

TRUST BOARD

Date of Meeting: 8/2/2011	Enclosure: 7
	Agenda Item No: 9.1
Title of Report: Performance Report	
Aims: This report provides the Trust Board with an update on the latest Trust performance information as at 31 December 2010.	
Summary: The performance report summarises Trust performance against a range of operating, quality, financial and workforce indicators for month nine (and year to date) of the financial year (2010/11).	
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):	
Financial	Reporting the financial position
Workforce	No significant implications
Other	Meeting obligations in respect of patient access, quality and financial management
Recommendations: The Trust Board is asked to note the content of the report.	
Document previously approved by: Not applicable. Report directly to the Trust Board.	
Prepared by: 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	Presented by: Kevin Clarkson Chief Operating Officer/Deputy Chief Executive

**TRUST BOARD
PERFORMANCE REPORT
FEBRUARY 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 31 December 2010.

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**
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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. The Operating Framework for the NHS in England for 2011/12 was published in December 2010. The annex and technical guidance provide information on the range of “Integrated Performance Measures” for 2011/12 onwards. There are a wide range of metrics covering performance, workforce and finance. Work has therefore commenced within the Trust to establish which metrics will feature in future reports to the Trust Board from April 2011 onwards. Shadow monitoring of appropriate metrics will also commence as soon as it is practical to do so. The Trust Board will also continue to receive reports regarding progress on the previously agreed key metrics until the end of the financial year.

Excellent performance was achieved in December 2010 across a number of key indicators, these include:

- Eight indicators of 18 weeks performance (at Trust level)
- Seven 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
- Infant Health – smoking during pregnancy
- 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

Performance against this indicator has been strong for a considerable amount of time as demonstrated by the Performance Dashboard. However in December 2010 the overall Trust aggregate level dipped to 89.1% (0.9% adrift of the target level). At the January 2011 meeting Board members were appraised of the pressure being experienced across a number of elective pathways as the vast majority of additional waiting list work had been ceased due to the Trusts very challenging financial position. Speciality based performance levels (section 12 of the Dashboard) contribute to the overall aggregate position. The position for January 2011 is expected to show a similar trend. 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.

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"> •9.7% in month •11.2% year to date 	>= 93%	Divisional General Manager – Surgical Division	Improved ↑	

Whilst still below target levels the performance in month improved to 83.3%. All patients are offered a date within 2 weeks to attend for a suspected cancer appointment or a symptomatic breast appointment. However there are a number of patients who are referred for a symptomatic breast appointment who do not wish to take up an appointment within 2 weeks and choose to wait longer. A new referral form for all breast patients has recently been devised by the PCT. GPs will however need to explain to the patients that an appointment will be within 2 weeks along with giving the patient suitable encouragement to ensure that they attend.

Thrombolysis

The dip in performance in month relates to a small number of patients and is not expected to continue. The year to date position remains strong at 71.8%.

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"> •0.5% in month •0.3% year to date 	<= 0.8%	Divisional General Manager – Surgical Division	Deteriorated ↓	
28 day rule	<ul style="list-style-type: none"> •Better than target in month •Year to date also on target 	<= 5%	Divisional General Manager – Surgical Division	Improved ↑	

The 28-day rule performance was excellent in month at 0% with a year to date position of 1.0%.

The first part of the indicator (% cancelled) returned a level of 1.3% in month (0.5% adrift of target). As previously reported it is highly unlikely that any further improvements will be achieved during the last quarter of the year. The Divisions continue to work hard to balance the requirements for elective surgery throughput with the need to provide appropriate bed capacity to support the emergency and critical care pathways.

Infant Health – Breastfeeding initiation

The slight dip in performance in month to a level of 66.3% has been validated. Significant performance improvement has been seen during the previous three months and therefore the dip in December 2010 is not expected to continue during quarter 4. The year to date position is only 0.8% adrift of the required level.

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"> •2.1% in month •1.6% year to date 	<= 15%	Head of Information	Improved ↑	

As reported at the January 2011 meeting it is necessary to rebuild the SUS extract using the Data Warehouse service to improve the performance levels. This will incur extra costs and further testing will be needed. The Information team are working on a way forward.

Number of Patients waiting longer than 6 weeks for diagnostic tests

There were unfortunately eighteen breaches of the standard in December 2010. All the breaches occurred within the Bone Densitometry (DEXA) scanning service based at West Cumberland Hospital. Capacity problems were experienced within the service due to a member of staff sustaining a wrist injury which led to a period of sickness absence. A plan has been instigated to clear the backlog as soon as possible.

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"> •15.4% in month •17.3% year to date 	>= 85%	Divisional General Manager – Family Services and Support Division	Improved ↑	

The GUM service continues to achieve excellent performance in respect of the “48 hour offered appointment” target (Dashboard section 3). The aspirational “seen” target improved for a second month returning a level of 69.6%. The previously reported planned change in the service model continues to be progressed within the Family and Support Services Division.

Choose and Book slot availability

Indicator	Current Shortfall versus plan	Required level	Management lead	Comparison to previous month	Year to date (traffic light only)
Choose and Book slot availability	<ul style="list-style-type: none"> •Above required level in month •8.6% year to date 	>= 85%	Divisional General Manager – Medical Division	Improved ↑	

Slot availability improved for the second month and achieved an excellent level of 92.7% in December 2010.

1.2 PRODUCTIVITY METRICS

Elective length of stay achieved an excellent level of 2.7 days in November 2010.

Non-elective length of stay deteriorated to 5.1 days in month. This follows a generally static year to date performance level of 4.8 days. As reported at the January 2011 meeting it has already been agreed that a specific

QIPP/Turnaround workstream will now be commissioned to drive towards performance improvement.

The overall day case rate held at an improved level of 79.4% in month. Current plans should deliver an improvement to 80% or above during quarter four. The “basket of 25” improved from the previous dip in October returning levels of 78% and 77% over the last two months. Current plans should also see an improvement in quarter four.

Pre-operative bed days improved considerably and achieved a level of 9% in November 2010. Further work continues in this area.

The outpatient new to review ratio continues to remain generally flat across the year to date. The Trust Board has previously noted that changes do however take some time to deliver results as the process involves agreeing changes to the clinical templates for individual medical staff. The QIPP/Turnaround plan for this project has been accelerated during January 2011 and therefore improvement should be seen during quarter four.

The outpatient DNA rate deteriorated to a level of 9.6% in month following three months of improvement. The Trust experienced severe winter pressures and inclement weather during the month which contributed to the dip in performance levels. The position will be closely monitored during subsequent months. The year to date position is still a 0.6% improvement over the previous year.

1.3 ESTATES AND FACILITIES METRICS

The Dashboard up to the end of December 2010 demonstrates continued high levels of performance with all but two of the traffic light indicators being green. The two KPI's currently at amber are being carefully monitored with the catering waste performance for the West Cumberland Hospital site expected to achieve the less than 6% target within the financial year.

1.4 18 WEEKS RTT BY SPECIALTY

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

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

Performance levels are discussed under Section 1.1 of this report (percentage of admitted patients treated within 18 weeks).

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 December 2010 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 8 months at the Cumberland Infirmary and for 7 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 December again shows the Trust performing well within its trajectory with 5 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 November 2010. The graph below shows a decreasing trend in the risk adjusted mortality index in November. However, there was an increase in September and October which is currently subject to further investigation and clarification. This review process will be monitored by the Medical Director and Governance Lead. The outcome of the investigation will be reported to the Governance Committee and Trust Board.

Risk Adjusted Mortality Index (RAMI)

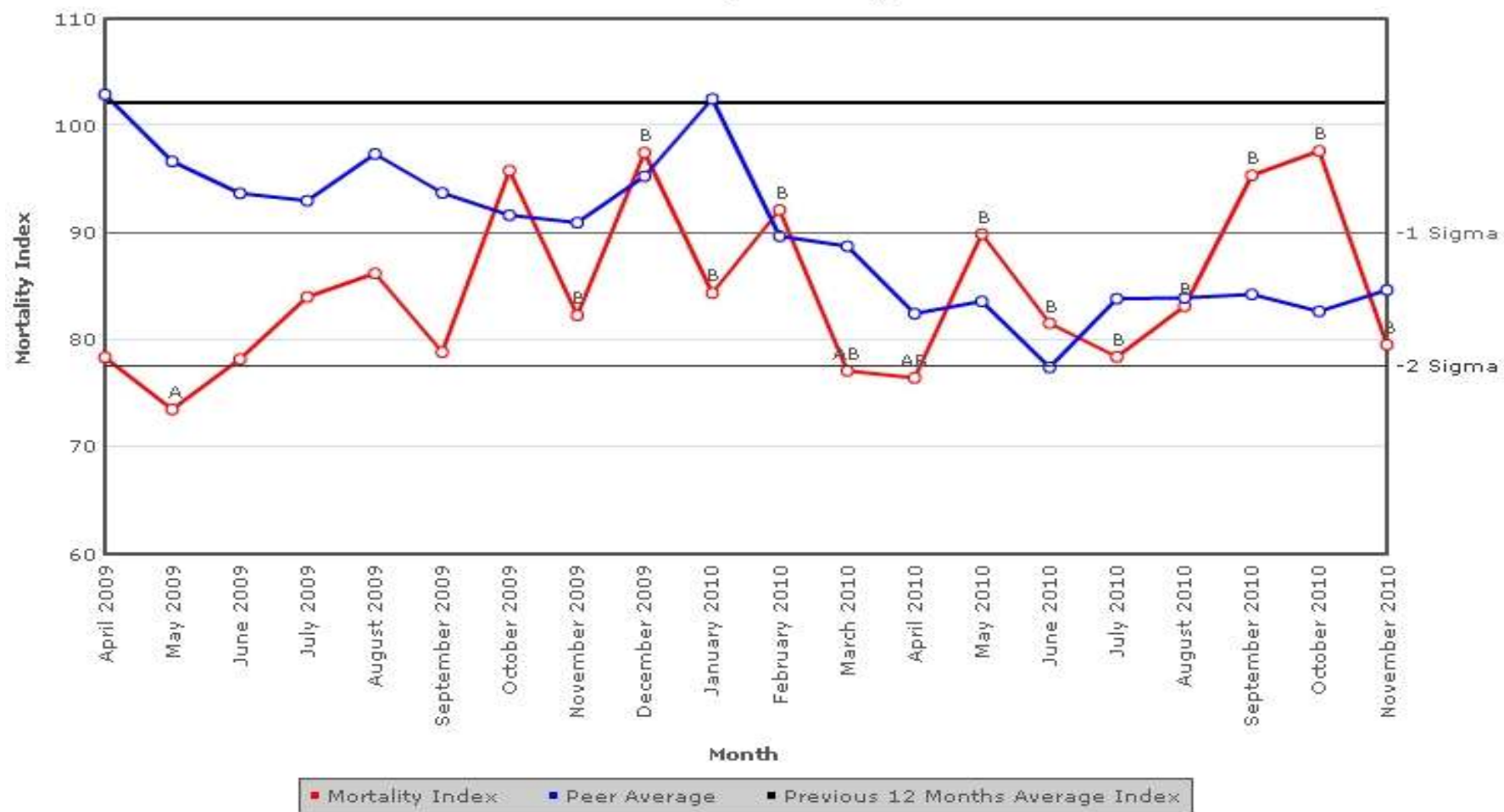
1 April 2009 to 31 March 2010

Division	Trust	Included	Deaths			Index
	Spells	Spells	Trust	Expected	Excess	
Family and Clinical Support Division	1,555	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	1,093.80	-139.8	87
TRUST	88,601	32,937	1116	1330.1	-214.1	84

1 April 2010 to 30 November 2010

Division	Trust	Included	Deaths			Index
	Spells	Spells	Trust	Expected	Excess	
Family and Clinical Support Division	850	98	1	1.8	-0.8	56
Family and Clinical Support Division - Clinical	8,715	2,828	0	6.2	-6.2	
Surgical Division	21,234	8,149	114	150.6	-36.6	76
Medical Division	24,931	9,806	587	664.80	-77.8	88
TRUST	55,730	20,881	702	823.4	-121.4	85

Mortality Trending



2.3 SLIPS, TRIPS AND FALLS

Excellent performance continues in respect of slips, trips and falls prevention. Considerable changes have been made in our approach to improving patient safety with regard to falls. The Trust remains committed to a further reduction over the year and therefore the focus on injuries to patients will continue.

The steering group which was established in 2009 continues to review all falls with a particular reference to injury to patients. Although there is a continued decrease in the number of falls across the Trust the number of fractures sustained has not decreased. A root cause analysis is undertaken on all fractures following which lessons learned and actions required are monitored by the steering group and the clinical Divisions.

2.4 DEVELOPMENT OF QUALITY AND SAFETY INDICATORS

In January 2011, the Care Quality Commission published a report on feedback from a range of engagement events held across the NHS on how Trust's should be developing quantitative quality and safety indicators to support the monitoring of the Quality and Risk Profile (QRP) for each provider.

A key driver behind developing QRPs for providers is to allow ongoing assessment and monitoring to take place on whether organisations are meeting the essential standards of safety and quality and how specific indicators can be introduced to allow providers to monitor core indicators.

The top five themes for acute organisations included:

1. Staffing – sickness, staff satisfaction, absence, training, vacancies, stress and wellbeing
2. Mortality
3. Patient experience and involvement
4. Healthcare associated infections
5. Complaints

A summary of the significant indicators for acute healthcare organisations is shown in the table overleaf:

Suggestions of significantly important indicators for acute healthcare	Examples
Cancelled care	<ul style="list-style-type: none"> Appointments or operations cancelled.
Deteriorating patient	<ul style="list-style-type: none"> Length of time taken to identify a deteriorating patient.
End-of-life care	<ul style="list-style-type: none"> Number of people who die at home End of life care pathway in place
Enforcement	<ul style="list-style-type: none"> Is the organisation subject to current enforcement action?
Falls	<ul style="list-style-type: none"> Rate of falls that that resulted in injury.
HCAI	<ul style="list-style-type: none"> MRSA, C.Difficile, cleanliness of premises, infection rates, PEAT scores.
Incident reporting	<ul style="list-style-type: none"> Overall rate reported to NPSA, timeliness and SUIs (serious untoward incidents).
Medicines management	<ul style="list-style-type: none"> Quality and timeliness of information on discharge letters, medication errors and adverse reactions.
Mortality	<ul style="list-style-type: none"> HSMR (hospital standardised mortality ratio) and indirectly standardised mortality rates.
Patient experience	<ul style="list-style-type: none"> Responses to questions in patient survey.
Stroke	<ul style="list-style-type: none"> % of length of stay on a stroke unit and incidence of cardiac arrest.
Staffing	<ul style="list-style-type: none"> Turnover, retention, vacancies and use of agency staff.
Staff survey	<ul style="list-style-type: none"> Stress levels.
VTE (venous thromboembolism)	<ul style="list-style-type: none"> VTE indicator CQUIN.
Never events	<ul style="list-style-type: none"> Incidence.
NICE	<ul style="list-style-type: none"> Participation in audit of guidelines.
Nutrition	<ul style="list-style-type: none"> BMI – losing weight in hospital General nutritional care
Patient complaints	<ul style="list-style-type: none"> Number received for inpatient and outpatient and Ombudsman rulings.
Patient identification	<ul style="list-style-type: none"> Right patient right time.
Performance and pride	<ul style="list-style-type: none"> Recognising staff achievement.
Pressure sores	<ul style="list-style-type: none"> Incidence of pressure sores after admission.
Record keeping	<ul style="list-style-type: none"> Contemporaneous documentation.
Risk management	<ul style="list-style-type: none"> NHSLA level achieved.
Ward performance	<ul style="list-style-type: none"> % of nurse time to direct patient care.

There were also a number of additional indicators proposed for future consideration as part of the QRP, which included other measures for example adequacy of ward hand over arrangements and hospital capacity.

Board members will be aware that the governance team have been reviewing what quality and safety indicators need to be developed as part of the monthly report to the Trust Board. Following the publication of this report a core meeting with the

information team has been set up to ensure the new indicators that will be added to the performance report are robust in terms of data collection on a monthly basis but also meet the guidance referred to in the CQCs recent report on safety and quality indicators. The timescale for this work being drafted and tested is March before fully incorporating this into the performance report in April 2011.

SECTION 3

WORKFORCE REPORT

Contents & Target Summary

Section	Subject	Status
3.1	Summary / Narrative	Not Applicable
3.2	Staff in Post	Amber
3.3	Overtime	Amber
3.4	Turnover	Green
3.5	Sickness – Month 9	Red
3.6	Employee Relations	Not Applicable
3.7	Occupational Health	Not Applicable
3.8	Appraisal	Red

Key	
Green	Significant Progress
Amber	Progress
Red	Limited / No Progress

3.1 Summary

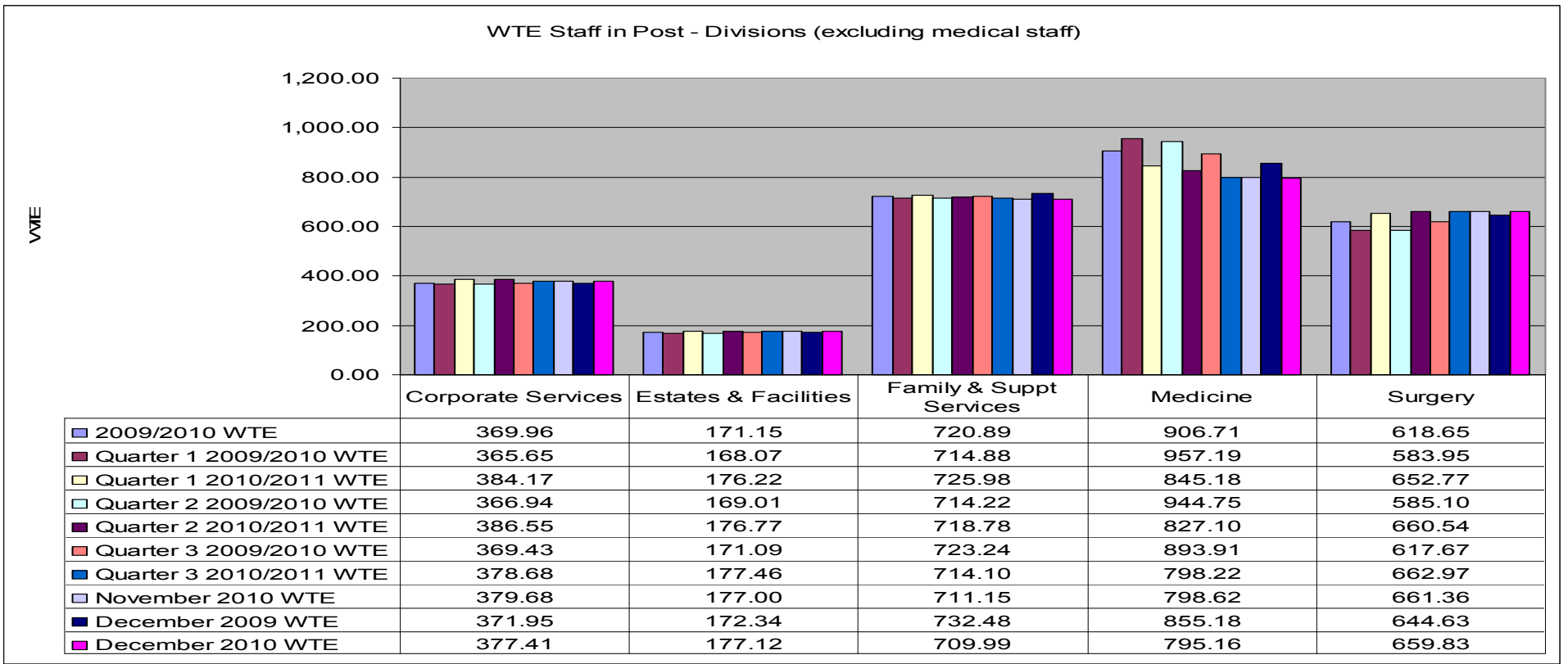
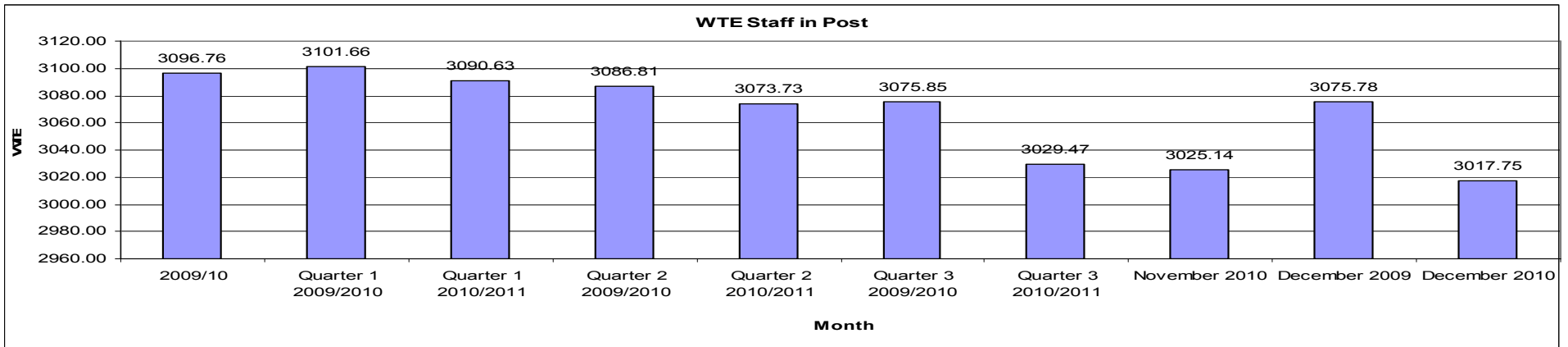
<p>Staff in Post</p>	<p>Staff in post for the Trust as a whole is currently running at 3017.75 WTE into Month 9. This equates to a reduction of 58.03 WTE when compared to the equivalent month in 2009/10 and a reduction of 7.39 since Month 8.</p> <p>The largest two staff groups are Nursing & Midwifery (1072.11 WTE) and Admin & Clerical (680.05WTE). Currently the Trust has a total of 293.93 WTE Medical and Dental staff and 473.61 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics, Medicine has the largest establishment (795.16 WTE) followed by Family and Support Services (709.99 WTE) and Surgery (659.83 WTE).</p>
<p>Turnover</p>	<p>The current annualised turnover figure (based on headcount) for non-medical staff for Month 9 is 8.36%.</p> <p>There were 33 non-medical staff leavers in Month 9 (0.87%).</p>
<p>Sickness Absence</p>	<p>The Trust sickness absence rate for Month 9 is 5.14%, lower than at the equivalent point in 2009/2010 (5.17%) but an increase on Month 8 of 0.4%.</p> <p>The financial year to date sickness absence figure is currently 4.74%, slightly up on Month 8 (4.73%) and 1.74% above the revised Trust target of 3%.</p> <p>In terms of divisional performance, all areas except Estates and Facilities (down by 0.31%) have shown an increase this month. Corporate Services remains the lowest at 3.42% and Medicine the highest at 5.78%.</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. Since the end of November 2010, 6 cautionary hearings have taken place and 5 First Written Absence Cautions have been issued (with 1 appeal).</p> <p>HR Business Partners are also monitoring sickness absence on a weekly basis to assist the achievement of the new target of 3.00% and reporting to the QIPP team on a fortnightly basis.</p>

Appraisal	<p>The number of appraisals completed at Trust level has increased but only by 0.9% this month to 58.9%, which remains under target. However it does continue the upward trend since April 2010 when the figure was 32%.</p> <p>Corporate Services and Family & Support Services are the highest at 66.7% and 65.3% whilst Medicine remains the lowest at 44.6%.</p> <p>The HR Business Partners are now actively monitoring appraisal completion within the Divisions and action plans have been requested to outline how and when improvements will be made.</p>
Occupational Health Activity	<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	November 2010	December 2009	December 2010
	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	96.77	109.28	95.29
Additional Clinical Services	507.25	518.20	494.93	514.30	495.07	509.22	485.44	480.20	505.58	473.61
Admin & Clerical	677.97	675.10	689.45	682.22	691.85	681.89	683.20	682.81	680.24	680.05
Allied Health Professionals	140.84	141.70	137.10	138.42	135.99	138.13	133.64	133.53	138.85	132.97
Estates & Ancillary	178.22	166.29	186.85	169.44	185.37	179.17	194.35	198.95	182.30	204.08
Healthcare Scientists	72.83	76.03	69.42	74.91	68.21	70.14	66.71	66.21	69.64	65.71
Medical & Dental	308.40	314.01	301.11	306.87	298.04	299.02	292.73	292.53	297.62	293.93
Nursing & Midwifery (Registered)	1,098.83	1,098.18	1,099.78	1,089.82	1,095.25	1,088.21	1,077.10	1,074.14	1,092.27	1,072.11
Trust	3096.76	3101.66	3090.63	3086.81	3073.73	3075.85	3029.47	3025.14	3075.78	3017.75

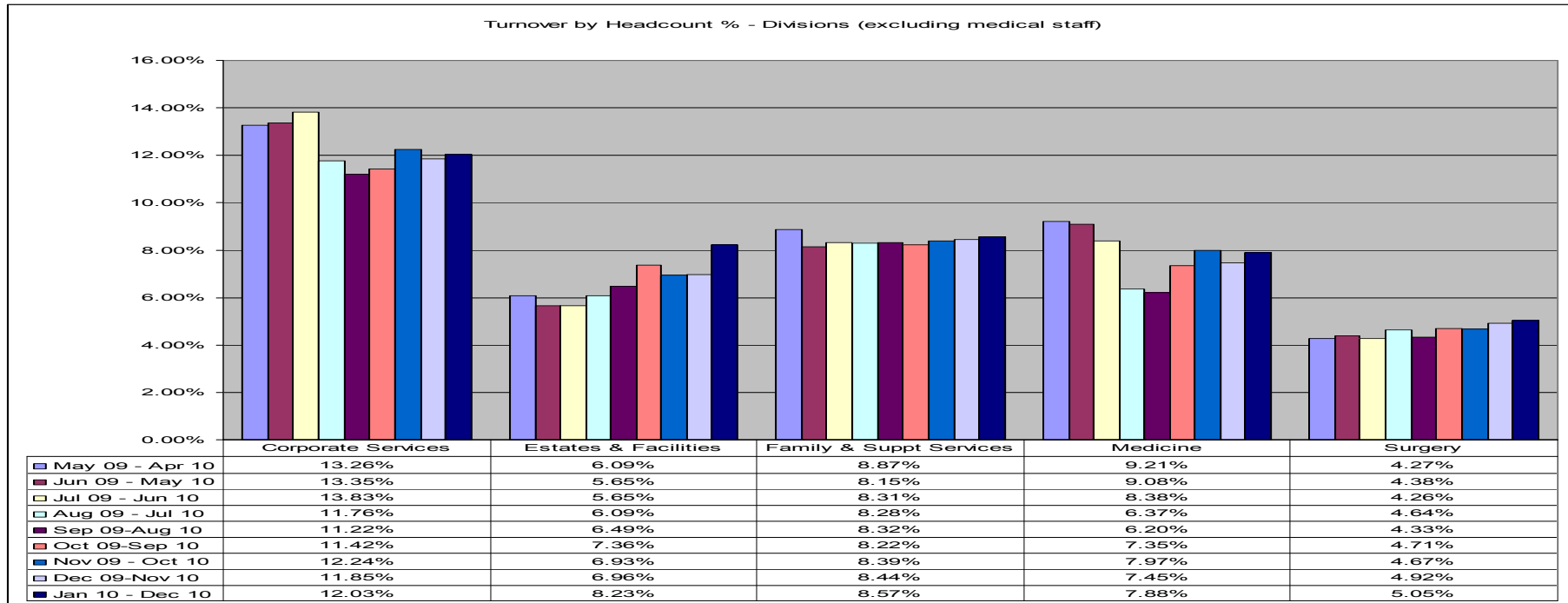
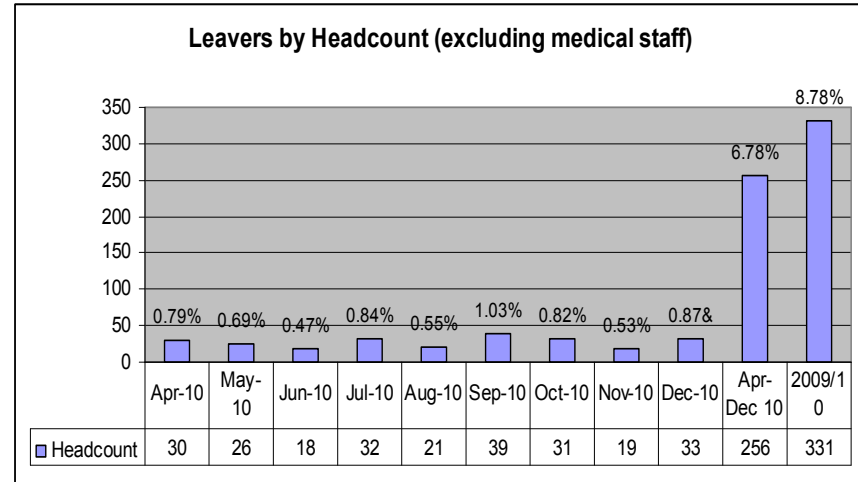
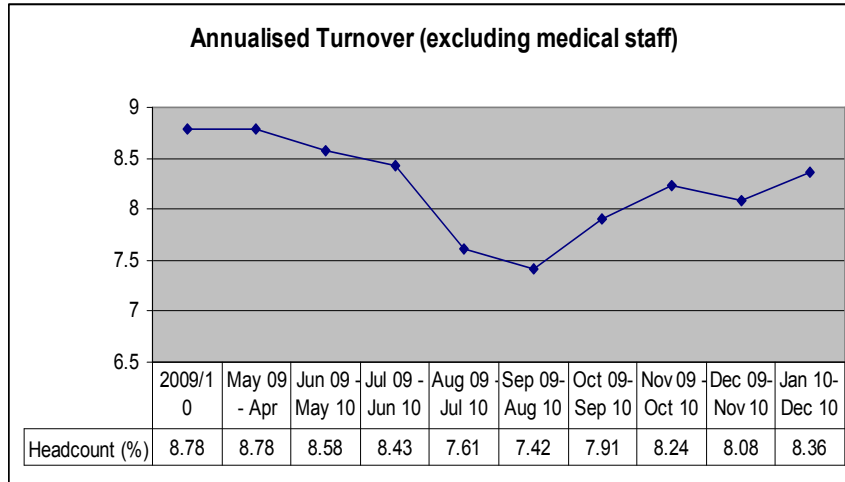
Staff Group	2009/10	Quarter 1 2009/2010	Quarter 1 2010/2011	Quarter 2 2009/2010	Quarter 2 2010/2011	Quarter 3 2009/2010	Quarter 3 2010/2011	November 2010	December 2009	December 2010
	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	139	138	138	136	127	136	117	118	136	116
Additional Clinical Services	794	799	799	796	807	792	799	795	792	785
Admin & Clerical	872	865	865	886	891	890	881	880	887	877
Allied Health Professionals	196	196	196	196	196	195	196	197	195	198
Estates & Ancillary	239	226	226	228	247	239	263	274	243	279
Healthcare Scientists	76	79	79	78	71	73	69	69	73	68
Medical & Dental	358	370	370	364	359	353	361	364	350	362
Nursing & Midwifery (Registered)	1,454	1,458	1,458	1,446	1,460	1,443	1,453	1,458	1,451	1,458
Trust	4425	4131	4131	4130	4158	4121	4139	4155	4127	4143



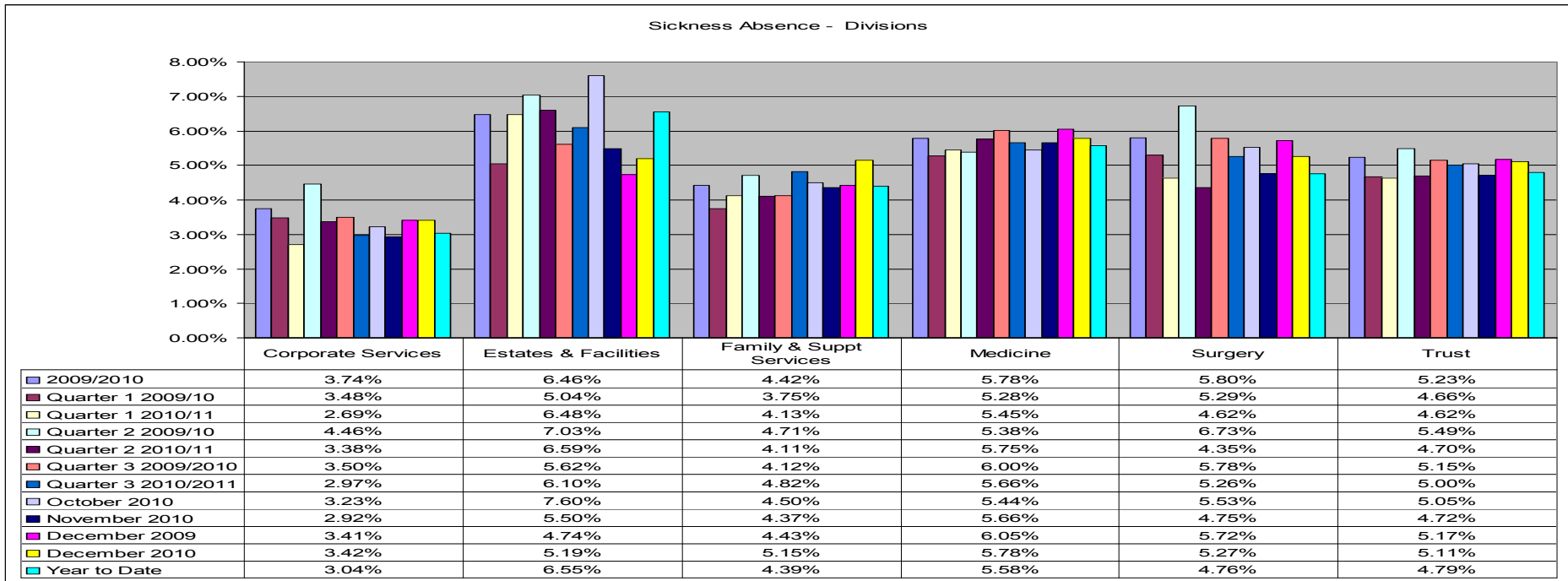
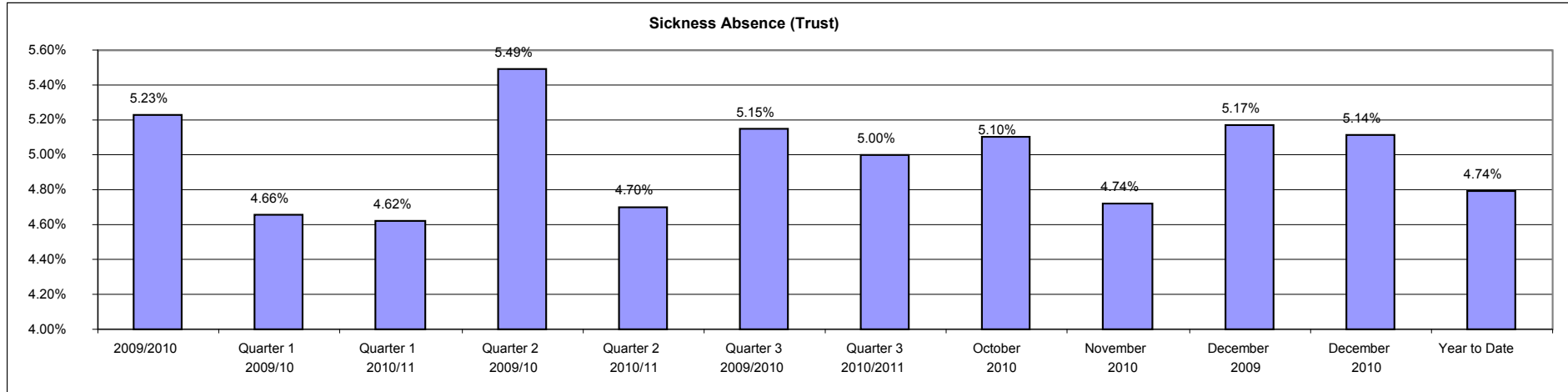
3.3 Overtime

	Apr £	May £	Jun £	Jul £	Aug £	Sep £	Oct £	Nov £	Dec £	Jan £	Feb £	Mar £	YTD Total
Corporate Services	4,640	4,936	4,437	3,729	4,835	3,364	3,193	2,913	2,771				34,818
Estates & Facilities	21,267	14,796	16,780	16,666	21,007	18,594	14,934	10,835	11,547				146,426
Family & Support Services	21,400	19,519	20,600	23,319	20,034	21,586	19,340	20,188	17,008				182,995
Medicine	17,761	17,544	13,272	6,085	7,043	8,268	8,282	8,626	5,667				92,548
Surgery	15,748	10,057	7,588	9,663	6,236	6,933	5,324	10,780	6,276				78,603

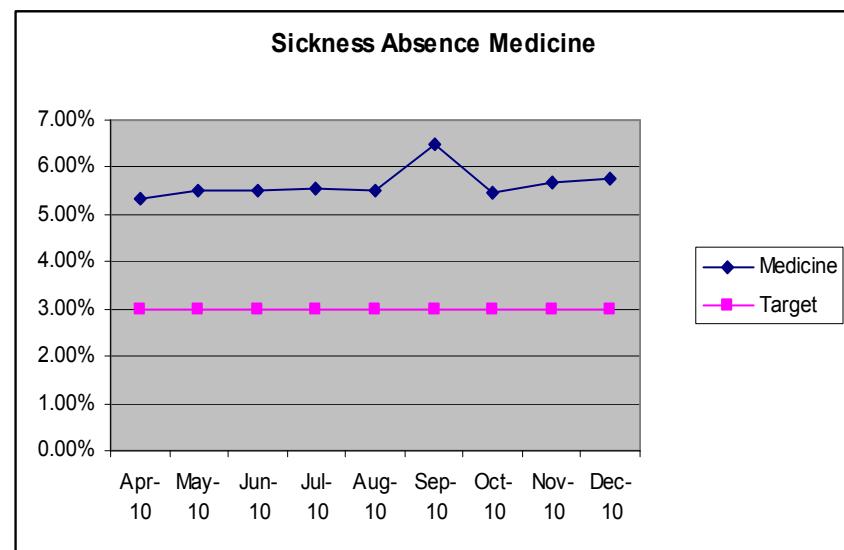
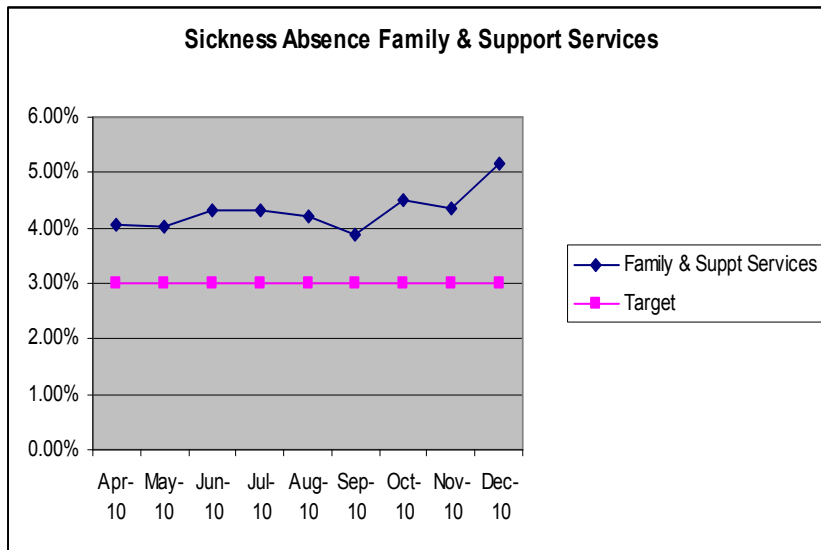
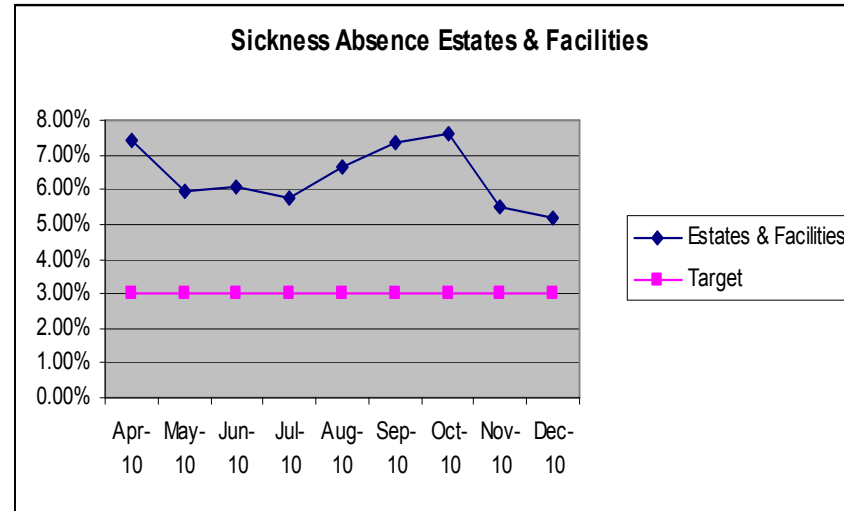
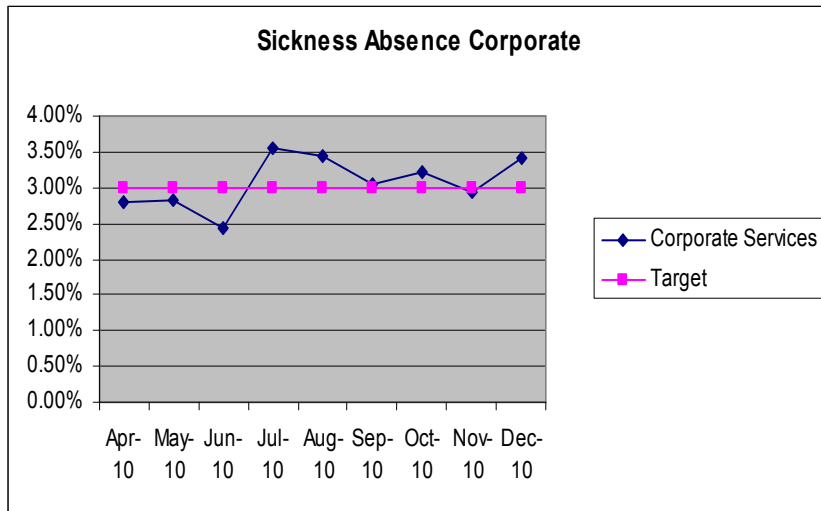
3.4 Turnover



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 (new procedure)	Month 7	Month 8	Month 9
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	-
Total Disciplinary	12	Total	2	0	1	1

Disciplinary Appeals:

	2010/2011	Month 7	Month 8	Month 9
Upheld	2	1	-	1
Overtured	-	-	-	-
Total Disciplinary Appeals	2	1	0	1

Grievance:

Previous procedure	2010/2011 (previous procedure)	New procedure	2010/2011 (new procedure)	Month 7	Month 8	Month 9
		Withdrawn	2			1
Resolved informally	1	Resolved at Stage 1 (informally)		-	-	-
Resolved at Stage 1	1	Resolved at Stage 2	2	1	-	-
Resolved at Stage 2	-	Resolved at Stage 3	-	-	-	-
Resolved at Stage 3	-	External mediation	1	-	-	1
Total	2	Total	5	1	0	1

3.7 Occupational Health

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

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

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	RAG
Corporate Services	32%	47%	60%	59%	61%	64%	68%	68%	66.7%	
Estates	43%	85%	91%	92%	92%	87%	89%	63%	62.6%	
Family & Support Services				39%	42%	53%	56%	64%	65.3%	
Surgical	19%	22%	28%	41%	47%	51%	54%	61.5%	62.7%	
Medical	22%	20%	18%	27%	29%	40%	43%	44%	44.6%	
Total	32%	36%	38%	41%	46%	52%	56%	58%	58.9%	

RAG coding



SECTION 4
FINANCE REPORT

4. FINANCE REPORT

The Trust is reporting a deficit of £587k at the end of Month 9, this is an improvement from Month 6 of £7,366k. The Trust has delivered CIP of £7,087k against a plan of £15,750k up to the end of December 2010. The shortfall in the delivery of CIP is the main driver of the financial deficit.

The significant improvement in the financial performance relates to the Trust securing an additional £10m from NHS North West in support of strategic change across the economy. A proportionate amount (£7.5m) has been factored into the financial position this month.

Excluding the additional income, underlying income has over performed the plan by £1,237k in December and is now cumulatively £297k above the plan. The increase is mainly due to a number of relatively small adjustments which when added together are worth over £700k. These adjustments include the final coding of non-elective activity in November and an increase in Third Party Liability Income in month.

Pay is overspent by £734k in December and is now cumulatively overspent by £2,529k. Whilst pay is overspent, the run rate has reduced in December reflecting the continuing reduction in staff paid during the year. Expenditure on substantively employed staff is cumulatively underspent by £2,540k due to reduced headcount compared to the budget but this is compensated by unbudgeted expenditure on premium agency staff of £5,082k. Pay budgets have been reduced this month to reflect planned bed reconfigurations and to remove vacant posts that will not be replaced, this has accounted for the movement in the variance this month. Agency expenditure was £443k which is the lowest level recorded this year reflecting the improvements made in recent months.

Non Pay is cumulatively overspent by £839k due to CIP being behind the plan. The run rate for non-pay continues to be consistent with no noticeable reduction in actual expenditure. Increased controls have been put in place to try and slow expenditure down and ensure only essential goods are ordered.

The Trust has actioned full year CIP of £10,145k against a plan of £21,018k up to the end of December 2010. Over £2m of schemes have been implemented in December including the ward reconfigurations. Further schemes are due to be implemented in the final quarter of the financial year to maximise the savings this year.

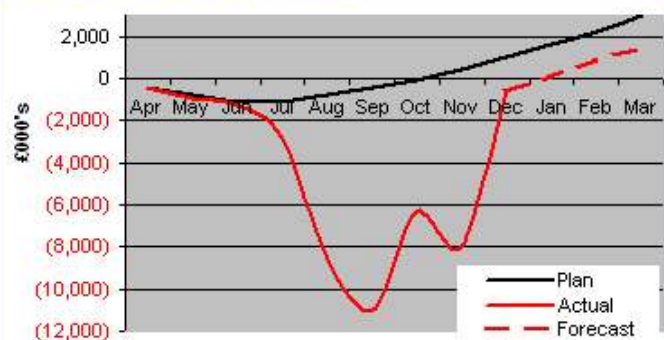
The Trust originally planned a year-end surplus of £3m, revised down to £1.5m to take into account the impact of IFRIC 12. The Trust continues to forecast that it will achieve this target.

FINANCIAL OVERVIEW - 31st December 2010 (Month 9)

Income & Expenditure

The Trust is reporting a deficit of £587k against a planned surplus of £1,002k, resulting in a negative variance of £1,589k. The relative improvement in the financial position income is due to an additional £10m being secured from NHS North West for strategic support. This has led to an increase in reported income in the month.

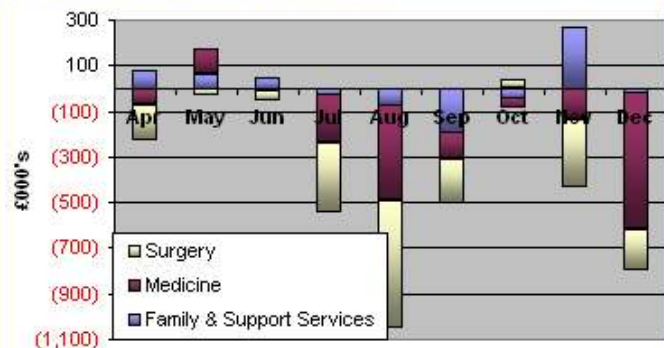
I&E Performance 2010/11



Divisional Performance

The Clinical Divisions overspent by £802k in month are now currently overspent by £3,141k. The overspend is split between Medicine (£1,487k) and Surgery (£1,763k), with Family & Support Services underspent by £109k. Divisional budgets have been reduced in line with CIP plans to reflect the bed reconfiguration and reduction in WTE budgets which accounts for the large variance.

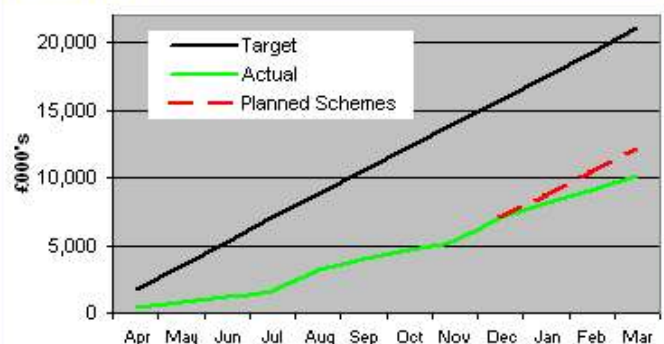
Divisional Monthly Variance



CIP Delivery

£10,145k of CIP has been actioned against a full year plan of £21,018k, although much of this reflects reductions in budget rather than cash releasing savings. Current plans expect schemes totalling £12,085k to be in place against the plan. The pace of delivery needs to improve and plans need to translate into reductions in expenditure to have a real effect on delivery.

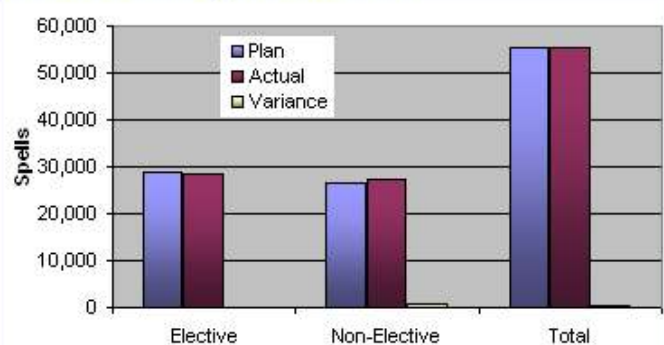
CIP 2010/11



Performance Against SLAs

Elective activity is 142 spells behind the plan in month and cumulatively is 380 spells below the plan. Non elective activity has been very high in the month reporting 305 spells above the plan leading to a cumulative over performance against the plan of 690 spells.

Contract Activity Performance

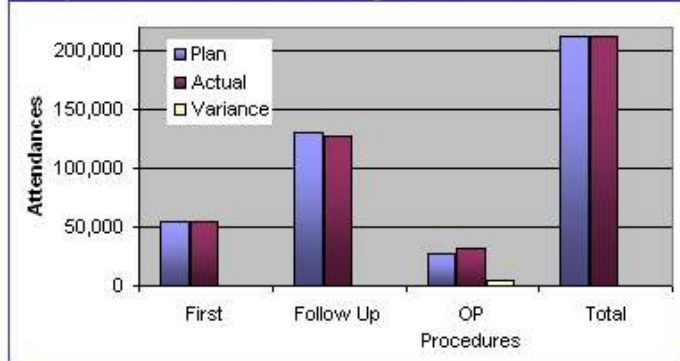


FINANCIAL OVERVIEW - 31st December 2010 (Month 9)

Outpatient Performance

Total Outpatient activity is 332 attendances below plan. Outpatient Procedures continues to over perform against the plan. However, Outpatient Follow-Ups are now reducing in line with NHS Cumbria's commissioning intentions to reduce the New to Follow-Up ratio of attendances. This will allow capacity to be released and costs to be reduced.

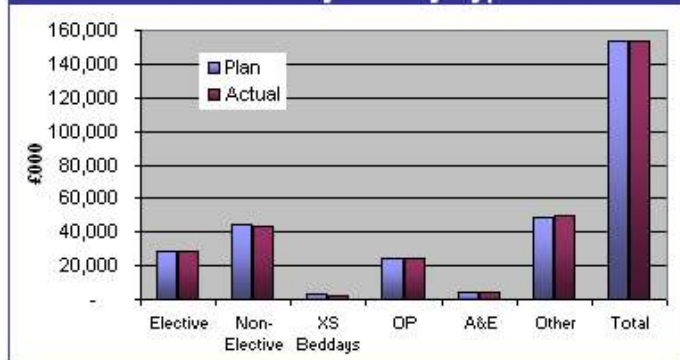
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is above plan by £147k. Non-Elective activity is behind the plan by £819k despite being ahead of the activity plan, this reflects a change in the casemix. Elective income and Excess Bedday income are behind plan although this is offset by performances above plan primarily in Outpatients and 'Other'. A&E income is ahead of the plan by £51k.

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	M09	Forecast
Breakeven Duty	To achieve a breakeven I&E	£587k deficit	£1,500k surplus
Capital Absorption Rate	To achieve a rate of 3.5%	3.50%	3.50%
Better Payment Practice Code	95% of payments within 30 days by volume & value	●	●
External Financing Limit (EFL)	To achieve the EFL	●	●
Capital Resource Limit (CRL)	To remain within the CRL	●	●

Summary Financial Position to 31st December 2010 (Month 9)

(adverse) / favourable variance

Previous Net Variance			Annual Budget £000	In Month				Cumulative						
				Budget £000	Actual £000	Variance £000	%	Budget £000	Actual £000	Variance £000	%			
£000	%													
		Income												
(684)	(0.5%)	NHS Clinical Income	203,925	23,383	24,215	831	3.6%	153,326	153,473	147	0.1%			
57	1.4%	Other NHS Income (R&D, training etc)	6,185	538	534	(4)	(0.8%)	4,744	4,797	53	1.1%			
(420)	(29.7%)	Non NHS Clinical Income (PP's, RTA)	2,134	180	134	(47)	(25.8%)	1,595	1,129	(467)	(29.3%)			
107	1.8%	Operating Income	8,794	780	1,236	456	58.5%	6,674	7,237	563	8.4%			
(940)	(27.0%)	Total Income	221,037	24,881	26,118	1,237	5.0%	166,339	166,635	297	(19.6%)			
		Expenditure												
		Clinical Divisions												
0	0.0%	Clinical Support Division	-	-	0	0	0.0%	0	0	0	0.0%			
129	0.4%	Family & Support Divison	816	798	18	(50,000)	(4,106)	(4,126)	(19)	(0.5%)	(37,735)	(37,625)	109	0.3%
(889)	(2.3%)	Medical Division	965	921	45	(53,624)	(4,315)	(4,914)	(599)	(13.9%)	(42,292)	(43,780)	(1,487)	(3.5%)
(1,580)	(4.5%)	Surgical Division	826	810	15	(51,858)	(4,239)	(4,423)	(184)	(4.3%)	(39,254)	(41,018)	(1,763)	(4.5%)
(2,339)	(2.2%)	Sub Total	2,607	2,528	78	(155,483)	(12,661)	(13,463)	(802)	6.3%	(119,281)	(122,423)	(3,141)	(2.6%)
		Corporate Directorates												
92	2.4%	Chief Executive	16	16	(1)	(5,875)	(490)	(786)	(296)	(60.5%)	(4,386)	(4,590)	(204)	(4.7%)
(122)	(0.9%)	Estates and Facilities	200	205	(5)	(19,490)	(1,677)	(1,364)	313	18.7%	(14,508)	(14,317)	191	1.3%
(87)	(1.4%)	Finance	262	243	19	(9,595)	(800)	(836)	(36)	(4.5%)	(7,208)	(7,331)	(123)	(1.7%)
(6)	(0.2%)	Human Resources	70	69	1	(4,020)	(349)	(369)	(19)	(5.6%)	(3,049)	(3,074)	(25)	(0.8%)
50	24.7%	Medical Director	8	6	2	(303)	(25)	(18)	7	29.6%	(227)	(170)	57	25.3%
(345)	(33.4%)	Nurse Director	33	48	(15)	(1,543)	(128)	(178)	(51)	(39.7%)	(1,159)	(1,554)	(395)	(34.1%)
68	6.7%	Services Received	-	-	0	(1,513)	(126)	(124)	2	2.0%	(1,134)	(1,064)	70	6.2%
4,060	100.0%	Reserves	-	-	0	(15,010)	(6,979)	0	6,979	100.0%	(11,039)	0	11,039	100.0%
(8,866)	100.0%	Cost Improvements	-	-	0	11,468	293	0	(293)	100.0%	9,158	0	(9,158)	100.0%
(7,494)	(5.8%)	Total Expenditure	3,198	3,118	80	(201,365)	(22,942)	(17,137)	5,805	25.3%	(152,832)	(154,523)	(1,689)	(1.1%)
(8,434)		EBITDA	19,673	1,939	8,981	7,042					13,507	12,114	(1,393)	
		EBITDA %	8.9%	7.8%	34.4%						8.1%	7.3%		
170		Impairments	0	0	0	0	0	0	0		0	170	170	
251	5.8%	Depreciation	(6,468)	(539)	(503)	36	6.6%	(4,851)	(4,565)	286	5.9%			
(10)	(37.1%)	Interest receivable	40	3	2	(1)	(43.8%)	30	19	(11)	(37.8%)			
682	13.0%	Interest payable	(7,845)	(654)	(616)	38	5.8%	(5,884)	(5,163)	720	12.2%			
281	17.6%	PDC Dividend	(2,400)	(200)	(165)	35	17.5%	(1,800)	(1,484)	316	17.6%			
(7,059)	-1562.42%	Net surplus / (deficit)	3,000	550	7,698	7,149					1,002	1,090	89	8.9%
(170)		Adjustment for Impairments		0	0	0					0	(170)	(170)	
(1,175)		IFRIC 12 / Dual Accounting	(1,500)	0	(332)	(332)					0	(1,507)	(1,507)	
(8,405)	-1860.3%	Revised Net surplus / (deficit)	1,500	550	7,366	6,817					1,002	(587)	(1,587)	-158.4%

Statement of Financial Position as at 31st December 2010 (Month 9)

	Closing 31 March 2010	As at 31 December 2010	Movement in Year to Date	Previous Month as at 30 November 2010	Movement in Current Month	Budgeted Closing Balance (31 March 2011)
	£000	£000	£000	£000	£000	£000
Statement of Financial Position						
NON-CURRENT ASSETS:						
Property, Plant and Equipment	125,521	125,193	(328)	124,792	401	133,855
Intangible Assets	117	215	98	260	(45)	91
Trade and Other Receivables	2,566	2,475	(91)	2,495	(20)	1,750
TOTAL NON-CURRENT ASSETS	128,204	127,883	(321)	127,547	336	135,696
CURRENT ASSETS:						
Inventories	3,354	3,340	(14)	3,283	57	3,050
Trade and Other Receivables	11,506	18,369	6,863	14,347	4,022	7,066
Cash and cash equivalents	1,001	6,671	5,670	2,744	3,927	1,000
TOTAL CURRENT ASSETS	15,861	28,380	12,519	20,374	8,006	11,116
TOTAL ASSETS	144,065	156,263	12,198	147,921	8,342	146,812
CURRENT LIABILITIES:						
NHS Trade Payables	(1,874)	(9,293)	(7,419)	(11,260)	1,967	(1,200)
Non-NHS Trade Revenue Payables	(3,589)	(11,013)	(7,424)	(6,494)	(4,519)	(6,500)
Non-NHS Trade Capital Payables	(5,498)	(667)	4,831	(1,141)	474	(979)
Other Liabilities	(8,781)	(8,285)	496	(8,991)	706	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
TOTAL CURRENT LIABILITIES	(22,513)	(32,050)	(9,537)	(30,678)	(1,372)	(11,093)
NET CURRENT ASSETS/(LIABILITIES)	(6,652)	(3,670)	2,982	(10,304)	6,634	23
TOTAL ASSETS LESS CURRENT LIABILITIES	121,552	124,213	2,661	117,243	6,970	135,719
NON-CURRENT LIABILITIES						
Borrowings	(57,205)	(55,755)	1,450	(56,176)	422	(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)	(2,339)	215	(2,443)	103	(2,156)
Other Liabilities	(1,900)	(1,900)	0	(1,900)	0	(1,900)
TOTAL NON-CURRENT LIABILITIES	(71,077)	(68,984)	2,093	(69,509)	525	(68,805)
TOTAL ASSETS EMPLOYED	50,475	55,229	4,754	47,734	7,495	66,914
FINANCED BY TAXPAYERS EQUITY:						
Public Dividend Capital	53,818	58,018	4,200	58,018	0	66,818
Retained Earnings	(18,859)	(17,955)	904	(25,468)	7,513	(15,859)
Revaluation Reserve	12,576	12,419	(157)	12,419	0	13,557
Donated Asset Reserve	1,467	1,274	(193)	1,292	(18)	962
Government Grant Reserve	1,473	1,473	0	1,473	0	1,436
TOTAL TAXPAYERS EQUITY	50,475	55,229	4,754	47,734	7,495	66,914
Cash in OPG accounts	988	6,666	5,678	2,739	3,927	1,000

SECTION 5

CONCLUSION & RECOMMENDATION

CONCLUSION

The financial position has significantly improved in month removing a number of risks associated with the year end financial forecast. The Trust must however continue to reduce the level of both pay and non-pay as it moves into the final quarter of the financial year. Continued and sustained effort must be made throughout the organisation to minimise expenditure to ensure we start 2011/12 in the strongest position possible.

The Trust continues to demonstrate overall good performance in respect of operating and quality performance metrics.

RECOMMENDATION

The 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

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.
-