

TRUST BOARD

Date of Meeting: 8/3/2011	Enclosure: 8
	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 January 2011.	
Summary: The performance report summarises Trust performance against a range of operating, quality, financial and workforce indicators for month ten (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
MARCH 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 January 2011.

The report sections are as follows: -

- SECTION 1: OPERATING PERFORMANCE**
 - SECTION 2: QUALITY METRICS**
 - SECTION 3: WORKFORCE REPORT**
 - SECTION 4: FINANCE REPORT**
 - SECTION 5: CONCLUSION & RECOMMENDATIONS**
 - APPENDIX A: PERFORMANCE DASHBOARD**
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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 Trust Board will continue to receive reports regarding progress against these previously agreed key metrics until the end of the financial year.

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

- Eight indicators of 18 weeks performance (at Trust level)
- Eight indicators of Cancer Waiting Time performance
- Access to GUM clinics – 48 hour target (offered appointments)
- Data quality on Ethnic Groups
- Thrombolysis: 60 minute call to needle time
- 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
- Number of patients waiting longer than 6 weeks for diagnostic tests
- Choose and Book slot availability
- Elective length of stay (LOS)
- Day Case rate for all elective procedures
- Staff Turnover
- MRSA Bacteraemia (attributed to Trust)
- Clostridium Difficile Infections (attributed to Trust)
- Slips, trips and falls (inpatients)
- Eight Estates and Facilities indicators

1.1 PERFORMANCE IMPROVEMENT PLANS AND PROGRESS

Percentage of admitted patients treated within 18 weeks

The overall Trust aggregate performance level returned a below target achievement of 88.5% in month (1.5% adrift of the required level). Board members have previously been appraised regarding the pressure which is being experienced across a number of elective pathways as the vast majority of additional waiting list work was ceased some months ago due to the very challenging financial position. Speciality based performance levels (section 11 of the Dashboard) contribute to the overall aggregate position. The Divisional management teams continue to work hard to ensure that the maximum level of efficiency and productivity can be achieved from within the existing limited resources. Whilst the position for February 2011 is likely to show similar performance levels, it is hoped that some improvements will be seen from March onwards as recovery plans take effect following the recent period of additional winter pressure.

31 day Cancer Treatment Target – Subsequent Treatment (Drugs)

The slight dip in performance in month at a level of 96.9% (1.1% adrift of the required level) related to a single breach which was a patient who had been accepted into a trial and therefore it was necessary for a specific scan to be performed prior to the commencement of the drug therapy. Year to date performance does however remain extremely strong at 99.4%.

62 day Cancer Treatment Target – Urgent Screening Referrals

Following the upload of quarter three data to the national database (Open Exeter) an error has arisen in respect of the reported position for the quarter (80% showing against a target of $\geq 90\%$). Previous reports to the Trust Board have shown above target achievement levels for the individual months within the reporting period. A technical issue between the local and national reporting systems led to the upload to the Open Exeter system under-reporting a small number of patients which brought the percentage down to 80%. Contact is being made with the national office to seek an amendment to the published data and an internal review meeting to check the technical processes has been arranged during March 2010. The in month performance level in January 2011 indicates an achievement of 100% against the target of $\geq 90\%$.

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"> Better than target in month 10.1% year to date 	$\geq 93\%$	Divisional General Manager – Surgical Division	Improved ↑	

Performance returned to the required levels in month achieving an excellent 95.3%.

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"> 1.3% in month 0.4% year to date 	$\leq 0.8\%$	Divisional General Manager – Surgical Division	Deteriorated ↓	
28 day rule	<ul style="list-style-type: none"> 3.5% in month Year to date on target 	$\leq 5\%$	Divisional General Manager – Surgical Division	Deteriorated ↓	

January 2011 was an extremely challenging month in respect of this indicator. Previous reports to the Trust Board identified the likely impact of the significant winter pressures on elective capacity and this, as predicted, did materialise during January. With reduced elective capacity it was also difficult to meet the 28-day rule part of the indicator which was amber in month at 8.5%. Improvements are however expected from February onwards but the overall year to date percentage cancelled figure will not reduce to $\leq 0.8\%$ by the year end.

Infant Health – Breastfeeding initiation

Indicator	Current Shortfall versus plan	Required level	Management lead	Comparison to previous month	Year to date (traffic light only)
Breastfeeding Initiation	<ul style="list-style-type: none"> •7.2% in month •1.4% year to date 	>= 68%	Divisional General Manager – Family and Support Services	Deteriorated ↓	

The reduced performance in December 2010 continued into January 2011 with an in month level of 60.8% (7.2% adrift of the target level). The Head of Midwifery and the breastfeeding leads have implemented the following actions:

- Increased monitoring of data on a daily basis.
- Infant Feeding Advisors working more clinical shifts on the unit to ensure more direct care and support for women.
- Increased promotion of the use of peer support workers on the unit and in the community.
- Baby “cafes” have been introduced to raise the profile of breastfeeding.

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"> •1.4% in month •1.6% year to date 	<= 15%	Head of Information	Improved ↑	

This indicator improved for the third month running returning a level of 16.4% in month.

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"> •22.8% in month •17.8% year to date 	>= 85%	Divisional General Manager – Family Services and Support Division	Deteriorated ↓	

The GUM service continues to achieve excellent performance in respect of the “48 hour offered appointment” target (Dashboard section 3). The aspirational “seen” target deteriorated to 62.2% in month. The new service model in collaboration with NHS Cumbria should be introduced in May 2011.

1.2 PRODUCTIVITY METRICS

Elective length of stay achieved an excellent level of 3.0 days in December 2010.

Non-elective length of stay improved considerably to 4.5 days in month. This follows a generally static year to date performance level of 4.8 days.

The overall day case rate hit an excellent level of 83.4% in month thus exceeding the required target level by 3.4%. The “basket of 25” continues to also improve returning a level of 78.4% in month.

Pre-operative bed days improved again for the second month running achieving an excellent level of 7.3% in December 2010.

The outpatient new to review ratio was to 2.6 in month. Detailed work in this area has established that surgical pre-assessment appointments had been captured (under the Anaesthetic speciality) as new appointments when under the terms of the contract with the PCT they are in fact reviews/follow ups. The correction has therefore been applied to the data during the month of January 2011. This accounts for the 0.3 rise in the in month figures.

The outpatient DNA rate recovered back to a level of 8.7% in month following the dip in December 2010. The Business Case for the text based reminder service was also approved at the February meeting of the Trust Management Committee (TMC). A full implementation plan is now being prepared.

1.3 ESTATES AND FACILITIES METRICS

The Estates and Facilities Directorate continues to perform well with all current key performance indicators being met in month. The Cleaning Audit score (assessed quarterly) for the West Cumberland Hospital site returned a score of 94% against the target of 95% during quarter three. During the recent Patient Environment Action Team's (PEAT) assessment of the West Cumberland Hospital, site cleanliness standards were found to be good especially within the clinical areas, wards and the Intensive Care Unit, which were singled out and praised for the high standards of cleanliness.

During January 2011 a significant reduction in food waste was achieved with the Cumberland Infirmary achieving the lowest recorded result to date. This clearly demonstrates the improved working between the ward staff and the Interserve caterer's which must be commended.

1.4 18 WEEKS RTT BY SPECIALTY

The Dashboard (at Appendix A) contains details of the month ten 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 mentioned under Section 1.1 of this report (percentage of admitted patients treated within 18 weeks) in respect of the overall Trust aggregate position for admitted patients.

Speciality specific actions are also being discussed/implemented in the following specialities:

- Ophthalmology (Trust Board previously briefed regarding this speciality)
 - Oral Surgery (previous action plan remains valid and has delivered significant improvement)
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- Dermatology (immediate review has commenced)

The Orthopaedic speciality is “on watch” due to the performance levels in the last two months.

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 January 2011 and the Trust is therefore within trajectory. The excellent work to minimise infections carried out by the clinical teams has attributed to no post 48 hour bacteraemia for 9 months at the Cumberland Infirmary and for 8 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 January 2011 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 December 2010. The tables and graphs below show an increase trend in the risk adjusted mortality index in December 2010. This increase 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 2010

September 2010		Trust	Included	Deaths			
Division	Spells	Spells	Trust	Expected	Excess	Index	
Medical Division	3,073	1,211	80	79.5	0.5	101	
Family and Clinical Support Division	129	18	0	0.2	-0.2		
Family and Clinical Support Division - Clinical	1,045	352	0	0.7	-0.7		
Surgical Division	2,548	1022	14	18.2	-4.2	77	
Trust	6795	2603	94	98.6	-4.6	95	

October 2010		Trust	Included	Deaths			
Division	Spells	Spells	Trust	Expected	Excess	Index	
Family and Clinical Support Division	102	13	0	0.1	-0.1		
Surgical Division	2807	1084	17	17.5	-0.5	97	
Family and Clinical Support Division - Clinical	1,096	347	0	0.9	-0.9		
Medical Division	3,225	1292	85	86	-1	99	
Trust	7230	2736	102	104.5	-2.5	98	

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

December 2010		Trust	Included	Deaths			
Division	Spells	Spells	Trust	Expected	Excess	Index	
Medical Division	3,308	1,316	93	85.8	7.2		108
Family and Clinical Support Division	120	1	0	0	0		
Family and Clinical Support Division - Clinical	1,232	454	0	0.7	-0.7		
Surgical Division	2,444	967	22	22.8	-0.8		96
Trust	7104	2738	115	109.3	5.7		105

Risk Adjusted Mortality Index (RAMI)

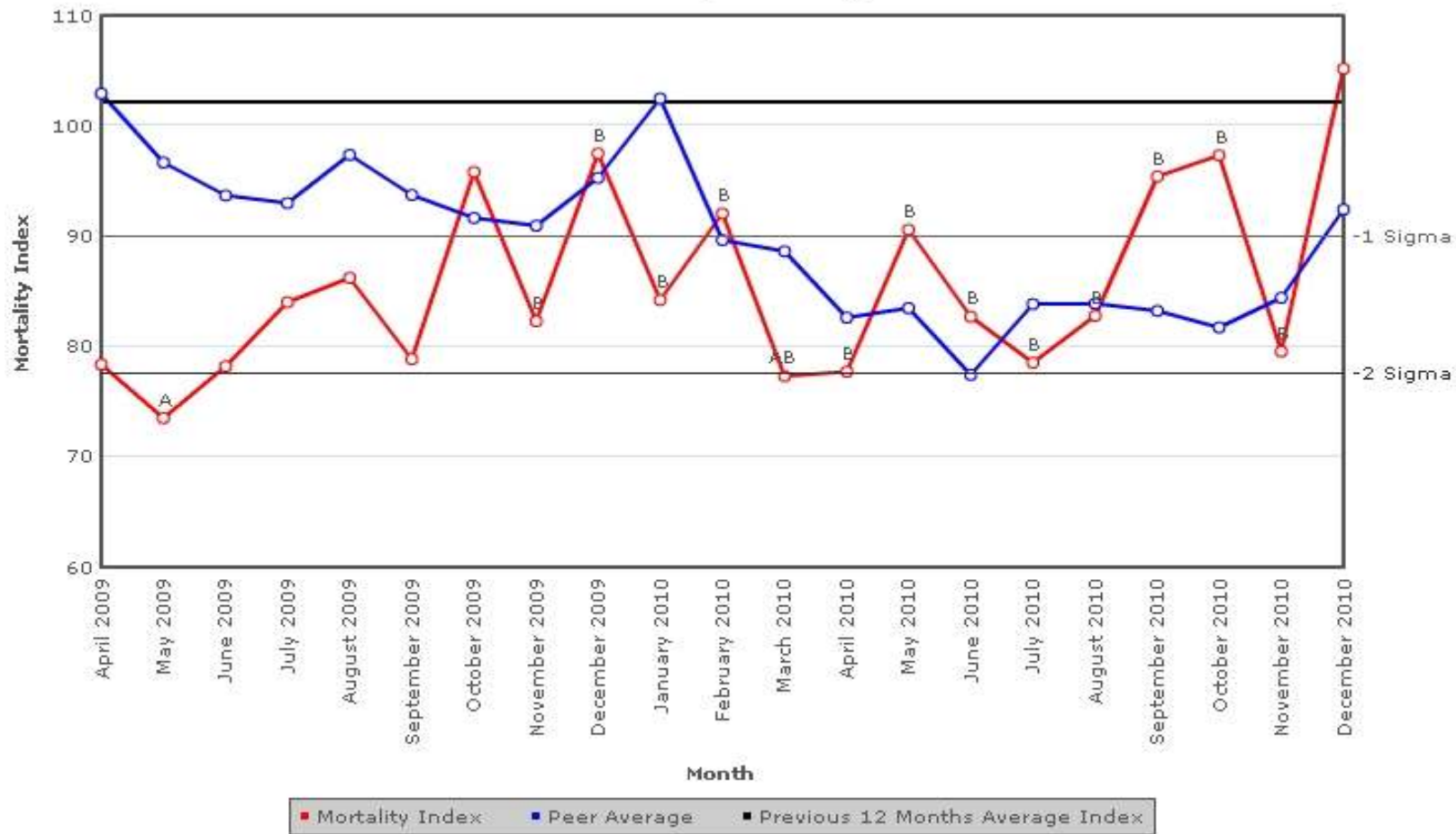
1 April 2009 to 31 March 2010

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

1 April 2010 to 31 December 2010

Division	Trust	Included	Deaths			Index
	Spells	Spells	Trust	Expected	Excess	
Family and Clinical Support Division	972	101	1	1.9	-0.9	53
Family and Clinical Support Division - Clinical	9,952	3,284	0	7.1	-7.1	
Surgical Division	23,680	9,117	138	174.4	-36.4	79
Medical Division	28,243	11,121	679	747.1	-68.1	91
TRUST	62,847	23,623	818	930.5	-112.5	88

Mortality Trending



2.3 SLIPS, TRIPS AND FALLS

Excellent performance continues in respect of slips, trips and falls prevention. The January 2011 figure was 94 against a target of ≤ 100 . 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.

2.4 DEVELOPMENT OF QUALITY AND SAFETY INDICATORS

At the February 2011 meeting of the Trust Board detailed information was provided regarding the further development of quality and safety indicators for reporting to the Board. The testing phase for the new indicators will continue as planned during March 2011 before fully incorporating the new indicators into the Performance Report from April 2011 onwards.

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 10	
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

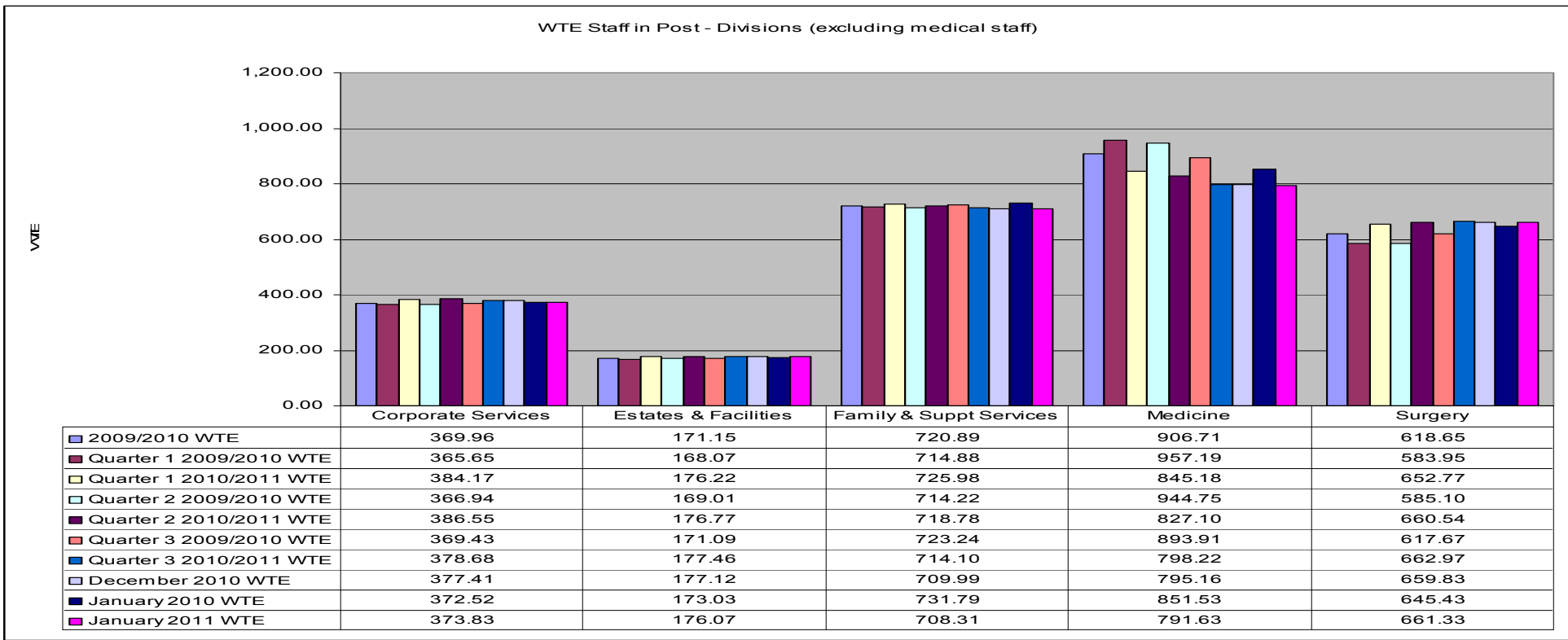
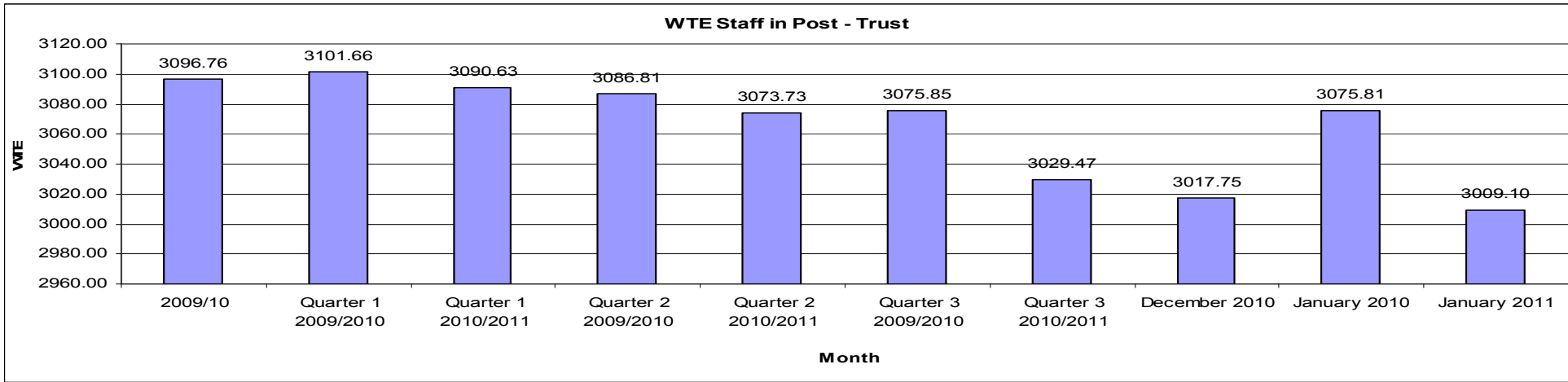
Staff in Post	<p>Staff in post for the Trust as a whole is currently running at 3009.1 WTE into Month 10. This equates to a reduction of 66.71 WTE when compared to the equivalent month in 2009/10 and a reduction of 8.65 WTE since Month 9.</p> <p>The largest two staff groups are Nursing & Midwifery (1069.97 WTE) and Admin & Clerical (676.1 WTE). Currently the Trust has a total of 294.13 WTE Medical and Dental staff and 470.44 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics, Medicine has the largest establishment (791.63 WTE) followed by Family and Support Services (708.31 WTE) and Surgery (661.33 WTE).</p>
Turnover	<p>The current annualised turnover figure (headcount) for non-medical staff for Month 10 is 8.20%. There were 20 non-medical staff leavers (0.53%).</p>
Sickness Absence	<p>The Trust sickness absence rate for Month 10 is 5.67%, lower than at the equivalent point in 2009/2010 (6.01%) but an increase on Month 9.</p> <p>The financial year to date sickness absence figure is 4.84%, currently 1.84% above the Trust target of 3%.</p> <p>In terms of divisional performance, Corporate Services remains the lowest at 2.61%. Rates in Surgery, Estates & Facilities and Medicine have all increased with Estates & Facilities the highest at 6.4%.</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; 1 decision has been appealed and the decision to issue a caution was upheld.</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 across every Division this month. This has taking the total to 62.9%, continuing the upward trend since April 2010.</p> <p>The Estates & Facilities Division has returned to a green rating at 80.4 % and Surgical Division has shown a significant increase of 7% up to 69.8%. Medicine remains the lowest at 47%, up 3.8% over Month 9.</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	December 2010	January 2010	January 2011
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	112.41	112.16	111.99	110.83	103.96	110.09	96.30	95.29	109.24	95.80
Additional Clinical Services	507.25	518.20	494.93	514.30	495.07	509.22	485.44	473.61	504.17	470.44
Admin & Clerical	677.97	675.10	689.45	682.22	691.85	681.89	683.20	680.05	678.54	676.10
Allied Health Professionals	140.84	141.70	137.10	138.42	135.99	138.13	133.64	132.97	139.24	133.43
Estates & Ancillary	178.22	166.29	186.85	169.44	185.37	179.17	194.35	204.08	183.67	203.32
Healthcare Scientists	72.83	76.03	69.42	74.91	68.21	70.14	66.71	65.71	70.14	65.91
Medical & Dental	308.40	314.01	301.11	306.87	298.04	299.02	292.73	293.93	298.92	294.13
Nursing & Midwifery (Registered)	1,098.83	1,098.18	1,099.78	1,089.82	1,095.25	1,088.21	1,077.10	1,072.11	1,091.90	1,069.97
Trust	3096.76	3101.66	3090.63	3086.81	3073.73	3075.85	3029.47	3017.75	3075.81	3009.10

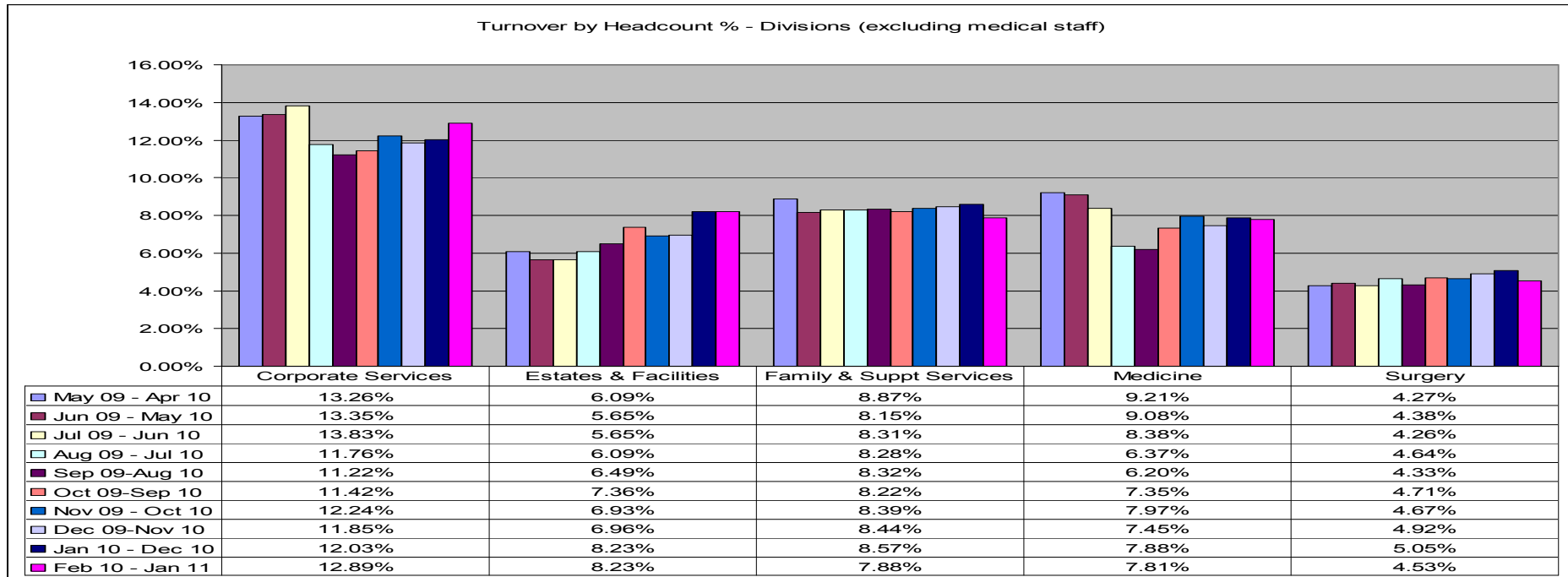
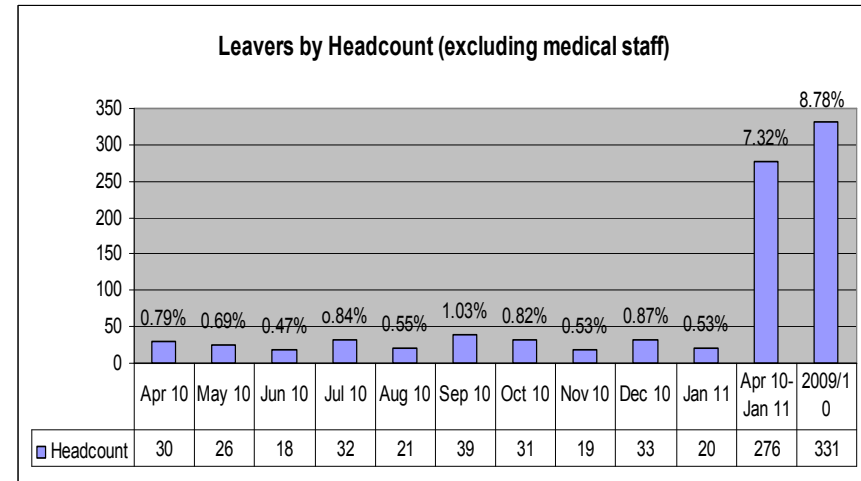
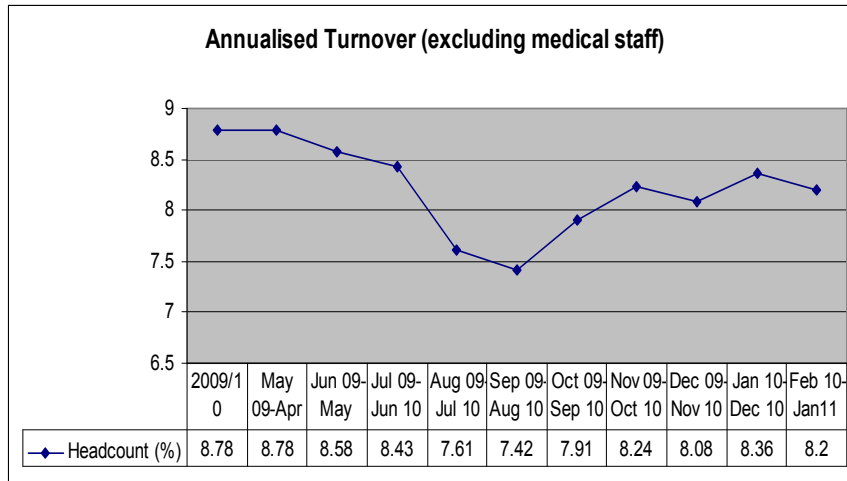
Staff Group	2009/10	Quarter 1 2009/2010	Quarter 1 2010/2011	Quarter 2 2009/2010	Quarter 2 2010/2011	Quarter 3 2009/2010	Quarter 3 2010/2011	December 2010	January 2010	January 2011
	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	139	138	138	136	127	136	117	116	137	115
Additional Clinical Services	794	799	799	796	807	792	799	785	789	779
Admin & Clerical	872	865	865	886	891	890	881	877	883	871
Allied Health Professionals	196	196	196	196	196	195	196	198	195	198
Estates & Ancillary	239	226	226	228	247	239	263	279	243	276
Healthcare Scientists	76	79	79	78	71	73	69	68	73	69
Medical & Dental	358	370	370	364	359	353	361	362	350	362
Nursing & Midwifery (Registered)	1,454	1,458	1,458	1,446	1,460	1,443	1,453	1,458	1,447	1,454
Trust	4425	4131	4131	4130	4158	4121	4139	4143	4117	4124



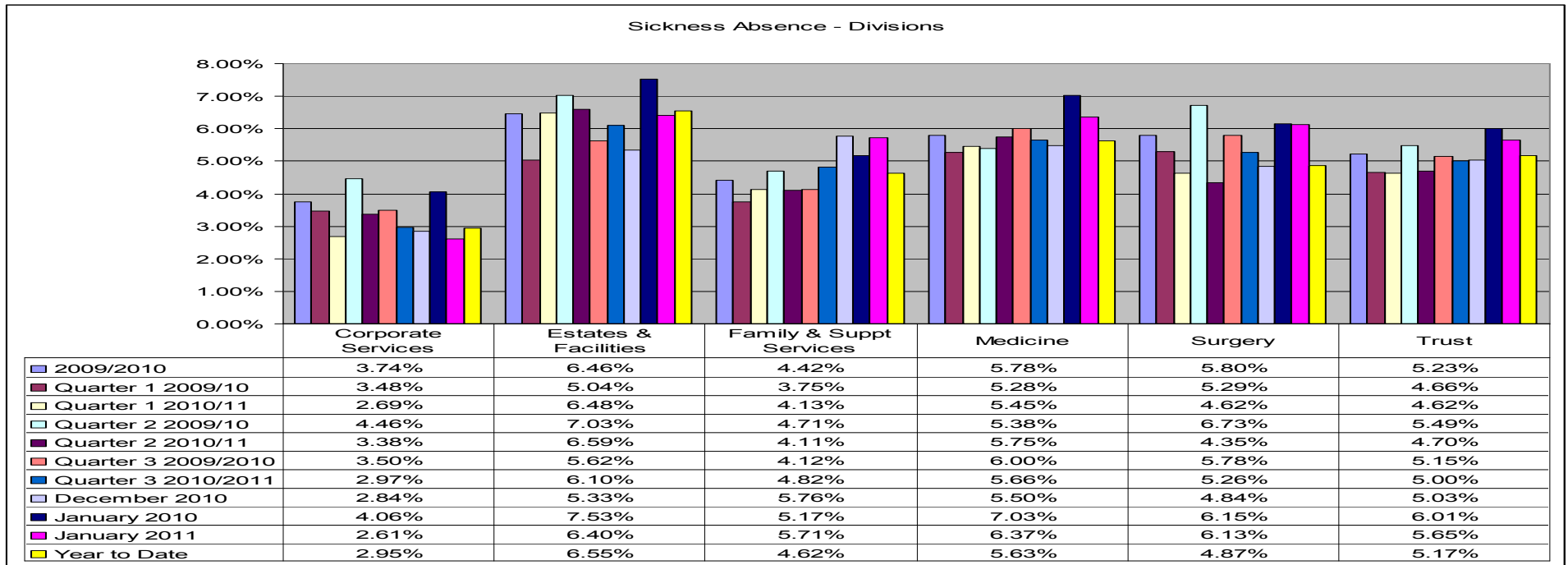
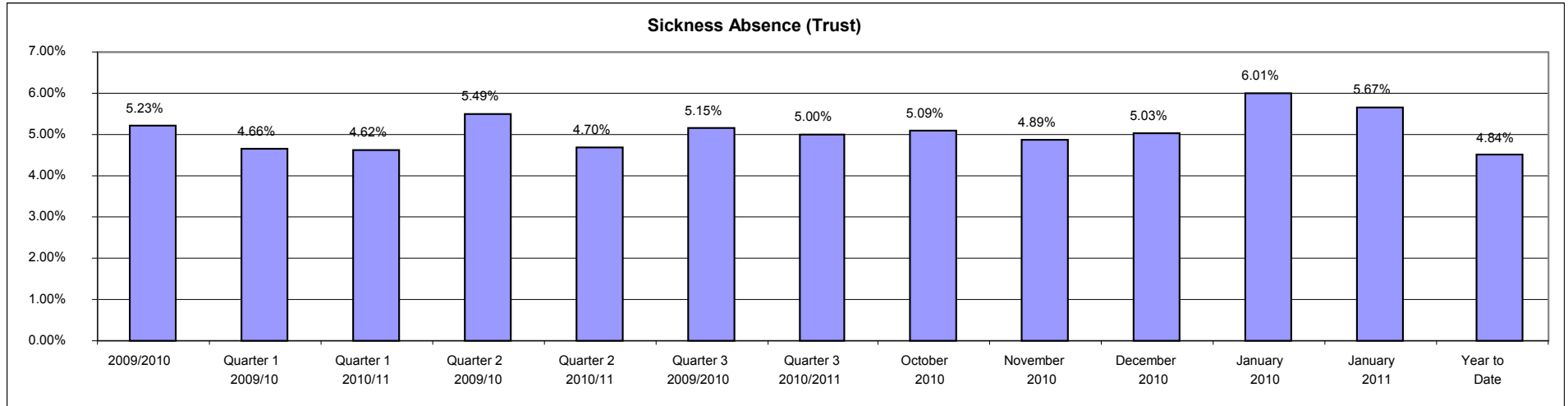
3.3. Overtime

	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	2, 170			36,988
Estates & Facilities	21,267	14,796	16,780	16,666	21,007	18,594	14,934	10,835	11,547	12,475			158,901
Family & Support Services	21,218	19,519	20,600	23,319	18,877	21,268	19,066	19,753	16,820	21,367			201,806
Medicine	16,064	15,925	11,633	4,905	4,925	6,429	6,286	6,642	3,860	5,142			81,820
Surgery	15,931	10,057	7,588	9,663	7,467	7,250	5,598	11,262	6,444	9,673			90,932

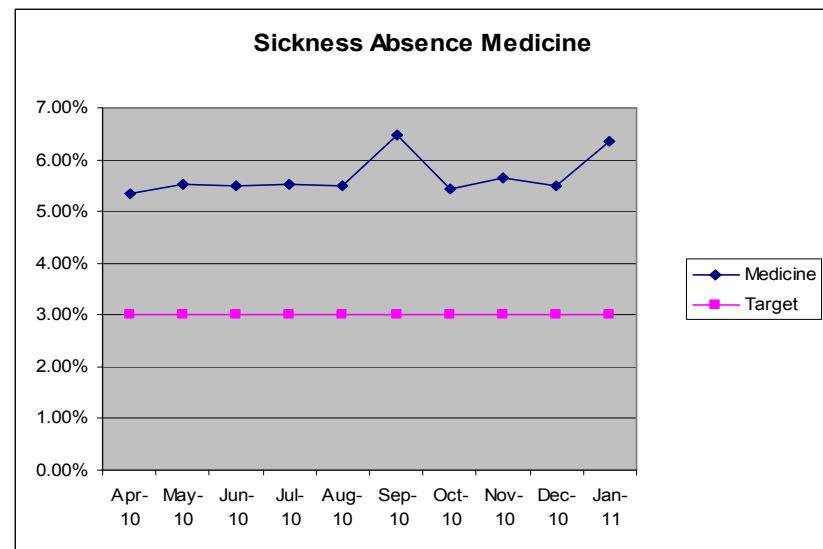
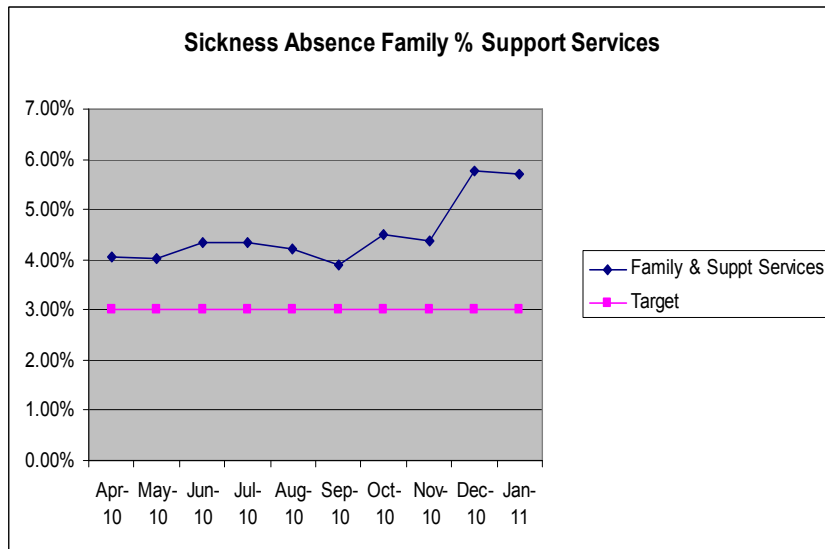
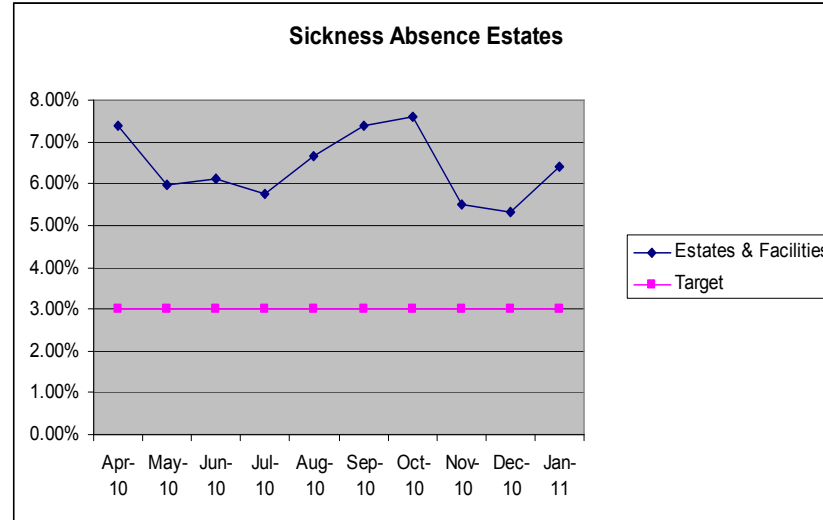
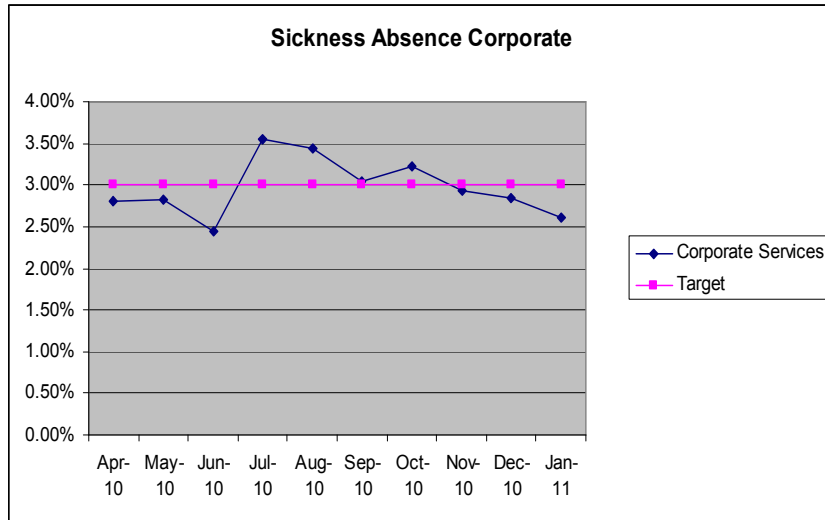
3.4. Turnover



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	Month 10
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	0

Disciplinary Appeals:

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

Grievance:

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

3.7. Occupational Health

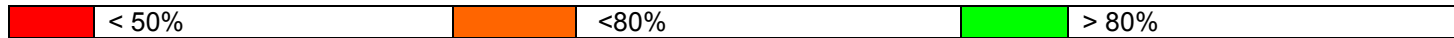
Cumberland Infirmary	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Pre-Employment Acute Staff	99	22	29	22	19	18		
Pre-Employment Non Acute Staff	2	4	0	1	2	1		
Pre-Employment Placements	20	41	7	3	3	37		
Managers Referral (no in brackets - stress related)	26	36 (11)	35 (9)	46 (4)	28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

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

3.8. Appraisal

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

RAG coding



Key	
Green	Significant Progress
Amber	Progress
Red	Limited / No Progress

SECTION 4

FINANCE REPORT

4. FINANCE REPORT

The Trust is reporting a deficit of £1,363k at the end of Month 10, a deterioration of £777k in month. The Trust has delivered CIP of £11,429k against the target of £21,018k. The shortfall in the delivery of CIP is the main driver of the financial deficit.

Income has reduced in month by £671k and is now £375k below the cumulative plan. The reduction in income this month is due to the low level of day case/elective activity in early January 2011 as the Trust was under the control of the Strategic Health Authority's emergency planning process due to the national increase in winter pressures and flu. Discussions are ongoing with our Commissioners about a compensation payment for the loss of income during this period.

Pay is overspent by £1,418k in January 2011 and £3,947k cumulatively. Whilst pay is overspent, the run rate continues to show a reduction, reflecting the reduction in actual WTE's paid during the year. Expenditure on substantively employed staff is underspent by £1,572k due to reduced headcount compared to budget but this is compensated by unbudgeted spending on premium agency staff of £5,518k which was £455k in month. Pay budgets have been reduced this month to remove underspends created by vacant posts in line with CIP plans.

Non-Pay is underspent by £727k in month and £1,566k cumulatively. Non-Pay is underspent due to the increase in the budget reserves as a result of the additional income secured from NHS North West. Excluding reserves, Non-Pay is cumulatively overspent by £1,857k. The Non-Pay run rate has reduced in January 2011 as all orders for goods and services continue to be monitored to try and slow expenditure down and ensure only essential goods are ordered.

The Trust has actioned full year CIP of £11,429k against the plan of £21,018k. £1,284k of CIP has been actioned in month, the majority of which relates to the removal of vacant posts. The pace of delivery will not deliver the original plan of £21,018k, the current year-end CIP forecast is now £12,085k. Further schemes are due to be implemented in the final months of the financial year in order to capitalise on any cost reductions as soon as possible.

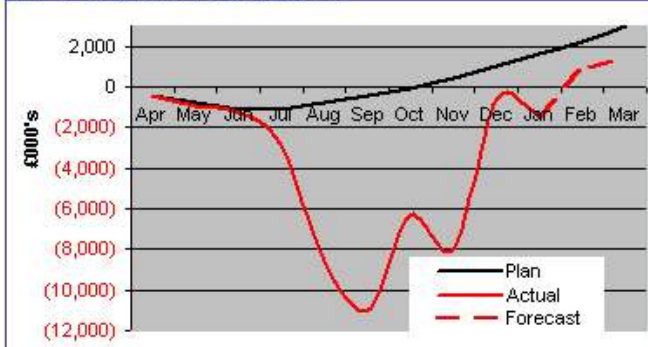
The Trust originally planned a year-end surplus of £3m, revised down to £1.5m to take into account the impact of IFRIC 12. The Trust continues to forecast that it will achieve this target although there remains a significant element of risk unless expenditure reduces over the final two months of the year.

FINANCIAL OVERVIEW - 31st January 2011 (Month 10)

Income & Expenditure

The Trust is reporting a deficit of £1,363k against a planned surplus of £1,603k, resulting in a negative variance of £2,966k. A proportionate amount has been factored in for the additional funding secured from the Strategic Health Authority of £20,600k. The month also reflects a reduction in income due to the cancellation of daycase / elective activity in January because of national winter pressures and a flu outbreak.

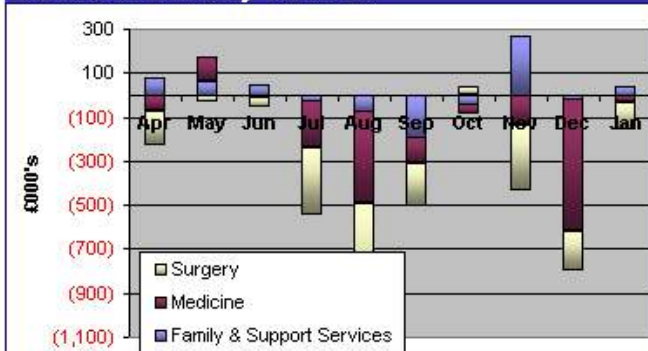
I&E Performance 2010/11



Divisional Performance

The Clinical Divisions overspent by £121k in month and are now cumulatively overspent by £3,262k. The overspend is split between Medicine (£1,522k) and Surgery (£1,888k), with Family & Support Services reporting an underspend of £148k. Divisional budgets have been further reduced in line with CIP plans to remove underspends created by vacant posts.

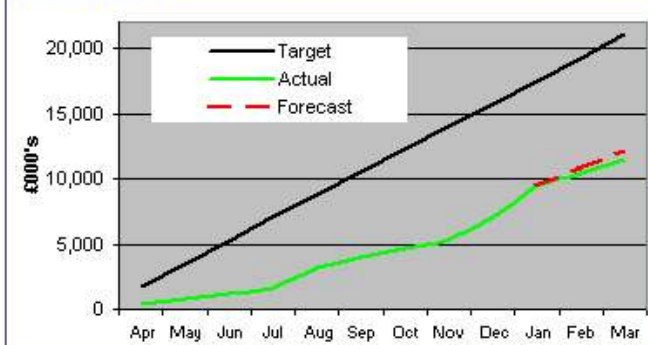
Divisional Monthly Variance



CIP Delivery

£11,429k of CIP has been actioned against a revised full year forecast of £12,085k. Much of this reflects reductions in budget rather than cash releasing savings, with a further £1,284k actioned in January. The pace of delivery will not deliver the original plan of £21,018k and plans are yet to translate into significant reductions in expenditure. The year-end forecast for CIP is £12,085k.

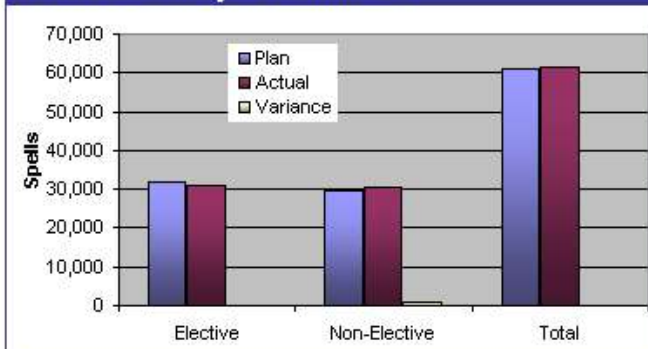
CIP 2010/11



Performance Against SLAs

Elective activity is 242 spells behind the plan in month and cumulatively is 820 spells below the plan. This is due to the gold command situation in early January, elective activity was at its lowest level for the past 12 months. Non-Elective activity is 134 spells above the plan in month leading to a cumulative over performance against the plan of 843 spells.

Contract Activity Performance

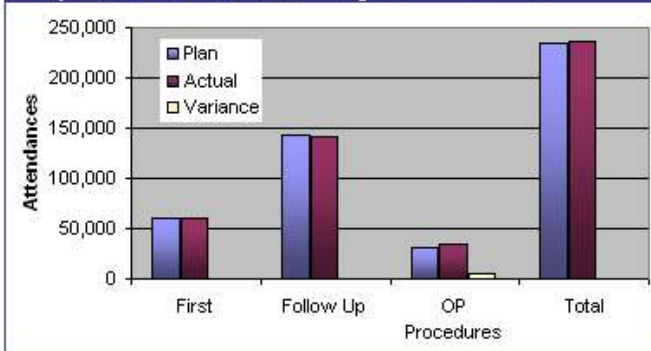


FINANCIAL OVERVIEW - 31st January 2011 (Month 10)

Outpatient Performance

Total Outpatient activity is 434 attendances above 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.

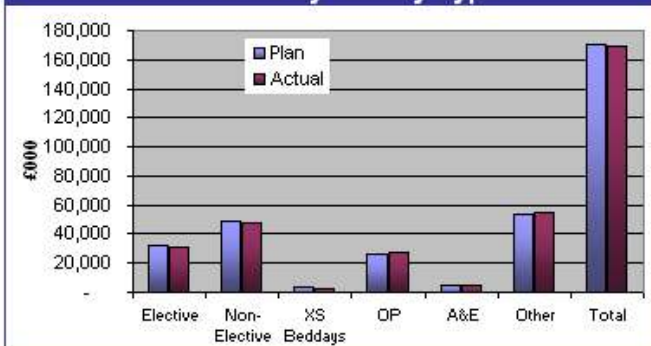
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is below plan by £478k. Elective activity is £752k below plan due to this months activity reduction. Non-Elective activity is behind the plan by £766k despite being ahead of the activity plan, this reflects a change in the casemix. Excess Bedday income is behind plan although this is offset by performances above plan primarily in Outpatients and 'Other'. A&E income is ahead of the plan by £70k.

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	M10	Forecast
Breakeven Duty	To achieve a breakeven I&E	£1,363k 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 January 2011 (Month 10)

(adverse) / favourable variance

Previous Net Variance			Annual Budget £000	In Month				Cumulative			
£000	%			Budget £000	Actual £000	Variance £000	%	Budget £000	Actual £000	Variance £000	%
		Income									
147	0.1%	NHS Clinical Income	203,923	16,749	16,123	(626)	(3.7%)	170,074	169,596	(478)	(0.3%)
53	1.1%	Other NHS Income (R&D, training etc)	6,213	508	511	3	0.6%	5,251	5,308	56	1.1%
(467)	(29.3%)	Non NHS Clinical Income (PP's, RTA)	2,144	188	172	(16)	(8.3%)	1,783	1,301	(482)	(27.0%)
563	8.4%	Operating Income	9,087	994	961	(33)	(3.3%)	7,668	8,198	530	6.9%
297	(19.6%)	Total Income	221,366	18,438	17,767	(671)	(3.6%)	184,777	184,402	(375)	(19.3%)
		Expenditure									
		Clinical Divisions									
109	0.3%	Family & Support Divison		EST	WTE	Var					
			(50,160)	808	800	9		(4,253)	(4,215)	38	0.9%
(1,487)	(3.5%)	Medical Division	(54,496)	928	906	22		(4,596)	(4,631)	(35)	(0.8%)
(1,763)	(4.5%)	Surgical Division	(52,017)	811	815	(4)		(4,299)	(4,424)	(124)	(2.9%)
(3,141)	(2.6%)	Sub Total	(156,673)	2,548	2,521	26		(13,149)	(13,270)	(121)	0.9%
		Corporate Directorates									
(204)	(4.7%)	Chief Executive	(5,875)	16	16	(0)		(490)	(661)	(171)	(35.0%)
191	1.3%	Estates and Facilities	(19,490)	200	197	3		(1,673)	(1,741)	(67)	(4.0%)
(123)	(1.7%)	Finance	(9,588)	261	241	20		(795)	(821)	(26)	(3.3%)
(25)	(0.8%)	Human Resources	(3,979)	70	67	3		(327)	(322)	5	1.5%
57	25.3%	Medical Director	(303)	8	5	2		(25)	(17)	8	31.6%
(395)	(34.1%)	Nurse Director	(1,543)	33	46	(13)		(129)	(183)	(55)	(42.4%)
70	6.2%	Services Received	(1,513)	-	-	0		(126)	(123)	3	2.6%
11,039	100.0%	Reserves	(14,158)	-	-	0		(490)	0	490	100.0%
(9,158)	100.0%	Cost Improvements	11,429	-	-	0		757	0	(757)	100.0%
(1,689)	(1.1%)	Total Expenditure	(201,694)	3,138	3,096	41		(16,448)	(17,139)	(691)	(4.2%)
(1,393)		EBITDA	19,673					1,991	628	(1,362)	
		EBITDA %	8.9%					10.8%	3.5%		
170		Impairments	0					0	0	0	
286	5.9%	Depreciation	(6,468)					(539)	(503)	36	6.7%
(11)	(37.8%)	Interest receivable	40					3	2	(2)	(45.5%)
720	12.2%	Interest payable	(7,845)					(654)	(572)	82	12.5%
316	17.6%	PDC Dividend	(2,400)					(200)	(165)	35	17.5%
89	8.91%	Net surplus / (deficit)	3,000					601	(610)	(1,211)	
(170)		Adjustment for Impairments						0	0	0	
(1,507)		IFRIC 12 / Dual Accounting	(1,500)					0	(167)	(167)	
(1,587)	-158.4%	Revised Net surplus / (deficit)	1,500					601	(777)	(1,378)	
								1,603	481	(1,122)	(70.0%)
								1,603	(1,363)	(2,965)	-185.0%

Statement of Financial Position as at 31st January 2011 (Month 10)

Statement of Financial Position	Closing 31 March 2010	As at 31 January 2011	Movement in Year to Date	Previous Month as at 31 December 2010	Movement in Current Month	Budgeted Closing Balance (31 March 2011)
	£000	£000	£000	£000	£000	£000
NON-CURRENT ASSETS:						
Property, Plant and Equipment	125,521	124,965	(556)	125,193	(228)	133,855
Intangible Assets	117	210	93	215	(5)	91
Trade and Other Receivables	2,586	2,467	(99)	2,475	(8)	1,750
TOTAL NON-CURRENT ASSETS	128,204	127,642	(562)	127,883	(241)	135,696
CURRENT ASSETS:						
Inventories	3,354	3,115	(239)	3,340	(225)	3,050
Trade and Other Receivables	11,506	21,959	10,453	18,369	3,590	7,066
Cash and cash equivalents	1,001	5,413	4,412	6,671	(1,258)	1,000
TOTAL CURRENT ASSETS	15,861	30,487	14,626	28,380	2,107	11,116
TOTAL ASSETS	144,065	158,129	14,064	156,263	1,866	146,812
CURRENT LIABILITIES:						
NHS Trade Payables	(1,874)	(15,601)	(13,727)	(9,293)	(6,308)	(1,200)
Non-NHS Trade Revenue Payables	(3,589)	(6,606)	(3,017)	(11,013)	4,407	(6,500)
Non-NHS Trade Capital Payables	(5,498)	(781)	4,717	(667)	(114)	(979)
Other Liabilities	(8,781)	(8,582)	199	(8,285)	(297)	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)	(34,362)	(11,849)	(32,050)	(2,312)	(11,093)
NET CURRENT ASSETS/(LIABILITIES)	(6,652)	(3,875)	2,777	(3,670)	(205)	23
TOTAL ASSETS LESS CURRENT LIABILITIES	121,552	123,767	2,215	124,213	(446)	135,719
NON-CURRENT LIABILITIES						
Borrowings	(57,205)	(55,724)	1,481	(55,755)	32	(56,187)
DH Working Capital Loan Principal Repayments	(9,418)	(8,990)	428	(8,990)	0	(8,562)
Other Financial Liabilities	0	0	0	0	0	0
Provisions for Liabilities and Charges	(2,554)	(2,370)	184	(2,339)	(32)	(2,156)
Other Liabilities	(1,900)	(1,900)	0	(1,900)	0	(1,900)
TOTAL NON-CURRENT LIABILITIES	(71,077)	(68,984)	2,093	(68,984)	0	(68,805)
TOTAL ASSETS EMPLOYED	50,475	54,783	4,308	55,229	(446)	66,914
FINANCED BY TAXPAYERS EQUITY:						
Public Dividend Capital	53,818	58,018	4,200	58,018	0	66,818
Retained Earnings	(18,859)	(18,379)	480	(17,955)	(424)	(15,859)
Revaluation Reserve	12,576	12,419	(157)	12,419	0	13,557
Donated Asset Reserve	1,467	1,252	(215)	1,274	(22)	962
Government Grant Reserve	1,473	1,473	0	1,473	0	1,436
TOTAL TAXPAYERS EQUITY	50,475	54,783	4,308	55,229	(446)	66,914
Cash in OPG accounts	988	5,408	4,420	6,666	(1,258)	1,000

SECTION 5

CONCLUSION & RECOMMENDATION

CONCLUSION

The financial position has deteriorated in month and the risks associated with the year end financial forecast have increased. The Trust must therefore continue to reduce the level of both pay and non-pay as we move into the final months of the financial year. Continued and sustained effort must be made throughout the organisation to minimise expenditure to ensure we meet our statutory financial targets

The Trust does however continue 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.
-