

TRUST BOARD

Date of Meeting: 4/10/2011	Agenda Item No: 6.1	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. <ul style="list-style-type: none"> 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 after concluding contractual negotiations with NHS Cumbria and securing strategic change support funding. This is predicated on CIP increasing in the later months of the year to deliver the efficiency target of £15.2m. Workforce indicators continue to show improvement, whilst recognising the use of flexible labour remains high; Excellent performance on minimisation of infection within the hospital continues with zero MRSA and CDiff remaining below trajectory <p>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.</p> <p>Overview of key areas for consideration or noting:</p> <p>As above.</p>		
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:

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APPENDIX A

**TRUST BOARD
PERFORMANCE REPORT
Month Five (August) performance
Reported in
OCTOBER 2011**

INTRODUCTION

This report provides the Trust Board with a summary of the organisations performance against a range of key performance indicators as at 31 August 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

Validation of data quality is currently being undertaken as part of the new measures. Specific anomalies have been highlighted with the delay in real time data input such as time to initial assessment and time to treatment. In addition a comprehensive assessment of patient pathways through the Accident and Emergency Departments on each site is planned to commence September 2011 to streamline processes and improve performance.

Cancelled Operations

The percentage cancelled on day of operation returned a level of 0.66% in month against an annual target of 0.8%. Delivery of continuous improvement is attributable to the embedded escalation process within the Division mitigating hospital led cancellations on the day of surgery. This is reflected in the aggregate year to date position of 0.75%. Ongoing service improvement will be delivered through the Productive Operating Theatre Programme maximising elective flow and streamlining the patient pathway.

The 28 Day Rule Performance

Year to date performance remains on trajectory returning a strong cumulative position of 2.5% against a target of 5%. In month there has been no breach of the 28 day rule.

Cancer 62 Day Wait

Individual patient tracking and early escalation in the cancer pathways continues to deliver consistently against national targets. All cancers: 2 month urgent referral to treatment is 86.2% against a target position of 85%. Similarly the Trust is outperforming the national target for wait for first treatment screening, delivering a cumulative position of 96.8% against the target of 90%.

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

Implementation of improvement initiatives in the stroke pathway and data quality has returned significant upturn in performance for August 2011, 91.9% achievement in month against a target of 90%.

Stroke pathway - The Division has reinforced systems to ensure the appropriate placement of acute stroke patients which includes fast track admission to a ring fenced assessment cubicle on the stroke unit and proactive step down in to intermediate and rehabilitation beds.

Stroke data quality – weekly joint clinical and administrative validation of data has been implemented to facilitate accuracy of data capture and reporting. This in turn ensures income for the Trust is maximised.

1.3 PRODUCTIVITY METRICS

Day case rates consistently perform at the local target of 80%. July reported 79.5% with improved position in August reporting delivery 80.00%. 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 returned an aggregate position of 4.2% against a target of 3.5%. A comprehensive delivery programme is currently being developed to address in the inherent issues of delayed discharge. Improved efficiency will be clinically led with full engagement of community and social care services. A weekly multiagency forum has been established to review and expedite individual patient discharge.

1.4 ESTATES AND FACILITIES

The Estates and Facilities performance year to date demonstrates a high level of achievement across all performance targets. Following the completion of the Domestic Services Review and the scheduled conclusion of the Catering Review scheduled for September 2011 at the West Cumberland Hospital, particular attention will be taken in monitoring the Cleanliness Audit scores and the overall Catering performance in future months.

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

Addressing the backlog issue in June 2011 as planned has strengthened the Trusts overall performance. This is reflected in the improved aggregate position of 22.4 weeks against a target of 23 weeks. Oral surgery remains on trajectory and will be compliant by 31 October 2011.

Ophthalmology remains a significant risk for the Trust with approximately 40% of patients waiting over 23 weeks. The exponential growth in demand currently outstrips available capacity. To fully address this issue the Division is developing a business

case that will eradicate the existing backlog and support sustained compliance through the development of integrated patient pathways. The Business case will be completed by 17 October 2011.

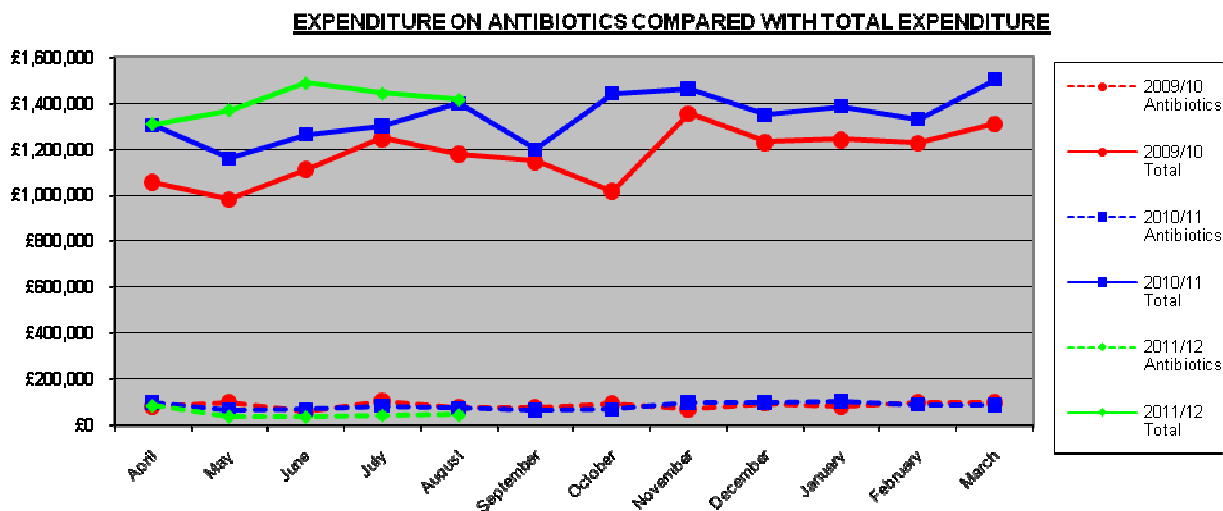
Percentage of Admitted Patients Treated within 18 weeks

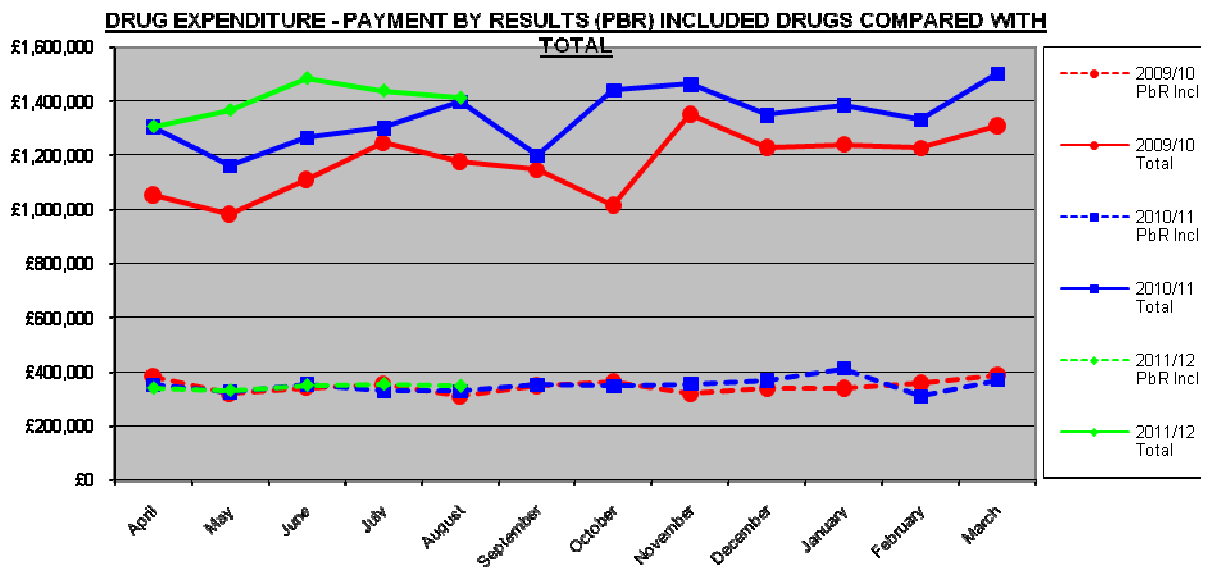
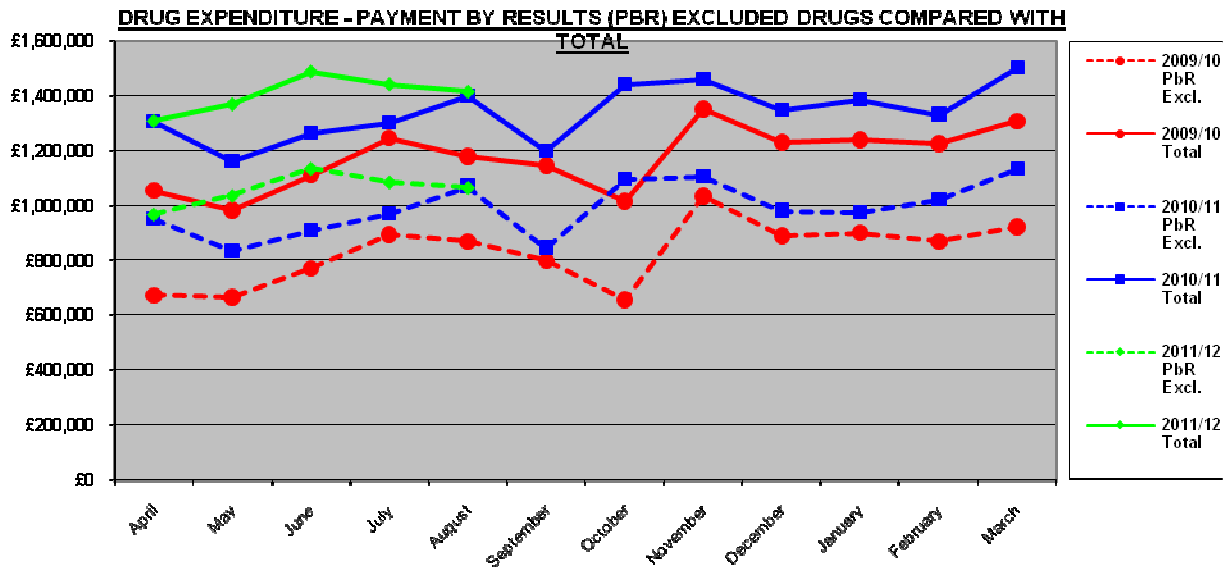
The Trust returned a year to date position of 91.18% against a target of 90% as at August 2011.

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.

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.





SECTION 2

QUALITY REPORT

2. QUALITY REPORT

This report includes the second draft of the quality dashboard for the Trust. It is important to outline that the dashboard is still under development and will continue to evolve over the forthcoming months. The dashboard will ensure that exceptions against performance can be easily identified and monitored throughout the year from a safety and quality perspective.

2.1 Development of Quality and Safety Indicators

The indicators which have been included on the dashboard cover:

- Commissioning for Quality and Innovation (CQUIN) targets
- Advancing Quality indicators
- Trust Governance and Risk Management indicators
- NHS Operating Framework 2011/12 measures

CQUIN Targets

The Commissioning for Quality Improvement (CQUIN) targets are still being finalised with commissioners. It is hoped that these can be signed off with NHS Cumbria by October 2011. The specific areas that the Trust is still awaiting clarification from commissioners on include:

- 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

Advancing Quality (AQ)

The AQ measures for the Trust have been added to the first draft of the dashboard. The data period for the AQ submissions run three months behind (as part of the national reporting system) the reporting period which we are reviewing with the AQ and performance team. In addition, the statistical thresholds for confirming a total aggregated position for each of the indicators is also being reviewed within the information team. It is likely therefore that the traffic light position for these indicators may change as this work progresses. The CQUIN weightings/thresholds against the specific indicators will also be added to future reports.

The patient experience measure on the dashboard relates to the annual inpatient survey which is conducted by the CQC and also the specific patient experience questions which are asked as part of the AQ pathways. The governance team are currently reviewing how best this information can be captured and included on the quality dashboard.

Trust Governance and Risk Management Indicators

In addition to the specific quality measures the governance team have also extended the dashboard to start to introduce specific governance and risk management indicators to ensure these can be performance monitored on a monthly basis.

Further work is required on the CHKS clinical benchmarks which will be added to the dashboard to outline the clinical complications and misadventure rates in comparison to peer group per division.

The development of the mortality reporting to the Board per division is also a key area which will be addressed following the appointment to key positions as part of the governance re-structure. The key output from this will be ensuring that the Board can identify specific outliers at specialty level as well as having an overview on The Trusts overall mortality rate.

The reporting of never events and serious untoward incidents have also been added to the dashboard.

2.2 Exception reporting on areas of underperformance

Reduction in pressure sores (post 48 hour)

The pressure sores target for the Trust is to have a reduction in the number of grade 3 and 4 pressure sores in comparison to 2010/11. A significant amount of work has been undertaken across the ward areas to raise awareness of pressure area care. This has resulted in improved incident reporting of pressure sores across both hospital sites.

A specific Tissue Viability Group has been established which is chaired by the Acting Deputy Director of Nursing. The main purpose of this group is to review the pressure sore position across the Trust and ensure that the correct reporting and education is in place across all ward areas for tissue viability. The Trust's Deputy Director of Nursing and Adult Safeguarding Lead also ensures that grade three and four pressure sores are escalated to the safeguarding boards to ensure a multidisciplinary review and escalation process is in place between providers of care.

In addition to this we have introduced 'body maps' as part of the assessment of patients on admission to ensure that we have a contemporaneous record of the condition of patient's skin. This is supported by photographs and set criteria which, is used as a guide to grade pressure sores for consistency across the Trust.

All grade three and four pressure sores now have a root cause analysis completed, which is reported to the Tissue Viability Group by the relevant ward sister to ensure lessons are learned and that practice is continually improving across all ward areas. Each ward area has a dedicated link nurse for tissue viability which is currently being reviewed by the Deputy Director's of Nursing to ensure the link nurses have the correct skills and support in place to improve practice at direct patient care level.

It is anticipated that with the extra education and focus of the link nurses that the reporting of pressure sores may increase across the Trust. The Tissue Viability Group will continue to meet on a monthly basis.

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 August 2011 the Trust had one fractured neck of femur on the West Cumberland Hospital Infirmary site in Gable ward.

All fractured neck of femurs undergo a root cause analysis (RCA) which is presented to the falls group and the ward staff at departmental meetings and the action plan is implemented and monitored by the ward sister. The RCAs are formally signed off by the Deputy Directors of Nursing to ensure they address the key issues arising from the investigation that can be developed into an action plan.

As a result of the investigation and root cause analysis into these falls, the following areas were identified as key lessons, which have now been implemented:

- All ward staff to have awareness training in patient falls
- Specific teaching sessions on falls awareness in general have also been 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.

The dashboard will be developed for future reporting to include all falls that have resulted in a fracture. It is important to note that whilst there has been a decrease in the number of falls, the fractures/harm resulting from a fall is slightly 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.

Complaints

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.

SECTION 3

WORKFORCE REPORT

Contents & Target Summary

Section	Subject	Status
1	Summary / Narrative	Not applicable
2	Staff in Post	Amber
3	Overtime	Red
4	Turnover	Green
5	Sickness – August 2011	Red
6	Employee Relations	Not applicable
7	Occupational Health	Not applicable
8	Appraisal	Red
9	Mandatory Training	Amber

Key	
Green	Significant Progress
Amber	Progress
Red	Limited / No Progress

1. Summary

<p>Staff in Post</p>	<p>Staff in post for the Trust as a whole is at 2952.76 WTE at August 2011 This equates to a reduction of 126.97 WTE when compared to the equivalent month in 2010/11 and a reduction of 12.38 WTE compared to July. Since April, WTE has reduced by 41.30 WTE and headcount by 39.</p> <p>The largest two staff groups are Nursing & Midwifery (1056.92 WTE) and Admin & Clerical (645.56 WTE). Currently the Trust has a total of 297.84 WTE Medical and Dental staff and 470.29 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics (including medical staff) Medicine has the largest establishment (877.55 WTE) followed by Surgery (801.25) and Family and Support Services (752.08 WTE).</p>
<p>Overtime</p>	<p>The overtime figures set out :</p> <ul style="list-style-type: none"> • 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. <p>Total overtime for August has risen to £299,091, from £282,126 in July. All areas except Surgery have shown an increase this month.</p>
<p>Turnover</p>	<p>Annualised turnover (headcount) for non-medical staff for August 2011 is 12.03%. There were 42 non medical staff leavers (1.18%) This includes a number of staff leaving on the Mutually Agreed Resignation Scheme (MARS).</p>
<p>Sickness Absence</p>	<p>The Trust sickness absence rate for August 2011 is 4.80%, down by 0.09% on last month with Estates ad Facilities (6.69%) and Surgery (4.11) both decreasing. All other areas have recorded increases this month.</p> <p>Absence duration continues to be primarily short term (1-7 days). HR Business Partners are actively managing absence performance within each Division and the introduction of sickness absence cautionary hearings has further tightened this process. To date, 23 hearings have been held and 16 First Written Absence Cautions have been issued.</p> <p>HR Business Partners are also monitoring absence on a weekly basis to assist the achievement of the revised stretch target of 3.50%.</p>

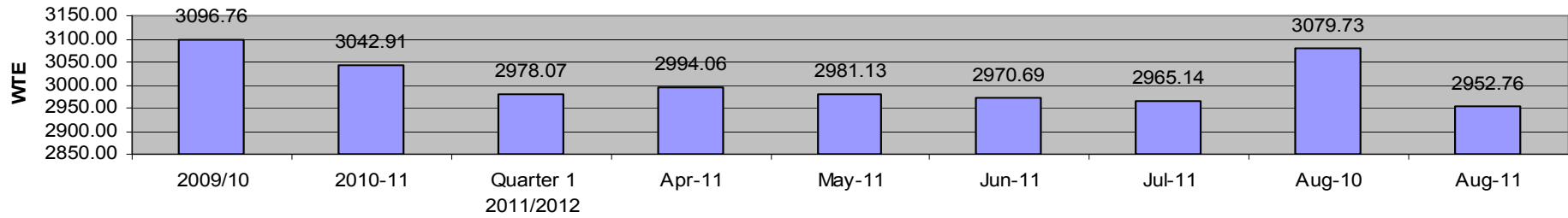
Occupational Health	Figures include flu vaccination appointments. Self referral figures include face to face appointments and telephone contact.
Appraisal	<p>The annualised percentage of appraisals completed at Trust level, over the last 12 months to August 2011, is 68.71%. The figures now incorporate appraisals for Consultant staff.</p> <p>Estates and Facilities together with some functions of Corporate Services (Chief Executive's Office, Corporate Planning, Governance and Human Resources)s are above the minimum target of 80%.</p> <p>A number of Corporate Departments have recently been undergoing organisational restructure which has included redeployment and redundancies and it was felt by the managers in these areas to be inappropriate to undertake appraisals until this was completed. As a result figures for some areas are low at present. Specific targets have been set to improve this position by the end of the calendar year and figures for Corporate Services for future reports will be included by individual functions so that progress can be monitored directly by the Board.</p> <p>Plans are in place to target appraisals for Bank Workers and it is anticipated that all current bank workers who require an up-to-date appraisal will be completed by November 2011.</p> <p>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 within the Divisions.</p> <p>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</p>
Mandatory Training	<p>Information is shown for the Annual Mandatory Health and Safety programme. For the year up to the 31 August 2011, 61.76% of staff completed the programme, 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).</p> <p>For future Trust Board meetings this report will be further developed to include statistics for other mandatory training modules, for example child protection. Work is currently being undertaken to support the completion of mandatory training, particularly in clinical areas.</p>

2 Staff in Post

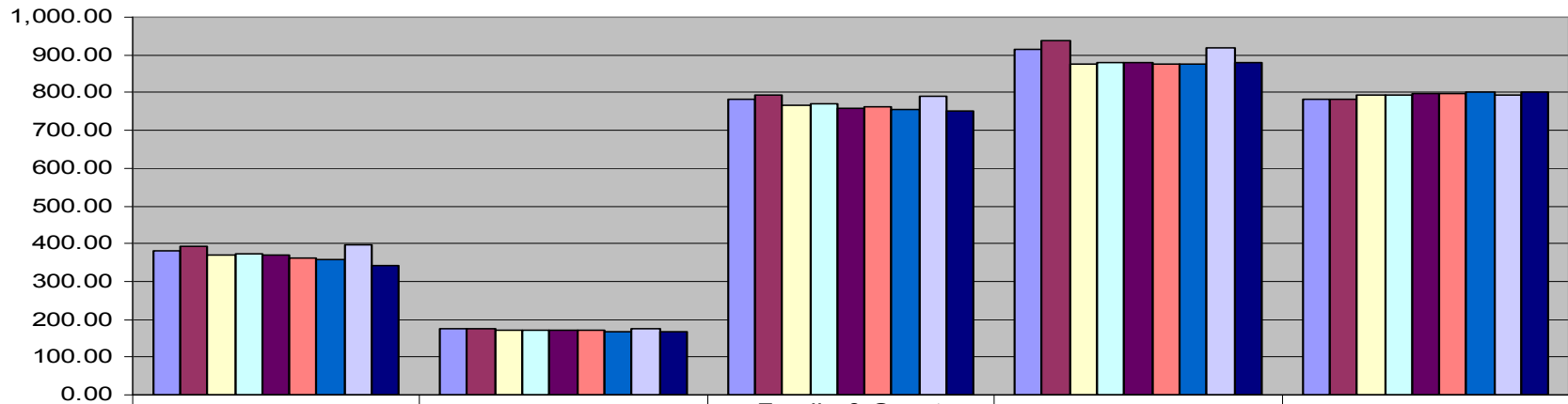
Staff Group	2010-11	Quarter 1 2010/2011	Quarter 1 2011/2012	Apr-11	May-11	Jun-11	Jul-11	Aug-10	Aug-11
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	102.67	111.99	93.13	92.08	93.70	94.54	93.61	98.08	92.72
Additional Clinical Services	483.35	494.93	469.52	469.84	470.52	470.87	470.58	503.04	470.29
Admin & Clerical	677.64	688.00	659.90	669.32	660.39	651.97	649.74	695.49	645.56
Allied Health Professionals	134.95	137.10	131.61	131.59	131.15	131.00	132.05	133.43	133.86
Estates & Ancillary	194.50	186.85	196.71	199.26	197.58	195.02	192.44	184.75	191.47
Healthcare Scientists	66.62	69.42	64.11	64.11	64.11	64.11	64.11	68.21	64.11
Medical & Dental	300.42	301.21	299.45	297.99	301.44	302.21	301.95	297.80	297.84
Nursing & Midwifery (Registered)	1,082.76	1,099.68	1,063.64	1,069.86	1,062.24	1,060.96	1,060.66	1,098.93	1,056.92
Trust	3042.91	3089.17	2978.07	2994.06	2981.13	2970.69	2965.14	3079.73	2952.76

Staff Group	2010-11	Quarter 1 2010/2011	Quarter 1 2011/2012	Apr-11	May-11	Jun-11	Jul-11	Aug-10	Aug-11
	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	124	137	110	110	110	110	110	120	109
Additional Clinical Services	774	791	758	756	753	755	768	813	776
Admin & Clerical	869	889	834	846	833	823	821	896	819
Allied Health Professionals	195	196	194	196	195	193	195	192	196
Estates & Ancillary	262	248	270	273	271	269	265	248	260
Healthcare Scientists	70	72	67	67	67	67	67	71	67
Medical & Dental	358	348	368	369	371	371	368	362	367
Nursing & Midwifery (Registered)	1,445	1,460	1,435	1,442	1,435	1,434	1,433	1,459	1,426
Trust	4,097	4,141	4,036	4,059	4,035	4,022	4,027	4,161	4,020

WTE Staff in Post - Trust



WTE Staff in Post - Divisions (including medical staff)



	Corporate Services	Estates & Facilities	Family & Suppt Services	Medicine	Surgery
2010-11	381.88	174.23	782.44	915.40	784.01
Quarter 1 2010/2011	392.92	175.22	793.68	939.30	781.43
Quarter 1 2011/2012	369.68	170.56	765.11	875.92	792.50
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

3 Overtime – 2011/12

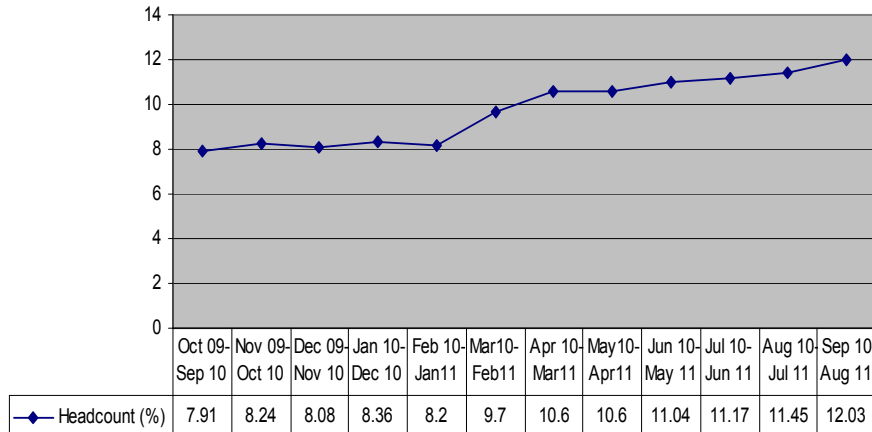
	Apr			May			June			July			August		
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total
Corporate Services	9,698	4,241	13,939	11,606	1,538	13,144	14,615	2,380	16,995	6,237	1,598	7,835	11,286	2,506	13,792
Estates & Facilities	35,966	13,380	49,346	32,502	11,336	43,838	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															
Estates & Facilities															
Family & Support Services															
Medicine															
Surgery															
TOTAL 11/12															

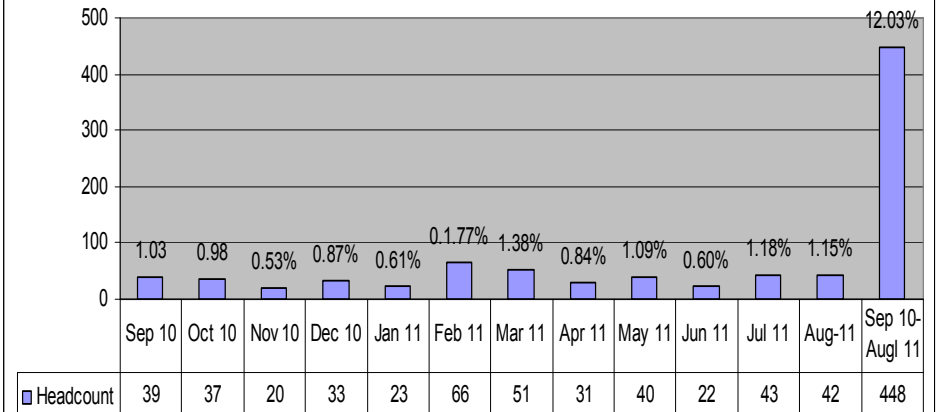
	February			March			YTD Basic	YTD Prime	YTD Total	2010/11 Prime
	Basic	Prime	Total	Basic	Prime	Total				
Corporate Services							53,442	12,264	65,706	41,867
Estates & Facilities							167,894	65,168	233,062	175,888
Family & Support Services							304,451	75,521	469,972	236,372
Medicine							395,074	32,928	428,002	93,362
Surgery							200,980	49,524	250,504	123,334
TOTAL 11/12							1,211,841	235,405	1,447,246	670,823

4 Turnover

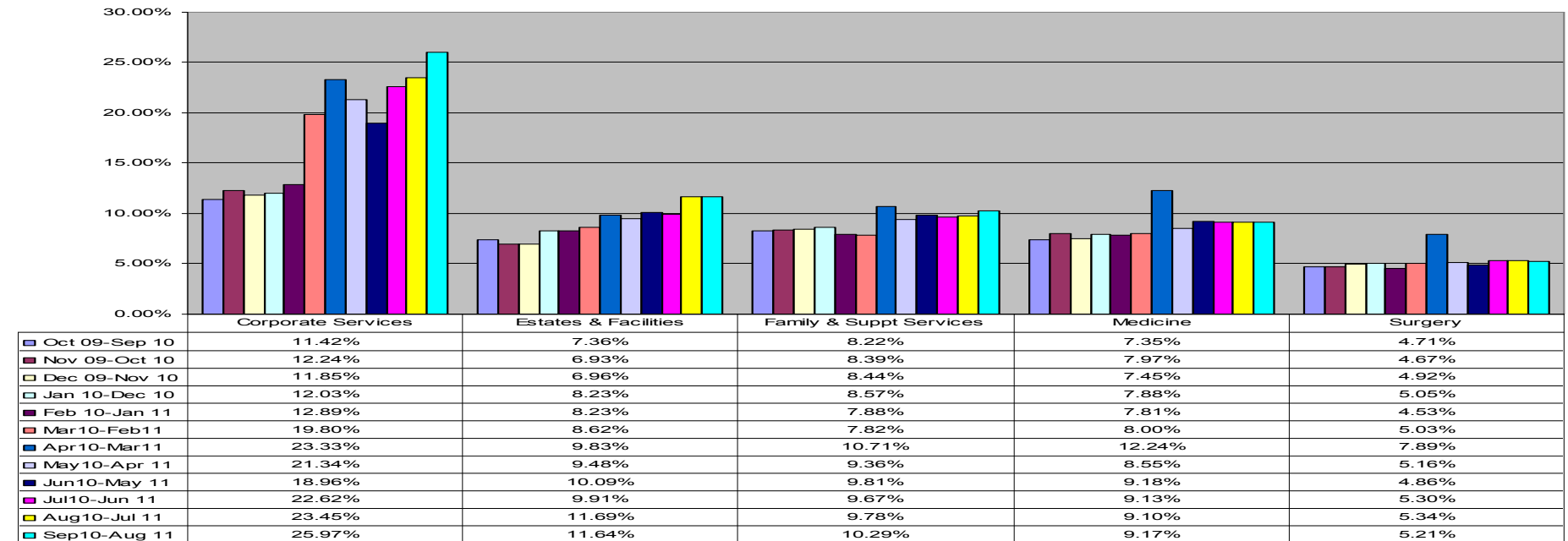
Annualised Turnover (excluding medical staff)



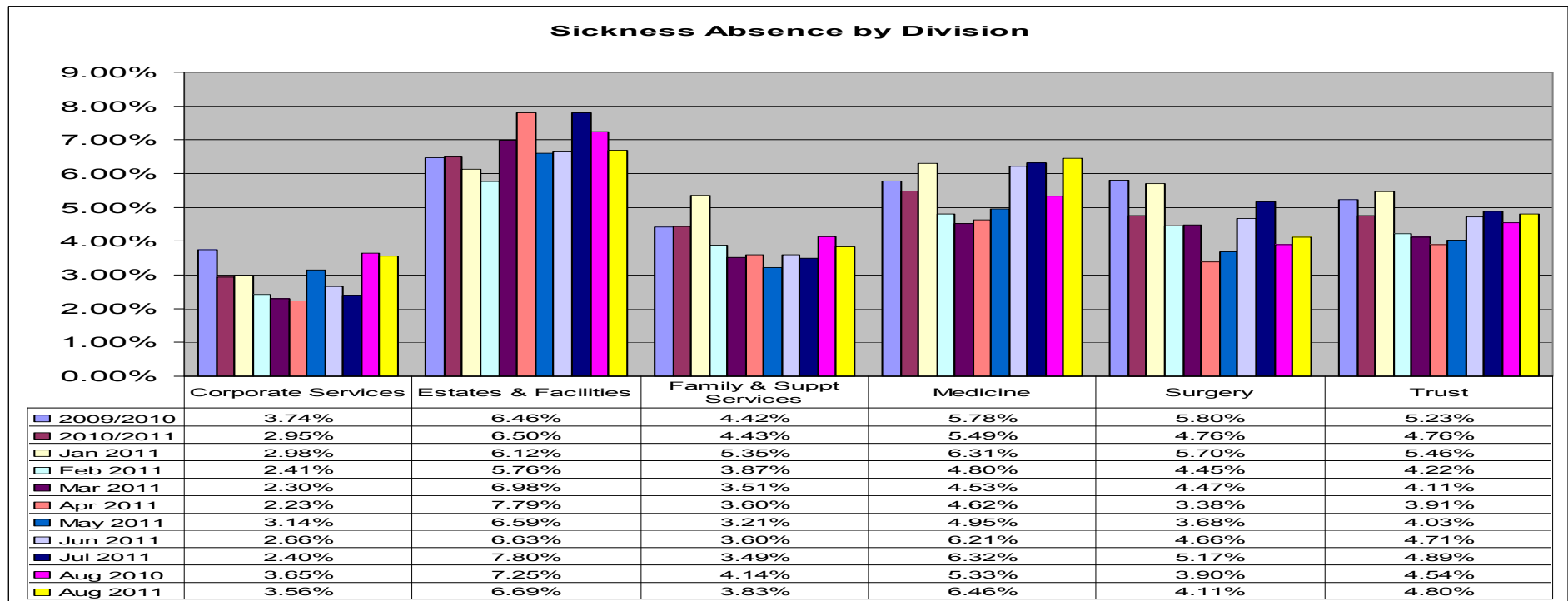
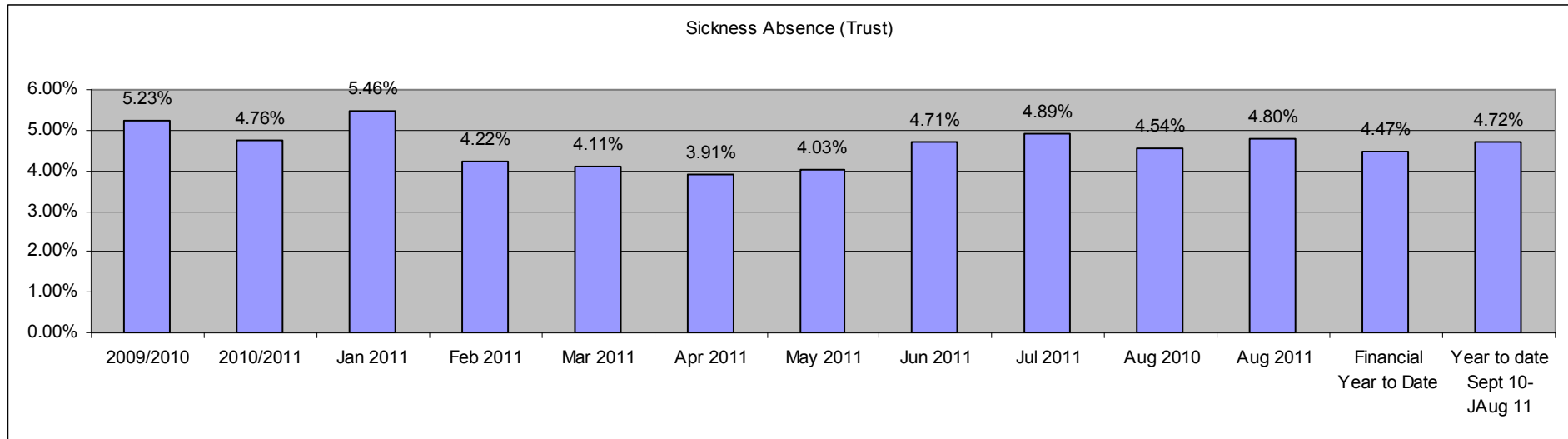
Leavers by Headcount (excluding medical staff)



Turnover by Headcount % - Divisions (excluding medical staff)

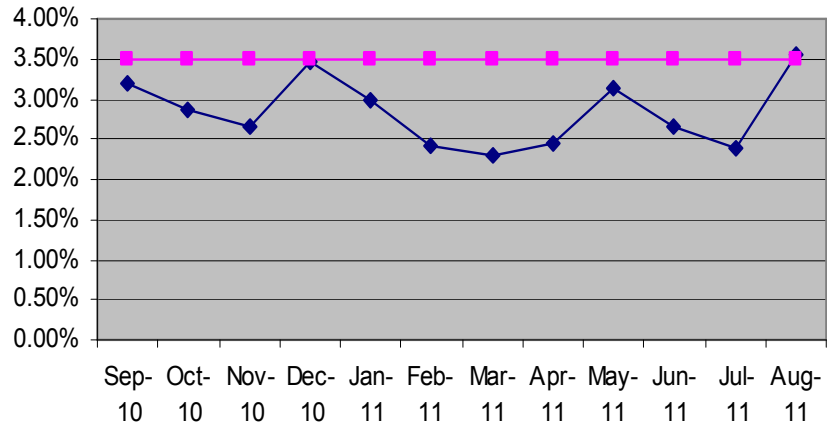


5. Sickness Absence

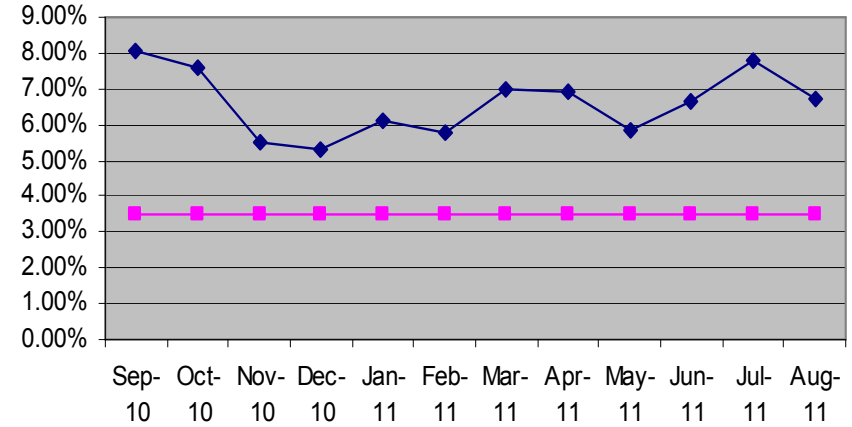


Sickness Target Trackers 2010/11

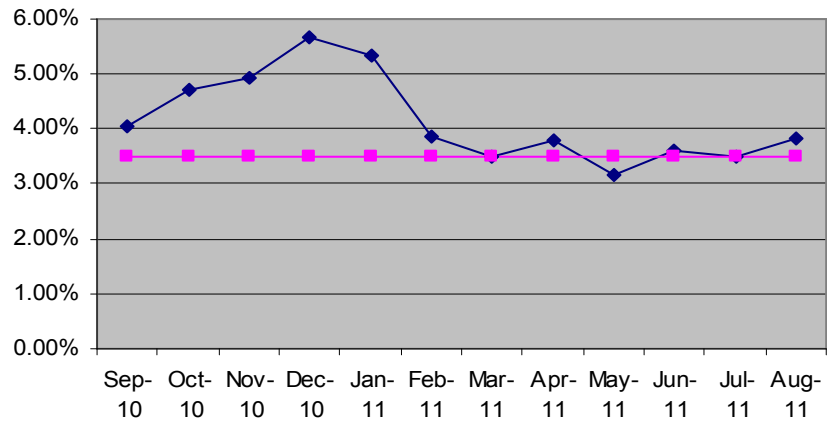
Sickness Absence Corporate Services



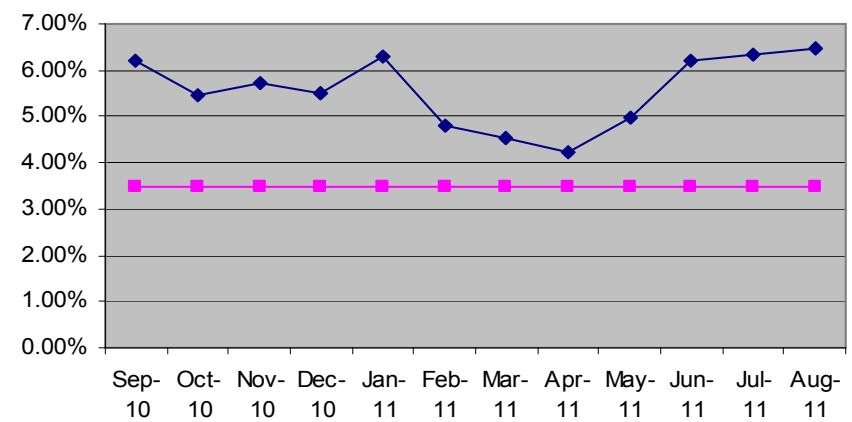
Sickness Absence Estates & Facilities



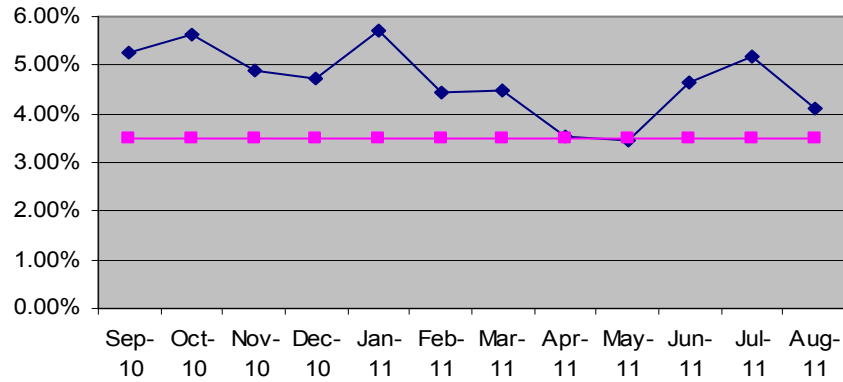
Sickness Absence Family & Support Services



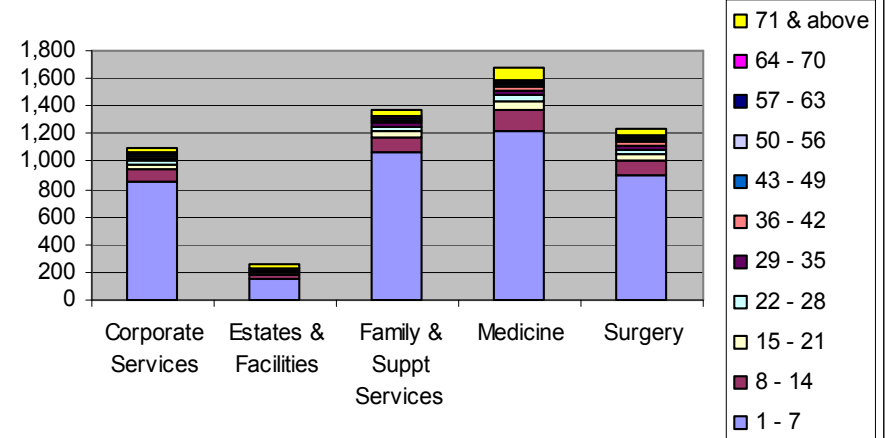
Sickness Absence Medicine



Sickness Absence Surgery



Sickness Duration Sept 10 to Aug 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	-	-	-	1	-	-							
Targets set	3	-	-	2	1	-							
First Written Absence Caution	10	-	1	4	-	1-							
Final Written Absence Caution	-	-	-	-	-	-							
Other action:	-	-	-	-	-	-							
Total	13	0	1	7	1	1							

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							

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	
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)	
Self Referral (no in brackets - stress related)	289 (13)	15	20 (0)	16	19 (3)	10 (1)	
Nurse Review Appointments	175	7	6	9	10	9	
Other Routine Nursing Appointments	1869	54	77	73	79	63	
Doctor's Appointments	169	27	29	10	32	30	
<u>TOTAL</u>	3223	166	186	174	217	181	
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	
Pre-Employment Non Acute Staff	5	-	-	-	-	-	
Pre-Employment Placements	149	10	3	11	7	5	
Managers Referral (no in brackets - stress related)	265 (23)	20 (2)	24 (2)	23 (1)	26 (1)	51 (6)	
Self Referral (no in brackets - stress related)	425 (50)	54 (22)	57 (12)	51 (15)	43 (4)	46 (6)	
Nurse Review Appointments	118	13	14	16	20	9	
Other Routine Nursing Appointments	1148	19	34	25	26	19	
Doctor's Appointments	114	-	--	0	13	16	
<u>TOTAL</u>	2339	127	139	148	151	159	
DNA	111	15	22	10	11	17	

8. Appraisal

Division		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	01/05/10 to 30/04/11	01/06/10 to 31/05/11	01/07/10 to 30/06/11	01/08/10 to 31/07/11	01/09/10 to 31/08/11	RAG
Corporate Services	CX Office				61.11%	82.35%	64.71%	88.89%	100.00%	100.00%	100.00%	94.44%	94.44%	Green
	Chief Op Officer / Business Managers				80.00%	75.00%	62.50%	62.50%	50.00%	37.5%	37.5%	25.00%	75.00%	Orange
	Corporate Planning				33.33%	44.44%	44.44%	88.89%	88.89%	88.89%	77.78%	77.78%	87.50%	Green
	Finance				76.15%	75.00%	65.63%	47.62%	42.55%	33.71%	19.32%	27.91%	37.97%	Red
	Governance				88.89%	91.67%	91.67%	76.92%	92.86%	64.29%	64.29%	71.43%	83.33%	Green
	Human Resources				64.85%	66.27%	70.83%	68.24%	68.64%	74.60%	81.25%	80.65%	87.30%	Green
	IM&T				67.27%	74.58%	61.02%	58.33%	68.82%	69.23%	60.71%	54.22%	57.69%	Orange
	Nursing Support				58.62%	58.62%	62.07%	64.29%	61.54%	53.85%	51.85%	44.44%	46.15%	Red
	Bank				38.33%	40.45%	45.00%	54.36%	46.53%	33.97%	33.66%	42.79%	44.71%	Red
	Total	64%	68%	68%	57.03%	59.58%	59.22%	60.51%	57.12%	52.40%	48.50%	50.33%	55.23%	Orange
Estates & Facilities		87%	89%	63%	62.61%	79.74%	77.78%	94.06%	90.41%	79.36%	82.95%	79.72%	88.83%	Green
Family & Support Services		53%	56%	64%	65.28%	67.03%	67.07%	80.96%	80.62%	79.36%	76.81%	75.60%	72.74%	Orange
Surgical		51%	54%	61.5%	61.61%	68.69%	76.51%	80.95%	78.50%	75.07%	67.59%	59.39%	59.59%	Orange
Medical		40%	43%	44%	44.61%	47.36%	53.07%	65.77%	81.49%	83.92%	83.48%	81.38%	76.44%	Orange
Trust overall		52%	56%	58%	57.35%	61.68%	64.00%	74.11%	79.38%	74.74%	71.86%	69.27%	68.71%	Orange

RAG Coding	 < 50%	 < 80%	 > 80%
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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	
Corporate Services	CX Office	60.00%	95.65%	95.00%	90.48%	
	Corporate Planning	40.00%	60.00%	62.50%	83.33%	
	Finance	31.52%	68.18%	69.14%	69.05%	
	Governance	76.92%	72.73%	90.91%	83.33%	
	Human Resources	43.66%	74.32%	80.30%	80.56%	
	IM&T	56.17%	79.39%	81.70%	80.63%	
	Nursing Support	71.43%	79.41%	87.88%	93.94%	
	Bank	9.63%	35.52%	48.23%	51.62%	
	Total	34.64%	51.40%	62.37%	63.65%	
Estates & Facilities		75.55%	89.18%	89.60%	91.18%	
Family & Support Services		34.40%	46.07%	52.97%	53.13%	
Surgical		44.42%	60.31%	69.86%	70.77%	
Medical		34.33%	44.63%	53.51%	54.99%	
Trust overall		39.14%	52.21%	60.83%	61.76%	

SECTION 4

FINANCE REPORT

4. FINANCE REPORT

At the end of August the Trust is reporting a surplus of £47k against a planned surplus of £223k, resulting in an adverse variance of £176k.

Total income for the Trust was £1,080k ahead of the plan in August and is now £1,873k ahead cumulatively. The over performance relates predominantly to Clinical Income, driven by higher than planned activity levels and an increase in the richness of the casemix of patients. The contract and associated documentation have now been prepared by NHS Cumbria and signed by both organisations.

Pay overspent by £176k in August taking the cumulative overspend to £339k. Although Pay overspent in month, pay expenditure reduced in month despite £185k of payments to staff for the MARS scheme. Pay is forecast to continue to reduce over the following months as staff that leave will not automatically be replaced. Agency medical staffing has reduced in month although it still remains high with the Trust having spent a total of £2.3m on agency staffing up to the end of August.

Non-Pay (inclusive of unallocated CIP and reserves) overspent by £928k in August and is £1.7m overspent cumulatively. Whilst Non-Pay is overspent, actual expenditure reduced in month, reversing some of the trend seen in previous months. Expenditure on clinical supplies and services remains high due to the high patient activity volumes, with the current high inflation rates leading to increases in prices.

To date, an annualised £3.0m of CIP has been recognised against an annual requirement of £15.2m. Delivery of CIP has improved in month. As plans are approved by the Corporate Recovery Board they move into the delivery phase of the workstream. The Project Management Office's (PMO) latest assessment of opportunities, risks, progress and forecast outturn against the initial 18 workstreams is of a risk assessed forecast benefit of £8.2m for 2011/12 leaving a further £7.0m to be identified and delivered in year. Several new initiatives are being developed which will be factored into the plans during the following month. Key to the delivery of the overall savings target is the delivery of the Workforce Planning workstream as the Trust spends over 60% of its income on staffing costs. The Trust needs to reduce the overall run rate of expenditure to align this with the available budget on a month on month basis as soon as possible in order to be sustainable on a long term basis. It is, however, recognised that this will require significant action and change.

There has been significant press coverage in recent weeks regarding PFI schemes and whether they represent value for money. The Department of Health (DoH) is currently reviewing 22 PFI schemes nationally, which includes the Cumberland Infirmary, to establish if additional income is justified to these organisations based on the affordability of the PFI schemes under the National Tariff payment mechanism. The Trust has submitted the information requested to the DoH and awaits the outcome of

their investigation which may lead to additional income being paid to the organisation. However, the Trust cannot rely on a positive outcome of this investigation and must continue to pursue its strategy of reducing its overall cost base.

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. This does contain a significant element of risk based on the current CIP performance.

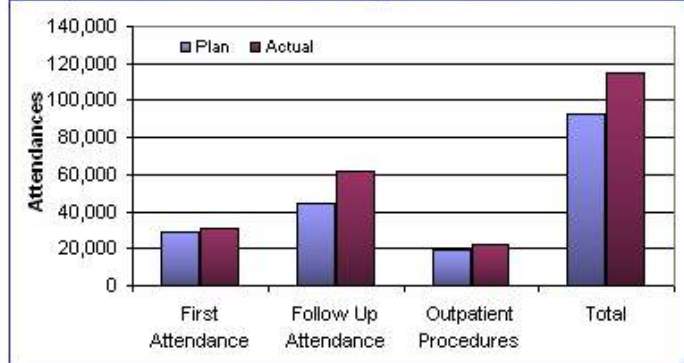
The Trust has received some Strategic Support funding from NHS North West which has helped to boost the liquidity position in the short term, although the cash position remains weak due to the CIP position.

FINANCIAL OVERVIEW - 31st August 2011 (Month 5)

Outpatient Performance

Total Outpatient activity is 22,060 attendances ahead of the cumulative plan which has been adjusted this month to take account of Closer to Home. The significant over performance relates to Follow Up Attendances which are 17,300 ahead of the plan. The Trust needs to further reduce the number of Follow Up Attendances to ensure it is in line with best practice.

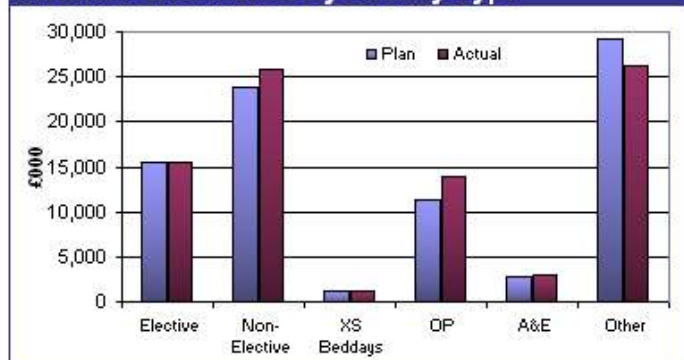
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is ahead of the cumulative plan by £1,952k. All points of delivery are currently ahead of the income plan at this stage of the year with the exception of 'Other' (mainly risk transfer adjustment). Activity levels generally remain ahead of the plan leading to the financial over performance, with the casemix also being richer than 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	MO5	Forecast
Breakeven Duty	To achieve a breakeven I&E	£47k 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 31st August 2011 (Month 5)

(adverse) / favourable variance

Previous Net Variance			Annual Budget			In Month				Cumulative				
£000	%		£000	EST	WTE	Budget £000	Actual £000	Variance £000	%	Budget £000	Actual £000	Variance £000	%	
		Income												
881	1.3%	NHS Clinical Income				191,254	15,237	16,309	1,071	7.0%	83,701	85,653	1,952	2.3%
1	0.0%	Other NHS Income (R&D, training etc)				6,368	557	558	1	0.2%	2,643	2,644	2	0.1%
75	14.6%	Non NHS Clinical Income (PP's, RTA)				1,541	128	217	88	68.8%	642	805	163	25.4%
(164)	(4.4%)	Operating Income				10,734	1,122	1,041	(81)	(7.2%)	4,880	4,636	(244)	(5.0%)
793	1.1%	Total Income				209,897	17,045	18,125	1,080	6.3%	91,866	93,738	1,873	2.0%
		Expenditure	EST	WTE	Var									
		Clinical Divisions												
82	0.5%	Family & Support Divison	784	785	(1)	(48,323)	(4,083)	(4,106)	(24)	(0.6%)	(20,604)	(20,545)	59	0.3%
(416)	(2.1%)	Medical Division	905	920	(15)	(50,640)	(4,390)	(4,374)	15	0.4%	(23,998)	(24,399)	(401)	(1.7%)
(524)	(3.0%)	Surgical Division	808	814	(6)	(50,351)	(4,324)	(4,548)	(224)	(5.2%)	(21,831)	(22,579)	(749)	(3.4%)
(857)	(1.6%)	Sub Total	2,497	2,519	(22)	(149,314)	(12,796)	(13,029)	(232)	1.8%	(66,433)	(67,523)	(1,091)	(1.6%)
		Corporate Directorates												
(155)	(7.0%)	Chief Executive	15	17	(1)	(6,620)	(552)	(599)	(47)	(8.5%)	(2,760)	(2,962)	(202)	(7.3%)
(481)	(7.2%)	Estates and Facilities	194	199	(5)	(19,501)	(1,711)	(1,802)	(91)	(5.3%)	(8,373)	(8,945)	(572)	(6.8%)
(244)	(6.1%)	Finance	253	216	38	(11,275)	(930)	(859)	71	7.7%	(4,958)	(5,131)	(173)	(3.5%)
106	7.6%	Human Resources	69	72	(3)	(3,960)	(356)	(355)	1	0.2%	(1,758)	(1,651)	107	6.1%
22	17.2%	Medical Director	8	2	5	(292)	(21)	(10)	11	52.4%	(147)	(115)	33	22.2%
(33)	(4.5%)	Nurse Director	44	42	2	(1,663)	(33)	(185)	(152)	(461.5%)	(766)	(951)	(185)	(24.2%)
2,483	94.9%	Reserves	-	-	0	(8,125)	691	(33)	(724)	104.8%	(1,925)	(167)	1,758	91.3%
(1,732)	(100.0%)	Cost Improvements	-	-	0	6,623	(62)	0	62	100.0%	1,670	0	(1,670)	100.0%
(893)	(1.3%)	Total Expenditure	3,080	3,067	14	(194,128)	(15,771)	(16,871)	(1,101)	(7.0%)	(85,450)	(87,443)	(1,994)	(2.3%)
(100)	(1.9%)	EBITDA				15,769	1,275	1,254	(21)	(1.6%)	6,415	6,297	(122)	(1.9%)
		EBITDA %				7.5%	7.5%	6.9%			7.0%	6.7%		
(2)	(0.1%)	Depreciation				(6,223)	(519)	(489)	30	5.7%	(2,593)	(2,565)	28	1.1%
5	63.7%	Interest receivable				25	2	3	1	33.5%	10	16	6	57.7%
(46)	(2.1%)	Interest payable				(6,326)	(521)	(567)	(45)	(8.7%)	(2,675)	(2,766)	(91)	(3.4%)
3	0.4%	PDC Dividend				(2,000)	(167)	(167)	(0)	(0.2%)	(833)	(831)	2	0.3%
(139)	54.5%	Net surplus / (deficit)				1,245	71	34	(36)	(50.7%)	325	149	(176)	(54.2%)
0	0.0%	Adjustment for Impairments					0	0	0		0	0	0	
0	0.0%	IFRIC 12 / Dual Accounting				0	(20)	(20)	0	0.0%	(102)	(102)	0	0.0%
(139)	80.4%	Revised Net surplus / (deficit)				1,245	51	14	(36)	-70.5%	223	47	(176)	(78.9%)

North Cumbria University Hospitals NHS Trust

Statement of Financial Position as at 31st August 2011 (Month 5)

Statement of Financial Position	Closing 31 March 2011	As at 31 August 2011	Movement in Year to Date	Month as at 31 July 2011	Movement in Current Period	Budgeted Closing Balance (31 March 2012)
	£000	£000	£000	£000	£000	£000
NON-CURRENT ASSETS:						
Property, Plant and Equipment	126,774	127,012	238	126,713	298	136,614
Intangible Assets	357	357	0	330	27	325
Trade and Other Receivables	2,659	2,721	62	2,652	69	2,500
TOTAL NON-CURRENT ASSETS	129,790	130,090	300	129,695	395	139,439
CURRENT ASSETS:						
Inventories	2,923	3,020	97	2,995	25	2,500
Trade and Other Receivables	10,789	35,387	24,598	31,746	3,641	6,395
Cash and cash equivalents	595	2,736	2,141	2,255	481	750
TOTAL CURRENT ASSETS	14,307	41,143	26,836	36,996	4,147	9,645
TOTAL ASSETS	144,097	171,234	27,137	166,691	4,542	149,084
CURRENT LIABILITIES:						
NHS Trade Payables	(1,790)	(4,430)	(2,640)	(4,997)	567	(4,340)
Non-NHS Trade Revenue Payables	(2,034)	(5,016)	(2,982)	(6,778)	1,762	(8,500)
Non-NHS Trade Capital Payables	(2,391)	(770)	1,621	(583)	(187)	(5,500)
Other Liabilities	(10,525)	(34,343)	(23,818)	(27,588)	(6,755)	0
DH Working Capital Loan Principal Repayments	0	0	0	0	0	(856)
Borrowings	(2,855)	(2,859)	(4)	(2,859)	0	(2,269)
Other Financial liabilities	0	0	0	0	0	0
Provisions for Liabilities and Charges	0	(267)	(267)	(269)	2	0
TOTAL CURRENT LIABILITIES	(19,595)	(47,685)	(28,090)	(43,073)	(4,611)	(21,465)
NET CURRENT ASSETS/(LIABILITIES)	(5,288)	(6,541)	(1,253)	(6,078)	(464)	(11,820)
TOTAL ASSETS LESS CURRENT LIABILITIES	124,502	123,549	(953)	123,618	(69)	127,619
NON-CURRENT LIABILITIES						
Borrowings	(55,084)	(54,528)	556	(54,559)	31	(52,974)
DH Working Capital Loan Principal Repayments	(8,562)	(8,562)	0	(8,562)	0	(7,706)
Other Financial Liabilities	0	0	0	0	0	0
Provisions for Liabilities and Charges	(4,517)	(3,974)	543	(4,044)	70	(4,070)
Other Liabilities	0	0	0	0	0	0
TOTAL NON-CURRENT LIABILITIES	(68,163)	(67,065)	1,098	(67,165)	101	(64,750)
TOTAL ASSETS EMPLOYED	56,339	56,484	145	56,453	32	62,869
FINANCED BY TAXPAYERS EQUITY:						
Public Dividend Capital	58,018	58,018	(0)	58,018	0	63,550
Retained Earnings	(16,646)	(16,471)	175	(16,531)	60	(12,451)
Revaluation Reserve	11,769	11,769	0	11,769	0	11,770
Donated Asset Reserve	1,727	1,697	(30)	1,725	(28)	0
Government Grant Reserve	1,471	1,471	0	1,471	0	0
TOTAL TAXPAYERS EQUITY	56,339	56,484	145	56,453	32	62,869
Cash in OPG accounts	591	2,732	2,141	2,250	482	750

SECTION 5

CONCLUSION & RECOMMENDATION

CONCLUSION

The financial position has improved in August but remains very fragile overall with costs still exceeding the income generated. Whilst activity remains above the plan it is leading to higher than budgeted costs and the pace of the delivery of CIP needs to improve. The CIP target continues to represent a significant risk with individual workstreams needing to deliver against their plans to help ensure that the Trust achieves its statutory financial duties.

RECOMMENDATION

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

Barbara Monk

DIVISIONAL GENERAL MANAGER - MEDICINE

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.