

To:	TRUST BOARD						
From:	Suzanne Hinchliffe Andrew Seddon Kevin Harris Kate Bradley						
Date:	5th January 2012						
CQC regulation	All						
Title:	Quality & Performance Report						
Author/Responsible Director: S.Hinchliffe, Chief Operating Officer/Chief Nurse A. Seddon, Director of Finance K. Harris, Medical Director K. Bradley, HR Director							
Purpose of the Report: To provide members with an overview of UHL financial position, performance and quality against national, regional and local indicators for the month of November 2011.							
The Report is provided to the Board for:							
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Assurance	√						
Endorsement							
Summary / Key Points:							
<u>Financial Position</u>							
<ul style="list-style-type: none"> ❖ The Trust is reporting a cumulative deficit of £13.0m (£13.5m adverse to Plan). ❖ Year to date patient care income is £3.2m (0.8%) above Plan ❖ Expenditure is £19.7m over Plan ytd. This reflects a shortfall on the cost improvement programme of £9.7m and the use of significant premium agency staff. 							
<u>Performance Position:</u>							
<ul style="list-style-type: none"> ❖ ED performance for November Type 1, 2 and UCC is 92.9%, an improving position. The year to date performance for ED (UHL+UCC) is 94.4%. ❖ MRSA – 1 case of MRSA was reported during November with a year to date position of 5. ❖ CDifficile – a positive month 8 report with 11 cases identified. The year to date position is 81 and ahead of target to date. ❖ RTT performance has reduced as planned (recognised impact on Q3/4) to 88.5% for admitted patients in response to the additional backlog activity agreed with commissioners. The non-admitted target has been achieved at 96.2%. ❖ Performance for Primary PCI is 90% against a target of 75%. ❖ TIA performance in November is 57.1% against a target of 60%. ❖ All cancer targets were achieved in October (one month behind in reporting) with the exception of the 62 day target where additional focus is being given, and, where small patient numbers can affect the breach position. ❖ The reported sickness rate is 4.3%. ❖ The appraisal rate has increased to 93.9%. 							

Trust Board paper D

Quality

- ❖ MRSA – 1 case of MRSA was reported during November with a year to date position of 5
 - ❖ CDifficile – a positive month 8 report with 11 cases identified. The year to date position is 81 and ahead of target to date.
 - ❖ Same Sex Accommodation - with a national target of 100%, this has been achieved for both UHL base wards and intensivists areas.
 - ❖ Pressure ulcers - There has been an improving position of 6 reported pressure ulcers in November.
 - ❖ Patient Polling - The 'overall respect and dignity' score remains green across the Trust with improvement in the Acute Division.
 - ❖ Mortality - UHL's 'crude in-hospital' mortality rate for November has fallen from October, as has the trust's 'risk adjusted in-hospital' mortality for October.
 - ❖ CQUIN - UHL's Quarter 2 Performance for the PCT CQUINs has been provisionally 'RAG rated' and there are 16 indicators where there is a suggested payment below 100%. UHL has submitted further information with a request for review of the RAGs in respect of the indicators for outpatient letters, stroke care, falls and the surgical surveillance programme.
 - ❖ Fractured Neck of Femur 'Time to Theatre' - A further improvement was seen in November for percentage of patients 'taken to theatre within 36 hours of arrival' - 66% (Oct 59%, Sept 56%).
- Readmissions - The in-month readmissions rate dropped to 7.2%, 0.6% above trajectory. Bed day usage for readmissions during October 2011 was 39 beds lower than October last year

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 N/A

Patient and Public Involvement (PPI) Implications N/A

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: 5th JANUARY 2012

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

SUBJECT: MONTH EIGHT PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following paper provides an overview of the Quality & Performance month 8 report highlighting key performance metrics and areas of escalation where required.

2.0 November 2011 Operational Performance

2.1 Infection Prevention

- ❖ MRSA – 1 case of MRSA was reported during November with a year to date position of 5.
- ❖ CDifficile – a positive month 8 report with 11 cases identified. The year to date position is 81 and ahead of target to date.
- ❖ MRSA elective and non-elective screening has been achieved at 100% respectively

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

2.2 RTT

Performance in November has reduced as planned (recognised impact on Q3/4) to 88.5% for admitted patients in response to the additional backlog activity agreed with commissioners. The non-admitted target has been achieved at 96.2%.

The Department of Health and MONITOR have also introduced additional statistical RTT measures and thresholds for 2011/12:-

- ❖ Admitted 95th percentile– threshold 23 weeks
- ❖ Non admitted 95th percentile – threshold 18.3 weeks
- ❖ Incomplete pathways 95th percentile – threshold 28 week

During November the admitted threshold was not achieved as expected, due to planned reduction in backlog activity. The non-admitted and incomplete thresholds were achieved.

A proposal has been submitted to commissioners to respond to the requirements of the 2012/13 Operating Framework and the additional activity required as part of the national bowel screening campaign.

Agreed activity plans

General Surgery – 450 Inpatients/Day cases

Gastroenterology – 810 Day cases

Additional plans – to be agreed

Urology – 180 Inpatients/Day cases – 30 Outpatients

Orthopaedics – 145 Inpatients/Day cases – 75 Outpatients

ENT – 180 Inpatients/Day cases – 70 Outpatients

Ophthalmology – 520 Day cases – 1600 Outpatients

Max Fax – 120 Day cases – 30 Outpatients

Orthodontics – 60 Outpatients

Restorative Dentistry – 40 Outpatients

Plastics – 12 Inpatients/Day cases

Vascular – 30 Inpatients/Day cases

The challenges faced within routine maintenance work on the LGH site where extended bed closure has resulted impacting on both bed capacity and surgical reductions has now improved with one ward area re-opening at the beginning of January and the remaining ward at the end of January.

On a National perspective, trusts have received correspondence from the Department of Health regarding expected performance on 'long waiters' i.e. patients on a pathway for more than a year. Following a full review and validation, the number of patients waiting more than a year in the Trust reduced from 166 at the end of October to 10. Six of these are Orthodontics patients and have all received dates for treatment. Across England, the total number waiting a year or more at the end of October was 21,714.

2.3 Patients waiting on a 'Planned' waiting list

A recent review by the Department of Health of patients across England who had been waiting for hospital appointments found examples of patients waiting inappropriately and clinical outcomes being affected as a result.

Patients should only be added to a 'planned' list when it is clinically appropriate for them to wait for a period of time. This includes patients waiting for a planned diagnostic test or treatment or a series of procedures carried out as part of a treatment plan - which are required for clinical reasons to be carried out at a specific time or repeated at a specific frequency i.e; patients requiring annual re-call for investigations such as bowel screening. Patients on these 'planned' lists should be booked for an appointment at the clinically appropriate time and should not wait for a further period after this time has elapsed.

Following correspondence sent to all Trusts by the Department of Health on the 25th November 2011, with regards to the management of 'Planned' lists, the Trust has:-

- ❖ updated the standard operating procedures for the management of planned patients on a day case or outpatient list; and
- ❖ initiated a plan to assess the size of the issue and implement the required changes

Progress against the plan will be monitored and issues addressed at the Trust Access meeting.

2.4 ED

Performance for November Type 1, 2 and UCC is 92.9%, an improving position. The year to date performance for ED (UHL+UCC) is 94.4%.

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

From Qtr 2, Trusts have been required to achieve the thresholds for at least one indicator in each of the two groups, timeliness (time to initial assessment, time to treatment) and patient impact (left without being seen and re-attendance). Performance on ED clinical indicators will be moderated by performance on the 4hr wait indicator. If performance is less than 95% on total time the overall score will be moderated down by 1 point.

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

ED CLINICAL INDICATORS

min requirements MET for current month						
PATIENT IMPACT						
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	TARGET
Unplanned Reattendance	5.9%	6.8%	5.6%	6.1%	5.8%	<= 5%
Left without being seen	2.1%	2.8%	2.4%	2.9%	2.0%	< 5%
TIMELINESS						
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	TARGET
Time in Department (Minutes) - 95th Percentile	239	304	338	341	288	<= 240
Time to Initial Assessment (Minutes) - 95th Percentile	39	48	48	61	48	<= 15
Time to Treatment (Minutes) - Median	34	34	39	44	43	<= 60

2.5 Cancer Targets

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

The 62 day target for October was missed by 7 patients due to factors including complex cases, delays in transfers from other Trusts, diagnostic delays and capacity constraints. A 62 day cancer pathway recovery plan, signed off by senior managers and lead clinicians, has been submitted to Commissioners.

2.6 Falls

In line with the more detailed review and benchmarking exercise undertaken, adjustments have been made to the reporting of falls including the separation by division.

Although there has been a rise in October in the number of falls, there has been significant progress and focus in the past 3 months in the implementation of actions which should start to take effective in the reduction of falls in Q4.

2.7 Pressure Ulcers

There has been an improving position of 6 reported pressure ulcers in November. Indications of the 11 reported in October are that:

- 6 were noted to be avoidable
- 3 noted to be unavoidable and
- 2 waiting closure from the TV team

2.8 Patient Polling

The "Patient Experience Survey" for November 2011 resulted in 1,403 surveys being returned - an improving Trust return rate of 93.2%.

The 'overall respect and dignity' score remains green across the Trust with improvement in the Acute Division. The 'overall how would you rate the care whilst in hospital' score remains amber across the Trust for both medicine and all other CBUs.

In response to November's results and reviewing the movement of results over the past few months, it has been agreed to pilot experienced volunteers within a number of underperforming areas to see how this improves patients experience and perception of their overall care. The pilot will begin in January for one month and be reported in the February 2012 Quality and Performance report.

The Trust wide 'Caring at its Best' project question scores have fluctuated, however there is notable improvement in the staff attitudes and behaviour questions, a reflection of the impact the Women's and Children's Division have made through their mandatory communication and staff attitudes training. In addition, this now means that all of the CQUIN 'Caring at its Best' project question scores are RAG rated green.

The Outpatients Patient Experience Feedback question 'overall respect and dignity' scores has improved by 3.7 to an overall score of 98, moving from amber to green RAG and notably the highest score for the 'overall respect and dignity' question this year.

2.9 Same Sex Accommodation

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

2.10 Primary PCI

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in November has improved to 90%.

2.11 Month 7 Performance Areas

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

Performance Indicator	Target	November	Year To Date
MRSA Elective Screening *	100%	100% (Oct)	100%
MRSA Non-elective Screening *	100%	100% (Oct)	100%
Stroke % stay on stroke ward*	80%	82% (Oct)	85%
Stroke TIA	60%	57.1%	66.7%
Primary PCI	75%	90.0%	86.0%
* Rapid Access Chest Pain	98%	100%	99.8%
eOperations cancelled on/after day of admission	0.8%	1.8%	1.4%
oCancelled patients offered a date within 28 days of cancellation*	95%	95.5% (Oct)	94.3%
t48hr GUM access	99%	100%	100%
eMaternity Breast Feeding <48 hrs	67%	74.5%	74.0%
dMaternity – smoking at time of delivery	18.1%	11.0%	10.7%
lCytology Screening 7 day target	98%	100%	100%
Day Case Basket	75%	74.2%	77.4%
nBed Occupancy excl short stay	86%	87%	85%
oSame Sex Accommodation - Base	100%	100%	100%
rSame Sex Accommodation - ICU	100%	100%	100%

* one month in arrears

2.12 The Quarter – Quarter 2 2011/12

In the October TB it was noted that there was a potential issue with data coverage for UCC attendances:

The NHS Performance Framework Implementation Guidance published on the 14th April 2011 confirmed that for Qtr 1 only data coverage/quality of the new ED clinical indicators would be monitored and from Qtr 2 onwards the delivery of the clinical indicators themselves would be monitored.

After consultation with the DoH and the commissioners, and, representation from the CEO, confirmation was received in May that the UCC performance can be reported as part of UHL performance. However, the UCC IT system can provide aggregate information to complete the weekly SITREP but cannot produce patient level information (a common problem with Type 3 organisations).

In light of the above, for Qtr 1 the result is that the UHL would not meet the data coverage criteria and will be rated as underperforming. From Qtr 2 onwards, although the data coverage indicator is not measured separately, Trusts will only be assessed on the ED clinical indicators if data coverage and quality meets the performance thresholds. This problem has been resolved from September as a new UCC IT system has been implemented which enables patient level submission to HES.

The Chief Executives from both UHL and LLR lodged an appeal at the end of September with the DoH. A positive response has been received from the DoH Director of Performance recognising that nationally data issues existed, and for Quarter 1 the DoH decided to include the A&E data quality and coverage information, but not to use it to contribute to the Quality of Services score. By Quarter 2, we expect to see greater improvement, but we will continue to review data quality and coverage and make a decision on next steps based on the progress made nationally.

In view of the above, the Trust has been rated as 'performance under review' in the DoH the Quarter 2, however, in light of the initial positive response received from the DoH, representation will be made by the Chief Executive to seek an amendment to this position.

2.13 2012/13 Operating Framework

The Department of Health published the 2012/13 Operating Framework on the 24th November, which sets out the planning, performance and financial requirements for NHS organisations in 2012/13 and the basis on which they will be held to account. The full document and supporting technical guidance can be found on the DoH website using the following link:-

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360

The NHS Confederation have summarised the key points in a briefing paper which may be found in Appendix 1.

2.14 2012/13 NHS Outcomes Framework

The 2012/13 NHS Outcomes Framework published on the 9th December sets out the changes that have been made to the indicators in the NHS Outcomes Framework. It builds on *The NHS Outcomes Framework 2011/12* and *The NHS Outcomes 2011/12*: and is designed to help NHS organisations to start to think through what a focus on outcomes means in practical terms.

The outcomes, and the indicators included in the framework were chosen with a view to capturing the majority of the treatment activities that the NHS is responsible for delivering. An '*At a Glance*' summary of the updated NHS Outcomes Framework for 2012/13 is included in Appendix 2.

2.15 Foundation Trust Consultation on Amendments to the Compliance Framework 2012

The *Compliance Framework* is at the core of Monitor's regulatory framework, updated each year to reflect developments in health such as national targets and indicators. The consultation document was published on the 19th December and the closing date for Foundation Trust responses is Friday 24 February 2012.

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

3.1 Mortality Rates

UHL's 'crude in-hospital' mortality rate for November has fallen from October, as has the trust's 'risk adjusted in-hospital' mortality for October.

UHL's SHMI for 2010/11 has been published and further analysis of the data suggests that the clinical complexity of patients is not being captured within the coding which is subsequently affecting patients' mortality risk adjustment.

A case note review is therefore underway of deceased patients coded as having one of the 'top ten primary diagnoses'. The review is looking at both the clinical coding and if the patients' death was likely or unlikely and whether care was appropriate or not.

One of the 'top 10 diagnosis groups' is 'urinary tract infection' and preliminary findings of review has confirmed that the diagnosis had not always been coded accurately nor did it always fully reflect patients' severity of illness or clinical complexity. In most instances this is due to the primary diagnosis and co-morbidities not being clearly defined in the patient's notes. Guidance notes are being created in conjunction with clinicians and coders to address this.

Many patients were admitted from nursing homes with some already being on an 'end of life' care plan.

The case note review is due to be completed first week of January and the findings will be communicated to clinical teams and Consultants will be advised of the need to ensure explicit documentation of diagnosis and co-morbidities

3.2 UHL Quality Schedule /CQUIN

UHL's Quarter 2 Performance for the PCT CQUINs has been provisionally 'RAG rated' and there are 16 indicators where there is a suggested payment below 100%.

UHL has submitted further information with a request for review of the RAGs in respect of the indicators for outpatient letters, stroke care, falls and the surgical surveillance programme.

Currently there is a potential loss of £140,000 if there are no changes agreed to the RAG.

3.3 Fractured Neck of Femur 'Time to Theatre'

A further improvement was seen in November for percentage of patients 'taken to theatre within 36 hours of arrival' - 66% (Oct 59%, Sept 56%). However, it is expected that November's performance will be given a Red RAG rating by the Commissioners as it is still below the 70% monthly threshold and the 'Year to Date' performance is 64% against an end of year 'Full Year Effect' threshold of 75%.

November again saw a high number of patients admitted with #NOF – 83 (Oct = 83) plus several patients required spinal surgery. Following presentation of an audit to the #NOF steering group, the Head of Service is carrying out a further audit looking at the impact of spinal patients on the theatre capacity for #NOF patients.

3.4 Venous Thrombo-embolism (VTE) Risk Assessment

UHL's performance continues to be above the 90% DoH requirement in respect of VTE risk assessment. Quarter 2 saw an increased number of hospital acquired thromboemboli plus increased HAT rate compared with Quarter 1. This increase appears to be related to 'post discharge thrombosis occurring. 83% of patients reviewed to date had been risk assessed on admission and 93% of these were on

appropriate Thromboprophylaxis. Case note review has confirmed that the majority of the VTEs were related to patient factors, such as metastatic cancer and considered to be unavoidable.

3.5 Readmissions

The in-month readmissions rate dropped to 7.2%, 0.6% above trajectory. Bed day usage for readmissions during October 2011 was 39 beds lower than October last year.

The financial penalty in October is £89k up on September and £16k up the average penalty year to date. However, following discussions with the commissioners the readmissions penalty for the 2011/12 contract has reduced by £7.5 million non-recurrently from circa £11 million.

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

- 1) Coding & Commissioning - working continues to ensure Method of Admission is accurate including awareness raising and now formal training with administrative teams. Speciality specific work is being undertaken for coding of self admission. Audits are complete identifying where readmissions are reflecting quality care and not being commissioned and have been shared with commissioners.
- 2) A discharge improvement group is now established in the Acute Division and this will define the process for discharge of patients from UHL a crucial element of improvement in readmissions.
- 3) Specialty Priorities - plans are now in place for the priority specialties and are beginning to be implemented. Some pilots in line with best practice are already in place including post-discharge support to patients in care homes, roll out of ICE electronic discharge summaries, ISAR risk stratification, and triage of emergency General Surgery patients. Detailed work is also being undertaken on pathways for COPD patients, catheter patients, flagging of readmissions in ED, along with the establishment of reablement services in the community.
- 4) Community work streams - some of the readmissions penalty has been diverted into expansion of community health and social care reablement services. The majority of these services are scheduled to be implemented between Nov 2011 and Jan 2012.

3.6 Patient Safety

The last month has seen considerable progress against the 5 Critical Safety Actions (Clinical Handover, relentless attention to EWS triggers, ward rounds and clinical notation, acting upon results and standardising mortality and morbidity meetings). The project plan for each action has now been fully scoped and a RAG-rated progress log is being maintained and presented at GRMC. Some systems and cultural change is required to fully implement some of the actions and further work is required to define all the KPIs and outcome measures. In collaboration with PCT colleagues, a common performance framework is being developed.

A task and finish group has been established to implement additional measures in 2 CBUs to target aspects of high volume complaints. These new measures may include

additional volunteer support in clinics, free tea and coffee if clinic times run considerably late, very senior staff seeing in-patients whose operation has been cancelled and PILS team action to avoid verbal complaints converting into formal written complaints.

The number of staff completing incident forms as a result of staffing levels has again risen this month and more incident forms have been completed in AMUs relating to the new ED process 'right place, right care'. However, complaints relating to discharge have fallen and serious outcomes as a result of falls remains low.

4.0 **Human Resources – Kate Bradley**

4.1 Appraisals

November's appraisal rate of 93.9% saw a further improvement on October's appraisal rate of 93.5% which was the highest since we started using ESR to record appraisals. Human Resources continue to work closely with Divisions and Directorates in implementing targeted actions to continue to improve appraisal performance.

4.2 Sickness

The reported sickness rate is 4.3%. The actual rate is likely to be around 0.3% lower as absence periods are closed.

This sickness rate is higher than the previous 10 months, and is likely to remain so even after the absence periods have been closed down. The 12 month rolling sickness remains at 3.6% Human Resources are currently working with Divisions to performance manage areas with the highest sickness rates.

5.0 **Financial Performance – Andrew Seddon**

5.1 I&E summary

The Trust is reporting a cumulative deficit of £13.0m (£13.5m adverse to Plan). Table 1 outlines the current position.

Table 1 – I&E Summary

	2011/12 Annual Plan £m	November			April - November 2011		
		Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m
Income							
Patient income	595.8	49.2	51.0	1.7	395.7	398.9	3.2
Teaching, R&D	66.9	5.5	6.3	0.8	44.6	47.5	2.9
Other operating Income	19.0	1.6	1.7	0.1	12.6	13.0	0.4
Total Income	681.8	56.3	59.0	2.7	452.8	459.3	6.5
Operating expenditure							
Pay	420.5	35.0	35.8	(0.8)	280.5	292.2	(11.7)
Non-pay	215.2	17.6	19.0	(1.4)	142.4	150.3	(7.9)
Total Operating Expenditure	635.7	52.6	54.8	(2.2)	422.9	442.5	(19.6)
EBITDA	46.1	3.7	4.2	0.5	29.9	16.8	(13.1)
Net interest	(0.5)	(0.0)	(0.0)	(0.0)	(0.3)	(0.4)	(0.0)
Depreciation	(31.1)	(2.6)	(2.6)	(0.0)	(20.7)	(20.6)	0.1
PDC dividend payable	(13.2)	(1.1)	(1.1)	(0.0)	(8.8)	(8.9)	(0.1)
Net deficit	1.3	(0.0)	0.4	0.4	0.1	(13.0)	(13.1)
Planned phasing adjustment					0.4		(0.4)
Reported net deficit	1.3	(0.0)	0.4	0.4	0.4	(13.0)	(13.5)
EBITDA %	6.76%		7.10%			3.67%	

The reasons for the underlying financial position are as follows:

5.2 Income

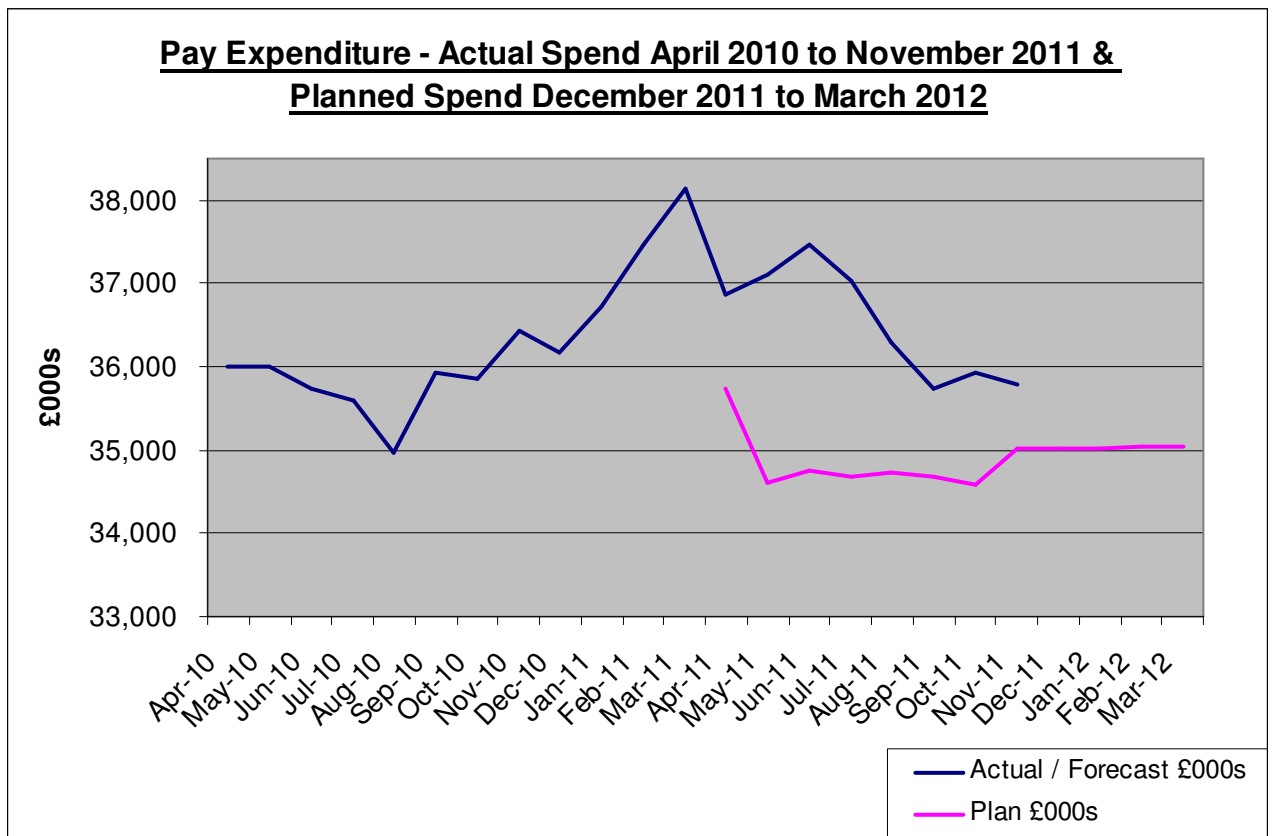
5.2.1 Year to date patient care income is £3.2m (0.8%) above Plan reflecting favourable volume variances in day cases (£1.7m), elective inpatients (£1.2m) and outpatients (£2.2m). These favourable variances are offset by under-performance in non-elective/emergencies of £2.8m (2.4% of Plan). This represents 3,430 spells adverse to Plan (4.4%).

5.2.2 The Trust is still materially over 2008/09 emergency inpatient baselines and so receives only 30% income for marginal activity over that base. Full provision continues to be made for re-admissions.

5.3 Expenditure

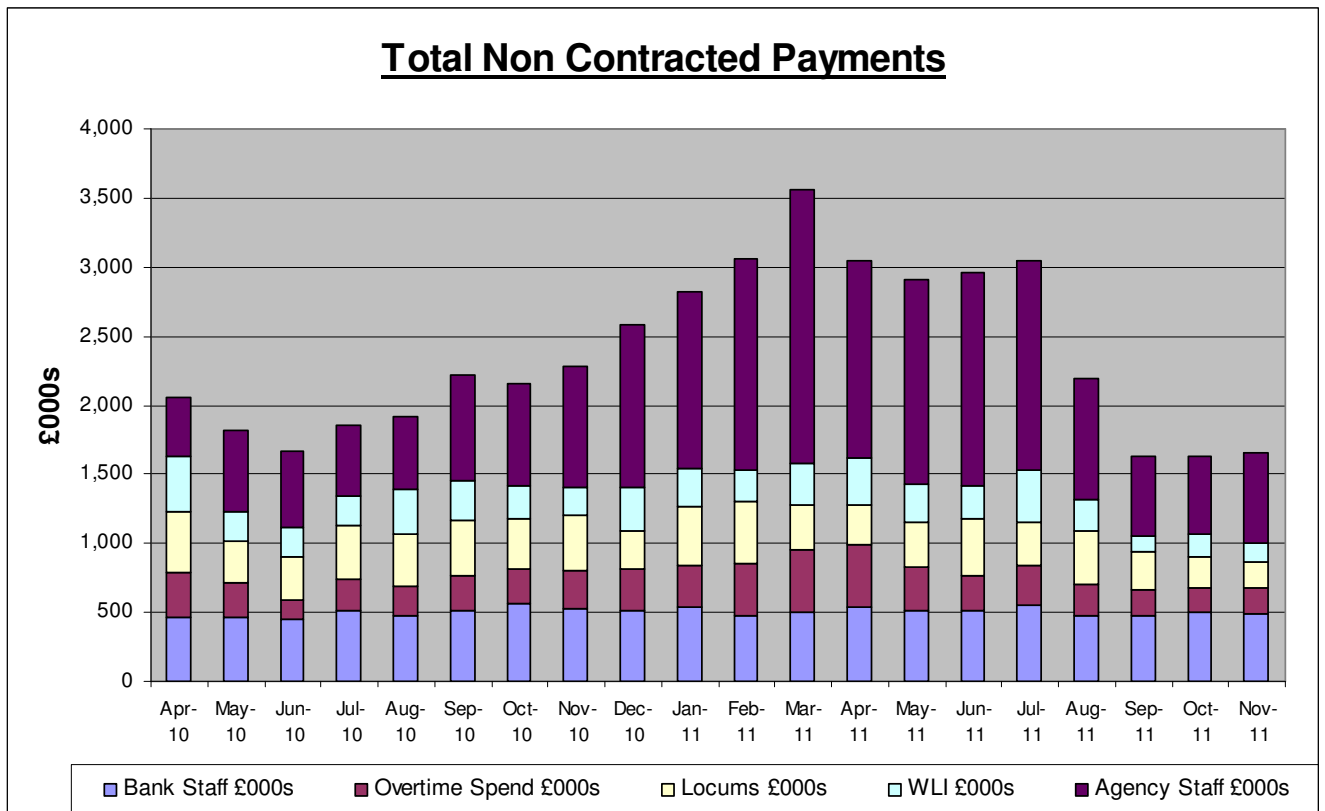
5.3.1 Expenditure is £19.7m over Plan ytd. This reflects a shortfall on the cost improvement programme of £9.7m and the use of significant premium agency staff. Chart 1 clearly shows the pay trend for the year.

Chart 1



5.3.2 Premium payments, whilst becoming stable over the last three months, are still 50% below the levels of April to July 2011 and are approximately £0.6m lower per month than the same period in 2010/11.

5.3.3 Chart 2



5.4 Financial position – year end forecast

5.4.1 The overall financial position in November was a £0.4m surplus, which has resulted in the refreshed year end forecast below.

CBU	Month 7			Month 8		
	Plan	FOT	Variance	Plan	FOT	Variance
Acute Divisional	52,776	45,056	(7,720)	52,592	44,855	(7,737)
Planned Divisional	72,434	68,502	(3,932)	72,441	69,213	(3,229)
CSD Divisional	(94,917)	(97,106)	(2,189)	(94,911)	(97,179)	(2,267)
W&C Divisional	37,595	34,539	(3,056)	37,598	33,847	(3,751)
Divisional Total	67,888	50,992	(16,896)	67,720	50,736	(16,984)
Corporate & Central	(66,599)	(69,138)	(2,538)	(66,431)	(59,391)	7,040
Trust TOTAL	1,289	(18,146)	(19,435)	1,289	(8,655)	(9,944)
Corporate accruals		6,000			6,000	
Readmissions / Deflection Income		8,200			above the line	
Winter flexibility		1,000			above the line	
VSS Deferral		500			above the line	
Salary - tax		1,000			1,000	
Year End Forecast	1,289	(1,446)	(2,735)	1,289	(1,655)	(2,944)

5.4.2 Following a detailed reforecast in November, the Trust is currently forecasting a year end deficit of £1.65m, which is £2.94m adverse variance from to Plan. This latest forecast includes £8.2m of additional income received in November from commissioners. This comprises £7.5m representing a refund of 2/3 of estimated readmissions penalties and £0.7m funding for the Frail & Older Peoples Advice and Liaison (FOPAL) service.

5.5 Service Line Reporting (SLR)/PLICS

5.5.1 The Trust continues to report the financial position in a SLR format via the PLICS system, one month in arrears. The month 7 (October) position is shown below.

Division	CBU	Cost (£m)	Income (£m)	Margin (£m)	Margin (%)
Acute Care	Cardiac, Renal & Critical Care	75.2	74.8	(0.4)	(0.5%)
	Emergency Department	16.0	13.3	(2.7)	(20.2%)
	Medicine	63.3	55.9	(7.4)	(13.3%)
	Respiratory	23.8	22.3	(1.5)	(6.9%)
Acute Care Total		178.3	166.2	(12.1)	(7.3%)
Central Division	Central	0.7	11.0	10.3	93.8%
Central Division Total		0.7	11.0	10.3	93.8%
Clinical Support	Anaesthesia And Theatres	2.8	3.4	0.6	17.2%
	Imaging	4.0	3.0	(0.9)	(30.8%)
	Pathology	7.6	8.1	0.4	5.3%
	Therapy, Phlebotomy And Central Outpatient	0.3	0.3	(0.0)	(14.9%)
Clinical Support Total		14.7	14.7	0.0	0.2%
Planned Care	Cancer, Haematology And Oncology	31.7	30.1	(1.6)	(5.3%)
	Gi Medicine, Surgery And Urology	45.9	43.0	(3.0)	(6.9%)
	Musculo-Skeletal	30.1	29.2	(1.0)	(3.3%)
	Specialist Surgery	35.6	32.2	(3.4)	(10.5%)
Planned Care Total		143.4	134.5	(8.9)	(6.6%)
Womens And Childrens	Children's	20.5	20.9	0.4	2.0%
	Women's	55.0	51.7	(3.2)	(6.3%)
Womens And Childrens Total		75.5	72.6	(2.8)	(3.9%)
Grand Total		412.5	399.0	(13.5)	(3.4%)

5.5.2 As well as the ongoing refinements to the allocation methodologies, following the December PLICS Steering Group meeting, all Divisions have been tasked with:

- Divisions to highlight cases where PLICS has been used to drive clinical change and financial benefits. Case studies to be added to Qlikview dashboards.
- Incorporating PLICS/SLR data into Trust and Divisional performance reporting.
- Divisions to set up localised groups to drive forward the use of PLICs.
- PLICS Evaluation Questionnaire – Evaluation forms to be completed and returned to Steve Lee by 21 December 2011.
- Create a FAQ section on Qlikview dashboards.
- Create a training document to cover commissioning and PLICs. This will be used to train finance staff to then further cascade to Divisions. The over-riding objective being to enhance engagement and understanding within Divisions.

5.6 Working capital and net cash

5.6.1 The Trust's month end cash position decreased by £4.3m to £16.9m at 30 November 2011. The £16.9m month end value includes £8m payment in advance of the December SLA from the Leicester PCTs.

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

Caring at its best

Quality and Performance

Trust Board

Thursday 5th January 2012

November 2011

One team shared values

QUALITY and PERFORMANCE REPORT

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Thresholds

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

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

UHL at a Glance - Month 8 - 2011/12

PATIENT SAFETY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
MRSA Bacteraemias	9	Nov-11	1	5	9	
CDT Isolates in Patients (UHL - All Ages)	165	Nov-11	11	81	140	
% of all adults who have had VTE risk assessment on adm to hosp ***	90%	Oct-11	93.9%	93.7%	93.5%	
Reduction of hospital acquired venous thrombosis ***	0.175	Qtr 2 11/12	0.18		0.175	
Incidents of Patient Falls	TBC	Oct-11	264	1789		
In Hospital Falls resulting in Hip Fracture ***	12	Nov-11	0	2	6	
CLINICAL EFFECTIVENESS	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93%	Oct-11	94.2%	94.3%	94.2%	
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Oct-11	95.8%	96.9%	96.8%	
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Oct-11	98.4%	97.4%	97.0%	
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Oct-11	100.0%	100.0%	100.0%	
31-Day Wait For Second Or Subsequent Treatment: Surgery	94%	Oct-11	94.1%	96.0%	96.0%	
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	94%	Oct-11	99.2%	99.0%	98.5%	
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Oct-11	79.1%	82.6%	85.0%	
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	90%	Oct-11	95.2%	92.7%	92.5%	
62-Day Wait For First Treatment From Consultant Upgrade	85%	Oct-11	100.0%	92.3%	95.0%	
Emergency 30 Day Readmissions (Following Elective Admission)	1.6%	Oct-11	5.3%	5.0%	5.0%	
Emergency 30 Day Readmissions (Following Emergency Admission)	8.0%	Oct-11	9.0%	9.5%	9.0%	
Mortality (CHKS Risk Adjusted) - OVERALL	85	Oct-11	79.1	82.0		
Primary PCI Call to Balloon <150 Mins	75.0%	Nov-11	90.0%	86.0%	86.0%	
Pressure Ulcers (Grade 3 and 4)	197	Nov-11	11	83	140	

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



UHL at a Glance - Month 8 - 2011/12

PATIENT EXPERIENCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Inpatient Polling - treated with respect and dignity ***	95.0	Nov-11	95.8	96.0		
Inpatient Polling - rating the care you receive ***	91.0	Nov-11	86.0	86.7		
Outpatient Polling - treated with respect and dignity ***	95.0	Nov-11	98.0	92.9		
Outpatient Polling - rating the care you receive ***	85.0	Nov-11	84.0	82.8		
% Beds Providing Same Sex Accommodation - Wards ***	100%	Nov-11	100.0%	100.0%	100.0%	
% Beds Providing Same Sex Accommodation - Intensivist ***	100%	Nov-11	100.0%	100.0%	100.0%	
ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre)	95%	Nov-11	94.4%	94.0%	94.8%	
ED Waits - UHL (Type 1 and 2)	95%	Nov-11	92.9%	92.4%	94.0%	
ED Unplanned Re-attendance Rate (From Qtr 2 2011/12)	<5%	Nov-11	5.8%		4.9%	
ED Left Without Being Seen % (From Qtr 2 2011/12)	<5%	Nov-11	2.0%		2.4%	
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12)	<4Hrs	Nov-11	287		239	
ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12)	<15 mins	Nov-11	48		30	
ED Time to Treatment - Median (From Qtr 2 2011/12)	<60 mins	Nov-11	43		40	
RTT 18 week - Admitted	90%	Nov-11	88.5%		91.0%	
RTT 18 week - Non admitted	95%	Nov-11	96.2%		96.5%	
RTT Admitted Median Wait (Weeks)	<=11.1	Nov-11	8.5		9.0	
RTT Admitted 95th Percentile (Weeks)	<=23.0	Nov-11	25.4		22.0	
RTT Non-Admitted Median Wait (Weeks)	<=6.6	Nov-11	6.1		6.1	
RTT Non-Admitted 95th Percentile (Weeks)	<=18.3	Nov-11	17.7		17.0	
RTT Incomplete Median Wait (Weeks)	<=7.2	Nov-11	6.0		6.5	
RTT Incomplete 95th Percentile (Weeks)	<=28.0	Nov-11	21.9		21.0	
STAFF EXPERIENCE / WORKFORCE	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Sickness absence	3.0%	Nov-11	4.3%	3.6%		
Appraisals	100%	Nov-11	93.9%	93.9%		
VALUE FOR MONEY	Standard	Current Data Month	Month Actual	YTD	Annual Forecast	Data Quality
Income (£000's)	681,756	Nov-11	58,984	459,337	685,783	
Operating Cost (£000's)	635,693	Nov-11	55,250	442,941	645,665	
Surplus / Deficit (as EBIDTA) (£000's)	46,063	Nov-11	3,734	16,396	40,118	
CIP (£000's)	38,245	Nov-11	2,652	13,885	25,591	
Cash Flow (£000's)	18,200	Nov-11	16,563	16,563	3,623	
Financial Risk Rating	3	Nov-11	1	1	2	
Pay - Locums (£ 000s)		Nov-11	199	2,446		
Pay - Agency (£ 000s)		Nov-11	656	8,617		
Pay - Bank (£ 000s)		Nov-11	490	4,062		
Pay - Overtime (£ 000s)		Nov-11	181	2,063		
Total Pay Bill (£ millions)	420,410	Nov-11	35.8	292	424,464	
Cost per Bed Day (£)		Nov-11	161	161		

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level

Audit

Director Sign Off

QUALITY and PERFORMANCE REPORT - 2011/12

QUARTERLY FOUNDATION TRUST COMPLIANCE FRAMEWORK

	QTR THRESHOLD	WEIGHTING	2010/11				2011/12			
			QTR 1	QTR 2	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3	QTR 4
CDIFF	42	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	
MRSA	2	1.0	1.0	0.0	0.0	1.0	0.0	0.0		
31 day cancer :-										
subsequent surgery	94%	1.0	0.0	0.0	0.0	0.0	0.0	0.0		
subsequent anti cancer drug treatments	98%									
subsequent radiotherapy (from 1 Jan 2011)	94%									
62 day cancer :-										
from urgent GP referral to treatment	85%	1.0	0.0	0.0	0.0	0.0	0.0	1.0		
from consultant screening service referral	90%									
RTT - admitted 95th Percentile	<=23 weeks	1.0	n/a	n/a	n/a	n/a	1.0	0.0		
RTT - non admitted 95th Percentile	<=18.3 weeks	1.0	n/a	n/a	n/a	n/a	0.0	0.0		
31-day cancer wait from diagnosis to first treatment	96%	1.0	0.0	0.0	0.0	0.0	0.0	0.0		
Cancer: two week wait										
all cancers	93%	0.5	0.0	0.0	0.0	0.0	0.0	0.0		
for symptomatic breast patients (cancer not initially suspected)	93%									
ED - 4hr wait	95%	1.0	0.0	0.0	0.5	0.5	1.0	1.0		
Patients that have spent more than 90% of their stay in hospital on a stroke unit	TBC	0.5	n/a	n/a	n/a	n/a	0.0	0.0		
Performance Governance rating			2.0	0.0	0.5	1.5	2.0	2.0		

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

QUALITY and PERFORMANCE REPORT

DoH SERVICE PERFORMANCE 2011/12

Service Performance - Indicators, weighting and scoring

Quality of service Performance Indicator	Thresholds			2010/11 score			2011/12	
	Performing	Under-performing	Weighting for PF	Qtr 1 and Qtr 2	Qtr 1 to Qtr 3	Qtr 1 to Qtr 4	Qtr 1 Actual	Qtr2 Actual
Four-hour maximum wait in A&E	95%	94%	1	3	3	3	1	1
A&E HES data coverage against SITREPS - Qtr 1 only	90-110%	<80 or > 110%	1	n/a	n/a	n/a		
Unplanned reattendance rate 7 days	5%	2	2	n/a	n/a	n/a	3	0
Left with out being seen rate	5%							
Time to initial assessment 95th centile	15mins							
Time to treatment median	60mins							
Cancelled ops - breaches of 28 days readmission guarantee	5.0%			15.0%	1	1		
MRSA	0	>1SD	1	0	0	0	3	3
C Diff	0	>1SD	1	3	3	3	3	3
RTT - admitted - 95th percentile	<=23	>27.7	0.50	1.5	1.5	1.5	0.5	1.5
RTT - non-admitted including audiology (DAA) - 95th percentile	<=18.3		0.50	1.5	1.5	1.5	1.5	1.5
RTT - incomplete - 95th percentile	<=28	>36	0.50	1.5	1.5	1.5	1.5	1.5
RTT - admitted 18 weeks	90%	85%	0.75	n/a	n/a	n/a	0.75	2.25
RTT - non-admitted 18weeks	95%	90%	0.75	n/a	n/a	n/a	2.25	2.25
2 week GP referral to 1st outpatient	93%	88%	0.5	1.5	1.5	1.5	1.5	1.5
2 week GP referral to 1st outpatient - breast symptoms	93%	88%	0.5	1.5	1.5	1.5	1.5	1.5
31 day second or subsequent treatment - surgery	94%	91%	0.25	1	1	1	0.75	0.75
31 day second or subsequent treatment - drug	98%	93%	0.25	1	1	1	0.75	0.75
31 day diagnosis to treatment for all cancers	96%	91%	0.25	1	1	1	0.75	0.75
31 day second or subsequent treatment - radiotherapy	94%	89%	0.25	n/a	n/a	0.75	0.75	0.75
62 day referral to treatment from screening	90%	85%	0.50	1	1	1	1.5	1.5
62 days urgent GP referral to treatment of all cancers	85%	80%	0.50	1	1	1	1.5	0.5
Patients that have spent more than 90% of their stay in hospital on a stroke unit	80%	60%	1	3	3	3	3	3
Delayed transfers of care	3.5%	5.0%	1	3	3	3	3	3
Overall performance score threshold				2.67	2.67	2.63	2.65	2.21

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

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

Scoring values

Underperforming	0
Performance under review:	1
Performing:	3

Overall performance score threshold

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

HISTORY / TREND OVERVIEW - Month 8 - 2011/12

PATIENT SAFETY

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	Page No
MRSA Bacteraemias	1	0	1	2	1	2	0	0	1	1	0	0	1	5	9	▼	11
CDT Isolates in Patients (UHL - All Ages)	20	12	17	16	14	9	15	7	8	10	8	13	11	81	165	▲	11
% of all adults who have had VTE risk assessment on adm to hosp	65%	64%	69%	75%	79%	92.7%	93.5%	93.5%	94.5%	93.8%	93.8%	93.8%	94.5%	93.8%	90%	▲	
Reduction of hospital acquired venous thrombosis	Qtr 3 - 0.17		Qtr 4 - 0.12			Qtr 1 - 0.15			Qtr 2 - 0.18					0.175			
Incidents of Patient Falls	238	259	285	231	244	268	267	248	266	249	227	264		1789	TBC		14
In Hospital Falls resulting in Hip Fracture	0	3	2	2	2	2	0	0	0	0	0	0	0	2	12	◀▶	

CLINICAL EFFECTIVENESS

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	Page No
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	94.5%	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%	93.9%	95.3%	93.1%	94.2%		94.3%	93%	▲	20
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	94.9%	98.4%	99.0%	95.5%	95.4%	97.2%	94.6%	98.3%	97.7%	96.5%	97.4%	95.8%		96.9%	93%	▼	20
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	97.3%	98.3%	96.7%	96.6%	96.8%	97.0%	98.3%	96.8%	97.7%	97.3%	96.5%	98.4%		97.4%	96%	▲	20
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%	◀▶	20
31-Day Wait For Second Or Subsequent Treatment: Surgery	95.5%	95.3%	94.7%	96.3%	95.8%	98.5%	94.3%	100.0%	96.9%	94.0%	95.6%	94.1%		96.0%	94%	▼	20
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.4%	99.3%	99.3%	100.0%	98.8%	99.1%	98.7%	100.0%	99.3%	97.8%	99.3%	99.2%		99.0%	94%	▼	20
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	86.4%	88.1%	85.8%	87.2%	85.9%	86.4%	85.5%	83.7%	81.3%	82.8%	80.5%	79.1%		82.6%	85%	▼	20
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	91.1%	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%	92.5%	90.6%	91.8%	95.2%		92.7%	90%	▲	20
62-Day Wait For First Treatment From Consultant Upgrade	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-----	100.0%	-----	100.0%	80.0%	100.0%		92.3%	85%	▲	20

HISTORY / TREND OVERVIEW - Month 8 - 2011/12

CLINICAL EFFECTIVENESS (Continued)

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	Page No
Emergency 30 Day Readmissions (Following Elective Admission)	5.2%	5.4%	5.2%	4.8%	5.0%	5.0%	4.8%	5.3%	4.9%	5.1%	4.8%	5.3%		5.0%	1.6%	▼	13
Emergency 30 Day Readmissions (Following Emergency Admission)	10.1%	10.1%	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%	9.7%	9.0%		9.5%	8.0%	▲	13
Mortality (CHKS - Risk Adjusted) - OVERALL	77.1	97.2	87.4	82.4	86.8	84.8	85.9	74.8	80.7	80.1	87.2	79.1		82.0	85	▲	
Stroke - 90% of Stay on a Stroke Unit	81%	75%	58%	56%	80%	85%	87%	89%	88%	88%	75%	82%		85%	80%	▲	
Primary PCI Call to Balloon <150 Mins	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	84.8%	90.0%	86.0%	75%	▲	19
Pressure Ulcers (Grade 3 and 4)	12	26	33	14	20	15	12	17	16	7	5	11		83	197	▼	14

HISTORY / TREND OVERVIEW - Month 8 - 2011/12

PATIENT EXPERIENCE

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	Page No
Inpatient Polling - treated with respect and dignity	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	96.1	95.8	96.0	95.0	▼	16
Inpatient Polling - rating the care you receive	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	85.0	86.8	86.0	86.7	91.0	▼	16
Outpatient Polling - treated with respect and dignity							96.7	93.5	84.0		91.0	94.3	98.0	92.9	95.0	▲	
Outpatient Polling - rating the care you receive							87.0	85.1	72.6		82.5	85.7	84.0	82.8	85.0	▼	
% Beds Providing Same Sex Accommodation -Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶	19
% Beds Providing Same Sex Accommodation - Intensivist	89%	93%	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶	19
A&E Waits - Leics (10/11) - UHL Incl UCC (11/12)	94.9%	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	92.0%	94.4%	94.0%	95%	▲	17
A&E Waits - UHL (Type 1 and 2)	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.1%	89.9%	89.8%	92.9%	92.4%	95%	▲	17
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	5.8%	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	6.1%	5.8%		<5%	▲	17
Left Without Being Seen % (From Qtr 2 11/12)	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.9%	2.0%		<5%	▲	17
ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12)	303	349	382	331	343	306	307	256	239	304	337	341	287		<240 Mins	▲	17
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	49	55	55	49	63	70	56	41	39	48	48	61	48		<15 Mins	▲	17
Time to Treatment - Median (From Qtr 2 11/12)	62	60	48	50	58	59	54	50	34	34	39	44	43		<60 mins	▲	17
RTT 18 week - Admitted	92.1%	91.6%	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	92.0%	90.8%	90.9%	88.5%		90%	▼	18
RTT 18 week - Non admitted	98.3%	97.0%	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	96.8%	96.6%	96.4%	96.2%		95%	▼	18
RTT Admitted Median Wait (Weeks)	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	8.9	9.0	8.5		<=11.1	▲	18
RTT Admitted 95th Percentile (Weeks)	21.9	23.1	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	22.5	25.4		<=23.0	▼	18
RTT Non-Admitted Median Wait (Weeks)	6.2	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.8	6.3	6.1		<=6.6	▲	18
RTT Non-Admitted 95th Percentile (Weeks)	17.0	16.9	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.4	17.6	17.7		<=18.3	▼	18
RTT Incomplete Median Wait (Weeks)	6.1	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.3	6.4	5.9	6.0		<=7.2	▼	18
RTT Incomplete 95th Percentile (Weeks)	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	21.1	22.5	22.6	21.9		<=28.0	▲	18

HISTORY / TREND OVERVIEW - Month 8 - 2011/12

STAFF EXPERIENCE / WORKFORCE

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	Page No
Sickness absence	3.7%	4.7%	4.0%	3.4%	3.4%	3.2%	3.0%	3.4%	3.3%	3.2%	3.2%	3.7%	4.3%	3.6%	3.0%	▼	21
Appraisals	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	93.9%	100%	▲	21

VALUE FOR MONEY

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD
Income (£000's)		58,569	59,015	58,759	64,835	56,760	55,861	56,745	56,772	56,977	58,516	58,722	58,984	459,337
Operating Cost (£000's)		54,865	55,342	55,770	58,922	55,260	55,886	55,534	55,943	54,884	54,768	55,416	55,250	442,941
Surplus / Deficit (as EBIDTA) (£000's)		3,704	3,673	2,989	5,913	1,500	-25	1,211	829	2,093	3,748	3,306	3,734	16,396
CIP (£000's)		3,048	3,073	2,798	3,270	1,012	912	1,422	1,508	1,650	2,243	2,486	2,652	13,885
Cash Flow (£000's)		9752	12,491	18,358	10,306	14,465	9,778	4,425	8,296	21,003	15,384	20,927	16,563	16,563
Financial Risk Rating		2	2	2	2	2	1	1	1	1	1	1	1	1

HR Pay Analysis

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD
	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Locums (£ 000s)	401	279	421	443	335	283	328	417	315	392	281	231	199	2,446
Agency (£ 000s)	879	1,175	1,283	1,540	1,990	1,427	1,475	1,526	1,522	866	576	569	656	8,617
Bank (£ 000s)	523	514	540	478	504	540	509	509	554	477	480	504	490	4,062
Overtime (£ 000s)	276	300	304	378	447	453	317	256	282	224	181	168	181	2,063
Total Pay Bill (£ millions)	36.4	36.1	36.7	37.5	38.1	36.9	37.1	37.5	37.0	36.3	35.7	35.9	35.8	292

Average Cost per Bed Day

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
	£	£	£	£	£	£	£	£	£	£	£	£	£
Cost per Bed Day (£)	164	162	143	183	172	169	165	165	166	161	157	159	161

INFECTION PREVENTION

Performance Overview

MRSA – 1 reported case of MRSA during November. YTD performance is 5 with 1 case appealed during August, pending resolution of technical issue.

CDifficile – a positive November report with 11 cases identified. The year to date position is 81 and ahead of target to date.

MRSA elective and non-elective screening rates achieved 100%.

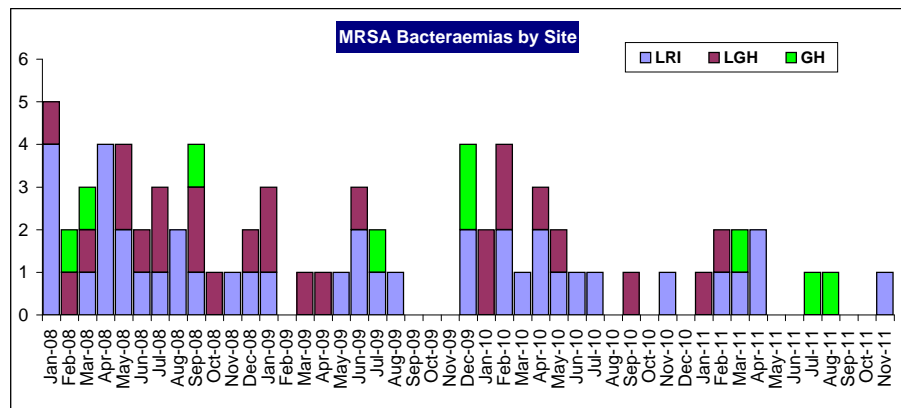
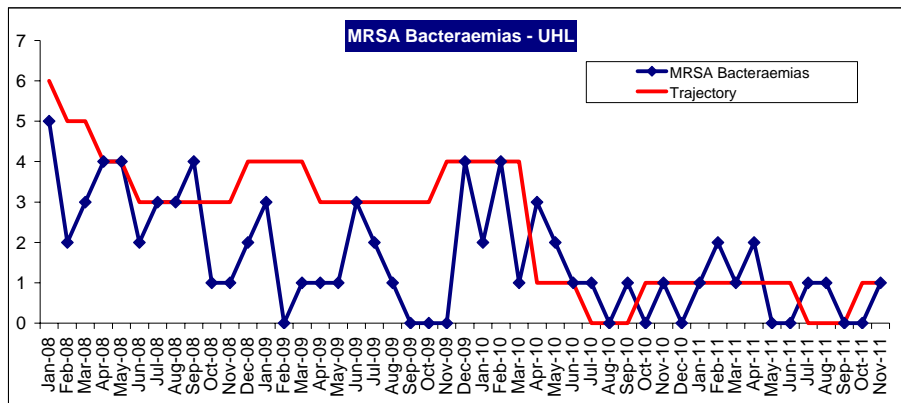
Key Actions

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

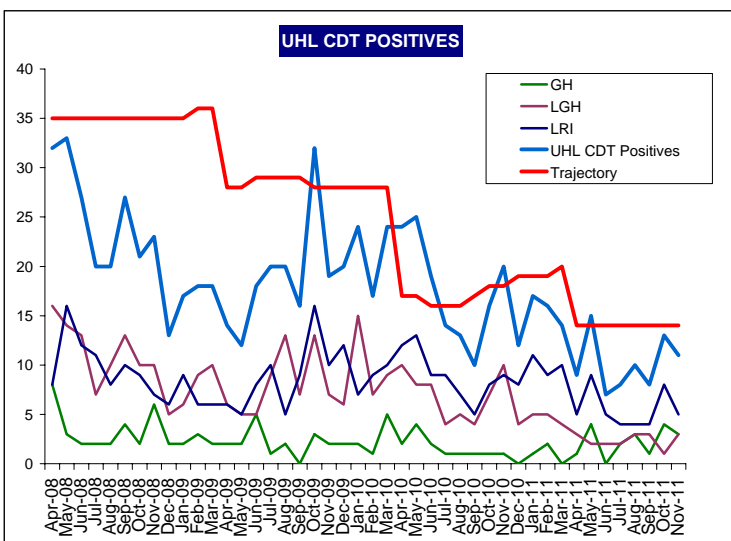
Full Year Forecast

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

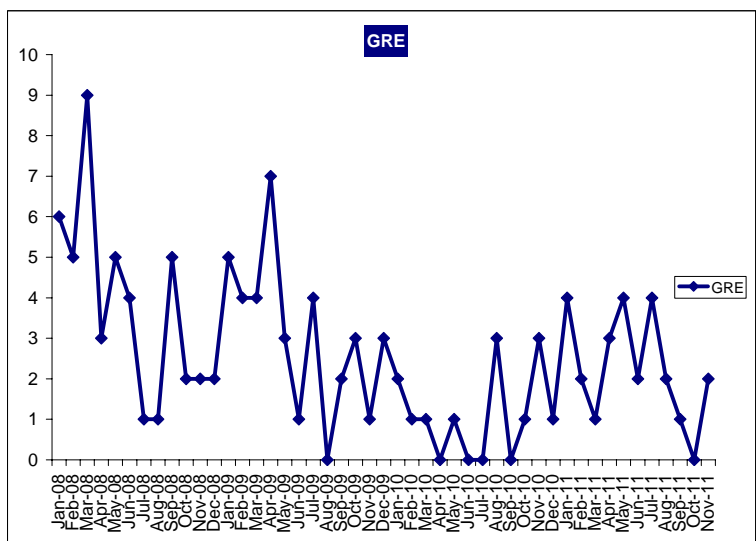
MRSA BACTERAEMIA



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
MRSA	1	0	1	2	1	2	0	0	1	1	0	0	1	5	9	🟢
C. Diff.	20	12	17	16	14	9	15	7	8	10	8	13	11	81	165	🟢
Rate / 1000 Adm's	2.4	1.4	2.1	2.1	1.6	1.2	2.0	0.9	1.0	1.3	1.1	1.8	1.4	1.3		
GRE	3	1	3	2	1	3	4	2	4	2	1	0	2	18	TBC	🟢
MSSA						1	4	2	5	2	6	4	3	27	No National Target	
E-Coli								38	39	41	39	41	45	243	No National Target	

MORTALITY

Performance Overview

UHL's 'crude in-hospital' mortality rate for November has fallen from October, as has the trust's 'risk adjusted in-hospital' mortality for October.

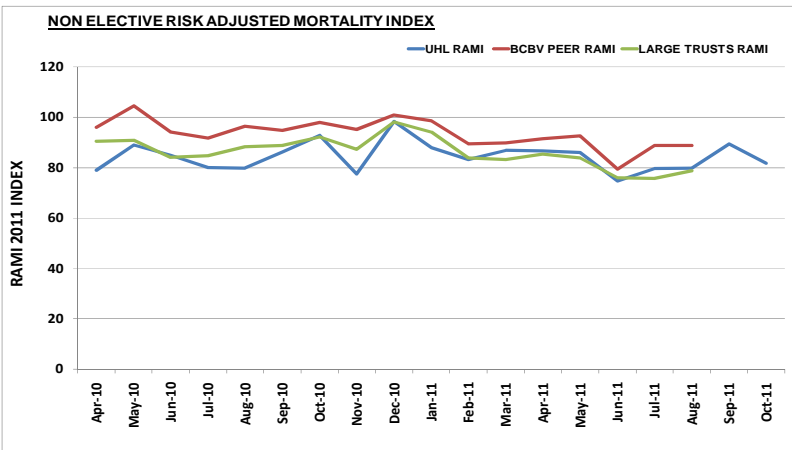
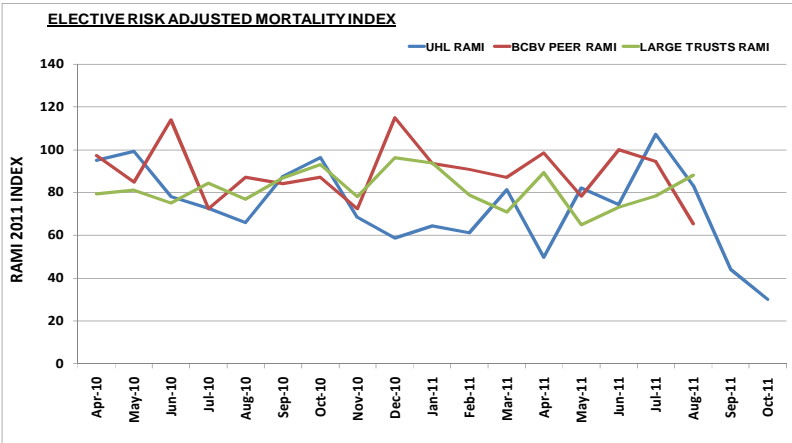
UHL's SHMI for 2010/11 has been published and further analysis of the data suggests that the clinical complexity of patients is not being captured by our coding which is subsequently affecting patients' mortality risk adjustment.

A case note review is therefore underway of deceased patients coded as having one of the 'top ten primary diagnoses'. The review is looking at both the clinical coding and if the patients' death was likely or unlikely and whether care was appropriate or not.

One of the 'top 10 diagnosis groups' is 'urinary tract infection' and preliminary findings of review has confirmed that the diagnosis had not always been coded accurately nor did it always fully reflect patients' severity of illness or clinical complexity. In most instances this is due to the primary diagnosis and co-morbidities not being clearly defined in the patients notes. Guidance notes are being created in conjunction with clinicians and coders to address this.

Many patients were admitted from nursing homes with some already being on an 'end of life' care plan.

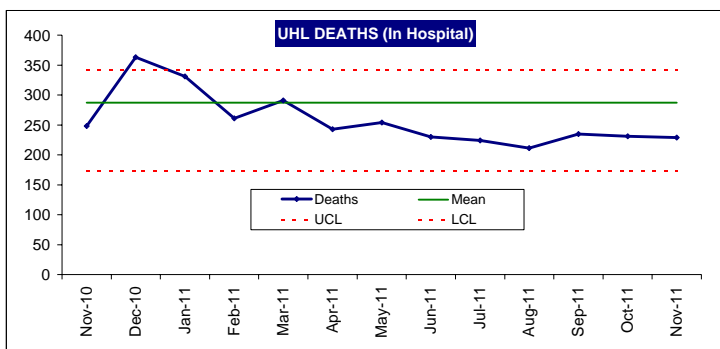
The case note review is due to be completed first week of January and the findings will be communicated to clinical teams and Consultants will be advised of the need to ensure explicit documentation of diagnosis and co-morbidities



CHKS - RISK ADJUSTED MORTALITY

	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	YTD
Observed Deaths	265	212	327	293	231	252	173	211	197	205	187	198	197	1,368
RAMI	93.6	77.5	98.1	87.7	82.5	87.9	84.8	85.9	74.8	80.7	80.0	87.2	79.1	82.0

Clinical Business Unit	CURRENT MONTH (NOV)		
	Spells	Deaths	%
Specialist Surgery	1638	6	0.4%
GI Medicine, Surgery and Urology	3815	31	0.8%
Cancer, Haematology and Oncology	2027	12	0.6%
Musculo-Skeletal	1000	11	1.1%
Medicine	2074	83	4.0%
Respiratory	1058	36	3.4%
Cardiac, Renal & Critical Care	1459	36	2.5%
Emergency Department	8	5	62.5%
Women's	4225	8	0.2%
Children's	893		
Anaesthesia and Theatres	310	1	0.3%
Imaging	18		
Sum:	18525	229	1.2%



UHL CRUDE DATA TOTAL SPELLS

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target
UHL Crude Data - TOTAL Spells	19895	19261	18674	18300	20760	16895	17541	18898	18387	18184	18004	17933	18525	144367	
UHL Crude Data - TOTAL Deaths	248	363	331	261	291	243	254	230	224	211	235	231	229	1857	TBC
Percent	1.2%	1.9%	1.8%	1.4%	1.4%	1.4%	1.4%	1.2%	1.2%	1.2%	1.3%	1.3%	1.2%	1.3%	TBC

UHL CRUDE DATA ELECTIVE SPELLS

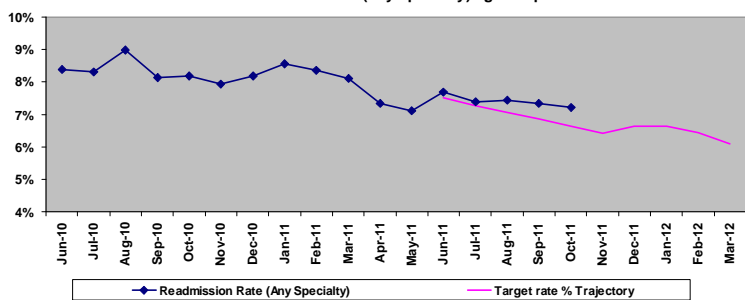
	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target
UHL Crude Data - ELECTIVE Spells	8793	7742	7792	8073	9405	7761	8101	9238	8570	8809	8760	8671	9237	69147	
UHL Crude Data - ELECTIVE Deaths	9	5	6	6	8	4	5	7	11	11	5	4	6	53	TBC
Percent	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	TBC

UHL CRUDE DATA NON ELECTIVE SPELLS

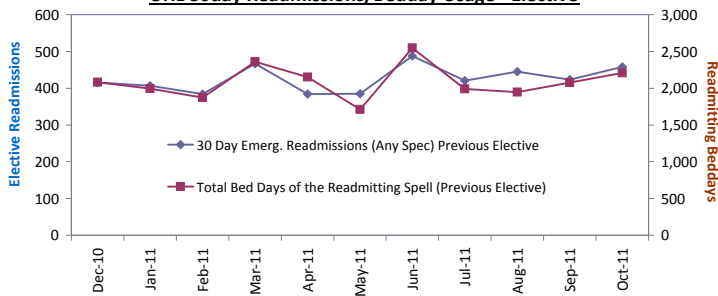
	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target
UHL Crude Data - NON ELECTIVE Spells	11102	11519	10882	10227	11355	9134	9440	9660	9817	9375	9244	9262	9288	75220	
UHL Crude Data - NON ELECTIVE Deaths	239	358	325	255	283	239	249	223	213	200	230	227	223	1804	TBC
Percent	2.2%	3.1%	3.0%	2.5%	2.5%	2.6%	2.6%	2.3%	2.2%	2.1%	2.5%	2.5%	2.4%	2.4%	TBC

EMERGENCY READMISSIONS

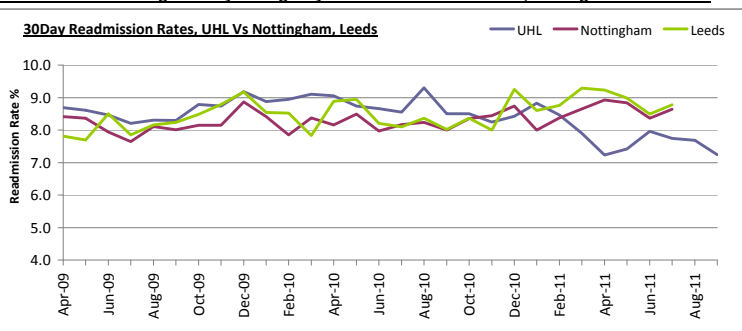
Overall Trust Readmission Rate (any specialty) against plan 2010-2012



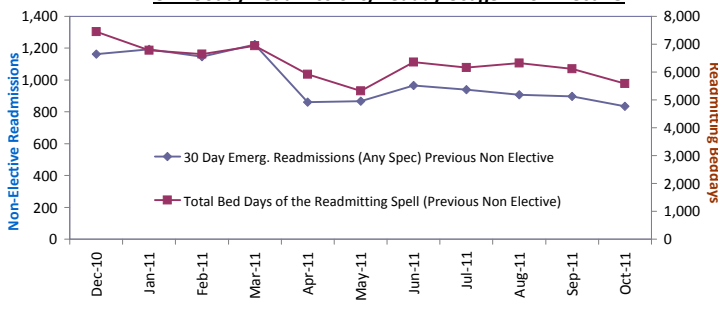
UHL 30day Readmissions/Bedday Usage - Elective



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



UHL 30day Readmissions/Bedday Usage - Non Elective



ALL READMISSIONS

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	YTD	Target
Discharges	19261	18674	18300	20760	16895	17541	18898	18387	18184	18004	17933	125,842	
30 Day Emerg. Readmissions (Any Spec)	1,577	1,599	1,531	1,689	1,244	1,252	1,453	1,361	1,352	1,321	1,293	9,276	
Readmission Rate (Any Specialty)	8.20%	8.60%	8.40%	8.10%	7.40%	7.10%	7.70%	7.40%	7.40%	7.30%	7.20%	7.4%	6.1%
30 Day Emerg. Readmissions (Same Spec)	888	893	879	980	765	770	907	837	813	804	789	5,685	
Readmission Rate (Same Speciality)	4.60%	4.80%	4.80%	4.70%	4.50%	4.40%	4.80%	4.60%	4.50%	4.50%	4.40%	4.5%	
Improvement trajectory (Any Specialty)													
Total Bed Days of Readmitting Spells	9,525	8,778	8,513	9,296	8,065	7,039	8,908	8,146	8,272	8,189	7,797	56,416	

Readmissions - Previous Spell = Elective

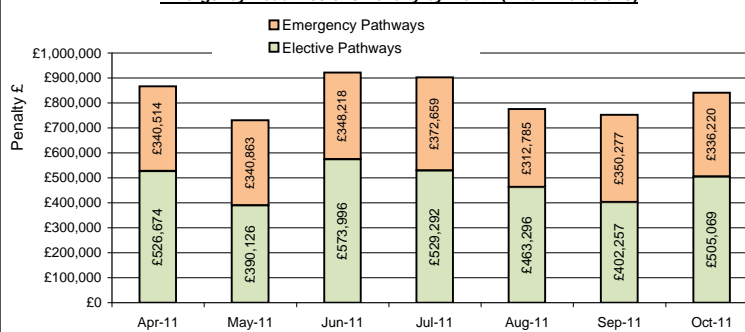
	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	YTD
Discharges	7742	7792	8073	9405	7761	8101	9238	8570	8809	8760	8671	59,910
30 Day Emerg. Readmissions (Any Spec) Previous Elective	415	407	384	467	384	385	488	421	445	423	458	3,004
Readmission Rate (Any Specialty) Previous Elective	5.40%	5.20%	4.80%	5.00%	4.90%	4.80%	5.30%	4.90%	5.10%	4.80%	5.30%	5.0%
Total Bed Days of the Readmitting Spell (Previous Elective)	2,082	1,994	1,872	2,358	2,151	1,713	2,548	1,990	1,946	2,079	2,207	14,634

Readmissions - Previous Spell = Non Elective

	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	YTD
Discharges	11,519	10,882	10,227	11,355	9,134	9,440	9,660	9,817	9,375	9,244	9,262	65,932
30 Day Emerg. Readmissions (Any Spec) Previous Non Elective	1,162	1,192	1,147	1,222	860	867	965	940	907	898	835	6,272
Readmission Rate (Any Specialty) Previous Non Elective	10.1%	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%	9.7%	9.0%	9.5%
Total Bed Days of the Readmitting Spell (Previous Non Elective)	7,443	6,784	6,641	6,938	5,914	5,326	6,360	6,156	6,326	6,110	5,590	41,782

30 Day Readmissions PBR Method

Emergency Readmissions Penalty by Month (After Exclusions)



Performance Overview

The in-month readmissions rate dropped to 7.2%, 0.6% above trajectory.

The financial penalty in October is £89k up on September and £16k up the average penalty year to date. However, following discussions with the commissioners the readmissions penalty for the 2011/12 contract has reduced non-recurrently by £7.5 million from £11 million.

Bed day usage for readmissions during October 2011 was 39 beds lower than October last year.

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

- 1) Coding & Commissioning - working continues to ensure Method of Admission is accurate including awareness raising and now formal training with administrative teams. Speciality specific work is being undertaken for coding of self admission. Audits are complete identifying where readmissions are reflecting quality care and not being commissioned and have been shared with commissioners.
- 2) A discharge improvement group is now established in the Acute Division and this will define the process for discharge of patients from UHL a crucial element of improvement in readmissions.
- 3) Speciality Priorities - plans are now in place for the priority specialities and are beginning to be implemented. Some pilots in line with best practice are already in place including post-discharge support to patients in care homes, roll out of ICE electronic discharge summaries, ISAR risk stratification, and triage of emergency General Surgery patients. Detailed work is also being undertaken on pathways for COPD patients, catheter patients, flagging of readmissions in ED, along with the establishment of reablement services in the community.
- 4) Community work streams - some of the readmissions penalty has been diverted into expansion of community health and social care reablement services. The majority of these services are scheduled to be implemented between Nov 2011 and Jan 2012.

FALLS

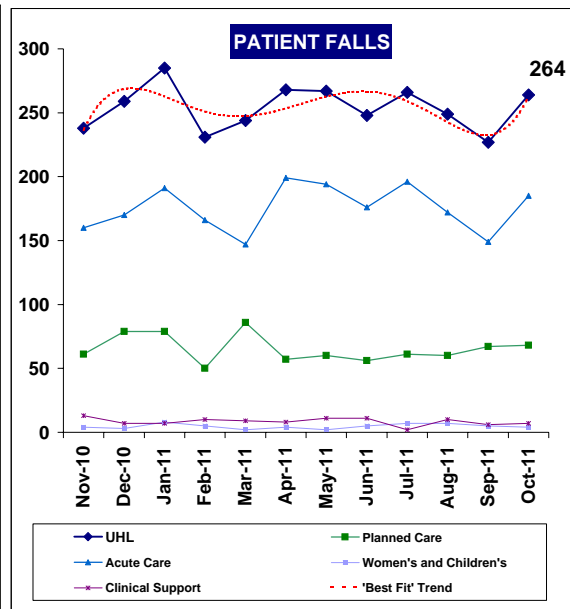
Performance Overview

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

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

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

Although there has been a rise in October in the number of falls, there has been significant progress and focus in the past 3 months in the implementation of actions which should start to take effective in the reduction of falls in Q4. An unconfirmed figure for the number of falls in November is 183.



TARGET / STANDARD

Incidents of Patient Falls	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target
UHL	238	259	285	231	244	268	267	248	266	249	227	264		1789	TBC
Planned Care	61	79	79	50	86	57	60	56	61	60	67	68		429	TBC
Acute Care	160	170	191	166	147	199	194	176	196	172	149	185		1271	TBC
Women's and Children's	4	3	8	5	2	4	2	5	7	7	5	4		34	TBC
Clinical Support	13	7	7	10	9	8	11	11	2	10	6	7		55	TBC
In Hospital Falls resulting in Hip Fracture	0	3	2	2	2	2	0	0	0	0	0	0	0	2	12

PRESSURE ULCERS (Grade 3 and 4)

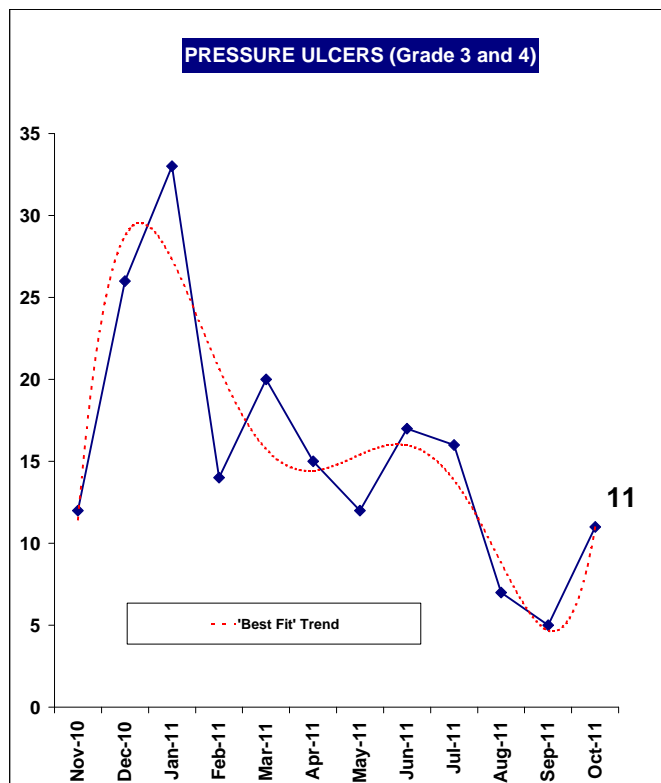
Performance Overview

There were 6 reported pressure ulcers in November (To be confirmed) - 3 for the planned care division and 3 for the acute division.

For the month of October the 11 reported hospital acquired pressure ulcers have been reviewed using the unavoidable checklist. Although the decisions are yet to be ratified by the commissioners it can be confirmed that:-

- 6 ulcers were avoidable and full RCAs will need to be completed
- 3 ulcers were unavoidable
- 2 incidents are still being reviewed by the tissue viability team

Patient Safety Leads across the East Midlands are currently reviewing reporting processes for hospital acquired pressure ulcers ensuring that a standardised approach is used in all Trusts. Definitions for avoidable and unavoidable pressure ulcers are also being developed using the DoH guidance currently being used by UHL. Commissioners have been advised that this guidance needs to be circulated to all Trusts for comments from clinical tissue viability leads before it is ratified for use.



TARGET / STANDARD

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target
Pressure Ulcers (Grade 3 and 4)	12	26	33	14	20	15	12	17	16	7	5	11		83	197
Attributable to Trust															
Not Attributable to Trust															

PATIENT EXPERIENCE

Performance Overview

The "Patient Experience Survey" for November 2011 resulted in 1,403 surveys being returned, a Trust return rate of 93.22% which is an impressive increase of 219 additional surveys in comparison to last month.

The 'overall respect and dignity' score remains green across the Trust with a marked improvement in the Acute Division.

The 'overall how would you rate the care whilst in hospital' score remains amber across the Trust for both medicine and all other CBU's.

In response to November's results it has been agreed to pilot experienced volunteers within a number of underperforming areas to see how this improves patients experience and perception of their overall care. The pilot will begin in January for one month and be reported in the February 2012 Quality and Performance report.

The Trust wide 'Caring at its Best' project question scores have fluctuated, however there is notable improvement in the staff attitudes and behaviour questions, a reflection of the impact the Women's and Children's Division have made through their mandatory communication and staff attitudes training. In addition this now means that all of the CQUIN 'Caring at its Best' project question scores are RAG rated green.

The Outpatients Patient Experience Feedback question 'overall respect and dignity' scores has improved by 3.7 to an overall score of 98, moving from amber to green RAG and notably the highest score for the 'overall respect and dignity' question this year.

Return Rates - November 2011	Division	Surveys Returned	Target	% Achieved
	Acute Care	755	790	96%
	Planned Care	481	535	90%
	Women's and Children's	167	180	93%
	UHL	1,403	1,505	93%

Trust Scores in November 2011 minus underperforming Wards in Medicine

DIVISIONAL PROJECTS

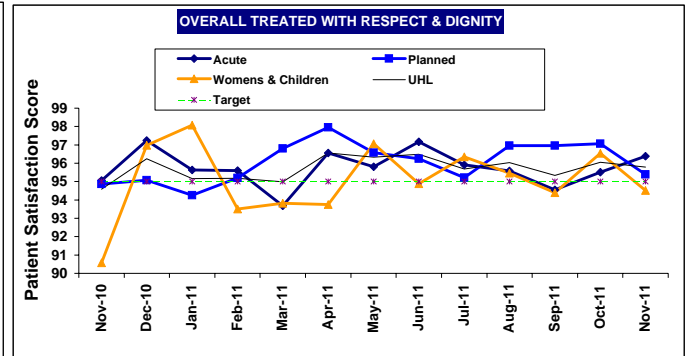
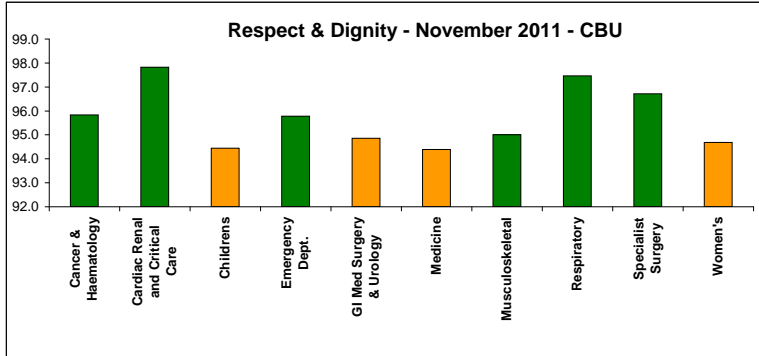
Area for Development	Lead Division	PES Question	Mar-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Nov-11
Noise at Night	Acute Care	Q10a – Were you ever bothered by noise at night from other patients?	65.0	71.8	74.7	70.6	70.6	67.2	73.3	67.2	68.7
		Q10b – Were you ever bothered by noise at night from hospital staff?	84.2	86.8	87.4	87.4	85.2	85.4	89.0	86.3	86.2
Staff Attitudes and Behaviours	Women's and Children's	Q13a – When you had important questions to ask the doctors did you get answers that you could understand?	88.2	88.2	89.1	89.7	89.3	87.5	88.9	89.0	89.7
	Children's	Q14a – Did any of the doctors talk in front of you as if you were not there?	88.9	88.0	88.1	90.7	89.6	87.9	88.0	88.7	89.3
		Q16 – Were you involved as much as you wanted to be in decisions about your care and treatment? CQUIN (National CQUIN Target = 71.0)	77.3	79.8	79.9	78.8	76.6	77.7	78.8	79.3	80.3
Providing Information	Clinical Support	Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN (National CQUIN Target = 61.0)	79.5	80.9	81.6	81.4	81.0	79.0	80.8	80.2	81.1
		Q15 – Sometimes in hospital a member of staff will say one thing and another say something quite different. Did this happen to you?	84.7	85.9	86.6	85.2	85.4	82.6	85.8	85.2	85.9
		Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN (National CQUIN Target = 84.0)	92.3	94.4	94.7	94.8	94.9	94.2	94.3	93.9	94.1
		Q24 – Has a member of staff told you about medication side effects to watch for when you went home? CQUIN (National CQUIN Target = 48.0)	73.4	77.7	75.4	74.9	75.2	73.4	74.7	71.7	74.1
Pain	Planned Care	Q26 – Has a member of staff told you who to contact if you are worried about your condition or treatment after you leave hospital? CQUIN (National CQUIN Target = 78.0)	69.8	75.3	80.4	78.1	76.5	73.5	75.2	78.0	80.0
		Q19 – Do you think the hospital staff did everything they could to help control your pain?	90.5	91.7	92.3	91.8	90.7	91.7	92.8	90.2	91.0
		Q28 – Overall, how would you rate the care you received?	83.8	87.2	87.6	87.0	85.4	85.0	86.8	86.0	87.0

PATIENT EXPERIENCE

TARGET / STANDARD

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

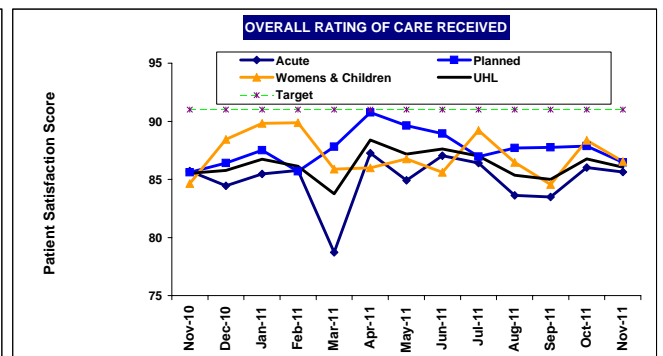
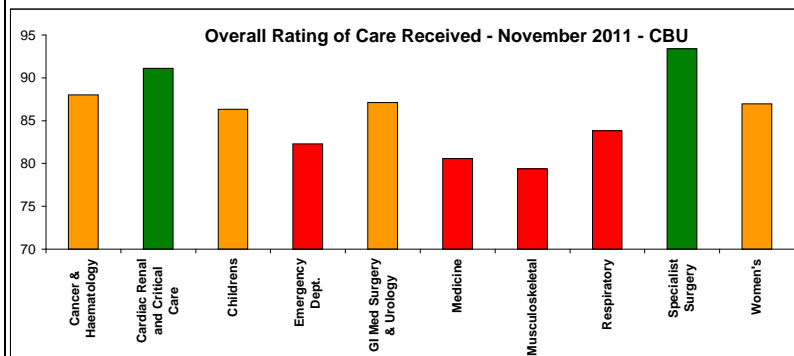
	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Status
Division														
Acute	95.1	97.2	95.6	95.6	93.7	96.6	95.8	97.2	95.9	95.6	94.5	95.5	96.4	▲
Planned	94.9	95.1	94.3	95.2	96.8	98.0	96.6	96.2	95.2	97.0	97.0	97.1	95.4	▼
Womens & Children	90.6	97.0	98.1	93.5	93.8	93.8	97.1	94.9	96.3	95.5	94.4	96.5	94.5	▼
UHL	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	96.1	95.8	▼



TARGET / STANDARD

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

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



EMERGENCY DEPARTMENT

Performance Overview

Performance for November Type 1 and 2 is 92.9% and including UCC is 94.4%. The year to date performance for ED (UHL+UCC) is 94.0%.

Key Actions

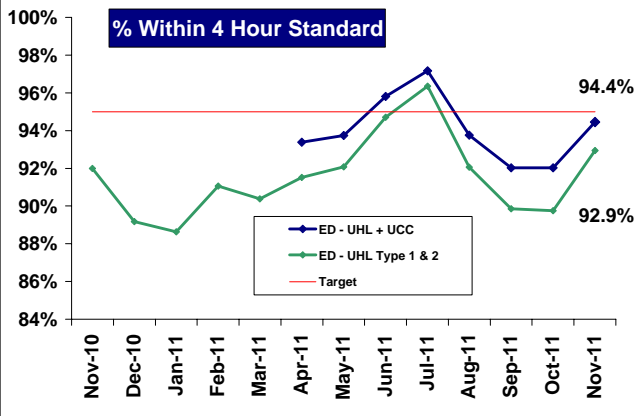
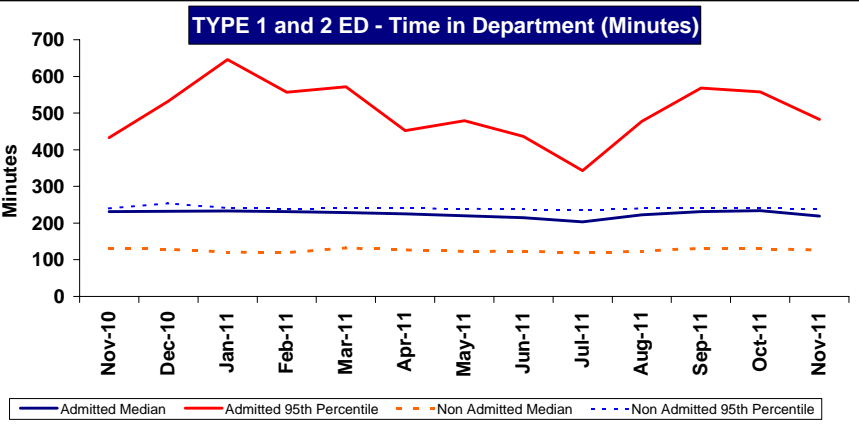
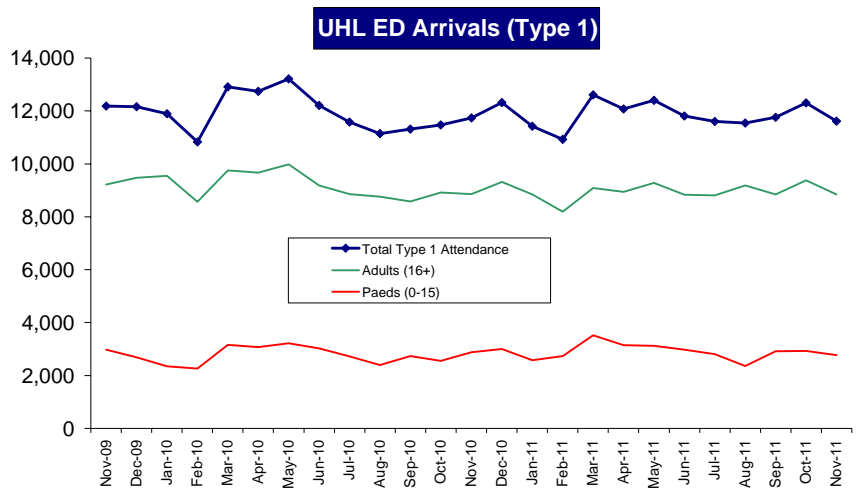
Across the Trust new processes were introduced on the 21st November, which ensure that the following standards are achieved:

- 1) Patients will be referred from ED to a receiving specialty within 15 minutes of their treatment being completed in EC and
- 2) All patients will be sent to the receiving specialty within 30 minutes of initial request for a bed.
This will be applied to all assessment units across the trust. what is causing them concern.

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

Full Year Forecast

ED + UCC 4 hr performance - 94.8%



Total Time in the Department

November 2011 - ED Type 1 and 2

	Admitted	Not Admitted	Total
0-2 Hours	270	5000	5270
3-4 Hours	1661	5222	6883
5-6 Hours	267	302	569
7-8 Hours	150	57	207
9-10 Hours	75	21	96
11-12 Hours	33	9	42
12 Hours+	18	2	20
Sum:	2474	10613	13087

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

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

TIMELINESS

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	TARGET
Time in Dept (95th centile)	303	349	382	331	343	306	307	256	239	304	337	341	287	< 240 Minutes
Time to initial assessment (95th)	49	55	55	49	63	70	56	41	39	48	48	61	48	<= 15 Minutes
Time to treatment (Median)	62	60	48	50	58	59	54	50	34	34	39	44	43	<= 60 Minutes

4 HOUR STANDARD

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Indicator
ED - (UHL + UCC)						93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	92.0%	94.4%	94.0%	95.0%	🟡
ED - UHL Type 1 and 2	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.1%	89.9%	89.8%	92.9%	92.4%	95.0%	🔴
ED Waits - Type 1	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	91.0%	88.7%	88.5%	92.1%	91.5%	95.0%	🔴

18 WEEK REFERRAL TO TREATMENT

Performance Overview

As expected, November 18 week referral to treatment is 88.5% for admitted patients (target of 90%) and 96.2% (target of 95%) for non-admitted patients.

The Department of Health and MONITOR have also introduced additional statistical RTT measures and thresholds for 2011/12:-

1. Admitted 95th percentile- threshold 23 weeks
2. Non admitted 95th percentile – threshold 18.3 weeks
3. Incomplete pathways 95th percentile – threshold 28 week

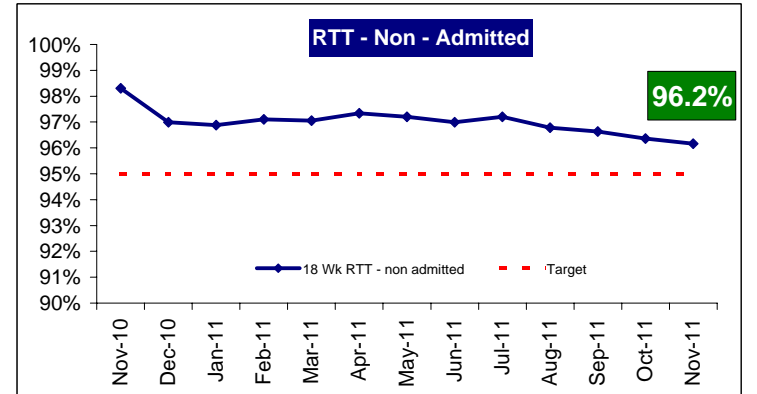
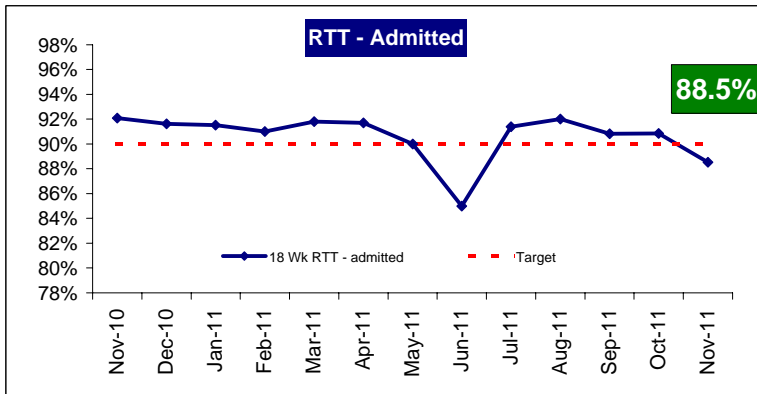
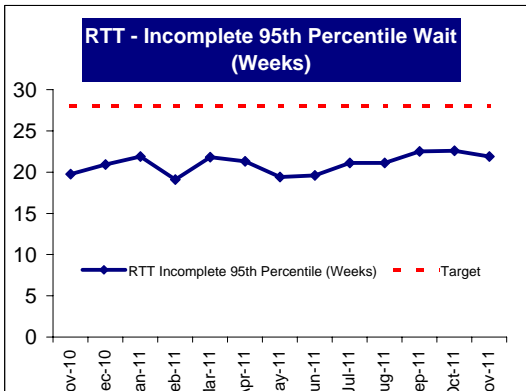
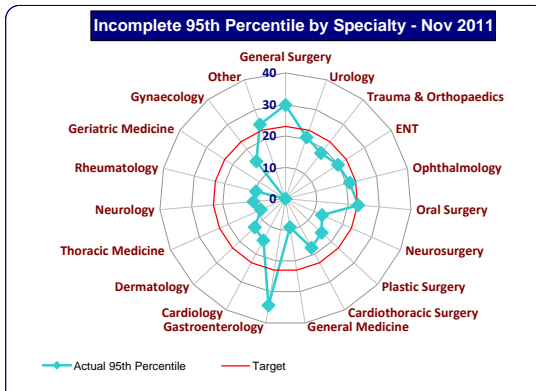
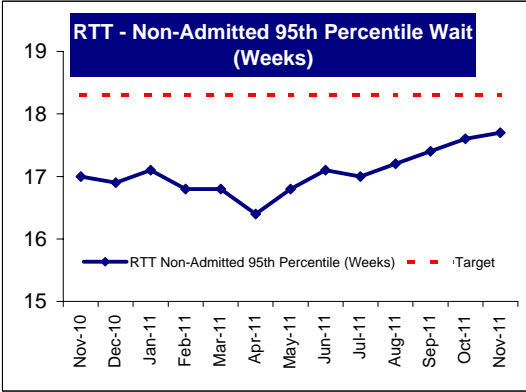
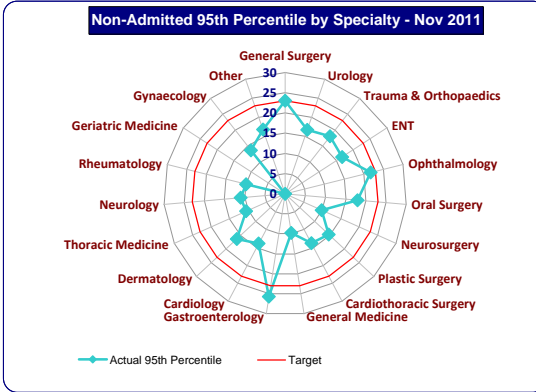
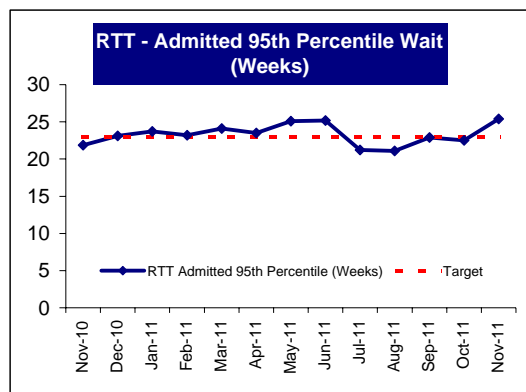
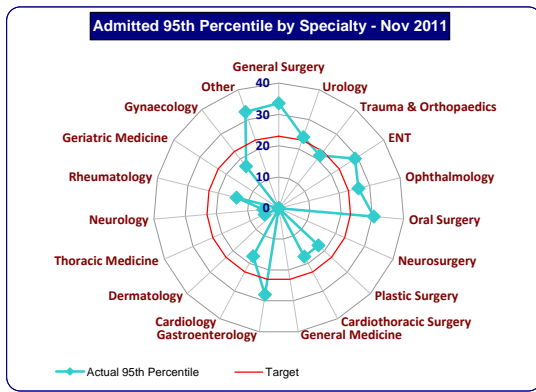
During November the admitted threshold was not achieved due to a planned reduction in backlog activity. The 2 other thresholds were achieved.

Key Actions

A proposal has been agreed with commissioners to respond to the capacity constraints within the general surgical specialities and the need to identify a joint sustainable solution for 2012 onwards.

The proposal includes a blend of outsourced activity and additional in-house activity to be funded across all planned care specialities to reduce backlog.

The backlog reduction plan will improve the overall UHL position going forward though will adversely affect the bottom line Quarter 3 and Quarter 4 position overall.



TARGET / STANDARD

RTT	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
18 Wk - admitted (%)	92.1	91.6	91.5	91.0	91.8	91.7	90.0	85.0	91.4	92.0	90.8	90.9	88.5
18 Wk - non admitted (%)	98.3	97.0	96.9	97.1	97.1	97.3	97.2	97.0	97.2	96.8	96.6	96.4	96.2

	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
RTT Admitted Median Wait (Weeks)	9.1	8.5	9.5	10.2	8.5	8.8	8.9	9.0	8.5
RTT Admitted 95th Percentile (Weeks)	24.1	23.5	25.1	25.2	21.2	21.1	22.9	22.5	25.4
RTT Non-Admitted Median Wait (Weeks)	5.4	5.3	6.4	6.2	6.0	6.5	6.8	6.3	6.1
RTT Non-Admitted 95th Percentile (Weeks)	16.8	16.4	16.8	17.1	17.0	17.2	17.4	17.6	17.7
RTT Incomplete Median Wait (Weeks)	5.5	6.3	6.4	5.8	6.3	6.3	6.4	5.9	6.0
RTT Incomplete 95th Percentile (Weeks)	21.8	21.3	19.4	19.6	21.1	21.1	22.5	22.6	21.9

Target	Status
90%	⚠
95%	✅
Target 11/12	
<=11.1	
<=23.0	
<=6.6	
<=18.3	
<=7.2	
<=28.0	

PRIMARY PCI

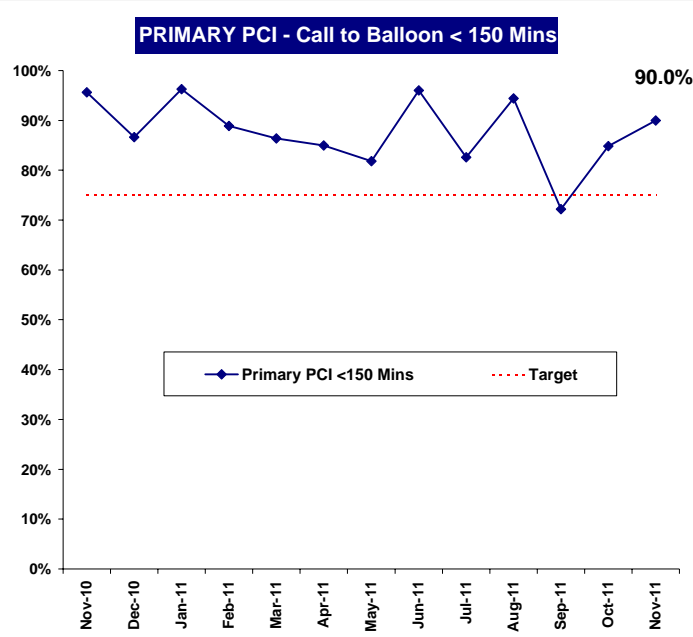
Performance Overview

The chosen treatment for patients will focus on primary PCI and as such reporting of the thrombolysis target has ceased.

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in November was 90.0% (27 out of 30 patients).

Key Actions

Monthly clinical MINAP meetings, at which both EMAS and Commissioners are invited, are held to review individual cases and agree actions to improve quality and performance.



Primary PCI <150 Mins	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target
	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	84.8%	90.0%	86.0%	75.0%

SAME SEX ACCOMMODATION

Performance Overview

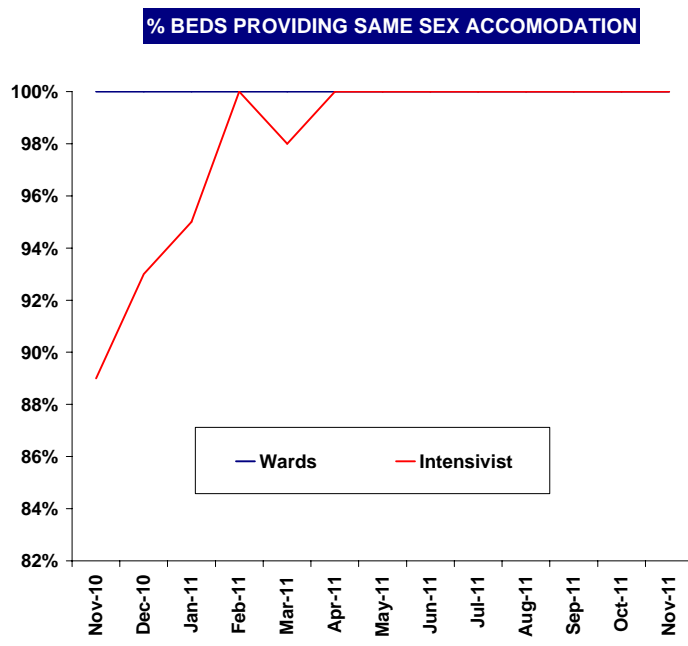
All UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance.

Key Actions

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

All areas now have access to the SSA Matrix for guidance.

The SSA Matrix is an integral part of the UHL Bed Management policy.



TARGET / STANDARD

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target
Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Intensivist	89%	93%	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

CANCER TREATMENT

Performance Overview

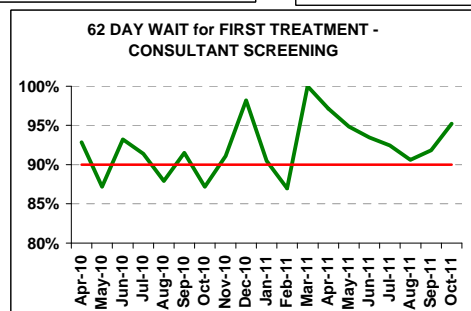
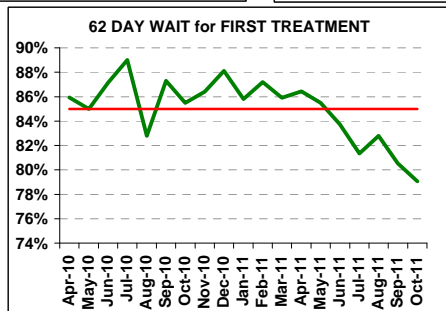
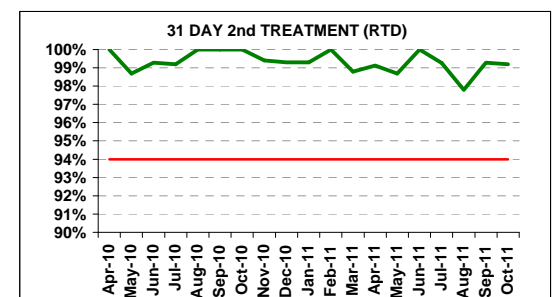
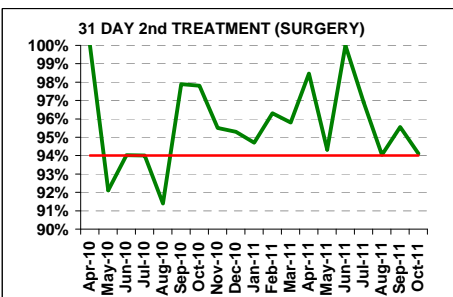
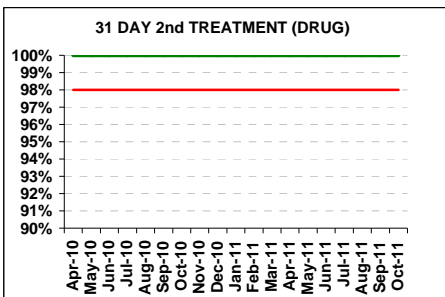
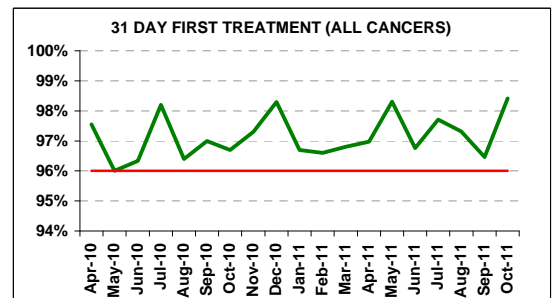
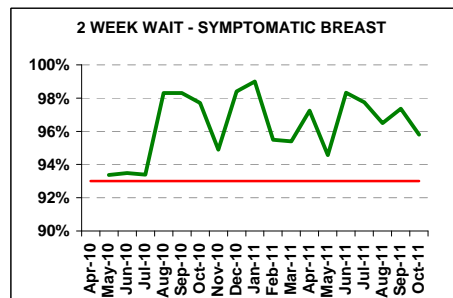
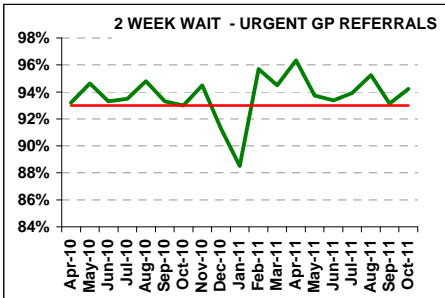
All cancer targets were achieved in October (one month behind in reporting) with the exception of the 62 day target where additional focus is being given, and, where small patient numbers can disproportionately affect the breach position.

A 62 day cancer pathway recovery plan, signed off by senior managers and lead clinicians, has been submitted to Commissioners.

Key Actions

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

Commitment	Threshold	Qtr 1	Qtr 2	Oct-11	YTD
Maximum two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	93.0%	94.4%	94.1%	94.2%	94.3%
Two week wait for symptomatic breast patients (Cancer not initially suspected)	93.0%	96.9%	97.2%	95.8%	96.9%
31-day (Diagnosis To Treatment) wait for first treatment: all cancers	96.0%	97.3%	97.2%	98.4%	97.4%
31-day wait for second or subsequent treatment: anti cancer drug treatments	98.0%	100.0%	100.0%	100.0%	100.0%
31-day wait for second or subsequent treatment: surgery	94.0%	97.3%	95.6%	94.1%	96.0%
31-day wait for second or subsequent treatment: radiotherapy treatments	94.0%	99.2%	98.8%	99.2%	99.0%
62-day (urgent GP referral to treatment) wait for first treatment: all cancers	85.0%	85.1%	81.7%	79.1%	82.6%
62-day wait for first treatment from consultant screening service referral: all cancers	90.0%	95.0%	90.5%	95.2%	92.7%
62-day wait for first treatment from consultant upgrade	85.0%	100.0%	85.7%	100.0%	92.3%



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

November's appraisal rate of 93.9% saw a further improvement on October's appraisal rate of 93.5% which was the highest since we started using ESR to record appraisals.

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

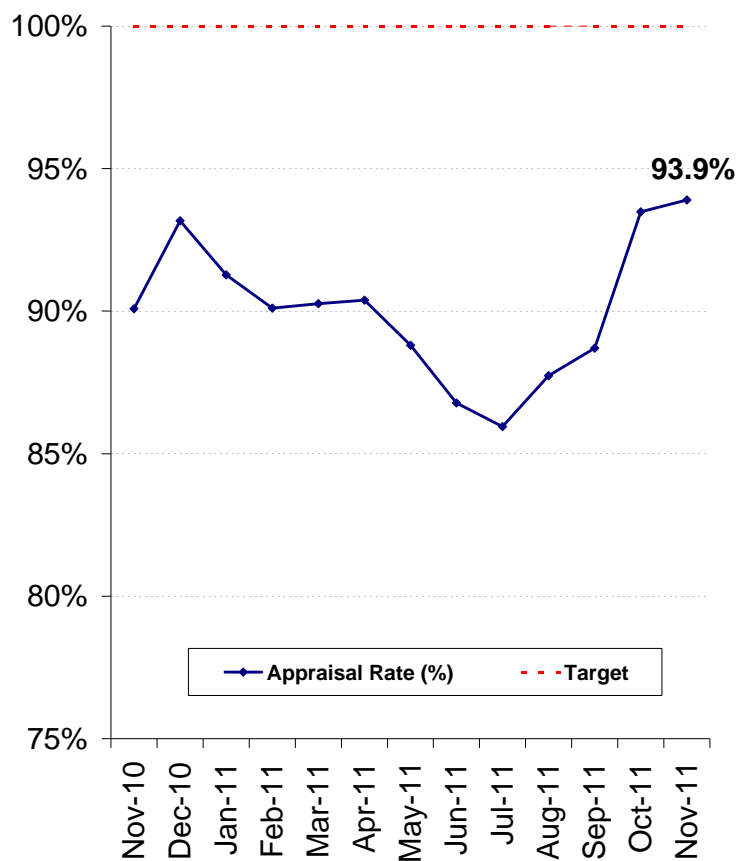
Sickness

The reported sickness rate is 4.3%. The actual rate is likely to be around 0.3% lower as absence periods are closed.

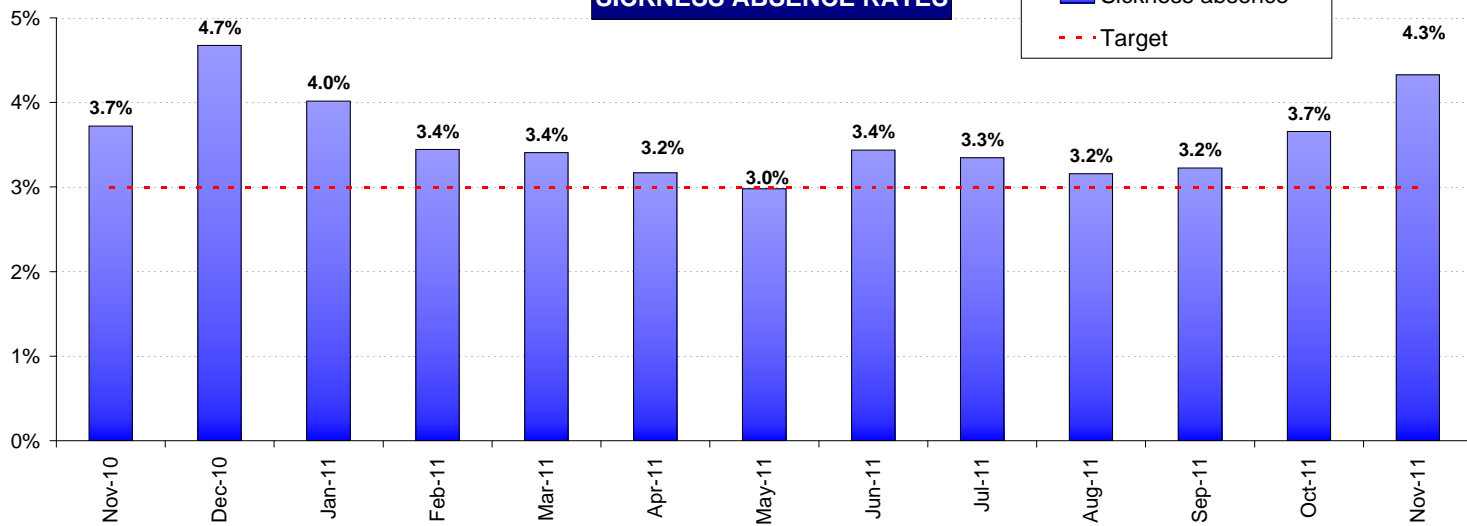
This sickness rate is higher than the previous 10 months, and is likely to remain so even after the absence periods have been closed down. The 12 month rolling sickness remains at 3.6%

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

APPRAISAL RATES



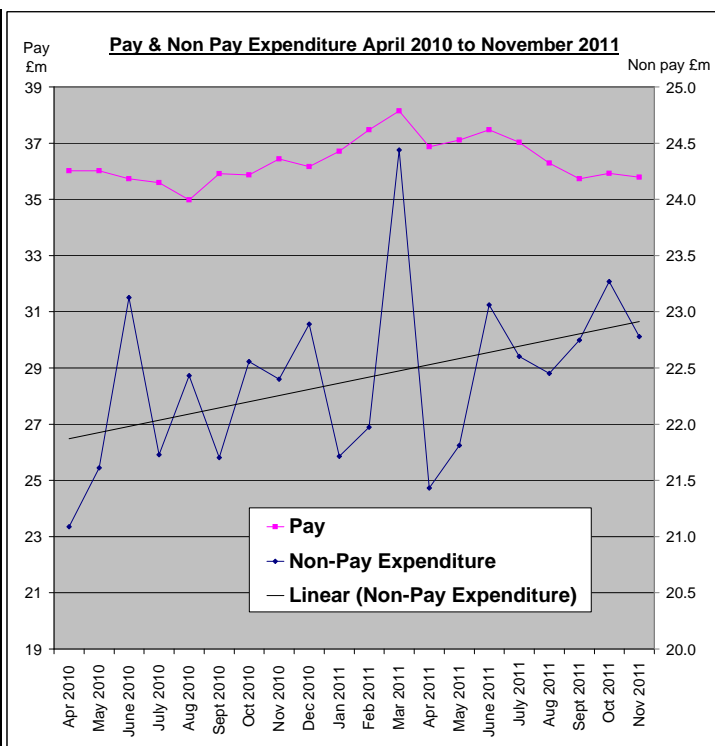
SICKNESS ABSENCE RATES



	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11
Appraisals	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%
YTD	93.9%												
Target	100%												
Status	▲												

VALUE FOR MONEY - EXECUTIVE SUMMARY

Issues	Comments
Actual Income & Expenditure Year to Date	Cumulative income at Month 8 of £459.4m is £6.5m (1.4%) favourable to Plan. Cumulative expenditure of £472.4m is £19.7m adverse to Plan. The deficit of £13.0m is £13.5m adverse against Plan.
Activity/Income	Ytd patient care income is £3.5m (0.9%) ahead of Plan. This reflects an over-performance on daycases of £1.7m, elective inpatients of £1.2m and outpatients of £2.2m. These over performing areas are offset by an under-performance of £2.8m (2.4% of plan), on non-elective / emergency inpatient activity. This equates to 3,430 spells below Plan.
BPPC	The Trust achieved an overall 30 day payment performance of 82% for value and 82% for volume for trade creditors in November 2011.
Cost Improvement Programme	At Month 8 Divisions have reported £13.9 million of savings, short of the £23.6 million target by £9.7 million.
Balance Sheet	The balance sheet reflects the receipt of £8.2 million in advance from the Leicestershire Cluster.
Cash Flow	The year to date increase in cash of £6.2 million reflects the £8.2 million Cluster prepayment. Cash continues to be actively managed, and a positive balance is forecast to year end.
Capital	The Trust is forecasting the delivery of the refreshed Plan (£5m below the original Plan) to support the cash position.
Risks	The Chief Operating Officer and Director of Finance and Procurement will update the Board on the financial position and associated risks, and actions being taken to ensure delivery of the planned surplus.



Financial Metrics	Weighting	November	Year to Date	
		Result	Result	Score
EBITDA achieved (% of plan)	10.0%	112.3%	56.3%	2
EBITDA margin (%)	25.0%	7.1%	3.7%	2
Return on assets (%)	20.0%	0.4%	-1.0%	2
I&E surplus (%)	20.0%	0.7%	-2.8%	1
Liquidity ratio (days)	25.0%	11	11	1
Overall Financial Risk Rating				1

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

VALUE FOR MONEY - INCOME and EXPENDITURE ACCOUNT

Income and Expenditure Account for the Period Ended 30 November							
	2011/12 Annual Plan £000	November			April - November 2011		
		Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000	Plan £ 000	Actual £ 000	Variance (Adv) / Fav £ 000
Elective	67,968	5,958	5,991	33	45,493	46,726	1,233
Day Case	56,368	4,940	5,281	341	37,728	39,416	1,688
Emergency	177,574	14,726	14,541	(185)	117,324	114,538	(2,786)
Outpatient	82,700	7,219	7,878	658	55,339	57,497	2,157
Other	204,595	15,811	16,871	1,060	135,541	136,726	1,185
Patient Care Income	589,205	48,654	50,562	1,908	391,425	394,903	3,478
Teaching, Research & Development	66,877	5,456	6,276	820	44,591	47,495	2,904
Non NHS Patient Care	6,638	595	422	(173)	4,251	3,968	(283)
Other operating Income	19,036	1,616	1,724	108	12,576	12,971	395
Total Income	681,756	56,321	58,984	2,663	452,843	459,337	6,494
Medical & Dental	133,739	11,110	11,119	(9)	89,109	89,384	(275)
Nursing & Midwifery	158,264	13,273	13,500	(227)	105,158	107,949	(2,791)
Other Clinical	56,185	4,706	4,590	116	37,455	37,231	224
Agency	1,582	116	657	(541)	1,138	9,970	(8,832)
Non Clinical	70,721	5,751	5,919	(168)	47,638	47,680	(42)
Pay Expenditure	420,491	34,956	35,785	(829)	280,498	292,214	(11,716)
Drugs	57,748	4,837	4,767	70	38,312	37,307	1,005
Recharges	(612)	(133)	(6)	(127)	(464)	(42)	(422)
Clinical supplies and services	73,922	6,178	6,664	(486)	49,278	52,374	(3,096)
Other	82,330	6,727	7,569	(842)	55,059	60,498	(5,439)
Central Funds	1,466	0	0	0	0	0	0
Provision for Liabilities & Charges	348	29	18	11	232	137	95
Non Pay Expenditure	215,202	17,638	19,012	(1,374)	142,417	150,274	(7,857)
Total Operating Expenditure	635,693	52,594	54,797	(2,203)	422,915	442,488	(19,573)
EBITDA	46,063	3,727	4,187	460	29,928	16,849	(13,079)
Interest Receivable	84	7	5	(2)	56	41	(15)
Interest Payable	(565)	(48)	(51)	(3)	(377)	(405)	(28)
Depreciation & Amortisation	(31,057)	(2,587)	(2,608)	(21)	(20,704)	(20,610)	94
Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets	14,525	1,099	1,533	434	8,903	(4,125)	(13,028)
Profit / (Loss) on Disposal of Fixed Assets	0	0	0	0	0	(6)	(6)
Dividend Payable on PDC	(13,236)	(1,103)	(1,113)	(10)	(8,824)	(8,904)	(80)
Net Surplus / (Deficit)	1,289	(4)	420	424	79	(13,035)	(13,114)
EBITDA MARGIN	6.76%		7.10%		0	3.67%	
Plan Phasing Adjustment		7	0	7	350	0	350
Net Surplus / (Deficit)	1,289	3	420	417	429	(13,035)	(13,464)
Impairment			372	(372)		372	(372)
Net Surplus / (Deficit) after impairment	1,289	3	48	45	429	(13,407)	(13,836)

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

Income and Expenditure Position for the Period Ended 30 November 2011

	Income				Expenditure								Total Year to Date			
	Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Pay				Non Pay				Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m
					Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m				
Acute Care	261.9	173.5	176.3	2.8	132.7	88.5	96.7	(8.2)	76.6	51.1	53.0	(1.9)	52.6	34.0	26.6	(7.3)
Clinical Support	27.3	18.2	18.3	0.1	106.9	71.5	72.4	(0.9)	15.3	10.3	11.8	(1.5)	(94.9)	(63.6)	(65.9)	(2.3)
Planned Care	194.2	129.9	132.4	2.5	78.7	52.9	55.7	(2.8)	43.1	28.7	31.1	(2.4)	72.4	48.3	45.5	(2.7)
Women's and Children's	116.7	77.5	75.9	(1.7)	62.5	41.3	41.3	(0.1)	16.6	11.3	12.5	(1.2)	37.6	25.0	22.1	(3.0)
Corporate Directorates	11.7	7.7	8.7	1.0	39.8	26.4	25.8	0.5	61.6	40.7	40.9	(0.1)	(89.7)	(59.4)	(58.0)	1.4
Sub-Total Divisions	611.8	406.8	411.6	4.8	420.6	280.5	292.0	(11.5)	213.2	142.1	149.2	(7.1)	(22.0)	(15.8)	(29.6)	(13.8)
Central Income	70.0	46.0	47.8	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	70.0	46.0	47.8	1.7
Central Expenditure	0.0	0.0	0.0	0.0	(0.1)	(0.0)	0.2	(0.3)	46.8	29.9	31.0	(1.1)	(46.7)	(29.8)	(31.2)	(1.4)
Grand Total	681.8	452.8	459.3	6.5	420.5	280.5	292.2	(11.7)	260.0	171.9	180.2	(8.2)	1.3	0.4	(13.0)	(13.5)

VALUE FOR MONEY - COST IMPROVEMENT PROGRAMME

Cost Improvement Programme as at November 2011

Division	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000	YTD Achieved £000	RISK RATING OF FORECAST CIPS			Forecast £000
										HIGH	MEDIUM	LOW	
Acute Care	13,383	9,034	(4,349)	8,789	4,485	51.0%	8,778	256	4,485	1,676	776	2,097	9,034
Clinical Support	6,218	4,694	(1,524)	3,950	3,036	76.9%	3,491	1,203	3,036	354	350	954	4,694
Planned Care	8,685	5,013	(3,672)	5,264	2,978	56.6%	4,585	428	2,978	832	242	961	5,013
Women's and Children's	2,916	1,562	(1,354)	1,550	816	52.7%	1,452	110	816	33	333	380	1,562
Clinical Divisions	31,202	20,303	(10,899)	19,553	11,316	57.9%	18,307	1,996	11,316	2,895	1,701	4,391	20,303
Corporate	3,571	4,644	1,073	2,131	2,569	120.6%	2,531	2,113	2,569	283	627	1,166	4,644
Central	3,471	0	(3,471)	1,928	0		0	0	0		0	0	0
Total	38,244	24,947	(13,297)	23,612	13,885	58.8%	20,837	4,110	13,885	3,177	2,328	5,558	24,947

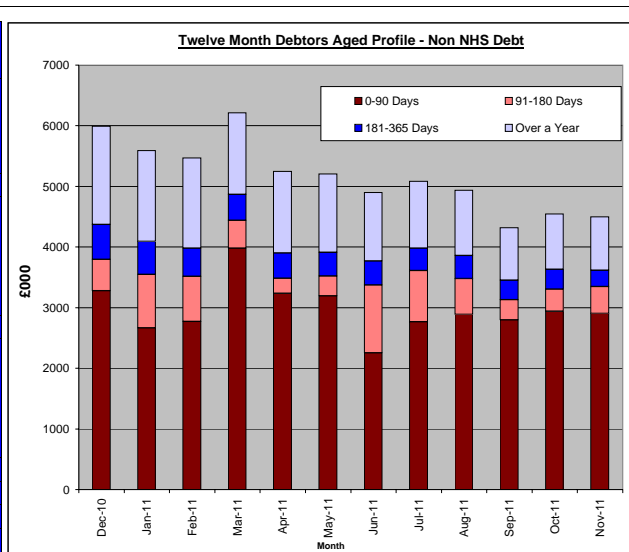
Category	Plan £000	Forecast £000	Variance £000	YTD Plan £000	YTD Achieved £000	YTD % of Plan	Recurrent Forecast £000	Non Rec Forecast £000
Income	4,532	5,205	673	2,689	2,837	105.5%	4,533	672
Non Pay	10,955	6,824	(4,131)	6,769	4,116	60.8%	5,982	842
Pay	22,757	12,918	(9,839)	14,154	6,933	49.0%	10,322	2,596
Total	38,244	24,947	(13,297)	23,612	13,885	58.8%	20,837	4,110

Commentary

There is a year to date under performance on delivery of cost improvement of £9.7 million and a year end forecast under performance of £13.3 million (reflecting shortfalls in all Clinical Divisions totalling £10.9 million).

VALUE FOR MONEY - BALANCE SHEET

BALANCE SHEET	Mar-11 £000's Actual	Apr-11 £000's Actual	May-11 £000's Actual	Jun-11 £000's Actual	Jul-11 £000's Actual	Aug-11 £000's Actual	Sep-11 £000's Actual	Oct-11 £000's Actual	Nov-11 £000's Actual
Non Current Assets									
Intangible assets	5,119	4,993	4,863	4,732	4,601	4,471	4,561	4,427	4,293
Property, plant and equipment	414,129	415,444	414,445	412,914	413,174	412,998	411,956	411,774	411,065
Trade and other receivables	4,818	1,864	1,866	1,848	1,916	2,050	2,188	2,197	2,285
TOTAL NON CURRENT ASSETS	424,066	422,301	421,174	419,494	419,691	419,519	418,705	418,398	417,643
Current Assets									
Inventories	11,923	12,711	12,282	11,904	12,575	12,414	12,099	11,913	11,832
Trade and other receivables	22,722	21,221	25,862	26,426	22,757	25,585	24,381	28,929	30,089
Other Assets	0	0	185	257	318	76	0	0	286
Cash and cash equivalents	10,306	14,465	9,778	4,425	8,296	21,003	15,384	20,927	16,563
TOTAL CURRENT ASSETS	44,951	48,397	48,107	43,012	43,946	59,078	51,864	61,769	58,770
Current Liabilities									
Trade and other payables	(59,556)	(62,010)	(61,877)	(57,626)	(59,126)	(73,592)	(70,946)	(79,572)	(72,350)
Dividend payable	0	(1,113)	(2,226)	(3,339)	(4,452)	(5,565)	0	(1,113)	(2,226)
Borrowings	(3,649)	(3,649)	(3,593)	(3,649)	(3,649)	(3,649)	(1,511)	(1,511)	(1,511)
Provisions for liabilities and charges	(667)	(667)	(667)	(657)	(667)	(667)	(667)	(667)	(667)
TOTAL CURRENT LIABILITIES	(63,872)	(67,439)	(68,363)	(65,271)	(67,894)	(83,473)	(73,124)	(82,863)	(76,754)
NET CURRENT ASSETS (LIABILITIES)	(18,921)	(19,042)	(20,256)	(22,259)	(23,948)	(24,395)	(21,260)	(21,094)	(17,984)
TOTAL ASSETS LESS CURRENT LIABILITIES	405,145	403,259	400,918	397,235	395,743	395,124	397,445	397,304	399,659
Non Current Liabilities									
Borrowings	(3,237)	(3,491)	(4,872)	(3,805)	(4,131)	(5,271)	(7,630)	(7,955)	(9,907)
Other Liabilities	0	0	0	0	0	0	0	0	0
Provisions for liabilities and charges	(2,232)	(2,255)	(2,217)	(2,143)	(2,195)	(2,202)	(2,128)	(2,133)	(2,115)
TOTAL NON CURRENT LIABILITIES	(5,469)	(5,746)	(7,089)	(5,948)	(6,326)	(7,473)	(9,758)	(10,088)	(12,022)
TOTAL ASSETS EMPLOYED	399,676	397,513	393,829	391,287	389,417	387,651	387,687	387,216	387,637
Public dividend capital	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903
Revaluation reserve	108,683	108,683	108,683	108,651	101,001	101,001	101,001	101,001	101,001
Retained earnings	17,090	14,927	11,243	8,733	14,513	12,747	12,783	12,312	12,733
TOTAL TAXPAYERS EQUITY	399,676	397,513	393,829	391,287	389,417	387,651	387,687	387,216	387,637



Type of Debtors	0-90 days	91-180 days	181-365 days	365+ Days	TOTAL
	£000s	£000s	£000s	£000s	£000s
NHS Sales ledger	6,541	43	125	42	6,751
Non NHS sales ledger by division:					
Corporate Division	1,191	28	100	230	1,549
Planned Care Division	446	85	73	205	809
Clinical Support Division	366	16	12	29	423
Women's and Children's Division	163	15	31	81	290
Acute Care Division	735	304	52	336	1,427
Total Non-NHS sales ledger	2,901	448	268	881	4,498
Total Sales Ledger	9,442	491	393	923	11,249
Other Debtors					
WIP					3,948
SLA Phasing & Performance					1,361
Bad debt provision					(1,642)
VAT - net					592
Other receivables and assets					14,867
TOTAL					30,375

Accounts receivable metrics:				
Invoice cycle time	Nov - 11 Days		Non-NHS days sales outstanding (DSO)	
	Nov - 11 Days	Oct - 11 Days	Nov - 11 YTD Days	Oct - 11 YTD Days
Req date to invoice raised	11.9	17.6	DSO (all debt)	76.3 82.9
Service to invoice raised	34.9	39.6	DSO (In year debt)	15.2 18

Commentary

The year to date increase in the cash balance reflects £8.2 million received in advance from the Cluster.

VALUE FOR MONEY - CASH FLOW

CASH FLOW for the PERIOD ENDED 30 NOVEMBER 2011

Commentary

The Trust's cash position compared to plan reflects:

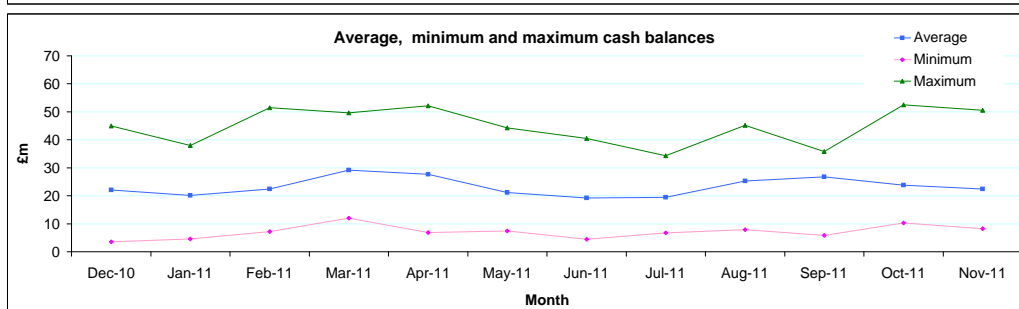
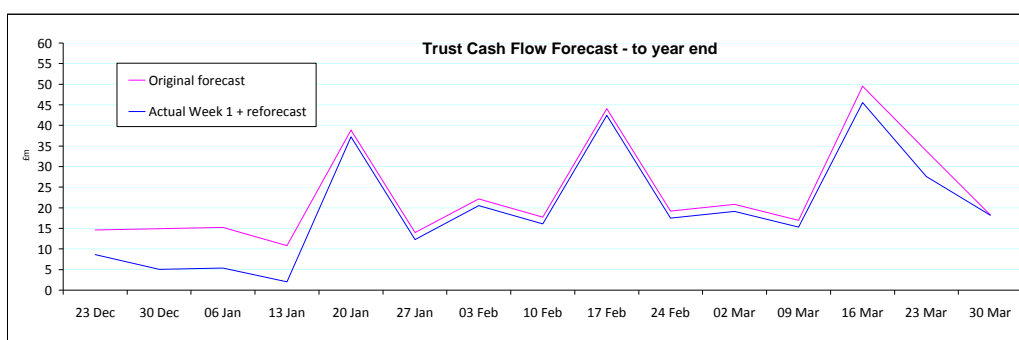
- (£13.4 million) adverse variance in the EBITDA YTD position
- £8.5 million increase in trade and other payables
- £0.7m increase in trade and other receivables

The 13 week cash forecast is based on the November performance and shows a critical level of cash in the week ending 13th January. Action will be taken to ensure that the balance remains above £2 million at all times.

	2011/12 April - November 2011 Plan £ 000	2011/12 April - November Actual £ 000	Variance April - November
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating surplus before Depreciation and Amortisation	29,823	16,849	(12,974)
Transfers from donated / government granted reserves	-	-	-
Impairments and reversals	-	-	-
Movements in Working Capital:			
- Inventories (Inc)/Dec	1,336	91	(1,245)
- Trade and Other Receivables (Inc)/Dec	(4,574)	(5,229)	(655)
- Trade and Other Payables Inc/(Dec)	4,212	12,794	8,582
- Provisions Inc/(Dec)	(31)	(117)	(86)
PDC Dividends paid	(6,677)	(6,678)	(1)
Interest paid	(329)	(361)	(32)
Other non-cash movements	334	(529)	(863)
Net Cash Inflow / (Outflow) from Operating Activities	24,094	16,820	(7,274)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest Received	56	41	(15)
Payments for Property, Plant and Equipment	(11,935)	(10,111)	1,824
Capital element of finance leases	(2,424)	(493)	1,931
Net Cash Inflow / (Outflow) from Investing Activities	(14,303)	(10,563)	3,740
Net Cash Inflow / (Outflow) from Financing	-	-	-
Opening cash	10,306	10,306	-
Increase / (Decrease) in Cash	9,791	6,257	(3,534)
Closing cash	20,097	16,563	(3,534)

Cash movements to the 31st March 2012 and assumptions

	£'000	
Cash balance as at 21/12/2011	30,391	
Cash to be received		
Contract Income	150,021	
Other debtor receipts	36,594	Other debtor receipts include £8 million transformation monies to be received in equal instalments in January and March, and £7.5 million readmissions monies anticipated in January.
Interest and VAT received	2,271	
	188,886	
Cash to be paid out		
Direct Payments	3,191	Includes direct monthly payments to the University of Leicester and NHSLA
Creditor payments	66,852	Creditor payment runs will be managed in order to achieve the required year end cash balance of £18.2 million.
Payroll (including tax, NI and pensions)	124,356	
PDC dividends	6,678	
	201,077	
Year-end cash	18,200	



VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Period 1st April 2011 to 30th November 2011

	Initial Budget	Changes	Revised Plan	Actual Apr-Oct 11/12	Nov 11/12	YTD Spend 11/12	Dec	Jan	Feb	March	Out Turn	Planned Variance
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
FUNDING												
Depreciation as per CCE	27,194	0	27,194	16,082	2,333	18,415	2,334	2,148	2,148	2,149	27,194	0
Transformational Capital	1,289	0	1,289	0	0	0	0	0	0	1,289	1,289	0
Land Swap Disposals	19,800	0	19,800	19,779	0	19,779	0	0	0	0	19,779	21
Donations	800	0	800	183	75	257	106	100	130	207	800	0
Less cash for liquidity	-4,789	-5,000	-9,789	-4,651	-1,048	-5,699	-1,017	-1,017	-1,017	-1,018	-9,768	-21
Total Funding	44,294	-5,000	39,294	31,393	1,360	32,753	1,423	1,231	1,261	2,627	39,294	0
EXPENDITURE												
Backlog Maintenance												
IM&T	2,500	-474	2,026	799	100	898	341	200	217	370	2,026	0
Medical Equipment	4,522	-500	4,022	2,784	31	2,815	224	79	198	706	4,022	-0
LRI Estates	2,500	-450	2,050	841	230	1,071	284	260	275	160	2,050	-0
LGH Estates	1,800	-150	1,650	418	241	659	262	258	192	279	1,650	-0
GGH Estates	1,700	-400	1,300	314	110	425	100	240	241	294	1,300	0
Total Backlog Maintenance	13,022	-1,974	11,048	5,157	711	5,868	1,211	1,037	1,123	1,809	11,048	0
Essential Developments												
Carbon Management	1,000	-800	200	0	0	0	0	100	100	0	200	-0
Diabetes R&D Funding	550		550	57	164	220	120	120	90	0	550	-0
GGH CDU Phase II	900		900	-1	2	1	180	240	240	239	900	-0
LRI Disabled Car Park	190	-190	0	0	0	0	0	0	0	0	0	0
Gwendolen House / PPD	650	-300	350	0	0	0	0		0	350	350	0
MES Installation Costs	900	-400	500	23	3	25	10	20	20	125	200	300
Congenital Heart Surgery	800		800	76	12	88	100	100	100	112	500	300
MacMillan Oncology Centre	300		300	36	3	40	40	70	70	80	300	0
ED Interim Improvements	1,500	-400	1,100	17	2	18	104	20	20	70	232	868
LGH Theatre & Ward Refurbs	2,050		2,050	365	562	927	294	400	400	187	2,208	-158
Cancer Trials Unit, LRI	100		100	12	1	13	0	8	40	39	100	0
Decontamination	300		1,114	968	0	968	60	60	0	26	1,114	0
Contingency	1,600	-1,600	0	0	0	0	0	0	0	0	0	0
Land Swap	19,801		19,801	19,803	0	19,803	0	0	0	0	19,803	-2
Other IM&T	131		131	127	13	140	0	0	0	0	140	-9
Other Facilities			0	0	4	4	10	15	15	15	59	-59
Residual on 10/11 Schemes		209	209	285	-4	280	0	0	0	0	280	-71
Ward 8 Fire			0	65	41	106	150	154	50	40	500	-500
Maternity & Gynae Reconfiguration			0				0	100	100	122	322	-322
Capital CIP		-359	-359	0	0	0	0	0	0	-12	-12	-347
Donations	500		500	183	75	257	50	60	60	73	500	-0
Total Essential Developments	31,272	-3,026	28,246	22,014	876	22,890	1,118	1,367	1,205	1,466	28,046	0
Total Capital Programme	44,294	-5,000	39,294	27,170	1,587	28,758	2,329	2,504	2,428	3,275	39,294	0
Original Plan				31,327	2,240	33,567	994	2,774	2,774	4,185	44,294	
Forecast Over/(Under) Spend				-4,157	-653	-4,809	1,335	-270	-346	-910	-5,000	

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT SAFETY

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

CLINICAL EFFECTIVENESS

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

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT EXPERIENCE

Thresholds

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

STAFF EXPERIENCE / WORKFORCE

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

VALUE FOR MONEY

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

Caring at its best

Divisional Heatmap

Trust Board

Thursday 5th January 2012

November 2011

DIVISIONAL HEAT MAP - Month 8 - 2011/12

QUALITY STANDARDS

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
Infection Prevention																
MRSA Bacteraemias	1	0	1	2	1	2	0	0	1	1	0	0	1	5	9	▼
CDT Isolates in Patients (UHL - All Ages)	20	12	17	16	14	9	15	7	8	10	8	13	11	81	165	▲
E Coli (from June 1st 2011) ***	NO NATIONAL TARGET							38	39	41	39	41	45	243	----	
MSSA (from May 1st 2011) ***	NO NATIONAL TARGET					1	4	2	5	2	6	4	3	27	----	
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)	132.2%	128.7%	111.8%	132.9%	133.2%	127.7%	112.5%	110.5%	132.4%	122.7%	133.2%	132.9%	136.0%	125.8%	100%	▼
MRSA Non-Elective Screening (Patient Matched) ***	81.1%	93.7%	96.5%	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	◀▶
MRSA Non-Elective Screening (Patient Not Matched) ***	99.8%	108.6%	141.6%	164.1%	168.3%	165.3%	146.9%	152.7%	168.0%	168.0%	169.4%	165.6%	163.2%	162.3%	100%	▼
Patient Safety																
10X Medication Errors	0	0	1	3	1	0	0	1	0	0	0	1	2	4	0	▼
Never Events	0	0	0	0	0	0	1	0	0	1	0	0	0	2	0	◀▶
Patient Falls	238	259	285	231	244	268	267	248	266	249	227	264		1789	TBC	
Complaints Re-Opened	24	13	14	17	22	17	18	24	17	26	29	29	30	190	210	▼
SUIs (Relating to Deteriorating Patients)	1	2	0	1	1	1	0	1	1	1	0	0	2	6	0	▼
RIDDOR	3	2	8	7	12	1	4	2	10	4	8	4	5	38	56	▼
In-hospital fall resulting in hip fracture ***	0	3	2	2	2	2	0	0	0	0	0	0	0	2	12	◀▶
No of Staffing Level Issues Reported as Incidents	75	87	44	34	67	34	62	54	91	82	73	107	122	625	1035	▼
Outlying (daily average)	10	26	35	15	24	12	8	9	2	10	16	5		5	5	▲
Pressure Ulcers (Grade 3 and 4)	12	26	33	14	20	15	12	17	16	7	5	11		83	197	▼
ALL Complaints Regarding Attitude of Staff	34	30	32	36	58	42	44	41	37	44	40	42	38	328	366	▲
ALL Complaints Regarding Discharge	27	23	31	35	39	22	29	39	20	27	32	24	18	211	220	▲
Bed Occupancy (inc short stay admissions) ***	90%	89%	92%	92%	90%	89%	91%	91%	91%	90%	91%	93%	94%	91%	90%	▲
Bed Occupancy (excl short stay admissions) ***	86%	85%	88%	86%	85%	83%	84%	84%	85%	84%	85%	87%	87%	85%	86%	◀▶
Compliance with Blood Traceability	99.1%	98.8%	98.8%	98.0%	98.7%	99.1%	98.8%	98.7%	94.8%	92.3%	93.5%	96.1%		96.2%	100%	▲

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

DIVISIONAL HEAT MAP - Month 8 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
Clinical Effectiveness																
Emergency 30 Day Readmissions (Previous Elective)	5.2%	5.4%	5.2%	4.8%	5.0%	4.9%	4.8%	5.3%	4.9%	5.1%	4.8%	5.3%		5.0%	1.6%	▼
Emergency 30 Day Readmissions (Previous Emergency)	10.1%	10.1%	11.0%	11.2%	10.8%	9.4%	9.2%	10.0%	9.6%	9.7%	9.7%	9.0%		9.5%	8.0%	▲
Mortality (CHKS Risk Adjusted - Overall) ***	77.1	97.2	87.4	82.4	86.8	84.8	85.9	74.8	80.7	80.0	87.2	79.1		82.0	85	▲
Discharge summaries to GP within 24hrs (Quarterly Audit)	94%				97%			99%			98%				100%	▲
Participation in Monthly Discharge Letter Audit (Quarterly Audit)	61%				73%			92%			82%				100%	▲
Stroke - 90% of Stay on a Stroke Unit	80.6%	74.7%	58.2%	56.0%	79.8%	85.1%	86.8%	89.2%	88.2%	88.4%	74.7%	82.3%		84.9%	80%	▲
Stroke - TIA Clinic within 24 Hours	20.0%	46.4%	66.7%	65.4%	76.7%	67.9%	64.7%	80.8%	77.8%	56.5%	63.9%	60.7%	57.1%	66.7%	60%	▼
No. of # Neck of femurs operated on < 36hrs	83%	67%	86%	72%	72%	72%	53%	71%	73%	71%	56%	54%	66%	64%	70%	▼
Maternity - Breast Feeding < 48 Hours	72.6%	71.6%	71.5%	75.0%	76.3%	73.8%	72.9%	74.4%	74.9%	74.7%	73.3%	73.2%	74.5%	74.0%	67.0%	▲
Maternity - % Smoking at Time of Delivery	12.7%	12.3%	15.1%	11.8%	11.1%	12.4%	9.2%	10.1%	9.7%	10.9%	11.0%	11.1%	11.0%	10.7%	18.1%	▲
Cytology Screening 7 day target	99.9%	99.0%	97.8%	99.98%	99.97%	99.87%	99.98%	99.98%	99.98%	100.00%	100.00%	99.98%	100.00%	99.97%	98%	▲

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

DIVISIONAL HEAT MAP - Month 8 - 2011/12

QUALITY STANDARDS *Continued*

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

Nursing Metrics

All Wards (105)

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
Patient Observation	92%	92%	92%	91%	94%	95%	93%	96%	97%	96%	96%	95%	96%	98.0%	98.0%	▲
Pain Management	84%	85%	85%	88%	90%	92%	93%	97%	96%	96%	94%	91%	94%	98.0%	98.0%	▲
Falls Assessment	80%	81%	80%	85%	85%	94%	91%	95%	94%	94%	93%	90%	94%	98.0%	98.0%	▲
Pressure Area Care	90%	85%	86%	89%	91%	96%	93%	97%	95%	95%	95%	93%	97%	98.0%	98.0%	▲
Nutritional Assessment	85%	85%	82%	85%	90%	95%	93%	93%	95%	93%	92%	90%	95%	98.0%	98.0%	▲
Medicine Prescribing and Assessment	95%	94%	96%	98%	99%	99%	98%	99%	100%	99%	99%	95%	97%	98.0%	98.0%	▲
Hand Hygiene	96%	98%	98%	98%	98%	95%	97%	92%	94%	95%	95%	97%	98%	98.0%	98.0%	▲
Resuscitation Equipment	77%	71%	71%	84%	83%	87%	91%	90%	85%	82%	81%	70%	84%	98.0%	98.0%	▲
Controlled Medicines	98%	98%	90%	100%	100%	98%	99%	99%	100%	99%	100%	97%	100%	98.0%	98.0%	▲
VTE	65%	64%	69%	75%	79%	80%	80%	78%	81%	85%	84%	86%	89%	98.0%	98.0%	▲
Patient Dignity	94%	95%	95%	96%	99%	96%	98%	98%	98%	99%	99%	95%	96%	98.0%	98.0%	▲
Infection Prevention and Control	91%	92%	91%	96%	94%	96%	93%	96%	97%	97%	99%	96%	97%	98.0%	98.0%	▲
Discharge	43%	35%	41%	50%	60%	75%	68%	77%	78%	80%	80%	71%	80%	98.0%	98.0%	▲
Continence	75%	84%	86%	91%	90%	97%	95%	97%	98%	98%	96%	95%	98%	98.0%	98.0%	▲

Patient Experience

Inpatient Polling - treated with respect and dignity	94.6	96.2	95.2	95.2	95.0	96.6	96.3	96.5	95.7	96.0	95.3	96.1	95.8	96.0	95.0	▼
Inpatient Polling - rating the care you receive	85.5	85.8	86.7	86.1	83.8	88.4	87.2	87.6	87.0	85.4	85.0	86.8	86.0	86.7	91.0	▼
Outpatient Polling - treated with respect and dignity							96.7	93.5	84.0		91.0	94.3	98.0	92.9	95.0	▲
Outpatient Polling - rating the care you receive							87.0	85.1	72.6		82.5	85.7	84.0	82.8	85.0	▼
% 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	89%	93%	95%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 8 - 2011/12

OPERATIONAL STANDARDS

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

ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12)	94.9%	93.1%	92.9%	94.1%	93.8%	93.4%	93.7%	95.8%	97.2%	93.8%	92.0%	92.02%	94.4%	94.0%	95%	▲
ED 4 Hour Waits - UHL (Type 1 and 2)	92.0%	89.2%	88.6%	91.1%	90.4%	91.5%	92.1%	94.7%	96.4%	92.1%	89.9%	89.8%	92.9%	92.4%	95%	▲
ED Maximum Wait (Mins) (From Qtr 2 11/12)	1,393	1,625	1,672	993	927	836	969	921	735	957	1,503	983	958		360	
Admitted Median Wait (Mins) -Type1+2 (From Qtr 2 11/12)	231	232	233	231	229	225	220	215	203	223	231	234	219		205	▲
Admitted 95th Percentile Wait (Mins) - Type 1+2 (From Qtr 2 11/12)	433	532	646	557	572	452	479	436	343	477	568	558	483		350	▲
Non-Admitted Median Wait (Mins) - Type 1+2	132	129	121	120	133	127	123	124	120	124	132	130	127		105	▲
Non-Admitted 95th Percentile Wait (Mins) Type 1+2 (From Qtr 2 11/12)	240	254	241	239	240	240	239	237	235	240	240	240	239		235	▲
Time to Initial Assessment - 95th centile (From Qtr 2 11/12)	49	55	55	49	63	70	56	41	39	48	48	61	48		<15 Mins	▲
Time to Treatment - Median (From Qtr 2 11/12)	62	60	48	50	58	59	54	50	34	34	39	44	43		<60 mins	▲
Left Without Being Seen % (From Qtr 2 11/12)	2.5%	2.7%	2.1%	2.2%	2.5%	2.5%	2.2%	2.0%	2.1%	2.8%	2.4%	2.9%	2.0%		<5%	▲
Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12)	5.8%	6.3%	6.5%	6.5%	6.3%	6.6%	5.6%	5.2%	5.9%	6.8%	5.6%	6.1%	5.8%		<5%	▲

Coronary Heart Disease

Maintain a maximum 13 week wait for revascularisation (CABG/PTCA)	98.9%	96.5%	92.9%	93.1%	95.3%	94.5%	95.7%	100.0%	100.0%	99.5%	98.3%	99.4%	98.8%	98.2%	99.0%	▼
Primary PCI Call to Balloon <150 Mins	95.7%	86.7%	96.3%	88.9%	86.4%	85.0%	81.8%	96.0%	82.6%	94.4%	72.2%	84.8%	90.0%	86.0%	75.0%	▲
Rapid Access Chest Pain Clinics - % in 2 Weeks	98.9%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	98.0%	◀▶

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

DIVISIONAL HEAT MAP - Month 8 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
Cancer Treatment																
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	94.5%	91.3%	88.5%	95.7%	94.5%	96.3%	93.7%	93.4%	93.9%	95.3%	93.1%	94.2%		94.3%	93%	▲
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	94.9%	98.4%	99.0%	95.5%	95.4%	97.2%	94.6%	98.3%	97.7%	96.5%	97.4%	95.8%		96.9%	93%	▼
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	97.3%	98.3%	96.7%	96.6%	96.8%	97.0%	98.3%	96.8%	97.7%	97.3%	96.5%	98.4%		97.4%	96%	▲
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	98%	◀▶
31-Day Wait For Second Or Subsequent Treatment: Surgery	95.5%	95.3%	94.7%	96.3%	95.8%	98.5%	94.3%	100.0%	96.9%	94.0%	95.6%	94.1%		96.0%	94%	▼
31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments	99.4%	99.3%	99.3%	100.0%	98.8%	99.1%	98.7%	100.0%	99.3%	97.8%	99.3%	99.2%		99.0%	94%	▼
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	86.4%	88.1%	85.8%	87.2%	85.9%	86.4%	85.5%	83.7%	81.3%	82.8%	80.5%	79.1%		82.6%	85%	▼
62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers	91.1%	98.2%	90.5%	87.0%	100.0%	97.1%	94.9%	93.5%	92.5%	90.6%	91.8%	95.2%		92.7%	90%	▲
62-Day Wait For First Treatment From Consultant Upgrade	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-----	100.0%	-----	100.0%	80.0%	100.0%		92.3%	85%	▲

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

DIVISIONAL HEAT MAP - Month 8 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
Referral to Treatment																
18 week referral to treatment - admitted	92.1%	91.6%	91.5%	91.0%	91.8%	91.7%	90.0%	85.0%	91.4%	92.0%	90.8%	90.9%	88.5%		90%	▼
18 week referral to treatment - non admitted	98.3%	97.0%	96.9%	97.1%	97.1%	97.3%	97.2%	97.0%	97.2%	96.8%	96.6%	96.4%	96.2%		95%	▼
18 week Admitted Backlog	895	988	980	881	839	906	810	670	880	956	1057	1104	1119			
23 week Admitted Backlog	484	532	543	549	482	515	452	219	319	474	551	564	598			
18 week Non Admitted Backlog	1592	1736	1560	1481	1737	1461	1376	1538	1896	1750	1781	1637	1558			
RTT Admitted Median Wait (Weeks)	9.8	9.4	10.3	10.4	9.1	8.5	9.5	10.2	8.5	8.8	8.9	9.0	8.5		<=11.1	▲
RTT Admitted 95th Percentile (Weeks)	21.9	23.1	23.7	23.2	24.1	23.5	25.1	25.2	21.2	21.1	22.9	22.5	25.4		<=23.0	▼
RTT Non-Admitted Median Wait (Weeks)	6.2	6.1	7.0	5.5	5.4	5.3	6.4	6.2	6.0	6.5	6.8	6.3	6.1		<=6.6	▲
RTT Non-Admitted 95th Percentile (Weeks)	17.0	16.9	17.1	16.8	16.8	16.4	16.8	17.1	17.0	17.2	17.4	17.6	17.7		<=18.3	▼
RTT Incomplete Median Wait (Weeks)	6.1	6.8	6.7	5.2	5.5	6.3	6.4	5.8	6.3	6.3	6.4	5.9	6.0		<=7.2	▼
RTT Incomplete 95th Percentile (Weeks)	19.8	20.9	21.9	19.1	21.8	21.3	19.4	19.6	21.1	21.1	22.5	22.6	21.9		<=28.0	▲

DIVISIONAL HEAT MAP - Month 8 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
Access																
6+ Week Wait (Diagnostics)	58	161	207	234	208	182	245	127	126	193	205	206	160	160	5	▲
Outpatient Waiting List (Total - GP/GDP Referred)	12,411	11,613	11,294	11,832	12,143	12,525	13,233	13,217	13,460	13,190	13,055	12,834	12,196	12,196		
Outpatient WL (5+ Week Local Target)	3,701	4,376	3,584	2,784	3,111	4,170	4,197	4,121	4,623	4,851	4,713	4,555	4,177	4,177		
Outpatient WL (11+ Week Local Target)	44	134	158	111	72	203	292	212	236	407	465	548	441	441	4	▲
Outpatient WL(13+ Week Local Tgt)	0	8	19	9	16	60	72	86	85	107	196	227	197	197	0	▲
Day case Waiting List (Total)	5,785	5,823	5,898	5,975	5,891	5,949	6,044	5,852	5,898	5,704	5,910	5,858	5,970	5,970		
Day Case List (11+ Week Local Target)	896	1112	1204	1227	1020	1148	1200	965	974	1192	1301	1240	1236	1236	514	▲
Day Case List (20+ Week Local Target)	203	229	217	254	257	265	202	105	146	197	214	289	281	281	4	▲
Day Case List (26+ Week Local Target)	0	9	26	27	47	49	64	28	16	5	8	2	6	6	0	▼
Inpatient Waiting List (Total)	2,672	2,631	2,706	2,530	2,391	2,533	2,516	2,511	2,508	2,479	2,499	2,489	2,613	2,613		
Inpatient List (11+ Week Local Target)	434	512	567	548	495	586	540	533	490	496	515	505	468	468	720	▲
Inpatient List (20+ Week Local Target)	56	58	66	76	80	74	88	88	71	65	56	56	65	65	4	▼
Inpatient List (26+ Week Local Target)	0	5	10	12	11	6	16	19	18	11	11	2	2	2	0	◀▶
48 hours GUM access	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.97%	◀▶

DIVISIONAL HEAT MAP - Month 8 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

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

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

Outpatient DNA Rates (%)	9.3%	11.2%	9.7%	8.6%	9.0%	9.2%	9.6%	9.0%	9.0%	9.5%	9.0%	9.4%	8.9%	9.2%	9.0%	▲
Outpatient Appts % Cancelled by Hospital ***	10.2%	10.4%	10.4%	10.9%	10.5%	11.4%	11.6%	10.4%	10.9%	11.1%	11.0%	10.3%	10.0%	10.8%	10.5%	▲
Outpatient Appts % Cancelled by Patient ***	10.3%	13.1%	10.0%	9.7%	9.7%	9.6%	9.9%	10.2%	10.8%	10.5%	10.4%	10.2%	9.6%	10.2%	10.0%	▲
Outpatient F/Up Ratio	2.2	2.2	2.3	2.2	2.2	1.9	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.1	◀▶
Ave Length of Stay (Nights) - Emergency	5.0	5.0	5.2	5.0	5.3	6.0	6.1	6.1	5.5	5.6	5.6	5.5	5.8	5.8	5.0	▼
Ave Length of Stay (Nights) - Elective	3.8	3.8	3.1	3.4	3.3	3.6	3.4	3.1	3.6	3.5	3.8	3.6	3.4	3.5	3.8	▲
Delayed transfers per 10,000 admissions	1.1%	1.5%	1.9%	2.0%	1.8%	1.5%	1.5%	1.5%	1.6%	1.5%	1.5%	1.7%	1.5%	1.5%	3.5%	▲
% of Electives admitted on day of procedure ***	84.0%	81.0%	84.9%	83.9%	83.2%	82.8%	82.1%	83.0%	81.6%	81.9%	80.8%	81.3%	83.3%	82.1%	90%	▲

Theatres and Cancelled Operations *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)

Day Case Rate (Basket of 25)	73.6%	75.6%	80.4%	75.3%	77.2%	77.7%	76.2%	75.9%	79.2%	81.1%	77.8%	77.0%	74.2%	77.4%	75.0%	▼
Inpatient Theatre Utilisation Rate (%) ***	78.4%	74.7%	78.4%	82.9%	82.1%	79.6%	79.4%	80.1%	81.1%	83.9%	82.5%	80.9%	80.9%	81.1%	86.0%	◀▶
Day case Theatre Utilisation Rate (%) ***	79.4%	79.6%	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	73.4%	78.8%	78.2%	75.1%	79.8%	76.2%	86.0%	▲
Operations cancelled for non-clinical reasons on or after the day of admission	1.4%	1.8%	1.9%	1.6%	1.6%	1.3%	1.6%	1.3%	0.9%	1.3%	1.6%	1.8%	1.8%	1.4%	0.8%	◀▶
Cancelled patients offered a date within 28 days of the cancellations	91.7%	88.7%	87.5%	89.7%	85.9%	90.3%	94.7%	95.7%	97.5%	93.9%	92.8%	95.5%		94.3%	95.0%	▲

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

DIVISIONAL HEAT MAP - Month 8 - 2011/12
HUMAN RESOURCES

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
Staffing																
Contracted staff in post (substantive FTE)	10167.5	10155.2	10158.0	10146.7	10170.9	10146.0	10103.3	10125.0	10101.3	10183.9	10138.2	10186.7	10188.3	10188.3		
Bank hours paid (FTE)	262.8	250.8	283.5	242.7	257.3	279.7	260.4	256.4	281.7	243.1	241.7	254.8	237.9	237.9		
Overtime hours paid (FTE)	100.1	110.6	109.0	102.8	84.7	89.6	82.2	80.0	88.2	74.8	63.3	57.2	62.5	62.5		
Total FTE worked	10530.3	10516.6	10550.5	10492.2	10512.9	10515.3	10445.9	10461.3	10471.2	10501.8	10443.2	10498.6	10488.6	10488.6		
Pay bill - directly employed staff (£ m)	35.6	35.0	35.4	35.8	36.2	35.4	35.6	35.9	35.5	35.4	35.2	35.5	35.1	283.7		
Planned CIP reduction this month	6.7	0.0	4.6	-0.2	0.0											
Actual CIP reduction this month	4.6	0.7	-0.2	5.7	-13.0											
Workforce HR Indicators																
Sickness absence	3.7%	4.7%	4.0%	3.4%	3.4%	3.2%	3.0%	3.4%	3.3%	3.2%	3.2%	3.7%	4.3%	3.6%	3.0%	▼
Appraisals	90.1%	93.2%	91.3%	90.1%	90.3%	90.4%	88.8%	86.8%	85.9%	87.7%	88.7%	93.5%	93.9%	93.5%	100%	▲
Turnover	8.3%	7.8%	8.1%	8.3%	8.0%	8.7%	8.6%	8.6%	8.6%	8.5%	8.1%	8.0%	7.9%		10.0%	▼
Formal action under absence policy - Warnings issued	21	14	27	22	25	22	27	26	21	27	17	32	29	201		
Formal action under absence policy – Dismissals	1	3	4	0	3	0	4	6	5	6	3	3	3	30		
% Corporate Induction attendance	88.0%	88.0%	87.0%	93.0%	96.0%	93.0%	86.0%	91.0%	89.0%	80.0%	96.0%	86.0%	94.0%		95.0%	▲

DIVISIONAL HEAT MAP - Month 8 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	◀▶
CDT Positives (UHL)	5	1	6	6	6	5	5	3	2	4	1	3	3	26	45	◀▶
SAME SEX ACCOMMODATION																
% 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%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	7.5%	7.0%	7.5%	7.2%	7.0%	7.6%	7.0%	7.8%	7.5%	7.7%	7.8%	7.7%		7.6%	6.5%	▲
30 Day Readmissions (UHL) - Same Specialty	4.4%	4.0%	4.6%	4.3%	4.4%	4.7%	4.6%	5.2%	5.1%	5.1%	4.9%	4.8%		4.9%	4.0%	▲
30 Day Readmission Rate (CHKS)	7.5%	6.8%	7.5%	7.0%	7.1%	7.4%	7.2%	7.8%	7.6%	7.6%	7.4%				6.5%	▲
Mortality (UHL Data)	0.6%	1.0%	0.8%	0.7%	0.6%	0.9%	0.8%	0.7%	0.6%	0.7%	0.7%	0.6%	0.7%	0.7%	0.9%	▼
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	76.3	108.9	89.1	76.1	76.7	82.5	90.1	76.5	79.8	83.4	85.9	76.2		82.0	90.0	▲
PATIENT SAFETY																
10X Medication Errors	0	0	0	1	0	0	0	0	0	0	0	1	0	1	0	▲
Never Events	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	◀▶
Patient Falls	61	79	79	50	86	57	60	56	61	60	67	68		429	TBC	
Complaints Re-Opened	10	5	4	11	7	9	6	13	7	15	15	14	16	95	95	▼
SUIs (Relating to Deteriorating Patients)	0	1	0	0	1	1	0	1	1	1	0	0	0	4	0	◀▶
RIDDOR	1	0	2	1	2	0	0	0	0	1	3	1	1	6	6	◀▶
In-hospital fall resulting in hip fracture			0	0	0	1	0	0	0	0	0	0	0	1	1	◀▶
No of Staffing Level Issues Reported as Incidents	3	12	11	7	4	6	2	6	3	7	9	24	15	72	95	▲
Outlying (daily average)	4	12	8	6	2	3	3	1	0	3	4	3		3	2	▲
Pressure Ulcers (Grade 3 and 4)	3	7	8	6	9	3	3	1	5	4	0	2		18	75	▲
ALL Complaints Regarding Attitude of Staff	9	6	10	11	17	10	12	15	19	17	8	11	18	110	122	▼
ALL Complaints Regarding Discharge	11	6	12	8	11	6	7	17	8	8	11	8	4	69	80	▲
Bed Occupancy (inc short stay admissions)	90%	87%	93%	92%	88%	89%	92%	90%	93%	91%	92%	95%	95%	92%	90%	◀▶
Bed Occupancy (excl short stay admissions)	86%	83%	88%	85%	83%	84%	86%	85%	89%	88%	89%	91%	90%	88%	86%	▼
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 8 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	95%	89%	91%	91%	95%	93%	93%	95%	95%	97%	96%	95%	97%		98.0%	▲
Pain Management	84%	88%	82%	85%	89%	86%	94%	97%	96%	96%	94%	94%	94%		98.0%	▲
Falls Assessment	79%	77%	74%	85%	72%	82%	89%	94%	92%	95%	88%	93%	94%		98.0%	▲
Pressure Area Care	90%	82%	82%	86%	88%	91%	90%	94%	92%	95%	95%	95%	96%		98.0%	▲
Nutritional Assessment	90%	83%	80%	86%	82%	94%	91%	90%	93%	96%	93%	96%	95%		98.0%	▼
Medicine Prescribing and Assessment	95%	94%	95%	98%	96%	99%	99%	98%	98%	96%	95%	95%	96%		98.0%	▲
Hand Hygiene															98.0%	
Resuscitation Equipment	85%	75%	63%	74%	88%	91%	93%	75%	85%	75%	81%	78%	90%		98.0%	▲
Controlled Medicines	96%	100%	85%	98%	97%	98%	96%	100%	98%	100%	100%	100%	98%		98.0%	▼
VTE	74%	69%	77%	80%	86%	85%	89%	81%	89%	89%	90%	91%	91%		98.0%	◀▶
Patient Dignity	94%	93%	96%	94%	99%	97%	95%	98%	96%	97%	98%	96%	96%		98.0%	◀▶
Infection Prevention and Control	94%	86%	92%	94%	88%	86%	90%	94%	96%	96%	97%	95%	97%		98.0%	▲
Discharge						68%	64%	74%	81%	79%	80%	75%	85%		98.0%	▲
Continence	73%	85%	88%	94%	89%	93%	96%	96%	97%	99%	96%	94%	98%		98.0%	▲
ACCESS																
RTT - Admitted	90.2%	89.7%	89.8%	89.7%	90.3%	90.3%	87.5%	81.4%	88.6%	89.5%	87.5%	87.6%	85.0%		90.0%	▼
RTT - Non Admitted	93.6%	94.6%	94.6%	95.8%	95.6%	95.4%	95.6%	95.1%	95.4%	95.0%	94.6%	94.1%	93.5%		95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	8,020	7,457	7,295	7,508	7,612	7,962	8,277	8,191	8,366	8,160	8,256	8,351	8,036	8,036		
Outpatient WL (5+ Week Local Target)	2,776	3,292	2,703	2,133	2,285	3,048	3,060	2,986	3,331	3,420	3,553	3,484	3,256	3,256		
Outpatient WL (11+ Week Local Target)	43	134	156	108	70	202	276	200	220	391	454	539	434	434		
Outpatient WL(13+ Week Local Tgt)	0	8	18	8	16	59	71	84	83	103	187	221	192	192	0	▲
Day case Waiting List (Total)	4,676	4,641	4,678	4,773	4,726	4,742	4,869	4,686	4,673	4,496	4,716	4,691	4,702	4,702		
Day Case List (11+ Week Local Target)	852	1,047	1,148	1,142	958	1,063	1,123	920	920	1,113	1,231	1,192	1,188	1,188		
Day Case List (20+ Week Local Target)	203	228	217	254	254	261	201	104	143	196	210	285	278	278		
Day Case List (26+ Week Local Target)	0	9	26	27	45	47	64	28	14	4	8	2	6	6	0	▼
Inpatient Waiting List (Total)	1,881	1,870	1,924	1,773	1,667	0	1,774	1,745	1,776	1,797	1,822	1,821	1,937	1,937		
Inpatient List (11+ Week Local Target)	373	420	441	427	391	475	446	451	407	433	452	447	407	407		
Inpatient List (20+ Week Local Target)	53	57	63	71	72	65	82	88	70	80	56	56	62	62		
Inpatient List (26+ Week Local Target)	0	5	10	12	11	6	16	19	18	11	11	2	1	1	0	▲

DIVISIONAL HEAT MAP - Month 8 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
OPERATIONAL PERFORMANCE *** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	34.0%	17.0%	18.0%	29.0%	22.0%	24.0%	22.0%	22.0%	19.0%	27.0%	24.0%	34.0%	29.0%	25.1%	4.0%	▲
Elective LOS	3.5	3.3	2.8	3.1	3.1	3.4	3.1	2.8	3.2	3.3	3.6	3.3	3.1	3.2	3.0	▲
Non Elective LOS	5.9	6.2	5.8	5.8	6.0	6.2	6.1	6.3	5.6	6.0	5.8	0.5	0.7	0.6	5.8	▲
% of Electives Adm.on day of proc.	92.2%	91.0%	92.1%	91.7%	91.4%	91.2%	90.9%	91.4%	91.3%	91.8%	90.9%	90.5%	91.9%	91.3%	90.0%	▲
Day Case Rate (Basket of 25)	73.5%	75.2%	78.7%	74.6%	76.1%	77.7%	75.8%	74.1%	77.2%	81.1%	78.4%	75.8%	72.9%	76.5%	75.0%	▼
Day Case Rate (All Elective Care)	79.3%	79.3%	81.8%	79.0%	80.1%	79.8%	80.1%	79.5%	79.1%	80.2%	80.4%	80.1%	80.1%	79.9%	79.0%	◀▶
Inpatient Theatre Utilisation ***	78.4%	75.0%	77.2%	82.3%	80.7%	78.3%	77.2%	79.7%	81.0%	83.2%	81.4%	79.1%	78.7%	79.9%	86.0%	▼
Day Case Theatre Utilisation ***	78.8%	79.0%	85.4%	88.5%	88.7%	66.1%	66.9%	70.4%	71.1%	74.1%	75.8%	73.4%	77.2%	71.9%	86.0%	▲
Outpatient New : F/Up Ratio	2.3	2.4	2.6	2.5	2.4	2.6	2.5	2.5	2.5	2.5	2.7	2.5	2.5	2.5	2.3	▶▶
Outpatient DNA Rate	9.1%	11.1%	9.9%	8.7%	9.0%	8.9%	9.1%	9.0%	8.7%	9.4%	8.9%	9.4%	8.7%	9.0%	9.0%	▲
Outpatient Hosp Canc Rate	11.3%	10.9%	10.9%	11.9%	10.8%	12.2%	12.2%	10.1%	11.1%	10.9%	10.7%	10.6%	9.6%	10.9%	9.0%	▲
Outpatient Patient Canc Rate	9.5%	12.6%	9.5%	9.2%	9.0%	9.3%	9.3%	9.7%	10.2%	9.8%	10.0%	9.7%	9.0%	9.6%	9.0%	▲
SCREENING PROGRAMMES																
Diabetic Retinopathy - % Uptake	62.3%	28.6%	59.8%	70.1%	56.0%	48.9%	38.7%	37.0%	35.3%	44.1%	35.5%	43.2%	83.0%	43.7%	50.0%	▲
Diabetic Retinopathy - % Results in 3 Weeks	74.2%	82.3%	64.0%	80.9%	82.3%	83.7%	75.1%	95.5%	76.9%	85.7%	86.7%	84.1%	87.8%	84.9%	90.0%	▲
Diabetic Retinopathy - % Treatment in 4 Weeks	0.0%	-----	50.0%	50.0%	-----	50.0%	50.0%	0.0%	0.0%	-----	0.0%	88.9%	83.3%	62.5%		
Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month	11.3%	5.7%	5.2%	7.0%	7.1%	5.6%	6.3%	6.0%	5.3%	7.1%	8.6%	10.6%	14.0%	7.9%	6.0%	▲
Abdominal Aortic Aneurysm - % Uptake	96.1%	100.0%	94.1%	97.1%	96.2%	90.0%	97.8%	107.0%	96.5%	114.3%	111.9%	115.9%	105.7%	104.8%	99.0%	▼
Abdominal Aortic Aneurysm - 30 Day post-operative Mortality	0.0%	-----	-----	0.0%		0.0%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%		2.4%	0.0%	◀▶
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	93.7%	95.3%	95.0%	94.5%	95.6%	94.8%	92.3%	91.8%	90.0%	90.4%	89.8%	91.1%	92.7%	91.1%	100%	▲
Sickness Absence	2.8%	3.9%	3.3%	3.1%	2.9%	2.7%	2.7%	3.0%	3.1%	3.0%	3.0%	3.8%	4.9%	3.3%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	7.2	6.4	6.8	4.6	2.4	1.8	3.9	8.0	8.6	2.7	1.8	2.8	2.6			
Bank FTE	63.9	57.6	61.3	50.4	53.0	62.9	55.7	53.3	56.4	52.7	48.6	59.5	53.6			
Actual net FTE reduction this month	6.8	-7.6	-8.4	-10.9	-12.3	37.6	-37.4	2.4	35.2	7.4	-21.9	21.9	-10.5	34.8		
Planned FTE reduction this month	2.5	0.5	0.0	0.0	0.0											
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 8 2011/12

PLANNED CARE - Specialist Surgery

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
ACCESS																
RTT - Admitted	91.2%	91.2%	90.3%	92.7%	93.4%	93.2%	90.9%	82.6%	94.0%	92.5%	90.4%	91.2%	87.6%		90.0%	▼
RTT - Non Admitted	91.0%	94.6%	94.6%	96.2%	96.6%	96.3%	96.8%	96.4%	96.3%	95.7%	94.7%	94.6%	95.7%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	4,226	3,767	3,811	3,719	3,689	3,992	4,238	4,142	4,196	4,038	4,141	4,323	4,077	4,077		
Outpatient WL (5+ Week Local Target)	1,562	1,676	1,441	990	951	1,474	1,602	1,415	1,733	1,653	1,828	1,860	1,712	1,712		
Outpatient WL (11+ Week Local Target)	21	86	67	29	6	61	126	39	41	132	154	175	128	128		
Outpatient WL(13+ Week Local Tgt)	0	3	2	2	0	3	10	5	6	9	3	3	9	9	0	▼
Day case Waiting List (Total)	2,512	2,421	2,378	2,517	2,471	2,396	2,527	2,453	2,417	2,277	2,367	2,308	2,308	2,308		
Day Case List (11+ Week Local Target)	439	465	525	549	451	491	589	463	466	574	632	598	574	574		
Day Case List (20+ Week Local Target)	119	109	83	86	79	81	55	10	40	73	89	151	141	141		
Day Case List (26+ Week Local Target)	0	2	1	14	18	10	8	0	0	0	2	0	0	0	0	◀▶
Inpatient Waiting List (Total)	434	415	414	353	292	278	287	248	261	267	296	330	336	336		
Inpatient List (11+ Week Local Target)	63	75	91	77	52	65	57	56	44	40	42	31	29	29		
Inpatient List (20+ Week Local Target)	13	8	4	8	9	5	3	1	2	8	5	4	1	1		
Inpatient List (26+ Week Local Target)	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	2.1	1.5	1.7	2.2	2.0	2.1	2.2	2.0	2.0	2.0	2.1	2.1	1.8	2.1	1.9	▲
Non Elective LOS	5.5	5.4	4.2	4.7	5.3	5.7	5.4	6.5	4.6	5.0	4.1	6.0	4.8	5.2	4.7	▲
% of Electives Adm.on day of proc.	89.6%	89.6%	89.3%	85.4%	85.1%	86.4%	84.8%	85.3%	87.8%	88.2%	82.7%	84.9%	86.2%	85.9%	85.0%	▲
Day Case Rate (Basket of 25)	86.3%	87.9%	88.7%	87.0%	90.2%	88.0%	89.0%	87.8%	88.8%	88.7%	90.0%	89.3%	84.0%	88.2%	75.0%	▼
Day Case Rate (All Elective Care)	71.8%	71.3%	75.7%	71.0%	75.0%	70.9%	71.7%	73.3%	72.5%	71.0%	75.1%	71.7%	71.7%	72.3%	70.0%	◀▶
30 Day Readmissions (UHL) - Any Specialty	3.5%	3.1%	2.9%	3.1%	3.2%	3.5%	2.7%	3.2%	3.1%	3.3%	2.7%	3.7%		3.2%	2.8%	▼
30 Day Readmissions (UHL) - Same Specialty	1.8%	1.2%	1.3%	1.4%	1.5%	1.8%	1.5%	1.9%	1.6%	1.7%	1.3%	1.8%		1.6%	1.3%	▼
Outpatient New : F/Up Ratio	2.1	2.0	2.2	2.1	2.0	2.1	2.1	2.0	2.1	2.0	2.2	2.3	2.2	2.1	1.9	▲
Outpatient DNA Rate	9.6%	11.6%	10.3%	9.3%	9.5%	9.1%	9.4%	9.5%	9.2%	9.5%	9.2%	9.9%	9.2%	9.4%	9.5%	▲
Outpatient Hosp Canc Rate	12.1%	11.9%	11.3%	10.6%	10.9%	14.2%	13.3%	11.0%	12.4%	13.0%	13.3%	13.5%	11.2%	12.7%	11.5%	▲
Outpatient Patient Canc Rate	10.8%	14.3%	10.6%	10.1%	10.2%	10.2%	10.4%	10.7%	11.3%	10.9%	10.7%	10.3%	9.7%	10.5%	10.0%	▲
Bed Utilisation (Incl short stay admissions)	94%	91%	99%	93%	91%	92%	91%	86%	86%	100%	100%	100%	99%	94%	90.0%	▼

DIVISIONAL HEAT MAP - Month 8 2011/12

PLANNED CARE - Specialist
Surgery

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
HR and FINANCE																
Staffing : Nurses per Bed															1.1	
Staffing : Cost per Bed																
Sickness Absence	4.4%	3.9%	3.1%	3.4%	4.0%	2.8%	2.7%	3.2%	2.4%	2.1%	2.0%	2.6%	3.3%	2.6%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	1.9	1.8	1.4	1.2	1.4	1	0.7	1.7	1.1	0.7	0.2	0.6	0.5			
Bank FTE	16.8	15.2	21.8	19.0	17.8	26.0	18.2	18.2	17.5	15.7	16.3	23.0	16.7			
Actual net FTE reduction this month	0.5	-3.4	1.3	5.1	-3.5	13.0	-14.6	2.9	13.7	9.5	-6.3	8.0	-6.2	20.0		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0											
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 8 2011/12

PLANNED CARE - GI Medicine / Surgery

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
ACCESS																
RTT - Admitted	87.2%	85.8%	87.9%	84.5%	83.8%	83.6%	80.7%	73.6%	78.3%	83.8%	81.3%	80.9%	77.8%		90.0%	▼
RTT - Non Admitted	91.0%	94.6%	93.1%	95.7%	90.5%	89.9%	90.6%	86.9%	90.1%	90.9%	92.8%	87.9%	82.4%		95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	2,054	2,028	1,860	2,060	2,227	2,171	2,163	2,378	2,569	2,422	2,457	2,429	2,458	2,458		
Outpatient WL (5+ Week Local Target)	677	922	741	678	811	996	878	1,041	1,133	1,254	1,205	1,177	1,125	1,125		
Outpatient WL (11+ Week Local Target)	11	30	46	55	54	120	128	143	167	229	277	336	285	285		
Outpatient WL(13+ Week Local Tgt)	0	4	16	6	16	56	61	79	76	92	182	217	183	183	0	▲
Day case Waiting List (Total)	1,388	1,461	1,573	1,512	1,489	1,594	1,578	1,425	1,398	1,405	1,449	1,470	1,495	1,495		
Day Case List (11+ Week Local Target)	346	454	484	474	413	447	435	351	354	419	446	428	451	451		
Day Case List (20+ Week Local Target)	84	116	131	159	164	168	143	84	102	117	118	129	128	128		
Day Case List (26+ Week Local Target)	0	7	25	12	26	37	54	28	14	4	6	2	6	6	0	▼
Inpatient Waiting List (Total)	507	519	586	545	532	567	536	531	539	521	487	474	526	526		
Inpatient List (11+ Week Local Target)	162	157	153	157	180	211	201	190	172	179	170	152	142	142		
Inpatient List (20+ Week Local Target)	37	47	51	50	46	46	66	70	63	50	40	40	32	32		
Inpatient List (26+ Week Local Target)	0	4	10	12	10	6	14	17	18	11	11	2	1	1	0	▲
OPERATIONAL PERFORMANCE																
Elective LOS	4.5	4.0	3.4	3.7	3.5	3.7	3.5	3.1	3.6	3.9	4.9	4.0	3.4	3.7	3.5	▲
Non Elective LOS	5.1	4.9	5.0	4.9	5.4	5.4	5.2	5.5	5.4	5.8	5.3	5.9	5.7	5.5	5.3	▲
% of Electives Adm.on day of proc.	93.3%	91.6%	91.6%	94.2%	94.4%	93.8%	91.2%	93.4%	91.9%	93.6%	92.5%	93.2%	95.2%	93.0%	90.0%	▲
Day Case Rate (Basket of 25)	43.4%	42.5%	54.5%	47.5%	48.1%	48.0%	50.5%	46.2%	50.2%	57.2%	58.6%	50.7%	46.0%	50.7%	75.0%	▼
Day Case Rate (All Elective Care)	81.1%	80.0%	84.3%	82.6%	82.1%	82.2%	82.3%	80.5%	81.5%	83.1%	82.2%	83.5%	83.1%	82.3%	85.0%	▼
30 Day Readmissions (UHL) - Any Specialty	8.3%	7.2%	8.3%	7.8%	7.1%	7.9%	7.4%	8.0%	8.0%	7.4%	7.7%	7.5%		7.7%	7.0%	▲
30 Day Readmissions (UHL) - Same Specialty	4.1%	3.7%	4.4%	4.3%	3.6%	3.9%	4.4%	4.5%	4.9%	4.1%	3.9%	3.7%		4.2%	3.8%	▲
Outpatient New : F/Up Ratio	1.9	1.9	2.1	2.0	2.2	2.1	2.0	2.2	2.0	1.9	2.2	1.8	1.8	2.0	2.0	◀▶
Outpatient DNA Rate	8.5%	10.4%	10.0%	8.1%	8.4%	8.5%	8.4%	7.5%	7.9%	8.3%	7.9%	8.9%	7.5%	8.1%	8.2%	▲
Outpatient Hosp Canc Rate	15.6%	15.3%	11.8%	19.3%	16.7%	14.2%	15.1%	15.4%	16.2%	15.3%	12.1%	11.7%	12.5%	14.0%	14.0%	▼
Outpatient Patient Canc Rate	9.2%	13.9%	10.3%	9.8%	9.7%	10.5%	10.4%	10.0%	10.9%	10.9%	12.3%	11.1%	9.4%	10.7%	10.3%	▲
Bed Utilisation (Incl short stay admissions)	91%	85%	93%	91%	87%	89%	96%	95%	94%	93%	100%	94%	94%	94%	90.0%	◀▶

DIVISIONAL HEAT MAP - Month 8 2011/12

		Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	
PLANNED CARE - GI Medicine / Surgery	HR and FINANCE																	
	Staffing : Nurses per Bed																1.1	
	Staffing : Cost per Bed																	
	Sickness Absence	2.6%	4.0%	2.9%	2.5%	2.3%	2.8%	2.4%	2.9%	3.3%	3.1%	3.6%	5.1%	7.4%	3.8%	3.0%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	1.3	1.4	3.2	2.1	0.5	0.2	1.3	2.7	5.4	1.4	1.0	1.3	0.8				
	Bank FTE	26.9	22.8	24.2	16.3	17.0	19.8	19.3	15.9	21.3	21.9	16.6	15.1	16.5				
	Actual net FTE reduction this month	-4.0	-3.8	0.6	-9.4	-9.5	13.2	-4.1	-6.5	11.7	-5.2	-2.4	5.2	-3.0	9.0			
	Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0												
	Finance : CIP Delivery																	

DIVISIONAL HEAT MAP - Month 8 2011/12

PLANNED CARE - Cancer and Haematology

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
ACCESS																
RTT - Admitted	--	--	--	--	--	--	--	--	--	--	100%	100%	--		90.0%	◀▶
RTT - Non Admitted	96.1%	98.2%	95.5%	97.8%	98.0%	97.0%	98.8%	100.0%	99.0%	99.2%	98.9%	99.0%	97.5%		95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	113	92	108	102	87	81	102	92	105	78	97	87	91	91		
Outpatient WL (5+ Week Local Target)	14	17	21	15	12	9	9	10	6	7	6	5	4	4		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Day case Waiting List (Total)	59	57	45	55	52	52	53	53	75	46	67	68	59	59		
Day Case List (11+ Week Local Target)	0	0	0	2	1	2	1	0	1	2	0	0	0	0		
Day Case List (20+ Week Local Target)	0	0	0	1	1	0	0	0	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	7	3	9	8	6	8	8	6	3	3	6	6	3	3		
Inpatient List (11+ Week Local Target)	0	0	0	0	0	1	0	0	0	0	0	0	0	0		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	8.8	6.3	5.8	6.5	8.5	8.8	5.9	7.1	9.9	6.7	9.2	8.1	6.9	7.8	7.0	▲
Non Elective LOS	5.7	6.9	5.5	6.1	5.5	5.7	6.2	5.7	4.9	5.6	5.4	4.5	5.9	5.5	5.7	▼
% of Electives Adm.on day of proc.	75.4%	69.8%	82.0%	78.7%	70.2%	75.9%	78.4%	75.0%	72.7%	68.0%	78.2%	69.2%	78.6%	74.2%	75.0%	▲
Day Case Rate (All Elective Care)	95.4%	95.8%	96.3%	96.2%	96.9%	97.7%	97.1%	96.7%	96.9%	96.5%	96.4%	96.5%	96.1%	96.7%	96.5%	▼
30 Day Readmissions (UHL) - Any Specialty	11.3%	10.8%	11.5%	11.3%	11.8%	11.9%	11.0%	13.8%	11.9%	13.1%	12.9%	12.7%		12.5%	11.0%	▲
30 Day Readmissions (UHL) - Same Specialty	8.9%	8.2%	9.6%	9.0%	10.2%	10.2%	9.2%	11.8%	10.4%	11.1%	10.8%	10.9%		10.7%	9.4%	▼
Outpatient New : F/Up Ratio	7.5	8.2	8.7	8.9	8.0	9.0	8.5	8.5	8.2	8.2	8.6	8.0	7.7	8.3	8.1	▲
Outpatient DNA Rate	8.7%	10.7%	8.6%	7.3%	8.3%	9.2%	8.5%	8.1%	7.9%	8.7%	8.4%	8.3%	7.7%	8.4%	7.4%	▲
Outpatient Hosp Canc Rate	7.1%	6.5%	7.4%	7.2%	6.6%	7.2%	8.1%	5.6%	6.6%	5.7%	6.3%	4.8%	5.4%	6.2%	7.3%	▼
Outpatient Patient Canc Rate	7.1%	8.1%	6.6%	7.1%	6.4%	6.3%	6.2%	7.3%	6.8%	6.9%	6.8%	6.9%	6.6%	6.7%	7.0%	▲
Bed Utilisation (Incl short stay admissions)	97%	93%	97%	94%	91%	95%	94%	95%	95%	97%	99%	97%	97%	96%	95.0%	◀▶
HR and FINANCE																
Staffing : Nurses per Bed															1.1	
Staffing : Cost per Bed																
Sickness Absence	2.1%	4.1%	4.3%	3.1%	2.5%	2.2%	2.8%	2.9%	3.8%	3.8%	2.6%	2.4%	3.1%	3.0%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	0.1	0.3	0.1	0.8	0.3	0.5	0.5	1.8	0.5	0.4	0.5	0.8	0.6			
Bank FTE	9.5	10.0	8.7	9.4	9.3	8.7	9.0	10.8	10.6	8.3	9.4	14.0	13.8			
Actual net FTE reduction this month	2.8	1.3	-4.9	-2.6	-2.0	9.0	-9.7	-1.3	-0.7	-3.5	-8.5	4.0	-0.8	-11.6		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0											
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 8 2011/12

PLANNED CARE - Musculo-Skeletal

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
ACCESS																
RTT - Admitted	92.9%	92.3%	91.2%	90.8%	92.7%	94.1%	91.0%	90.0%	91.2%	91.6%	91.0%	91.0%	90.0%		90.0%	▼
RTT - Non Admitted	94.9%	94.3%	95.5%	94.4%	95.4%	96.8%	95.0%	96.5%	95.8%	95.0%	95.4%	96.9%	94.8%		95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	1,627	1,570	1,516	1,627	1,609	1,718	1,774	1,579	1,496	1,622	1,561	1,512	1,410	1,410		
Outpatient WL (5+ Week Local Target)	523	677	500	450	511	569	571	520	459	506	514	442	415	415		
Outpatient WL (11+ Week Local Target)	11	18	43	24	10	21	22	18	12	30	23	28	21	21		
Outpatient WL(13+ Week Local Tgt)	0	1	0	0	0	0	0	0	1	2	2	1	0	0	0	▲
Day case Waiting List (Total)	717	702	682	689	714	700	711	755	783	768	833	845	840	840		
Day Case List (11+ Week Local Target)	67	128	139	117	93	123	98	106	99	118	153	166	163	163		
Day Case List (20+ Week Local Target)	0	3	3	8	10	12	3	10	1	6	3	5	9	9		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	933	933	915	867	837	908	943	960	973	1,006	1,033	1,011	1,072	1,072		
Inpatient List (11+ Week Local Target)	148	188	197	193	159	198	188	205	191	214	240	264	236	236		
Inpatient List (20+ Week Local Target)	3	2	8	13	17	14	13	17	5	7	11	12	29	29		
Inpatient List (26+ Week Local Target)	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	3.0	4.0	2.8	3.1	3.2	4.0	3.2	2.8	3.1	3.5	2.6	2.8	3.4	3.1	3.3	▼
Non Elective LOS	9.8	10.5	10.4	9.6	9.5	10.1	9.6	10.0	8.3	7.7	9.2	9.7	9.6	9.2	9.6	▲
% of Electives Adm.on day of proc.	97.3%	96.2%	97.0%	97.9%	97.5%	95.2%	98.6%	98.5%	96.4%	97.6%	98.3%	96.3%	97.7%	97.3%	97.5%	▲
Day Case Rate (Basket of 25)	77.2%	85.4%	80.6%	80.5%	77.3%	84.2%	80.4%	83.5%	84.2%	87.7%	77.8%	75.6%	80.3%	81.8%	75.0%	▲
Day Case Rate (All Elective Care)	46.6%	46.0%	47.2%	43.6%	47.1%	45.5%	48.4%	51.4%	46.8%	47.7%	41.8%	44.4%	47.0%	46.7%	46.0%	▲
30 Day Readmissions (UHL) - Any Specialty	3.9%	4.6%	4.7%	5.0%	5.1%	4.6%	5.0%	3.4%	4.4%	4.7%	5.5%	5.2%		4.7%	4.0%	▲
30 Day Readmissions (UHL) - Same Specialty	0.6%	1.0%	1.1%	1.2%	1.7%	1.9%	2.0%	1.0%	1.9%	1.6%	2.5%	1.6%		1.8%	1.8%	▲
Outpatient New : F/Up Ratio	1.5	1.6	1.8	1.8	1.7	1.9	1.7	1.8	1.8	1.8	2.0	1.7	1.8	1.8	1.7	▼
Outpatient DNA Rate	8.8%	10.6%	10.3%	8.9%	8.7%	8.6%	9.6%	9.8%	8.9%	10.7%	9.3%	9.7%	9.3%	9.5%	9.0%	▲
Outpatient Hosp Canc Rate	9.4%	9.0%	12.2%	13.5%	9.6%	10.7%	10.7%	7.8%	8.0%	7.2%	7.1%	7.9%	7.0%	8.3%	10.5%	▲
Outpatient Patient Canc Rate	8.8%	11.2%	8.7%	8.5%	8.2%	9.0%	8.7%	9.2%	10.3%	9.3%	9.4%	9.6%	9.0%	9.3%	8.8%	▲
Bed Utilisation (Incl short stay admissions)	81%	85%	87%	90%	88%	84%	86%	84%	84%	79%	73%	91%	93%	84%	90.0%	▲

DIVISIONAL HEAT MAP - Month 8 2011/12

		Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	
PLANNED CARE - Musculo-Skeletal	HR and FINANCE																	
	Staffing : Nurses per Bed																1.1	
	Staffing : Cost per Bed																	
	Sickness Absence	2.1%	3.4%	3.0%	3.5%	2.9%	2.9%	3.2%	3.0%	2.98%	3.2%	3.9%	4.8%	5.3%	3.7%	3.0%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	3.9	2.9	2.1	0.5	0.2	0.2	1.4	1.8	1.6	0.3	0.1	0.1	0.6				
	Bank FTE	10.7	9.6	6.6	5.7	8.8	8.5	9.1	8.5	7.1	6.9	6.4	7.5	6.7				
	Actual net FTE reduction this month	7.4	-1.8	-5.4	-4.0	2.7	2.5	-9.0	4.4	-2.6	6.6	-4.7	5.7	-2.5	0.5			
	Planned FTE reduction this month	2.5	0.5	0.0	0.0	0.0												
	Finance : CIP Delivery																	

DIVISIONAL HEAT MAP - Month 8 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
INFECTION PREVENTION																
MRSA Bacteraemias	1	0	1	2	1	2	0	0	1	1	0	0	1	5	6	▼
CDT Positives (UHL)	15	10	11	10	7	3	10	4	6	6	6	9	8	52	104	▲
SAME SEX ACCOMMODATION																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	98%	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%	◀▶
MORTALITY and READMISSIONS																
30 Day Readmissions (UHL) - Any Specialty	11.6%	12.4%	13.0%	12.2%	12.6%	11.1%	10.9%	11.9%	11.9%	11.8%	11.1%	11.3%		11.4%	10.0%	▼
30 Day Readmissions (UHL) - Same Specialty	5.8%	6.1%	6.4%	6.3%	6.2%	6.5%	5.9%	6.5%	6.3%	6.3%	6.1%	6.9%		6.4%		
Mortality (UHL Data)	3.5%	5.1%	4.9%	3.9%	4.0%	4.0%	4.0%	3.2%	3.6%	3.3%	3.7%	3.8%	3.5%	3.6%	4.3%	▲
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	78.2	96.0	87.6	83.8	89.1	86.0	85.5	74.4	81.5	78.9	88.0	80.4		82.0	85	▲
PATIENT SAFETY																
10X Medication Errors	0	0	0	2	0	0	0	1	0	0	0	0	1	2	0	▼
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	160	170	191	166	147	199	194	176	196	172	149	185		1271	TBC	
Complaints Re-Opened	11	6	8	4	11	3	6	6	6	7	11	9	8	56	75	▲
SUIs (Relating to Deteriorating Patients)	1	1	0	0	0	0	0	0	0	0	0	0	2	2	0	▼
RIDDOR	2	0	1	5	4	1	3	1	2	2	0	1	1	11	12	◀▶
In-hospital fall resulting in hip fracture			2	2	2	1	0	0	0	0	0	0	0	1	6	◀▶
Staffing Level Issues Reported as Incidents	7	5	13	5	7	3	1	5	5	11	12	10	10	57	140	◀▶
Outlying (daily average)	6	14	27	9	22	9	5	8	2	7	12	2		2	10	▲
Pressure Ulcers (Grade 3 and 4)	9	19	25	7	11	12	9	15	11	3	5	9		64	118	▼
ALL Complaints Regarding Attitude of Staff	14	10	13	15	21	14	10	14	13	14	18	14	12	109	110	▲
ALL Complaints Regarding Discharge	14	12	17	19	27	13	20	17	10	17	16	11	13	117	120	▼
Bed Occupancy (inc short stay admissions)	91%	91%	93%	94%	91%	90%	91%	92%	93%	93%	92%	94%	95%	92%	90%	▲
Bed Occupancy (excl short stay admissions)	89%	89%	91%	90%	88%	87%	87%	88%	89%	89%	89%	90%	91%	89%	86%	▲
Staffing : Nurses per Bed																

DIVISIONAL HEAT MAP - Month 8 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	89%	89%	96%	89%	87%	91%	96%	96%	97%	96%	96%	96%	95%		98.0%	▼
Pain Management	85%	80%	93%	90%	89%	91%	94%	97%	96%	96%	95%	92%	94%		98.0%	▲
Falls Assessment	79%	80%	83%	87%	82%	88%	93%	96%	95%	95%	94%	89%	94%		98.0%	▲
Pressure Area Care	87%	86%	94%	91%	91%	99%	95%	98%	96%	95%	95%	93%	96%		98.0%	▲
Nutritional Assessment	85%	82%	92%	87%	88%	87%	96%	95%	97%	93%	93%	91%	95%		98.0%	▲
Medicine Prescribing and Assessment	94%	91%	100%	98%	97%	95%	98%	98%	99%	99%	97%	95%	96%		98.0%	▲
Hand Hygiene															98.0%	
Resuscitation Equipment	69%	66%	67%	88%	75%	83%	94%	98%	88%	89%	89%	67%	56%		98.0%	▼
Controlled Medicines	99%	97%	92%	99%	100%	97%	100%	98%	99%	98%	99%	99%	100%		98.0%	▲
VTE	59%	59%	64%	68%	74%	70%	77%	73%	79%	79%	80%	89%	89%		98.0%	▲
Patient Dignity	93%	94%	97%	96%	96%	96%	98%	97%	97%	97%	98%	95%	96%		98.0%	▲
Infection Prevention and Control	90%	91%	93%	95%	91%	98%	95%	94%	96%	96%	99%	95%	97%		98.0%	▲
Discharge						86%	78%	84%	80%	85%	86%	77%	85%		98.0%	▲
Continence	75%	83%	86%	86%	87%	91%	95%	89%	95%	94%	94%	96%	98%		98.0%	▲
ACCESS																
RTT - Admitted	97.1%	97.6%	95.0%	91.5%	94.4%	92.3%	93.5%	91.4%	98.8%	97.9%	98.1%	99.0%	95.7%		90.0%	▼
RTT - Non Admitted	99.4%	99.6%	99.1%	99.3%	99.0%	99.5%	99.5%	99.4%	99.6%	99.3%	99.5%	99.2%	99.3%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	2,819	2,768	2,690	2,844	2,929	2,950	3,143	3,156	3,266	3,222	3,061	2,938	2,742	2,742		
Outpatient WL (5+ Week Local Target)	675	865	699	537	672	863	862	807	956	1,079	859	801	705	705		
Outpatient WL (11+ Week Local Target)	1	0	1	3	2	0	8	4	5	4	0	2	1	1		
Outpatient WL(13+ Week Local Tgt)	0	0	1	1	0	0	1	0	0	1	0	0	0	0	0	◀▶
Day case Waiting List (Total)	553	655	726	661	604	640	646	575	622	626	602	570	619	619		
Day Case List (11+ Week Local Target)	13	30	35	49	24	38	38	23	23	43	32	32	28	28		
Day Case List (20+ Week Local Target)	0	1	0	0	0	0	1	0	1	0	0	1	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	471	450	480	474	482	487	470	468	434	366	382	376	385	385		
Inpatient List (11+ Week Local Target)	31	52	78	87	75	77	66	54	54	35	25	28	37	37		
Inpatient List (20+ Week Local Target)	2	1	3	5	8	9	6	0	1	0	0	0	2	2		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶

DIVISIONAL HEAT MAP - Month 8 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
Choose and Book Slot Unavailability	7.0%	6.0%	4.0%	9.0%	8.0%	7.0%	7.0%	9.0%	11.0%	8.0%	6.0%	10.0%	13.0%	8.9%	4.0%	⚠
Elective LOS	5.6	6.2	4.3	5.2	4.6	5.2	5.7	4.5	5.3	5.0	5.3	4.8	4.9	5.1	5.0	⬇
Non Elective LOS	5.8	5.9	6.1	6.0	6.4	6.9	7.1	7.1	6.4	6.4	6.9	6.3	6.8	6.8	6.0	⬇
% of Electives Adm.on day of proc.	56.3%	48.7%	56.6%	57.5%	55.1%	56.1%	50.5%	57.5%	51.9%	50.2%	51.0%	54.6%	52.5%	53.0%	54.0%	⚠
Day Case Rate (All Elective Care)	67.9%	64.9%	68.7%	71.2%	71.8%	70.9%	73.5%	71.7%	71.9%	67.3%	70.9%	66.9%	70.8%	70.5%	70.0%	⬆
Inpatient Theatre Utilisation ***	82.7%	75.2%	84.1%	90.9%	90.1%	87.4%	91.6%	85.3%	85.7%	92.5%	90.3%	88.1%	89.6%	88.8%	86.0%	⬆
Day Case Theatre Utilisation ***	88.1%	---	72.6%	64.5%	58.4%	86.5%	83.5%	67.3%	62.3%	68.1%	73.1%	79.0%	79.0%	74.8%	86.0%	⚠
Operations cancelled for non-clinical reasons																
Cancelled Operations - 28 Day Re-Books															100%	
Outpatient New : F/Up Ratio	2.2	2.2	2.4	2.4	2.4	1.7	1.9	1.9	1.8	1.9	1.8	1.9	1.8	1.8	2.0	⬆
Outpatient DNA Rate	8.5%	11.3%	9.4%	8.3%	8.9%	9.7%	10.0%	8.4%	9.1%	9.2%	9.1%	9.7%	9.0%	9.3%	9.5%	⬆
Outpatient Hosp Canc Rate	10.4%	11.7%	11.7%	11.1%	11.9%	12.6%	13.3%	12.3%	12.5%	12.9%	12.1%	10.6%	11.9%	12.3%	12.8%	⬇
Outpatient Patient Canc Rate	10.9%	14.2%	11.0%	10.4%	10.1%	10.1%	10.6%	10.7%	11.1%	11.1%	10.9%	10.6%	10.0%	10.6%	10.5%	⬆
Bed Utilisation																
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Appraisals	84.3%	85.4%	83.1%	79.4%	80.7%	81.6%	80.1%	77.7%	78.9%	85.5%	81.2%	90.5%	93.6%	90.5%	100%	⚠
Sickness Absence	4.2%	5.5%	4.6%	4.3%	3.8%	3.4%	3.1%	3.8%	3.6%	3.5%	3.5%	3.7%	4.5%	3.6%	3%	⬇
Agency Costs (£000s)																
Overtime FTE	35.1	39.3	40.8	36.7	24.1	20.9	23.3	23.9	28.1	23.5	17.2	14.9	16.5			
Bank FTE	111.7	106.2	131.8	127.7	138.2	141.8	128.9	128.5	150.2	127.6	116.4	118.7	110.2			
Actual net FTE reduction this month	-17.5	-3.4	37.9	0.0	34.3	-15.4	-10.6	2.7	15.0	4.8	-23.8	24.4	-10.3	-13.0		
Planned FTE reduction this month	5.0	-1.5	2.0	0.0	0.0											
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 8 2011/12

		Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	
ACUTE CARE - Medicine	ACCESS																	
	RTT - Admitted	100.0%	100.0%	98.0%	98.4%	98.9%	98.3%	100.0%	100.0%	100.0%	98.4%	97.7%	99.0%	98.9%		90.0%	▼	
	RTT - Non Admitted	99.4%	99.6%	99.1%	99.7%	99.8%	99.8%	99.9%	99.8%	99.6%	99.5%	99.7%	99.2%	99.5%		95.0%	▲	
	Outpatient Waiting List (Total - GP/GDP Referred)	1,756	1,713	1,678	1,723	1,799	1,831	2,088	2,103	2,211	2,184	2,110	2,005	1,837	1,837			
	Outpatient WL (5+ Week Local Target)	421	511	417	309	366	485	518	536	660	763	590	580	498	498			
	Outpatient WL (11+ Week Local Target)	0	0	1	0	2	0	7	2	5	3	0	0	0	0			
	Outpatient WL(13+ Week Local Tgt)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
	Day case Waiting List (Total)	152	182	207	181	131	174	169	141	133	165	157	164	169	169			
	Day Case List (11+ Week Local Target)	1	1	2	9	2	9	2	1	2	7	2	4	1	1			
	Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	1	0	0			
	Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
	Inpatient Waiting List (Total)	12	13	7	3	6	6	6	0	0	0	0	0	0	0			
	Inpatient List (11+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
	OPERATIONAL PERFORMANCE																	
	Elective LOS	8.0	18.0	2.9	9.0	5.3	7.2	15.8	1.7	5.4	5.8	9.6	7.5	17.3	8.4	7.5	▼	
	Non Elective LOS	7.1	7.1	7.8	7.6	7.8	7.2	7.7	7.4	6.2	6.8	7.8	6.6	7.4	7.1	7.4	▼	
	% of Electives Adm.on day of proc.	36.0%	43.5%	48.0%	37.5%	12.5%	45.5%	50.0%	55.6%	57.1%	29.2%	42.9%	66.7%	44.4%	46.5%	45.0%	▼	
	Day Case Rate (All Elective Care)	93.3%	92.3%	90.6%	95.9%	95.4%	96.4%	97.6%	98.0%	97.5%	93.9%	96.9%	95.7%	97.2%	96.8%	94.0%	▲	
30 Day Readmissions (UHL) - Any Specialty	12.2%	11.8%	13.2%	11.6%	12.4%	11.2%	10.8%	11.5%	11.5%	11.9%	10.2%	11.9%		11.3%	11.0%	▼		
Outpatient New : F/Up Ratio	2.4	2.3	2.7	2.8	2.9	2.5	2.6	2.4	2.3	2.4	2.3	2.5	2.3	2.4	2.5	▲		
Outpatient DNA Rate	8.6%	11.0%	9.3%	8.2%	8.5%	9.5%	9.6%	7.9%	9.0%	9.2%	8.9%	10.0%	8.9%	9.1%	9.0%	▲		
Outpatient Hosp Canc Rate	7.8%	9.5%	9.9%	9.8%	10.0%	10.5%	9.7%	10.4%	11.2%	10.5%	10.3%	9.2%	9.9%	10.2%	10.5%	▼		
Outpatient Patient Canc Rate	11.6%	14.6%	11.4%	10.3%	10.5%	10.2%	11.4%	11.0%	11.5%	11.9%	11.8%	11.5%	10.9%	11.3%	11.0%	▲		
Bed Utilisation (Incl short stay admissions)	91%	94%	94%	95%	90%	89%	91%	92%	96%	94%	93%	98%	97%	94%	90.0%	▼		

DIVISIONAL HEAT MAP - Month 8 2011/12

		Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	
ACUTE CARE - Medicine	HR and FINANCE																	
	Staffing : Nurses per Bed																	
	Staffing : Cost per Bed																	
	Sickness Absence	4.1%	5.7%	4.9%	4.7%	3.8%	3.7%	3.7%	4.5%	3.8%	3.6%	3.4%	3.7%	3.3%	3.7%	3.0%	▲	
	Agency Costs (£000s)																	
	Overtime FTE	18.7	20.0	16.4	16.8	9.9	7.4	9.6	11.1	11.0	6.7	4.6	4.2	4.6				
	Bank FTE	47.0	46.4	67.6	65.9	73.4	76.7	66.2	66.4	74.6	63.1	55.3	60.0	54.6				
	Actual net FTE reduction this month	-8.8	-14.5	25.0	0.7	-21.5	2.3	-14.8	-24.9	-6.6	-4.8	-22.3	26.4	-1.8	-46.6			
	Planned FTE reduction this month	5.0	0.0	2.0	0.0	0.0												
	Finance : CIP Delivery																	

DIVISIONAL HEAT MAP - Month 8 2011/12

ACUTE CARE - Respiratory Med. & Thoracic Surgery

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
ACCESS																
RTT - Admitted	100%	100%	97.3%	100%	100%	100%	98.0%	100%	100%	98%	100%	100%	100%		90.0%	◀▶
RTT - Non Admitted	100%	100%	100%	99.1%	95.7%	100%	100%	100%	100%	100%	99.2%	99.2%	99.3%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	424	419	396	441	443	441	417	376	390	385	335	336	275	275		
Outpatient WL (5+ Week Local Target)	106	128	100	78	109	117	121	88	93	111	84	58	33	33		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	0	1	1	0	1	0	1	0	0		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	◀▶
Day case Waiting List (Total)	12	23	12	8	17	14	9	13	21	22	11	9	16	16		
Day Case List (11+ Week Local Target)	0	0	0	0	0	0	0	0	1	0	1	0	2	2		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	1	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	34	23	24	22	27	24	31	36	28	18	29	29	28	28		
Inpatient List (11+ Week Local Target)	0	3	2	1	0	0	0	1	2	0	1	1	0	0		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	1	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	11.6	6.0	5.1	8.2	6.3	6.7	6.6	6.1	6.9	7.1	8.5	7.4	8.3	7.2	6.6	▼
Non Elective LOS	4.3	4.5	5.7	4.3	4.6	4.8	4.2	4.7	4.7	4.3	4.2	4.0	4.3	4.4	4.5	▼
% of Electives Adm.on day of proc.	46.4%	36.6%	60.0%	47.1%	40.8%	53.0%	48.3%	51.6%	48.3%	44.8%	46.6%	46.9%	46.2%	48.3%	50.0%	▼
Day Case Rate (All Elective Care)	68.3%	58.7%	69.4%	63.6%	72.1%	63.9%	65.3%	63.4%	68.8%	65.0%	66.5%	67.3%	67.7%	66.0%	68.7%	▲
30 Day Readmissions (UHL) - Any Specialty	12.9%	13.9%	14.3%	13.4%	14.5%	12.4%	11.8%	14.4%	13.8%	14.4%	14.3%	14.0%		13.6%	12.0%	▲
Outpatient New : F/Up Ratio	1.4	1.6	1.6	1.6	1.5	1.6	1.5	1.6	1.6	1.7	1.5	1.7	1.5	1.6	1.5	▲
Outpatient DNA Rate	8.1%	12.6%	10.2%	8.4%	10.3%	11.2%	12.1%	10.7%	11.5%	10.1%	10.5%	11.5%	10.4%	11.0%	11.3%	▲
Outpatient Hosp Canc Rate	9.8%	11.1%	11.3%	10.4%	11.5%	9.4%	11.2%	8.9%	8.7%	11.1%	9.3%	7.3%	9.2%	9.4%	11.0%	▼
Outpatient Patient Canc Rate	10.8%	13.9%	12.1%	10.6%	11.3%	10.8%	10.1%	10.8%	12.0%	11.0%	10.7%	10.3%	9.5%	10.6%	10.2%	▲
Bed Utilisation (Incl short stay admissions)	94%	91%	97%	98%	100%	96%	95%	95%	94%	95%	94%	93%	95%	95%	90.0%	▲

DIVISIONAL HEAT MAP - Month 8 2011/12

		Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
ACUTE CARE - Respiratory Med. & Thoracic Surgery	HR and FINANCE																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	3.6%	5.1%	4.5%	3.3%	3.4%	2.4%	2.7%	2.5%	2.4%	2.7%	2.7%	3.3%	5.6%	3.0%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	1.7	0.8	1.9	1.8	0.7	0.1	0.4	0.1	0.3	0.1	0.1	0.1	0.2			
	Bank FTE	21.8	20.4	21.6	19.6	22.9	21.7	18.5	19.5	22.3	19.7	18.0	17.4	16.8			
	Actual net FTE reduction this month	-5.9	11.5	1.4	1.6	35.4	4.5	-1.5	33.3	3.9	3.3	-3.6	0.9	2.3	43.1		
	Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0											
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 8 2011/12

ACUTE CARE - Cardiac, Renal & Critical Care

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
ACCESS																
RTT - Admitted	96.2%	96.6%	94.1%	89.6%	92.7%	90.6%	91.4%	88.8%	99.2%	97.9%	98.1%	99.0%	94.8%		90.0%	▼
RTT - Non Admitted	98.9%	99.3%	98.3%	97.8%	95.7%	98.4%	98.2%	97.8%	98.4%	98.4%	99.3%	99.2%	98.7%		95.0%	▼
Outpatient Waiting List (Total - GP/GDP Referred)	639	636	616	680	687	678	638	677	665	653	616	597	630	630		
Outpatient WL (5+ Week Local Target)	148	226	182	150	197	261	223	183	203	205	185	163	174	174		
Outpatient WL (11+ Week Local Target)	1	0	0	3	0	0	0	1	0	0	0	1	1	1		
Outpatient WL(13+ Week Local Tgt)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	◀▶
Day case Waiting List (Total)	389	450	507	472	456	452	468	421	468	439	434	397	434	434		
Day Case List (11+ Week Local Target)	12	29	33	40	22	29	36	22	20	36	29	28	25	25		
Day Case List (20+ Week Local Target)	0	1	0	0	0	0	1	0	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	425	414	449	449	449	457	433	432	406	348	353	347	357	357		
Inpatient List (11+ Week Local Target)	31	49	76	86	75	77	66	53	52	35	24	27	37	37		
Inpatient List (20+ Week Local Target)	2	1	3	5	8	9	6	0	0	0	0	0	2	2		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	4.4	5.2	4.3	4.4	4.2	4.7	5.0	4.3	5.0	4.6	4.6	4.2	3.7	4.5	4.7	▲
Non Elective LOS	10.6	10.6	8.7	10.4	10.6	9.8	9.9	10.4	9.7	8.5	9.1	8.9	8.5	9.3	10.4	▲
% of Electives Adm.on day of proc.	59.9%	52.6%	56.9%	60.7%	59.7%	57.4%	51.0%	58.8%	52.5%	52.9%	52.2%	55.6%	54.3%	54.3%	55.0%	▼
Day Case Rate (All Elective Care)	53.6%	50.5%	55.8%	57.0%	53.2%	51.6%	57.6%	52.4%	51.7%	52.2%	52.2%	49.0%	53.8%	52.5%	52.0%	▲
30 Day Readmissions (UHL) - Any Specialty	8.7%	10.3%	9.8%	10.4%	9.2%	9.6%	10.3%	10.3%	11.0%	9.1%	9.9%	8.0%		9.7%	9.0%	▲
Outpatient New : F/Up Ratio	2.8	2.7	2.9	2.4	2.5	2.3	2.6	2.6	2.6	2.5	2.5	2.8	2.6	2.6	2.4	▲
Outpatient DNA Rate	7.8%	10.4%	8.5%	7.5%	8.0%	8.0%	8.6%	7.1%	7.4%	8.2%	7.6%	7.1%	7.9%	7.7%	8.2%	▼
Outpatient Hosp Canc Rate	16.0%	16.7%	16.0%	14.4%	16.4%	18.8%	21.6%	18.1%	17.2%	18.8%	17.3%	15.3%	17.5%	18.1%	18.6%	▼
Outpatient Patient Canc Rate	9.2%	13.8%	9.4%	10.3%	8.8%	9.3%	9.2%	9.8%	9.9%	9.5%	9.1%	9.1%	8.4%	9.3%	9.3%	▲
Bed Utilisation (Incl short stay admissions)	89%	88%	90%	90%	89%	90%	89%	92%	88%	89%	89%	88%	91%	90%	90.0%	▲

DIVISIONAL HEAT MAP - Month 8 2011/12

ACUTE CARE - Cardiac,
Renal & Critical Care

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	4.2%	5.6%	4.5%	4.1%	3.7%	3.6%	2.9%	3.6%	3.7%	3.7%	3.7%	3.8%	5.2%	3.8%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	10.5	14.7	20.0	15.1	9.6	9.3	9.4	8.4	11.2	9.9	8.8	7.1	7.7			
Bank FTE	30.1	27.9	29.0	29.8	29.6	31.8	30.9	31.4	40.1	30.6	31.8	30.0	29.1			
Actual net FTE reduction this month	-5.1	1.1	6.1	2.8	19.7	-23.2	6.1	-39.0	6.7	-10.9	-3.1	-3.1	-4.8	-71.3		
Planned FTE reduction this month	0.0	-1.5	0.0	0.0	0.0											
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 8 2011/12

ACUTE CARE - Emergency Dept.

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
OPERATIONAL PERFORMANCE																
ED Waits - Type 1	91.1%	88.2%	87.2%	90.0%	89.3%	90.6%	91.3%	94.1%	95.9%	91.0%	88.7%	88.5%	92.1%	91.5%	95%	▲
Admitted Median Wait (Mins) - Type 1	231	233	233	231	230	225	220	215	203	223	232	234	219		205	▲
Admitted 95th Percentile Wait (Mins) - Type 1	433	532	646	557	573	453	479	436	343	478	569	558	484		350	▲
Non-Admitted Median Wait (Mins) - Type 1	139	135	128	128	138	131	127	131	124	132	138	135	133		105	▲
Non-Admitted 95th Percentile Wait (Mins) Type 1	240	263	260	240	255	240	240	238	236	240	255	253	240		235	▲
Outpatient New : F/Up Ratio	0.1	0.2	0.2	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	◀▶
Outpatient DNA Rate	22.1%	21.9%	20.2%	25.7%	25.1%	25.5%	24.4%	26.7%	23.0%	22.3%	27.6%	25.4%	20.8%	24.6%	24.4%	▲
Outpatient Hosp Canc Rate	4.9%	1.3%	2.0%	0.6%	1.8%	3.1%	2.0%	1.3%	2.3%	2.1%	1.3%	2.7%	3.0%	2.2%	2.5%	▼
Outpatient Patient Canc Rate	14.0%	9.7%	10.9%	10.4%	8.3%	14.1%	12.2%	14.8%	12.0%	12.6%	9.7%	11.7%	14.1%	12.7%	10.0%	▼
HR and FINANCE																
Staffing : Nurses per Bed																
Staffing : Cost per Bed																
Sickness Absence	5.6%	5.2%	4.6%	4.8%	4.5%	2.9%	2.3%	3.6%	4.2%	3.4%	2.9%	3.6%	4.4%	3.4%	3.0%	▼
Agency Costs (£000s)																
Overtime FTE	4.2	3.8	2.5	3.0	3.9	4.2	3.7	4.3	5.6	6.8	3.7	3.5	3.9			
Bank FTE	12.7	11.6	13.7	12.4	12.3	11.6	13.3	11.2	13.1	14.3	11.4	11.4	9.8			
Actual net FTE reduction this month	2.3	-1.6	5.3	-5.0	0.7	1.0	-0.4	1.5	8.4	19.9	-0.5	0.8	-4.3	26.4		
Planned FTE reduction this month	0.0	0.0	0.0	0.0	0.0											
Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 8 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	
INFECTION PREVENTION																	
MRSA Bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
CDT Positives (UHL)	0	1	0	0	1	1	0	0	0	0	1	1	0	3	6	▲	
SAME SEX ACCOMODATION																	
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
MORTALITY and READMISSIONS																	
30 Day Readmissions (UHL) - Any Specialty	5.6%	6.2%	6.2%	6.8%	5.9%	4.0%	4.2%	4.1%	3.8%	3.9%	4.0%	3.2%		3.9%	4.2%	▲	
30 Day Readmissions (UHL) - Same Specialty	3.3%	4.1%	3.8%	4.4%	4.1%	2.6%	2.9%	2.9%	2.5%	2.4%	2.6%	1.8%		2.5%	2.8%	▲	
30 Day Readmission Rate (CHKS)	6.0%	6.9%	6.9%	7.6%	6.4%	4.7%	5.0%	4.7%	4.5%	4.4%	4.5%			4.3%	5.0%	▼	
Mortality (UHL Data)	0.1%	0.2%	0.3%	0.2%	0.2%	0.1%	0.2%	0.3%	0.1%	0.1%	0.3%	0.2%	0.2%	0.2%	0.2%	◀▶	
Mortality (CHKS - Risk Adjusted - Peers to be Confirmed)	0.0	0.0	34.7	77.4	65.0	48.8	41.0	89.0	38.4	105.2	47.0	31.9		55.0	40.0	▲	
PATIENT SAFETY																	
10X Medication Errors	0	0	1	0	1	0	0	0	0	0	0	0	1	1	0	▼	
Never Events	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	◀▶	
Patient Falls	4	3	8	5	2	4	2	5	7	7	5	4		34	TBC		
Complaints Re-Opened	3	2	1	2	3	5	5	4	3	3	3	4	3	30	30	▲	
SUIs (Relating to Deteriorating Patients)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	◀▶	
RIDDOR	0	1	1	0	2	0	0	0	1	0	1	0	1	3	10	▼	
In-hospital fall resulting in hip fracture			0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶	
No of Staffing Level Issues Reported as Incidents	63	70	20	21	55	23	59	42	78	64	52	71	96	485	726	▼	
Outlying (daily average)	0	0	0	0	0	0	0	0	0	0	0	0		0	0	◀▶	
Pressure Ulcers (Grade 3 and 4)	0	0	0	1	0	0	0	1	0	0	0	0		1	4	◀▶	
ALL Complaints Regarding Attitude of Staff	9	11	8	8	16	15	16	12	3	6	11	6	4	73	98	▲	
ALL Complaints Regarding Discharge	2	4	1	4	0	2	2	3	1	0	4	4	0	16	20	▲	
Bed Occupancy (inc short stay admissions)	87%	87%	89%	86%	88%	83%	86%	87%	88%	82%	85%	85%	88%	85%	90.0%	▲	
Bed Occupancy (excl short stay admissions)	75%	76%	76%	74%	77%	70%	69%	71%	71%	66%	70%	70%	73%	70%	86.0%	▲	
Staffing : Nurses per Bed																	

DIVISIONAL HEAT MAP - Month 8 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
NURSING METRICS																
Patient Observation	91%	96%	92%	88%	90%	83%	83%	88%	88%	93%	80%	92%	97%		98.0%	▲
Pain Management	77%	78%	86%	100%	83%	92%	100%	92%	99%	96%	92%	100%	97%		98.0%	▼
Falls Assessment	67%	86%	76%	35%	42%	52%	100%	92%	90%	73%	100%	92%	100%		98.0%	▲
Pressure Area Care	80%	84%	66%	29%	100%	63%	100%	92%	90%	85%	100%	97%	100%		98.0%	▲
Nutritional Assessment	77%	81%	67%	34%	43%	59%	92%	85%	81%	69%	100%	94%	100%		98.0%	▲
Medicine Prescribing and Assessment	93%	92%	96%	100%	100%	100%	98%	100%	100%	98%	96%	100%	100%		98.0%	◀▶
Hand Hygiene															98.0%	
Resuscitation Equipment	92%	67%	86%	50%	50%	50%	100%	50%	50%	0%	100%	100%	100%		98.0%	◀▶
Controlled Medicines	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%		98.0%	◀▶
VTE	62%	48%	66%	67%	100%	86%	100%	92%	46%	56%	88%	79%	100%		98.0%	▲
Patient Dignity	93%	95%	97%	92%	90%	93%	100%	99%	98%	93%	100%	100%	100%		98.0%	◀▶
Infection Prevention and Control	89%	84%	89%	100%	70%	93%	89%	92%	83%	93%	100%	100%	100%		98.0%	◀▶
Discharge						70%	88%	44%	60%	73%	64%	100%	89%		98.0%	▼
Continence	75%	82%	84%	100%	77%	100%	100%	93%	100%	98%	95%	100%	93%		98.0%	▼
ACCESS																
RTT - Admitted	95.0%	96.4%	97.1%	97.9%	97.1%	98.2%	97.8%	96.8%	97.9%	98.8%	99.3%	98.9%	97.9%		90.0%	▼
RTT - Non Admitted	97.5%	99.3%	97.9%	96.9%	97.3%	98.4%	97.3%	98.0%	98.8%	97.6%	96.8%	97.4%	98.4%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	1,176	1,060	1,006	1,161	1,264	1,222	1,413	1,421	1,394	1,389	1,346	1,178	1,066	1,066		
Outpatient WL (5+ Week Local Target)	107	81	62	33	65	118	100	173	171	166	149	135	108	108		
Outpatient WL (11+ Week Local Target)	0	0	1	0	0	1	0	2	11	7	6	4	2	2		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	1	0	0	2	3	4	3	2	2	0	▲
Day case Waiting List (Total)	422	415	421	432	440	459	433	434	437	434	441	422	490	490		
Day Case List (11+ Week Local Target)	31	35	21	34	33	40	38	19	23	24	29	10	14	14		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	1	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	320	311	302	283	239	285	272	297	298	316	293	291	291	291		
Inpatient List (11+ Week Local Target)	30	40	48	34	29	34	28	28	29	28	38	30	24	24		
Inpatient List (20+ Week Local Target)	1	0	0	0	0	0	0	0	0	0	0	0	1	1		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	▼

DIVISIONAL HEAT MAP - Month 8 2011/12

		Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	
OPERATIONAL PERFORMANCE		*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																
WOMEN'S and CHILDREN'S	Choose and Book Slot Unavailability	2.0%	2.0%	1.0%	9.0%	12.0%	10.0%	3.0%	13.0%	10.0%	13.0%	9.0%	7.0%	6.0%	8.9%	4.0%	▲	
	Elective LOS	2.4	2.4	2.9	2.3	2.2	2.4	2.2	2.3	2.7	2.1	2.3	3.5	2.5	2.5	2.3	▲	
	Non Elective LOS	2.4	2.1	2.3	2.1	2.2	2.8	3.0	2.7	2.8	3.1	2.7	2.5	3.0	2.8	2.1	▼	
	% of Electives Adm. on day of proc.	86.8%	85.3%	87.4%	83.9%	83.4%	83.9%	86.3%	80.8%	80.3%	88.9%	83.1%	82.4%	84.8%	83.9%	84.0%	▲	
	Day Case Rate (Basket of 25)	76.0%	77.2%	87.4%	78.6%	81.9%	78.1%	77.7%	84.3%	88.6%	81.4%	76.8%	82.1%	79.5%	81.1%	75.0%	▼	
	Day Case Rate (All Elective Care)	68.4%	65.4%	68.0%	66.3%	71.3%	67.3%	67.5%	71.2%	68.2%	66.9%	67.4%	70.7%	68.2%	68.5%	68.0%	▼	
	Inpatient Theatre Utilisation ***	72.0%	71.9%	78.2%	74.9%	78.4%	76.0%	75.3%	73.8%	71.8%	73.5%	76.7%	81.5%	83.4%	76.5%	86.0%	▲	
	Day Case Theatre Utilisation ***	76.2%	60.2%	82.8%	80.9%	83.4%	76.5%	75.5%	70.5%	72.3%	74.4%	73.1%	67.8%	76.7%	73.3%	86.0%	▲	
	Outpatient New : F/Up Ratio	1.6	1.6	1.6	1.5	1.4	1.1	1.2	1.2	1.2	1.3	1.3	1.2	1.2	1.2	1.2	1.2	◀▶
	Outpatient DNA Rate	10.8%	11.2%	9.4%	8.5%	9.0%	8.6%	10.2%	9.5%	9.8%	9.7%	8.8%	8.9%	8.8%	9.3%	9.5%	▲	
	Outpatient Hosp Canc Rate	6.7%	6.8%	6.4%	7.4%	7.2%	7.3%	7.3%	7.4%	7.3%	8.1%	7.3%	7.4%	6.1%	7.3%	7.4%	▲	
	Outpatient Patient Canc Rate	11.0%	12.0%	9.2%	9.1%	10.2%	8.7%	9.5%	10.3%	10.9%	10.8%	10.5%	10.2%	10.1%	10.1%	10.0%	▲	
	HR and FINANCE																	
	Staffing : Nurses per Bed																	
	Staffing : Cost per Bed																	
	Appraisals	86.2%	95.3%	94.2%	93.6%	93.2%	97.1%	95.7%	93.2%	90.9%	92.9%	92.5%	95.2%	93.9%	95.2%	100%	▼	
	Sickness Absence	4.2%	5.3%	4.3%	3.1%	3.5%	3.3%	3.1%	3.6%	3.4%	3.2%	3.3%	4.0%	4.5%	3.5%	3%	▼	
	Agency Costs (£000s)																	
	Overtime FTE	10.2	10.6	9.2	8.7	7.0	7.4	9.3	7.4	6.3	5.6	3.1	3.3	4.3				
	Bank FTE	19.9	22.2	20.0	14.7	15.9	17.7	18.8	17.5	23.4	18.7	18.0	15.8	18.9				
	Actual net FTE reduction this month	21.7	-8.9	0.2	-2.9	-5.6	-7.6	10.8	3.1	14.7	8.2	-4.0	21.0	23.2	69.5			
	Planned FTE reduction this month	0.0	1.0	0.6	-0.2	0.0												
	Finance : CIP Delivery																	

DIVISIONAL HEAT MAP - Month 8 2011/12

WOMEN'S and CHILDREN'S - Women's

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
ACCESS																
RTT - Admitted	95.4%	96.7%	97.0%	97.6%	97.8%	98.6%	97.7%	97.9%	97.0%	99.1%	99.4%	99.0%	99.3%		90.0%	▲
RTT - Non Admitted	96.3%	99.0%	97.1%	95.3%	96.4%	97.6%	95.9%	96.9%	98.6%	96.4%	96.6%	96.8%	98.0%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	602	536	516	586	661	601	686	651	669	659	677	648	597	597		
Outpatient WL (5+ Week Local Target)	1	0	1	2	1	2	0	1	3	8	0	1	1	1		
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	1	0	0	1	0	0	0	1	1		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	1	0	0	1	0	0	0	1	1	0	▼
Day case Waiting List (Total)	328	344	342	343	355	352	316	310	320	322	318	318	362	362		
Day Case List (11+ Week Local Target)	13	20	15	30	27	30	21	12	17	12	22	6	14	14		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	1	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	287	281	269	241	216	261	241	243	262	270	266	272	268	268		
Inpatient List (11+ Week Local Target)	25	38	46	31	28	32	25	28	26	25	36	28	23	23		
Inpatient List (20+ Week Local Target)	1	0	0	0	0	0	0	0	0	0	0	0	1	1		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	▼
OPERATIONAL PERFORMANCE																
Elective LOS	2.4	2.4	2.3	2.5	2.1	2.3	2.4	2.4	2.6	2.3	2.4	2.3	2.2	2.3	2.4	▲
Non Elective LOS	3.1	2.4	2.9	2.7	2.7	2.3	2.9	2.7	2.3	2.4	2.4	1.9	2.5	2.4	2.7	▼
% of Electives Adm.on day of proc.	92.0%	90.4%	96.6%	92.6%	93.1%	93.1%	90.6%	92.5%	90.3%	93.9%	94.8%	88.0%	91.7%	91.9%	92.0%	
Day Case Rate (Basket of 25)	81.8%	88.1%	88.1%	85.3%	88.1%	85.9%	82.4%	88.6%	90.8%	86.9%	78.7%	85.3%	78.7%	84.6%	75.0%	▼
Day Case Rate (All Elective Care)	65.5%	62.3%	63.3%	64.7%	69.2%	63.6%	64.8%	68.1%	64.3%	62.8%	65.7%	64.6%	63.1%	64.7%	66.5%	▼
30 Day Readmissions (UHL) - Any Specialty	4.4%	4.2%	4.9%	4.9%	4.4%	3.5%	3.9%	3.9%	3.7%	3.5%	3.6%	2.7%		3.5%	3.8%	▲
30 Day Readmissions (UHL) - Same Specialty	1.9%	1.9%	2.2%	2.2%	2.4%	2.3%	2.7%	2.5%	2.2%	2.0%	2.2%	1.4%		2.2%	2.3%	▲
Outpatient New : F/Up Ratio	1.6	1.6	1.6	1.5	1.3	1.3	1.4	1.4	1.4	1.4	1.5	1.5	1.5	1.4	1.4	◀▶
Outpatient DNA Rate	8.8%	10.2%	8.9%	7.9%	8.6%	7.7%	9.4%	8.8%	8.8%	8.5%	8.3%	8.5%	8.2%	8.5%	8.5%	▲
Outpatient Hosp Canc Rate	6.6%	7.6%	6.9%	7.4%	7.9%	7.5%	7.8%	8.7%	8.1%	8.5%	7.7%	8.0%	6.1%	7.8%	7.8%	▲
Outpatient Patient Canc Rate	10.6%	11.9%	9.6%	9.2%	10.3%	8.4%	9.1%	10.0%	10.2%	10.9%	10.3%	10.4%	10.5%	10.0%	9.5%	▼
Bed Utilisation (Incl short stay admissions)	88%	84%	87%	88%	86%	84%	87%	91%	93%	86%	88%	84%	87%	87%	90.0%	▲

DIVISIONAL HEAT MAP - Month 8 2011/12

		Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
WOMEN'S and CHILDREN'S - Women's	HR and FINANCE																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	4.1%	5.6%	4.2%	3.4%	3.5%	3.1%	3.0%	3.6%	3.5%	3.3%	3.4%	4.1%	4.5%	3.6%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	6.9	6.6	5.4	5.2	5.2	6.4	6.0	5.6	4.3	4.9	2.7	2.3	2.9			
	Bank FTE	11.2	14.5	12.7	9.7	10.2	11.5	12.9	11.0	14.9	12.1	11.7	10.9	12.0			
	Actual net FTE reduction this month	19.2	-5.8	-2.1	-1.8	4.7	0.1	2.6	3.3	16.8	9.8	-8.1	8.6	13.6	46.5		
	Planned FTE reduction this month	0.0	0.0	1.0	0.0	0.0											
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 8 2011/12

WOMEN'S and CHILDREN'S - Children's

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
ACCESS																
RTT - Admitted	92.2%	93.1%	97.6%	100.0%	91.5%	94.1%	98.4%	89.2%	100.0%	95.6%	98.4%	98.4%	86.0%		90.0%	⚠
RTT - Non Admitted	100%	100%	99.6%	100.0%	99.2%	100.0%	100.0%	100.0%	99.8%	99.8%	97.3%	98.3%	99.3%		95.0%	▲
Outpatient Waiting List (Total - GP/GDP Referred)	574	524	490	575	603	621	727	770	725	730	669	530	469	469		
Outpatient WL (5+ Week Local Target)	106	81	61	31	64	116	100	172	168	158	149	134	107	107		
Outpatient WL (11+ Week Local Target)	0	0	1	0	0	0	0	2	10	7	6	4	1	1		
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	0	1	3	4	3	1	1	0	⚠
Day case Waiting List (Total)	94	71	79	89	85	107	117	124	117	112	123	104	128	128		
Day Case List (11+ Week Local Target)	18	15	6	4	6	10	17	7	6	12	7	4	0	0		
Day Case List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Day Case List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Inpatient Waiting List (Total)	33	30	33	42	23	24	31	54	36	46	27	19	23	23		
Inpatient List (11+ Week Local Target)	5	2	2	3	1	2	3	0	3	3	2	2	1	1		
Inpatient List (20+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Inpatient List (26+ Week Local Target)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
OPERATIONAL PERFORMANCE																
Elective LOS	2.3	2.4	3.9	2.0	2.4	2.5	1.8	2.1	2.8	1.9	2.3	5.9	3.0	2.7	2.2	▲
Non Elective LOS	1.9	1.9	1.9	1.7	2.0	3.5	3.2	2.9	3.6	4.4	3.1	3.7	3.7	3.5	2.0	◀▶
% of Electives Adm.on day of proc.	78.1%	76.1%	68.2%	71.8%	69.4%	67.4%	78.4%	61.2%	66.1%	80.9%	63.5%	70.5%	71.3%	69.9%	71.9%	
Day Case Rate (Basket of 25)	60.8%	52.3%	85.4%	62.2%	62.5%	61.7%	62.0%	70.4%	81.4%	62.8%	69.2%	72.9%	81.8%	70.1%	75.0%	▲
Day Case Rate (All Elective Care)	71.9%	69.4%	74.3%	68.2%	73.6%	72.1%	71.5%	75.2%	72.7%	71.9%	69.9%	78.2%	74.9%	73.3%	69.7%	▼
30 Day Readmissions (UHL) - Any Specialty	9.0%	11.2%	9.8%	11.8%	9.6%	6.5%	5.8%	5.4%	4.8%	5.6%	6.3%	5.5%		5.7%	5.5%	▲
30 Day Readmissions (UHL) - Same Specialty	7.1%	9.6%	8.1%	10.1%	8.0%	4.3%	4.0%	4.7%	3.6%	4.5%	4.7%	3.9%		4.3%	4.0%	▲
Outpatient New : F/Up Ratio	1.7	1.6	1.7	1.4	1.5	0.8	1.0	0.9	1.0	1.1	1.0	0.9	0.8	0.9	1.2	▲
Outpatient DNA Rate	15.2%	13.6%	10.4%	9.9%	10.2%	11.0%	12.3%	11.4%	12.4%	12.6%	10.1%	9.8%	10.7%	11.3%	11.5%	▼
Outpatient Hosp Canc Rate	6.9%	5.0%	5.3%	7.4%	5.5%	7.0%	5.7%	4.2%	5.6%	7.0%	6.2%	5.7%	6.1%	5.9%	5.7%	⚠
Outpatient Patient Canc Rate	11.8%	12.2%	8.5%	8.7%	10.2%	9.6%	10.6%	11.0%	12.7%	10.4%	11.1%	9.8%	9.0%	10.6%	10.0%	▲
Bed Utilisation (Incl short stay admissions)	87%	94%	93%	83%	93%	81%	84%	79%	79%	73%	79%	87%	90%	81%	90.0%	⚠

DIVISIONAL HEAT MAP - Month 8 2011/12

		Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
WOMEN'S and CHILDREN'S - Children's	HR and FINANCE																
	Staffing : Nurses per Bed																
	Staffing : Cost per Bed																
	Sickness Absence	4.4%	4.8%	4.5%	2.6%	3.5%	3.7%	3.4%	3.7%	3.0%	2.9%	3.3%	3.8%	4.5%	3.5%	3.0%	▼
	Agency Costs (£000s)																
	Overtime FTE	3.3	4.0	3.9	3.6	1.8	1.0	3.3	1.8	2.0	0.7	0.5	0.9	1.5			
	Bank FTE	8.6	7.7	7.4	5.0	5.7	6.2	5.9	6.5	8.5	6.6	6.3	4.9	6.9			
	Actual net FTE reduction this month	2.5	-3.1	2.3	-1.2	-10.3	-7.6	8.2	-0.1	-2.0	-1.6	-2.8	12.4	9.7	16.0		
	Planned FTE reduction this month	0.0	1.0	-0.4	-0.2	0.0											
	Finance : CIP Delivery																

DIVISIONAL HEAT MAP - Month 8 2011/12

CLINICAL SUPPORT

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	
PATIENT SAFETY																	
10X Medication Errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶
Patient Falls	13	7	7	10	9	8	11	11	2	10	6	7		55	TBC		
Complaints Re-Opened	0	0	1	0	1	0	1	1	1	1	0	2	3	9	0	▼	
SUIs (Relating to Deteriorating Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	◀▶	
RIDDOR	0	1	3	1	3	0	0	1	5	1	3	1	1	12	12	◀▶	
No of Staffing Level Issues Reported as Incidents	2	0	0	1	1	2	0	1	5	0	0	2	1	11	12	▲	
ALL Complaints Regarding Attitude of Staff	2	3	1	2	4	3	6	0	2	7	3	11	4	36	36	▲	
ALL Complaints Regarding Discharge	0	0	1	4	1	1	0	2	1	2	1	1	1	9	0	▶▶	
ACCESS																	
Outpatient Waiting List (Total - GP/GDP Referred)	396	328	303	319	338	391	400	449	434	419	392	367	352	352			
Outpatient WL (5+ Week Local Target)	143	138	120	81	89	141	175	155	165	186	152	135	108	108			
Outpatient WL (11+ Week Local Target)	0	0	0	0	0	0	8	6	0	5	5	3	4	4			
Outpatient WL(13+ Week Local Tgt)	0	0	0	0	0	0	0	2	0	0	5	3	3	3	0	▶▶	
Day case Waiting List (Total)	134	112	73	109	121	108	96	157	166	148	151	175	159	159			
Day Case List (11+ Week Local Target)	0	0	0	2	5	7	1	3	8	12	9	6	6	6			
Day Case List (20+ Week Local Target)	0	0	0	0	3	4	0	0	2	1	4	3	3	3			
Day Case List (26+ Week Local Target)	0	0	0	0	2	2	0	0	1	1	0	0	0	0	0	◀▶	
ANAESTHETICS & THEATRES																	
*** Theatres - 11/12 Utilisation based on 4 HOUR sessions (3.5 Hours 10/11)																	
% Pain Mgmt Referrals Seen < 11 weeks	98.4%	98.4%	98.6%	99.0%	98.2%	98.7%	98.5%	98.5%	98.3%	98.1%	96.2%	97.6%	96.4%	97.8%	98.0%	▼	
Outpatient New : F/Up Ratio	3.4	3.4	3.7	3.8	3.8	3.9	4.3	4.8	3.8	4.2	3.3	3.1	3.4	3.8	3.2	▼	
Outpatient DNA Rate	11.2%	13.6%	11.5%	11.3%	10.7%	11.3%	11.8%	13.0%	10.6%	13.4%	11.7%	11.7%	11.6%	11.9%	11.5%	▲	
Outpatient Hosp Canc Rate	5.7%	7.7%	9.0%	8.8%	6.0%	5.1%	7.0%	10.6%	9.5%	10.1%	23.8%	18.7%	17.3%	13.3%	8.0%	▲	
Outpatient Patient Canc Rate	15.8%	18.9%	15.3%	14.8%	15.0%	16.6%	15.5%	13.6%	17.0%	16.5%	13.1%	13.0%	13.1%	14.7%	15.0%	▼	
RTT - Admitted	98.1%	100.0%	97.2%	96.3%	98.4%	100.0%	100.0%	95.2%	100.0%	100.0%	100.0%	97.9%	95.1%		90.0%	▼	
RTT - Non Admitted	99.1%	100.0%	99.2%	99.5%	99.6%	99.1%	99.6%	99.1%	98.2%	99.2%	99.1%	99.6%	99.3%		95.0%	▼	
UHL Inpatient Theatre Utilisation Rate (%) ***	78.4%	74.7%	78.4%	82.9%	82.1%	79.6%	79.4%	80.1%	81.1%	83.9%	82.5%	80.9%	80.9%	81.1%	86.0%	▶▶	
UHL Day case Theatre Utilisation Rate (%) ***	79.4%	79.6%	89.8%	90.4%	91.9%	74.6%	74.5%	74.9%	73.4%	78.8%	78.2%	75.1%	79.8%	76.2%	86.0%	▲	

DIVISIONAL HEAT MAP - Month 8 2011/12

CLINICAL SUPPORT

	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
BOOKING CENTRE																
% calls responded to within 30 seconds	69.7%	69.8%	68.9%	75.4%	81.5%	76.9%	60.9%	64.4%	71.3%	68.6%	76.5%	76.9%	79.9%		65%	▲
NUTRITION AND DIETETICS																
% of adult inpatients seen within 2 days	96.0%	97.4%	98.2%	96.3%	97.5%	97.4%	98.0%	97.2%	96.3%	97.2%	98.5%	97.9%	96.7%		98%	▼
% of paed inpatients seen within 2 days	100%	100%	94.7%	100%	100%	100%	100%	100.0%	100.0%	100.0%	98.2%	100.0%	96.7%		98%	▼
OCCUPATIONAL THERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	100%	93.8%	91.4%	97.1%	94.2%	95.0%	95.1%	98.9%	97.3%	91.2%	88.9%	98.2%	100.0%		95%	▲
RTT Completes (% waiting <=8 weeks)	100%	99.7%	99.7%	99.2%	99.5%	99.1%	99.4%	99.1%	99.8%	99.8%	99.4%	99.8%	100.0%		95%	▲
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	100%	100%	100%	97%	98%	100%	80%	90%	100%			98%	▲
Inpatient Response Times - Urgent (3 hours)	94%	93%	100%	100%	100%	100%	95%	100%	95%	96%	100%	95%			98%	▼
Inpatient Response Times - Routine (24 hours)	79%	80%	72%	79%	79%	70%	71%	77%	80%	81%	86%	83%			98%	▼
PHYSIOTHERAPY (Response times are reported one month in arrears)																
RTT Incompletes (% waiting <=8 weeks)	94.0%	93.8%	97.4%	99.2%	98.8%	99.0%	96.6%	97.4%	97.2%	96.4%	96.5%	96.4%	97.2%		95%	▲
RTT Completes (% waiting <=8 weeks)	96.1%	95.8%	94.8%	96.2%	98.5%	97.8%	96.8%	95.6%	97.3%	96.5%	97.0%	97.6%	97.8%		95%	▲
Inpatient Response Times - Emergency (45 mins)	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	97%	100%			98%	▲
Inpatient Response Times - Urgent (3 hours)	100%	99%	100%	99%	100%	99.8%	99.6%	99.4%	99.2%	99.7%	98.2%	99.8%			98%	▲
Inpatient Response Times - Routine (24 hours)	97.4%	97.9%	98.5%	98.2%	98.6%	99.1%	99.6%	99.3%	99.5%	99.5%	99.7%	99.5%			98%	▼
MEDICAL RECORDS																
Med Rec - % Missing Casenotes	0.4%	0.4%	0.5%	0.5%	0.3%	0.3%	0.5%	0.4%	0.3%	0.4%	0.3%	0.3%	0.4%		<0.5%	▼
DISCHARGE TEAM																
Delayed Discharges - County	1.9	1.9	2.1	2.3	2.4	2.4	2.5	2.7	2.6	2.7	2.8	2.8	2.7		1.6	▲
Delayed Discharges - City	3.7	3.6	3.7	3.8	3.8	4.9	4.9	4.5	4.1	4.1	4.3	4.3	4.4		3.8	▼
PSYCHOLOGY / NEURO-PSYCHOLOGY																
New referrals inpatients Medical Psychology	2	2	5	4	2	2	1	2	0	0	2	4	6	17		
New referrals outpatients Medical Psychology	64	39	44	54	63	33	66	61	52	34	64	35	53	398		
New referrals inpatients Neuropsychology	2	8	5	8	7	4	9	6	5	5	13	1	15	58		
New referrals outpatients Neuropsychology	9	4	4	3	9	2	10	8	9	5	16	7	8	65		




DIVISIONAL HEAT MAP - Month 8 2011/12




		Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status	
CLINICAL SUPPORT	CLINICAL SUPPORT																	
	SALT Wait Time in Weeks	4	3	2	4		2	2	2	2	2	3	3	2		4	▼	
	Podiatry New IP Referrals	61	78	56	64	78	53	51	67	63	62	61	55	60	472			
	Pharmacy TTO Turnaround in 2 Hours	85%	82%	87%	79.5%	87.4%	79.5%	83.4%	85.8%	81.0%	87.2%	79.3%	78.9%	80.3%		80%	▲	
	Pharmacy Dispensing Accuracy	99.99%	99.99%	98.56%	100%	100%	98.4%	99.96%	99.98%	99.99%	99.99%	99.99%	99.99%	99.99%		99.5%	◀▶	
	IMAGING and MEDICAL PHYSICS																	
	CT Scan (% Waiting 3+ Weeks)	1.2%	1.8%	0.7%	1.0%	2.3%	4.0%	1.0%	1.0%	0.2%	3.6%	1.5%	0.2%	1.7%		5%	▼	
	MRI Scan (% Waiting 3+ Weeks)	9.1%	14.0%	6.0%	9.8%	10.2%	7.6%	4.9%	10.8%	5.5%	7.2%	3.3%	3.9%	5.0%		5%	▼	
	Non-Obstetric Ultrasound (% Waiting 3+ Weeks)	6.6%	28.1%	10.5%	9.0%	12.2%	27.8%	8.2%	6.3%	4.9%	2.1%	0.1%	0.3%	4.2%		5%	▼	
	Equipment Utilisation	82.0%	71.0%	75.0%	63.0%	72.0%	73.0%	77.5%	77.0%	75.0%	78.7%	73.0%	77.0%	78.0%		80%	▲	
	ED Breach - Total %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		1%	◀▶	
	ED Breach - Plain Film %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		1%	◀▶	
	ED Breach - CT %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		1%	◀▶	
	CRIS and PACS																	
	PACS Uptime	95%	96%	96%	99.6%	99.0%	97.0%	97.0%	100%	99%	99.6%	100%	97%	100%		98%	▲	
	CRIS Uptime	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	99.7%	100%		98%	▲	
	PATHOLOGY																	
	CDT 24 Hour TRT	93.9%	92.9%	92.3%	91.8%	98.6%	96.3%	95.8%	96.6%	97.8%	96.6%	94.8%	96.0%	97.1%		95%	▲	
	MRSA 48 Hour TRT	99.6%	99.7%	99.7%	99.7%	99.9%	99.07%	99.67%	99.72%	99.71%	99.73%	99.83%	99.59%	99.88%		95%	▲	
	Diagnostic Wait > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0		0	◀▶	
Cytology Screening 7 Day Target	99.9%	99.0%	97.8%	100.0%	100.0%	99.87%	99.98%	99.98%	99.98%	100%	100%	99.98%	100%		99%	▲		




DIVISIONAL HEAT MAP - Month 8 2011/12

		Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	YTD	Target	Status
CLINICAL SUPPORT	HR and FINANCE																
	Appraisals	93.7%	97.4%	94.0%	94.5%	93.3%	92.4%	90.9%	87.6%	86.2%	85.0%	93.2%	96.6%	94.2%	96.6%	100%	▼
	Sickness Absence	4.0%	4.5%	4.0%	3.3%	3.7%	3.4%	3.0%	3.4%	3.5%	3.1%	3.1%	3.4%	3.7%	3.3%	3%	▼
	Agency Costs (£000s)																
	Overtime FTE	17.9	17.7	19.7	20.3	16.1	17.0	19.4	16.6	20.6	17.0	17.9	17.2	15.8			
	Bank FTE	27.6	34.1	33.5	30.5	29.1	29.7	28.8	27.2	21.0	20.1	21.0	17.6	23.0			
	Actual net FTE reduction this month	-5.0	5.9	-2.7	-30.9	-5.1	-5.6	-14.7	7.8	-50.7	15.2	-15.9	-8.9	-2.4	-75.1		
	Planned FTE reduction this month	-0.8	0.0	1.0	0.0	0.0											
	Finance : CIP Delivery																

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

The Operating Framework for the NHS 2012/13 November 2011

On 24 November 2011 the Department of Health (DH) published the Operating Framework for the NHS in England for 2012/13, the first full year of the transition to the proposed new structure for the NHS.

We believe its focus will help the NHS shift into implementation mode and away from the political debate, and we are pleased it does not contain lots of new initiatives.

This briefing outlines the key points from the Operating Framework and what we see as the challenges and opportunities for members.

Key announcements in the Operating Framework include:

- key areas for improvement of dementia and care of older people, carers support, and military and veterans health
- a range of outcome measures or proxies for them under the domains of the NHS Outcomes Framework
- new measure for referral to treatment so that 92 per cent of patients on an incomplete pathway should have been waiting no more than 18 weeks
- PCT clusters to ensure all patients are seen on the basis of clinical need with no justification for the use of minimum waits
- the running cost of clinical commissioning groups (CCGs) to be £25 per head
- all NHS trusts expected to achieve NHS foundation trust (FT) status by April 2014 other than by exceptional agreement
- PCT allocations to grow by at least 2.5 per cent
- tariff price adjuster will be a reduction of at least 1.5 per cent. This will also be applied to non-tariff services
- CQUIN (Commission for Quality and Innovation) to be increased to 2.5 per cent on top of actual 'outturn' value.

OPERATING FRAMEWORK OVERVIEW

Sir David Nicholson's introduction emphasises the importance of getting the basics right, in light of recent Care Quality Commission and Health Service Ombudsman reports, alongside the importance of maintaining a grip on performance, meeting the QIPP (Quality, Innovation, Productivity and Prevention) challenge and building the new system.

The Framework for 2012/13 is set out in four chapters that cover: quality; reform; finance and business rules; and planning and accountability.

Its stated goals are to improve services for patients by:

- putting patients at the centre of decision making
- successfully completing the last year of transition to the new system and building CCG capacity
- increasing the pace of delivery of the quality and productivity (QIPP) challenge
- maintaining strong control over service and financial performance.

QUALITY

Improving services and patient experiences

- the staff survey results should be monitored locally and nationally
- all NHS organisations must comply with the Equality Act 2010 and its associated Public Sector Equality Duty
- the NHS needs to be ready in 2012 with clinical governance arrangements for medical revalidation
- NHS bodies must ensure staff have knowledge of English necessary to perform their duties.

Dementia and care of older people

- the Operating Framework identifies a systemic set of areas that organisations need to work together on, including:
 - commissioners need to ensure providers comply with relevant NICE standards
 - commissioners should work with GPs to improve general practice and community services so that patients only go into hospital if that will secure the best clinical outcome.
 - organisations are to ensure information is published in providers' quality accounts including:
 - ensuring participation in and publication of national clinical audits for services for older people
 - reducing inappropriate prescribing of antipsychotic drugs for people with dementia
 - improving diagnosis rates
 - continuing to eliminate mixed-sex accommodation
 - use of inappropriate emergency admission rates as a performance measure
 - non-payment of emergency readmissions within 30 days of discharge following an elective admission.
- PCT clusters should ensure all providers have a systematic approach to improving dignity in care, staff training and incorporating learning from patients and carers.
- PCTs need to work with local authorities to set out progress on the national dementia strategy and local or national CQUIN goals should be included in 2012/13.

Carers

- PCT clusters to agree policies, plans and budgets with local authorities and voluntary groups to support carers where possible with personal budgets. Plans should be in line with the national carers strategy and published on PCT websites by 30 September 2012.

Military and veterans health

- SHAs to maintain and develop their armed forces networks to ensure principles of the Armed Forces Network Covenant are met.
- Implementation of the MoD/NHS Transition protocol for those seriously injured in the course of duty, as well as improving mental health services for veterans.

Health visitors and family nurse partnerships

- SHA and PCT clusters need to work together to increase the number of health visitors
- PCT clusters are to maintain existing delivery and expand family nurse partnerships to double capacity to 13,000 places by April 2015.

Outcomes across the domains of the framework

The Operating Framework makes significant reference to a range of measures in the NHS Outcomes Framework, which we have summarised below.

- NHS organisations are expected to prepare to use the NHS Outcomes Framework to hold the NHS Commissioning Board to account in 2013/14
- The Operating Framework identifies outcome measures or proxies for each of the domains of the Outcomes Framework which are set out below
- NHS organisations should continue to work to meet expectations in service specific outcomes strategies published for services such as mental health services, cancer and long-term conditions associated with premature mortality
- Each domain is to be underpinned by a suite of NICE quality standards.

Outcomes Framework Domain 1: preventing people from dying prematurely

- the NHS is to support clinical strategies aimed at reducing early mortality from cardiovascular disease, including heart disease, stroke, kidney disease and diabetes. Commissioners and providers need to work together to ensure earlier diagnosis and treatment
- all hospital trusts should examine and explain their Summary Hospital Mortality Indicator and identify and act where performance is falling short
- existing operational standards in ambulance services should continue to be met or exceeded
- all four of the 31 day operational standards and all three of the 62 day operational standards for early cancer treatment should continue to be met or exceeded.

Outcomes Framework Domain 2: enhancing quality of life for people with long-term conditions

- the NHS needs to track progress in improving quality of life for people with long-term conditions through indicators including the proportion of people feeling supported to manage their condition and unplanned hospitalisation for certain patients
- PCTs with local authorities and emerging CCGs should spread the benefits of telehealth and telecare
- PCTs should consider the *No Health Without Mental Health* strategy to support local commissioning, with a particular focus on: access to psychological therapies as part of the full roll-out by 2014/15 with an increase in access for black and minority ethnic groups, older people and people with severe mental illness and long term health problems; physical healthcare of those with mental illness; offender health; and targeted support for children and young people at particular risk, such as looked after children.
- NHS organisations need to meet the QIPP challenge with a continued focus on investment in high-quality mental health services, with national monitoring of:
 - number of new cases of psychosis served by early intervention teams
 - percentage of inpatient admissions gate-kept by crisis resolution/home treatment teams
 - proportion of people under adult mental illness specialities on the Care Programme Approach (CPA) who were followed up within seven days of discharge from inpatient care.

Outcomes Framework Domain 3: Helping people to recover from episodes of ill-health or following injury

- the Operating Framework makes clear that commissioners need not reimburse hospitals for admissions within 30 days of discharge following elective admission, but that savings are to be invested in clinically driven initiatives through reablement and post-discharge support. Commissioners are to work with partners to ensure initiatives are understood and used by patients
- the DH will monitor emergency admissions for acute conditions that do not normally require admission and seek confirmation on the deployment of savings.

Outcomes Framework Domain 4: Ensuring that people have a positive experience of care

- a Duty of Candour is being introduced – a new contractual requirement on providers to be open and transparent regarding mistakes
- commissioners are to ensure contracts allow for central returns on mistakes, ‘never events’, incidents and complaints, and use sanctions if providers are not compliant
- in addition to existing national surveys, each local organisation is expected to carry out more frequent patient surveys, including the use of real-time data, and to respond appropriately where needed
- commissioners need to identify local measures of integrated care that will support improved delivery such as patient-reported outcomes
- PCT clusters should publicise the NHS Constitution right for a maximum 18-week wait for treatment from referral for non-urgent conditions, as well as the options

available where there is a risk that treatment will not be provided within 18 weeks. It is the provider trust's responsibility to ensure patients have the information. Pilots focused on orthopaedics especially will be carried out in 2012/13 to identify the best ways trusts can meet this responsibility

- the referral to treatment (RTT) operational standards of 90 per cent for admitted and 95 per cent for non-admitted completed waits remain. In order to sustain the delivery of these standards, trusts will need to ensure that 92 per cent of patients on an incomplete pathway should have been waiting no more than 18 weeks
- the RTT standards should be achieved in each speciality and will be monitored monthly. Less than 1 per cent of patients should wait longer than six weeks for a diagnostic test
- patients should have access to Choose and Book and commissioners should take all reasonable steps to offer the patient a quicker appointment at a range of alternative providers, if the patient makes such a request
- patients need to continue to be informed that the two week wait is standard from GP referral for urgent referrals where cancer is suspected and the standard for two week waits from GP referral for breast symptoms should be met
- PCT clusters must ensure all patients are seen on the basis of clinical need, which means there is no justification for the use of minimum waits
- all organisations must have reviewed planned waiting lists for all specialities and diagnostic services no later than December 2011. Patients should be added to planned waiting lists only if there are personal or clinical reasons
- The Operating Framework stipulates that there is no justification for the use of blanket bans for treatments that do not take account of healthcare needs of individual patients
- clinically led indicators for accident and emergency will remain in place during 2012/13 and information on this is to be published locally. The ability of local commissioners to impose fines will continue. Operational performance will be judged nationally using the current operational standard that 95 per cent of patients are seen within four hours
- SHAs are to complete the roll-out of NHS 111 by April 2013 using solutions such as: Any Qualified Provider (AQP) principles for procurement; establishing services initially through pilots; and an 'opt-in' model involving a consortium of NHS Direct, ambulance services and other providers
- CCGs need to lead the design of urgent care service provision through NHS 111. In any solution reached, there must be evidence of local clinical approval and compliance with national service specifications.
- breaches of mixed-sex sleeping accommodation will continue to attract contract sanctions through the NHS contract.

Domain 5: treating and caring for people in a safe environment and protecting them from avoidable harm

- providers and commissioners need to identify and agree plans for reducing MRSA bloodstream and CDiff infections
- there will be national monitoring for hospital-related venous thrombo-embolism

- PCTs need to ensure a sustained focus on safeguarding to ensure access to the expertise of designated professionals and to work with CCGs to ensure they are prepared
- PCTs need to work with local authorities on the transfer of public health commissioning, and PCT clusters must maintain appropriate investment in public health services throughout transition. The number of four week smoking quitters and NHS healthchecks will be monitored nationally
- accountability arrangements for emergency preparedness, resilience and response should be clear at all times through the transition. PCTs must ensure they maintain current capability and capacity of existing Hazardous Area Response Teams in ambulance trusts.

The Operating Framework highlights examples of good practice to support of the delivery of the QIPP challenge.

REFORM

The new commissioning landscape

- the Operating Framework reiterates that PCTs and SHAs will remain statutory organisations throughout 2012/13. They will be held to account on delivering ongoing performance and supporting development of new organisations and clinical leadership for commissioning
- further guidance will be published in 2012/13 on the transfer of responsibilities from PCTs to the NHS Commissioning Board
- PCTs must support the CCG authorisation processes, development of commissioning support offers, establish effective transition for services and staff, and demonstrate they are allocating both non-pay running costs and staff to support emerging CCGs. They will work with GP practices to review practice registered patient lists by March 2013
- SHAs and PCTs must support shadow health and well-being boards and encourage CCGs to take an active part in their formation
- specific guidance on the CCG authorisation process will be issued, but CCGs should be coterminous with a single health and wellbeing board as far as possible
- by 31 January 2012 SHAs should be confident that any CCG configuration issues can be solved by end of March 2012. SHA clusters are responsible for oversight of the readiness of CCGs for authorisation
- almost half of available budgets have already been delegated to emerging CCGs, and delegation is expected to increase. CCGs will need to:
 - manage budgets well and play active roles in 2012/13 planning
 - develop relationships with local partners including (social care, local community) and be active on the shadow health and wellbeing boards
 - deliver relevant share of QIPP agenda
 - address configuration issues by end of March 2012
 - prepare application for authorisation and identify how to secure commissioning support and plans to use running cost allowance

- commissioning support must be commercially viable and distinctly separate from the PCT cluster and may occupy different geographic service footprint to PCT clusters and their PCT constituents
- it is expected that clinical senates and networks will be established in 2012/13.

The new public health landscape

- Public Health England will operate in shadow form 2012/13 and as a statutory executive agency from April 2013
- the NHS will be accountable for delivering successful public health transition with local authorities. PCT and SHA clusters will need robust transition plans for public health
- PCTs will need to work with local authorities to develop the vision and strategy for the new public health role, prepare local systems for new commissioning arrangements, ensure new clinical governance arrangements are in place and test the new arrangements for emergency planning, resilience and response.

The new provider landscape

- the Operating Framework confirms that NHS trusts are expected to achieve FT status on their own or part of an existing NHS FT or in another organisational form by April 2014
- national support will be considered for a small number of NHS trusts where solutions cannot be found locally
- in 2012/13 PCTs should start to offer patients choice of AQP in at least three services. They should work with CCGs and patients to set outcomes-based specifications for providers to deliver high-quality services.

Choice and personal health budgets

- PCTs need to continue implementing choice of: named consultant team, diagnostic test provider, post-diagnosis treatment, treatment and provider in mental health, care for long-term conditions and maternity care
- from April 2012 providers will accept patients referred to a clinically appropriate named consultant-led team and list their services on Choose and Book
- PCTs are to work with GPs to establish new outer areas to enable patients to stay with their existing practice. Three pilots will take place looking at opening up choice beyond traditional practice boundaries. PCTs will need to ensure patients who register with a practice beyond their local area have an appropriate access to local urgent care services
- PCTs need to prepare for wider roll out of personal health budgets. Subject to programme evaluation this should include offers to all patients with NHS continuing care for relevant aspects of care by April 2014.

Information

- the NHS will need to prepare for the forthcoming information strategy to give patients better access to their records, provide information on outcomes to support choice, support integrated care through sharing of information, and allow for better use of aggregated information

- NHS organisations will ensure availability and quality of key NHS datasets published by Prime Minister David Cameron¹
- patients written to about the summary care record should have one created by March 2013
- organisations are to use the NHS number consistently in 2012/13 and commissioners should link the use of the NHS number to contractual payments. There will be punitive contract sanctions for any organisations not compliant by 31 March 2013
- appropriate governance policies and guidelines for protecting information must be implemented. This is particularly important during transition.

Workforce

- NHS and partner organisations must sustain a talent pipeline for critical posts. Nationally the new NHS Leadership Academy will provide talent management for all those involved in leadership of healthcare
- the NHS should use the NHS staff survey to improve staff experience and services
- organisations should improve staff health and well-being, including ensuring occupational health services are accredited, following NICE public health guidance, making pledges through the Public Health Responsibility Deal and promoting flu vaccination for staff.

Education and training

- In 2012/13, SHAs remain accountable for education funding, commissioning decisions, medical recruitment and working with healthcare providers. SHAs are to set up provider-led partnerships to take on these responsibilities from April 2013 and work on education commissioning for 2012 to 2014, as well as medical recruitment in 2012
- SHAs need to ensure business continuity and plan for transfer of education and training contracts
- SHAs need to plan for implementation of revised education and training tariffs.

Pension and pay

- The NHS will be required to implement increased employee contributions from April 2012. A pensions charter will clarify roles and responsibilities.
- This is the second year of a two-year pay freeze for public sector workers and the Government recommends that staff earning £21,000 or less receive a flat rate increase of £250 from April 2012.

FINANCE AND BUSINESS RULES

Surplus strategy

- aggregate surpluses for 2011/12 among SHAs and PCTs will continue to be made available to these organisations during the following year. The 'drawdown' of surplus is projected at £150m

¹ <http://www.number10.gov.uk/news/letter-to-cabinet-ministers-on-transparency-and-open-data/>

- no PCT or SHA should be planning for an operational deficit in 2012/13 and PCTs carrying a legacy debt will be required to clear it. CCGs will not be responsible for PCT legacy debt arising prior to 2011/12 and are expected to work closely with PCTs and clusters to ensure no PCT ends 2012/13 in deficit. NHS trusts must plan for a surplus consistent with their pipeline plan and their tripartite formal agreement (TFA)
- PCTs will continue to set aside 2 per cent of recurrent funding for non-recurrent spending. SHAs will hold these funds, with PCTs required to submit business cases to access them. The non-recurrent cost of organisational and system change will need to be met from the 2 per cent.

PCT allocations

- PCT recurrent allocations will grow by at least 2.5 per cent. PCT 2012/13 revenue allocations will be announced in December 2011 and will be informed by the Office for Budget Responsibility's inflation forecast. Additional allocations for primary dental services, general ophthalmic services and pharmaceutical services will also be announced in December 2011
- transfers of funding between PCTs and local authorities included in the NHS Operating Framework 2011/12 will continue, including £622 million in 2012/13 for social care services to benefit health
- financial support from the health system for social care will continue in 2013/14 and 2014/15.

Running costs

- targets for running cost savings will be set at SHA cluster level, with the assumption that there will be no further savings at the SHA organisation level during 2012/13
- the running cost allowance for CCGs from 2013/14 is expected to be £25 per head of population per annum before any entitlement to a quality premium
- the running cost allowance for the core functions of the NHS Commissioning Board will be at least £492 million.

Capital

- NHS trusts must ensure they have a clean and safe environment by prioritising any urgent backlog maintenance and upgrading work. They should also evaluate the need for any single en-suite rooms that may be required to fulfil their obligations regarding mixed sex accommodation, patients' dignity and infection control
- capital expenditure plans for NHS trusts and PCTs will be agreed by SHA clusters. Any unspent capital allocation will not be carried forward.

Tariff

- the development of the national tariff for 2012/13 is driven by increasing the quality of care and outcomes, driving integration of services and incentivising delivery of QIPP
- the scope of the tariff will be extended to: require the recently developed currency to be used when contracting for adult mental health services; introduce mandatory currencies for chemotherapy delivery, external beam

radiotherapy and ambulance services; introduce non-mandatory currencies for HIV outpatient services and some community podiatry; introduce a 'quality increment' for patients at regional major trauma centres, to facilitate the move to trauma care being provided in designated centres; introduce national 'pathway' tariffs for maternity care, cystic fibrosis and paediatric diabetes; and introduce tariffs for post discharge care for some procedures, which will be mandatory where acute and community services are integrated in one trust

- best practice tariffs will be expanded to: incentivise more procedures being performed in a less acute setting and same-day emergency treatments where clinically appropriate; increase the payment differential between standard and best practice care for fragility hip fracture care and stroke; and promote the use of interventional radiology procedures
- the 30 per cent marginal rate will continue to apply for increases in the value of emergency admissions, as will the policy of non-payment for emergency admissions. The DH is working with the Foundation Trust Network to produce more detailed guidance on the operation of this policy in 2012/13
- commissioners will be required to adjust the tariff price if the type of patients that a provider treats results in it incurring lower costs than the average of the tariff category. This is intended to respond to concerns about 'cherry picking'
- the national efficiency requirement for 2012/13 is set at 4 per cent, which will be offset by pay and price inflation. The tariff price adjuster will be a reduction of at least 1.5 per cent and will also be applied to non-tariff services. This will be confirmed in the 2012/13 Payment by Results guidance following allocations
- some best practice tariffs have a built in efficiency assumption, allowed for in the overall tariff price adjusted. Others will lead to reduced payments where best practice is not achieved and this is not allowed for in the tariff price adjuster
- for 2012/13 the DH will continue to work on existing long term condition tariffs to support the development of higher-quality primary and community-based services.

CQUIN framework

- CQUIN will be developed in 2012/13 so that for all standard contracts, the amount providers can earn will be increased to 2.5 per cent
- national goals on venous thrombo-embolism (VTE) risk assessment and on responsiveness to personal needs of patients will continue alongside two new national goals: improving diagnosis of dementia in hospitals and increasing using of the NHS Safety Thermometer
- where CQUIN funding has been used to achieve higher quality, funding may be made recurrent only when the commissioner is satisfied it is necessary to maintain any improvement
- commissioners and providers should refer to the NHS Chief Executive's Innovation Review (due in December 2011) when developing CQUIN schemes for 2012/13.

Clinical audits

- work is underway to transfer the cost of established clinical audits within the National Clinical Audit and Patient Outcomes Programme (NCAPOP) to providers of relevant and tariffed services from 2012/13.

SHA bundle

- the proposed value of the SHA bundle of funding is £6.4bn, the same amount as in 2011/12. Further detail will be released with financial planning guidance. Clinical networks will continue to be funded through the SHA bundle in 2012/13.

Joint working with local authorities

- PCT clusters will need to work with local authorities to jointly agree priorities around investment of funds allocated for reablement in 2012/13. This could include funding new services such as the social care aspects of the national dementia strategy and impact actively on delayed transfers of care
- PCT clusters will need to continue to transfer social care funding within allocations to local authorities to invest in social care services.

Procurement

- the DH is preparing a procurement strategy to be launched by April 2012 to help trusts improve their procurement performance. Trusts that spend more on goods and services than the benchmark will have to justify why they are doing so.

Contract management arrangements

- the 2012/13 NHS Standard Contract will be a single agreement for use by commissioners when commissioning services from providers seeking to deliver NHS-funded secondary and community services. Contracts will be limited to 12 months for 2012/13
- work will continue on the transfer of clinical contracts from current commissioners to the new commissioning authorities. Guidance on the later stages of the transfer process will be issued during 2012.

Principles and rules for cooperation and competition (PRCC)

- PCT clusters must review their practices in line with the Cooperation and Competition Panel's report on the operation of AQP in elective care to ensure they are compliant with the PRCC. Any decisions restricting patient choice must be taken at board level and published annually with the associated rationale, impact and period of operations. SHA clusters will have oversight of the PRCC locally in 2012/13.

PLANNING AND ACCOUNTABILITY

- in 2012/13 SHAs will continue to work through SHA clusters to hold PCT clusters to account. From 2013/14, the NHS Commissioning Board will be held

to account by the DH, and commissioners should anticipate a more outcomes-based approach

- each PCT cluster is required to have an integrated plan for the period 2012/13 to 2014/15, building on previous plans. Integrated plans should have a clear focus on quality and the national priorities set out in the Operating Framework. Technical planning guidance will be published in December 2011, setting out key milestones and financial planning guidance is due to be published in January 2012
- at a minimum, PCT clusters must ensure that CCGs explicitly support plans for 2012/13 and beyond to ensure a strong base on which to build their own planning from 2013/14. Plans should reflect the outcomes of local Joint Strategic Needs Assessments and the public health transition elements should be supported by local authorities.

Performance monitoring and assessment

- three groups of indicators will be used to nationally assess the performance of PCT and SHA clusters: quality (covering safety, effectiveness and experience); resources (covering finance, workforce, capacity and activity); and reform (covering commissioning, provision and patient empowerment)
- PCT clusters will also be monitored against the key milestones for the transformational change elements of QIPP and reform, agreed with SHA clusters as part of the planning round.

The NHS Outcomes Framework 2012/13

At a glance

1 Preventing people from dying prematurely

Overarching indicators

- 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
- 1b Life expectancy at 75 i males ii females

Improvement areas

Reducing premature mortality from the major causes of death

- 1.1 Under 75 mortality rate from cardiovascular disease*
- 1.2 Under 75 mortality rate from respiratory disease*
- 1.3 Under 75 mortality rate from liver disease*

- 1.4 i One-and ii five-year survival from colorectal cancer
iii One-and iv five-year survival from breast cancer
v One-and vi five-year survival from lung cancer
vii under 75 mortality rate from cancer*

Reducing premature death in people with serious mental illness

- 1.5 Excess under 75 mortality rate in adults with serious mental illness*

Reducing deaths in babies and young children

- 1.6.i Infant mortality* ii Neonatal mortality and stillbirths

Reducing premature death in people with learning disabilities

- 1.7 An indicator needs to be developed

One framework

defining how the NHS will be accountable for outcomes

Five domains

articulating the responsibilities of the NHS

Twelve overarching indicators

covering the broad aims of each domain

Twenty-seven improvement areas

looking in more detail at key areas within each domain

Sixty indicators in total

measuring overarching and improvement area outcomes

The NHS Outcomes Framework 2012/13 at a glance

**Shared responsibility with the public health system and Public Health England and local authorities - subject to final publication of the Public Health Outcomes Framework.*

*** A complementary indicator is included in the Adult Social Care Outcomes Framework*

****Indicator replicated in the Adult Social Care Outcomes Framework*

Indicators in italics are placeholders, pending development or identification of a suitable indicator.

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

- 2 Health-related quality of life for people with long-term conditions**

Improvement areas

Ensuring people feel supported to manage their condition

- 2.1 Proportion of people feeling supported to manage their condition**

Improving functional ability in people with long-term conditions

- 2.2 Employment of people with long-term conditions*

Reducing time spent in hospital by people with long-term conditions

- 2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers

- 2.4 Health-related quality of life for carers**

Enhancing quality of life for people with mental illness

- 2.5 Employment of people with mental illness **

Enhancing quality of life for people with dementia

- 2.6 An indicator needs to be developed

4 Ensuring that people have a positive experience of care

Overarching indicators

- 4a Patient experience of primary care
i GP services ii GP Out of Hours services iii NHS Dental Services
- 4b Patient experience of hospital care

Improvement areas

Improving people's experience of outpatient care

- 4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs

- 4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services

- 4.3 Patient experience of A&E services

Improving access to primary care services

- 4.4 Access to i GP services and ii NHS dental services

Improving women and their families' experience of maternity services

- 4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives

- 4.6 An indicator to be derived from the survey of bereaved carers

Improving experience of healthcare for people with mental illness

- 4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare

- 4.8 An indicator to be derived from a Children's Patient Experience Questionnaire

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

- 3a Emergency admissions for acute conditions that should not usually require hospital admission
- 3b Emergency readmissions within 30 days of discharge from hospital

Improvement areas

Improving outcomes from planned procedures

- 3.1 Patient Reported Outcomes Measures (PROMs) for elective procedures
i Hip replacement ii Knee replacement iii Groin hernia
iv Varicose veins

Preventing lower respiratory tract infections (LRTI) in children from becoming serious

- 3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma

- 3.3 An indicator needs to be developed.

Improving recovery from stroke

- 3.4 An indicator to be derived based on the proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Improving recovery from fragility fractures

- 3.5 The proportion of patients recovering to their previous levels of mobility / walking ability at i 30 and ii 120 days

Helping older people to recover their independence after illness or injury

- 3.6 Proportion of older people (65 and over) who were i still at home 91 days after discharge into rehabilitation*** ii offered rehabilitation following discharge from acute or community hospital ***

5 Treating and caring for people in a safe environment and protecting them from avoidable harm

Overarching indicators

- 5a Patient safety incidents reported
- 5b safety incidents involving severe harm or death

Improvement areas

Reducing the incidence of avoidable harm

- 5.1 Incidence of hospital-related venous thromboembolism (VTE)
- 5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile
- 5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
- 5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services

- 5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings

- 5.6 Incidence of harm to children due to 'failure to monitor'