0	0.0	0.0													
	Finance : CIP Delivery																	

# DIVISIONAL HEAT MAP - Month 9 2011/12

ACUTE CARE - Respiratory Med. & Thoracic Surgery

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>ACCESS</b>																
RTT - Admitted	100%	97.3%	100%	100%	100%	98.0%	100%	100%	98%	100%	100%	100%	100%		90.0%	◀▶
RTT - Non Admitted	100%	100%	99.1%	95.7%	100%	100%	100%	100%	100%	99.2%	99.2%	99.3%	100.0%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	419	396	441	443	441	417	376	390	385	335	336	275	347	347		
Outpatient WL (5+ Week Local Target)	128	100	78	109	117	121	88	93	111	84	58	33	89	89		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	1	1	0	1	0	1	0	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	◀▶
Day case Waiting List (Total)	23	12	8	17	14	9	13	21	22	11	9	16	10	10		
Day Case List (11+ Week Local Target)	0	0	0	0	0	0	0	1	0	1	0	2	0	0		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	1	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	23	24	22	27	24	31	36	28	18	29	29	28	35	35		
Inpatient List (11+ Week Local Target)	3	2	1	0	0	0	1	2	0	1	1	0	0	0		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	1	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	◀▶
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	6.0	5.1	8.2	6.3	6.8	6.6	6.1	6.9	7.1	8.5	6.3	8.3	5.8	6.9	6.6	▲
Non Elective LOS	4.5	5.7	4.3	4.6	4.8	4.2	4.7	4.7	4.3	4.2	4.1	4.3	4.1	4.4	4.5	▲
% of Electives Adm.on day of proc.	36.6%	60.0%	47.1%	40.8%	53.8%	48.3%	51.6%	48.3%	44.8%	46.6%	47.6%	44.3%	51.9%	48.5%	50.0%	▲
Day Case Rate (All Elective Care)	58.7%	69.4%	63.6%	72.1%	64.2%	65.7%	63.4%	68.8%	65.0%	66.5%	67.6%	68.0%	67.4%	66.3%	68.7%	▼
30 Day Readmissions (UHL) - Any Specialty	13.9%	14.3%	13.4%	14.5%	12.4%	11.8%	14.4%	13.8%	14.4%	14.3%	14.0%	13.1%		13.6%	12.0%	▲
Outpatient New : F/Up Ratio	1.6	1.6	1.6	1.5	1.6	1.5	1.6	1.6	1.7	1.5	1.7	1.5	1.6	1.6	1.5	▼
Outpatient DNA Rate	12.6%	10.2%	8.4%	10.3%	11.2%	12.1%	10.7%	11.5%	10.1%	10.5%	11.5%	10.4%	11.2%	11.0%	11.3%	▼
Outpatient Hosp Canc Rate	11.1%	11.3%	10.4%	11.5%	9.4%	11.2%	8.9%	8.7%	11.1%	9.3%	7.3%	9.2%	15.9%	10.0%	11.0%	▼
Outpatient Patient Canc Rate	13.9%	12.1%	10.6%	11.3%	10.8%	10.1%	10.8%	12.0%	11.0%	10.7%	10.3%	9.5%	9.6%	10.5%	10.2%	▼
Bed Utilisation (Incl short stay admissions)	91%	97%	98%	100%	96%	95%	95%	94%	95%	94%	93%	95%	97%	95%	90.0%	▲

## DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>ACUTE CARE - Respiratory Med. &amp;</b>	<b>HR and FINANCE</b>																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	5.1%	4.5%	3.3%	3.4%	2.4%	2.7%	2.5%	2.4%	2.7%	2.7%	3.2%	5.0%	7.6%	3.5%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	0.8	1.9	1.8	0.7	0.1	0.4	0.1	0.3	0.1	0.1	0.1	0.1	0.2	0.1		
	Bank FTE	20.4	21.6	19.6	22.9	21.7	18.5	19.5	22.3	19.7	18.0	17.4	16.8	15.5			
	Actual net FTE reduction this month	11.5	1.4	1.6	35.4	4.5	-1.5	33.3	3.9	3.3	-3.6	0.9	2.3	3.8	46.8		
	Planned FTE reduction this month	0.0	0.0	0.0	0.0												
	Finance : CIP Delivery																

# DIVISIONAL HEAT MAP - Month 9 2011/12

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>ACCESS</b>																
RTT - Admitted	96.6%	94.1%	89.6%	92.7%	90.6%	91.4%	88.8%	99.2%	97.9%	98.1%	99.0%	94.8%	97.8%		90.0%	▼
RTT - Non Admitted	99.3%	98.3%	97.8%	95.7%	98.4%	98.2%	97.8%	98.4%	98.4%	99.3%	99.2%	98.7%	97.2%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	636	616	680	687	678	638	677	665	653	616	597	630	674	674		
Outpatient WL (5+ Week Local Target)	226	182	150	197	261	223	183	203	205	185	163	174	246	246		
Outpatient WL (11+ Week Local Target)	0	0	3	0	0	0	1	0	0	0	1	1	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Day case Waiting List (Total)	450	507	472	456	452	468	421	468	439	434	397	433	446	446		
Day Case List (11+ Week Local Target)	29	33	40	22	29	36	22	20	36	29	28	25	32	32		
Day Case List (20+ Week Local Target)	1	0	0	0	0	1	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)	414	449	449	449	457	433	432	406	348	353	347	357	363	363		
Inpatient List (11+ Week Local Target)	49	76	86	75	77	66	53	52	35	24	27	37	44	44		
Inpatient List (20+ Week Local Target)	1	3	5	8	9	6	0	0	0	0	0	2	4	4		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	▼
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	5.2	4.3	4.4	4.2	4.7	5.0	4.3	5.0	4.6	4.6	4.2	3.7	4.6	4.5	4.7	▼
Non Elective LOS	10.6	8.7	10.4	10.6	9.8	9.9	10.4	9.7	8.5	9.1	8.9	8.4	9.5	9.4	10.4	▼
% of Electives Adm.on day of proc.	52.6%	56.9%	60.7%	59.7%	57.4%	51.0%	58.8%	52.5%	52.9%	52.2%	55.6%	55.9%	52.7%	54.4%	55.0%	▼
Day Case Rate (All Elective Care)	50.5%	55.8%	57.0%	53.2%	51.6%	57.6%	52.4%	51.7%	52.2%	52.2%	49.0%	54.1%	51.3%	52.4%	52.0%	▼
30 Day Readmissions (UHL) - Any Specialty	10.3%	9.8%	10.4%	9.2%	9.6%	10.3%	10.3%	11.0%	9.1%	9.9%	8.0%	9.4%		9.7%	9.0%	▼
Outpatient New : F/Up Ratio	2.7	2.9	2.4	2.5	2.3	2.6	2.6	2.6	2.5	2.6	2.8	2.6	2.5	2.6	2.4	▲
Outpatient DNA Rate	10.4%	8.5%	7.5%	8.0%	8.0%	8.6%	7.1%	7.4%	8.2%	7.6%	7.0%	7.8%	8.4%	7.8%	8.2%	▼
Outpatient Hosp Canc Rate	16.7%	16.0%	14.4%	16.4%	18.8%	21.6%	18.1%	17.2%	18.7%	17.3%	15.2%	17.3%	16.9%	17.9%	18.6%	▲
Outpatient Patient Canc Rate	13.8%	9.4%	10.3%	8.8%	9.3%	9.2%	9.8%	9.9%	9.4%	9.1%	9.1%	8.4%	10.1%	9.3%	9.3%	▼
Bed Utilisation (Incl short stay admissions)	88%	90%	90%	89%	90%	89%	92%	88%	89%	89%	88%	91%	89%	90%	90.0%	▼

ACUTE CARE - Cardiac, Renal & Critical Care

## DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	
<b>ACUTE CARE - Cardiac, Renal &amp; Critical Care</b>	<b>HR and FINANCE</b>																	
	Staffing : Nurses per Bed																	
	Staffing : Cost per Bed																	
	Sickness Absence	5.6%	4.5%	4.1%	3.7%	3.6%	2.9%	3.7%	3.8%	3.7%	3.7%	3.7%	4.7%	5.8%	3.9%	3.0%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	14.7	20.0	15.1	9.6	9.3	9.4	8.4	11.2	9.9	8.8	7.1	7.7	8.0				
	Bank FTE	27.9	29.0	29.8	29.6	31.8	30.9	31.4	40.1	30.6	31.8	30.0	29.1	38.3				
	Actual net FTE reduction this month	1.1	6.1	2.8	19.7	-23.2	6.1	-39.0	6.7	-10.9	-3.1	-3.1	-4.8	-11.0	-82.3			
	Planned FTE reduction this month	-1.5	0.0	0.0	0.0													
	Finance : CIP Delivery																	

# DIVISIONAL HEAT MAP - Month 9 2011/12

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>OPERATIONAL PERFORMANCE</b>																
ED Waits - Type 1	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	91.0%	88.7%	88.5%	92.1%	96.0%	92.0%	95%	▲
Admitted Median Wait (Mins) - Type 1	233	233	231	230	225	220	215	203	223	232	234	219	210		205	▲
Admitted 95th Percentile Wait (Mins) - Type 1	532	646	557	573	453	479	436	343	478	569	558	484	350		350	▲
Non-Admitted Median Wait (Mins) - Type 1	135	128	128	138	131	127	131	124	132	138	135	133	129		105	▲
Non-Admitted 95th Percentile Wait (Mins) Type 1	263	260	240	255	240	240	238	236	240	255	253	240	236		235	▲
Outpatient New : F/Up Ratio	0.2	0.2	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	◀▶
Outpatient DNA Rate	21.9%	20.2%	25.7%	25.1%	25.5%	24.4%	26.7%	23.0%	22.3%	27.6%	25.4%	20.8%	27.8%	24.9%	24.4%	▼
Outpatient Hosp Canc Rate	1.3%	2.0%	0.6%	1.8%	3.1%	2.0%	1.3%	2.3%	2.1%	1.3%	2.7%	3.0%	4.3%	2.4%	2.5%	▼
Outpatient Patient Canc Rate	9.7%	10.9%	10.4%	8.3%	14.1%	12.2%	14.8%	12.0%	12.6%	9.7%	11.7%	14.1%	9.7%	12.5%	10.0%	▲
<b>HR and FINANCE</b>																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	5.2%	4.6%	4.8%	4.5%	2.9%	2.3%	3.6%	4.2%	3.4%	2.9%	3.6%	4.5%	4.2%	3.5%	3.0%	▲
Agency Costs (£000s)																
Overtime FTE	3.8	2.5	3.0	3.9	4.2	3.7	4.3	5.6	6.8	3.7	3.5	3.9	4.9			
Bank FTE	11.6	13.7	12.4	12.3	11.6	13.3	11.2	13.1	14.3	11.4	11.4	9.8	11.8			
Actual net FTE reduction this month	-1.6	5.3	-5.0	0.7	1.0	-0.4	1.5	8.4	19.9	-0.5	0.8	-4.3	2.0	28.4		
Planned FTE reduction this month	0.0	0.0	0.0	0.0												
Finance : CIP Delivery																

ACUTE CARE - Emergency Dept.

# DIVISIONAL HEAT MAP - Month 9 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>INFECTION PREVENTION</b>																
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	◀▶
CDT Positives (UHL)	1	0	0	1	1	0	0	0	0	1	1	0	0	3	6	◀▶
<b>SAME SEX ACCOMODATION</b>																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
<b>MORTALITY and READMISSIONS</b>																
30 Day Readmissions (UHL) - Any Specialty	6.2%	6.2%	6.8%	5.9%	4.0%	4.2%	4.1%	3.8%	3.9%	4.0%	3.2%	3.8%		3.9%	4.2%	▼
30 Day Readmissions (UHL) - Same Specialty	4.1%	3.8%	4.4%	4.1%	2.6%	2.9%	2.9%	2.5%	2.4%	2.6%	1.8%	2.3%		2.5%	2.8%	▼
30 Day Readmission Rate (CHKS)	6.9%	6.9%	7.6%	6.4%	4.7%	4.9%	4.8%	4.5%	4.4%	4.5%	3.6%			4.5%	5.0%	▲
Mortality (UHL Data)	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%	0.2%	0.2%	◀▶
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	0.0	34.7	77.4	65.0	48.8	41.0	89.0	38.4	105.2	44.0	32.2	0.0	32.2	46.0	40.0	▲
<b>PATIENT SAFETY</b>																
10X Medication Errors	0	1	0	1	0	0	0	0	0	0	0	1	1	2	0	▶▶
Never Events	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	◀▶
Patient Falls	3	8	5	2	4	2	5	7	7	5	4	5		39	TBC	
Complaints Re-Opened	2	1	2	3	5	5	4	3	3	3	4	3	4	34	30	▶
SUIs (Relating to Deteriorating Patients)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	1	1	0	2	0	0	0	1	0	1	0	1	1	4	10	◀▶
In-hospital fall resulting in hip fracture		0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
No of Staffing Level Issues Reported as Incidents	70	20	21	55	23	59	42	78	64	52	71	96	58	543	726	▲
Outlying (daily average)	0	0	0	0	0	0	0	0	0	0	0				0	◀▶
Pressure Ulcers (Grade 3 and 4)	0	0	1	0	0	0	1	0	0	0	0	0		1	4	◀▶
ALL Complaints Regarding Attitude of Staff	11	8	8	16	15	16	12	3	6	11	6	4	6	79	98	▼
ALL Complaints Regarding Discharge	4	1	4	0	2	2	3	1	0	4	4	0	3	19	20	▶
Bed Occupancy (inc short stay admissions)	87%	89%	86%	88%	83%	86%	87%	88%	82%	85%	85%	88%	90%	86%	90.0%	▲
Bed Occupancy (excl short stay admissions)	76%	76%	74%	77%	70%	69%	71%	71%	66%	70%	70%	73%	76%	71%	86.0%	▶
Staffing : Nurses per Bed																



# DIVISIONAL HEAT MAP - Month 9 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>NURSING METRICS</b>																
Patient Observation	96%	92%	88%	90%	83%	83%	88%	88%	93%	80%	92%	97%	93%		98.0%	▼
Pain Management	78%	86%	100%	83%	92%	100%	92%	99%	96%	92%	100%	97%	97%		98.0%	◀▶
Falls Assessment	86%	76%	35%	42%	52%	100%	92%	90%	73%	100%	92%	100%	100%		98.0%	◀▶
Pressure Area Care	84%	66%	29%	100%	63%	100%	92%	90%	85%	100%	97%	100%	100%		98.0%	◀▶
Nutritional Assessment	81%	67%	34%	43%	59%	92%	85%	81%	69%	100%	94%	100%	100%		98.0%	◀▶
Medicine Prescribing and Assessment	92%	96%	100%	100%	100%	98%	100%	100%	98%	96%	100%	100%	100%		98.0%	◀▶
Hand Hygiene															98.0%	
Resuscitation Equipment	67%	86%	50%	50%	50%	100%	50%	50%	0%	100%	100%	100%	100%		98.0%	◀▶
Controlled Medicines	100%	96%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%		98.0%	◀▶
VTE	48%	66%	67%	100%	86%	100%	92%	46%	56%	88%	79%	100%	100%		98.0%	◀▶
Patient Dignity	95%	97%	92%	90%	93%	100%	99%	98%	93%	100%	100%	100%	100%		98.0%	◀▶
Infection Prevention and Control	84%	89%	100%	70%	93%	89%	92%	83%	93%	100%	100%	100%	100%		98.0%	◀▶
Discharge					70%	88%	44%	60%	73%	64%	100%	89%	98%		98.0%	▲
Continence	82%	84%	100%	77%	100%	100%	93%	100%	98%	95%	100%	93%	100%		98.0%	▲
<b>ACCESS</b>																
RTT - Admitted	96.4%	97.1%	97.9%	97.1%	98.2%	97.8%	96.8%	97.9%	98.8%	99.3%	98.9%	97.9%	98.4%		90.0%	▲
RTT - Non Admitted	99.3%	97.9%	96.9%	97.3%	98.4%	97.3%	98.0%	98.8%	97.6%	96.8%	97.4%	98.4%	98.5%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	1,060	1,006	1,161	1,264	1,222	1,413	1,421	1,394	1,389	1,346	1,178	1,066	968	968		
Outpatient WL (5+ Week Local Target)	81	62	33	65	118	100	173	171	166	149	135	108	92	92		
Outpatient WL (11+ Week Local Target)	0	1	0	0	1	0	2	11	7	6	4	2	4	4		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	1	0	0	2	3	4	3	2	1	1	0	▲
Day case Waiting List (Total)	415	421	432	440	459	433	434	437	434	441	422	490	494	494		
Day Case List (11+ Week Local Target)	35	21	34	33	40	38	19	23	24	29	10	14	10	10		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	1	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)	311	302	283	239	285	272	297	298	316	293	291	291	300	300		
Inpatient List (11+ Week Local Target)	40	48	34	29	34	28	28	29	28	38	30	24	33	33		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	1	1	1		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	▶▶

# DIVISIONAL HEAT MAP - Month 9 2011/12

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>OPERATIONAL PERFORMANCE</b> *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	2.0%	1.0%	9.0%	12.0%	10.0%	3.0%	13.0%	10.0%	13.0%	9.0%	7.0%	6.0%	3.0%	8.2%	4.0%	▲
Elective LOS	2.4	2.9	2.3	2.2	2.4	2.2	2.3	2.7	2.1	2.3	3.5	2.5	2.6	2.5	2.3	▼
Non Elective LOS	2.1	2.3	2.1	2.2	2.8	3.0	2.7	2.7	3.1	2.7	2.5	3.0	3.4	2.9	2.1	▼
% of Electives Adm. on day of proc.	85.3%	87.4%	83.9%	83.4%	83.9%	86.3%	80.8%	80.3%	88.9%	83.1%	82.4%	85.6%	82.7%	83.9%	84.0%	
Day Case Rate (Basket of 25)	77.2%	87.4%	78.6%	81.9%	78.1%	77.7%	84.3%	88.6%	81.4%	76.8%	82.1%	79.5%	81.5%	81.2%	75.0%	▲
Day Case Rate (All Elective Care)	65.4%	68.0%	66.3%	71.3%	67.3%	67.6%	71.2%	68.2%	66.9%	67.4%	70.7%	68.2%	66.2%	68.2%	68.0%	▼
Inpatient Theatre Utilisation ***	71.9%	78.2%	74.9%	78.4%	76.0%	75.3%	73.8%	70.9%	73.5%	76.7%	81.5%	83.4%	77.8%	76.5%	86.0%	▼
Day Case Theatre Utilisation ***	60.2%	82.8%	80.9%	83.4%	76.5%	75.5%	70.5%	72.3%	74.4%	73.1%	67.8%	76.7%	70.3%	72.9%	86.0%	▼
Outpatient New : F/Up Ratio	1.6	1.6	1.5	1.4	1.1	1.2	1.2	1.2	1.3	1.3	1.2	1.2	1.1	1.2	1.2	▲
Outpatient DNA Rate	11.2%	9.4%	8.5%	9.0%	8.6%	10.2%	9.5%	9.8%	9.7%	8.8%	8.9%	8.8%	9.9%	9.4%	9.5%	▼
Outpatient Hosp Canc Rate	6.8%	6.4%	7.4%	7.2%	7.3%	7.3%	7.4%	7.3%	8.1%	7.3%	7.4%	6.1%	6.8%	7.2%	7.4%	▼
Outpatient Patient Canc Rate	12.0%	9.2%	9.1%	10.2%	8.7%	9.5%	10.3%	10.9%	10.8%	10.5%	10.2%	10.1%	10.6%	10.2%	10.0%	▼
<b>HR and FINANCE</b>																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	95.3%	94.2%	93.6%	93.2%	97.1%	95.7%	93.2%	90.9%	92.9%	92.5%	95.2%	93.9%	94.5%	93.9%	100%	▲
Sickness Absence	5.3%	4.3%	3.1%	3.5%	3.3%	3.1%	3.6%	3.4%	3.2%	3.3%	3.8%	3.9%	5.1%	3.6%	3%	▼
Agency Costs (£000s)																
Overtime FTE	10.6	9.2	8.7	7.0	7.4	9.3	7.4	6.3	5.6	3.1	3.3	4.3	6.4			
Bank FTE	22.2	20.0	14.7	15.9	17.7	18.8	17.5	23.4	18.7	18.0	15.8	18.9	16.9			
Actual net FTE reduction this month	-8.9	0.2	-2.9	-5.6	-7.6	10.8	3.1	14.7	8.2	-4.0	21.0	23.2	-4.2	65.3		
Planned FTE reduction this month	1.0	0.6	-0.2	0.0												
Finance : CIP Delivery																

WOMEN'S and CHILDREN'S

# DIVISIONAL HEAT MAP - Month 9 2011/12

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>ACCESS</b>																
RTT - Admitted	96.7%	97.0%	97.6%	97.8%	98.6%	97.7%	97.9%	97.0%	99.1%	99.4%	99.0%	99.3%	99.5%		90.0%	▲
RTT - Non Admitted	99.0%	97.1%	95.3%	96.4%	97.6%	95.9%	96.9%	98.6%	96.4%	96.6%	96.8%	98.0%	97.9%		95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	536	516	586	661	601	686	651	669	659	677	648	597	516	516		
Outpatient WL (5+ Week Local Target)	0	1	2	1	2	0	1	3	8	0	1	1	2	2		
Outpatient WL (11+ Week Local Target)	0	0	0	0	1	0	0	1	0	0	0	1	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	1	0	0	1	0	0	0	1	0	0	0	▲
Day case Waiting List (Total)	344	342	343	355	352	316	310	320	322	318	318	362	382	382		
Day Case List (11+ Week Local Target)	20	15	30	27	30	21	12	17	12	22	6	14	8	8		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	1	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)	281	269	241	216	261	241	243	262	270	266	272	268	279	279		
Inpatient List (11+ Week Local Target)	38	46	31	28	32	25	28	26	25	36	28	23	31	31		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	1	1	1		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	▶▶
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	2.4	2.3	2.5	2.1	2.3	2.4	2.4	2.6	2.3	2.4	2.3	2.2	2.3	2.3	2.4	▼
Non Elective LOS	2.4	2.9	2.7	2.7	2.3	2.9	2.6	2.3	2.4	2.4	1.9	2.5	2.2	2.4	2.7	▲
% of Electives Adm.on day of proc.	90.4%	96.6%	92.6%	93.1%	93.1%	90.6%	92.5%	90.3%	93.9%	94.8%	88.0%	91.9%	90.6%	91.8%	92.0%	
Day Case Rate (Basket of 25)	88.1%	88.1%	85.3%	88.1%	85.9%	82.4%	88.6%	90.8%	86.9%	78.7%	85.3%	78.7%	83.4%	84.5%	75.0%	▲
Day Case Rate (All Elective Care)	62.3%	63.3%	64.7%	69.2%	63.6%	65.0%	68.1%	64.3%	62.8%	65.7%	64.6%	63.1%	64.0%	64.6%	66.5%	▲
30 Day Readmissions (UHL) - Any Specialty	4.2%	4.9%	4.9%	4.4%	3.5%	3.9%	3.9%	3.7%	3.5%	3.6%	2.7%	3.4%		3.5%	3.8%	▼
30 Day Readmissions (UHL) - Same Specialty	1.9%	2.2%	2.2%	2.4%	2.3%	2.7%	2.5%	2.3%	2.0%	2.2%	1.4%	1.8%		2.2%	2.3%	▼
Outpatient New : F/Up Ratio	1.6	1.6	1.5	1.3	1.3	1.4	1.4	1.4	1.4	1.5	1.5	1.5	1.4	1.4	1.4	▲
Outpatient DNA Rate	10.2%	8.9%	7.9%	8.6%	7.7%	9.4%	8.8%	8.8%	8.5%	8.3%	8.5%	8.2%	9.1%	8.6%	8.5%	▼
Outpatient Hosp Canc Rate	7.6%	6.9%	7.4%	7.9%	7.5%	7.8%	8.7%	8.1%	8.5%	7.7%	8.0%	6.1%	7.4%	7.8%	7.8%	▼
Outpatient Patient Canc Rate	11.9%	9.6%	9.2%	10.3%	8.4%	9.1%	10.0%	10.2%	10.9%	10.3%	10.4%	10.5%	10.6%	10.0%	9.5%	▼
Bed Utilisation (Incl short stay admissions)	84%	87%	88%	86%	84%	87%	91%	93%	86%	88%	84%	87%	88%	88%	90.0%	▲

WOMEN'S and CHILDREN'S - Women's

## DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>WOMEN'S and CHILDREN'S - Women's</b>	<b>HR and FINANCE</b>																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	5.6%	4.2%	3.4%	3.5%	3.1%	3.0%	3.6%	3.5%	3.3%	3.4%	4.0%	4.1%	4.9%	3.7%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	6.6	5.4	5.2	5.2	6.4	6.0	5.6	4.3	4.9	2.7	2.3	2.9	4.7			
	Bank FTE	14.5	12.7	9.7	10.2	11.5	12.9	11.0	14.9	12.1	11.7	10.9	12.0	11.6			
	Actual net FTE reduction this month	-5.8	-2.1	-1.8	4.7	0.1	2.6	3.3	16.8	9.8	-8.1	8.6	13.6	1.1	47.6		
	Planned FTE reduction this month	0.0	1.0	0.0	0.0												
	Finance : CIP Delivery																

# DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	
<b>WOMEN'S and CHILDREN'S - Children's</b>	<b>ACCESS</b>																	
	RTT - Admitted	93.1%	97.6%	100.0%	91.5%	94.1%	98.4%	89.2%	100.0%	95.6%	98.4%	98.4%	86.0%	91.8%		90.0%	▲	
	RTT - Non Admitted	100%	99.6%	100.0%	99.2%	100.0%	100.0%	100.0%	99.8%	99.8%	97.3%	98.3%	99.3%	100.0%		95.0%	▲	
	Outpatient Waiting List (Total - GP/GDP Referred)	524	490	575	603	621	727	770	725	730	669	530	469	452	452			
	Outpatient WL (5+ Week Local Target)	81	61	31	64	116	100	172	168	158	149	134	107	90	90			
	Outpatient WL (11+ Week Local Target)	0	1	0	0	0	0	2	10	7	6	4	1	4	4			
	Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	1	3	4	3	1	1	1	0	▶▶	
	Day case Waiting List (Total)	71	79	89	85	107	117	124	117	112	123	104	128	112	112			
	Day Case List (11+ Week Local Target)	15	6	4	6	10	17	7	6	12	7	4	0	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)	30	33	42	23	24	31	54	36	46	27	19	23	21	21			
	Inpatient List (11+ Week Local Target)	2	2	3	1	2	3	0	3	3	2	2	1	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	◀◀	
	<b>OPERATIONAL PERFORMANCE</b>																	
	Elective LOS	2.4	3.9	2.0	2.4	2.5	1.8	2.1	2.8	1.9	2.3	5.9	3.0	3.2	2.8	2.2	▼	
	Non Elective LOS	1.9	1.9	1.7	2.0	3.5	3.2	2.9	3.6	4.4	3.1	3.7	3.7	5.4	3.7	2.0	▼	
	% of Electives Adm.on day of proc.	76.1%	68.2%	71.8%	69.4%	67.4%	78.4%	61.2%	66.1%	80.9%	63.5%	70.5%	72.8%	69.3%	70.0%	71.9%		
	Day Case Rate (Basket of 25)	52.3%	85.4%	62.2%	62.5%	61.7%	62.0%	70.4%	81.4%	62.8%	69.2%	72.9%	81.8%	76.7%	71.0%	75.0%	▼	
	Day Case Rate (All Elective Care)	69.4%	74.3%	68.2%	73.6%	72.1%	71.5%	75.2%	72.7%	71.9%	69.9%	78.2%	74.9%	69.3%	72.9%	69.7%	▶	
	30 Day Readmissions (UHL) - Any Specialty	11.2%	9.8%	11.8%	9.6%	6.5%	5.8%	5.4%	4.8%	5.6%	6.3%	5.5%	5.6%		5.7%	5.5%	▶	
	30 Day Readmissions (UHL) - Same Specialty	9.6%	8.1%	10.1%	8.0%	4.3%	4.0%	4.7%	3.6%	4.5%	4.7%	3.9%	4.7%		4.3%	4.0%	▶	
	Outpatient New : F/Up Ratio	1.6	1.7	1.4	1.5	0.8	1.0	0.9	1.0	1.1	1.0	0.9	0.8	0.7	0.9	1.2	▲	
	Outpatient DNA Rate	13.6%	10.4%	9.9%	10.2%	11.0%	12.3%	11.4%	12.4%	12.6%	10.1%	9.8%	10.7%	12.4%	11.4%	11.5%	▶	
	Outpatient Hosp Canc Rate	5.0%	5.3%	7.4%	5.5%	7.0%	5.7%	4.2%	5.6%	7.0%	6.2%	5.7%	6.1%	4.9%	5.8%	5.7%	▲	
Outpatient Patient Canc Rate	12.2%	8.5%	8.7%	10.2%	9.6%	10.6%	11.0%	12.7%	10.4%	11.1%	9.8%	9.0%	10.8%	10.6%	10.0%	▶		
Bed Utilisation (Incl short stay admissions)	94%	93%	83%	93%	81%	84%	79%	79%	73%	79%	87%	90%	95%	83%	90.0%	▲		

## DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>WOMEN'S and CHILDREN'S - Children's</b>	<b>HR and FINANCE</b>																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	4.8%	4.5%	2.6%	3.5%	3.7%	3.4%	3.7%	3.0%	2.9%	3.3%	3.4%	3.5%	5.7%	3.6%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	4.0	3.9	3.6	1.8	1.0	3.3	1.8	2.0	0.7	0.5	0.9	1.5	1.8			
	Bank FTE	7.7	7.4	5.0	5.7	6.2	5.9	6.5	8.5	6.6	6.3	4.9	6.9	5.4			
	Actual net FTE reduction this month	-3.1	2.3	-1.2	-10.3	-7.6	8.2	-0.1	-2.0	-1.6	-2.8	12.4	9.7	-5.3	10.8		
	Planned FTE reduction this month	1.0	-0.4	-0.2	0.0												
	Finance : CIP Delivery																

# DIVISIONAL HEAT MAP - Month 9 2011/12

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	
<b>PATIENT SAFETY</b>																	
10X Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	7	7	10	9	8	11	11	2	10	6	7	4		59	TBC		
Complaints Re-Opened	0	1	0	1	0	1	1	1	1	0	2	4	2	12	0	▲	
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶	
RIDDOR	1	3	1	3	0	0	1	5	1	3	1	1	0	12	12	▲	
No of Staffing Level Issues Reported as Incidents	0	0	1	1	2	0	1	5	0	0	2	1	2	13	12	▼	
ALL Complaints Regarding Attitude of Staff	3	1	2	4	3	6	0	2	7	3	11	4	1	37	36	▲	
ALL Complaints Regarding Discharge	0	1	4	1	1	0	2	1	2	1	1	1	0	9	0	▲	
<b>ACCESS</b>																	
Outpatient Waiting List (Total - GP/GDP Referred)	328	303	319	338	391	400	449	434	419	392	367	352	354	354			
Outpatient WL (5+ Week Local Target)	138	120	81	89	141	175	155	165	186	152	135	108	134	134			
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	8	6	0	5	5	3	4	4	4			
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	2	0	0	5	3	3	4	4	0	▼	
Day case Waiting List (Total)	112	73	109	121	108	96	157	166	148	151	175	159	119	119			
Day Case List (11+ Week Local Target)	0	0	2	5	7	1	3	8	12	9	6	6	8	8			
Day Case List (20+ Week Local Target)	0	0	0	3	4	0	0	2	1	4	3	3	2	2			
Day Case List (26+ Week Local Target)	0	0	0	2	2	0	0	1	1	0	0	0	2	2	0	▼	
<b>ANAESTHETICS &amp; THEATRES</b>																	
*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																	
% Pain Mgmt Referrals Seen < 11 weeks	98.4%	98.6%	99.0%	98.2%	98.7%	98.5%	98.5%	98.3%	98.1%	96.2%	97.6%	97.0%	91.7%	97.3%	98.0%	▼	
Outpatient New : F/Up Ratio	3.4	3.7	3.8	3.8	3.9	4.3	4.8	3.8	4.2	3.3	3.1	3.4	3.5	3.8	3.2	▼	
Outpatient DNA Rate	13.6%	11.5%	11.3%	10.7%	11.3%	11.8%	13.0%	10.6%	13.4%	11.8%	11.7%	11.7%	11.8%	11.9%	11.5%	▼	
Outpatient Hosp Canc Rate	7.7%	9.0%	8.8%	6.0%	5.1%	7.0%	10.6%	9.5%	10.1%	23.8%	18.7%	17.3%	15.5%	13.5%	8.0%	▲	
Outpatient Patient Canc Rate	18.9%	15.3%	14.8%	15.0%	16.6%	15.5%	13.6%	17.0%	16.5%	13.1%	13.0%	13.1%	14.6%	14.7%	15.0%	▼	
RTT - Admitted	100.0%	97.2%	96.3%	98.4%	100.0%	100.0%	95.2%	100.0%	100.0%	100.0%	97.9%	95.1%	100.0%		90.0%	▲	
RTT - Non Admitted	100.0%	99.2%	99.5%	99.6%	99.1%	99.6%	99.1%	98.2%	99.2%	99.1%	99.6%	99.3%	99.5%		95.0%	▲	
UHL Inpatient Theatre Utilisation Rate (%) ***	74.7%	78.4%	82.9%	82.1%	79.5%	79.5%	80.1%	81.1%	83.9%	82.5%	80.9%	80.9%	80.0%	81.0%	86.0%	▼	
UHL Day case Theatre Utilisation Rate (%) ***	79.6%	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	73.4%	78.8%	78.2%	75.1%	79.8%	75.0%	76.1%	86.0%	▼	

CLINICAL SUPPORT

# DIVISIONAL HEAT MAP - Month 9 2011/12

CLINICAL SUPPORT

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>BOOKING CENTRE</b>																
% calls responded to within 30 seconds	69.8%	68.9%	75.4%	81.5%	76.9%	60.9%	64.4%	71.3%	68.6%	76.5%	76.9%	79.9%	89.8%		65%	▲
<b>NUTRITION AND DIETETICS</b>																
% of adult inpatients seen within 2 days	97.4%	98.2%	96.3%	97.5%	97.4%	98.0%	97.2%	96.3%	97.2%	98.5%	97.9%	96.7%	97.7%		98%	▲
% of paediatric inpatients seen within 2 days	100%	94.7%	100%	100%	100%	100%	100.0%	100.0%	100.0%	98.2%	100.0%	96.7%	98.3%		98%	▲
<b>OCCUPATIONAL THERAPY (Response times are reported one month in arrears)</b>																
RTT Incompletes (% waiting <=8 weeks)	93.8%	91.4%	97.1%	94.2%	95.0%	95.1%	98.9%	97.3%	91.2%	88.9%	98.2%	100.0%	100.0%		95%	◀▶
RTT Completes (% waiting <=8 weeks)	99.7%	99.7%	99.2%	99.5%	99.1%	99.4%	99.1%	99.8%	99.8%	99.4%	99.8%	100.0%	100.0%		95%	◀▶
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	100%	100%	97%	98%	100%	80%	90%	100%	80%			98%	▼
Inpatient Response Times - Urgent (3 hours)	93%	100%	100%	100%	100%	95%	100%	95%	96%	100%	95%	90%			98%	▼
Inpatient Response Times - Routine (24 hours)	80%	72%	79%	79%	70%	71%	77%	80%	81%	86%	83%	85%			98%	▲
<b>PHYSIOTHERAPY (Response times are reported one month in arrears)</b>																
RTT Incompletes (% waiting <=8 weeks)	93.8%	97.4%	99.2%	98.8%	99.0%	96.6%	97.4%	97.2%	96.4%	96.5%	96.4%	97.2%	94.1%		95%	▼
RTT Completes (% waiting <=8 weeks)	95.8%	94.8%	96.2%	98.5%	97.8%	96.8%	95.6%	97.3%	96.5%	97.0%	97.6%	97.8%	97.7%		95%	▼
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	100%	100%	100%	100%	100%	96%	97%	100%	100%			98%	◀▶
Inpatient Response Times - Urgent (3 hours)	99%	100%	99%	100%	99.8%	99.6%	99.4%	99.2%	99.7%	98.2%	99.8%	99.4%			98%	▼
Inpatient Response Times - Routine (24 hours)	97.9%	98.5%	98.2%	98.6%	99.1%	99.6%	99.3%	99.5%	99.5%	99.7%	99.5%	99.5%			98%	▲
<b>MEDICAL RECORDS</b>																
Med Rec - % Missing Casenotes	0.39%	0.49%	0.46%	0.32%	0.31%	0.46%	0.44%	0.34%	0.35%	0.34%	0.30%	0.41%	0.35%		<0.5%	▼
<b>DISCHARGE TEAM</b>																
Delayed Discharges - County	1.9	2.1	2.3	2.4	2.4	2.5	2.7	2.6	2.7	2.8	2.8	2.7	2.7		1.6	◀▶
Delayed Discharges - City	3.6	3.7	3.8	3.8	4.9	4.9	4.5	4.1	4.1	4.3	4.3	4.4	4.3		3.8	▲
<b>PSYCHOLOGY / NEURO-PSYCHOLOGY</b>																
New referrals inpatients Medical Psychology	2	5	4	2	2	1	2	0	0	2	4	6	3	20		
New referrals outpatients Medical Psychology	39	44	54	63	33	66	61	52	34	64	35	53	54	452		
New referrals inpatients Neuropsychology	8	5	8	7	4	9	6	5	5	13	1	15	2	60		
New referrals outpatients Neuropsychology	4	4	3	9	2	10	8	9	5	16	7	8	9	74		



# DIVISIONAL HEAT MAP - Month 9 2011/12










		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status	
<b>CLINICAL SUPPORT</b>	<b>CLINICAL SUPPORT</b>																	
	SALT Wait Time in Weeks	3	2	4		2	2	2	2	2	3	3	2	3		4	▼	
	Podiatry New IP Referrals	78	56	64	78	53	51	67	63	62	61	55	60	58	530			
	Pharmacy TTO Turnaround in 2 Hours	82%	87%	79.5%	87.4%	79.5%	83.4%	85.8%	81.0%	87.2%	79.3%	78.9%	80.3%	81.7%		80%	▲	
	Pharmacy Dispensing Accuracy	99.99%	98.56%	100%	100%	98.4%	99.96%	99.98%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%		99.5%	◀▶	
	<b>IMAGING and MEDICAL PHYSICS</b>																	
	CT Scan (% Waiting 3+ Weeks)	1.8%	0.7%	1.0%	2.3%	4.0%	1.0%	1.0%	0.2%	3.6%	1.5%	0.2%	1.7%	4.7%		5%	▼	
	MRI Scan (% Waiting 3+ Weeks)	14.0%	6.0%	9.8%	10.2%	7.6%	4.9%	10.8%	5.5%	7.2%	3.3%	3.9%	5.0%	6.7%		5%	▼	
	Non-Obstetric Ultrasound (% Waiting 3+ Weeks)	28.1%	10.5%	9.0%	12.2%	27.8%	8.2%	6.3%	4.9%	2.1%	0.1%	0.3%	4.2%	12.2%		5%	▼	
	Equipment Utilisation	71.0%	75.0%	63.0%	72.0%	73.0%	77.5%	77.0%	75.0%	78.7%	73.0%	77.0%	78.0%	70.0%		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%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		1%	◀▶	
	<b>CRIS and PACS</b>																	
	PACS Uptime	96%	96%	99.6%	99.0%	97.0%	97.0%	100%	99%	99.6%	100%	97%	100%	100%		98%	◀▶	
	CRIS Uptime	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	99.7%	100%	100%		98%	◀▶	
	<b>PATHOLOGY</b>																	
	CDT 24 Hour TRT	92.9%	92.3%	91.8%	98.6%	96.3%	95.8%	96.6%	97.8%	96.6%	94.8%	96.0%	97.1%	98.5%		95%	▲	
	MRSA 48 Hour TRT	99.7%	99.7%	99.7%	99.9%	99.07%	99.67%	99.72%	99.71%	99.73%	99.83%	99.59%	99.88%	99.50%		95%	▼	
	Diagnostic Wait > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0		0	◀▶	
Cytology Screening 7 Day Target	99.0%	97.8%	100.0%	100.0%	99.87%	99.98%	99.98%	99.98%	100%	100%	99.98%	100%	97.7%		98%	▼		

## DIVISIONAL HEAT MAP - Month 9 2011/12

		Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	YTD	Target	Status
<b>CLINICAL SUPPORT</b>	<b>HR and FINANCE</b>																
	Appraisals	97.4%	94.0%	94.5%	93.3%	92.4%	90.9%	87.6%	86.2%	85.0%	93.2%	96.6%	94.2%	93.5%	93.5%	100%	▼
	Sickness Absence	4.5%	4.0%	3.3%	3.7%	3.4%	3.0%	3.4%	3.5%	3.1%	3.1%	3.4%	3.5%	3.7%	3.3%	3%	▼
	Agency Costs (£000s)																
	Overtime FTE	17.7	19.7	20.3	16.1	17.0	19.4	16.6	20.6	17.0	17.9	17.2	15.8	17.9			
	Bank FTE	34.1	33.5	30.5	29.1	29.7	28.8	27.2	21.0	20.1	21.0	17.6	23.0	23.1			
	Actual net FTE reduction this month	5.9	-2.7	-30.9	-5.1	-5.6	-14.7	7.8	-50.7	15.2	-15.9	-8.9	-2.4	-8.8	-83.9		
	Planned FTE reduction this month	0.0	1.0	0.0	0.0												
	Finance : CIP Delivery																

**KEY to STATUS INDICATORS**

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-  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

