

TRUST BOARD

Date of Meeting: 17/01/2012	Agenda Item No: 7.1	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; After eight months the Trust is reporting a balanced financial position. Whilst cost improvement programmes continue to be slow in delivering and therefore under achieving against target the Trust is applying strategic financial support monies, secured via NHS North West, to maintain a balanced financial position. CIP delivery is forecast to increase markedly in the final quarter of the year, however, further significant savings are required if the organisation is to stop the reliance upon external financial support. Therefore, the achievement of CIP targets will be critical in the coming months for the Trust to achieve its financial targets; Contracted staff in post numbers have not changed significantly although the amounts spent on overtime have fallen to the lowest total this financial year. Sickness absence rates also remain fairly static at around 4.5%, as do turnover rates at 11.4% per annum. Participation in appraisal rates have fallen to just under 60% with divisions and departments now being required to produce plans that show they will achieve and maintain 80% compliance by year end. Excellent performance on minimisation of infection across the Trust continues, with no incidences of MRSA bacteraemia for 19 months 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>		
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.	
<p>Prepared by:</p> <p>Corinne Siddall Director of Operations</p> <p>Alistair Mulvey Director of Finance</p> <p>Damian Gallagher Director of Human Resources</p> <p>Chris Platton Acting Director of Nursing</p>	<p>Presented by:</p> <p>Alistair Mulvey Director of Finance</p>

APPENDIX A

**TRUST BOARD
PERFORMANCE REPORT
Month Eight (November)
Performance reported in
JANUARY 2012**

INTRODUCTION

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

The report sections are as follows: -

- SECTION 1: OPERATING PERFORMANCE**
- SECTION 2: QUALITY REPORT**
- SECTION 3: WORKFORCE REPORT**
- SECTION 4: FINANCE REPORT**
- SECTION 5: CONCLUSION & RECOMMENDATION**
- APPENDIX B1: PERFORMANCE DASHBOARD**
- APPENDIX B2: QUALITY DASHBOARD**

SECTION 1

OPERATING PERFORMANCE

1. **OPERATING PERFORMANCE**

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

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

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

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

1.1 **MONTH FIVE PERFORMANCE**

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

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

1.2 **PERFORMANCE IMPROVEMENT PLANS AND PROGRESS**

A&E Clinical Quality Indicators

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

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

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

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

Weekly meetings with the Stroke team will form part of the improvement plan which links to the Emergency Flow Programme described above.

Performance improvement is monitored monthly at the Divisional Performance Reviews.

1.3 **PRODUCTIVITY METRICS**

- **Delayed Transfers of Care**

The collection and verification of Delayed Transfer of Care (delayed discharges) within the organisation has been developed over the last two months. We are now in the position that we have confidence in defining/identifying accurately the numbers and type of delays that we are experiencing. These numbers are agreed by the organisations partner agencies, which acts as a second line validation.

This first phase of the process was to understand the nature and quantity of the difficulties we are experiencing as an organisation. Key areas of delay are the transfer of patients to community hospital settings and internal resource allocation.

A detailed plan has been developed and being followed (which has been incorporated into the internal Emergency Flow program) to address the key issues, with an aim to develop a 7 day hospital discharge service.

One key issue that has been highlighted regionally (prompted by this work we have undertaken) is clarity of definition and national guidance relating to data collection and validation. We as an organisation have been collecting data based on new national guidance issued June 2011, other organisations (which we have been measured against) have not been following new guidance. A county wide teleconference is being arranged over the coming month to discuss this. This does not negate the high number delays we are experiencing.

1.4 **ESTATES AND FACILITIES**

The performance against the Estates and Facilities KPI's continues to meet and in most areas exceed the targets set.

It is pleasing to note that following meeting held and actions discussed with the Senior Nursing Team at WCH that the peak in patient catering waste last month has returned to a more acceptable level this month.

It should be noted that the domestic services cleaning audit report scores will be available for the next performance report and that this is the area that has historically not been green rated.

In addition the Estates and Facilities Directorate will be externally assessed within the next month by BSI for compliance with the Quality Management System in place.

1.5 **18 WEEKS RTT BY SPECIALITY**

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

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

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

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

The business case to increase capacity in Ophthalmology has been agreed by the Exec Team and approved by SMT.

- **Ophthalmology Plan**

A plan to manage the Ophthalmology backlog patients, predominantly awaiting cataract surgery, has now been agreed.

This, together with an agreed demand management plan and the capacity increase requirement which have been approved in the Business Case will bring Ophthalmology 18 week performance back in line.

Backlog patients will be treated in January, February and March 2012. Whilst these patients are dealt with it has been recognised that the Trust position with respect to 18 week performance for Admitted Pathways will be adversely affected. The expected performance trajectory for January, February and March has been agreed by the PCT and by NHS North. It is anticipated that our position should be normalised by April 2012.

September exceptions relate to Ophthalmology and Gynaecology.

A plan is in place to manage temporary pressure in Gynaecology which should be resolved by March 2012.

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

The Trust returned a year to date position of 90.4% against a target of 90% as at November 2011.

Oral Surgery was projected to be compliant in November. However due to the industrial action which resulted in cancellations, compliance fell short of the anticipated level. A higher than expected number of patients were cancelled due to reasons beyond our control. It is anticipated that Oral Surgery will be compliant in December.

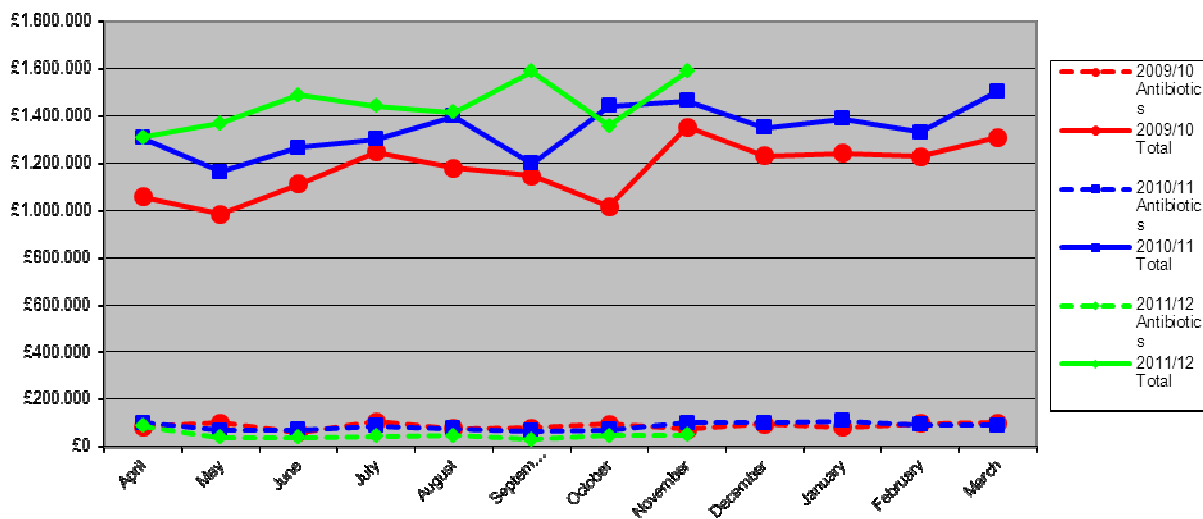
- **Percentage of Non-Admitted Patients Treated within 18 weeks**

The Trust returned a year to date position of 96.7% against a target of 95% as at September 2011.

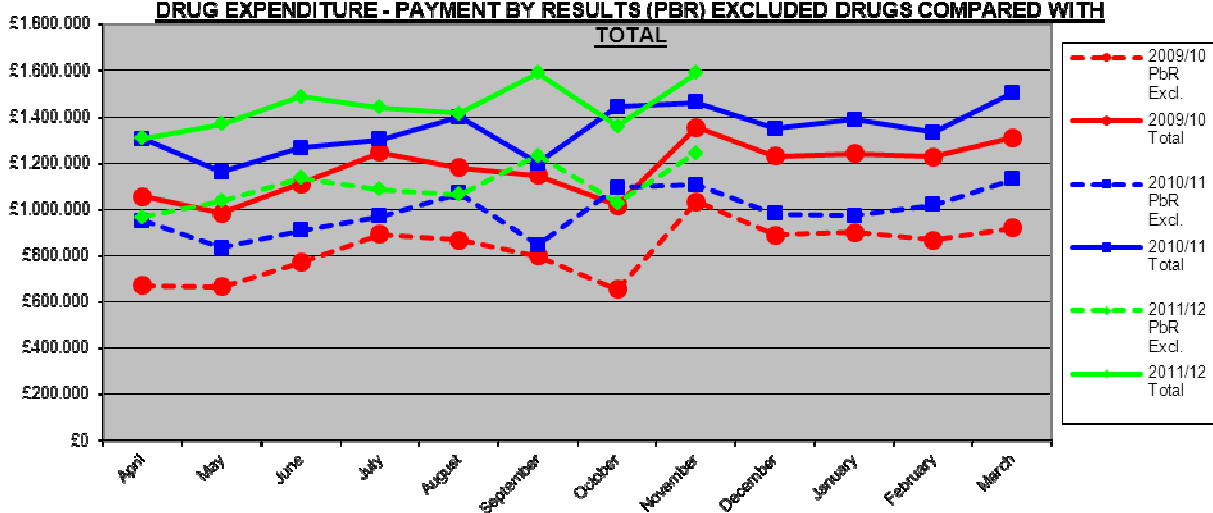
1.6 PHARMACY METRICS

The charts below highlight expenditure for three key areas comparing expenditure against total drug spend and also comparing the current year and the previous two years. The headlines from the charts indicate that drugs spend up to month 8 of 2011/12 is above the level of drugs spend in the same period of 2010/11 with regard to PbR excluded drugs, but within the set budget. The spend for PbR included drugs is higher by 0.1% compared to the same period in 2010/11. Spend on antibiotic drugs continues to remain lower accounting for 3.2% of total expenditure compared to 6% in the same period in 2010/11.

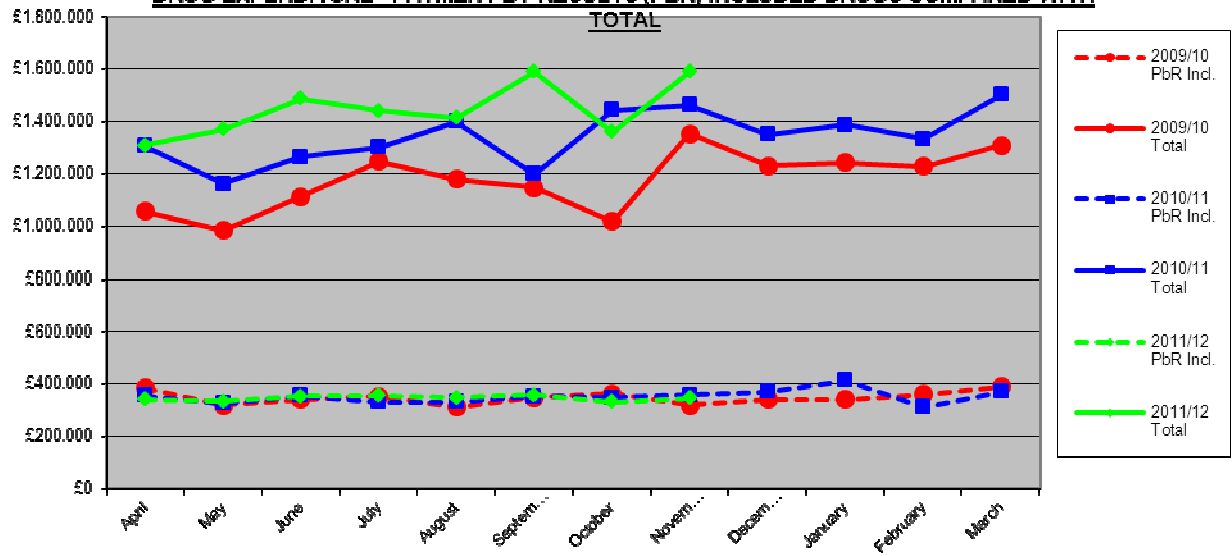
EXPENDITURE ON ANTIBIOTICS COMPARED WITH TOTAL EXPENDITURE



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



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



SECTION 2

QUALITY REPORT

2. QUALITY REPORT

The quality section of the performance report has continued to be developed with the key aim to ensure that exceptions against performance are reported to the Trust Board.

2.1 CQUIN Targets

The Commissioning for Quality Improvement (CQUIN) targets have been finalised with commissioners. Further clarification is still required however on the data processes on measurement and monitoring of the Trust's performance against the following indicators:

- 50% reduction in VTE cases by 2013
- Stroke / implementation of an improved discharge policy, patient education and information

3. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE

3.1 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 November 2011 the Trust had 1 reported incidence of fractured neck of femur.

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

- Falls assessment as part of the general nursing assessment has been updated to allow greater 'triggers' for patients who require a falls care plan that goes beyond the national standards for falls care management.
- The falls care plan has been amended to allow greater clarity of review of assessment as part of the nursing handover on each shift. In addition, other risk factors have been included for example patients who may have more serious consequences as a result of a fall.

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

- All ward staff to have refresher training in patient falls and particularly the new assessment documentation.
- Specific teaching sessions on falls awareness in general have also been re-established.
- Specific teaching boards have been introduced in the ward areas with information for both staff and relatives to ensure complete awareness of risks associated with patient falls.

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

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

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

3.2 Complaints & Patient Experience

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.

4. MORTALITY

The new SHMI indicator was launched in October 2011, with the aim of this being proposed as the NHS identified indicator for measuring mortality. It is important to highlight that the indicator is still defined as 'experimental' by the NHS Information Centre and is still subject to review by an indicator assurance process, which will report to the National Quality Board.

There is continued debate amongst healthcare professionals and organisations about the methodology for the indicator. However, the indicator should be used by organisations as another quality measure / alarm for organisations to use to identify any areas of concern or improvement regarding patient safety and quality.

4.1 Analysis within the Trust

Since the launch of the new indicator the top SHMI conditions have been reviewed against the RAMI HRGs. It is important to highlight that SHMI is calculated using admission codes, whereas RAMI is calculated from HRGs (Healthcare Resource Groups are standard groupings of clinically similar treatments which use common levels of healthcare resources), which it is argued better reflects the treatment and diagnosis of patients.

The new SHMI indicator identified the following diagnosis groups with the highest number of deaths:

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

The above conditions have been compared with the top HRGs in RAMI to identify where there are issues that require further review. The tables below summarises the outcome from this analysis in terms of the differences between the top RAMI HRGs and the SHMI admission codes:

RAMI				
HRG v4 (Top 25)	Included Spells	Deaths		RAMI Index
		Observed	Expected	
AA23Z - Haemorrhagic Cerebrovascular Disorders	129	45	29.6	152
AA22Z - Non-Transient Stroke or Cerebrovascular Accident; Nervous system infections or Encephalopathy	570	76	60.7	125
DZ23B - Bronchopneumonia with CC	25	19	8.6	220
EB03I - Heart Failure or Shock without CC	238	38	27.7	137
SA17F - Malignant Disorders of Lymphatic/Haematological systems without CC	93	11	2.6	422
DZ23A - Bronchopneumonia with Major CC	15	14	5.9	237
DZ22A - Unspecified Acute Lower Respiratory Infection with Major CC	80	16	9.2	175
DZ17B - Respiratory Neoplasms with CC	103	18	11.3	160
EB03H - Heart Failure or Shock with CC	114	26	19.8	131
DZ17A - Respiratory Neoplasms with Major CC	30	10	3.9	259
LA07A - Acute Kidney Injury with Major CC	40	17	10.9	156
LA04A - Kidney or Urinary Tract Infections with Major CC	212	22	16.3	135
DZ25A - Fibrosis or Pneumoconiosis with CC	21	7	2.1	328
EB07H - Arrhythmia or Conduction Disorders with CC	75	7	2.9	241
SA25F - Acute Myeloid Leukaemia without CC	5	4	0.2	1,826

SHMI

Description	Cases	Observed	Expected	SHMI
Pneumonia (except that caused by tuberculosis or STD)	803	199	175	114
Acute cerebrovascular disease	679	137	126	108
Congestive heart failure; nonhypertensive	373	88	63	139
Cancer of bronchus, lung	215	79	75	106
Chronic obstructive pulmonary disease and bronchiectasis	801	63	55	115
Acute myocardial infarction	645	53	59	90
Acute bronchitis	783	53	39	137
Acute & unspecified renal failure	127	46	28	162
Urinary tract infections	671	44	37	119
Septicaemia and Shock	114	41	33	124
Fracture of neck of femur (hip)	442	39	44	88
Secondary malignancies	126	30	28	107
Cancer of colon	174	28	20	141
Gastrointestinal hemorrhage	407	28	32	88
Aspiration pneumonitis; food/vomitus	49	27	21	128

4.2 Excess deaths

In addition to comparing the key outliers in RAMI and SHMI, the Trust has reviewed where the highest numbers of excess deaths are in relation to overall mortality, which is summarised in the table below:

HIRG v4 (Top 20)	Trust Spells	Included Spells	Trust	Deaths Expected	Excess	Index
AA22Z - Non-Transient Stroke or Cerebrovascular Accident; Nervous system infections or Encephalopathy	583	570	76	60.7	15.3	125
DZ11B - Lobar, Atypical or Viral Pneumonia with CC	448	436	73	82.1	-9.1	89
AA23Z - Haemorrhagic Cerebrovascular Disorders	133	129	45	29.6	15.4	152
EB10Z - Actual or Suspected Myocardial Infarction	670	659	45	45.3	-0.3	99
DZ11A - Lobar, Atypical or Viral Pneumonia with Major CC	164	159	44	47.1	-3.1	93
EB03I - Heart Failure or Shock without CC	255	238	38	27.7	10.3	137
EB03H - Heart Failure or Shock with CC	118	114	26	19.8	6.2	131
LA04A - Kidney or Urinary Tract Infections with Major CC	213	212	22	16.3	5.7	135
DZ23B - Bronchopneumonia with CC	25	25	19	8.6	10.4	220
DZ17B - Respiratory Neoplasms with CC	298	103	18	11.3	6.7	160
WIA03V - Septicaemia with Major CC	38	38	17	17.4	-0.4	98
LA07A - Acute Kidney Injury with Major CC	42	40	17	10.9	6.1	156
DZ21J - Chronic Obstructive Pulmonary Disease or Bronchitis without NV without Intubation with CC	404	404	16	23.4	-7.4	88
DZ22A - Unspecified Acute Lower Respiratory Infection with Major CC	82	80	16	9.2	6.8	175
DZ22B - Unspecified Acute Lower Respiratory Infection with CC	288	264	15	11.9	3.1	126

The graph below illustrates Trust mortality over the last four years for RAMI. Which indicates the Trust mortality for RAMI is declining since 2009, however there are clearly areas for further clinical audit and review, predominantly in the areas of excess deaths as highlighted above.

Report : Risk Adjusted Mortality 2011

Filter : None

Time period : Apr 2007 to Sep 2011

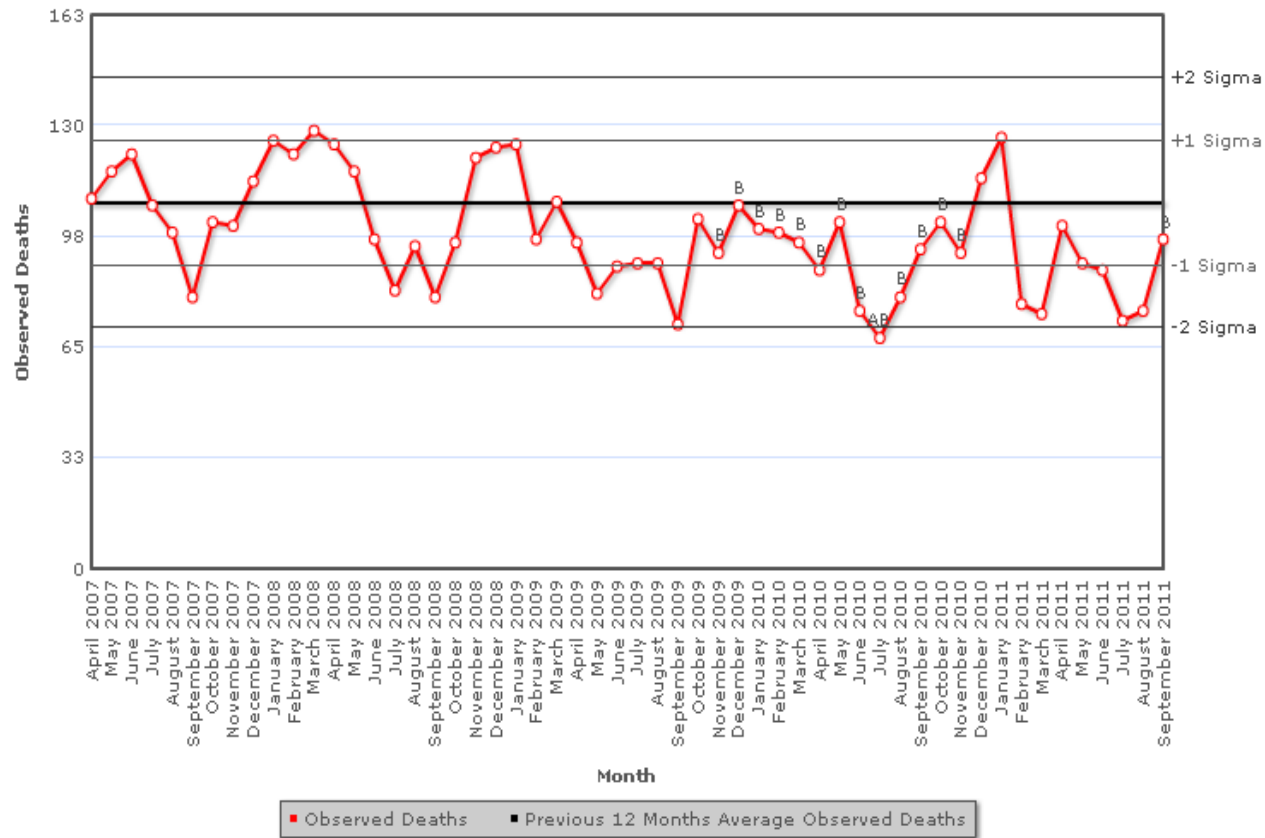
Peer group : 2010_structure

Peer group period : Apr 2007 to Sep 2011

Show Index

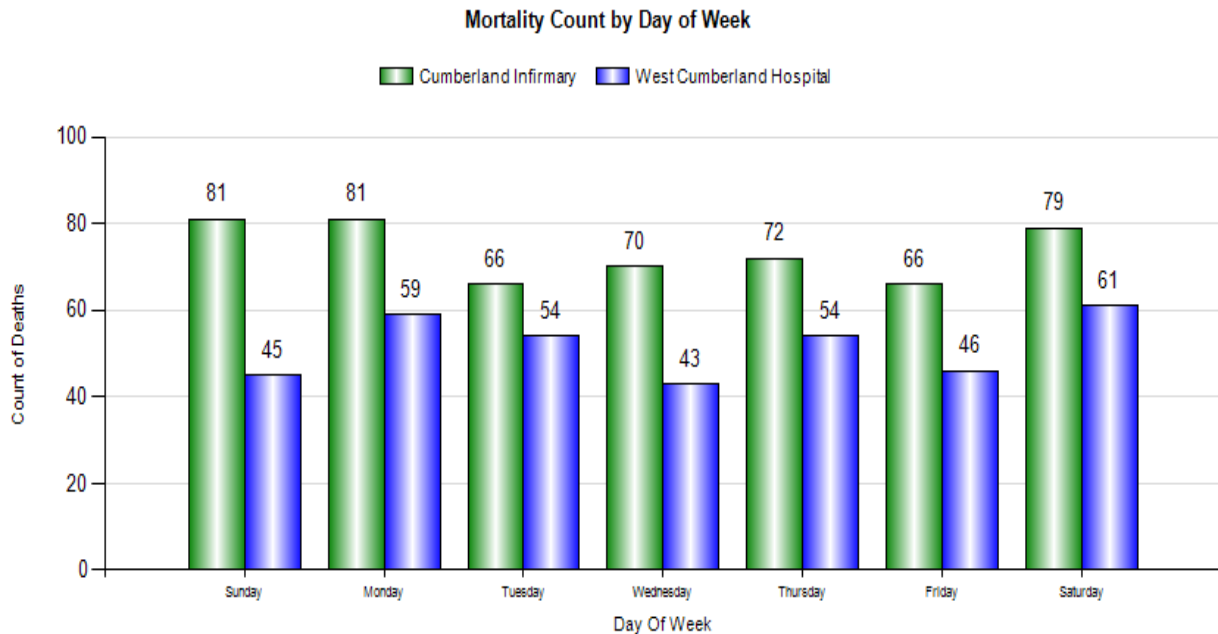


Risk Adjusted Mortality 2011 Trending



4.3 Weekend mortality

Analysis has been undertaken to understand the deaths across the two hospital sites in relation to specific days of the week. The graph below summarises the overall deaths from 1 April 2011 – 12 January 2012 across the two sites for each day of the week.



The table below displays patients who died on the day (i.e. before midnight) they were admitted for the same data period as above.

Same Day Deaths							
Day Of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Deaths	126	140	120	113	126	112	140
Same Day Deaths	10	12	12	10	10	6	14
Mortality Rate (Same Day Deaths)	7.937%	8.571%	10.00%	8.85%	7.937%	5.357%	10.00%

Further analysis is now being undertaken to understand the actual deaths which occur pre and post 24 hours from a day of the week perspective. This will involve analysis of acute care for patients who die within 24 hours as well as patients who have been admitted on a weekday who die at weekends to gain a greater understanding about specific pathways of care and the predicted mortality for each patient.

4.4 Highest number of deaths – care bundles

In addition to the review of mortality, the Trust has also reviewed where it needs to focus on in terms of the most common cause of death irrespective of the actual mortality rate. This is to ensure that the quality of care given as part of the pathway is of a recognised standard and patients are receiving best practice.

It has been agreed with the Medical Division that specific care bundles will be introduced. Care bundles define the optimal care patient should receive as part of their pathway for a specific condition. Care bundles allow you to audit which parts of the pathway are working well and which part requires improvement. Accordingly, care bundles will be implemented for COPD and community acquired pneumonia.

4.5 Mortality and morbidity (M&M) framework

One of the Trust's quality account priorities for this year was to implement an M&M framework across the Trust. Each of the clinical divisions has in place a framework, which is being reviewed to ensure standardisation across the Trust.

In addition to this, it has been agreed with the Medical Director to implement weekly mortality reviews. The purpose of these meetings will be to:

- Introduce an immediate check and review on hospital deaths to ensure any patient safety issues or sub-standard care is identified quickly.
- Assess deaths in relation to a specific trigger tool.
- Ensure that coding of patient deaths is correct.

Specific terms of reference are being developed for the weekly mortality reviews, which will commence in February 2012. This will allow for improved reporting and assurance to the Trust Board on the review of hospital deaths as well as the work which is generated from Dr Foster or CHKS reports.

It is also recognised that the coding of patients on discharge generally needs to be improved across the Trust, which should start to come to fruition with the introduction of Electronic Discharge, however the performance on discharge is still poor in a number of areas. To improve this position a 'pre-discharge' summary is also being piloted to provide greater senior doctor input into patient discharge.

4.6 Conclusion

From the analysis we have undertaken on SHMI against the Trust's RAMI, specific clinical audits are now being progressed in the following areas:

- Urinary Tract Infections
- Top HRGs for surgical mortality
- Hospital deaths within 24 hours of admission
- Cerebrovascular deaths
- Heart failure
- Haematological deaths
- Acute renal injury/infection
- Further 'day of week' death analysis

The introduction of the weekly mortality reviews are essential to ensure hospital deaths are managed pro-actively, prior to any analysis on mortality being published. The clinical audits outlined above will take place during February and will be reported to the Trust Board in March 2012.

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 – November 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 2944.43 WTE at November 2011 This equates to a reduction of 78.71 WTE when compared to the equivalent month in 2010/11 and a reduction of 1.76 WTE compared to October 2011.</p> <p>The largest two staff groups are Nursing & Midwifery (1052.74 WTE) and Admin & Clerical (641.16 WTE). Currently the Trust has a total of 299.78 WTE Medical and Dental staff and 467.78 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics (including medical staff) Medicine has the largest establishment (893.20 WTE) followed by Surgery (804.53) and Family and Support Services (728.62 WTE).</p>
<p>Overtime</p>	<p>The overtime figures set out :</p> <ul style="list-style-type: none"> • Overtime worked above the normal weekly contracted hours of 37.5 (Prime) • Overtime worked by part time staff up to the full-time normal weekly contracted hours of 37.5 i.e. ‘Additional Basic Pay’ (Basic). These figures were not included in last year’s reports. <p>Total overtime has fallen to £253,927 in November (£346,841 in September) following reductions in all clinical Divisions and Estates.</p>
<p>Turnover</p>	<p>Annualised turnover (headcount) for non-medical staff at November 2011 is 11.43%. There were 20 non-medical staff leavers during November (0.55%).</p>
<p>Sickness Absence</p>	<p>The Trust sickness absence rate for November 2011 is 4.54%, a slight decrease from October 2011 (4.59%). Corporate Services (2.45%) and Family and Support Services (3.08%) are both 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, 35 hearings have been held and 21 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>

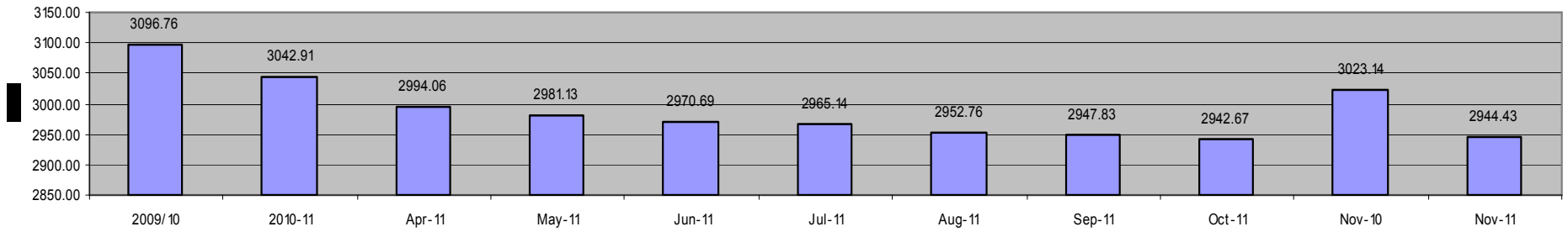
Occupational Health	<p>Figures include flu vaccination appointments. Self-referral figures include face to face appointments and telephone contact. Nursing appointments have risen due to the programme for carrying out flu vaccinations across the Trust.</p>
Appraisal	<p>The annualised percentage of appraisals, including Consultants, completed at Trust level, over the last 12 months to November 2011 is 59.05%, a reduction from October (64.12%).</p> <p>The Chief Executive's Office, Corporate Planning, Human Resources, Chief Operating Officer/Business Managers, Governance and Nursing Support areas of Corporate Services 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 undertaking this in the Trust are</p> <p>Foundation 1 trainees = 33 Foundation 2 trainees = 28</p>
Mandatory Training	<p>Information is shown for the Annual Mandatory Health and Safety Programme which can be undertaken by e-learning or through a workbook. For the year up to the 30 November 2011, 59.95% of staff completed the programme, a reduction from the previous month (64.69%) (those employees on maternity leave, long term sick or employed for less than 12 months are not included in the figures).</p> <p>Work is currently being undertaken to support the completion of mandatory training, particularly in clinical areas.</p>

2 Staff in Post

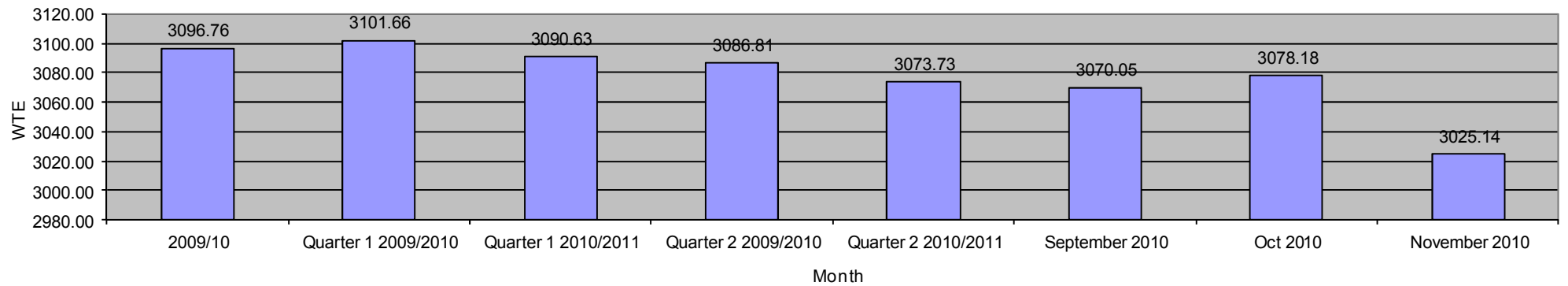
Staff Group	2010-11	Quarter 1 2011/12	Quarter 2 2011/12	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-10	Nov-11
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	102.67	93.13	93.68	92.08	93.70	94.54	93.61	92.72	93.49	95.46	96.63	95.24
Additional Clinical Services	483.35	469.52	469.96	469.84	470.52	470.87	470.58	470.29	468.55	468.22	480.86	467.78
Admin & Clerical	677.64	659.90	647.11	669.32	660.39	651.97	649.74	645.56	644.60	640.44	682.92	641.16
Allied Health Professionals	134.95	131.61	131.36	131.59	131.15	131.00	132.05	133.86	132.21	131.35	133.51	132.15
Estates & Ancillary	194.50	196.71	193.35	199.26	197.58	195.02	192.44	191.47	193.07	192.45	198.59	192.48
Healthcare Scientists	66.62	64.11	64.11	64.11	64.11	64.11	64.11	64.11	64.11	63.61	66.21	63.11
Medical & Dental	300.42	299.45	300.29	297.99	301.44	302.21	301.95	297.84	296.93	299.23	292.06	299.78
Nursing & Midwifery (Registered)	1,082.76	1,063.64	1,056.05	1,069.86	1,062.24	1,060.96	1,060.66	1,056.92	1,054.88	1,051.91	1,072.36	1,052.74
Trust	3042.91	2978.07	2955.89	2994.06	2981.13	2970.69	2965.14	2952.76	2947.83	2942.67	3023.14	2944.43

Staff Group	2010-11	Quarter 1 2011/12	Quarter 2 2011/12	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-10	Nov-11
	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	124	110	110	110	110	110	110	109	110	113	118	113
Additional Clinical Services	774	758	770	756	753	755	768	776	773	780	797	776
Admin & Clerical	869	834	818	846	833	823	821	819	816	814	880	814
Allied Health Professionals	195	194	194	196	195	193	195	196	195	195	197	197
Estates & Ancillary	262	270	267	273	271	269	265	260	266	273	273	274
Healthcare Scientists	70	67	67	67	67	67	67	67	67	67	69	66
Medical & Dental	358	368	370	369	371	371	368	367	369	373	365	375
Nursing & Midwifery (Registered)	1,445	1,435	1,425	1,442	1,435	1,434	1,433	1,426	1,419	1,419	1,459	1,427
Trust	4,097	4,036	4,021	4,059	4,035	4,022	4,027	4,020	4,015	4,034	4,158	4,042

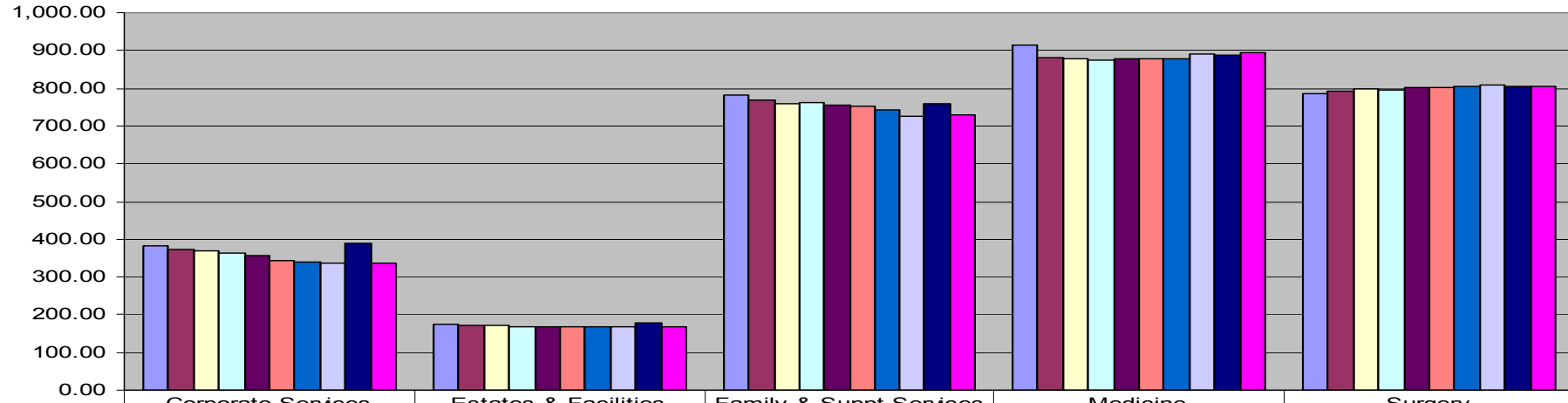
WTE Staff in Post - Trust



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-10	388.93	177.00	760.32	887.17	803.92
Nov-11	337.08	168.20	728.62	893.20	804.53

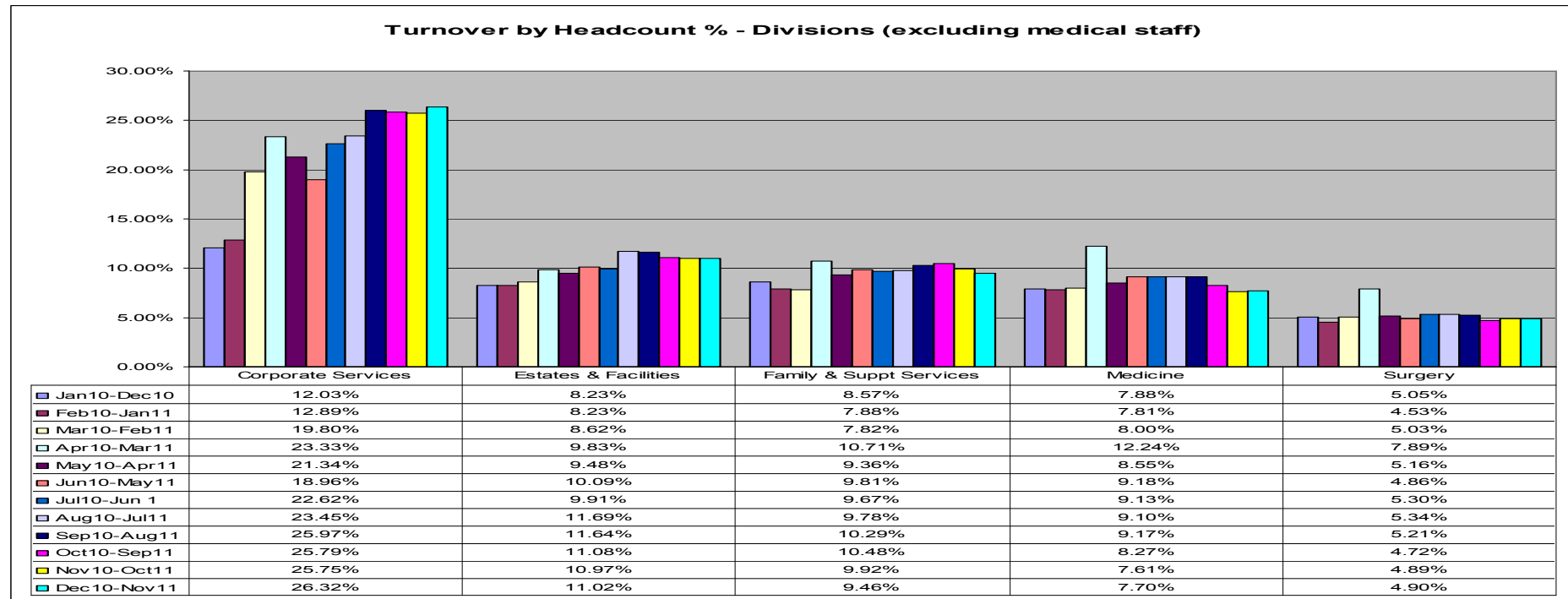
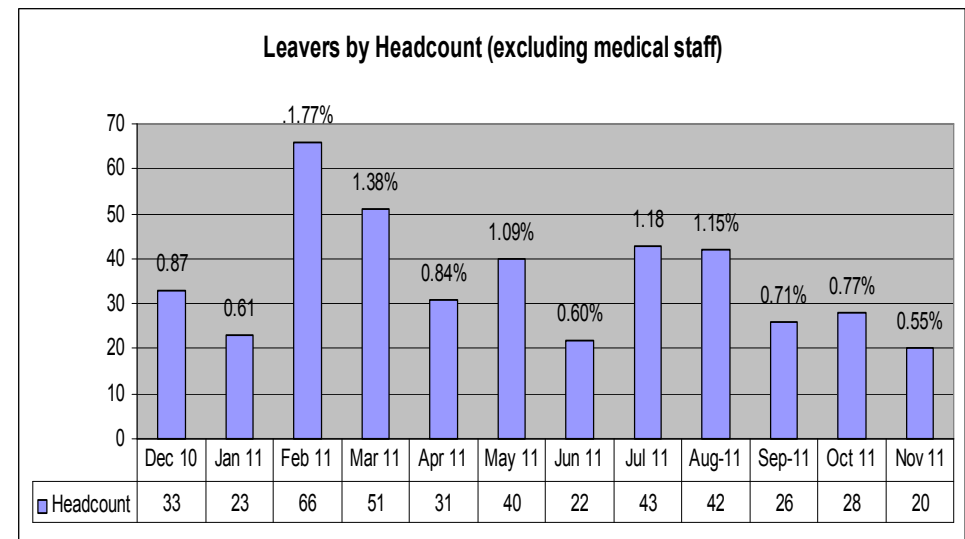
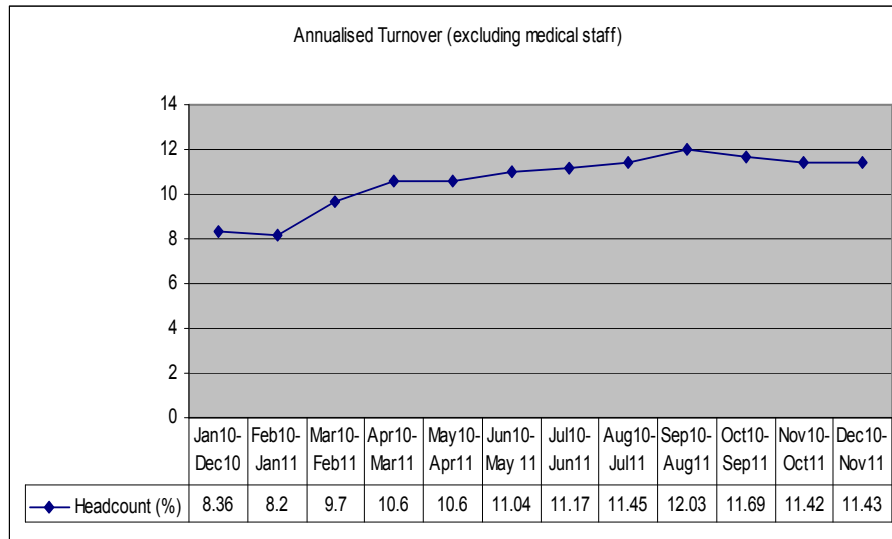
3 Overtime – 2011/12

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

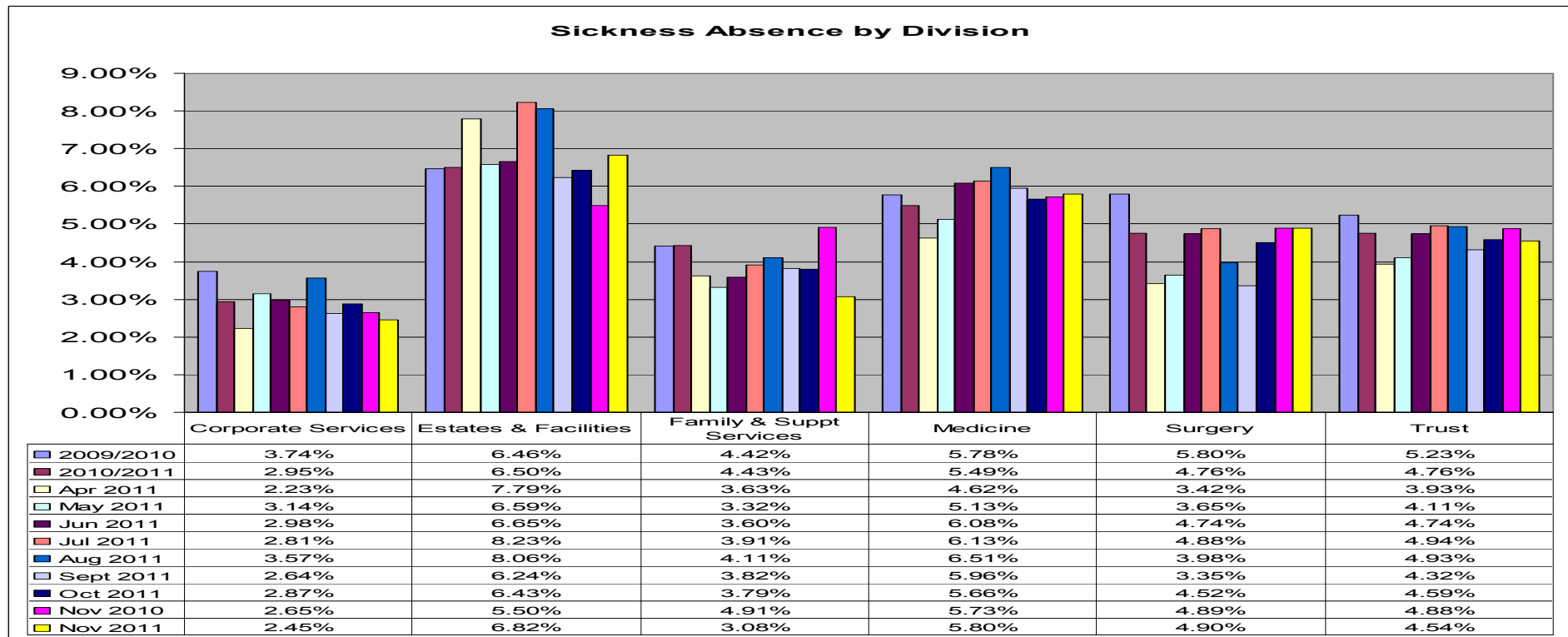
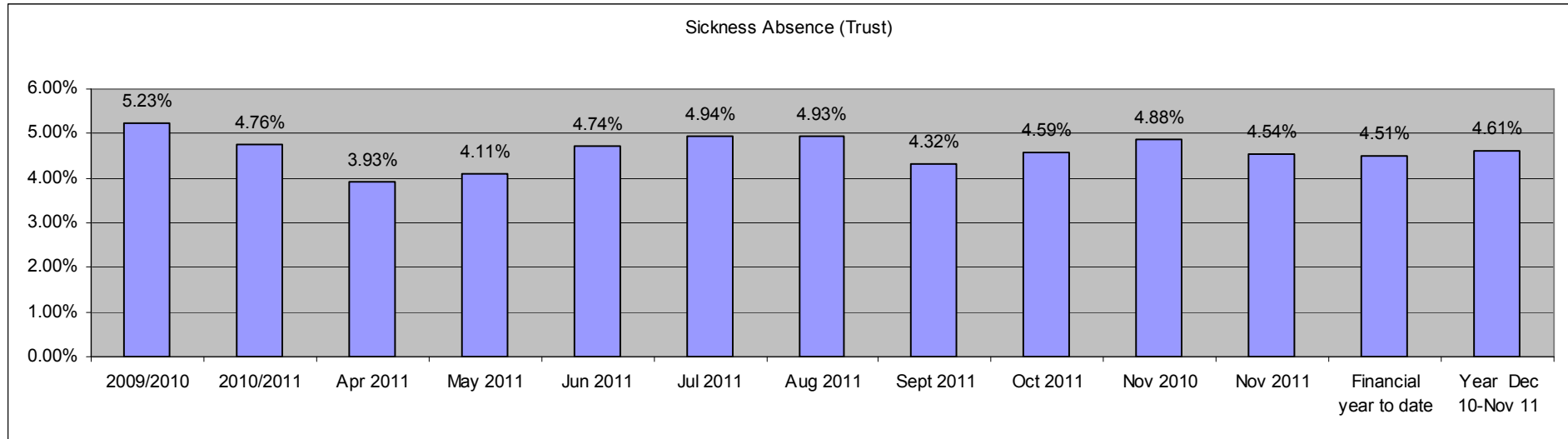
	September			October			November			December			January		
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total
Corporate Services	15,921	1,535	17,455	9,351	2,101	11,453	13,736	3,746	17,482						
Estates & Facilities	34,124	22,799	56,923	32,947	14,501	47,447	36,250	10,894	47,144						
Family & Support Services	85,244	18,430	103,674	75,587	17,684	93,271	82,306	15,065	97,371						
Medicine	108,412	7,890	116,302	71,938	7,108	79,046	47,346	9,218	56,563						
Surgery	46,235	6,251	52,486	25,562	6,685	32,247	29,315	6,051	35,366						
TOTAL 11/12	289,936	56,905	346,841	215,384	48,079	263,464	208,952	44,975	253,927						

	February			March			YTD Basic	YTD Prime	YTD Total	2010/11 Prime
	Basic	Prime	Total	Basic	Prime	Total				
Corporate Services							92,450	19,646	112,096	41,867
Estates & Facilities							271,215	113,362	384,577	175,888
Family & Support Services							637,588	126,700	764,288	236,372
Medicine							622,769	57,145	679,914	93,362
Surgery							302,091	68,511	370,602	123,334
TOTAL 11/12							1,926,114	385,363	2,311,477	670,823

4 Turnover

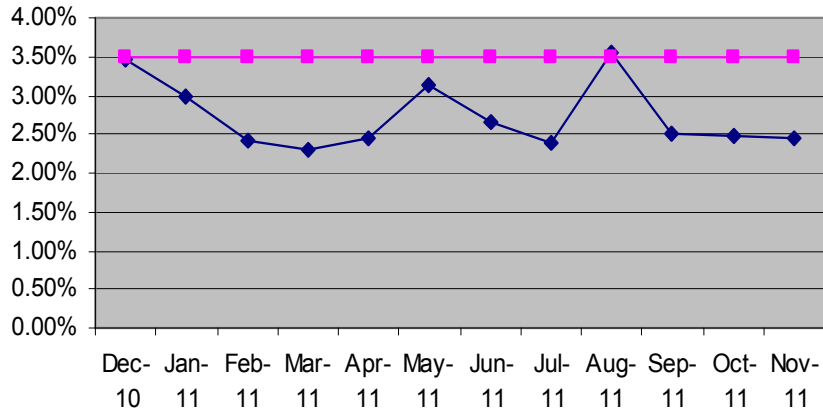


5. Sickness Absence

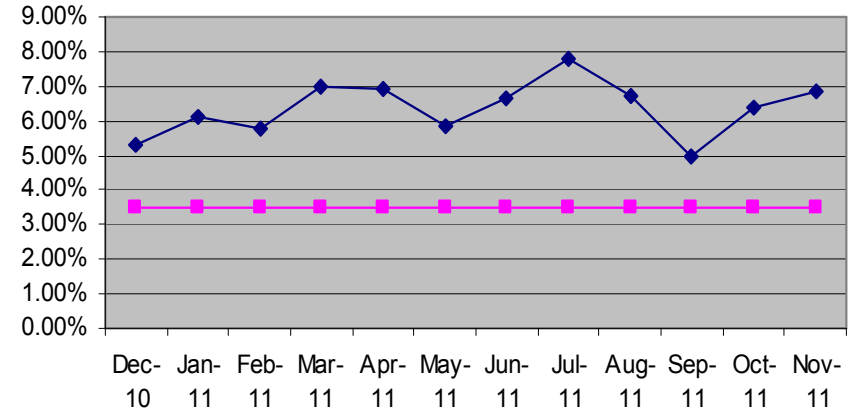


Sickness Target Trackers 2010/11

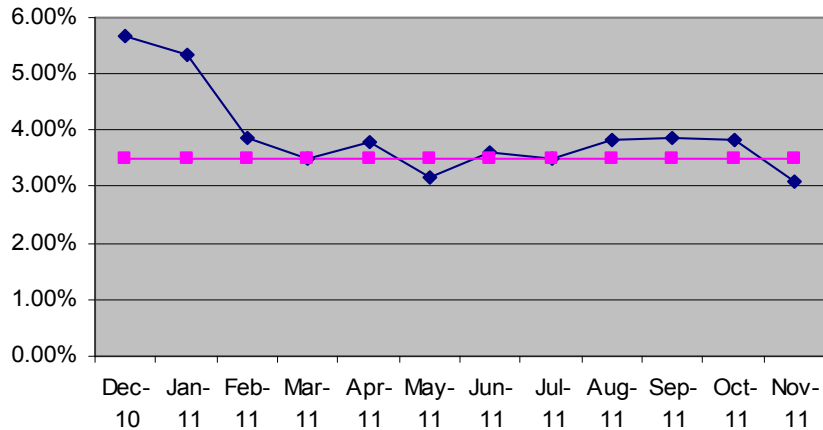
Sickness Absence Corporate Services



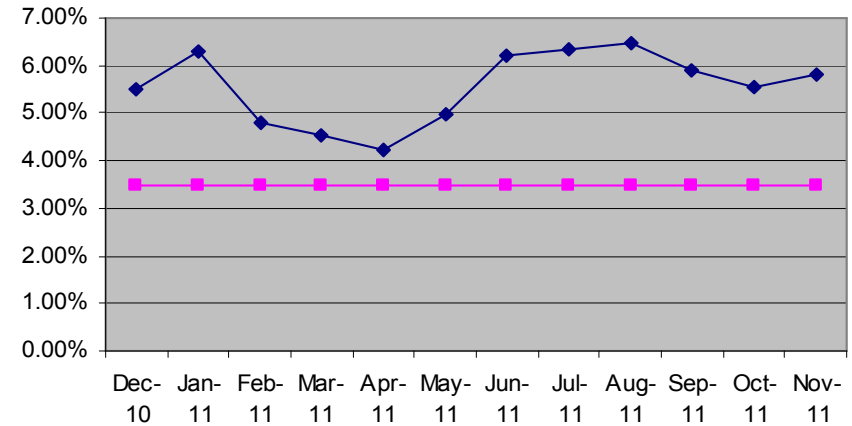
Sickness Absence Estates & Facilities

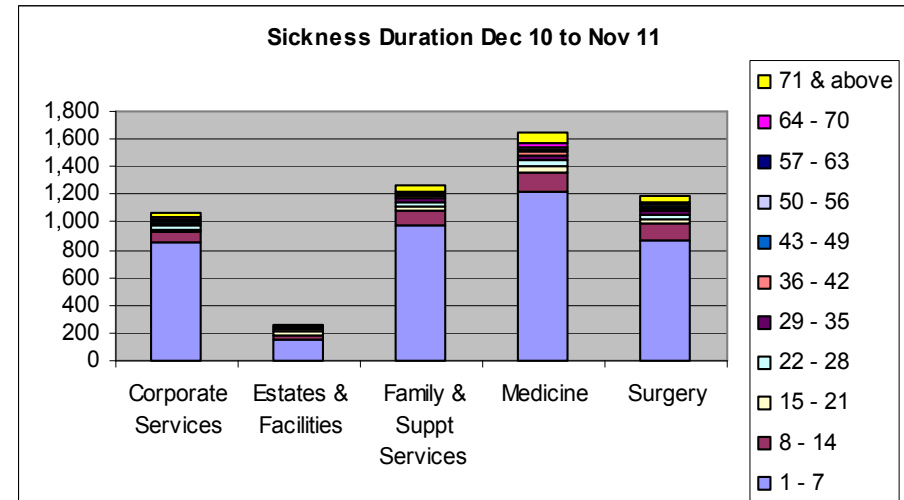
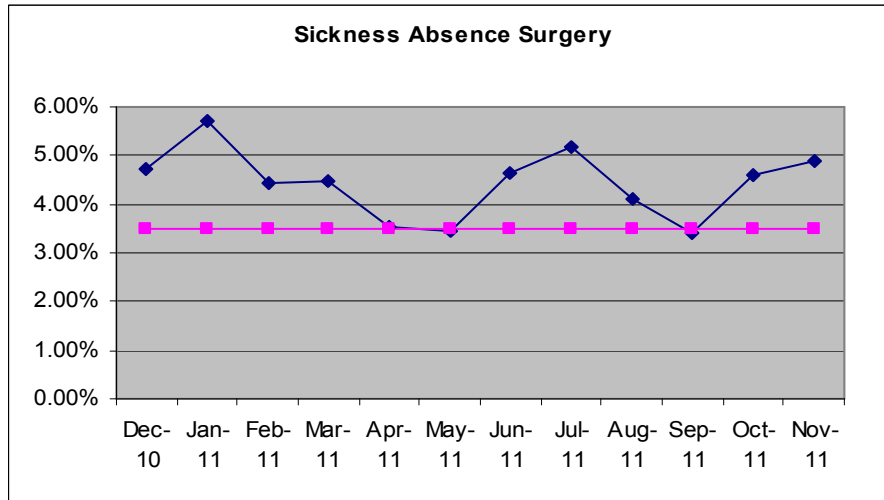


Sickness Absence Family & Support Services



Sickness Absence Medicine





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	-	-				
Targets set	3	-	-	2	1	-	1	3	1				
First Written Absence Caution	10	-	1	3	-	1	1	2	3				
Final Written Absence Caution	-	-	-	-	-	-	-	-	-				
Other action:	-	-	-	-	-	-	-	-	-				
Total	13	0	1	5	1	1	3	5	4				

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				

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	-	-	-	-	-	-	1-
First Written Warning		-	-	-	-	-	-	-	-	-	-	-	-	-
First Written Warning & transfer		-	-	-	-	-	-	-	-	-	-	-	-	-
Final Written Warning	4	-	-	-	-	-	1	-	-	-	-	-	-	1
Final Written Warning & transfer (as alternative to dismissal)		-	-	-	-	-	-	-	-	-	-	-	-	-
Final Written Warning & downgrading (as alternative to dismissal)		-	1	-	-	-	-	-	-	-	-	-	-	1
Final Written Warning & transfer & downgrading (as alternative to dismissal)	3	-	-	-	-	-	-	-	-	-	-	-	-	-
Dismissal	6	1	-	-	1	-	2	-	1	-	-	-	-	5
Total	15	1	1	0	1	0	4	0	1					8

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

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

7. Occupational Health

Cumberland Infirmary	2010/11 (Aug 10 on)	Apr 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11
Pre-Employment Acute Staff	250	17	16	24	35	37	20	24	14
Pre-Employment Non Acute Staff	22	13	3	1	1	3	-	3	2
Pre-Employment Placements	114	5	1	-	-	-	-	-	-
Managers Referral (no in brackets - stress related)	335 (28)	28 (4)	24 (1)	41	41 (1)	29 (2)	31 (2)	9 (3)	48 (9)
Self-Referral (no in brackets - stress related)	289 (13)	15	20 (0)	16	19 (3)	10 (1)	15 (2)	11	22
Nurse Review Appointments	175	7	6	9	10	9	15	8	8
Other Routine Nursing Appointments	1869	54	77	73	79	63	144	1067	368
Doctor's Appointments	169	27	29	10	32	30	25	38	42
<u>TOTAL</u>	3223	166	186	174	217	181	250	1160	504
DNA	368	27	24	29	34	32	37	15	46

West Cumberland Hospital	2010/11 (Aug 10 on)	Apr 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11
Pre-Employment Acute Staff	115	11	7	22	29	13	20	9	10
Pre-Employment Non Acute Staff	5	-	-	-	-	-	-	-	-
Pre-Employment Placements	149	10	3	11	7	5	11	2	8
Managers Referral (no in brackets - stress related)	265 (23)	20 (2)	24 (2)	23 (1)	26 (1)	51 (6)	28 (3)	24	13 (1)
Self-Referral (no in brackets - stress related)	425 (50)	54 (22)	57 (12)	51 (15)	43 (4)	46 (6)	58 (3)	30 (4)	32 (5)
Nurse Review Appointments	118	13	14	16	20	9	23	14	9
Other Routine Nursing Appointments	1148	19	34	25	26	19	30	559	141
Doctor's Appointments	114	-	--	0	13	16	9	9	13
<u>TOTAL</u>	2339	127	139	148	151	159	179	647	226
DNA	111	15	22	10	11	17	19	12	10

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	01/0610 to 31/05/11	01/07/10 to 30/06/11	01/0810 to 31/07/11	01/0910 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										
	Chief Op Officer / BMs	5	4	80.00	5	4	80	5	4	80.00										
	Corporate Planning	8	7	87.50	8	7	87.50	7	5	85.71										
	Finance	79	40	50.63	81	46	56.79	81	49	60.49										
	Governance	12	8	66.67	16	10	62.50	15	13	86.67										
	HR	62	55	88.71	62	52	83.87	63	51	80.95										
	IM&T	156	87	55.77	155	96	61.94	155	103	66.45										
	Nursing Support	27	13	48.15	15	11	73.33	15	12	80.00										
	Bank	216	100	46.30	143	105	73.43	152	109	71.71										
	Total	582	329	56.53	499	345	69.14	508	362	71.26										
Estates & Facilities		204	194	95.10	208	194	93.27	212	130	61.32										
Family & Support Services		888	564	63.51	895	538	60.11	212	133	62.74										
Surgical		912	660	72.37	819	454	55.43	825	426	51.64										
Medical		789	459	58.17	932	619	66.42	934	576	61.67										
Trust overall		3375	2206	65.36	3353	2150	64.12	3375	1993	59.05										

RAG Coding

 < 50%

 <80%

 > 80%

9. Mandatory Training -

Mandatory Health & Safety Programme 2011

Division		01/0610 to 31/05/11	01/07/10 to 30/06/11	01/0810 to 31/07/11	01/09/10 to 31/08/11	01/10/10 to 30/09/11	01/11/10 to 31/10/11	01/12/10 to 30/11/11	RAG
Corporate Services	CX Office	60.00%	95.65%	95.00%	90.48%	88.24%	100%	88.89%	Green
	Corporate Planning	40.00%	60.00%	62.50%	83.33%	83.33%	78.77%	75.00%	Green
	Finance	31.52%	68.18%	69.14%	69.05%	70.89%	70.11%	71.08%	Orange
	Governance	76.92%	72.73%	90.91%	83.33%	83.33%	92.31%	85.71%	Green
	Human Resources	43.66%	74.32%	80.30%	80.56%	80.60%	83.33%	86.36%	Green
	IM&T	56.17%	79.39%	81.70%	80.63%	79.10%	76.10%	75.48%	Orange
	Nursing Support	71.43%	79.41%	87.88%	93.94%	93.33%	94.44%	95.00%	Green
	Bank	9.63%	35.52%	48.23%	51.62%	43.84%	54.21%	45.86%	Red
	Total	34.64%	51.40%	62.37%	63.65%	56.53%	64.24%	57.45%	Orange
Estates & Facilities	75.55%	89.18%	89.60%	91.18%	85.84%	89.90%	83.26%	Green	
Family & Support Services	34.40%	46.07%	52.97%	53.13%	53.40%	58.29%	50.07%	Orange	
Surgical	44.42%	60.31%	69.86%	70.77%	68.11%	72.99%	68.45%	Orange	
Medical	34.33%	44.63%	53.51%	54.99%	54.09%	58.91%	60.81%	Orange	
Trust overall	39.14%	52.21%	60.83%	61.76%	59.15%	64.69%	59.95%	Orange	

RAG Coding	 < 50%	 < 80%	 > 80%
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SECTION 4

FINANCE REPORT

4. FINANCE REPORT

At the end of November the Trust is reporting a surplus of £43k against a planned surplus of £483k, resulting in an adverse variance of £440k.

There was an improvement of £320k in the Trust's income position in month which is now £2,810k ahead of the cumulative plan. Clinical Income remains significantly ahead of plan especially in outpatient and emergency care, although there has been a small reduction in emergency activity month on month since May. The increased complexity of care being provided by the Trust continues and is most evident within daycase activity.

Pay overspent by £312k in November increasing the cumulative overspend to £1,844k. A number of initiatives implemented during late August and September, particularly in the ward areas, has now resulted in reduced expenditure on nurse bank staffing and overtime in recent months. All posts continue to be reviewed and subjected to a rigorous approval process as they become vacant with no automatic right to replace any member of staff. A combination of reducing temporary expenditure and not automatically replacing posts has reduced the Trust's headcount by over 50 WTEs over recent months. Expenditure on agency medical staffing was £456k in November which is a 10% reduction from October's expenditure of £505k. The Trust has now spent a total of £3,721k on agency to date.

In November non pay expenditure was £6,206k, a small increase compared to previous months driven by high expenditure on drugs excluded from PbR. Pressure remains on the clinical supplies and services' budgets which continue to overspend due to the higher than planned patient activity levels. The increasing cost of inflation continues to be a pressure across non pay generally and particularly on those budgets which are PFI related.

CIP actioned in month was £453k bringing the total CIP achieved year to date to £3.7m against the annual requirement of £15.2m. The Project Management Office's (PMO) latest forecast outturn against all workstreams is £8.2m. Considerable effort will need to be made to ensure that all identified CIP schemes are fully supported across the Trust allowing implementation in full and on time to ensure delivery of the £8.2m. Work to determine how the remaining £7m of savings can be achieved continues, and if no further savings can be made, the Trust will need to secure additional income. The slow implementation of CIP is continuing to have a detrimental effect on the liquidity of the organisation.

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 target remains at significant risk unless further cash releasing CIP is delivered over and above the £8.2m identified or additional income is secured.

Conclusion

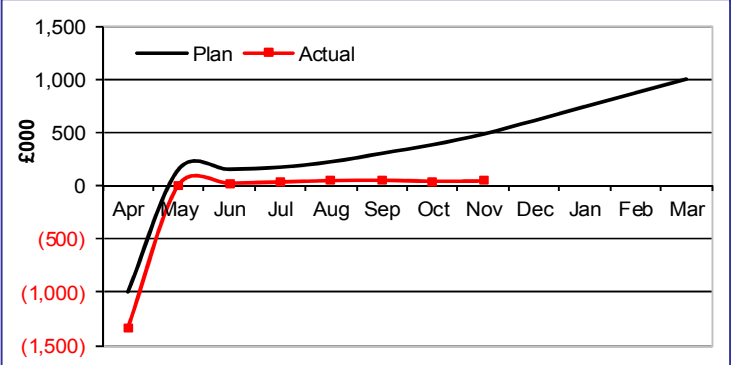
There was no significant change to the Trust's financial position in November. It remains very weak and although activity and income continue to be above plan costs are also higher than planned. Every effort must be made to reduce expenditure in order to bring costs back into line with the income generated. This remains a significant risk to the Trust's achievement of its statutory financial duties.

FINANCIAL OVERVIEW - 30th November 2011 (Month 8)

Income & Expenditure

The Trust is reporting a surplus of £43k against a planned surplus of £483k at the end of November, resulting in a negative variance of £440k. Pay reduced by £57k in month whilst Non Pay increased by £40k. Action needs to be taken to ensure expenditure reduces to bring the Trust into financial balance on a month by month basis as we move forward.

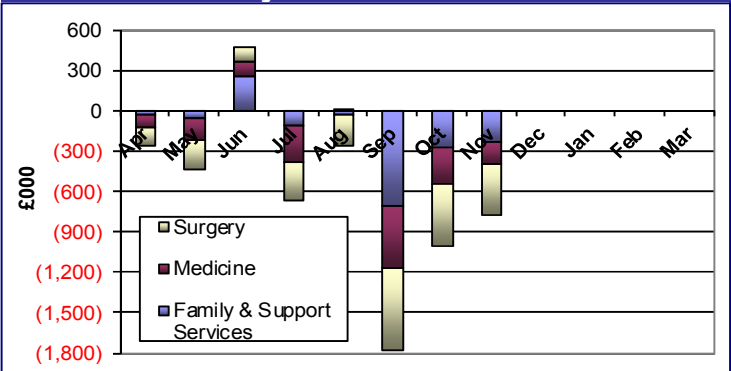
I&E Performance 2011/12



Divisional Performance

The divisions overspent by £763k in November mainly due to failure to achieve savings against their CIP targets. The divisional financial positions are now as follows: Family & Support Services £1,131k overspent, Medicine £1,305k overspent and Surgery £2,184k overspent. Agency expenditure reduced by 10% to £456k in November. Total agency expenditure is £3,721k to date.

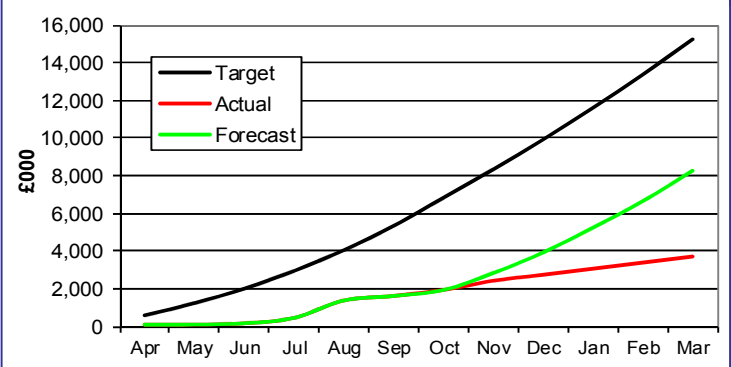
Divisional Monthly Variance



CIP Delivery

CIPs of £3.71m have been delivered in 2011/12 against the target of £15.2m. The plans to close some beds on a temporary basis, and reduce bank nurse and overtime payments have been implemented with some success. Other plans have been identified and the Trust's Turnaround Team continue to support the divisions to successfully implement these plans in order to maximise savings in this financial year.

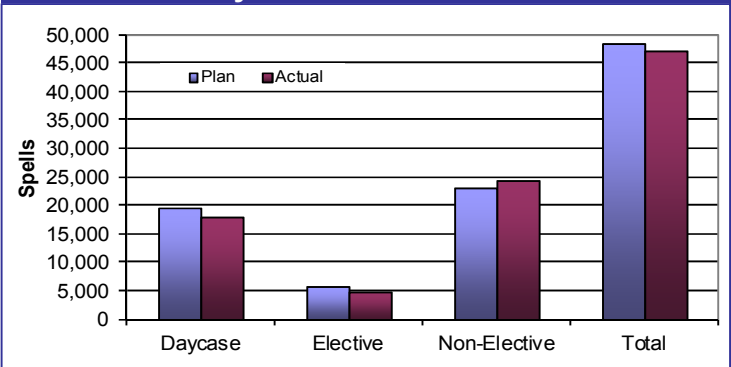
CIP 2011/12



Performance Against SLAs

Total Elective activity is 2,544 spells behind plan with both Daycases and Inpatients under performing. Non-Elective activity continues to perform above plan cumulatively but continues to reduce on a month by month basis since the high of May. Elective activity levels in November will have been impacted to a certain degree by the industrial action.

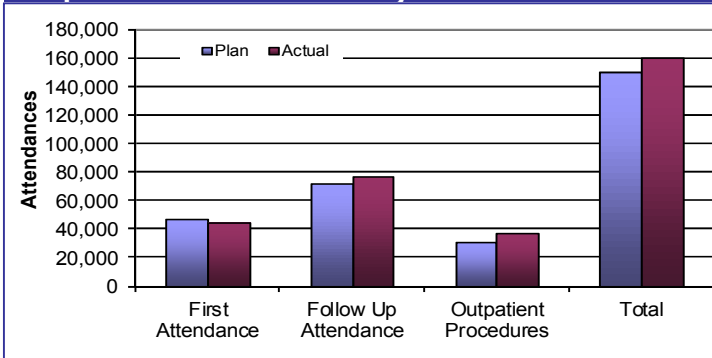
Contract Activity Performance



Outpatient Performance

Total Outpatient activity is 10,112 attendances ahead of the November cumulative plan. The plan and actuals have been adjusted to reflect the impact of non payment for attendances in excess of the 75th percentile for first to follow up ratios. The Trust needs to further reduce the number of Follow Up Attendances to allow more New Attendance slots to be available, thus improving the ratio and increasing income.

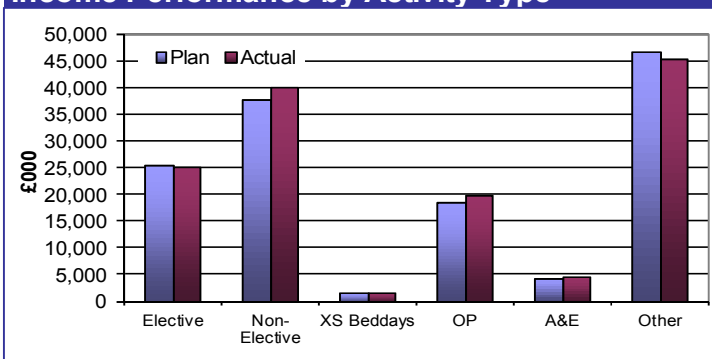
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is ahead of the cumulative plan by £2,276k. Non Elective spells and Outpatient procedures are driving the over performance reflecting the higher than planned activity levels. The casemix is richer than planned across all points of delivery.

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. Any shortfall in the delivery of CIP will have to be offset by additional income to ensure the breakeven position is achieved. The BPPC target will not be achieved in the current year due to the Trust's on-going liquidity issues.

2011/12 Performance Against Targets

Duty	Target	M08	Forecast
Breakeven Duty	To achieve a breakeven I&E	£43k surplus	£1,000k surplus
Capital Absorption Rate	To achieve a rate of 3.5%	3.50%	3.50%
Better Payment Practice Code	95% of payments within 30 days by volume & value	●	●
External Financing Limit (EFL)	To achieve the EFL	●	●
Capital Resource Limit (CRL)	To remain within the CRL	●	●

North Cumbria University Hospitals NHS Trust

Summary Financial Position to 30th November 2011 (Month 8)

(adverse) / favourable variance

Previous Net Variance						Annual Budget £000	In Month				Cumulative			
£000	%						Budget £000	Actual £000	Variance		Budget £000	Actual £000	Variance	
								£000	%			£000	%	
Income														
2,190	1.9%	NHS Clinical Income				193,854	17,020	17,105	85	0.5%	134,788	137,063	2,275	1.7%
(4)	(0.1%)	Other NHS Income (R&D, training etc)				6,493	475	527	53	11.1%	4,218	4,266	49	1.2%
287	32.0%	Non NHS Clinical Income (PP's, RTA)				1,541	128	136	7	5.6%	1,027	1,322	295	28.7%
17	0.3%	Operating Income				10,350	925	1,099	174	18.9%	7,241	7,432	191	2.6%
2,490	1.9%	Total Income				212,238	18,548	18,868	319	1.7%	147,274	150,083	2,810	1.9%
Expenditure														
		EST	WTE	Var										
Clinical Divisions														
(908)	(3.3%)	Family & Support Divison				(46,087)	(3,805)	(4,029)	(223)	(5.9%)	(31,351)	(32,482)	(1,131)	(3.6%)
(1,135)	(3.4%)	Medical Division				(52,125)	(4,750)	(4,920)	(170)	(3.6%)	(37,770)	(39,075)	(1,305)	(3.5%)
(1,814)	(6.0%)	Surgical Division				(50,454)	(4,167)	(4,537)	(370)	(8.9%)	(34,358)	(36,540)	(2,184)	(6.4%)
(3,857)	(4.3%)	Sub Total				(148,666)	(12,723)	(13,486)	(763)	6.0%	(103,478)	(108,097)	(4,620)	(4.5%)
Corporate Directorates														
(696)	(19.6%)	Chief Executive				(5,888)	(482)	(644)	(162)	(33.5%)	(4,033)	(4,890)	(857)	(21.3%)
(991)	(8.7%)	Estates and Facilities				(19,503)	(1,684)	(1,920)	(236)	(14.0%)	(13,039)	(14,267)	(1,228)	(9.4%)
(1,081)	(17.8%)	Finance				(9,711)	(764)	(993)	(229)	(30.0%)	(6,823)	(8,133)	(1,310)	(19.2%)
(103)	(4.6%)	Human Resources				(3,603)	(305)	(349)	(44)	(14.5%)	(2,552)	(2,699)	(147)	(5.8%)
29	16.3%	Medical Director				(259)	(17)	(13)	4	22.9%	(192)	(159)	32	16.9%
(322)	(33.5%)	Nurse Director				(1,834)	(173)	(161)	12	6.8%	(1,134)	(1,444)	(310)	(27.3%)
4,332	94.9%	Reserves				(6,974)	(1,075)	(33)	1,041	96.9%	(5,640)	(267)	5,374	95.3%
1	100.0%	Cost Improvements				0	0	0	(0)	100.0%	(1)	0	1	100.0%
(2,688)	(2.2%)	Total Expenditure				(196,437)	(17,223)	(17,600)	(377)	(2.2%)	(136,892)	(139,956)	(3,064)	(2.2%)
(197)	(2.2%)	EBITDA				15,801	1,325	1,268	(57)	(4.3%)	10,381	10,130	(255)	(2.5%)
		EBITDA %				7.4%	7.1%	6.7%			7.0%	6.7%		
34	0.9%	Depreciation				(6,223)	(519)	(513)	6	1.1%	(4,149)	(4,109)	40	1.0%
9	58.6%	Interest receivable				25	2	0	(2)	(88.5%)	17	23	7	40.2%
(187)	(5.0%)	Interest payable				(6,326)	(521)	(566)	(44)	(8.5%)	(4,240)	(4,471)	(232)	(5.5%)
0	0.0%	PDC Dividend				(2,032)	(167)	(167)	(1)	(0.4%)	(1,365)	(1,366)	(1)	(0.0%)
(342)	(65.2%)	Net surplus / (deficit)				1,245	121	22	(98)	(81.1%)	645	205	(440)	(68.3%)
0		Adjustment for Impairments					0	0	0		0	0	0	
0	0.0%	IFRIC 12 / Dual Accounting				(245)	(20)	(20)	0	0.0%	(162)	(162)	0	0.0%
(342)	(89.3%)	Revised Net surplus / (deficit)				1,000	101	2	(98)	-97.1%	483	43	(440)	(91.1%)

North Cumbria University Hospitals NHS Trust

Statement of Financial Position as at 30th November 2011 (Month 8)

Statement of Financial Position	Closing 31 March 2011	As at 31 October 2011	Movement in Year to Date	As at 30 September 2011	Movement in Current Period	Budgeted Closing Balance (31 March 2012)
	£000	£000	£000	£000	£000	£000
NON-CURRENT ASSETS:						
Property, Plant and Equipment	126,774	127,672	898	127,574	98	136,614
Intangible Assets	357	393	36	357	36	325
Trade and Other Receivables	2,659	1,690	(969)	2,733	(1,043)	2,500
TOTAL NON-CURRENT ASSETS	129,790	129,755	(35)	130,664	(909)	139,439
CURRENT ASSETS:						
Inventories	2,923	3,078	155	3,005	73	2,500
Trade and Other Receivables	10,789	30,648	19,859	32,419	(1,771)	6,395
Cash and cash equivalents	595	7,020	6,425	6,925	95	750
TOTAL CURRENT ASSETS	14,307	40,746	26,439	42,349	(1,603)	9,645
TOTAL ASSETS	144,097	170,501	26,404	173,013	(2,512)	149,084
CURRENT LIABILITIES:						
NHS Trade Payables	(1,790)	(4,639)	(2,849)	(4,075)	(564)	(4,340)
Non-NHS Trade Revenue Payables	(2,034)	(4,266)	(2,232)	(4,415)	149	(8,500)
Non-NHS Trade Capital Payables	(2,391)	(1,026)	1,365	(769)	(257)	(5,500)
Other Liabilities	(10,525)	(34,967)	(24,442)	(38,051)	3,084	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	(98)	(98)	(126)	28	0
TOTAL CURRENT LIABILITIES	(19,595)	(47,855)	(28,260)	(50,295)	2,440	(21,465)
NET CURRENT ASSETS/(LIABILITIES)	(5,288)	(7,109)	(1,821)	(7,946)	837	(11,820)
TOTAL ASSETS LESS CURRENT LIABILITIES	124,502	122,646	(1,856)	122,718	(72)	127,619
NON-CURRENT LIABILITIES						
Borrowings	(55,084)	(54,069)	1,015	(54,100)	31	(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)	(3,925)	592	(3,974)	49	(4,070)
Other Liabilities	0	0	0	0	0	0
TOTAL NON- CURRENT LIABILITIES	(68,163)	(66,128)	2,035	(66,208)	80	(64,750)
TOTAL ASSETS EMPLOYED	56,339	56,518	179	56,510	8	62,869
FINANCED BY TAXPAYERS EQUITY:						
Public Dividend Capital	58,018	58,018	0	58,018	0	63,550
Retained Earnings	(16,646)	(16,465)	181	(16,473)	8	(12,451)
Revaluation Reserve	11,769	11,769	0	11,769	(0)	11,770
Donated Asset Reserve	1,727	1,725	(2)	1,725	0	0
Government Grant Reserve	1,471	1,471	0	1,471	(0)	0
TOTAL TAXPAYERS EQUITY	56,339	56,518	179	56,510	8	62,869
Cash in OPG accounts	591	7,016	6,425	6,921	95	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 B1

PERFORMANCE DASHBOARD

In summary the dashboard provides: -

- A profile of performance in each month of the current year, up to and including, the latest data available.
- All data items are shown using a monthly profile with the exception of a small number of indicators which use a quarterly profile.
- The criteria for traffic lighting (trajectory position) is used to assess performance for the current data period. Grey shading for the latest month indicates that data is not yet available for that period, at the time of the production of the report.
- The letters “nad” in a grey shaded box means that there was “no applicable data (nad)” for that particular period/month.
- The “Year to Date” column is also traffic lighted for those indicators where performance has to be achieved across the whole of the year.