

	TRUST BOARD									
From:	Suzanne Hinchliffe Andrew Seddon Kevin Harris Kate Bradley									
Date:	26th July 2012									
CQC regulation	All									
Title:	Quality & Performance Report									
Author/Responsible Director:	S.Hinchliffe, Chief Operating Officer/Chief Nurse A. Seddon, Director of Finance K. Harris, Medical Director K. Bradley, HR Director									
Purpose of the Report:	To provide members with an overview of UHL financial position, performance and quality against national, regional and local indicators for the month of June 2012.									
The Report is provided to the Board for:	<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	
Decision		Discussion	√							
Assurance	√	Endorsement								
Summary / Key Points:	<p><u>Financial Position</u></p> <ul style="list-style-type: none"> ❖ The Trust is reporting a cumulative £2.65m deficit for the first three months, £1.16m adverse to Plan. ❖ Year to date NHS patient care income is £1.8m (1.2%) favourable to Plan. ❖ Expenditure for the year to date is £3.9m adverse to Plan, comprising pay at £1.7m (1.6%) adverse and non-pay £2.2m (3.7%) adverse. <p><u>Performance Position:</u></p> <ul style="list-style-type: none"> ❖ ED - Performance for June Type 1 & 2 is 91.5% and 93.2% including the Urgent Care Centre (UCC). ❖ RTT - Admitted performance in June has been achieved with performance at 93.6%, with all specialties delivering above the 90% target as expected. The non-admitted target has also been achieved at 97.1% against a target of 95%. All specialties with the exception of Ophthalmology have achieved as expected. ❖ Diagnostic waits - The Trust Board was briefed at its meeting on the 28th June 2012 on anomalies which had come to light in the Imaging CBU. Further to a process of validation, the position for 1st July 2012 showed 639 patients waiting across a number of imaging modalities, most notably ultrasound. ❖ Primary PCI - The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in June was 91.2% against a target of 75%. 									

Trust Board Paper G

- ❖ Cancer - All of the cancer targets are delivering against performance thresholds for May (one month in arrears reporting) including the 62 day cancer target.
- ❖ Sickness - The reported sickness rate for June is 3.6%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has decreased to 3.5%.
- ❖ Appraisals - There was a slight decrease in the rolling twelve month average appraisal rate for June, however the number of appraisals which took place during the month was the highest for eight months.

Quality

- ❖ MRSA – a positive month with 0 MRSA cases reported for June for the fifth consecutive month. The target for 2012/13 is 6 cases.
- ❖ CDifficile – June is below trajectory with 3 cases reported with a cumulative position of 21 reported for Quarter 1 against a target of 27.
- ❖ 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 June.
- ❖ Pressure Ulcers - The overall number of grade 3 and 4 ulcers for the month May was 11. For the month of June, the overall number of ulcers was 7.
- ❖ Patient Experience - In June 2012, 1,234 Patient Experience responses were made for the Net Promoter giving a > 10% inpatient coverage and an overall trust score of 53.16.
- ❖ UHL's in-hospital mortality rate was 1.3% for both June and May. The risk adjusted mortality rate (HSMR) for April was 95. The trust's HSMR for 2011/12 is currently 92.3 and is anticipated to be 101 following Dr Foster's annual rebasing which will remain 'within expected'.
- ❖ Quality/CQUIN - UHL are anticipated to meet the Q1 thresholds for all but one of the CQUIN indicators.
- ❖ UHL met the 'theatre within 36 hrs of arrival' target for both April and May.
- ❖ VTE - UHL's performance for June, as reported to the DoH, is 94.71%, this figure includes the 'Renal Dialysis' patients. Without the dialysis patients, performance is still above the CQUIN threshold, when including other cohort patients – 91.2%.
Readmissions - The 'independent' readmissions audit being led by Leicester University is still in progress. The audit findings will help determine clinical priorities and inform where financial resources should be targeted by the health community.

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: 26th July 2012

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

SUBJECT: JUNE 2012 PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following paper provides an overview of the Quality & Performance June 2012 report highlighting key performance metrics and areas of escalation where required.

2.0 OPERATIONAL PERFORMANCE – SUZANNE HINCHLIFFE

2.1 Infection Prevention



MRSA – a positive month with 0 MRSA cases reported for June for the fifth consecutive month. The target for 2012/13 is 6 cases.

CDifficile – June is below trajectory with 3 cases reported with a cumulative position of 21 for Quarter 1 against a target of 27.

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

2.2 RTT – 18 week performance

RTT Admitted performance



Admitted performance in June has been achieved with performance at 93.6%, with all specialties delivering above the 90% target as expected.

RTT Non Admitted performance



The non-admitted target has also been achieved at 97.1% against a target of 95%.

RTT Incomplete Pathways



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 June is 94.3%.

RTT – Delivery in all specialties



All specialties with the exception of Ophthalmology non-admitted have achieved as expected. As part of an action plan to recover the Ophthalmology performance, additional outpatient activity is currently taking place which is on trajectory to deliver performance in July.

Following the publication of the April performance on the Department of Health's website the national position is as follows:-

Admitted – 118 out of 183 Trusts missed the target at specialty level – 84 Trust's had between 2 and 10 specialty failures.

Non-Admitted – 105 out of 216 Trusts missed the target at specialty level – 66 Trust's had between 2 and 16 specialty failures.

2.3 Imaging Waiting Times



The Trust Board was briefed at its meeting on the 28th June 2012 on anomalies which had come to light in the Imaging CBU. Further to a process of validation, the position for 1st July 2012 showed 639 patients waiting across a number of imaging modalities, most notably ultrasound. These numbers exclude:

- ❖ direct access walk in patients (plain film)
- ❖ planned waiting list
- ❖ therapeutic procedures

As at 9th July the validated number over 6 weeks has reduced to 545 with the majority in the 6-10 week timeframe. All referrals have been reviewed by senior imaging clinicians and there are no cases where clinical concerns have been raised.

In line with CBU plans, additional activity is being undertaken. Due to its specialist nature of Cardiac MRI, consideration is being given to alternative tests to expedite this position.

A detailed paper will be made available to the Contract Performance Meeting on the 24th July with updates also being provided at the forthcoming PMR meeting on the 27th July.

UHL's internal auditors have been commissioned by the Chief Operating Officer/Chief Nurse to undertake a review of revised processes.

For other Clinical Business Units, the trust checklist which lists in sequential order the key elements of waiting list management as detailed in the Trusts RTT policy has been re-circulated to all Clinical Business Units to be used at speciality and departmental level.

2.4 ED Activity



Performance for June Type 1 & 2 is 91.5% and 93.2% including the Urgent Care Centre (UCC). Performance however remains erratic and for the trust achieving the emergency 95% target and clinical indicators on a sustainable basis within UHL remains 'the' top priority for both UHL and the local health economy. The complex and dynamic inter-

relationships both within UHL and the interface with the wider health community continues to pose a series of challenges and associated risk to delivery of the targets.

Given the serious concerns of ED performance further detail focussing on the actions relating to the Emergency Department may be seen in the separate ED Medical Directors Report.

2.5 **ED Patient Experience**

Appendix 1 shows the results for the UHL Emergency Department Patient Report for June 2012.

The highlights are:

- ❖ The number of patients who have contacted their GP before coming to A&E has remained steady at 33%
 - ❖ Most patients only wait for “a few hours” before coming to A&E
 - ❖ Half of the patients surveyed in ED are aware of the UCC.
 - ❖ 63% of patients thought their problem needed a hospital doctor
 - ❖ Feedback in most areas remained generally positive showing:
 - Care 92%
 - Privacy & Dignity 98%
 - Dignity & Respect 99%,
- Less positive responses were reported in the following areas:
- Information Received (communication) 81%
 - Waiting Times 76%

2.6 **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 June 2012 1538 Patient Experience Surveys were returned which exceeds the Trusts target of 1484.

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



For June 2012 the Trust received 1449 responses to the question – ‘Overall do you think you were you treated with dignity and respect while in hospital?’ Overall the Trust has maintained a GREEN rating for this question based on the scoring methodology used in the national survey.

Friends and Family Test



The new surveys include the net promoter question; ‘How likely is it that you would recommend this service to friends and family?’ Of these 1538 surveys, 1437 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 (NPS) for the SHA.

This is the largest number of Net Promoter Scores in one month - April received 1225 responses and in May 1185 responses.

Overall there were 12339 inpatients in the relevant areas within the reporting period, giving a 10% footfall requirement of 1234. The Trust easily met the SHA target with a total of 1437 Net Promoter responses broken down to:

Number of Promoters:	910	
Number of passives:	381	
Number of detractors:	146	
Overall NET promoter score		53.16 - an increase on both April and May scores

The target for 2012-13 is to improve 10 points & achieve a NPS of 61.

Plans to Achieve 10 Point Improvement:

- ❖ Divisions are reviewing Net Promoter Scores at specialty and ward level and implementing local plans to improve ward scores
- ❖ The Net Promoter Score is part of the larger Patient Experience Survey. With 3 months data we are able to correlate poor NPS with other question responses and provide clear a steer how to improve the Net promoter score & experience for patients by individual ward
- ❖ Each Division has formulated an Action Plan in response to patient feedback to ensure a 10 point improvement in the Net Promoter Score by end of reporting year

Work in the out-patient survey is currently being refreshed as is due to be re-launched in August.

2.7 Cancer Targets



All of the cancer targets are delivering against performance thresholds for May (one month in arrears reporting).

As a result of ongoing discussions regarding UHL performance in relation to the 62 day cancer target, the commissioners issued a first exception notice on 24th February 2012. Subsequently, on the 6th June Commissioners raised further concerns regarding the updated action plan submitted by UHL with a further re-freshed plan on the 13th June 2012 being submitted which was briefly discussed at the CPM meeting on the 26th June. This contained a number of themes across the Lower GI pathway to be explored at both provider and commissioner level, and, a request for a clinical summit which was agreed with a particular focus on key elements of the pathway based on work undertaken at the Heart of England NHS FT, where this standard is consistently achieved. The following areas have been subsequently agreed:-

a) Redesign of the diagnostic treatment pathway 0-31 days

The key elements to note are:

- ❖ Barium enema diagnostic tests have been removed from the pathway
- ❖ All patients to be pre-assessed
- ❖ All appropriate patients to receive full bowel prep
- ❖ All patients with a positive test will be seen by Clinical Nurse Specialist (CNS) and staging investigation booked on the same day
- ❖ All staging investigations to be performed and reported on within 7 days of a positive test

b) Develop a revised approach to the 2 week wait referral

Revised 2ww referral form developed and all patients are triaged at point of referral, to ensure they are on the correct pathway

c) Provide a clear capacity and demand plan for the diagnostic element of the pathway

The key elements to note are:

- ❖ A comprehensive review has been undertaken within Endoscopy to ensure adequate capacity is available to meet overall demand:
- ❖ Outpatients - escalation processes identified to provide additional capacity in times of heightened referrals.
- ❖ A review of the capacity of the staging element of the Lower GI pathway has been undertaken based on current activity and assurance has been given that there is sufficient capacity to meet demand. A change in process will occur to shorten the pathway to a maximum of 7 days.

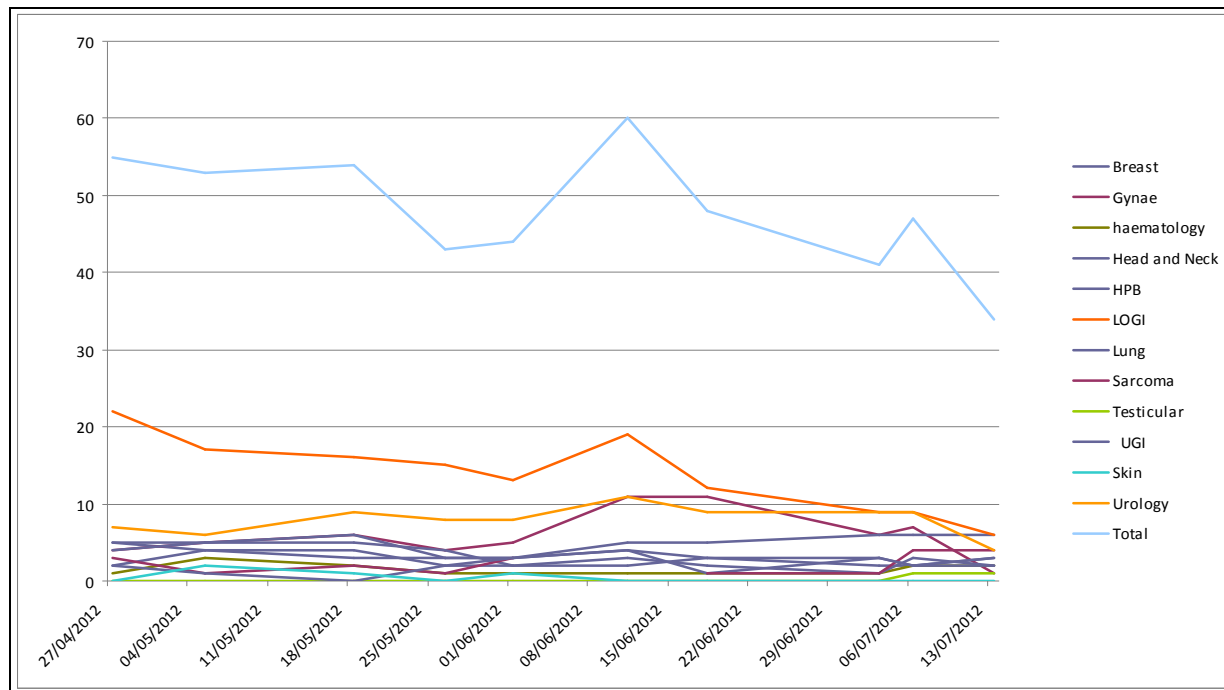
d) Provide a clear capacity and demand plan for the treatment stage of the pathway

A full review of Surgical and Oncology capacity for the treatment phase of the pathway has been completed.

e) Provide a trajectory for full clearance of the lower GI backlog by month in 2012 - 13 and an impact analysis on the 'all tumour site' 62 day performance

As the above changes are implemented and the backlog cleared in this speciality, performance will be temporarily affected. However, the trajectory assumes that current performance across all other tumour sites will be maintained.

Backlog performance for all tumour sites may be seen below which is forecast to improve further following the full impact of the above changes for LOGI.



2.8 Choose and Book slot availability

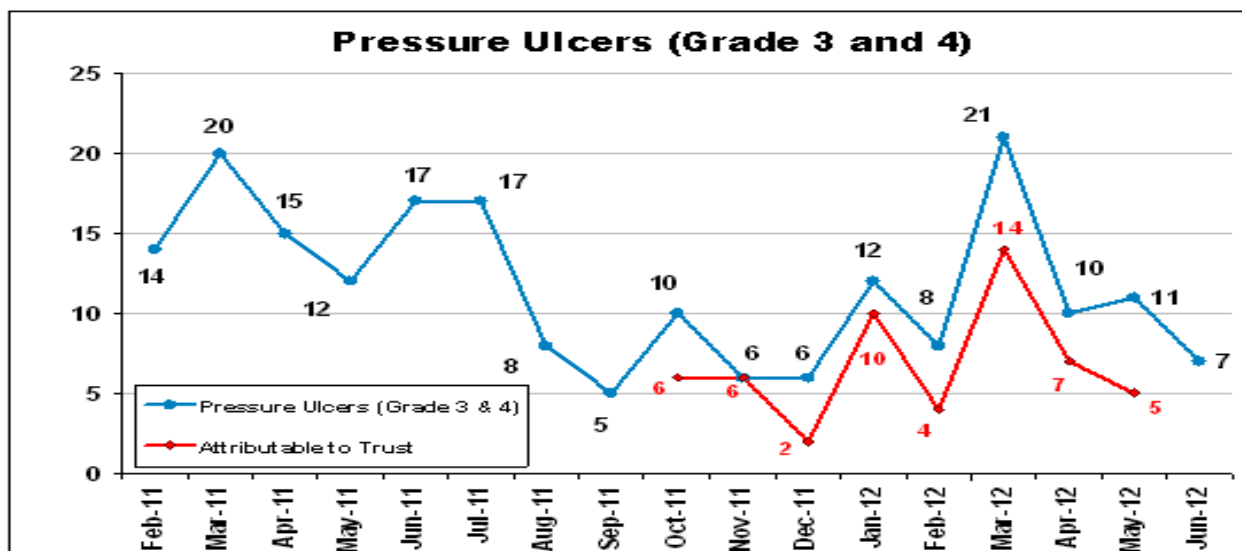
The Trust position in June (13%) shows an improvement against the May (17%). This gives a cumulative Trust Quarterly position of 15%. This is just in line with the Commissioners contractual requirements of no greater than 15% cumulatively in Q1. The incremental reduction in the number 'slot issues' that is required to ensure that all patients and GPs are able to book 1st time and to be in line with the Trust's contractual requirements (Q2: <11% / Q3: 8% / Q4:<3%) is significant. Short term and long term action plans for the main specialties of concern have been developed and are on target for delivery.

2.9 Falls

May has seen an increase in inpatient falls within the Planned Care and Clinical Support Divisions. The weekly review of the data is enabling prompt review of practice on a ward by ward basis and appropriate actions being taken. Positive progress in reducing falls in the Acute Division continues. There has been one serious untoward incident reported in May which is subject to a full root cause analysis and reporting process. A revision of falls reporting is underway with a particular focus on patients being lowered to the floor which is currently classified as a fall.

2.10 Pressure Ulcers

The overall number of grade 3 and 4 ulcers for the month May was 11. It is noted that 7 of these ulcers were attributed to the Acute Division (with 4 developing in ITU settings) and 4 ulcers originated within the Planned Care Division. It can be confirmed that 5 ulcers were deemed to be avoidable and 4 unavoidable. For the month of June, the overall number of ulcers was 7.



On the 31st May 2012, the SHA IST visited the Trust as part of the Midlands and East SHA Ambition number one: Elimination of Avoidable Pressure Ulcers. The team, consisting of senior nurses and Tissue Viability Nurse Specialists, reviewed the systems and processes to eliminate pressure ulcers, highlighted good practice and made recommendations for further improvements.

The final recommendations are summarised below and progress will be discussed in more detail at the GRMC on the 23rd July. It is worth noting that the IST reviewers were impressed by the quality focus on the wards that were visited as part of the review stating that staff were passionate, the environments were clean and uncluttered, and patients praised the staff and the level of care. The reviewers stated that all wards visited in their opinion passed the “Friends and Family test”.

Summary of recommendations

- ❖ Review and refocus questions being used on VITAL (Virtual interactive teaching and Learning) to test staff knowledge and skills to focus initially on Pressure Ulcer Prevention: *The review of questions has commenced but the VITAL system requires some additional technical upgrading* - **partly completed**
- ❖ Review both Corporate and CBU plans (including RCA action plans) to ensure they are outcome focused and use SMART principles – **completed**
- ❖ Review process of Root Cause Analysis (RCA) working with the Cluster to ensure the process delivers its intention – **completed**
- ❖ Simplify associated documentation: *Trust wide review of documentation completed, awaiting printing* - **partly completed**
- ❖ Assure staff are protecting pressure areas before application of Plaster of Paris in A/E and theatres - *Focused training has commenced in these areas* – **partly completed**
- ❖ Consideration of alternative risk assessment tools in Critical Care and Renal Units to ensure they are sensitive to specific risk: *Alternative tools are currently being evaluated and discussions are underway with other units within the Network* – **partly completed**
- ❖ Build on work to date to enhance patient engagement to enable patients to be active partners on their Pressure Ulcer Prevention: *Tissue Viability Team have reviewing ways to increase involvement* - **partly completed**

- ❖ Consider looking at how DATIX or safety thermometer (ST) data could be used to benchmark Trust performance: *Processes are already in place to compare UHL Datix incidents and ST prevalence but UHL is awaiting regional ST and DATIX data for April, May and June from the SHA to complete this action – **partly completed***

The recommendations of the review have been incorporated into the Trust action plan for the elimination of avoidable pressure ulcers. The action plan will be monitored by the Nursing Directorate and commissioners. Further updates on the status of the IST recommendations and progress with the Trust action plan will be provided at future GRMC meetings.

It can be confirmed that the action to simplify the RCA process has been supported by the commissioners who have closed all outstanding RCA reports from 2011/12.

2.11 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 June.

2.12 Primary PCI

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in June was 91.2% against a target of 75%.

2.13 Cancelled Operations

June performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons has improved to 1.2%. However, this remains outside the national target of 0.8%.

In January this year a process for recording and reporting cancelled operations was introduced, with the responsibilities of everyone involved clearly defined. The process is to ensure operations are only cancelled when there is no other choice, and to ensure that all staff understand their role and responsibilities in ensuring that the right people make the right decisions at the right time, and cancellations are avoided. From August 1st 2012, where a patients operation is cancelled and the process has not been followed, a full report will be submitted to the CBU and presented to the Divisional Manager within 1 working day as part of a formal root cause analysis procedure.

The percentage of patients offered a date within 28 days of their cancelled operation was 92.2% against a target of 95%.

2.14 Stroke % stay on stroke ward

The percentage of patients spending 90% of their stay on a stroke ward in May (reported one month in arrears) is 81.7% against a target of 80%.

2.15 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 59.6% against a commissioner target of 62.1%.

2.16 Maternity Breast Feeding <48 hrs

The percentage of maternity breast feeding within 48hrs is 73.0% against a revised target of 74%.

2.17 Rapid Access Chest Pain

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

2.18 Cytology Screening 7 day target

The percentage of cytology screening tests reported in the 7 day target is 99.9% against a local target of 98%.

2.19 Day Case Basket

The percentage of patients (with treatments in the day case basket) treated as day cases for June is 74.4% against a target of 75%.

2.20 Delayed Discharges

Delayed discharges/transfers of care' and the thresholds for 12/13 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-June 2012

	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	Combined Average Monthly Patients Delayed	Combined Average Monthly %Delay	Combined 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%	5.0	26	3.23%	4.8	38	2.88%	4.8
June	14	2.75%	6.0	30	3.68%	5.5	44	3.32%	5.7

Reasons for the delays, as per SitRep report categories, are summarised in the table 2 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	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

During this month there has been a slight deterioration in the overall performance for city patients and a slight improvement for county patients. The overall trend however remains much higher compared to last year.

There were 234 episodes recorded as a 'Delayed Transfer of Care' on the weekly sitreps during June 2012, making the combined average of 5.7 delays per 100,000 population since April 2012.

The number of delays for 'assessment' where delays are mainly under the control of the multidisciplinary teams working within UHL has increased slightly:

- ❖ During this month there were 22 'Assessment delays' of which 12 delays can be classified as a UHL delay –(availability of staff to attend case conference (2), DST meeting (7); ward delay to complete CHC checklist (2); ward delay to order equipment (1)
- ❖ 10 delays were attributed to non UHL reasons (availability of family to attend case conference/DST (5); availability of social worker to attend DST meeting –(5).

This makes an average combined total of 0.6 delays per 100,000 population from April, (11 % of total delays), due to assessment, of which an average combined total of 0.33 delays per 100,000 population (6% of total delays) out of the total delays was actually within the control of UHL during this month.

The remaining 212 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;
- ❖ availability care homes for long term placements

This makes an average combined total of 5.22 delays per 100,000 population for since April of the remaining categories, which are mainly outside the control of UHL (89% of total delays).

Delayed discharges have been escalated internally at bed meetings and externally to the Transfer of Care steering Group.

3.0 **QUALITY AND PATIENT SAFETY – KEVIN HARRIS**

3.1 **Mortality Rates**



UHL's in-hospital mortality rate was 1.3% for both June and May. The risk adjusted mortality rate (HSMR) for April was 95. The trust's HSMR for 2011/12 is currently 92.3 and is anticipated to be 101 following Dr Foster's annual rebasing which will remain 'within expected'

The next SHMI (covering January to December 2011) will be published in July. It is anticipated that UHL's SHMI will have fallen from the previous SHMI of 107 but is still likely to be above 100.

3.2 **UHL Quality Schedule /CQUIN**



UHL are anticipated to meet the Q1 thresholds for all but one of the CQUIN indicators.

The ED/EMAS handover CQUIN threshold for Q1 was that no patients should wait more than 60 minutes for handover. ED implemented a new Assessment Process whereby patients are handed over directly on arrival. However, this new process started at the end of May and therefore the full impact of the change will not be seen until Q2.

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



UHL met the 'theatre within 36 hrs of arrival' target for both April and May and has significantly improved in performance for all the 'Best Practice Tariff' thresholds. Early indications show that the target will be delivered for June.

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



UHL's performance for June, as reported to the DoH, is 94.71%, this figure includes the 'Renal Dialysis' patients. Without the dialysis patients, performance is still above the CQUIN threshold, when including other cohort patients – 91.2%.

3.5 **Readmissions**



The 'independent' readmissions audit being led by Leicester University is still in progress. The audit findings will help determine clinical priorities and inform where financial resources should be targeted by the health community.

Divisions have been asked to report to the next Q&PMG on both their readmission rate monitoring processes and actions being taken to reduce 'avoidable readmissions'.

3.6 **Patient safety**

This month's indicators show a consistent number of formal complaints received across the trust. However, closer scrutiny show that the largest no of complaints sit within the Planned Care Division and relate to concerns regarding waiting times and medical care.

The significant decrease in Open Serious Incidents is due to the closure on STEIS, with agreement from the PCT and SHA, of HAPU's.

4.0 **HUMAN RESOURCES – KATE BRADLEY**

4.1 **Appraisal**



There was a slight decrease in the rolling twelve month average appraisal rate for June, however the number of appraisals which took place during the month was the highest for eight months.

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

4.2 **Sickness**



The reported sickness rate for June is 3.6%.The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has decreased to 3.5%.

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.

5.0 **FINANCIAL PERFORMANCE – ANDREW SEDDON**

5.1 **I&E summary**

The Trust is reporting a cumulative £2.65m deficit for the first three months, £1.16m adverse to Plan. For the month of June the position is a £1.09m deficit against a planned £0.29m deficit, £0.80m adverse. Income ytd is £2.5m (1.4%) over Plan, net of a £0.6m deduction for emergency inpatient income over the 2008/9 baseline. Operating costs are £3.9m (2.3%) over Plan, with premium cost staff largely being used to deliver the additional activity. Reviews are underway to address the necessary recovery actions.

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

Table 1 – I&E summary

	2012/13 Annual Plan £m	June 12			April - June 2012		
		Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Income							
Patient income	617.7	50.5	51.1	0.6	152.4	154.5	2.1
Teaching, R&D	75.7	6.2	5.9	(0.3)	18.8	18.5	(0.3)
Service Income	662.9	56.7	57.0	0.4	171.3	173.0	1.7
Other operating Income	28.3	2.2	2.6	0.4	6.7	7.4	0.7
Total Income	721.7	58.9	59.6	0.8	178.0	180.4	2.5
Operating expenditure							
Pay	438.5	36.5	37.1	(0.6)	109.6	111.2	(1.7)
Non-pay	239.5	19.1	20.2	(1.2)	59.1	61.3	(2.2)
Total Operating Expenditure	678.0	55.5	57.3	(1.8)	168.7	172.5	(3.9)
EBITDA	43.7	3.3	2.3	(1.0)	9.3	7.9	(1.4)
Net interest	(0.0)	(0.0)	0.0	0.0	0.0	0.0	0.0
Depreciation	(32.5)	(2.7)	(2.6)	0.0	(8.0)	(7.9)	0.1
PDC dividend payable	(11.1)	(0.9)	(0.8)	0.2	(2.8)	(2.6)	0.2
Net deficit	0.0	(0.3)	(1.1)	(0.8)	(1.5)	(2.6)	(1.2)
EBITDA %	6.1%		3.9%			4.4%	

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

Table 2 – Financial Risk Ratings

	Weighting	June	Year To Date	
		Result	Result	Score
EBITDA achieved (% of plan)	10.0%	70.4%	85.1%	4
EBITDA margin (%)	25.0%	3.9%	4.4%	2
Return on assets (%)	20.0%	-0.1%	0.0%	2
I&E surplus (%)	20.0%	-1.8%	-1.5%	2
Liquidity ratio (days)	25.0%	17	17	3
Overall Financial Risk Rating				2

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

5.2 Income

5.2.1 Year to date NHS patient care income is £1.8m (1.2%) favourable to Plan.

5.2.2 This reflects an under-performance on day cases of £0.4m, elective inpatients of £0.4m and ECMO and End Stage Renal Failure (ESRF) of £0.6m. These adverse movements are offset by favourable variances for Emergencies £2.7m, and outpatients £1.2m. Emergencies at the end of June are 2,151 spells above Plan (7.7%).

5.2.3 Table 3 below highlights the impact of both price and volume changes of the activity year to date against the major points of delivery. This clearly shows increased activity across all emergency areas – with a consequential 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.

5.2.4 The key points to highlight within Table 3 are:

- A 7.7% increase in emergency activity which 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 £0.6m in the first quarter. At the same time as seeing the income reduced, we have also had to staff the extra capacity required to meet the activity using premium payments.
- The Emergency Department price reduction reflects the impact of the 2011/12 year end settlement. Our ED team consider that the average tariff of £99 does not reflect the complexity of the casemix and we will pick this up in the 2012/13 counting and coding proposals.
- The elective inpatient volume shortfall of 3.2% equates to 178 spells. This reduction is largely as a consequence of the increased emergency activity encroaching on elective beds, ITU capacity and theatre sessions. This has had a knock-on effect of cancelled elective cases.
- The £1,044k volume variance under “other” reflects under-performance against ECMO, ESRF and national screening programmes.

Table 3 – Patient Care Activity – Price and Volume Movements

	Price Variance YTD %	Volume Variance YTD %	Price / Mix Variance (£000)	Volume Variance (£000)	Variance YTD (£000)
Average tariff					
Day Case	(2.8)	(0.7)	(347)	(87)	(434)
Elective Inpatient	0.6	(3.2)	93	(541)	(449)
Emergency / Non-elective Inpatient	(1.6)	7.7	(744)	3,401	2,657
Outpatient	3.5	2.0	759	415	1,174
Emergency Department	(7.0)	5.3	(306)	220	(86)
Other			0	(1,044)	(1,044)
Grand Total	(1.8)	3.1	(545)	2,363	1,818

5.3 Expenditure

5.3.1 Expenditure for the year to date is £3.9m adverse to Plan, comprising pay at £1.7m (1.6%) adverse and non-pay £2.2m (3.7%) adverse. June performance against plan is £0.6m adverse for pay and £1.2m adverse for non pay.

5.3.2 The pay position, both year to date and in June, 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 £0.6m. The Acute 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.

5.3.3 Whilst premium payments were stable between September and February, the increase in March has continued into June. This reflects the extra capacity wards but also a significant reduction in the number of contracted WTE. Chart 2 shows the contracted WTE graphically – and the reduction of over 300 WTE since December 2011.

Chart 1

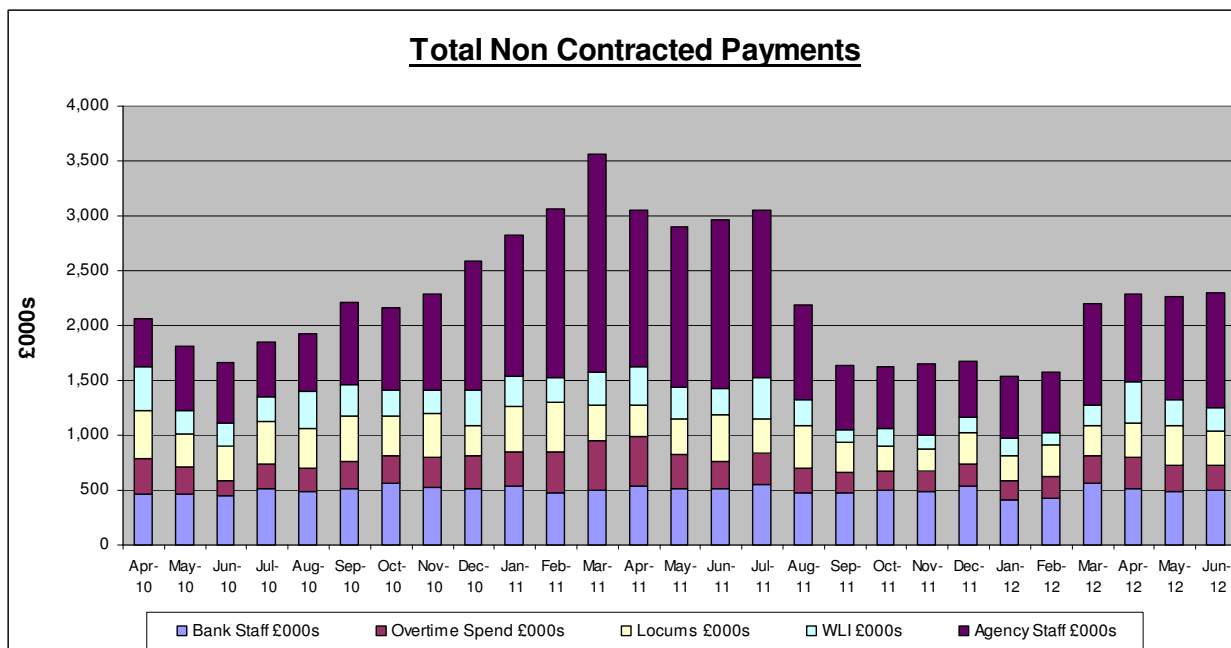


Chart 2

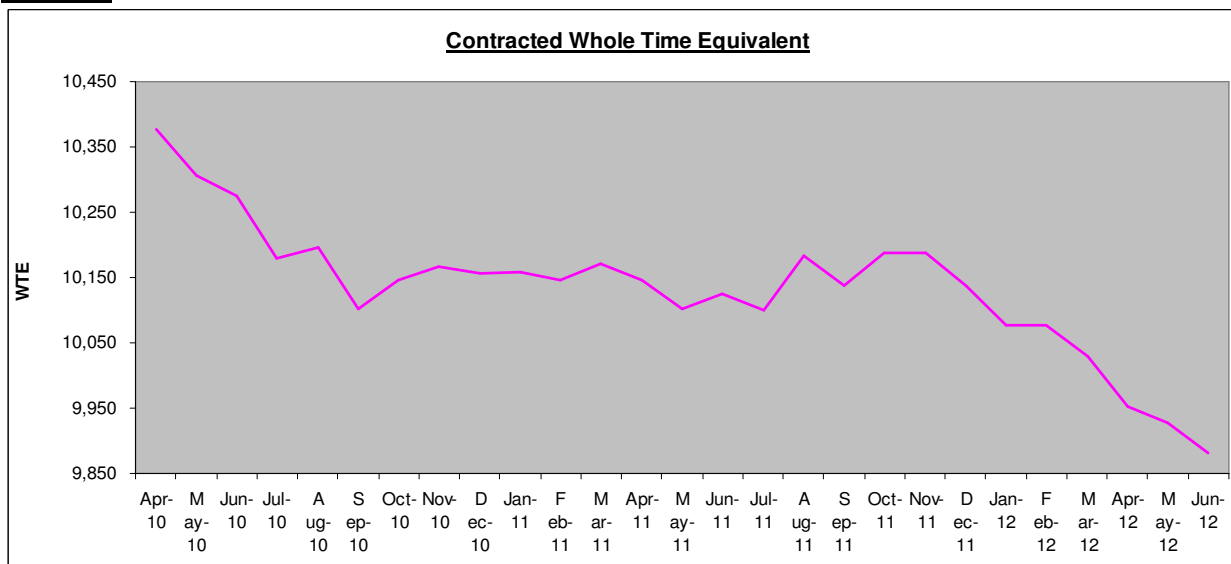


Table 5 – Contracted WTE by Staff Group

Staff Type	Movement June 12 - March 11		Contracted Staff			
	WTE	(%)	June 12 WTE	March 12 WTE	Sept 11 WTE	March 11 WTE
ADMIN & CLERICAL	(118)	(6.2)	1,791	1,827	1,888	1,909
ALLIED HEALTH PROFESSIONALS	3	0.6	443	459	478	441
CAREER GRADES	(5)	(7.2)	68	70	66	73
CONSULTANT	17	3.3	534	533	538	517
HEALTHCARE ASSISTANTS	(50)	(10.1)	440	447	467	490
HEALTHCARE SCIENTISTS	(70)	(8.8)	726	741	751	796
MAINTENANCE & WORKS	(2)	(3.2)	59	61	60	61
NURSING QUALIFIED	21	0.6	3,357	3,348	3,310	3,336
NURSING UNQUALIFIED	(57)	(4.7)	1,142	1,195	1,203	1,199
OTHER MEDICAL & DENTAL STAFF	(12)	(1.3)	879	899	931	891
OTHER SCIEN, THERAP & TECH	(5)	(1.9)	271	274	276	276
SENIOR MANAGERS	(10)	(5.4)	172	175	171	182
TOTAL	(289)	(2.8)	9,882	10,029	10,138	10,171
Medical & Nursing	(36)	(0.6)	5,980	6,044	6,048	6,016
Other Staff groups	(253)	(6.1)	3,902	3,985	4,090	4,155
TOTAL	(289)	(2.8)	9,882	10,029	10,138	10,171

5.3.4 Table 5 above shows the reduction in Contracted WTE between March 2011 and June 2012 by staff group. This shows that the almost half of the WTE reduction is in admin and senior managers. The number of medical and nursing (incl. midwives) has stayed relatively static, only showing a 0.6% reduction.

5.3.5 Whilst contracted staff has reduced, the Trust is still using a significant number of non contracted workforce. This is shown by Division in Table 6 below.

Table 6 – Worked WTE

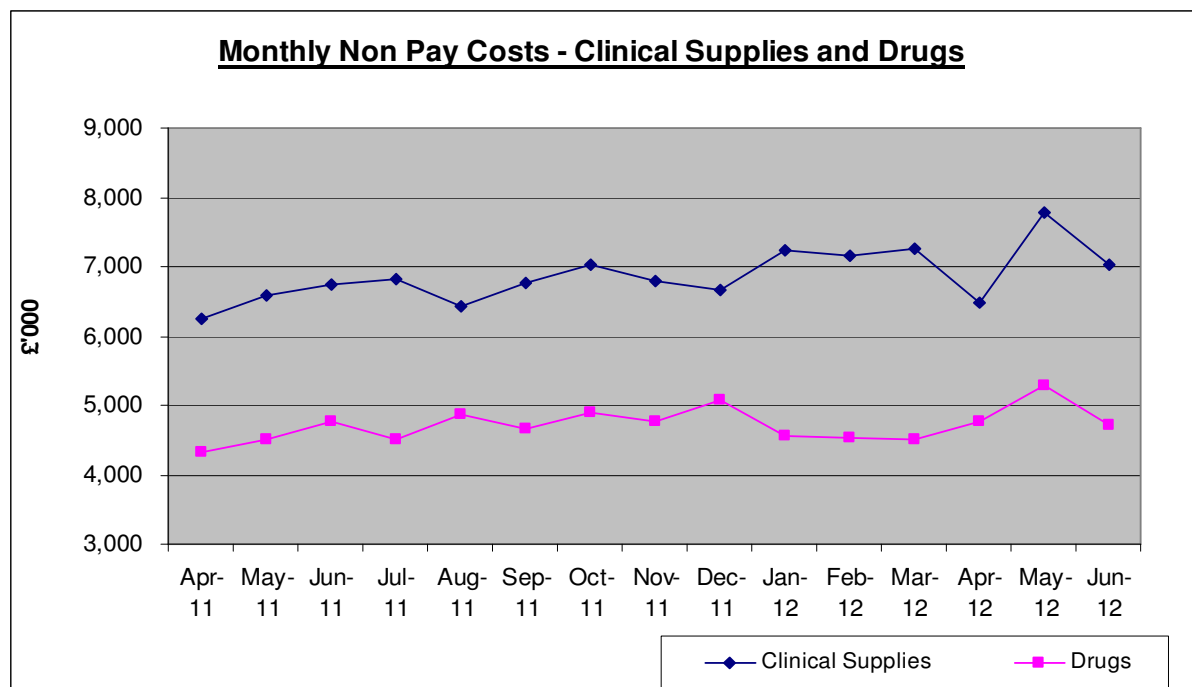
UHL/Division	June worked wte (Actual)					
	Contracted wte	Bank wte	Overtime wte	Agency wte	Other wte	Total wte
Acute Care	3,199	122	19	77	(6)	3,411
Clinical Support	2,390	21	21	27	(23)	2,436
Planned Care	1,847	58	13	33	(34)	1,916
Womens & Children	1,395	15	4	1	(13)	1,403
Corporate	1,052	22	22	10	(28)	1,077
UHL Total	9,882	237	79	148	(104)	10,243

5.3.6 In light of the continued reduction in contracted WTE, and the ongoing activity pressures, we are actively recruiting to key clinical posts, particularly qualified nurses and midwives and Healthcare Assistants – over 200 posts have been offered.

5.3.7 Non pay costs: the key areas are drugs, £0.4m adverse to plan, clinical supplies, £1.0m adverse, and the use of non NHS organisations (independent sector).

5.3.8 The chart below shows the actual monthly costs for clinical supplies and drugs from April 2011 to June 2012. This shows the spike in costs in May 2012, reduced in June by over £1m. The planned level of spend also reduced by £1m in June reflecting the significantly reduced working days due to the Jubilee holiday – the overall impact was non pay still running £1m ahead of plan in month.

Chart 3 – Clinical Supplies and Drugs Costs



5.4 Divisional results

5.4.1 The table below summarises Divisional financial positions:

	Total Year to Date			June Variance £m
	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	
Acute Care	13.6	13.3	(0.3)	(0.3)
Clinical Support	(23.3)	(23.8)	(0.5)	(0.1)
Planned Care	17.8	16.4	(1.4)	(0.5)
Women's and Children's	5.2	5.5	0.3	0.0
Corporate Directorates	(21.6)	(21.3)	0.3	0.2
Sub-Total Divisions	(8.3)	(9.9)	(1.6)	(0.7)
Central Income	18.0	18.2	0.2	(0.1)
Central Expenditure	(11.2)	(10.9)	0.3	0.0
Grand Total	(1.5)	(2.6)	(1.2)	(0.8)

5.4.2 The month end position of a £2.6m deficit (£1.2m adverse to plan) reflects a number of different factors:

Acute Care - £0.3m adverse

- An overall £1.1m favourable variance against the patient care income plan;
 - An under performance of £0.5m against adult ECMO and End Stage Renal Failure
 - An over performance against emergencies of over £2.0m, 1,446 spells (15.7%)
- An adverse pay position of £1.0m mainly as a consequence of the costs of the extra capacity wards
- An adverse non pay position of £0.8m predominately in drugs and clinical supplies

Planned Care - £1.4m adverse

- Patient care income favourable variance £0.1m is as a result of:
 - £0.8m favourable variance to plan on emergency activity, 661 spells, 12%.
 - The £0.8m favourable variance is offset by a £0.6m reduction linked to the emergency activity 30% threshold.
 - £0.5m overperformance on outpatients - a mixture of price and volume improvements
 - £0.4m underperformance on day cases.
- Pay overspend against plan £0.5m, main reasons being:
 - GI overspend of £0.1m driven by the need to use medical agency whilst recruitment takes place for the new consultant posts (included in plan) however premium incurred in month
 - Agency spend across the Division of £0.7m above plan
- Non pay overspend against plan £1.1m as a result of GI needing to continue use Independent Sector capacity to address RTT backlog issues and avoid contract penalties, £0.3m, and increased drugs and clinical supplies costs, £0.7m, linked to the volume increase in activity.

Women's & Children's - £0.3m favourable

- Patient care income favourable variance of £0.3m with a £0.2m over-recovery in Women's and a £0.1m over-recovery in Children's. The Women's position consists of favourable positions in GU Medicine and HIV, £0.2m, Neonatology and SCBU, £0.2m, offset by an underperformance of £0.2m on Gynaecology.
- Pay is showing a £0.1m under-spend across all staff groups.
- Non pay shows a £0.2m adverse position, with £81k relating to HIV drugs which is backed by income, and £0.1m increased internal recharges, mainly pathology.

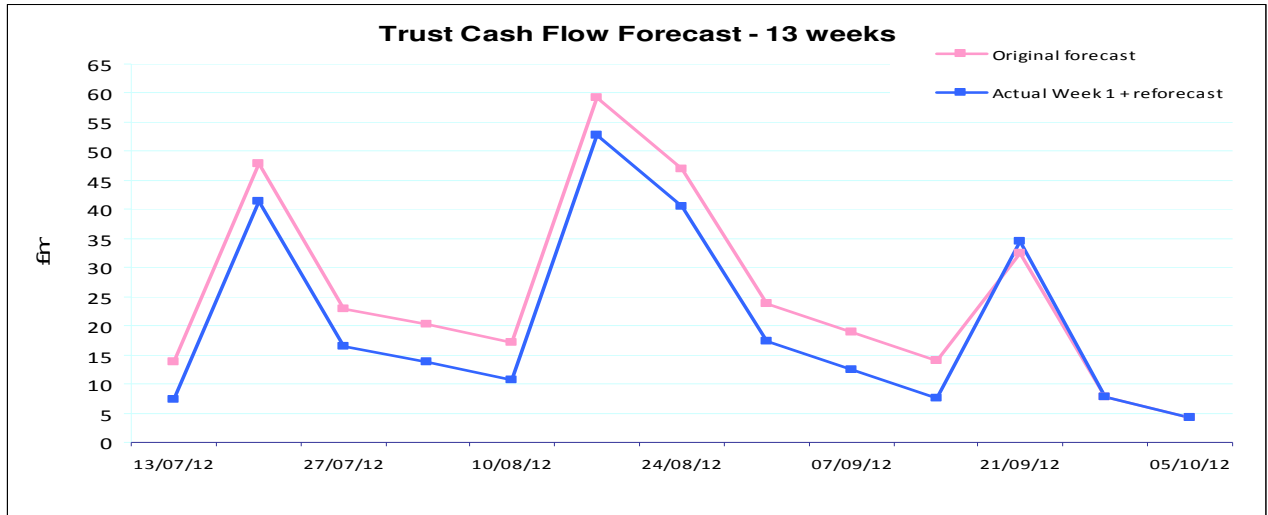
Clinical Support - £0.5m adverse

- Pay shows a £0.5m adverse position against the YTD plan. This is mainly within TAPS (£559k deficit) and is due to RTT and orthopaedic additional lists and CIP under-delivery.
- Non pay - £0.1m adverse position against the YTD plan. All areas better than plan apart from Imaging CBU with a £276k adverse position. This is mainly due to additional consumables and outsourced capacity to meet the Imaging activity.

5.5 Working capital and net cash

5.5.1 The Trust closed the month of June with a cash balance of £15.9m.

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



Information and Performance Analysis Team (Operations)

UHL Emergency Department Patient Report May 2012

For the last 12 complete months July 2011 - June (inclusive) 2012

This report details the ED front door audit results, ED patient experience results, and looks at why our patients have come to ED and who they are, for the last 12 months

Document name: UHL Emergency Department Patient Report June 2012
Analyst: Caroline Stanford
Last Saved: 16/07/2012

Emergency Department
Patient Survey

Emergency Department *Front Door Audit July 11 - June 12*

University Hospitals of Leicester NHS Trust

Caring at its best

Data Source: Front Door Audit Completed by Patient	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	12 months
Number of patients interviewed	100	100	98	100	99	100	100	100	97	99	100	100	1193
1. Why Have you come into A&E today?													
Minor illness	11%	10% ▼	10% —	19% ▲	16% ▼	27% ▲	15% ▼	15% —	22% ▲	21% ▼	33% ▲	8% ▼	17%
Chronic pain	23%	10% ▼	2% ▼	7% ▲	1% ▼	4% ▲	9% ▲	0% ▼	0% —	12% ▲	2% ▼	4% ▲	6%
Minor injury	33%	38% ▲	63% ▲	45% ▼	59% ▲	55% ▼	61% ▲	63% ▲	47% ▼	37% ▼	45% ▲	44% ▼	49%
Breathing problems	1%	3% ▲	3% —	2% ▼	1% ▼	2% ▲	0% ▼	3% ▲	2% ▼	4% ▲	2% ▲	2% —	2%
Renewal of Medication	0%	0% —	1% ▲	0% ▼	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0%
Other	26%	29% ▲	18% ▼	26% ▲	20% ▼	12% ▼	11% ▼	19% ▲	29% ▲	24% ▼	18% ▼	41% ▲	23%
No response	6%	10% ▲	2% ▼	1% ▼	3% ▲	0% ▼	4% ▲	0% ▼	0% —	1% ▲	0% ▼	1% ▲	2%
2. How long has this problem been going on for?													
Few hours	44%	40% ▼	47% ▲	42% ▼	47% ▲	41% ▼	45% ▲	43% ▼	47% ▲	40% ▼	44% ▲	38% ▼	43%
1 day	16%	19% ▲	19% —	22% ▲	26% ▲	18% ▼	23% ▲	22% ▼	19% ▼	18% ▼	16% ▼	24% ▲	20%
2 days	12%	9% ▼	7% ▼	10% ▲	6% ▼	6% —	6% —	11% ▲	6% ▼	9% ▲	12% ▲	7% ▼	8%
3 days	2%	7% ▲	2% ▼	3% ▲	4% ▲	7% ▲	8% ▲	3% ▼	7% ▲	10% ▲	7% ▼	7% —	6%
4-6 days	8%	4% ▼	3% ▼	8% ▲	3% ▼	8% ▲	7% ▼	7% —	3% ▼	6% ▲	8% ▲	7% ▼	6%
1 week	5%	3% ▼	3% —	3% —	3% —	6% ▲	1% ▼	0% ▼	2% ▲	7% ▲	4% ▼	3% ▼	3%
More than a week	11%	2% ▼	4% ▲	9% ▲	6% ▼	5% ▼	9% ▲	4% ▼	8% ▲	5% ▼	6% ▲	6% —	6%
No response.	2%	16% ▲	14% ▼	3% ▼	4% ▲	9% ▲	1% ▼	10% ▲	7% ▼	4% ▼	3% ▼	8% ▲	7%
3. Patients registered with a GP													
Patients registered with a GP.	85%	87% ▲	79% ▼	88% ▲	90% ▲	89% ▼	92% ▲	89% ▼	82% ▼	93% ▲	91% ▼	92% ▲	88%
Patients not registered with a GP.	15%	2% ▼	15% ▲	12% ▼	10% ▼	11% ▲	6% ▼	9% ▲	18% ▲	7% ▼	9% ▲	8% ▼	10%
No response.	0%	11% ▲	6% ▼	0% ▼	0% —	0% —	2% ▲	2% —	0% ▼	0% —	0% —	0% —	2%
4. Have you tried to see your GP before coming in?													
Yes	25%	23% ▼	18% ▼	31% ▲	24% ▼	22% ▼	23% ▲	23% —	30% ▲	29% ▼	36% ▲	33% ▼	26%
No	53%	63% ▲	45% ▼	55% ▲	60% ▲	48% ▼	55% ▲	64% ▲	48% ▼	53% ▲	49% ▼	52% ▲	54%
No response	22%	14% ▼	37% ▲	14% ▼	16% ▲	30% ▲	22% ▼	13% ▼	22% ▲	18% ▼	15% ▼	15% —	20%

Emergency Department
Patient Survey

Emergency Department *Front Door Audit July 11 - June 12*

University Hospitals of Leicester NHS Trust

Caring at its best

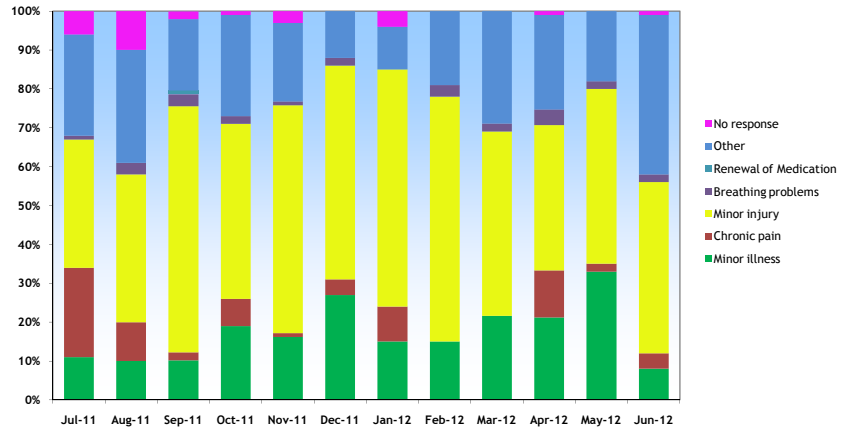
Data Source: Front Door Audit Completed by Patient	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	12 months
Number of patients interviewed	100	100	98	100	99	100	100	100	97	99	100	100	1193
5. If yes, how many times have you tried in last week?													
Once	56%	43% ▼	72% ▲	74% ▲	67% ▼	64% ▼	52% ▼	48% ▼	48% ▲	66% ▲	42% ▼	58% ▲	57%
Twice	8%	9% ▲	0% ▼	10% ▲	17% ▲	9% ▼	13% ▼	0% ▼	21% ▲	3% ▼	17% ▲	3% ▼	9%
Three times	4%	0% ▼	0% —	0% —	0% —	5% ▲	0% ▼	0% —	7% ▲	0% ▼	11% ▲	21% ▲	4%
Four times	0%	0% —	0% —	0% —	0% —	0% —	0% —	4% ▲	3% ▼	0% ▼	0% —	0% —	1%
More than four occasions	8%	4% ▼	0% ▼	3% ▲	0% ▼	0% —	9% ▲	4% ▼	7% ▲	0% ▼	3% ▲	0% ▼	3%
No response	24%	43% ▲	28% ▼	13% ▼	17% ▲	23% ▲	26% ▲	43% ▲	14% ▼	31% ▲	28% ▼	18% ▼	26%
6. If no, why not?													
My GP is always too busy	0%	0% —	0% —	0% —	0% —	0% —	4% ▲	0% ▼	0% —	2% ▲	0% ▼	0% —	0%
I couldn't get an appointment unitl	0%	0% —	2% ▲	4% ▲	2% ▼	2% —	0% ▼	3% ▲	0% ▼	6% ▲	0% ▼	4% ▲	2%
I thought the problem needs a hospital doctor	34%	52% ▲	59% ▲	56% ▼	54% ▼	52% ▼	60% ▲	72% ▲	40% ▼	54% ▲	73% ▲	63% ▼	56%
It's easier for me to come to A&E	30%	24% ▼	0% ▼	7% ▲	22% ▲	15% ▼	7% ▼	6% ▼	36% ▲	21% ▼	10% ▼	21% ▲	17%
My GP advised me to go to A&E	6%	5% ▼	7% ▲	4% ▼	2% ▼	2% —	7% ▲	2% ▼	2% —	10% ▲	8% ▼	2% ▼	5%
The ambulance took me in	2%	0% ▼	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0%
NHS direct advised me to come to A&E	6%	5% ▼	0% ▼	2% ▲	3% ▲	2% ▼	0% ▼	2% ▲	0% ▼	2% ▲	0% ▼	0% —	2%
My friend/relative took me here	11%	5% ▼	7% ▲	18% ▲	5% ▼	17% ▲	7% ▼	2% ▼	4% ▲	0% ▼	0% —	2% ▲	6%
The police took me here	2%	0% ▼	0% —	0% —	0% —	0% —	2% ▲	2% —	0% ▼	0% —	0% —	0% —	0%
Other	2%	3% ▲	7% ▲	0% ▼	0% —	0% —	0% —	0% —	0% —	0% —	0% —	0% —	1%
No response	8%	6% ▼	18% ▲	9% ▼	12% ▲	10% ▼	13% ▲	13% —	17% ▲	6% ▼	8% ▲	8% —	11%
7. NEW: Were you aware of the urgent care centre?													
Aware	42%	29% ▼	33% ▲	32% ▼	31% ▼	41% ▲	48% ▲	45% ▼	52% ▲	44% ▼	55% ▲	50% ▼	42%
Not aware	52%	55% ▲	56% ▲	56% —	49% ▼	39% ▼	45% ▲	48% ▲	39% ▼	36% ▼	30% ▼	39% ▲	45%
No response	6%	16% ▲	11% ▼	12% ▲	19% ▲	20% ▲	7% ▼	7% —	9% ▲	19% ▲	15% ▼	11% ▼	13%

Emergency Department *Front Door Audit*

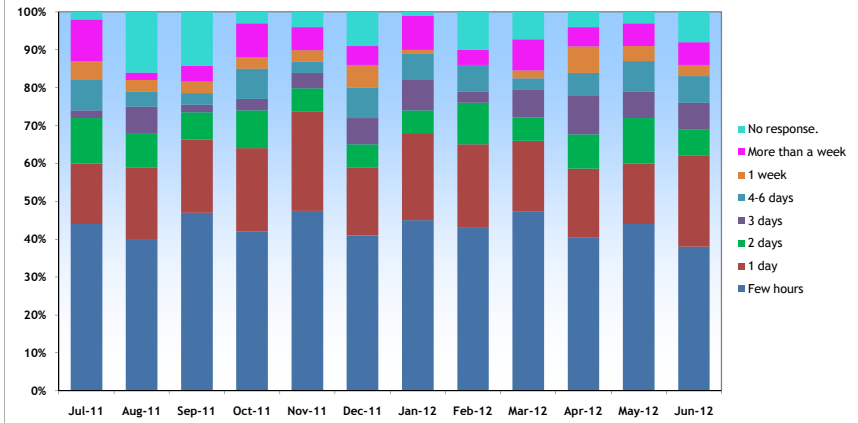
Graphs By Month, July 2011 - June 2012

Data Source: Front Door Audit Completed by Patient

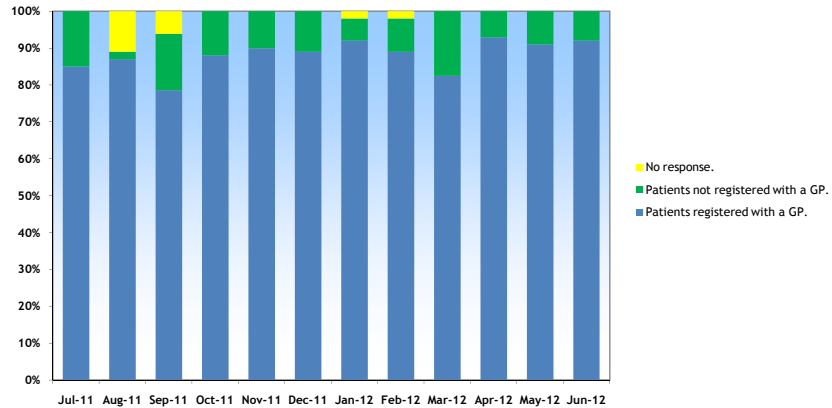
1. Why Have you come into A&E today?



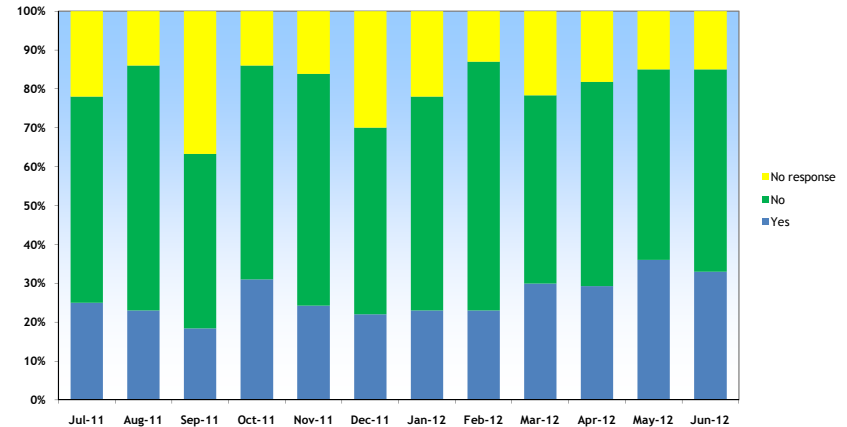
2. How long has this problem been going on for



3. Patients registered with a GP



4. Have you tried to see your GP before coming in?

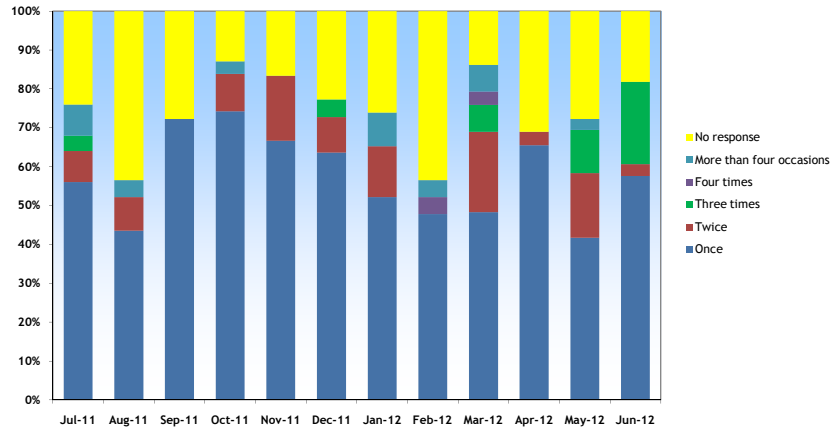


Emergency Department *Front Door Audit*

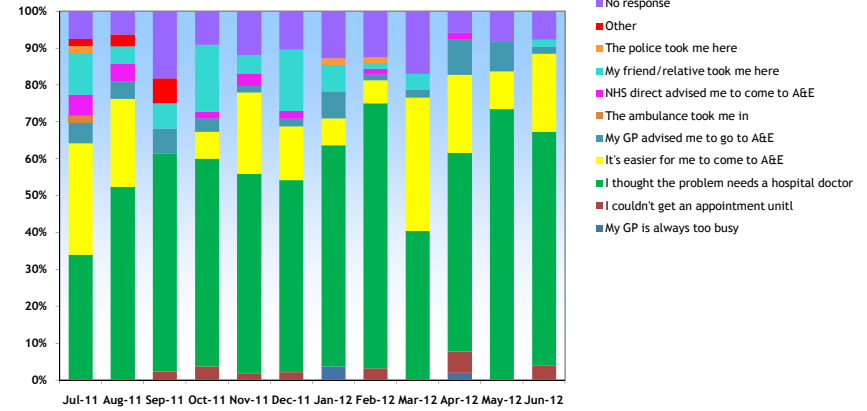
Graphs By Month, July 2011 - June 2012

Data Source: Front Door Audit Completed by Patient

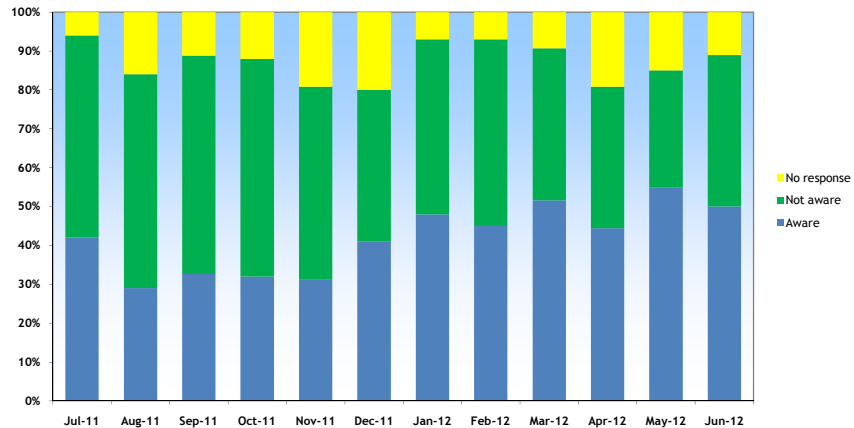
5. If yes, how many times have you tried in last week?



6. If no, why not?



7. NEW: Were you aware of the urgent care centre?

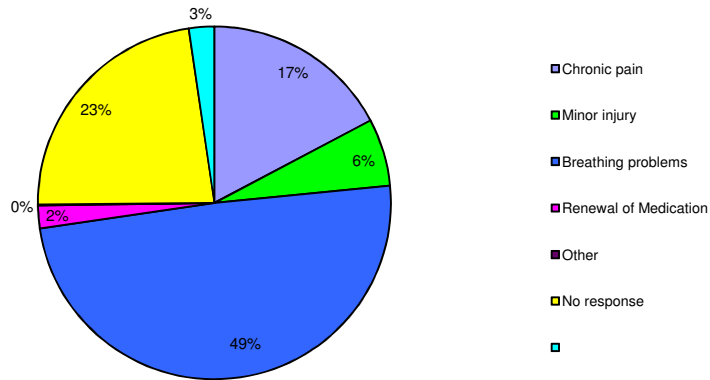


Emergency Department *Front Door Audit*

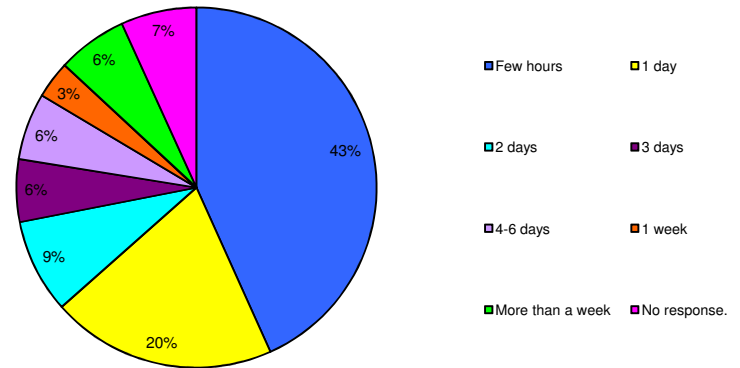
Pie Charts July 11 - June 12

Data Source: Front Door Audit Completed by Patient

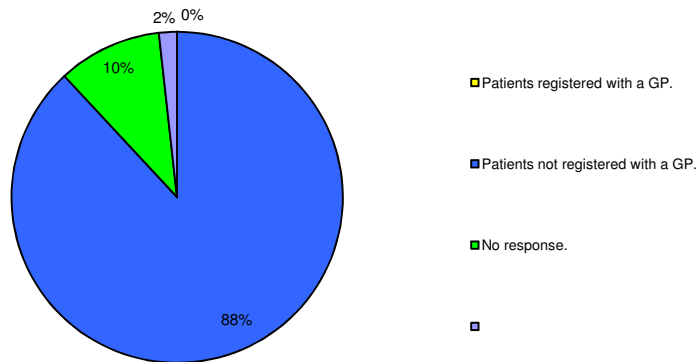
1. Why Have you come into A&E today?



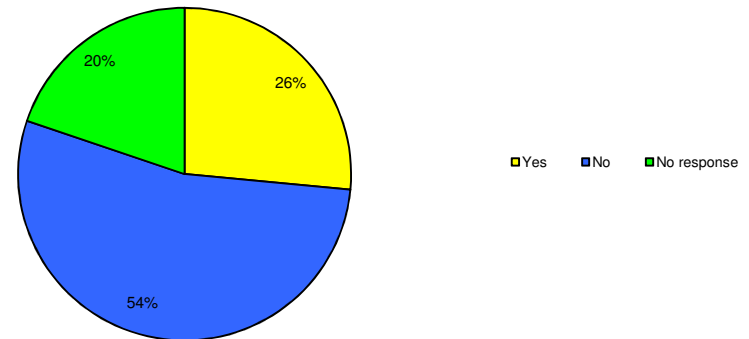
2. How long has this problem been going on for



3. Patients registered with a GP



4. Have you tried to see your GP before coming in?

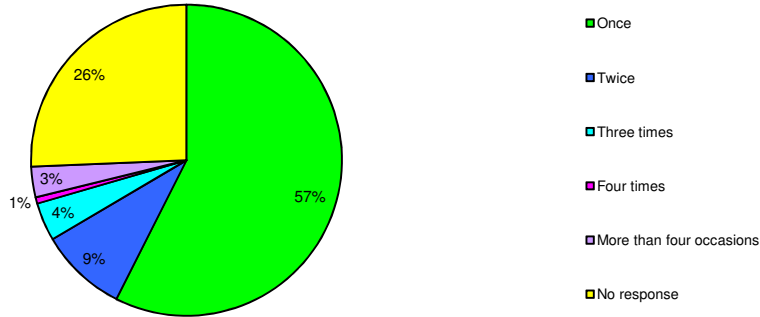


Emergency Department *Front Door Audit*

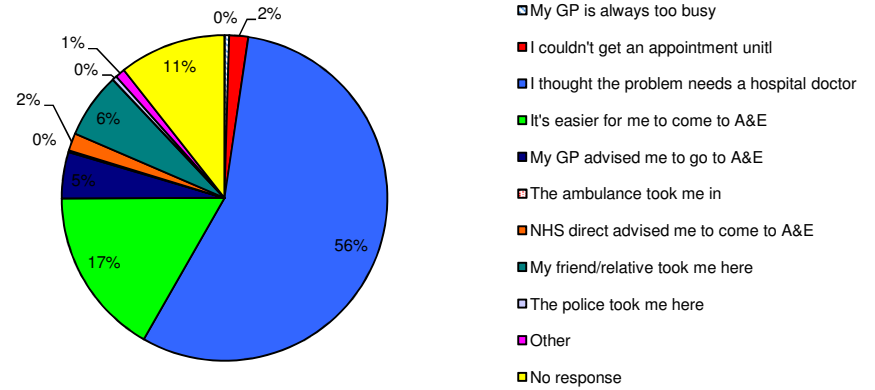
Pie Charts July 11 - June 12

Data Source: Front Door Audit Completed by Patient

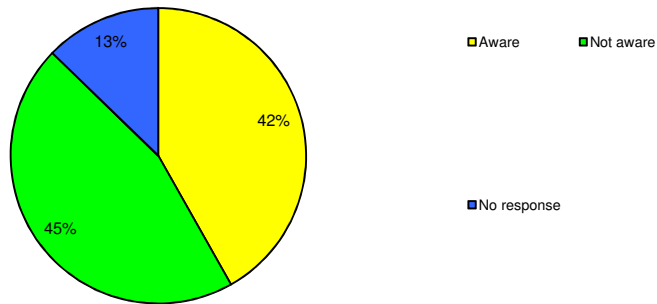
5. If yes, how many times have you tried in last week?



6. If no, why not?



7. NEW: Were you aware of the urgent care centre?



Emergency Department
Patient Survey

Emergency Department *Front Door Audit July 11 - June 12*

University Hospitals of Leicester NHS Trust

Caring at its best

Data Source: Front Door Audit Completed by Patient	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	12 months
Number of patients participating	91	100	100	100	94	100	67	97	50	98	100	100	1097
Which area of ED is the patient in?													
Majors	66%	67% ▲	65% ▼	52% ▼	55% ▲	58% ▲	60% ▲	53% ▼	64% ▲	61% ▼	82% ▲	62% ▼	62%
Minors	10%	11% ▲	9% ▼	9% —	10% ▲	19% ▲	6% ▼	32% ▲	24% ▼	20% ▼	5% ▼	15% ▲	14%
EDU	1%	5% ▲	14% ▲	22% ▲	11% ▼	12% ▲	0% ▼	5% ▲	2% ▼	5% ▲	1% ▼	8% ▲	7%
Paeds	3%	3% —	6% ▲	5% ▼	4% ▼	2% ▼	0% ▼	1% ▲	6% ▲	3% ▼	3% —	2% ▼	3%
Resus	4%	8% ▲	6% ▼	0% ▼	4% ▲	0% ▼	3% ▲	3% —	2% ▼	3% ▲	0% ▼	0% —	3%
Not stated	15%	6% ▼	0% ▼	12% ▲	16% ▲	9% ▼	31% ▲	6% ▼	2% ▼	7% ▲	9% ▲	13% ▲	11%
Gender													
Male	51%	49% ▼	39% ▼	47% ▲	43% ▼	41% ▼	45% ▲	47% ▲	40% ▼	55% ▲	45% ▼	54% ▲	46%
Female	45%	51% ▲	45% ▼	52% ▲	56% ▲	57% ▲	52% ▼	53% ▲	54% ▲	41% ▼	49% ▲	43% ▼	50%
Not stated	4%	0% ▼	16% ▲	1% ▼	1% —	2% ▲	3% ▲	0% ▼	6% ▲	4% ▼	6% ▲	3% ▼	4%
Age													
17 yrs or younger	0%	0% —	0% —	6% ▲	5% ▼	3% ▼	0% ▼	0% —	0% —	0% —	0% —	0% —	1%
18-25	11%	12% ▲	10% ▼	8% ▼	10% ▲	16% ▲	10% ▼	11% ▲	10% ▼	7% ▼	9% ▲	10% ▲	10%
26-35	12%	16% ▲	6% ▼	7% ▲	14% ▲	8% ▼	12% ▲	10% ▼	14% ▲	13% ▼	7% ▼	9% ▲	11%
36-50	23%	14% ▼	8% ▼	20% ▲	20% —	15% ▼	16% ▲	15% ▼	14% ▼	20% ▲	17% ▼	19% ▲	17%
51-64	18%	17% ▼	12% ▼	14% ▲	13% ▼	14% ▲	13% ▼	16% ▲	12% ▼	15% ▲	17% ▲	15% ▼	15%
65-74	8%	14% ▲	14% —	13% ▼	11% ▼	13% ▲	18% ▲	10% ▼	18% ▲	10% ▼	9% ▼	16% ▲	13%
75-84	12%	12% —	19% ▲	16% ▼	21% ▲	19% ▼	10% ▼	21% ▲	14% ▼	12% ▼	25% ▲	15% ▼	16%
85 yrs or older	8%	11% ▲	10% ▼	16% ▲	5% ▼	9% ▲	16% ▲	12% ▼	8% ▼	12% ▲	6% ▼	11% ▲	10%

Emergency Department
Patient Survey

Emergency Department *Front Door Audit July 11 - June 12*

University Hospitals of Leicester NHS Trust

Caring at its best

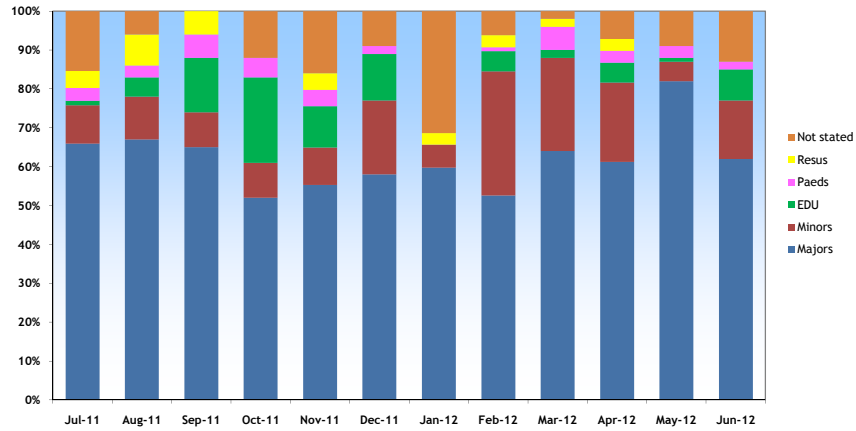
Data Source: Front Door Audit Completed by Patient	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	12 months
Number of patients participating	91	100	100	100	94	100	67	97	50	98	100	100	1097
Not stated	4%	0% ▼	14% ▲	0% ▼	1% ▲	3% ▲	3% —	1% ▼	4% ▲	4% —	7% ▲	2% ▼	4%
Number of comments received	454	499	499	500	469	500	335	485	250	490	500	500	5481
Overall													
Positive	95%	90% ▼	94% ▲	93% ▼	94% ▲	97% ▲	96% ▼	94% ▼	95% ▲	94% ▼	96% ▲	89% ▼	94%
Neutral	1%	9% ▲	3% ▼	4% ▲	4% —	2% ▼	1% ▼	4% ▲	4% —	5% ▲	3% ▼	5% ▲	4%

Emergency Department *Patient Experience*

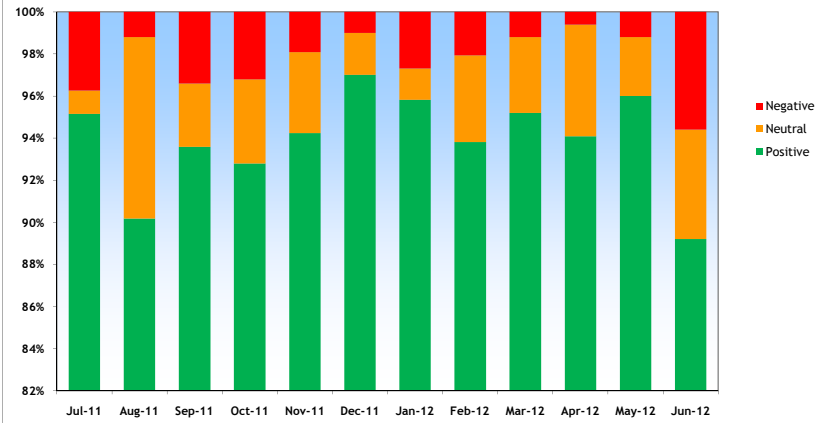
Graphs By Month, July 2011 - June 2012

Data Source: Front Door Audit Completed by Patient

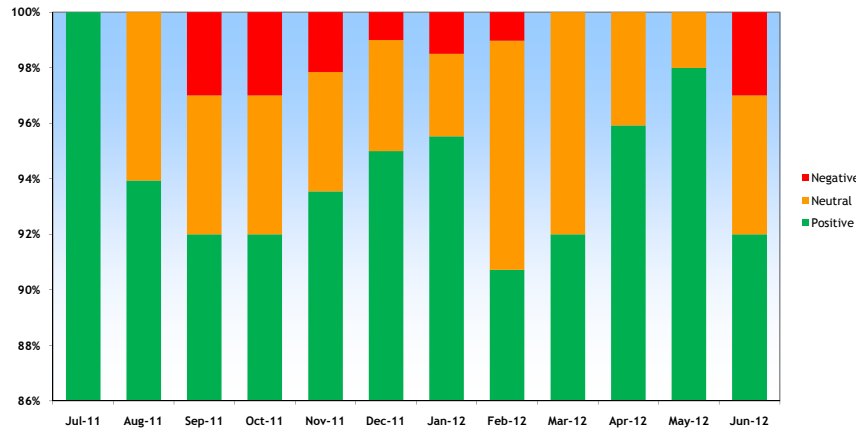
Which area of ED is the patient in?



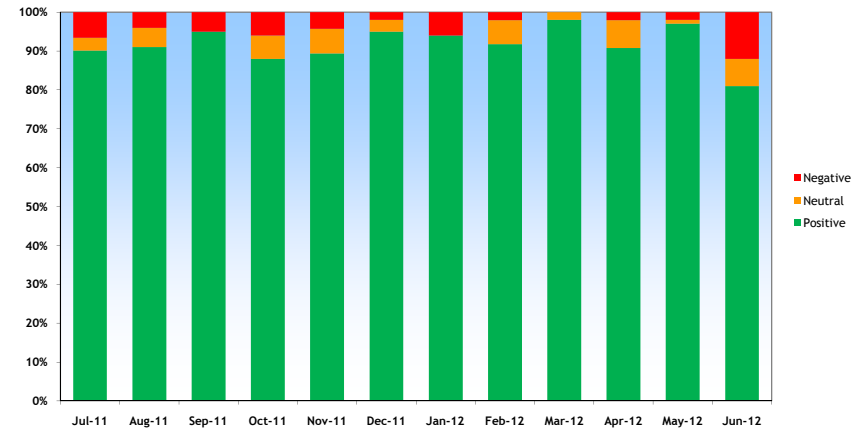
Attitudes of comments made - NB Questionnaire Ammended in May 2011. May impact on any trends



Care In May 2011 this question was introduced "How has your care been today?"



Information/Communication In May 2011 this question was introduced "Did the staff communicate effectively with you?"



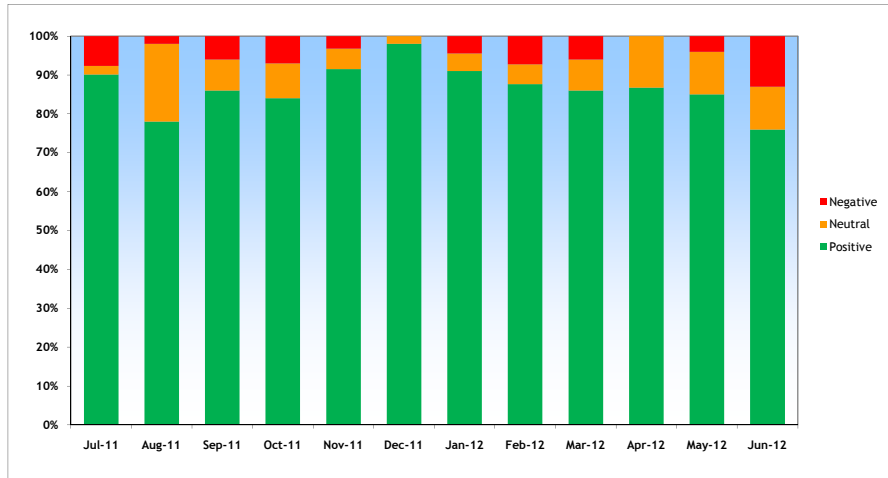
Emergency Department *Patient Experience*

Graphs By Month, July 2011 - June 2012

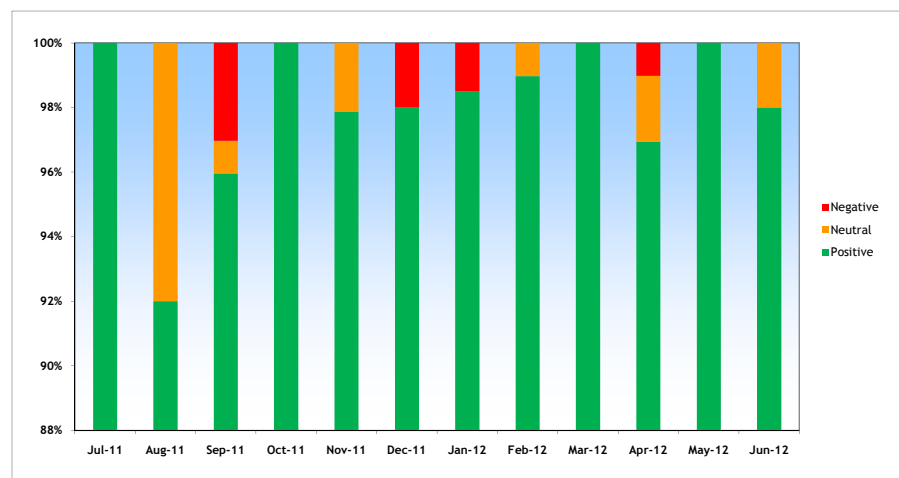


Data Source: Front Door Audit Completed by Patient

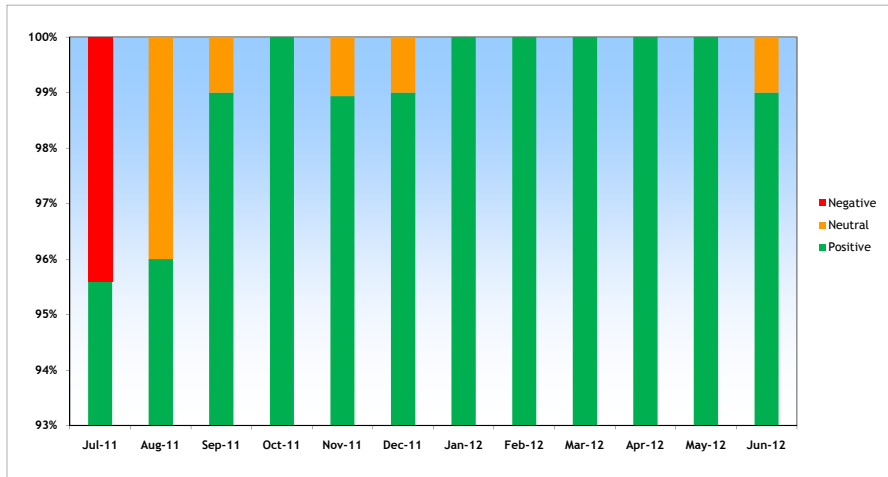
Waiting Times In May 2011 this question was introduced "Have you experienced long waits?"



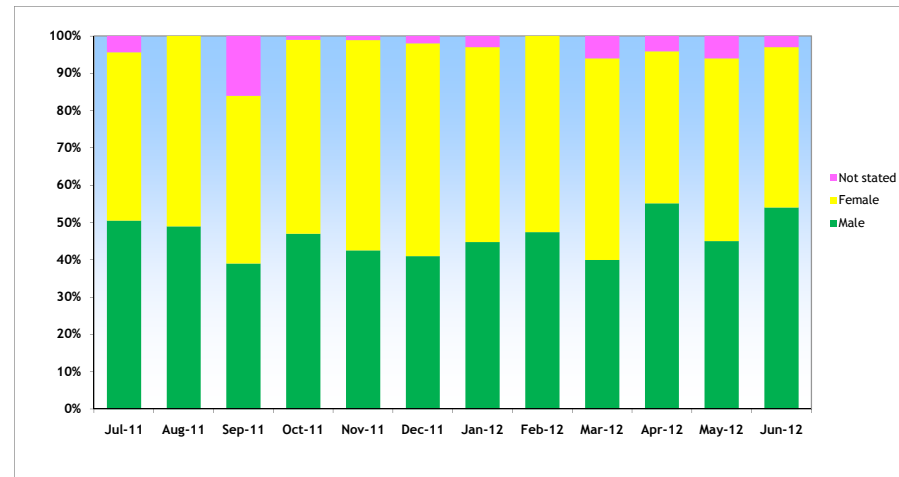
Has your privacy been maintained whilst you were examined? Introduced May 11



Were you treated with dignity and respect by staff? Introduced May 2011



Patient Demographics - Gender

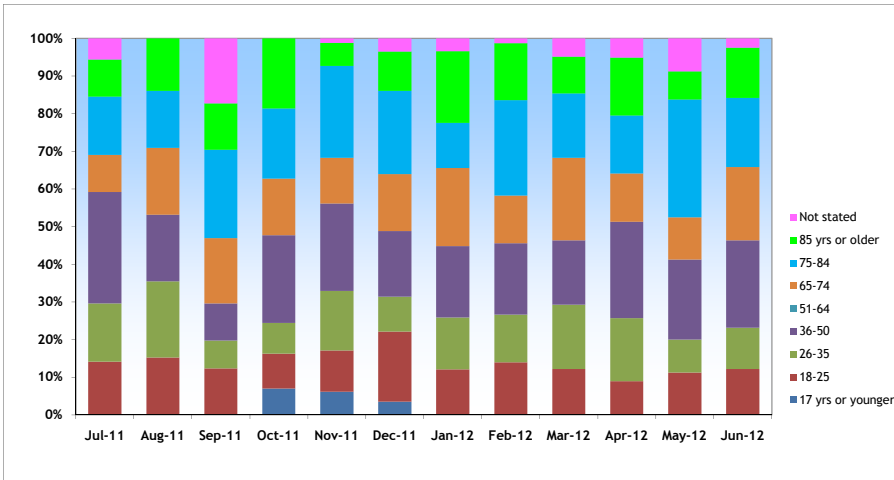


Emergency Department *Patient Experience*

Graphs By Month, July 2011 - June 2012

Data Source: Front Door Audit Completed by Patient

Patient Demographics - Age Group

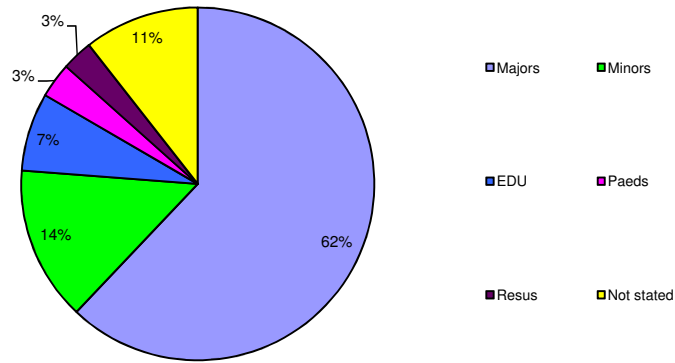


Emergency Department *Front Door Audit*

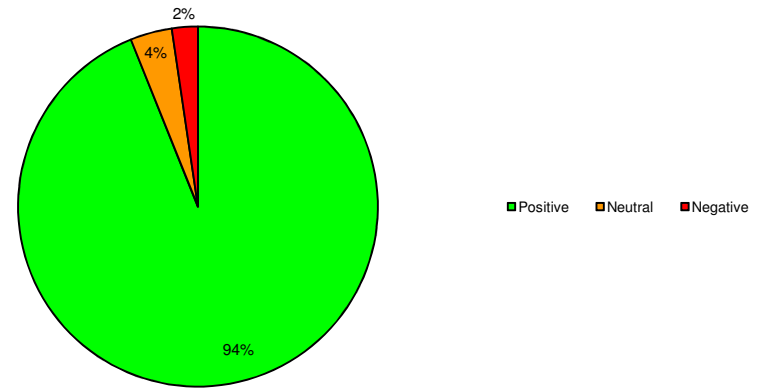
Pie Charts July 11 - June 12

Data Source: Front Door Audit Completed by Patient

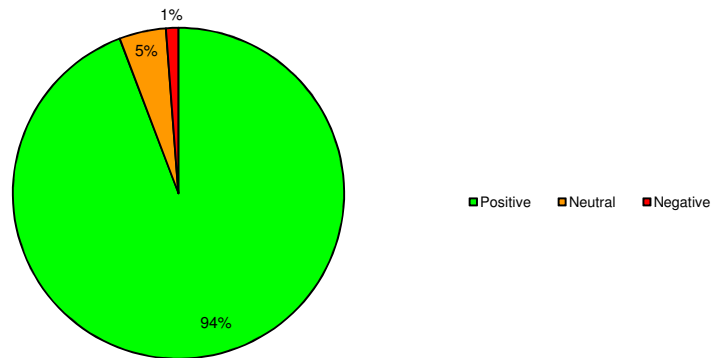
Which area of ED is the patient in?



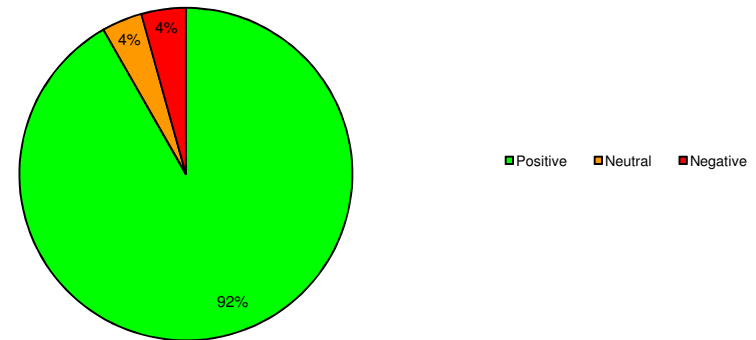
Attitudes of comments made



Care In May 2011 this question was introduced "How has your care been today?"



Information/Communication In May 2011 this question was introduced "Did the staff communicate effectively with you?"

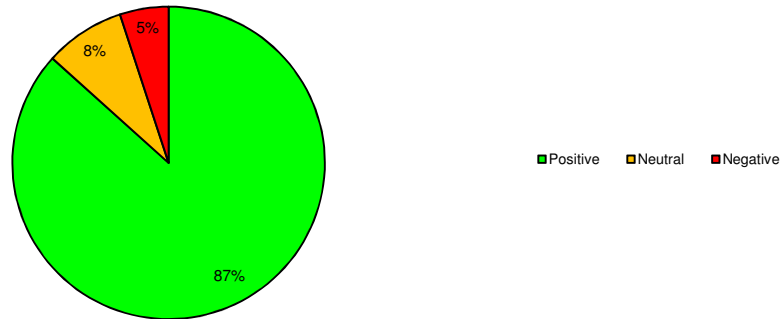


Emergency Department *Front Door Audit*

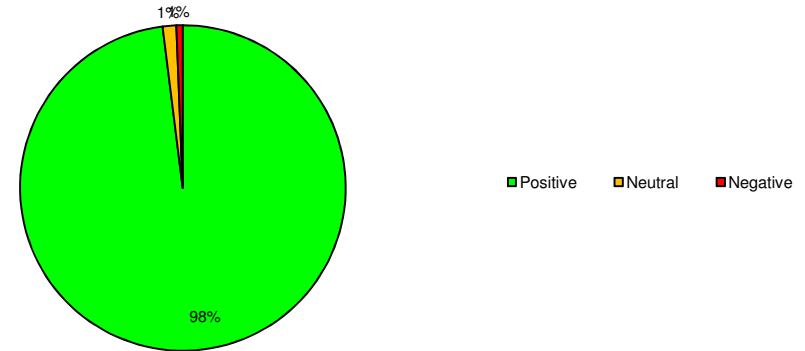
Pie Charts July 11 - June 12

Data Source: Front Door Audit Completed by Patient

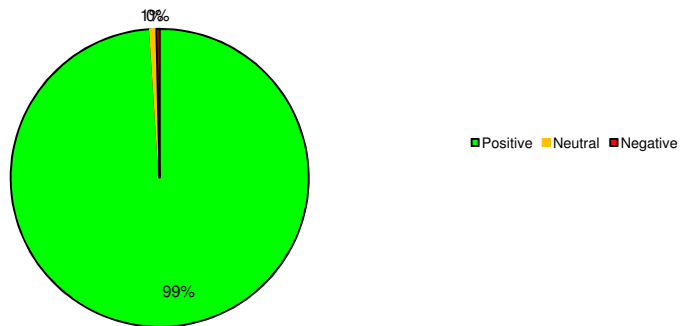
Waiting Times In May 2011 this question was introduced "Have you experienced long waits?"



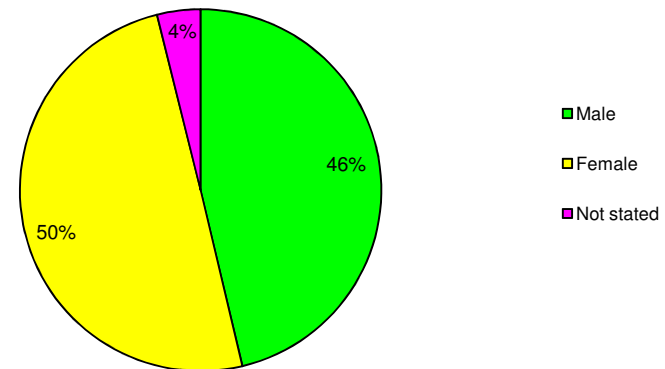
Has your privacy been maintained whilst you were examined? Introduced May 11



Were you treated with dignity and respect by staff? Introduced May 2011



Patient Demographics - Gender

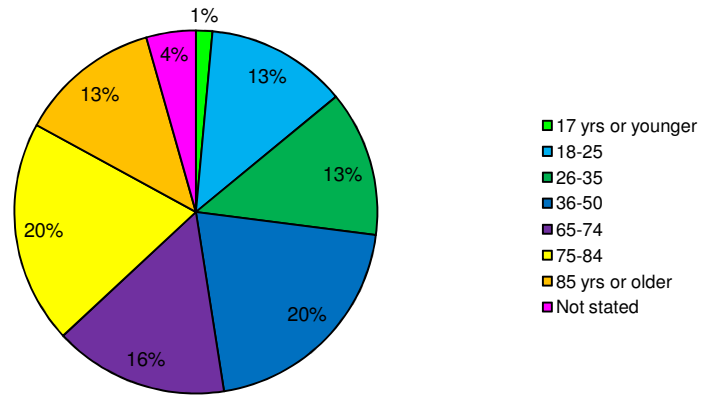


Emergency Department *Front Door Audit*

Pie Charts July 11 - June 12


Data Source: Front Door Audit Completed by Patient

Patient Demographics - Age Breakdown



Emergency Department Patient Survey

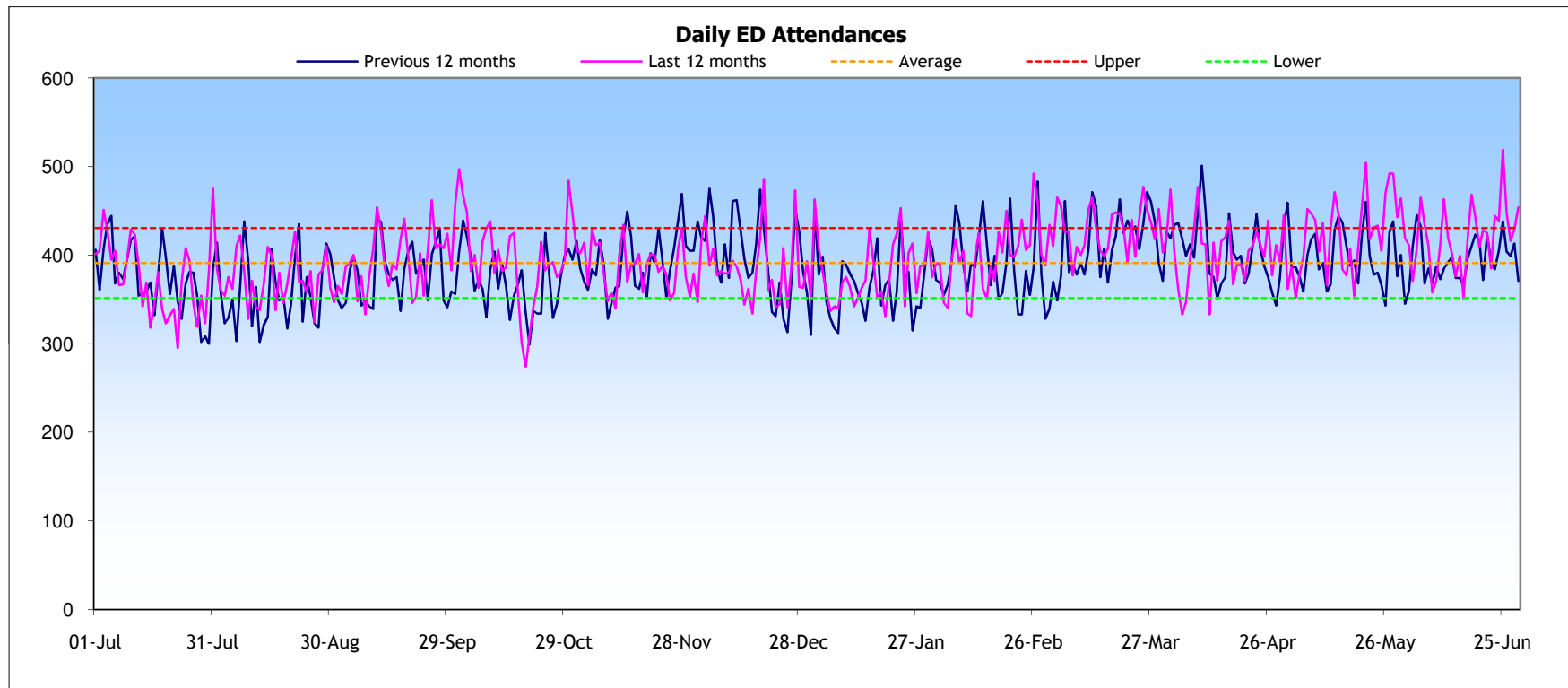
Emergency Department *Attendances Last 12 Months*

University Hospitals of Leicester 
NHS Trust

Caring at its best

Data Source: A&E Data Warehouse **Leicester Emergency Department Only (Excludes Eye Casualty, CCU & EDU)**

By Month	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	12 months
Last 12 months	11,605	11,542	11,760	12,309	11,619	11,877	11,774	11,524	13,275	12,081	13,125	12,614	145,105
Previous 12 months	11,577	11,149	11,312	11,474	11,734	12,314	11,424	10,925	12,611	12,072	12,400	11,810	140,802
% Difference	0.24%	3.40%	3.81%	6.78%	-0.99%	-3.68%	2.97%	5.20%	5.00%	0.07%	5.52%	6.37%	2.97%



Emergency Department
Patient Survey

Emergency Department *Where do patients come from? July 11 - June 12*

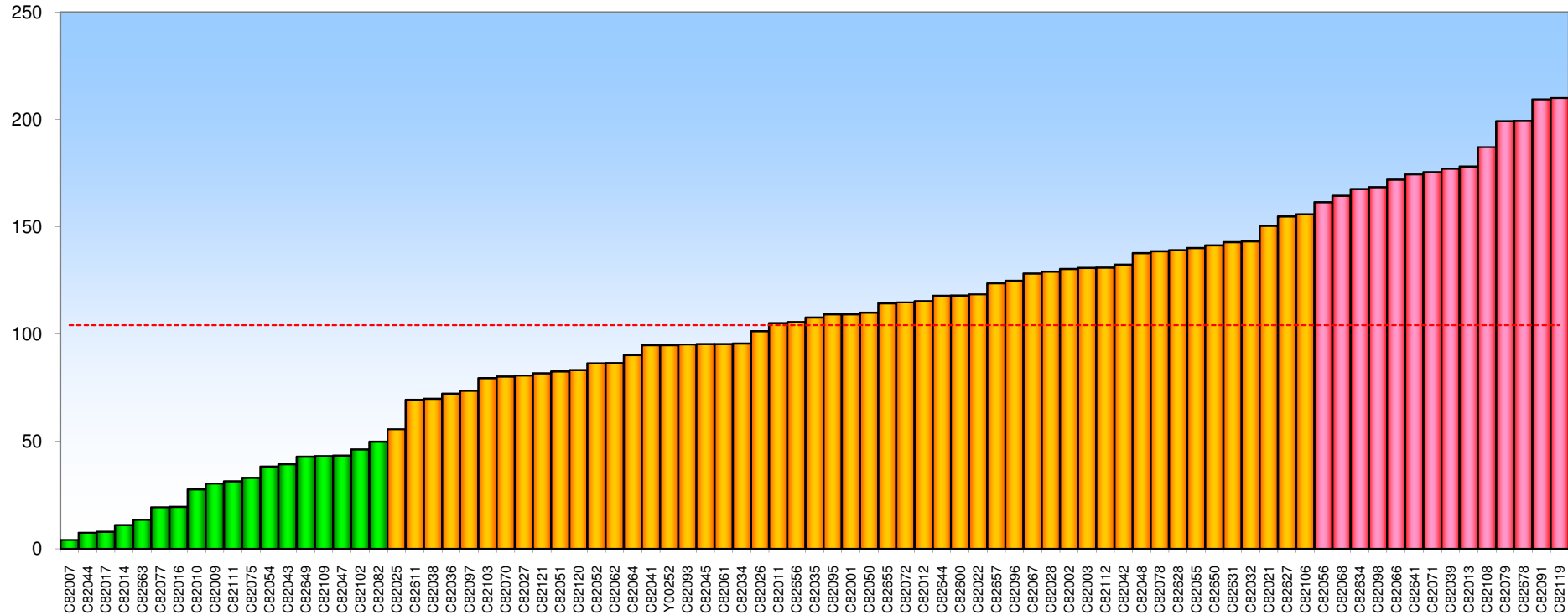
excluding Y02725 due to small list size

Data Source: A&E Datawarehouse **Leicester Emergency Department Only (Excludes Eye Casualty, CCU & EDU)**

ED Attendances Last 12 months by Leicestershire County & Rutland GP Practices

All Activity Has Been Weighted Per 000 of Practice List Size

Lower Quartile Middle Quartile Upper Quartile Average



Emergency Department
Patient Survey

Emergency Department *Where do patients come from? July 11 - June 12*

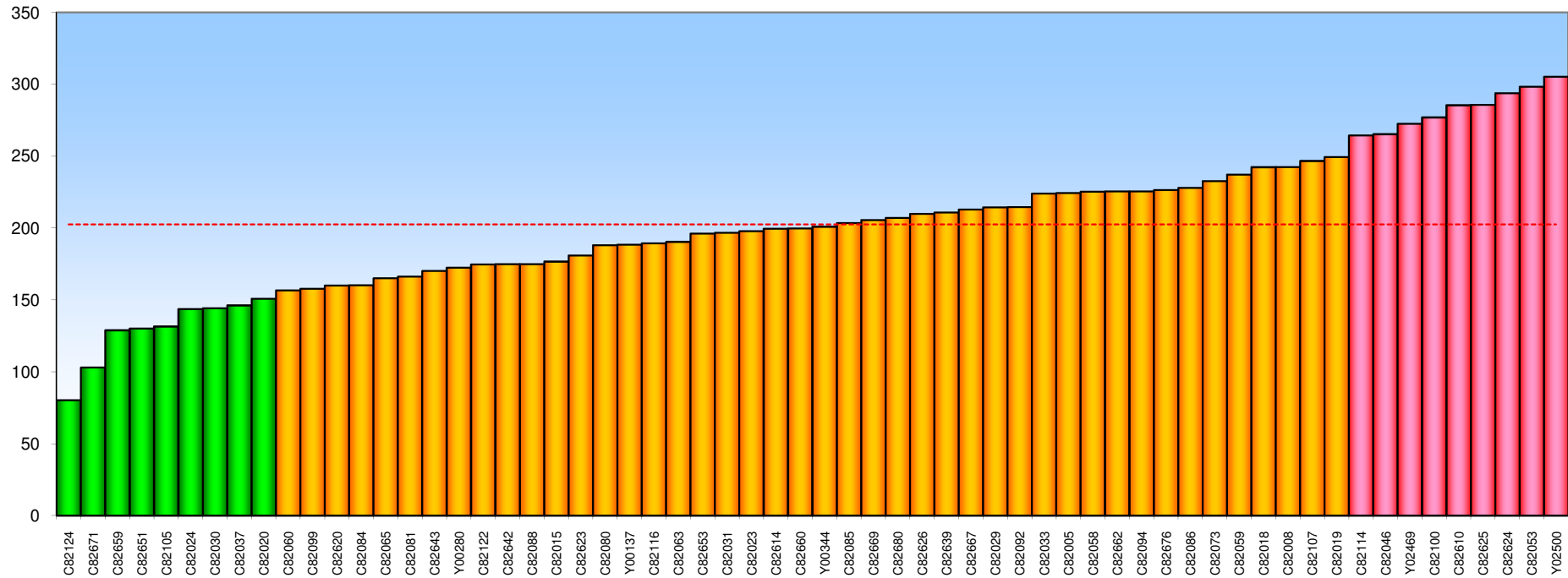
excluding Y02686 and C82670 due to small list sizes

Data Source: A&E Datawarehouse **Leicester Emergency Department Only (Excludes Eye Casualty, CCU & EDU)**

ED Attendances Last 12 months by Leicester City GP Practices

All Activity Has Been Weighted Per 000 of Practice List Size

Lower Quartile Middle Quartile Upper Quartile Average



Emergency Department *Where do patients come from?*

GP Practice Code Dictionary

Data Source: Department of Health

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125562

Leicester City GP Practices

Code	Practice
C82005	GROBY ROAD MEDICAL CENTRE (ID PATCHETT)
C82008	OAKMEADOW SURGERY (RA LEACH)
C82015	RUSHEY MEAD HEALTH CENTRE
C82018	DR H V TRIVEDI & PARTNERS
C82019	PASLEY ROAD HEALTH CENTRE (G SINGH)
C82020	DE MONTFORT SURGERY (IB CROSS)
C82023	ST MATTHEWS MEDICAL CENTRE (AIA LENNOX)
C82024	SPINNEY HILL MEDICAL CENTRE
C82029	WILLOWBROOK MEDICAL CENTRE (JG ASTLES)
C82030	DOWNING DRIVE SURGERY (AJJ BENTLEY)
C82031	HILLTOP SURGERY (SMF FRASER)
C82033	HUMBERSTONE MEDICAL CENTRE (IP JONES)
C82037	EAST PARK MEDICAL CENTRE (IN PATEL)
C82046	SAFFRON GROUP PRACTICE
C82053	HOCKLEY FARM MED PRACT (A NANA)
C82058	DR N E THOMAS & PARTNERS
C82059	WESTCOTES GP SURGERY (ONE)
C82060	SAYEED MEDICAL CENTRE
C82063	EAST LEICESTER MED PRACT(S LONGWORTH)
C82065	THE MAPLES SURGERY (KP NEWLEY)
C82073	MERRIDALE MEDICAL CENTRE (RP TEW)
C82080	ST PETER'S HEALTH CENTRE (F DOCRAT)
C82081	QUEEN'S MEDICAL CENTRE (J LENTEN)
C82084	DR B MODI
C82085	WESTCOTES HEALTH CENTRE (NJ GRUNDY)
C82086	FOSSE MEDICAL CENTRE (GK SHARMA)
C82088	EVINGTON MEDICAL CENTRE (RS THAKOR)
C82092	AYLESTONE SURGERY (LEICESTER MED GROUP)
C82094	BAXTERS CLOSE SURGERY (GC ACKERLEY)
C82099	ST PETER'S ROAD SURGERY (KA CHOUDRY)
C82100	THE HEDGES MEDICAL CENTRE (SA BAILEY)
C82105	AR-RAZI MEDICAL CENTRE
C82107	CROSS STREET SURGERY
C82114	DR U K ROY
C82116	HIGHFIELDS SURGERY (SR CHOUDHARY)
C82122	CLARENDON PARK RD HEALTH CTR(B CHAUHAN)
C82124	FREEMAN'S COMMON HTH CTR(JETHWA /KHUNTI)
C82610	THE PARKS MEDICAL CENTRE (B HAINSWORTH)
C82614	ASQUITH SURGERY
C82620	DR S SHAFI
C82623	HEATHERBROOK SURGERY (RP ARCHER)
C82624	BEAUMONT LEYS HEALTH CENTRE (VK AGARWAL)
C82625	PETWORTH DRIVE
C82626	PASLEY ROAD HEALTH CENTRE (TK KHONG)
C82639	WESTCOTES HEALTH CENTRE (RL HAZELDINE)
C82642	HIGHFIELDS MEDICAL CENTRE (JKV PATEL)
C82643	COMMUNITY HEALTH CENTRE (ZS OSAMA)
C82651	BROADHURST ST MED PRACT (KS MORJARIA)
C82653	WESTCOTES GP SURGERY (TWO)
C82659	MELBOURNE ROAD HEALTH CENTRE (R KAPUR)
C82660	ST PETER'S MED CENTRE (MANSINGH & DEY)
C82662	WALNUT ST MED CTR (LEICESTER MED GROUP)
C82667	ELMP - CHARNWOOD
C82669	AYLESTONE SURGERY (SAHDEV)
C82670	HOMELESS PRIMARY HEALTH CARE SERVICE
C82671	BULLER ROAD SURGERY (DJ GANDECHA)
C82676	ST ELIZABETH'S MEDICAL CENTRE (JA WOOD)
C82680	RUSHEY MEAD HEALTH CENTRE
Y00137	THE WILLOWS MEDICAL CENTRE
Y00280	BELGRAVE SURGERY (SV BAPODRA)
Y00344	ASSIST PRIMARY HEALTH CARE SERVICE
Y02469	SSAFA CARE HEALTH CENTRE
Y02500	NORTHERN HEIGHTS MEDICAL CENTRE
Y02686	BOWLING GREEN STREET SURGERY

Leicestershire County & Rutland GP Practices

Code	Practice
C82001	KIBWORTH HEALTH CENTRE
C82002	COUNTSTHORPE HEALTH CENTRE
C82003	DR RG ACKERLEY & PARTNERS
C82007	DR MF MCGHEE'S PRACTICE
C82009	MARKET HARBOROUGH MED. CTR
C82010	OAKHAM MEDICAL PRACTICE
C82011	PINFOLD MEDICAL PRACTICE
C82012	IBSTOCK HOUSE SURGERY
C82013	BUSHLOE END SURGERY
C82014	ASHBY HEALTH CENTRE
C82016	THE SANDS SURGERY
C82017	MEASHAM MEDICAL UNIT
C82021	THE CENTRAL SURGERY
C82022	THE BILLESDON SURGERY
C82025	THE WYCLIFFE MEDICAL PRACTICE
C82026	BRIDGE STREET MEDICAL PRACTICE
C82027	THE OLD SCHOOL SURGERY
C82028	MARKFIELD MEDICAL CENTRE
C82032	DR NW OSBORNE'S PRACTICE
C82034	QUORN MEDICAL CENTRE
C82035	PARK VIEW SURGERY
C82036	THE OLD SCHOOL SURGERY
C82038	LATHAM HOUSE MEDICAL PRACTICE
C82039	KINGSWAY SURGERY
C82041	DR GP HANLON'S PRACTICE
C82042	COUNTY PRACTICE
C82043	STATION VIEW HEALTH CENTRE
C82044	EMPINGHAM MEDICAL CENTRE
C82045	DR RW LAWRENCE'S PRACTICE
C82047	MAPLES FAMILY MED.PRACT.
C82048	ROSEMEAD DRIVE SURGERY
C82050	DR NR PULMAN'S PRACTICE
C82051	NEWBOLD VERDON MED.PRACT.
C82052	DR AM LEWIS' PRACTICE
C82054	THE BURBAGE SURGERY
C82055	THE LIMES MEDICAL CENTRE
C82056	GLENFIELD SURGERY
C82061	BARWELL MEDICAL CENTRE
C82062	DR NHR SIMPSON'S PRACTICE
C82064	FOREST HOUSE SURGERY
C82066	FOREST HOUSE MEDICAL CTR
C82067	THE CROFT MEDICAL CENTRE
C82068	NORTHFIELD MEDICAL CENTRE
C82070	WOODBROOK MEDICAL CENTRE
C82071	WIGSTON CENTRAL
C82072	BROOM LEYS SURGERY
C82075	CASTLE MEAD MEDICAL CENTRE
C82077	THE UPPINGHAM SURGERY
C82078	SYSTON HEALTH CENTRE
C82079	SOUTH WIGSTON HEALTH CTR.
C82082	THE CENTRE SURGERY
C82091	BIRSTALL MEDICAL CENTRE
C82093	THE ORCHARD MED PRACTICE
C82095	ALPINE HOUSE SURGERY
C82096	DR DM WOODS' PRACTICE
C82097	DR RK HIRANI'S PRACTICE
C82098	HAZELMERE MEDICAL CENTRE
C82102	DR JCW JOLLEYS' PRACTICE
C82103	DISHLEY GRANGE MEDICAL PRACTICE
C82106	THE FAMILY PRACTICE
C82108	LONG STREET SURGERY
C82109	THE HUSBANDS BOSWORTH SURGERY
C82111	DR MA BHOJANI'S PRACTICE
C82112	SEVERN SURGERY
C82119	NARBOROUGH HEALTH CENTRE
C82120	DR EA HEPPLWHITE'S PRACTICE
C82121	HEATH LANE SURGERY

Emergency Department *Where do patients come from?*
GP Practice Code Dictionary

Data Source: Department of Health

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125562

Leicester City GP Practices

Leicestershire County & Rutland GP Practices

Code	Practitce
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Code	Practitce
C82600	THE BANKS SURGERY
C82611	THE MASHARANI PRACTICE
C82627	DR YB SHAH'S PRACTICE
C82628	GROBY SURGERY
C82631	ENDERBY MEDICAL CENTRE
C82634	RATBY SURGERY
C82641	STATION ROAD SURGERY
C82644	DR MK LAKHANI'S PRACTICE
C82648	HOLLYCROFT MEDICAL CENTRE
C82649	MARKET OVERTON & SOMERBY SURGERIES
C82650	DESFORD MEDICAL CENTRE
C82655	DR TM HAMMOND & PARTNERS
C82656	FIELD STREET SURGERY
C82657	DR BJ SHAH'S PRACTICE
C82663	DR SJ SHEPHERD'S PRACTICE
C82678	THURMASTON HEALTH CENTRE
Y00252	DR SJC CLAY'S PRACTICE
Y02725	OADBY & WIGSTON WALK-IN MC

Emergency Department
Patient Survey

Emergency Department *Further Information About Our Patients July 11 - June 12*

Data Source: Data Warehouse Leicester Emergency Department Only (Excludes Eye Casualty, CCU & EDU)

Age Of Patients			Gender of Patients		
Age Group	Attendances	%	Gender	Attendances	%
85 yrs or older	9,035	6%	Not Stated	1	0%
65 - 74 yrs	9,297	6%	Female	68,574	47%
75 - 84 yrs	11,540	8%	Male	76,521	53%
51 - 64 yrs	16,161	11%			
26 - 35 yrs	17,780	12%			
18 - 25 yrs	20,394	14%			
36 - 50 yrs	22,521	16%			
17 Yrs Or Younger	38,368	26%			

Ethnicity of Patients			Top 10 Presenting Problems		
Ethnicity	Attendances	%	Presenting Condition	Attendances	%
PATIENT REFUSED	3	0.002%	WRIST INJ	4,087	2.82%
NOT STATED	227	0.156%	OVERDOSE	4,786	3.30%
MIXED WHITE AND BLACK AFRICAN	279	0.192%	ANKLE INJ	4,895	3.37%
OTHER ETHNIC GROUP CHINESE	444	0.306%	BREATHING DIFFICULTIES	5,236	3.61%
MIXED WHITE AND ASIAN	465	0.320%	FOOT INJ	6,292	4.34%
ASIAN/ASIAN BRITISH BANGLADESHI	547	0.377%	ABDO PAIN	8,238	5.68%
MIXED WHITE AND BLACK CARRIBEAN	649	0.447%	HAND INJ	8,208	5.66%
WHITE IRISH	761	0.524%	FALL	9,250	6.38%
BLACK/BLACK BRITISH CARIBBEAN	896	0.618%	CHEST PAIN	11,213	7.73%
ANY OTHER MIXED BACKGROUND	999	0.689%	HEAD INJ	11,280	7.77%
ASIAN/ASIAN BRITISH PAKISTANI	1,259	0.868%			
ANY OTHER BLACK BACKGROUND	1,816	1.252%			
BLACK/BLACK BRITISH AFRICAN	1,918	1.322%			
ANY OTHER ASIAN BACKGROUND	3,394	2.339%			
WHITE OTHER WHITE BACKGROUND	5,228	3.603%			
ANY OTHER ETHNIC GROUP	7,662	5.281%			
ASIAN/ASIAN BRITISH INDIAN	18,256	12.582%			
WHITE BRITISH	100,293	69.122%			

Caring at its best

Quality and Performance

Trust Board

Thursday 26th July 2012

June 2012

One team shared values

QUALITY and PERFORMANCE REPORT

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UHL at a Glance - Month 3 - 2012/13										
PREVENTING DEATH	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
HSMR (Dr Foster)	100	95.2	95.2				Apr-12		Quality	
POSITIVE EXPERIENCE of CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
Net Promoter Trust Score	61.0	53.2	52.0		New O/F target April 2012		Jun-12		Quality	
Net Promoter - Coverage	10%	11.6%					Jun-12		Quality	
Operations cancelled for non-clinical reasons on or after the day of admission	0.8%	1.2%	1.2%				Jun-12		Trust	
TIMELY CARE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH	
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	93.2%	92.6%				Jun-12	✓	✓	
ED Waits - UHL (Type 1 and 2)	95%	91.5%	90.8%				Jun-12		Trust	
RTT 18 week – admitted	90%	93.6%					Jun-12	✓	✓	
RTT 18 week – non-admitted	95%	97.1%					Jun-12	✓	✓	
RTT - Incomplete 92% in 18 weeks	92%	94.3%					Jun-12		✓	
RTT delivery in all specialties	0	1					Jun-12		✓	
6 Week - Diagnostic Test Waiting Times	<1%	6.5%					Jun-12		✓	
Cancer: 2 week wait from referral to date first seen - all cancers	93%	93.3%	93.2%				May-12	✓	✓	
Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)	93%	93.2%	94.3%				May-12	✓	✓	
All Cancers: 31-day wait from diagnosis to first treatment	96%	97.1%	96.9%				May-12	✓	✓	
All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments	98%	100.0%	100.0%				May-12	✓	✓	
All Cancers: 31-day wait for second or subsequent treatment - surgery	94%	94.4%	95.0%				May-12	✓	✓	
All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments	94%	96.8%	96.4%				May-12	✓	✓	
All Cancers:- 62-day wait for first treatment from urgent GP referral	85%	85.3%	85.3%				May-12	✓	✓	
All Cancers:- 62-day wait for first treatment from consultant screening service referral	90%	90.8%	92.2%				May-12	✓	✓	
All Cancers:- 62-Day Wait For First Treatment From Consultant Upgrade	85%	100.0%	100.0%				May-12	✓	✓	
Neck of Femurs Operated on < 36 Hours	70%	72.4%	78.4%				May-12		Quality	

UHL at a Glance - Month 3 - 2012/13

SAFE ENVIRONMENT	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
MRSA Bacteraemias	6	0	0				Jun-12	✓	✓
CDT Isolates in Patients (UHL - All Ages)	113	3	21				Jun-12	✓	✓
Serious Incidents Requiring Investigation	TBC	112	495				Jun-12	✓	
Never Events	0	0	3				Jun-12	✓	
Incidents of Patient Falls	2750	243	462				May-12	✓	
Pressure Ulcers (Grade 3 and 4)	110	7	28				Jun-12	✓	
% of all adults who have had VTE risk assessment on adm to hosp	90%	94.8%	95.2%				Jun-12		✓
100% compliance with WHO surgical checklist (Y/N)		Y					Jun-12	✓	
Bed Occupancy (Including short stay admissions)	90%	91%					Jun-12		Quality
Bed Occupancy (Excluding short stay admissions)	86%	85%					Jun-12		Quality
Nurse to Bed Ratio - General Base Ward		1.1 to 1.3 WTE			NEW FOR 2012/13		Jun-12		Quality
Nurse to Bed Ratio - Specialist Ward		1.4 to 1.6 WTE				Jun-12		Quality	
Nurse to Bed Ratio - HDU		3 to 4 WTE				Jun-12		Quality	
Nurse to Bed Ratio - ITU		5.5 to 6 WTE				Jun-12		Quality	
STAFF EXPERIENCE / WORKFORCE	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Sickness absence	3.0%	3.6%	3.5%				Jun-12		Quality
Appraisals	100%	92.8%	92.8%				Jun-12		Trust
VALUE FOR MONEY	Standard	Month Actual	YTD	YTD versus Target	Monthly RAG	Data Quality	Current Data	PMR	DoH
Total Pay Bill (£ millions)	36.7	37.1	111.2				Jun-12		Trust
Total Whole Time Employee (WTE)		10,243	10,243				Jun-12		Trust

Data Quality Key :

Procedure & Process Fully Documented

Patient Level

Audit

Director Sign Off



DoH PERFORMANCE/OPERATING FRAMEWORK - 2012/13 INDICATORS

						IN MONTH SCORE								
Performance Indicator						Performing	Underperforming	Weighting	Monitoring Period	April	May	June	Qtr 1	
A&E - Total Time in A&E						95%	94%	1.0	QTR	0.0	0.0	0.0	0.0	
Infection Control	MRSA						0	>1SD	1.0	YTD	3.0	3.0	3.0	3.0
	Clostridium Difficile						0	>1SD	1.0	YTD	1.0	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
	RTT waiting times – non-admitted						95%		1.0	Monthly	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
	RTT delivery in all specialties						0	>20	1.0	Monthly	1.0	1.0	1.0	1.0
	Diagnostic Test Waiting Times						<1%	5%	1.0	Monthly	1.0	1.0	0.0	0.0
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
	Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected)						93%	88%	0.5	Monthly	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
	All Cancers: 31-day wait for second or subsequent treatment - surgery						94%	89%	0.25	Monthly	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
	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
	All Cancers:- 62-day wait for first treatment from urgent GP referral						85%	80%	0.5	Monthly	1.5	1.5	0.5	0.5
	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
	Delayed transfers of care						3.5%	5%	1.0	QTR	3.0	3.0	3.0	3.0
	Single Sex Accommodation Breaches						0.0%	0.5%	1.0	QTR	1.0	3.0	3.0	1.0
Venous Thromboembolism (VTE) Screening						90%	80%	1.0	QTR	3.0	3.0	3.0	3.0	

Sum of weights	14.00
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31.0	35.0	33.0	31.0
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Performance Score = sum of weights/14

2.21	2.50	2.36	2.21
------	------	------	------

Scoring values	Underperforming	0
	Performance under review	1
	Performing	3

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

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

Name of Organisation:	University Hospitals of Leicester	Period:	June 2012
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Organisational risk rating

Each organisation is required to calculate their risk score and RAG rate their current performance as per the 2011/12 Provider Management Regime, 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*
Governance Risk Rating (RAG as per NHS Midlands and East PMR guidance)	AMBER
Financial Risk Rating (Assign number as per NHS Midlands and East PMR guidance)	RED
Contractual Position (RAG as per NHS Midlands and East PMR guidance)	AMBER

* Please type in R, A or G

Governance Declarations

NHS Midlands and East organisations, subject to the Provider Management Regime, 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.

Governance declaration 1			
The Board is satisfied that plans in place are sufficient 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:		

Governance declaration 2			
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 insufficient assurance available 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 :	Jim Birrell
on behalf of the Trust Board	Acting in capacity as:	Interim Chief Executive Officer	
Signed by :		Print Name :	Martin Hindle
on behalf of the Trust Board	Acting in capacity as:	Chairman	

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.

Target/Standard:	All Cancers: 62 day wait for first treatment
The Issue :	Target missed Jun - Dec 2011. Target met in Jan to May 2012. Target predicted to be missed in June due to lower GI planned backlog reduction.
Action :	The revised Lower GI plan submitted mid July following clinical summit will significantly improve performance.
Target/Standard:	Quality: A&E
The Issue :	Non-achievement of thresholds for: unplanned reattendance; time to initial assessment
Action :	An ED Summit was held in June resulting in a revised action plan jointly agreed with CCG leads being submitted to the SHA.
Target/Standard:	FRR: financial efficiency
The Issue :	Income & Expenditure Surplus Margin
Action :	Action plan in place in accordance with the Provider Management Regime

ACUTE GOVERNANCE RISK RATINGS 2012/13

University Hospitals of Leicester

Ref	Area	Indicator	Sub Sections	Thresh- old	Weight- ing	Apr 2012	May 2012	June 2012	Jul 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Comments where target not achieved in month?	
1	Safety	Clostridium Difficile	Are you below the ceiling for your monthly trajectory	Contract with PCT	1.0	NO	YES	YES										3 CDiff cases reported in June 2012. Full year target 113	
2	Safety	MRSA	Are you below the ceiling for your monthly trajectory	Contract with PCT	1.0	YES	YES	YES										0 cases reported in June 2012. Full year target 6 with a year to date performance of 0.	
3	Quality	All cancers: 31-day wait for second or subsequent treatment, comprising either:	Surgery	94%	1.0	YES	YES	YES										June - predicted position	
			Anti cancer drug treatments	98%															
			Radiotherapy	94%															
4	Quality	All cancers: 62-day wait for first treatment, comprising either:	From urgent GP RTT	85%	1.0	YES	YES	NO										June - predicted position. Plan in pace to reduce LOGI 62 day backlog.	
			From consultant screening service referral	90%															
5a	Patient Experience	RTT waiting times – admitted	95th percentile	23 wks	1.0	YES	YES	YES											
5b	Patient Experience	RTT waiting times – non-admitted	95th percentile	18.3 wks	1.0	YES	YES	YES											
6	Quality	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	YES	YES	YES										June - predicted position	
7	Quality	Cancer: 2 week wait from referral to date first seen, comprising either:	all cancers	93%	0.5	YES	YES	YES										June - predicted position	
			for symptomatic breast patients (cancer not initially suspected)	93%															
8a	Quality	A&E: Total time in A&E	Total time in A&E (95%)	≤ 4 hrs	1.0	NO	NO	NO										June position for UHL is 91.5% and including UCC is 93.2%.	
8b	Quality	A&E: NB Please record the areas not being met in the comments sheet	Total time in A&E (95th percentile)	≤4 hrs	No weighting	NO	NO	NO											Delivering 2 of the 5 indicators - left without been seen and time to treatment. Areas not being met are the 95th percentile, time to initial assessment and unplanned reattendance rates.
			Time to initial assessment (95th percentile)	≤15 mins															
			Time to treatment decision (median)	≤60 mins															
			Unplanned re-attendance rate	≤5%															
Left without being seen	≤5%																		
17	Patient experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	YES	YES	YES											
CQC Registration																			
A	Safety	CQC Registration	Are there any compliance conditions on registration outstanding.	0	1.0	NO	NO	NO											
B	Safety	CQC Registration	Are there any restrictive compliance conditions on registration outstanding.	0	2.0	NO	NO	NO											
C	Safety	Moderate CQC concerns regarding the safety of healthcare provision		0	1.0	NO	YES	NO											
D	Safety	Major CQC concerns regarding the safety of healthcare provision		0	2.0	NO	NO	NO											
E	Safety	Formal CQC Regulatory Action resulting in Compliance Action		0	2.0	NO	NO	NO											
F	Safety	Formal CQC Regulatory Action resulting in Enforcement Action		0	4.0	NO	YES	NO											
G	Safety	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											
TOTAL						2.0	6.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		

RAG RATING :

- GREEN** = Score Less than 1
- AMBER/GREEN** = Score between 1 and 1.9
- AMBER / RED** = Score between 2 and 3.9
- RED** = Score Over 4

FINANCIAL RISK RATING 2012/13

University Hospitals of Leicester

			Risk Ratings																	Comments on Performance in Month			
Criteria	Indicator	Weight	5	4	3	2	1	Annual Plan 2012/13	Apr 2012	May 2012	June 2012	Jul 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013		Mar 2013		
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1		2	3	2												The June performance is 3.9% EBITDA margin (4.4% cumulatively)
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50		3	4	3												The EBITDA achieved in June was 70%, with 85% YTD. Both the EBITDA margin and % achieved reflect an overperformance on income of 1.3% in June and YTD with adverse movements in expenditure against the plan. The Trust is continuing to see increased emergency activity levels, (2,151 spells, 7.7% above plan). This increase takes the Trust above the 2008/09 activity threshold - £0.6m 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	Return on assets %	20%	6	5	3	-2	<-2		2	2	2												
	I&E surplus margin %	20%	3	2	1	-2	<-2		1	2	2												The Trust is reporting a monthly deficit of £1.1m, -1.8% of turnover.
Liquidity	Liquid ratio days	25%	60	25	15	10	<10		3	3	3												The Trust continues to manage cash on a daily basis and has achieved a liquid days value of 17 days in June.
Average	Weighted Average	100%						0.0	2.2	2.7	2.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Overriding rules	Overriding rules								2	3	2												
Overall rating	Final Overall rating							0	2	3	2	0	0	0	0	0	0	0	0	0	0	0	

Overriding Rules :

Max Rating	Rule	No																					
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"									3													
1	Two Financial Criteria at "1"																						
2	Two Financial Criteria at "2"								2		2												

FINANCIAL RISK TRIGGERS 2012/13

University Hospitals of Leicester

	Criteria	Apr 2012	May 2012	June 2012	Jul 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Comments on Performance in Month
1	Unplanned decrease in EBITDA margin in two consecutive quarters	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										There is a risk within the next 12 months that the Trust may have a FRR below 3. Particular focus is on delivering the I&E surplus and the planned EBITDA margin.
3	FRR 2 for any one quarter	Yes	Yes	Yes										The Trust has an overall FRR of 2 at the end of Q1, predominately due to the I&E surplus margin within the financial efficiency rating and the EBITDA margin. As the Trust moves through the 12/13 financial year key actions to deliver a minimum FRR of 3 are being implemented.
4	Working capital facility (WCF) agreement includes default clause	n/a	n/a	n/a										
5	Debtors > 90 days past due account for more than 5% of total debtor balances	No	No	Yes										Our total level of debt over 90 days is approx 9% of total debtor balances, £29m. 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 4.5% of debtors over 180 days
6	Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No										
7	Two or more changes in Finance Director in a twelve month period	No	No	No										
8	Interim Finance Director in place over more than one quarter end	No	No	No										
9	Quarter end cash balance <10 days of operating expenses	No	No	No										
10	Capital expenditure < 75% of plan for the year to date	No	No	No										
TOTAL		2	2	3	0	0	0	0	0	0	0	0	0	

NB Scoring: An answer of "YES" = 1.0

RAG RATING :

GREEN = Score between 0 and 1

AMBER = Score between 2 and 4

RED = Score over 5

CONTRACTUAL RISK RATINGS 2012/13

	Apr 2012	May 2012	June 2012	Jul 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Comments on Performance in Month
Contractual Risk Rating													
G	All key contracts are agreed and signed. Both the NHS Trust and commissioner are fulfilling the terms of the contract. There are no disputes or performance notices in place.												
A	The NHS Trust and commissioner are in dispute over the terms of the contract. Performance notices have been issued by one or both parties.												
R	One or more key contract is not signed by the start of the period covered by the contract. There is a dispute over the terms of the contract which might, or will, necessitate SHA intervention or arbitration. The parties are already in arbitration.												

Criteria	Unit	Apr 2012	May 2012	June 2012	Jul 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Comments on Performance in Month
1 SHMI - latest data	Ratio	95.2												HSMR reported from Dr Fosters. May and June data not yet available.
2 Venous Thromboembolism (VTE) Screening	%	95.5	95.6	94.7										
3a Elective MRSA Screening	%	100	100	100										
3b Non Elective MRSA Screening	%	100	100	100										
4 Single Sex Accommodation Breaches	Number	3	0	0										
5 Open Serious Incidents Requiring Investigation (SIRI)	Number	189	194	112										At the end of June there were 112 SUIs open of which 48 were Patient Safety Incidents, 41 Hospital Acquired Pressure Ulcers, 22 Health Care Acquired Infections and 1 Information Governance.
6 "Never Events" in month	Number	2	1	0										
7 CQC Conditions or Warning Notices	Number	0	0	0										
8 Open Central Alert System (CAS) Alerts	Number	8	14	6										Total CAS alerts open = 6 Alerts opened = 8 Alerts closed = 11 No of missed deadlines = 0 No of missed deadlines ongoing = 3
9 RED rated areas on your maternity dashboard?	Number	2	2	1										Monthly review of the rates supports a robust governance arrangement within which we have an opportunity to review, implement and evaluate practice and ensure that this is appropriate and safe. Changes to practice can then be implemented where necessary.
10 Falls resulting in severe injury or death	Number	1	1	1										These data relate to falls that have been reported as SUIs (where permanent harm or death has occurred).
11 Grade 3 or 4 pressure ulcers	Number	10 (7)	11 (5)	7										Figures in brackets are number of avoidable Grade 3 or 4 pressure ulcers and is reported 1 month in arrears.
12 100% compliance with WHO surgical checklist	Y/N	Y	Y	Y										
13 Formal complaints received	Number	133	156	144										This is monitored by GRMC with monthly reports provided by the Director of Safety and Risk. Divisions are actively working to reduce complaints
14 Agency and bank spend as a % of turnover	%	2.3	2.3	2.6										The reduction in the agency and bank spend as a % of turnover compared to the same period last financial year reflects the increased focus and control the Trust has placed on these areas as part of its financial recovery plan. The increase in the last few months is as a consequence of a significant increase in activity, particularly emergencies.
15 Sickness absence rate	%	3.3	3.6	3.6										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.

Board Statements

University Hospitals of Leicester

June 2012

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), its NHS 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.		
If the Trust Board is unable to make the above statement, the Board must:			
2	Be satisfied that, to the best of its knowledge and using its own processes (supported by CQC information and including any further metrics it chooses to adopt), its 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.	✓	
3	Be satisfied that, to the best of its knowledge and using its own processes, plans in place are sufficient to ensure ongoing compliance with the CQC's registration requirements	✓	
4	Certify it is satisfied that processes and procedures are in place to ensure that all medical practitioners providing care on behalf of the NHS foundation trust have met the relevant registration and revalidation requirements.	✓	
5	Be satisfied that the Trust is embedding patient experience into the service design, improvement and delivery cycle.	✓	
For SERVICE PERFORMANCE, that:		Response	
6	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds), and compliance with all targets due to come into effect during 2011/12.	✗	
For RISK MANAGEMENT PROCESSES, that:		Response	
7	Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the board is confident that there are appropriate action plans in place to address the issues in a timely manner	✓	
8	All recommendations to the board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned	✓	
9	The necessary planning, performance management and risk management processes are in place to deliver the annual plan	✓	
10	A Statement of Internal Control ("SIC") is in place, and the trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to the most up to date guidance from HM Treasury (see http://www.hm-treasury.gov.uk)	✓	
11	The trust has achieved a minimum of Level 2 performance against the key requirements of the Department of Health's Information Governance Toolkit	✓	
For COMPLIANCE WITH THE NHS CONSTITUTION, that:		Response	
12	The Board is assured that the trust will, at all times, have regard to the NHS constitution	✓	
For BOARD, ROLES, STRUCTURES AND CAPACITY, that:		Response	
13	The Board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the Board	✓	
14	The Board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability	✓	
15	The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills	✓	
16	The management team have the capability and experience necessary to deliver the annual plan	✓	
17	The management structure in place is adequate to deliver the annual plan objectives for the next three years.	✓	
Signed on behalf of the Trust:		Print name	Date
CEO		Jim Birrell	
Chair		Martin Hindle	

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			
National 3a	Dementia - Screening	1%	£96,171				
National 3b	Dementia - Risk Assessment	2%	£192,342				
National 3c	Dementia - Referral	2%	£192,342				
National 4	Safety Thermometer	5%	£480,855				
Regional 1	NET Promoter	3%	£288,513				
Regional 2	MECC	10%	£961,709				
Local 1a	Int Prof Standards - ED	6%	£577,026	tbc			
Local 1b	Int Prof Standards - Assessment Units & Imaging	6%	£577,026				
Local 1c	ED/EMAS Handover	6%	£577,026				
Local 2	Disch B4 11am	2%	£192,342				
Local 2	Disch B4 1pm	6%	£577,026				
Local 2	7 Day Disch	4%	£384,684				
Local 2	TTOs pre disch	3%	£288,513				
Local 2	Disch Diagnosis & Plan	2%	£192,342				
Local 3	End of Life Care	5%	£480,855				
	COPD Admission	5%	£480,855				
Local	COPD care bundle	10%	£961,709				
Local 7a	Clinical Handover	3.2%	£307,747				
Local 7b	Responding to EWS	3.2%	£307,747				
Local 7c	M&M	3.2%	£307,747				
Local 7d	Acting on Results	3.2%	£307,747				
Local 7e	Ward Round Notation Standards	3.2%	£307,747				
Total		100%	£9,617,097				

Specialised Services 2012/13 CQUIN - Quarterly performance

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

KEY
NO ISSUES
PERFORMANCE DETERIORATING
FINANCIAL RISK



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 FOR MAY 2012

Description	Threshold	Consequence per breach	Financial Implication
A&E - Total Time in A&E	95% of patients waiting less than 4 hours	2% of the actual outturn value of the service line revenue	£28,057
RTT Non-admitted ophthalmology, actual performance: 91.76%	Non Admitted target 95%	2% of Ophthalmology April income (Elective and Outpatient)	£8,325
1 Never Events reported in April	>0	Recovery of cost of spell and no charge for any corrective procedure	TBC
Breast screening age extension			£50,000*
Total			£86,382

* Temporary withholding pending delivery of overall remedial action plan in November.

PERFORMANCE AREAS AT RISK OF CONTRACTUAL PENALTY

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual Status	Latest Position
A&E - Total Time in A&E plus ED Clinical Indicators	95% of patients waiting less than 4 hours	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	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 for each month of failure	Contract Query Issued on the 8th July 2011. Remedial Action Plan Shared with Commissioners on 18 May 2012	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 for each month of failure	Contract Query Issued on the 7th March. Remedial action plan shared on the 9th May.	Action plan accepted and recovery of performance scheduled for November 2012. Temporary penalties being applied.
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	Tumour site action plan submitted to commissioners. Overall performance remains above the threshold.
No. of # Neck of femurs operated on < 36hrs	72% by end of Quarter 2	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Contract Query issued on 13th April. Remedial action plan accepted by Commissioners. Ongoing monitoring of performance against plan	Performance in alignment with the action plan needs to be maintained to prevent escalation to Exception Notice.

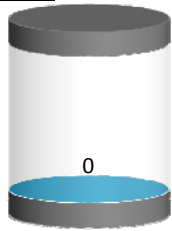
PERFORMANCE AREAS CURRENTLY ON COMMISSIONERS RADAR LIKELY TO GENERATE CONTRACT QUERIES AND ONWARD ESCALATION

Nationally Specified Event	Threshold	Consequence per breach	Current Contractual Status
52 Week Wait and 26 Week stage of treatment		The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Potential contract query
Stroke Patients - % of patient that spend 90% of their time on a stroke unit.	80% of patients spend 90% of their time on a stroke unit	The maximum penalty could be £1m (2%) of total Contract Value for each month of failure	Potential contract query
Diagnostic Imaging within 6 weeks	Operating standard of 99%	2% of the Actual Outturn Value of the service line revenue	Potential contract query

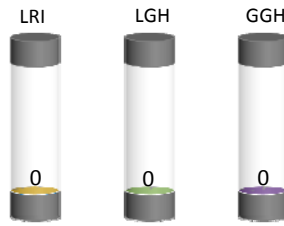
INFECTION PREVENTION

MRSA BACTERAEMIA

UHL MRSA FY 2012/13



UHL MRSA FY 2012/13 by site



Performance Overview

MRSA – a positive month with 0 MRSA cases reported for June for the fifth consecutive month. The target for 2012/13 is 6 cases.

CDifficile – June is below trajectory with 3 cases reported with 21 reported for Quarter 1 This is also below trajectory.

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

Key Actions

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

UHL MRSA FY 2008/09



UHL MRSA FY 2009/10



UHL MRSA FY 2010/11

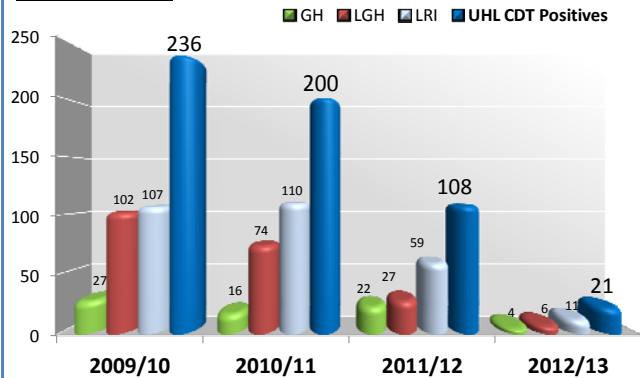


UHL MRSA FY 2011/12

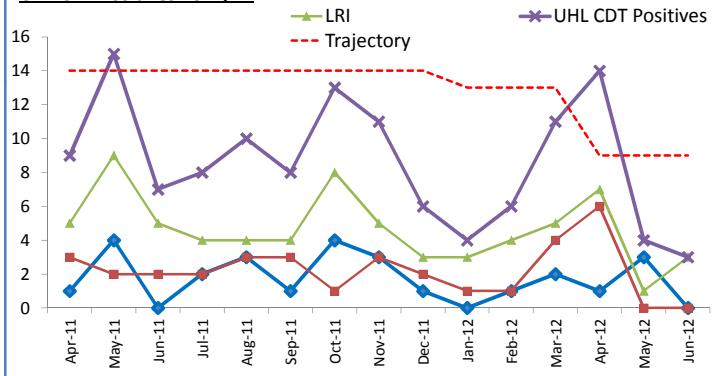


CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES

UHL CDT Positives



UHL CDT Positives 2011/12



TARGET / STANDARD

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target
MRSA	0	1	1	0	0	2	1	1	0	0	0	0	0	0	6
C. Diff. Rate / 1000 Adm's	7	8	10	8	13	11	6	4	6	11	14	4	3	21	113
GRE	2	4	2	1	0	2	1	3	3	1	1	2	1	4	TBC
MSSA	2	5	2	6	4	3	2	0	5	5	2	4	2	8	No National Target
E-Coli	38	39	42	39	41	45	38	37	35	46	39	45		84	No National Target

MORTALITY

UHL CRUDE MORTALITY

Performance Overview

UHL's in-hospital mortality rate was 1.3% for both June and May.

The risk adjusted mortality rate (HSMR) for April was 95. The trust's HSMR for 2011/12 is currently 92.3 and is anticipated to be 101 following Dr Foster's annual rebasing which will remain 'within expected'

The next SHMI (covering January to December 2011) will be published in July. It is anticipated that UHL's SHMI will have fallen the previous 107 but is still likely to be above 100.

Pneumonia and COPD continue to be two of the largest diagnostic groups for in-hospital mortality.

Dr Foster present 'perinatal mortality' in two diagnosis groups within the RTM tool. UHL's Relative Risk remains 'above the expected' for both groups. More in depth analysis and discussions with Dr Foster are underway in order to confirm whether the RR figure is being affected by 'stillbirth' pregnancies. Previous work with Dr Foster has identified that the clinical complexity of very premature babies is not accurately captured by the Charlson Comorbidity tool which therefore affects the relative risk model for this group of patients.

Another patient group for 'higher than expected' mortality was 'lumbar spine procedures'. A review of 3 deaths has identified that all 3 patients had been managed appropriately. One patient had been incorrectly coded as having a lumbar procedure due to missing case notes at time of coding and therefore this was a 'false alert'.

UHL CRUDE DATA TOTAL SPELLS	Jun-11	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	YTD
UHL Crude Data - TOTAL Spells	18897	18386	18184	18005	17954	18540	18381	19145	18669	19936	220532	17420	19651	17572	54643
UHL Crude Data - TOTAL Deaths	230	224	211	235	231	229	271	272	285	285	2970	277	258	235	770
UHL %	1.2%	1.2%	1.2%	1.3%	1.3%	1.2%	1.5%	1.4%	1.5%	1.4%	1.3%	1.6%	1.3%	1.3%	1.4%

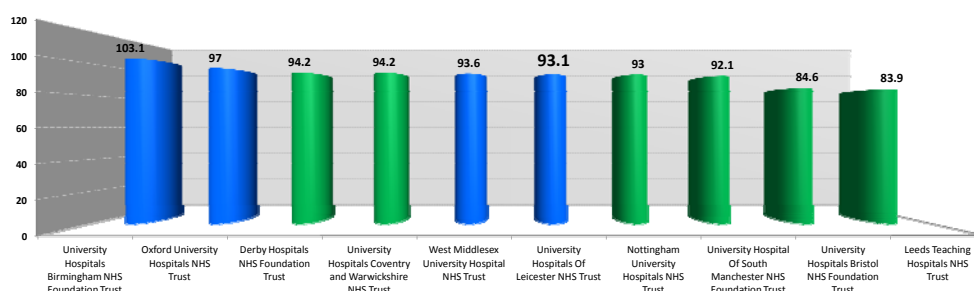
UHL CRUDE DATA ELECTIVE SPELLS	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12	May-12	Jun-12	YTD
UHL Crude Data - ELECTIVE Spells	9238	8570	8810	8761	8691	9251	8449	8915	9153	9833	105530	7866	9376	7976	25218
UHL Crude Data - ELECTIVE Deaths	7	11	11	5	4	6	12	4	5	8	82	5	7	10	22
%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

UHL CRUDE DATA NON ELECTIVE SPELLS	Jun-11	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	YTD
UHL Crude Data - NON ELECTIVE Spells	9659	9816	9374	9244	9263	9289	9932	10230	9516	10103	115002	9554	10275	9596	29425
UHL Crude Data - NON ELECTIVE Deaths	223	213	200	230	227	223	259	268	280	277	2888	272	251	225	748
%	2.3%	2.2%	2.1%	2.5%	2.5%	2.4%	2.6%	2.6%	2.9%	2.7%	2.5%	2.8%	2.4%	2.3%	2.5%

HSMR and RELATIVE RISK April 2011 - April 2012

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	2011/12	Apr-12
HSMR (Dfi)	91.5	101.4	91.8	96.9	90.8	98.1	89.8	85.6	82.6	90.3	101.5	93.3	93.1	95.2
Relative Risk - Electives (Dfi)	72.2	56.8	77.9	130.0	126.9	50.7	50.5	63.5	126.6	41.3	67.6	84.7	80.0	88.1
Relative Risk - Non Elective (Dfi)	95.2	103.7	90.3	91.1	88.2	104.1	89.4	92.6	85.7	93.3	100.6	96.6	94.1	93.9

UHL's HSMR for 11/12 Compared with University Hospital Peer



KEY :

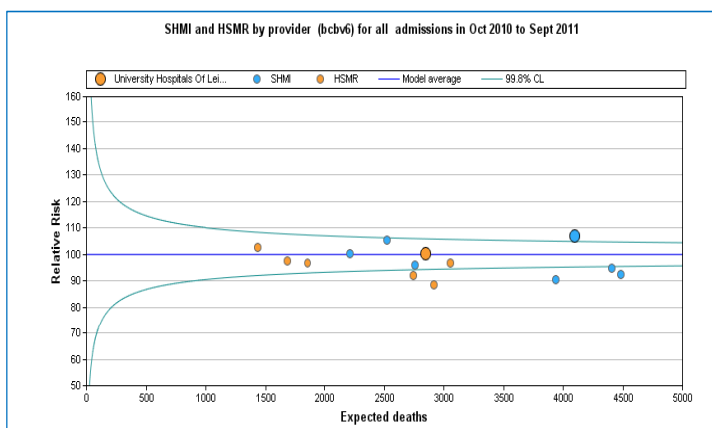
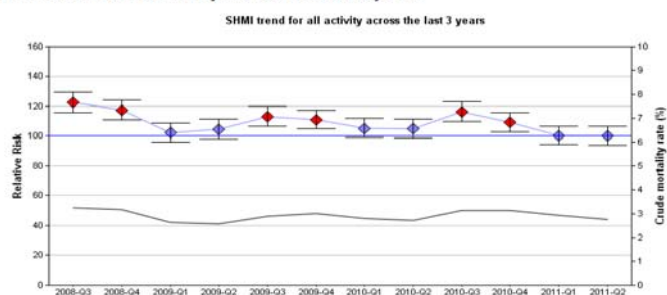
BETTER THAN EXPECTED

WITHIN EXPECTED

MORTALITY

SHMI, Oct 2011 - Sept 2011

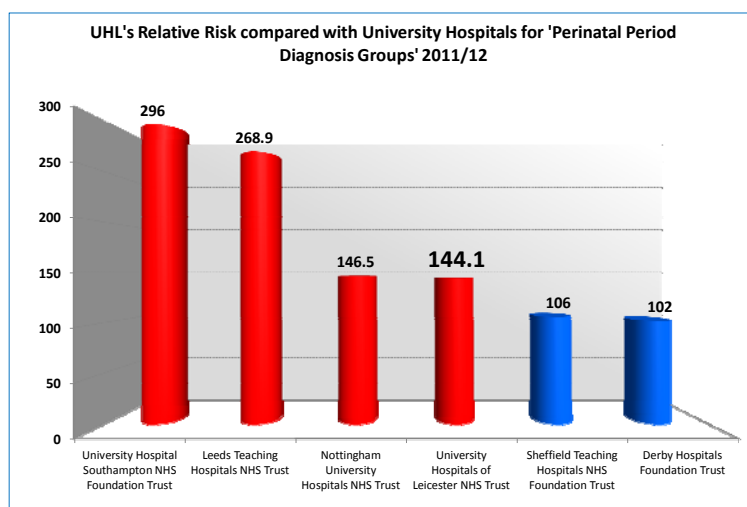
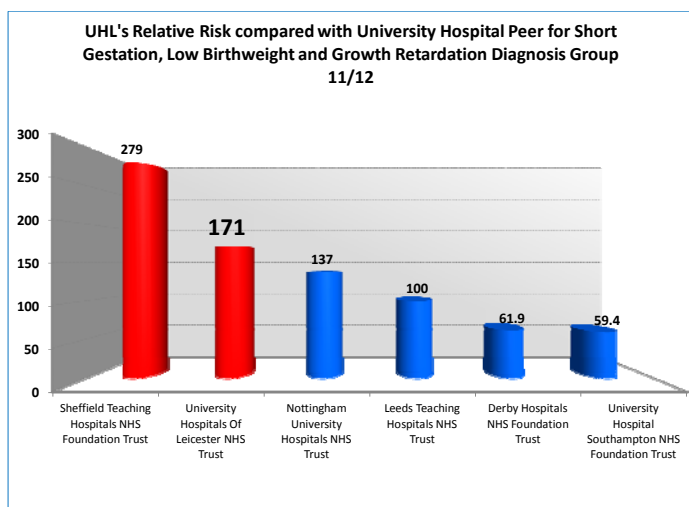
SHMI trend for all activity across the last 3 years



SHMI - High/low relative risk positions

CCS Group	Spells	Relative Risk	95% Confidence interval
High relative risks			
Chronic renal failure	356	296.3	189.8 - 440.8
HIV infection	96	257.7	128.5 - 461.1
Influenza	283	540.5	302.3 - 891.5
Intrauterine hypoxia and birth asphyxia	77	1,733.10	466.2 - 4,437.0
Other complications of pregnancy	4257	1,638.70	184.0 - 5,916.5
Other infections, including parasitic	63	751.2	151.0 - 2,194.9
Other non-traumatic joint disorders	636	180.8	113.3 - 273.8
Peritonitis and intestinal abscess	41	221.7	110.5 - 396.7
Pneumonia	2313	112.4	103.2 - 122.2
Short gestation, low birth weight, and fetal growth retardation	554	204.8	134.9 - 298.0
Low relative risks			
Fracture of lower limb	825	42.1	13.6 - 98.2
Other screening for suspected conditions	3130	0	0.0 - 62.7
Other skin disorders	482	23.5	2.6 - 84.9
Paralysis	363	58.4	31.1 - 99.8
Rehabilitation care, fitting of prostheses, and adjustment of devices	831	11.5	1.3 - 41.4

Perinatal Mortality 2011/12

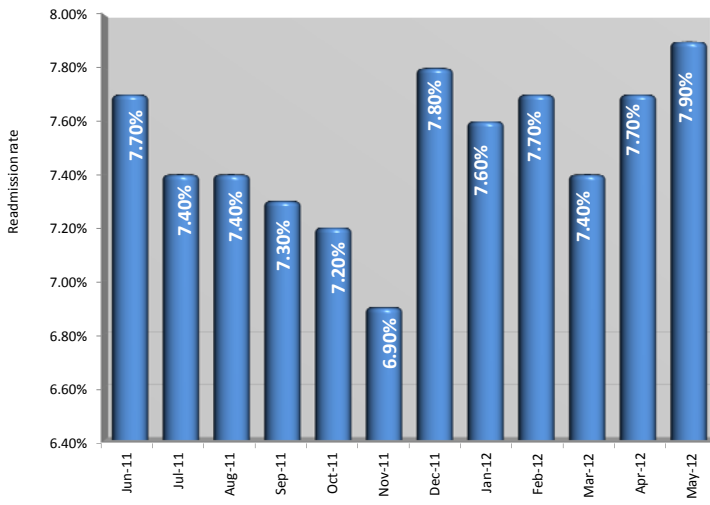


KEY : WORSE THAN EXPECTED WITHIN EXPECTED

READMISSIONS

UHL Readmissions

Readmission Rate (Any Speciality)



Performance Overview

Readmission rate increased to 7.9% in May, continuing the trend that has prevalent since November 11 of increased readmissions, alongside the increased level of admissions in general. The standard to achieve for 2012/13 is a further 5% reduction in the readmission rate.

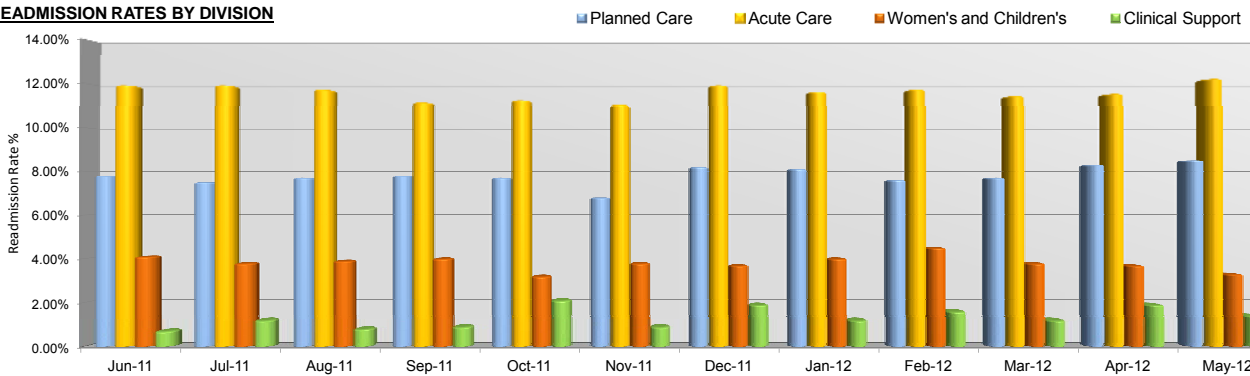
The 'independent' readmissions audit being led by Leicester University is still in progress. The audit findings will help determine clinical priorities and inform where financial resources should be targeted by the health community.

Divisions have been asked to report to the next Q&PMG on both their readmission rate monitoring processes and actions being taken to reduce 'avoidable readmissions'.

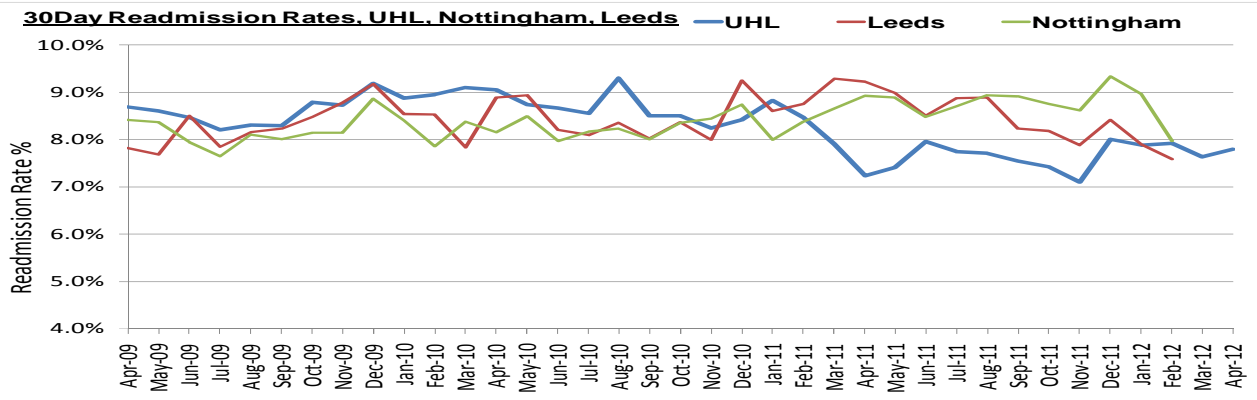
UHL CRUDE DATA TOTAL SPELLS	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	YTD
Discharges	18897	18386	18184	18005	17954	18540	18381	19145	18669	19936	17420	19651	37,071
30 Day Emerg. Readmissions (Any Spec)	1,452	1,360	1,351	1,321	1,293	1,276	1,425	1,460	1,430	1,482	1,349	1,546	2,895
Readmission Rate (Any Speciality)	7.70%	7.40%	7.40%	7.30%	7.20%	6.90%	7.80%	7.60%	7.70%	7.40%	7.70%	7.90%	7.8%
30 Day Emerg. Readmissions (Same Spec)	902	833	811	800	788	746	868	879	846	842	804	895	1,699
Readmission Rate (Same Speciality)	4.80%	4.50%	4.50%	4.40%	4.40%	4.00%	4.70%	4.60%	4.50%	4.20%	4.60%	4.60%	4.6%
Total Bed Days of Readmitting Spells	8,908	8,145	8,311	8,261	8,187	7,468	8,385	8,883	9,055	9,116	8,092	8,556	16,648

Division Details

READMISSION RATES BY DIVISION



Readmissions Benchmarked



FRACTURED NECK of FEMUR

UHL Nof

Performance Overview

UHL met the 'theatre within 36 hrs of arrival' target for both April and May and has significantly improved in performance for all the 'Best Practice Tariff' thresholds. Early indications show that the June target will also be delivered.

Key Actions

As highlighted in recent internal and external meetings there 3 key projects to ensure the sustainable delivery, these are detailed as follows:-

• Additional Theatre Capacity

There are four additional theatre sessions now operating Monday to Thursday afternoons. These commenced during June 2012.

• Creation of a Fracture Neck of Femur Ward

The MSK CBU has established a fractured neck of femur ward on ward 32 which opened on 2nd July 2012. The bed base has been reduced from 30 to 24. The creating of a dedicated ward will enable both Surgical and Ortho geriatric care to be concentrated into one area, therefore allowing greater cover and improvement in processes. A multi disciplinary team have visited Pinderfields NHS Trust in May where this model is in place to learn from them in order to develop internal protocols. As part of the set up of the ward the CBU is keen to work in partnership to expedite discharge for patients we would welcome discussions with primary and community colleagues regarding the whole pathway for these patients.

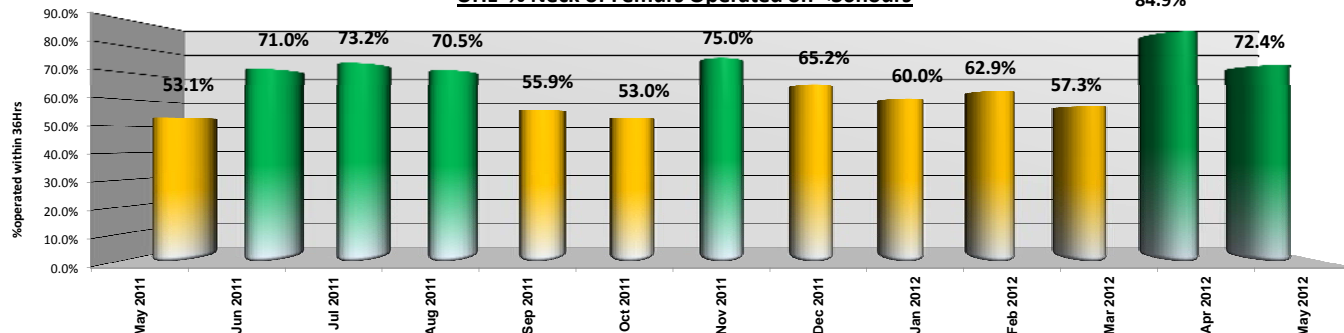
• Appointment of Locum Ortho geriatrician

The service has struggled to maintain the Ortho geriatricians input, due to Maternity Leave and delays in recruitment. This has had an adverse impact on performance as six of the measures contained in the Best Practice Indicators are dependent on this input. The recruitment have been addressed to ensure consistent cover is in place for all eventualities.

NOF YTD Performance



UHL % Neck of Femurs Operated on <36hrs



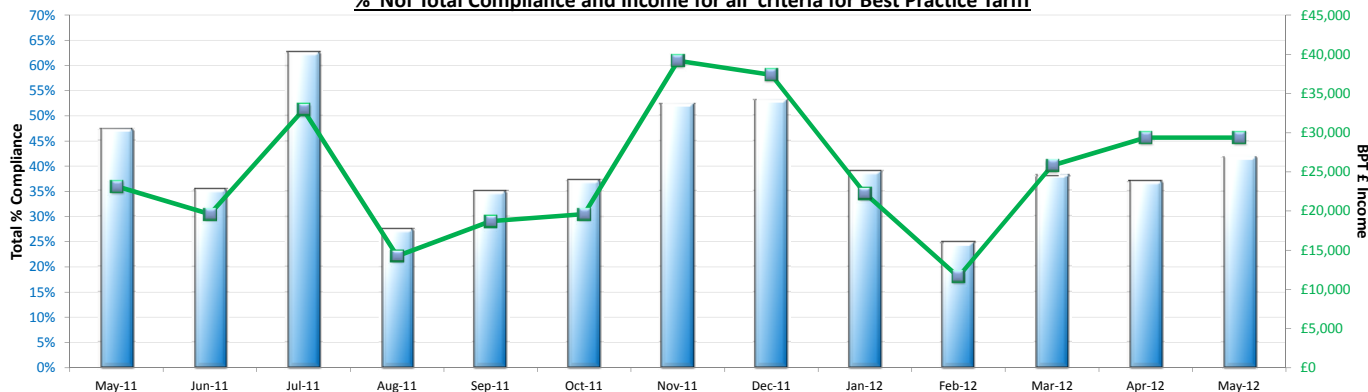
	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	YTD	Target
Number of Patients	64	69	71	61	68	83	84	89	75	70	82	53	58	111	
No. of Patients operated on within 36 hrs	34	49	52	43	38	44	63	58	45	44	47	45	42	87	
Neck of Femurs Operated on < 36 Hours	53.1%	71.0%	73.2%	70.5%	55.9%	53.0%	75.0%	65.2%	60.0%	62.9%	57.3%	84.9%	72.4%	78.4%	70%

Hip Fracture Best Practice Tariff Compliance

Criteria	CORG Thresholds	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
# to Theatre 0-35Hrs	Monthly >=70% FYE 75%	71%	60%	81%	64%	65%	56%	64%	76%	56%	67%	63%	75%	62%
# Admitted under joint care of Geriatrician and ortho surgeon	-	98%	95%	98%	74%	95%	93%	96%	96%	92%	90%	92%	100%	96%
# Admitted under Assessment Protocol	>=95%	100%	98%	100%	86%	93%	95%	98%	95%	92%	92%	95%	100%	94%
# Geriatrician Assessment	Monthly >=70% Q4 75%	80%	69%	88%	59%	70%	81%	90%	86%	86%	62%	86%	95%	88%
# Multiprof Rehab Review	Monthly >=80% Q4 85%	91%	85%	92%	69%	85%	90%	87%	85%	84%	73%	67%	92%	83%
# Specialist Falls Assessment	Monthly >=80% Q4 85%	91%	85%	92%	62%	82%	88%	87%	92%	84%	94%	93%	100%	96%
# AMTS	-	-	-	-	-	-	-	-	-	-	-	-	61%	67%
% Total Compliance for all criteria		47%	35%	63%	28%	35%	37%	52%	53%	39%	25%	38%	37%	42%

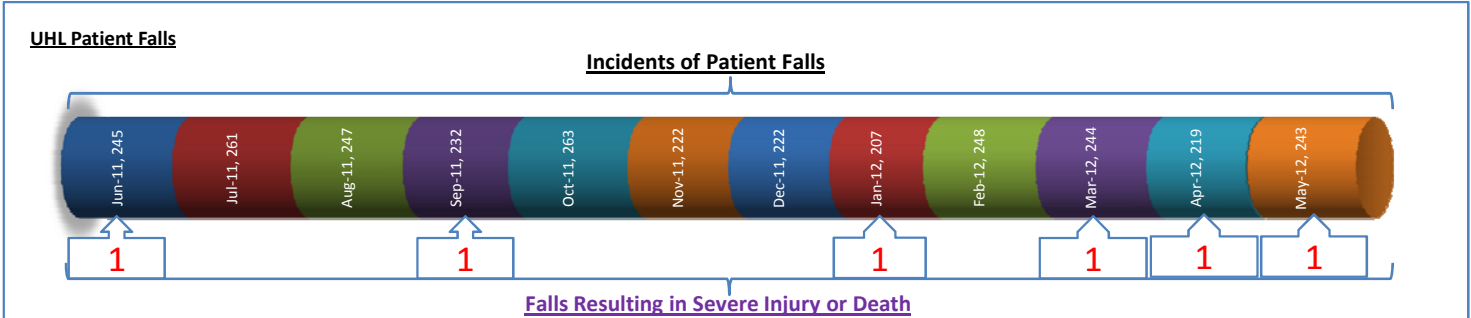
In order for achieve Best Practice Tariff, each criterion must be passed

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



FALLS

TARGET / STANDARD		Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target
Incidents of Patient Falls	UHL	245	261	247	232	263	222	222	207	248	244	219	243		462	2750
Planned Care		55	60	59	67	67	50	54	49	55	53	37	68		105	653
Acute Care		174	193	171	154	186	163	163	152	183	186	174	163		337	1982
Women's and Children's		5	6	7	5	4	5	3	1	4	4	4	1		5	47
Clinical Support		11	2	10	6	6	4	2	5	6	1	4	11		15	68
Falls Resulting in Severe Injury or Death		1	0	0	1	0	0	0	1	0	1	1	1	1	3	6



Performance Overview

May has seen an increase inpatient falls within the Planned Care and Clinical Support Divisions. The weekly review of the data is enabling prompt review of practice on a ward by ward basis and appropriate actions being taken. Positive progress in reducing falls in the Acute Division continues. There has been one serious untoward incident reported in May which is subject to a full root cause analysis and reporting process. A review of falls reporting is underway with a particular focus on patients being lowered to the floor which are currently classified as falls.

PRESSURE ULCERS (Grade 3 and 4)

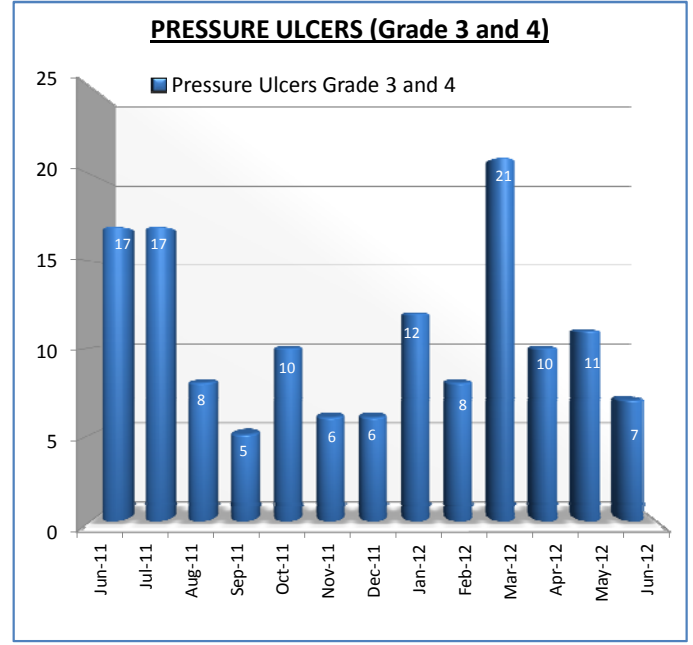
Performance Overview

The overall number of grade 3 and 4 ulcers for the month May was 11. It is noted that 7 of these ulcers were attributed to the Acute Division (with 4 developing in ITU settings) and 4 ulcers originated within the Planned Care Division. It can be confirmed that 5 ulcers were deemed to be avoidable and 4 unavoidable. For the month of June, the overall number of ulcers was 7.

On the 31st May 2012, the SHA IST visited the Trust as part of the Midlands and East SHA Ambition number one: Elimination of Avoidable Pressure Ulcers. The team, consisting of senior nurses and Tissue Viability Nurse Specialists, reviewed the systems and processes to eliminate pressure ulcers, highlighted good practice and made recommendations for further improvements - to be discussed in detail at the July GRMC

The eight main recommendations focused on the development of existing initiatives to gain assurance that the SHA Ambition can be achieved and sustained. The recommendations included:- adapting pressure ulcer assessment tools in ITU's, development of the Trust action plan to eliminate ulcers, simplifying the RCA process, changes to documentation, using Safety Thermometer data more effectively, increasing patient engagement in ulcer prevention techniques, repeating VITAL training to measure success and assuring theatre and ED staff receive refresher training in plaster of paris techniques.

It can be confirmed that the action to simplify the RCA process has been supported by the commissioners who have closed all outstanding RCA reports from 2011/12.



TARGET / STANDARD		Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target
Pressure Ulcers Grade 3 and 4		17	17	8	5	10	6	6	12	8	21	10	11	7	28	110
Attributable to Trust						6	6	2	10	4	14	7	5		12	
Not Attributable to Trust						3	0	4	2	4	7	3	4		7	

JUNE 2012 IS PROVISIONAL

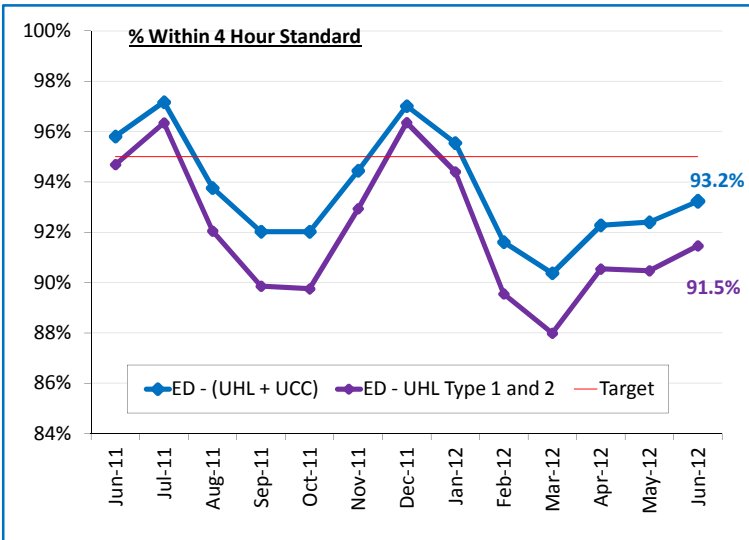
EMERGENCY DEPARTMENT

Performance Overview

Performance for June Type 1 & 2 is 91.5% and 93.2% including the Urgent Care Centre (UCC). Performance however remains erratic and for the trust achieving the emergency 95% target and clinical indicators on a sustainable basis within UHL remains 'the' top priority for both UHL and the local health economy. The complex and dynamic inter-relationships both within UHL and the interface with the wider health community continues to pose a series of challenges and associated risk to delivery of the targets.

Key Actions

Given the serious concerns of ED performance further detail focussing on the actions relating to the Emergency Department may be seen in the separate ED Medical Directors Report.



Total Time in the Department

June 2012 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	307	4,504	4,811
3-4 Hours	1,861	6,175	8,036
5-6 Hours	306	394	700
7-8 Hours	219	127	346
9-10 Hours	83	30	113
11-12 Hours	41	8	49
12 Hours+	8		8
Sum:	2,825	11,238	14,063

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

Left without being seen %
Unplanned Re-attendance %

Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
2.0%	2.1%	2.8%	2.4%	2.9%	2.0%	2.3%	2.1%	2.4%	3.6%	2.8%	3.0%	2.7%
5.2%	5.9%	6.7%	5.5%	6.0%	5.7%	5.4%	6.1%	6.1%	6.6%	6.2%	5.9%	5.9%

TARGET
≤5%
< 5%

TIMELINESS

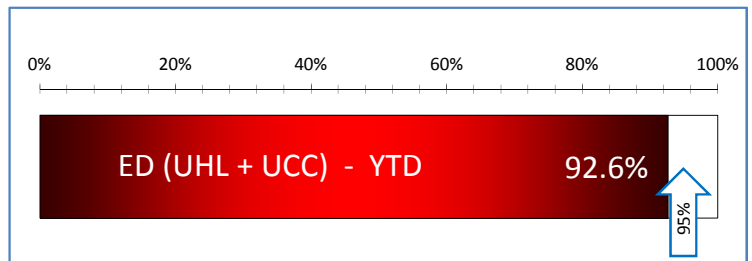
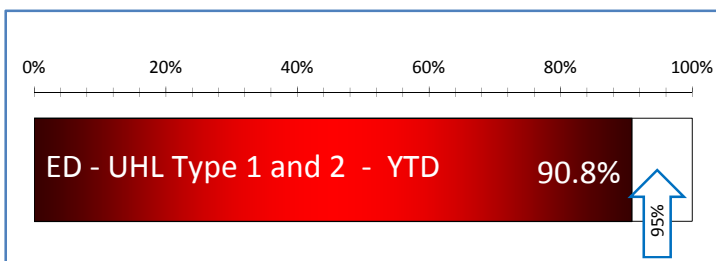
Time in Dept (95th centile)
Time to initial assessment (95th)
Time to treatment (Median)

Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
257	239	304	338	341	288	240	264	331	331	320	317	322
41	39	48	48	61	48	42	32	34	40	34	31	25
50	34	34	39	44	43	42	42	54	61	45	49	59

TARGET
< 240 Minutes
≤ 15 Minutes
≤ 60 Minutes

4 HOUR STANDARD

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	TARGET
ED - (UHL + UCC)	95.8%	97.2%	93.8%	92.0%	92.0%	94.4%	97.0%	95.5%	91.6%	90.4%	92.3%	92.4%	93.2%	92.6%	95.0%
ED - UHL Type 1 and 2	94.7%	96.3%	92.1%	89.9%	89.8%	92.9%	96.4%	94.4%	89.5%	88.0%	90.5%	90.5%	91.5%	90.8%	95.0%
ED Waits - Type 1	94.1%	95.9%	91.0%	88.7%	88.5%	92.1%	96.0%	93.7%	88.3%	86.6%	89.5%	89.3%	90.5%	89.8%	95.0%



18 WEEK REFERRAL TO TREATMENT

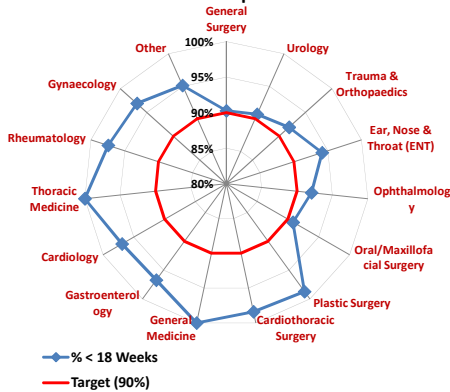
Performance Overview

Admitted performance in June has been achieved with performance at 93.6%, with all specialties delivering above the 90% target as expected. April Admitted – 118 out of 183 Trusts missed the target at specialty level – 84 Trust's had between 2 and 10 specialty failures.

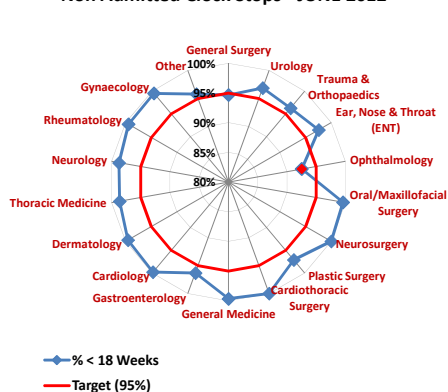
The non-admitted target has also been achieved at 97.1% against a target of 95%. All specialties with the exception of Ophthalmology have achieved as expected. As part of an action plan to recover the Ophthalmology performance, additional outpatient activity is currently taking place which is on trajectory to deliver performance in July. Non-Admitted – 105 out of 216 Trusts missed the target at specialty level – 66 Trust's had between 2 and 16 specialty failures.

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 June is 94.3%.

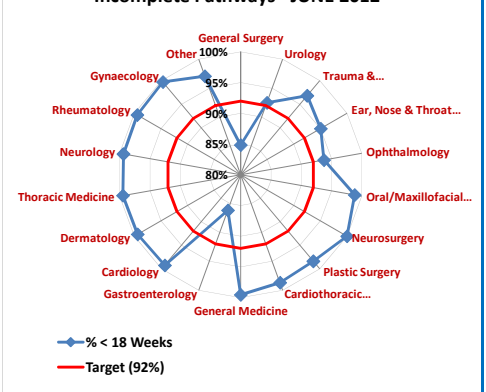
Admitted Clock Stops - JUNE 2012



Non Admitted Clock Stops - JUNE 2012



Incomplete Pathways - JUNE 2012



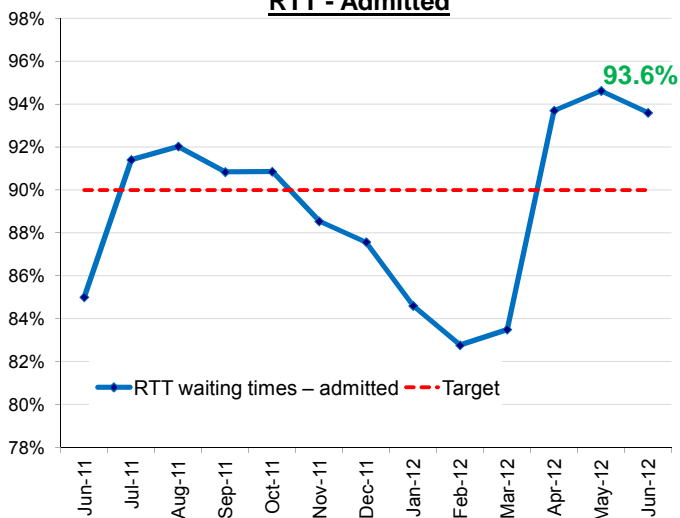
TARGET / STANDARD

RTT	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Target
RTT waiting times – admitted	85.0%	91.4%	92.0%	90.8%	90.9%	88.5%	87.6%	84.6%	82.8%	83.5%	93.7%	94.6%	93.6%	90%
RTT waiting times – non-admitted	97.0%	97.2%	96.8%	96.6%	96.4%	96.2%	96.6%	95.5%	96.1%	95.9%	97.1%	96.6%	97.1%	95%

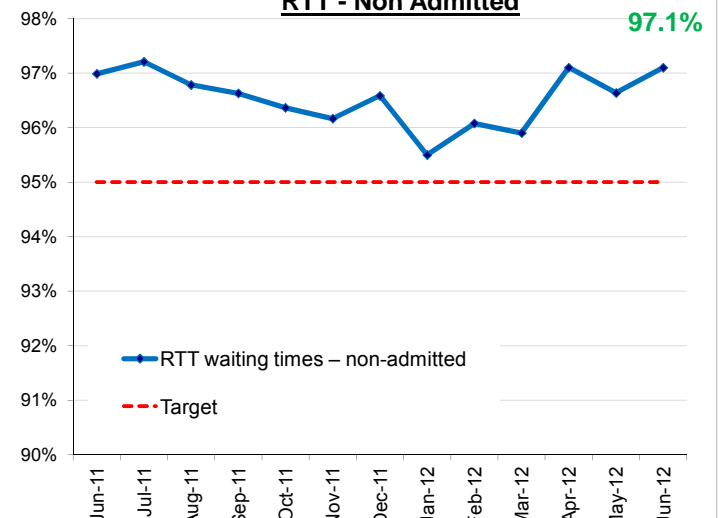
	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Target
RTT - incomplete 92% in 18 weeks	New O/F target April 2012						94.9%	95.8%	94.3%	92%
RTT delivery in all specialties	New O/F target April 2012						1	1	1	0

Diagnostic Test Waiting Times	New O/F target April 2012			1.0	0.6	6.5	<1%
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RTT - Admitted



RTT - Non Admitted



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

There was a slight decrease in the rolling twelve month average appraisal rate for June, however the number of appraisals which took place during the month was the highest for eight months.

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

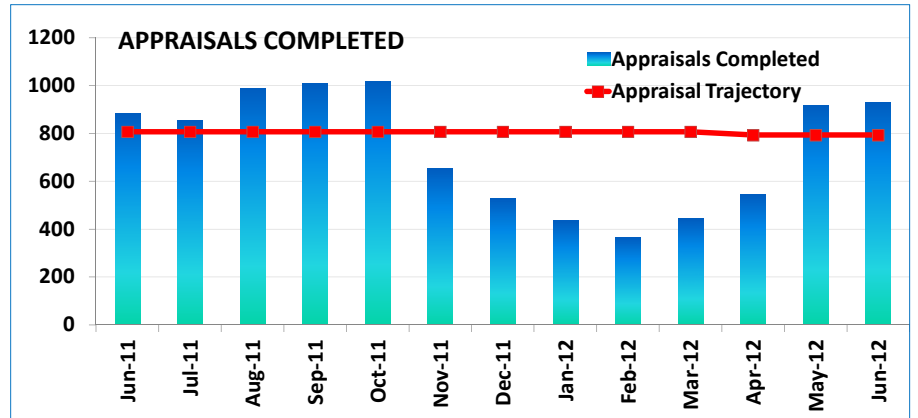
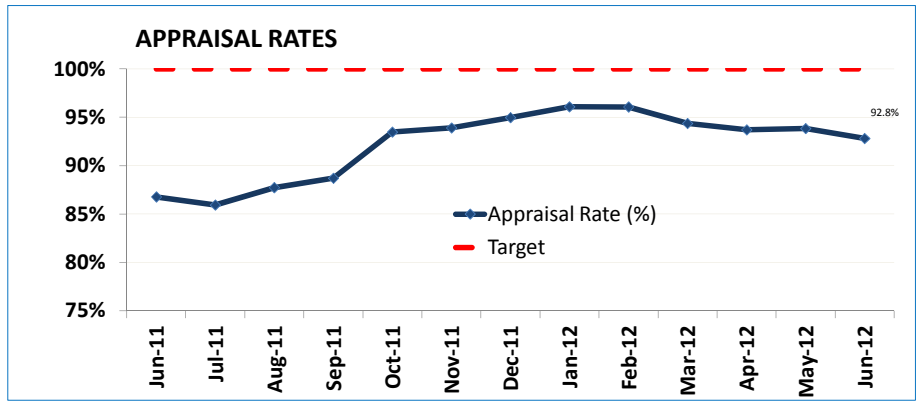
Sickness

The reported sickness rate for June is 3.6%.

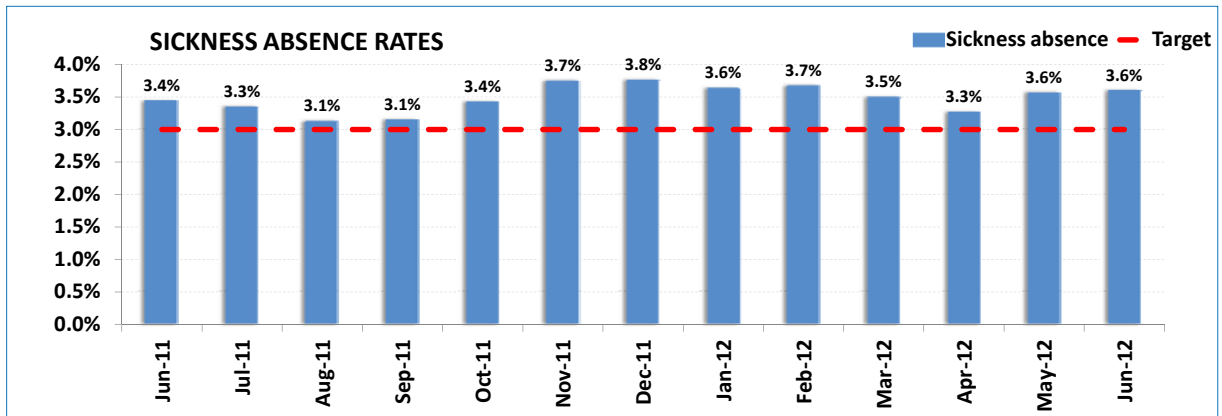
The actual rate is likely to be at around 0.5% lower as absence periods are closed.

The 12 month rolling sickness has decreased to 3.5%.

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.



	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Target
APPRAISALS	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	95.0%	96.1%	96.1%	94.4%	93.7%	93.8%	92.8%	100%



QUALITY

Performance Overview

Critical Safety Actions : There are no national performance targets for the 5 Critical Safety Actions which is a UHL Safety and Quality Improvement Programme. Performance for CQUIN payment thresholds have been discussed with the PCT and will be finalised by early August.

Programme lead took up post on 18th June 2012.

Scoping work on every ward within UHL taking place to obtain baseline information for the critical safety action areas. Thematic review of all 2011-12 SUI's as baseline data for comparison.



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 Womens/Childrens and Acute Care by September 2012.

Medical Handover-Childrens and Renal services using same system for medical handover.Current focus is around to ensure the standardisation of medical handover and to obtain agreement for minimum data standards.

PCT plan to visit early August to observe clinical handover in practice. Implementation plan written.

Relentless attention to EWS triggers and actions.

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



Changes to EWS actions >6 referral pathway agreed and completed. New charts in use on all wards within UHL.

HCA observation assessment package completed and all HCA's to have annual assessment of competency.

Roll out of the use of RSVP across all wards across trust including ED.

Monitoring continues on Nursing metrics and monthly incident reporting.Implementation plan written.

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*



New mortality and morbidity policy approved within UHL and rolled out to all specialties.

Majority of CBU's have submitted terms of reference and minutes of meetings to central shared drive.

Implementation plan written.

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 currently in draft form (must also meet NHSLA requirements), needs to be agreed.Services will then be required to individualise the policy for their own processes.

Identification of functionality and limitation of current IT systems. Implementation plan written.

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

Structured ward rounds taking place in Renal and General surgery as pilot areas.Plan to get UHL agreement on core ward round and senior clinical review minimum standards as next phase of work.

PCT plan to visit early August to observe ward rounds in practice. Implementation plan written.

PATIENT EXPERIENCE

Performance Overview

In June 2012 1538 Patient Experience Surveys were returned which exceeds the Trusts target of 1484. Of these 1538 surveys, 1437 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 (NPS) for the SHA. This is the largest number of Net Promoter Scores in one month - April received 1225 responses and in May 1185 responses. Overall there were 12339 inpatients in the relevant areas within the reporting period, giving a 10% footprint requirement of 1234. The trust easily met the SHA target with a total of 1437 Net Promoter responses broken down to:

Number of Promoters:	910
Number of passives:	381
Number of detractors:	146
Overall NET promoter score:	53.16 an increase on both April and May scores

Target for 2012/13 to improve 10 points and achieve an NPS of 61 -

Plans to Achieve 10 Point Improvement:

1. Divisions reviewing Net Promoter Scores at specialty and ward level and implementing local plans to improve ward scores
2. Net Promoter Score is part of the larger Patient Experience Survey with 3 months data able to correlate poor NPS with other question responses and provide clear steer how to improve the Net promoter score & experience for patients.
3. Each Division has formulated an Action Plan in response to patient feedback to ensure a 10 point improvement in the Net Promoter Score by end of reporting year

Within the Acute Care Division Medicine and ED have shown a deterioration in their Respect and Dignity Scores bring this Division into an AMBER RAG rating. The CBUs are exploring why they have received this feedback. The Trust overall has maintained a GREEN RAG rating for respect & dignity score for June 2012.

For the main outpatients clinics on all 3 sites attendances for June 2012 were approximately 19,100 attendees - an inadequate number of surveys were received for June to provide a representative result.

Work in the out-patient survey is currently being refreshed as is due to be re-launched in August.

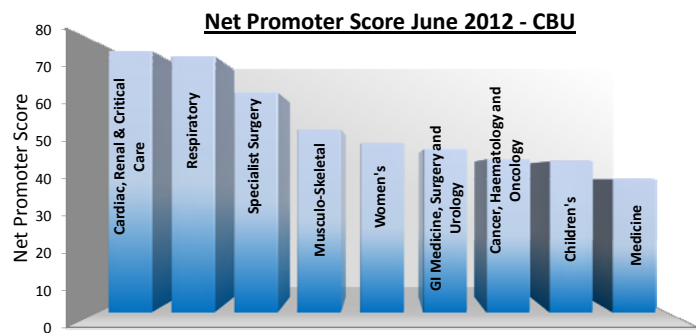
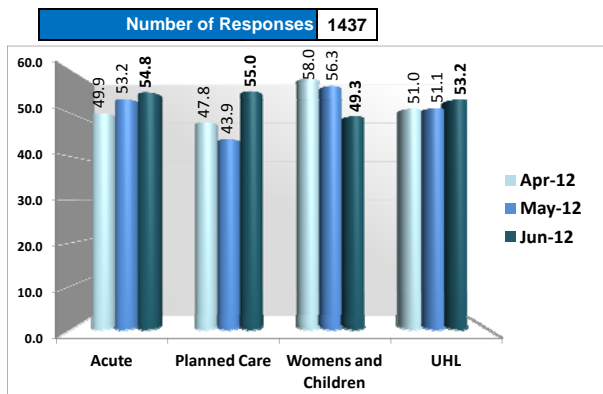


Net Promoter 53.2

Coverage 11.6%



Friends & Families Test - the Net Promoter - JUNE 2012



Patient Experience Surveys

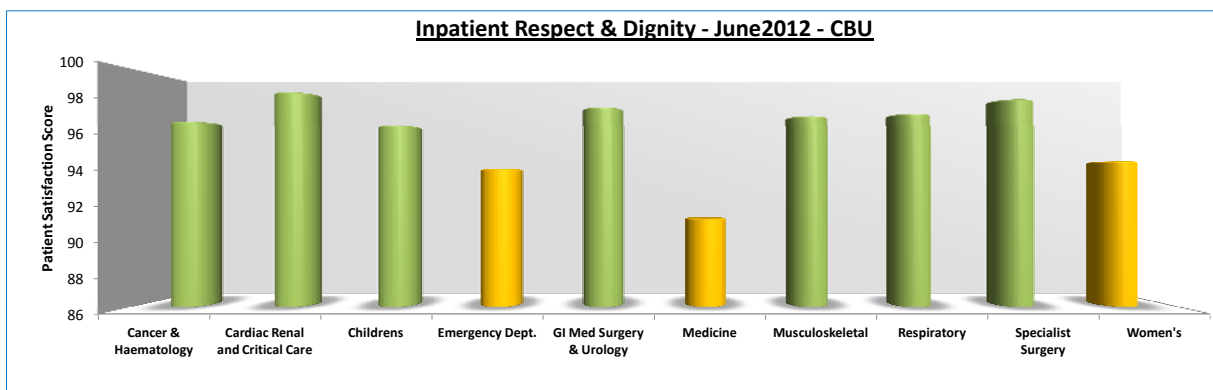
Inpatient Return Rates - June 2012

Division	Returned	Target	% Achieved
Acute Care	727	689	105.5%
Planned Care	663	610	108.7%
Women's and Children's	148	185	80.0%
UHL	1,538	1,484	103.6%

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

Division	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Acute	97.2	95.9	95.6	94.5	95.5	96.7	95.7	96.3	94.8	95.2	95.8	96.2	94.8
Planned Care	96.2	95.2	97.0	97.0	97.1	95.6	96.2	95.9	96.9	96.7	96.1	96.0	97.5
Womens and Children	94.9	96.3	95.5	94.4	96.5	94.5	97.8	96.7	95.4	92.5	92.9	97.8	96.0
UHL	96.5	95.7	96.0	95.3	96.1	96.0	96.1	96.2	95.6	95.6	95.9	96.3	96.1

Inpatient Respect & Dignity - June 2012 - CBU



Friends & Families Test - the Net Promoter

June 2012

<i>Acute Care</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Cardiac, Renal & Critical Care						
Cardiology	GH WD 24	20	18	2		90.00
	GH WD 27	17	12	4	1	64.71
	GH WD 28	22	18	4		81.82
	GH WD 32	0				
	GH WD 33	24	18	4	2	66.67
	GH WD Coronary Care Unit	32	26	5	1	78.13
Cardiology Total		115	92	19	4	76.52
Cardiothoracic Surgery	GH WD 20	0				
	GH WD 26	20	18	1	1	85.00
	GH WD 31	26	24	2		92.31
Cardiothoracic Surgery Total		46	42	3	1	89.13
Nephrology	LGH WD 10	11	6	5		54.55
	LGH WD 15A HDU Neph	2	2			100.00
	LGH WD 15N Nephrology	1		1		0.00
Nephrology Total		14	8	6	0	57.14
Paed Cardiothor Surg ECMO	GH WD 30	5	5			100.00
Paed Cardiothor Surg ECMO Total		5	5	0	0	100.00
Transplant	LGH WD 17 Transplant	20	15	4	1	70.00
Transplant Total		20	15	4	1	70.00
Business Unit Total		200	162	32	6	78.00
Medicine						
Diabetology	LRI WD 38 Win L6	12	7	4	1	50.00
Diabetology Total		12	7	4	1	50.00
Gastroenterology	LRI WD 30 Win L4	20	12	4	4	40.00
Gastroenterology Total		20	12	4	4	40.00
Infectious Diseases	LRI WD IDU Infectious Diseases	6	3	2	1	33.33
Infectious Diseases Total		6	3	2	1	33.33
Integrated Medicine	LGH WD 8	2	2			100.00
	LGH WD Young Disabled	6	6			100.00
	LRI WD 23 Win L3	30	13	13	4	30.00
	LRI WD 24 Win L3	29	10	14	5	17.24
	LRI WD 25 Win L3	15	6	8	1	33.33
	LRI WD 26 Win L3	23	8	10	5	13.04
	LRI WD 29 Win L4	27	10	10	7	11.11
	LRI WD 31 Win L5	29	20	8	1	65.52
	LRI WD 33 Win L5	28	14	8	6	28.57
	LRI WD 34 Windsor Level 5	34	22	7	5	50.00
	LRI WD 36 Win L6	24	12	11	1	45.83
	LRI WD 37 Win L6	35	23	8	4	54.29
	LRI WD Acute Medical Unit	49	33	11	5	57.14
	LRI WD Fielding John Vic L1	24	11	12	1	41.67
	LRI WD Odames Vic L1	0				
Integrated Medicine		355	190	120	45	40.85
Neurology	LGH WD Brain Injury Unit	1	1			100.00
Neurology		1	1	0	0	100.00
Rheumatology	LRI WD Odames DC Vic L1	5		2	3	-60.00
Rheumatology		5	0	2	3	-60.00
Business Unit Total		399	213	132	54	39.85
Respiratory						
Thoracic Medicine	GH WD 15	5	3	2	0	60.00
	GH WD 16 Respiratory Unit	27	21	6	0	77.78
	GH WD 17	0				
	GH WD Clinical Decisions Unit	1	1			100.00
Thoracic Medicine Total		33	25	8	0	75.76
Thoracic Surgery	GH WD 26	1	1			100.00
Thoracic Surgery Total		1	1	0	0	100.00
Business Unit Total		34	26	8	0	76.47
Acute Care Total		633	401	172	60	53.87

Friends & Families Test - *the Net Promoter*

June 2012

<i>Planned Care</i>	Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Cancer, Haematology and Oncology					
Bone Marrow Transplantation LRI WD Bone Marrow	2	2			100.00
Bone Marrow Transplantation Total	2	2			
Clinical Oncology LRI WD 39 Osb L1	18	14	2	2	66.67
LRI WD 40 Osb L1	22	9	6	7	9.09
Clinical Oncology Total	40	23	8	9	35.00
Haematology LRI WD 41 Osb L2	19	12	7		63.16
Haematology Total	19	12	7	0	63.16
Business Unit Total	61	37	15	9	45.90
GI Medicine, Surgery and Urology					
General Surgery LGH WD 11	0				
LGH WD 20	20	12	8		60.00
LGH WD 22	3		3		0.00
LGH WD 26 SAU	6	3	3		50.00
LGH WD 27 (CLOSED)	0				
LGH WD Surg Acute Care	25	23	2		92.00
LRI WD 22 Bal 6	13	8	5		61.54
LRI WD 8 SAU Bal L3	13	5	5	3	15.38
General Surgery Total	80	51	26	3	60.00
Urology LGH WD 28 Urology	4		1	3	-75.00
LGH WD 29 EMU Urology	4		2	2	-50.00
Urology Total	8	0	3	5	-62.50
Business Unit Total	88	51	29	8	48.86
Musculo-Skeletal					
Orthopaedic Surgery GH WD 29 EXT 3656	0				
LGH WD 14	49	32	12	5	55.10
LGH WD 16	22	16	5	1	68.18
LGH WD 19	37	27	9	1	70.27
Orthopaedic Surgery Total	108	75	26	7	62.96
Trauma LRI WD 17 Bal L5	7	4	1	2	28.57
LRI WD 18 Bal L5	65	43	11	11	49.23
LRI WD 32 Win L5	30	17	9	4	43.33
Trauma Total	102	64	21	17	46.08
Business Unit Total	210	139	47	24	54.76
Specialist Surgery					
Breast Care GH WD 23A	43	39	4		90.70
Breast Care Total	43	39	4	0	90.70
ENT LRI WD 7 Bal L3	14	7	3	4	21.43
ENT Total	14	7	3	4	21.43
Plastic Surgery LRI WD Kinmonth Unit Bal L3	8	3	3	2	12.50
Plastic Surgery Total	8	3	3	2	12.50
Vascular Surgery LRI WD 21 Bal L6	43	31	9	3	65.12
Vascular Surgery Total	43	31	9	3	65.12
Business Unit Total	108	80	19	9	65.74
Planned Care Total	467	307	110	50	55.03

Friends & Families Test - *the Net Promoter*

June 2012

<i>Women's & Children's</i>		Total Number of Responses in Period	Number of Promoters	Number of Passives	Number of Detractors	Net Promoter Score
Children's						
Paediatric Medicine	LRI WD 12 Bal L4	13	8	4	1	53.85
	LRI WD 14 Bal L4	13	9	4		69.23
	LRI WD 27 Win L4	1	1			100.00
	LRI WD 28 Windsor Level 4	14	11	2	1	71.43
	LRI WD Paed ITU	1			1	-100.00
Paediatric Medicine		42	29	10	3	61.90
Paediatric Surgery	LRI WD 10 Bal L4	22	12	9	1	50.00
	LRI WD 11 Bal L4	20	7	7	6	5.00
Paediatric Surgery		42	19	16	7	28.57
Business Unit Total		84	48	26	10	45.24
Women's						
Gynaecology	LGH WD 31	17	14	1	2	70.59
	LRI WD 1 Ken L1	17	12	4	1	64.71
	LRI WD GAU Ken L1	7	5	1	1	57.14
Gynaecology		41	31	6	4	65.85
Obstetrics	LGH WD 30	154	76	59	19	37.01
	LRI WD 5 Ken L3	34	29	3	2	79.41
	LRI WD 6 Ken L3	24	18	5	1	70.83
Obstetrics Total		212	123	67	22	47.64
Business Unit Total		253	154	73	26	50.59
Women's & Children's Total		337	202	99	36	49.26

VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Income at Month 3 of £180.4m is £2.5m (1.4%) favourable to Plan. Expenditure of £183.1m is £3.7m adverse to Plan. The actual deficit of £2.6m is £1.2m adverse against Plan.
Activity/Income	<p>Year to date NHS patient care income is £1.8m (1.2%) favourable to Plan. This reflects an under-performance on day cases of £0.4m, elective inpatients of £0.4m and ECMO and End Stage Renal Failure (ESRF) of £0.6m. These adverse movements are offset by favourable variances for Emergencies £2.7m, and outpatients £1.2m. Emergencies at the end of June are 2,151 spells above plan, (7.7%).</p> <p>The key points to highlight are; a 7.7% increase in emergency activity which takes the Trust above the 2008/09 activity threshold, thereby incurring a tariff payment at only 30% of the full rate – this reduction in income is approx £0.6m at the end of Month 3. At the same time as seeing the income reduced, we have also had to staff the extra capacity required to meet the activity using premium payments. The Emergency Department price reduction reflects the impact of the 2011/12 year end settlement. The elective inpatient volume reduction of 3.2%, equates to 178 spells. This reduction is largely as a consequence of the emergency activity increase with the knock on being cancelled elective cases. The £1,044k volume variance under other continues to reflect under-performance against ECMO, ESRF and national screening programmes.</p>
BPPC	The Trust achieved an overall 30 day payment performance of 88% for value and 83% for volume for trade creditors in June 2012.
Cost Improvement Programme	At Month 3, Divisions have reported £5.9m of savings, short of the £6.6m target by £0.7m.
Cash Flow	The Trust closed the month of June with a cash balance £15.9m, reflecting a decrease of £2.9m from year end.
Capital	The Trust has spent £3.38m (10% of the Plan) by June and is forecasting to complete the £33.5m plan by year end
Risks	The Chief Operating Officer/Chief Nurse and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus. Key risks will be - potential fines and penalties around targets; Re-admissions; Operational metrics (eg N:FUp ratios); delivery of the CIPs and activity plans.

Financial Metrics	Weighting	June	Year to Date	
		Result	Result	Score
EBITDA achieved (% of plan)	10.0%	70.0%	84.9%	4
EBITDA margin (%)	25.0%	3.9%	4.4%	2
Return on assets (%)	20.0%	-0.1%	0.0%	2
I&E surplus (%)	20.0%	-1.8%	-1.5%	2
Liquidity ratio (days)	25.0%	17	17	3
Overall Financial Risk Rating				2

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

INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 30 June 2012

	2012/13 Annual Plan £000	June 12			April 2012 - June 2012		
		Plan	Actual	Variance (Adv) / Fav	Plan	Actual	Variance (Adv) / Fav
		£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
Elective	72,179	5,463	5,466	3	17,180	16,731	(449)
Day Case	51,147	3,963	3,696	(267)	12,320	11,886	(434)
Emergency	176,747	14,574	15,670	1,096	43,890	46,547	2,657
Outpatient	87,585	6,682	6,815	132	21,085	22,259	1,174
Other	222,402	19,164	18,832	(332)	56,085	54,954	(1,131)
Patient Care Income	610,060	49,847	50,479	632	150,560	152,378	1,818
Teaching, Research & Development	75,669	6,178	5,890	(288)	18,823	18,475	(348)
Non NHS Patient Care	7,636	630	639	9	1,873	2,137	264
Other operating Income	28,335	2,205	2,621	416	6,695	7,428	733
Total Income	721,700	58,860	59,629	769	177,951	180,418	2,467
Medical & Dental	140,961	11,629	11,651	(22)	35,026	35,175	(149)
Nursing & Midwifery	166,405	13,851	13,923	(72)	41,378	41,384	(6)
Other Clinical	55,385	4,628	4,562	66	13,811	13,750	61
Agency	3,325	298	1,058	(760)	813	2,797	(1,984)
Non Clinical	72,455	6,082	5,880	202	18,563	18,135	428
Pay Expenditure	438,531	36,488	37,074	(586)	109,591	111,241	(1,650)
Drugs	59,570	4,726	4,677	49	14,676	15,029	(353)
Recharges	(559)	(139)	(55)	(84)	(181)	(18)	(163)
Clinical supplies and services	80,305	6,483	7,027	(544)	20,100	21,140	(1,040)
Other	96,580	7,968	8,565	(597)	24,427	25,086	(659)
Central Funds	3,373	0	0	0	0	0	0
Provision for Liabilities & Charges	237	19	20	(1)	59	60	(1)
Non Pay Expenditure	239,506	19,057	20,234	(1,177)	59,081	61,297	(2,216)
Total Operating Expenditure	678,037	55,545	57,308	(1,763)	168,672	172,538	(3,866)
EBITDA	43,663	3,315	2,321	(994)	9,279	7,880	(1,399)
Interest Receivable	65	5	6	1	16	21	5
Interest Payable	(65)	(5)	(5)	0	(16)	(15)	1
Depreciation & Amortisation	(32,481)	(2,675)	(2,634)	41	(7,983)	(7,902)	81
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	11,182	640	(312)	(952)	1,296	(16)	(1,312)
Profit / (Loss) on Disposal of Fixed Assets	0	0	0	0	0	0	0
Dividend Payable on PDC	(11,136)	(928)	(777)	151	(2,784)	(2,633)	151
Net Surplus / (Deficit)	46	(288)	(1,089)	(801)	(1,488)	(2,649)	(1,161)
EBITDA MARGIN	6.05%		3.89%			4.37%	

VALUE FOR MONEY - CONTRACT PERFORMANCE

Summary by Point of Delivery of Patient Related Income - June 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	19,711	19,571	(140)	51,147	12,320	11,886	(434)
Elective Inpatient	23,388	5,651	5,473	(178)	72,179	17,180	16,731	(449)
Emergency / Non-elective Inpatient	111,459	27,757	29,908	2,151	176,747	43,890	46,547	2,657
Outpatient	773,865	185,925	189,587	3,663	87,585	21,085	22,259	1,174
Emergency Department	160,580	40,036	42,162	2,126	16,607	4,141	4,055	(86)
Other	6,833,148	1,637,861	1,688,739	50,878	205,795	51,944	50,899	(1,044)
Grand Total	7,984,447	1,916,940	1,975,440	58,500	610,060	150,560	152,378	1,818

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	£625	£607	-£18	(2.8)	(0.7)	(347)	(87)	(434)
Elective Inpatient	£3,086	£3,040	£3,057	£17	0.6	(3.2)	93	(541)	(449)
Emergency / Non-elective Inpatient	£1,586	£1,581	£1,556	-£25	(1.6)	7.7	(744)	3,401	2,657
Outpatient	£113	£113	£117	£4	3.5	2.0	759	415	1,174
Emergency Department	£103	£103	£96	-£7	(7.0)	5.3	(306)	220	(86)
Other							0	(1,044)	(1,044)
Grand Total	£76	£79	£77	-£1	(1.8)	3.1	(545)	2,363	1,818

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 30 June 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	69.5	71.0	1.5	35.6	36.6	(1.1)	20.3	21.1	(0.8)	13.6	13.3	(0.3)
Clinical Support	7.5	7.7	0.1	26.5	27.0	(0.5)	4.3	4.5	(0.1)	(23.3)	(23.8)	(0.5)
Planned Care	50.8	50.9	0.2	21.0	21.4	(0.5)	12.0	13.1	(1.1)	17.8	16.4	(1.4)
Women's and Children's	27.8	28.2	0.4	16.0	15.8	0.1	6.7	6.9	(0.2)	5.2	5.5	0.3
Corporate Directorates	4.4	4.5	0.1	10.3	10.0	0.3	15.7	15.8	(0.1)	(21.6)	(21.3)	0.3
Sub-Total Divisions	160.0	162.2	2.3	109.2	110.9	(1.6)	59.0	61.3	(2.3)	(8.3)	(9.9)	(1.6)
Central Income	18.0	18.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	18.0	18.2	0.2
Central Expenditure	0.0	0.0	0.0	0.4	0.4	(0.0)	10.8	10.5	0.3	(11.2)	(10.9)	0.3
Grand Total	178.0	180.4	2.5	109.6	111.2	(1.7)	69.9	71.8	(2.0)	(1.5)	(2.6)	(1.2)

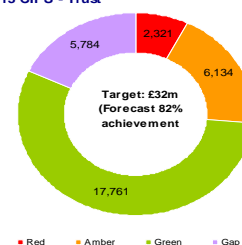
COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at June 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	11,485	(794)	3,152	3,024	95.9%	11,414	71	3,024	1,507	2,619	4,335	11,485
Clinical Support	4,960	3,260	(1,700)	965	662	68.6%	2,776	485	662	133	627	1,838	3,260
Planned Care	5,503	4,106	(1,397)	978	650	66.4%	4,106	0	650	664	1,979	814	4,106
Women's and Children's	1,398	1,437	39	334	377	112.7%	1,020	417	377	17	128	915	1,437
Clinical Divisions	24,141	20,288	(3,853)	5,430	4,713	86.8%	19,316	972	4,713	2,321	5,352	7,903	20,288
Corporate	6,433	5,928	(506)	1,185	1,174	99.0%	5,928	0	1,174	0	782	3,972	5,928
Central	1,426	0	(1,426)	0	0			0	0				0
Total	32,000	26,216	(5,785)	6,615	5,886	89.0%	25,244	972	5,886	2,321	6,134	11,875	26,216

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)	301	0		0	0
Income	5,840	5,022	(818)	1,023	898	87.8%	4,955	67
Non Pay	7,660	8,320	660	1,722	1,982	115.1%	8,310	10
Pay	14,735	12,874	(1,860)	3,569	3,006	84.2%	11,979	895
Total	32,000	26,216	(5,785)	6,615	5,886	89.0%	25,244	972

FY12/13 CIPS - Trust

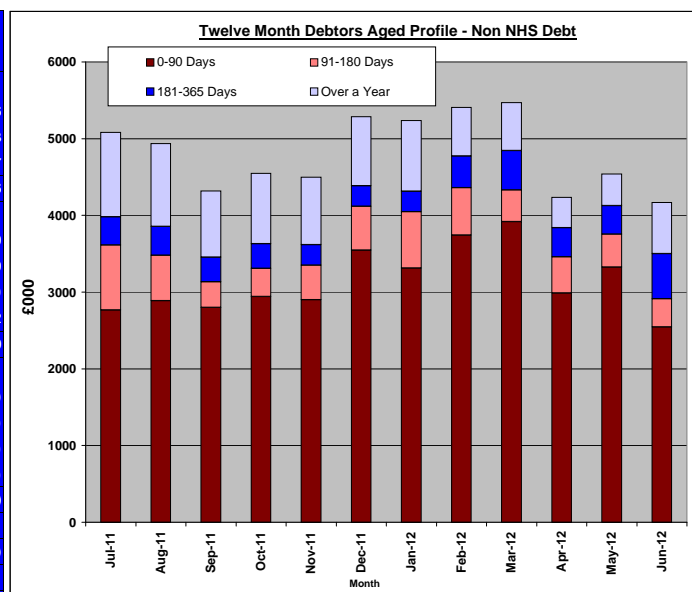


Commentary

There is a year to date under performance on delivery of cost improvement of £0.73m and a year end forecast under-delivery of £5.8m.

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
BALANCE SHEET				
Non Current Assets				
Intangible assets	5,242	5,089	4,928	5,256
Property, plant and equipment	349,363	348,501	348,382	347,533
Trade and other receivables	2,188	2,369	2,394	2,387
TOTAL NON CURRENT ASSETS	356,793	355,959	355,704	355,176
Current Assets				
Inventories	12,262	12,208	12,437	12,469
Trade and other receivables	29,126	23,659	25,102	29,279
Other Assets	0	0	0	0
Cash and cash equivalents	18,369	22,519	19,435	15,892
TOTAL CURRENT ASSETS	59,757	58,386	56,974	57,640
Current Liabilities				
Trade and other payables	(62,277)	(60,841)	(58,212)	(57,183)
Dividend payable	0	259	(593)	(1,370)
Borrowings	(4,038)	(4,038)	(4,038)	(3,925)
Provisions for liabilities and charges	(789)	(789)	(789)	(897)
TOTAL CURRENT LIABILITIES	(67,104)	(65,409)	(63,632)	(63,375)
NET CURRENT ASSETS (LIABILITIES)	(7,347)	(7,023)	(6,658)	(5,735)
TOTAL ASSETS LESS CURRENT LIABILITIES	349,446	348,936	349,046	349,441
Non Current Liabilities				
Borrowings	(1,427)	(2,339)	(3,308)	(3,963)
Other Liabilities	0	0	0	0
Provisions for liabilities and charges	(2,121)	(2,213)	(2,233)	(2,138)
TOTAL NON CURRENT LIABILITIES	(3,548)	(4,552)	(5,541)	(6,101)
TOTAL ASSETS EMPLOYED	345,898	344,384	343,505	343,340
Public dividend capital	277,487	277,487	277,487	277,487
Revaluation reserve	64,706	64,709	64,710	64,710
Retained earnings	3,705	2,188	1,308	1,143
TOTAL TAXPAYERS EQUITY	345,898	344,384	343,505	343,340



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	10,718	980	20	33	11,751
Non NHS sales ledger by division:					
Corporate Division	641	79	160	429	1,309
Planned Care Division	311	37	151	140	639
Clinical Support Division	333	113	42	4	492
Women's and Children's Division	217	13	51	34	315
Acute Care Division	1,042	127	182	62	1,413
Total Non-NHS sales ledger	2,544	369	586	669	4,168
Total Sales Ledger	13,262	1,349	606	702	15,919
Other Debtors					
WIP					3,871
SLA Phasing & Performance					1,262
Bad debt provision					(1,280)
VAT - net					917
Other receivables and assets					8,590
TOTAL					29,279

Commentary

Cash has decreased in line with an increase in the value of trade and other receivables.

Accounts receivable metrics:

Invoice cycle time	Non-NHS days sales outstanding (DSO)			
	Jun - 12 YTD Days	May - 12 YTD Days	Jun - 12 YTD Days	May - 12 YTD Days
Req date to invoice raised	12.5	14.7	DSO (all debt)	60.9 62.8
Service to invoice raised	43.7	31.4	DSO (In year debt)	43.9 47.2

VALUE FOR MONEY - CASH FLOW

CASH FLOW for the PERIOD ENDED 30 JUNE 2012

Commentary

The Trust's cash position compared to plan reflects:

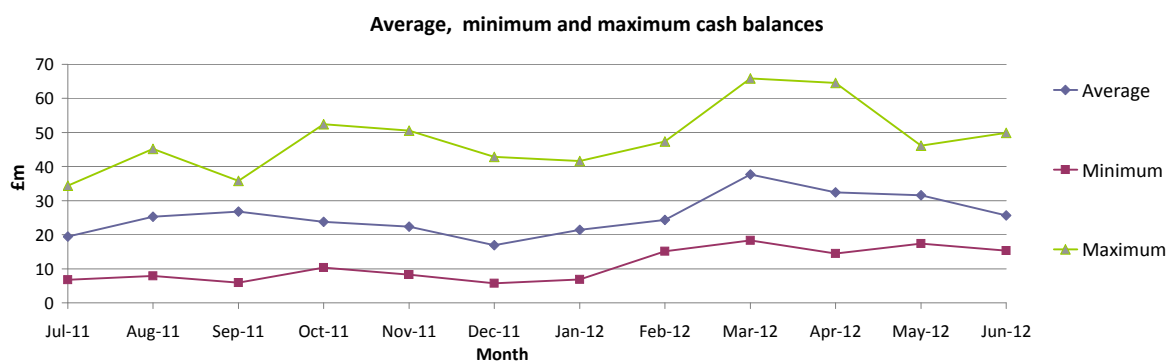
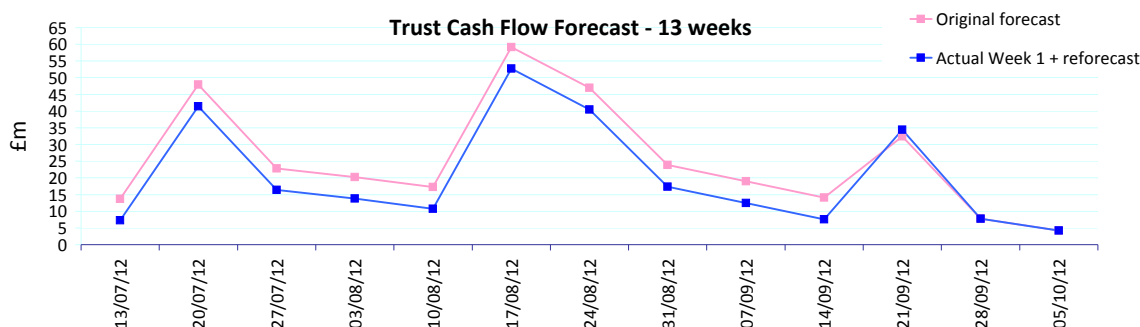
- (£1.4 million) adverse variance in the EBITDA YTD position
- (£4.2 million) decrease in trade and other payables
- (£1.4 million) increase in trade and other receivables
- £3.8m underspend on capital and the capital element of finance leases

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

	2012/13 April - June Plan £ 000	2012/13 April - June Actual £ 000	2012/13 April - June Variance £ 000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus before Depreciation and Amortisation	9,279	7,880	(1,399)
Impairments and reversals	-	(223)	(223)
Movements in Working Capital:	(210)	(49)	161
- Inventories (Inc)/Dec	-	-	-
- Trade and Other Receivables (Inc)/Dec	(105)	(207)	(102)
- Trade and Other Payables Inc/(Dec)	1,074	(352)	(1,426)
- Provisions Inc/(Dec)	(351)	(4,593)	(4,242)
PDC Dividends paid	-	125	125
Interest paid	-	-	-
Other non-cash movements	(250)	164	414
Net Cash Inflow / (Outflow) from Operating Activities	9,437	2,745	(6,692)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	16	23	7
Payments for Property, Plant and Equipment	(7,875)	(4,993)	2,882
Capital element of finance leases	(1,158)	(252)	906
Net Cash Inflow / (Outflow) from Investing Activities	(9,017)	(5,222)	3,795
Net Cash Inflow / (Outflow) from Financing			
	-	-	-
Opening cash	18,200	18,369	169
Increase / (Decrease) in Cash	420	(2,477)	(2,897)
Closing cash	18,620	15,892	(2,728)

Cash movements to 31st July 2012

	£'000
Cash balance as at 01/07/2012	15,892
<i>Cash to be received</i>	
Contract Income	52,318
Other debtor receipts	9,943
	62,261
<i>Cash to be paid out</i>	
Creditor payment runs	24,982
Payroll (including tax, NI and Pensions)	34,774
PDC dividends	0
	59,756
Cash balance as at 31/07/2012	18,397



VALUE FOR MONEY - CAPITAL BUDGET

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

	Capital Plan 2012/13 £000's	Actual YTD 12/13 £000's	Actual Jun 12/13 £000's	YTD Spend 12/13 £000's	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast Out Turn	Forecast Variance
					£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Sub Group Budgets															
IM&T	4,000	316	361	676	80	80	120	660	80	940	80	80	1,204	4,000	0
Medical Equipment	4,600	403	130	533	828	283	598	644	184	322	322	138	748	4,600	0
LRI Estates	4,000	31	92	123	242	240	315	300	465	376	606	566	767	4,000	0
LGH Estates	2,000	35	41	77	100	100	150	150	232	188	303	283	417	2,000	-0
GGH Estates	2,000	245	48	294	100	100	158	137	232	188	303	283	206	2,000	-0
Total Sub Group Budgets	16,600	1,030	672	1,703	1,350	803	1,341	1,891	1,193	2,013	1,615	1,351	3,341	16,600	-0
Individual Schemes															
ED Redevelopment	1,000	66	1	67	50	50	50	100	100	100	150	150	183	1,000	0
MES Installation Costs	1,500	23	6	28	75	83	77	124	122	150	200	200	440	1,500	-0
Childrens Heart Surgery	1,000	154	10	165	20	15	50	50	50	50	50	50	65	565	435
Maternity & Gynae Recon.	2,773	24	16	40	28	28	28	37	38	277	693	700	904	2,773	0
Theatre Assessment Area (TAA)	1,250	0	0	0	13	13	13	13	13	125	313	350	400	1,250	0
Aseptic Suite	750	7	5	13	38	75	75	113	120	100	75	68	74	750	0
Brachytherapy	420	0	0	0	273	42	42	63	0	0	0	0	0	420	0
Office Moves	850	70	137	207	180	180	180	103	0	0	0	0	-0	850	0
Feasibility Studies	100	10	1	11	10	10	10	10	10	10	10	10	9	100	0
Nutrition BRU Enabling	150		1	1	30	30	30	30	30	0	0	0	-1	150	0
PPD Building	250	1	240	241	9									250	0
BRU: Respiratory	2,201	36	1	37	132	220	220	330	350	250	250	180	231	2,201	0
BRU: Nutrition, Diet & Lifestyle	1,383	110	50	160	69	138	138	207	207	138	138	138	48	1,383	0
Residual from 2011/12		311	18	329										329	-329
Revenue to Capital Transfers		106	0	106										106	-106
Divisional Spend: Acute	200		21	21	20	20	20	20	20	20	20	20	19	200	0
Divisional Spend: Planned Care	200		0	0	20	20	20	20	20	20	20	20	40	200	0
Divisional Spend: Womens & Children	200		0	0	20	20	20	20	20	20	20	20	40	200	0
Divisional Spend: CSSD	200		0	0	30	30	20	20	20	20	20	20	20	200	0
Divisional Spend: Corporate	473	9	0	9	50	50	50	50	50	50	50	50	64	473	0
MacMillan Information Centre		11	5	16	-16									0	0
Ward 27 - Teenage Cancer Unit	1,400		1	1	100	200	400	400	200	99				1,400	0
Donations	600	161	62	223	30	32	50	50	50	25	50	50	40	600	0
Total Individual Schemes	16,900	1,100	575	1,675	1,180	1,257	1,493	1,760	1,420	1,455	2,059	2,026	2,576	16,900	0
Total Capital Programme	33,500	2,130	1,247	3,378	2,530	2,059	2,833	3,650	2,613	3,468	3,674	3,377	5,917	33,500	0

Caring at its best

Divisional Heatmap

Trust Board

Thursday 26th July 2012

June 2012

DIVISIONAL HEAT MAP - Month 3 - 2012/13

QUALITY STANDARDS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
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Infection Prevention

MRSA	0	1	1	0	0	2	1	1	0	0	0	0	0	0	6	
Clostridium Difficile	7	8	10	8	13	11	6	4	6	11	14	4	3	21	113	
E Coli (from June 1st 2011)	38	39	42	39	41	45	38	37	35	46	39	45		84	----	
MSSA (from May 1st 2011)	2	5	2	6	4	3	2	0	5	5	2	4	2	8	----	
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)	110.5%	132.4%	122.7%	133.2%	132.9%	136.0%	135.9%	130.2%	134.2%	131.0%	128.6%	131.6%	132.3%	130.8%	100%	
MRSA Non-Elective Screening (Patient Matched)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	
MRSA Non-Elective Screening (Patient Not Matched)	152.7%	168.0%	168.0%	169.4%	165.6%	163.2%	171.4%	171.8%	185.0%	168.2%	177.5%	175.5%	172.3%	175.1%	100%	

Patient Safety

% of all adults who have had VTE risk assessment on adm to hosp	93.5%	94.5%	93.8%	93.8%	93.8%	94.5%	94.3%	94.1%	93.8%	93.7%	95.3%	95.6%	94.8%	95.2%	90%	
10X Medication Errors	1	0	0	0	1	2	1	0	0	0	1	2	1	4	0	
Never Events	0	0	1	0	0	0	0	0	0	0	2	1	0	3	0	
Patient Falls	245	261	247	232	263	222	222	207	248	244	219	243		462	2750	
Complaints Re-Opened	24	17	26	29	29	30	22	13	18	25	21	19	20	60	210	
SUIs (Relating to Deteriorating Patients)	1	1	1	0	0	2	1	0	0	1	0	0	0	0	0	
RIDDOR	2	10	4	8	4	5	6	2	4	3	4	5	1	10	48	
Falls Resulting in Severe Injury or Death	1	0	0	1	0	0	0	1	0	1	1	1	1	3	6	
No of Staffing Level Issues Reported as Incidents	54	91	82	73	107	122	86	64	122	71	53	120	112	285	920	
Outlying (daily average)	9	2	10	16	4	9	20	19	17	4	7	8	4	4	10	
Pressure Ulcers (Grade 3 and 4)	17	17	8	5	10	6	6	12	8	21	10	11		21	110	
Pressure Ulcers (Grade 2)	NEW FOR 2012/13 - TO START JULY 2012															
ALL Complaints Regarding Attitude of Staff	41	37	44	40	42	37	33	32	24	25	36	28	37	101	366	
ALL Complaints Regarding Discharge	39	20	27	32	24	18	31	17	23	25	28	32	23	83	220	
Bed Occupancy (inc short stay admissions)	91%	91%	90%	91%	93%	94%	92%	94%	92%	92%	91%	91%	91%	91%	90%	
Bed Occupancy (excl short stay admissions)	84%	85%	84%	85%	87%	87%	86%	88%	86%	86%	85%	85%	85%	85%	86%	
Compliance with Blood Traceability	98.7%	94.8%	92.4%	93.5%	96.1%	96.3%	96.1%	97.3%	97.3%	96.8%	97.4%	97.5%		97.4%	100%	

DIVISIONAL HEAT MAP - Month 3 - 2012/13

QUALITY STANDARDS *Continued*

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
Clinical Effectiveness																
Emergency 30 Day Readmissions (No Exclusions)	7.7%	7.4%	7.4%	7.3%	7.2%	6.9%	7.8%	7.6%	7.7%	7.4%	7.7%	7.9%		7.8%	7.0%	▼
Mortality HSMR - (Dfi) OVERALL	91.8	96.9	90.9	98.1	89.8	85.7	82.2	90.5	102.0	97.6	95.2			95.2	100	▲
Mortality (CHKS Risk Adjusted - Overall)	74.8	80.7	80.1	87.1	78.5	74.9	74.1	82.1	90.1	81.3	84.1	71.9		84.7	85	▲
Stroke - 90% of Stay on a Stroke Unit	89.2%	88.2%	88.4%	74.7%	82.3%	90.7%	89.8%	82.3%	69.1%	80.4%	70.4%	81.7%		76.8%	80.0%	▲
Stroke - TIA Clinic within 24 Hours (Suspected TIA)	65.9%	72.7%	64.3%	62.5%	62.5%	62.5%	65.9%	65.4%	47.4%	34.5%	62.7%	72.5%	59.6%	64.1%	62.1%	▼
No. of # Neck of femurs operated on < 36hrs	71%	73%	71%	56%	53%	75%	65%	60%	63%	57%	85%	72%		78%	70%	▼
Maternity - Breast Feeding < 48 Hours	74.4%	74.9%	74.7%	73.3%	73.2%	74.5%	75.0%	72.6%	74.1%	73.9%	75.4%	74.5%	73.0%	74.3%	74.0%	▼
Maternity - % Smoking at Time of Delivery	10.1%	9.7%	10.9%	11.0%	11.1%	11.0%	11.7%	13.0%	13.9%	13.3%	15.0%	13.5%	12.2%	13.5%	11.4%	▲
Cytology Screening 7 day target	99.98%	99.98%	100.00%	100.00%	99.98%	100.00%	97.7%	100.0%	100.0%	99.8%	99.8%	99.9%	99.9%	99.9%	98%	◀▶

UNIVERSITY HOSPITALS OF LEICESTER
NHS TRUST

DIVISIONAL HEAT MAP - Month 3 - 2012/13

QUALITY STANDARDS *Continued*

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
Nursing Metrics																
Patient Observation	96%	97%	96%	96%	95%	96%	96%	98%	95%	97%	95%	95%	95%		98.0%	◀▶
Pain Management	97%	96%	96%	94%	91%	94%	97%	98%	96%	96%	95%	94%	94%		98.0%	◀▶
Falls Assessment	95%	94%	94%	93%	90%	94%	93%	96%	92%	96%	96%	92%	94%		98.0%	▲
Pressure Area Care	97%	95%	95%	95%	93%	97%	95%	97%	96%	98%	96%	94%	94%		98.0%	◀▶
Nutritional Assessment	93%	95%	93%	92%	90%	95%	95%	98%	92%	97%	96%	91%	92%		98.0%	▲
Medicine Prescribing and Assessment	99%	100%	99%	99%	95%	97%	97%	98%	97%	97%	98%	96%	97%		98.0%	▲
Hand Hygiene	92%	94%	95%	95%	97%	98%	95%	96%	96%	96%	94%	97%	96%		98.0%	▼
Resuscitation Equipment	90%	85%	82%	81%	70%	84%	80%	88%	78%	84%	79%	76%	76%		98.0%	◀▶
Controlled Medicines	99%	100%	99%	100%	97%	100%	100%	100%	100%	100%	100%	99%	99%		98.0%	◀▶
VTE	78%	81%	85%	84%	86%	89%	89%	88%	88%	89%	87%	83%	84%		98.0%	▲
Patient Dignity	98%	98%	99%	99%	95%	96%	97%	96%	95%	96%	97%	96%	96%		98.0%	◀▶
Infection Prevention and Control	96%	97%	97%	99%	96%	97%	99%	99%	97%	99%	99%	97%	98%		98.0%	▲
Discharge	77%	78%	80%	80%	71%	80%	82%	82%	84%	86%	86%	86%	84%		98.0%	▼
Continence	97%	98%	98%	96%	95%	98%	99%	99%	97%	99%	97%	96%	95%		98.0%	▼
Patient Experience																
Net Promoter Score	COMMENCED APRIL 2012										51.02	51.14	53.17	52.03	61.0	
Net Promoter - Coverage	COMMENCED APRIL 2012										12.7%	11.6%	11.6%	12.0%	10.0%	◀▶
Inpatient Survey - treated with respect and dignity	96.5	95.7	96.0	95.3	96.1	96.0	96.1	96.2	95.6	95.6	95.9	96.3	96.1	96.1	95.0	▼
Inpatient Survey - rating the care you receive	87.6	87.0	85.4	85.0	86.8	86.3	87.7	86.6	87.8	87.0	88.9	89.0	88.3	88.9	91.0	▼
Outpatient Survey - treated with respect and dignity	93.5	84.0		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	85.1	72.6		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	0	0	0	2	3	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 - Intensive Care	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 3 - 2012/13

OPERATIONAL STANDARDS

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

Emergency Department

ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12)	95.8%	97.2%	93.8%	92.0%	92.02%	94.4%	97.0%	95.5%	91.6%	90.4%	92.3%	92.4%	93.2%	92.6%	95%	▲
ED 4 Hour Waits - UHL (Type 1 and 2)	94.7%	96.3%	92.1%	89.9%	89.8%	92.9%	96.4%	94.4%	89.5%	88.0%	90.5%	90.5%	91.5%	90.8%	95%	▲

Coronary Heart Disease

Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	100.0%	100.0%	99.5%	98.3%	99.4%	98.8%	98.3%	97.1%	98.1%	98.7%	99.4%	100.0%	98.8%	99.4%	99%	▼
Primary PCI Call to Balloon <150 Mins	96.0%	82.6%	94.4%	72.2%	84.8%	90.0%	88.5%	86.4%	83.3%	93.3%	93.0%	92.9%	91.2%	92.4%	75.0%	▼
Rapid Access Chest Pain Clinics - % in 2 Weeks	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	99.1%	100.0%	99.2%	98.0%	▲

Cancer Treatment

Reported One Month in Arrears

Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.4%	94.0%	95.3%	93.1%	94.3%	94.4%	93.2%	94.4%	93.4%	93.1%	93.1%	93.3%		93.2%	93%	▲
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	98.3%	97.7%	96.5%	97.3%	95.8%	95.4%	93.3%	93.2%	95.7%	94.8%	96.7%	93.2%		94.3%	93%	▼
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96.8%	97.7%	97.3%	96.8%	98.4%	97.9%	97.2%	97.6%	96.1%	97.0%	96.7%	97.1%		96.9%	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	94.1%	96.9%	94.0%	95.6%	94.1%	98.8%	92.1%	87.6%	95.4%	91.2%	95.6%	94.4%		95.0%	94%	▼
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	100.0%	99.3%	97.8%	99.3%	99.2%	98.7%	98.3%	97.0%	100.0%	100.0%	95.9%	96.8%		96.4%	94%	▲
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	84.1%	81.8%	83.2%	81.1%	79.4%	81.3%	84.9%	86.3%	85.4%	85.7%	85.4%	85.3%		85.3%	85%	▼
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	93.5%	92.5%	87.9%	91.8%	95.2%	98.3%	91.8%	94.7%	100.0%	91.3%	94.0%	90.8%		92.2%	90%	▼
62-Day Wait For First Treatment From Consultant Upgrade	100.0%	----	100.0%	80.0%	100.0%	----	0.0%	----	----	100.0%	--	100.0%		100.0%	85%	▲

DIVISIONAL HEAT MAP - Month 3 - 2012/13

OPERATIONAL STANDARDS (continued)

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
Referral to Treatment																
RTT Waiting Times - Admitted	85.0%	91.4%	92.0%	90.8%	90.9%	88.5%	87.6%	84.6%	82.8%	83.5%	93.7%	94.6%	93.6%		90%	▼
RTT Waiting Times - Non Admitted	97.0%	97.2%	96.8%	96.6%	96.4%	96.2%	96.6%	95.5%	96.1%	95.9%	97.1%	96.6%	97.1%		95%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										94.9%	95.8%	94.3%		92%	▼
RTT 18 Weeks Waiting times - Delivery in All Specialties	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										1	1	1		0	◀▶
6 Week - Diagnostic Test Waiting Times	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										1.0%	0.6%	6.5%		<1%	▼
Efficiency - Outpatients and Inpatient Length of Stay																
Choose and Book Slot Unavailability	17.0%	17.0%	19.0%	14.0%	18.0%	17.0%	10.0%	6.0%	12.0%	17.0%	15.0%	17.0%	13.0%	15.0%	4.0%	▲
Outpatient DNA Rates (%) (Exc. Wd Attenders)	9.0%	9.1%	9.5%	9.0%	9.4%	8.9%	9.4%	9.3%	9.0%	8.9%	9.0%	9.0%	9.1%	9.0%	9.0%	▼
Outpatient Appts % Cancelled by Hospital (Exc. Wd Attenders)	10.3%	10.8%	11.0%	11.0%	10.3%	10.0%	10.6%	10.6%	11.2%	10.8%	11.3%	9.6%	11.2%	10.6%	10.5%	▼
Outpatient Appts % Cancelled by Patient (Exc. Wd Attenders)	10.1%	10.7%	10.3%	10.3%	10.0%	9.4%	10.4%	9.4%	9.8%	9.4%	9.4%	10.0%	10.4%	9.9%	10.0%	▼
Outpatient F/Up Ratio	2.0	2.0	2.0	2.0	2.0	1.9	1.8	1.9	1.9	1.9	1.9	1.9	1.8	1.9	2.1	▲
Ave Length of Stay (Nights) - Emergency	6.1	5.6	5.7	5.8	5.7	6.0	5.7	5.8	5.6	5.7	5.6	5.7	5.5	5.6	5.0	▲
Ave Length of Stay (Nights) - Elective	3.1	3.6	3.5	3.8	3.6	3.4	3.6	3.1	3.1	3.1	3.5	3.4	3.7	3.5	3.1	▼
Delayed transfers of care	1.5%	1.6%	1.5%	1.5%	1.7%	1.5%	1.5%	1.2%	1.2%	1.6%	1.5%	2.4%	4.2%	2.7%	3.0%	▼
% of Electives admitted on day of procedure	83.0%	81.6%	81.9%	80.8%	81.3%	83.2%	81.8%	82.8%	85.2%	86.3%	86.0%	86.8%	82.9%	85.4%	90%	▼
Theatres and Cancelled Operations																
Day Case Rate (Basket of 25)	75.9%	79.2%	81.1%	77.8%	77.0%	74.3%	76.2%	76.2%	71.9%	72.9%	71.4%	75.1%	74.4%	73.7%	75.0%	▼
Inpatient Theatre Utilisation Rate (%)	80.1%	81.3%	84.1%	82.6%	81.0%	81.2%	80.2%	81.8%	78.8%	80.9%	82.3%	82.9%	81.4%	82.3%	86.0%	▼
Day case Theatre Utilisation Rate (%)	74.9%	73.4%	78.8%	78.2%	75.1%	79.8%	75.8%	77.3%	80.2%	80.7%	80.2%	77.9%	77.8%	78.5%	86.0%	▼
Operations cancelled for non-clinical reasons on or after the day of admission	1.3%	0.9%	1.3%	1.6%	1.5%	1.7%	1.1%	1.2%	1.7%	1.3%	1.1%	1.2%	1.2%	1.2%	0.8%	◀▶
Cancelled patients offered a date within 28 days of the cancellations	94.0%	96.3%	95.6%	97.1%	92.3%	93.6%	84.3%	86.1%	89.7%	88.6%	86.7%	92.1%	91.8%	90.4%	95.0%	▲

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 3 - 2012/13

HUMAN RESOURCES

		Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status	
UNIVERSITY HOSPITALS of LEICESTER NHS TRUST	Staffing																	
	Total Pay Bill (£M)	NEW FOR 2012/13											36.9	37.2	37.1	111.2		
	Total WTE	NEW FOR 2012/13											10,243	10,196	10,243	10,243		
	Workforce HR Indicators																	
Sickness absence	3.44%	3.35%	3.13%	3.15%	3.43%	3.75%	3.76%	3.63%	3.67%	3.49%	3.26%	3.57%	3.59%	3.48%	3.0%		▼	
Appraisals	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	95.0%	96.1%	96.1%	94.4%	93.7%	93.8%	92.8%	92.8%	100%		▼	
Turnover	8.6%	8.6%	8.5%	8.1%	8.0%	7.9%	8.2%	8.2%	8.2%	8.2%	8.2%	8.2%	8.3%	8.2%	10.0%		▼	
% Corporate Induction attendance	91.0%	89.0%	80.0%	96.0%	86.0%	94.0%	100.0%	95.0%	96.0%	88.0%	100.0%	96.0%	90.0%	98.0%	95.0%		▼	

DIVISIONAL HEAT MAP - Month 3 2012/13

PLANNED CARE - DIVISIONAL PERFORMANCE

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
INFECTION PREVENTION																
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	▶▶
Clostridium Difficile	3	2	4	1	3	3	2	2	0	4	3	0	2	5	46	▼
PATIENT SAFETY																
10X Medication Errors	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	▶▶
Never Events	0	0	0	0	0	0	0	0	0	0	1	1	0	2	0	▲
Patient Falls	55	60	59	67	67	50	54	49	55	53	37	68		105	653	▼
Complaints Re-Opened	13	7	15	15	14	15	11	8	10	13	7	10	11	28	95	▼
SUIs (Relating to Deteriorating Patients)	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	▶▶
RIDDOR	0	0	1	3	1	1	2	0	0	0	0	1	0	1	6	▲
Falls Resulting in Severe Injury or Death	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	▶▶
No of Staffing Level Issues Reported as Incidents	6	3	7	9	24	15	12	13	27	16	23	29	7	59	95	▲
Outlying (daily average)	1	0	3	4	3	3	2	2	2	1	4	4	3	3	6	▲
Pressure Ulcers (Grade 3 and 4)	1	5	5	0	2	3	4	5	1	6	2	4		6	31	▲
Pressure Ulcers (Grade 2)	NEW FOR 2012/13 - TO START JULY 2012															
ALL Complaints Regarding Attitude of Staff	15	19	17	8	11	18	15	16	10	4	13	10	16	39	122	▼
ALL Complaints Regarding Discharge	17	8	8	11	8	4	7	3	4	6	10	4	7	21	80	▼
Bed Occupancy (inc short stay admissions)	90%	93%	91%	92%	95%	95%	88%	95%	91%	92%	92%	92%	91%	92%	90%	▼
Bed Occupancy (excl short stay admissions)	85%	89%	88%	89%	91%	90%	84%	90%	85%	86%	86%	86%	87%	86%	86%	▲
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	7.8%	7.5%	7.7%	7.8%	7.7%	6.8%	8.2%	8.1%	7.6%	7.7%	8.3%	8.5%		8.4%	6.5%	▼
30 Day Readmissions (UHL) - Same Specialty	5.2%	5.1%	5.0%	4.9%	4.8%	4.3%	5.2%	5.0%	4.6%	4.7%	5.2%	5.1%		5.2%	4.0%	▲
30 Day Readmission Rate (CHKS)	7.8%	7.6%	7.6%	7.7%	7.7%	6.8%	8.2%	7.9%	7.5%	7.5%	8.0%			8.0%	6.5%	▼
Mortality (UHL Data)	0.7%	0.6%	0.7%	0.7%	0.6%	0.7%	0.9%	0.7%	0.9%	0.7%	0.8%	0.7%	0.7%	0.7%	0.9%	▶▶
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	76.5	79.8	83.5	85.7	75.9	84.5	96.0	95.5	110.7	100.0	78.4	68.6		73.0	90.0	▲
PATIENT EXPERIENCE																
Net Promoter Score	COMMENCED APRIL 2012										47.8	43.9	55.0	49.4		
Inpatient Polling - treated with respect and dignity	96.2	95.2	97.0	97.0	97.1	95.6	96.2	95.9	96.9	96.7	96.1	96.0	97.5	96.5	95.0	▲
Inpatient Polling - rating the care you receive	88.9	87.0	87.7	87.7	87.9	86.7	89.5	90.0	90.2	89.2	89.3	87.8	89.7	88.9	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 3 2012/13

PLANNED CARE - DIVISIONAL PERFORMANCE

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
NURSING METRICS																
Patient Observation	95%	95%	97%	96%	95%	97%	96%	99%	96%	96%	96%	97%	96%		98.0%	▼
Pain Management	97%	96%	96%	94%	94%	94%	95%	99%	96%	94%	97%	94%	93%		98.0%	▼
Falls Assessment	94%	92%	95%	88%	93%	94%	96%	96%	94%	96%	94%	90%	93%		98.0%	▲
Pressure Area Care	94%	92%	95%	95%	95%	96%	98%	98%	96%	97%	96%	91%	92%		98.0%	▲
Nutritional Assessment	90%	93%	96%	93%	96%	95%	97%	98%	95%	97%	96%	91%	94%		98.0%	▲
Medicine Prescribing and Assessment	98%	98%	96%	95%	95%	96%	96%	96%	97%	96%	97%	96%	96%		98.0%	◀▶
Resuscitation Equipment	75%	85%	75%	81%	78%	90%	91%	89%	68%	91%	78%	58%	81%		98.0%	▲
Controlled Medicines	100%	98%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%		98.0%	◀▶
VTE	81%	89%	89%	90%	91%	91%	92%	89%	91%	91%	91%	91%	85%		98.0%	▼
Patient Dignity	98%	96%	97%	98%	96%	96%	97%	95%	95%	96%	96%	98%	96%		98.0%	▼
Infection Prevention and Control	94%	96%	96%	97%	95%	97%	96%	97%	97%	96%	97%	98%	97%		98.0%	▼
Discharge	74%	81%	79%	80%	75%	85%	82%	81%	82%	83%	78%	79%	78%		98.0%	▼
Continence	96%	97%	99%	96%	94%	98%	99%	98%	98%	98%	97%	96%	93%		98.0%	▼
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	81.4%	88.6%	89.5%	87.5%	87.6%	85.0%	83.7%	79.5%	77.3%	78.5%	92.4%	93.1%	92.6%		90.0%	▼
RTT Waiting Times - Non Admitted	95.1%	95.4%	95.0%	94.6%	94.1%	93.5%	94.4%	92.4%	93.7%	93.2%	95.1%	94.8%	95.5%		95.0%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										93.4%	94.6%	92.8%		92.0%	▼

DIVISIONAL HEAT MAP - Month 3 2012/13

PLANNED CARE - DIVISIONAL PERFORMANCE

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
OPERATIONAL PERFORMANCE																
Choose and Book Slot Unavailability	22.0%	19.0%	27.0%	24.0%	34.0%	29.0%	21.0%	18.0%	25.0%	33.0%	27.0%	27.0%	29.0%	28%	4.0%	▼
Elective LOS	2.8	3.2	3.3	3.6	3.3	3.1	3.4	2.9	2.9	2.8	3.4	3.3	3.4	3.4	2.8	▼
Non Elective LOS	6.3	5.6	6.0	5.8	6.3	6.2	5.2	5.8	5.3	5.9	5.1	5.9	5.5	5.5	5.8	▲
% of Electives Adm.on day of proc.	91.4%	91.3%	91.8%	90.9%	90.6%	91.9%	91.0%	90.8%	93.0%	94.2%	94.7%	93.6%	91.1%	93.3%	90.0%	▼
Day Case Rate (Basket of 25)	74.1%	77.2%	81.1%	78.4%	75.8%	73.0%	74.6%	74.9%	69.4%	70.1%	68.6%	71.8%	72.5%	71.0%	75.0%	▲
Day Case Rate (All Elective Care)	79.5%	79.1%	80.2%	80.4%	80.1%	80.2%	81.2%	81.8%	79.6%	78.6%	80.6%	79.5%	79.2%	79.8%	80.0%	▼
Inpatient Theatre Utilisation	79.7%	81.3%	83.4%	81.6%	79.3%	79.1%	79.4%	78.7%	76.9%	80.3%	79.9%	81.4%	78.3%	80.0%	86.0%	▼
Day Case Theatre Utilisation	70.4%	71.1%	74.1%	75.8%	73.4%	77.2%	74.0%	70.5%	72.8%	74.0%	75.5%	73.2%	72.7%	73.7%	86.0%	▼
Outpatient New : F/Up Ratio	2.4	2.5	2.4	2.6	2.4	2.4	2.3	2.3	2.4	2.5	2.5	2.3	2.3	2.4	2.3	◀▶
Outpatient DNA Rate (Ex Wd. Attenders)	9.0%	8.7%	9.4%	8.9%	9.4%	8.7%	9.1%	9.1%	9.0%	8.6%	9.0%	9.1%	9.2%	9.1%	8.6%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	10.1%	11.1%	10.9%	10.7%	10.6%	9.6%	10.2%	10.7%	10.7%	10.5%	11.7%	9.6%	11.7%	10.9%	9.0%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.5%	10.0%	9.5%	9.7%	9.4%	8.7%	9.9%	8.7%	9.2%	8.8%	8.7%	9.4%	10.0%	9.4%	8.8%	▼
SCREENING PROGRAMMES																
Diabetic Retinopathy - % Uptake	37.0%	35.3%	44.1%	35.5%	43.2%	83.0%	49.1%	43.8%	55.5%	63.1%	38.0%	30.3%	37.5%	34.8%	50.0%	▲
Diabetic Retinopathy - % Results in 3 Weeks	95.5%	76.9%	85.7%	86.7%	84.1%	87.8%	90.3%	98.0%	69.4%	84.3%	78.5%	76.3%	89.3%	81.4%	90.0%	▲
Diabetic Retinopathy - % Treatment in 4 Weeks	0.0%	0.0%	-----	-----	88.9%	83.3%	88.9%	45.8%	68.8%	94.7%	22.2%	70.0%	80.0%	61.8%	75%	▲
Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month	6.0%	5.3%	7.1%	8.6%	10.6%	14.0%	9.8%	13.1%	9.7%	4.7%	9.9%	9.3%	7.8%	27.5%	6.0%	▼
Abdominal Aortic Aneurysm - % Uptake	107.0%	96.5%	114.3%	111.9%	115.9%	105.7%	104.3%	118.2%	112.2%	110.0%	94.7%	100.0%	100.0%	97.6%	99.0%	◀▶
Abdominal Aortic Aneurysm - 30 Day post-operative Mortality	0.0%	0.0%	9.1%	0.0%	0.0%	-----	0.0%	0.0%	0.0%	0.0%	0.0%	---	---	0.0%	0.0%	◀▶
HR and FINANCE																
Appraisals	91.8%	90.0%	90.4%	89.8%	91.1%	92.7%	98.0%	99.0%	98.8%	97.2%	97.6%	97.1%	95.8%	95.8%	100%	▼
Sickness Absence	3.0%	3.1%	2.9%	2.9%	3.4%	4.0%	3.8%	3.5%	3.9%	3.7%	3.2%	4.2%	3.9%	3.5%	3.0%	▲

DIVISIONAL HEAT MAP - Month 3 2012/13

PLANNED CARE - Specialist Surgery

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	82.6%	94.0%	92.5%	90.4%	91.2%	87.6%	86.1%	82.3%	83.5%	81.5%	94.7%	95.3%	93.8%	93.8%	90.0%	▼
RTT Waiting Times - Non Admitted	96.4%	96.3%	95.7%	94.7%	94.6%	95.7%	95.5%	92.7%	95.0%	93.4%	95.8%	94.5%	96.0%	96.0%	95.0%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										95.1%	96.0%	95.5%	95.5%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	2.0	2.0	2.0	2.1	2.1	1.8	2.2	1.7	2.1	1.5	1.8	1.8	2.1	1.9	1.9	▼
Non Elective LOS	6.5	4.6	5.0	4.1	5.8	4.9	4.1	5.4	4.2	4.1	4.5	4.9	5.0	4.8	4.7	▼
% of Electives Adm.on day of proc.	85.3%	87.8%	88.2%	82.7%	84.9%	86.4%	83.8%	86.0%	87.0%	88.4%	89.4%	88.8%	85.7%	88.0%	85.0%	▼
Day Case Rate (Basket of 25)	87.8%	88.8%	88.7%	90.0%	89.3%	84.0%	84.3%	85.3%	86.1%	87.2%	81.6%	85.2%	80.9%	82.6%	87.4%	▼
Day Case Rate (All Elective Care)	73.3%	72.5%	71.0%	75.1%	71.6%	71.7%	72.8%	72.1%	75.2%	72.6%	71.1%	71.0%	68.0%	70.1%	72.6%	▼
30 Day Readmissions (UHL) - Any Specialty	3.2%	3.1%	3.3%	2.7%	3.7%	2.7%	3.5%	3.3%	2.8%	3.8%	4.1%	4.3%		4.2%	2.8%	▼
30 Day Readmissions (UHL) - Same Specialty	1.9%	1.6%	1.7%	1.3%	1.8%	1.3%	1.6%	1.3%	1.4%	2.3%	1.7%	2.1%		1.9%	1.3%	▼
Outpatient New : F/Up Ratio	2.0	2.0	2.0	2.2	2.2	2.0	1.9	1.9	1.9	2.0	2.0	1.8	1.8	1.9	1.9	◀▶
Outpatient DNA Rate (Ex Wd. Attenders)	9.5%	9.2%	9.5%	9.2%	9.9%	9.2%	9.1%	9.4%	9.6%	8.6%	8.9%	9.0%	9.7%	9.2%	9.0%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	11.0%	12.4%	13.0%	13.3%	13.5%	11.2%	11.9%	11.3%	11.3%	11.0%	12.0%	10.4%	12.8%	11.7%	11.5%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.5%	11.1%	10.6%	10.3%	9.9%	9.3%	10.8%	9.6%	10.4%	9.8%	9.6%	10.1%	11.3%	10.3%	9.5%	▼
Bed Utilisation (Incl short stay admissions)	86%	86%	100%	100%	100%	99%	94%	100%	90%	83%	86%	89%	86%	87%	90.0%	▼
HR and FINANCE																
Sickness Absence	3.22%	2.44%	2.07%	2.01%	2.59%	3.03%	3.71%	3.39%	3.42%	3.27%	2.93%	3.61%	4.35%	3.1%	3.0%	▼

DIVISIONAL HEAT MAP - Month 3 2012/13

PLANNED CARE - GI Medicine / Surgery

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	73.6%	78.3%	83.8%	81.3%	80.9%	77.8%	77.0%	74.1%	70.9%	74.6%	91.0%	91.6%	91.6%	91.6%	90.0%	▼
RTT Waiting Times - Non Admitted	86.9%	90.1%	90.9%	92.8%	87.9%	82.4%	87.9%	86.6%	87.1%	90.0%	91.8%	94.1%	92.1%	92.1%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										88.3%	90.2%	85.4%	85.4%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	3.1	3.6	3.9	4.9	4.0	3.4	3.6	3.2	3.3	3.3	4.1	4.2	3.9	4.1	3.2	▲
Non Elective LOS	5.5	5.4	5.8	5.3	5.9	5.7	4.7	5.3	5.0	5.1	4.7	5.2	5.2	5.0	5.3	◀▶
% of Electives Adm.on day of proc.	93.4%	91.9%	93.6%	92.5%	93.2%	94.6%	93.3%	92.0%	93.9%	95.5%	94.8%	95.2%	92.3%	94.3%	90.0%	▼
Day Case Rate (Basket of 25)	46.2%	50.2%	57.2%	58.6%	50.7%	46.3%	51.7%	54.8%	47.8%	43.7%	31.5%	40.6%	50.9%	41.5%	49.9%	▲
Day Case Rate (All Elective Care)	80.5%	81.5%	83.1%	82.2%	83.6%	83.2%	83.8%	85.1%	80.0%	79.4%	82.3%	81.8%	82.3%	82.1%	85.0%	▲
30 Day Readmissions (UHL) - Any Specialty	8.0%	8.0%	7.4%	7.7%	7.5%	6.6%	7.6%	7.4%	7.5%	8.0%	8.5%	9.2%		8.9%	7.0%	▼
30 Day Readmissions (UHL) - Same Specialty	4.5%	4.9%	4.1%	3.9%	3.7%	3.3%	3.8%	3.6%	3.9%	4.4%	4.7%	4.8%		4.8%	3.8%	▼
Outpatient New : F/Up Ratio	2.1	1.9	1.8	2.1	1.7	1.8	1.7	1.8	1.8	2.1	2.0	2.0	2.2	2.1	2.0	▼
Outpatient DNA Rate (Ex Wd. Attenders)	7.5%	7.9%	8.3%	7.9%	8.9%	7.5%	8.4%	8.3%	8.2%	8.7%	9.1%	9.0%	7.5%	8.6%	8.2%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	15.4%	16.2%	15.3%	12.1%	11.7%	12.5%	13.1%	16.3%	16.9%	16.4%	17.5%	15.2%	14.6%	15.7%	14.0%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.6%	10.3%	10.2%	11.9%	10.5%	9.0%	10.5%	8.8%	8.8%	9.3%	8.9%	10.0%	10.2%	9.7%	9.4%	▼
Bed Utilisation (Incl short stay admissions)	95%	94%	93%	100%	94%	94%	91%	95%	94%	94%	96%	95%	95%	95%	90.0%	▶▶
HR and FINANCE																
Sickness Absence	2.9%	3.3%	2.7%	3.1%	3.8%	5.2%	5.0%	3.9%	4.1%	4.4%	3.6%	4.6%	4.1%	4.0%	3.0%	▲

DIVISIONAL HEAT MAP - Month 3 2012/13

PLANNED CARE - Cancer and Haematology

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	--	--	--	100%	100%	--	--	100%	--	--	--	--	--	--	90.0%	▶▶
RTT Waiting Times - Non Admitted	100.0%	99.0%	99.2%	98.9%	99.0%	97.5%	99.1%	98.1%	97.9%	97.4%	97.6%	98.3%	97.8%	97.8%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										99.1%	100.0%	99.6%	99.6%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	7.1	9.9	6.7	9.2	8.1	7.0	8.8	9.5	6.9	7.2	6.6	5.7	9.3	7.1	7.1	▼
Non Elective LOS	5.7	4.9	5.6	5.4	4.5	5.9	4.6	4.9	5.1	6.3	4.7	5.6	4.8	5.1	5.7	▲
% of Electives Adm.on day of proc.	75.0%	72.7%	68.0%	78.2%	69.2%	77.4%	76.9%	63.8%	75.7%	88.6%	94.4%	86.8%	88.1%	89.0%	75.0%	▲
Day Case Rate (All Elective Care)	96.7%	96.9%	96.5%	96.4%	96.5%	96.1%	96.8%	97.0%	97.6%	97.1%	97.5%	95.8%	96.6%	96.6%	96.9%	▲
30 Day Readmissions (UHL) - Any Specialty	13.8%	11.9%	13.1%	12.9%	12.7%	11.9%	14.4%	14.2%	13.2%	11.6%	12.6%	12.5%		12.6%	11.0%	▲
30 Day Readmissions (UHL) - Same Specialty	11.8%	10.4%	11.1%	10.8%	10.9%	10.5%	12.5%	11.9%	10.3%	8.5%	10.1%	9.7%		9.9%	9.4%	▲
Outpatient New : F/Up Ratio	8.5	8.2	8.2	8.6	8.0	7.8	7.5	7.6	8.0	8.1	8.5	8.1	7.8	8.1	8.0	▲
Outpatient DNA Rate (Ex Wd. Attenders)	8.1%	7.9%	8.7%	8.4%	8.3%	7.7%	8.2%	8.3%	8.0%	8.3%	8.6%	8.9%	9.1%	8.9%	7.4%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	5.6%	6.6%	5.7%	6.3%	4.8%	5.3%	5.6%	5.5%	5.4%	6.5%	8.7%	5.6%	8.4%	7.4%	5.8%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	7.2%	6.8%	6.8%	6.8%	6.9%	6.6%	7.0%	6.8%	6.7%	6.5%	7.1%	7.4%	7.4%	7.3%	6.4%	▶▶
Bed Utilisation (Incl short stay admissions)	95%	95%	97%	99%	97%	97%	93%	97%	95%	97%	92%	99%	97%	96%	95.0%	▼
HR and FINANCE																
Sickness Absence	2.9%	3.8%	3.8%	2.6%	2.4%	2.9%	2.4%	2.6%	3.0%	2.4%	2.8%	4.0%	3.4%	3.0%	3.0%	▲

DIVISIONAL HEAT MAP - Month 3 2012/13

PLANNED CARE - Musculo-Skeletal

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	90.0%	91.2%	91.6%	91.0%	91.0%	90.0%	90.0%	82.7%	76.0%	79.2%	90.3%	91.8%	92.0%	92.0%	90.0%	▲
RTT Waiting Times - Non Admitted	96.5%	95.8%	95.0%	95.4%	96.9%	94.8%	95.5%	95.3%	93.8%	94.8%	94.8%	96.3%	96.1%	96.1%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										96.9%	97.4%	96.8%	96.8%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	2.8	3.1	3.5	2.6	2.8	3.4	3.4	2.9	2.5	2.8	3.6	3.2	3.3	3.4	3.0	▼
Non Elective LOS	10.0	8.3	7.7	9.2	9.7	9.6	8.4	9.5	8.4	10.7	8.4	10.5	7.6	8.8	9.6	▲
% of Electives Adm.on day of proc.	98.5%	96.4%	97.6%	98.3%	96.3%	97.2%	97.5%	98.5%	98.9%	98.7%	99.7%	97.6%	96.2%	97.9%	97.5%	▼
Day Case Rate (Basket of 25)	83.5%	84.2%	87.7%	77.8%	75.6%	80.3%	82.2%	78.9%	74.2%	79.1%	80.6%	82.5%	81.9%	81.7%	80.8%	▼
Day Case Rate (All Elective Care)	51.4%	46.8%	47.7%	41.8%	44.4%	47.0%	44.9%	45.8%	41.0%	41.5%	44.0%	43.6%	39.7%	42.5%	45.5%	▼
30 Day Readmissions (UHL) - Any Specialty	3.4%	4.4%	4.7%	5.5%	5.1%	3.7%	4.3%	4.8%	4.7%	5.2%	3.7%	2.9%		3.3%	4.0%	▲
30 Day Readmissions (UHL) - Same Specialty	1.0%	1.9%	1.5%	2.4%	1.6%	0.7%	1.0%	1.3%	1.0%	2.0%	1.3%	0.8%		1.1%	1.8%	▲
Outpatient New : F/Up Ratio	1.8	1.8	1.8	2.0	1.7	1.8	1.7	1.8	2.0	1.9	1.8	1.8	1.7	1.8	1.7	▲
Outpatient DNA Rate (Ex Wd. Attenders)	9.8%	9.0%	10.7%	9.3%	9.7%	9.3%	10.9%	10.0%	9.3%	9.2%	10.0%	9.8%	9.7%	9.9%	9.0%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	7.8%	8.0%	7.2%	7.1%	7.9%	7.0%	7.7%	9.2%	8.9%	7.3%	9.2%	6.7%	9.5%	8.4%	8.2%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.1%	10.2%	9.2%	9.2%	9.4%	8.7%	9.8%	7.9%	8.9%	8.4%	8.3%	9.3%	9.1%	8.9%	8.8%	▲
Bed Utilisation (Incl short stay admissions)	84%	84%	79%	73%	91%	93%	79%	85%	85%	91%	87%	87%	86%	87%	90.0%	▼
HR and FINANCE																
Sickness Absence	3.0%	2.99%	3.2%	3.9%	4.8%	4.7%	3.9%	4.0%	4.8%	4.3%	3.3%	4.5%	3.8%	4.0%	3.0%	▲

DIVISIONAL HEAT MAP - Month 3 2012/13

ACUTE CARE - DIVISIONAL PERFORMANCE

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
INFECTION PREVENTION																
MRSA	0	1	1	0	0	2	0	1	0	0	0	0	0	0	6	▶▶
Clostridium Difficile	4	6	6	6	9	8	4	2	6	7	11	4	1	16	81	▲
PATIENT SAFETY																
10X Medication Errors	1	0	0	0	0	1	0	0	0	0	0	2	1	3	0	▲
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	▶▶
Patient Falls	174	193	171	154	186	163	163	152	183	186	174	163		337	1982	▲
Complaints Re-Opened	6	6	7	11	9	8	5	4	7	12	9	7	8	24	75	▼
SULs (Relating to Deteriorating Patients)	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	▶▶
RIDDOR	1	2	2	0	1	1	2	0	3	2	3	3	0	6	15	▲
Falls Resulting in Severe Injury or Death	1	0	0	1	0	0	0	1	0	0	1	1	1	3	3	▶▶
Staffing Level Issues Reported as Incidents	5	5	11	12	10	10	14	19	54	18	7	25	17	49	154	▲
Outlying (daily average)	8	2	7	12	1	6	18	17	15	3	3	4	1	1	10	▲
Pressure Ulcers (Grade 3 and 4)	15	12	3	5	8	3	2	7	7	15	8	7		15	78	▲
Pressure Ulcers (Grade 2)	NEW FOR 2012/13 - TO START JULY 2012															
ALL Complaints Regarding Attitude of Staff	14	13	14	18	14	11	11	6	5	11	15	11	10	36	110	▲
ALL Complaints Regarding Discharge	17	10	17	16	11	13	21	13	16	17	17	26	14	57	120	▲
Bed Occupancy (inc short stay admissions)	92%	93%	93%	92%	94%	95%	94%	95%	93%	94%	93%	91%	91%	92%	90%	▶▶
Bed Occupancy (excl short stay admissions)	88%	89%	89%	89%	90%	91%	91%	92%	90%	91%	89%	88%	89%	89%	86%	▲
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	11.9%	11.9%	11.7%	11.1%	11.2%	11.0%	11.9%	11.6%	11.7%	11.4%	11.5%	12.2%		11.9%	10.0%	▼
30 Day Readmissions (UHL) - Same Specialty	6.6%	6.4%	6.3%	6.2%	6.9%	5.6%	6.6%	6.3%	6.5%	5.7%	6.5%	6.4%		6.5%	6.3%	▲
Mortality (UHL Data)	3.2%	3.6%	3.3%	3.7%	3.7%	3.5%	4.0%	4.2%	4.3%	4.1%	4.4%	3.5%	3.7%	3.9%	4.3%	▼
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	74.4	81.5	78.9	88.0	79.8	73.3	69.9	79.7	86.0	78.0	85.5	71.9		79.0	85	▲

DIVISIONAL HEAT MAP - Month 3 2012/13

ACUTE CARE - DIVISIONAL PERFORMANCE

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
NURSING METRICS																
Patient Observation	96%	97%	96%	96%	96%	95%	95%	96%	96%	97%	96%	96%	96%		98.0%	◀▶
Pain Management	97%	96%	96%	95%	92%	94%	97%	93%	91%	89%	95%	96%	96%		98.0%	◀▶
Falls Assessment	96%	95%	95%	94%	89%	94%	93%	95%	94%	96%	97%	89%	96%		98.0%	▲
Pressure Area Care	98%	96%	95%	95%	93%	96%	93%	95%	96%	97%	96%	95%	96%		98.0%	▲
Nutritional Assessment	95%	97%	93%	93%	91%	95%	94%	97%	92%	95%	96%	87%	82%		98.0%	▼
Medicine Prescribing and Assessment	98%	99%	99%	97%	95%	96%	96%	95%	97%	96%	97%	98%	97%		98.0%	▼
Resuscitation Equipment	98%	88%	89%	89%	67%	56%	56%	87%	56%	80%	88%	62%	82%		98.0%	▲
Controlled Medicines	98%	99%	98%	99%	99%	100%	99%	98%	100%	99%	99%	98%	100%		98.0%	▲
VTE	73%	79%	79%	80%	89%	89%	88%	87%	91%	90%	86%	74%	85%		98.0%	▲
Patient Dignity	97%	97%	97%	98%	95%	96%	96%	94%	96%	91%	96%	91%	91%		98.0%	◀▶
Infection Prevention and Control	94%	96%	96%	99%	95%	97%	98%	98%	98%	98%	98%	96%	97%		98.0%	▲
Discharge	84%	80%	85%	86%	77%	85%	86%	86%	89%	88%	91%	91%	86%		98.0%	▼
Continence	89%	95%	94%	94%	96%	98%	97%	98%	98%	97%	97%	98%	97%		98.0%	▼
SAME SEX ACCOMMODATION																
Net Promoter Score	COMMENCED APRIL 2012										49.9	53.2	54.8	52.8		
Inpatient Polling - treated with respect and dignity	97.2	95.9	95.6	94.5	95.5	96.7	95.7	96.3	94.8	95.2	95.8	96.2	94.8	95.7	95.0	▼
Inpatient Polling - rating the care you receive	87.0	86.4	83.6	83.5	86.0	85.9	86.0	84.2	85.9	85.3	87.7	88.6	85.6	87.5	91.0	▼
Single Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	2	3	0	0	3	0	◀▶
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	91.4%	98.8%	97.9%	98.1%	99.0%	95.7%	98.3%	97.1%	97.3%	99.0%	97.6%	96.2%	97.2%	97.2%	90.0%	▲
RTT Waiting Times - Non Admitted	99.4%	99.6%	99.3%	99.5%	99.2%	99.3%	99.2%	99.0%	99.0%	99.0%	99.2%	99.5%	99.5%	99.5%	95.0%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										97.4%	98.8%	99.2%	99.2%	90.0%	▲

DIVISIONAL HEAT MAP - Month 3 2012/13

ACUTE CARE - DIVISIONAL PERFORMANCE

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
OPERATIONAL PERFORMANCE																
Choose and Book Slot Unavailability	9%	11%	8%	6%	10%	13%	3%	1%	4%	3%	3%	6%	6%	5%	4.0%	▶▶
Elective LOS	4.5	5.3	5.0	5.3	4.6	4.9	4.8	4.3	4.4	4.6	4.7	4.5	5.2	4.8	4.4	▼
Non Elective LOS	7.1	6.4	6.4	6.9	6.3	6.8	6.5	6.5	6.5	6.5	6.7	6.1	6.3	6.4	6.0	▼
% of Electives Adm.on day of proc.	57.5%	51.9%	50.2%	51.0%	54.8%	53.7%	53.0%	58.1%	55.5%	56.5%	52.5%	58.5%	49.8%	53.9%	53.9%	▼
Day Case Rate (All Elective Care)	71.7%	71.9%	67.3%	70.9%	67.3%	71.4%	69.9%	70.4%	68.5%	69.7%	72.1%	72.2%	68.9%	71.2%	70.3%	▼
Inpatient Theatre Utilisation	85.3%	85.7%	92.5%	90.3%	88.2%	89.6%	85.3%	96.3%	87.6%	85.8%	93.4%	88.7%	97.6%	93.0%	86.0%	▲
Day Case Theatre Utilisation	67.3%	62.3%	68.1%	73.1%	79.0%	79.0%	-----	62.9%	-----	86.0%	79.2%	81.9%	74.2%	79.3%	86.0%	▼
Outpatient New : F/Up Ratio	1.9	1.8	1.9	1.8	1.9	1.8	1.8	1.9	1.9	1.8	1.8	1.8	1.8	1.8	1.8	◀▶
Outpatient DNA Rate (Ex Wd. Attenders)	8.5%	9.2%	9.3%	9.1%	9.6%	9.0%	9.3%	9.5%	9.0%	8.7%	8.7%	8.7%	9.1%	8.8%	9.2%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	12.3%	12.5%	12.9%	12.2%	10.6%	11.9%	13.0%	11.6%	13.0%	12.6%	12.5%	10.9%	12.7%	12.0%	11.8%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.5%	11.0%	10.9%	10.7%	10.5%	9.8%	10.9%	10.2%	10.2%	9.7%	10.2%	10.6%	10.4%	10.4%	9.9%	▲
HR and FINANCE																
Appraisals	77.7%	78.9%	85.5%	81.2%	90.5%	93.6%	93.5%	93.9%	93.8%	90.4%	89.0%	91.6%	92.8%	92.8%	100%	▲
Sickness Absence	3.8%	3.6%	3.5%	3.4%	3.4%	3.7%	4.0%	4.1%	4.2%	3.9%	3.7%	3.7%	3.9%	3.8%	3%	▼

DIVISIONAL HEAT MAP - Month 3 2012/13

ACUTE CARE - Medicine

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	100.0%	100.0%	98.4%	97.7%	99.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	97.6%	90.0%	▼
RTT Waiting Times - Non Admitted	99.8%	99.6%	99.5%	99.7%	99.2%	99.5%	99.8%	99.4%	99.6%	99.2%	99.2%	99.6%	99.5%	99.5%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										98.6%	98.4%	99.3%	99.3%	92.0%	▲
OPERATIONAL PERFORMANCE																
Elective LOS	1.7	5.4	5.8	9.5	7.5	17.3	6.3	10.4	2.1	4.6	5.4	6.3	7.1	6.4	6.8	▼
Non Elective LOS	7.4	6.2	6.8	7.8	6.6	7.4	6.6	6.6	6.5	6.8	6.8	6.4	6.6	6.6	6.3	▼
% of Electives Adm.on day of proc.	55.6%	57.1%	29.2%	42.9%	66.7%	44.4%	50.0%	66.7%	87.5%	90.0%	66.7%	70.0%	25.0%	52.4%	85.0%	▼
Day Case Rate (All Elective Care)	98.0%	97.5%	93.9%	96.9%	95.8%	97.3%	97.5%	96.9%	96.5%	96.7%	97.3%	96.8%	94.5%	96.3%	96.8%	▼
30 Day Readmissions (UHL) - Any Specialty	11.5%	11.5%	11.9%	10.2%	11.9%	11.1%	13.3%	11.3%	11.2%	12.3%	10.7%	12.7%		11.7%	11.0%	▼
Outpatient New : F/Up Ratio	2.4	2.3	2.5	2.2	2.4	2.3	2.4	2.5	2.3	2.4	2.3	2.3	2.4	2.4	2.4	▼
Outpatient DNA Rate (Ex Wd. Attenders)	8.0%	9.1%	9.2%	9.0%	10.1%	9.0%	8.9%	9.3%	8.8%	8.7%	8.7%	8.0%	8.8%	8.5%	9.0%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	10.4%	11.2%	10.5%	10.4%	9.2%	10.0%	10.8%	8.6%	11.4%	11.5%	9.7%	7.9%	10.3%	9.2%	10.5%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	11.0%	11.6%	11.9%	11.8%	11.4%	10.8%	12.0%	11.4%	10.9%	10.4%	11.0%	11.6%	11.0%	11.2%	11.0%	▲
Bed Utilisation (Incl short stay admissions)	92%	96%	94%	93%	98%	97%	98%	98%	98%	96%	95%	94%	96%	95%	90.0%	▲
HR and FINANCE																
Sickness Absence	4.5%	3.8%	3.6%	3.3%	3.3%	3.2%	4.2%	4.4%	4.1%	4.0%	3.6%	3.7%	3.8%	3.8%	3.0%	▼

DIVISIONAL HEAT MAP - Month 3 2012/13

ACUTE CARE - Respiratory Med. & Thoracic Surgery

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	100%	100%	98%	100%	100%	100%	100%	100%	93%	100%	97%	100%	80%	80%	90.0%	▼
RTT Waiting Times - Non Admitted	100%	100%	100%	99.2%	99.2%	99.3%	100.0%	99.5%	100.0%	100.0%	99.0%	99.1%	99.0%	99.0%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										99.5%	99.8%	99.2%	99.2%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	6.1	6.9	6.9	8.6	6.3	8.4	5.9	7.0	6.0	6.1	6.7	7.7	7.0	7.2	6.1	▲
Non Elective LOS	4.7	4.7	4.3	4.2	4.1	4.3	4.1	4.6	4.6	4.4	4.5	4.3	4.2	4.3	4.4	▲
% of Electives Adm.on day of proc.	51.6%	48.3%	45.5%	47.4%	47.6%	45.0%	53.6%	52.2%	42.9%	48.2%	37.1%	50.8%	43.2%	43.7%	48.6%	▼
Day Case Rate (All Elective Care)	63.4%	68.8%	65.4%	66.9%	67.6%	68.3%	68.3%	70.5%	64.3%	69.1%	61.4%	65.6%	71.4%	66.0%	66.8%	▲
30 Day Readmissions (UHL) - Any Specialty	14.4%	13.8%	14.4%	14.3%	14.0%	13.2%	12.4%	13.9%	14.5%	12.7%	15.3%	13.8%		14.6%	12.0%	▲
Outpatient New : F/Up Ratio	1.6	1.6	1.7	1.5	1.7	1.5	1.6	1.7	1.6	1.4	1.8	1.5	1.6	1.6	1.5	▼
Outpatient DNA Rate (Ex Wd. Attenders)	10.7%	11.5%	10.1%	10.5%	11.5%	10.4%	11.2%	10.9%	9.9%	8.8%	9.5%	11.1%	10.8%	10.5%	10.2%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	8.9%	8.7%	11.1%	9.3%	7.3%	9.2%	15.9%	8.9%	11.1%	10.3%	11.2%	8.5%	10.7%	10.0%	10.3%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.8%	12.0%	11.0%	10.7%	10.3%	9.5%	9.6%	9.3%	10.0%	9.2%	9.5%	8.5%	8.5%	8.8%	9.7%	▶
Bed Utilisation (Incl short stay admissions)	95%	94%	95%	94%	93%	95%	97%	95%	95%	96%	96%	89%	92%	92%	90.0%	▲
HR and FINANCE																
Sickness Absence	2.5%	2.5%	2.8%	2.9%	3.3%	4.3%	4.3%	4.7%	4.9%	4.5%	3.5%	3.9%	3.9%	3.8%	3.0%	▶

DIVISIONAL HEAT MAP - Month 3 2012/13

ACUTE CARE - Cardiac, Renal & Critical Care

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	88.8%	99.2%	97.9%	98.1%	99.0%	94.8%	97.8%	96.4%	97.2%	95.3%	97.0%	95.5%	97.4%	97.4%	90.0%	▲
RTT Waiting Times - Non Admitted	97.8%	98.4%	98.4%	99.3%	99.2%	98.7%	97.2%	97.8%	96.8%	97.8%	99.2%	99.4%	99.8%	99.8%	95.0%	▲
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										95.8%	99.3%	99.0%	99.0%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	4.3	5.0	4.6	4.6	4.2	3.7	4.6	3.6	4.2	4.3	4.1	3.8	4.7	4.2	4.0	▼
Non Elective LOS	10.4	9.7	8.5	9.1	8.9	8.4	9.4	9.4	9.4	9.7	10.5	8.8	9.1	9.4	9.4	▼
% of Electives Adm.on day of proc.	58.8%	52.5%	52.7%	52.0%	55.6%	55.7%	52.9%	58.7%	57.3%	56.9%	56.3%	59.7%	52.0%	56.3%	55.0%	▼
Day Case Rate (All Elective Care)	52.4%	51.7%	52.1%	52.2%	49.2%	54.1%	51.5%	53.3%	51.7%	53.0%	57.8%	57.7%	52.5%	56.1%	52.5%	▼
30 Day Readmissions (UHL) - Any Specialty	10.3%	11.0%	9.1%	9.9%	8.0%	9.4%	9.4%	10.1%	10.1%	9.0%	9.7%	10.3%		10.0%	9.0%	▼
Outpatient New : F/Up Ratio	2.6	2.6	2.6	2.6	2.8	2.6	2.6	2.7	2.6	2.5	2.5	2.3	2.4	2.4	2.4	▼
Outpatient DNA Rate (Ex Wd. Attenders)	7.1%	7.4%	8.2%	7.6%	6.9%	7.7%	8.0%	8.2%	7.9%	7.2%	6.9%	7.3%	7.1%	7.1%	7.7%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	18.1%	17.2%	18.7%	17.3%	15.1%	17.2%	16.5%	19.2%	17.2%	16.3%	19.5%	18.9%	19.2%	19.2%	16.9%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	9.3%	9.3%	8.8%	8.7%	8.7%	7.8%	9.4%	8.3%	8.8%	8.5%	9.0%	9.7%	10.2%	9.6%	8.8%	▼
Bed Utilisation (Incl short stay admissions)	92%	88%	89%	89%	88%	91%	89%	90%	87%	89%	88%	88%	84%	87%	90%	▼
HR and FINANCE																
Sickness Absence	3.6%	3.7%	3.6%	3.5%	3.4%	3.9%	3.8%	3.7%	3.8%	3.5%	3.7%	3.5%	3.8%	3.7%	3.0%	▼

DIVISIONAL HEAT MAP - Month 3 2012/13

ACUTE CARE - Emergency Dept.

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
OPERATIONAL PERFORMANCE																
ED Waits - Type 1	94.1%	95.9%	91.0%	88.7%	88.5%	92.1%	96.0%	93.7%	88.3%	86.6%	89.5%	89.3%	90.5%	89.8%	95%	▲
Admitted Median Wait (Mins) - Type 1	215	203	223	232	234	219	210	214	232	230	221	222	219	221	205	▲
Admitted 95th Percentile Wait (Mins) - Type 1	436	343	477	569	558	484	350	417	482	444	437	452	473	458	350	▼
Non-Admitted Median Wait (Mins) - Type 1	131	124	132	138	135	133	129	133	143	154	146	147	148	147	105	▼
Non-Admitted 95th Percentile Wait (Mins) Type 1	238	236	240	255	253	240	236	238	256	285	273	262	259	265	235	▲
Outpatient DNA Rate (Ex Wd. Attenders)	26.7%	23.0%	22.3%	27.6%	25.4%	21.3%	27.8%	24.7%	26.3%	28.9%	29.5%	26.9%	31.6%	29.2%	24.4%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	1.3%	2.3%	2.1%	1.3%	2.7%	3.0%	4.3%	3.3%	3.3%	1.5%	6.4%	2.2%	2.6%	3.6%	2.5%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	14.8%	12.0%	12.6%	9.7%	11.7%	14.1%	9.7%	11.6%	10.5%	11.9%	7.8%	10.6%	9.3%	9.3%	10.0%	▲
HR and FINANCE																
Sickness Absence	3.6%	4.2%	3.4%	2.9%	3.6%	4.4%	4.1%	4.1%	4.3%	3.9%	4.4%	4.1%	4.4%	4.0%	3.0%	▼

DIVISIONAL HEAT MAP - Month 3 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status	
INFECTION PREVENTION																	
MRSA	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	◀▶
Clostridium Difficile	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2	◀▶	
PATIENT SAFETY																	
10X Medication Errors	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	5	6	7	5	4	5	3	1	4	4	4	1		5	47	▲	
Complaints Re-Opened	4	3	3	3	4	3	4	1	1	0	4	1	1	6	30	◀▶	
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶	
RIDDOR	0	1	0	1	0	1	1	0	1	0	1	0	0	1	4	◀▶	
Falls Resulting in Severe Injury or Death	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶	
No of Staffing Level Issues Reported as Incidents	42	78	64	52	71	96	58	29	41	35	20	61	84	165	616	▼	
Outlying (daily average)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶	
Pressure Ulcers (Grade 3 and 4)	1	0	0	0	0	0	0	0	0	0	0	0		0	2	◀▶	
Pressure Ulcers (Grade 2)	NEW FOR 2012/13 - TO START JULY 2012																
ALL Complaints Regarding Attitude of Staff	12	3	6	11	6	4	6	6	5	4	4	3	10	17	98	▼	
ALL Complaints Regarding Discharge	3	1	0	4	4	0	3	0	2	1	0	0	2	2	20	▼	
Bed Occupancy (inc short stay admissions)	87%	88%	82%	85%	85%	88%	90%	89%	90%	87%	84%	86%	87%	85%	90.0%	▲	
Bed Occupancy (excl short stay admissions)	71%	71%	66%	70%	70%	73%	76%	75%	76%	72%	69%	72%	73%	72%	86.0%	▲	
MORTALITY and READMISSIONS																	
30 Day Readmissions (UHL) - Any Specialty	4.1%	3.8%	3.9%	4.0%	3.2%	3.8%	3.7%	4.0%	4.5%	3.8%	3.7%	3.3%		3.5%	3.9%	▲	
30 Day Readmissions (UHL) - Same Specialty	2.8%	2.4%	2.4%	2.5%	1.8%	2.3%	2.5%	2.8%	3.0%	2.4%	2.3%	2.2%		2.3%	2.5%	▲	
30 Day Readmission Rate (CHKS)	4.8%	4.5%	4.4%	4.5%	3.6%	4.4%	4.1%	4.5%	5.1%	4.3%	4.1%			4.1%	4.5%	▲	
Mortality (UHL Data)	0.3%	0.1%	0.1%	0.3%	0.2%	0.2%	0.2%	0.2%	0.1%	0.3%	0.3%	0.3%	0.2%	0.3%	0.2%	▲	
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	89.0	38.4	105.2	44.0	32.2	0.0	32.4	53.2	52.5	42.2	61.4	123.7		92.0	40.0	▼	

DIVISIONAL HEAT MAP - Month 3 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
NURSING METRICS																
Patient Observation	88%	88%	93%	80%	92%	97%	93%	97%	97%	98%	96%	100%	98%		98.0%	▼
Pain Management	92%	99%	96%	92%	100%	97%	97%	94%	100%	97%	94%	100%	100%		98.0%	◀▶
Falls Assessment	92%	90%	73%	100%	92%	100%	100%	100%	100%	87%	98%	100%	80%		98.0%	▼
Pressure Area Care	92%	90%	85%	100%	97%	100%	100%	100%	97%	87%	100%	100%	100%		98.0%	◀▶
Nutritional Assessment	85%	81%	69%	100%	94%	100%	100%	93%	100%	94%	100%	95%	90%		98.0%	▼
Medicine Prescribing and Assessment	100%	100%	98%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%		98.0%	◀▶
Resuscitation Equipment	50%	50%	0%	100%	100%	100%	100%	100%	100%	100%	67%	0%	100%		98.0%	▲
Controlled Medicines	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%		98.0%	◀▶
VTE	92%	46%	56%	88%	79%	100%	100%	100%	83%	86%	80%	100%	85%		98.0%	▼
Patient Dignity	99%	98%	93%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%		98.0%	◀▶
Infection Prevention and Control	92%	83%	93%	100%	100%	100%	100%	98%	96%	88%	100%	100%	100%		98.0%	◀▶
Discharge	44%	60%	73%	64%	100%	89%	98%	98%	100%	100%	100%	96%	97%		98.0%	▲
Continence	93%	100%	98%	95%	100%	93%	100%	93%	100%	100%	100%	97%	94%		98.0%	▼
SAME SEX ACCOMMODATION																
Net Promoter Score	COMMENCED APRIL 2012										58.0	56.3	49.3	54.3		
Inpatient Polling - treated with respect and dignity	94.9	96.3	95.5	94.4	96.5	94.5	97.8	96.7	95.4	92.5	92.9	98.0	96.0	96.7	95.0	▼
Inpatient Polling - rating the care you receive	85.6	89.2	86.5	84.6	88.3	86.5	91.4	89.7	88.5	86.5	94.0	95.3	95.1	94.8	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 3 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	97.8%	96.8%	97.9%	98.8%	99.3%	98.9%	97.9%	98.4%	97.5%	99.2%	98.3%	99.8%	96.9%	96.9%	90.0%	▼
RTT Waiting Times - Non Admitted	97.3%	98.0%	98.8%	97.6%	96.8%	97.4%	98.4%	98.5%	98.9%	97.9%	98.5%	98.0%	97.1%	97.1%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										98.8%	99.4%	99.0%	99.0%	92.0%	▼
OPERATIONAL PERFORMANCE																
Choose and Book Slot Unavailability	13%	10%	13%	9%	7%	6%	3%	3%	3%	11%	9%	22%	5%	12%	4.0%	▲
Elective LOS	2.3	2.7	2.1	2.3	3.5	2.5	2.6	2.5	2.4	2.7	2.5	2.6	2.8	2.6	2.3	▼
Non Elective LOS	2.9	3.1	3.4	3.2	2.9	3.3	3.9	3.8	3.3	3.1	3.2	3.7	3.0	3.3	2.7	▲
% of Electives Adm.on day of proc.	80.8%	80.3%	88.9%	83.1%	82.4%	85.6%	82.6%	80.7%	88.3%	87.7%	91.3%	90.3%	91.7%	91.1%	84.0%	▲
Day Case Rate (Basket of 25)	84.3%	88.6%	81.4%	76.8%	82.1%	79.5%	81.5%	81.8%	83.3%	84.6%	81.6%	87.0%	82.8%	84.1%	81.7%	▼
Day Case Rate (All Elective Care)	71.2%	68.2%	66.9%	67.4%	70.7%	68.2%	66.2%	69.6%	67.7%	65.7%	68.2%	69.7%	67.4%	68.5%	68.1%	▼
Inpatient Theatre Utilisation	73.8%	71.8%	73.5%	76.7%	81.5%	83.4%	77.8%	81.6%	79.7%	76.7%	82.2%	85.1%	78.1%	82.0%	86.0%	▼
Day Case Theatre Utilisation	70.5%	72.3%	74.4%	73.1%	67.8%	76.7%	70.3%	79.9%	77.8%	76.4%	78.0%	70.0%	73.7%	73.5%	86.0%	▲
Outpatient New : F/Up Ratio	1.2	1.2	1.3	1.3	1.2	1.2	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.2	◀▶
Outpatient DNA Rate (Ex Wd. Attenders)	9.5%	9.9%	9.7%	8.9%	8.9%	8.9%	10.0%	9.6%	8.8%	10.1%	9.0%	9.0%	8.3%	8.8%	8.9%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	7.1%	7.0%	7.7%	6.9%	7.1%	5.7%	6.5%	7.0%	8.2%	7.7%	7.5%	7.5%	7.2%	7.4%	7.0%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.4%	11.1%	10.9%	10.7%	10.4%	10.2%	10.7%	9.6%	10.7%	10.3%	9.7%	10.0%	11.1%	10.2%	10.0%	▼
HR and FINANCE																
Appraisals	93.2%	90.9%	92.9%	92.5%	95.2%	93.9%	94.5%	95.7%	95.5%	94.8%	93.8%	91.6%	89.8%	89.8%	100%	▼
Sickness Absence	3.6%	3.4%	3.2%	3.3%	3.7%	3.7%	4.0%	3.6%	3.5%	3.6%	3.4%	4.1%	4.4%	3.6%	3%	▼

DIVISIONAL HEAT MAP - Month 3 2012/13

WOMEN'S and CHILDREN'S - Women's

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	97.9%	97.0%	99.1%	99.4%	99.0%	99.3%	99.5%	98.3%	99.5%	98.3%	96.6%	99.8%	96.9%	96.9%	90.0%	▼
RTT Waiting Times - Non Admitted	96.9%	98.6%	96.4%	96.6%	96.8%	98.0%	97.9%	98.5%	97.3%	98.4%	99.4%	97.5%	96.4%	96.4%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										99.1%	99.5%	99.4%	99.4%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	2.4	2.6	2.3	2.4	2.3	2.2	2.3	2.2	2.2	2.3	2.5	2.2	2.7	2.5	2.1	▼
Non Elective LOS	2.9	2.8	2.8	3.2	2.4	3.0	2.7	2.9	3.3	2.8	3.0	3.5	3.1	3.2	2.7	▲
% of Electives Adm.on day of proc.	92.5%	90.3%	93.9%	94.8%	88.0%	91.9%	91.1%	89.0%	92.6%	91.0%	96.3%	98.7%	98.4%	97.8%	92.0%	▼
Day Case Rate (Basket of 25)	88.6%	90.8%	86.9%	78.7%	85.3%	78.7%	83.4%	83.8%	87.3%	85.4%	84.2%	88.6%	82.9%	85.5%	84.8%	▼
Day Case Rate (All Elective Care)	68.1%	64.3%	62.8%	65.7%	64.6%	63.1%	64.0%	67.3%	64.0%	65.3%	65.5%	69.5%	66.1%	67.3%	64.9%	▼
30 Day Readmissions (UHL) - Any Specialty	3.9%	3.7%	3.5%	3.6%	2.7%	3.4%	3.3%	3.0%	3.9%	3.3%	2.8%	2.7%		2.8%	3.5%	▲
30 Day Readmissions (UHL) - Same Specialty	2.5%	2.3%	2.0%	2.2%	1.4%	1.8%	2.0%	1.8%	2.4%	1.9%	1.5%	1.6%		1.6%	2.1%	▼
Outpatient New : F/Up Ratio	1.4	1.4	1.4	1.5	1.5	1.5	1.4	1.4	1.4	1.4	1.4	1.3	1.4	1.4	1.4	▼
Outpatient DNA Rate (Ex Wd. Attenders)	8.8%	8.8%	8.5%	8.3%	8.5%	8.2%	9.1%	8.6%	7.8%	9.1%	7.9%	8.5%	7.2%	7.9%	8.1%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	8.2%	7.5%	7.9%	7.1%	7.5%	5.5%	7.0%	7.4%	9.2%	8.7%	8.6%	8.2%	7.8%	8.2%	7.6%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.2%	10.5%	11.1%	10.6%	10.6%	10.6%	10.6%	9.5%	10.6%	9.9%	9.5%	9.5%	11.1%	10.0%	9.5%	▼
Bed Utilisation (Incl short stay admissions)	91%	93%	86%	88%	84%	87%	88%	88%	90%	87%	84%	86%	87%	86%	90.0%	▲
HR and FINANCE																
Sickness Absence	3.6%	3.5%	3.3%	3.4%	3.9%	3.9%	3.9%	3.4%	3.3%	3.2%	2.9%	4.4%	4.7%	3.7%	3.0%	▼

DIVISIONAL HEAT MAP - Month 3 2012/13

WOMEN'S and CHILDREN'S - Children's

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	89.2%	100.0%	95.6%	98.4%	98.4%	86.0%	91.8%	89.8%	96.6%	98.5%	100.0%	100.0%	96.3%	96.3%	90.0%	▼
RTT Waiting Times - Non Admitted	100.0%	99.8%	99.8%	97.3%	98.3%	99.3%	100.0%	99.8%	99.1%	98.8%	99.4%	99.2%	98.8%	98.8%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										98.0%	99.2%	98.1%	98.1%	92.0%	▼
OPERATIONAL PERFORMANCE																
Elective LOS	2.1	2.8	1.9	2.3	5.9	3.0	3.2	3.2	2.8	3.4	2.4	3.2	3.0	2.9	2.5	▲
Non Elective LOS	2.9	3.6	4.4	3.1	3.7	3.7	5.4	4.9	3.2	3.4	3.6	3.9	2.8	3.4	3.6	▲
% of Electives Adm.on day of proc.	61.2%	66.1%	80.9%	63.5%	70.5%	72.8%	67.7%	64.7%	80.0%	81.7%	83.5%	77.2%	82.2%	80.8%	71.9%	▲
Day Case Rate (Basket of 25)	70.4%	81.4%	62.8%	69.2%	72.9%	81.8%	76.7%	76.0%	70.2%	82.5%	73.7%	81.8%	82.4%	79.3%	75.0%	▲
Day Case Rate (All Elective Care)	75.2%	72.7%	71.9%	69.9%	78.2%	74.9%	69.3%	73.2%	72.9%	66.4%	71.6%	70.0%	69.1%	70.2%	69.7%	▼
30 Day Readmissions (UHL) - Any Specialty	5.4%	4.8%	5.6%	6.3%	5.5%	5.6%	5.7%	8.9%	7.1%	6.1%	7.8%	6.3%		7.1%	5.5%	▲
30 Day Readmissions (UHL) - Same Specialty	4.3%	3.3%	4.4%	4.4%	3.7%	4.6%	4.9%	7.6%	5.6%	4.9%	5.7%	5.1%		5.4%	4.0%	▲
Outpatient New : F/Up Ratio	0.9	1.0	1.0	0.9	0.9	0.8	0.7	0.7	0.7	0.7	0.8	0.8	0.7	0.8	0.8	▲
Outpatient DNA Rate (Ex Wd. Attenders)	11.4%	12.7%	12.9%	10.4%	10.0%	10.9%	12.8%	12.5%	11.7%	12.6%	12.0%	10.7%	11.5%	11.4%	11.5%	▼
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	4.2%	5.7%	7.1%	6.4%	5.8%	6.2%	5.0%	6.1%	5.5%	4.8%	4.4%	5.3%	5.6%	5.1%	5.7%	▼
Outpatient Patient Canc Rate (Ex Wd. Attenders)	10.9%	12.7%	10.3%	11.1%	9.8%	8.9%	10.7%	9.9%	10.9%	11.2%	10.2%	11.4%	11.1%	10.9%	10.0%	▲
Bed Utilisation (Incl short stay admissions)	79%	79%	73%	79%	87%	90%	95%	91%	88%	87%	83%	85%	86%	85%	80.0%	▲
HR and FINANCE																
Sickness Absence	3.7%	3.0%	2.8%	3.0%	3.1%	3.1%	4.5%	4.1%	4.0%	4.6%	4.4%	3.4%	3.6%	3.6%	3.0%	▼

DIVISIONAL HEAT MAP - Month 3 2012/13

CLINICAL SUPPORT

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
PATIENT SAFETY																
10X Medication Errors	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	▶▶
Never Events	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	▶▶
Patient Falls	11	2	10	6	6	4	2	5	6	1	4	11		15	68	▼
Complaints Re-Opened	1	1	1	0	2	4	2	0	0	0	1	1	0	2	0	▲
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	▶▶
RIDDOR	1	5	1	3	1	1	0	0	0	1	0	1	0	1	12	▲
No of Staffing Level Issues Reported as Incidents	1	5	0	0	2	1	2	3	0	2	3	5	4	12	17	▲
ALL Complaints Regarding Attitude of Staff	0	2	7	3	11	4	1	4	4	6	4	4	1	9	36	▲
ALL Complaints Regarding Discharge	2	1	2	1	1	1	0	1	1	1	1	2	0	3	0	▲
REFERRAL to TREATMENT																
RTT Waiting Times - Admitted	95.2%	100.0%	100.0%	100.0%	97.9%	95.1%	100.0%	97.7%	98.2%	98.6%	97.2%	99.2%	98.9%	98.9%	90.0%	▼
RTT Waiting Times - Non Admitted	99.1%	98.2%	99.2%	99.1%	99.6%	99.3%	99.5%	99.6%	100.0%	98.8%	99.6%	100.0%	99.6%	99.6%	95.0%	▼
RTT - Incomplete 92% in 18 Weeks	NEW OPERATING FRAMEWORK INDICATOR APRIL 2012										99.1%	99.6%	99.0%	99.0%	90.0%	▼
ANAESTHETICS & THEATRES																
% Pain Mgmt Referrals Seen < 11 weeks	98.5%	98.3%	98.6%	96.2%	97.6%	97.0%	94.9%	96.0%	94.7%	97.9%	97.2%	98.1%	95.9%	97.0%	98.0%	▼
Outpatient New : F/Up Ratio	4.8	3.8	4.2	3.3	3.1	3.4	3.5	2.7	2.9	3.0	2.2	3.4	2.7	2.7	3.2	▲
Outpatient DNA Rate (Ex Wd. Attenders)	13.0%	10.6%	13.4%	11.8%	11.7%	11.7%	11.8%	10.9%	10.9%	10.9%	10.1%	11.6%	10.1%	10.6%	11.1%	▲
Outpatient Hosp Canc Rate (Ex Wd. Attenders)	10.6%	9.5%	10.1%	23.8%	18.7%	17.3%	15.6%	18.9%	16.7%	16.6%	11.8%	7.8%	5.8%	8.4%	8.0%	▲
Outpatient Patient Canc Rate (Ex Wd. Attenders)	13.6%	16.9%	16.4%	12.9%	13.0%	12.7%	14.3%	12.5%	13.5%	10.8%	11.4%	16.3%	15.2%	14.4%	13.3%	▲
UHL Inpatient Theatre Utilisation Rate (%)	80.1%	81.3%	84.1%	82.6%	81.0%	81.2%	80.2%	81.8%	78.8%	80.9%	82.3%	82.9%	81.4%	82.3%	86.0%	▼
UHL Day case Theatre Utilisation Rate (%)	74.9%	73.4%	78.8%	78.2%	75.1%	79.8%	75.8%	77.3%	80.2%	80.7%	80.2%	77.9%	77.8%	78.5%	86.0%	▼
BOOKING CENTRE																
% calls responded to within 30 seconds	64.4%	71.3%	68.6%	76.5%	76.9%	79.9%	89.8%	74.7%	83.2%	87.7%	86.7%	85.5%	75.0%	75.0%	65%	▼
NUTRITION AND DIETETICS																
% of adult inpatients seen within 2 days	97.2%	96.3%	97.2%	98.5%	97.9%	96.7%	97.7%	98.9%	96.0%	96.7%	96.7%	91.0%	90.0%	92.6%	98%	▼
% of paed inpatients seen within 2 days	100.0%	100.0%	100.0%	98.2%	100.0%	96.7%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	99.3%	98%	▼

DIVISIONAL HEAT MAP - Month 3 2012/13

CLINICAL SUPPORT




	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
OCCUPATIONAL THERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	98.9%	97.3%	91.2%	88.9%	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95%	◀
RTT Completes (% waiting <=8 weeks)	99.1%	99.8%	99.8%	99.4%	99.8%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	99.8%	100.0%	100.0%	95%	▲
Inpatient Response Times - Emergency (45 mins)	98%	100%	80%	90%	100%	80%	100%	0%	100%	----	96%	100%			98%	▲
Inpatient Response Times - Urgent (3 hours)	100%	95%	96%	100%	95%	90%	98%	100.0%	89%	100%	100%	91%			98%	▼
Inpatient Response Times - Routine (24 hours)	77%	80%	81%	86%	83%	85%	88%	85%	86%	91%	87%	86%			98%	▼
PHYSIOTHERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	97.4%	97.2%	96.4%	96.5%	96.4%	97.2%	94.1%	95.0%	96.4%	95.0%	94.7%	94.1%	91.7%	91.7%	95%	▼
RTT Completes (% waiting <=8 weeks)	95.6%	97.3%	96.5%	97.0%	97.6%	97.8%	97.7%	95.2%	96.2%	96.0%	94.5%	92.2%	94.2%	94.2%	95%	▲
Inpatient Response Times - Emergency (45 mins)	100%	100%	96%	97%	100%	100%	100%	100%	93%	100%	94%	100%			98%	▲
Inpatient Response Times - Urgent (3 hours)	99.4%	99.2%	99.7%	98.2%	99.8%	99.4%	98.6%	98.1%	98.5%	99.1%	98.5%	100%			98%	▲
Inpatient Response Times - Routine (24 hours)	99.3%	99.5%	99.5%	99.7%	99.5%	99.5%	99.1%	99.3%	99.4%	99.0%	99.0%	99.3%			98%	▲
MEDICAL RECORDS																
Med Rec - % Missing Casenotes	0.44%	0.34%	0.35%	0.34%	0.30%	0.41%	0.35%	0.38%	0.35%	0.41%	0.43%	0.32%	0.32%		<0.5%	◀▶
DISCHARGE TEAM																
Delayed Discharges - County	2.6	2.6	2.7	2.8	2.8	2.7	2.7	2.7	2.7	2.6	2.3	4.7	5.5	5.5	1.6	▼
Delayed Discharges - City	4.3	4.1	4.1	4.3	4.3	4.4	4.3	4.2	4.1	4.1	3.6	4.9	6.0	6.0	3.8	▼
PSYCHOLOGY / NEURO-PSYCHOLOGY																
New referrals inpatients Medical Psychology	2	0	0	2	4	6	3	5	0	2	3	3	3	9		
New referrals outpatients Medical Psychology	61	52	34	64	35	53	54	60	50	58	41	65	53	159		
New referrals inpatients Neuropsychology	6	5	5	13	1	15	2	5	4	5	6	11	6	23		
New referrals outpatients Neuropsychology	8	9	5	16	7	8	9	14	2	6	13	8	6	27		
CLINICAL SUPPORT																
SALT Wait Time in Weeks	2	2	2	3	3	2	3	3	3	0	3	3	3	3	4	◀▶
Pharmacy TTO Turnaround in 2 Hours	85.8%	81.0%	87.2%	79.3%	78.9%	80.3%	81.7%	80.5%	80.0%	79.4%	79.3%	73.9%	78.3%	77.2%	80%	▲
Pharmacy Dispensing Accuracy	99.98%	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 3 2012/13




CLINICAL SUPPORT

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD	Target	Status
IMAGING and MEDICAL PHYSICS											*** MAY and JUNE DATA WAITING TIMES SUBJECT TO VALIDATION					
CT Scan (% Waiting 3+ Weeks)	1.0%	0.2%	3.6%	1.5%	0.2%	1.7%	4.7%	1.2%	0.7%	1.9%	2.9%	***	***		5%	
MRI Scan (% Waiting 3+ Weeks)	10.8%	5.5%	7.2%	3.3%	3.9%	5.0%	6.7%	3.5%	5.2%	18.2%	11.1%	***	***		5%	
Non-Obstetric Ultrasound (% Waiting 3+ Weeks)	6.3%	4.9%	2.1%	0.1%	0.3%	4.2%	12.2%	4.9%	12.0%	15.5%	12.1%	***	***		5%	
Planned Preventative Maintenance - high risk equipment - completed %	NEW CBU INDICATOR COMMENCED APRIL 2012										71.5%	82.9%	62.0%	72.1%	80%	▼
Equipment demand jobs - turnaround in 5 days - completed %	NEW CBU INDICATOR COMMENCED APRIL 2012										58%	61%	51%	56.8%	80%	▼
Medical Physics Diagnostic Waits - Breaches > 6 weeks %	NEW CBU INDICATOR COMMENCED APRIL 2012										0%	4.6%	0.6%	1.7%	0%	▲
Newborn Hearing Screening completed within 3 months from birth %	NEW CBU INDICATOR COMMENCED APRIL 2012										99.5%	99.5%	99.6%	99.5%	99%	▲
CRIS and PACS																
PACS Uptime	100%	99%	99.6%	100%	97%	100%	100%	99%	100%	100%	99%	99%	100%	99%	98%	▲
CRIS Uptime	100%	100%	100%	100%	99.7%	100%	100%	97%	100%	100%	100%	100%	100%	100%	98%	◀▶
PATHOLOGY																
CDT 24 Hour TRT	96.6%	97.8%	96.6%	94.8%	96.0%	97.1%	98.5%	97.8%	95.5%	98.1%	97.6%	96.5%	97.4%		95%	▲
MRSA 48 Hour TRT	99.72%	99.71%	99.73%	99.83%	99.59%	99.88%	99.50%	98.70%	99.52%	99.46%	99.72%	99.40%	99.51%		95%	▲
Diagnostic Wait > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0		0	◀▶
Cytology Screening 7 Day Target	99.98%	99.98%	100%	100%	99.98%	100%	97.7%	100%	100%	99.8%	99.8%	99.9%	99.9%		98%	◀▶
HR and FINANCE																
Appraisals	87.6%	86.2%	85.0%	93.2%	96.6%	94.2%	93.5%	95.9%	96.1%	95.6%	95.8%	95.0%	91.5%	91.5%	100%	▼
Sickness Absence	3.4%	3.5%	3.1%	3.1%	3.4%	3.4%	3.3%	3.3%	3.2%	3.1%	2.9%	3.1%	2.9%	3.2%	3%	▲

KEY to STATUS INDICATORS

-  Latest month achievement is "Green" and an improvement on previous month
-  Latest month achievement is "Amber" and an improvement on previous month
-  Latest month achievement is "Red" and an improvement on previous month

-  Latest month achievement is "Green" but a deterioration relative to previous month
-  Latest month achievement is "Amber" and a deterioration relative to previous month
-  Latest month achievement is "Red" and a deterioration relative to previous month

-  Latest month achievement is "Green" and performance unchanged from previous month
-  Latest month achievement is "Amber" and performance unchanged from previous month
-  Latest month achievement is "Red" and performance unchanged from previous month

