

TRUST BOARD

Date of Meeting: 19/06/2012	Agenda Item No: 7.1	Enclosure: 5
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Performance Report		
Aims: To update the Trust Board on the operational, financial, workforce and care quality performance.		
Executive Summary: The performance report summarises Trust performance against a range of operating, quality, financial and workforce indicators for month 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 £30k at the end of April against a planned surplus of £32k. The position in April is supported by £2.35m 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 the Strategic Health Authority. Overall, in April income was below plan, pay was in line with expectations and non-pay was lower than forecast leading to the small surplus being generated. The focus over the next few months is to reduce costs and deliver cash releasing CIP to lower the organisations running costs and help support the overall liquidity position of the Trust. Total number of directly employed staff continues to fall (80 wte in the last year) although overtime expenditure in April was high at nearly £440k. Turnover remains consistent at just under 11% and sickness absence showed a slight in-month improvement at 4.70%. Appraisal participation rates continue below target, with only a slight increase this month at 60.57%. Participation in mandatory training is now presented in the new format to reflect the way this training has be re-designed. Excellent performance on minimisation of infection across the Trust continues, with no incidences of hospital acquired MRSA bacteraemia for 23 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.	
Prepared by:	Presented by:
Corinne Siddall Director of Operations	Corinne Siddall Director of Operations
Alistair Mulvey Director of Finance	
Damian Gallagher Director of Human Resources	
Chris Platton Acting Director of Nursing	

**TRUST BOARD
PERFORMANCE REPORT
Month One (April)
Performance reported in
June 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 April 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

95th percentile 34.28 weeks against target of 23 weeks. This is an improvement on last month's position. 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 Urology, ENT, 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 three mixed sex breaches at the Cumberland Infirmary and the one at the West Cumberland Hospital all 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 5.3% against the target, a marginal improvement on March 2012 (5.4%)

7 patients re-attended

6 attributable to mental health, substance misuse or alcohol

1 due to ongoing symptoms

WCH:

For the month of April WCH returned 5.4% against the target, a significant improvement from 2012 (7.1%)

7 patients re attended

5 attributable to mental health, substance misuse or alcohol

2 due to ongoing symptoms

- 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

- Breast symptomatic

118 patients 12 breaches 89.8% against target of 93%

All patients booked for original appointment via choose and book within the 2 week period.

11 patients subsequently rearranged their own appointments outside the 2 week period i.e. patient choice.

1 patient cancelled due to illness on the appointment date.

1.10 Cancer: 62 days waits

Nil to report

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 waits subsequent treatment surgery
 - 12 patients 1 breach
 - 91.7% against target of 94%
 - 1 patient unfit on day of surgery

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

At the WCH Site the stroke team now meet on a weekly basis to report on their weekly performance statistics. There have been a number of pathway, process and procedural changes on this site since this process began. The method of data capture and presentation is also developing to ensure that the data collected on existing Trust systems is also reflective of the work undertaken.

At the CIC site they have experienced difficulty in collating statistical evidence. A process of collecting this information has now been agreed and a series of meetings has begun to explain this to ward based staff. Data collection will begin 11/06/12. Their performance has remained static.

On both sites the following aspects of stroke service have been changed as a result of some of this work.

The 90% stay on a stroke ward. This target was found to be failing on both sites as patients did not get to a stroke ward in a timely manner.

We have introduced the following changes in the admission process.

Within the A&E Department

- All patients who are suspected of stroke or have a FAST + score are receiving a ROSSIER assessment with the score clearly recorded in the medical notes. This will be further improved that the assessment will be expected within 15 minutes of arrival to the department.
- This will enable the process of imaging referral and contact with the stroke ward to occur sooner in the admission process.

Ward level

- At The CIC site we have introduced a ring fenced cubical for stroke patients only. To ensure that a bed is available at all times. (the WCH this was not found to be a hindrance to admission)
- A clear process of stepping patients down from the Stroke Unit has been established that three patients are identified as being ready to move off the ward to make available space for stroke patients arriving into the A&E department. These are patients who are not stroke patients or who are at the end of their inpatient stay.

Bed management

- The ring-fenced stroke bed is discussed at each of the three daily bed meetings on both sites; stroke patients who are in the A&E Dept. or any other ward area are highlighted and transferred.

Performance reporting

- Performance data is now being shared across sites and made available to all stroke staff irrespective of site location.

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 now have dedicated discharge co-ordinators on both sites that focus upon identifying and managing patients who are identified as being someone whose transfer from hospital may be delayed for any reason. The delays are now reported and monitored at each of the bed management meetings on both sites. Twice weekly meetings with local authority and Partnership Trust are now held at the Cumberland Hospital. Any issues are identified and escalated to senior managers.

The Trust is now investigating the option for placing all patients who been designated as being a delay in one location. This will provide a single point of access community and social care teams to in-reach into the hospital

Externally, In addition a facilitated workshop was held 17/05/12 that was facilitated by the SHA specifically with a focus on DETOC in the North Cumbria area. Representatives from, Cumbria County Council, Partnership Trust and Cumbria Commissioners were in attendance at the workshop. From this meeting and internally to the Trust a task and finish group has been identified with a focus on internal DETOC, this group will be led by Ed Tallis who will focus upon delivering some of the key outcomes identified below, a further update will be reported at the end of June 2012.

As a direct result of the workshop there have been identified re-enablement monies from the CCG.

The focus of the workshop was to ensure that we as a Trust and as a wider health economy:

- 1- Reduce numbers of delayed transfers of care within the acute site.
- 2- Accurate statistics and data to be shared around the health economy.
- 3- Create an action plan for individual organisations and integrated working.
- 4- Better understanding of the whole multi-disciplinary discharge decision making process.
- 5- Identify barriers to transfers of care between organisations.

An action plan was developed following the meeting. The next formal meeting will be 27 July, where updates will be fed back.

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 improved for the last 3 financial years and have dropped from March 2012 to April 2012. The current month is rated as amber (below 5%) but work continues to further reduce towards the regional 3.5% QIPP target.

4.11 Temporary Staffing Costs (including agency costs)

The Trust continues to rely too heavily on the use of temporary staffing. The vast majority of this expenditure is on locum agency medical staff. Divisions continue to work towards eliminating locum costs by replacing with substantive appointments (that cost less) and substituting agency fees with NHS rates where possible.

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

14 patients 7 breaches 50%

This is a deterioration from March 2012 (100%)

6 patients breached due to extended call to door times (NWS transportation)

1 patient breached due to uncertain diagnosis

5.3 Referral to Treatment

- % of admitted patients treated in less than 18 weeks

85.1% against target of 90%

This gives an assurance of continued achievement against Trust 18 week plan. Shows improvement from 78% in March 2012 in line with trajectory to achieve 90% as a Trust and by specialty by 1st July 2012.

- % of non admitted patients treated within in 18 weeks

Nil to report

5.4 Cancelled Operations

Nil to report

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

Nil to report

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)

Although sickness absence rates have dropped (see 4.1 above) the cost of sick pay remains red rated at £412k for the month. The actions already being taken to reduce the sickness absence rates will also see the reduction in the cost of sick pay.

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)

Nil to report

9.2 Maintenance Request Response Times

Nil to report

10. FACILITIES METRICS

10.1 Catering: Waste Scores

Nil to report

10.2 Domestic: Cleaning Audit (Quarterly Report)

Nil to report

10.3 Portering: Request Response

Nil to report

At the end of April 2012 all Estates and Facilities key performance indicators were achieved. Performance data for site cleanliness audits is available quarterly and as such will be reported at the end of June 2012.

All current targets are been exceeded and are rated as green.

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

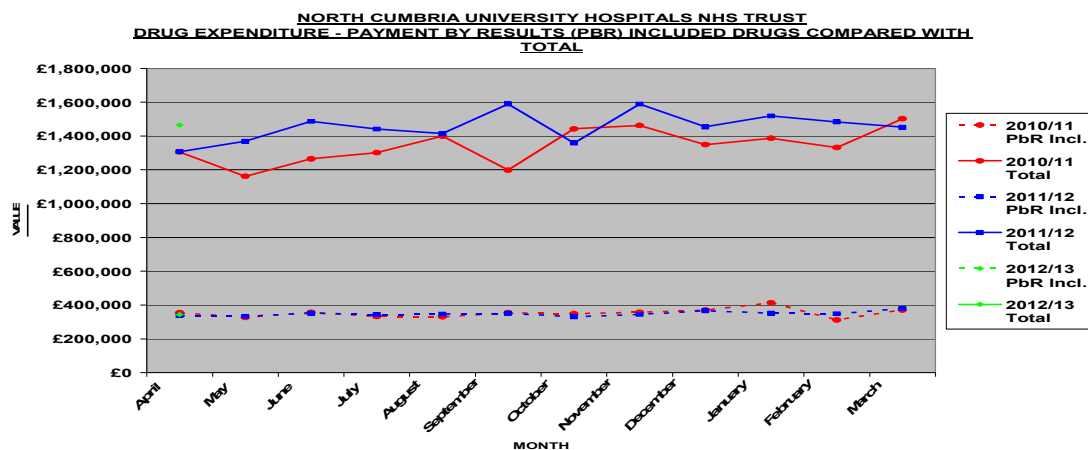
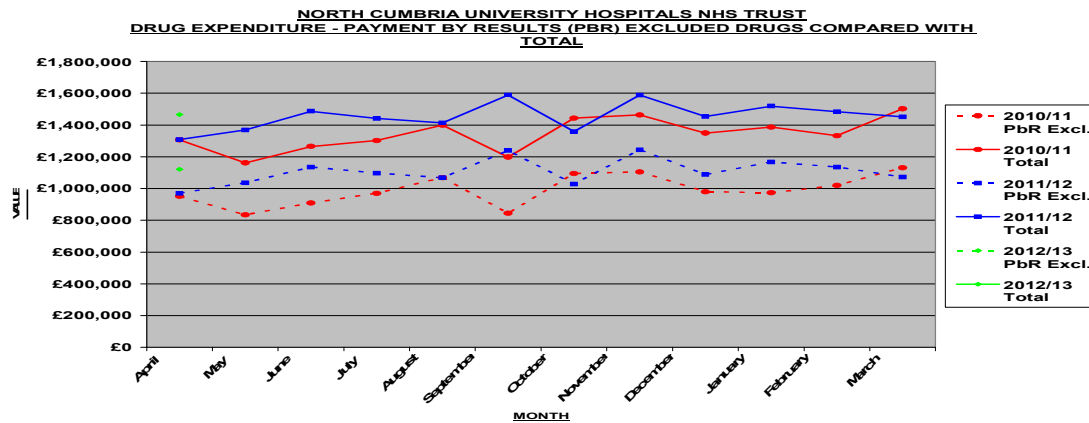
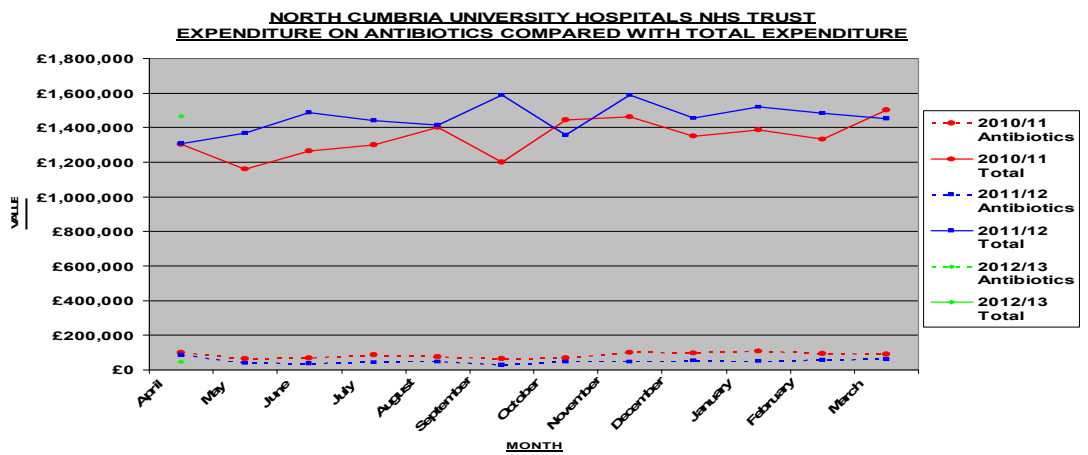
h) Incomplete pathways – number of incomplete pathways (this is shown for trending analysis purposes)

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 for month 1 of 2012/13 on antibiotic drugs continues to remain lower accounting for 3.2% of total expenditure compared to 6.5% in the same period in 2011/12.

The expenditure for PbR excluded drugs is 76% of the total drugs spend, and PbR included drugs account for 24%, the same as last year's outturn.



SECTION 2

QUALITY REPORT

1. QUALITY DASHBOARD

The Quality dashboard of the performance report is under review and the new format will be reported to the July 2012 Trust Board. 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 local CQUIN measures have been agreed and finalised for 2012/2013.

2. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE

2.1 Advancing Quality Pneumonia

Areas of underperformance in smoking cessation relate to four patients records not having the documented evidence of receiving smoking cessation advice. Work is ongoing with the clinical teams to raise awareness and improve smoking cessation advice. In line with the 2012/2013 CQUIN measures brief intervention training relating to smoking cessation will be a priority for staff.

The CURB – 65 score showed an underperformance of 46%. The CURB score is a clinical prediction rule which is used as a predictor of mortality for community acquired pneumonia.

2.2 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. In April 2012, the Trust had one reported incidence of a patient sustaining a fractured neck of femur following a fall at the Cumberland Infirmary on Beech A.

A root cause analysis has been undertaken and meetings have been held with the ward staff. The purpose of these 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.

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.

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 three 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 April 2012 for attributed Clostridium Difficile shows the Trust performing within trajectory with 1 attributed case. 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 2912.68 WTE at April 2012 This equates to a reduction of 80.20 WTE when compared to the equivalent month in 2010/11 and a reduction of 3.55 WTE compared to March 2012.</p> <p>The largest two staff groups are Nursing & Midwifery (1031.45 WTE) and Admin & Clerical (635.90 WTE). Currently the Trust has a total of 304.39 WTE Medical and Dental staff and 461.15 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics (including medical staff) Medicine has the largest establishment (881.95 WTE) followed by Surgery (792.18 WTE) and Family and Support Services (725.39 WTE).</p>
Overtime	<p>The overtime figures show:</p> <ul style="list-style-type: none"> • Overtime worked above the normal weekly contracted hours of 37.5 (Prime) • Overtime worked by part time staff up to the full-time normal weekly contracted hours of 37.5 i.e. 'Additional Basic Pay' (Basic). These figures were not included in last year's reports. <p>Total overtime in April 2012 is £439,219, up from March (£319,124).</p>
Turnover	<p>Annualised turnover (headcount) for non-medical staff at April 2012 is 10.8%. There were 41 non-medical staff leavers during March (1.14).</p>
Sickness Absence	<p>The Trust sickness absence rate for April 2012 has reduced to 4.70% from 4.97% (March 2012).</p> <p>Corporate Services has risen this month (3.36%) but just remains below the benchmark of 3.5%. Estates (5.85%), Medical Division (4.95%) and Surgical Division(4.87%) have all dropped this month</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, 41 cautionary review hearing s have taken place and 27 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. .</p>

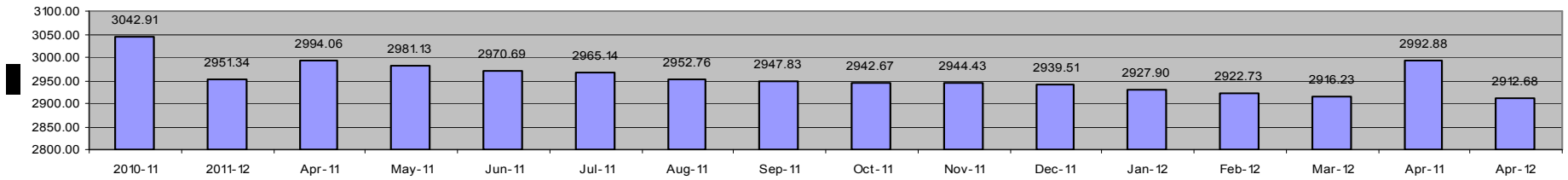
<p>Appraisal</p>	<p>The annualised percentage of appraisals, including Consultants, completed at Trust level over the last 12 months to April 2012 is 60.57%, an increase from March 2012 (58.71%)</p> <p>The Estates Division, together with some areas within Corporate Services (Finance, Governance and Nursing Support) are at or above the minimum target of 80%.</p> <p>Action plans are being put in place to complete outstanding appraisals in the divisions which fall short of target and HR Business Partners are continuing to actively monitor appraisal completion.</p> <p>All Foundation Doctors undertake an Annual Review of Competence Progression (ARCP) in May/June. They complete a learning portfolio to bring together the evidence including educational review, assessment, appraisal and planning. The trainees scheduled to undertake this in 2012 are</p> <p>Foundation 1 trainees = 33 Foundation 2 trainees = 29</p>
<p>Mandatory Training</p>	<p>The Mandatory Programme has recently been revised and includes the</p> <ul style="list-style-type: none"> • Core Mandatory Skills Programme • Trust Mandatory Skills Programme <p>The changes are to reflect the 10 core subjects delivered by the majority of organisations across the Health sector in the North West as part of their Statutory and Mandatory Training Needs Analysis (The Core Skills Framework for the North West Sector - Version 1). This core framework helps the Trust meet required standards set by NHS Litigation Authority (NHSLA), Care Quality Commission (CQC) and Information Governance.</p> <p>The information set out reflects the revisions and shows completion rates for the annual, two yearly, three yearly and four yearly parts of the programme. The Trust Mandatory Programme is new and Medicines Management has been available only in the last 3 months and the completion rates reflect this. Completion rates have now 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

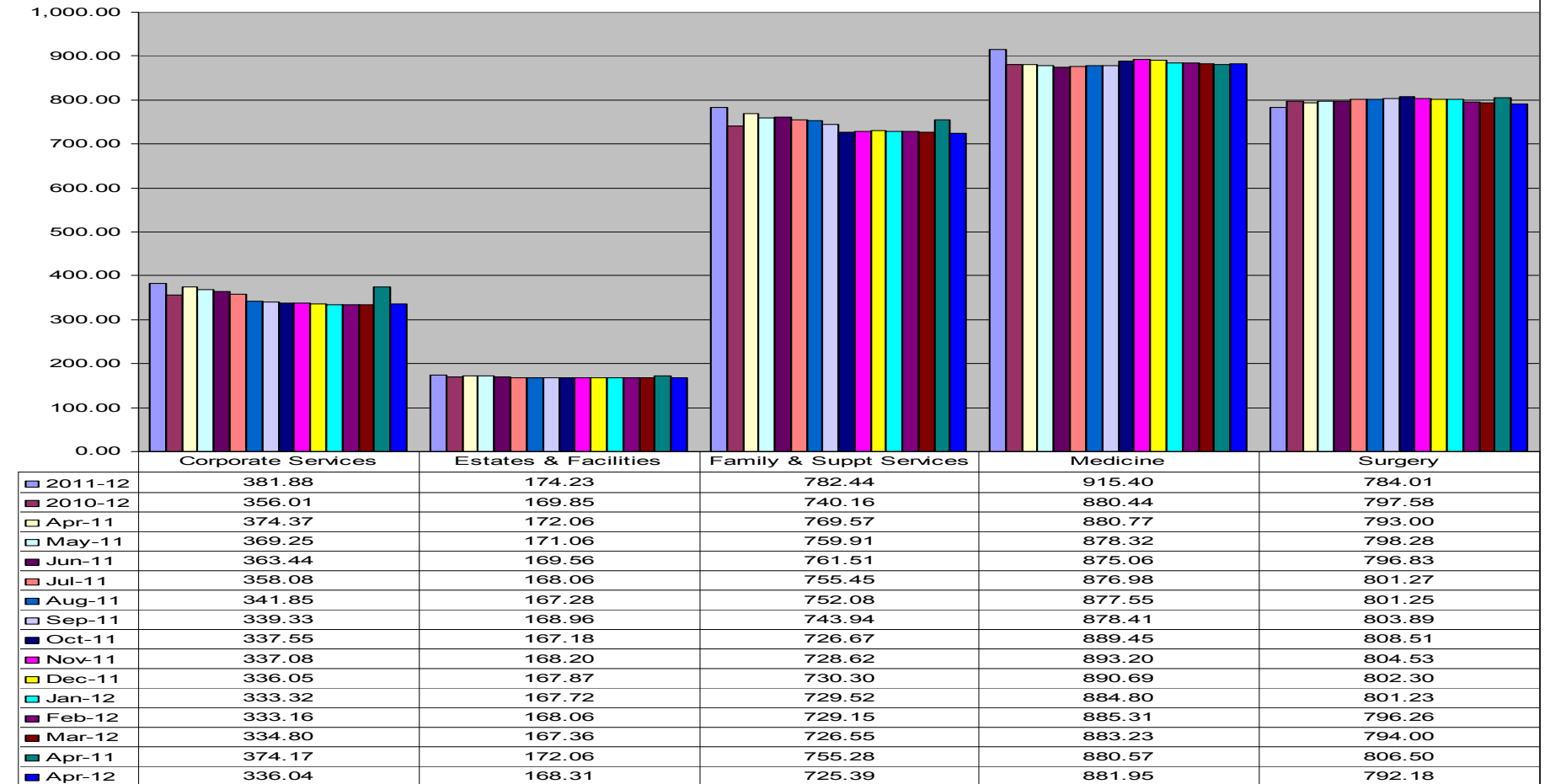
Staff Group	2010-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan 12	Feb 12	Mar 11	Mar12
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	102.67	92.08	93.70	94.54	93.61	92.72	93.49	95.46	95.24	95.24	97.10	96.17	92.87	95.80
Additional Clinical Services	483.35	469.84	470.52	470.87	470.58	470.29	468.55	468.22	467.78	465.60	459.88	460.65	471.57	461.20
Admin & Clerical	677.64	669.32	660.39	651.97	649.74	645.56	644.60	640.44	641.16	640.64	640.39	640.43	671.34	639.04
Allied Health Professionals	134.95	131.59	131.15	131.00	132.05	133.86	132.21	131.35	132.15	133.00	130.50	129.68	132.76	129.22
Estates & Ancillary	194.50	199.26	197.58	195.02	192.44	191.47	193.07	192.45	192.48	191.15	190.80	190.94	201.09	190.24
Healthcare Scientists	66.62	64.11	64.11	64.11	64.11	64.11	64.11	63.61	63.11	63.61	64.61	62.11	64.61	62.61
Medical & Dental	300.42	297.99	301.44	302.21	301.95	297.84	296.93	299.23	299.78	301.51	304.23	306.07	297.43	305.59
Nursing & Midwifery (Registered)	1082.76	1069.86	1062.24	1060.96	1060.66	1056.92	1054.88	1051.91	1052.74	1048.76	1040.39	1,036.68	1,069.16	1,032.53
Trust	3042.91	2994.06	2981.13	2970.69	2965.14	2952.76	2947.83	2942.67	2944.43	2939.51	2927.90	2922.73	3000.84	2916.23

Staff Group	2010-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan 12	Feb 12	Mar11	Mar12
	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head	Head
Additional Professional & Technical	124	110	110	110	110	109	110	113	113	113	115	115	110	115
Additional Clinical Services	774	756	753	755	768	776	773	780	776	770	758	759	764	762
Admin & Clerical	869	846	833	823	821	819	816	814	814	808	804	802	851	799
Allied Health Professionals	195	196	195	193	195	196	195	195	197	198	196	194	195	192
Estates & Ancillary	262	273	271	269	265	260	266	273	274	271	273	276	274	275
Healthcare Scientists	70	67	67	67	67	67	67	67	66	67	68	65	68	66
Medical & Dental	358	369	371	371	368	367	369	373	375	378	382	382	366	383
Nursing & Midwifery (Registered)	1,445	1,442	1,435	1,434	1,433	1,426	1,419	1,419	1,427	1,425	1,418	1,415	1,440	1,402
Trust	4,097	4,059	4,035	4,022	4,027	4,020	4,015	4,034	4,042	4,030	4,014	4,008	4,068	3,994

WTE Staff in Post - Trust



WTE Staff in Post - Divisions (including medical staff)



3 Overtime – 2011/12

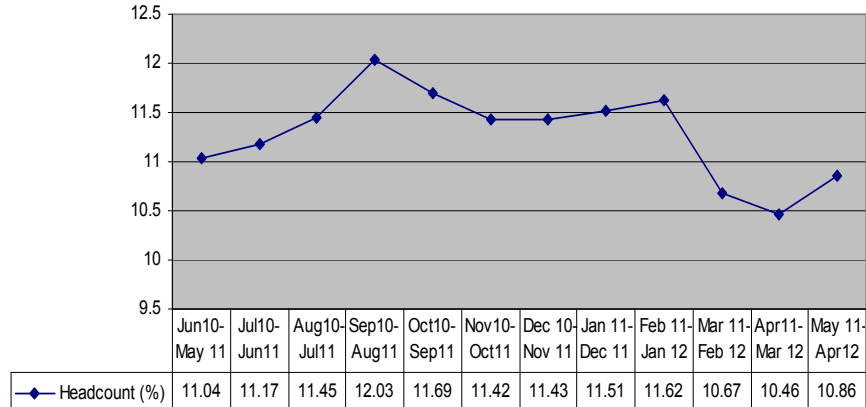
	Mar 2012			Apr 2012			May 2012			June 2012			July 2012		
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total
Corporate Services	7,770	2,761	10,531	15,435	3,515	18,950									
Estates & Facilities	42,725	12,251	54,977	48,454	15,560	64,014									
Family & Support Services	73,921	11,827	85,748	97,963	19,848	117,811									
Medicine	86,376	14,566	100,942	119,364	26,694	146,059									
Surgery	49,860	17,066	66,926	68,233	24,153	92,386									
TOTAL	260,653	58,471	319,124	349,450	89,769	439,219									

	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															

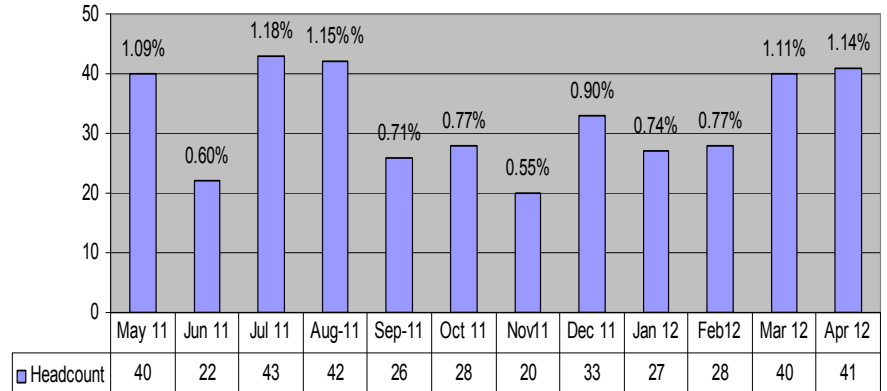
	January 2012			February 2013			YTD (from April 2012)			Apr 2011 – Mar 2012			2010/11 Prime
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	
Corporate Services							15,435	3,515	18,950	137,798	32,588	170,386	41,867
Estates & Facilities							48,454	15,560	64,014	422,758	165,599	588,357	175,888
Family & Support Services							97,963	19,848	117,811	906,468	170,623	1,077,091	236,372
Medicine							119,364	26,694	146,059	877,821	97,910	975,731	93,362
Surgery							68,233	24,153	92,386	466,869	113,132	580,000	123,334
TOTAL							349,450	89,769	439,219	2,811,713	579,852	3,396,565	670,823

4 Turnover

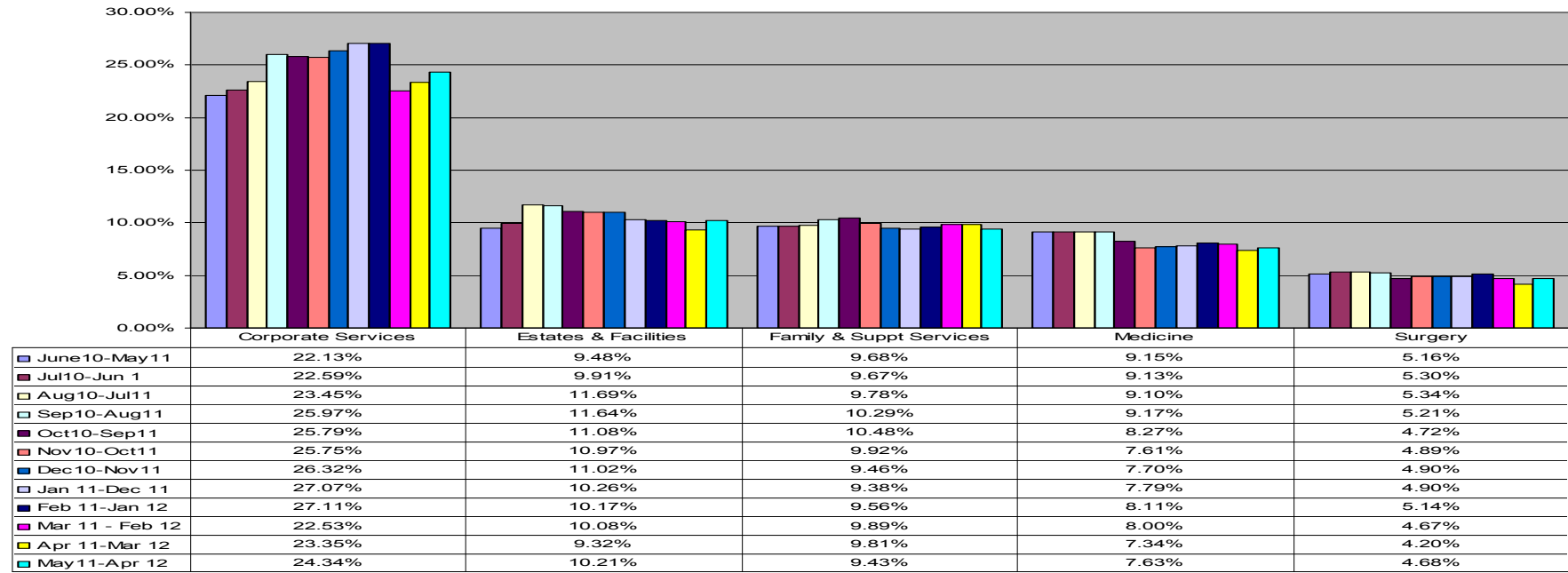
Annualised Turnover (excluding medical staff)



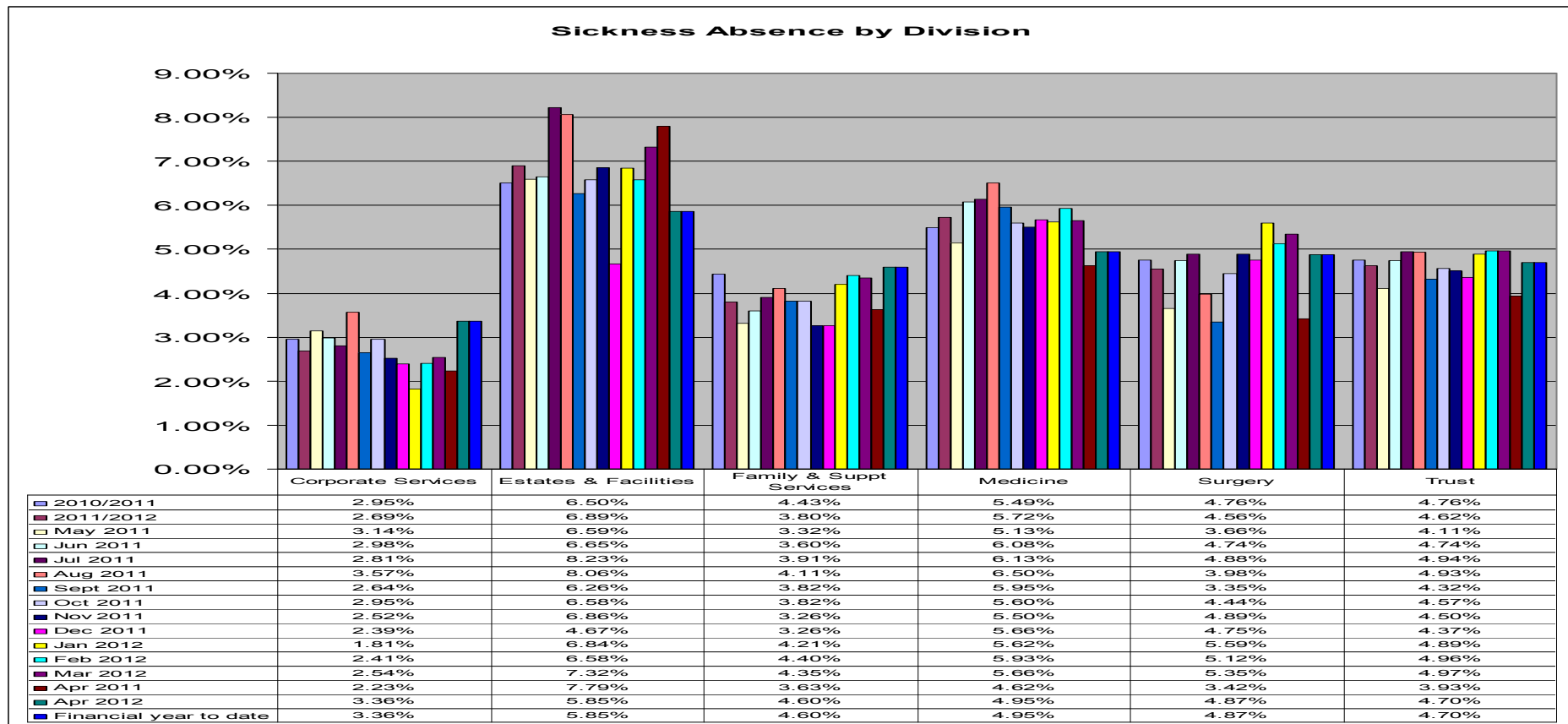
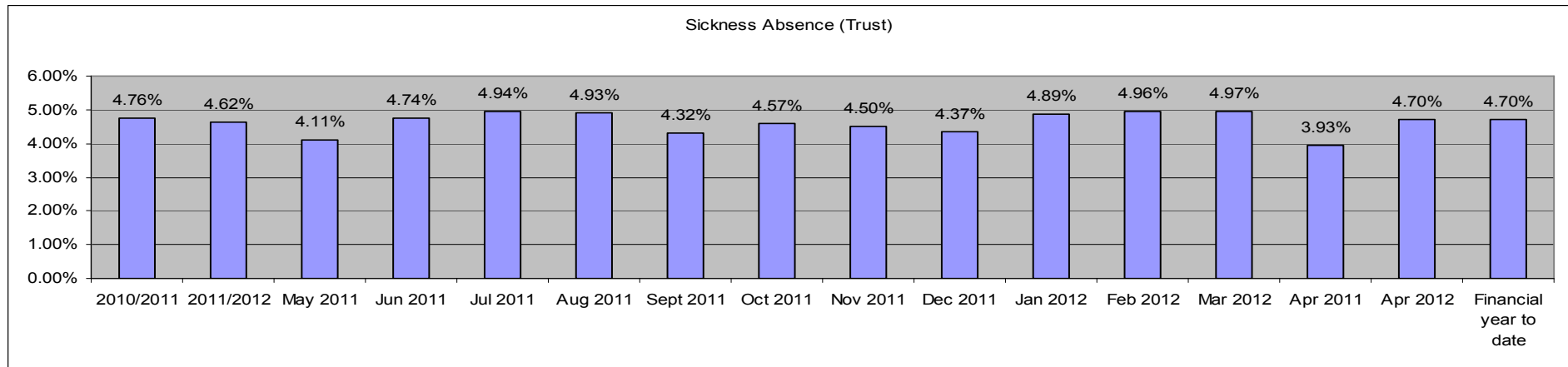
Leavers by Headcount (excluding medical staff)



Turnover by Headcount % - Divisions (excluding medical staff)

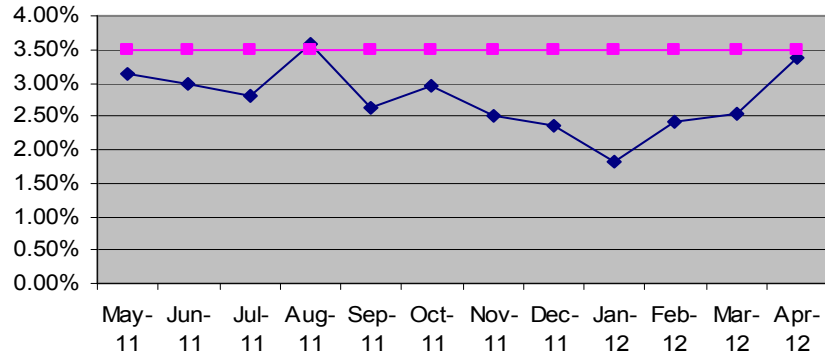


5. Sickness Absence

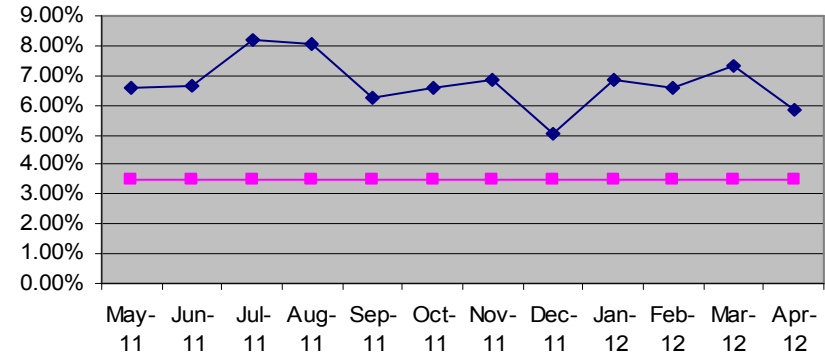


Sickness Target Trackers 2011/12

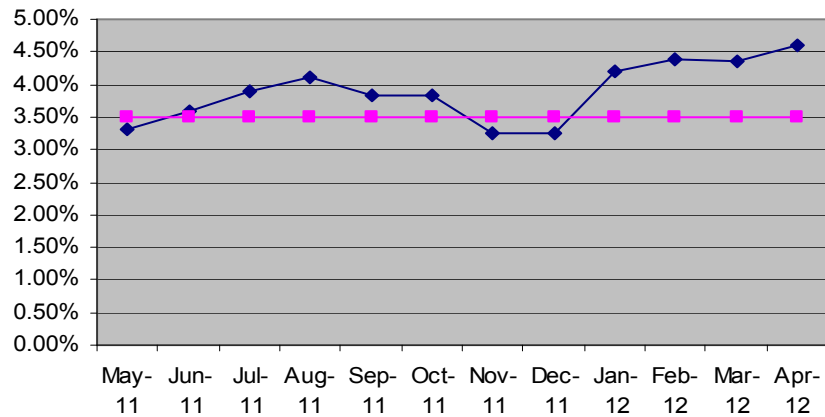
Sickness Absence Corporate Services



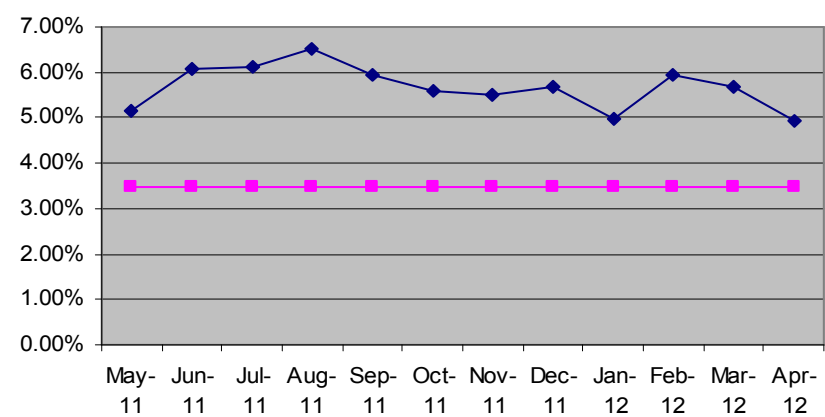
Sickness Absence Estates & Facilities



Sickness Absence Family & Support Services



Sickness Absence Medicine



7. Occupational Health

Cumberland Infirmary	2010/11 (Aug 10 on)	2011/12	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb12	Mar12	Apr 12
Pre-Employment Acute Staff	250	244	16	24	35	37	20	24	14	13	9	14	21	42
Pre-Employment Non Acute Staff	22	29	3	1	1	3	-	3	2	-	2	1	-	
Pre-Employment Placements	114	14	1	-	-	-	-	-	-	-	6	2	-	5
Managers Referral (brackets - stress related)	335 (28)	399 (28)	24 (1)	41	41 (1)	29 (2)	31 (2)	9 (3)	48 (9)	26	40	47	35 (6)	39 (3)
Self Referral (brackets - stress related)	289 (13)	217 (7)	20 (0)	16	19 (3)	10 (1)	15 (2)	11	22	17	29	26	17 (1)	14 (4)
Nurse Review Appointments	175	95	6	9	10	9	15	8	8	8	6	5	4	4
Other Routine Nursing Appointments	1869	2633	77	73	79	63	144	1067	368	149	167	181	201	175
Doctor's Appointments	169	368	29	10	32	30	25	38	42	24	32	29	50	21
<u>TOTAL</u>	3223	3999	186	174	217	181	250	1160	504	237	291	305	328	300
DNA	368	349	24	29	34	32	37	15	46	27	21	32	25	27

West Cumberland Hospital	2010/11 (Aug 10 on)	2011/12	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan12	Feb12	Mar12	Apr 12
Pre-Employment Acute Staff	115	172	7	22	29	13	20	9	10	6	23	14	8	24
Pre-Employment Non Acute Staff	5	0	-	-	-	-	-	-	-	-	-	-	-	
Pre-Employment Placements	149	62	3	11	7	5	11	2	8	-	3	1	1	2
Managers Referral (- stress related)	265 (23)	322 (25)	24 (2)	23 (1)	26 (1)	51 (6)	28 (3)	24	13 (1)	15	44 (4)	25 (2)	29 (3)	37 (1)
Self Referral (brackets - stress related)	425 (50)	596 (94)	57 (12)	51 (15)	43 (4)	46 (6)	58 (3)	30 (4)	32 (5)	52 (5)	52 (7)	61 (3)	60 (8)	39 (4)
Nurse Review Appointments	118	174	14	16	20	9	23	14	9	10	15	10	11	8
Other Routine Nursing Appointments	1148	1165	34	25	26	19	30	559	141	27	49	112	124	124
Doctor's Appointments	114	115	--	0	13	16	9	9	13	5	22	14	14	26
<u>TOTAL</u>	2339	2606	139	148	151	159	179	647	226	115	208	237	247	260
DNA	111	193	22	10	11	17	19	12	10	8	21	22	26	7

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																
	Chief Op Officer / BMs	5	4	80.00	5	3	60.00																
	Corporate Planning	3	1	33.33	4	2	50.00																
	Finance	72	66	91.87	72	67	93.06																
	Governance	15	10	66.67	15	12	80.00																
	HR	60	39	65.00	60	33	55.00																
	IM&T	157	115	73.25	158	114	72.15																
	Nursing Support	15	13	86.67	15	13	86.67																
	WCH Project Office	3	1	33.33	2	0	0.00																
	Bank	149	93	62.42	157	98	71.43																
Total	493	343	69.57	500	343	68.60																	
Estates & Facilities		219	198	90.41	218	194	88.99																
Family & Support Services		907	633	69.79	885	628	70.96																
Surgical		795	358	45.03	800	402	50.25																
Medical		950	443	46.63	937	456	48.67																
Trust overall		3364	1975	58.71	3340	2023	60.57																

RAG Coding		 < 50%	 < 80%	 > 80%
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9. Mandatory Training

Course	Date/Frequency	Trust%	Corporate %	Estates %	Family/Clinical %	Medical %	Surgical %
Advanced Life Support (ALS)	01/05/08 - 30/4/12 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>	01/05/09 - 30/4/12 3 yearly	72.01	68.36	98.16	76.35	61.64	76.31
Trust Mandatory Skills <i>note 3*</i>		6.92	7.87	0.92	9.88	4.19	7.23
Blood Transfusion 01		30.32	27.77	0.00	20.85	28.94	38.80
Blood Transfusion 02		21.44	22.26	N/A	11.28	23.40	26.05
Blood Transfusion 03		36.36	N/A	N/A	40.00	N/A	0.00
Blood Transfusion 04		14.68	25.00	N/A	13.86	N/A	N/A
Conflict Resolution L2		4.93	5.26	N/A	6.30	3.42	6.47
Conflict Resolution L3		63.04	33.33	87.30	0.00	N/A	0.00
Consent		32.40	30.61	N/A	28.88	30.87	38.20
Deprivation of Liberty Safeguards (DoLS) 1		26.14	26.91	N/A	24.29	27.98	29.82
DoLS2 Deprivation of Liberty Safeguards (DoLS) 2		0.00	N/A	N/A	N/A	0.00	N/A
Equality & Diversity		50.24	47.18	82.95	56.19	41.09	49.17
Manual Handling		25.29	20.16	12.44	25.75	26.87	31.15
Mental Capacity		28.31	28.61	N/A	27.58	27.80	29.27
Safeguarding Children Level 2		26.76	25.00	N/A	37.50	18.52	24.68
Safeguarding Children Level 3	26.57	16.13	N/A	21.60	47.00	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>	1.53	1.85	N/A	1.92	1.40	1.49	
Fire Safety	01/05/10 - 30/04/12 2 yearly	42.20	36.60	19.35	49.50	39.05	48.72
Information Governance	01/05/11 - 30/04/12 annually	63.30	66.33	58.98	63.47	54.92	70.75
Infection Control Level 2 <i>note 4</i>		3.96	3.26	7.59	3.68	4.78	3.41
Immediate Life Support (LS)		25.35	22.83		26.32	27.86	24.18
Paediatric Immediate Life Support (PILS)		17.14	25.00	N/A	16.13	N/A	N/A
Practical Obstetric Multi Professional Training (PROMPT)		61.16	52.17	N/A	62.19	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 £30k at the end of April against a planned surplus of £32k. The position in April is supported by £2.35m 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 for April was £16.7m against a target of £16.9m. Clinical activity was ahead of the plan with activity levels remaining high. However, the casemix was lower than planned in the first month although this is expected to recover in later months when activity is fully coded. The final profile of the activity is being agreed with commissioners.

Pay expenditure in April was £11.5m. This is in line with the level of pay costs in the final quarter of 2011/12. Expenditure on nurse bank and overtime increased again in April as the Trust continued to have escalation beds open and staffed. The number of WTEs worked increased from 3,047 WTE in March to 3,074 WTE in April. Expenditure on agency staffing remained at £0.6m, the same as the last two months. Expenditure on agency staff is highest in the Medical Division which has a number of vacancies in General Medicine and Emergency Care.

Expenditure on non-pay in April was £5.5m which is lower than the 2011/12 average. Elective activity levels were lower in some of the high cost specialties such as Orthopaedics and Cardiology as a result of the Easter period. The Trust expects expenditure to increase in future months in line with the trends witnessed in previous years.

The Trust delivered £1.6m of efficiency savings in April against the annual plan of £16.9m. The Project Management Office (PMO) are currently reviewing existing plans across all areas and working with the appropriate staff to ensure that approved plans are implemented on time and delivered in full. The PMO continues to support staff to generate and develop new ideas for 2012/13 schemes for delivery in the current and future financial years as the Trust continues to work to reduce its overall cost base.

Conclusion

Although the Trust has reported a small surplus of £30k in April the Trust continues to be supported through external funding provided by the Strategic Health Authority. The emphasis over the next few months will be to ensure cash releasing CIP is delivered to help reduce the financial gap between expenditure and income which will also help improve the overall liquidity position of the Trust.

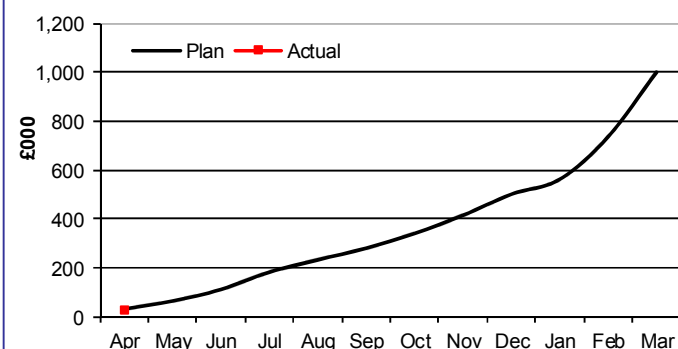
Alistair Mulvey
DIRECTOR OF FINANCE

FINANCIAL OVERVIEW - 30th April 2012 (Month 1)

Income & Expenditure

At the end of April the Trust is reporting a surplus of £30k after technical adjustments against a planned surplus of £32k. Pay costs were £11.5m in April which is at the same level as the final months of 2011/12. Non pay was £5.5m which was lower than 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.

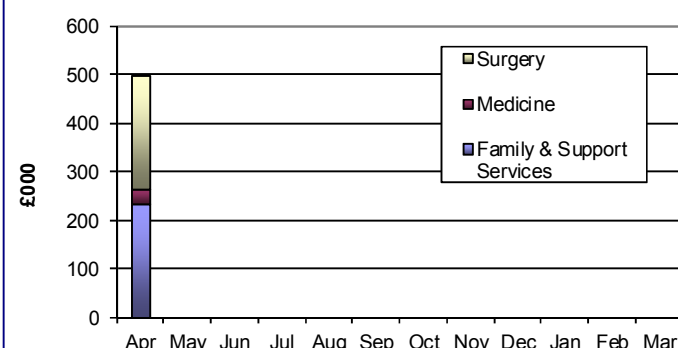
I&E Performance 2011/12



Divisional Performance

As work to finalise the allocation of the CIP target to the clinical and non clinical divisions was not complete at the end of April the divisions are all reporting surplus positions. The positions reported are as follows: Family & Support Services £234k underspent, Medicine £30k underspent and Surgery £235k underspent. In the Medical Division the agency pressures continue, particularly in Emergency Care and General Medicine.

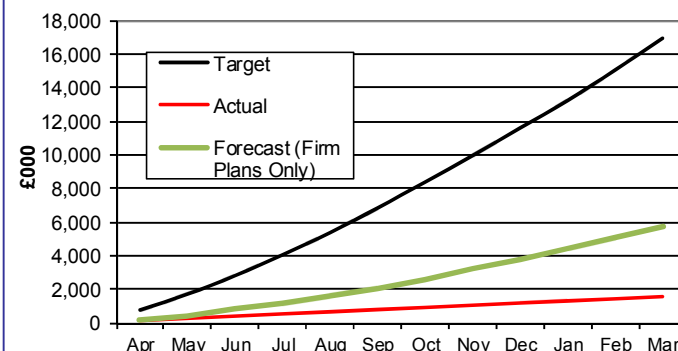
Divisional Monthly Variance



CIP Delivery

CIPs of £1.6m were delivered in April against the annual target of £16.9m. The in month impact of these savings is £128k against a target of £753k. The Project Management Team are currently reviewing all plans and ideas with the appropriate staff and ensuring focus is on the timely implementation and delivery of agreed plans and on generation of new ideas. The PMO is also finalising the allocation of the CIP target to divisions.

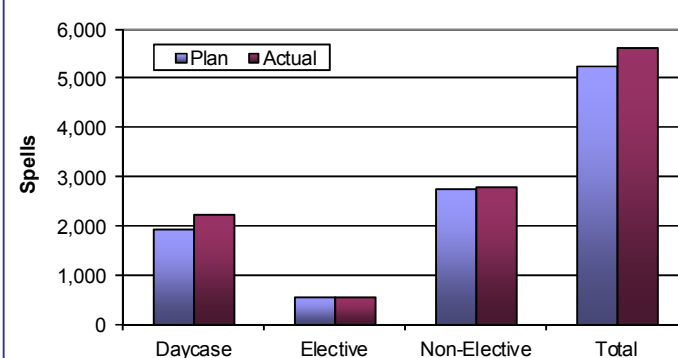
CIP 2011/12



Performance Against SLAs

Total Elective activity was 315 spells above the plan at the end of April, this was entirely within Daycase activity. Non-Elective activity was marginally ahead of plan in April with activity remaining high.

Contract Activity Performance

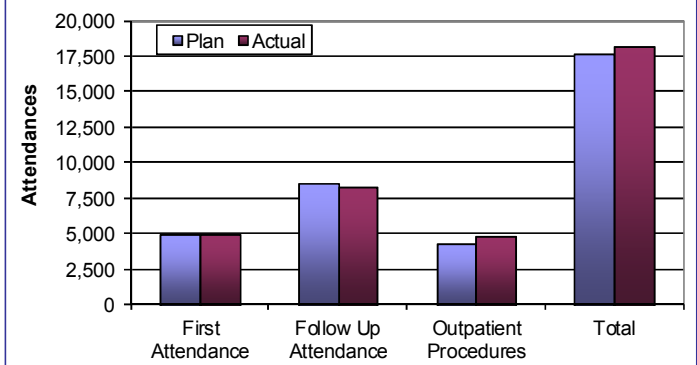


FINANCIAL OVERVIEW - 30th April 2012 (Month 1)

Outpatient Performance

Total Outpatient activity is 459 attendances ahead of the April plan. 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 up to date practices.

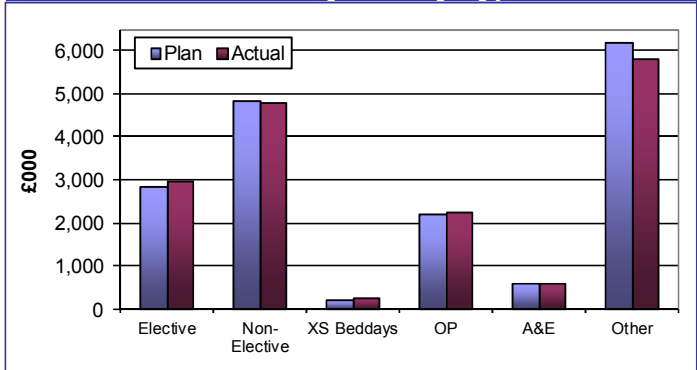
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is behind the cumulative plan by £201k. This is mainly due to the lower casemix in the month against the plan, although it is expected that this will improve in future months.

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. While the BPPC is behind plan, it should improve as we move through the year. Other financial duties are currently forecast to be achieved.

2011/12 Performance Against Targets

Duty	Target	M01	Forecast
Breakeven Duty	To achieve a breakeven I&E	£30k 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 April 2012 (Month 1)

(adverse) / favourable variance

				Annual Budget £000	In Month					Cumulative			
					Budget £000	Actual £000	Variance		Budget £000	Actual £000	Variance		
							£000	%			£000	%	
Income													
NHS Clinical Income				201,251	16,933	16,731	(201)	(1.2%)	16,933	16,731	(201)	(1.2%)	
Other NHS Income (R&D, training etc)				6,221	518	529	11	2.0%	518	529	11	2.0%	
Non NHS Clinical Income (PP's, RTA)				2,067	172	177	5	2.6%	172	177	5	2.6%	
Operating Income				8,992	881	910	30	3.4%	881	910	30	3.4%	
Total Income				218,530	18,504	18,347	(157)	(0.8%)	18,504	18,347	(157)	(0.8%)	
Expenditure													
	EST	WTE	Var										
Family & Support Services	791	751	40	(49,325)	(4,101)	(3,867)	234	5.7%	(4,101)	(3,867)	234	5.7%	
Medical	989	948	41	(61,184)	(5,220)	(5,190)	30	0.6%	(5,220)	(5,190)	30	0.6%	
Surgical	866	830	36	(55,638)	(4,594)	(4,359)	235	5.1%	(4,594)	(4,359)	235	5.1%	
Sub Total	2,646	2,530	117	(166,146)	(13,915)	(13,416)	499	3.6%	(13,915)	(13,416)	499	3.6%	
Corporate Directorates													
Chief Executive	17	14	3	(6,532)	(544)	(530)	15	2.7%	(544)	(530)	15	2.7%	
Estates and Facilities	198	205	(8)	(21,079)	(1,742)	(1,750)	(7)	(0.4%)	(1,742)	(1,750)	(7)	(0.4%)	
Finance	213	212	1	(9,875)	(826)	(813)	13	1.6%	(826)	(813)	13	1.6%	
Human Resources	71	64	7	(3,670)	(334)	(299)	35	10.4%	(334)	(299)	35	10.4%	
Medical Director	7	6	1	(239)	(20)	(20)	(1)	(2.6%)	(20)	(20)	(1)	(2.6%)	
Nurse Director	34	29	5	(1,851)	(155)	(132)	23	15.1%	(155)	(132)	23	15.1%	
Reserves	0	0	0	(6,881)	(174)	(30)	144	82.7%	(174)	(30)	144	82.7%	
Cost Improvements	0	0	0	15,380	625	0	(625)	0.0%	625	0	(625)	100.0%	
Total Expenditure	3,202	3,074	128	(201,680)	(17,151)	(17,040)	111	0.6%	(17,151)	(17,040)	111	0.6%	
EBITDA				16,850	1,353	1,307	(46)	(3.4%)	1,353	1,307	(46)	(3.4%)	
EBITDA %				7.7%	7.3%	7.1%			7.3%	7.1%			
Depreciation				(6,356)	(530)	(524)	6	1.0%	(530)	(524)	6	1.0%	
Interest receivable				30	3	4	2	60.0%	3	4	2	60.0%	
Interest payable				(6,725)	(560)	(529)	32	5.7%	(560)	(529)	32	5.7%	
PDC Dividend				(2,456)	(205)	(200)	5	2.3%	(205)	(200)	5	2.3%	
Net surplus / (deficit)				1,343	61	58	(2)	(4.0%)	61	58	(2)	(4.0%)	
IFRIC 12 / Dual Accounting				(343)	(29)	(29)	0	1.4%	(29)	(29)	0	0.0%	
Revised Net surplus / (deficit)				1,000	32	30	(2)	(6.4%)	32	30	(2)	(7.6%)	

North Cumbria University Hospitals NHS Trust

Statement of Financial Position as at 30th April 2012 (Month 1)

Statement of Financial Position	Closing 31 March 2011	As at 31 March 2012	Movement in Year	As at 29 February 2012	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	130,564	3,790	128,487	2,077	136,614
Intangible Assets	357	442	85	357	85	325
Trade and Other Receivables	2,659	3,887	1,228	2,709	1,178	2,500
TOTAL NON-CURRENT ASSETS	129,790	134,893	5,103	131,553	3,340	139,439
CURRENT ASSETS:						
Inventories	2,923	3,332	409	3,223	109	2,500
Trade and Other Receivables	10,789	9,602	(1,187)	22,760	(13,158)	6,395
Cash and cash equivalents	595	497	(98)	5,462	(4,965)	750
TOTAL CURRENT ASSETS	14,307	13,431	(876)	31,445	(18,014)	9,645
TOTAL ASSETS	144,097	148,324	4,227	162,998	(14,674)	149,084
CURRENT LIABILITIES:						
Trade & Other Payables	(16,740)	(19,718)	(2,978)	(36,975)	17,257	(18,340)
DH Working Capital Loan Principal Repayments	0	(856)	(856)	(856)	(856)	(856)
Borrowings	(2,855)	(2,267)	588	(2,859)	592	(2,269)
Other Financial liabilities	0	0	0	0	0	0
Provisions for Liabilities and Charges	0	(807)	(807)	(381)	(426)	0
TOTAL CURRENT LIABILITIES	(19,595)	(23,648)	(4,053)	(40,215)	16,567	(21,465)
NET CURRENT ASSETS/(LIABILITIES)	(5,288)	(10,217)	(4,929)	(8,770)	(1,447)	(11,820)
TOTAL ASSETS LESS CURRENT LIABILITIES	124,502	124,676	174	122,783	1,893	127,619
NON-CURRENT LIABILITIES						
Borrowings	(55,084)	(52,830)	2,254	(53,527)	697	(52,974)
DH Working Capital Loan Principal Repayments	(8,562)	(7,706)	856	(8,134)	428	(7,706)
Other Financial Liabilities	0	0	0	0	0	0
Provisions for Liabilities and Charges	(4,517)	(4,214)	303	(3,946)	(268)	(4,070)
Other Liabilities	0	0	0	0	0	0
TOTAL NON- CURRENT LIABILITIES	(68,163)	(64,750)	3,413	(65,607)	857	(64,750)
TOTAL ASSETS EMPLOYED	56,339	59,926	3,587	57,176	2,750	62,869
FINANCED BY TAXPAYERS EQUITY:						
Public Dividend Capital	58,018	58,018	0	58,018	0	63,550
Retained Earnings	(16,646)	(9,875)	6,771	(15,809)	5,934	(12,451)
Revaluation Reserve	11,769	11,783	14	11,769	14	11,770
Donated Asset Reserve	1,727	0	(1,727)	1,727	(1,727)	0
Government Grant Reserve	1,471	0	(1,471)	1,471	(1,471)	0
TOTAL TAXPAYERS EQUITY	56,339	59,926	3,587	57,176	2,750	62,869
Cash in OPG accounts	591	493	(98)	5,458	(4,965)	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.