

TRUST BOARD

Date of Meeting: 10/05/2011		Enclosure: 9
		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 March 2011.		
Summary: The performance report summarises Trust performance against a range of operating, quality, financial and workforce indicators for month twelve.		
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
MAY 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 March 2011.

The report sections are as follows: -

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

SECTION 1

OPERATING PERFORMANCE

1. OPERATING PERFORMANCE

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

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

- Nine indicators of 18 weeks performance (at Trust level)
- Seven indicators of Cancer Waiting Time performance
- Access to GUM clinics – 48 hour target (offered appointments)
- Data quality on Ethnic Groups
- Delayed transfers of care
- Total time in A&E: 4 hours or less
- Median waiting time in A&E
- Rapid access chest pain patients seen within 2 weeks
- Maternity HES: data quality indicator
- Elective length of stay (LOS)
- Staff Turnover
- MRSA Bacteraemia (attributed to Trust)
- Clostridium Difficile Infections (attributed to Trust)
- Risk Adjusted Mortality (CHKS)
- Slips, trips and falls (inpatients)
- Eight Estates and Facilities indicators

The availability of data for March 2011 now also enables confirmation of the year end position for the vast majority of the performance indicators. The end of year position across all indicators in the following categories demonstrates very strong performance across the year:

- 18 weeks – RTT
- Cancer Waiting Times
- Existing Commitment Indicators
- National Priority Indicators

The only exceptions out of 31 indicators are:

- 14 day wait for symptomatic breast patients (but quarter 4 performance has seen an excellent recovery of the position).
- Cancelled operations which was 0.3% short of the required level (1.1% against a target of $\leq 0.8\%$).
- Breastfeeding initiation – just 1% short of the required level.

- Maternity HES statistics – 1.3% short of the required level (but a significant improvement in the last two months following the delivery of the action plan).

1.1 PERFORMANCE IMPROVEMENT PLANS AND PROGRESS

62 day Cancer Treatment Target – All Cancers

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

The in month position returned an above target level of 88.7%. The end of year performance was also above the target level.

31 day Cancer Treatment Target – Subsequent Treatment (Surgery)

The dip in month of just 0.2% relates to a single patient pathway and this has been verified for appropriateness. End of year performance was above the required level.

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 • 7.9% year to date 	>= 93%	Divisional General Manager – Surgical Division	Improved ↑	

The significant improvement in performance continued returning an excellent level of 96.9% in month.

Thrombolysis: 60 minute call to needle time

Performance in the last two months was only 0.3% adrift of the required level. However the end of year performance was an excellent 73.4%.

Cancelled Operations

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

The percentage cancelled indicator returned to the year to date average of 1.1% in month. Across the year performance was therefore in general 0.3% adrift of the required level. The 28-day rule part of the indicator returned to strong performance levels in month with the end of year performance also strong at 2.6%. Work will continue throughout 11/12 to try to improve performance in this area.

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"> •1.8% in month •1% year to date 	>= 68%	Divisional General Manager – Family and Support Services	Deteriorated ↓	

Despite improvements in February the performance level in month dipped to 66.2% (1.8% adrift of the required level). The year end position was just 1% short of the required 68%.

The in month performance for smoking during pregnancy also dipped in month to 20% however this has not affected the overall excellent performance for the year which ended at 16%, which was well under the target level of less than 18.95%.

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"> •28.6% in month •20.1% year to date 	>= 85%	Divisional General Manager – Family Services and Support Division	Improved ↑	

The GUM service continues to achieve excellent performance in respect of the “48 hour offered appointment” target (Dashboard section 3). The aspirational “seen” target improved slightly in month to 56.4%. The service transferred, as per NHS Cumbria commissioning plans, to the Cumbria Partnership NHS Foundation Trust on 1 May 2011.

1.2 PRODUCTIVITY METRICS

Elective length of stay achieved a good level of 3.0 days in February 2011.

Non-elective length of stay continues to not make progress towards the challenging target of 4.2 days. The February performance of 5.1 days brings the year to date level to 4.8 days which is no improvement over quarter four last year. A specific work-stream under the Turnaround/QIPP programme is now in place for 2011/12.

The overall day case rate remained close to the average across the year showing 78.1% in month. The “basket of 25” returned a disappointing 69.3% in month. This is currently being reviewed as the FCE’s for cataracts seems lower than

previous months. Performance levels for both indicators continue to demonstrate that planned changes are therefore not yet embedded. The Surgical Division are currently reviewing the status of each element of the action plan and are performing an overall data quality check.

Pre-operative bed days improved to a level of 8.5% in February 2011. The last four months have all now been below 10% (quarter 4 in the previous year was 11%).

The outpatient new to review ratio remained static at 2.4 for a second month. The detailed review of follow up rates across all specialties continues. The pace of progress is a concern and therefore individual reviews with each Division are planned.

The outpatient DNA rate improved for the third month running returning a level of 8.0% in month. The implementation plan for the roll out of the text based reminder service is continuing. The performance across the year was on average 0.6% better than quarter 4 last year.

1.3 ESTATES AND FACILITIES METRICS

The March performance figures against the agreed key performance indicators for the Estates and Facilities Directorate have exceeded the set targets for all areas with the exception of the cleanliness audit scores and catering waste scores for the West Cumberland Hospital site.

The catering waste score has achieved the required level across the year (at 5.4%) but there have been four months of the year, including March 2011, when the performance level has been in excess of 6%. These months are being reviewed to establish if any issues or patterns exist. The cleanliness audit score has remained static all year at 94% (being just 1% adrift of the target level).

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

1.4 18 WEEKS RTT BY SPECIALTY

The Dashboard (at Appendix A) contains details of the month twelve 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

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

- Ophthalmology – the length of wait has settled in month with median and 95th percentile waits not worsening further. Plans are being finalised to clear the long waiters over the coming months (still likely to be June).

- Dermatology – the action plan was implemented during March 2011 and the dashboard demonstrates that it is already delivering improving performance levels.
- Gynaecology – plans have been implemented to recover the position back to 90%. The 95th percentile information has already improved for admitted patients in March 2011.
- Oral Surgery - the overall admitted performance improved in March 2011 from the dip in February. The non-admitted performance has also improved considerably in the last two months.

SECTION 2

QUALITY METRICS

2. QUALITY METRICS

2.1.1 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 2010/11 was less than 6 apportioned cases. The Trust has achieved an excellent year end position for 2010/11 with only 2 MRSA bacteraemia.

The excellent work carried out by our clinical teams to minimise infections has meant that there has been no post 48 hour bacteraemia for 11 months at the Cumberland Infirmary and for 10 months at the West Cumberland Hospital.

2.1.2 Clostridium Difficile

The Trust target for Clostridium Difficile for 2010/2011 was set to 120 which equates to 10 attributed cases per month. The performance for the month of March 2011 again shows the Trust performing well with only 5 attributed cases. The Trust has achieved an excellent year end position for 2010/11 with only 57 attributed cases against a target of 120. 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.

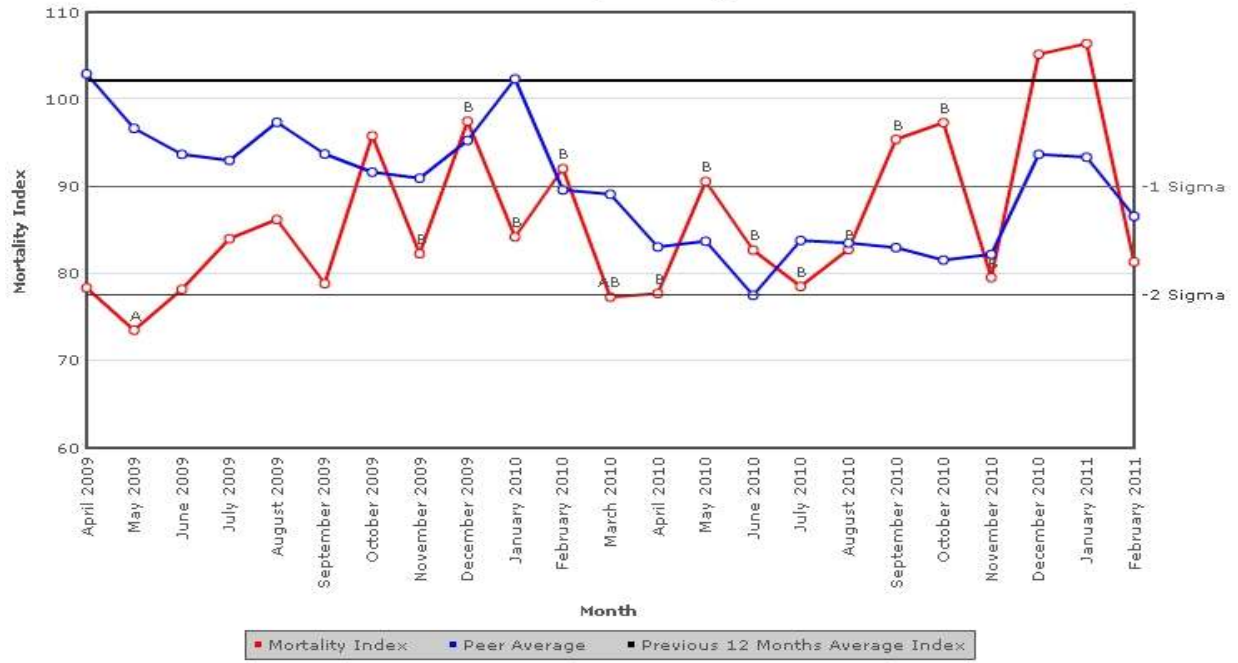
2.2 MORTALITY RATES

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.

The increased trends previously reported to Trust Board are still currently under investigation. The outcome of the investigation will be reviewed by the Medical Director and Nursing Director and will be formally reported to the Governance Committee.

Data is currently available up to and including February 2011. The graphs and tables below show a decrease in trend in the risk adjusted mortality index for February 2011.

Mortality Trending



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 28 February 2011

Division	Trust	Included	Deaths			Index
	Spells	Spells	Trust	Expected	Excess	
Family and Clinical Support Division	1247	114	2	2	0	101
Family and Clinical Support Division - Clinical	12,268	4,130	0	8.6	-8.6	
Surgical Division	28,108	10,797	162	210.2	-48.2	77
Medical Division	34,374	13,550	859	924.9	-65.9	93
TRUST	75,997	28,591	1023	1145.7	-122.7	89

Risk Adjusted Mortality Index 2010

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

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

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

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

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

February 2011	Trust Spells	Included Spells	Deaths			Index
Division			Trust	Expected	Excess	
Family and Clinical Support Division	131	7	1	0.1	0.9	1851
Family and Clinical Support Division - Clinical	1155	413	0	0.9	-0.9	
Surgical Division	2,302	874	10	17.1	-7.1	58
Medical Division	2,861	1140	67	77.7	-10.7	86
Trust	6449	2434	78	95.8	-17.8	81

2.3 SLIPS, TRIPS AND FALLS

Excellent performance continues in respect of slips, trips and falls prevention. The March 2011 figure was 97 against a target of ≤ 100 . The year end position was an excellent level of 1026 against a target of < 1200 . 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 as part of the development of the Trust's quality and safety indicators.

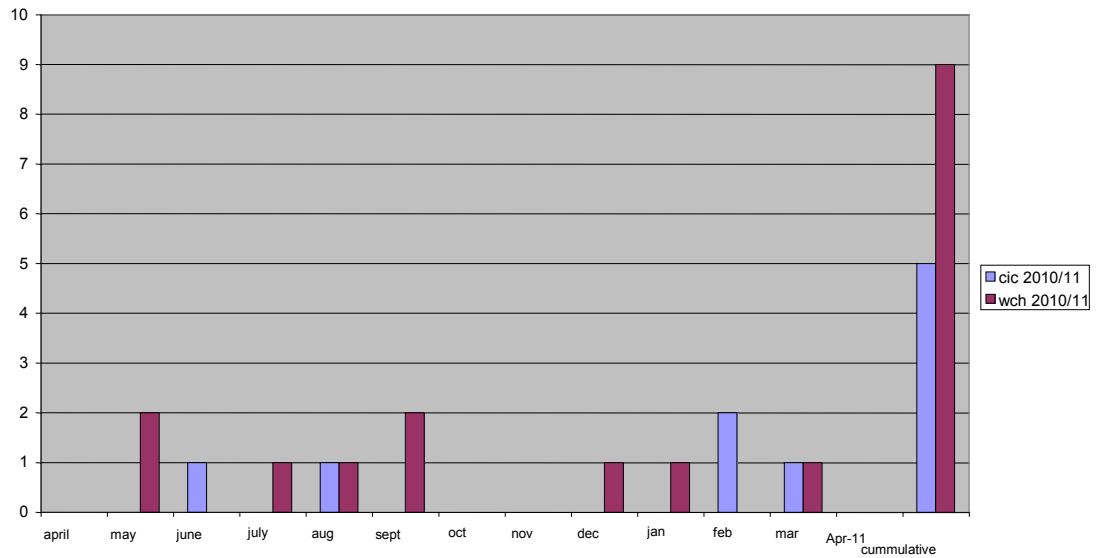
2.4 DEVELOPMENT OF QUALITY AND SAFETY INDICATORS

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

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

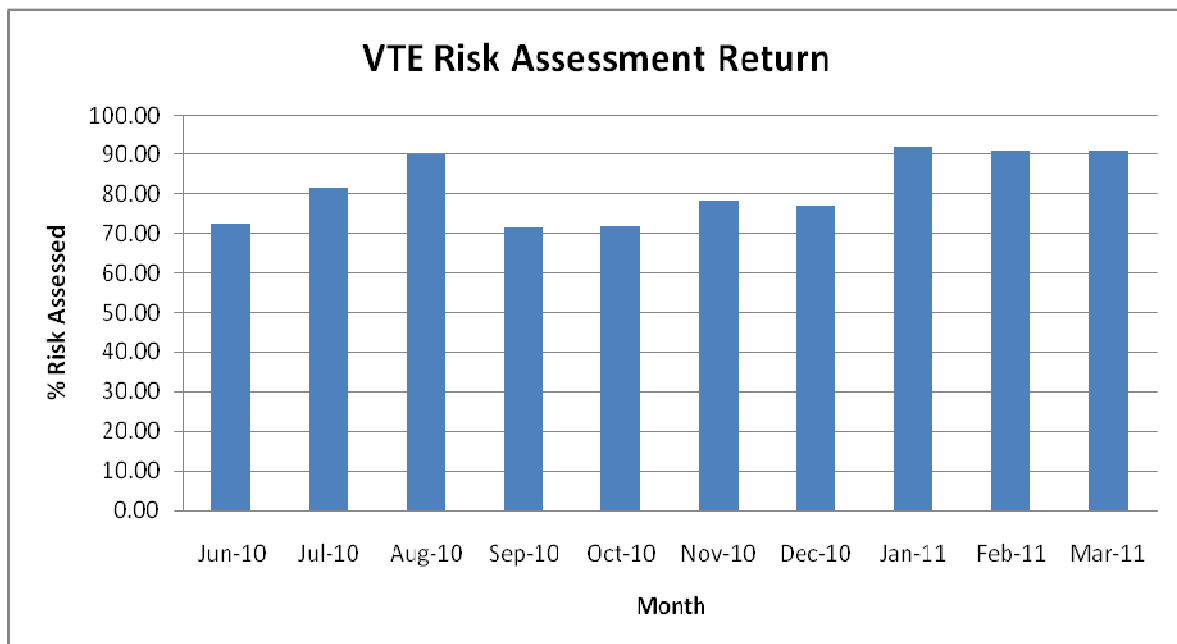
The Trust has continued to deliver excellent performance in the overall reduction of slips, trips and falls. As part of the development of the Trust's quality and safety indicators monthly reporting will continue to include all fractured neck of femur's sustained following a fall. A Root Cause Analysis (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



2.4.2 VENOUS THROMBOEMBOLISM (VTE)

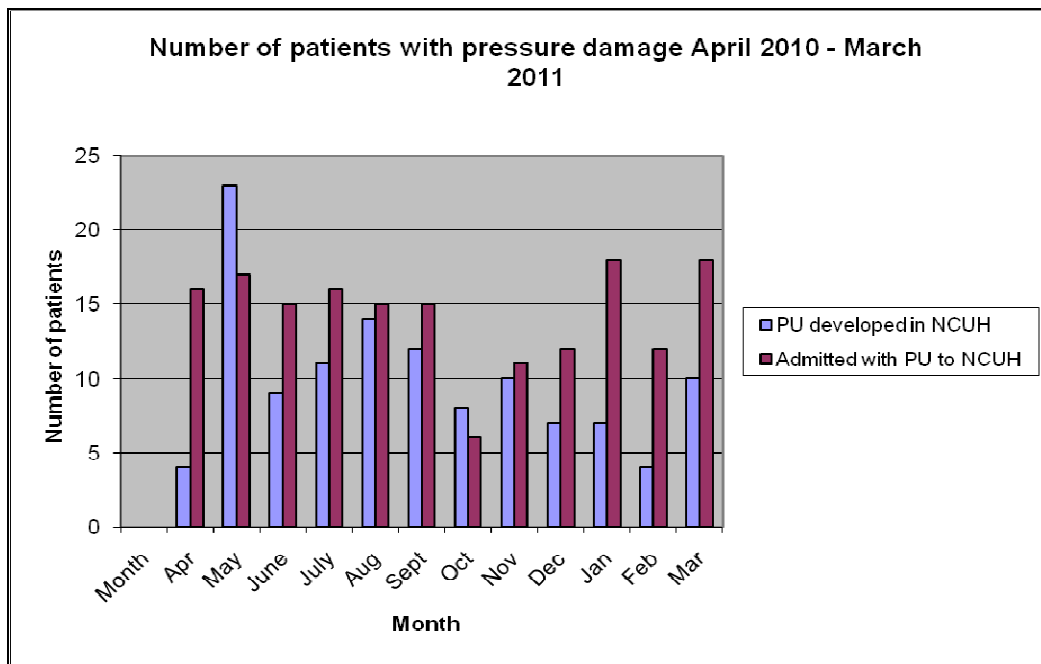
From June 2010 all Acute Trust's were required to report monthly to the Department of Health on the number of inpatients who are VTE risk assessed as per the National Institute for Health and Clinical Excellence (NICE) clinical guideline number 92. By March 2011 all Trusts were expected to have reached 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.



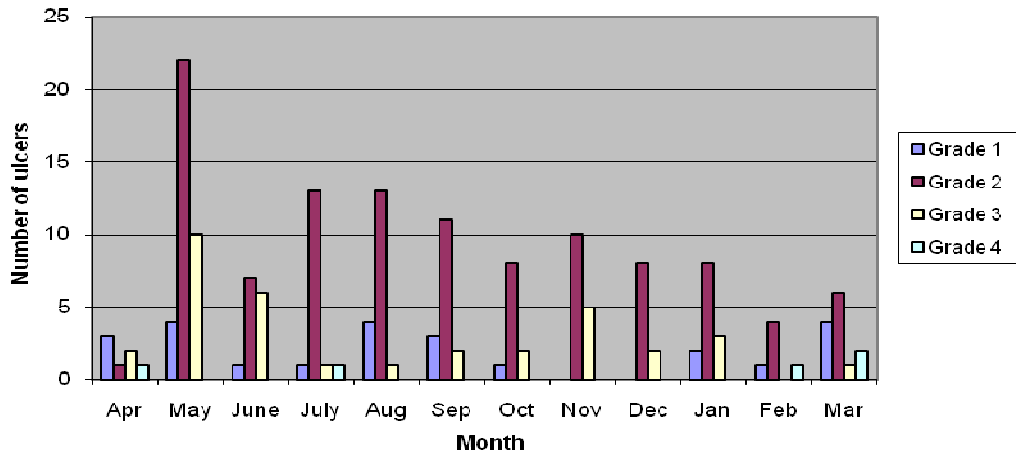
2.4.3 PRESSURE ULCERS

The reporting process for pressure ulcers was reviewed by the senior nursing team and Tissue Viability Specialist Nurse in 2010. This was to improve reporting of pressure ulcers and 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. The continence pilot which will be completed in May 2011 is to identify moisture lesions in comparison to pressure lesions and this is being piloted on Jenkin Ward at WCH and Willow A at CIC. The pressure area pilot has commenced 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.

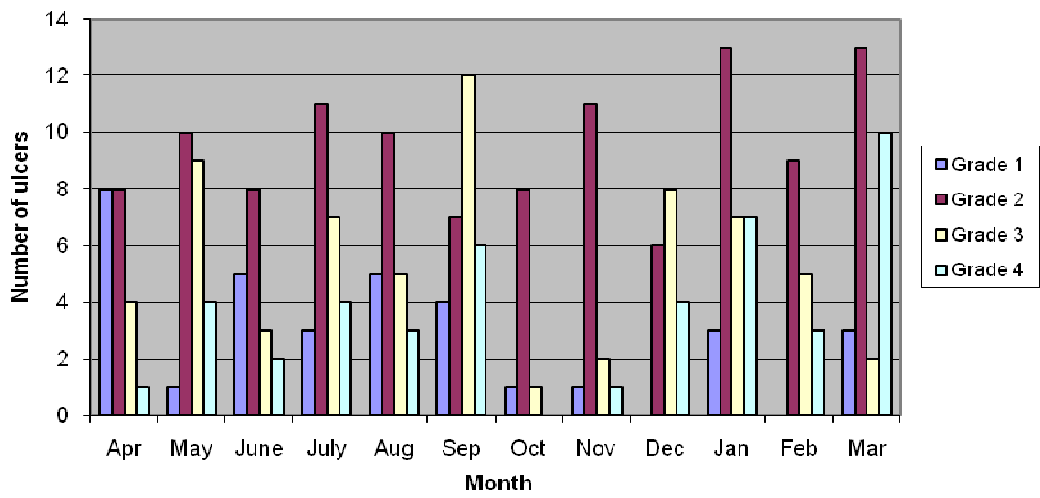
The following graphs include data pre admission and post admission.



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



Pressure ulcers by grade admitted to NCUH April 2010 - March 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 12	
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 at 3000.82 WTE at Month 12. This equates to a reduction of 85.7 WTE when compared to the equivalent month in 2009/10 and a reduction of 8.95 WTE since Month 11.</p> <p>The largest two staff groups are Nursing & Midwifery (1069.19 WTE) and Admin & Clerical (671.46 WTE). Currently the Trust has a total of 298.06 WTE Medical and Dental staff and 470.33 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics, Medicine has the largest establishment (795.64 WTE) followed by Family and Support Services (707.41 WTE) and Surgery (660.20 WTE).</p>
Overtime	<p>Overtime within the Corporate Services is minimal with some bank nurse expenditure and private work initially classed as overtime and then recharged.</p> <p>Estates and Facilities shows a small increase for month 12 but a reduction over the year.</p> <p>Within Clinical Support and Family Services, overtime for month 12 is the lowest for the year by a significant amount; the vast majority of overtime relates to Pathology and the local agreements that are in place concerning shift patterns and extended working practices. These local agreements are currently protected but are being renegotiated with a view to implementation from 1 June 2011.</p> <p>The Medical Division has shown a significant reduction in the last year and only uses overtime as a last resort to cover sickness and vacancies.</p> <p>Surgery has also shown a significant decrease for month 12 with its lowest figure for the year (following the pressures in Jan/Feb caused by the pandemic flu surge that affected Theatres, ITU and the regional directive to increase Critical Care provision).</p>
Turnover	<p>The current annualised turnover figure (headcount) for non-medical staff for Month 12 is 10.6% (including bank workers). There were 51 non-medical staff leavers (1.38%).</p>

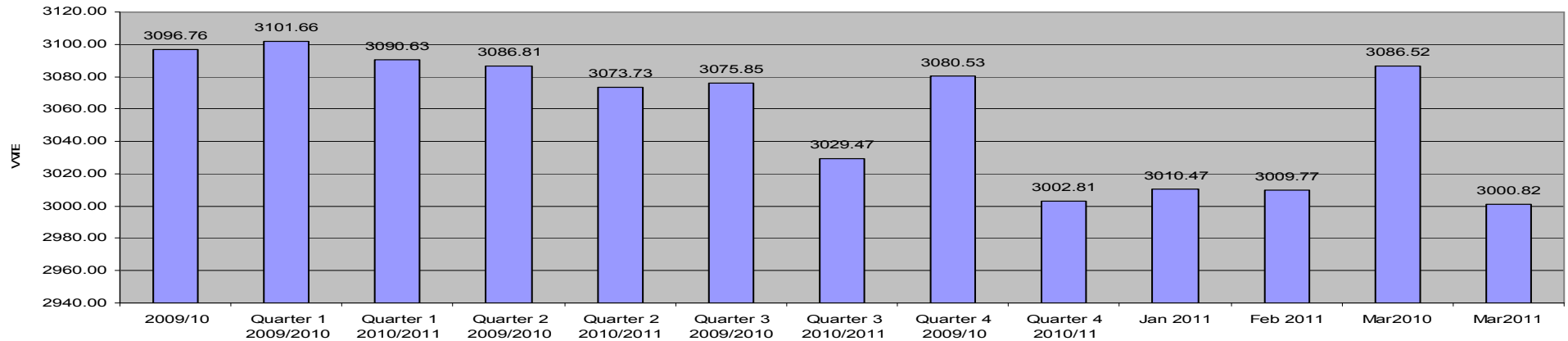
<p>Sickness Absence</p>	<p>The Trust sickness absence rate for Month 12 is 4.11%. This is lower than at the equivalent month in 2009/2010 (5.01%) and a decrease of 0.07 % from Month 11.</p> <p>The financial year to date sickness absence figure is 4.72%, currently 1.72% above the Trust target of 3%.</p> <p>Rates in Family & Support (3.51%), Medicine (4.53%) and Corporate (2.30%) have all dropped this month with Corporate remaining the lowest and below target. Estates & Facilities has increased and remains the highest at 6.98%.</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. Since the process was introduced 13 hearings have been held and 10 First Written Absence Cautions have been issued.</p> <p>HR Business Partners are also monitoring sickness absence on a weekly basis to assist with the achievement of the new target of 3.00% and reporting to the QIPP/Turnaround team on a regular basis.</p>
<p>Appraisal</p>	<p>The annualised figure for the number of appraisals completed at Trust level (from 1 April 2010 to 31 March 2011) has increased by 9.47% to 77.47%, a significant step towards the 80% target.</p> <p>Estates & Facilities (94.88%), Surgical Division (82.29%) and Family & Support Services (80.96%) have all increased to take them above target. Medical Division has also shown a significant increase of 21.03% to 74.10%. The Corporate Division is the only area to show a decrease to 60.05%.</p> <p>The HR Business Partners continue to actively monitor appraisal completion within the Divisions.</p>
<p>Occupational Health Activity</p>	<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

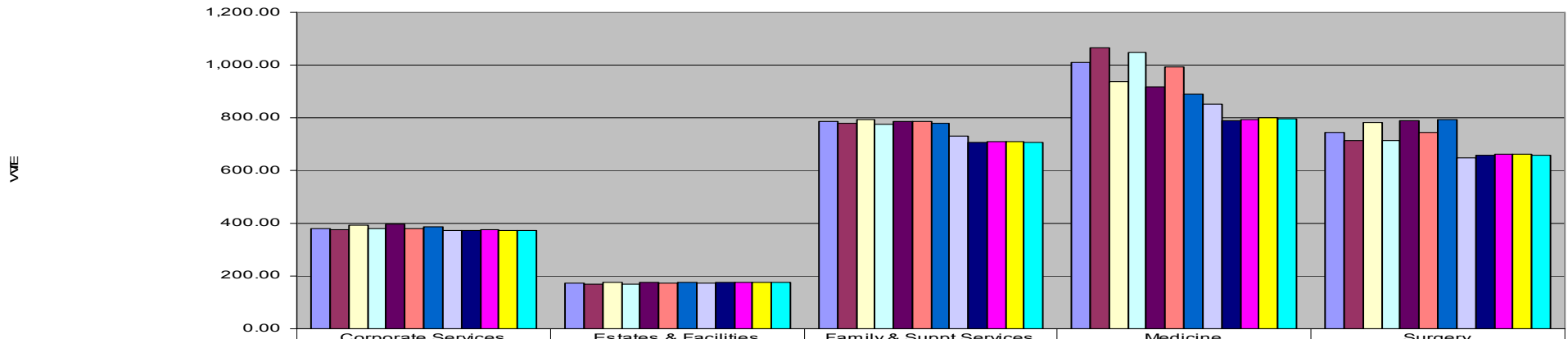
Staff Group	2009/10	Quarter 1 2009/10	Quarter 1 2010/11	Quarter 2 2009/10	Quarter 2 2010/11	Quarter 3 2009/10	Quarter 3 2010/11	Quarter 4 2009/10	Quarter 4 2010/11	Jan 2011	Feb 2011	Mar 2010	Mar 2011
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	112.41	112.16	111.99	110.83	103.96	110.09	96.30	111.09	94.28	95.68	94.45	112.40	92.87
Additional Clinical Services	507.25	518.20	494.93	514.30	495.07	509.22	485.44	501.08	470.36	470.44	470.37	496.75	470.33
Admin & Clerical	677.97	675.10	689.45	682.22	691.85	681.89	683.20	681.64	673.70	676.25	673.71	684.92	671.46
Allied Health Professionals	140.84	141.70	137.10	138.42	135.99	138.13	133.64	138.40	132.52	133.32	133.45	136.47	132.79
Estates & Facilities	178.22	166.29	186.85	169.44	185.37	179.17	194.35	184.96	202.22	203.38	202.66	187.65	201.50
Healthcare Scientists	72.83	76.03	69.42	74.91	68.21	70.14	66.71	69.64	64.91	65.91	65.61	69.64	64.61
Medical & Dental	308.40	314.01	301.11	306.87	298.04	299.02	292.73	299.48	295.51	294.16	297.21	302.03	298.06
Nursing & Midwifery (Registered)	1,098.83	1,098.18	1,099.78	1,089.82	1,095.25	1,088.21	1,077.10	1,094.24	1,069.30	1,071.32	1,072.30	1,096.64	1,069.19
Trust	3096.76	3101.66	3090.63	3086.81	3073.73	3075.85	3029.47	3080.53	3002.81	3010.47	3009.77	3086.52	3000.82

Staff Group	2009/10	Quarter 1 2009/10	Quarter 1 2010/11	Quarter 2 2009/10	Quarter 2 2010/11	Quarter 3 2009/10	Quarter 3 2010/11	Quarter 4 2009/10	Quarter 4 2010/11	Jan 2011	Feb 2011	Mar 2010	Mar 2011
	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	139	138	138	136	127	136	117	138	113	115	112	140	110
Additional Clinical Services	794	799	799	796	807	792	799	790	768	778	772	785	762
Admin & Clerical	872	865	865	886	891	890	881	885	862	871	860	889	851
Allied Health Professionals	196	196	196	196	196	195	196	195	196	198	197	194	195
Estates & Facilities	239	226	226	228	247	239	263	246	275	276	276	247	275
Healthcare Scientists	76	79	79	78	71	73	69	73	68	69	69	73	68
Medical & Dental	358	370	370	364	359	353	361	349	364	362	365	349	366
Nursing & Midwifery (Registered)	1,454	1,458	1,458	1,446	1,460	1,443	1,453	1,450	1,445	1,455	1,451	1,454	1,439
Trust	4425	4131	4131	4130	4158	4121	4139	4126	4091	4124	4102	4131	4066

WTE Staff in Post - Trust



WTE Staff in Post - Divisions (excluding medical staff)

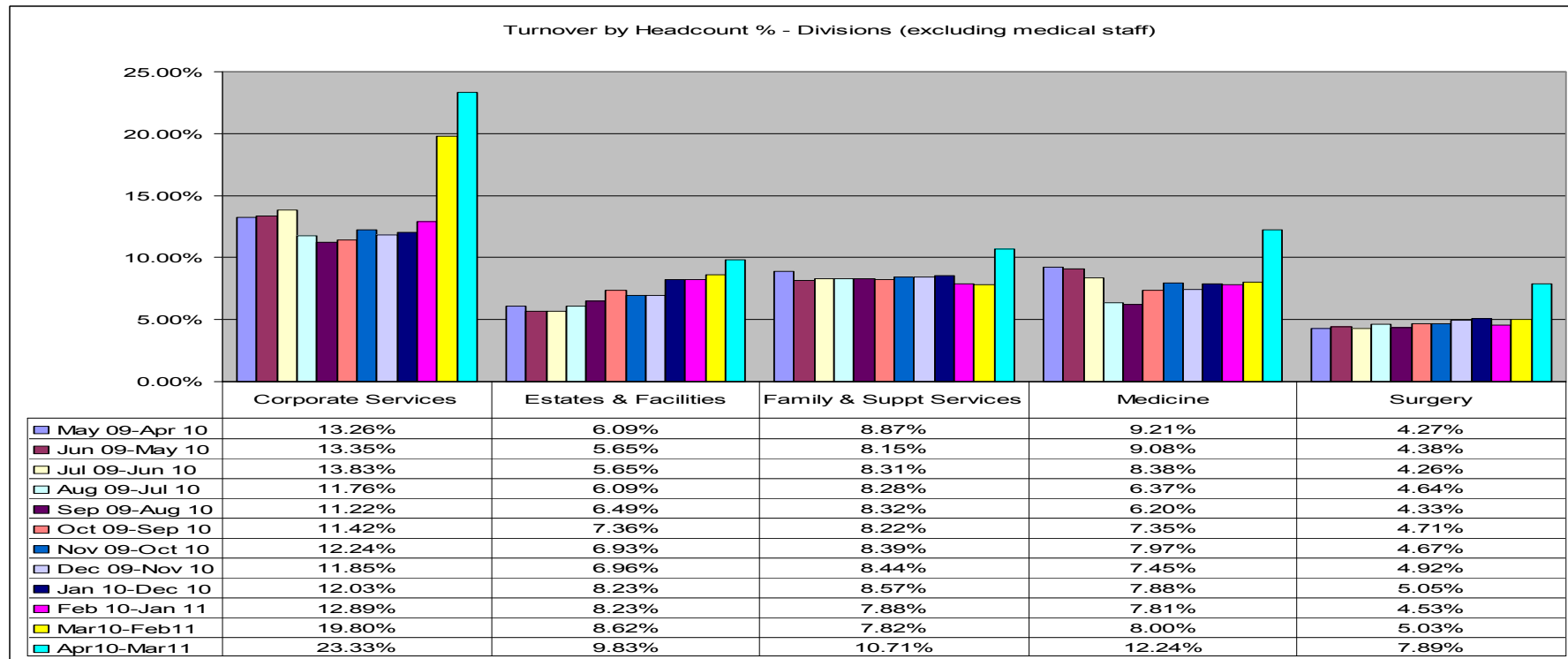
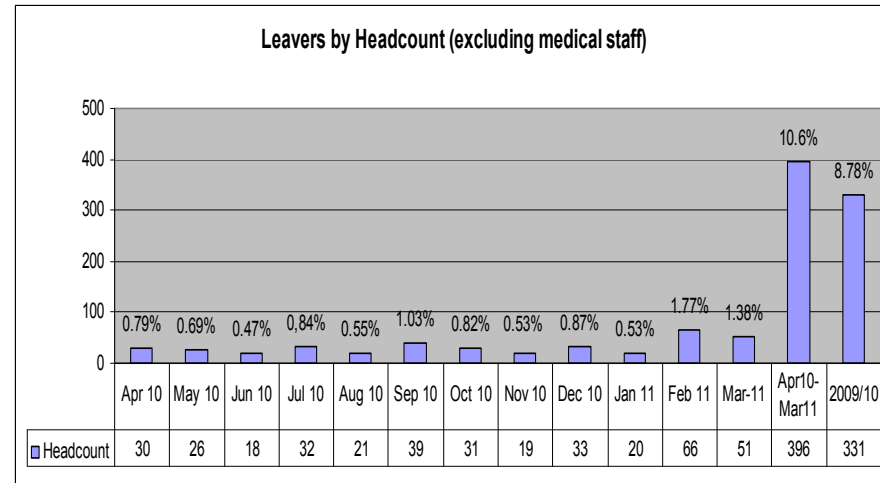
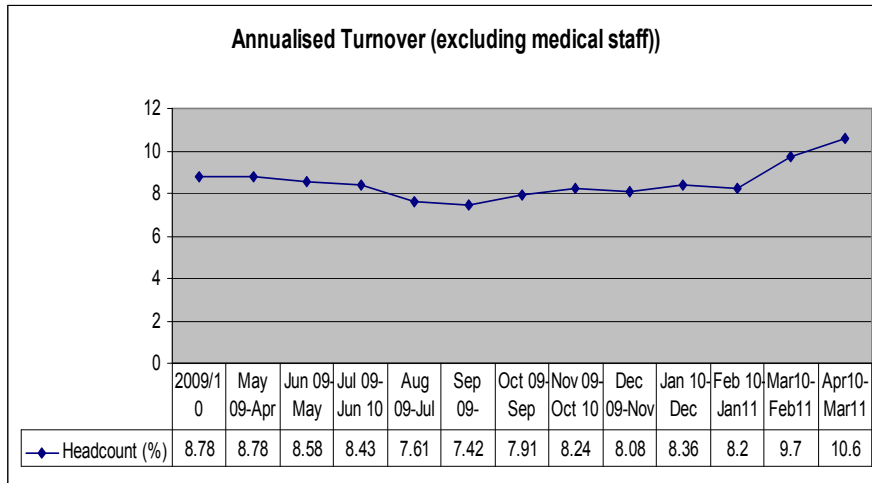


	Corporate Services	Estates & Facilities	Family & Suppt Services	Medicine	Surgery
2009/2010 WTE	379.46	171.15	786.88	1,009.86	746.30
Quarter 1 2009/2010 WTE	375.90	168.07	779.13	1,065.74	712.90
Quarter 1 2010/2011 WTE	392.92	175.22	793.75	939.59	781.28
Quarter 2 2009/2010 WTE	377.69	169.01	777.47	1,049.80	712.41
Quarter 2 2010/2011 WTE	396.00	176.77	786.37	916.81	789.92
Quarter 3 2009 WTE	379.43	171.09	787.45	992.56	743.34
Quarter 3 2010 WTE	387.43	177.46	777.69	888.50	791.52
Quarter 4 2009/10 WTE	373.46	173.24	729.92	853.00	647.34
Quarter 4 2010/11 WTE	372.39	174.92	707.18	790.44	658.56
January 2011 WTE	374.23	176.06	711.75	794.73	662.61
Febuary 2011 WTE	372.23	174.55	711.61	799.21	661.47
March 2011 WTE	371.52	174.38	707.41	795.64	660.20

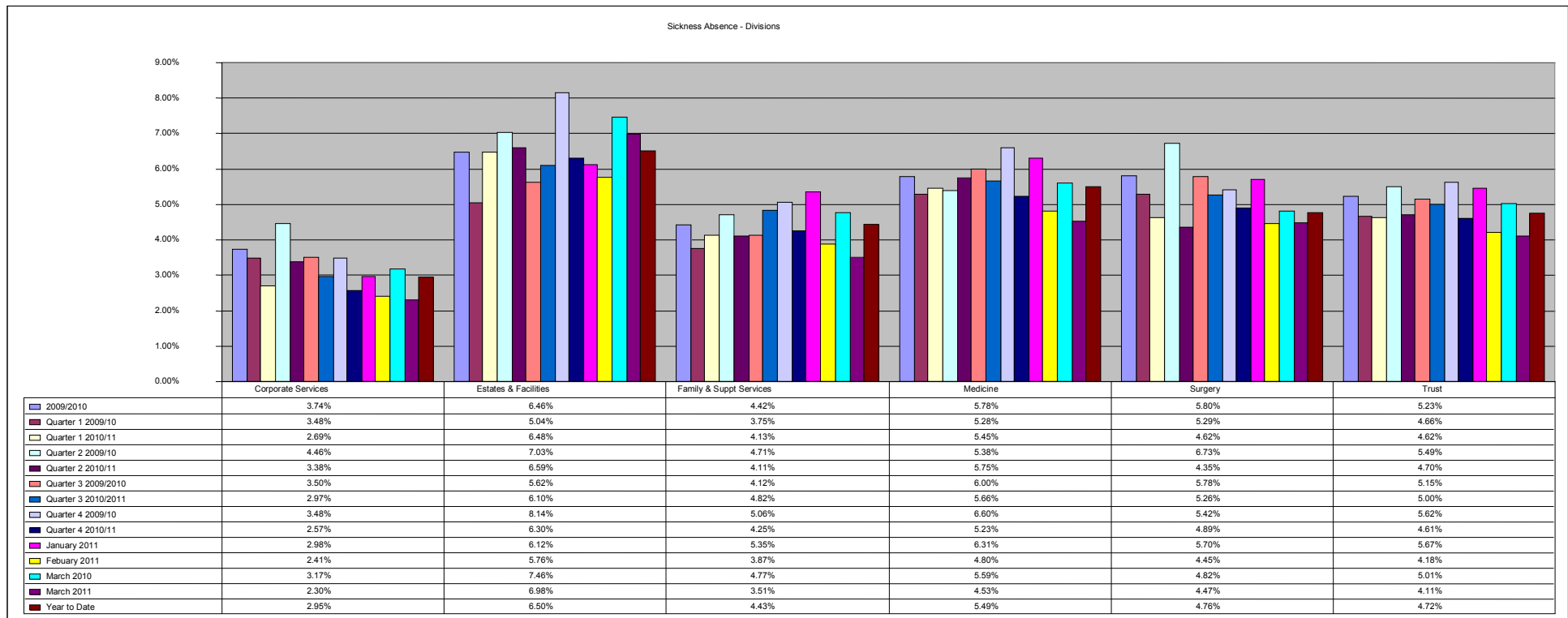
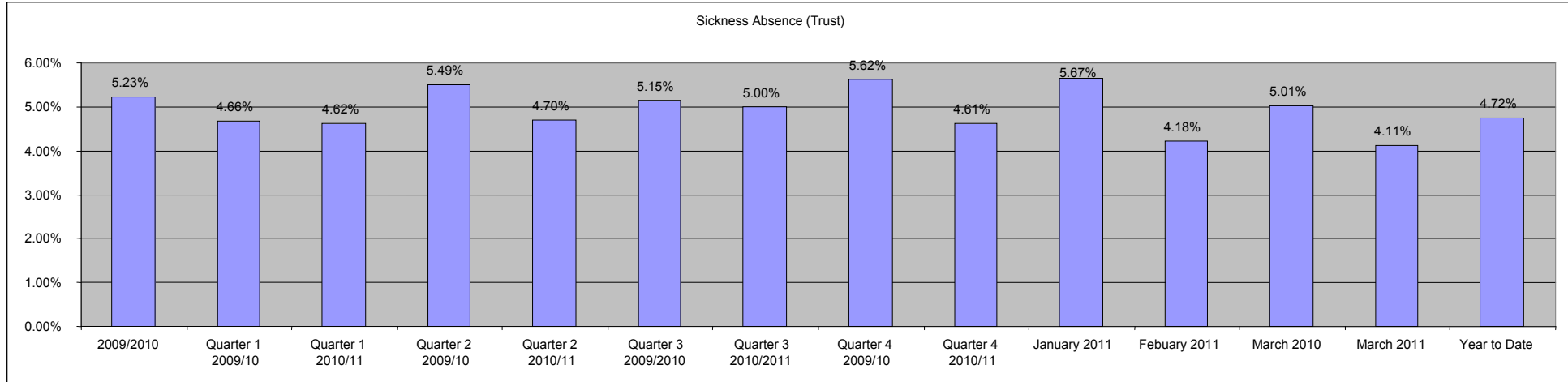
3.3 Overtime

	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	2,433	2,446	41,867
Estates & Facilities	21,267	14,796	16,780	16,666	21,007	18,594	14,934	10,835	11,547	12,475	7,262	9,725	175,888
Family & Support Services	21,218	19,519	20,600	23,319	18,877	21,268	19,066	19,753	16,820	21,367	21,395	13,171	235,979
Medicine	16,064	15,925	11,633	4,905	4,925	6,429	6,286	6,699	3,860	5,142	5,090	6,394	93,362
Surgery	15,931	10,057	7,588	9,663	7,467	7,250	5,598	11,262	6,444	9,673	29,854	2,549	123,334

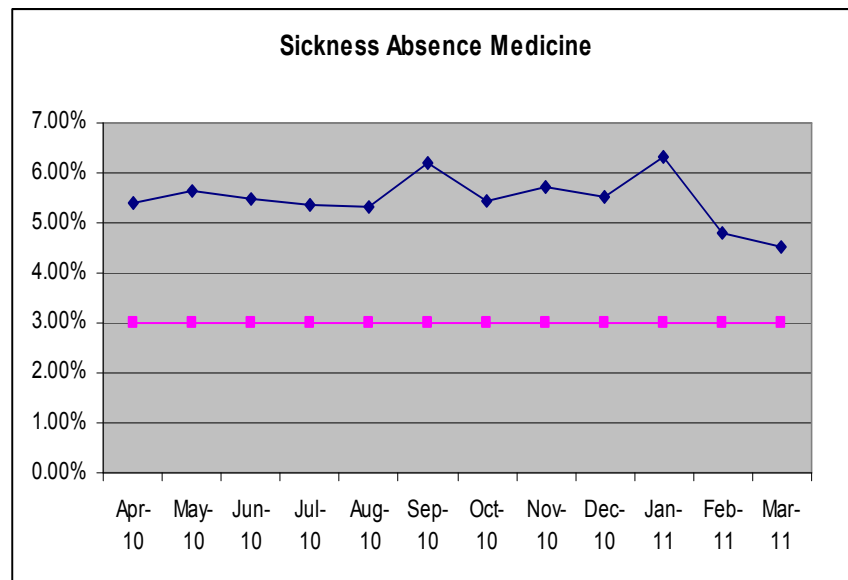
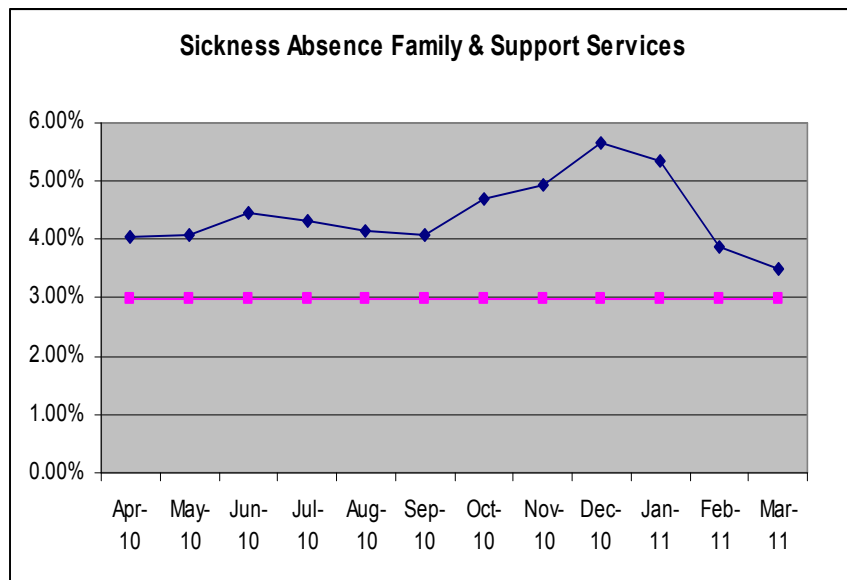
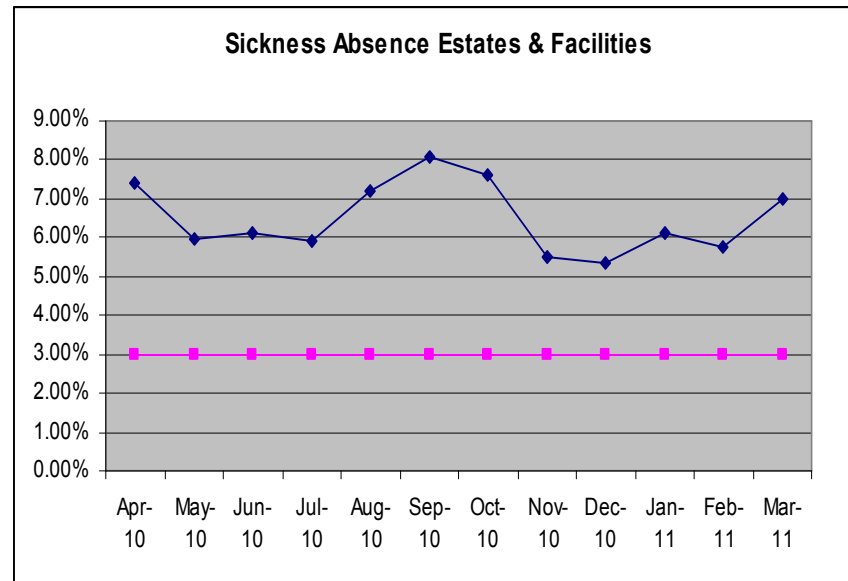
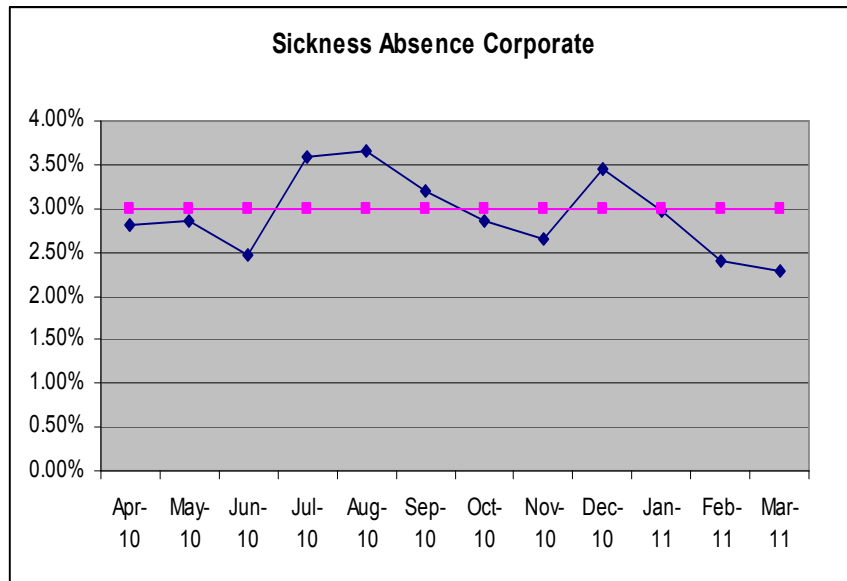
3.4 Turnover

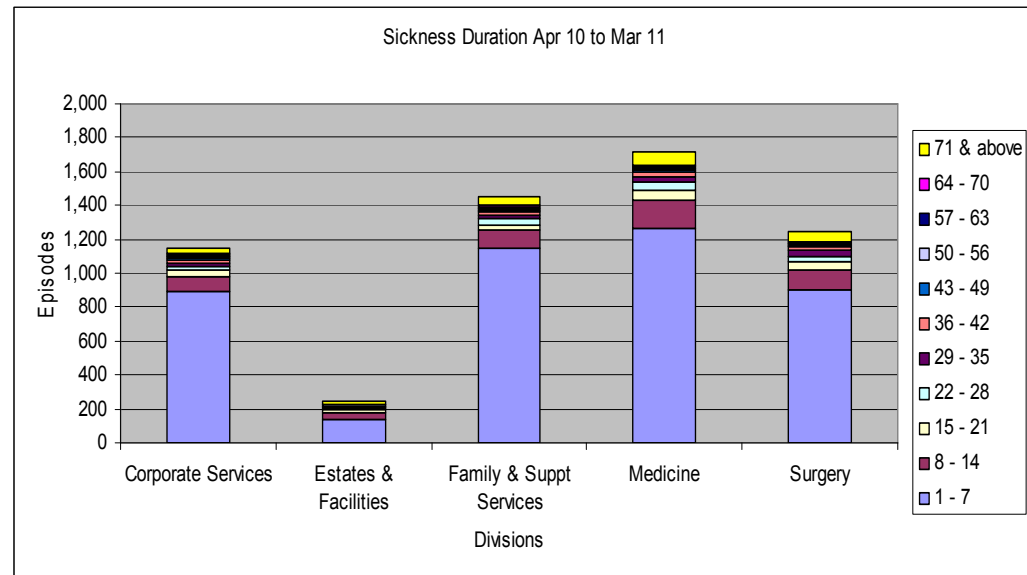
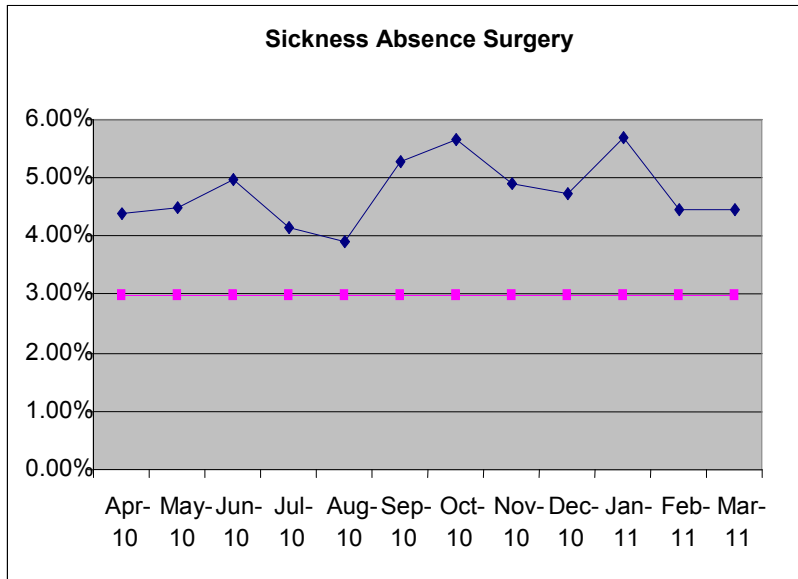


3.5 Sickness Absence



Sickness Target Trackers 2010/11





Sickness Absence Cautionary Hearings

	Month 8	Month 9	Month 10	Month 11	Month 12
No action	-	-	-	-	-
Targets set	-	-	1	1	1
First Written Absence Caution	3	2	1	2	2
Final Written Absence Caution	-	-	-	-	-
Other action:	-	-	-	-	-
Total	3	2	2	3	3

Sickness Absence Cautionary Appeals:

	Month 8	Month 9	Month 10	Month 11	Month 12
Sickness absence decision upheld	-	-	-	1	-
Sickness absence decision overturned	-	-	-	-	-
Total appeals	0	0	0	1	0

3.6 Employee Relations

The Disciplinary/Grievance Procedures were revised in August 2010 and the information is shown for each procedure.

Disciplinary Action: 2010/2011

Action under previous procedure	Total
Informal Action	1
Verbal Warning	-
First Written	-
Final Written	6
Dismissal	5
Total Disciplinary	12

Action under new procedure	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Informal	-	-	-	-	-	-	-
Recorded counselling	-	-	-	-	-	1	1
First Written Warning	-	-	-	-	-	-	-
First Written Warning & transfer	-	-	-	-	-	-	-
Final Written Warning	-	-	1	-	-	-	1
Final Written Warning & transfer (as alternative to dismissal)	-	-	-	-	-	-	-
Final Written Warning & downgrading (as alternative to dismissal)	-	-	-	-	-	-	-
Final Written Warning & transfer & downgrading (as alternative to dismissal)	-	-	-	-	-	-	-
Dismissal	-	1	-	-	-	-	1
Total	0	1	1	0	0	1	3

Disciplinary Appeals: 2010/2011

	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Disciplinary decision upheld	1	-	1	2	-	-	4
Disciplinary decision overturned	-	-	-	-	-	-	-
Total Disciplinary Appeals	1	0	1	2	0	0	4

Grievance: 2010/2011

Resolved under previous procedure	Total	Resolved under new procedure	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
		Withdrawn	-	-	1	1	-	-	2
Resolved informally	2	Resolved at Stage 1 (informally)	-	-	-	2	-	-	2
Resolved at Stage 1	1	Resolved at Stage 2	1	-	1	1	1	-	4
Resolved at Stage 2	-	Resolved at Stage 3	-	-	-	1	-	-	1
Resolved at Stage 3	-	External mediation	-	-	1	-	-	-	1
Total	3	Total	1	0	3	5	1	0	10

3.7 Occupational Health

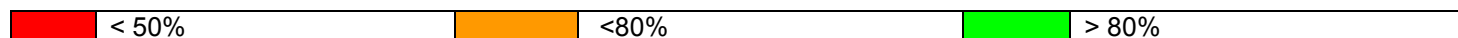
Cumberland Infirmary	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Pre-Employment Acute Staff	99	22	29	22	19	18	19	22
Pre-Employment Non Acute Staff	2	4	0	1	2	1	6	6
Pre-Employment Placements	20	41	7	3	3	37	2	1
Managers Referral (no in brackets - stress related)	26	36 (11)	35 (9)	46 (4)	28 (2)	50 (0)	54 (1)	60 (1)
Self Referral (no in brackets - stress related)	131	36 (5)	28 (4)	13 (0)	15 (0)	10 (0)	21 (2)	35 (2)
Nurse Review Appointments	25	22	33	23	18	21	17	16
Other Routine Nursing Appointments	48	68	422	238	423	542	71	57
Doctor's Appointments	17	9	12	17	19	31	39	25
<u>TOTAL</u>	368	254	566	363	527	710	229	222
DNA	18	34	43	34	51	29	31	28

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	6	6
Pre-Employment Non Acute Staff	4	0	0	0	-	1	-	0
Pre-Employment Placements	0	24	5	59	17	6	14	24
Managers Referral (no in brackets - stress related)	22 (5)	34 (5)	24 (0)	42 (4)	21 (3)	34 (2)	46 (1)	42 (3)
Self Referral (no in brackets - stress related)	66 (4)	51 (14)	43 (4)	71 (9)	38 (5)	48 (3)	57 (2)	51 (9)
Nurse Review Appointments	19	5	25	25	17	6	13	8
Other Routine Nursing Appointments	92	57	227 (inc flu vaccines)	102	323	263	40	44
Doctor's Appointments	18	11	10	14	11	21	13	18
<u>TOTAL</u>	262	190	354	346	435	385	189	175
DNA	4	29	16	11	16	8	14	13

3.8 Appraisal

Division	01/05/09 to 30/04/10	01/06/09 to 31/05/10	01/07/09 to 30/06/10	01/08/09 to 31/07/10	01/09/09 to 31/08/10	01/10/09 to 30/09/10	01/11/09 to 31/10/10	01/12/09 to 30/11/10	01/01/10 to 30/12/10	01/02/10 to 31/01/11	01/03/10 to 28/02/11	01/04/10 to 31/03/11	RAG
Corporate Services	32%	47%	60%	59%	61%	64%	68%	68%	66.7%	67.6%	65.14%	60.05%	Orange
Estates & Facilities	43%	85%	91%	92%	92%	87%	89%	63%	62.6%	80.4%	77.78%	94.88%	Green
Family & Support Services				39%	42%	53%	56%	64%	65.3%	67%	67.07%	80.96%	Green
Surgical	19%	22%	28%	41%	47%	51%	54%	61.5%	62.7%	69.8%	76.51%	82.29%	Green
Medical	22%	20%	18%	27%	29%	40%	43%	44%	44.6%	47.4%	53.07%	74.10%	Orange
Total	32%	36%	38%	41%	46%	52%	56%	58%	58.9%	62.9%	68.00%	77.47%	Orange

RAG coding



SECTION 4
FINANCE REPORT

4. FINANCE REPORT

The Trust has achieved its primary statutory financial duty in delivering a year end surplus of £1,356k, an improvement of £2,078k in month. The improvement in month is due in large part to a technical accounting adjustment made in relation IFRS requirements and income being greater than forecast.

The Trust remained within its Capital Resource Limit (CRL) and achieved a 3.5% return on its capital. The Trust remained within the adjusted EFL. The Trust did not achieve the Better Payment Practice Code due to liquidity issues faced in the autumn of 2010, although the performance has improved over the last few months.

The Trusts income was £1,840k above the plan for the full year, this relates to receiving more clinical income than originally forecast at the beginning of the year. Activity volumes and the complexity of elective activity increased in March as expected compared to previous months leading to an over performance in month.

Whilst the run rate for pay continues to improve on a month by month basis the cumulative overspend on pay was £5,265k for the full year. The main driver of the pay overspend continues to be the use of temporary staffing at a significant financial premium to cover for substantive medical staffing vacancies. At the year end the Trust spent £6,463k on agency staffing.

Non-Pay overspent by £1,675k in month (excluding CIP & reserves) and ended the year cumulatively overspent by £3,328k. The majority of this overspend was recorded in the clinical areas but the significant increase in March relates to technical adjustments made at the year end, such as accounting for stock movements within the year.

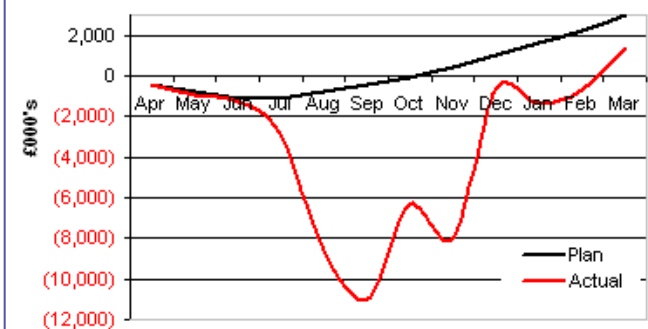
The Trust has actioned CIP of £12,070k against the plan of £21,018k. £274k of CIP has been actioned in month leading to a cumulative shortfall against the annual plan of £8,948k. Preparations are well underway to fully develop robust plans for the 2011/12 CIP target which will continue to be performance managed by the Turnaround Team.

FINANCIAL OVERVIEW - 31st March 2011 (Month 12)

Income & Expenditure

The Trust is reporting a surplus of £1,356k against a planned surplus of £1,500k after adjusting for IFRS, resulting in a negative variance of £144k. This is an improvement of £2,078k in the month. This is driven by increased income and technical accounting adjustments in relation to the accounting for the PFI scheme at Carlisle under International Financial Reporting Standards.

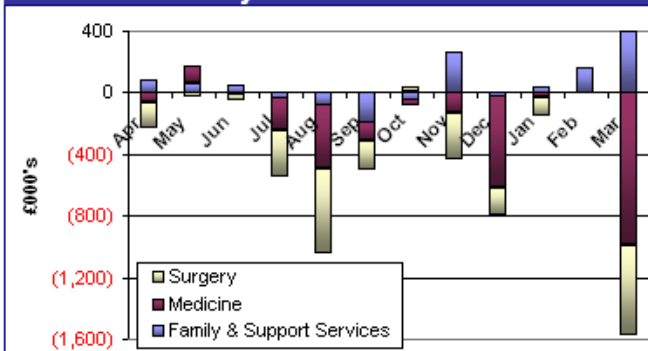
I&E Performance 2010/11



Divisional Performance

The cumulative overspend is £4,280k and £1,173k for March. Medicine is cumulatively overspent by £2,528k, with £994k relating to March and Surgery is £2,468 cumulatively overspent with £582k relating to March. The increase in expenditure includes a number of technical year end adjustments such as stock movements, providing for the movement in the annual leave liability and Clinical Excellence Awards.

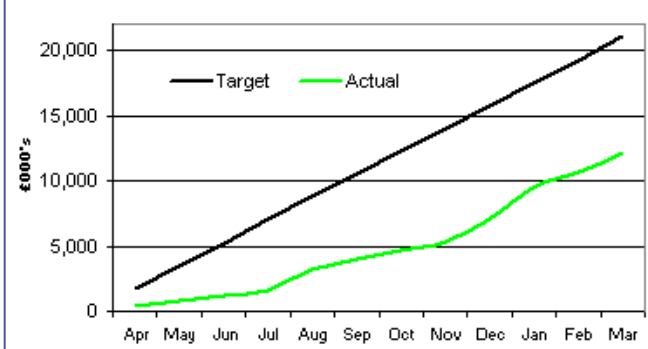
Divisional Monthly Variance



CIP Delivery

£12,070k of CIP has been actioned against a revised full year forecast of £12,085k leaving a shortfall of £8,948k against the original target of £21,018k. £274k of CIP was actioned in March, the majority of which relates to the Corporate Budgets. The focus is now on ensuring the plans for 2011/12 are robust and deliverable within the agreed timescales and the development of 4 economy wide CIP schemes.

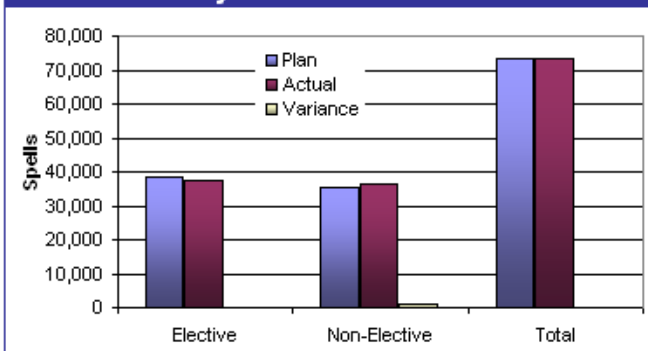
CIP 2010/11



Performance Against SLAs

Elective activity is 134 spells behind the plan in month and cumulatively is 1,026 spells below the plan. Elective activity levels improved in March following on from the low activity levels in the previous 3 months. Non-Elective activity was high in the month and is 152 spells above the plan in month leading to a cumulative over performance of 1,179 spells at the year end.

Contract Activity Performance

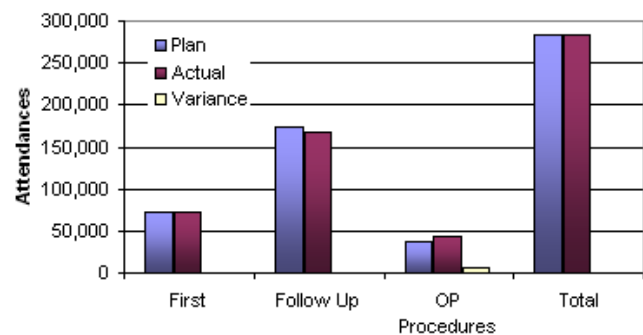


FINANCIAL OVERVIEW - 31st March 2011 (Month 12)

Outpatient Performance

Total Outpatient activity is in line with the plan at the year end. The trends seen in previous months continued into March with Outpatient Procedures over performing against the plan and New and Follow-Up attendances reducing. The focus for 2011/12 will be on reducing the number of follow up appointments to allow more new outpatient slots to be created.

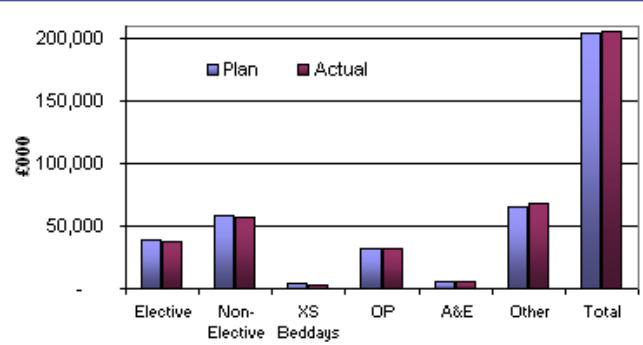
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is above plan by £2,010k. Elective income is £647k below plan due to lower than planned activity levels cumulatively although the case mix was richer than planned. Non-Elective income is behind the plan by £744k despite being ahead of the activity plan reflecting a reduction in the complexity of the casemix in year. Excess Bedday income is behind plan by £648k and A&E income is ahead of plan by £90k with activity levels being in line with the plan.

Income Performance by Activity Type



Statutory Financial Targets

The Trust has achieved its primary statutory financial target in delivering a financial surplus. The Trust remained within the CRL and EFL (subject to it be being altered by the DoH) and achieved the capital absorption rate. The Better Payment Practice Code target has not been met due to the liquidity issues faced through the autumn of 2010, however since the New Year this performance has continued to improve.

2010/11 Performance Against Targets

Duty	Target	M12
Breakeven Duty	To achieve a breakeven I&E	£1,356k Surplus
Capital Absorption Rate	To achieve a rate of 3.5%	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	●

North Cumbria University Hospitals NHS Trust

Summary Financial Position to 31st March 2011 (Month 12)

(adverse) / favourable variance

Previous Net Variance			Annual Budget £000	In Month				Cumulative						
£000	%			Budget £000	Actual £000	Variance		Budget £000	Actual £000	Variance				
					£000	%			£000	%				
		Income												
(478)	(0.3%)	NHS Clinical Income	203,923	16,641	19,054	2,413	14.5%	203,923	205,933	2,010	1.0%			
56	1.1%	Other NHS Income (R&D, training etc)	6,052	529	515	(14)	(2.7%)	6,052	6,106	54	0.9%			
(482)	(27.0%)	Non NHS Clinical Income (PP's, RTA)	2,146	180	194	14	7.8%	2,146	1,616	(530)	(24.7%)			
530	6.9%	Operating Income	9,241	709	331	(377)	(53.3%)	9,241	9,547	306	3.3%			
(375)	(0.2%)	Total Income	221,363	18,060	20,095	2,035	11.3%	221,363	223,203	1,840	0.8%			
		Expenditure												
				EST	WTE	Var								
		Clinical Divisions												
313	0.7%	Family & Support Divison	818	792	26	(50,505)	(4,345)	(3,942)	403	9.3%	(50,505)	(49,789)	716	1.4%
(1,534)	(3.0%)	Medical Division	942	920	22	(56,408)	(4,837)	(5,831)	(994)	(20.5%)	(56,408)	(58,936)	(2,528)	(4.5%)
(1,886)	(3.9%)	Surgical Division	818	805	12	(52,219)	(4,295)	(4,877)	(582)	(13.8%)	(52,219)	(54,687)	(2,468)	(4.7%)
(3,107)	(2.1%)	Sub Total	2,578	2,517	61	(159,131)	(13,476)	(14,650)	(1,173)	8.7%	(159,131)	(163,412)	(4,280)	(2.7%)
		Corporate Directorates												
(361)	(6.7%)	Chief Executive	16	16	0	(5,875)	(510)	(252)	258	50.6%	(5,875)	(5,978)	(103)	(1.8%)
59	0.3%	Estates and Facilities	200	201	(0)	(19,490)	(1,670)	(2,629)	(959)	(57.4%)	(19,490)	(20,391)	(900)	(4.6%)
(345)	(4.0%)	Finance	261	238	23	(9,405)	(795)	(1,037)	(243)	(30.5%)	(9,405)	(9,992)	(588)	(6.2%)
2	0.0%	Human Resources	70	67	3	(4,060)	(358)	(344)	14	3.8%	(4,060)	(4,044)	15	0.4%
75	27.0%	Medical Director	8	5	3	(303)	(25)	(15)	11	42.3%	(303)	(217)	86	28.3%
(525)	(37.1%)	Nurse Director	33	46	(13)	(1,543)	(128)	(183)	(55)	(43.1%)	(1,543)	(2,123)	(580)	(37.6%)
113	8.1%	Services Received	-	-	0	(1,513)	(126)	(131)	(5)	(4.0%)	(1,513)	(1,406)	107	7.1%
12,054	100.0%	Reserves	-	-	0	(11,669)	385	0	(385)	100.0%	(11,669)	0	11,669	100.0%
(10,517)	100.0%	Cost Improvements	-	-	0	11,298	781	0	(781)	100.0%	11,298	0	(11,298)	100.0%
(2,554)	(1.4%)	Total Expenditure	3,168	3,092	77	(201,690)	(15,922)	(19,240)	(3,319)	(20.8%)	(201,690)	(207,563)	(5,872)	(2.9%)
(2,748)	15.7%	EBITDA	19,673				2,137	854	(1,283)	(60.0%)	19,674	15,643	(4,032)	(20.5%)
		EBITDA %	8.9%				11.8%	4.3%			8.9%	7.0%		
170		Impairments	0				0	(212)	(212)		0	(41)	(41)	
358	6.0%	Depreciation	(6,468)				(539)	(484)	55	10.2%	(6,468)	(6,055)	413	6.4%
(12)	(33.6%)	Interest receivable	40				3	2	(1)	(32.0%)	40	27	(13)	(33.5%)
884	12.3%	Interest payable	(7,845)				(654)	56	710	108.6%	(7,845)	(6,251)	1,594	20.3%
386	17.6%	PDC Dividend	(2,400)				(200)	57	257	128.5%	(2,400)	(1,757)	643	26.8%
(962)	(42.7%)	Net surplus / (deficit)	3,000				748	275	(473)	(63.3%)	3,000	1,564	(1,436)	(47.9%)
(170)		Adjustment for Impairments					0	0	0		0	(170)	(170)	
(466)	33.9%	IFRIC 12 / Dual Accounting	(1,500)				(125)	1,803	1,928	(1542.4%)	(1,500)	(38)	1,462	(97.5%)
(1,597)	(182.1%)	Revised Net surplus / (deficit)	1,500				623	2,078	1,455	233.5%	1,500	1,356	(144)	(9.6%)

North Cumbria University Hospitals NHS Trust

Statement of Financial Position as at 31st March 2011 (Month 12)

Statement of Financial Position	Closing 31 March 2010	As at 31 March 2011	Movement in Year to Date	Previous Month as at 28 February 2011	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	126,774	1,253	124,749	2,025	133,855
Intangible Assets	117	357	240	206	151	91
Trade and Other Receivables	2,566	2,659	93	2,907	(248)	1,750
TOTAL NON-CURRENT ASSETS	128,204	129,790	1,586	127,862	1,928	135,696
CURRENT ASSETS:						
Inventories	3,354	2,923	(431)	3,039	(116)	3,050
Trade and Other Receivables	11,506	10,789	(717)	9,120	1,669	7,066
Cash and cash equivalents	1,001	595	(406)	9,779	(9,184)	1,000
TOTAL CURRENT ASSETS	15,861	14,307	(1,554)	20,938	(7,631)	11,116
TOTAL ASSETS	144,065	144,097	32	148,800	(5,703)	146,812
CURRENT LIABILITIES:						
NHS Trade Payables	(1,874)	(1,790)	84	(8,451)	6,661	(1,200)
Non-NHS Trade Revenue Payables	(3,589)	(2,034)	1,555	(4,123)	2,089	(6,500)
Non-NHS Trade Capital Payables	(5,498)	(2,391)	3,107	(819)	(1,572)	(979)
Other Liabilities	(8,781)	(10,525)	(1,744)	(9,098)	(1,427)	0
DH Working Capital Loan Principal Repayments	(856)	0	856	0	0	(856)
Borrowings	(1,915)	(2,855)	(940)	(2,792)	(63)	(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)	(19,595)	2,918	(25,283)	5,688	(11,093)
NET CURRENT ASSETS/(LIABILITIES)	(6,652)	(5,288)	1,364	(4,345)	(1,943)	23
TOTAL ASSETS LESS CURRENT LIABILITIES	121,552	124,502	2,950	123,517	(15)	135,719
NON-CURRENT LIABILITIES						
Borrowings	(57,205)	(55,084)	2,121	(55,693)	610	(56,187)
DH Working Capital Loan Principal Repayments	(9,418)	(8,562)	856	(8,990)	428	(8,562)
Other Financial Liabilities	0	0	0	0	0	0
Provisions for Liabilities and Charges	(2,554)	(2,617)	(63)	(2,359)	(259)	(2,156)
Other Liabilities	(1,900)	(1,900)	0	(1,900)	0	(1,900)
TOTAL NON-CURRENT LIABILITIES	(71,077)	(68,163)	2,914	(68,942)	779	(68,805)
TOTAL ASSETS EMPLOYED	50,475	56,339	5,864	55,575	764	66,914
FINANCED BY TAXPAYERS EQUITY:						
Public Dividend Capital	53,818	58,018	4,200	58,018	0	66,818
Retained Earnings	(18,859)	(16,646)	2,213	(17,571)	925	(15,859)
Revaluation Reserve	12,576	11,769	(807)	12,419	(650)	13,557
Donated Asset Reserve	1,467	1,727	260	1,236	491	962
Government Grant Reserve	1,473	1,471	(2)	1,473	(2)	1,436
TOTAL TAXPAYERS EQUITY	50,475	56,339	5,864	55,575	764	66,914
Cash in OPG accounts	988	591	(397)	9,774	(9,183)	1,000

SECTION 5

CONCLUSION & RECOMMENDATION

CONCLUSION

Whilst it is pleasing to report that the Trust achieved its primary financial duties 2010/11 was a challenging financial year seeing difficulties in delivering CIP at the pace required, pressures on liquidity and the continuation of high costs in relation to the use of agency staffing. However the surplus generated, the largest in the Trusts recent history, has allowed the Trust to further reduce the accumulated historic deficit in line with the required recovery plan.

Despite the current years financial performance the underlying financial position remains fragile. However the rate of expenditure continues to show signs of slowing down albeit the pace of delivery of CIP needs to improve as we move into 2011/12. Similar financial challenges will continue into the new financial year as the organisation aims to achieve a financial surplus of £1m. The work of the Turnaround Team over the last 6 months should help ensure the organisation is better equipped than in previous years to meet the challenges of the next financial year head on.

The Trust does however continue to demonstrate overall excellent performance in respect of operating and quality performance metrics, ending the year with a significant number of positive achievements.

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

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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