

## FREEDOM OF INFORMATION REQUEST RESPONSE

1. The date of your most recent previous board of directors board meeting, and the planned dates of other future meetings during 2011.

*Trust response:* 25 08 11, 22 09 11, 27 10 11 and 24 11 11.

2. The minutes of the two most recent previous board of directors meetings.

*Trust response:* Minutes of meetings held in June and July attached. Minutes from meeting held 25 08 11 not yet available.

3. In relation to your most recent previous board of directors meeting:
- Any written chief executive's report tabled to the board of directors meeting, and attached papers.

*Trust response:* Not applicable.

- The report on finance tabled to the board of directors meeting, and attached papers.

*Trust response:* Attached.

- The report on performance tabled to board of directors meeting, and attached papers.

*Trust response:* Attached.

- The report on workforce/human resources tabled to the board of directors meeting, and attached papers.

*Trust response:* Attached.

- Any integrated performance report tabled to the board of directors meeting, and attached papers.

*Trust response:* Not applicable.

- Any risk register tabled to the board of directors meeting, and attached papers.

*Trust response:* Not applicable.

4. In relation to your next forthcoming board of directors meeting:

- Any written chief executive's report tabled to the board of directors meeting, and attached papers.

- The report on finance tabled to the board of directors meeting, and attached papers.

- The report on performance tabled to board of directors meeting, and attached papers.

- **The report on workforce/human resources tabled to the board of directors meeting, and attached papers.**
- **Any integrated performance report tabled to the board of directors meeting, and attached papers.**
- **Any risk register tabled to the board of directors meeting, and attached papers.**

*Trust response: Papers not yet available.*

FOI115/09/2011

## **CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

### **BOARD OF DIRECTORS**

Minutes of the Board of Directors meeting held on Thursday, 23 June 2011 in the Board Room, Sunderland Eye Infirmary.

**Present:** John N Anderson (JNA) - Chair  
Ken Bremner (KWB)  
David Clifford (DC)  
Julia Pattison (JP)  
Miriam Harte (MH)  
Roy Neville (RN)  
Mark Smith (MS)  
Les Boobis (LHB)

**Apologies:** Bryan Charlton (BC)  
Mike Davison (MD)

**In Attendance:** Carol Harries (CH) - Trust Secretary  
Judith Hunter (JH)  
Jan Armstrong (JA) – Items 6, 7 & 8

#### **Item 1     Minutes of the Board of Directors Meeting held on 26 May 2011**

Accepted as a correct record.

#### **Item 2     Chief Executive's Update**

- **Transition Assurance Visit** – KWB advised that he had taken part in a recent event at which David Nicholson had attended. The NHS leader had stated that in his opinion he believed the North East was as well placed as anyone else to deal with the forthcoming issues.
- **NHS White Paper** – KWB informed Directors that SHAs would remain for a further year and decisions regarding PCT assets had been left up in the air. KWB explained that there was a suggestion within the paper that FT Board meetings should be held in public and further clarification was being sought. The White paper also suggested that the power of GPs had been distilled slightly although as yet we had not seen sight of the detail.
- **Director of Nursing** – KWB stated that he wished on behalf of the Board to give a formal thank you to JH for all her help and support during CSS's absence. KWB reminded Directors that JA was due to take up post on 4 July 2011.
- **DGM for Surgery and Theatres** - Fiona Ottewell the new DGM for Surgery and Theatres was to commence on 11 July and was coming to the Trust from South Tees.
- **Trauma System Implementation** – D Stout the acting CEO at the SHA was seeking bids from organisations to put themselves forward as

Trauma Units. KWB advised that the Trust would be putting forward a formal bid to become such a unit.

- **Linda Selby MBE** – KWB informed Directors that Linda had been awarded an MBE in the recent Queen's Birthday Honours List. The Trust had put Linda forward for her pioneering work to develop a works experience scheme for children with learning disabilities. The Chairman stated that he would write to congratulate Linda on behalf of the Board.

### **Item 3     Financial Position**

JP presented the report and advised that the overall financial position was a net loss of £546k against a planned loss of £868k, £321k, better than planned. JP advised that the major contributor to the current position was the shortfall on CIP plans which was causing major concern. The Chairman queried as to whether JP was majorly concerned. JP replied that the main areas of concern were Surgery, Medicine and Theatres although JP felt that theatres appeared to be in more control of the issue. JP explained that for surgery some of their issues were also joint with theatres and whilst in medicine staff seemed to be more on board with the issues there was still a long way to go.

The Chairman also queried as to whether any of the CIP plans going forward were more dreams than concrete plans. JP replied that no areas had plans in place to fully deliver their CIP target and some plans were high risk, and there were some about which she was extremely doubtful. JP stated that fully worked through plans were not in place to deliver £21.8m – about half were robust and about a third posed a risk at the moment. DC queried as to whether there was any slack in the system. JP advised that she would be working through the detail in month 3.

The Chairman commented that it was really important to get things right in the first quarter. He recalled that during the last financial year one department had not hit their target and he was keen not to let the same thing happen again. The Chairman also expressed his disappointment at some of the less robust CIP plans which needed to be refocused as soon as possible. JP explained that a lot of work had been undertaken within the Finance Committee regarding the high risk areas.

MS commented that no directorate was under any illusion of the need for their plans to be robust. The Chairman stated that he was concerned at JP's remark that some directorates had set ambitious targets. JP replied that to be fair she had told directorates to be ambitious. DC confirmed that all directorates had been required to submit written plans for the last meeting.

MS also advised that each of the Directorates were subject to monthly scrutiny outside of the meeting by himself and JP. MH also queried as to how much reserves had been used to date. JP replied that £1.5m expenditure reserves had been used out of £9.5m

**Resolved:** To accept the report.

#### **Item 4    Service Report**

MS presented the report and advised that as at the end of Month 2 all of the Trust's main activity contracts had finished above planned levels. More specifically, the inpatient/daycase contract was over-performing by 4.6%, new outpatients by 5%, review outpatients by 10.8%, nurse led by 14.1% and outpatient procedures by 40.7%. MS stated that it was really important to keep a watchful eye on outpatient activity as any over activity would also translate into additional activity in theatres.

MS also informed Directors that A/E performance had improved and there was an extra level of scrutiny within the department.

MS highlighted the significant increase in the radiology exam to report times for both CT and MRI scans between April and May due to increased demand. There had also been a new electronic system for CT/MRI which had resulted in some scans not being reported upon but they related to minor issues and not cancers etc. and no clinical care had been compromised as a consequence.

The Chairman asked MS to explain the capacity issues in relation to Bariatrics. MS replied that the demand for the service had dramatically increased but the conversion rate had changed, because clinical practice had changed. As a consequence the volumes were not as great as they had been previously.

**Resolved:** To accept the report.

#### **Item 5    Clinical Governance Report**

LHB presented the report and highlighted details of the recent PROMs report which explained the current participation rates and patient outcomes data for the four index procedures (April 2009 – January 2011). LHB also highlighted the recent national cancer patient experience programme which surveyed patients during 2010. LHB explained that many patients reported positively about their experience within the Trust. Two main areas of concern were the time for first appointment being more than 4 weeks after referral and also that improvements could have been made to their pain management. LHB explained that the waiting time was difficult to comprehend given the level of performance recorded for the two week cancer wait which was audited. The results of the survey would be fed into the Cancer Peer Review process.

**Resolved:** To accept the report.

#### **Item 6    HR Update**

JA presented the report and highlighted the Employee Assistance Programme usage. JA also advised that the Trust's e-learning programmes had now been transferred to the National Learning Management System (NLMS) in ESR.

JA also highlighted a recent employment law update, “Puri v Bradford Teaching NHS Hospitals FT”. LHB reminded Directors that the gentleman had at one time been employed by the Trust.

MS commented that there had been news in the media about a nurse in Northumbria who had now received the right to have his job back. The Chairman stated that we must be mindful of such decisions.

**Resolved:** To accept the report.

**Item 7     Job Evaluation and Banding Policy and Procedure**

JA presented the policy which had been amended against a background of reducing resource to carry out job evaluation activity both from a staff side and a management side perspective.

KWB explained that this was a first major re-write of the policy and would give a much better structure.

**Resolved:** To approve the revised policy.

**Item 8     Annual Leave Policy**

JA presented the revised policy which had been amended in light of some minor changes that had been made to the Buying Additional Leave Scheme.

**Resolved:** To approve the revised policy.

**Item 9     Results of the National Adult Inpatients Survey 2010**

LHB presented the results of the 2010 inpatient survey. LHB advised that the number of green scores (42%) had almost doubled compared to the last year (23%). LHB stated however that patients’ pain management and lack of choice around hospital food had both received red ratings for the fifth consecutive year.

The Chairman queried as to why Newcastle received such positive ratings. LHB replied that Newcastle had a good estate and the ratio of doctors and nurses was much higher because they were a teaching hospital. KWB also commented that a number of factors worked in Newcastle’s favour particularly as some of their services were very specialist.

DC commented that it was important to get rid of the reds as five years being in the red for pain and food was unacceptable.

**Resolved:** To accept the report.

**Item 10 Security Policy**

JP presented the policy which had been revised as a result of organisational and governance changes within the Trust and a requirement to provide clarification of the security risk assessment process and its integration with the Trust's Risk Management strategy.

**Resolved:** To approved the revised policy.

**Item 11 General Policy on the Management of Health and Safety**

JP presented the policy which had been revised to reflect current processes, which comply with health and safety legislation, latest guidance and the updated NHSLA Risk Management Standards for a safe environment.

**Resolved:** To accept the revised policy.

**Item 12 Policy on the Management of Violence to Staff**

JP presented the policy which had been revised to reflect changes to the Trust's organisational structure and governance arrangements, the clarification of arrangements for carrying out suitable and sufficient risk assessments and monitoring arrangements. The revisions also included the arrangements to ensure the safety of lone workers.

**Resolved:** To approved the revised policy.

**Item 13 Local Counter Fraud and Corruption Policy**

JP presented the policy which had been revised to reflect guidance issued by 'NHS Protect' and changes required to reflect amendments in the relevant acts.

MD commented that section 6 needed to be amended to identify the roles and responsibilities to be consistent with the policy on procedural documents.

**Resolved:** To accept the revised policy subject to the amendments.

**Item 14 Minutes of Audit Committee held on 5 May 2011**

Were received.

**Item 15 Minutes of Finance Committee held on 12 May 2011**

Were received.

**Item 16 Minutes of the Operations Committee held on 25 03 11**

Were received.

**Item 17 Minutes of the Operations Committee held on 13 05 11**

Were received.

**Item 18 Minutes of the Operations Committee held on 10 06 11**

Were received.

KWB stated that there were some concerns from Executive Directors on some of the minutes and any factual inaccuracies would be highlighted and brought back.

**Item 19 Any other Business**

The Chairman thanked JH for all her hard work and jumping in as quickly as she had.

**JOHN N ANDERSON**  
**Chairman**



**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS**

Minutes of the Board of Directors meeting held on Thursday, 28 July 2011 in the Board Room, Sunderland Eye Infirmary.

**Present:** John N Anderson (JNA) - Chair  
Ken Bremner (KWB)  
Joy Akehurst (JA)  
David Clifford (DC)  
Mike Davison (MD)  
Julia Pattison (JP)  
Miriam Harte (MH)  
Roy Neville (RN)  
Mark Smith (MS)  
Les Boobis (LHB)

**Apologies:** Bryan Charlton (BC)

**In Attendance:** Kath Griffin (KG) – Items 11, 12 & 13  
Carol Harries (CH) Trust Secretary

**Item 1     Minutes of the Board of Directors Meeting held on 23 June 2011**

Accepted as a correct record except to note that RN was not at the meeting and had given apologies.

**Item 2     Minutes of the Board of Directors Workshop held on 12 May 2011**

Accepted as a correct record.

**Item 3     Minutes of the Board of Directors Workshop held on 9 June 2011**

Accepted as a correct record.

**Item 4     Minutes of the Board of Directors Workshop held on 14 July 2011**

Accepted as a correct record except to note that it was LHB who presented the Hand Hygiene Policy and not JH as stated.

**Item 5     Chief Executive's Update**

- **SHA Changes** – KWB advised that the new clustering arrangements had been advised for SHAs as part of the transition to the future health system. It was expected that the new arrangements would be operational from 3 October 2011.
- **Clinical Director Replacements** – KWB informed Directors that 4 CDs would be stepping down from their current roles, Peter Surtees, Imti Talkhani, Ian Martin and Peter English. KWB advised that he would be

initiating the process to seek replacements. MH queried as to whether there were any reasons as to why they were all standing down. KWB replied that Ian Martin had become Deputy Medical Director, Peter English was near to retirement and Peter Surtees was weary having had to increase his clinical commitments.

The Chairman queried as to whether there was a process for replacement. KWB stated that directorates have a view and if there happened to be two credible candidates then there would be a vote. KWB did advise however, that ultimately the decision was his as it was a management role.

- **Learning Skills Network** – KWB informed Directors that all education and training funds would be amalgamated into one body which would include Deanery funding. The new network would be responsible for funding in excess of £100m.
- **NHS Pension Scheme** - The DH had launched a consultation on the new NHS Pension scheme but in reality were only consulting on the rate of increase suggested for 2012/13 with no detail of anything after that point in time.

## **Item 6     Financial Position**

JP presented the report and advised that the overall financial position was a net surplus of £244k against a planned surplus of £16k, £229k better than planned.

JP explained that Sunderland PCT had issued a letter expressing concern over the level of additional activity and asking the organisation to agree an activity management plan. JP also advised that Durham had sent a similar letter and over 50% of the over-performance for Durham was attributable to Urology.

The Chairman queried as to what advance notice PCTs gave the Trust if they had concerns. JP explained that the letter was about month 1 and 2 activity levels and as part of our contract we were required to meet with the PCT within 10 days. JP also stated that in reality it did not give us a long time to resolve issues as some patients were already booked in the system and to stop activity would mean cancelling some patients. JP advised that the PCT had indicated that we were the only organisation with this level of over-performance yet following a meeting with Gateshead and South Tyneside they had indicated that they had received similar letters. JP suggested that the situation may reflect some issues of under-commissioning. JP advised that months 3 and 4 activity levels had dropped.

JP informed Directors that pay was currently showing an overspend of £1,218k against plan – much of which was attributable to agency costs, working time directive pressures and additional activity. RN commented that medicine in particular were showing additional costs and this had been discussed in some detail at the Finance Committee. RN asked for assurance that Anna Hargrave (AH) was addressing the issue and to ensure that it did not escalate any further. JP replied that the report

reflected a five week month and therefore the increase was not proportionate and the controls introduced by AH were only now beginning to bite. MS stated that he had asked AH to sign off everything personally to ensure accountability. RN commented that CSS had authorised everything and that was the only way to ensure that issues were under control. JP also informed Directors that the CIP programme was a variance of £1,781k which was being covered non-recurrently by the use of Trust reserves which was not sustainable in the long term.

The Chairman queried as to which in JP's opinion were the weaker areas. JP replied that she had concerns about all the areas but Surgery and Medicine in particular. JP did state however, that all Divisions now had plans in place and Theatres had the TPOT programme in place and were trying to translate those actions into savings. JP advised that Medicine were addressing their Front of House programme and had already closed wards and planning the next closure. KWB commented that Medicine had also addressed some of the high risk areas.

JP informed Directors that given the uncertainty around the projected income stream further work was required to validate the year end forecast positions.

JP also explained that as part of Monitor's quarterly review the Board was requested to declare whether the Trust was liable to fall below a financial risk rating of three within the next twelve months. JP suggested that the current rating of three would be maintained for the next 12 months. RN queried whether JP was happy to sign declaration 1 given the uncertainty around year end forecasts. JP replied that given the work ongoing to address CIP shortfalls and the further validation of the forecast position she was comfortable with the declaration.

**Resolved:**

- To note the financial position to date.
- To sign declaration 1 of Monitor's Q1 in year finance declaration.

**Item 7     Service Report**

MS presented the report which updated Directors on performance against key targets and activity at the end of month three. MS explained that the main activity contracts had finished above planned levels although during May and June, the activity as a proportion of the contracted levels had generally moved closer to plan.

MS also highlighted performance against the corporate dashboard and in particular *C.difficile*. MS advised that the number to date was 20 which was 5 cases above the YTD trajectory of 15. LHB commented that the levels were running too high and work was being undertaken to identify as to what the issue might be although as yet it had not been possible to identify the cause. LHB stated that it was possible that the Trust could fail the target.

The Chairman queried as to what would be the penalties for failure. KWB replied that if we failed three times in a row then it would become a Board issue. The Chairman queried as to whether there was a right of appeal on the target. LHB replied that there was no appeal and whilst we had had the best performance in the region we had ended up with the most punitive target. MS also highlighted the position in A/E which was showing a substantial improvement and indeed the rolling average was now much better. MS explained the new measurement in A/E from quarter 2.

The Choose and Book slot issues recorded during June were as a consequence of no slots being available to book an appointment which related to capacity. The remaining issues were as a consequence of technical problems with the national system.

MS explained that some of the under-performance in eighteen weeks was related more to insufficient validation. RN commented that he was aware that there were a number of problems with outpatient appointments being changed and was that something we should be looking at in more detail. MS confirmed that some work had already been initiated to look at the problem.

MD commented that on the dashboard we were showing only 63%/64% achievement against a target of 75% for mandatory training and queried what actions were being taken to address this. MS replied that he was now working very closely with KG to address the issue and that managers were being held to account to ensure that it happened. MS stated that as he had recently taken responsibility for this target he would come back with further detail at a later date.

MD suggested that some 'out of the box' thinking needed to be undertaken and quickly. MS stated that there had been resistance for a number of years and it was a huge organisational challenge to achieve the target.

MD also commented on the increased number of complaints. KWB confirmed that there were no real issues that were distorting themes etc. He had seen however some more complicated complaints from T&O which reflected the changing case mix.

MH commented on the improvements in radiology reporting. MS stated that performance was starting to come back and he expected to see even more marked improvement.

MS explained the new suggested dashboard which was currently in draft format. DC stated that the dashboard was currently in its development stage. MD stated that the new format was very clear. MS queried whether Non Executive Directors would find it helpful to have an Executive Director identified for each target and also to identify the consequences and the financial consequences. MS stated that the new dashboard had involved a lot of work and some elements were not yet quite right. The Chairman

asked Directors to feed any further comments on the dashboard directly to MS.

**Resolved:** To accept the report.

**Item 8     Clinical Governance Report**

LHB presented the report which updated Directors on the national Heavy Menstrual Bleeding Audit and the UK Inflammatory Bowel Disease Organisational Audit. LHB also outlined the Trust's compliance with published NPSA patient safety alerts between April 2010 and March 2011.

DC commented on the NPSA alerts and that it was disappointing that there had been outstanding actions from 2008 which had not yet been addressed. LHB stated that he had been flagging concerns with all the identified departments but the evidence could not be provided that actions had been taken.

The Chairman stated that it would be helpful to have more detailed comments/explanation for those alerts that were still outstanding. DC stated that the Board required some level of detail so that it had assurance.

LHB also highlighted the action plan which addressed the 5 'red' scores in the recent national inpatient survey. LHB explained that the action plan had been included in the 2010/11 CQUIN scheme under the broad metric of 'improving patient experience' which would be shared with the PCT. MH stated that given some of the issues had been flagged as red for a number of years she did not feel that the action plan was sufficiently detailed. CH explained that the issues regarding food were extremely detailed in a separate action plan following the recent review undertaken by the Health and Wellbeing Review Committee. MH stated that it would be helpful if that action plan had been shared with the Patient and Public Involvement Committee. CH stated that the action plan had been shared with the Board of Governors and she would ensure that it was shared with the PPI Committee.

LHB commented that the action plan was not a detailed plan and meant for the PCT. KWB stated that if the action plan was not meant for the Board but for the PCT then it was important to bring the appropriate action plan to the Board. LHB confirmed that he would ensure that reports etc were submitted to the appropriate committees.

**Resolved:** To accept the report.

**Item 9     Monitor Quality Declaration**

LHB presented the report which identified that for 2011/12 Monitor required an additional declaration with regard to quality. LHB explained that given the Trust's robust clinical governance system it was proposed to sign declaration 1 which confirmed that the Trust had in place a system for

monitoring and continually improving the quality of healthcare to patients and had considered Monitor's Quality Governance Framework.

**Resolved:** To submit Declaration 1 to Monitor and support the recommendation to further review Monitor's Quality Governance Framework during Q2.

**Item 10 Monitor Declaration**

MS presented the report which identified that Monitor required a quarterly declaration with regard to achievement of all health care targets and standards.

MS stated that the Trust had not achieved the threshold for *C.difficile* during quarter 1 and also the threshold for the 95<sup>th</sup> percentile total time in A&E. MS suggested that it was recommended therefore that Directors sign off Declaration 2.

**Resolved:**

- To note the Service Report which provides background information on performance.
- To note the worsening governance rating of 'Amber-Red'.
- To submit Declaration 2 to Monitor except to amend within action taken the word systematic to read 'Systemic'.

**Item 11 Moving & Handling Policy**

KG presented the revised policy which had been amended to reflect changes to the Trust's organisation structure and governance arrangements and changes to the methods of delivering manual handling training.

RN stated that he had a number of grammatical and typing errors which he would give to CH.

**Resolved:** To approve the revised policy subject to any minor amendments.

**Item 12 Mandatory Training Policy**

KG presented the revised policy which had been amended following the removal of junior doctor induction and mandatory training into a stand alone policy. KG advised that the policy title had also been changed to the Mandatory Training Policy and was previously the Induction and Mandatory Training Policy. KG also outlined a significant number of other changes.

LHB queried as to who determined the frequency of training for each module and whether there was any flexibility.

KG replied that the only flexibility were those modules set by us as the majority were set by the NHSLA who determined the frequency.

The Chairman queried as to whether there should be more mention of appraisal than that identified in appendix 10. KG explained that there was a separate appraisal policy and appendix 10 was merely to highlight the discussion. MD commented that the plain English guide was very helpful.

RN indicated that the he had some grammatical and typing errors which he would give to CH.

**Resolved:** To accept the revised policy subject to amendments.

**Item 13 Bullying & Harassment Policy**

KG presented the policy which had been developed to ensure that the Trust had a clear policy that promoted a working environment and culture in which bullying and harassment were unacceptable.

KG explained that health and wellbeing advisors had been identified and were to have some training in September. The Chairman queried as to whether the model of advisors had been tried elsewhere. KG replied that it was a common model and indeed was a model we had adopted previously. KG stated that the model would be reviewed with staff side.

RN stated that he had some grammatical and typing errors which he would give to CH.

**Resolved:** To approve the policy subject to amendments.

**Item 14 Clinical Audit Policy**

LHB presented the new policy which had been updated to reflect the requirements of the NHSLA. RN stated that he had some minor grammatical and typing errors which he would give to CH.

**Resolved:** To approve the revised policy subject to minor amendments.

**Item 15 Resuscitation Policy**

LHB presented the revised policy which had been updated in light of national and European resuscitation directives and recommendations. RN stated he had some grammatical and typing errors which he would give to CH.

**Resolved:** To approve the revised policy subject to minor amendments.

**Item 16 Management of Medical Devices Policy**

MS presented the policy which had been amended to reflect the changes required to meet the NHSLA standards. RN stated that he had some grammatical and typing errors which he would give to CH.

**Resolved:** To approve the revised policy subject to the amendments.

**Item 17 Medical Devices Training Policy**

MS presented the revised policy. JA queried as to why there had to be individual staff training records. MS explained that this was mandatory. RN stated that he had some grammatical and typing errors which he would give to CH.

**Resolved:** To approve the revised policy subject to amendments.

**Item 18 Clinical Records Management Policy**

MS presented the revised policy which had been amended to reflect changes in working practices in relation to Information Governance procedures and to reflect the requirements of the NHSLA standards. RN stated that he had some grammatical and typing errors which he would give to CH.

**Resolved:** To accept the revised policy subject to amendments.

**Item 19 Policy for the Prevention & Management of Hospital Based Patient Falls**

The policy had been previously circulated to Directors. RN stated that he had some grammatical and typing errors which had been shared with CH.

**Resolved:** To approve the revised policy subject to minor amendments.

**Item 20 Claims Management Policy Update**

The policy had been previously circulated to Directors. RN stated that he had some grammatical and typing errors which had been shared with CH.

**Resolved:** To approve the revised Claims Management Policy subject to amendments.

**Item 21 Incident Investigation Policy**

The policy had been previously circulated to Directors. RN stated that he had some grammatical and typing errors which had been shared with CH.

**Resolved:** To approved the revised Incident Investigation Policy subject to minor amendments.

**Item 22 Minutes of the Finance Committee held on 09 06 11**

Were received.

**Item 23 Minutes of the Corporate Governance Committee held on 07 06 11**



Were received.

**Item 24   Minutes of the Governance Committee held on 13 07 11**

Were received.

**Item 25   Minutes of the Operations Committee held on 08 07 11**

Were received.

**Item 26   Any other Business**

The Chairman advised that it would be helpful to have a Policy Committee which Mike Davison had kindly agreed to Chair to give a more streamlined process to the approval of policies. The Chairman explained that this would be a formal sub committee of the Board. KWB stated that policies would be approved through existing committees where possible.

**JOHN N ANDERSON**  
**Chairman**

# CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

## DIRECTORATE OF FINANCE

### BOARD OF DIRECTORS

AUGUST 2011

## FINANCIAL POSITION AS AT 31<sup>st</sup> JULY 2011 EXECUTIVE SUMMARY

### 1 INTRODUCTION

This Executive Summary provides the summary highlights of the financial position as detailed in the main report to the end of July 2011.

#### 1.1 KEY HIGHLIGHTS

Issue or Metric	Budget	Actual	Variance	
Overall Financial Position - Surplus	£613k	£780k	£167k	27.2%
Income – ahead of Plan	£95,631k	£99,383k	£3,752k	3.9%
Expenditure – behind plan	£95,018k	£98,603k	£3,585k	3.8%
EBITDA Position %	5.8%	5.7%		0.1%
EBITDA Position £'s	£5,550k	£5,710k	£160k	2.9%
Cash Position	£18,383k	£16,666k	(£1,717k)	9.3%
<b>Clinical Activity:</b>				
Inpatients – Spells ahead of plan	37,053	38,484	1,431	3.9%
Outpatients – New attendances ahead of plan	36,544	37,522	978	2.7%
Financial Impact	£86,515k	£89,688k	£3,173k	3.7%
<b>Cost Improvement Plans</b>				
Variance to plan	£6,427k	£4,231k	(£2,296k)	35.7%

<b>Pay:</b>				
Overspend against plan	£61,201k	£62,490k	(£1,289k)	2.1%

<b>Non Pay:</b>				
Overspend against plan	£33,817k	£36,113k	£2,296k	6.8%

<b>Forecast</b>				
On plan	£2,000k			

Julia Pattison  
Director of Finance

## DIRECTORATE OF FINANCE

### BOARD OF DIRECTORS

AUGUST 2011

### FINANCIAL POSITION AS AT 31<sup>st</sup> JULY 2011

## 1 INTRODUCTION

The enclosed financial statements reflect the Trust's Income & Expenditure position as at 31<sup>st</sup> July, details of which can be found in Appendices 1-5.

### 1.1 SUMMARY POSITION

The overall financial position is a net surplus of £780k against a planned surplus of £613k, £167k better than planned.

Given the continuing high level of over performance, the PCTs have instigated a formal performance management process. A prudent view of additional clinical income has again been taken when producing this report. The clinical income includes Month 12 freeze, being higher than forecast and an estimate for Quarter 1 plus month 4.

Performance against the EBITDA margin is marginally behind target at 5.7% against a target of 5.8% to the end of July.

### 1.2 SUMMARY OF KEY PERFORMANCE INDICATORS

	Behind Plan	On Plan	Ahead of Plan
Overall Financial Position			X
Income			X
Expenditure	X (over-spend)		
Activity			X
Surplus/Deficit			X
Cash balances	X		
EBITDA Margin	X		

***The overall financial position is a £780k surplus against a planned surplus of £613k, £167k ahead of plan.***

## 2 INCOME

### 2.1 ***Patient Related Income:***

Clinical Income is still significantly higher than forecast for the first four months of the year, particularly for surgical elective inpatients. Activity has slowed down for South of Tyne PCTs but is still strongly over performing in Durham. A formal challenge to the high levels of activity has now been issued by both South of Tyne and Durham PCTs. A prudent view of the additional activity income has therefore been taken and

accounted for in the income position.

The over performance represents:

2010/11 Year End Freeze greater than anticipated	£343k
Months 1-4 PbR over performance	£2,487k
Non contracted overperformance	<u>£343k</u>
Total	<u>£3,173k</u>

The highest areas of PbR overperformance relates to inpatient elective surgery £1,758k (including T&O £658k, Ophthalmology £254k, General Surgery (Bariatrics) £211k and Urology £192k) representing inpatient activity over performance of 4.7%.

Other areas of over performance are Outpatients £739k, Drugs £75k and Exclusions and Miscellaneous contracts £213k.

Private Patient Income is over-recovered against plan by £12k.

## **2.2 Non Patient Related Income:**

Training and Education Income is in line with plan. Research and Development Income is £75k ahead of plan due to a number of new research projects. Other income is ahead of plan by £487k mainly in the Division of Medicine which has received additional funding from the PCT to improve the early discharge of patients back into the community and also over recovered RTA income. In addition THQ is still receiving the remnants of Future Jobs Funding.

Interest receivable is ahead of plan by £7k.

**Total Trust Income is showing an over-recovery of £3,752k.**

## **3 EXPENDITURE**

### **3.1 Pay Expenditure:**

Pay is currently shown as an overspend of £1,289k against plan. All Divisions are showing an overspend against pay budgets, with gaps in the delivery of cost improvement targets.

The pay position is still being significantly supported by central reserves:

Shortfall on CIP plans	£2,210k
Cost of additional sessions	£268k
Locum medical staffing	£255k
Nursing and other pressures	<u>£668k</u>
Divisional overspend	£3,401k
Less Reserves	<u>(£2,112k)</u>
Net overspend	<u>£1,289k</u>

Of the £2,112k used from Reserves, £1,102k was set aside specifically for CQUIN and investment in reducing readmissions.

Total overtime and agency costs for the month of July have decreased to £586k compared to June expenditure of £696k (the average monthly overtime and agency costs for 2010/11 was £459k). The breakdown of pay costs is shown in a series of graphs in Appendix 4 which details the overall pay changes both in financial and wte terms since July 2010.

Agency costs have decreased for the first time this year, from last month's high of £373k down to £311k for July. In the Division of Surgery the largest areas of overspending remain in T&O and Urology, where 18 week pressures still exist. In the Division of Medicine the largest areas of overspend are in A&E, filling gaps in rotas to deliver the 4 hour waiting target and spend on the therapies interface team in an effort to decrease length of stay.

The numbers of staff paid for the month decreased from 4,594 wte in June to 4,581 wte in July. The decrease was predominantly due to a reduction in flexi bank nurses.

### 3.2 **Non Pay Expenditure:**

Non-Pay is over-spent by a net £2,296k

Major areas are highlighted:

Drugs (High cost drugs income yet to be recovered)	£649k
Surgical implants	£390k
Rates and Energy overspend	£210k
Medical and Surgical equipment and other pressures	£944k
Subcontracts to other hospitals	£246k
Undelivered CIPs	<u>£1,018k</u>
Divisional overspend	<u>£3,457k</u>
Less reserves	<u>(£1,161k)</u>
Net overspend	<u>£2,296k</u>

***Total Trust Expenditure is showing an overspend against plan of £3,585k***

## 4 **CIP POSITION**

The CIP target for 2011/12 includes the recurrent shortfall from 2010/11 at £9,380k and the 6% target for 2011/12 at £12,437k giving a total target of £21,853k

	Annual Divisional CIPS £000's	Plan to Date £000's Month 4	Actual to date £000's Month 4	Variance £000's	Variance %	Actual to date Recurring £000's	Actual to date non Recurring £000's	% Recurring
Surgery	4,035	1,226	758	-468	-38%	527	231	70%
Medicine	6,894	1,697	986	-711	-42%	968	18	98%
Family Care	2,579	835	702	-133	-16%	481	222	68%
Theatres	2,635	849	355	-495	-58%	280	74	79%
Clin Support	2,709	856	745	-111	-13%	375	371	50%
Estates	1,009	338	171	-167	-49%	56	115	33%
Facilities	1,088	308	108	-200	-65%	52	56	48%
THQ	904	318	307	-12	-4%	165	142	54%
<b>Total</b>	<b>21,853</b>	<b>6,427</b>	<b>4,131</b>	<b>-2,296</b>	<b>-36%</b>	<b>2,903</b>	<b>1,229</b>	<b>70%</b>

To the end of June, the combined target is £6,427k of which delivery has been £4,131k giving a variance of £2,296k. In addition 30% of the target is being delivered by one off, non recurrent savings. Trust reserves have been used significantly to balance the shortfall on the CIP programme, reserves which were largely earmarked for quality improvements

## **5 CASHFLOW AND WORKING CAPITAL**

The cash balance at the end of July 2011 was £16,666k against planned £18,383k. The adverse variance of £1,717k predominantly reflects non pay revenue expenditure being higher than plan, which is largely due to payments to suppliers in respect of first quarter over-performance not being included within the forecast plan. The position should be rectified upon receipt of the related outstanding over-performance income from NHS debtors.

Debtor balances are higher than plan mainly due to accruals being raised in respect of first quarter over-performance.

Creditors are higher than plan reflecting timing differences in the payment of non-pay revenue creditors and over-performance related charges.

## **6 CAPITAL**

Capital expenditure to date is £1,335k and relates mainly to Demolition of KRB (£478k), B25 Conversion (£214k), Radiology Room 2 (£71k), THQ 'Silver Room' (£67k), Radiology Software (£52k), UPS X-Ray room (£50k) and H Block (£48k)).

## **7 FORECASTS**

The Trust has now received formal notification from both South of Tyne PCTs and Durham PCT that they require us to reduce elective activity back to plan. Given the uncertainty around clinical income the Directorates are forecasting that the Trust will not reach its required surplus. With the clear risk around levels of income it is important that CIP plans produce more significant savings in the second half of the year if the Trust is to deliver to plan.

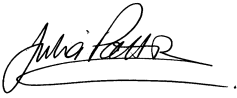
## **8 SUMMARY**

The Trust has continued to over perform particularly on elective activity, increasing the concerns of the PCTs regarding affordability. Joint work is now on going with the PCTs to try and bring activity more in line with plan. Non recurrent costs, particularly on agency staff are still being incurred to support these high levels of over performance. In addition the Trust reserves are being utilised to balance the financial position rather than develop key quality initiatives.

9

**RECOMMENDATIONS**

The Board is requested to:  
note the financial position to date.

A handwritten signature in black ink, appearing to read 'Julia Pattison', with a horizontal line extending from the end of the signature.

Julia Pattison  
Director of Finance

August 2011



**CITY HOSPITALS SUNDERLAND FOUNDATION TRUST**  
**CORPORATE FINANCIAL MONITORING REPORT**  
**SUMMARY TRUST POSITION - MONITOR ANALYSIS**

PERIOD ENDED 31st July 2011/12

**Income & Expenditure Position**

	Annual Plan £m	Plan £m	Current Month Actual £m	Variance £m	Plan £m	Year to Date Actual £m	Variance £m
<b>£m</b>							
<b>Income</b>							
NHS Clinical income	-262.06	-22.52	-22.93	-0.41	-86.52	-89.69	-3.17
Private patient income	-0.24	-0.02	-0.03	-0.01	-0.08	-0.09	-0.01
Non-patient income	-26.99	-2.26	-2.36	-0.10	-9.02	-9.58	-0.56
<b>Total income</b>	<b>-289.29</b>	<b>-24.80</b>	<b>-25.32</b>	<b>-0.52</b>	<b>-95.61</b>	<b>-99.36</b>	<b>-3.75</b>
<b>Expenses</b>							
Pay Costs	184.67	15.52	15.59	0.07	61.20	62.49	1.29
Drug costs	22.73	1.92	2.05	0.13	7.35	8.00	0.65
Other Costs	65.09	5.53	5.89	0.37	21.51	23.15	1.65
<b>Total costs</b>	<b>272.49</b>	<b>22.97</b>	<b>23.54</b>	<b>0.57</b>	<b>90.06</b>	<b>93.65</b>	<b>3.58</b>
<b>Earnings before interest, tax, depreciation &amp; amortisation (EBITDA)</b>	<b>-16.81</b>	<b>-1.83</b>	<b>-1.78</b>	<b>0.05</b>	<b>-5.55</b>	<b>-5.71</b>	<b>-0.16</b>
Profit/loss on asset disposal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Depreciation	8.13	0.68	0.68	0.00	2.71	2.71	0.00
PDC dividend	5.38	0.45	0.46	0.01	1.79	1.80	0.00
Interest	1.29	0.11	0.11	0.00	0.43	0.42	-0.01
Corporation tax	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Net surplus (pre exceptionals)</b>	<b>-2.00</b>	<b>-0.60</b>	<b>-0.54</b>	<b>0.06</b>	<b>-0.61</b>	<b>-0.78</b>	<b>-0.17</b>
Exceptional items				0.00			0.00
<b>Net surplus (post exceptionals)</b>	<b>-2.00</b>	<b>-0.60</b>	<b>-0.54</b>	<b>0.06</b>	<b>-0.61</b>	<b>-0.78</b>	<b>-0.17</b>
<b>EBITDA Margin</b>	<b>5.8%</b>	<b>7.4%</b>	<b>7.0%</b>		<b>5.8%</b>	<b>5.7%</b>	

**CITY HOSPITALS SUNDERLAND FOUNDATION TRUST**  
**TRUST PERFORMANCE SUMMARY**

PERIOD ENDED 31st July 2011/12

**TRUST SUMMARY**

(' ) denotes a surplus  
 + ' denotes a deficit

	Annual Budget £'000s	Apr actual £'000s	May actual £'000s	Jun actual £'000s	Quarter 1 £'000s	Jul actual £'000s	YTD actual £'000s	Plan £'000s	Variance £'000s
<b>Income</b>									
Contract Income	(262,059)	(20,797)	(22,387)	(23,572)	(66,756)	(22,933)	(89,688)	(86,515)	(3,173)
Private Patients	(244)	(16)	(14)	(32)	(62)	(31)	(93)	(81)	(12)
Training and Education Income	(9,696)	(808)	(809)	(807)	(2,424)	(807)	(3,231)	(3,232)	1
Research and Development Income	(1,346)	(123)	(121)	(153)	(398)	(125)	(523)	(449)	(75)
Other income	(15,947)	(1,245)	(1,691)	(1,460)	(4,395)	(1,427)	(5,822)	(5,335)	(487)
Interest Receivable	(57)	(7)	(8)	(7)	(22)	(4)	(25)	(19)	(7)
<b>Total Income</b>	<b>(289,349)</b>	<b>(22,996)</b>	<b>(25,029)</b>	<b>(26,031)</b>	<b>(74,056)</b>	<b>(25,327)</b>	<b>(99,383)</b>	<b>(95,631)</b>	<b>(3,752)</b>
<b>Expenditure</b>									
Pay	184,670	15,484	15,471	15,945	46,900	15,591	62,490	61,201	1,289
Clinical Supplies and Services	25,390	2,068	2,565	2,540	7,173	2,444	9,616	8,146	1,470
Drug Costs	22,727	1,883	2,054	2,012	5,948	2,054	8,002	7,354	649
Other Costs	39,698	3,277	3,294	3,516	10,088	3,451	13,539	13,363	176
Depreciation	8,131	630	725	678	2,033	677	2,710	2,710	(0)
PDC Dividend	5,383	436	461	437	1,334	462	1,796	1,794	2
Interest	1,348	112	112	112	337	112	449	449	(0)
<b>Total Expenditure</b>	<b>287,348</b>	<b>23,890</b>	<b>24,681</b>	<b>25,241</b>	<b>73,812</b>	<b>24,791</b>	<b>98,603</b>	<b>95,018</b>	<b>3,585</b>
<b>(Surplus)/Deficit</b>	<b>(2,000)</b>	<b>894</b>	<b>(348)</b>	<b>(791)</b>	<b>(244)</b>	<b>(536)</b>	<b>(780)</b>	<b>(613)</b>	<b>(167)</b>

<b>Cost Improvement Plans</b>	<b>(21,853)</b>	<b>0</b>	<b>(1,858)</b>	<b>(1,105)</b>	<b>(2,963)</b>	<b>(1,169)</b>	<b>(4,132)</b>	<b>(6,427)</b>	<b>2,295</b>
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**Divisional Summary - Expenditure Position**

Clinical Support	43,025	3,737	3,792	3,940	11,469	3,844	15,313	14,325	988
Theatres	23,476	2,221	2,218	2,235	6,674	2,310	8,985	7,828	1,157
Estates	11,241	1,004	1,023	986	3,013	997	4,010	3,774	236
Facilities	16,511	1,351	1,394	1,469	4,214	1,394	5,608	5,509	100
Family Care	27,013	2,322	2,309	2,345	6,976	2,341	9,317	9,003	314
Medicine	60,196	5,558	5,613	5,666	16,837	5,373	22,210	20,583	1,627
Surgery	57,867	5,161	5,277	5,723	16,161	5,680	21,841	19,388	2,453
THQ Division	20,447	1,683	1,719	1,721	5,123	1,712	6,835	6,781	55
THQ Corporate	27,572	851	1,336	1,156	3,343	1,140	4,483	7,827	(3,344)
<b>Divisional Total</b>	<b>287,348</b>	<b>23,890</b>	<b>24,681</b>	<b>25,241</b>	<b>73,812</b>	<b>24,791</b>	<b>98,603</b>	<b>95,018</b>	<b>3,585</b>

**ISLAs**

Income	(45,006)	0	(7,821)	(4,191)	(12,011)	(4,185)	(16,197)	(15,002)	(1,195)
Expenditure	45,006	0	7,821	4,191	12,011	4,185	16,197	15,002	1,195
<b>Divisional Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>	<b>0</b>

**WTE Analysis (WTEs)**

Consultants	230.35	229.41	227.96	227.97	227.97	232.37	232.37	231.72	0.65
Other medical staff	292.92	289.77	285.24	279.96	279.96	277.75	277.75	292.27	-14.52
Band 9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00
Band 8	145.37	143.10	141.44	141.67	141.67	142.21	142.21	145.85	-3.64
Band 7	389.01	395.04	394.95	393.38	393.38	392.62	392.62	391.85	0.77
Band 6	449.08	471.42	467.96	469.61	469.61	472.39	472.39	454.01	18.38
Band 5	1,148.77	1,182.10	1,172.56	1,172.57	1,172.57	1,171.25	1,171.25	1,145.35	25.90
Band 4	292.90	317.88	312.10	312.89	312.89	313.00	313.00	300.81	12.19
Band 3	276.46	252.14	248.87	248.34	248.34	245.37	245.37	276.63	-31.26
Band 2	1,085.36	1,148.23	1,139.61	1,158.47	1,158.47	1,148.38	1,148.38	1,082.24	66.14
Band 1	159.89	160.59	158.57	159.68	159.68	156.06	156.06	160.89	-4.83
Trust management	28.24	25.93	26.42	26.31	26.31	26.34	26.34	28.24	-1.90
Flexi	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.01	-0.01
Other	4.32	3.68	3.23	2.27	2.27	2.40	2.40	4.40	-2.00
<b>Total WTEs</b>	<b>4,503.68</b>	<b>4,620.29</b>	<b>4,579.91</b>	<b>4,594.12</b>	<b>4,594.12</b>	<b>4,581.14</b>	<b>4,581.14</b>	<b>4,515.27</b>	<b>65.87</b>

CITY HOSPITALS SUNDERLAND FOUNDATION TRUST  
TRUST PERFORMANCE SUMMARY

PERIOD ENDED 31st July 2011/12

SUBJECTIVE ANALYSIS

'( )'	denotes a surplus
'+'	denotes a deficit

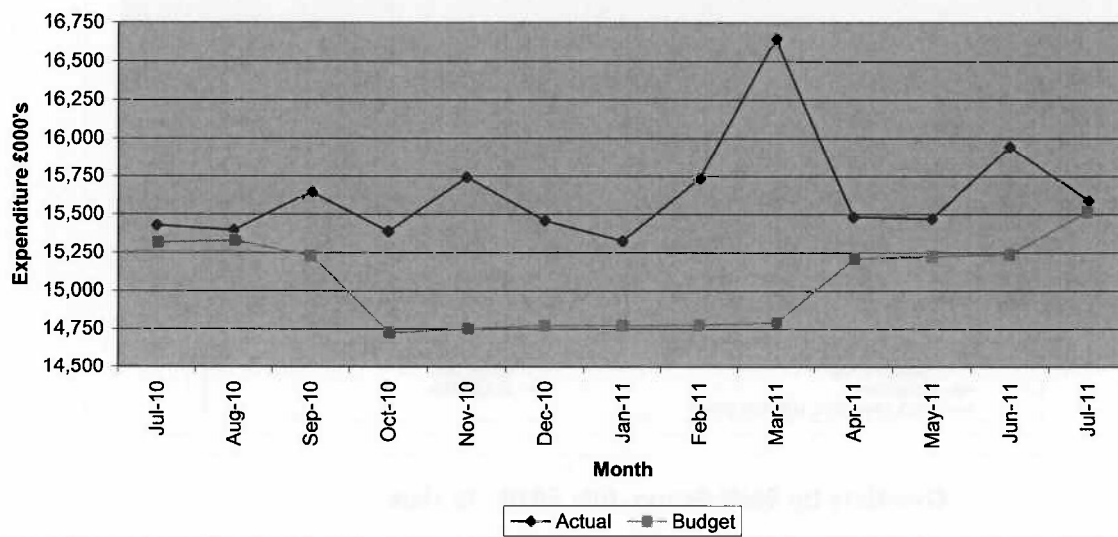
	Wte Budget	Wte Actual	Annual Budget £'000s	Apr actual £'000s	May actual £'000s	Jun actual £'000s	Jul actual £'000s	YTD actual £'000s	Plan £'000s	Variance £'000s
Income			(289,349)	(22,995)	(25,030)	(26,031)	(25,327)	(99,383)	(95,631)	(3,752)
Senior Managers and Admin and Clerical Staff	912.83	892.50	24,999	2,059	2,010	2,037	2,052	8,158	8,345	(186)
Consultants	231.72	232.37	32,553	2,849	2,852	2,870	2,911	11,482	11,053	429
Other Medical Staff	292.27	277.75	18,527	1,493	1,460	1,491	1,439	5,883	6,174	(292)
Qualified Nurses	1,421.42	1,474.90	56,065	4,758	4,744	4,932	4,802	19,237	18,563	674
Unqualified Nurses	580.58	596.57	12,697	1,097	1,109	1,179	1,126	4,511	4,210	301
Pams	275.28	280.92	10,835	880	872	885	869	3,507	3,672	(166)
Scientific and Professional	160.00	163.53	7,983	635	633	649	628	2,545	2,680	(136)
PTB Staff	217.90	217.43	6,981	600	597	585	583	2,365	2,347	17
Healthcare Assistants	351.90	355.38	7,464	623	624	650	622	2,520	2,499	20
Maintenance Staff	63.37	83.79	2,597	221	211	224	211	866	892	(26)
Agency Staff	0.01	0.00	1,232	198	298	404	354	1,255	376	879
Other Staff	7.99	6.00	2,738	70	61	39	(7)	163	389	(226)
Sub Total Pay Costs	4,515.27	4,581.14	184,670	15,484	15,471	15,945	15,591	62,491	61,201	1,290
Drugs			22,727	1,883	2,054	2,012	2,054	8,002	7,353	649
Clinical Supplies and Services			25,390	2,068	2,565	2,540	2,444	9,616	8,141	1,475
General Supplies and Services			6,654	528	554	568	611	2,261	2,218	43
Establishment			7,785	432	833	718	673	2,655	2,636	19
Transport			1,621	132	119	142	133	527	547	(20)
Premises			10,172	878	944	874	936	3,632	3,435	197
Depreciation			8,131	630	725	678	677	2,710	2,710	(0)
Services from Other NHS Bodies			11,096	978	902	1,001	924	3,805	3,704	101
Dividend Payment			5,383	436	461	437	462	1,796	1,794	2
Other			3,719	443	54	326	285	1,107	1,277	(170)
Sub Total Non-pay	0	0	102,679	8,407	9,210	9,295	9,200	36,112	33,816	2,296
Total	4,515.27	4,581.14	(2,000)	896	(349)	(791)	(536)	(780)	(614)	(167)

Annual Plan (expected position)  
Monthly Variance

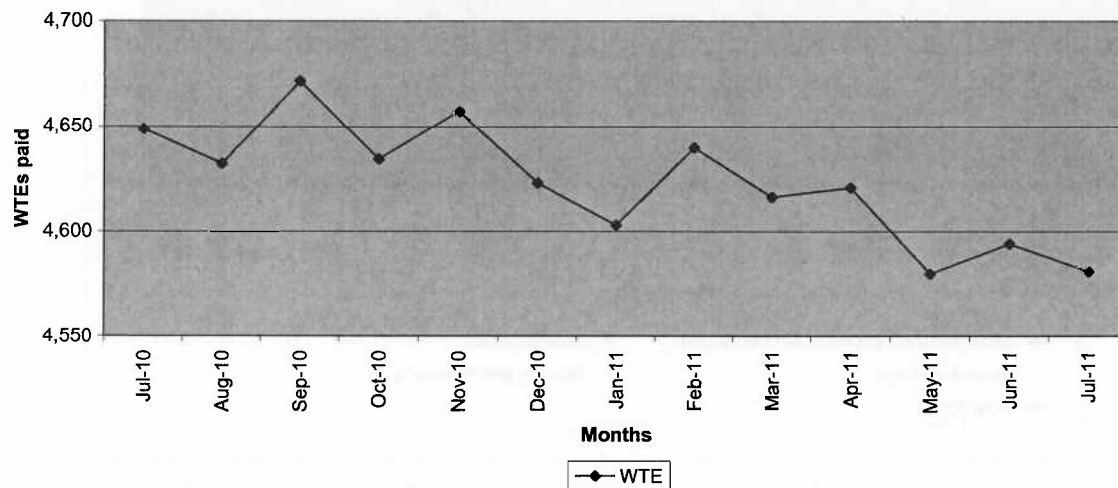
0	919	(58)	(877)	(598)	(614)
	(23)	(291)	86	62	(780)

## PAY COMPARATORS - JULY 2010 - JULY 2011

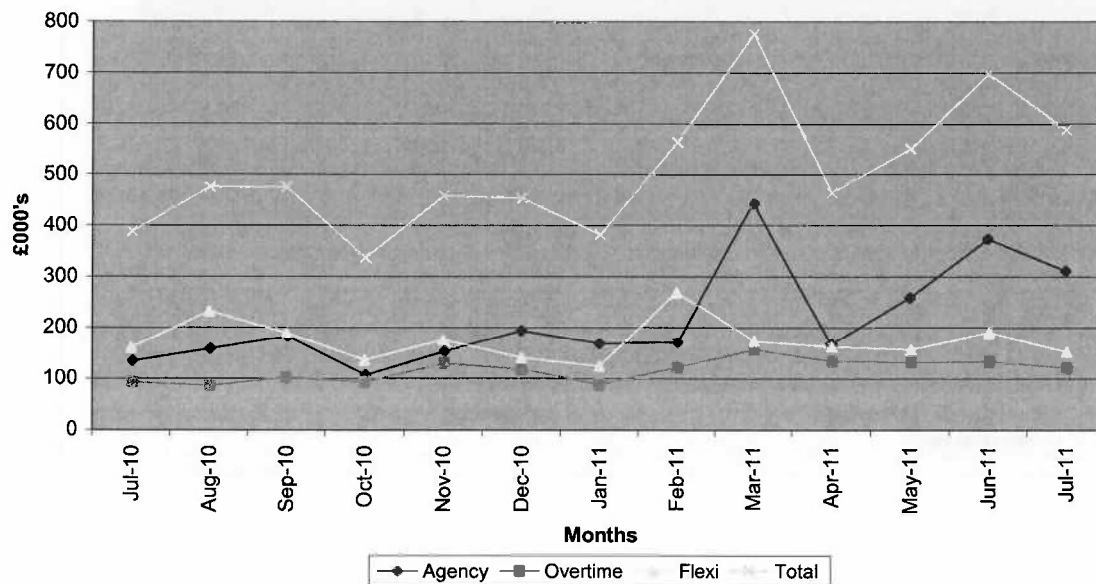
### Total Pay Costs Pr Month July 2010 - to date

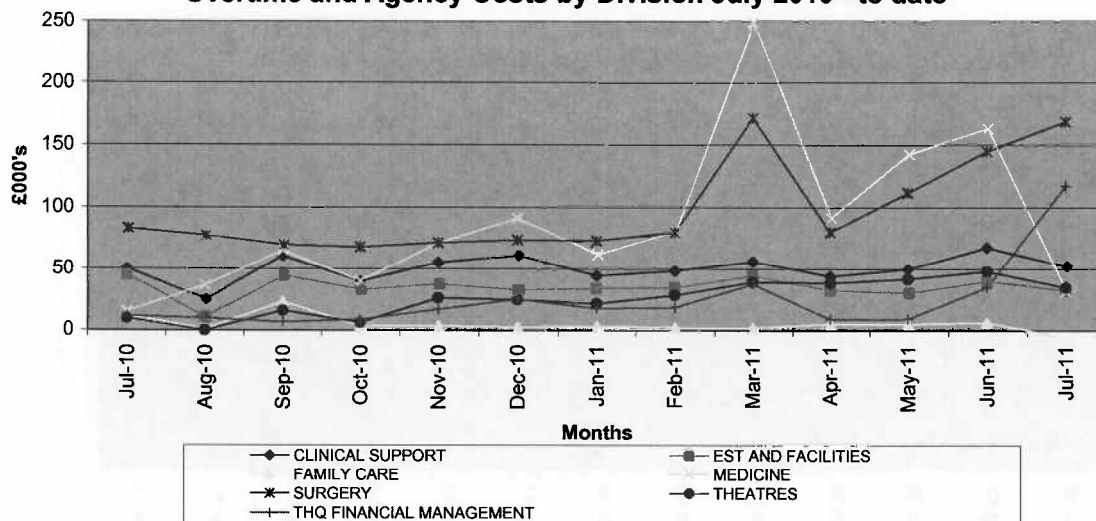
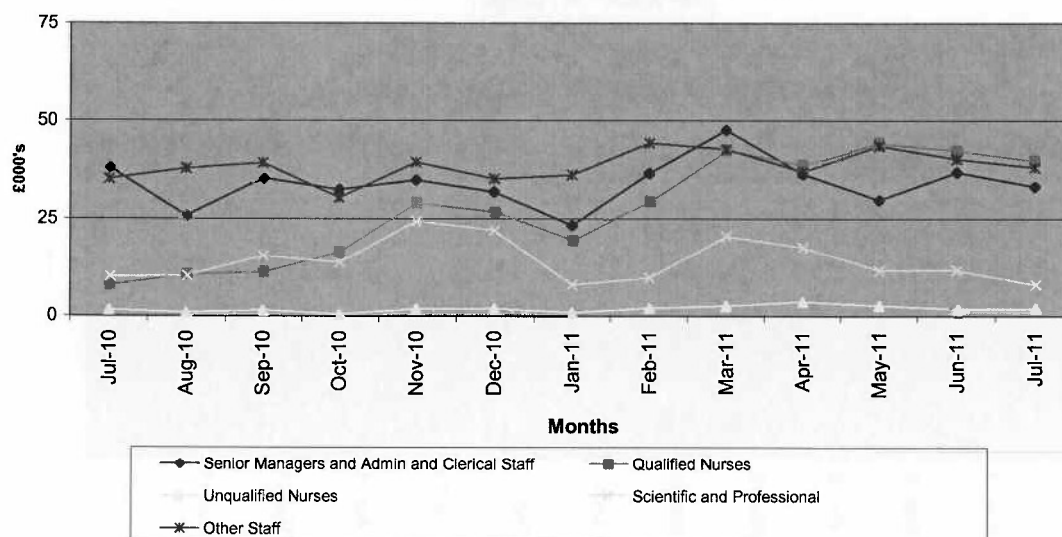
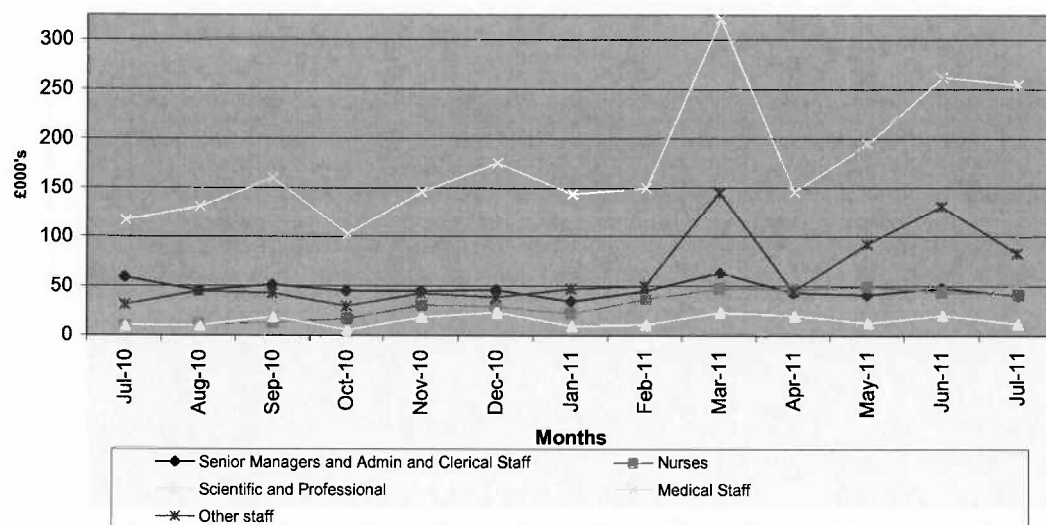


### Total Paid WTEs pr Month July 2010 - to date



### Total Overtime, Agency and Flexi Costs July 2010 to date



**Overtime and Agency Costs by Division July 2010 - to date****Overtime by Staff Group July 2010 - to date****Overtime and Agency Costs by Staff Group July 2010 - to date**

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**  
**STATEMENT OF POSITION - JULY 2011**

Appendix 5

	<b>Plan As At 31-July-11 £m</b>	<b>Actual As At 31-July-11 £m</b>	<b>Variance £m</b>
<b><u>Assets</u></b>			
<b>Assets, Non-Current</b>			
<b>Intangible Assets, Net</b>	2.387	2.152	
<b>Property, Plant and Equipment, Net</b>	202.953	203.167	
<b>Trade and Other Receivables, Net, Non-Current</b>			
NHS Trade Receivables, Non-Current	0.130	0.130	0.000
Other Receivables, Non-Current	0.713	0.713	0.000
<b>Trade and Other Receivables, Net, Non-Current, Total</b>	0.843	0.843	
<b>Assets, Non-Current, Total</b>	206.183	206.162	
<b>Assets, Current</b>			
<b>Inventories</b>	3.550	3.441	0.109
<b>Trade and Other Receivables, Net, Current</b>			
NHS Trade Receivables, Current	2.263	6.861	-4.598
Non NHS Trade Receivables, Current	0.400	0.337	0.063
Other Related Party Receivables, Current	0.250	0.137	0.113
PDC Receivable, Current	0.017	0.017	0.000
Other Receivables, Current	0.737	0.806	-0.069
<b>Trade and Other Receivables, Net, Current, Total</b>	3.667	8.159	
<b>Prepayments, Current</b>	1.500	1.750	-0.250
<b>Cash and Cash Equivalents</b>			
Cash	0.883	2.066	-1.183
Current Asset Investments	17.500	14.600	2.900
<b>Cash and Cash Equivalents, Total</b>	18.383	16.666	
<b>Assets, Current, Total</b>	27.100	30.016	
<b>ASSETS, TOTAL</b>	<b>233.283</b>	<b>236.178</b>	

**Liabilities**

<b>Liabilities, Current</b>			
<b>Interest-Bearing Borrowings, Current</b>			
Loans, non-commercial, Current (DH, FTFF, NLF, etc)	-1.024	-1.024	0.000
<b>Interest-Bearing Borrowings, Current, Total</b>	-1.024	-1.024	
<b>Deferred Income, Current</b>	-1.000	-0.159	-0.841
<b>Provisions, Current</b>	-0.338	-0.286	-0.052
<b>Trade and Other Payables, Current</b>			
Trade Payables, Current	-5.710	-9.168	3.458
Other Payables, Current	-7.750	-8.034	0.284
Capital Payables, Current	-1.900	-1.562	-0.338
<b>Trade and Other Payables, Current, Total</b>	-15.360	-18.764	

<b>Other Financial Liabilities, Current</b>			
Accruals, Current	-5.438	-5.533	0.095
PDC dividend creditor, Current	-1.796	-1.796	0.000
Interest payable on non-commercial interest bearing borrowings, current	-0.332	-0.332	0.000
Interest payable on commercial interest bearing borrowings, current	0.000	0.000	0.000
<b>Other Financial Liabilities, Current, Total</b>	<b>-7.566</b>	<b>-7.661</b>	
<b>Liabilities, Current, Total</b>	<b>-25.288</b>	<b>-27.894</b>	
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>1.812</b>	<b>2.122</b>	
<b>Liabilities, Non-Current</b>			
<b>Interest-Bearing Borrowings, Non-Current</b>			
Loans, Non-Current, non-commercial (DH, FTFF, NLF, etc)	-32.256	-32.041	-0.215
Loans, Non-Current, commercial	0.000	0.000	0.000
<b>Interest-Bearing Borrowings, Non-Current, Total</b>	<b>-32.256</b>	<b>-32.041</b>	
<b>Deferred Income, Non Current</b>	<b>-0.037</b>	<b>-0.037</b>	
<b>Provisions, Non-Current</b>	<b>-1.097</b>	<b>-1.097</b>	<b>0.000</b>
<b>Trade and Other Payables, Non-Current</b>			
Trade Payables, Non-Current	-3.463	-3.762	0.299
Other Payables, Non-Current	0.000	0.000	0.000
<b>Trade and Other Payables, Non-Current, Total</b>	<b>-3.463</b>	<b>-3.762</b>	
<b>Liabilities, Non-Current, Total</b>	<b>-36.853</b>	<b>-36.937</b>	
<b>TOTAL ASSETS EMPLOYED</b>	<b>171.142</b>	<b>171.347</b>	
<b>Taxpayers' and Others' Equity</b>			
<b>Taxpayers' Equity</b>			
Public Dividend Capital	98.681	98.681	
Retained Earnings	-0.669	-0.503	
Donated Asset Reserve	1.742	1.781	
Revaluation Reserve	71.388	71.388	
<b>TAXPAYERS' EQUITY, TOTAL</b>	<b>171.142</b>	<b>171.347</b>	

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**  
**STATEMENT OF POSITION - JULY 2011**

Appendix 5

	<b><u>Plan</u></b> <b><u>As At</u></b> <b><u>31-July-11</u></b> <b><u>£m</u></b>	<b><u>Actual</u></b> <b><u>As At</u></b> <b><u>31-July-11</u></b> <b><u>£m</u></b>	<b><u>Variance</u></b> <b><u>£m</u></b>
<b><u>Assets</u></b>			
<b>Assets, Non-Current</b>			
<b>Intangible Assets, Net</b>	2.387	2.152	
<b>Property, Plant and Equipment, Net</b>	202.953	203.167	
<b>Trade and Other Receivables, Net, Non-Current</b>			
NHS Trade Receivables, Non-Current	0.130	0.130	0.000
Other Receivables, Non-Current	0.713	0.713	0.000
<b>Trade and Other Receivables, Net, Non-Current, Total</b>	0.843	0.843	
<b>Assets, Non-Current, Total</b>	206.183	206.162	
<b>Assets, Current</b>			
<b>Inventories</b>	3.550	3.441	0.109
<b>Trade and Other Receivables, Net, Current</b>			
NHS Trade Receivables, Current	2.263	6.861	-4.598
Non NHS Trade Receivables, Current	0.400	0.337	0.063
Other Related Party Receivables, Current	0.250	0.137	0.113
PDC Receivable, Current	0.017	0.017	0.000
Other Receivables, Current	0.737	0.806	-0.069
<b>Trade and Other Receivables, Net, Current, Total</b>	3.667	8.159	
<b>Prepayments, Current</b>	1.500	1.750	-0.250
<b>Cash and Cash Equivalents</b>			
Cash	0.883	2.066	-1.183
Current Asset Investments	17.500	14.600	2.900
<b>Cash and Cash Equivalents, Total</b>	18.383	16.666	
<b>Assets, Current, Total</b>	27.100	30.016	
<b>ASSETS, TOTAL</b>	<b>233.283</b>	<b>236.178</b>	

**Liabilities**

<b>Liabilities, Current</b>			
<b>Interest-Bearing Borrowings, Current</b>			
Loans, non-commercial, Current (DH, FTFF, NLF, etc)	-1.024	-1.024	0.000
<b>Interest-Bearing Borrowings, Current, Total</b>	-1.024	-1.024	
<b>Deferred Income, Current</b>	-1.000	-0.159	-0.841
<b>Provisions, Current</b>	-0.338	-0.286	-0.052
<b>Trade and Other Payables, Current</b>			
Trade Payables, Current	-5.710	-9.168	3.458
Other Payables, Current	-7.750	-8.034	0.284
Capital Payables, Current	-1.900	-1.562	-0.338
<b>Trade and Other Payables, Current, Total</b>	-15.360	-18.764	



**Other Financial Liabilities, Current**

Accruals, Current	-5.438	-5.533	0.095
PDC dividend creditor, Current	-1.796	-1.796	0.000
Interest payable on non-commercial interest bearing borrowings, current	-0.332	-0.332	0.000
Interest payable on commercial interest bearing borrowings, current	0.000	0.000	0.000

**Other Financial Liabilities, Current, Total****Liabilities, Current, Total**

-7.566	-7.661
-25.288	-27.894

**NET CURRENT ASSETS (LIABILITIES)**

1.812	2.122
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**Liabilities, Non-Current****Interest-Bearing Borrowings, Non-Current**

Loans, Non-Current, non-commercial (DH, FTFF, NLF, etc)	-32.256	-32.041	-0.215
Loans, Non-Current, commercial	0.000	0.000	0.000

**Interest-Bearing Borrowings, Non-Current, Total**

-32.256	-32.041
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**Deferred Income, Non Current**

-0.037	-0.037
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**Provisions, Non-Current**

-1.097	-1.097	0.000
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**Trade and Other Payables, Non-Current**

Trade Payables, Non-Current	-3.463	-3.762	0.299
Other Payables, Non-Current	0.000	0.000	0.000

**Trade and Other Payables, Non-Current, Total**

-3.463	-3.762
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**Liabilities, Non-Current, Total**

-36.853	-36.937
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**TOTAL ASSETS EMPLOYED**

171.142	171.347
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**Taxpayers' and Others' Equity****Taxpayers' Equity**

Public Dividend Capital	98.681	98.681
Retained Earnings	-0.669	-0.503
Donated Asset Reserve	1.742	1.781
Revaluation Reserve	71.388	71.388

**TAXPAYERS' EQUITY, TOTAL**

171.142	171.347
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# TOTAL INPATIENT/DAYCASE SPELLS AS AT JUL-11 AGAINST TARGETS CHS AGGREGATE

Directorate	Specialty	11/12 Target	Target for Month	Activity for Month	Monthly Variance	Year to Date Target	Year to Date Activity	Variance
<b>SURGERY</b>								
GENERAL SURGERY	General Surgery	11,035	935	978	43	3,613	3,706	93
	Neurosurgery	0	0	0	0	0	0	0
	Paediatric Surgery	243	20	14	-6	78	60	-18
	<b>Total for Directorate</b>	<b>11,278</b>	<b>955</b>	<b>992</b>	<b>37</b>	<b>3,691</b>	<b>3,766</b>	<b>75</b>
UROLOGY	Urology	13,703	1,148	1,246	98	4,429	4,873	394
	<b>Total for Directorate</b>	<b>13,703</b>	<b>1,148</b>	<b>1,246</b>	<b>98</b>	<b>4,429</b>	<b>4,873</b>	<b>394</b>
HEAD & NECK	ENT	5,525	464	508	44	1,793	1,932	139
	Oral & Maxillo-Facial Surgery	4,492	376	285	-91	1,451	1,331	-120
	Orthodontics	0	0	0	0	0	0	0
	Restorative Dentistry	0	0	0	0	0	0	0
	<b>Total for Directorate</b>	<b>10,017</b>	<b>840</b>	<b>793</b>	<b>-47</b>	<b>3,244</b>	<b>3,263</b>	<b>19</b>
OPHTHALMOLOGY	Ophthalmology	17,134	1,431	1,549	118	5,520	6,013	493
	<b>Total for Directorate</b>	<b>17,134</b>	<b>1,431</b>	<b>1,549</b>	<b>118</b>	<b>5,520</b>	<b>6,013</b>	<b>493</b>
TRAUMA & ORTHOPAEDICS	Trauma & Orthopaedics	7,143	606	661	55	2,340	2,458	118
	<b>Total for Directorate</b>	<b>7,143</b>	<b>606</b>	<b>661</b>	<b>55</b>	<b>2,340</b>	<b>2,458</b>	<b>118</b>
<b>TOTAL FOR SURGERY</b>		<b>50,275</b>	<b>4,980</b>	<b>5,241</b>	<b>261</b>	<b>19,224</b>	<b>20,323</b>	<b>1,099</b>
<b>MEDICINE</b>								
ELDERLY & REHABILITATION	Geriatric Medicine	3,703	322	356	34	1,246	1,561	315
	Neurology	741	62	56	-6	239	221	-18
	Rehabilitation	6	0	0	0	2	0	-2
	<b>Total for Directorate</b>	<b>4,450</b>	<b>384</b>	<b>412</b>	<b>28</b>	<b>1,487</b>	<b>1,782</b>	<b>295</b>
GENERAL INTERNAL MEDICINE	Chemical Pathology	0	0	0	0	0	0	0
	Gastroenterology	6,580	554	557	3	2,137	2,320	183
	General Medicine	763	66	1	-65	257	1	-256
	Endocrinology	1,226	106	104	-2	409	415	6
	Thoracic Medicine	2,450	208	203	-6	803	894	91
	<b>Total for Directorate</b>	<b>11,019</b>	<b>933</b>	<b>864</b>	<b>-69</b>	<b>3,606</b>	<b>3,630</b>	<b>24</b>
MEDICAL SPECIALTIES	Rheumatology	1,158	97	102	5	373	442	69
	Chemotherapy	3,840	320	278	-45	1,235	1,175	-60
	Clinical Haematology	3,060	257	320	63	992	1,192	200
	Nephrology	2,526	218	245	27	842	1,070	228
	<b>Total for Directorate</b>	<b>10,584</b>	<b>891</b>	<b>942</b>	<b>51</b>	<b>3,442</b>	<b>3,879</b>	<b>437</b>
EMERGENCY CARE	Accident & Emergency	9,061	788	545	-243	3,053	2,194	-859
	Cardiology	3,930	337	351	14	1,302	1,433	131
	<b>Total for Directorate</b>	<b>12,991</b>	<b>1,125</b>	<b>896</b>	<b>-229</b>	<b>4,355</b>	<b>3,627</b>	<b>-728</b>
<b>TOTAL FOR MEDICINE</b>		<b>39,044</b>	<b>3,334</b>	<b>3,114</b>	<b>-220</b>	<b>12,891</b>	<b>12,918</b>	<b>27</b>
<b>FAMILY CARE</b>								
OBSTETRICS & GYNAECOLOGY	GUM	0	0	0	0	0	0	0
	Gynaecology	4,106	344	361	17	1,329	1,391	62
	Obstetrics	6,160	536	610	74	2,076	2,210	134
	<b>Total for Directorate</b>	<b>10,266</b>	<b>880</b>	<b>971</b>	<b>91</b>	<b>3,405</b>	<b>3,601</b>	<b>196</b>
PAEDIATRICS & CHILD HEALTH	Child Psychiatry	0	0	0	0	0	0	0
	Paediatrics	3,962	343	351	8	1,330	1,438	108
	<b>Total for Directorate</b>	<b>3,962</b>	<b>343</b>	<b>351</b>	<b>8</b>	<b>1,330</b>	<b>1,438</b>	<b>108</b>
<b>TOTAL FOR FAMILY CARE</b>		<b>14,228</b>	<b>1,223</b>	<b>1,322</b>	<b>99</b>	<b>4,735</b>	<b>5,039</b>	<b>304</b>
<b>CLINICAL SUPPORT</b>								
ANAESTHETICS	Anaesthetics	626	52	40	-12	201	204	3
	Pain Management	8	1	0	-1	3	0	-3
	<b>Total for Directorate</b>	<b>634</b>	<b>53</b>	<b>40</b>	<b>-13</b>	<b>204</b>	<b>204</b>	<b>0</b>
<b>TOTAL FOR CLINICAL SUPPORT</b>		<b>634</b>	<b>53</b>	<b>40</b>	<b>-13</b>	<b>204</b>	<b>204</b>	<b>0</b>
<b>TOTAL FOR CHS AGGREGATE</b>		<b>113,182</b>	<b>9,590</b>	<b>9,717</b>	<b>127</b>	<b>37,653</b>	<b>38,484</b>	<b>1,431</b>

# TOTAL ELECTIVE SPELLS AS AT JUL-11 AGAINST TARGETS CHS AGGREGATE

Directorate	Specialty	11/12 Target	Target for Month	Activity for Month	Monthly Variance	Year to Date Target	Year to Date Activity	Variance
<b>SURGERY</b>								
GENERAL SURGERY	General Surgery	6,813	568	623	55	2,190	2,335	145
	Neurosurgery	0	0	0	0	0	0	0
	Paediatric Surgery	243	20	14	-6	78	60	-18
	<b>Total for Directorate</b>	<b>7,056</b>	<b>588</b>	<b>637</b>	<b>49</b>	<b>2,268</b>	<b>2,395</b>	<b>127</b>
UROLOGY	Urology	12,124	1,010	1,123	113	3,897	4,334	437
	<b>Total for Directorate</b>	<b>12,124</b>	<b>1,010</b>	<b>1,123</b>	<b>113</b>	<b>3,897</b>	<b>4,334</b>	<b>437</b>
HEAD & NECK	ENT	4,440	370	416	46	1,427	1,535	108
	Oral & Maxillo-Facial Surgery	4,046	337	246	-91	1,300	1,177	-123
	Orthodontics	0	0	0	0	0	0	0
	Restorative Dentistry	0	0	0	0	0	0	0
	<b>Total for Directorate</b>	<b>8,486</b>	<b>707</b>	<b>662</b>	<b>-45</b>	<b>2,728</b>	<b>2,712</b>	<b>-16</b>
OPHTHALMOLOGY	Ophthalmology	16,320	1,360	1,461	101	5,246	5,645	399
	<b>Total for Directorate</b>	<b>16,320</b>	<b>1,360</b>	<b>1,461</b>	<b>101</b>	<b>5,246</b>	<b>5,645</b>	<b>399</b>
TRAUMA & ORTHOPAEDICS	Trauma & Orthopaedics	4,313	359	441	82	1,386	1,621	235
	<b>Total for Directorate</b>	<b>4,313</b>	<b>359</b>	<b>441</b>	<b>82</b>	<b>1,386</b>	<b>1,621</b>	<b>235</b>
<b>TOTAL FOR SURGERY</b>		<b>48,299</b>	<b>4,025</b>	<b>4,324</b>	<b>299</b>	<b>15,525</b>	<b>16,707</b>	<b>1,182</b>
<b>MEDICINE</b>								
ELDERLY & REHABILITATION	Geriatric Medicine	107	9	8	-1	34	35	1
	Neurology	674	56	53	-3	217	214	-3
	Rehabilitation	0	0	0	0	0	0	0
	<b>Total for Directorate</b>	<b>781</b>	<b>65</b>	<b>61</b>	<b>-4</b>	<b>251</b>	<b>249</b>	<b>-2</b>
GENERAL INTERNAL MEDICINE	Chemical Pathology	0	0	0	0	0	0	0
	Gastroenterology	5,133	428	401	-27	1,650	1,694	44
	General Medicine	17	1	0	-1	5	0	-5
	Endocrinology	290	24	38	14	93	140	47
	Thoracic Medicine	1,438	120	128	8	462	503	41
	<b>Total for Directorate</b>	<b>6,877</b>	<b>573</b>	<b>567</b>	<b>-6</b>	<b>2,210</b>	<b>2,337</b>	<b>127</b>
MEDICAL SPECIALTIES	Rheumatology	1,100	92	98	6	354	419	65
	Chemotherapy	3,819	318	268	-50	1,228	1,148	-80
	Clinical Haematology	2,509	209	273	64	806	1,003	197
	Nephrology	594	49	68	19	191	279	88
	<b>Total for Directorate</b>	<b>8,022</b>	<b>669</b>	<b>707</b>	<b>38</b>	<b>2,579</b>	<b>2,849</b>	<b>270</b>
EMERGENCY CARE	Accident & Emergency	12	1	0	-1	4	1	-3
	Cardiology	1,444	120	135	15	464	491	27
	<b>Total for Directorate</b>	<b>1,456</b>	<b>121</b>	<b>135</b>	<b>14</b>	<b>468</b>	<b>492</b>	<b>24</b>
<b>TOTAL FOR MEDICINE</b>		<b>17,137</b>	<b>1,428</b>	<b>1,470</b>	<b>42</b>	<b>5,508</b>	<b>5,927</b>	<b>419</b>
<b>FAMILY CARE</b>								
OBSTETRICS & GYNAECOLOGY	GUM	0	0	0	0	0	0	0
	Gynaecology	3,546	295	319	24	1,140	1,205	65
	Obstetrics	2	0	0	0	1	2	1
	<b>Total for Directorate</b>	<b>3,548</b>	<b>296</b>	<b>319</b>	<b>23</b>	<b>1,140</b>	<b>1,207</b>	<b>67</b>
PAEDIATRICS & CHILD HEALTH	Child Psychiatry	0	0	0	0	0	0	0
	Paediatrics	340	28	42	14	109	126	17
	<b>Total for Directorate</b>	<b>340</b>	<b>28</b>	<b>42</b>	<b>14</b>	<b>109</b>	<b>126</b>	<b>17</b>
<b>TOTAL FOR FAMILY CARE</b>		<b>3,888</b>	<b>324</b>	<b>361</b>	<b>37</b>	<b>1,250</b>	<b>1,333</b>	<b>83</b>
<b>CLINICAL SUPPORT</b>								
ANAESTHETICS	Anaesthetics	626	52	39	-13	201	198	-3
	Pain Management	8	1	0	-1	3	0	-3
	<b>Total for Directorate</b>	<b>634</b>	<b>53</b>	<b>39</b>	<b>-14</b>	<b>204</b>	<b>198</b>	<b>-6</b>
<b>TOTAL FOR CLINICAL SUPPORT</b>		<b>634</b>	<b>53</b>	<b>39</b>	<b>-14</b>	<b>204</b>	<b>198</b>	<b>-6</b>
<b>TOTAL FOR CHS AGGREGATE</b>		<b>69,958</b>	<b>5,830</b>	<b>6,194</b>	<b>364</b>	<b>22,486</b>	<b>24,165</b>	<b>1,679</b>

# TOTAL NON-ELECTIVE SPELLS AS AT JUL-11 AGAINST TARGETS CHS AGGREGATE

Directorate	Specialty	11/12 Target	Target for Month	Activity for Month	Monthly Variance	Year to Date Target	Year to Date Activity	Variance
<b>SURGERY</b>								
GENERAL SURGERY	General Surgery	4,222	367	355	-12	1,423	1,371	-52
	Neurosurgery	0	0	0	0	0	0	0
	Paediatric Surgery	0	0	0	0	0	0	0
	<b>Total for Directorate</b>	<b>4,222</b>	<b>367</b>	<b>355</b>	<b>-12</b>	<b>1,423</b>	<b>1,371</b>	<b>-52</b>
UROLOGY	Urology	1,579	137	123	-14	532	489	-43
	<b>Total for Directorate</b>	<b>1,579</b>	<b>137</b>	<b>123</b>	<b>-14</b>	<b>532</b>	<b>489</b>	<b>-43</b>
HEAD & NECK	ENT	1,085	94	92	-2	366	397	31
	Oral & Maxillo-Facial Surgery	446	39	39	0	150	154	4
	Orthodontics	0	0	0	0	0	0	0
	Restorative Dentistry	0	0	0	0	0	0	0
	<b>Total for Directorate</b>	<b>1,531</b>	<b>133</b>	<b>131</b>	<b>-2</b>	<b>516</b>	<b>551</b>	<b>35</b>
OPHTHALMOLOGY	Ophthalmology	814	71	88	17	274	368	94
	<b>Total for Directorate</b>	<b>814</b>	<b>71</b>	<b>88</b>	<b>17</b>	<b>274</b>	<b>368</b>	<b>94</b>
TRAUMA & ORTHOPAEDICS	Trauma & Orthopaedics	2,830	246	220	-26	954	837	-117
	<b>Total for Directorate</b>	<b>2,830</b>	<b>246</b>	<b>220</b>	<b>-26</b>	<b>954</b>	<b>837</b>	<b>-117</b>
<b>TOTAL FOR SURGERY</b>		<b>10,976</b>	<b>955</b>	<b>917</b>	<b>-38</b>	<b>3,699</b>	<b>3,616</b>	<b>-83</b>
<b>MEDICINE</b>								
ELDERLY & REHABILITATION	Geriatric Medicine	3,596	313	348	35	1,212	1,526	314
	Neurology	67	6	3	-3	23	7	-16
	Rehabilitation	6	0	0	0	2	0	-2
	<b>Total for Directorate</b>	<b>3,669</b>	<b>319</b>	<b>351</b>	<b>32</b>	<b>1,237</b>	<b>1,533</b>	<b>296</b>
GENERAL INTERNAL MEDICINE	Chemical Pathology	0	0	0	0	0	0	0
	Gastroenterology	1,447	126	156	30	488	626	138
	General Medicine	746	65	1	-64	252	1	-251
	Endocrinology	936	81	66	-15	315	275	-40
	Thoracic Medicine	1,012	88	74	-14	341	391	50
	<b>Total for Directorate</b>	<b>4,141</b>	<b>360</b>	<b>297</b>	<b>-63</b>	<b>1,396</b>	<b>1,293</b>	<b>-103</b>
MEDICAL SPECIALTIES	Rheumatology	58	5	4	-1	20	23	3
	Chemotherapy	21	2	7	5	7	27	20
	Chemical Haematology	551	48	47	-1	186	189	3
	Nephrology	1,932	168	177	9	651	791	140
	<b>Total for Directorate</b>	<b>2,562</b>	<b>223</b>	<b>235</b>	<b>12</b>	<b>863</b>	<b>1,030</b>	<b>167</b>
EMERGENCY CARE	Accident & Emergency	9,049	787	545	-242	3,049	2,193	-856
	Cardiology	2,486	216	216	0	838	942	104
	<b>Total for Directorate</b>	<b>11,535</b>	<b>1,004</b>	<b>761</b>	<b>-243</b>	<b>3,887</b>	<b>3,135</b>	<b>-752</b>
<b>TOTAL FOR MEDICINE</b>		<b>21,907</b>	<b>1,906</b>	<b>1,644</b>	<b>-262</b>	<b>7,383</b>	<b>6,991</b>	<b>-392</b>
<b>FAMILY CARE</b>								
OBSTETRICS & GYNAECOLOGY	GUM	0	0	0	0	0	0	0
	Gynaecology	560	49	42	-7	189	186	-3
	Obstetrics	6,158	536	610	74	2,075	2,208	133
	<b>Total for Directorate</b>	<b>6,718</b>	<b>584</b>	<b>652</b>	<b>68</b>	<b>2,264</b>	<b>2,394</b>	<b>130</b>
PAEDIATRICS & CHILD HEALTH	Child Psychiatry	0	0	0	0	0	0	0
	Paediatrics	3,623	315	309	-6	1,221	1,312	91
	<b>Total for Directorate</b>	<b>3,623</b>	<b>315</b>	<b>309</b>	<b>-6</b>	<b>1,221</b>	<b>1,312</b>	<b>91</b>
<b>TOTAL FOR FAMILY CARE</b>		<b>10,341</b>	<b>900</b>	<b>961</b>	<b>61</b>	<b>3,485</b>	<b>3,706</b>	<b>221</b>
<b>CLINICAL SUPPORT</b>								
ANAESTHETICS	Anaesthetics	0	0	1	1	0	6	6
	Pain Management	0	0	0	0	0	0	0
	<b>Total for Directorate</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>6</b>
<b>TOTAL FOR CLINICAL SUPPORT</b>		<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>6</b>
<b>TOTAL FOR CHS AGGREGATE</b>		<b>43,225</b>	<b>3,761</b>	<b>3,523</b>	<b>-238</b>	<b>14,567</b>	<b>14,319</b>	<b>-248</b>

# TOTAL NEW OUTPATIENT ATTENDANCES AS AT JUL-11 AGAINST TARGETS CHS AGGREGATE

Directorate	Specialty	11/12 Target	Target for Month	Activity for Month	Monthly Variance	Year to Date Target	Year to Date Activity	Variance
<b>SURGERY</b>								
GENERAL SURGERY	General Surgery	6,293	524	456	-68	2,023	1,908	-115
	Breast Surgery	0	0	0	0	0	0	0
	Vascular Surgery	1,271	106	86	-20	409	451	42
	Colorectal Surgery	2,538	212	249	37	816	875	59
	Upper GI Surgery	645	54	34	-20	207	166	-41
	Neurosurgery	36	3	4	1	12	34	22
	Pediatric Surgery	449	37	30	-7	144	111	-33
<b>Total for Directorate</b>		<b>11,232</b>	<b>936</b>	<b>859</b>	<b>-77</b>	<b>3,610</b>	<b>3,545</b>	<b>-65</b>
UROLOGY	Urology	9,817	818	731	-87	3,155	3,113	-42
<b>Total for Directorate</b>		<b>9,817</b>	<b>818</b>	<b>731</b>	<b>-87</b>	<b>3,155</b>	<b>3,113</b>	<b>-42</b>
HEAD & NECK	ENT	10,197	850	912	62	3,278	3,773	495
	Oral & Maxillo-Facial Surgery	5,526	460	390	-70	1,776	1,703	-73
	Orthodontics	0	0	1	1	0	1	1
	Restorative Dentistry	0	0	0	0	0	0	0
<b>Total for Directorate</b>		<b>15,723</b>	<b>1,310</b>	<b>1,303</b>	<b>-7</b>	<b>5,054</b>	<b>5,477</b>	<b>423</b>
OPHTHALMOLOGY	Ophthalmology	14,734	1,228	1,030	-198	4,736	4,332	-404
<b>Total for Directorate</b>		<b>14,734</b>	<b>1,228</b>	<b>1,030</b>	<b>-198</b>	<b>4,736</b>	<b>4,332</b>	<b>-404</b>
TRAUMA & ORTHOPAEDICS	Trauma & Orthopaedics	15,031	1,253	1,433	180	4,831	5,443	612
<b>Total for Directorate</b>		<b>15,031</b>	<b>1,253</b>	<b>1,433</b>	<b>180</b>	<b>4,831</b>	<b>5,443</b>	<b>612</b>
<b>TOTAL FOR SURGERY</b>		<b>66,537</b>	<b>5,545</b>	<b>5,356</b>	<b>-189</b>	<b>21,387</b>	<b>21,910</b>	<b>523</b>
<b>MEDICINE</b>								
ELDERLY & REHABILITATION	Geriatric Medicine	2,603	217	219	2	837	953	116
	Neurology	3,634	303	361	58	1,168	1,208	40
	Rehabilitation	135	11	5	-6	43	45	2
	Rheumatology (DMARD)	0	0	0	0	0	0	0
<b>Total for Directorate</b>		<b>6,373</b>	<b>531</b>	<b>585</b>	<b>54</b>	<b>2,048</b>	<b>2,206</b>	<b>158</b>
GENERAL INTERNAL MEDICINE	Chemical Pathology	0	0	0	0	0	0	0
	Gastroenterology	4,239	353	371	18	1,363	1,380	17
	General Medicine	60	5	15	10	19	56	37
	Endocrinology	790	66	60	-6	254	229	-25
	Diabetology	515	43	53	10	165	204	39
	Clinical Pharmacology	0	0	0	0	0	0	0
	Thoracic Medicine	2,623	219	193	-26	843	1,100	257
<b>Total for Directorate</b>		<b>8,226</b>	<b>686</b>	<b>692</b>	<b>6</b>	<b>2,644</b>	<b>2,969</b>	<b>325</b>
MEDICAL SPECIALTIES	Rheumatology	2,514	209	242	33	808	811	3
	Chemotherapy	755	63	63	0	243	242	-1
	Clinical Haematology	690	57	72	15	222	262	40
	Nephrology	1,178	98	106	8	379	350	-29
<b>Total for Directorate</b>		<b>5,136</b>	<b>428</b>	<b>483</b>	<b>55</b>	<b>1,651</b>	<b>1,665</b>	<b>14</b>
EMERGENCY CARE	Accident & Emergency	112,382	9,777	9,739	-38	37,873	39,347	1,474
	Accident & Emergency OP	767	64	42	-22	247	195	-52
	Cardiology	3,857	321	209	-112	1,240	958	-282
<b>Total for Directorate</b>		<b>4,624</b>	<b>385</b>	<b>251</b>	<b>-134</b>	<b>1,486</b>	<b>1,153</b>	<b>-333</b>
<b>TOTAL FOR MEDICINE</b>		<b>24,359</b>	<b>2,030</b>	<b>2,011</b>	<b>-19</b>	<b>7,830</b>	<b>7,993</b>	<b>163</b>
<b>FAMILY CARE</b>								
OBSTETRICS & GYNAECOLOGY	GUM	6,421	535	542	7	2,064	2,151	87
	Gynaecology	8,414	701	657	-44	2,704	2,825	121
	Obstetrics	2,988	249	244	-5	960	1,030	70
<b>Total for Directorate</b>		<b>17,822</b>	<b>1,485</b>	<b>1,443</b>	<b>-42</b>	<b>5,729</b>	<b>6,006</b>	<b>277</b>
PAEDIATRICS & CHILD HEALTH	Child Psychiatry	545	45	60	15	175	204	29
	Paediatrics	3,458	288	275	-13	1,112	1,100	-12
<b>Total for Directorate</b>		<b>4,003</b>	<b>334</b>	<b>335</b>	<b>1</b>	<b>1,287</b>	<b>1,304</b>	<b>17</b>
<b>TOTAL FOR FAMILY CARE</b>		<b>21,825</b>	<b>1,819</b>	<b>1,778</b>	<b>-41</b>	<b>7,015</b>	<b>7,310</b>	<b>295</b>
<b>CLINICAL SUPPORT</b>								
ANAESTHETICS	Anaesthetics	79	7	7	0	25	24	-1
	Pain Management	891	74	58	-16	286	285	-1
<b>Total for Directorate</b>		<b>970</b>	<b>81</b>	<b>65</b>	<b>-16</b>	<b>312</b>	<b>309</b>	<b>-3</b>
<b>TOTAL FOR CLINICAL SUPPORT</b>		<b>970</b>	<b>81</b>	<b>65</b>	<b>-16</b>	<b>312</b>	<b>309</b>	<b>-3</b>
<b>CORPORATE CONTRACT</b>								
CARDIOTHORACIC SURGERY	Cardiothoracic Surgery	0	0	0	0	0	0	0
<b>Total for Directorate</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FOR CORPORATE CONTRACT</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FOR CHS AGGREGATE</b>		<b>113,691</b>	<b>9,474</b>	<b>9,210</b>	<b>-264</b>	<b>36,544</b>	<b>37,522</b>	<b>978</b>



# TOTAL REVIEW OF ATTENDANCES AS AT JUL-11 AGAINST TARGETS CHS AGGREGATE

Directorate	Specialty	11/12 Target	Target for Month	Activity for Month	Monthly Variance	Year to Date Target	Year to Date Activity	Variance
<b>SURGERY</b>								
GENERAL SURGERY	General Surgery	6,659	555	642	87	2,140	2,206	66
	Breast Surgery	0	0	0	0	0	0	0
	Vascular Surgery	1,708	142	115	-27	549	568	19
	Colorectal Surgery	3,335	278	314	36	1,072	1,202	130
	Upper GI Surgery	759	63	54	-9	244	273	29
	Neurosurgery	16	1	9	8	5	43	38
	Paediatric Surgery	211	18	19	1	68	94	26
Total for Directorate		12,688	1,057	1,153	96	4,078	4,386	308
UROLOGY	Urology	14,690	1,224	1,443	219	4,722	5,810	1,088
Total for Directorate		14,690	1,224	1,443	219	4,722	5,810	1,088
HEAD & NECK	ENT	12,312	1,026	1,179	153	3,957	4,640	683
	Oral & Maxillo-Facial Surgery	6,823	569	512	-57	2,193	2,213	20
	Orthodontics	1,441	120	114	-6	463	474	11
	Restorative Dentistry	0	0	0	0	0	0	0
Total for Directorate		20,576	1,715	1,805	90	6,614	7,327	713
OPHTHALMOLOGY	Ophthalmology	36,640	3,053	2,377	-676	11,777	11,197	-580
Total for Directorate		36,640	3,053	2,377	-676	11,777	11,197	-580
TRAUMA & ORTHOPAEDICS	Trauma & Orthopaedics	22,476	1,873	1,968	95	7,224	7,959	735
Total for Directorate		22,476	1,873	1,968	95	7,224	7,959	735
TOTAL FOR SURGERY		107,070	8,922	8,746	-176	34,415	36,679	2,264
<b>MEDICINE</b>								
ELDERLY & REHABILITATION	Geriatric Medicine	3,474	290	262	-28	1,117	1,089	-28
	Neurology	3,651	304	262	-42	1,174	1,083	-91
	Rehabilitation	519	43	40	-3	167	154	-13
	Rheumatology (DMARD)	0	0	0	0	0	0	0
Total for Directorate		7,645	637	564	-73	2,457	2,326	-131
GENERAL INTERNAL MEDICINE	Chemical Pathology	2	0	0	0	1	0	-1
	Gastroenterology	6,309	526	619	93	2,028	2,440	412
	General Medicine	21	2	0	-2	7	0	-7
	Endocrinology	3,233	269	264	-5	1,039	1,037	-2
	Diabetology	3,747	312	358	46	1,204	1,347	143
	Clinical Pharmacology	0	0	0	0	0	0	0
	Thoracic Medicine	6,875	573	643	70	2,210	2,704	494
Total for Directorate		20,187	1,682	1,884	202	6,489	7,528	1,039
MEDICAL SPECIALTIES	Rheumatology	6,310	526	591	65	2,028	2,351	323
	Chemotherapy	3,200	267	180	-87	1,029	759	-270
	Clinical Haematology	5,509	459	447	-12	1,771	1,832	61
	Nephrology	6,699	558	739	181	2,153	2,812	659
Total for Directorate		21,718	1,810	1,957	147	6,981	7,754	773
EMERGENCY CARE	Accident & Emergency	0	0	0	0	0	0	0
	Accident & Emergency OP	265	22	7	-15	85	38	-47
	Cardiology	5,764	480	443	-37	1,853	1,816	-37
Total for Directorate		6,029	502	450	-52	1,938	1,854	-84
TOTAL FOR MEDICINE		55,578	4,631	4,855	224	17,864	19,462	1,598
<b>FAMILY CARE</b>								
OBSTETRICS & GYNAECOLOGY	GUM	3,079	257	322	65	990	1,256	266
	Gynaecology	5,705	475	526	51	1,834	2,150	316
	Obstetrics	7,533	628	556	-72	2,421	2,116	-305
Total for Directorate		16,318	1,360	1,404	44	5,245	5,522	277
PAEDIATRICS & CHILD HEALTH	Child Psychiatry	5,678	473	406	-67	1,825	1,865	40
	Paediatrics	6,113	509	387	-122	1,965	1,665	-300
Total for Directorate		11,791	983	793	-190	3,790	3,530	-260
TOTAL FOR FAMILY CARE		28,108	2,342	2,197	-145	9,035	9,052	17
<b>CLINICAL SUPPORT</b>								
ANAESTHETICS	Anaesthetics	0	0	0	0	0	0	0
	Pain Management	1,434	119	140	21	461	533	72
Total for Directorate		1,434	119	140	21	461	533	72
TOTAL FOR CLINICAL SUPPORT		1,434	119	140	21	461	533	72
<b>CORPORATE CONTRACT</b>								
CARDIOTHORACIC SURGERY	Cardiothoracic Surgery	0	0	0	0	0	0	0
Total for Directorate		0	0	0	0	0	0	0
TOTAL FOR CORPORATE CONTRACT		0	0	0	0	0	0	0
TOTAL FOR CHS AGGREGATE		192,189	16,016	15,938	-78	61,775	65,726	3,951

# TOTAL NURSE LED ATTENDANCES AS AT JUL-11 AGAINST TARGETS CHS AGGREGATE

Directorate	Specialty	11/12 Target	Target for Month	Activity for Month	Monthly Variance	Year to Date Target	Year to Date Activity	Variance
<b>SURGERY</b>								
GENERAL SURGERY	General Surgery	3,206	267	366	99	1,030	1,403	373
	Breast Surgery	0	0	0	0	0	0	0
	Vascular Surgery	0	0	0	0	0	0	0
	Colorectal Surgery	26	2	3	1	8	11	3
	Upper GI Surgery	0	0	0	0	0	0	0
	Neurosurgery	0	0	0	0	0	0	0
	Pediatric Surgery	0	0	0	0	0	0	0
	<b>Total for Directorate</b>	<b>3,231</b>	<b>269</b>	<b>369</b>	<b>100</b>	<b>1,039</b>	<b>1,414</b>	<b>375</b>
UROLOGY	Urology	5,198	433	216	-217	1,671	817	-854
<b>Total for Directorate</b>		<b>5,198</b>	<b>433</b>	<b>216</b>	<b>-217</b>	<b>1,671</b>	<b>817</b>	<b>-854</b>
HEAD & NECK	ENT	1,745	145	127	-18	561	393	-168
	Oral & Maxillo-Facial Surgery	1,200	100	39	-61	386	239	-147
	Orthodontics	1,177	98	117	19	378	424	46
	Restorative Dentistry	0	0	0	0	0	0	0
	<b>Total for Directorate</b>	<b>4,122</b>	<b>343</b>	<b>283</b>	<b>-60</b>	<b>1,325</b>	<b>1,056</b>	<b>-269</b>
OPHTHALMOLOGY	Ophthalmology	39,214	3,268	3,296	28	12,604	13,648	1,044
<b>Total for Directorate</b>		<b>39,214</b>	<b>3,268</b>	<b>3,296</b>	<b>28</b>	<b>12,604</b>	<b>13,648</b>	<b>1,044</b>
TRAUMA & ORTHOPAEDICS	Trauma & Orthopaedics	6,757	563	732	169	2,172	3,077	905
<b>Total for Directorate</b>		<b>6,757</b>	<b>563</b>	<b>732</b>	<b>169</b>	<b>2,172</b>	<b>3,077</b>	<b>905</b>
<b>TOTAL FOR SURGERY</b>		<b>88,521</b>	<b>4,877</b>	<b>4,896</b>	<b>19</b>	<b>18,811</b>	<b>20,012</b>	<b>1,201</b>
<b>MEDICINE</b>								
ELDERLY & REHABILITATION	Geriatric Medicine	703	59	106	47	226	459	233
	Neurology	1,291	108	143	35	415	559	144
	Rehabilitation	0	0	0	0	0	0	0
	Rheumatology (DMARD)	0	0	0	0	0	0	0
	<b>Total for Directorate</b>	<b>1,994</b>	<b>166</b>	<b>249</b>	<b>83</b>	<b>641</b>	<b>1,018</b>	<b>377</b>
GENERAL INTERNAL MEDICINE	Chemical Pathology	0	0	0	0	0	0	0
	Gastroenterology	649	54	54	0	209	302	93
	General Medicine	2,493	208	146	-62	801	695	-106
	Endocrinology	184	15	85	70	59	365	306
	Diabetology	3,773	314	295	-19	1,213	1,253	42
	Clinical Pharmacology	0	0	0	0	0	0	0
	Thoracic Medicine	1,087	91	55	-36	350	398	48
	<b>Total for Directorate</b>	<b>8,187</b>	<b>682</b>	<b>635</b>	<b>-47</b>	<b>2,631</b>	<b>3,015</b>	<b>384</b>
MEDICAL SPECIALTIES	Rheumatology	2,780	232	298	66	894	1,185	291
	Chemotherapy	1,882	157	203	46	605	746	141
	Clinical Haematology	2,071	173	219	46	666	879	213
	Nephrology	2,200	183	269	86	707	978	271
	<b>Total for Directorate</b>	<b>8,933</b>	<b>744</b>	<b>989</b>	<b>245</b>	<b>2,871</b>	<b>3,788</b>	<b>917</b>
EMERGENCY CARE	Accident & Emergency	0	0	0	0	0	0	0
	Accident & Emergency OP	670	56	41	-15	215	152	-63
	Cardiology	467	39	137	98	150	457	307
	<b>Total for Directorate</b>	<b>1,137</b>	<b>95</b>	<b>178</b>	<b>83</b>	<b>366</b>	<b>609</b>	<b>243</b>
<b>TOTAL FOR MEDICINE</b>		<b>20,251</b>	<b>1,688</b>	<b>2,851</b>	<b>363</b>	<b>6,599</b>	<b>8,430</b>	<b>1,831</b>
<b>FAMILY CARE</b>								
OBSTETRICS & GYNAECOLOGY	GUM	0	0	0	0	0	0	0
	Gynaecology	3,360	280	266	-14	1,080	1,004	-76
	Obstetrics	0	0	0	0	0	0	0
	<b>Total for Directorate</b>	<b>3,360</b>	<b>280</b>	<b>266</b>	<b>-14</b>	<b>1,080</b>	<b>1,004</b>	<b>-76</b>
PAEDIATRICS & CHILD HEALTH	Child Psychiatry	9	1	22	21	3	58	55
	Paediatrics	2,071	173	109	-64	666	908	242
	<b>Total for Directorate</b>	<b>2,080</b>	<b>173</b>	<b>131</b>	<b>-42</b>	<b>669</b>	<b>966</b>	<b>297</b>
<b>TOTAL FOR FAMILY CARE</b>		<b>5,440</b>	<b>453</b>	<b>397</b>	<b>-56</b>	<b>1,749</b>	<b>1,970</b>	<b>221</b>
<b>CLINICAL SUPPORT</b>								
ANAESTHETICS	Anaesthetics	0	0	0	0	0	0	0
	Pain Management	353	29	20	-9	113	109	-4
	<b>Total for Directorate</b>	<b>353</b>	<b>29</b>	<b>20</b>	<b>-9</b>	<b>113</b>	<b>109</b>	<b>-4</b>
<b>TOTAL FOR CLINICAL SUPPORT</b>		<b>353</b>	<b>29</b>	<b>20</b>	<b>-9</b>	<b>113</b>	<b>109</b>	<b>-4</b>
<b>CORPORATE CONTRACT</b>								
CARDIOTHORACIC SURGERY	Cardiothoracic Surgery	0	0	0	0	0	0	0
<b>Total for Directorate</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FOR CORPORATE CONTRACT</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FOR CHS AGGREGATE</b>		<b>84,566</b>	<b>7,047</b>	<b>7,364</b>	<b>317</b>	<b>27,182</b>	<b>30,521</b>	<b>3,339</b>

# TOTAL PRE ASSESSMENTS AS AT JUL-11 AGAINST TARGETS CHS AGGREGATE

Directorate	Specialty	11/12 Target	Target for Month	Activity for Month	Monthly Variance	Year to Date Target	Year to Date Activity	Variance
<b>SURGERY</b>								
GENERAL SURGERY	General Surgery	3,402	283	414	131	1,093	1,548	455
	Breast Surgery	0	0	0	0	0	0	0
	Vascular Surgery	52	4	1	-3	17	2	-15
	Colorectal Surgery	16	1	0	-1	5	0	-5
	Upper GI Surgery	2	0	0	0	1	0	-1
	Neurosurgery	0	0	0	0	0	0	0
	Pediatric Surgery	0	0	0	0	0	0	0
Total for Directorate		3,472	289	415	126	1,116	1,550	434
UROLOGY	Urology	3,040	253	200	-53	977	829	-148
Total for Directorate		3,040	253	200	-53	977	829	-148
HEAD & NECK	ENT	4,417	368	320	-48	1,420	1,450	30
	Oral & Maxillo Facial Surgery	511	43	32	-11	164	100	-64
	Orthodontics	0	0	0	0	0	0	0
	Restorative Dentistry	0	0	0	0	0	0	0
Total for Directorate		4,927	411	352	-59	1,584	1,550	-34
OPHTHALMOLOGY	Ophthalmology	3,214	268	336	68	1,033	1,227	194
Total for Directorate		3,214	268	336	68	1,033	1,227	194
TRAUMA & ORTHOPAEDICS	Trauma & Orthopaedics	3,487	291	199	-92	1,121	969	-152
Total for Directorate		3,487	291	199	-92	1,121	969	-152
<b>TOTAL FOR SURGERY</b>		<b>18,140</b>	<b>1,512</b>	<b>1,502</b>	<b>-10</b>	<b>5,831</b>	<b>6,125</b>	<b>294</b>
<b>MEDICINE</b>								
ELDERLY & REHABILITATION	Geriatric Medicine	0	0	0	0	0	0	0
	Neurology	848	71	32	-39	272	212	-60
	Rehabilitation	0	0	0	0	0	0	0
	Rheumatology (DMARD)	0	0	0	0	0	0	0
Total for Directorate		848	71	32	-39	272	212	-60
GENERAL INTERNAL MEDICINE	Chemical Pathology	0	0	0	0	0	0	0
	Gastroenterology	1,366	114	0	-114	439	17	-422
	General Medicine	0	0	0	0	0	78	78
	Endocrinology	4	0	0	0	1	0	-1
	Diabetology	2,508	209	161	-48	806	627	-179
	Clinical Pharmacology	0	0	0	0	0	0	0
	Thoracic Medicine	0	0	0	0	0	0	0
Total for Directorate		3,879	323	161	-162	1,247	722	-525
MEDICAL SPECIALTIES	Rheumatology	344	29	0	-29	110	13	-97
	Chemotherapy	0	0	0	0	0	0	0
	Clinical Haematology	131	11	20	9	42	72	30
	Nephrology	5	0	25	25	2	119	117
Total for Directorate		480	40	45	5	154	204	50
EMERGENCY CARE	Accident & Emergency	0	0	0	0	0	0	0
	Accident & Emergency OP	0	0	0	0	0	0	0
	Cardiology	841	70	203	133	270	635	365
Total for Directorate		841	70	203	133	270	635	365
<b>TOTAL FOR MEDICINE</b>		<b>6,047</b>	<b>504</b>	<b>441</b>	<b>-63</b>	<b>1,944</b>	<b>1,773</b>	<b>-171</b>
<b>FAMILY CARE</b>								
OBSTETRICS & GYNAECOLOGY	GUM	0	0	0	0	0	0	0
	Gynaecology	1,689	141	99	-42	543	493	-50
	Obstetrics	0	0	0	0	0	0	0
Total for Directorate		1,689	141	99	-42	543	493	-50
PAEDIATRICS & CHILD HEALTH	Child Psychiatry	0	0	0	0	0	0	0
	Pediatrics	0	0	0	0	0	0	0
Total for Directorate		0	0	0	0	0	0	0
<b>TOTAL FOR FAMILY CARE</b>		<b>1,689</b>	<b>141</b>	<b>99</b>	<b>-42</b>	<b>543</b>	<b>493</b>	<b>-50</b>
<b>CLINICAL SUPPORT</b>								
ANAESTHETICS	Anaesthetics	0	0	0	0	0	0	0
	Pain Management	0	0	0	0	0	0	0
Total for Directorate		0	0	0	0	0	0	0
<b>TOTAL FOR CLINICAL SUPPORT</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CORPORATE CONTRACT</b>								
CARDIOTHORACIC SURGERY	Cardiothoracic Surgery	0	0	0	0	0	0	0
Total for Directorate		0	0	0	0	0	0	0
<b>TOTAL FOR CORPORATE CONTRACT</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FOR CHS AGGREGATE</b>		<b>25,876</b>	<b>2,156</b>	<b>2,042</b>	<b>-114</b>	<b>8,317</b>	<b>8,391</b>	<b>74</b>



# TOTAL OP PROCEDURES AS AT JUL-11 AGAINST TARGETS CHS AGGREGATE

Directorate	Specialty	11/12 Target	Target for Month	Activity for Month	Monthly Variance	Year to Date Target	Year to Date Activity	Year to Date Variance
<b>SURGERY</b>								
GENERAL SURGERY	General Surgery	460	38	36	-2	148	163	15
	Breast Surgery	0	0	0	0	0	0	0
	Vascular Surgery	0	0	0	0	0	0	0
	Colorectal Surgery	0	0	0	0	0	0	0
	Upper GI Surgery	0	0	0	0	0	0	0
	Neurosurgery	0	0	0	0	0	0	0
	Paediatric Surgery	0	0	0	0	0	0	0
Total for Directorate		460	38	36	-2	148	163	15
UROLOGY	Urology	3,384	282	321	39	1,085	1,060	-25
Total for Directorate		3,384	282	321	39	1,085	1,060	-25
HEAD & NECK	ENT	4,901	408	615	207	1,575	2,918	1,343
	Oral & Maxillo-Facial Surgery	0	0	0	0	0	0	0
	Orthodontics	0	0	0	0	0	0	0
	Restorative Dentistry	0	0	0	0	0	0	0
Total for Directorate		4,901	408	615	207	1,575	2,918	1,343
OPHTHALMOLOGY	Ophthalmology	0	0	0	0	0	0	0
Total for Directorate		0	0	0	0	0	0	0
TRAUMA & ORTHOPAEDICS	Trauma & Orthopaedics	2,087	174	186	12	671	737	66
Total for Directorate		2,087	174	186	12	671	737	66
<b>TOTAL FOR SURGERY</b>		<b>10,832</b>	<b>903</b>	<b>1,158</b>	<b>255</b>	<b>3,482</b>	<b>4,878</b>	<b>1,396</b>
<b>MEDICINE</b>								
ELDERLY & REHABILITATION	Geriatric Medicine	0	0	0	0	0	0	0
	Neurology	0	0	0	0	0	0	0
	Rehabilitation	0	0	0	0	0	0	0
	Rheumatology (DMARD)	0	0	0	0	0	0	0
Total for Directorate		0	0	0	0	0	0	0
GENERAL INTERNAL MEDICINE	Chemical Pathology	0	0	0	0	0	0	0
	Gastroenterology	0	0	0	0	0	0	0
	General Medicine	0	0	0	0	0	0	0
	Endocrinology	0	0	0	0	0	0	0
	Diabetology	0	0	0	0	0	0	0
	Clinical Pharmacology	0	0	0	0	0	0	0
	Thoracic Medicine	0	0	0	0	0	0	0
Total for Directorate		0	0	0	0	0	0	0
MEDICAL SPECIALTIES	Rheumatology	424	35	6	-29	136	17	-119
	Chemotherapy	0	0	0	0	0	0	0
	Clinical Haematology	0	0	0	0	0	0	0
	Nephrology	0	0	0	0	0	0	0
Total for Directorate		424	35	6	-29	136	17	-119
EMERGENCY CARE	Accident & Emergency	0	0	0	0	0	0	0
	Accident & Emergency OP	0	0	0	0	0	0	0
	Cardiology	628	52	119	67	202	393	191
Total for Directorate		628	52	119	67	202	393	191
<b>TOTAL FOR MEDICINE</b>		<b>1,052</b>	<b>88</b>	<b>125</b>	<b>37</b>	<b>338</b>	<b>410</b>	<b>72</b>
<b>FAMILY CARE</b>								
OBSTETRICS & GYNAECOLOGY	GUM	0	0	0	0	0	0	0
	Gynaecology	0	0	20	20	0	72	72
	Obstetrics	0	0	0	0	0	0	0
Total for Directorate		0	0	20	20	0	72	72
PAEDIATRICS & CHILD HEALTH	Child Psychiatry	0	0	0	0	0	0	0
	Paediatrics	185	15	5	-10	60	52	-8
Total for Directorate		185	15	5	-10	60	52	-8
<b>TOTAL FOR FAMILY CARE</b>		<b>185</b>	<b>15</b>	<b>25</b>	<b>10</b>	<b>60</b>	<b>124</b>	<b>64</b>
<b>CLINICAL SUPPORT</b>								
ANAESTHETICS	Anaesthetics	0	0	0	0	0	0	0
	Pain Management	0	0	0	0	0	0	0
Total for Directorate		0	0	0	0	0	0	0
<b>TOTAL FOR CLINICAL SUPPORT</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CORPORATE CONTRACT</b>								
CARDIOTHORACIC SURGERY	Cardiothoracic Surgery	0	0	0	0	0	0	0
Total for Directorate		0	0	0	0	0	0	0
<b>TOTAL FOR CORPORATE CONTRACT</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FOR CHS AGGREGATE</b>		<b>12,069</b>	<b>1,006</b>	<b>1,308</b>	<b>302</b>	<b>3,879</b>	<b>5,412</b>	<b>1,533</b>

CORPORATE DASHBOARD 2011 / 12

FINANCE	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
Income v plan	>=£95,631k	£48,025	£74,056	£99,383	£99,383	3.9%	↑
Expenditure v plan	>=£95,018k	£48,571	£73,812	£98,603	£98,603	-3.8%	↓
CIP v plan	>=£6,427k	£1,858	£2,963	£4,231	£4,231	-35.7%	↓
EBITDA position	>=£5,550k	£1,931	£3,930	£5,710	£5,710	2.9%	↑

ACTIVITY (per month)	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
New OP v plan	>=61,775	17,491	17,640	15,938	37,522	978	↑
Review OP v plan	>=22,486	6,097	6,304	6,194	24,165	3,951	↑
Effective IPDC v plan	>=14,567	3,640	3,601	3,523	14,319	1,679	↑
Non elective v plan	>=27,182	7,729	7,903	7,364	30,521	-248	↓
Nurse led v plan	>=97,302	95,328	101,222	NA	101,222	3,339	↑
Misc v plan	<=8.6%	8.95%	9.04%	9.54%	9.06%	3,920	↑
OP DNA rate	TBC	2.20	2.15	2.06	2.14	0.46%	↓
New to Review ratio							

SAFETY	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
BB MRSA	<6	0	0	1	1	-4	↑
C-DIFF	<44	5	8	4	24	5	↓
% VTE risk assessments	90%	91.13%	91.81%	91.03%	91.43%	1.43%	↑
Discharge comms (within 24 hrs)	>=90%	81	62	NA	68	-32	↑
Mortality (Risk Adjusted CHKS index 2010)	<100	30	14	23	104	104	↓
Exceptions#	0	16.98	12.44	6.08	11.53		
Radiology - exam to report (CT scans)		8.58	20.48	14.39	13.75		
Radiology - exam to report (Hospital X-Rays)		32.03	23.96	16.76	23.39		
Radiology - exam to report (MRI scans)		3.94	4.46	1.06	3.07		
Radiology - exam to report (GP X-Rays)		160	183	108	557		
Slips, trips and falls	<=548					9	↓

CLINICAL EFFECTIVENESS	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
18 Week RTT - admitted patients	90%	95.37%	94.12%	94.97%	94.12%	4.12%	↑
18 Week RTT - non admitted patients	95%	98.70%	97.89%	98.53%	97.89%	2.89%	↑
RTT - admitted 95th percentile	23 wks	17.87	18.75	18.03	18.03	4.97	↑
RTT - non admitted 95th percentile	18.3 wks	14.41	15.15	14.41	14.41	3.89	↑
RTT - incomplete 95th percentile	28 wks	27.01	26.69	24.74	24.74	3.26	↑
Cancer (2wv)	93%	93.13%	93.23%	92.67%	93.57%	0.57%	↑
Cancer (2wv - breast symptomatic)	93%	91.25%	92.63%	97.87%	94.84%	1.84%	↑
Cancer (31 days)	96%	98.63%	98.13%	96.85%	98.58%	2.58%	↑
Cancer (31 - subsequent)	98%	98.81%	100.00%	100.00%	99.40%	1.40%	↑
Cancer (62 days)	85%	88.64%	88.17%	87.50%	89.66%	4.66%	↑
Cancer (62 - screening)	90%	100.00%	100.00%	100.00%	100.00%	10.00%	↑
Cancer (62 - Consultant Upgrade)	85%	100.00%	100.00%	100.00%	89.47%	4.47%	↑
Smoking during pregnancy	20.4%	18.40%	22.09%	22.09%	21.58%	-1.18%	↓
Breastfeeding initiation	55%	52.43%	53.73%	59.20%	59.2%	4.20%	↑
Stroke Care - >=80% time on stroke unit	80%	83.33%	78.05%	95.65%	85.05%	5.05%	↑
A&E waits - 4 hours~	95%	94.41%	96.57%	97.94%	95.47%	0.47%	↑

\* Based upon performance over the current quarter (including partial assessment)

OPERATIONAL	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
Delayed transfers of care	<2.00%	1.53%	2.20%	2.36%	1.92%	-0.08%	↑
Average length of stay - elective (excl. DC)	2.55	2.28	2.50	2.37	2.37	-0.18	↑
Average length of stay - non-elective	4.34	5.38	5.66	5.81	5.59	1.25	↓
Sickness absence rate	4.3%	3.86%	3.79%	3.82%	3.85%	-0.46%	↑
Theatre cases per session	3.65	3.30	3.18	3.27	3.24	-0.41	↓
Day Case Rate	83.32%	80.63%	80.45%	78.36%	79.85%	-2.58%	↓
Mandatory training	>=75%	62.89%	64.92%	65.95%	64.45%	-10.55%	↓
Overall staff satisfaction	3.48						
% market share (one month behind)	26.68%	25.37%	25.42%	24.36%	24.36%	-2.32%	↓
Data quality - ethnic group	90.00%	93.86%	93.32%	93.19%	93.45%	3.45%	↑
Data quality - maternity	90.00%	96.41%	96.37%	96.14%	96.30%	6.30%	↑
Readmission rate (30 days)	6.3%	6.83%	NA	NA	6.90%	0.60%	↓

UNDER DEVELOPMENT

PATIENT EXPERIENCE	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
Cancelled operations - % total elective workload	<=0.80%	0.53%	0.52%	0.55%	0.62%	0.18%	↑
Overall IPDC satisfaction	>=90%	81.20%	84.50%	81.81%	83.80%	-6.20%	↓
Complaints	<32/mth	30	52	44	164	36	↓
% slots unavailable (C&B)	<4%	7.34%	8.47%	9.32%	8.69%	4.69%	↓

# Exceptions are if one of the following occur: SU, Never event, GUM, IPWL, OPWL, Cancelled ops (28 days), Revascularisation WL, RACPC or Diagnostics WL

**CORPORATE DASHBOARD 2011 / 12**

FINANCE	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
Income v plan	>=£95,631k	£48,025	£74,056	£99,383	£99,383	3.9%	↑
Expenditure v plan	>=£95,018k	£48,571	£73,812	£98,603	£98,603	-3.8%	↓
CIP v plan	>=£6,427k	£1,858	£2,963	£4,231	£4,231	-35.7%	↓
EBITDA position	>=£5,550k	£1,931	£3,930	£5,710	£5,710	2.9%	↑

CLINICAL EFFECTIVENESS	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
18 Week RTT - admitted patients	90%	95.37%	94.12%	94.97%	94.12%	4.12%	↑
18 Week RTT - non admitted patients	95%	98.70%	97.89%	98.53%	97.89%	2.89%	↑
RTT - admitted 95th percentile	23 wks	17.87	18.75	18.03	18.03	4.97	↑
RTT - non admitted 95th percentile	18.3 wks	14.41	15.15	14.41	14.41	3.89	↑
RTT - incomplete 95th percentile	28 wks	27.01	26.69	24.74	24.74	3.26	↑
Cancer (2ww)	93%	93.13%	93.23%	92.67%	93.57%	0.57%	↑
Cancer (2ww - breast symptomatic)	93%	91.25%	92.63%	97.87%	94.84%	1.84%	↑
Cancer (31 days)	96%	98.63%	98.13%	96.85%	98.58%	2.58%	↑
Cancer (31 - subsequent)	98%	98.81%	100.00%	100.00%	99.40%	1.40%	↑
Cancer (62 days)	85%	88.64%	88.17%	87.50%	89.66%	4.66%	↑
Cancer (62 - screening)	90%	100.00%	100.00%	100.00%	100.00%	10.00%	↑
Cancer (62 - Consultant Upgrade)	85%	100.00%	100.00%	100.00%	89.47%	4.47%	↓
Smoking during pregnancy	20.4%	18.40%	24.31%	22.09%	21.58%	-1.18%	↓
Breastfeeding initiation	55%	52.43%	53.73%	59.20%	59.2%	4.20%	↑
Stroke Care - >=90% time on stroke unit	80%	83.33%	78.05%	95.65%	85.05%	5.05%	↑
A&E waits - 4 hours~	95%	94.41%	96.57%	97.94%	95.47%	0.47%	↑

\* Based upon performance over the current quarter (including partial assessment)

ACTIVITY (per month)	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
New OP v plan	>=36,544	9,649	9,950	9,210	37,522	978	↑
Review OP v plan	>=61,775	17,491	17,640	15,938	65,726	3,951	↑
Elective IP/DC v plan	>=22,486	6,097	6,304	6,194	24,165	1,679	↑
Non elective v plan	>=14,567	3,640	3,601	3,523	14,319	-248	↓
Nurse led v plan	>=27,182	7,729	7,903	7,364	30,521	3,339	↑
Misc v plan	>97,302	95,328	101,222	NA	101,222	3,920	↑
OP DNA rate	<=8.6%	8.95%	9.04%	9.54%	9.06%	0.46%	↓
New to Review ratio	TBC	2.20	2.15	2.06	2.14		

OPERATIONAL	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
Delayed transfers of care	<2.00%	1.53%	2.20%	2.36%	1.92%	-0.08%	↑
Average length of stay - elective (excl. DC)	2.55	2.28	2.50	2.37	2.37	-0.18	↑
Average length of stay - non-elective	4.34	5.38	5.66	5.81	5.59	1.25	↓
Sickness absence rate	4.3%	3.86%	3.79%	3.82%	3.85%	-0.48%	↑
Theatre cases per session	3.65	3.30	3.18	3.27	3.24	-0.41	↓
Day Case Rate	83.32%	80.63%	80.45%	78.36%	79.85%	-2.58%	↓
Mandatory training	>=75%	62.89%	64.92%	65.95%	64.45%	-10.55%	↓
Overall staff satisfaction	3.48	UNDER DEVELOPMENT					
% market share (one month behind)	26.68%	25.37%	25.42%	24.36%	24.36%	-2.32%	↓
Data quality - ethnic group	90.00%	93.86%	93.32%	93.19%	93.45%	3.45%	↑
Data quality - maternity	90.00%	96.41%	96.37%	96.14%	96.30%	6.30%	↑
Readmission rate (30 days)	6.3%	6.83%	NA	NA	6.90%	0.60%	↓

SAFETY	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
BB MRSA	<6	0	0	1	1	-4	↑
C-DIFF	<44	5	8	4	24	5	↓
% VTE risk assessments	90%	91.13%	91.81%	91.03%	91.43%	1.43%	↑
Discharge comms (within 24 hrs)	>=90%	UNDER DEVELOPMENT					
Mortality (Risk Adjusted CHKS index 2010)	<100	81	62	NA	68	-32	↑
Exceptions#	0	30	14	23	104	104	↓
Radiology - exam to report (CT scans)		16.98	12.44	6.08	11.53		
Radiology - exam to report (Hospital X-Rays)		8.58	20.48	14.39	13.75		
Radiology - exam to report (MRI scans)		32.03	23.96	16.76	23.39		
Radiology - exam to report (GP X-Rays)		3.94	4.46	1.06	3.07		
Slips, trips and falls	<=548	160	183	108	557	9	↓

PATIENT EXPERIENCE	Target	May-11	Jun-11	Jul-11	YTD	Variance	+/-
Cancelled operations - % total elective workload	<=0.80%	0.53%	0.52%	0.55%	0.62%	0.18%	↑
Overall IP/DC satisfaction	>=90%	81.20%	84.50%	81.81%	83.80%	-6.20%	↓
Complaints	<32/mth	30	52	44	164	36	↓
% slots unavailable (C&B)	<4%	7.34%	8.47%	9.32%	8.69%	4.69%	↓

# Exceptions are if one of the following occur: SUI, Never event, GUM, IPWL, OPWL, Cancelled ops (28 days), Revascularisation WL, RACPC or Diagnostics WL

# **CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**

## **DIRECTORATE OF HUMAN RESOURCES**

### **BOARD OF DIRECTORS**

**AUGUST 2011**

### **WORKFORCE REPORT – QUARTER 1**

**1 APRIL – 30 JUNE 2011**

## **INTRODUCTION**

The purpose of this report is to provide Directors with key workforce related information for Quarter 1. Directors are asked to note the following key information:

## **WORKFORCE DATA**

- Labour turnover was 2.14%(HC), 1.99%(FTE) compared to 2.65%(HC/FTE) the previous quarter.
- Average workforce numbers fell by 37(HC), 32.43(FTE).
- The total number of starters was 57(HC), 45.62(FTE).
- The total number of leavers was 106(HC), 87.54(FTE).
- Sickness absence was below target for Q1 at 3.97%. A reduction of 0.69% from the previous quarter.
- All divisions were below target for Q1.
- Estates and Ancillary was the staff group with the highest sickness absence rate at 6.31%.
- The top 3 reasons for sickness absence were:
  1. MSK problems - 27.03%. This is highest percentage rate for this type of sickness and the 4<sup>th</sup> quarter in a row that it has increased. This time last year, MSK problems accounted for 22.4% of all sickness. Further analysis of this is now required to identify and address the causes and bring about a reduction.
  2. Stress/other mental health disorders – 16.31%. This remains almost unchanged from the previous quarter.
  3. Surgery - 16%. An increase from 14.14% the previous quarter.
- Approximately 65% of all sickness was long term, which increased slightly from 60% the previous quarter.
- 4 staff were dismissed on capability grounds or as a result of poor attendance.
- 29 formal and 6 final cautions were issued for poor attendance.
- The average number of staff on maternity leave was 147, which is a reduction from 159 the previous quarter.

## **EMPLOYER LIABILITY CLAIMS**

- 5 claims were received during Q1 2011/12, compared to 6 the previous quarter and 13 for the same quarter in 2010/11.
- Claims were submitted as a result of a slips/trips and falls and needlestick/sharps incidents;
- 9 claims were settled during Q1 2011/12 at a cost to the Trust of £53,190.

## **EMPLOYEE RELATIONS CASES**

- 23 new disciplinary investigations were commenced in Q1.
- Incidents of bullying, harassment or inappropriate conduct in the workplace were the most frequent category of disciplinary issue investigated in Q1 followed by fraud.
- 5 disciplinary cases were completed during Q1. No formal disciplinary sanctions were issued.
- 5 formal grievances were lodged during Q1.
- 3 grievances were closed out during Q1.
- 5 Trust Board Appeal hearings took place during Q1. One employee was reinstated as a result.
- 2 employment tribunal claims were lodged against the Trust for unfair dismissal.

## **MANDATORY TRAINING STATISTICS**

Trust mandatory training compliance rates against the 75% target were as follows as at 30 June 2011:

1. Information Governance	-	95%
2. Safeguarding Children	-	74%
3. Fire	-	68%
4. Moving and Handling	-	61%
5. Resuscitation	-	54%
6. Infection Prevention and Control	-	50%

E-learning for Fire Safety training is currently under development in partnership with the Health and Safety Manager, though no launch date for this to the organisation has yet been identified.

## **APPRAISAL COMPLIANCE RATES**

Following the introduction of a revised Staff Appraisal and Development Policy and numerous briefings/training sessions, the HR Directorate has started a process of issuing monthly reports to Directorate Managers, with the aim of improving both appraisal occurrence and the recording of such in ESR.

According to the ESR system, the overall percentage of staff recorded as having had an appraisal in the 12 months prior to 30 June 2011 was 19.42%.

## **WORKFORCE DEMOGRAPHICS**

### **Ethnicity**

White British is the largest ethnic group at 86.36%. This remains virtually unchanged from previous quarters.

### **Gender**

Female workers form the largest part of the workforce at 78.91%. This remains virtually unchanged from previous quarters.

### **Disability**

The number of staff stating that they have a disability is 0.54%. This remains virtually unchanged from previous quarters.

### **Age**

The most prevalent age group is the 46-50 one at 15.65%. This remains virtually unchanged from previous quarters.

**Religious Belief**

This remains largely undisclosed at 94.48%.

**Sexual Orientation**

As above at 94.81%.

**Length of Service**

The most prevalent length of service is 1-5 years at 30.19%. This has increased slightly from the previous quarter.

**Employment Type**

Part time employees make up 33.12% of the workforce. This remains virtually unchanged from previous quarters.

**Contract Type**

Temporary/fixed term employees make up 92.8% of the workforce, which remains the same as the previous quarter.

**Staff Group**

Registered nurses/midwives is the biggest staff group with 1,584 (HC) / 1,460.59 (FTE) staff in post.

**Pay Band**

Band 2 is the most prevalent pay band with 1,285 (HC) / 1,088.72 (FTE) staff in post.

**RECOMMENDATIONS**

Directors are asked to accept the content of this report.

**Kathleen Griffin**

**Director of Human Resources**

**WORKFORCE DATA – QUARTER 1****Labour Turnover**

The table below shows the labour turnover rates for Q1 and the previous quarter.

Quarter	% Turnover (HC)	%Turnover (FTE)
1	2.14%	1.99%
4 (2010/11)	2.65%	2.65%

**Starters and Leavers**

The table below shows the number of starters and leavers during Q1.

Quarter	Starters		Leavers	
	Headcount	FTE	Headcount	FTE
1	57	45.62	106	87.54

**Average Workforce Numbers**

The table below shows the average number of permanent and FTC employees per month recorded in ESR.

Month	Headcount	FTE
April	4972	4405.04
May	4949	4384.42
June	4935	4372.61

**Divisional Sickness Absence Rates**

The table below shows the Trust and Divisions' sickness absence rates for Q1, the Trust's variance against its target of 4.3%. Those divisions marked in red are above the Trust target.

Division	Q1 sickness absence rate	2011/12 Sickness Absence Target	Variance against target
Trust Total	3.97%	4.3%	-0.33%
Clinical Support	2.85%	3.33%	-0.48%
Estates	4.51%	5.01%	-0.50%
Facilities	5.08%	5.89%	-0.81%
Family Care	4.17%	4.38%	-0.21%
Medicine	4.24%	4.67%	-0.43%
Surgery	3.51%	3.63%	-0.12%
Theatres	5.43%	5.87%	-0.44%
Trust Headquarters	2.66%	2.78%	-0.12%

## **Directorate Sickness Absence Rates**

The table below shows Directorates' sickness absence rates for Q1, which have been ranked in descending order. Those Directorates marked in red are above the Trust target.

<b>Directorate</b>	<b>Q1 Sickness Absence Rate</b>
Medical Specialties	5.50%
Theatres	5.43%
Facilities	5.08%
Obstetrics & Gynaecology	4.94%
Strategy & Business Development	4.88%
Rehabilitation & Elderly Medicine	4.53%
Estates	4.51%
General Surgery	4.34%
Emergency Medicine	4.01%
Trauma & Orthopaedics	3.76%
Medical Director	3.70%
Ophthalmology	3.68%
Radiology	3.56%
Clinical Governance	3.31%
Paediatrics & Child Health	3.23%
Therapy Services	3.13%
Pathology	3.02%
Performance & Information	2.96%
Head and Neck Surgery	2.92%
General Internal Medicine	2.78%
Finance	2.51%
Urology	2.45%
Nursing and Quality	2.14%
Human Resources	1.31%
Pharmacy	1.30%
Executive Board	0.14%
Medical Physics	0.11%
Corporate Affairs	0.00%

## **Staff Group Sickness Absence Rates**

The table below shows sickness absence rates by staff group for Q1, which have been ranked in descending order. Those Staff Groups marked in red are above the Trust target

<b>Staff Group</b>	<b>Q1 sickness rate</b>
Estates and Ancillary	6.31%
Additional Clinical Services	6.15%
Nursing and Midwifery	4.06%
Healthcare Scientists	3.18%
Administrative and Clerical	2.89%
Allied Health Professionals	2.67%
Additional Professional/Technical	2.02%
Medical and Dental	1.22%
Students	0.14%



## **Sickness Absence Reasons**

The table below shows the reasons for sickness for Q1 ranked in descending order by occurrence.

<b>Reasons for Sickness Absence in Q1</b>	<b>% of Total Sickness for Q1</b>
Musculo-skeletal problems <i>Back - 10.98%</i> <i>Lower Limb - 11.93%</i> <i>Neck – 2.29%</i> <i>Other 1.83%</i>	27.03%
Anxiety/stress/depression/other psychiatric illnesses	16.31%
Surgery	16.00%
Genitourinary & gynaecological disorders	4.43%
Gastro-intestinal	3.79%
Other known causes - not elsewhere classified	3.40%
Injury, fracture	3.39%
Diarrhoea/Vomiting	3.39%
Pregnancy Related	3.26%
Cardiac/Coronary	2.78%
Neurological	2.17%
Infections	2.12%
Ears, Nose and Throat	2.01%
Cold, Cough, Flu - Influenza	1.73%
Respiratory	1.40%
Cancer	1.22%
Headache/Migraine	1.15%
Blood Disorder	1.11%
Influenza	0.67%
Dental Pain	0.59%
Chest & respiratory problems	0.59%
Hypertension	0.52%
Dermatological	0.39%
Eyes	0.35%
Blood disorders	0.11%
Asthma	0.08%
Endocrine / glandular problems	0.03%

## **Short-term and long-term sickness rates**

The table below shows the number of days lost due to short and long term sickness and the % split between the two for Q1 compared to the previous quarter.

<b>Q1 Sickness type</b>	<b>Number of calendar days</b>	<b>% of Q1 sickness</b>
Short Term	6,378	35.3%
Long Term	11,683	64.7%

<b>Q4 2010/11 Sickness type</b>	<b>Number of calendar days</b>	<b>% of Q4 sickness</b>
Short Term	8,463	40%
Long Term	12,435	60%

In Q1, 4 staff were dismissed on capability grounds, compared to 6 the previous quarter. 29 staff were issued with formal cautions and 6 staff were issued with final cautions for poor attendance.

### **Maternity Leave**

The table below shows the average number of staff on maternity leave during Q1.

<b>Division</b>	<b>Average number of staff on maternity leave during Q1</b>
Clinical Support	33
Estates	2
Facilities	8
Family Care	18
Medicine	40
Surgery	26
Theatres	12
Trust Headquarters	8
<b>Total</b>	<b>147</b>