

**TRUST BOARD**

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| <b>Date of Meeting:</b> 07/06/2011  | <b>Enclosure:</b> 6  |
|   | <b>Agenda Item No:</b> 8.1   |
| <b>Title of Report:</b> Performance Report  |  |
| <p><b>Aims:</b></p> <p>This report provides the Trust Board with an update on the latest Trust performance information as at 30 April 2011.</p>   |  |
| <p><b>Summary:</b></p> <p>The performance report summarises Trust performance against a range of operating, quality, financial and workforce indicators for month one of the new financial year (2011/12). Operating performance targets are now aligned to the new integrated performance measures which were published in the Technical Guidance for the 2011/12 Operating Framework.</p> |  |
| <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                   |
| <p><b>Recommendations:</b></p> <p>The Trust Board is asked to note the content of the report.</p>   |  |
| <p><b>Document previously approved by:</b></p> <p>Not applicable. Report directly to the Trust Board.</p>   |  |
| <p><b>Prepared by:</b></p> <p>Kevin Clarkson<br/>Chief Operating Officer/Deputy Chief Executive</p> <p>Alistair Mulvey<br/>Director of Finance</p> <p>Damian Gallagher<br/>Director of Human Resources</p> <p>Chris Platton<br/>Acting Director of Nursing, Quality and Governance</p>  | <p><b>Presented by:</b></p> <p>Kevin Clarkson<br/>Chief Operating Officer/Deputy Chief Executive</p> |

**TRUST BOARD  
PERFORMANCE REPORT  
JUNE 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 30 April 2011.

The report sections are as follows: -

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

**SECTION 1**

**OPERATING PERFORMANCE**

## 1. **OPERATING PERFORMANCE**

The full Performance Dashboard is located at Appendix A. The Dashboard has been updated to ensure that all operating performance targets are now aligned to the integrated performance measures which were published in the Technical Guidance for the 2011/12 Operating Framework.

The Operating Framework for 2011/12 identifies a series of measures and targets against which all NHS Trusts will be monitored throughout the year. The Operating Framework focuses on the following:

- Quality
- Resources

The Framework also further splits the above categories into:

- Headline measures
- Supporting measures

The Performance Dashboard structure has now therefore been set up with eleven distinct sections and these are identified below:

1. Quality: headline measures
2. Resources: headline measures
3. Quality: supporting measures
4. Resources: supporting measures
5. Local monitoring
6. Local productivity metrics
7. Local workforce metrics
8. Local quality metrics
9. Estates metrics
10. Facilities metrics
11. Referral to Treatment analysis by speciality

A number of the resources measures, particularly in respect of finance, are not contained within the Dashboard as these will be covered in Section 4 of the overall Performance Report narrative. This is also the case with some of the human resources measures which will be covered in Section 3 of the Performance Report. This is to avoid duplication throughout the report.

In addition to the normal criteria for traffic lighting, which is used to judge the Trust's current performance against each of the measures, two additional categories have also been introduced. These are:

- A snapshot position
- A trends and movements analysis

The above two categories have been introduced into the Dashboard as there are a number of measures where there is no defined target level to achieve but there is an expectation of improvement. Board members will also note that a number of the performance measures relate to audits and annual surveys. The Dashboard also provides details of the specific reference code from the Operating Framework for cross referencing purposes.

Local targets have also been maintained, particularly around productivity metrics. The Performance Report now also includes data and graphical information regarding important pharmaceutical matters to enable monitoring by the Board (section 1.6). Particular emphasis being placed upon:

- Antibiotic expenditure
- Drug expenditure for PbR excluded drugs
- Drug expenditure for PbR included drugs

The Performance Report and Dashboard (at Appendix A) will continue to be refined and updated as required during the year.

## **1.1 MONTH ONE PERFORMANCE**

The Trust has started the year in a good position in respect of a large number of the new integrated performance measures.

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

- MRSA bacteraemia
- Mixed sex accommodation breaches
- A&E clinical quality: unplanned re-attendance rate
- A&E clinical quality: left without being seen rate
- Cancer 2 week waits
- Cancer 62 day waits
- Emergency readmissions (within 30 days)
- Cancer 31 day waits
- Referral to Treatment: median waiting times
- Length of stay
- Day case rate
- Delayed transfers of care
- Data quality on ethnic groups
- Thrombolysis 60 minute call to needle time
- Number of patients waiting longer than 6 weeks for diagnostics tests
- Choose and Book slot availability
- Estates and Facilities metrics

Where appropriate, and in line with the Technical Guidance for the 2011/12 Operating Framework, target performance levels have been adjusted for a number of indicators (see Dashboard at Appendix A). Of particular note for Board members are the new Infection Prevention target levels of:

- MRSA bacteraemia (attributed to the Trust) less than or equal to 4 for the year
- Clostridium difficile infections (attributed to the Trust) less than or equal to 69 for the year

## **1.2 PERFORMANCE IMPROVEMENT PLANS AND PROGRESS**

The colour coded trend analysis tables and comparisons to previous months (as included in the Performance Report in 2010/11) will be reintroduced to the main body of the Performance Report from months two and three onwards. This is to enable a full analysis of the Trust's position to be carried out against all the new integrated performance measures. This exercise will then inform how and when performance improvement plans will be instigated.

Of significance are the large number of Accident and Emergency integrated performance measures where it is important that there is an overall view formed by the Board when looking at the range of indicators particularly by hospital site.

The DH have also recognised that Trusts will need some time to align IT and data capture systems especially in respect of the A&E measures. Quarter one will therefore be "off the clock" for monitoring purposes to allow time to firm up data quality. The Trust will use this time to review the in month red performance areas as there are clearly some matters to address in the areas of "time to initial assessment" and "time to treatment".

## **1.3 PRODUCTIVITY METRICS**

Integrated performance measure SRS09 identifies the overall day case rate for general and acute care. It is pleasing to report the April 2011 in month performance of 80.3% in respect of this key performance indicator. The remaining local productivity metrics under section 6 of the Dashboard will be updated for the July meeting of the Trust Board when the April 2011 figures are available.

## **1.4 ESTATES AND FACILITIES**

The April performance figures against the agreed key performance indicators for the Estates and Facilities Directorate have exceeded the set targets in all areas.

Board members will note that the domestic cleaning audits are performed on a quarterly basis and therefore data is not yet available for this indicator.

The performance figures continue to demonstrate a very high and consistent level of overall performance on both hospital sites.

## **1.5 18 WEEKS RTT BY SPECIALITY**

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

- a) Admitted and non admitted – percentage treated within 18 weeks
- b) Admitted patient care 95<sup>th</sup> percentile
- c) Non admitted patient care 95<sup>th</sup> percentile
- d) Admitted patient care median wait
- e) Non admitted patient care median wait
- f) Incomplete pathways 95<sup>th</sup> percentile
- g) Incomplete pathways median wait
- h) Incomplete pathways – number of incomplete pathways (this is shown for trending analysis purposes)

Trust Board members have previously been appraised of the significant pressure that was being experienced within the Ophthalmology Directorate and this continues to be evident from the month one position. The pressure in Ophthalmology continues to also affect the Trust's overall 95<sup>th</sup> percentile performance position which is just short of the required level of less than or equal to 23 weeks.

The previously reported recovery plan has now been put into place to clear a large proportion of the long waiters. The plan has been finalised and it will be instigated during the month of June. In addition to Ophthalmology the following specialities will also be removing some long waiters thus improving their 95<sup>th</sup> percentile performance levels. These are:

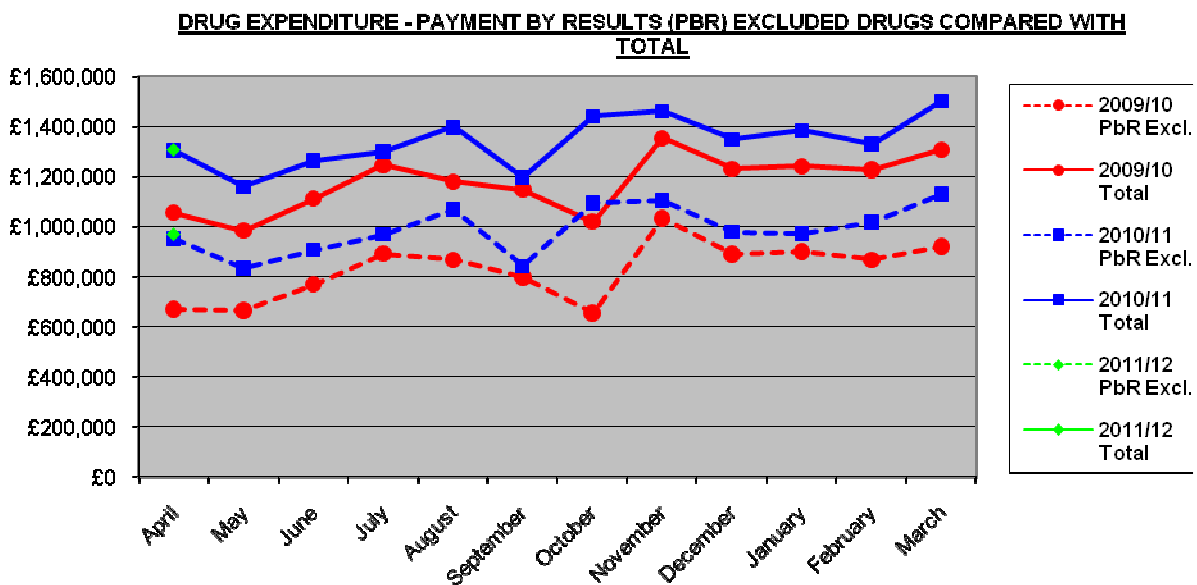
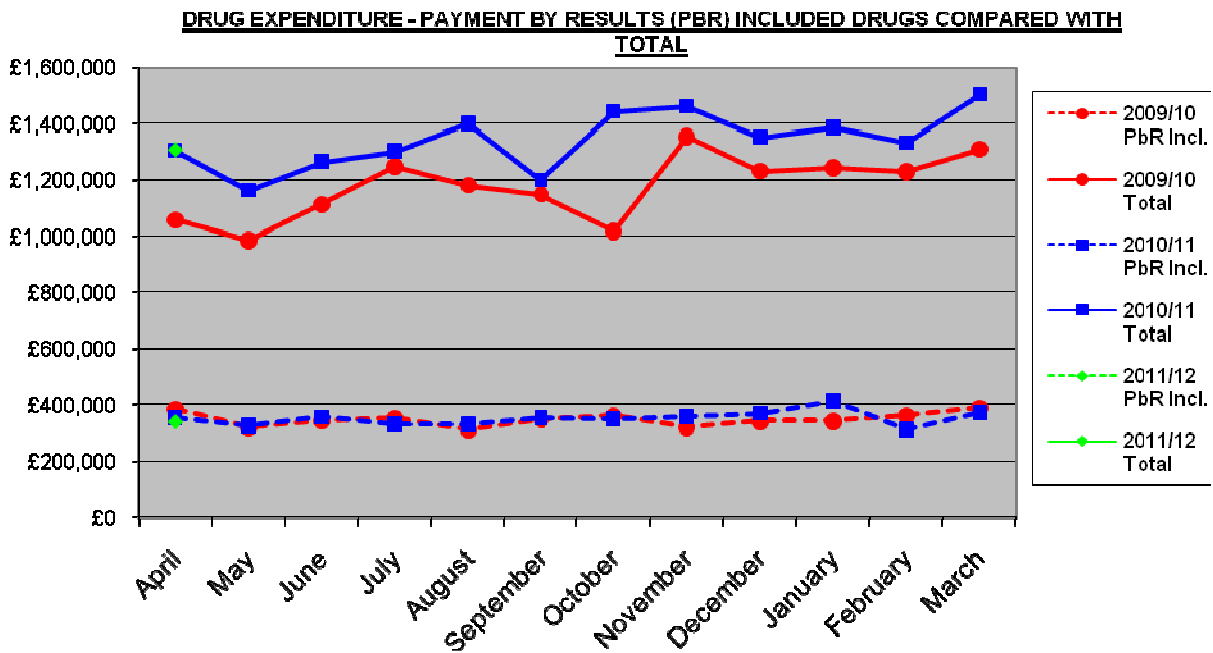
- Orthopaedic Surgery
- Gynaecology
- Dermatology
- Oral Surgery

The impact of this work in June will be that the Trust's in month overall aggregate performance level for admitted care will be around 70% (against the target level of 90%). Formal letters requesting support have been issued to NHS Cumbria and the North West Strategic Health Authority. Trust Board members will be kept informed regarding progress.

## **1.6 PHARMACY METRICS**

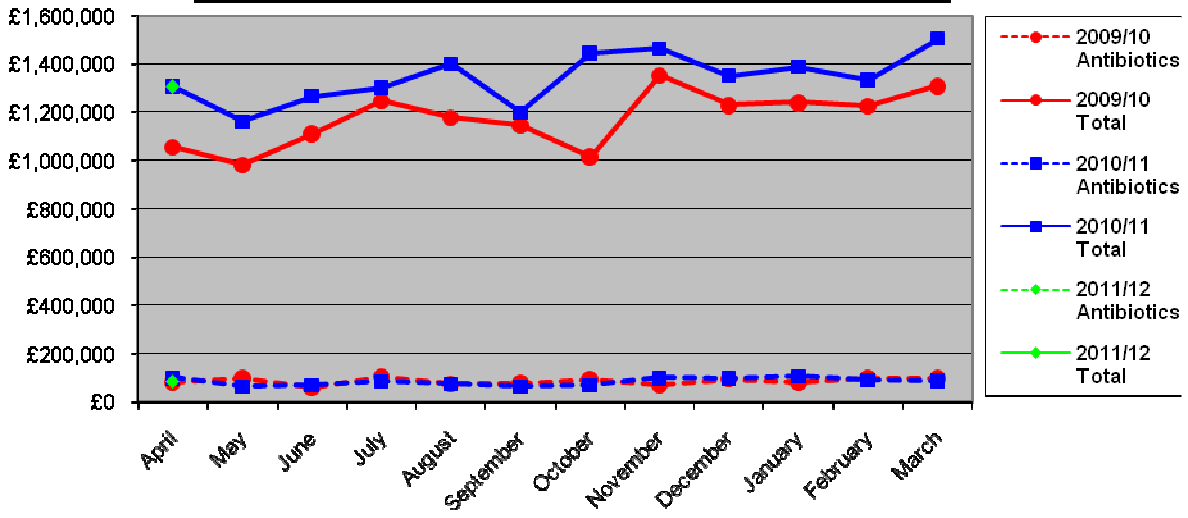
The North West SHA level 4 QIPP workstream on Medicines Management has recommended that all Trust Boards should be aware of high level data in respect of key prescribing issues. The aim being to encourage Board level scrutiny especially in the area of PbR excluded drugs which requires a whole health economy focus.

The charts below highlight expenditure for three key areas comparing expenditure against total expenditure and also comparing the current year and the previous two years.





**EXPENDITURE ON ANTIBIOTICS COMPARED WITH TOTAL EXPENDITURE**



**SECTION 2**

**QUALITY REPORT**

## 2.

### **QUALITY REPORT**

#### **2.1 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 Technical Guidance Operating Framework for 2011/2012. Accordingly, the performance Dashboard has been updated to reflect the new quality reporting requirements of the Operating Framework for 2011/12.

In addition to the quality reporting requirements in the Operating Framework the governance team have also reviewed how the local Trust priorities for quality can be reported during the new financial year. A draft local Quality Dashboard outlining the areas which will be reported from July 2011 onwards has been developed to incorporate into one section all the other local quality measures that are appropriate for the organisation, these include:

- CQUIN targets
- Advancing Quality
- CQC enforcement
- Trust Governance and Risk Management indicators
- Progress against the Trust's Quality Account priorities

The criteria for the traffic light position is still being finalised within the governance team to ensure this focuses the Board on the key quality issues on a monthly and quarterly basis. This will also include enhanced reporting from the CHKS benchmarking system to ensure that outliers are easily identified in the local Quality Dashboard.

A first draft of the Trust's local Quality Dashboard is attached at Appendix B. Board members are invited to comment on the first draft by Friday 17 June 2011.

#### **2.2 MRSA bacteraemia**

The Trust continues to perform very well against the Department of Health's targets for reducing the incidence of MRSA bacteraemia. The Trust has to achieve year on year reductions with the incidence of MRSA. The target for 2011/12 is less than 4 apportioned cases. The excellent work carried out by our clinical teams to minimise infections has meant that there has been no post 48 hour bacteraemia for 12 months at the Cumberland Infirmary and for 11 months at the West Cumberland Hospital.

#### **2.3 Clostridium Difficile**

The Trust has to achieve year on year reductions with the incidence of Clostridium Difficile. The target for 2011/2012 is 69 attributed cases.

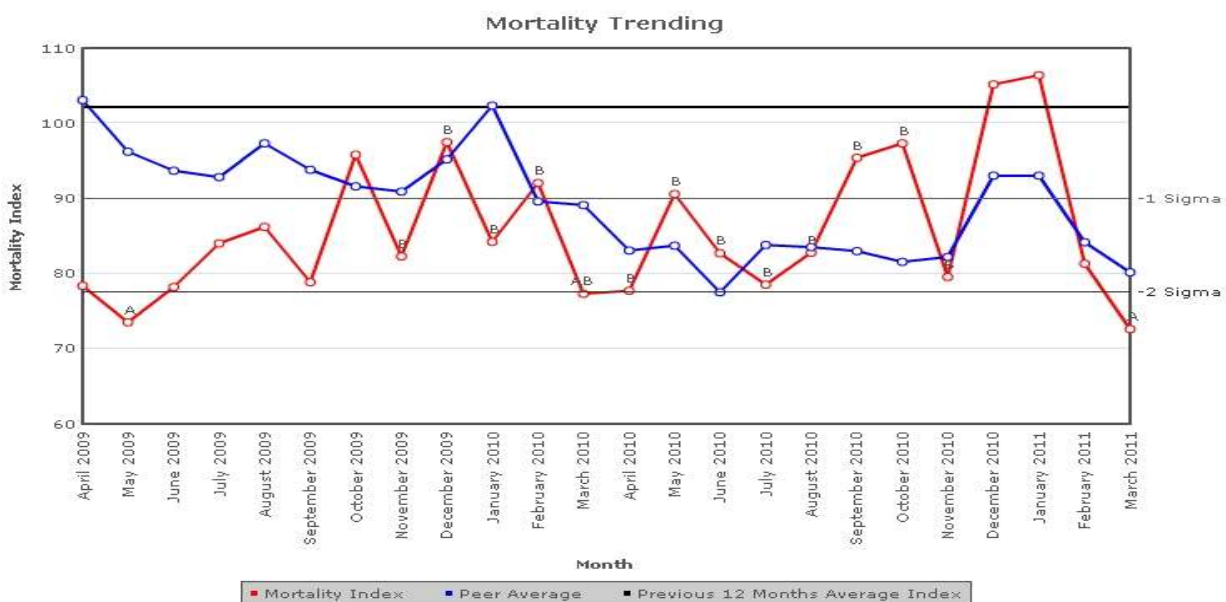
This target will be challenging for our clinical teams who are committed to maintaining the excellent achievements made in 2010/11 of 57 attributed cases against a target of 120. The performance for the month of April 2011 shows the Trust just above the 2011/12 trajectory with 8 attributed cases of which there were 6 cases at the Cumberland Infirmary and 2 cases at the West Cumberland Hospital.

All 8 cases have been reviewed by the Consultant Microbiologist which included increased screening and antibiotic audits. A rise in cases for April has been noted across the whole health economy with increased numbers of Clostridium Difficile cases for the same reporting period. The work of the Steering Group will continue to ensure our clinical teams monitor all preventative measures and instigate actions as required. As part of that work the Infection Prevention and Senior Nursing Team are implementing a deep clean programme for identified clinical areas which is in addition to the Trusts existing cleaning programmes. On 1 June 2011 the team launched the “Cdiff” patient card which will be provided to newly identified patients and all relapse patients. The purpose of the card is to raise awareness of susceptibility for patients who may be prescribed antibiotics.

## 2.4 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 currently available up to and including March 2011. The graph below shows a decrease in trend in the risk adjusted mortality index for March 2011.



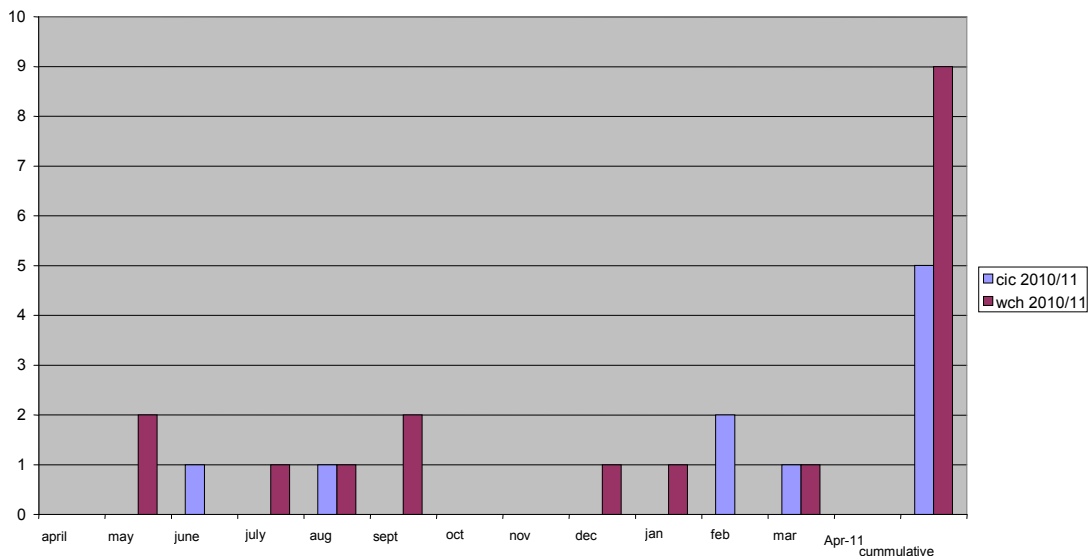
## 2.5 Slips, Trips and Falls

Excellent performance continues in respect of slips, trips and falls prevention. The April 2011 figure was 71 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 is included below.

### 2.5.1 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 continue to 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.

**In patient falls resulting in fractured neck of femur**



## 2.6 Venous Thromboembolism (VTE)

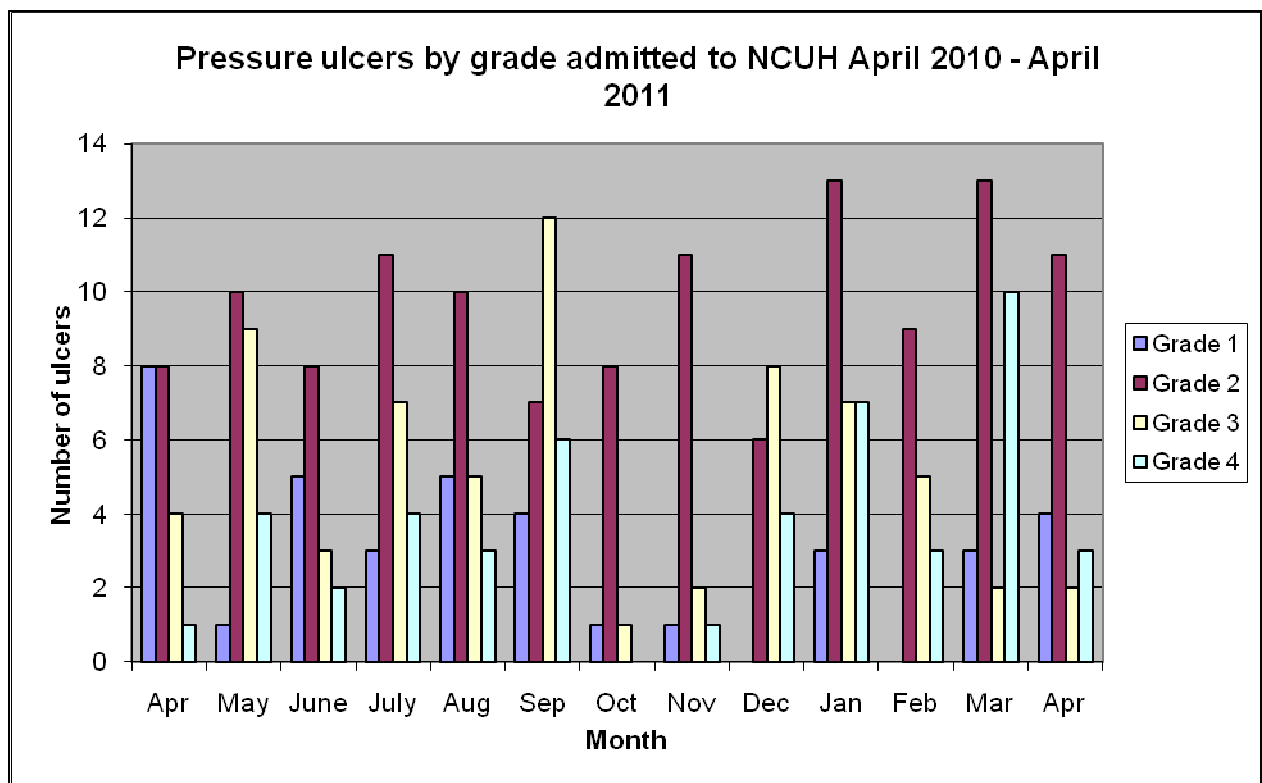
From June 2010 all Acute Trust's were required to report monthly to the Department of Health on the number of inpatients who are VTE risk assessed as per the National Institute for Health and Clinical Excellence (NICE) clinical guideline number 92. By March 2011 all Trusts were expected to have reached 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. The 90% target has been achieved since January 2011 (Appendix A Code SQU01).

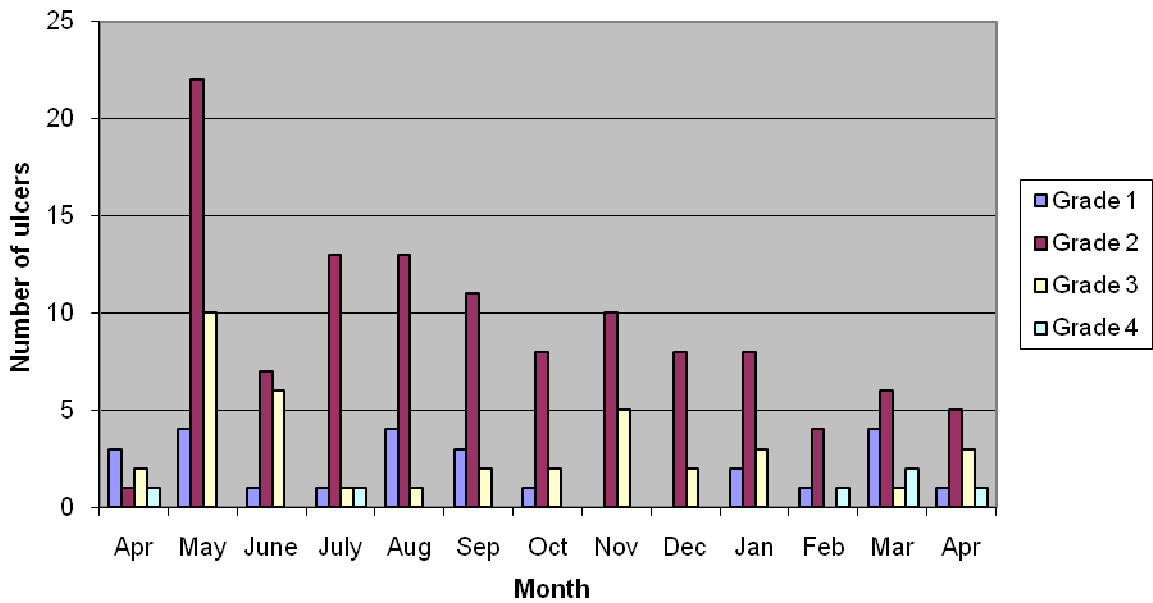
## 2.7 Pressure Ulcers

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 to 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. A continence pilot was completed in May 2011 to identify moisture lesions in comparison to pressure lesions and this has been piloted on Jenkin Ward at WCH and Willow A at CIC. The pressure area pilot has commenced across both sites on Beech A, B, Maple CD, Overwater 1 and Jenkin ward 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.

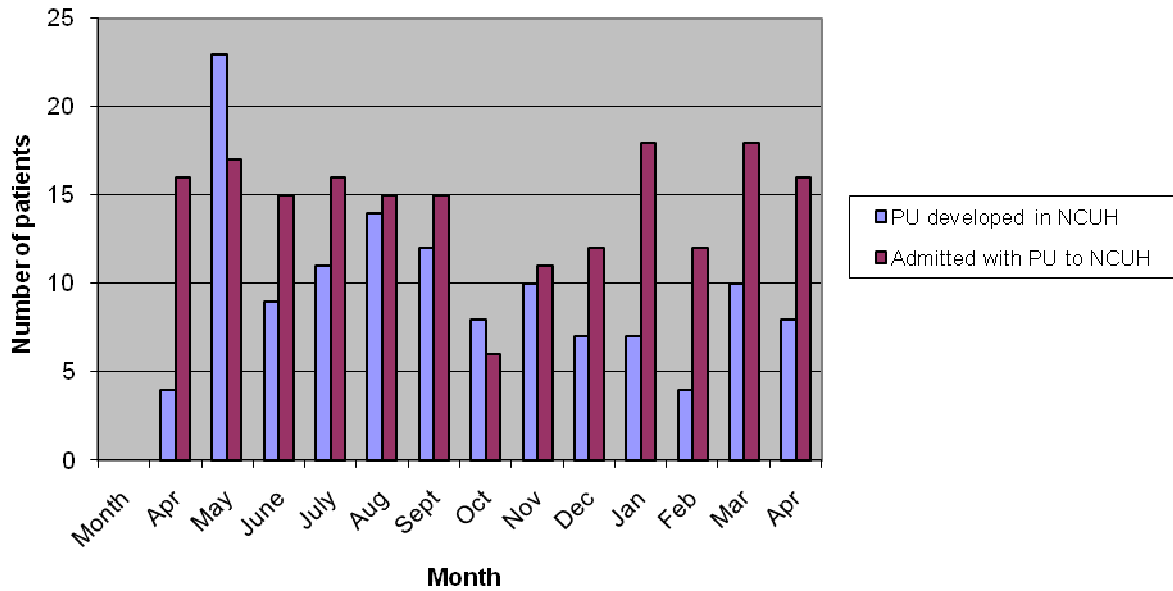
The following graphs include data pre admission and post admission.



Pressure ulcer by grade developed in NCUH April 2010 - April 2011



Number of patients with pressure damage April 2010 - April 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 1  |                |
| 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

|                         |   |
|-------------------------|---|
| <b>Staff in Post</b>    | <p>Staff in post for the Trust as a whole is at 2993.15 WTE at Month 1 (2011/2012) This equates to a reduction of 95.17 WTE when compared to the equivalent month in 2010/11 and a reduction of 7.67 WTE compared to Month 12 (2010/2011).</p> <p>The largest two staff groups are Nursing &amp; Midwifery (1068.81 WTE) and Admin &amp; Clerical (669.25 WTE). Currently the Trust has a total of 297.80 WTE Medical and Dental staff and 470.05 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics, Medicine has the largest establishment (789.3 WTE) followed by Family and Support Services (705.56 WTE) and Surgery (657.64 WTE).</p>   |
| <b>Overtime</b>         | <p>The overtime figures reported from April 2011 have been enhanced from those reported in the last financial year (2010/11). Previously 'overtime' reported consisted of additional hours worked by staff above the normal weekly contracted hours of 37.5 per week. The figures reported from 1/4/2011 have been enhanced and are a total of:</p> <ul style="list-style-type: none"> <li>• Overtime worked above the normal weekly contracted hours of 37.5 (the value of this for April 2011 is £49,895) plus</li> <li>• "Additional Basic Pay" i.e. overtime worked by part time staff up to the full-time normal weekly contracted hours of 37.5(not included in last year's figures).</li> </ul>  |
| <b>Turnover</b>         | <p>The annualised turnover figure (headcount) for non-medical staff for the 12 month period is 10.6% (including bank workers). There were 31 non-medical staff leavers (0.84%).</p>   |
| <b>Sickness Absence</b> | <p>The Trust sickness absence rate for Month 1 (2011/12) is 3.86%, lower than at the equivalent month in 2009/2010 (4.61%) and a decrease of 0.25 % from Month 12 (2010/11). This continues the downward trend from January 2011 and is a significant move towards the target of 3%.</p> <p>Surgery has shown the largest drop of 0.95% to 3.52%. Medicine also has decreased, by 0.30% to 4.23%. Corporate remains the lowest and below target at 2.45% with Estates &amp; Facilities still the highest at 6.92%.</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 has further tightened this process. To date, 13 hearings have been held and 10 First Written Absence Cautions have been issued.</p> <p>HR Business Partners are also monitoring absence on a weekly basis to assist with the achievement of the stretch target of 3.00% and reporting to the QIPP team on a regular basis.</p> |

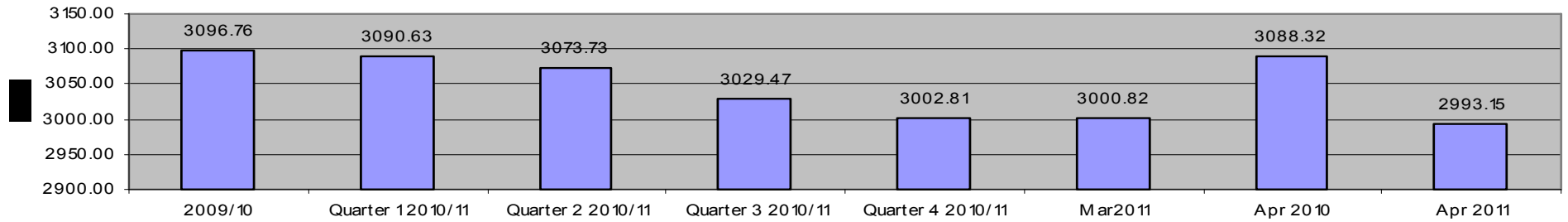
|                            |   |
|----------------------------|---|
| <b>Appraisal</b>           | <p>The annualised figure for the number of appraisals completed at Trust level (from 1 May 2010 to 30 April 2011) is 79.38% an increase from the previous month of nearly 2%.</p> <p>Estates &amp; Facilities (91.16%) remains the highest followed by Family &amp; Support Services (82.07%) and the Medical Division (81.49%). It is pleasing to note that for the first month since records began all clinical areas are at or above the minimum 80% target.</p> <p>The HR Business Partners continue to actively monitor appraisal completion within the Divisions.</p> |
| <b>Occupational Health</b> | <p>Figures include flu vaccination appointments. Self referral figures include face to face appointments and telephone contact.</p>   |

### 3.2 Staff in Post

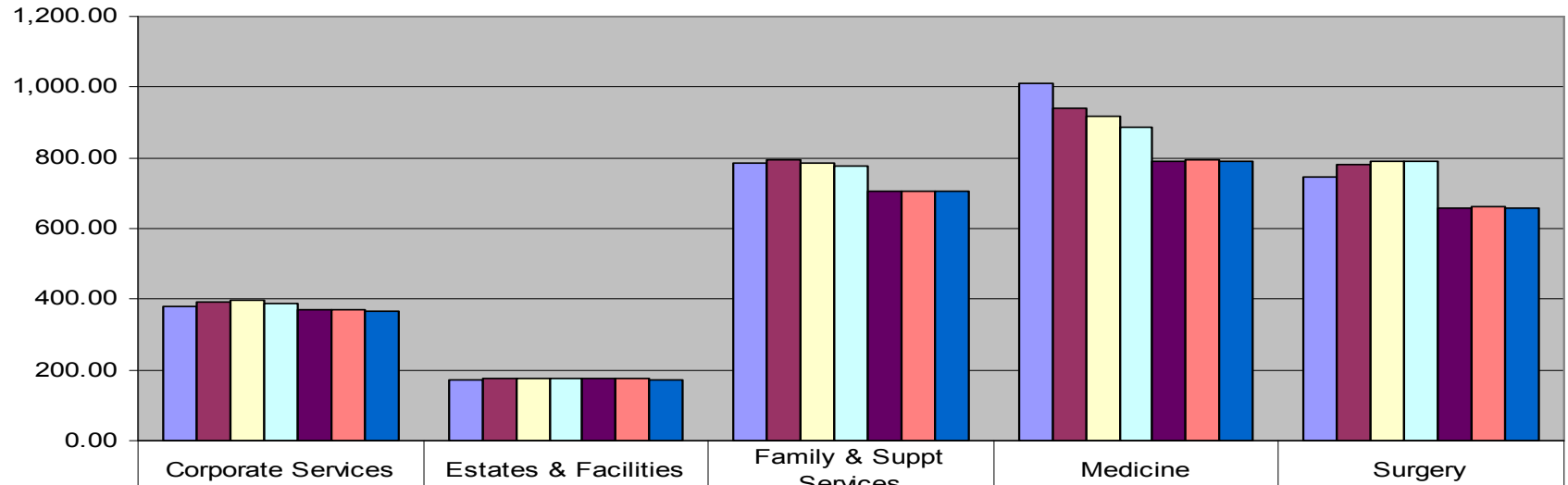
| Staff Group                         | 2009/10        | Quarter 1<br>2010/11 | Quarter 2<br>2010/11 | Quarter 3<br>2010/11 | Quarter 4<br>2010/11 | Mar<br>2011    | Apr 2010       | Apr 2011       |
|-------------------------------------|----------------|----------------------|----------------------|----------------------|----------------------|----------------|----------------|----------------|
|                                     | WTE            | WTE                  | WTE                  | WTE                  | WTE                  | WTE            | WTE            | WTE            |
| Additional Professional & Technical | 112.41         | 111.99               | 103.96               | 96.30                | 94.28                | 92.87          | 112.46         | 92.08          |
| Additional Clinical Services        | 507.25         | 494.93               | 495.07               | 485.44               | 470.36               | 470.33         | 496.08         | 470.05         |
| Admin & Clerical                    | 677.97         | 689.45               | 691.85               | 683.20               | 673.70               | 671.46         | 689.09         | 669.25         |
| Allied Health Professionals         | 140.84         | 137.10               | 135.99               | 133.64               | 132.52               | 132.79         | 136.86         | 131.59         |
| Estates & Facilities                | 178.22         | 186.85               | 185.37               | 194.35               | 202.22               | 201.50         | 187.65         | 199.45         |
| Healthcare Scientists               | 72.83          | 69.42                | 68.21                | 66.71                | 64.91                | 64.61          | 69.14          | 64.11          |
| Medical & Dental                    | 308.40         | 301.11               | 298.04               | 292.73               | 295.51               | 298.06         | 302.57         | 297.80         |
| Nursing & Midwifery (Registered)    | 1,098.83       | 1,099.78             | 1,095.25             | 1,077.10             | 1,069.30             | 1,069.19       | 1,094.46       | 1,068.81       |
| <b>Trust</b>                        | <b>3096.76</b> | <b>3090.63</b>       | <b>3073.73</b>       | <b>3029.47</b>       | <b>3002.81</b>       | <b>3000.82</b> | <b>3088.32</b> | <b>2993.15</b> |

| Staff Group                         | 2009/10     | Quarter 1<br>2010/2011 | Quarter 2<br>2010/2011 | Quarter 3<br>2010/2011 | Quarter 4<br>2010/11 | Mar2011     | Apr 2010    | Apr 2011    |
|-------------------------------------|-------------|------------------------|------------------------|------------------------|----------------------|-------------|-------------|-------------|
|                                     | Head        | Head                   | Head                   | Head                   | Head                 | Head        | Head        | Head        |
| Additional Professional & Technical | 139         | 138                    | 127                    | 117                    | 113                  | 110         | 138         | 110         |
| Additional Clinical Services        | 794         | 799                    | 807                    | 799                    | 768                  | 762         | 787         | 756         |
| Admin & Clerical                    | 872         | 865                    | 891                    | 881                    | 862                  | 851         | 892         | 845         |
| Allied Health Professionals         | 196         | 196                    | 196                    | 196                    | 196                  | 195         | 195         | 195         |
| Estates & Facilities                | 239         | 226                    | 247                    | 263                    | 275                  | 275         | 249         | 273         |
| Healthcare Scientists               | 76          | 79                     | 71                     | 69                     | 68                   | 68          | 72          | 67          |
| Medical & Dental                    | 358         | 370                    | 359                    | 361                    | 364                  | 366         | 349         | 369         |
| Nursing & Midwifery (Registered)    | 1,454       | 1,458                  | 1,460                  | 1,453                  | 1,445                | 1,439       | 1,457       | 1,438       |
| <b>Trust</b>                        | <b>4425</b> | <b>4131</b>            | <b>4158</b>            | <b>4139</b>            | <b>4091</b>          | <b>4066</b> | <b>4139</b> | <b>4053</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         | 379.46             | 171.15               | 786.88                  | 1,009.86 | 746.30  |
| Quarter 1 2010/11 WTE | 392.92             | 175.22               | 793.75                  | 939.59   | 781.28  |
| Quarter 2 2010/11 WTE | 396.00             | 176.77               | 786.37                  | 916.81   | 789.92  |
| Quarter 3 2010/11 WTE | 387.43             | 177.46               | 777.69                  | 888.50   | 791.52  |
| Quarter 4 2010/11 WTE | 372.39             | 174.92               | 707.18                  | 790.44   | 658.56  |
| March 2011 WTE        | 371.52             | 174.38               | 707.41                  | 795.64   | 660.20  |
| April 2011 WTE        | 366.32             | 172.24               | 705.56                  | 789.30   | 657.64  |

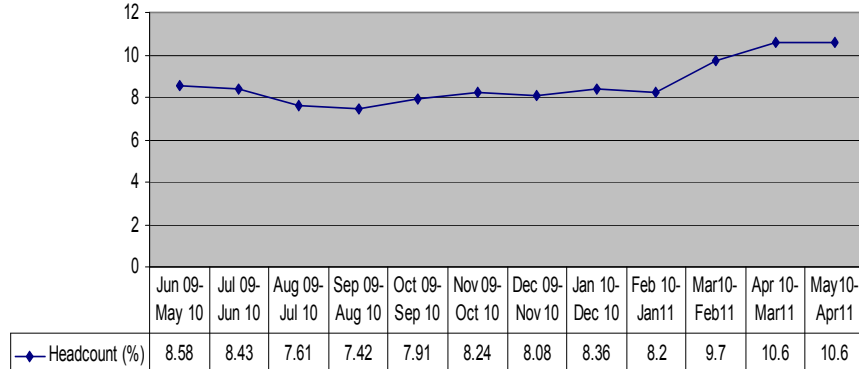
### 3.3 Overtime

|                              | Total<br>2010/11 | Apr 11<br>£ | May 11<br>£ | Jun 11<br>£ | Jul 11<br>£ | Aug 11<br>£ | Sep 11<br>£ | Oct 11<br>£ | Nov 11<br>£ | Dec 11<br>£ | Jan 12<br>£ | Feb 12<br>£ | Mar 12<br>£ | 2011/12<br>YTD |
|------------------------------|------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|----------------|
| Corporate Services           | 41,867           | 13,939      |             |             |             |             |             |             |             |             |             |             |             | 13,939         |
| Estates & Facilities         | 175,888          | 49,346      |             |             |             |             |             |             |             |             |             |             |             | 49,346         |
| Family & Support<br>Services | 235,979          | 88,682      |             |             |             |             |             |             |             |             |             |             |             | 88,682         |
| Medicine                     | 93,362           | 75,605      |             |             |             |             |             |             |             |             |             |             |             | 75,605         |
| Surgery                      | 123,334          | 46,196      |             |             |             |             |             |             |             |             |             |             |             | 46,196         |

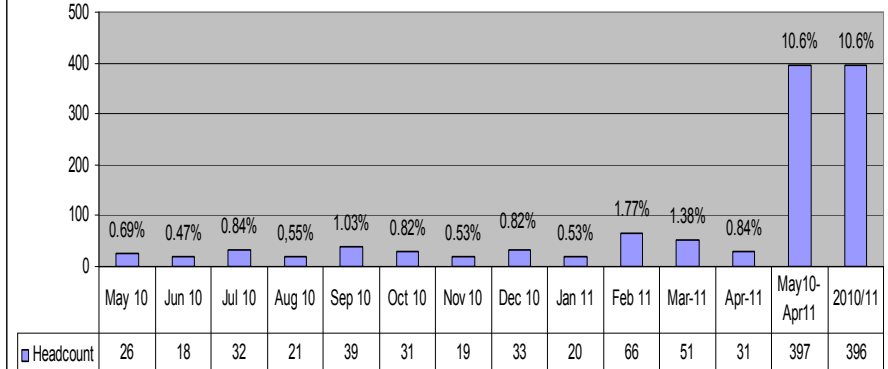
(2011/12 figures have been adjusted from those reported last financial year to incorporate “Additional Basic Pay” payments i.e. overtime worked by part time staff up to the regulation 37.5 hours)

### 3.4 Turnover

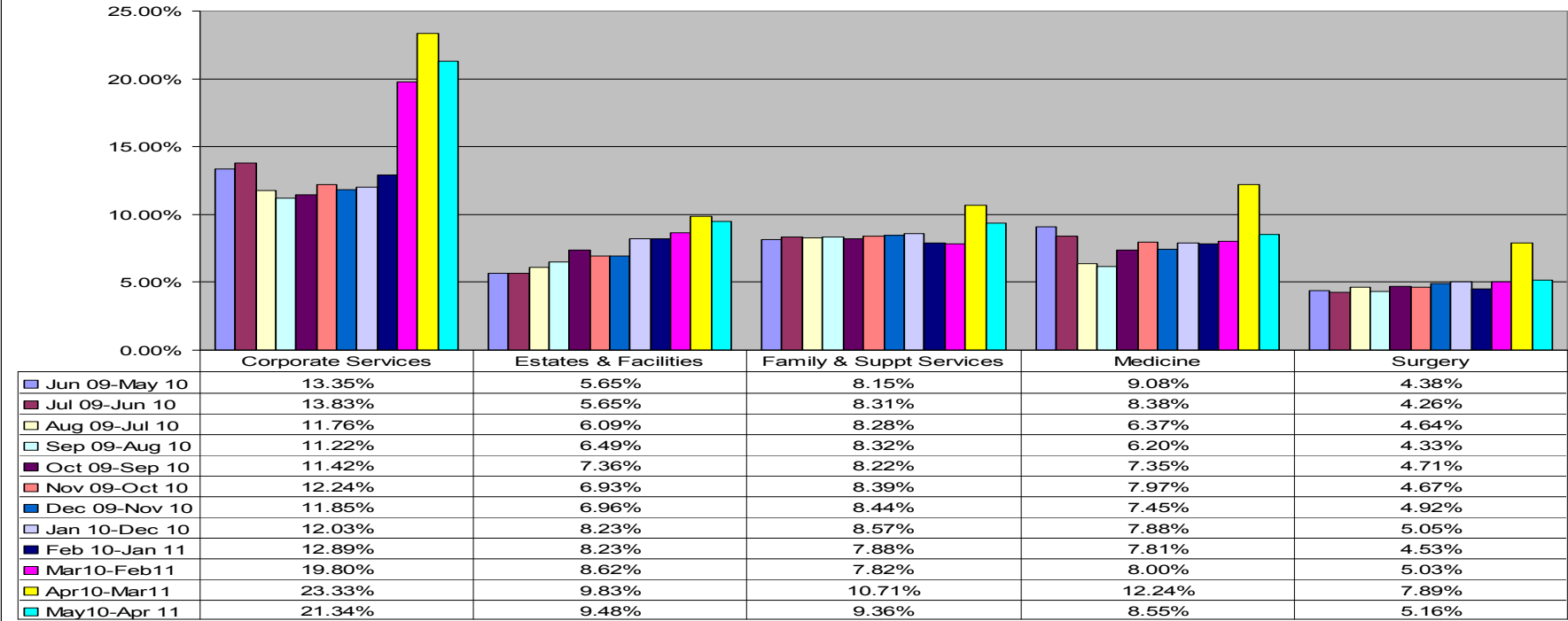
Annualised Turnover (excluding medical staff)



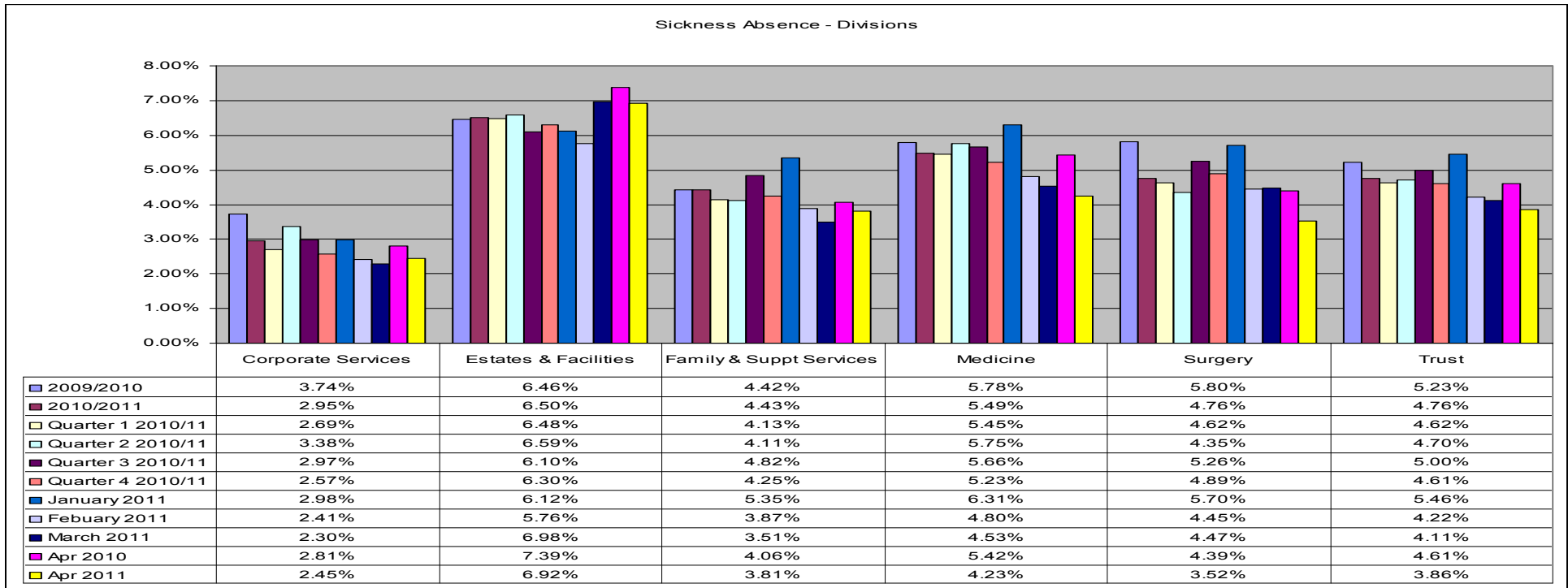
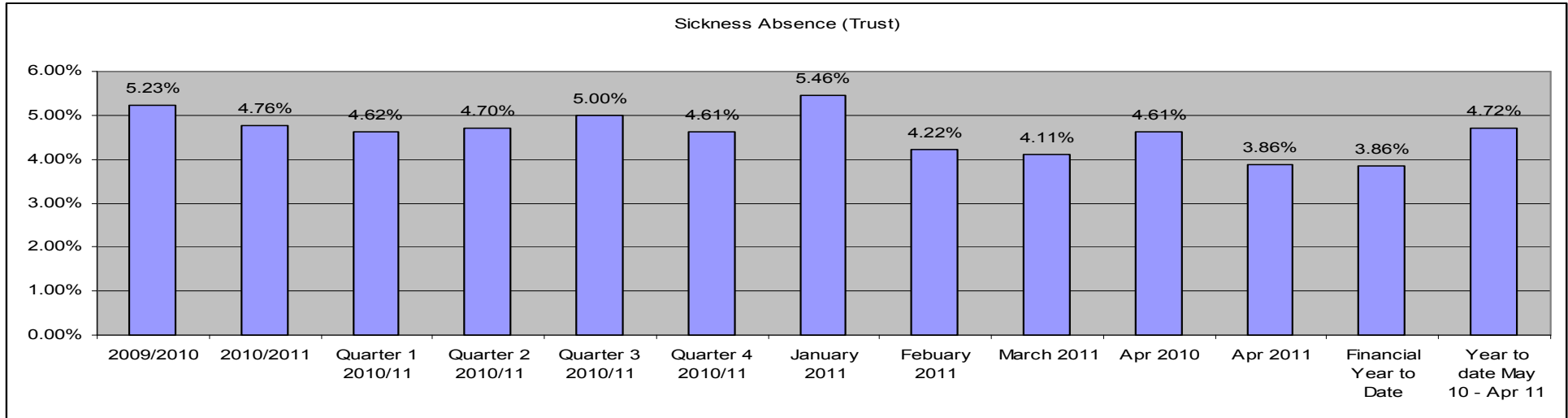
Leavers by Headcount (excluding medical staff)



Turnover by Headcount % - Divisions (excluding medical staff)



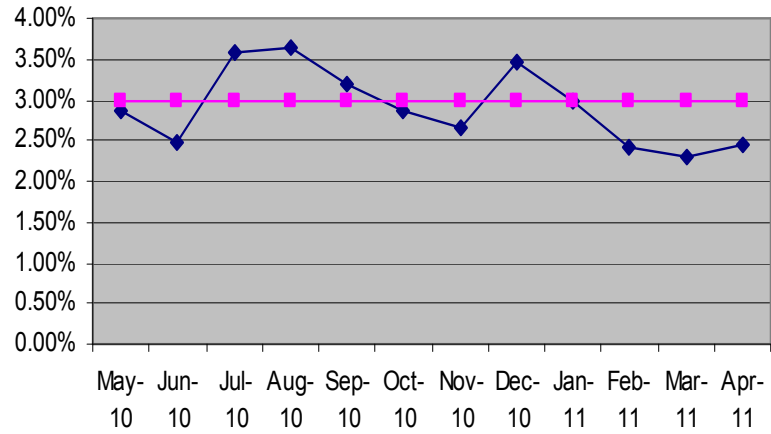
### 3.5 Sickness Absence



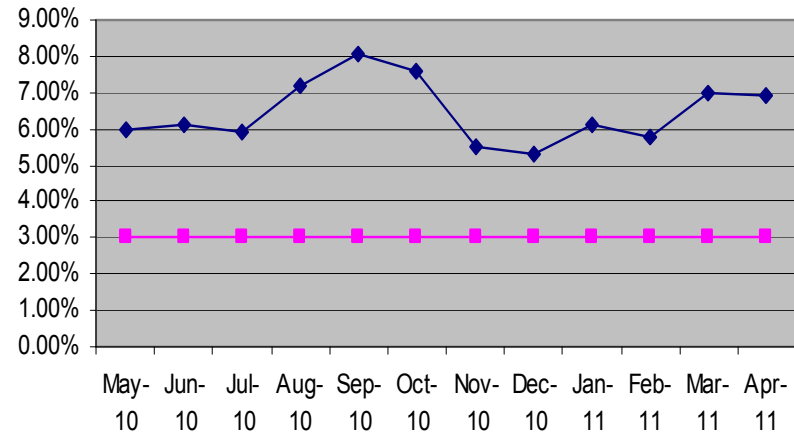


# Sickness Target Trackers 2010/11

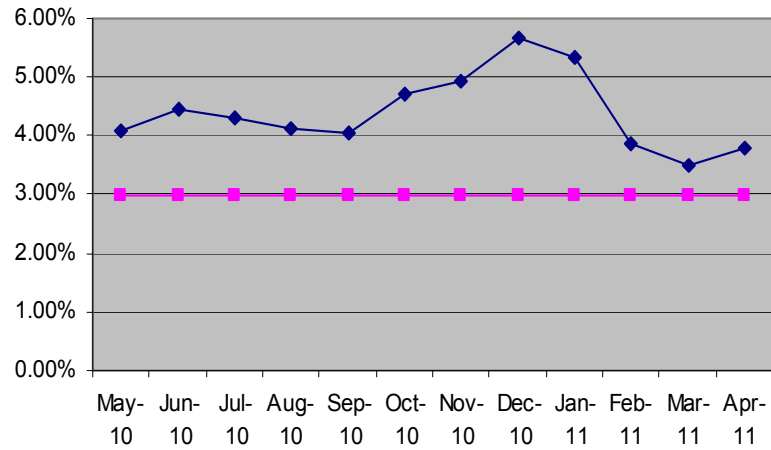
## Sickness Absence Corporate Services



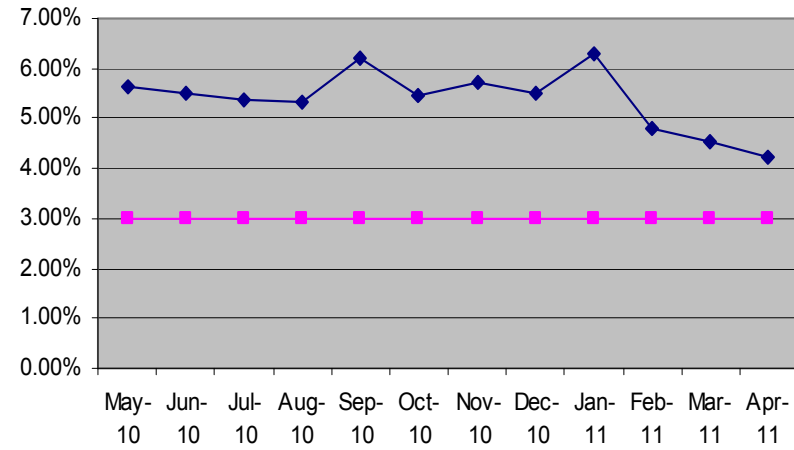
## Sickness Absence Estates & Facilities



## Sickness Absence Family & Support Services



## Sickness Absence Medicine







### 3.7 Occupational Health

| <b>Cumberland Infirmary</b>                         | <b>2010/11<br/>(from Aug 10)</b> | <b>Apr 2011</b> | <b>May 2011</b> | <b>June 2011</b> | <b>July 2011</b> | <b>Aug 2011</b> | <b>Sept 2011</b> |
|---|----------------------------------|-----------------|-----------------|------------------|------------------|-----------------|------------------|
| Pre-Employment Acute Staff                          | 250                              | 17              |                 |                  |                  |                 |                  |
| Pre-Employment Non Acute Staff                      | 22                               | 13              |                 |                  |                  |                 |                  |
| Pre-Employment Placements                           | 114                              | 5               |                 |                  |                  |                 |                  |
| Managers Referral (no in brackets - stress related) | 335 (28)                         | 28 (4)          |                 |                  |                  |                 |                  |
| Self Referral (no in brackets - stress related)     | 289 (13)                         | 15              |                 |                  |                  |                 |                  |
| Nurse Review Appointments                           | 175                              | 7               |                 |                  |                  |                 |                  |
| Other Routine Nursing Appointments                  | 1869                             | 54              |                 |                  |                  |                 |                  |
| Doctor's Appointments                               | 169                              | 27              |                 |                  |                  |                 |                  |
| <b><u>TOTAL</u></b>                                 | <b>3223</b>                      | <b>166</b>      |                 |                  |                  |                 |                  |
| DNA   | 368                              | 27              |                 |                  |                  |                 |                  |

| <b>West Cumberland Hospital</b>                     | <b>2010/11<br/>(from Aug 10)</b> | <b>Apr 2011</b> | <b>May 2011</b> | <b>June 2011</b> | <b>July 2011</b> | <b>Aug 2011</b> | <b>Sept 2011</b> |
|---|----------------------------------|-----------------|-----------------|------------------|------------------|-----------------|------------------|
| Pre-Employment Acute Staff                          | 115                              | 11              |                 |                  |                  |                 |                  |
| Pre-Employment Non Acute Staff                      | 5                                | -               |                 |                  |                  |                 |                  |
| Pre-Employment Placements                           | 149                              | 10              |                 |                  |                  |                 |                  |
| Managers Referral (no in brackets - stress related) | 265 (23)                         | 20 (2)          |                 |                  |                  |                 |                  |
| Self Referral (no in brackets - stress related)     | 425 (50)                         | 54 (22)         |                 |                  |                  |                 |                  |
| Nurse Review Appointments                           | 118                              | 13              |                 |                  |                  |                 |                  |
| Other Routine Nursing Appointments                  | 1148                             | 19              |                 |                  |                  |                 |                  |
| Doctor's Appointments                               | 114                              | -               |                 |                  |                  |                 |                  |
| <b><u>TOTAL</u></b>                                 | <b>2339</b>                      | <b>127</b>      |                 |                  |                  |                 |                  |
| DNA   | 111                              | 15              |                 |                  |                  |                 |                  |

### 3.8 Appraisal

| Division                  | 01/06/09<br>to<br>31/05/10 | 01/07/09<br>to<br>30/06/10 | 01/08/09<br>to<br>31/07/10 | 01/09/09<br>to<br>31/08/10 | 01/10/09<br>to<br>30/09/10 | 01/11/09<br>to<br>31/10/10 | 01/12/09<br>to<br>30/11/10 | 01/01/10<br>to<br>30/12/10 | 01/02/10<br>to<br>31/01/11 | 01/03/10<br>to<br>28/02/11 | 01/04/10<br>to<br>31/03/11 | 01/05/10<br>to<br>30/04/11 | RAG    |
|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------|
| Corporate Services        | 47%                        | 60%                        | 59%                        | 61%                        | 64%                        | 68%                        | 68%                        | 66.7%                      | 67.6%                      | 65.14%                     | 60.05%                     | <b>61.05%</b>              | Orange |
| Estates & Facilities      | 85%                        | 91%                        | 92%                        | 92%                        | 87%                        | 89%                        | 63%                        | 62.6%                      | 80.4%                      | 77.78%                     | 94.88%                     | <b>91.16%</b>              | Green  |
| Family & Support Services |                            |                            | 39%                        | 42%                        | 53%                        | 56%                        | 64%                        | 65.3%                      | 67%                        | 67.07%                     | 80.96%                     | <b>82.07%</b>              | Green  |
| Surgical                  | 22%                        | 28%                        | 41%                        | 47%                        | 51%                        | 54%                        | 61.5%                      | 62.7%                      | 69.8%                      | 76.51%                     | 82.29%                     | <b>80.65%</b>              | Green  |
| Medical                   | 20%                        | 18%                        | 27%                        | 29%                        | 40%                        | 43%                        | 44%                        | 44.6%                      | 47.4%                      | 53.07%                     | 74.10%                     | <b>81.49%</b>              | Green  |
| <b>Total</b>              | 36%                        | 38%                        | 41%                        | 46%                        | 52%                        | 56%                        | 58%                        | 58.9%                      | 62.9%                      | 68.00%                     | 77.47%                     | <b>79.38%</b>              | Orange |

#### RAG coding

|  |       |  |      |  |        |
|--|-------|--|------|--|--------|
|  | < 50% |  | <80% |  | >= 80% |
|--|-------|--|------|--|--------|

**SECTION 4**  
**FINANCE REPORT**

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#### 4. FINANCE REPORT

The Trust is reporting a deficit of £1,334k at the end of Month one against a planned deficit of £998k, producing a negative variance of £336k. The Trust has delivered CIP in April of £126k against a full year plan of £15,232k.

The Trusts overall income was £297k above the plan for month. Clinical income was in line with plan with inpatient activity being above plan although the case mix was weaker than planned resulting in a financial under performance in month. Outpatient activity was broadly in line with the plan resulting in a small financial over performance of £46k. A&E activity was 552 attendances above the plan resulting in a financial over performance of £69k. The payment mechanism for A&E under the national tariff has changed this year with an increase in the number of categories which patients are recorded against, thus increasing the granularity of A&E attendances. As a result of this the Trust expects to see overall income for A&E attendances to increase in 2011/12. Other Operating income is ahead of the plan in month due to agreeing a number of provider to provider SLA's.

Pay is overspent by £388k in April however the run rate continues to improve month on month continuing the trend established in the previous financial year. The main driver of the pay overspend is the use of temporary staffing at a significant financial premium to cover for substantive medical staffing vacancies, amounting to £406k for the month of April.

Non-Pay overspent by £322k in April (including CIP & reserves), this is in line with the run rate established on non pay expenditure in the last financial year.

The Trust has actioned CIP of £126k in April. The CIP target for 2011/12 is £15,232k of which £7,164k has been allocated to the Divisions with a further £8,068k which will be allocated based on the 4 economy wide turnaround schemes which are currently being developed. The focus is now on delivering the agreed plans for 2011/12 within the agreed timescales and ensuring that the schemes are cash releasing.

The Trust has agreed a budget to deliver a surplus of £1m at the end of March 2012. This is predicated on delivering the CIP target and securing further additional income from NHS North West to support strategic change during the year once the contract with NHS Cumbria is agreed.

The Trust's cash position remains weak although at present we have sufficient resource to meet our day to day obligations.

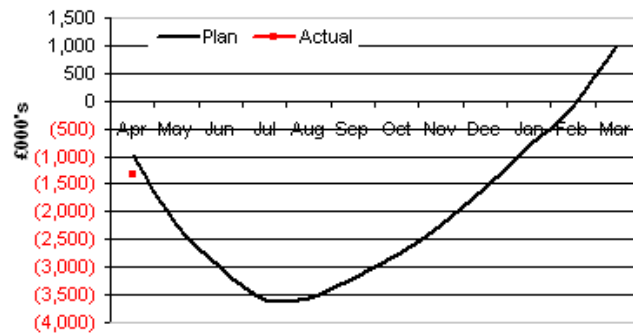
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## FINANCIAL OVERVIEW - 30th April 2011 (Month 1)

### Income & Expenditure

The Trust is reporting a deficit of £1,334k against a planned deficit of £998k in April, resulting in a negative variance of £336k. Income includes additional support from NHS North West which will be required to meet the Trust's statutory financial duties. Expenditure levels in M01 show a continuation of the trend established in 2010/11 with small month on month reductions in pay and non pay.

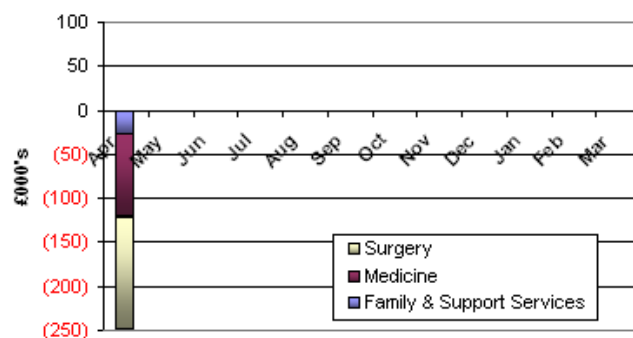
### I&E Performance 2011/12



### Divisional Performance

The overspend is £249k in April. Medicine is overspent by £94k, Surgery by £128k and Family and Support by £27k. Budgets have been reduced in line with CIP by £7,164k. Work is underway in the Divisions to set out detailed plans to deliver this CIP. Agency costs amounted to £406k in April split between Medicine (£279k) and Surgery (£105k) with other areas making up the small balance.

### Divisional Monthly Variance



### CIP Delivery

The CIP target for 2011/12 is £15,232k of which £7,164k has been allocated to the Divisions with a further £8,068k being held centrally. The focus is now on delivering the agreed schemes and developing the 4 economy wide turnaround schemes. £126k of CIP was delivered in April relating to securing additional provider to provider income.

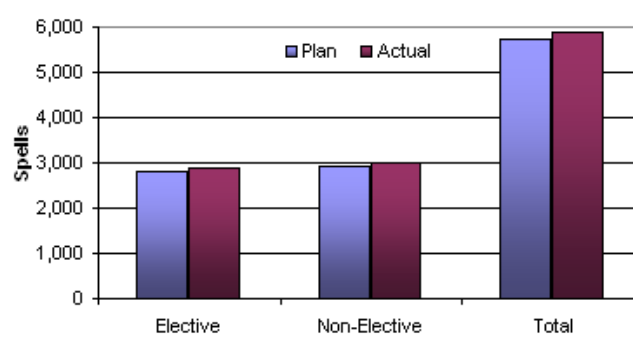
### CIP 2011/12



### Performance Against SLAs

Elective activity is 82 spells ahead of the plan with Daycases over performing the plan and Electives under performing against the plan. Non Elective activity is 87 spells above plan. April has been a short working month for elective activity due to the high number of public holidays in the month.

### Contract Activity Performance



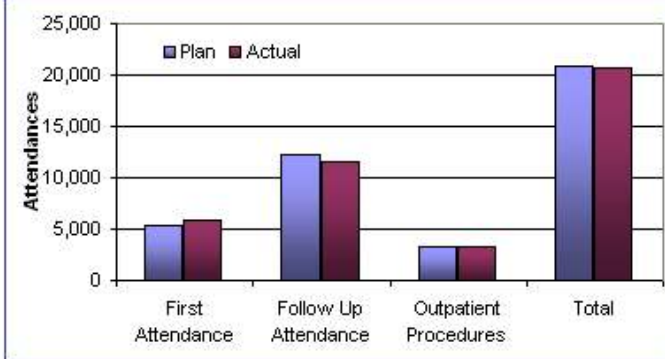


## FINANCIAL OVERVIEW - 30th April 2011 (Month 1)

### Outpatient Performance

Total Outpatient activity is 75 attendances behind plan for the month. Month 1 has seen the start of a reduction in the number of follow up appointments to allow more new outpatient slots to be created. Outpatient Procedures have over performed against plan by 109 attendances continuing the trend established in 2010/11.

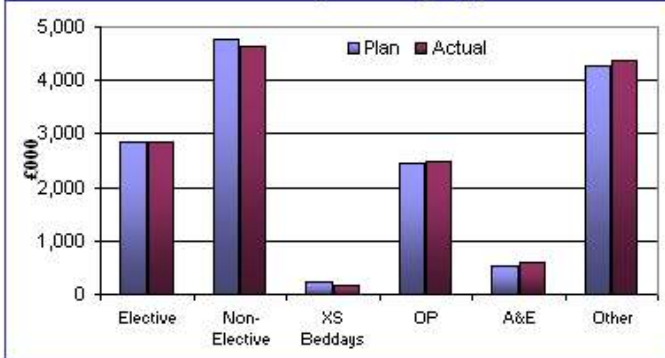
### Outpatient Contract Activity Performance



### Total NHS Clinical Income

Total clinical income is in line with plan. Although Elective and Non Elective activity levels are higher than the plan, the casemix is weaker resulting in a financial under performance of £14k and £135k respectively. Excess Bedday income is behind plan by £62k driven by a reduction in the number of beddays and A&E income is ahead of plan by £69k due to the higher than planned number of attendances.

### Income Performance by Activity Type



### Statutory Financial Targets

The Trust is forecasting a surplus of £1m in 2011/12 predicated on delivering the full CIP target and a satisfactory resolution to the contract value with NHS Cumbria.

### 2011/12 Performance Against Targets

| Duty                                  | Target   | MD1             | Forecast        |
|---------------------------------------|--|-----------------|-----------------|
| <b>Breakeven Duty</b>                 | To achieve a breakeven I&E                       | £1,334k deficit | £1,000k 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                         | ●               | ●               |

Summary Financial Position to 30th April 2011 (Month 1)

(adverse) / favourable variance

|  |  |  |  | Annual Budget<br>£000 | In Month       |                |                  |                 | Cumulative      |                |               |                 |                 |              |               |
|--|--|--|--|-----------------------|----------------|----------------|------------------|-----------------|-----------------|----------------|---------------|-----------------|-----------------|--------------|---------------|
|  |  |  |  |                       | Budget<br>£000 | Actual<br>£000 | Variance         |                 | Budget<br>£000  | Actual<br>£000 | Variance      |                 |                 |              |               |
|  |  |  |  |                       |                | £000           | %                |                 |                 | £000           | %             |                 |                 |              |               |
| <b>Income</b>                          |  |  |  |                       |                |                |                  |                 |                 |                |               |                 |                 |              |               |
| NHS Clinical Income                    |  |  |  | 192,594               | 15,101         | 15,101         | 1                | 0.0%            | 15,101          | 15,101         | 1             | 0.0%            |                 |              |               |
| Other NHS Income (R&D, training etc)   |  |  |  | 6,207                 | 549            | 546            | (2)              | (0.4%)          | 549             | 546            | (2)           | (0.4%)          |                 |              |               |
| Non NHS Clinical Income (PP's, RTA)    |  |  |  | 1,541                 | 128            | 147            | 19               | 14.8%           | 128             | 147            | 19            | 14.8%           |                 |              |               |
| Operating Income                       |  |  |  | 8,666                 | 878            | 1,157          | 279              | 31.8%           | 878             | 1,157          | 279           | 31.8%           |                 |              |               |
| <b>Total Income</b>                    |  |  |  | <b>209,007</b>        | <b>16,655</b>  | <b>16,952</b>  | <b>297</b>       | <b>1.8%</b>     | <b>16,655</b>   | <b>16,952</b>  | <b>297</b>    | <b>1.8%</b>     |                 |              |               |
| <b>Expenditure</b>                     |  |  |  | <b>EST</b>            | <b>WTE</b>     | <b>Var</b>     |                  |                 |                 |                |               |                 |                 |              |               |
| <b>Clinical Divisions</b>              |  |  |  |                       |                |                |                  |                 |                 |                |               |                 |                 |              |               |
| Family & Support Divison               |  |  |  | 801                   | 795            | 6              | (47,537)         | (4,031)         | (4,059)         | (27)           | (0.7%)        | (4,031)         | (4,059)         | (27)         | (0.7%)        |
| Medical Division                       |  |  |  | 901                   | 916            | (15)           | (48,032)         | (5,032)         | (5,126)         | (94)           | (1.9%)        | (5,032)         | (5,126)         | (94)         | (1.9%)        |
| Surgical Division                      |  |  |  | 794                   | 813            | (20)           | (48,429)         | (4,081)         | (4,209)         | (128)          | (3.1%)        | (4,081)         | (4,209)         | (128)        | (3.1%)        |
| <b>Sub Total</b>                       |  |  |  | <b>2,496</b>          | <b>2,525</b>   | <b>(29)</b>    | <b>(143,999)</b> | <b>(13,145)</b> | <b>(13,394)</b> | <b>(249)</b>   | <b>1.9%</b>   | <b>(13,145)</b> | <b>(13,394)</b> | <b>(249)</b> | <b>(1.9%)</b> |
| <b>Corporate Directorates</b>          |  |  |  |                       |                |                |                  |                 |                 |                |               |                 |                 |              |               |
| Chief Executive                        |  |  |  | 15                    | 16             | (0)            | (6,422)          | (535)           | (535)           | (0)            | (0.0%)        | (535)           | (535)           | (0)          | (0.0%)        |
| Estates and Facilities                 |  |  |  | 192                   | 204            | (12)           | (18,755)         | (1,839)         | (1,855)         | (16)           | (1.0%)        | (1,839)         | (1,855)         | (16)         | (1.0%)        |
| Finance                                |  |  |  | 253                   | 236            | 17             | (10,035)         | (836)           | (894)           | (58)           | (6.9%)        | (836)           | (894)           | (58)         | (6.9%)        |
| Human Resources                        |  |  |  | 69                    | 64             | 5              | (3,819)          | (346)           | (292)           | 55             | 15.8%         | (346)           | (292)           | 55           | 15.8%         |
| Medical Director                       |  |  |  | 8                     | 5              | 3              | (292)            | (24)            | (14)            | 10             | 40.7%         | (24)            | (14)            | 10           | 40.7%         |
| Nurse Director                         |  |  |  | 56                    | 45             | 11             | (2,089)          | (173)           | (170)           | 3              | 1.5%          | (173)           | (170)           | 3            | 1.5%          |
| Reserves                               |  |  |  | -                     | -              | 0              | (13,347)         | (352)           | (133)           | 218            | 62.1%         | (352)           | (133)           | 218          | 62.1%         |
| Cost Improvements                      |  |  |  | -                     | -              | 0              | 8,068            | 672             | 0               | (672)          | 100.0%        | 672             | 0               | (672)        | 100.0%        |
| <b>Total Expenditure</b>               |  |  |  | <b>3,090</b>          | <b>3,096</b>   | <b>(5)</b>     | <b>(190,691)</b> | <b>(16,378)</b> | <b>(17,088)</b> | <b>(710)</b>   | <b>(4.3%)</b> | <b>(16,378)</b> | <b>(17,088)</b> | <b>(710)</b> | <b>(4.3%)</b> |
| <b>EBITDA</b>                          |  |  |  | <b>18,316</b>         | <b>278</b>     | <b>(135)</b>   | <b>(413)</b>     | <b>(148.7%)</b> | <b>278</b>      | <b>(133)</b>   | <b>(413)</b>  | <b>(148.7%)</b> |                 |              |               |
| EBITDA %                               |  |  |  | 8.8%                  | 1.7%           | -0.8%          |                  |                 |                 | 1.7%           | -0.8%         |                 |                 |              |               |
| Depreciation                           |  |  |  | (6,182)               | (515)          | (511)          | 4                | 0.8%            | (515)           | (511)          | 4             | 0.8%            |                 |              |               |
| Interest receivable                    |  |  |  | 25                    | 2              | 4              | 2                | 89.4%           | 2               | 4              | 2             | 89.4%           |                 |              |               |
| Interest payable                       |  |  |  | (7,159)               | (597)          | (514)          | 83               | 13.9%           | (597)           | (514)          | 83            | 13.9%           |                 |              |               |
| PDC Dividend                           |  |  |  | (2,000)               | (167)          | (167)          | (0)              | (0.2%)          | (167)           | (167)          | (0)           | (0.2%)          |                 |              |               |
| <b>Net surplus / (deficit)</b>         |  |  |  | <b>3,000</b>          | <b>(998)</b>   | <b>(1,323)</b> | <b>(324)</b>     | <b>32.5%</b>    | <b>(998)</b>    | <b>(1,323)</b> | <b>(324)</b>  | <b>32.5%</b>    |                 |              |               |
| Adjustment for Impairments             |  |  |  |                       | 0              | 0              | 0                |                 | 0               | 0              | 0             |                 |                 |              |               |
| IFRIC 12 / Dual Accounting             |  |  |  | (2,000)               | 0              | (11)           | (11)             | NA              | 0               | (11)           | (11)          | NA              |                 |              |               |
| <b>Revised Net surplus / (deficit)</b> |  |  |  | <b>1,000</b>          | <b>(998)</b>   | <b>(1,334)</b> | <b>(336)</b>     | <b>33.7%</b>    | <b>(998)</b>    | <b>(1,334)</b> | <b>(336)</b>  | <b>33.7%</b>    |                 |              |               |

## **SECTION 5**

# **CONCLUSION & RECOMMENDATION**

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## **CONCLUSION**

The Trust has started the year with a financial deficit and must ensure that as we progress through the following months that cash releasing CIP is delivered resulting in less resources being consumed each month. The trends established in 2010/11 have continued in April 2011 which is positive, but the pace of change needs to continue to increase to ensure the financial targets are achieved.

The Trust has however started the year in a positive position in respect of a number of operating and quality performance metrics.

## **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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**APPENDIX B**

**LOCAL QUALITY DASHBOARD**

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