

TRUST BOARD

Date of Meeting: 06/09/2011	Agenda Item No: 6.1	Enclosure: 7
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 Four (August) performance
Reported in
SEPTEMBER 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 FOUR PERFORMANCE

Month four sees a continuation of sound performance against a key range of national 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
- Referral to Treatment: median waiting times
- Emergency re-admissions (within 30 days)
- Length of stay
- Day case rate
- 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

In April 2011 a suite of quality indicators were introduced. These measures will be monitored monthly by the DOH and assessed on a quarterly basis commencing quarter 2. 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 0.62% in month against an annual target of 0.8%. The significant improvement in performance is attributable to the Division's sustained focus upon escalation processes and also through engagement and empowerment of staff through the successful implementation of the Productive Operating Theatre Programme, which has raised awareness of factors contributing to hospital-led cancellations.

The 28 Day Rule Performance

Cumulatively the Trust remains on trajectory returning a strong aggregate position of 3.0% against a monthly target of 5%. In month there has been one breach due to a delay in specialised equipment from the manufacturer.

Cancer 62 Day Wait

Year to date performance remains on trajectory. Robust tracking of individual patient pathways and escalation has been embedded within the Divisions.

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

There has been a significant improvement in June 2011 (78%) against May's position of 50%. Specific focus is being placed on the improvement of the stroke pathway across sites and the quality of data collection. It is anticipated that an incremental upturn in performance will be delivered as a result of ongoing work.

1.3 PRODUCTIVITY METRICS

The overall day case rates dipped in month from 80.1% in June to 76.9% in July. The cumulative position for the Trust is 80.1% in line with the performance target of 80%. Further work is ongoing as part of "The Productive Theatre Programme" to improve day case rates further with particular emphasis on the development of day case laparoscopic choleystectomies.

Delayed Transfers of Care has seen a slight improvement in month at 5.8% from a position of 6.3% against a target of 3.5%. Delayed discharges are being monitored daily against estimated dates of discharge for individual patients on each hospital site and constraints identified and expedited at the earliest point.

1.4 ESTATES AND FACILITIES

The Estates and Facilities performance for the first quarter 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 the 2 September 2011 at the West Cumberland Hospital, particular attention will be taken in monitoring the Cleanliness Audit scores and the overall Catering performance in the coming months.

1.5 18 WEEKS RTT BY SPECIALITY

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

Ongoing issues in respect of oral surgery and ophthalmology continues to have a detrimental impact on the Trusts aggregate position as at July 2011 which stands at 26.43 weeks against a target of 23weeks. It is planned that Oral surgery will be compliant from October 2011. Ophthalmology continues to be a significant risk for the organisation. Work is ongoing with commissioners and primary care partners to manage the exponential increase in demand.

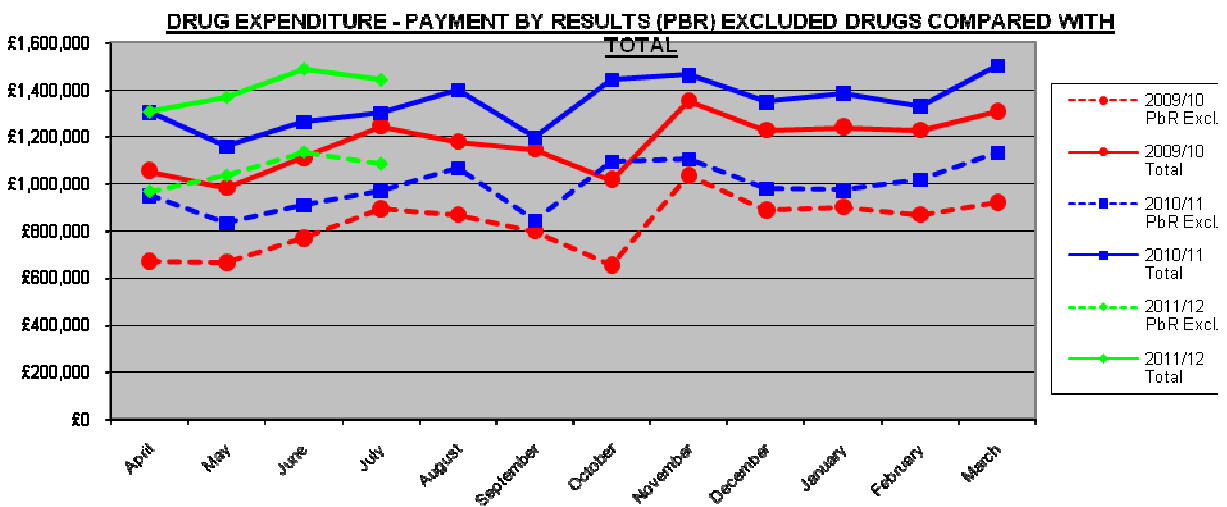
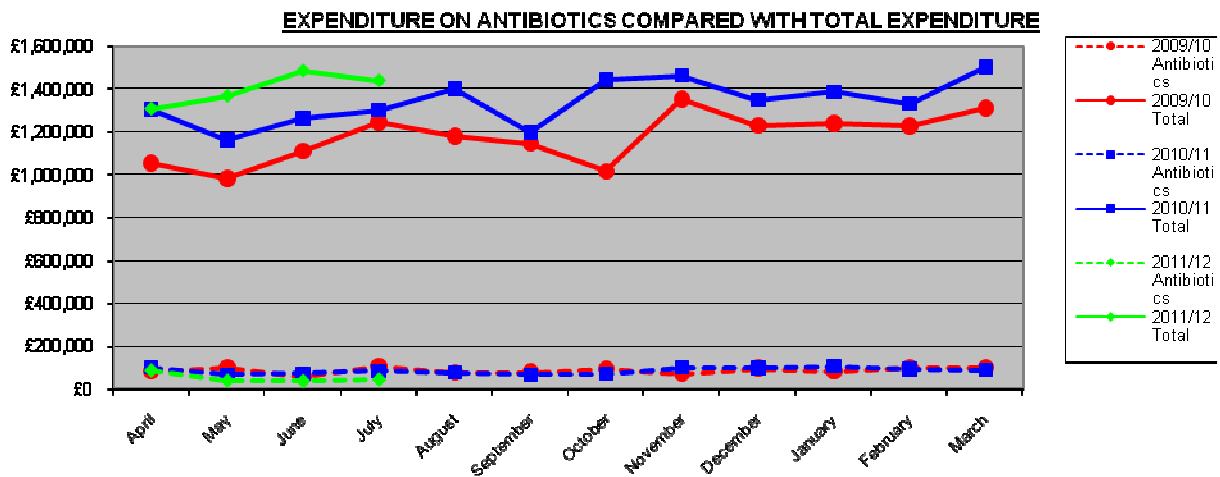
Percentage of Admitted Patients Treated within 18 weeks

The overall Trust aggregate position at July 2011 90.1% against a target of 90%. All specialties have realigned as per the “June Plan”. Oral surgery and Ophthalmology remain non compliant. A specific plan is in place to recover the full 18 week performance of ophthalmology by December 2011.

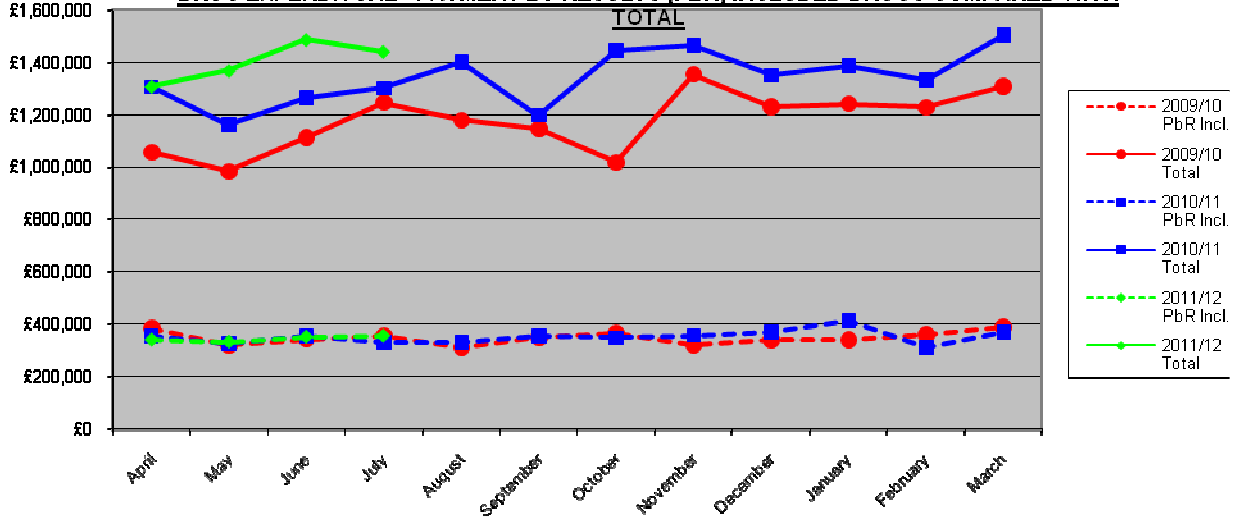
1.6 PHARMACY METRICS

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

The charts below highlight expenditure for three key areas comparing expenditure against total expenditure and also comparing the current year and the previous two years. The headlines from the charts indicate that drugs spend comparing month 4 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. The expenditure positions do however indicate that they are broadly below the level of month 12 2010/11 and therefore indicating an improvement against the most recent months costs.



DRUG EXPENDITURE - PAYMENT BY RESULTS (PBR) INCLUDED DRUGS COMPARED WITH



SECTION 2

QUALITY REPORT

2. QUALITY REPORT

This report includes the first 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 the end of September 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
- Nurse led discharge
- Stroke / implementation of an improved discharge policy, patient education and information
- Osteoporosis screening

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 May 2011 the Trust had four fractured neck of femurs on the Cumberland Infirmary site in Larch AB (3) and Willow C (1). The Trust has also had a further fractured neck of femur in June 2011 on Larch C.

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.

Board members are invited to comment on the first draft of the quality dashboard, which will continue to be developed over the forthcoming months.

SECTION 3

WORKFORCE REPORT

Contents & Target Summary

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

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 2965.14 WTE at July 2011 This equates to a reduction of 117.98 WTE when compared to the equivalent month in 2010/11 and a reduction of 5.55 WTE compared to June. Since April, WTE has reduced by 28.92 WTE and headcount by 32.</p> <p>The largest two staff groups are Nursing & Midwifery (1060.66 WTE) and Admin & Clerical (649.74 WTE). Currently the Trust has a total of 301.95 WTE Medical and Dental staff and 470.58 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics (including medical staff) Medicine has the largest establishment (876.98 WTE) followed by Surgery (801.27) and Family and Support Services (755.45 WTE).</p>
<p>Overtime</p>	<p>The overtime figures reported from April 2011 have been enhanced and 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>Following a rise in June to £321,743, total overtime for July has dropped to £282,126 but is still above the figure for April (£273,769). The total for Estates & Facilities has fallen every month since April and Corporate Services has dropped by £9,160 since June. The totals for the other Divisions have fluctuated since the beginning of the financial year.</p>
<p>Turnover</p>	<p>Annualised turnover (headcount) for non-medical staff for July 2011 is 11.45%. There were 43 non medical staff leavers (1.18%) This high figure is predominantly due to staff leaving on the Mutually Agreed Resignation Scheme (MARS) (24 staff).</p>
<p>Sickness Absence</p>	<p>The Trust sickness absence rate for July 2011 is 4.89%, an increase of 0.18% from June and 0.98% since April.</p> <p>Corporate (2.40%) and Family & Support Services (3.49%) are both below target of 3.50%. Medicine (6.32%), Surgery (5.17%) and Estates & Facilities (7.80%) have all increased this month (see separate report regarding Estates and Facilities and actions proposed to address sickness absence).</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, 22 hearings have been held and 15 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>

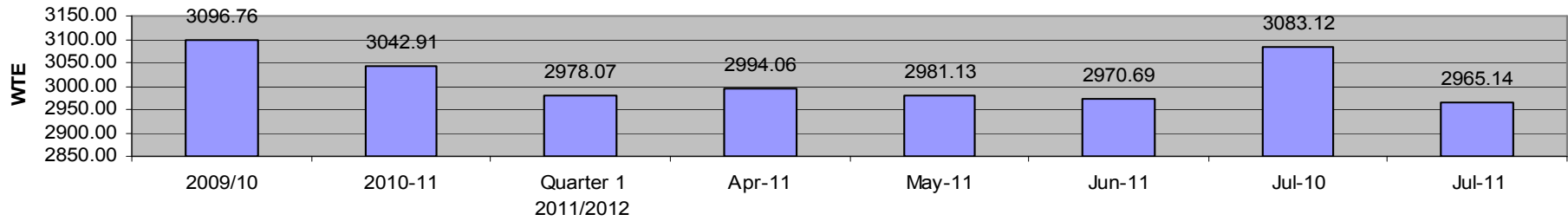
Occupational Health	Figures include flu vaccination appointments. Self referral figures include face to face appointments and telephone contact.
Appraisal	<p>The report has been extended to show a breakdown of the areas in Corporate Services and Bank Worker appraisals have been included from this month.</p> <p>The annualised figure for the number of appraisals (non-medical staff) completed at Trust level (from 1 August 2010 to 31 July 2011) is 69.27%. The Medical Division (81.38%) continues above the minimum target of 80% together with Human Resources and Chief Executive's Office in Corporate Services.</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>This information is new to the Trust Board Report to ensure this important workforce measure is monitored on a monthly basis..</p> <p>Information this month is shown for the Annual Mandatory Health and Safety programme. For the year up to the 31 July 2011, 60.83% of staff completed the programme which can be undertaken by e-learning or through a workbook.</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

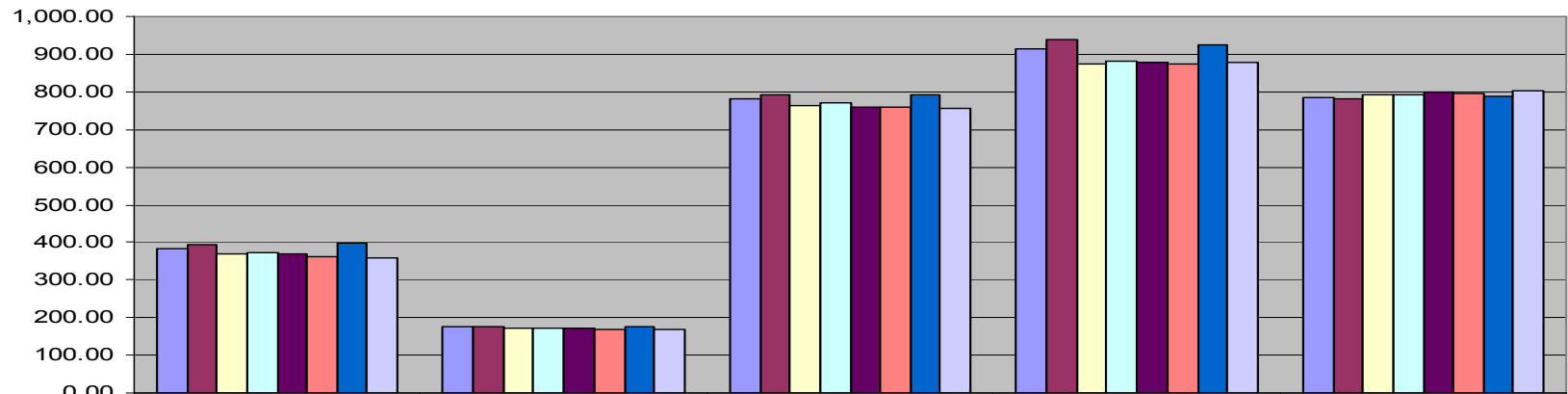
Staff Group	2009/10	2010-11	Quarter 1 2010/2011	Quarter 1 2011/2012	Apr-11	May-11	Jun-11	Jul-10	Jul-11
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	112.41	102.67	111.99	93.13	92.08	93.70	94.54	110.50	93.61
Additional Clinical Services	507.25	483.35	494.93	469.52	469.84	470.52	470.87	491.47	470.58
Admin & Clerical	677.97	677.64	688.00	659.90	669.32	660.39	651.97	692.40	649.74
Allied Health Professionals	140.84	134.95	137.10	131.61	131.59	131.15	131.00	135.52	132.05
Estates & Ancillary	178.22	194.50	186.85	196.71	199.26	197.58	195.02	184.67	192.44
Healthcare Scientists	72.83	66.62	69.42	64.11	64.11	64.11	64.11	68.71	64.11
Medical & Dental	308.40	300.42	301.21	299.45	297.99	301.44	302.21	300.27	301.95
Nursing & Midwifery (Registered)	1,098.83	1,082.76	1,099.68	1,063.64	1,069.86	1,062.24	1,060.96	1,099.57	1,060.66
Trust	3096.76	3042.91	3089.17	2978.07	2994.06	2981.13	2970.69	3083.12	2965.14

Staff Group	2009/10	2010-11	Quarter 1 2010/2011	Quarter 1 2011/2012	Apr-11	May-11	Jun-11	Jul-10	Jul-11
	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	139	124	137	110	110	110	110	135	110
Additional Clinical Services	794	774	791	758	756	753	755	793	768
Admin & Clerical	872	869	889	834	846	833	823	893	821
Allied Health Professionals	196	195	196	194	196	195	193	195	195
Estates & Ancillary	239	262	248	270	273	271	269	247	265
Healthcare Scientists	76	70	72	67	67	67	67	71	67
Medical & Dental	358	358	348	368	369	371	371	358	368
Nursing & Midwifery (Registered)	1,454	1,445	1,460	1,435	1,442	1,435	1,434	1,463	1,433
Trust	4425	4,097	4,141	4,036	4,059	4,035	4,022	4,155	4,027

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-10	398.82	174.69	790.87	925.76	786.83
Jul-11	358.08	168.06	755.45	876.98	801.27

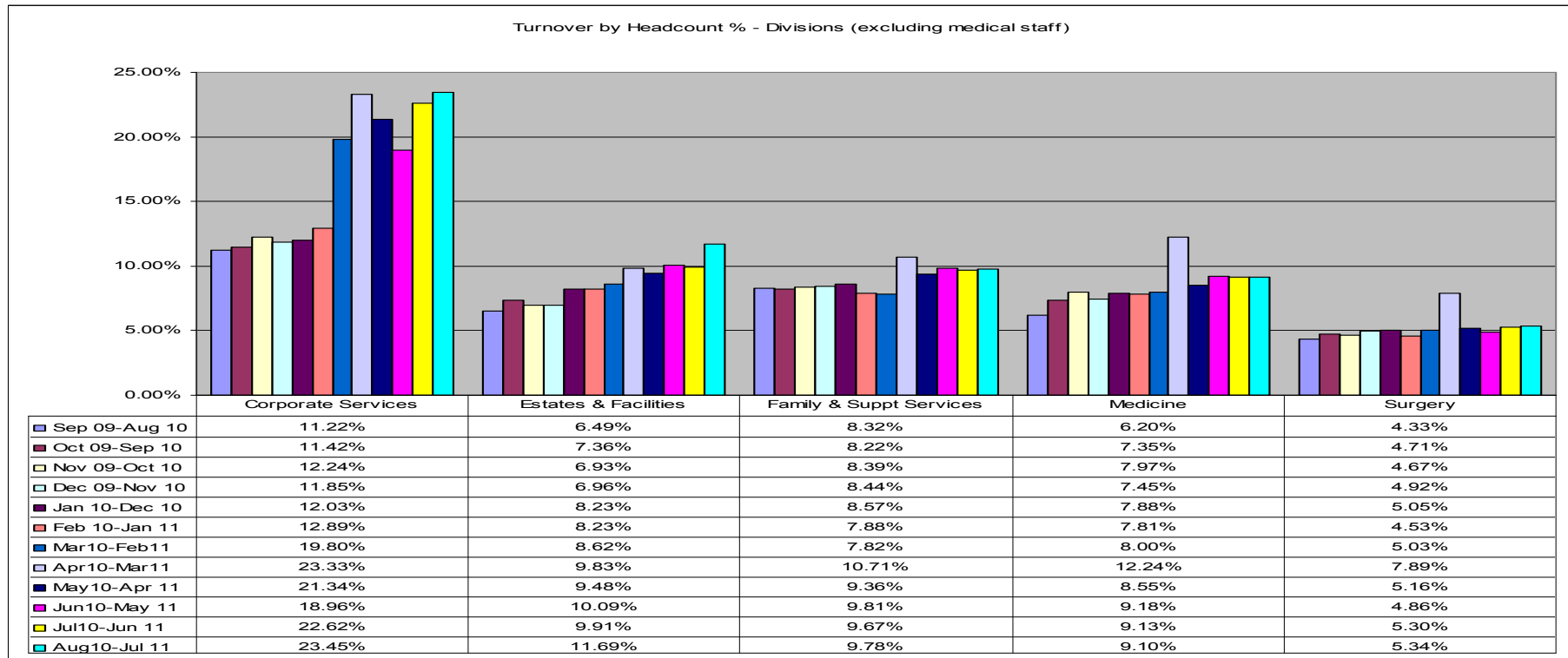
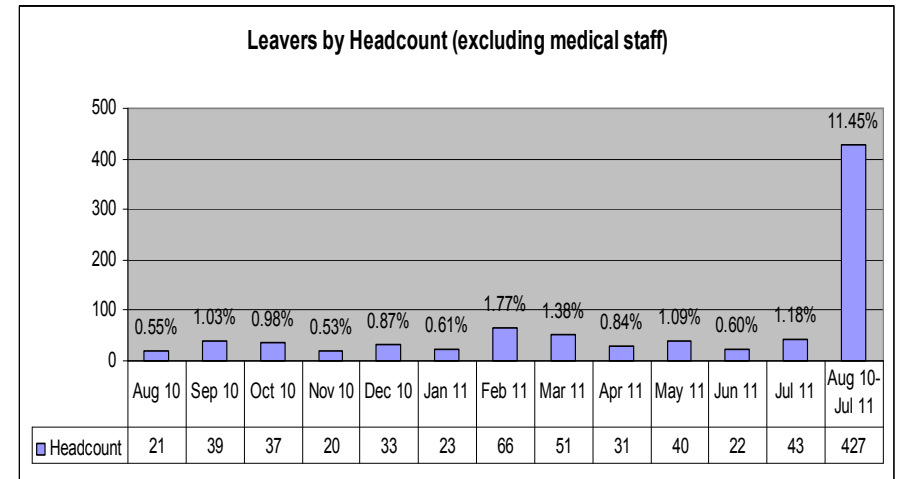
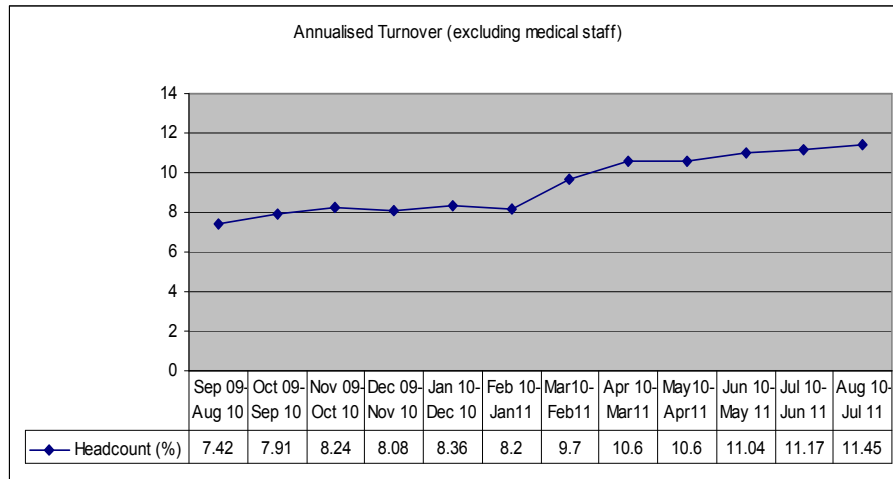
3. Overtime – 2011/12

	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			
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			
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			
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			
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			
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			

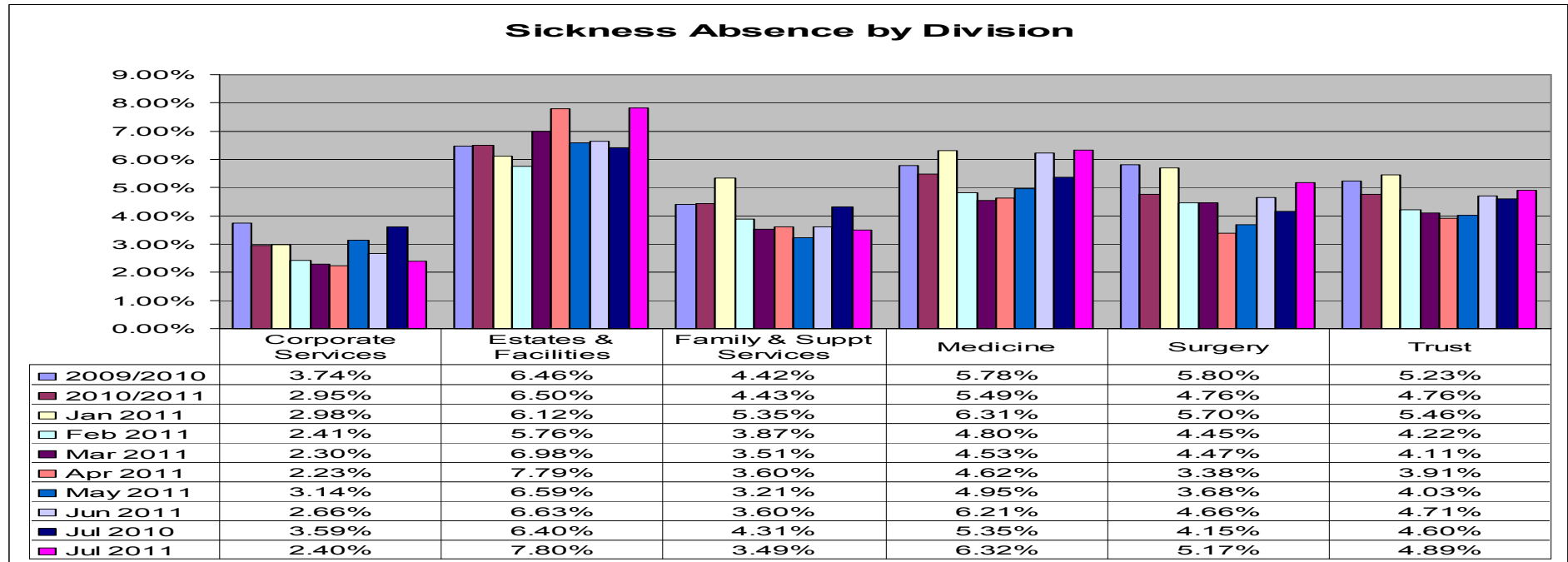
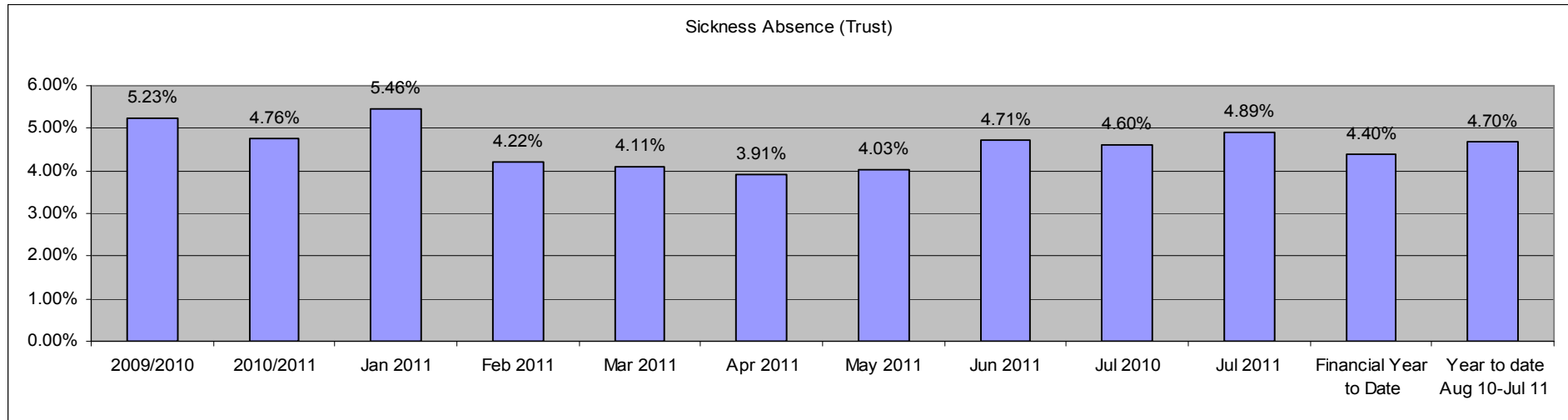
	September			October			November			December			January		
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total
Corporate Services															
Estates & Facilities															
Family & Support Services															
Medicine															
Surgery															
TOTAL 11/12															

	February			March			YTD Basic	YTD Prime	YTD Total	2010/11 Prime
	Basic	Prime	Total	Basic	Prime	Total				
Corporate Services							42,156	9,757	51,913	41,867
Estates & Facilities							130,750	46,515	177,265	175,888
Family & Support Services							310,768	58,211	368,979	236,372
Medicine							317,339	26,479	343,818	93,362
Surgery							164,503	41,714	206,217	123,334
TOTAL 11/12							965,516	182,676	1,148,192	670,823

4. Turnover

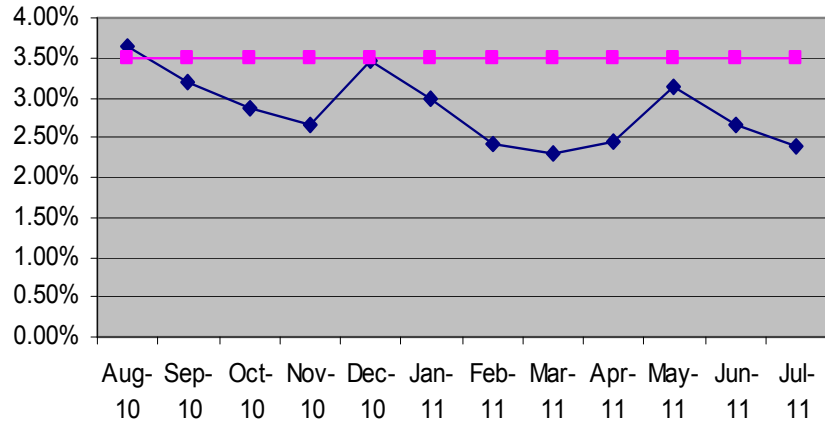


5. Sickness Absence

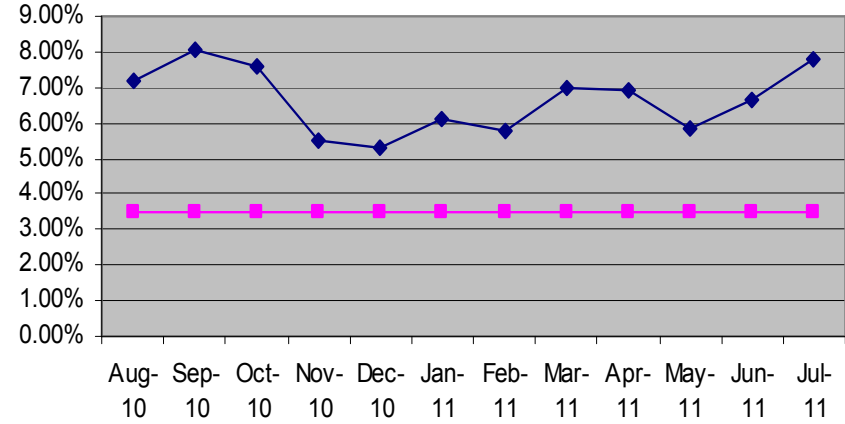


Sickness Target Trackers 2010/11

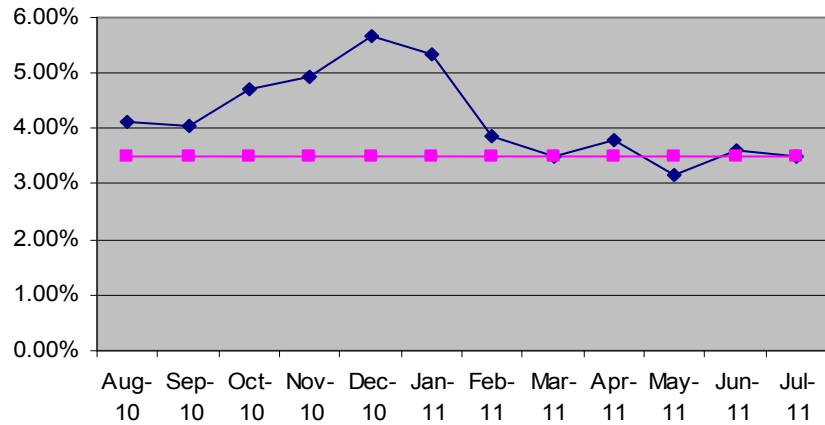
Sickness Absence Corporate Services



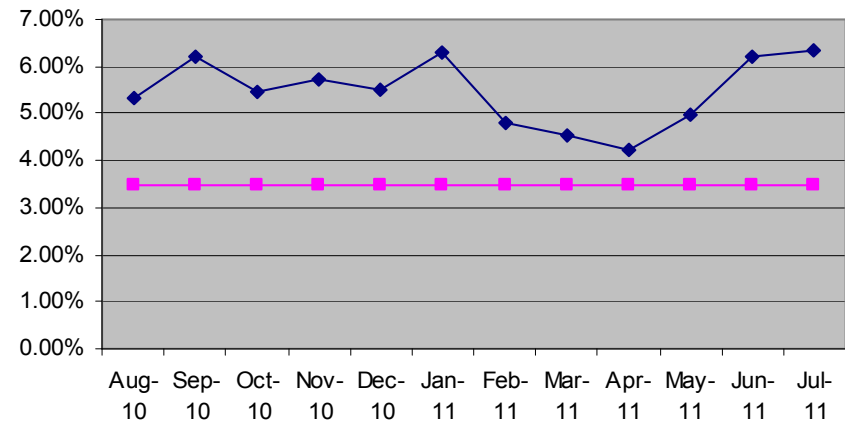
Sickness Absence Estates & Facilities



Sickness Absence Family & Support Services



Sickness Absence Medicine



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		
Pre-Employment Non Acute Staff	22	13	3	1	1		
Pre-Employment Placements	114	5	1	-	-		
Managers Referral (no in brackets - stress related)	335 (28)	28 (4)	24 (1)	41	41 (1)		
Self Referral (no in brackets - stress related)	289 (13)	15	20 (0)	16	19 (3)		
Nurse Review Appointments	175	7	6	9	10		
Other Routine Nursing Appointments	1869	54	77	73	79		
Doctor's Appointments	169	27	29	10	32		
<u>TOTAL</u>	3223	166	186	174	217		
DNA	368	27	24	29	34		

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		
Pre-Employment Non Acute Staff	5	-	-	-	-		
Pre-Employment Placements	149	10	3	11	7		
Managers Referral (no in brackets - stress related)	265 (23)	20 (2)	24 (2)	23 (1)	26 (1)		
Self Referral (no in brackets - stress related)	425 (50)	54 (22)	57 (12)	51 (15)	43 (4)		
Nurse Review Appointments	118	13	14	16	20		
Other Routine Nursing Appointments	1148	19	34	25	26		
Doctor's Appointments	114	-	--	0	13		
<u>TOTAL</u>	2339	127	139	148	151		
DNA	111	15	22	10	11		

8. Appraisal

Division		01/09/09 to 31/08/10	01/10/09 to 30/09/10	01/11/09 to 31/10/10	01/12/09 to 30/11/10	01/01/10 to 30/12/10	01/02/10 to 31/01/11	01/03/10 to 28/02/11	01/04/10 to 31/03/11	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	RAG
Corporate Services	CX Office					61.11%	82.35%	64.71%	88.89%	100.00%	100.00%	100.00%	94.44%	
	Chief Op Officer / Business Managers					80.00%	75.00%	62.50%	62.50%	50.00%	37.5%	37.5%	25.00%	
	Corporate Planning					33.33%	44.44%	44.44%	88.89%	88.89%	88.89%	77.78%	77.78%	
	Finance					76.15%	75.00%	65.63%	47.62%	42.55%	33.71%	19.32%	27.91%	
	Governance					88.89%	91.67%	91.67%	76.92%	92.86%	64.29%	64.29%	71.43%	
	Human Resources					64.85%	66.27%	70.83%	68.24%	68.64%	74.60%	81.25%	80.65%	
	IM&T					67.27%	74.58%	61.02%	58.33%	68.82%	69.23%	60.71%	54.22%	
	Nursing Support					58.62%	58.62%	62.07%	64.29%	61.54%	53.85%	51.85%	44.44%	
	Bank					38.33%	40.45%	45.00%	54.36%	46.53%	33.97%	33.66%	42.79%	
	Total	61%	64%	68%	68%	57.03%	59.58%	59.22%	60.51%	57.12%	52.40%	48.50%	50.33%	
Estates & Facilities	92%	87%	89%	63%	62.61%	79.74%	77.78%	94.06%	90.41%	79.36%	82.95%	79.72%		
Family & Support Services	42%	53%	56%	64%	65.28%	67.03%	67.07%	80.96%	80.62%	79.36%	76.81%	75.60%		
Surgical	47%	51%	54%	61.5%	61.61%	68.69%	76.51%	80.95%	78.50%	75.07%	67.59%	59.39%		
Medical	29%	40%	43%	44%	44.61%	47.36%	53.07%	65.77%	81.49%	83.92%	83.48%	81.38%		
Trust overall	46%	52%	56%	58%	57.35%	61.68%	64.00%	74.11%	79.38%	74.74%	71.86%	69.27%		

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
Corporate Services	CX Office	60.00%	95.65%	95.00%
	Corporate Planning	40.00%	60.00%	62.50%
	Finance	31.52%	68.18%	69.14%
	Governance	76.92%	72.73%	90.91%
	Human Resources	43.66%	74.32%	80.30%
	IM&T	56.17%	79.39%	81.70%
	Nursing Support	71.43%	79.41%	87.88%
	Bank	9.63%	35.52%	48.23%
	Total	34.64%	51.40%	62.37%
Estates & Facilities		75.55%	89.18%	89.60%
Family & Support Services		34.40%	46.07%	52.97%
Surgical		44.42%	60.31%	69.86%
Medical		34.33%	44.63%	53.51%
Trust overall		39.14%	52.21%	60.83%

SECTION 4

FINANCE REPORT

4. FINANCE REPORT

At the end of July the Trust is reporting a surplus of £33k against a planned surplus of £173k, resulting in an adverse variance of £140k.

Total income for the Trust was £1,622k behind plan in July but remains £793k ahead cumulatively. This cumulative position is being driven entirely by patient related activity being ahead of the plan at the end of July, with a financial over performance of £881k. The Trust has concluded negotiations with NHS Cumbria in relation to the contract for patient care services which now gives the Trust certainly over its annual income. A risk sharing agreement has been put in place with the PCT for any under / over performance below / above a certain threshold. It is therefore essential that we continue to work collaboratively to improve the patients' journey and overall efficiency in the health economy as the Trust is currently seeing an increase in activity this year compared to last year.

Pay is overspent by £343k in July taking the cumulative position to £163k overspent – the first time the budget has been overspent in 2011/12. Pay was high in month as some staff left under the Trust's MARS scheme and further staff are due to leave under the same scheme in August. The only significant pressure within the various pay categories is the premium associated with agency medical staffing, which increased from £410k in June to £550k in July. There are a significant number of senior medical staff vacancies being covered by agency staff and, despite the Trust's best efforts to recruit substantively to these posts, many are likely to continue for some time to come. The slow rate of progress with achieving planned savings is also contributing to the overall position on pay budgets.

Non-Pay (inclusive of unallocated CIP and reserves) underspent by £2,000k in July and is £732k overspent cumulatively. Expenditure increased in July to £6,581k which is significantly higher than the 2010/11 average monthly expenditure of £5,800k. Increased expenditure on clinical supplies and services, linked to the high patient activity levels, and pressures around external consultancy and inflation-linked premises' costs are the main contributors to the increased expenditure. However, failure to deliver savings is also a significant factor in the increased level of expenditure in July. To manage the financial position moving forward the Trust needs to reduce the non pay run rate to align with available budget on a month on month basis.

To date, an annualised £1.2m of CIP has been recognised against an annual requirement of £15.2m. Several of the original turnaround workstreams are transformational and only release savings once existing pay protection has expired in future years - particularly in areas where staff turnover is low which applies to many of the service areas in North Cumbria. However a number of more immediate initiatives are underway and projected to deliver savings in 2011/12. The Turnaround Team's latest assessment of opportunities, risks, progress and forecast outturn against the initial 18 workstreams is of a risk assessed forecast benefit of £7.1m for

2011/12 leaving a further £8.1m to be identified and delivered in year. Focus is on maximising the benefits of these worked-up initiatives in year and particularly on those contained within the Workforce Planning workstream. This excludes possible savings from two of the more major workstreams still being finalised. Additional discussions with the Divisions and Corporate Directorates are taking place to determine how this gap will be closed. A number of other plans are now being brought forward with savings focused on 2011/12 but considerable action and change will be required if the Trust is to meet its target.

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's cash position remains weak due to the CIP position, although the Trust is expecting to receive strategic support income over the coming weeks which will help boost the position in the short term until CIP starts to deliver.

CONCLUSION

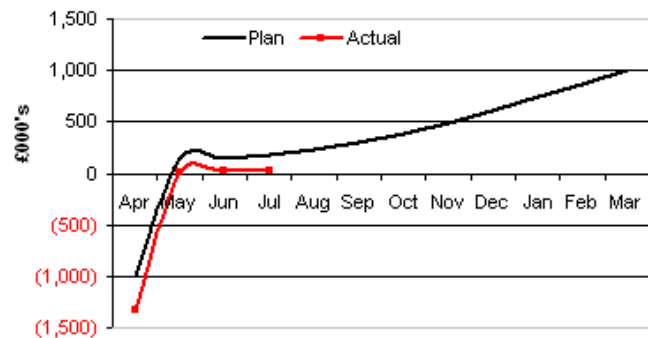
Activity remains high driving higher than budgeted costs. The CIP target contains a high degree of risk with individual workstreams needing to quickly move to the delivery phase to help ensure that the Trust achieves its statutory financial duties. The Trust must reduce its overall cost base over the coming months in order to be in sustainable financial position in the long term.

FINANCIAL OVERVIEW - 31st July 2011 (Month 4)

Income & Expenditure

The Trust is reporting a surplus of £33k against a planned surplus of £173k at the end of July, resulting in a negative variance of £140k. Income includes additional support from NHS North West which will be required to meet the Trust's statutory financial duties. Both pay and non pay expenditure increased in July reflecting the high activity throughput in recent months.

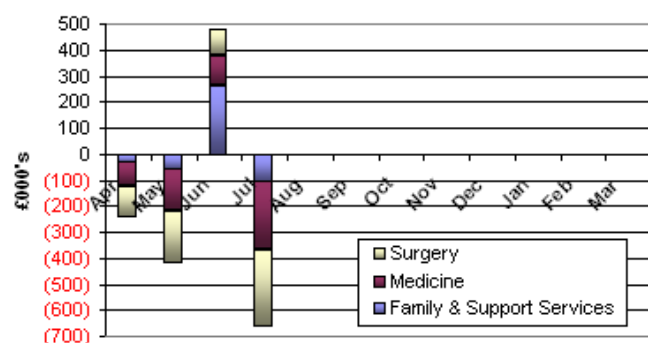
I&E Performance 2011/12



Divisional Performance

There was an overspend of £666k in July (£858k overspend cumulatively). Medicine is overspent by £416k, Surgery by £525k and Family and Support is underspent by £82k. Budgets have been reduced in line with CIP by £7,164k. Work continues on the plans for defined CIP schemes. Agency costs amounted to £550k in July and £1,856k cumulatively with Medicine (£1,206k), Surgery (£426k) and other areas (£224k).

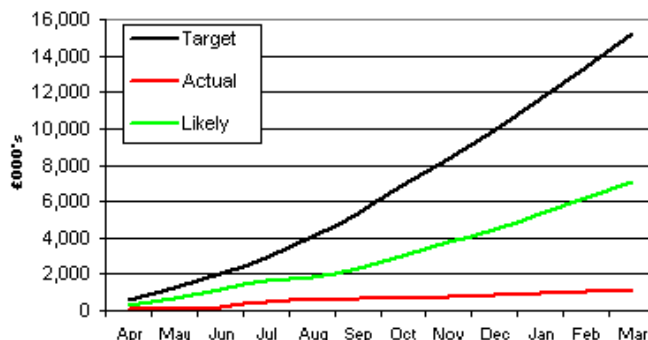
Divisional Monthly Variance



CIP Delivery

The CIP target for 2011/12 is £15.2m. Detailed plans exist within the original turnaround workstreams with a risk assessed forecast of £7.1m. The best case forecast from the initiatives within these workstreams is £10.3m. Focus must be on ensuring implementation and bringing forward additional more immediately accessible savings.

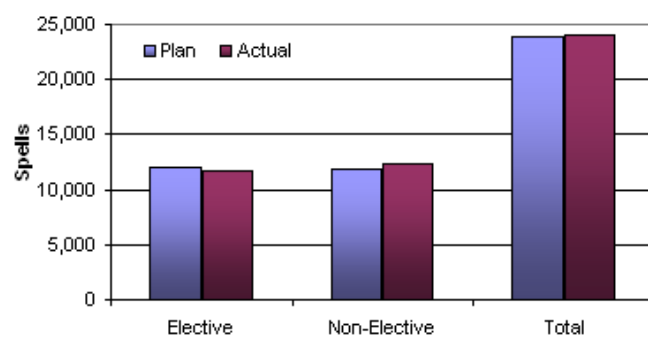
CIP 2011/12



Performance Against SLAs

Total Elective activity is 338 spells behind plan with Daycases and Inpatients both under performing but activity levels have increased over the last 2 months. Non-Elective activity has been high all year although it did start to show a small decline in July compared to the first 3 months of the year.

Contract Activity Performance

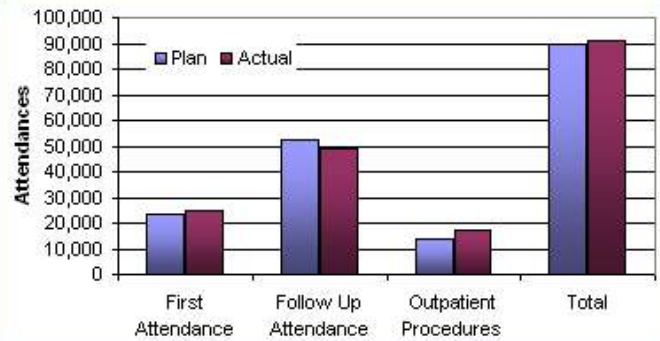


FINANCIAL OVERVIEW - 31st July 2011 (Month 4)

Outpatient Performance

Total Outpatient activity is 1,560 attendances ahead of the cumulative plan. Outpatient Procedures have over performed by 3,268 attendances continuing the trend established in 2010/11. First Attendances are also ahead of plan with Follow-Ups behind plan reflecting the work currently being done to improve the Trust's first to follow-up ratios. Follow-ups have reduced by 2,000 a month compared to last year.

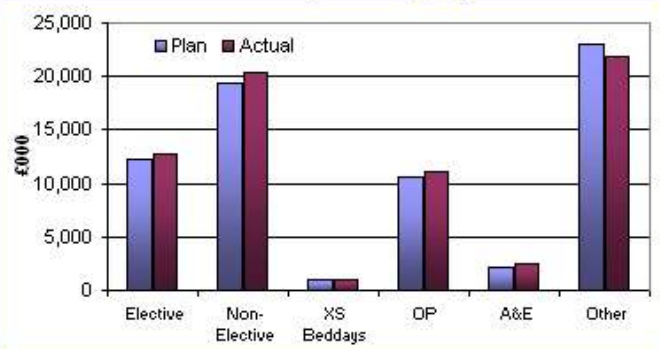
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is ahead of the cumulative plan by £881k. All points of delivery are currently ahead of the income plan at this stage of the year with the exception of 'Other'. Activity levels 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.

2011/12 Performance Against Targets

Duty	Target	MD4	Forecast
Breakeven Duty	To achieve a breakeven I&E	£33k 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 July 2011 (Month 4)

(adverse) / favourable variance

Previous Net Variance			Annual Budget £000	In Month				Cumulative						
£000	%			Budget £000	Actual £000	Variance £000	%	Budget £000	Actual £000	Variance £000	%			
		Income												
2,379	4.9%	NHS Clinical Income	191,277	19,675	18,177	(1,498)	(7.6%)	68,463	69,345	881	1.3%			
3	0.2%	Other NHS Income (R&D, training etc)	6,291	443	441	(2)	(0.5%)	2,086	2,086	1	0.0%			
96	24.9%	Non NHS Clinical Income (PP's, RTA)	1,541	128	107	(21)	(16.6%)	514	588	75	14.6%			
(63)	(2.2%)	Operating Income	10,458	899	799	(100)	(11.2%)	3,758	3,594	(164)	(4.4%)			
2,414	4.5%	Total Income	209,567	21,145	19,524	(1,622)	(7.7%)	74,820	75,613	793	1.1%			
		Expenditure												
		Clinical Divisions												
184	1.5%	Family & Support Divison	784	785	(1)	(48,327)	(4,091)	(4,192)	(101)	(2.5%)	(16,522)	(16,439)	82	0.5%
(147)	(1.0%)	Medical Division	902	931	(29)	(50,857)	(4,886)	(5,155)	(269)	(5.5%)	(19,608)	(20,024)	(416)	(2.1%)
(228)	(1.7%)	Surgical Division	808	826	(18)	(50,167)	(4,321)	(4,617)	(296)	(6.8%)	(17,507)	(18,031)	(525)	(3.0%)
(191)	(0.5%)	Sub Total	2,495	2,542	(48)	(149,351)	(13,298)	(13,964)	(666)	5.0%	(53,636)	(54,494)	(858)	(1.6%)
		Corporate Directorates												
(86)	(5.2%)	Chief Executive	15	18	(2)	(6,620)	(552)	(621)	(69)	(12.5%)	(2,208)	(2,364)	(155)	(7.0%)
(167)	(3.4%)	Estates and Facilities	194	204	(10)	(19,401)	(1,679)	(1,992)	(313)	(18.7%)	(6,662)	(7,143)	(481)	(7.2%)
(170)	(5.7%)	Finance	253	221	32	(11,275)	(1,066)	(1,140)	(74)	(6.9%)	(4,028)	(4,272)	(244)	(6.1%)
75	7.1%	Human Resources	69	69	0	(3,921)	(348)	(317)	31	8.9%	(1,402)	(1,296)	106	7.6%
26	35.8%	Medical Director	8	5	3	(292)	(52)	(57)	(5)	(9.2%)	(126)	(105)	22	17.2%
26	4.5%	Nurse Director	53	43	10	(1,988)	(157)	(216)	(59)	(37.9%)	(733)	(766)	(33)	(4.5%)
(813)	144.4%	Reserves	-	-	0	(9,017)	(3,179)	117	3,296	103.7%	(2,616)	(133)	2,483	94.9%
(1,249)	(100.0%)	Cost Improvements	-	-	0	8,068	482	0	(482)	100.0%	1,732	0	(1,732)	100.0%
(2,550)	(5.1%)	Total Expenditure	3,086	3,101	(13)	(193,799)	(19,849)	(18,191)	1,658	8.4%	(69,680)	(70,572)	(894)	(1.3%)
(136)	(3.5%)	EBITDA	15,769	1,296	1,332	36	2.8%	5,141	5,043	(101)	(2.0%)			
		EBITDA %	7.5%	6.1%	6.8%			6.9%	6.7%					
(1)	(0.0%)	Depreciation	(6,223)	(542)	(543)	(1)	(0.2%)	(2,074)	(2,076)	(2)	(0.1%)			
5	73.4%	Interest receivable	25	2	3	1	34.6%	8	14	5	63.7%			
0	0.0%	Interest payable	(6,326)	(521)	(568)	(46)	(8.8%)	(2,154)	(2,200)	(46)	(2.1%)			
2	0.4%	PDC Dividend	(2,000)	(167)	(166)	1	0.4%	(667)	(664)	3	0.4%			
(129)	69.3%	Net surplus / (deficit)	1,245	69	59	(10)	(14.0%)	255	115	(140)	(54.9%)			
0	0.0%	Adjustment for Impairments		0	0	0		0	0	0				
0	0.0%	IFRIC 12 / Dual Accounting	(245)	(48)	(48)	0	0.0%	(82)	(82)	0	0.0%			
(129)	84.8%	Revised Net surplus / (deficit)	1,000	21	11	(10)	-45.3%	173	33	(140)	(81.0%)			

North Cumbria University Hospitals NHS Trust

Statement of Financial Position as at 31st July 2011 (Month 4)

Statement of Financial Position	Closing 31 March 2011	As at 31 July 2011	Movement in Year to Date	Month as at 30 June 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	126,713	(61)	126,708	5	136,614
Intangible Assets	357	330	(27)	337	(7)	325
Trade and Other Receivables	2,659	2,652	(7)	2,644	8	2,500
TOTAL NON-CURRENT ASSETS	129,790	129,695	(95)	129,689	6	139,439
CURRENT ASSETS:						
Inventories	2,923	2,995	72	3,008	(13)	2,500
Trade and Other Receivables	10,789	31,746	20,957	41,910	(10,164)	6,395
Cash and cash equivalents	595	2,255	1,660	11,335	(9,080)	750
TOTAL CURRENT ASSETS	14,307	36,996	22,689	56,253	(19,257)	9,645
TOTAL ASSETS	144,097	166,691	22,594	185,942	(19,250)	149,084
CURRENT LIABILITIES:						
NHS Trade Payables	(1,790)	(4,997)	(3,207)	(4,781)	(215)	(4,340)
Non-NHS Trade Revenue Payables	(2,034)	(6,778)	(4,744)	(11,919)	5,141	(8,500)
Non-NHS Trade Capital Payables	(2,391)	(583)	1,808	(930)	347	(5,500)
Other Liabilities	(10,525)	(27,588)	(17,063)	(43,976)	16,388	0
DH Working Capital Loan Principal Repayments	0	0	0	0	0	(856)
Borrowings	(2,855)	(2,859)	(4)	(2,867)	8	(2,269)
Other Financial liabilities	0	0	0	0	0	0
Provisions for Liabilities and Charges	0	(269)	(269)	(254)	(15)	0
TOTAL CURRENT LIABILITIES	(19,595)	(43,073)	(23,478)	(64,727)	21,653	(21,465)
NET CURRENT ASSETS/(LIABILITIES)	(5,288)	(6,078)	(790)	(8,474)	2,397	(11,820)
TOTAL ASSETS LESS CURRENT LIABILITIES	124,502	123,618	(884)	121,215	2,403	127,619
NON-CURRENT LIABILITIES						
Borrowings	(55,084)	(54,559)	525	(54,598)	39	(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)	(4,044)	473	(4,066)	21	(4,070)
Other Liabilities	0	0	0	0	0	0
TOTAL NON-CURRENT LIABILITIES	(68,163)	(67,165)	998	(67,226)	60	(64,750)
TOTAL ASSETS EMPLOYED	56,339	56,453	114	53,989	2,464	62,869
FINANCED BY TAXPAYERS EQUITY:						
Public Dividend Capital	58,018	58,018	(0)	58,018	0	63,550
Retained Earnings	(16,646)	(16,531)	115	(18,914)	2,383	(12,451)
Revaluation Reserve	11,769	11,769	0	11,769	0	11,770
Donated Asset Reserve	1,727	1,725	(2)	1,645	80	0
Government Grant Reserve	1,471	1,471	0	1,471	0	0
TOTAL TAXPAYERS EQUITY	56,339	56,453	114	53,989	2,464	62,869
Cash in OPG accounts	591	2,250	1,659	11,331	(9,081)	750

SECTION 5

CONCLUSION & RECOMMENDATION

CONCLUSION

Activity remains high driving higher than budgeted costs. The CIP target contains a high degree of risk with individual workstreams needing to quickly move to the delivery phase to help ensure that the Trust achieves its statutory financial duties. The Trust must reduce its overall cost base over the coming months in order to be in sustainable financial position in the long term.

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

Ramona Duguid

DIRECTOR OF GOVERNANCE

APPENDIX B

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.
-