

## Trust Board Paper V

	<b>TRUST BOARD</b>
<b>From:</b>	Suzanne Hinchliffe Jeremy Tozer Andrew Seddon Kate Bradley
<b>Date:</b>	<b>20<sup>th</sup> December 2012</b>
<b>CQC regulation</b>	All
<b>Title:</b>	<b>Quality &amp; Performance Report</b>
<b>Author/Responsible Director:</b> S. Hinchliffe, Deputy Chief Executive /Chief Nurse J Tozer, Interim Director of Operations A. Seddon, Director of Finance 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 November 2012.	
<b>The Report is provided to the Board for:</b>	
Decision	
Discussion	√
Assurance	√
Endorsement	
<b>Summary / Key Points:</b>	
<u>Patient Safety, Quality and Patient Experience</u>	
<ul style="list-style-type: none"> <li>❖ Mortality rate - UHL's crude in-hospital mortality rate continues to be 1.4% for 12/13.</li> <li>❖ HSMR - The trust's risk adjusted mortality rates are 'within expected' for both the 'HSMR' and elective and non-elective Relative Risk.</li> <li>❖ 5 Critical Safety Actions - This month has continued to see improvements against the 5 Critical Safety Actions. Early Warning Score (EWS) incidents are lower than at this point last year and no EWS SUIs were reported within the Trust in November</li> <li>❖ Fracture Neck of Femur theatre time - October performance for time to surgery within 36 hours for fractured neck of femur patients is 80.3%, with initial performance for November at 76.3%. The year to date position is 74.5% against a target of 70%.</li> <li>❖ VTE - UHL's performance for November as reported to the DoH, is 95.3%, this figure includes the 'Renal Dialysis' patients. Without the dialysis patients, performance is still above the CQUIN threshold, when including other cohort patients – 92.4%.</li> <li>❖ CQC (LRI) - The Care Quality Commission (CQC) revisited the LRI on the 5th November 2012. They reviewed medicines management, support for staff and monitoring quality and found that we were compliant.</li> <li>❖ CQC (GGH) - The CQC conducted an unannounced visit of the Glenfield General Hospital on the 22nd November reviewing medicines arrangement, support of staff and the management of complaints and found that we were compliant.</li> <li>❖ CQC (LGH) - The CQC conducted an unannounced scheduled inspection at the Leicester General Hospital on the 5th December reviewing medicines management, support of staff and complaints and found that we were compliant.</li> <li>❖ MRSA – There are no MRSA cases reported for November. The target for 2012/13 is 6 cases.</li> <li>❖ C Difficile – November reported below trajectory with 4 cases resulting in a cumulative position of 59 against a target of 72 for April to November.</li> <li>❖ Patient Experience - Net Promoter a &gt;10% inpatient coverage and an overall trust score of 57.2.</li> <li>❖ Safety Thermometer - The percentage of harm free care in UHL remains at 94% which</li> </ul>	

continues to be above the national percentage, which for November was 92.6%.

- ❖ Falls - The number of inpatient falls has risen from last month in the Acute Division. Each ward is being monitored following allocation of reduction trajectories.
- ❖ Pressure Ulcers - Based on monthly incidence data, it is confirmed that for November the number of avoidable grade 3 / 4 ulcers has reduced from 11 in October to 8 in November.
- ❖ All UHL wards and intensivist areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance and delivered 100% in November.

#### Operational Performance

- ❖ ED - Performance for November Type 1 & 2 is 90.0% and 92.0% including the Urgent Care Centre (UCC).
- ❖ RTT - Admitted performance in November has been achieved with performance at 91.7%, with all specialties with the exception of Orthopaedics delivering above the 90% target as expected. The non-admitted target has been achieved at 96.6% with all specialties delivering against a target of 95%.
- ❖ Imaging Waits - Diagnostic waiting times over 6 weeks is 0.6% and below the 1% threshold.
- ❖ Cancer - All of the cancer targets are delivering against performance thresholds for October (one month in arrears reporting).
- ❖ Choose and Book - For Qtr 3 (to date, i.e. October and November) UHL achieved 12% cumulatively, which is likely to miss the 8% trajectory set by commissioners. Performance during Qtr 4 onwards needs to be at less than 4%.
- ❖ Primary PCI within 150 minutes of calling professional help in November was 92.0% against a target of 75%.
- ❖ Cancelled Operations – November performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.6% against a target of 0.8%.
- ❖ Stroke % stay on stroke ward - The percentage of patients spending 90% of their stay on a stroke ward in October (reported one month in arrears) is 83.7% against a target of 80%. The cumulative performance for the year to date is 80.7%.
- ❖ Readmissions - The Interim Director of Operations will implement a Readmissions Project Board in January 2013 and discussions have commenced with commissioners (via the Emergency Care Network) with regards to how the £5.2m penalty applied against avoidable readmissions is spent.
- ❖ Appraisals – The appraisal rate is 91.2%.
- ❖ Sickness - The reported sickness rate November is 4.1%. The

#### Financial Position

- ❖ The Trust is reporting a cumulative £7.1m deficit for the first 8 months, £8.4m adverse to Plan.
- ❖ Year to date NHS patient care income is £7.2m (1.6%) favourable to Plan.
- ❖ Operating expenditure for the year to date is £16.9m (3.7%) adverse to Plan, comprising of pay at £7.5m (2.6%) adverse and non-pay £9.4m (5.9%) adverse.

**Recommendations:** Members to note and receive the report

**Strategic Risk Register**

**Performance KPIs year to date ALE/CQC**

**Resource Implications (eg Financial, HR) N/A**

**Assurance Implications** Underachieved targets will impact on the Provider Management Regime and the FT application

**Patient and Public Involvement (PPI) Implications** Underachievement of targets potentially has a negative impact on patient experience and Trust reputation

**Equality Impact N/A**

**Information exempt from Disclosure N/A**

**Requirement for further review?** Monthly review

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** TRUST BOARD

**DATE:** 20<sup>th</sup> DECEMBER 2012

**REPORT BY:** SUZANNE HINCHLIFFE, DEPUTY CHIEF EXECUTIVE/CHIEF NURSE  
JEREMY TOZER, INTERIM DIRECTOR OF OPERATIONS  
KATE BRADLEY, DIRECTOR OF HUMAN RESOURCES  
ANDREW SEDDON, DIRECTOR OF FINANCE

**SUBJECT:** NOVEMBER 2012 QUALITY & PERFORMANCE SUMMARY REPORT

## **1.0 INTRODUCTION**

The following paper provides an overview of the November 2012 Quality & Performance report highlighting key metrics and areas of escalation or further development where required.

## **2.0 QUALITY AND PATIENT SAFETY – SUZANNE HINCHLIFFE**



### **2.1 Mortality Rates**

UHL's crude in-hospital mortality rate continues to be 1.4% for 12/13. The trust's risk adjusted mortality rates are 'within expected' for both the 'HSMR' and elective and non-elective Relative Risk.

UHL's SHMI for 11/12 was 105 and remains 'within expected'. Following discussion with Public Health, an interface audit is planned for Spring 2013, subject to agreement from Primary Care colleagues. The audit will review care provided both within UHL and prior to admission/post discharge (where patients die post discharge from UHL).

In the meantime, an internal review is being carried out of deaths that occurred during November, in order to further inform the Quality Ambition 'reducing mortality' work stream.

At the recent Mortality Workshop, two priorities were identified:

- ❖ improving the pathway for patients admitted with pneumonia due to this diagnosis being the largest group within both the 'in' and 'out' of hospital deaths
- ❖ 'weekend and out of hours' mortality - as with other trusts, the mortality rates for patients admitted at weekends appears to be different to that of those admitted during the week

Further review of the 'perinatal mortality' data as reported by Dr Fosters has identified a discrepancy in both figures for both activity and deaths which appears to have artificially increased the mortality rate. In addition there is a difference in the ratio of patients within the diagnostic groups compared with similar trusts. Both of these issues are being reviewed with Dr Fosters. In the meantime, the case notes for all reported perinatal deaths in 2012/13 are being reviewed to confirm diagnosis and cause of death against coding.

### **2.2 5 Critical Safety Actions and Patient Safety**



This month has continued to see improvements against the 5 Critical Safety Actions. Early Warning Score (EWS) incidents are lower than at this point last year and no EWS SUIs were reported within the Trust in November. Health Care Assistant assessments for clinical observations have again increased to almost 34% for acute and 59% planned care, and 74% for the women's and children's division. This is still behind target in acute and planned care divisions as should be 100% completed by end of Q3, but will be achieved by women's and children's division by the agreed deadline.

The UHL Shift Handover Guidelines and Screening policy are being resubmitted to PGC in December for approval following minor amendments.

CQUIN funding of 100% for the 5 CSAs has now been confirmed by the CCGs as achieved for Q2.

November saw a further increase in staffing level incidents reported with staff in ED, AMUs, acute medical wards and the labour wards continuing to raise concerns re activity, capacity and staffing levels.

### Complaints

Complaints activity has increased in October and November within the Trust but during November there was some improvement in the number of re-opened complaints received. Pleasingly, the number of formal complaints received relating to attitude of staff dropped to its lowest level for over 13 months.

The table below shows the numbers and top themes of formal complaints received, by month, in 2012.

## Formal Complaints Jan - Nov 2012 by Subject of Complaint

	2012 01	2012 02	2012 03	2012 04	2012 05	2012 06	2012 07	2012 08	2012 09	2012 10	2012 11	Total
Medical Care	35	25	37	30	33	32	29	34	22	29	44	350
Waiting times	25	26	34	30	23	20	19	14	17	14	16	238
Communication	10	17	20	15	22	19	17	22	13	6	15	176
Staff attitude	12	12	12	16	9	19	16	10	14	13	13	146
Nursing care	20	9	20	8	19	10	13	18	7	11	11	146
Cancellations	6	16	15	10	11	8	9	3	3	6	7	94
Discharge	8	9	7	5	6	6	6	11	7	3	6	74
Information	6	2	1	1	4	4	2	2	2	0	1	25
Complications	0	0	4	0	2	3	1	1	1	5	3	20
Medication	4	3	0	1	1	1	0	4	1	1	2	18
Administration	0	0	3	2	1	2	1	1	1	0	5	16
Beds	0	3	4	0	1	0	2	3	0	2	0	15
Car parking	3	1	3	0	3	0	1	1	0	2	0	14
Confidentiality	1	0	1	1	6	0	0	1	0	3	1	14
Dignity/Privacy	0	1	1	1	2	0	1	2	2	1	2	13
Medical Records	0	1	0	0	1	0	2	1	4	1	0	10
Security	1	1	0	2	0	3	3	0	0	0	0	10
Consent	0	1	0	0	2	1	2	2	1	0	0	9
Environment	0	0	3	2	0	1	1	1	0	0	0	8
Hotel Services	2	1	1	0	0	1	2	1	0	0	0	8
Clinical Care (Other Staff)	0	1	0	0	0	1	1	1	0	1	0	5
Funding	2	0	0	0	0	1	0	0	0	1	0	4
Infection Control	1	0	0	0	0	0	0	1	0	0	1	3
Telephones	0	0	0	0	0	1	0	0	0	2	0	3
Access	0	1	0	0	0	0	0	1	0	0	0	2
Equality and Diversity	0	0	0	0	0	1	0	1	0	0	0	2
Safeguarding issues	0	0	1	0	1	0	0	0	0	0	0	2
Policies	1	0	0	0	0	0	0	0	0	0	0	1
Transport	0	0	0	0	0	0	0	0	1	0	0	1
Totals:	137	130	167	124	147	134	128	136	96	101	127	1427

## Patient Safety Training

Information and training sessions continue within the Trust and November saw bespoke sessions undertaken for groups of clinical staff on root cause analysis investigations and NHS complaint regulations. Further training is planned in the New Year on Never Events, Duty of Candour and learning from claims and inquests.

## Never Events

No Never Events were reported within UHL in November 2012.

## 5 Critical Safety Actions

### 1. Improving Clinical Handover.

**Aim** - To provide a systematic, safe and effective handover of care and to provide timely and collaborative handover for out of hours shifts

#### Actions:-

- ❖ Medical Handover - UHL Shift Handover Guidelines sent to November PGC not approved and have been revised by the author and resubmitted to December meeting.
- ❖ Development work by IT on UHL web based handover system is now complete. Meeting set for January 2013 to agree go live date for this.

- ❖ Further work with alternative handover system supplier to develop module has progressed. Initial version of E-Handover module to be reviewed, discussed and plans agreed for pilot sites in trust on 21st December 2012.

## 2. Relentless attention to Early Warning Score triggers and actions

**Aim** - To improve care delivery and management of the deteriorating patient

### **Actions:-**

- ❖ HCA competency programme being rolled out with support from divisional nursing and education leads. Aim to achieve 100% end of Q3. Figures for % HCA's assessed competent for each division up to the 30th November 2012 reported from e-UHL are: Acute - 34%, Planned - 59%, Women's and Children's - 73%.
- ❖ Outreach lead to continue drive with acute and planned care divisions to improve progress. This is behind target in acute and planned care divisions but will be achieved by the end of Q4. Will be achieved by women's and children's on target by end of Q3.

## 3. Implement and Embed Mortality and Morbidity standard

**Aim** - To have a standardised process for reviewing in-hospital deaths and archiving of the completed reviews.

### **Actions:-**

- ❖ 100% of specialities have confirmed that M&M meetings are taking place. Increasing number - 38% of specialities have saved Terms of Reference to shared drive.
- ❖ Specialities have commenced saving minutes onto shared drive. Increasing number - 47% have minutes saved and 56% have either Terms of Reference or minutes saved to the shared drive.
- ❖ Increased focus to chase up specialities to increase progress on saved minutes and terms of reference.

## 4. Acting upon Results

**Aim** - No avoidable death or harm as a failure to act upon results and all results to be reviewed and acted upon in a timely manner.

### **Actions**

- ❖ Overarching Screening Policy sent to November PGC not approved, revised by author and resubmitted to December meeting.
- ❖ Finalising draft of Diagnostic Testing overarching policy to include medical staff and AHP that undertake diagnostic testing.
- ❖ Agreement that Acting on Results process for inpatients and outpatients will be documented as a Job Planning exercise for consultants against agreed CBU/Speciality process and this will be written into the Diagnostic Testing Policy.

## 5. Senior Clinical Review, Ward Rounds and Notation

**Aim** - To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

### **Actions**

- ❖ Further work being undertaken in general surgery to pilot ward round standards in the form of ward round sticker. Audit results currently being collated.
- ❖ Leads identified excellent practice with ward round checklist in UCLH, London. Plan to visit UCLH in early December to observe its use in clinical areas and identify if would be appropriate to use similar in UHL.
- ❖ Final draft of ward round template sheet as documentation for trial in medicine submitted for printing. Trial for Jan/ Feb 2013 within SSU (high turnover ward) and ward 24 at the LRI.
- ❖ Trial of ward round template still ongoing in renal services.

## 2.3 **Fractured Neck of Femur ‘Time to Theatre’**



October performance for time to surgery within 36 hours for fractured neck of femur patients is 80.3%, with initial performance for November at 76.3%. The year to date position is 74.5% against a target of 70%.

## 2.4 **Venous Thrombo-embolism (VTE) Risk Assessment**



UHL's performance for November as reported to the DoH, is 95.3%, this figure includes the 'Renal Dialysis' patients. Without the dialysis patients, performance is still above the CQUIN threshold, when including other cohort patients – 92.4%.

## 2.5 **Care Quality Commission Inspection**

The Care Quality Commission (CQC) revisited the LRI on the 5th November 2012. They reviewed medicines management, support for staff and monitoring quality and found that we were compliant. The report can be found on the UHL website. During this visit the CQC team visited wards and spoke to staff and patients. The full report is available on our internal and external website.

The CQC conducted an unannounced visit of the Glenfield General Hospital on the 22nd November reviewing medicines arrangement, support of staff and the management of complaints. They observed how people were being cared for, talked to people using our service and talked with carers/family members and members of staff. The CQC found that patients were protected against the risk of medicines as we had appropriate arrangements in place to manage medicines. They found that patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff reported they had timely appraisals, were informed of developments and consulted on any proposed improvements. Patients told the CQC that they felt confident to make a comment or complaint about the care and treatment they received. The full report is available on our internal and external website.

Finally the CQC conducted an unannounced scheduled inspection at the Leicester General Hospital on the 5th December reviewing medicines management, support of staff and complaints. Following observations of care, discussions with staff, patients and carers, a draft report has been received confirming that we are compliant with the CQC essential standards of quality and safety. Once the report is finalised by the CQC it will be placed on our website.

## 3.0 **PATIENT EXPERIENCE – SUZANNE HINCHLIFFE**

### 3.1 **Infection Prevention**



MRSA – There are no MRSA cases reported for November. The target for 2012/13 is 6 cases.



C Difficile – November reported below trajectory with 4 cases resulting in a cumulative position of 59 against a target of 72 for April to November.

MRSA elective and non-elective screening has continued to be achieved at 100% respectively.

### 3.2 Patient Polling



Patient Experience Surveys continue across 88 clinical areas and have four bespoke surveys for adult inpatient, children's inpatient, adult day case and intensive care settings.

In November 2012, 1,621 Patient Experience Surveys were returned which exceeds the Trusts target of 1,523.

Over thirty questions are asked in this survey including all CQUINs and other key areas identified as priorities from local feedback. These include:

- ❖ help with eating and drinking,
- ❖ confidence and trust in staff,
- ❖ response to call buttons,
- ❖ help with toileting
- ❖ care and compassion

### Share Your Experience – Electronic Feedback Platform

Main Outpatients on each site, Maternity Services and the Emergency Department owing to the patient group use Share Your Experience as the medium to gain feedback via email, touch screen and web. In November 2012, 265 surveys were completed:

Outpatient's visits: 111 surveys  
Maternity Services: 11 surveys  
Emergency department: 71 surveys  
Children's Emergency department: 72 surveys

Share Your Experience was launched across the Neonatal Units on the 27th November 2012 using a bespoke survey within this specialised area. 7 surveys were returned during the last week of November 2012.

Patient feedback continues to be accessible for all staff at Trust, Divisional, CBU and Ward level via Share point on the Patient Experience Page or via the 'Share your Experience' site. This includes all free text comments for each ward from patients. Linked to the Quality Schedule, the trust is required to report on feedback relating to whether patients felt they were treated with respect and dignity which may be found below.

### Treated with Respect and Dignity



The Trust has maintained a GREEN rating for the question 'Overall do you think you were you treated with dignity and respect while in hospital' based on the scoring methodology used in the national survey.

### Friends and Family Test





The surveys include the net promoter question; **How likely is it that you would recommend this service to friends and family?** Of these 1,621 surveys, 1,152 surveys included a response to the Net Promoter Question and were considered inpatient activity (excluding day case/ ED / outpatients) and therefore were included in the Net Promoter Score for the SHA.

Overall there were 10,135 inpatients in the relevant areas within the reporting period (28/10 to 24/11), giving a 10% footfall requirement of 1,014. The Trust easily met the SHA target with a total of 1,152 Net Promoter responses broken down to:

Number of Promoters:	752
Number of passives:	307
Number of detractors:	93
<b>Overall NET promoter score</b>	<b>57.2</b>

In April 2012 the Trust overall net promoter score was 51 with a target of 61 by March 2013. November 2012 score shows a 6 point improvement from baseline. The following actions will be initiated by the divisions to achieve the April 2013 target:

- ❖ Divisional review of Net Promoter Scores at ward level highlighting areas of underperformance and local plans to improve ward scores
- ❖ The Four Divisional Action Plans are now embedded within the Divisions and are driving development / improvement activity
- ❖ Patient Experience workshop engaged with divisional clinical staff to focus improvement activity within key areas

National Patient Survey results are to be submitted by 11<sup>th</sup> Jan 2013 and shortly after this date, once published by the CQC the trust will be in a position to compare internal survey results with this National data identifying similarities and differences.

### **National Changes to Friends & Family Test (Net Promoter Score)**

The Friends & Family Test has been used across Midlands & East SHA since April 2012. The DH has decided to adopt this simple headline metric while slightly changing the question to allow greater understanding in the NHS:

***“How likely are you to recommend our ward /department to friends & family if they needed similar care or treatment”***

This new Friends and Family Test question will be used nationally for all NHS funded Acute Services from April 2013 with a number of important changes:

- ❖ Initially groups to be surveyed are:
  1. Adult acute inpatients (stayed at least one night)
  2. Adult patients who have attended A&E and left without being admitted or seen in an Assessment Unit and then discharges (includes majors, minors, resus, eye casualty, EDU, AMU and CDU)
- ❖ Maternity service users, outpatients and patients under 16 years of age will not be included; however maternity services will start using this metric from October 2013.
- ❖ Form part of the Standard NHS Contracts.

- ❖ Process should be patient led and all patients within the target group should be given the opportunity to complete the survey question on discharge. Surveys should be anonymous and face to face interviewing should not be used due to response bias.
- ❖ Minimum response rate of 15% of patients discharged. This equates to approximately 900 surveys across ED and Eye casualty in addition to the present inpatient survey responses.
- ❖ Trust required to report externally a score by trust, site and ward by April 2013 ideally from January 2013.

### 3.3 Safety Thermometer

Safety Thermometer (ST) progress to date for each of the four harms is given below. The percentage of harm free care in UHL remains at 94% which continues to be above the national percentage, which for November was 92.6%. A summary of the prevalence data for the four harms is given below with additional analysis of the data undertaken at the newly formed UHL ST Steering Committee.

- Newly Acquired Pressure Ulcers – the prevalence of newly acquired pressure ulcers increased for November but as previously advised, include both avoidable and unavoidable ulcers. Based on monthly incidence data, it is confirmed that for November the number of avoidable grade 3 / 4 ulcers has reduced from 11 in October to 8 in November. It should be noted that there has been an increase in the number of providers across the Midlands and East Region that have reported an increase in the number of hospital acquired pressure ulcers and may therefore, not achieve the SHA Ambition to eliminate all avoidable pressure ulcers by December 2012.
- Harmful Falls – The prevalence of falls reduced by 50% from eight to four falls
- Urinary Tract Infection (UTI) with Catheter – The prevalence continues to reduce with only three harms recorded for November.
- Newly Acquired VTE - A slight increase in prevalence with an additional two VTEs recorded in November.

The Trust has been informed that the Department of Health have reviewed the ST definitions of new harms for VTE, UTI and Falls. It has now been agreed that any patient who starts treatment for a UTI or VTE post admission will be considered as having a 'new' UTI or VTE, even if the patient was symptomatic prior to admission.

It has also been confirmed that any patient that has been admitted to UHL having had a fall in the previous 72 hrs in their own home (when under the care of the district nurse) or in a care setting – i.e. Nursing / Residential Home; Hospice, Community Hospital, is to be considered as having had a Hospital Fall. The only hospital fall that would not be included within this category are those where the patient fell in the street or in their own home (but are not currently under the care of the district nurses).

The rationale for these changes is to encourage organisations to work together in reducing harm. It is therefore advised that there is likely to be a significant increase in the number of harms reported within UHL for December 2012.

		Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
Number of patients on ward		1533	1570	1593	1551	1554	1475	1626	1617
All Harms	Total No of Harms	189	181	141	160	137	109	98	99
	No of patients with no Harms	1359	1401	1457	1404	1426	1373	1533	1522

	% Harm Free	88.65%	89.24%	91.46%	90.52%	91.76%	93.08%	94.28%	94.12%
Newly Acquired Harms	Total No of New Harms	107	82	62	86	59	41	*33	40
	All 1 Harms	159	157	131	134	119	95	89	91
	All 2 Harms	15	12	5	13	9	7	8	4
	>2 Harms	0	0	0	0	0	0	0	8
Harm One	All Pressure Ulcers (Grades 2, 3 or 4)	108	113	90	85	78	61	62	70
	New Pressure Ulcers (Grade 2, 3 or 4)	43	40	27	29	20	13	12 (7 G2 5 G3)	27
Harm Two	Harmful Fall	15	14	9	24	14	11	8 (7 Low 1 Mod)	4
Harm Three	No of Patients with Urinary Catheter and Urine Infection (prior to or post admission)	28	40	32	34	29	33	23	19
	Newly Acquired UTIs with Catheter	11	14	16	16	9	13	9	3
Harm Four	Newly Acquired VTE (either DVT, PE or Other)	38	14	10	17	16	4	4	6

\*Denotes amended figure from last month (amended from 32 to 33)

### 3.4 Same Sex Accommodation

All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance and delivered 100% in November.

### 3.5 Falls

The number of inpatient falls has risen from last month in the Acute Division. Each ward is being monitored following allocation of reduction trajectories. There has been one serious incident related to a patient fall that occurred in a medical ward in July 2012 and was escalated as an SUI following a complaint from the family in October 2012.

### 3.6 New principles set out for hospital food

New standards setting out what patients should expect from NHS hospital food have been announced by Health Secretary Jeremy Hunt.

A set of basic principles covering the quality of food, nutritional content and choice for patients will be backed up by new assessments led by patients.

The principles set out what patients can expect from good hospital food:

- nutritious and appetising hospital food and drink is essential
- patients to get a choice from a varied menu – including meals suitable for religious needs

- all patients should have access to fresh drinking water at all times, unless it contradicts clinical advice
- food and drink should be available at all times, not just planned mealtimes
- hospitals should promote healthy diets to staff and visitors
- the Government Buying Standards for Food should be adopted as standard whenever possible
- hospitals should regularly evaluate their food service and act on feedback from patients
- the NHS as a whole should look for and reward excellence in hospital food.

The principles are supported by Age UK, Patients Association, Hospital Caterers Association, Royal College of Nursing, Soil Association, British Association of Parenteral and Enteral Nutrition and the British Dietetic Association.

## 4.0 **OPERATIONAL PERFORMANCE – JEREMY TOZER**

### 4.1 **RTT – 18 week performance**

#### RTT Admitted performance



Admitted performance in November has been achieved with performance at 91.7%, with all specialties with the exception of Orthopaedics delivering above the 90% target as expected.

The national admitted performance in October (most recent published data) was 92.7% and UHL achieved 91.2% with the upper quartile being 94.9%. Out of a total of 178 providers when ranked from best to worst performing trust UHL was placed 119. 107 out of the 178 Trust's missed the target at specialty level and 72 Trust's had between 2 and 10 specialty failures

#### RTT Non Admitted performance



The non-admitted target has been achieved at 96.6% against a target of 95%.

The national non-admitted performance in October (most recent published DoH data), was 97.5% and UHL achieved 97.1% with the upper quartile being 98.9%. Out of the 210 providers in total ranked from best to worst performing trust then UHL was placed 131. 108 out of the 207 Providers missed the target at specialty level and 70 Providers had between 2 and 16 specialty failures.

#### RTT Incomplete Pathways



The 2012/13 Operating Framework requirement that 92% of patients on an incomplete pathway (i.e. patients waiting for a decision to treat or treatment) should have been waiting no more than 18 weeks was achieved in November at 93.9%.

The national incomplete pathways performance in October (most recent published DoH data) was 94.8% and UHL achieved 94.6% with the upper quartile being 97.9%. Out of the 209 providers in total ranked from best to worst performing trust then UHL was placed 139. 112 out of the 210 Providers missed the target at specialty level and 78 Providers had between 2 and 10 specialty failures.

#### RTT – Delivery in all specialties



Additional activity was undertaken in Orthopaedics to reduce the waiting time which increased following the unplanned closure of 2 Orthopaedic theatres during August and September, due to airflow and lighting system failures. The automatic financial penalty for failing to deliver the 90% target in November for this specialty is estimated to be £79,000. Commissioners have been asked to waive this penalty due to the fact that the reason for growth in backlog was due to unforeseen circumstances that the UHL could not plan for.

All specialties delivered for non-admitted patients.

#### 4.2 Imaging Waiting Times



Diagnostic waiting times over 6 weeks is 0.6% and below the 1% threshold.

The PWC Imaging Audit and subsequent management response was reported at the November Audit Committee. All planned actions detailed in the management response remain on target to deliver against agreed timeframes.

#### 4.3 ED 4hr Wait Performance



Performance for November Type 1 & 2 is 90.0% and 92.0% including the Urgent Care Centre (UCC).

Further detail focussing on the actions relating to the Emergency Department may be seen in the separate Interim Director of Operations report.

#### 4.4 Cancer Targets

##### Two Week Wait



The two week wait for both an urgent GP referral for suspected cancer to date first seen and symptomatic breast patients (cancer not initially suspected) have been achieved for October (reporting one month in arrears).

##### 31 Day Target



All four 31 day cancer targets – diagnosis to treatment for first treatment, second or subsequent treatment anti cancer drug, second or subsequent treatment surgery and second or subsequent treatment radiotherapy have been achieved for October (reporting one month in arrears).

##### 62 Day Target



The 62 day urgent referral to treatment cancer target for October (reporting one month in arrears) was 85.5% against a target of 85%. The year to date cumulative performance is 84.8%.

The 85% threshold has been achieved since July and the YTD performance is expected to be delivered in November.

Divisions have been asked to develop plans to improve performance at tumour site where UHL's performance is below the benchmarked levels.

#### 4.5 **Choose and Book slot availability**

For Qtr 3 (to date, i.e. October and November) UHL achieved 12% cumulatively, which is likely to miss the 8% trajectory set by commissioners. Performance during Qtr 4 onwards needs to be at less than 4%.

There are particular specialties that account for approximately 85% of the ASI (appointment slot issues). These are most significantly: ENT, General Surgery, Gastroenterology and Orthopaedics. Individual specialties have had to submit trajectories to correct the performance and these will be monitored via the Head of Performance Improvement to the Director of Operations. Monthly updates will need to be presented at the Confirm and Challenge meetings and any exceptions reported on subsequent Trust Q&P reports.

#### 4.6 **Primary PCI**

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in November was 92.0% against a target of 75%. The year to date cumulative performance is 91.8%.

#### 4.7 **Cancelled Operations**

November performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 1.6% against a target of 0.8%. The main reason for the increase in short notice cancellations during the month was due to an increase in emergency demand creating pressure on the bed capacity.

#### 4.8 **Stroke % stay on stroke ward**

The percentage of patients spending 90% of their stay on a stroke ward in October (reported one month in arrears) is 83.7% against a target of 80%. The cumulative performance for the year to date is 80.7%.

Previous actions taken to sustain performance include:

- ❖ Improved bed utilisation on the ASU by running the two acute wards as one unit - Implemented
- ❖ The introduction of a bed co-ordinator role purely for stroke and neurology beds - Implemented with a current focus on stroke
- ❖ Improved timely completion of TTOs - At Induction, Junior Doctors informed that Discharge Letter/TTOs should commence on admission to Stroke Ward by Stroke Training Lead)
- ❖ Greater understanding of discharge options and planning - nursing staff to maintain ownership of the discharge process in collaboration with UHL Discharge Lead.
- ❖ Improved understanding of stroke targets - Communicated to all staff within the Unit and also across other affiliated specialities

#### 4.9 **Stroke TIA**

The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt (% of high risk referrals) is 72.5% against a contractual target of 62.1%. The year to date cumulative position is 66.1%.

From September, in-house referrals to the one-stop rapid access TIA clinic can be made on the UHL intranet. Referrals via this route will improve performance for patients at high risk of stroke receiving prompt specialist assessment. Once the on-line referral steps are completed, an appointment date is instantly generated which can be provided to the patient before they leave the Trust.

#### 4.10 Readmissions



The Interim Director of Operations will implement a Readmissions Project Board in January 2013 and discussions have commenced with commissioners (via the Emergency Care Network) with regards to how the £5.2m penalty applied against avoidable readmissions is spent.

Planned Care has instigated a number of additional audits to identify where the main focus for improvement should be targeted.

#### 4.11 Maternity Breast Feeding <48 hrs



The November percentage of maternity breast feeding within 48hrs is 70.0% against a target of 74%, with a year to date cumulative performance of 73.9%. An audit of the November performance is taking place to identify and rectify any issues including potential data quality issues.

The Trust has submitted an application for Stage 2 assessment of the UNICEF UK Baby Friendly Initiative which focuses on the staff education programme. The planned accreditation has been deferred to February 2013.

#### 4.12 Rapid Access Chest Pain



The percentage of patients seen within the rapid access chest pain clinic is 100% against a target of 98%.

#### 4.13 Cytology Screening 7 day target



The percentage of cytology screening tests reported in the 7 day target is 100% against a local target of 98%.

#### 4.14 Day Case Basket



The percentage of patients (with treatments in the day case basket) treated as day cases for November is 79.8% against a target of 75%, with a cumulative year to date figure of 74.7%.

#### 4.15 Delayed Discharges



The number of delays due to assessment has dropped due to increased triage panels for CHC funding as well as a focus on getting assessments sorted. Further work is being done on reducing delays due to choice. Ward 2 is on track to open early in 2012 which will reduce the number of DTOCs as patients cared for on ward 2 will not be counted as



DTOC. Work will continue on reducing the causes of DTOCs in order to reduce the need for ward 2.

#### 4.16 **NON EMERGENCY TRANSPORT CONTRACT**

There was a total of 3 rebeds in November. Discharge and Outpatient times continue to improve slowly yet remain behind planned expectations. Arriva have aligned their team leader posts so there is responsibility and increased communication with each respective hospital and discharge lounge in order to focus on patients that fall outside of the service KPI's and ensure they are prioritised in order to reduce waiting times for those patients waiting longest.

UHL has requested a contract variation of the times the 12 hour ED transfer resource operates; from 2pm - 2am to 12pm - 12am. This has been agreed in principle by both commissioners and Arriva and Arriva (and their staff) have waived the right to a notice period for consultation, just needing time to alter shift patterns. We await confirmation but it is intended to make this change early January 2013.

UHL continues to meet with commissioners and Arriva on a fortnightly basis. January 2013 see's the introduction of a monthly operational meeting with Arriva to review performance, common issues and performance improvement initiatives. All daily operational incidents are being directed through the Admissions and Discharge Manager and the Duty Management Team. The Admissions and Discharge Manager is in regular contact with Arriva Operational Management in reporting all daily issues that need attention as they occur. Resolving the above issues is being led by commissioners and is also reported at the monthly Emergency Care Network.

### 5.0 **HUMAN RESOURCES – KATE BRADLEY**

#### 5.1 **Appraisal**



November appraisal rate is 92.1%. Human Resources continue to work closely with Divisions and CBUs to implement targeted actions to continue to improve appraisal performance. We will be corresponding with senior leads in reaching agreement on recovery action required in improving the position.

Appraisal performance continues to feature on Directorate, Divisional and CBU Board Meetings in monitoring the implementation of agreed actions. At the December Workforce and Organisational Development Committee Meeting a report was provided on action undertaken to improve staff experience including appraisal performance by the Women's and Children's Division. An in-depth analysis by Cost Centre has been undertaken in identifying areas with consistently low appraisal performance across the Trust. This data is used to target support interventions in improving overall appraisal performance.

#### 5.2 **Sickness**



The reported sickness rate November is 4.1%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has remained at 3.5%.

A number of training programmes continue which include the corporate @W4P training (delivered by staff side, HR and Occupational Health) and the 'Making it Happen' sessions, one hour programmes for managers.

Other training now includes:

- ❖ Emotional Resilience Workshops (run by AMICA and Occupational Health) the aim of which is to build up personal and management skills in terms of emotional resilience for the work environment.
- ❖ Self-Care at Work Workshop (delivered by Learning and OD and Occupational Health) is offered to staff with high levels of unrelated sickness absence.

## 6.0 **FINANCIAL POSITION – ANDREW SEDDON**

### 6.0 **Financial position**

#### 6.1 **I&E summary**

The Trust is reporting a cumulative £7.1m deficit for the first 8 months, £8.4m adverse to Plan. Income ytd is £7.9m (1.6%) over Plan, which is stated net of a £4.0m marginal rate deduction for emergency inpatient income over the 2008/09 baseline. Operating costs cumulatively are £16.9m over Plan, with premium cost staff largely being used to deliver the additional activity.

For the month of November, the position is an actual I&E deficit of £0.7m, £0.5m adverse to the planned position of a £0.2m deficit.

Table 1 outlines the current position and Table 2 outlines the Financial Risk Rating.

**Table 1 – I&E summary**

	November 12			April - November 2012		
	Plan	Actual	Var	Plan	Actual	Var
	£m	£m	£m	£m	£m	£m
<b>Income</b>						
Patient income	51.4	54.2	2.8	413.2	420.9	7.7
Teaching, R&D	6.3	6.2	(0.1)	50.2	49.8	(0.4)
<b>Service Income</b>	<b>57.7</b>	<b>60.4</b>	<b>2.7</b>	<b>463.4</b>	<b>470.7</b>	<b>7.2</b>
Other operating Income	2.5	2.5	(0.0)	18.5	19.2	0.7
<b>Total Income</b>	<b>60.2</b>	<b>62.8</b>	<b>2.6</b>	<b>481.9</b>	<b>489.8</b>	<b>7.9</b>
<b>Operating expenditure</b>						
Pay	36.7	38.2	(1.5)	293.4	300.9	(7.5)
Non-pay	20.1	21.7	(1.6)	158.7	168.1	(9.4)
<b>Total Operating Expenditure</b>	<b>56.8</b>	<b>59.9</b>	<b>(3.1)</b>	<b>452.1</b>	<b>468.9</b>	<b>(16.9)</b>
<b>EBITDA</b>	<b>3.4</b>	<b>3.0</b>	<b>(0.5)</b>	<b>29.9</b>	<b>20.9</b>	<b>(9.0)</b>
Net interest	-	0.0	0.0	0.0	0.0	0.0
Depreciation	(2.7)	(2.7)	(0.0)	(21.2)	(20.8)	0.5
PDC dividend payable	(0.9)	(0.9)	-	(7.4)	(7.3)	0.2
<b>Net deficit</b>	<b>(0.2)</b>	<b>(0.7)</b>	<b>(0.5)</b>	<b>1.3</b>	<b>(7.1)</b>	<b>(8.4)</b>
<b>EBITDA %</b>		<b>4.7%</b>			<b>4.3%</b>	

**Table 2 – Financial Risk Ratings**

Criteria	Indicator	Weight	5	4	3	2	1	Year to Date
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	2
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	2
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	2
	I&E surplus margin %	20%	3	2	1	-2	<-2	2
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3
Weighted Average		100%						2.3

The **year to date position** may be analysed as follows.

## 6.2 Income

- 6.2.1 Year to date NHS patient care income is £7.2m (1.6%) favourable to Plan. This reflects under-performance on day cases of £1.1m and elective inpatients of £2.3m. These adverse movements are offset by favourable variances for emergency activity, £6.3m, net of a £3.9m reduction for the marginal rate emergency threshold and outpatients £2.6m. Emergency inpatient activity to the end of November was 5,445 spells (7%) above Plan.
- 6.2.2 The YTD position includes an income reduction of £0.6m to reflect the non delivery of performance targets, where we would not be able to recover this income e.g. Emergency Department.
- 6.2.3 The YTD position also assumes £1.5m of income relating to reimbursement of income as a consequence of the emergency activity threshold.
- 6.2.4 Table 3 below highlights the impact of price and volume changes in year to date activity across the major “points of delivery”. This shows the increased activity across all emergency areas – with a consequential adverse impact on elective inpatients and day case activity. We have also seen a reduction in the price/case mix for day cases, emergencies and ED activity.
- 6.2.5 The key points to highlight within Table 3 are:
- The 7% increase in emergency activity takes the Trust above the 2008/09 activity threshold, thereby accruing income at only 30% of the full tariff. This marginal rate (MRET) accounts for a reduction in income of approximately £3.9m in the first 8 months. The MRET baseline is determined on a Commissioner basis and so the concentration of additional emergency activity in the County and not the City has exacerbated the impact on us as a provider. Commissioners hold the balance of 70% and are tasked to invest this to alleviate the pressures.
  - The Emergency Department price variance reflects the impact of the 2011/12 year end settlement. A Commissioner-led review of the ED casemix is currently underway. Our ED team consider that the average tariff of £99 does not reflect the complexity of the casemix and intend to re-address this in the 2012/13 counting and coding proposals.
  - The elective inpatient volume shortfall of 5.6% equates to 886 spells. This reduction is largely as a consequence of the increased emergency activity encroaching on elective

beds, ITU capacity and theatre sessions. This has had a knock-on effect of reducing elective capacity

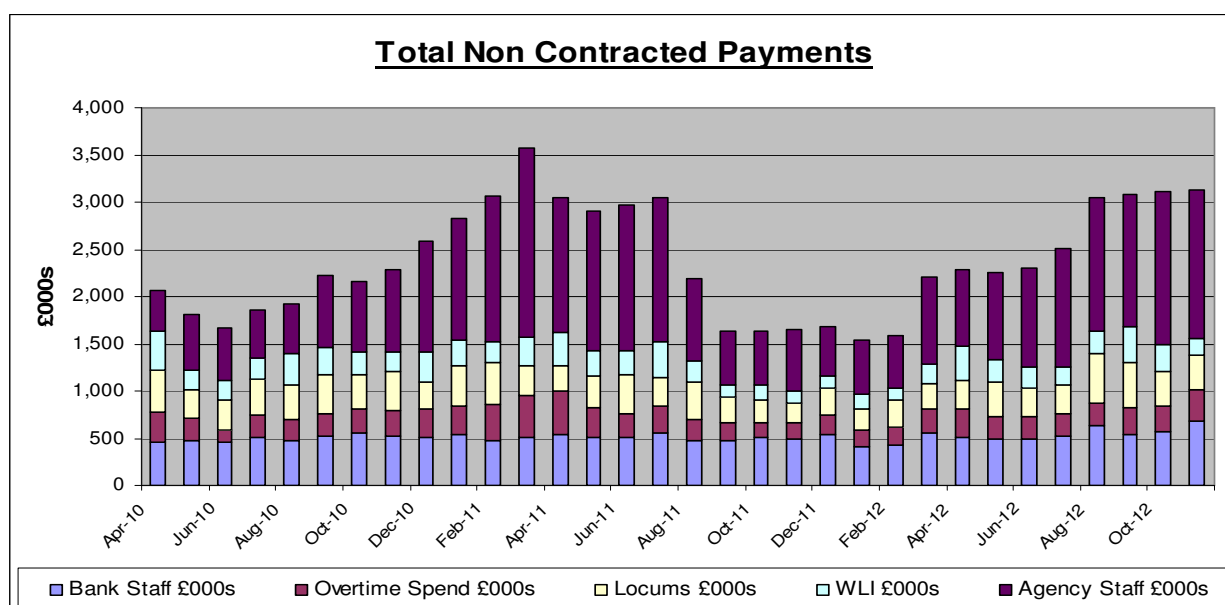
**Table 3 – Patient Care Activity – Price and Volume Movements**

	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
<b>Average tariff</b>					
Day Case	(1.0)	(2.1)	(341)	(718)	(1,059)
Elective Inpatient	0.8	(5.6)	372	(2,695)	(2,323)
Emergency / Non-elective Inpatient	1.3	7.3	1,612	8,572	10,184
Marginal Rate Emergency Threshold (MRET)			(3,869)	0	(3,869)
Outpatient	3.2	(0.1)	1,902	(42)	1,860
Emergency Department	(3.6)	4.5	(399)	486	87
Other			0	2,149	2,149
<b>Grand Total</b>	<b>(3.2)</b>	<b>5.1</b>	<b>(723)</b>	<b>7,751</b>	<b>7,028</b>

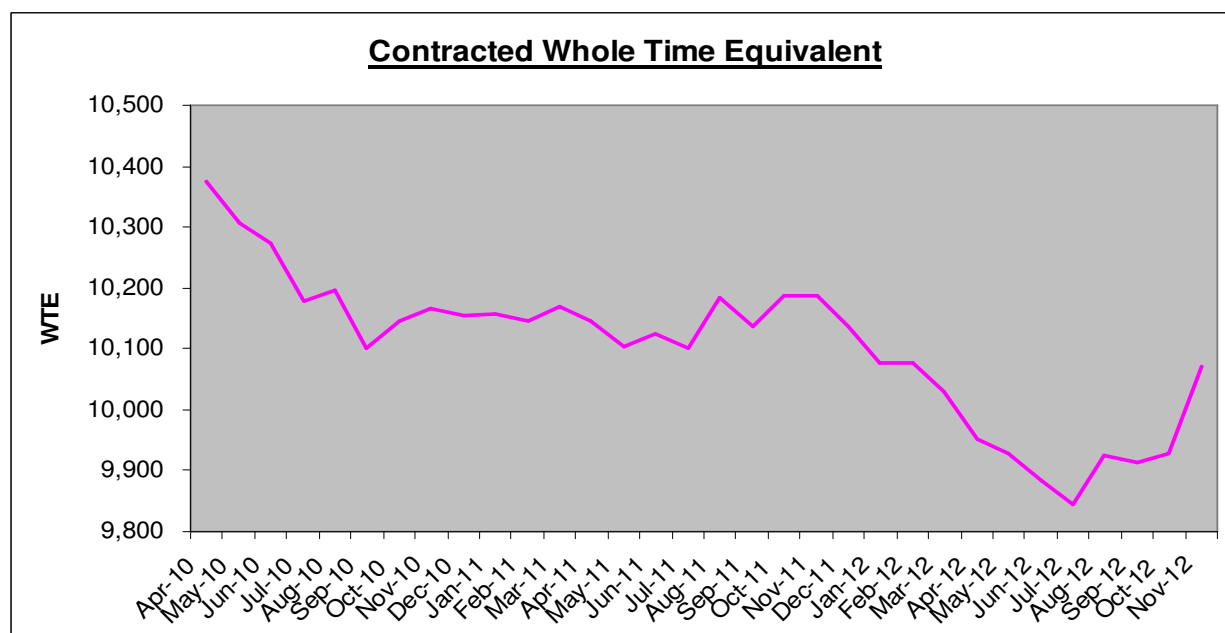
## 6.3 Expenditure

- 6.3.1 Operating expenditure for the year to date is £16.9m (3.7%) adverse to Plan, comprising of pay at £7.5m (2.6%) adverse and non-pay £9.4m (5.9%) adverse. November performance against Plan is £1.5m adverse for pay and £1.6m adverse for non-pay.
- 6.3.2 The pay position, both year to date and in November, reflects the continued use of extra capacity wards (Wards 29 and 32 at GGH and Ward 37 at LRI) to meet the emergency activity levels. Pay spend on these 3 wards is in excess of £3m YTD. The Acute Care Division is also rostering more doctors and nurses in Medicine and ED to ensure the flow of patients from ED to support the delivery of the 4 hour target.
- 6.3.3 Whilst premium payments were stable between September 2011 and February 2012, the increase in March 2012 continued into this financial year with the stepped increase seen in August continuing through to November – we are now running at pay costs double the level of the same period last year (an extra £1.5m per month), despite the increase in contracted staff in November (see Chart 2).

**Chart 1**



**Chart 2**



- 6.3.4 Whilst contracted staff reduced continuously since November 2011 until July 2012, we saw a small increase in August, stability in September and October, but a significant

increase in November reflecting the new nursing and midwifery starters (142 WTE additional contracted staff in November).

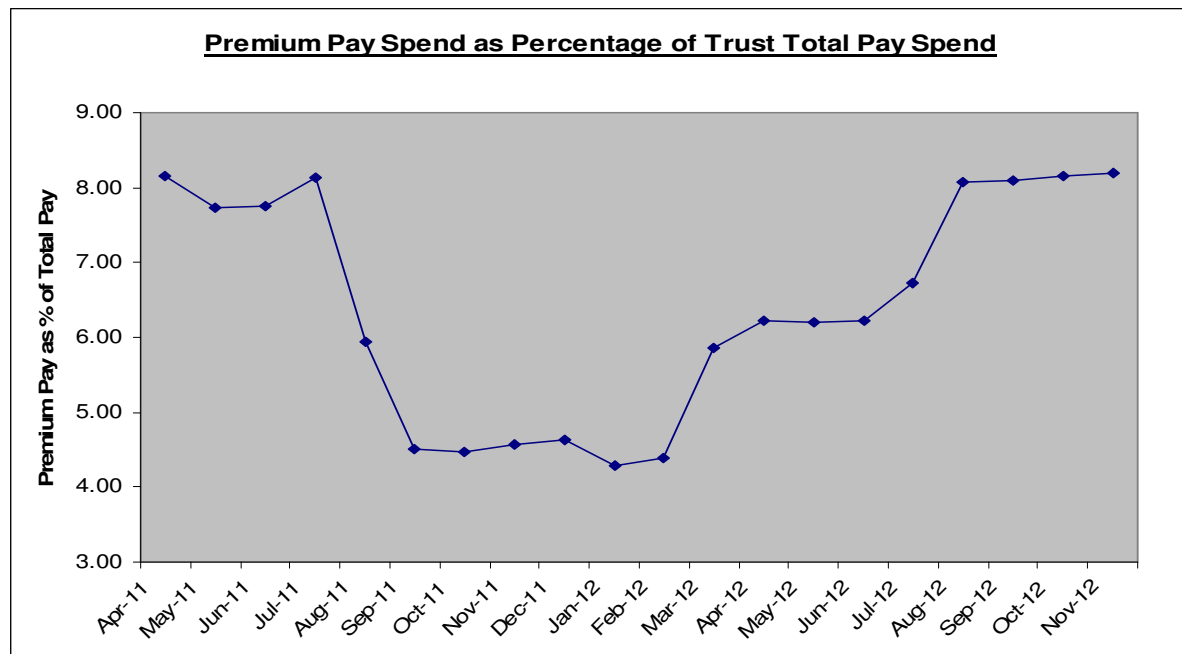
- 6.3.5 The Trust is still using a significant number of non contracted workforce (618 WTE, which is 5.9% of the total worked WTE but 8.2% of the pay costs). This is shown by Division in Table 4 below. This must fall as a result of the increased substantive recruitment.

**Table 4 – Worked WTE**

UHL/Division	November 2012 worked wte (Actual)					Total wte
	Contracted wte	Bank wte	Overtime wte	Agency wte	Other wte	
Acute Care	3,305	146	35	105	(71)	3,520
Clinical Support	2,393	43	24	38	(52)	2,446
Planned Care	1,869	67	15	22	(40)	1,933
Womens & Children	1,445	19	9	2	(23)	1,452
Corporate	1,060	48	24	21	(35)	1,118
<b>UHL Total</b>	<b>10,072</b>	<b>323</b>	<b>107</b>	<b>188</b>	<b>(221)</b>	<b>10,469</b>

- 6.3.6 The consequence of the increased premium staff is illustrated in the chart below which shows premium staff costs as a percentage of total staff costs.

**Chart 3**



- 6.3.7 It is important to highlight that although we have seen changes in the mix of permanent and temporary staff from an overall workforce total, we have now seen a 1.7% increase in total workforce over the past 14 months – see below.

**TOTAL STAFFING**

	WTE	(%)	Nov 12 WTE	March 12 WTE	Sept 11 WTE
MEDICAL & NURSING	229	3.4	7,041	6,878	6,812
OTHER STAFF GROUPS	(50)	(1.4)	3,650	3,615	3,700
<b>TOTAL</b>	<b>179</b>	<b>1.7</b>	<b>10,690</b>	<b>10,493</b>	<b>10,512</b>

\* The above WTE's exclude the "other" adjustment as reflected in table 4.

6.3.8 Whilst showing a 1.7% increase in total numbers, we have seen a significant 229 WTE 3.4% increase in our medical and nursing numbers and a corresponding decrease in other staffing.

6.3.9 To support this analysis, the following two tables provide further details as to the changes by staff type and premium payment type.

**CONTRACTED STAFFING**

Staff Type	Movement Nov 12 -		Contracted Staff		
	WTE	(%)	Nov 12 WTE	March 12 WTE	Sept 11 WTE
ADMIN & CLERICAL	(125)	(6.6)	1,763	1,827	1,888
ALLIED HEALTH PROFESSIONALS	(28)	(6.0)	449	459	478
CAREER GRADES	4	5.7	70	70	66
CONSULTANT	16	3.0	554	533	538
HEALTHCARE ASSISTANTS	(28)	(6.0)	439	447	467
HEALTHCARE SCIENTISTS	(17)	(2.2)	734	741	751
MAINTENANCE & WORKS	1	0.9	61	61	60
NURSING QUALIFIED	(14)	(0.4)	3,296	3,348	3,310
NURSING UNQUALIFIED	110	9.2	1,314	1,195	1,203
OTHER MEDICAL & DENTAL STAFF	(5)	(0.5)	926	899	931
OTHER SCIEN, THERAP & TECH	26	9.3	301	274	276
SENIOR MANAGERS	(7)	(3.9)	164	175	171
<b>TOTAL</b>	<b>(67)</b>	<b>(0.7)</b>	<b>10,071</b>	<b>10,029</b>	<b>10,138</b>

MEDICAL & NURSING	84	1.3	6,599	6,492	6,515
OTHER STAFF GROUPS	(151)	(4.2)	3,473	3,538	3,623
<b>TOTAL</b>	<b>(67)</b>	<b>(0.7)</b>	<b>10,071</b>	<b>10,029</b>	<b>10,138</b>

**PREMIUM STAFFING**

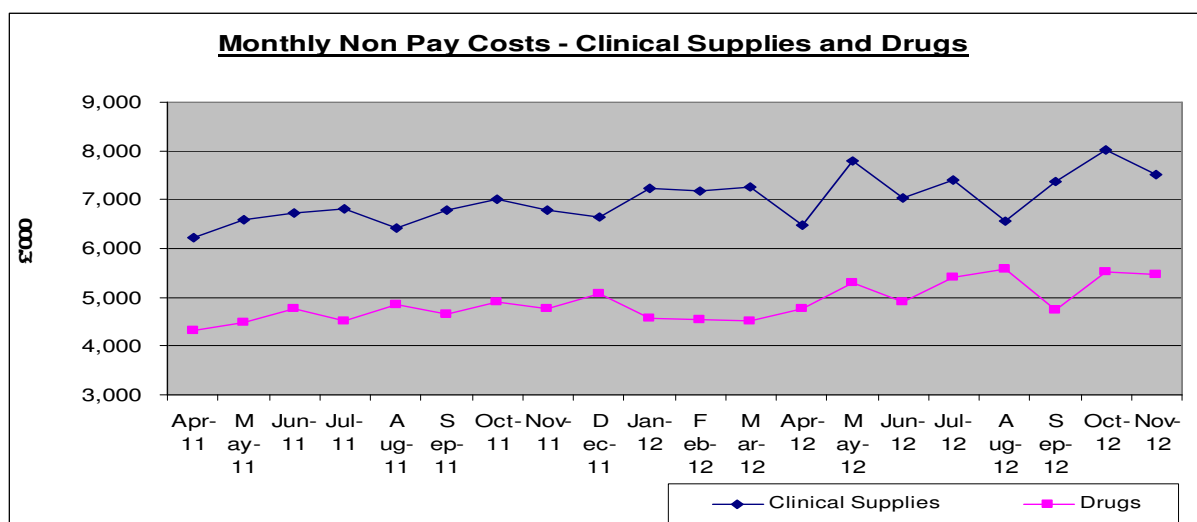
	WTE	(%)	Nov 12 WTE	March 12 WTE	Sept 11 WTE
BANK	81	33.4	323	274	242
OVERTIME	45	70.6	108	84	63
AGENCY	120	176.1	188	106	68
<b>TOTAL</b>	<b>246</b>	<b>65.8</b>	<b>619</b>	<b>464</b>	<b>373</b>

6.3.10 The clear challenge to the Trust is to reduce the requirement for this premium staffing, whilst maintaining, if not increasing, the quality of care.

6.3.11 Non-pay costs - the key areas are drugs, £2.0m adverse to Plan, and clinical supplies, £3.7m adverse, with variances in both categories driven in part by increased activity levels. The chart below shows the actual monthly costs for clinical supplies and drugs from April 2011 to November 2012.



**Chart 4 – Clinical Supplies and Drugs Costs**



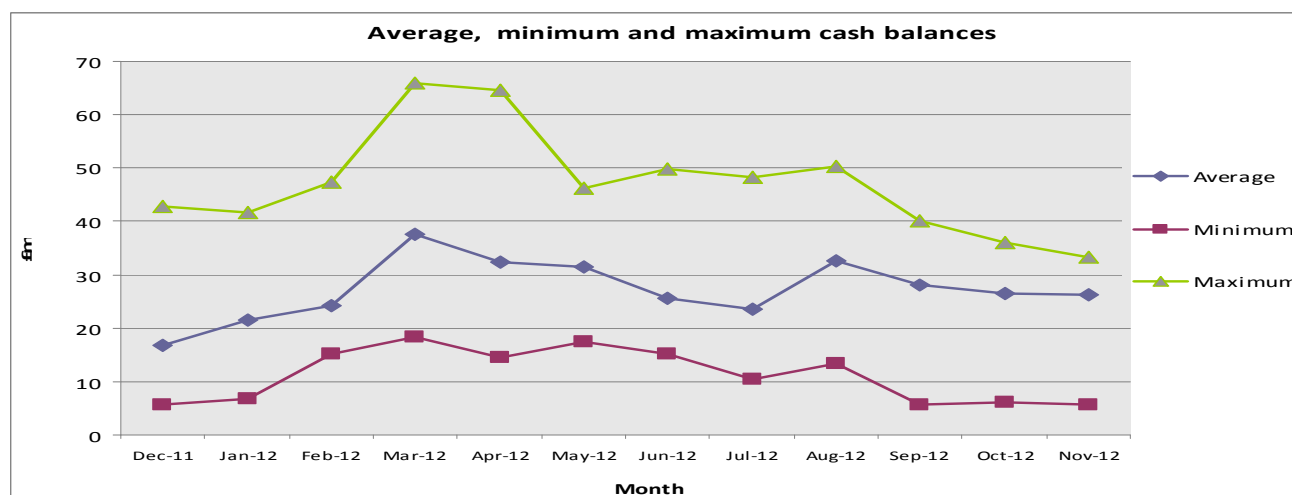
6.3.12 In addition to the variances in drugs and clinical supplies, YTD results are also adverse in utilities (£0.4m), use of independent sector (£0.9m – primarily endoscopy), hotel services and security (£0.7m) and legal fees (£0.2m).

6.3.13 Further detailed analysis detailing the reasons for the non pay adverse variance to plan will be provided.

## 6.4 Working capital and net cash

6.4.1 The Trust closed the month of November cash balance of £6.7m, compared to £35.9m at the end of October. The main reason for this was the prepayment of the monthly SLAs via the CCGs reducing from £28m to less than £4m.

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



## 6.5 2012/13 forecast and risks

6.5.1 The Trust is still forecasting to deliver the planned £46k surplus.

6.5.2 The details behind the revised forecasts and financial recovery actions plans will be contained within the “Financial Forecast Recovery” paper for the Finance & Performance Committee.

*Caring at its best*

# Quality and Performance

Trust Board

Thursday 20th December 2012

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November 2012

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One team shared values

**QUALITY and PERFORMANCE REPORT**

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## UHL at a Glance - Month 8 - 2012/13

PREVENTING DEATH	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
HSMR (Dr Foster Rebased 2012)	100	102.6	96.5				Sep-12		Quality
POSITIVE EXPERIENCE of CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Net Promoter Trust Score	61.0	57.2	55.0		New O/F target April 2012		Nov-12		Quality
Net Promoter - Coverage	10%	11.4%	11.8%				Nov-12		Quality
Operations cancelled for non-clinical reasons on or after the day of admission	0.8%	1.6%	1.1%				Nov-12		Trust
TIMELY CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	92.0%	94.4%				Nov-12	✓	✓
ED Waits - UHL (Type 1 and 2)	95%	90.0%	93.0%				Nov-12		Trust
RTT 18 week – admitted	90%	91.7%					Nov-12	✓	✓
RTT 18 week – non-admitted	95%	96.6%					Nov-12	✓	✓
RTT - Incomplete 92% in 18 weeks	92%	93.9%					Nov-12		✓
RTT delivery in all specialties	0	1					Nov-12		✓
6 Week - Diagnostic Test Waiting Times	<1%	0.6%					Nov-12		✓
Cancer: 2 week wait from referral to date first seen - all cancers	93%	93.0%	93.5%				Oct-12	✓	✓
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)	93%	93.4%	94.8%				Oct-12	✓	✓
All Cancers: 31-day wait from diagnosis to first treatment	96%	98.3%	98.3%				Oct-12	✓	✓
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%				Oct-12	✓	✓
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	98.1%	96.1%				Oct-12	✓	✓
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	99.3%	98.1%				Oct-12	✓	✓
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	85.5%	84.8%				Oct-12	✓	✓
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	96.7%	94.0%				Oct-12	✓	✓
All Cancers:- 62-Day Wait For First Treatment From Consultant Upgrade	85%	100.0%	100.0%				Oct-12	✓	✓
Neck of Femurs Operated on < 36 Hours (Best Practice Tariff)	70%	76.3%	74.5%				Nov-12		Quality

## UHL at a Glance - Month 8 - 2012/13

SAFE ENVIRONMENT	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
MRSA Bacteraemias	6	0	1				Nov-12	✓	✓
CDT Isolates in Patients (UHL - All Ages)	113	4	59				Nov-12	✓	✓
Serious Incidents Requiring Investigation	TBC	123					Nov-12	✓	
Never Events	0	0	5				Nov-12	✓	
Incidents of Patient Falls	2750	248	1758				Oct-12	✓	
Pressure Ulcers (Grade 3 and 4)	110	18	77				Oct-12	✓	
% of all adults who have had VTE risk assessment on adm to hosp	90%	95.4%	95.0%				Nov-12		✓
100% compliance with WHO surgical checklist (Y/N)		N					Nov-12	✓	
Bed Occupancy (Including short stay admissions)	90%	93.2%					Oct-12	Quality	
Bed Occupancy (Excluding short stay admissions)	86%	88.6%					Oct-12	Quality	
Nurse to Bed Ratio - General Base Ward		1.1 to 1.3 WTE			NEW FOR 2012/13		Nov-12	Quality	
Nurse to Bed Ratio - Specialist Ward		1.4 to 1.6 WTE					Nov-12	Quality	
Nurse to Bed Ratio - HDU		3 to 4 WTE					Nov-12	Quality	
Nurse to Bed Ratio - ITU		5.5 to 6 WTE					Nov-12	Quality	
STAFF EXPERIENCE / WORKFORCE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Sickness absence	3.0%	4.1%	3.5%				Nov-12	Quality	
Appraisals	100%	91.2%	91.1%				Nov-12	Trust	
VALUE FOR MONEY	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Total Pay Bill (£ millions)	36.7	38.2	300.9				Nov-12	Trust	
Total Whole Time Employee (WTE)		10,469	10,469				Nov-12	Trust	

Data Quality Key :

Procedure &amp; Process Fully Documented



Patient Level



Audit



Director Sign Off



## DoH PERFORMANCE/OPERATING FRAMEWORK - 2012/13 INDICATORS

Performance Indicator		Performing	Under-performing	Weighting	Monitoring Period	April	May	June	Qtr 1	July	August	Sept	Qtr 2			
A&E - Total Time in A&E		95%	94%	1.0	QTR	0.0	0.0	0.0	0.0	3.0	3.0	3.0	3.0			
Infection Control	MRSA	0	>1SD	1.0	YTD	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0			
	Clostridium Difficile	0	>1SD	1.0	YTD	2.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0			
Access - 18 week wait	RTT waiting times – admitted	90%	85%	1.0	Monthly	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0			
	RTT waiting times – non-admitted	95%	90%	1.0	Monthly	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0			
	RTT - incomplete 92% in 18 weeks	92%	87%	1.0	Monthly	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0			
	RTT delivery in all specialties	0	>20	1.0	Monthly	2.0	2.0	2.0	2.0	3.0	3.0	2.0	2.0			
	Diagnostic Test Waiting Times	<1%	5%	1.0	Monthly	3.0	3.0	0.0	0.0	2.0	3.0	3.0	2.0			
Access - Cancer	Cancer: 2 week wait from referral to date first seen - all cancers	93%	88%	0.5	Monthly	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5			
	Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients	93%	88%	0.5	Monthly	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5			
	All Cancers: 31-day wait from diagnosis to first treatment	96%	91%	0.25	Monthly	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75			
	All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	89%	0.25	Monthly	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75			
	All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	93%	0.25	Monthly	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75			
	All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	89%	0.25	Monthly	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75			
	All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	80%	0.5	Monthly	1.5	1.5	0.0	1.0	1.5	1.5	1.5	1.5			
	All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	85%	0.5	Monthly	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5			
Delayed transfers of care		3.5%	5%	1.0	QTR	3.0	3.0	2.0	3.0	3.0	2.0	3.0	3.0			
Single Sex Accommodation Breaches		0.0%	0.5%	1.0	QTR	2.0	3.0	3.0	2.0	3.0	3.0	3.0	3.0			
Venous Thromboembolism (VTE) Screening		90%	80%	1.0	QTR	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0			
Sum of weights				14.00												
Performance Score = sum of weights/14									2.6	2.7	2.2	2.39	2.9	2.9	2.9	2.9

Scoring values

Underperforming	0
Performance under review	2
Performing	3

Overall performance score threshold	Underperforming	2.1
	Performance under review	2.1 and 2.4
	Performing	>2.4

## LLR 2012/13 CQUIN - Quarterly performance

Area	Title in Brief	% of CQUIN Total LLR	Annual Indicator Value LLR	Qtr1	Qtr2	Qtr3 Forecast	Qtr4
National 1	VTE risk assessment	1%	£96,171				
National 2	Responsiveness to Patient Needs	5%	£480,855	End of Yr	End of Yr	End of Yr	
National 3a	Dementia - Screening	1%	£96,171	End of Yr	End of Yr	End of Yr	
National 3b	Dementia - Risk Assessment	2%	£192,342	End of Yr	End of Yr	End of Yr	
National 3c	Dementia - Referral	2%	£192,342	End of Yr	End of Yr	End of Yr	
National 4	Safety Thermometer	5%	£480,855				
Regional 1	NET Promoter	3%	£288,513	End of Yr	End of Yr	End of Yr	
Regional 2	MECC	10%	£961,709				
Local 1a	Int Prof Standards - ED	6%	£577,026	Deferred to Q2			
Local 1b	Int Prof Standards - Assessment Units & Imaging	6%	£577,026	Deferred to Q2			
Local 1c	ED/EMAS Handover	6%	£577,026				
Local 2	Disch B4 11am	2%	£192,342	Deferred to Q2			
Local 2	Disch B4 1pm	6%	£577,026	Deferred to Q2			
Local 2	7 Day Disch	4%	£384,684	Deferred to Q2			
Local 2	TTOs pre disch	3%	£288,513	Deferred to Q2			
Local 2	Disch Diagnosis & Plan	2%	£192,342	Deferred to Q3			
Local 3	End of Life Care	5%	£480,855				
	COPD Admission	5%	£480,855				
Local	COPD care bundle	10%	£961,709				
Local 7a	Clinical Handover	3.2%	£307,747				
Local 7b	Responding to EWS	3.2%	£307,747				
Local 7c	M&M	3.2%	£307,747				
Local 7d	Acting on Results	3.2%	£307,747				
Local 7e	Ward Round Notation Standards	3.2%	£307,747				
Total		100%	£9,617,097				

## Specialised Services 2012/13 CQUIN - Quarterly performance

Area	Title in Brief	% of CQUIN Total	Annual Indicator Value	Qtr1	Qtr2	Qtr3 Forecast	Qtr4
National 1	VTE risk assessment	5%	£206,487				
National 2	Responsiveness to Patient Needs	5%	£206,487	End of Yr	End of Yr	End of Yr	
National 3a	Dementia - Screening	1.66%	£68,829	End of Yr	End of Yr	End of Yr	
National 3b	Dementia - Risk Assessment	1.66%	£68,829	End of Yr	End of Yr	End of Yr	
National 3c	Dementia - Referral	1.66%	£68,829	End of Yr	End of Yr	End of Yr	
National 4	Safety Thermometer	5%	£206,487				
SS 1	Spec Dashboards	10%	£412,973				
SS 2	Home Dialysis	10%	£412,973				
SS 3	Increased IMRT	15%	£619,459				
SS 4	Perf Status 2	15%	£619,459				
SS 5	Hep C	10%	£412,973				
SS 6	NNU Infections	10%	£412,973				
SS 7	PICU Extubations	10%	£412,973				
Total			£4,129,731				

KEY

CQUIN FUNDING PAID IN FULL

PARTIAL CQUIN FUNDING WITHHELD

ALL CQUIN FUNDING WITHHELD

FURTHER INFOR REQUESTED





## 2012/13 Contractual Penalties - risk areas

The 2012-13 National Acute Contract sets out, within Section B, all the performance and quality measures that the Trust is charged to deliver. The contract contains 149 indicators (not including CQUIN). Each indicator carries a consequence of breach. The materiality of the consequence is dependent on the indicator the majority (75/149) are subject to Section E Clause 47, in as much as the financial risk per indicator is 2% of the monthly contract value per commissioner where performance not achieved (max c£1m). The remaining performance indicators are subject to either different percentages or an actual withholding of payment for individual patients. A number of the performance indicators carry automatic penalty i.e. RTT performance. If the Trust fails to achieve this overall performance measure then each specialty not achieved will be subject to a penalty based on the percentage that performance was below target. There will be no notice for this penalty nor a request for an action plan simply a withholding of funds for each month the performance is not achieved. The contract stipulates that the maximum penalty in one month is 10% (C£5m).

### AUTOMATIC CONTRACT PENALTIES

Description	Qtr 1	Qtr 2	October	November	December	Quarter 3	Total	
A&E - Total Time in A&E	£80,057	£0	£714,044	£0	£0	£714,044	£794,101	October ED penalty comprises of; £688,031 withheld under clause 47 for failure to deliver the performance trajectory and £26,013 automatic penalty for missing the 95% target. The ambulance turnaround penalty has been applied by commissioners for Q2 performance. This has been queried as the contract term is not agreed. RTT specialty level target missed in October in Ophthalmology.
RTT - specialty level delivery	£11,796	£35,562	£34,484	£0	£0	£34,484	£81,842	
Never Events	£2,484	£4,030	£0	£0	£0	£0	£6,514	
Same Sex Accommodation Breaches	£1,750	£0	£0	£0	£0	£0	£1,750	
Breach of diagnostics 6 week wait standard	£15,000	£5,000	£0	£0	£0	£0	£20,000	
Ambulance Turnaround	N/A	£70,000						
<b>Total</b>	<b>£111,087</b>	<b>£44,592</b>	<b>£748,528</b>	<b>£0</b>	<b>£0</b>	<b>£748,528</b>	<b>£904,207</b>	

### PERFORMANCE AREAS AT RISK OF CONTRACTUAL PENALTY

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual Status	Latest Position
A&E - Total Time in A&E plus ED Clinical Indicators	95% of patients waiting less than 4 hours	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	This performance has escalated to a permanent withholding of £690k in October. Refreshed trajectories and action plans are currently being discussed. Performance against the 95% target has also been failed in Nov and is irrecoverable for December.	Remedial action plan breached in October and November. Performance did not remain at or above 95% implications; 1. Automatic penalty to be applied in November circa £25k 2. Performance for Dec is irrecoverable and therefore a further automatic penalty will be applied. 3. Commissioners have permanently withheld £690k for October. Discussions are ongoing relating to Nov and Dec.
Operations cancelled for non-clinical reasons on or after the day of admission	Maximum 0.8% of operations	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Contract Query Issued on the 8th July 2011. Remedial Action Plan Shared with Commissioners on 18 May	No escalation regarding this performance measure has been forthcoming from commissioners however performance was at 1.1% for October. November is currently predicted at 1.6%
Breast screening age extension	External visit suggestive of November 2012 commitment	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Contract Query Issued on the 7th March. Remedial action plan shared on	1st patient screened for this target in November. Therefore this target has been achieved and no further contractual process should be followed.
Proportion of patients receiving first definitive treatment for cancer within 62 days of referral	Operating standard of 85%	2% of the Actual Outturn Value of the service line revenue	1st Exception Notice issued on the 24th Feb. Remedial Action Plan already in effect and performance recovered in Q4 of 11-12	Following backlog reduction of LOGI cancer patients 85% target was missed in June. The commissioners have applied a penalty of £616,433 which will be repaid retrospectively subject to CCG-specified milestones. The 85% threshold has been achieved since July. The currently monthly performance is above the threshold therefore each month the YTD performance improves it is unlikely that the October position will recover performance YTD but this is expected in November. Once YTD position recovered commissioners will repay penalty.

### PERFORMANCE AREAS CURRENTLY ON COMMISSIONERS RADAR LIKELY TO GENERATE CONTRACT QUERIES AND ONWARD ESCALATION

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual Status	Comments
Stroke Patients - % of patient that spend 90% of their time on a stroke unit.	80% of patients spend 90% of their time on a stroke unit	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Potential contract query	Overall UHL position remains above threshold some variation at PCT and CCG level. May be of concern into 2013-14
Choose and Book - Slot availability	<5% by Qtr 4	Based on current performance could potentially be circa £100,000 per month	Potential contract query	Performance remains below threshold. Significant risk of contract escalation.
Ambulance Turn Around Times	80% within 15 mins	£70 per cumulative hour current performance would translate in to a £25k penalty per month	Not in contract. SHA have requested all commissioners vary contracts to include this clause. Currently being resisted.	Trust is resisting this locally. Some support from other East Mids providers. UHL to consider formally challenging the SHA regarding this position.

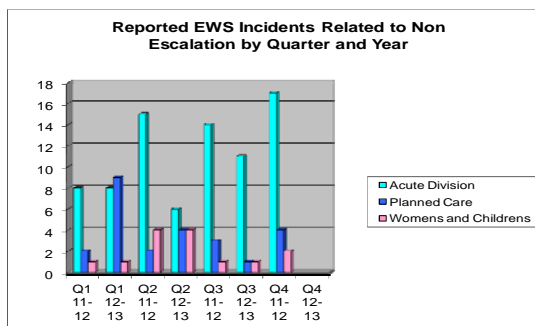
## QUALITY

### Performance Overview

**Critical Safety Actions** : There are no national performance targets for the 5 Critical Safety Actions which is a UHL locally agreed CQUIN Programme.

The aims of the 5 critical safety actions programme is to see a reduction in avoidable mortality and morbidity. The 2 key indicators being focused upon by commissioners are a reduction in Serious Untoward Incidents related to the 5CSA's and a reduction in EWS incidents across the trust.

Graph below shows position to end of **November 2012** for reported EWS incidents related to non escalation by division. Overall EWS incidents show decrease against last years figures at same point in time.



All visits and submissions complete for Q2 compliance. Achievement of 100% funding for 5CSA CQUIN for Q2.



### Improving Clinical Handover.

**Aim** - To provide a systematic, safe and effective handover of care and to provide timely and collaborative handover for out of hours shifts

#### Actions:-

- Medical Handover - UHL Shift Handover Guidelines sent to November PGC not approved and have been revised by the author and resubmitted to December meeting.
- Development work by IT on UHL web based handover system is now complete. Meeting set for January 2013 to agree go live date for this.
- Further work with alternative handover system supplier to develop module has progressed. Initial version of E-Handover module to be reviewed, discussed and plans agreed for pilot sites in trust on 21st December 2012.



### Relentless attention to EWS triggers and actions.

**Aim** - To improve care delivery and management of the deteriorating patient

#### Actions:-

- HCA competency programme being rolled out with support from divisional nursing and education leads.
- Aim to achieve 100% end of Q3. Figures for % HCA's assessed competent for each division up to the 30th November 2012 reported from e-UHL are:
- Acute - 34%
  - Planned - 59%
  - Womens and Childrens - 73%
- Outreach lead to continue drive with acute and planned care divisions to improve progress. This is behind target in acute and planned care divisions but will be achieved by the end of Q4. Will be achieved by women's and children's on target by end of Q3.



### Implement and Embed Mortality and Morbidity standards.

**Aim** - To have a standardised process for reviewing in-hospital deaths and archiving of the completed reviews

#### Actions:-

- 100% of specialities have confirmed that M&M meetings are taking place. Increasing number - 38% of specialities have saved Terms of Reference to shared drive.
- Specialities have commenced saving minutes onto shared drive. Increasing number - 47% have minutes saved and 56% have either Terms of Reference or minutes saved to the shared drive.
- Increased focus to chase up specialities to increase progress on saved minutes and terms of reference.



### Acting upon Results.

**Aim** - No avoidable death or harm as a failure to act upon results and all results to be reviewed and acted upon in a timely manner.

#### Actions

- Overarching Screening Policy sent to November PGC not approved, revised by author and resubmitted to December meeting.
- Finalising draft of Diagnostic Testing overarching policy to include medical staff and AHP that undertake diagnostic testing.
- Agreement that Acting on Results process for inpatients and outpatients will be documented as a Job Planning exercise for consultants against agreed CBU/Speciality process and this will be written into the Diagnostic Testing Policy.



### Senior Clinical Review, Ward Rounds and Notation.

**Aim** - To meet national standards for clinical documentation. To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance.

#### Actions

- Further work being undertaken in general surgery to pilot ward round standards in the form of ward round sticker. Audit results currently being collated.
- Leads identified excellent practice with ward round checklist in UCLH, London. Plan to visit UCLH in early December to observe its use in clinical areas and identify if would be appropriate to use similar in UHL.
- Final draft of ward round template sheet as documentation for trial in medicine submitted for printing. Trial for Jan/ Feb 2013 within SSU (high turnover ward) and ward 24 at the LRI.
- Trial of ward round template still ongoing in renal services.



## PATIENT EXPERIENCE

## Performance Overview

In November 2012, 1,621 Patient Experience Surveys were returned which exceeds the Trusts target of 1,523. The Trust met the SHA 10% footfall target with a total of 1,152 net promoter responses broken down to:

Number of Promoters:	752
Number of passives:	307
Number of detractors:	93
<b>Overall NET promoter score:</b>	<b>57.2</b>

## Outcomes from Divisional Action Plans:

The Divisions / CBU's continue to implement their Patient Experience Action Plans and their success is plotted using the net promoter score and other high level feedback ratings:

**Acute Care Division:** has dropped this month since April 2012 from 59.67 to 56.83. Respiratory CBU fell from 78.35 to 72.6, Cardiac, Renal & Critical Care CBU fell from 69.93 to 65.99 and Medicine CBU took a significant drop in score from 50.41 to 47.84.

**Planned Care Division:** dropped from 61.50 to 56.79. Specialist Surgery CBU dropped from 87.01 to 67.53, as did GI Medicine, Surgery and Urology CBU going from 53.49 to 41.88. Cancer, Haematology and Oncology CBU and Musculo-Skeletal CBU climbed from 49.12 to 60.00 and from 57.45 to 63.11 respectively.

**Women's & Children's:** increased from 50.71 to 58.36 this month. Children's CBU improved from 62.5 to 63.41, and Women's CBU improved this month from 46.63 to 56.4.

## Actions taken:

- v Divisional review of net promoter scores at ward level highlighting areas of underperformance and local plans to improve ward scores
- v The four Divisional Action Plans are now embedded within the Divisions and are driving development / improvement activity
- v Patient Experience workshop engaged with divisional clinical staff to focus improvement activity within key areas

The Trust overall has maintained a GREEN RAG rating for respect & dignity score for November 2012.

The number of surveys returned for the main outpatients clinics on all 3 sites is slowly improving. In November 2012, 71 surveys were received. To ensure a representative picture is provided a minimum of 100 surveys is required.



Net Promoter

57.2

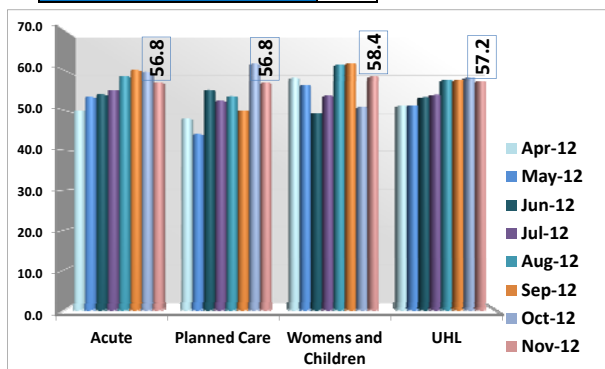
Coverage

11.4%

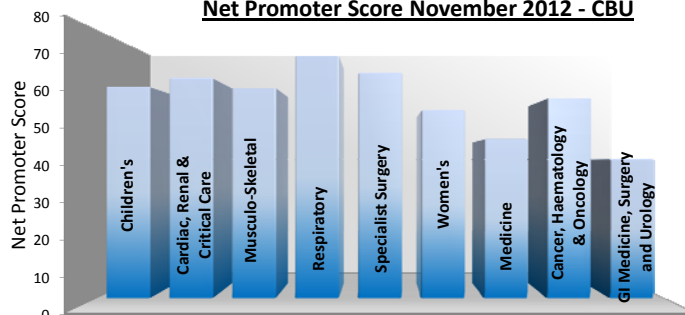


## Friends &amp; Families Test - the Net Promoter - NOVEMBER 2012

Number of Responses 1152



## Net Promoter Score November 2012 - CBU



## Patient Experience Surveys

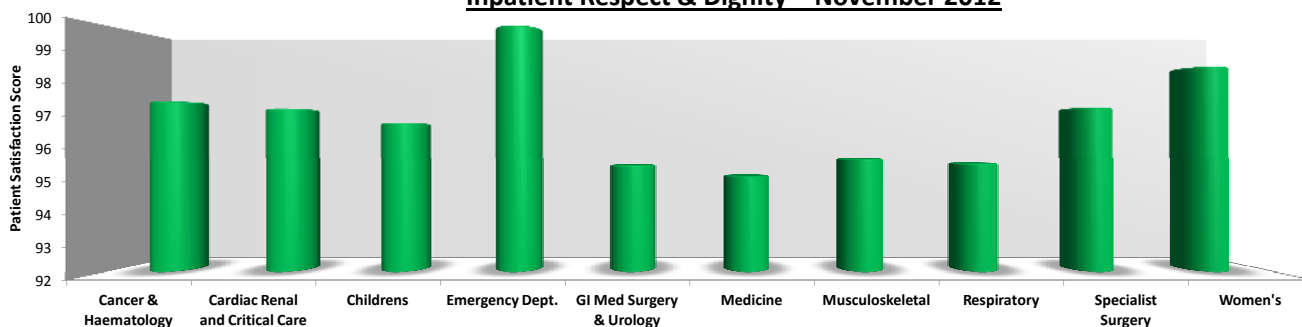
## Inpatient Return Rates - November 2012

Division	Returned	Target	% Achieved
Acute Care	766	769	99.6%
Planned Care	651	594	109.6%
Women's and Children's	204	175	116.6%
<b>UHL</b>	<b>1,621</b>	<b>1,538</b>	<b>105.4%</b>

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

Division	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
Acute	95.5	96.7	95.7	96.3	94.8	95.2	95.8	96.2	94.8	95.9	95.0	96.3	96.2	96.2
Planned Care	97.1	95.6	96.2	95.9	96.9	96.7	96.1	96.0	97.5	96.6	96.7	96.2	96.8	96.2
Womens and Children	96.5	94.5	97.8	96.7	95.4	92.5	92.9	98.0	96.0	98.7	96.6	97.7	94.4	97.7
<b>UHL</b>	<b>96.1</b>	<b>96.0</b>	<b>96.1</b>	<b>96.2</b>	<b>95.6</b>	<b>95.6</b>	<b>95.9</b>	<b>96.3</b>	<b>96.1</b>	<b>96.5</b>	<b>95.7</b>	<b>96.4</b>	<b>96.4</b>	<b>96.3</b>

## Inpatient Respect &amp; Dignity - November 2012



# Friends & Families Test - the Net Promoter

November 2012

		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
<b>UHL Trust Level Totals</b>		<b>1,152</b>	<b>752</b>	<b>307</b>	<b>93</b>	<b>57.20</b>
<b>Acute Care</b>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
<b>Cardiac, Renal &amp; Critical Care</b>						
Cardiology	GH WD 24	20	10	9	1	45.00
	GH WD 27	1	1	0	0	100.00
	GH WD 28	10	6	3	1	50.00
	GH WD 32	5	1	3	1	0.00
	GH WD 33	14	9	4	1	57.14
	GH WD Coronary Care Unit	19	18	1	0	94.74
<b>Cardiology Total</b>		<b>69</b>	<b>45</b>	<b>20</b>	<b>4</b>	<b>59.42</b>
Cardiothoracic Surgery	GH WD 20	8	6	1	1	62.50
	GH WD 31	17	15	1	1	82.35
<b>Cardiothoracic Surgery Total</b>		<b>25</b>	<b>21</b>	<b>2</b>	<b>2</b>	<b>76.00</b>
Nephrology	LGH WD 10	10	10	0	0	100.00
	LGH WD 15A HDU Neph	3	2	1	0	66.67
	LGH WD 15N Nephrology	4	3	0	1	50.00
<b>Nephrology Total</b>		<b>17</b>	<b>15</b>	<b>1</b>	<b>1</b>	<b>82.35</b>
Paed Cardiothor Surg ECMO	GH WD 30	11	6	5	0	54.55
<b>Paed Cardiothor Surg ECMO Total</b>		<b>11</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>54.55</b>
Paediatric Cardiology	GH WD Paed ITU	2	2	0	0	100.00
<b>Paediatric Cardiology</b>		<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>100.00</b>
Transplant	LGH WD 17 Transplant	23	17	4	2	65.22
<b>Transplant Total</b>		<b>23</b>	<b>17</b>	<b>4</b>	<b>2</b>	<b>65.22</b>
<b>Business Unit Total</b>		<b>147</b>	<b>106</b>	<b>32</b>	<b>9</b>	<b>65.99</b>
<b>Medicine</b>						
Diabetology	LRI WD 38 Win L6	1	1	0	0	100.00
<b>Diabetology Total</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>100.00</b>
Gastroenterology	LRI WD 30 Win L4	14	5	7	2	21.43
<b>Gastroenterology Total</b>		<b>14</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>21.43</b>
Infectious Diseases	LRI WD IDU Infectious Diseases	10	4	4	2	20.00
<b>Infectious Diseases Total</b>		<b>10</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>20.00</b>
Integrated Medicine	LGH WD 8	5	1	3	1	0.00
	LGH WD Young Disabled	4	3	1	0	75.00
	LRI WD 23 Win L3	19	15	3	1	73.68
	LRI WD 24 Win L3	17	13	0	4	52.94
	LRI WD 25 Win L3	9	1	7	1	0.00
	LRI WD 26 Win L3	11	3	8	0	27.27
	LRI WD 29 Win L4	10	1	6	3	-20.00
	LRI WD 31 Win L5	24	17	6	1	66.67
	LRI WD 33 Win L5	16	8	4	4	25.00
	LRI WD 34 Windsor Level 5	19	14	3	2	63.16
	LRI WD 36 Win L6	19	7	11	1	31.58
	LRI WD 37 Win L6	25	15	8	2	52.00
	LRI WD Acute Medical Unit	33	28	4	1	81.82
	LRI WD Fielding John Vic L1	18	13	5	0	72.22
	LRI WD Odames Vic L1	24	14	5	5	37.50
<b>Integrated Medicine</b>		<b>253</b>	<b>153</b>	<b>74</b>	<b>26</b>	<b>50.20</b>
Neurology	LGH WD Brain Injury Unit	0	0	0	0	
<b>Neurology</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Rheumatology	LGH WD 27	0	0	0	0	
<b>Rheumatology</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Business Unit Total</b>		<b>278</b>	<b>163</b>	<b>85</b>	<b>30</b>	<b>47.84</b>
<b>Respiratory</b>						
Thoracic Medicine	GH WD 15	2	1	1	0	50.00
	GH WD 16 Respiratory Unit	34	25	8	1	70.59
	GH WD 17	0	0	0	0	
	GH WD Clinical Decisions Unit	16	11	4	1	62.50
<b>Thoracic Medicine Total</b>		<b>52</b>	<b>37</b>	<b>13</b>	<b>2</b>	<b>67.31</b>
Thoracic Surgery	GH WD 26	21	18	3	0	85.71
<b>Thoracic Surgery Total</b>		<b>21</b>	<b>18</b>	<b>3</b>	<b>0</b>	<b>85.71</b>
<b>Business Unit Total</b>		<b>73</b>	<b>55</b>	<b>16</b>	<b>2</b>	<b>72.60</b>
<b>Acute Care Total</b>		<b>498</b>	<b>324</b>	<b>133</b>	<b>41</b>	<b>56.83</b>

# Friends & Families Test - the Net Promoter

November 2012

Planned Care		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Cancer, Haematology and Oncology						
Bone Marrow Transplantation	LRI WD Bone Marrow	1	1	0	0	100.00
Bone Marrow Transplantation Total		1	1	0	0	100.00
Clinical Oncology	LRI WD 39 Osb L1	15	10	3	2	53.33
	LRI WD 40 Osb L1	13	10	2	1	69.23
Clinical Oncology Total		28	20	5	3	60.71
Haematology	LRI WD 41 Osb L2	16	10	5	1	56.25
Haematology Total		16	10	5	1	56.25
Business Unit Total		45	31	10	4	60.00
GI Medicine, Surgery and Urology						
General Surgery	LGH WD 11	0	0	0	0	
	LGH WD 20	1	1	0	0	100.00
	LGH WD 22	23	12	6	5	30.43
	LGH WD 26 SAU	14	8	4	2	42.86
	LGH WD 27 (CLOSED)	25	15	10	0	60.00
	LGH WD 28 Urology	14	8	4	2	42.86
	LGH WD Surg Acute Care	0	0	0	0	
	LRI WD 22 Bal 6	28	15	8	5	35.71
	LRI WD 8 SAU Bal L3	12	7	2	3	33.33
General Surgery Total		117	66	34	17	41.88
Urology	LGH WD 28 Urology	0	0	0	0	
	LGH WD 29 EMU Urology	0	0	0	0	
Urology Total		0	0	0	0	
Business Unit Total		117	66	34	17	41.88
Musculo-Skeletal						
Orthopaedic Surgery	LGH WD 14	25	20	2	3	68.00
	LGH WD 16	16	10	6	0	62.50
	LGH WD 19	24	17	7	0	70.83
Orthopaedic Surgery Total		65	47	15	3	67.69
Trauma	LRI WD 17 Bal L5	11	7	4	0	63.64
	LRI WD 18 Bal L5	43	29	10	4	58.14
	LRI WD 32 Win L5	3	1	2	0	33.33
Trauma Total		57	37	16	4	57.89
Business Unit Total		122	84	31	7	63.11
Specialist Surgery						
Breast Care	GH WD 23A	22	18	3	1	77.27
Breast Care Total		22	18	3	1	77.27
ENT	LRI WD 7 Bal L3	0	0	0	0	
ENT Total		0	0	0	0	
Plastic Surgery	LRI WD Kinmonth Unit Bal L3	17	12	2	3	52.94
Plastic Surgery Total		17	12	2	3	52.94
Vascular Surgery	LRI WD 21 Bal L6	38	26	12	0	68.42
Vascular Surgery Total		38	26	12	0	68.42
Business Unit Total		77	56	17	4	67.53
Planned Care Total		361	237	92	32	56.79

# Friends & Families Test - the Net Promoter

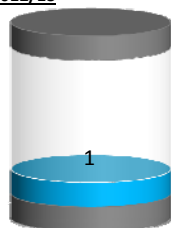
November 2012

<i>Women's &amp; Children's</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
<b>Children's</b>						
Paediatric Medicine	LRI WD 12 Bal L4	5	5	0	0	100.00
	LRI WD 14 Bal L4	9	8	1	0	88.89
	LRI WD 27 Win L4	7	5	2	0	71.43
	LRI WD 28 Windsor Level 4	30	16	9	5	36.67
	LRI WD Paed ITU	1	1	0	0	100.00
<i>Paediatric Medicine</i>		<i>52</i>	<i>35</i>	<i>12</i>	<i>5</i>	<i>57.69</i>
Paediatric Surgery	LRI WD 10 Bal L4	19	15	4	0	78.95
	LRI WD 11 Bal L4	11	7	4	0	63.64
<i>Paediatric Surgery</i>		<i>30</i>	<i>22</i>	<i>8</i>	<i>0</i>	<i>73.33</i>
<b>Business Unit Total</b>		<b>82</b>	<b>57</b>	<b>20</b>	<b>5</b>	<b>63.41</b>
<b>Women's</b>						
Gynaecology	LGH WD 11	16	10	4	2	50.00
	LGH WD 31	22	12	8	2	45.45
	LRI WD 1 Ken L1					
	LRI WD GAU Ken L1	19	10	5	4	31.58
<i>Gynaecology</i>		<i>57</i>	<i>32</i>	<i>17</i>	<i>8</i>	<i>42.11</i>
Obstetrics	LGH WD 30	98	63	31	4	60.20
	LRI WD 5 Ken L3	19	14	5	0	73.68
	LRI WD 6 Ken L3	37	25	9	3	59.46
<i>Obstetrics Total</i>		<i>154</i>	<i>102</i>	<i>45</i>	<i>7</i>	<i>61.69</i>
<b>Business Unit Total</b>		<b>211</b>	<b>134</b>	<b>62</b>	<b>15</b>	<b>56.40</b>
<i>Women's &amp; Children's Total</i>		<i>293</i>	<i>191</i>	<i>82</i>	<i>20</i>	<i>58.36</i>

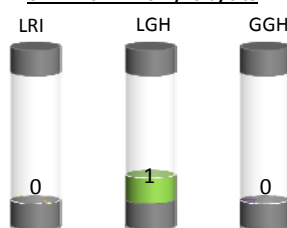
## INFECTION PREVENTION

## MRSA BACTERAEMIA

UHL MRSA FY 2012/13



UHL MRSA FY 2012/13 by site



## Performance Overview

MRSA – There are no MRSA cases reported for November. The target for 2012/13 is 6 cases.

C Difficile – November reported below trajectory with 4 cases resulting in a cumulative position of 59 against a target of 72 for April to November.

MRSA elective and non-elective screening has continued to be achieved at 100% respectively.

UHL MRSA FY 2008/09



UHL MRSA FY 2009/10



UHL MRSA FY 2010/11

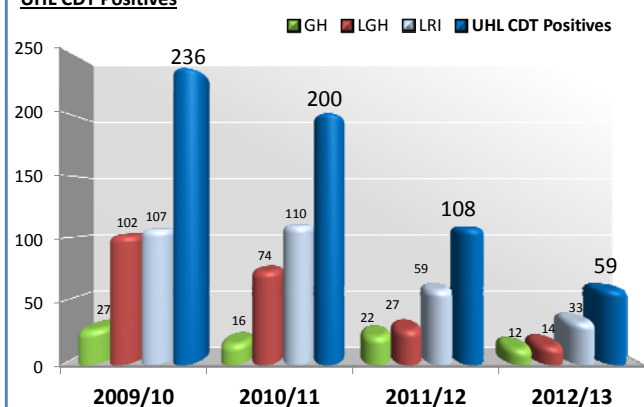


UHL MRSA FY 2011/12

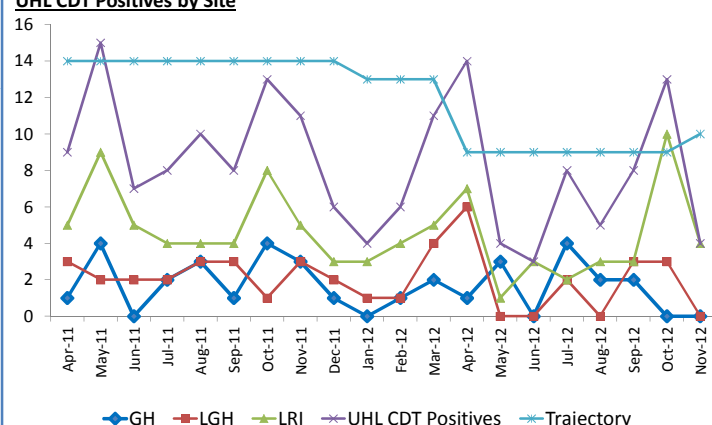


## CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES

UHL CDT Positives



UHL CDT Positives by Site



## TARGET / STANDARD

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
MRSA	2	1	1	0	0	0	0	0	0	0	1	0	0
C. Diff.	11	6	4	6	11	14	4	3	8	5	8	13	4
Rate / 1000 Adm's	1.4	0.8	0.5	0.8	1.3	1.9	0.5	0.4	1.0	0.6	1.1	1.6	0.5

YTD	Target
1	6

YTD	Target
59	113
0.9	

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
GRE	2	1	3	3	1	1	2	1	3	3	1	0	0
MSSA	3	2	0	5	5	2	4	2	7	4	5	3	4
E-Coli	45	38	37	35	46	39	44	45	46	51	48	49	31

YTD	Target
11	TBC
31	No National Target
353	No National Target



## MORTALITY

## UHL CRUDE MORTALITY

## Performance Overview

UHL's crude in-hospital mortality rate continues to be 1.4% for 12/13.

The trust's risk adjusted mortality rates are 'within expected' for both the 'HSMR' and elective and non-elective Relative Risk.

UHL's SHMI for 11/12 was 105 and remains 'within expected'. Following discussion with Public Health, an interface audit is planned for Spring 2013, subject to agreement from Primary Care colleagues. The audit will review care provided both within UHL and prior to admission/post discharge (where patients die post discharge from UHL).

In the meantime, an internal review is being carried out of deaths that occurred during November, in order to further inform the Quality Ambition 'reducing mortality' work stream. At the recent Mortality Workshop, two priorities were identified:

- \* improving the pathway for patients admitted with pneumonia due to this diagnosis being the largest group within both the 'in' and 'out' of hospital deaths
- \* 'weekend and out of hours' mortality - as with other trusts, the mortality rates for patients admitted at weekends appears to be different to that of those admitted during the week

Further review of the 'perinatal mortality' data as reported by Dr Fosters has identified a discrepancy in both figures for both activity and deaths which appears to have artificially increased the mortality rate. In addition there is a difference in the ratio of patients within the diagnostic groups compared with similar trusts. Both of these issues are being reviewed with Dr Fosters. In the meantime, the case notes for all reported perinatal deaths in 2012/13 are being reviewed to confirm diagnosis and cause of death against coding.

UHL CRUDE DATA TOTAL SPELLS	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD
UHL Crude Data - TOTAL Spells	18540	18381	19145	18669	19936	220532	17423	19676	17629	19093	18335	17923	19809	19193	149081
UHL Crude Data - TOTAL Deaths	229	271	272	285	285	2970	277	259	235	266	232	249	250	254	2022
UHL %	1.2%	1.5%	1.4%	1.5%	1.4%	1.3%	1.6%	1.3%	1.3%	1.4%	1.3%	1.4%	1.3%	1.3%	1.4%

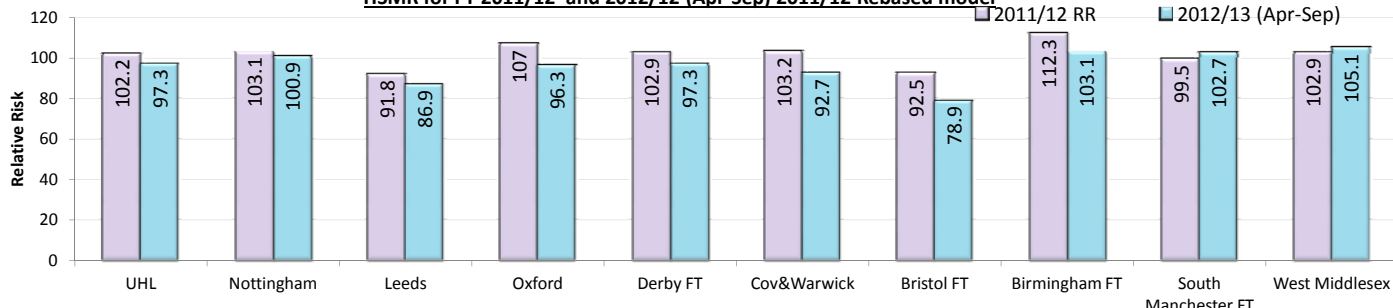
UHL CRUDE DATA ELECTIVE SPELLS	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD
UHL Crude Data - ELECTIVE Spells	9251	8449	8915	9153	9833	105530	7854	9388	8007	9085	8541	8360	9495	9219	69949
UHL Crude Data - ELECTIVE Deaths	6	12	4	5	8	82	5	7	9	9	10	5	10	7	62
%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

UHL CRUDE DATA NON ELECTIVE SPELLS	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD
UHL Crude Data - NON ELECTIVE Spells	9289	9932	10230	9516	10103	115002	9569	10288	9622	10008	9794	9563	10314	9974	79132
UHL Crude Data - NON ELECTIVE Deaths	223	259	268	280	277	2888	272	252	226	257	222	244	240	247	1960
%	2.4%	2.6%	2.6%	2.9%	2.7%	2.5%	2.8%	2.4%	2.3%	2.6%	2.3%	2.6%	2.3%	2.5%	2.5%

## HSMR and RELATIVE RISK Using Dr Foster System (Dfi)

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD
HSMR Indicator (Dfi) Rebased 2011/12 model	108.5	98.1	93.8	90.0	99.5	112.4	107.4	102.2	108.3	92.6	90.9	99.8	90.7	102.6	96.5
Relative Risk - Elective Spells (Dfi) Rebased 2011/12 model	38.9	35.3	35.5	134.6	33.8	60.1	141.9	89.3	92.6	86.2	114.2	121.2	112.3	61.3	97.7
Relative Risk - Non Elective Spells (Dfi) Rebased 2011/12 model	110.3	100.3	95.2	88.7	101.1	113.4	106.5	102.3	108.1	94.1	92.3	101.6	88.5	105.5	98.2

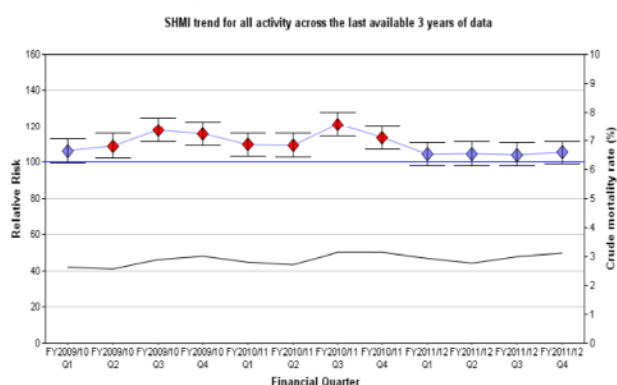
HSMR for FY 2011/12 and 2012/12 (Apr-Sep) 2011/12 Rebased model



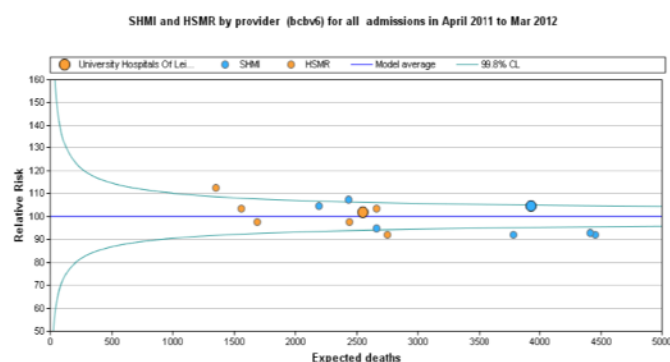
## MORTALITY

SHMI, Jan 2011 - Mar 2012

SHMI trend for all activity across the last available 3 years of data



SHMI and HSMR by provider (bcbv6) for all admissions in April 2011 to Mar 2012

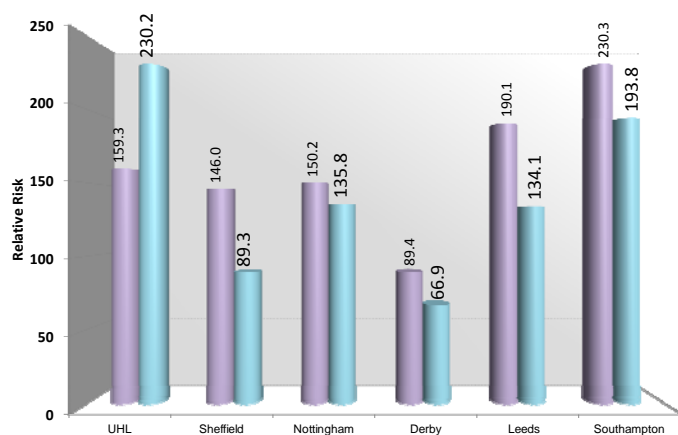


## SHMI - High/low relative risk positions

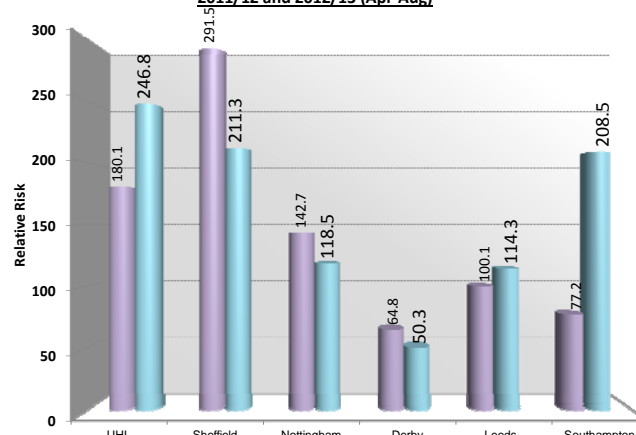
CCS Group	Observed Deaths	SHMI	95% Confidence interval
<b>High relative risks</b>			
Pneumonia	510	109.76	100.44-119.71
Congestive heart failure, nonhypertensive	195	98.91	85.52-113.81
Acute cerebrovascular disease	180	83.99	72.16-97.19
Chronic obstructive pulmonary disease and bronchiectasis	147	102.11	86.27-120.02
Urinary tract infections	146	105.16	88.79-123.66
Acute bronchitis	132	107.11	89.62-127.03
Acute myocardial infarction	120	110.38	91.51-131.99
Secondary malignancies	104	102.63	83.85-124.35
Cancer of bronchus, lung	104	93.6	76.47-113.41
Septicemia (except in labour)	101	107.99	87.96-131.22
<b>Low relative risks</b>			
Lung disease due to external agents	3	51.22	10.29-149.65
Diseases of white blood cells	2	39.23	4.41-141.65
Other skin disorders	2	25.42	2.85-91.77
Transient cerebral ischaemia	1	19.44	0.25-108.14
Asthma	1	16	0.21-89.02

## Perinatal Mortality 2011/12

UHL's Relative Risk compared with University Hospitals for 'Perinatal Period Diagnosis Groups' 2011/12 and 2012/13 (Apr-Aug)



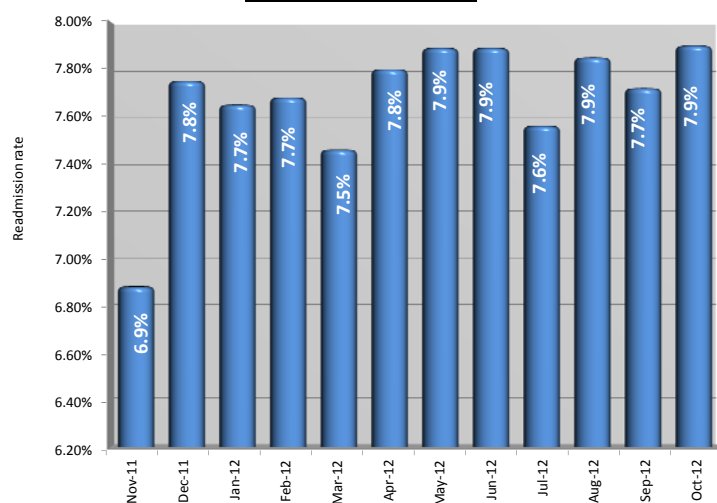
UHL's Relative Risk compared with University Hospital Peer for Short Gestation, Low Birthweight and Growth Retardation Diagnosis Group FY 2011/12 and 2012/13 (Apr-Aug)



## READMISSIONS

## UHL Readmissions

Readmission Rate (Any Specialty)



## Performance Overview

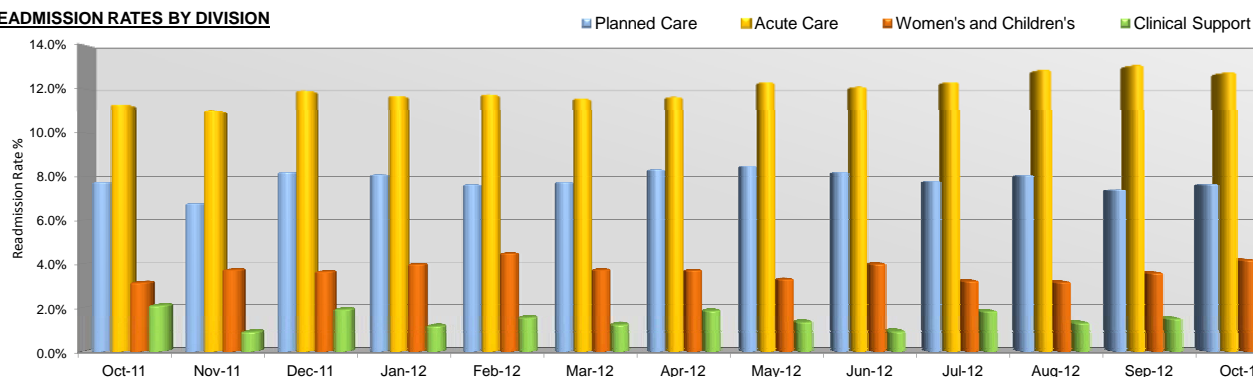
The Interim Director of Operations will implement a Readmissions Project Board in January 2013 and discussions have commenced with commissioners (via the Emergency Care Network) with regards to how the £5.2m penalty applied against avoidable readmissions is spent.

Planned Care has instigated a number of additional audits to identify where the main focus for improvement should be targeted.

UHL CRUDE DATA TOTAL SPELLS	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD
<b>Discharges</b>	17954	18539	18381	19145	18670	19937	17423	19676	17629	19093	18335	17923	19809	129,888
30 Day Emerg. Readmissions (Any Spec)	1,293	1,276	1,425	1,465	1,433	1,488	1,359	1,553	1,391	1,444	1,440	1,383	1,564	10,134
Readmission Rate (Any Specialty)	7.2%	6.9%	7.8%	7.7%	7.7%	7.5%	7.8%	7.9%	7.9%	7.6%	7.9%	7.7%	7.9%	7.8%
30 Day Emerg. Readmissions (Same Spec)	786	744	867	882	849	845	810	901	834	825	831	783	893	5,877
Readmission Rate (Same Specialty)	4.4%	4.0%	4.7%	4.6%	4.5%	4.2%	4.6%	4.6%	4.7%	4.3%	4.5%	4.4%	4.5%	4.5%
Total Bed Days of Readmitting Spells	8,187	7,468	8,387	8,892	9,170	9,191	8,224	9,226	8,431	8,310	8,784	8,184	8,819	59,978

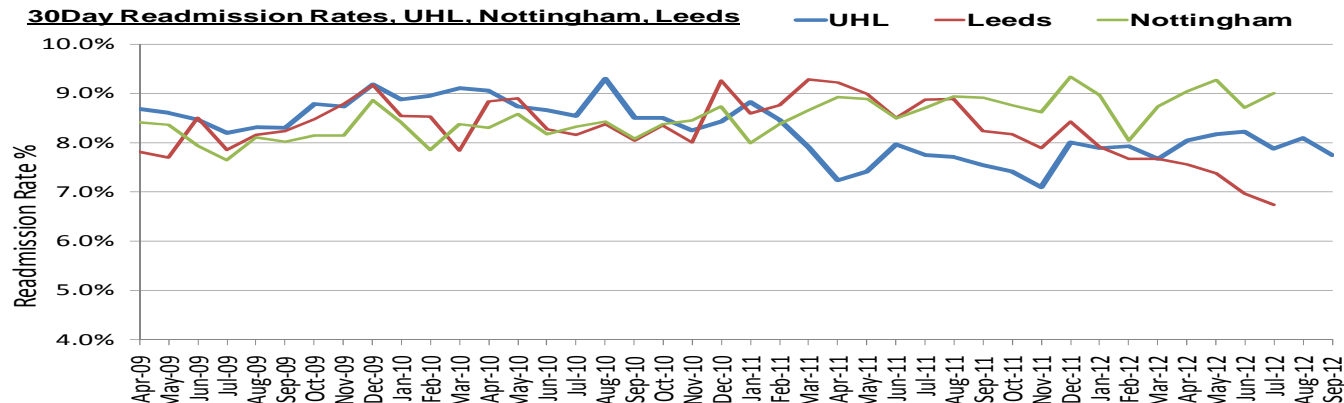
## Division Details

## READMISSION RATES BY DIVISION



## Readmissions Benchmarked

## 30Day Readmission Rates, UHL, Nottingham, Leeds



## FRACTURED NECK of FEMUR

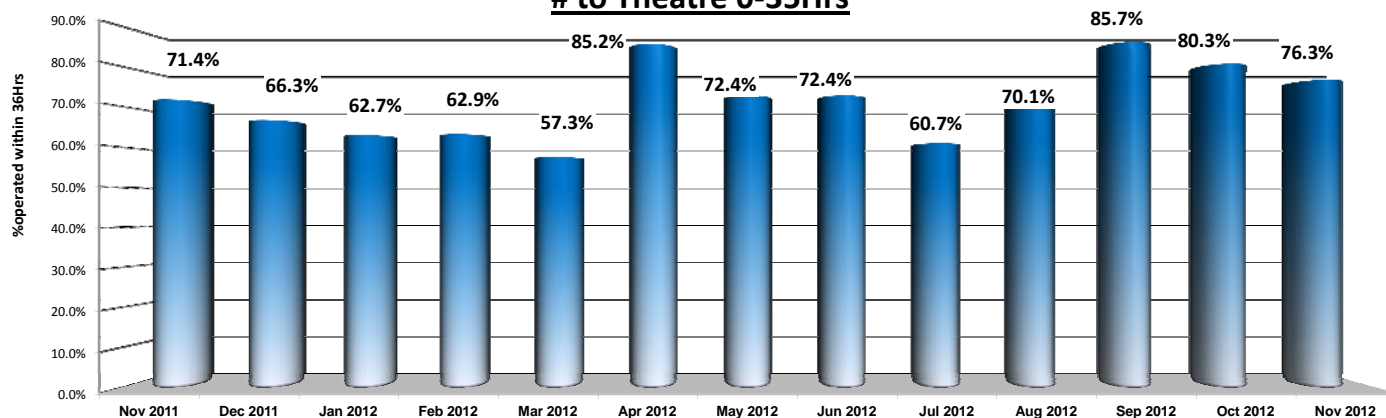
**Performance Overview**

October performance for time to surgery within 36 hours for fractured neck of femur patients is 80.3%, with initial performance for November at 76.3%. The year to date position is 74.5% against a target of 70%.

# to Theatre 0-35Hrs

Year to Date**Hip Fracture - CQUIN**

Criteria	CORG Thresholds	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD
# to Theatre 0-35Hrs	Monthly >=70% FYE 75%	71.4%	66.3%	62.7%	62.9%	57.3%	85.2%	72.4%	72.4%	60.7%	70.1%	85.7%	80.3%	76.3%	74.5%
# Admitted under joint care of Geriatrician and ortho surgeon	-	95%	94%	93%	86%	92%	94%	95%	90%	88%	93%	98%	97%	97%	94%
# Admitted under Assessment Protocol	>=95%	95%	97%	91%	99%	95%	93%	98%	98%	99%	96%	100%	100%	100%	98%
# Geriatrician Assessment	Monthly >=70% Q4 75%	89%	80%	71%	77%	79%	78%	86%	81%	81%	84%	98%	94%	95%	87%
# Multiprof Rehab Review	Monthly >=80% Q4 85%	89%	80%	84%	53%	81%	87%	83%	90%	92%	90%	88%	97%	78%	88%
# Specialist Falls Assessment	Monthly >=80% Q4 85%	89%	90%	87%	91%	94%	94%	97%	93%	93%	91%	94%	92%	95%	93%
# AMTS	-	---	---	---	---	---	70%	67%	76%	83%	78%	78%	89%	78%	78%

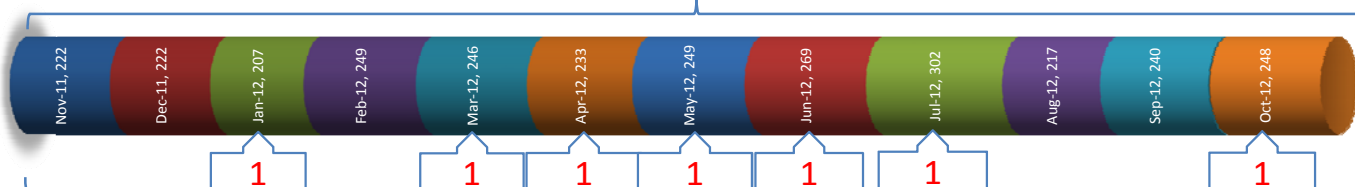
**# to Theatre 0-35Hrs**

## FALLS

TARGET / STANDARD														YTD	Target
Incidents of Patient Falls	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12		
UHL	222	222	207	249	246	233	249	269	302	217	240	248		1758	2750
Planned Care	50	54	49	55	53	37	70	45	61	48	57	55		373	653
Acute Care	163	163	152	184	188	188	167	217	230	162	173	182		1319	1982
Women's and Children's	5	3	1	4	4	4	1	2	4	4	1	2		18	47
Clinical Support	4	2	5	6	1	4	11	5	7	3	9	9		48	68
Falls Resulting in Severe Injury or Death	0	0	1	0	1	1	1	1	1	0	0	1		5	6

## UHL Patient Falls

## Incidents of Patient Falls



## Falls Resulting in Severe Injury or Death

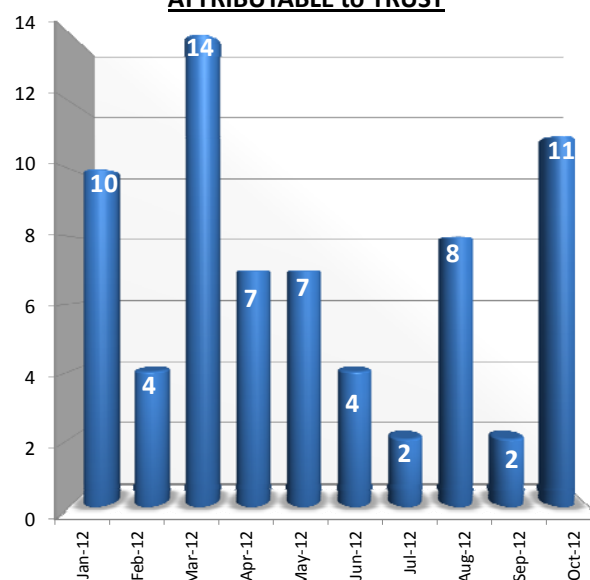
## Performance Overview

The number of inpatient falls risen from last month in the Acute Division. Each ward is being monitored following allocation of reduction trajectories. There has been one serious incident related to a patient fall that occurred in a medical ward in July 2012 and was escalated as an SUI following a complaint from the family in October 2012.

## PRESSURE ULCERS (Grade 3 and 4)

## Performance Overview

There were 11 avoidable ulcers for October. The validation process has identified several 'hotspot' wards within both the Planned and Acute Care Divisions who are reporting avoidable ulcers. These wards are receiving unannounced visits from the senior corporate nursing team who are reviewing documentation and nursing practice and attending team meetings. The Patient Safety Lead for the East Rutland and Leicestershire CCG has also visited some of the wards to review tissue viability documentation to gain assurance that appropriate actions are in place and staff are aware of their responsibilities in relation to pressure ulcer prevention. There is no evidence to suggest that the number of avoidable ulcers reported signifies any failings in the provision of care on any ward. It is also advised that the numbers of avoidable pressure ulcers for November has reduced to 8. It should be noted that there has been an increase in the number of providers across the Midlands and East Region that have reported an increase in the number of hospital acquired pressure ulcers and may therefore, not achieve the SHA Ambition to eliminate all avoidable pressure ulcers by December 2012.

PRESSURE ULCERS (Grade 3 and 4) -  
ATTRIBUTABLE to TRUST

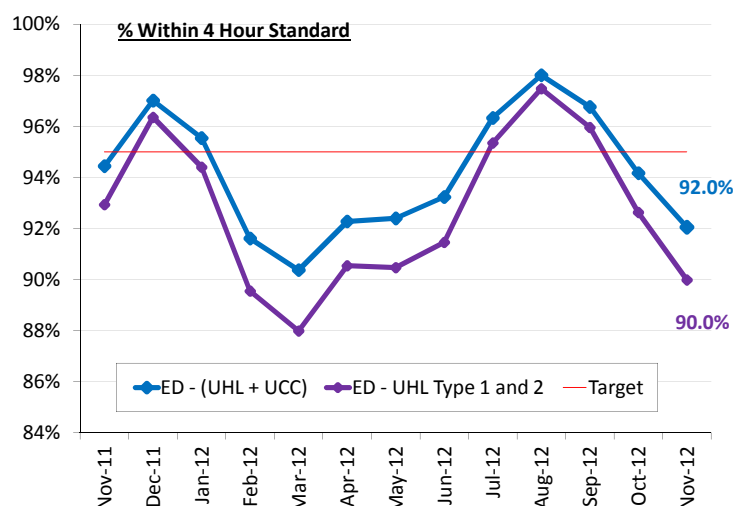
## TARGET / STANDARD

	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	YTD	Target
<b>Pressure Ulcers Grade 3 and 4</b>	10	6	12	8	21	10	10	11	7	12	10	9	18	77	110
<b>Attributable to Trust</b>	6	6	2	10	4	14	7	7	4	2	8	2	11	41	
<b>Not Attributable to Trust</b>	3	0	4	2	4	7	3	4	3	10	2	7	7	36	

**EMERGENCY DEPARTMENT****Performance Overview**

Performance for November Type 1 & 2 is 90.0% and 92.0% including the Urgent Care Centre (UCC).

Further detail focussing on the actions relating to the Emergency Department may be seen in the separate Interim Director of Operations report.

**Total Time in the Department****November 2012 - ED Type 1 and 2**

	Admitted	Not Admitted	Total
0-2 Hours	246	4,467	4,713
3-4 Hours	1,768	6,171	7,939
5-6 Hours	518	388	906
7-8 Hours	234	85	319
9-10 Hours	106	24	130
11-12 Hours	48	6	54
12 Hours+	12	1	13
Sum:	2,932	11,142	14,074

**CLINICAL QUALITY INDICATORS****PATIENT IMPACT**

Left without being seen %  
Unplanned Re-attendance %

Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
2.0%	2.3%	2.1%	2.4%	3.6%	2.8%	3.0%	2.7%	2.4%	2.1%	2.2%	2.7%	2.5%
5.7%	5.4%	6.1%	6.1%	6.6%	6.2%	5.9%	5.9%	6.4%	5.6%	5.3%	5.0%	5.2%

TARGET  
<=5%  
< 5%

**TIMELINESS**

Time in Dept (95th centile)  
Time to initial assessment (95th)  
Time to treatment (Median)

Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
288	240	264	331	331	319	317	322	240	238	240	298	326
48	42	32	34	40	34	31	25	20	15	16	23	24
43	42	42	54	61	45	49	59	57	53	58	64	69

TARGET  
< 240 Minutes  
<= 15 Minutes  
<= 60 Minutes

**4 HOUR STANDARD**

ED - (UHL + UCC)  
ED - UHL Type 1 and 2  
ED Waits - Type 1

Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
94.4%	97.0%	95.5%	91.6%	90.4%	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.2%	92.0%
92.9%	96.4%	94.4%	89.5%	88.0%	90.5%	90.5%	91.5%	95.4%	97.5%	96.0%	92.6%	90.0%
92.1%	96.0%	93.7%	88.3%	86.6%	89.5%	89.3%	90.5%	94.9%	97.2%	95.5%	91.8%	88.9%

YTD	TARGET
94.4%	95.0%
93.0%	95.0%
92.2%	95.0%

0% 20% 40% 60% 80% 100%

ED - UHL Type 1 and 2 - YTD 93.0%



0% 20% 40% 60% 80% 100%

ED (UHL + UCC) - YTD 94.4%



## 18 WEEK REFERRAL TO TREATMENT

**Performance Overview**

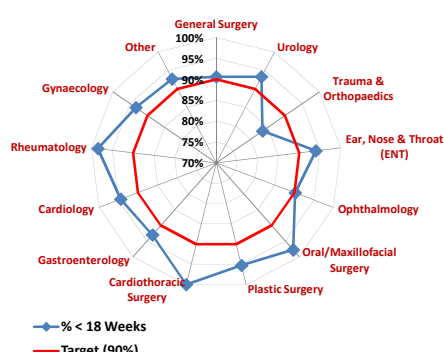
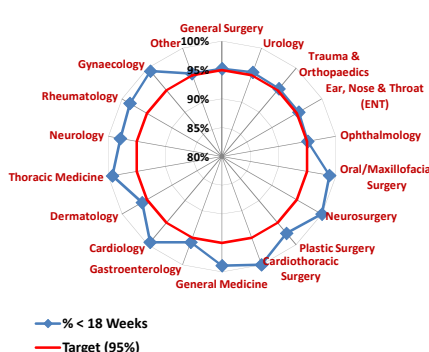
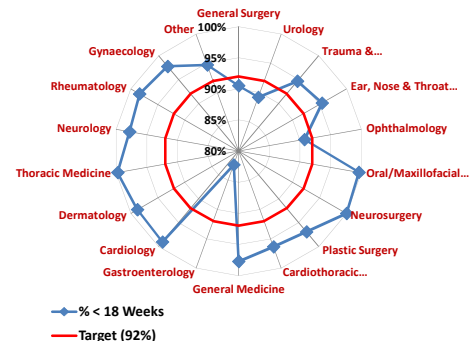
Admitted performance in November has been achieved with performance at 91.7%, with all specialties with the exception of Orthopaedics delivering above the 90% target as expected.

The non-admitted target has been achieved at 96.6% against a target of 95%.

The 2012/13 Operating Framework requirement that 92% of patients on an incomplete pathway (i.e. patients waiting for a decision to treat or treatment) should have been waiting no more than 18 weeks was achieved in November at 93.9%.

Delivery in All Specialties : Additional activity was undertaken in Orthopaedics to reduce the waiting time which increased following the unplanned closure of 2 Orthopaedic theatres during August and September. The automatic financial penalty for failing to deliver the 90% target in November for this specialty is estimated to be £79,000. Commissioners have been asked to waive this penalty due to the fact that the reasons for the growth in backlog was due to unforeseen circumstances that the UHL could not plan for.

All specialties delivered for non-admitted patients.

**Admitted Clock Stops - NOVEMBER 2012****Non Admitted Clock Stops - NOVEMBER 2012****Incomplete Pathways - NOVEMBER 2012****TARGET / STANDARD**

RTT	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
RTT waiting times – admitted	88.5%	87.6%	84.6%	82.8%	83.5%	93.7%	94.6%	93.6%	93.6%	93.0%	91.3%	91.2%	91.7%
RTT waiting times – non-admitted	96.2%	96.6%	95.5%	96.1%	95.9%	97.1%	96.6%	97.1%	97.3%	97.1%	97.6%	97.1%	96.6%

Target
90%
95%

**RTT - incomplete 92% in 18 weeks**

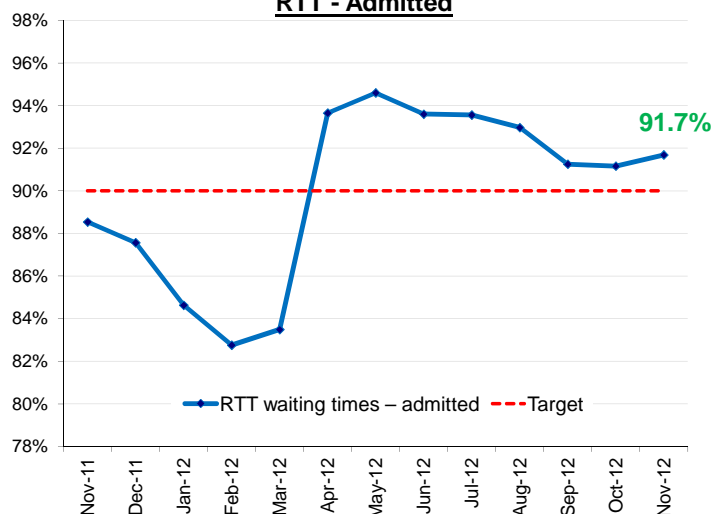
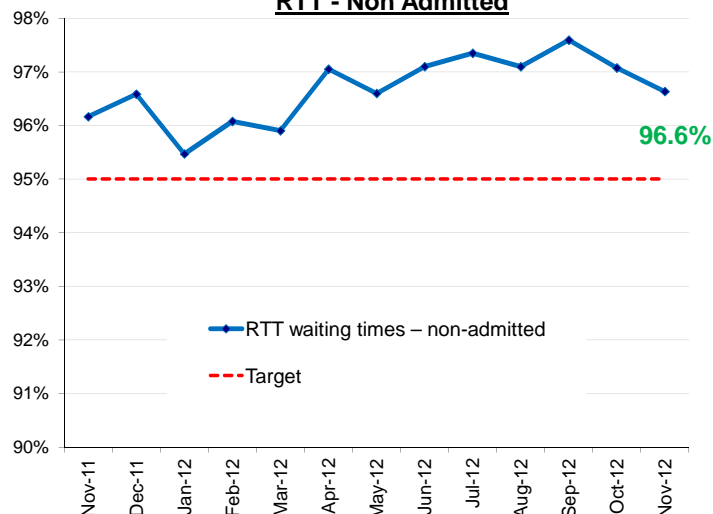
	Jan-12	Feb-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
New O/F target April 2012	94.9%	95.8%	94.3%	94.6%	94.4%	94.0%	94.6%	93.9%		
New O/F target April 2012	1	1	1	0	0	1	1	1		

Target
92%
0

**Diagnostic Test Waiting Times**

	1.0	0.6	6.4	2.6	0.9	0.5	0.4	0.6
New O/F target April 2012								

Target
<1%

**RTT - Admitted****RTT - Non Admitted**

## STAFF EXPERIENCE / WORKFORCE

## Performance Overview

Appraisal

November showed a 0.1% increase in the appraisal rate. Human Resources continue to work closely with Divisions and CBUs to implement targeted actions to continue to improve appraisal performance. We will be corresponding with senior leads in reaching agreement on recovery action required in improving the position.

Appraisal performance continues to feature on Directorate, Divisional and CBU Board Meetings in monitoring the implementation of agreed actions. At the December Workforce and Organisational Development Committee Meeting a report was provided on action undertaken to improve staff experience including appraisal performance by the Women's and Children's Division. An in-depth analysis by Cost Centre has been undertaken in identifying areas with consistently low appraisal performance across the Trust. This data is used to target support interventions in improving overall appraisal performance.

Sickness

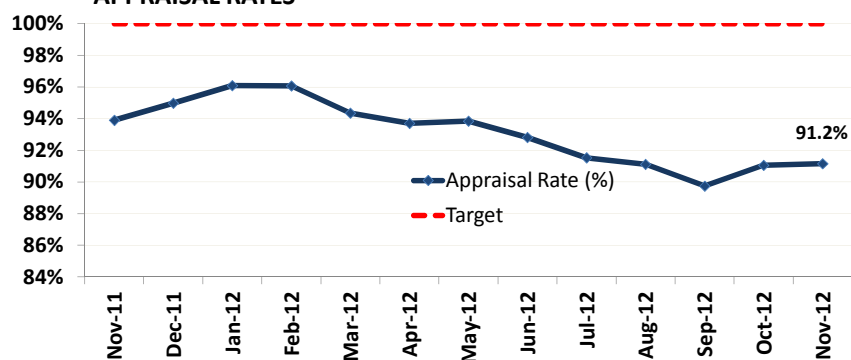
The reported sickness rate November is 4.1%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has remained at 3.5%.

A number of training programmes continue which include the corporate @W4P training (delivered by staff side, HR and Occupational Health) and the 'Making it Happen' sessions, one hour programmes for managers. Other training now includes:

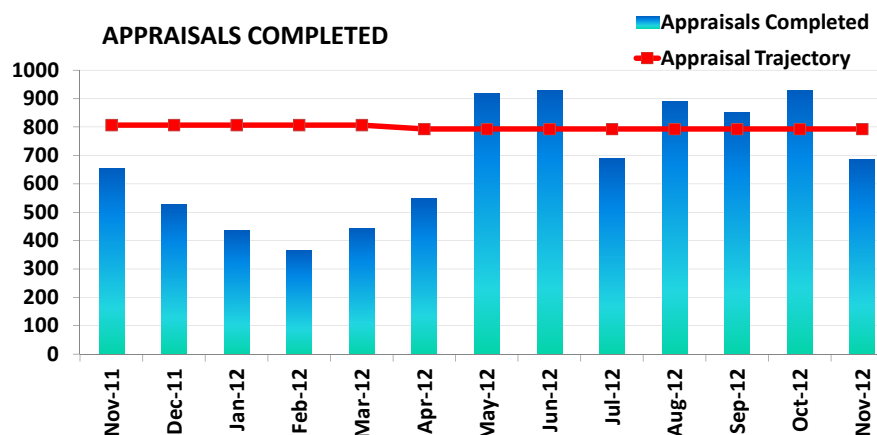
**Emotional Resilience Workshops** (run by AMICA and Occupational Health) the aim of which is to build up personal and management skills in terms of emotional resilience for the work environment.

**Self-Care At Work Workshop** (delivered by Learning and OD and Occupational Health) is offered to staff with high levels of unrelated sickness absence.

## APPRAISAL RATES

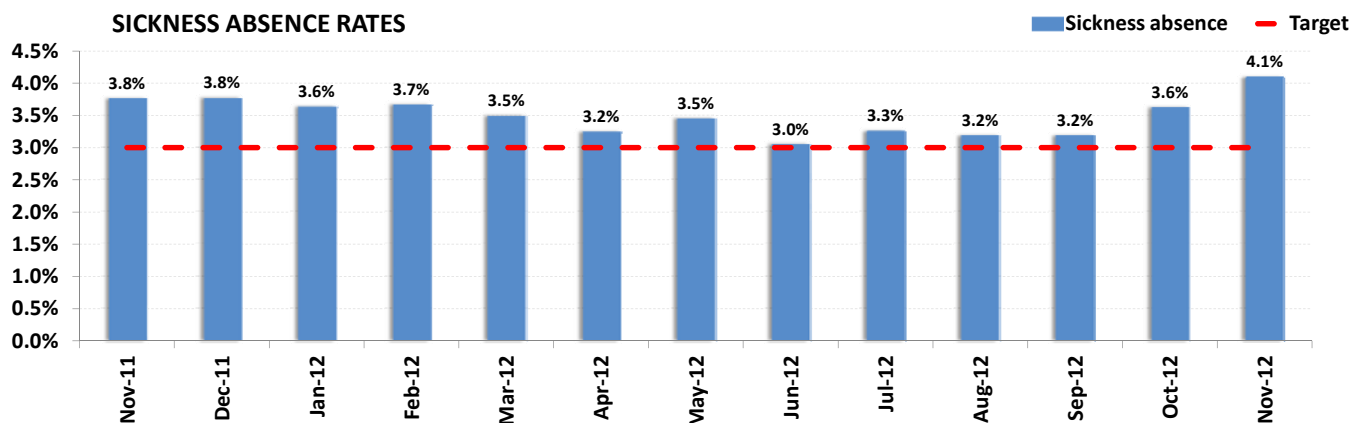


## APPRAISALS COMPLETED



	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Target
APPRAISALS	93.9%	95.0%	96.1%	96.1%	94.4%	93.7%	93.8%	92.8%	91.5%	91.1%	89.7%	91.1%	91.2%	100%

## SICKNESS ABSENCE RATES





## VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Income at Month 8 of £489.8m is £7.9m (1.6%) favourable to Plan. Expenditure of £496.9m is £16.3m adverse to Plan. The actual deficit of £7.2m is £8.4m adverse against Plan.
Activity/Income	Year to date NHS patient care income is £7.2m (1.6%) favourable to Plan. This reflects under-performance on daycases of £1.1m and elective inpatients of £2.3m. These adverse movements are offset by favourable variances for emergency activity, £6.3m, net of a £3.9m reduction for the marginal rate emergency threshold and outpatients £2.6m. Emergency inpatient activity to the end of November was 5,445 spells (7%) above Plan. The YTD position includes an income reduction of £0.6m to reflect the non delivery of performance targets, where we would not be able to recover this income e.g. Emergency Department. The YTD position also assumes £1.5m of income relating to reimbursement of income as a consequence of the emergency activity threshold.
BPPC	The Trust achieved an overall 30 day payment performance of 73% for volume and 90% for value for trade creditors in November 2012.
Cost Improvement Programme	At Month 8, Divisions have reported £17.4m of savings, short of the £20.2m target by £2.8m.
Cash Flow	Cash is now £6.8m compared to £35.9m at the end of October. Cash has reduced in line with the increase in the value of trade and other receivables (£29.4m); decrease in the value of trade and other payables (£17.1m). The movement in trade and other receivables reflects the invoices raised for SIFT and MADEL funding for the remainder of the financial year.
Capital	The Trust has still only spent £11.4m (34% of the Plan) as at the end of November. The year end forecast, which has already been reduced to £30m from £33.5m, will be reviewed again this month to see if a further reduction is needed at month 9.
Risks	The Deputy Chief Executive/Chief Nurse and Director of Finance and Business Services will update the Trust Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus. Key risks will be - potential fines and penalties around targets; readmissions; operational metrics (e.g. N:FUP ratios); delivery of the CIPs and activity plans.

Criteria	Indicator	Weight	5	4	3	2	1	Year to Date
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	2
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	2
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	2
	I&E surplus margin %	20%	3	2	1	-2	<-2	2
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3
Weighted Average		100%						2.3

## INCOME and EXPENDITURE ACCOUNT

### Income and Expenditure Account for the Period Ended 30 November 2012

	Nov 12			April 2012 - Nov 2012		
	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Elective	6,297	5,934	(363)	48,308	45,985	(2,323)
Day Case	4,479	4,539	60	34,698	33,638	(1,059)
Emergency	14,500	14,930	430	116,789	123,104	6,316
Outpatient	7,852	8,293	442	60,175	62,035	1,860
Other	17,427	19,266	1,839	147,879	150,115	2,236
<b>Patient Care Income</b>	<b>50,554</b>	<b>52,962</b>	<b>2,408</b>	<b>407,848</b>	<b>414,877</b>	<b>7,028</b>
Teaching, Research & Development	6,313	6,230	(83)	50,234	49,802	(432)
Non NHS Patient Care	810	1,129	319	5,341	5,973	632
Other operating Income	2,496	2,467	(29)	18,504	19,157	653
<b>Total Income</b>	<b>60,173</b>	<b>62,788</b>	<b>2,615</b>	<b>481,927</b>	<b>489,809</b>	<b>7,881</b>
Medical & Dental	11,756	12,060	(304)	93,979	95,545	(1,566)
Nursing & Midwifery	13,943	14,067	(124)	110,644	110,417	227
Other Clinical	4,592	4,667	(75)	37,155	36,719	436
Agency	262	1,573	(1,311)	2,130	10,038	(7,908)
Non Clinical	6,122	5,831	291	49,482	48,147	1,335
<b>Pay Expenditure</b>	<b>36,675</b>	<b>38,198</b>	<b>(1,523)</b>	<b>293,390</b>	<b>300,866</b>	<b>(7,476)</b>
Drugs	4,925	5,455	(530)	39,630	41,692	(2,062)
Recharges	96	(53)	149	(207)	(83)	(124)
Clinical supplies and services	6,845	7,522	(677)	54,450	58,156	(3,706)
Other	8,230	8,786	(556)	64,631	68,249	(3,618)
Central Funds	0	0	0	0	0	0
Provision for Liabilities & Charges	20	4	16	158	48	110
<b>Non Pay Expenditure</b>	<b>20,116</b>	<b>21,714</b>	<b>(1,598)</b>	<b>158,662</b>	<b>168,062</b>	<b>(9,400)</b>
<b>Total Operating Expenditure</b>	<b>56,791</b>	<b>59,912</b>	<b>(3,121)</b>	<b>452,052</b>	<b>468,928</b>	<b>(16,876)</b>
<b>EBITDA</b>	<b>3,382</b>	<b>2,876</b>	<b>(506)</b>	<b>29,875</b>	<b>20,881</b>	<b>(8,995)</b>
Interest Receivable	5	6	1	43	52	9
Interest Payable	(5)	(5)	0	(43)	(41)	2
Depreciation & Amortisation	(2,686)	(2,725)	(39)	(21,224)	(20,762)	462
<b>Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets</b>	<b>696</b>	<b>152</b>	<b>(544)</b>	<b>8,651</b>	<b>130</b>	<b>(8,522)</b>
Profit / (Loss) on Disposal of Fixed Assets	0	0	0			0
Dividend Payable on PDC	(928)	(928)	0	(7,424)	(7,273)	151
<b>Net Surplus / (Deficit)</b>	<b>(232)</b>	<b>(776)</b>	<b>(544)</b>	<b>1,227</b>	<b>(7,143)</b>	<b>(8,371)</b>
<b>EBITDA MARGIN</b>		<b>4.58%</b>			<b>4.26%</b>	

## VALUE FOR MONEY - CONTRACT PERFORMANCE

**Summary by Point of Delivery of Patient Related Income - November 2012**

Casemix	Annual Plan (Activity)	Plan to Date (Activity)	Total YTD (Activity)	Variance YTD (Activity)	Annual Plan (£000)	Plan to Date (£000)	Total YTD (£000)	Variance YTD (£000)
Day Case	82,007	55,625	54,474	(1,151)	51,147	34,698	33,638	(1,059)
Elective Inpatient	23,388	15,881	14,995	(886)	71,164	48,308	45,985	(2,323)
Emergency / Non-elective Inpatient	112,494	74,274	79,720	5,445	177,788	116,925	127,109	10,184
Marginal Rate Emergency Threshold (MRET)	-	-	-	0	- 204	- 136	- 4,005	(3,869)
Outpatient	769,152	520,121	519,754	(367)	89,059	60,175	62,035	1,860
Emergency Department	159,545	106,655	111,494	4,839	16,020	10,708	10,795	87
Other	6,832,623	4,511,021	4,771,531	260,510	205,086	137,171	139,319	2,149
<b>Grand Total</b>	<b>7,979,209</b>	<b>5,283,578</b>	<b>5,551,968</b>	<b>268,390</b>	<b>610,060</b>	<b>407,848</b>	<b>414,877</b>	<b>7,028</b>

Average tariff	Annual Plan £ / episode	Plan to Date £ / episode	Total YTD £ / episode	Variance YTD £ / episode	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	£624	£624	£618	-£6	(1.0)	(2.1)	(341)	(718)	(1,059)
Elective Inpatient	£3,043	£3,042	£3,067	£25	0.8	(5.6)	372	(2,695)	(2,323)
Emergency / Non-elective Inpatient	£1,580	£1,574	£1,594	£20	1.3	7.3	1,612	8,572	10,184
Marginal Rate Emergency Threshold (MRET)							(3,869)	0	(3,869)
Outpatient	£116	£116	£119	£4	3.2	(0.1)	1,902	(42)	1,860
Emergency Department	£100	£100	£97	-£4	(3.6)	4.5	(399)	486	87
Other							0	2,149	2,149
<b>Grand Total</b>	<b>£76</b>	<b>£77</b>	<b>£75</b>	<b>-£2</b>	<b>(3.2)</b>	<b>5.1</b>	<b>(723)</b>	<b>7,751</b>	<b>7,028</b>

## VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

**Income and Expenditure Position for the Period Ended 30 November 2012**

	Income			Expenditure						Total Year to Date		
				Pay			Non Pay					
	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m
Acute Care	188.0	193.1	5.0	94.9	100.1	(5.2)	55.3	57.5	(2.2)	37.8	35.4	(2.4)
Clinical Support	20.8	21.6	0.8	71.0	72.1	(1.2)	11.4	13.0	(1.6)	(61.6)	(63.5)	(2.0)
Planned Care	140.0	140.1	0.1	56.2	57.8	(1.5)	31.8	35.7	(3.9)	52.0	46.6	(5.4)
Women's and Children's	75.4	77.5	2.2	43.1	42.8	0.3	17.8	19.0	(1.2)	14.5	15.8	1.3
Corporate Directorates	11.6	11.9	0.2	27.9	27.3	0.6	42.0	42.4	(0.4)	(58.3)	(57.8)	0.4
<b>Sub-Total Divisions</b>	<b>435.8</b>	<b>444.1</b>	<b>8.3</b>	<b>293.0</b>	<b>300.1</b>	<b>(7.0)</b>	<b>158.3</b>	<b>167.6</b>	<b>(9.3)</b>	<b>(15.5)</b>	<b>(23.5)</b>	<b>(8.0)</b>
Central Income	46.1	45.7	(0.4)	0.0	0.0	0.0	0.0	0.0	0.0	46.1	45.7	(0.4)
Central Expenditure	0.0	0.0	0.0	0.4	0.8	(0.4)	29.0	28.5	0.5	(29.4)	(29.3)	0.0
<b>Grand Total</b>	<b>481.9</b>	<b>489.8</b>	<b>7.9</b>	<b>293.4</b>	<b>300.9</b>	<b>(7.5)</b>	<b>187.3</b>	<b>196.1</b>	<b>(8.8)</b>	<b>1.2</b>	<b>(7.1)</b>	<b>(8.4)</b>

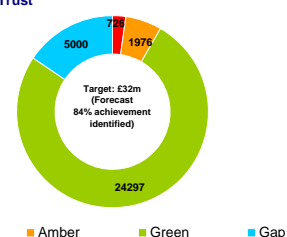
## COST IMPROVEMENT PROGRAMME

## Cost Improvement Programme as at November 2012

Division	Plan £000	Forecast £000	Variance £000	YTD Plan £000	Actual 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	12,279	10,686	(1,593)	8,397	7,264	86.5%	10,610	77	7,264	605	460	2,357	10,686
Clinical Support	4,960	5,018	57	3,000	3,132	104.4%	4,373	645	3,132	0	226	1,660	5,018
Planned Care	5,503	3,682	(1,822)	3,480	2,371	68.1%	3,667	15	2,371	113	725	473	3,682
Women's and Children's	1,398	1,417	19	878	1,000	113.8%	1,042	375	1,000	8	102	308	1,417
<b>Clinical Divisions</b>	<b>24,141</b>	<b>20,802</b>	<b>(3,338)</b>	<b>15,754</b>	<b>13,767</b>	<b>87.4%</b>	<b>19,691</b>	<b>1,112</b>	<b>13,767</b>	<b>726</b>	<b>1,512</b>	<b>4,797</b>	<b>20,802</b>
Corporate	6,433	6,198	(236)	3,625	3,620	99.9%	5,515	682	3,620	0	464	2,114	6,198
Central	1,426	0	(1,426)	792	0			0	0				0
<b>Total</b>	<b>32,000</b>	<b>27,000</b>	<b>(5,000)</b>	<b>20,171</b>	<b>17,387</b>	<b>86.2%</b>	<b>25,206</b>	<b>1,794</b>	<b>17,387</b>	<b>726</b>	<b>1,976</b>	<b>6,911</b>	<b>27,000</b>

Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Unidentified	3,766	0	(3,766)	2,008	0		0	0
Income	5,840	5,203	(637)	3,491	3,093	88.6%	5,046	157
Non Pay	7,660	9,344	1,684	4,611	5,633	122.2%	8,789	555
Pay	14,735	12,453	(2,282)	10,062	8,661	86.1%	11,371	1,082
<b>Total</b>	<b>32,000</b>	<b>27,000</b>	<b>(5,000)</b>	<b>20,171</b>	<b>17,387</b>	<b>86.2%</b>	<b>25,206</b>	<b>1,794</b>

FY12/13 CIPS - Trust



## Commentary

There is a year to date under performance on delivery of cost improvement of £2.8m (£0.4m deficit in October). The year end forecast CIP delivery has improved by £0.5 m, now projecting a shortfall of £5m v plan of £32m.

Monthly CIP delivered is not forecast to meet the monthly planned value at any point in the year.

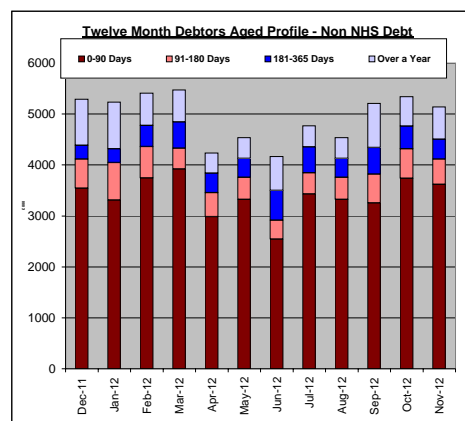
## VALUE FOR MONEY - BALANCE SHEET

	Mar-12 £000's Actual	Apr-12 £000's Actual	May-12 £000's Actual	Jun-12 £000's Actual	Jul-12 £000's Actual	Aug-12 £000's Actual	Sep-12 £000's Actual	Oct-12 £000's Actual	Nov-12 £000's Actual
<b>BALANCE SHEET</b>									
<b>Non Current Assets</b>									
Intangible assets	5,242	5,089	4,928	5,256	5,095	4,920	4,787	4,615	4,440
Property, plant and equipment	349,363	348,501	348,382	347,533	347,583	347,081	347,156	347,467	349,148
Trade and other receivables	2,188	2,369	2,394	2,387	2,387	2,500	2,477	2,558	2,550
<b>TOTAL NON CURRENT ASSETS</b>	<b>356,793</b>	<b>355,959</b>	<b>355,704</b>	<b>355,176</b>	<b>355,065</b>	<b>354,501</b>	<b>354,420</b>	<b>354,640</b>	<b>356,138</b>
<b>Current Assets</b>									
Inventories	12,262	12,208	12,437	12,469	12,758	12,987	12,727	13,171	12,958
Trade and other receivables	29,126	23,659	25,102	29,279	29,580	30,856	35,722	39,366	58,542
Other Assets	0	0	0	0	0	0	0	0	0
Cash and cash equivalents	18,369	22,519	19,435	15,892	31,659	32,247	34,122	35,917	6,745
<b>TOTAL CURRENT ASSETS</b>	<b>59,757</b>	<b>58,386</b>	<b>56,974</b>	<b>57,640</b>	<b>73,997</b>	<b>76,090</b>	<b>82,571</b>	<b>88,454</b>	<b>78,245</b>
<b>Current Liabilities</b>									
Trade and other payables	(62,277)	(60,841)	(58,212)	(57,183)	(72,316)	(75,878)	(85,928)	(90,180)	(79,394)
Dividend payable	0	259	(593)	(1,370)	(2,298)	(3,226)	0	(898)	(1,796)
Borrowings	(4,038)	(4,038)	(4,038)	(3,925)	(3,925)	(3,925)	(3,925)	(3,925)	(4,614)
Provisions for liabilities and charges	(789)	(789)	(897)	(897)	(897)	(897)	(683)	(683)	(683)
<b>TOTAL CURRENT LIABILITIES</b>	<b>(67,104)</b>	<b>(65,409)</b>	<b>(63,632)</b>	<b>(63,375)</b>	<b>(79,436)</b>	<b>(83,926)</b>	<b>(90,536)</b>	<b>(95,686)</b>	<b>(86,487)</b>
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>(7,347)</b>	<b>(7,023)</b>	<b>(6,658)</b>	<b>(5,735)</b>	<b>(5,439)</b>	<b>(7,836)</b>	<b>(7,965)</b>	<b>(7,232)</b>	<b>(8,242)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>349,446</b>	<b>348,936</b>	<b>349,046</b>	<b>349,441</b>	<b>349,626</b>	<b>346,665</b>	<b>346,455</b>	<b>347,408</b>	<b>347,896</b>
<b>Non Current Liabilities</b>									
Borrowings	(1,427)	(2,339)	(3,308)	(3,963)	(5,302)	(4,306)	(4,859)	(5,412)	(6,958)
Other Liabilities	0	0	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,121)	(2,213)	(2,233)	(2,138)	(2,062)	(2,085)	(2,271)	(2,269)	(2,206)
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>(3,548)</b>	<b>(4,552)</b>	<b>(5,541)</b>	<b>(6,101)</b>	<b>(7,364)</b>	<b>(6,391)</b>	<b>(7,130)</b>	<b>(7,681)</b>	<b>(9,164)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>345,898</b>	<b>344,384</b>	<b>343,505</b>	<b>343,340</b>	<b>342,262</b>	<b>340,274</b>	<b>339,325</b>	<b>339,727</b>	<b>338,732</b>
<b>Public dividend capital</b>	<b>277,487</b>	<b>277,487</b>	<b>277,487</b>	<b>277,487</b>	<b>277,487</b>	<b>277,487</b>	<b>277,487</b>	<b>277,487</b>	<b>277,487</b>
Revaluation reserve	64,706	64,709	64,710	64,710	64,710	64,710	64,706	64,710	64,710
Retained earnings	3,705	2,188	1,308	1,143	65	(1,923)	(2,668)	(2,470)	(3,465)
<b>TOTAL TAXPAYERS EQUITY</b>	<b>345,898</b>	<b>344,384</b>	<b>343,505</b>	<b>343,340</b>	<b>342,262</b>	<b>340,274</b>	<b>339,325</b>	<b>339,727</b>	<b>338,732</b>

## Commentary

Cash has reduced in line with the increase in the value of trade and other receivables (£29.4m); decrease in the value of trade and other payables (£17.1m). The movement in trade and other receivables reflects the invoices raised for SIFT and MADEL funding for the remainder of the financial year.

Retained earnings have reduced in line with the Trust's financial position.



Type of Debtors	0-90 days £000s	91-180 days £000s	181-365 days £000s	365+ Days £000s	TOTAL £000s
NHS Sales ledger	22,644	2,638	245	76	25,603
Non NHS sales ledger by division:					
Corporate Division	-540	-104	-143	179	-608
Planned Care Division	668	175	99	233	1,175
Clinical Support Division	794	121	122	19	1,056
Women's and Children's Division	460	79	77	68	684
Acute Care Division	2,235	226	233	138	2,832
Total Non-NHS sales ledger	3,617	497	388	637	5,139
Total Sales Ledger	<b>26,261</b>	<b>3,135</b>	<b>633</b>	<b>713</b>	<b>30,742</b>
<b>Other Debtors</b>					
WIP					3,871
SLA Phasing & Performance					3,991
Bad debt provision					(1,262)
VAT - net					1,049
Other receivables and assets:					20,151
<b>TOTAL</b>					<b>58,542</b>

## Accounts receivable metrics:

Invoice cycle time	Nov - 12 Days		Oct - 12 Days		Non-NHS days sales outstanding (DSO)	
	Nov - 12 Days	Oct - 12 Days	Nov - 12 YTD Days	Oct - 12 YTD Days	Nov - 12 YTD Days	Oct - 12 YTD Days
Req date to invoice raised	15.9	16.7	DSO (all debt)	60.7	63.1	
Service to invoice raised	35.1	35.9	DSO (In year debt)	29.9	31.8	

## VALUE FOR MONEY - CASH FLOW

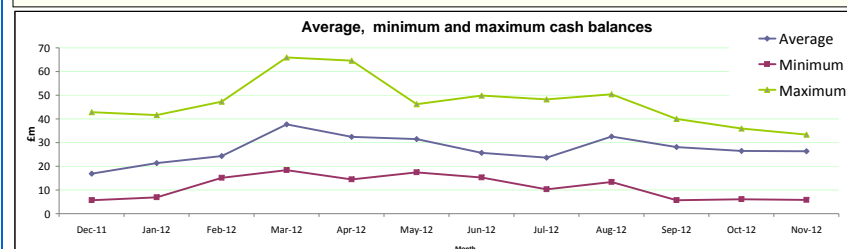
Cash Flow for the period ended 30th November				Rolling 12 month cashflow forecast - December 2012 to November 2013											
	2012/13 April - Nov Plan £ 000	2012/13 April - Nov Actual £ 000	2012/13 April - Nov Variance £ 000	2012/13 December Forecast £ 000	2012/13 January Forecast £ 000	2012/13 February Forecast £ 000	2012/13 March Forecast £ 000	2013/14 April Forecast £ 000	2013/14 May Forecast £ 000	2013/14 June Forecast £ 000	2013/14 July Forecast £ 000	2013/14 August Forecast £ 000	2013/14 September Forecast £ 000	2013/14 October Forecast £ 000	2013/14 November Forecast £ 000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>															
Operating surplus before Depreciation and Amortisation	27,971	20,881	(7,090)	3,854	5,333	4,532	6,856	1,933	5,321	1,933	5,321	5,321	2,810	6,199	4,566
Donated assets received credited to revenue and non cash	-	686	686	(239)	(139)	(133)	(55)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)
Interest paid	(490)	(359)	131	(54)	(65)	(77)	(89)	(75)	(75)	(75)	(76)	(76)	(76)	(77)	(77)
Movements in Working Capital:			-												
- Inventories (Inc)/Dec	(241)	(696)	(455)	70	69	69	69	-	-	-	-	-	-	-	-
- Trade and Other Receivables (Inc)/Dec	2,506	(29,778)	(32,284)	802	800	818	792	(190)	20	67	17	34	67	14	50
- Trade and Other Payables Inc/(Dec)	1,268	17,117	15,849	9	25	(56)	(18,165)	(2,939)	(42)	(65)	(65)	(65)	(65)	(65)	(65)
- Provisions Inc/(Dec)	-	(21)	(21)	(18)	(18)	(18)	(17)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
PDC Dividends paid	(5,568)	(4,365)	1,203	-	-	-	(5,693)	-	-	-	-	-	(5,615)	-	-
Other non-cash movements	(1,550)	(1,040)	510	-	-	-	-	-	-	-	-	-	-	-	-
<b>Net Cash Inflow / (Outflow) from Operating Activities</b>	<b>23,896</b>	<b>2,425</b>	<b>(21,471)</b>	<b>4,424</b>	<b>6,005</b>	<b>5,134</b>	<b>(16,304)</b>	<b>(1,304)</b>	<b>5,190</b>	<b>1,826</b>	<b>5,163</b>	<b>5,180</b>	<b>(2,912)</b>	<b>6,038</b>	<b>4,440</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>															
Interest Received	37	51	14	5	5	6	6	6	6	6	6	7	7	6	7
Payments for Property, Plant and Equipment	(18,375)	(11,360)	7,015	(2,494)	(2,796)	(3,033)	(6,380)	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)	(2,250)	(2,251)
Capital element of finance leases	(2,701)	(2,740)	(39)	(379)	(379)	(379)	(376)	(382)	(382)	(382)	(382)	(382)	(382)	(382)	(382)
<b>Net Cash Inflow / (Outflow) from Investing Activities</b>	<b>(21,039)</b>	<b>(14,049)</b>	<b>6,990</b>	<b>(2,868)</b>	<b>(3,169)</b>	<b>(3,406)</b>	<b>(6,750)</b>	<b>(2,626)</b>	<b>(2,627)</b>	<b>(2,626)</b>	<b>(2,627)</b>	<b>(2,625)</b>	<b>(2,626)</b>	<b>(2,626)</b>	<b>(2,626)</b>
<b>Net Cash Inflow / (Outflow) from Financing</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Opening cash</b>	<b>18,200</b>	<b>18,369</b>	<b>169</b>	<b>34,947</b>	<b>36,503</b>	<b>39,338</b>	<b>41,067</b>	<b>18,013</b>	<b>14,083</b>	<b>16,646</b>	<b>15,846</b>	<b>18,382</b>	<b>20,938</b>	<b>15,399</b>	<b>18,811</b>
<b>Increase / (Decrease) in Cash</b>	<b>2,857</b>	<b>(11,624)</b>	<b>(14,481)</b>	<b>1,556</b>	<b>2,836</b>	<b>1,729</b>	<b>(23,054)</b>	<b>(3,930)</b>	<b>2,563</b>	<b>(800)</b>	<b>2,537</b>	<b>2,555</b>	<b>(5,539)</b>	<b>3,412</b>	<b>1,814</b>
<b>Closing cash</b>	<b>21,057</b>	<b>6,745</b>	<b>(14,312)</b>	<b>36,503</b>	<b>39,338</b>	<b>41,067</b>	<b>18,013</b>	<b>14,083</b>	<b>16,646</b>	<b>15,846</b>	<b>18,382</b>	<b>20,938</b>	<b>15,399</b>	<b>18,812</b>	<b>20,626</b>

## Commentary

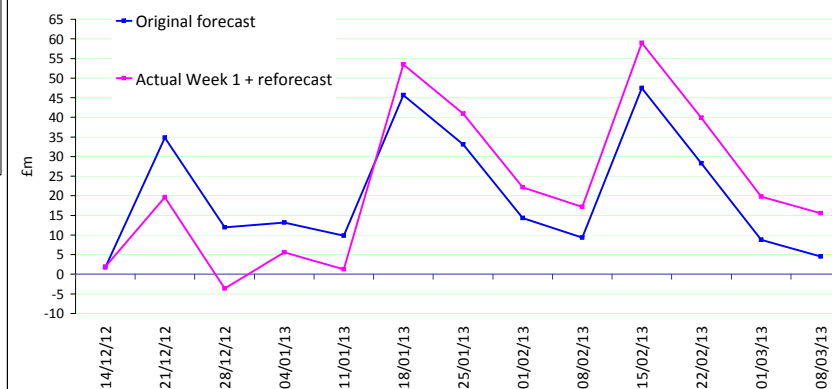
The Trust's cash position compared to plan reflects the following material movements:

- (£7.1m) adverse variance in the EBITDA YTD position
- £15.8m increase in trade and other payables (including a £28.4m receipt in advance of November SLAs)
- (£32.3m) increase in trade and other receivables
- £7.9m under spend on capital expenditure
- £1.2m underspend PDC dividend cash payments

The cash balance is kept above £2m at all times and the year end target balance is £18m.



## Trust Cash Flow Forecast - 13 weeks



**VALUE FOR MONEY - CAPITAL BUDGET**
**Capital Expenditure Report for the Period 1st April 2012 to 30th November 2012**

	Original Plan	Moves	Current Plan	YTD at Oct	Actual Nov	YTD at Nov	Plan				Forecast	Forecast
	2012/13		2012/13	12/13	12/13	12/13	Dec	Jan	Feb	Mar	Out Turn	Variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£'000's
Sub Group Budgets												
IM&T	4,000		4,000	1,237	295	1,532	200	200	400	418	2,750	1,250
Medical Equipment	4,600		4,600	2,185	226	2,411	176	140	270	1,602	4,600	0
LRI Estates	4,000		4,000	594	197	791	400	600	750	882	3,423	577
LGH Estates	2,000		2,000	484	112	596	200	300	300	904	2,300	-300
GGH Estates	2,000		2,000	850	148	998	150	300	250	302	2,000	0
Total Sub Group Budgets	16,600	0	16,600	5,350	977	6,327	1,126	1,540	1,970	4,109	15,073	1,527
Individual Schemes												
ED Redevelopment	1,000		1,000	252	234	487	100	150	150	113	1,000	0
MES Installation Costs	1,500		1,500	135	67	202	50	100	250	398	1,000	500
Childrens Heart Surgery	1,000	-750	250	224	-3	221	0	0	0	29	250	0
Maternity & Gynae Recon.	2,773	-1,428	1,345	91	11	102	20	40	50	88	300	1,045
Theatre Arrivals Area (TAA)	1,250		1,250	2	1	4	10	10	30	66	120	1,130
Aseptic Suite	750		750	32	2	34	20	20	100	226	400	350
Brachytherapy	420		420	186	0	186	55	59	0	0	300	120
Office Moves	850		850	855	41	897	0	0	0	0	897	-47
Feasibility Studies	100		100	15	1	16	10	0	0	24	50	50
BRU Enabling / Additions	150	950	1,100	35	22	57	25	50	47	921	1,100	0
PPD Building	250		250	244	0	244	0	0	0	-0	244	6
BRU: Respiratory	2,201		2,201	90	7	97	300	900	250	154	1,701	500
BRU: Nutrition, Diet & Lifestyle	1,383		1,383	481	79	560	100	100	100	23	883	500
Creating Capacity		165	165	4	11	15	85	61	0	89	250	-85
Ophthalmology Theatres		120	120	166	14	180	0	0	0	0	180	-60
Advanced Recovery Area		454	454	2	13	15	0	0	200	239	454	0
E-Rostering System		334	334	0	0	0	0	334	0	0	334	0
Residual from 2011/12			0	379	-1	378	0	0	0	-0	378	-378
Revenue to Capital Transfers			0	168	0	168	0	0	0	32	200	-200
Divisional Spend: Acute	200		200	30	0	30	30	30	30	80	200	0
Divisional Spend: Planned Care	200		200	0	0	0	20	20	20	40	100	100
Divisional Spend: Womens & Children	200		200	0	0	0	30	30	50	40	150	50
Divisional Spend: CSSD	200		200	91	46	138	20	20	10	12	200	0
Divisional Spend: Corporate	473	-373	100	9	6	15	0	0	0	0	15	85
Unallocated Budget		528	528	0	0	0				2,221	2,221	-1,693
MacMillan Information Centre (Donated)		153	153	154	0	154	0	0	0	-1	153	0
Ward 27 - Teenage Cancer Unit (Donated)	1,400		1,400	408	73	480	400	400	94	26	1,400	0
Donations	600	-153	447	336	18	354	20	20	20	33	447	0
Total Individual Schemes	16,900	-	16,900	4,389	644	5,033	1,295	2,344	1,401	4,854	14,927	1,973
Total Capital Programme	33,500	0	33,500	9,739	1,621	11,360	2,421	3,884	3,371	8,963	30,000	3,500



*Caring at its best*

# Divisional Heatmap

**Trust Board**

**Thursday 20th December 2012**

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November 2012

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One team shared values

## DIVISIONAL HEAT MAP - Month 8 - 2012/13

## QUALITY STANDARDS

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
<b>Infection Prevention</b>																
MRSA	2	1	1	0	0	0	0	0	0	0	1	0	0	1	6	◀▶
Clostridium Difficile	11	6	4	6	11	14	4	3	8	5	8	13	4	59	113	▲
E Coli (from June 1st 2011)	45	38	37	35	46	39	44	45	46	51	48	49	31	353	----	▲
MSSA (from May 1st 2011)	3	2	0	5	5	2	4	2	7	4	5	3	4	31	----	▼
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)	136.0%	135.9%	130.2%	134.2%	131.0%	128.6%	131.6%	132.3%	128.8%	126.8%	126.0%	126.6%	129.7%	128.8%	100%	▲
MRSA Non-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 Non-Elective Screening (Patient Not Matched)	163.2%	171.4%	171.8%	185.0%	168.2%	177.5%	175.5%	172.3%	174.9%	178.2%	176.5%	181.6%	178.1%	176.9%	100%	▼
<b>Patient Safety</b>																
% of all adults who have had VTE risk assessment on adm to hosp	94.5%	94.3%	94.1%	93.8%	93.7%	95.3%	95.6%	94.7%	94.8%	95.0%	94.1%	95.1%	95.4%	95.0%	90%	▲
10X Medication Errors	2	1	0	0	0	1	2	1	0	0	1	0	1	6	0	▼
Never Events	0	0	0	0	0	2	1	0	0	1	0	1	0	5	0	▲
Patient Falls	222	222	207	249	246	233	249	269	302	217	240	248		1758	2750	▼
Complaints Re-Opened	30	22	13	18	25	21	19	20	18	18	16	26	17	155	210	▲
SUIs (Relating to Deteriorating Patients)	2	1	0	0	1	0	0	0	0	0	0	1	0	1	0	▲
RIDDOR	5	6	2	4	3	4	5	1	3	2	5	4	4	28	48	◀▶
Falls Resulting in Severe Injury or Death	0	0	1	0	1	1	1	1	1	0	0	1		5	6	▼
No of Staffing Level Issues Reported as Incidents	122	86	64	122	71	53	120	112	136	99	50	123	128	821	920	▼
Outlying (daily average)	9	20	19	17	4	7	8	4	1	0	7	5	7	7	10	▼
Pressure Ulcers (Grade 3 and 4)	6	12	8	21	10	10	11	7	12	10	9	18		77	110	▼
Pressure Ulcers (Grade 2)	NEW FOR 2012/13 - TRAJECTORY COMMENCES JULY 2012					24	26	8	36	29	24	29		176		
ALL Complaints Regarding Attitude of Staff	37	33	32	24	25	36	28	37	27	26	27	35	20	236	366	▲
ALL Complaints Regarding Discharge	18	31	17	23	25	28	32	23	29	29	22	22	37	222	220	▼
Bed Occupancy (inc short stay admissions)	94%	92%	94%	92%	92%	91%	91%	91%	90%	90%	91%	93%	93%	90%	90%	◀▶
Bed Occupancy (excl short stay admissions)	87%	86%	88%	86%	86%	85%	85%	85%	85%	84%	85%	89%	89%	86%	86%	◀▶
Compliance with Blood Traceability	96.1%	96.2%	97.3%	97.3%	96.7%	97.3%	97.4%	96.7%	97.3%	98.0%	97.8%	98.2%		97.6%	100%	▲

# DIVISIONAL HEAT MAP - Month 8 - 2012/13

## QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST		Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
	<b>Clinical Effectiveness</b>																
	Emergency 30 Day Readmissions (No Exclusions)	6.9%	7.8%	7.7%	7.7%	7.5%	7.8%	7.9%	7.9%	7.6%	7.9%	7.7%	7.9%		7.8%	7.0%	▼
	Mortality HSMR - (Dfi) OVERALL Rebased 2011/12	93.8	90.0	99.5	112.4	107.4	108.3	92.6	90.9	99.8	90.7	102.6			96.5	100	▼
	Mortality (CHKS Risk Adjusted - Overall) 2012 Adjustment Model	84.4	83.3	93.2	102.9	93.7	98.1	86.2	84.0	86.1	78.0	100.0	87.6		88.0	90	▲
	Stroke - 90% of Stay on a Stroke Unit	90.7%	89.8%	82.3%	69.1%	81.3%	70.4%	81.7%	81.4%	81.3%	79.6%	86.3%	83.7%		80.7%	80.0%	▼
	Stroke - TIA Clinic within 24 Hours (Suspected TIA)	62.5%	65.9%	65.4%	47.4%	34.5%	62.7%	72.5%	59.6%	62.5%	52.5%	73.4%	68.7%	72.5%	66.1%	62.1%	▲
	No. of # Neck of femurs operated on < 36hrs (CQUIN)	71.4%	66.3%	62.7%	62.9%	57.3%	85.2%	72.4%	72.4%	60.7%	70.1%	85.7%	80.3%	76.3%	74.5%	70.0%	▼
	Maternity - Breast Feeding < 48 Hours	74.5%	75.0%	72.6%	74.1%	73.9%	75.4%	74.5%	73.0%	72.1%	76.8%	73.9%	75.6%	70.0%	73.9%	74.0%	▼
	Maternity - % Smoking at Time of Delivery	11.0%	11.7%	13.0%	13.9%	13.3%	15.0%	13.5%	12.2%	12.8%	11.4%	12.6%	11.3%	16.7%	13.2%	11.4%	▼
	Cytology Screening 7 day target	100.00%	97.7%	100.0%	100.0%	99.8%	99.8%	99.9%	99.9%	100.0%	100.0%	99.98%	100.0%	100.0%	99.95%	98%	◀▶

# DIVISIONAL HEAT MAP - Month 8 - 2012/13

## QUALITY STANDARDS *Continued*

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
<b>Nursing Metrics</b>																
Patient Observation	96%	96%	98%	95%	97%	95%	95%	95%	94%	95%	94%	94%	95%		98.0%	▲
Pain Management	94%	97%	98%	96%	96%	95%	94%	94%	94%	95%	96%	95%	94%		98.0%	▼
Falls Assessment	94%	93%	96%	92%	96%	96%	92%	94%	91%	92%	94%	94%	94%		98.0%	◀▶
Pressure Area Care	97%	95%	97%	96%	98%	96%	94%	94%	95%	95%	95%	94%	95%		98.0%	▲
Nutritional Assessment	95%	95%	98%	92%	97%	96%	91%	92%	91%	90%	92%	92%	94%		98.0%	▲
Medicine Prescribing and Assessment	97%	97%	98%	97%	97%	98%	96%	97%	97%	98%	96%	96%	96%		98.0%	◀▶
Hand Hygiene	98%	95%	96%	96%	96%	94%	97%	96%	96%	96%	94%	94%	94%		98.0%	◀▶
Resuscitation Equipment	84%	80%	88%	78%	84%	79%	76%	76%	77%	83%	77%	83%	90%		98.0%	▲
Controlled Medicines	100%	100%	100%	100%	100%	100%	99%	99%	99%	100%	100%	99%	100%		98.0%	▲
VTE	89%	89%	88%	88%	89%	87%	83%	84%	85%	85%	88%				98.0%	▲
Patient Dignity	96%	97%	96%	95%	96%	97%	96%	96%	94%	96%	95%	94%	95%		98.0%	▲
Infection Prevention and Control	97%	99%	99%	97%	99%	99%	97%	98%	96%	97%	96%	94%	97%		98.0%	▲
Discharge	80%	82%	82%	84%	86%	86%	86%	84%	85%	82%	86%	86%	82%		98.0%	▼
Continence	98%	99%	99%	97%	99%	97%	96%	95%	96%	97%	98%	97%	97%		98.0%	◀▶
<b>Patient Experience</b>																
Net Promoter Score	COMMENCED APRIL 2012					51.02	51.14	53.17	53.80	57.55	57.48	58.12	57.20	55.00	61.0	
Net Promoter - Coverage	COMMENCED APRIL 2012					12.7%	11.6%	11.6%	12.3%	11.4%	11.4%	12.2%	11.4%	11.8%	10.0%	▼
Inpatient Survey - treated with respect and dignity	96.0	96.1	96.2	95.6	95.6	95.9	96.3	96.1	96.5	95.7	96.4	96.4	96.3	96.2	95.0	▼
Inpatient Survey - rating the care you receive	86.3	87.7	86.6	87.8	87.0	88.9	89.0	88.3	89.2	89.3	90.1	88.4	88.0	88.9	91.0	▼
Outpatient Survey - treated with respect and dignity	98.0	92.0	92.0	99.0	88.0	95.0	INSUFFICIENT SURVEYS							95.0	95.0	▲
Outpatient Survey - rating the care you receive	84.0	91.0	86.0	92.0	86.0	90.0								90.0	85.0	▲
Single Sex Accommodation Breaches	0	0	0	0	13	7	0	0	0	0	0	0	0	7	0	◀▶
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶

## DIVISIONAL HEAT MAP - Month 8 - 2012/13

## OPERATIONAL STANDARDS

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
<b>Emergency Department</b>																
ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12)	94.4%	97.0%	95.5%	91.6%	90.4%	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.2%	92.0%	94.4%	95%	▼
ED 4 Hour Waits - UHL (Type 1 and 2)	92.9%	96.4%	94.4%	89.5%	88.0%	90.5%	90.5%	91.5%	95.4%	97.5%	96.0%	92.6%	90.0%	93.0%	95%	▼
<b>Coronary Heart Disease</b>																
Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	98.8%	98.3%	97.1%	98.1%	98.7%	99.4%	100.0%	98.8%	99.0%	99.5%	100.0%	98.8%	100.0%	99.4%	99%	▲
Primary PCI Call to Balloon <150 Mins	90.0%	88.5%	86.4%	83.3%	93.3%	93.0%	92.9%	91.2%	87.9%	92.0%	90.9%	95.7%	92.0%	91.8%	75.0%	▼
Rapid Access Chest Pain Clinics - % in 2 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	98.0%	◀▶
<b>Cancer Treatment</b>																
<i>Reported One Month in Arrears</i>																
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	94.4%	93.2%	94.4%	93.4%	93.1%	93.1%	93.3%	93.0%	94.9%	93.6%	93.9%	93.0%		93.5%	93%	▼
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	95.4%	93.3%	93.2%	95.7%	94.8%	96.7%	93.2%	96.4%	96.0%	93.8%	96.3%	93.4%		94.8%	93%	▼
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	97.9%	97.2%	97.6%	96.1%	97.0%	96.7%	97.1%	96.0%	97.5%	98.6%	96.9%	98.3%		98.3%	96%	▲
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	98%	◀▶
31-Day Wait For Second Or Subsequent Treatment: Surgery	98.8%	92.1%	87.6%	95.4%	91.2%	95.6%	94.7%	94.6%	95.5%	94.6%	100.0%	98.1%		96.1%	94%	▼
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	98.7%	98.3%	97.0%	100.0%	100.0%	95.9%	96.8%	98.2%	98.0%	98.7%	100.0%	99.3%		98.1%	94%	▼
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	81.3%	84.9%	86.3%	85.4%	85.7%	86.2%	85.4%	77.1%	85.7%	87.4%	86.5%	85.5%		84.8%	85%	▼
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	98.3%	91.8%	94.7%	100.0%	91.3%	90.4%	91.0%	96.1%	95.9%	95.3%	92.2%	96.7%		94.0%	90%	▲
62-Day Wait For First Treatment From Consultant Upgrade	----	0.0%	----	----	100.0%	--	100.0%	--	--	100.0%	100.0%	100.0%		100.0%	85%	◀▶

## DIVISIONAL HEAT MAP - Month 8 - 2012/13

## OPERATIONAL STANDARDS (continued)

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
Referral to Treatment																
RTT Waiting Times - Admitted	88.5%	87.6%	84.6%	82.8%	83.5%	93.7%	94.6%	93.6%	93.6%	93.0%	91.3%	91.2%	91.7%		90%	▲
RTT Waiting Times - Non Admitted	96.2%	96.6%	95.5%	96.1%	95.9%	97.1%	96.6%	97.1%	97.3%	97.1%	97.6%	97.1%	96.6%		95%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					94.9%	95.8%	94.3%	94.6%	94.4%	94.0%	94.6%	93.9%		92%	▼
RTT 18 Weeks Waiting times - Delivery in All Specialties	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					1	1	1	0	0	1	1	1		0	◀▶
6 Week - Diagnostic Test Waiting Times	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					1.0%	0.6%	6.4%	2.6%	0.9%	0.5%	0.4%	0.6%		<1%	▼
Efficiency - Outpatients and Inpatient Length of Stay																
Choose and Book Slot Unavailability	17%	10%	6%	12%	17%	15%	17%	13%	24%	14%	11%	10%	13%	15%	4.0%	▼
Outpatient DNA Rates (%) (Exc. Wd Attenders)	8.8%	9.3%	9.3%	9.0%	8.9%	9.0%	9.0%	9.0%	9.2%	9.1%	9.1%	8.4%	8.3%	8.9%	9.0%	▲
Outpatient Appts % Cancelled by Hospital (Exc. Wd Attenders)	9.9%	10.5%	10.6%	11.1%	10.8%	11.3%	9.6%	11.1%	11.1%	11.1%	9.6%	9.7%	9.5%	10.3%	10.5%	▲
Outpatient Appts % Cancelled by Patient (Exc. Wd Attenders)	9.3%	10.4%	9.3%	9.8%	9.3%	9.4%	10.0%	10.4%	10.5%	10.0%	10.3%	10.4%	10.1%	10.1%	10.0%	▲
Outpatient F/Up Ratio	1.9	1.8	1.9	1.9	1.9	1.9	1.9	1.8	1.8	1.9	1.9	1.8	1.8	1.9	2.1	◀▶
Ave Length of Stay (Nights) - Emergency	6.0	5.7	5.8	5.6	5.7	5.6	5.6	5.5	5.6	5.8	5.3	5.5	5.6	5.6	5.0	▼
Ave Length of Stay (Nights) - Elective	3.4	3.6	3.1	3.1	3.1	3.5	3.4	3.7	3.3	3.5	3.4	3.6	3.5	3.5	3.1	▲
Delayed transfers of care	1.5%	1.5%	1.2%	1.2%	1.6%	1.5%	2.3%	4.2%	3.4%	3.6%	3.2%	3.4%	3.6%	3.2%	3.0%	▼
% of Electives admitted on day of procedure	83.2%	81.8%	82.9%	85.3%	86.5%	86.3%	86.7%	84.5%	85.6%	85.3%	85.0%	84.2%	83.9%	85.2%	90%	▼
Theatres and Cancelled Operations																
Day Case Rate (Basket of 25)	74.3%	76.2%	76.2%	71.9%	72.9%	71.4%	75.1%	74.4%	75.2%	72.3%	72.1%	75.8%	79.8%	74.7%	75.0%	▲
Inpatient Theatre Utilisation Rate (%)	81.2%	80.2%	81.8%	78.8%	80.9%	82.6%	81.8%	82.0%	80.1%	79.8%	80.9%	81.9%	82.5%	81.4%	86.0%	▲
Day case Theatre Utilisation Rate (%)	79.8%	75.8%	77.3%	80.2%	80.7%	77.6%	77.1%	74.4%	69.1%	74.1%	73.0%	74.3%	74.7%	74.3%	86.0%	▲
Operations cancelled for non-clinical reasons on or after the day of admission	1.7%	1.1%	1.2%	1.7%	1.3%	1.1%	1.2%	1.2%	0.9%	0.5%	0.9%	1.1%	1.6%	1.1%	0.8%	▼
Cancelled patients offered a date within 28 days of the cancellations	93.6%	84.3%	86.1%	89.7%	88.6%	86.7%	92.1%	91.8%	89.3%	86.4%	100.0%	91.0%	97.2%	92.4%	95.0%	▲

DIVISIONAL HEAT MAP - Month 8 - 2012/13

HUMAN RESOURCES

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST	Staffing																
	Total Pay Bill (£M)	NEW FOR 2012/13					36.9	37.2	37.1	37.3	38.1	37.9	38.2	38.2	300.9		
	Total WTE	NEW FOR 2012/13					10,243	10,196	10,243	10,207	10,312	10,386	10,446	10,469	10,469		
	Workforce HR Indicators																
	Sickness absence	3.76%	3.77%	3.63%	3.67%	3.49%	3.24%	3.45%	3.05%	3.25%	3.18%	3.18%	3.62%	4.09%	3.47%	3.0%	▼
	Appraisals	93.9%	95.0%	96.1%	96.1%	94.4%	93.7%	93.8%	92.8%	91.5%	91.1%	89.7%	91.1%	91.2%	91.1%	100%	▲
	Turnover	7.9%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.3%	8.2%	8.5%	8.4%	8.5%	8.5%	10.0%	▲
	% Corporate Induction attendance	94.0%	100.0%	95.0%	96.0%	88.0%	100.0%	96.0%	90.0%	100.0%	92.5%	93.5%	95.0%	90.0%	94.6%	95.0%	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

## PLANNED CARE - DIVISIONAL PERFORMANCE

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
<b>INFECTION PREVENTION</b>																
MRSA	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	◀▶
Clostridium Difficile	3	2	2	0	4	3	0	2	2	0	2	4	1	14	30	▲
<b>PATIENT SAFETY</b>																
10X Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	1	1	0	0	0	0	0	0	2	0	◀▶
Patient Falls	50	54	49	55	53	37	70	45	61	48	57	55		373	653	▲
Complaints Re-Opened	15	11	8	10	13	7	10	12	11	7	4	14	5	70	95	▲
SUIs (Relating to Deteriorating Patients)	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	▲
RIDDOR	1	2	0	0	0	0	1	0	0	0	0	0	1	2	6	▼
Falls Resulting in Severe Injury or Death	0	0	0	0	1	0	0	0	0	0	0	0		0	0	◀▶
No of Staffing Level Issues Reported as Incidents	15	12	13	27	16	23	29	7	18	20	7	7	13	124	95	▼
Outlying (daily average)	3	2	2	2	1	4	4	3	1	0	0	0	0	0	6	◀▶
Pressure Ulcers (Grade 3 and 4)	3	4	5	1	6	2	4	3	3	5	3	6		26	31	▼
Pressure Ulcers (Grade 2)	NEW FOR 2012/13					8	4	2	12	12	9	9		56		
ALL Complaints Regarding Attitude of Staff	18	15	16	10	4	13	10	16	9	7	9	13	11	88	122	▲
ALL Complaints Regarding Discharge	4	7	3	4	6	10	4	7	6	6	10	7	14	64	80	▼
Bed Occupancy (inc short stay admissions)	95%	88%	95%	91%	92%	92%	92%	91%	90%	91%	93%	95%	95%	92%	90%	▶▶
Bed Occupancy (excl short stay admissions)	90%	84%	90%	85%	86%	86%	86%	87%	86%	85%	87%	90%	92%	87%	86%	▲
<b>MORTALITY and READMISSIONS</b>																
30 Day Readmissions (UHL) - Any Specialty	6.8%	8.2%	8.1%	7.6%	7.7%	8.3%	8.5%	8.2%	7.8%	8.1%	7.4%	7.6%		8.0%	6.5%	▼
30 Day Readmissions (UHL) - Same Specialty	4.3%	5.2%	5.0%	4.6%	4.7%	5.2%	5.1%	5.1%	4.7%	4.7%	4.2%	4.5%		4.8%	4.0%	▼
30 Day Readmission Rate (CHKS)	6.8%	8.3%	7.9%	7.6%	7.7%	8.3%	8.5%	8.2%	7.8%	8.1%	7.2%			8.0%	6.5%	▲
Mortality (UHL Data)	0.7%	0.9%	0.7%	0.9%	0.7%	0.8%	0.7%	0.7%	0.8%	0.7%	0.8%	0.5%	0.6%	0.7%	0.9%	▼
Mortality (CHKS - Risk Adjusted - 2012 model)	95.7	104.1	105.5	131.4	117.8	93.7	86.8	87.6	91.6	73.2	98.0	67.8		86.0	90.0	▲
<b>PATIENT EXPERIENCE</b>																
Net Promoter Score	COMMENCED APRIL 2012					47.8	43.8	55.0	52.3	53.5	49.9	61.5	56.8	52.6		
Inpatient Polling - treated with respect and dignity	95.6	96.2	95.9	96.9	96.7	96.1	96.0	97.5	96.6	96.7	96.2	96.8	96.2	96.5	95.0	▼
Inpatient Polling - rating the care you receive	86.7	89.5	90.0	90.2	89.2	89.3	87.8	89.7	90.3	88.8	90.3	89.5	88.3	89.2	91.0	▼
Single Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶



## DIVISIONAL HEAT MAP - Month 8 2012/13

PLANNED CARE - DIVISIONAL  
PERFORMANCE

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
<b>NURSING METRICS</b>																
Patient Observation	97%	96%	99%	96%	96%	96%	97%	96%	97%	95%	98%	95%	96%		98.0%	▲
Pain Management	94%	95%	99%	96%	94%	97%	94%	93%	94%	95%	96%	93%	96%		98.0%	▲
Falls Assessment	94%	96%	96%	94%	96%	94%	90%	93%	88%	94%	94%	95%	95%		98.0%	◀▶
Pressure Area Care	96%	98%	98%	96%	97%	96%	91%	92%	94%	93%	93%	94%	95%		98.0%	▲
Nutritional Assessment	95%	97%	98%	95%	97%	96%	91%	94%	89%	96%	94%	94%	96%		98.0%	▲
Medicine Prescribing and Assessment	96%	96%	96%	97%	96%	97%	96%	96%	97%	98%	97%	98%	97%		98.0%	▼
Resuscitation Equipment	90%	91%	89%	68%	91%	78%	58%	81%	89%	87%	77%	70%	89%		98.0%	▲
Controlled Medicines	98%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%	94%	100%		98.0%	▲
VTE	91%	92%	89%	91%	91%	91%	91%	85%	92%	91%	91%				98.0%	◀▶
Patient Dignity	96%	97%	95%	95%	96%	96%	98%	96%	95%	96%	96%	93%	95%		98.0%	▲
Infection Prevention and Control	97%	96%	97%	97%	96%	97%	98%	97%	97%	98%	97%	97%	98%		98.0%	▲
Discharge	85%	82%	81%	82%	83%	78%	79%	78%	81%	76%	78%	82%	78%		98.0%	▼
Continence	98%	99%	98%	98%	98%	97%	96%	93%	98%	96%	95%	95%	97%		98.0%	▲
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	85.0%	83.7%	79.5%	77.3%	78.5%	92.4%	93.1%	92.6%	92.1%	91.6%	89.9%	89.2%	90.5%		90.0%	▲
RTT Waiting Times - Non Admitted	93.5%	94.4%	92.4%	93.7%	93.2%	95.1%	94.8%	95.5%	96.7%	96.1%	96.5%	95.6%	95.6%		95.0%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					93.4%	94.6%	92.8%	92.4%	94.3%	91.9%	92.5%	91.8%		92.0%	▲

## DIVISIONAL HEAT MAP - Month 8 2012/13

## PLANNED CARE - DIVISIONAL PERFORMANCE

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
<b>OPERATIONAL PERFORMANCE</b>																
Choose and Book Slot Unavailability	29%	21%	18%	25%	33%	27%	27%	29%	35%	23%	24%	23%	27%	27%	4.0%	▼
Elective LOS	3.1	3.4	2.9	2.8	2.8	3.4	3.3	3.4	3.1	3.2	3.0	3.2	3.2	3.2	2.8	◀▶
Non Elective LOS	6.2	5.2	5.8	5.4	5.9	5.1	5.9	5.5	5.9	6.0	5.6	5.7	5.4	5.6	5.8	▲
% of Electives Adm.on day of proc.	91.9%	91.0%	90.9%	93.1%	94.2%	95.0%	93.6%	92.1%	93.4%	93.1%	92.0%	92.0%	92.3%	92.9%	90.0%	▲
Day Case Rate (Basket of 25)	73.0%	74.6%	74.9%	69.4%	70.1%	68.6%	71.7%	72.4%	72.6%	68.9%	68.8%	73.3%	78.3%	72.0%	75.0%	▲
Day Case Rate (All Elective Care)	80.2%	81.2%	81.8%	79.6%	78.6%	80.6%	79.6%	79.7%	79.2%	80.7%	80.1%	80.4%	81.5%	80.2%	80.0%	▲
Inpatient Theatre Utilisation	79.1%	79.4%	78.7%	76.9%	80.3%	80.3%	79.9%	77.8%	77.4%	76.9%	77.8%	78.5%	78.0%	78.3%	86.0%	▼
Day Case Theatre Utilisation	77.2%	74.0%	70.5%	72.8%	74.0%	73.1%	71.0%	70.3%	61.3%	68.2%	70.2%	72.5%	70.9%	69.8%	86.0%	▼
Outpatient New : F/Up Ratio	2.4	2.3	2.3	2.4	2.5	2.5	2.3	2.3	2.3	2.3	2.3	2.2	2.3	2.3	2.3	▼
Outpatient DNA Rate (Ex Wd. Attenders)	8.6%	9.1%	9.1%	9.0%	8.6%	9.0%	9.1%	9.2%	9.2%	8.9%	9.0%	8.3%	8.1%	8.8%	8.6%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	9.6%	10.2%	10.7%	10.7%	10.5%	11.7%	9.6%	11.7%	11.4%	11.4%	9.7%	10.0%	9.9%	10.6%	9.0%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	8.7%	9.9%	8.7%	9.2%	8.8%	8.7%	9.4%	10.0%	10.2%	9.6%	9.8%	9.8%	9.3%	9.6%	8.8%	▲
<b>SCREENING PROGRAMMES</b>																
Diabetic Retinopathy - % Uptake	83.0%	49.1%	43.8%	55.5%	63.1%	38.0%	30.3%	37.5%	28.5%	40.1%	25.6%	33.0%	34.1%	32.8%	50.0%	▲
Diabetic Retinopathy - % Results in 3 Weeks	87.8%	90.3%	98.0%	69.4%	84.3%	78.5%	76.3%	89.3%	94.9%	85.9%	99.6%	92.4%	89.6%	89.0%	90.0%	▼
Diabetic Retinopathy - % Treatment in 4 Weeks	83.3%	88.9%	45.8%	68.8%	94.7%	22.2%	70.0%	80.0%	88.2%	78.6%	68.4%	100.0%	66.7%	73.0%	75%	▼
Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month	14.0%	9.8%	13.1%	9.7%	4.7%	9.9%	9.9%	7.8%	9.3%	9.0%	9.0%	9.1%	8.1%	71.9%	6.0%	▼
Abdominal Aortic Aneurysm - % Uptake	105.7%	104.3%	118.2%	112.2%	110.0%	94.7%	100.0%	100.0%	105.7%	100.0%	105.4%	105.6%	103.4%	101.7%	99.0%	▼
Abdominal Aortic Aneurysm - 30 Day post-operative Mortality	-----	0.0%	0.0%	0.0%	0.0%	0.0%	---	---	---	---	---	---	---	0.0%	0.0%	◀▶
<b>HR and FINANCE</b>																
Appraisals	92.7%	98.0%	99.0%	98.8%	97.2%	97.6%	97.1%	95.8%	93.9%	92.1%	90.2%	91.0%	90.5%	90.5%	100%	▼
Sickness Absence	4.0%	3.9%	3.5%	3.9%	3.7%	3.2%	4.0%	3.3%	3.4%	3.4%	3.0%	3.1%	3.7%	3.5%	3.0%	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

## PLANNED CARE - Specialist Surgery

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	87.6%	86.1%	82.3%	83.5%	81.5%	94.7%	95.3%	93.8%	93.0%	92.4%	93.3%	87.4%	93.1%	93.1%	90.0%	▲
RTT Waiting Times - Non Admitted	95.7%	95.5%	92.7%	95.0%	93.4%	95.8%	94.5%	96.0%	97.8%	96.7%	97.3%	96.1%	96.2%	96.2%	95.0%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					95.1%	96.0%	95.5%	95.2%	94.5%	93.4%	94.2%	93.8%	93.8%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	1.8	2.2	1.7	2.0	1.5	1.8	1.8	2.1	2.2	1.8	1.8	1.9	1.8	1.9	1.9	▲
Non Elective LOS	4.9	4.1	5.4	4.3	4.0	4.5	4.9	5.0	4.5	4.9	4.6	5.4	3.8	4.7	4.7	▲
% of Electives Adm.on day of proc.	86.4%	83.8%	86.0%	87.2%	88.4%	89.4%	88.8%	87.9%	91.8%	90.9%	89.0%	87.2%	89.0%	89.3%	85.0%	▲
Day Case Rate (Basket of 25)	84.0%	84.3%	85.3%	86.1%	87.2%	81.6%	85.2%	80.9%	76.6%	77.1%	79.2%	82.4%	89.8%	81.5%	87.4%	▲
Day Case Rate (All Elective Care)	71.7%	72.8%	72.1%	75.2%	72.7%	71.1%	71.0%	67.9%	68.3%	69.3%	69.1%	72.0%	77.0%	70.8%	72.6%	▲
30 Day Readmissions (UHL) - Any Specialty	2.7%	3.5%	3.3%	2.8%	3.8%	4.1%	4.3%	2.9%	3.0%	3.4%	3.6%	2.9%		3.4%	2.8%	▲
30 Day Readmissions (UHL) - Same Specialty	1.2%	1.6%	1.3%	1.5%	2.2%	1.7%	2.1%	1.8%	1.6%	2.1%	1.9%	1.5%		1.8%	1.3%	▲
Outpatient New : F/Up Ratio	2.0	1.9	1.9	1.9	2.0	2.0	1.8	1.8	1.8	1.9	2.0	1.9	1.9	1.9	1.9	◀▶
Outpatient DNA Rate (Ex Wd. Attenders)	9.2%	9.1%	9.3%	9.6%	8.6%	8.9%	9.0%	9.6%	9.5%	9.1%	8.9%	8.2%	8.1%	8.9%	9.0%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	11.2%	11.9%	11.3%	11.3%	11.0%	12.0%	10.4%	12.8%	13.6%	12.4%	10.7%	9.8%	10.6%	11.5%	11.5%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.3%	10.8%	9.6%	10.4%	9.8%	9.6%	10.1%	11.3%	11.4%	10.8%	11.2%	10.8%	10.2%	10.7%	9.5%	▲
Bed Utilisation (Incl short stay admissions)	99%	94%	100%	90%	83%	86%	89%	86%	86%	90%	98%	99%	99%	92%	90.0%	▶▶
HR and FINANCE																
Sickness Absence	3.0%	3.7%	3.4%	3.4%	3.3%	2.9%	3.4%	3.9%	4.4%	4.0%	3.5%	3.2%	3.7%	3.6%	3.0%	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

## PLANNED CARE - GI Medicine / Surgery

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	77.8%	77.0%	74.1%	70.9%	74.6%	91.0%	91.6%	91.6%	90.9%	91.1%	86.3%	91.1%	91.7%	91.7%	90.0%	▲
RTT Waiting Times - Non Admitted	82.4%	87.9%	86.6%	87.1%	90.0%	91.8%	94.1%	92.1%	92.7%	93.2%	94.2%	93.4%	93.4%	93.4%	95.0%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					88.3%	90.2%	85.4%	85.0%	86.2%	86.9%	87.9%	86.1%	86.1%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	3.4	3.6	3.2	3.3	3.3	4.1	4.2	4.0	3.5	4.1	3.3	3.6	3.7	3.8	3.2	▼
Non Elective LOS	5.7	4.7	5.3	5.0	5.1	4.7	5.2	5.2	5.7	5.2	5.1	5.2	4.8	5.1	5.3	▲
% of Electives Adm.on day of proc.	94.6%	93.3%	92.2%	93.9%	95.6%	95.6%	95.2%	92.7%	93.6%	91.6%	94.0%	93.1%	92.8%	93.6%	90.0%	▼
Day Case Rate (Basket of 25)	46.3%	51.7%	54.8%	47.8%	43.7%	31.5%	40.7%	50.9%	50.0%	47.2%	45.0%	53.3%	54.7%	47.3%	49.9%	▲
Day Case Rate (All Elective Care)	83.2%	83.8%	85.2%	80.0%	79.5%	82.4%	81.7%	83.4%	81.6%	82.7%	82.3%	82.8%	83.7%	82.6%	85.0%	▲
30 Day Readmissions (UHL) - Any Specialty	6.6%	7.6%	7.4%	7.5%	8.1%	8.6%	9.3%	8.6%	8.6%	8.5%	7.9%	8.6%		8.6%	7.0%	▼
30 Day Readmissions (UHL) - Same Specialty	3.3%	3.8%	3.6%	3.9%	4.4%	4.7%	4.9%	4.5%	5.2%	4.3%	4.3%	4.6%		4.7%	3.8%	▼
Outpatient New : F/Up Ratio	1.8	1.7	1.9	1.8	2.1	2.0	2.0	2.2	1.9	2.0	1.7	1.8	1.8	1.9	2.0	◀▶
Outpatient DNA Rate (Ex Wd. Attenders)	7.5%	8.3%	8.3%	8.2%	8.7%	9.1%	8.9%	7.4%	9.0%	8.4%	8.2%	7.7%	8.3%	8.4%	8.2%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	12.5%	13.1%	16.3%	16.9%	16.4%	17.5%	15.2%	14.9%	13.4%	15.2%	13.5%	15.8%	13.4%	14.8%	14.0%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.0%	10.4%	8.7%	8.7%	9.3%	8.9%	10.0%	10.1%	11.1%	10.4%	10.2%	11.0%	10.8%	10.4%	9.4%	▲
Bed Utilisation (Incl short stay admissions)	94%	91%	95%	94%	94%	96%	95%	95%	94%	95%	94%	94%	96%	95%	90.0%	▲
HR and FINANCE																
Sickness Absence	5.3%	5.1%	3.9%	4.2%	4.4%	3.7%	4.3%	3.2%	2.9%	3.2%	2.3%	2.6%	3.0%	3.6%	3.0%	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

## PLANNED CARE - Cancer and Haematology

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	--	--	100%	--	--	--	--	--	--	--	--	--	--	--	90.0%	◀▶
RTT Waiting Times - Non Admitted	97.5%	99.1%	98.1%	97.9%	97.4%	97.6%	98.3%	97.8%	99.1%	99.1%	98.9%	99.2%	99.1%	99.1%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					99.1%	100.0%	99.6%	97.7%	97.9%	96.1%	97.2%	95.6%	95.6%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	7.0	8.8	9.5	6.9	7.2	6.6	5.7	9.5	7.0	6.8	8.2	9.4	7.6	7.6	7.1	▲
Non Elective LOS	5.9	4.6	4.9	5.1	6.3	4.7	5.6	4.9	5.0	6.7	6.0	5.6	6.3	5.6	5.7	▼
% of Electives Adm.on day of proc.	77.4%	76.9%	63.8%	75.7%	88.6%	94.4%	86.8%	85.7%	78.9%	89.8%	67.2%	76.9%	66.7%	80.7%	75.0%	▼
Day Case Rate (All Elective Care)	96.1%	96.8%	97.0%	97.6%	97.1%	97.5%	95.9%	96.7%	97.2%	96.7%	96.5%	96.8%	96.8%	96.8%	96.9%	◀▶
30 Day Readmissions (UHL) - Any Specialty	11.9%	14.4%	14.2%	13.2%	11.6%	12.7%	12.4%	12.2%	11.9%	11.7%	10.8%	11.3%		11.9%	11.0%	▼
30 Day Readmissions (UHL) - Same Specialty	10.5%	12.5%	11.9%	10.3%	8.5%	10.1%	9.6%	9.7%	8.1%	8.6%	7.1%	7.7%		8.7%	9.4%	▼
Outpatient New : F/Up Ratio	7.8	7.5	7.6	8.0	8.1	8.5	8.1	7.8	7.1	7.2	7.9	7.0	7.6	7.6	8.0	▼
Outpatient DNA Rate (Ex Wd. Attenders)	7.7%	8.2%	8.3%	8.0%	8.3%	8.6%	8.9%	9.1%	8.7%	8.3%	9.5%	9.3%	8.8%	8.9%	7.4%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	5.3%	5.6%	5.5%	5.4%	6.5%	8.7%	5.6%	8.4%	6.5%	7.9%	6.5%	6.7%	6.7%	7.1%	5.8%	◀▶
Outpatient Patient Canc Rate (Ex Wd. Attenders)	6.6%	7.0%	6.8%	6.7%	6.5%	7.1%	7.4%	7.4%	7.4%	6.5%	6.1%	6.4%	6.0%	6.8%	6.4%	▲
Bed Utilisation (Incl short stay admissions)	97%	93%	97%	95%	97%	92%	99%	97%	99%	96%	96%	97%	95%	96%	95.0%	▼
HR and FINANCE																
Sickness Absence	2.9%	2.4%	2.7%	3.0%	2.4%	2.8%	3.8%	2.6%	2.4%	2.1%	2.5%	2.9%	4.6%	2.9%	3.0%	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

## PLANNED CARE - Musculo-Skeletal

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	90.0%	90.0%	82.7%	76.0%	79.2%	90.3%	91.8%	92.0%	92.4%	91.0%	89.9%	89.2%	83.4%	83.4%	90.0%	🔻
RTT Waiting Times - Non Admitted	94.8%	95.5%	95.3%	93.8%	94.8%	94.8%	96.3%	96.1%	95.6%	95.5%	95.8%	95.0%	94.9%	94.9%	95.0%	🔻
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					96.9%	97.4%	96.8%	95.8%	94.9%	94.8%	94.5%	94.5%	94.5%	92.0%	🔻
OPERATIONAL PERFORMANCE																
Elective LOS	3.4	3.4	2.9	2.5	2.8	3.6	3.2	3.3	3.3	3.2	3.3	3.1	3.3	3.3	3.0	🔻
Non Elective LOS	9.6	8.4	9.5	8.4	10.7	8.4	10.5	7.6	8.9	9.4	8.6	8.3	8.2	8.7	9.6	🔺
% of Electives Adm.on day of proc.	97.2%	97.5%	98.5%	98.9%	98.7%	99.7%	97.6%	97.0%	96.3%	98.3%	98.0%	97.4%	97.9%	97.7%	97.5%	🔺
Day Case Rate (Basket of 25)	80.3%	82.2%	78.9%	74.2%	79.1%	80.6%	82.5%	81.7%	84.6%	82.4%	83.2%	80.9%	80.0%	82.1%	80.8%	🔻
Day Case Rate (All Elective Care)	47.0%	44.9%	45.8%	41.0%	41.5%	44.0%	43.6%	39.7%	47.0%	44.9%	46.4%	46.1%	42.6%	44.4%	45.5%	🔻
30 Day Readmissions (UHL) - Any Specialty	3.7%	4.3%	4.8%	4.7%	5.2%	3.7%	2.9%	5.9%	3.7%	4.9%	3.7%	3.7%		4.0%	4.0%	👉👈
30 Day Readmissions (UHL) - Same Specialty	0.7%	1.0%	1.3%	1.0%	2.0%	1.3%	0.8%	2.7%	0.6%	1.0%	1.2%	1.7%		1.3%	1.8%	🔻
Outpatient New : F/Up Ratio	1.8	1.7	1.8	2.0	1.9	1.8	1.8	1.7	1.7	1.7	1.8	1.7	1.8	1.7	1.7	🔻
Outpatient DNA Rate (Ex Wd. Attenders)	9.3%	10.9%	10.0%	9.3%	9.2%	10.0%	9.8%	9.7%	8.9%	9.4%	9.3%	7.6%	7.5%	9.0%	9.0%	🔺
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	7.0%	7.7%	9.2%	8.9%	7.3%	9.2%	6.7%	9.5%	9.0%	9.3%	7.0%	8.6%	8.0%	8.4%	8.2%	🔺
Outpatient Patient Canc Rate (Ex Wd. Attenders)	8.7%	9.8%	7.9%	8.9%	8.4%	8.3%	9.3%	9.1%	9.4%	9.4%	9.7%	10.1%	9.1%	9.3%	8.8%	🔺
Bed Utilisation (Incl short stay admissions)	93%	79%	85%	85%	91%	87%	87%	86%	84%	83%	85%	91%	90%	87%	90.0%	🔻
HR and FINANCE																
Sickness Absence	4.7%	3.9%	4.0%	4.8%	4.5%	3.5%	4.5%	3.5%	3.8%	4.1%	3.7%	4.0%	3.9%	4.0%	3.0%	🔺

## DIVISIONAL HEAT MAP - Month 8 2012/13

## ACUTE CARE - DIVISIONAL PERFORMANCE

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
<b>INFECTION PREVENTION</b>																
MRSA	2	0	1	0	0	0	0	0	0	0	0	0	0	0	6	◀▶
Cdiff	8	4	2	6	7	11	4	1	6	5	5	9	2	43	81	▲
<b>PATIENT SAFETY</b>																
10X Medication Errors	1	0	0	0	0	0	2	1	0	0	1	0	1	5	0	▼
Never Events	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	◀▶
Patient Falls	163	163	152	184	188	188	167	217	230	162	173	182		1319	1982	▼
Complaints Re-Opened	8	5	4	7	12	9	7	7	4	5	5	8	6	51	75	▲
SUIs (Relating to Deteriorating Patients)	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	1	2	0	3	2	3	3	0	3	1	4	1	2	17	15	▼
Falls Resulting in Severe Injury or Death	0	0	1	0	0	1	1	1	1	0	0	1		5	3	▼
Staffing Level Issues Reported as Incidents	10	14	19	54	18	7	25	17	28	33	17	26	27	180	154	▼
Outlying (daily average)	6	18	17	15	3	3	4	1	0	0	7	5	7	7	10	▼
Pressure Ulcers (Grade 3 and 4)	3	2	7	7	15	8	7	4	9	4	6	11		49	78	▼
Pressure Ulcers (Grade 2)	NEW FOR 2012/13					16	22	6	24	16	15	19		118		
ALL Complaints Regarding Attitude of Staff	11	11	6	5	11	15	11	10	8	8	11	12	6	81	110	▲
ALL Complaints Regarding Discharge	13	21	13	16	17	17	26	14	20	23	12	14	21	147	120	▼
Bed Occupancy (inc short stay admissions)	95%	94%	95%	93%	94%	93%	91%	91%	91%	92%	91%	94%	94%	92%	90%	▶▶
Bed Occupancy (excl short stay admissions)	91%	91%	92%	90%	91%	89%	88%	89%	88%	88%	88%	91%	91%	89%	86%	▶▶
<b>MORTALITY and READMISSIONS</b>																
30 Day Readmissions (UHL) - Any Specialty	11.0%	11.9%	11.7%	11.7%	11.5%	11.6%	12.3%	12.1%	12.3%	12.9%	13.1%	12.7%		12.4%	10.0%	▲
30 Day Readmissions (UHL) - Same Specialty	5.6%	6.6%	6.4%	6.5%	5.8%	6.6%	6.5%	6.6%	6.7%	7.3%	7.2%	7.2%		6.9%	6.3%	▶▶
Mortality (UHL Data)	3.5%	4.0%	4.2%	4.3%	4.1%	4.4%	3.5%	3.7%	3.7%	3.4%	3.6%	3.7%	3.7%	3.7%	4.3%	◀▶
Mortality (CHKS - Risk Adjusted - 2012 model)	82.4	78.9	90.8	97.2	89.3	99.3	85.8	83.5	85.4	78.2	100.5	90.4		89.0	90	▲

## DIVISIONAL HEAT MAP - Month 8 2012/13

## ACUTE CARE - DIVISIONAL PERFORMANCE

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
NURSING METRICS																
Patient Observation	95%	95%	96%	96%	97%	96%	96%	96%	95%	95%	95%	95%	92%		98.0%	▼
Pain Management	94%	97%	93%	91%	89%	95%	96%	96%	95%	95%	97%	96%	96%		98.0%	◀▶
Falls Assessment	94%	93%	95%	94%	96%	97%	89%	96%	84%	93%	96%	96%	96%		98.0%	◀▶
Pressure Area Care	96%	93%	95%	96%	97%	96%	95%	96%	97%	96%	97%	93%	96%		98.0%	▲
Nutritional Assessment	95%	94%	97%	92%	95%	96%	87%	82%	90%	89%	94%	87%	94%		98.0%	▲
Medicine Prescribing and Assessment	96%	96%	95%	97%	96%	97%	98%	97%	98%	97%	97%	96%	97%		98.0%	▲
Resuscitation Equipment	56%	56%	87%	56%	80%	88%	62%	82%	81%	84%	83%	92%	93%		98.0%	▲
Controlled Medicines	100%	99%	98%	100%	99%	99%	98%	100%	99%	99%	100%	100%	100%		98.0%	◀▶
VTE	89%	88%	87%	91%	90%	86%	74%	85%	84%	84%	91%				98.0%	▲
Patient Dignity	96%	96%	94%	96%	91%	96%	91%	91%	87%	95%	96%	95%	97%		98.0%	▲
Infection Prevention and Control	97%	98%	98%	98%	98%	98%	96%	97%	97%	95%	97%	90%	97%		98.0%	▲
Discharge	85%	86%	86%	89%	88%	91%	91%	86%	89%	87%	92%	90%	88%		98.0%	▼
Continence	98%	97%	98%	98%	97%	97%	98%	97%	98%	98%	99%	97%	98%		98.0%	▲
SAME SEX ACCOMMODATION																
Net Promoter Score	COMMENCED APRIL 2012					49.9	53.3	53.9	55.0	58.5	59.9	59.5	56.8	56.1		
Inpatient Polling - treated with respect and dignity	96.7	95.7	96.3	94.8	95.2	95.8	96.2	94.8	95.9	95.0	96.3	96.2	96.2	95.8	95.0	▼
Inpatient Polling - rating the care you receive	85.9	86.0	84.2	85.9	85.3	87.7	88.6	85.6	86.8	88.3	88.9	87.1	86.9	87.5	91.0	▼
Single Sex Accommodation Breaches	0	0	0	0	2	3	0	0	0	0	0	0	0	3	0	◀▶
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	95.7%	98.3%	97.1%	97.3%	99.0%	97.6%	96.2%	97.2%	98.2%	96.0%	93.9%	93.7%	95.4%	95.4%	90.0%	▲
RTT Waiting Times - Non Admitted	99.3%	99.2%	99.0%	99.0%	99.0%	99.2%	99.5%	99.5%	98.9%	98.9%	99.0%	99.3%	98.2%	98.2%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					97.4%	98.8%	99.2%	99.1%	98.5%	98.7%	99.0%	98.6%	98.6%	90.0%	▼



## DIVISIONAL HEAT MAP - Month 8 2012/13

ACUTE CARE - DIVISIONAL  
PERFORMANCE

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
OPERATIONAL PERFORMANCE																
Choose and Book Slot Unavailability	13%	3%	1%	4%	3%	3%	6%	6%	16%	4%	4%	3%	2%	6%	4.0%	▲
Elective LOS	4.9	4.8	4.3	4.5	4.6	4.7	4.6	5.3	4.5	5.1	5.1	5.9	4.8	5.0	4.4	▲
Non Elective LOS	6.8	6.5	6.5	6.5	6.5	6.7	6.1	6.3	6.2	6.3	5.8	6.0	6.5	6.2	6.0	▼
% of Electives Adm.on day of proc.	53.7%	53.0%	58.3%	55.6%	56.8%	52.8%	58.3%	51.6%	53.6%	52.3%	55.8%	51.2%	55.3%	53.9%	53.9%	▲
Day Case Rate (All Elective Care)	71.4%	69.9%	70.6%	68.9%	70.1%	72.2%	72.4%	70.0%	69.7%	69.2%	69.8%	69.6%	69.3%	70.3%	70.3%	▼
Inpatient Theatre Utilisation	89.6%	85.3%	96.3%	87.6%	85.8%	93.4%	87.9%	97.7%	87.5%	88.6%	87.6%	91.6%	94.5%	90.9%	86.0%	▲
Day Case Theatre Utilisation	79.0%	-----	62.9%	-----	86.0%	79.2%	81.9%	74.2%	87.9%	---	56.0%	86.9%	74.4%	78.0%	86.0%	▼
Outpatient New : F/Up Ratio	1.8	1.8	1.9	1.9	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	◀▶
Outpatient DNA Rate (Ex Wd. Attenders)	8.9%	9.1%	9.4%	8.8%	8.5%	8.7%	8.6%	9.0%	9.4%	9.4%	9.2%	8.7%	8.7%	9.0%	9.2%	◀▶
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	11.8%	12.8%	11.5%	12.8%	12.4%	12.5%	10.8%	12.6%	13.1%	12.2%	11.1%	10.7%	10.6%	11.7%	11.8%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.7%	10.8%	10.1%	10.0%	9.5%	10.2%	10.5%	10.3%	10.7%	10.3%	11.0%	11.0%	10.7%	10.6%	9.9%	▲
HR and FINANCE																
Appraisals	93.6%	93.5%	93.9%	93.8%	90.4%	89.0%	91.6%	92.8%	91.2%	92.5%	91.7%	91.0%	89.4%	89.4%	100%	▼
Sickness Absence	3.7%	4.0%	4.2%	4.1%	3.9%	3.6%	3.5%	3.1%	3.1%	3.1%	3.1%	3.7%	4.4%	3.6%	3%	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

## ACUTE CARE - Medicine

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	98.5%	98.5%	90.0%	▼
RTT Waiting Times - Non Admitted	99.5%	99.8%	99.4%	99.6%	99.2%	99.2%	99.6%	99.5%	99.1%	99.1%	98.9%	99.1%	97.4%	97.4%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					98.6%	98.4%	99.3%	99.4%	99.3%	99.2%	99.1%	98.3%	98.3%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	17.3	6.3	10.4	2.1	4.6	5.4	6.3	7.3	3.5	6.1	8.5	9.3	8.4	6.9	6.8	▲
Non Elective LOS	7.4	6.6	6.6	6.5	6.8	6.8	6.4	6.6	6.3	6.3	5.7	6.4	6.7	6.4	6.3	▼
% of Electives Adm.on day of proc.	44.4%	50.0%	66.7%	87.5%	90.0%	66.7%	70.0%	27.3%	83.3%	54.5%	100.0%	58.8%	37.5%	60.8%	85.0%	▼
Day Case Rate (All Elective Care)	97.3%	97.5%	96.9%	96.5%	96.7%	97.3%	96.8%	94.9%	95.1%	92.6%	96.5%	94.4%	95.1%	95.4%	96.8%	▲
30 Day Readmissions (UHL) - Any Specialty	11.1%	13.3%	11.3%	11.2%	12.3%	10.7%	12.7%	12.7%	11.4%	12.8%	12.2%	13.0%		12.2%	11.0%	▼
Outpatient New : F/Up Ratio	2.3	2.4	2.4	2.3	2.3	2.3	2.4	2.3	2.2	2.3	2.3	2.3	2.2	2.3	2.4	▲
Outpatient DNA Rate (Ex Wd. Attenders)	8.8%	8.6%	9.1%	8.5%	8.3%	8.7%	8.0%	8.7%	9.1%	9.4%	8.9%	8.3%	8.0%	8.6%	9.0%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	9.8%	10.5%	8.4%	11.1%	11.2%	9.7%	7.9%	10.2%	11.6%	9.2%	8.2%	8.1%	8.4%	9.1%	10.5%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.6%	11.7%	11.2%	10.6%	10.1%	11.0%	11.6%	10.9%	11.3%	10.6%	11.6%	12.0%	11.1%	11.3%	11.0%	▲
Bed Utilisation (Incl short stay admissions)	97%	98%	98%	98%	96%	95%	94%	96%	94%	94%	95%	95%	93%	95%	90.0%	▼
HR and FINANCE																
Sickness Absence	3.2%	4.2%	4.4%	4.1%	3.9%	3.3%	3.0%	2.2%	2.4%	2.7%	3.0%	3.6%	4.6%	3.5%	3.0%	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

ACUTE CARE - Respiratory Med. &  
Thoracic Surgery

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	100%	100%	100%	93%	100%	97%	100%	80%	100%	100%	100%	95%	100%	100%	90.0%	▲
RTT Waiting Times - Non Admitted	99.3%	100.0%	99.5%	100.0%	100.0%	99.0%	99.1%	99.0%	99.7%	100.0%	98.6%	100.0%	99.1%	99.1%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					99.5%	99.8%	99.2%	98.3%	98.5%	95.6%	99.7%	98.5%	98.5%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	8.4	5.9	7.0	6.0	6.1	6.7	7.7	7.0	6.3	7.2	6.9	8.1	5.8	6.9	6.1	▲
Non Elective LOS	4.3	4.1	4.6	4.6	4.4	4.5	4.3	4.2	4.5	4.4	4.0	3.9	4.5	4.3	4.4	▼
% of Electives Adm.on day of proc.	45.0%	53.6%	52.2%	42.9%	48.2%	37.1%	50.8%	43.2%	29.5%	43.4%	39.7%	33.3%	55.9%	41.6%	48.6%	▲
Day Case Rate (All Elective Care)	68.3%	68.3%	70.5%	64.3%	69.1%	61.4%	65.6%	71.4%	62.4%	65.0%	63.9%	67.3%	65.3%	65.3%	66.8%	▼
30 Day Readmissions (UHL) - Any Specialty	13.2%	12.4%	13.9%	14.5%	12.7%	15.3%	13.7%	14.1%	16.8%	16.7%	15.8%	13.7%		15.1%	12.0%	▲
Outpatient New : F/Up Ratio	1.5	1.6	1.7	1.6	1.4	1.8	1.5	1.7	1.5	1.5	1.5	1.4	1.5	1.5	1.5	▼
Outpatient DNA Rate (Ex Wd. Attenders)	10.4%	11.2%	10.9%	9.9%	8.8%	9.5%	11.1%	10.6%	12.0%	12.6%	12.1%	11.2%	12.6%	11.5%	10.2%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	9.2%	15.9%	8.9%	11.1%	10.3%	11.2%	8.5%	10.5%	8.7%	14.1%	13.4%	12.5%	12.4%	11.4%	10.3%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.5%	9.6%	9.3%	10.0%	9.2%	9.5%	8.5%	8.4%	10.4%	9.9%	9.9%	10.1%	10.6%	9.7%	9.7%	▼
Bed Utilisation (Incl short stay admissions)	95%	97%	95%	95%	96%	96%	89%	92%	93%	92%	93%	96%	96%	93%	90.0%	◀▶
HR and FINANCE																
Sickness Absence	4.5%	4.6%	5.0%	5.0%	4.8%	3.7%	4.3%	3.6%	3.4%	3.1%	2.7%	3.2%	3.8%	3.9%	3.0%	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

## ACUTE CARE - Cardiac, Renal &amp; Critical Care

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	94.8%	97.8%	96.4%	97.2%	95.3%	97.0%	95.5%	97.4%	97.8%	95.4%	92.2%	92.7%	94.5%	94.5%	90.0%	▲
RTT Waiting Times - Non Admitted	98.7%	97.2%	97.8%	96.8%	97.8%	99.2%	99.4%	99.8%	97.8%	97.7%	99.4%	99.2%	99.4%	99.4%	95.0%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					95.8%	99.3%	99.0%	98.8%	97.5%	98.8%	98.8%	99.0%	99.0%	92.0%	▲
OPERATIONAL PERFORMANCE																
Elective LOS	3.7	4.6	3.5	4.3	4.3	4.1	3.8	4.8	4.2	4.5	4.6	5.2	4.3	4.4	4.0	▲
Non Elective LOS	8.4	9.4	9.3	9.2	9.6	10.4	8.7	9.0	9.1	9.9	9.4	9.2	9.7	9.4	9.4	▼
% of Electives Adm.on day of proc.	55.7%	52.9%	59.0%	57.6%	57.3%	56.7%	59.6%	54.2%	57.8%	54.0%	58.7%	54.7%	55.7%	56.4%	55.0%	▲
Day Case Rate (All Elective Care)	54.1%	51.5%	53.5%	52.1%	53.4%	57.9%	58.0%	53.8%	53.8%	53.9%	53.3%	55.4%	52.9%	54.9%	52.5%	▼
30 Day Readmissions (UHL) - Any Specialty	9.4%	9.4%	10.3%	10.1%	9.4%	9.9%	10.6%	9.6%	10.2%	9.6%	12.3%	11.8%		10.6%	9.0%	▲
Outpatient New : F/Up Ratio	2.6	2.6	2.7	2.6	2.5	2.5	2.4	2.4	2.4	2.5	2.4	2.5	2.4	2.4	2.4	▲
Outpatient DNA Rate (Ex Wd. Attenders)	7.8%	8.1%	8.3%	7.9%	7.2%	6.9%	7.2%	6.9%	7.4%	6.4%	7.4%	7.0%	7.1%	7.0%	7.7%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	17.3%	16.5%	19.3%	17.2%	16.3%	19.4%	18.7%	19.0%	19.0%	17.8%	16.2%	15.6%	14.8%	17.5%	16.9%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	7.9%	9.4%	8.4%	8.8%	8.5%	8.9%	9.6%	10.1%	9.6%	10.0%	10.5%	9.7%	9.9%	9.8%	8.8%	▼
Bed Utilisation (Incl short stay admissions)	91%	89%	90%	87%	89%	88%	88%	84%	86%	89%	86%	91%	93%	88%	90%	▲
HR and FINANCE																
Sickness Absence	3.8%	3.6%	3.6%	3.7%	3.4%	3.6%	3.4%	3.3%	3.1%	3.2%	3.2%	3.6%	4.5%	3.5%	3.0%	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

ACUTE CARE - Emergency  
Dept.

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
<b>OPERATIONAL PERFORMANCE</b>																
ED Waits - Type 1	92.1%	96.0%	93.7%	88.3%	86.6%	89.5%	89.3%	90.5%	94.9%	97.2%	95.5%	91.8%	88.9%	92.2%	95%	▼
Admitted Median Wait (Mins) - Type 1	219	210	214	232	230	221	222	218	208	204	205	224	232	216	205	▼
Admitted 95th Percentile Wait (Mins) - Type 1	484	350	417	482	444	437	452	473	376	323	371	449	496	430	350	▼
Non-Admitted Median Wait (Mins) - Type 1	133	129	133	143	154	146	147	148	138	129	133	144	148	141	105	▼
Non-Admitted 95th Percentile Wait (Mins) Type 1	240	236	238	256	285	273	262	259	238	234	237	240	247	240	235	▼
Outpatient DNA Rate (Ex Wd. Attenders)	21.3%	27.8%	24.7%	26.3%	28.9%	29.5%	26.9%	31.8%	29.8%	31.6%	23.6%	24.8%	25.5%	27.8%	24.4%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	3.0%	4.3%	3.3%	3.3%	1.5%	6.4%	2.2%	2.6%	2.6%	2.4%	2.1%	2.0%	1.5%	2.7%	2.5%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	14.1%	9.7%	11.6%	10.5%	11.9%	7.8%	10.6%	9.3%	11.0%	10.8%	7.5%	9.8%	14.4%	10.2%	10.0%	▼
<b>HR and FINANCE</b>																
Sickness Absence	4.4%	4.1%	4.1%	4.3%	3.9%	4.4%	4.1%	4.3%	4.6%	3.8%	4.1%	5.2%	4.5%	4.3%	3.0%	▲

## DIVISIONAL HEAT MAP - Month 8 2012/13

## WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
<b>INFECTION PREVENTION</b>																
MRSA	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Clostridium Difficile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	◀▶
<b>PATIENT SAFETY</b>																
10X Medication Errors	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	5	3	1	4	4	4	1	2	4	4	1	2		18	47	▼
Complaints Re-Opened	3	4	1	1	0	4	1	1	3	4	5	2	5	25	30	▼
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	1	1	0	1	0	1	0	1	0	1	0	2	0	5	4	▲
Falls Resulting in Severe Injury or Death	0	0	0	0	0	0	0	0	0	0	0	0		0	0	◀▶
No of Staffing Level Issues Reported as Incidents	96	58	29	41	35	20	61	84	88	45	25	89	83	495	616	▲
Outlying (daily average)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Pressure Ulcers (Grade 3 and 4)	0	0	0	0	0	0	0	0	0	1	0	1		2	2	▼
Pressure Ulcers (Grade 2)	NEW FOR 2012/13					0	0	0	0	1	0	1		2		
ALL Complaints Regarding Attitude of Staff	4	6	6	5	4	4	3	10	7	8	6	7	2	47	98	▲
ALL Complaints Regarding Discharge	0	3	0	2	1	0	0	2	2	0	0	1	1	6	20	◀▶
Bed Occupancy (inc short stay admissions)	88%	90%	89%	90%	87%	84%	86%	87%	87%	83%	85%	89%	89%	86%	90.0%	▼
Bed Occupancy (excl short stay admissions)	73%	76%	75%	76%	72%	69%	72%	73%	72%	68%	72%	78%	77%	73%	86.0%	▼
<b>MORTALITY and READMISSIONS</b>																
30 Day Readmissions (UHL) - Any Specialty	3.8%	3.7%	4.0%	4.5%	3.8%	3.7%	3.3%	4.0%	3.2%	3.2%	3.6%	4.2%		3.6%	3.9%	▼
30 Day Readmissions (UHL) - Same Specialty	2.3%	2.5%	2.8%	3.0%	2.4%	2.3%	2.2%	2.7%	1.8%	2.0%	2.2%	2.3%		2.2%	2.5%	▼
30 Day Readmission Rate (CHKS)	4.3%	4.0%	4.4%	5.2%	4.2%	4.1%	3.9%	4.6%	3.7%	3.6%	4.1%			4.0%	4.5%	▼
Mortality (UHL Data)	0.2%	0.2%	0.2%	0.1%	0.3%	0.3%	0.3%	0.2%	0.3%	0.2%	0.3%	0.2%	0.2%	0.2%	0.2%	◀▶
Mortality (CHKS - Risk Adjusted - 2012 model)	0.0	47.4	67.4	67.1	57.2	52.2	104.5	53.4	40.5	101.0	81.5			92.0	50.0	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL  
PERFORMANCE

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
NURSING METRICS																
Patient Observation	97%	93%	97%	97%	98%	96%	100%	98%	100%	97%	95%	99%	94%		98.0%	▼
Pain Management	97%	97%	94%	100%	97%	94%	100%	100%	100%	100%	100%	100%	96%		98.0%	▼
Falls Assessment	100%	100%	100%	100%	87%	98%	100%	80%	100%	87%	99%	100%	100%		98.0%	◀▶
Pressure Area Care	100%	100%	100%	97%	87%	100%	100%	100%	100%	92%	100%	100%	100%		98.0%	◀▶
Nutritional Assessment	100%	100%	93%	100%	94%	100%	95%	90%	100%	90%	100%	100%	94%		98.0%	▼
Medicine Prescribing and Assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%		98.0%	▲
Resuscitation Equipment	100%	100%	100%	100%	100%	67%	0%	100%	100%	100%	100%	100%	100%		98.0%	◀▶
Controlled Medicines	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		98.0%	◀▶
VTE	100%	100%	100%	83%	86%	80%	100%	85%	93%	88%	98%				98.0%	◀▶
Patient Dignity	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	97%		98.0%	▼
Infection Prevention and Control	100%	100%	98%	96%	88%	100%	100%	100%	100%	96%	100%	100%	100%		98.0%	◀▶
Discharge	89%	98%	98%	100%	100%	100%	96%	97%	94%	89%	100%	100%	91%		98.0%	▼
Continence	93%	100%	93%	100%	100%	100%	97%	94%	100%	100%	100%	100%	100%		98.0%	◀▶
SAME SEX ACCOMMODATION																
Net Promoter Score	COMMENCED APRIL 2012					58.0	57.6	49.3	53.6	61.3	61.7	50.7	58.4	56.0		
Inpatient Polling - treated with respect and dignity	94.5	97.8	96.7	95.4	92.5	92.9	98.0	96.0	98.7	96.6	97.7	94.4	97.7	97.2	95.0	▲
Inpatient Polling - rating the care you receive	86.5	91.4	89.7	88.5	86.5	94.0	95.3	95.1	96.5	95.1	95.4	91.6	92.9	94.7	91.0	▲
Single Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶

## DIVISIONAL HEAT MAP - Month 8 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL  
PERFORMANCE

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	98.9%	97.9%	98.4%	97.5%	99.2%	98.3%	99.8%	96.9%	97.5%	96.7%	96.2%	97.5%	93.2%	93.2%	90.0%	▼
RTT Waiting Times - Non Admitted	97.4%	98.4%	98.5%	98.9%	97.9%	98.5%	98.0%	97.1%	97.9%	97.0%	98.4%	97.1%	96.8%	96.8%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					98.8%	99.4%	99.0%	98.8%	97.2%	96.5%	98.2%	97.4%	97.4%	92.0%	▼
OPERATIONAL PERFORMANCE																
Choose and Book Slot Unavailability	6%	3%	3%	3%	11%	9%	22%	5%	13%	8%	11%	11%	14%	12%	4.0%	▼
Elective LOS	2.5	2.6	2.5	2.4	2.7	2.5	2.6	2.8	2.7	2.7	2.7	2.6	2.8	2.7	2.3	▼
Non Elective LOS	3.3	3.9	3.8	3.2	3.1	3.2	3.6	3.0	3.2	3.6	3.1	3.3	2.9	3.2	2.7	▲
% of Electives Adm.on day of proc.	85.6%	82.6%	80.6%	88.3%	87.7%	91.3%	90.3%	91.5%	89.0%	93.9%	92.9%	93.4%	91.4%	91.7%	84.0%	▼
Day Case Rate (Basket of 25)	79.5%	81.5%	81.8%	83.3%	84.6%	81.6%	87.0%	82.9%	85.0%	86.2%	85.1%	88.4%	84.8%	85.2%	81.7%	▼
Day Case Rate (All Elective Care)	68.2%	66.2%	69.7%	67.8%	65.8%	68.6%	69.9%	67.5%	69.3%	70.6%	65.0%	68.6%	68.1%	68.5%	68.1%	▼
Inpatient Theatre Utilisation	83.4%	77.8%	81.6%	79.7%	76.7%	75.7%	78.3%	78.0%	79.6%	77.5%	81.8%	84.6%	87.5%	80.5%	86.0%	▲
Day Case Theatre Utilisation	76.7%	70.3%	79.9%	77.8%	76.4%	75.4%	70.0%	64.2%	78.9%	76.2%	76.9%	76.5%		74.1%	86.0%	▼
Outpatient New : F/Up Ratio	1.2	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.2	1.1	1.1	1.0	1.1	1.2	▲
Outpatient DNA Rate (Ex Wd. Attenders)	8.8%	9.9%	9.5%	8.8%	10.0%	9.0%	9.0%	8.3%	8.6%	8.8%	8.6%	7.6%	8.0%	8.5%	8.9%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	5.7%	6.4%	7.0%	8.2%	7.6%	7.5%	7.5%	7.2%	6.6%	8.4%	6.8%	6.4%	6.3%	7.1%	7.0%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.1%	10.6%	9.6%	10.7%	10.2%	9.7%	10.0%	11.1%	10.7%	10.1%	10.1%	10.8%	10.7%	10.4%	10.0%	▲
HR and FINANCE																
Appraisals	93.9%	94.5%	95.7%	95.5%	94.8%	93.8%	91.6%	89.8%	90.1%	89.1%	86.8%	87.7%	90.5%	90.5%	100%	▲
Sickness Absence	3.7%	4.0%	3.6%	3.5%	3.6%	3.4%	4.1%	3.7%	4.0%	3.9%	4.3%	4.5%	5.3%	4.0%	3%	▼



## DIVISIONAL HEAT MAP - Month 8 2012/13

## WOMEN'S and CHILDREN'S - Women's

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	99.3%	99.5%	98.3%	99.5%	98.3%	96.6%	99.8%	96.9%	97.6%	96.5%	95.9%	97.4%	93.2%	93.2%	90.0%	▼
RTT Waiting Times - Non Admitted	98.0%	97.9%	98.5%	97.3%	98.4%	99.4%	97.5%	96.4%	97.0%	96.0%	97.8%	96.1%	96.4%	96.4%	95.0%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					99.1%	99.5%	99.4%	99.2%	96.5%	96.1%	97.9%	97.3%	97.3%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	2.2	2.3	2.2	2.2	2.3	2.5	2.2	2.7	2.5	2.6	2.7	2.8	2.2	2.5	2.1	▲
Non Elective LOS	3.0	2.7	2.9	3.3	2.8	3.0	3.4	3.1	3.5	3.2	2.8	3.2	2.8	3.1	2.7	▲
% of Electives Adm.on day of proc.	91.9%	91.1%	89.0%	92.6%	91.0%	96.3%	98.7%	97.9%	95.4%	98.0%	96.4%	96.8%	97.4%	97.1%	92.0%	▲
Day Case Rate (Basket of 25)	78.7%	83.4%	83.8%	87.3%	85.4%	84.2%	88.6%	83.1%	85.2%	87.8%	85.2%	94.0%	89.1%	87.2%	84.8%	▼
Day Case Rate (All Elective Care)	63.1%	64.0%	67.3%	64.0%	65.3%	65.5%	69.5%	66.1%	68.6%	69.1%	63.5%	69.0%	68.8%	67.7%	64.9%	▼
30 Day Readmissions (UHL) - Any Specialty	3.4%	3.3%	3.0%	3.9%	3.3%	2.8%	2.7%	3.0%	3.0%	2.8%	3.0%	3.5%		3.0%	3.5%	▼
30 Day Readmissions (UHL) - Same Specialty	1.8%	2.0%	1.8%	2.4%	1.9%	1.5%	1.6%	1.9%	1.6%	1.7%	1.9%	2.0%		1.8%	2.1%	▼
Outpatient New : F/Up Ratio	1.5	1.4	1.4	1.4	1.4	1.4	1.3	1.4	1.3	1.5	1.3	1.4	1.4	1.4	1.4	◀▶
Outpatient DNA Rate (Ex Wd. Attenders)	8.2%	9.1%	8.6%	7.8%	9.1%	7.9%	8.5%	7.2%	7.2%	7.7%	8.0%	6.3%	6.9%	7.4%	8.1%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	5.5%	7.0%	7.4%	9.2%	8.7%	8.6%	8.2%	7.8%	7.4%	9.3%	6.9%	6.9%	7.0%	7.8%	7.6%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.6%	10.6%	9.5%	10.6%	9.9%	9.5%	9.5%	11.1%	10.2%	10.1%	10.2%	11.3%	10.8%	10.3%	9.5%	▲
Bed Utilisation (Incl short stay admissions)	87%	88%	88%	90%	87%	84%	86%	87%	85%	84%	84%	87%	86%	85%	90.0%	▼
HR and FINANCE																
Sickness Absence	3.9%	3.9%	3.4%	3.3%	3.2%	2.9%	4.4%	3.9%	4.1%	4.0%	4.1%	4.7%	5.5%	3.9%	3.0%	▼

## DIVISIONAL HEAT MAP - Month 8 2012/13

## WOMEN'S and CHILDREN'S - Children's

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	86.0%	91.8%	89.8%	96.6%	98.5%	100.0%	100.0%	96.3%	96.2%	98.1%	100.0%	98.0%	93.5%	93.5%	90.0%	▼
RTT Waiting Times - Non Admitted	99.3%	100.0%	99.8%	99.1%	98.8%	99.4%	99.2%	98.8%	100.0%	99.5%	100.0%	99.3%	97.7%	97.7%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					98.0%	99.2%	98.1%	97.9%	99.1%	97.6%	99.0%	97.7%	97.7%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	3.0	3.2	3.2	2.8	3.4	2.4	3.2	2.9	3.1	2.8	2.8	2.3	3.4	2.9	2.5	▼
Non Elective LOS	3.7	5.4	4.9	3.2	3.4	3.5	3.9	2.8	3.0	4.1	3.4	3.5	3.2	3.4	3.6	▲
% of Electives Adm.on day of proc.	72.8%	67.7%	64.3%	80.0%	81.5%	83.3%	77.0%	82.1%	78.5%	86.6%	87.0%	88.5%	82.9%	83.3%	71.9%	▼
Day Case Rate (Basket of 25)	81.8%	76.7%	76.0%	70.2%	82.5%	73.7%	81.8%	82.4%	84.4%	82.4%	85.0%	70.0%	72.7%	79.0%	75.0%	▲
Day Case Rate (All Elective Care)	74.9%	69.3%	73.4%	73.3%	66.6%	72.5%	70.6%	69.3%	70.3%	72.7%	67.1%	67.9%	67.1%	69.6%	69.7%	▼
30 Day Readmissions (UHL) - Any Specialty	5.6%	5.7%	8.9%	7.2%	6.1%	8.1%	6.3%	8.6%	4.2%	5.4%	6.4%	7.4%		6.6%	5.5%	▼
30 Day Readmissions (UHL) - Same Specialty	4.6%	4.9%	7.6%	5.7%	4.9%	5.8%	5.2%	6.4%	2.8%	3.4%	3.5%	3.8%		4.4%	4.0%	▼
Outpatient New : F/Up Ratio	0.8	0.7	0.7	0.7	0.8	0.8	0.8	0.7	0.8	0.8	0.8	0.8	0.7	0.8	0.8	▲
Outpatient DNA Rate (Ex Wd. Attenders)	10.7%	12.4%	12.1%	11.4%	12.1%	12.0%	10.7%	11.5%	12.5%	11.7%	10.4%	10.8%	11.0%	11.3%	11.5%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	6.1%	4.9%	6.0%	5.4%	4.7%	4.4%	5.3%	5.6%	4.4%	5.7%	6.4%	5.2%	4.3%	5.1%	5.7%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	8.7%	10.4%	9.7%	10.7%	10.8%	10.2%	11.4%	11.1%	12.0%	9.8%	9.9%	9.4%	10.2%	10.5%	10.0%	▼
Bed Utilisation (Incl short stay admissions)	90%	95%	91%	88%	87%	83%	85%	86%	91%	80%	90%	94%	95%	88%	80.0%	▲
HR and FINANCE																
Sickness Absence	3.1%	4.5%	4.1%	4.0%	4.6%	4.4%	3.4%	3.2%	4.0%	3.8%	4.6%	4.0%	4.8%	4.1%	3.0%	▼

# DIVISIONAL HEAT MAP - Month 8 2012/13

CLINICAL SUPPORT

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
PATIENT SAFETY																
10X Medication Errors	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	↔
Never Events	0	0	0	0	0	1	0	0	0	0	0	1	0	2	0	▲
Patient Falls	4	2	5	6	1	4	11	5	7	3	9	9		48	68	↔
Complaints Re-Opened	4	2	0	0	0	1	1	0	0	2	2	2	1	9	0	▲
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔
RIDDOR	1	0	0	0	1	0	1	0	0	0	1	0	0	2	12	▲
No of Staffing Level Issues Reported as Incidents	1	2	3	0	2	3	5	4	2	1	1	1	5	22	17	▼
ALL Complaints Regarding Attitude of Staff	4	1	4	4	6	4	4	1	3	3	1	3	1	20	36	▲
ALL Complaints Regarding Discharge	1	0	1	1	1	1	2	0	1	0	0	0	1	5	0	▼
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	95.1%	100.0%	97.7%	98.2%	98.6%	97.2%	99.2%	98.9%	98.4%	97.3%	93.8%	97.3%	97.7%	97.7%	90.0%	▲
RTT Waiting Times - Non Admitted	99.3%	99.5%	99.6%	100.0%	98.8%	99.6%	100.0%	99.6%	99.1%	98.8%	98.9%	97.5%	97.6%	97.6%	95.0%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012					99.1%	99.6%	99.0%	98.7%	99.0%	98.0%	96.4%	96.5%	96.5%	90.0%	▲
ANAESTHETICS & THEATRES																
% Pain Mgmt Referrals Seen < 11 weeks	97.0%	94.9%	96.0%	94.7%	97.9%	97.2%	98.1%	97.9%	97.6%	96.5%	97.2%	98.6%	96.2%	97.4%	98.0%	▼
Outpatient New : F/Up Ratio	3.4	3.5	2.7	2.9	3.0	2.2	3.3	2.7	3.1	2.9	2.7	2.7	2.3	2.7	3.2	▲
Outpatient DNA Rate (Ex Wd. Attenders)	11.7%	11.8%	10.9%	10.9%	10.9%	10.1%	11.6%	10.3%	9.1%	11.6%	12.6%	11.4%	9.4%	10.8%	11.1%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	17.3%	15.6%	18.9%	16.7%	16.6%	11.8%	7.8%	5.8%	7.8%	6.7%	8.3%	9.3%	7.8%	8.2%	8.0%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	12.7%	14.3%	12.5%	13.5%	10.8%	11.4%	16.2%	15.2%	14.6%	15.7%	14.1%	14.2%	15.2%	14.6%	13.3%	▼
UHL Inpatient Theatre Utilisation Rate (%)	81.2%	80.2%	81.8%	78.8%	80.9%	82.6%	81.8%	82.0%	80.1%	79.8%	80.9%	81.9%	82.5%	81.4%	86.0%	▲
UHL Day case Theatre Utilisation Rate (%)	79.8%	75.8%	77.3%	80.2%	80.7%	77.6%	77.1%	74.4%	69.1%	74.1%	73.0%	74.3%	74.7%	74.3%	86.0%	▲
BOOKING CENTRE																
% calls responded to within 30 seconds	79.9%	89.8%	74.7%	83.2%	87.7%	86.6%	85.5%	75.0%	90.6%	87.5%	88.3%	91.1%	85.1%	85.1%	65%	▼
NUTRITION AND DIETETICS																
% of adult inpatients seen within 2 days	96.7%	97.7%	98.9%	96.0%	96.7%	96.7%	91.0%	90.0%	91.0%	90.1%	92.8%	91.5%	91.6%	93.7%	98%	▲
% of paed inpatients seen within 2 days	96.7%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	98%	↔

## DIVISIONAL HEAT MAP - Month 8 2012/13

CLINICAL SUPPORT

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
<b>OCCUPATIONAL THERAPY</b> (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	97.4%	100.0%	100.0%	100.0%	95%	◀▶
RTT Completes (% waiting <=8 weeks)	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	99.8%	100.0%	99.3%	99.8%	99.8%	99.4%	100.0%	100.0%	95%	▲
Inpatient Response Times - Emergency (45 mins)	80%	100%	0%	100%	----	96%	100%	98%	100%	80%	88%	100%			98%	▲
Inpatient Response Times - Urgent (3 hours)	90%	98%	100.0%	89%	100%	100%	91%	100%	100%	96%	96%	100%			98%	▲
Inpatient Response Times - Routine (24 hours)	85%	88%	85%	86%	91%	87%	86%	85%	90%	91%	89%	88%			98%	▼
<b>PHYSIOTHERAPY</b> (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	97.2%	94.1%	95.0%	96.4%	95.0%	94.7%	94.1%	91.7%	91.0%	91.0%	87.9%	85.4%	90.7%	90.7%	95%	▲
RTT Completes (% waiting <=8 weeks)	97.8%	97.7%	95.2%	96.2%	96.0%	94.5%	92.2%	94.2%	91.2%	91.2%	88.6%	87.4%	86.9%	86.9%	95%	▼
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	93%	100%	94%	100%	93%	100%	100%	96%	100%			98%	▲
Inpatient Response Times - Urgent (3 hours)	99.4%	98.6%	98.1%	98.5%	99.1%	98.5%	100%	99%	98%	96%	97%	99%			98%	▲
Inpatient Response Times - Routine (24 hours)	99.5%	99.1%	99.3%	99.4%	99.0%	99.0%	99.3%	99.5%	99.2%	99.2%	96.8%	98.7%			98%	▲
<b>MEDICAL RECORDS</b>																
Med Rec - % Missing Casenotes	0.41%	0.35%	0.38%	0.35%	0.41%	0.43%	0.32%	0.32%	0.34%	0.30%	0.40%	0.28%	0.27%		<0.5%	▲
<b>DISCHARGE TEAM</b>																
Delayed Discharges - County	2.7	2.7	2.7	2.7	2.6	2.3	4.7	5.5	5.7	6.2	6.2	6.3	6.2	6.2	1.6	▲
Delayed Discharges - City	4.4	4.3	4.2	4.1	4.1	3.6	4.9	6.0	6.5	7.0	7.1	7.3	7.8	7.8	3.8	▼
<b>PSYCHOLOGY / NEURO-PSYCHOLOGY</b>																
New referrals inpatients Medical Psychology	6	3	5	0	2	3	3	3	9	4	2	4	2	30		
New referrals outpatients Medical Psychology	53	54	60	50	58	41	65	53	35	70	58	61	66	449		
New referrals inpatients Neuropsychology	15	2	5	4	5	6	11	6	11	4	5	5	7	55		
New referrals outpatients Neuropsychology	8	9	14	2	6	13	8	6	12	10	12	12	17	90		
<b>CLINICAL SUPPORT</b>																
SALT Wait Time in Weeks	2	3	3	3	0	3	3	3	3	3	0	2	2	2	4	◀▶
Pharmacy TTO Turnaround in 2 Hours	80.3%	81.7%	80.5%	80.0%	79.4%	79.3%	73.9%	78.3%	81.1%	81.0%	80.3%	84.8%	78.3%	79.6%	80%	▼
Pharmacy Dispensing Accuracy	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.99%	99.98%	99.99%	99.5%	▼

# DIVISIONAL HEAT MAP - Month 8 2012/13

CLINICAL SUPPORT

	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	YTD	Target	Status
IMAGING and MEDICAL PHYSICS																
CT Scan (% Waiting 3+ Weeks)	1.7%	4.7%	1.2%	0.7%	1.9%	2.9%	13.9%	14.9%	17.0%	12.8%	7.7%	7.7%	10.8%		5%	▼
MRI Scan (% Waiting 3+ Weeks)	5.0%	6.7%	3.5%	5.2%	18.2%	11.1%	25.8%	30.5%	23.6%	24.8%	16.1%	25.2%	27.6%		5%	▼
Non-Obstetric Ultrasound (% Waiting 3+ Weeks)	4.2%	12.2%	4.9%	12.0%	15.5%	12.1%	43.3%	44.3%	41.5%	29.5%	13.5%	17.2%	22.9%		5%	▼
CT Scan (% Waiting 6+ Weeks)	% Waiting 6 Weeks+ From April 2012					0.4%	1.7%	2.0%	0.6%	1.8%	0.3%	0.1%	0.2%		1%	▼
MRI Scan (% Waiting 6+ Weeks)						3.4%	5.4%	7.1%	2.3%	0.9%	1.3%	1.0%	2.0%	1%	▼	
Non-Obstetric Ultrasound (% Waiting 6+ Weeks)						0.4%	0.1%	11.6%	3.9%	1.5%	0.7%	0.8%	0.6%	1%	▲	
Planned Preventative Maintenance - high risk equipment - completed %	NEW CBU INDICATOR COMMENCED APRIL 2012					71.5%	82.9%	62.0%	51.0%	63.0%	72.0%	69.0%	67.0%	67.3%	80%	▼
Equipment demand jobs - turnaround in 5 days - completed %	NEW CBU INDICATOR COMMENCED APRIL 2012					58%	61%	51%	65%	58%	64%	59%	62%	59.8%	80%	▲
Medical Physics Diagnostic Waits - Breaches > 6 weeks %	NEW CBU INDICATOR COMMENCED APRIL 2012					0%	4.6%	0.6%	2.6%	5.1%	4.1%	0%	0.3%	2.2%	0%	▼
Newborn Hearing Screening completed within 3 months from birth %	NEW CBU INDICATOR COMMENCED APRIL 2012					99.5%	99.5%	99.6%	99.6%	99.6%	99.5%	100.0%	100.0%	99.7%	99%	◀▶
CRIS and PACS																
PACS Uptime	100%	100%	99%	100%	100%	99%	99%	100%	100%	100%	100%	97%	99%	99.2%	98%	▲
CRIS Uptime	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	◀▶
PATHOLOGY																
CDT 24 Hour TRT	97.1%	98.5%	97.8%	95.5%	98.1%	97.6%	96.5%	97.4%	95.8%	95.0%	94.6%	97.2%	94.4%		95%	▼
MRSA 48 Hour TRT	99.88%	99.50%	98.70%	99.52%	99.46%	99.72%	99.40%	99.51%	99.20%	99.54%	99.87%	99.88%	99.81%		95%	▼
Diagnostic Wait > 6 Weeks	0	0	0	0	0	0	0	0	0	4	0	1	0		0	▲
Cytology Screening 7 Day Target	100%	97.7%	100%	100%	99.8%	99.8%	99.9%	99.9%	100.0%	100.0%	99.98%	100.0%	100.0%		98%	◀▶
HR and FINANCE																
Appraisals	94.2%	93.5%	95.9%	96.1%	95.6%	95.8%	95.0%	91.5%	89.9%	90.3%	88.4%	93.9%	94.7%	94.7%	100%	▲
Sickness Absence	3.4%	3.3%	3.3%	3.2%	3.1%	2.9%	3.1%	2.7%	3.2%	3.2%	3.2%	3.7%	3.9%	3.2%	3%	▼

**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

