

**TRUST BOARD**

<b>Date of Meeting:</b> 05/04/2011		<b>Enclosure:</b> 9
		<b>Agenda Item No:</b> 8.1
<b>Title of Report:</b> Performance Report		
<b>Aims:</b>  This report provides the Trust Board with an update on the latest Trust performance information as at 28 February 2011.		
<b>Summary:</b>  The performance report summarises Trust performance against a range of operating, quality, financial and workforce indicators for month eleven (and year to date) of the financial year (2010/11).		
<b>Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):</b>		
<b>Financial</b>	Reporting the financial position	
<b>Workforce</b>	No significant implications	
<b>Other</b>	Meeting obligations in respect of patient access, quality and financial management	
<b>Recommendations:</b>  The Trust Board is asked to note the content of the report.		
<b>Document previously approved by:</b>  Not applicable. Report directly to the Trust Board.		
<b>Prepared by:</b>  Kevin Clarkson Chief Operating Officer/Deputy Chief Executive  Alistair Mulvey Director of Finance  Damian Gallagher Director of Human Resources  Chris Platton Acting Director of Nursing, Quality and Governance		<b>Presented by:</b>  Kevin Clarkson Chief Operating Officer/Deputy Chief Executive

**TRUST BOARD  
PERFORMANCE REPORT  
APRIL 2011**

**INTRODUCTION**

This report provides the Trust Board with a concise and clear summary of the organisations performance against a range of key performance indicators as at 28 February 2011.

The report sections are as follows: -

- SECTION 1: OPERATING PERFORMANCE**
- SECTION 2: QUALITY METRICS**
- SECTION 3: WORKFORCE REPORT**
- SECTION 4: FINANCE REPORT**
- SECTION 5: CONCLUSION & RECOMMENDATIONS**
- APPENDIX A: PERFORMANCE DASHBOARD**

# **SECTION 1**

# **OPERATING PERFORMANCE**

## **1. OPERATING PERFORMANCE**

The full Performance Dashboard is located at Appendix A. It includes those indicators that have previously been important for the Care Quality Commission (CQC) Annual Health Check rating over recent years. As previously agreed the Trust Board will continue to receive reports regarding progress against these previously agreed key metrics until the end of the financial year.

Excellent performance was achieved in February 2011 across a number of key indicators, these include:

- Seven indicators of 18 weeks performance (at Trust level)
- Six indicators of Cancer Waiting Time performance
- Access to GUM clinics – 48 hour target (offered appointments)
- Data quality on Ethnic Groups
- Delayed transfers of care
- Total time in A&E: 4 hours or less
- Median waiting time in A&E
- Rapid access chest pain patients seen within 2 weeks
- Cancelled operations (percentage cancelled)
- Infant Health – breastfeeding initiation
- Infant Health – smoking during pregnancy
- Maternity HES: data quality indicator
- Number of patients waiting longer than 6 weeks for diagnostic tests
- Choose and Book slot availability
- Elective length of stay (LOS)
- Staff Turnover
- MRSA Bacteraemia (attributed to Trust)
- Clostridium Difficile Infections (attributed to Trust)
- Slips, trips and falls (inpatients)
- Eight Estates and Facilities indicators

### **1.1 PERFORMANCE IMPROVEMENT PLANS AND PROGRESS**

#### **Percentage of admitted patients treated within 18 weeks**

The overall Trust aggregate performance level returned a below target achievement for the third month running of 86.8% in month (3.2% adrift of the required level). This has also contributed to the 95<sup>th</sup> percentile wait being 30.3 in month (2.6 adrift of target level). The pressure which is being experienced across a number of elective pathways continues, most noticeably in the high volume speciality of Ophthalmology, as the vast majority of additional waiting list work was ceased some months ago due to the very challenging financial position. Speciality based performance levels (section 11 of the Dashboard) contribute to the overall aggregate position. The Divisional management teams continue to work hard to ensure that the maximum level of efficiency and productivity can be achieved from within the existing limited resources. Further commentary regarding speciality specific action plans is covered under section 1.4 of this report.

## 62 day Cancer Treatment Target – All Cancers

Indicator	Current Shortfall versus plan	Required level	Management lead	Comparison to previous month	Year to date (traffic light only)
62 day cancer treatment target – all cancers	<ul style="list-style-type: none"> <li>•0.5% in month</li> <li>•Year to date on target</li> </ul>	>= 85%	Cancer Manager and all Divisions	Deteriorated ↓	

The in month position level was 84.5% which is only 0.5% adrift of the target level. The year to date performance remains strong at 88.9%. The slight dip in month related to a small number of patients across a number of specialities. Each case is being reviewed and performance levels are expected to return to normal levels in subsequent months.

## 14 day wait for Symptomatic Breast Patients

Indicator	Current Shortfall versus plan	Required level	Management lead	Comparison to previous month	Year to date (traffic light only)
14 day wait for Symptomatic Breast Patients	<ul style="list-style-type: none"> <li>•0.6% in month</li> <li>•9.2% year to date</li> </ul>	>= 93%	Divisional General Manager – Surgical Division	Deteriorated ↓	

The last two months have seen a significant improvement in performance even though there was a slight dip in month of 2.6%. Improvements are expected to continue from March 2011 onwards.

## Cancelled Operations

Indicator	Current Shortfall versus plan	Required level	Management lead	Comparison to previous month	Year to date (traffic light only)
% cancelled	<ul style="list-style-type: none"> <li>•Better than target in month</li> <li>•0.3% year to date</li> </ul>	<= 0.8%	Divisional General Manager – Surgical Division	Improved ↑	
28 day rule	<ul style="list-style-type: none"> <li>•3.3% in month</li> <li>•Year to date on target</li> </ul>	<= 5%	Divisional General Manager – Surgical Division	Improved ↑	

The percentage cancelled indicator returned an excellent performance level of 0.8% in month. The 28-day rule part of the indicator was over 8% for the second month running and this is being closely monitored at the weekly KPI meeting. The year to date performance level does however remain strong at 2.6%.

## Infant Health – Breastfeeding initiation

Indicator	Current Shortfall versus plan	Required level	Management lead	Comparison to previous month	Year to date (traffic light only)
Breastfeeding Initiation	<ul style="list-style-type: none"> <li>•Better than target in month</li> <li>•0.9% year to date</li> </ul>	>= 68%	Divisional General Manager – Family and Support Services	Improved ↑	

The previously reported actions have delivered an improved performance level of 72.5% in month which is the highest recorded level across the year to date.

## Maternity Hospital Episode Statistics – Data Quality Indicator

Indicator	Current Shortfall versus plan	Required level	Management lead	Comparison to previous month	Year to date (traffic light only)
Maternity HES – Data Quality Indicator	<ul style="list-style-type: none"> <li>• Better than target in month</li> <li>• 1.4% year to date</li> </ul>	<= 15%	Head of Information	Improved ↑	

This indicator improved for the fourth month running returning an excellent level of 14.6% in month (target level is <=15%).

## Access to GUM clinics – 48 hour target (patients seen)

Indicator	Current Shortfall versus plan	Required level	Management lead	Comparison to previous month	Year to date (traffic light only)
Access to GUM clinics – 48 hour target (patients seen)	<ul style="list-style-type: none"> <li>• 33.1% in month</li> <li>• 19.2% year to date</li> </ul>	>= 85%	Divisional General Manager – Family Services and Support Division	Deteriorated ↓	

The GUM service continues to achieve excellent performance in respect of the “48 hour offered appointment” target (Dashboard section 3). The aspirational “seen” target deteriorated further to 51.9% in month. The new service model in collaboration with NHS Cumbria should be introduced in May 2011 however this is subject to further discussions with the PCT.

## **1.2 PRODUCTIVITY METRICS**

Elective length of stay achieved an excellent level of 2.8 days in January 2011.

Non-elective length of stay continued to follow a generally static year to date performance level returning 4.8 days in month.

The overall day case rate dipped back to 79.6% in month after achieving 83.4% in the previous month. The “basket of 25” also remained static at 78.4% in month. Performance levels for both indicators therefore demonstrate that planned changes are not yet fully embedded therefore the Surgical Division are currently reviewing the status of each element of the action plan.

Pre-operative bed days returned a level of 8.8% in January 2011. Whilst not as good as the performance in the month before the levels for the last three months have all been below 10% (quarter 4 in the previous year was 11%). Work continues in this area.

The outpatient new to review ratio improved by 0.2 over the previous month. The detailed review of follow up rates across all specialties continues with a view to ensuring that performance levels improve even further.

The outpatient DNA rate improved for the second month running returning a level of 8.4% in month. The implementation plan for the roll out of the text based reminder service has now been finalised.

### **1.3 ESTATES AND FACILITIES METRICS**

The February performance figures against the agreed key performance indicators for the Estates and Facilities Directorate have exceeded the set targets for all areas with the exception of the cleanliness audit scores for the West Cumberland Hospital site, which has achieved a score of 94% against a target of 95% (however this is quarter three data as previously reported).

The performance figures continue to demonstrate a high and consistent level of performance.

### **1.4 18 WEEKS RTT BY SPECIALTY**

The Dashboard (at Appendix A) contains details of the month eleven position. Section 11 shows the speciality performance levels as follows:

- a) Admitted and Non-admitted – percentage seen within 18 weeks
- b) Admitted – median and 95<sup>th</sup> percentile performance
- c) Non-admitted – median and 95<sup>th</sup> percentile performance
- d) Incomplete pathways – median and 95<sup>th</sup> percentile performance

Performance levels are mentioned under Section 1.1 of this report (percentage of admitted patients treated within 18 weeks) in respect of the overall Trust aggregate position for admitted patients and the 95<sup>th</sup> percentile performance level.

Speciality specific actions continue in order to improve performance. These are focused on the following areas:

- Ophthalmology – the length of wait has continued to grow as demand out strips capacity due to there being no access to additional waiting list work. Plans are being devised to clear a significant set of long waiters over the coming months (likely to be June). The Trust Board will be advised when the plans are finalised as this will reduce the admitted performance level in the month when the plan is implemented.
- Dermatology – an action plan as been devised and implemented during March 2011.
- Gynaecology – plans are currently being developed to recover the position back to 90% and to improve the 95<sup>th</sup> percentile performance. Year to date admitted performance is only 3.1% adrift of the required level with good performance having been seen in December 2010 and January 2011.
- The Oral Surgery and Orthopaedic specialities continue to be monitored.

**SECTION 2**

**QUALITY METRICS**



## **2. QUALITY METRICS**

### **2.1.1 MRSA bacteraemia**

The Trust continues to perform well against the Department of Health's targets for reducing the incidence of MRSA bacteraemia. The Trust has to continue to achieve year on year reductions with the incidence of MRSA. The trajectory for 2010/11 is less than 6 apportioned cases. There have been no post 48-hour bacteraemia for February 2011 and the Trust is therefore within trajectory. The excellent work to minimise infections carried out by the clinical teams has attributed to no post 48 hour bacteraemia for 10 months at the Cumberland Infirmary and for 9 months at West Cumberland Hospital.

### **2.1.2 Clostridium Difficile**

The Trust trajectory for Clostridium Difficile has been set to 120 for the year and this equates to 10 attributed cases per month. The performance for the month of February 2011 again shows the Trust performing well within its trajectory with 3 attributed cases. This again demonstrates the excellent work carried out by the clinical teams to minimise infections across the Trust.

The work of the Steering Group will continue to ensure our clinical teams maintain the Trust's excellent position.

## **2.2 MORTALITY RATES**

Hospital mortality indices, extracted from the Caspe Healthcare Knowledge System (CHKS) comparative database, are summarised in the Performance Dashboard. These are derived from data submitted by all CHKS client Trusts to the Secondary Uses Services (SUS) and are further processed through a complex methodology to produce an in-hospital risk adjusted mortality rate which compares Trust to Trust and is sensitive to factors such as differences in age, case mix or emergency admission rates so that which is left is as near to a like for like comparison as is possible. A mortality index is in general terms a ratio of observed number of deaths to an expected number of deaths.

Data is only currently available up to and including January 2011. The graphs and tables overleaf show an increase in trend in the risk adjusted mortality index for December 2010 and January 2011. The increase in trend is currently subject to further investigation and clarification. The outcome of the investigation will be formally reported to the Governance Committee by the Surgical and Medical Divisions.

## Risk Adjusted Mortality Index 2010

September 2010						
Division	Trust Spells	Included Spells	Trust	Deaths Expected	Excess	Index
Family and Clinical Support Division	129	18	0	0.2	-0.2	
Family and Clinical Support Division - Clinical	1045	352	0	0.7	-0.7	
Medical Division	3,073	1211	80	79.5	0.5	101
Surgical Division	2,548	1022	14	18.2	-4.2	77
<b>Trust</b>	<b>6795</b>	<b>2603</b>	<b>94</b>	<b>98.6</b>	<b>-4.6</b>	<b>95</b>

October 2010						
Division	Trust Spells	Included Spells	Trust	Deaths Expected	Excess	Index
Family and Clinical Support Division	102	13	0	0.1	-0.1	
Family and Clinical Support Division - Clinical	1096	347	0	0.9	-0.9	
Medical Division	3,225	1292	85	86	-1	99
Surgical Division	2,807	1084	17	17.5	-0.5	97
<b>Trust</b>	<b>7230</b>	<b>2736</b>	<b>102</b>	<b>104.5</b>	<b>-2.5</b>	<b>98</b>

November 2010						
Division	Trust Spells	Included Spells	Trust	Deaths Expected	Excess	Index
Family and Clinical Support Division	106	6	0	0	0	
Family and Clinical Support Division - Clinical	1070	353	0	1.2	-1.2	
Medical Division	3,279	1242	75	93.1	-18.1	81
Surgical Division	2,746	946	18	22.6	-4.6	80
<b>Trust</b>	<b>7201</b>	<b>2547</b>	<b>93</b>	<b>116.9</b>	<b>-23.9</b>	<b>80</b>

<b>December 2010</b>	<b>Trust</b>	<b>Included</b>	<b>Deaths</b>			
<b>Division</b>	<b>Spells</b>	<b>Spells</b>	<b>Trust</b>	<b>Expected</b>	<b>Excess</b>	<b>Index</b>
Family and Clinical Support Division	120	1	0	0	0	
Family and Clinical Support Division - Clinical	1232	454	0	0.7	-0.7	
Medical Division	3,308	1316	93	85.8	7.2	108
Surgical Division	2,444	967	22	22.8	-0.8	96
<b>Trust</b>	<b>7104</b>	<b>2738</b>	<b>115</b>	<b>109.3</b>	<b>5.7</b>	<b>105</b>

<b>January 2011</b>	<b>Trust</b>	<b>Included</b>	<b>Deaths</b>			
<b>Division</b>	<b>Spells</b>	<b>Spells</b>	<b>Trust</b>	<b>Expected</b>	<b>Excess</b>	<b>Index</b>
Family and Clinical Support Division	144	6	0	0.1	-0.1	
Family and Clinical Support Division - Clinical	1161	433	0	0.6	-0.6	
Medical Division	3,271	1290	113	100.3	12.7	113
Surgical Division	2,126	806	14	18.6	-4.6	75
<b>Trust</b>	<b>6702</b>	<b>2535</b>	<b>127</b>	<b>119.6</b>	<b>7.4</b>	<b>106</b>

## Risk Adjusted Mortality Index (RAMI)

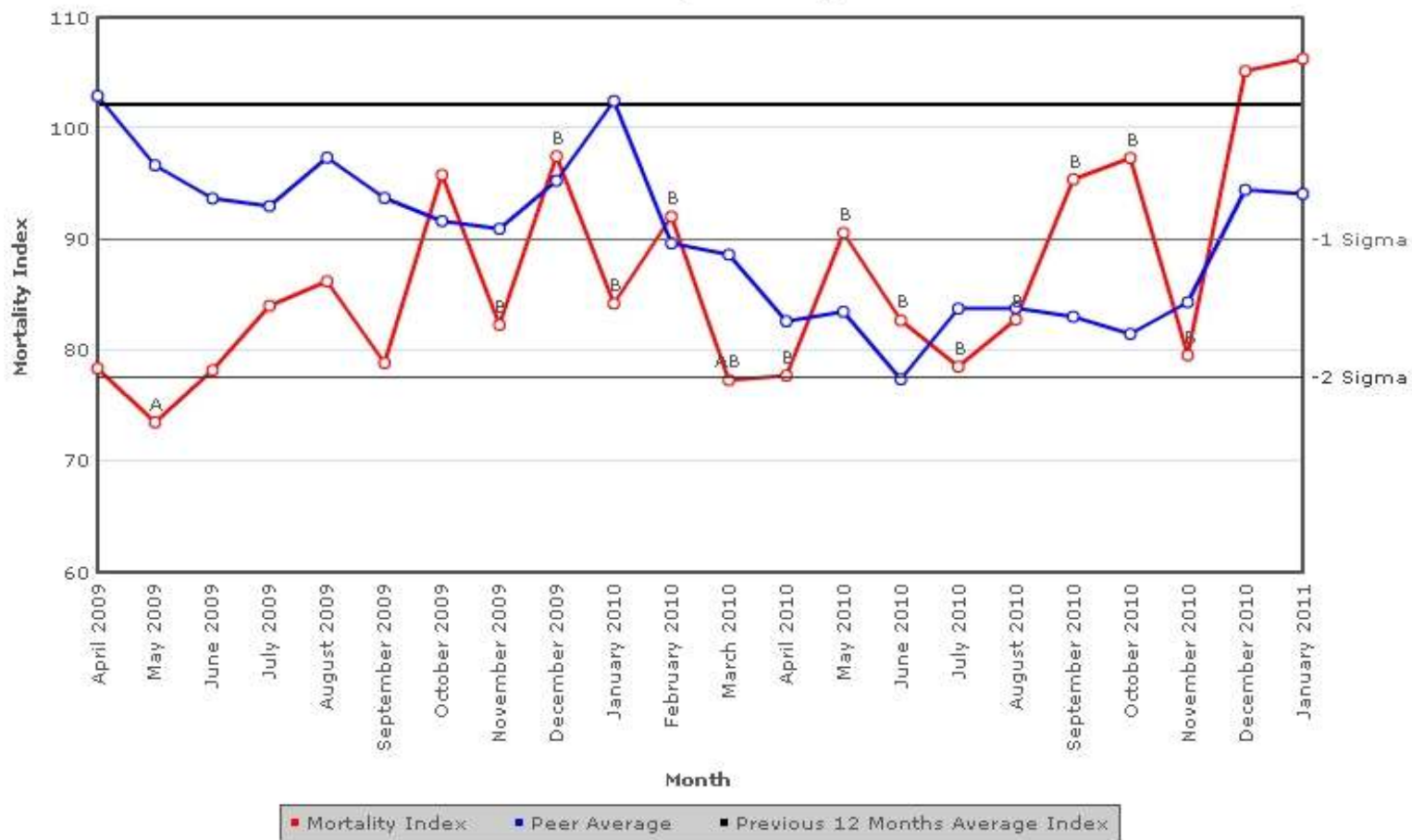
1 April 2009 to 31 March 2010

Division	Trust Spells	Included Spells	Deaths			Index
			Trust	Expected	Excess	
Family and Clinical Support Division	1555	206	4	2.1	1.9	188
Family and Clinical Support Division - Clinical	15,789	4,709	1	9.7	-8.7	10
Surgical Division	32,591	12,694	157	224.5	-67.5	70
Medical Division	38,666	15,328	954	1093.8	-139.8	87
<b>TRUST</b>	<b>88,601</b>	<b>32,937</b>	<b>1116</b>	<b>1330.1</b>	<b>-214.1</b>	<b>84</b>

1 April 2010 to 31 January 2011

Division	Trust Spells	Included Spells	Deaths			Index
			Trust	Expected	Excess	
Family and Clinical Support Division	1116	107	1	1.9	-0.9	52
Family and Clinical Support Division - Clinical	11,113	3,717	0	7.7	-7.7	
Surgical Division	25,806	9,923	152	193	-41	79
Medical Division	31,514	12,411	792	847.3	-55.3	93
<b>TRUST</b>	<b>69,549</b>	<b>26,158</b>	<b>945</b>	<b>1049.9</b>	<b>-104.9</b>	<b>90</b>

Mortality Trending



### 2.3 SLIPS, TRIPS AND FALLS

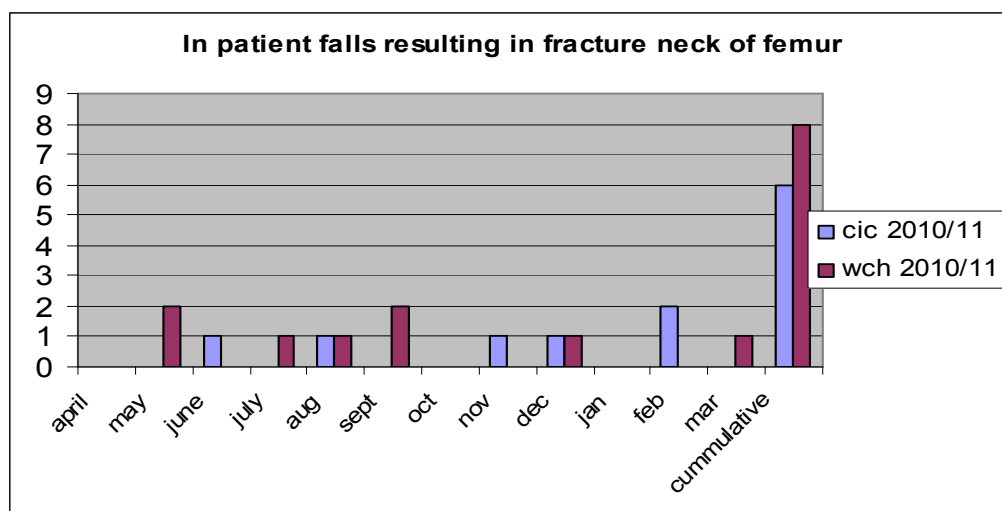
Excellent performance continues in respect of slips, trips and falls prevention. The February 2011 figure was 84 against a target of  $\leq 100$ . Considerable changes have been made in our approach to improving patient safety with regard to falls. The Trust remains committed to reducing the number of incidents relating to inpatient falls and harm sustained as a result of those falls. Data relating to fractured neck of femur injuries sustained following a slip trip or fall will be included as part of the development of the Trust's quality and safety indicators.

### 2.4 DEVELOPMENT OF QUALITY AND SAFETY INDICATORS

At the February 2011 meeting of the Trust Board detailed information was provided regarding the further development of quality and safety indicators for reporting to the Board. From June 2011 (which reports the April 2011 data period) the Trust is required to report quality and safety indicators as per the guidance in the recently published NHS Operating Framework 2011/2012. As Board members are aware the testing phase for the new clinical indicators, which included pressure ulcers, fractured neck of femur sustained following a fall and venous thromboembolism (VTE) was completed in March 2011. These indicators are reported below. The additional quality and safety indicators will be reported as planned to the Board in June when the reporting format will be in line with the NHS Operating Framework 2011/2012.

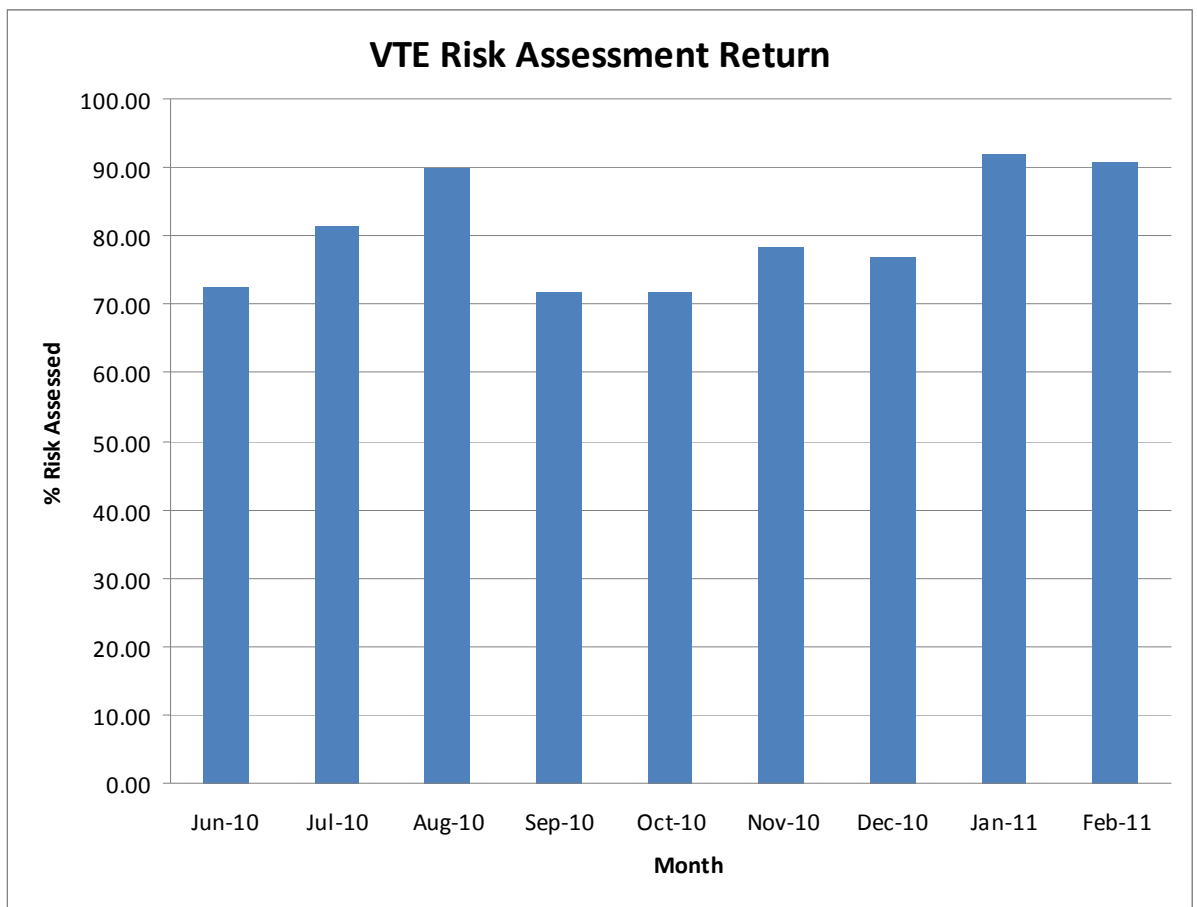
#### 2.4.1 FRACTURED NECK OF FEMUR SUSTAINED FOLLOWING A SLIP, TRIP OR FALL

The Trust has continued to deliver excellent performance in the overall reduction of slips, trips and falls. As part of the development of the Trust's quality and safety indicators monthly reporting will now include all fractured neck of femur's sustained following a fall. A Root Cause Analysis (RCA) is completed for all falls where a fractured neck of femur has occurred. All RCA's are reviewed at the slips, trips and falls operational group where actions required and lessons learnt are disseminated to clinical teams.



## 2.4.2 VENOUS THROMBOEMBOLISM (VTE)

From June 2010 all Acute Trust's were required to report monthly to the Department of Health on the number of inpatients who are VTE risk assessed as per the National Institute for Health and Clinical Excellence (NICE) clinical guideline number 92. By March 2011 all Trusts are expected to have reached a target of 90 % of inpatients who have been risk assessed for VTE. As part of the National Commissioning for Quality and Innovation (CQUIN) scheme the Trust is also monitored by NHS Cumbria. VTE assessment is also reported to the Governance Committee by the Divisions through the quarterly divisional reporting process.

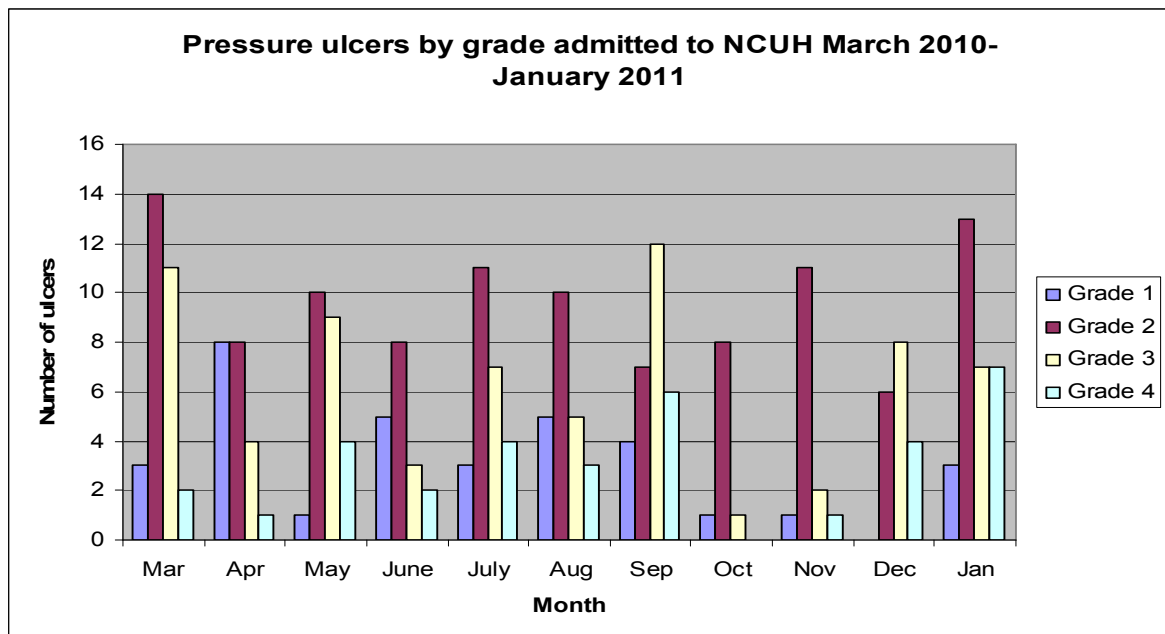
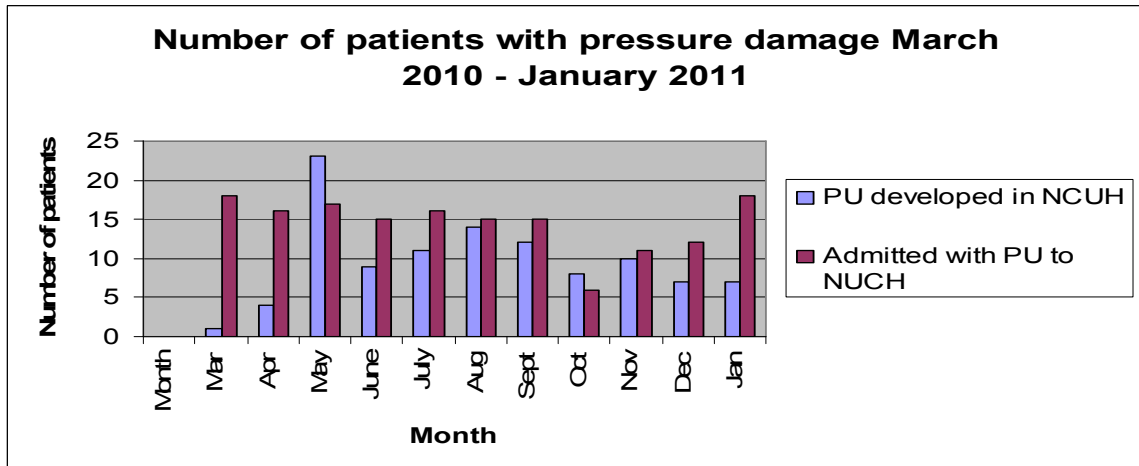


## 2.4.3 PRESSURE ULCERS

The reporting process for pressure ulcers was reviewed by the senior nursing team and Tissue Viability Specialist nurse in 2010. This was to improve reporting of pressure ulcers and raise awareness with clinical teams. As part of CQUIN an audit tool was developed and baseline data collection commenced. There are two pilot groups established across the Trust focussing on continence and pressure ulcers. The continence pilot which will be completed in May 2011 is to identify moisture lesions in comparison to pressure lesions and this is being piloted on Jenkin Ward at WCH and Willow A at CIC. The pressure area pilot has

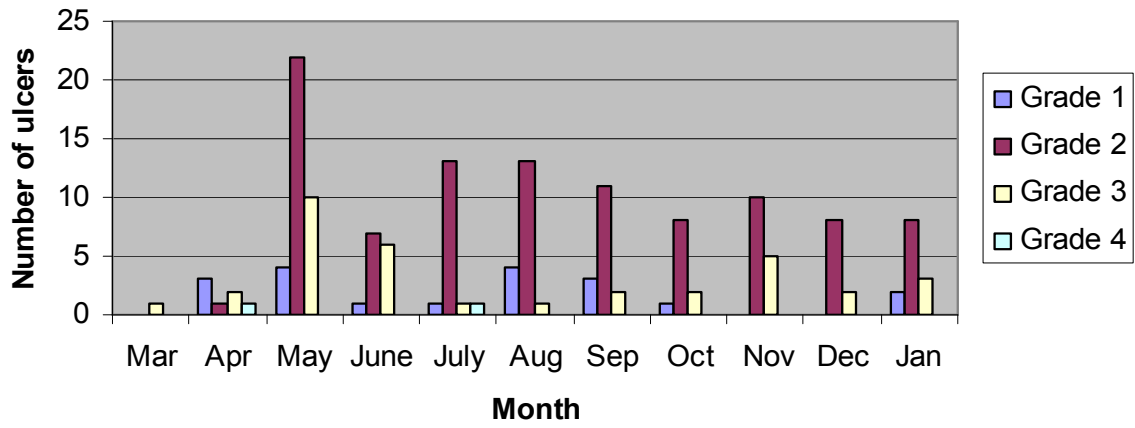
commenced on across both sites on Beech A, B, Maple CD, Overwater 1 and Jenkin wards and this focuses on the classification of ulcers, increased monitoring, root cause analysis and educational development. A root cause analysis is completed on all grade 3 & 4 ulcers developed post admission.

The following graphs include data pre admission and post admission.





### Pressure ulcers by grade developed in NCUH March 2010 - January 2011



**SECTION 3**

**WORKFORCE REPORT**

## Contents & Target Summary

Section	Subject	Status
3.1	Summary / Narrative	Not Applicable
3.2	Staff in Post	
3.3	Overtime	
3.4	Turnover	
3.5	Sickness – Month 11	
3.6	Employee Relations	Not Applicable
3.7	Occupational Health	Not Applicable
3.8	Appraisal	

Key	
Green	Significant Progress
Amber	Progress
Red	Limited/No Progress

### 3.1 Summary

<p><b>Staff in Post</b></p>	<p>Staff in post for the Trust as a whole is currently running at 3007.9 WTE into Month 11 This equates to a reduction of 73.24 WTE when compared to the equivalent month in 2009/10 and a reduction of 1.2 WTE since Month 10.</p> <p>The largest two staff groups are Nursing &amp; Midwifery (1071.75 WTE) and Admin &amp; Clerical (673.51 WTE). Currently the Trust has a total of 296.71 WTE Medical and Dental staff and 469.57 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics, Medicine has the largest establishment (792.11 WTE) followed by Family and Support Services (708.46 WTE) and Surgery (660.46 WTE).</p>
<p><b>Turnover</b></p>	<p>The current annualised turnover figure (headcount) for non-medical staff for Month 11 is 9.7%. There were 66 non-medical staff leavers (1.77%).</p>
<p><b>Sickness Absence</b></p>	<p>The Trust sickness absence rate for Month 11 is 4.18%, lower than at the equivalent point in 2009/2010 (5.89%) and a decrease of 1.49% from Month 10.</p> <p>The financial year to date sickness absence figure is 4.78%, currently 1.78% above the Trust target of 3%.</p> <p>Rates in all divisions have dropped this month. Corporate Services remains the lowest at 2.40% and is below target, followed by Family and Support Services at 3.79%. Estates &amp; Facilities is the highest at 5.75%.</p> <p>Absence duration continues to be primarily short term (1-7 days). HR Business Partners are actively managing absence performance within each Division and the introduction of sickness absence cautionary hearings will further tighten this process</p> <p style="padding-left: 40px;">Nov/Dec 2010 - 5 Cautionary hearings held and 5 First Written Absence Cautions issued; 1 decision has been appealed and the decision to issue a caution was upheld.</p> <p style="padding-left: 40px;">Jan/Feb 2011 – 4 Cautionary hearings held and 3 First Written Absence Cautions issued.</p> <p>HR Business Partners are also monitoring sickness absence on a weekly basis to assist the achievement of the target of 3.00% and reporting to the QIPP/Turnaround team on a fortnightly basis.</p>

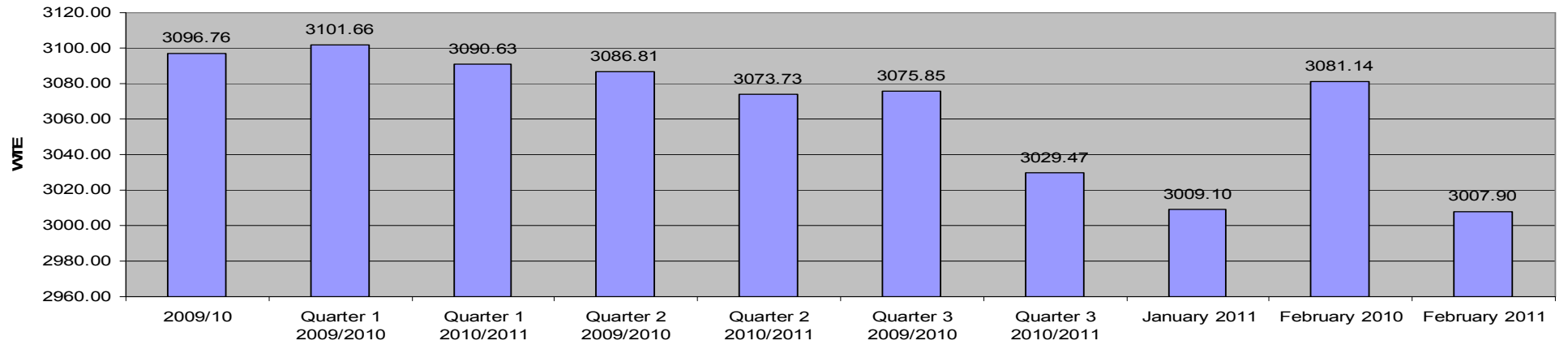
<b>Appraisal</b>	<p>The annualised figure for the number of appraisals completed at Trust level (from 1 Feb 2010 to 31 March 2011) has increased to 68.00% continuing the upward trend this year.</p> <p>Over the last month, the Surgical Division has shown the biggest increase (6.71%) to take it to 76.51%. Estates &amp; Facilities remains the highest at 77.78% (a drop of 2.62%). The Medical Division has increased by 5.67%, but remains the lowest at 53.07.</p> <p>The HR Business Partners continue to actively monitor appraisal completion within the Divisions.</p>
<b>Occupational Health Activity</b>	<p>Occupational Health Activity includes flu vaccination appointments. Self referral figures include both face to face appointments and telephone contact.</p>

### 3.2 Staff in Post

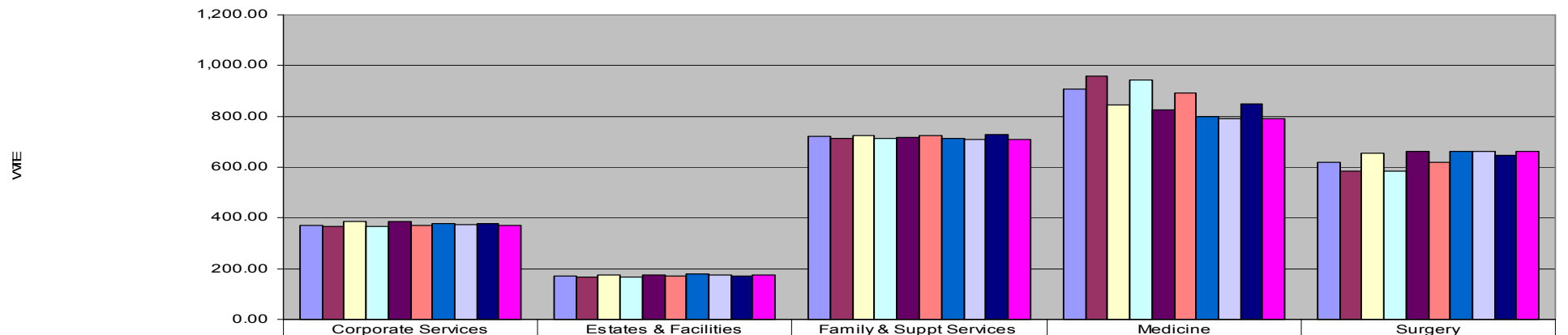
Staff Group	2009/10	Quarter 1 2009/2010	Quarter 1 2010/2011	Quarter 2 2009/2010	Quarter 2 2010/2011	Quarter 3 2009/2010	Quarter 3 2010/2011	January 2011	February 2010	February 2011
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	112.41	112.16	111.99	110.83	103.96	110.09	96.30	95.80	110.20	94.64
Additional Clinical Services	507.25	518.20	494.93	514.30	495.07	509.22	485.44	470.44	497.77	469.57
Admin & Clerical	677.97	675.10	689.45	682.22	691.85	681.89	683.20	676.10	681.82	673.51
Allied Health Professionals	140.84	141.70	137.10	138.42	135.99	138.13	133.64	133.43	137.56	133.45
Estates & Ancillary	178.22	166.29	186.85	169.44	185.37	179.17	194.35	203.32	186.96	202.66
Healthcare Scientists	72.83	76.03	69.42	74.91	68.21	70.14	66.71	65.91	70.14	65.61
Medical & Dental	308.40	314.01	301.11	306.87	298.04	299.02	292.73	294.13	301.09	296.71
Nursing & Midwifery (Registered)	1,098.83	1,098.18	1,099.78	1,089.82	1,095.25	1,088.21	1,077.10	1,069.97	1,095.59	1,071.75
<b>Trust</b>	<b>3096.76</b>	<b>3101.66</b>	<b>3090.63</b>	<b>3086.81</b>	<b>3073.73</b>	<b>3075.85</b>	<b>3029.47</b>	<b>3009.10</b>	<b>3081.14</b>	<b>3007.90</b>

Staff Group	2009/10	Quarter 1 2009/2010	Quarter 1 2010/2011	Quarter 2 2009/2010	Quarter 2 2010/2011	Quarter 3 2009/2010	Quarter 3 2010/2011	January 2011	February 2010	February 2011
	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	139	138	138	136	127	136	117	115	139	112
Additional Clinical Services	794	799	799	796	807	792	799	779	783	771
Admin & Clerical	872	865	865	886	891	890	881	871	889	861
Allied Health Professionals	196	196	196	196	196	195	196	198	194	197
Estates & Ancillary	239	226	226	228	247	239	263	276	244	276
Healthcare Scientists	76	79	79	78	71	73	69	69	73	69
Medical & Dental	358	370	370	364	359	353	361	362	349	364
Nursing & Midwifery (Registered)	1,454	1,458	1,458	1,446	1,460	1,443	1,453	1,454	1,453	1,450
<b>Trust</b>	<b>4425</b>	<b>4131</b>	<b>4131</b>	<b>4130</b>	<b>4158</b>	<b>4121</b>	<b>4139</b>	<b>4124</b>	<b>4124</b>	<b>4100</b>

### WTE Staff in Post - Trust



### WTE Staff in Post - Divisions (excluding medical staff)



	Corporate Services	Estates & Facilities	Family & Suppt Services	Medicine	Surgery
2009/2010 WTE	369.96	171.15	720.89	906.71	618.65
Quarter 1 2009/2010 WTE	365.65	168.07	714.88	957.19	583.95
Quarter 1 2010/2011 WTE	384.17	176.22	725.98	845.18	652.77
Quarter 2 2009/2010 WTE	366.94	169.01	714.22	944.75	585.10
Quarter 2 2010/2011 WTE	386.55	176.77	718.78	827.10	660.54
Quarter 3 2009/2010 WTE	369.43	171.09	723.24	893.91	617.67
Quarter 3 2010/2011 WTE	378.68	177.46	714.10	798.22	662.97
January 2011 WTE	373.83	176.07	708.31	791.63	661.33
February 2010 WTE	378.46	173.14	728.89	849.11	647.84
February 2011 WTE	371.81	175.05	708.46	792.11	660.46

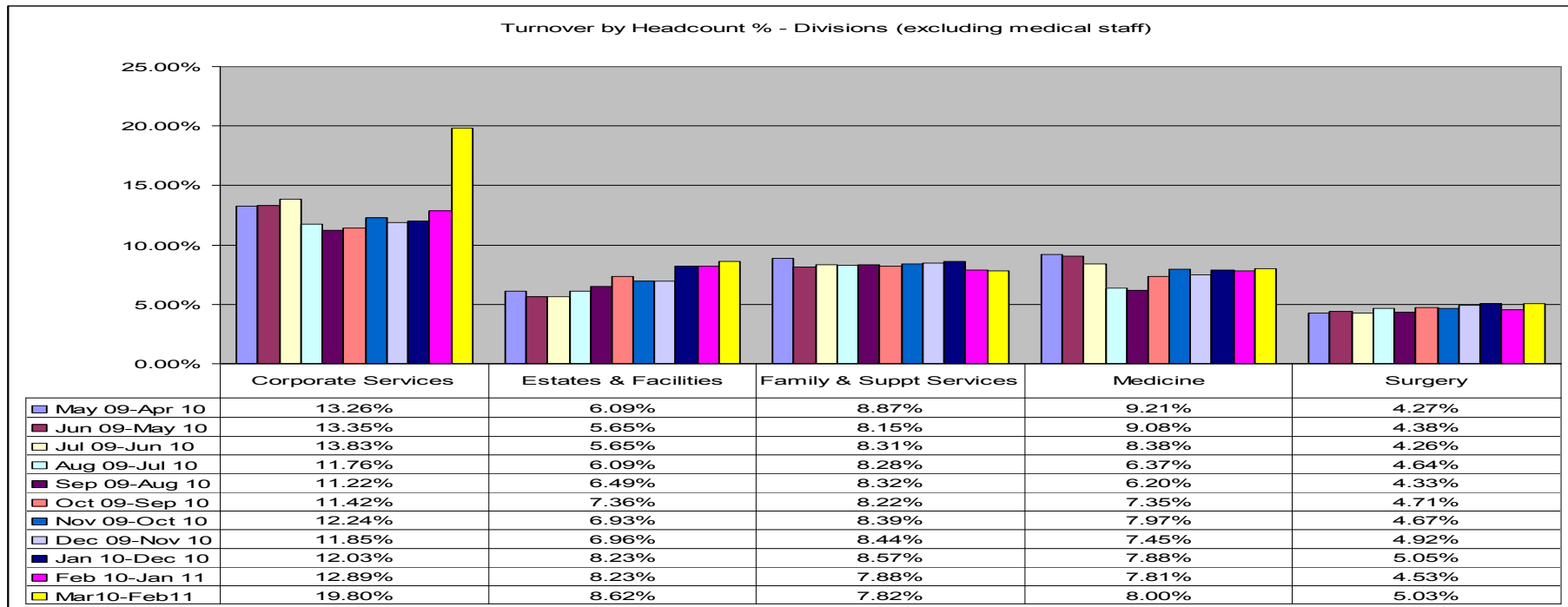
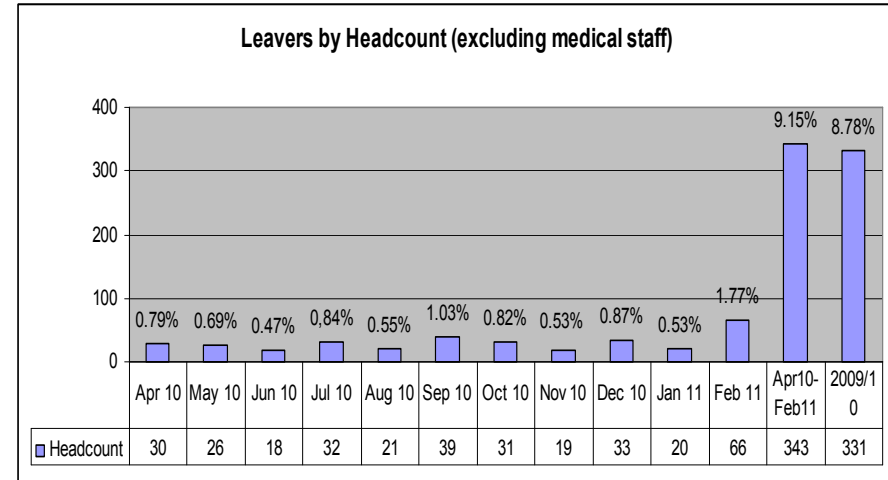
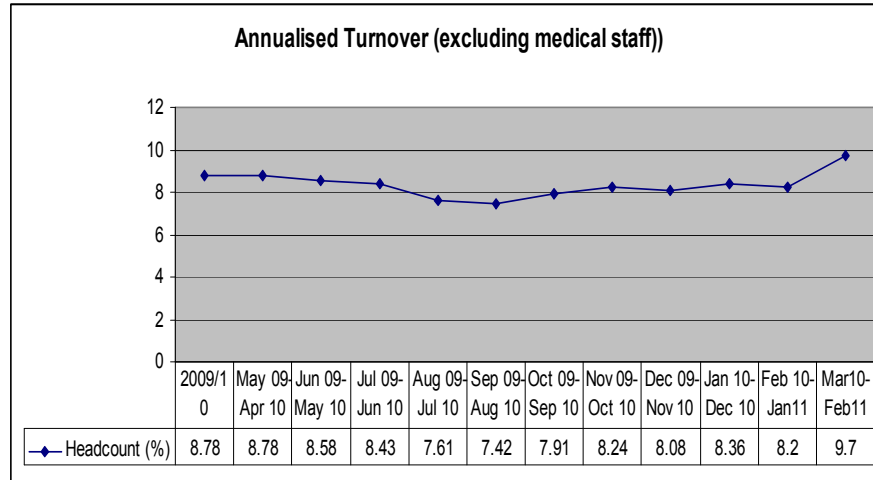
### 3.3 Overtime

	Apr £	May £	Jun £	Jul £	Aug £	Sep £	Oct £	Nov £	Dec £	Jan £	Feb £	Mar £	YTD Total
<b>Corporate Services</b>	4,640	4,936	4,437	3,729	4,835	3,364	3,193	2,913	2,771	2,170	2,433		39,421
<b>Estates &amp; Facilities</b>	21,267	14,796	16,780	16,666	21,007	18,594	14,934	10,835	11,547	12,475	7,262		166,163
<b>Family &amp; Support Services</b>	21,218	19,519	20,600	23,319	18,877	21,268	19,066	19,753	16,820	21,367	21,395		233,201
<b>Medicine</b>	16,064	15,925	11,633	4,905	4,925	6,429	6,286	6,642	3,860	5,142	5,090		86,967
<b>Surgery</b>	15,931	10,057	7,588	9,663	7,467	7,250	5,598	11,262	6,444	9,673	29,854		120,786

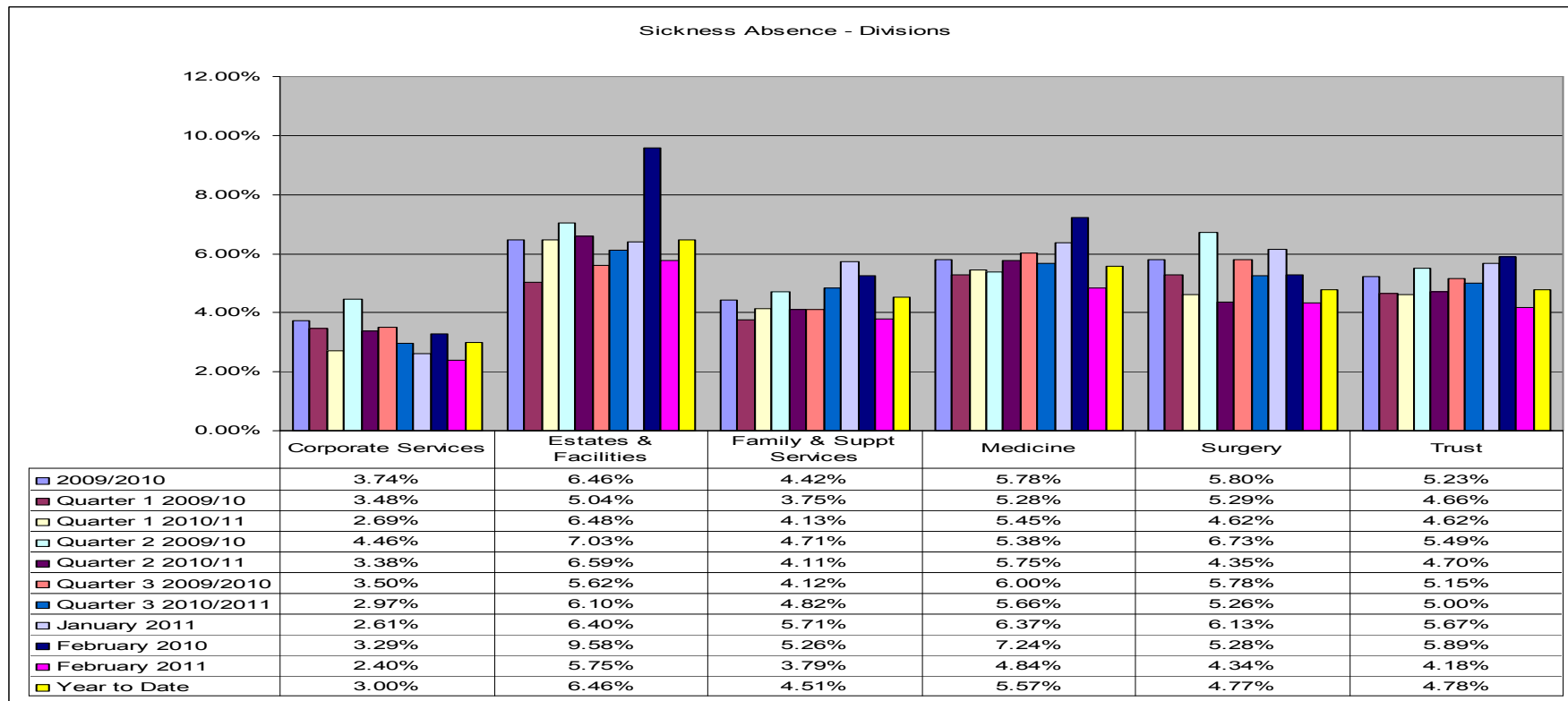
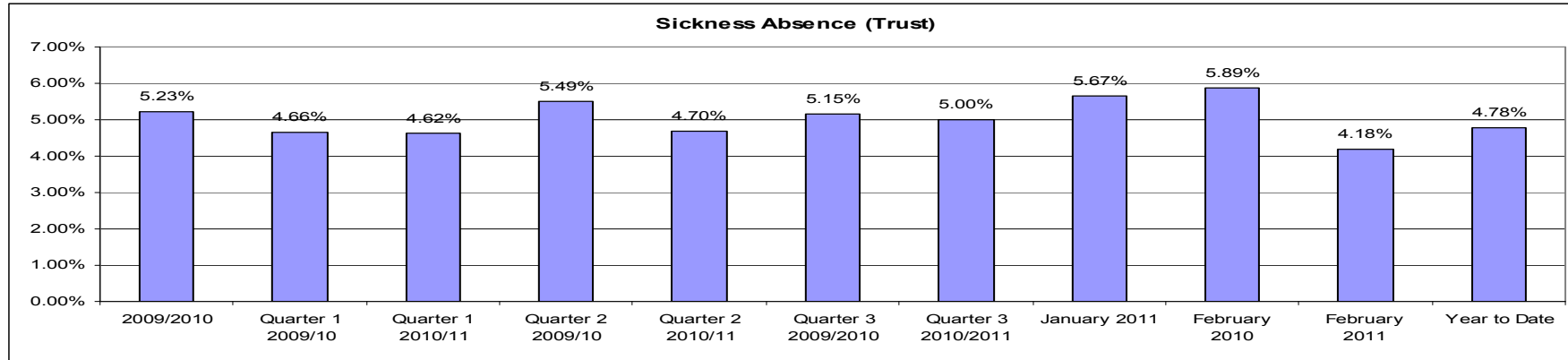
Overtime among Corporate Services is minimal with some bank nurse expenditure and private work initially classed as overtime and then recharged. Estates and Facilities have continued to decline with month 11 showing the lowest result for the whole year. Within Clinical Support and Family Services the vast majority of overtime relates to Pathology and the local agreements that are in place concerning shift patterns and extended working practices. These local agreements are currently protected but are being re-negotiated with a view to implementation from 1 May 2011. The Medical Division has shown a significant reduction in year and only uses overtime as a last resort to cover sickness and vacancies. Surgery has shown an increase in February due to additional pressures in January caused by the pandemic flu surge that affected Theatres, ITU and the regional directive to increase Critical Care provision.



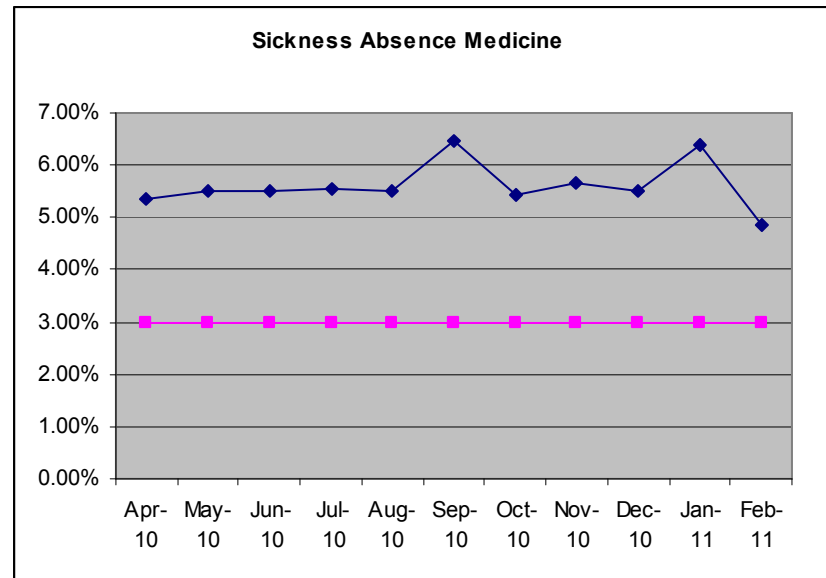
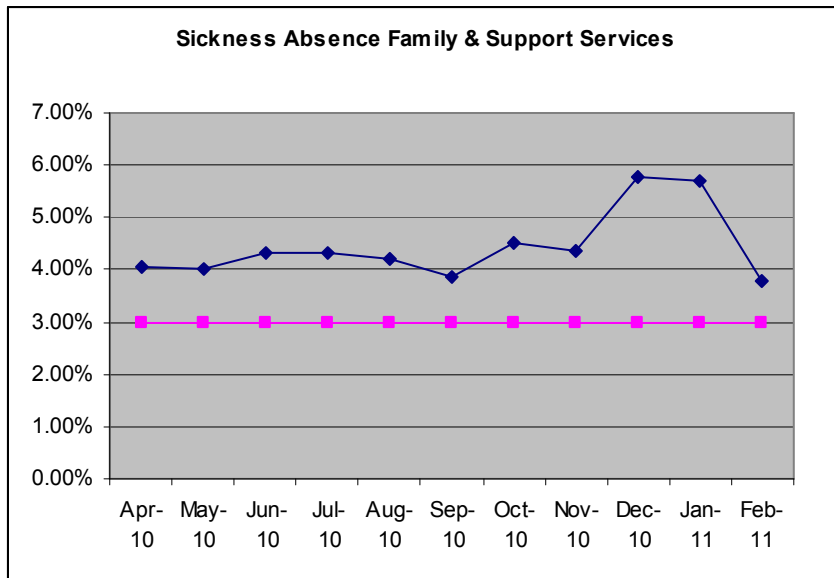
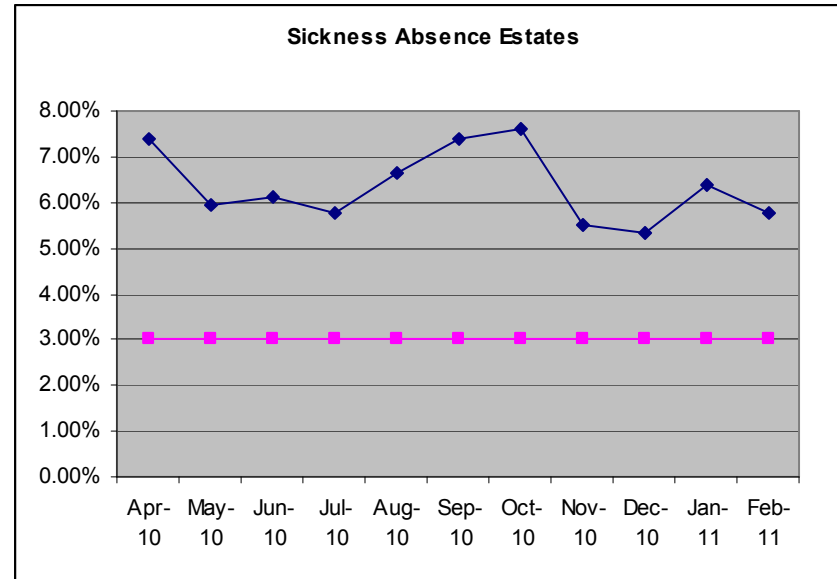
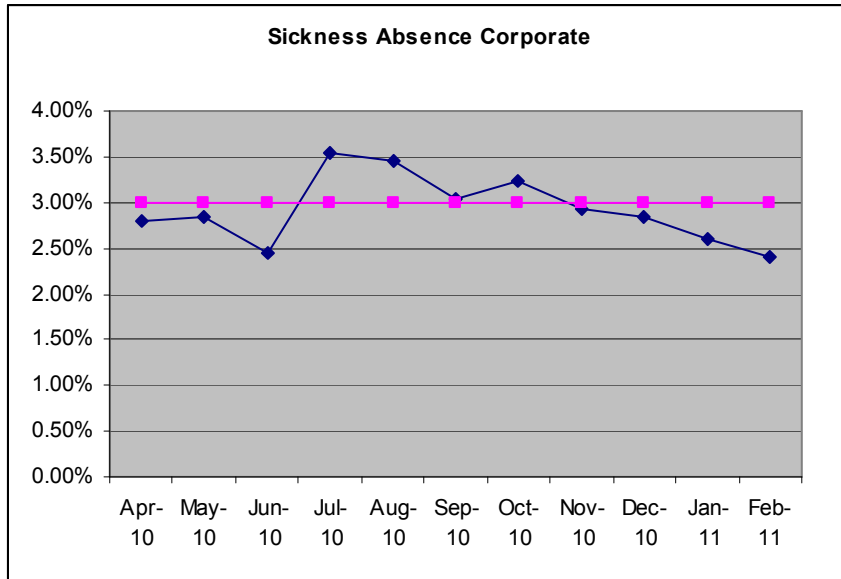
### 3.4 Turnover



### 3.5 Sickness Absence



## Sickness Target Trackers 2010/11





### 3.6 Employee Relations

The Disciplinary/Grievance Procedures were revised in August 2010 and the information has been amended to reflect this change.

#### Disciplinary Action:

Previous procedure	2010/2011 (previous procedure)	New procedure	2010/2011 total (new procedure)	Month 7	Month 8	Month 9	Month 10	Month 11
Informal Action	1	Informal	-	-	-	-	-	-
Verbal Warning	-	Recorded counselling	-	-	-	-	-	-
First Written	-	First Written Warning	-	-	-	-	-	-
Final Written	6	First Written Warning & transfer	-	-	-	-	-	-
Dismissal	5	Final Written Warning	1	-	-	1	-	-
		Final Written Warning & transfer (as alternative to dismissal)		-	-	-	-	-
		First Written Warning & downgrading (as alternative to dismissal)		-	-	-	-	-
		First Written Warning & transfer & downgrading (as alternative to dismissal)		-	-	-	-	-
		Dismissal	1	-	1	-	-	-
<b>Total Disciplinary</b>	<b>12</b>	<b>Total</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	

#### Disciplinary Appeals:

	2010/2011	Month 7	Month 8	Month 9	Month 10	Month 11
Disciplinary decision upheld	4	1	-	1	2	-
Disciplinary decision overturned	-	-	-	-	-	-
<b>Total Disciplinary Appeals</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>

#### Grievance:

Previous procedure	2010/2011 (previous procedure)	New procedure	2010/2011 (new procedure)	Up to Month 7	Month 8	Month 9	Month 10	Month 11
		Withdrawn	2	-		1	1	-
Resolved informally	2	Resolved at Stage 1 (informally)	2	-	-	-	2	-
Resolved at Stage 1	1	Resolved at Stage 2	4	1	-	1	1	1
Resolved at Stage 2	-	Resolved at Stage 3	1	-	-	-	1	-
Resolved at Stage 3	-	External mediation	1	-	-	1		
<b>Total</b>	<b>3</b>	<b>Total</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>1</b>

### 3.7 Occupational Health

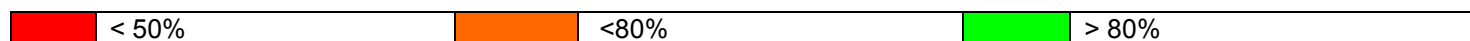
<b>Cumberland Infirmary</b>	<b>Month 5</b>	<b>Month 6</b>	<b>Month 7</b>	<b>Month 8</b>	<b>Month 9</b>	<b>Month 10</b>	<b>Month 11</b>	<b>Month 12</b>
Pre-Employment Acute Staff	99	22	29	22	19	18	19	
Pre-Employment Non Acute Staff	2	4	0	1	2	1	6	
Pre-Employment Placements	20	41	7	3	3	37	2	
Managers Referral (no in brackets - stress related)	26	36 (11)	35 (9)	46 (4)	28 (2)	50 (0)	54 (1)	
Self Referral (no in brackets - stress related)	131	36 (5)	28 (4)	13 (0)	15 (0)	10 (0)	21 (2)	
Nurse Review Appointments	25	22	33	23	18	21	17	
Other Routine Nursing Appointments	48	68	422	238	423	542	71	
Doctor's Appointments	17	9	12	17	19	31	39	
<b><u>TOTAL</u></b>	<b>368</b>	<b>254</b>	<b>566</b>	<b>363</b>	<b>527</b>	<b>710</b>	<b>229</b>	
DNA	18	34	43	34	51	29	31	

<b>West Cumberland Hospital</b>	<b>Month 5</b>	<b>Month 6</b>	<b>Month 7</b>	<b>Month 8</b>	<b>Month 9</b>	<b>Month 10</b>	<b>Month 11</b>	<b>Month 12</b>
Pre-Employment Acute Staff	41	8	20	20	8	6	6	
Pre-Employment Non Acute Staff	4	0	0	0	-	1	-	
Pre-Employment Placements	0	24	5	59	17	6	14	
Managers Referral (no in brackets - stress related)	22 (5)	34 (5)	24 (0)	42 (4)	21 (3)	34 (2)	46 (1)	
Self Referral (no in brackets - stress related)	66 (4)	51 (14)	43 (4)	71 (9)	38 (5)	48 (3)	57 (2)	
Nurse Review Appointments	19	5	25	25	17	6	13	
Other Routine Nursing Appointments	92	57	227 (inc flu vaccines)	102	323	263	40	
Doctor's Appointments	18	11	10	14	11	21	13	
<b><u>TOTAL</u></b>	<b>262</b>	<b>190</b>	<b>354</b>	<b>346</b>	<b>435</b>	<b>385</b>	<b>189</b>	
DNA	4	29	16	11	16	8	14	

### 3.8 Appraisal

Division	01/05/09 to 30/04/10	01/06/09 to 31/05/10	01/07/09 to 30/06/10	01/08/09 to 31/07/10	01/09/09 to 31/08/10	01/10/09 to 30/09/10	01/11/09 To 31/10/10	01/12/09 To 30/11/10	01/01/10 To 30/12/10	01/02/10 To 31/01/11	01/03/10 To 28/02/11	RAG
<b>Corporate Services</b>	32%	47%	60%	59%	61%	64%	68%	68%	66.7%	67.6%	<b>65.14%</b>	
<b>Estates &amp; Facilities</b>	43%	85%	91%	92%	92%	87%	89%	63%	62.6%	80.4%	<b>77.78%</b>	
<b>Family &amp; Support Services</b>				39%	42%	53%	56%	64%	65.3%	67%	<b>67.07%</b>	
<b>Surgical</b>	19%	22%	28%	41%	47%	51%	54%	61.5%	62.7%	69.8%	<b>76.51%</b>	
<b>Medical</b>	22%	20%	18%	27%	29%	40%	43%	44%	44.6%	47.4%	<b>53.07%</b>	
<b>Total</b>	32%	36%	38%	41%	46%	52%	56%	58%	58.9%	62.9%	<b>68.00%</b>	

#### RAG coding



**SECTION 4**

**FINANCE REPORT**

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#### **4. FINANCE REPORT**

The Trust is reporting a deficit of £722k at the end of Month 11, an improvement of £642k in month. The Trust has delivered full year CIP of £11,698k. The financial position has improved in the month due to reductions in pay and non pay expenditure when compared to previous periods and some aspects of income being greater than planned.

The Trusts overall income plan remains £195k behind that forecast at the beginning of the financial year. This is an improvement on the Month 10 position as increases in volumes and complexity of care specifically in ITU provided in January are reflected in financial flows in February. Across the other care pathways such as elective and non elective in-patients both volumes and complexity remain behind plan, these factors are driving the year to date under recovery of income.

Whilst the run rate for pay continues to improve on a month by month basis i.e. we are reducing payroll costs each month and consequently the rate of over spending is slowing, the cumulative position on pay remains an overspend of £4,377k. The main driver of pay overspending is the use of locum and agency staffing, at a significant financial premium, in covering for substantive staff vacancies. The costs of agency staff significantly outweigh the savings from vacant posts.

Non-pay is underspent by £204k in month (excluding reserves) but remains cumulatively overspent by £1,653k. Clinical Supplies & Services were lower than budgeted for in month and this makes up the majority of February's underspend. Non-pay was expected to reduce in February due to the reduction in the number of working days compared to an average month, but overall the run rate continues to reduce slowly.

The Trust has actioned full year CIP of £11,698k against the plan of £21,018k. £269k of CIP has been actioned in month. The year-end CIP forecast remains at £12,085k, a shortfall of £8,933k. The focus is now on ensuring robust plans are in place to deliver the 2011/12 CIP target which will continue to be performance managed.

Given the improvement seen between month 10 and 11 the Trust continues to forecast that it will achieve its statutory financial duties including breaking even on an income and expenditure basis.

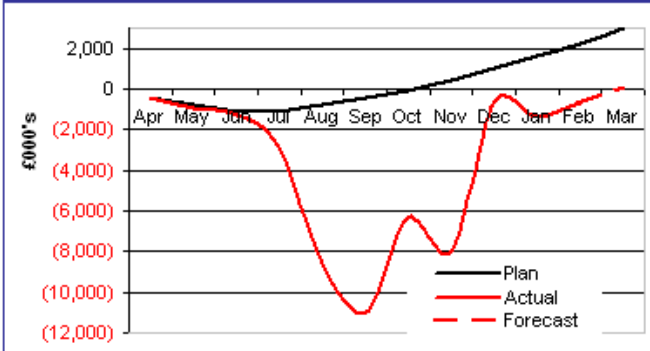
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## FINANCIAL OVERVIEW - 28th February 2011 (Month 11)

### Income & Expenditure

The Trust is reporting a deficit of £722k against a planned surplus of £877k after adjusting for IFRS, resulting in a negative variance of £1,599k. This is an improvement of £642k in the month driven by higher than planned income and lower expenditure than in previous months. The focus is now on the year-end to achieve a surplus position.

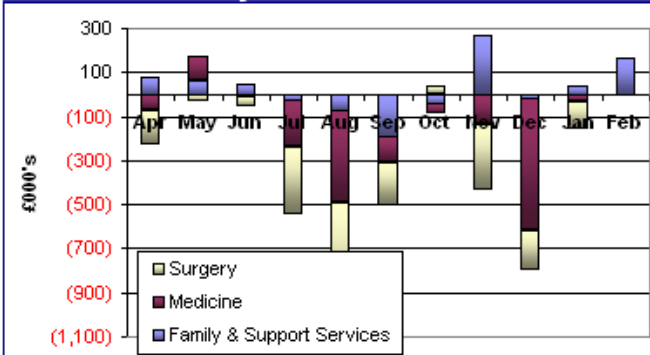
### I&E Performance 2010/11



### Divisional Performance

The Clinical Divisions underspent by £155k in month and are now cumulatively overspent by £3,107k. The overspend is split between Medicine (£1,534k) and Surgery (£1,886k), with Family & Support Services reporting an underspend of £313k. Expenditure is reducing within the divisions, albeit slower than originally planned.

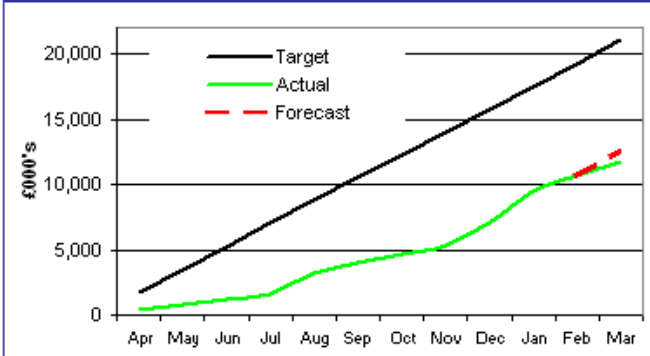
### Divisional Monthly Variance



### CIP Delivery

£11,698k of CIP has been actioned against a revised full year forecast of £12,085k leaving a shortfall of £8,933 against the requirement of £21,018k. £269k of CIP was actioned in February, the majority of which was from minor restructures with Corporate budgets. Plans are progressing with the development of the CIP schemes for 2011/12 which will continue to be closely monitored by the Turnaround team.

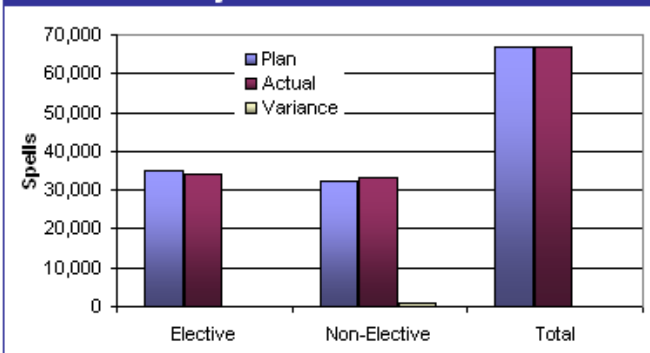
### CIP 2010/11



### Performance Against SLAs

Elective activity is 179 spells behind the plan in month and cumulatively is 869 spells below the plan. Elective activity levels improved in February following on from the low elective activity levels in January. Non-Elective activity is 172 spells above the plan in month leading to a cumulative over performance of 1,017 spells.

### Contract Activity Performance

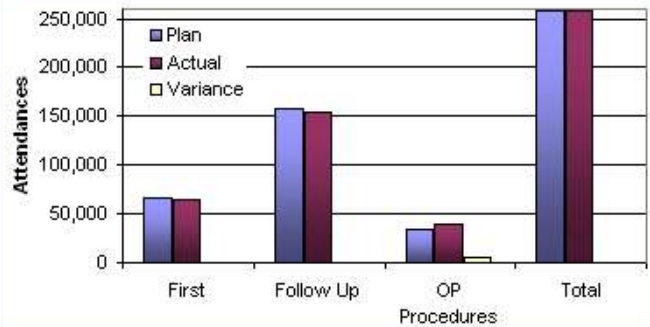


## FINANCIAL OVERVIEW - 28th February 2011 (Month 11)

### Outpatient Performance

Total Outpatient activity is 66 attendances above plan. The trends seen in previous months continue into February with Outpatient Procedures over performing against the plan and New and Follow-Up attendances reducing.

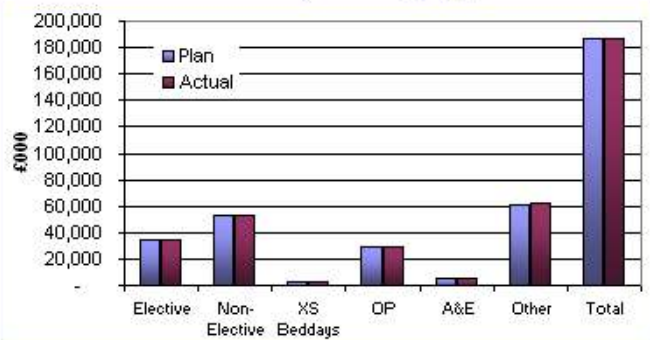
### Outpatient Contract Activity Performance



### Total NHS Clinical Income

Total clinical income is below plan by £403k. Elective activity is £799k below plan due to lower than planned activity levels. Non-Elective activity is behind the plan by £754k despite being ahead of the activity plan reflecting a change in the casemix. Excess Bedday income is behind the plan by £568k reflecting the improvement in patient discharges in the Trust compared to last year. A&E income is ahead of the plan by £69k.

### Income Performance by Activity Type



### Statutory Financial Targets

The Trust is currently forecasting that it will achieve all its primary statutory financial targets. The performance of the Better Payment Practice Code will however not be met due to the liquidity issues faced over recent months, although this is improving once again.

### 2010/11 Performance Against Targets

Duty	Target	M11	Forecast
<b>Breakeven Duty</b>	To achieve a breakeven I&E	£722k deficit	£100k surplus
<b>Capital Absorption Rate</b>	To achieve a rate of 3.5%	3.50%	3.50%
<b>Better Payment Practice Code</b>	95% of payments within 30 days by volume & value	●	●
<b>External Financing Limit (EFL)</b>	To achieve the EFL	●	●
<b>Capital Resource Limit (CRL)</b>	To remain within the CRL	●	●



# North Cumbria University Hospitals NHS Trust

Summary Financial Position to 28th February 2011 (Month 11)

(adverse) / favourable variance

Previous Net Variance			Annual Budget £000	In Month				Cumulative						
£000	%			Budget £000	Actual £000	Variance £000	%	Budget £000	Actual £000	Variance £000	%			
<b>Income</b>														
(478)	(0.3%)	NHS Clinical Income	204,923	17,208	17,283	76	0.4%	187,282	186,879	(403)	(0.2%)			
56	1.1%	Other NHS Income (R&D, training etc)	5,982	272	283	12	4.3%	5,523	5,591	68	1.2%			
(482)	(27.0%)	Non NHS Clinical Income (PP's, RTA)	2,146	182	121	(61)	(33.6%)	1,966	1,422	(544)	(27.7%)			
530	6.9%	Operating Income	9,251	835	1,019	184	22.0%	8,533	9,216	684	8.0%			
(375)	(0.2%)	<b>Total Income</b>	<b>222,302</b>	<b>18,496</b>	<b>18,706</b>	<b>210</b>	<b>1.1%</b>	<b>203,303</b>	<b>203,108</b>	<b>(195)</b>	<b>(0.1%)</b>			
<b>Expenditure</b>														
		<b>EST</b>	<b>WTE</b>	<b>Var</b>										
<b>Clinical Divisions</b>														
148	0.4%	Family & Support Divison	816	802	15	(50,655)	(4,172)	(4,006)	165	4.0%	(46,160)	(45,847)	313	0.7%
(1,522)	(3.2%)	Medical Division	943	913	30	(55,346)	(4,882)	(4,694)	(12)	(0.3%)	(51,571)	(53,105)	(1,534)	(3.0%)
(1,888)	(4.3%)	Surgical Division	819	828	(9)	(52,139)	(4,371)	(4,369)	2	0.0%	(47,924)	(49,810)	(1,886)	(3.9%)
(3,262)	(2.5%)	<b>Sub Total</b>	<b>2,578</b>	<b>2,542</b>	<b>36</b>	<b>(158,140)</b>	<b>(13,224)</b>	<b>(13,069)</b>	<b>155</b>	<b>(1.2%)</b>	<b>(145,655)</b>	<b>(148,762)</b>	<b>(3,107)</b>	<b>(2.1%)</b>
<b>Corporate Directorates</b>														
(375)	(7.7%)	Chief Executive	16	16	(1)	(5,875)	(490)	(475)	14	2.9%	(5,365)	(5,726)	(361)	(6.7%)
124	0.8%	Estates and Facilities	200	194	6	(19,490)	(1,639)	(1,704)	(65)	(3.9%)	(17,820)	(17,762)	59	0.3%
(149)	(1.9%)	Finance	253	240	13	(9,405)	(607)	(803)	(196)	(32.4%)	(8,610)	(8,955)	(345)	(4.0%)
(20)	(0.6%)	Human Resources	70	66	4	(4,015)	(326)	(304)	22	6.6%	(3,702)	(3,700)	2	0.0%
65	25.9%	Medical Director	8	5	3	(303)	(25)	(16)	10	38.1%	(278)	(203)	75	27.0%
(450)	(34.9%)	Nurse Director	33	46	(13)	(1,543)	(127)	(202)	(75)	(58.9%)	(1,415)	(1,940)	(525)	(37.1%)
73	5.8%	Services Received	-	-	0	(1,513)	(126)	(87)	39	30.9%	(1,387)	(1,274)	113	8.1%
11,529	100.0%	Reserves	-	-	0	(14,044)	(525)	0	525	100.0%	(12,054)	0	12,054	100.0%
(9,915)	100.0%	Cost Improvements	-	-	0	11,698	602	0	(602)	100.0%	10,517	0	(10,517)	100.0%
(2,381)	(1.4%)	<b>Total Expenditure</b>	<b>3,159</b>	<b>3,111</b>	<b>47</b>	<b>(202,629)</b>	<b>(16,488)</b>	<b>(16,661)</b>	<b>(173)</b>	<b>(1.0%)</b>	<b>(185,768)</b>	<b>(188,322)</b>	<b>(2,554)</b>	<b>(1.4%)</b>
<b>EBITDA</b>														
(2,755)			19,673	2,009	2,045	37	(1.8%)	17,537	14,788	(2,748)	15.7%			
6.9%		EBITDA %	8.8%	10.9%	10.9%			8.6%	7.3%					
170		Impairments	0	0	0	0		0	170	170				
322	6.0%	Depreciation	(6,468)	(539)	(503)	36	6.7%	(5,929)	(5,571)	358	6.0%			
(13)	(38.6%)	Interest receivable	40	3	4	1	15.9%	37	24	(12)	(33.6%)			
802	12.3%	Interest payable	(7,845)	(854)	(572)	82	12.5%	(7,191)	(6,307)	884	12.3%			
351	17.6%	PDC Dividend	(2,400)	(200)	(165)	35	17.5%	(2,200)	(1,814)	386	17.6%			
(1,122)	(70.0%)	<b>Net surplus / (deficit)</b>	<b>3,000</b>	<b>619</b>	<b>809</b>	<b>190</b>	<b>30.7%</b>	<b>2,252</b>	<b>1,290</b>	<b>(962)</b>	<b>(42.7%)</b>			
(170)		Adjustment for Impairments		0	0	0		0	(170)	(170)				
(1,674)		IFRIC 12 / Dual Accounting	(1,500)	(125)	(167)	(42)	33.6%	(1,375)	(1,841)	(466)	33.9%			
(2,965)	(185.0%)	<b>Revised Net surplus / (deficit)</b>	<b>1,500</b>	<b>494</b>	<b>642</b>	<b>148</b>	<b>30.0%</b>	<b>877</b>	<b>(722)</b>	<b>(1,597)</b>	<b>(182.1%)</b>			

# North Cumbria University Hospitals NHS Trust

## Statement of Financial Position as at 28th February 2011 (Month 11)

Statement of Financial Position	Closing 31 March 2010	As at 28 February 2011	Movement in Year to Date	Previous Month as at 31 January 2011	Movement in Current Month	Budgeted Closing Balance (31 March 2011)
	£000	£000	£000	£000	£000	£000
<b>NON-CURRENT ASSETS:</b>						
Property, Plant and Equipment	125,521	124,749	(772)	124,965	(216)	133,855
Intangible Assets	117	206	89	210	(4)	91
Trade and Other Receivables	2,566	2,907	341	2,467	440	1,750
<b>TOTAL NON-CURRENT ASSETS</b>	<b>128,204</b>	<b>127,862</b>	<b>(342)</b>	<b>127,642</b>	<b>220</b>	<b>135,696</b>
<b>CURRENT ASSETS:</b>						
Inventories	3,354	3,039	(315)	3,115	(76)	3,050
Trade and Other Receivables	11,506	9,120	(2,386)	21,959	(12,839)	7,066
Cash and cash equivalents	1,001	9,779	8,778	5,413	4,366	1,000
<b>TOTAL CURRENT ASSETS</b>	<b>15,861</b>	<b>20,938</b>	<b>6,077</b>	<b>30,487</b>	<b>(8,549)</b>	<b>11,116</b>
<b>TOTAL ASSETS</b>	<b>144,065</b>	<b>148,800</b>	<b>5,735</b>	<b>158,129</b>	<b>(8,329)</b>	<b>146,812</b>
<b>CURRENT LIABILITIES:</b>						
NHS Trade Payables	(1,874)	(8,451)	(6,577)	(15,601)	7,150	(1,200)
Non-NHS Trade Revenue Payables	(3,589)	(4,123)	(534)	(6,606)	2,483	(6,500)
Non-NHS Trade Capital Payables	(5,498)	(819)	4,679	(781)	(38)	(979)
Other Liabilities	(8,781)	(9,098)	(317)	(8,582)	(516)	0
DH Working Capital Loan Principal Repayments	(856)	0	856	0	0	(856)
Borrowings	(1,915)	(2,792)	(877)	(2,792)	0	(1,558)
Other Financial liabilities	0	0	0	0	0	0
Provisions for Liabilities and Charges	0	0	0	0	0	0
<b>TOTAL CURRENT LIABILITIES</b>	<b>(22,513)</b>	<b>(25,283)</b>	<b>(2,770)</b>	<b>(34,362)</b>	<b>9,079</b>	<b>(11,093)</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<b>(6,652)</b>	<b>(4,345)</b>	<b>3,307</b>	<b>(3,875)</b>	<b>530</b>	<b>23</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>121,552</b>	<b>123,517</b>	<b>2,965</b>	<b>123,767</b>	<b>750</b>	<b>135,719</b>
<b>NON-CURRENT LIABILITIES</b>						
Borrowings	(57,205)	(55,693)	1,512	(55,724)	32	(56,187)
DH Working Capital Loan Principal Repayments	(9,418)	(8,990)	428	(8,990)	0	(8,562)
Other Financial Liabilities	0	0	0	0	0	0
Provisions for Liabilities and Charges	(2,554)	(2,359)	195	(2,370)	10	(2,156)
Other Liabilities	(1,900)	(1,900)	0	(1,900)	0	(1,900)
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>(71,077)</b>	<b>(68,942)</b>	<b>2,135</b>	<b>(68,984)</b>	<b>42</b>	<b>(68,805)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>50,475</b>	<b>55,575</b>	<b>5,100</b>	<b>54,783</b>	<b>792</b>	<b>66,914</b>
<b>FINANCED BY TAXPAYERS EQUITY:</b>						
Public Dividend Capital	53,818	58,018	4,200	58,018	0	66,818
Retained Earnings	(18,859)	(17,571)	1,288	(18,379)	808	(15,859)
Revaluation Reserve	12,576	12,419	(157)	12,419	0	13,557
Donated Asset Reserve	1,467	1,236	(231)	1,252	(16)	962
Government Grant Reserve	1,473	1,473	0	1,473	0	1,436
<b>TOTAL TAXPAYERS EQUITY</b>	<b>50,475</b>	<b>55,575</b>	<b>5,100</b>	<b>54,783</b>	<b>792</b>	<b>66,914</b>
Cash in OPG accounts	988	9,774	8,786	5,408	4,366	1,000

## **SECTION 5**

# **CONCLUSION & RECOMMENDATION**

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## **CONCLUSION**

The financial position has improved in month through improvements in both expenditure and income positions. In achieving a balanced position at year end it is forecast that expenditure will continue to reduce month on month with the key risk being associated with the level of income the Trust secures. If income levels drop below the forecast further pressure will be paced upon achieving a breakeven position.

The Trust does however continue to demonstrate overall good performance in respect of operating and quality performance metrics. However pressure is being experienced within the 18 week admitted care pathway.

## **RECOMMENDATION**

The Trust Board is asked to note the content of the report.

Kevin Clarkson

**CHIEF OPERATING OFFICER/DEPUTY CHIEF EXECUTIVE**

Alistair Mulvey

**DIRECTOR OF FINANCE**

Damian Gallagher

**DIRECTOR OF HUMAN RESOURCES**

Chris Platton

**ACTING DIRECTOR OF NURSING, QUALITY AND GOVERNANCE**

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# APPENDIX A

## PERFORMANCE DASHBOARD

In summary the dashboard provides: -

- A profile of performance in each month of the current year, up to and including, the latest data available.
  - All data items are shown using a monthly profile with the exception of a small number of indicators which use a quarterly profile.
  - The criteria for traffic lighting (trajectory position) is used to assess performance for the current data period. Grey shading for the latest month indicates that data is not yet available for that period, at the time of the production of the report.
  - The letters “nad” in a grey shaded box means that there was “no applicable data (nad)” for that particular period/month.
  - The “Year to Date” column is also traffic lighted for those indicators where performance has to be achieved across the whole of the year.
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