

**Trust Board Paper E**

	<b>TRUST BOARD</b>				
<b>From:</b>	Suzanne Hinchliffe Andrew Seddon Kevin Harris Kate Bradley				
<b>Date:</b>	<b>26<sup>th</sup> April 2012</b>				
<b>CQC regulation</b>	All				
<b>Title:</b>	<b>Quality &amp; Performance Report</b>				
<b>Author/Responsible Director:</b> S. Hinchliffe, Chief Operating Officer/Chief Nurse A. Seddon, Director of Finance K. Harris, Medical Director K. Bradley, HR Director					
<b>Purpose of the Report:</b> To provide members with an overview of UHL financial position, performance and quality against national, regional and local indicators for the month of March 2012.					
<b>The Report is provided to the Board for:</b>					
<table border="1" style="display: inline-table; margin-right: 20px;"> <tr> <td>Decision</td> <td></td> </tr> </table> <table border="1" style="display: inline-table; margin-right: 20px;"> <tr> <td>Discussion</td> <td style="text-align: center;">√</td> </tr> </table>	Decision		Discussion	√	
Decision					
Discussion	√				
<table border="1" style="display: inline-table; margin-right: 20px;"> <tr> <td>Assurance</td> <td style="text-align: center;">√</td> </tr> </table> <table border="1" style="display: inline-table;"> <tr> <td>Endorsement</td> <td></td> </tr> </table>	Assurance	√	Endorsement		
Assurance	√				
Endorsement					
<b>Summary / Key Points:</b>					
<u>Financial Position</u>					
<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ Patient care income for the year is £19.2m (3.2%) ahead of Plan.</li> <li>❖ 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&amp;D accounting treatment described in 5.2.3 above.</li> </ul>					
<u>Performance Position:</u>					
<ul style="list-style-type: none"> <li>❖ 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%.</li> <li>❖ 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%.</li> <li>❖ 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%.</li> <li>❖ All nine cancer targets are delivering against performance thresholds for February, including the 62 day from referral to treatment target.</li> <li>❖ The provisional reported sickness rate for March is 4.3%. The 12 month rolling sickness rate is 3.5%.</li> </ul>					

- ❖ 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.

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

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## **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.

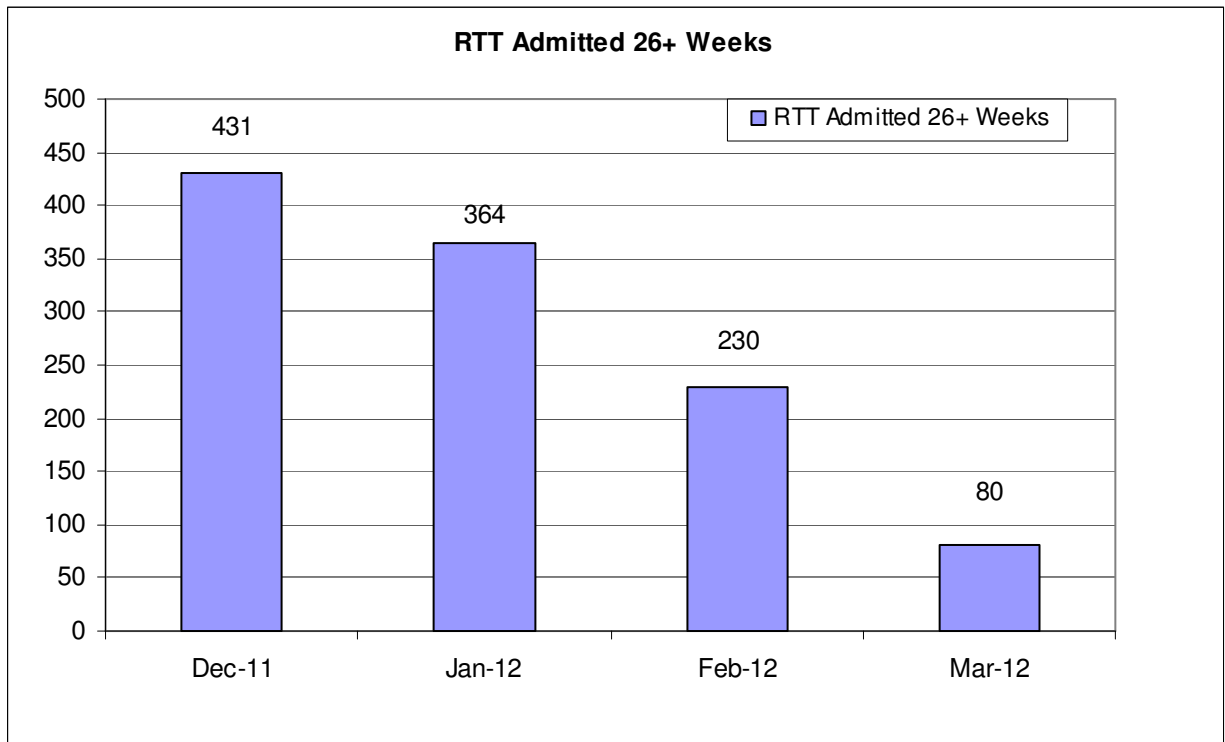
### **2.2 RTT**

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

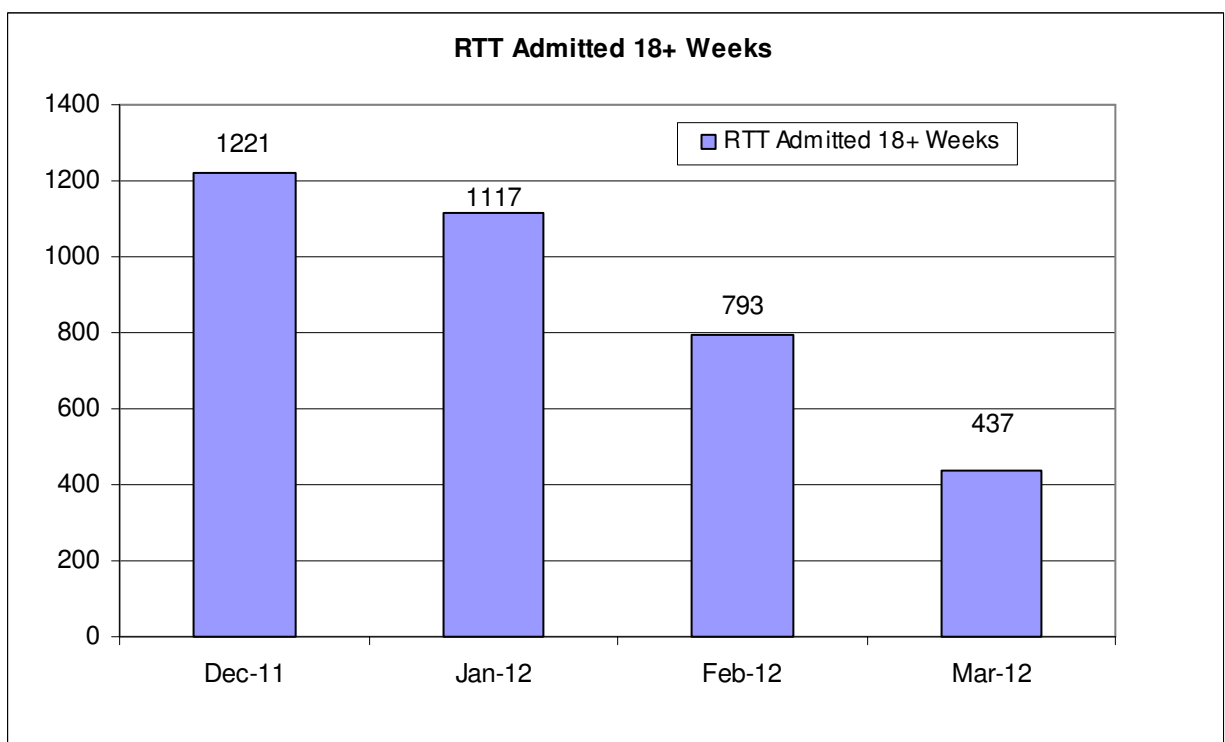
For 2011/2012, UHL has met its performance requirements with a cumulative end of year performance of 96.5% (target 95%).

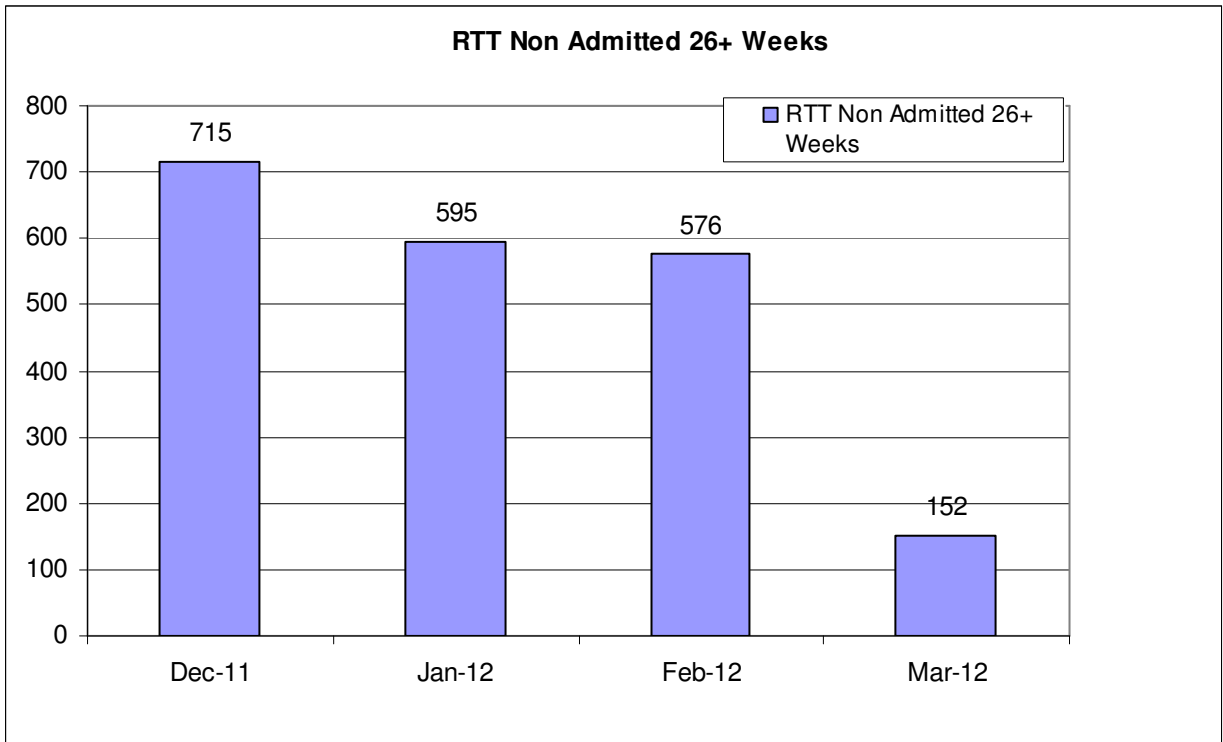
Admitted performance in March stands at 83.5% in accordance with the planned reduction agreed with commissioners and as such, will not meet the end of year performance target.

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.

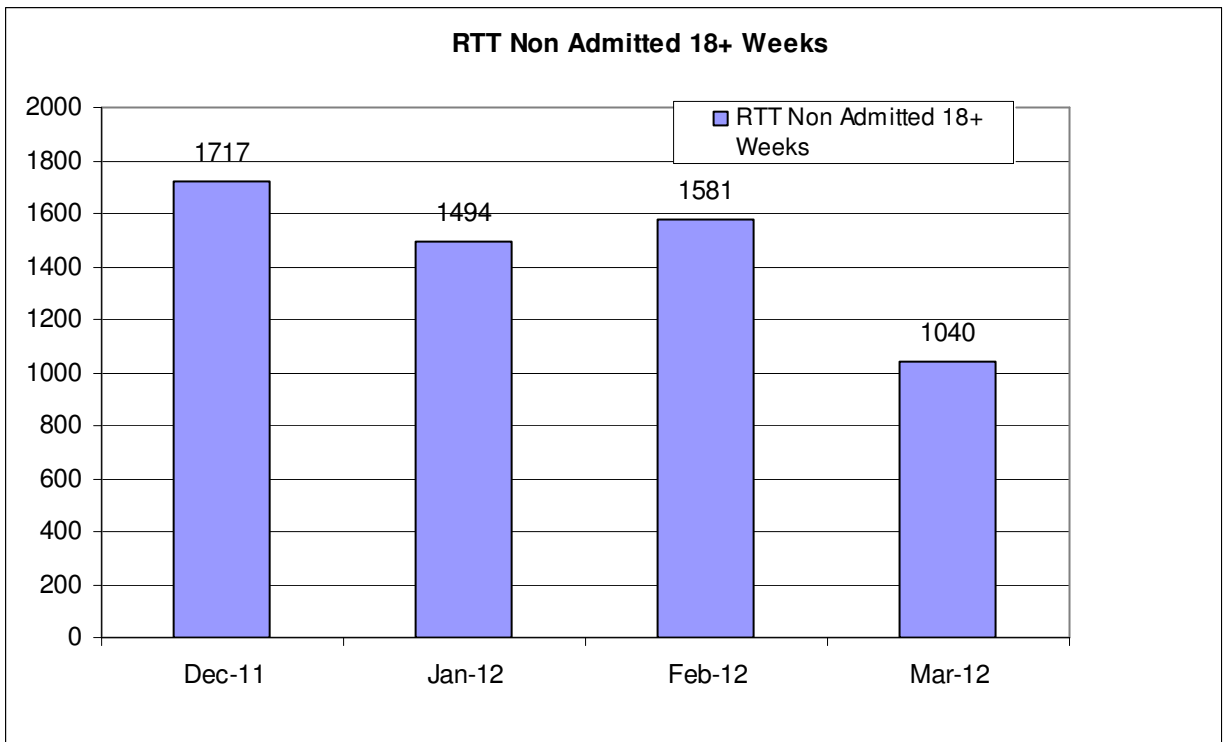


The admitted 26 week backlog includes 33 patients who chose to wait.





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:

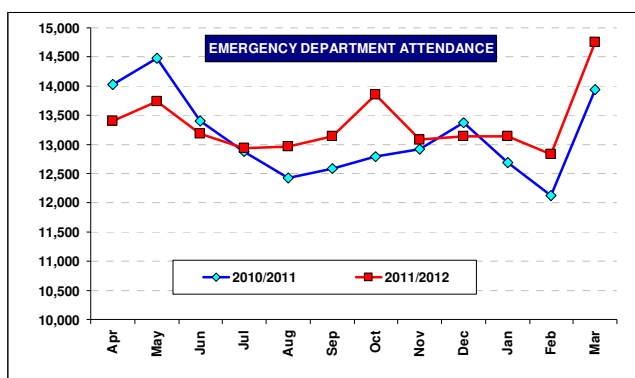
1 Emergency Department, 2 Infection control, 5 RTT, 8 Cancer, 1 Delayed Transfers of Care, 1 Same Sex Accommodation and 1 VTE risk assessment.

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.

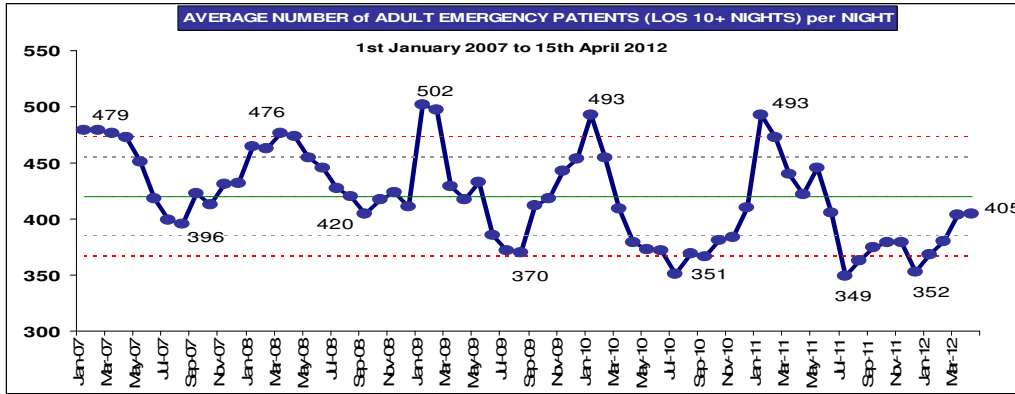
### Breach Category

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%
<b>Total</b>	<b>1,512</b>	

### 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%

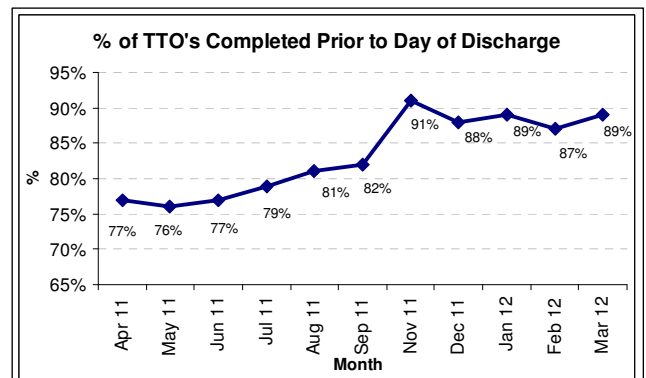
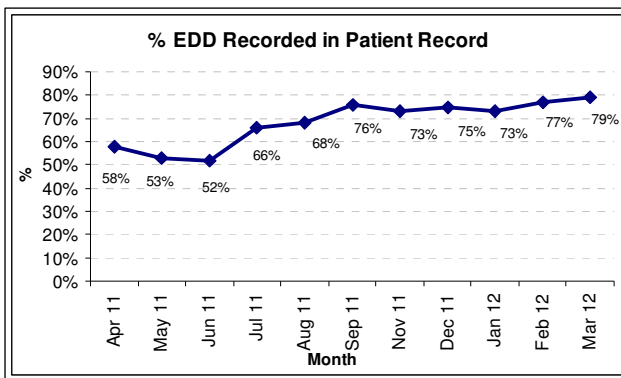
## Average Number of Adult Emergency Patients with a Length of Stay of 10+ Nights



## 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:

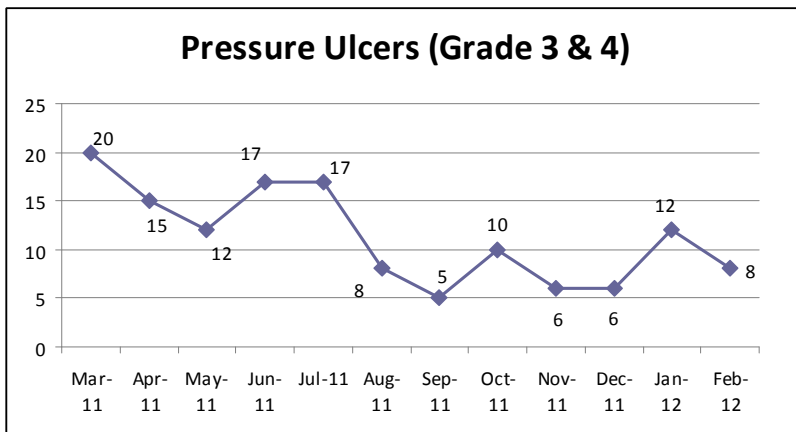
- Weekly metrics from all divisions where trends are monitored as part of the quality indicators.
- Ward specific data circulated weekly to each CBU/Ward with identified Head of Nursing/Lead Nurses to monitor actions being taken in response to the data.
- Meetings between the Head of Nursing and ward 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 minutes 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
<b>Income</b>							
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
<b>Total Income</b>	<b>681.8</b>	<b>57.9</b>	<b>68.3</b>	<b>10.4</b>	<b>681.8</b>	<b>711.1</b>	<b>29.3</b>
<b>Operating expenditure</b>							
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)
<b>Total Operating Expenditure</b>	<b>635.7</b>	<b>53.4</b>	<b>61.2</b>	<b>(7.7)</b>	<b>635.7</b>	<b>667.8</b>	<b>(32.1)</b>
<b>EBITDA</b>	<b>46.1</b>	<b>4.5</b>	<b>7.2</b>	<b>2.6</b>	<b>46.1</b>	<b>43.3</b>	<b>(2.8)</b>
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
<b>Net deficit</b>	<b>1.3</b>	<b>0.8</b>	<b>5.2</b>	<b>4.4</b>	<b>1.3</b>	<b>0.1</b>	<b>(1.2)</b>
<b>Planned phasing adjustment</b>		<b>0.1</b>	<b>-</b>	<b>(0.1)</b>		<b>-</b>	<b>-</b>
<b>Surplus / (Deficit)</b>	<b>1.3</b>	<b>0.9</b>	<b>5.2</b>	<b>4.3</b>	<b>1.3</b>	<b>0.1</b>	<b>(1.2)</b>
<b>EBITDA %</b>	<b>6.8%</b>		<b>10.5%</b>			<b>6.1%</b>	

**Table 2 – Financial Risk Ratings**

### **Financial Metrics**

		<b>March</b>	<b>Year To Date</b>	
	<b>Weighting</b>	<b>Result</b>	<b>Result</b>	<b>Score</b>
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
<b>Overall Financial Risk Rating</b>				<b>3</b>

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.

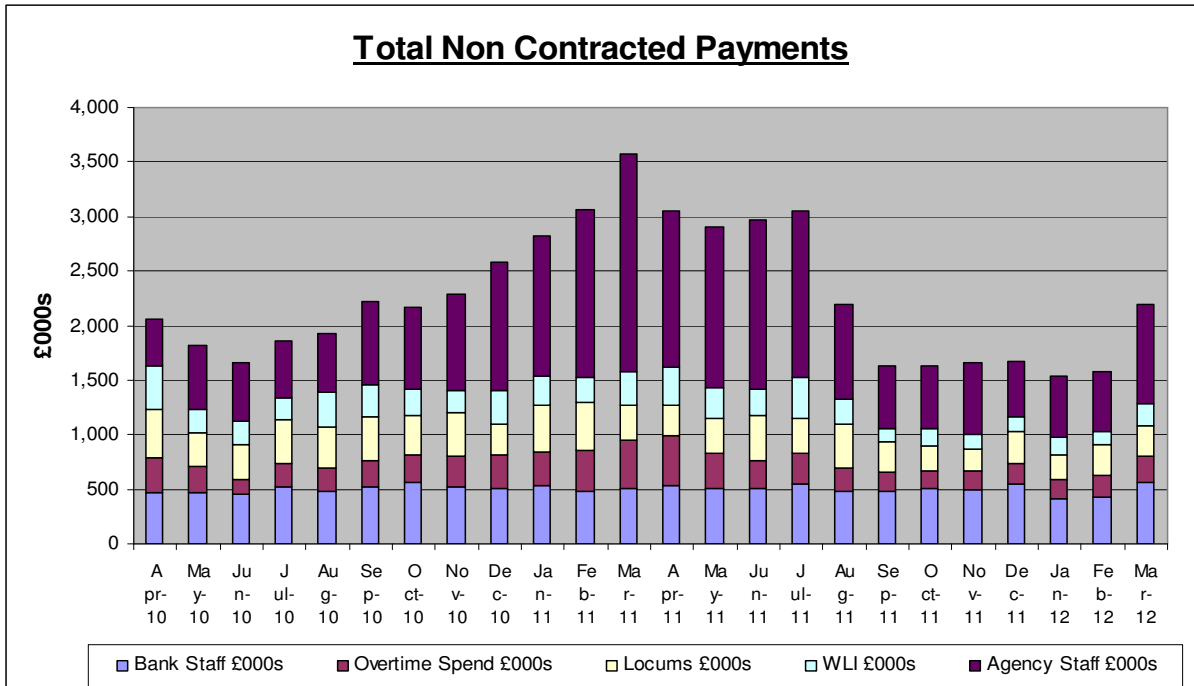
5.2.3 Teaching and R&D income is £6.5m favourable to Plan. This includes £4.0m of the £6m of the Corporate accrual releases as agreed in the “Stabilisation and Transformational” Trust Board paper in July 2011. In addition, there has been a change in reporting of R&D activities in 2011/12 whereby UHL 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**



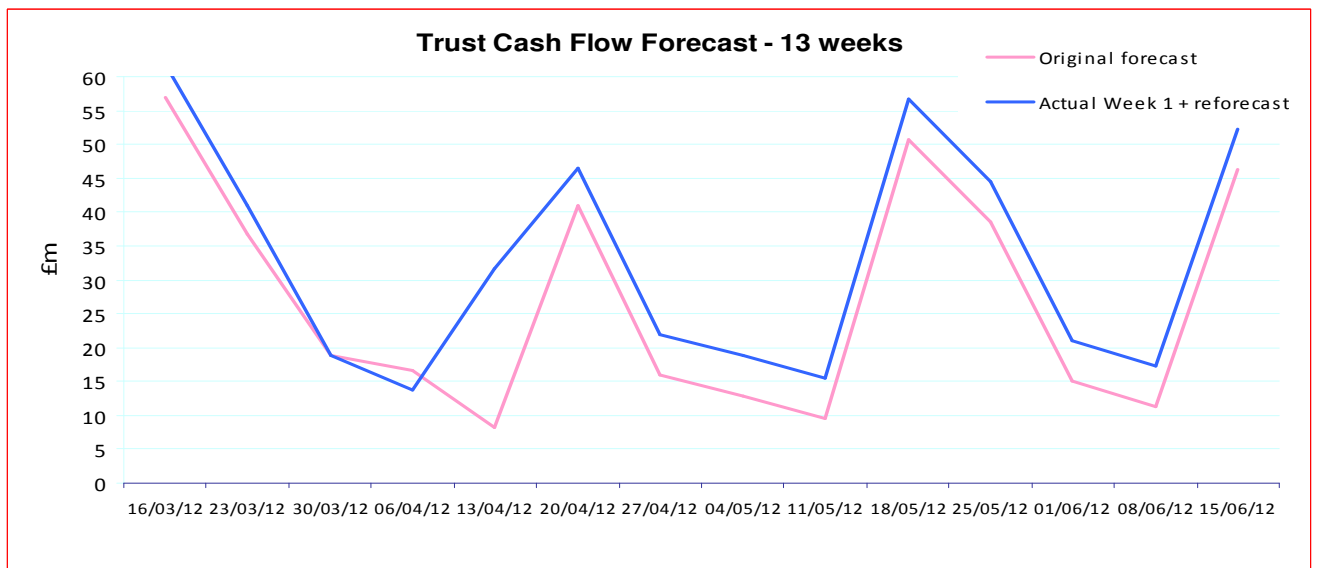
## 5.4 Financing costs

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

<b>Sum of weights</b>		14.00
<b>Scoring values</b>	Underperforming:	0
	Performance under review:	1
	Performing:	3
<b>Overall performance score threshold</b>	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
<b>1. Why Have you come into A&amp;E today?</b>													
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%
<b>2. How long has this problem been going on for?</b>													
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%
<b>3. Patients registered with a GP</b>													
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%
<b>4. Have you tried to see your GP before coming in?</b>													
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
<b>5. If yes, how many times have you tried in last week?</b>													
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%
<b>6. If no, why not?</b>													
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%
<b>7. NEW: Were you aware of the urgent care centre?</b>													
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
<b>Overall</b>													
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%
<b>Care Received</b>													
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%
<b>Information Received</b>													
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%
<b>Waiting Times</b>													
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%
<b>NEW - Privacy</b>													
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%
<b>NEW - Dignity and Respect</b>													
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

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March 2012

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One team shared values

# QUALITY and PERFORMANCE REPORT

## *Index*

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### ***Executive Scorecards***

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### ***Analysis and Commentary***

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### **Thresholds**

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

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

**UHL at a Glance - Month 12 - 2011/12**

<b>PATIENT SAFETY</b>	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	
<b>CLINICAL EFFECTIVENESS</b>	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

<b>PATIENT EXPERIENCE</b>	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		
<b>STAFF EXPERIENCE / WORKFORCE</b>	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%	
<b>VALUE FOR MONEY</b>	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

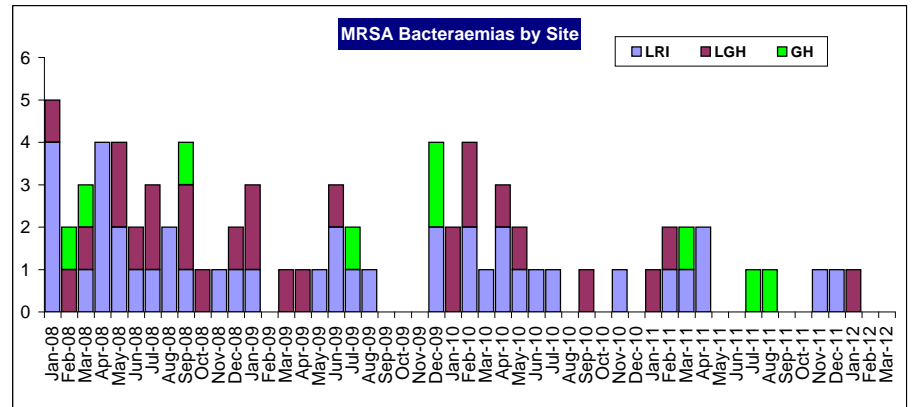
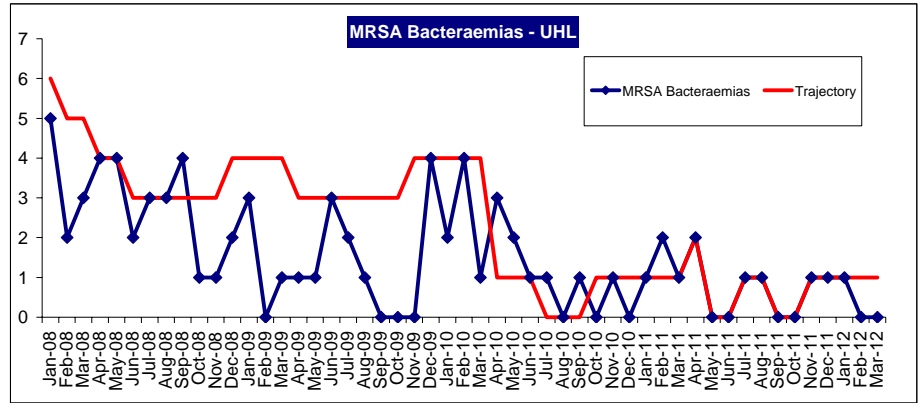
## Key Actions

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

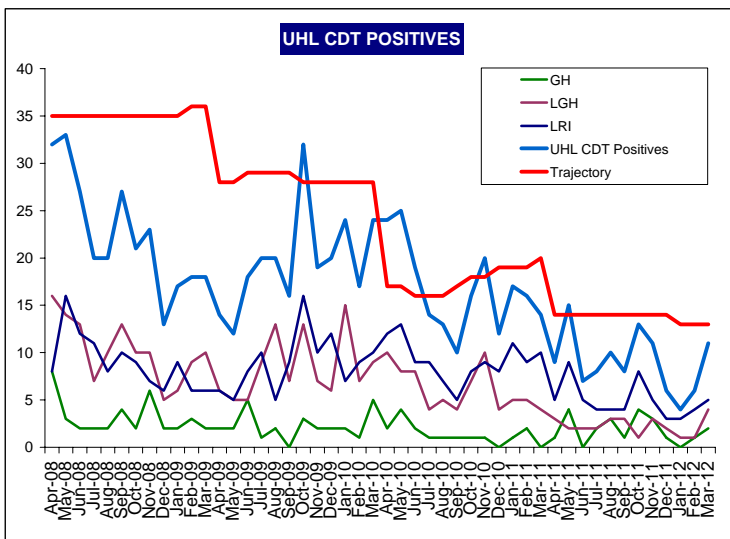
## Full Year

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

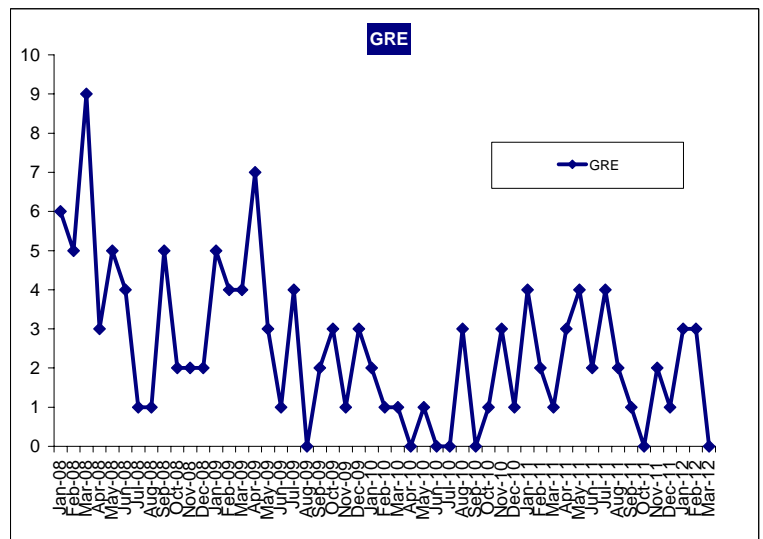
## MRSA BACTERAEMIA



## 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

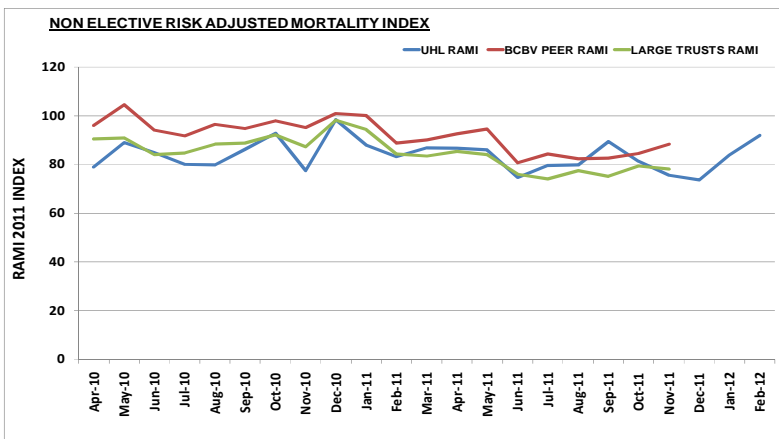
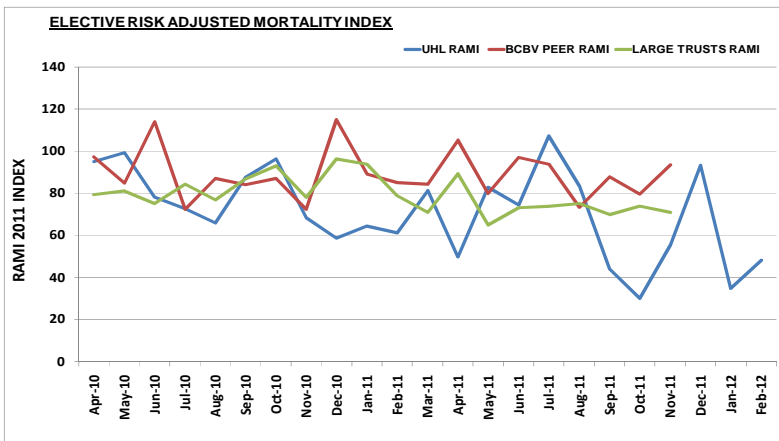
### Performance Overview

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.

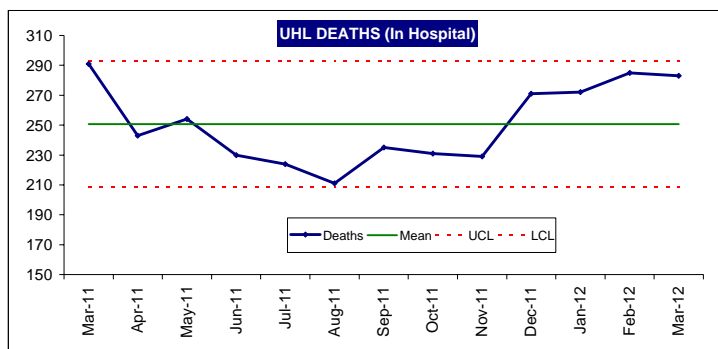
UHL's crude mortality for March has fallen back to 1.4% which is the same as it was in March 2011.



### 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		
<b>Sum:</b>	<b>19861</b>	<b>283</b>	<b>1.4%</b>



### 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

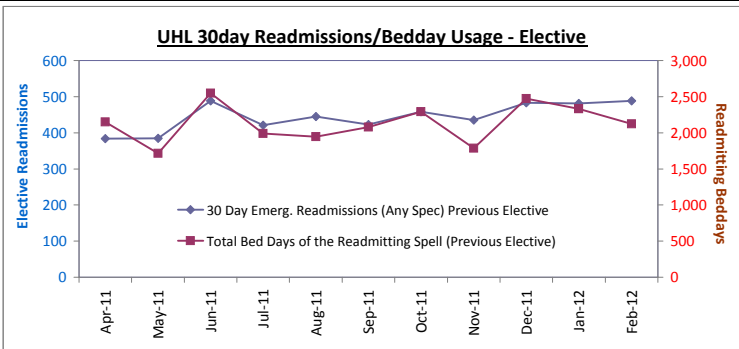
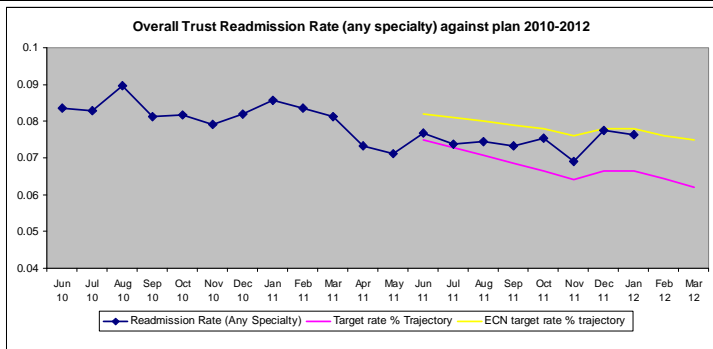
### UHL CRUDE DATA ELECTIVE SPELLS

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

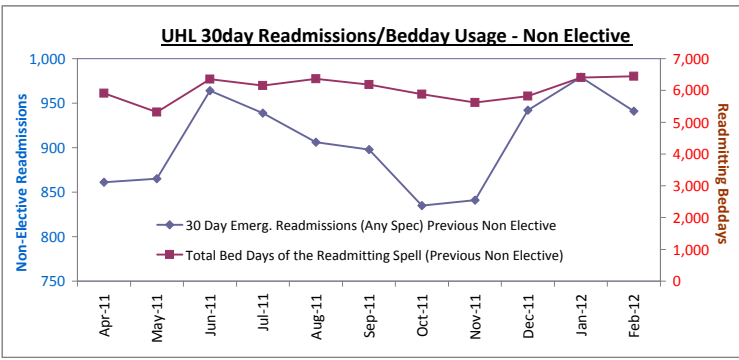
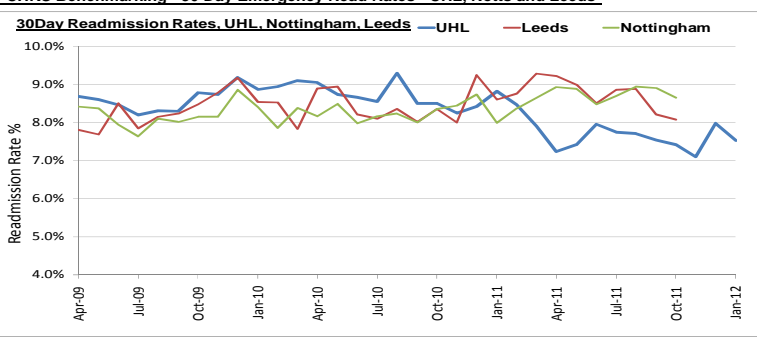
### UHL CRUDE DATA NON ELECTIVE SPELLS

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	

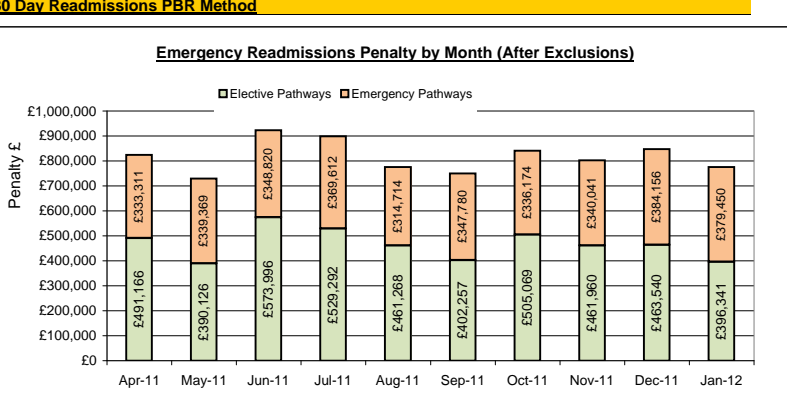
**Readmissions - Previous Spell = Elective**

	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



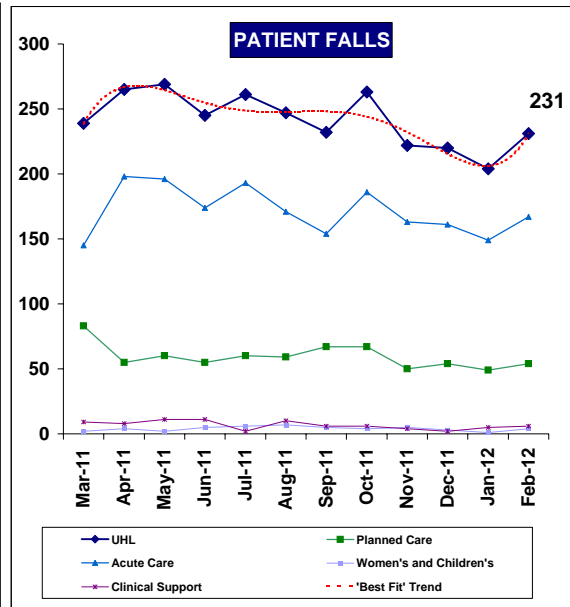
## FALLS

### 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
<b>UHL</b>	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
<b>In Hospital Falls resulting in Hip Fracture</b>	2	2	0	0	0	0	0	0	0	0	1	0	1	4	12

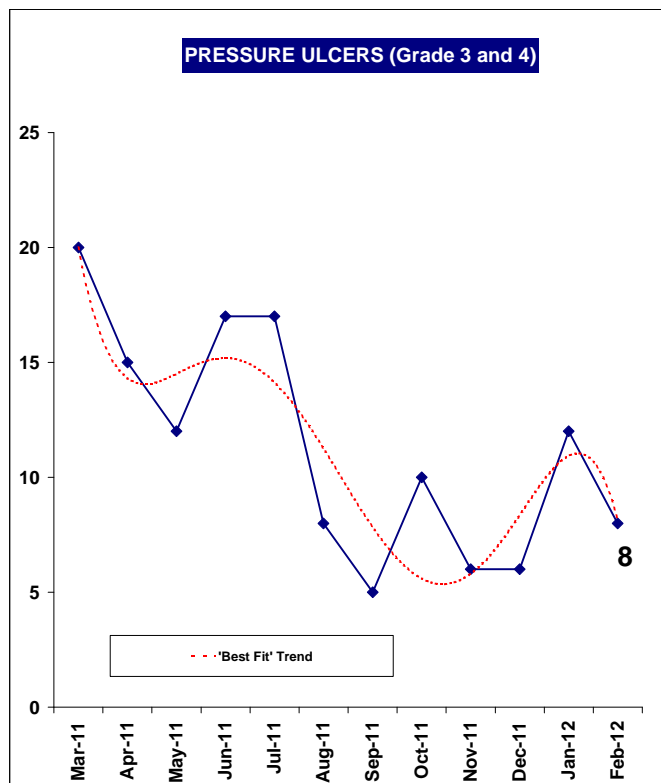
## PRESSURE ULCERS (Grade 3 and 4)

### 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

Pressure Ulcers (Grade 3 and 4)	REPORTED ONE MONTH IN ARREARS													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		
<b>Pressure Ulcers (Grade 3 and 4)</b>	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%
<b>UHL</b>	<b>1,707</b>	<b>1,535</b>	<b>111.2%</b>

**Trust Scores in March 2012  
minus underperforming  
Wards in Medicine**

### DIVISIONAL PROJECTS

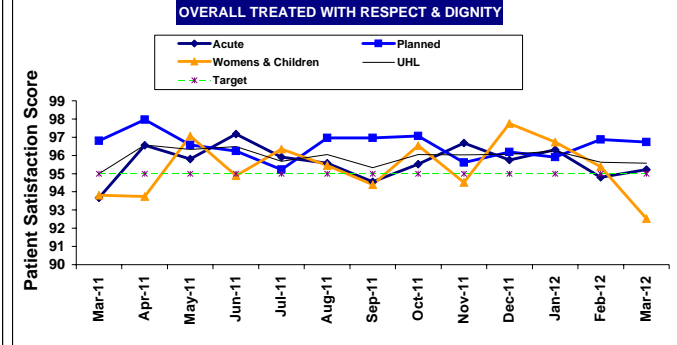
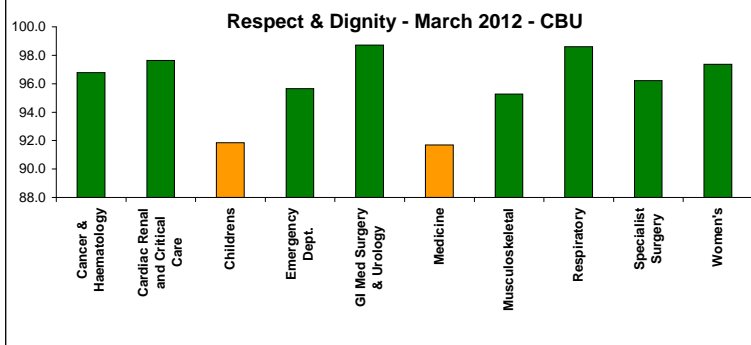
Area for Development	Lead Division	PES Question	Mar-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Mar-12
Noise at Night	Acute Care	Q10a – Were you ever bothered by noise at night from other patients?	65.0	67.2	73.3	66.9	67.0	66.2	69.4	68.1	70.6
		Q10b – Were you ever bothered by noise at night 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? <b>CQUIN (National CQUIN Target = 71.0)</b>	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? <b>CQUIN (National CQUIN Target = 61.0)</b>	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? <b>CQUIN (National CQUIN Target = 84.0)</b>	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? <b>CQUIN (National CQUIN Target = 48.0)</b>	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? <b>CQUIN (National CQUIN Target = 78.0)</b>	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)

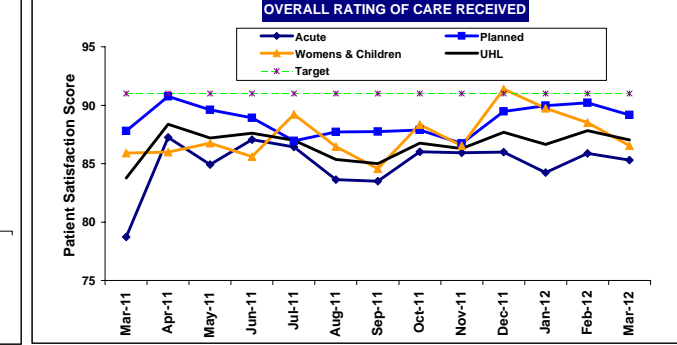
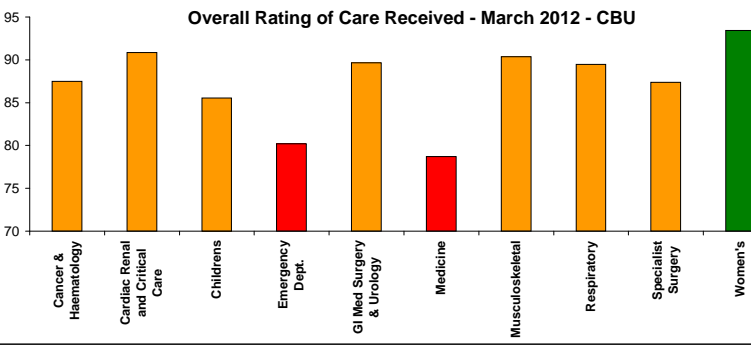
Division	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Status
Acute	93.7	96.6	95.8	97.2	95.9	95.6	94.5	95.5	96.7	95.7	96.3	94.8	95.2	▲
Planned	96.8	98.0	96.6	96.2	95.2	97.0	97.0	97.1	95.6	96.2	95.9	96.9	96.7	▼
Womens & Children	93.8	93.8	97.1	94.9	96.3	95.5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



### TARGET / STANDARD

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

Division	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
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	▼
<b>UHL</b>	<b>83.8</b>	<b>88.4</b>	<b>87.2</b>	<b>87.6</b>	<b>87.0</b>	<b>85.4</b>	<b>85.0</b>	<b>86.8</b>	<b>86.3</b>	<b>87.7</b>	<b>86.6</b>	<b>87.8</b>	<b>87.0</b>	▼



# EMERGENCY DEPARTMENT

## Performance Overview

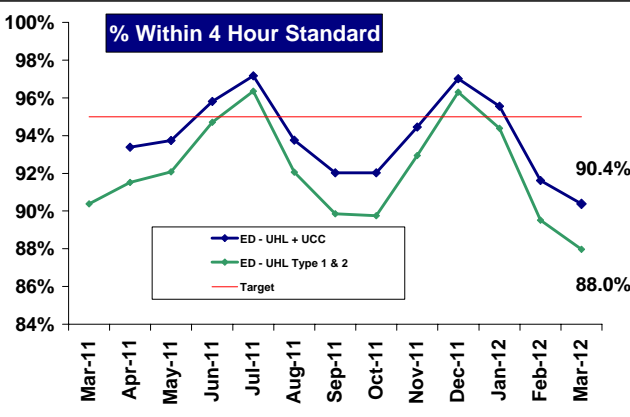
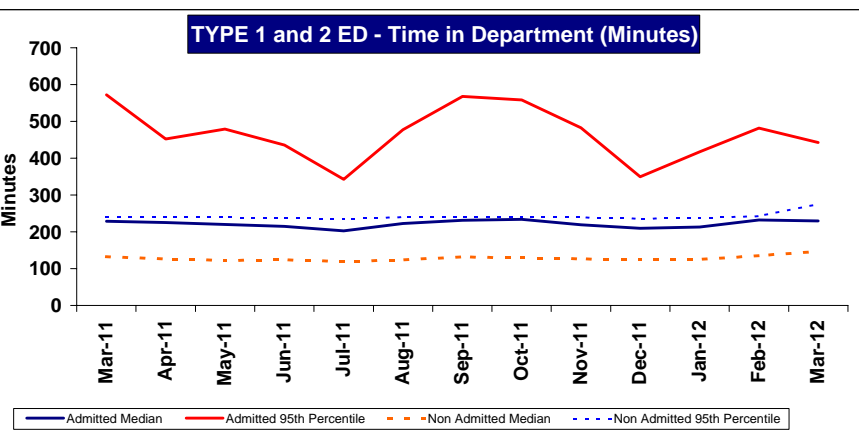
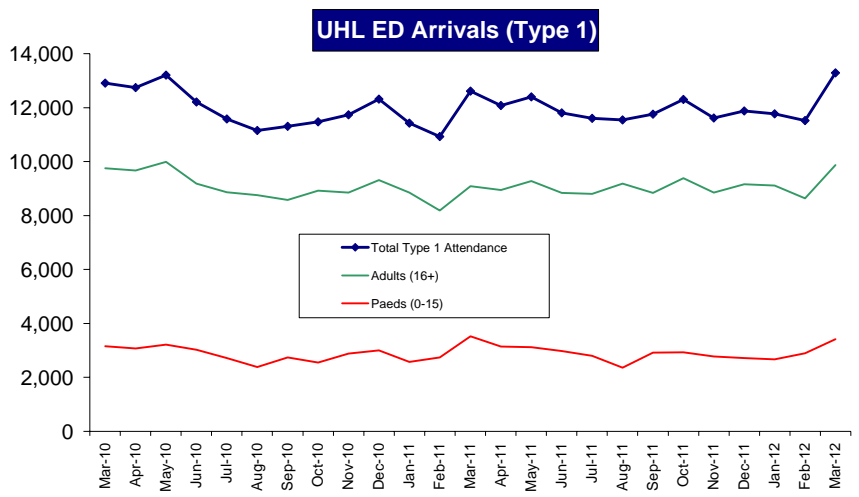
Performance for March Type 1, 2 is 88.0% and 90.4% including the Urgent Care Centre (UCC). The year to date performance for ED (UHL+UCC) is 93.9%.

## 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
<b>Sum:</b>	<b>2903</b>	<b>11849</b>	<b>14752</b>

## 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	Target
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

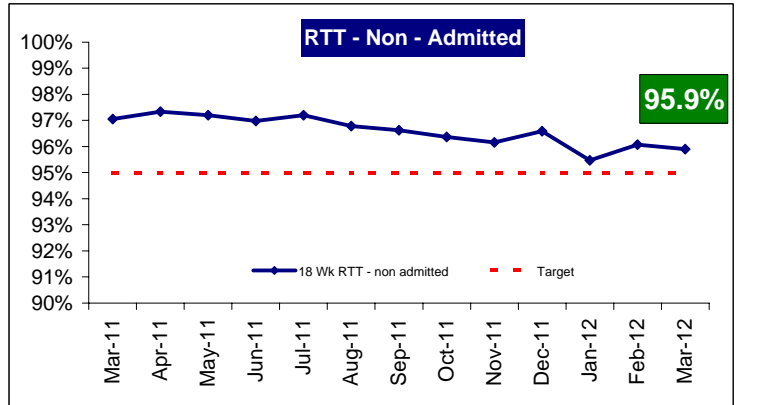
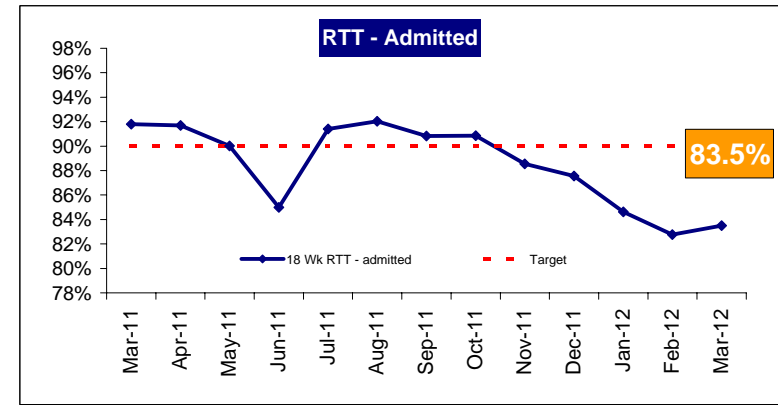
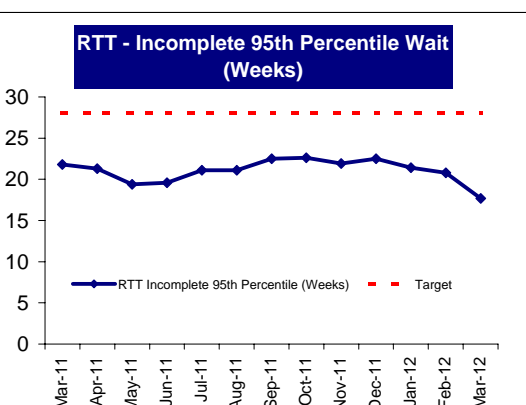
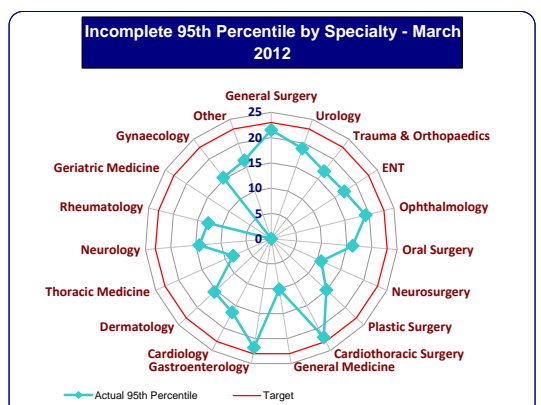
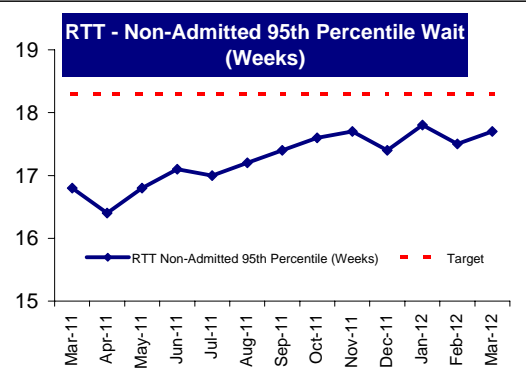
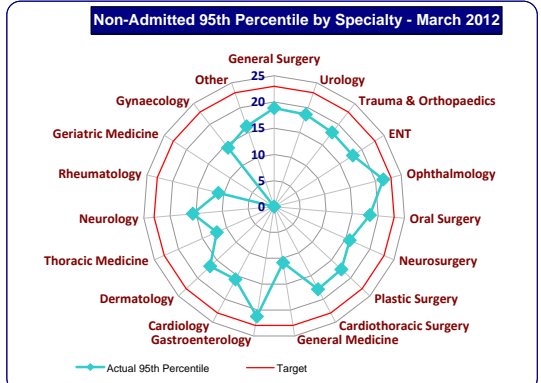
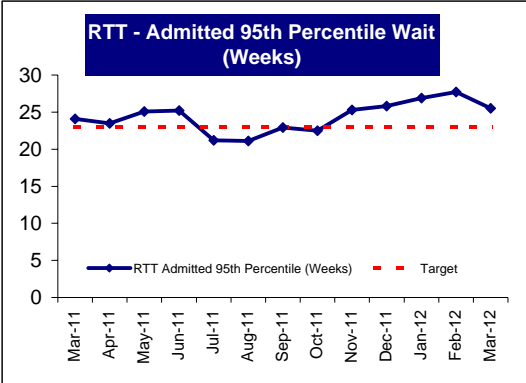
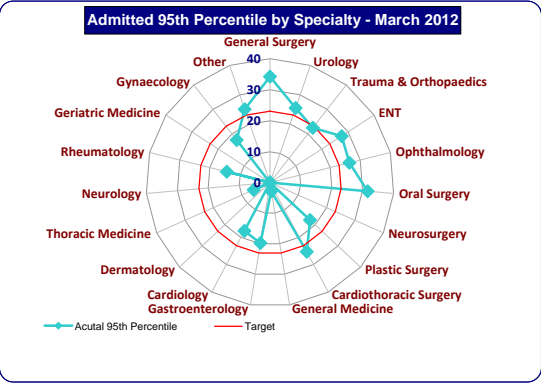
## Performance Overview

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

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
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

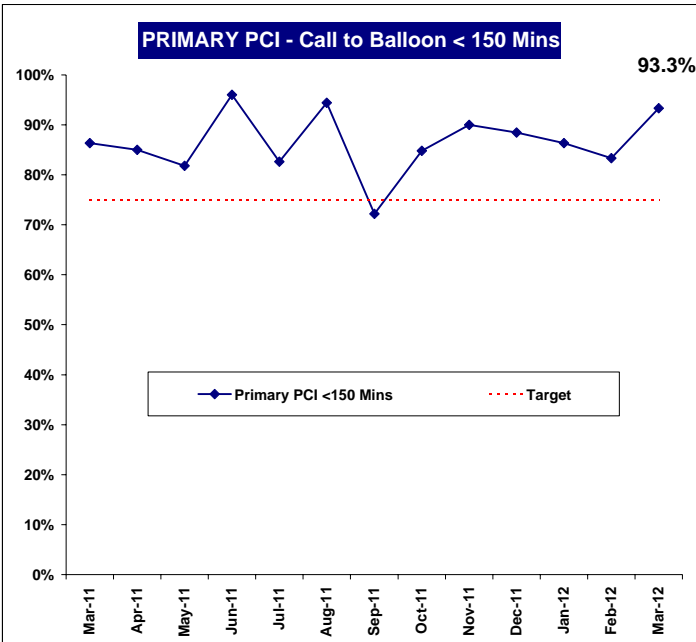
## PRIMARY PCI

### 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.

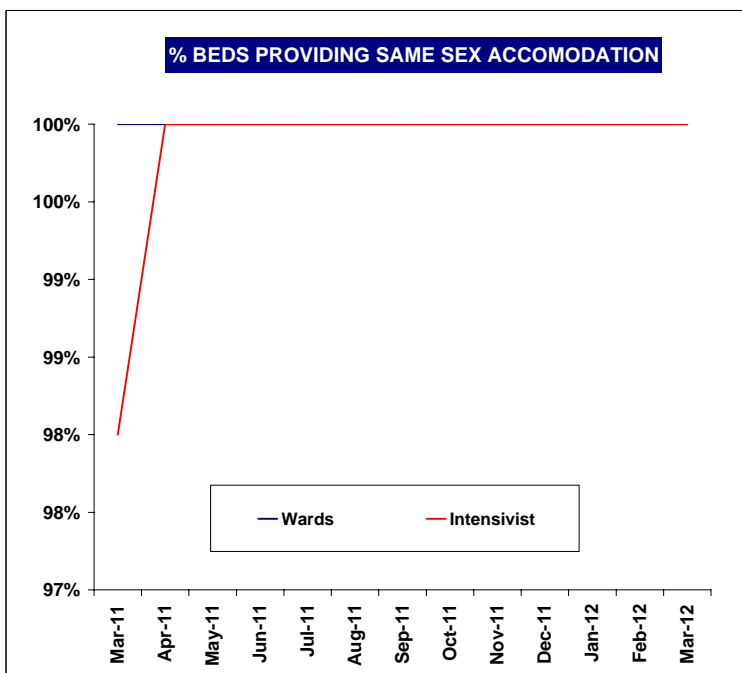
However in March 2012 UHL national breach data declared two unjustified SSA breaches. The breaches occurred on AMU.

### 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%

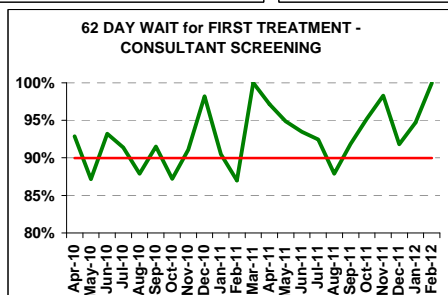
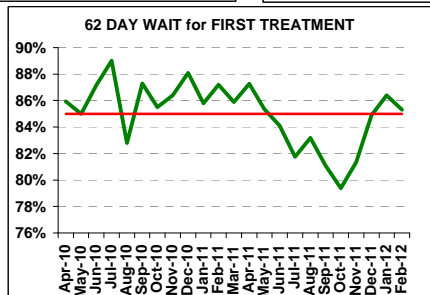
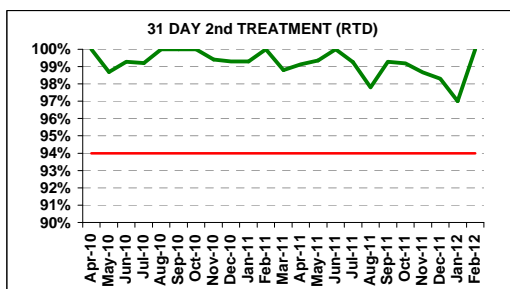
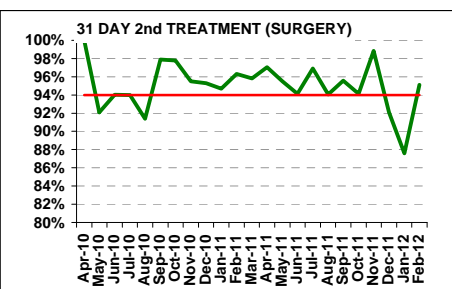
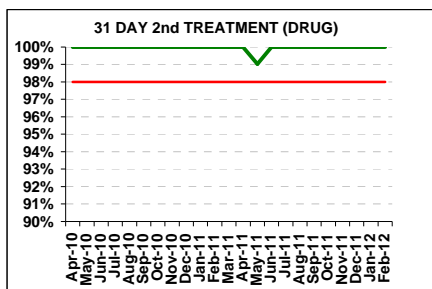
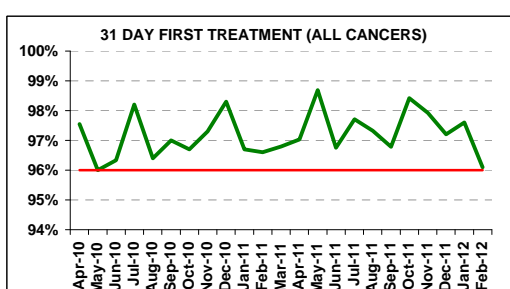
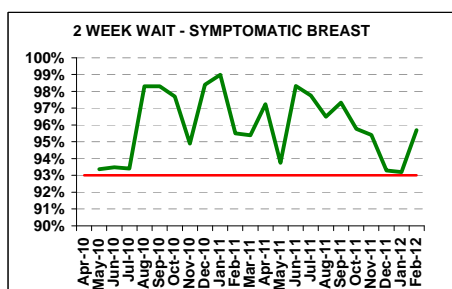
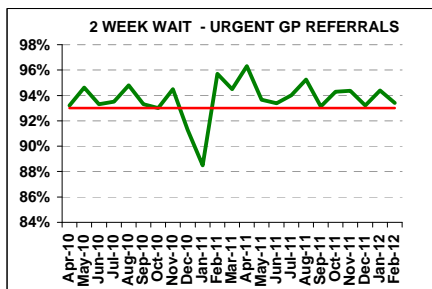
## CANCER TREATMENT

### 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.

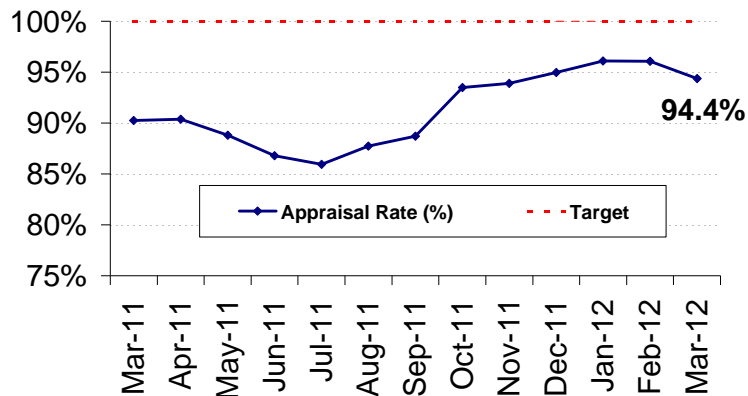
#### Sickness

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

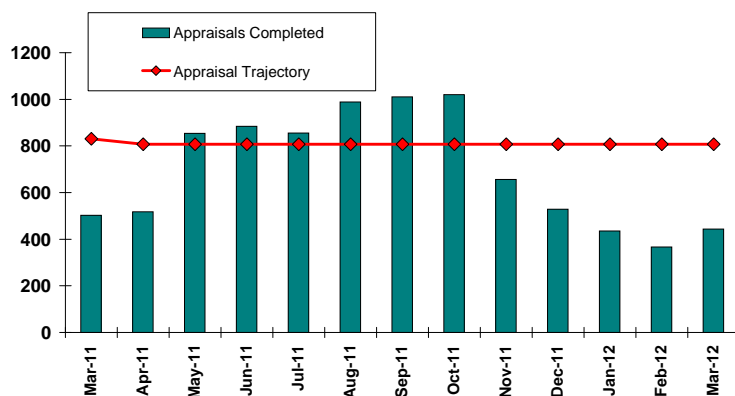
This sickness rate is higher than the previous 11 months but may fall after the absence periods have been closed down. The 12 month rolling sickness has remained at 3.5%.

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

#### APPRAISAL RATES



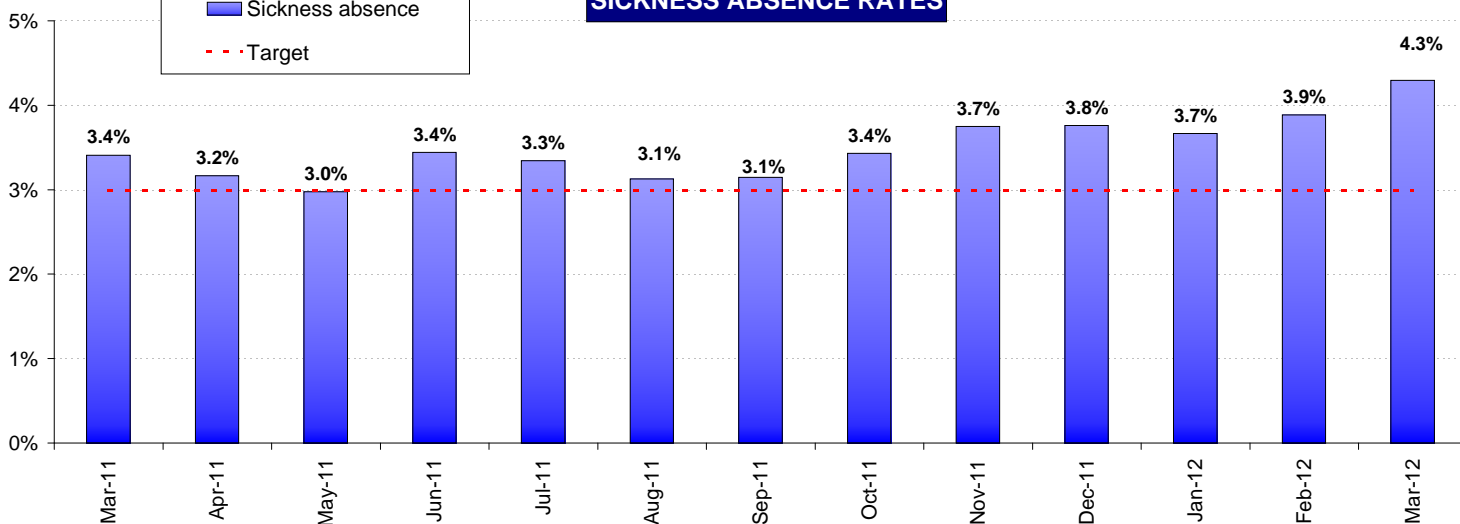
#### APPRAISALS COMPLETED



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
<b>Overall Financial Risk Rating</b>				<b>3</b>

	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**

<b>Income and Expenditure Account for the Period Ended 31 March 2012</b>							
	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
<b>Patient Care Income</b>	<b>589,205</b>	<b>50,146</b>	<b>56,005</b>	<b>5,859</b>	<b>589,205</b>	<b>608,846</b>	<b>19,641</b>
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
<b>Total Income</b>	<b>681,756</b>	<b>57,933</b>	<b>68,316</b>	<b>10,383</b>	<b>681,756</b>	<b>711,075</b>	<b>29,319</b>
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)
<b>Pay Expenditure</b>	<b>420,471</b>	<b>35,088</b>	<b>37,127</b>	<b>(2,039)</b>	<b>420,471</b>	<b>434,864</b>	<b>(14,393)</b>
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
<b>Non Pay Expenditure</b>	<b>215,222</b>	<b>18,325</b>	<b>45,799</b>	<b>(27,474)</b>	<b>215,222</b>	<b>254,733</b>	<b>(39,511)</b>
<b>Total Operating Expenditure</b>	<b>635,693</b>	<b>53,413</b>	<b>82,926</b>	<b>(29,513)</b>	<b>635,693</b>	<b>689,597</b>	<b>(53,904)</b>
<b>EBITDA</b>	<b>46,063</b>	<b>4,520</b>	<b>(14,610)</b>	<b>(19,130)</b>	<b>46,063</b>	<b>21,478</b>	<b>(24,585)</b>
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
<b>Surplus / (Deficit) Before Dividend and Disposal of Fixed Assets</b>	<b>14,525</b>	<b>1,867</b>	<b>(16,733)</b>	<b>(18,600)</b>	<b>14,525</b>	<b>(9,580)</b>	<b>(24,105)</b>
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
<b>Net Surplus / (Deficit)</b>	<b>1,289</b>	<b>764</b>	<b>(16,588)</b>	<b>(17,352)</b>	<b>1,289</b>	<b>(21,684)</b>	<b>(22,973)</b>
<b>EBITDA MARGIN</b>	<b>6.76%</b>		<b>-21.39%</b>			<b>3.02%</b>	
Plan Phasing Adjustment		119	0	119	0	0	0
<b>Net Surplus / (Deficit)</b>	<b>1,289</b>	<b>883</b>	<b>(16,588)</b>	<b>(17,471)</b>	<b>1,289</b>	<b>(21,684)</b>	<b>(22,973)</b>
Impairment			(21,774)	21,774		(21,774)	21,774
<b>Net Surplus / (Deficit) after impairment</b>	<b>1,289</b>	<b>883</b>	<b>5,186</b>	<b>4,303</b>	<b>1,289</b>	<b>90</b>	<b>(1,199)</b>

## VALUE FOR MONEY - CONTRACT PERFORMANCE

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

<b>Casemix</b>	<b>Annual Plan (Activity)</b>	<b>Plan to Date (Activity)</b>	<b>Total YTD (Activity)</b>	<b>Variance YTD (Activity)</b>	<b>Annual Plan (£000)</b>	<b>Plan to Date (£000)</b>	<b>Total YTD (£000)</b>	<b>Variance YTD (£000)</b>
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
<b>Grand Total</b>	<b>7,692,942</b>	<b>7,692,942</b>	<b>7,778,393</b>	<b>85,451</b>	<b>589,205</b>	<b>589,205</b>	<b>608,846</b>	<b>19,641</b>

<b>Average tariff</b>	<b>Annual Plan £ / episode</b>	<b>Plan to Date £ / episode</b>	<b>Total YTD £ / episode</b>	<b>Variance YTD £ / episode</b>	<b>Variance YTD %</b>
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%
<b>Grand Total</b>	<b>£77</b>	<b>£77</b>	<b>£78</b>	<b>£2</b>	<b>2.2%</b>

VALUE FOR MONEY - INCOME and EXPENDITURE - DIVISIONAL POSITION

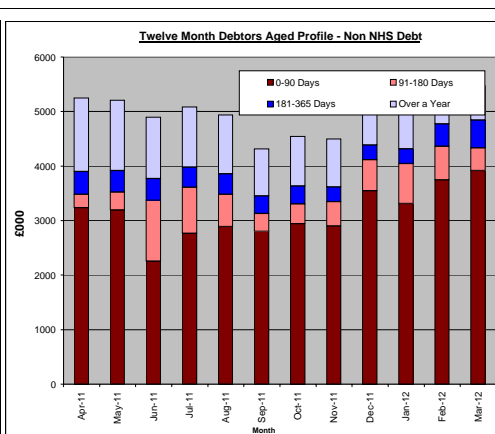
Income and Expenditure Position for the Period Ended 31 March 2012																	
	Income				Expenditure								Total Year to Date				Month 11 Variance (Adv) / Fav £m
	Annual Plan £m	Plan to Date £m	Actual £m	Variance (Adv) / Fav £m	Pay				Non Pay				Annual Plan £m	Plan to Date £m	Actual £m	Variance (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
<b>Sub-Total Divisions</b>	<b>611.0</b>	<b>611.0</b>	<b>632.7</b>	<b>21.7</b>	<b>420.5</b>	<b>420.5</b>	<b>436.8</b>	<b>(16.3)</b>	<b>213.2</b>	<b>213.2</b>	<b>230.4</b>	<b>(17.2)</b>	<b>(22.7)</b>	<b>(22.7)</b>	<b>(34.5)</b>	<b>(11.8)</b>	<b>(15.4)</b>
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
<b>Grand Total</b>	<b>681.8</b>	<b>681.8</b>	<b>711.1</b>	<b>29.3</b>	<b>420.5</b>	<b>420.5</b>	<b>434.9</b>	<b>(14.4)</b>	<b>260.0</b>	<b>260.0</b>	<b>276.1</b>	<b>(16.1)</b>	<b>1.3</b>	<b>1.3</b>	<b>0.1</b>	<b>(1.2)</b>	<b>(5.5)</b>

**COST IMPROVEMENT PROGRAMME**

<b>Cost Improvement Programme as at March 2012</b>			
<b>Division</b>	<b>Plan £000</b>	<b>Actual Achieved £000</b>	<b>YTD % of Plan</b>
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%
<b>Clinical Divisions</b>	<b>31,202</b>	<b>20,454</b>	<b>72.3%</b>
<b>Corporate</b>	<b>3,571</b>	<b>4,772</b>	<b>148.6%</b>
<b>Central</b>	<b>3,471</b>	<b>0</b>	
<b>Total</b>	<b>38,244</b>	<b>25,226</b>	<b>73.0%</b>
<b>Category</b>	<b>Plan £000</b>	<b>YTD Achieved £000</b>	<b>YTD % of Plan</b>
Income	4,532	5,353	130.7%
Non Pay	10,955	7,022	70.8%
Pay	22,757	12,852	62.5%
<b>Total</b>	<b>38,244</b>	<b>25,226</b>	<b>73.0%</b>

**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
<b>Non Current Assets</b>													
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
<b>TOTAL NON CURRENT ASSETS</b>	<b>424,066</b>	<b>422,301</b>	<b>421,174</b>	<b>419,494</b>	<b>419,691</b>	<b>419,519</b>	<b>418,705</b>	<b>418,398</b>	<b>417,643</b>	<b>417,617</b>	<b>417,349</b>	<b>417,066</b>	<b>356,873</b>
<b>Current Assets</b>													
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
<b>TOTAL CURRENT ASSETS</b>	<b>44,951</b>	<b>48,397</b>	<b>48,107</b>	<b>43,012</b>	<b>43,946</b>	<b>59,078</b>	<b>51,864</b>	<b>61,769</b>	<b>58,770</b>	<b>66,063</b>	<b>70,221</b>	<b>82,681</b>	<b>58,910</b>
<b>Current Liabilities</b>													
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)
<b>TOTAL CURRENT LIABILITIES</b>	<b>(63,872)</b>	<b>(67,439)</b>	<b>(68,363)</b>	<b>(65,271)</b>	<b>(67,894)</b>	<b>(83,473)</b>	<b>(73,124)</b>	<b>(82,663)</b>	<b>(76,754)</b>	<b>(83,379)</b>	<b>(84,262)</b>	<b>(88,315)</b>	<b>(66,335)</b>
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>(18,921)</b>	<b>(19,042)</b>	<b>(20,256)</b>	<b>(22,259)</b>	<b>(23,948)</b>	<b>(24,395)</b>	<b>(21,260)</b>	<b>(21,094)</b>	<b>(17,984)</b>	<b>(17,316)</b>	<b>(14,041)</b>	<b>(5,634)</b>	<b>(7,425)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>405,145</b>	<b>403,259</b>	<b>400,918</b>	<b>397,235</b>	<b>395,743</b>	<b>395,124</b>	<b>397,445</b>	<b>397,304</b>	<b>399,659</b>	<b>400,301</b>	<b>403,308</b>	<b>411,432</b>	<b>349,448</b>
<b>Non Current Liabilities</b>													
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)
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>(5,469)</b>	<b>(5,746)</b>	<b>(7,089)</b>	<b>(5,948)</b>	<b>(6,326)</b>	<b>(7,473)</b>	<b>(9,759)</b>	<b>(10,068)</b>	<b>(12,022)</b>	<b>(10,691)</b>	<b>(10,767)</b>	<b>(12,272)</b>	<b>(3,548)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>399,676</b>	<b>397,513</b>	<b>393,829</b>	<b>391,287</b>	<b>389,417</b>	<b>387,651</b>	<b>387,687</b>	<b>387,216</b>	<b>387,637</b>	<b>389,610</b>	<b>392,541</b>	<b>399,160</b>	<b>345,900</b>
Public dividend capital	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903	273,903	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
<b>TOTAL TAXPAYERS EQUITY</b>	<b>399,676</b>	<b>397,513</b>	<b>393,829</b>	<b>391,287</b>	<b>389,417</b>	<b>387,651</b>	<b>387,687</b>	<b>387,216</b>	<b>387,637</b>	<b>389,610</b>	<b>392,541</b>	<b>399,160</b>	<b>345,900</b>



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
<b>Total Sales Ledger</b>	<b>13,946</b>	<b>1,921</b>	<b>1,101</b>	<b>574</b>	<b>15,340</b>
<b>Other Debtors</b>					
WIP					3,871
SLA Phasing & Performance					0
Bad debt provision					(1,402)
VAT - net					1,301
Other receivables and assets					9,169
<b>TOTAL</b>					<b>28,279</b>

**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**

The Trust's cash position compared to plan reflects:

- (£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

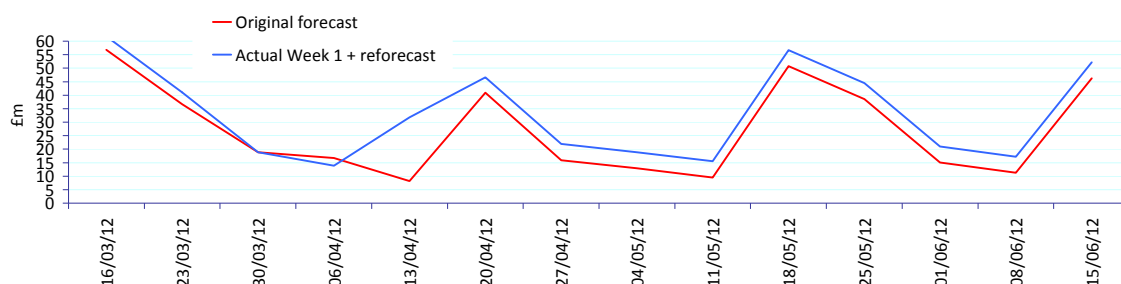
The year end target balance of £18.2m was achieved.

	2011/12 April - March Plan £ 000	2011/12 April - March Actual £ 000	Variance April - March £ 000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
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)
<b>Net Cash Inflow / (Outflow) from Operating Activities</b>	<b>35,937</b>	<b>25,688</b>	<b>(10,249)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
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)
<b>Net Cash Inflow / (Outflow) from Investing Activities</b>	<b>(28,043)</b>	<b>(21,209)</b>	<b>6,834</b>
<b>Net Cash Inflow / (Outflow) from Financing</b>	<b>-</b>	<b>3,584</b>	<b>3,584</b>
<b>Opening cash</b>	<b>10,306</b>	<b>10,306</b>	<b>-</b>
<b>Increase / (Decrease) in Cash</b>	<b>7,894</b>	<b>8,063</b>	<b>169</b>
<b>Closing cash</b>	<b>18,200</b>	<b>18,369</b>	<b>169</b>

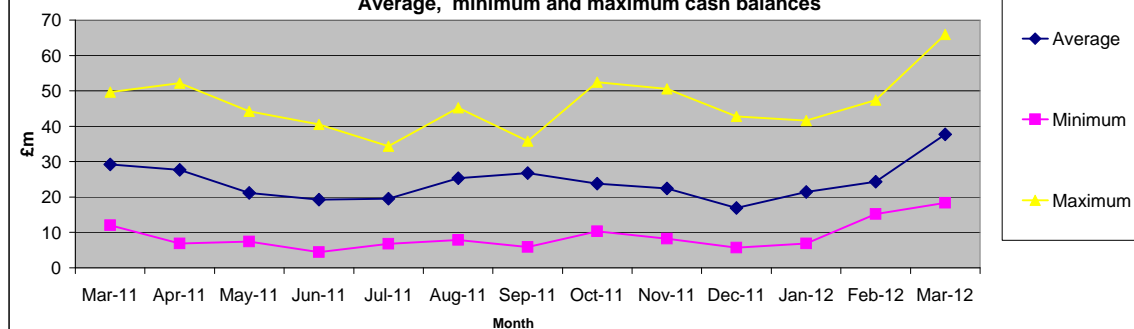
**Cash movements to 30th April 2012**

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

**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
<b>FUNDING</b>					
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
<b>Total Funding</b>	<b>39,294</b>	<b>40,620</b>	<b>-1,326</b>	<b>39,294</b>	<b>0</b>
<b>EXPENDITURE</b>					
<b>Backlog Maintenance</b>					
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
<b>Total Backlog Maintenance</b>	<b>11,052</b>	<b>8,560</b>	<b>2,795</b>	<b>11,356</b>	<b>304</b>
<b>Essential Developments</b>					
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
<b>Total Essential Developments</b>	<b>28,242</b>	<b>25,291</b>	<b>1,669</b>	<b>26,960</b>	<b>-1,282</b>
<b>Total Capital Programme</b>	<b>39,294</b>	<b>33,851</b>	<b>4,465</b>	<b>38,316</b>	<b>-978</b>



**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**

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March 2012

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**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

**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
<b>Clinical Effectiveness</b>																
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*

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

**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**

<b>Cancer Treatment</b>																
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
<b>Referral to Treatment</b>																
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
<b>Staffing</b>																
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															
<b>Workforce HR Indicators</b>																
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
<b>INFECTION PREVENTION</b>																
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	▼
<b>SAME SEX ACCOMMODATION</b>																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
% Beds Providing Same Sex Accommodation - Intensivist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	◀▶
<b>MORTALITY and READMISSIONS</b>																
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	▼
<b>PATIENT SAFETY</b>																
10X Medication Errors	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	◀▶
Never Events	0	0	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
<b>NURSING METRICS</b>																
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%	◀▶
<b>REFERRAL to TREATMENT</b>																
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
<b>OPERATIONAL PERFORMANCE</b>																
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%	▲
<b>SCREENING PROGRAMMES</b>																
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%	◀▶
<b>HR and FINANCE</b>																
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
<b>REFERRAL to TREATMENT</b>																
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%	▼
<b>OPERATIONAL PERFORMANCE</b>																
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%	▼
<b>HR and FINANCE</b>																
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
<b>REFERRAL to TREATMENT</b>																
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%	▲
<b>OPERATIONAL PERFORMANCE</b>																
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%	◀▶
<b>HR and FINANCE</b>																
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
<b>REFERRAL to TREATMENT</b>																
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%	▼
<b>OPERATIONAL PERFORMANCE</b>																
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%	▲
<b>HR and FINANCE</b>																
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
<b>REFERRAL to TREATMENT</b>																
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%	▲
<b>OPERATIONAL PERFORMANCE</b>																
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%	▲
<b>HR and FINANCE</b>																
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
<b>INFECTION PREVENTION</b>																
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	▼
<b>SAME SEX ACCOMMODATION</b>																
% 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%	◀▶
<b>MORTALITY and READMISSIONS</b>																
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	▼
<b>PATIENT SAFETY</b>																
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
<b>NURSING METRICS</b>																
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%	▼
<b>REFERRAL to TREATMENT</b>																
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%	◀▶
<b>OPERATIONAL PERFORMANCE</b>																
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
<b>HR and FINANCE</b>																
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
<b>REFERRAL to TREATMENT</b>																
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%	▼
<b>OPERATIONAL PERFORMANCE</b>																
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%	▼
<b>HR and FINANCE</b>																
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
<b>REFERRAL to TREATMENT</b>																
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%	◀▶
<b>OPERATIONAL PERFORMANCE</b>																
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%	▲
<b>HR and FINANCE</b>																
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
<b>REFERRAL to TREATMENT</b>																
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%	▲
<b>OPERATIONAL PERFORMANCE</b>																
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%	▲
<b>HR and FINANCE</b>																
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
<b>OPERATIONAL PERFORMANCE</b>																
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%	▼
<b>HR and FINANCE</b>																
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
<b>INFECTION PREVENTION</b>																
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	▶▶
<b>SAME SEX ACCOMODATION</b>																
% Beds Providing Same Sex Accommodation - Wards	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	▶▶
% Beds Providing Same Sex Accommodation - Intensivist	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	▶▶
<b>MORTALITY and READMISSIONS</b>																
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	▲
<b>PATIENT SAFETY</b>																
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
<b>NURSING METRICS</b>																
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
<b>REFERRAL to TREATMENT</b>																
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%	▲
<b>OPERATIONAL PERFORMANCE</b>																
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%	▲
<b>HR and FINANCE</b>																
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
<b>REFERRAL to TREATMENT</b>																
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%	▼
<b>OPERATIONAL PERFORMANCE</b>																
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%	▼
<b>HR and FINANCE</b>																
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
<b>REFERRAL to TREATMENT</b>																
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%	▼
<b>OPERATIONAL PERFORMANCE</b>																
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%	▼
<b>HR and FINANCE</b>																
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	
<b>PATIENT SAFETY</b>																	
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	▶▶	
<b>ANAESTHETICS &amp; THEATRES</b>																	
% 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%	▲	
<b>BOOKING CENTRE</b>																	
% 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%	▲	
<b>NUTRITION AND DIETETICS</b>																	
% 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
<b>OCCUPATIONAL THERAPY</b> (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%	▲
<b>PHYSIOTHERAPY</b> (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%	▲
<b>MEDICAL RECORDS</b>																
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%	▼
<b>DISCHARGE TEAM</b>																
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	◀▶
<b>PSYCHOLOGY / NEURO-PSYCHOLOGY</b>																
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	<b>CLINICAL SUPPORT</b>																	
	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%	◀▶	
	<b>IMAGING and MEDICAL PHYSICS</b>																	
	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%	◀▶	
	<b>CRIS and PACS</b>																	
	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%	◀▶	
	<b>PATHOLOGY</b>																	
	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
<b>CLINICAL SUPPORT</b>																
<b>HR and FINANCE</b>																
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**

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-  Latest month achievement is "Green" and an improvement on previous month
-  Latest month achievement is "Amber" and an improvement on previous month
-  Latest month achievement is "Red" and an improvement on previous month
  
-  Latest month achievement is "Green" but a deterioration relative to previous month
-  Latest month achievement is "Amber" and a deterioration relative to previous month
-  Latest month achievement is "Red" and a deterioration relative to previous month
  
-  Latest month achievement is "Green" and performance unchanged from previous month
-  Latest month achievement is "Amber" and performance unchanged from previous month
-  Latest month achievement is "Red" and performance unchanged from previous month