

TRUST BOARD

Date of Meeting: 15/05/2012	Agenda Item No: 6.1	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 twelve of 2011/12.		
<ul style="list-style-type: none"> • Operational performance against key targets remains broadly strong with some pressures within specific specialities on access targets; • At the end of the financial year the Trust achieved a surplus of £1.014m, the final value of the surplus is subject to external review by the Audit Commission as the Trusts External Auditors. Whilst the Trust achieved a positive outcome to the financial year this was underpinned by external funding support from the Strategic Health Authority to offset cost which the Trust failed to manage internally through its planned savings programmes. In addition to achieving its surplus target the Trust also achieved its other financial duties in terms of cash management, rate of return on assets employed and capital expenditure limits, again the achievement of these targets is subject to external audit review. As previously reported the Trust failed to achieve its better practice payment code targets due to in year ad ongoing cash management pressures. Whilst it is positive to report achievement of the requisite targets in 11/12 the focus must now be on the achievement of targets in 12/13 with a significantly greater level of internal cost reduction and reduced reliance upon external financial support. • Total number of directly employed staff continues to fall (85 wte in the last year) although overtime expenditure in March was high at nearly £320k. Turnover remains consistent at just under 11% and sickness absence showed a slight in-month deterioration at 4.97% with a financial year end total of 4.6% which is better than 2009/10 and 2010/11. Appraisal participation rates at the year end of just under 59% are disappointing as each department had plans detailing how they would hit the year-end target of 80%. 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 MRSA bacteraemia for 22 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.

Prepared by:

Corinne Siddall
Director of Operations

Alistair Mulvey
Director of Finance

Damian Gallagher
Director of Human Resources

Chris Platton
Acting Director of Nursing

Presented by:

Corinne Siddall
Director of Operations

APPENDIX A

<p>TRUST BOARD PERFORMANCE REPORT Month Twelve (March) Performance reported in May 2012</p>
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INTRODUCTION

This report provides the Trust Board with a summary of the organisations performance against a range of key performance indicators as at 31 March 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 A1. The Performance Dashboard structure has eleven distinct sections and these are identified below:

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

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

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

1. QUALITY: HEADLINE MEASURES

1.1 MRSA Bacteraemia

No exceptions to report.

1.2 Clostridium Difficile Infections

No exceptions to report.

1.3 Patient Experience Survey

No exceptions to report.

1.4 Referral to Treatment: Admitted Patient Care 95th Percentile

Admitted Care 95th percentile 45.14 weeks against a target of 23weeks

- The three specialties that were non compliant in March were Orthopaedics at 26.43wks, Ophthalmology at 50.14wks and Gynaecology at 34 weeks. The Ophthalmology and Gynaecology figures were part of the overall recovery plans in these specialities. the Orthopaedic non compliance had been forecast right through March on the weekly information sheets as the breaches being brought in during the month were the longest waiters as planned who had waited more than 23 weeks.

Admitted care compliance 78% against a target of 90%

- The only non compliant specialties were Ophthalmology and Gynaecology as per previously agreed plans.

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

No exceptions to report.

1.6 Referral to Treatment: Incomplete Pathways 95th Percentile

No exceptions to report

1.7 Mixed Sex Accommodation Breaches

The nine mixed sex breaches all relate to patients not being transferred within a four hour period from Intensive care to a general ward. There were eight breaches at the Cumberland Infirmary and one breach at the West Cumberland hospital.

1.8 A&E Clinical Indicators

A&E Clinical Quality: Unplanned Re-attendance Rate

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

A rolling audit of all patients who re-attend within 7 days of each attendance is now established to identify and mitigate causal factors. For the month of March, CIC returned 5.4% against the national target of 5% for unplanned re-attendances. WCH returned 7.1%, representing deterioration from the previous month (6.2%).

CIC: Of the total re-attendances, 4 patients had multiple re-attendances within the 7 day threshold. This entire cohort of patients was attributable to issues of mental health problems or alcohol and substance misuse.

WCH: Of the total re-attendances, 12 patients had multiple re-attendances within the 7 day threshold. 8 patients from this cohort were attributable to issues of mental health problems or alcohol and substance misuse. Of the remaining 4, 2 patients were experiencing on-going panic / asthma attacks, 1 patient initially attended due to abdominal pain and subsequently re-attended a further 2 times due to cellulitis. The remaining patient re-attended due to re-injuring the same ankle numerous times.

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

1.9 Cancer: 2 week waits

No exceptions to report.

1.10 Cancer: 62 days waits

No exceptions to report.

1.11 Emergency Re-admissions (within 30 days)

No exceptions to report.

2. RESOURCES: HEADLINE MEASURES

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

Nil to report.

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

Nil to report.

2.3 Acute G&A Bed Capacity – Total Available Beds

Nil to report.

2.4 Non Elective G&A FFCE's

Nil to report.

2.5 Referral to Treatment: Number of incomplete Pathways

Nil to report.

3. QUALITY: SUPPORTING MEASURES

3.1 VTE Risk Assessment

No exceptions to report.

3.2 A&E Clinical Quality: Ambulatory Care

No exceptions to report.

3.3 A&E Clinical Quality: Consultant Sign Off

No exceptions to report.

3.4 Cancer: 31 Day Waits

No exceptions to report.

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

Following from the April Board report in which it was stated that the Division had just instigated an escalation process for making available a stroke bed the figures for April show that the CIC site has improved its performance from 77.78% to 81.80% whilst the WCH site has reduced from 73.33% to 64.5%. Performance is monitored on both sites, with the availability of a stroke bed discussed at the daily bed meetings on both sites. The pathway of admission via CCU at the West site is still an issue that the pathway work will resolve.

The Division have, on this basis, committed to achieving this target from May 2012.

WCH have begun to demonstrate an improvement in the national SINAP targets, which is reported and discussed weekly.

3.6 Strokes: TIA Referrals Assessed & treated within 24 hours

Nil to report

3.7 Staff Engagement

Nil to report.

3.8 Patient Reported Outcome Scores (PROMS)

Nil to report.

3.9 Low Value Procedures

Nil to report.

3.10 Referral to Treatment: Admitted Patients Median Wait

No exceptions to report.

3.11 Referral to Treatment: Non-Admitted Patients Median Wait

No exceptions to report.

3.12 Referral to Treatment: Incomplete Pathway Median Wait

No exceptions to report.

4. RESOURCES: SUPPORTING MEASURES

4.1 Length of Stay for Acute G&A Spells

No exceptions to report.

4.2 Day Case Rate (G&A)

No exceptions to report.

4.3 Delayed Transfers of Care

The Division continue weekly recording and the management of DETOC is reviewed and discussed within the daily bed meetings on both sites. There is an established weekly multiagency review of delayed discharge of care at which a robust validation of all listed patients is undertaken, this is attended at the CIC site by one of the Divisional management team. The implementation of dedicated Discharge Planning Leads on both sites has been delayed due to sickness and the nursing review. This is now on track with a temporary placement at the WCH site. The anticipation of a marked positive impact against the target will be realised during the month of May.

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

This issue has also been escalated to the CCG and is being actively monitored at the contract review group.

4.4 GP Written Referrals to Hospital (G&A)

Nil to report.

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

Nil to report.

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

Nil to report.

4.7 All First OP Attendances (G&A)

Nil to report.

4.8 Elective FFCE's (G&A)

Nil to report.

4.9 A&E Attendances

Nil to report.

4.10 Staff Absences (Sickness absence rate)

See Section 3 - Workforce Report.

4.11 Temporary Staffing Costs (including agency costs)

See section 3 – Workforce Report.

5. LOCAL MONITORING

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

No exceptions to report.

5.2 Thrombolysis: 60minutes call to needle time

No exceptions to report.

5.3 Referral to Treatment

Admitted Care 95th percentile 45.14 weeks against a target of 23weeks

- The three specialties that were non compliant in March were Orthopaedics at 26.43wks, Ophthalmology at 50.14wks and Gynaecology at 34 weeks. The Ophthalmology and Gynaecology figures were part of the overall recovery plans in these specialities. the Orthopaedic non compliance had been forecast right

through March on the weekly information sheets as the breaches being brought in during the month were the longest waiters as planned who had waited more than 23 weeks.

Admitted care compliance 78% against a target of 90%

- The only non compliant specialties were Ophthalmology and Gynaecology as per previously agreed plans.

5.4 Cancelled Operations

No exceptions to report.

5.5 Infant Health: Breastfeeding Initiation

No exceptions to report.

5.6 Infant Health: Smoking at Delivery

No exceptions to report.

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

No exceptions to report.

5.8 Choose and Book slot availability

No exceptions to report.

6. LOCAL PRODUCTIVITY METRICS

6.1 Reduce inpatient length of stay (elective)

No exceptions to report.

6.2 Reduce inpatient length of stay (non-elective)

No exceptions to report.

6.3 Day Case rate for basket of 25 procedures

No exceptions to report.

6.4 Pre-operative bed days (non-elective)

No exceptions to report.

6.5 Outpatient New to Review Ratio

No exceptions to report.

6.6 Outpatient Did Not Attend (DNA) rate

No exceptions to report.

7. LOCAL WORKFORCE METRICS

7.1 Sickness/Absence Cost (£000)

See Section 3 Workforce Report.

7.2 Turnover Rate (%)

See Section 3 Workforce Report.

7.3 KSF Development reviews (Rolling Total)

See Section 3 Workforce Report.

8. LOCAL QUALITY METRICS

8.1 Risk Adjusted Mortality (CHKS data – Rolling Total)

See Section 2 Quality Report.

8.2 Slips, Trips & Falls (inpatients)

See Section 2 Quality Report.

8.3 MSSA (Attributed to Trust)

See Section 2 Quality Report.

9. ESTATE METRICS

9.1 Planned Preventative Maintenance (PPM)

The high level of performance has been maintained throughout the year for all planned Estates work.

9.2 Maintenance Request Response Times

Consistent levels of response for all routine requests have been achieved consistently month on month.

10. FACILITIES METRICS

10.1 Catering: Waste Scores

The target of below 6% has been achieved across the Trust.

10.2 Domestic: Cleaning Audit (Quarterly Report)

The target set of 95% for the Trust has been exceeded for the West Cumberland Hospital site and an amber rating achieved for the Cumberland Infirmary site with an overall score of 94.5%.

10.3 Portering: Request Response

The rate of meeting requests for portering has been maintained at a high level throughout the year and the target level set has been exceeded.

11. REFERRAL TO TREATMENT ANALYSIS BY SPECIALTY

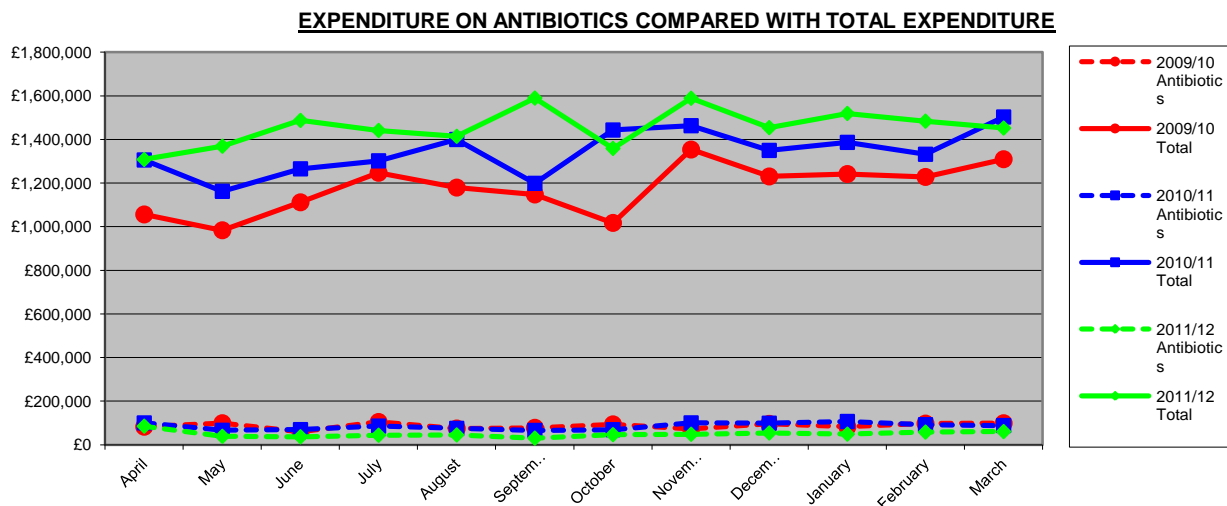
The Dashboard contains the details of the month twelve position. Section 11 shows the speciality performance levels as follows:

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

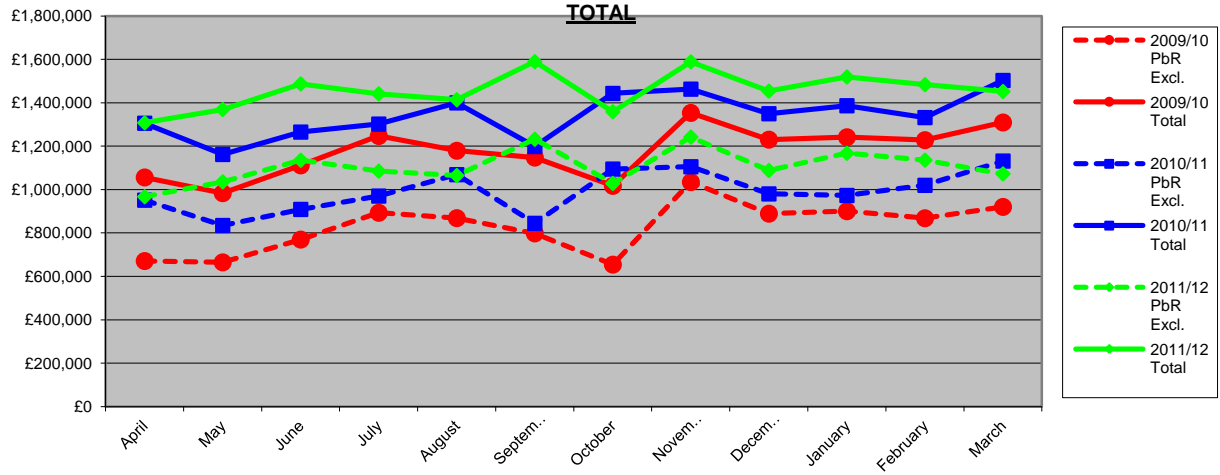
12. PHARMACY METRICS

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.

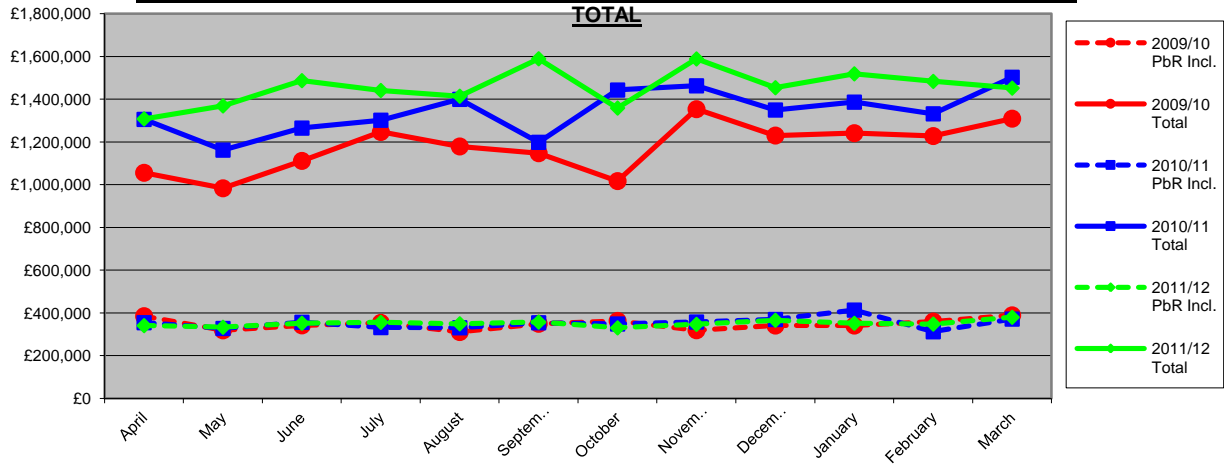
Expenditure for the year 2011/12 on antibiotic drugs was lower than the previous 2 years accounting for 3.4% of total expenditure compared to 6.3% in the same period in 2010/11.



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



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



SECTION 2

QUALITY REPORT

1. QUALITY REPORT

The Quality section of the performance report has continued to be developed in line with development of the Quality Dashboard Appendix 2. 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.

1.1.1 National Measures

The National Measures for 2012/2013 are:

- Venous-Thromboembolism (VTE) Prevention;
- Patient Experience based on the Care Quality Commission nationally co-ordinated adult inpatient survey programme;
- Dementia which consists of three separate categories; screening, risk assessment and where indicated referral for specialist diagnosis.

1.1.2 Regional Measures

The regional measures for 2012/2013 are:

- NHS Safety Thermometer, which surveys monthly all appropriate patients using a point prevalence survey method on four outcomes; pressure ulcers, falls, urinary tract infection in patients with catheters and VTE;
- Advancing Quality (AQ) which consists of clinical process measures for; Acute Myocardial Infarction, Heart Failure, Hip and Knee Replacement, Pneumonia, Stroke and AQ patient experience.

1.1.3 Local Measures

The local measures for 2012/2013 are:

- Emergency Floor, which comprises of joint working between primary, community and secondary care on ambulatory care pathways and the development of an integrated emergency floor;
- Children: Integrated Care, which comprises of the development and implementation of agreed pathways;
- Make Every Contact Count, which comprises of ensuring that service users are provided with brief intervention advice in relation to smoking, alcohol abuse and substance misuse;

- Evidence Based Referrals, which comprises of identified clinical surgical procedures to which referrals and thresholds have been agreed by clinicians.
- Service Reviews, which consist of undertaking three service reviews; dementia, mortality and end of life.
- Patient Experience and Satisfaction, which focuses on patients including children and young people and their parents.

2. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE

2.1 Complaints

The number of complaints received has increased over 2011/2012 of which 41 complaints were received in March 2012. An increase in complaints has also been seen nationally across NHS Trusts. All complaints are reviewed and monitored weekly by the Director of Nursing, Medical Director and Director of Governance. The senior nursing and governance teams across the division's review all complaints, identify trends and ensure lessons are learnt and shared with staff.

The role of the Trust's Matron for Patient Experience includes being actively involved with patients and carers and facilitating the patient/carer feedback of their experience with our staff. This also includes supporting staff and feeding back to staff on patient stories.

The table below identifies the number of complaints received in March 2012 from each division and identifies which hospital site.

March 2012	CIC	WCH	Total
Family Services & Clinical Support	2	3	5
Medical Division	11	9	20
Surgical Division	13	3	16

2.2 Slips Trips and Falls

Although the Trust is on trajectory and has seen a year on year reduction in slips trips and falls, ninety two falls were reported in March 2012 which is an increase in

comparison to previous months. One fractured neck of femur was sustained following a fall on Elm A ward at the Cumberland Infirmary. A root cause analysis has been completed and is currently under review by the Deputy Director of Nursing with the clinical team.

2.3 Infection Prevention

The excellent work carried out by our clinical teams to minimise infections has attributed to no post forty eight hour bacteraemia for twenty two months. There are significant challenges however for our clinical teams for 2012/2013 as the Trust has been set a target of zero against the 2011/2012 target of four.

The performance for the month of March 2012 for attributed Clostridium Difficile shows the Trust performing within trajectory with 4 attributed cases. The Trust year end position for 2011/12 is 53 attributed cases against a trajectory of 69. This again demonstrates the excellent work carried out by the clinical teams to minimise infections across the Trust. For 2012/2013 there are again significant challenges as the target set is forty attributed cases.

Infection prevention is all staff's responsibility and the infection prevention team and clinical teams will continue to deliver high standards of infection prevention and control 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 2916.23 WTE at March 2012 This equates to a reduction of 84.61 WTE when compared to the equivalent month in 2010/11 and a reduction of 6.50 WTE compared to February 2012.</p> <p>The largest two staff groups are Nursing & Midwifery (1032.53 WTE) and Admin & Clerical (639.04 WTE). Currently the Trust has a total of 305.59 WTE Medical and Dental staff and 461.20 WTE providing Additional Clinical Services.</p> <p>In terms of Divisional statistics (including medical staff) Medicine has the largest establishment (883.23 WTE) followed by Surgery (794.00 WTE) and Family and Support Services (726.55 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 March 2012 is £319,124, up from February (£263,781). Corporate, Estates, Family/Support Services and Medicine have all increased.</p> <p>Prime overtime has reduced over the year from £670,823 in 2010/2011 to £579,852 in 2011/12.</p>
Turnover	<p>Annualised turnover (headcount) for non-medical staff at March 2012 is 10.46%. There were 40 non-medical staff leavers during March (1.11%).</p>
Sickness Absence	<p>The Trust sickness absence rate has remained steady at 4.97% in March 2012 (4.96% in February 2012 – updated from the last report).</p> <p>Corporate Services (2.54%) continues to be below the benchmark of 3.5%.</p> <p>Absence duration continues to be primarily short term (1-7 days). HR Business Partners are actively managing absence performance within each Division and the introduction of sickness absence cautionary hearings has further tightened this process. To date, 40 hearings have been held and 26 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>

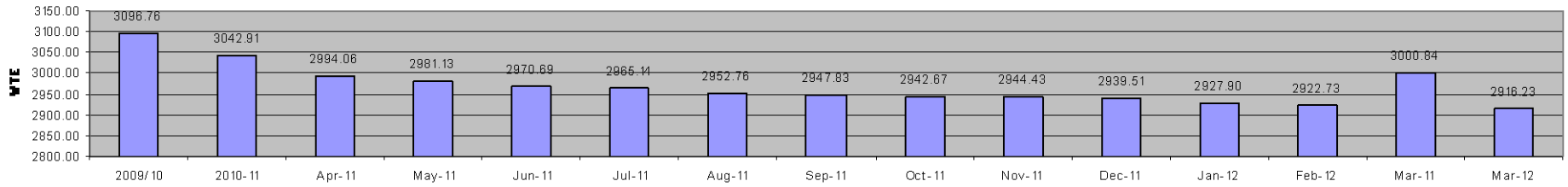
<p>Appraisal</p>	<p>The annualised percentage of appraisals, including Consultants, completed at Trust level, over the last 12 months to March 2012 is 58.71%, a decrease from February 2012 (61.54%).</p> <p>The Estates Division, together with some areas within Corporate Services (Chief Operating Officer/Business Managers, Finance, and Nursing Support) are at or above the minimum target of 80%.</p> <p>Action plans are being put in place to complete outstanding appraisals in the divisions which fall short of target and HR Business Partners are continuing to actively monitor appraisal completion.</p> <p>All Foundation Doctors undertake an Annual Review of Competence Progression (ARCP) in May/June. They complete a learning portfolio to bring together the evidence including educational review, assessment, appraisal and planning. The trainees scheduled to undertake this in 2012 are</p> <p>Foundation 1 trainees = 33 Foundation 2 trainees = 29</p>
<p>Mandatory Training</p>	<p>The Mandatory Programme has recently been revised and includes the</p> <ul style="list-style-type: none"> • Core Mandatory Skills Programme • Trust Mandatory Skills Programme <p>The changes are to reflect the 10 core subjects delivered by the majority of organisations across the Health sector in the North West as part of their Statutory and Mandatory Training Needs Analysis (The Core Skills Framework for the North West Sector - Version 1). This core framework helps the Trust meet required standards set by NHS Litigation Authority (NHSLA), Care Quality Commission (CQC) and Information Governance.</p> <p>The information set out reflects the revisions and shows completion rates for the annual, two yearly and three yearly parts of the programme. The Trust Mandatory Programme is new and Medicines Management has been available only in the last month and the completion rates also reflect this.</p> <p>Employees on maternity leave, long term sick or employed for less than 12 months are not included in the figures.</p> <p>Work is continuing to support the completion of mandatory training, particularly in clinical areas.</p>

2 Staff in Post

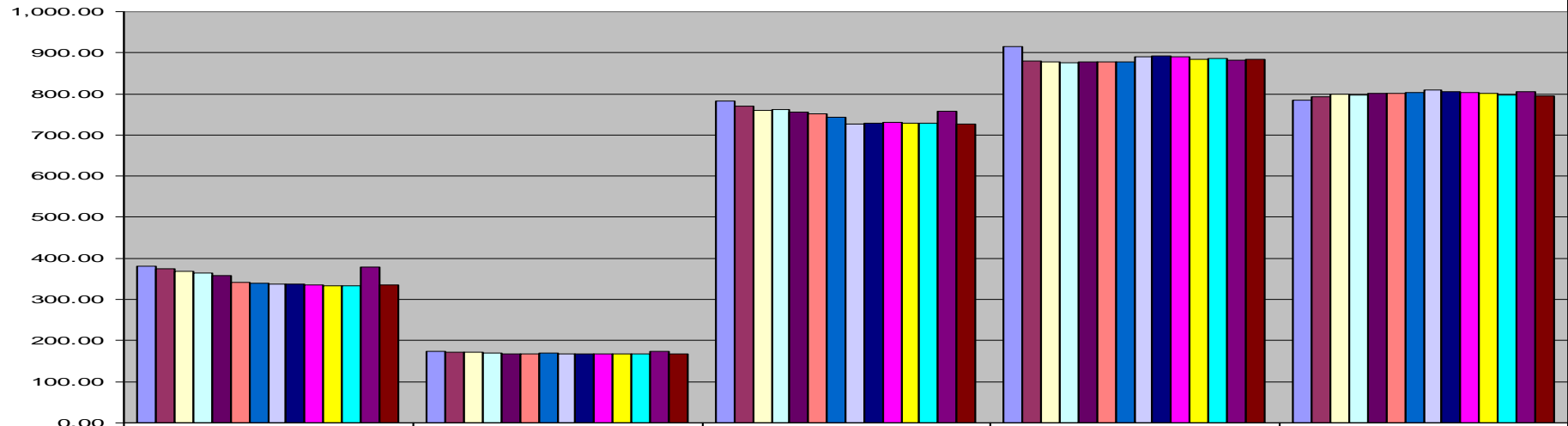
Staff Group	2010-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan 12	Feb 12	Mar 11	Mar12
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Additional Professional & Technical	102.67	92.08	93.70	94.54	93.61	92.72	93.49	95.46	95.24	95.24	97.10	96.17	92.87	95.80
Additional Clinical 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)



	Corporate Services	Estates & Facilities	Family & Suppt Services	Medicine	Surgery
2010-11	381.88	174.23	782.44	915.40	784.01
Apr-11	374.37	172.06	769.57	880.77	793.00
May-11	369.25	171.06	759.91	878.32	798.28
Jun-11	363.44	169.56	761.51	875.06	796.83
Jul-11	358.08	168.06	755.45	876.98	801.27
Aug-11	341.85	167.28	752.08	877.55	801.25
Sep-11	339.33	168.96	743.94	878.41	803.89
Oct-11	337.55	167.18	726.67	889.45	808.51
Nov-11	337.08	168.20	728.62	893.20	804.53
Dec-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-11	379.21	173.90	757.20	882.71	804.52
Mar-12	334.80	167.36	726.55	883.23	794.00

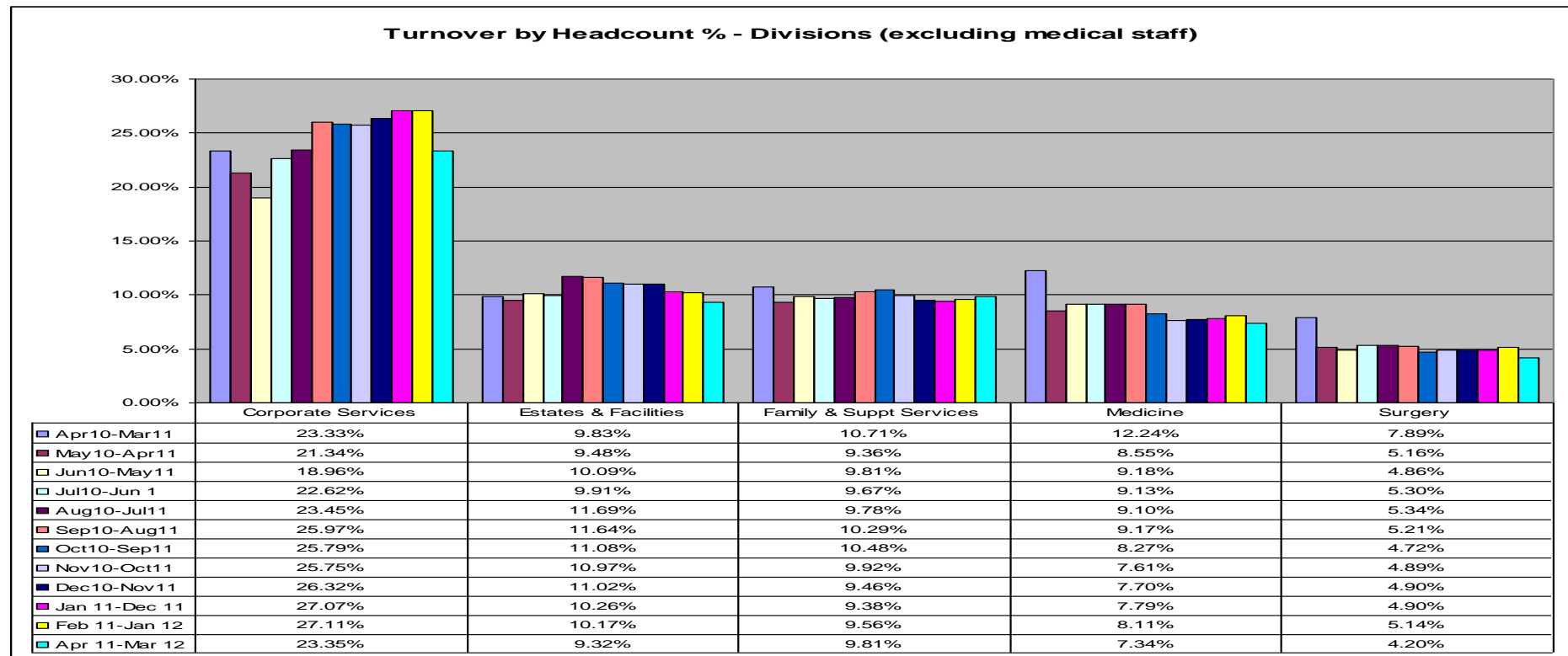
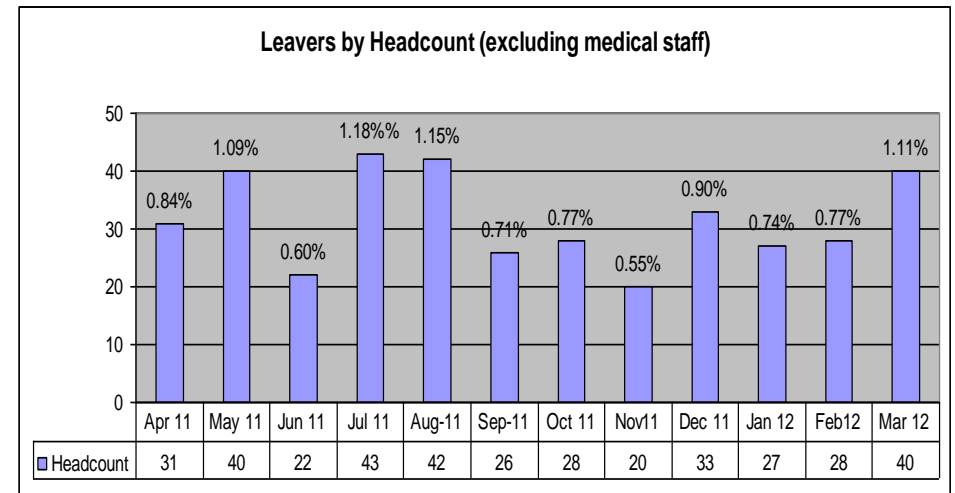
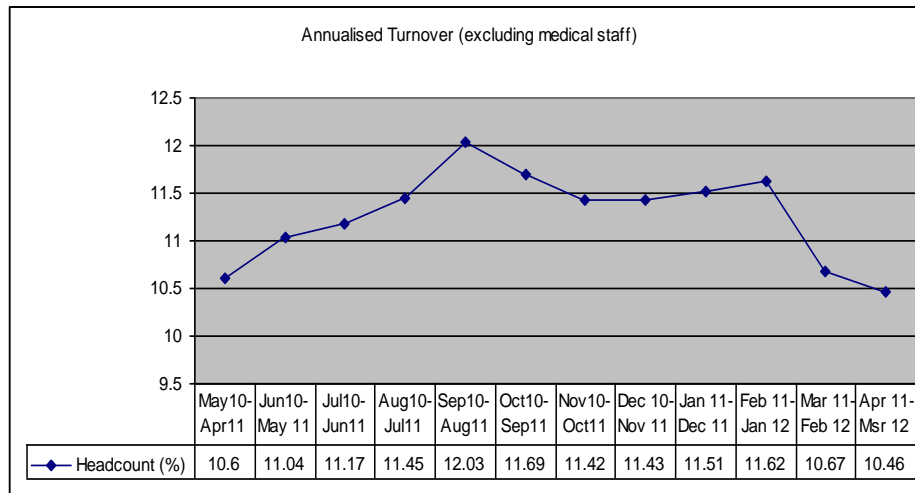
3 Overtime – 2011/12

	Apr			May			June			July			August		
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total
Corporate Services	9,698	4,241	13,939	11,606	1,538	13,144	14,615	2,380	16,995	6,237	1,598	7,835	11,286	2,506	13,792
Estates & Facilities	35,966	13,380	49,346	32,502	11,336	43,838	30,969	11,579	42,549	31,313	10,220	41,533	37,144	18,652	55,796
Family & Support Services	72,726	15,956	88,682	81,243	13,970	95,213	76,856	14,398	91,254	79,943	13,887	93,831	83,682	17,309	100,992
Medicine	68,852	6,753	75,605	73,692	3,694	77,386	99,791	7,557	107,348	75,004	8,475	83,479	77,735	6,449	84,184
Surgery	36,632	9,564	46,196	34,538	6,437	40,975	50,356	13,242	63,598	42,977	12,471	55,448	36,477	7,810	44,286
TOTAL 11/12	223,874	49,895	273,769	233,582	36,975	270,557	272,587	49,156	321,743	235,475	46,651	282,126	246,524	52,726	299,050

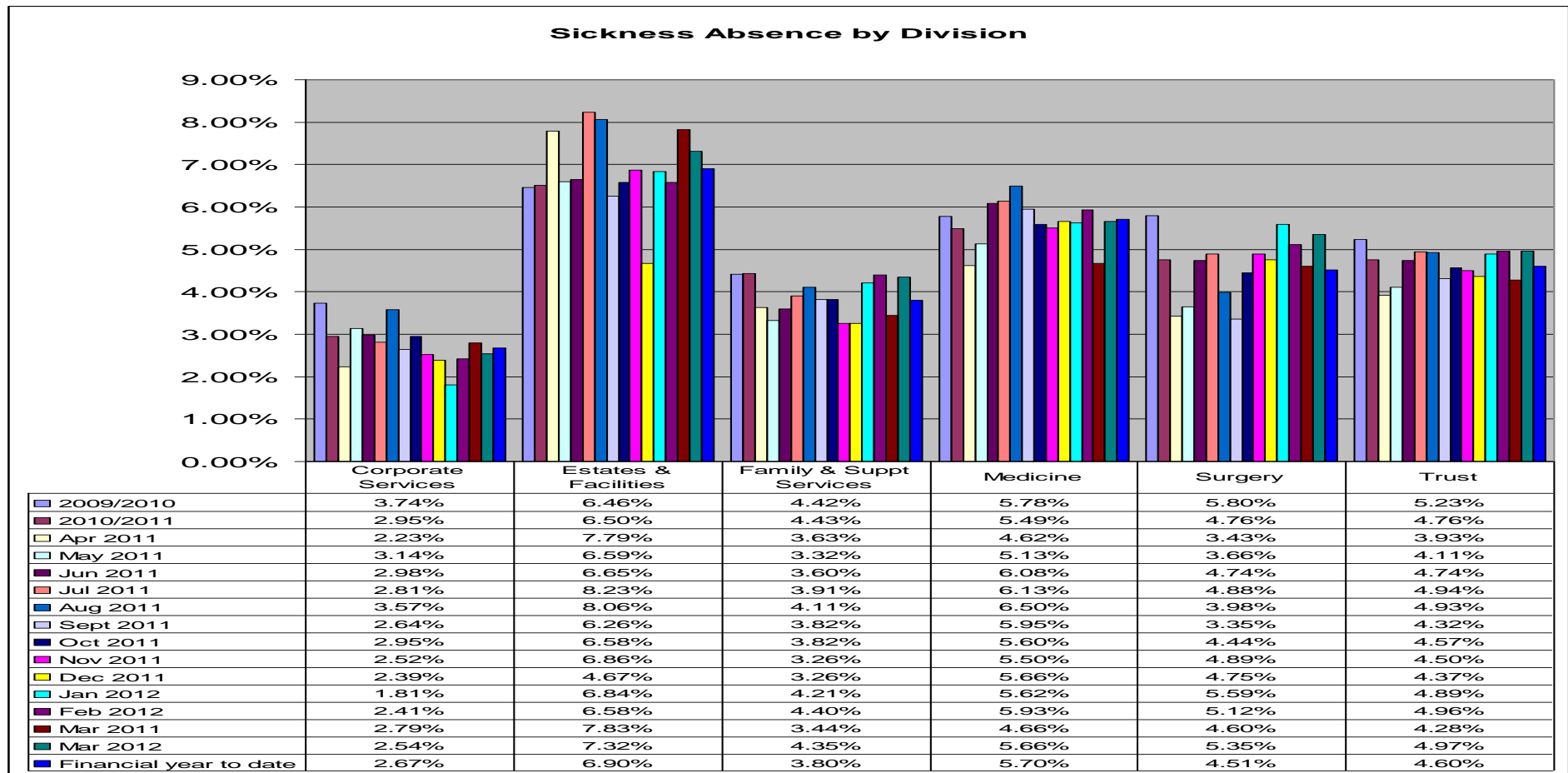
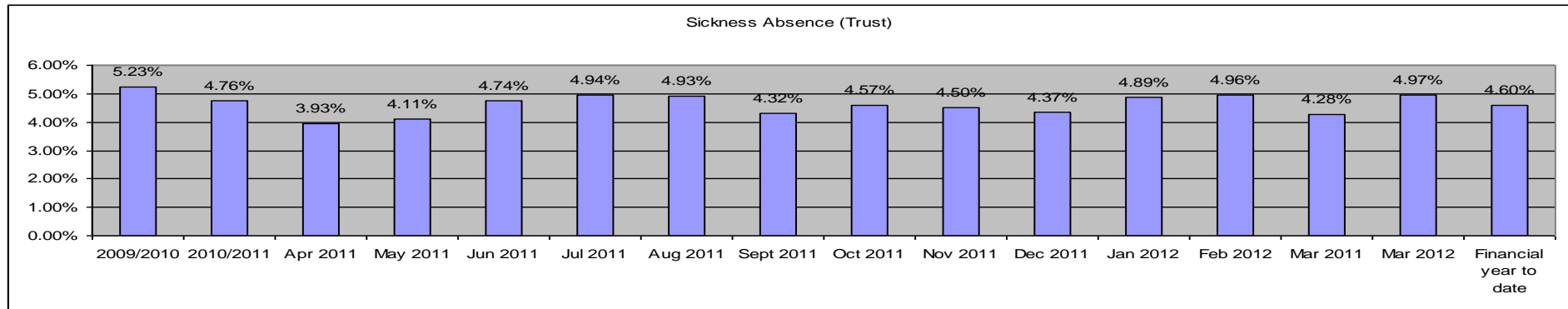
	September			October			November			December			January		
	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total	Basic	Prime	Total
Corporate Services	15,921	1,535	17,455	9,559	2,101	11,453	13,814	3,746	17,482	16,421	5,226	22,415	14,700	2,255	16,955
Estates & Facilities	34,124	22,799	56,923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

	February			March			YTD Basic	YTD Prime	YTD Total	2010/11 Prime
	Basic	Prime	Total	Basic	Prime	Total				
Corporate Services	6,171	2,701	8,871	7,770	2,761	10,531	137,798	32,588	170,386	41,867
Estates & Facilities	38,233	9,261	47,954	42,725	12,251	54,977	422,758	165,599	588,357	175,888
Family & Support Services	52,948	11,260	64,207	73,921	11,827	85,748	906,468	170,623	1,077,091	236,372
Medicine	64,987	11,457	76,444	86,376	14,566	100,942	877,821	97,910	975,731	93,362
Surgery	47,506	19,159	66,665	49,860	17,066	66,926	466,869	113,132	580,000	123,334
TOTAL 11/12	209,844	53,937	263,781	260,653	58,471	319,124	2,811,713	579,852	3,396,565	670,823

4 Turnover

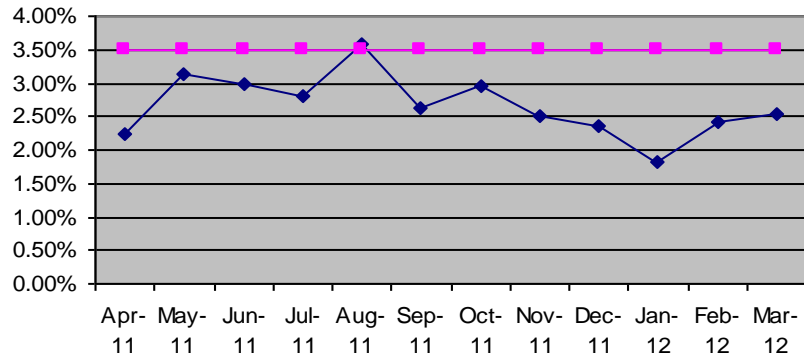


5. Sickness Absence

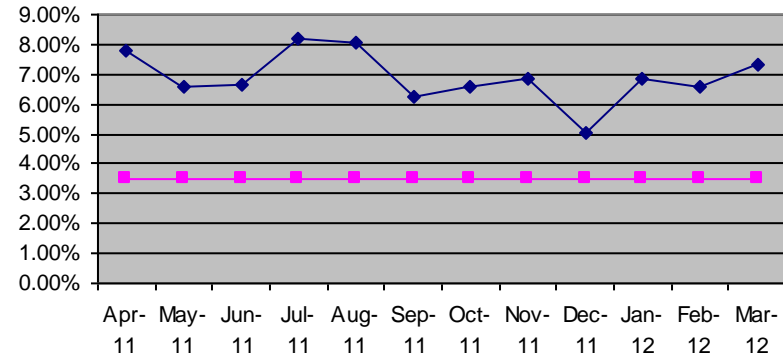


Sickness Target Trackers 2011/12

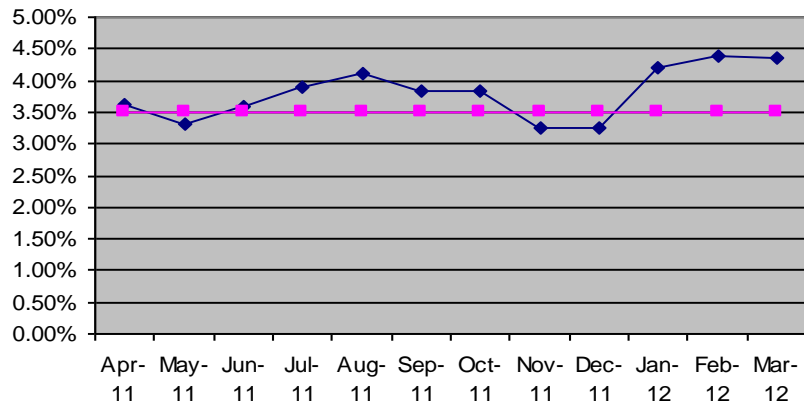
Sickness Absence Corporate Services



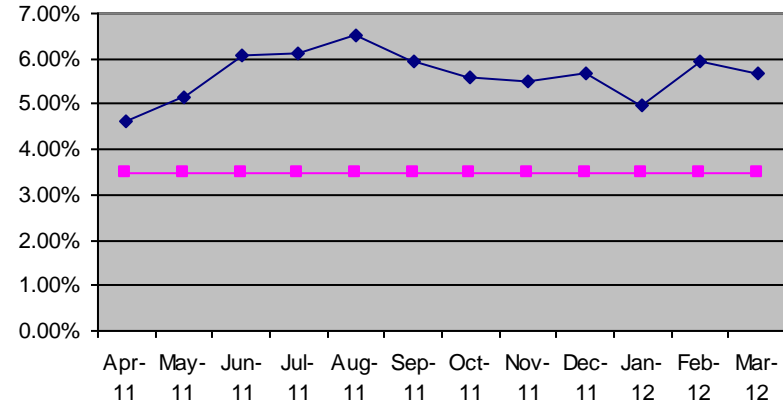
Sickness Absence Estates & Facilities



Sickness Absence Family & Support Services



Sickness Absence Medicine



6. Employee Relations

Disciplinary Outcome	2010/11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov11	Dec11	Jan12	Feb12	Mar12	YTD 2011/12
Informal	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Recorded counselling	1	-	-	-	-	-	1	-	-	-	2	2	3	8
First Written Warning		-	-	-	-	-	-	-	-	-	-	-	-	-
First Written Warning & transfer		-	-	-	-	-	-	-	-	-	-	-	-	-
Final Written Warning	4	-	-	-	-	-	1	-	1	-	-	-	-	2
Final Written Warning & transfer (as alternative to dismissal)		-	-	-	-	-	-	-	-	-	-	-	-	-
Final Written Warning & downgrading (as alternative to dismissal)		-	1	-	-	-	-	-	-	-	-	-	-	1
Final Written Warning & transfer & downgrading (as alternative to dismissal)	3	-	-	-	-	-	-	-	-	-	-	-	-	-
Dismissal	6	1	-	-	1	-	2	-	-	-	-	-	-	4
Total	15	1	1	0	1	0	4	0	1	0	2	2	3	15

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

Grievance	2010/11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov11	Dec11	Jan12	Feb12	Mar12	YTD 2011/12
Withdrawn	2	-	-	-	-	-	-	2	1	1	-	-	-	4
Resolved at Stage 1 (informally)	4	1	-	-	1	-	-	2	1	-	-	1	1	7
Resolved at Stage 2	5	-	-	-	-	-	3	-	1	1	-	-	1	6
Resolved at Stage 3	1	-	1	-	-	-	-	-	-	-	-	1	-	2
External mediation	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	13	1	1	0	1	0	3	4	3	2	0	2	2	19

7. Occupational Health

Cumberland Infirmary	2010/11 (Aug 10 on)	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb12	Mar12
Pre-Employment Acute Staff	250	17	16	24	35	37	20	24	14	13	9	14	21
Pre-Employment Non Acute Staff	22	13	3	1	1	3	-	3	2	-	2	1	-
Pre-Employment Placements	114	5	1	-	-	-	-	-	-	-	6	2	-
Managers Referral (brackets - stress related)	335 (28)	28 (4)	24 (1)	41	41 (1)	29 (2)	31 (2)	9 (3)	48 (9)	26	40	47	35 (6)
Self Referral (brackets - stress related)	289 (13)	15	20 (0)	16	19 (3)	10 (1)	15 (2)	11	22	17	29	26	17 (1)
Nurse Review Appointments	175	7	6	9	10	9	15	8	8	8	6	5	4
Other Routine Nursing Appointments	1869	54	77	73	79	63	144	1067	368	149	167	181	201
Doctor's Appointments	169	27	29	10	32	30	25	38	42	24	32	29	50
<u>TOTAL</u>	3223	166	186	174	217	181	250	1160	504	237	291	305	328
DNA	368	27	24	29	34	32	37	15	46	27	21	32	25

West Cumberland Hospital	2010/11 (Aug 10 on)	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan12	Feb12	Mar12
Pre-Employment Acute Staff	115	11	7	22	29	13	20	9	10	6	23	14	8
Pre-Employment Non Acute Staff	5	-	-	-	-	-	-	-	-	-	-	-	-
Pre-Employment Placements	149	10	3	11	7	5	11	2	8	-	3	1	1
Managers Referral (- stress related)	265 (23)	20 (2)	24 (2)	23 (1)	26 (1)	51 (6)	28 (3)	24	13 (1)	15	44 (4)	25 (2)	29 (3)
Self Referral (brackets - stress related)	425 (50)	54 (22)	57 (12)	51 (15)	43 (4)	46 (6)	58 (3)	30 (4)	32 (5)	52 (5)	52 (7)	61 (3)	60 (8)
Nurse Review Appointments	118	13	14	16	20	9	23	14	9	10	15	10	11
Other Routine Nursing Appointments	1148	19	34	25	26	19	30	559	141	27	49	112	124
Doctor's Appointments	114	-	--	0	13	16	9	9	13	5	22	14	14
<u>TOTAL</u>	2339	127	139	148	151	159	179	647	226	115	208	237	247
DNA	111	15	22	10	11	17	19	12	10	8	21	22	26

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																	Red	
	Chief Op Officer / BMs	5	4	80.00																		Green
	Corporate Planning	3	1	33.33																		Red
	Finance	72	66	91.67																		Green
	Governance	15	10	66.67																		Orange
	HR	60	39	65.00																		Orange
	IM&T	157	115	73.25																		Orange
	Nursing Support	15	13	86.67																		Green
	WCH Project Office	3	1	33.33																		Red
	Bank	149	93	62.42																		Orange
	Total	493	343	69.57																		Orange
Estates & Facilities		219	198	90.41																		Green
Family & Support Services		907	633	69.79																		Orange
Surgical		950	443	46.63																		Red
Medical		795	358	45.03																		Red
Trust overall		3364	1975	58.71																		Orange
RAG Coding				Red	< 50%					Orange	<80%					Green	> 80%					

9. Mandatory Training

Course	Date	Trust%	Corporate %	Estates %	Family & Clinical %	Medical %	Surgical %
Core Mandatory Skills <i>note 2</i>	01/03/2009 to 29/02/2012 (frequency 3 yearly)	58.94%	59.14%	88.24%	54.02%	50.68%	66.74%
Trust Mandatory Skills <i>note 3*</i>		3.24%	2.57%	0.00%	4.71%	2.62%	3.79%
Blood Transfusion 01		29.25%	27.44%	0.00%	19.23%	28.35%	37.43%
Blood Transfusion 02		20.36%	21.57%	N/A	10.20	22.07%	25.28%
Blood Transfusion 03		33.33%	N/A	N/A	36.36%	N/A	0.00%
Blood Transfusion 04		9.82%	22.22%	N/A	8.74%	N/A	N/A
Conflict Resolution L2		2.24%	0.00%	N/A	1.91%	0.65%	6.03%
Conflict Resolution L3		59.18%	20.00%	82.35%	0.00%	N/A	0.00%
Consent		30.43%	28.53%	N/A	26.50%	28.81%	36.98%
DoLS1		26.14%	25.75%	N/A	22.74%	27.47%	28.21%
Equality & Diversity		50.02%	46.52%	82.81%	55.39%	41.67%	49.33%
Manual Handling <i>note 4</i>		23.93%	19.47%	10.41%	23.82%	25.10%	30.47%
Mental Capacity		26.47%	25.68%	N/A	24.31%	26.67%	28.29%
Safeguarding Children Level 2		27.64%	14.29%	N/A	38.55%	18.52%	25.51%
Safeguarding Children Level 3		26.95%	17.65%	N/A	22.19%	47.92%	N/A
Safeguarding Children Level 4	66.67%	100.00%	N/A	0.00%	N/A	N/A	
Medicines Management for Health Professionals <i>note 1*</i>	1.05%	1.38%	N/A	1.26%	0.87%	0.86%	
Fire Safety <i>note 5</i>	01/03/2010 to 29/02/2012 (frequency 2 yearly)	38.67%	33.16%	6.79%	45.98%	34.59%	46.21%
Information Governance	01/03/2011 to 29/02/2012 (frequency annually)	69.23%	70.16%	90.50%	68.43%	58.62%	76.23%
Infection Control Level 2 <i>note 5</i>		3.00%	2.64%	0.00%	2.40%	3.92%	2.37%

*NOTE

1. Medicines Management for Health Professionals - only been available for the past month
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. Manual Handling stand alone programme - now a requirement for all staff
5. Fire Safety - mandatory requirement for all staff as a separate programme under Core Mandatory Skills
6. Infection Control Level 2 is a new requirement

RAG Coding	< 50%	<80%	> 80%

SECTION 4

FINANCE REPORT

4. Finance Report

The Trust has achieved its primary statutory financial duty in delivering a year end surplus of £1.01m against a planned surplus of £1.00m resulting in a positive variance of £10,000. This figure remains subject to external review by the Trust's external auditors who are the Audit Commission.

The Trust remained within its Capital Resource Limit (CRL) and achieved a 3.5% return on its capital. The Trust remained within External Financing Limit (EFL). The Trust did not achieve the Better Payment Practice Code target due to underlying liquidity issues which the organisation has faced all year.

Total income for 2011/12 was £228.4m inclusive of the financial support from the Strategic Health Authority. This was £4.9m higher than planned at the beginning of the financial year and reflects the high level of Non-Elective activity and a richer than planned casemix across all patient categories (e.g. daycase, elective, non-elective etc).

The level of pay expenditure in March increased to £11.6m from £11.4m in previous months. Nurse bank and overtime costs increased in March as the Trust continued to have its escalation beds open and staffed. The number of WTEs worked increased from 3,010 WTE February to 3,047 WTE in March. Expenditure on agency staffing remained high at £0.6m (£0.6m in February). Total expenditure on agency staffing in 2011/12 was £5.8m of which £5.0m was on medical staffing.

Expenditure on non-pay in March was significantly higher than in previous months due to technical adjustments which are undertaken at the year end. Non-pay has ended the year £1.8m overspent. Expenditure in March included further costs associated with treating long waiting patients in Ophthalmology as the Trust reduces waiting times in this specialty.

The Trust delivered £7.9m of efficiency savings in year against the plan of £15.2m. This represents a small reduction in the level of savings reported last month reason due to the high activity levels across the Trust preventing a small number of schemes linked to bed closures and the associated reduced staffing levels being implemented as planned. These schemes will now be carried forward to 2012/13. Plans continue to be developed for other 2012/13 schemes building upon schemes already delivered in the current year as the Trust continues to work to reduce its overall cost base.

Conclusion

It is pleasing to report that the Trust achieved its statutory financial duty in 2011/12, however, it has been another challenging financial year with CIP not being delivered at the pace required to sufficiently improve the underlying financial position of the organisation without external support. Liquidity pressures have continued throughout the year and agency staffing expenditure remains high, albeit £0.6m lower than in 2010/11.

The underlying financial position remains fragile and continued and sustained effort is required to ensure a greater level of efficiency savings are delivered in 2012/13 as the Trust plans to deliver a further surplus of £1m.

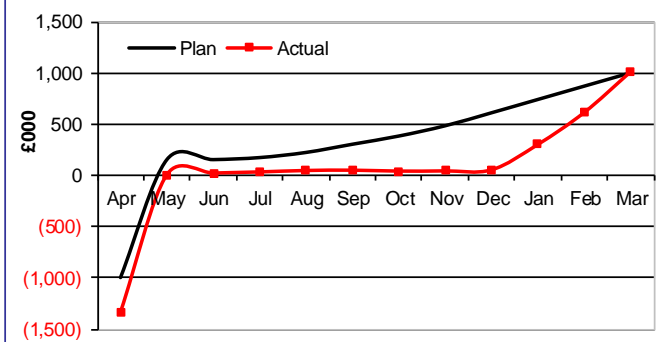
Alistair Mulvey
DIRECTOR OF FINANCE

FINANCIAL OVERVIEW - 31st March 2012 (Month 12)

Income & Expenditure

The Trust is reporting a surplus of £1,010k against a planned surplus of £1,000k at the end of March which is a positive variance of £10k. This demonstrates achievement of the Trust's statutory financial duty. The surplus is subject to review by the Trust's external auditors, who are the Audit Commission. The financial position has been underpinned by Strategic Support income from the SHA.

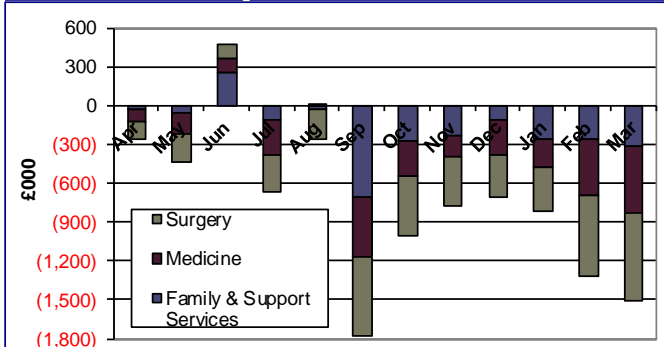
I&E Performance 2011/12



Divisional Performance

The divisions overspent by £1,499k in March. The divisional financial positions ended the year as follows: Family & Support Services £2,062k overspent, Medicine £2,743k overspent and Surgery £4,132k overspent. Agency expenditure was £596k bringing total agency expenditure in 2011/12 to £5,822k, a reduction of £600k compared to 2010/11.

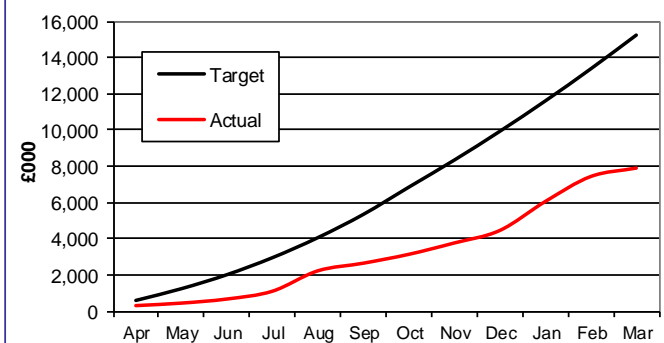
Divisional Monthly Variance



CIP Delivery

CIPs of £7.9m were delivered in 2011/12 against the target of £15.2m. This figure is lower than previously forecasted as there were a small number of schemes which have been unable to progress to date due to the activity and bed pressures continuing to be experienced across both hospital sites. It is planned that the deferred schemes will be implemented in the first quarter of 2012/13.

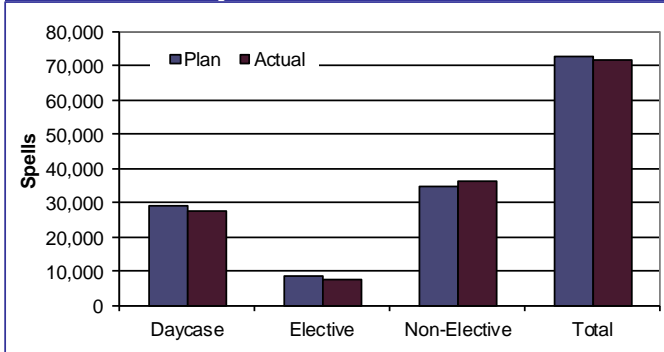
CIP 2011/12



Performance Against SLAs

Total Elective activity was 2,859 spells behind the plan at the end of March although actual activity levels remained consistent with previous months and the under performance improved from 2,997 spells behind plan at the end of February. Non-Elective activity remained high and consistent with previous months. The over performance against the plan increased by 183 spells in March ending the year 1,853 spells ahead of plan.

Contract Activity Performance

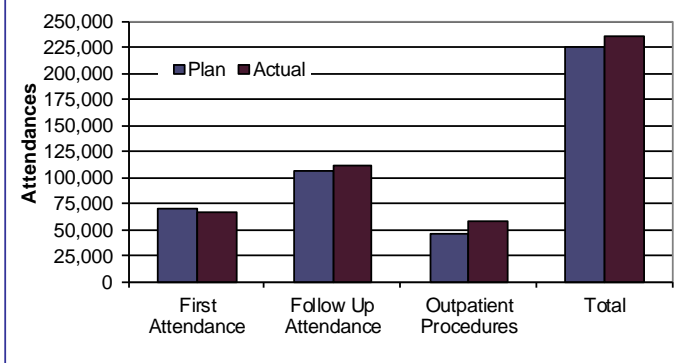


FINANCIAL OVERVIEW - 31st March 2012 (Month 12)

Outpatient Performance

Total Outpatient activity is 11,458 attendances ahead of the March cumulative plan. The over performance relates predominantly to Outpatient Procedures which have increased in volume against the plan offsetting the reduction in Daycase activity against the plan. The number of Outpatient Procedures continues to increase year on year as this section of the National Tariff expands to reflect up to date practices.

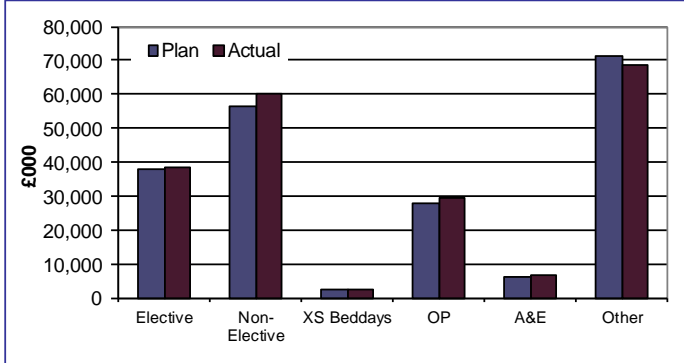
Outpatient Contract Activity Performance



Total NHS Clinical Income

Total clinical income is ahead of the cumulative plan by £3,204k. Non Elective activity contributed the largest amount to the financial over performance. Whilst Elective activity under performance against the plan, the casemix was much richer than planned resulting in a financial over performance of £512k.

Income Performance by Activity Type



Statutory Financial Targets

The Trust achieved a year-end surplus of £1m as planned. The Trust underspent against the Capital Resource Limit (CRL) as planned in order to improve the Trust's liquidity. The Trust remained within the External Financing Limit (EFL), although, as expected, the Better Payment Practice Code target was not achieved due to the Trust's overall liquidity position.

2011/12 Performance Against Targets

Duty	Target	Outturn
Breakeven Duty	To achieve a breakeven I&E	£1,010k surplus
Capital Absorption Rate	To achieve a rate of 3.5%	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 March 2012 (Month 12)

(adverse) / favourable variance

Previous Net Variance			Annual Budget			In Month					Cumulative			
£000	%		£000	EST	WTE	Var	Budget £000	Actual £000	Variance £000	%	Budget £000	Actual £000	Variance £000	%
Income														
3,798	2.1%	NHS Clinical Income				201,844	16,772	16,177	(595)	(3.5%)	201,844	205,047	3,203	1.6%
179	3.0%	Other NHS Income (R&D, training etc)				6,894	1,027	1,632	605	58.9%	6,894	7,678	784	11.4%
353	25.0%	Non NHS Clinical Income (PP's, RTA)				1,541	128	233	104	81.2%	1,541	1,998	457	29.7%
(112)	(1.1%)	Operating Income				13,182	3,216	3,735	519	16.1%	13,182	13,589	407	3.1%
4,218	2.1%	Total Income				223,461	21,143	21,776	633	3.0%	223,461	228,312	4,851	2.2%
Expenditure														
(1,752)	(4.1%)	Family & Support Services	788	750	38	(46,547)	(3,839)	(4,149)	(310)	(8.1%)	(46,547)	(48,609)	(2,062)	(4.4%)
(2,233)	(4.3%)	Medical	976	933	43	(57,131)	(4,881)	(5,391)	(510)	(10.5%)	(57,131)	(59,874)	(2,743)	(4.8%)
(3,453)	(7.4%)	Surgical	854	827	27	(50,966)	(4,160)	(4,838)	(678)	(16.3%)	(50,966)	(55,096)	(4,132)	(8.1%)
(7,438)	(5.2%)	Sub Total	2,618	2,510	108	(154,644)	(12,880)	(14,379)	(1,499)	(11.6%)	(154,644)	(163,580)	(8,937)	(5.8%)
Corporate Directorates														
(1,211)	(22.3%)	Chief Executive	17	16	0	(7,358)	(1,923)	(1,911)	12	0.6%	(7,358)	(8,557)	(1,200)	(16.3%)
(1,629)	(9.2%)	Estates and Facilities	204	202	2	(19,908)	(2,164)	(2,137)	26	1.2%	(19,908)	(21,511)	(1,603)	(8.1%)
(1,599)	(17.7%)	Finance	244	212	32	(10,225)	(1,207)	(1,213)	(5)	(0.4%)	(10,225)	(11,830)	(1,605)	(15.7%)
(247)	(7.2%)	Human Resources	71	61	10	(3,780)	(347)	(429)	(82)	(23.8%)	(3,780)	(4,110)	(329)	(8.7%)
34	13.9%	Medical Director	8	4	4	(259)	(16)	(11)	5	31.4%	(259)	(221)	39	15.0%
(349)	(21.0%)	Nurse Director	48	41	6	(1,844)	(186)	(179)	7	3.9%	(1,844)	(2,186)	(342)	(18.5%)
8,352	97.4%	Reserves	0	0	0	(10,042)	(1,467)	1	1,468	100.1%	(10,042)	(222)	9,820	97.8%
1	100.0%	Cost Improvements	0	0	0	0	(0)	0	0	0.0%	(1)	0	1	100.0%
3,352	(2.2%)	Total Expenditure	3,210	3,047	163	(208,061)	(20,189)	(20,257)	(69)	(0.3%)	(208,062)	(212,215)	(4,154)	(2.0%)
132	0.9%	EBITDA				15,400	955	1,519	564	59.1%	15,399	16,097	696	4.5%
		EBITDA %				6.9%	4.5%	7.0%			6.9%	7.1%		
0	0.0%	Profit / (loss) on asset disposals				0	0	(255)	(255)		0	(255)	(255)	
0	0.0%	Impairments				0	0	2,702	2,702		0	2,702	2,702	
(42)	(0.7%)	Depreciation				(6,223)	(519)	(517)	2	0.4%	(6,223)	(6,263)	(40)	(0.6%)
13	56.7%	Interest receivable				25	2	3	1	33.5%	25	39	14	54.7%
(359)	(6.2%)	Interest payable				(6,326)	(521)	(643)	(121)	(23.3%)	(6,326)	(6,807)	(481)	(7.6%)
(2)	(0.1%)	PDC Dividend				(2,032)	(167)	1	168	100.6%	(2,032)	(1,866)	166	8.2%
(258)	(23.6%)	Net surplus / (deficit)				844	(250)	2,810	3,060	(1225.0%)	844	3,647	2,802	331.8%
0	0.0%	Adjustment for Impairments				0	0	(2,702)	(2,702)		0	(2,702)	(2,702)	
0	0.0%	Adjustment for Donated Assets				0	0	(87)	(87)		0	(87)	(87)	
0	0.0%	IFRIC 12 / Dual Accounting				156	380	380	0	0.0%	156	156	0	0.0%
0	0.0%	Revised Net surplus / (deficit)				1,000	130	401	271	208.4%	1,000	1,014	14	1.4%

North Cumbria University Hospitals NHS Trust

Statement of Financial Position as at 31st March 2012 (Month 12)

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)
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.