

**Trust Board Paper T**

	<b>TRUST BOARD</b>									
<b>From:</b>	Suzanne Hinchliffe Andrew Seddon Kevin Harris Kate Bradley									
<b>Date:</b>	<b>25<sup>th</sup> October 2012</b>									
<b>CQC regulation</b>	All									
<b>Title:</b>	<b>Quality &amp; Performance Report</b>									
<b>Author/Responsible Director:</b>	K. Harris, Medical Director S. Hinchliffe, Chief Operating Officer/Chief Nurse K. Bradley, HR Director A. Seddon, Director of Finance									
<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 September 2012.									
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Decision</td> <td style="width: 5%;"></td> <td style="width: 50%; padding: 5px;">Discussion</td> <td style="width: 5%; text-align: center;">√</td> </tr> <tr> <td style="padding: 5px;">Assurance</td> <td style="text-align: center;">√</td> <td style="padding: 5px;">Endorsement</td> <td></td> </tr> </table>		Decision		Discussion	√	Assurance	√	Endorsement	
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Assurance	√	Endorsement								
<b>Summary / Key Points:</b>	<p><u>Patient Safety, Quality and Patient Experience</u></p> <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 Hospital Standardised Mortality Rates (HSMR) is 97.3 for 12/13 with some monthly variation but all 'within expected' for both elective and non-elective activity</li> <li>❖ 5 Critical Safety Actions - 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.</li> <li>❖ Quality/CQUIN - CQUIN performance for Quarter 1 has now been finalised with the ED/EMAS Handover CQUIN being given a revised RAG rating of Green. All LLR CQUINs were therefore achieved for Q1. Performance for both Quarter 2's Quality Schedule and CQUIN indicators will be reviewed at the November CQRG and EMSCG meetings.</li> <li>❖ Fracture Neck of Femur theatre time -September performance for time to surgery within 36 hours for fractured neck of femur patients is 85.7%, with a year to date position of 72.9% against a target of 70%.</li> <li>❖ VTE - UHL's performance for September, as reported to the DoH, is 94.1%, this figure includes the 'Renal Dialysis' patients. Without the dialysis patients, performance is still above the CQUIN threshold, when including other cohort patients – 90.4%.</li> <li>❖ MRSA – 1 MRSA case reported for September after report 0 cases for seven consecutive months. The target for 2012/13 is 6 cases.</li> <li>❖ CDifficile – September remains below trajectory with 7 cases reported with a cumulative position of 41 for April to September against a target of 54.</li> <li>❖ Patient Experience - In September 2012, 1,404 Patient Experience responses were made for the Net Promoter giving a &gt;10% inpatient coverage and an overall trust score of 57.5.</li> <li>❖ Falls - August has seen a reduction in inpatient falls in both Acute and Planned Care Divisions with 213 being reported. During August there were no falls resulting in severe injury or death.</li> </ul>									

- ❖ Pressure Ulcers - The overall number of avoidable grade 3 and 4 pressure ulcers for the month of August was 8.
- ❖ 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 September.
- ❖ Readmissions - The 'independent' readmissions audit being led by Leicester University has been completed. Of the 337 reviews 72 were found to be avoidable this is 21.4%.

#### Operational Performance

- ❖ ED - Performance for September Type 1 & 2 is 96.0% and 96.8% including the Urgent Care Centre (UCC). For the 4 weeks up to the 30th September 2012, the Trust was ranked 53rd out of 144 Trusts that have Emergency Departments.
- ❖ RTT - Admitted performance in September has been achieved with performance at 91.3%, with all specialties with the exception of General Surgery delivering above the 90% target as expected. The non-admitted target has been achieved at 97.8% with all specialties delivering against a target of 95%.
- ❖ Imaging Waits - Further to previous reports, plans to expedite and improve the waiting times for patients across a number of imaging modalities, most notably ultrasound has progressed realising a reduction of imaging patients waiting 6+ weeks from over 6% to 0.5% at the end of September also achieving the national target...
- ❖ Cancer - All of the cancer targets are delivering against performance thresholds for August (one month in arrears reporting).
- ❖ Choose and Book - for Quarter 1 UHL achieved the required 15% cumulatively. Performance in September was 11% and cumulatively for Quarter 2 was 16% (partly due to technical problem highlighted in last month's report).
- ❖ Primary PCI within 150 minutes of calling professional help in September was 90.9% against a target of 75%.
- ❖ Cancelled Operations - September performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 0.9% 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 August (reported one month in arrears) is 79.6% against a target of 80%. The cumulative performance for the year to date is 79.2%.
- ❖ Appraisals – The appraisal rate is 89.7.
- ❖ Sickness - The reported sickness rate for September is 3.7%. 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%.

#### Financial Position

- ❖ The Trust is reporting a cumulative £6.4m deficit for the first 6 months, £6.9m adverse to Plan.
- ❖ Year to date NHS patient care income is £2.9m (0.96%) favourable to Plan.
- ❖ Operating expenditure for the year to date is £11.2m (3.2%) adverse to Plan, comprising pay at £5.2m (2.4%) adverse and non-pay £6.0m (5.0%) 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:** 25<sup>th</sup> OCTOBER 2012

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

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

### 1.0 INTRODUCTION

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

### 2.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS

#### 2.1 **Mortality Rates**



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

The trust's Hospital Standardised Mortality Rates (HSMR) is 97.3 for 12/13 with some monthly variation but all 'within expected' for both elective and non-elective activity. The University Peer average for the same time period is 92.4.

UHL's SHMI for 11/12 is due to be published at the end of October and is anticipated to be similar to the latest SHMI of 105.

The joint LLR SHMI Report has been reviewed by the 'LLR SHMI task and finish group' and key actions agreed, the main one of these being to undertake an independent in depth case note review of care across all sectors of care (pre, during and post admission) for patients that died after discharge from UHL. The review will also look in more detail at patients that die post discharge to residential/nursing homes and weekend admissions.

#### 2.2 **Patient Safety**



This month has seen safety improvements across a range of indicators some of which indicates that the implementation of the 5 Critical Safety Actions are reducing avoidable death and harm. September is the sixth consecutive month where no SUIs relating to the deteriorating patient have been reported. This, together with less Early Warning System (EWS) incidents reported is encouraging, indicating that EWS triggers and actions are being embedded in clinical areas.

No SUIs whereby a fall has led to serious injury or death has been reported for August. Matrons and Senior Nurses review the falls root cause analysis investigation reports and

have implemented actions for improvement. No Never Events were reported in the Trust in September.

The number of formal, written complaints has reduced and this month has seen a further reduction in the number of re-opened complaints. Divisions continue to work on reducing formal complaints by 10% and on improving their response performance. Each division is attending the Governance and Risk Management Committee between January and April to report back progress.

This month saw a significant reduction in incidents reported relating to inadequate staffing levels, showing the lowest number of incidents reported in twelve months. This issue is kept under review at the weekly metrics meeting, the daily bed meetings and the executive safety walkabouts.

Some concern has been raised regarding the level of clinical risk and safety in the Emergency Department particularly during periods of very high activity. A thematic review of incidents, SUIs, complaints and claims within the Emergency Department is nearing completion; a draft version detailing some issues identified has been discussed at QPMG and GRMC.

There are no national performance targets for the 5 Critical Safety Actions (5CSA's) which is a UHL locally agreed CQUIN Programme. The aim of the 5CSA's 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.

#### 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 out to nursing and medical leads for comments and amendment and to go to next PGC meeting for approval.
- ❖ Development work by IT on UHL web based handover system will be complete by early November for use by all existing users and to be trialled by General Surgery at LRI.
- ❖ Further work with alternative handover system supplier to develop module for pilot in UHL.

#### 2. Relentless attention to Early Warning System 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 education leads. Aim to achieve 100% end of Q3.
- ❖ RSVP training commenced in ED.
- ❖ Work continuing with use of EDIS in ED to send automatic referral to outreach team for those patients leaving ED with EWS>6.

### 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:-**

- ❖ CBU's have submitted terms of reference and minutes of meetings to central shared drive.
- ❖ Drive by Director of Nursing to ensure the attendance of Matrons at Mortality and Morbidity meetings.

### 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 being finalised (must also meet NHSLA requirements) to go to next Policy and Guideline Committee for approval.
- ❖ Work commenced on Diagnostic Testing overarching policy to include medical staff and AHP that undertake diagnostic testing.
- ❖ Screening Policy to be submitted to commissioners for Q2 compliance assessment.

### 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.
- ❖ Identification of good practice in a London acute trust.
- ❖ Visit to be arranged to identify ease of use and implementation of ward round check list and potential use of similar in UHL.

## 2.3 UHL Quality Schedule /CQUIN

CQUIN performance for Quarter 1 has now been finalised with the ED/EMAS Handover CQUIN being given a revised RAG rating of Green. All LLR CQUINs were therefore achieved for Q1.

Performance for both Quarter 2's Quality Schedule and CQUIN indicators will be reviewed at the November CQRG and EMSCG meetings. Progress has been made with all CQUIN workstreams and the Quarter 2 performance data is currently being finalised. Preliminary data for some of the 'Discharge' and 'ED Internal Standards' CQUIN indicators suggests

Quarter 2 performance is below the threshold. Further work is being carried out to validate the data and confirm exceptions have not been included.

## 2.4 **Fractured Neck of Femur 'Time to Theatre'**

September performance for time to surgery within 36 hours for fractured neck of femur patients is 85.7%, with a year to date position of 72.9% against a target of 70%.

The 3 key actions implemented to improve performance and patient experience:-

- ❖ **Additional Theatre Capacity** - All 4 additional sessions have been in place since the 2nd July 2012.
- ❖ **Creation of a Fracture Neck of Femur Ward** - Ward 32 at the LRI is now a dedicated 24 bedded NOF ward. Early feedback from this area is that the workload is heavy with the number of elderly confused patients with dementia requiring all care, staff moral though is high. Patient flow has been an issue during July due to the number of admissions which has meant transferring post NOF patients to another trauma ward.
- ❖ **Appointment of Locum Ortho geriatrician** -t he maternity leave is now resolved and it is important that this level of input is maintained and a transformation bid has been submitted for the whole project but to include 3 additional PA's of Ortho-geriatrician time.

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

UHL's performance for September, as reported to the DoH, is 94.1%, this figure includes the 'Renal Dialysis' patients. Without the dialysis patients, performance is still above the CQUIN threshold, when including other cohort patients – 90.4%.

## 2.6 **Readmissions**

In 2011-12 there was a national contract term introduced to the Acute Service Contract whereby providers were penalised for inappropriate emergency re-admissions. In the first year the guidance relating to this contract term was stark and unhelpful and left local discussion to ascertain the impact on the agreement. At this time UHL saw a re-admissions penalty of £10m. In 2012-13 further guidance relating to re-admissions was issued indicating that between 16% and 27% of re-admissions were avoidable if something changed in the patient's pathway. The national guidance indicated that local health economies should undertake a clinically based review to ascertain what the level of avoidable re-admissions were in their local economy and to also ascertain where the issue lay. For the purposes of the contract round a planning assumption was established in our Acute Contract at 20% penalty (£5m). It was agreed that the review would be undertaken.

Commissioners appointed Public Health to undertake the review in conjunction with UHL.

Main points of the draft review include:-

- ❖ The period of the review was April 11 to March 12
- ❖ Capacity meant that only 337 re-admitted patient pathways were reviewed
- ❖ Of the 337 reviews 72 were found to be avoidable this is 21.4%
- ❖ Of the 72 avoidable re-admissions 3 were found not to be at the fault of UHL and 8 had a divided opinion as to whether UHL was at fault or not. There are a further 4 patients that the review identified as not being preventable but being avoidable. The

logic of this is not understood and on such a small cohort of patients would have a significant impact on the percentage to be applied

Discussion with commissioners is required to ascertain the final penalty following the review. There will be in the region of £5m available to commissioners as a direct result of this penalty. UHL needs to work with commissioners to ensure that an appropriate proportion of this available money is re-invested in the Trust. As the result have shown that the majority of avoidable re-admissions are at the fault of UHL this is logically where the money should be spend to improve pathways and to avoid this situation continuing. If there is investment in the Trust and or our current plans reduce the number of re-admissions there will be a need to revisit the review to ensure that the appropriate penalty is maintained.

At present there is no firm indication from the centre that the re-admission penalty will be changed or that any further guidance will be issued for 2013-14.

## 2.7 **Care Quality Commission Inspection**

The Care Quality Commission (CQC) conducted an unannounced inspection at the Leicester Royal Infirmary on the 27<sup>th</sup> and 28th June. During this visit the CQC team visited wards and spoke to staff and patients assessing nine quality and safety standards. Of these nine standards the Trust was found to be compliant in six of them and non compliant in three.

The CQC highlighted three issues:-

- ❖ Outcome 9 (medicines management) - judged to have a moderate impact on patients
- ❖ Outcome 14 (support of staff) – judged to have a minor impact on patients

Compliance actions have been received for these two non compliances and action plans submitted to the CQC on the 24<sup>th</sup> August 2012.

- ❖ Outcome 16 (monitoring quality) - judged to have a moderate impact on patients and a warning notice has been received with a compliance date of the 2<sup>nd</sup> November 2012.

Outcome 9 – To improve the security of medicines we have had 73 new fridges delivered to wards. Since the initial audit of fridges there are another 9 areas that require fridge replacement and a further order has been made. There are weekly audits of medicines security and these are then sent to Divisional Heads of Nursing to follow up areas of non compliance with their teams with further follow up between Divisional Nurses and the Chief Pharmacist to review progress and further action required. For areas that require further controls, creative design solutions are being explored and developed.

Outcome 14 - During the feedback discussion with the CQC inspectors and in the report there was much positive feedback about many aspects of the way in which the Trust supports its members of staff. The report states “that whilst staff receive regular appraisals, appropriate training and professional development to deliver care and treatment safety, the system to support staff, and the evaluation of feedback on areas for improvement is not effective due to poor communication and information sharing”. The latter view seems to have been formed in part by some of the interactions that the inspectors had with members of staff in the Emergency Department (ED) and some of the acute wards. An action plan has been developed consisting of both actions that will be

taken across the Trust and some specific issues that pertain to the ED and some of our acute wards.

Outcome 16 – The warning notice was issued on the basis of whilst we had numerous plans in place to regularly assess and monitor the quality of the services provided, the mechanisms to evaluate, identify and manage risks were ineffective as these were not time bound to safeguarding the standard of care and treatment delivered. The CQC felt that there was no robust system to monitor progress when target dates were met. Executive leads have been identified to develop plans, a number of which are underway including plans to improve the risk register process and develop SMART action plans.

These plans for improvement will be monitored by the Governance and Risk Management Committee on behalf of the Trust Board. An update has been submitted to the October Governance and Risk Management Committee.

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

#### **3.1 Infection Prevention**



MRSA – 1 MRSA case reported for September after report 0 cases for seven consecutive months. The target for 2012/13 is 6 cases.

CDifficile – September remains below trajectory with 7 cases reported with a cumulative position of 41 for April to September against a target of 54.

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

#### **3.2 Patient Polling**



The Patient Experience Survey continues across 85 clinical areas gathering feedback from patients on their experience of care. Following consultation with staff, the surveys were revised and four specialty specific surveys have been in place since April 2012. These include; adult inpatient, adult day case, adult intensive care and children's inpatient.

In September 2012, 1,546 Patient Experience Surveys were returned which exceeds the Trusts target of 1,519.

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

Patient feedback continues to be accessible for all staff at Trust, Divisional, CBU and Ward level via Share point on the Patient Experience Page. 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 1,546 surveys, 1,404 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 12,267 inpatients in the relevant areas within the reporting period (26/08 to 29/09), giving a 10% footfall requirement of 1227. The Trust easily met the SHA target with a total of 1,404 Net Promoter responses broken down to:

Number of Promoters:	922
Number of passives:	367
Number of detractors:	115
Overall NET promoter score	57.5

Actions taken to continue improvements in performance include:

- ❖ Divisional review of Net Promoter Scores at specialty and ward level highlighting areas of underperformance and local plans to improve ward scores
- ❖ Focus on the top 3 questions that contribute most strongly to improvements in Net promoter score which include;
  - Did you find someone from the hospital staff to discuss your worries and fears with?
  - Has a member of staff told you about any problems or dangers signals you should watch out for after you leave hospital?
  - How would you rate the hospital food?
- ❖ Discussion with patients to identify areas of concern and use of support, third party and volunteers to support distribution of surveys.

### 3.3 Safety Thermometer

The NHS Safety Thermometer (ST) was developed by the NHS for the NHS and is a tool that allows healthcare professionals to measure a snapshot (or prevalence) of harm and the proportion of patients that are 'harm free' in relation to:-

- Grade 2, 3 and 4 pressure ulcers (avoidable, unavoidable, community and hospital acquired),
- Venous thrombo-embolism (VTE),
- Urinary catheter acquired infections
- Falls.

The Department of Health has recommended that all healthcare providers begin to use of the national NHS Safety Thermometer measurement tool by the end of 2012/13.

The ST data records the prevalence of 'old' harms that were present when the patient was admitted to hospital (or developed within 72 hours of coming into hospital) and 'new' harms defined as those that developed 72 hours or more after the patient was admitted to hospital i.e. **hospital acquired**.

Within UHL, all areas with the exception of Theatres, Day Case areas, Emergency Department, and Outpatients will collect harms data for every patient on the same day, once a month which will then be forwarded to all ward managers prior to the Safety Thermometer collection day. This data will then be reviewed supported by the patient's clinical or nursing notes in order to confirm whether the harm developed prior to admission to hospital (i.e. an **OLD** harm) or during the patient's admission (i.e. **NEW** harm). In light of this data being collected at a point in time, overall numbers may vary to those reported via Datix which consists of a full month data collection.

### 3.4 Falls



August has seen a reduction in inpatient falls in both Acute and Planned Care Divisions with 213 being reported. During August there were no falls resulting in severe injury or death.

A piece of work is to be undertaken in the next 4 weeks to analyse the number of patients who have more than one fall with the aim of identifying the scale of the issue of repeated fallers and then to identify strategies to address this.

The recruitment to nurse vacancies, increased staffing levels relating to acuity monies, embedding of the patient safety thermometer, addressing of estates issues and formulation of individualised action plans will have a positive impact in reducing inpatient falls in quarter 3 and 4, so that the ambition to reduce the number of falls by 50% is achieved.

Further information in relation to falls has been submitted to the October GRMC.

### 3.5 Pressure Ulcers



The following table shows the number of pressure ulcers reported as part of the Safety Thermometer with the baseline taken from the March data for future performance. From this data, there have been incremental reductions of grade 2, 3 and 4 pressure ulcers with each incident being subject to review.

Month	New PU	New PU	New PU
2012	Grade 2	Grade 3	Grade 4
* March	30	12	2
April	37	5	1
May	34	5	1
June	27	0	0
July	23	6	0
August	17	3	0

It is important to note that with the Safety Thermometer data being taken mid month, the final data position may be different to that reported via the CQUIN where end of month validated data will be reported.

Actions taken to reduce the number of avoidable pressure ulcers include:-

- ❖ The Acute and Planned Care Division are urgently reviewing and prioritising key actions required to significantly reduce the number of avoidable pressure ulcers for the month of October and November, particularly around documentation, assessment of skin and repositioning at night. Additional documentation audits are being undertaken on high risk areas, i.e. admission units and medical wards.
- ❖ The Acute Division have supported the secondment of a ward sister for the next 3 months to the Medicine CBU to provide daily validation of the incident report forms, to ensure appropriate preventative actions are being taken on specific wards and additional support and advice is being given with the RCA process.
- ❖ Change champions and 'collaborative' teams from both Divisions are attending SHA training events. The learning from these sessions are being cascaded across the Division.

A further update on the effectiveness of these actions will be given in the October 2012 validation paper.

### 3.6 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 September.

## 4.0 OPERATIONAL PERFORMANCE – SUZANNE HINCHLIFFE

### 4.1 RTT – 18 week performance

#### RTT Admitted performance



Admitted performance in September has been achieved with performance at 91.3%, with all specialties with the exception of General Surgery delivering above the 90% target as expected.

The national admitted performance in August (most recent published data) was 92.7% and UHL achieved 93.0%. Out of a total of 179 providers when ranked from best to worst performing trust UHL was placed 93rd. 108 out of the 179 Trusts missed the target at specialty level and 67 Trusts had between 2 and 10 specialty failures.

#### RTT Non Admitted performance



The non-admitted target has been achieved at 97.8% against a target of 95%.

The national non-admitted performance in August (most recent published DoH data) was 97.7% and UHL achieved 97.1%. Out of the 209 providers in total ranked from best to worst performing trust then UHL was placed 147. 91 out of the 209 Trusts missed the target at specialty level and 56 Trusts 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 September at 94.0%.

The national incomplete pathways performance in August (most recent published DoH data) was 94.5% and UHL achieved 94.4%. Out of the 209 providers in total ranked from best to worst performing trust then UHL was placed 131. 116 out of the 209 Providers missed the target at specialty level and 84 Providers had between 2 and 10 specialty failures.

#### RTT – Delivery in all specialties

Further to a review of RTT across all specialities, and following discussions with commissioners, additional activity was undertaken in General Surgery to reduce the waiting time in this speciality resulting in a temporary dip in performance but this did not affect the 'overall' RTT performance.

All specialties delivered for non-admitted patients.

#### 4.2 Imaging Waiting Times

Further to previous reports, plans to expedite and improve the waiting times for patients across a number of imaging modalities, most notably ultrasound has progressed realising a reduction of imaging patients waiting 6+ weeks from over 6% to 0.5% at the end of September also achieving the national target.

Further to a requested review by PWC relating to procedures and compliance a final audit report was produced the first week in October, this included an action plan agreed between the Trust and PWC to respond to all of the recommendations. The report and plan is due to be discussed at the November Audit Committee.

#### 4.3 ED 4hr Wait Performance

Performance for September Type 1 & 2 is 96.0% and 96.8% including the Urgent Care Centre (UCC). For the 4 weeks up to the 30<sup>th</sup> September 2012, the Trust was ranked 53rd out of 144 Trusts that have Emergency Departments.

Further detail focussing on the actions relating to the Emergency Department may be seen in the separate ED Chief Operating Officer 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 August (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 August (reporting one month in arrears).

#### 62 Day Target



The 62 day urgent referral to treatment cancer target for August (reporting one month in arrears) was 86.8% against a target of 85%.

#### 4.5 Choose and Book slot availability



Commissioners have detailed contractual requirements for an incremental reduction in the % of Appointment Slot Issue (ASI) during 2012/13 as follows:-

- ❖ Quarter 1, ASI rate shall be no greater than 15% measured cumulatively
- ❖ Quarter 2, ASI rate shall be no greater than 11% measured cumulatively
- ❖ Quarter 3, ASI rate shall be no greater than 8% measured cumulatively
- ❖ Quarter 4, ASI rate shall be no greater than 5% measured monthly

During Quarter 4 2012/13 failure to comply with the ASI target will result in financial consequences. Which based on current performance could potentially be circa £100,000 per month.

For Quarter 1 UHL achieved the required 15% cumulatively. Performance in September was 11% and cumulatively for Quarter 2 was 16% (partly due to technical problem highlighted in last month's report).

#### 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 September was 90.9% against a target of 75%.

#### 4.7 Cancelled Operations



September performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons was 0.9% against a target of 0.8%.

Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
1.2%	1.7%	1.3%	1.1%	1.2%	1.2%	0.9%	0.5%	0.9%

#### 4.8 Stroke % stay on stroke ward



The percentage of patients spending 90% of their stay on a stroke ward in August (reported one month in arrears) is 79.6% against a target of 80%. The cumulative performance for the year to date is 79.2%.

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 73.4% against a commissioner target of 62.1%. The year to date cumulative position is 64.0%.

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 **Maternity Breast Feeding <48 hrs**



The September percentage of maternity breast feeding within 48hrs is 73.9% against a target of 74%. The year to date cumulative performance is 74.3%. 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 visit takes place in November.

#### 4.11 **Rapid Access Chest Pain**



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

#### 4.12 **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%.

#### 4.13 **Day Case Basket**



The percentage of patients (with treatments in the day case basket) treated as day cases for September is 72.1% against a target of 75%, with a cumulative year to date figure of 73.5%.

#### 4.14 Delayed Discharges



This indicator relates to the 'delayed discharges/transfers of care' and the thresholds for 2012/13 have been set at:-

PCT	Vital Sign Target (No. Per 100,000 population)	% delayed target	Population (ONS)
Combined	2.3	1.19%	758070
Leics City	3.2	1.41%	225800
Leics County	1.5	1.04%	532270

Delayed transfers of care are reported to Leicester, Leicestershire & Rutland (LLR) Commissioning Performance Team on a weekly basis using data collated by the UHL Discharge Team.

The Discharge Team carry out a census of all patients whose transfer of care is considered to be a 'delay' as at midnight each day. All delays are then validated with Social Services, Occupational Therapy, Physiotherapy, Leicester City and County Community services, and Equipment services. This validation is carried out by a combination of weekly meetings, email and faxes.

This report measures weekly delays, occurring at midnight each Thursday. Once reports have been circulated and agreed, they are forwarded to the UHL IT Department, who then calculate reporting figures which are sent to the LLR Commissioning Performance Team and reported nationally on unify.

A summary of performance for April-September 2012 may be seen below:

	City Average Monthly Patients Delayed	City Average Monthly %Delay	City Average No of Delays per 100,000 population	County Average Monthly Patients Delayed	County Average Monthly %Delay	County Average No of Delays per 100,000 population	LLR Average Monthly Patients Delayed	LLR Average Monthly %Delay	LLR Average No of Delays per 100,000 population
April	9	1.75%	3.6	13	1.70%	2.3	21	1.72%	2.7
May	12	2.33%	5	26	3.23%	4.8	38	2.88%	4.8
June	14	2.75%	6	30	3.68%	5.5	44	3.32%	5.7
July	15	2.96%	6.5	31	3.83%	5.7	47	3.50%	6
Aug	17	3.20%	7	34	4.13%	6.2	50	3.77%	6.4
Sept	17	3.26%	7.1	34	4.19%	6.2	51	3.83%	6.5

Reasons for the delays are summarised below:

Reason	Assessment		Awaiting Public funding		Availability of non acute NHS Care		Awaiting care home placement		Awaiting domiciliary package of care		Awaiting community equipment		Patient/Family Choice		TOTAL	
			City	Co	City	Co	City	Co	City	Co	City	Co	City	Co	City	Co
April	10	8	4	5	5	19	10	9	2	3	1	0	2	7	34	51
May	6	14	13	23	20	51	18	60	3	7	7	6	5	23	72	184
June	9	13	10	14	26	48	15	42	3	6	12	14	2	20	77	157
July	10	12	7	14	25	35	13	42	2	9	12	10	9	19	78	141
Aug	12	23	10	20	38	55	23	52	2	8	13	9	5	39	103	206
Sept	11	24	9	18	16	26	16	36	5	8	7	16	9	19	73	147

During this month there has been an improvement in the overall performance for city and county patients, compared to last month.

There were 220 episodes recorded as a 'Delayed Transfer of Care' on the weekly sitreps recorded at midnight each Thursday during September 2012, making the combined average of 6.5 delays per 100,000 population since April 2012.

During the month there were 35 internal delays of which 25 are attributed to UHL and 10 attributed to non UHL reasons.

The remaining 185 (84%) delays are mainly due to factors outside of the control of UHL. Main areas of concern include: availability and timely communication regarding the outcome of CHC panels; availability of rehabilitation beds for the increasing number of patients requiring rehabilitation within the city and county and the availability care homes for long term placements. This makes an average combined total of 5.9 delays per 100,000 population since April 2012.

Delayed discharges have been escalated internally at bed meetings and externally at daily teleconferences.

#### **4.15 NON EMERGENCY TRANSPORT CONTRACT**

Arriva are contracted to transport all eligible patients between the hours of 5am and 2am, 7 days per week for the trust. Additionally, commissioners have included two UHL ED Transfer resources within the LLR contract, one for 12 hours per day and one 24/7.

There were no reported rebeds during September, however there have been 5 in October to date. A renal specific improvement plan has been produced by Arriva in order to improve the arrival and collection times for this cohort of patients. Discharge and Outpatient times have improved marginally, however there remains concern as to the amount of time patients who fall outside of the KPI times are waiting; as such an escalation plan is being explored to ensure these patients are prioritised.

There have been 238 Datix incidents reported within the Trust since the transition of the contract to Arriva on 1<sup>st</sup> July 2012; the number reduced in September to 23, the majority of which are time related.

UHL continue to meet with commissioners and Arriva on a weekly basis. 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**



For the fourth consecutive month there has been a decrease to 89.7% in the rolling twelve month average appraisal rate. It is likely that the high levels of annual leave and workloads, together with some lack of forward planning, have contributed to this picture.



Human Resources continue to work closely with Divisions and CBUs to implement targeted actions to continue to improve appraisal performance.

A new UHL electronic appraisal recording system will improve appraisal reporting, scheduling and quality through use of push technologies. The appraisal recording system has been designed in partnership with external consultants at Think Associates with wider input from an internal Expert Reference Group. Following system testing roll out will commence on a phased basis from early November 2012.

## 5.2 Sickness



The reported sickness rate for September is 3.7%. 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%.

As part of the At Work for Patients' Project the Trust has now signed up to the DoH Public Health Responsibility Deal. This commitment enforces the organisation's responsibility to improving the health of our employees.

## 6.0 FINANCIAL POSITION – ANDREW SEDDON

### 6.1 I&E summary

The Trust is reporting a cumulative £6.4m deficit for the first 6 months, £6.9m adverse to Plan. Income ytd is £3.7m (1.0%) over Plan, which is stated net of a £2.6m marginal rate deduction for emergency inpatient income over the 2008/9 baseline. Operating costs cumulatively are £11.2m over Plan, with premium cost staff largely being used to deliver the additional activity.

For the month of September, the position is a £0.7m deficit, £0.8m adverse against a planned £0.1m surplus. A fuller financial recovery plan reflecting the outcome of the latest round of Confirm & Challenge meetings will be reflected in the Financial Recovery paper.

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

**Table 1 – I&E summary**

	September 12			April - September 2012		
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
<b>Income</b>						
Patient income	51.4	52.7	1.3	308.4	311.5	3.1
Teaching, R&D	6.3	6.3	(0.0)	37.7	37.5	(0.2)
<b>Service Income</b>	<b>57.7</b>	<b>59.0</b>	<b>1.3</b>	<b>346.1</b>	<b>349.0</b>	<b>2.9</b>
Other operating Income	2.4	2.3	(0.0)	13.6	14.4	0.7
<b>Total Income</b>	<b>60.1</b>	<b>61.3</b>	<b>1.2</b>	<b>359.7</b>	<b>363.4</b>	<b>3.7</b>
<b>Operating expenditure</b>						
Pay	36.6	37.9	(1.3)	219.3	224.5	(5.2)
Non-pay	19.7	20.8	(1.1)	118.3	124.2	(6.0)
<b>Total Operating Expenditure</b>	<b>56.3</b>	<b>58.6</b>	<b>(2.3)</b>	<b>337.5</b>	<b>348.7</b>	<b>(11.2)</b>
	-	-	-	-	-	-
<b>EBITDA</b>	<b>3.8</b>	<b>2.7</b>	<b>(1.1)</b>	<b>22.1</b>	<b>14.6</b>	<b>(7.5)</b>
Net interest	-	0.0	0.0	0.0	0.0	0.0
Depreciation	(2.7)	(2.4)	0.3	(16.1)	(15.6)	0.5
PDC dividend payable	(0.9)	(0.9)	-	(5.6)	(5.4)	0.2
<b>Net deficit</b>	<b>0.1</b>	<b>(0.7)</b>	<b>(0.8)</b>	<b>0.5</b>	<b>(6.4)</b>	<b>(6.9)</b>
<b>EBITDA %</b>		<b>4.3%</b>			<b>4.0%</b>	

\* The patient income line includes both NHS and non-NHS patient care income

**Table 2 – Financial Risk Ratings**

Criteria	Indicator	Weight						Year to Date
			5	4	3	2	1	
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
<b>Weighted Average</b>		<b>100%</b>						<b>2.3</b>

The year to date position may be analysed as follows.

## 6.2 Income

6.2.1 Year to date NHS patient care income is £2.9m (0.96%) favourable to Plan. This reflects under-performance on day cases of £1.1m, elective inpatients of £1.9m. These adverse movements are offset by favourable variances for emergency activity, £4.8m, net of a £2.6m reduction for the marginal rate emergency threshold, and outpatients £1.0m. Emergency inpatient activity to the end of September was 3,579 spells (6%) above Plan.

6.2.2 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.

6.2.3 The key points to highlight within Table 3 are:

- The 6% 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 £2.6m in the first 6 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 case-mix is currently underway. Our ED team consider that the average tariff of £99 does not reflect the complexity of the case-mix and intend to re-address this in the 2012/13 counting and coding proposals
- The elective inpatient volume shortfall of 5.3% equates to 615 spells. This reduction is largely 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**

Average tariff	Price Variance YTD %	Volume Variance YTD	Price / MIX Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Day Case	(1.9)	(2.4)	(475)	(612)	(1,087)
Elective Inpatient	(0.2)	(5.3)	(56)	(1,870)	(1,926)
Emergency / Non-elective Inpatient	1.7	6.4	1,632	5,631	7,262
Marginal Rate Emergency Threshold (MRET)			(2,479)	0	(2,479)
Outpatient	0.6	1.7	265	746	1,011
Emergency Department	(3.7)	4.5	(310)	360	51
Other			0	90	90
<b>Grand Total</b>	<b>(3.0)</b>	<b>4.1</b>	<b>(1,423)</b>	<b>4,345</b>	<b>2,922</b>

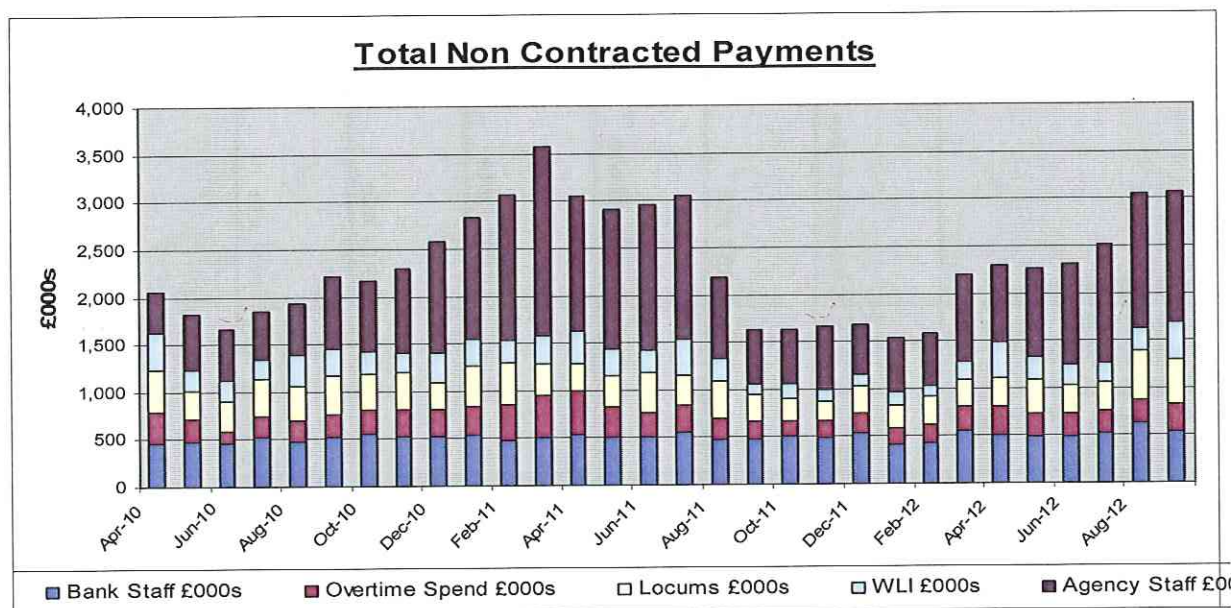
### 6.3 Expenditure

6.3.1 Operating expenditure for the year to date is £11.2m (3.2%) adverse to Plan, comprising pay at £5.2m (2.4%) adverse and non-pay £6.0m (5.0%) adverse. September performance against Plan is £1.3m adverse for pay and £1.1m adverse for non-pay.

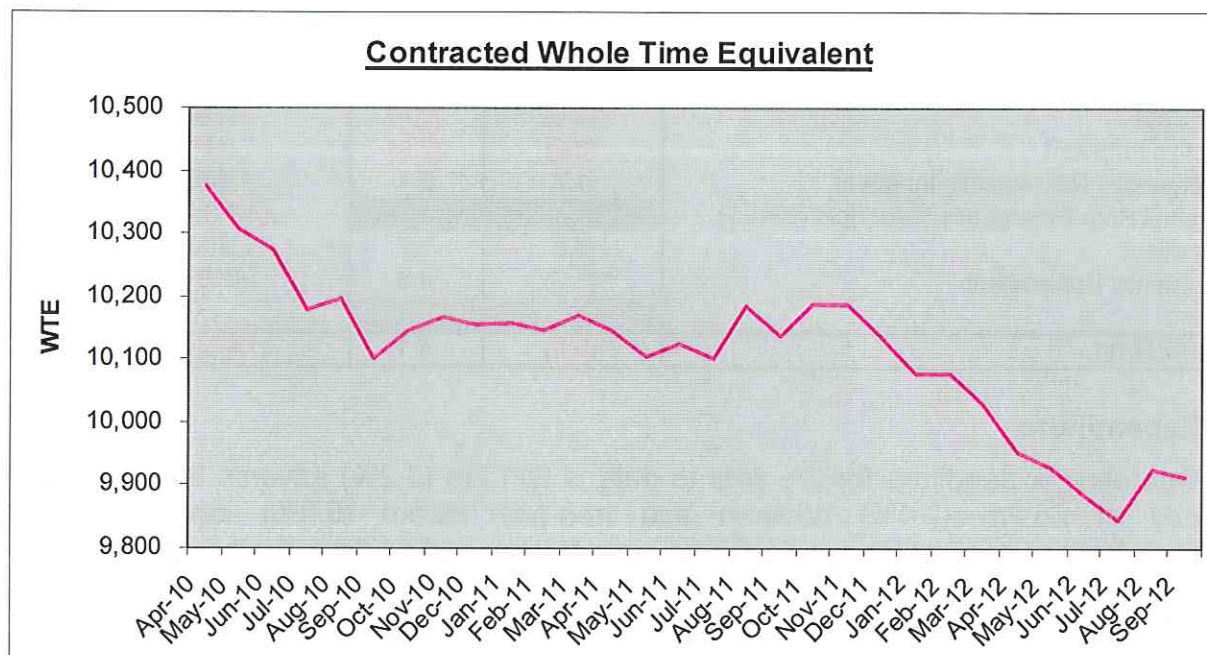
6.3.2 The pay position, both year to date and in September, reflects the continued use of extra capacity Wards (Wards 29 and 32 at GGH and Ward 37 at LRI) to meet the emergency activity levels. Pay spend on these three wards is in excess of £2.2m ytd. The Acute Care Division is also rostering more doctors 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 significant increase in August continuing into September.

**Chart 1**



**Chart 2**



6.3.4 Whilst contracted staff reduced continuously since November 2011 until July 2012, we saw an increase in August and a relatively stable position in September (N.B.: we have seen a 50 WTE increase in the first half of October, reflecting the additional recruitment which will lead to a reduction in premium costs).

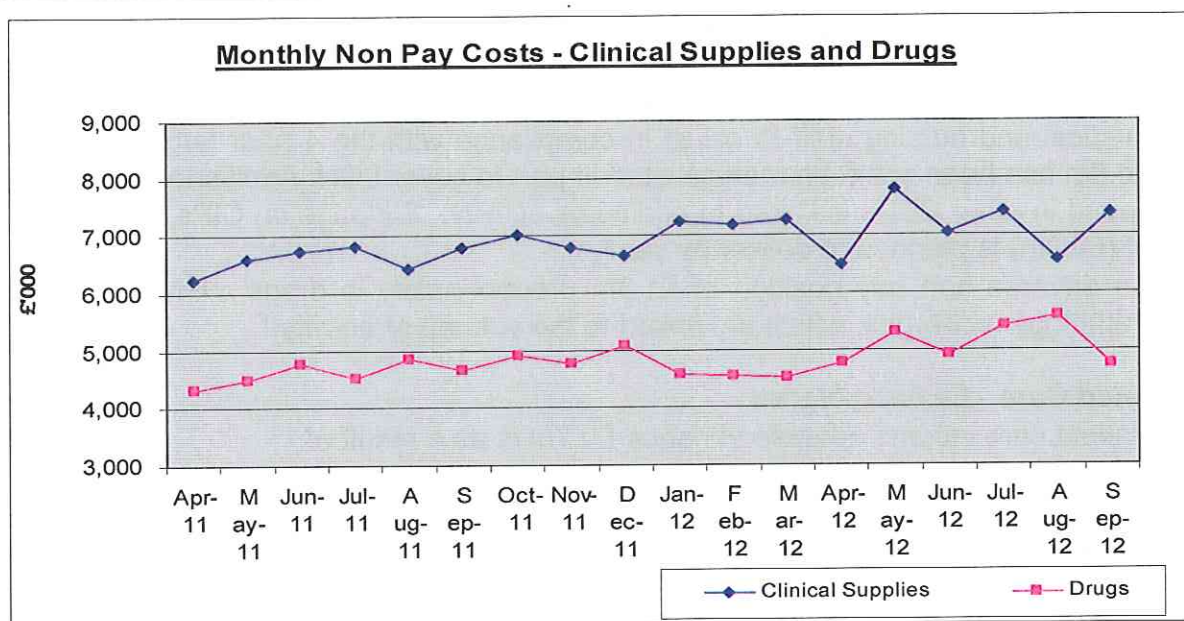
6.3.5 The Trust is still using a significant number of non contracted workforce (551 WTE). This is shown by Division in Table 4 below. This is expected to fall as a result of the increased substantive recruitment.

**Table 4 – Worked WTE**

UHL/Division	September 2012 worked wte (Actual)					Total wte
	Contracted wte	Bank wte	Overtime wte	Agency wte	Other wte	
Acute Care	3,225	128	25	109	(12)	3,475
Clinical Support	2,380	29	21	30	(13)	2,447
Planned Care	1,849	56	13	31	(36)	1,912
Womens & Children	1,403	18	8	5	2	1,436
Corporate	1,056	34	29	15	(18)	1,116
<b>UHL Total</b>	<b>9,913</b>	<b>265</b>	<b>96</b>	<b>190</b>	<b>(77)</b>	<b>10,387</b>

6.3.6 Non-pay costs - the key areas are drugs, £1.0m adverse to Plan, and clinical supplies, £2.0m 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 September 2012.

**Chart 3 – Clinical Supplies and Drugs Costs**



6.3.7 Appendix 1 shows the actual non pay position YTD by category and CBU against the Plan.

6.3.8 In addition to the variances in drugs and clinical supplies, YTD results are also adverse in Utilities (£0.3m), use of independent sector (£0.6m – primarily endoscopy), hotel services and security (£0.5m) and legal fees (£0.2m.)

## 6.4 Divisional results

6.4.1 The table below summarises Divisional financial positions:

	Total Year to Date			August Variance (Adv) / Fav £m
	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	
Acute Care	27.9	25.5	(2.4)	(1.8)
Clinical Support	(46.0)	(47.3)	(1.3)	(0.8)
Planned Care	37.7	33.7	(4.0)	(3.8)
Women's and Children's	10.6	11.2	0.6	0.7
Corporate Directorates	(43.6)	(43.0)	0.5	0.4
<b>Sub-Total Divisions</b>	<b>(13.3)</b>	<b>(20.0)</b>	<b>(6.6)</b>	<b>(5.3)</b>
Central Income	35.6	35.1	(0.5)	(0.2)
Central Expenditure	(21.8)	(22.1)	(0.3)	(0.6)
<b>Grand Total</b>	<b>0.5</b>	<b>(6.9)</b>	<b>(7.4)</b>	<b>(6.0)</b>

6.4.2 The cumulative result may be analysed by Division:

### Acute Care - £2.4m adverse

- An overall £1.8m, 1.4%, favourable variance against the patient care income plan:

- An over performance on emergency inpatients of £3.1m, 2,020 spells
- £1.1m above plan on non-elective activity, primarily in respect of Cardiology, £0.8m
- Elective activity is £0.9m below plan with the largest under performing specialty being Cardiac Surgery, £0.5m
- Pay - £3.4m adverse against the YTD plan. There is a £1.4m additional nursing spend staffing the additional capacity wards. In ED, a total of £0.6m YTD has been spent on medical and nursing staff to assist in compliance with the 4 hour target. In Medicine, £0.5m has been spent on medical staff in part to cover LGH. Additional medical staffing spend in other CBUs is linked to additional activity. Slippage on CIPs, mainly in CRCC of (£0.3m) is planned to deliver by year
- An adverse non pay position of £1.3m predominately in drugs, clinical supplies and Pathology recharges, which are linked to the volume of activity

#### **Planned Care - £4.0m adverse**

- Patient care income adverse variance £0.7m is as a result of:
  - £1.6m favourable variance to Plan on emergency activity
  - The £1.6m favourable variance is offset by a £1.7m reduction linked to the emergency activity 30% threshold
  - £0.7m over-performance on outpatients - outpatient procedures in Specialist Surgery
  - £1.0m underperformance on day cases (ENT, Gastro and General Surgery) and elective case (MSK and Urology)
- Pay - £1.2m deficit against the YTD plan, the over spend against agency staff is £1.1m partially offset by underspend on substantive medical staff. YTD CIP shortfall of £0.4m is being partially offset with vacancies
- Non pay - £2.3m deficit against the YTD plan. Drugs adverse variance of £0.9m is mainly the result of Cancer Drugs £0.7m and ARMD £0.2m. £0.5m on independent sector for GI Medicine/Surgery, CIP shortfall of £0.3m, recharges associated with additional activity £0.2m

#### **Women's & Children's - £0.6m favourable**

- Patient care income - £0.7m over recovery of patient care income made up of a £0.7m surplus in Women's and a £24k surplus in Children's. The over-recovery in Women's consists of £97k over-performance in GU Medicine and Maternity services of £406k
- Pay is £0.2m under-spent across all staff groups mainly due to delays in recruiting
- Non pay - £0.7m deficit against the YTD plan. This consists of a £748k overspend in Women's and £18k under-spend in Children's. Of the £748k non-pay overspend in Women's, £222k relates to drugs expenditure, £180k of which relates to HIV drugs but recoverable through patient care income. The remaining drugs overspend is activity related therefore also recovered through tariff. Spend on clinical supplies and services has also increased above plan by £216k due to higher levels of activity

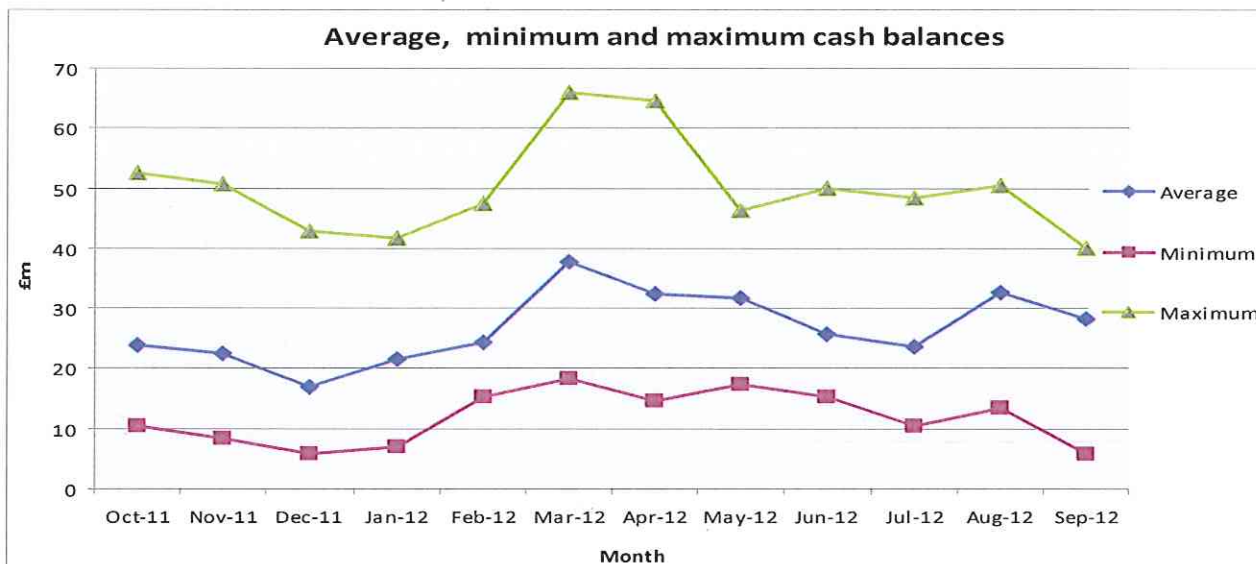
#### **Clinical Support - £1.3m adverse**

- Patient care income is £0.3m favourable position as a consequence of pathology and diagnostic direct access and day cases in pain management
- Pay is £0.8m adverse ytd against Plan. This is mainly within TAPS (£1.2m deficit) and is due to RTT and orthopaedic additional lists and CIP under-delivery
- Non pay - £0.9m adverse ytd against Plan. Imaging CBU is over spent mainly due to additional consumables and outsourced capacity (MRI/CT) to meet the Imaging activity and recover waiting list positions

## 6.5 Working capital and net cash

6.5.1 The Trust closed the month of September with a cash balance of £34.1m.

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



## 6.6 2012/13 forecast and risks

6.6.1 The Trust is still forecasting to deliver the planned £46k surplus. To close the current gap from Plan, £6.9m adverse, we are:

- Accelerating CIP schemes to ensure delivery of the £32m target
- Recruiting permanent staffing for the extra capacity wards, thereby reducing premium payments
- Continued working with local commissioners to deliver the Transformational projects, and to understand the impact of the increased emergency activity on the cost base alongside the 30% tariff
- A formal re-forecasting by all Clinical Business Units
- Validation of the average tariff variances
- Reviewing non-pay expenditure trends
- Escalating approval levels

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





*Caring at its best*

# Quality and Performance

Trust Board

Thursday 25th October 2012

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September 2012

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One team shared values

**QUALITY and PERFORMANCE REPORT**

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UHL at a Glance - Month 6 - 2012/13									
<b>PREVENTING DEATH</b>	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
HSMR (Dr Foster Rebased 2012)	100	97.2	96.7				Jul-12		Quality
<b>POSITIVE EXPERIENCE of CARE</b>	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Net Promoter Trust Score	61.0	57.5	54.1		New O/F target April 2012		Sep-12		Quality
Net Promoter - Coverage	10%	11.4%	11.8%				Sep-12		Quality
Operations cancelled for non-clinical reasons on or after the day of admission	0.8%	0.9%	1.0%				Sep-12		Trust
<b>TIMELY CARE</b>	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%	96.8%	94.8%				Sep-12	✓	✓
ED Waits - UHL (Type 1 and 2)	95%	96.0%	93.5%				Sep-12		Trust
RTT 18 week – admitted	90%	91.3%					Sep-12	✓	✓
RTT 18 week – non-admitted	95%	97.6%					Sep-12	✓	✓
RTT - Incomplete 92% in 18 weeks	92%	94.0%					Sep-12		✓
RTT delivery in all specialties	0	1					Sep-12		✓
6 Week - Diagnostic Test Waiting Times	<1%	0.5%					Sep-12		✓
Cancer: 2 week wait from referral to date first seen - all cancers	93%	93.6%	93.6%				Aug-12	✓	✓
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)	93%	93.8%	95.0%				Aug-12	✓	✓
All Cancers: 31-day wait from diagnosis to first treatment	96%	98.5%	97.2%				Aug-12	✓	✓
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%				Aug-12	✓	✓
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	94.6%	95.0%				Aug-12	✓	✓
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	98.7%	97.6%				Aug-12	✓	✓
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	86.8%	84.1%				Aug-12	✓	✓
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	95.3%	93.7%				Aug-12	✓	✓
All Cancers:- 62-Day Wait For First Treatment From Consultant Upgrade	85%	100.0%	100.0%				Aug-12	✓	✓
Neck of Femurs Operated on < 36 Hours	70%	85.7%	72.9%				Sep-12		Quality

UHL at a Glance - Month 6 - 2012/13										
<b>SAFE ENVIRONMENT</b>	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
MRSA Bacteraemias	6	1	1				Sep-12	✓	✓	
CDT Isolates in Patients (UHL - All Ages)	113	7	41				Sep-12	✓	✓	
Serious Incidents Requiring Investigation	TBC	98	842				Sep-12	✓		
Never Events	0	0	5				Sep-12	✓		
Incidents of Patient Falls	2750	213	1249				Aug-12	✓		
Pressure Ulcers (Grade 3 and 4)	110	10	50				Aug-12	✓		
% of all adults who have had VTE risk assessment on adm to hosp	90%	94.1%	94.9%				Sep-12		✓	
100% compliance with WHO surgical checklist (Y/N)		N					Sep-12	✓		
Bed Occupancy (Including short stay admissions)	90%	90.8%					Sep-12		Quality	
Bed Occupancy (Excluding short stay admissions)	86%	84.7%					Sep-12		Quality	
Nurse to Bed Ratio - General Base Ward		1.1 to 1.3 WTE					Sep-12		Quality	
Nurse to Bed Ratio - Specialist Ward		1.4 to 1.6 WTE					Sep-12		Quality	
Nurse to Bed Ratio - HDU		3 to 4 WTE					Sep-12		Quality	
Nurse to Bed Ratio - ITU		5.5 to 6 WTE					Sep-12		Quality	
					NEW FOR 2012/13		Sep-12		Quality	
<b>STAFF EXPERIENCE / WORKFORCE</b>	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
Sickness absence	3.0%	3.7%	3.5%				Sep-12		Quality	
Appraisals	100%	89.7%	89.7%				Sep-12		Trust	
<b>VALUE FOR MONEY</b>	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
Total Pay Bill (£ millions)	36.7	37.9	224.5				Sep-12		Trust	
Total Whole Time Employee (WTE)		10,386	10,386				Sep-12		Trust	

Data Quality Key :

Procedure & 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
Infection Control	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
	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	

<b>Sum of weights</b>	14.00												
<b>Performance Score = sum of weights/14</b>		2.6	2.7	2.2	2.39	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9

<b>Scoring values</b>	Underperforming	0
	Performance under review	2
	Performing	3

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

# TFA Progress

## University Hospitals of Leicester NHS Trust

	TFA Milestone (All including those delivered)	Milestone Date	Due or Delivered Milestones	Future Milestones	Comments where milestones are not delivered or where a risk to delivery has been identified
1	Engagement with stakeholders on principles underpinning LLR Reconfiguration Programme (April - August 2012)	Jul-12	Fully achieved in time		
2	Development of LLR Clinical Strategy and Site and Service Reconfiguration Proposals	Sep-12		Will not be delivered on time	The LLR Better Care Together Programme has held two scenario planning workshops to bring together the LLR Clinical Strategy and future scenarios and site reconfiguration proposals. Timelines now need to be re-established and agreed with all programme stakeholders
3	Complete financial assessment of target health system model	Jul-12	Not fully achieved		The LLR financial and economic modelling work stream will be determined by the scenario planning workshops. Timelines now need to be re-established and agreed with all programme stakeholders
4	Achievement of 2012/13 financial plan	Jun-12	Not fully achieved		YTD position is a £6.4m deficit which is £6.9m adverse to the £0.5m planned surplus
5	Complete Quality Governance Framework and Board Governance Assurance Framework self assessments	Jun-12	Not fully achieved		The QGF and BGAF self assessments will be completed by the end of October 2012
6	Confirm specific LLR reconfiguration priorities over a 3 year time horizon	Jul-12	Fully achieved in time		LLR Better care Together priorities will be identified following the scenario planning workshops. Timelines are anticipated to be confirmed early November 2012.
7	Draft pre-consultation Business Case considered by Trust Boards	Sep-12		Will not be delivered on time	Timelines for development of a Case for Change and supporting Business Cases are anticipated to be confirmed early November 2012
8	Pre-consultation Business Case and timelines for LLR service reconfigurations finalised	Oct-12		Will not be delivered on time	Timelines for consultation are predicated by achievement of Milestones 2, 3 & 6
9	UHL Clinical Strategy developed and preferred options costed.	Oct-12		Will not be delivered on time	The service developments underpinning the Trusts Clinical Strategy will be costed as further iterations of the IBP / LTFM are developed
10	Submit early draft IBP / LTFM to the SHA	Oct-12		On track to deliver	
11	3rd party review of self assessment against the Quality Governance Framework and Board Governance Assurance Framework	Oct-12		Will not be delivered on time	Self assessments against the QGF and BGAF are taking place in Oct 12, 3rd party independent reviews will take place in Nov 12
12	Formal consultation on LLR Reconfiguration Proposals	Dec-12		Risk to delivery within timescale	Timelines for consultation are predicated by achievement of Milestones 2, 3, 6 & 8.
13	SHA Board and Committee observation	Oct-12		On track to deliver	
14	Submit FT Application documents (including a draft IBP / LTFM) to the SHA	Dec-12		On track to deliver	
15	Readiness review meeting held	Dec-12		On track to deliver	
16	HDD1 review	Jan-13		On track to deliver	

## NHS Trust Governance Declarations : 2012/13 In-Year Reporting

<b>Name of Organisation:</b>	<b>University Hospitals of Leicester NHS Trust</b>	<b>Period:</b>	<b>September 2012</b>
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### Organisational risk rating

Each organisation is required to calculate their risk score and RAG rate their current performance in addition to providing comment with regard to any contractual issues and compliance with CQC essential standards:

Key Area for rating / comment by Provider	Score / RAG rating*
<b>Governance Risk Rating</b> (RAG as per SOM guidance)	
<b>Financial Risk Rating</b> (Assign number as per SOM guidance)	
<b>Contractual Position</b> (RAG as per SOM guidance)	

\* Please type in R, A or G

### Governance Declarations

NHS Trusts must ensure that plans in place are sufficient to ensure compliance in relation to all national targets and including ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections, CQC Essential standards and declare any contractual issues.

#### Supporting detail is required where compliance cannot be confirmed.

Please complete sign **one** of the two declarations below. If you sign declaration 2, provide supporting detail using the form below. Signature may be either hand written or electronic, you are required to print your name.

<b>Governance declaration 1</b>	
The Board is satisfied that plans in place <b>are sufficient</b> to ensure continuing compliance with all existing targets (after the application of thresholds), and with all known targets going forward. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections (including the Hygiene Code) and CQC Essential standards. The board also confirms that there are no material contractual disputes.	
Signed by:	Print Name:
on behalf of the Trust Board	Acting in capacity as:
Signed by:	Print Name:
on behalf of the Trust Board	Acting in capacity as:

<b>Governance declaration 2</b>	
For one or some of the following declarations Governance, Finance, Service Provision, Quality and Safety, CQC essential standards or the Code of Practice for the Prevention and Control of Healthcare Associated Infections the Board cannot make Declaration 1 and has provided relevant details below.	
The board is suggesting that at the current time there is <b>insufficient assurance available</b> to ensure continuing compliance with all existing targets (after the application of thresholds) and/or that it may have material contractual disputes.	
Signed by :	Print Name : <b>James Birrell</b>
on behalf of the Trust Board	Acting in capacity as: <b>Interim Chief Executive</b>
Signed by :	Print Name : <b>Martin Hindle</b>
on behalf of the Trust Board	Acting in capacity as: <b>Chairman</b>

#### If Declaration 2 has been signed:

Please identify which targets have led to the Board being unable to sign declaration 1. For each area such as Governance, Finance, Contractual, CQC Essential Standards, where the board is declaring insufficient assurance please state the reason for being unable to sign the declaration, and explain briefly what steps are being taken to resolve the issue. Please provide an appropriate level of detail.

<b>Target/Standard:</b>	<b>All Cancers: 62 day wait for first treatment</b>
<b>The Issue :</b>	<b>As expected the target was missed in June 2012 to reduce number of 62 day backlog patients. Target has been delivered in July and August and is expected to be delivered for September.</b>
<b>Action :</b>	<b>Actions have been implemented resulting in month delivery of the target.</b>
<b>Target/Standard:</b>	<b>Quality: A&amp;E - 4 hour standard</b>
<b>The Issue :</b>	<b>Sustainable delivery of the 95% 4 hour standard.</b>
<b>Action :</b>	<b>Sustained delivery of the A&amp;E target remains a challenge, particularly as we enter the Winter months.</b>

**GOVERNANCE RISK RATINGS**

**University Hospitals of Leicester NHS Trust**

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)  
See separate rule for A&E

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Comments where target not achieved	
						Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12		
Patient Experience	2a	RTT waiting times – admitted	Maximum time of 18 weeks	90%	1.0	No	No	Yes	Yes	Yes	Yes	Yes	All specialties delivered with exception of General Surgery where backlog reduction has been agreed.	
	2b	RTT waiting times – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Delivered at specialty level	
	2c	RTT waiting times – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising either:	Surgery	94%	1.0	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	September cancer performance is a forecast as reporting is one month behind.
			Anti cancer drug treatments	98%										
			Radiotherapy	94%										
	3b	All cancers: 62-day wait for first treatment, comprising either:	From urgent GP RTT	85%	1.0	No	Yes	No	Yes	Yes	Yes	Yes	Yes	September cancer performance is a forecast as reporting is one month behind.
			From consultant screening service referral	90%										
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	September cancer performance is a forecast as reporting is one month behind.
3d	Cancer: 2 week wait from referral to date first seen, comprising either:	all urgent referrals	93%	0.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	September cancer performance is a forecast as reporting is one month behind.
		for symptomatic breast patients (cancer not initially suspected)	93%											
3e	A&E: Total time in A&E	Maximum waiting time of four hours	95%	1.0	No	No	No	Yes	Yes	Yes	Yes	Yes		
Safety	4a	Clostridium Difficile	Are you below the ceiling for you monthly trajectory	Contract with PCT	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	4b	MRSA	Are you below the ceiling for you monthly trajectory	Contract with PCT	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1 MRSA Case reported in September.
	<b>CQC Registration</b>													
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	Yes	Yes	Yes	Yes	Yes	The Care Quality Commission (CQC) conducted an unannounced inspection at the Leicester Royal Infirmary on the 27th and 28th June. The CQC highlighted three issues:-  <input type="checkbox"/> Outcome 9 (medicines management) - judged to have a moderate impact on patients <input type="checkbox"/> Outcome 14 (support of staff) – judged to have a minor impact on patients  Compliance actions have been received for these two non compliances and action plans submitted to the CQC on the 24th August 2012.  <input type="checkbox"/> Outcome 16 (monitoring quality) - judged to have a moderate impact on patients and a warning notice has been received with a compliance date of the 2nd November 2012.
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	No	Yes	Yes	Yes	Yes	Yes	Yes	
C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0	No	No	No	No	No	No	No	No		
<b>TOTAL</b>						<b>3.0</b>	<b>3.0</b>	<b>6.0</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>	<b>4.0</b>		

**RAG RATING :**

- GREEN** = Score of 1 or under
- AMBER/GREEN** = Score between 1 and 1.9
- AMBER / RED** = Score between 2 and 3.9
- RED** = Score of 4 or above



**GOVERNANCE RISK RATINGS**

**University Hospitals of Leicester NHS Trust**

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)  
See separate rule for A&E

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data			Comments where target not achieved	
						Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12		Qtr to Sep-12
<b>Overriding Rules - Nature and Duration of Override at SHA's Discretion</b>													
i)		Meeting the MRSA Objective	Greater than six cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective			No	No	No	No	No	No	No	
ii)		Meeting the C-Diff Objective	Greater than 12 cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective Reports important or significant outbreaks of C.difficile, as defined by the Health Protection Agency.			No	No	No	No	No	No	No	
iii)		RTT Waiting Times	Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter The non-admitted patients 18 weeks waiting time measure for a third successive quarter The incomplete pathway 18 weeks waiting time measure for a third successive quarter			No	No	No	No	No	No	No	
iv)		A&E Clinical Quality Indicator	Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.			Yes	Yes	Yes	Yes	Yes	Yes	Yes	
v)		Cancer Wait Times	Breaches either: the 31-day cancer waiting time target for a third successive quarter the 62-day cancer waiting time target for a third successive quarter			No	No	No	No	No	No	No	
viii)		Any Indicator weighted 1.0	Breaches the indicator for three successive quarters.			No	No	No	No	No	No	No	
<b>Number of Overrides Triggered</b>						<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	<b>1.0</b>	

# FINANCIAL RISK RATING

## University Hospitals of Leicester NHS Trust

Criteria	Indicator	Weight	Risk Ratings					Reported Position		Normalised Position*		Comments where target not achieved
			5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	2	3	2	3	The September performance is 4.3% EBITDA margin (4.0% cumulatively)
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	2	4	2	4	The EBITDA achieved in September was 70%, with 66% YTD. Both the EBITDA margin and % achieved reflect an overperformance on income of 1.0% YTD with adverse movements in expenditure against the plan. The Trust is continuing to see increased emergency activity levels, (3,579 spells, 6% above plan). This increase takes the Trust above the 2008/09 activity threshold - £2.6m reduction in income YTD. At the same time, we are having to staff the extra capacity required to meet this activity with premium payments.
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	2	3	2	3	
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	2	2	2	
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3	3	3	The Trust continues to manage cash on a daily basis.
<b>Weighted Average</b>		<b>100%</b>						<b>2.3</b>	<b>2.9</b>	<b>2.3</b>	<b>2.9</b>	
Overriding rules								2		2		
<b>Overall rating</b>								<b>2</b>	<b>3</b>	<b>2</b>	<b>3</b>	

### Overriding Rules :

Max Rating	Rule				
3	Plan not submitted on time	No			
3	Plan not submitted complete and correct	No			
2	PDC dividend not paid in full	No			
2	One Financial Criterion at "1"				
3	One Financial Criterion at "2"				
1	Two Financial Criteria at "1"				
2	Two Financial Criteria at "2"		2		2

# FINANCIAL RISK TRIGGERS

## University Hospitals of Leicester NHS Trust

	Criteria	Historic Data			Current Data				Comments where risks are triggered
		Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12	
1	Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	No	No	No	No	
2	Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	Yes	Yes	Yes	Yes	Yes	Yes	Yes	There is a risk within the next 12 months that the Trust may have a FRR below 3. Particular focus is one delivering the I&E surplus and the planned EBITDA margin.
3	Working capital facility (WCF) agreement includes default clause	-	-	-	-	-	-	-	
4	Debtors > 90 days past due account for more than 5% of total debtor balances	No	No	Yes	Yes	Yes	Yes	Yes	Our total level of debt over 90 days is approx 9% of total debtor balances. Our debtors levels have been relatively low for the past 15 months and we do not perceive there to be a risk with our aged debt profile - we have approx 5% of debtors over 180 day
5	Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No	No	No	No	
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No	No	No	No	
7	Interim Finance Director in place over more than one quarter end	No	No	No	No	No	No	No	
8	Quarter end cash balance <10 days of operating expenses	No	No	No	No	No	No	No	
9	Capital expenditure < 75% of plan for the year to date	No	No	No	No	No	No	No	

**CONTRACTUAL DATA**

**University Hospitals of Leicester  
NHS Trust**

Criteria	Historic Data			Current Data				Comments where reds are triggered
	Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12	
Are the prior year contracts* closed?	Yes	Yes	No	Yes	Yes	Yes	Yes	Year end agreement reached with non specialised commissioner for 2011-12 within June 2012. Year end agreement with specialised commissioners for 2011-12 was in July 2012.
Are all current year contracts* agreed and signed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Are there any disputes over the terms of the contract?	No	No	No	No	No	No	No	No has been recorded accepting the monthly flex and freeze challenge that is considered as part of the monthly cycle.
Might the dispute require SHA intervention or arbitration?	N/a	N/a	N/a	N/a	N/a	N/a	No	
Are the parties already in arbitration?	N/a	N/a	N/a	N/a	N/a	N/a	No	
Have any performance notices been issued?	No	Yes	Yes	No	No	No	No	2nd Exception Notice issued for A&E 4 Hour Target on 30/04/12. Remedial action plan in force and performance in line with recovery trajectory. 1st Exception Notice issued for Cancer 62 day target on 24/02/12. Remedial action plan in place.
Have any penalties been applied?	No	Yes	Yes	Yes	Yes	No	Yes	Automatic penalties via the contract have been applied in each month of the new financial year. For August these penalties are; 1. A never event relating to inappropriate administration of daily oral methotrexate currently under investigation value of penalty £4,030. 2. Breach of the contract standard for diagnostics (99% within six weeks) value to be agreed.  Commissioners withheld a penalty of £616,433 for failure to achieve the 62 day cancer target in June. This will be repaid when cumulative performance returns to 85% No penalties are currently deemed applicable for September.

# QUALITY

## University Hospitals of Leicester NHS Trust

Criteria	Unit	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Comments on Performance in Month	
1	SHMI - latest data	Ratio	89.8	85.6	81.7	91.4	102.1	97.7	108.3	92.9	91.1	97.2		2012/13 HSMR has been rebased by Dr Fosters. August and September data are not yet available.	
2	Venous Thromboembolism (VTE) Screening	%	93.8	94.5	94.3	94.1	93.8	93.7	95.5	95.6	94.7	94.8	95.1	94.1	
3a	Elective MRSA Screening	%	100	100	100	100	100	100	100	100	100	100	100	100	
3b	Non Elective MRSA Screening	%	100	100	100	100	100	100	100	100	100	100	100	100	
4	Single Sex Accommodation Breaches	Number	0	0	0	0	0	13	7	0	0	0	0	0	Patients affected reported.
5	Open Serious Incidents Requiring Investigation (SIRI)	Number	3	8	7	118	136	165	189	194	112	123	126	98	The number of open incidents has reduced significantly to 98, of which 11 were escalated in September. Of these 44 relate to PSI's (4 new), 41 to HAPU's (6 new) and 13 to HCAI's (1 new).
6	"Never Events" in month	Number	0	0	0	0	0	0	2	1	0	1	1	0	
7	CQC Conditions or Warning Notices	Number	0	0	0	0	0	0	1	0	0	1	1	1	See commentary in Governance Risk Rating.
8	Open Central Alert System (CAS) Alerts	Number	2	4	4	3	3	15	8	14	13	14	15	8	Alerts closed in the month 11, alerts still open 12, missed deadlines (ongoing) 3, missed deadlines 0
9	RED rated areas on your maternity dashboard?	Number	5	5	7	2	5	4	2	2	1	1	2	3	1) Caesarean Section Rate - elective 2) Caesarean Section Rate - emergency 3) % Blood loss greater than 1500 ml (as a % of total deliveries)
10	Falls resulting in severe injury or death	Number	0	0	0	1	0	1	1	2	1	1	0	0	
11	Grade 3 or 4 pressure ulcers	Number	10 (6)	6 (6)	6 (2)	12 (10)	8 (4)	21 (14)	10 (7)	11 (7)	7(4)	12 (2)	10(8)		Figures in brackets are pressure ulcers attributable to the UHL. September figures are being validated.
12	100% compliance with WHO surgical checklist	Y/N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	100% of theatres are now reporting the WHO checklist with compliance of the checklist for all questions at 98+%.
13	Formal complaints received	Number	149	178	123	145	140	165	133	156	144	144	146	101	The number of formal complaints received has significantly reduced which is due to the Corporate Team efforts to deal with as many issues as possible as a "concern" rather than in the formal complaints system.
14	Agency as a % of Employee Benefit Expenditure	%	1.6	1.8	1.4	1.6	1.6	2.5	2.2	2.5	2.9	3.4	3.7	3.7	The increase in the past few months is as a consequence of a significant increase in activity (particularly emergencies and RTT backlog reduction) which has meant that extra capacity has been required to be opened. The short term nature of the capacity has resulted in increased agency and bank staff.
15	Sickness absence rate	%	3.4	3.8	3.8	3.7	3.7	3.5	3.2	3.5	3.1	3.3	3.3	3.7	Human Resources are currently working with Divisions to performance manage areas with the highest sickness rates. The revised Sickness Absence Policy was operational from 1st June.
16	Consultants which, at their last appraisal, had fully completed their previous years PDP	%										95	95	95	

# Board Statements

University Hospitals of Leicester NHS Trust

September 12

For each statement, the Board is asked to confirm the following:

For CLINICAL QUALITY, that:		Response
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the SHA's Provider Management Regime (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality	Yes
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	Yes
For FINANCE, that:		Response
4	The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.	No
5	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	Yes
For GOVERNANCE, that:		Response
6	The board will ensure that the trust remains at all times compliant with has regard to the NHS Constitution.	Yes
7	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner.	Yes
8	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of it occurring and the plans for mitigation of these risks.	Yes
9	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes
10	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury ( <a href="http://www.hm-treasury.gov.uk">www.hm-treasury.gov.uk</a> ).	Yes
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant GRR; and a commitment to comply with all known targets going forwards.	Yes
12	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes
13	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.	Yes
14	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Yes
15	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes
Signed on behalf of the Trust:		Date
CEO		
Chair		

### LLR 2012/13 CQUIN - Quarterly performance

Area	Title in Brief	% of CQUIN Total LLR	Annual Indicator Value LLR	Qtr1	Qtr2	Qtr3	Qtr4
National 1	VTE risk assessment	1%	£96,171				
National 2	Responsiveness to Patient Needs	5%	£480,855	End of Yr	End of Yr		
National 3a	Dementia - Screening	1%	£96,171	End of Yr	End of Yr		
National 3b	Dementia - Risk Assessment	2%	£192,342	End of Yr	End of Yr		
National 3c	Dementia - Referral	2%	£192,342	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		
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		<b>100%</b>	<b>£9,617,097</b>				

### Specialised Services 2012/13 CQUIN - Quarterly performance

Area	Title in Brief	% of CQUIN Total	Annual Indicator Value	Qtr1	Qtr2	Qtr3	Qtr4
National 1	VTE risk assessment	5%	£206,487				
National 2	Responsiveness to Patient Needs	5%	£206,487	End of Yr	End of Yr		
National 3a	Dementia - Screening	1.66%	£68,829	End of Yr	End of Yr		
National 3b	Dementia - Risk Assessment	1.66%	£68,829	End of Yr	End of Yr		
National 3c	Dementia - Referral	1.66%	£68,829	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			<b>£4,129,731</b>				

KEY  
 CQUIN FUNDING PAID IN FULL  
 PARTIAL CQUIN FUNDING WITHHELD  
 ALL CQUIN FUNDING WITHHELD



## 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	April	May	June	Qtr 1	July	August
A&E - Total Time in A&E	£26,761	£28,028	£25,268	£80,057	£0	£0
RTT - specialty level delivery	£2,064	£8,326	£1,406	£11,796	£0	£0
Never Events	£1,845	£639	£0	£2,484	TBC	£4,030
Same Sex Accommodation Breaches	£1,750	£0	£0	£1,750	£0	£0
Breach of diagnostics 6 week wait standard	TBC	TBC	TBC	TBC	TBC	£0
<b>Total</b>	<b>£32,420</b>	<b>£36,993</b>	<b>£26,674</b>	<b>£96,087</b>	<b>£0</b>	<b>£4,030</b>

There is a clause in the contract that states that 2% of the service line will be withheld for missing the diagnostic target. At present both contracts teams are looking at options to apply this penalty as it is difficult to identify the service line for diagnostics. This penalty should not be material and performance is recovered from August.

### 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	2nd Exception Notice issued 30th April 2012.	Remedial action plan in place. Recover to 90% in Q1 achieved and recover 95% in Q2
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	Contract Query Issued on the 8th July 2011. Remedial Action Plan	Remedial action plan in place. Recovery of 0.8% by September 2012
Breast screening age extension	External visit suggestive of November 2012 commitment	The maximum penalty could be £1m (2%) of total Contract Value	Contract Query Issued on the 7th March.	Action plan accepted and recovery of performance scheduled for November 2012.
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 <b>£616,433</b> which will be repaid retrospectively subject to CCG-specified milestones. The 85% threshold has been achieved since July.

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

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual Status
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	Potential contract query
Choose and Book - Slot availability	<5% by Qtr 4	Based on current performance could potentially be circa £100,000 per month	Potential contract query
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.



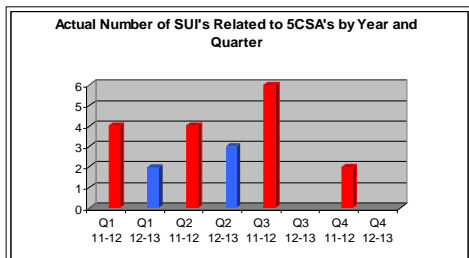
## QUALITY

### 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.

The graph below shows the position at end of September 2012 (Q2) in relation to Serious Untoward Incidents attributable to the 5 Critical Safety Action areas by year and quarter. Both Q1 and Q2 show a decrease against the same quarters last year.



Commissioner visit to observe EWS on ward 27 at GH, nurse handover on ward 30 at LRI and medical handover on SAU at LRI took place on Monday 8th October. Visit to AMU 16 to observe ward round practice on Monday 22nd October. Attendance at M&M meeting to be confirmed. Assessment of compliance for CQUIN will be formally reported to CQRG on 23rd November 2012.

### 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  
Nursing handover- Planned care now using standardised web based system.  
Plan to roll out to all Womens/Childrens and Acute Care by end of Q3.



Medical Handover-UHL Shift Handover Guidelines sent out to nursing and medical leads for comments and amendment and to go to next PGC meeting for approval. Development work by IT on UHL web based handover system will be complete by early November for use by all existing users and to be trialled by General Surgery at LRI. Further work with alternative handover system supplier to develop module for pilot in UHL.

### Relentless attention to EWS triggers and actions.

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



HCA competency programme being rolled out with support from divisional education leads. Aim to achieve 100% end of Q3. RSVP training commenced in ED. Work continuing with use of EDIS in ED to send automatic referral to outreach team for those patients leaving ED with EWS>6.

### Implement and Embed Mortality and Morbidity standards.

**AIM:-** To have a standardised process for reviewing in-hospital deaths and archiving of the completed reviews  
All unexpected in-hospital deaths are reviewed within 3 months and reviews undertaken of misadventure and complications themes

CBU's have submitted terms of reference and minutes of meetings to central shared drive. Drive by Director of Nursing to ensure the attendance of Matrons at M&M meetings.



### Acting upon Results.

**AIM:-** No avoidable death or harm as a failure to act upon results  
All results to be reviewed and acted upon in a timely manner



Overarching Screening Policy being finalised (must also meet NHSLA requirements) to go to next PGC for approval. Work commenced on Diagnostic Testing overarching policy to include medical staff and AHP that undertake diagnostic testing. Screening Policy to be submitted to commissioners for Q2 compliance assessment.

### 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



Further work being undertaken in general surgery to pilot ward round standards in the form of ward round sticker. Identification of good practice in a London acute trust. Visit to be arranged to identify ease of use and implementation of ward round check list and potential use of similar in UHL.

**PATIENT EXPERIENCE**

**Performance Overview**

In September 2012 1,546 Patient Experience Surveys were returned which exceeds the Trusts target of 1,519  
The Trust met the SHA 10% footfall target with a total of 1,404 net promoter responses broken down to:

Number of Promoters:	922
Number of passives:	367
Number of detractors:	115
Overall NET promoter score:	57.48

Compared to last months score of 57.55, the September result implies only a very slight downturn.

**Outcomes from Divisional Action Plans:**

The Divisions / CBUs continue to implement their Patient Experience Action Plans. Each month their success is plotted using the net promoter score and other high level feedback ratings:

**Acute Care Division:** Acute has again showed steady increase from 58.46 to 59.94 this month. Both Respiratory CBU and Cardiac, Renal & Critical Care CBU have taken a drop in score this month, scoring 62 and 65.1 this month respectively. Medicine however has shown much improvement from a score of 51.38 to 55.77.

**Planned Care Division:** Planned Care Division took a drop this month from 53.45 to 49.88. Specialist Surgery CBU fell from 64.74 to 59.79, and GI Medicine, Surgery and Urology fell sharply from 42.16 to 31.91. Other CBUs in this division have shown improvement.

**Women's & Children's:** This division has almost stayed still at 61.67 from 61.28 last month. Children's has improved dramatically from 50.7 to 66.34, however Women's fell from 65.85 to 59.76.

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

For the main outpatients clinics on all 3 sites in September we have again received an inadequate number of surveys to provide a representative result.



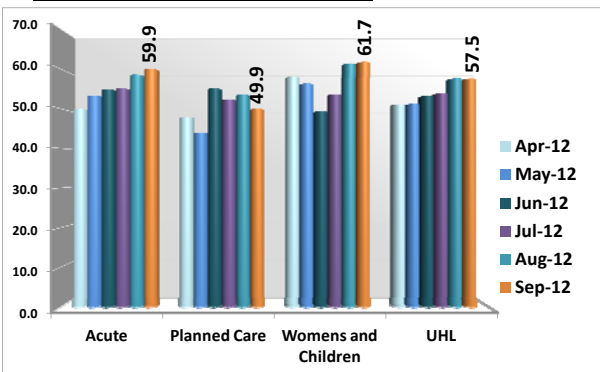
**Net Promoter 57.5**

**Coverage 11.4%**

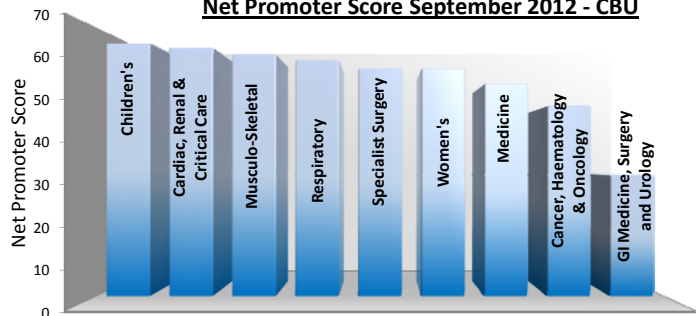


**Friends & Families Test - the Net Promoter - SEPTEMBER 2012**

Number of Responses 1404



**Net Promoter Score September 2012 - CBU**



**Patient Experience Surveys**

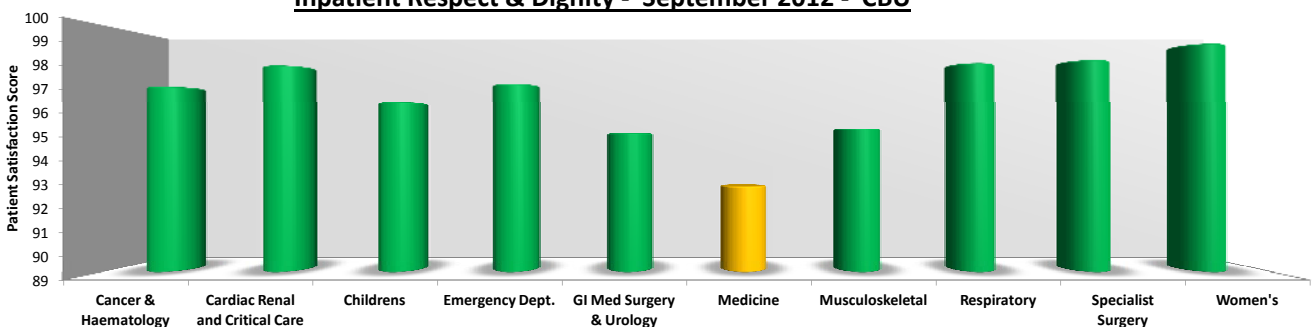
**Inpatient Return Rates - September 2012**

Division	Returned	Target	% Achieved
Acute Care	826	729	113.3%
Planned Care	550	615	89.4%
Women's and Children's	170	175	97.1%
<b>UHL</b>	<b>1,546</b>	<b>1,519</b>	<b>101.8%</b>

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

Division	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Acute	95.6	94.5	95.5	96.7	95.7	96.3	94.8	95.2	95.8	96.2	94.8	95.9	95.0	96.3
Planned Care	97.0	97.0	97.1	95.6	96.2	95.9	96.9	96.7	96.1	96.0	97.5	96.6	96.7	96.2
Womens and Children	95.5	94.4	96.5	94.5	97.8	96.7	95.4	92.5	92.9	98.0	96.0	98.7	96.6	97.7
<b>UHL</b>	<b>96.0</b>	<b>95.3</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>

**Inpatient Respect & Dignity - September 2012 - CBU**



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

September 2012

Produced by the Information and Performance Analysis Team

		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>1,404</b>	<b>922</b>	<b>367</b>	<b>115</b>	<b>57.48</b>
<b>Acute Care</b>		<b>Total Number of Responses in Period</b>	<b>Number of Promoters</b>	<b>Number of Passives</b>	<b>Number of Detractors</b>	<b>Net Promoter Score</b>
<b>Cardiac, Renal &amp; Critical Care</b>						
Cardiology	GH WD 24	19	11	8	0	57.89
	GH WD 27	22	19	2	1	81.82
	GH WD 28	3	3	0	0	100.00
	GH WD 32	2	0	1	1	-50.00
	GH WD 33	18	14	4	0	77.78
	GH WD Coronary Care Unit	23	18	3	2	69.57
<b>Cardiology Total</b>		<b>87</b>	<b>65</b>	<b>18</b>	<b>4</b>	<b>70.11</b>
Cardiothoracic Surgery	GH WD 20	14	10	3	1	64.29
	GH WD 26	0	0	0	0	
	GH WD 31	12	9	3	0	75.00
<b>Cardiothoracic Surgery Total</b>		<b>26</b>	<b>19</b>	<b>6</b>	<b>1</b>	<b>69.23</b>
Nephrology	LGH WD 10	13	4	5	4	0.00
	LGH WD 15A HDU Neph	9	6	3	0	66.67
	LGH WD 15N Nephrology	10	7	2	1	60.00
<b>Nephrology Total</b>		<b>32</b>	<b>17</b>	<b>10</b>	<b>5</b>	<b>37.50</b>
Paed Cardiothor Surg ECMO	GH WD 30	1	1	0	0	100.00
<b>Paed Cardiothor Surg ECMO Total</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	
Transplant	LGH WD 17 Transplant	46	35	9	2	71.74
<b>Transplant Total</b>		<b>46</b>	<b>35</b>	<b>9</b>	<b>2</b>	<b>71.74</b>
<b>Business Unit Total</b>		<b>192</b>	<b>137</b>	<b>43</b>	<b>12</b>	<b>65.10</b>
<b>Medicine</b>						
Diabetology	LRI WD 38 Win L6	25	14	7	4	40.00
<b>Diabetology Total</b>		<b>25</b>	<b>14</b>	<b>7</b>	<b>4</b>	<b>40.00</b>
Gastroenterology	LRI WD 30 Win L4	4	3	1	0	75.00
<b>Gastroenterology Total</b>		<b>4</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>75.00</b>
Infectious Diseases	LRI WD IDU Infectious Diseases	38	22	12	4	47.37
<b>Infectious Diseases Total</b>		<b>38</b>	<b>22</b>	<b>12</b>	<b>4</b>	<b>47.37</b>
Integrated Medicine	LGH WD 8	5	1	3	1	0.00
	LGH WD Young Disabled	6	6	0	0	100.00
	LRI WD 23 Win L3	26	18	4	4	53.85
	LRI WD 24 Win L3	26	16	8	2	53.85
	LRI WD 25 Win L3	12	6	5	1	41.67
	LRI WD 26 Win L3	14	9	5	0	64.29
	LRI WD 29 Win L4	15	9	4	2	46.67
	LRI WD 31 Win L5	4	3	0	1	50.00
	LRI WD 33 Win L5	15	11	2	2	60.00
	LRI WD 34 Windsor Level 5	27	21	4	2	70.37
	LRI WD 36 Win L6	20	15	5	0	75.00
	LRI WD 37 Win L6	22	15	7	0	68.18
	LRI WD Acute Medical Unit	10	9	0	1	80.00
	LRI WD Fielding John Vic L1	16	13	3	0	81.25
	LRI WD Odames Vic L1	0				
<b>Integrated Medicine</b>		<b>218</b>	<b>152</b>	<b>50</b>	<b>16</b>	<b>62.39</b>
Neurology	LGH WD Brain Injury Unit	1	1	0	0	100.00
<b>Neurology</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>100.00</b>
Rheumatology	LRI WD Odames DC Vic L1	26	13	6	7	23.08
<b>Rheumatology</b>		<b>26</b>	<b>13</b>	<b>6</b>	<b>7</b>	<b>23.08</b>
<b>Business Unit Total</b>		<b>312</b>	<b>205</b>	<b>76</b>	<b>31</b>	<b>55.77</b>
<b>Respiratory</b>						
Thoracic Medicine	GH WD 15	37	25	11	1	64.86
	GH WD 16 Respiratory Unit	37	23	14	0	62.16
	GH WD 17	11	10	0	1	81.82
	GH WD 29 EXT 3656	0				
	GH WD Clinical Decisions Unit	36	20	13	3	47.22
<b>Thoracic Medicine Total</b>		<b>121</b>	<b>78</b>	<b>38</b>	<b>5</b>	<b>60.33</b>
Thoracic Surgery	GH WD 26	29	22	5	2	68.97
<b>Thoracic Surgery Total</b>		<b>29</b>	<b>22</b>	<b>5</b>	<b>2</b>	<b>68.97</b>
<b>Business Unit Total</b>		<b>150</b>	<b>100</b>	<b>43</b>	<b>7</b>	<b>62.00</b>
<b>Acute Care Total</b>		<b>654</b>	<b>442</b>	<b>162</b>	<b>50</b>	<b>59.94</b>

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

September 2012

<i>Planned Care</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
<b>Cancer, Haematology and Oncology</b>						
Bone Marrow Transplantation LRI WD Bone Marrow		1	1			100.00
<b>Bone Marrow Transplantation Total</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>100.00</b>
Clinical Oncology LRI WD 39 Osb L1		15	11	3	1	66.67
LRI WD 40 Osb L1		17	7	6	4	17.65
<b>Clinical Oncology Total</b>		<b>32</b>	<b>18</b>	<b>9</b>	<b>5</b>	<b>40.63</b>
Haematology LRI WD 41 Osb L2		17	12	4	1	64.71
<b>Haematology Total</b>		<b>17</b>	<b>12</b>	<b>4</b>	<b>1</b>	<b>64.71</b>
<b>Business Unit Total</b>		<b>50</b>	<b>31</b>	<b>13</b>	<b>6</b>	<b>50.00</b>
<b>GI Medicine, Surgery and Urology</b>						
General Surgery LGH WD 11		0				
LGH WD 20		17	6	5	6	0.00
LGH WD 22		15	6	5	4	13.33
LGH WD 26 SAU		8	3	4	1	25.00
LGH WD 27 (CLOSED)		0				
LGH WD 28 Urology		9	3	4	2	11.11
LGH WD Surg Acute Care		11	11	0	0	100.00
LRI WD 22 Bal 6		27	12	10	5	25.93
LRI WD 8 SAU Bal L3		15	6	5	4	13.33
<b>General Surgery Total</b>		<b>102</b>	<b>47</b>	<b>33</b>	<b>22</b>	<b>24.51</b>
Urology LGH WD 28 Urology		39	25	9	5	51.28
LGH WD 29 EMU Urology		0				
<b>Urology Total</b>		<b>39</b>	<b>25</b>	<b>9</b>	<b>5</b>	<b>51.28</b>
<b>Business Unit Total</b>		<b>141</b>	<b>72</b>	<b>42</b>	<b>27</b>	<b>31.91</b>
<b>Musculo-Skeletal</b>						
Orthopaedic Surgery GH WD 29 EXT 3656		0				
LGH WD 14		26	20	5	1	73.08
LGH WD 16		12	7	5	0	58.33
LGH WD 19		2	2	0	0	100.00
<b>Orthopaedic Surgery Total</b>		<b>40</b>	<b>29</b>	<b>10</b>	<b>1</b>	<b>70.00</b>
Trauma LRI WD 17 Bal L5		4	1	2	1	0.00
LRI WD 18 Bal L5		65	46	15	4	64.62
LRI WD 32 Win L5		6	3	3	0	50.00
<b>Trauma Total</b>		<b>75</b>	<b>50</b>	<b>20</b>	<b>5</b>	<b>60.00</b>
<b>Business Unit Total</b>		<b>115</b>	<b>79</b>	<b>30</b>	<b>6</b>	<b>63.48</b>
<b>Specialist Surgery</b>						
Breast Care GH WD 23A		36	28	7	1	75.00
<b>Breast Care Total</b>		<b>36</b>	<b>28</b>	<b>7</b>	<b>1</b>	<b>75.00</b>
ENT LRI WD 7 Bal L3		19	7	7	5	10.53
<b>ENT Total</b>		<b>19</b>	<b>7</b>	<b>7</b>	<b>5</b>	<b>10.53</b>
Plastic Surgery LRI WD Kinmonth Unit Bal L3		20	13	6	1	60.00
<b>Plastic Surgery Total</b>		<b>20</b>	<b>13</b>	<b>6</b>	<b>1</b>	<b>60.00</b>
Vascular Surgery LRI WD 21 Bal L6		22	17	5	0	77.27
<b>Vascular Surgery Total</b>		<b>22</b>	<b>17</b>	<b>5</b>	<b>0</b>	<b>77.27</b>
<b>Business Unit Total</b>		<b>97</b>	<b>65</b>	<b>25</b>	<b>7</b>	<b>59.79</b>
<b>Planned Care Total</b>		<b>403</b>	<b>247</b>	<b>110</b>	<b>46</b>	<b>49.88</b>

Friends & Families Test - *the Net Promoter*

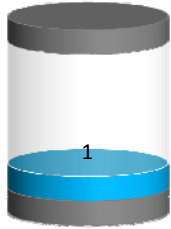
September 2012

<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	15	8	3	4	26.67
	LRI WD 14 Bal L4	13	11	2	0	84.62
	LRI WD 27 Win L4	10	8	1	1	70.00
	LRI WD 28 Windsor Level 4	20	14	5	1	65.00
	LRI WD Paed ITU	4	4	0	0	100.00
<b>Paediatric Medicine</b>		<b>62</b>	<b>45</b>	<b>11</b>	<b>6</b>	<b>62.90</b>
Paediatric Surgery	LRI WD 10 Bal L4	20	17	3	0	85.00
	LRI WD 11 Bal L4	19	12	6	1	57.89
<b>Paediatric Surgery</b>		<b>39</b>	<b>29</b>	<b>9</b>	<b>1</b>	<b>71.79</b>
<b>Business Unit Total</b>		<b>101</b>	<b>74</b>	<b>20</b>	<b>7</b>	<b>66.34</b>
<b>Women's</b>						
Gynaecology	LGH WD 11	23	16	6	1	65.22
	LGH WD 31	20	15	4	1	70.00
	LRI WD 1 Ken L1					
	LRI WD GAU Ken L1	18	12	6	0	66.67
<b>Gynaecology</b>		<b>61</b>	<b>43</b>	<b>16</b>	<b>2</b>	<b>67.21</b>
Obstetrics	LGH WD 30	105	67	31	7	57.14
	LRI WD 5 Ken L3	23	13	9	1	52.17
	LRI WD 6 Ken L3	57	36	19	2	59.65
<b>Obstetrics Total</b>		<b>185</b>	<b>116</b>	<b>59</b>	<b>10</b>	<b>57.30</b>
<b>Business Unit Total</b>		<b>246</b>	<b>159</b>	<b>75</b>	<b>12</b>	<b>59.76</b>
<b>Women's &amp; Children's Total</b>		<b>347</b>	<b>233</b>	<b>95</b>	<b>19</b>	<b>61.67</b>

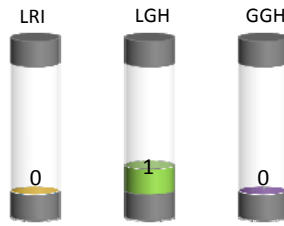
# INFECTION PREVENTION

## MRSA BACTERAEMIA

UHL MRSA FY 2012/13



UHL MRSA FY 2012/13 by site



### Performance Overview

MRSA – 1 MRSA case reported for September after report 0 cases for seven consecutive months. The target for 2012/13 is 6 cases.

CDifficile – September remains below trajectory with 7 cases reported with a cumulative position of 41 for April to September against a target of 54.

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

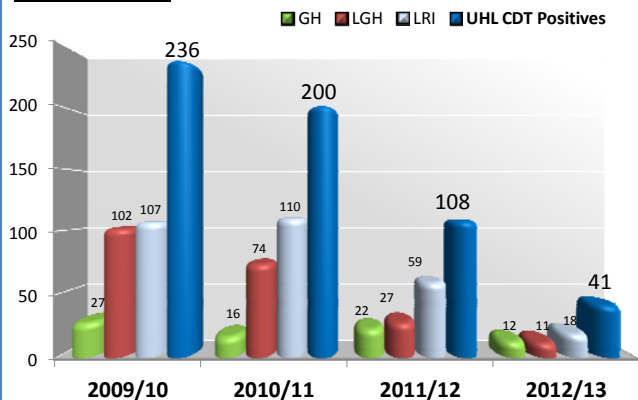


UHL MRSA FY 2011/12

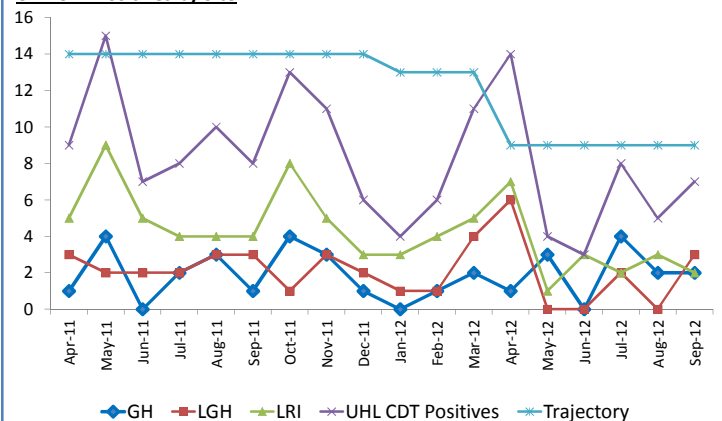


## CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES

UHL CDT Positives



UHL CDT Positives by Site



### TARGET / STANDARD

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target
<b>MRSA</b>	0	0	2	1	1	0	0	0	0	0	0	0	1	1	6
<b>C. Diff. Rate / 1000 Adm's</b>	8	13	11	6	4	6	11	14	4	3	8	5	7	41	113
<b>GRE</b>	1	0	2	1	3	3	1	1	2	1	3	3	1	11	TBC
<b>MSSA</b>	6	4	3	2	0	5	5	2	4	2	7	4	5	24	No National Target
<b>E-Coli</b>	39	41	45	38	37	35	46	39	44	45	46	51		225	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 Hospital Standardised Mortality Rates (HSMR) is 97.3 for 12/13 with some monthly variation but all 'within expected' for both elective and non-elective activity. The University Peer average for the same time period is 92.4.

UHL's SHMI for 11/12 is due to be published at the end of October and is anticipated to be similar to the latest SHMI of 105.

The joint LLR SHMI Report has been reviewed by the 'LLR SHMI task and finish group' and key actions agreed, the main one of these being to undertake an independent indepth case note review of care across all sectors of care (pre, during and post admission) for patients that died after discharge from UHL. The review will also look in more detail at patients that die post discharge to residential/nursing homes and weekend admissions.

UHL CRUDE DATA TOTAL SPELLS	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
UHL Crude Data - TOTAL Spells	18005	17954	18540	18381	19145	18669	19936	220532	17423	19676	17629	19092	18334	17898	110052
UHL Crude Data - TOTAL Deaths	235	231	229	271	272	285	285	2970	277	259	235	266	232	249	1518
UHL %	1.3%	1.3%	1.2%	1.5%	1.4%	1.5%	1.4%	1.3%	1.6%	1.3%	1.3%	1.4%	1.3%	1.4%	1.4%

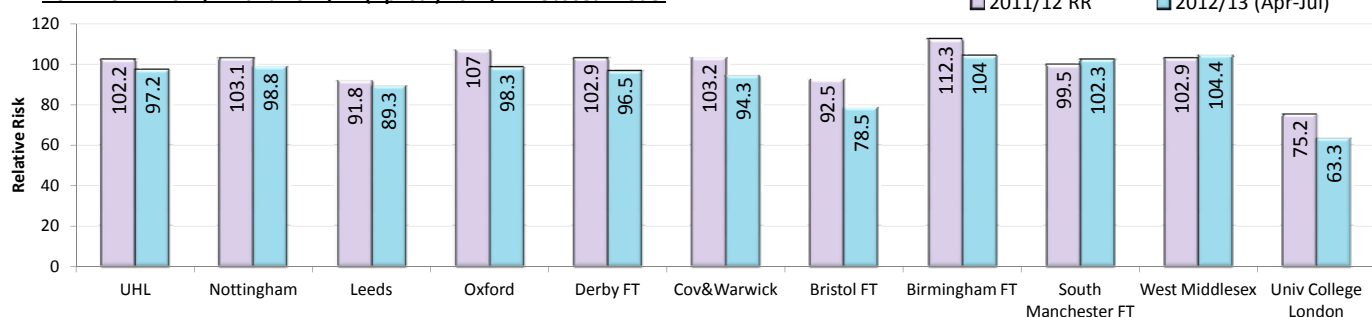
UHL CRUDE DATA ELECTIVE SPELLS	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD
UHL Crude Data - ELECTIVE Spells	8761	8691	9251	8449	8915	9153	9833	105530	7854	9387	8009	9089	8542	8338	51219
UHL Crude Data - ELECTIVE Deaths	5	4	6	12	4	5	8	82	5	7	9	9	10	6	46
%	0.1%	0.0%	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%

UHL CRUDE DATA NON ELECTIVE SPELLS	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
UHL Crude Data - NON ELECTIVE Spells	9244	9263	9289	9932	10230	9516	10103	115002	9569	10289	9620	10003	9792	9560	58833
UHL Crude Data - NON ELECTIVE Deaths	230	227	223	259	268	280	277	2888	272	252	226	257	222	243	1472
%	2.5%	2.5%	2.4%	2.6%	2.6%	2.9%	2.7%	2.5%	2.8%	2.4%	2.3%	2.6%	2.3%	2.5%	2.5%

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

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	Jul-12	YTD
HSMR Indicator (Dfi) Rebased 2011/12 model	105.9	99.7	108.5	98.1	93.8	90.0	99.5	112.4	107.4	102.2	108.3	92.9	91.1	97.2	97.3
Relative Risk - Elective Spells (Dfi) Rebased 2011/12 model	158.8	175.0	38.9	35.3	35.5	134.6	33.8	60.1	141.9	89.3	92.0	86.0	102.8	121.7	99.8
Relative Risk - Non Elective Spells (Dfi) Rebased 2011/12 model	104.0	97.4	110.3	100.3	95.2	88.7	101.1	113.4	106.5	102.3	108.1	94.1	92.2	98.9	98.3

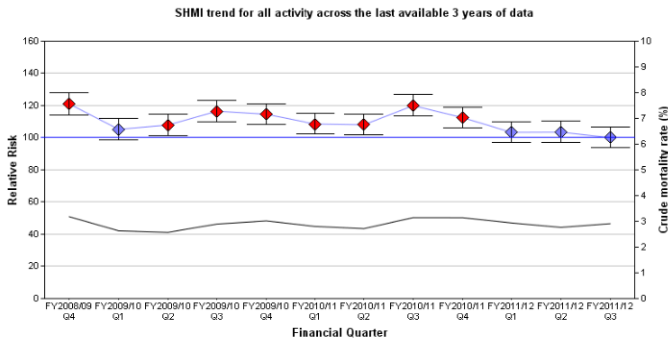
#### HSMR for FY 2011/12 and 2012/12 (Apr-Jul) 2011/12 Rebased model



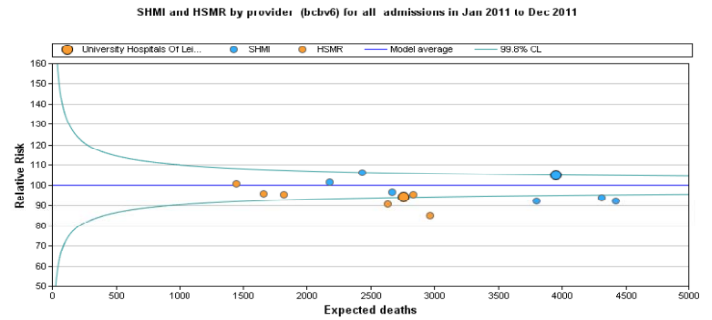
# MORTALITY

SHMI, Jan 2011 - Dec 2011

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



SHMI and HSMR by provider (bcbv6) for all admissions in Jan 2011 to Dec 2011

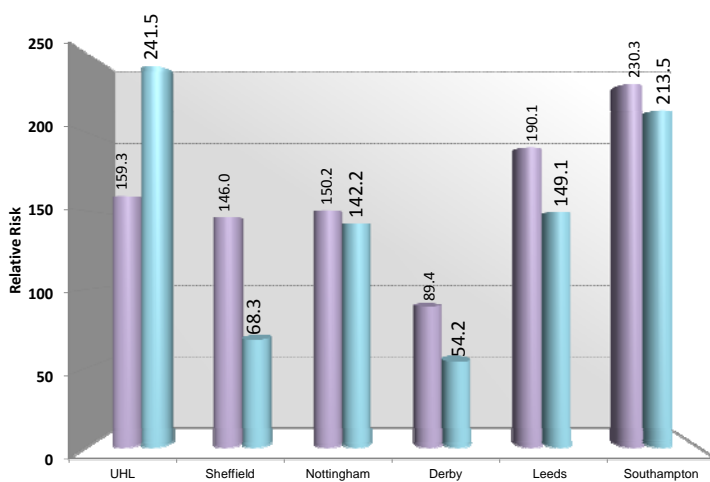


## SHMI - High/low relative risk positions

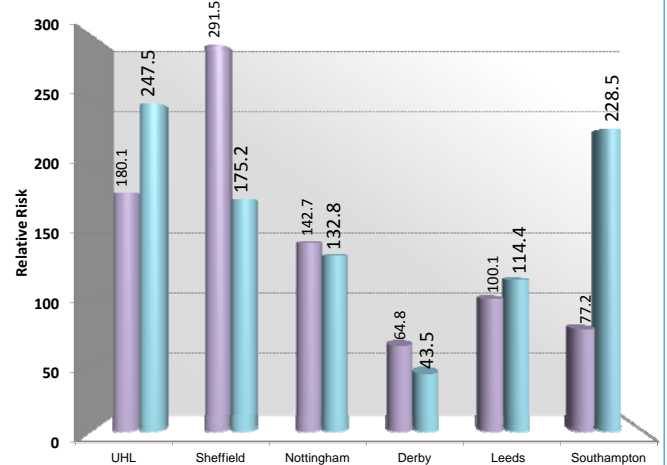
CCS Group	Spells	Relative Risk	95% Confidence interval
<b>High relative risks</b>			
Chronic renal failure	319	261.26	149.24-424.30
Other fractures	392	190.84	126.78-275.82
Oesophageal disorders	504	190.29	98.21-332.42
Short gestation, low birth weight, and fetal growth retardation	596	186.29	120.52-275.01
Diverticulosis and diverticulitis	389	158.99	97.08-245.57
Peritonitis and intestinal abscess	44	155.74	67.06-306.89
Phlebitis, thrombophlebitis and thromboembolism	312	153.9	86.07-253.85
Spondylosis, intervertebral disc disorders, other back problems	848	152.21	92.94-235.10
Aortic and peripheral arterial embolism or thrombosis	167	151.54	92.52-234.05
Other non-traumatic joint disorders	557	150.9	86.20-245.07
<b>Low relative risks</b>			
Other screening for suspected conditions	3244	0	0.00-61.09
Transient cerebral ischaemia	279	18.8	0.25-104.62
Other skin disorders	444	24.42	2.74-88.15
Asthma	944	18.8	3.56-114.49
Multiple myeloma	152	36.48	11.75-85.12

## Perinatal Mortality 2011/12

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



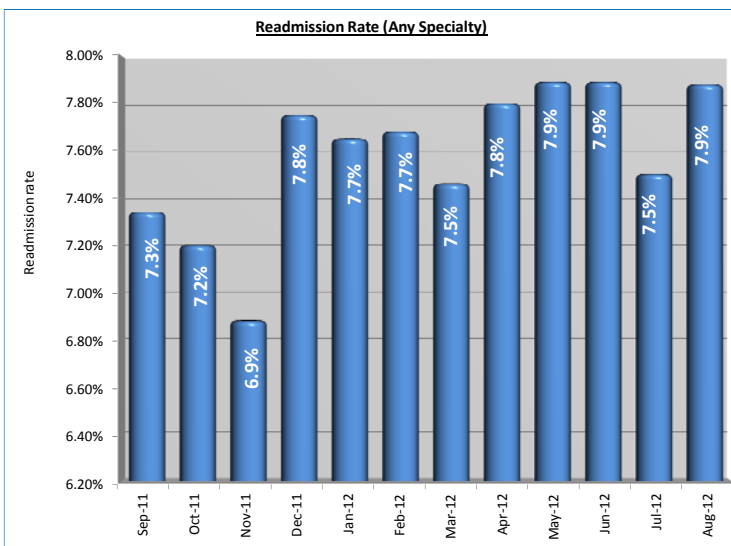
UHL's Relative Risk compared with University Hospital Peer for Short Gestation, Low Birthweight and Growth Retardation Diagnosis Group FY 2011/12 and 2012/13 (Apr-Jul)





## READMISSIONS

### UHL Readmissions



### Performance Overview

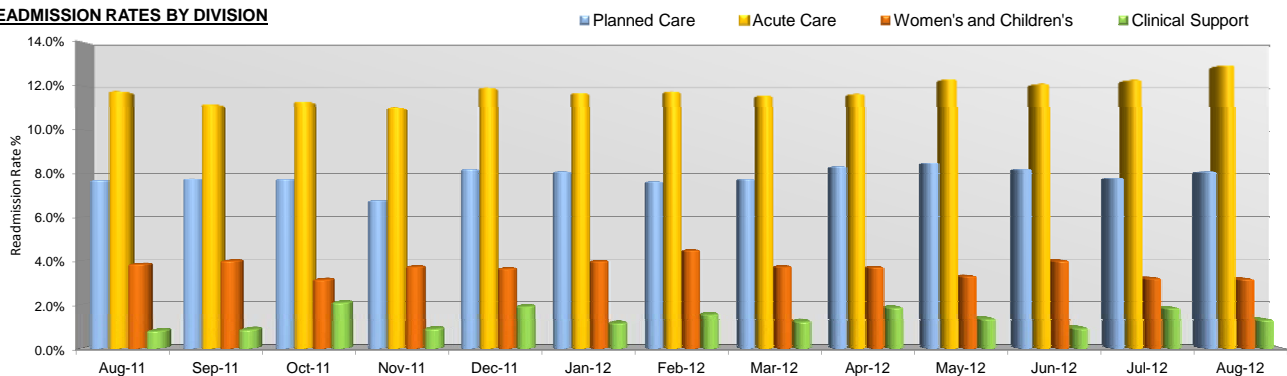
Readmission rate increased to 7.9% in August compared to 7.5% in July. The standard to achieve for 2012/13 is a further 5% reduction in the readmission rate.

The initial results of the independent readmissions audit led by Leicester University have been published and the draft headline figure suggests that 21.4% of emergency readmissions could be avoided. (The planning assumption in the contract is currently 20%) However, there is much in the detail and discussion with Commissioners is required to ascertain where the penalty will sit within a range 21.4% to 19.3%.

UHL CRUDE DATA TOTAL SPELLS	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD
<b>Discharges</b>	18184	18005	17954	18539	18381	19145	18670	19937	17423	19676	17629	19092	18334	92,154
30 Day Emerg. Readmissions (Any Spec)	1,351	1,321	1,293	1,276	1,425	1,465	1,433	1,488	1,359	1,553	1,391	1,441	1,445	7,189
<b>Readmission Rate (Any Speciality)</b>	7.4%	7.3%	7.2%	6.9%	7.8%	7.7%	7.7%	7.5%	7.8%	7.9%	7.9%	7.5%	7.9%	7.8%
30 Day Emerg. Readmissions (Same Spec)	810	800	786	744	867	882	849	845	810	901	834	821	833	4,199
<b>Readmission Rate (Same Speciality)</b>	4.5%	4.4%	4.4%	4.0%	4.7%	4.6%	4.5%	4.2%	4.6%	4.6%	4.7%	4.3%	4.5%	4.6%
Total Bed Days of Readmitting Spells	8,311	8,261	8,187	7,468	8,387	8,892	9,170	9,191	8,224	9,216	8,369	8,194	8,316	42,319

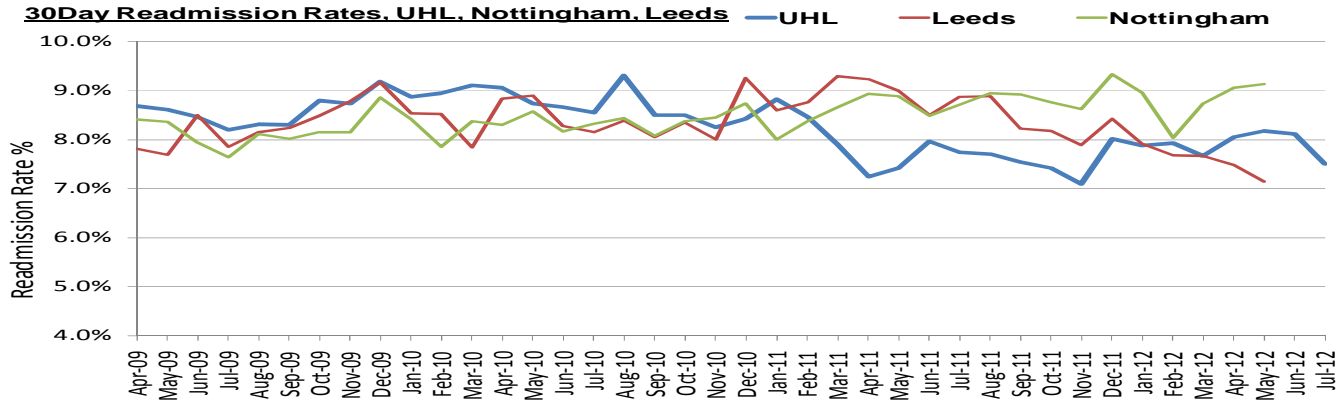
### Division Details

#### READMISSION RATES BY DIVISION



### Readmissions Benchmarked

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



## FRACTURED NECK of FEMUR

UHL Nof

### Performance Overview

September performance for time to surgery within 36 hours for fractured neck of femur patients is 85.7%, with a year to date position of 72.9% against a target of 70%.

The 3 key actions implemented to improve performance and patient experience:-

#### Additional Theatre Capacity

- All 4 additional sessions have been in place since the 2nd July 2012.

#### Creation of a Fracture Neck of Femur Ward

- Ward 32 at the LRI is now a dedicated 24 bedded NOF ward. Early feedback from this area is that the workload is heavy with the number of elderly confused patients with dementia requiring all care, staff moral though is high. Patient flow has been an issue during July due to the number of admissions which has meant transferring post NOF patients to another trauma ward.

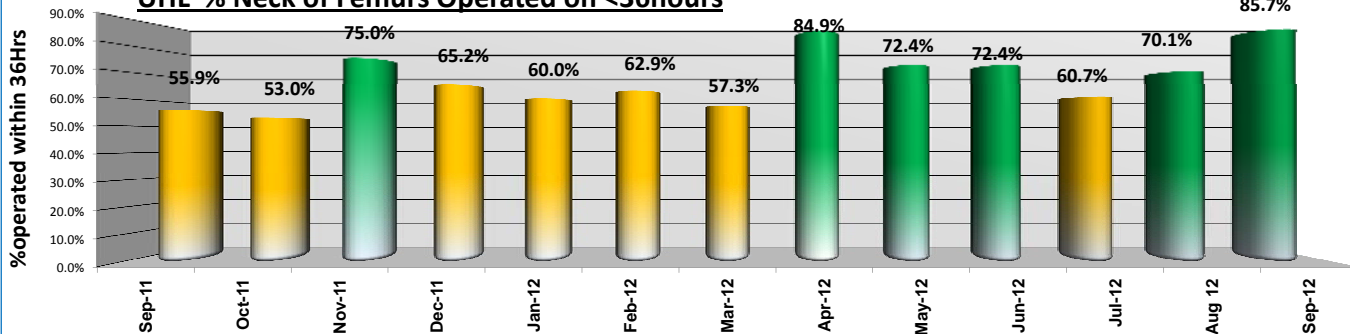
#### Appointment of Locum Ortho geriatrician

- the maternity leave is now resolved and it is important that this level of input is maintained and a transformation bid has been submitted for the whole project but to include 3 additional PA's of Ortho-geriatrician time.

### NOF YTD Performance



### UHL % Neck of Femurs Operated on <36hours



	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target
Number of Patients	68	83	84	89	75	70	82	53	58	58	84	67	49	369	
No. of Patients operated on within 36 hrs	38	44	63	58	45	44	47	45	42	42	51	47	42	269	
Neck of Femurs Operated on < 36 Hours	55.9%	53.0%	75.0%	65.2%	60.0%	62.9%	57.3%	84.9%	72.4%	72.4%	60.7%	70.1%	85.7%	72.9%	70%

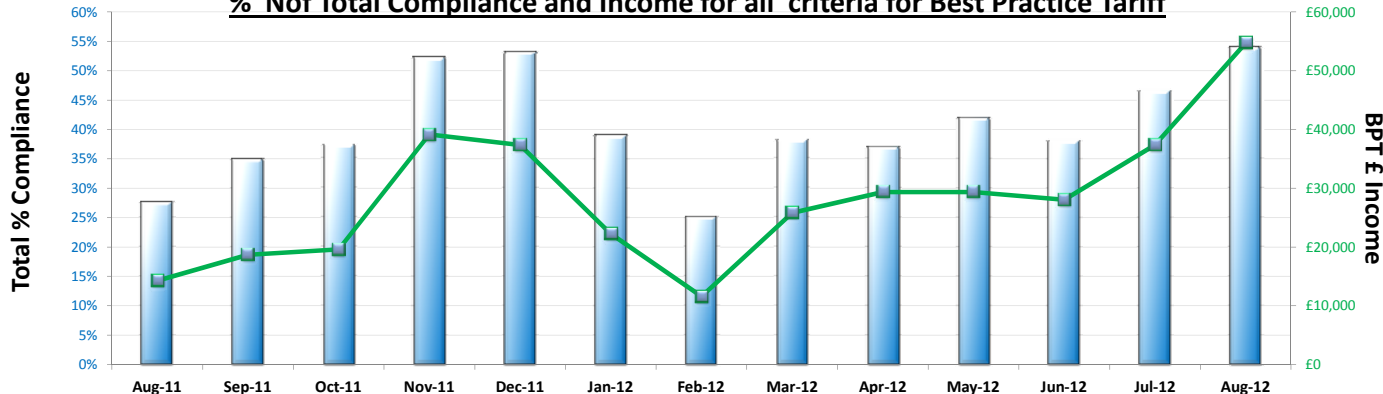
Aug 12 - Subject to Validation

### Hip Fracture Best Practice Tariff Compliance

Criteria	CQRG Thresholds	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
# to Theatre 0-35Hrs	Monthly >=70% FYE 75%	64%	65%	56%	64%	76%	56%	67%	63%	75%	62%	71%	73%	71%
# Admitted under joint care of Geriatrician and ortho surgeon	-	74%	95%	93%	96%	96%	92%	90%	92%	100%	96%	95%	88%	100%
# Admitted under Assessment Protocol	>=95%	86%	93%	95%	98%	95%	92%	92%	95%	100%	94%	98%	98%	96%
# Geriatrician Assessment	Monthly >=70% Q4 75%	59%	70%	81%	90%	86%	86%	62%	86%	95%	88%	91%	87%	95%
# Multiprof Rehab Review	Monthly >=80% Q4 85%	69%	85%	90%	87%	85%	84%	73%	67%	92%	83%	84%	93%	96%
# Specialist Falls Assessment	Monthly >=80% Q4 85%	62%	82%	88%	87%	92%	84%	94%	93%	100%	96%	95%	97%	100%
# AMTS	-	-	-	-	-	-	-	-	-	61%	67%	76%	75%	88%
% Total Compliance for all criteria		28%	35%	37%	52%	53%	39%	25%	38%	37%	42%	38%	47%	54%

In order for achieve Best Practice Tariff, each criterion must be passed

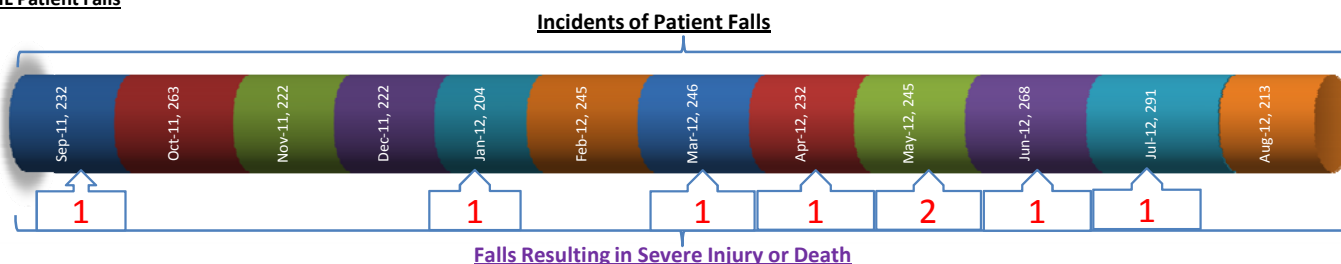
### % Nof Total Compliance and Income for all criteria for Best Practice Tariff



## FALLS

TARGET / STANDARD		Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target
<b>Incidents of Patient Falls</b>	<b>UHL</b>	232	263	222	222	204	245	246	232	245	268	291	213		1249	2750
<i>Planned Care</i>		67	67	50	54	48	54	53	37	68	45	56	46		252	653
<i>Acute Care</i>		154	186	163	163	150	181	188	187	165	216	224	160		952	1982
<i>Women's and Children's</i>		5	4	5	3	1	4	4	4	1	2	4	4		15	47
<i>Clinical Support</i>		6	6	4	2	5	6	1	4	11	5	7	3		30	68
<b>Falls Resulting in Severe Injury or Death</b>		1	0	0	0	1	0	1	1	2	1	1	0	0	5	6

### UHL Patient Falls



### Performance Overview

There has been a reduction in patient falls across both Acute and Planned Care Division with no falls resulting in severe injury or death.

A piece of work is to be undertaken in the next 4 weeks to analyse the number of patients who have more than one fall with the aim of identifying the scale of the issue of repeated fallers and then to identify strategies to address this.

The recruitment to nurse vacancies, increased staffing levels relating to acuity monies, embedding of the patient safety thermometer, addressing of estates issues and formulation of individualised action plans will have a positive impact in reducing inpatient falls in quarter 3 and 4, so that the ambition to reduce the number of falls by 50% is achieved.

Further information in relation to falls has been submitted to the October GRMC.

## PRESSURE ULCERS (Grade 3 and 4)

### Performance Overview

The following table shows the number of pressure ulcers reported as part of the Safety Thermometer with the baseline taken from the March data for future performance.

Month	New PU Grade 2	New PU Grade 3	New PU Grade 4
2012			
March	30	12	2
April	37	5	1
May	34	5	1
June	27	0	0
July	23	6	0
August	17	3	0

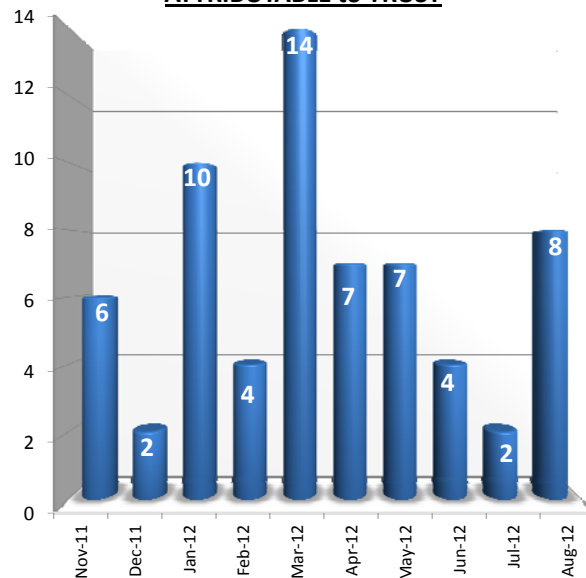
It is important to note that with the Safety Thermometer data being taken mid month, the final data position may be different to that reported via the CQUIN where end of month validated data will be reported.

Actions taken to reduce the number of avoidable pressure ulcers include:-

The Acute and Planned Care Division are urgently reviewing and prioritising key actions required to significantly reduce the number of avoidable pressure ulcers for the month of October and November, particularly around documentation, assessment of skin and repositioning at night. Additional documentation audits are being undertaken on high risk areas, i.e. admission units and medical wards. The Acute Division have supported the secondment of a ward sister for the next 3 months to the Medicine CBU to provide daily validation of the incident report forms, to ensure appropriate preventative actions are being taken on specific wards and additional support and advice is being given with the RCA process. Change champions and 'collaborative' teams from both Divisions are attending SHA training events. The learning from these sessions are being cascaded across the Division.

A further update on the effectiveness of these actions will be given in the October 2012 validation paper.

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



### TARGET / STANDARD

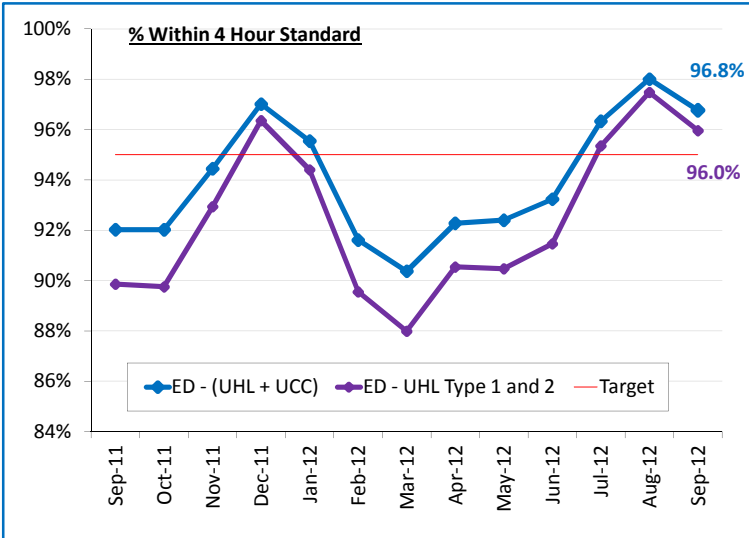
	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	YTD	Target
<b>Pressure Ulcers Grade 3 and 4</b>	8	5	10	6	6	12	8	21	10	11	7	12	10	50	110
<b>Attributable to Trust</b>			6	6	2	10	4	14	7	7	4	2	8	28	
<b>Not Attributable to Trust</b>			3	0	4	2	4	7	3	4	3	10	2	22	

## EMERGENCY DEPARTMENT

### Performance Overview

Performance for September Type 1 & 2 is 96.0% and 96.8% including the Urgent Care Centre (UCC). For the 4 weeks up to the 30<sup>th</sup> September 2012, the Trust was ranked 53rd out of 144 Trusts that have Emergency Departments.

Further detail focussing on the actions relating to the Emergency Department may be seen in the separate ED Chief Operating Officer report.



### Total Time in the Department

#### September 2012 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	336	5,057	5,393
3-4 Hours	2,122	5,637	7,759
5-6 Hours	190	176	366
7-8 Hours	106	31	137
9-10 Hours	21	6	27
11-12 Hours	19	1	20
12 Hours+	5	3	8
<b>Sum:</b>	<b>2,799</b>	<b>10,911</b>	<b>13,710</b>

## CLINICAL QUALITY INDICATORS

### PATIENT IMPACT

Left without being seen %  
Unplanned Re-attendance %

Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
2.4%	2.9%	2.0%	2.3%	2.1%	2.4%	3.6%	2.8%	3.0%	2.7%	2.4%	2.1%	2.2%
5.5%	6.0%	5.7%	5.4%	6.1%	6.1%	6.6%	6.2%	5.9%	5.9%	6.4%	5.6%	5.3%

TARGET  
≤5%  
< 5%

### TIMELINESS

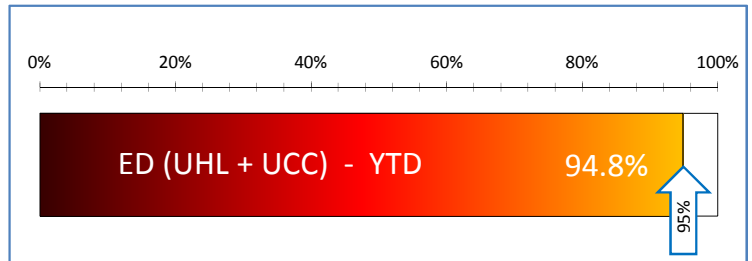
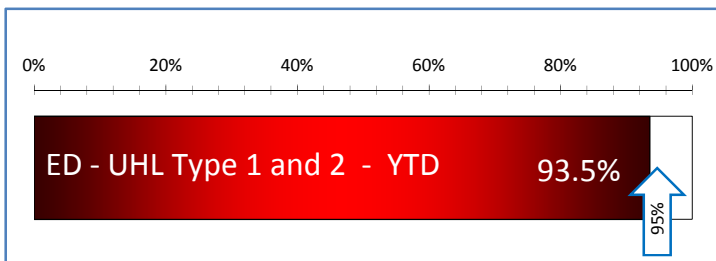
Time in Dept (95th centile)  
Time to initial assessment (95th)  
Time to treatment (Median)

Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
338	341	288	240	264	331	331	319	317	322	240	238	240
48	61	48	42	32	34	40	34	31	25	20	15	16
39	44	43	42	42	54	61	45	49	59	57	53	58

TARGET  
< 240 Minutes  
≤ 15 Minutes  
≤ 60 Minutes

### 4 HOUR STANDARD

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	TARGET
ED - (UHL + UCC)	92.0%	92.0%	94.4%	97.0%	95.5%	91.6%	90.4%	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.8%	95.0%
ED - UHL Type 1 and 2	89.9%	89.8%	92.9%	96.4%	94.4%	89.5%	88.0%	90.5%	90.5%	91.5%	95.4%	97.5%	96.0%	93.5%	95.0%
ED Waits - Type 1	88.7%	88.5%	92.1%	96.0%	93.7%	88.3%	86.6%	89.5%	89.3%	90.5%	94.9%	97.2%	95.5%	92.8%	95.0%



## 18 WEEK REFERRAL TO TREATMENT

### Performance Overview

Admitted performance in September has been achieved with performance at 91.3%, with all specialties delivering above the 90% target as expected.

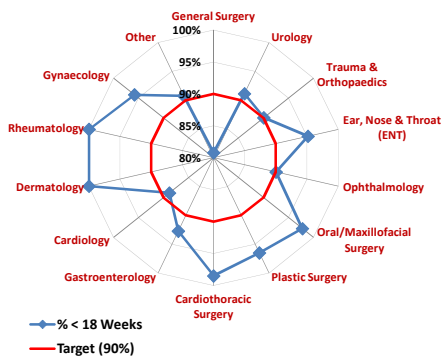
The non-admitted target has been achieved at 97.8% against a target of 95%.

New standards from April 2012 include the 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. UHL performance for September is 94.0%.

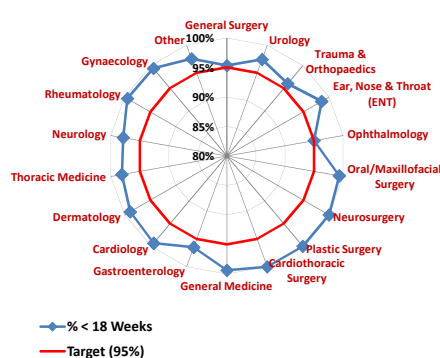
Delivery in All Specialties : Further to a review of RTT across all specialties, and following discussions with commissioners, additional activity was undertaken in General Surgery to reduce the waiting time in this speciality resulting in a temporary dip in performance but this did not affect the 'overall' RTT performance.

All specialties delivered for non-admitted patients.

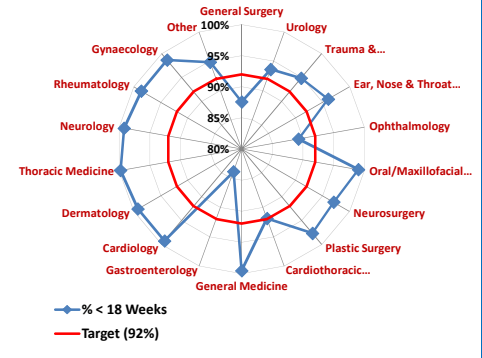
**Admitted Clock Stops - SEPTEMBER 2012**



**Non Admitted Clock Stops - SEPTEMBER 2012**



**Incomplete Pathways - SEPTEMBER 2012**



### TARGET / STANDARD

RTT	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Target
RTT waiting times – admitted	90.8%	90.9%	88.5%	87.6%	84.6%	82.8%	83.5%	93.7%	94.6%	93.6%	93.6%	93.0%	91.3%	90%
RTT waiting times – non-admitted	96.6%	96.4%	96.2%	96.6%	95.5%	96.1%	95.9%	97.1%	96.6%	97.1%	97.3%	97.1%	97.6%	95%

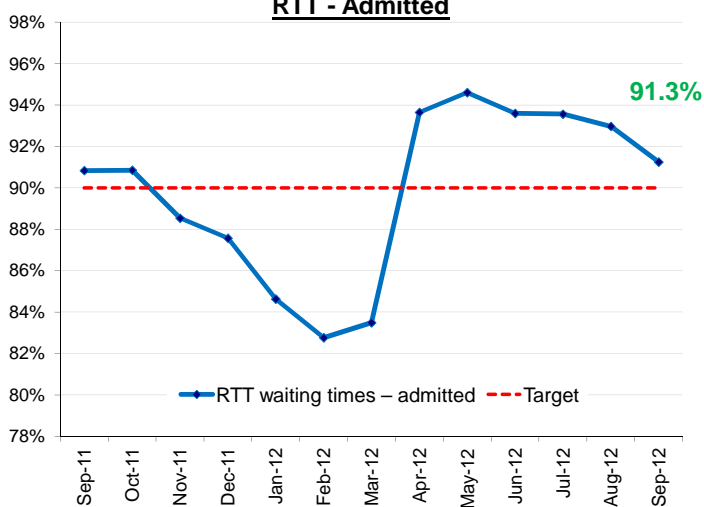
  

RTT - incomplete 92% in 18 weeks	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Target
New O/F target April 2012					94.9%	95.8%	94.3%	94.6%	94.4%	94.0%	92%
RTT delivery in all specialties					1	1	1	0	0	1	0

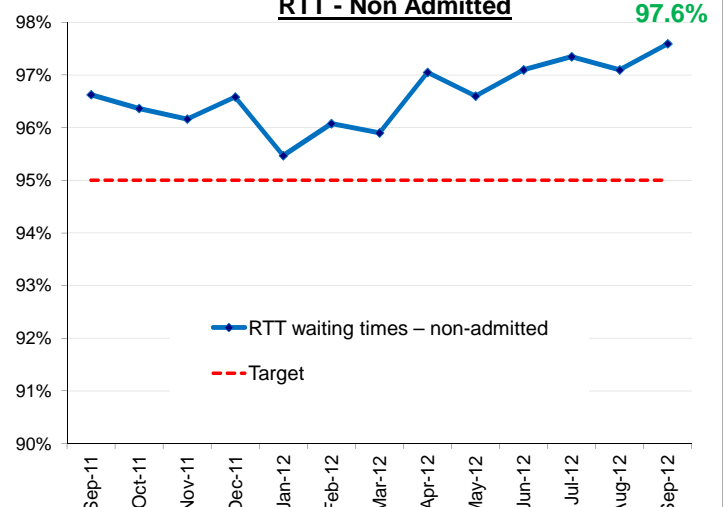
  

Diagnostic Test Waiting Times	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Target
New O/F target April 2012					1.0	0.6	6.4	2.6	0.9	0.5	<1%

**RTT - Admitted**



**RTT - Non Admitted**



## STAFF EXPERIENCE / WORKFORCE

### Performance Overview

#### Appraisal

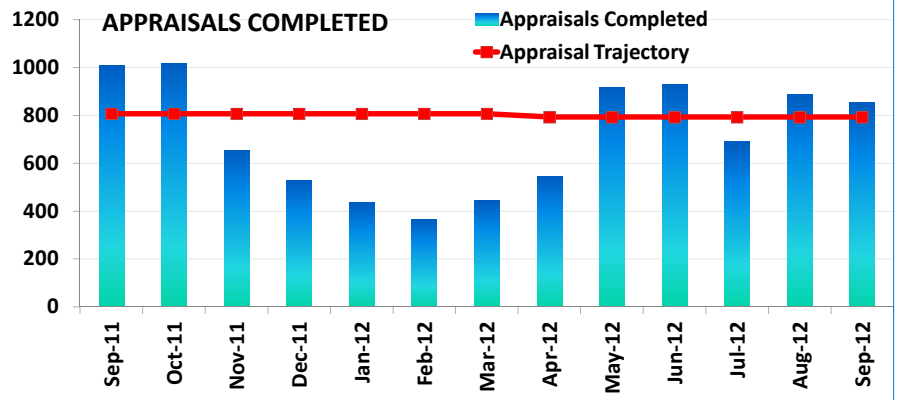
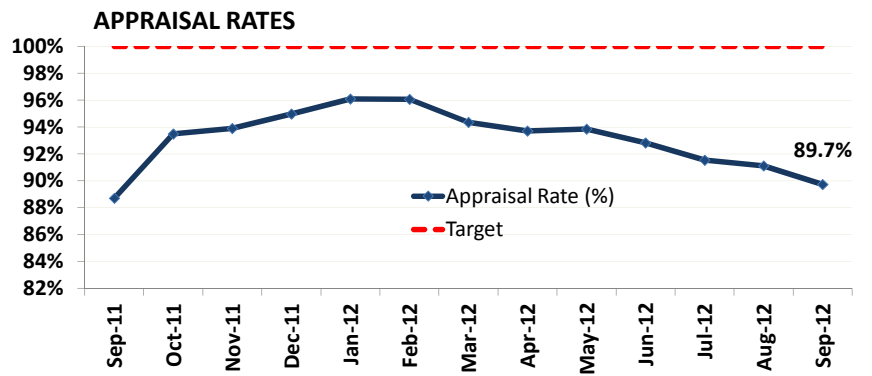
For the fourth consecutive month there has been a decrease in the rolling twelve month average appraisal rate. It is likely that the high levels of annual leave and workloads, together with some lack of forward planning, have contributed to this picture. Human Resources continue to work closely with 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.

A new UHL electronic appraisal recording system will improve appraisal reporting, scheduling and quality through use of push technologies. The appraisal recording system has been designed in partnership with external consultants at Think Associates with wider input from an internal Expert Reference Group. We are currently working on finalising workflows and will imminently proceed to the testing phase. Following system testing we will commence with roll out on a phased basis from early November 2012.

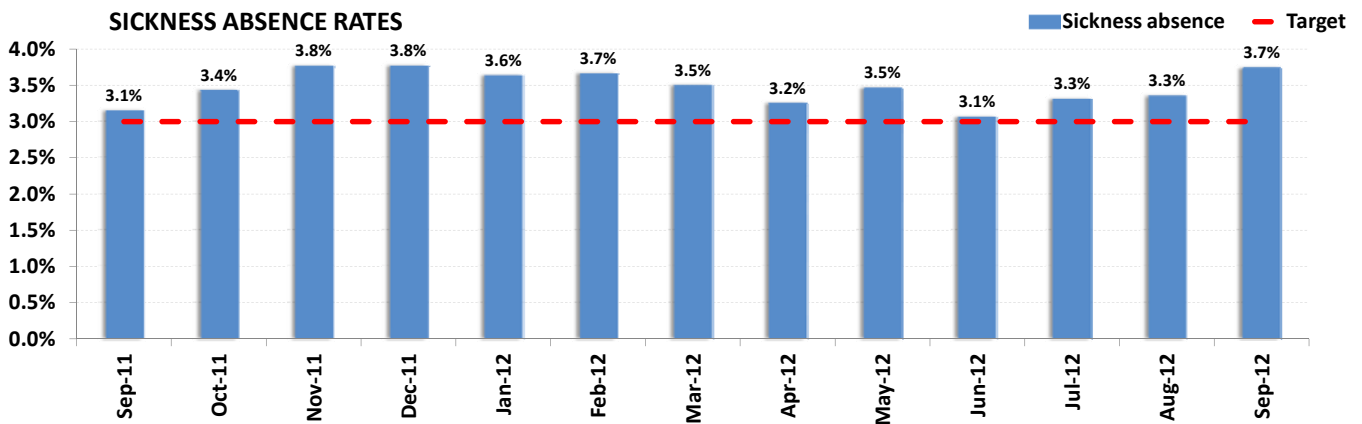
#### Sickness

The reported sickness rate for September is 3.7%. 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%.

As part of the At Work for Patients' Project the Trust has now signed up to the DoH Public Health Responsibility Deal. This commitment enforces the organisation's responsibility to improving the health of our employees.



	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Target
APPRAISALS	88.7%	93.5%	93.9%	95.0%	96.1%	96.1%	94.4%	93.7%	93.8%	92.8%	91.5%	91.1%	89.7%	100%



## VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Income at Month 6 of £363.4m is £3.7m (1.0%) favourable to Plan. Expenditure of £369.8m is £10.6m adverse to Plan. The actual deficit of £6.4m is £6.9m adverse against Plan.
Activity/Income	Year to date NHS patient care income is £2.9m (0.96%) favourable to Plan. This reflects under-performance on daycases of £1.1m, elective inpatients of £1.9m. These adverse movements are offset by favourable variances for emergency activity, £4.8m, net of a £2.6m reduction for the marginal rate emergency threshold, and outpatients £1.0m. Emergency inpatient activity to the end of August was 3,579 spells (6%) above Plan.
BPPC	The Trust achieved an overall 30 day payment performance of 86% for volume and 40% for value for trade creditors in September 2012.
Cost Improvement Programme	At Month 6, Divisions have reported £12.6m of savings, short of the £14.4m target by £1.8m.
Cash Flow	Cash is now £34.1m and has increased in line with an increase in the value of trade and other payables, and this reflects a £25.0m receipt in advance of the Month 7 SLAs from the local cluster.
Capital	The Trust has spent £7.9m (23% of the Plan) by the end of September. We are now forecasting to spend the full allocation of £33.5m.
Risks	The Deputy Chief Executive/Chief Nurse and Director of Finance and Business Services will update the 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.

### Financial Risk Ratings

Criteria	Indicator	Weight						Year to Date
			5	4	3	2	1	
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
<b>Weighted Average</b>		<b>100%</b>						<b>2.3</b>

## INCOME and EXPENDITURE ACCOUNT

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

	Sept 12			April 2012 - Sept 2012		
	Plan	Actual	Variance (Adv) / Fav	Plan	Actual	Variance (Adv) / Fav
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Elective	5,732	5,463	(270)	35,469	33,542	(1,926)
Day Case	4,120	4,136	16	25,494	24,407	(1,087)
Emergency	14,384	15,246	862	87,598	92,381	4,783
Outpatient	7,753	7,327	(427)	44,153	45,164	1,011
Other	18,714	20,106	1,391	111,806	111,947	141
<b>Patient Care Income</b>	<b>50,704</b>	<b>52,277</b>	<b>1,573</b>	<b>304,520</b>	<b>307,442</b>	<b>2,922</b>
Teaching, Research & Development	6,333	6,300	(33)	37,667	37,480	(187)
Non NHS Patient Care	667	379	(288)	3,889	4,094	205
Other operating Income	2,390	2,344	(46)	13,618	14,364	746
<b>Total Income</b>	<b>60,094</b>	<b>61,300</b>	<b>1,206</b>	<b>359,694</b>	<b>363,380</b>	<b>3,686</b>
Medical & Dental	11,711	12,474	(763)	70,131	71,340	(1,209)
Nursing & Midwifery	13,860	13,625	235	82,758	82,470	288
Other Clinical	4,682	4,550	132	27,828	27,471	357
Agency	262	1,384	(1,122)	1,605	6,849	(5,244)
Non Clinical	6,103	5,851	252	36,959	36,371	588
<b>Pay Expenditure</b>	<b>36,618</b>	<b>37,884</b>	<b>(1,266)</b>	<b>219,281</b>	<b>224,501</b>	<b>(5,220)</b>
Drugs	4,725	4,741	(16)	29,745	30,714	(969)
Recharges	(63)	13	(76)	(294)	(32)	(262)
Clinical supplies and services	7,004	7,380	(376)	40,587	42,628	(2,041)
Other	8,018	8,625	(607)	48,108	50,881	(2,773)
Central Funds	0	0	0	0	0	0
Provision for Liabilities & Charges	20	5	15	119	39	80
<b>Non Pay Expenditure</b>	<b>19,704</b>	<b>20,764</b>	<b>(1,060)</b>	<b>118,265</b>	<b>124,230</b>	<b>(5,965)</b>
<b>Total Operating Expenditure</b>	<b>56,322</b>	<b>58,648</b>	<b>(2,326)</b>	<b>337,546</b>	<b>348,731</b>	<b>(11,185)</b>
<b>EBITDA</b>	<b>3,772</b>	<b>2,652</b>	<b>(1,120)</b>	<b>22,148</b>	<b>14,649</b>	<b>(7,499)</b>
Interest Receivable	6	7	1	33	40	7
Interest Payable	(6)	(5)	1	(33)	(31)	2
Depreciation & Amortisation	(2,706)	(2,406)	300	(16,101)	(15,635)	466
<b>Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets</b>	<b>1,066</b>	<b>247</b>	<b>(818)</b>	<b>6,047</b>	<b>(978)</b>	<b>(7,024)</b>
Profit / (Loss) on Disposal of Fixed Assets	0	0	0	0	0	0
Dividend Payable on PDC	(928)	(928)	0	(5,568)	(5,417)	151
<b>Net Surplus / (Deficit)</b>	<b>138</b>	<b>(681)</b>	<b>(818)</b>	<b>479</b>	<b>(6,395)</b>	<b>(6,873)</b>
<b>EBITDA MARGIN</b>		<b>4.33%</b>			<b>4.03%</b>	



## VALUE FOR MONEY - CONTRACT PERFORMANCE

## Summary by Point of Delivery of Patient Related Income - September 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	40,839	39,859	(980)	51,147	25,494	24,407	(1,087)
Elective Inpatient	23,388	11,662	11,047	(615)	71,164	35,469	33,542	(1,926)
Emergency / Non-elective Inpatient	112,494	55,741	59,320	3,579	177,788	87,700	94,963	7,262
Marginal Rate Emergency Threshold (MRET)	-	-	-	0	- 204	- 102	- 2,581	(2,479)
Outpatient	769,152	381,152	387,588	6,436	89,059	44,153	45,164	1,011
Emergency Department	159,545	79,991	83,579	3,588	16,020	8,031	8,082	51
Other	6,832,623	3,292,564	3,438,978	146,414	205,086	103,775	103,865	90
<b>Grand Total</b>	<b>7,979,208</b>	<b>3,861,949</b>	<b>4,020,371</b>	<b>158,422</b>	<b>610,060</b>	<b>304,520</b>	<b>307,442</b>	<b>2,922</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	£612	-£12	(1.9)	(2.4)	(475)	(612)	(1,087)
Elective Inpatient	£3,043	£3,041	£3,036	-£5	(0.2)	(5.3)	(56)	(1,870)	(1,926)
Emergency / Non-elective Inpatient	£1,580	£1,573	£1,601	£28	1.7	6.4	1,632	5,631	7,262
Marginal Rate Emergency Threshold (MRET)							(2,479)	0	(2,479)
Outpatient	£116	£116	£117	£1	0.6	1.7	265	746	1,011
Emergency Department	£100	£100	£97	-£4	(3.7)	4.5	(310)	360	51
Other							0	90	90
<b>Grand Total</b>	<b>£76</b>	<b>£79</b>	<b>£76</b>	<b>-£2</b>	<b>(3.0)</b>	<b>4.1</b>	<b>(1,423)</b>	<b>4,345</b>	<b>2,922</b>

**VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION**
**Income and Expenditure Position for the Period Ended 30 September 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	140.1	142.5	2.3	71.0	74.4	(3.4)	41.2	42.6	(1.3)	27.9	25.5	(2.4)
Clinical Support	15.6	16.0	0.5	53.0	53.8	(0.8)	8.6	9.5	(0.9)	(46.0)	(47.3)	(1.3)
Planned Care	103.6	103.0	(0.6)	42.0	43.2	(1.2)	23.8	26.2	(2.3)	37.7	33.7	(4.0)
Women's and Children's	56.1	57.2	1.1	32.2	31.9	0.2	13.3	14.0	(0.7)	10.6	11.2	0.6
Corporate Directorates	8.8	9.1	0.3	20.9	20.4	0.5	31.5	31.7	(0.3)	(43.6)	(43.0)	0.5
<b>Sub-Total Divisions</b>	<b>324.1</b>	<b>327.8</b>	<b>3.6</b>	<b>219.1</b>	<b>223.7</b>	<b>(4.7)</b>	<b>118.4</b>	<b>124.0</b>	<b>(5.6)</b>	<b>(13.3)</b>	<b>(20.0)</b>	<b>(6.6)</b>
Central Income	35.6	35.1	(0.5)	0.0	0.0	0.0	0.0	0.0	0.0	35.6	35.1	(0.5)
Central Expenditure	0.0	0.0	0.0	0.2	0.8	(0.5)	21.5	21.3	0.2	(21.8)	(22.1)	(0.3)
<b>Grand Total</b>	<b>359.7</b>	<b>362.9</b>	<b>3.2</b>	<b>219.3</b>	<b>224.5</b>	<b>(5.2)</b>	<b>139.9</b>	<b>145.3</b>	<b>(5.3)</b>	<b>0.5</b>	<b>(6.9)</b>	<b>(7.4)</b>

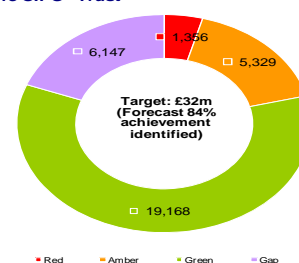
## COST IMPROVEMENT PROGRAMME

### Cost Improvement Programme as at September 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	11,239	(1,040)	6,080	5,515	90.7%	11,183	56	5,515	939	1,949	2,837	11,239
Clinical Support	4,960	4,383	(578)	2,130	1,905	89.5%	3,896	486	1,905	360	445	1,673	4,383
Planned Care	5,503	3,778	(1,726)	2,485	1,891	76.1%	3,778	0	1,891	160	1,166	560	3,778
Women's and Children's	1,398	1,310	(88)	678	808	119.1%	930	380	808	11	87	404	1,310
<b>Clinical Divisions</b>	<b>24,141</b>	<b>20,709</b>	<b>(3,431)</b>	<b>11,373</b>	<b>10,119</b>	<b>89.0%</b>	<b>19,787</b>	<b>922</b>	<b>10,119</b>	<b>1,470</b>	<b>3,647</b>	<b>5,473</b>	<b>20,709</b>
Corporate	6,433	6,037	(396)	2,490	2,434	97.8%	5,687	350	2,434	0	1,052	2,551	6,037
Central	1,426	0	(1,426)	474	0				0				0
<b>Total</b>	<b>32,000</b>	<b>26,746</b>	<b>(5,254)</b>	<b>14,336</b>	<b>12,553</b>	<b>87.6%</b>	<b>25,474</b>	<b>1,272</b>	<b>12,553</b>	<b>1,470</b>	<b>4,699</b>	<b>8,024</b>	<b>26,746</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)	1,247	0		0	0
Income	5,840	5,267	(573)	2,245	2,037	90.8%	5,150	117
Non Pay	7,660	9,277	1,617	3,332	4,035	121.1%	8,958	320
Pay	14,735	12,202	(2,532)	7,512	6,480	86.3%	11,367	836
<b>Total</b>	<b>32,000</b>	<b>26,746</b>	<b>(5,254)</b>	<b>14,335</b>	<b>12,553</b>	<b>87.6%</b>	<b>25,474</b>	<b>1,272</b>

FY12/13 CIPS - Trust

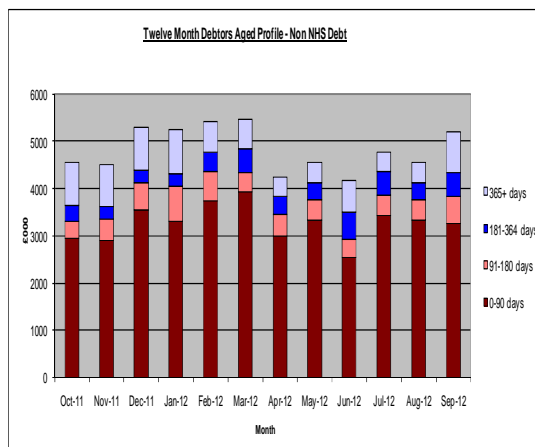


#### Commentary

There is a year to date under performance on delivery of cost improvement of £1.8m and a year end forecast under-delivery of £5.3m.

**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
<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
Property, plant and equipment	349,363	348,501	348,382	347,533	347,583	347,081	347,156
Trade and other receivables	2,188	2,369	2,394	2,387	2,387	2,500	2,477
<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>Current Assets</b>							
Inventories	12,262	12,208	12,437	12,469	12,758	12,987	12,727
Trade and other receivables	29,126	23,659	25,102	29,279	29,580	30,856	35,722
Other Assets	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
<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>Current Liabilities</b>							
Trade and other payables	(62,277)	(60,841)	(58,212)	(57,183)	(72,316)	(75,878)	(85,928)
Dividend payable	0	259	(593)	(1,370)	(2,298)	(3,226)	0
Borrowings	(4,038)	(4,038)	(4,038)	(3,925)	(3,925)	(3,925)	(3,925)
Provisions for liabilities and charges	(789)	(789)	(789)	(897)	(897)	(897)	(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>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>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>Non Current Liabilities</b>							
Borrowings	(1,427)	(2,339)	(3,308)	(3,963)	(5,302)	(4,306)	(4,859)
Other Liabilities	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)
<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>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>
Public dividend capital	277,487	277,487	277,487	277,487	277,487	277,487	277,487
Revaluation reserve	64,706	64,709	64,710	64,710	64,710	64,710	64,706
Retained earnings	3,705	2,188	1,308	1,143	65	(1,923)	(2,868)
<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>



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	
NHS Sales ledger	8,614	2,432	591	82	11,719
Non NHS sales ledger by division:					
Corporate Division	-185	-85	43	55	-172
Planned Care Division	500	72	158	195	925
Clinical Support Division	976	105	123	5	1,209
Women's and Children's Division	206	71	50	480	807
Acute Care Division	1,760	402	148	127	2,437
Total Non-NHS sales ledger	3,257	565	522	862	5,206
Total Sales Ledger	<b>11,871</b>	<b>2,997</b>	<b>1,113</b>	<b>944</b>	<b>16,925</b>
<b>Other Debtors</b>					
WIP					3,871
SLA Phasing & Performance					2,953
Bad debt provision					(1,273)
VAT - net					1,268
Other receivables and assets					11,978
<b>TOTAL</b>					<b>35,722</b>

**Accounts receivable metrics:**

Invoice cycle time	Non-NHS days sales outstanding (DSO)			
	Sep - 12 Days	Aug - 12 Days	Sep - 12 YTD Days	Aug - 12 YTD Days
Req date to invoice raised	15.1	15.7	DSO (all debt)	64.4
Service to invoice raised	36.5	37.6	DSO (In year debt)	43.8

**KEY ISSUES:**

Cash has increased slightly in line with the increase in the value of trade and other payables (£10m); increase in the value of trade and other receivables (£5m); and the payment of PDC dividends in September (£4.7m). The movement in trade and other payables reflects a £25.0m receipt in advance of the Month 7 SLAs from the local cluster.

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

VALUE FOR MONEY - CASH FLOW

CASH FLOW for the PERIOD ENDED 30 SEPTEMBER 2012

Commentary

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

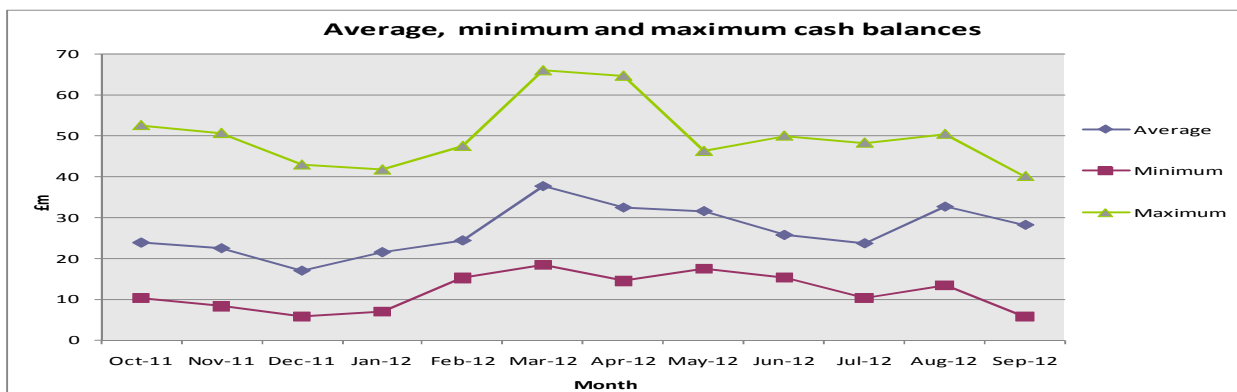
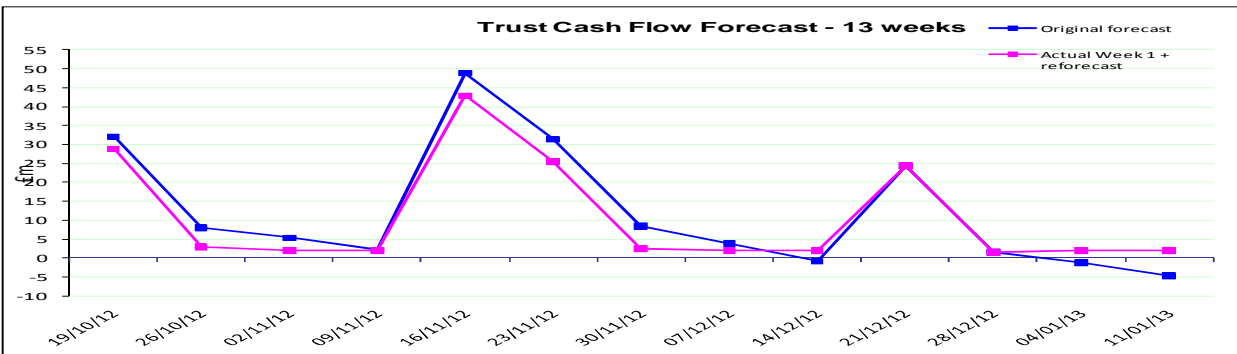
- (£8.5m) adverse variance in the EBITDA YTD position
- £26.4m increase in trade and other payables (including a £25.0m receipt in advance of October SLAs from the local cluster)
- (£8.7m) increase in trade and other receivables
- £4.6m under spend on capital expenditure
- £1.2m underspend PDC dividend cash payments

The cash forecast is based on the September performance. The cash balance is kept above £2m at all times and the year end target balance is £18m.

	2012/13 April - Sep Plan £ 000	2012/13 April - Sep Actual £ 000	2012/13 April - Sep Variance £ 000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Operating surplus before Depreciation and Amortisation	23,165	14,649	(8,516)
Donated assets received credited to revenue and non cash	-	(457)	(457)
Interest paid	(420)	(243)	177
Movements in Working Capital:			
- Inventories (Inc)/Dec	(207)	(465)	(258)
- Trade and Other Receivables (Inc)/Dec	2,148	(6,625)	(8,773)
- Trade and Other Payables Inc/(Dec)	(278)	26,131	26,409
- Provisions Inc/(Dec)	-	53	53
PDC Dividends paid	(5,568)	(4,365)	1,203
Other non-cash movements	(1,100)	671	1,771
<b>Net Cash Inflow / (Outflow) from Operating Activities</b>	<b>17,740</b>	<b>29,349</b>	<b>11,609</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Interest Received	32	42	10
Payments for Property, Plant and Equipment	(15,750)	(11,181)	4,569
Capital element of finance leases	(2,316)	(2,457)	(141)
<b>Net Cash Inflow / (Outflow) from Investing Activities</b>	<b>(18,034)</b>	<b>(13,596)</b>	<b>4,438</b>
<b>Net Cash Inflow / (Outflow) from Financing</b>			
	-	-	-
<b>Opening cash</b>	<b>18,200</b>	<b>18,369</b>	<b>169</b>
<b>Increase / (Decrease) in Cash</b>	<b>(294)</b>	<b>15,753</b>	<b>16,047</b>
<b>Closing cash</b>	<b>17,906</b>	<b>34,122</b>	<b>16,216</b>

Cash movements to 31st October 2012

	£'000
<b>Cash balance as at 01/10/2012</b>	<b>34,122</b>
<i>Cash to be received</i>	
Contract Income	25,343
Other debtor receipts	8,361
	<b>33,704</b>
<i>Cash to be paid out</i>	
Creditor payment runs	-30,737
Payroll (including tax, NI and Pensions)	-35,023
PDC dividends	0
	<b>-65,760</b>
<b>Cash balance as at 31/08/2012</b>	<b>2,066</b>



VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Period 1st April 2012 to 30th September 2012

	Capital Plan 2012/13 £000's	YTD at Aug 12/13 £000's	Actual Sep 12/13 £000's	YTD at Sep 12/13 £000's	Plan						Forecast Out Turn £000's	Forecast Variance £000's
					Oct	Nov	Dec	Jan	Feb	Mar		
					£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
<b>Sub Group Budgets</b>												
IM&T	4,000	845	184	1,028	600	80	940	80	80	1,192	4,000	0
Medical Equipment	4,600	1,215	446	1,660	474	31	176	140	270	1,848	4,600	0
LRI Estates	4,000	344	72	416	400	570	400	610	575	1,029	4,000	0
LGH Estates	2,000	198	174	372	200	250	200	300	300	378	2,000	0
GGH Estates	2,000	574	118	692	150	200	150	300	250	258	2,000	0
<b>Total Sub Group Budgets</b>	<b>16,600</b>	<b>3,176</b>	<b>993</b>	<b>4,169</b>	<b>1,824</b>	<b>1,131</b>	<b>1,866</b>	<b>1,430</b>	<b>1,475</b>	<b>4,704</b>	<b>16,600</b>	<b>0</b>
<b>Individual Schemes</b>												
ED Redevelopment	1,000	180	6	186	100	100	100	150	150	214	1,000	0
MES Installation Costs	1,500	123	3	126	150	150	100	200	250	524	1,500	0
Childrens Heart Surgery	213	166	-3	162	51	0	0	0	0	-0	213	0
Maternity & Gynae Recon.	2,385	76	2	78	10	10	10	250	400	587	1,345	1,040
Theatre Assessment Area (TAA)	1,250	0	0	1	13	13	125	313	350	437	1,250	0
Aseptic Suite	750	22	7	29	110	120	100	100	110	181	750	0
Brachytherapy	420	2	184	186	75	50	50	59	0	0	420	0
Office Moves	850	630	132	762	88	0	0	0	0	-0	850	0
Feasibility Studies	100	14	0	14	10	10	10	10	10	36	100	0
BRU Enabling / Additions	1,100	5	13	17	30	30	25	950	47	0	1,100	0
PPD Building	250	244	1	244	6	0	0	0	0	-0	250	0
BRU: Respiratory	2,201	88	0	88	400	400	300	610	250	153	2,201	0
BRU: Nutrition, Diet & Lifestyle	1,383	489	5	493	50	100	100	150	175	315	1,383	0
Creating Capacity	225	0	1	1	24	100	100	0	0	0	225	0
Residual from 2011/12	0	375	-8	367	0	0	0	0	0	0	367	-367
Revenue to Capital Transfers	0	153	0	153	0	0	0	0	0	0	153	-153
Divisional Spend: Acute	200	23	7	29	20	30	30	30	30	31	200	0
Divisional Spend: Planned Care	200	0	0	0	20	20	20	20	40	80	200	0
Divisional Spend: Womens & Children	200	0	0	0	20	20	20	20	40	80	200	0
Divisional Spend: CSSD	200	47	47	93	20	20	20	20	10	17	200	0
Divisional Spend: Corporate	473	9	0	9	0	0	0	0	0	0	9	464
Anticipated Developments		0	0	0						984	984	-984
MacMillan Information Centre (Donated)	153	72	81	153	0	0	0	0	0	-0	153	0
Ward 27 - Teenage Cancer Unit (Donated)	1,400	7	173	180	400	300	200	200	94	26	1,400	0
Donations	447	233	76	310	20	20	20	20	20	37	447	0
<b>Total Individual Schemes</b>	<b>16,900</b>	<b>2,957</b>	<b>725</b>	<b>3,681</b>	<b>1,617</b>	<b>1,493</b>	<b>1,330</b>	<b>3,102</b>	<b>1,976</b>	<b>3,701</b>	<b>16,900</b>	<b>0</b>
<b>Total Capital Programme</b>	<b>33,500</b>	<b>6,133</b>	<b>1,718</b>	<b>7,850</b>	<b>3,441</b>	<b>2,623</b>	<b>3,196</b>	<b>4,532</b>	<b>3,451</b>	<b>8,406</b>	<b>33,500</b>	<b>0</b>



*Caring at its best*

# Divisional Heatmap

**Trust Board**

**Thursday 25th October 2012**

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September 2012

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**DIVISIONAL HEAT MAP - Month 6 - 2012/13**

**QUALITY STANDARDS**

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>Infection Prevention</b>																
MRSA	0	0	2	1	1	0	0	0	0	0	0	0	1	1	6	▼
Clostridium Difficile	8	13	11	6	4	6	11	14	4	3	8	5	7	41	113	▼
E Coli (from June 1st 2011)	39	41	45	38	37	35	46	39	44	45	46	51		225	----	▼
MSSA (from May 1st 2011)	6	4	3	2	0	5	5	2	4	2	7	4	5	24	----	▼
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)	133.2%	132.9%	136.0%	135.9%	130.2%	134.2%	131.0%	128.6%	131.6%	132.3%	128.8%	126.8%	126.0%	129.0%	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)	169.4%	165.6%	163.2%	171.4%	171.8%	185.0%	168.2%	177.5%	175.5%	172.3%	174.9%	178.2%	176.5%	175.8%	100%	▼
<b>Patient Safety</b>																
% of all adults who have had VTE risk assessment on adm to hosp	93.8%	93.8%	94.5%	94.3%	94.1%	93.8%	93.7%	95.3%	95.6%	94.7%	94.8%	95.0%	94.1%	94.9%	90%	▼
10X Medication Errors	0	1	2	1	0	0	0	1	2	1	0	0	1	5	0	▼
Never Events	0	0	0	0	0	0	0	2	1	0	1	1	0	5	0	▲
Patient Falls	232	263	222	222	207	249	246	232	245	268	291	213		1249	2750	▲
Complaints Re-Opened	29	29	30	22	13	18	25	21	19	20	18	18	16	112	210	▲
SUIs (Relating to Deteriorating Patients)	0	0	2	1	0	0	1	0	0	0	0	0	0	0	0	◀▶
RIDDOR	8	4	5	6	2	4	3	4	5	1	3	2	5	20	48	▼
Falls Resulting in Severe Injury or Death	1	0	0	0	1	0	1	1	2	1	1	0	0	5	6	◀▶
No of Staffing Level Issues Reported as Incidents	73	107	122	86	64	122	71	53	120	112	136	99	50	570	920	▲
Outlying (daily average)	16	4	9	20	19	17	4	7	8	4	1	0	7	7	10	▼
Pressure Ulcers (Grade 3 and 4)	5	10	6	6	12	8	21	10	11	7	12	10		50	110	▲
Pressure Ulcers (Grade 2)	NEW FOR 2012/13 - TRAJECTORY COMMENCES JULY 2012							24	26	8	36	30		124		
ALL Complaints Regarding Attitude of Staff	40	42	37	33	32	24	25	36	28	37	27	26	27	181	366	▼
ALL Complaints Regarding Discharge	32	24	18	31	17	23	25	28	32	23	29	29	22	163	220	▲
Bed Occupancy (inc short stay admissions)	91%	93%	94%	92%	94%	92%	92%	91%	91%	91%	90%	90%	91%	90%	90%	▲
Bed Occupancy (excl short stay admissions)	85%	87%	87%	86%	88%	86%	86%	85%	85%	85%	85%	84%	85%	85%	86%	▲
Compliance with Blood Traceability	93.5%	96.1%	96.3%	96.1%	97.3%	97.3%	96.8%	97.4%	97.5%	96.7%	97.3%	98.0%		97.4%	100%	▲

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**DIVISIONAL HEAT MAP - Month 6 - 2012/13**

**QUALITY STANDARDS** *Continued*

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>Clinical Effectiveness</b>																
Emergency 30 Day Readmissions (No Exclusions)	7.3%	7.2%	6.9%	7.8%	7.7%	7.7%	7.5%	7.8%	7.9%	7.9%	7.5%	7.9%		7.8%	7.0%	▼
Mortality HSMR - (Dfi) OVERALL Rebased 2011/12	108.5	98.1	93.8	90.0	99.5	112.4	107.4	108.3	92.9	91.1	97.2			97.3	100	▼
Mortality (CHKS Risk Adjusted - Overall) 2012 Adjustment Model	99.9	89.5	84.4	83.3	93.2	102.9	93.7	98.1	86.2	84.0	86.0	78.0		86.0	90	▲
Stroke - 90% of Stay on a Stroke Unit	74.7%	82.3%	90.7%	89.8%	82.3%	69.1%	81.3%	70.4%	81.7%	81.4%	81.3%	79.6%		79.2%	80.0%	▼
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	62.5%	62.5%	62.5%	65.9%	65.4%	47.4%	34.5%	62.7%	72.5%	59.6%	62.5%	52.5%	73.4%	64.0%	62.1%	▲
No. of # Neck of femurs operated on < 36hrs	56%	53%	75%	65%	60%	63%	57%	85%	72%	72%	61%	70%	86%	73%	70%	▲
Maternity - Breast Feeding < 48 Hours	73.3%	73.2%	74.5%	75.0%	72.6%	74.1%	73.9%	75.4%	74.5%	73.0%	72.1%	76.8%	73.9%	74.3%	74.0%	▼
Maternity - % Smoking at Time of Delivery	11.0%	11.1%	11.0%	11.7%	13.0%	13.9%	13.3%	15.0%	13.5%	12.2%	12.8%	11.4%	12.6%	12.9%	11.4%	▼
Cytology Screening 7 day target	100.00%	99.98%	100.00%	97.7%	100.0%	100.0%	99.8%	99.8%	99.9%	99.9%	100.0%	100.0%	99.98%	99.9%	98%	▼

**DIVISIONAL HEAT MAP - Month 6 - 2012/13**

**QUALITY STANDARDS** *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
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**Nursing Metrics**

Patient Observation	96%	95%	96%	96%	98%	95%	97%	95%	95%	95%	94%	95%	94%	98.0%	▼
Pain Management	94%	91%	94%	97%	98%	96%	96%	95%	94%	94%	94%	95%	96%	98.0%	▲
Falls Assessment	93%	90%	94%	93%	96%	92%	96%	96%	92%	94%	91%	92%	94%	98.0%	▲
Pressure Area Care	95%	93%	97%	95%	97%	96%	98%	96%	94%	94%	95%	95%	95%	98.0%	◀▶
Nutritional Assessment	92%	90%	95%	95%	98%	92%	97%	96%	91%	92%	91%	90%	92%	98.0%	▲
Medicine Prescribing and Assessment	99%	95%	97%	97%	98%	97%	97%	98%	96%	97%	97%	98%	96%	98.0%	▼
Hand Hygiene	95%	97%	98%	95%	96%	96%	96%	94%	97%	96%	96%	96%	94%	98.0%	▼
Resuscitation Equipment	81%	70%	84%	80%	88%	78%	84%	79%	76%	76%	77%	83%	77%	98.0%	▼
Controlled Medicines	100%	97%	100%	100%	100%	100%	100%	100%	99%	99%	99%	100%	100%	98.0%	◀▶
VTE	84%	86%	89%	89%	88%	88%	89%	87%	83%	84%	85%	85%	88%	98.0%	▲
Patient Dignity	99%	95%	96%	97%	96%	95%	96%	97%	96%	96%	94%	96%	95%	98.0%	▼
Infection Prevention and Control	99%	96%	97%	99%	99%	97%	99%	99%	97%	98%	96%	97%	96%	98.0%	▼
Discharge	80%	71%	80%	82%	82%	84%	86%	86%	86%	84%	85%	82%	86%	98.0%	▲
Continence	96%	95%	98%	99%	99%	97%	99%	97%	96%	95%	96%	97%	98%	98.0%	▲

**Patient Experience**

Net Promoter Score	COMMENCED APRIL 2012							51.02	51.14	53.17	53.80	57.55	57.48	54.10	61.0	
Net Promoter - Coverage	COMMENCED APRIL 2012							12.7%	11.6%	11.6%	12.3%	11.4%	11.4%	11.8%	10.0%	▲
Inpatient Survey - treated with respect and dignity	95.3	96.1	96.0	96.1	96.2	95.6	95.6	95.9	96.3	96.1	96.5	95.7	96.4	96.2	95.0	▲
Inpatient Survey - rating the care you receive	85.0	86.8	86.3	87.7	86.6	87.8	87.0	88.9	89.0	88.3	89.2	89.3	90.1	89.1	91.0	▲
Outpatient Survey - treated with respect and dignity	91.0	94.3	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	82.5	85.7	84.0	91.0	86.0	92.0	86.0	90.0	INSUFFICIENT SURVEYS					90.0	85.0	▲
Single Sex Accommodation Breaches	0	0	0	0	0	0	13	7	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 - Intensive Care	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶

**DIVISIONAL HEAT MAP - Month 6 - 2012/13**

**OPERATIONAL STANDARDS**

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>Emergency Department</b>																
ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12)	92.0%	92.02%	94.4%	97.0%	95.5%	91.6%	90.4%	92.3%	92.4%	93.2%	96.3%	98.0%	96.8%	94.8%	95%	▼
ED 4 Hour Waits - UHL (Type 1 and 2)	89.9%	89.8%	92.9%	96.4%	94.4%	89.5%	88.0%	90.5%	90.5%	91.5%	95.4%	97.5%	96.0%	93.5%	95%	▼
<b>Coronary Heart Disease</b>																
Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	98.3%	99.4%	98.8%	98.3%	97.1%	98.1%	98.7%	99.4%	100.0%	98.8%	99.0%	99.5%	100.0%	99.5%	99%	▲
Primary PCI Call to Balloon <150 Mins	72.2%	84.8%	90.0%	88.5%	86.4%	83.3%	93.3%	93.0%	92.9%	91.2%	87.9%	92.0%	90.9%	91.4%	75.0%	▼
Rapid Access Chest Pain Clinics - % in 2 Weeks	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	99.1%	100.0%	100.0%	100.0%	100.0%	99.6%	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	93.1%	94.3%	94.4%	93.2%	94.4%	93.4%	93.1%	93.1%	93.3%	93.0%	94.9%	93.6%		93.6%	93%	▼
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	97.3%	95.8%	95.4%	93.3%	93.2%	95.7%	94.8%	96.7%	93.2%	96.4%	96.0%	93.8%		95.0%	93%	▼
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96.8%	98.4%	97.9%	97.2%	97.6%	96.1%	97.0%	96.7%	97.1%	96.0%	97.5%	98.5%		97.2%	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	95.6%	94.1%	98.8%	92.1%	87.6%	95.4%	91.2%	95.6%	94.7%	94.6%	95.3%	94.6%		95.0%	94%	▼
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.3%	99.2%	98.7%	98.3%	97.0%	100.0%	100.0%	95.9%	96.8%	98.2%	98.0%	98.7%		97.6%	94%	▲
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	81.1%	79.4%	81.3%	84.9%	86.3%	85.4%	85.7%	85.4%	85.4%	77.1%	85.6%	86.8%		84.1%	85%	▲
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	91.8%	95.2%	98.3%	91.8%	94.7%	100.0%	91.3%	90.4%	91.0%	96.1%	95.9%	95.3%		93.7%	90%	▼
62-Day Wait For First Treatment From Consultant Upgrade	80.0%	100.0%	-----	0.0%	-----	-----	100.0%	--	100.0%	--	--	100.0%		100.0%	85%	◀▶

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**DIVISIONAL HEAT MAP - Month 6 - 2012/13**

**OPERATIONAL STANDARDS (continued)**

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>Referral to Treatment</b>																
RTT Waiting Times - Admitted	90.8%	90.9%	88.5%	87.6%	84.6%	82.8%	83.5%	93.7%	94.6%	93.6%	93.6%	93.0%	91.3%		90%	▼
RTT Waiting Times - Non Admitted	96.6%	96.4%	96.2%	96.6%	95.5%	96.1%	95.9%	97.1%	96.6%	97.1%	97.3%	97.1%	97.6%		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%		92%	▼
RTT 18 Weeks Waiting times - Delivery in All Specialties	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012							1	1	1	0	0	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%		<1%	▲
<b>Efficiency - Outpatients and Inpatient Length of Stay</b>																
Choose and Book Slot Unavailability	14%	18%	17%	10%	6%	12%	17%	15%	17%	13%	24%	14%	11%	16%	4.0%	▲
Outpatient DNA Rates (%) (Exc. Wd Attenders)	9.0%	9.4%	8.9%	9.4%	9.3%	9.0%	8.9%	9.0%	9.0%	9.0%	9.2%	9.1%	9.0%	9.0%	9.0%	▲
Outpatient Appts % Cancelled by Hospital (Exc. Wd Attenders)	11.0%	10.3%	10.0%	10.6%	10.6%	11.2%	10.8%	11.3%	9.6%	11.1%	11.1%	11.1%	9.7%	10.6%	10.5%	▲
Outpatient Appts % Cancelled by Patient (Exc. Wd Attenders)	10.3%	10.0%	9.4%	10.4%	9.4%	9.8%	9.4%	9.4%	10.0%	10.4%	10.5%	10.0%	10.3%	10.1%	10.0%	▼
Outpatient F/Up Ratio	2.0	2.0	1.9	1.8	1.9	1.9	1.9	1.9	1.9	1.8	1.8	1.9	1.8	1.9	2.1	▲
Ave Length of Stay (Nights) - Emergency	5.8	5.7	6.0	5.7	5.8	5.6	5.7	5.6	5.6	5.5	5.6	5.8	5.3	5.6	5.0	▲
Ave Length of Stay (Nights) - Elective	3.8	3.6	3.4	3.6	3.1	3.1	3.1	3.5	3.4	3.7	3.3	3.5	3.4	3.5	3.1	▲
Delayed transfers of care	1.5%	1.7%	1.5%	1.5%	1.2%	1.2%	1.6%	1.5%	2.4%	4.2%	3.4%	3.6%	3.2%	3.0%	3.0%	▲
% of Electives admitted on day of procedure	80.8%	81.3%	83.2%	81.8%	82.9%	85.3%	86.5%	86.3%	86.7%	84.4%	85.5%	85.2%	84.3%	85.4%	90%	▼
<b>Theatres and Cancelled Operations</b>																
Day Case Rate (Basket of 25)	77.8%	77.0%	74.3%	76.2%	76.2%	71.9%	72.9%	71.4%	75.1%	74.4%	75.2%	72.3%	72.1%	73.5%	75.0%	▼
Inpatient Theatre Utilisation Rate (%)	82.6%	81.0%	81.2%	80.2%	81.8%	78.8%	80.9%	83.2%	82.3%	82.0%	80.1%	79.8%	80.7%	81.3%	86.0%	▲
Day case Theatre Utilisation Rate (%)	78.2%	75.1%	79.8%	75.8%	77.3%	80.2%	80.7%	77.6%	77.1%	77.1%	69.1%	74.1%	72.5%	74.6%	86.0%	▼
Operations cancelled for non-clinical reasons on or after the day of admission	1.6%	1.5%	1.7%	1.1%	1.2%	1.7%	1.3%	1.1%	1.2%	1.2%	0.9%	0.5%	0.9%	1.0%	0.8%	▼
Cancelled patients offered a date within 28 days of the cancellations	97.1%	92.3%	93.6%	84.3%	86.1%	89.7%	88.6%	86.7%	92.1%	91.8%	89.3%	86.4%	100.0%	91.3%	95.0%	▲

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**DIVISIONAL HEAT MAP - Month 6 - 2012/13**

**HUMAN RESOURCES**

**UNIVERSITY HOSPITALS  
of LEICESTER NHS TRUST**

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status	
<b>Staffing</b>																	
Total Pay Bill (£M)	NEW FOR 2012/13							36.9	37.2	37.1	37.3	38.1	37.9	224.5			
Total WTE	NEW FOR 2012/13							10,243	10,196	10,243	10,207	10,312	10,386	10,386			
<b>Workforce HR Indicators</b>																	
Sickness absence	3.15%	3.42%	3.76%	3.77%	3.63%	3.67%	3.50%	3.25%	3.46%	3.06%	3.31%	3.35%	3.74%	3.49%	3.0%	⚠	
Appraisals	88.7%	93.5%	93.9%	95.0%	96.1%	96.1%	94.4%	93.7%	93.8%	92.8%	91.5%	91.1%	89.7%	89.7%	100%	⚠	
Turnover	8.1%	8.0%	7.9%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.3%	8.2%	8.5%	8.4%	8.3%	10.0%	⚠	
% Corporate Induction attendance	96.0%	86.0%	94.0%	100.0%	95.0%	96.0%	88.0%	100.0%	96.0%	90.0%	100.0%	92.5%	93.5%	95.3%	95.0%	⚠	

# DIVISIONAL HEAT MAP - Month 6 2012/13

PLANNED CARE - DIVISIONAL PERFORMANCE

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status	
<b>INFECTION PREVENTION</b>																	
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	▼	
Clostridium Difficile	1	3	3	2	2	0	4	3	0	2	2	0	2	9	30	▼	
<b>PATIENT SAFETY</b>																	
10X Medication Errors	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶	
Never Events	0	0	0	0	0	0	0	1	1	0	0	0	0	2	0	◀▶	
Patient Falls	67	67	50	54	48	54	53	37	68	45	56	46		252	653	▲	
Complaints Re-Opened	15	14	15	11	8	10	13	7	10	12	11	7	4	51	95	▲	
SUIs (Relating to Deteriorating Patients)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	◀▶	
RIDDOR	3	1	1	2	0	0	0	0	1	0	0	0	0	1	6	◀▶	
Falls Resulting in Severe Injury or Death	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	◀▶	
No of Staffing Level Issues Reported as Incidents	9	24	15	12	13	27	16	23	29	7	18	20	7	104	95	▲	
Outlying (daily average)	4	3	3	2	2	2	1	4	4	3	1	0	0	0	6	◀▶	
Pressure Ulcers (Grade 3 and 4)	0	2	3	4	5	1	6	2	4	3	3	5		17	31	▼	
Pressure Ulcers (Grade 2)	NEW FOR 2012/13							9	4	2	12	12		39			
ALL Complaints Regarding Attitude of Staff	8	11	18	15	16	10	4	13	10	16	9	7	9	64	122	▼	
ALL Complaints Regarding Discharge	11	8	4	7	3	4	6	10	4	7	6	6	10	43	80	▼	
Bed Occupancy (inc short stay admissions)	92%	95%	95%	88%	95%	91%	92%	92%	92%	91%	90%	91%	93%	92%	90%	▲	
Bed Occupancy (excl short stay admissions)	89%	91%	90%	84%	90%	85%	86%	86%	86%	87%	86%	85%	87%	86%	86%	▲	
<b>MORTALITY and READMISSIONS</b>																	
30 Day Readmissions (UHL) - Any Specialty	7.8%	7.7%	6.8%	8.2%	8.1%	7.6%	7.7%	8.3%	8.5%	8.2%	7.8%	8.1%		7.7%	6.5%	▼	
30 Day Readmissions (UHL) - Same Specialty	4.9%	4.8%	4.3%	5.2%	5.0%	4.6%	4.7%	5.2%	5.1%	5.1%	4.7%	4.7%		4.8%	4.0%	◀▶	
30 Day Readmission Rate (CHKS)	7.7%	7.7%	6.8%	8.3%	7.9%	7.6%	7.7%	8.3%	8.5%	8.2%	7.6%			8.2%	6.5%	▲	
Mortality (UHL Data)	0.7%	0.6%	0.7%	0.9%	0.7%	0.9%	0.7%	0.8%	0.7%	0.7%	0.8%	0.7%	0.8%	0.7%	0.9%	▼	
Mortality (CHKS - Risk Adjusted - 2012 model)	97.2	85.5	95.7	104.1	105.5	131.4	117.8	93.7	86.8	87.6	91.6	75.6		87.0	90.0	▲	
<b>PATIENT EXPERIENCE</b>																	
Net Promoter Score	COMMENCED APRIL 2012							47.8	43.8	55.0	52.3	53.5	49.9	50.5			
Inpatient Polling - treated with respect and dignity	97.0	97.1	95.6	96.2	95.9	96.9	96.7	96.1	96.0	97.5	96.6	96.7	96.2	96.5	95.0	▼	
Inpatient Polling - rating the care you receive	87.7	87.9	86.7	89.5	90.0	90.2	89.2	89.3	87.8	89.7	90.3	88.8	90.3	89.3	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 6 2012/13

PLANNED CARE - DIVISIONAL PERFORMANCE

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>NURSING METRICS</b>																
Patient Observation	96%	95%	97%	96%	99%	96%	96%	96%	97%	96%	97%	95%	98%		98.0%	▲
Pain Management	94%	94%	94%	95%	99%	96%	94%	97%	94%	93%	94%	95%	96%		98.0%	▲
Falls Assessment	88%	93%	94%	96%	96%	94%	96%	94%	90%	93%	88%	94%	94%		98.0%	◀▶
Pressure Area Care	95%	95%	96%	98%	98%	96%	97%	96%	91%	92%	94%	93%	93%		98.0%	◀▶
Nutritional Assessment	93%	96%	95%	97%	98%	95%	97%	96%	91%	94%	89%	96%	94%		98.0%	▼
Medicine Prescribing and Assessment	95%	95%	96%	96%	96%	97%	96%	97%	96%	96%	97%	98%	97%		98.0%	▼
Resuscitation Equipment	81%	78%	90%	91%	89%	68%	91%	78%	58%	81%	89%	87%	77%		98.0%	▼
Controlled Medicines	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	98%	100%	100%		98.0%	◀▶
VTE	90%	91%	91%	92%	89%	91%	91%	91%	91%	85%	92%	91%	91%		98.0%	◀▶
Patient Dignity	98%	96%	96%	97%	95%	95%	96%	96%	98%	96%	95%	96%	96%		98.0%	◀▶
Infection Prevention and Control	97%	95%	97%	96%	97%	97%	96%	97%	98%	97%	97%	98%	97%		98.0%	▼
Discharge	80%	75%	85%	82%	81%	82%	83%	78%	79%	78%	81%	76%	78%		98.0%	▲
Continence	96%	94%	98%	99%	98%	98%	98%	97%	96%	93%	98%	96%	95%		98.0%	▼
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	87.5%	87.6%	85.0%	83.7%	79.5%	77.3%	78.5%	92.4%	93.1%	92.6%	92.1%	91.6%	89.9%		90.0%	▼
RTT Waiting Times - Non Admitted	94.6%	94.1%	93.5%	94.4%	92.4%	93.7%	93.2%	95.1%	94.8%	95.5%	96.7%	96.1%	96.5%		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%		92.0%	▼



## DIVISIONAL HEAT MAP - Month 6 2012/13

PLANNED CARE - DIVISIONAL PERFORMANCE

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>OPERATIONAL PERFORMANCE</b>																
Choose and Book Slot Unavailability	24%	34%	29%	21%	18%	25%	33%	27%	27%	29%	35%	23%	24%	28%	4.0%	▼
Elective LOS	3.6	3.3	3.1	3.4	2.9	2.8	2.8	3.4	3.3	3.4	3.1	3.2	3.0	3.2	2.8	▲
Non Elective LOS	5.8	6.3	6.2	5.2	5.8	5.4	5.9	5.1	5.9	5.5	5.9	6.0	5.6	5.7	5.8	▲
% of Electives Adm.on day of proc.	90.9%	90.6%	91.9%	91.0%	90.9%	93.1%	94.2%	95.0%	93.6%	92.1%	93.4%	93.1%	91.4%	93.1%	90.0%	▼
Day Case Rate (Basket of 25)	78.4%	75.8%	73.0%	74.6%	74.9%	69.4%	70.1%	68.6%	71.7%	72.4%	72.6%	68.9%	68.8%	70.6%	75.0%	▼
Day Case Rate (All Elective Care)	80.4%	80.1%	80.2%	81.2%	81.8%	79.6%	78.6%	80.6%	79.6%	79.7%	79.2%	80.7%	80.0%	80.0%	80.0%	▼
Inpatient Theatre Utilisation	81.6%	79.3%	79.1%	79.4%	78.7%	76.9%	80.3%	83.0%	82.3%	81.8%	80.2%	79.8%	80.9%	81.3%	86.0%	▲
Day Case Theatre Utilisation	75.8%	73.4%	77.2%	74.0%	70.5%	72.8%	74.0%	77.6%	77.1%	77.1%	69.1%	74.1%	73.0%	74.7%	86.0%	▼
Outpatient New : F/Up Ratio	2.6	2.4	2.4	2.3	2.3	2.4	2.5	2.5	2.3	2.3	2.3	2.3	2.3	2.3	2.3	◀▶
Outpatient DNA Rate (Ex Wd. Attenders)	8.9%	9.4%	8.7%	9.1%	9.1%	9.0%	8.6%	9.0%	9.1%	9.2%	9.2%	8.9%	8.9%	9.0%	8.6%	▶▶
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	10.7%	10.6%	9.6%	10.2%	10.7%	10.7%	10.5%	11.7%	9.6%	11.7%	11.4%	11.4%	9.7%	10.9%	9.0%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.7%	9.4%	8.7%	9.9%	8.7%	9.2%	8.8%	8.7%	9.4%	10.0%	10.2%	9.6%	9.8%	9.6%	8.8%	▼
<b>SCREENING PROGRAMMES</b>																
Diabetic Retinopathy - % Uptake	35.5%	43.2%	83.0%	49.1%	43.8%	55.5%	63.1%	38.0%	30.3%	37.5%	28.5%	40.1%	25.6%	32.5%	50.0%	▼
Diabetic Retinopathy - % Results in 3 Weeks	86.7%	84.1%	87.8%	90.3%	98.0%	69.4%	84.3%	78.5%	76.3%	89.3%	94.9%	85.9%	99.6%	88.0%	90.0%	▲
Diabetic Retinopathy - % Treatment in 4 Weeks	-----	88.9%	83.3%	88.9%	45.8%	68.8%	94.7%	22.2%	70.0%	80.0%	88.2%	78.6%	68.4%	71.4%	75%	▼
Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month	8.6%	10.6%	14.0%	9.8%	13.1%	9.7%	4.7%	9.9%	9.3%	7.8%	9.3%	9.0%	9.0%	54.3%	6.0%	◀▶
Abdominal Aortic Aneurysm - % Uptake	111.9%	115.9%	105.7%	104.3%	118.2%	112.2%	110.0%	94.7%	100.0%	100.0%	105.7%	100.0%	105.4%	100.6%	99.0%	▲
Abdominal Aortic Aneurysm - 30 Day post-operative Mortality	0.0%	0.0%	-----	0.0%	0.0%	0.0%	0.0%	0.0%	---	---	---	---	---	0.0%	0.0%	◀▶
<b>HR and FINANCE</b>																
Appraisals	89.8%	91.1%	92.7%	98.0%	99.0%	98.8%	97.2%	97.6%	97.1%	95.8%	93.9%	92.1%	90.2%	90.2%	100%	▼
Sickness Absence	2.9%	3.4%	4.0%	3.9%	3.5%	3.9%	3.7%	3.2%	4.0%	3.3%	3.4%	3.5%	3.5%	3.6%	3.0%	▶▶

# DIVISIONAL HEAT MAP - Month 6 2012/13

PLANNED CARE - Specialist Surgery

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	90.4%	91.2%	87.6%	86.1%	82.3%	83.5%	81.5%	94.7%	95.3%	93.8%	93.0%	92.4%	93.3%	93.3%	90.0%	▲
RTT Waiting Times - Non Admitted	94.7%	94.6%	95.7%	95.5%	92.7%	95.0%	93.4%	95.8%	94.5%	96.0%	97.8%	96.7%	97.3%	97.3%	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%	93.4%	92.0%	▼
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	2.1	2.1	1.8	2.2	1.7	2.0	1.5	1.8	1.8	2.1	2.2	1.8	1.8	1.9	1.9	◀▶
Non Elective LOS	4.1	5.8	4.9	4.1	5.4	4.3	4.0	4.5	4.9	5.0	4.5	4.9	4.6	4.7	4.7	▲
% of Electives Adm.on day of proc.	82.7%	84.9%	86.4%	83.8%	86.0%	87.2%	88.4%	89.4%	88.8%	87.9%	91.8%	90.9%	87.4%	89.5%	85.0%	▼
Day Case Rate (Basket of 25)	90.0%	89.3%	84.0%	84.3%	85.3%	86.1%	87.2%	81.6%	85.2%	80.9%	76.6%	77.1%	79.2%	79.8%	87.4%	▲
Day Case Rate (All Elective Care)	75.1%	71.6%	71.7%	72.8%	72.1%	75.2%	72.7%	71.1%	71.0%	67.9%	68.3%	69.3%	69.1%	69.4%	72.6%	▼
30 Day Readmissions (UHL) - Any Specialty	2.7%	3.7%	2.7%	3.5%	3.3%	2.8%	3.8%	4.1%	4.3%	2.9%	3.0%	3.4%		3.2%	2.8%	▼
30 Day Readmissions (UHL) - Same Specialty	1.3%	1.7%	1.2%	1.6%	1.3%	1.5%	2.2%	1.7%	2.1%	1.8%	1.6%	2.1%		1.5%	1.3%	▼
Outpatient New : F/Up Ratio	2.2	2.2	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	▼
Outpatient DNA Rate (Ex Wd. Attenders)	9.2%	9.9%	9.2%	9.1%	9.4%	9.6%	8.6%	8.9%	9.0%	9.6%	9.5%	9.1%	9.0%	9.2%	9.0%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	13.3%	13.5%	11.2%	11.9%	11.3%	11.3%	11.0%	12.0%	10.4%	12.8%	13.6%	12.4%	10.7%	12.0%	11.5%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.3%	9.9%	9.3%	10.8%	9.6%	10.4%	9.8%	9.6%	10.1%	11.3%	11.4%	10.8%	11.2%	10.7%	9.5%	▼
Bed Utilisation (Incl short stay admissions)	100%	100%	99%	94%	100%	90%	83%	86%	89%	86%	86%	90%	98%	89%	90.0%	▲
<b>HR and FINANCE</b>																
Sickness Absence	2.0%	2.6%	3.0%	3.7%	3.4%	3.4%	3.3%	2.9%	3.4%	3.9%	4.4%	3.9%	3.3%	3.4%	3.0%	▲

# DIVISIONAL HEAT MAP - Month 6 2012/13

PLANNED CARE - GI Medicine / Surgery

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	81.3%	80.9%	77.8%	77.0%	74.1%	70.9%	74.6%	91.0%	91.6%	91.6%	90.9%	91.1%	86.3%	86.3%	90.0%	▼
RTT Waiting Times - Non Admitted	92.8%	87.9%	82.4%	87.9%	86.6%	87.1%	90.0%	91.8%	94.1%	92.1%	92.7%	93.2%	94.2%	94.2%	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%	86.9%	92.0%	▲
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	4.9	4.0	3.4	3.6	3.2	3.3	3.3	4.1	4.2	4.0	3.5	4.1	3.3	3.9	3.2	▲
Non Elective LOS	5.3	5.9	5.7	4.7	5.3	5.0	5.1	4.7	5.2	5.2	5.7	5.2	5.1	5.2	5.3	▲
% of Electives Adm.on day of proc.	92.5%	93.2%	94.6%	93.3%	92.2%	93.9%	95.6%	95.6%	95.2%	92.7%	93.6%	91.6%	93.6%	93.8%	90.0%	▲
Day Case Rate (Basket of 25)	58.6%	50.7%	46.3%	51.7%	54.8%	47.8%	43.7%	31.5%	40.7%	50.9%	50.0%	47.2%	45.0%	44.7%	49.9%	▼
Day Case Rate (All Elective Care)	82.2%	83.6%	83.2%	83.8%	85.2%	80.0%	79.5%	82.4%	81.7%	83.4%	81.6%	82.7%	82.3%	82.3%	85.0%	▼
30 Day Readmissions (UHL) - Any Specialty	7.7%	7.5%	6.6%	7.6%	7.4%	7.5%	8.1%	8.6%	9.3%	8.6%	8.6%	8.5%		7.5%	7.0%	▲
30 Day Readmissions (UHL) - Same Specialty	3.9%	3.7%	3.3%	3.8%	3.6%	3.9%	4.4%	4.7%	4.9%	4.5%	5.2%	4.3%		3.8%	3.8%	▲
Outpatient New : F/Up Ratio	2.1	1.7	1.8	1.7	1.8	1.8	2.1	2.0	2.0	2.2	1.9	2.0	1.7	2.0	2.0	▲
Outpatient DNA Rate (Ex Wd. Attenders)	7.9%	8.9%	7.5%	8.3%	8.3%	8.2%	8.7%	9.1%	8.9%	7.4%	9.0%	8.4%	8.2%	8.5%	8.2%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	12.1%	11.7%	12.5%	13.1%	16.3%	16.9%	16.4%	17.5%	15.2%	14.9%	13.5%	15.2%	13.4%	14.9%	14.0%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	11.9%	10.5%	9.0%	10.5%	8.8%	8.8%	9.3%	8.9%	10.0%	10.1%	11.1%	10.4%	10.2%	10.1%	9.4%	▲
Bed Utilisation (Incl short stay admissions)	100%	94%	94%	91%	95%	94%	94%	96%	95%	95%	94%	95%	94%	95%	90.0%	▼
<b>HR and FINANCE</b>																
Sickness Absence	3.1%	3.8%	5.3%	5.1%	3.9%	4.1%	4.4%	3.5%	4.3%	3.2%	2.9%	3.4%	3.2%	3.9%	3.0%	▲

## DIVISIONAL HEAT MAP - Month 6 2012/13

PLANNED CARE - Cancer and Haematology

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	100%	100%	--	--	100%	--	--	--	--	--	--	--	--	--	90.0%	▶▶
RTT Waiting Times - Non Admitted	98.9%	99.0%	97.5%	99.1%	98.1%	97.9%	97.4%	97.6%	98.3%	97.8%	99.1%	99.1%	98.9%	98.9%	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%	96.1%	92.0%	▼
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	9.2	8.1	7.0	8.8	9.5	6.9	7.2	6.6	5.7	9.5	7.0	6.8	8.1	7.2	7.1	▼
Non Elective LOS	5.4	4.5	5.9	4.6	4.9	5.1	6.3	4.7	5.6	4.9	5.0	6.7	6.0	5.5	5.7	▲
% of Electives Adm.on day of proc.	78.2%	69.2%	77.4%	76.9%	63.8%	75.7%	88.6%	94.4%	86.8%	85.7%	78.9%	89.8%	69.8%	84.0%	75.0%	▼
Day Case Rate (All Elective Care)	96.4%	96.5%	96.1%	96.8%	97.0%	97.6%	97.1%	97.5%	95.9%	96.7%	97.2%	96.7%	96.4%	96.7%	96.9%	▼
30 Day Readmissions (UHL) - Any Specialty	12.9%	12.7%	11.9%	14.4%	14.2%	13.2%	11.6%	12.7%	12.4%	12.2%	11.9%	11.7%		13.0%	11.0%	▲
30 Day Readmissions (UHL) - Same Specialty	10.8%	10.9%	10.5%	12.5%	11.9%	10.3%	8.5%	10.1%	9.6%	9.7%	8.0%	8.6%		10.8%	9.4%	▼
Outpatient New : F/Up Ratio	8.6	8.0	7.8	7.5	7.6	8.0	8.1	8.5	8.1	7.8	7.1	7.2	7.7	7.7	8.0	▼
Outpatient DNA Rate (Ex Wd. Attenders)	8.4%	8.3%	7.7%	8.2%	8.3%	8.0%	8.3%	8.6%	8.9%	9.1%	8.7%	8.3%	8.7%	8.7%	7.4%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	6.3%	4.8%	5.3%	5.6%	5.5%	5.4%	6.5%	8.7%	5.6%	8.4%	6.5%	7.9%	6.8%	7.3%	5.8%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	6.8%	6.9%	6.6%	7.0%	6.8%	6.7%	6.5%	7.1%	7.4%	7.4%	7.4%	6.5%	6.4%	7.0%	6.4%	▲
Bed Utilisation (Incl short stay admissions)	99%	97%	97%	93%	97%	95%	97%	92%	99%	97%	99%	96%	96%	96%	95.0%	▶▶
<b>HR and FINANCE</b>																
Sickness Absence	2.6%	2.4%	2.9%	2.4%	2.6%	3.0%	2.4%	2.8%	3.8%	2.6%	2.4%	2.5%	3.7%	2.8%	3.0%	▼

# DIVISIONAL HEAT MAP - Month 6 2012/13

PLANNED CARE - Musculo-Skeletal

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	91.0%	91.0%	90.0%	90.0%	82.7%	76.0%	79.2%	90.3%	91.8%	92.0%	92.4%	91.0%	89.9%	89.9%	90.0%	▼
RTT Waiting Times - Non Admitted	95.4%	96.9%	94.8%	95.5%	95.3%	93.8%	94.8%	94.8%	96.3%	96.1%	95.6%	95.5%	95.8%	95.8%	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%	94.8%	92.0%	▼
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	2.6	2.8	3.4	3.4	2.9	2.5	2.8	3.6	3.2	3.3	3.3	3.2	3.3	3.3	3.0	▼
Non Elective LOS	9.2	9.7	9.6	8.4	9.5	8.4	10.7	8.4	10.5	7.6	8.9	9.4	8.6	8.9	9.6	▲
% of Electives Adm.on day of proc.	98.3%	96.3%	97.2%	97.5%	98.5%	98.9%	98.7%	99.7%	97.6%	97.0%	96.3%	98.3%	98.0%	97.7%	97.5%	▼
Day Case Rate (Basket of 25)	77.8%	75.6%	80.3%	82.2%	78.9%	74.2%	79.1%	80.6%	82.5%	81.7%	84.6%	82.4%	83.2%	82.6%	80.8%	▲
Day Case Rate (All Elective Care)	41.8%	44.4%	47.0%	44.9%	45.8%	41.0%	41.5%	44.0%	43.6%	39.7%	47.0%	44.9%	46.4%	44.3%	45.5%	▲
30 Day Readmissions (UHL) - Any Specialty	5.5%	5.1%	3.7%	4.3%	4.8%	4.7%	5.2%	3.7%	2.9%	5.9%	3.7%	4.9%		4.8%	4.0%	▼
30 Day Readmissions (UHL) - Same Specialty	2.4%	1.6%	0.7%	1.0%	1.3%	1.0%	2.0%	1.3%	0.8%	2.7%	0.6%	1.0%		1.4%	1.8%	▼
Outpatient New : F/Up Ratio	2.0	1.7	1.8	1.7	1.8	2.0	1.9	1.8	1.8	1.7	1.7	1.7	1.8	1.7	1.7	▼
Outpatient DNA Rate (Ex Wd. Attenders)	9.3%	9.7%	9.3%	10.9%	10.0%	9.3%	9.2%	10.0%	9.8%	9.7%	8.9%	9.4%	9.3%	9.5%	9.0%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	7.1%	7.9%	7.0%	7.7%	9.2%	8.9%	7.3%	9.2%	6.7%	9.5%	9.0%	9.3%	7.0%	8.4%	8.2%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.2%	9.4%	8.7%	9.8%	7.9%	8.9%	8.4%	8.3%	9.3%	9.1%	9.4%	9.4%	9.7%	9.2%	8.8%	▼
Bed Utilisation (Incl short stay admissions)	73%	91%	93%	79%	85%	85%	91%	87%	87%	86%	84%	83%	85%	85%	90.0%	▲
<b>HR and FINANCE</b>																
Sickness Absence	3.9%	4.8%	4.7%	3.9%	4.0%	4.8%	4.5%	3.5%	4.5%	3.5%	3.8%	4.2%	3.8%	4.2%	3.0%	▲

# DIVISIONAL HEAT MAP - Month 6 2012/13

ACUTE CARE - DIVISIONAL PERFORMANCE

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>INFECTION PREVENTION</b>																
MRSA	0	0	2	0	1	0	0	0	0	0	0	0	0	0	6	▶▶
Cdiff	6	9	8	4	2	6	7	11	4	1	6	5	5	32	81	▶▶
<b>PATIENT SAFETY</b>																
10X Medication Errors	0	0	1	0	0	0	0	0	2	1	0	0	1	4	0	▼
Never Events	0	0	0	0	0	0	0	0	0	0	1	1	0	2	0	▲
Patient Falls	154	186	163	163	150	181	188	187	165	216	224	160		952	1982	▲
Complaints Re-Opened	11	9	8	5	4	7	12	9	7	7	4	5	5	37	75	▶▶
SULs (Relating to Deteriorating Patients)	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	▶▶
RIDDOR	0	1	1	2	0	3	2	3	3	0	3	1	4	14	15	▼
Falls Resulting in Severe Injury or Death	1	0	0	0	1	0	0	1	2	1	1	0	0	5	3	▶▶
Staffing Level Issues Reported as Incidents	12	10	10	14	19	54	18	7	25	17	28	33	17	127	154	▲
Outlying (daily average)	12	1	6	18	17	15	3	3	4	1	0	0	7	7	10	▼
Pressure Ulcers (Grade 3 and 4)	5	8	3	2	7	7	15	8	7	4	9	4		32	78	▲
Pressure Ulcers (Grade 2)	NEW FOR 2012/13							15	22	6	24	17		84		
ALL Complaints Regarding Attitude of Staff	18	14	11	11	6	5	11	15	11	10	8	8	11	63	110	▼
ALL Complaints Regarding Discharge	16	11	13	21	13	16	17	17	26	14	20	23	12	112	120	▼
Bed Occupancy (inc short stay admissions)	92%	94%	95%	94%	95%	93%	94%	93%	91%	91%	91%	92%	91%	92%	90%	▼
Bed Occupancy (excl short stay admissions)	89%	90%	91%	91%	92%	90%	91%	89%	88%	89%	88%	88%	88%	88%	86%	▶▶
<b>MORTALITY and READMISSIONS</b>																
30 Day Readmissions (UHL) - Any Specialty	11.1%	11.2%	11.0%	11.9%	11.7%	11.7%	11.5%	11.6%	12.3%	12.1%	12.3%	12.9%		11.5%	10.0%	▼
30 Day Readmissions (UHL) - Same Specialty	6.2%	6.9%	5.6%	6.6%	6.4%	6.5%	5.8%	6.6%	6.5%	6.6%	6.7%	7.3%		6.3%	6.3%	▼
Mortality (UHL Data)	3.7%	3.7%	3.5%	4.0%	4.2%	4.3%	4.1%	4.4%	3.5%	3.7%	3.7%	3.4%	3.6%	3.7%	4.3%	▼
Mortality (CHKS - Risk Adjusted - 2012 model)	101.5	90.7	82.4	78.9	90.8	97.2	89.3	99.3	85.8	83.5	85.2	78.3		86.0	90	▲

## DIVISIONAL HEAT MAP - Month 6 2012/13

ACUTE CARE - DIVISIONAL PERFORMANCE

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status	
<b>NURSING METRICS</b>																	
Patient Observation	96%	96%	95%	95%	96%	96%	97%	96%	96%	96%	95%	95%	95%	98.0%	98.0%	◀▶	
Pain Management	95%	92%	94%	97%	93%	91%	89%	95%	96%	96%	95%	95%	97%	98.0%	98.0%	▲	
Falls Assessment	94%	89%	94%	93%	95%	94%	96%	97%	89%	96%	84%	93%	96%	98.0%	98.0%	▲	
Pressure Area Care	95%	93%	96%	93%	95%	96%	97%	96%	95%	96%	97%	96%	97%	98.0%	98.0%	▲	
Nutritional Assessment	93%	91%	95%	94%	97%	92%	95%	96%	87%	82%	90%	89%	94%	98.0%	98.0%	▲	
Medicine Prescribing and Assessment	97%	95%	96%	96%	95%	97%	96%	97%	98%	97%	98%	97%	97%	98.0%	98.0%	◀▶	
Resuscitation Equipment	89%	67%	56%	56%	87%	56%	80%	88%	62%	82%	81%	84%	83%	98.0%	98.0%	▼	
Controlled Medicines	99%	99%	100%	99%	98%	100%	99%	99%	98%	100%	99%	99%	100%	98.0%	98.0%	▲	
VTE	80%	89%	89%	88%	87%	91%	90%	86%	74%	85%	84%	84%	91%	98.0%	98.0%	▲	
Patient Dignity	98%	95%	96%	96%	94%	96%	91%	96%	91%	91%	87%	95%	96%	98.0%	98.0%	▲	
Infection Prevention and Control	99%	95%	97%	98%	98%	98%	98%	98%	96%	97%	97%	95%	97%	98.0%	98.0%	▲	
Discharge	86%	77%	85%	86%	86%	89%	88%	91%	91%	86%	89%	87%	92%	98.0%	98.0%	▲	
Continence	94%	96%	98%	97%	98%	98%	97%	97%	98%	97%	98%	98%	99%	98.0%	98.0%	▲	
<b>SAME SEX ACCOMMODATION</b>																	
Net Promoter Score	COMMENCED APRIL 2012							49.9	53.3	53.9	55.0	58.5	59.9	55.2			
Inpatient Polling - treated with respect and dignity	94.5	95.5	96.7	95.7	96.3	94.8	95.2	95.8	96.2	94.8	95.9	95.0	96.3	95.7	95.0	▲	
Inpatient Polling - rating the care you receive	83.5	86.0	85.9	86.0	84.2	85.9	85.3	87.7	88.6	85.6	86.8	88.3	88.9	87.7	91.0	▲	
Single Sex Accommodation Breaches	0	0	0	0	0	0	2	3	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%	◀▶	
<b>REFERRAL to TREATMENT</b>																	
RTT Waiting Times - Admitted	98.1%	99.0%	95.7%	98.3%	97.1%	97.3%	99.0%	97.6%	96.2%	97.2%	98.2%	96.0%	93.9%	93.9%	90.0%	▼	
RTT Waiting Times - Non Admitted	99.5%	99.2%	99.3%	99.2%	99.0%	99.0%	99.0%	99.2%	99.5%	99.5%	98.9%	98.9%	99.0%	99.0%	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%	98.7%	90.0%	▲	

## DIVISIONAL HEAT MAP - Month 6 2012/13

ACUTE CARE - DIVISIONAL PERFORMANCE

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>OPERATIONAL PERFORMANCE</b>																
Choose and Book Slot Unavailability	6%	10%	13%	3%	1%	4%	3%	3%	6%	6%	16%	4%	4%	7%	4.0%	▶▶
Elective LOS	5.3	4.6	4.9	4.8	4.3	4.5	4.6	4.7	4.6	5.3	4.5	5.1	5.1	4.9	4.4	▶▶
Non Elective LOS	6.9	6.3	6.8	6.5	6.5	6.5	6.5	6.7	6.1	6.3	6.2	6.3	5.8	6.2	6.0	▶
% of Electives Adm.on day of proc.	51.0%	54.8%	53.7%	53.0%	58.3%	55.6%	56.8%	52.8%	58.3%	51.5%	53.3%	52.1%	56.3%	54.1%	53.9%	▶
Day Case Rate (All Elective Care)	70.9%	67.3%	71.4%	69.9%	70.6%	68.9%	70.1%	72.2%	72.4%	69.8%	69.5%	68.9%	69.6%	70.4%	70.3%	▶
Inpatient Theatre Utilisation	90.3%	88.2%	89.6%	85.3%	96.3%	87.6%	85.8%	93.4%	87.9%	97.6%	87.5%	88.6%	87.0%	90.0%	86.0%	▼
Day Case Theatre Utilisation	73.1%	79.0%	79.0%	-----	62.9%	-----	86.0%	79.2%	81.9%	74.2%	87.9%	-----	56.0%	75.6%	86.0%	▼
Outpatient New : F/Up Ratio	1.8	1.9	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	▶▶
Outpatient DNA Rate (Ex Wd. Attenders)	9.1%	9.6%	9.0%	9.3%	9.5%	9.0%	8.7%	8.7%	8.6%	9.0%	9.5%	9.5%	9.2%	9.1%	9.2%	▶
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	12.2%	10.6%	11.9%	13.0%	11.6%	13.0%	12.5%	12.5%	10.8%	12.6%	13.1%	12.2%	11.1%	12.0%	11.8%	▶
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.7%	10.5%	9.8%	10.9%	10.2%	10.2%	9.7%	10.2%	10.5%	10.3%	10.7%	10.3%	11.0%	10.5%	9.9%	▼
<b>HR and FINANCE</b>																
Appraisals	81.2%	90.5%	93.6%	93.5%	93.9%	93.8%	90.4%	89.0%	91.6%	92.8%	91.2%	92.5%	91.7%	91.7%	100%	▼
Sickness Absence	3.4%	3.4%	3.7%	4.0%	4.1%	4.1%	3.9%	3.6%	3.5%	3.1%	3.2%	3.2%	3.8%	3.6%	3%	▼



## DIVISIONAL HEAT MAP - Month 6 2012/13

ACUTE CARE - Medicine

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	97.7%	99.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	90.0%	◀▶
RTT Waiting Times - Non Admitted	99.7%	99.2%	99.5%	99.8%	99.4%	99.6%	99.2%	99.2%	99.6%	99.5%	99.1%	99.1%	98.9%	98.9%	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%	99.2%	92.0%	▼
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	9.5	7.5	17.3	6.3	10.4	2.1	4.6	5.4	6.3	7.3	3.5	6.1	9.9	6.3	6.8	▼
Non Elective LOS	7.8	6.6	7.4	6.6	6.6	6.5	6.8	6.8	6.4	6.6	6.3	6.3	5.7	6.4	6.3	▲
% of Electives Adm.on day of proc.	42.9%	66.7%	44.4%	50.0%	66.7%	87.5%	90.0%	66.7%	70.0%	27.3%	83.3%	54.5%	100.0%	64.8%	85.0%	▲
Day Case Rate (All Elective Care)	96.9%	95.8%	97.3%	97.5%	96.9%	96.5%	96.7%	97.3%	96.8%	94.9%	95.1%	92.6%	96.3%	95.5%	96.8%	▲
30 Day Readmissions (UHL) - Any Specialty	10.2%	11.9%	11.1%	13.3%	11.3%	11.2%	12.3%	10.7%	12.7%	12.7%	11.4%	12.8%		11.6%	11.0%	▼
Outpatient New : F/Up Ratio	2.2	2.4	2.3	2.4	2.5	2.3	2.4	2.3	2.4	2.3	2.2	2.3	2.3	2.3	2.4	◀▶
Outpatient DNA Rate (Ex Wd. Attenders)	9.0%	10.1%	9.0%	8.9%	9.3%	8.8%	8.7%	8.7%	8.0%	8.7%	9.1%	9.4%	8.9%	8.8%	9.0%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	10.4%	9.2%	10.0%	10.7%	8.6%	11.4%	11.5%	9.7%	7.9%	10.2%	11.6%	9.2%	8.1%	9.4%	10.5%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	11.8%	11.4%	10.8%	12.0%	11.4%	10.9%	10.3%	11.0%	11.6%	10.9%	11.3%	10.6%	11.6%	11.2%	11.0%	▼
Bed Utilisation (Incl short stay admissions)	93%	98%	97%	98%	98%	98%	96%	95%	94%	96%	94%	94%	95%	95%	90.0%	▲
<b>HR and FINANCE</b>																
Sickness Absence	3.3%	3.3%	3.2%	4.2%	4.4%	4.1%	4.0%	3.4%	3.1%	2.3%	2.7%	3.0%	4.4%	3.5%	3.0%	▼

# DIVISIONAL HEAT MAP - Month 6 2012/13

ACUTE CARE - Respiratory Med. & Thoracic Surgery

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	100%	100%	100%	100%	100%	93%	100%	97%	100%	80%	100%	100%	100%	100%	90.0%	▶▶
RTT Waiting Times - Non Admitted	99.2%	99.2%	99.3%	100.0%	99.5%	100.0%	100.0%	99.0%	99.1%	99.0%	99.7%	100.0%	98.6%	98.6%	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%	95.6%	92.0%	▼
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	8.6	6.3	8.4	5.9	7.0	6.0	6.1	6.7	7.7	7.0	6.3	7.2	6.9	7.0	6.1	▲
Non Elective LOS	4.2	4.1	4.3	4.1	4.6	4.6	4.4	4.5	4.3	4.2	4.5	4.3	4.0	4.3	4.4	▲
% of Electives Adm.on day of proc.	47.4%	47.6%	45.0%	53.6%	52.2%	42.9%	48.2%	37.1%	50.8%	43.2%	29.5%	43.4%	38.5%	40.2%	48.6%	▼
Day Case Rate (All Elective Care)	66.9%	67.6%	68.3%	68.3%	70.5%	64.3%	69.1%	61.4%	65.6%	71.4%	62.4%	64.8%	63.9%	64.8%	66.8%	▼
30 Day Readmissions (UHL) - Any Specialty	14.3%	14.0%	13.2%	12.4%	13.9%	14.5%	12.7%	15.3%	13.7%	14.1%	16.8%	16.8%		13.6%	12.0%	▶▶
Outpatient New : F/Up Ratio	1.5	1.7	1.5	1.6	1.7	1.6	1.4	1.8	1.5	1.7	1.5	1.5	1.5	1.6	1.5	▶▶
Outpatient DNA Rate (Ex Wd. Attenders)	10.5%	11.5%	10.4%	11.2%	10.9%	9.9%	8.8%	9.5%	11.1%	10.6%	12.0%	12.6%	12.1%	11.3%	10.2%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	9.3%	7.3%	9.2%	15.9%	8.9%	11.1%	10.3%	11.2%	8.5%	10.5%	8.7%	14.1%	13.4%	11.0%	10.3%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.7%	10.3%	9.5%	9.6%	9.3%	10.0%	9.2%	9.5%	8.5%	8.4%	10.4%	9.9%	10.0%	9.4%	9.7%	▼
Bed Utilisation (Incl short stay admissions)	94%	93%	95%	97%	95%	95%	96%	96%	89%	92%	93%	92%	93%	92%	90.0%	▲
<b>HR and FINANCE</b>																
Sickness Absence	2.9%	3.3%	4.3%	4.3%	4.7%	4.9%	4.5%	3.5%	3.9%	3.7%	3.5%	3.2%	3.2%	3.9%	3.0%	▶▶

## DIVISIONAL HEAT MAP - Month 6 2012/13

ACUTE CARE - Cardiac, Renal & Critical Care

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	98.1%	99.0%	94.8%	97.8%	96.4%	97.2%	95.3%	97.0%	95.5%	97.4%	97.8%	95.4%	92.2%	92.2%	90.0%	▼
RTT Waiting Times - Non Admitted	99.3%	99.2%	98.7%	97.2%	97.8%	96.8%	97.8%	99.2%	99.4%	99.8%	97.8%	97.7%	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%	92.0%	▲
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	4.6	4.2	3.7	4.6	3.5	4.3	4.3	4.1	3.8	4.8	4.1	4.5	4.5	4.3	4.0	◀▶
Non Elective LOS	9.1	8.9	8.4	9.4	9.3	9.2	9.6	10.4	8.7	9.0	9.2	9.9	9.5	9.4	9.4	▲
% of Electives Adm.on day of proc.	52.0%	55.6%	55.7%	52.9%	59.0%	57.6%	57.3%	56.7%	59.6%	54.0%	57.4%	53.7%	59.6%	56.9%	55.0%	▲
Day Case Rate (All Elective Care)	52.2%	49.2%	54.1%	51.5%	53.5%	52.1%	53.4%	57.9%	58.0%	53.6%	53.5%	53.5%	53.0%	55.0%	52.5%	▼
30 Day Readmissions (UHL) - Any Specialty	9.9%	8.0%	9.4%	9.4%	10.3%	10.1%	9.4%	9.9%	10.6%	9.6%	10.1%	9.7%		9.5%	9.0%	▲
Outpatient New : F/Up Ratio	2.6	2.8	2.6	2.6	2.7	2.6	2.5	2.5	2.4	2.4	2.4	2.5	2.3	2.4	2.4	▲
Outpatient DNA Rate (Ex Wd. Attenders)	7.6%	7.0%	7.8%	8.1%	8.3%	7.9%	7.2%	6.9%	7.2%	7.0%	7.4%	6.4%	7.4%	7.0%	7.7%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	17.3%	15.2%	17.3%	16.5%	19.3%	17.2%	16.3%	19.4%	18.7%	19.1%	19.0%	17.8%	16.3%	18.4%	16.9%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	8.7%	8.7%	7.9%	9.4%	8.4%	8.8%	8.5%	8.9%	9.5%	10.1%	9.6%	10.0%	10.6%	9.8%	8.8%	▼
Bed Utilisation (Incl short stay admissions)	89%	88%	91%	89%	90%	87%	89%	88%	88%	84%	86%	89%	86%	87%	90%	▼
<b>HR and FINANCE</b>																
Sickness Absence	3.5%	3.4%	3.9%	3.8%	3.7%	3.8%	3.5%	3.7%	3.5%	3.3%	3.1%	3.2%	3.5%	3.5%	3.0%	▼

# DIVISIONAL HEAT MAP - Month 6 2012/13

ACUTE CARE - Emergency Dept.

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>OPERATIONAL PERFORMANCE</b>																
ED Waits - Type 1	88.7%	88.5%	92.1%	96.0%	93.7%	88.3%	86.6%	89.5%	89.3%	90.5%	94.9%	97.2%	95.5%	92.8%	95%	▼
Admitted Median Wait (Mins) - Type 1	232	234	219	210	214	232	230	221	222	218	208	204	205	212	205	▼
Admitted 95th Percentile Wait (Mins) - Type 1	569	558	484	350	417	482	444	437	452	473	376	323	371	412	350	▼
Non-Admitted Median Wait (Mins) - Type 1	138	135	133	129	133	143	154	146	147	148	138	129	133	140	105	▼
Non-Admitted 95th Percentile Wait (Mins) Type 1	255	253	240	236	238	256	285	273	262	259	238	234	237	240	235	▼
Outpatient DNA Rate (Ex Wd. Attenders)	27.6%	25.4%	21.3%	27.8%	24.7%	26.3%	28.9%	29.5%	26.9%	31.8%	29.8%	31.6%	23.6%	28.8%	24.4%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	1.3%	2.7%	3.0%	4.3%	3.3%	3.3%	1.5%	6.4%	2.2%	2.6%	2.6%	2.4%	2.1%	3.0%	2.5%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.7%	11.7%	14.1%	9.7%	11.6%	10.5%	11.9%	7.8%	10.6%	9.3%	11.0%	10.8%	7.5%	9.6%	10.0%	▲
<b>HR and FINANCE</b>																
Sickness Absence	2.9%	3.6%	4.4%	4.1%	4.1%	4.3%	3.9%	4.4%	4.1%	4.3%	4.6%	3.8%	4.0%	4.1%	3.0%	▼

# DIVISIONAL HEAT MAP - Month 6 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status	
<b>INFECTION PREVENTION</b>																	
MRSA	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Clostridium Difficile	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2	◀▶	
<b>PATIENT SAFETY</b>																	
10X Medication Errors	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	5	4	5	3	1	4	4	4	1	2	4	4		15	47	◀▶	
Complaints Re-Opened	3	4	3	4	1	1	0	4	1	1	3	4	5	18	30	⚠	
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
RIDDOR	1	0	1	1	0	1	0	1	0	1	0	1	0	3	4	▲	
Falls Resulting in Severe Injury or Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
No of Staffing Level Issues Reported as Incidents	52	71	96	58	29	41	35	20	61	84	88	45	25	323	616	▲	
Outlying (daily average)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Pressure Ulcers (Grade 3 and 4)	0	0	0	0	0	0	0	0	0	0	0	1		1	2	⚠	
Pressure Ulcers (Grade 2)	NEW FOR 2012/13							0	0	0	0	1		1			
ALL Complaints Regarding Attitude of Staff	11	6	4	6	6	5	4	4	3	10	7	8	6	38	98	▲	
ALL Complaints Regarding Discharge	4	4	0	3	0	2	1	0	0	2	2	0	0	4	20	◀▶	
Bed Occupancy (inc short stay admissions)	85%	85%	88%	90%	89%	90%	87%	84%	86%	87%	87%	83%	85%	85%	90.0%	▲	
Bed Occupancy (excl short stay admissions)	70%	70%	73%	76%	75%	76%	72%	69%	72%	73%	72%	68%	72%	71%	86.0%	▲	
<b>MORTALITY and READMISSIONS</b>																	
30 Day Readmissions (UHL) - Any Specialty	4.0%	3.2%	3.8%	3.7%	4.0%	4.5%	3.8%	3.7%	3.3%	4.0%	3.2%	3.2%		3.8%	3.9%	◀▶	
30 Day Readmissions (UHL) - Same Specialty	2.5%	1.8%	2.3%	2.5%	2.8%	3.0%	2.4%	2.3%	2.2%	2.7%	1.7%	2.0%		2.5%	2.5%	▼	
30 Day Readmission Rate (CHKS)	4.5%	3.6%	4.3%	4.0%	4.4%	5.2%	4.2%	4.1%	3.9%	4.6%	3.7%			4.0%	4.5%	▲	
Mortality (UHL Data)	0.3%	0.2%	0.2%	0.2%	0.2%	0.1%	0.3%	0.3%	0.3%	0.2%	0.3%	0.2%	0.3%	0.3%	0.2%	⚠	
Mortality (CHKS - Risk Adjusted - 2012 model)	40.9	52.7	0.0	47.4	67.4	67.1	57.2	52.2	104.5	53.4	40.5	101.0		69.0	50.0	▼	

## DIVISIONAL HEAT MAP - Month 6 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status	
<b>NURSING METRICS</b>																	
Patient Observation	80%	92%	97%	93%	97%	97%	98%	96%	100%	98%	100%	97%	95%		98.0%	▼	
Pain Management	92%	100%	97%	97%	94%	100%	97%	94%	100%	100%	100%	100%	100%		98.0%	◀▶	
Falls Assessment	100%	92%	100%	100%	100%	100%	87%	98%	100%	80%	100%	87%	99%		98.0%	▲	
Pressure Area Care	100%	97%	100%	100%	100%	97%	87%	100%	100%	100%	100%	92%	100%		98.0%	▲	
Nutritional Assessment	100%	94%	100%	100%	93%	100%	94%	100%	95%	90%	100%	90%	100%		98.0%	▲	
Medicine Prescribing and Assessment	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		98.0%	◀▶	
Resuscitation Equipment	100%	100%	100%	100%	100%	100%	100%	67%	0%	100%	100%	100%	100%		98.0%	◀▶	
Controlled Medicines	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		98.0%	◀▶	
VTE	88%	79%	100%	100%	100%	83%	86%	80%	100%	85%	93%	88%	98%		98.0%	▲	
Patient Dignity	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%		98.0%	◀▶	
Infection Prevention and Control	100%	100%	100%	100%	98%	96%	88%	100%	100%	100%	100%	96%	100%		98.0%	▲	
Discharge	64%	100%	89%	98%	98%	100%	100%	100%	96%	97%	94%	89%	100%		98.0%	▲	
Continence	95%	100%	93%	100%	93%	100%	100%	100%	97%	94%	100%	100%	100%		98.0%	◀▶	
<b>SAME SEX ACCOMMODATION</b>																	
Net Promoter Score	COMMENCED APRIL 2012							58.0	57.6	49.3	53.6	61.3	61.7	56.7			
Inpatient Polling - treated with respect and dignity	94.4	96.5	94.5	97.8	96.7	95.4	92.5	92.9	98.0	96.0	98.7	96.6	97.7	97.3	95.0	▲	
Inpatient Polling - rating the care you receive	84.6	88.3	86.5	91.4	89.7	88.5	86.5	94.0	95.3	95.1	96.5	95.1	95.4	95.3	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 6 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	98.8%	99.3%	98.9%	97.9%	98.4%	97.5%	99.2%	98.3%	99.8%	96.9%	97.5%	96.7%	96.2%	96.2%	90.0%	▼
RTT Waiting Times - Non Admitted	97.6%	96.8%	97.4%	98.4%	98.5%	98.9%	97.9%	98.5%	98.0%	97.1%	97.9%	97.0%	98.4%	98.4%	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%	96.5%	92.0%	▼
<b>OPERATIONAL PERFORMANCE</b>																
Choose and Book Slot Unavailability	9%	7%	6%	3%	3%	3%	11%	9%	22%	5%	13%	8%	11%	11%	4.0%	▼
Elective LOS	2.3	3.5	2.5	2.6	2.5	2.4	2.7	2.5	2.6	2.8	2.7	2.7	2.7	2.7	2.3	◀▶
Non Elective LOS	3.2	2.9	3.3	3.9	3.8	3.2	3.1	3.2	3.6	3.0	3.2	3.6	3.1	3.3	2.7	▲
% of Electives Adm.on day of proc.	83.1%	82.4%	85.6%	82.6%	80.6%	88.3%	87.7%	91.3%	90.3%	91.5%	89.0%	93.9%	92.8%	91.5%	84.0%	▼
Day Case Rate (Basket of 25)	76.8%	82.1%	79.5%	81.5%	81.8%	83.3%	84.6%	81.6%	87.0%	82.9%	85.0%	86.2%	85.1%	84.8%	81.7%	▼
Day Case Rate (All Elective Care)	67.4%	70.7%	68.2%	66.2%	69.7%	67.8%	65.8%	68.6%	69.9%	67.5%	69.1%	70.6%	65.0%	68.5%	68.1%	▼
Inpatient Theatre Utilisation	76.7%	81.5%	83.4%	77.8%	81.6%	79.7%	76.7%	82.2%	83.6%	78.7%	79.6%	77.5%	81.7%	80.6%	86.0%	▲
Day Case Theatre Utilisation	73.1%	67.8%	76.7%	70.3%	79.9%	77.8%	76.4%	75.4%	70.0%	73.7%	78.9%	76.2%	76.9%	74.9%	86.0%	▲
Outpatient New : F/Up Ratio	1.3	1.2	1.2	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.2	1.1	1.1	1.2	▲
Outpatient DNA Rate (Ex Wd. Attenders)	8.9%	8.9%	8.9%	10.0%	9.6%	8.8%	10.1%	9.0%	9.0%	8.3%	8.6%	8.8%	8.6%	8.7%	8.9%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	6.9%	7.1%	5.7%	6.5%	7.0%	8.2%	7.7%	7.5%	7.5%	7.2%	6.6%	8.4%	6.8%	7.3%	7.0%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.7%	10.4%	10.2%	10.7%	9.6%	10.7%	10.3%	9.7%	10.0%	11.1%	10.7%	10.1%	10.1%	10.3%	10.0%	▶
<b>HR and FINANCE</b>																
Appraisals	92.5%	95.2%	93.9%	94.5%	95.7%	95.5%	94.8%	93.8%	91.6%	89.8%	90.1%	89.1%	86.8%	86.8%	100%	▼
Sickness Absence	3.3%	3.7%	3.7%	4.0%	3.6%	3.5%	3.6%	3.4%	4.1%	3.7%	4.1%	4.3%	5.3%	3.9%	3%	▼

## DIVISIONAL HEAT MAP - Month 6 2012/13

WOMEN'S and CHILDREN'S - Women's

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	v	99.0%	99.3%	99.5%	98.3%	99.5%	98.3%	96.6%	99.8%	96.9%	97.6%	96.5%	95.9%	95.9%	90.0%	▼
RTT Waiting Times - Non Admitted	96.6%	96.8%	98.0%	97.9%	98.5%	97.3%	98.4%	99.4%	97.5%	96.4%	97.0%	96.0%	97.8%	97.8%	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%	96.1%	92.0%	▼
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	2.4	2.3	2.2	2.3	2.2	2.2	2.3	2.5	2.2	2.7	2.5	2.6	2.7	2.5	2.1	▼
Non Elective LOS	3.2	2.4	3.0	2.7	2.9	3.3	2.8	3.0	3.4	3.1	3.5	3.2	2.8	3.2	2.7	▲
% of Electives Adm.on day of proc.	94.8%	88.0%	91.9%	91.1%	89.0%	92.6%	91.0%	96.3%	98.7%	97.9%	95.4%	98.0%	96.4%	97.1%	92.0%	▼
Day Case Rate (Basket of 25)	78.7%	85.3%	78.7%	83.4%	83.8%	87.3%	85.4%	84.2%	88.6%	83.1%	85.2%	87.8%	85.2%	85.8%	84.8%	▼
Day Case Rate (All Elective Care)	65.7%	64.6%	63.1%	64.0%	67.3%	64.0%	65.3%	65.5%	69.5%	66.1%	68.3%	69.1%	63.6%	67.2%	64.9%	▼
30 Day Readmissions (UHL) - Any Specialty	3.6%	2.7%	3.4%	3.3%	3.0%	3.9%	3.3%	2.8%	2.7%	3.0%	3.0%	2.8%		3.3%	3.5%	▲
30 Day Readmissions (UHL) - Same Specialty	2.2%	1.4%	1.8%	2.0%	1.8%	2.4%	1.9%	1.5%	1.6%	1.9%	1.5%	1.7%		1.9%	2.1%	▼
Outpatient New : F/Up Ratio	1.5	1.5	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	▲
Outpatient DNA Rate (Ex Wd. Attenders)	8.3%	8.5%	8.2%	9.1%	8.6%	7.8%	9.1%	7.9%	8.5%	7.2%	7.2%	7.7%	8.0%	7.8%	8.1%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	7.1%	7.5%	5.5%	7.0%	7.4%	9.2%	8.7%	8.6%	8.2%	7.8%	7.4%	9.3%	6.9%	8.1%	7.6%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.6%	10.6%	10.6%	10.6%	9.5%	10.6%	9.9%	9.5%	9.5%	11.1%	10.2%	10.1%	10.2%	10.1%	9.5%	▼
Bed Utilisation (Incl short stay admissions)	88%	84%	87%	88%	88%	90%	87%	84%	86%	87%	85%	84%	84%	85%	90.0%	◀▶
<b>HR and FINANCE</b>																
Sickness Absence	3.4%	3.9%	3.9%	3.9%	3.4%	3.3%	3.2%	2.9%	4.4%	3.9%	4.2%	4.3%	5.3%	3.9%	3.0%	▼



# DIVISIONAL HEAT MAP - Month 6 2012/13

WOMEN'S and CHILDREN'S - Children's

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	98.4%	98.4%	86.0%	91.8%	89.8%	96.6%	98.5%	100.0%	100.0%	96.3%	96.2%	98.1%	100.0%	100.0%	90.0%	▲
RTT Waiting Times - Non Admitted	97.3%	98.3%	99.3%	100.0%	99.8%	99.1%	98.8%	99.4%	99.2%	98.8%	100.0%	99.5%	100.0%	100.0%	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%	97.6%	92.0%	▼
<b>OPERATIONAL PERFORMANCE</b>																
Elective LOS	2.3	5.9	3.0	3.2	3.2	2.8	3.4	2.4	3.2	2.9	3.1	2.8	2.8	2.9	2.5	◀▶
Non Elective LOS	3.1	3.7	3.7	5.4	4.9	3.2	3.4	3.5	3.9	2.8	3.0	4.1	3.4	3.4	3.6	▲
% of Electives Adm.on day of proc.	63.5%	70.5%	72.8%	67.7%	64.3%	80.0%	81.5%	83.3%	77.0%	82.1%	78.5%	86.6%	87.0%	82.3%	71.9%	▲
Day Case Rate (Basket of 25)	69.2%	72.9%	81.8%	76.7%	76.0%	70.2%	82.5%	73.7%	81.8%	82.4%	84.4%	82.4%	85.0%	81.7%	75.0%	▲
Day Case Rate (All Elective Care)	69.9%	78.2%	74.9%	69.3%	73.4%	73.3%	66.6%	72.5%	70.6%	69.3%	70.3%	72.7%	67.1%	70.4%	69.7%	▼
30 Day Readmissions (UHL) - Any Specialty	6.3%	5.5%	5.6%	5.7%	8.9%	7.2%	6.1%	8.1%	6.3%	8.6%	4.2%	5.4%		6.5%	5.5%	▼
30 Day Readmissions (UHL) - Same Specialty	4.4%	3.7%	4.6%	4.9%	7.6%	5.7%	4.9%	5.8%	5.2%	6.4%	2.8%	3.4%		5.1%	4.0%	▼
Outpatient New : F/Up Ratio	0.9	0.9	0.8	0.7	0.7	0.7	0.7	0.8	0.8	0.7	0.8	0.8	0.8	0.8	0.8	▶▶
Outpatient DNA Rate (Ex Wd. Attenders)	10.4%	10.0%	10.9%	12.8%	12.5%	11.7%	12.6%	12.0%	10.7%	11.5%	12.5%	11.7%	10.4%	11.5%	11.5%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	6.4%	5.8%	6.2%	5.0%	6.1%	5.5%	4.8%	4.4%	5.3%	5.6%	4.4%	5.7%	6.4%	5.3%	5.7%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	11.1%	9.8%	8.9%	10.7%	9.9%	10.9%	11.2%	10.2%	11.4%	11.1%	12.0%	9.8%	9.9%	10.8%	10.0%	▼
Bed Utilisation (Incl short stay admissions)	79%	87%	90%	95%	91%	88%	87%	83%	85%	86%	91%	80%	90%	86%	80.0%	▲
<b>HR and FINANCE</b>																
Sickness Absence	3.0%	3.1%	3.1%	4.5%	4.1%	4.0%	4.6%	4.4%	3.4%	3.2%	4.0%	4.3%	5.5%	4.0%	3.0%	▼

# DIVISIONAL HEAT MAP - Month 6 2012/13

CLINICAL SUPPORT

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>PATIENT SAFETY</b>																
10X Medication Errors	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	▶▶
Never Events	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	▶▶
Patient Falls	6	6	4	2	5	6	1	4	11	5	7	3		30	68	▲
Complaints Re-Opened	0	2	4	2	0	0	0	1	1	0	0	2	2	6	0	▶▶
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	▶▶
RIDDOR	3	1	1	0	0	0	1	0	1	0	0	0	1	2	12	▼
No of Staffing Level Issues Reported as Incidents	0	2	1	2	3	0	2	3	5	4	2	1	1	16	17	▶▶
ALL Complaints Regarding Attitude of Staff	3	11	4	1	4	4	6	4	4	1	3	3	1	16	36	▲
ALL Complaints Regarding Discharge	1	1	1	0	1	1	1	1	2	0	1	0	0	4	0	▶▶
<b>REFERRAL to TREATMENT</b>																
RTT Waiting Times - Admitted	100.0%	97.9%	95.1%	100.0%	97.7%	98.2%	98.6%	97.2%	99.2%	98.9%	98.4%	97.3%	93.8%	93.8%	90.0%	▼
RTT Waiting Times - Non Admitted	99.1%	99.6%	99.3%	99.5%	99.6%	100.0%	98.8%	99.6%	100.0%	99.6%	99.1%	98.8%	98.9%	98.9%	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%	98.0%	90.0%	▼
<b>ANAESTHETICS &amp; THEATRES</b>																
% Pain Mgmt Referrals Seen < 11 weeks	96.1%	97.6%	97.0%	94.9%	96.0%	94.7%	97.9%	97.2%	98.1%	97.9%	97.6%	96.5%	95.8%	97.2%	98.0%	▼
Outpatient New : F/Up Ratio	3.3	3.1	3.4	3.5	2.7	2.9	3.0	2.2	3.3	2.7	3.1	2.9	2.8	2.8	3.2	▲
Outpatient DNA Rate (Ex Wd. Attenders)	11.8%	11.7%	11.7%	11.8%	10.9%	10.9%	10.9%	10.1%	11.5%	10.3%	9.1%	11.6%	12.4%	10.8%	11.1%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	23.8%	18.7%	17.3%	15.6%	18.9%	16.7%	16.6%	11.8%	7.8%	5.8%	7.7%	6.7%	8.2%	8.0%	8.0%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	12.9%	13.0%	12.7%	14.3%	12.5%	13.5%	10.8%	11.4%	16.2%	15.2%	14.5%	15.6%	14.0%	14.5%	13.3%	▲
UHL Inpatient Theatre Utilisation Rate (%)	82.6%	81.0%	81.2%	80.2%	81.8%	78.8%	80.9%	83.2%	82.3%	82.0%	80.1%	79.8%	80.7%	81.3%	86.0%	▲
UHL Day case Theatre Utilisation Rate (%)	78.2%	75.1%	79.8%	75.8%	77.3%	80.2%	80.7%	77.6%	77.1%	77.1%	69.1%	74.1%	72.5%	74.6%	86.0%	▼
<b>BOOKING CENTRE</b>																
% calls responded to within 30 seconds	76.5%	76.9%	79.9%	89.8%	74.7%	83.2%	87.7%	86.6%	85.5%	75.0%	90.6%	87.5%	88.3%	88.3%	65%	▲
<b>NUTRITION AND DIETETICS</b>																
% of adult inpatients seen within 2 days	98.5%	97.9%	96.7%	97.7%	98.9%	96.0%	96.7%	96.7%	91.0%	90.0%	91.0%	90.1%	92.8%	91.9%	98%	▲
% of paed inpatients seen within 2 days	98.2%	100.0%	96.7%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%	99.7%	98%	▶▶

# DIVISIONAL HEAT MAP - Month 6 2012/13

CLINICAL SUPPORT

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>OCCUPATIONAL THERAPY</b> (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	88.9%	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	95%	▶▶
RTT Completes (% waiting <=8 weeks)	99.4%	99.8%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	99.8%	100.0%	99.3%	99.8%	99.8%	99.8%	95%	▶▶
Inpatient Response Times - Emergency (45 mins)	90%	100%	80%	100%	0%	100%	----	96%	100%	98%	100%	80%			98%	▼
Inpatient Response Times - Urgent (3 hours)	100%	95%	90%	98%	100.0%	89%	100%	100%	91%	100%	100%	96%			98%	▼
Inpatient Response Times - Routine (24 hours)	86%	83%	85%	88%	85%	86%	91%	87%	86%	85%	90%	91%			98%	▲
<b>PHYSIOTHERAPY</b> (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	96.5%	96.4%	97.2%	94.1%	95.0%	96.4%	95.0%	94.7%	94.1%	91.7%	91.0%	91.0%	87.9%	87.9%	95%	▼
RTT Completes (% waiting <=8 weeks)	97.0%	97.6%	97.8%	97.7%	95.2%	96.2%	96.0%	94.5%	92.2%	94.2%	91.2%	91.2%	88.6%	88.6%	95%	▼
Inpatient Response Times - Emergency (45 mins)	97%	100%	100%	100%	100%	93%	100%	94%	100%	93%	100%	100%			98%	▶▶
Inpatient Response Times - Urgent (3 hours)	98.2%	99.8%	99.4%	98.6%	98.1%	98.5%	99.1%	98.5%	100%	99%	98%	96%			98%	▼
Inpatient Response Times - Routine (24 hours)	99.7%	99.5%	99.5%	99.1%	99.3%	99.4%	99.0%	99.0%	99.3%	99.5%	99.2%	99.2%			98%	▶▶
<b>MEDICAL RECORDS</b>																
Med Rec - % Missing Casenotes	0.34%	0.30%	0.41%	0.35%	0.38%	0.35%	0.41%	0.43%	0.32%	0.32%	0.34%	0.30%	0.40%		<0.5%	▼
<b>DISCHARGE TEAM</b>																
Delayed Discharges - County	2.8	2.8	2.7	2.7	2.7	2.7	2.6	2.3	4.7	5.5	5.7	6.2	6.2	6.2	1.6	▶▶
Delayed Discharges - City	4.3	4.3	4.4	4.3	4.2	4.1	4.1	3.6	4.9	6.0	6.5	7.0	7.1	7.1	3.8	▼
<b>PSYCHOLOGY / NEURO-PSYCHOLOGY</b>																
New referrals inpatients Medical Psychology	2	4	6	3	5	0	2	3	3	3	9	4	2	24		
New referrals outpatients Medical Psychology	64	35	53	54	60	50	58	41	65	53	35	70	58	322		
New referrals inpatients Neuropsychology	13	1	15	2	5	4	5	6	11	6	11	4	5	43		
New referrals outpatients Neuropsychology	16	7	8	9	14	2	6	13	8	6	12	10	12	61		
<b>CLINICAL SUPPORT</b>																
SALT Wait Time in Weeks	3	3	2	3	3	3	0	3	3	3	3	3	0	0	4	▶▶
Pharmacy TTO Turnaround in 2 Hours	79.3%	78.9%	80.3%	81.7%	80.5%	80.0%	79.4%	79.3%	73.9%	78.3%	81.1%	81.0%	80.3%	79.0%	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%	99.99%	99.99%	99.5%	▶▶










# DIVISIONAL HEAT MAP - Month 6 2012/13

CLINICAL SUPPORT

	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	YTD	Target	Status
<b>IMAGING and MEDICAL PHYSICS</b>																
CT Scan (% Waiting 3+ Weeks)	1.5%	0.2%	1.7%	4.7%	1.2%	0.7%	1.9%	2.9%	13.9%	14.9%	17.0%	12.8%	7.7%		5%	▲
MRI Scan (% Waiting 3+ Weeks)	3.3%	3.9%	5.0%	6.7%	3.5%	5.2%	18.2%	11.1%	25.8%	30.5%	23.6%	24.8%	16.1%		5%	▲
Non-Obstetric Ultrasound (% Waiting 3+ Weeks)	0.1%	0.3%	4.2%	12.2%	4.9%	12.0%	15.5%	12.1%	43.3%	44.3%	41.5%	29.5%	13.5%		5%	▲
CT Scan (% Waiting 6+ Weeks)	<b>% Waiting 6 Weeks+ From April 2012</b>							0.4%	1.7%	2.0%	0.6%	1.8%	0.3%		1%	▲
MRI Scan (% Waiting 6+ Weeks)								3.4%	5.4%	7.1%	2.3%	0.9%	1.3%		1%	▼
Non-Obstetric Ultrasound (% Waiting 6+ Weeks)								0.4%	0.1%	11.6%	3.9%	1.5%	0.7%		1%	▲
Planned Preventative Maintenance - high risk equipment - completed %								<b>NEW CBU INDICATOR COMMENCED APRIL 2012</b>							71.5%	82.9%
Equipment demand jobs - turnaround in 5 days - completed %	<b>NEW CBU INDICATOR COMMENCED APRIL 2012</b>							58%	61%	51%	65%	58%	64%	59.6%	80%	▲
Medical Physics Diagnostic Waits - Breaches > 6 weeks %	<b>NEW CBU INDICATOR COMMENCED APRIL 2012</b>							0%	4.6%	0.6%	2.6%	5.1%	4.1%	2.83%	0%	▲
Newborn Hearing Screening completed within 3 months from birth %	<b>NEW CBU INDICATOR COMMENCED APRIL 2012</b>							99.5%	99.5%	99.6%	99.6%	99.6%	99.5%	99.6%	99%	▼
<b>CRIS and PACS</b>																
PACS Uptime	100%	97%	100%	100%	99%	100%	100%	99%	99%	100%	100%	100%	100%	99.7%	98%	◀▶
CRIS Uptime	100%	99.7%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	◀▶
<b>PATHOLOGY</b>																
CDT 24 Hour TRT	94.8%	96.0%	97.1%	98.5%	97.8%	95.5%	98.1%	97.6%	96.5%	97.4%	95.8%	95.0%	94.6%		95%	▼
MRSA 48 Hour TRT	99.83%	99.59%	99.88%	99.50%	98.70%	99.52%	99.46%	99.72%	99.40%	99.51%	99.20%	99.54%	99.87%		95%	▲
Diagnostic Wait > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	4	0		0	▲
Cytology Screening 7 Day Target	100%	99.98%	100%	97.7%	100%	100%	99.8%	99.8%	99.9%	99.9%	100.0%	100.0%	99.98%		98%	▼
<b>HR and FINANCE</b>																
Appraisals	93.2%	96.6%	94.2%	93.5%	95.9%	96.1%	95.6%	95.8%	95.0%	91.5%	89.9%	90.3%	88.4%	88.4%	100%	▼
Sickness Absence	3.1%	3.4%	3.4%	3.3%	3.3%	3.2%	3.1%	2.9%	3.1%	2.7%	3.3%	3.3%	3.4%	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

