

TRUST BOARD

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| Date of Meeting: 17/04/2012 | Agenda Item No: 6.1 | Enclosure: 4 |
| 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 ten 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; • At the end of February, the Trust is reporting a surplus of £612k and is on target to achieve the planned year-end surplus of £1m underpinned by funding from the Strategic Health Authority. Liquidity remains an on-going concern which is monitored and managed very closely, with plans in place to ensure the Trust meets the year-end cash forecast, although the Trust will not achieve full compliance with the Better Payment Practice Code as previously highlighted. The Trust will underspend against the capital programme in order to preserve cash. The delivery of efficiency savings continues to show improvement and it is expected that these will convert into a greater level of cash releasing savings in 2012/13 improving the underlying financial position. • The numbers of staff employed under a contract of employment continues to fall to its lowest ever point but the pattern of reducing expenditure on overtime has stopped with an overall cost to the Trust of £263k in February. The turnover rates remain constant at just under 11% per annum and the sickness absence rates have increased slightly in-month to around 4.7% with a year to date figure of around 4.5%. Participation in appraisal rates have not shown the improvements outlined in divisional plans and remain fairly constant at around 61%. The participation in mandatory training reports have been amended to reflect the new improved methods of delivering that training. Data is split between the Core Skills Framework (for all staff) and the other Trust Mandatory Training that is largely driven by NHSLA/CQC requirements. • Excellent performance on minimisation of infection across the Trust continues, with no incidences of MRSA bacteraemia for 21 months and CDiff remaining below trajectory. | | |

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

Overview of key areas for consideration or noting:

As above.

Specific implications and links to the Trust's Strategic Aims:

| | |
|--|---|
| Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC | ✓ |
| Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable | |
| Develop a new healthcare facility in West Cumbria that is fit for the 21st century | |
| Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions | |
| To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust | |

Recommendations:

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

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APPENDIX A

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| <p>TRUST BOARD PERFORMANCE REPORT Month Eleven (February) Performance reported in April 2012</p> |
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INTRODUCTION

This report provides the Trust Board with a summary of the organisations performance against a range of key performance indicators as at 29 February 2012.

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 A1: PERFORMANCE DASHBOARD**
- APPENDIX A2: 18 WEEK NARRATIVE DASHBOARD**
- APPENDIX A3: QUALITY DASHBOARD**

SECTION 1

OPERATING PERFORMANCE

1. **OPERATING PERFORMANCE**

The full Performance Dashboard is located at Appendix A1. 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

The 18 week dashboard narrative is attached at Appendix A2.

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. QUALITY: HEADLINE MEASURES

1.1 MRSA Bacteraemia

No exceptions to report.

1.2 Clostridium Difficile Infections

No exceptions to report.

1.3 Patient Experience Survey

No exceptions to report.

1.4 Referral to Treatment: Admitted Patient Care 95th Percentile

The drop in performance is directly attributable to plans in place to manage the backlog of long waiters in ophthalmology.

1.5 Referral to Treatment: Non- admitted Patient Care 95th Percentile

No exceptions to report.

1.6 Referral to Treatment: Incomplete Pathways 95th Percentile

No exceptions to report

1.7 Mixed Sex Accommodation Breaches

The six mixed sex breaches relate to patients not being transferred within a four hour period from Intensive care to a general ward. All 6 breaches were at the Cumberland Infirmary due to delay in beds within the four hour time period.

1.8 A&E Clinical Indicators

A&E Clinical Quality: Unplanned Re-attendance Rate

The national target for Unplanned Re-attendance is 5%. This indicator measures all Unplanned Re-attendances within 7 days, including those individuals who re-attend with an unrelated condition to the initial attendance.

A rolling audit of all patients who re-attend within 7 days of each attendance is now established to identify and mitigate causal factors. For the month of March, CIC returned 5.2% against the national target of 5% for unplanned re-attendances. WCH returned 6.2%, representing deterioration from the previous month (4.7%).

CIC: Of the total re-attendances 5 patients had multiple re-attendances within the 7 day threshold. Of this cohort 2 of these patients left the department without being seen on their initial attendance and subsequently revisited the department. The remaining three patients were attributable to issues of alcohol and substance misuse.

WCH: Of the total re-attendances 6 patients had multiple re-attendances within the 7 day threshold. Contributing factors for these 6 individuals included further episodes of epistaxis, the reapplication of a plaster cast, exacerbation of cellulitis. The remaining three re-attendances were related to issues of alcohol and substance misuse.

As previously reported to the Board, both secondary and primary care clinicians continue working closely to address these issues to ensure that specific patients who frequently attend A&E within 7 days are directed to, and supported by, appropriate community and social care services.

1.9 Cancer: 2 week waits

No exceptions to report.

1.10 Cancer: 62 days waits

All cancers 62 wait for first treatment February 2012
Performance 77.6%

13 patients breached target:

- 5 Urology
- 4 Head and Neck
- 1 Skin
- 1 Upper GI
- 1 Lower GI
- 1 Gynae

Urology Breaches

- 1 Urology patient treated day 63. Booked to come in for surgery before breach date but the patient DNA'd with no reason given.
- 3 Urology patients treated days 68,73,77. Delays in pathway from Trust and biopsy to MRI. Delays escalated to Business Manager. Breach analysis is completed for each patient to help identify trends and discussed in detail at Divisional and Corporate PTL meeting to prevent recurrence.
- 1 Urology patient treated day 94. Delay in surgery due to patients medical needs i.e. medication requirements. Patient treated once fit for surgery.

Head and Neck Breaches

- 1 patient treated day 70. Delay in surgery as consultant on annual leave and patient required complex surgery.

- 2 patients treated days 82,89. Both patients required dental extractions before treatment, both were treated when medically fit.
- 1 patient treated on day 84. Patient had complex diagnostic needs. Patient treated when diagnosis and treatment plan agreed.

Dermatology Breaches

- 1 patient treated day 74. Delay in allocation of slot for surgery. Delay escalated to Business Manager but no capacity for earlier appointment.

Upper GI Breaches

- 1 UGI patient treated on day 70. Complex diagnostic pathway requiring numerous investigations and referral to regional MDT. Patient treated when diagnosis and treatment plan agreed.

Lower GI Breaches

- 1 LGI patient treated on day 63. Patient choice patient requested not to commence treatment until after 8 February due to family commitments.

Gynaecology Breaches

- 1 Gynae patient treated day 90. Patient treatment arranged within target date 22/01/12. Cancelled by anaesthetist as patient medically unfit.

1.11 Emergency Re-admissions (within 30 days)

No exceptions to report.

2. RESOURCES: HEADLINE MEASURES

2.1 Acute G&A Bed Capacity – Average No of Available Daycase Beds

Nil to report.

2.2 Acute G&A Bed Capacity – Average No of Available Inpatient Beds

Nil to report.

2.3 Acute G&A Bed Capacity – Total Available Beds

Nil to report.

2.4 Non Elective G&A FFCE's

Nil to report.

2.5 Referral to Treatment: Number of incomplete Pathways

Nil to report.

3. QUALITY: SUPPORTING MEASURES

3.1 VTE Risk Assessment

No exceptions to report.

3.2 A&E Clinical Quality: Ambulatory Care

No exceptions to report.

3.3 A&E Clinical Quality: Consultant Sign Off

No exceptions to report.

3.4 Cancer: 31 Day Waits

No exceptions to report.

3.5 Strokes: Patients with 90% of their admission on a Stroke ward

It is expected that performance delivery in relation to 90% of patients diagnosed with a stroke will have their hospital stay on a stroke ward will be achieved consistently from 1 May 2012. In addition to the stroke improvement program a robust escalation process has been implemented across sites with explicit instructions for A&E Dept, acute stroke units co-ordinated by the Bed Management Team. The escalation process and availability of acute stroke unit bed will be discussed at every bed meeting to ensure escalation is ensured.

The monitoring of the redesigned stroke pathway will be undertaken will be undertaken by the established service improvement team (weekly at WCH and bi-weekly at CIC) each with a designated clinical lead and project manager. Performance management of the overall stroke improvement plan has also been instigated to ensure remedial action is taken as required and risk to compliance is mitigated (twice weekly).

3.6 Strokes: TIA Referrals Assessed & treated within 24 hours

Nil to report

3.7 Staff Engagement

Nil to report.

3.8 Patient Reported Outcome Scores (PROMS)

Nil to report.

3.9 Low Value Procedures

Nil to report.

3.10 Referral to Treatment: Admitted Patients Median Wait

No exceptions to report.

3.11 Referral to Treatment: Non-Admitted Patients Median Wait

No exceptions to report.

3.12 Referral to Treatment: Incomplete Pathway Median Wait

No exceptions to report.

4. RESOURCES: SUPPORTING MEASURES

4.1 Length of Stay for Acute G&A Spells

No exceptions to report.

4.2 Day Case Rate (G&A)

No exceptions to report.

4.3 Delayed Transfers of Care

Weekly recording and the management of DETOC is reviewed and discussed within the daily bed meetings on both sites. There is an established weekly multiagency review of delayed discharge of care at which a robust validation of all listed patients is undertaken. With the implementation of dedicated Discharge Planning Leads on both sites (week commencing 23rd April 2012). It is anticipated that there will be a marked positive impact against the target. A primary function of this role will be to undertake a daily review of all patients who are identified as potentially being at risk of becoming a delay or listed for discharge in order to expedite issues/constraints as required. In addition Estimated Discharge Date (EDD) will be fully implemented to provide a baseline against which discharge planning can be measured and monitored as well as the introduction of nurse led discharge.

There is a planned meeting to agree a consistent approach across Cumbria in respect of the discharge process with specific emphasis on a facilitated session by the SHA in respect of the discharge process with the Partnership Trust the Local Authority and the NCUHT scheduled end May 2012.

4.4 GP Written Referrals to Hospital (G&A)

Nil to report.

4.5 Other Referrals For a First OP Appointment (G&A)

Nil to report.

4.6 First OP Attendances Following GP Referral (G&A)

Nil to report.

4.7 All First OP Attendances (G&A)

Nil to report.

4.8 Elective FFCE's (G&A)

Nil to report.

4.9 A&E Attendances

Nil to report.

4.10 Staff Absences (Sickness absence rate)

See Section 3 - Workforce Report.

4.11 Temporary Staffing Costs (including agency costs)

See section 3 – Workforce Report.

5. LOCAL MONITORING

5.1 Data Quality on Ethnic Groups: Completeness of Trust IP Coding

No exceptions to report.

5.2 Thrombolysis: 60minutes call to needle time

No exceptions to report.

5.3 Referral to Treatment

The drop in performance is directly attributable to plans in place to manage the backlog of long waiters in ophthalmology.

RTT admitted – patients treated within 18 weeks

RTT non-admitted – no exceptions to report

5.4 Cancelled Operations

In February we had 52 on the day cancellations:

The main reasons were no beds available (13 cancellations), theatre list over running (17), surgeon or anaesthetist unavailable (12), equipment failure (4), other reasons (8).

The reason for theatre lists over-running was essentially due to late starts whilst waiting for a bed for the first patient, thus making 30 cancellations a result of bed unavailability. We are addressing this through the introduction of a new policy to initiate theatre lists without an available bed.

The 12 cancellations for surgeon or anaesthetists unavailability was a result of sickness or consultants being unavailable as a result of on call pressures (i.e. emergency transfer of patients during the night).

The equipment failure was the ophthalmology microscope failing, this piece of kit is not yet 2 years old and is now being replaced by the manufacturer.

The other 8 are for a variety of reasons including no HDU bed, emergency cases taking precedence and unavailable casenotes.

Escalation of issues is still problematic but is being addressed through the division with the operational teams.

Cancelled operations are now also monitored in detail via the Corporate PTL meeting and operations are cancelled on the day without escalation to the Director of Operations.

5.5 Infant Health: Breastfeeding Initiation

No exceptions to report.

5.6 Infant Health: Smoking at Delivery

No exceptions to report.

5.7 No of patients waiting longer than 6 weeks for diagnostic tests

No exceptions to report.

5.8 Choose and Book slot availability

No exceptions to report.

6. LOCAL PRODUCTIVITY METRICS

6.1 Reduce inpatient length of stay (elective)

No exceptions to report.

6.2 Reduce inpatient length of stay (non-elective)

No exceptions to report.

6.3 Day Case rate for basket of 25 procedures

No exceptions to report.

6.4 Pre-operative bed days (non-elective)

No exceptions to report.

6.5 Outpatient New to Review Ratio

No exceptions to report.

6.6 Outpatient Did Not Attend (DNA) rate

No exceptions to report.

7. LOCAL WORKFORCE METRICS

7.1 Sickness/Absence Cost (£000)

See Section 3 Workforce Report.

7.2 Turnover Rate (%)

See Section 3 Workforce Report.

7.3 KSF Development reviews (Rolling Total)

See Section 3 Workforce Report.

8. LOCAL QUALITY METRICS

8.1 Risk Adjusted Mortality (CHKS data – Rolling Total)

See Section 2 Quality Report.

8.2 Slips, Trips & Falls (inpatients)

See Section 2 Quality Report.

8.3 MSSA (Attributed to Trust)

See Section 2 Quality Report.

9. ESTATE METRICS

9.1 Planned Preventative Maintenance (PPM)

Consistently high performance continues for both hospital sites.

9.2 Maintenance Request Response Times

Excellent performance for reactive maintenance requests has consistently been achieved for both hospital sites.

10. FACILITIES METRICS

10.1 Catering: Waste Scores

February saw a slight increase in catering waste at both hospital sites; however the target of below 6% was achieved.

10.2 Domestic: Cleaning Audit (Quarterly Report)

The Trust average score for cleanliness achieved the 95% target however the score for the Cumberland Infirmary of 94.7% gives an amber rating for this specific target.

10.3 Portering: Request Response

Performance levels of well above target have been maintained for both hospital sites.

11. REFERRAL TO TREATMENT ANALYSIS BY SPECIALTY

The Dashboard (at Appendix A1) contains the details of the month eleven 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)

11.1 Admitted Patient Care: Percentage treated within 18 weeks

11.1 – 11.9 Appendix 2 contains a detailed breakdown of exceptions

11.2 Non-Admitted Patient Care: Percentage treated within 18 weeks

11.3 Admitted Care: 95th Percentile (weeks)

11.4 Non-Admitted Patient Care: 95th Percentile (weeks)

11.5 Admitted Patient Care: Median Wait (weeks)

11.6 Non-Admitted Patient Care: Median Wait (weeks)

11.7 Incomplete Pathways: 95th Percentile Wait (weeks)

11.8 Incomplete Pathways: Median Wait (weeks)

11.9 Incomplete Pathways – Number of Incomplete Pathways

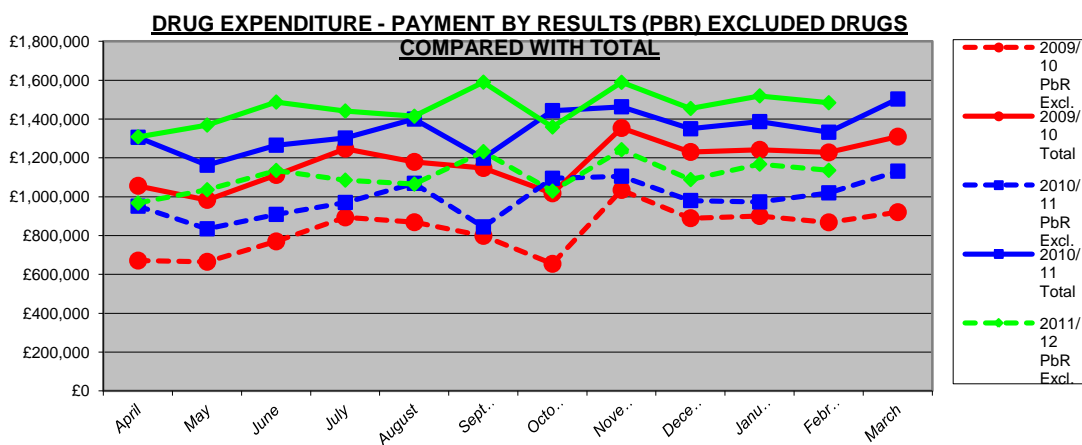
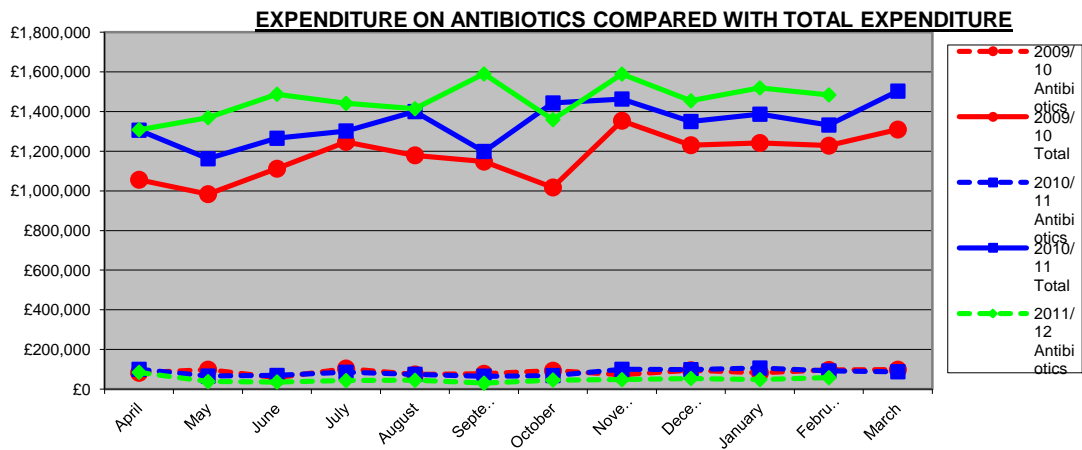
12. PHARMACY METRICS

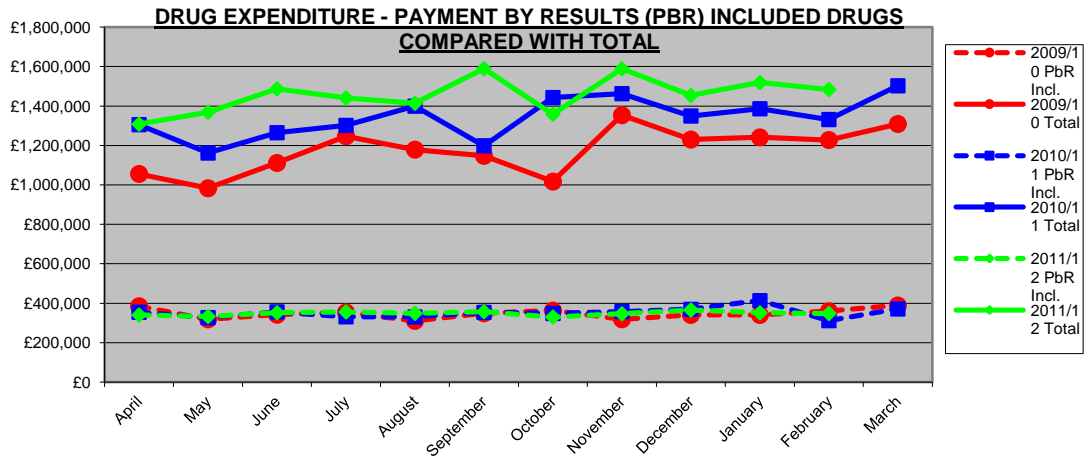
The charts below highlight expenditure for three key areas comparing expenditure against total drug spend and also comparing the current year and the previous two years.

Expenditure up to month 11 of 2011/12 on antibiotic drugs continues to remain lower accounting for 3.3% of total expenditure compared to 6.3% in the same period in 2010/11.

The expenditure for PbR excluded drugs is 76% of the total drugs spend, down by 3% on Month 9 and 2% higher than in 2010/11.

PbR included drugs account for 24% of the total drugs spend, down by 1% on Month 9 and 6% lower as a proportion of the total than in 2010/11.





SECTION 2

QUALITY REPORT

2. QUALITY REPORT

The Quality section of the performance report has continued to be developed in line with development of the Quality Dashboard Appendix A2. The key aim of this is to ensure that exceptions against performance are reported to the Trust Board.

2.1 CQUIN Targets

The Trusts performance on the Commissioning for Quality Improvement (CQUIN) targets are reviewed by NHS Cumbria Commissioners. Work has commenced with commissioners to finalise the CQUIN targets for 2012/2013. Specific targets have been agreed focussing on mortality as it is important as a health economy that we work together with colleagues in primary care to understand the causes for high mortality, particularly where this crosses over pathways of care between primary and secondary care. The Trust has agreed specific CQUIN targets with the Clinical Commissioners for 2012/13, which will focus on specific conditions or areas of mortality. This will provide additional assurance and review on the quality of care provided within the Trust but also across the health care system.

3. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE

3.1 Advancing Quality

3.11 Pneumonia

The November data for pneumonia shows areas of underperformance across smoking cessation and recording of the CURB-65 score. Although these figures involve only a small number of patient's further work however is required to improve the recording of data to raise awareness and increase smoking cessation advice.

3.2 Complaints

The monitoring of complaints received has been added to the quality dashboard. Work is underway to further improve the reporting of complaints to ensure that these are reviewed per hospital site and specialty to identify trends in complaints received from patients. The new appointment of the Trusts Matron for Patient Experience role includes being actively involved with patients and carers facilitating the patient/carer experience. The experiences are shared with clinical staff through feedback from complaints and patients stories with our clinical staff to ensure lessons are learnt.

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 – January 2012 | |
| 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

| | |
|----------------------------|---|
| Staff in Post | <p>Staff in post for the Trust as a whole is 2922.73 WTE at February 2012 This equates to a reduction of 85.66 WTE when compared to the equivalent month in 2010/11 and a reduction of 5.17 WTE compared to January 2012.</p> <p>The largest two staff groups are Nursing & Midwifery (1036.38 WTE) and Admin & Clerical (640.43 WTE). Currently the Trust has a total of 306.07 WTE Medical and Dental staff and 460.65 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics (including medical staff) Medicine has the largest establishment (885.31 WTE) followed by Surgery (796.26 WTE) and Family and Support Services (729.15 WTE).</p> |
| Overtime | <p>The overtime figures show:</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 in February 2012 is £263,781, down from January (£274,117) – Corporate, Estates, and Family/Support Services have all decreased, Medicine and Surgery have increased..</p> |
| Turnover | <p>Annualised turnover (headcount) for non-medical staff at February 2012 is 10.67%. There were 28 non-medical staff leavers during February (0.77%).</p> |
| Sickness Absence | <p>The Trust sickness absence rate has risen slightly to 4.74% in February 2012 (4.61% in January 2012).</p> <p>Corporate Services (2.18%) continues to be below the benchmark of 3.5%.</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, 39 hearings have been held and 25 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 | <p>Figures include flu vaccination appointments. Self referral figures include face to face appointments and telephone contact. .</p> |

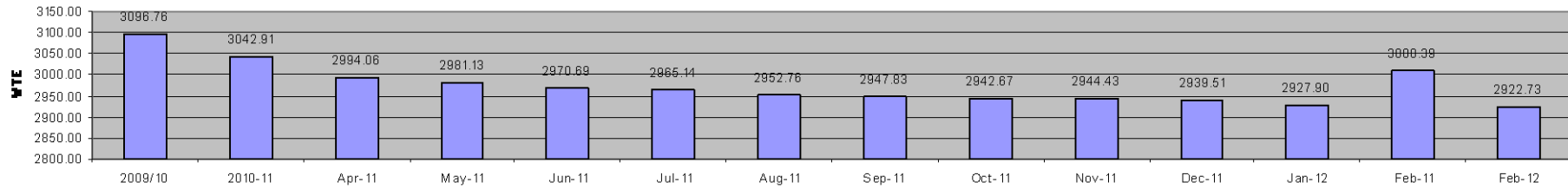
| | |
|----------------------------------|--|
| <p>Appraisal</p> | <p>The annualised percentage of appraisals, including Consultants, completed at Trust level, over the last 12 months to February 2012 is 61.54%, a slight decrease from January 2011 (62.80%).</p> <p>The Estates Division, together with some areas within Corporate Services (Chief Executive's Office, Finance, Chief Operating Officer/Business Managers, Human Resources and Nursing Support) are at or above the minimum target of 80%.</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.</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 scheduled to undertake this in 2012 are</p> <p>Foundation 1 trainees = 33 Foundation 2 trainees = 29</p> |
| <p>Mandatory Training</p> | <p>The Mandatory Programme has recently been revised and includes the</p> <ul style="list-style-type: none"> • Core Mandatory Skills Programme • Trust Mandatory Skills Programme <p>The changes are to reflect the 10 core subjects delivered by the majority of organisations across the Health sector in the North West as part of their Statutory and Mandatory Training Needs Analysis (The Core Skills Framework for the North West Sector - Version 1). This core framework helps the Trust meet required standards set by NHS Litigation Authority (NHSLA), Care Quality Commission (CQC) and Information Governance.</p> <p>The information set out reflects the revisions and shows completion rates for the annual, two yearly and three yearly parts of the programme. The Trust Mandatory Programme is new and Medicines Management has been available only in the last month and the completion rates also reflect this.</p> <p>Employees on maternity leave, long term sick or employed for less than 12 months are not included in the figures.</p> <p>Work is continuing to support the completion of mandatory training, particularly in clinical areas.</p> |

2 Staff in Post

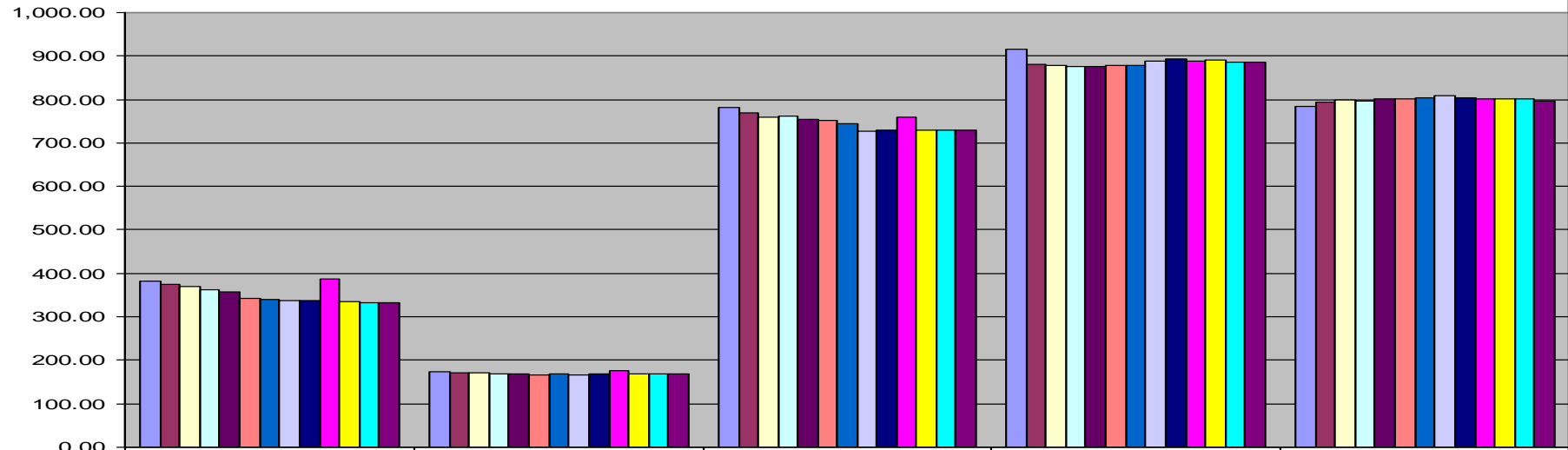
| Staff Group | 2010-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-10 | Dec-11 | Jan 12 | Feb 12 | Mar12 |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-------|
| | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE |
| Additional Professional & Technical | 102.67 | 92.08 | 93.70 | 94.54 | 93.61 | 92.72 | 93.49 | 95.46 | 95.24 | 95.15 | 95.24 | 97.10 | 96.17 | |
| Additional Clinical Services | 483.35 | 469.84 | 470.52 | 470.87 | 470.58 | 470.29 | 468.55 | 468.22 | 467.78 | 474.21 | 465.60 | 459.88 | 460.65 | |
| Admin & Clerical | 677.64 | 669.32 | 660.39 | 651.97 | 649.74 | 645.56 | 644.60 | 640.44 | 641.16 | 679.61 | 640.64 | 640.39 | 640.43 | |
| Allied Health Professionals | 134.95 | 131.59 | 131.15 | 131.00 | 132.05 | 133.86 | 132.21 | 131.35 | 132.15 | 133.27 | 133.00 | 130.50 | 129.68 | |
| Estates & Ancillary | 194.50 | 199.26 | 197.58 | 195.02 | 192.44 | 191.47 | 193.07 | 192.45 | 192.48 | 203.72 | 191.15 | 190.80 | 190.94 | |
| Healthcare Scientists | 66.62 | 64.11 | 64.11 | 64.11 | 64.11 | 64.11 | 64.11 | 63.61 | 63.11 | 65.71 | 63.61 | 64.61 | 62.11 | |
| Medical & Dental | 300.42 | 297.99 | 301.44 | 302.21 | 301.95 | 297.84 | 296.93 | 299.23 | 299.78 | 292.70 | 301.51 | 304.23 | 306.07 | |
| Nursing & Midwifery (Registered) | 1082.76 | 1069.86 | 1062.24 | 1060.96 | 1060.66 | 1056.92 | 1054.88 | 1051.91 | 1052.74 | 1071.95 | 1048.76 | 1040.39 | 1,036.68 | |
| Trust | 3042.91 | 2994.06 | 2981.13 | 2970.69 | 2965.14 | 2952.76 | 2947.83 | 2942.67 | 2944.43 | 3016.31 | 2939.51 | 2927.90 | 2922.73 | |

| Staff Group | 2010-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-10 | Dec-11 | Jan 12 | Feb 12 | Mar12 |
|-------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|
| | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head |
| Additional Professional & Technical | 124 | 110 | 110 | 110 | 110 | 109 | 110 | 113 | 113 | 116 | 113 | 115 | 115 | |
| Additional Clinical Services | 774 | 756 | 753 | 755 | 768 | 776 | 773 | 780 | 776 | 786 | 770 | 758 | 759 | |
| Admin & Clerical | 869 | 846 | 833 | 823 | 821 | 819 | 816 | 814 | 814 | 877 | 808 | 804 | 802 | |
| Allied Health Professionals | 195 | 196 | 195 | 193 | 195 | 196 | 195 | 195 | 197 | 198 | 198 | 196 | 194 | |
| Estates & Ancillary | 262 | 273 | 271 | 269 | 265 | 260 | 266 | 273 | 274 | 278 | 271 | 273 | 276 | |
| Healthcare Scientists | 70 | 67 | 67 | 67 | 67 | 67 | 67 | 67 | 66 | 68 | 67 | 68 | 65 | |
| Medical & Dental | 358 | 369 | 371 | 371 | 368 | 367 | 369 | 373 | 375 | 363 | 378 | 382 | 382 | |
| Nursing & Midwifery (Registered) | 1,445 | 1,442 | 1,435 | 1,434 | 1,433 | 1,426 | 1,419 | 1,419 | 1,427 | 1,459 | 1,425 | 1,418 | 1,415 | |
| Trust | 4,097 | 4,059 | 4,035 | 4,022 | 4,027 | 4,020 | 4,015 | 4,034 | 4,042 | 4,145 | 4,030 | 4,014 | 4,008 | |

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 |
| 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-11 | 341.85 | 167.28 | 752.08 | 877.55 | 801.25 |
| Sep-11 | 339.33 | 168.96 | 743.94 | 878.41 | 803.89 |
| Oct-11 | 337.55 | 167.18 | 726.67 | 889.45 | 808.51 |
| Nov-11 | 337.08 | 168.20 | 728.62 | 893.20 | 804.53 |
| Dec-10 | 386.26 | 177.12 | 758.76 | 888.36 | 801.51 |
| Dec-11 | 336.05 | 167.87 | 730.30 | 890.69 | 802.30 |
| Jan-12 | 333.32 | 167.72 | 729.52 | 884.80 | 801.23 |
| Feb-12 | 333.16 | 168.06 | 729.15 | 885.31 | 796.26 |

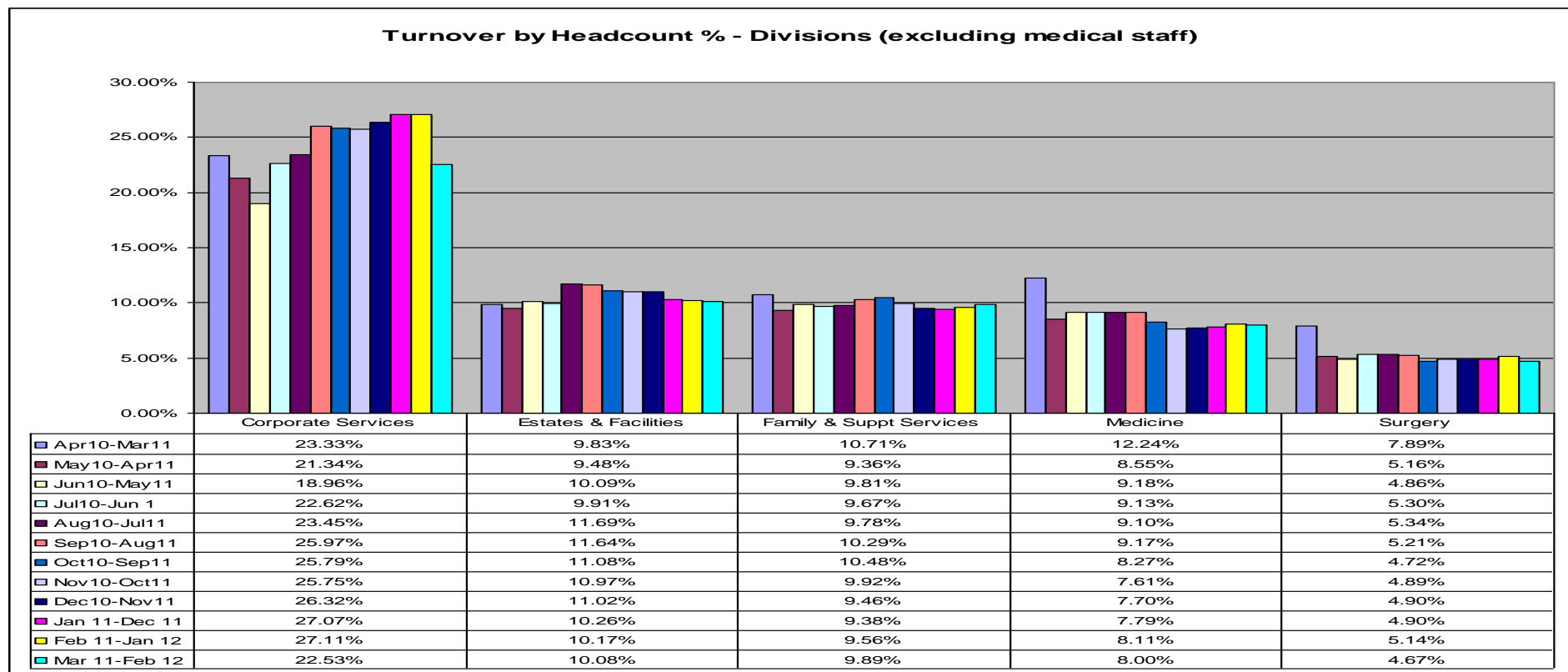
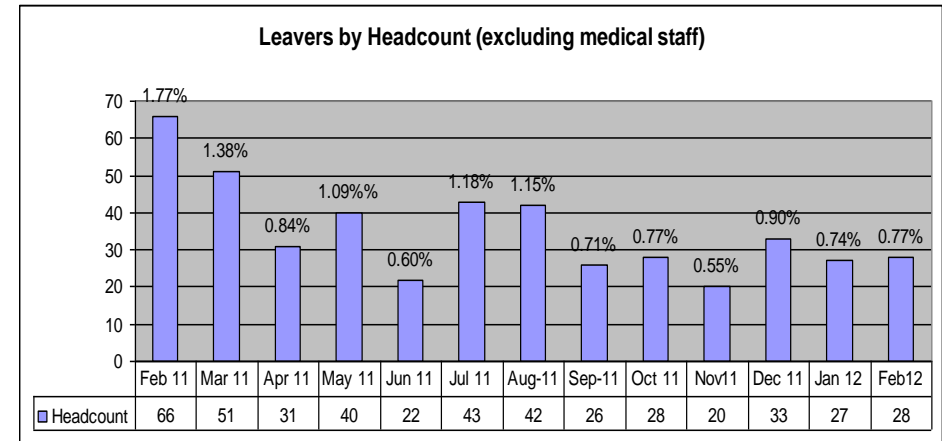
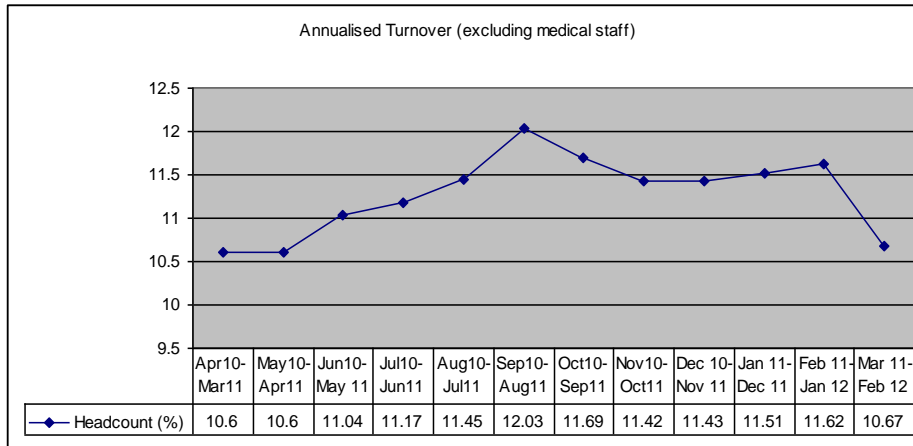
3 Overtime – 2011/12

| | 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 | 246,524 | 52,726 | 299,050 |

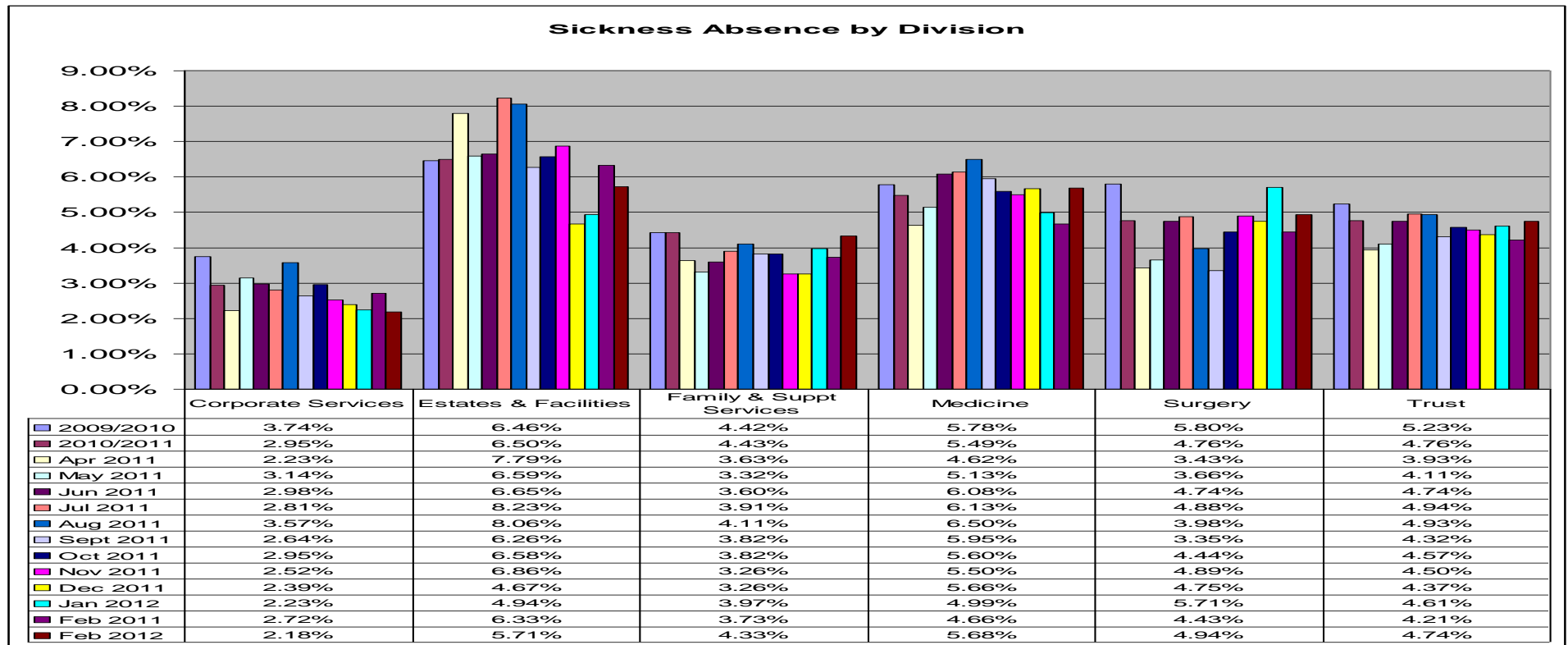
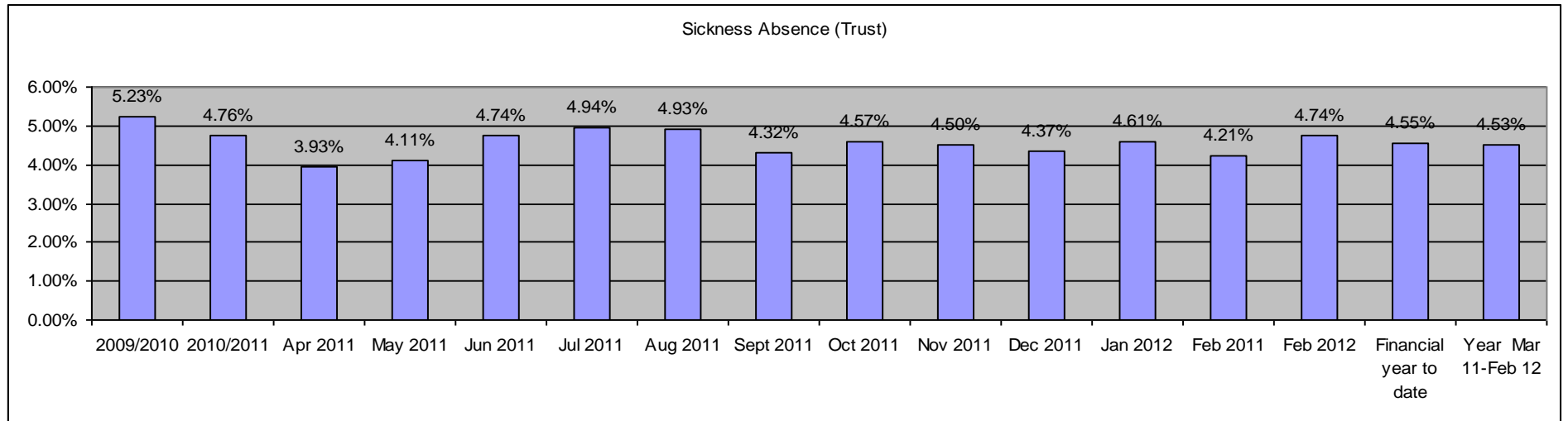
| | September | | | October | | | November | | | December | | | January | | |
|---------------------------|----------------|---------------|----------------|----------------|---------------|----------------|----------------|---------------|----------------|----------------|---------------|----------------|----------------|---------------|----------------|
| | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total |
| Corporate Services | 15,921 | 1,535 | 17,455 | 9,559 | 2,101 | 11,453 | 13,814 | 3,746 | 17,482 | 16,421 | 5,226 | 22,415 | 14,700 | 2,255 | 16,955 |
| Estates & Facilities | 34,124 | 22,799 | 56,923 | 32,947 | 14,501 | 47,447 | 36,250 | 10,894 | 47,144 | 36,635 | 12,776 | 50,411 | 32,950 | 17,849 | 50,798 |
| Family & Support Services | 85,244 | 18,430 | 103,674 | 75,587 | 17,684 | 93,271 | 82,306 | 15,065 | 97,371 | 61,396 | 7,707 | 69,103 | 80,615 | 13,129 | 93,744 |
| Medicine | 108,412 | 7,890 | 116,302 | 71,938 | 7,108 | 79,046 | 47,346 | 9,218 | 56,563 | 40,569 | 6,457 | 47,025 | 63,120 | 8,287 | 71,406 |
| Surgery | 46,235 | 6,251 | 52,486 | 25,562 | 6,685 | 32,247 | 29,315 | 6,051 | 35,366 | 32,806 | 1,787 | 34,593 | 34,606 | 6,608 | 41,214 |
| TOTAL 11/12 | 289,936 | 56,905 | 346,841 | 215,592 | 48,079 | 263,464 | 209,030 | 44,975 | 254,005 | 188,826 | 33,954 | 222,780 | 225,990 | 48,127 | 274,117 |

| | February | | | March | | | YTD Basic | YTD Prime | YTD Total | 2010/11 Prime |
|---------------------------|----------------|---------------|----------------|-------|-------|-------|------------------|----------------|------------------|----------------|
| | Basic | Prime | Total | Basic | Prime | Total | | | | |
| Corporate Services | 6,171 | 2,701 | 8,871 | | | | 130,027 | 29,827 | 159,855 | 41,867 |
| Estates & Facilities | 38,233 | 9,261 | 47,954 | | | | 380,033 | 153,347 | 533,380 | 175,888 |
| Family & Support Services | 52,948 | 11,260 | 64,207 | | | | 832,547 | 158,796 | 991,343 | 236,372 |
| Medicine | 64,987 | 11,457 | 76,444 | | | | 791,445 | 83,344 | 874,789 | 93,362 |
| Surgery | 47,506 | 19,159 | 66,665 | | | | 417,008 | 96,066 | 513,074 | 123,334 |
| TOTAL 11/12 | 209,844 | 53,937 | 263,781 | | | | 2,551,062 | 521,381 | 3,072,441 | 670,823 |

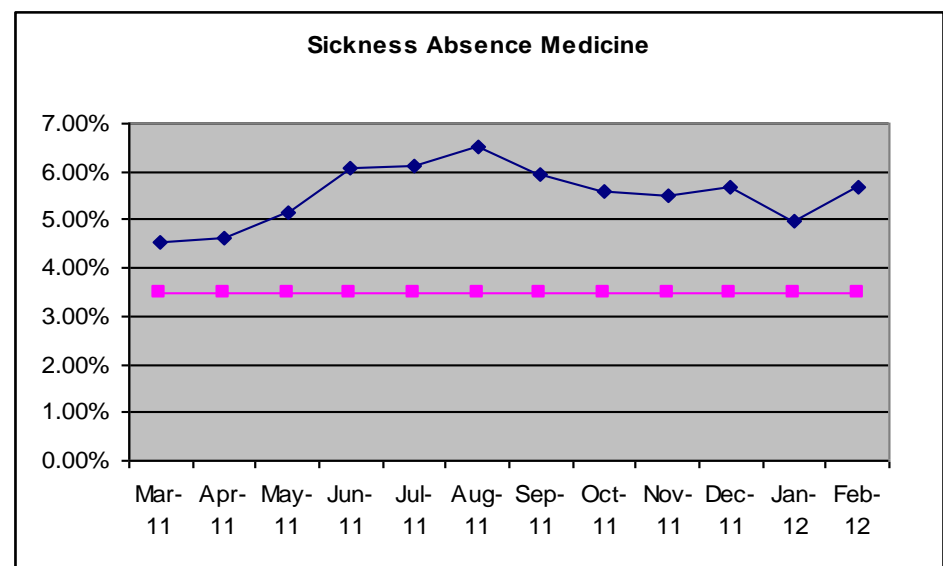
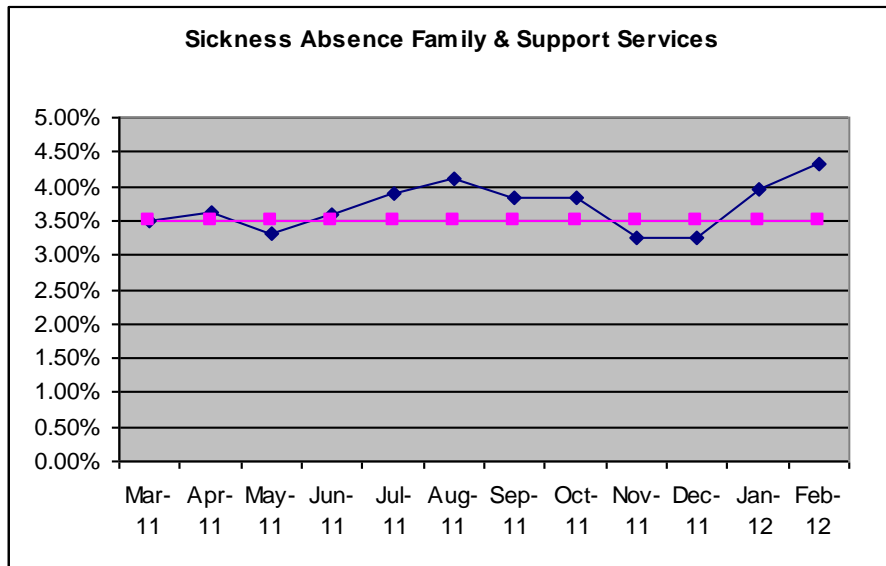
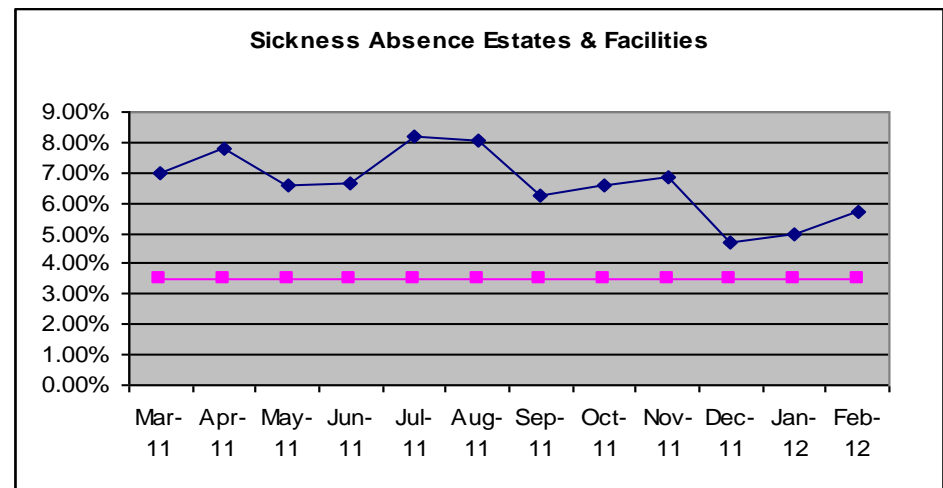
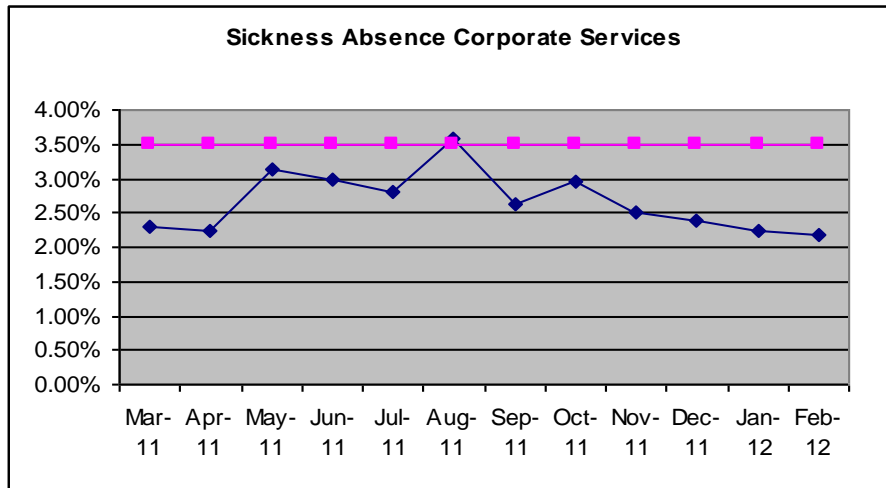
4 Turnover

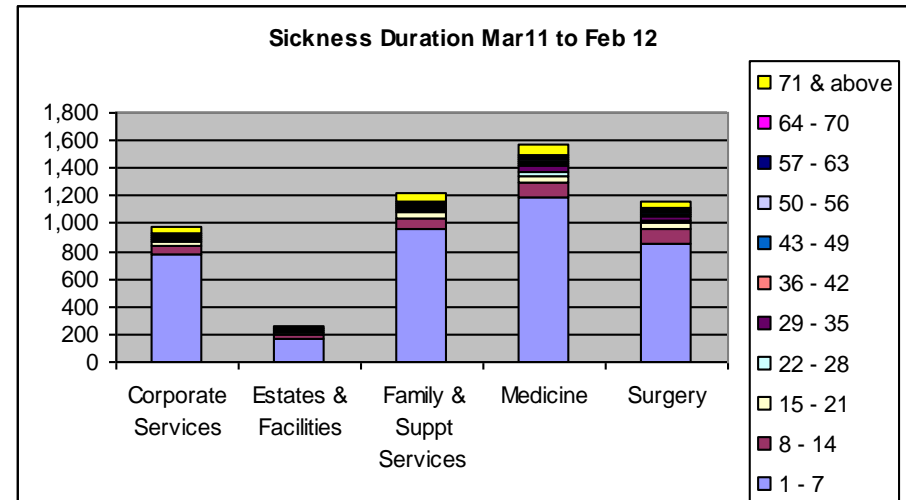
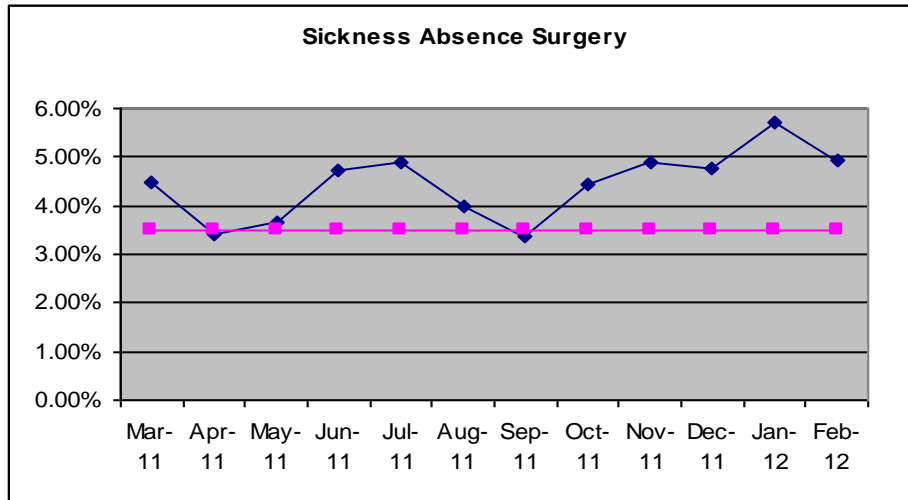


5. Sickness Absence



Sickness Target Trackers 2011/12





| Sickness Absence Cautionary Hearings | 2010/11 | Apr 11 | May 11 | Jun 11 | Jul 11 | Aug 11 | Sep 11 | Oct 11 | Nov11 | Dec11 | Jan12 | Feb12 | Mar12 |
|--------------------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------|
| No action, further monitoring | - | - | - | 1 | - | - | 1 | - | - | - | - | - | |
| Targets set | 3 | - | - | 2 | 1 | - | 1 | 3 | 1 | - | 1 | - | |
| First Written Absence Caution | 10 | - | 1 | 4 | - | 1 | 1 | 2 | 3 | 1 | 1 | 1 | |
| Final Written Absence Caution | - | - | - | - | - | - | - | - | - | - | - | - | |
| Other action: | - | - | - | - | - | - | - | - | - | - | - | - | |
| Total | 13 | 0 | 1 | 7 | 1 | 1 | 3 | 5 | 4 | 1 | 2 | 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 | 1 | - | 1 | - | - | - | - | - | |
| Sickness absence decision overturned | - | - | - | - | - | - | - | - | - | - | - | - | |
| Total | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | |

6. Employee Relations

| Disciplinary Action | 2010/11 | Apr 11 | May 11 | Jun 11 | Jul 11 | Aug 11 | Sep 11 | Oct 11 | Nov11 | Dec11 | Jan12 | Feb12 | Mar12 | YTD 2011/12 |
|--|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------|-------------|
| Informal | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Recorded counselling | 1 | - | - | - | - | - | 1 | - | - | - | 2 | 2 | - | 5- |
| First Written Warning | | - | - | - | - | - | - | - | - | - | - | - | - | - |
| First Written Warning & transfer | | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Final Written Warning | 4 | - | - | - | - | - | 1 | - | 1 | - | - | - | - | 2 |
| Final Written Warning & transfer (as alternative to dismissal) | | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Final Written Warning & downgrading (as alternative to dismissal) | | - | 1 | - | - | - | - | - | - | - | - | - | - | 1 |
| Final Written Warning & transfer & downgrading (as alternative to dismissal) | 3 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Dismissal | 6 | 1 | - | - | 1 | - | 2 | - | - | - | - | - | - | 4 |
| Total | 15 | 1 | 1 | 0 | 1 | 0 | 4 | 0 | 1 | 0 | 2 | 2 | | 12 |

| Disciplinary Appeals | 2010/11 | Apr 11 | May 11 | Jun 11 | Jul 11 | Aug 11 | Sep 11 | Oct 11 | Nov11 | Dec11 | Jan12 | Feb12 | Mar12 | YTD 2011/12 |
|-----------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-------|-------------|
| Disciplinary decision upheld | 4 | - | - | - | - | - | 1 | - | - | - | - | - | - | 1 |
| Disciplinary decision overturned | - | - | - | - | - | - | - | - | - | - | 1 | - | - | 1 |
| Total Disciplinary Appeals | 4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0- | | 2 |

| Grievance | 2010/11 | Apr 11 | May 11 | Jun 11 | Jul 11 | Aug 11 | Sep 11 | Oct 11 | Nov11 | Dec11 | Jan12 | Feb12 | Mar12 | YTD 2011/12 |
|----------------------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------|-------------|
| Withdrawn | 2 | - | - | - | - | - | - | 2 | 1 | 1 | - | - | - | 4 |
| Resolved at Stage 1 (informally) | 4 | 1 | - | - | 1 | - | - | 2 | 1 | - | - | 1 | - | 6 |
| Resolved at Stage 2 | 5 | - | - | - | - | - | 3 | - | 1 | 1 | - | - | - | 5 |
| Resolved at Stage 3 | 1 | - | 1 | - | - | - | - | - | - | - | - | 1 | - | 2 |
| External mediation | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total | 13 | 1 | 1 | 0 | 1 | 0 | 3 | 4 | 3 | 2 | 0 | 2 | | 17 |

7. Occupational Health

| Cumberland Infirmary | 2010/11 (Aug 10 on) | Apr 11 | May 11 | Jun 11 | Jul 11 | Aug 11 | Sep 11 | Oct 11 | Nov 11 | Dec 11 | Jan 12 | Feb12 | Mar12 |
|---|---------------------------|------------|------------|------------|------------|------------|------------|-------------|------------|------------|------------|------------|-------|
| Pre-Employment Acute Staff | 250 | 17 | 16 | 24 | 35 | 37 | 20 | 24 | 14 | 13 | 9 | 14 | |
| Pre-Employment Non Acute Staff | 22 | 13 | 3 | 1 | 1 | 3 | - | 3 | 2 | - | 2 | 1 | |
| Pre-Employment Placements | 114 | 5 | 1 | - | - | - | - | - | - | - | 6 | 2 | |
| Managers Referral (brackets - stress related) | 335 (28) | 28 (4) | 24 (1) | 41 | 41 (1) | 29 (2) | 31 (2) | 9 (3) | 48 (9) | 26 | 40 | 47 | |
| Self Referral (brackets - stress related) | 289 (13) | 15 | 20 (0) | 16 | 19 (3) | 10 (1) | 15 (2) | 11 | 22 | 17 | 29 | 26 | |
| Nurse Review Appointments | 175 | 7 | 6 | 9 | 10 | 9 | 15 | 8 | 8 | 8 | 6 | 5 | |
| Other Routine Nursing Appointments | 1869 | 54 | 77 | 73 | 79 | 63 | 144 | 1067 | 368 | 149 | 167 | 181 | |
| Doctor's Appointments | 169 | 27 | 29 | 10 | 32 | 30 | 25 | 38 | 42 | 24 | 32 | 29 | |
| <u>TOTAL</u> | 3223 | 166 | 186 | 174 | 217 | 181 | 250 | 1160 | 504 | 237 | 291 | 305 | |
| DNA | 368 | 27 | 24 | 29 | 34 | 32 | 37 | 15 | 46 | 27 | 21 | 32 | |

| West Cumberland Hospital | 2010/11 (Aug 10 on) | Apr 11 | May 11 | Jun 11 | Jul 11 | Aug 11 | Sep 11 | Oct 11 | Nov 11 | Dec 11 | Jan12 | Feb12 | Mar12 |
|---|---------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------|
| Pre-Employment Acute Staff | 115 | 11 | 7 | 22 | 29 | 13 | 20 | 9 | 10 | 6 | 23 | 14 | |
| Pre-Employment Non Acute Staff | 5 | - | - | - | - | - | - | - | - | - | - | - | |
| Pre-Employment Placements | 149 | 10 | 3 | 11 | 7 | 5 | 11 | 2 | 8 | - | 3 | 1 | |
| Managers Referral (- stress related) | 265 (23) | 20 (2) | 24 (2) | 23 (1) | 26 (1) | 51 (6) | 28 (3) | 24 | 13 (1) | 15 | 44 (4) | 25 (2) | |
| Self Referral (brackets - stress related) | 425 (50) | 54 (22) | 57 (12) | 51 (15) | 43 (4) | 46 (6) | 58 (3) | 30 (4) | 32 (5) | 52 (5) | 52 (7) | 61 (3) | |
| Nurse Review Appointments | 118 | 13 | 14 | 16 | 20 | 9 | 23 | 14 | 9 | 10 | 15 | 10 | |
| Other Routine Nursing Appointments | 1148 | 19 | 34 | 25 | 26 | 19 | 30 | 559 | 141 | 27 | 49 | 112 | |
| Doctor's Appointments | 114 | - | -- | 0 | 13 | 16 | 9 | 9 | 13 | 5 | 22 | 14 | |
| <u>TOTAL</u> | 2339 | 127 | 139 | 148 | 151 | 159 | 179 | 647 | 226 | 115 | 208 | 237 | |
| DNA | 111 | 15 | 22 | 10 | 11 | 17 | 19 | 12 | 10 | 8 | 21 | 22 | |

8. Appraisal

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

8. Appraisal continued

| Division | | 01/10/10 to 30/09/11 | | | 01/11/10 to 31/10/11 | | | 01/12/10 to 30/11/11 | | | 01/01/11 to 31/12/11 | | | 01/02/11 to 31/01/12 | | | 01/03/11 to 29/02/12 | | | RAG |
|--------------------------------------|------------------------|----------------------|-------|-------|----------------------|-------|-------|----------------------|-------|-------|----------------------|-------|-------|----------------------|-------|-------|----------------------|-------|--------|-----|
| | | Staff | Apps | % | Staff | Apps | % | Staff | Apps | % | Staff | Apps | % | Staff | Apps | % | Staff | Apps | % | |
| Corporate | CX Office | 17 | 15 | 88.24 | 14 | 14 | 100 | 15 | 15 | 100 | 17 | 16 | 94.12 | 17 | 15 | 88.24 | 14 | 14 | 100.00 | |
| | Chief Op Officer / BMs | 5 | 4 | 80.00 | 5 | 4 | 80 | 5 | 4 | 80.00 | 5 | 4 | 80.00 | 5 | 4 | 80.00 | 5 | 4 | 80.00 | |
| | Corporate Planning | 8 | 7 | 87.50 | 8 | 7 | 87.50 | 7 | 5 | 85.71 | 7 | 4 | 57.14 | 7 | 1 | 14.29 | 7 | 2 | 28.57 | |
| | Finance | 79 | 40 | 50.63 | 81 | 46 | 56.79 | 81 | 49 | 60.49 | 77 | 64 | 83.12 | 75 | 62 | 82.67 | 72 | 58 | 80.56 | |
| | Governance | 12 | 8 | 66.67 | 16 | 10 | 62.50 | 15 | 13 | 86.67 | 15 | 12 | 80.00 | 15 | 12 | 80.00 | 15 | 11 | 73.33 | |
| | HR | 62 | 55 | 88.71 | 62 | 52 | 83.87 | 63 | 51 | 80.95 | 62 | 49 | 79.03 | 62 | 48 | 77.42 | 61 | 50 | 81.97 | |
| | IM&T | 156 | 87 | 55.77 | 155 | 96 | 61.94 | 155 | 103 | 66.45 | 158 | 118 | 74.68 | 157 | 114 | 72.61 | 157 | 104 | 66.20 | |
| | Nursing Support | 27 | 13 | 48.15 | 15 | 11 | 73.33 | 15 | 12 | 80.00 | 15 | 12 | 80.00 | 15 | 14 | 93.33 | 15 | 13 | 86.67 | |
| | WCH Project Office | | | | | | | | | | | | | | | | 3 | 1 | 33.33 | |
| | Bank | 216 | 100 | 46.30 | 143 | 105 | 73.43 | 152 | 109 | 71.71 | 136 | 101 | 74.26 | 145 | 104 | 71.72 | 143 | 101 | 70.63 | |
| | Total | 582 | 329 | 56.53 | 499 | 345 | 69.14 | 508 | 362 | 71.26 | 492 | 380 | 77.24 | 498 | 374 | 75.10 | 492 | 358 | 72.76 | |
| Estates & Facilities | 204 | 194 | 95.10 | 208 | 194 | 93.27 | 212 | 130 | 61.32 | 221 | 194 | 87.78 | 220 | 193 | 87.73 | 219 | 188 | 85.84 | | |
| Family & Support Services | 888 | 564 | 63.51 | 895 | 538 | 60.11 | 212 | 133 | 62.74 | 901 | 495 | 54.94 | 901 | 593 | 65.82 | 906 | 641 | 70.75 | | |
| Surgical | 912 | 660 | 72.37 | 819 | 454 | 55.43 | 825 | 426 | 51.64 | 825 | 414 | 50.18 | 818 | 381 | 46.58 | 805 | 357 | 44.35 | | |
| Medical | 789 | 459 | 58.17 | 932 | 619 | 66.42 | 934 | 576 | 61.67 | 923 | 583 | 62.55 | 950 | 586 | 61.68 | 946 | 529 | 55.92 | | |
| Trust overall | 3375 | 2206 | 65.36 | 3353 | 2150 | 64.12 | 3375 | 1993 | 59.05 | 3371 | 2066 | 61.29 | 3387 | 2127 | 62.80 | 3367 | 2072 | 61.54 | | |

| | | | | | | |
|-------------------|---|-------|---|------|---|-------|
| RAG Coding |  | < 50% |  | <80% |  | > 80% |
|-------------------|---|-------|---|------|---|-------|

9. Mandatory Training -

| Course | Date | Trust% | Corporate % | Estates % | Family & Clinical % | Medical % | Surgical % |
|--|---|---------|-------------|-----------|---------------------|-----------|------------|
| Core Mandatory Skills <i>note 2</i> | 01/03/2009 to 29/02/2012 (frequency 3 yearly) | 76.38 | 72.97% | 98.19% | 80.90% | 66.18% | 81.08% |
| Trust Mandatory Skills <i>note 3*</i> | | 1.17 | 0.97% | 0.00% | 2.06% | 0.19% | 1.79% |
| Blood Transfusion 01 | | 29.07 | 27.77% | 0.00% | 17.63% | 28.22% | 37.45% |
| Blood Transfusion 02 | | 19.85 | 20.33% | N/A | 9.86% | 22.09% | 24.61% |
| Blood Transfusion 03 | | 33.33 | N/A | N/A | 36.36% | N/A | 0.00% |
| Blood Transfusion 04 | | 9.73 | 22.22% | N/A | 8.65% | N/A | N/A |
| Conflict Resolution L2 | | 1.02% | 0.00% | N/A | 0.00% | 0.44% | 3.45% |
| Conflict Resolution L3 | | 60.42% | 25.00% | 82.35% | 0.00% | N/A | 0.00% |
| Consent | | 30.15% | 28.18% | N/A | 26.42% | 28.05% | 37.04% |
| DoLS1 | | 25.86% | 25.62% | N/A | 22.24% | 27.49% | 27.74% |
| Equality & Diversity | | 50.44% | 47.35% | 82.81% | 55.34% | 42.30% | 49.38% |
| Manual Handling <i>note 4</i> | | 23.10% | 18.92% | 10.41% | 22.53% | 24.46% | 29.68% |
| Mental Capacity | | 25.78% | 25.55% | N/A | 23.44% | 25.64% | 27.85% |
| Safeguarding Children Level 2 | | 28.97% | 14.29% | N/A | 40.36% | 18.52% | 26.78% |
| Safeguarding Children Level 3 | | 27.10% | 17.65% | N/A | 22.35% | 48.42% | N/A |
| Safeguarding Children Level 4 | 66.67% | 100.00% | N/A | 0.00% | N/A | N/A | |
| Medicines Management for Health Professionals <i>note 1*</i> | 0.15% | 0.28% | N/A | 0.21% | 0.17% | 0.00% | |
| Fire Safety <i>note 5</i> | 01/03/2010 to 29/02/2012 (frequency 2 yearly) | 36.55% | 31.57% | 6.79% | 43.68% | 33.27% | 44.68% |
| Information Governance | 01/03/2011 to 29/02/2012 (frequency annually) | 68.96% | 70.38% | 90.50% | 67.68% | 57.76% | 76.48% |
| Infection Control Level 2 <i>note 5</i> | | 1.44% | 1.79% | 0.00% | 1.07% | 2.04% | 1.06% |

*NOTE

1. Medicines Management for Health Professionals - only been available for the past month in current format
2. Core Mandatory Skills includes those who have completed the previous Health and Safety within the last 12 months - this will no longer be counted after August 2012
3. Trust Mandatory Skills Programme - new requirement for all staff
4. Manual Handling stand alone programme - now a requirement for all staff
5. Fire Safety - mandatory requirement for all staff as a separate programme under Core Mandatory Skills
6. Infection Control Level 2 is a new requirement

| RAG Coding | < 50% | <80% | > 80% |
|------------|-------|------|-------|
| | | | |

SECTION 4

FINANCE REPORT

4. Finance Report

At the end of February the Trust is reporting a surplus of £612k against a planned surplus of £870k, resulting in an adverse variance of £258k.

Income in February increased by £286k compared to January due to continuing high levels of patient related activity. Total income is now £4.2m ahead of the cumulative plan, of which £3.8m is for NHS Clinical Income and £0.4m for Non NHS Clinical Income which covers Private Patients and income received under the NHS Cost Recovery Scheme.

There was no change in the level of pay expenditure in February compared with January. Nurse bank and overtime costs also remained at similar levels to January as the Trust continued to have its escalation beds open and staffed, although WTEs worked reduced from 3,027 WTE in January to 3,010 in February. Expenditure on agency medical staffing increased significantly in month to £612k compared to £470k in January, with total expenditure of £5,226k to date. The increase in cost is due to investment in middle tier medical staffing to support Emergency Medicine at West Cumberland Hospital.

Expenditure on non-pay in February was £6,246k which was £308k higher than in January (£5,907k). The increased expenditure in month was due to legal fees associated with the acquisition and the increased cost associated with treating long waiting patients in Ophthalmology as the Trust reduces waiting times in this specialty. All non-pay budgets continue to be overspent with a cumulative overspend of £1,634k at the end of February.

CIP delivery improved in month with £8.2m of efficiency savings having now been implemented against the plan of £15.2m. The Trust's latest forecast outturn against the target is £8.4m. Plans continue to be developed for 2012/13 schemes building upon schemes already delivered in the current year.

As previously reported, additional income has been secured to cover the shortfall in the delivery of the CIP target. The Trust will be able to deliver its forecast surplus of £1m and achieve its other financial duties with the exception of the Better Payments Practice Code which will not be achieved due to on-going liquidity issues.

For 2012/13 the Trust planned to achieve a £1m surplus in line with its agreed Recovery Plan. The Trust's national efficiency target for next year will be £8.7m but due to the shortfall of CIP achieved in 2011/12 the actual target for the Trust will be £16.9m. The Trust's CIP target and its planned surplus are both predicated on the Trust receiving strategic support funding totalling circa £19m from the Strategic Health Authority, NHS North of England.

Conclusion

Although non pay expenditure increased in February this was offset by an increase in income. Having secured additional income to offset the shortfall in CIP in 2011/12, the Trust remains confident that it will achieve the year end forecast of a £1m surplus. The Trust's plans for 2012/13 have been finalised although they are predicated on continued strategic support funding being made available by NHS North of England.

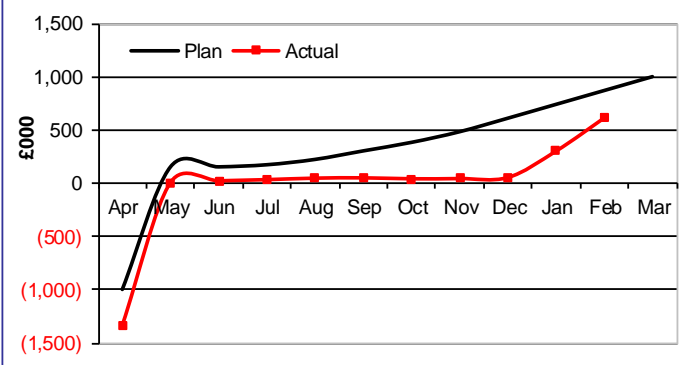
Alistair Mulvey
DIRECTOR OF FINANCE

FINANCIAL OVERVIEW - 29th February 2012 (Month 11)

Income & Expenditure

The Trust is reporting a surplus of £612k against a planned surplus of £870k at the end of February, resulting in a negative variance of £258k. Pay costs remained at a similar level to January and Non Pay increased by £308k. The main cost pressures in the month related to increasing costs in Ophthalmology in order to meet waiting list targets, legal fees associated with acquisition and higher than planned agency costs.

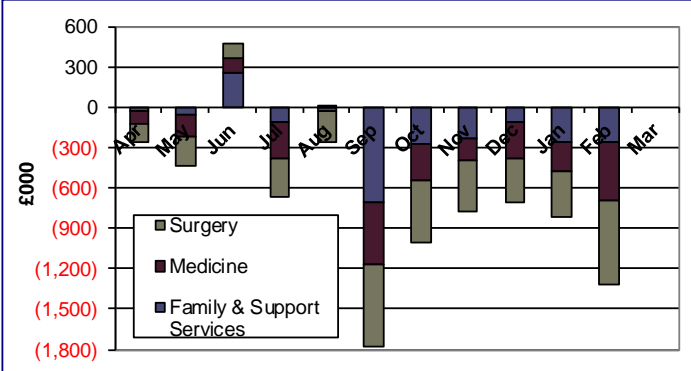
I&E Performance 2011/12



Divisional Performance

The divisions overspent by £1,305k in February mainly due to failure to achieve savings against their CIP targets. The divisional financial positions are now as follows: Family & Support Services £1,752k overspent, Medicine £2,233k overspent and Surgery £3,453k overspent. Agency expenditure increased to £612k bringing total agency expenditure to £5,226k to date.

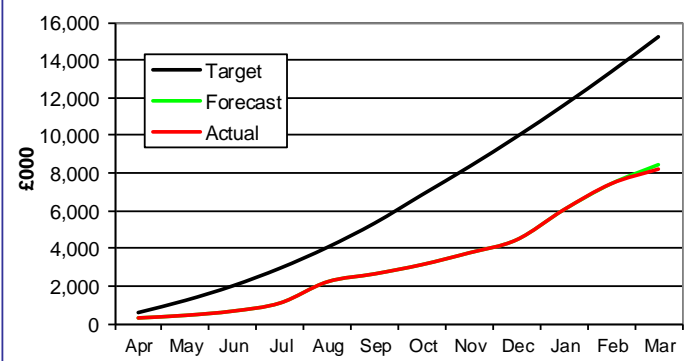
Divisional Monthly Variance



CIP Delivery

CIPs of £8.2m have been delivered in 2011/12 against the target of £15.2m with the total level of CIPs for the year forecast to reach £8.4m. The Trust's Project Management Office continue to support the Divisions in their efforts to identify further costs reductions and the delivery of existing plans.

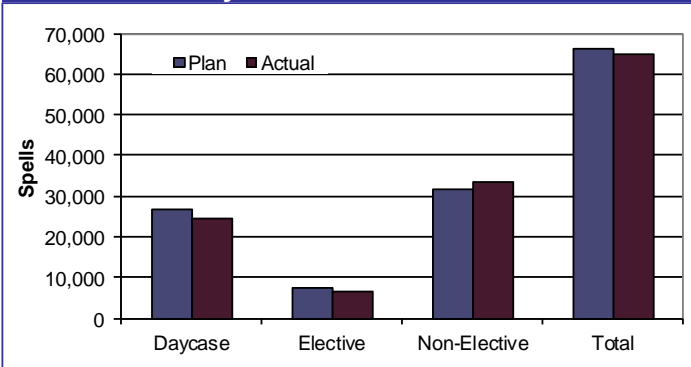
CIP 2011/12



Performance Against SLAs

Although total Elective activity is now 2,997 spells behind the plan, actual activity levels remained consistent with previous months with high volumes of activity being undertaken. Non-Elective activity remained high and consistent with previous months despite less working days in the month; the over performance against the plan increased by 173 spells in February.

Contract Activity Performance

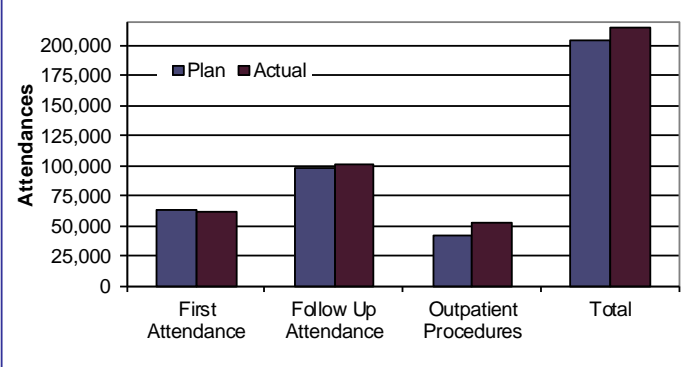


FINANCIAL OVERVIEW - 29th February 2012 (Month 11)

Outpatient Performance

Total Outpatient activity is 10,076 attendances ahead of the February cumulative plan. The over performance relates predominately to Outpatient Procedures which have increased in volume against the plan offsetting the reduction in Daycase activity against the plan. The number of Outpatient Procedures continues to increase year on year as the National Tariff changes to reflect current practices.

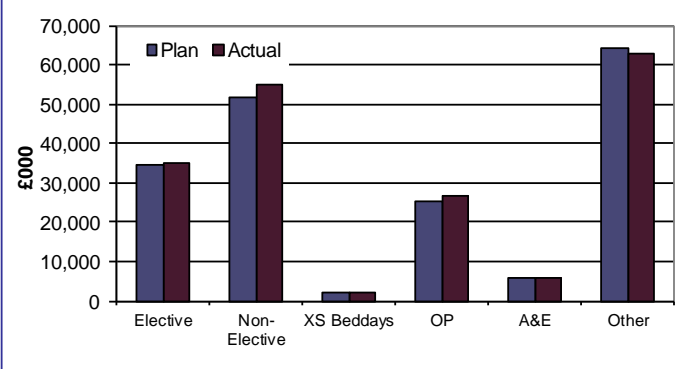
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is ahead of the cumulative plan by £3,798k which is a £297k increase from M10. Non Elective activity continues to contribute the largest amount to the financial over performance. The casemix continues to be richer than planned and will be reflected in 2012/13 activity plans.

Income Performance by Activity Type



Statutory Financial Targets

The planned year-end surplus of £1m is forecast to be achieved. The Trust will underspend against the Capital Resource Limit to preserve cash achieving the target. The Trust is forecasting it will remain within the External Financing Limit, although the Better Payment Practice Code target will not be achieved due to the Trust's overall liquidity position.

2011/12 Performance Against Targets

| Duty | Target | M11 | Forecast |
|---------------------------------------|---|---------------|-----------------|
| Breakeven Duty | To achieve a breakeven I&E | £612k 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 w ithin 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 29th February 2012 (Month 11)

(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 | | | | | | | | | | | | |
| 3,501 | 2.1% | NHS Clinical Income | 203,409 | 17,598 | 17,895 | 297 | 1.7% | 185,072 | 188,870 | 3,798 | 2.1% | | | |
| 53 | 1.0% | Other NHS Income (R&D, training etc) | 6,585 | 550 | 677 | 126 | 22.9% | 5,868 | 6,046 | 179 | 3.0% | | | |
| 333 | 25.9% | Non NHS Clinical Income (PP's, RTA) | 1,541 | 128 | 149 | 20 | 15.8% | 1,413 | 1,765 | 353 | 25.0% | | | |
| 233 | 2.6% | Operating Income | 10,761 | 879 | 534 | (345) | (39.2%) | 9,966 | 9,854 | (112) | (1.1%) | | | |
| 4,119 | 2.2% | Total Income | 222,296 | 19,156 | 19,254 | 98 | 0.5% | 202,318 | 206,535 | 4,218 | 2.1% | | | |
| | | Expenditure | | | | | | | | | | | | |
| | | Clinical Divisions | | | | | | | | | | | | |
| | | EST | WTE | Var | | | | | | | | | | |
| (1,495) | (3.8%) | Family & Support Divison | 787 | 745 | 42 | (46,348) | (3,749) | (4,005) | (256) | (6.8%) | (42,709) | (44,460) | (1,752) | (4.1%) |
| (1,795) | (3.8%) | Medical Division | 977 | 915 | 62 | (55,924) | (4,762) | (5,201) | (439) | (9.2%) | (52,250) | (54,483) | (2,233) | (4.3%) |
| (2,843) | (6.7%) | Surgical Division | 854 | 819 | 35 | (50,800) | (4,111) | (4,721) | (610) | (14.9%) | (46,806) | (50,258) | (3,453) | (7.4%) |
| (6,133) | (4.7%) | Sub Total | 2,618 | 2,479 | 138 | (153,072) | (12,622) | (13,927) | (1,305) | (10.3%) | (141,764) | (149,201) | (7,438) | (5.2%) |
| | | Corporate Directorates | | | | | | | | | | | | |
| (1,208) | (24.3%) | Chief Executive | 17 | 16 | 2 | (5,888) | (460) | (464) | (4) | (0.8%) | (5,435) | (6,646) | (1,211) | (22.3%) |
| (1,391) | (8.6%) | Estates and Facilities | 204 | 200 | 4 | (19,503) | (1,560) | (1,798) | (238) | (15.3%) | (17,745) | (19,374) | (1,629) | (9.2%) |
| (1,373) | (16.5%) | Finance | 244 | 212 | 33 | (9,727) | (720) | (946) | (226) | (31.4%) | (9,018) | (10,617) | (1,599) | (17.7%) |
| (153) | (4.9%) | Human Resources | 71 | 62 | 10 | (3,689) | (286) | (381) | (94) | (32.9%) | (3,434) | (3,681) | (247) | (7.2%) |
| 37 | 16.5% | Medical Director | 8 | 4 | 4 | (259) | (17) | (20) | (3) | (20.6%) | (243) | (209) | 34 | 13.9% |
| (314) | (21.2%) | Nurse Director | 46 | 37 | 9 | (1,834) | (175) | (210) | (35) | (19.9%) | (1,658) | (2,007) | (349) | (21.0%) |
| 6,305 | 95.3% | Reserves | - | - | 0 | (12,524) | (1,960) | 87 | 2,047 | 104.4% | (8,575) | (223) | 8,352 | 97.4% |
| 1 | 100.0% | Cost Improvements | - | - | 0 | 0 | 0 | 0 | 0 | 0.0% | (1) | 0 | 1 | 100.0% |
| (4,227) | (2.5%) | Total Expenditure | 3,208 | 3,010 | 200 | (206,495) | (17,800) | (17,658) | 141 | 0.8% | (187,873) | (191,958) | (4,086) | (2.2%) |
| (108) | (0.8%) | EBITDA | | | | 15,801 | 1,356 | 1,596 | 240 | 17.7% | 14,444 | 14,580 | 132 | 0.9% |
| | | EBITDA % | | | | 7.1% | 7.1% | 8.3% | | | 7.1% | 7.1% | | |
| (18) | (0.3%) | Depreciation | | | | (6,223) | (519) | (543) | (24) | (4.7%) | (5,704) | (5,746) | (42) | (0.7%) |
| 2 | 11.8% | Interest receivable | | | | 25 | 2 | 13 | 11 | 505.8% | 23 | 36 | 13 | 56.7% |
| (315) | (6.0%) | Interest payable | | | | (6,326) | (521) | (566) | (45) | (8.6%) | (5,804) | (6,164) | (359) | (6.2%) |
| (1) | (0.1%) | PDC Dividend | | | | (2,032) | (167) | (167) | (0) | (0.2%) | (1,865) | (1,867) | (2) | (0.1%) |
| (439) | (46.5%) | Net surplus / (deficit) | | | | 1,245 | 152 | 332 | 181 | 118.7% | 1,094 | 837 | (258) | (23.6%) |
| 0 | | Adjustment for Impairments | | | | | 0 | 0 | 0 | | 0 | 0 | 0 | |
| 0 | 0.0% | IFRIC 12 / Dual Accounting | | | | (245) | (21) | (21) | 0 | 0.0% | (224) | (224) | 0 | 0.0% |
| (439) | (59.3%) | Revised Net surplus / (deficit) | | | | 1,000 | 131 | 311 | 181 | 137.6% | 870 | 613 | (258) | (29.6%) |

North Cumbria University Hospitals NHS Trust

Statement of Financial Position as at 29th February 2012 (Month 11)

| Statement of Financial Position | Closing 31 March 2011 | As at 31 January 2012 | Movement in Year to Date | As at 31 December 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 | 128,191 | 1,417 | 128,298 | (107) | 136,614 |
| Intangible Assets | 357 | 357 | 0 | 357 | 0 | 325 |
| Trade and Other Receivables | 2,659 | 2,853 | 194 | 2,764 | 89 | 2,500 |
| TOTAL NON-CURRENT ASSETS | 129,790 | 131,401 | 1,611 | 131,419 | (18) | 139,439 |
| CURRENT ASSETS: | | | | | | |
| Inventories | 2,923 | 3,274 | 351 | 3,357 | (83) | 2,500 |
| Trade and Other Receivables | 10,789 | 35,598 | 24,809 | 33,446 | 2,152 | 6,395 |
| Cash and cash equivalents | 595 | 1,185 | 590 | 8,649 | (7,464) | 750 |
| TOTAL CURRENT ASSETS | 14,307 | 40,057 | 25,750 | 45,452 | (5,395) | 9,645 |
| TOTAL ASSETS | 144,097 | 171,458 | 27,361 | 176,871 | (5,413) | 149,084 |
| CURRENT LIABILITIES: | | | | | | |
| NHS Trade Payables | (1,790) | (4,255) | (2,465) | (3,615) | (640) | (4,340) |
| Non-NHS Trade Revenue Payables | (2,034) | (3,544) | (1,510) | (12,415) | 8,871 | (8,500) |
| Non-NHS Trade Capital Payables | (2,391) | (999) | 1,392 | (754) | (245) | (5,500) |
| Other Liabilities | (10,525) | (36,823) | (26,298) | (34,871) | (1,952) | 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 | (400) | (400) | (74) | (326) | 0 |
| TOTAL CURRENT LIABILITIES | (19,595) | (48,880) | (29,285) | (54,588) | 5,708 | (21,465) |
| NET CURRENT ASSETS/(LIABILITIES) | (5,288) | (8,823) | (3,535) | (9,136) | 313 | (11,820) |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 124,502 | 122,578 | (1,924) | 122,283 | 295 | 127,619 |
| NON-CURRENT LIABILITIES | | | | | | |
| Borrowings | (55,084) | (53,566) | 1,518 | (53,599) | 33 | (52,974) |
| DH Working Capital Loan Principal Repayments | (8,562) | (8,134) | 428 | (8,134) | 0 | (7,706) |
| Other Financial Liabilities | 0 | 0 | 0 | 0 | 0 | 0 |
| Provisions for Liabilities and Charges | (4,517) | (4,023) | 494 | (3,974) | (49) | (4,070) |
| Other Liabilities | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL NON- CURRENT LIABILITIES | (68,163) | (65,723) | 2,440 | (65,707) | (16) | (64,750) |
| TOTAL ASSETS EMPLOYED | 56,339 | 56,855 | 516 | 56,576 | 279 | 62,869 |
| FINANCED BY TAXPAYERS EQUITY: | | | | | | |
| Public Dividend Capital | 58,018 | 58,018 | 0 | 58,018 | 0 | 63,550 |
| Retained Earnings | (16,646) | (16,130) | 516 | (16,407) | 277 | (12,451) |
| Revaluation Reserve | 11,769 | 11,769 | 0 | 11,769 | 0 | 11,770 |
| Donated Asset Reserve | 1,727 | 1,727 | 0 | 1,725 | 2 | 0 |
| Government Grant Reserve | 1,471 | 1,471 | 0 | 1,471 | 0 | 0 |
| TOTAL TAXPAYERS EQUITY | 56,339 | 56,855 | 516 | 56,576 | 279 | 62,869 |
| Cash in OPG accounts | 591 | 1,181 | 590 | 8,645 | (7,464) | 750 |

SECTION 5

RECOMMENDATION

RECOMMENDATION

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

Corinne Siddall

DIRECTOR OF OPERATIONS

Alistair Mulvey

DIRECTOR OF FINANCE

Damian Gallagher

DIRECTOR OF HUMAN RESOURCES

Chris Platton

ACTING DIRECTOR OF NURSING

APPENDIX A1

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.

APPENDIX A2

18 WEEK NARRATIVE DASHBOARD

APPENDIX A3

QUALITY 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.