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| | TRUST BOARD | | | | | | | | | |
| From: | Suzanne Hinchliffe Andrew Seddon Kevin Harris Kate Bradley | | | | | | | | | |
| Date: | 27th September | | | | | | | | | |
| CQC regulation | All | | | | | | | | | |
| Title: | Quality & Performance Report | | | | | | | | | |
| Author/Responsible Director: | K. Harris, Medical Director S. Hinchliffe, Chief Operating Officer/Chief Nurse K. Bradley, HR Director A. Seddon, Director of Finance | | | | | | | | | |
| 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 August 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>Patient Safety, Quality and Patient Experience</u></p> <ul style="list-style-type: none"> ❖ Mortality rate - UHL's crude in-hospital mortality rate continues to be 1.4% for 12/13. ❖ SHMI - The latest SHMI (covering January to December 2011) was published in July and UHL's SHMI was 105 and is 'within expected'. ❖ 5 Critical Safety Actions - Commissioner visits to UHL to assess CQUIN compliance for Quarter 2 are set for 8th and 22nd October 2012. ❖ Quality/CQUIN - Thresholds for the LLR CQUINs (due for reconciliation at the end of Quarter 1) have been fully achieved with the exception of the 'ED/EMAS handover' which was RAG rated Amber. In respect of the EMSCG CQUINs, thresholds were fully achieved for all but one of the schemes with Amber being given for 'Performance Status Recording' prior to IV Chemotherapy ❖ UHL met the 'theatre within 36 hrs of arrival' target for August. ❖ VTE - UHL's performance for August, as reported to the DoH, is 95.0%, this figure includes the 'Renal Dialysis' patients. Without the dialysis patients, performance is still above the CQUIN threshold, when including other cohort patients – 91.6%. ❖ MRSA – a positive month with 0 MRSA cases reported for August for the seventh consecutive month. The target for 2012/13 is 6 cases. ❖ CDifficile – August remains below trajectory with 5 cases reported with a cumulative position of 34 for April to August against a target of 45. ❖ Patient Experience - In August 2012, 1,112 Patient Experience responses were made for the Net Promoter giving a > 10% inpatient coverage and an overall trust score of 57.6. ❖ July has seen an increase in inpatient falls with 281 being reported. ❖ Pressure Ulcers - The overall number of avoidable grade 3 ulcers for the month July was 3. There were 0 grade 4 pressure ulcers reported. ❖ All UHL wards and intensivist areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance and delivered 100% in August. | | | | | | | | | |

- ❖ 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.

Operational Performance

- ❖ MRSA – a positive month with 0 MRSA cases reported for August for the seventh consecutive month. The target for 2012/13 is 6 cases.
- ❖ CDifficile – August remains below trajectory with 5 cases reported with a cumulative position of 34 for April to August against a target of 45.
- ❖ RTT - Admitted performance in August has been achieved with performance at 93.0% and the non-admitted target has also been achieved at 97.1% against a target of 95%. All specialties have achieved as expected.
- ❖ Imaging Waits - Further to previous reports, plans to expedite and improve the waiting times for patients across a number of imaging modalities, most notably ultrasound has progressed realising a reduction of patients waiting 6+ weeks from over 6% to 0.9% at the end of August also achieving the national target.
- ❖ ED 4hr wait - Performance for August Type 1 & 2 is 97.5% and 98.0% including the Urgent Care Centre (UCC). For the 4 weeks up to the 2nd September 2012, the Trust was ranked 27th out of 143 Trusts that have Emergency Departments.
- ❖ Cancer - All of the cancer targets are delivering against performance thresholds for July (one month in arrears reporting).
- ❖ Choose and book slot availability - During July there were local and national IT system issues which impacted on the availability of slots at UHL. The ASI position in July was 24% (18% without technical issues) with a slight improvement in the ASI position in August of 14%. Action plans have been developed for those specialties with ASI issues to improve the performance. Primary PCI - The percentage of eligible patients with acute myocardial infarction who received
- ❖ Primary PCI within 150 minutes of calling professional help in August was 92.0% against a target of 75%.
- ❖ Stroke % stay on stroke ward - The percentage of patients spending 90% of their stay on a stroke ward in July (reported one month in arrears) is 81.3% against a target of 80%.
- ❖ Appraisals – The appraisal rate is 91.1%.
- ❖ Sickness - The reported sickness rate for August is 3.7%. The 12 month rolling sickness has remained at 3.5%.

Financial Position

Financial Position

- ❖ The Trust is reporting a cumulative £5.7m deficit for the first 5 months, £6.1m adverse to Plan.
- ❖ Year to date NHS patient care income is £1.8m (0.7%) favourable to Plan.
- ❖ Operating expenditure for the year to date is £8.9m (3.2%) adverse to Plan, comprising pay at £3.9m (2.2%) adverse and non-pay £4.9m (5.0%) adverse.

Recommendations: Members to note and receive the report

Strategic Risk Register

Performance KPIs year to date ALE/CQC

Resource Implications (eg Financial, HR) N/A

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

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

Equality Impact N/A

Information exempt from Disclosure N/A

Requirement for further review? Monthly review

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 27th SEPTEMBER 2012

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

SUBJECT: AUGUST 2012 QUALITY & PERFORMANCE SUMMARY REPORT

1.0 INTRODUCTION

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

2.0 QUALITY AND PATIENT SAFETY – KEVIN HARRIS

2.1 Mortality Rates



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

The trust's Hospital Standardised Mortality Rates (HSMR) are presented twice in this month's report to show both the previously reported performance and the revised figures following Dr Foster's annual rebasing for 11/12.

Each year, Dr Foster recalculates the expected values and the risk estimates which are used to produce the risk-adjusted outcomes available in their Real Time Monitoring Tool. Due to the natural decline in mortality all trusts will see their most recent HSMR increase following this update. These recalibrated data will be used to calculate HSMRs and other indicators for the 2012 Hospital Guide

UHL's HSMR for 11/12 increased from 93.1 to 102.2 and remains 'within expected'. The 'rebased data' will be used for future Q&P reports.

The latest SHMI (covering January to December 2011) was published in July and UHL's SHMI was 105 and is 'within expected'.

2.2 Patient Safety



There are no national performance targets for the 5 Critical Safety Actions which is a UHL Safety and Quality Improvement Programme.

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

Commissioner visits to UHL to assess CQUIN compliance for Quarter 2 are set for 8th and 22nd October 2012.

1. **Improving Clinical Handover.** 

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

Actions:-

- ❖ Nursing handover- Planned care now using standardised web based system.
- ❖ Plan to roll out to Womens/Childrens and Acute Care by Q2/Q3.
- ❖ Medical Handover- UHL Shift Handover Guidelines to go to next Policy and Guideline Committee meeting for approval.
- ❖ Handover working group split into 3 site specific groups to improve attendance and engagement meeting monthly with quarterly leads meeting.

2. **Relentless attention to Early Warning System triggers and actions** 

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

Actions


- ❖ HCA competency programme being rolled out with support from divisional education leads. Aim to achieve 100% end of Q3.
- ❖ Monitoring continues on Nursing metrics and monitoring of EWS monthly incident reporting.

3. **Implement and Embed Mortality and Morbidity standard** 

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

Actions

- ❖ 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.
- ❖ CBU's have submitted terms of reference and minutes of meetings to central shared drive.
- ❖ Commissioners attended Thoracic Surgery Mortality and Morbidity meeting on 7th September 2012 to observe practice.

4. **Acting upon Results** 

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

Actions

- ❖ Overarching Screening Policy currently in draft form (must also meet NHSLA requirements) to go to next Policy and Guideline Committee for approval.
- ❖ Work commenced on Diagnostic Testing overarching policy to be agreed by mid Quarter 3.

5. Senior Clinical Review, Ward Rounds and Notation

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

Actions

- ❖ Further work being undertaken in general surgery to pilot ward round standards.
- ❖ Plan to get speciality agreements on core ward round and senior clinical review minimum standards as next phase of work and pilot further.

This month's safety performance continues to show improvements in Serious Untoward Incidences (SUI's) relating to the deteriorating patients (none for five consecutive months), the outlying daily average and serious injury or death from falls. The number of complaints relating to attitude of staff and the number of re-opened complaints remain down. Only one patient safety SUI was reported in August, the lowest number for over a year, however that SUI was a Never Event that related to the incorrect prescription and administration of methotrexate. The patient came to no harm.

The Thematic Review of UHL Never Events is now complete and is subject to a separate item on the Governance and Risk Management Committee and Trust Board agendas.

2.3 UHL Quality Schedule /CQUIN

Quarter 1's performance against the Quality Schedule and CQUINs was reviewed in August by the Clinical Quality Review Group and East Midlands Specialised Commissioning Group. Two of the Quality Schedule indicators were RAG rated Red and 1 Amber.

Thresholds for the LLR CQUINs (due for reconciliation at the end of Quarter 1) have been fully achieved with the exception of the 'ED/EMAS handover' which was RAG rated Amber. Further data for this indicator has subsequently been submitted with a request for review of the RAG.

In respect of the EMSCG CQUINs, thresholds were fully achieved for all but one of the schemes with Amber being given for 'Performance Status Recording' prior to IV Chemotherapy. Again, further data has been submitted showing an improved position than originally stated with a request for review of the RAG.

CQUIN monies received for Quarter 1 total just over £3.1m with a risk of 0.1m penalty if there is no change to the Amber RAGs.

2.4 Fractured Neck of Femur 'Time to Theatre'



Care of the Elderly neck of femur patient constitutes a large and important part of the Trauma service and can be used as a surrogate marker for the quality of the service as a whole. Implementation of Best Practice Tariff's has been a driver to improve service delivery with significant additional resources put into the neck of femur service. Work thus far has led to improvements in time to theatre but has not yet realized it's full potential. Whilst performance dipped in July 2012 this has been recovered in August 2012

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

- ❖ **Additional Theatre Capacity** - All 4 additional sessions have been in place since the 2nd July 2012.
- ❖ **Creation of a Fracture Neck of Femur Ward** - Ward 32 at the LRI is now a dedicated 24 bedded NOF ward. Early feedback from this area is that the workload is heavy with the number of elderly confused patients with dementia requiring all care, staff moral though is high. Patient flow has been an issue during July due to the number of admissions which has meant transferring post NOF patients to another trauma ward.
- ❖ **Appointment of Locum Ortho geriatrician** - the maternity leave is now resolved and it is important that this level of input is maintained and a transformation bid has been submitted for the whole project but to include 3 additional PA's of Ortho-geriatrician time.

2.5 Venous Thrombo-embolism (VTE) Risk Assessment



UHL's performance for August, as reported to the DoH, is 95.0%, this figure includes the 'Renal Dialysis' patients. Without the dialysis patients, performance is still above the CQUIN threshold, when including other cohort patients – 91.6%.

2.6 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.

2.7 Care Quality Commission Inspection

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

The CQC highlighted three issues:-

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

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

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

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

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

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

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

3.0 PATIENT EXPERIENCE – SUZANNE HINCHLIFFE

3.1 Infection Prevention



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

CDifficile – August remains below trajectory with 5 cases reported with a cumulative position of 34 for April to August against a target of 45.

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

3.2

Patient Polling



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

In August 2012, 1,698 Patient Experience Surveys were returned which exceeds the Trusts target of 1,519.

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

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

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

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

Treated with Respect and Dignity



For August 2012 the Trust received 1,478 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 surveys include the net promoter question; 'How likely is it that you would recommend this service to friends and family?' Of these 1,698 surveys, 1,112 surveys included a response to the Net Promoter Question and were considered inpatient activity (excluding day case/ ED / outpatients) and therefore were included in the Net Promoter Score for the SHA.

Overall there were 9,737 inpatients in the relevant areas within the reporting period, giving a 10% footfall requirement of 974. The Trust easily met the SHA target with a total of 1,112 Net Promoter responses broken down to:

| | |
|----------------------------|------|
| Number of Promoters: | 746 |
| Number of passives: | 260 |
| Number of detractors: | 106 |
| Overall NET promoter score | 57.6 |

The increase of almost 4 points from the July score of 53.8 represents the largest single improvement in score since the baseline of 51 in April. With seven reporting months to go until the March 2013 deadline for a 10 point improvement (Target = 61), the target looks to be deliverable. Actions taken to continue improvements in performance include:

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

3.3 ED Patient Experience

Discussions have taken place with George Elliott Hospital who manage the monthly survey with a view to updating the questions that will provide more focussed outputs to both understand and improve access to emergency care. In light of this change in emphasis the data below presents feedback from those patients prior to changes to the survey being scoped which will be updated for future reports.

The highlights are:

- ❖ The number of patients who have not contacted their GP before coming to A&E was 54%
- ❖ 38% of patients waited for “a few hours” before coming to A&E
- ❖ 61% of the patients surveyed in ED are aware of the UCC.
- ❖ The number of positive responses were received/increased during August including:
 - Overall Care 93%
 - Care Received 92%
 - Information Given 92%
 - Dignity & Respect 97%
 - Privacy 93%
- ❖ Waiting times have improved from 79% in July to 94% in August
- ❖ There was an increase of 5.9% in the number of attendances to the Emergency Department (Type 1 only) in August 2012 compared to August 2011

3.4 Falls



July has seen an increase in inpatient falls with 281 being reported.

In response to the rise in falls previously noted in Acute a root cause analysis (RCA) approach to each fall incident in the high reporting wards has been introduced. This is led by the Head of Nursing and subsequent actions will be implemented in response to the learning from the RCA's. It is anticipated that the additional funding to the medical ward nursing establishments will contribute to falls reduction once successful recruitment has taken place.

There have been no serious untoward incidents reported in July related to inpatient falls.

3.5 Pressure Ulcers



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

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

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

A paper is being presented at the September GRMC outlining the ongoing actions that are currently being implemented to achieve the SHA Ambition together with evidence that significant progress has been made with recommendations of the Intensive Support Team (from May 2012). Progress with the Ambition is also being monitored by the commissioners who are also providing essential support and leadership to all health and social care providers across LLR.

The SHA have recognised that to ensure that harm free care is achieved and sustained organisations need to support cultural and behavioural change. In support of this, two training and development programmes are being facilitated across the region.

- 1) To develop 'change champions' within each organisation; and
- 2) To develop a pressure ulcer collaborative programme that will support clinical teams to build capacity and capability for improvement and to accelerate progress with the Ambition.

Within UHL, six 'change' champions have been selected including ward managers, tissue viability nurses and education leads. Their training will commence mid-September. A multi-professional team from critical care - ITU have been nominated for the collaborative programme that also begins in September and will run over a 3-month period.

3.6 Same Sex Accommodation



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

4.0 **OPERATIONAL PERFORMANCE – SUZANNE HINCHLIFFE**

4.1 **RTT – 18 week performance**

RTT Admitted performance



Admitted performance in August has been achieved with performance at 93.0%, with all specialties delivering above the 90% target as expected.

July national achievement was 92.7% with UHL performance in the upper quartile. 108 out of the 179 Trusts missed the target at specialty level and 67 Trust's had between 2 and 10 specialty failures.

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

RTT Non Admitted performance



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

The national admitted performance in July (most recent published DoH data) was 97.7% compared to UHL's performance of 97.3%. 121 out of 211 Trusts missed the target at specialty level – 58 Trust's had between 2 and 16 specialty failures.

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 August is 94.3%.

July 2012 national achievement was 94% of patients were waiting to start treatment (incomplete pathways) within 18 weeks, UHL achieved 94.5%. 98 out of the 211 Trusts missed the target at specialty level and 89 Trust's had between 2 and 10 specialty failures.

RTT – Delivery in all specialties



As expected all specialties have achieved both the admitted and non admitted thresholds.

4.2 **Imaging Waiting Times**



Further to previous reports, plans to expedite and improve the waiting times for patients across a number of imaging modalities, most notably ultrasound has progressed realising a reduction of patients waiting 6+ weeks from over 6% to 0.9% at the end of August also achieving the national target.

Further to a requested review by PWC relating to procedures and compliance, a meeting has been held to go through initial findings with the final report being completed by the end of September.

4.3 ED 4hr Wait Performance

Performance for August Type 1 & 2 is 97.5% and 98.0% including the Urgent Care Centre (UCC). For the 4 weeks up to the 2nd September 2012, the Trust was ranked 27th out of 143 Trusts that have Emergency Departments.

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

4.4 Cancer Targets

Two Week Wait

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

31 Day Target

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

62 Day Target

The 62 day urgent referral to treatment cancer target for July was 85.5% against a target of 85%.

Early indications are that the 62 day target has also been achieved for August.

4.5 Choose and Book slot availability

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

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

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

For Quarter 1 UHL achieved the required 15% cumulatively.

During July there were local and national IT system issues which impacted on the availability of slots at UHL. The ASI position in July was 24% (18% without technical issues) with a slight improvement in the ASI position in August of 14%. Action plans have been developed for those specialties with ASI issues to improve the performance.

4.6 Primary PCI

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in August was 92.0% against a target of 75%.

4.7 Cancelled Operations

August performance shows that the percentage of operations cancelled on/after the day of admissions of all elective activity for non clinical reasons has continued to improve moving to a position of 0.5% (see below) against a target of 0.8%.

| Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD |
|--------|--------|--------|--------|--------|--------|--------|--------|------|
| 1.2% | 1.7% | 1.3% | 1.1% | 1.2% | 1.2% | 0.9% | 0.5% | 1.0% |

The percentage of patients offered a date within 28 days of their cancelled operation was 90.7% against a target of 95%.

4.8 Stroke % stay on stroke ward

The percentage of patients spending 90% of their stay on a stroke ward in July (reported one month in arrears) is 81.3% against a target of 80%.

Actions taken to sustain performance include:

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

4.9 Stroke TIA

The percentage of high risk suspected TIAs receiving relevant investigations and treatment within 24 hours of referral receipt (% of high risk referrals) is 52.5% against a commissioner target of 62.1%. The year to date cumulative position is 61.3%.

An increase in referrals, administrative issues and patients who chose an appointment greater than 24hrs during the month resulted in a dip in performance

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

4.10 Maternity Breast Feeding <48 hrs 

The August percentage of maternity breast feeding within 48hrs is 76.8% against a target of 74%. The year to date cumulative performance is 74.3%. The Trust has submitted an application for Stage 2 assessment of the UNICEF UK Baby Friendly Initiative which focuses on the staff education programme. The planned accreditation visit takes place in November.

4.11 Rapid Access Chest Pain 

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

4.12 Cytology Screening 7 day target 

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

4.13 Day Case Basket 

The percentage of patients (with treatments in the day case basket) treated as day cases for August is 72.4% against a target of 75%, with a cumulative year to date figure of 73.8%.

4.14 Delayed Discharges 

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

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

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

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

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

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

| | City Average Monthly Patients Delayed | City Average Monthly %Delay | City Average No of Delays per 100,000 population | County Average Monthly Patients Delayed | County Average Monthly %Delay | County Average No of Delays per 100,000 population | 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 | 26 | 3.23% | 4.8 | 38 | 2.88% | 4.8 |
| June | 14 | 2.75% | 6 | 30 | 3.68% | 5.5 | 44 | 3.32% | 5.7 |
| July | 15 | 2.96% | 6.5 | 31 | 3.83% | 5.7 | 47 | 3.50% | 6 |
| Aug | 17 | 3.20% | 7 | 34 | 4.13% | 6.2 | 50 | 3.77% | 6.4 |

Reasons for the delays are summarised below:

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

During this month there has been a significant deterioration in the overall performance for city and county patients. This month has been a 5 week month which is one of the factors contributing to the increase in delays. Delays for availability of non acute NHS care (rehabilitation), care homes and patient choice remain the highest areas of concern

There were 309 episodes recorded as a 'Delayed Transfer of Care' on the weekly sitreps recorded at midnight each Thursday during August 2012, making the combined average of 6.4 delays per 100,000 population since April 2012.

During the month there were 39 internal delays of which 24 are attributed to UHL and 15 attributed to non UHL reasons.

The remaining 270 (87%) delays are mainly due to factors outside of the control of UHL. Main areas of concern include: availability and timely communication regarding the outcome of CHC panels; availability of rehabilitation beds for the increasing number of patients requiring rehabilitation within the city and county and the availability care homes for long term placements. This makes an average combined total of 5.9 delays per 100,000 population since April 2012.

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

4.15 **NON EMERGENCY TRANSPORT CONTRACT**

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

Since the transition from EMAS to Arriva, LLR provider Trusts continue to experience problems with the timing of bringing patients to UHL and collecting them following their

appointment or discharge. However, since the last report this has not resulted in any rebedding of patients.

UHL continue to meet with commissioners and Arriva on a weekly basis. All daily operational incidents are being directed through the Admissions and Discharge Manager and the Duty Management Team. The Admissions and Discharge Manager is in regular contact with Arriva Operational Management in reporting all daily issues that need attention as they occur. Resolving the above issues is being led by commissioners and is also reported at the monthly Emergency Care Network.

5.0 HUMAN RESOURCES – KATE BRADLEY

5.1 Appraisal



There has been another slight decrease in the rolling twelve month average appraisal rate. It is likely that the high levels of annual leave and workloads, together with some lack of forward planning, have contributed to this picture. The number of appraisals which took place during the month has increased. We are also in the process of developing an electronic system which will assist staff in planning ahead and anticipate this being in place by the end of the calendar year.

Human Resources continue to work closely with Divisions and CBUs to implement targeted actions to continue to improve appraisal performance. We have seen the greatest reduction in appraisal rates across the Clinical Support Division and this is being followed up with relevant managers.

In improving appraisal quality, internal audit results have been reported to all Divisional areas and local actions agreed. Activity has been closely aligned with staff engagement improvement plans in place in Divisional areas. Progress with staff engagement is reported to the Workforce and Organisational Development Committee by Divisions. The second round of Divisional presentations by Planned and Acute took place in September.

5.2 Sickness



The reported sickness rate for August is 3.7%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has remained at 3.5%.

UHL's SMART Absence System is now in place across all Divisions and most Directorates with full roll out on schedule to be completed by December 2012. In addition, version 2.2 of SMART is anticipated to be released by the end of the year and this will provide an absence support guidance service for specific reasons via the Trust's Intranet.

6.0 FINANCIAL POSITION – ANDREW SEDDON

6.1 I&E summary

The Trust is reporting a cumulative £5.7m deficit for the first 5 months, £6.1m adverse to Plan. Income ytd is £2.5m (0.8%) over Plan, which is stated net of a £2.4m marginal rate deduction for emergency inpatient income over the 2008/9 baseline. Operating costs cumulatively are £8.9m (3.2%) over Plan, with premium cost staff largely being used to deliver the additional activity.

For the month of August the position is a £2.0m deficit, £3.0m adverse against a planned £2.0m surplus. Reviews and necessary recovery actions are underway, starting with CBU Confirm & Challenge meetings on Friday 21 September. A fuller recovery plan reflecting the outcome of the reviews will be circulated after the meetings.

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

Table 1 – I&E summary

| | August 12 | | | April - August 2012 | | |
|------------------------------------|-------------|--------------|--------------|---------------------|--------------|--------------|
| | Plan | Actual | Var | Plan | Actual | Var |
| | £m | £m | £m | £m | £m | £m |
| Income | | | | | | |
| Patient income | 52.4 | 51.9 | (0.5) | 257.0 | 258.9 | 1.8 |
| Teaching, R&D | 6.3 | 6.2 | (0.1) | 31.3 | 31.2 | (0.2) |
| Service Income | 58.7 | 58.1 | (0.6) | 288.4 | 290.1 | 1.7 |
| Other operating Income | 2.3 | 2.4 | 0.1 | 11.2 | 12.0 | 0.8 |
| Total Income | 61.0 | 60.5 | (0.5) | 299.6 | 302.1 | 2.5 |
| Operating expenditure | | | | | | |
| Pay | 36.6 | 38.1 | (1.5) | 182.7 | 186.6 | (4.0) |
| Non-pay | 19.8 | 20.8 | (1.0) | 98.6 | 103.5 | (4.9) |
| Total Operating Expenditure | 56.3 | 58.9 | (2.5) | 281.2 | 290.1 | (8.9) |
| EBITDA | 4.6 | 1.6 | (3.0) | 18.4 | 12.0 | (6.4) |
| Net interest | - | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Depreciation | (2.7) | (2.7) | 0.0 | (13.4) | (13.2) | 0.2 |
| PDC dividend payable | (0.9) | (0.9) | - | (4.6) | (4.5) | 0.2 |
| Net deficit | 1.0 | (2.0) | (3.0) | 0.3 | (5.7) | (6.1) |
| EBITDA % | | 2.7% | | | 4.0% | |

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

Table 2 – Financial Risk Ratings

| Criteria | Indicator | Weight | | | | | | Year to Date |
|-------------------------|------------------------------|-------------|-----|----|------|----|-----|--------------|
| | | | 5 | 4 | 3 | 2 | 1 | |
| Underlying performance | EBITDA margin % | 25% | 11 | 9 | 5 | 1 | <1 | 2 |
| Achievement of plan | EBITDA achieved % | 10% | 100 | 85 | 70 | 50 | <50 | 1 |
| Financial efficiency | Net return after financing % | 20% | >3 | 2 | -0.5 | -5 | <-5 | 2 |
| | I&E surplus margin % | 20% | 3 | 2 | 1 | -2 | <-2 | 1 |
| Liquidity | Liquid ratio days | 25% | 60 | 25 | 15 | 10 | <10 | 3 |
| Weighted Average | | 100% | | | | | | 2.0 |

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

6.2 Income

6.2.1 Year to date NHS patient care income is £1.8m (0.7%) favourable to Plan. This reflects under-performance on daycases of £1.1m, elective inpatients of £1.7m and end stage renal failure (ESRF). These adverse movements are offset by favourable variances for emergency activity, £3.9m, net of a £2.4m reduction for the marginal rate emergency threshold, and outpatients £1.4m. Emergency inpatient activity to the end of August was 2,997 spells (6%) above Plan. This surge in activity has occurred solely in the County and is being investigated by commissioners.

6.2.2 Table 3 below highlights the impact of price and volume changes in year to date activity across the major “points of delivery”. This shows the increased activity across all emergency areas – with a consequential adverse impact on elective inpatients and daycase activity. We have also seen a reduction in the price/case mix for daycases, emergencies and ED activity.

6.2.3 The key points to highlight within Table 3 are:

- The 6% increase in emergency activity takes the Trust above the 2008/09 activity threshold, thereby accruing income at only 30% of the full tariff. This marginal rate (MRET) accounts for a reduction in income of approximately £2.4m in the first 5 months. The MRET baseline is determined on a commissioner basis and so the concentration of additional emergency activity in the County and not the City has exacerbated the impact on us a provider. Commissioners hold the balance of 70% and are tasked to invest this to alleviate the pressures.
- The Emergency Department price variance reflects the impact of the 2011/12 year end settlement. A commissioner-led review of the ED casemix is currently underway. Our ED team consider that the average tariff of £99 does not reflect the complexity of the casemix and intend to re-address this in the 2012/13 counting and coding proposals.
- The elective inpatient volume shortfall of 5.9% equates to 573 spells. This reduction is largely a consequence of the increased emergency activity encroaching on elective beds, ITU capacity and theatre sessions. This has had a knock-on effect of reducing elective capacity.

Table 3 – Patient Care Activity – Price and Volume Movements

| Average tariff | Price Variance YTD % | Volume Variance YTD % | Price / Mix Variance (£000) | Volume Variance (£000) | Variance YTD (£000) |
|--|----------------------------|-----------------------------|-----------------------------------|------------------------------|------------------------|
| Day Case | (2.7) | (2.6) | (557) | (546) | (1,103) |
| Elective Inpatient | 0.3 | (5.9) | 88 | (1,744) | (1,657) |
| Emergency / Non-elective Inpatient | 2.1 | 6.4 | 1,611 | 4,710 | 6,321 |
| Marginal Rate Emergency Threshold (MRET) | | | (2,399) | 0 | (2,399) |
| Outpatient | 3.7 | 0.2 | 1,351 | 86 | 1,437 |
| Emergency Department | (3.9) | 4.6 | (271) | 308 | 37 |
| Other | | | 0 | (1,287) | (1,287) |
| Grand Total | (3.6) | 4.3 | (178) | 1,527 | 1,349 |

Expenditure

6.2.4 Operating expenditure for the year to date is £8.9m (3.2%) adverse to Plan, comprising pay at £3.9m (2.2%) adverse and non-pay £4.9m (5.0%) adverse. August performance against Plan is £1.5m adverse for pay and £1.0m adverse for non-pay.

6.2.5 The pay position, both year to date and in August, reflects the continued use of extra capacity wards (Wards 29 and 32 at GGH and Ward 37 at LRI) to meet the emergency activity levels. Pay spend on these three wards is in excess of £1.5m ytd. 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.

6.2.6 Whilst premium payments were stable between September and February, the increase in March continued into this financial year and has significantly increased in August. This reflects the extra capacity wards still open and also the junior doctor changeover in late July/early August which required additional support.

Chart 1

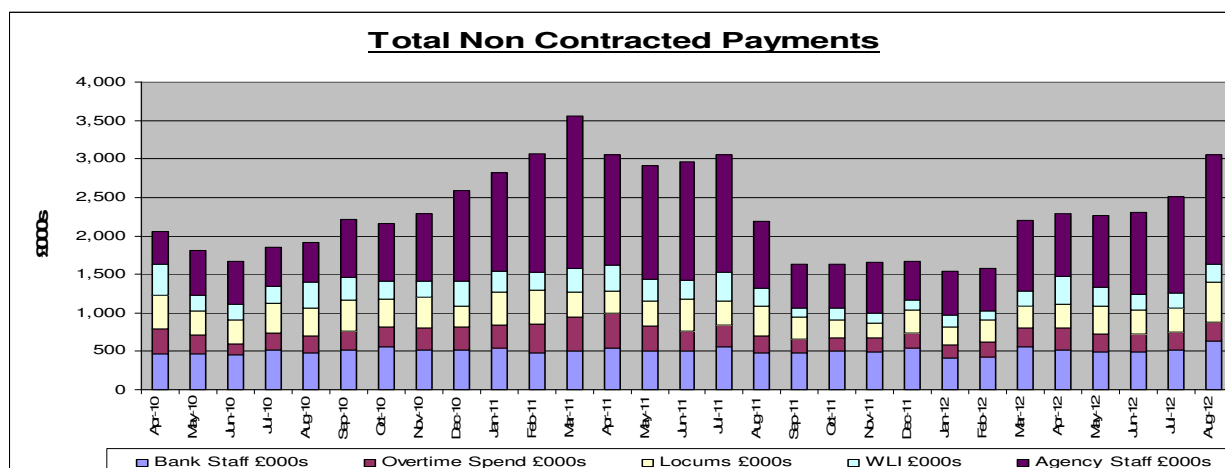
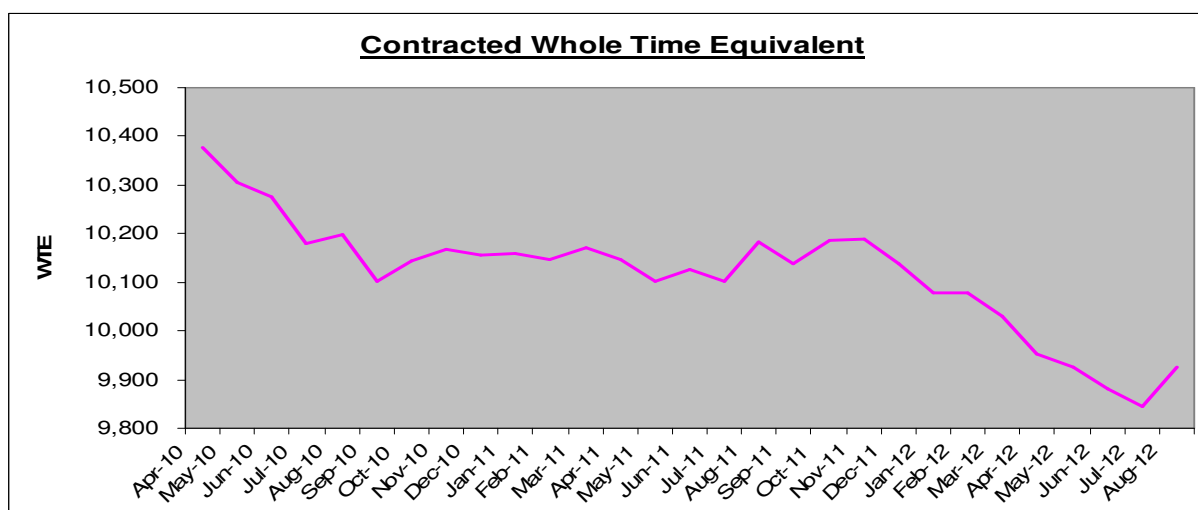


Chart 2



6.2.7 Whilst contracted staff reduced continuously since November 2011 until July 12, we have seen an increase in August. This mainly reflects additional junior doctors recruited to fill the previously vacant training slots. The Trust is still using a significant number of non contracted workforce (590 WTE – an increase of 20% on the July levels). This is shown by Division in Table 4 below.

Table 4 – Worked WTE

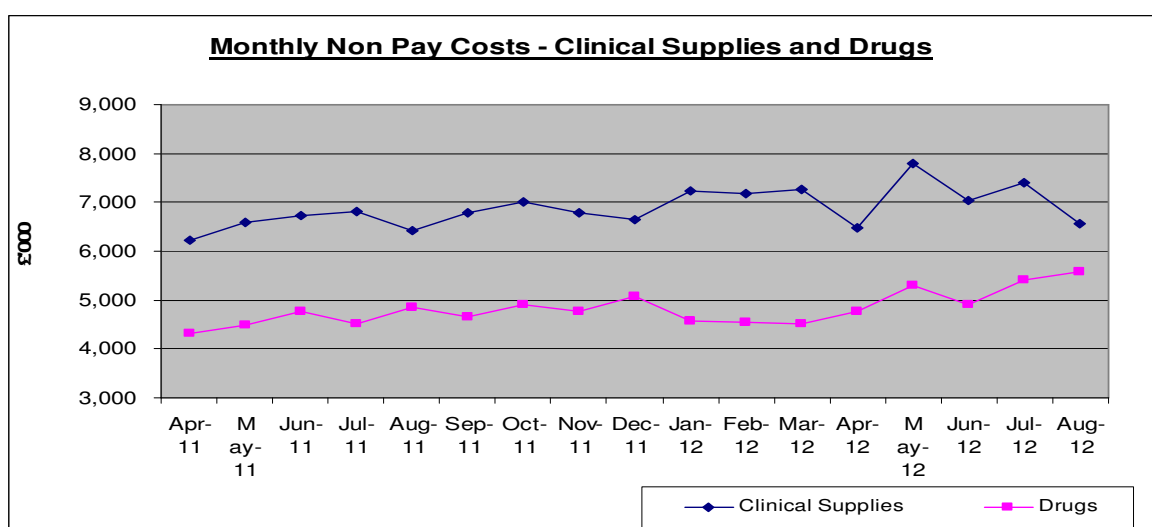
| UHL/Division | August worked wte (Actual) | | | | | Total wte |
|-------------------|----------------------------|------------|--------------|------------|--------------|---------------|
| | Contracted wte | Bank wte | Overtime wte | Agency wte | Other wte | |
| Acute Care | 3,211 | 147 | 19 | 126 | (77) | 3,426 |
| Clinical Support | 2,394 | 26 | 20 | 29 | (54) | 2,415 |
| Planned Care | 1,857 | 64 | 10 | 31 | (31) | 1,931 |
| Womens & Children | 1,417 | 20 | 7 | 1 | (28) | 1,417 |
| Corporate | 1,047 | 47 | 28 | 16 | (15) | 1,123 |
| UHL Total | 9,926 | 303 | 84 | 203 | (206) | 10,310 |

6.2.8 In light of the cumulative 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, with start dates ranging from September to December.

6.2.9 Non-pay costs: the key areas are drugs, £1.0m adverse to Plan, and clinical supplies, £1.7m adverse, with variances in both categories driven in part by increased activity levels. The chart below shows the actual monthly costs for clinical supplies and drugs from April 2011 to August 2012.

6.2.10 In light of the non pay position against the plan, all Divisions have been asked for a granular review of non-pay. This includes quantifying the impact of the increased volume of activity, changes in NICE / HCT spend, CIP performance, and stock levels. The outputs from this review will be reflected in the detailed CBU and Divisional financial action plans being produced for the CBU Confirm and Challenge meetings on 21 September.

Chart 3 – Clinical Supplies and Drugs Costs



6.2.11 In addition to the variances in drugs and clinical supplies, YTD results are also adverse in Utilities (£0.2m), use of independent sector (£0.6m – primarily endoscopy), hotel services and security (£0.4m) and legal fees (£0.2m.)

6.3 Divisional results

6.3.1 The table below summarises Divisional financial positions:

| | Total Year to Date | | | July Variance £m |
|----------------------------|--------------------|---------------|-------------------------------|---------------------|
| | Plan to Date £m | Actual £m | Variance (Adv) / Fav £m | |
| Acute Care | 23.8 | 22.0 | (1.8) | (0.9) |
| Clinical Support | (38.6) | (39.4) | (0.8) | (0.8) |
| Planned Care | 31.9 | 28.1 | (3.8) | (2.0) |
| Women's and Children's | 9.0 | 9.7 | 0.7 | 0.4 |
| Corporate Directorates | (36.4) | (36.0) | 0.4 | 0.3 |
| Sub-Total Divisions | (10.3) | (15.6) | (5.3) | (3.1) |
| Central Income | 28.7 | 28.5 | (0.2) | 0.1 |
| Central Expenditure | (18.0) | (18.6) | (0.6) | |
| Grand Total | 0.3 | (5.7) | (6.0) | (3.1) |

6.3.2 The cumulative result may be analysed by division:

Acute Care - £1.8m adverse

- An overall £1.4m, 1.3%, favourable variance against the patient care income plan;
 - An over performance on emergency inpatients of £2.7m, 1,691 spells
 - £0.9m above plan on non-elective activity, primarily in respect of Cardiology, £0.6m
 - Elective activity is £0.8m below plan with the largest underperforming specialty being Cardiac Surgery, £0.4m. It is forecast that this under-performance will not worsen.
- Pay - £2.6m adverse against the YTD plan. There is a £1.1m additional nursing spend staffing the additional capacity wards. In ED a total of £0.3m YTD has been spent on medical and nursing staff, mainly in August, to assist in compliance with the 4 hour target. In Medicine £0.4m has been spent on medical staff in part to cover LGH. Additional medical staffing spend in other CBUs is linked to additional activity. Slippage on CIPs, mainly in CRCC of (£0.3m) is planned to deliver by year.
- An adverse non pay position of £1.1m predominately in drugs, clinical supplies and Pathology recharges, which are linked to the volume of activity.

Planned Care - £3.8m adverse

- Patient care income adverse variance £1.2m is as a result of:
 - £1.6m favourable variance to Plan on emergency activity, 980 spells, 12%.
 - The £1.6m favourable variance is offset by a £1.6m reduction linked to the emergency activity 30% threshold.
 - £0.6m over-performance on outpatients - outpatient procedures in Specialist Surgery
 - £1.5m underperformance on day cases (ENT, Gastro and General Surgery) and elective case (MSK and Urology)
- Pay - £0.9m deficit against the YTD plan, the over spend against agency staff is £927k partially offset by underspend on substantive medical staff. YTD CIP shortfall of £450k is being partially offset with vacancies.
- Non pay - £1.8m deficit against the YTD plan. Drugs adverse variance of £0.8m is mainly the result of Cancer Drugs £0.6m and ARMD £0.2m. £0.5m on independent sector for GI med/ Surg, CIP shortfall of £0.3mk, recharges associated with additional activity £0.2m.

Women's & Children's - £0.4m favourable

- Patient care income - £0.9m over recovery of patient care income made up of a £0.7m surplus in Women's and a £0.2m surplus in Children's. The over-recovery in Women's consists of £234k over-performance in GU Medicine and Maternity services of £346k. The surplus in Children's is due a catch up relating to a counting and coding change (CC8) for Paediatric Allergy and Immunology moving to an MDT clinic totalling £175k against the YTD plan.
- Pay is £0.2m under-spent across all staff groups mainly due to delays in recruiting.
- Non pay - £0.6m deficit against the YTD plan. This consists of a £609k overspend in Women's and £35k under-spend in Children's. Of the £609k non-pay overspend in Women's, £285k relates to drugs expenditure, £118k of which relates to HIV drugs but recoverable through patient care income. The remaining drugs overspend is activity related therefore also recovered through tariff. Spend on clinical supplies and services have also increased above plan by £138k due to higher levels of activity.

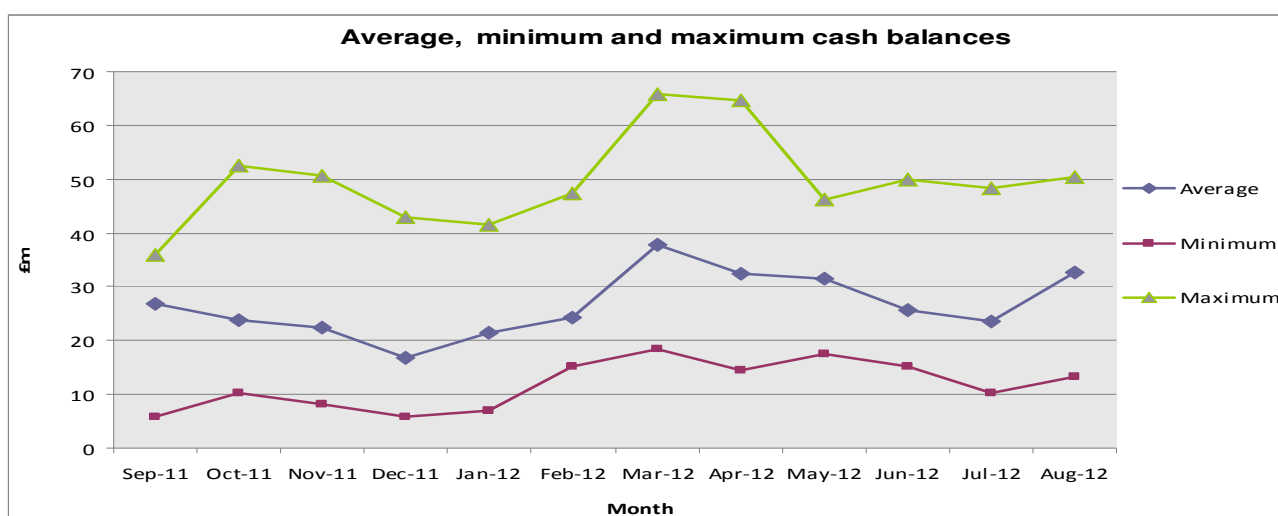
Clinical Support - £0.8m adverse

- Patient care income is £0.4m favourable position as a consequence of pathology and diagnostic direct access and day cases in pain management.
- Pay is £0.6m adverse ytd against Plan. This is mainly within TAPS (£911k deficit) and is due to RTT and orthopaedic additional lists and CIP under-delivery.
- Non pay - £0.7m adverse ytd against Plan. Imaging CBU is £276k adverse mainly due to additional consumables and outsourced capacity (MRI/CT) to meet the Imaging activity and recover waiting list positions.

6.4 Working capital and net cash

6.4.1 The Trust closed the month of August with a cash balance of £32.2m.

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



6.5 2012/13 forecast and risks

6.5.1 The Trust is still forecasting to deliver the planned £46k surplus. To close the current gap from Plan, £6.1m adverse, we are having CBU Confirm & Challenge meetings with 9 of the 14 CBU's to understand and agree the financial recovery action plans. This will result in;

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

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

Caring at its best

Quality and Performance

Trust Board

Thursday 27th September 2012

August 2012

One team shared values

QUALITY and PERFORMANCE REPORT

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| UHL at a Glance - Month 5 - 2012/13 | | | | | | | | | |
|--|----------|--------------|--------|-------------------|---------------------------|--------------|--------------|-----|---------|
| PREVENTING DEATH | Standard | Month Actual | YTD | YTD versus Target | Monthly RAG | Data Quality | Current Data | PMR | DoH |
| HSMR (Dr Foster Rebased 2012) | 100 | 89.9 | 96.7 | | | | Jun-12 | | Quality |
| POSITIVE EXPERIENCE of CARE | Standard | Month Actual | YTD | YTD versus Target | Monthly RAG | Data Quality | Current Data | PMR | DoH |
| Net Promoter Trust Score | 61.0 | 57.6 | 53.3 | | New O/F target April 2012 | | Aug-12 | | Quality |
| Net Promoter - Coverage | 10% | 11.4% | 11.9% | | | | Aug-12 | | Quality |
| Operations cancelled for non-clinical reasons on or after the day of admission | 0.8% | 0.5% | 1.0% | | | | Aug-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% | 98.0% | 94.4% | | | | Aug-12 | ✓ | ✓ |
| ED Waits - UHL (Type 1 and 2) | 95% | 97.5% | 93.0% | | | | Aug-12 | | Trust |
| RTT 18 week – admitted | 90% | 93.0% | | | | | Aug-12 | ✓ | ✓ |
| RTT 18 week – non-admitted | 95% | 97.1% | | | | | Aug-12 | ✓ | ✓ |
| RTT - Incomplete 92% in 18 weeks | 92% | 94.3% | | | | | Aug-12 | | ✓ |
| RTT delivery in all specialties | 0 | 0 | | | | | Aug-12 | | ✓ |
| 6 Week - Diagnostic Test Waiting Times | <1% | 0.9% | | | | | Aug-12 | | ✓ |
| Cancer: 2 week wait from referral to date first seen - all cancers | 93% | 94.9% | 93.6% | | | | Aug-12 | ✓ | ✓ |
| Cancer: 2 week wait from referral to date first seen, for symptomatic breast patients (cancer not initially suspected) | 93% | 96.0% | 95.3% | | | | Aug-12 | ✓ | ✓ |
| All Cancers: 31-day wait from diagnosis to first treatment | 96% | 97.5% | 96.8% | | | | Aug-12 | ✓ | ✓ |
| All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments | 98% | 100.0% | 100.0% | | | | Aug-12 | ✓ | ✓ |
| All Cancers: 31-day wait for second or subsequent treatment - surgery | 94% | 95.3% | 95.1% | | | | Aug-12 | ✓ | ✓ |
| All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments | 94% | 98.0% | 97.3% | | | | Aug-12 | ✓ | ✓ |
| All Cancers:- 62-day wait for first treatment from urgent GP referral | 85% | 85.5% | 83.4% | | | | Aug-12 | ✓ | ✓ |
| All Cancers:- 62-day wait for first treatment from consultant screening service referral | 90% | 95.9% | 93.4% | | | | Aug-12 | ✓ | ✓ |
| All Cancers:- 62-Day Wait For First Treatment From Consultant Upgrade | 85% | -- | 100.0% | | | | Aug-12 | ✓ | ✓ |
| Neck of Femurs Operated on < 36 Hours | 70% | 60.7% | 71.1% | | | | Jul-12 | | Quality |

UHL at a Glance - Month 5 - 2012/13

| SAFE ENVIRONMENT | Standard | Month Actual | YTD | YTD versus Target | Monthly RAG | Data Quality | Current Data | PMR | DoH |
|---|----------|----------------|--------|-------------------|------------------------|--------------|--------------|---------|---------|
| MRSA Bacteraemias | 6 | 0 | 0 | | | | Aug-12 | ✓ | ✓ |
| CDT Isolates in Patients (UHL - All Ages) | 113 | 5 | 34 | | | | Aug-12 | ✓ | ✓ |
| Serious Incidents Requiring Investigation | TBC | 126 | 744 | | | | Aug-12 | ✓ | |
| Never Events | 0 | 1 | 5 | | | | Aug-12 | ✓ | |
| Incidents of Patient Falls | 2750 | 281 | 1009 | | | | Jul-12 | ✓ | |
| Pressure Ulcers (Grade 3 and 4) | 110 | 13 | 41 | | | | Jul-12 | ✓ | |
| % of all adults who have had VTE risk assessment on adm to hosp | 90% | 95.1% | 95.1% | | | | Aug-12 | | ✓ |
| 100% compliance with WHO surgical checklist (Y/N) | | Y | | | | | Aug-12 | ✓ | |
| Bed Occupancy (Including short stay admissions) | 90% | 90% | | | | | Aug-12 | | Quality |
| Bed Occupancy (Excluding short stay admissions) | 86% | 84% | | | | | Aug-12 | | Quality |
| Nurse to Bed Ratio - General Base Ward | | 1.1 to 1.3 WTE | | | NEW FOR 2012/13 | | Aug-12 | | Quality |
| Nurse to Bed Ratio - Specialist Ward | | 1.4 to 1.6 WTE | | | | Aug-12 | | Quality | |
| Nurse to Bed Ratio - HDU | | 3 to 4 WTE | | | | Aug-12 | | Quality | |
| Nurse to Bed Ratio - ITU | | 5.5 to 6 WTE | | | | Aug-12 | | Quality | |
| | | | | | | | | Aug-12 | |
| STAFF EXPERIENCE / WORKFORCE | Standard | Month Actual | YTD | YTD versus Target | Monthly RAG | Data Quality | Current Data | PMR | DoH |
| Sickness absence | 3.0% | 3.7% | 3.5% | | | | Aug-12 | | Quality |
| Appraisals | 100% | 91.1% | 91.1% | | | | Aug-12 | | Trust |
| VALUE FOR MONEY | Standard | Month Actual | YTD | YTD versus Target | Monthly RAG | Data Quality | Current Data | PMR | DoH |
| Total Pay Bill (£ millions) | 36.7 | 38.1 | 186.6 | | | | Aug-12 | | Trust |
| Total Whole Time Employee (WTE) | | 10,312 | 10,312 | | | | Aug-12 | | Trust |

Data Quality Key :

Procedure & Process Fully Documented

Patient Level

Audit

Director Sign Off



DoH PERFORMANCE/OPERATING FRAMEWORK - 2012/13 INDICATORS

| Performance Indicator | Performing | Underperforming | Weighting | Monitoring Period | IN MONTH SCORE | | | | IN MONTH SCORE | | | |
|--|--|-----------------|-----------|-------------------|----------------|------|------|-------|----------------|--------|-----------|-------|
| | | | | | April | May | June | Qtr 1 | July | August | September | Qtr 2 |
| A&E - Total Time in A&E | 95% | 94% | 1.0 | QTR | 0.0 | 0.0 | 0.0 | 0.0 | 3.0 | 3.0 | | |
| Infection Control | MRSA | 0 | >1SD | 1.0 | YTD | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | |
| | Clostridium Difficile | 0 | >1SD | 1.0 | YTD | 1.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | |
| Access - 18 week wait | RTT waiting times – admitted | 90% | 85% | 1.0 | Monthly | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | |
| | RTT waiting times – non-admitted | 95% | 90% | 1.0 | Monthly | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | |
| | RTT - incomplete 92% in 18 weeks | 92% | 87% | 1.0 | Monthly | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | |
| | RTT delivery in all specialties | 0 | >20 | 1.0 | Monthly | 1.0 | 1.0 | 1.0 | 1.0 | 3.0 | 3.0 | |
| | Diagnostic Test Waiting Times | <1% | 5% | 1.0 | Monthly | 1.0 | 1.0 | 0.0 | 0.0 | 1.0 | 3.0 | |
| Access-Cancer | Cancer: 2 week wait from referral to date first seen - all cancers | 93% | 88% | 0.5 | Monthly | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | |
| | 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 | 1.5 | 1.5 | |
| | All Cancers: 31-day wait from diagnosis to first treatment | 96% | 91% | 0.25 | Monthly | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | |
| | All Cancers: 31-day wait for second or subsequent treatment - surgery | 94% | 89% | 0.25 | Monthly | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | |
| | All cancers: 31-day for second or subsequent treatment - anti cancer drug treatments | 98% | 93% | 0.25 | Monthly | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | |
| | All Cancers: 31-day wait for second or subsequent cancer treatment - radiotherapy treatments | 94% | 89% | 0.25 | Monthly | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | |
| | All Cancers:- 62-day wait for first treatment from urgent GP referral | 85% | 80% | 0.5 | Monthly | 1.5 | 1.5 | 0.0 | 0.5 | 1.5 | 1.5 | |
| | All Cancers:- 62-day wait for first treatment from consultant screening service referral | 90% | 85% | 0.5 | Monthly | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | |
| Delayed transfers of care | 3.5% | 5% | 1.0 | QTR | 3.0 | 3.0 | 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 | 3.0 | 3.0 | | |
| Venous Thromboembolism (VTE) Screening | 90% | 80% | 1.0 | QTR | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | 3.0 | | |

| | |
|-----------------------|-------|
| Sum of weights | 14.00 |
|-----------------------|-------|

| | | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|------------|------------|
| 31.0 | 35.0 | 32.5 | 31.0 | 40.0 | 42.0 | 0.0 | 0.0 |
|-------------|-------------|-------------|-------------|-------------|-------------|------------|------------|

Performance Score = sum of weights/14

| | | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|--|--|
| 2.21 | 2.50 | 2.18 | 2.21 | 2.86 | 3.00 | | |
|-------------|-------------|-------------|-------------|-------------|-------------|--|--|

| | | |
|-----------------------|--------------------------|---|
| 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 |

TFA Progress

University Hospitals of Leicester NHS Trust

| TFA Milestone (All including those delivered) | | Milestone Date | Due or Delivered Milestones | Future Milestones | Comments where milestones are not delivered or where a risk to delivery has been identified |
|---|---|----------------|-----------------------------|-----------------------------------|---|
| 1 | Engagement with stakeholders on principles underpinning LLR Reconfiguration Programme (April - August 2012) | Jul-12 | Fully achieved in time | | |
| 2 | Development of LLR Clinical Strategy and Site and Service Reconfiguration Proposals | Sep-12 | | On track to deliver | The LLR Better Care Together Programme will be holding two workshops in September (27th) and October (11th) to bring together the LLR Clinical Strategy and future scenarios and site reconfiguration proposals which will stem from it. These workshops will take place in parallel to the development of the Trust's first draft IBP and LTFM by the end of October 2012. |
| 3 | Complete financial assessment of target health system model | Jul-12 | Not fully achieved | | The deadline for the completion of the LLR financial and economic modelling is now November 2012, the outputs from which will be reflected in subsequent versions of UHL's IBP and LTFM. |
| 4 | Achievement of 2012/13 financial plan | Jun-12 | Not fully achieved | | The YTD position is £5.7m deficit which is £6.0m adverse to our Plan of £0.3m surplus. UHL are still forecasting to deliver the £46k year end surplus |
| 5 | Complete Quality Governance Framework and Board Governance Assurance Framework self assessments | Jun-12 | Not fully achieved | | Commissioned external consultancy to support the Trust in completion of the BGAF development model and self assessment |
| 6 | Confirm specific LLR reconfiguration priorities over a 3 year time horizon | Jul-12 | Fully achieved in time | | Further priorities or a revisit of current priorities could be required post Milestone 2 and 3 work has been completed |
| 7 | Draft pre-consultation Business Case considered by Trust Boards | Sep-12 | | Will not be delivered on time | There is a clear interdependency with Milestone 2 and 3. The timescale for delivery of Milestone 7 is predicated on the outputs from these milestones. It is envisaged that the delivery date for Milestone 7 will be 31st October 2012 |
| 8 | Pre-consultation Business Case and timelines for LLR service reconfigurations finalised | Oct-12 | | Will not be delivered on time | Due to its dependency with Milestone 7, achievement of Milestone 8 is anticipated to be completed by 30th November 2012 |
| 9 | UHL Clinical Strategy developed and preferred options costed. | Oct-12 | | On track to deliver | |
| 10 | Submit early draft IBP / LTFM to the SHA | Oct-12 | | On track to deliver | |
| 11 | 3rd party review of self assessment against the Quality Governance Framework and Board Governance Assurance Framework | Oct-12 | | On track to deliver | |
| 12 | Formal consultation on LLR Reconfiguration Proposals | Dec-12 | | Risk to delivery within timescale | Formal consultation anticipated to commence in December 2012/January 2013. Milestone 12 is predicated on achievement of Milestone 8. |
| 13 | SHA Board and Committee observation | Oct-12 | | On track to deliver | |
| 14 | Submit FT Application documents (including a draft IBP / LTFM) to the SHA | Dec-12 | | On track to deliver | |
| 15 | Readiness review meeting held | Dec-12 | | On track to deliver | |
| 16 | HDD1 review | Jan-13 | | On track to deliver | |

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

| | | | |
|------------------------------|--|----------------|--------------------|
| Name of Organisation: | University Hospitals of Leicester NHS Trust | Period: | August 2012 |
|------------------------------|--|----------------|--------------------|

Organisational risk rating

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

| Key Area for rating / comment by Provider | Score / RAG rating* |
|--|---------------------|
| Governance Risk Rating (RAG as per SOM guidance) | RED |
| Financial Risk Rating (Assign number as per SOM guidance) | RED |
| Contractual Position (RAG as per SOM guidance) | AMBER |

* Please type in R, A or G

Governance Declarations

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

Supporting detail is required where compliance cannot be confirmed.

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

| 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: <input style="width: 90%;" type="text"/> | Print Name: <input style="width: 90%;" type="text"/> |
| on behalf of the Trust Board | Acting in capacity as: <input style="width: 90%;" type="text"/> |
| | |
| Signed by: <input style="width: 90%;" type="text"/> | Print Name: <input style="width: 90%;" type="text"/> |
| on behalf of the Trust Board | Acting in capacity as: <input style="width: 90%;" type="text"/> |

| 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 : <input style="width: 90%;" type="text"/> | Print Name : <input style="width: 90%;" type="text"/> |
| on behalf of the Trust Board | Acting in capacity as: <input style="width: 90%;" type="text"/> |
| | |
| Signed by : <input style="width: 90%;" type="text"/> | Print Name : <input style="width: 90%;" type="text"/> |
| on behalf of the Trust Board | Acting in capacity as: <input style="width: 90%;" type="text"/> |

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 : | As expected the target was missed in June 2012 to reduce number of 62 day backlog patients. Target has been delivered in July and August. |
| Action : | The revised lower GI plan submitted mid July following clinical summit will significantly improve performance. Revised trajectory submitted as part of the plan. |
| Target/Standard: | Quality: A&E - 4 hour standard |
| The Issue : | Sustainable delivery of the 95% 4 hour standard. |
| Action : | An ED Summit was held in June resulting in a revised action plan jointly agreed with CCG leads being submitted to the SHA. The ED target has been achieved in July and August and is expected to deliver for September. |

GOVERNANCE RISK RATINGS

University Hospitals of Leicester NHS Trust

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

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

| Area | Ref | Indicator | Sub Sections | Thresh- old | Weight- ing | Historic Data | | | Current Data | | | | Comments where target not achieved |
|--------------------|--|---|---|-------------------|----------------|---------------|---------------|---------------|--------------|------------|------------|---|---|
| | | | | | | Qtr to Dec-11 | Qtr to Mar-12 | Qtr to Jun-12 | Jul 12 | Aug-12 | Sep-12 | Qtr to Sep-12 | |
| Patient Experience | 2a | RTT waiting times – admitted | Maximum time of 18 weeks | 90% | 1.0 | | No | Yes | Yes | Yes | | Yes | Delivered at specialty level |
| | 2b | RTT waiting times – non-admitted | Maximum time of 18 weeks | 95% | 1.0 | | Yes | Yes | Yes | Yes | | Yes | Delivered at specialty level |
| | 2c | RTT waiting times – patients on an incomplete pathway | Maximum time of 18 weeks | 92% | 1.0 | | Yes | Yes | Yes | Yes | | Yes | |
| | 2d | Certification against compliance with requirements regarding access to healthcare for people with a learning disability | | N/A | 0.5 | | Yes | Yes | Yes | Yes | | Yes | |
| Quality | 3a | All cancers: 31-day wait for second or subsequent treatment, comprising either: | Surgery | 94% | 1.0 | | No | Yes | Yes | Yes | | Yes | August cancer performance is a forecast as reporting is one month behind. |
| | | | Anti cancer drug treatments | 98% | | | | | | | | | |
| | | | Radiotherapy | 94% | | | | | | | | | |
| | 3b | All cancers: 62-day wait for first treatment, comprising either: | From urgent GP RTT | 85% | 1.0 | | Yes | No | Yes | Yes | | Yes | August cancer performance is a forecast as reporting is one month behind. |
| | | | From consultant screening service referral | 90% | | | | | | | | | |
| 3c | All Cancers: 31-day wait from diagnosis to first treatment | | 96% | 0.5 | | Yes | Yes | Yes | Yes | | Yes | August cancer performance is a forecast as reporting is one month behind. | |
| 3d | Cancer: 2 week wait from referral to date first seen, comprising either: | all urgent referrals | 93% | 0.5 | | Yes | Yes | Yes | Yes | | Yes | August cancer performance is a forecast as reporting is one month behind. | |
| | | for symptomatic breast patients (cancer not initially suspected) | 93% | | | | | | | | | | |
| 3e | A&E: Total time in A&E | Maximum waiting time of four hours | 95% | 1.0 | | No | No | Yes | Yes | | Yes | August cancer performance is a forecast as reporting is one month behind. | |
| Safety | 4a | Clostridium Difficile | Are you below the ceiling for your monthly trajectory | Contract with PCT | 1.0 | | Yes | Yes | Yes | Yes | | Yes | |
| | 4b | MRSA | Are you below the ceiling for your monthly trajectory | Contract with PCT | 1.0 | | Yes | Yes | Yes | Yes | | Yes | No MRSA cases reported for 7 consecutive months. |
| | CQC Registration | | | | | | | | | | | | |
| | A | Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients | | 0 | 2.0 | | No | No | Yes | Yes | | Yes | |
| | B | Non-Compliance with CQC Essential Standards resulting in Enforcement Action | | 0 | 4.0 | | No | Yes | Yes | Yes | | Yes | |
| C | NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements | | 0 | 2.0 | | No | No | No | No | | No | | |
| TOTAL | | | | | | 0.0 | 3.0 | 6.0 | 4.0 | 4.0 | 0.0 | 4.0 | |

RAG RATING :

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

GOVERNANCE RISK RATINGS

University Hospitals of Leicester NHS Trust

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

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

| Area | Ref | Indicator | Sub Sections | Thresh- old | Weight- ing | Historic Data | | | Current Data | | | | Comments where target not achieved | | |
|---|-----|--------------------------------|--------------|----------------|----------------|---------------|---|---------------|--------------|------------|------------|---------------|------------------------------------|------------|--|
| | | | | | | Qtr to Dec-11 | Qtr to Mar-12 | Qtr to Jun-12 | Jul 12 | Aug-12 | Sep-12 | Qtr to Sep-12 | | | |
| Overriding Rules - Nature and Duration of Override at SHA's Discretion | | | | | | | | | | | | | | | |
| i) | | Meeting the MRSA Objective | | | | | Greater than six cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective | No | No | No | No | No | | | |
| ii) | | Meeting the C-Diff Objective | | | | | Greater than 12 cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective Reports important or significant outbreaks of C.difficile, as defined by the Health Protection Agency. | No | No | No | No | No | | | |
| iii) | | RTT Waiting Times | | | | | Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter The non-admitted patients 18 weeks waiting time measure for a third successive quarter The incomplete pathway 18 weeks waiting time measure for a third successive quarter | No | No | No | No | No | | | |
| iv) | | A&E Clinical Quality Indicator | | | | | Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year. | Yes | Yes | Yes | Yes | Yes | | | |
| v) | | Cancer Wait Times | | | | | Breaches either: the 31-day cancer waiting time target for a third successive quarter the 62-day cancer waiting time target for a third successive quarter | No | No | No | No | No | | | |
| viii) | | Any Indicator weighted 1.0 | | | | | Breaches the indicator for three successive quarters. | No | No | No | No | No | | | |
| Number of Overrides Triggered | | | | | | | | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 0.0 | 0.0 | |

FINANCIAL RISK RATING

University Hospitals of Leicester NHS Trust

| Criteria | Indicator | Weight | Risk Ratings | | | | | Reported Position | | Normalised Position* | | Comments where target not achieved |
|-------------------------|------------------------------|-------------|--------------|----|------|----|-----|-------------------|------------------|----------------------|------------------|---|
| | | | 5 | 4 | 3 | 2 | 1 | Year to Date | Forecast Outturn | Year to Date | Forecast Outturn | |
| Underlying performance | EBITDA margin % | 25% | 11 | 9 | 5 | 1 | <1 | 2 | 3 | 2 | 3 | The August performance is 2.7% EBITDA margin (4.0% cumulatively) |
| Achievement of plan | EBITDA achieved % | 10% | 100 | 85 | 70 | 50 | <50 | 3 | 4 | 3 | 4 | The EBITDA achieved in August was 35%, with 65% YTD. Both the EBITDA margin and % achieved reflect an overperformance on income of 0.8% in YTD with adverse movements in expenditure against the plan. The Trust is continuing to see increased emergency activity levels, (2,997 spells, 6.4% above plan). This increase takes the Trust above the 2008/09 activity threshold - £2.5m reduction in income YTD. At the same time, we are having to staff the extra capacity required to meet this activity with premium payments. |
| Financial efficiency | Net return after financing % | 20% | >3 | 2 | -0.5 | -5 | <-5 | 2 | 3 | 2 | 3 | |
| | I&E surplus margin % | 20% | 3 | 2 | 1 | -2 | <-2 | 1 | 2 | 1 | 2 | The Trust continues to manage cash on a daily basis and has achieved a liquid days value of 16 days in August |
| Liquidity | Liquid ratio days | 25% | 60 | 25 | 15 | 10 | <10 | 3 | 3 | 3 | 3 | The Trust continues to manage cash on a daily basis and has achieved a liquid days value of 16 days in August |
| Weighted Average | | 100% | | | | | | 2.2 | 2.9 | 2.2 | 2.9 | |
| Overriding rules | | | | | | | | 2 | | 2 | | |
| Overall rating | | | | | | | | 2 | 3 | 2 | 3 | |

Overriding Rules :

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

FINANCIAL RISK TRIGGERS

University Hospitals of Leicester NHS

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

CONTRACTUAL DATA

University Hospitals of Leicester
NHS Trust

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

QUALITY

University Hospitals of Leicester NHS Trust

| Criteria | Unit | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Comments on Performance in Month | |
|----------|--|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--|---|
| 1 | SHMI - latest data | Ratio | 98.1 | 89.8 | 85.6 | 81.7 | 91.4 | 102.1 | 97.7 | 107.8 | 92.8 | 89.9 | | HSMR has been rebased by Dr Fosters. July and August data is not available | |
| 2 | Venous Thromboembolism (VTE) Screening | % | 93.8 | 93.8 | 94.5 | 94.3 | 94.1 | 93.8 | 93.7 | 95.5 | 95.6 | 94.7 | 94.8 | 95.1 | |
| 3a | Elective MRSA Screening | % | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| 3b | Non Elective MRSA Screening | % | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | |
| 4 | Single Sex Accommodation Breaches | Number | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 7 | 0 | 0 | 0 | 0 | Patients affected reported. |
| 5 | Open Serious Incidents Requiring Investigation (SIRI) | Number | 3 | 3 | 8 | 7 | 118 | 136 | 165 | 189 | 194 | 112 | 123 | 126 | HAPU 70, (of which 14 opened in August), Patient Safety Incidents 42 (of which 1 opened in August), HCA infections 13, (no new in August), Information Governance 1, (no new for August), 15 new SI escalated in August (out of 126). |
| 6 | "Never Events" in month | Number | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 1 | 1 | The incident related to the inappropriate administration of daily Methotrexate |
| 7 | CQC Conditions or Warning Notices | Number | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | |
| 8 | Open Central Alert System (CAS) Alerts | Number | 1 | 2 | 4 | 4 | 3 | 3 | 15 | 8 | 14 | 13 | 14 | 15 | Alerts closed in the month 9, alerts still open 15, missed deadlines (ongoing) 4, missed deadlines 1 |
| 9 | RED rated areas on your maternity dashboard? | Number | 4 | 5 | 5 | 7 | 2 | 5 | 4 | 2 | 2 | 1 | 1 | 2 | |
| 10 | Falls resulting in severe injury or death | Number | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | |
| 11 | Grade 3 or 4 pressure ulcers | Number | 5 | 10 (6) | 6 (6) | 6 (2) | 12 (9) | 8 (4) | 22 (10) | 10 (7) | 11 (5) | 7(3) | 13 (3) | | August data not yet available |
| 12 | 100% compliance with WHO surgical checklist | Y/N | N | Y | Y | N | Y | Y | Y | Y | Y | Y | Y | Y | |
| 13 | Formal complaints received | Number | 165 | 149 | 178 | 123 | 145 | 140 | 165 | 133 | 156 | 144 | 144 | 146 | The number of formal complaints received per month remains consistent, in spite of the Corporate Team making strident efforts not to put concerns in to the formal process whenever possible |
| 14 | Agency as a % of Employee Benefit Expenditure | % | 1.8 | 1.8 | 1.9 | 1.7 | 1.6 | 1.6 | 2.1 | 2.3 | 2.3 | 2.6 | 2.9 | 2.4 | The increase in the last few months is as a consequence of a significant increase in activity (particularly emergencies) which has meant that extra capacity has been required to be opened. The short term nature of the capacity has resulted in increased agency and bank staff. |
| 15 | Sickness absence rate | % | 3.2 | 3.4 | 3.8 | 3.8 | 3.7 | 3.7 | 3.5 | 3.2 | 3.4 | 3.1 | 3.4 | 3.7 | Human Resources are currently working with Divisions to performance manage areas with the highest sickness rates. The revised Sickness Absence Policy was operational from 1st June. |
| 16 | Consultants which, at their last appraisal, had fully completed their previous years PDP | % | | | | | | | | | | | 95 | 95 | |

Board Statements

University Hospitals of Leicester NHS Trust

August 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), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients. | Yes |
| 2 | The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality | Yes |
| 3 | The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements. | Yes |
| For FINANCE, that: | | Response |
| 4 | The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months. | No |
| 5 | The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time. | Yes |
| For GOVERNANCE, that: | | Response |
| 6 | The board will ensure that the trust remains at all times compliant with has regard to the NHS Constitution. | Yes |
| 7 | All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner. | Yes |
| 8 | The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of it occurring and the plans for mitigation of these risks. | Yes |
| 9 | The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily. | Yes |
| 10 | An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk). | Yes |
| 11 | The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant GRR; and a commitment to comply with all known targets going forwards. | No |
| 12 | The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit. | Yes |
| 13 | The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies. | Yes |
| 14 | The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability. | Yes |
| 15 | The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan. | Yes |
| Signed on behalf of the Trust: | | Date |
| CEO | Jim Birrell | 30-Sep-12 |
| Chair | Martin Hindle | 30-Sep-12 |

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 | End of Yr | | | |
| National 3b | Dementia - Risk Assessment | 2% | £192,342 | End of Yr | | | |
| National 3c | Dementia - Referral | 2% | £192,342 | | | | |
| National 4 | Safety Thermometer | 5% | £480,855 | | | | |
| Regional 1 | NET Promoter | 3% | £288,513 | End of Yr | | | |
| Regional 2 | MECC | 10% | £961,709 | | | | |
| Local 1a | Int Prof Standards - ED | 6% | £577,026 | Deferred to Q2 | | | |
| Local 1b | Int Prof Standards - Assessment Units & Imaging | 6% | £577,026 | Deferred to Q2 | | | |
| Local 1c | ED/EMAS Handover | 6% | £577,026 | | | | |
| Local 2 | Disch B4 11am | 2% | £192,342 | Deferred to Q2 | | | |
| Local 2 | Disch B4 1pm | 6% | £577,026 | Deferred to Q2 | | | |
| Local 2 | 7 Day Disch | 4% | £384,684 | Deferred to Q2 | | | |
| Local 2 | TTOs pre disch | 3% | £288,513 | Deferred to Q2 | | | |
| Local 2 | Disch Diagnosis & Plan | 2% | £192,342 | | | | |
| 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 | End of Yr | | | |
| National 3b | Dementia - Risk Assessment | 1.66% | £68,829 | End of Yr | | | |
| National 3c | Dementia - Referral | 1.66% | £68,829 | End of Yr | | | |
| National 4 | Safety Thermometer | 5% | £206,487 | | | | |
| SS 1 | Spec Dashboards | 10% | £412,973 | | | | |
| SS 2 | Home Dialysis | 10% | £412,973 | | | | |
| SS 3 | Increased IMRT | 15% | £619,459 | | | | |
| SS 4 | Perf Status 2 | 15% | £619,459 | | | | |
| SS 5 | Hep C | 10% | £412,973 | | | | |
| SS 6 | NNU Infections | 10% | £412,973 | | | | |
| SS 7 | PICU Extubations | 10% | £412,973 | | | | |
| Total | | | £4,129,731 | | | | |

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



2012/13 Contractual Penalties - risk areas

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

AUTOMATIC CONTRACT PENALTIES

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

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 | 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 | Contract Query Issued on the 8th July 2011. Remedial Action Plan Shared with | 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. The £ 50,000 penalty applied in May has been repaid in June. |
| Proportion of patients receiving first definitive treatment for cancer within 62 days of referral | Operating standard of 85% | 2% of the Actual Outturn Value of the service line revenue | 1st Exception Notice issued on the 24th Feb. Remedial Action Plan already in effect and performance recovered in Q4 of 11-12 | Following backlog reduction of LOGI cancer patients 85% target was missed in June. The commissioners have applied a penalty of £616,433 which will be repaid retrospectively subject to CCG-specified milestones. The 85% threshold was achieved in July. |

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

| Nationally Specified Event | Threshold | Consequence per breach | Current Contractual Status |
|---|--|--|----------------------------|
| 52 Week Wait and 26 Week stage of treatment | | The maximum penalty could be £1m (2%) of total Contract | 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 | Potential contract query |
| Choose and Book - Slot availability | <5% by Qtr 4 | Based on current performance could potentially be circa £100,000 per month | Potential contract query |

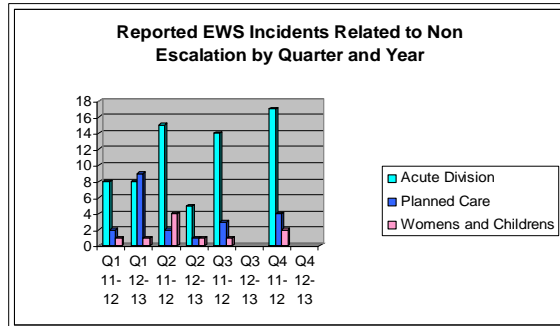
QUALITY

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.

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

The graph below shows the position at end August 2012 in relation to EWS incidents attributable to non escalation in the trust by division.



Commissioner visits to UHL to assess CQUIN compliance for Q2 set for 8th and 22nd October 2012.

Improving Clinical Handover.

AIM:- To provide a systematic, safe and effective handover of care and
To provide timely and collaborative handover for out of hours shifts
Nursing handover- Planned care now using standardised web based system.
Plan to roll out to Womens/Childrens and Acute Care by Q3.



Medical Handover-UHL Shift Handover Guidelines to go to next PGC meeting for approval. Handover working group split into 3 site specific groups to improve attendance and engagement meeting monthly with quarterly leads meeting.

Relentless attention to EWS triggers and actions.

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



HCA competency programme being rolled out with support from divisional education leads. Aim to achieve 100% end of Q3.

Monitoring continues on Nursing metrics and monitoring of EWS monthly incident reporting.

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.
CBU's have submitted terms of reference and minutes of meetings to central shared drive.
Commissioners attended Thoracic Surgery Mortality and Morbidity meeting on 7th September 2012 to observe practice.



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) to go to next PGC for approval.
Work commenced on Diagnostic Testing overarching policy to be agreed by mid Q3.

Senior Clinical Review, Ward Rounds and Notation.

AIM:- To meet national standards for clinical documentation
To provide strong medical leadership and safe and timely senior clinical reviews and ensure strong clinical governance



Further work being undertaken in general surgery to pilot ward round standards. Plan to get speciality agreements on core ward round and senior clinical review minimum standards as next phase of work and pilot further in these areas.

PATIENT EXPERIENCE

Performance Overview

In August 2012 1,698 Patient Experience Surveys were returned which exceeds the Trusts target of 1,519
Overall there were 9,737 inpatients in the relevant areas within the reporting period, giving a 10% footfall requirement of 974 The Trust met the SHA target with a total of 1,112 Net Promoter responses broken down to:

| | |
|-----------------------------|-------|
| Number of Promoters: | 746 |
| Number of passives: | 260 |
| Number of detractors: | 106 |
| Overall NET promoter score: | 57.55 |

The increase of almost 4 points from the July score of 53.8 represents the largest single improvement in score since the baseline of 51 in April. With seven reporting months to go until the March 2013 deadline for a 10 point improvement (Target = 61), the trajectory appears favourable at present.

Outcomes from action plans:

Acute Care Division: Acute has steadily increased from a baseline of 49.91 to 58.46 this month. Both Respiratory CBU and Cardiac, Renal & Critical Care CBU have maintained scores of >60 since baseline, scoring 63.38 and 71.92 this month respectively.

Planned Care Division: Planned started at a lower baseline of 47.82 and has fluctuated, generally running lower than the Trust average. However Specialist Surgery CBU has maintained a score of >60 since baseline with 64.94 this month.

Women's & Children's: W&C started with a baseline of 57.97, and with some highs and lows has on average run higher than the Trust, reaching 61.28 this month. Children's began with a high baseline of 64.79 which it has not maintained, scoring 50.70 this month.

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

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

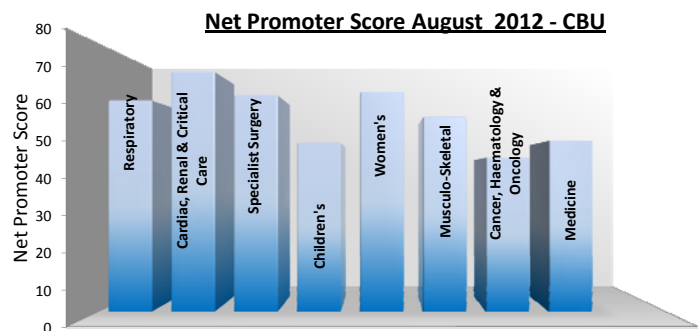
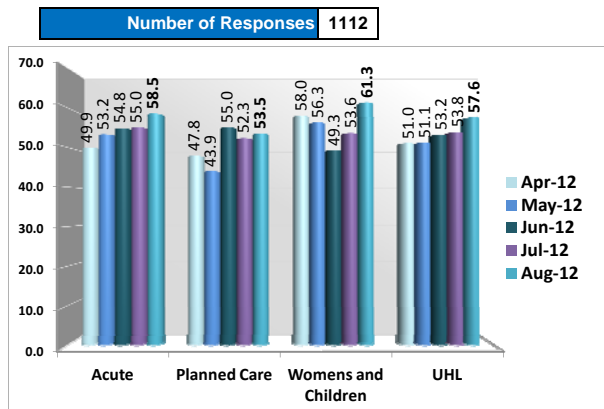


Net Promoter 57.6

Coverage 11.4%



Friends & Families Test - the Net Promoter - AUGUST 2012



Patient Experience Surveys

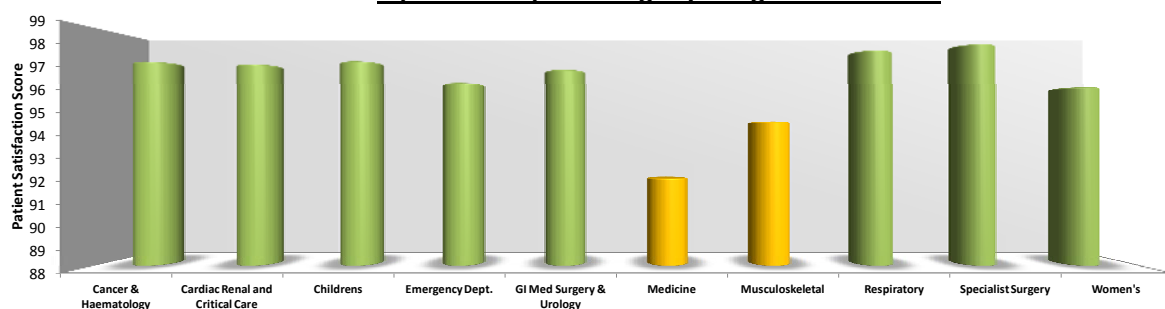
Inpatient Return Rates - August 2012

| Division | Returned | Target | % Achieved |
|------------------------|--------------|--------------|---------------|
| Acute Care | 901 | 729 | 123.6% |
| Planned Care | 590 | 615 | 95.9% |
| Women's and Children's | 207 | 175 | 118.3% |
| UHL | 1,698 | 1,519 | 111.8% |

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

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

Inpatient Respect & Dignity - August 2012 - CBU



Friends & Families Test - the Net Promoter

August 2012

| | | Total Number of Responses in Period | Number of Promoters | Number of Passives | Number of Detractors | Net Promoter Score |
|---|--------------------------------|--|----------------------------|---------------------------|-----------------------------|---------------------------|
| UHL Trust Level Totals | | 1,112 | 746 | 260 | 106 | 57.55 |
| Acute Care | | 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 | 18 | 13 | 5 | | 72.22 |
| | GH WD 27 | 9 | 6 | 2 | 1 | 55.56 |
| | GH WD 28 | 11 | 9 | 1 | 1 | 72.73 |
| | GH WD 32 | 19 | 16 | 1 | 2 | 73.68 |
| | GH WD 33 | 16 | 12 | 4 | | 75.00 |
| | GH WD Coronary Care Unit | 17 | 16 | 1 | | 94.12 |
| Cardiology Total | | 90 | 72 | 14 | 4 | 75.56 |
| Cardiothoracic Surgery | GH WD 20 | 2 | 1 | 1 | | 50.00 |
| | GH WD 26 | 0 | | | | |
| | GH WD 31 | 12 | 10 | 2 | | 83.33 |
| Cardiothoracic Surgery Total | | 14 | 11 | 3 | 0 | 78.57 |
| Nephrology | LGH WD 10 | 3 | | 1 | 2 | -66.67 |
| | LGH WD 15A HDU Neph | 0 | | | | |
| | LGH WD 15N Nephrology | 5 | 5 | | | 100.00 |
| Nephrology Total | | 8 | 5 | 1 | 2 | 37.50 |
| Paed Cardiothor Surg ECMO | GH WD 30 | 10 | 8 | 2 | | 80.00 |
| Paed Cardiothor Surg ECMO Total | | 10 | 8 | 2 | 0 | |
| Transplant | LGH WD 17 Transplant | 24 | 18 | 3 | 3 | 62.50 |
| Transplant Total | | 24 | 18 | 3 | 3 | 62.50 |
| Business Unit Total | | 146 | 114 | 23 | 9 | 71.92 |
| Medicine | | | | | | |
| Diabetology | LRI WD 38 Win L6 | 18 | 10 | 7 | 1 | 50.00 |
| Diabetology Total | | 18 | 10 | 7 | 1 | 50.00 |
| Gastroenterology | LRI WD 30 Win L4 | 16 | 15 | 1 | | 93.75 |
| Gastroenterology Total | | 16 | 15 | 1 | 0 | 93.75 |
| Infectious Diseases | LRI WD IDU Infectious Diseases | 0 | | | | |
| Infectious Diseases Total | | 0 | 0 | 0 | 0 | |
| Integrated Medicine | LGH WD 8 | 1 | 1 | | | 100.00 |
| | LGH WD Young Disabled | 0 | | | | |
| | LRI WD 23 Win L3 | 28 | 15 | 7 | 6 | 32.14 |
| | LRI WD 24 Win L3 | 19 | 15 | 4 | | 78.95 |
| | LRI WD 25 Win L3 | 16 | 8 | 7 | 1 | 43.75 |
| | LRI WD 26 Win L3 | 7 | 6 | | 1 | 71.43 |
| | LRI WD 29 Win L4 | 38 | 17 | 15 | 6 | 28.95 |
| | LRI WD 31 Win L5 | 17 | 10 | 4 | 3 | 41.18 |
| | LRI WD 33 Win L5 | 18 | 14 | 2 | 2 | 66.67 |
| | LRI WD 34 Windsor Level 5 | 19 | 13 | 4 | 2 | 57.89 |
| | LRI WD 36 Win L6 | 26 | 15 | 10 | 1 | 53.85 |
| | LRI WD 37 Win L6 | 20 | 13 | 3 | 4 | 45.00 |
| | LRI WD Acute Medical Unit | 49 | 32 | 11 | 6 | 53.06 |
| | LRI WD Fielding John Vic L1 | 20 | 16 | 4 | | 80.00 |
| | LRI WD Odames Vic L1 | 0 | | | | |
| Integrated Medicine | | 278 | 175 | 71 | 32 | 51.44 |
| Neurology | LGH WD Brain Injury Unit | 0 | | | | |
| Neurology | | 0 | 0 | 0 | 0 | |
| Rheumatology | LRI WD Odames DC Vic L1 | 15 | 6 | 4 | 5 | 6.67 |
| Rheumatology | | 15 | 6 | 4 | 5 | 6.67 |
| Business Unit Total | | 327 | 206 | 83 | 38 | 51.38 |
| Respiratory | | | | | | |
| Thoracic Medicine | GH WD 15 | 18 | 11 | 3 | 4 | 38.89 |
| | GH WD 16 Respiratory Unit | 26 | 18 | 7 | 1 | 65.38 |
| | GH WD 17 | 0 | | | | |
| | GH WD 29 EXT 3656 | 1 | 1 | | | 100.00 |
| | GH WD Clinical Decisions Unit | 2 | 2 | | | 100.00 |
| Thoracic Medicine Total | | 47 | 32 | 10 | 5 | 57.45 |
| Thoracic Surgery | GH WD 26 | 24 | 20 | 2 | 2 | 75.00 |
| Thoracic Surgery Total | | 24 | 20 | 2 | 2 | 75.00 |
| Business Unit Total | | 71 | 52 | 12 | 7 | 63.38 |
| Acute Care Total | | 544 | 372 | 118 | 54 | 58.46 |

Friends & Families Test - the Net Promoter

August 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 | 1 | 1 | | | 100.00 |
| Bone Marrow Transplantation Total | 1 | 1 | 0 | 0 | 100.00 |
| Clinical Oncology LRI WD 39 Osb L1 | 14 | 9 | 4 | 1 | 57.14 |
| LRI WD 40 Osb L1 | 11 | 5 | 3 | 3 | 18.18 |
| Clinical Oncology Total | 25 | 14 | 7 | 4 | 40.00 |
| Haematology LRI WD 41 Osb L2 | 15 | 10 | 3 | 2 | 53.33 |
| Haematology Total | 15 | 10 | 3 | 2 | 53.33 |
| Business Unit Total | 41 | 25 | 10 | 6 | 46.34 |
| GI Medicine, Surgery and Urology | | | | | |
| General Surgery LGH WD 11 | 0 | | | | |
| LGH WD 20 | 30 | 20 | 7 | 3 | 56.67 |
| LGH WD 22 | 15 | 5 | 8 | 2 | 20.00 |
| LGH WD 26 SAU | 1 | 1 | | 4 | -300.00 |
| LGH WD 27 (CLOSED) | 0 | | | | |
| LGH WD Surg Acute Care | 9 | 8 | 1 | | 88.89 |
| LRI WD 22 Bal 6 | 23 | 12 | 7 | | 52.17 |
| LRI WD 8 SAU Bal L3 | 6 | 1 | 4 | 1 | 0.00 |
| General Surgery Total | 84 | 47 | 27 | 10 | 44.05 |
| Urology LGH WD 28 Urology | 6 | 3 | 3 | | 50.00 |
| LGH WD 29 EMU Urology | 12 | 6 | 3 | 3 | 25.00 |
| Urology Total | 18 | 9 | 6 | 3 | 33.33 |
| Business Unit Total | 102 | 56 | 33 | 13 | 42.16 |
| Musculo-Skeletal | | | | | |
| Orthopaedic Surgery GH WD 29 EXT 3656 | 0 | | | | |
| LGH WD 14 | 22 | 15 | 6 | 1 | 63.64 |
| LGH WD 16 | 8 | 5 | 2 | 1 | 50.00 |
| LGH WD 19 | 31 | 23 | 5 | 3 | 64.52 |
| Orthopaedic Surgery Total | 61 | 43 | 13 | 5 | 62.30 |
| Trauma LRI WD 17 Bal L5 | 0 | | | | |
| LRI WD 18 Bal L5 | 40 | 27 | 11 | 2 | 62.50 |
| LRI WD 32 Win L5 | 12 | 5 | 5 | 2 | 25.00 |
| Trauma Total | 52 | 32 | 16 | 4 | 53.85 |
| Business Unit Total | 113 | 75 | 29 | 9 | 58.41 |
| Specialist Surgery | | | | | |
| Breast Care GH WD 23A | 27 | 22 | 5 | | 81.48 |
| Breast Care Total | 27 | 22 | 5 | 0 | 81.48 |
| ENT LRI WD 7 Bal L3 | 15 | 9 | 3 | 3 | 40.00 |
| ENT Total | 15 | 9 | 3 | 3 | 40.00 |
| Plastic Surgery LRI WD Kinmonth Unit Bal L3 | 12 | 7 | 5 | | 58.33 |
| Plastic Surgery Total | 12 | 7 | 5 | 0 | 58.33 |
| Vascular Surgery LRI WD 21 Bal L6 | 23 | 16 | 6 | 1 | 65.22 |
| Vascular Surgery Total | 23 | 16 | 6 | 1 | 65.22 |
| Business Unit Total | 77 | 54 | 19 | 4 | 64.94 |
| Planned Care Total | 333 | 210 | 91 | 32 | 53.45 |

Friends & Families Test - *the Net Promoter*

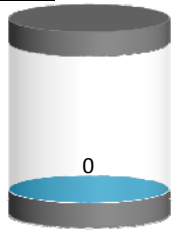
August 2012

| <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 | 9 | 6 | 2 | 1 | 55.56 |
| | LRI WD 14 Bal L4 | 6 | 4 | 2 | | 66.67 |
| | LRI WD 27 Win L4 | 6 | 3 | 2 | 1 | |
| | LRI WD 28 Windsor Level 4 | 11 | 5 | 2 | 4 | 9.09 |
| | LRI WD Paed ITU | 3 | 2 | 1 | | 66.67 |
| Paediatric Medicine | | 35 | 20 | 9 | 6 | 40.00 |
| Paediatric Surgery | LRI WD 10 Bal L4 | 18 | 13 | 5 | | 72.22 |
| | LRI WD 11 Bal L4 | 18 | 11 | 5 | 2 | 50.00 |
| Paediatric Surgery | | 36 | 24 | 10 | 2 | 61.11 |
| Business Unit Total | | 71 | 44 | 19 | 8 | 50.70 |
| Women's | | | | | | |
| Gynaecology | LGH WD 11 | 17 | 16 | 1 | | 94.12 |
| | LGH WD 31 | 30 | 26 | 3 | 1 | 83.33 |
| | LRI WD 1 Ken L1 | | | | | |
| | LRI WD GAU Ken L1 | 18 | 10 | 2 | 6 | 22.22 |
| Gynaecology | | 65 | 52 | 6 | 7 | 69.23 |
| Obstetrics | LGH WD 30 | 53 | 35 | 13 | 5 | 56.60 |
| | LRI WD 5 Ken L3 | 12 | 10 | 2 | | 83.33 |
| | LRI WD 6 Ken L3 | 34 | 23 | 11 | | 67.65 |
| Obstetrics Total | | 99 | 68 | 26 | 5 | 63.64 |
| Business Unit Total | | 164 | 120 | 32 | 12 | 65.85 |
| <i>Women's & Children's Total</i> | | <i>235</i> | <i>164</i> | <i>51</i> | <i>20</i> | <i>61.28</i> |

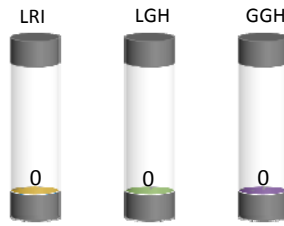
INFECTION PREVENTION

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 August for the seventh consecutive month. The target for 2012/13 is 6 cases.

CDifficile – August remains below trajectory with 5 cases reported with a cumulative position of 34 for April to August against a target of 45.

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

UHL MRSA FY 2008/09



UHL MRSA FY 2009/10



UHL MRSA FY 2010/11

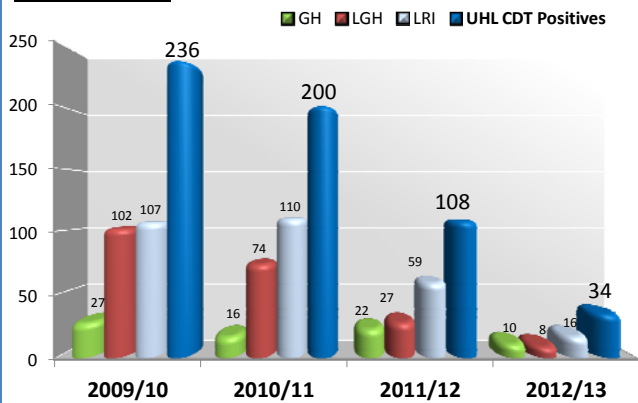


UHL MRSA FY 2011/12

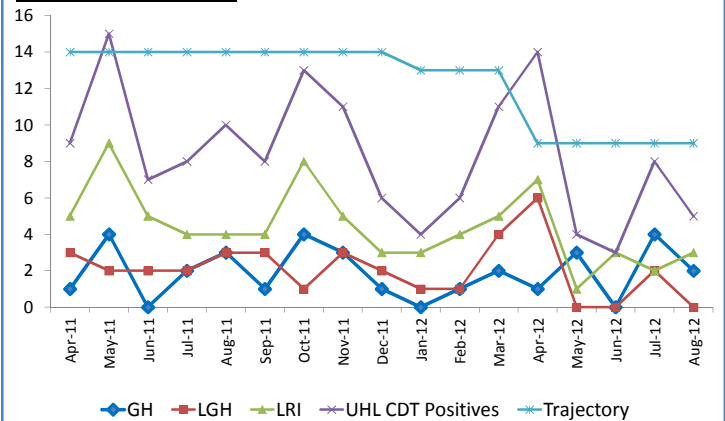


CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES

UHL CDT Positives



UHL CDT Positives by Site



TARGET / STANDARD

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target |
|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------------------|
| MRSA | 1 | 0 | 0 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| C. Diff. Rate / 1000 Adm's | 10 | 8 | 13 | 11 | 6 | 4 | 6 | 11 | 14 | 4 | 3 | 8 | 5 | 34 | 113 |
| GRE | 2 | 1 | 0 | 2 | 1 | 3 | 3 | 1 | 1 | 2 | 1 | 3 | 3 | 10 | TBC |
| MSSA | 2 | 6 | 4 | 3 | 2 | 0 | 5 | 5 | 2 | 4 | 2 | 7 | 4 | 19 | No National Target |
| E-Coli | 42 | 39 | 41 | 45 | 38 | 37 | 35 | 46 | 39 | 44 | 45 | 46 | | 128 | No National Target |

MORTALITY

UHL CRUDE MORTALITY

Performance Overview

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

The trust's Hospital Standardised Mortality Rates (HSMR) are presented twice in this month's report to show both the previously reported performance and the revised figures following Dr Foster's annual rebasing for 11/12.

Each year, Dr Foster recalculates the expected values and the risk estimates which are used to produce the risk-adjusted outcomes available in their Real Time Monitoring Tool. Due to the natural decline in mortality all trusts will see their most recent HSMR increase following this update. These recalibrated data will be used to calculate HSMRs and other indicators for the 2012 Hospital Guide

UHL's HSMR for 11/12 increased from 93.1 to 102.2 and remains 'within expected'. The 'rebased data' will be used for future Q&P reports.

The latest SHMI (covering January to December 2011) was published in July and UHL's SHMI was 105 and is 'within expected'.

| UHL CRUDE DATA TOTAL SPELLS | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | 2011/12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD |
|-------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|-------|
| UHL Crude Data - TOTAL Spells | 18184 | 18005 | 17954 | 18540 | 18381 | 19145 | 18669 | 19936 | 220532 | 17423 | 19676 | 17626 | 19093 | 18304 | 92122 |
| UHL Crude Data - TOTAL Deaths | 211 | 235 | 231 | 229 | 271 | 272 | 285 | 285 | 2970 | 277 | 259 | 235 | 266 | 232 | 1269 |
| UHL % | 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% | 1.3% | 1.4% |

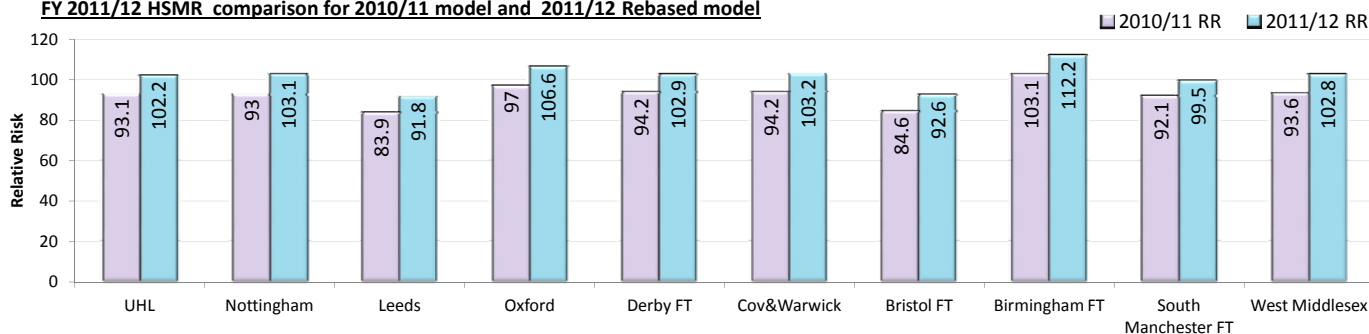
| UHL CRUDE DATA ELECTIVE SPELLS | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | 2011/12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|-------|
| UHL Crude Data - ELECTIVE Spells | 8810 | 8761 | 8691 | 9251 | 8449 | 8915 | 9153 | 9833 | 105530 | 7854 | 9387 | 8006 | 9091 | 8519 | 42857 |
| UHL Crude Data - ELECTIVE Deaths | 11 | 5 | 4 | 6 | 12 | 4 | 5 | 8 | 82 | 5 | 7 | 9 | 9 | 11 | 41 |
| % | 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% | 0.1% | 0.1% |

| UHL CRUDE DATA NON ELECTIVE SPELLS | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | 2011/12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|-------|
| UHL Crude Data - NON ELECTIVE Spells | 9374 | 9244 | 9263 | 9289 | 9932 | 10230 | 9516 | 10103 | 115002 | 9569 | 10289 | 9620 | 10002 | 9785 | 49265 |
| UHL Crude Data - NON ELECTIVE Deaths | 200 | 230 | 227 | 223 | 259 | 268 | 280 | 277 | 2888 | 272 | 252 | 226 | 257 | 221 | 1228 |
| % | 2.1% | 2.5% | 2.5% | 2.4% | 2.6% | 2.6% | 2.9% | 2.7% | 2.5% | 2.8% | 2.4% | 2.3% | 2.6% | 2.3% | 2.5% |

HSMR and RELATIVE RISK Using Dr Foster System (Dfi)

| | 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 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|---------------------|
| HSMR Indicator (Dfi) 2010/11 model | 91.8 | 96.9 | 90.9 | 98.1 | 89.8 | 85.7 | 82.2 | 90.9 | 102.4 | 97.7 | 93.1 | 97.4 | 83.5 | no longer available |
| HSMR Indicator (Dfi) Rebased 2011/12 model | 100.4 | 105.9 | 99.7 | 107.4 | 98.7 | 94.0 | 90.0 | 99.5 | 112.4 | 107.3 | 102.2 | 107.8 | 92.8 | 89.9 |
| Relative Risk - Elective Spells (Dfi) 2010/11 model | 77.9 | 130.0 | 126.9 | 50.7 | 50.5 | 63.5 | 126.6 | 41.3 | 67.6 | 84.7 | 80.0 | 83.4 | 77.5 | no longer available |
| Relative Risk - Elective Spells (Dfi) Rebased 2011/12 model | 108.9 | 158.8 | 175.0 | 38.8 | 35.3 | 35.5 | 134.6 | 33.8 | 60.1 | 141.9 | 89.3 | 96.7 | 104.5 | 103.3 |
| Relative Risk - Non Elective Spells (Dfi) 2010/11 model | 90.3 | 91.1 | 88.2 | 104.1 | 89.4 | 92.6 | 85.7 | 93.6 | 101.0 | 97.0 | 94.1 | 93.0 | 83.3 | no longer available |
| Relative Risk - Non Elective Spells (Dfi) Rebased 2011/12 model | 100.6 | 104.0 | 97.4 | 109.1 | 100.9 | 95.5 | 88.7 | 101.1 | 113.5 | 106.3 | 102.3 | 108.4 | 92.7 | 88.9 |

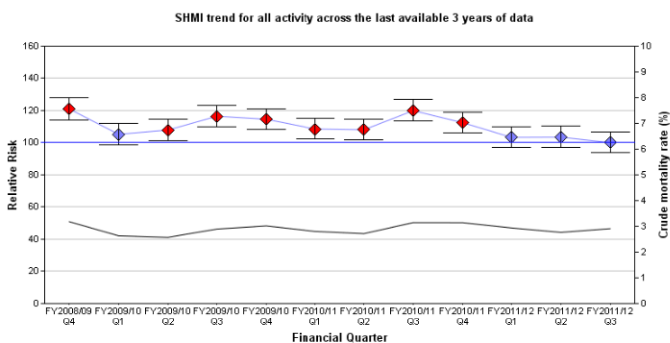
FY 2011/12 HSMR comparison for 2010/11 model and 2011/12 Rebased model



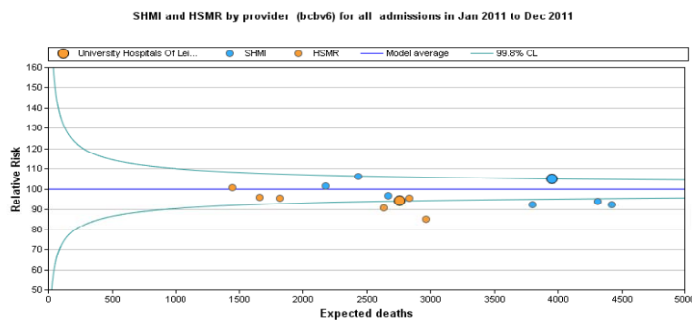
MORTALITY

SHMI, Jan 2011 - Dec 2011

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



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

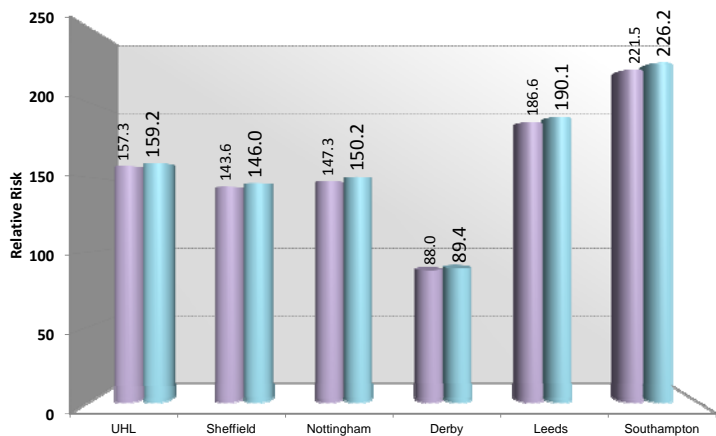


SHMI - High/low relative risk positions

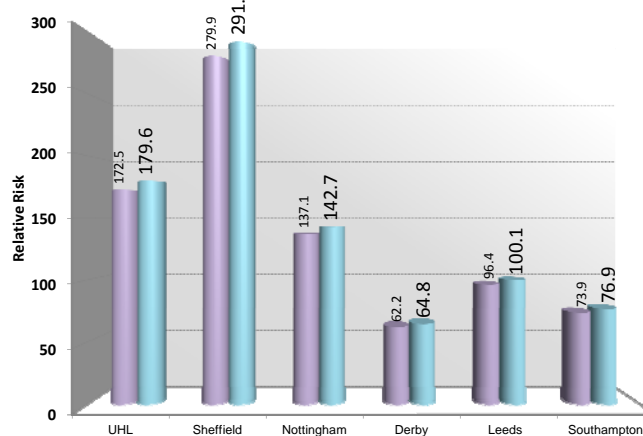
| CCS Group | Spells | Relative Risk | 95% Confidence interval |
|---|--------|---------------|-------------------------|
| High relative risks | | | |
| Chronic renal failure | 319 | 261.26 | 149.24-424.30 |
| Other fractures | 392 | 190.84 | 126.78-275.82 |
| Oesophageal disorders | 504 | 190.29 |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

Perinatal Mortality 2011/12

UHL's Relative Risk compared with University Hospitals for 'Perinatal Period Diagnosis Groups' 2011/12



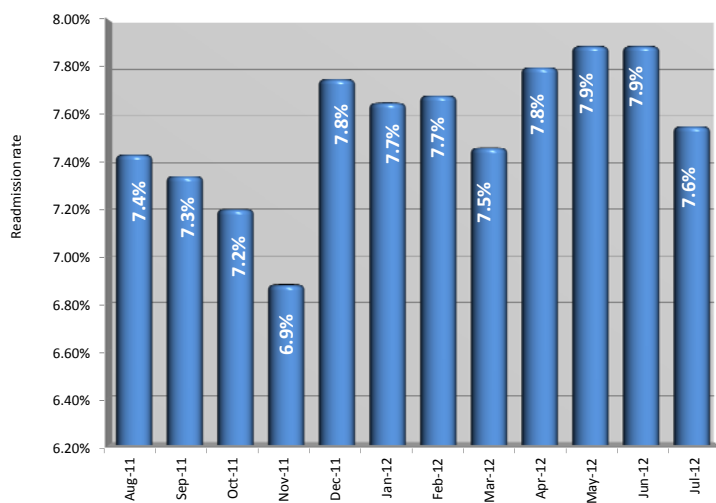
UHL's Relative Risk compared with University Hospital Peer for Short Gestation, Low Birthweight and Growth Retardation Diagnosis Group FY 2011/12



READMISSIONS

UHL Readmissions

Readmission Rate (Any Speciality)



Performance Overview

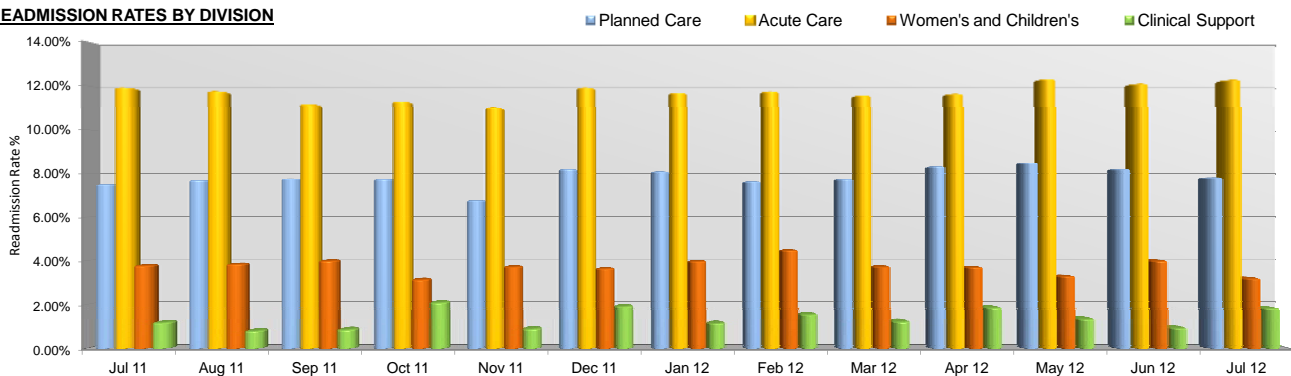
Readmission rate reduced to 7.6% in July compared to 7.9% in June. The standard to achieve for 2012/13 is a further 5% reduction in the readmission rate.

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.

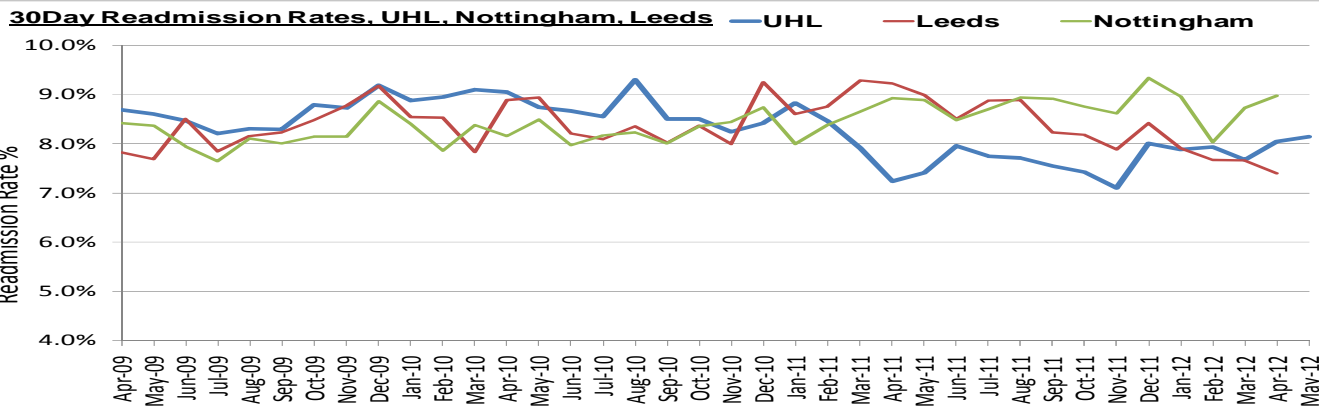
| UHL CRUDE DATA TOTAL SPELLS | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | YTD |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Discharges | 18386 | 18184 | 18005 | 17954 | 18539 | 18381 | 19145 | 18670 | 19937 | 17423 | 19676 | 17626 | 19093 | 73,818 |
| 30 Day Emerg. Readmissions (Any Spec) | 1,360 | 1,351 | 1,321 | 1,293 | 1,276 | 1,425 | 1,465 | 1,433 | 1,488 | 1,359 | 1,553 | 1,391 | 1,442 | 5,745 |
| Readmission Rate (Any Speciality) | 7.4% | 7.4% | 7.3% | 7.2% | 6.9% | 7.8% | 7.7% | 7.7% | 7.5% | 7.8% | 7.9% | 7.9% | 7.6% | 7.8% |
| 30 Day Emerg. Readmissions (Same Spec) | 833 | 810 | 800 | 786 | 744 | 867 | 882 | 849 | 845 | 810 | 901 | 834 | 822 | 3,367 |
| Readmission Rate (Same Speciality) | 4.5% | 4.5% | 4.4% | 4.4% | 4.0% | 4.7% | 4.6% | 4.5% | 4.2% | 4.6% | 4.6% | 4.7% | 4.3% | 4.6% |
| Total Bed Days of Readmitting Spells | 8,145 | 8,311 | 8,261 | 8,187 | 7,468 | 8,387 | 8,892 | 9,167 | 9,191 | 8,224 | 9,194 | 8,325 | 8,067 | 33,810 |

Division Details

READMISSION RATES BY DIVISION



Readmissions Benchmarked



FRACTURED NECK of FEMUR

UHL Nof

Performance Overview

Care of the Elderly neck of femur patient constitutes a large and important part of the Trauma service and can be used as a surrogate marker for the quality of the service as a whole. Implementation of Best Practice Tariff's has been a driver to improve service delivery with significant additional resources put into the neck of femur service. Work thus far has led to improvements in time to theatre but has not yet realized it's full potential. Whilst performance dipped in July 2012 this has been recovered in August 2012

Key Actions

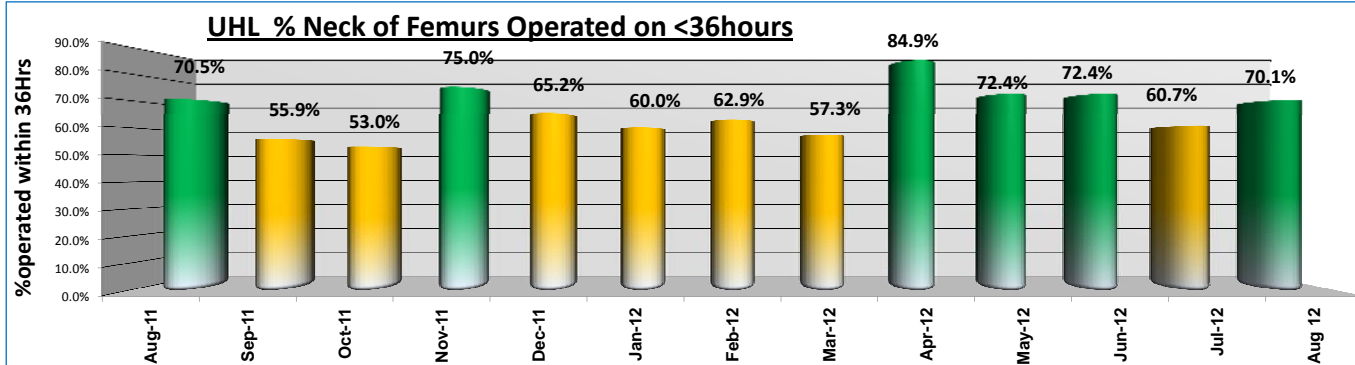
The 3 key actions implemented to improve performance and patient experience:-

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

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

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

NOF YTD Performance



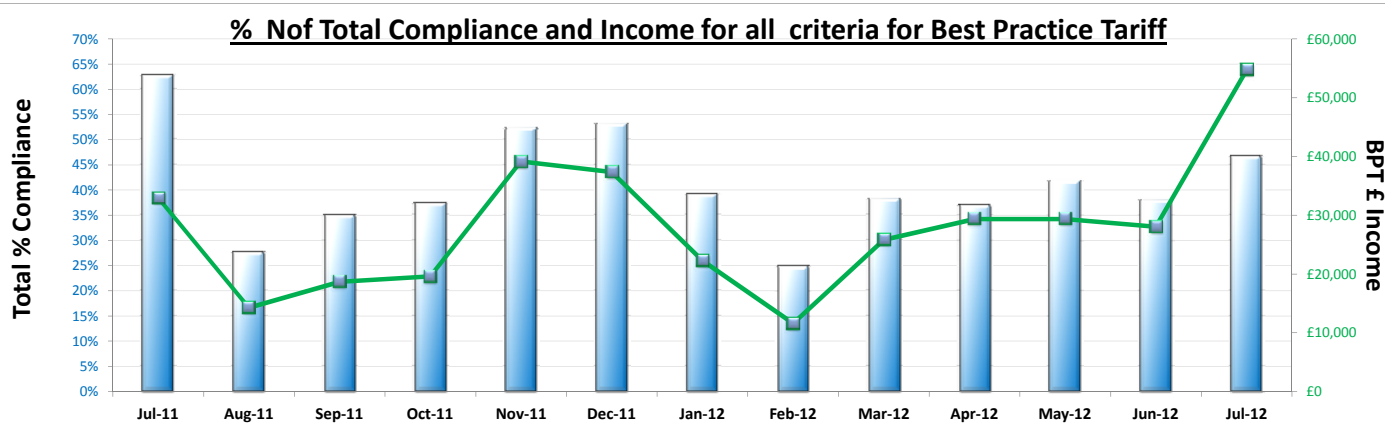
| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|
| Number of Patients | 61 | 68 | 83 | 84 | 89 | 75 | 70 | 82 | 53 | 58 | 58 | 84 | 67 | 320 | |
| No. of Patients operated on within 36 hrs | 43 | 38 | 44 | 63 | 58 | 45 | 44 | 47 | 45 | 42 | 42 | 51 | 47 | 227 | |
| Neck of Femurs Operated on < 36 Hours | 70.5% | 55.9% | 53.0% | 75.0% | 65.2% | 60.0% | 62.9% | 57.3% | 84.9% | 72.4% | 72.4% | 60.7% | 70.1% | 70.9% | 70% |

Aug 12 - Subject to Validation

Hip Fracture Best Practice Tariff Compliance

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

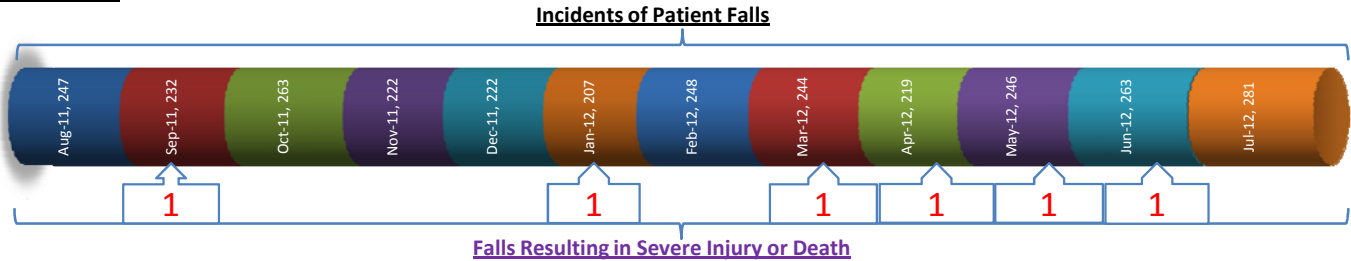
In order for achieve Best Practice Tariff, each criterion must be passed



FALLS

| TARGET / STANDARD | | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|
| Incidents of Patient Falls | | 247 | 232 | 263 | 222 | 222 | 207 | 248 | 244 | 219 | 246 | 263 | 281 | | 1009 | 2750 |
| UHL | | | | | | | | | | | | | | | | |
| <i>Planned Care</i> | | 59 | 67 | 67 | 50 | 54 | 49 | 55 | 53 | 37 | 70 | 44 | 56 | | 207 | 653 |
| <i>Acute Care</i> | | 171 | 154 | 186 | 163 | 163 | 152 | 183 | 186 | 174 | 164 | 212 | 214 | | 764 | 1982 |
| <i>Women's and Children's</i> | | 7 | 5 | 4 | 5 | 3 | 1 | 4 | 4 | 4 | 1 | 2 | 4 | | 11 | 47 |
| <i>Clinical Support</i> | | 10 | 6 | 6 | 4 | 2 | 5 | 6 | 1 | 4 | 11 | 5 | 7 | | 27 | 68 |
| Falls Resulting in Severe Injury or Death | | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 3 | 6 |

UHL Patient Falls



Performance Overview

July has seen an increase in inpatient falls with 281 being reported.

In response to the rise in falls previously noted in Acute, a root cause analysis (RCA) approach to each fall incident in the high reporting wards has been introduced. This is led by the Head of Nursing and subsequent actions will be implemented in response to the learning from the RCA's. It is anticipated that the additional funding to the medical ward nursing establishments will contribute to falls reduction once successful recruitment has taken place.

There have been no serious untoward incidents reported in July related to inpatient falls.

PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

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

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

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

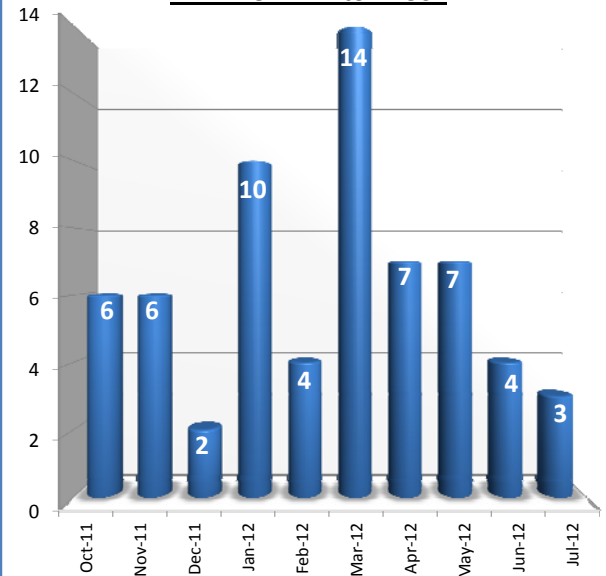
A paper is being presented at the September GRMC outlining the ongoing actions that are currently being implemented to achieve the SHA Ambition together with evidence that significant progress has been made with recommendations of the IST Review (from May 2012). Progress with the Ambition is also being monitored by the commissioners who are also providing essential support and leadership to all health and social care providers across LLR.

The SHA have recognised that to ensure that harm free care is achieved and sustained organisations need to support cultural and behavioural change. In support of this, two training and development programmes are being facilitated across the region.

To develop 'change champions' within each organisation; and
To develop a pressure ulcer collaborative programme that will support clinical teams to build capacity and capability for improvement and to accelerate progress with the Ambition.

Within UHL, six 'change' champions have been selected including ward managers, tissue viability nurses and education leads. Their training will commence mid-September. A multi-professional team from critical care - ITU have been nominated for the collaborative programme that also begins in September and will run over a 3-month period.

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



TARGET / STANDARD

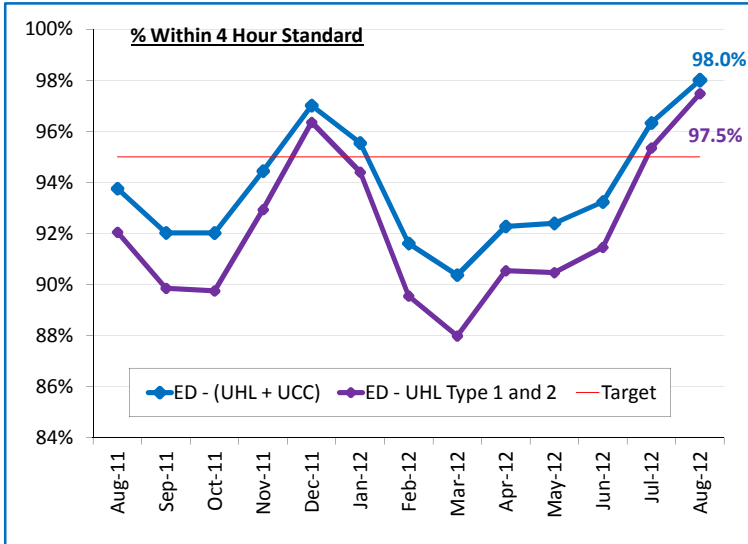
| | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | YTD | Target |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|
| Pressure Ulcers Grade 3 and 4 | 17 | 8 | 5 | 10 | 6 | 6 | 12 | 8 | 21 | 10 | 11 | 7 | 13 | 41 | 110 |
| Attributable to Trust | | | | 6 | 6 | 2 | 10 | 4 | 14 | 7 | 7 | 4 | 3 | 21 | |
| Not Attributable to Trust | | | | 3 | 0 | 4 | 2 | 4 | 7 | 3 | 4 | 3 | 10 | 20 | |

EMERGENCY DEPARTMENT

Performance Overview

Performance for August Type 1 & 2 is 97.5% and 98.0% including the Urgent Care Centre (UCC). For the 4 weeks up to the 2nd September 2012, the Trust was ranked 27th out of 143 Trusts that have Emergency Departments.

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



Total Time in the Department

August 2012 - ED Type 1 and 2

| | Admitted | Not Admitted | Total |
|-------------|--------------|---------------|---------------|
| 0-2 Hours | 342 | 5,208 | 5,550 |
| 3-4 Hours | 2,265 | 5,529 | 7,794 |
| 5-6 Hours | 143 | 95 | 238 |
| 7-8 Hours | 64 | 12 | 76 |
| 9-10 Hours | 26 | 1 | 27 |
| 11-12 Hours | 6 | | 6 |
| 12 Hours+ | | 1 | 1 |
| Sum: | 2,846 | 10,846 | 13,692 |

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

Left without being seen %
Unplanned Re-attendance %

| Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 2.8% | 2.4% | 2.9% | 2.0% | 2.3% | 2.1% | 2.4% | 3.6% | 2.8% | 3.0% | 2.7% | 2.4% | 2.1% |
| 6.7% | 5.5% | 6.0% | 5.7% | 5.4% | 6.1% | 6.1% | 6.6% | 6.2% | 5.9% | 5.9% | 6.4% | 5.6% |

TARGET
<=5%
< 5%

TIMELINESS

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

| Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 304 | 338 | 341 | 288 | 240 | 264 | 331 | 331 | 319 | 317 | 322 | 240 | 238 |
| 48 | 48 | 61 | 48 | 42 | 32 | 34 | 40 | 34 | 31 | 25 | 20 | 15 |
| 34 | 39 | 44 | 43 | 42 | 42 | 54 | 61 | 45 | 49 | 59 | 57 | 53 |

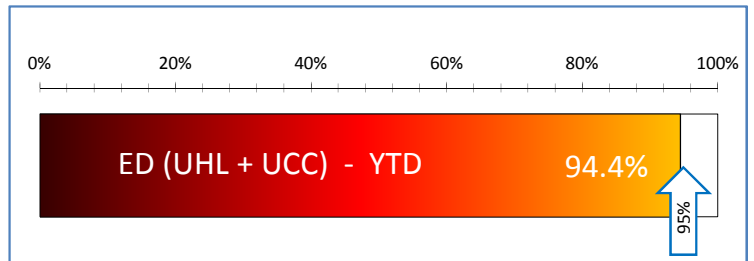
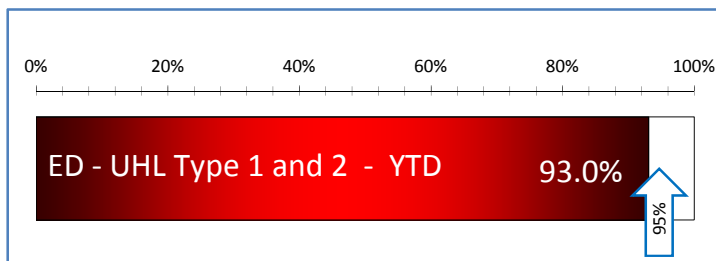
TARGET
< 240 Minutes
<= 15 Minutes
<= 60 Minutes

4 HOUR STANDARD

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

| Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 93.8% | 92.0% | 92.0% | 94.4% | 97.0% | 95.5% | 91.6% | 90.4% | 92.3% | 92.4% | 93.2% | 96.3% | 98.0% |
| 92.1% | 89.9% | 89.8% | 92.9% | 96.4% | 94.4% | 89.5% | 88.0% | 90.5% | 90.5% | 91.5% | 95.4% | 97.5% |
| 91.0% | 88.7% | 88.5% | 92.1% | 96.0% | 93.7% | 88.3% | 86.6% | 89.5% | 89.3% | 90.5% | 94.9% | 97.2% |

| YTD | TARGET |
|-------|--------|
| 94.4% | 95.0% |
| 93.0% | 95.0% |
| 92.2% | 95.0% |



18 WEEK REFERRAL TO TREATMENT

Performance Overview

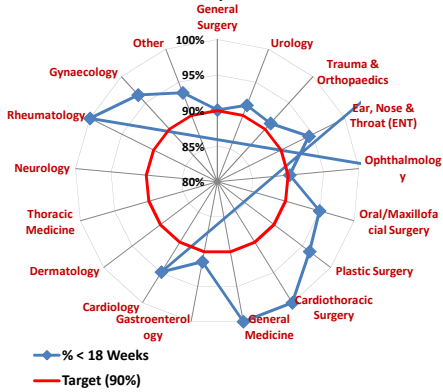
Admitted performance in August has been achieved with performance at 93.0%, with all specialties delivering above the 90% target as expected.

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

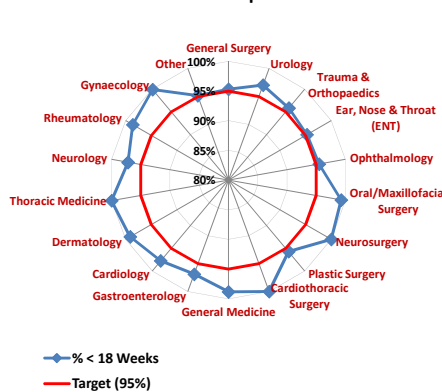
New standards from April 2012 include the requirement that 92% of patients on an incomplete pathway (i.e. patients waiting for a decision to treat or treatment) should have been waiting no more than 18 weeks. UHL performance for August is 94.3%.

Delivery in all specialties : As expected all specialties have achieved both the admitted and non admitted thresholds.

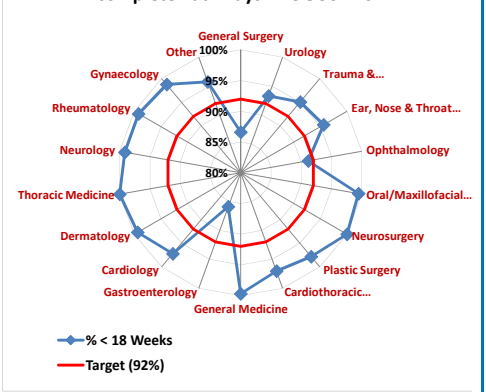
Admitted Clock Stops - AUGUST 2012



Non Admitted Clock Stops - AUGUST 2012



Incomplete Pathways - AUGUST 2012



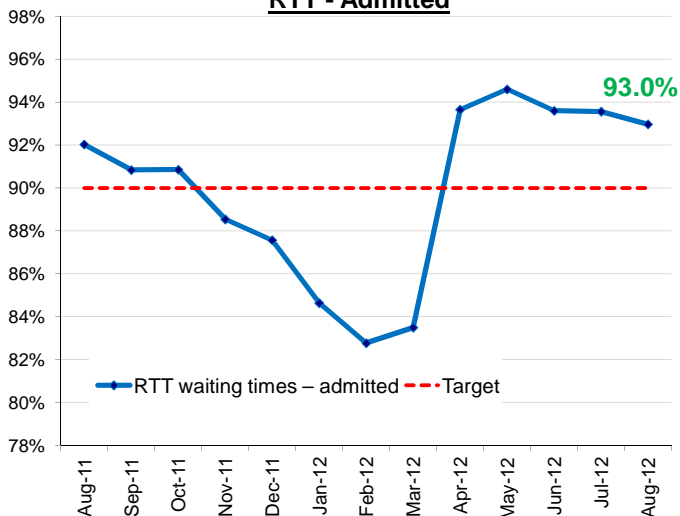
TARGET / STANDARD

| RTT | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Target |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| RTT waiting times – admitted | 92.0% | 90.8% | 90.9% | 88.5% | 87.6% | 84.6% | 82.8% | 83.5% | 93.7% | 94.6% | 93.6% | 93.6% | 93.0% | 90% |
| RTT waiting times – non-admitted | 96.8% | 96.6% | 96.4% | 96.2% | 96.6% | 95.5% | 96.1% | 95.9% | 97.1% | 96.6% | 97.1% | 97.3% | 97.1% | 95% |

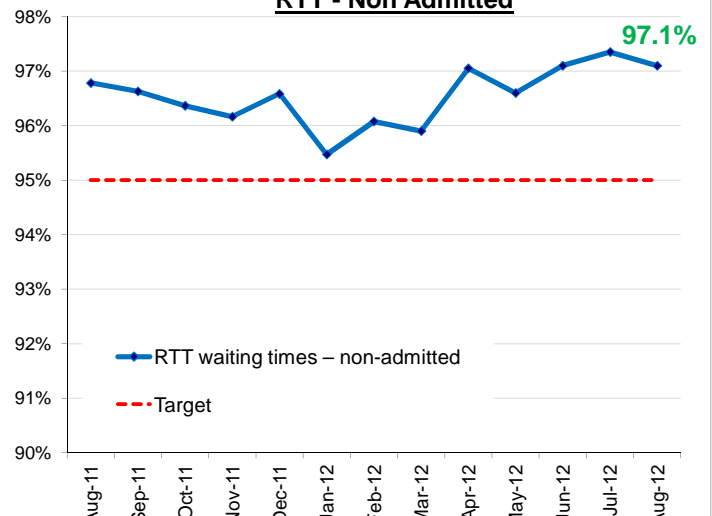
| | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Target |
|----------------------------------|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| RTT - incomplete 92% in 18 weeks | New O/F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

| Diagnostic Test Waiting Times | New O/F target April 2012 | | | | | 1.1 | 1.3 | 5.6 | 1.9 | 1.4 | <1% |
|-------------------------------|---------------------------|--|--|--|--|-----|-----|-----|-----|-----|-----|
|-------------------------------|---------------------------|--|--|--|--|-----|-----|-----|-----|-----|-----|

RTT - Admitted



RTT - Non Admitted



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

There has been another slight decrease in the rolling twelve month average appraisal rate. It is likely that the high levels of annual leave and workloads, together with some lack of forward planning, have contributed to this picture. The number of appraisals which took place during the month has increased. We are also in the process of developing an electronic system which will assist staff in planning ahead and anticipate this being in place by the end of the calendar year.

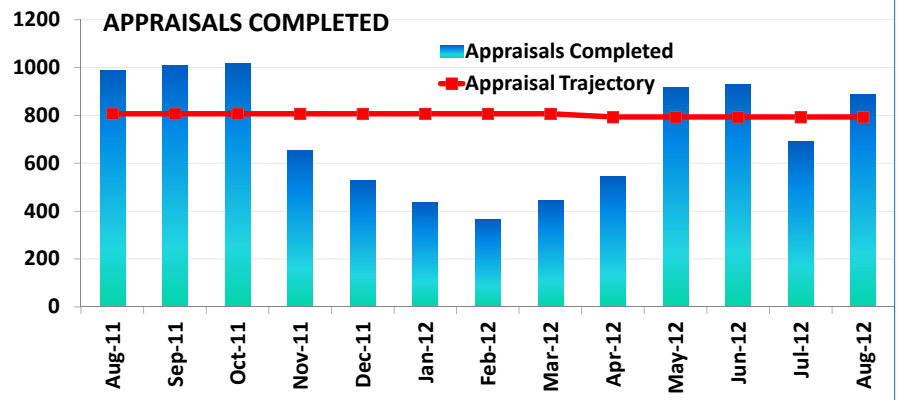
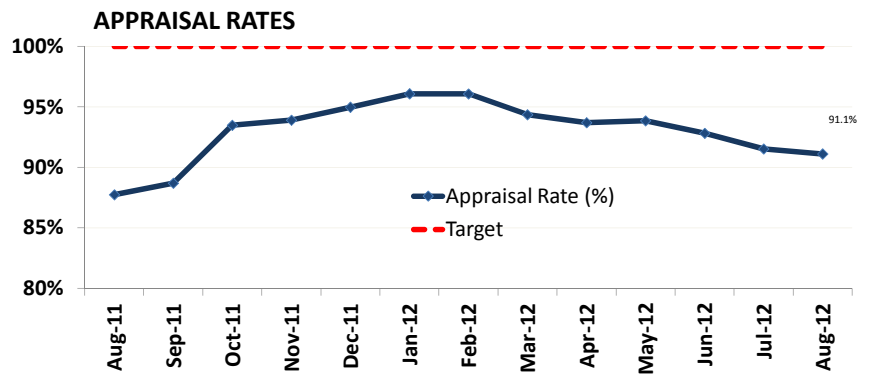
Human Resources continue to work closely with Divisions and CBUs to implement targeted actions to continue to improve appraisal performance. We have seen the greatest reduction in appraisal rates across the Clinical Support Division and this is being followed up with relevant managers.

In improving appraisal quality, internal audit results have been reported to all Divisional areas and local actions agreed. Activity has been closely aligned with staff engagement improvement plans in place in Divisional areas. Progress with staff engagement is reported to the Workforce and Organisational Development Committee by Divisions. The second round of Divisional presentations by Planned and Acute took place in September.

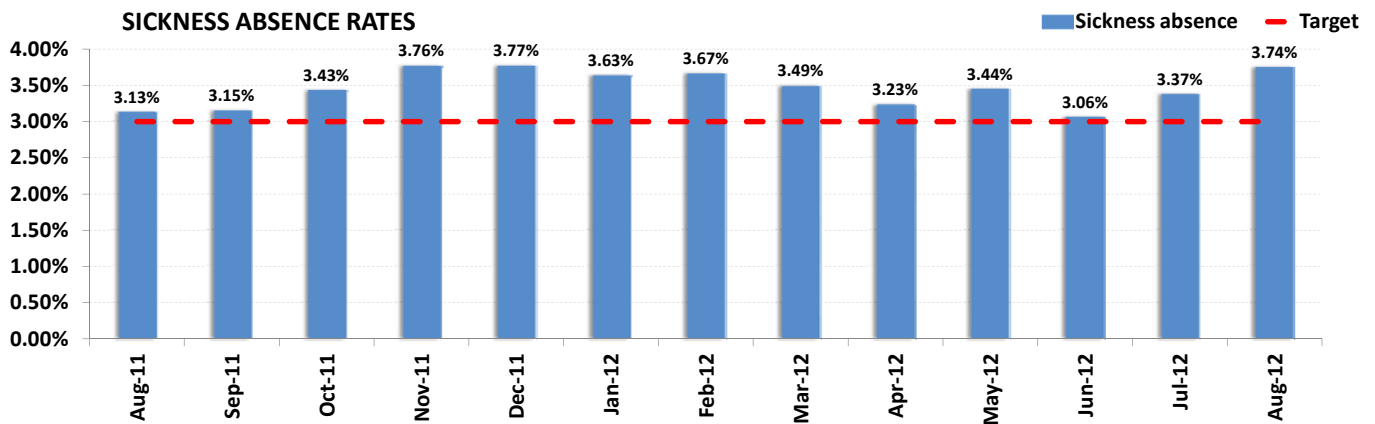
Sickness

The reported sickness rate for August is 3.7%. The actual rate is likely to be at around 0.5% lower as absence periods are closed. The 12 month rolling sickness has remained at 3.5%.

UHL's SMART Absence System is now in place across all Divisions and most Directorates with full roll out on schedule to be completed by December 2012. In addition, version 2.2 of SMART is anticipated to be released by the end of the year and this will provide an absence support guidance service for specific reasons via the Trust's Intranet.



| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Target |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| APPRAISALS | 87.7% | 88.7% | 93.5% | 93.9% | 95.0% | 96.1% | 96.1% | 94.4% | 93.7% | 93.8% | 92.8% | 91.5% | 91.1% | 100% |



VALUE FOR MONEY - EXECUTIVE SUMMARY

| Issues | Comments |
|--|--|
| Actual Income & Expenditure Year to Date | Income at Month 5 of £302.1 million is £2.5 million (0.8%) favourable to Plan. Expenditure of £307.8 million is £8.6 million adverse to Plan. The actual deficit of £5.7 million is £6.1 million adverse against Plan. |
| Activity/Income | Year to date NHS patient care income is £1.8m (0.7%) favourable to Plan. This reflects under-performance on daycases of £1.1m, elective inpatients of £1.7m and end stage renal failure (ESRF). These adverse movements are offset by favourable variances for emergency activity £3.9m nett of a £2.4m reduction for the marginal rate emergency threshold, and outpatients £1.4m. Emergency inpatient activity to the end of August was 2,997 spells (6%) above Plan. This surge in activity has occurred solely in the County and is being investigated by commissioners. |
| BPPC | The Trust achieved an overall 30 day payment performance of 93% for volume and 88% for value for trade creditors in August 2012. |
| Cost Improvement Programme | At Month 5 Divisions have reported £10.3 million of savings, short of the £11.9 million target by £1.6 million. |
| Cash Flow | Cash is now £32.2m, and has increased in line with an increase in the value of trade and other payables, and this reflects a £21.0 million receipt in advance of the Month 5 SLAs from the local cluster. |
| Capital | The Trust has spent £6.1 million (18% of the Plan) by the end of August. We are now forecasting to spend £32.1 million, predominantly due to slippage on the maternity project. |
| Risks | The Chief Operating Officer and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus. Key risks will be - potential fines and penalties around targets; Readmissions; Operational metrics (e.g. N:FUp ratios); delivery of the CIPs and activity plans. |

Financial Risk Ratings

| Criteria | Indicator | Weight | 5 | 4 | 3 | 2 | 1 | Year to Date |
|-------------------------|------------------------------|-------------|-----|----|------|----|-----|--------------|
| Underlying performance | EBITDA margin % | 25% | 11 | 9 | 5 | 1 | <1 | 2 |
| Achievement of plan | EBITDA achieved % | 10% | 100 | 85 | 70 | 50 | <50 | 1 |
| Financial efficiency | Net return after financing % | 20% | >3 | 2 | -0.5 | -5 | <-5 | 2 |
| | I&E surplus margin % | 20% | 3 | 2 | 1 | -2 | <-2 | 1 |
| Liquidity | Liquid ratio days | 25% | 60 | 25 | 15 | 10 | <10 | 3 |
| Weighted Average | | 100% | | | | | | 2.0 |

INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 31 August 2012

| | Aug 12 | | | April 2012 - Aug 2012 | | |
|---|---------------|-----------------|----------------------------------|-----------------------|-----------------|----------------------------------|
| | Plan £ 000 | Actual £ 000 | Variance (Adv) / Fav £ 000 | Plan £ 000 | Actual £ 000 | Variance (Adv) / Fav £ 000 |
| Elective | 6,282 | 5,317 | (965) | 29,736 | 28,080 | (1,657) |
| Day Case | 4,516 | 4,064 | (452) | 21,374 | 20,271 | (1,103) |
| Emergency | 14,446 | 15,587 | 1,141 | 73,214 | 77,136 | 3,922 |
| Outpatient | 7,648 | 7,940 | 292 | 36,400 | 37,837 | 1,437 |
| Other | 18,860 | 18,039 | (822) | 93,091 | 91,841 | (1,250) |
| Patient Care Income | 51,753 | 50,948 | (805) | 253,816 | 255,165 | 1,349 |
| Teaching, Research & Development | 6,255 | 6,186 | (69) | 31,334 | 31,180 | (154) |
| Non NHS Patient Care | 658 | 938 | 280 | 3,222 | 3,715 | 493 |
| Other operating Income | 2,308 | 2,429 | 121 | 11,228 | 12,020 | 792 |
| Total Income | 60,974 | 60,501 | (473) | 299,600 | 302,080 | 2,480 |
| Medical & Dental | 11,718 | 12,053 | (335) | 58,420 | 58,866 | (446) |
| Nursing & Midwifery | 13,828 | 13,746 | 82 | 68,898 | 68,845 | 53 |
| Other Clinical | 4,663 | 4,548 | 115 | 23,146 | 22,921 | 225 |
| Agency | 284 | 1,418 | (1,134) | 1,343 | 5,465 | (4,122) |
| Non Clinical | 6,079 | 6,317 | (238) | 30,856 | 30,520 | 336 |
| Pay Expenditure | 36,572 | 38,082 | (1,510) | 182,663 | 186,617 | (3,954) |
| Drugs | 5,114 | 5,525 | (411) | 25,020 | 25,973 | (953) |
| Recharges | (27) | (10) | (17) | (231) | (45) | (186) |
| Clinical supplies and services | 6,604 | 6,695 | (91) | 33,583 | 35,248 | (1,665) |
| Other | 8,049 | 8,556 | (507) | 40,090 | 42,256 | (2,166) |
| Central Funds | 0 | 0 | 0 | 0 | 0 | 0 |
| Provision for Liabilities & Charges | 20 | 26 | (6) | 99 | 34 | 65 |
| Non Pay Expenditure | 19,760 | 20,792 | (1,032) | 98,561 | 103,466 | (4,905) |
| Total Operating Expenditure | 56,332 | 58,874 | (2,542) | 281,224 | 290,083 | (8,859) |
| EBITDA | 4,642 | 1,627 | (3,015) | 18,376 | 11,997 | (6,379) |
| Interest Receivable | 5 | 7 | 2 | 27 | 33 | 6 |
| Interest Payable | (5) | (5) | 0 | (27) | (26) | 1 |
| Depreciation & Amortisation | (2,705) | (2,663) | 42 | (13,395) | (13,229) | 166 |
| Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets | 1,937 | (1,034) | (2,971) | 4,981 | (1,225) | (6,206) |
| Profit / (Loss) on Disposal of Fixed Assets | 0 | 0 | 0 | 0 | 0 | 0 |
| Dividend Payable on PDC | (928) | (928) | 0 | (4,640) | (4,489) | 151 |
| Net Surplus / (Deficit) | 1,009 | (1,962) | (2,971) | 341 | (5,714) | (6,055) |
| EBITDA MARGIN | | 2.69% | | | 3.97% | |

VALUE FOR MONEY - CONTRACT PERFORMANCE

Summary by Point of Delivery of Patient Related Income - August 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 | 34,234 | 33,359 | (875) | 51,147 | 21,374 | 20,271 | (1,103) |
| Elective Inpatient | 23,388 | 9,775 | 9,202 | (573) | 71,164 | 29,736 | 28,080 | (1,657) |
| Emergency / Non-elective Inpatient | 112,494 | 46,646 | 49,644 | 2,997 | 177,538 | 73,300 | 79,620 | 6,321 |
| Marginal Rate Emergency Threshold (MRET) | - | - | - | 0 | 204 | 85 | 2,485 | (2,399) |
| Outpatient | 773,865 | 321,573 | 322,334 | 760 | 87,585 | 36,400 | 37,837 | 1,437 |
| Emergency Department | 159,545 | 66,878 | 69,949 | 3,071 | 16,020 | 6,714 | 6,751 | 37 |
| Other | 6,833,148 | 2,753,448 | 2,888,339 | 134,891 | 206,810 | 86,377 | 85,090 | (1,287) |
| Grand Total | 7,984,447 | 3,232,554 | 3,372,826 | 140,272 | 610,060 | 253,816 | 255,165 | 1,349 |

| Average tariff | Annual Plan £ / episode | Plan to Date £ / episode | Total YTD £ / episode | Variance YTD £ / episode | Price Variance YTD % | Volume Variance YTD % | Price / Mix Variance (£000) | Volume Variance (£000) | Variance YTD (£000) |
|--|----------------------------|-----------------------------|--------------------------|--------------------------------|-------------------------------|--------------------------------|-----------------------------------|------------------------------|------------------------|
| Day Case | £624 | £624 | £608 | -£17 | (2.7) | (2.6) | (557) | (546) | (1,103) |
| Elective Inpatient | £3,043 | £3,042 | £3,051 | £10 | 0.3 | (5.9) | 88 | (1,744) | (1,657) |
| Emergency / Non-elective Inpatient | £1,578 | £1,571 | £1,604 | £32 | 2.1 | 6.4 | 1,611 | 4,710 | 6,321 |
| Marginal Rate Emergency Threshold (MRET) | | | | | | | (2,399) | 0 | (2,399) |
| Outpatient | £113 | £113 | £117 | £4 | 3.7 | 0.2 | 1,351 | 86 | 1,437 |
| Emergency Department | £100 | £100 | £97 | -£4 | (3.9) | 4.6 | (271) | 308 | 37 |
| Other | | | | | | | 0 | (1,287) | (1,287) |
| Grand Total | £76 | £79 | £76 | -£3 | (3.6) | 4.3 | (178) | 1,527 | 1,349 |

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 31 August 2012

| | Income | | | Expenditure | | | | | | Total Year to Date | | |
|----------------------------|--------------------|--------------|-------------------------------|--------------------|--------------|-------------------------------|--------------------|--------------|-------------------------------|--------------------|---------------|-------------------------------|
| | Plan to Date £m | Actual £m | Variance (Adv) / Fav £m | 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 | | | |
| Acute Care | 117.3 | 119.2 | 2.0 | 59.1 | 61.7 | (2.6) | 34.4 | 35.6 | (1.1) | 23.8 | 22.0 | (1.8) |
| Clinical Support | 12.7 | 13.2 | 0.5 | 44.1 | 44.7 | (0.6) | 7.2 | 7.9 | (0.7) | (38.6) | (39.4) | (0.8) |
| Planned Care | 86.9 | 85.8 | (1.1) | 35.0 | 36.0 | (0.9) | 20.0 | 21.8 | (1.8) | 31.9 | 28.1 | (3.8) |
| Women's and Children's | 46.8 | 47.9 | 1.1 | 26.7 | 26.5 | 0.2 | 11.0 | 11.6 | (0.6) | 9.0 | 9.7 | 0.7 |
| Corporate Directorates | 7.3 | 7.5 | 0.2 | 17.4 | 17.0 | 0.4 | 26.2 | 26.4 | (0.2) | (36.4) | (36.0) | 0.4 |
| Sub-Total Divisions | 270.9 | 273.6 | 2.7 | 182.3 | 185.9 | (3.6) | 98.9 | 103.3 | (4.4) | (10.3) | (15.6) | (5.3) |
| Central Income | 28.7 | 28.5 | (0.2) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 28.7 | 28.5 | (0.2) |
| Central Expenditure | 0.0 | 0.0 | 0.0 | 0.7 | 0.7 | (0.0) | 17.4 | 17.9 | (0.5) | (18.0) | (18.6) | (0.6) |
| Grand Total | 299.6 | 302.1 | 2.5 | 183.0 | 186.6 | (3.6) | 116.3 | 121.2 | (4.9) | 0.3 | (5.7) | (6.0) |

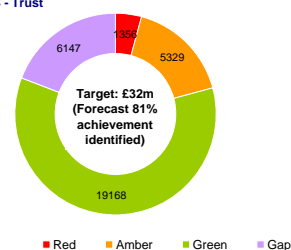
COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at August 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 | 11,360 | (919) | 5,228 | 4,817 | 92.1% | 11,304 | 56 | 4,817 | 1,034 | 2,060 | 3,448 | 11,360 |
| Clinical Support | 4,960 | 3,286 | (1,675) | 1,734 | 1,222 | 70.5% | 2,801 | 485 | 1,222 | 126 | 511 | 1,426 | 3,286 |
| Planned Care | 5,503 | 3,778 | (1,726) | 1,998 | 1,578 | 79.0% | 3,778 | 0 | 1,578 | 182 | 1,363 | 654 | 3,778 |
| Women's and Children's | 1,398 | 1,429 | 31 | 577 | 679 | 117.6% | 1,019 | 410 | 679 | 13 | 106 | 631 | 1,429 |
| Clinical Divisions | 24,141 | 19,852 | (4,288) | 9,538 | 8,297 | 87.0% | 18,902 | 951 | 8,297 | 1,356 | 4,039 | 6,160 | 19,852 |
| Corporate | 6,433 | 6,001 | (433) | 2,017 | 1,974 | 97.8% | 5,901 | 100 | 1,974 | 0 | 1,290 | 2,737 | 6,001 |
| Central | 1,426 | 0 | (1,426) | 316 | 0 | | | | 0 | | | | 0 |
| Total | 32,000 | 25,853 | (6,147) | 11,871 | 10,271 | 86.5% | 24,803 | 1,051 | 10,271 | 1,356 | 5,329 | 8,897 | 25,853 |

| 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) | 931 | 0 | | 0 | 0 |
| Income | 5,840 | 5,143 | (697) | 1,838 | 1,629 | 88.6% | 5,076 | 67 |
| Non Pay | 7,660 | 8,305 | 645 | 2,771 | 3,089 | 111.5% | 8,186 | 120 |
| Pay | 14,735 | 12,405 | (2,330) | 6,331 | 5,552 | 87.7% | 11,541 | 864 |
| Total | 32,000 | 25,853 | (6,147) | 11,871 | 10,271 | 86.5% | 24,803 | 1,051 |

FY12/13 CIPS - Trust

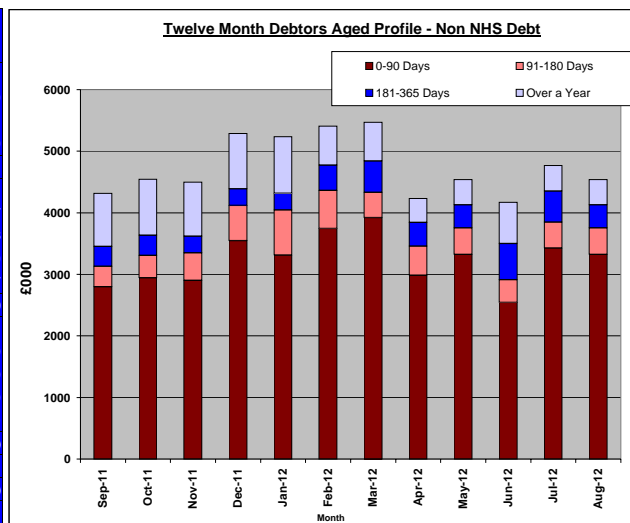


Commentary

There is a year to date under performance on delivery of cost improvement of £1.6m and a year end forecast under-delivery of £6.1 million. (£5.9m as of M4)

VALUE FOR MONEY - BALANCE SHEET

| | Mar-12 £000's Actual | Apr-12 £000's Actual | May-12 £000's Actual | Jun-12 £000's Actual | Jul-12 £000's Actual | Aug-12 £000's Actual |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| BALANCE SHEET | | | | | | |
| Non Current Assets | | | | | | |
| Intangible assets | 5,242 | 5,089 | 4,928 | 5,256 | 5,095 | 4,920 |
| Property, plant and equipment | 349,363 | 348,501 | 348,382 | 347,533 | 347,583 | 347,081 |
| Trade and other receivables | 2,188 | 2,369 | 2,394 | 2,387 | 2,387 | 2,500 |
| TOTAL NON CURRENT ASSETS | 356,793 | 355,959 | 355,704 | 355,176 | 355,065 | 354,501 |
| Current Assets | | | | | | |
| Inventories | 12,262 | 12,208 | 12,437 | 12,469 | 12,758 | 12,987 |
| Trade and other receivables | 29,126 | 23,659 | 25,102 | 29,279 | 29,580 | 30,856 |
| Other Assets | 0 | 0 | 0 | 0 | 0 | 0 |
| Cash and cash equivalents | 18,369 | 22,519 | 19,435 | 15,892 | 31,659 | 32,247 |
| TOTAL CURRENT ASSETS | 59,757 | 58,386 | 56,974 | 57,640 | 73,997 | 76,090 |
| Current Liabilities | | | | | | |
| Trade and other payables | (62,277) | (60,841) | (58,212) | (57,183) | (72,316) | (75,878) |
| Dividend payable | 0 | 259 | (593) | (1,370) | (2,298) | (3,226) |
| Borrowings | (4,038) | (4,038) | (4,038) | (3,925) | (3,925) | (3,925) |
| Provisions for liabilities and charges | (789) | (789) | (789) | (897) | (897) | (897) |
| TOTAL CURRENT LIABILITIES | (67,104) | (65,409) | (63,632) | (63,375) | (79,436) | (83,926) |
| NET CURRENT ASSETS (LIABILITIES) | (7,347) | (7,023) | (6,658) | (5,735) | (5,439) | (7,836) |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 349,446 | 348,936 | 349,046 | 349,441 | 349,626 | 346,665 |
| Non Current Liabilities | | | | | | |
| Borrowings | (1,427) | (2,339) | (3,308) | (3,963) | (5,302) | (4,306) |
| Other Liabilities | 0 | 0 | 0 | 0 | 0 | 0 |
| Provisions for liabilities and charges | (2,121) | (2,213) | (2,233) | (2,138) | (2,062) | (2,085) |
| TOTAL NON CURRENT LIABILITIES | (3,548) | (4,552) | (5,541) | (6,101) | (7,364) | (6,391) |
| TOTAL ASSETS EMPLOYED | 345,898 | 344,384 | 343,505 | 343,340 | 342,262 | 340,274 |
| Public dividend capital | 277,487 | 277,487 | 277,487 | 277,487 | 277,487 | 277,487 |
| Revaluation reserve | 64,706 | 64,709 | 64,710 | 64,710 | 64,710 | 64,710 |
| Retained earnings | 3,705 | 2,188 | 1,308 | 1,143 | 65 | (1,923) |
| TOTAL TAXPAYERS EQUITY | 345,898 | 344,384 | 343,505 | 343,340 | 342,262 | 340,274 |



| Type of Debtors | 0-90 days | 91-180 days | 181-365 days | 365+ Days | TOTAL |
|-----------------------------------|---------------|-------------|--------------|------------|---------------|
| | £000s | £000s | £000s | £000s | £000s |
| NHS Sales ledger | 11,654 | (125) | (1,673) | 45 | 9,901 |
| Non NHS sales ledger by division: | | | | | |
| Corporate Division | 707 | -204 | -22 | 70 | 551 |
| Planned Care Division | 432 | 74 | 141 | 170 | 817 |
| Clinical Support Division | 823 | 113 | 74 | 4 | 1,014 |
| Women's and Children's Division | 176 | 51 | 50 | 43 | 320 |
| Acute Care Division | 1,186 | 397 | 130 | 123 | 1,836 |
| Total Non-NHS sales ledger | 3,324 | 431 | 373 | 410 | 4,538 |
| Total Sales Ledger | 14,978 | 306 | 1,300 | 455 | 14,439 |
| Other Debtors | | | | | |
| WIP | | | | | 3,871 |
| SLA Phasing & Performance | | | | | 1,261 |
| Bad debt provision | | | | | (1,263) |
| VAT - net | | | | | 932 |
| Other receivables and assets | | | | | 11,616 |
| TOTAL | | | | | 30,856 |

Commentary

Cash has increased in line with an increase in the value of trade and other payables, and this reflects a £21.0 million receipt in advance of the Month 5 SLAs from the local cluster.

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

Accounts receivable metrics:

| Invoice cycle time | Aug - 12 Days | | Jul - 12 Days | | Non-NHS days sales outstanding (DSO) | |
|----------------------------|---------------|---------------|--------------------|---------------|--------------------------------------|-------------------|
| | Aug - 12 Days | Jul - 12 Days | Aug - 12 Days | Jul - 12 Days | Aug - 12 YTD Days | Jul - 12 YTD Days |
| Req date to invoice raised | 15.7 | 12.5 | DSO (all debt) | | 64.4 | 66.9 |
| Service to invoice raised | 37.6 | 43.7 | DSO (In year debt) | | 45.7 | 47.5 |

VALUE FOR MONEY - CASH FLOW

CASH FLOW for the PERIOD ENDED 31st AUGUST 2012

Commentary

The Trust's cash position compared to plan reflects:

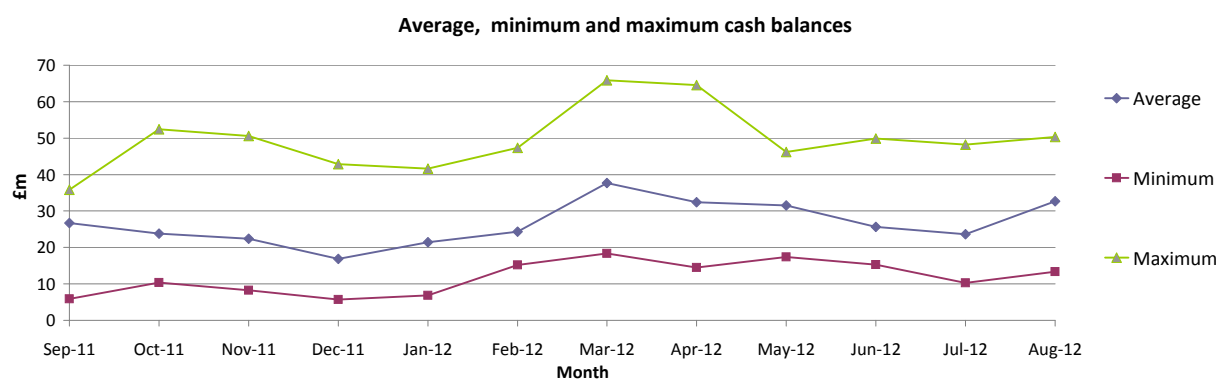
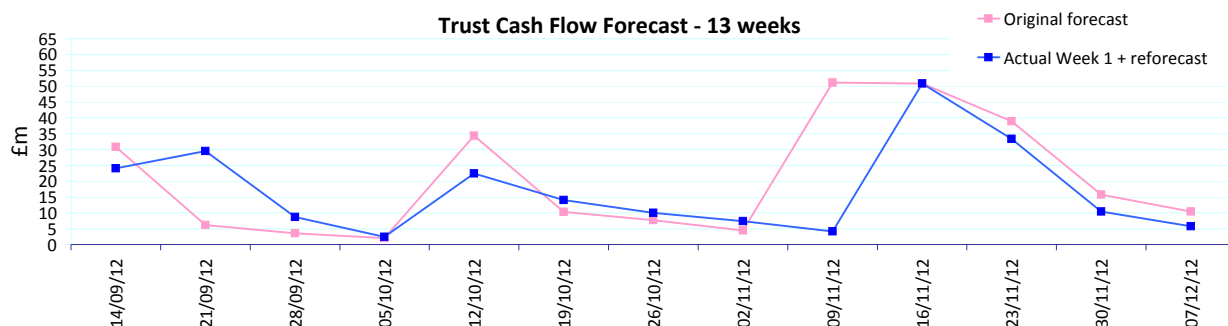
- (£6.4 million) adverse variance in the EBITDA YTD position
- £13.4 million increase in trade and other payables (including a £21.0 million receipt in advance of August SLAs from the local cluster)
- (£3.8 million) increase in trade and other receivables
- £5.7 million under spend on capital and the capital element of finance leases

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

| | 2012/13 April - Aug Plan £ 000 | 2012/13 April - Aug Actual £ 000 | 2012/13 April - Aug Variance £ 000 |
|--|---|---|---|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Operating surplus before Depreciation and Amortisation | 19,224 | 11,997 | (7,227) |
| Donated assets received credited to revenue and non cash | - | (300) | (300) |
| Interest paid | (350) | (243) | 107 |
| Movements in Working Capital: | | | |
| - Inventories (Inc)/Dec | (173) | (725) | (552) |
| - Trade and Other Receivables (Inc)/Dec | 1,790 | (2,042) | (3,832) |
| - Trade and Other Payables Inc/(Dec) | 205 | 13,601 | 13,396 |
| - Provisions Inc/(Dec) | - | 72 | 72 |
| PDC Dividends paid | - | - | - |
| Other non-cash movements | (650) | 48 | 698 |
| Net Cash Inflow / (Outflow) from Operating Activities | 20,046 | 22,408 | 2,362 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Interest Received | 26 | 35 | 9 |
| Payments for Property, Plant and Equipment | (13,125) | (7,468) | 5,657 |
| Capital element of finance leases | (1,930) | (1,694) | 236 |
| Net Cash Inflow / (Outflow) from Investing Activities | (15,029) | (9,127) | 5,902 |
| Net Cash Inflow / (Outflow) from Financing | - | - | - |
| Opening cash | 18,200 | 18,369 | 169 |
| Increase / (Decrease) in Cash | 5,017 | 13,281 | 8,264 |
| Closing cash | 23,217 | 31,650 | 8,433 |

Cash movements to 30th September 2012

| | £'000 |
|--|----------------|
| Cash balance as at 01/09/2012 | 32,247 |
| <i>Cash to be received</i> | |
| Contract Income | 33,318 |
| Other debtor receipts | 5,712 |
| | 39,030 |
| <i>Cash to be paid out</i> | |
| Creditor payment runs | -22,497 |
| Payroll (including tax, NI and Pensions) | -34,700 |
| PDC dividends | -5568 |
| | -62,765 |
| Cash balance as at 31/08/2012 | 8,512 |



VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Period 1st April 2012 to 31st August 2012

| | Capital Plan 2012/13 £000's | Actual YTD 12/13 £000's | Actual Jul 12/13 £000's | YTD Spend 12/13 £000's | Plan | | | | | | | Forecast Out Turn £000's | Forecast Variance £000's |
|-------------------------------------|-----------------------------------|-------------------------------|-------------------------------|------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------------------------|--------------------------------|
| | | | | | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | |
| | | | | | £000's | £000's | £000's | £000's | £000's | £000's | £000's | | |
| Sub Group Budgets | | | | | | | | | | | | | |
| IM&T | 4,000 | 747 | 98 | 845 | 120 | 660 | 80 | 940 | 80 | 80 | 1,195 | 4,000 | 0 |
| Medical Equipment | 4,600 | 831 | 384 | 1,215 | 666 | 474 | 31 | 176 | 140 | 270 | 1,627 | 4,600 | 0 |
| LRI Estates | 4,000 | 250 | 94 | 344 | 315 | 400 | 570 | 400 | 610 | 575 | 786 | 4,000 | 0 |
| LGH Estates | 2,000 | 104 | 95 | 198 | 200 | 200 | 250 | 200 | 300 | 300 | 352 | 2,000 | 0 |
| GGH Estates | 2,000 | 486 | 88 | 574 | 150 | 150 | 200 | 150 | 300 | 250 | 226 | 2,000 | 0 |
| Total Sub Group Budgets | 16,600 | 2,418 | 758 | 3,176 | 1,451 | 1,884 | 1,131 | 1,866 | 1,430 | 1,475 | 4,186 | 16,600 | 0 |
| Individual Schemes | | | | | | | | | | | | | |
| ED Redevelopment | 1,000 | 86 | 94 | 180 | 100 | 100 | 100 | 100 | 150 | 150 | 120 | 1,000 | 0 |
| MES Installation Costs | 1,500 | 111 | 11 | 123 | 100 | 150 | 150 | 100 | 200 | 250 | 427 | 1,500 | 0 |
| Childrens Heart Surgery | 1,000 | 165 | 0 | 166 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 166 | 834 |
| Maternity & Gynae Recon. | 2,773 | 74 | 1 | 76 | 10 | 10 | 10 | 10 | 250 | 400 | 579 | 1,345 | 1,428 |
| Theatre Assessment Area (TAA) | 1,250 | 0 | 0 | 0 | 13 | 13 | 13 | 125 | 313 | 350 | 425 | 1,250 | 0 |
| Aseptic Suite | 750 | 19 | 3 | 22 | 75 | 113 | 120 | 100 | 100 | 110 | 110 | 750 | 0 |
| Brachytherapy | 420 | 2 | 0 | 2 | 218 | 75 | 50 | 25 | 50 | 0 | 0 | 420 | 0 |
| Office Moves | 850 | 434 | 196 | 630 | 164 | 56 | 0 | 0 | 0 | 0 | -0 | 850 | 0 |
| Feasibility Studies | 100 | 14 | 0 | 14 | 10 | 10 | 10 | 10 | 10 | 10 | 26 | 100 | 0 |
| Nutrition BRU Enabling | 150 | 5 | 0 | 5 | 30 | 30 | 30 | 25 | 30 | 0 | 0 | 150 | 0 |
| PPD Building | 250 | 244 | 0 | 244 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 244 | 6 |
| BRU: Respiratory | 2,201 | 37 | 50 | 88 | 230 | 400 | 400 | 300 | 380 | 250 | 153 | 2,201 | 0 |
| BRU: Nutrition, Diet & Lifestyle | 1,383 | 475 | 13 | 489 | 50 | 50 | 100 | 100 | 150 | 175 | 269 | 1,383 | 0 |
| Residual from 2011/12 | 0 | 416 | -42 | 375 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 375 | -375 |
| Revenue to Capital Transfers | 0 | 106 | 48 | 153 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 153 | -153 |
| Divisional Spend: Acute | 200 | 21 | 1 | 23 | 35 | 20 | 20 | 25 | 25 | 25 | 27 | 200 | 0 |
| Divisional Spend: Planned Care | 200 | 0 | 0 | 0 | 20 | 20 | 20 | 20 | 20 | 40 | 60 | 200 | 0 |
| Divisional Spend: Womens & Children | 200 | 0 | 0 | 0 | 20 | 20 | 20 | 20 | 20 | 40 | 60 | 200 | 0 |
| Divisional Spend: CSSD | 200 | 47 | 0 | 47 | 50 | 20 | 20 | 20 | 20 | 10 | 13 | 200 | 0 |
| Divisional Spend: Corporate | 473 | 9 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 464 |
| Anticipated Developments | | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 100 | 200 | 376 | 776 | -776 |
| MacMillan Information Centre | 144 | 144 | -72 | 72 | 72 | 0 | 0 | 0 | 0 | 0 | 0 | 144 | 0 |
| Ward 27 - Teenage Cancer Unit | 1,400 | 1 | 6 | 7 | 400 | 400 | 200 | 200 | 100 | 94 | -1 | 1,400 | 0 |
| Donations | 456 | 209 | 25 | 233 | 30 | 30 | 30 | 30 | 30 | 30 | 43 | 456 | 0 |
| Total Individual Schemes | 16,900 | 2,621 | 336 | 2,957 | 1,626 | 1,516 | 1,293 | 1,310 | 1,948 | 2,134 | 2,689 | 15,472 | 1,428 |
| Total Capital Programme | 33,500 | 5,038 | 1,094 | 6,133 | 3,077 | 3,400 | 2,423 | 3,176 | 3,378 | 3,609 | 6,875 | 32,072 | 1,428 |

Caring at its best

Divisional Heatmap

Trust Board

Thursday 27th September 2012

August 2012

DIVISIONAL HEAT MAP - Month 5 - 2012/13

QUALITY STANDARDS

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Infection Prevention | | | | | | | | | | | | | | | | |
| MRSA | 1 | 0 | 0 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | |
| Clostridium Difficile | 10 | 8 | 13 | 11 | 6 | 4 | 6 | 11 | 14 | 4 | 3 | 8 | 5 | 34 | 113 | |
| E Coli (from June 1st 2011) | 42 | 39 | 41 | 45 | 38 | 37 | 35 | 46 | 39 | 44 | 45 | 46 | | 174 | ---- | |
| MSSA (from May 1st 2011) | 2 | 6 | 4 | 3 | 2 | 0 | 5 | 5 | 2 | 4 | 2 | 7 | 4 | 19 | ---- | |
| 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) | 122.7% | 133.2% | 132.9% | 136.0% | 135.9% | 130.2% | 134.2% | 131.0% | 128.6% | 131.6% | 132.3% | 128.8% | 126.8% | 129.6% | 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) | 168.0% | 169.4% | 165.6% | 163.2% | 171.4% | 171.8% | 185.0% | 168.2% | 177.5% | 175.5% | 172.3% | 174.9% | 178.2% | 175.7% | 100% | |
| Patient Safety | | | | | | | | | | | | | | | | |
| % of all adults who have had VTE risk assessment on adm to hosp | 93.8% | 93.8% | 93.8% | 94.5% | 94.3% | 94.1% | 93.8% | 93.7% | 95.3% | 95.6% | 94.7% | 94.8% | 95.1% | 95.1% | 90% | |
| 10X Medication Errors | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 4 | 0 | |
| Never Events | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 1 | 1 | 5 | 0 | |
| Patient Falls | 247 | 232 | 263 | 222 | 222 | 207 | 248 | 244 | 219 | 246 | 263 | 281 | | 1009 | 2750 | |
| Complaints Re-Opened | 26 | 29 | 29 | 30 | 22 | 13 | 18 | 25 | 21 | 19 | 20 | 18 | 17 | 95 | 210 | |
| SUIs (Relating to Deteriorating Patients) | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| RIDDOR | 4 | 8 | 4 | 5 | 6 | 2 | 4 | 3 | 4 | 5 | 1 | 3 | 2 | 15 | 48 | |
| Falls Resulting in Severe Injury or Death | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 3 | 6 | |
| No of Staffing Level Issues Reported as Incidents | 82 | 73 | 107 | 122 | 86 | 64 | 122 | 71 | 53 | 120 | 112 | 136 | 99 | 520 | 920 | |
| Outlying (daily average) | 10 | 16 | 4 | 9 | 20 | 19 | 17 | 4 | 7 | 8 | 4 | 1 | 0 | 0 | 10 | |
| Pressure Ulcers (Grade 3 and 4) | 8 | 5 | 10 | 6 | 6 | 12 | 8 | 21 | 10 | 11 | 7 | 13 | | 41 | 110 | |
| Pressure Ulcers (Grade 2) | NEW FOR 2012/13 - TRAJECTORY COMMENCES JULY 2012 | | | | | | | | | 24 | 26 | 8 | 35 | 93 | | |
| ALL Complaints Regarding Attitude of Staff | 44 | 40 | 42 | 37 | 33 | 32 | 24 | 25 | 36 | 28 | 37 | 27 | 25 | 153 | 366 | |
| ALL Complaints Regarding Discharge | 27 | 32 | 24 | 18 | 31 | 17 | 23 | 25 | 28 | 32 | 23 | 29 | 30 | 142 | 220 | |
| Bed Occupancy (inc short stay admissions) | 90% | 91% | 93% | 94% | 92% | 94% | 92% | 92% | 91% | 91% | 91% | 90% | 90% | 90% | 90% | |
| Bed Occupancy (excl short stay admissions) | 84% | 85% | 87% | 87% | 86% | 88% | 86% | 86% | 85% | 85% | 85% | 85% | 84% | 85% | 86% | |
| Compliance with Blood Traceability | 92.4% | 93.5% | 96.1% | 96.3% | 96.1% | 97.3% | 97.3% | 96.8% | 97.4% | 97.5% | 97.8% | 97.3% | | 97.2% | 100% | |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 5 - 2012/13

QUALITY STANDARDS *Continued*

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|--|---------|---------|--------|---------|--------|--------|--------|--------|--------|--------|--------------------|--------|--------|-------|--------|--------|
| Clinical Effectiveness | | | | | | | | | | | | | | | | |
| Emergency 30 Day Readmissions (No Exclusions) | 7.4% | 7.3% | 7.2% | 6.9% | 7.8% | 7.7% | 7.7% | 7.5% | 7.8% | 7.9% | 7.9% | 7.6% | | 7.8% | 7.0% | ▲ |
| Mortality HSMR - (Dfi) OVERALL | 90.9 | 98.1 | 89.8 | 85.7 | 82.2 | 90.9 | 102.4 | 97.7 | 97.4 | 83.5 | HSMR BEING REBASED | | | 91.4 | 100 | ▲ |
| Mortality (CHKS Risk Adjusted - Overall) 2012 Adjustment Model | 91.9 | 99.9 | 89.5 | 84.4 | 83.3 | 92.9 | 102.9 | 93.8 | 97.8 | 86.4 | 84.4 | 86.9 | | 89.0 | 90 | ▼ |
| Stroke - 90% of Stay on a Stroke Unit | 88.4% | 74.7% | 82.3% | 90.7% | 89.8% | 82.3% | 69.1% | 81.3% | 70.4% | 81.7% | 81.4% | 81.3% | | 79.1% | 80.0% | ▼ |
| Stroke - TIA Clinic within 24 Hours (Suspected TIA) | 64.3% | 62.5% | 62.5% | 62.5% | 65.9% | 65.4% | 47.4% | 34.5% | 62.7% | 72.5% | 59.6% | 62.5% | 52.5% | 61.3% | 62.1% | ▼ |
| No. of # Neck of femurs operated on < 36hrs | 71% | 56% | 53% | 75% | 65% | 60% | 63% | 57% | 85% | 72% | 72% | | | 76% | 70% | ◀▶ |
| Maternity - Breast Feeding < 48 Hours | 74.7% | 73.3% | 73.2% | 74.5% | 75.0% | 72.6% | 74.1% | 73.9% | 75.4% | 74.5% | 73.0% | 72.1% | 76.8% | 74.3% | 74.0% | ▲ |
| Maternity - % Smoking at Time of Delivery | 10.9% | 11.0% | 11.1% | 11.0% | 11.7% | 13.0% | 13.9% | 13.3% | 15.0% | 13.5% | 12.2% | 12.8% | 11.4% | 13.0% | 11.4% | ▲ |
| Cytology Screening 7 day target | 100.00% | 100.00% | 99.98% | 100.00% | 97.7% | 100.0% | 100.0% | 99.8% | 99.8% | 99.9% | 99.9% | 100.0% | 100.0% | 99.9% | 98% | ◀▶ |

DIVISIONAL HEAT MAP - Month 5 - 2012/13

QUALITY STANDARDS *Continued*

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|--|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|--------|--------|--------|-------|--------|--------|
| Nursing Metrics | | | | | | | | | | | | | | | | |
| Patient Observation | 96% | 96% | 95% | 96% | 96% | 98% | 95% | 97% | 95% | 95% | 95% | 94% | 95% | | 98.0% | ▲ |
| Pain Management | 96% | 94% | 91% | 94% | 97% | 98% | 96% | 96% | 95% | 94% | 94% | 94% | 95% | | 98.0% | ▲ |
| Falls Assessment | 94% | 93% | 90% | 94% | 93% | 96% | 92% | 96% | 96% | 92% | 94% | 91% | 92% | | 98.0% | ▲ |
| Pressure Area Care | 95% | 95% | 93% | 97% | 95% | 97% | 96% | 98% | 96% | 94% | 94% | 95% | 95% | | 98.0% | ◀▶ |
| Nutritional Assessment | 93% | 92% | 90% | 95% | 95% | 98% | 92% | 97% | 96% | 91% | 92% | 91% | 90% | | 98.0% | ▼ |
| Medicine Prescribing and Assessment | 99% | 99% | 95% | 97% | 97% | 98% | 97% | 97% | 98% | 96% | 97% | 97% | 98% | | 98.0% | ▲ |
| Hand Hygiene | 95% | 95% | 97% | 98% | 95% | 96% | 96% | 96% | 94% | 97% | 96% | 96% | 96% | | 98.0% | ◀▶ |
| Resuscitation Equipment | 82% | 81% | 70% | 84% | 80% | 88% | 78% | 84% | 79% | 76% | 76% | 77% | 83% | | 98.0% | ▲ |
| Controlled Medicines | 99% | 100% | 97% | 100% | 100% | 100% | 100% | 100% | 100% | 99% | 99% | 99% | 100% | | 98.0% | ▲ |
| VTE | 85% | 84% | 86% | 89% | 89% | 88% | 88% | 89% | 87% | 83% | 84% | 85% | 85% | | 98.0% | ▶▶ |
| Patient Dignity | 99% | 99% | 95% | 96% | 97% | 96% | 95% | 96% | 97% | 96% | 96% | 94% | 96% | | 98.0% | ▲ |
| Infection Prevention and Control | 97% | 99% | 96% | 97% | 99% | 99% | 97% | 99% | 99% | 97% | 98% | 96% | 97% | | 98.0% | ▲ |
| Discharge | 80% | 80% | 71% | 80% | 82% | 82% | 84% | 86% | 86% | 86% | 84% | 85% | 82% | | 98.0% | ▼ |
| Continence | 98% | 96% | 95% | 98% | 99% | 99% | 97% | 99% | 97% | 96% | 95% | 96% | 97% | | 98.0% | ▲ |
| Patient Experience | | | | | | | | | | | | | | | | |
| Net Promoter Score | COMMENCED APRIL 2012 | | | | | | | | 51.02 | 51.14 | 53.17 | 53.80 | 57.55 | 53.34 | 61.0 | |
| Net Promoter - Coverage | COMMENCED APRIL 2012 | | | | | | | | 12.7% | 11.6% | 11.6% | 12.3% | 11.4% | 11.9% | 10.0% | ▼ |
| Inpatient Survey - treated with respect and dignity | 96.0 | 95.3 | 96.1 | 96.0 | 96.1 | 96.2 | 95.6 | 95.6 | 95.9 | 96.3 | 96.1 | 96.5 | 95.7 | 96.1 | 95.0 | ▼ |
| Inpatient Survey - rating the care you receive | 85.4 | 85.0 | 86.8 | 86.3 | 87.7 | 86.6 | 87.8 | 87.0 | 88.9 | 89.0 | 88.3 | 89.2 | 89.3 | 88.9 | 91.0 | ▲ |
| Outpatient Survey - treated with respect and dignity | | 91.0 | 94.3 | 98.0 | 92.0 | 92.0 | 99.0 | 88.0 | 95.0 | INSUFFICIENT SURVEYS | | | | 95.0 | 95.0 | ▲ |
| Outpatient Survey - rating the care you receive | | 82.5 | 85.7 | 84.0 | 91.0 | 86.0 | 92.0 | 86.0 | 90.0 | INSUFFICIENT SURVEYS | | | | 90.0 | 85.0 | ▲ |
| Single Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 7 | 0 | 0 | 0 | 0 | 7 | 0 | ◀▶ |
| % Beds Providing Same Sex Accommodation -Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensive Care | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 5 - 2012/13

OPERATIONAL STANDARDS

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Emergency Department | | | | | | | | | | | | | | | | |
| ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12) | 93.8% | 92.0% | 92.02% | 94.4% | 97.0% | 95.5% | 91.6% | 90.4% | 92.3% | 92.4% | 93.2% | 96.3% | 98.0% | 94.4% | 95% | ▲ |
| ED 4 Hour Waits - UHL (Type 1 and 2) | 92.1% | 89.9% | 89.8% | 92.9% | 96.4% | 94.4% | 89.5% | 88.0% | 90.5% | 90.5% | 91.5% | 95.4% | 97.5% | 93.0% | 95% | ▲ |
| Coronary Heart Disease | | | | | | | | | | | | | | | | |
| Maintain a maximum 13 week wait for revascularisation (CABG/PTCA) | 99.5% | 98.3% | 99.4% | 98.8% | 98.3% | 97.1% | 98.1% | 98.7% | 99.4% | 100.0% | 98.8% | 99.0% | 99.5% | 99.3% | 99% | ▲ |
| Primary PCI Call to Balloon <150 Mins | 94.4% | 72.2% | 84.8% | 90.0% | 88.5% | 86.4% | 83.3% | 93.3% | 93.0% | 92.9% | 91.2% | 87.9% | 92.0% | 91.4% | 75.0% | ▲ |
| Rapid Access Chest Pain Clinics - % in 2 Weeks | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 98.5% | 99.1% | 100.0% | 100.0% | 100.0% | 99.5% | 98.0% | ◀▶ |
| Cancer Treatment | | | | | | | | | | | | | | | | |
| <i>Reported One Month in Arrears</i> | | | | | | | | | | | | | | | | |
| Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 95.3% | 93.1% | 94.3% | 94.4% | 93.2% | 94.4% | 93.4% | 93.1% | 93.1% | 93.3% | 93.0% | 94.9% | | 93.6% | 93% | ▲ |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 96.5% | 97.3% | 95.8% | 95.4% | 93.3% | 93.2% | 95.7% | 94.8% | 96.7% | 93.2% | 96.4% | 96.0% | | 95.3% | 93% | ▼ |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 97.3% | 96.8% | 98.4% | 97.9% | 97.2% | 97.6% | 96.1% | 97.0% | 96.7% | 97.1% | 96.0% | 97.5% | | 96.8% | 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 | 94.0% | 95.6% | 94.1% | 98.8% | 92.1% | 87.6% | 95.4% | 91.2% | 95.6% | 94.7% | 94.6% | 95.3% | | 95.1% | 94% | ▲ |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 97.8% | 99.3% | 99.2% | 98.7% | 98.3% | 97.0% | 100.0% | 100.0% | 95.9% | 96.8% | 98.2% | 98.0% | | 97.3% | 94% | ▼ |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 83.2% | 81.1% | 79.4% | 81.3% | 84.9% | 86.3% | 85.4% | 85.7% | 85.4% | 85.4% | 77.1% | 85.5% | | 83.4% | 85% | ▲ |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 87.9% | 91.8% | 95.2% | 98.3% | 91.8% | 94.7% | 100.0% | 91.3% | 90.4% | 91.0% | 96.1% | 95.9% | | 93.4% | 90% | ▼ |
| 62-Day Wait For First Treatment From Consultant Upgrade | 100.0% | 80.0% | 100.0% | ---- | 0.0% | ---- | ---- | 100.0% | -- | 100.0% | -- | -- | | 100.0% | 85% | ◀▶ |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 5 - 2012/13

OPERATIONAL STANDARDS (continued)

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| Referral to Treatment | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 92.0% | 90.8% | 90.9% | 88.5% | 87.6% | 84.6% | 82.8% | 83.5% | 93.7% | 94.6% | 93.6% | 93.6% | 93.0% | | 90% | ▼ |
| RTT Waiting Times - Non Admitted | 96.8% | 96.6% | 96.4% | 96.2% | 96.6% | 95.5% | 96.1% | 95.9% | 97.1% | 96.6% | 97.1% | 97.3% | 97.1% | | 95% | ▼ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 94.9% | 95.8% | 94.3% | 94.6% | 94.3% | | 92% | ▼ |
| RTT 18 Weeks Waiting times - Delivery in All Specialities | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 1 | 1 | 1 | 0 | 0 | | 0 | ◀▶ |
| 6 Week - Diagnostic Test Waiting Times | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 1.0% | 0.6% | 6.4% | 2.6% | 0.9% | | <1% | ▲ |
| Efficiency - Outpatients and Inpatient Length of Stay | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | 19% | 14% | 18% | 17% | 10% | 6% | 12% | 17% | 15% | 17% | 13% | 19% | 12% | 15% | 4.0% | ▲ |
| Outpatient DNA Rates (%) (Exc. Wd Attenders) | 9.5% | 9.0% | 9.4% | 8.9% | 9.4% | 9.3% | 9.0% | 8.9% | 9.0% | 9.0% | 9.0% | 9.2% | 9.1% | 9.0% | 9.0% | ▲ |
| Outpatient Appts % Cancelled by Hospital (Exc. Wd Attenders) | 11.0% | 11.0% | 10.3% | 10.0% | 10.6% | 10.6% | 11.2% | 10.8% | 11.3% | 9.6% | 11.1% | 11.1% | 11.1% | 10.8% | 10.5% | ◀▶ |
| Outpatient Appts % Cancelled by Patient (Exc. Wd Attenders) | 10.3% | 10.3% | 10.0% | 9.4% | 10.4% | 9.4% | 9.8% | 9.4% | 9.4% | 10.0% | 10.4% | 10.5% | 10.1% | 10.1% | 10.0% | ▲ |
| Outpatient F/Up Ratio | 2.0 | 2.0 | 2.0 | 1.9 | 1.8 | 1.9 | 1.9 | 1.9 | 1.9 | 1.9 | 1.8 | 1.8 | 1.9 | 1.9 | 2.1 | ▼ |
| Ave Length of Stay (Nights) - Emergency | 5.7 | 5.8 | 5.7 | 6.0 | 5.7 | 5.8 | 5.6 | 5.7 | 5.6 | 5.6 | 5.5 | 5.6 | 5.8 | 5.6 | 5.0 | ▼ |
| Ave Length of Stay (Nights) - Elective | 3.5 | 3.8 | 3.6 | 3.4 | 3.6 | 3.1 | 3.1 | 3.1 | 3.5 | 3.4 | 3.7 | 3.3 | 3.5 | 3.5 | 3.1 | ▼ |
| Delayed transfers of care | 1.5% | 1.5% | 1.7% | 1.5% | 1.5% | 1.2% | 1.2% | 1.6% | 1.5% | 2.4% | 4.2% | 3.4% | 3.6% | 3.0% | 3.0% | ▼ |
| % of Electives admitted on day of procedure | 81.9% | 80.8% | 81.3% | 83.2% | 81.8% | 82.9% | 85.3% | 86.5% | 86.3% | 86.7% | 84.4% | 85.5% | 85.5% | 85.7% | 90% | ◀▶ |
| Theatres and Cancelled Operations | | | | | | | | | | | | | | | | |
| Day Case Rate (Basket of 25) | 81.1% | 77.8% | 77.0% | 74.3% | 76.2% | 76.2% | 71.9% | 72.9% | 71.4% | 75.1% | 74.4% | 75.2% | 72.4% | 73.8% | 75.0% | ▼ |
| Inpatient Theatre Utilisation Rate (%) | 84.1% | 82.6% | 81.0% | 81.2% | 80.2% | 81.8% | 78.8% | 80.9% | 82.3% | 82.9% | 81.5% | 80.5% | 78.7% | 81.2% | 86.0% | ▼ |
| Day case Theatre Utilisation Rate (%) | 78.8% | 78.2% | 75.1% | 79.8% | 75.8% | 77.3% | 80.2% | 80.7% | 80.2% | 77.9% | 77.8% | 71.5% | 75.7% | 76.3% | 86.0% | ▲ |
| Operations cancelled for non-clinical reasons on or after the day of admission | 1.3% | 1.6% | 1.5% | 1.7% | 1.1% | 1.2% | 1.7% | 1.3% | 1.1% | 1.2% | 1.2% | 0.9% | 0.5% | 1.0% | 0.8% | ▲ |
| Cancelled patients offered a date within 28 days of the cancellations | 95.6% | 97.1% | 92.3% | 93.6% | 84.3% | 86.1% | 89.7% | 88.6% | 86.7% | 92.1% | 91.8% | 89.3% | 90.7% | 90.2% | 95.0% | ▲ |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 5 - 2012/13

HUMAN RESOURCES

| | | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status | |
|--|--------------------------------|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| UNIVERSITY HOSPITALS of LEICESTER NHS TRUST | Staffing | | | | | | | | | | | | | | | | | |
| | Total Pay Bill (£M) | NEW FOR 2012/13 | | | | | | | | 36.9 | 37.2 | 37.1 | 37.3 | 38.1 | 186.6 | | | |
| | Total WTE | NEW FOR 2012/13 | | | | | | | | 10,243 | 10,196 | 10,243 | 10,207 | 10,312 | 10,312 | | | |
| | Workforce HR Indicators | | | | | | | | | | | | | | | | | |
| Sickness absence | 3.13% | 3.15% | 3.43% | 3.76% | 3.77% | 3.63% | 3.67% | 3.49% | 3.23% | 3.44% | 3.06% | 3.37% | 3.74% | 3.48% | 3.0% | | ▼ | |
| Appraisals | 87.7% | 88.7% | 93.5% | 93.9% | 95.0% | 96.1% | 96.1% | 94.4% | 93.7% | 93.8% | 92.8% | 91.5% | 91.1% | 91.1% | 100% | | ▼ | |
| Turnover | 8.5% | 8.1% | 8.0% | 7.9% | 8.2% | 8.2% | 8.2% | 8.2% | 8.2% | 8.2% | 8.3% | 8.2% | 8.5% | 8.5% | 10.0% | | ▲ | |
| % Corporate Induction attendance | 80.0% | 96.0% | 86.0% | 94.0% | 100.0% | 95.0% | 96.0% | 88.0% | 100.0% | 96.0% | 90.0% | 100.0% | 92.5% | 98.0% | 95.0% | | ▼ | |

DIVISIONAL HEAT MAP - Month 5 2012/13

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | |
| MRSA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Clostridium Difficile | 4 | 1 | 3 | 3 | 2 | 2 | 0 | 4 | 3 | 0 | 2 | 2 | 0 | 7 | 30 | ▲ |
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | ◀▶ |
| Patient Falls | 59 | 67 | 67 | 50 | 54 | 49 | 55 | 53 | 37 | 70 | 44 | 56 | | 207 | 653 | ▼ |
| Complaints Re-Opened | 15 | 15 | 14 | 15 | 11 | 8 | 10 | 13 | 7 | 10 | 12 | 11 | 7 | 47 | 95 | ▲ |
| SUIs (Relating to Deteriorating Patients) | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| RIDDOR | 1 | 3 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 6 | ◀▶ |
| Falls Resulting in Severe Injury or Death | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| No of Staffing Level Issues Reported as Incidents | 7 | 9 | 24 | 15 | 12 | 13 | 27 | 16 | 23 | 29 | 7 | 18 | 20 | 97 | 95 | ▼ |
| Outlying (daily average) | 3 | 4 | 3 | 3 | 2 | 2 | 2 | 1 | 4 | 4 | 3 | 1 | 0 | 0 | 6 | ▲ |
| Pressure Ulcers (Grade 3 and 4) | 5 | 0 | 2 | 3 | 4 | 5 | 1 | 6 | 2 | 4 | 3 | 3 | | 12 | 31 | ◀▶ |
| Pressure Ulcers (Grade 2) | NEW FOR 2012/13 | | | | | | | | 9 | 4 | 2 | 12 | | 27 | | |
| ALL Complaints Regarding Attitude of Staff | 17 | 8 | 11 | 18 | 15 | 16 | 10 | 4 | 13 | 10 | 16 | 9 | 7 | 55 | 122 | ▲ |
| ALL Complaints Regarding Discharge | 8 | 11 | 8 | 4 | 7 | 3 | 4 | 6 | 10 | 4 | 7 | 6 | 7 | 34 | 80 | ▼ |
| Bed Occupancy (inc short stay admissions) | 91% | 92% | 95% | 95% | 88% | 95% | 91% | 92% | 92% | 92% | 91% | 90% | 91% | 91% | 90% | ▲ |
| Bed Occupancy (excl short stay admissions) | 88% | 89% | 91% | 90% | 84% | 90% | 85% | 86% | 86% | 86% | 87% | 86% | 85% | 86% | 86% | ▼ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 7.7% | 7.8% | 7.7% | 6.8% | 8.2% | 8.1% | 7.6% | 7.7% | 8.3% | 8.5% | 8.2% | 7.8% | | 8.2% | 6.5% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 5.0% | 4.9% | 4.8% | 4.3% | 5.2% | 5.0% | 4.6% | 4.7% | 5.2% | 5.1% | 5.1% | 4.7% | | 5.0% | 4.0% | ▲ |
| 30 Day Readmission Rate (CHKS) | 7.6% | 7.7% | 7.7% | 6.8% | 8.2% | 7.9% | 7.5% | 7.5% | 8.2% | 8.4% | 7.6% | | | 7.1% | 6.5% | ▲ |
| Mortality (UHL Data) | 0.7% | 0.7% | 0.6% | 0.7% | 0.9% | 0.7% | 0.9% | 0.7% | 0.8% | 0.7% | 0.7% | 0.8% | 0.7% | 0.7% | 0.9% | ▲ |
| Mortality (CHKS - Risk Adjusted - 2012 model) | 101.3 | 97.1 | 85.4 | 95.6 | 104.1 | 103.9 | 131.5 | 118.6 | 92.2 | 88.2 | 88.1 | 94.7 | | 91.0 | 90.0 | ▼ |
| PATIENT EXPERIENCE | | | | | | | | | | | | | | | | |
| Net Promoter Score | COMMENCED APRIL 2012 | | | | | | | | 47.8 | 43.9 | 55.0 | 52.3 | 53.5 | 50.7 | | |
| Inpatient Polling - treated with respect and dignity | 97.0 | 97.0 | 97.1 | 95.6 | 96.2 | 95.9 | 96.9 | 96.7 | 96.1 | 96.0 | 97.5 | 96.6 | 96.7 | 96.6 | 95.0 | ▲ |
| Inpatient Polling - rating the care you receive | 87.7 | 87.7 | 87.9 | 86.7 | 89.5 | 90.0 | 90.2 | 89.2 | 89.3 | 87.8 | 89.7 | 90.3 | 88.8 | 89.2 | 91.0 | ▼ |
| Single Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| % Beds Providing Same Sex Accommodation - Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |

DIVISIONAL HEAT MAP - Month 5 2012/13

PLANNED CARE - DIVISIONAL
PERFORMANCE

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|-------------------------------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | 97% | 96% | 95% | 97% | 96% | 99% | 96% | 96% | 96% | 97% | 96% | 97% | 95% | | 98.0% | ▼ |
| Pain Management | 96% | 94% | 94% | 94% | 95% | 99% | 96% | 94% | 97% | 94% | 93% | 94% | 95% | | 98.0% | ▲ |
| Falls Assessment | 95% | 88% | 93% | 94% | 96% | 96% | 94% | 96% | 94% | 90% | 93% | 88% | 94% | | 98.0% | ▲ |
| Pressure Area Care | 95% | 95% | 95% | 96% | 98% | 98% | 96% | 97% | 96% | 91% | 92% | 94% | 93% | | 98.0% | ▼ |
| Nutritional Assessment | 96% | 93% | 96% | 95% | 97% | 98% | 95% | 97% | 96% | 91% | 94% | 89% | 96% | | 98.0% | ▲ |
| Medicine Prescribing and Assessment | 96% | 95% | 95% | 96% | 96% | 96% | 97% | 96% | 97% | 96% | 96% | 97% | 98% | | 98.0% | ▲ |
| Resuscitation Equipment | 75% | 81% | 78% | 90% | 91% | 89% | 68% | 91% | 78% | 58% | 81% | 89% | 87% | | 98.0% | ▼ |
| Controlled Medicines | 100% | 100% | 100% | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 98% | 100% | | 98.0% | ▲ |
| VTE | 89% | 90% | 91% | 91% | 92% | 89% | 91% | 91% | 91% | 91% | 85% | 92% | 91% | | 98.0% | ▼ |
| Patient Dignity | 97% | 98% | 96% | 96% | 97% | 95% | 95% | 96% | 96% | 98% | 96% | 95% | 96% | | 98.0% | ▲ |
| Infection Prevention and Control | 96% | 97% | 95% | 97% | 96% | 97% | 97% | 96% | 97% | 98% | 97% | 97% | 98% | | 98.0% | ▲ |
| Discharge | 79% | 80% | 75% | 85% | 82% | 81% | 82% | 83% | 78% | 79% | 78% | 81% | 76% | | 98.0% | ▼ |
| Continence | 99% | 96% | 94% | 98% | 99% | 98% | 98% | 98% | 97% | 96% | 93% | 98% | 96% | | 98.0% | ▼ |
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 89.5% | 87.5% | 87.6% | 85.0% | 83.7% | 79.5% | 77.3% | 78.5% | 92.4% | 93.1% | 92.6% | 92.1% | 91.6% | | 90.0% | ▼ |
| RTT Waiting Times - Non Admitted | 95.0% | 94.6% | 94.1% | 93.5% | 94.4% | 92.4% | 93.7% | 93.2% | 95.1% | 94.8% | 95.5% | 96.7% | 96.1% | | 95.0% | ▼ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 93.4% | 94.6% | 92.8% | 92.4% | 94.3% | | 92.0% | ▲ |

DIVISIONAL HEAT MAP - Month 5 2012/13

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | 27% | 24% | 34% | 29% | 21% | 18% | 25% | 33% | 27% | 27% | 29% | 35% | 23% | 28% | 4.0% | ▲ |
| Elective LOS | 3.3 | 3.6 | 3.3 | 3.1 | 3.4 | 2.9 | 2.8 | 2.8 | 3.4 | 3.3 | 3.4 | 3.1 | 3.2 | 3.3 | 2.8 | ▼ |
| Non Elective LOS | 6.0 | 5.8 | 6.3 | 6.2 | 5.2 | 5.8 | 5.4 | 5.9 | 5.1 | 5.9 | 5.5 | 5.9 | 6.0 | 5.7 | 5.8 | ▼ |
| % of Electives Adm.on day of proc. | 91.8% | 90.9% | 90.6% | 91.9% | 91.0% | 90.9% | 93.1% | 94.2% | 95.0% | 93.6% | 92.1% | 93.4% | 93.0% | 93.4% | 90.0% | ▼ |
| Day Case Rate (Basket of 25) | 81.1% | 78.4% | 75.8% | 73.0% | 74.6% | 74.9% | 69.4% | 70.1% | 68.6% | 71.7% | 72.4% | 72.6% | 69.1% | 71.0% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 80.2% | 80.4% | 80.1% | 80.2% | 81.2% | 81.8% | 79.6% | 78.6% | 80.6% | 79.6% | 79.7% | 79.2% | 80.5% | 79.9% | 80.0% | ▲ |
| Inpatient Theatre Utilisation | 83.4% | 81.6% | 79.3% | 79.1% | 79.4% | 78.7% | 76.9% | 80.3% | 79.9% | 81.4% | 78.3% | 78.8% | 76.2% | 79.0% | 86.0% | ▼ |
| Day Case Theatre Utilisation | 74.1% | 75.8% | 73.4% | 77.2% | 74.0% | 70.5% | 72.8% | 74.0% | 75.5% | 73.2% | 72.7% | 66.9% | 72.1% | 71.6% | 86.0% | ▲ |
| Outpatient New : F/Up Ratio | 2.4 | 2.6 | 2.4 | 2.4 | 2.3 | 2.3 | 2.4 | 2.5 | 2.5 | 2.3 | 2.3 | 2.3 | 2.3 | 2.3 | 2.3 | ◀▶ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 9.4% | 8.9% | 9.4% | 8.7% | 9.1% | 9.1% | 9.0% | 8.6% | 9.0% | 9.1% | 9.2% | 9.2% | 8.9% | 9.1% | 8.6% | ▲ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 10.9% | 10.7% | 10.6% | 9.6% | 10.2% | 10.7% | 10.7% | 10.5% | 11.7% | 9.6% | 11.7% | 11.4% | 11.4% | 11.1% | 9.0% | ▶▶ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 9.5% | 9.7% | 9.4% | 8.7% | 9.9% | 8.7% | 9.2% | 8.8% | 8.7% | 9.4% | 10.0% | 10.2% | 9.6% | 9.6% | 8.8% | ▲ |
| SCREENING PROGRAMMES | | | | | | | | | | | | | | | | |
| Diabetic Retinopathy - % Uptake | 44.1% | 35.5% | 43.2% | 83.0% | 49.1% | 43.8% | 55.5% | 63.1% | 38.0% | 30.3% | 37.5% | 28.5% | 40.1% | 34.4% | 50.0% | ▲ |
| Diabetic Retinopathy - % Results in 3 Weeks | 85.7% | 86.7% | 84.1% | 87.8% | 90.3% | 98.0% | 69.4% | 84.3% | 78.5% | 76.3% | 89.3% | 94.9% | 85.9% | 85.5% | 90.0% | ▼ |
| Diabetic Retinopathy - % Treatment in 4 Weeks | ----- | ----- | 88.9% | 83.3% | 88.9% | 45.8% | 68.8% | 94.7% | 22.2% | 70.0% | 80.0% | 88.2% | 78.6% | 72.3% | 75% | ▼ |
| Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month | 7.1% | 8.6% | 10.6% | 14.0% | 9.8% | 13.1% | 9.7% | 4.7% | 9.9% | 9.3% | 7.8% | 9.3% | 9.0% | 45.3% | 6.0% | ▼ |
| Abdominal Aortic Aneurysm - % Uptake | 114.3% | 111.9% | 115.9% | 105.7% | 104.3% | 118.2% | 112.2% | 110.0% | 94.7% | 100.0% | 100.0% | 105.7% | 100.0% | 99.3% | 99.0% | ▼ |
| Abdominal Aortic Aneurysm - 30 Day post-operative Mortality | 9.1% | 0.0% | 0.0% | ----- | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | --- | --- | --- | --- | 0.0% | 0.0% | ◀▶ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Appraisals | 90.4% | 89.8% | 91.1% | 92.7% | 98.0% | 99.0% | 98.8% | 97.2% | 97.6% | 97.1% | 95.8% | 93.9% | 92.1% | 92.1% | 100% | ▼ |
| Sickness Absence | 2.9% | 2.9% | 3.4% | 4.0% | 3.9% | 3.5% | 3.9% | 3.7% | 3.2% | 4.0% | 3.3% | 3.4% | 4.0% | 3.6% | 3.0% | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

PLANNED CARE - Specialist Surgery

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 92.5% | 90.4% | 91.2% | 87.6% | 86.1% | 82.3% | 83.5% | 81.5% | 94.7% | 95.3% | 93.8% | 93.0% | 92.4% | 92.4% | 90.0% | ▼ |
| RTT Waiting Times - Non Admitted | 95.7% | 94.7% | 94.6% | 95.7% | 95.5% | 92.7% | 95.0% | 93.4% | 95.8% | 94.5% | 96.0% | 97.8% | 96.7% | 96.7% | 95.0% | ▼ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 95.1% | 96.0% | 95.5% | 95.2% | 94.5% | 94.5% | 92.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 2.0 | 2.1 | 2.1 | 1.8 | 2.2 | 1.7 | 2.0 | 1.5 | 1.8 | 1.8 | 2.1 | 2.2 | 1.8 | 1.9 | 1.9 | ▲ |
| Non Elective LOS | 5.0 | 4.1 | 5.8 | 4.9 | 4.1 | 5.4 | 4.3 | 4.0 | 4.5 | 4.9 | 5.0 | 4.5 | 4.9 | 4.7 | 4.7 | ▼ |
| % of Electives Adm.on day of proc. | 88.2% | 82.7% | 84.9% | 86.4% | 83.8% | 86.0% | 87.2% | 88.4% | 89.4% | 88.8% | 87.9% | 91.8% | 91.8% | 90.0% | 85.0% | ◀▶ |
| Day Case Rate (Basket of 25) | 88.7% | 90.0% | 89.3% | 84.0% | 84.3% | 85.3% | 86.1% | 87.2% | 81.6% | 85.2% | 80.9% | 76.6% | 77.1% | 79.9% | 87.4% | ▲ |
| Day Case Rate (All Elective Care) | 71.0% | 75.1% | 71.6% | 71.7% | 72.8% | 72.1% | 75.2% | 72.7% | 71.1% | 71.0% | 67.9% | 68.3% | 69.3% | 69.5% | 72.6% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 3.3% | 2.7% | 3.7% | 2.7% | 3.5% | 3.3% | 2.8% | 3.8% | 4.1% | 4.3% | 2.9% | 3.0% | | 3.6% | 2.8% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 1.7% | 1.3% | 1.8% | 1.3% | 1.6% | 1.3% | 1.4% | 2.3% | 1.7% | 2.1% | 1.8% | 1.6% | | 1.8% | 1.3% | ▲ |
| Outpatient New : F/Up Ratio | 2.0 | 2.2 | 2.2 | 2.0 | 1.9 | 1.9 | 1.9 | 2.0 | 2.0 | 1.8 | 1.8 | 1.8 | 1.9 | 1.9 | 1.9 | ▼ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 9.5% | 9.2% | 9.9% | 9.2% | 9.1% | 9.4% | 9.6% | 8.6% | 8.9% | 9.0% | 9.6% | 9.5% | 9.2% | 9.2% | 9.0% | ▲ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 13.0% | 13.3% | 13.5% | 11.2% | 11.9% | 11.3% | 11.3% | 11.0% | 12.0% | 10.4% | 12.8% | 13.6% | 12.4% | 12.2% | 11.5% | ▲ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 10.6% | 10.3% | 9.9% | 9.3% | 10.8% | 9.6% | 10.4% | 9.8% | 9.6% | 10.1% | 11.3% | 11.4% | 10.8% | 10.7% | 9.5% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 100% | 100% | 100% | 99% | 94% | 100% | 90% | 83% | 86% | 89% | 86% | 86% | 90% | 88% | 90.0% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Sickness Absence | 2.07% | 2.01% | 2.59% | 3.03% | 3.71% | 3.39% | 3.42% | 3.27% | 2.89% | 3.41% | 3.88% | 4.45% | 4.32% | 3.4% | 3.0% | ▲ |

DIVISIONAL HEAT MAP - Month 5 2012/13

PLANNED CARE - GI Medicine / Surgery

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 83.8% | 81.3% | 80.9% | 77.8% | 77.0% | 74.1% | 70.9% | 74.6% | 91.0% | 91.6% | 91.6% | 90.9% | 91.1% | 91.1% | 90.0% | ▲ |
| RTT Waiting Times - Non Admitted | 90.9% | 92.8% | 87.9% | 82.4% | 87.9% | 86.6% | 87.1% | 90.0% | 91.8% | 94.1% | 92.1% | 92.7% | 93.2% | 93.2% | 95.0% | ▲ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 88.3% | 90.2% | 85.4% | 85.0% | 86.2% | 86.2% | 92.0% | ▲ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 3.9 | 4.9 | 4.0 | 3.4 | 3.6 | 3.2 | 3.3 | 3.3 | 4.1 | 4.2 | 4.0 | 3.5 | 4.1 | 4.0 | 3.2 | ▼ |
| Non Elective LOS | 5.8 | 5.3 | 5.9 | 5.7 | 4.7 | 5.3 | 5.0 | 5.1 | 4.7 | 5.2 | 5.2 | 5.7 | 5.2 | 5.2 | 5.3 | ▲ |
| % of Electives Adm.on day of proc. | 93.6% | 92.5% | 93.2% | 94.6% | 93.3% | 92.2% | 93.9% | 95.6% | 95.6% | 95.2% | 92.7% | 93.6% | 90.9% | 93.8% | 90.0% | ▼ |
| Day Case Rate (Basket of 25) | 57.2% | 58.6% | 50.7% | 46.3% | 51.7% | 54.8% | 47.8% | 43.7% | 31.5% | 40.7% | 50.9% | 50.0% | 47.5% | 44.7% | 49.9% | ▼ |
| Day Case Rate (All Elective Care) | 83.1% | 82.2% | 83.6% | 83.2% | 83.8% | 85.2% | 80.0% | 79.5% | 82.4% | 81.7% | 83.4% | 81.6% | 82.6% | 82.3% | 85.0% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 7.4% | 7.7% | 7.5% | 6.6% | 7.6% | 7.4% | 7.5% | 8.0% | 8.6% | 9.3% | 8.6% | 8.6% | | 8.8% | 7.0% | ◀▶ |
| 30 Day Readmissions (UHL) - Same Specialty | 4.1% | 3.9% | 3.7% | 3.3% | 3.8% | 3.6% | 3.9% | 4.4% | 4.7% | 4.9% | 4.5% | 5.2% | | 4.8% | 3.8% | ▼ |
| Outpatient New : F/Up Ratio | 1.8 | 2.1 | 1.7 | 1.8 | 1.7 | 1.9 | 1.8 | 2.1 | 2.0 | 2.0 | 2.2 | 1.9 | 2.0 | 2.0 | 2.0 | ▼ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 8.3% | 7.9% | 8.9% | 7.5% | 8.4% | 8.3% | 8.2% | 8.7% | 9.1% | 8.9% | 7.4% | 9.0% | 8.4% | 8.6% | 8.2% | ▲ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 15.3% | 12.1% | 11.7% | 12.5% | 13.1% | 16.3% | 16.9% | 16.4% | 17.5% | 15.2% | 14.8% | 13.4% | 15.2% | 15.2% | 14.0% | ▼ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 10.2% | 11.9% | 10.5% | 9.0% | 10.5% | 8.8% | 8.8% | 9.3% | 8.9% | 10.0% | 10.1% | 11.1% | 10.4% | 10.1% | 9.4% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 93% | 100% | 94% | 94% | 91% | 95% | 94% | 94% | 96% | 95% | 95% | 94% | 95% | 95% | 90.0% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Sickness Absence | 2.7% | 3.1% | 3.8% | 5.3% | 5.1% | 3.9% | 4.1% | 4.4% | 3.5% | 4.3% | 3.2% | 3.0% | 3.9% | 4.0% | 3.0% | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | -- | 100% | 100% | -- | -- | 100% | -- | -- | -- | -- | -- | -- | -- | -- | 90.0% | ▶▶ |
| RTT Waiting Times - Non Admitted | 99.2% | 98.9% | 99.0% | 97.5% | 99.1% | 98.1% | 97.9% | 97.4% | 97.6% | 98.3% | 97.8% | 99.1% | 99.1% | 99.1% | 95.0% | ▶▶ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 99.1% | 100.0% | 99.6% | 97.7% | 97.9% | 97.9% | 92.0% | ▲ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 6.7 | 9.2 | 8.1 | 7.0 | 8.8 | 9.5 | 6.9 | 7.2 | 6.6 | 5.7 | 9.5 | 7.0 | 6.8 | 7.0 | 7.1 | ▲ |
| Non Elective LOS | 5.6 | 5.4 | 4.5 | 5.9 | 4.6 | 4.9 | 5.1 | 6.3 | 4.7 | 5.6 | 4.9 | 5.0 | 6.7 | 5.3 | 5.7 | ▼ |
| % of Electives Adm.on day of proc. | 68.0% | 78.2% | 69.2% | 77.4% | 76.9% | 63.8% | 75.7% | 88.6% | 94.4% | 86.8% | 85.7% | 78.9% | 87.8% | 86.6% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 96.5% | 96.4% | 96.5% | 96.1% | 96.8% | 97.0% | 97.6% | 97.1% | 97.5% | 95.9% | 96.7% | 97.2% | 96.6% | 96.8% | 96.9% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 13.1% | 12.9% | 12.7% | 11.9% | 14.4% | 14.2% | 13.2% | 11.6% | 12.7% | 12.4% | 12.2% | 11.9% | | 12.3% | 11.0% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 11.1% | 10.8% | 10.9% | 10.5% | 12.5% | 11.9% | 10.3% | 8.5% | 10.1% | 9.6% | 9.7% | 8.0% | | 9.4% | 9.4% | ▲ |
| Outpatient New : F/Up Ratio | 8.2 | 8.6 | 8.0 | 7.8 | 7.5 | 7.6 | 8.0 | 8.1 | 8.5 | 8.1 | 7.8 | 7.1 | 7.2 | 7.7 | 8.0 | ▼ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 8.7% | 8.4% | 8.3% | 7.7% | 8.2% | 8.3% | 8.0% | 8.3% | 8.6% | 8.9% | 9.1% | 8.7% | 8.1% | 8.7% | 7.4% | ▲ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 5.7% | 6.3% | 4.8% | 5.3% | 5.6% | 5.5% | 5.4% | 6.5% | 8.7% | 5.6% | 8.4% | 6.5% | 7.9% | 7.4% | 5.8% | ▼ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 6.8% | 6.8% | 6.9% | 6.6% | 7.0% | 6.8% | 6.7% | 6.5% | 7.1% | 7.4% | 7.4% | 7.4% | 6.6% | 7.2% | 6.4% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 97% | 99% | 97% | 97% | 93% | 97% | 95% | 97% | 92% | 99% | 97% | 99% | 96% | 96% | 95.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.8% | 2.6% | 2.4% | 2.9% | 2.4% | 2.6% | 3.0% | 2.4% | 2.8% | 3.8% | 2.6% | 2.4% | 3.2% | 2.8% | 3.0% | ▼ |

PLANNED CARE - Cancer and Haematology

DIVISIONAL HEAT MAP - Month 5 2012/13

PLANNED CARE - Musculo-Skeletal

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 91.6% | 91.0% | 91.0% | 90.0% | 90.0% | 82.7% | 76.0% | 79.2% | 90.3% | 91.8% | 92.0% | 92.4% | 91.0% | 91.0% | 90.0% | ▼ |
| RTT Waiting Times - Non Admitted | 95.0% | 95.4% | 96.9% | 94.8% | 95.5% | 95.3% | 93.8% | 94.8% | 94.8% | 96.3% | 96.1% | 95.6% | 95.5% | 95.5% | 95.0% | ▼ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 96.9% | 97.4% | 96.8% | 95.8% | 94.9% | 94.9% | 92.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 3.5 | 2.6 | 2.8 | 3.4 | 3.4 | 2.9 | 2.5 | 2.8 | 3.6 | 3.2 | 3.3 | 3.3 | 3.2 | 3.3 | 3.0 | ▲ |
| Non Elective LOS | 7.7 | 9.2 | 9.7 | 9.6 | 8.4 | 9.5 | 8.4 | 10.7 | 8.4 | 10.5 | 7.6 | 8.9 | 9.5 | 9.0 | 9.6 | ▼ |
| % of Electives Adm.on day of proc. | 97.6% | 98.3% | 96.3% | 97.2% | 97.5% | 98.5% | 98.9% | 98.7% | 99.7% | 97.6% | 97.0% | 96.3% | 98.3% | 97.7% | 97.5% | ▲ |
| Day Case Rate (Basket of 25) | 87.7% | 77.8% | 75.6% | 80.3% | 82.2% | 78.9% | 74.2% | 79.1% | 80.6% | 82.5% | 81.7% | 84.6% | 82.7% | 82.6% | 80.8% | ▼ |
| Day Case Rate (All Elective Care) | 47.7% | 41.8% | 44.4% | 47.0% | 44.9% | 45.8% | 41.0% | 41.5% | 44.0% | 43.6% | 39.7% | 47.0% | 44.9% | 44.0% | 45.5% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 4.7% | 5.5% | 5.1% | 3.7% | 4.3% | 4.8% | 4.7% | 5.2% | 3.7% | 2.9% | 5.9% | 3.7% | | 4.0% | 4.0% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 1.5% | 2.4% | 1.6% | 0.7% | 1.0% | 1.3% | 1.0% | 2.0% | 1.3% | 0.8% | 2.7% | 0.6% | | 1.3% | 1.8% | ▲ |
| Outpatient New : F/Up Ratio | 1.8 | 2.0 | 1.7 | 1.8 | 1.7 | 1.8 | 2.0 | 1.9 | 1.8 | 1.8 | 1.7 | 1.7 | 1.6 | 1.7 | 1.7 | ▲ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 10.7% | 9.3% | 9.7% | 9.3% | 10.9% | 10.0% | 9.3% | 9.2% | 10.0% | 9.8% | 9.7% | 8.9% | 9.4% | 9.6% | 9.0% | ▼ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 7.2% | 7.1% | 7.9% | 7.0% | 7.7% | 9.2% | 8.9% | 7.3% | 9.2% | 6.7% | 9.5% | 9.0% | 9.3% | 8.7% | 8.2% | ▼ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 9.2% | 9.2% | 9.4% | 8.7% | 9.8% | 7.9% | 8.9% | 8.4% | 8.3% | 9.3% | 9.1% | 9.4% | 9.4% | 9.1% | 8.8% | ▶ |
| Bed Utilisation (Incl short stay admissions) | 79% | 73% | 91% | 93% | 79% | 85% | 85% | 91% | 87% | 87% | 86% | 84% | 83% | 85% | 90.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.2% | 3.9% | 4.8% | 4.7% | 3.9% | 4.0% | 4.8% | 4.5% | 3.5% | 4.5% | 3.4% | 3.7% | 4.6% | 4.2% | 3.0% | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | |
| MRSA | 1 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | ▶▶ |
| Cdiff | 6 | 6 | 9 | 8 | 4 | 2 | 6 | 7 | 11 | 4 | 1 | 6 | 5 | 27 | 81 | ▲ |
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 3 | 0 | ▶▶ |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | ▶▶ |
| Patient Falls | 171 | 154 | 186 | 163 | 163 | 152 | 183 | 186 | 174 | 164 | 212 | 214 | | 764 | 1982 | ▼ |
| Complaints Re-Opened | 7 | 11 | 9 | 8 | 5 | 4 | 7 | 12 | 9 | 7 | 7 | 4 | 4 | 31 | 75 | ▶▶ |
| SULs (Relating to Deteriorating Patients) | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ▶▶ |
| RIDDOR | 2 | 0 | 1 | 1 | 2 | 0 | 3 | 2 | 3 | 3 | 0 | 3 | 1 | 10 | 15 | ▲ |
| Falls Resulting in Severe Injury or Death | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 3 | 3 | ▶▶ |
| Staffing Level Issues Reported as Incidents | 11 | 12 | 10 | 10 | 14 | 19 | 54 | 18 | 7 | 25 | 17 | 28 | 33 | 110 | 154 | ▼ |
| Outlying (daily average) | 7 | 12 | 1 | 6 | 18 | 17 | 15 | 3 | 3 | 4 | 1 | 0 | 0 | 0 | 10 | ▲ |
| Pressure Ulcers (Grade 3 and 4) | 3 | 5 | 8 | 3 | 2 | 7 | 7 | 15 | 8 | 7 | 4 | 10 | | 29 | 78 | ▼ |
| Pressure Ulcers (Grade 2) | NEW FOR 2012/13 | | | | | | | | 15 | 22 | 6 | 23 | | 66 | | |
| ALL Complaints Regarding Attitude of Staff | 14 | 18 | 14 | 11 | 11 | 6 | 5 | 11 | 15 | 11 | 10 | 8 | 8 | 52 | 110 | ▶▶ |
| ALL Complaints Regarding Discharge | 17 | 16 | 11 | 13 | 21 | | 16 | 17 | 17 | 26 | 14 | 20 | 23 | 100 | 120 | ▼ |
| Bed Occupancy (inc short stay admissions) | 93% | 92% | 94% | 95% | 94% | 95% | 93% | 94% | 93% | 91% | 91% | 91% | 92% | 92% | 90% | ▲ |
| Bed Occupancy (excl short stay admissions) | 89% | 89% | 90% | 91% | 91% | 92% | 90% | 91% | 89% | 88% | 89% | 88% | 88% | 88% | 86% | ▶▶ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 11.7% | 11.1% | 11.2% | 11.0% | 11.9% | 11.6% | 11.7% | 11.4% | 11.6% | 12.3% | 12.1% | 12.3% | | 12.1% | 10.0% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 6.3% | 6.2% | 6.9% | 5.6% | 6.6% | 6.3% | 6.5% | 5.7% | 6.6% | 6.5% | 6.6% | 6.7% | | 6.6% | 6.3% | ▼ |
| Mortality (UHL Data) | 3.3% | 3.7% | 3.7% | 3.5% | 4.0% | 4.2% | 4.3% | 4.1% | 4.4% | 3.5% | 3.7% | 3.7% | 3.4% | 3.8% | 4.3% | ▲ |
| Mortality (CHKS - Risk Adjusted - 2012 model) | 89.1 | 101.5 | 90.9 | 82.5 | 79.0 | 90.8 | 97.2 | 89.4 | 99.2 | 85.0 | 83.9 | 85.4 | | 88.0 | 90 | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | 96% | 96% | 96% | 95% | 95% | 96% | 96% | 97% | 96% | 96% | 96% | 95% | 95% | | 98.0% | ◀▶ |
| Pain Management | 96% | 95% | 92% | 94% | 97% | 93% | 91% | 89% | 95% | 96% | 96% | 95% | 95% | | 98.0% | ◀▶ |
| Falls Assessment | 95% | 94% | 89% | 94% | 93% | 95% | 94% | 96% | 97% | 89% | 96% | 84% | 93% | | 98.0% | ▲ |
| Pressure Area Care | 95% | 95% | 93% | 96% | 93% | 95% | 96% | 97% | 96% | 95% | 96% | 97% | 96% | | 98.0% | ▼ |
| Nutritional Assessment | 93% | 93% | 91% | 95% | 94% | 97% | 92% | 95% | 96% | 87% | 82% | 90% | 89% | | 98.0% | ▼ |
| Medicine Prescribing and Assessment | 99% | 97% | 95% | 96% | 96% | 95% | 97% | 96% | 97% | 98% | 97% | 98% | 97% | | 98.0% | ▼ |
| Resuscitation Equipment | 89% | 89% | 67% | 56% | 56% | 87% | 56% | 80% | 88% | 62% | 82% | 81% | 84% | | 98.0% | ▲ |
| Controlled Medicines | 98% | 99% | 99% | 100% | 99% | 98% | 100% | 99% | 99% | 98% | 100% | 99% | 99% | | 98.0% | ◀▶ |
| VTE | 79% | 80% | 89% | 89% | 88% | 87% | 91% | 90% | 86% | 74% | 85% | 84% | 84% | | 98.0% | ▲▶ |
| Patient Dignity | 97% | 98% | 95% | 96% | 96% | 94% | 96% | 91% | 96% | 91% | 91% | 87% | 95% | | 98.0% | ▲ |
| Infection Prevention and Control | 96% | 99% | 95% | 97% | 98% | 98% | 98% | 98% | 98% | 96% | 97% | 97% | 95% | | 98.0% | ▼ |
| Discharge | 85% | 86% | 77% | 85% | 86% | 86% | 89% | 88% | 91% | 91% | 86% | 89% | 87% | | 98.0% | ▼ |
| Continence | 94% | 94% | 96% | 98% | 97% | 98% | 98% | 97% | 97% | 98% | 97% | 98% | 98% | | 98.0% | ◀▶ |
| SAME SEX ACCOMMODATION | | | | | | | | | | | | | | | | |
| Net Promoter Score | COMMENCED APRIL 2012 | | | | | | | | 49.9 | 53.2 | 54.8 | 55.0 | 58.5 | 54.1 | | |
| Inpatient Polling - treated with respect and dignity | 95.6 | 94.5 | 95.5 | 96.7 | 95.7 | 96.3 | 94.8 | 95.2 | 95.8 | 96.2 | 94.8 | 95.9 | 95.0 | 95.6 | 95.0 | ▼ |
| Inpatient Polling - rating the care you receive | 83.6 | 83.5 | 86.0 | 85.9 | 86.0 | 84.2 | 85.9 | 85.3 | 87.7 | 88.6 | 85.6 | 86.8 | 88.3 | 87.5 | 91.0 | ▲ |
| Single Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3 | 0 | 0 | 0 | 0 | 3 | 0 | ◀▶ |
| % Beds Providing Same Sex Accommodation - Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 97.9% | 98.1% | 99.0% | 95.7% | 98.3% | 97.1% | 97.3% | 99.0% | 97.6% | 96.2% | 97.2% | 98.2% | 96.0% | 96.0% | 90.0% | ▼ |
| RTT Waiting Times - Non Admitted | 99.3% | 99.5% | 99.2% | 99.3% | 99.2% | 99.0% | 99.0% | 99.0% | 99.2% | 99.5% | 99.5% | 98.9% | 98.9% | 98.9% | 95.0% | ▲ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 97.4% | 98.8% | 99.2% | 99.1% | 98.5% | 98.5% | 90.0% | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | 8% | 6% | 10% | 13% | 3% | 1% | 4% | 3% | 3% | 6% | 6% | 16% | 4% | 7% | 4.0% | ▲ |
| Elective LOS | 5.0 | 5.3 | 4.6 | 4.9 | 4.8 | 4.3 | 4.5 | 4.6 | 4.7 | 4.6 | 5.3 | 4.5 | 5.1 | 4.8 | 4.4 | ▼ |
| Non Elective LOS | 6.4 | 6.9 | 6.3 | 6.8 | 6.5 | 6.5 | 6.5 | 6.5 | 6.7 | 6.1 | 6.3 | 6.2 | 6.3 | 6.3 | 6.0 | ▼ |
| % of Electives Adm.on day of proc. | 50.2% | 51.0% | 54.8% | 53.7% | 53.0% | 58.3% | 55.6% | 56.8% | 52.8% | 58.3% | 51.5% | 53.3% | 51.2% | 53.6% | 53.9% | ▼ |
| Day Case Rate (All Elective Care) | 67.3% | 70.9% | 67.3% | 71.4% | 69.9% | 70.6% | 68.9% | 70.1% | 72.2% | 72.4% | 69.8% | 69.6% | 68.4% | 70.5% | 70.3% | ▼ |
| Inpatient Theatre Utilisation | 92.5% | 90.3% | 88.2% | 89.6% | 85.3% | 96.3% | 87.6% | 85.8% | 93.4% | 88.7% | 97.6% | 88.3% | 88.6% | 91.0% | 86.0% | ▲ |
| Day Case Theatre Utilisation | 68.1% | 73.1% | 79.0% | 79.0% | ----- | 62.9% | ----- | 86.0% | 79.2% | 81.9% | 74.2% | 87.9% | ----- | 82.2% | 86.0% | ▲ |
| Outpatient New : F/Up Ratio | 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 | 1.8 | 1.8 | ◀▶ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 9.3% | 9.1% | 9.6% | 9.0% | 9.3% | 9.5% | 9.0% | 8.7% | 8.7% | 8.6% | 9.0% | 9.5% | 9.4% | 9.0% | 9.2% | ▲ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 12.9% | 12.2% | 10.6% | 11.9% | 13.0% | 11.6% | 13.0% | 12.5% | 12.5% | 10.8% | 12.6% | 13.1% | 12.2% | 12.2% | 11.8% | ▲ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 10.9% | 10.7% | 10.5% | 9.8% | 10.9% | 10.2% | 10.2% | 9.7% | 10.2% | 10.5% | 10.3% | 10.7% | 10.4% | 10.4% | 9.9% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Appraisals | 85.5% | 81.2% | 90.5% | 93.6% | 93.5% | 93.9% | 93.8% | 90.4% | 89.0% | 91.6% | 92.8% | 91.2% | 92.5% | 92.5% | 100% | ▲ |
| Sickness Absence | 3.5% | 3.4% | 3.4% | 3.7% | 4.0% | 4.1% | 4.1% | 3.9% | 3.6% | 3.5% | 3.1% | 3.3% | 3.7% | 3.6% | 3% | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

ACUTE CARE - Medicine

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 98.4% | 97.7% | 99.0% | 98.9% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 97.6% | 100.0% | 100.0% | 100.0% | 90.0% | ◀▶ |
| RTT Waiting Times - Non Admitted | 99.5% | 99.7% | 99.2% | 99.5% | 99.8% | 99.4% | 99.6% | 99.2% | 99.2% | 99.6% | 99.5% | 99.1% | 99.1% | 99.1% | 95.0% | ◀▶ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 98.6% | 98.4% | 99.3% | 99.4% | 99.3% | 99.3% | 92.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 5.8 | 9.5 | 7.5 | 17.3 | 6.3 | 10.4 | 2.1 | 4.6 | 5.4 | 6.3 | 7.3 | 3.5 | 6.3 | 5.8 | 6.8 | ▼ |
| Non Elective LOS | 6.8 | 7.8 | 6.6 | 7.4 | 6.6 | 6.6 | 6.5 | 6.8 | 6.8 | 6.4 | 6.6 | 6.3 | 6.3 | 6.5 | 6.3 | ◀▶ |
| % of Electives Adm.on day of proc. | 29.2% | 42.9% | 66.7% | 44.4% | 50.0% | 66.7% | 87.5% | 90.0% | 66.7% | 70.0% | 27.3% | 83.3% | 54.5% | 59.6% | 85.0% | ▼ |
| Day Case Rate (All Elective Care) | 93.9% | 96.9% | 95.8% | 97.3% | 97.5% | 96.9% | 96.5% | 96.7% | 97.3% | 96.8% | 94.9% | 95.1% | 92.7% | 95.4% | 96.8% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 11.9% | 10.2% | 11.9% | 11.1% | 13.3% | 11.3% | 11.2% | 12.3% | 10.7% | 12.7% | 12.7% | 11.3% | | 11.9% | 11.0% | ▲ |
| Outpatient New : F/Up Ratio | 2.5 | 2.2 | 2.4 | 2.3 | 2.4 | 2.5 | 2.3 | 2.4 | 2.3 | 2.4 | 2.4 | 2.2 | 2.3 | 2.3 | 2.4 | ▼ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 9.2% | 9.0% | 10.1% | 9.0% | 8.9% | 9.3% | 8.8% | 8.7% | 8.7% | 8.0% | 8.7% | 9.1% | 9.3% | 8.8% | 9.0% | ▼ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 10.5% | 10.4% | 9.2% | 10.0% | 10.7% | 8.6% | 11.4% | 11.5% | 9.7% | 7.9% | 10.2% | 11.6% | 9.2% | 9.7% | 10.5% | ▲ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 11.9% | 11.8% | 11.4% | 10.8% | 12.0% | 11.4% | 10.9% | 10.3% | 11.0% | 11.6% | 10.9% | 11.3% | 10.7% | 11.1% | 11.0% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 94% | 93% | 98% | 97% | 98% | 98% | 98% | 96% | 95% | 94% | 96% | 94% | 94% | 95% | 90.0% | ▶▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.6% | 3.3% | 3.3% | 3.2% | 4.2% | 4.4% | 4.1% | 3.9% | 3.3% | 3.0% | 2.2% | 2.8% | 3.8% | 3.5% | 3.0% | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

ACUTE CARE - Respiratory Med. & Thoracic Surgery

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 98% | 100% | 100% | 100% | 100% | 100% | 93% | 100% | 97% | 100% | 80% | 100% | 100% | 100% | 90.0% | ◀▶ |
| RTT Waiting Times - Non Admitted | 100% | 99.2% | 99.2% | 99.3% | 100.0% | 99.5% | 100.0% | 100.0% | 99.0% | 99.1% | 99.0% | 99.7% | 100.0% | 100.0% | 95.0% | ▲ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 99.5% | 99.8% | 99.2% | 98.3% | 98.5% | 98.5% | 92.0% | ▲ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 6.9 | 8.6 | 6.3 | 8.4 | 5.9 | 7.0 | 6.0 | 6.1 | 6.7 | 7.7 | 7.0 | 6.3 | 7.2 | 7.0 | 6.1 | ▼ |
| Non Elective LOS | 4.3 | 4.2 | 4.1 | 4.3 | 4.1 | 4.6 | 4.6 | 4.4 | 4.5 | 4.3 | 4.2 | 4.5 | 4.3 | 4.4 | 4.4 | ▲ |
| % of Electives Adm.on day of proc. | 45.5% | 47.4% | 47.6% | 45.0% | 53.6% | 52.2% | 42.9% | 48.2% | 37.1% | 50.8% | 43.2% | 29.5% | 42.9% | 40.4% | 48.6% | ▲ |
| Day Case Rate (All Elective Care) | 65.4% | 66.9% | 67.6% | 68.3% | 68.3% | 70.5% | 64.3% | 69.1% | 61.4% | 65.6% | 71.4% | 62.4% | 64.8% | 65.0% | 66.8% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 14.4% | 14.3% | 14.0% | 13.2% | 12.4% | 13.9% | 14.5% | 12.7% | 15.3% | 13.7% | 14.1% | 16.8% | | 15.0% | 12.0% | ▼ |
| Outpatient New : F/Up Ratio | 1.7 | 1.5 | 1.7 | 1.5 | 1.6 | 1.7 | 1.6 | 1.4 | 1.8 | 1.5 | 1.7 | 1.5 | 1.5 | 1.6 | 1.5 | ◀▶ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 10.1% | 10.5% | 11.5% | 10.4% | 11.2% | 10.9% | 9.9% | 8.8% | 9.5% | 11.1% | 10.6% | 12.0% | 12.6% | 11.2% | 10.2% | ▼ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 11.1% | 9.3% | 7.3% | 9.2% | 15.9% | 8.9% | 11.1% | 10.3% | 11.2% | 8.5% | 10.5% | 8.7% | 14.1% | 10.6% | 10.3% | ▼ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 11.0% | 10.7% | 10.3% | 9.5% | 9.6% | 9.3% | 10.0% | 9.2% | 9.5% | 8.5% | 8.4% | 10.4% | 9.9% | 9.3% | 9.7% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 95% | 94% | 93% | 95% | 97% | 95% | 95% | 96% | 96% | 89% | 92% | 93% | 92% | 92% | 90.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Sickness Absence | 2.8% | 2.9% | 3.3% | 4.3% | 4.3% | 4.7% | 4.9% | 4.5% | 3.5% | 3.9% | 3.7% | 3.3% | 3.3% | 3.9% | 3.0% | ▶ |

DIVISIONAL HEAT MAP - Month 5 2012/13

ACUTE CARE - Cardiac, Renal & Critical Care

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 97.9% | 98.1% | 99.0% | 94.8% | 97.8% | 96.4% | 97.2% | 95.3% | 97.0% | 95.5% | 97.4% | 97.8% | 95.4% | 95.4% | 90.0% | ▼ |
| RTT Waiting Times - Non Admitted | 98.4% | 99.3% | 99.2% | 98.7% | 97.2% | 97.8% | 96.8% | 97.8% | 99.2% | 99.4% | 99.8% | 97.8% | 97.7% | 97.7% | 95.0% | ▼ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 95.8% | 99.3% | 99.0% | 98.8% | 97.5% | 97.5% | 92.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 4.6 | 4.6 | 4.2 | 3.7 | 4.6 | 3.5 | 4.3 | 4.3 | 4.1 | 3.8 | 4.8 | 4.1 | 4.5 | 4.3 | 4.0 | ▼ |
| Non Elective LOS | 8.5 | 9.1 | 8.9 | 8.4 | 9.4 | 9.3 | 9.2 | 9.6 | 10.4 | 8.7 | 9.0 | 9.2 | 10.0 | 9.4 | 9.4 | ▼ |
| % of Electives Adm.on day of proc. | 52.7% | 52.0% | 55.6% | 55.7% | 52.9% | 59.0% | 57.6% | 57.3% | 56.7% | 59.6% | 54.0% | 57.4% | 53.1% | 56.4% | 55.0% | ▼ |
| Day Case Rate (All Elective Care) | 52.1% | 52.2% | 49.2% | 54.1% | 51.5% | 53.5% | 52.1% | 53.4% | 57.9% | 58.0% | 53.4% | 53.6% | 53.0% | 55.3% | 52.5% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 9.1% | 9.9% | 8.0% | 9.4% | 9.4% | 10.1% | 10.1% | 9.0% | 9.9% | 10.6% | 9.6% | 10.1% | | 10.1% | 9.0% | ▼ |
| Outpatient New : F/Up Ratio | 2.6 | 2.6 | 2.8 | 2.6 | 2.6 | 2.7 | 2.6 | 2.5 | 2.5 | 2.4 | 2.5 | 2.4 | 2.5 | 2.4 | 2.4 | ▼ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 8.2% | 7.6% | 7.0% | 7.8% | 8.1% | 8.3% | 7.9% | 7.2% | 6.9% | 7.2% | 7.0% | 7.4% | 6.4% | 7.0% | 7.7% | ▲ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 18.7% | 17.3% | 15.2% | 17.3% | 16.5% | 19.3% | 17.2% | 16.3% | 19.4% | 18.7% | 19.1% | 19.1% | 17.8% | 18.8% | 16.9% | ▼ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 8.8% | 8.7% | 8.7% | 7.9% | 9.4% | 8.4% | 8.8% | 8.5% | 8.9% | 9.5% | 10.1% | 9.6% | 10.0% | 9.6% | 8.8% | ▼ |
| Bed Utilisation (Incl short stay admissions) | 89% | 89% | 88% | 91% | 89% | 90% | 87% | 89% | 88% | 88% | 84% | 86% | 89% | 87% | 90% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.6% | 3.5% | 3.4% | 3.9% | 3.8% | 3.7% | 3.8% | 3.5% | 3.7% | 3.5% | 3.3% | 3.2% | 3.7% | 3.6% | 3.0% | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

ACUTE CARE - Emergency Dept.

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| ED Waits - Type 1 | 91.0% | 88.7% | 88.5% | 92.1% | 96.0% | 93.7% | 88.3% | 86.6% | 89.5% | 89.3% | 90.5% | 94.9% | 97.2% | 92.2% | 95% | ▲ |
| Admitted Median Wait (Mins) - Type 1 | 223 | 232 | 234 | 219 | 210 | 214 | 232 | 230 | 221 | 222 | 218 | 208 | 204 | 214 | 205 | ▲ |
| Admitted 95th Percentile Wait (Mins) - Type 1 | 477 | 569 | 558 | 484 | 350 | 417 | 482 | 444 | 437 | 452 | 473 | 376 | 323 | 420 | 350 | ▲ |
| Non-Admitted Median Wait (Mins) - Type 1 | 132 | 138 | 135 | 133 | 129 | 133 | 143 | 154 | 146 | 147 | 148 | 138 | 129 | 141 | 105 | ▲ |
| Non-Admitted 95th Percentile Wait (Mins) Type 1 | 240 | 255 | 253 | 240 | 236 | 238 | 256 | 285 | 273 | 262 | 259 | 238 | 234 | 240 | 235 | ▲ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 22.3% | 27.6% | 25.4% | 21.3% | 27.8% | 24.7% | 26.3% | 28.9% | 29.5% | 26.9% | 31.6% | 29.8% | 31.6% | 29.8% | 24.4% | ▼ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 2.1% | 1.3% | 2.7% | 3.0% | 4.3% | 3.3% | 3.3% | 1.5% | 6.4% | 2.2% | 2.6% | 2.6% | 2.4% | 3.2% | 2.5% | ▲ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 12.6% | 9.7% | 11.7% | 14.1% | 9.7% | 11.6% | 10.5% | 11.9% | 7.8% | 10.6% | 9.3% | 11.0% | 10.8% | 10.0% | 10.0% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.4% | 2.9% | 3.6% | 4.4% | 4.1% | 4.1% | 4.3% | 3.9% | 4.4% | 4.1% | 4.3% | 4.6% | 3.9% | 4.0% | 3.0% | ▲ |

DIVISIONAL HEAT MAP - Month 5 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status | |
|---|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|----|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | | |
| MRSA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Clostridium Difficile | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | ◀▶ | |
| PATIENT SAFETY | | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Never Events | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Patient Falls | 7 | 5 | 4 | 5 | 3 | 1 | 4 | 4 | 4 | 1 | 2 | 4 | | 11 | 47 | ▼ | |
| Complaints Re-Opened | 3 | 3 | 4 | 3 | 4 | 1 | 1 | 0 | 4 | 1 | 1 | 3 | 4 | 13 | 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 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 3 | 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 | 64 | 52 | 71 | 96 | 58 | 29 | 41 | 35 | 20 | 61 | 84 | 88 | 45 | 298 | 616 | ▲ | |
| Outlying (daily average) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ | |
| Pressure Ulcers (Grade 3 and 4) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 2 | ◀▶ | |
| Pressure Ulcers (Grade 2) | NEW FOR 2012/13 | | | | | | | | 0 | 0 | 0 | 0 | | 0 | | ◀▶ | |
| ALL Complaints Regarding Attitude of Staff | 6 | 11 | 6 | 4 | 6 | 6 | 5 | 4 | 4 | 3 | 10 | 7 | 7 | 31 | 98 | ◀▶ | |
| ALL Complaints Regarding Discharge | 0 | 4 | 4 | 0 | 3 | 0 | 2 | 1 | 0 | 0 | 2 | 2 | 0 | 4 | 20 | ▲ | |
| Bed Occupancy (inc short stay admissions) | 82% | 85% | 85% | 88% | 90% | 89% | 90% | 87% | 84% | 86% | 87% | 87% | 83% | 85% | 90.0% | ▼ | |
| Bed Occupancy (excl short stay admissions) | 66% | 70% | 70% | 73% | 76% | 75% | 76% | 72% | 69% | 72% | 73% | 72% | 68% | 71% | 86.0% | ▼ | |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 3.9% | 4.0% | 3.2% | 3.8% | 3.7% | 4.0% | 4.5% | 3.8% | 3.7% | 3.3% | 4.0% | 3.2% | | 3.6% | 3.9% | ▲ | |
| 30 Day Readmissions (UHL) - Same Specialty | 2.4% | 2.5% | 1.8% | 2.3% | 2.5% | 2.8% | 3.0% | 2.4% | 2.3% | 2.2% | 2.7% | 1.7% | | 2.2% | 2.5% | ▲ | |
| 30 Day Readmission Rate (CHKS) | 4.4% | 4.5% | 3.6% | 4.4% | 4.1% | 4.5% | 5.1% | 4.3% | 4.1% | 3.8% | 4.7% | | | 3.8% | 4.5% | ▼ | |
| Mortality (UHL Data) | 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% | 0.2% | 0.2% | ▲ | |
| Mortality (CHKS - Risk Adjusted - 2012 model) | 151.9 | 41.2 | 43.7 | 0.0 | 42.3 | 65.6 | 67.0 | 55.9 | 76.8 | 170.5 | 52.6 | 69.1 | | 92.0 | 50.0 | ▼ | |

DIVISIONAL HEAT MAP - Month 5 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | 93% | 80% | 92% | 97% | 93% | 97% | 97% | 98% | 96% | 100% | 98% | 100% | 97% | | 98.0% | ▼ |
| Pain Management | 96% | 92% | 100% | 97% | 97% | 94% | 100% | 97% | 94% | 100% | 100% | 100% | 100% | | 98.0% | ◀▶ |
| Falls Assessment | 73% | 100% | 92% | 100% | 100% | 100% | 100% | 87% | 98% | 100% | 80% | 100% | 87% | | 98.0% | ▼ |
| Pressure Area Care | 85% | 100% | 97% | 100% | 100% | 100% | 97% | 87% | 100% | 100% | 100% | 100% | 92% | | 98.0% | ▼ |
| Nutritional Assessment | 69% | 100% | 94% | 100% | 100% | 93% | 100% | 94% | 100% | 95% | 90% | 100% | 90% | | 98.0% | ▼ |
| Medicine Prescribing and Assessment | 98% | 96% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | 98.0% | ◀▶ |
| Resuscitation Equipment | 0% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 67% | 0% | 100% | 100% | 100% | | 98.0% | ◀▶ |
| Controlled Medicines | 100% | 50% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | 98.0% | ◀▶ |
| VTE | 56% | 88% | 79% | 100% | 100% | 100% | 83% | 86% | 80% | 100% | 85% | 93% | 88% | | 98.0% | ▼ |
| Patient Dignity | 93% | 100% | 100% | 100% | 100% | 100% | 98% | 100% | 100% | 100% | 100% | 100% | 100% | | 98.0% | ◀▶ |
| Infection Prevention and Control | 93% | 100% | 100% | 100% | 100% | 98% | 96% | 88% | 100% | 100% | 100% | 100% | 96% | | 98.0% | ▼ |
| Discharge | 73% | 64% | 100% | 89% | 98% | 98% | 100% | 100% | 100% | 96% | 97% | 94% | 89% | | 98.0% | ▼ |
| Continence | 98% | 95% | 100% | 93% | 100% | 93% | 100% | 100% | 100% | 97% | 94% | 100% | 100% | | 98.0% | ◀▶ |
| SAME SEX ACCOMMODATION | | | | | | | | | | | | | | | | |
| Net Promoter Score | COMMENCED APRIL 2012 | | | | | | | | 58.0 | 56.3 | 49.3 | 53.6 | 61.3 | 55.5 | | |
| Inpatient Polling - treated with respect and dignity | 95.5 | 94.4 | 96.5 | 94.5 | 97.8 | 96.7 | 95.4 | 92.5 | 92.9 | 98.0 | 96.0 | 98.7 | 96.6 | 97.2 | 95.0 | ▼ |
| Inpatient Polling - rating the care you receive | 86.5 | 84.6 | 88.3 | 86.5 | 91.4 | 89.7 | 88.5 | 86.5 | 94.0 | 95.3 | 95.1 | 96.5 | 95.1 | 95.2 | 91.0 | ▼ |
| Single Sex Accommodation Breaches | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| % Beds Providing Same Sex Accommodation - Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |

DIVISIONAL HEAT MAP - Month 5 2012/13

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 97.9% | 98.8% | 99.3% | 98.9% | 97.9% | 98.4% | 97.5% | 99.2% | 98.3% | 99.8% | 96.9% | 97.5% | 96.7% | 96.7% | 90.0% | ▼ |
| RTT Waiting Times - Non Admitted | 98.8% | 97.6% | 96.8% | 97.4% | 98.4% | 98.5% | 98.9% | 97.9% | 98.5% | 98.0% | 97.1% | 97.9% | 97.0% | 97.0% | 95.0% | ▼ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 98.8% | 99.4% | 99.0% | 98.8% | 97.2% | 97.2% | 92.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | 13% | 9% | 7% | 6% | 3% | 3% | 3% | 11% | 9% | 22% | 5% | 13% | 8% | 11% | 4.0% | ▲ |
| Elective LOS | 2.1 | 2.3 | 3.5 | 2.5 | 2.6 | 2.5 | 2.4 | 2.7 | 2.5 | 2.6 | 2.8 | 2.7 | 2.7 | 2.7 | 2.3 | ◀▶ |
| Non Elective LOS | 3.4 | 3.2 | 2.9 | 3.3 | 3.9 | 3.8 | 3.2 | 3.1 | 3.2 | 3.6 | 3.0 | 3.2 | 3.6 | 3.3 | 2.7 | ▼ |
| % of Electives Adm.on day of proc. | 88.9% | 83.1% | 82.4% | 85.6% | 82.6% | 80.6% | 88.3% | 87.7% | 91.3% | 90.3% | 91.5% | 89.0% | 93.8% | 91.1% | 84.0% | ▲ |
| Day Case Rate (Basket of 25) | 81.4% | 76.8% | 82.1% | 79.5% | 81.5% | 81.8% | 83.3% | 84.6% | 81.6% | 87.0% | 82.9% | 85.0% | 86.2% | 84.7% | 81.7% | ▲ |
| Day Case Rate (All Elective Care) | 66.9% | 67.4% | 70.7% | 68.2% | 66.2% | 69.7% | 67.8% | 65.8% | 68.6% | 69.9% | 67.5% | 69.1% | 70.6% | 69.2% | 68.1% | ▲ |
| Inpatient Theatre Utilisation | 73.5% | 76.7% | 81.5% | 83.4% | 77.8% | 81.6% | 79.7% | 76.7% | 82.2% | 85.1% | 78.7% | 80.3% | 78.2% | 80.9% | 86.0% | ▼ |
| Day Case Theatre Utilisation | 74.4% | 73.1% | 67.8% | 76.7% | 70.3% | 79.9% | 77.8% | 76.4% | 78.0% | 70.0% | 73.7% | 81.8% | 76.2% | 75.5% | 86.0% | ▼ |
| Outpatient New : F/Up Ratio | 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 | 1.1 | 1.2 | ▼ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 9.7% | 8.9% | 8.9% | 8.9% | 10.0% | 9.6% | 8.8% | 10.1% | 9.0% | 9.0% | 8.3% | 8.6% | 8.8% | 8.8% | 8.9% | ▼ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 7.7% | 6.9% | 7.1% | 5.7% | 6.5% | 7.0% | 8.2% | 7.7% | 7.5% | 7.5% | 7.2% | 6.6% | 8.4% | 7.5% | 7.0% | ▼ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 10.9% | 10.7% | 10.4% | 10.2% | 10.7% | 9.6% | 10.7% | 10.3% | 9.7% | 10.0% | 11.1% | 10.7% | 10.1% | 10.3% | 10.0% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Appraisals | 92.9% | 92.5% | 95.2% | 93.9% | 94.5% | 95.7% | 95.5% | 94.8% | 93.8% | 91.6% | 89.8% | 90.1% | 89.1% | 90.1% | 100% | ▼ |
| Sickness Absence | 3.2% | 3.3% | 3.7% | 3.7% | 4.0% | 3.6% | 3.5% | 3.6% | 3.4% | 4.1% | 3.7% | 4.2% | 4.7% | 3.8% | 3% | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

WOMEN'S and CHILDREN'S - Women's

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 99.1% | 99.4% | 99.0% | 99.3% | 99.5% | 98.3% | 99.5% | 98.3% | 96.6% | 99.8% | 96.9% | 97.6% | 96.5% | 96.5% | 90.0% | ▼ |
| RTT Waiting Times - Non Admitted | 96.4% | 96.6% | 96.8% | 98.0% | 97.9% | 98.5% | 97.3% | 98.4% | 99.4% | 97.5% | 96.4% | 97.0% | 96.0% | 96.0% | 95.0% | ▼ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 99.1% | 99.5% | 99.4% | 99.2% | 96.5% | 96.5% | 92.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 2.3 | 2.4 | 2.3 | 2.2 | 2.3 | 2.2 | 2.2 | 2.3 | 2.5 | 2.2 | 2.7 | 2.5 | 2.6 | 2.5 | 2.1 | ▼ |
| Non Elective LOS | 2.8 | 3.2 | 2.4 | 3.0 | 2.7 | 2.9 | 3.3 | 2.8 | 3.0 | 3.4 | 3.1 | 3.5 | 3.2 | 3.2 | 2.7 | ▲ |
| % of Electives Adm.on day of proc. | 93.9% | 94.8% | 88.0% | 91.9% | 91.1% | 89.0% | 92.6% | 91.0% | 96.3% | 98.7% | 97.9% | 95.4% | 98.5% | 97.4% | 92.0% | ▲ |
| Day Case Rate (Basket of 25) | 86.9% | 78.7% | 85.3% | 78.7% | 83.4% | 83.8% | 87.3% | 85.4% | 84.2% | 88.6% | 83.1% | 85.2% | 87.8% | 85.9% | 84.8% | ▲ |
| Day Case Rate (All Elective Care) | 62.8% | 65.7% | 64.6% | 63.1% | 64.0% | 67.3% | 64.0% | 65.3% | 65.5% | 69.5% | 66.1% | 68.3% | 69.1% | 67.9% | 64.9% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 3.5% | 3.6% | 2.7% | 3.4% | 3.3% | 3.0% | 3.9% | 3.3% | 2.8% | 2.7% | 3.0% | 3.0% | | 2.9% | 3.5% | ◀▶ |
| 30 Day Readmissions (UHL) - Same Specialty | 2.0% | 2.2% | 1.4% | 1.8% | 2.0% | 1.8% | 2.4% | 1.9% | 1.5% | 1.6% | 1.9% | 1.5% | | 1.6% | 2.1% | ▲ |
| Outpatient New : F/Up Ratio | 1.4 | 1.5 | 1.5 | 1.5 | 1.5 | 1.4 | 1.4 | 1.4 | 1.4 | 1.3 | 1.4 | 1.3 | 1.5 | 1.4 | 1.4 | ▼ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 8.5% | 8.3% | 8.5% | 8.2% | 9.1% | 8.6% | 7.8% | 9.1% | 7.9% | 8.5% | 7.2% | 7.2% | 7.7% | 7.7% | 8.1% | ▼ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 7.9% | 7.1% | 7.5% | 5.5% | 7.0% | 7.4% | 9.2% | 8.7% | 8.6% | 8.2% | 7.8% | 7.4% | 9.3% | 8.3% | 7.6% | ▼ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 11.1% | 10.6% | 10.6% | 10.6% | 10.6% | 9.5% | 10.6% | 9.9% | 9.5% | 9.5% | 11.1% | 10.2% | 10.1% | 10.1% | 9.5% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 86% | 88% | 84% | 87% | 88% | 88% | 90% | 87% | 84% | 86% | 87% | 85% | 84% | 85% | 90.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.3% | 3.4% | 3.9% | 3.9% | 3.9% | 3.4% | 3.3% | 3.2% | 2.9% | 4.3% | 4.0% | 4.3% | 4.8% | 3.8% | 3.0% | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

WOMEN'S and CHILDREN'S - Children's

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 95.6% | 98.4% | 98.4% | 86.0% | 91.8% | 89.8% | 96.6% | 98.5% | 100.0% | 100.0% | 96.3% | 96.2% | 98.1% | 98.1% | 90.0% | ▲ |
| RTT Waiting Times - Non Admitted | 99.8% | 97.3% | 98.3% | 99.3% | 100.0% | 99.8% | 99.1% | 98.8% | 99.4% | 99.2% | 98.8% | 100.0% | 99.5% | 99.5% | 95.0% | ▼ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 98.0% | 99.2% | 98.1% | 97.9% | 99.1% | 99.1% | 92.0% | ▲ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 1.9 | 2.3 | 5.9 | 3.0 | 3.2 | 3.2 | 2.8 | 3.4 | 2.4 | 3.2 | 2.9 | 3.1 | 2.8 | 2.9 | 2.5 | ▲ |
| Non Elective LOS | 4.4 | 3.1 | 3.7 | 3.7 | 5.4 | 4.9 | 3.2 | 3.4 | 3.5 | 3.9 | 2.8 | 3.0 | 4.1 | 3.4 | 3.6 | ▼ |
| % of Electives Adm.on day of proc. | 80.9% | 63.5% | 70.5% | 72.8% | 67.7% | 64.3% | 80.0% | 81.5% | 83.3% | 77.0% | 82.1% | 78.5% | 86.1% | 81.2% | 71.9% | ▲ |
| Day Case Rate (Basket of 25) | 62.8% | 69.2% | 72.9% | 81.8% | 76.7% | 76.0% | 70.2% | 82.5% | 73.7% | 81.8% | 82.4% | 84.4% | 82.4% | 81.1% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 71.9% | 69.9% | 78.2% | 74.9% | 69.3% | 73.4% | 73.3% | 66.6% | 72.5% | 70.6% | 69.3% | 70.3% | 72.7% | 71.1% | 69.7% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 5.6% | 6.3% | 5.5% | 5.6% | 5.7% | 8.9% | 7.1% | 6.1% | 8.1% | 6.3% | 8.6% | 4.2% | | 6.8% | 5.5% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 4.4% | 4.4% | 3.7% | 4.6% | 4.9% | 7.6% | 5.6% | 4.9% | 5.8% | 5.2% | 6.4% | 2.8% | | 5.0% | 4.0% | ▲ |
| Outpatient New : F/Up Ratio | 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 | 0.8 | 0.8 | ▶▶ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 12.9% | 10.4% | 10.0% | 10.9% | 12.8% | 12.5% | 11.7% | 12.6% | 12.0% | 10.7% | 11.5% | 12.5% | 11.7% | 11.7% | 11.5% | ▲ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 7.1% | 6.4% | 5.8% | 6.2% | 5.0% | 6.1% | 5.5% | 4.8% | 4.4% | 5.3% | 5.6% | 4.4% | 5.7% | 5.1% | 5.7% | ▼ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 10.3% | 11.1% | 9.8% | 8.9% | 10.7% | 9.9% | 10.9% | 11.2% | 10.2% | 11.4% | 11.1% | 12.0% | 9.8% | 10.9% | 10.0% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 73% | 79% | 87% | 90% | 95% | 91% | 88% | 87% | 83% | 85% | 86% | 91% | 80% | 85% | 80.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Sickness Absence | 2.8% | 3.0% | 3.1% | 3.1% | 4.5% | 4.1% | 4.0% | 4.6% | 4.4% | 3.4% | 3.2% | 4.0% | 4.4% | 3.8% | 3.0% | ▼ |

DIVISIONAL HEAT MAP - Month 5 2012/13

CLINICAL SUPPORT

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|---|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | ▶▶ |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | ▶▶ |
| Patient Falls | 10 | 6 | 6 | 4 | 2 | 5 | 6 | 1 | 4 | 11 | 5 | 7 | | 27 | 68 | ▶ |
| Complaints Re-Opened | 1 | 0 | 2 | 4 | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 2 | 4 | 0 | ▶ |
| SUIs (Relating to Deteriorating Patients) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ▶▶ |
| RIDDOR | 1 | 3 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 12 | ▶▶ |
| No of Staffing Level Issues Reported as Incidents | 0 | 0 | 2 | 1 | 2 | 3 | 0 | 2 | 3 | 5 | 4 | 2 | 1 | 15 | 17 | ▶ |
| ALL Complaints Regarding Attitude of Staff | 7 | 3 | 11 | 4 | 1 | 4 | 4 | 6 | 4 | 4 | 1 | 3 | 3 | 15 | 36 | ▶▶ |
| ALL Complaints Regarding Discharge | 2 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 2 | 0 | 1 | 0 | 4 | 0 | ▶ |
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT Waiting Times - Admitted | 100.0% | 100.0% | 97.9% | 95.1% | 100.0% | 97.7% | 98.2% | 98.6% | 97.2% | 99.2% | 98.9% | 98.4% | 97.3% | 97.3% | 90.0% | ▶ |
| RTT Waiting Times - Non Admitted | 99.2% | 99.1% | 99.6% | 99.3% | 99.5% | 99.6% | 100.0% | 98.8% | 99.6% | 100.0% | 99.6% | 99.1% | 98.8% | 98.8% | 95.0% | ▶ |
| RTT - Incomplete 92% in 18 Weeks | NEW OPERATING FRAMEWORK INDICATOR APRIL 2012 | | | | | | | | 99.1% | 99.6% | 99.0% | 98.7% | 99.0% | 99.0% | 90.0% | ▶ |
| ANAESTHETICS & THEATRES | | | | | | | | | | | | | | | | |
| % Pain Mgmt Referrals Seen < 11 weeks | 98.6% | 96.1% | 97.6% | 96.9% | 94.9% | 96.0% | 94.7% | 97.9% | 97.2% | 98.1% | 97.9% | 97.6% | 97.1% | 97.6% | 98.0% | ▶ |
| Outpatient New : F/Up Ratio | 4.2 | 3.3 | 3.1 | 3.5 | 3.5 | 2.7 | 2.9 | 3.0 | 2.2 | 3.4 | 2.7 | 3.2 | 3.1 | 2.9 | 3.2 | ▶ |
| Outpatient DNA Rate (Ex Wd. Attenders) | 13.4% | 11.8% | 11.7% | 11.7% | 11.8% | 10.9% | 10.9% | 10.9% | 10.1% | 11.6% | 10.3% | 9.2% | 11.7% | 10.6% | 11.1% | ▶ |
| Outpatient Hosp Canc Rate (Ex Wd. Attenders) | 10.1% | 23.8% | 18.7% | 17.3% | 15.6% | 18.9% | 16.7% | 16.6% | 11.8% | 7.8% | 5.8% | 7.7% | 6.7% | 7.9% | 8.0% | ▶ |
| Outpatient Patient Canc Rate (Ex Wd. Attenders) | 16.4% | 12.9% | 13.0% | 12.7% | 14.3% | 12.5% | 13.5% | 10.8% | 11.4% | 16.3% | 15.2% | 14.4% | 15.7% | 14.6% | 13.3% | ▶ |
| UHL Inpatient Theatre Utilisation Rate (%) | 84.1% | 82.6% | 81.0% | 81.2% | 80.2% | 81.8% | 78.8% | 80.9% | 82.3% | 82.9% | 81.5% | 80.5% | 78.7% | 81.2% | 86.0% | ▶ |
| UHL Day case Theatre Utilisation Rate (%) | 78.8% | 78.2% | 75.1% | 79.8% | 75.8% | 77.3% | 80.2% | 80.7% | 80.2% | 77.9% | 77.8% | 71.5% | 75.7% | 76.3% | 86.0% | ▶ |
| BOOKING CENTRE | | | | | | | | | | | | | | | | |
| % calls responded to within 30 seconds | 68.6% | 76.5% | 76.9% | 79.9% | 89.8% | 74.7% | 83.2% | 87.7% | 86.7% | 85.5% | 75.0% | 90.6% | 87.6% | 87.6% | 65% | ▶ |
| NUTRITION AND DIETETICS | | | | | | | | | | | | | | | | |
| % of adult inpatients seen within 2 days | 97.2% | 98.5% | 97.9% | 96.7% | 97.7% | 98.9% | 96.0% | 96.7% | 96.7% | 91.0% | 90.0% | 91.0% | 81.4% | 92.6% | 98% | ▶ |
| % of paed inpatients seen within 2 days | 100.0% | 98.2% | 100.0% | 96.7% | 98.3% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 98.0% | 100.0% | 100.0% | 99.3% | 98% | ▶▶ |

DIVISIONAL HEAT MAP - Month 5 2012/13

CLINICAL SUPPORT




| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| OCCUPATIONAL THERAPY (Response times are reported one month in arrears) | | | | | | | | | | | | | | | | |
| RTT Incompletes (% waiting <=8 weeks) | 91.2% | 88.9% | 98.2% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 98.9% | 100.0% | 100.0% | 95% | ▲ |
| RTT Completes (% waiting <=8 weeks) | 99.8% | 99.4% | 99.8% | 100.0% | 100.0% | 100.0% | 100.0% | 99.8% | 100.0% | 99.8% | 100.0% | 99.3% | 99.8% | 99.8% | 95% | ▲ |
| Inpatient Response Times - Emergency (45 mins) | 80% | 90% | 100% | 80% | 100% | 0% | 100% | ---- | 96% | 100% | 98% | 100% | | | 98% | ▲ |
| Inpatient Response Times - Urgent (3 hours) | 96% | 100% | 95% | 90% | 98% | 100.0% | 89% | 100% | 100% | 91% | 100% | 100% | | | 98% | ◀▶ |
| Inpatient Response Times - Routine (24 hours) | 81% | 86% | 83% | 85% | 88% | 85% | 86% | 91% | 87% | 86% | 85% | 90% | | | 98% | ▲ |
| PHYSIOTHERAPY (Response times are reported one month in arrears) | | | | | | | | | | | | | | | | |
| RTT Incompletes (% waiting <=8 weeks) | 96.4% | 96.5% | 96.4% | 97.2% | 94.1% | 95.0% | 96.4% | 95.0% | 94.7% | 94.1% | 91.7% | 91.0% | 91.0% | 91.0% | 95% | ◀▶ |
| RTT Completes (% waiting <=8 weeks) | 96.5% | 97.0% | 97.6% | 97.8% | 97.7% | 95.2% | 96.2% | 96.0% | 94.5% | 92.2% | 94.2% | 91.2% | 91.2% | 91.2% | 95% | ◀▶ |
| Inpatient Response Times - Emergency (45 mins) | 96% | 97% | 100% | 100% | 100% | 100% | 93% | 100% | 94% | 100% | 93% | 100% | | | 98% | ▲ |
| Inpatient Response Times - Urgent (3 hours) | 99.7% | 98.2% | 99.8% | 99.4% | 98.6% | 98.1% | 98.5% | 99.1% | 98.5% | 100% | 99% | 98% | | | 98% | ▼ |
| Inpatient Response Times - Routine (24 hours) | 99.5% | 99.7% | 99.5% | 99.5% | 99.1% | 99.3% | 99.4% | 99.0% | 99.0% | 99.3% | 99.5% | 99.2% | | | 98% | ▼ |
| MEDICAL RECORDS | | | | | | | | | | | | | | | | |
| Med Rec - % Missing Casenotes | 0.35% | 0.34% | 0.30% | 0.41% | 0.35% | 0.38% | 0.35% | 0.41% | 0.43% | 0.32% | 0.32% | 0.34% | 0.30% | | <0.5% | ▲ |
| DISCHARGE TEAM | | | | | | | | | | | | | | | | |
| Delayed Discharges - County | 2.7 | 2.8 | 2.8 | 2.7 | 2.7 | 2.7 | 2.7 | 2.6 | 2.3 | 4.7 | 5.5 | 5.7 | 6.2 | 6.2 | 1.6 | ▼ |
| Delayed Discharges - City | 4.1 | 4.3 | 4.3 | 4.4 | 4.3 | 4.2 | 4.1 | 4.1 | 3.6 | 4.9 | 6.0 | 6.5 | 7.0 | 7.0 | 3.8 | ▼ |
| PSYCHOLOGY / NEURO-PSYCHOLOGY | | | | | | | | | | | | | | | | |
| New referrals inpatients Medical Psychology | 0 | 2 | 4 | 6 | 3 | 5 | 0 | 2 | 3 | 3 | 3 | 9 | 4 | 22 | | |
| New referrals outpatients Medical Psychology | 34 | 64 | 35 | 53 | 54 | 60 | 50 | 58 | 41 | 65 | 53 | 35 | 70 | 264 | | |
| New referrals inpatients Neuropsychology | 5 | 13 | 1 | 15 | 2 | 5 | 4 | 5 | 6 | 11 | 6 | 11 | 4 | 38 | | |
| New referrals outpatients Neuropsychology | 5 | 16 | 7 | 8 | 9 | 14 | 2 | 6 | 13 | 8 | 6 | 12 | 10 | 49 | | |
| CLINICAL SUPPORT | | | | | | | | | | | | | | | | |
| SALT Wait Time in Weeks | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | ◀▶ |
| Pharmacy TTO Turnaround in 2 Hours | 87.2% | 79.3% | 78.9% | 80.3% | 81.7% | 80.5% | 80.0% | 79.4% | 79.3% | 73.9% | 78.3% | 81.1% | 81.0% | 78.7% | 80% | ▼ |
| Pharmacy Dispensing Accuracy | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.5% | ◀▶ |




DIVISIONAL HEAT MAP - Month 5 2012/13




CLINICAL SUPPORT

| | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | YTD | Target | Status |
|--|--|--------|--------|--------|--------|--------|--------|--------|--|--------|--------|--------|--------|-------|--------|--------|
| IMAGING and MEDICAL PHYSICS | | | | | | | | | | | | | | | | |
| CT Scan (% Waiting 3+ Weeks) | 3.6% | 1.5% | 0.2% | 1.7% | 4.7% | 1.2% | 0.7% | 1.9% | 2.9% | 13.9% | 14.9% | 17.0% | 12.8% | | 5% | ▲ |
| MRI Scan (% Waiting 3+ Weeks) | 7.2% | 3.3% | 3.9% | 5.0% | 6.7% | 3.5% | 5.2% | 18.2% | 11.1% | 25.8% | 30.5% | 23.6% | 24.8% | | 5% | ▼ |
| Non-Obstetric Ultrasound (% Waiting 3+ Weeks) | 2.1% | 0.1% | 0.3% | 4.2% | 12.2% | 4.9% | 12.0% | 15.5% | 12.1% | 43.3% | 44.3% | 41.5% | 29.5% | | 5% | ▲ |
| CT Scan (% Waiting 6+ Weeks) | % Waiting 6 Weeks+ From April 2012 | | | | | | | | 0.4% | 1.7% | 2.0% | 0.6% | 1.8% | | 1% | ▼ |
| MRI Scan (% Waiting 6+ Weeks) | | | | | | | | | 3.4% | 5.4% | 7.1% | 2.3% | 0.9% | | 1% | ▲ |
| Non-Obstetric Ultrasound (% Waiting 6+ Weeks) | | | | | | | | | 0.4% | 0.1% | 11.6% | 3.9% | 1.5% | | 1% | ▲ |
| Planned Preventative Maintenance - high risk equipment - completed % | | | | | | | | | NEW CBU INDICATOR COMMENCED APRIL 2012 | | | | | | | |
| Equipment demand jobs - turnaround in 5 days - completed % | NEW CBU INDICATOR COMMENCED APRIL 2012 | | | | | | | | 58% | 61% | 51% | 65% | 58% | 58.7% | 80% | ▼ |
| Medical Physics Diagnostic Waits - Breaches > 6 weeks % | NEW CBU INDICATOR COMMENCED APRIL 2012 | | | | | | | | 0% | 4.6% | 0.6% | 2.6% | 5.1% | 2.58% | 0% | ▼ |
| Newborn Hearing Screening completed within 3 months from birth % | NEW CBU INDICATOR COMMENCED APRIL 2012 | | | | | | | | 99.5% | 99.5% | 99.6% | 99.6% | 99.6% | 99.6% | 99% | ◀▶ |
| CRIS and PACS | | | | | | | | | | | | | | | | |
| PACS Uptime | 99.6% | 100% | 97% | 100% | 100% | 99% | 100% | 100% | 99% | 99% | 100% | 100% | 100% | 99.6% | 98% | ◀▶ |
| CRIS Uptime | 100% | 100% | 99.7% | 100% | 100% | 97% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 98% | ◀▶ |
| PATHOLOGY | | | | | | | | | | | | | | | | |
| CDT 24 Hour TRT | 96.6% | 94.8% | 96.0% | 97.1% | 98.5% | 97.8% | 95.5% | 98.1% | 97.6% | 96.5% | 97.4% | 95.8% | 95.0% | | 95% | ▼ |
| MRSA 48 Hour TRT | 99.73% | 99.83% | 99.59% | 99.88% | 99.50% | 98.70% | 99.52% | 99.46% | 99.72% | 99.40% | 99.51% | 99.20% | 99.54% | | 95% | ▲ |
| Diagnostic Wait > 6 Weeks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | | 0 | ▼ |
| Cytology Screening 7 Day Target | 100% | 100% | 99.98% | 100% | 97.7% | 100% | 100% | 99.8% | 99.8% | 99.9% | 99.9% | 100.0% | 100.0% | | 98% | ◀▶ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Appraisals | 85.0% | 93.2% | 96.6% | 94.2% | 93.5% | 95.9% | 96.1% | 95.6% | 95.8% | 95.0% | 91.5% | 89.9% | 90.3% | 89.9% | 100% | ▲ |
| Sickness Absence | 3.1% | 3.1% | 3.4% | 3.4% | 3.3% | 3.3% | 3.2% | 3.1% | 2.9% | 3.0% | 2.7% | 3.2% | 3.5% | 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

