

Trust Board Paper E

| | | | | | | | | | |
|--|---|--|-----------|---|---|------------|---|-------------|--|
| | TRUST BOARD | | | | | | | | |
| From: | Suzanne Hinchliffe Andrew Seddon Kevin Harris Kate Bradley | | | | | | | | |
| Date: | 26th April 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 March 2012. | | | | | | | | | |
| The Report is provided to the Board for: | | | | | | | | | |
| <table border="1"> <tr> <td>Decision</td> <td></td> </tr> <tr> <td>Assurance</td> <td>√</td> </tr> </table> | Decision | | Assurance | √ | <table border="1"> <tr> <td>Discussion</td> <td>√</td> </tr> <tr> <td>Endorsement</td> <td></td> </tr> </table> | Discussion | √ | Endorsement | |
| Decision | | | | | | | | | |
| Assurance | √ | | | | | | | | |
| Discussion | √ | | | | | | | | |
| Endorsement | | | | | | | | | |
| Summary / Key Points: | | | | | | | | | |
| <u>Financial Position</u> | | | | | | | | | |
| <ul style="list-style-type: none"> ❖ The Trust is reporting a year end surplus of £0.1m prior to the year end audit. This is £1.2m adverse to the planned surplus of £1.3m. ❖ Patient care income for the year is £19.2m (3.2%) ahead of Plan. ❖ Expenditure for the year is £30.5m averse to Plan. This reflects a shortfall on the 2011/12 cost improvement programme savings of £13.0m; the use of significant premium agency staff in the first four months of the year, and the change in R&D accounting treatment described in 5.2.3 above. | | | | | | | | | |
| <u>Performance Position:</u> | | | | | | | | | |
| <ul style="list-style-type: none"> ❖ Performance for March Type 1, 2 is 88.0% and 90.4% including the Urgent Care Centre (UCC). The year to date performance for ED (UHL+UCC) is 93.9%. ❖ Admitted performance in March stands at 83.5% in accordance with the planned backlog reduction agreed with commissioners. The non-admitted target has been achieved at 95.9%. ❖ The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in March was 93.3%. ❖ All nine cancer targets are delivering against performance thresholds for February, including the 62 day from referral to treatment target. ❖ The provisional reported sickness rate for March is 4.3%. The 12 month rolling sickness rate is 3.5%. | | | | | | | | | |

- ❖ Appraisal rate for March is 94.4%.

Quality

- ❖ MRSA – no cases of MRSA were reported during March with a year to date position of 7. One case following root cause analysis is suitable for appeal.
- ❖ CDifficile – a positive month 12 report with 11 cases identified. The year to date position is 108 and ahead of target to date (165 end of year).
- ❖ For the last eleven months, all UHL wards and intensivists areas continue to offer Same Sex Accommodation (SSA) in line with the UHL SSA Matrix guidance.
- ❖ Pressure ulcers - There were 8 reported hospital acquired grade 3 and 4 pressure ulcers in February 2012 – 4 avoidable.
- ❖ The 'overall respect and dignity' score remains green across the Trust. The 'overall how would you rate the care whilst in hospital' score remains amber across the Trust
- ❖ Mortality - UHL's mortality rate for February has risen slightly for 'overall crude mortality'. Review of UHL's mortality data for the past 5 years' suggests that this is in line with normal seasonal variation.
- ❖ CQUIN Quarter 4's performance for both the PCT and EMSCG CQUINs is due to be reported in May. Whilst the expectation is that most thresholds will be achieved, preliminary results for the Stroke CQUIN suggests the '90% of urgent patients having a brain scan within 4 hours of arrival' threshold will not be met.
- ❖ Fractured Neck of Femur 'Time to Theatre' - February's performance has now been confirmed as 62.9% and preliminary results for March suggest that the number/percentage of patients taken to theatre within 36 hours of arrival has deteriorated further. Cross divisional discussions are currently being held to identify additional theatre capacity at times of increased activity.
- ❖ VTE - Performance with VTE risk assessment has been maintained and the national CQUIN threshold of 90% met for Quarter 4.
- ❖ The re-admission rate in February dropped from January. The Trust remains at the Emergency Care Network plan of 10% reduction.

| | |
|---|---|
| Recommendations: Members to note and receive the report | |
| Strategic Risk Register | Performance KPIs year to date ALE/CQC |
| Resource Implications (eg Financial, HR) N/A | |
| Assurance Implications Underachieved targets will impact on the Provider Management Regime and the FT application | |
| Patient and Public Involvement (PPI) Implications Underachievement of targets potentially has a negative impact on patient experience and Trust reputation | |
| Equality Impact N/A | |
| Information exempt from Disclosure N/A | |
| Requirement for further review? Monthly review | |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 26th APRIL 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 TWELVE PERFORMANCE SUMMARY REPORT

1.0 Introduction

The following paper provides an overview of the Quality & Performance month 12 report highlighting key performance metrics and areas of escalation where required.

2.0 March 2012 Operational Performance

2.1 Infection Prevention

MRSA – no cases of MRSA were reported during March with a year to date position of 7 with one case following root cause analysis awaiting appeal.

For 2011/2012, UHL has met its performance requirements for MRSA (target 9 cases).

CDifficile – a positive month 12 report with 11 cases identified. The year to date position is 108 and ahead of target to date (165 end of year).

For 2011/2012, UHL has met its performance requirements for CDifficile.

MRSA elective and non-elective screening has continued to be achieved at 100% respectively and therefore meets the required performance requirements for the year.

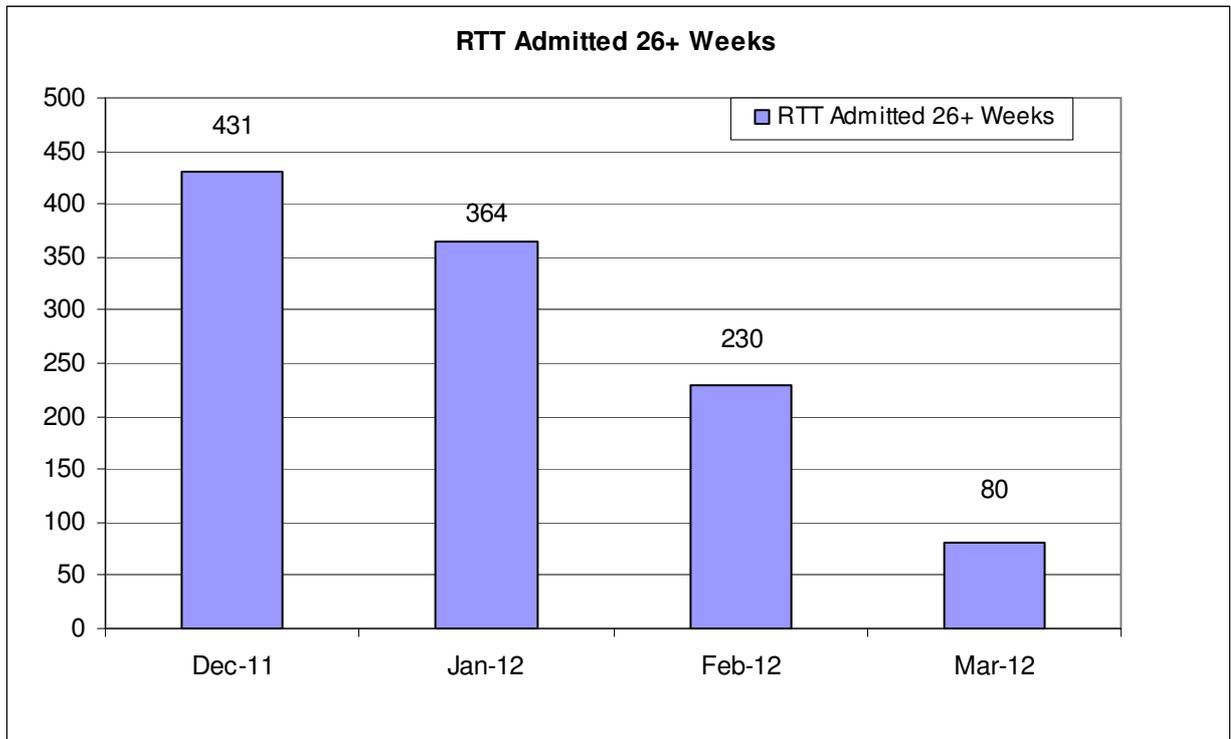
2.2 RTT

The non-admitted target has been consistently achieved with a March position of 95.9%.

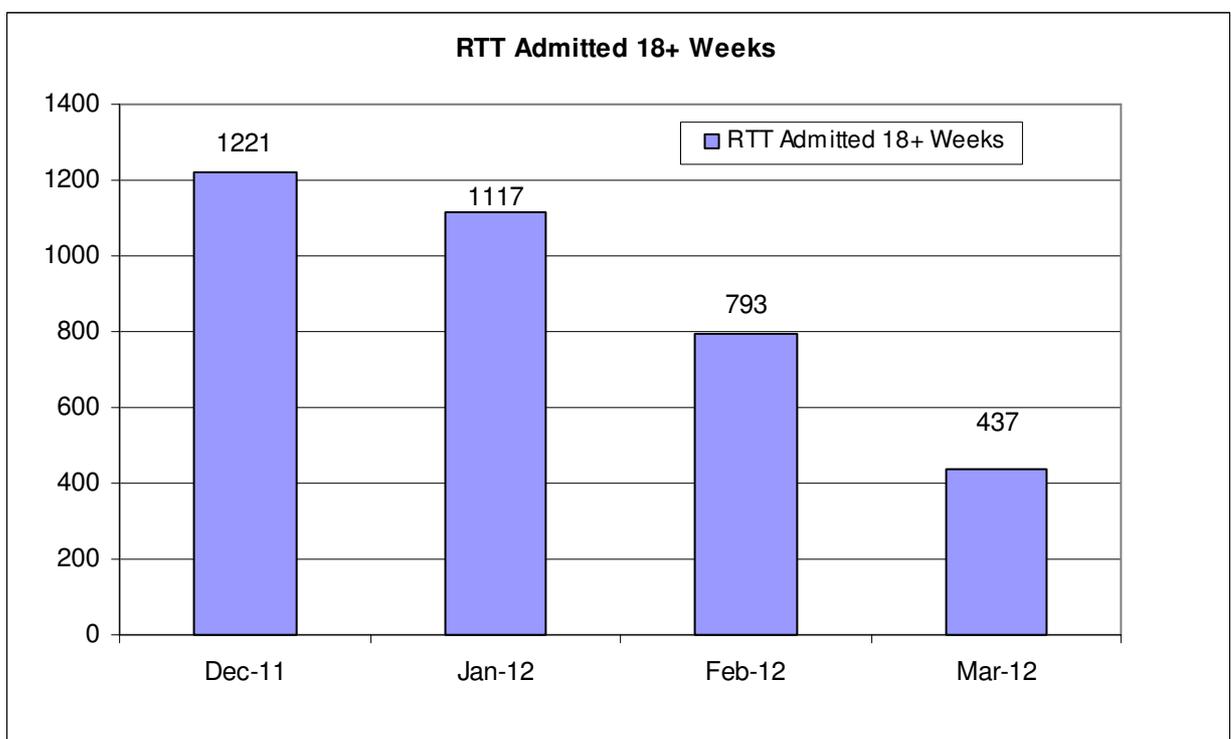
For 2011/2012, UHL has met its performance requirements with a cumulative end of year performance of 96.5% (target 95%).

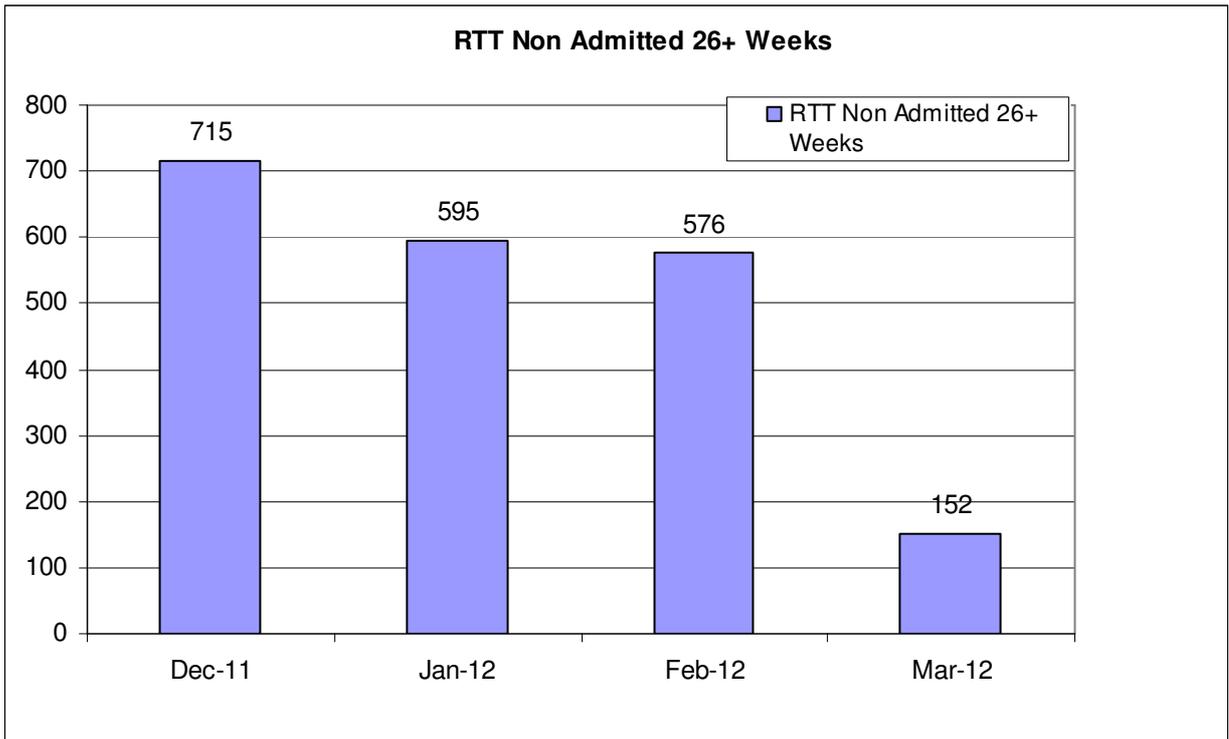
Admitted performance in March stands at 83.5% in accordance with the planned reduction agreed with commissioners and as such, will not meet the end of year performance target.

The level of additional activity carried during this agreed reduction period has been significant and is a credit to all staff involved. The following tables demonstrate the movement of patients waiting as at the end of March which will place the trust in a favourable position for the revised operating targets from 2012/2013 where performance will be measured on a speciality basis.

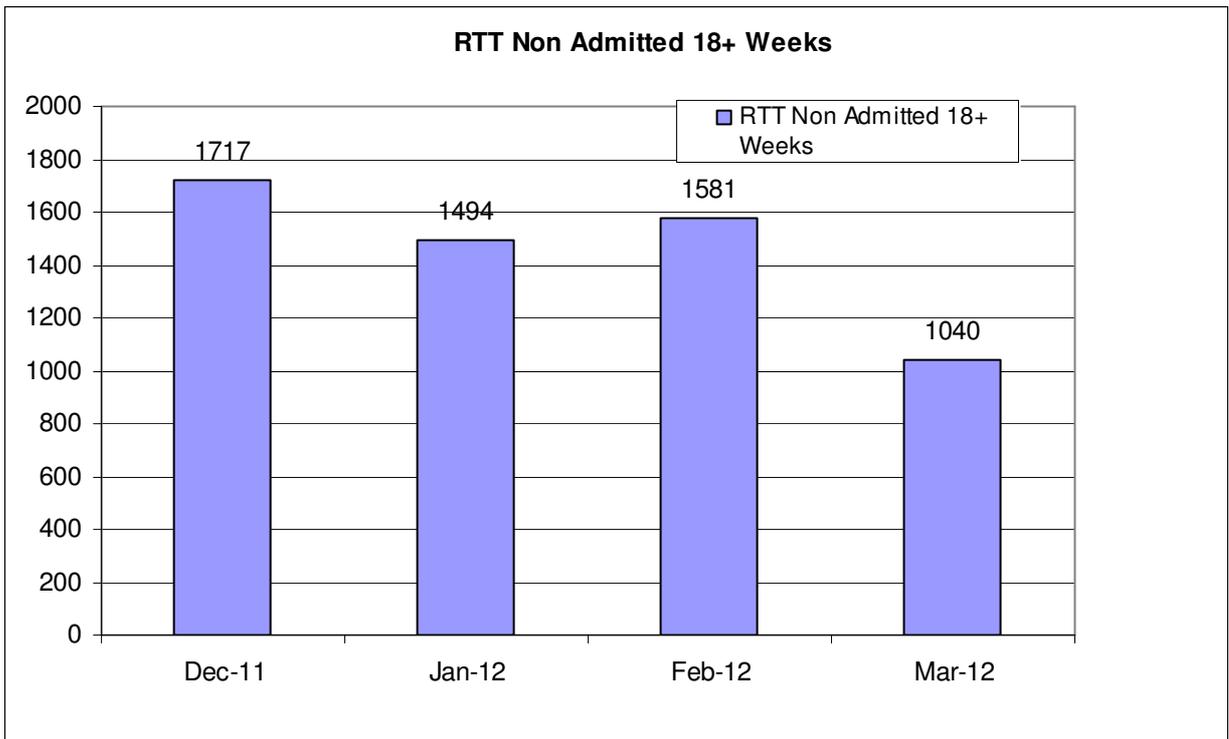


The admitted 26 week backlog includes 33 patients who chose to wait.





The Non admitted 26 week backlog includes 62 patients who chose to wait



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 0 at the end of February with the position being maintained in March. Nationally at the end of January (latest report period) there are 5,850 patients waiting 52+ weeks.

New standards from April 2012 regarding the delivery of 92% of patients on an incomplete pathway (i.e. patients waiting for a decision to treat or treatment) should have been waiting no more than 18 weeks currently shows a UHL performance of 95.5%. Nationally at the end of January (latest report period) 92.3% of incomplete pathways were shown to be < 18 weeks.

Appendix 1 shows the latest position in relation to how the DoH will score the Trust against 19 key indicators. These include:

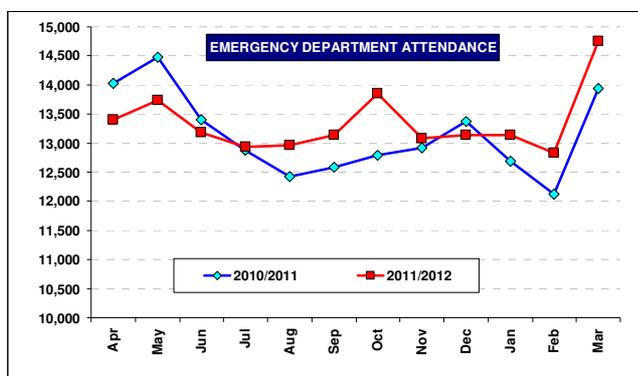
1 Emergency Department, 2 Infection control, 5 RTT, 8 Cancer, 1 Delayed Transfers of Care, 1 Same Sex Accommodation and 1 VTE risk assessment.

Weightings for the cancer targets are split equally between the number of targets in that group – for example there are 2 targets for the 14 day referral to first appointment so each has a weighting of 0.5.

Monitor will score FT's against 13 indicators with the cancer targets being linked together in groups which will result in a 'group' failure if any 1 indicator is not met.

2.3 ED Activity

Performance for March Type 1, 2 is 88%, and 90.4% including the Urgent Care Centre (UCC). The year to date performance for ED (UHL+UCC) is 93.9% and therefore will not meet the end of year target. Attendance levels for March 2012 are 5.6% above 2010/2011.



| EMERGENCY DEPARTMENT ATTENDANCE | | | | | |
|---------------------------------|---|--|---|--|---------------------------------------|
| | UHL 2010/2011 (Post Diversion) | UHL 2010/2011 (Pre Diversion) | UHL 2011/2012 (Post Diversion) | UHL 2011/2012 (Pre Diversion) | Overall % Change 11/12 vs 10/11 |
| Apr | 14,117 | 14,117 | 13,507 | 14,358 | 1.7% |
| May | 14,574 | 14,574 | 13,871 | 14,636 | 0.4% |
| Jun | 13,509 | 14,298 | 13,318 | 14,197 | -0.7% |
| Jul | 12,983 | 14,100 | 13,075 | 14,014 | -0.6% |
| Aug | 12,544 | 13,757 | 13,086 | 14,109 | 2.6% |
| Sep | 12,726 | 13,720 | 13,270 | 14,142 | 3.1% |
| Oct | 12,918 | 14,022 | 14,002 | 15,000 | 7.0% |
| Nov | 13,057 | 13,963 | 13,226 | 14,051 | 0.6% |
| Dec | 13,500 | 14,488 | 13,291 | 14,162 | -2.3% |
| Jan | 12,830 | 13,893 | 13,260 | 14,196 | 2.2% |
| Feb | 12,263 | 13,202 | 12,978 | 13,762 | 4.2% |
| Mar | 14,100 | 15,119 | 14,895 | 15,730 | 4.0% |
| Sum: | 159,121 | 169,253 | 161,779 | 172,357 | |

There has been limited change over the past month in relation to either breach analysis, presenting patient age profile or length of stay which may be seen below.

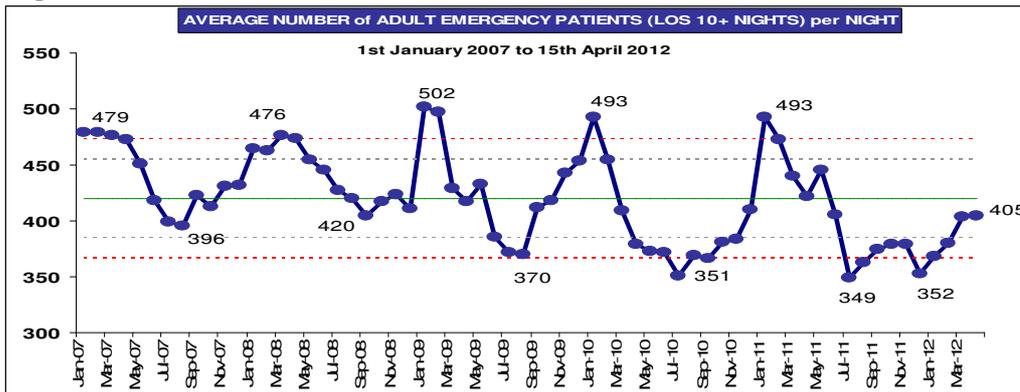
Breach Category

| Breach Category | Mar-12 | % |
|---------------------------------------|--------------|-----|
| Bed Breach | 122 | 8% |
| ED Process | 276 | 18% |
| ED Capacity (Cubicle Space) | 186 | 12% |
| ED Capacity (Inflow) | 464 | 31% |
| ED Capacity (Workforce) | 2 | 0% |
| Clinical Reasons | 222 | 15% |
| Specialist Assessment | 36 | 2% |
| Specialist Decision | 6 | 0% |
| Investigation (Imaging and Pathology) | 63 | 4% |
| Transport | 79 | 5% |
| Treatment | 56 | 4% |
| Total | 1,512 | |

Length of Stay Comparison 09/10 – 11/12

| Age | Q4 09/10 | Q4 10/11 | Q4 11/12 | % Change from 10/11 |
|-------------|----------|----------|----------|------------------------|
| 65-69 Years | 6.9 | 7.2 | 6.2 | -14% |
| 70-74 Years | 8.2 | 7.9 | 7.3 | -8% |
| 75-79 Years | 8.9 | 8.9 | 8.1 | -9% |
| 80-84 Years | 10.2 | 10.5 | 8.7 | -17% |
| 85-89 Years | 11.2 | 11.2 | 9.7 | -13% |
| 90-94 Years | 12.3 | 12.6 | 10.5 | -17% |
| 95-99 Years | 12.1 | 13.0 | 8.6 | -34% |
| 100+ Years | 7.4 | 10.2 | 10.4 | 2% |

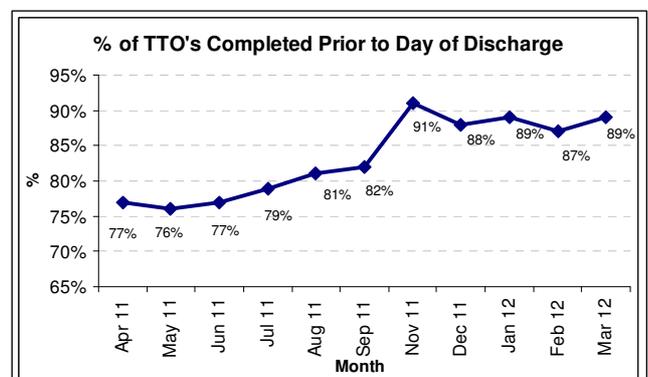
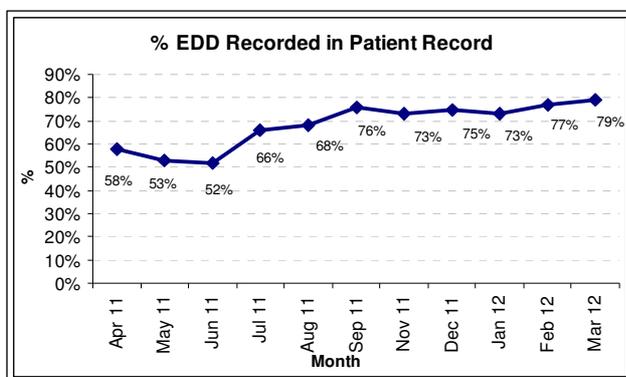
Average Number of Adult Emergency Patients with a Length of Stay of 10+ Nights



Presenting Age Group By Month

| Age Group | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 |
|--------------|--------|--------|--------|--------|--------|--------|--------|
| 0-15 Years | 566 | 496 | 568 | 576 | 640 | 584 | 567 |
| 16-24 Years | 437 | 517 | 543 | 546 | 560 | 476 | 514 |
| 25-34 Years | 518 | 534 | 557 | 554 | 590 | 609 | 615 |
| 35-44 Years | 531 | 564 | 515 | 517 | 628 | 546 | 565 |
| 45-54 Years | 609 | 604 | 635 | 653 | 664 | 575 | 599 |
| 55-64 Years | 658 | 706 | 672 | 696 | 712 | 726 | 780 |
| 65-74 Years | 733 | 820 | 805 | 947 | 928 | 922 | 919 |
| 75-84 Years | 1,022 | 993 | 933 | 1,131 | 1,155 | 1,065 | 1,120 |
| 85-94 Years | 610 | 602 | 631 | 751 | 702 | 697 | 730 |
| 95-104 Years | 65 | 67 | 76 | 74 | 78 | 89 | 78 |
| 105+ Years | | | | 1 | 1 | | 1 |

2.3.1 Quality Measures



Appendix 2 shows the results for the UHL Emergency Department Patient Report for March 2012.

The highlights are:

- The number of patients who have contacted their GP before coming to A&E has increased to 30%.
- Most patients only wait for “a few hours” before coming to A&E
- Most of the patients surveyed in ED are aware of the UCC.
- Feedback in most areas remained positive, but there was a further decrease in the number of positive responses in regards to waiting times. As we know March saw an

increase in the number of patients waiting 4 hours or more, and this seems to be impact on the patient survey results.

- 100% responses in regards to information received, and dignity and respect were positive.

2.4 Cancer Targets

All nine cancer targets are delivering against performance thresholds for February (one month in arrears reporting), including the 62 day from referral to treatment target. Although the position will improve as validation concludes, confirmation has already been received that the March 62 day cancer target will also be achieved.

For 2011/2012 end of year performance, it is anticipated that UHL will achieve 8 of the nine cancer targets with the 62 day target being consistently delivered since January 2012.

2.5 Falls

Data for February 2012 suggests an increase in patient falls of 27 for the month a not unusual trend when comparing with previous years where February and March numbers have a tendency to increase. Notwithstanding this, continued and new actions are being put in place to maintain the overall downward trend in falls.

In a recent report to the GRMC (March 2012) overall progress has been made to successfully reduce the number of inpatient falls. Comparative data from Q4 2011/12 to date in December – February 2012 indicates a 17% reduction in the number of inpatient falls in UHL.

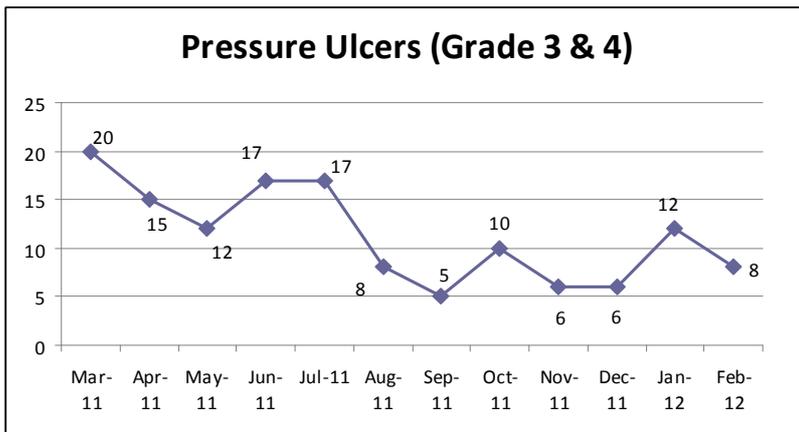
Further progress has been made with the fall's reduction plans where current data suggests that the incidence of falls is reducing, with particular progress in the Cardiac, Renal, Critical Care and Musculoskeletal CBUs. The launch of the Patient Safety Thermometer which includes data collection in relation to the incidence of falls will also provide SHA benchmark data across the region. Further actions to raise awareness across the trust of incidence and actions include:

- Weekly metrics from all divisions where trends are monitored as part of the quality indicators.
- Ward specific data circulated weekly to each CBU/Ward with identified Head of Nursing/Lead Nurses to monitor actions being taken in response to the data.
- Meetings between the Head of Nursing and ward sisters/matrons for the 10 wards with the highest number of falls in Q3 with individual action plan reviews
- Bespoke training delivered to individual ward teams with a focus on wards with the highest number of falls.
- Impact of the FOPAL Service - now well established across the medical wards, reviewing referrals for rehabilitation and providing an opportunity for Geriatrician input to patients who are under the care of a non-geriatrician who are frail and at risk of falling.
- Introduction of an information sticker for clinical notes highlighting effective written communication to all medical staff involved in patient care.
- Review of the Falls Prevention Group terms of reference and work programme in order to ensure it achieves its outcomes in relation to falls reduction.

An audit of the hourly rounds has been introduced on a monthly basis via the nursing metrics. A formal evaluation of hourly rounds and correlation to a number of outcome measures is to be completed in Q1 2012. The wards that have been most successful in reducing inpatient falls seem to be the wards that have most successfully to date implemented hourly rounds.

2.6 Pressure Ulcers

There were 8 reported hospital acquired grade 3 and 4 pressure ulcers in February 2012 with early analysis suggesting that four ulcers not being attributable to the trust i.e. patients presenting with ulcer on admission. It is anticipated that the incidence of pressure ulcers will rise in march in line with previous years but that this should revert in April. There is positive representation to the East Midlands SHA Pressure Ulcer Ambition Launch in April with UHL speakers.



2.7 Patient Polling

In March 2012, 1,707 'Patient Experience' surveys were returned which is the largest number of surveys the Trust has ever received in one month and far exceeds the Trusts target of 1,535. This return rate is a 32% increase from last month.

The 'overall respect and dignity' score remains green across the Trust. The 'overall how would you rate the care whilst in hospital' score remains amber across the Trust. When comparing the Trust scores minus the underperforming wards in medicine seven of the twelve scores are showing an upward trend when compared with last month.

The Net Promoter Question is to be introduced across all NHS acute Trusts in April 2012. In preparation for this during March all clinical areas within UHL have been visited by the Patient Experience Feedback Team, and provided with the recently developed inpatient experience surveys for the launch held on the 1st April 2012. Also there has been intensive publicity across the organisation including attendance at all Sisters Meetings and CBU meeting by the Patient Experience Feedback Team to promote the new survey.

The outpatients Patient Experience survey questions 'Overall, how would you rate the care you received in this area?' score remains green but has dropped by six points and the 'overall respect and dignity' score has dropped by eleven points to an 88 satisfaction score, now rated red. Both of these drops in performance can be attributed to LRI Outpatient Surveys which has seen a drop to red for both questions. The

Matrons investigations reveal that the key reasons for this reduction were primarily related to the closure of LRI out-patients facility for 1 week due to Medical Exams.

2.8 Same Sex Accommodation

For 2011/2012 UHL has met the required standards in relation to Same Sex Accommodation (SSA) and in line with the UHL SSA Matrix guidance.

However, in March 2012 UHL national breach data declared two unjustified SSA breaches on the Acute Medical Unit where patients were not moved as quickly as required following acute admission.

2.9 Primary PCI

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in March was 93.3% (28 of 30 patients). UHL will meet the 2011/2012 target of 75% with a year end position of 86.7% .

2.10 2011/2012 End of Year Related Reportable Performance Metrics

| Performance Indicator | Target | Year To Date |
|--|--------|--------------|
| MRSA Elective Screening | 100% | 100% |
| MRSA Non-elective Screening | 100% | 100% |
| Stroke % stay on stroke ward | 80% | 84.2% |
| Stroke TIA | 60% | 61.3% |
| Primary PCI | 75% | 86.7% |
| Rapid Access Chest Pain | 98% | 99.9% |
| Operations cancelled on/after day of admission | 0.8% | 1.4% |
| Cancelled patients offered a date within 28 days of cancellation | 95% | 91.3% |
| 48hr GUM access | 99% | 100% |
| Maternity Breast Feeding <48 hrs | 67% | 74.0% |
| Maternity – smoking at time of delivery | 18.1% | 11.4% |
| Cytology Screening 7 day target | 98% | 99.8% |
| Day Case Basket | 75% | 76.3% |
| Bed Occupancy excl short stay | 86% | 85% |
| Same Sex Accommodation - Base | 100% | 100% |
| Same Sex Accommodation - ICU | 100% | 100% |

3.0 Medical Director's Report – Kevin Harris

3.1 Mortality Rates

UHL's crude mortality and risk adjusted mortality rate rose in February. The overall RAMI for February is 90.6 and has been RAG'd as this is above our internally set threshold of 85.

Review of UHL's mortality data for the past 5 years' suggests that this increase is in line with normal seasonal variation.

Benchmarked data is not yet available for December to February.

UHL's crude mortality for March has fallen back to 1.4% which is the same as it was in March 2011.

3.2 UHL Quality Schedule /CQUIN

Quarter 4's performance for both the PCT and EMSCG CQUINs is due to be reported in May. Whilst the expectation is that most thresholds will be achieved, preliminary results for the Stroke CQUIN suggests the '90% of urgent patients having a brain scan within 4 hours of arrival' threshold will not be met. It has been agreed to increase the Stroke Nurse presence in ED in order to escalate patients requiring an urgent brain scan.

Another area of risk is the 'ED/EMAS handover CQUIN'. The threshold for this indicator was that there would not be any patients waiting more than 60 minute to be 'handed over' from the Ambulance crew to ED staff during March. This time period coincided with the agreement for Bed Bureau 'stretcher patients' being taken to ED. Work is now underway to confirm whether any of the breaches were Bed Bureau patients or not

3.3 Fractured Neck of Femur 'Time to Theatre'

February's performance has now been confirmed as 62.9% and preliminary results for March suggest that the number/percentage of patients taken to theatre within 36 hours of arrival has deteriorated further.

Of the 26 patients not taken to theatre within 36 hours during February, 6 delays were due to the patients needing either a full hip replacement or more complicated hip prosthesis (as per NICE guidance) and 11 patients were not well enough for surgery within the 36 hours. 9 patients' delay was due to lack of theatre capacity and followed periods of high number of #NOF admissions with similar increase in trauma admissions generally.

Cross divisional discussions are currently being held to identify additional theatre capacity at times of increased activity. In the meantime, the Trauma service is planning in August to re-establish a 'Neck of Femur Ward' which will allow for greater cover and improvement in processes.

3.4 Venous Thrombo-embolism (VTE) Risk Assessment

Performance with VTE risk assessment has been maintained and the national CQUIN threshold of 90% for all of Quarter 4.

Q3 saw an increase in the UHL HAT rate from 0.18 to 0.22. Review of Q3 in 10/11 shows a similar increase for the same time period. The rate for January was 0.19

3.5 Readmissions

The numbers of readmissions in February dropped against January, however, the rate increased by 0.1%. It was slightly above the trajectory to achieve the 10% reduction target for the Emergency Care Network.

The Trust remains at the Emergency Care Network plan of 10% reduction. Cumulative movements in performance continue to be better than other local UK University Teaching hospitals.

Agreement has been reached with commissioners on a holding threshold for the penalties for readmissions for 2012/13. The threshold is 20%. This will lead to a reduction in the baseline readmissions penalty of £5.2m in 2012/13 from 2011/12. As per the Operating Framework, a further joint commissioner and Trust clinical review of readmissions will be undertaken to establish the final level of penalty, but it is not likely to be higher than 20%. This clinical review will also refocus the direction of readmission reduction.

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

- 1) Coding & Commissioning – now resolved for 2011/12 as described above.
- 2) A discharge improvement group is now established in the Acute Division and this has defined a discharge and communication process for patients based on best practice which is to be piloted for medical patients from March.
A risk stratification model is being analysed that if workable will be able to identify patients most at risk of readmission and then a pathway will be developed to ensure they are supported in the community post-discharge.
- 3) Specialty Priorities – work continues in the priority specialties and are beginning to be implemented. This includes the development of a new catheter pathway for implementation in March, the implementation of the COPD care bundle in February, a new chest pain pathway, a new process for senior review of potential readmissions within ED, along with redesign work being undertaken for patients with non-specific abdominal pain.
- 4) Community work streams - some of the readmissions penalty has been diverted into expansion of community health

3.6 Patient safety

This month's scorecard safety indicators continue to show progress with reducing 10 times medication errors and reducing complaints relating to staff attitude. Much work continues to reduce complaints including earlier telephone contact, ward staff dealing with issues as they arise and better provision of information. However, the root causes of some complaints particularly relating to nursing care do not seem to be fully addressed in some areas and the extra capacity wards seem to be an area of specific concern where staff still appear to be under considerable pressure. Complaints relating to discharge also continue to feature and the monthly indicator reveals no sustained improvements.

Early Warning Score (EWS) incidents remain high again for March with 17 being reported. One of these was a SUI and is subject to a full investigation but analysis of the other 16 show lack of / delayed availability of beds, lack of suitably trained staff and inadequate handover as some of the causes with clear issues around capacity and staffing. These incidents and concerns have been fed back to CBU and ward teams but the general and sustained demands on some medical wards still requires attention. The number of patient falls has also risen this month and is being reviewed by senior nurses.

These safety concerns continue to be detailed at the QPMG and GRMC meetings and at Divisional Boards.

4.0 Director of Human Resources – Kate Bradley

4.1 Appraisal

There was a slight decrease in the rolling twelve month average appraisal rate for March, although the number of appraisals which took place during the month was higher than in February.

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 at around 0.5% lower as absence periods are closed.

This sickness rate is higher than the previous 11 months but may fall after the absence periods have been closed down. The 12 month rolling sickness has remained at 3.5%.

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

5.0 Director of Finance – Andrew Seddon

5.0 Financial position

5.1 I&E summary

The Trust is reporting a year end surplus of £0.1m prior to the year end audit. This is £1.2m adverse to the planned surplus of £1.3m. Table 1 outlines the year end position and Table 2 the Financial Risk Rating.

Table 1 – I&E summary

| | 2011/12 Annual Plan £m | March | | | April - March 2012 | | |
|------------------------------------|---------------------------------|-------------|--------------|--------------|--------------------|--------------|---------------|
| | | Plan £m | Actual £m | Var £m | Plan £m | Actual £m | Var £m |
| Income | | | | | | | |
| Patient income | 595.8 | 50.7 | 56.3 | 5.5 | 595.8 | 615.1 | 19.2 |
| Teaching, R&D | 66.9 | 5.6 | 8.4 | 2.8 | 66.9 | 73.4 | 6.5 |
| Other operating Income | 19.0 | 1.6 | 3.6 | 2.0 | 19.0 | 22.6 | 3.6 |
| Total Income | 681.8 | 57.9 | 68.3 | 10.4 | 681.8 | 711.1 | 29.3 |
| Operating expenditure | | | | | | | |
| Pay | 420.5 | 35.1 | 37.1 | (2.0) | 420.5 | 434.9 | (14.4) |
| Non-pay | 215.2 | 18.3 | 24.0 | (5.7) | 215.2 | 233.0 | (17.7) |
| Total Operating Expenditure | 635.7 | 53.4 | 61.2 | (7.7) | 635.7 | 667.8 | (32.1) |
| EBITDA | 46.1 | 4.5 | 7.2 | 2.6 | 46.1 | 43.3 | (2.8) |
| Net interest | (0.5) | - | (0.0) | (0.0) | (0.5) | (0.5) | (0.1) |
| Depreciation | (31.1) | (2.6) | (2.1) | 0.5 | (31.1) | (30.5) | 0.5 |
| PDC dividend payable | (13.2) | (1.1) | 0.1 | 1.3 | (13.2) | (12.1) | 1.1 |
| Net deficit | 1.3 | 0.8 | 5.2 | 4.4 | 1.3 | 0.1 | (1.2) |
| Planned phasing adjustment | | 0.1 | - | (0.1) | | - | - |
| Surplus / (Deficit) | 1.3 | 0.9 | 5.2 | 4.3 | 1.3 | 0.1 | (1.2) |
| EBITDA % | 6.8% | | 10.5% | | | 6.1% | |

Table 2 – Financial Risk Ratings

Financial Metrics

| | | March | Year To Date | |
|--------------------------------------|------------------|---------------|---------------------|--------------|
| | Weighting | Result | Result | Score |
| EBITDA achieved (% of plan) | 10.0% | 158.5% | 93.9% | 4 |
| EBITDA margin (%) | 25.0% | 10.5% | 6.1% | 3 |
| Return on assets (%) | 20.0% | 1.4% | 3.3% | 3 |
| I&E surplus (%) | 20.0% | 7.6% | 0.0% | 2 |
| Liquidity ratio (days) | 25.0% | 11 | 16 | 3 |
| Overall Financial Risk Rating | | | | 3 |

The **year-end financial position** may be analysed as follows

5.2 Income

5.2.1 Total income for the year is £29.3 million (4.1%) favourable to Plan.

5.2.2 Patient care income for the year is £19.2m (3.2%) ahead of Plan. This reflects an over-performance on day-cases of £2.4m, elective inpatients of £2.5m and outpatients of £3.1m. Whilst emergency inpatient income is £7.5m above Plan, this includes £8m of non-recurrent readmission funding secured from the PCTs in late 2011. Activity is 3,932 spells (3.3%) below Plan, indicating an overall favourable casemix.

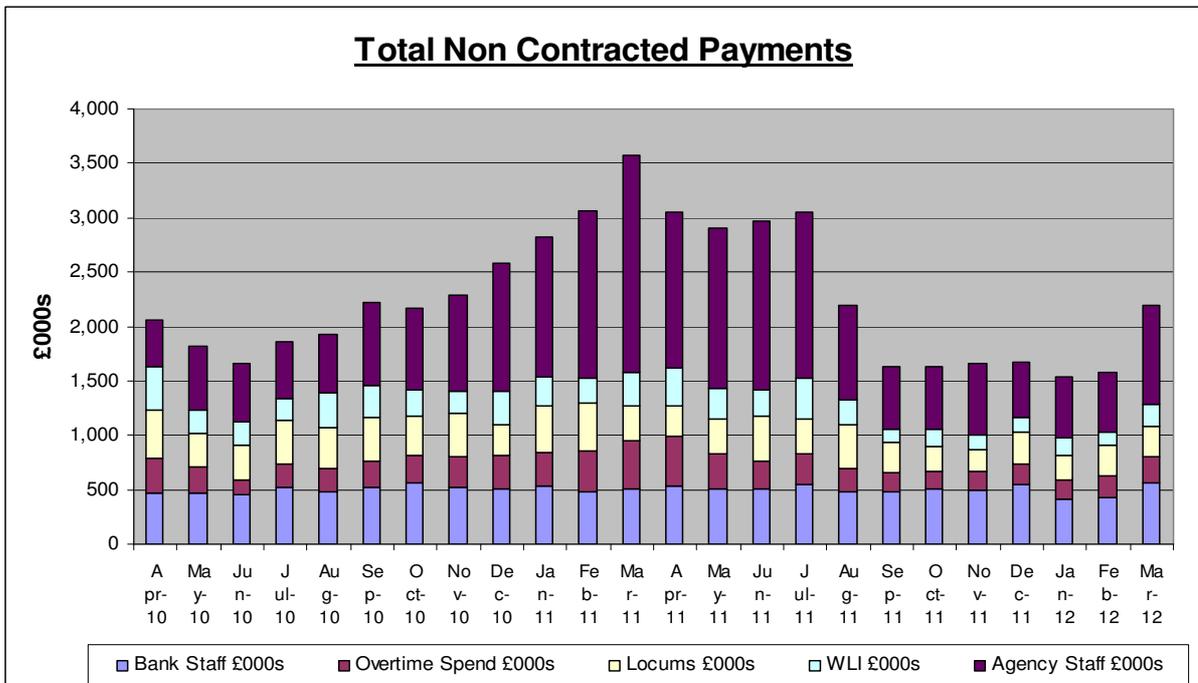
5.2.3 Teaching and R&D income is £6.5m favourable to Plan. This includes £4.0m of the £6m of the Corporate accrual releases as agreed in the “Stabilisation and Transformational” Trust Board paper in July 2011. In addition, there has been a change in reporting of R&D activities in 2011/12 whereby UHL now grosses up the income received and “passed through” to other organisations – the overall impact is neutral.

5.3 Expenditure

5.3.1 Expenditure for the year is £30.5m averse to Plan. This reflects a shortfall on the 2011/12 cost improvement programme savings of £13.0m; the use of significant premium agency staff in the first four months of the year, and the change in R&D accounting treatment described in 5.2.3 above.

5.3.2 Premium payments were stable between September and February, but increased substantially in March. This reflected additional work, mostly in the Planned Care Division, to deliver the activity backlog to meet the new Referral to Treat (RTT) targets. These costs are not forecast to continue into 2012/13. March costs include additional accruals raised at the year-end in respect of premium payments and we are still investigating some of the underlying issues around this end of year variance.

Chart 1



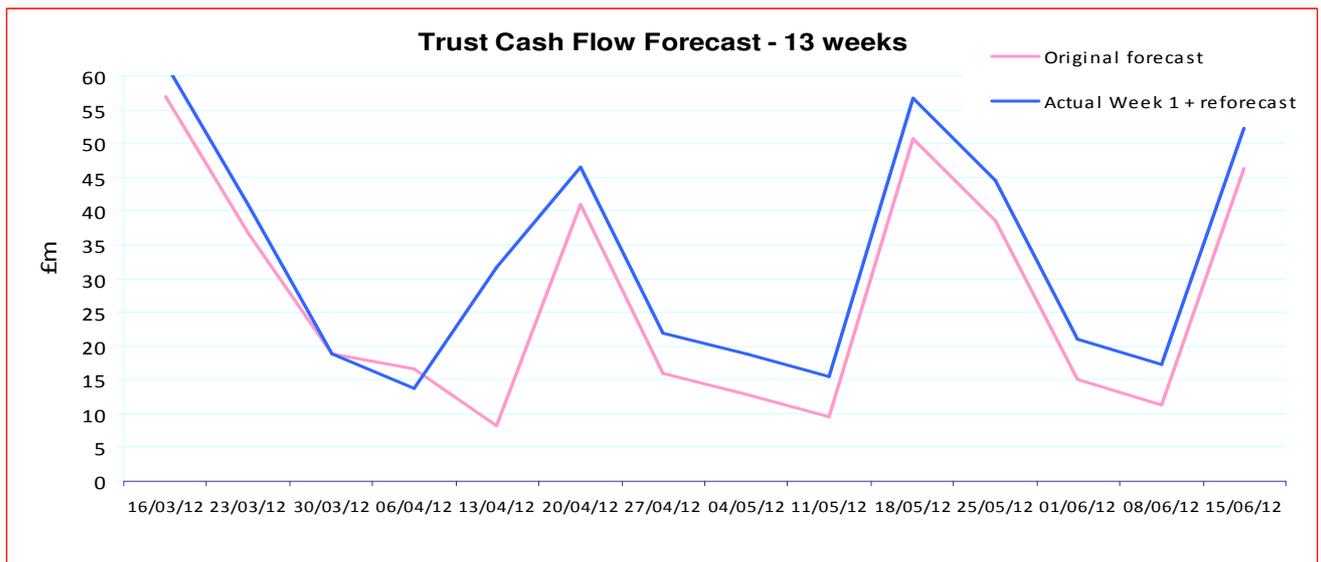
5.4 Financing costs

5.4.1 Financing costs benefits from the impact of the re-valuation of the estate as at 31 March 2012 (and consequential reduction in the PDC dividend).

5.5 Working capital and net cash

5.5.1 The Trust's closed the 2011/12 financial year with a cash balance £18.4m, thereby meeting the planned level of £18.2m.

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



5.6 2012/13 forecast

5.6.1 All divisions are normally required to revise their rolling three-month re-forecast as part of each month's financial close. Current monthly forecasts are those contained within the 2012/13 business plan. Regular monthly re-forecasting will recommence at the April month-end.

Appendix 1

2012-13 Indicators and Weightings for DoH Performance Framework and FT Compliance Framework

| Performance Indicator | DoH - SERVICE PERFORMANCE | | | |
|--|---------------------------|------------------|-----------|-------------------|
| | Performing | Under-performing | Weighting | Monitoring Period |
| Total time in A&E - 95% of patients should be seen within four hours | 95% | 94% | 1.0 | QTR |
| MRSA | 0 | >1SD | 1.0 | YTD |
| C Diff | 0 | >1SD | 1.0 | YTD |
| RTT - admitted - 90% in 18 weeks | 90% | 85% | 1.0 | Monthly |
| RTT - non-admitted - 95% in 18 weeks | 95% | 90% | 1.0 | Monthly |
| RTT - incomplete 92% in 18 weeks | 92% | 87% | 1.0 | Monthly |
| RTT delivery in all specialties | 0 | >20 | 1.0 | Monthly |
| Diagnostic Test Waiting Times | <1% | 5% | 1.0 | Monthly |
| 2 week GP referral to 1st outpatient | 93% | 88% | 0.5 | Monthly |
| 2 week GP referral to 1st outpatient - breast symptoms | 93% | 88% | 0.5 | Monthly |
| 31 day diagnosis to treatment for all cancers | 96% | 91% | 0.25 | Monthly |
| 31 day second or subsequent treatment - surgery | 94% | 89% | 0.25 | Monthly |
| 31 day second or subsequent treatment - drug | 98% | 93% | 0.25 | Monthly |
| 31 day for second or subsequent cancer treatment - radiotherapy treatments | 94% | 89% | 0.25 | Monthly |
| 62 days urgent GP referral to treatment of all cancers | 85% | 80% | 0.5 | Monthly |
| 62 day referral to treatment from screening | 90% | 85% | 0.5 | Monthly |
| Delayed transfers of care | 3.5% | 5% | 1.0 | QTR |
| Mixed Sex Accommodation Breaches | 0.0% | 0.5% | 1.0 | QTR |
| VTE Risk Assessment | 90% | 80% | 1.0 | QTR |

| FT COMPLIANCE FRAMEWORK | | |
|-------------------------|-----------|-------------------|
| Performing | Weighting | Monitoring Period |
| 95% | 1.0 | QTR |
| 0 | 1.0 | QTR |
| 0 | 1.0 | QTR |
| 90% | 1.0 | QTR |
| 95% | 1.0 | QTR |
| 92% | 1.0 | QTR |
| | | |
| 93% | 0.5 | QTR |
| 96% | 0.5 | QTR |
| 94% | 1.0 | QTR |
| 98% | | QTR |
| 94% | 1.0 | QTR |
| 85% | | QTR |
| 90% | | QTR |

| | | |
|--|-------------------------------------|-------------|
| Sum of weights | | 14.00 |
| Scoring values | Underperforming: | 0 |
| | Performance under review: | 1 |
| | Performing: | 3 |
| Overall performance score threshold | Underperforming if less than | 2.1 |
| | Performance under review if between | 2.1 and 2.4 |

| <u>Service Performance Score of</u> | <u>Governance Risk Rating</u> |
|-------------------------------------|-------------------------------|
| < 1.0 | Green |
| >= 1.0 and < 2.0 | Amber-Green |
| > = 2.0 and < 4.0 | Amber-Red |
| >= 4 | Red |

Emergency Department
Patient Survey

Emergency Department *Front Door Audit April 11 - March 12*



| Data Source: Front Door Audit Completed by Patient | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | 12 months |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| Number of patients interviewed | 119 | 78 | 100 | 100 | 100 | 98 | 100 | 99 | 100 | 100 | 100 | 97 | 1078 |
| 1. Why Have you come into A&E today? | | | | | | | | | | | | | |
| Minor illness. | 22% ▲ | 36% ▲ | 15% ▼ | 11% ▼ | 10% ▼ | 10% — | 19% ▲ | 16% ▼ | 27% ▲ | 15% ▼ | 15% — | 22% ▲ | 18% |
| Chronic pain. | 6% ▼ | 5% ▼ | 19% ▲ | 23% ▲ | 10% ▼ | 2% ▼ | 7% ▲ | 1% ▼ | 4% ▲ | 9% ▲ | 0% ▼ | 0% — | 7% |
| Minor injury. | 49% ▼ | 42% ▼ | 46% ▲ | 33% ▼ | 38% ▲ | 63% ▲ | 45% ▼ | 59% ▲ | 55% ▼ | 61% ▲ | 63% ▲ | 47% ▼ | 50% |
| Breathing problems. | 2% ▲ | 1% ▼ | 4% ▲ | 1% ▼ | 3% ▲ | 3% — | 2% ▼ | 1% ▼ | 2% ▲ | 0% ▼ | 3% ▲ | 2% ▼ | 2% |
| Renewal of Medication. | 0% — | 0% — | 0% — | 0% — | 0% — | 1% ▲ | 0% ▼ | 0% — | 0% — | 0% — | 0% — | 0% — | 0% |
| Other. | 18% ▼ | 12% ▼ | 15% ▲ | 26% ▲ | 29% ▲ | 18% ▼ | 26% ▲ | 20% ▼ | 12% ▼ | 11% ▼ | 19% ▲ | 29% ▲ | 20% |
| No response. | 3% ▲ | 4% ▲ | 1% ▼ | 6% ▲ | 10% ▲ | 2% ▼ | 1% ▼ | 3% ▲ | 0% ▼ | 4% ▲ | 0% ▼ | 0% — | 3% |
| 2. How long has this problem been going on for? | | | | | | | | | | | | | |
| Few hours. | 43% ▼ | 35% ▼ | 46% ▲ | 44% ▼ | 40% ▼ | 47% ▲ | 42% ▼ | 47% ▲ | 41% ▼ | 45% ▲ | 43% ▼ | 47% ▲ | 43% |
| 1 day. | 24% ▼ | 13% ▼ | 12% ▼ | 16% ▲ | 19% ▲ | 19% — | 22% ▲ | 26% ▲ | 18% ▼ | 23% ▲ | 22% ▼ | 19% ▼ | 19% |
| 2 days. | 6% ▲ | 19% ▲ | 12% ▼ | 12% — | 9% ▼ | 7% ▼ | 10% ▲ | 6% ▼ | 6% — | 6% — | 11% ▲ | 6% ▼ | 9% |
| 3 days. | 3% ▼ | 6% ▲ | 7% ▲ | 2% ▼ | 7% ▲ | 2% ▼ | 3% ▲ | 4% ▲ | 7% ▲ | 8% ▲ | 3% ▼ | 7% ▲ | 5% |
| 4 - 6 days. | 5% ▲ | 9% ▲ | 6% ▼ | 8% ▲ | 4% ▼ | 3% ▼ | 8% ▲ | 3% ▼ | 8% ▲ | 7% ▼ | 7% — | 3% ▼ | 6% |
| 1 week. | 4% ▼ | 4% — | 3% ▼ | 5% ▲ | 3% ▼ | 3% — | 3% — | 3% — | 6% ▲ | 1% ▼ | 0% ▼ | 2% ▲ | 3% |
| More than a week. | 12% ▲ | 10% ▼ | 7% ▼ | 11% ▲ | 2% ▼ | 4% ▲ | 9% ▲ | 6% ▼ | 5% ▼ | 9% ▲ | 4% ▼ | 8% ▲ | 7% |
| No response. | 3% ▼ | 4% ▲ | 7% ▲ | 2% ▼ | 16% ▲ | 14% ▼ | 3% ▼ | 4% ▲ | 9% ▲ | 1% ▼ | 10% ▲ | 7% ▼ | 7% |
| 3. Patients registered with a GP | | | | | | | | | | | | | |
| Patients registered with a GP. | 83% — | 86% ▲ | 83% ▼ | 85% ▲ | 87% ▲ | 79% ▼ | 88% ▲ | 90% ▲ | 89% ▼ | 92% ▲ | 89% ▼ | 82% ▼ | 86% |
| Patients not registered with a GP. | 17% ▲ | 12% ▼ | 4% ▼ | 15% ▲ | 2% ▼ | 15% ▲ | 12% ▼ | 10% ▼ | 11% ▲ | 6% ▼ | 9% ▲ | 18% ▲ | 11% |
| No response. | 0% ▼ | 3% ▲ | 13% ▲ | 0% ▼ | 11% ▲ | 6% ▼ | 0% ▼ | 0% — | 0% — | 2% ▲ | 2% — | 0% ▼ | 3% |
| 4. Have you tried to see your GP before coming in? | | | | | | | | | | | | | |
| Yes. | 20% ▲ | 38% ▲ | 6% ▼ | 25% ▲ | 23% ▼ | 18% ▼ | 31% ▲ | 24% ▼ | 22% ▼ | 23% ▲ | 23% — | 30% ▲ | 24% |
| No. | 71% — | 45% ▼ | 64% ▲ | 53% ▼ | 63% ▲ | 45% ▼ | 55% ▲ | 60% ▲ | 48% ▼ | 55% ▲ | 64% ▲ | 48% ▼ | 56% |
| No response. | 8% ▼ | 17% ▲ | 30% ▲ | 22% ▼ | 14% ▼ | 37% ▲ | 14% ▼ | 16% ▲ | 30% ▲ | 22% ▼ | 13% ▼ | 22% ▲ | 20% |

Emergency Department
Patient Survey

Emergency Department *Front Door Audit April 11 - March 12*

| Data Source: Front Door Audit Completed by Patient | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | 12 months |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| Number of patients interviewed | 119 | 78 | 100 | 100 | 100 | 98 | 100 | 99 | 100 | 100 | 100 | 97 | 1078 |
| 5. If yes, how many times have you tried in last week? | | | | | | | | | | | | | |
| Once. | 38% ▼ | 67% ▲ | 50% ▼ | 56% ▲ | 43% ▼ | 72% ▲ | 74% ▲ | 67% ▼ | 64% ▼ | 52% ▼ | 48% ▼ | 48% — | 57% |
| Twice. | 13% ▲ | 10% ▼ | 17% ▲ | 8% ▼ | 9% ▲ | 0% ▼ | 10% ▲ | 17% ▲ | 9% ▼ | 13% ▲ | 0% ▼ | 21% ▲ | 10% |
| Three times. | 8% ▲ | 0% ▼ | 0% — | 4% ▲ | 0% ▼ | 0% — | 0% — | 0% — | 5% ▲ | 0% ▼ | 0% — | 7% ▲ | 2% |
| Four times. | 0% ▼ | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 4% ▲ | 3% ▼ | 1% |
| More than four occasions. | 0% ▼ | 7% ▲ | 0% ▼ | 8% ▲ | 4% ▼ | 0% ▼ | 3% ▲ | 0% ▼ | 0% — | 9% ▲ | 4% ▼ | 7% ▲ | 4% |
| No response. | 42% ▲ | 17% ▼ | 33% ▲ | 24% ▼ | 43% ▲ | 28% ▼ | 13% ▼ | 17% ▲ | 23% ▲ | 26% ▲ | 43% ▲ | 14% ▼ | 27% |
| 6. If no, why not? | | | | | | | | | | | | | |
| My GP is always too busy. | 0% — | 0% — | 0% — | 0% — | 0% — | 1% ▲ | 0% ▼ | 0% — | 0% — | 5% ▲ | 0% ▼ | 3% ▲ | 1% |
| I couldn't get an appointment until...%. | 0% — | 3% ▲ | 0% ▼ | 0% — | 0% — | 1% ▲ | 3% ▲ | 3% — | 1% ▼ | 0% ▼ | 3% ▲ | 0% ▼ | 1% |
| I thought this problem needs a hospital doctor. | 3% ▼ | 9% ▲ | 24% ▲ | 32% ▲ | 47% ▲ | 53% ▲ | 45% ▼ | 43% ▼ | 49% ▲ | 56% ▲ | 64% ▲ | 32% ▼ | 38% |
| It's easier for me to come to A&E. | 38% ▲ | 38% — | 47% ▲ | 27% ▼ | 19% ▼ | 4% ▼ | 6% ▲ | 19% ▲ | 16% ▼ | 9% ▼ | 8% ▼ | 33% ▲ | 22% |
| My GP advised me to come to A&E. | 1% ▼ | 23% ▲ | 7% ▼ | 8% ▲ | 9% ▲ | 18% ▲ | 3% ▼ | 14% ▲ | 14% — | 22% — | 21% ▼ | 26% ▲ | 14% |
| The ambulance took me in. | 1% ▲ | 1% — | 1% — | 1% — | 0% ▼ | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 0% |
| NHS direct advised me to come to A&E. | 5% ▲ | 0% ▼ | 12% ▲ | 5% ▼ | 4% ▼ | 1% ▼ | 1% — | 3% ▲ | 5% ▲ | 1% ▼ | 1% — | 3% ▲ | 4% |
| My friend took me here. | 16% ▲ | 1% ▼ | 2% ▲ | 12% ▲ | 4% ▼ | 5% ▲ | 14% ▲ | 4% ▼ | 14% ▲ | 6% ▼ | 1% ▼ | 3% ▲ | 7% |
| The police took me here. | 2% ▲ | 0% ▼ | 0% — | 1% ▲ | 0% ▼ | 0% — | 1% ▲ | 0% ▼ | 0% — | 1% ▲ | 3% ▲ | 0% ▼ | 1% |
| Other. | 0% — | 0% — | 0% — | 3% ▲ | 3% — | 4% ▲ | 0% ▼ | 13% ▲ | 0% ▼ | 0% — | 0% — | 0% — | 2% |
| No response. | 34% ▲ | 24% ▼ | 6% ▼ | 11% ▲ | 14% ▲ | 14% — | 26% ▲ | 0% ▼ | 0% — | 0% — | 0% — | 0% — | 11% |
| 7. NEW: Were you aware of the urgent care centre? | | | | | | | | | | | | | |
| Aware | 42% | 51% ▲ | 33% ▼ | 42% ▲ | 29% ▼ | 33% ▲ | 32% ▼ | 31% ▼ | 41% ▲ | 48% ▲ | 45% ▼ | 52% ▲ | 40% |
| Not aware | 38% | 47% ▲ | 34% ▼ | 52% ▲ | 55% ▲ | 56% ▲ | 56% — | 49% ▼ | 39% ▼ | 45% ▲ | 48% ▲ | 39% ▼ | 47% |
| No response | 20% | 1% ▼ | 33% ▲ | 6% ▼ | 16% ▲ | 11% ▼ | 12% ▲ | 19% ▲ | 20% ▲ | 7% ▼ | 7% — | 9% ▲ | 13% |

Emergency Department
Patient Survey

Emergency Department *Patient Experience April 11 - March 12*

University Hospitals of Leicester NHS Trust

Caring at its best

Data Source: Front Door Audit Completed by Patient

| | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | 12 months |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| Number of patients participating | 96 | 99 | 100 | 91 | 100 | 100 | 100 | 94 | 75 | 67 | 97 | 0 | 1019 |
| Which area of ED is the patient in? | | | | | | | | | | | | | |
| Majors | 82% ▲ | 74% ▼ | 70% ▼ | 66% ▼ | 67% ▲ | 65% ▼ | 52% ▼ | 55% ▲ | 65% ▲ | 60% ▼ | 53% ▼ | 64% ▲ | 64% |
| Minors | 16% ▲ | 3% ▼ | 12% ▲ | 10% ▼ | 11% ▲ | 9% ▼ | 9% — | 10% ▲ | 23% ▲ | 6% ▼ | 32% ▲ | 24% ▼ | 14% |
| EDU | 0% ▼ | 12% ▲ | 3% ▼ | 1% ▼ | 5% ▲ | 14% ▲ | 22% ▲ | 11% ▼ | 4% ▼ | 0% ▼ | 5% ▲ | 2% ▼ | 7% |
| Paeds | 0% ▼ | 2% ▲ | 9% ▲ | 3% ▼ | 3% — | 6% ▲ | 5% ▼ | 4% ▼ | 1% ▼ | 0% ▼ | 1% ▲ | 6% ▲ | 3% |
| Resus | 0% ▼ | 5% ▲ | 3% ▼ | 4% ▲ | 8% ▲ | 6% ▼ | 0% ▼ | 4% ▲ | 0% ▼ | 3% ▲ | 3% — | 2% ▼ | 3% |
| Not stated | 2% ▼ | 4% ▲ | 3% ▼ | 15% ▲ | 6% ▼ | 0% ▼ | 12% ▲ | 16% — | 7% ▼ | 31% ▲ | 6% ▼ | 2% ▼ | 9% |
| Gender | | | | | | | | | | | | | |
| Male | 57% ▲ | 62% ▲ | 42% ▼ | 51% ▲ | 49% ▼ | 39% ▼ | 47% ▲ | 43% ▼ | 43% — | 45% ▲ | 47% ▲ | 40% ▼ | 47% |
| Female | 42% ▼ | 36% ▼ | 55% ▲ | 45% ▼ | 51% ▲ | 45% ▼ | 52% ▲ | 56% ▲ | 56% — | 52% ▼ | 53% ▲ | 54% ▲ | 50% |
| Not stated | 1% ▲ | 2% ▲ | 3% ▲ | 4% ▲ | 0% ▼ | 16% ▲ | 1% ▼ | 1% — | 1% — | 3% ▲ | 0% ▼ | 6% ▲ | 3% |
| Age | | | | | | | | | | | | | |
| 17 yrs or younger | 1% ▼ | 6% ▲ | 12% ▲ | 4% ▼ | 4% — | 7% ▲ | 0% ▼ | 0% — | 0% — | 0% — | 2% ▲ | 6% ▲ | 4% |
| 18-25 | | 12% | 5% ▼ | 11% ▲ | 12% ▲ | 10% ▼ | 8% ▼ | 10% ▲ | 17% ▲ | 10% ▼ | 11% ▲ | 10% ▼ | 11% |
| 26-35 | | 11% | 18% ▲ | 12% ▼ | 16% ▲ | 6% ▼ | 7% ▲ | 14% ▲ | 8% ▼ | 12% ▲ | 10% ▼ | 14% ▲ | 12% |
| 36-50 | | 18% | 15% ▼ | 23% ▲ | 14% ▼ | 8% ▼ | 20% ▲ | 20% — | 19% ▼ | 16% ▼ | 15% ▼ | 14% ▼ | 17% |
| 51-64 | | 12% | 11% ▼ | 18% ▲ | 17% ▼ | 12% ▼ | 14% ▲ | 13% ▼ | 12% ▼ | 13% ▲ | 16% ▲ | 12% ▼ | 14% |
| 18-64 | 54% ▲ | 54% — | 49% ▼ | 64% ▲ | 59% ▼ | 36% ▼ | 49% ▲ | 56% ▲ | 56% — | 52% ▼ | 54% ▲ | 50% ▼ | 53% |
| 65-74 | | 8% | 16% ▲ | 8% ▼ | 14% ▲ | 14% — | 13% ▼ | 11% ▼ | 9% ▼ | 18% ▲ | 10% ▼ | 18% ▲ | 13% |
| 75-84 | | 14% | 14% — | 12% ▼ | 12% — | 19% ▲ | 16% ▼ | 21% ▲ | 19% ▼ | 10% ▼ | 21% ▲ | 14% ▼ | 16% |
| 85 yrs or older | | 16% | 6% ▼ | 8% ▲ | 11% ▲ | 10% ▼ | 16% ▲ | 5% ▼ | 11% ▲ | 16% ▲ | 12% ▼ | 8% ▼ | 11% |
| 65 yrs or older | 44% ▲ | 38% ▼ | 36% ▼ | 27% ▼ | 37% ▲ | 43% ▲ | 45% ▲ | 37% ▼ | 39% ▲ | 45% ▲ | 43% ▼ | 40% ▼ | 40% |
| Not stated | 1% — | 2% ▲ | 3% ▲ | 4% ▲ | 0% ▼ | 14% ▲ | 6% ▼ | 6% — | 5% ▼ | 3% ▼ | 1% ▼ | 4% ▲ | 4% |
| Ethnicity | | | | | | | | | | | | | |
| White | 89% ▲ | 79% ▼ | 74% ▼ | 73% ▼ | 72% ▼ | 66% ▼ | 86% ▲ | 86% — | 68% ▼ | 81% ▲ | 79% ▼ | 74% ▼ | 77% |
| Mixed | 2% ▲ | 1% ▼ | 3% ▲ | 0% ▼ | 0% — | 4% ▲ | 3% ▼ | 5% ▲ | 4% ▼ | 0% ▼ | 2% ▲ | 0% ▼ | 2% |
| Asian or Asian British | 5% ▼ | 11% ▲ | 14% ▲ | 15% ▲ | 17% ▲ | 10% ▼ | 8% ▼ | 6% ▼ | 11% ▲ | 10% ▼ | 10% — | 14% ▲ | 11% |
| Black or Black British | 1% ▼ | 2% ▲ | 1% ▼ | 3% ▲ | 1% ▼ | 0% ▼ | 0% — | 1% ▲ | 3% ▲ | 4% ▲ | 1% ▼ | 6% ▲ | 2% |
| Chinese | 0% — | 1% ▲ | 0% ▼ | 0% — | 1% ▲ | 0% ▼ | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 0% |
| Other | 1% — | 5% ▲ | 0% ▼ | 3% ▲ | 4% ▲ | 1% ▼ | 3% ▲ | 0% ▼ | 4% ▲ | 0% ▼ | 0% — | 0% — | 2% |
| Not stated | 0% ▼ | 1% ▲ | 8% ▲ | 5% ▼ | 5% — | 19% ▲ | 0% ▼ | 1% ▲ | 11% ▲ | 4% ▼ | 7% ▲ | 6% ▼ | 6% |

Emergency Department
Patient Survey

Emergency Department *Patient Experience April 11 - March 12*

University Hospitals of Leicester NHS Trust

Caring at its best

| Data Source: Front Door Audit Completed by Patient | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | 12 months |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| Number of comments received | 197 | 495 | 500 | 454 | 499 | 499 | 500 | 469 | 500 | 500 | 500 | 250 | 5363 |
| Overall | | | | | | | | | | | | | |
| Positive | 59% ▼ | 93% ▲ | 93% — | 95% ▲ | 90% ▼ | 94% ▲ | 93% ▼ | 94% ▲ | 97% ▲ | 97% — | 97% — | 97% — | 92% |
| Neutral | 18% ▲ | 5% ▼ | 4% ▼ | 1% ▼ | 9% ▲ | 3% ▼ | 4% ▲ | 4% — | 2% ▼ | 2% — | 2% — | 2% — | 5% |
| Negative | 23% ▲ | 2% ▼ | 3% ▲ | 4% ▲ | 1% ▼ | 3% ▲ | 3% — | 2% ▼ | 1% ▼ | 1% — | 1% — | 1% — | 4% |
| Care Received | | | | | | | | | | | | | |
| Positive | 69% ▼ | 88% ▲ | 89% ▲ | 100% ▲ | 94% ▼ | 92% ▼ | 92% — | 94% ▲ | 93% ▼ | 96% ▲ | 91% ▼ | 92% ▲ | 91% |
| Neutral | 28% ▲ | 9% ▼ | 7% ▼ | 0% ▼ | 6% ▲ | 5% ▼ | 5% — | 4% ▼ | 5% ▲ | 3% ▼ | 8% ▲ | 8% — | 7% |
| Negative | 3% ▼ | 3% — | 4% ▲ | 0% ▼ | 0% — | 3% ▲ | 3% — | 2% ▼ | 1% ▼ | 1% — | 1% — | 0% ▼ | 2% |
| Information Received | | | | | | | | | | | | | |
| Positive | 43% ▼ | 92% ▲ | 99% ▲ | 96% ▼ | 96% — | 99% ▲ | 100% ▲ | 99% ▼ | 99% — | 100% ▲ | 100% — | 100% — | 93% |
| Neutral | 14% ▲ | 6% ▼ | 1% ▼ | 0% ▼ | 4% ▲ | 1% ▼ | 0% ▼ | 1% ▲ | 1% — | 0% ▼ | 0% — | 0% — | 2% |
| Negative | 43% ▲ | 2% ▼ | 0% ▼ | 4% ▲ | 0% ▼ | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 4% |
| Waiting Times | | | | | | | | | | | | | |
| Positive | 36% ▲ | 88% ▲ | 92% ▲ | 90% ▼ | 78% ▼ | 86% ▲ | 84% ▼ | 91% ▲ | 97% ▲ | 91% ▼ | 88% ▼ | 86% ▼ | 84% |
| Neutral | 7% ▼ | 8% ▲ | 4% ▼ | 2% ▼ | 20% ▲ | 8% ▼ | 9% ▲ | 5% ▼ | 3% ▼ | 4% ▲ | 5% ▲ | 8% ▲ | 7% |
| Negative | 57% ▲ | 4% ▼ | 4% — | 8% ▲ | 2% ▼ | 6% ▲ | 7% ▲ | 3% ▼ | 0% ▼ | 4% ▲ | 7% ▲ | 6% ▼ | 9% |
| NEW - Privacy | | | | | | | | | | | | | |
| Positive | | 99% | 97% ▼ | 99% ▲ | 92% ▼ | 95% ▲ | 100% ▲ | 98% ▼ | 97% ▼ | 99% ▲ | 99% — | 100% ▲ | 98% |
| Neutral | | 0% | 2% ▲ | 0% ▼ | 8% ▲ | 1% ▼ | 0% ▼ | 2% ▲ | 0% ▼ | 0% — | 1% ▲ | 0% ▼ | 1% |
| Negative | | 1% | 1% — | 1% — | 0% ▼ | 3% ▲ | 0% ▼ | 0% — | 3% ▲ | 1% ▼ | 0% ▼ | 0% — | 1% |
| NEW - Dignity and Respect | | | | | | | | | | | | | |
| Positive | | 99% | 99% — | 96% ▼ | 96% — | 99% ▲ | 100% ▲ | 99% ▼ | 99% — | 100% ▲ | 100% — | 100% — | 99% |
| Neutral | | 1% | 1% — | 0% ▼ | 4% ▲ | 1% ▼ | 0% ▼ | 1% ▲ | 1% — | 0% ▼ | 0% — | 0% — | 1% |
| Negative | | 0% | 0% — | 4% ▲ | 0% ▼ | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 0% — | 0% |

Caring at its best

Quality and Performance

Trust Board

Thursday 26th April 2012

March 2012

One team shared values

QUALITY and PERFORMANCE REPORT

Index

Executive Scorecards

| | |
|---------------|--------------------------|
| Pages 3 and 4 | "UHL at a Glance" |
| Pages 5 to 8 | History / Trend Overview |

Analysis and Commentary

| | |
|-----------------|--|
| Page 9 | Infection Prevention |
| Page 10 | Mortality |
| Page 11 | Readmissions |
| Page 12 | Falls and Pressure Ulcers |
| Pages 13 and 14 | Patient Experience |
| Page 15 | Emergency Department |
| Page 16 | Referral to Treatment |
| Page 17 | Primary PCI and Same Sex Accommodation |
| Page 18 | Cancer Treatment |
| Page 19 | Staff Experience / Workforce |
| Page 20 | Value for Money - Executive Summary |
| Page 21 | Income and Expenditure |
| Page 22 | Contract Performance |
| Page 23 | Income and Expenditure - Divisional Position |
| Page 24 | Cost Improvement Programme |
| Page 25 | Balance Sheet |
| Page 26 | Cash Flow |
| Page 27 | Capital Budget |
| Pages 28 and 29 | Measures, Targets and Thresholds |

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 12 - 2011/12

| PATIENT SAFETY | Standard | Current Data Month | Month Actual | YTD | Data Quality |
|---|----------|--------------------|--------------|-------|--------------|
| MRSA Bacteraemias | 9 | Mar-12 | 0 | 7 | |
| CDT Isolates in Patients (UHL - All Ages) | 165 | Mar-12 | 11 | 108 | |
| % of all adults who have had VTE risk assessment on adm to hosp *** | 90% | Mar-12 | 93.7% | 93.8% | |
| Reduction of hospital acquired venous thrombosis *** | 0.175 | Qtr 3 11/12 | 0.22 | | |
| Incidents of Patient Falls | TBC | Feb-12 | 231 | 2659 | |
| In Hospital Falls resulting in Hip Fracture *** | 12 | Mar-12 | 1 | 4 | |
| CLINICAL EFFECTIVENESS | Standard | Current Data Month | Month Actual | YTD | Data Quality |
| Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 93% | Feb-12 | 93.4% | 94.1% | |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 93% | Feb-12 | 95.7% | 96.0% | |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 96% | Feb-12 | 96.1% | 97.4% | |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | 98% | Feb-12 | 100.0% | 99.9% | |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | 94% | Feb-12 | 95.1% | 94.8% | |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 94% | Feb-12 | 100.0% | 98.9% | |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 85% | Feb-12 | 85.3% | 83.5% | |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 90% | Feb-12 | 100.0% | 94.0% | |
| 62-Day Wait For First Treatment From Consultant Upgrade | 85% | Feb-12 | ----- | 85.7% | |
| Emergency 30 Day Readmissions (Following Elective Admission) | 1.6% | Feb-12 | 5.3% | 5.1% | |
| Emergency 30 Day Readmissions (Following Emergency Admission) | 8.0% | Feb-12 | 9.9% | 9.5% | |
| Mortality (CHKS Risk Adjusted) - OVERALL | 85 | Feb-12 | 90.6 | 81.0 | |
| Primary PCI Call to Balloon <150 Mins | 75.0% | Mar-12 | 93.3% | 86.7% | |
| Pressure Ulcers (Grade 3 and 4) | 197 | Feb-12 | 8 | 116 | |

*** Trust Priorities

Data Quality Key : Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



UHL at a Glance - Month 12 - 2011/12

| PATIENT EXPERIENCE | Standard | Current Data Month | Month Actual | YTD | Data Quality |
|--|----------|--------------------|--------------|---------|--------------|
| Inpatient Polling - treated with respect and dignity *** | 95.0 | Mar-12 | 95.6 | 96.0 | |
| Inpatient Polling - rating the care you receive *** | 91.0 | Mar-12 | 87.0 | 86.9 | |
| Outpatient Polling - treated with respect and dignity *** | 95.0 | Mar-12 | 88.0 | 92.9 | |
| Outpatient Polling - rating the care you receive *** | 85.0 | Mar-12 | 86.0 | 85.2 | |
| % Beds Providing Same Sex Accommodation - Wards *** | 100% | Mar-12 | 100.0% | 100.0% | |
| % Beds Providing Same Sex Accommodation - Intensivist *** | 100% | Mar-12 | 100.0% | 100.0% | |
| ED Waits (2011/12 - Type 1 and 2 plus Urgent Care Centre) | 95% | Mar-12 | 90.4% | 93.9% | |
| ED Waits - UHL (Type 1 and 2) | 95% | Mar-12 | 88.0% | 92.2% | |
| ED Unplanned Re-attendance Rate (From Qtr 2 2011/12) | <5% | Mar-12 | 6.6% | | |
| ED Left Without Being Seen % (From Qtr 2 2011/12) | <5% | Mar-12 | 3.6% | | |
| ED Time in Department - 95th centile Type 1+2 (From Qtr 2 2011/12) | <4Hrs | Mar-12 | 331 | | |
| ED Time to Initial Assessment - 95th centile (From Qtr 2 2011/12) | <15 mins | Mar-12 | 41 | | |
| ED Time to Treatment - Median (From Qtr 2 2011/12) | <60 mins | Mar-12 | 61 | | |
| RTT 18 week - Admitted | 90% | Mar-12 | 83.5% | | |
| RTT 18 week - Non admitted | 95% | Mar-12 | 95.9% | | |
| RTT Admitted Median Wait (Weeks) | <=11.1 | Mar-12 | 9.9 | | |
| RTT Admitted 95th Percentile (Weeks) | <=23.0 | Mar-12 | 25.5 | | |
| RTT Non-Admitted Median Wait (Weeks) | <=6.6 | Mar-12 | 5.9 | | |
| RTT Non-Admitted 95th Percentile (Weeks) | <=18.3 | Mar-12 | 17.7 | | |
| RTT Incomplete Median Wait (Weeks) | <=7.2 | Mar-12 | 5.6 | | |
| RTT Incomplete 95th Percentile (Weeks) | <=28.0 | Mar-12 | 17.7 | | |
| STAFF EXPERIENCE / WORKFORCE | Standard | Current Data Month | Month Actual | YTD | Data Quality |
| Sickness absence | 3.0% | Mar-12 | 4.3% | 3.5% | |
| Appraisals | 100% | Mar-12 | 94.4% | 94.4% | |
| VALUE FOR MONEY | Standard | Current Data Month | Month Actual | YTD | Data Quality |
| Income (£000's) | 681,756 | Mar-12 | 68,316 | 711,076 | |
| Operating Cost (£000's) | 635,693 | Mar-12 | 61,152 | 667,823 | |
| Surplus / Deficit (as EBIDTA) (£000's) | 46,063 | Mar-12 | 7,164 | 43,253 | |
| CIP (£000's) | 38,245 | Mar-12 | 2,995 | 25,226 | |
| Cash Flow (£000's) | 18,200 | Mar-12 | 18,369 | 18,369 | |
| Financial Risk Rating | 3 | Mar-12 | 3 | 3 | |
| Pay - Locums (£ 000s) | | Mar-12 | 277 | 3,532 | |
| Pay - Agency (£ 000s) | | Mar-12 | 923 | 11,175 | |
| Pay - Bank (£ 000s) | | Mar-12 | 556 | 6,004 | |
| Pay - Overtime (£ 000s) | | Mar-12 | 252 | 2,878 | |
| Total Pay Bill (£ millions) | 420,410 | Mar-12 | 37.1 | 436 | |
| Cost per Bed Day (£) | | Mar-12 | 147 | 147 | |

*** Trust Priorities

Data Quality Key: Process & Procedure Fully Documented



Patient Level



Audit



Director Sign Off



HISTORY / TREND OVERVIEW - Month 12 - 2011/12

PATIENT SAFETY

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status | Page No |
|---|-----------|--------------|--------|--------|--------------|--------|--------|--------------|--------|--------|--------|--------|--------|-------|--------|--------|---------|
| MRSA Bacteraemias | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 7 | 9 | | 9 |
| CDT Isolates in Patients (UHL - All Ages) | 14 | 9 | 15 | 7 | 8 | 10 | 8 | 13 | 11 | 6 | 4 | 6 | 11 | 108 | 165 | | 9 |
| % of all adults who have had VTE risk assessment on adm to hosp | 79% | 92.7% | 93.5% | 93.5% | 94.5% | 93.8% | 93.8% | 93.8% | 94.5% | 94.3% | 94.1% | 93.8% | 93.7% | 93.8% | 90% | | |
| Reduction of hospital acquired venous thrombosis | Q4 - 0.12 | Qtr 1 - 0.15 | | | Qtr 2 - 0.18 | | | Qtr 3 - 0.22 | | | | | | | 0.175 | | |
| Incidents of Patient Falls | 239 | 265 | 269 | 245 | 261 | 247 | 232 | 263 | 222 | 220 | 204 | 231 | | 2659 | TBC | | 12 |
| In Hospital Falls resulting in Hip Fracture | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 4 | 12 | | |

CLINICAL EFFECTIVENESS

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | 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% | 96.3% | 93.7% | 93.4% | 94.0% | 95.3% | 93.1% | 94.3% | 94.4% | 93.2% | 94.4% | 93.4% | | 94.1% | 93% | | 18 |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 95.4% | 97.2% | 93.8% | 98.3% | 97.7% | 96.5% | 97.3% | 95.8% | 95.4% | 93.3% | 93.2% | 95.7% | | 96.0% | 93% | | 18 |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 96.8% | 97.0% | 98.7% | 96.8% | 97.7% | 97.3% | 96.8% | 98.4% | 97.9% | 97.2% | 97.6% | 96.1% | | 97.4% | 96% | | 18 |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | 100.0% | 100.0% | 99.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 99.9% | 98% | | 18 |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | 95.8% | 97.1% | 95.5% | 94.1% | 96.9% | 94.0% | 95.6% | 94.1% | 98.8% | 92.1% | 88.6% | 95.1% | | 94.8% | 94% | | 18 |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 98.8% | 99.1% | 99.4% | 100.0% | 99.3% | 97.8% | 99.3% | 99.2% | 98.7% | 98.3% | 97.0% | 100.0% | | 98.9% | 94% | | 18 |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 85.9% | 87.3% | 85.4% | 84.1% | 81.8% | 83.2% | 81.1% | 79.4% | 81.3% | 84.9% | 86.3% | 85.3% | | 83.5% | 85% | | 18 |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 100.0% | 97.1% | 94.9% | 93.5% | 92.5% | 87.9% | 91.8% | 95.2% | 98.3% | 91.8% | 94.7% | 100.0% | | 94.0% | 90% | | 18 |
| 62-Day Wait For First Treatment From Consultant Upgrade | 100.0% | 100.0% | ----- | 100.0% | n/a | 100.0% | 80.0% | 100.0% | ----- | 0.0% | ----- | ----- | | 85.7% | 85% | | 18 |

HISTORY / TREND OVERVIEW - Month 12 - 2011/12
CLINICAL EFFECTIVENESS (Continued)

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status | Page No |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|---------|
| Emergency 30 Day Readmissions (Following Elective Admission) | 5.0% | 4.9% | 4.8% | 5.3% | 4.9% | 5.1% | 4.8% | 5.3% | 4.7% | 5.7% | 5.4% | 5.3% | | 5.1% | 1.6% | ▲ | 11 |
| Emergency 30 Day Readmissions (Following Emergency Admission) | 10.8% | 9.4% | 9.2% | 10.0% | 9.6% | 9.7% | 9.7% | 9.0% | 9.1% | 9.5% | 9.6% | 9.9% | | 9.5% | 8.0% | ▼ | 11 |
| Mortality (CHKS - Risk Adjusted) - OVERALL | 86.8 | 84.8 | 85.9 | 74.8 | 80.7 | 80.1 | 87.1 | 78.5 | 74.9 | 74.1 | 82.2 | 90.6 | | 81.0 | 85 | ▼ | |
| Stroke - 90% of Stay on a Stroke Unit | 80% | 85% | 87% | 89% | 88% | 88% | 75% | 82% | 91% | 90% | 82% | 69% | | 84% | 80% | ▼ | |
| Primary PCI Call to Balloon <150 Mins | 86.4% | 85.0% | 81.8% | 96.0% | 82.6% | 94.4% | 72.2% | 84.8% | 90.0% | 88.5% | 86.4% | 83.3% | 93.3% | 86.7% | 75% | ▲ | 18 |
| Pressure Ulcers (Grade 3 and 4) | 20 | 15 | 12 | 17 | 17 | 8 | 5 | 10 | 6 | 6 | 12 | 8 | | 116 | 197 | ▲ | 13 |

HISTORY / TREND OVERVIEW - Month 12 - 2011/12

PATIENT EXPERIENCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status | Page No |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-----------|--------|---------|
| Inpatient Polling - treated with respect and dignity | 95.0 | 96.6 | 96.3 | 96.5 | 95.7 | 96.0 | 95.3 | 96.1 | 96.0 | 96.1 | 96.2 | 95.6 | 95.6 | 96.0 | 95.0 | 🟢 | 14 |
| Inpatient Polling - rating the care you receive | 83.8 | 88.4 | 87.2 | 87.6 | 87.0 | 85.4 | 85.0 | 86.8 | 86.3 | 87.7 | 86.6 | 87.8 | 87.0 | 86.9 | 91.0 | 🟡 | 14 |
| Outpatient Polling - treated with respect and dignity | | | 96.7 | 93.5 | 84.0 | | 91.0 | 94.3 | 98.0 | 92.0 | 92.0 | 99.0 | 88.0 | 92.9 | 95.0 | 🔴 | |
| Outpatient Polling - rating the care you receive | | | 87.0 | 85.1 | 72.6 | | 82.5 | 85.7 | 84.0 | 91.0 | 86.0 | 92.0 | 86.0 | 85.2 | 85.0 | 🟢 | |
| % Beds Providing Same Sex Accommodation -Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 🟢 | 17 |
| % Beds Providing Same Sex Accommodation - Intensivist | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 🟢 | 17 |
| A&E Waits - Leics (10/11) - UHL Incl UCC (11/12) | 93.8% | 93.4% | 93.7% | 95.8% | 97.2% | 93.8% | 92.0% | 92.0% | 94.4% | 97.0% | 95.5% | 91.6% | 90.4% | 93.9% | 95% | 🔴 | 15 |
| A&E Waits - UHL (Type 1 and 2) | 90.4% | 91.5% | 92.1% | 94.7% | 96.4% | 92.1% | 89.9% | 89.8% | 92.9% | 96.3% | 94.4% | 89.5% | 88.0% | 92.2% | 95% | 🔴 | 15 |
| Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12) | 6.3% | 6.6% | 5.6% | 5.2% | 5.9% | 6.7% | 5.5% | 6.0% | 5.7% | 5.4% | 6.1% | 6.1% | 6.6% | | <5% | 🟡 | 15 |
| Left Without Being Seen % (From Qtr 2 11/12) | 2.5% | 2.5% | 2.2% | 2.0% | 2.1% | 2.8% | 2.4% | 2.9% | 2.0% | 2.3% | 2.1% | 2.4% | 3.6% | | <5% | 🟢 | 15 |
| ED Time in Department - 95th centile Type 1+2 (From Qtr 2 11/12) | 343 | 306 | 307 | 257 | 239 | 304 | 338 | 341 | 288 | 240 | 264 | 331 | 331 | | <240 Mins | 🟡 | 15 |
| Time to Initial Assessment - 95th centile (From Qtr 2 11/12) | 63 | 70 | 56 | 41 | 39 | 48 | 48 | 61 | 48 | 42 | 32 | 34 | 41 | | <15 Mins | 🟡 | 15 |
| Time to Treatment - Median (From Qtr 2 11/12) | 58 | 59 | 54 | 50 | 34 | 34 | 39 | 44 | 43 | 42 | 42 | 54 | 61 | | <60 mins | 🟡 | 15 |
| RTT 18 week - Admitted | 91.8% | 91.7% | 90.0% | 85.0% | 91.4% | 92.0% | 90.8% | 90.9% | 88.5% | 87.6% | 84.6% | 82.8% | 83.5% | | 90% | 🟡 | 16 |
| RTT 18 week - Non admitted | 97.1% | 97.3% | 97.2% | 97.0% | 97.2% | 96.8% | 96.6% | 96.4% | 96.2% | 96.6% | 95.5% | 96.1% | 95.9% | | 95% | 🟢 | 16 |
| RTT Admitted Median Wait (Weeks) | 9.1 | 8.5 | 9.5 | 10.2 | 8.5 | 8.8 | 8.9 | 9.0 | 8.4 | 9.2 | 10.1 | 10.8 | 9.9 | | <=11.1 | 🟢 | 16 |
| RTT Admitted 95th Percentile (Weeks) | 24.1 | 23.5 | 25.1 | 25.2 | 21.2 | 21.1 | 22.9 | 22.5 | 25.3 | 25.8 | 26.9 | 27.7 | 25.5 | | <=23.0 | 🟡 | 16 |
| RTT Non-Admitted Median Wait (Weeks) | 5.4 | 5.3 | 6.4 | 6.2 | 6.0 | 6.5 | 6.8 | 6.3 | 6.1 | 5.8 | 6.9 | 5.9 | 5.9 | | <=6.6 | 🟢 | 16 |
| RTT Non-Admitted 95th Percentile (Weeks) | 16.8 | 16.4 | 16.8 | 17.1 | 17.0 | 17.2 | 17.4 | 17.6 | 17.7 | 17.4 | 17.8 | 17.5 | 17.7 | | <=18.3 | 🟢 | 16 |
| RTT Incomplete Median Wait (Weeks) | 5.5 | 6.3 | 6.4 | 5.8 | 6.3 | 6.3 | 6.4 | 5.9 | 6.0 | 6.8 | 6.6 | 5.8 | 5.6 | | <=7.2 | 🟢 | 16 |
| RTT Incomplete 95th Percentile (Weeks) | 21.8 | 21.3 | 19.4 | 19.6 | 21.1 | 21.1 | 22.5 | 22.6 | 21.9 | 22.5 | 21.4 | 20.8 | 17.7 | | <=28.0 | 🟢 | 16 |

HISTORY / TREND OVERVIEW - Month 12 - 2011/12

STAFF EXPERIENCE / WORKFORCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status | Page No |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|---------|
| Sickness absence | 3.4% | 3.2% | 3.0% | 3.4% | 3.3% | 3.1% | 3.1% | 3.4% | 3.7% | 3.8% | 3.7% | 3.9% | 4.3% | 3.5% | 3.0% | ▼ | 19 |
| Appraisals | 90.3% | 90.4% | 88.8% | 86.8% | 85.9% | 87.7% | 88.7% | 93.5% | 93.9% | 95.0% | 96.1% | 96.1% | 94.4% | 94.4% | 100% | ▼ | 19 |

VALUE FOR MONEY

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Income (£000's) | 64,835 | 56,760 | 55,861 | 56,745 | 56,772 | 56,977 | 58,516 | 58,722 | 58,984 | 61,037 | 60,542 | 61,844 | 68,316 | 711,076 |
| Operating Cost (£000's) | 58,922 | 55,260 | 55,886 | 55,534 | 55,943 | 54,884 | 54,768 | 55,416 | 54,797 | 55,297 | 53,833 | 55,053 | 61,152 | 667,823 |
| Surplus / Deficit (as EBIDTA) (£000's) | 5,913 | 1,500 | -25 | 1,211 | 829 | 2,093 | 3,748 | 3,306 | 4,187 | 5,740 | 6,709 | 6,791 | 7,164 | 43,253 |
| CIP (£000's) | 3,270 | 1,012 | 912 | 1,422 | 1,508 | 1,650 | 2,243 | 2,486 | 2,652 | 2,772 | 2,767 | 2,807 | 2,995 | 25,226 |
| Cash Flow (£000's) | 10,306 | 14,465 | 9,778 | 4,425 | 8,296 | 21,003 | 15,384 | 20,927 | 16,563 | 16,872 | 21,818 | 29,924 | 18,369 | 18,369 |
| Financial Risk Rating | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 |

HR Pay Analysis

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ |
| Locums (£ 000s) | 335 | 283 | 328 | 417 | 315 | 392 | 281 | 231 | 199 | 293 | 229 | 288 | 277 | 3,532 |
| Agency (£ 000s) | 1,990 | 1,427 | 1,475 | 1,526 | 1,522 | 866 | 576 | 569 | 656 | 515 | 567 | 554 | 923 | 11,175 |
| Bank (£ 000s) | 504 | 540 | 509 | 509 | 554 | 477 | 480 | 504 | 490 | 543 | 413 | 430 | 556 | 6,004 |
| Overtime (£ 000s) | 447 | 453 | 317 | 256 | 282 | 224 | 181 | 168 | 181 | 196 | 173 | 193 | 252 | 2,878 |
| Total Pay Bill (£ millions) | 38.1 | 36.9 | 37.1 | 37.5 | 37.0 | 36.3 | 35.7 | 35.9 | 35.8 | 35.7 | 35.3 | 35.6 | 37.1 | 436 |

Average Cost per Bed Day

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ |
| Cost per Bed Day (£) | 172 | 169 | 165 | 165 | 166 | 161 | 157 | 159 | 161 | 157 | 143 | 157 | 147 |

INFECTION PREVENTION

Performance Overview

MRSA – no cases of MRSA were reported during March and the year end position is 7 against a target of 9.

CDifficile – 11 cases identified in March bringing the year end total to 108 against a target of 165.

MRSA elective and non-elective screening has been achieved at 100% respectively

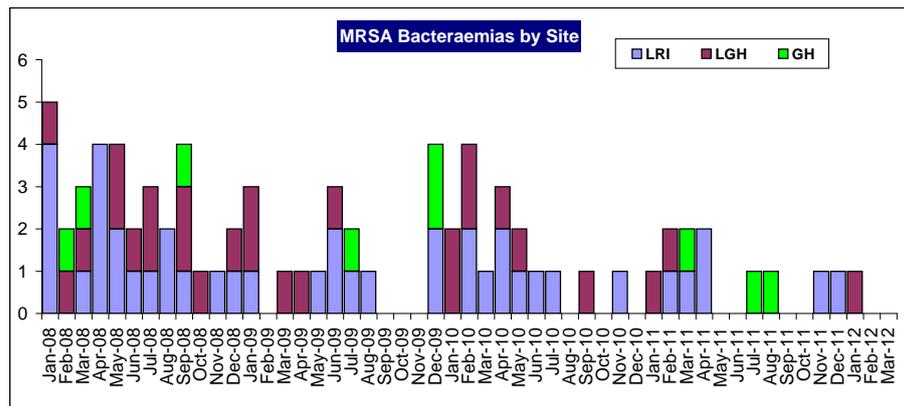
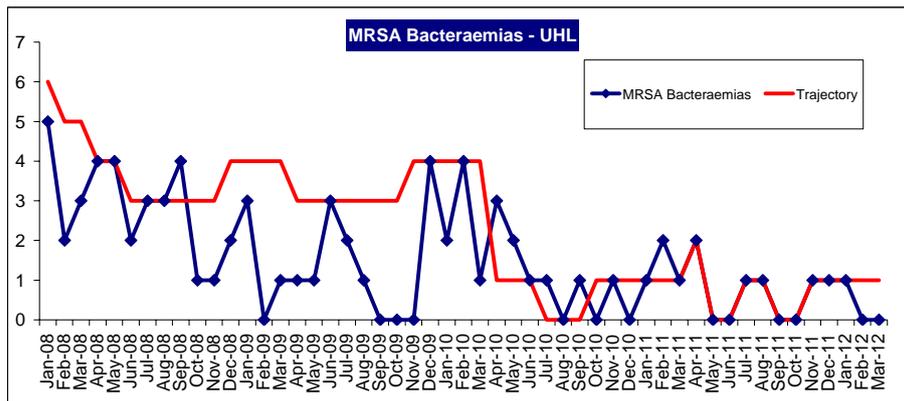
Key Actions

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

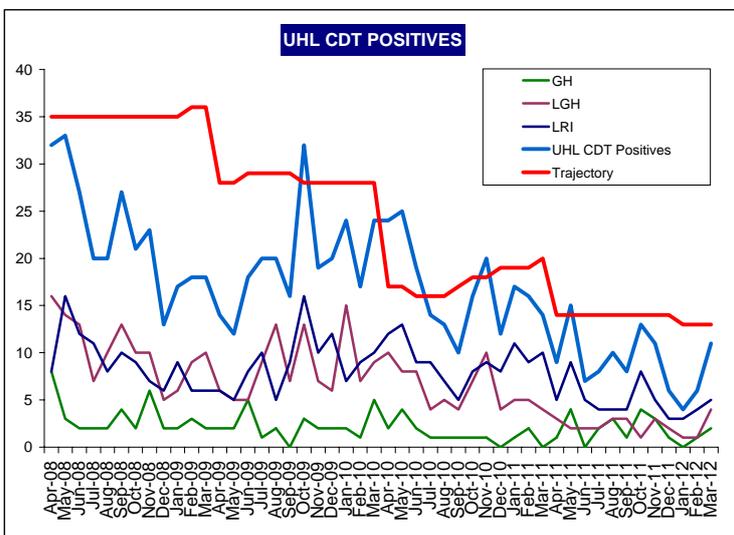
Full Year

MRSA - 7 (target 9)
CDiff - 108 (target 165)

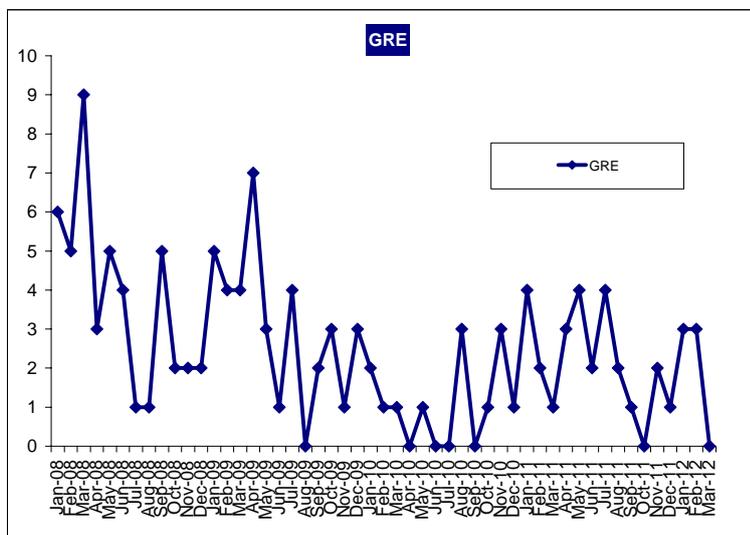
MRSA BACTERAEMIA



CLOSTRIDIUM DIFFICILE - UHL CDT POSITIVES



GLYCOPEPTIDE RESISTANT ENTEROCOCCUS (GRE)



TARGET / STANDARD

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------------------|--------|
| MRSA | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 7 | 9 | 🟢 |
| C. Diff. | 14 | 9 | 15 | 7 | 8 | 10 | 8 | 13 | 11 | 6 | 4 | 6 | 11 | 108 | 165 | 🔴 |
| Rate / 1000 Adm's | 1.6 | 1.2 | 2.0 | 0.9 | 1.0 | 1.3 | 1.1 | 1.8 | 1.4 | 0.8 | 0.5 | 0.8 | 1.3 | 1.2 | | |
| GRE | 1 | 3 | 4 | 2 | 4 | 2 | 1 | 0 | 2 | 1 | 3 | 3 | 1 | 26 | TBC | 🟡 |
| MSSA | | 1 | 4 | 2 | 5 | 2 | 6 | 4 | 3 | 2 | 0 | 5 | 5 | 39 | No National Target | |
| E-Coli | | | | 38 | 39 | 42 | 39 | 41 | 45 | 38 | 37 | 35 | | 354 | No National Target | |

MORTALITY

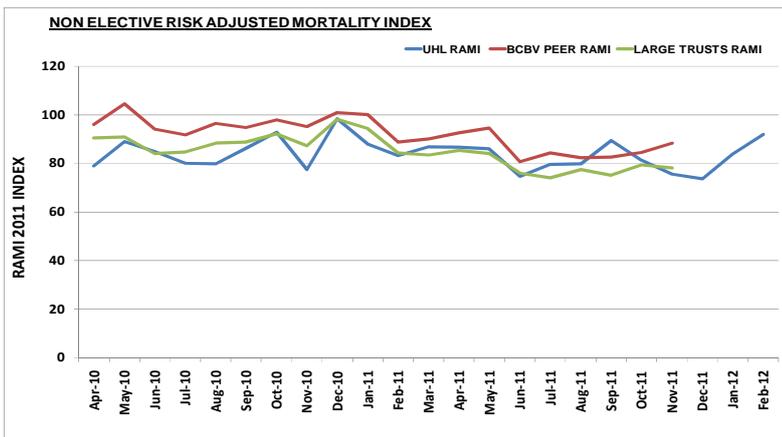
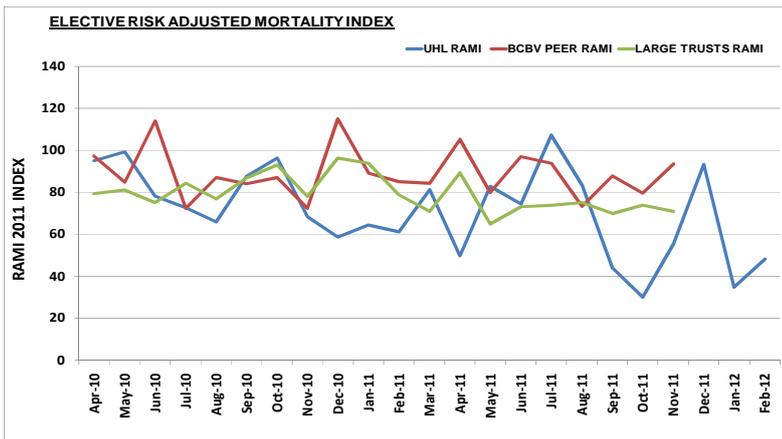
Performance Overview

UHL's crude mortality and risk adjusted mortality rate rose in February. The overall RAMI for February is 90.6 and has been RAG'd as this is above our internally set threshold of 85.

Review of UHL's mortality data for the past 5 years' suggests that this increase is in line with normal seasonal variation.

Benchmarked data is not yet available for December to February.

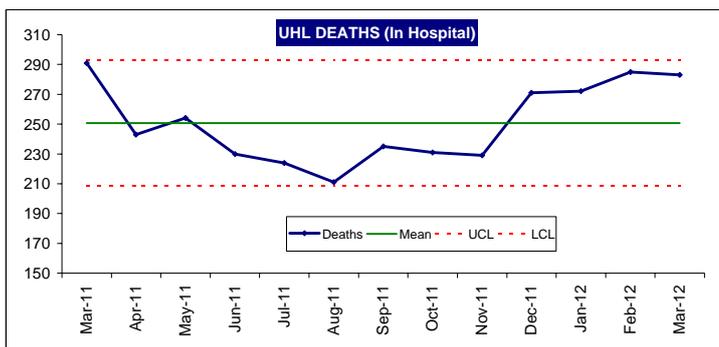
UHL's crude mortality for March has fallen back to 1.4% which is the same as it was in March 2011.



CHKS - RISK ADJUSTED MORTALITY

| | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | YTD |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Observed Deaths | 231 | 252 | 173 | 211 | 197 | 205 | 187 | 198 | 196 | 197 | 233 | 238 | 253 | 2,288 |
| RAMI | 82.4 | 86.8 | 84.8 | 85.9 | 74.8 | 80.7 | 80.1 | 87.1 | 78.5 | 74.9 | 74.1 | 82.5 | 90.6 | 81.0 |

| Clinical Business Unit | CURRENT MONTH (Feb) | | |
|----------------------------------|---------------------|------------|-------------|
| | Spells | Deaths | % |
| Specialist Surgery | 1793 | 5 | 0.3% |
| GI Medicine, Surgery and Urology | 4307 | 36 | 0.8% |
| Cancer, Haematology and Oncology | 2094 | 22 | 1.1% |
| Musculo-Skeletal | 983 | 5 | 0.5% |
| Medicine | 2245 | 118 | 5.3% |
| Respiratory | 1230 | 40 | 3.3% |
| Cardiac, Renal & Critical Care | 1389 | 40 | 2.9% |
| Emergency Department | 10 | 4 | 40.0% |
| Women's | 4504 | 12 | 0.3% |
| Children's | 905 | 1 | 0.1% |
| Anaesthesia and Theatres | 382 | | |
| Imaging | 19 | | |
| Sum: | 19861 | 283 | 1.4% |



UHL CRUDE DATA TOTAL SPELLS

| Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 20761 | 16896 | 17539 | 18897 | 18386 | 18184 | 18005 | 17954 | 18540 | 18381 | 19144 | 18653 | 19861 | 220440 | |
| 291 | 243 | 254 | 230 | 224 | 211 | 235 | 231 | 229 | 271 | 272 | 285 | 263 | 2968 | TBC |
| 1.4% | 1.4% | 1.4% | 1.2% | 1.2% | 1.2% | 1.3% | 1.3% | 1.2% | 1.5% | 1.4% | 1.5% | 1.4% | 1.3% | TBC |

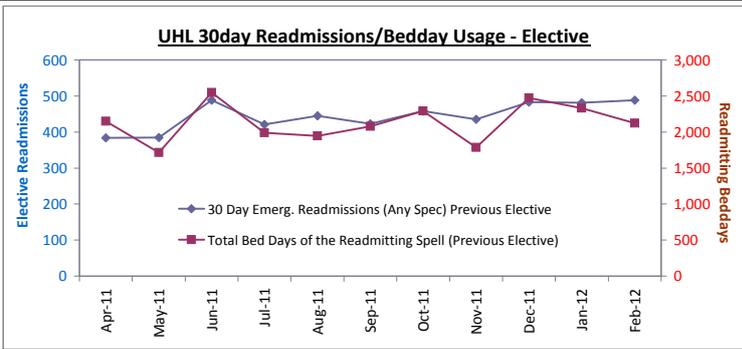
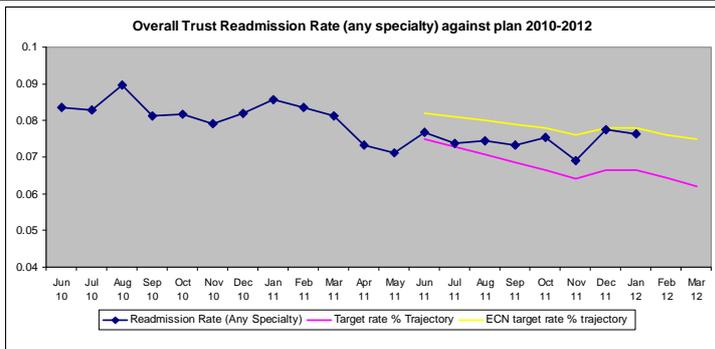
UHL CRUDE DATA ELECTIVE SPELLS

| Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 9406 | 7761 | 8098 | 9238 | 8570 | 8810 | 8761 | 8691 | 9251 | 8450 | 8914 | 9153 | 9802 | 105499 | |
| 8 | 4 | 5 | 7 | 11 | 11 | 5 | 4 | 6 | 12 | 4 | 5 | 8 | 82 | TBC |
| 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.0% | 0.1% | 0.1% | 0.0% | 0.1% | 0.1% | 0.1% | TBC |

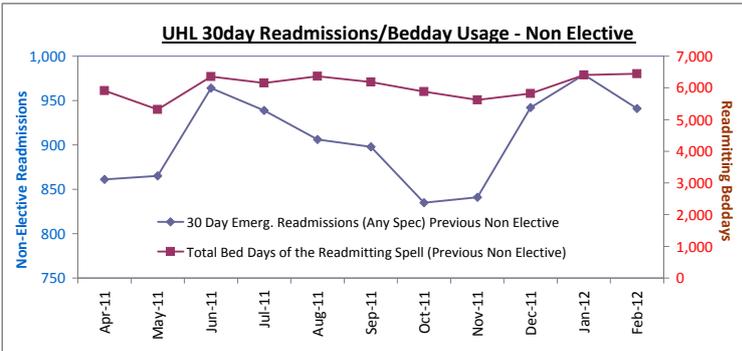
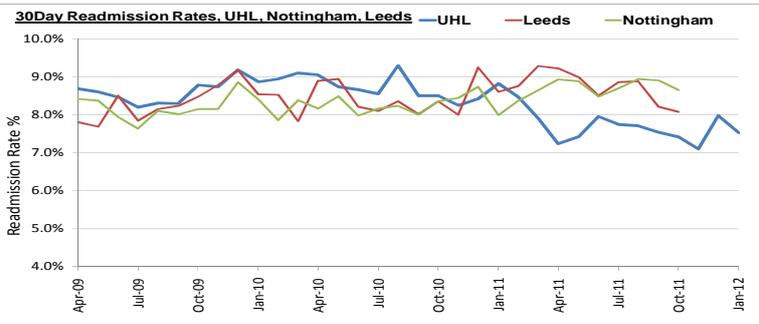
UHL CRUDE DATA NON ELECTIVE SPELLS

| Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 11355 | 9135 | 9441 | 9659 | 9816 | 9374 | 9244 | 9263 | 9289 | 9931 | 10230 | 9500 | 10059 | 114941 | |
| 283 | 239 | 249 | 223 | 213 | 200 | 230 | 227 | 223 | 259 | 268 | 280 | 275 | 2886 | TBC |
| 2.5% | 2.6% | 2.6% | 2.3% | 2.2% | 2.1% | 2.5% | 2.5% | 2.4% | 2.6% | 2.6% | 2.9% | 2.7% | 2.5% | TBC |

EMERGENCY READMISSIONS



CHKS Benchmarking - 30 Day Emergency Read Rates - UHL, Notts and Leeds



ALL READMISSIONS

| | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | YTD | Target |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|
| Discharges | 16896 | 17539 | 18897 | 18386 | 18184 | 18005 | 17954 | 18540 | 18381 | 19144 | 18654 | 200,580 | |
| 30 Day Emerg. Readmissions (Any Spec) | 1,245 | 1,250 | 1,452 | 1,360 | 1,351 | 1,321 | 1,293 | 1,276 | 1,425 | 1,460 | 1,429 | 14,862 | |
| Readmission Rate (Any Speciality) | 7.40% | 7.10% | 7.70% | 7.40% | 7.40% | 7.30% | 7.20% | 6.90% | 7.80% | 7.60% | 7.70% | 7.4% | 6.1% |
| 30 Day Emerg. Readmissions (Same Spec) | 762 | 768 | 902 | 833 | 811 | 800 | 788 | 746 | 868 | 879 | 846 | 9,003 | |
| Readmission Rate (Same Speciality) | 4.50% | 4.40% | 4.80% | 4.50% | 4.50% | 4.40% | 4.40% | 4.00% | 4.70% | 4.60% | 4.50% | 4.5% | |
| Improvement trajectory (Any Speciality) | | | | | | | | | | | | | |
| Total Bed Days of Readmitting Spells | 8,066 | 7,030 | 8,908 | 8,145 | 8,311 | 8,261 | 8,176 | 7,409 | 8,290 | 8,741 | 8,569 | 89,906 | |

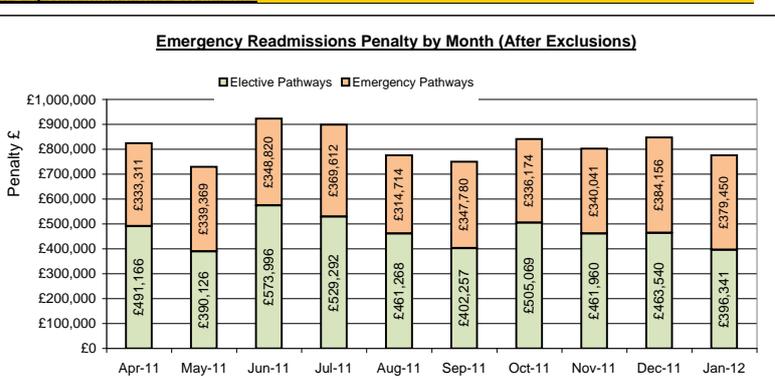
Readmissions - Previous Spell = Elective

| | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | YTD |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Discharges | 7761 | 8098 | 9238 | 8570 | 8810 | 8761 | 8691 | 9251 | 8450 | 8914 | 9153 | 95,697 |
| 30 Day Emerg. Readmissions (Any Spec) Previous Elective | 384 | 385 | 488 | 421 | 445 | 423 | 458 | 435 | 483 | 481 | 488 | 4,891 |
| Readmission Rate (Any Speciality) Previous Elective | 4.90% | 4.80% | 5.30% | 4.90% | 5.10% | 4.80% | 5.30% | 4.70% | 5.70% | 5.40% | 5.30% | 5.1% |
| Total Bed Days of the Readmitting Spell (Previous Elective) | 2,151 | 1,713 | 2,548 | 1,990 | 1,946 | 2,079 | 2,289 | 1,786 | 2,471 | 2,332 | 2,123 | 23,428 |

Readmissions - Previous Spell = Non Elective

| | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | YTD |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Discharges | 9,135 | 9,441 | 9,659 | 9,816 | 9,374 | 9,244 | 9,263 | 9,289 | 9,931 | 10,230 | 9,501 | 104,883 |
| 30 Day Emerg. Readmissions (Any Spec) Previous Non Elective | 861 | 865 | 964 | 939 | 906 | 898 | 835 | 841 | 942 | 979 | 941 | 9,971 |
| Readmission Rate (Any Speciality) Previous Non Elective | 9.4% | 9.2% | 10.0% | 9.6% | 9.7% | 9.7% | 9.0% | 9.1% | 9.5% | 9.6% | 9.9% | 9.5% |
| Total Bed Days of the Readmitting Spell (Previous Non Elective) | 5,915 | 5,317 | 6,360 | 6,155 | 6,365 | 6,182 | 5,887 | 5,623 | 5,819 | 6,409 | 6,446 | 66,478 |

30 Day Readmissions PBR Method



Performance Overview

The numbers of readmissions in February dropped against January, however, the rate increased by 0.1%. It was slightly above the trajectory to achieve the 10% reduction target for the Emergency Care Network.

The Trust remains at the Emergency Care Network plan of 10% reduction. Cumulative movements in performance continue to be better than other local UK University Teaching hospitals.

Agreement has been reached with commissioners on a holding threshold for the penalisation of readmissions for 2012/13. The threshold is 20%. This will lead to a reduction in the baseline readmissions penalty of £5.2m in 2012/13 from 2011/12. As per the Operating Framework, a further joint commissioner and Trust clinical review of readmissions will be undertaken to establish the final level of penalty, but it is not likely to be higher than 20%. This clinical review will also refocus the direction of readmission reduction.

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

- 1) Coding & Commissioning – now resolved for 2011/12 as described above.
- 2) A discharge improvement group is now established in the Acute Division and this has defined a discharge and communication process for patients based on best practice which is to be piloted for medical patients from March.
- 3) A risk stratification model is being analysed that if workable will be able to identify patients most at risk of readmission and then a pathway will be developed to ensure they are supported in the community post-discharge.
- 4) Speciality Priorities – work continues in the priority specialities and are beginning to be implemented. This includes the development of a new catheter pathway for implementation in March, the implementation of the COPD care bundle in February, a new chest pain pathway, a new process for senior review of potential readmissions within ED, along with redesign work being undertaken for patients with non-specific abdominal pain.
- 4) Community work streams - some of the readmissions penalty has been diverted into expansion of community health

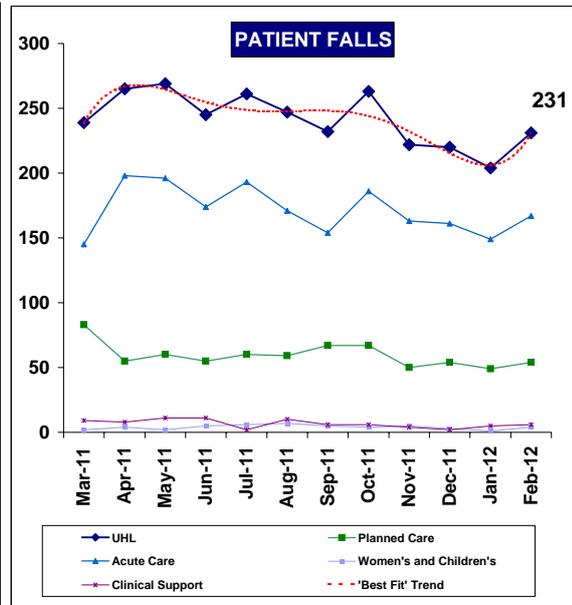
FALLS

Performance Overview

The data for February 2012 highlights that the number of in patient falls shows a slight increase. Weekly reviews of falls data by the Heads of Nursing and Lead Nurses continue to focus on specific wards.

An update paper submitted to the GRMC at the end of March 2012 shows significant progress has been made with a 17% reduction in falls from December 2011 to February 2012 when compared with previous data. There has been particular progress in Cardiac, Renal, Critical Care and Musculoskeletal CBU's.

The recent introduction of the SHA Safety Thermometer across the Trust will provide benchmark data and further focus to the falls reduction programme.



TARGET / STANDARD

| Incidents of Patient Falls | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|
| UHL | 239 | 265 | 269 | 245 | 261 | 247 | 232 | 263 | 222 | 220 | 204 | 231 | | 2659 | TBC |
| Planned Care | 83 | 55 | 60 | 55 | 60 | 59 | 67 | 67 | 50 | 54 | 49 | 54 | | 630 | TBC |
| Acute Care | 145 | 198 | 196 | 174 | 193 | 171 | 154 | 186 | 163 | 161 | 149 | 167 | | 1912 | TBC |
| Women's and Children's | 2 | 4 | 2 | 5 | 6 | 7 | 5 | 4 | 5 | 3 | 1 | 4 | | 46 | TBC |
| Clinical Support | 9 | 8 | 11 | 11 | 2 | 10 | 6 | 6 | 4 | 2 | 5 | 6 | | 71 | TBC |
| In Hospital Falls resulting in Hip Fracture | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 4 | 12 |

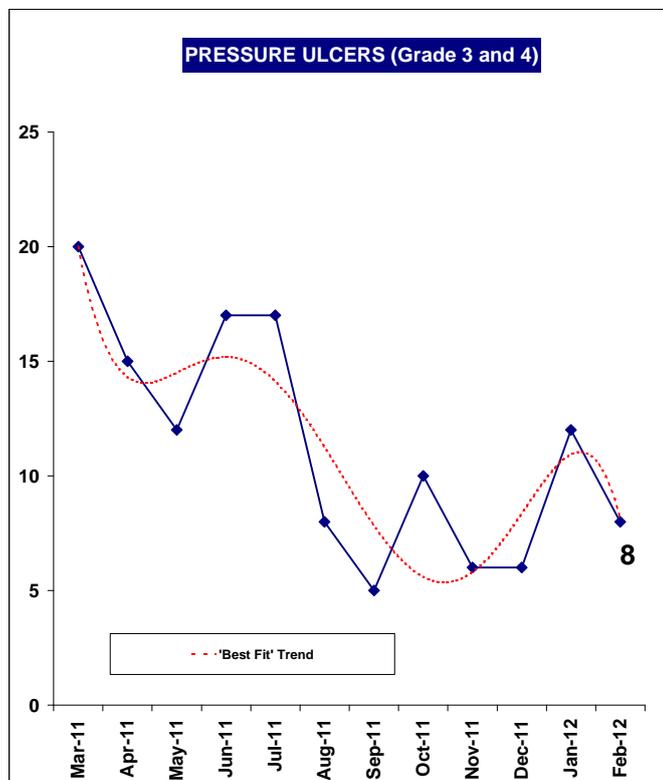
PRESSURE ULCERS (Grade 3 and 4)

Performance Overview

There were eight grade 3 and 4 ulcers reported in February 2012 which is a slight decrease from the previous month. Seven ulcers were reported in Acute Care and one ulcer for Planned Care. Again, there has been a slight decrease in incidences when comparing similar data from February 2011 when 14 ulcers were reported.

Four of the pressure ulcers have been classified avoidable and four were unavoidable but these decisions still need to be ratified by the commissioners.

The Tissue Viability Team and Nursing Directorate are actively involved with the actions required to achieve the SHA Ambition - elimination of all avoidable pressure ulcers by December 2012. Progress will be reported at the GRMC in May, together with an annual report on pressure ulcers reductions in UHL for 2011/12.



TARGET / STANDARD

| REPORTED ONE MONTH IN ARREARS | October - 1 case to be classified | | | | | | | | | | | | | YTD | Target |
|--|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|
| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | | |
| Pressure Ulcers (Grade 3 and 4) | 20 | 15 | 12 | 17 | 17 | 8 | 5 | 10 | 6 | 6 | 12 | 8 | | 116 | 197 |
| Attributable to Trust | | | | | | | | 6 | 6 | 2 | 10 | 4 | | 28 | |
| Not Attributable to Trust | | | | | | | | 3 | 0 | 4 | 2 | 4 | | 13 | |

PATIENT EXPERIENCE

Performance Overview

In March 2012, 1,707 'Patient Experience' surveys were returned which is the largest number of surveys the Trust has ever received in one month and far exceeds the Trusts target of 1,535. This return rate is a 32% increase from last month.

The 'overall respect and dignity' score remains green across the Trust. The 'overall how would you rate the care whilst in hospital' score remains amber across the Trust. When comparing the Trust scores minus the underperforming wards in medicine seven of the twelve scores are showing an upward trend when compared with last month.

The Net Promoter Question is to be introduced across all NHS acute Trusts in April 2012. In preparation for this during March all clinical areas within UHL have been visited by the Patient Experience Feedback Team, and provided with the recently developed inpatient experience surveys for launch on the 1st April 2012. Also there has been intensive publicity across the organisation including attendance at all Sisters Meetings and CBU meeting by the Patient Experience Feedback Team to promote the new survey. This increased publicity may have produced the increased return rate across the Trust.

The outpatients Patient Experience survey questions 'Overall, how would you rate the care you received in this area?' score remains green but has dropped by six points and the 'overall respect and dignity' score has dropped by eleven points to an 88 satisfaction score, now rated red. Both of these drops in performance can be attributed to LRI Outpatient Surveys which has seen a drop to red for both questions. The Matrons investigations reveal:

*Drop in survey numbers due to closure of LRI outpatients facility for 1 week due to Medical Exams

*Exploring the satisfaction levels for the out of hours service may negatively effecting the overall outpatient satisfaction scores

Return Rates - March 2012

| Division | Surveys Returned | Target | % Achieved |
|------------------------|------------------|--------------|---------------|
| Acute Care | 848 | 735 | 115.4% |
| Planned Care | 693 | 630 | 110.0% |
| Women's and Children's | 166 | 170 | 97.6% |
| UHL | 1,707 | 1,535 | 111.2% |

Trust Scores in March 2012
minus underperforming
Wards in Medicine

DIVISIONAL PROJECTS

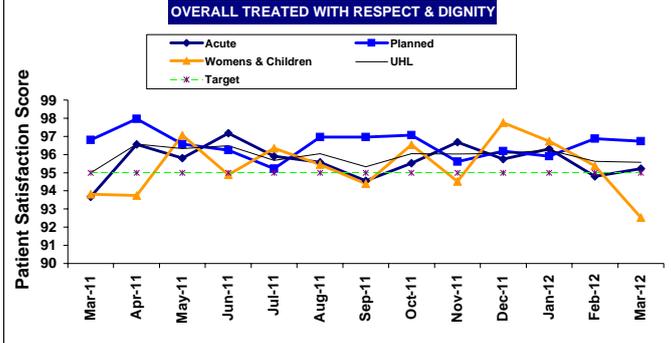
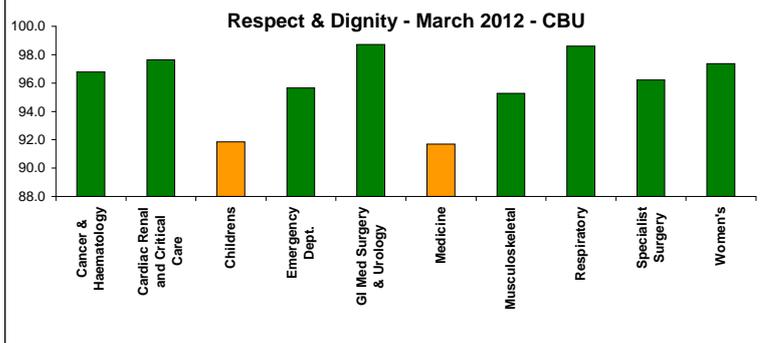
| Area for Development | Lead Division | PES Question | Mar-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Mar-12 |
|--------------------------------|------------------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | | | | | | | | | |
| Noise at Night | Acute Care | Q10a – Were you ever bothered by noise at night from other patients? | 65.0 | 67.2 | 73.3 | 66.9 | 67.0 | 66.2 | 69.4 | 68.1 | 70.6 |
| | | Q10b – Were you ever bothered by noise at night from hospital staff? | 84.2 | 85.4 | 89.0 | 86.2 | 87.3 | 87.0 | 85.9 | 86.3 | 86.4 |
| 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 | 87.5 | 88.9 | 88.9 | 89.1 | 89.6 | 90.2 | 89.2 | 90.3 |
| | | Q14a – Did any of the doctors talk in front of you as if you were not there? | 88.9 | 87.9 | 88.0 | 88.9 | 89.4 | 89.4 | 89.6 | 88.0 | 88.6 |
| | | 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 | 77.7 | 78.8 | 79.2 | 76.9 | 79.0 | 78.3 | 78.8 | 80.2 |
| | | Q17 – Did you find someone on the hospital staff to discuss your worries and fears? CQUIN (National CQUIN Target = 61.0) | 79.5 | 79.0 | 80.8 | 80.5 | 79.7 | 81.4 | 81.6 | 80.8 | 82.2 |
| Providing Information | Clinical Support | 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 | 82.6 | 85.8 | 85.2 | 85.8 | 85.4 | 86.3 | 84.2 | 85.1 |
| | | Q18b – Were you given enough privacy when discussing your condition or treatment? CQUIN (National CQUIN Target = 84.0) | 92.3 | 94.2 | 94.3 | 94.1 | 94.9 | 95.6 | 95.7 | 94.4 | 94.7 |
| | | 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 | 73.4 | 74.7 | 72.6 | 76.6 | 76.3 | 78.7 | 77.8 | 78.8 |
| | | 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 | 73.5 | 75.2 | 78.2 | 77.8 | 75.8 | 79.5 | 74.7 | 76.4 |
| Pain | Planned Care | Q19 – Do you think the hospital staff did everything they could to help control your pain? | 90.5 | 91.7 | 92.8 | 90.2 | 91.1 | 91.7 | 91.8 | 91.3 | 92.6 |
| | | Q28 – Overall, how would you rate the care you received? | 83.8 | 85.0 | 86.8 | 86.3 | 87.7 | 86.6 | 87.8 | 87.0 | 88.1 |

PATIENT EXPERIENCE

TARGET / STANDARD

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

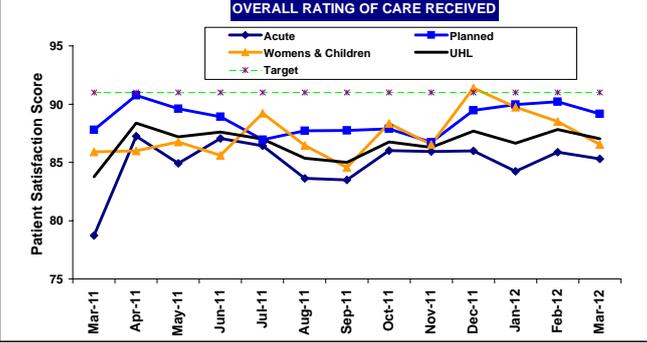
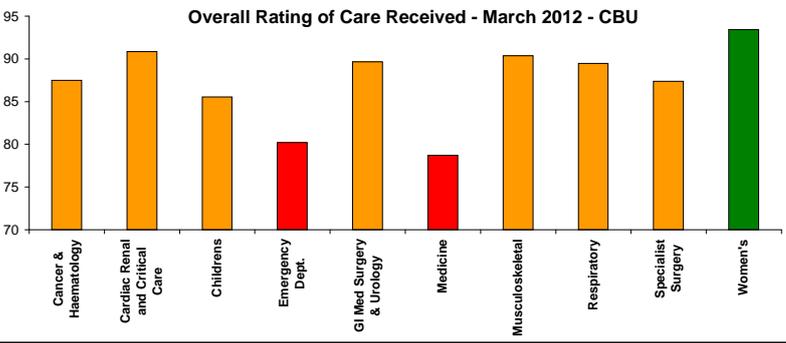
| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Status |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Division | | | | | | | | | | | | | | |
| Acute | 93.7 | 96.6 | 95.8 | 97.2 | 95.9 | 95.6 | 94.5 | 95.5 | 96.7 | 95.7 | 96.3 | 94.8 | 95.2 | ▲ |
| Planned | 96.8 | 98.0 | 96.6 | 96.2 | 95.2 | 97.0 | 97.0 | 97.1 | 95.6 | 96.2 | 95.9 | 96.9 | 96.7 | ▼ |
| Womens & Children | 93.8 | 93.8 | 97.1 | 94.9 | 96.3 | 95.5 | 94.4 | 96.5 | 94.5 | 97.8 | 96.7 | 95.4 | 92.5 | ▼ |
| UHL | 95.0 | 96.6 | 96.3 | 96.5 | 95.7 | 96.0 | 95.3 | 96.1 | 96.0 | 96.1 | 96.2 | 95.6 | 95.6 | ▼ |



TARGET / STANDARD

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

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Status |
|-------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Division | | | | | | | | | | | | | | |
| Acute | 78.7 | 87.3 | 84.9 | 87.0 | 86.4 | 83.6 | 83.5 | 86.0 | 85.9 | 86.0 | 84.2 | 85.9 | 85.3 | ▼ |
| Planned | 87.8 | 90.8 | 89.6 | 88.9 | 87.0 | 87.7 | 87.7 | 87.9 | 86.7 | 89.5 | 90.0 | 90.2 | 89.2 | ▼ |
| Womens & Children | 85.9 | 86.0 | 86.8 | 85.6 | 89.2 | 86.5 | 84.6 | 88.3 | 86.5 | 91.4 | 89.7 | 88.5 | 86.5 | ▼ |
| UHL | 83.8 | 88.4 | 87.2 | 87.6 | 87.0 | 85.4 | 85.0 | 86.8 | 86.3 | 87.7 | 86.6 | 87.8 | 87.0 | ▼ |



EMERGENCY DEPARTMENT

Performance Overview

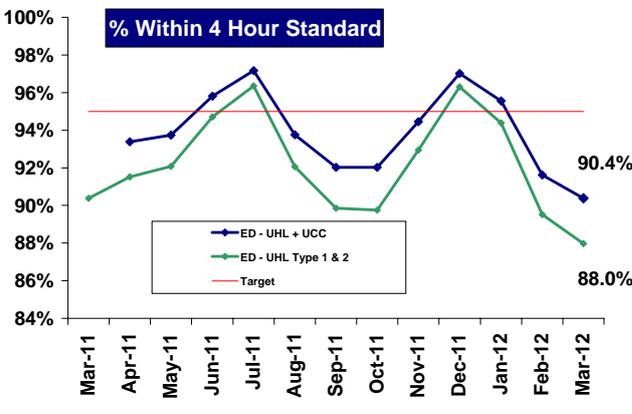
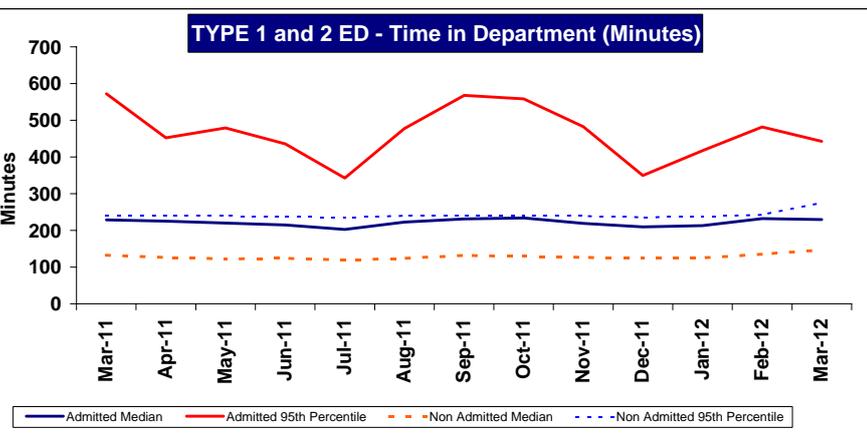
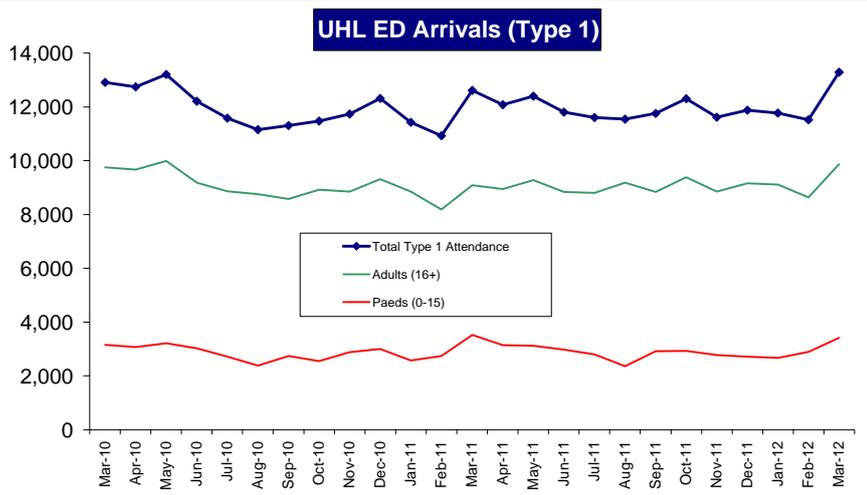
Performance for March Type 1, 2 is 88.0% and 90.4% including the Urgent Care Centre (UCC). The year to date performance for ED (UHL+UCC) is 93.9%.

Key Actions

Confirmation has been received from the DoH that the data coverage issue reported in the October and December Trust Board papers, has been resolved from Quarter 2 as expected. The UCC are now in a position to submit patient level data sets as well as aggregate submissions.

Full Year

ED + UCC 4 hr performance - 93.9%



Total Time in the Department

March 2012 - ED Type 1 and 2

| | Admitted | Not Admitted | Total |
|-------------|----------|--------------|-------|
| 0-2 Hours | 262 | 4578 | 4840 |
| 3-4 Hours | 1703 | 6418 | 8121 |
| 5-6 Hours | 592 | 708 | 1300 |
| 7-8 Hours | 244 | 120 | 364 |
| 9-10 Hours | 77 | 22 | 99 |
| 11-12 Hours | 17 | 3 | 20 |
| 12 Hours+ | 8 | | 8 |
| Sum: | 2903 | 11849 | 14752 |

CLINICAL QUALITY INDICATORS

PATIENT IMPACT

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | TARGET |
|---------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Left without being seen % | 2.5% | 2.5% | 2.2% | 2.0% | 2.1% | 2.8% | 2.4% | 2.9% | 2.0% | 2.3% | 2.1% | 2.4% | 3.6% | <=5% |
| Unplanned Re-attendance % | 6.3% | 6.6% | 5.6% | 5.2% | 5.9% | 6.7% | 5.5% | 6.0% | 5.7% | 5.4% | 6.1% | 6.1% | 6.6% | < 5% |

TIMELINESS

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | TARGET |
|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|
| Time in Dept (95th centile) | 343 | 306 | 307 | 257 | 239 | 304 | 338 | 341 | 288 | 240 | 264 | 331 | 331 | < 240 Minutes |
| Time to initial assessment (95th) | 63 | 70 | 56 | 41 | 39 | 48 | 48 | 61 | 48 | 42 | 32 | 34 | 41 | <= 15 Minutes |
| Time to treatment (Median) | 58 | 59 | 54 | 50 | 34 | 34 | 39 | 44 | 43 | 42 | 42 | 54 | 61 | <= 60 Minutes |

4 HOUR STANDARD

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | 95.0% | |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|---|
| ED - (UHL + UCC) | | 93.4% | 93.7% | 95.8% | 97.2% | 93.8% | 92.0% | 92.0% | 94.4% | 97.0% | 95.5% | 91.6% | 90.4% | 93.9% | 95.0% | ▼ |
| ED - UHL Type 1 and 2 | 90.4% | 91.5% | 92.1% | 94.7% | 96.4% | 92.1% | 89.9% | 89.8% | 92.9% | 96.3% | 94.4% | 89.5% | 88.0% | 92.2% | 95.0% | ▼ |
| ED Waits - Type 1 | 89.3% | 90.6% | 91.3% | 94.1% | 95.9% | 91.0% | 88.7% | 88.5% | 92.1% | 96.0% | 93.7% | 88.3% | 86.6% | 91.3% | 95.0% | ▼ |

18 WEEK REFERRAL TO TREATMENT

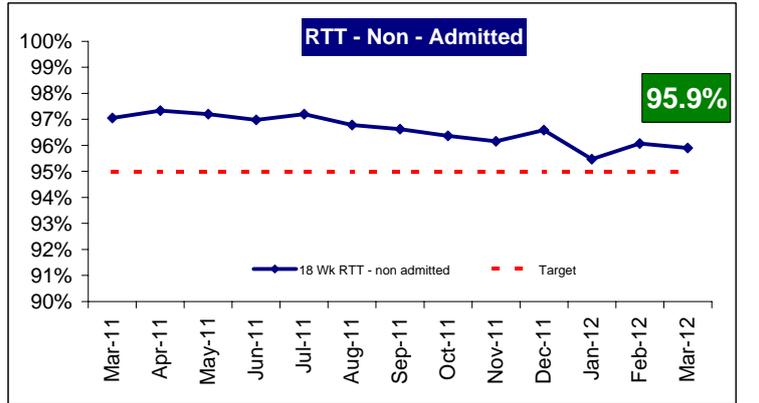
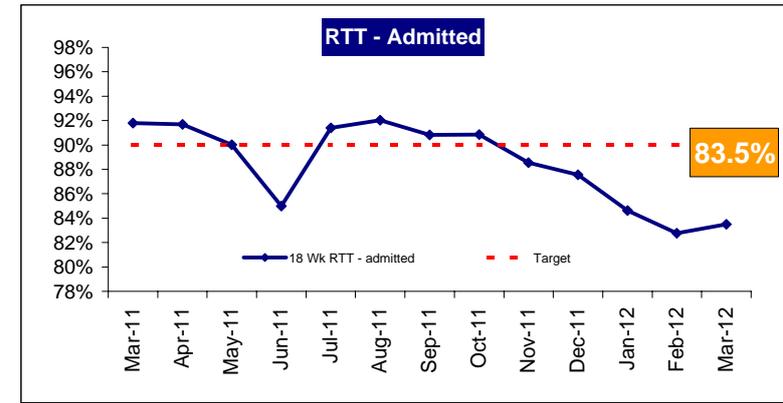
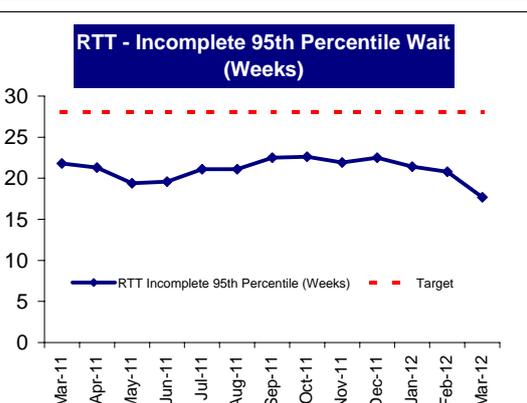
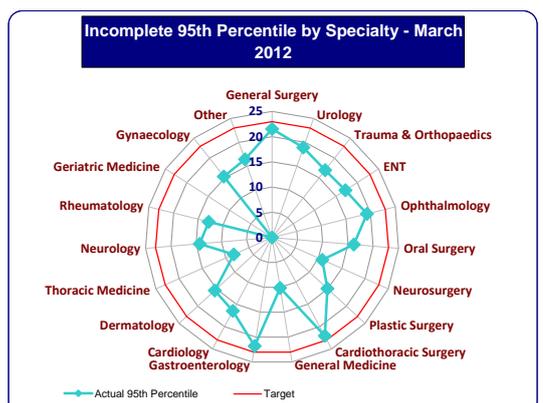
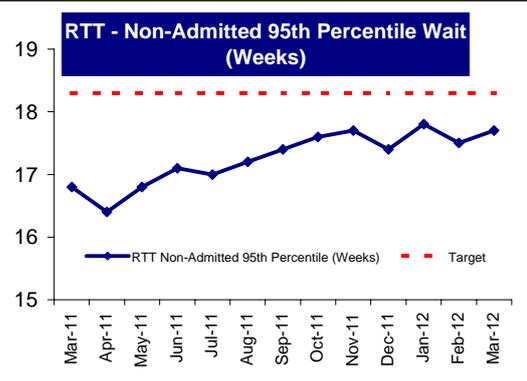
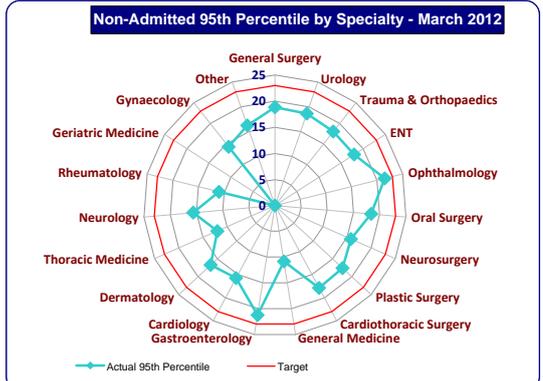
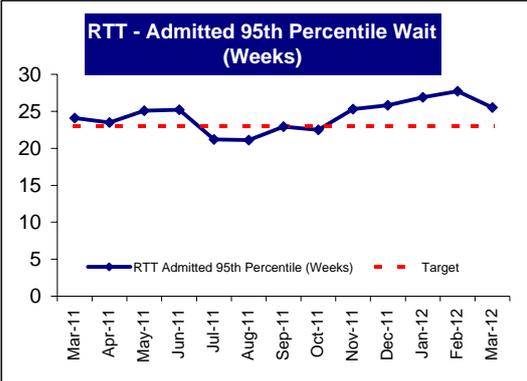
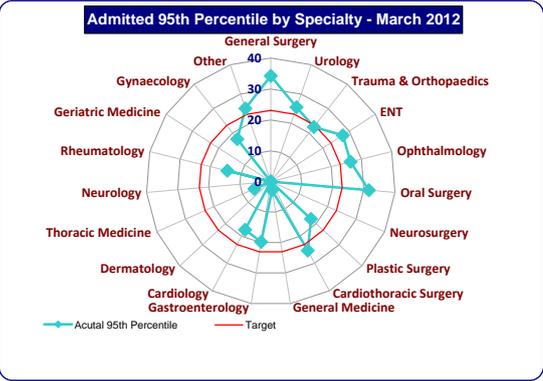
Performance Overview

Admitted performance in March stands at 83.5% in accordance with the planned reduction agreed with commissioners. The non-admitted target has been achieved at 95.9%.

Key Actions

Admitted pathways are those that end in an admission to hospital (either inpatient or day case) for treatment. The Trust agreed a plan with the commissioners to increase activity in Quarter 3 and Quarter 4 to reduce the number of patients on an 18 week backlog and 26 week backlog.

Non-admitted pathways are those that end in treatment that did not require admission to hospital or where no treatment is required. Additional focus has been placed on validating patients that are waiting over 18+ weeks and 26+.



TARGET / STANDARD

| RTT | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 18 Wk - admitted (%) | 91.8 | 91.7 | 90.0 | 85.0 | 91.4 | 92.0 | 90.8 | 90.9 | 88.5 | 87.6 | 84.6 | 82.8 | 83.5 |
| 18 Wk - non admitted (%) | 97.1 | 97.3 | 97.2 | 97.0 | 97.2 | 96.8 | 96.6 | 96.4 | 96.2 | 96.6 | 95.5 | 96.1 | 95.9 |
| RTT Admitted Median Wait (Weeks) | | 8.5 | 8.8 | 8.9 | 9.0 | 8.4 | 9.2 | 10.1 | 10.8 | 9.9 | | | |
| RTT Admitted 95th Percentile (Weeks) | | 21.2 | 21.1 | 22.9 | 22.5 | 25.3 | 25.8 | 26.9 | 27.7 | 25.5 | | | |
| RTT Non-Admitted Median Wait (Weeks) | | 6.0 | 6.5 | 6.8 | 6.3 | 6.1 | 5.8 | 6.9 | 5.9 | 5.9 | | | |
| RTT Non-Admitted 95th Percentile (Weeks) | | 17.0 | 17.2 | 17.4 | 17.6 | 17.7 | 17.4 | 17.8 | 17.5 | 17.7 | | | |
| RTT Incomplete Median Wait (Weeks) | | 6.3 | 6.3 | 6.4 | 5.9 | 6.0 | 6.8 | 6.6 | 5.8 | 5.6 | | | |
| RTT Incomplete 95th Percentile (Weeks) | | 21.1 | 21.1 | 22.5 | 22.6 | 21.9 | 22.5 | 21.4 | 20.8 | 17.7 | | | |

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

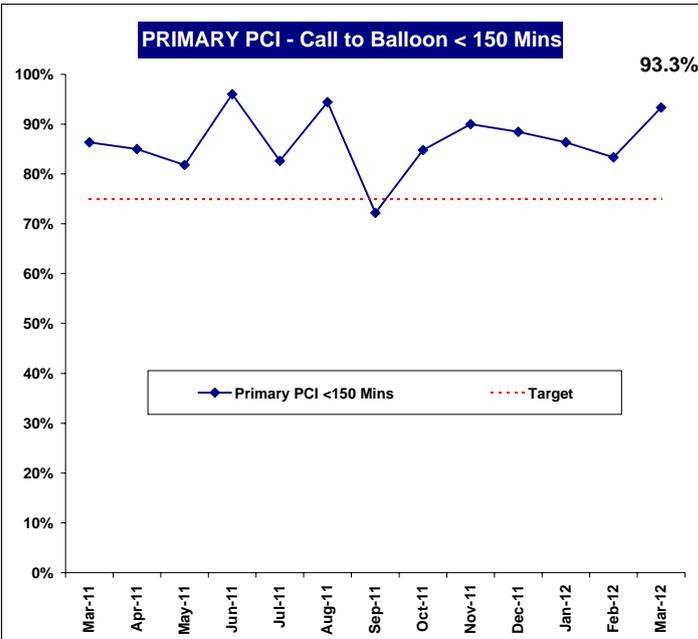
PRIMARY PCI

Performance Overview

The percentage of eligible patients with acute myocardial infarction who received Primary PCI within 150 minutes of calling professional help in March was 93.3% (28 of 30 patients) Year End achievement is 86.7% against a target of 75%

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 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target |
|-----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|
| | 86.4% | 85.0% | 81.8% | 96.0% | 82.6% | 94.4% | 72.2% | 84.8% | 90.0% | 88.5% | 86.4% | 83.3% | 93.3% | 86.7% | 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.

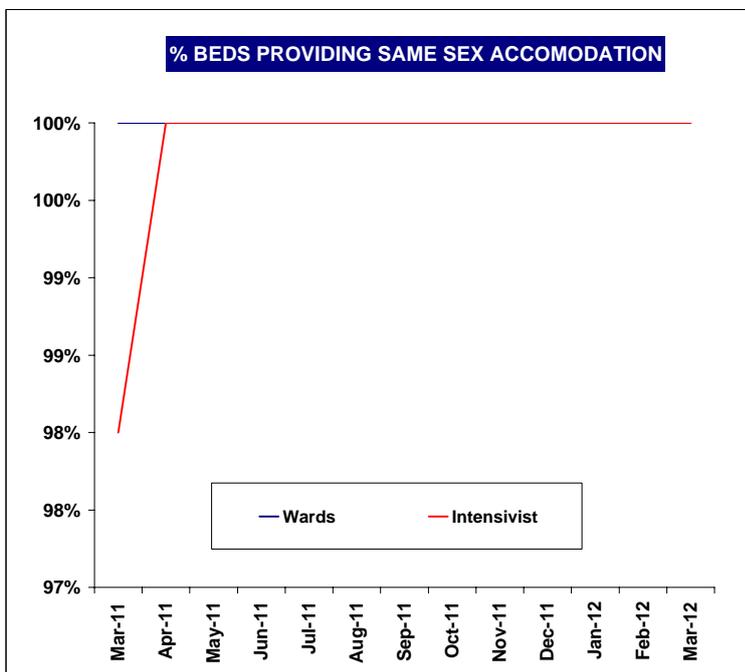
However in March 2012 UHL national breach data declared two unjustified SSA breaches. The breaches occurred on AMU.

Key Actions

Patient Experience continue to have weekly meetings with the Ward Sisters and Matrons on AMU to review Same Sex Accommodation and discuss any breaches that have occurred in line with the SSA decision matrix.

The Brain Injury Unit, LGH, will continue to report clinically justified breaches locally. The Division is aiming to relocate the unit in this financial year to the LRI.

In addition to the SSA Estates plan walkabouts any findings from the quality visits conducted by the PCT Cluster, relating to Same Sex Accommodation non-compliance will be actioned throughout the year and reported to the Clinical Quality Review Group.



TARGET / STANDARD

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target |
|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|
| Wards | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Intensivist | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

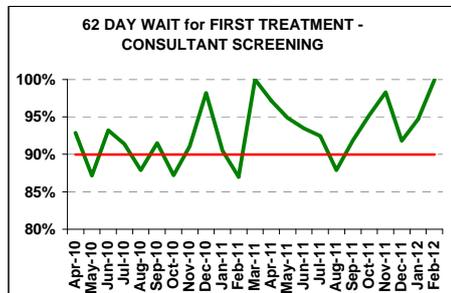
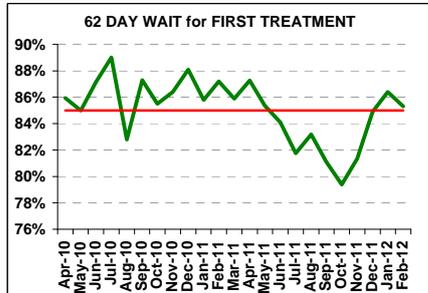
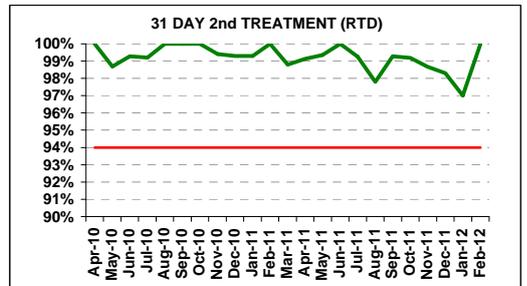
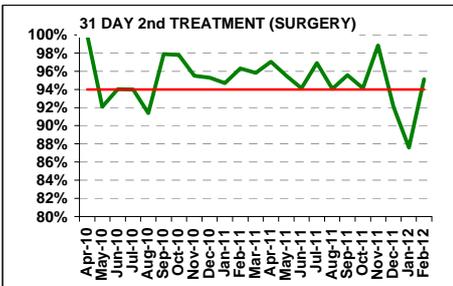
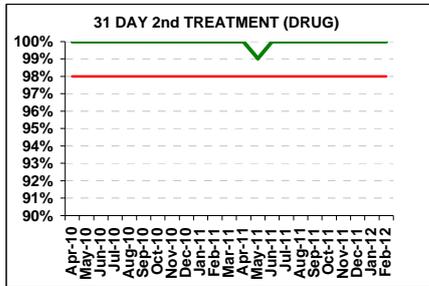
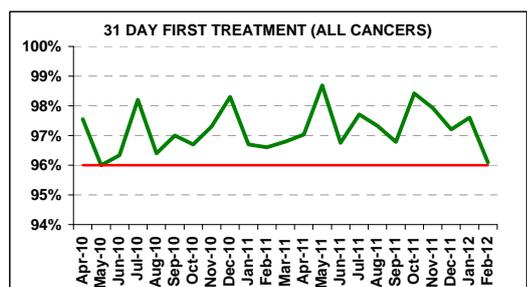
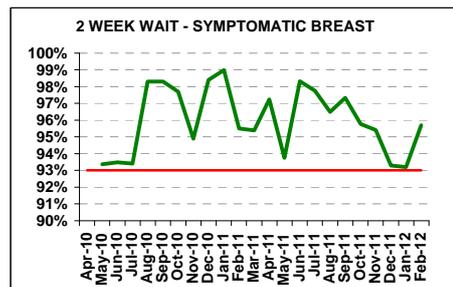
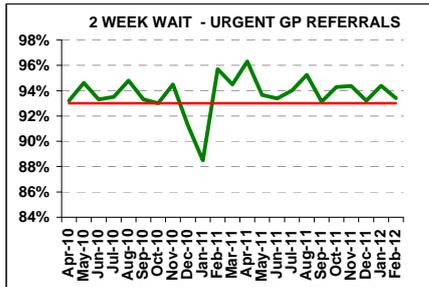
CANCER TREATMENT

Performance Overview

All nine cancer targets are delivering against performance thresholds for February (one month in arrears reporting), including the 62 day from referral to treatment target. Although the position will improve as validation concludes, confirmation has already been received that the March 62 day cancer target will also be achieved.

For 2011/2012, UHL will achieve 8 of the nine cancer targets with the 62 day target being consistently delivered since January 2012.

| Commitment | Threshold | Qtr 1 | Qtr 2 | Qtr 3 | Jan-12 | Feb-12 | 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% | 94.2% | 93.9% | 94.4% | 93.4% | 94.1% |
| Two week wait for symptomatic breast patients (Cancer not initially suspected) | 93.0% | 96.7% | 97.2% | 94.8% | 93.2% | 95.7% | 96.0% |
| 31-day (Diagnosis To Treatment) wait for first treatment: all cancers | 96.0% | 97.5% | 97.3% | 97.9% | 97.6% | 96.1% | 97.4% |
| 31-day wait for second or subsequent treatment: anti cancer drug treatments | 98.0% | 99.6% | 100.0% | 100.0% | 100.0% | 100.0% | 99.9% |
| 31-day wait for second or subsequent treatment: surgery | 94.0% | 95.9% | 95.6% | 95.3% | 88.6% | 95.1% | 94.8% |
| 31-day wait for second or subsequent treatment: radiotherapy treatments | 94.0% | 99.5% | 98.8% | 98.7% | 97.0% | 100.0% | 98.9% |
| 62-day (urgent GP referral to treatment) wait for first treatment: all cancers | 85.0% | 85.5% | 82.1% | 82.0% | 86.3% | 85.3% | 83.5% |
| 62-day wait for first treatment from consultant screening service referral: all cancers | 90.0% | 95.0% | 90.5% | 95.3% | 94.7% | 100.0% | 94.0% |
| 62-day wait for first treatment from consultant upgrade | 85.0% | 100.0% | 85.7% | 66.7% | ----- | ----- | 85.7% |



STAFF EXPERIENCE / WORKFORCE

Performance Overview

Appraisal

There was a slight decrease in the rolling twelve month average appraisal rate for March, although the number of appraisals which took place during the month was higher than in February.

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

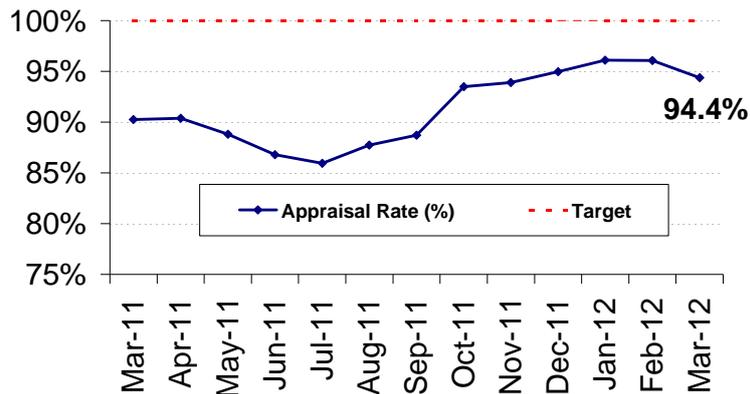
Sickness

The reported sickness rate is 4.3%. The actual rate is likely to be at around 0.5% lower as absence periods are closed.

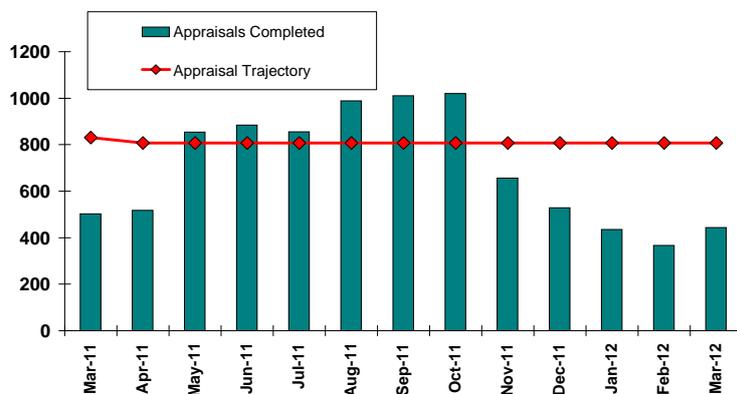
This sickness rate is higher than the previous 11 months but may fall after the absence periods have been closed down. The 12 month rolling sickness has remained at 3.5%.

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

APPRAISAL RATES



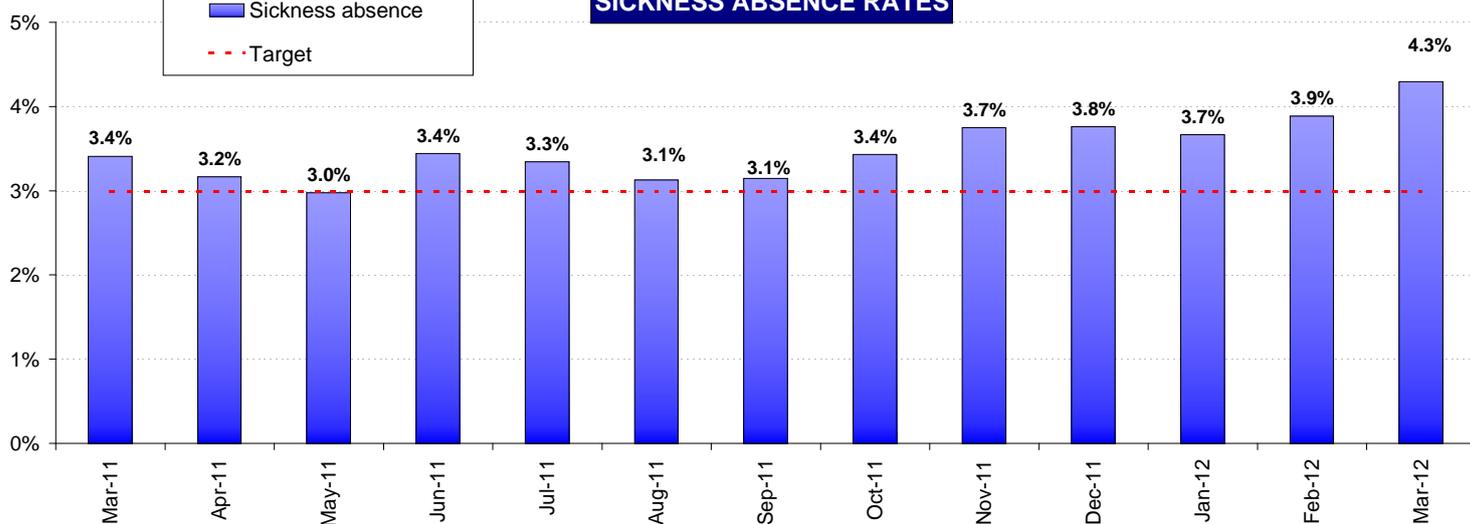
APPRAISALS COMPLETED



Appraisal Trajectory assumes that appraisals are evenly distributed across the year

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| Appraisals | 90.3% | 90.4% | 88.8% | 86.8% | 85.9% | 87.7% | 88.7% | 93.5% | 93.9% | 95.0% | 96.1% | 96.1% | 94.4% | 94.4% | 100% | ⚠ |

SICKNESS ABSENCE RATES



VALUE FOR MONEY - EXECUTIVE SUMMARY

| Issues | Comments |
|--|--|
| Actual Income & Expenditure Year to Date | Cumulative income at Month 12 of £711.1 million is £29.3 million (4.1%) favourable to Plan. Cumulative expenditure of £711.0 million is £30.5 million adverse to Plan. The actual year end surplus of £0.09m is £1.2m adverse to plan. |
| Activity/Income | Year end patient care income is £19.6m (3.3%) ahead of Plan. This reflects an over-performance on day cases of £2.4m, elective inpatients of £2.5m and outpatients of £3.1m. Whilst the emergencies are £7.5m above plan, this does reflect £8m year to date of the additional monies secured from the PCTs regarding re-admissions. Actual activity is 3,932 spells (3.3%) below Plan. |
| BPPC | The Trust achieved an overall 30 day payment performance of 84% for value and 84% for volume for trade creditors in March 2012. |
| Cost Improvement Programme | At Month 12 Divisions have reported £25.2 million of savings, short of the £38.2 million target by £13.0 million. |
| Balance Sheet | The year to date decrease in total assets employed is due to the downwards revaluation of £58.9 million in the Trust's assets following an independent valuation. The Trust has also received an additional £3.5million in Public Dividend Capital (PDC) in the year in relation to successful capital bids for Biomedical Research Unit developments. The year end cash balance is in line with plan. |
| Cash Flow | The year end cash balance was £18.37m, meeting the year end target of £18.2m |
| Capital | The Trust has delivered the capital programme against the refreshed Plan (£5 million below the original Plan to support the cash position). Additional slippage has reduced expenditure by another £1 million as forecast. |

| Financial Metrics | | March | Year to Date | |
|--------------------------------------|-----------|--------|--------------|----------|
| | Weighting | Result | Result | Score |
| EBITDA achieved (% of plan) | 10.0% | 158.5% | 93.9% | 4 |
| EBITDA margin (%) | 25.0% | 10.5% | 6.1% | 3 |
| Return on assets (%) | 20.0% | 1.4% | 3.3% | 3 |
| I&E surplus (%) | 20.0% | 7.6% | 0.0% | 2 |
| Liquidity ratio (days) | 25.0% | 11 | 16 | 3 |
| Overall Financial Risk Rating | | | | 3 |

| | 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 31 March 2012 | | | | | | | |
|--|-----------------------------------|---------------|-----------------|----------------------------------|-------------------------|-----------------|----------------------------------|
| | 2011/12 Annual Plan £000 | March | | | April 2011 - March 2012 | | |
| | | Plan £ 000 | Actual £ 000 | Variance (Adv) / Fav £ 000 | Plan £ 000 | Actual £ 000 | Variance (Adv) / Fav £ 000 |
| Elective | 67,968 | 5,957 | 6,636 | 679 | 67,968 | 70,421 | 2,453 |
| Day Case | 56,368 | 5,121 | 5,265 | 144 | 56,368 | 58,803 | 2,435 |
| Emergency | 177,574 | 15,541 | 18,210 | 2,669 | 177,574 | 185,109 | 7,535 |
| Outpatient | 82,700 | 7,233 | 7,552 | 319 | 82,700 | 85,829 | 3,129 |
| Other | 204,595 | 16,294 | 18,342 | 2,048 | 204,595 | 208,684 | 4,089 |
| Patient Care Income | 589,205 | 50,146 | 56,005 | 5,859 | 589,205 | 608,846 | 19,641 |
| Teaching, Research & Development | 66,877 | 5,572 | 8,408 | 2,836 | 66,877 | 73,386 | 6,509 |
| Non NHS Patient Care | 6,638 | 598 | 288 | (310) | 6,638 | 6,217 | (421) |
| Other operating Income | 19,036 | 1,617 | 3,615 | 1,998 | 19,036 | 22,626 | 3,590 |
| Total Income | 681,756 | 57,933 | 68,316 | 10,383 | 681,756 | 711,075 | 29,319 |
| Medical & Dental | 133,739 | 11,167 | 11,595 | (428) | 133,739 | 134,770 | (1,031) |
| Nursing & Midwifery | 158,250 | 13,284 | 13,874 | (590) | 158,250 | 161,223 | (2,973) |
| Other Clinical | 56,185 | 4,692 | 4,384 | 308 | 56,185 | 55,305 | 880 |
| Agency | 1,582 | 97 | 1,182 | (1,085) | 1,582 | 12,720 | (11,138) |
| Non Clinical | 70,715 | 5,848 | 6,092 | (244) | 70,715 | 70,846 | (131) |
| Pay Expenditure | 420,471 | 35,088 | 37,127 | (2,039) | 420,471 | 434,864 | (14,393) |
| Drugs | 57,748 | 4,954 | 5,196 | (242) | 57,748 | 56,818 | 930 |
| Recharges | (612) | (12) | (85) | 73 | (612) | (95) | (517) |
| Clinical supplies and services | 73,922 | 3,341 | 6,212 | (2,871) | 73,922 | 82,770 | (8,848) |
| Other | 82,350 | 8,547 | 34,458 | (25,911) | 82,350 | 115,031 | (32,681) |
| Central Funds | 1,466 | 1,466 | 0 | 1,466 | 1,466 | 0 | 1,466 |
| Provision for Liabilities & Charges | 348 | 29 | 18 | 11 | 348 | 209 | 139 |
| Non Pay Expenditure | 215,222 | 18,325 | 45,799 | (27,474) | 215,222 | 254,733 | (39,511) |
| Total Operating Expenditure | 635,693 | 53,413 | 82,926 | (29,513) | 635,693 | 689,597 | (53,904) |
| EBITDA | 46,063 | 4,520 | (14,610) | (19,130) | 46,063 | 21,478 | (24,585) |
| Interest Receivable | 84 | 7 | 11 | 4 | 84 | 66 | (18) |
| Interest Payable | (565) | (38) | (49) | (11) | (565) | (593) | (28) |
| Depreciation & Amortisation | (31,057) | (2,622) | (2,085) | 537 | (31,057) | (30,531) | 526 |
| Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets | 14,525 | 1,867 | (16,733) | (18,600) | 14,525 | (9,580) | (24,105) |
| Profit / (Loss) on Disposal of Fixed Assets | 0 | 0 | (3) | (3) | 0 | (9) | (9) |
| Dividend Payable on PDC | (13,236) | (1,103) | 148 | 1,251 | (13,236) | (12,095) | 1,141 |
| Net Surplus / (Deficit) | 1,289 | 764 | (16,588) | (17,352) | 1,289 | (21,684) | (22,973) |
| EBITDA MARGIN | 6.76% | | -21.39% | | | 3.02% | |
| Plan Phasing Adjustment | | 119 | 0 | 119 | 0 | 0 | 0 |
| Net Surplus / (Deficit) | 1,289 | 883 | (16,588) | (17,471) | 1,289 | (21,684) | (22,973) |
| Impairment | | | (21,774) | 21,774 | | (21,774) | 21,774 |
| Net Surplus / (Deficit) after impairment | 1,289 | 883 | 5,186 | 4,303 | 1,289 | 90 | (1,199) |

VALUE FOR MONEY - CONTRACT PERFORMANCE

Summary by Point of Delivery of Patient Related Income - March 2012

| Casemix | Annual Plan (Activity) | Plan to Date (Activity) | Total YTD (Activity) | Variance YTD (Activity) | Annual Plan (£000) | Plan to Date (£000) | Total YTD (£000) | Variance YTD (£000) |
|------------------------------------|-----------------------------------|------------------------------------|---------------------------------|--|-----------------------------------|------------------------------------|-----------------------------|--------------------------------|
| Day Case | 80,541 | 80,541 | 81,813 | 1,272 | 56,368 | 56,368 | 58,803 | 2,435 |
| Elective Inpatient | 23,191 | 23,191 | 22,737 | (454) | 67,968 | 67,968 | 70,421 | 2,452 |
| Emergency / Non-elective Inpatient | 118,539 | 118,539 | 114,607 | (3,932) | 177,574 | 177,574 | 185,109 | 7,536 |
| Outpatient | 751,698 | 751,698 | 769,117 | 17,419 | 82,700 | 82,700 | 85,829 | 3,129 |
| Emergency Department | 159,130 | 159,130 | 160,195 | 1,065 | 14,242 | 14,242 | 15,258 | 1,016 |
| Other | 6,559,842 | 6,559,842 | 6,629,924 | 70,082 | 190,354 | 190,354 | 193,427 | 3,073 |
| Grand Total | 7,692,942 | 7,692,942 | 7,778,393 | 85,451 | 589,205 | 589,205 | 608,846 | 19,641 |

| Average tariff | Annual Plan £ / episode | Plan to Date £ / episode | Total YTD £ / episode | Variance YTD £ / episode | Variance YTD % |
|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|---|-------------------------------|
| Day Case | £700 | £700 | £719 | £19 | 2.7% |
| Elective Inpatient | £2,931 | £2,931 | £3,097 | £166 | 5.7% |
| Emergency / Non-elective Inpatient | £1,498 | £1,498 | £1,615 | £117 | 7.8% |
| Outpatient | £110 | £110 | £112 | £2 | 1.4% |
| Emergency Department | £89 | £89 | £95 | £6 | 6.4% |
| Other | £29 | £29 | £29 | £0 | 0.5% |
| Grand Total | £77 | £77 | £78 | £2 | 2.2% |

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

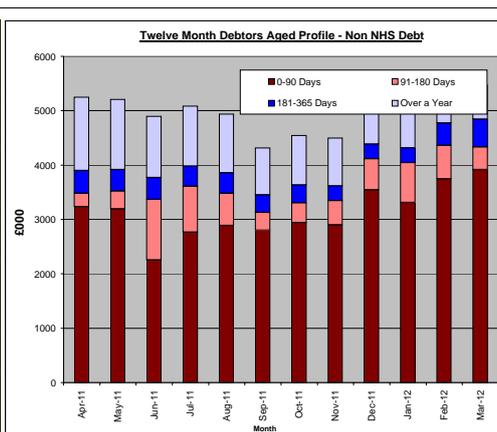
| Income and Expenditure Position for the Period Ended 31 March 2012 | | | | | | | | | | | | | | | | | |
|---|----------------------|-----------------------|--------------|-------------------------------|----------------------|-----------------------|--------------|-------------------------------|----------------------|-----------------------|--------------|-------------------------------|----------------------|-----------------------|---------------|-------------------------------|---|
| | Income | | | | Expenditure | | | | | | | | Total Year to Date | | | | Month 11 Variance (Adv) / Fav £m |
| | 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 | 261.9 | 266.9 | 5.0 | 132.7 | 132.7 | 143.8 | (11.1) | 76.6 | 76.6 | 79.4 | (2.8) | 52.6 | 52.6 | 43.7 | (9.0) | (9.7) |
| Clinical Support | 27.3 | 27.3 | 28.2 | 0.9 | 106.9 | 106.9 | 107.8 | (0.9) | 15.3 | 15.3 | 17.4 | (2.1) | (94.9) | (94.9) | (97.0) | (2.1) | (2.1) |
| Planned Care | 194.2 | 194.2 | 204.3 | 10.2 | 78.7 | 78.7 | 84.4 | (5.7) | 43.1 | 43.1 | 49.2 | (6.2) | 72.4 | 72.4 | 70.7 | (1.7) | (2.5) |
| Women's and Children's | 115.9 | 115.9 | 115.8 | (0.1) | 62.5 | 62.5 | 62.2 | 0.4 | 16.6 | 16.6 | 18.9 | (2.2) | 36.8 | 36.8 | 34.8 | (2.0) | (3.0) |
| Corporate Directorates | 11.7 | 11.7 | 17.5 | 5.8 | 39.8 | 39.8 | 38.8 | 1.1 | 61.6 | 61.6 | 65.4 | (3.9) | (89.7) | (89.7) | (86.7) | 3.0 | 1.9 |
| Sub-Total Divisions | 611.0 | 611.0 | 632.7 | 21.7 | 420.5 | 420.5 | 436.8 | (16.3) | 213.2 | 213.2 | 230.4 | (17.2) | (22.7) | (22.7) | (34.5) | (11.8) | (15.4) |
| Central Income | 70.8 | 70.8 | 78.4 | 7.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 70.8 | 70.8 | 78.4 | 7.6 | 8.7 |
| Central Expenditure | 0.0 | 0.0 | 0.0 | 0.0 | (0.1) | (0.0) | (2.0) | 1.9 | 46.8 | 46.8 | 45.8 | 1.0 | (46.7) | (46.7) | (43.8) | 3.0 | 1.2 |
| Grand Total | 681.8 | 681.8 | 711.1 | 29.3 | 420.5 | 420.5 | 434.9 | (14.4) | 260.0 | 260.0 | 276.1 | (16.1) | 1.3 | 1.3 | 0.1 | (1.2) | (5.5) |

COST IMPROVEMENT PROGRAMME

| Cost Improvement Programme as at March 2012 | | | |
|--|----------------------|-------------------------------------|--------------------------|
| Division | Plan £000 | Actual Achieved £000 | YTD % of Plan |
| Acute Care | 13,383 | 9,057 | 74.0% |
| Clinical Support | 6,218 | 4,725 | 83.8% |
| Planned Care | 8,685 | 4,974 | 63.5% |
| Women's and Children's | 2,916 | 1,699 | 66.0% |
| Clinical Divisions | 31,202 | 20,454 | 72.3% |
| Corporate | 3,571 | 4,772 | 148.6% |
| Central | 3,471 | 0 | |
| Total | 38,244 | 25,226 | 73.0% |
| Category | Plan £000 | YTD Achieved £000 | YTD % of Plan |
| Income | 4,532 | 5,353 | 130.7% |
| Non Pay | 10,955 | 7,022 | 70.8% |
| Pay | 22,757 | 12,852 | 62.5% |
| Total | 38,244 | 25,226 | 73.0% |

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 | Dec-11 £000's Actual | Jan-12 £000's Actual | Feb-12 £000's Actual | Mar-12 £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 | 4,332 | 4,194 | 4,056 | 5,242 |
| Property, plant and equipment | 417,069 | 415,444 | 414,445 | 412,914 | 413,174 | 412,998 | 411,956 | 411,774 | 411,065 | 411,030 | 410,879 | 410,752 | 349,363 |
| Trade and other receivables | 1,878 | 1,864 | 1,866 | 1,846 | 1,916 | 2,050 | 2,188 | 2,197 | 2,285 | 2,255 | 2,276 | 2,250 | 2,269 |
| TOTAL NON CURRENT ASSETS | 424,066 | 422,301 | 421,174 | 419,494 | 419,691 | 419,519 | 418,705 | 418,398 | 417,643 | 417,617 | 417,349 | 417,066 | 356,873 |
| Current Assets | | | | | | | | | | | | | |
| Inventories | 11,923 | 12,711 | 12,282 | 11,904 | 12,575 | 12,414 | 12,099 | 11,913 | 11,832 | 12,673 | 11,825 | 11,423 | 12,262 |
| Trade and other receivables | 22,722 | 21,221 | 25,862 | 26,426 | 22,757 | 25,585 | 24,381 | 28,929 | 30,089 | 36,170 | 36,212 | 40,950 | 28,279 |
| Other Assets | 0 | 0 | 185 | 257 | 318 | 76 | 0 | 0 | 286 | 348 | 366 | 384 | 0 |
| Cash and cash equivalents | 10,306 | 14,465 | 9,778 | 4,425 | 8,296 | 21,003 | 15,384 | 20,927 | 16,563 | 16,872 | 21,818 | 29,924 | 18,369 |
| TOTAL CURRENT ASSETS | 44,951 | 48,397 | 48,107 | 43,012 | 43,946 | 59,078 | 51,864 | 61,769 | 58,770 | 66,063 | 70,221 | 82,681 | 58,910 |
| Current Liabilities | | | | | | | | | | | | | |
| Trade and other payables | (59,556) | (62,010) | (61,877) | (57,626) | (59,126) | (73,592) | (70,946) | (79,572) | (72,350) | (77,862) | (77,632) | (80,572) | (61,508) |
| Dividend payable | 0 | (1,113) | (2,226) | (3,339) | (4,452) | (5,565) | 0 | (1,113) | (2,226) | (3,339) | (4,452) | (5,565) | 0 |
| Borrowings | (3,649) | (3,649) | (3,593) | (3,649) | (3,649) | (3,649) | (3,649) | (1,511) | (1,511) | (1,511) | (1,511) | (1,511) | (4,038) |
| Provisions for liabilities and charges | (667) | (667) | (667) | (657) | (667) | (667) | (667) | (667) | (667) | (667) | (667) | (667) | (789) |
| TOTAL CURRENT LIABILITIES | (63,872) | (67,439) | (68,363) | (65,271) | (67,894) | (83,473) | (73,124) | (82,663) | (76,754) | (83,379) | (84,262) | (88,315) | (66,335) |
| NET CURRENT ASSETS (LIABILITIES) | (18,921) | (19,042) | (20,256) | (22,259) | (23,948) | (24,395) | (21,260) | (21,094) | (17,984) | (17,316) | (14,041) | (5,634) | (7,425) |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 405,145 | 403,259 | 400,918 | 397,235 | 395,743 | 395,124 | 397,445 | 397,304 | 399,659 | 400,301 | 403,308 | 411,432 | 349,448 |
| Non Current Liabilities | | | | | | | | | | | | | |
| Borrowings | (3,237) | (3,491) | (4,872) | (3,805) | (4,131) | (5,271) | (7,630) | (7,955) | (9,907) | (8,623) | (8,950) | (10,114) | (1,427) |
| Other Liabilities | 0 | 0 | 0 | 0 | 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) | (2,068) | (1,817) | (2,158) | (2,121) |
| TOTAL NON CURRENT LIABILITIES | (5,469) | (5,746) | (7,089) | (5,948) | (6,326) | (7,473) | (9,759) | (10,068) | (12,022) | (10,691) | (10,767) | (12,272) | (3,548) |
| TOTAL ASSETS EMPLOYED | 399,676 | 397,513 | 393,829 | 391,287 | 389,417 | 387,651 | 387,687 | 387,216 | 387,637 | 389,610 | 392,541 | 399,160 | 345,900 |
| Public dividend capital | 273,903 | 273,903 | 273,903 | 273,903 | 273,903 | 273,903 | 273,903 | 273,903 | 273,903 | 273,903 | 277,487 | 277,487 | 277,487 |
| Revaluation reserve | 108,489 | 108,683 | 108,683 | 108,651 | 101,001 | 101,001 | 101,001 | 101,001 | 101,001 | 101,001 | 101,001 | 101,001 | 64,706 |
| Retained earnings | 17,284 | 14,927 | 11,243 | 8,733 | 14,513 | 12,747 | 12,783 | 12,312 | 12,733 | 14,706 | 17,637 | 20,672 | 3,707 |
| TOTAL TAXPAYERS EQUITY | 399,676 | 397,513 | 393,829 | 391,287 | 389,417 | 387,651 | 387,687 | 387,216 | 387,637 | 389,610 | 392,541 | 399,160 | 345,900 |



| Type of Debtors | 0-90 days £000s | 91-180 days £000s | 181-365 days £000s | 365+ Days £000s | TOTAL £000s |
|-----------------------------------|--------------------|----------------------|-----------------------|--------------------|----------------|
| NHS Sales ledger | 10,028 | 1,508 | (1,613) | (53) | 9,870 |
| Non NHS sales ledger by division: | | | | | |
| Corporate Division | 1,160 | 68 | 268 | 407 | 1,903 |
| Planned Care Division | 401 | 100 | 111 | 97 | 709 |
| Clinical Support Division | 619 | 68 | 3 | 6 | 696 |
| Women's and Children's Division | 107 | 41 | 20 | 31 | 199 |
| Acute Care Division | 1,631 | 136 | 110 | 86 | 1,963 |
| Total Non-NHS sales ledger | 3,918 | 413 | 512 | 627 | 5,470 |
| Total Sales Ledger | 13,946 | 1,921 | 1,101 | 574 | 15,340 |
| Other Debtors | | | | | |
| WIP | | | | | 3,871 |
| SLA Phasing & Performance | | | | | 0 |
| Bad debt provision | | | | | (1,402) |
| VAT - net | | | | | 1,301 |
| Other receivables and assets | | | | | 9,169 |
| TOTAL | | | | | 28,275 |

Commentary

The year to date decrease in total assets employed is due to the downwards revaluation of £58.9 million in the Trust's assets following an independent valuation. The Trust has also received an additional £3.5million in Public Dividend Capital (PDC) in the year in relation to research and development. The year end cash balance is in line with plan.

Accounts receivable metrics:

| Invoice cycle time | Non-NHS days sales outstanding (DSO) | | | |
|----------------------------|--------------------------------------|------------------|----------------------|----------------------|
| | Mar - 12 Days | Feb - 12 Days | Mar - 12 YTD Days | Feb - 12 YTD Days |
| Req date to invoice raised | 13.7 | 13.3 | DSO (all debt) | 92.5 93.0 |
| Service to invoice raised | 32.4 | 31.7 | DSO (In year debt) | 13.6 13.7 |

VALUE FOR MONEY - CASH FLOW

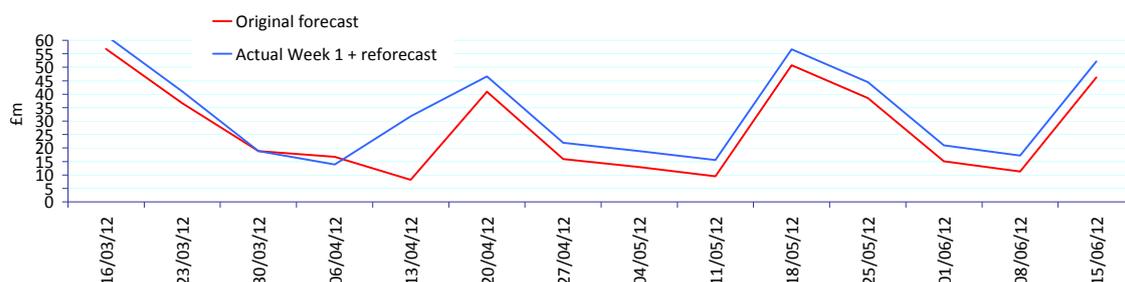
CASH FLOW for the PERIOD ENDED 31 MARCH 2012

| Commentary | 2011/12 | | Variance April - March £ 000 | |
|--|--|----------------------------------|------------------------------------|----------|
| | April - March Plan £ 000 | April - March Actual £ 000 | | |
| <p>The Trust's cash position compared to plan reflects:</p> <ul style="list-style-type: none"> - (£2.7 million) adverse variance in the EBITDA YTD position (excluding the impact of impairments) - £3.6 million additional PDC cash received - (£2.3 million) increase in inventories - (£4.7 million) increase in trade and other receivables - £7.4 million underspend on capital - (£1.2 million) other movements <p>The year end target balance of £18.2m was achieved.</p> | CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| | Operating surplus before Depreciation and Amortisation | 45,373 | 21,478 | (23,895) |
| | Transfers from donated / government granted reserves | - | - | - |
| | Impairments and reversals | - | 21,773 | 21,773 |
| | Movements in Working Capital: | | | |
| | - Inventories (Inc)/Dec | 2,000 | (361) | (2,361) |
| | - Trade and Other Receivables (Inc)/Dec | (599) | (5,289) | (4,690) |
| | - Trade and Other Payables Inc/(Dec) | 2,565 | 2,483 | (82) |
| | - Provisions Inc/(Dec) | (53) | 11 | 64 |
| | PDC Dividends paid | (13,355) | (13,356) | (1) |
| Interest paid | (494) | (361) | 133 | |
| Other non-cash movements | 500 | (690) | (1,190) | |
| | 35,937 | 25,688 | (10,249) | |
| | CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Interest Received | 84 | 65 | (19) | |
| Payments for Property, Plant and Equipment | (24,493) | (17,044) | 7,449 | |
| Capital element of finance leases | (3,634) | (4,230) | (596) | |
| | (28,043) | (21,209) | 6,834 | |
| | Net Cash Inflow / (Outflow) from Financing | | | |
| | - | 3,584 | 3,584 | |
| Opening cash | 10,306 | 10,306 | - | |
| Increase / (Decrease) in Cash | 7,894 | 8,063 | 169 | |
| Closing cash | 18,200 | 18,369 | 169 | |

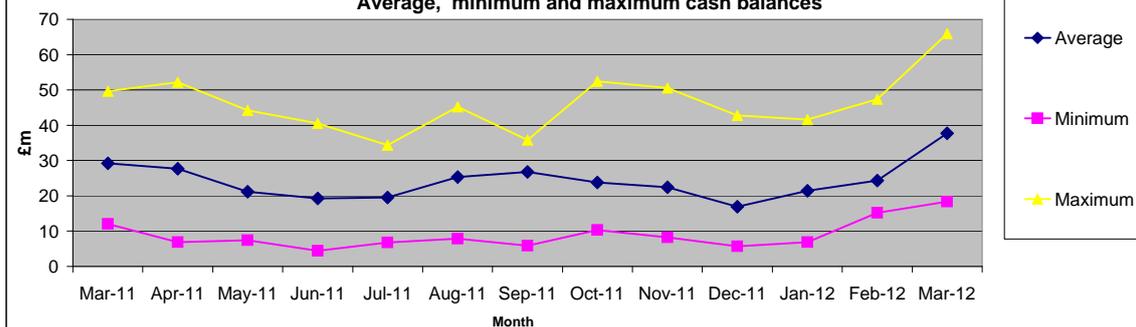
Cash movements to 30th April 2012

| | £'000 |
|--|---------------|
| Cash balance as at 01/04/2012 | 18,369 |
| <i>Cash to be received</i> | |
| Contract Income | 52,122 |
| Other debtor receipts | 7,749 |
| | 59,871 |
| <i>Cash to be paid out</i> | |
| Creditor payment runs | 28,055 |
| Payroll (including tax, NI and Pensions) | 34,883 |
| PDC dividends | 0 |
| | 62,938 |
| Year-end cash | 15,302 |

Trust Cash Flow Forecast - 13 Weeks



Average, minimum and maximum cash balances



VALUE FOR MONEY - CAPITAL BUDGET

Capital Expenditure Report for the Financial Year 2011/12

| | Revised Plan £000's | Actual | | | |
|-------------------------------------|------------------------|----------------------------|------------------------|-----------------|--------------------|
| | | Apr-Feb 11/12 £000's | Mar 11/12 £000's | 11/12 £000's | Variance £000's |
| FUNDING | | | | | |
| Depreciation as per CCE | 27,194 | 25,457 | 2,363 | 27,820 | 626 |
| Central Budget Allocation (BRU's) | | 3,584 | 0 | 3,584 | 3,584 |
| SHA CRL Adjustment | | | -366 | -366 | -366 |
| Transformational Capital | 1,289 | 0 | 0 | 0 | -1,289 |
| Land Swap Disposals | 19,800 | 19,779 | 0 | 19,779 | -21 |
| Donations | 800 | 550 | 213 | 763 | -37 |
| Less cash for liquidity | -9,789 | -8,750 | -3,536 | -12,286 | -2,497 |
| Total Funding | 39,294 | 40,620 | -1,326 | 39,294 | 0 |
| EXPENDITURE | | | | | |
| Backlog Maintenance | | | | | |
| IM&T | 2,030 | 1,544 | 509 | 2,053 | 23 |
| Medical Equipment | 4,022 | 3,334 | 331 | 3,665 | -357 |
| LRI Estates | 2,050 | 1,597 | 649 | 2,246 | 196 |
| LGH Estates | 1,650 | 1,257 | 510 | 1,767 | 117 |
| GGH Estates | 1,300 | 828 | 796 | 1,624 | 324 |
| Total Backlog Maintenance | 11,052 | 8,560 | 2,795 | 11,356 | 304 |
| Essential Developments | | | | | |
| Carbon Management | 200 | 50 | 141 | 190 | -10 |
| Diabetes R&D Funding | 550 | 516 | 64 | 580 | 30 |
| GGH CDU Phase II | 900 | 230 | 206 | 436 | -464 |
| Gwendolen House / PPD | 350 | 7 | 0 | 7 | -343 |
| MES Installation Costs | 500 | -21 | 10 | -12 | -512 |
| Congenital Heart Surgery | 800 | 285 | 272 | 556 | -244 |
| MacMillan Oncology Centre | 300 | 61 | -61 | 0 | -300 |
| ED Interim Improvements | 1,100 | 27 | 51 | 78 | -1,022 |
| LGH Theatre & Ward Refurbs | 2,050 | 1,985 | 133 | 2,118 | 68 |
| Cancer Trials Unit, LRI | 100 | 112 | -15 | 97 | -3 |
| Decontamination | 1,114 | 977 | -19 | 958 | -156 |
| Land Swap | 19,801 | 19,802 | 0 | 19,802 | 1 |
| Other IM&T | 131 | 160 | 34 | 194 | 63 |
| Other Facilities | 0 | 39 | 12 | 50 | 50 |
| Residual on 10/11 Schemes | 209 | -43 | 419 | 375 | 166 |
| Ward 8 Fire | 0 | 522 | 16 | 537 | 537 |
| Maternity & Gynae Reconfiguration | 0 | 34 | 195 | 229 | 229 |
| Capital CIP | -363 | 0 | 0 | 0 | 363 |
| Donations | 500 | 550 | 213 | 763 | 263 |
| Total Essential Developments | 28,242 | 25,291 | 1,669 | 26,960 | -1,282 |
| Total Capital Programme | 39,294 | 33,851 | 4,465 | 38,316 | -978 |

INDICATORS, THRESHOLDS and TARGETS

QUALITY and PERFORMANCE REPORT

PATIENT SAFETY

| | YTD : Cumulative or Current? | Target : Local or National? | Target | Thresholds | | |
|---|------------------------------|-----------------------------|--------|---------------------|------------------|-------------------|
| 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

| | | | | | | |
|---|------------|--------------------------------------|-------|-------|--------|-------|
| 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 26th April 2012

March 2012

DIVISIONAL HEAT MAP - Month 12 - 2011/12

QUALITY STANDARDS

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

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

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|---|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Infection Prevention | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 7 | 9 | ◀▶ |
| CDT Isolates in Patients (UHL - All Ages) | 14 | 9 | 15 | 7 | 8 | 10 | 8 | 13 | 11 | 6 | 4 | 6 | 11 | 108 | 165 | ▼ |
| E Coli (from June 1st 2011) | NO NATIONAL TARGET | | | 38 | 39 | 42 | 39 | 41 | 45 | 38 | 37 | 35 | | 354 | ---- | |
| MSSA (from May 1st 2011) | | 1 | 4 | 2 | 5 | 2 | 6 | 4 | 3 | 2 | 0 | 5 | 5 | 39 | ---- | |
| MRSA Elective Screening (Patient Matched) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100% | ◀▶ |
| MRSA Elective Screening (Patient Not Matched) | 133.2% | 127.7% | 112.5% | 110.5% | 132.4% | 122.7% | 133.2% | 132.9% | 136.0% | 135.9% | 130.2% | 134.2% | 131.0% | 128.0% | 100% | ▼ |
| MRSA Non-Elective Screening (Patient Matched) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100% | ◀▶ |
| MRSA Non-Elective Screening (Patient Not Matched) | 168.3% | 165.3% | 146.9% | 152.7% | 168.0% | 168.0% | 169.4% | 165.6% | 163.2% | 171.4% | 171.8% | 185.0% | 168.2% | 166.2% | 100% | ▼ |
| Patient Safety | | | | | | | | | | | | | | | | |
| % of all adults who have had VTE risk assessment on adm to hosp | 79% | 92.7% | 93.5% | 93.5% | 94.5% | 93.8% | 93.8% | 93.8% | 94.5% | 94.3% | 94.1% | 93.8% | 93.7% | 93.8% | 90% | ▼ |
| 10X Medication Errors | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 5 | 0 | ◀▶ |
| Never Events | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | ◀▶ |
| Patient Falls | 239 | 265 | 269 | 245 | 261 | 247 | 232 | 263 | 222 | 220 | 204 | 231 | | 2659 | TBC | |
| Complaints Re-Opened | 22 | 17 | 18 | 24 | 17 | 26 | 29 | 29 | 30 | 22 | 13 | 18 | 25 | 268 | 210 | ▼ |
| SUIs (Relating to Deteriorating Patients) | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 1 | 8 | 0 | ▼ |
| RIDDOR | 12 | 1 | 4 | 2 | 10 | 4 | 8 | 4 | 5 | 6 | 2 | 4 | 3 | 53 | 56 | ▲ |
| In-hospital fall resulting in hip fracture | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 4 | 12 | ▼ |
| No of Staffing Level Issues Reported as Incidents | 67 | 34 | 62 | 54 | 91 | 82 | 73 | 107 | 122 | 86 | 64 | 122 | 71 | 968 | 1035 | ▲ |
| Outlying (daily average) | 24 | 12 | 8 | 9 | 2 | 10 | 16 | 5 | | | | | | | 5 | ▲ |
| Pressure Ulcers (Grade 3 and 4) | 20 | 15 | 12 | 17 | 17 | 8 | 5 | 10 | 6 | 6 | 12 | 8 | | 116 | 197 | ▲ |
| ALL Complaints Regarding Attitude of Staff | 58 | 42 | 44 | 41 | 37 | 44 | 40 | 42 | 37 | 33 | 32 | 24 | 25 | 441 | 366 | ▼ |
| ALL Complaints Regarding Discharge | 39 | 22 | 29 | 39 | 20 | 27 | 32 | 24 | 18 | 31 | 17 | 23 | 25 | 307 | 220 | ▼ |
| Bed Occupancy (inc short stay admissions) | 90% | 89% | 91% | 91% | 91% | 90% | 91% | 93% | 94% | 92% | 94% | 92% | 92% | 91% | 90% | ◀▶ |
| Bed Occupancy (excl short stay admissions) | 85% | 83% | 84% | 84% | 85% | 84% | 85% | 87% | 87% | 86% | 88% | 86% | 86% | 85% | 86% | ◀▶ |
| Compliance with Blood Traceability | 98.7% | 99.1% | 98.8% | 98.7% | 94.8% | 92.4% | 93.5% | 96.1% | 96.3% | 96.1% | 97.3% | 97.3% | | 96.6% | 100% | ◀▶ |

DIVISIONAL HEAT MAP - Month 12 - 2011/12

QUALITY STANDARDS *Continued*

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|---------|---------|--------|---------|--------|--------|--------|--------|-------|--------|--------|
| Clinical Effectiveness | | | | | | | | | | | | | | | | |
| Emergency 30 Day Readmissions (Previous Elective) | 5.0% | 4.9% | 4.8% | 5.3% | 4.9% | 5.1% | 4.8% | 5.3% | 4.7% | 5.7% | 5.4% | 5.3% | | 5.1% | 1.6% | ▲ |
| Emergency 30 Day Readmissions (Previous Emergency) | 10.8% | 9.4% | 9.2% | 10.0% | 9.6% | 9.7% | 9.7% | 9.0% | 9.1% | 9.5% | 9.6% | 9.9% | | 9.5% | 8.0% | ▼ |
| Mortality (CHKS Risk Adjusted - Overall) | 86.8 | 84.8 | 85.9 | 74.8 | 80.7 | 80.1 | 87.1 | 78.5 | 74.9 | 74.1 | 82.2 | 90.6 | | 81.0 | 85 | ▼ |
| Discharge summaries to GP within 24hrs (Quarterly Audit) | 97% | | | 99% | | | 98% | | | 99% | | | | | 100% | ▲ |
| Participation in Monthly Discharge Letter Audit (Quarterly Audit) | 73% | | | 92% | | | 82% | | | 75% | | | | | 100% | ▼ |
| Stroke - 90% of Stay on a Stroke Unit | 79.8% | 85.1% | 86.8% | 89.2% | 88.2% | 88.4% | 74.7% | 82.3% | 90.7% | 89.8% | 82.1% | 69.1% | | 84.2% | 80% | ▼ |
| Stroke - TIA Clinic within 24 Hours | 76.7% | 67.9% | 64.7% | 80.8% | 77.8% | 56.5% | 63.9% | 60.7% | 57.1% | 64.7% | 65.4% | 39.3% | 40.0% | 61.3% | 60% | ▲ |
| No. of # Neck of femurs operated on < 36hrs | 72% | 72% | 53% | 71% | 73% | 70% | 56% | 53% | 75% | 65% | 60% | 63% | | 65% | 70% | ▲ |
| Maternity - Breast Feeding < 48 Hours | 76.3% | 73.8% | 72.9% | 74.4% | 74.9% | 74.7% | 73.3% | 73.2% | 74.5% | 75.0% | 72.6% | 74.1% | 73.9% | 74.0% | 67.0% | ▼ |
| Maternity - % Smoking at Time of Delivery | 11.1% | 12.4% | 9.2% | 10.1% | 9.7% | 10.9% | 11.0% | 11.1% | 11.0% | 11.7% | 13.0% | 13.9% | 13.3% | 11.4% | 18.1% | ▲ |
| | 99.97% | 99.87% | 99.98% | 99.98% | 99.98% | 100.00% | 100.00% | 99.98% | 100.00% | 97.7% | 100.0% | 100.0% | 99.8% | 99.8% | 98% | ▼ |

DIVISIONAL HEAT MAP - Month 12 - 2011/12

QUALITY STANDARDS *Continued*

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

Nursing Metrics

| | | | | | | | | | | | | | | | |
|-------------------------------------|------|-----|-----|-----|------|-----|------|-----|------|------|------|------|------|-------|----|
| Patient Observation | 94% | 95% | 93% | 96% | 97% | 96% | 96% | 95% | 96% | 96% | 98% | 95% | 97% | 98.0% | ▲ |
| Pain Management | 90% | 92% | 93% | 97% | 96% | 96% | 94% | 91% | 94% | 97% | 98% | 96% | 96% | 98.0% | ◀▶ |
| Falls Assessment | 85% | 94% | 91% | 95% | 94% | 94% | 93% | 90% | 94% | 93% | 96% | 92% | 96% | 98.0% | ▲ |
| Pressure Area Care | 91% | 96% | 93% | 97% | 95% | 95% | 95% | 93% | 97% | 95% | 97% | 96% | 98% | 98.0% | ▲ |
| Nutritional Assessment | 90% | 95% | 93% | 93% | 95% | 93% | 92% | 90% | 95% | 95% | 98% | 92% | 97% | 98.0% | ▲ |
| Medicine Prescribing and Assessment | 99% | 99% | 98% | 99% | 100% | 99% | 99% | 95% | 97% | 97% | 98% | 97% | 97% | 98.0% | ◀▶ |
| Hand Hygiene | 98% | 95% | 97% | 92% | 94% | 95% | 95% | 97% | 98% | 95% | 96% | 96% | 96% | 98.0% | ◀▶ |
| Resuscitation Equipment | 83% | 87% | 91% | 90% | 85% | 82% | 81% | 70% | 84% | 80% | 88% | 78% | 84% | 98.0% | ▲ |
| Controlled Medicines | 100% | 98% | 99% | 99% | 100% | 99% | 100% | 97% | 100% | 100% | 100% | 100% | 100% | 98.0% | ◀▶ |
| VTE | 79% | 80% | 80% | 78% | 81% | 85% | 84% | 86% | 89% | 89% | 88% | 88% | 89% | 98.0% | ▲ |
| Patient Dignity | 99% | 96% | 98% | 98% | 98% | 99% | 99% | 95% | 96% | 97% | 96% | 95% | 96% | 98.0% | ▲ |
| Infection Prevention and Control | 94% | 96% | 93% | 96% | 97% | 97% | 99% | 96% | 97% | 99% | 99% | 97% | 99% | 98.0% | ▲ |
| Discharge | 60% | 75% | 68% | 77% | 78% | 80% | 80% | 71% | 80% | 82% | 82% | 84% | 86% | 98.0% | ▲ |
| Continence | 90% | 97% | 95% | 97% | 98% | 98% | 96% | 95% | 98% | 99% | 99% | 97% | 99% | 98.0% | ▲ |

Patient Experience

| | | | | | | | | | | | | | | | | |
|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|
| Inpatient Polling - treated with respect and dignity | 95.0 | 96.6 | 96.3 | 96.5 | 95.7 | 96.0 | 95.3 | 96.1 | 96.0 | 96.1 | 96.2 | 95.6 | 95.6 | 96.0 | 95.0 | ◀▶ |
| Inpatient Polling - rating the care you receive | 83.8 | 88.4 | 87.2 | 87.6 | 87.0 | 85.4 | 85.0 | 86.8 | 86.3 | 87.7 | 86.6 | 87.8 | 87.0 | 86.9 | 91.0 | ▼ |
| Outpatient Polling - treated with respect and dignity | | | 96.7 | 93.5 | 84.0 | | 91.0 | 94.3 | 98.0 | 92.0 | 92.0 | 99.0 | 88.0 | 92.9 | 95.0 | ▼ |
| Outpatient Polling - rating the care you receive | | | 87.0 | 85.1 | 72.6 | | 82.5 | 85.7 | 84.0 | 91.0 | 86.0 | 92.0 | 86.0 | 85.2 | 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 | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |

DIVISIONAL HEAT MAP - Month 12 - 2011/12

OPERATIONAL STANDARDS

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|----------|--------|
| Emergency Department | | | | | | | | | | | | | | | | |
| ED 4 Hour Waits - Leics (10/11) - UHL Incl UCC (11/12) | 93.8% | 93.4% | 93.7% | 95.8% | 97.2% | 93.8% | 92.0% | 92.02% | 94.4% | 97.0% | 95.5% | 91.6% | 90.4% | 93.9% | 95% | ▼ |
| ED 4 Hour Waits - UHL (Type 1 and 2) | 90.4% | 91.5% | 92.1% | 94.7% | 96.4% | 92.1% | 89.9% | 89.8% | 92.9% | 96.3% | 94.4% | 89.5% | 88.0% | 92.2% | 95% | ▼ |
| ED Maximum Wait (Mins) (From Qtr 2 11/12) | 927 | 836 | 969 | 1,667 | 1,410 | 1,447 | 1,503 | 983 | 958 | 737 | 823 | 997 | 889 | | 360 | |
| Admitted Median Wait (Mins) -Type1+2 (From Qtr 2 11/12) | 229 | 225 | 220 | 215 | 203 | 223 | 231 | 234 | 219 | 210 | 213 | 232 | 230 | | 205 | ▲ |
| Admitted 95th Percentile Wait (Mins) - Type 1+2 (From Qtr 2 11/12) | 572 | 452 | 479 | 436 | 343 | 477 | 568 | 558 | 483 | 350 | 417 | 482 | 443 | | 350 | ▲ |
| Non-Admitted Median Wait (Mins) - Type 1+2 | 133 | 127 | 123 | 124 | 120 | 124 | 132 | 130 | 127 | 124 | 125 | 136 | 147 | | 105 | ▼ |
| Non-Admitted 95th Percentile Wait (Mins) Type 1+2 (From Qtr 2 11/12) | 240 | 240 | 239 | 237 | 235 | 240 | 240 | 240 | 239 | 236 | 237 | 243 | 276 | | 235 | ▼ |
| Time to Initial Assessment - 95th centile (From Qtr 2 11/12) | 63 | 70 | 56 | 41 | 39 | 48 | 48 | 61 | 48 | 42 | 32 | 34 | 41 | | <15 Mins | ▼ |
| Time to Treatment - Median (From Qtr 2 11/12) | 58 | 59 | 54 | 50 | 34 | 34 | 39 | 44 | 43 | 42 | 42 | 54 | 61 | | <60 mins | ▼ |
| Left Without Being Seen % (From Qtr 2 11/12) | 2.5% | 2.5% | 2.2% | 2.0% | 2.1% | 2.8% | 2.4% | 2.9% | 2.0% | 2.3% | 2.1% | 2.4% | 3.6% | | <5% | ▼ |
| Unplanned 7 Day Re-attendance Rate (From Qtr 2 11/12) | 6.3% | 6.6% | 5.6% | 5.2% | 5.9% | 6.7% | 5.5% | 6.0% | 5.7% | 5.4% | 6.1% | 6.1% | 6.6% | | <5% | ▼ |
| Coronary Heart Disease | | | | | | | | | | | | | | | | |
| Maintain a maximum 13 week wait for revascularisation (CABG/PTCA) | 95.3% | 94.5% | 95.7% | 100.0% | 100.0% | 99.5% | 98.3% | 99.4% | 98.8% | 98.3% | 97.1% | 98.1% | 98.7% | 98.2% | 99.0% | ▲ |
| Primary PCI Call to Balloon <150 Mins | 86.4% | 85.0% | 81.8% | 96.0% | 82.6% | 94.4% | 72.2% | 84.8% | 90.0% | 88.5% | 86.4% | 83.3% | 93.3% | 86.7% | 75.0% | ▲ |
| Rapid Access Chest Pain Clinics - % in 2 Weeks | 100.0% | 99.5% | 100.0% | 99.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 99.9% | 98.0% | ◀▶ |

DIVISIONAL HEAT MAP - Month 12 - 2011/12

OPERATIONAL STANDARDS (continued)

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

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

| Cancer Treatment | | | | | | | | | | | | | | | | |
|---|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|-------|-----|----|
| Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers | 94.5% | 96.3% | 93.7% | 93.4% | 94.0% | 95.3% | 93.1% | 94.3% | 94.4% | 93.2% | 94.4% | 93.4% | | 94.1% | 93% | ▼ |
| Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected) | 95.4% | 97.2% | 93.8% | 98.3% | 97.7% | 96.5% | 97.3% | 95.8% | 95.4% | 93.3% | 93.2% | 95.7% | | 96.0% | 93% | ▲ |
| 31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers | 96.8% | 97.0% | 98.7% | 96.8% | 97.7% | 97.3% | 96.8% | 98.4% | 97.9% | 97.2% | 97.6% | 96.1% | | 97.4% | 96% | ▼ |
| 31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments | 100.0% | 100.0% | 99.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 99.9% | 98% | ◀▶ |
| 31-Day Wait For Second Or Subsequent Treatment: Surgery | 95.8% | 97.1% | 95.5% | 94.1% | 96.9% | 94.0% | 95.6% | 94.1% | 98.8% | 92.1% | 88.6% | 95.1% | | 94.8% | 94% | ▲ |
| 31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments | 98.8% | 99.1% | 99.4% | 100.0% | 99.3% | 97.8% | 99.3% | 99.2% | 98.7% | 98.3% | 97.0% | 100.0% | | 98.9% | 94% | ▲ |
| 62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers | 85.9% | 87.3% | 85.4% | 84.1% | 81.8% | 83.2% | 81.1% | 79.4% | 81.3% | 84.9% | 86.3% | 85.3% | | 83.5% | 85% | ▼ |
| 62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers | 100.0% | 97.1% | 94.9% | 93.5% | 92.5% | 87.9% | 91.8% | 95.2% | 98.3% | 91.8% | 94.7% | 100.0% | | 94.0% | 90% | ▲ |
| 62-Day Wait For First Treatment From Consultant Upgrade | 100.0% | 100.0% | ----- | 100.0% | n/a | 100.0% | 80.0% | 100.0% | ----- | 0.0% | ----- | ----- | | 85.7% | 85% | ◀▶ |

DIVISIONAL HEAT MAP - Month 12 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|
| Referral to Treatment | | | | | | | | | | | | | | | | |
| 18 week referral to treatment - admitted | 91.8% | 91.7% | 90.0% | 85.0% | 91.4% | 92.0% | 90.8% | 90.9% | 88.5% | 87.6% | 84.6% | 82.8% | 83.5% | | 90% | ▲ |
| 18 week referral to treatment - non admitted | 97.1% | 97.3% | 97.2% | 97.0% | 97.2% | 96.8% | 96.6% | 96.4% | 96.2% | 96.6% | 95.5% | 96.1% | 95.9% | | 95% | ▼ |
| 18 week Admitted Backlog | 838 | 905 | 809 | 669 | 879 | 956 | 1057 | 1104 | 1118 | 1222 | 1117 | 793 | 437 | | | |
| 23 week Admitted Backlog | 482 | 514 | 451 | 218 | 318 | 474 | 551 | 564 | 598 | 643 | 556 | 396 | 153 | | | |
| 18 week Non Admitted Backlog | 1737 | 1461 | 1376 | 1538 | 1896 | 1750 | 1781 | 1637 | 1558 | 1717 | 1494 | 1581 | 1044 | | | |
| RTT Admitted Median Wait (Weeks) | 9.1 | 8.5 | 9.5 | 10.2 | 8.5 | 8.8 | 8.9 | 9.0 | 8.4 | 9.2 | 10.1 | 10.8 | 9.9 | | <=11.1 | ▲ |
| RTT Admitted 95th Percentile (Weeks) | 24.1 | 23.5 | 25.1 | 25.2 | 21.2 | 21.1 | 22.9 | 22.5 | 25.3 | 25.8 | 26.9 | 27.7 | 25.5 | | <=23.0 | ▲ |
| RTT Non-Admitted Median Wait (Weeks) | 5.4 | 5.3 | 6.4 | 6.2 | 6.0 | 6.5 | 6.8 | 6.3 | 6.1 | 5.8 | 6.9 | 5.9 | 5.9 | | <=6.6 | ◀▶ |
| RTT Non-Admitted 95th Percentile (Weeks) | 16.8 | 16.4 | 16.8 | 17.1 | 17.0 | 17.2 | 17.4 | 17.6 | 17.7 | 17.4 | 17.8 | 17.5 | 17.7 | | <=18.3 | ▼ |
| RTT Incomplete Median Wait (Weeks) | 5.5 | 6.3 | 6.4 | 5.8 | 6.3 | 6.3 | 6.4 | 5.9 | 6.0 | 6.8 | 6.6 | 5.8 | 5.6 | | <=7.2 | ▲ |
| RTT Incomplete 95th Percentile (Weeks) | 21.8 | 21.3 | 19.4 | 19.6 | 21.1 | 21.1 | 22.5 | 22.6 | 21.9 | 22.5 | 21.4 | 20.8 | 17.7 | | <=28.0 | ▲ |

DIVISIONAL HEAT MAP - Month 12 - 2011/12

OPERATIONAL STANDARDS (continued)

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

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

Efficiency - Outpatients and Inpatient Length of Stay

| | | | | | | | | | | | | | | | | |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----|
| Outpatient DNA Rates (%) | 9.0% | 9.2% | 9.6% | 9.0% | 9.1% | 9.5% | 9.0% | 9.4% | 8.9% | 9.4% | 9.4% | 9.0% | 9.0% | 9.2% | 9.0% | ◀▶ |
| Outpatient Appts % Cancelled by Hospital | 10.5% | 11.4% | 11.6% | 10.4% | 10.9% | 11.1% | 11.0% | 10.3% | 10.0% | 10.7% | 10.7% | 11.2% | 10.8% | 10.8% | 10.5% | ▲ |
| Outpatient Appts % Cancelled by Patient | 9.7% | 9.6% | 9.9% | 10.2% | 10.8% | 10.5% | 10.4% | 10.2% | 9.6% | 10.7% | 9.6% | 10.0% | 9.6% | 10.1% | 10.0% | ▲ |
| Outpatient F/Up Ratio | 2.2 | 1.9 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.9 | 1.9 | 1.9 | 1.9 | 2.0 | 2.1 | ◀▶ |
| Ave Length of Stay (Nights) - Emergency | 5.3 | 5.9 | 6.1 | 6.1 | 5.5 | 5.6 | 5.6 | 5.5 | 5.8 | 5.5 | 5.6 | 5.4 | 5.6 | 5.7 | 5.0 | ▼ |
| Ave Length of Stay (Nights) - Elective | 3.3 | 3.6 | 3.4 | 3.1 | 3.6 | 3.5 | 3.8 | 3.6 | 3.4 | 3.6 | 3.1 | 3.1 | 3.1 | 3.4 | 3.8 | ◀▶ |
| Delayed transfers per 10,000 admissions | 1.8% | 1.5% | 1.5% | 1.5% | 1.6% | 1.5% | 1.5% | 1.7% | 1.5% | 1.5% | 1.2% | 1.2% | 1.6% | 1.5% | 3.5% | ▼ |
| % of Electives admitted on day of procedure | 83.2% | 82.9% | 82.1% | 83.0% | 81.6% | 81.9% | 80.8% | 81.3% | 83.2% | 81.8% | 82.8% | 85.2% | 86.6% | 82.7% | 90% | ▲ |

Theatres and Cancelled Operations

| | | | | | | | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| Day Case Rate (Basket of 25) | 77.2% | 77.7% | 76.2% | 75.9% | 79.2% | 81.1% | 77.8% | 77.0% | 74.3% | 76.2% | 76.2% | 72.0% | 72.9% | 76.3% | 75.0% | ▲ |
| Inpatient Theatre Utilisation Rate (%) | 82.1% | 79.6% | 79.3% | 80.1% | 81.3% | 84.1% | 82.6% | 81.0% | 81.2% | 80.2% | 81.8% | 78.8% | 80.9% | 80.9% | 86.0% | ▲ |
| Day case Theatre Utilisation Rate (%) | 91.9% | 74.6% | 74.5% | 74.9% | 73.4% | 78.8% | 78.2% | 75.1% | 79.8% | 75.8% | 77.3% | 80.2% | 80.7% | 77.0% | 86.0% | ▲ |
| Operations cancelled for non-clinical reasons on or after the day of admission | 1.7% | 1.3% | 1.6% | 1.3% | 0.9% | 1.3% | 1.6% | 1.5% | 1.7% | 1.1% | 1.2% | 1.7% | 1.3% | 1.4% | 0.8% | ▲ |
| Cancelled patients offered a date within 28 days of the cancellations | 88.5% | 82.5% | 92.4% | 94.0% | 96.3% | 95.6% | 97.1% | 92.3% | 93.6% | 84.3% | 86.1% | 89.7% | 88.5% | 91.3% | 95.0% | ▼ |

DIVISIONAL HEAT MAP - Month 12 - 2011/12

HUMAN RESOURCES

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|--------|
| Staffing | | | | | | | | | | | | | | | | |
| Contracted staff in post (substantive FTE) | 10170.9 | 10146.0 | 10103.3 | 10125.0 | 10101.3 | 10183.9 | 10138.2 | 10186.7 | 10188.3 | 10137.9 | 10077.8 | 10076.7 | 10029.1 | 10029.1 | | |
| Bank hours paid (FTE) | 257.3 | 279.7 | 260.4 | 256.4 | 281.7 | 243.1 | 241.7 | 254.8 | 237.9 | 256.7 | 195.5 | 219.3 | 273.9 | 273.9 | | |
| Overtime hours paid (FTE) | 84.7 | 89.6 | 82.2 | 80.0 | 88.2 | 74.8 | 63.3 | 57.2 | 62.5 | 67.2 | 57.4 | 58.8 | 83.7 | 83.7 | | |
| Total FTE worked | 10512.9 | 10515.3 | 10445.9 | 10461.3 | 10471.2 | 10501.8 | 10443.2 | 10498.6 | 10488.6 | 10461.7 | 10330.7 | 10354.8 | 10386.7 | 10386.7 | | |
| Pay bill - directly employed staff (£ m) | 36.2 | 35.4 | 35.6 | 35.9 | 35.5 | 35.4 | 35.2 | 35.5 | 35.1 | 35.2 | 34.8 | 35.0 | 36.2 | 424.9 | | |
| Planned CIP reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Actual CIP reduction this month | -13.0 | | | | | | | | | | | | | | | |
| Workforce HR Indicators | | | | | | | | | | | | | | | | |
| Sickness absence | 3.41% | 3.17% | 2.98% | 3.44% | 3.34% | 3.13% | 3.15% | 3.43% | 3.75% | 3.76% | 3.67% | 3.89% | 4.30% | 3.50% | 3.0% | ▼ |
| Appraisals | 90.3% | 90.4% | 88.8% | 86.8% | 85.9% | 87.7% | 88.7% | 93.5% | 93.9% | 95.0% | 96.1% | 96.1% | 94.4% | 94.4% | 100% | ▼ |
| Turnover | 8.0% | 8.7% | 8.6% | 8.6% | 8.6% | 8.5% | 8.1% | 8.0% | 7.9% | 8.2% | 8.2% | 8.2% | 8.2% | 8.2% | 10.0% | ◀▶ |
| Formal action under absence policy - Warnings issued | 25 | 22 | 27 | 26 | 21 | 27 | 17 | 32 | 29 | 17 | 33 | 23 | 37 | 311 | | |
| Formal action under absence policy – Dismissals | 3 | 0 | 4 | 6 | 5 | 6 | 3 | 3 | 3 | 4 | 4 | 4 | 3 | 45 | | |
| % Corporate Induction attendance | 96.0% | 93.0% | 86.0% | 91.0% | 89.0% | 80.0% | 96.0% | 86.0% | 94.0% | 100.0% | 95.0% | 96.0% | 88.0% | 91.0% | 95.0% | ▼ |

DIVISIONAL HEAT MAP - Month 12 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | 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) | 6 | 5 | 5 | 3 | 2 | 4 | 1 | 3 | 3 | 2 | 2 | 0 | 4 | 34 | 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% | 100% | 100% | 100% | ◀▶ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 7.0% | 7.6% | 7.0% | 7.8% | 7.5% | 7.7% | 7.8% | 7.7% | 6.8% | 8.2% | 8.1% | 7.6% | | 7.6% | 6.5% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 4.3% | 4.7% | 4.6% | 5.2% | 5.1% | 5.0% | 4.9% | 4.8% | 4.3% | 5.2% | 5.0% | 4.6% | | 4.9% | 4.0% | ▲ |
| 30 Day Readmission Rate (CHKS) | 6.9% | 7.4% | 7.2% | 7.8% | 7.6% | 7.6% | 7.7% | 7.7% | 6.8% | 8.2% | 7.6% | | | 7.5% | 6.5% | ▲ |
| Mortality (UHL Data) | 0.6% | 0.9% | 0.8% | 0.7% | 0.6% | 0.7% | 0.7% | 0.6% | 0.7% | 0.9% | 0.7% | 0.9% | 0.7% | 0.7% | 0.9% | ▲ |
| Mortality (CHKS - Risk Adjusted - Peers to be Confirmed) | 76.7 | 82.5 | 90.3 | 76.5 | 79.8 | 83.5 | 85.7 | 75.9 | 84.5 | 96.0 | 95.5 | 111.8 | | 87.0 | 90.0 | ▼ |
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | ◀▶ |
| Never Events | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | ◀▶ |
| Patient Falls | 83 | 55 | 60 | 55 | 60 | 59 | 67 | 67 | 50 | 54 | 49 | 54 | | 630 | TBC | |
| Complaints Re-Opened | 7 | 9 | 6 | 13 | 7 | 15 | 15 | 14 | 15 | 11 | 8 | 10 | 13 | 136 | 95 | ▼ |
| SUIs (Relating to Deteriorating Patients) | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 5 | 0 | ◀▶ |
| RIDDOR | 2 | 0 | 0 | 0 | 0 | 1 | 3 | 1 | 1 | 2 | 0 | 0 | 0 | 8 | 6 | ◀▶ |
| In-hospital fall resulting in hip fracture | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | ◀▶ |
| No of Staffing Level Issues Reported as Incidents | 4 | 6 | 2 | 6 | 3 | 7 | 9 | 24 | 15 | 12 | 13 | 27 | 16 | 140 | 95 | ▲ |
| Outlying (daily average) | 2 | 3 | 3 | 1 | 0 | 3 | 4 | 3 | | | | | | | 2 | ▲ |
| Pressure Ulcers (Grade 3 and 4) | 9 | 3 | 3 | 1 | 5 | 5 | 0 | 2 | 3 | 4 | 5 | 1 | | 32 | 75 | ▲ |
| ALL Complaints Regarding Attitude of Staff | 17 | 10 | 12 | 15 | 19 | 17 | 8 | 11 | 18 | 15 | 16 | 10 | 4 | 155 | 122 | ▲ |
| ALL Complaints Regarding Discharge | 11 | 6 | 7 | 17 | 8 | 8 | 11 | 8 | 4 | 7 | 3 | 4 | 6 | 89 | 80 | ▼ |
| Bed Occupancy (inc short stay admissions) | 88% | 89% | 92% | 90% | 93% | 91% | 92% | 95% | 95% | 88% | 95% | 91% | 92% | 92% | 90% | ▲ |
| Bed Occupancy (excl short stay admissions) | 83% | 84% | 86% | 85% | 89% | 88% | 89% | 91% | 90% | 84% | 90% | 85% | 86% | 87% | 86% | ▲ |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | 95% | 93% | 93% | 95% | 95% | 97% | 96% | 95% | 97% | 96% | 99% | 96% | 96% | | 98.0% | ◀▶ |
| Pain Management | 89% | 86% | 94% | 97% | 96% | 96% | 94% | 94% | 94% | 95% | 99% | 96% | 94% | | 98.0% | ▼ |
| Falls Assessment | 72% | 82% | 89% | 94% | 92% | 95% | 88% | 93% | 94% | 96% | 96% | 94% | 96% | | 98.0% | ▲ |
| Pressure Area Care | 88% | 91% | 90% | 94% | 92% | 95% | 95% | 95% | 96% | 98% | 98% | 96% | 97% | | 98.0% | ▲ |
| Nutritional Assessment | 82% | 94% | 91% | 90% | 93% | 96% | 93% | 96% | 95% | 97% | 98% | 95% | 97% | | 98.0% | ▲ |
| Medicine Prescribing and Assessment | 96% | 99% | 99% | 98% | 98% | 96% | 95% | 95% | 96% | 96% | 96% | 97% | 96% | | 98.0% | ▼ |
| Hand Hygiene | | | | | | | | | | | | | | | 98.0% | |
| Resuscitation Equipment | 88% | 91% | 93% | 75% | 85% | 75% | 81% | 78% | 90% | 91% | 89% | 68% | 91% | | 98.0% | ▲ |
| Controlled Medicines | 97% | 98% | 96% | 100% | 98% | 100% | 100% | 100% | 98% | 100% | 100% | 100% | 100% | | 98.0% | ◀▶ |
| VTE | 86% | 85% | 89% | 81% | 89% | 89% | 90% | 91% | 91% | 92% | 89% | 91% | 91% | | 98.0% | ◀▶ |
| Patient Dignity | 99% | 97% | 95% | 98% | 96% | 97% | 98% | 96% | 96% | 97% | 95% | 95% | 96% | | 98.0% | ▲ |
| Infection Prevention and Control | 88% | 86% | 90% | 94% | 96% | 96% | 97% | 95% | 97% | 96% | 97% | 97% | 96% | | 98.0% | ▼ |
| Discharge | | 68% | 64% | 74% | 81% | 79% | 80% | 75% | 85% | 82% | 81% | 82% | 83% | | 98.0% | ▲ |
| Continence | 89% | 93% | 96% | 96% | 97% | 99% | 96% | 94% | 98% | 99% | 98% | 98% | 98% | | 98.0% | ◀▶ |
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 90.3% | 90.3% | 87.5% | 81.4% | 88.6% | 89.5% | 87.5% | 87.6% | 85.0% | 83.7% | 79.5% | 77.3% | 78.5% | | 90.0% | ▲ |
| RTT - Non Admitted | 95.6% | 95.4% | 95.6% | 95.1% | 95.4% | 95.0% | 94.6% | 94.1% | 93.5% | 94.4% | 92.4% | 93.7% | 93.2% | | 95.0% | ▼ |

DIVISIONAL HEAT MAP - Month 12 2011/12

PLANNED CARE - DIVISIONAL PERFORMANCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | 22.0% | 24.0% | 22.0% | 22.0% | 19.0% | 27.0% | 24.0% | 34.0% | 29.0% | 21.0% | 18.0% | 25.0% | 33.0% | 25% | 4.0% | ▼ |
| Elective LOS | 3.1 | 3.4 | 3.1 | 2.8 | 3.2 | 3.3 | 3.6 | 3.3 | 3.1 | 3.4 | 2.9 | 2.9 | 2.8 | 3.1 | 3.0 | ▲ |
| Non Elective LOS | 6.0 | 6.2 | 6.1 | 6.3 | 5.6 | 6.0 | 5.8 | 6.3 | 6.2 | 5.2 | 5.8 | 5.3 | 5.9 | 5.9 | 5.8 | ▼ |
| % of Electives Adm.on day of proc. | 91.4% | 91.2% | 90.9% | 91.4% | 91.3% | 91.8% | 90.9% | 90.6% | 91.9% | 91.0% | 90.8% | 93.0% | 94.2% | 91.6% | 90.0% | ▲ |
| Day Case Rate (Basket of 25) | 76.1% | 77.7% | 75.8% | 74.1% | 77.2% | 81.1% | 78.4% | 75.8% | 73.0% | 74.6% | 74.9% | 69.6% | 70.1% | 75.0% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 80.1% | 79.8% | 80.1% | 79.5% | 79.1% | 80.2% | 80.4% | 80.1% | 80.2% | 81.2% | 81.8% | 79.6% | 78.6% | 80.0% | 79.0% | ▼ |
| Inpatient Theatre Utilisation | 80.7% | 78.3% | 77.0% | 79.7% | 81.3% | 83.4% | 81.6% | 79.3% | 79.1% | 79.4% | 78.7% | 76.9% | 80.3% | 79.6% | 86.0% | ▲ |
| Day Case Theatre Utilisation | 88.7% | 66.1% | 66.9% | 70.4% | 71.1% | 74.1% | 75.8% | 73.4% | 77.2% | 74.0% | 70.5% | 72.8% | 74.0% | 72.2% | 86.0% | ▲ |
| Outpatient New : F/Up Ratio | 2.4 | 2.6 | 2.5 | 2.5 | 2.5 | 2.5 | 2.7 | 2.5 | 2.5 | 2.4 | 2.5 | 2.5 | 2.6 | 2.5 | 2.3 | ▼ |
| Outpatient DNA Rate | 9.0% | 8.9% | 9.1% | 9.0% | 8.7% | 9.4% | 8.9% | 9.4% | 8.7% | 9.1% | 9.1% | 9.0% | 8.7% | 9.0% | 9.0% | ▲ |
| Outpatient Hosp Canc Rate | 10.8% | 12.2% | 12.2% | 10.1% | 11.1% | 10.9% | 10.7% | 10.6% | 9.6% | 10.2% | 10.7% | 10.7% | 10.5% | 10.8% | 9.0% | ▲ |
| Outpatient Patient Canc Rate | 9.0% | 9.3% | 9.3% | 9.7% | 10.2% | 9.8% | 10.0% | 9.7% | 9.0% | 10.3% | 9.0% | 9.5% | 9.1% | 9.6% | 9.0% | ▲ |
| SCREENING PROGRAMMES | | | | | | | | | | | | | | | | |
| Diabetic Retinopathy - % Uptake | 56.0% | 48.9% | 38.7% | 37.0% | 35.3% | 44.1% | 35.5% | 43.2% | 83.0% | 49.1% | 43.8% | 55.5% | 63.1% | 46.3% | 50.0% | ▲ |
| Diabetic Retinopathy - % Results in 3 Weeks | 82.3% | 83.7% | 75.1% | 95.5% | 76.9% | 85.7% | 86.7% | 84.1% | 87.8% | 90.3% | 98.0% | 69.4% | 84.3% | 85.0% | 90.0% | ▲ |
| Diabetic Retinopathy - % Treatment in 4 Weeks | ----- | 50.0% | 50.0% | 0.0% | 0.0% | ----- | ----- | 88.9% | 83.3% | 88.9% | 45.8% | 68.8% | 94.7% | 68.1% | | |
| Abdominal Aortic Aneurysm - % Eligible Offered Screening per Month | 7.1% | 5.6% | 6.3% | 6.0% | 5.3% | 7.1% | 8.6% | 10.6% | 14.0% | 9.8% | 13.1% | 9.7% | 4.7% | 100.8% | 6.0% | ▼ |
| Abdominal Aortic Aneurysm - % Uptake | 96.2% | 90.0% | 97.8% | 107.0% | 96.5% | 114.3% | 111.9% | 115.9% | 105.7% | 104.3% | 118.2% | 112.2% | 110.0% | 106.7% | 99.0% | ▼ |
| Abdominal Aortic Aneurysm - 30 Day post-operative Mortality | | 0.0% | 0.0% | 0.0% | 0.0% | 9.1% | 0.0% | 0.0% | | 0.0% | 0.0% | 0.0% | 0.0% | 1.5% | 0.0% | ◀▶ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Appraisals | 95.6% | 94.8% | 92.3% | 91.8% | 90.0% | 90.4% | 89.8% | 91.1% | 92.7% | 98.0% | 99.0% | 98.8% | 97.2% | 97.2% | 100% | ▼ |
| Sickness Absence | 2.9% | 2.7% | 2.7% | 3.0% | 3.1% | 2.9% | 2.9% | 3.4% | 4.0% | 3.8% | 3.5% | 3.9% | 4.3% | 3.3% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 2.4 | 1.8 | 3.9 | 8.0 | 8.6 | 2.7 | 1.8 | 2.8 | 2.6 | 3.0 | 2.4 | 3.6 | 10.1 | | | |
| Bank FTE | 53.0 | 62.9 | 55.7 | 53.3 | 56.4 | 52.7 | 48.6 | 59.5 | 53.6 | 59.9 | 48.2 | 57.5 | 68.5 | | | |
| Actual net FTE reduction this month | -12.3 | 37.6 | -37.4 | 2.4 | 35.2 | 7.4 | -21.9 | 21.9 | -10.5 | 0.2 | -32.0 | 12.2 | 7.9 | 23.2 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

PLANNED CARE - Specialist Surgery

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 93.4% | 93.2% | 90.9% | 82.6% | 94.0% | 92.5% | 90.4% | 91.2% | 87.6% | 86.1% | 82.3% | 83.5% | 81.5% | | 90.0% | ▼ |
| RTT - Non Admitted | 96.6% | 96.3% | 96.8% | 96.4% | 96.3% | 95.7% | 94.7% | 94.6% | 95.7% | 95.5% | 92.7% | 95.0% | 93.4% | | 95.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 2.0 | 2.1 | 2.2 | 2.0 | 2.0 | 2.0 | 2.1 | 2.1 | 1.8 | 2.2 | 1.7 | 2.1 | 1.5 | 2.0 | 1.9 | ▲ |
| Non Elective LOS | 5.3 | 5.7 | 5.4 | 6.5 | 4.6 | 5.0 | 4.1 | 5.8 | 4.9 | 4.1 | 5.4 | 4.2 | 4.0 | 5.0 | 4.7 | ▲ |
| % of Electives Adm.on day of proc. | 85.1% | 86.4% | 84.8% | 85.3% | 87.8% | 88.2% | 82.7% | 84.9% | 86.4% | 83.8% | 86.0% | 86.9% | 87.2% | 85.9% | 85.0% | ▲ |
| Day Case Rate (Basket of 25) | 90.2% | 88.0% | 89.0% | 87.8% | 88.8% | 88.7% | 90.0% | 89.3% | 84.0% | 84.3% | 85.3% | 86.1% | 87.4% | 87.4% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 75.0% | 70.9% | 71.7% | 73.3% | 72.5% | 71.0% | 75.1% | 71.6% | 71.7% | 72.8% | 72.1% | 75.2% | 72.7% | 72.6% | 70.0% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 3.2% | 3.5% | 2.7% | 3.2% | 3.1% | 3.3% | 2.7% | 3.7% | 2.7% | 3.5% | 3.3% | 2.8% | | 3.2% | 2.8% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 1.5% | 1.8% | 1.5% | 1.9% | 1.6% | 1.7% | 1.3% | 1.8% | 1.3% | 1.6% | 1.3% | 1.4% | | 1.6% | 1.3% | ▼ |
| Outpatient New : F/Up Ratio | 2.0 | 2.1 | 2.1 | 2.0 | 2.0 | 2.0 | 2.2 | 2.3 | 2.2 | 2.0 | 2.1 | 2.1 | 2.1 | 2.1 | 1.9 | ▶▶ |
| Outpatient DNA Rate | 9.5% | 9.1% | 9.4% | 9.5% | 9.2% | 9.5% | 9.2% | 9.9% | 9.2% | 9.1% | 9.4% | 9.6% | 8.6% | 9.3% | 9.5% | ▲ |
| Outpatient Hosp Canc Rate | 10.9% | 14.2% | 13.3% | 11.0% | 12.4% | 13.0% | 13.3% | 13.5% | 11.2% | 11.9% | 11.3% | 11.3% | 11.0% | 12.3% | 11.5% | ▲ |
| Outpatient Patient Canc Rate | 10.2% | 10.2% | 10.4% | 10.7% | 11.4% | 10.9% | 10.7% | 10.4% | 9.7% | 11.4% | 10.0% | 10.8% | 10.1% | 10.5% | 10.0% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 91% | 92% | 91% | 86% | 86% | 100% | 100% | 100% | 99% | 94% | 100% | 90% | 83% | 93% | 90.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | 1.1 | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.97% | 2.77% | 2.68% | 3.22% | 2.44% | 2.07% | 2.01% | 2.59% | 3.01% | 3.69% | 3.39% | 3.41% | 3.87% | 2.9% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 1.4 | 1 | 0.7 | 1.7 | 1.1 | 0.7 | 0.2 | 0.6 | 0.5 | 0.9 | 0.4 | 1.1 | 2.4 | | | |
| Bank FTE | 17.8 | 26.0 | 18.2 | 18.2 | 17.5 | 15.7 | 16.3 | 23.0 | 16.7 | 18.1 | 13.8 | 17.6 | 21.2 | | | |
| Actual net FTE reduction this month | -3.5 | 13.0 | -14.6 | 2.9 | 13.7 | 9.5 | -6.3 | 8.0 | -6.2 | 0.5 | -16.2 | 1.8 | 2.8 | 8.9 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

PLANNED CARE - GI Medicine / Surgery

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 83.8% | 83.6% | 80.7% | 73.6% | 78.3% | 83.8% | 81.3% | 80.9% | 77.8% | 77.0% | 74.1% | 70.9% | 74.6% | | 90.0% | ▲ |
| RTT - Non Admitted | 90.5% | 89.9% | 90.6% | 86.9% | 90.1% | 90.9% | 92.8% | 87.9% | 82.4% | 87.9% | 86.6% | 87.1% | 90.0% | | 95.0% | ▲ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 3.5 | 3.7 | 3.5 | 3.1 | 3.6 | 3.9 | 4.9 | 4.0 | 3.4 | 3.6 | 3.2 | 3.3 | 3.3 | 3.6 | 3.5 | ◀▶ |
| Non Elective LOS | 5.4 | 5.4 | 5.2 | 5.5 | 5.4 | 5.8 | 5.3 | 5.9 | 5.7 | 4.7 | 5.3 | 5.0 | 5.1 | 5.3 | 5.3 | ▼ |
| % of Electives Adm.on day of proc. | 94.4% | 93.8% | 91.2% | 93.4% | 91.9% | 93.6% | 92.5% | 93.2% | 94.6% | 93.3% | 92.0% | 93.9% | 95.8% | 93.3% | 90.0% | ▲ |
| Day Case Rate (Basket of 25) | 48.1% | 48.0% | 50.5% | 46.2% | 50.2% | 57.2% | 58.6% | 50.7% | 46.3% | 51.7% | 54.8% | 48.1% | 43.4% | 49.9% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 82.2% | 82.3% | 82.3% | 80.5% | 81.5% | 83.1% | 82.2% | 83.6% | 83.2% | 83.8% | 85.1% | 80.0% | 79.5% | 82.2% | 85.0% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 7.1% | 7.9% | 7.4% | 8.0% | 8.0% | 7.4% | 7.7% | 7.5% | 6.6% | 7.6% | 7.4% | 7.5% | | 7.5% | 7.0% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 3.6% | 3.9% | 4.4% | 4.5% | 4.9% | 4.1% | 3.9% | 3.7% | 3.3% | 3.8% | 3.6% | 3.9% | | 4.0% | 3.8% | ▼ |
| Outpatient New : F/Up Ratio | 2.2 | 2.1 | 2.0 | 2.2 | 2.0 | 1.8 | 2.2 | 1.8 | 1.8 | 1.7 | 1.9 | 1.9 | 2.1 | 1.9 | 2.0 | ▼ |
| Outpatient DNA Rate | 8.4% | 8.5% | 8.4% | 7.5% | 7.9% | 8.3% | 7.9% | 8.9% | 7.5% | 8.4% | 8.3% | 8.2% | 8.7% | 8.2% | 8.2% | ▼ |
| Outpatient Hosp Canc Rate | 16.7% | 14.2% | 15.1% | 15.4% | 16.2% | 15.3% | 12.1% | 11.7% | 12.5% | 13.1% | 16.1% | 16.9% | 16.3% | 14.6% | 14.0% | ▲ |
| Outpatient Patient Canc Rate | 9.7% | 10.5% | 10.4% | 10.0% | 10.9% | 10.9% | 12.3% | 11.1% | 9.4% | 11.1% | 9.2% | 9.2% | 9.6% | 10.4% | 10.3% | ▼ |
| Bed Utilisation (Incl short stay admissions) | 87% | 89% | 96% | 95% | 94% | 93% | 100% | 94% | 94% | 91% | 95% | 94% | 94% | 94% | 90.0% | ◀▶ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | 1.1 | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 2.3% | 2.8% | 2.3% | 2.9% | 3.3% | 2.7% | 3.1% | 3.8% | 5.2% | 5.0% | 3.9% | 4.3% | 5.5% | 3.7% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 0.5 | 0.2 | 1.3 | 2.7 | 5.4 | 1.4 | 1.0 | 1.3 | 0.8 | 0.8 | 0.8 | 1.1 | 6.0 | | | |
| Bank FTE | 17.0 | 19.8 | 19.3 | 15.9 | 21.3 | 21.9 | 16.6 | 15.1 | 16.5 | 18.7 | 16.6 | 21.4 | 25.1 | | | |
| Actual net FTE reduction this month | -9.5 | 13.2 | -4.1 | -6.5 | 11.7 | -5.2 | -2.4 | 5.2 | -3.0 | 1.3 | -4.0 | 4.2 | 3.3 | 13.8 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

PLANNED CARE - Cancer and Haematology

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | -- | -- | -- | -- | -- | -- | 100% | 100% | -- | -- | 100% | -- | -- | | 90.0% | ◀▶ |
| RTT - Non Admitted | 98.0% | 97.0% | 98.8% | 100.0% | 99.0% | 99.2% | 98.9% | 99.0% | 97.5% | 99.1% | 98.1% | 97.9% | 97.4% | | 95.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 8.5 | 8.8 | 5.9 | 7.1 | 9.9 | 6.7 | 9.2 | 8.1 | 7.0 | 8.8 | 9.5 | 6.9 | 7.2 | 7.9 | 7.0 | ▼ |
| Non Elective LOS | 5.5 | 5.7 | 6.2 | 5.7 | 4.9 | 5.6 | 5.4 | 4.5 | 5.9 | 4.6 | 4.9 | 5.1 | 6.3 | 5.4 | 5.7 | ▼ |
| % of Electives Adm.on day of proc. | 70.2% | 75.9% | 78.4% | 75.0% | 72.7% | 68.0% | 78.2% | 69.2% | 77.4% | 76.9% | 63.8% | 75.7% | 86.1% | 74.5% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 96.9% | 97.7% | 97.1% | 96.7% | 96.9% | 96.5% | 96.4% | 96.5% | 96.1% | 96.8% | 97.0% | 97.6% | 97.1% | 96.9% | 96.5% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 11.8% | 11.9% | 11.0% | 13.8% | 11.9% | 13.1% | 12.9% | 12.7% | 11.9% | 14.4% | 14.2% | 13.1% | | 12.9% | 11.0% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 10.2% | 10.2% | 9.2% | 11.8% | 10.4% | 11.1% | 10.8% | 10.9% | 10.5% | 12.5% | 11.9% | 10.3% | | 10.9% | 9.4% | ▲ |
| Outpatient New : F/Up Ratio | 8.0 | 9.0 | 8.5 | 8.5 | 8.2 | 8.2 | 8.6 | 8.0 | 7.8 | 7.5 | 7.6 | 8.0 | 8.1 | 8.1 | 8.1 | ▼ |
| Outpatient DNA Rate | 8.3% | 9.2% | 8.5% | 8.1% | 7.9% | 8.7% | 8.4% | 8.3% | 7.7% | 8.2% | 8.3% | 8.0% | 8.3% | 8.3% | 7.4% | ▼ |
| Outpatient Hosp Canc Rate | 6.6% | 7.2% | 8.1% | 5.6% | 6.6% | 5.7% | 6.3% | 4.8% | 5.3% | 5.6% | 5.5% | 5.4% | 6.6% | 6.0% | 7.3% | ▼ |
| Outpatient Patient Canc Rate | 6.4% | 6.3% | 6.2% | 7.3% | 6.8% | 6.9% | 6.8% | 6.9% | 6.6% | 7.1% | 6.9% | 6.7% | 6.5% | 6.8% | 7.0% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 91% | 95% | 94% | 95% | 95% | 97% | 99% | 97% | 97% | 93% | 97% | 95% | 97% | 96% | 95.0% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | 1.1 | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 2.5% | 2.2% | 2.8% | 2.9% | 3.8% | 3.8% | 2.6% | 2.4% | 2.9% | 2.4% | 2.6% | 3.1% | 3.0% | 2.9% | 3.0% | ▲ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 0.3 | 0.5 | 0.5 | 1.8 | 0.5 | 0.4 | 0.5 | 0.8 | 0.6 | 0.6 | 1.1 | 0.7 | 1.0 | | | |
| Bank FTE | 9.3 | 8.7 | 9.0 | 10.8 | 10.6 | 8.3 | 9.4 | 14.0 | 13.8 | 14.1 | 10.0 | 10.2 | 11.0 | | | |
| Actual net FTE reduction this month | -2.0 | 9.0 | -9.7 | -1.3 | -0.7 | -3.5 | -8.5 | 4.0 | -0.8 | 1.4 | -6.9 | -0.9 | -2.6 | -20.6 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

PLANNED CARE - Musculo-Skeletal

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 92.7% | 94.1% | 91.0% | 90.0% | 91.2% | 91.6% | 91.0% | 91.0% | 90.0% | 90.0% | 82.7% | 76.0% | 79.2% | | 90.0% | ▲ |
| RTT - Non Admitted | 95.4% | 96.8% | 95.0% | 96.5% | 95.8% | 95.0% | 95.4% | 96.9% | 94.8% | 95.5% | 95.3% | 93.8% | 94.8% | | 95.0% | ▲ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 3.2 | 4.0 | 3.2 | 2.8 | 3.1 | 3.5 | 2.6 | 2.8 | 3.4 | 3.4 | 2.9 | 2.5 | 2.8 | 3.1 | 3.3 | ▼ |
| Non Elective LOS | 9.5 | 10.1 | 9.6 | 10.0 | 8.3 | 7.7 | 9.2 | 9.7 | 9.6 | 8.4 | 9.5 | 8.5 | 10.6 | 9.2 | 9.6 | ▼ |
| % of Electives Adm.on day of proc. | 97.5% | 95.2% | 98.6% | 98.5% | 96.4% | 97.6% | 98.3% | 96.3% | 97.2% | 97.5% | 98.5% | 98.9% | 98.7% | 97.6% | 97.5% | ▼ |
| Day Case Rate (Basket of 25) | 77.3% | 84.2% | 80.4% | 83.5% | 84.2% | 87.7% | 77.8% | 75.6% | 80.3% | 82.2% | 78.9% | 74.2% | 79.1% | 80.8% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 47.1% | 45.5% | 48.4% | 51.4% | 46.8% | 47.7% | 41.8% | 44.4% | 47.0% | 44.9% | 45.8% | 41.0% | 41.0% | 45.5% | 46.0% | ◀▶ |
| 30 Day Readmissions (UHL) - Any Specialty | 5.1% | 4.6% | 5.0% | 3.4% | 4.4% | 4.7% | 5.5% | 5.1% | 3.7% | 4.3% | 4.8% | 4.7% | | 4.6% | 4.0% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 1.6% | 1.8% | 2.0% | 1.0% | 1.9% | 1.5% | 2.4% | 1.6% | 0.7% | 1.0% | 1.3% | 1.0% | | 1.5% | 1.8% | ▲ |
| Outpatient New : F/Up Ratio | 1.7 | 1.9 | 1.7 | 1.8 | 1.8 | 1.8 | 2.0 | 1.7 | 1.8 | 1.7 | 1.8 | 2.0 | 1.9 | 1.8 | 1.7 | ▲ |
| Outpatient DNA Rate | 8.7% | 8.6% | 9.6% | 9.8% | 9.0% | 10.7% | 9.3% | 9.7% | 9.3% | 10.9% | 10.0% | 9.3% | 9.1% | 9.6% | 9.0% | ▲ |
| Outpatient Hosp Canc Rate | 9.6% | 10.7% | 10.7% | 7.8% | 8.0% | 7.2% | 7.1% | 7.9% | 7.0% | 7.7% | 9.2% | 8.9% | 7.3% | 8.3% | 10.5% | ▲ |
| Outpatient Patient Canc Rate | 8.2% | 9.0% | 8.7% | 9.2% | 10.3% | 9.3% | 9.4% | 9.6% | 9.0% | 10.0% | 8.0% | 9.1% | 8.5% | 9.2% | 8.8% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 88% | 84% | 86% | 84% | 84% | 79% | 73% | 91% | 93% | 79% | 85% | 85% | 91% | 85% | 90.0% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | 1.1 | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 2.9% | 3.0% | 3.2% | 3.0% | 2.99% | 3.2% | 3.9% | 4.8% | 4.7% | 3.9% | 4.0% | 4.8% | 4.2% | 3.8% | 3.0% | ▲ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 0.2 | 0.2 | 1.4 | 1.8 | 1.6 | 0.3 | 0.1 | 0.1 | 0.6 | 0.7 | 0.1 | 0.7 | 0.6 | | | |
| Bank FTE | 8.8 | 8.5 | 9.1 | 8.5 | 7.1 | 6.9 | 6.4 | 7.5 | 6.7 | 8.9 | 7.7 | 8.2 | 11.3 | | | |
| Actual net FTE reduction this month | 2.7 | 2.5 | -9.0 | 4.4 | -2.6 | 6.6 | -4.7 | 5.7 | -2.5 | -2.0 | -4.9 | 6.0 | 3.0 | 2.6 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 6 | 6 | ◀▶ |
| CDT Positives (UHL) | 7 | 3 | 10 | 4 | 6 | 6 | 6 | 9 | 8 | 4 | 2 | 6 | 7 | 71 | 104 | ▼ |
| SAME SEX ACCOMMODATION | | | | | | | | | | | | | | | | |
| % Beds Providing Same Sex Accommodation - Wards | 98% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ◀▶ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 12.6% | 11.1% | 10.9% | 11.9% | 11.9% | 11.7% | 11.1% | 11.2% | 11.0% | 11.9% | 11.6% | 11.7% | | 11.5% | 10.0% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 6.3% | 6.6% | 5.9% | 6.6% | 6.4% | 6.3% | 6.2% | 6.9% | 5.6% | 6.6% | 6.3% | 6.5% | | 6.4% | | |
| Mortality (UHL Data) | 4.0% | 4.0% | 4.0% | 3.2% | 3.6% | 3.3% | 3.7% | 3.7% | 3.5% | 4.0% | 4.2% | 4.3% | 4.1% | 3.8% | 4.3% | ▲ |
| Mortality (CHKS - Risk Adjusted - Peers to be Confirmed) | 89.1 | 86.0 | 85.5 | 74.4 | 81.5 | 78.9 | 88.0 | 79.8 | 73.3 | 70.0 | 79.8 | 86.5 | | 80.0 | 85 | ▼ |
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | ◀▶ |
| Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ◀▶ |
| Patient Falls | 145 | 198 | 196 | 174 | 193 | 171 | 154 | 186 | 163 | 161 | 149 | 167 | | 1912 | TBC | |
| Complaints Re-Opened | 11 | 3 | 6 | 6 | 6 | 7 | 11 | 9 | 8 | 5 | 4 | 7 | 12 | 84 | 75 | ▼ |
| SUIs (Relating to Deteriorating Patients) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 3 | 0 | ▲ |
| RIDDOR | 4 | 1 | 3 | 1 | 2 | 2 | 0 | 1 | 1 | 2 | 0 | 3 | 2 | 18 | 12 | ▲ |
| In-hospital fall resulting in hip fracture | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 3 | 6 | ▼ |
| Staffing Level Issues Reported as Incidents | 7 | 3 | 1 | 5 | 5 | 11 | 12 | 10 | 10 | 14 | 19 | 54 | 18 | 162 | 140 | ▲ |
| Outlying (daily average) | 22 | 9 | 5 | 8 | 2 | 7 | 12 | 2 | | | | | | | 10 | ▲ |
| Pressure Ulcers (Grade 3 and 4) | 11 | 11 | 9 | 15 | 12 | 3 | 5 | 8 | 3 | 2 | 7 | 7 | | 82 | 118 | ◀▶ |
| ALL Complaints Regarding Attitude of Staff | 21 | 14 | 10 | 14 | 13 | 14 | 18 | 14 | 11 | 11 | 6 | 5 | 11 | 141 | 110 | ▼ |
| ALL Complaints Regarding Discharge | 27 | 13 | 20 | 17 | 10 | 17 | 16 | 11 | 13 | 21 | 13 | 16 | 17 | 184 | 120 | ▼ |
| Bed Occupancy (inc short stay admissions) | 91% | 90% | 91% | 92% | 93% | 93% | 92% | 94% | 95% | 94% | 95% | 93% | 94% | 93% | 90% | ▲ |
| Bed Occupancy (excl short stay admissions) | 88% | 87% | 87% | 88% | 89% | 89% | 89% | 90% | 91% | 91% | 92% | 90% | 91% | 89% | 86% | ▲ |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | 87% | 91% | 96% | 96% | 97% | 96% | 96% | 96% | 95% | 95% | 96% | 96% | 97% | | 98.0% | ▲ |
| Pain Management | 89% | 91% | 94% | 97% | 96% | 96% | 95% | 92% | 94% | 97% | 93% | 91% | 89% | | 98.0% | ▼ |
| Falls Assessment | 82% | 88% | 93% | 96% | 95% | 95% | 94% | 89% | 94% | 93% | 95% | 94% | 96% | | 98.0% | ▲ |
| Pressure Area Care | 91% | 99% | 95% | 98% | 96% | 95% | 95% | 93% | 96% | 93% | 95% | 96% | 97% | | 98.0% | ▲ |
| Nutritional Assessment | 88% | 87% | 96% | 95% | 97% | 93% | 93% | 91% | 95% | 94% | 97% | 92% | 95% | | 98.0% | ▲ |
| Medicine Prescribing and Assessment | 97% | 95% | 98% | 98% | 99% | 99% | 97% | 95% | 96% | 96% | 95% | 97% | 96% | | 98.0% | ▼ |
| Hand Hygiene | | | | | | | | | | | | | | | 98.0% | |
| Resuscitation Equipment | 75% | 83% | 94% | 98% | 88% | 89% | 89% | 67% | 56% | 56% | 87% | 56% | 80% | | 98.0% | ▲ |
| Controlled Medicines | 100% | 97% | 100% | 98% | 99% | 98% | 99% | 99% | 100% | 99% | 98% | 100% | 99% | | 98.0% | ▼ |
| VTE | 74% | 70% | 77% | 73% | 79% | 79% | 80% | 89% | 89% | 88% | 87% | 91% | 90% | | 98.0% | ▼ |
| Patient Dignity | 96% | 96% | 98% | 97% | 97% | 97% | 98% | 95% | 96% | 96% | 94% | 96% | 91% | | 98.0% | ▼ |
| Infection Prevention and Control | 91% | 98% | 95% | 94% | 96% | 96% | 99% | 95% | 97% | 98% | 98% | 98% | 98% | | 98.0% | ◀▶ |
| Discharge | | 86% | 78% | 84% | 80% | 85% | 86% | 77% | 85% | 86% | 86% | 89% | 88% | | 98.0% | ▼ |
| Continence | 87% | 91% | 95% | 89% | 95% | 94% | 94% | 96% | 98% | 97% | 98% | 98% | 97% | | 98.0% | ▼ |
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 94.4% | 92.3% | 93.5% | 91.4% | 98.8% | 97.9% | 98.1% | 99.0% | 95.7% | 98.3% | 97.1% | 97.3% | 99.0% | | 90.0% | ▲ |
| RTT - Non Admitted | 99.0% | 99.5% | 99.5% | 99.4% | 99.6% | 99.3% | 99.5% | 99.2% | 99.3% | 99.2% | 99.0% | 99.0% | 99.0% | | 95.0% | ◀▶ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | 8.0% | 7.0% | 7.0% | 9.0% | 11.0% | 8.0% | 6.0% | 10.0% | 13.0% | 3.0% | 1.0% | 4.0% | 3.0% | 6.8% | 4.0% | ▲ |
| Elective LOS | 4.6 | 5.2 | 5.7 | 4.5 | 5.3 | 5.0 | 5.3 | 4.6 | 4.9 | 4.8 | 4.3 | 4.4 | 4.6 | 4.9 | 5.0 | ▼ |
| Non Elective LOS | 6.4 | 6.9 | 7.1 | 7.1 | 6.4 | 6.4 | 6.9 | 6.3 | 6.8 | 6.5 | 6.5 | 6.5 | 6.6 | 6.7 | 6.0 | ▼ |
| % of Electives Adm.on day of proc. | 55.1% | 56.3% | 50.5% | 57.5% | 51.9% | 50.2% | 51.0% | 54.8% | 53.7% | 53.0% | 58.1% | 55.6% | 55.1% | 53.9% | 54.0% | ▼ |
| Day Case Rate (All Elective Care) | 71.8% | 71.1% | 73.6% | 71.7% | 71.9% | 67.3% | 70.9% | 67.3% | 71.4% | 69.9% | 70.4% | 68.5% | 69.1% | 70.3% | 70.0% | ▲ |
| Inpatient Theatre Utilisation | 90.1% | 87.4% | 91.6% | 85.3% | 85.7% | 92.5% | 90.3% | 88.2% | 89.6% | 85.3% | 96.3% | 87.6% | 85.8% | 88.8% | 86.0% | ▼ |
| Day Case Theatre Utilisation | 58.4% | 86.5% | 83.5% | 67.3% | 62.3% | 68.1% | 73.1% | 79.0% | 79.0% | ----- | 62.9% | ----- | 86.0% | 75.4% | 86.0% | ▲ |
| Operations cancelled for non-clinical reasons | | | | | | | | | | | | | | | | |
| Cancelled Operations - 28 Day Re-Books | | | | | | | | | | | | | | | 100% | |
| Outpatient New : F/Up Ratio | 2.4 | 1.7 | 1.9 | 1.9 | 1.8 | 1.9 | 1.8 | 2.0 | 1.8 | 1.8 | 1.9 | 1.8 | 1.7 | 1.8 | 2.0 | ▲ |
| Outpatient DNA Rate | 8.9% | 9.7% | 10.0% | 8.5% | 9.2% | 9.3% | 9.1% | 9.6% | 9.0% | 9.3% | 9.5% | 9.0% | 8.7% | 9.2% | 9.5% | ▲ |
| Outpatient Hosp Canc Rate | 11.9% | 12.7% | 13.4% | 12.3% | 12.5% | 12.9% | 12.2% | 10.6% | 11.9% | 13.0% | 11.6% | 12.9% | 12.5% | 12.4% | 12.8% | ▲ |
| Outpatient Patient Canc Rate | 10.1% | 10.1% | 10.6% | 10.7% | 11.1% | 11.1% | 10.9% | 10.6% | 10.0% | 11.1% | 10.4% | 10.4% | 9.9% | 10.6% | 10.5% | ▲ |
| Bed Utilisation | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

ACUTE CARE - DIVISIONAL PERFORMANCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Appraisals | 80.7% | 81.6% | 80.1% | 77.7% | 78.9% | 85.5% | 81.2% | 90.5% | 93.6% | 93.5% | 93.9% | 93.8% | 90.4% | 90.4% | 100% | ▼ |
| Sickness Absence | 3.8% | 3.4% | 3.1% | 3.8% | 3.6% | 3.5% | 3.4% | 3.4% | 3.7% | 4.0% | 4.2% | 4.6% | 5.3% | 3.8% | 3% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 24.1 | 20.9 | 23.3 | 23.9 | 28.1 | 23.5 | 17.2 | 14.9 | 16.5 | 17.5 | 14.2 | 14.4 | 24.0 | | | |
| Bank FTE | 138.2 | 141.8 | 128.9 | 128.5 | 150.2 | 127.6 | 116.4 | 118.7 | 110.2 | 120.1 | 89.3 | 98.9 | 130.1 | | | |
| Actual net FTE reduction this month | 34.3 | -15.4 | -10.6 | 2.7 | 15.0 | 4.8 | -23.8 | 24.4 | -10.3 | -10.3 | -53.5 | 7.7 | 36.1 | -33.1 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

ACUTE CARE - Medicine

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 98.9% | 98.3% | 100.0% | 100.0% | 100.0% | 98.4% | 97.7% | 99.0% | 98.9% | 100.0% | 100.0% | 100.0% | 100.0% | | 90.0% | ◀▶ |
| RTT - Non Admitted | 99.8% | 99.8% | 99.9% | 99.8% | 99.6% | 99.5% | 99.7% | 99.2% | 99.5% | 99.8% | 99.4% | 99.6% | 99.2% | | 95.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 5.3 | 7.2 | 15.8 | 1.7 | 5.4 | 5.8 | 9.5 | 7.5 | 17.3 | 6.3 | 10.4 | 2.1 | 4.6 | 7.6 | 7.5 | ▼ |
| Non Elective LOS | 7.8 | 7.2 | 7.7 | 7.4 | 6.2 | 6.8 | 7.8 | 6.6 | 7.4 | 6.6 | 6.6 | 6.5 | 6.8 | 7.0 | 7.4 | ▼ |
| % of Electives Adm.on day of proc. | 12.5% | 45.5% | 50.0% | 55.6% | 57.1% | 29.2% | 42.9% | 66.7% | 44.4% | 50.0% | 66.7% | 87.5% | 88.9% | 53.3% | 45.0% | ▲ |
| Day Case Rate (All Elective Care) | 95.4% | 96.5% | 97.6% | 98.0% | 97.5% | 93.9% | 96.9% | 95.8% | 97.3% | 97.5% | 96.9% | 96.5% | 96.6% | 96.8% | 94.0% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 12.4% | 11.3% | 10.7% | 11.5% | 11.5% | 11.9% | 10.2% | 11.9% | 11.1% | 13.3% | 11.3% | 11.3% | | 11.5% | 11.0% | ▶▶ |
| Outpatient New : F/Up Ratio | 2.9 | 2.4 | 2.6 | 2.4 | 2.3 | 2.4 | 2.3 | 2.5 | 2.3 | 2.3 | 2.4 | 2.3 | 2.4 | 2.4 | 2.5 | ▼ |
| Outpatient DNA Rate | 8.5% | 9.6% | 9.6% | 8.0% | 9.0% | 9.2% | 9.0% | 10.1% | 9.0% | 8.9% | 9.3% | 8.8% | 8.6% | 9.1% | 9.0% | ▲ |
| Outpatient Hosp Canc Rate | 10.0% | 10.6% | 9.7% | 10.5% | 11.2% | 10.6% | 10.4% | 9.2% | 10.0% | 10.8% | 8.5% | 11.2% | 11.4% | 10.3% | 10.5% | ▼ |
| Outpatient Patient Canc Rate | 10.6% | 10.3% | 11.4% | 11.1% | 11.6% | 12.0% | 11.9% | 11.5% | 10.9% | 12.2% | 11.4% | 11.0% | 10.4% | 11.3% | 11.0% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 90% | 89% | 91% | 92% | 96% | 94% | 93% | 98% | 97% | 98% | 98% | 98% | 96% | 95% | 90.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.8% | 3.7% | 3.7% | 4.5% | 3.8% | 3.6% | 3.3% | 3.3% | 3.2% | 4.2% | 4.6% | 4.8% | 6.2% | 4.1% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 9.9 | 7.4 | 9.6 | 11.1 | 11.0 | 6.7 | 4.6 | 4.2 | 4.6 | 4.5 | 4.2 | 3.8 | 5.1 | | | |
| Bank FTE | 73.4 | 76.7 | 66.2 | 66.4 | 74.6 | 63.1 | 55.3 | 60.0 | 54.6 | 54.5 | 36.2 | 45.5 | 60.1 | | | |
| Actual net FTE reduction this month | -21.5 | 2.3 | -14.8 | -24.9 | -6.6 | -4.8 | -22.3 | 26.4 | -1.8 | -4.9 | -29.3 | -3.0 | 14.4 | -69.4 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

ACUTE CARE - Respiratory Med. & Thoracic Surgery

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 100% | 100% | 98.0% | 100% | 100% | 98% | 100% | 100% | 100% | 100% | 100% | 93% | 100% | | 90.0% | ▲ |
| RTT - Non Admitted | 95.7% | 100% | 100% | 100% | 100% | 100% | 99.2% | 99.2% | 99.3% | 100.0% | 99.5% | 100.0% | 100.0% | | 95.0% | ◀▶ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 6.3 | 6.8 | 6.6 | 6.1 | 6.9 | 7.1 | 8.5 | 6.3 | 8.4 | 5.8 | 7.0 | 6.0 | 6.1 | 6.8 | 6.6 | ▼ |
| Non Elective LOS | 4.6 | 4.8 | 4.2 | 4.7 | 4.7 | 4.3 | 4.2 | 4.1 | 4.3 | 4.1 | 4.6 | 4.6 | 4.4 | 4.4 | 4.5 | ▲ |
| % of Electives Adm.on day of proc. | 40.8% | 53.8% | 48.3% | 51.6% | 48.3% | 44.8% | 46.6% | 47.6% | 45.0% | 53.6% | 52.2% | 42.9% | 50.0% | 48.6% | 50.0% | ▲ |
| Day Case Rate (All Elective Care) | 72.1% | 64.2% | 65.7% | 63.4% | 68.8% | 65.0% | 66.5% | 67.6% | 68.3% | 68.0% | 70.5% | 64.3% | 69.1% | 66.8% | 68.7% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 14.5% | 12.4% | 11.8% | 14.4% | 13.8% | 14.4% | 14.3% | 14.0% | 13.2% | 12.4% | 13.9% | 14.5% | | 13.6% | 12.0% | ▼ |
| Outpatient New : F/Up Ratio | 1.5 | 1.6 | 1.5 | 1.6 | 1.6 | 1.7 | 1.5 | 1.7 | 1.5 | 1.6 | 1.7 | 1.6 | 1.4 | 1.6 | 1.5 | ▲ |
| Outpatient DNA Rate | 10.3% | 11.2% | 12.1% | 10.7% | 11.5% | 10.1% | 10.5% | 11.5% | 10.4% | 11.2% | 10.9% | 9.9% | 8.8% | 10.7% | 11.3% | ▲ |
| Outpatient Hosp Canc Rate | 11.5% | 9.4% | 11.2% | 8.9% | 8.7% | 11.1% | 9.3% | 7.3% | 9.2% | 15.9% | 8.9% | 11.1% | 10.3% | 10.0% | 11.0% | ▲ |
| Outpatient Patient Canc Rate | 11.3% | 10.8% | 10.1% | 10.8% | 12.0% | 11.0% | 10.7% | 10.3% | 9.5% | 9.6% | 9.3% | 10.0% | 9.2% | 10.3% | 10.2% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 100% | 96% | 95% | 95% | 94% | 95% | 94% | 93% | 95% | 97% | 95% | 95% | 96% | 95% | 90.0% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.4% | 2.4% | 2.7% | 2.5% | 2.5% | 2.8% | 2.9% | 3.3% | 4.3% | 4.3% | 4.8% | 5.0% | 5.1% | 3.6% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 0.7 | 0.1 | 0.4 | 0.1 | 0.3 | 0.1 | 0.1 | 0.1 | 0.2 | 0.1 | 0.3 | 0.1 | 0.2 | | | |
| Bank FTE | 22.9 | 21.7 | 18.5 | 19.5 | 22.3 | 19.7 | 18.0 | 17.4 | 16.8 | 15.5 | 13.5 | 12.8 | 14.1 | | | |
| Actual net FTE reduction this month | 35.4 | 4.5 | -1.5 | 33.3 | 3.9 | 3.3 | -3.6 | 0.9 | 2.3 | 3.8 | -4.5 | 4.1 | 0.6 | 47.1 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

ACUTE CARE - Cardiac, Renal & Critical Care

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 92.7% | 90.6% | 91.4% | 88.8% | 99.2% | 97.9% | 98.1% | 99.0% | 94.8% | 97.8% | 96.4% | 97.2% | 95.3% | | 90.0% | ▼ |
| RTT - Non Admitted | 95.7% | 98.4% | 98.2% | 97.8% | 98.4% | 98.4% | 99.3% | 99.2% | 98.7% | 97.2% | 97.8% | 96.8% | 97.8% | | 95.0% | ▲ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 4.2 | 4.7 | 5.0 | 4.3 | 5.0 | 4.5 | 4.6 | 4.2 | 3.7 | 4.6 | 3.6 | 4.2 | 4.3 | 4.4 | 4.7 | ▼ |
| Non Elective LOS | 10.6 | 9.8 | 9.9 | 10.4 | 9.7 | 8.5 | 9.1 | 8.9 | 8.4 | 9.4 | 9.4 | 9.4 | 9.7 | 9.4 | 10.4 | ▼ |
| % of Electives Adm.on day of proc. | 59.7% | 57.4% | 51.0% | 58.8% | 52.5% | 52.9% | 52.2% | 55.6% | 55.7% | 52.9% | 58.7% | 57.5% | 54.9% | 55.0% | 55.0% | ▼ |
| Day Case Rate (All Elective Care) | 53.2% | 51.7% | 57.6% | 52.4% | 51.7% | 52.2% | 52.3% | 49.2% | 54.1% | 51.5% | 53.3% | 51.7% | 52.3% | 52.5% | 52.0% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 9.2% | 9.5% | 10.3% | 10.3% | 11.0% | 9.1% | 9.9% | 8.0% | 9.4% | 9.4% | 10.1% | 10.0% | | 9.7% | 9.0% | ▲ |
| Outpatient New : F/Up Ratio | 2.5 | 2.3 | 2.6 | 2.6 | 2.6 | 2.6 | 2.6 | 2.8 | 2.6 | 2.6 | 2.7 | 2.6 | 2.4 | 2.6 | 2.4 | ▲ |
| Outpatient DNA Rate | 8.0% | 8.0% | 8.6% | 7.1% | 7.4% | 8.2% | 7.6% | 6.9% | 7.7% | 8.1% | 8.3% | 8.0% | 7.4% | 7.8% | 8.2% | ▲ |
| Outpatient Hosp Canc Rate | 16.4% | 18.8% | 21.6% | 18.1% | 17.2% | 18.7% | 17.3% | 15.1% | 17.2% | 16.5% | 19.3% | 17.4% | 16.6% | 17.8% | 18.6% | ▲ |
| Outpatient Patient Canc Rate | 8.8% | 9.3% | 9.2% | 9.8% | 9.9% | 9.4% | 9.1% | 9.0% | 8.3% | 9.8% | 8.8% | 9.3% | 9.2% | 9.3% | 9.3% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 89% | 90% | 89% | 92% | 88% | 89% | 89% | 88% | 91% | 89% | 90% | 87% | 89% | 89% | 90.0% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.7% | 3.6% | 2.9% | 3.6% | 3.7% | 3.6% | 3.5% | 3.4% | 3.9% | 3.8% | 3.8% | 4.3% | 4.9% | 3.7% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 9.6 | 9.3 | 9.4 | 8.4 | 11.2 | 9.9 | 8.8 | 7.1 | 7.7 | 8.0 | 7.0 | 7.3 | 13.1 | | | |
| Bank FTE | 29.6 | 31.8 | 30.9 | 31.4 | 40.1 | 30.6 | 31.8 | 30.0 | 29.1 | 38.3 | 30.7 | 29.8 | 45.7 | | | |
| Actual net FTE reduction this month | 19.7 | -23.2 | 6.1 | -39.0 | 6.7 | -10.9 | -3.1 | -3.1 | -4.8 | -11.0 | -12.3 | -0.2 | 18.9 | -75.9 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

ACUTE CARE - Emergency Dept.

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| ED Waits - Type 1 | 89.3% | 90.6% | 91.3% | 94.1% | 95.9% | 91.0% | 88.7% | 88.5% | 92.1% | 96.0% | 93.7% | 88.3% | 86.6% | 91.3% | 95% | ▼ |
| Admitted Median Wait (Mins) - Type 1 | 230 | 225 | 220 | 215 | 203 | 223 | 232 | 234 | 219 | 210 | 214 | 232 | 230 | | 205 | ▲ |
| Admitted 95th Percentile Wait (Mins) - Type 1 | 573 | 453 | 479 | 436 | 343 | 477 | 569 | 558 | 484 | 350 | 417 | 482 | 443 | | 350 | ▲ |
| Non-Admitted Median Wait (Mins) - Type 1 | 138 | 131 | 127 | 131 | 124 | 132 | 138 | 135 | 133 | 129 | 133 | 143 | 154 | | 105 | ▼ |
| Non-Admitted 95th Percentile Wait (Mins) Type 1 | 255 | 240 | 240 | 238 | 236 | 240 | 255 | 253 | 240 | 236 | 238 | 256 | 285 | | 235 | ▼ |
| Outpatient New : F/Up Ratio | 0.2 | 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 | 0.2 | ◀▶ |
| Outpatient DNA Rate | 25.1% | 25.5% | 24.4% | 26.7% | 23.0% | 22.3% | 27.6% | 25.4% | 21.3% | 27.8% | 24.4% | 26.3% | 28.9% | 25.4% | 24.4% | ▼ |
| Outpatient Hosp Canc Rate | 1.8% | 3.1% | 2.0% | 1.3% | 2.3% | 2.1% | 1.3% | 2.7% | 3.0% | 4.3% | 3.3% | 3.3% | 1.3% | 2.4% | 2.5% | ▲ |
| Outpatient Patient Canc Rate | 8.3% | 14.1% | 12.2% | 14.8% | 12.0% | 12.6% | 9.7% | 11.7% | 14.1% | 9.7% | 12.5% | 10.5% | 11.9% | 12.2% | 10.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 4.5% | 2.9% | 2.3% | 3.6% | 4.2% | 3.4% | 2.9% | 3.6% | 4.5% | 4.1% | 4.2% | 4.4% | 4.0% | 3.7% | 3.0% | ▲ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 3.9 | 4.2 | 3.7 | 4.3 | 5.6 | 6.8 | 3.7 | 3.5 | 3.9 | 4.9 | 2.7 | 3.1 | 5.6 | | | |
| Bank FTE | 12.3 | 11.6 | 13.3 | 11.2 | 13.1 | 14.3 | 11.4 | 11.4 | 9.8 | 11.8 | 9.0 | 10.9 | 10.2 | | | |
| Actual net FTE reduction this month | 0.7 | 1.0 | -0.4 | 1.5 | 8.4 | 19.9 | -0.5 | 0.8 | -4.3 | 2.0 | -8.4 | 5.3 | 1.2 | 26.6 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|--------|--------|
| INFECTION PREVENTION | | | | | | | | | | | | | | | | |
| MRSA Bacteraemias | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | ▶▶ |
| CDT Positives (UHL) | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 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% | ▶▶ |
| % Beds Providing Same Sex Accommodation - Intensivist | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | ▶▶ |
| MORTALITY and READMISSIONS | | | | | | | | | | | | | | | | |
| 30 Day Readmissions (UHL) - Any Specialty | 5.9% | 4.0% | 4.2% | 4.1% | 3.8% | 3.9% | 4.0% | 3.2% | 3.8% | 3.7% | 4.0% | 4.5% | | 3.9% | 4.2% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 4.0% | 2.6% | 2.9% | 2.8% | 2.4% | 2.4% | 2.5% | 1.8% | 2.3% | 2.5% | 2.8% | 3.0% | | 2.5% | 2.8% | ▼ |
| 30 Day Readmission Rate (CHKS) | 6.5% | 4.7% | 4.9% | 4.8% | 4.5% | 4.4% | 4.5% | 3.6% | 4.4% | 4.1% | 4.4% | | | 4.4% | 5.0% | ▼ |
| Mortality (UHL Data) | 0.2% | 0.1% | 0.2% | 0.3% | 0.1% | 0.1% | 0.3% | 0.2% | 0.2% | 0.2% | 0.2% | 0.1% | 0.2% | 0.2% | 0.2% | ▼ |
| Mortality (CHKS - Risk Adjusted - Peers to be Confirmed) | 65.0 | 48.8 | 41.0 | 89.0 | 38.4 | 105.2 | 44.0 | 32.2 | 0.0 | 32.4 | 53.3 | 52.5 | | 47.0 | 40.0 | ▲ |
| PATIENT SAFETY | | | | | | | | | | | | | | | | |
| 10X Medication Errors | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 2 | 0 | ▶▶ |
| Never Events | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | ▶▶ |
| Patient Falls | 2 | 4 | 2 | 5 | 6 | 7 | 5 | 4 | 5 | 3 | 1 | 4 | | 46 | TBC | |
| Complaints Re-Opened | 3 | 5 | 5 | 4 | 3 | 3 | 3 | 4 | 3 | 4 | 1 | 1 | 0 | 36 | 30 | ▲ |
| SUIs (Relating to Deteriorating Patients) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ▶▶ |
| RIDDOR | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 5 | 10 | ▲ |
| In-hospital fall resulting in hip fracture | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ▶▶ |
| No of Staffing Level Issues Reported as Incidents | 55 | 23 | 59 | 42 | 78 | 64 | 52 | 71 | 96 | 58 | 29 | 41 | 35 | 648 | 726 | ▲ |
| Outlying (daily average) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | ▶▶ |
| Pressure Ulcers (Grade 3 and 4) | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 2 | 4 | ▶▶ |
| ALL Complaints Regarding Attitude of Staff | 16 | 15 | 16 | 12 | 3 | 6 | 11 | 6 | 4 | 6 | 6 | 5 | 4 | 94 | 98 | ▲ |
| ALL Complaints Regarding Discharge | 0 | 2 | 2 | 3 | 1 | 0 | 4 | 4 | 0 | 3 | 0 | 2 | 1 | 22 | 20 | ▲ |
| Bed Occupancy (inc short stay admissions) | 88% | 83% | 86% | 87% | 88% | 82% | 85% | 85% | 88% | 90% | 89% | 90% | 87% | 87% | 90.0% | ▼ |
| Bed Occupancy (excl short stay admissions) | 77% | 70% | 69% | 71% | 71% | 66% | 70% | 70% | 73% | 76% | 75% | 76% | 72% | 72% | 86.0% | ▼ |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

WOMEN'S and CHILDREN'S -
DIVISIONAL PERFORMANCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|
| NURSING METRICS | | | | | | | | | | | | | | | | |
| Patient Observation | 90% | 83% | 83% | 88% | 88% | 93% | 80% | 92% | 97% | 93% | 97% | 97% | 98% | | 98.0% | ▲ |
| Pain Management | 83% | 92% | 100% | 92% | 99% | 96% | 92% | 100% | 97% | 97% | 94% | 100% | 97% | | 98.0% | ▼ |
| Falls Assessment | 42% | 52% | 100% | 92% | 90% | 73% | 100% | 92% | 100% | 100% | 100% | 100% | 87% | | 98.0% | ▼ |
| Pressure Area Care | 100% | 63% | 100% | 92% | 90% | 85% | 100% | 97% | 100% | 100% | 100% | 97% | 87% | | 98.0% | ▼ |
| Nutritional Assessment | 43% | 59% | 92% | 85% | 81% | 69% | 100% | 94% | 100% | 100% | 93% | 100% | 94% | | 98.0% | ▼ |
| Medicine Prescribing and Assessment | 100% | 100% | 98% | 100% | 100% | 98% | 96% | 100% | 100% | 100% | 100% | 100% | 100% | | 98.0% | ◀▶ |
| Hand Hygiene | | | | | | | | | | | | | | | 98.0% | |
| Resuscitation Equipment | 50% | 50% | 100% | 50% | 50% | 0% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | 98.0% | ◀▶ |
| Controlled Medicines | 100% | 100% | 100% | 100% | 100% | 100% | 50% | 100% | 100% | 100% | 100% | 100% | 100% | | 98.0% | ◀▶ |
| VTE | 100% | 86% | 100% | 92% | 46% | 56% | 88% | 79% | 100% | 100% | 100% | 83% | 86% | | 98.0% | ▲ |
| Patient Dignity | 90% | 93% | 100% | 99% | 98% | 93% | 100% | 100% | 100% | 100% | 100% | 98% | 100% | | 98.0% | ▲ |
| Infection Prevention and Control | 70% | 93% | 89% | 92% | 83% | 93% | 100% | 100% | 100% | 100% | 98% | 96% | 88% | | 98.0% | ▼ |
| Discharge | | 70% | 88% | 44% | 60% | 73% | 64% | 100% | 89% | 98% | 98% | 100% | 100% | | 98.0% | ◀▶ |
| Continence | 77% | 100% | 100% | 93% | 100% | 98% | 95% | 100% | 93% | 100% | 93% | 100% | 100% | | 98.0% | ◀▶ |

DIVISIONAL HEAT MAP - Month 12 2011/12

WOMEN'S and CHILDREN'S - DIVISIONAL PERFORMANCE

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 97.1% | 98.2% | 97.8% | 96.8% | 97.9% | 98.8% | 99.3% | 98.9% | 97.9% | 98.4% | 97.5% | 99.2% | 98.3% | | 90.0% | ▼ |
| RTT - Non Admitted | 97.3% | 98.4% | 97.3% | 98.0% | 98.8% | 97.6% | 96.8% | 97.4% | 98.4% | 98.5% | 98.9% | 97.9% | 98.5% | | 95.0% | ▲ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Choose and Book Slot Unavailability | 12.0% | 10.0% | 3.0% | 13.0% | 10.0% | 13.0% | 9.0% | 7.0% | 6.0% | 3.0% | 3.0% | 3.0% | 11.0% | 7.6% | 4.0% | ▼ |
| Elective LOS | 2.2 | 2.4 | 2.2 | 2.3 | 2.7 | 2.1 | 2.3 | 3.5 | 2.5 | 2.6 | 2.5 | 2.4 | 2.7 | 2.5 | 2.3 | ▼ |
| Non Elective LOS | 2.2 | 2.8 | 3.0 | 2.7 | 2.7 | 3.1 | 2.7 | 2.5 | 3.0 | 3.4 | 3.3 | 2.7 | 2.6 | 2.9 | 2.1 | ▲ |
| % of Electives Adm.on day of proc. | 83.4% | 83.9% | 86.3% | 80.8% | 80.3% | 88.9% | 83.1% | 82.4% | 85.6% | 82.6% | 80.7% | 88.3% | 87.3% | 84.3% | 84.0% | |
| Day Case Rate (Basket of 25) | 81.9% | 78.1% | 77.7% | 84.3% | 88.6% | 81.4% | 76.8% | 82.1% | 79.5% | 81.5% | 81.8% | 83.3% | 84.6% | 81.7% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 71.3% | 67.4% | 67.7% | 71.2% | 68.2% | 66.9% | 67.4% | 70.7% | 68.2% | 66.2% | 69.6% | 67.7% | 65.7% | 68.1% | 68.0% | ▼ |
| Inpatient Theatre Utilisation | 78.4% | 76.0% | 75.3% | 73.8% | 71.8% | 73.5% | 76.7% | 81.5% | 83.4% | 77.8% | 81.6% | 79.7% | 76.7% | 77.3% | 86.0% | ▼ |
| Day Case Theatre Utilisation | 83.4% | 76.5% | 75.5% | 70.5% | 72.3% | 74.4% | 73.1% | 67.8% | 76.7% | 70.3% | 79.9% | 77.8% | 76.4% | 74.2% | 86.0% | ▼ |
| Outpatient New : F/Up Ratio | 1.4 | 1.1 | 1.2 | 1.2 | 1.2 | 1.3 | 1.3 | 1.2 | 1.2 | 1.1 | 1.1 | 1.1 | 1.1 | 1.2 | 1.2 | ◀▶ |
| Outpatient DNA Rate | 9.0% | 8.6% | 10.2% | 9.5% | 9.9% | 9.7% | 8.9% | 8.9% | 8.9% | 10.0% | 9.6% | 8.8% | 10.1% | 9.4% | 9.5% | ▼ |
| Outpatient Hosp Canc Rate | 7.2% | 7.3% | 7.3% | 7.4% | 7.4% | 8.1% | 7.4% | 7.4% | 6.1% | 6.8% | 7.3% | 8.5% | 7.9% | 7.4% | 7.4% | ▲ |
| Outpatient Patient Canc Rate | 10.2% | 8.7% | 9.5% | 10.3% | 11.0% | 10.8% | 10.6% | 10.3% | 10.1% | 10.7% | 9.8% | 10.7% | 10.3% | 10.2% | 10.0% | ▲ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Appraisals | 93.2% | 97.1% | 95.7% | 93.2% | 90.9% | 92.9% | 92.5% | 95.2% | 93.9% | 94.5% | 95.7% | 95.5% | 94.8% | 94.8% | 100% | ▼ |
| Sickness Absence | 3.5% | 3.3% | 3.1% | 3.6% | 3.4% | 3.2% | 3.3% | 3.7% | 3.7% | 4.0% | 3.6% | 3.6% | 4.4% | 3.6% | 3% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 7.0 | 7.4 | 9.3 | 7.4 | 6.3 | 5.6 | 3.1 | 3.3 | 4.3 | 6.4 | 4.8 | 3.9 | 3.2 | | | |
| Bank FTE | 15.9 | 17.7 | 18.8 | 17.5 | 23.4 | 18.7 | 18.0 | 15.8 | 18.9 | 16.9 | 15.0 | 10.6 | 12.4 | | | |
| Actual net FTE reduction this month | -5.6 | -7.6 | 10.8 | 3.1 | 14.7 | 8.2 | -4.0 | 21.0 | 23.2 | -4.2 | -9.9 | -1.4 | -12.1 | 42.0 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

WOMEN'S and CHILDREN'S - Women's

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 97.8% | 98.6% | 97.7% | 97.9% | 97.0% | 99.1% | 99.4% | 99.0% | 99.3% | 99.5% | 98.3% | 99.5% | 98.3% | | 90.0% | ▲ |
| RTT - Non Admitted | 96.4% | 97.6% | 95.9% | 96.9% | 98.6% | 96.4% | 96.6% | 96.8% | 98.0% | 97.9% | 98.5% | 97.3% | 98.4% | | 95.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 2.1 | 2.3 | 2.4 | 2.4 | 2.6 | 2.3 | 2.4 | 2.3 | 2.2 | 2.3 | 2.2 | 2.2 | 2.3 | 2.3 | 2.4 | ▼ |
| Non Elective LOS | 2.7 | 2.3 | 2.9 | 2.6 | 2.3 | 2.4 | 2.4 | 1.9 | 2.5 | 2.2 | 2.2 | 2.4 | 2.1 | 2.3 | 2.7 | ▲ |
| % of Electives Adm.on day of proc. | 93.1% | 93.1% | 90.6% | 92.5% | 90.3% | 93.9% | 94.8% | 88.0% | 91.9% | 91.1% | 89.0% | 92.6% | 91.3% | 91.6% | 92.0% | |
| Day Case Rate (Basket of 25) | 88.1% | 85.9% | 82.4% | 88.6% | 90.8% | 86.9% | 78.7% | 85.3% | 78.7% | 83.4% | 83.8% | 87.3% | 85.4% | 84.8% | 75.0% | ▼ |
| Day Case Rate (All Elective Care) | 69.2% | 63.7% | 65.1% | 68.1% | 64.3% | 62.8% | 65.7% | 64.6% | 63.1% | 64.0% | 67.3% | 64.0% | 65.3% | 64.9% | 66.5% | ▲ |
| 30 Day Readmissions (UHL) - Any Specialty | 4.4% | 3.5% | 3.9% | 3.9% | 3.7% | 3.5% | 3.6% | 2.7% | 3.4% | 3.3% | 3.0% | 3.9% | | 3.5% | 3.8% | ▼ |
| 30 Day Readmissions (UHL) - Same Specialty | 2.4% | 2.3% | 2.7% | 2.5% | 2.3% | 2.0% | 2.2% | 1.4% | 1.8% | 2.0% | 1.8% | 2.4% | | 2.1% | 2.3% | ▼ |
| Outpatient New : F/Up Ratio | 1.3 | 1.3 | 1.4 | 1.4 | 1.4 | 1.4 | 1.5 | 1.5 | 1.5 | 1.4 | 1.4 | 1.4 | 1.4 | 1.4 | 1.4 | ◀▶ |
| Outpatient DNA Rate | 8.6% | 7.7% | 9.4% | 8.8% | 8.8% | 8.5% | 8.3% | 8.5% | 8.2% | 9.1% | 8.6% | 7.7% | 9.1% | 8.6% | 8.5% | ▼ |
| Outpatient Hosp Canc Rate | 7.9% | 7.5% | 7.8% | 8.7% | 8.1% | 8.5% | 7.7% | 8.0% | 6.1% | 7.4% | 7.7% | 9.6% | 9.0% | 8.0% | 7.8% | ▲ |
| Outpatient Patient Canc Rate | 10.3% | 8.4% | 9.1% | 10.0% | 10.2% | 10.9% | 10.3% | 10.4% | 10.5% | 10.5% | 9.7% | 10.5% | 9.8% | 10.0% | 9.5% | ▲ |
| Bed Utilisation (Incl short stay admissions) | 86% | 84% | 87% | 91% | 93% | 86% | 88% | 84% | 87% | 88% | 88% | 90% | 87% | 88% | 90.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.5% | 3.1% | 3.0% | 3.6% | 3.5% | 3.3% | 3.4% | 4.0% | 3.9% | 3.9% | 3.4% | 3.4% | 4.0% | 3.6% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 5.2 | 6.4 | 6.0 | 5.6 | 4.3 | 4.9 | 2.7 | 2.3 | 2.9 | 4.7 | 3.5 | 1.1 | 1.0 | | | |
| Bank FTE | 10.2 | 11.5 | 12.9 | 11.0 | 14.9 | 12.1 | 11.7 | 10.9 | 12.0 | 11.6 | 11.0 | 7.6 | 9.2 | | | |
| Actual net FTE reduction this month | 4.7 | 0.1 | 2.6 | 3.3 | 16.8 | 9.8 | -8.1 | 8.6 | 13.6 | 1.1 | -5.6 | -1.8 | -9.2 | 30.9 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

WOMEN'S and CHILDREN'S - Children's

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|
| REFERRAL to TREATMENT | | | | | | | | | | | | | | | | |
| RTT - Admitted | 91.5% | 94.1% | 98.4% | 89.2% | 100.0% | 95.6% | 98.4% | 98.4% | 86.0% | 91.8% | 89.8% | 96.6% | 98.5% | | 90.0% | ▲ |
| RTT - Non Admitted | 99.2% | 100.0% | 100.0% | 100.0% | 99.8% | 99.8% | 97.3% | 98.3% | 99.3% | 100.0% | 99.8% | 99.1% | 98.8% | | 95.0% | ▼ |
| OPERATIONAL PERFORMANCE | | | | | | | | | | | | | | | | |
| Elective LOS | 2.4 | 2.5 | 1.8 | 2.1 | 2.8 | 1.9 | 2.3 | 5.9 | 3.0 | 3.2 | 3.2 | 2.8 | 3.4 | 2.8 | 2.2 | ▼ |
| Non Elective LOS | 2.0 | 3.5 | 3.2 | 2.9 | 3.6 | 4.4 | 3.1 | 3.7 | 3.7 | 5.4 | 4.9 | 3.2 | 3.4 | 3.8 | 2.0 | ▼ |
| % of Electives Adm.on day of proc. | 69.4% | 67.4% | 78.4% | 61.2% | 66.1% | 80.9% | 63.5% | 70.5% | 72.8% | 67.7% | 64.7% | 80.0% | 80.8% | 71.2% | 71.9% | |
| Day Case Rate (Basket of 25) | 62.5% | 61.7% | 62.0% | 70.4% | 81.4% | 62.8% | 69.2% | 72.9% | 81.8% | 76.7% | 76.0% | 70.2% | 82.5% | 72.5% | 75.0% | ▲ |
| Day Case Rate (All Elective Care) | 73.6% | 72.1% | 71.5% | 75.2% | 72.7% | 71.9% | 69.9% | 78.2% | 74.9% | 69.3% | 73.2% | 72.9% | 66.4% | 72.4% | 69.7% | ▼ |
| 30 Day Readmissions (UHL) - Any Specialty | 9.6% | 6.5% | 5.8% | 5.4% | 4.8% | 5.6% | 6.3% | 5.5% | 5.6% | 5.7% | 8.9% | 7.1% | | 6.1% | 5.5% | ▲ |
| 30 Day Readmissions (UHL) - Same Specialty | 7.9% | 4.0% | 4.0% | 4.3% | 3.3% | 4.4% | 4.4% | 3.7% | 4.6% | 4.9% | 7.6% | 5.6% | | 4.6% | 4.0% | ▲ |
| Outpatient New : F/Up Ratio | 1.5 | 0.8 | 1.0 | 0.9 | 1.0 | 1.0 | 0.9 | 0.9 | 0.8 | 0.7 | 0.7 | 0.7 | 0.7 | 0.8 | 1.2 | ◀▶ |
| Outpatient DNA Rate | 10.2% | 11.0% | 12.3% | 11.4% | 12.7% | 12.9% | 10.4% | 10.0% | 10.9% | 12.8% | 12.5% | 11.9% | 12.7% | 11.8% | 11.5% | ▼ |
| Outpatient Hosp Canc Rate | 5.5% | 7.0% | 5.7% | 4.2% | 5.6% | 7.1% | 6.4% | 5.8% | 6.2% | 5.0% | 6.2% | 5.6% | 4.9% | 5.8% | 5.7% | ▲ |
| Outpatient Patient Canc Rate | 10.2% | 9.6% | 10.6% | 11.0% | 12.9% | 10.6% | 11.4% | 9.9% | 9.1% | 11.1% | 10.2% | 11.4% | 11.5% | 10.8% | 10.0% | ▼ |
| Bed Utilisation (Incl short stay admissions) | 93% | 81% | 84% | 79% | 79% | 73% | 79% | 87% | 90% | 95% | 91% | 88% | 87% | 84% | 90.0% | ▼ |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Staffing : Nurses per Bed | | | | | | | | | | | | | | | | |
| Staffing : Cost per Bed | | | | | | | | | | | | | | | | |
| Sickness Absence | 3.5% | 3.7% | 3.4% | 3.7% | 3.0% | 2.8% | 3.0% | 3.1% | 3.1% | 4.5% | 4.1% | 4.2% | 5.5% | 3.7% | 3.0% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 1.8 | 1.0 | 3.3 | 1.8 | 2.0 | 0.7 | 0.5 | 0.9 | 1.5 | 1.8 | 1.3 | 2.8 | 2.2 | | | |
| Bank FTE | 5.7 | 6.2 | 5.9 | 6.5 | 8.5 | 6.6 | 6.3 | 4.9 | 6.9 | 5.4 | 4.1 | 3.0 | 3.2 | | | |
| Actual net FTE reduction this month | -10.3 | -7.6 | 8.2 | -0.1 | -2.0 | -1.6 | -2.8 | 12.4 | 9.7 | -5.3 | -3.9 | 0.5 | -2.9 | 4.5 | | |
| Planned FTE reduction this month | 0.0 | | | | | | | | | | | | | | | |
| Finance : CIP Delivery | | | | | | | | | | | | | | | | |

DIVISIONAL HEAT MAP - Month 12 2011/12

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | 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 | 9 | 8 | 11 | 11 | 2 | 10 | 6 | 6 | 4 | 2 | 5 | 6 | | 71 | TBC | | |
| Complaints Re-Opened | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 2 | 4 | 2 | 0 | 0 | 0 | 12 | 0 | ▶▶ | |
| SUIs (Relating to Deteriorating Patients) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ▶▶ | |
| RIDDOR | 3 | 0 | 0 | 1 | 5 | 1 | 3 | 1 | 1 | 0 | 0 | 0 | 1 | 13 | 12 | ▼ | |
| No of Staffing Level Issues Reported as Incidents | 1 | 2 | 0 | 1 | 5 | 0 | 0 | 2 | 1 | 2 | 3 | 0 | 2 | 18 | 12 | ▼ | |
| ALL Complaints Regarding Attitude of Staff | 4 | 3 | 6 | 0 | 2 | 7 | 3 | 11 | 4 | 1 | 4 | 4 | 6 | 51 | 36 | ▼ | |
| ALL Complaints Regarding Discharge | 1 | 1 | 0 | 2 | 1 | 2 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 12 | 0 | ▶▶ | |
| ANAESTHETICS & THEATRES | | | | | | | | | | | | | | | | | |
| % Pain Mgmt Referrals Seen < 11 weeks | 98.2% | 98.7% | 98.5% | 98.5% | 98.3% | 98.6% | 96.2% | 97.6% | 97.0% | 94.9% | 95.6% | 94.1% | 96.3% | 97.0% | 98.0% | ▲ | |
| Outpatient New : F/Up Ratio | 3.8 | 3.9 | 4.3 | 4.8 | 3.8 | 4.2 | 3.3 | 3.1 | 3.4 | 3.5 | 2.7 | 2.9 | 3.1 | 3.5 | 3.2 | ▼ | |
| Outpatient DNA Rate | 10.7% | 11.3% | 11.8% | 13.0% | 10.6% | 13.4% | 11.8% | 11.7% | 11.7% | 11.8% | 10.9% | 10.9% | 11.0% | 11.7% | 11.5% | ▼ | |
| Outpatient Hosp Canc Rate | 6.0% | 5.1% | 7.0% | 10.6% | 9.5% | 10.1% | 23.8% | 18.7% | 17.3% | 15.6% | 18.9% | 16.6% | 16.6% | 14.5% | 8.0% | ▶▶ | |
| Outpatient Patient Canc Rate | 15.0% | 16.6% | 15.5% | 13.6% | 17.0% | 16.5% | 13.2% | 13.0% | 13.1% | 14.6% | 12.9% | 13.7% | 10.8% | 14.1% | 15.0% | ▲ | |
| RTT - Admitted | 98.4% | 100.0% | 100.0% | 95.2% | 100.0% | 100.0% | 100.0% | 97.9% | 95.1% | 100.0% | 97.7% | 98.2% | 98.6% | | 90.0% | ▲ | |
| RTT - Non Admitted | 99.6% | 99.1% | 99.6% | 99.1% | 98.2% | 99.2% | 99.1% | 99.6% | 99.3% | 99.5% | 99.6% | 100.0% | 98.8% | | 95.0% | ▼ | |
| UHL Inpatient Theatre Utilisation Rate (%) | 82.1% | 79.6% | 79.3% | 80.1% | 81.3% | 84.1% | 82.6% | 81.0% | 81.2% | 80.2% | 81.8% | 78.8% | 80.9% | 80.9% | 86.0% | ▲ | |
| UHL Day case Theatre Utilisation Rate (%) | 91.9% | 74.6% | 74.5% | 74.9% | 73.4% | 78.8% | 78.2% | 75.1% | 79.8% | 75.8% | 77.3% | 80.2% | 80.7% | 77.0% | 86.0% | ▲ | |
| BOOKING CENTRE | | | | | | | | | | | | | | | | | |
| % calls responded to within 30 seconds | 81.5% | 76.9% | 60.9% | 64.4% | 71.3% | 68.6% | 76.5% | 76.9% | 79.9% | 89.8% | 74.7% | 83.2% | 87.7% | | 65% | ▲ | |
| NUTRITION AND DIETETICS | | | | | | | | | | | | | | | | | |
| % of adult inpatients seen within 2 days | 97.5% | 97.4% | 98.0% | 97.2% | 96.3% | 97.2% | 98.5% | 97.9% | 96.7% | 97.7% | 98.9% | 96.0% | 96.7% | | 98% | ▲ | |
| % of paed inpatients seen within 2 days | 100% | 100% | 100% | 100.0% | 100.0% | 100.0% | 98.2% | 100.0% | 96.7% | 98.3% | 100.0% | 100.0% | 100.0% | | 98% | ▶▶ | |

CLINICAL SUPPORT

DIVISIONAL HEAT MAP - Month 12 2011/12

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|
| OCCUPATIONAL THERAPY (Response times are reported one month in arrears) | | | | | | | | | | | | | | | | |
| RTT Incompletes (% waiting <=8 weeks) | 94.2% | 95.0% | 95.1% | 98.9% | 97.3% | 91.2% | 88.9% | 98.2% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | 95% | ◀▶ |
| RTT Completes (% waiting <=8 weeks) | 99.5% | 99.1% | 99.4% | 99.1% | 99.8% | 99.8% | 99.4% | 99.8% | 100.0% | 100.0% | 100.0% | 100.0% | 99.8% | | 95% | ▼ |
| Inpatient Response Times - Emergency (45 mins) | 100% | 100% | 97% | 98% | 100% | 80% | 90% | 100% | 80% | 100% | 0% | 100% | | | 98% | ▲ |
| Inpatient Response Times - Urgent (3 hours) | 100% | 100% | 95% | 100% | 95% | 96% | 100% | 95% | 90% | 98% | 100.0% | 89% | | | 98% | ▼ |
| Inpatient Response Times - Routine (24 hours) | 79% | 70% | 71% | 77% | 80% | 81% | 86% | 83% | 85% | 88% | 85% | 86% | | | 98% | ▲ |
| PHYSIOTHERAPY (Response times are reported one month in arrears) | | | | | | | | | | | | | | | | |
| RTT Incompletes (% waiting <=8 weeks) | 98.8% | 99.0% | 96.6% | 97.4% | 97.2% | 96.4% | 96.5% | 96.4% | 97.2% | 94.1% | 95.0% | 96.4% | 95.0% | | 95% | ▼ |
| RTT Completes (% waiting <=8 weeks) | 98.5% | 97.8% | 96.8% | 95.6% | 97.3% | 96.5% | 97.0% | 97.6% | 97.8% | 97.7% | 95.2% | 96.2% | 96.0% | | 95% | ▼ |
| Inpatient Response Times - Emergency (45 mins) | 100% | 100% | 100% | 100% | 100% | 96% | 97% | 100% | 100% | 100% | 100% | 93% | | | 98% | ▼ |
| Inpatient Response Times - Urgent (3 hours) | 100% | 99.8% | 99.6% | 99.4% | 99.2% | 99.7% | 98.2% | 99.8% | 99.4% | 98.6% | 98.1% | 98.5% | | | 98% | ▲ |
| Inpatient Response Times - Routine (24 hours) | 98.6% | 99.1% | 99.6% | 99.3% | 99.5% | 99.5% | 99.7% | 99.5% | 99.5% | 99.1% | 99.3% | 99.4% | | | 98% | ▲ |
| MEDICAL RECORDS | | | | | | | | | | | | | | | | |
| Med Rec - % Missing Casenotes | 0.32% | 0.31% | 0.46% | 0.44% | 0.34% | 0.35% | 0.34% | 0.30% | 0.41% | 0.35% | 0.38% | 0.35% | 0.41% | | <0.5% | ▼ |
| DISCHARGE TEAM | | | | | | | | | | | | | | | | |
| Delayed Discharges - County | 2.4 | 2.3 | 2.5 | 2.6 | 2.6 | 2.7 | 2.8 | 2.8 | 2.7 | 2.7 | 2.7 | 2.7 | 2.6 | | 1.6 | ▲ |
| Delayed Discharges - City | 3.8 | 4.9 | 4.9 | 4.3 | 4.1 | 4.1 | 4.3 | 4.3 | 4.4 | 4.3 | 4.2 | 4.1 | 4.1 | | 3.8 | ◀▶ |
| PSYCHOLOGY / NEURO-PSYCHOLOGY | | | | | | | | | | | | | | | | |
| New referrals inpatients Medical Psychology | 2 | 2 | 1 | 2 | 0 | 0 | 2 | 4 | 6 | 3 | 5 | 0 | 2 | 27 | | |
| New referrals outpatients Medical Psychology | 63 | 33 | 66 | 61 | 52 | 34 | 64 | 35 | 53 | 54 | 60 | 50 | 58 | 620 | | |
| New referrals inpatients Neuropsychology | 7 | 4 | 9 | 6 | 5 | 5 | 13 | 1 | 15 | 2 | 5 | 4 | 5 | 74 | | |
| New referrals outpatients Neuropsychology | 9 | 2 | 10 | 8 | 9 | 5 | 16 | 7 | 8 | 9 | 14 | 2 | 6 | 96 | | |

CLINICAL SUPPORT

DIVISIONAL HEAT MAP - Month 12 2011/12

| | | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status | |
|------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|--------|--------|--|
| CLINICAL SUPPORT | CLINICAL SUPPORT | | | | | | | | | | | | | | | | | |
| | SALT Wait Time in Weeks | | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 2 | 3 | 3 | 3 | 0 | | 4 | ▲ | |
| | Podiatry New IP Referrals | 78 | 53 | 51 | 67 | 63 | 62 | 61 | 55 | 60 | 58 | 51 | 57 | 61 | 699 | | | |
| | Pharmacy TTO Turnaround in 2 Hours | 87.4% | 79.5% | 83.4% | 85.8% | 81.0% | 87.2% | 79.3% | 78.9% | 80.3% | 81.7% | 80.5% | 80.0% | 79.4% | | 80% | ▼ | |
| | Pharmacy Dispensing Accuracy | 100% | 98.4% | 99.96% | 99.98% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | 99.99% | | 99.5% | ◀▶ | |
| | IMAGING and MEDICAL PHYSICS | | | | | | | | | | | | | | | | | |
| | CT Scan (% Waiting 3+ Weeks) | 2.3% | 4.0% | 1.0% | 1.0% | 0.2% | 3.6% | 1.5% | 0.2% | 1.7% | 4.7% | 1.2% | 0.7% | 1.9% | | 5% | ▼ | |
| | MRI Scan (% Waiting 3+ Weeks) | 10.2% | 7.6% | 4.9% | 10.8% | 5.5% | 7.2% | 3.3% | 3.9% | 5.0% | 6.7% | 3.5% | 5.2% | 18.2% | | 5% | ▼ | |
| | Non-Obstetric Ultrasound (% Waiting 3+ Weeks) | 12.2% | 27.8% | 8.2% | 6.3% | 4.9% | 2.1% | 0.1% | 0.3% | 4.2% | 12.2% | 4.9% | 12.0% | 15.5% | | 5% | ▼ | |
| | Equipment Utilisation | 72.0% | 73.0% | 77.5% | 77.0% | 75.0% | 78.7% | 73.0% | 77.0% | 78.0% | 70.0% | 79.0% | 77.0% | 75.0% | | 80% | ▼ | |
| | ED Breach - Total % | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | | | 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% | | | | | 1% | ◀▶ | |
| | ED Breach - CT % | 0.0% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | | | | | 1% | ◀▶ | |
| | CRIS and PACS | | | | | | | | | | | | | | | | | |
| | PACS Uptime | 99.0% | 97.0% | 97.0% | 100% | 99% | 99.6% | 100% | 97% | 100% | 100% | 99% | 100% | 100% | | 98% | ◀▶ | |
| | CRIS Uptime | 100% | 100% | 97% | 100% | 100% | 100% | 100% | 99.7% | 100% | 100% | 97% | 100% | 100% | | 98% | ◀▶ | |
| | PATHOLOGY | | | | | | | | | | | | | | | | | |
| | CDT 24 Hour TRT | 98.6% | 96.3% | 95.8% | 96.6% | 97.8% | 96.6% | 94.8% | 96.0% | 97.1% | 98.5% | 97.8% | 95.5% | 98.1% | | 95% | ▲ | |
| | MRSA 48 Hour TRT | 99.9% | 99.07% | 99.67% | 99.72% | 99.71% | 99.73% | 99.83% | 99.59% | 99.88% | 99.50% | 98.70% | 99.52% | 99.46% | | 95% | ▼ | |
| | Diagnostic Wait > 6 Weeks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | ◀▶ | |
| | Cytology Screening 7 Day Target | 100.0% | 99.87% | 99.98% | 99.98% | 99.98% | 100% | 100% | 99.98% | 100% | 97.7% | 100% | 100% | 99.8% | | 98% | ▼ | |

DIVISIONAL HEAT MAP - Month 12 2011/12

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | YTD | Target | Status |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| CLINICAL SUPPORT | | | | | | | | | | | | | | | | |
| HR and FINANCE | | | | | | | | | | | | | | | | |
| Appraisals | 93.3% | 92.4% | 90.9% | 87.6% | 86.2% | 85.0% | 93.2% | 96.6% | 94.2% | 93.5% | 95.9% | 96.1% | 95.6% | 95.6% | 100% | ▼ |
| Sickness Absence | 3.7% | 3.4% | 3.0% | 3.4% | 3.5% | 3.1% | 3.1% | 3.4% | 3.4% | 3.3% | 3.3% | 3.3% | 3.6% | 3.3% | 3% | ▼ |
| Agency Costs (£000s) | | | | | | | | | | | | | | | | |
| Overtime FTE | 16.1 | 17.0 | 19.4 | 16.6 | 20.6 | 17.0 | 17.9 | 17.2 | 15.8 | 17.9 | 18.3 | 16.3 | 22.8 | | | |
| Bank FTE | 29.1 | 29.7 | 28.8 | 27.2 | 21.0 | 20.1 | 21.0 | 17.6 | 23.0 | 23.1 | 16.9 | 23.2 | 22.7 | | | |
| Actual net FTE reduction this month | -5.1 | -5.6 | -14.7 | 7.8 | -50.7 | 15.2 | -15.9 | -8.9 | -2.4 | -8.8 | -19.6 | 1.5 | -2.5 | -104.5 | | |
| Planned FTE reduction this month | 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