

TRUST BOARD

| | | |
|---|----------------------------|---------------------|
| Date of Meeting: 10/07/2012 | Agenda Item No: 7.1 | Enclosure: 6 |
| 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 one of 2012/13. | | |
| <ul style="list-style-type: none"> Operational performance against key targets remains broadly strong with some pressures within specific specialities on access targets. The Trust is reporting a surplus of £60k at the end of April against a planned surplus of £65k. The position in May is supported by £4.1m of strategic support funding which has yet to be formally agreed with the Strategic Health Authority, although it continues to be discussed. Income has continued to be below plan in month driven by lower than planned levels of non-elective activity. Pay expenditure was higher than planned due to the payments for bank holidays, although bank and overtime costs reduced in month. Non-pay expenditure increased in month and was at a similar level to the 2011/12 average. The CIP target has been fully allocated to the divisions in month and the achievement of this target remains the focus of attention. The total number of directly employed staff has reached a plateau with a relatively small wte increase in month. Overtime payments have reduced significantly to £305,000 from £439,000, although April was an exceptionally high month. Turnover remains constant at just over 10% while the sickness absence rate has reduced to its lowest level this calendar year of 4.58% (the underlying trend is 4.7%). All divisions now show an underlying trend of below 5% except for Estates and Facilities. Appraisal participation rates remain constant at just over 60% against a target of 80%. The participation in mandatory training remains problematic and improvement in this area is a major part of the HR Transition plan with Northumbria. Excellent performance on minimisation of infection across the Trust continues, with no incidences of hospital acquired MRSA bacteraemia for 24 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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**TRUST BOARD
PERFORMANCE REPORT
Month Two (May)
Performance reported in
July 2012**

INTRODUCTION

This report provides the Trust Board with a summary of the organisations performance against a range of key performance indicators as at 1 May 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 1: PERFORMANCE DASHBOARD**
- APPENDIX 2: QUALITY DASHBOARD**

SECTION 1

OPERATING PERFORMANCE

1. **OPERATING PERFORMANCE**

The full Performance Dashboard is located at Appendix 1. 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

Quality issues are addressed in Section 2, 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

Nil to report

1.2 Clostridium Difficile Infections

Nil to report

1.3 Patient Experience Survey

Nil to report

1.4 Referral to Treatment: Admitted Patient Care 95th Percentile

Admitted care 95th percentile 32.14 weeks against a target of 23 weeks. This is an improvement on last month's position (34.28 weeks)

Non-compliant specialties in April were:

| | |
|---------------|-------------|
| Surgery | 24.71 weeks |
| Orthopaedics | 27.57 weeks |
| Ophthalmology | 42.71 weeks |
| Dermatology | 28.43 weeks |
| Gynaecology | 33.71 weeks |

Ophthalmology and gynaecology remain on target to achieve 18 week compliance as part of the overall trust recovery plan.

Other specialties continue to manage long waiters in line with the plans to achieve the incomplete pathway target of 92%.

Particular specialty pressures in Surgery, Orthopaedics and Dermatology are being managed by the divisions and monitored at the weekly PTL meeting.

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

Nil to report

1.6 Referral to Treatment: Incomplete Pathways 95th Percentile

Nil to report

1.7 Mixed Sex Accommodation Breaches

The nine mixed sex breaches in 2012 relate to patients not being transferred within a four hour period from Intensive care to a general ward.

1.8 A&E Clinical Indicators

- Unplanned re-attendance rate

The national target is 5% this indicator measures all unplanned re-attendances within a 7 day period including those who re-attend for an unrelated condition to the original.

CIC:

For the month of April CIC returned 5.2% against the target, a marginal improvement on April 2012 (5.3%)

5 patients re-attended

All attributable to mental health, substance misuse or alcohol

WCH:

For the month of April WCH returned 5.9% against the target, a slight deterioration on May 2012 (5.4%)

4 patients re attended

All attributable to mental health, substance misuse or alcohol

- Total time in A&E dept
- Left without being seen
- Time to initial assessment
- Time to treatment

All the A&E clinical quality indicators are monitored by the directorate team weekly.

Key issues are being addressed by the emergency flow project and implementation on the integrated emergency floor are as follows:-

- New ways of working in A&E
- Increased rigour around escalation and bed management processes
- Presence of consultants at an early stage in patient pathway. New medical model due to be implemented in August 2012.
- Reducing lodged patients in A&E
- Resolving transport issues
- Reducing emergency admissions
- Resolving DTOC issues

1.9 Cancer: 2 week waits

Achieved

1.10 Cancer: 62 days waits

62 Day Waits for First Treatment – Screening

13 patients seen, 3 breaches. 76.9% against target of 90%.

1 patient delayed awaiting an appointment for a colonoscopy. Escalated to Business managers in Surgery and Endoscopy, discussions ongoing to address capacity issues and ensure availability.

1 patient referred to lung team as suspicious findings on CT scan which required further investigation. Patient discussed with Newcastle Lung specialist MDT transferred for biopsy and surgery for lung cancer which delayed commencement of treatment for colorectal cancer clinical decision re which cancer was to be treated first.

1.11 Emergency Re-admissions (within 30 days)

Nil 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

Nil to report

3.2 A&E Clinical Quality: Ambulatory Care

Nil to report

3.3 A&E Clinical Quality: Consultant Sign Off

Nil to report

3.4 Cancer: 31 Day Waits

- 31 day wait – Subsequent Treatment – Surgery
12 patients 1 breach
91.7%
Patient unfit on day of surgery
- 31 day wait – Subsequent Treatment – Drugs
39 patients 1 breach
97.4%
Patient choice – wished to go on holiday

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

Weekly monitoring of performance indicators are now in place on both sites, through weekly meetings. At CIC they are now holding a daily MDT data collection meeting to ensure that all evidence is collated. In addition to this there are now ring fenced beds purely for stroke patients on both sites to ensure that beds are available for patients coming in through the A&E Department. A case note review of patients who did not have any stay on an acute stroke unit is being undertaken.

A new performance pack is being developed to highlight the key areas of the performance metrics, these will be by site and as a whole, and this will be available for the next Divisional performance meeting.

An assessment of performance for Quarter 2 is underway and will be discussed and agreed with the CCG.

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

Nil to report

3.11 Referral to Treatment: Non-Admitted Patients Median Wait

Nil to report

3.12 Referral to Treatment: Incomplete Pathway Median Wait

Nil to report

4. RESOURCES: SUPPORTING MEASURES

4.1 Length of Stay for Acute G&A Spells

Nil to report

4.2 Day Case Rate (G&A)

Nil to report

4.3 Delayed Transfers of care

We are continuing to meet with the wider health economy about a whole system approach to Delayed Transfer of Care (DTOC). There is a health economy workshop in mid-July which aims to develop a new integrated approach to reducing delayed transfer of care. Discussions have been had with the NHS North of England surrounding definitions of DETOC. They have suggested that we define patients who are identified suitable for transferring to community hospitals as not a delay under the definitions. This is being confirmed in writing. Overall there is still a slight downward trend in the number of delays.

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)

Sickness absence rates have fallen to the lowest rates (4.6%) this calendar year against the regional target of 3.5%. The plan to further reduce sickness absence and thereby reduce agency, bank and overtime costs continues to be managed as part of the workforce theme in the PMO.

4.11 Temporary Staffing Costs (including agency costs)

Overtime rates have reduced and divisions are working towards eliminating long term locum or agency staff by creating permanent (cheaper) positions or designing new works of working.

5. LOCAL MONITORING

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

Nil to report

5.2 Thrombolysis: 60minutes call to needle time

7 patients 3 breaches 57.1%

This is an improvement from April 2012 (50%)

3 patients breached due to extended call to door times (NWAS transportation)

0 patients breached due to uncertain diagnosis

5.3 Referral to Treatment

- % admitted patients treated < 18 weeks
82.3% against target of 90%.
The Trust is on trajectory to deliver 90% both as a Trust and by specialty by 1 July 2012.
- % non – admitted
Nil to report

5.4 Cancelled Operations

The cancellation of patients on the day of admission continues to be an area of focus. The escalation processes in advance of patient cancellation has improved however there are a number of key improvement areas that are being tackled within divisions to reduce the number of cancellations, which was 43, further.

The provision of orthopaedic emergency trauma capacity is being reviewed to prevent cancellation of elective cases when the orthopaedic emergency case load peaks; this accounted for 13 cancellations in month.

An identified bed policy has now been introduced to prevent delays being incurred at the start of theatre lists whilst beds are vacated, the aim of this policy is to reduce the number of cancellations due to lack of theatre time; this accounted for 12 cancellations.

Equipment failure in the PCI Lab within Cardiology resulted in 8 cancellations. The failure to the equipment was resolved and is fully functional again.

ITU bed availability caused 2 cancellations in month, and it is recognised that a review of elective bed-booking in ITU needs to be performed. The division are initiating this review.

The remaining 8 cancellations were a result of staff sickness or unavailability.

5.5 Infant Health: Breastfeeding Initiation

Nil to report

5.6 Infant Health: Smoking at Delivery

Nil to report

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

1 patient – complex pathway – monitored weekly at PTL.

5.8 Choose and Book slot availability

Nil to report

6. LOCAL PRODUCTIVITY METRICS

6.1 Reduce inpatient length of stay (elective)

Nil to report

6.2 Reduce inpatient length of stay (non-elective)

Nil to report

6.3 Day Case rate for basket of 25 procedures

Nil to report

6.4 Pre-operative bed days (non-elective)

Nil to report

6.5 Outpatient New to Review Ratio

Nil to report

6.6 Outpatient Did Not Attend (DNA) rate

Nil to report

7. LOCAL WORKFORCE METRICS

See Section 3 Workforce Report

7.1 Sickness/Absence Cost (£000)

See 4.10.

7.2 Turnover Rate (%)

Nil to report

7.3 KSF Development reviews (Rolling Total)

Nil to report

8. LOCAL QUALITY METRICS

See Appendix 2 Quality Dashboard

8.1 Risk Adjusted Mortality (CHKS data – Rolling Total)

Nil to report

8.2 Slips, Trips & Falls (inpatients)

Nil to report

8.3 MSSA (Attributed to Trust)

Nil to report

9. ESTATE METRICS

9.1 Planned Preventative Maintenance (PPM)

PPM performance for the first 2 months of the financial year has been consistently high and well in excess of the KPI target.

9.2 Maintenance Request Response Times

Reactive maintenance performance has been excellent demonstrating a high level of achievement.

10. FACILITIES METRICS

10.1 Catering: Waste Scores

In patient catering waste targets have been fully met.

10.2 Domestic: Cleaning Audit (Quarterly Report)

The cleaning audit scores for the first quarter will be included in next month's report.

10.3 Portering: Request Response

Reactive requests for portering services at both sites have continued to exceed the KPI target set.

11. REFERRAL TO TREATMENT ANALYSIS BY SPECIALTY

The Dashboard contains the details of the month one position. Section 11 shows the speciality performance levels as follows:

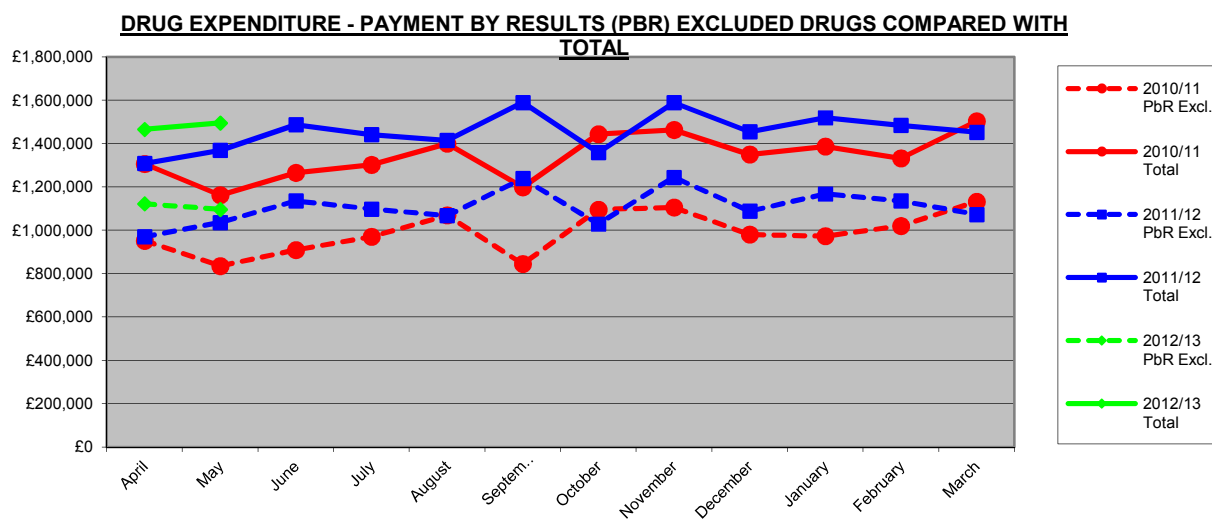
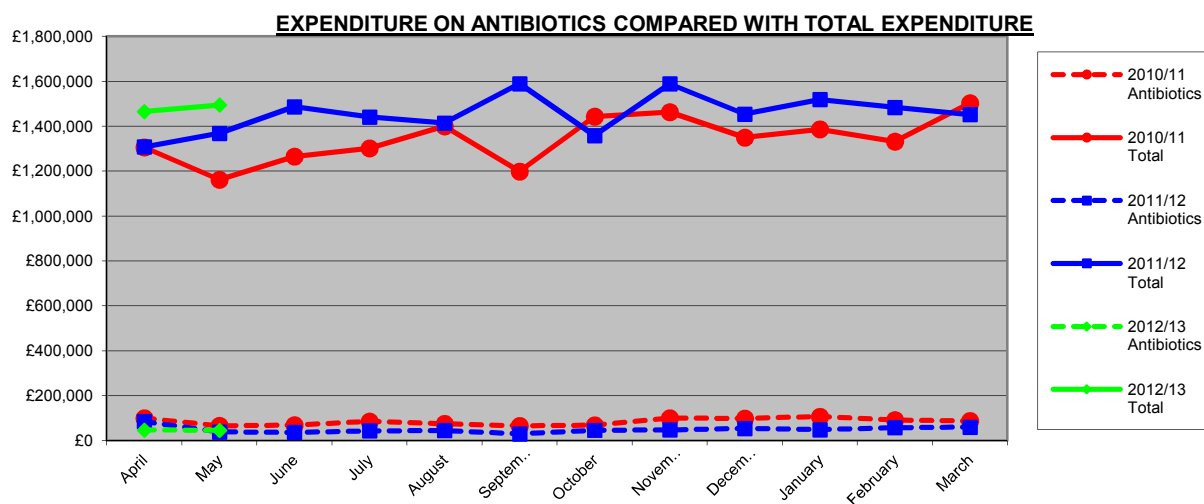
- a) Admitted and non-admitted - percentage treated within 18 weeks
- b) Admitted patient care 95th percentile
- c) Non admitted patient care 95th percentile
- d) Admitted patient care median wait
- e) Non admitted patient care median wait
- f) Incomplete pathways 95th percentile
- g) Incomplete pathways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

12. PHARMACY METRICS

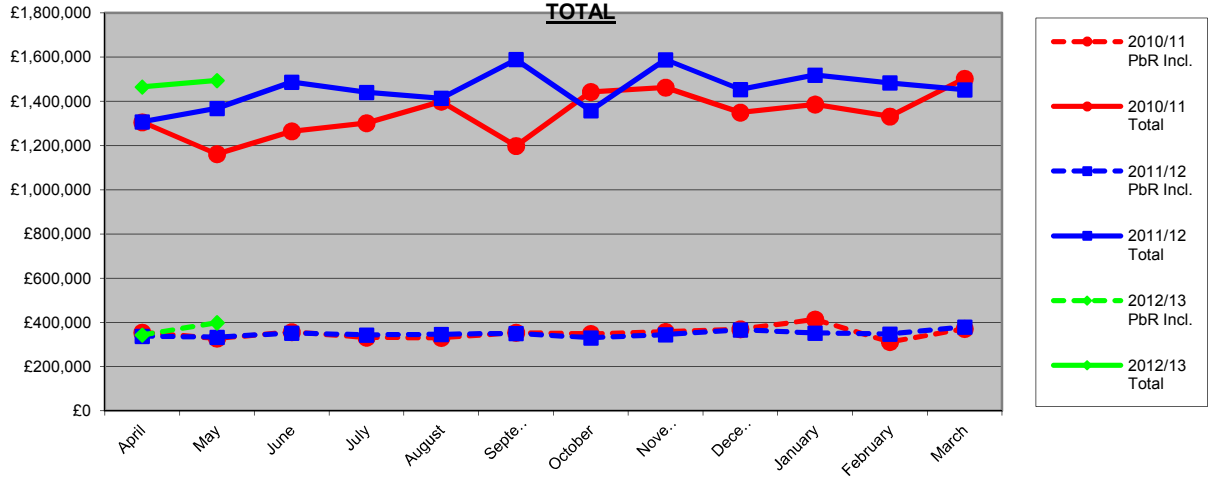
The charts below highlight expenditure for three key areas comparing expenditure against total drug spend and also comparing the current year and the previous two years.

Expenditure up to the end of month 2 of 2012/13 on antibiotic drugs continues to remain lower accounting for 3.1% of total expenditure compared to 4.6% in the same period in 2011/12.

The expenditure for PbR excluded drugs is 75% of the total drugs spend, and PbR included drugs account for 25%, which is the same as the corresponding period in 2011/12.



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



SECTION 2

QUALITY REPORT

1. QUALITY DASHBOARD

A new Quality dashboard of the performance report was planned to be presented to the July 2012 Trust Board, however there has been a further delay as we are currently reviewing Northumbria's quality dashboard. The Director of Operations, Director of Nursing and the Director of Governance are working with the Trust's information department to ensure these are aligned and that we have a robust dashboard for which future reporting can be monitored.

The new format will include all of the CQUIN measures and include the quality schedules which form part of the Trust's contract with NHS Cumbria. The key aim of this is to ensure that exceptions against performance are reported to the Trust Board.

1.1 CQUIN

The Trusts performance on the Commissioning for Quality Improvement (CQUIN) measures are reviewed and monitored by NHS Cumbria Commissioners. CQUIN measures are based on three separate categories; the Department of Health (DOH) National Measures, the Strategic Health Authority Regional Measures and locally agreed measures set by NHS commissioners. All clinical and management leads have no exceptions to report for quarter 1.

2. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE

2.1 Falls/Fractured Neck of Femur

The Trust has a specific target set for a reduction in falls as well as falls that result in a fractured neck of femur.

There has been an increased incidence of falls reported in May 2012 which are being reviewed by the slips trips and falls steering group led by the Matron for Nursing Standards and Deputy Director of Nursing.

There has also been an increase in May 2012 in patients who have sustained a fracture neck of femur following a fall. These incidents occurred in the following ward areas; Willow B (CIC), Jenkin (WCH) and Honister (WCH).

A root cause analysis has been undertaken and meetings have been held with the ward staff. The purpose of the meetings is to review the patient's care and assessments that were undertaken leading up to and following the fall. All staff have been very pro active in this process, evaluating practice and sharing lessons learned.

The Matron for Nursing Standards, Head of Nursing and Deputy Director of Nursing have also undertaken a full review of the root cause analysis and met with ward sisters and staff.

As reported previously to the Trust Board all harms resulting from a fall which include fractures will be declared as a serious untoward incident from April 2012 and follow the Trust's serious untoward investigation process. One of these incidents was declared as an SUI in June hence the data on the dashboard only reports 2 SUI 's for May 2012.

3. INFECTION PREVENTION

The excellent work carried out by our clinical teams to minimise infections has attributed to no post forty eight hour hospital acquired MRSA bacteraemia for twenty four months. This is an excellent achievement which is due to the excellent work of our clinical staff and the infection prevention team in maintaining high standards of infection prevention and control across the Trust.

The performance for the month of May 2012 for attributed Clostridium Difficile shows the Trust performing within trajectory with 2 attributed cases. This again demonstrates the excellent work carried out by the clinical teams to minimise infections across the Trust.

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 | |
| 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 2919.12 WTE at May 2012. This equates to a reduction of 68.12 WTE when compared to the equivalent month in 2011/12 and an increase of 6.44 WTE compared to April 2012 (2912.68 WTE).</p> <p>The largest two staff groups are Nursing & Midwifery (1037.95 WTE) and Admin & Clerical (636.63 WTE). Currently the Trust has a total of 304.59 WTE Medical and Dental staff and 461.72 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics (including medical staff) Medicine has the largest establishment (882.62 WTE) followed by Surgery (796.52 WTE) and Family and Support Services (726.46 WTE).</p> |
| Overtime | <p>Total overtime in May 2012 is £305,775 a reduction from April (£439,219). Overtime has reduced in all areas except for Corporate Services, which has shown a small increase.</p> <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. |
| Turnover | <p>Annualised turnover (headcount) for non-medical staff at May 2012 is 10.29%. There were 19 non-medical staff leavers during May (0.52%).</p> |
| Sickness Absence | <p>The Trust sickness absence rate for May 2012 has reduced to 4.58% from 4.83% (adjusted April 2012 rate).</p> <p>Medical Division (4.32%) and Surgical Division (4.39%) have dropped this month. Estates (7.13%), Family Services/Clinical Support (4.98%) and Corporate Services (3.69%) have risen.</p> <p>Absence duration continues to be primarily short term (1-7 days). HR Business Partners are actively supporting managers within each Division in implementing the sickness management procedure. To date, 46 cautionary review hearings have taken place and 28 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 3.5%.</p> |

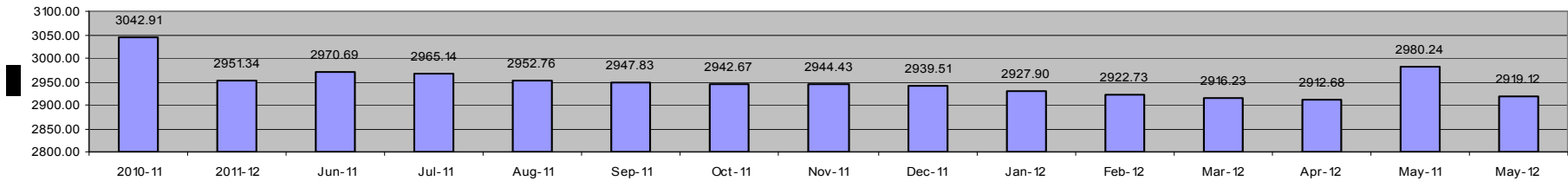
| | |
|----------------------------|---|
| Occupational Health | <p>Figures include flu vaccination appointments. Self referral figures include face to face appointments and telephone contact (the rise in routine appointments for May 2012 is mainly due to the measles blood tests required following the recent outbreak).</p> |
| Appraisal | <p>The annualised percentage of appraisals, including Consultants, completed at Trust level over the last 12 months to May 2012 has stayed relatively steady at 60.49% (April 2012 - 60.57%)</p> <p>The Estates Division along with the Finance and Governance departments within 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 scheduled to undertake this in 2012 are</p> <p>Foundation 1 trainees = 33 Foundation 2 trainees = 29</p> |
| Mandatory Training | <p>The Mandatory Programme includes the</p> <ul style="list-style-type: none"> • Core Mandatory Skills Programme • Trust Mandatory Skills Programme <p>These 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 shows completion rates for the annual, two yearly, three yearly and four yearly parts of the programme. Completion rates have also been added for Resuscitation training.</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

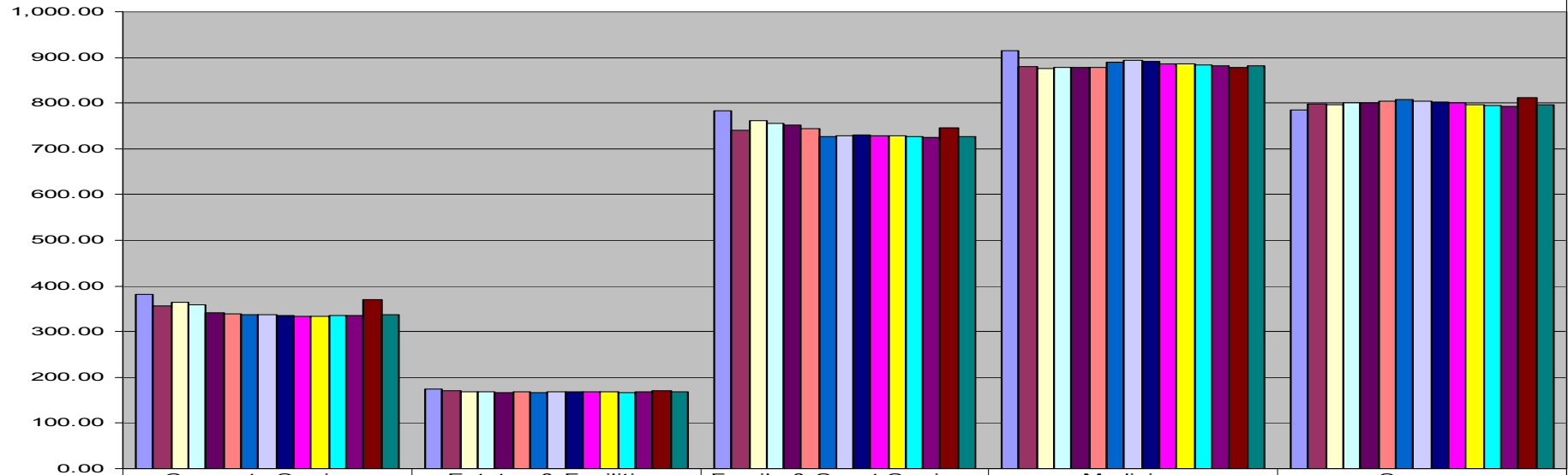
| Staff Group | 2010-11 | 2012-12 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan 12 | Feb 12 | Mar12 | Apr 12 | May11 | May 12 |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE | WTE |
| Additional Professional & Technical | 102.67 | 94.15 | 94.54 | 93.61 | 92.72 | 93.49 | 95.46 | 95.24 | 95.24 | 97.10 | 96.17 | 95.80 | 96.28 | 93.70 | 96.18 |
| Additional Clinical Services | 483.35 | 465.58 | 470.87 | 470.58 | 470.29 | 468.55 | 468.22 | 467.78 | 465.60 | 459.88 | 460.65 | 461.20 | 461.15 | 471.04 | 461.72 |
| Admin & Clerical | 677.64 | 653.14 | 651.97 | 649.74 | 645.56 | 644.60 | 640.44 | 641.16 | 640.64 | 640.39 | 640.43 | 639.04 | 635.90 | 660.39 | 636.63 |
| Allied Health Professionals | 134.95 | 130.80 | 131.00 | 132.05 | 133.86 | 132.21 | 131.35 | 132.15 | 133.00 | 130.50 | 129.68 | 129.22 | 130.51 | 131.12 | 131.41 |
| Estates & Ancillary | 194.50 | 194.89 | 195.02 | 192.44 | 191.47 | 193.07 | 192.45 | 192.48 | 191.15 | 190.80 | 190.94 | 190.24 | 191.40 | 197.16 | 192.33 |
| Healthcare Scientists | 66.62 | 63.61 | 64.11 | 64.11 | 64.11 | 64.11 | 63.61 | 63.11 | 63.61 | 64.61 | 62.11 | 62.61 | 61.61 | 64.11 | 58.31 |
| Medical & Dental | 300.42 | 300.15 | 302.21 | 301.95 | 297.84 | 296.93 | 299.23 | 299.78 | 301.51 | 304.23 | 306.07 | 305.59 | 304.39 | 300.48 | 304.59 |
| Nursing & Midwifery (Registered) | 1082.76 | 1049.03 | 1060.96 | 1060.66 | 1056.92 | 1054.88 | 1051.91 | 1052.74 | 1048.76 | 1040.39 | 1036.68 | 1032.53 | 1031.45 | 1062.24 | 1037.95 |
| Trust | 3042.91 | 2951.34 | 2970.69 | 2965.14 | 2952.76 | 2947.83 | 2942.67 | 2944.43 | 2939.51 | 2927.90 | 2922.73 | 2916.23 | 2912.68 | 2980.24 | 2919.12 |

| Staff Group | 2010-11 | 2012-12 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan 12 | Feb 12 | Mar12 | Apr 12 | May 11 | May 12 |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head | Head |
| Additional Professional & Technical | 124 | 112 | 110 | 110 | 109 | 110 | 113 | 113 | 113 | 115 | 115 | 115 | 117 | 110 | 119 |
| Additional Clinical Services | 774 | 759 | 755 | 768 | 776 | 773 | 780 | 776 | 770 | 758 | 759 | 762 | 768 | 755 | 785 |
| Admin & Clerical | 869 | 822 | 823 | 821 | 819 | 816 | 814 | 814 | 808 | 804 | 802 | 799 | 796 | 833 | 797 |
| Allied Health Professionals | 195 | 194 | 193 | 195 | 196 | 195 | 195 | 197 | 198 | 196 | 194 | 192 | 193 | 195 | 193 |
| Estates & Ancillary | 262 | 274 | 269 | 265 | 260 | 266 | 273 | 274 | 271 | 273 | 276 | 275 | 275 | 270 | 276 |
| Healthcare Scientists | 70 | 67 | 67 | 67 | 67 | 67 | 67 | 66 | 67 | 68 | 65 | 66 | 65 | 67 | 63 |
| Medical & Dental | 358 | 375 | 371 | 368 | 367 | 369 | 373 | 375 | 378 | 382 | 382 | 383 | 384 | 370 | 383 |
| Nursing & Midwifery (Registered) | 1445 | 1417 | 1434 | 1433 | 1426 | 1419 | 1419 | 1427 | 1425 | 1418 | 1415 | 1402 | 1,394 | 1,436 | 1,395 |
| Trust | 4097 | 4020 | 4022 | 4027 | 4020 | 4015 | 4034 | 4042 | 4030 | 4014 | 4008 | 3994 | 3992 | 4036 | 4011 |

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 |
| 2011-12 | 356.01 | 169.85 | 740.16 | 880.44 | 797.58 |
| 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-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 |
| Mar-12 | 334.80 | 167.36 | 726.55 | 883.23 | 794.00 |
| Apr-12 | 336.04 | 168.31 | 725.39 | 881.95 | 792.18 |
| May-11 | 369.35 | 171.06 | 745.63 | 878.12 | 811.79 |
| May-12 | 337.39 | 167.84 | 726.46 | 882.62 | 796.52 |

3 Overtime – 2011/12

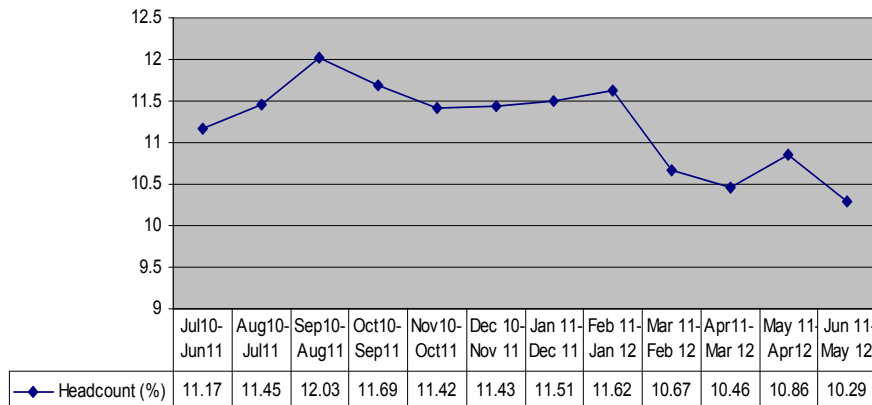
| | Mar 2012 | | | Apr 2012 | | | May 2012 | | | June 2012 | | | July 2012 | | |
|---------------------------|----------------|---------------|----------------|----------------|---------------|----------------|----------------|---------------|----------------|-----------|-------|-------|-----------|-------|-------|
| | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total |
| Corporate Services | 7,770 | 2,761 | 10,531 | 15,435 | 3,515 | 18,950 | 15,684 | 4,386 | 20,070 | | | | | | |
| Estates & Facilities | 42,725 | 12,251 | 54,977 | 48,454 | 15,560 | 64,014 | 35,544 | 11,294 | 46,838 | | | | | | |
| Family & Support Services | 73,921 | 11,827 | 85,748 | 97,963 | 19,848 | 117,811 | 68,585 | 15,417 | 84,003 | | | | | | |
| Medicine | 86,376 | 14,566 | 100,942 | 119,364 | 26,694 | 146,059 | 73,696 | 13,259 | 86,955 | | | | | | |
| Surgery | 49,860 | 17,066 | 66,926 | 68,233 | 24,153 | 92,386 | 47,136 | 20,744 | 67,910 | | | | | | |
| TOTAL | 260,653 | 58,471 | 319,124 | 349,450 | 89,769 | 439,219 | 240,645 | 65,130 | 305,775 | | | | | | |

| | August 2012 | | | September 2012 | | | October 2012 | | | November 2012 | | | December 2012 | | |
|---------------------------|-------------|-------|-------|----------------|-------|-------|--------------|-------|-------|---------------|-------|-------|---------------|-------|-------|
| | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total |
| Corporate Services | | | | | | | | | | | | | | | |
| Estates & Facilities | | | | | | | | | | | | | | | |
| Family & Support Services | | | | | | | | | | | | | | | |
| Medicine | | | | | | | | | | | | | | | |
| Surgery | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | |

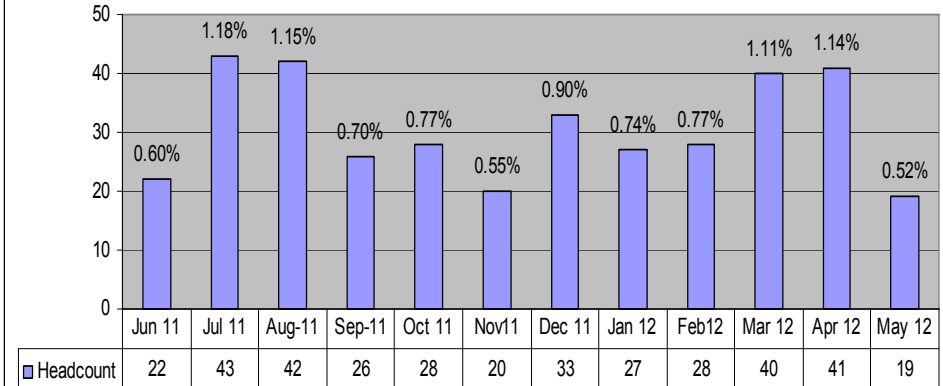
| | January 2012 | | | February 2013 | | | YTD (from April 2012) | | | Apr 2011 – Mar 2012 | | | 2010/11 Prime |
|---------------------------|--------------|-------|-------|---------------|-------|-------|-----------------------|----------------|----------------|---------------------|----------------|------------------|----------------|
| | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total | Basic | Prime | Total | |
| Corporate Services | | | | | | | 31,118 | 7,901 | 39,019 | 137,798 | 32,588 | 170,386 | 41,867 |
| Estates & Facilities | | | | | | | 83,998 | 26,854 | 110,852 | 422,758 | 165,599 | 588,357 | 175,888 |
| Family & Support Services | | | | | | | 166,549 | 35,265 | 201,814 | 906,468 | 170,623 | 1,077,091 | 236,372 |
| Medicine | | | | | | | 193,061 | 39,953 | 233,014 | 877,821 | 97,910 | 975,731 | 93,362 |
| Surgery | | | | | | | 115,369 | 44,927 | 160,296 | 466,869 | 113,132 | 580,000 | 123,334 |
| TOTAL | | | | | | | 590,095 | 154,889 | 744,994 | 2,811,713 | 579,852 | 3,396,565 | 670,823 |

4 Turnover

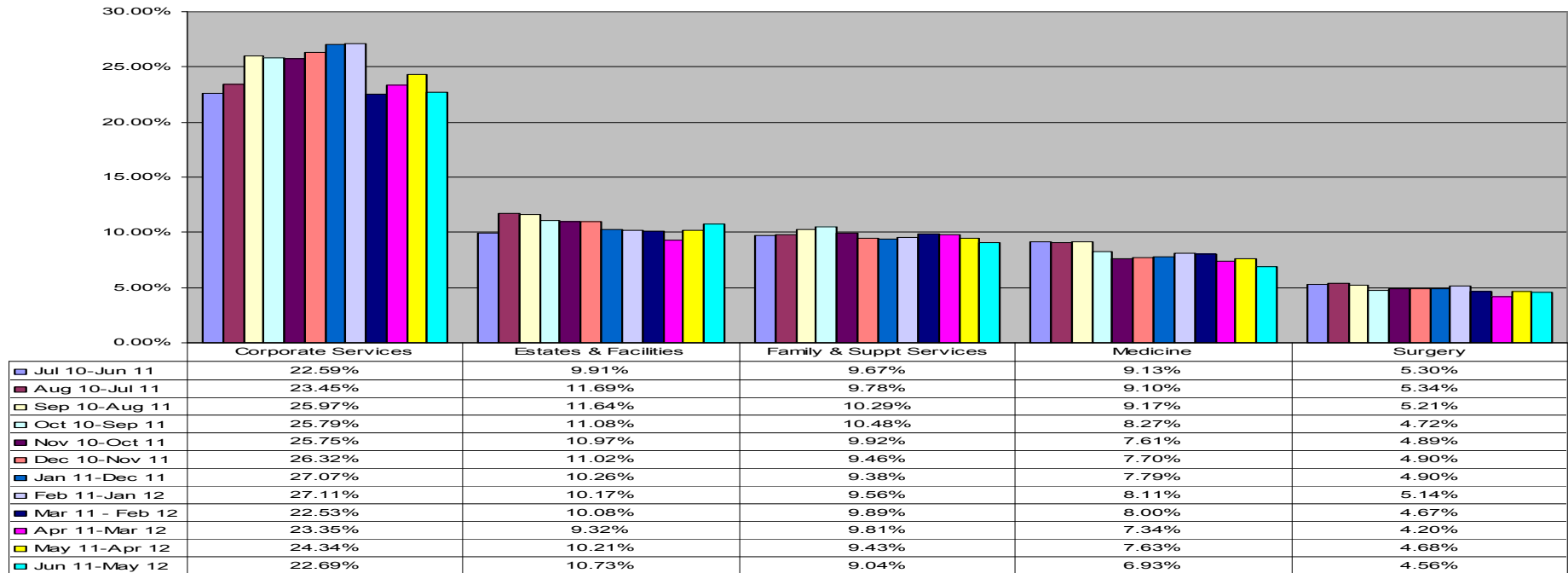
Annualised Turnover (excluding medical staff)



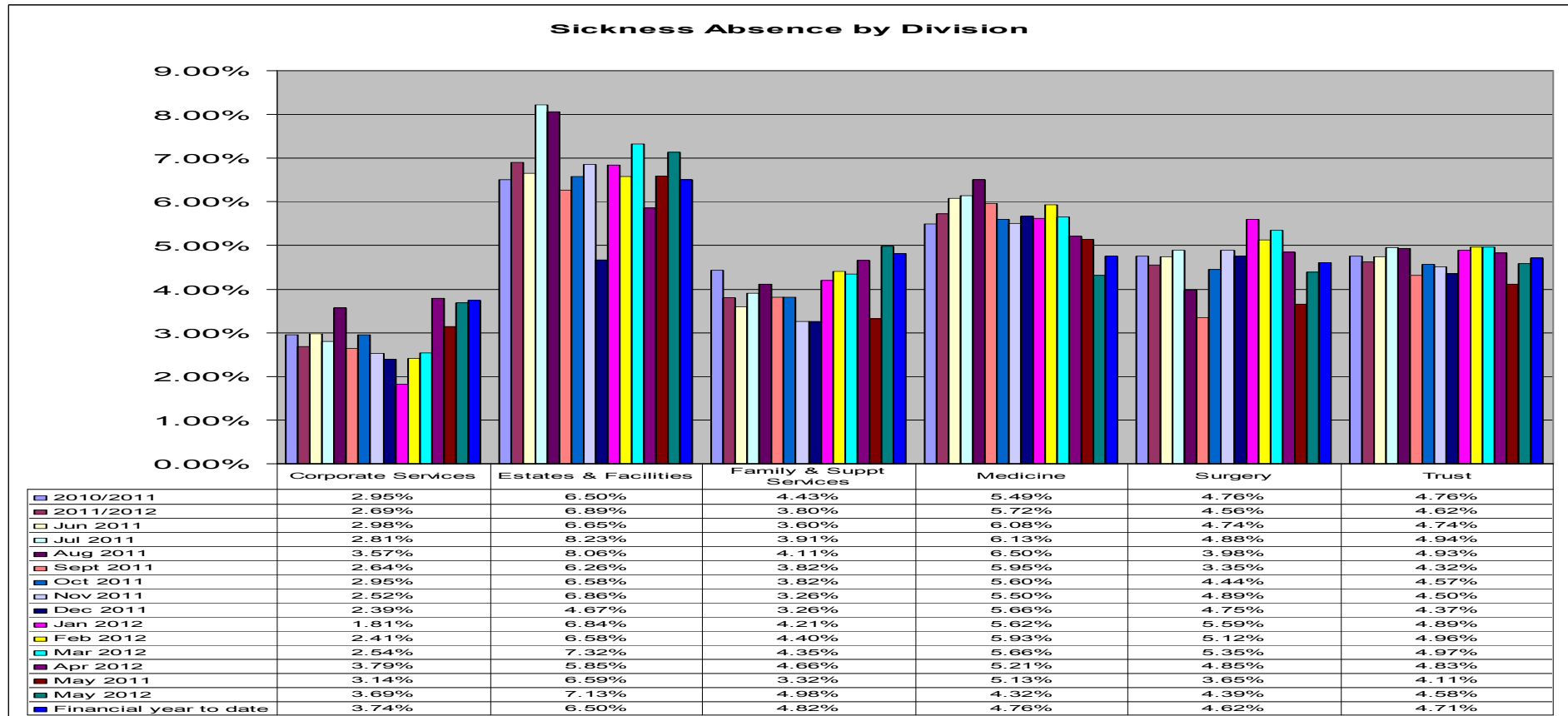
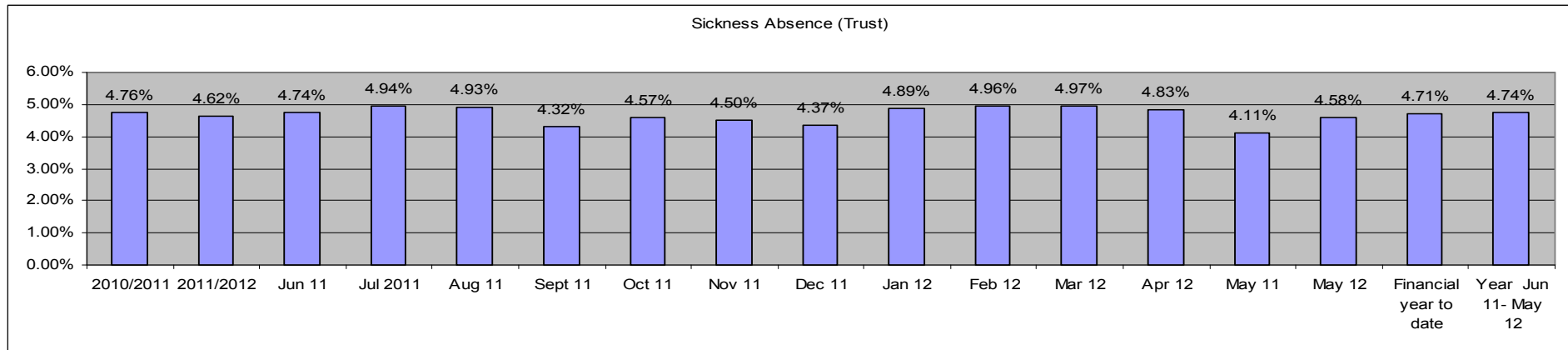
Leavers by Headcount (excluding medical staff)



Turnover by Headcount % - Divisions (excluding medical staff)

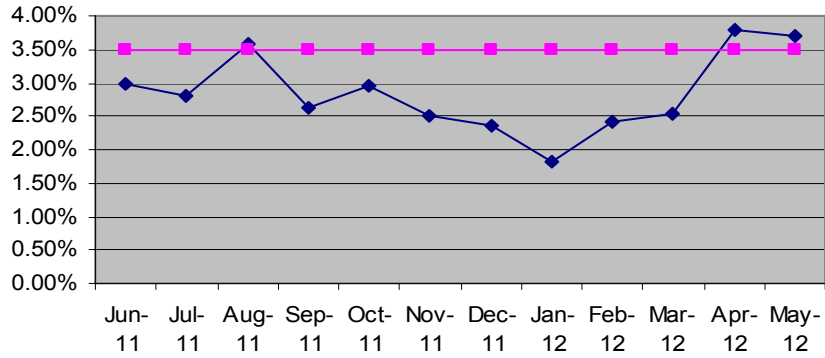


5. Sickness Absence

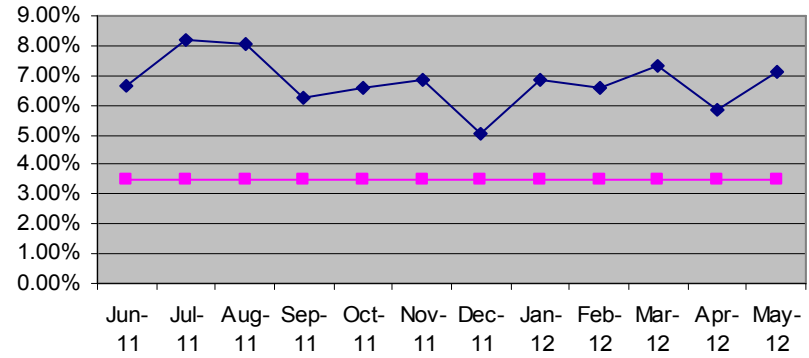


Sickness Target Trackers 2012/13

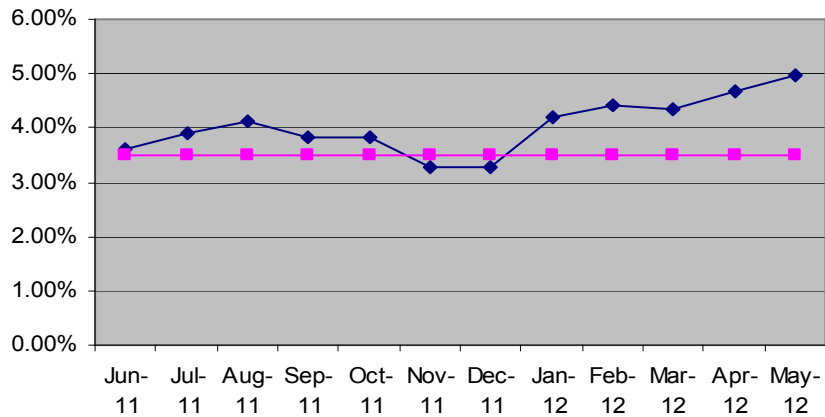
Sickness Absence Corporate Services



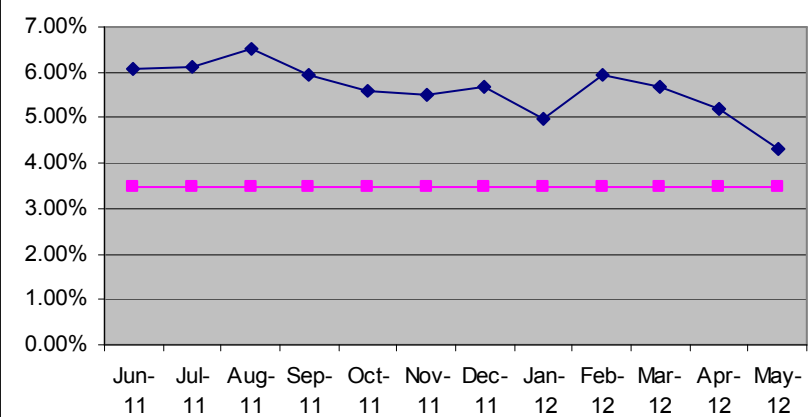
Sickness Absence Estates & Facilities



Sickness Absence Family & Support Services



Sickness Absence Medicine



7. Occupational Health

| Cumberland Infirmary | 2010/11 (Aug 10 on) | 2011/12 | Jun 11 | Jul 11 | Aug 11 | Sep 11 | Oct 11 | Nov 11 | Dec 11 | Jan 12 | Feb12 | Mar12 | Apr 12 | May 12 |
|---|------------------------------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|---------------|---------------|
| Pre-Employment Acute Staff | 250 | 244 | 24 | 35 | 37 | 20 | 24 | 14 | 13 | 9 | 14 | 21 | 42 | 39 |
| Pre-Employment Non Acute Staff | 22 | 29 | 1 | 1 | 3 | - | 3 | 2 | - | 2 | 1 | - | | - |
| Pre-Employment Placements | 114 | 14 | - | - | - | - | - | - | - | 6 | 2 | - | 5 | 1 |
| Managers Referral (brackets - stress related) | 335 (28) | 399 (28) | 41 | 41 (1) | 29 (2) | 31 (2) | 9 (3) | 48 (9) | 26 | 40 | 47 | 35 (6) | 39 (3) | 51 (4) |
| Self Referral (brackets - stress related) | 289 (13) | 217 (7) | 16 | 19 (3) | 10 (1) | 15 (2) | 11 | 22 | 17 | 29 | 26 | 17 (1) | 14 (4) | 13 (4) |
| Nurse Review Appointments | 175 | 95 | 9 | 10 | 9 | 15 | 8 | 8 | 8 | 6 | 5 | 4 | 4 | 9 |
| Other Routine Nursing Appointments | 1869 | 2633 | 73 | 79 | 63 | 144 | 1067 | 368 | 149 | 167 | 181 | 201 | 175 | 514 |
| Doctor's Appointments | 169 | 368 | 10 | 32 | 30 | 25 | 38 | 42 | 24 | 32 | 29 | 50 | 21 | 36 |
| <u>TOTAL</u> | 3223 | 3999 | 174 | 217 | 181 | 250 | 1160 | 504 | 237 | 291 | 305 | 328 | 300 | 663 |
| DNA | 368 | 349 | 29 | 34 | 32 | 37 | 15 | 46 | 27 | 21 | 32 | 25 | 27 | 44 |

| West Cumberland Hospital | 2010/11 (Aug 10 on) | 2011/12 | Jun 11 | Jul 11 | Aug 11 | Sep 11 | Oct 11 | Nov 11 | Dec 11 | Jan12 | Feb12 | Mar12 | Apr 12 | May 12 |
|---|------------------------------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|---------------|---------------|
| Pre-Employment Acute Staff | 115 | 172 | 22 | 29 | 13 | 20 | 9 | 10 | 6 | 23 | 14 | 8 | 24 | 14 |
| Pre-Employment Non Acute Staff | 5 | 0 | - | - | - | - | - | - | - | - | - | - | | - |
| Pre-Employment Placements | 149 | 62 | 11 | 7 | 5 | 11 | 2 | 8 | - | 3 | 1 | 1 | 2 | 5 |
| Managers Referral (- stress related) | 265 (23) | 322 (25) | 23 (1) | 26 (1) | 51 (6) | 28 (3) | 24 | 13 (1) | 15 | 44 (4) | 25 (2) | 29 (3) | 37 (1) | (1) |
| Self Referral (brackets - stress related) | 425 (50) | 596 (94) | 51 (15) | 43 (4) | 46 (6) | 58 (3) | 30 (4) | 32 (5) | 52 (5) | 52 (7) | 61 (3) | 60 (8) | 39 (4) | 34 (6) |
| Nurse Review Appointments | 118 | 174 | 16 | 20 | 9 | 23 | 14 | 9 | 10 | 15 | 10 | 11 | 8 | 8 |
| Other Routine Nursing Appointments | 1148 | 1165 | 25 | 26 | 19 | 30 | 559 | 141 | 27 | 49 | 112 | 124 | 124 | 134 |
| Doctor's Appointments | 114 | 115 | 0 | 13 | 16 | 9 | 9 | 13 | 5 | 22 | 14 | 14 | 26 | 11 |
| <u>TOTAL</u> | 2339 | 2606 | 148 | 151 | 159 | 179 | 647 | 226 | 115 | 208 | 237 | 247 | 260 | 243 |
| DNA | 111 | 193 | 10 | 11 | 17 | 19 | 12 | 10 | 8 | 21 | 22 | 26 | 7 | 15 |

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 | | | |
|--------------------------------------|------------------------|----------------------|-------|-------|----------------------|-------|-------|----------------------|-------|-------|----------------------|-------|-------|----------------------|-------|-------|----------------------|-------|--------|-------|
| | | 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 | |

8. Appraisal continued

| Division | | 01/04/11 to 31/03/12 | | | 01/05/11 to 30/04/12 | | | 01/06/11 to 31/05/12 | | | 01/07/11 to 30/06/12 | | | 01/08/11 to 31/07/12 | | | 01/09/11 to 31/08/12 | | | RAG | |
|--------------------------------------|------------------------|----------------------|--------------|------------|----------------------|--------------|------------|----------------------|--------------|-------|----------------------|------|---|----------------------|------|---|----------------------|------|---|-----|--|
| | | Staff | Apps | % | Staff | Apps | % | Staff | Apps | % | Staff | Apps | % | Staff | Apps | % | Staff | Apps | % | | |
| Corporate | CX Office | 14 | 1 | 7.14 | 12 | 1 | 8.33 | 13 | 1 | 7.69 | | | | | | | | | | | |
| | Chief Op Officer / BMs | 5 | 4 | 80.00 | 5 | 3 | 60.00 | 5 | 2 | 40.00 | | | | | | | | | | | |
| | Corporate Planning | 3 | 1 | 33.33 | 4 | 2 | 50.00 | 3 | 1 | 33.33 | | | | | | | | | | | |
| | Finance | 72 | 66 | 91.87 | 72 | 67 | 93.06 | 72 | 67 | 93.06 | | | | | | | | | | | |
| | Governance | 15 | 10 | 66.67 | 15 | 12 | 80.00 | 15 | 13 | 86.67 | | | | | | | | | | | |
| | HR | 60 | 39 | 65.00 | 60 | 33 | 55.00 | 59 | 34 | 57.63 | | | | | | | | | | | |
| | IM&T | 157 | 115 | 73.25 | 158 | 114 | 72.15 | 157 | 113 | 71.97 | | | | | | | | | | | |
| | Nursing Support | 15 | 13 | 86.67 | 15 | 13 | 86.67 | 16 | 10 | 62.50 | | | | | | | | | | | |
| | WCH Project Office | 3 | 1 | 33.33 | 2 | 0 | 0.00 | 2 | 0 | 0.00 | | | | | | | | | | | |
| | Bank | 149 | 93 | 62.42 | 157 | 98 | 71.43 | 158 | 98 | 62.03 | | | | | | | | | | | |
| Total | 493 | 343 | 69.57 | 500 | 343 | 68.60 | 500 | 339 | 67.80 | | | | | | | | | | | | |
| Estates & Facilities | | 219 | 198 | 90.41 | 218 | 194 | 88.99 | 218 | 194 | 88.99 | | | | | | | | | | | |
| Family & Support Services | | 907 | 633 | 69.79 | 885 | 628 | 70.96 | 885 | 628 | 70.96 | | | | | | | | | | | |
| Surgical | | 795 | 358 | 45.03 | 800 | 402 | 50.25 | 935 | 450 | 48.77 | | | | | | | | | | | |
| Medical | | 950 | 443 | 46.63 | 937 | 456 | 48.67 | 800 | 402 | 50.25 | | | | | | | | | | | |
| Trust overall | | 3364 | 1975 | 58.71 | 3340 | 2023 | 60.57 | 3338 | 2019 | 60.49 | | | | | | | | | | | |

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

9. Mandatory Training

| Course | Date/Frequency | Trust% | Corporate % | Estates % | Family/Clinical % | Medical % | Surgical % |
|--|---------------------------------|--------|-------------|-----------|-------------------|-----------|------------|
| Advanced Life Support (ALS) | 01/06/08 - 31/5/12 4 yearly | 12.50 | 25.00 | N/A | 0.00 | 16.67 | 0.00 |
| Newborn Life Support (NLS) | | 0.00 | N/A | N/A | 0.00 | N/A | N/A |
| Core Mandatory Skills <i>note 2</i> | 01/06/09 - 31/5/12 3 yearly | 61.96 | 61.72 | 89.81 | 60.08 | 52.33 | 68.00 |
| Trust Mandatory Skills <i>note 3*</i> | | 10.66 | 11.45 | 12.96 | 16.45 | 6.64 | 7.44 |
| Blood Transfusion 01 | | 31.01 | 28.05 | 0.00 | 21.38 | 29.54 | 39.92 |
| Blood Transfusion 02 | | 22.34 | 22.42 | N/A | 13.03 | 24.70 | 26.10 |
| Blood Transfusion 03 | | 33.33 | N/A | N/A | 36.36 | N/A | 0.00 |
| Blood Transfusion 04 | | 16.98 | 25.00 | N/A | 16.33 | N/A | N/A |
| Conflict Resolution L2 | | 5.32 | 5.26 | N/A | 7.23 | 3.68 | 6.55 |
| Conflict Resolution L3 | | 61.70 | 25.00 | 87.50 | 0.00 | N/A | 0.00 |
| Consent | | 33.07 | 30.61 | N/A | 29.51 | 32.55 | 37.80 |
| Deprivation of Liberty Safeguards (DoLS) 1 | | 28.12 | 31.50 | N/A | 24.90 | 29.36 | 30.28 |
| DoLS2 Deprivation of Liberty Safeguards (DoLS) 2 | | 0.00 | N/A | N/A | N/A | 0.00 | N/A |
| Equality & Diversity | | 50.44 | 47.22 | 82.87 | 56.67 | 41.31 | 49.44 |
| Manual Handling | | 26.79 | 23.34 | 12.50 | 26.68 | 28.22 | 32.22 |
| Mental Capacity | | 29.05 | 27.87 | N/A | 28.98 | 28.64 | 30.09 |
| Safeguarding Children Level 2 | 25.66 | 25.00 | N/A | 36.02 | 18.52 | 23.60 | |
| Safeguarding Children Level 3 | 24.52 | 11.76 | N/A | 19.71 | 45.54 | N/A | |
| Safeguarding Children Level 4 | 00.00 | NA | N/A | 0.00 | N/A | N/A | |
| Medicines Management for Health Professionals <i>note 1*</i> | 2.22 | 2.35 | N/A | 2.17 | 2.28 | 2.18 | |
| Fire Safety | 01/06/10 - 31/05/12 2 yearly | 47.29 | 42.64 | 43.06 | 53.86 | 43.07 | 50.56 |
| Information Governance | 01/06/11 - 31/05/12 annually | 55.72 | 56.80 | 56.02 | 59.98 | 48.14 | 58.44 |
| Infection Control Level 2 <i>note 4</i> | | 6.28 | 5.55 | 8.86 | 7.41 | 7.68 | 3.92 |
| Immediate Life Support (LS) | | 25.60 | 25.09 | NA | 25.00 | 27.67 | 23.91 |
| Paediatric Immediate Life Support (PILS) | | 17.39 | 25.00 | N/A | 16.39 | N/A | N/A |
| Practical Obstetric Multi Professional Training (PROMPT) | 55.61 | 46.15 | N/A | 56.85 | N/A | N/A | |

***NOTE**

1. Medicines Management for Health Professionals - only been available for the past 3 months
2. Core Mandatory Skills includes those who have completed 261 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. Infection Control Level 2 is a new requirement

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

SECTION 4

FINANCE REPORT

Finance Report

The Trust is reporting a surplus of £60k at the end of May against a planned surplus of £65k. The position in May is supported by £4.1m of strategic support funding. As in previous years, the Trust will require strategic support funding to bridge the gap between income and expenditure, although the final amount has yet to be agreed with NHS North of England.

Total income was £19m for May against a target of £19.2m (April: £18.3m against a target of £18.5m). Clinical income was £17.4m against a target of £17.8m. Elective activity levels are ahead of the plan, however, the casemix of elective inpatients and daycases has been lower than planned in the early months of 2012/13. Non-elective activity is currently behind the plan although the casemix is in line with the plan, this is the main driver of the income under performance. The final profile of the activity is now agreed with the commissioners. All other income streams are currently performing ahead of plan both in May and the year to date.

Pay expenditure in April was £11.7m which is higher than the level of pay costs in the preceding months. Although expenditure on nurse bank and overtime reduced in May payments for the Easter bank holidays were made and agency costs have increased resulting in an overall increase in pay expenditure. The number of WTEs worked reduced from 3,074 WTE in April to 3,038 WTE in May. Expenditure on agency staffing increased to £0.8m from £0.6m with all divisions having increased costs in month. The Medical Division's expenditure exceeded £0.5m in month as it continues to fill medical vacancies and the associated on-call cover in a number of specialties with agency staff.

Expenditure on non-pay in May was £5.9m which, although it was higher than April's expenditure of £5.5m, is in line with the 2011/12 average. The increase was mainly in clinical supplies & services and drugs & blood products and reflects the return to normal elective activity levels following the Easter period.

The Trust delivered £669k of efficiency savings in May bringing the total for the year so far to £2.2m against the annual plan of £16.9m. The Project Management Office (PMO) continues to support the Divisions to ensure that approved plans are implemented on time and delivered in full. The generation and development of new saving schemes for 2012/13 continues as the Trust tries to reduce its overall cost base. As in previous years, this represents the largest single financial risk to the Trust, with any shortfall in the delivery of CIP having to be substituted with additional income.

The Trust's liquidity position has improved compared to 2011/12, although it remains fragile. The cash flow continues to be closely monitored to ensure our core obligations are met.

Conclusion

The Trust has continued to report a small surplus in May due to the support of external funding provided by the Strategic Health Authority. Activity in some areas is below plan and corrective action needs to be taken to ensure activity increases in line with the plan. The emphasis remains on reducing expenditure in all areas to ensure that cash releasing CIP is delivered to help reduce the financial gap between expenditure and income thus improving the Trust's overall liquidity position.

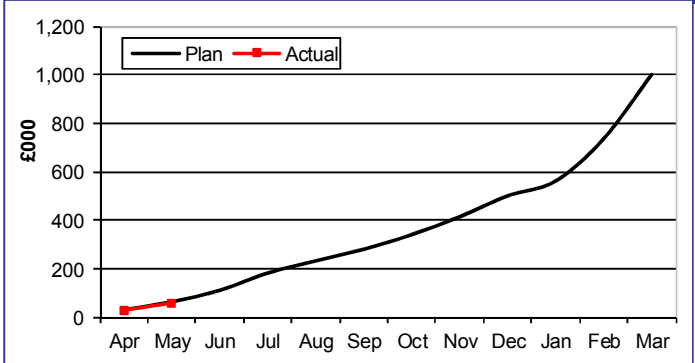
Alistair Mulvey
DIRECTOR OF FINANCE

FINANCIAL OVERVIEW - 31st May 2012 (Month 2)

Income & Expenditure

At the end of May the Trust is reporting a surplus of £60k after technical adjustments against a planned surplus of £65k. Pay costs were £11.7m in May which is higher than in recent months. The costs include Easter bank holiday payments. Non pay was £5.9m is line with the 2011/12 average. The Trust's financial plans are based on strategic support funding of £19m being made available from the SHA in 2012/13.

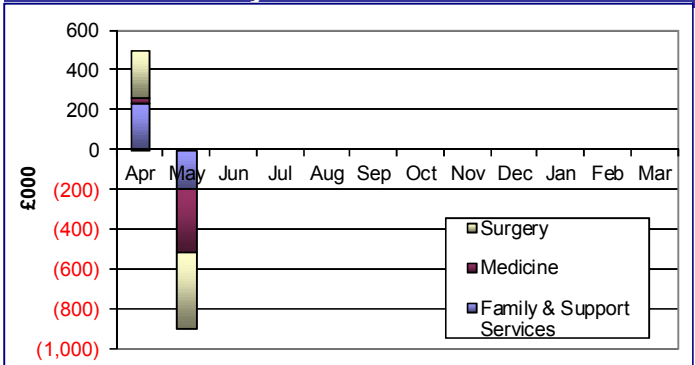
I&E Performance 2012/13



Divisional Performance

The CIP target has been allocated to the divisions in month with the reported positions at the end of May as follows: Family & Support Services £40k underspent, Medicine £289k overspent and Surgery £146k overspent. The Medical Division continues to experience high agency costs in the Emergency and General Medicine directorates.

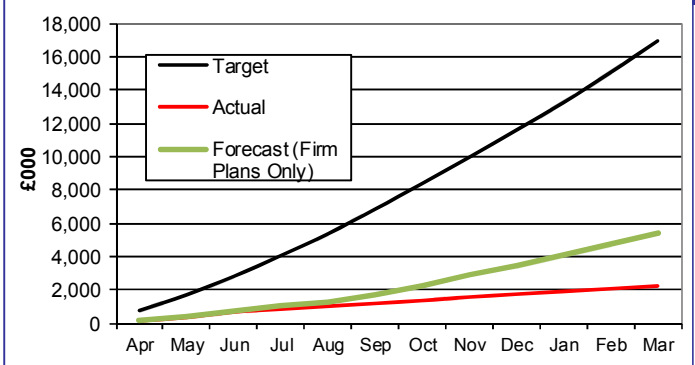
Divisional Monthly Variance



CIP Delivery

CIPs of £669k were delivered in May bringing the total to £2.2m against the annual target of £16.9m. The year to date impact of these savings is £328k against a target of £1,314k. The Project Management Team continue to review all plans and ideas with the appropriate staff. Their focus is on the timely implementation and delivery of agreed plans and on generation of new ideas. Allocation of the CIP target for 2012/13 is complete.

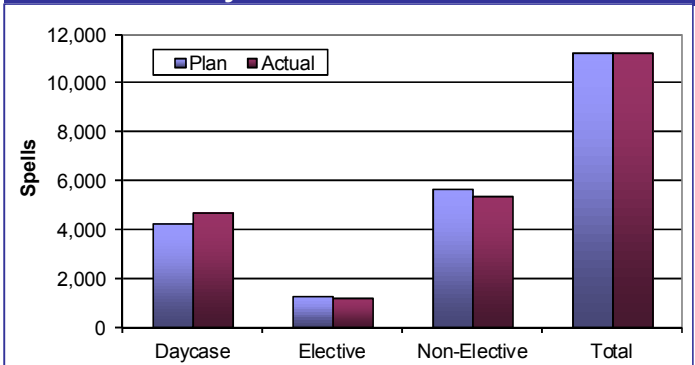
CIP 2011/12



Performance Against SLAs

Total Elective activity was 320 spells above the plan at the end of May. The over performance was entirely within Daycase activity. The areas ahead of plan include Dermatology, Ophthalmology & Gastroenterology. Non-Elective activity was behind plan by 323 spells as at the end of May. The main areas under performing on activity are General Surgery, Trauma & Orthopaedics & General Medicine.

Contract Activity Performance

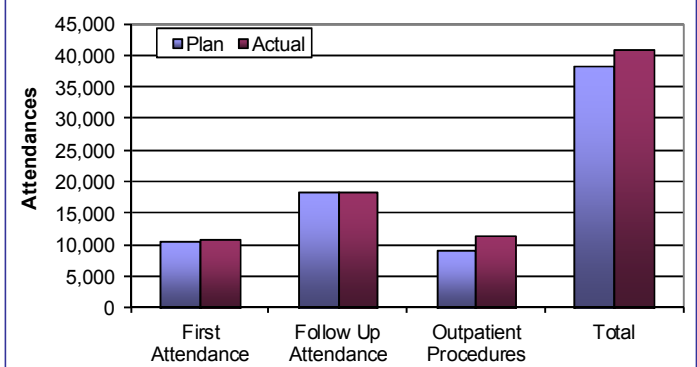


FINANCIAL OVERVIEW - 31st May 2012 (Month 2)

Outpatient Performance

Total Outpatient activity is 2,473 attendances ahead of the plan as at the end of May. The over performance relates predominantly to Outpatient Procedures. The number of Outpatient Procedures continues to increase year on year as this section of the National Tariff expands to reflect current working practices, with less procedures being performed in operating theatres.

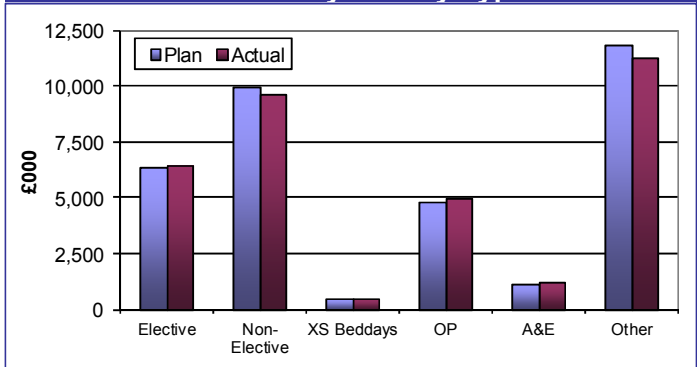
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is behind the cumulative plan by £509k. This underperformance is mainly within non PbR & relates to lower than planned SCBU activity and Drugs excluded from PbR. The under performance on Non- Elective income is mainly within General Surgery & Trauma & Orthopaedics. This is mainly driven by lower activity levels but the case mix is also lower than planned within Trauma & Orthopaedics.

Income Performance by Activity Type



Statutory Financial Targets

The Trust is planning to deliver a year-end surplus of £1m as it has in previous years in order to repay the current loans to the Department of Health. The BPPC is behind plan although it has shown some signs of improvement and should continue to improve as we move through the year. Other financial duties are currently forecast to be achieved.

2012/13 Performance Against Targets

| Duty | Target | M02 | Forecast |
|---------------------------------------|--|--------------|-----------------|
| Breakeven Duty | To achieve a breakeven I&E | £60k 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 | ● | ● |

Summary Financial Position May 2012 (Month 2)

(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 | % | £000 | % | | | | |
| Income | | | | | | | | | | | | | | | |
| (201) | (1.2%) | | | | | 201,251 | | 17,752 | 17,444 | (308) | (1.7%) | 34,684 | 34,175 | (509) | (1.5%) |
| 11 | 2.0% | | | | | 6,424 | | 518 | 560 | 41 | 8.0% | 1,037 | 1,089 | 52 | 5.0% |
| 5 | 2.6% | | | | | 2,067 | | 172 | 213 | 40 | 23.4% | 345 | 389 | 45 | 13.0% |
| 30 | 3.4% | | | | | 9,008 | | 751 | 776 | 25 | 3.3% | 1,632 | 1,686 | 55 | 3.3% |
| (157) | (0.8%) | | | | | 218,749 | | 19,193 | 18,992 | (201) | (1.0%) | 37,697 | 37,340 | (357) | (0.9%) |
| Expenditure | | | | | | | | | | | | | | | |
| | | | EST | WTE | Var | | | | | | | | | | |
| 234 | 5.7% | | 791 | 745 | 47 | (46,855) | | (3,935) | (4,129) | (194) | (4.9%) | (8,036) | (7,996) | 40 | 0.5% |
| 30 | 0.6% | | 989 | 930 | 59 | (57,558) | | (5,000) | (5,319) | (319) | (6.4%) | (10,220) | (10,509) | (289) | (2.8%) |
| 235 | 5.1% | | 866 | 835 | 31 | (51,745) | | (4,413) | (4,794) | (381) | (8.6%) | (9,007) | (9,154) | (146) | (1.6%) |
| 499 | 3.6% | | 2,647 | 2,510 | 137 | (156,158) | | (13,348) | (14,242) | (895) | (6.7%) | (27,263) | (27,659) | (396) | (1.5%) |
| Corporate Directorates | | | | | | | | | | | | | | | |
| 15 | 2.7% | | 17 | 14 | 3 | (6,388) | | (575) | (533) | 43 | 7.4% | (1,120) | (1,063) | 57 | 5.1% |
| (7) | (0.4%) | | 198 | 196 | 1 | (19,932) | | (1,714) | (1,774) | (60) | (3.5%) | (3,456) | (3,523) | (67) | (1.9%) |
| 13 | 1.6% | | 213 | 205 | 8 | (8,535) | | (556) | (596) | (41) | (7.3%) | (1,381) | (1,409) | (28) | (2.0%) |
| 35 | 10.4% | | 71 | 66 | 5 | (3,545) | | (304) | (258) | 46 | 15.2% | (637) | (557) | 81 | 12.7% |
| (1) | (2.6%) | | 7 | 6 | 1 | (257) | | (23) | (20) | 3 | 13.4% | (43) | (40) | 3 | 6.0% |
| 23 | 15.1% | | 34 | 30 | 4 | (1,748) | | (142) | (137) | 5 | 3.2% | (296) | (269) | 28 | 9.4% |
| 144 | 82.7% | | 0 | 0 | 0 | (6,549) | | (488) | (36) | 451 | 92.5% | (662) | (67) | 596 | 89.9% |
| (625) | 100.0% | | 0 | 0 | 0 | 2,000 | | (625) | 0 | 625 | 0.0% | 0 | 0 | 0 | |
| 111 | 0.6% | | 3,203 | 3,038 | 165 | (201,899) | | (17,840) | (17,651) | 189 | 1.1% | (34,991) | (34,691) | 299 | 0.9% |
| (46) | (3.4%) | | | | | 16,850 | | 1,353 | 1,341 | (12) | (0.9%) | 2,706 | 2,648 | (58) | (2.1%) |
| | | | | | | 7.7% | | 7.1% | 7.1% | | | 7.2% | 7.1% | | |
| 6 | 1.0% | | | | | (6,356) | | (530) | (524) | 6 | 1.1% | (1,059) | (1,048) | 11 | 1.1% |
| 2 | 60.0% | | | | | 30 | | 3 | 0 | (3) | (100.0%) | 5 | 4 | (1) | (20.0%) |
| 32 | 5.7% | | | | | (6,725) | | (560) | (558) | 2 | 0.4% | (1,121) | (1,087) | 34 | 3.0% |
| 5 | 2.3% | | | | | (2,456) | | (205) | (200) | 5 | 2.3% | (409) | (400) | 9 | 2.3% |
| (2) | (4.0%) | | | | | 1,343 | | 61 | 59 | (2) | (3.9%) | 122 | 117 | (5) | (3.9%) |
| 0 | 0.0% | | | | | (343) | | (29) | (29) | 0 | 1.4% | (57) | (57) | 0 | 0.0% |
| (2) | (7.6%) | | | | | 1,000 | | 32 | 30 | (2) | (6.1%) | 65 | 60 | (5) | (7.4%) |

Statement of Financial Position May 2012 (Month 2)

| Statement of Financial Position | Closing 31 March 2012 | As at 31 May 2012 | Movement in Year to Date | As at 30 April 2012 | Movement in Current Period | Budgeted Closing Balance (31 March 2013) |
|--|--------------------------|----------------------|--------------------------------|------------------------|----------------------------------|---|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| NON-CURRENT ASSETS: | | | | | | |
| Property, Plant and Equipment | 130,648 | 131,679 | 1,031 | 131,485 | 194 | 148,555 |
| Intangible Assets | 357 | 357 | 0 | 357 | 0 | 534 |
| Trade and Other Receivables | 2,472 | 2,437 | (35) | 2,506 | (69) | 2,750 |
| TOTAL NON-CURRENT ASSETS | 133,477 | 134,473 | 996 | 134,348 | 125 | 151,839 |
| CURRENT ASSETS: | | | | | | |
| Inventories | 3,332 | 3,371 | 39 | 3,358 | 13 | 3,300 |
| Trade and Other Receivables | 11,400 | 25,941 | 14,541 | 26,951 | (1,010) | 9,500 |
| Cash and cash equivalents | 497 | 2,754 | 2,257 | 5,412 | (2,658) | 505 |
| TOTAL CURRENT ASSETS | 15,229 | 32,066 | 16,837 | 35,721 | (3,655) | 13,305 |
| TOTAL ASSETS | 144,097 | 166,539 | 17,833 | 170,069 | (3,530) | 165,144 |
| CURRENT LIABILITIES: | | | | | | |
| NHS Trade Payables | (3,049) | (2,878) | 171 | (3,132) | 254 | (3,049) |
| Non-NHS Trade Revenue Payables | (6,535) | (4,797) | 1,738 | (5,665) | 868 | (6,535) |
| Non-NHS Trade Capital Payables | (758) | (400) | 358 | (750) | 350 | (758) |
| Other Liabilities | (9,758) | (29,698) | (19,940) | (31,799) | 2,101 | (9,170) |
| DH Working Capital Loan Principal Repayments | 0 | 0 | 0 | 0 | 0 | (856) |
| Borrowings | (2,859) | (2,859) | 0 | (2,859) | 0 | (2,259) |
| Provisions for Liabilities and Charges | (1,412) | (1,362) | 50 | (1,352) | (10) | (194) |
| TOTAL CURRENT LIABILITIES | (24,371) | (41,994) | (17,623) | (45,557) | 3,563 | (22,821) |
| NET CURRENT ASSETS/(LIABILITIES) | (9,142) | (9,928) | (786) | (9,836) | (92) | (9,516) |
| TOTAL ASSETS LESS CURRENT LIABILITIES | 124,335 | 124,545 | 210 | 124,512 | 33 | 142,323 |
| NON-CURRENT LIABILITIES | | | | | | |
| Borrowings | (52,667) | (52,710) | (43) | (52,735) | 25 | (51,837) |
| DH Working Capital Loan Principal Repayments | (8,134) | (8,134) | 0 | (8,134) | 0 | (7,278) |
| Provisions for Liabilities and Charges | (3,608) | (3,657) | (49) | (3,657) | 0 | (3,711) |
| TOTAL NON-CURRENT LIABILITIES | (64,409) | (64,501) | (92) | (64,526) | 25 | (62,826) |
| TOTAL ASSETS EMPLOYED | 59,926 | 60,044 | 118 | 59,986 | 58 | 79,497 |
| FINANCED BY TAXPAYERS EQUITY: | | | | | | |
| Public Dividend Capital | 58,018 | 58,018 | 0 | 58,018 | 0 | 76,268 |
| Retained Earnings | (13,017) | (12,899) | 118 | (12,957) | 58 | (4,554) |
| Revaluation Reserve | 11,790 | 11,790 | 0 | 11,790 | 0 | 7,783 |
| Donated Asset Reserve | 1,664 | 1,664 | 0 | 1,664 | 0 | 0 |
| Government Grant Reserve | 1,471 | 1,471 | 0 | 1,471 | 0 | 0 |
| TOTAL TAXPAYERS EQUITY | 59,926 | 60,044 | 118 | 59,986 | 58 | 79,497 |
| Cash in OPG accounts | 493 | 2,750 | 2,257 | 5,409 | (2,659) | 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 1

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 2

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.