North Cumbria University Hospitals NHS
NHS Trust

TRUST BOARD

Date of Meeting: 8/11/2011	**Agenda Item No:** 7.1	**Enclosure:** 5
Intended Outcome:		
For noting ✓	**For information**	**For decision**
Title of Report: Performance Report		
Aims: To update the Trust Board on the operational, financial, workforce and care quality performance.		

Executive Summary:

The performance report summarises Trust performance against a range of operating, quality, financial and workforce indicators for month two of 2011/12.

- Operational performance against key targets remains broadly strong with some pressures within specific specialities on access targets;
- The Trust is reporting a balanced financial position predicated on the delivery of the efficiency target of £15.2m by the year-end. The pace of the delivery of the CIP needs to increase over the second half of the year in order to ensure the target is achieved;
- Sickness has reduced by over 0.5 percent in month with a year to date total of 4.2%, while the use of overtime remains variable across the divisions. These issues are now part of the Workforce Theme in the turnaround process and plans for improvements are monitored on a weekly basis;
- Excellent performance on minimisation of infection across the Trust continues, with no incidences of MRSA bacteraemia for 17 months and CDiff remaining below trajectory.

Moving through the year the Trusts key risk remains achievement of its financial targets and greater pace and focus will be required to achieve the necessary outcomes as the financial year progresses. Financial achievement will continue to be balanced against delivering necessary access targets, supporting the Trusts workforce and achieving the highest quality standards.

Overview of key areas for consideration or noting:

As above.

Specific implications and links to the Trust's Strategic Aims:	
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC	✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable	
Develop a new healthcare facility in West Cumbria that is fit for the 21st century	
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions	

To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust	
Recommendations: The Trust Board is asked to note the content of the report.	
Prepared by: Corinne Siddall Director of Operations Alistair Mulvey Director of Finance Damian Gallagher Director of Human Resources Chris Platton Acting Director of Nursing	**Presented by:** Corinne Siddall Director of Operations

North Cumbria University Hospitals NHS
NHS Trust

APPENDIX A

TRUST BOARD PERFORMANCE REPORT Month Six (September) performance Reported in NOVEMBER 2011

INTRODUCTION

This report provides the Trust Board with a summary of the organisations performance against a range of key performance indicators as at 30 September 2011.

The report sections are as follows: -

SECTION 1: **OPERATING PERFORMANCE**

SECTION 2: **QUALITY REPORT**

SECTION 3: **WORKFORCE REPORT**

SECTION 4: **FINANCE REPORT**

SECTION 5: **CONCLUSION & RECOMMENDATION**

APPENDIX B1: **PERFORMANCE DASHBOARD**

APPENDIX B2: **QUALITY DASHBOARD**

SECTION 1

OPERATING PERFORMANCE

1. OPERATING PERFORMANCE

The full Performance Dashboard is located at Appendix A. The Performance Dashboard structure has eleven distinct sections and these are identified below:

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

HR issues are addressed within section 3 of this document with section 4 considering financial performance measures.

- In addition to national requirements local targets have also been maintained, particularly around productivity metrics.

1.1 MONTH FIVE PERFORMANCE

Month five sees a continuation of consistent sound delivery against a key range of national and local output performance targets, including

- MRSA bacteraemia
- A&E clinical quality: unplanned re-attendance rate
- A&E clinical quality: left without being seen rate
- Cancer 2 week waits
- Cancer 31 day waits
- Cancer 62 day waits
- Emergency re-admissions (within 30 days)
- VTE risk assessment
- Referral to Treatment: median waiting times
- Length of stay: acute G&A spells
- Day case rate (G&A)
- Data quality on ethnic groups
- Thrombolysis: 60 minute call to needle time
- Number of patients waiting longer than 6 weeks for diagnostics tests
- Estates and Facilities metrics

1.2 PERFORMANCE IMPROVEMENT PLANS AND PROGRESS

A&E Clinical Quality Indicators

A comprehensive programme of work addressing all aspects of pathway management for Emergency Flow has now commenced at both sites. Incorporated within this programme is a specific project addressing patient management in the Emergency department.

Improvements in the CQI's are monitored weekly as an integral part of the KPI's for the project and monthly at the Division of Medicine Performance Meeting.

Stroke: Patients with 90% of their Admission on a Stroke Ward

A review of the Stroke Pathway which will incorporate management of the achievement of Advancing Quality measures and SINAP has commenced. There is a focus on weekly reporting and active action planning to drive up performance and therefore quality of care. This is being managed by a dedicated lead Business Manager with operational responsibility for both sites.

The improvement plan links to the Emergency Flow Programme described above.

Performance improvement is monitored monthly at the Divisional Performance Reviews.

1.3 PRODUCTIVITY METRICS

- **Day Case Rates**

  Improvement work continues within the Division, particularly with respect to increasing laparoscopic surgery.

  Performance is monitored monthly at the Divisional Performance Reviews.

  It is anticipated that the shift from inpatient to day case will be accelerated through the elective pathway workstream which is currently being launched across the organisation. This will also include improved uptake within the basket of 25.

- **Delayed Transfers of Care**

  Performance significantly improved following implementation of weekly multi-agency meetings to review and expedite individual patient discharge.

1.4 ESTATES AND FACILITIES

As at the end of September 2011 all Estates and Facilities KPI's were fully met with green traffic light position's across the Board.

1.5 18 WEEKS RTT BY SPECIALITY

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

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

- **Referral to Treatment Admitted Patient Care 95th Percentile**

The agreed recovery plan (with SHA) for non compliant patients (23 week target) for Ophthalmology and Oral Surgery continues to be implemented. As patients are admitted in specific specialties who have waited longer than the target this continues to impact on the overall achievement. In these specialties demand continues to exceed capacity and commissioning requirements (Closer to Home). As yet demand management plans for evidence based referral or GPwSI management are not impacting significantly on referral rates although there is some indication that they have addressed recent increases.

The business cases to increase capacity in Ophthalmology and Oral Surgery has been finalised and submitted to the Exec Team for approval this month. Benchmarking Ophthalmology capacity and performance is being undertaken to optimise use of resources.

September exceptions relate to Ophthalmology, Oral Surgery and General Surgery. General Surgery was a failure of 0.43% on the 95th percentile due admitting some of the long waiters for prophylactic procedures having prioritised 2 week referrals in previous weeks.

- **Percentage of Admitted Patients Treated within 18 weeks**

The Trust returned a year to date position of 90.01% against a target of 90% as at September 2011.

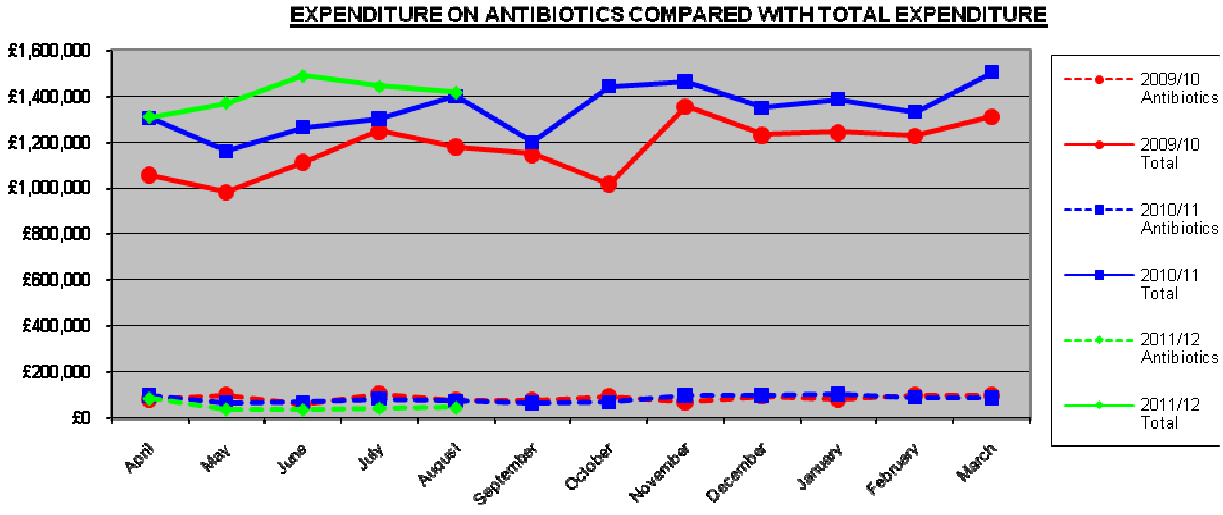
Oral Surgery and Ophthalmology continue to be outliers. Oral surgery's non compliance will be addressed by 31 October 2011. This will be delivered through the redesign of referral pathways and pooling of routine waiting list. A business case to address significant service pressures within ophthalmology will be submitted for approval mid October 2011.

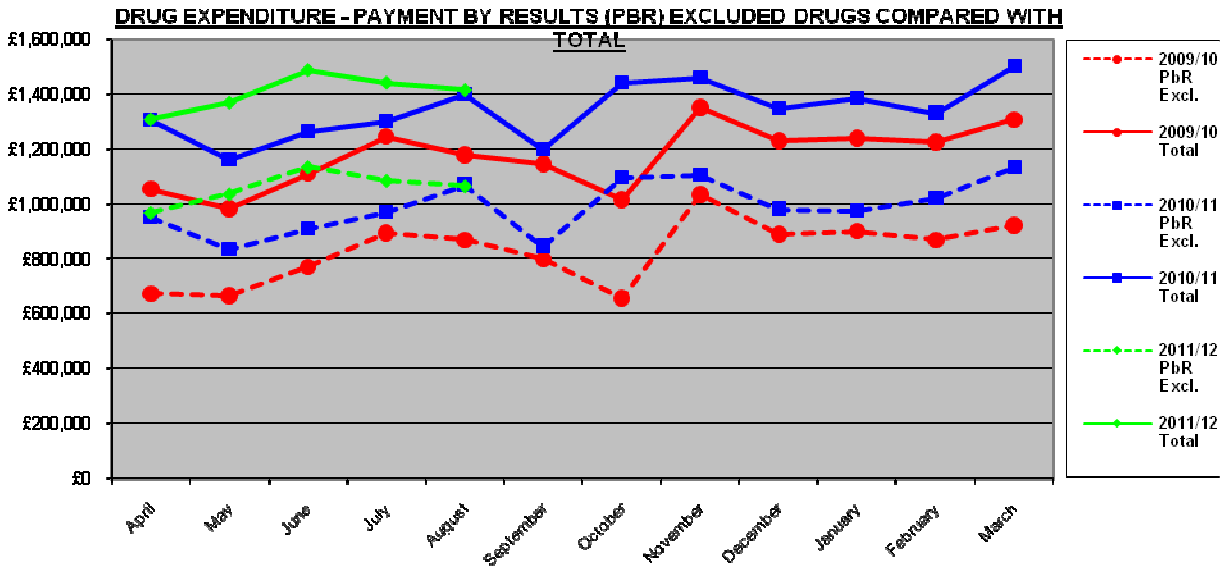
- **Percentage of Non-Admitted Patients Treated within 18 weeks**

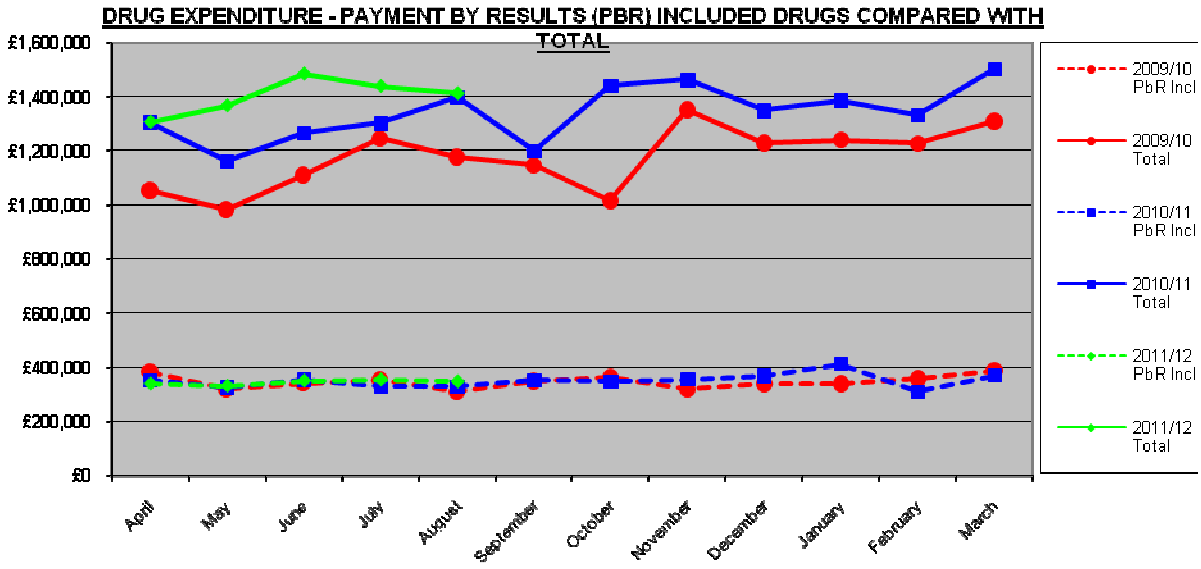
  The Trust returned a year to date position of 96.5% against a target of 95% as at September 2011.

1.6 PHARMACY METRICS

The charts below highlight expenditure for three key areas comparing expenditure against total drug spend and also comparing the current year and the previous two years. The headlines from the charts indicate that drugs spend comparing month 5 2011/12 is above the level of drugs spend in 2010/11 in all instances with the exception of antibiotic costs which are showing a marginal reduction.






DRUG EXPENDITURE - PAYMENT BY RESULTS (PBR) INCLUDED DRUGS COMPARED WITH TOTAL
£1,600,000
£1,400,000
£1,200,000
£1,000,000
£800,000
£600,000
£400,000
£200,000
£0
April
May
June
July
August
September
October
November
December
January
February
March
2009/10 PbR Incl
2009/10 Total
2010/11 PbR Incl
2010/11 Total
2011/12 PbR Incl
2011/12 Total

SECTION 2

QUALITY REPORT

2. QUALITY REPORT

During the last two months, the quality section of the performance report has continued to be developed. The key aim of this is to ensure that exceptions against performance are reported to the Trust Board.

2.1 CQUIN Targets

The Commissioning for Quality Improvement (CQUIN) targets are still being finalised with commissioners. At the last meeting in October 2011, agreement was still required on how the commissioners would measure and monitor performance against the following indicators:

- 50% reduction in VTE cases by 2013
- 50% increase in the use of the screening tool for patient nutrition
- Stroke / implementation of an improved discharge policy, patient education and information
- Osteoporosis screening methodology

3. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE

3.1 Advancing Quality

Smoking cessation advice for patients across, acute myocardial infarction (AMI), heart failure (HF) and pneumonia (P) all show areas of underperformance. The patient numbers are small in all pathways and out the nine patients only three were recorded to have received smoking cessation advice. This has been discussed clinically at ward level and training sessions are planned. The recording of the data has also been explored with the re launch of the sticker system on patients notes.

3.2 Fractured Neck of Femurs

The Trust has a specific target set for a reduction in falls as well as falls that result in a fractured neck of femur. In September 2011 the Trust had three reported incidences of fractured neck of femur, two on the West Cumberland Hospital Infirmary site on Gable and Honister ward and one on the Cumberland Infirmary site on Elm B.

Meetings have been held with all staff from clinical areas where the patients received care for example accident and emergency department, assessment units and ward area. The purpose of these meetings is for the patients care and assessment to be reviewed leading up to and following the fall. All staff have been very pro active in this process, evaluating practice and sharing lessons learnt.

The clinical and governance team have also reviewed the Trusts falls assessment and falls pathway. As a result of this immediate review the following actions have been taken:

- Falls assessment as part of the general nursing assessment has been updated to allow greater ‘triggers’ for patients who require a falls care plan that goes beyond the national standards for falls care management.

- The falls care plan has been amended to allow greater clarity of review of assessment as part of the nursing handover on each shift. In addition, other risk factors have been included for example patients who may have more serious consequences as a result of a fall.

The following areas were identified from staff as key lessons, which have now been implemented:

- All ward staff to have refresher training in patient falls and particularly the new assessment documentation.
- Specific teaching sessions on falls awareness in general have also been re-established.
- Specific teaching boards have been introduced in the ward areas with information for both staff and relatives to ensure complete awareness of risks associated with patient falls.
- The assessment of patients and the implementation of specific falls care plans has also been a key learning outcome to ensure that adequate assessment of the need for 'cot sides' and 'high low beds' is in place and documented when required.
- In addition to the above we are also exploring purchasing specific alarm cushions for medium risk patients that has a specific voice alarm message to the patient.
- Patient safety 'at a glance' boards at the head of the patient's bed are being introduced across the Trust that cover a range of patient care and safety alerts for example nutrition, infection and slips, trips and falls.
- Ward patient safety summary boards for all clinical and non clinical staff to clearly identify patients at risk of falls, nutritional needs, assistance etc with specific colour codes, this is also intended to assist with the nursing and medical handover.

It is also important to highlight to the Board that all incidents have also been reviewed by the Medical Director, Director of Nursing and Quality and Director of Governance to review escalation of incidents in accordance with the Trust's incident management policy.

It is important to note that whilst there has been a decrease in the number of falls across the Trust, the fractures/harm resulting from a fall is increasing, which is in line with national trends. A key area of work linked to this trend is focussing on confused patients within the area of dementia care. This includes introducing colour coded equipment and signage to assist with normal daily activities such as toileting to try and reduce the risks to this patient group whilst also protecting their privacy and dignity.

<u>Complaints & Patient Experience</u>

The monitoring of complaints received has been added to the dashboard. Work is underway to further improve the reporting of complaints to ensure that these can be reviewed per hospital site and specialty to identify trends in complaints received from patients.

Board members will also be aware that the Trust's complaints policy is currently being reviewed to re-introduce a target date for responding to and investigating complaints as well as re-focussing the complaints policy to ensure the patient and or carers are involved and communicated with by the relevant Heads of Nursing/midwifery in order to establish

open communication and understanding at the start of the investigation into their complaint.

The Governance and Quality Committee receive specific updates on complaints across the Trust with the next report scheduled for November 2011.

Patient stories are being rolled out across the Trust with the support of the Trust's patient panel. The aim of the patient stories is to provide direct feedback to the clinical staff on the individual patient and carers experience. A presentation will be given to the Board in February 2012 on the key areas of feedback.

2.2 Mortality

In October 2011, a new Summary Hospital Mortality Indicator (SHMI) was launched by the NHS Information Centre (NHS IC). The SHMI compares the actual number of patients who die following treatment at a Trust with the number of patients who would be expected to die, given the characteristics and clinical condition of the individual patients treated within the Trust. The aim is that the SHMI will become the single measure of mortality across the NHS. It is intended that Trusts will receive reports on their SHMI on a quarterly basis.

The NHS IC was commissioned by the Department of Health to produce the measure and it has been developed in consultation with a wide range of experts. It is currently classed as 'experimental' which means its methodology may be refined in the light of feedback from Trusts and other users. It is important to emphasise that it is experimental and should not be looked at in isolation from other information about mortality, morbidity and general patient safety indicators in hospitals.

The key components of the new SHMI indicator for observed deaths include:

- All deaths that occur within an English acute hospital
- Plus those deaths that occur within 30 days of discharge from the hospital, giving a comprehensive picture of deaths which occur across the health care system when patients die in the community within 30 days of discharge. In is anticipated that the inclusion of all deaths in the SHMI will potentially increase a hospitals mortality by 35 per cent. This is particularly relevant where hospitals have a high proportion of patients who die at home or in the community.
- No exclusions in the observed deaths (such as palliative care)
- Inclusion of maternal and baby deaths in the SHMI indicator, which is unlikely to have a major impact due to the relative number of unexpected deaths being low.

To date the Trust has been working with two specific indicators in relation to mortality. The first indicator is the Hospital Standardised Mortality Ratio (HSMR). The key difference with the SHMI is that the HSMR only covers deaths that occur in a hospital setting. The second indicator, that the Trust utilises the most in reviewing mortality is the CHKS Risk Adjusted Mortality Index (RAMI) which is similar to HSMR.

2.2.1 What does the new indicator show for this Trust?

The SHMI report published in October 2011 for the Trust, including data for the period April 2010 to March 2011 has highlighted the following:

Observed deaths	Expected deaths	Spells	SHMI
1,729	1,540	44,571	112

The report identifies the top ten conditions which have the highest number of deaths within the Trust:

- Pneumonia
- Acute cerebrovascular disease
- Congestive heart failure, nonhypertensive
- Cancer of bronchus, lung
- Chronic obstructive pulmonary disease and bronchiectasis
- Acute myocardial infarction
- Acute bronchitis
- Acute and unspecified renal failure
- Urinary tract infections
- Septicemia (except in labour)

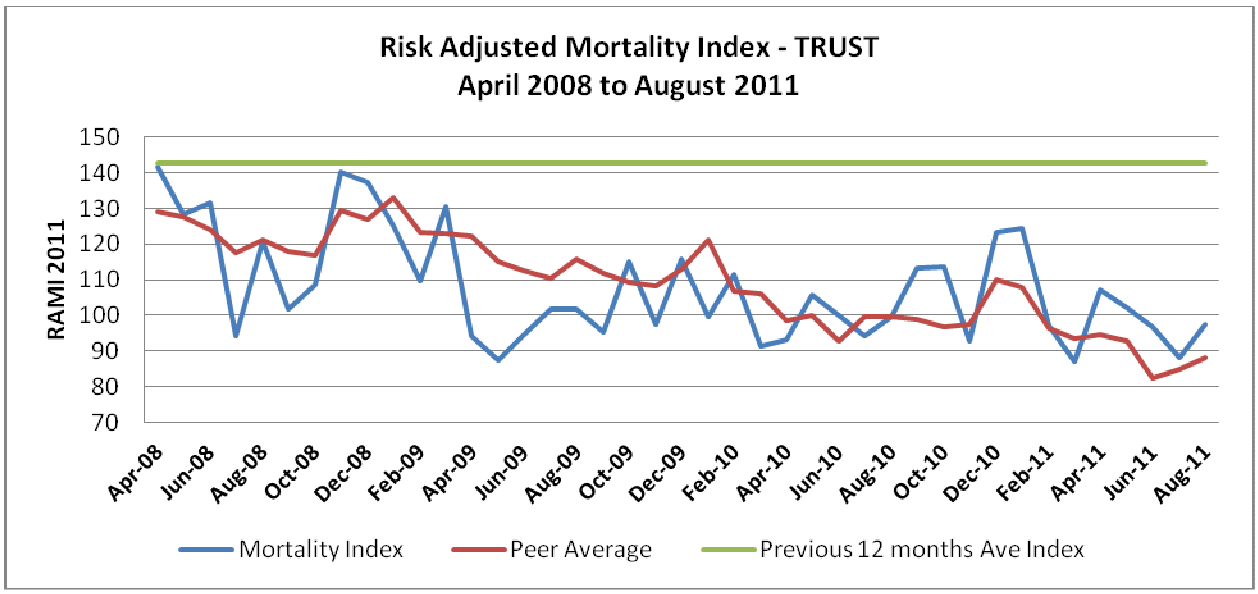
It is extremely important for Trusts to look beyond the data and any potential data quality issues to understand at a patient level unexpected deaths across all specialties. Since the publication of the report the following work has commenced in order to understand the data and what this means for deaths across the two hospital sites in terms of expected against unexpected deaths:

- Analysis of all patients included in the top ten conditions (above) in order to provide an audit against each of the conditions. The audit will involve assessing the deaths included in the SHMI and RAMI in order to identify the outliers in relation to 'predicted mortality'. It is important to drill down to this level to understand the predicted mortality for specific conditions that include other co-morbidities to get a true picture of actual unexpected deaths per consultant and condition that are an outlier in terms of the predicted mortality for an individual patient.

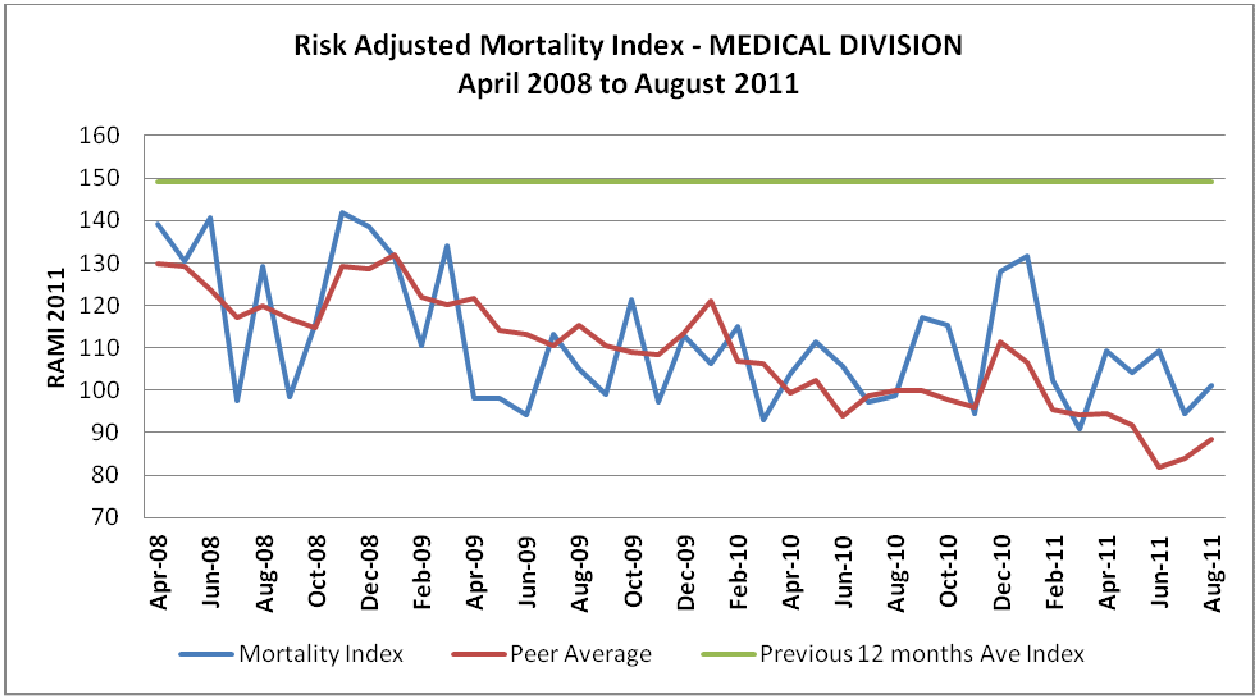
- An improved data quality checking process will be implemented through the information department to ensure there is a robust process in place for coding all conditions and other co-morbidities.

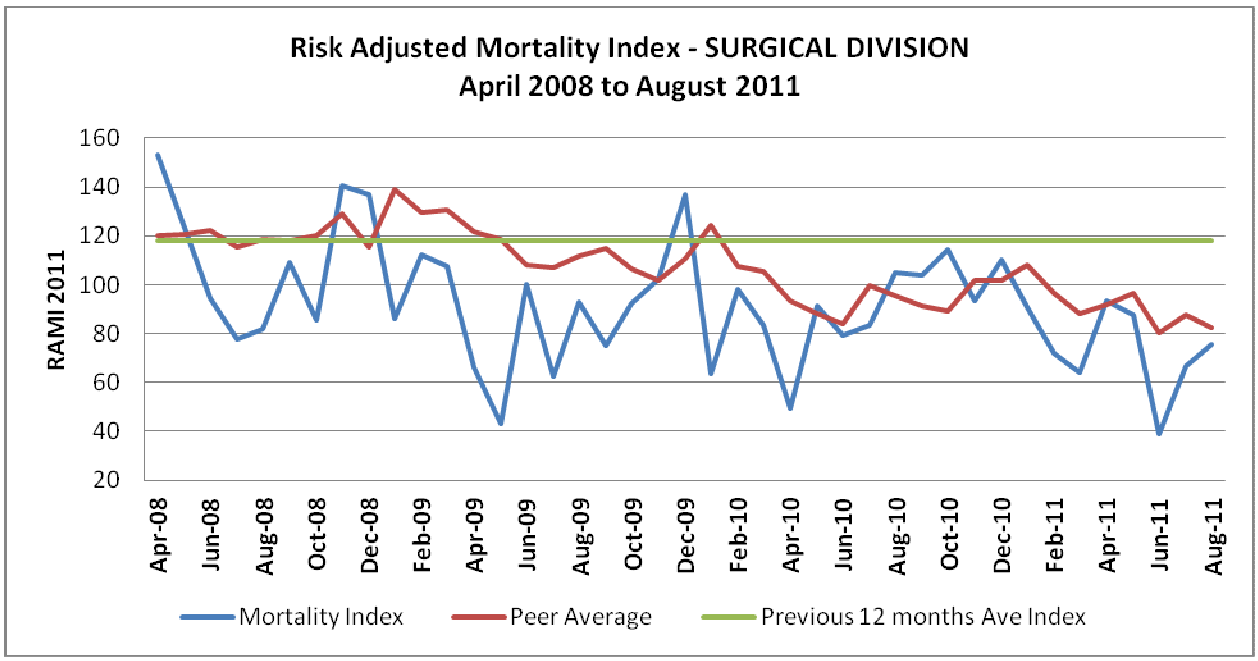
Further analysis has also been undertaken against the RAMI across the Divisions to understand the changing position of mortality over a period of years.

The graph below shows the RAMI for the Trust over the last three years. The Trusts position overall is improving; however the peer group that the Trust is compared to is showing a greater decline than the Trust.



This has been reviewed against the core clinical areas of surgery and medicine:





The outcome of the audit results described in section 2.2.1 will be presented to the Board in January 2012. The reporting on mortality outliers will also change in line with the quarterly reports that will be produced on SHMI.

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 – August 2011	
3.6	Employee Relations	**Not applicable**
3.7	Occupational Health	**Not applicable**
3.8	Appraisal	
3.9	Mandatory Training	

Key	
Green	**Significant Progress**
Amber	**Progress**
Red	**Limited / No Progress**

1. Summary

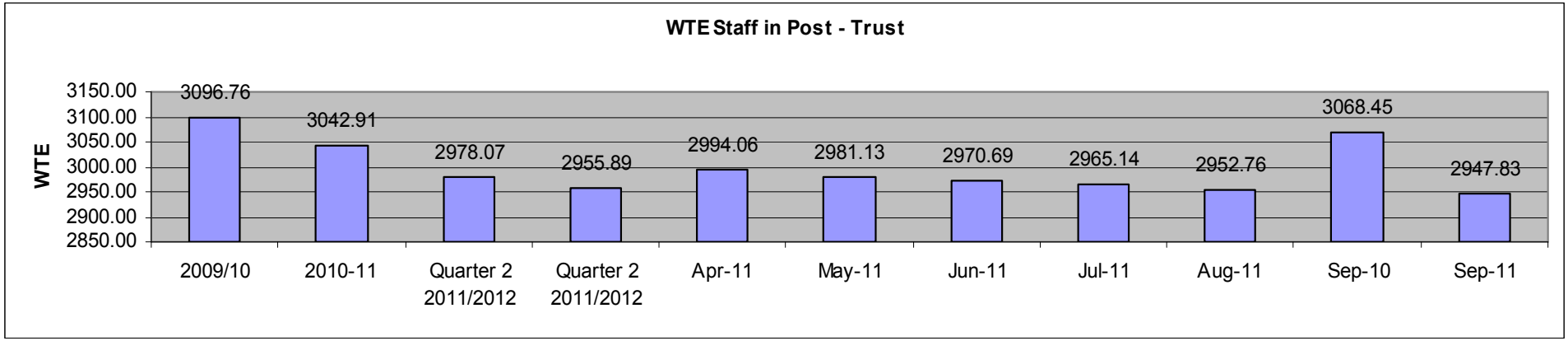
Staff in Post	Staff in post for the Trust as a whole is 2947.83 WTE at September 2011 This equates to a reduction of 120.62 WTE when compared to the equivalent month in 2010/11 and a reduction of 4.93 WTE compared to August 2011. Since April, WTE has reduced by 46.23 WTE and headcount by 44. The largest two staff groups are Nursing & Midwifery (1054.80 WTE) and Admin & Clerical (646.60 WTE). Currently the Trust has a total of 296.93 WTE Medical and Dental staff and 468.55 WTE providing Additional Clinical Services. In terms of Divisional statistics (including medical staff) Medicine has the largest establishment (878.41 WTE) followed by Surgery (803.89) and Family and Support Services (743.94 WTE).
Overtime	The overtime figures set out : • Overtime worked above the normal weekly contracted hours of 37.5 (Prime) • Overtime worked by part time staff up to the full-time normal weekly contracted hours of 37.5 i.e '.Additional Basic Pay' (Basic). These figures were not included in last year's reports. Total overtime for September has risen to £346,841, from £299,091 in August. All areas have shown an increase this month.
Turnover	Annualised turnover (headcount) for non-medical staff at September 2011 is 11.69%. There were 26 non-medical staff leavers during September (0.71%).
Sickness Absence	The Trust sickness absence rate for September 2011 is 4.24%, down by 0.56 on last month's percentage. Estates and Facilities has recorded its lowest rate this year (4.94%) and Surgical Division (3.41%) and Corporate Services (2.52) are both below the benchmark of 3.5%. The rate for Medicine has also decreased. Absence duration continues to be primarily short term (1-7 days). HR Business Partners are actively managing absence performance within each Division and the introduction of sickness absence cautionary hearings has further tightened this process. To date, 25 hearings have been held and 17 First Written Absence Cautions have been issued. HR Business Partners are also monitoring absence on a weekly basis to assist the achievement of the revised stretch target of 3.50%.

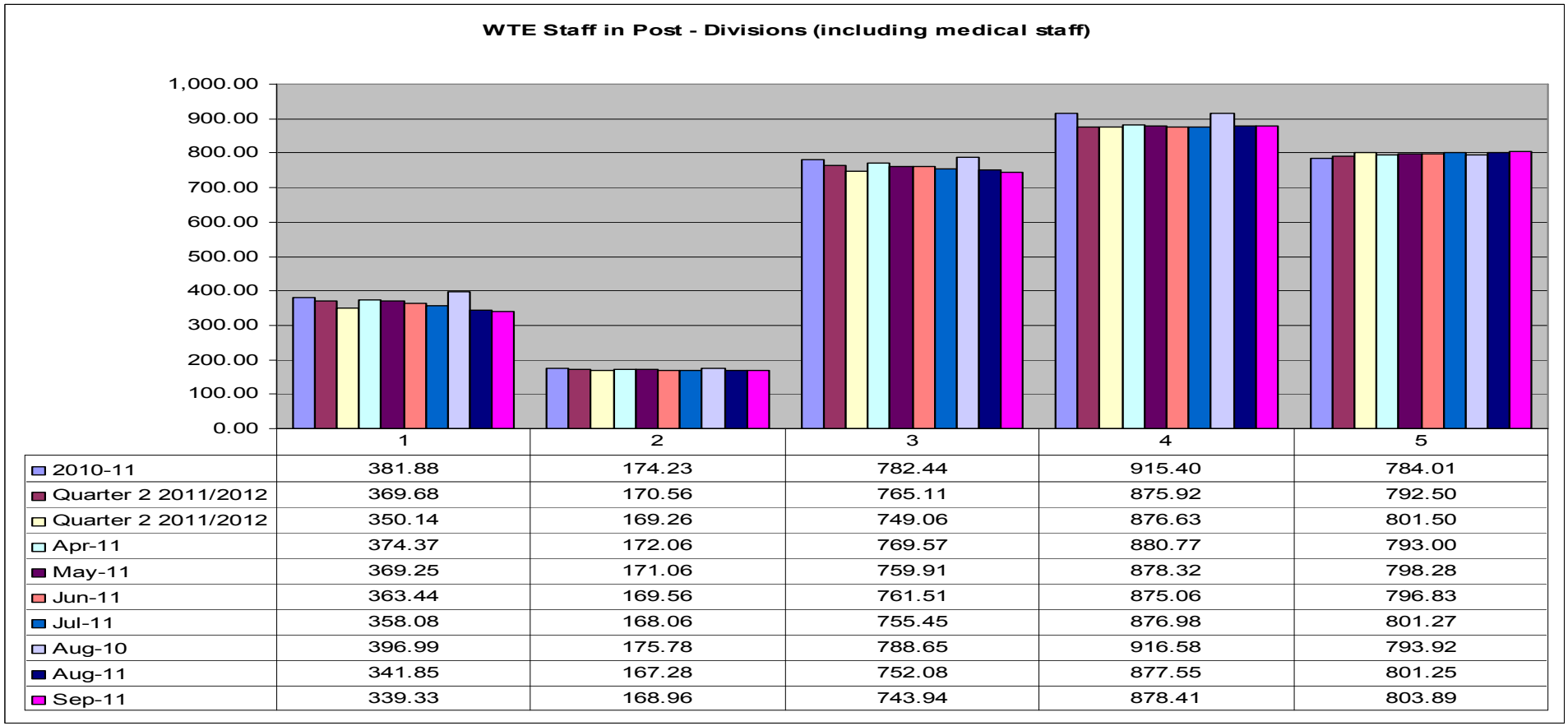
Occupational Health	Figures include flu vaccination appointments. Self referral figures include face to face appointments and telephone contact.
Appraisal	The annualised percentage of appraisals, including Consultants, completed at Trust level, over the last 12 months to September 2011 is 65.36%. Estates and Facilities together with some functions of Corporate Services (Chief Executive's Office, Corporate Planning, Human Resources and Chief Operating Officer/Business Managers) are at or above the minimum target of 80%. Specific targets have been set to improve the position in Corporate Services by the end of the calendar year and it is anticipated that an up-to-date to-date appraisal for all current bank workers who require one will be completed by the end of November 2011. Action plans are being put in place to complete outstanding appraisals in the divisions which fall short of target and HR Business Partners are continuing to actively monitor appraisal completion. All Foundation Doctors undertake an Annual Review of Competence Progression (ARCP) in May/June. They complete a learning portfolio to bring together the evidence including educational review, assessment, appraisal and planning. The trainees undertaking this in the Trust are Foundation 1 trainees = 33 Foundation 2 trainees = 28
Mandatory Training	Information is shown for the Annual Mandatory Health and Safety Programme. For the year up to the 30 September 2011, 59.15% of staff completed the programme, a reduction from the previous month (61.76%) which can be undertaken by e-learning or through a workbook (staff on maternity leave, long term sick and those who have been employed for less than 12 months are not included in the figures). Work is currently being undertaken to support the completion of mandatory training, particularly in clinical areas. For future Trust Board meetings this report will be further developed to include statistics for other mandatory training modules, for example child protection.

2. Staff in Post

Staff Group	2010-11	Quarter 1 2010/11	Quarter 1 2011/12	Quarter 2 2010/11	Quarter 2 2011/12	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-10	Sep-11
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	102.67	111.99	93.13	104.39	93.68	92.08	93.70	94.54	93.61	92.72	97.43	93.49
Additional Clinical Services	483.35	494.93	469.52	495.08	469.96	469.84	470.52	470.87	470.58	470.29	500.97	468.55
Admin & Clerical	677.64	688.00	659.90	691.47	647.11	669.32	660.39	651.97	649.74	645.56	694.83	644.60
Allied Health Professionals	134.95	137.10	131.61	135.95	131.36	131.59	131.15	131.00	132.05	133.86	135.30	132.21
Estates & Ancillary	194.50	186.85	196.71	185.37	193.35	199.26	197.58	195.02	192.44	191.47	185.44	193.07
Healthcare Scientists	66.62	69.42	64.11	68.21	64.11	64.11	64.11	64.11	64.11	64.11	67.71	64.11
Medical & Dental	300.42	301.21	299.45	297.06	300.29	297.99	301.44	302.21	301.95	297.84	293.86	296.93
Nursing & Midwifery (Registered)	1,082.76	1,099.68	1,063.64	1,094.83	1,056.05	1,069.86	1,062.24	1,060.96	1,060.66	1,056.92	1,092.92	1,054.88
Trust	**3042.91**	**3089.17**	**2978.07**	**3072.35**	**2955.89**	**2994.06**	**2981.13**	**2970.69**	**2965.14**	**2952.76**	**3068.45**	**2947.83**

Staff Group	2010-11	Quarter 1 2010/11	Quarter 1 2011/12	Quarter 2 2010/11	Quarter 2 2011/12	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-10	Sep-11
	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	124	137	110	127	110	110	110	110	110	109	119	110
Additional Clinical Services	774	791	758	806	770	756	753	755	768	776	818	773
Admin & Clerical	869	889	834	891	818	846	833	823	821	819	896	816
Allied Health Professionals	195	196	194	196	194	196	195	193	195	196	195	195
Estates & Ancillary	262	248	270	247	267	273	271	269	265	260	248	266
Healthcare Scientists	70	72	67	71	67	67	67	67	67	67	70	67
Medical & Dental	358	348	368	360	370	369	371	371	368	367	363	369
Nursing & Midwifery (Registered)	1,445	1,460	1,435	1,460	1,425	1,442	1,435	1,434	1,433	1,426	1,456	1,419
Trust	**4,097**	**4,141**	**4,036**	**4,158**	**4,021**	**4,059**	**4,035**	**4,022**	**4,027**	**4,020**	**4,165**	**4,015**





	1	2	3	4	5
2010-11	381.88	174.23	782.44	915.40	784.01
Quarter 2 2011/2012	369.68	170.56	765.11	875.92	792.50
Quarter 2 2011/2012	350.14	169.26	749.06	876.63	801.50
Apr-11	374.37	172.06	769.57	880.77	793.00
May-11	369.25	171.06	759.91	878.32	798.28
Jun-11	363.44	169.56	761.51	875.06	796.83
Jul-11	358.08	168.06	755.45	876.98	801.27
Aug-10	396.99	175.78	788.65	916.58	793.92
Aug-11	341.85	167.28	752.08	877.55	801.25
Sep-11	339.33	168.96	743.94	878.41	803.89

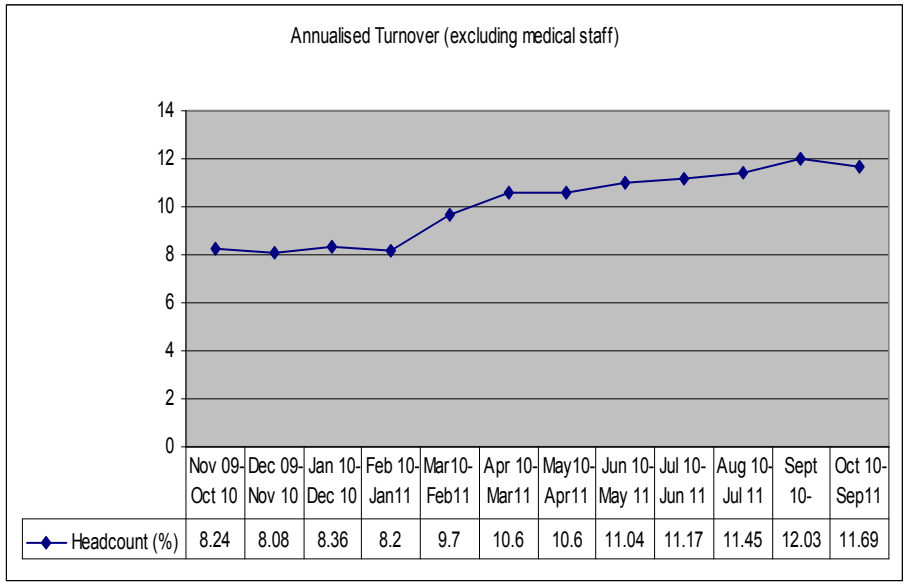
3. Overtime – 2011/12

	Apr			May			June			July			August		
	Basic	Prime	**Total**	Basic	Prime	**Total**	Basic	Prime	**Total**	Basic	Prime	**Total**	Basic	Prime	**Total**
Corporate Services	9,698	4,241	**13,939**	11,606	1,538	**13,144**	14,615	2,380	**16,995**	6,237	1,598	**7,835**	11,286	2,506	**13,792**
Estates & Facilities	35,966	13,380	**49,346**	32,502	11,336	**43,838**	30,969	11,579	**42,549**	31,313	10,220	**41,533**	37,144	18,652	**55,796**
Family & Support Services	72,726	15,956	**88,682**	81,243	13,970	**95,213**	76,856	14,398	**91,254**	79,943	13,887	**93,831**	83,682	17,309	**100,992**
Medicine	68,852	6,753	**75,605**	73,692	3,694	**77,386**	99,791	7,557	**107,348**	75,004	8,475	**83,479**	77,735	6,449	**84,184**
Surgery	36,632	9,564	**46,196**	34,538	6,437	**40,975**	50,356	13,242	**63,598**	42,977	12,471	**55,448**	36,477	7,810	**44,286**
TOTAL 11/12	**223,874**	**49,895**	**273,769**	**233,582**	**36,975**	**270,557**	**272,587**	**49,156**	**321,743**	**235,475**	**46,651**	**282,126**	**246,365**	**52,726**	**299,091**

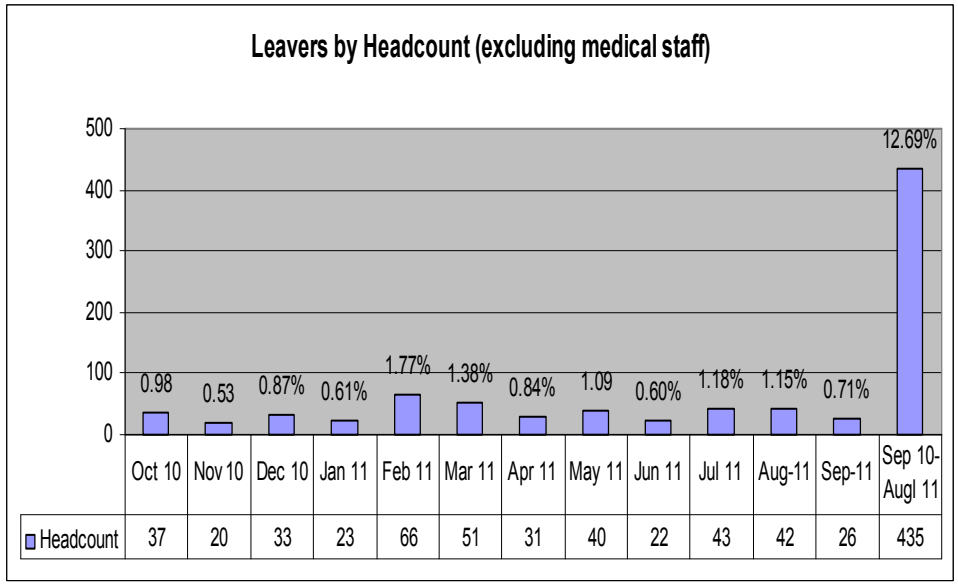
	September			October			November			December			January		
	Basic	Prime	**Total**	Basic	Prime	**Total**	Basic	Prime	**Total**	Basic	Prime	**Total**	Basic	Prime	**Total**
Corporate Services	15,921	1,535	**17,455**												
Estates & Facilities	34,124	22,799	**56,923**												
Family & Support Services	85,244	18,430	**103,674**												
Medicine	108,412	7,890	**116,302**												
Surgery	46,235	6,251	**52,486**												
TOTAL 11/12	**289,936**	**56,905**	**346,841**												

	February			March			YTD Basic	YTD Prime	**YTD Total**	**2010/11 Prime**
	Basic	Prime	**Total**	Basic	Prime	**Total**				
Corporate Services							69,363	13,798	**83,161**	**41,867**
Estates & Facilities							202,019	87,967	**289,986**	**175,888**
Family & Support Services							479,695	93,951	**573,646**	**236,372**
Medicine							503,486	40,818	**544,304**	**93,362**
Surgery							247,215	55,775	**302,990**	**123,334**
TOTAL 11/12							**1,501,777**	**292,309**	**1,794,086**	**670,823**

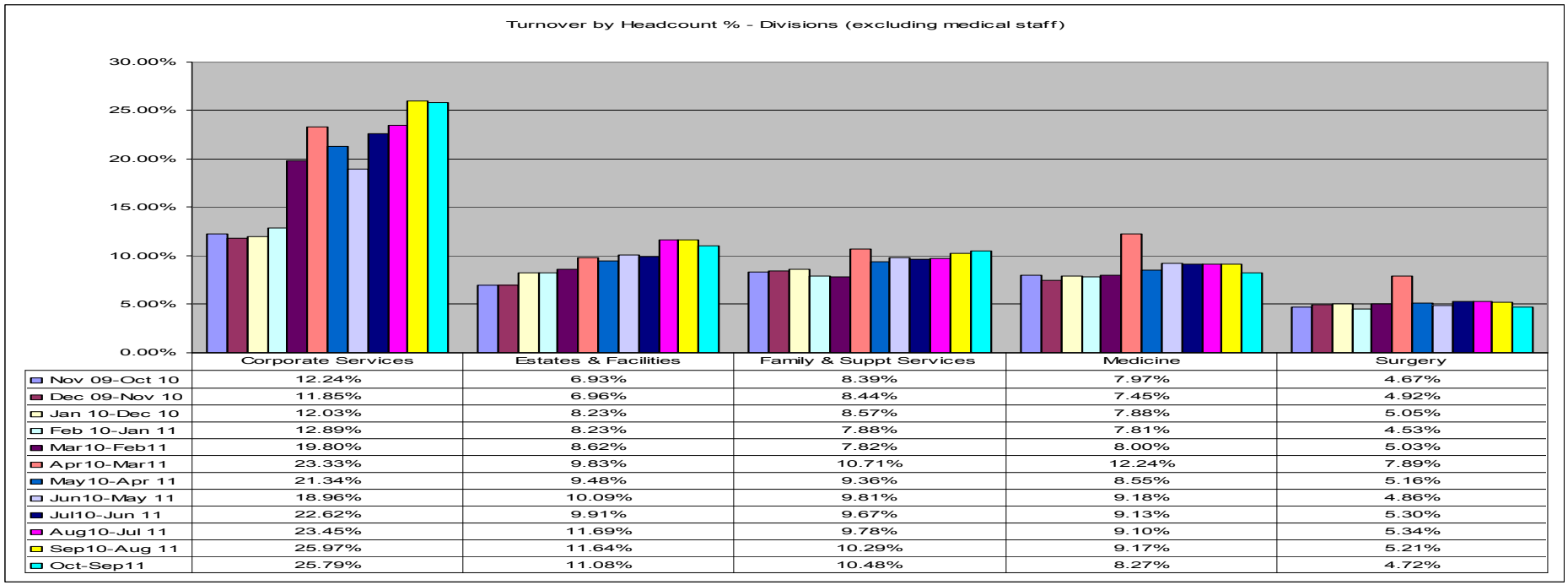
4. Turnover



	Nov 09-Oct 10	Dec 09-Nov 10	Jan 10-Dec 10	Feb 10-Jan11	Mar10-Feb11	Apr 10-Mar11	May10-Apr11	Jun 10-May 11	Jul 10-Jun 11	Aug 10-Jul 11	Sept 10-	Oct 10-Sep11
Headcount (%)	8.24	8.08	8.36	8.2	9.7	10.6	10.6	11.04	11.17	11.45	12.03	11.69

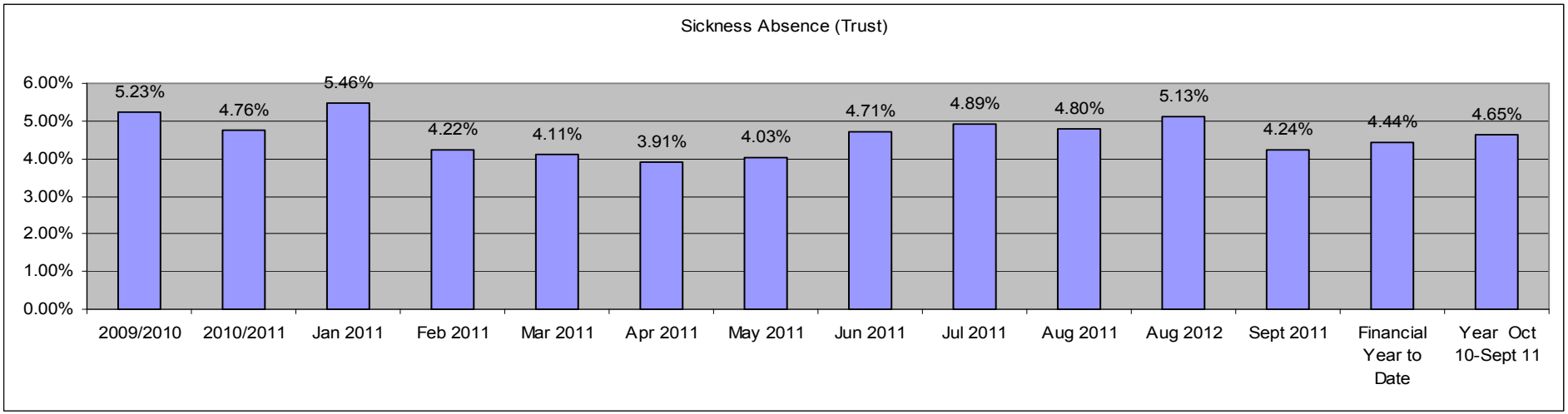


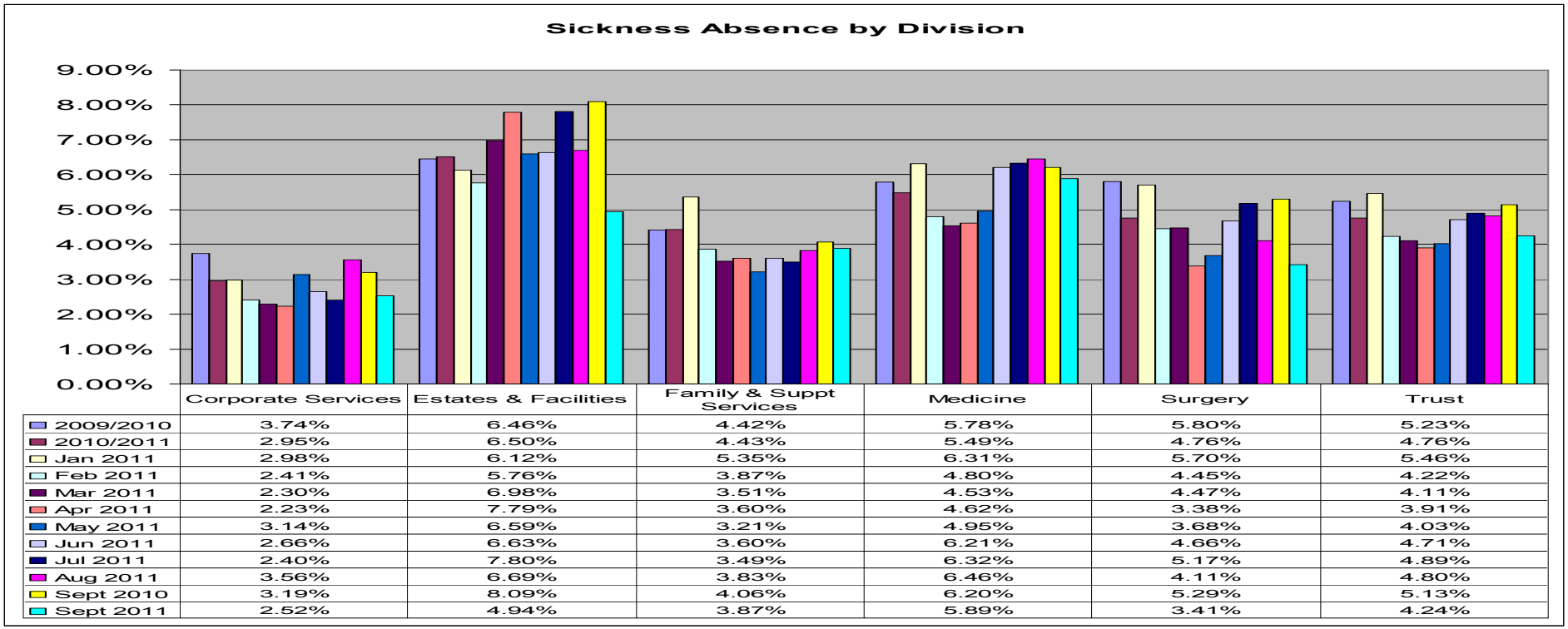
	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug-11	Sep-11	Sep 10-Augl 11
Headcount	37	20	33	23	66	51	31	40	22	43	42	26	435



	Corporate Services	Estates & Facilities	Family & Suppt Services	Medicine	Surgery
Nov 09-Oct 10	12.24%	6.93%	8.39%	7.97%	4.67%
Dec 09-Nov 10	11.85%	6.96%	8.44%	7.45%	4.92%
Jan 10-Dec 10	12.03%	8.23%	8.57%	7.88%	5.05%
Feb 10-Jan 11	12.89%	8.23%	7.88%	7.81%	4.53%
Mar10-Feb11	19.80%	8.62%	7.82%	8.00%	5.03%
Apr10-Mar11	23.33%	9.83%	10.71%	12.24%	7.89%
May10-Apr 11	21.34%	9.48%	9.36%	8.55%	5.16%
Jun10-May 11	18.96%	10.09%	9.81%	9.18%	4.86%
Jul10-Jun 11	22.62%	9.91%	9.67%	9.13%	5.30%
Aug10-Jul 11	23.45%	11.69%	9.78%	9.10%	5.34%
Sep10-Aug 11	25.97%	11.64%	10.29%	9.17%	5.21%
Oct-Sep11	25.79%	11.08%	10.48%	8.27%	4.72%

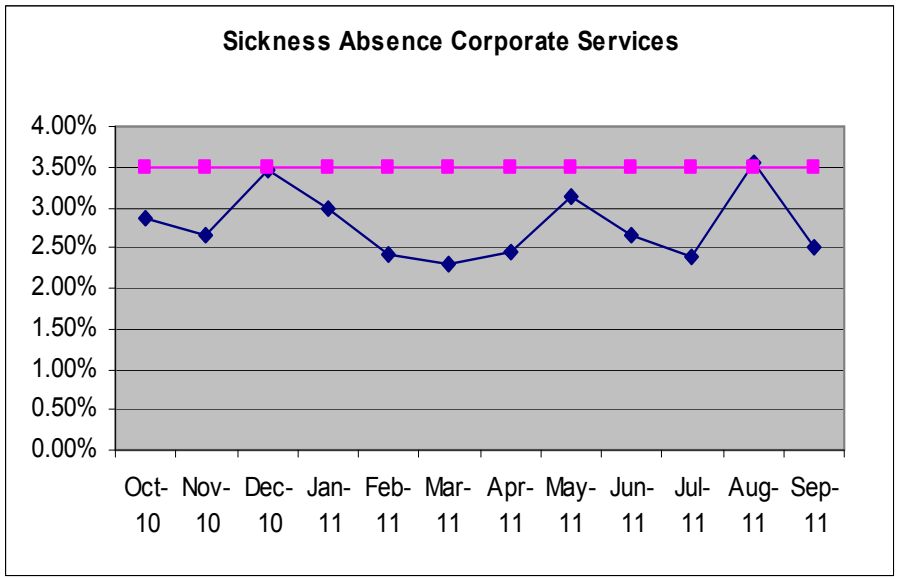
5. Sickness Absence

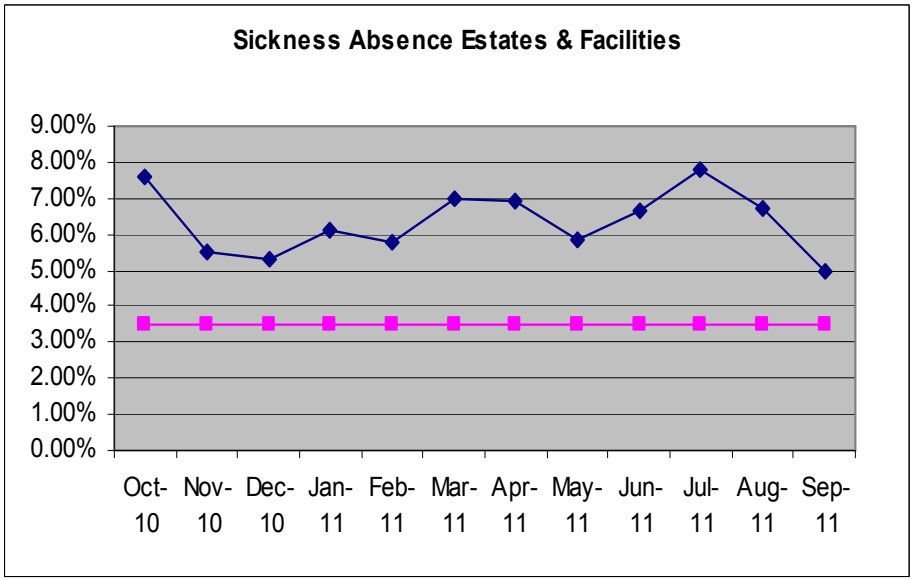


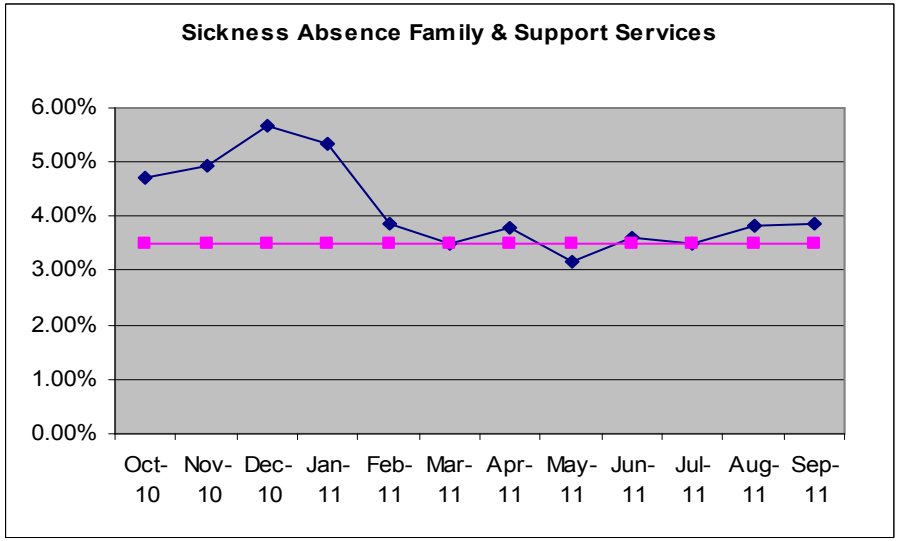


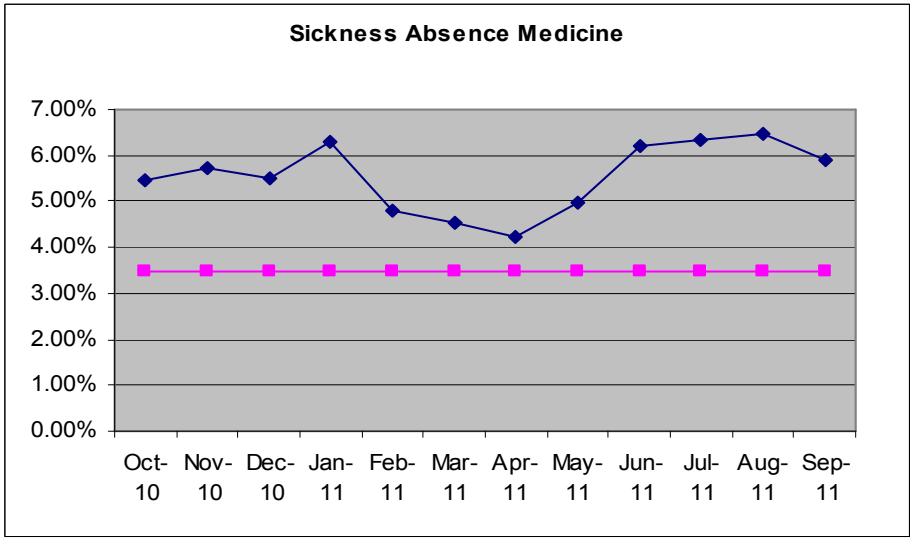
	Corporate Services	Estates & Facilities	Family & Suppt Services	Medicine	Surgery	Trust
2009/2010	3.74%	6.46%	4.42%	5.78%	5.80%	5.23%
2010/2011	2.95%	6.50%	4.43%	5.49%	4.76%	4.76%
Jan 2011	2.98%	6.12%	5.35%	6.31%	5.70%	5.46%
Feb 2011	2.41%	5.76%	3.87%	4.80%	4.45%	4.22%
Mar 2011	2.30%	6.98%	3.51%	4.53%	4.47%	4.11%
Apr 2011	2.23%	7.79%	3.60%	4.62%	3.38%	3.91%
May 2011	3.14%	6.59%	3.21%	4.95%	3.68%	4.03%
Jun 2011	2.66%	6.63%	3.60%	6.21%	4.66%	4.71%
Jul 2011	2.40%	7.80%	3.49%	6.32%	5.17%	4.89%
Aug 2011	3.56%	6.69%	3.83%	6.46%	4.11%	4.80%
Sept 2010	3.19%	8.09%	4.06%	6.20%	5.29%	5.13%
Sept 2011	2.52%	4.94%	3.87%	5.89%	3.41%	4.24%

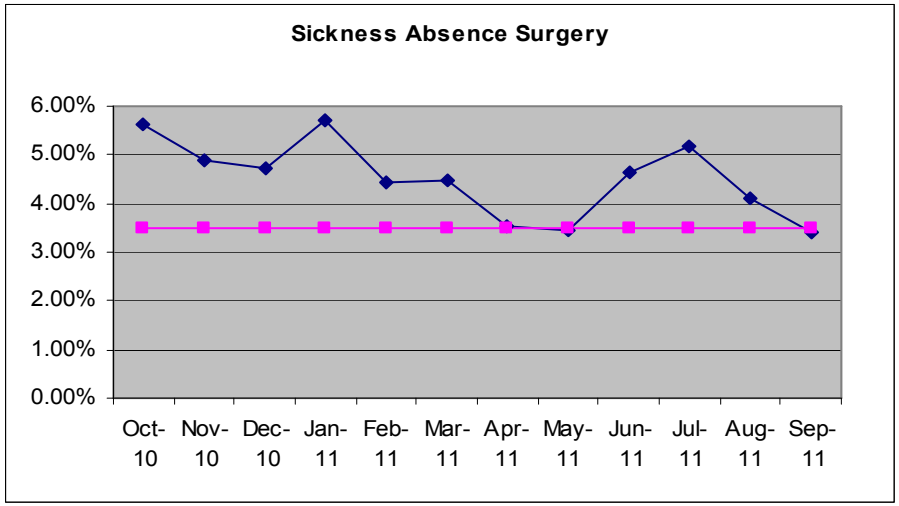
Sickness Target Trackers 2010/11

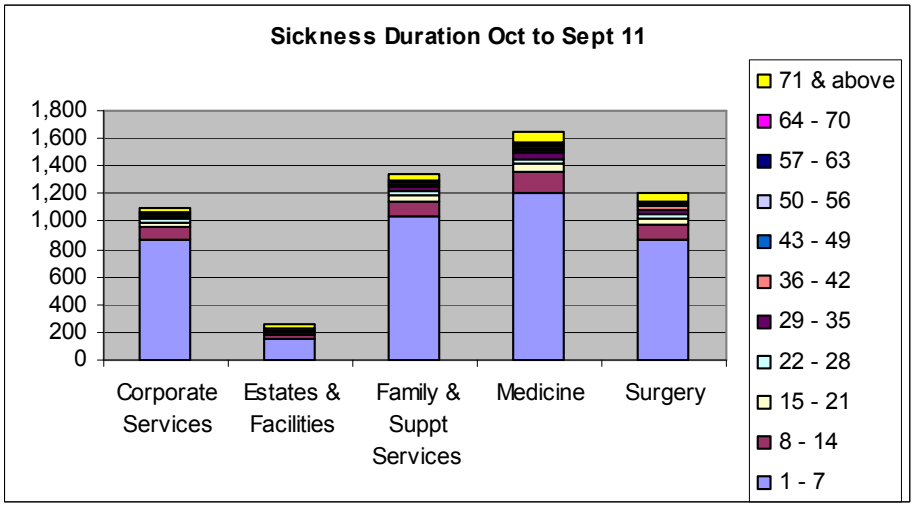












Sickness Absence Cautionary Hearings	2010/11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov11	Dec11	Jan12	Feb12	Mar12
No action, further monitoring	-	-	-	1	-	-	1						
Targets set	3	-	-	2	1	-	-						
First Written Absence Caution	10	-	1	4	-	1-	1						
Final Written Absence Caution	-	-	-	-	-	-	-						
Other action:	-	-	-	-	-	-	-						
Total	**13**	**0**	**1**	**7**	**1**	**1**	**2**						

Sickness Absence Cautionary Appeals	2010/11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov11	Dec11	Jan12	Feb12	Mar12
Sickness absence decision upheld	1	-	-	-	1	-	-						
Sickness absence decision overturned	-	-	-	-	-	-	-						
Total	**1**	**0**	**0**	**0**	**1**	**0**	**0**						

6. Employee Relations

Disciplinary Action	2010/11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov11	Dec11	Jan12	Feb12	Mar12	YTD 2011/12
Informal	1	-	-	-	-	-	-							-
Recorded counselling	1	-	-	-	-	-	-							-
First Written Warning		-	-	-	-	-	-							-
First Written Warning & transfer		-	-	-	-	-	-							-
Final Written Warning	4	-	-	-	-	-	1							1
Final Written Warning & transfer (as alternative to dismissal)		-	-	-	-	-	-							-
Final Written Warning & downgrading (as alternative to dismissal)		-	1	-	-	-	-							1
Final Written Warning & transfer & downgrading (as alternative to dismissal)	3	-	-	-	-	-	-							-
Dismissal	6	1	-	-	1	-	2							4
Total	**15**	**1**	**1**	**0**	**1**	**0**	**3**							**6**

Disciplinary Appeals	2010/11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov11	Dec11	Jan12	Feb12	Mar12	YTD 2011/12
Disciplinary decision upheld	4	-	-	-	-	-	1							1
Disciplinary decision overturned	-	-	-	-	-	-	-							-
Total Disciplinary Appeals	**4**	**0**	**0**	**0**	**0**	**0**	**1**							**1**

Grievance	2010/11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov11	Dec11	Jan12	Feb12	Mar12	YTD 2011/12
Withdrawn	2	-	-	-	-	-	-							-
Resolved at Stage 1 (informally)	4	1	-	-	1	-	-							2
Resolved at Stage 2	5	-	-	-	-	-	2							2
Resolved at Stage 3	1	-	1	-	-	-	-							1
External mediation	1	-	-	-	-	-	-							-
Total	**13**	**1**	**1**	**0**	**1**	**0**	**2**							**5**

7. Occupational Health

Cumberland Infirmary	2010/11 (from Aug 10)	Apr 2011	May 2011	June 2011	July 2011	Aug 2011	Sept 2011
Pre-Employment Acute Staff	250	17	16	24	35	37	20
Pre-Employment Non Acute Staff	22	13	3	1	1	3	-
Pre-Employment Placements	114	5	1	-	-	-	-
Managers Referral (no in brackets - stress related)	335 (28)	28 (4)	24 (1)	41	41 (1)	29 (2)	31 (2)
Self Referral (no in brackets - stress related)	289 (13)	15	20 (0)	16	19 (3)	10 (1)	15 (2)
Nurse Review Appointments	175	7	6	9	10	9	15
Other Routine Nursing Appointments	1869	54	77	73	79	63	144
Doctor's Appointments	169	27	29	10	32	30	25
TOTAL	3223	166	186	174	217	181	250
DNA	368	27	24	29	34	32	

West Cumberland Hospital	2010/11 (from Aug 10)	Apr 2011	May 2011	June 2011	July 2011	Aug 2011	Sept 2011
Pre-Employment Acute Staff	115	11	7	22	29	13	20
Pre-Employment Non Acute Staff	5	-	-	-	-	-	-
Pre-Employment Placements	149	10	3	11	7	5	11
Managers Referral (no in brackets - stress related)	265 (23)	20 (2)	24 (2)	23 (1)	26 (1)	51 (6)	28 (3)
Self Referral (no in brackets - stress related)	425 (50)	54 (22)	57 (12)	51 (15)	43 (4)	46 (6)	58 (3)
Nurse Review Appointments	118	13	14	16	20	9	23
Other Routine Nursing Appointments	1148	19	34	25	26	19	30
Doctor's Appointments	114	-	--	0	13	16	9
TOTAL	2339	127	139	148	151	159	179
DNA	111	15	22	10	11	17	19

8. Appraisal

Division		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	01/05/10 to 30/04/11	01/0610 to 31/05/11	01/07/10 to 30/06/11	01/0810 to 31/07/11	01/0910 to 31/08/11	01/1010 to 30/09/11			RAG
													Staff	Appraisals	%	
Corporate Services	CX Office			61.11%	82.35%	64.71%	88.89%	100.00%	100.00%	100.00%	94.44%	94.44%	17	15	**88.24%**	
	Chief Op Officer / Business Managers			80.00%	75.00%	62.50%	62.50%	50.00%	37.5%	37.5%	25.00%	75.00%	5	4	**80.00%**	
	Corporate Planning			33.33%	44.44%	44.44%	88.89%	88.89%	88.89%	77.78%	77.78%	87.50%	8	7	**87.50%**	
	Finance			76.15%	75.00%	65.63%	47.62%	42.55%	33.71%	19.32%	27.91%	37.97%	79	40	**50.63%**	
	Governance			88.89%	91.67%	91.67%	76.92%	92.86%	64.29%	64.29%	71.43%	83.33%	12	8	**66.67%**	
	Human Resources			64.85%	66.27%	70.83%	68.24%	68.64%	74.60%	81.25%	80.65%	87.30%	62	55	**88.71%**	
	IM&T			67.27%	74.58%	61.02%	58.33%	68.82%	69.23%	60.71%	54.22%	57.69%	156	87	**55.77%**	
	Nursing Support			58.62%	58.62%	62.07%%	64.29%	61.54%	53.85%	51.85%	44.44%	46.15%	27	13	**48.15%**	
	Bank			38.33%	40.45%	45.00%	54.36%	46.53%	33.97%	33.66%	42.79%	44.71%	216	100	**46.30%**	
	Total	68%	68%	57.03%	59.58%	59.22%	60.51%	57.12%	52.40%	48.50%	50.33%	55.23%	582	329	**56.53%**	
Estates & Facilities		89%	63%	62.61%	79.74%	77.78%	94.06%	90.41%	79.36%	82.95%	79.72%	88.83%	204	194	**95.10%**	
Family & Support Services		56%	64%	65.28%	67.03%	67.07%	80.96%	80.62%	79.36%	76.81%	75.60%	72.74%	888	564	**63.51%**	
Surgical		54%	61.5%	61.61%	68.69%	76.51%	80.95%	78.50%	75.07%	67.59%	59.39%	59.59%	912	660	**72.37%**	
Medical		43%	44%	44.61%	47.36%	53.07%	65.77%	81.49%	83.92%	83.48%	81.38%	76.44%	789	459	**58.17%**	
Trust overall		**56%**	**58%**	**57.35%**	**61.68%**	**64.00%**	**74.11%**	**79.38%**	**74.74%**	**71.86%**	**69.27%**	**68.71%**	**65.36%**			

RAG Coding		< 50%	<80%	> 80%

9. Mandatory Training

Mandatory Health & Safety Programme 2011

Division		01/0610 to 31/05/11	01/07/10 to 30/06/11	01/0810 to 31/07/11	01/09/10 to 31/08/11	01/10/10 to 30/09/11	RAG
Corporate Services	CX Office	60.00%	95.65%	95.00%	90.48%	88.24%	
	Corporate Planning	40.00%	60.00%	62.50%	83.33%	83.33%	
	Finance	31.52%	68.18%	69.14%	69.05%	70.89%	
	Governance	76.92%	72.73%	90.91%	83.33%	83.33%	
	Human Resources	43.66%	74.32%	80.30%	80.56%	80.60%	
	IM&T	56.17%	79.39%	81.70%	80.63%	79.10%	
	Nursing Support	71.43%	79.41%	87.88%	93.94%	93.33%	
	Bank	9.63%	35.52%	48.23%	51.62%	43.84%	
	Total	34.64%	51.40%	62.37%	63.65%	56.53%	
Estates & Facilities		75.55%	89.18%	89.60%	91.18%	85.84%	
Family & Support Services		34.40%	46.07%	52.97%	53.13%	53.40%	
Surgical		44.42%	60.31%	69.86%	70.77%	68.11%	
Medical		34.33%	44.63%	53.51%	54.99%	54.09%	
Trust overall		**39.14%**	**52.21%**	**60.83%**	**61.76%**	**59.15%**	

SECTION 4

FINANCE REPORT

4. FINANCE REPORT

At the end of September the Trust is reporting a surplus of £50k against a planned surplus of £303k, resulting in an adverse variance of £253k.

Total income for the Trust was £558k ahead of the plan in September and is now £2,430k ahead cumulatively. The over performance relates predominantly to Clinical Income. This is a result of higher than planned activity levels, particularly in emergency and outpatient care. There has also been an increase in the complexity of care provided most notably within day case activity.

Pay overspent by £754k in September taking the cumulative overspend to £1,093k. Although pay overspent in month, the rate of pay in month reduced compared to previous periods. Pay is forecast to continue to reduce over the following months as a number of schemes to reduce expenditure on bank and agency staffing are implemented. As staff leave the Trust they are not automatically being replaced with all posts going through an approval process. Agency medical staffing has increased in month with the Trust having spent a total of £2.76m on agency staffing up to the end of September.

Despite Non-Pay cumulatively overspending by £1.5m to month 6, the in month position reported an under spend of £174k with expenditure in September being lower than the average of previous months. Within non pay budgets areas of cost pressure include inflation rates which continue to rise and impact on a number of the Trust's non pay budgets especially those which are PFI-related. Also, the higher than planned activity levels are maintaining pressure on clinical supplies and services' budgets.

To date, an annualised £3.1m of CIP has been achieved against an annual requirement of £15.2m. The Project Management Office's (PMO) latest assessment of opportunities, risks, progress and forecast outturn against the initial 18 workstreams remains at £8.2m for 2011/12 leaving a further £7.0m to be identified and delivered in year. Plans continue to be developed and put into action to reduce expenditure in a number of high spend areas. The Workforce Review workstream is key to ensuring the Trust reduces its cost base. Successful initiatives to reduce bank nurse and agency medical staff costs should see pay costs begin to reduce in October. The slow implementation of CIP is continuing to have an adverse effect of the liquidity of the organisation.

The DoH has identified that the Trust is one of just six nationally that are recognised as having significant financial pressures as a result of the affordability of its PFI scheme under the National Tariff payment mechanism. The Trust continues to await the outcome of the DoH deliberations.

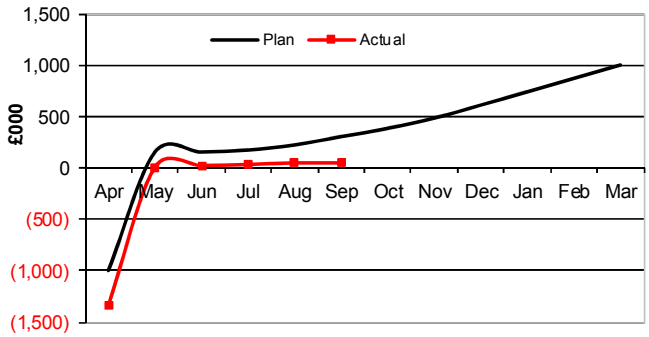
The Trust has agreed a financial plan to deliver a surplus of £1m at the end of March 2012 predicated on delivering the CIP target of £15.2m. Achievement of the required financial targets remains a significant risk, with slowness in delivery of CIP being the key risk factor.

FINANCIAL OVERVIEW - 30th September 2011 (Month 6)

Income & Expenditure

The Trust is reporting a surplus of £50k against a planned surplus of £303k at the end of September, resulting in a negative variance of £253k. Pay remained static in month and non pay increased although it remained within budget. Expenditure needs to reduce considerably over the remaining months of the financial year in order to ensure that the Trust achieves its planned surplus of £1m.

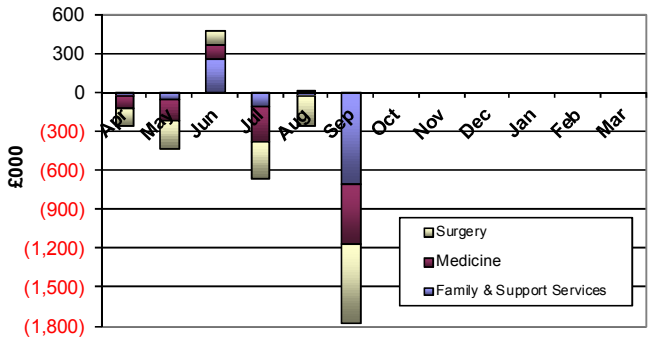
I&E Performance 2011/12



Divisional Performance

There was a large increase in the overspend of £1,772k in September (£2,861k overspend cumulatively) due to full allocation of the CIP target. Medicine is overspent by £854k, Surgery by £1,362k and Family and Support by £645k. Agency costs were £497k in September and £2,760k cumulatively with Medicine having 61% of this expenditure, Surgery 23% and all other areas 16%.

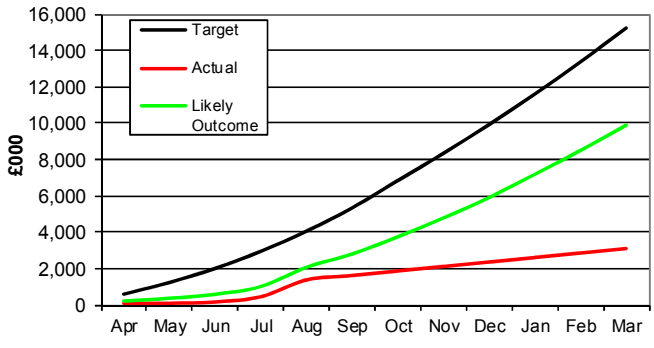
Divisional Monthly Variance



CIP Delivery

CIPs of £3.1m has been delivered in 2011/12 against the target of £15.2m. A number of plans to reduce costs have been implemented which will result in the closure of some beds on a temporary basis, and reduce bank nurse and overtime payments. The Corporate Recovery Board has also approved plans to reduce the cost of agency staffing and implement salary sacrifice schemes.

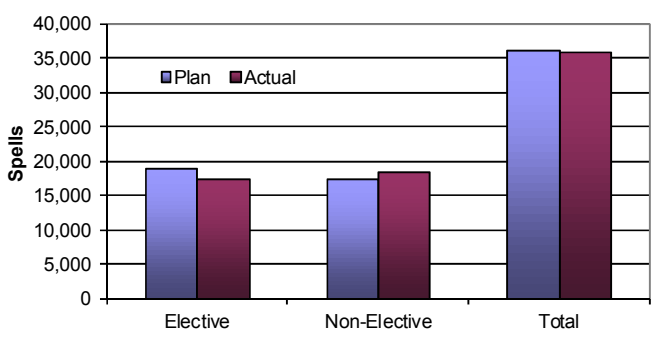
CIP 2011/12



Performance Against SLAs

Total Elective activity is 1,446 spells behind plan with both Daycases and Inpatients under performing, however the actual levels of activity increased in Sepetmber as a result of teh holiday period coming to an end. Non-Elective activity continues to perform above plan, however the rate of over performance has slowed over recent months.

Contract Activity Performance

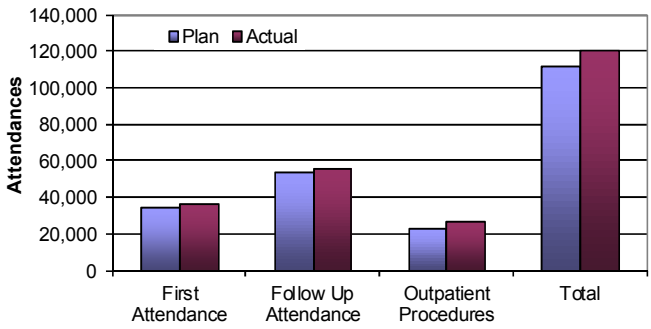


FINANCIAL OVERVIEW - 30th September 2011 (Month 6)

Outpatient Performance

Total Outpatient activity is 8,474 attendances ahead of the September cumulative plan. The plan and actuals have been adjusted to reflect the potential impact of non payment for attendances in excess of the 75th percentile for first to follow up ratios. The Trust needs to further reduce the number of Follow Up Attendances to ensure it is in line with best practice.

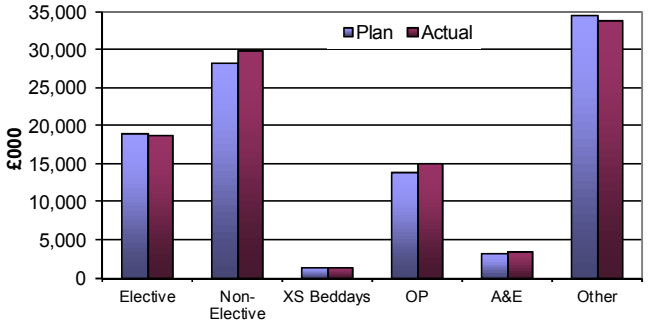
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is ahead of the cumulative plan by £2,151k. Most points of delivery are currently ahead of the income plan at this stage of the year with the exception of Electives & 'Other' (this includes the risk transfer adjustment). Activity levels generally remain ahead of the plan leading to the financial over performance, with the casemix also being richer then original forecast at the beginning of the financial year.

Income Performance by Activity Type



Statutory Financial Targets

The Trust is forecasting a surplus of £1m in 2011/12 predicated on delivering the full CIP target and the budget not over spending. This clearly contains some risks due to the speed with which CIP is currently being delivered. The BPPC target will not be achieved in the current year due to the continued liquidity issues.

2011/12 Performance Against Targets

Duty	Target	M06	Forecast
Breakeven Duty	To achieve a breakeven I&E	£50k surplus	£1,000k 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		

North Cumbria University Hospitals NHS Trust

Summary Financial Position to 30th September 2011 (Month 6)

(adverse) / favourable variance

Previous Net Variance						Annual Budget	In Month				Cumulative			
							Budget	Actual	Variance		Budget	Actual	Variance	
£000	%					£000	£000	£000	£000	%	£000	£000	£000	%
		Income												
1,952	2.3%	NHS Clinical Income				191,254	16,841	17,039	199	1.2%	100,542	102,693	2,151	2.1%
2	0.1%	Other NHS Income (R&D, training etc)				6,398	530	520	(10)	(1.8%)	3,172	3,165	(8)	(0.2%)
163	25.4%	Non NHS Clinical Income (PP's, RTA)				1,541	128	216	88	68.2%	771	1,021	251	32.5%
(244)	(5.0%)	Operating Income				10,059	552	834	281	50.9%	5,433	5,469	37	0.7%
1,873	**2.0%**	**Total Income**				**209,253**	**18,051**	**18,609**	**558**	**3.1%**	**109,917**	**112,348**	**2,430**	**2.2%**
		Expenditure	**EST**	**WTE**	**Var**									
		Clinical Divisions												
59	0.3%	Family & Support Divison	806	787	19	(46,550)	(3,394)	(4,098)	(704)	(20.8%)	(23,998)	(24,643)	(645)	(2.7%)
(401)	(1.7%)	Medical Division	967	946	21	(50,100)	(4,453)	(4,906)	(454)	(10.2%)	(28,451)	(29,305)	(854)	(3.0%)
(748)	(3.4%)	Surgical Division	844	826	18	(49,556)	(3,872)	(4,485)	(614)	(15.8%)	(25,702)	(27,064)	(1,363)	(5.3%)
(1,090)	**(1.6%)**	**Sub Total**	**2,617**	**2,559**	**59**	**(146,206)**	**(11,718)**	**(13,490)**	**(1,772)**	**15.1%**	**(78,151)**	**(81,012)**	**(2,862)**	**(3.7%)**
		Corporate Directorates												
(202)	(7.3%)	Chief Executive	16	19	(2)	(5,812)	(263)	(563)	(300)	(114.2%)	(3,023)	(3,526)	(502)	(16.6%)
(572)	(6.8%)	Estates and Facilities	204	203	1	(19,327)	(1,551)	(1,757)	(206)	(13.3%)	(9,925)	(10,702)	(778)	(7.8%)
(173)	(3.5%)	Finance	246	218	29	(9,740)	(361)	(936)	(575)	(159.5%)	(5,319)	(6,067)	(748)	(14.1%)
107	6.1%	Human Resources	72	69	3	(3,537)	(177)	(335)	(158)	(89.3%)	(1,935)	(1,986)	(51)	(2.6%)
33	22.2%	Medical Director	8	3	5	(260)	(9)	(19)	(10)	(105.5%)	(157)	(134)	23	14.7%
(185)	(24.2%)	Nurse Director	46	41	5	(1,833)	(26)	(161)	(135)	(526.1%)	(791)	(1,112)	(320)	(40.5%)
1,758	91.3%	Reserves	-	-	0	(6,736)	(939)	(33)	906	96.5%	(2,864)	(200)	2,664	93.0%
(1,670)	(100.0%)	Cost Improvements	-	-	0	0	(1,671)	0	1,671	100.0%	(1)	0	1	100.0%
(1,993)	**(2.3%)**	**Total Expenditure**	**3,209**	**3,111**	**99**	**(193,452)**	**(16,715)**	**(17,295)**	**(580)**	**(3.5%)**	**(102,165)**	**(104,738)**	**(2,574)**	**(2.5%)**
(121)	**(1.9%)**	**EBITDA**				**15,801**	**1,336**	**1,315**	(22)	(1.6%)	**7,752**	**7,611**	**(144)**	(1.9%)
		EBITDA %				7.6%	7.4%	7.1%			7.1%	6.8%		
28	1.1%	Depreciation				(6,223)	(519)	(519)	0	0.0%	(3,112)	(3,084)	28	0.9%
6	57.7%	Interest receivable				25	2	1	(1)	(57.2%)	13	17	5	38.6%
(91)	(3.4%)	Interest payable				(6,326)	(521)	(573)	(52)	(10.0%)	(3,197)	(3,340)	(143)	(4.5%)
2	0.3%	PDC Dividend				(2,032)	(199)	(201)	(2)	(1.2%)	(1,032)	(1,032)	0	0.0%
(175)	**(53.9%)**	**Net surplus / (deficit)**				**1,245**	**101**	**23**	**(77)**	**(76.6%)**	**425**	**172**	**(253)**	**(59.6%)**
0	0.0%	Adjustment for Impairments					0	0	0		0	0	0	
0	0.0%	IFRIC 12 / Dual Accounting				(245)	(20)	(20)	0	0.0%	(122)	(122)	0	0.0%
(175)	**(78.5%)**	**Revised Net surplus / (deficit)**				**1,000**	**81**	**3**	**(77)**	**-95.6%**	**303**	**50**	**(253)**	**(83.6%)**

North Cumbria University Hospitals NHS Trust

Statement of Financial Position as at 30th September 2011 (Month 6)

Statement of Financial Position	Closing 31 March 2011 £000	As at 30 September 2011 £000	Movement in Year to Date £000	As at 31 August 2011 £000	Movement in Current Period £000	Budgeted Closing Balance (31 March 2012) £000
NON-CURRENT ASSETS:						
Property, Plant and Equipment	126,774	127,574	800	127,012	562	136,614
Intangible Assets	357	357	0	357	0	325
Trade and Other Receivables	2,659	2,733	74	2,721	12	2,500
TOTAL NON-CURRENT ASSETS	**129,790**	**130,664**	**874**	**130,090**	**574**	**139,439**
CURRENT ASSETS:						
Inventories	2,923	3,005	82	3,020	(15)	2,500
Trade and Other Receivables	10,789	32,419	21,630	35,387	(2,969)	6,395
Cash and cash equivalents	595	6,925	6,330	2,736	4,189	750
TOTAL CURRENT ASSETS	**14,307**	**42,349**	**28,042**	**41,143**	**1,205**	**9,645**
TOTAL ASSETS	**144,097**	**173,013**	**28,916**	**171,234**	**1,779**	**149,084**
CURRENT LIABILITIES:						
NHS Trade Payables	(1,790)	(4,075)	(2,285)	(4,430)	355	(4,340)
Non-NHS Trade Revenue Payables	(2,034)	(4,415)	(2,381)	(5,016)	601	(8,500)
Non-NHS Trade Capital Payables	(2,391)	(769)	1,622	(770)	2	(5,500)
Other Liabilities	(10,525)	(38,051)	(27,526)	(34,343)	(3,708)	0
DH Working Capital Loan Principal Repayments	0		0		0	(856)
Borrowings	(2,855)	(2,859)	(4)	(2,859)	0	(2,269)
Other Financial liabilities	0		0		0	0
Provisions for Liabilities and Charges	0	(126)	(126)	(267)	141	0
TOTAL CURRENT LIABILITIES	**(19,595)**	**(50,295)**	**(30,700)**	**(47,685)**	**(2,610)**	**(21,465)**
NET CURRENT ASSETS/(LIABILITIES)	**(5,288)**	**(7,947)**	**(2,659)**	**(6,541)**	**(1,405)**	**(11,820)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**124,502**	**122,718**	**(1,784)**	**123,549**	**(831)**	**127,619**
NON-CURRENT LIABILITIES						
Borrowings	(55,084)	(54,100)	984	(54,528)	428	(52,974)
DH Working Capital Loan Principal Repayments	(8,562)	(8,134)	428	(8,562)	428	(7,706)
Other Financial Liabilities	0	0	0	0	0	0
Provisions for Liabilities and Charges	(4,517)	(3,974)	543	(3,974)	0	(4,070)
Other Liabilities	0	0	0	0	0	0
TOTAL NON- CURRENT LIABILITIES	**(68,163)**	**(66,208)**	**1,955**	**(67,065)**	**856**	**(64,750)**
TOTAL ASSETS EMPLOYED	**56,339**	**56,510**	**171**	**56,484**	**25**	**62,869**
FINANCED BY TAXPAYERS EQUITY:						
Public Dividend Capital	58,018	58,018	(0)	58,018	0	63,550
Retained Earnings	(16,646)	(16,474)	172	(16,471)	(3)	(12,451)
Revaluation Reserve	11,769	11,769	0	11,769	0	11,770
Donated Asset Reserve	1,727	1,725	(2)	1,697	28	0
Government Grant Reserve	1,471	1,471	0	1,471	0	0
TOTAL TAXPAYERS EQUITY	**56,339**	**56,510**	**171**	**56,484**	**25**	**62,869**
Cash in OPG accounts	591	6,921	6,330	2,732	4,189	750

SECTION 5

CONCLUSION & RECOMMENDATION

CONCLUSION

The financial position has not significantly changed in September and it remains weak. Activity remains above the plan but costs are also above budgeted levels and need to be brought back into line with immediate effect. The pace of the delivery of cost reduction measures needs to significantly improve over the last half of the year if the Trust is to achieve its statutory financial duties. This remains the most significant financial risk the Trust is facing.

RECOMMENDATION

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

Corinne Siddall
DIRECTOR OF OPERATIONS

Alistair Mulvey
DIRECTOR OF FINANCE

Damian Gallagher
DIRECTOR OF HUMAN RESOURCES

Chris Platton
ACTING DIRECTOR OF NURSING

APPENDIX B1

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.