

NHS Peterborough - Finance and Performance Dashboard



Finance	Current RAG rating	Forecast RAG rating	YTD position (£'000's)	Forecast position (£'000's)
Income and Expenditure	G	R	380	(4,764)
Cash	G	R	203	(7,200)
Capital	G	G	81	336
Better Payment Practice Code (BPPC)	A	G	92.83% - 99.56%	95%

Activity	Current RAG rating	Forecast RAG rating	YTD Variance against plan	Forecast year end variance
Elective (Daycase & Inpatient)	R	R	(718)	(1443)
Non Elective	R	R	(901)	(2357)
Outpatients - First	G	G	1266	2560
Outpatients - Subsequent	R	A	(4736)	(9890)
Accident & Emergency	G	G	789	1559
Non Mandatory	R	R	n/a	n/a

Turnaround	Current RAG rating	Forecast RAG rating	YTD savings (£'s)	Forecast savings (£'s)
Primary Care	A	A	351	2,548
Acute Care - Unscheduled	A	A	0	2,799
Acute Care - Planned	A	A	674	3,238
Community and older people	A	A	3,471	4,006
Mental Health	A	A	1,427	4,873
Children and Maternity	G	G	319	1,275
Corporate - back office and infrastructure	A	G	1568	5,016
Health Improvement	N/A	N/A	N/A	N/A
TOTAL			7,810	23,755

Performance	Current RAG rating	Forecast RAG rating
Primary Care	A	A
Acute Care - Unscheduled and Planned	A	G
Community and older people	A	G
Mental Health	A	A
Children and Maternity	A	A
Corporate - back office and infrastructure	A	G
Health Improvement	R	A

Key to RAG status

- G** Green = On target
- A** Amber = Not on target but adequate contingencies in place
- R** Red = Not on target and more work is needed to ensure adequate contingencies / will not meet target

Finance

	ANNUAL	BUDGET	ACTUAL	VARIANCE	FORECAST
	BUDGET	TO DATE	TO DATE	TO DATE	OUTTURN
	£000's	£000's	£000's	£000's	£000's
RESOURCES					
PCT pooled	261,227	131,446	131,446	-	-
PCT Non-pooled	62,944	32,442	32,442	-	-
Hosted services	5,028	2,182	2,182	-	-
Total PCT Resources	329,199	166,070	166,070	-	-
				-	-
EXPENDITURE					
Total Pooled Budget	261,227	131,446	132,328	(882)	(4,734)
Non Pooled	62,944	32,442	31,180	1,262	(30)
Hosted Services	5,028	2,182	2,182	-	-
				-	-
Total Accountable Expenditure	329,199	166,070	165,690	380	(4,764)
Total PCT	-	-	380	380	(4,764)

SUMMARY POOLED REVENUE STATEMENT Period ended 30th September 2010					
EXPENDITURE	ANNUAL £000's	BUDGET TO DATE £000's	EXPEND TO DATE £000's	VARIANCE TO DATE £000's	FORECAST VARIANCE £000's
Commissioning Acute Trusts					
Peterborough and Stamford Hospitals FT	84,505	42,465	43,865	(1,400)	(2,720)
Cambridge University Hospitals FT	5,797	2,875	2,960	(85)	(35)
Hinchingbrooke	781	388	375	13	3
University Hospitals Leicester	1,841	918	900	18	-
Nottingham University Hospital	569	308	371	(63)	(94)
	93,493	46,954	48,471	(1,517)	(2,846)
Other NHS Commissioning					
Specialist Commissioning Consortia	14,741	7,370	7,182	188	(149)
Papworth	1,979	989	1,031	(42)	(75)
Cambs & Peterborough FT	25,655	13,945	14,011	(66)	(126)
Other Mental Health & LD	5,539	2,844	3,076	(232)	(780)
Children's Placements	981	490	838	(348)	(642)
East of England Ambulance service	6,127	3,063	2,984	79	75
Non Contracted Activity	8,950	7,975	7,781	194	224
	63,972	36,676	36,903	(227)	(1,473)
Non NHS Commissioning					
Non NHS Commissioning	4,472	1,988	2,134	- 146	(324)
Fitzwilliam	2,944	1,325	1,593	- 268	(464)
In Health	821	411	301	110	100
	8,237	3,724	4,028	(304)	(688)
Continuing Care	6,625	3,465	4,276	(811)	(1,800)
Corporate Services					
Management structure	11,053	6,157	6,760	(603)	(1,250)
Facilities	1,541	492	339	153	135
Public Health	1,568	801	777	24	50
	14,162	7,450	7,876	(426)	(1,065)
Reserves					
Turnaround Scheme Cost	4,561	827	-	827	1,654
Central Budgets Contingency	1,084	404	-	404	809
Anticipated Surplus	500	250	-	250	500
Uncommitted Reserves - Contingency	2,187	806	-	806	1,050
Committed Reserves	4,645	86	-	86	173
Cost Pressures	(16)	(8)	-	(8)	(16)
	12,961	2,365	-	2,365	4,170
Peterborough PCT Provider Services	61,777	30,812	30,774	38	(1,032)
GRAND TOTAL EXPENDITURE	261,227	131,446	132,328	(882)	(4,734)

Public Sector Payment Policy

Better Payment Practice Code statistics received up to the end of September 2010 indicated:

* 96.11% non NHS and 94.88% NHS compliance on the number of invoices paid and

* 94.53% non NHS and 99.53% NHS compliance based on value

Capital Expenditure

Capital expenditure April to September 2010 was:	£'000's
Dogsthorpe Medical Centre	3
City Care Centre	6
Bretton Medical Centre Dental Equipment	167
	176

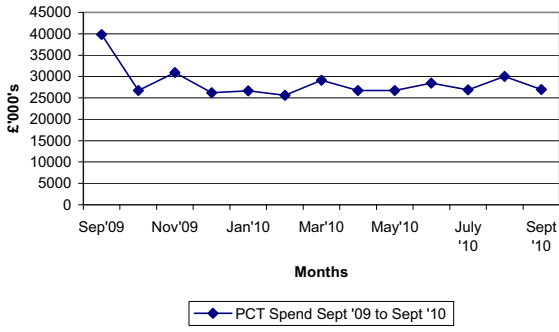
Cash Drawings

	Annual Budget £000's	Plan to Date £000's	Actual to date £000's	Variance to Date £000's
Total Cash Available	339,547	169,403	175,314	-5,911
APPLICATIONS:				
Total cash expenditure April to September 2010	339,547	169,403	175,111	-5,708
Balance at Bank	0	0	203	-203

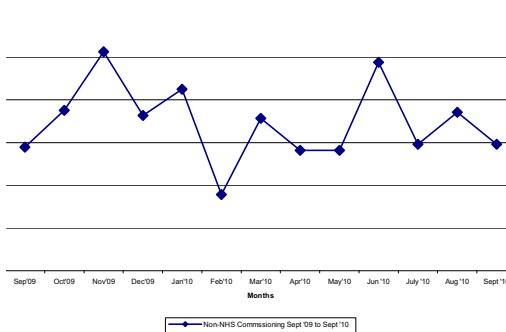
Statement of Financial Position

	Opening bal 1st Apr 2010 £'000's	Balances held 30th September £000's
Fixed Assets (non Current Assets)	27,043	26,392
Current assets	7,555	9,633
Current liabilities	(24,339)	(28,372)
Non current liabilities	(36,026)	(35,693)
Provision for liabilities and charges	(927)	(760)
Total Assets Employed	(26,694)	(28,800)
Taxpayers Equity	(26,694)	(28,800)

PCT Spend by Month

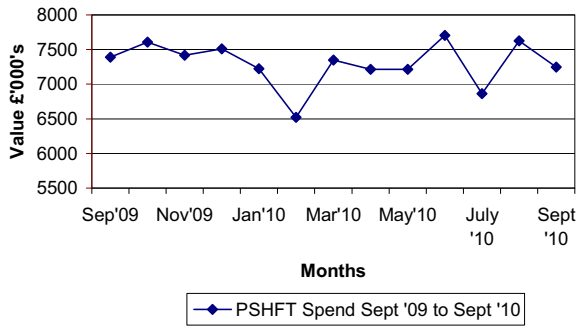


Non-NHS Commissioning



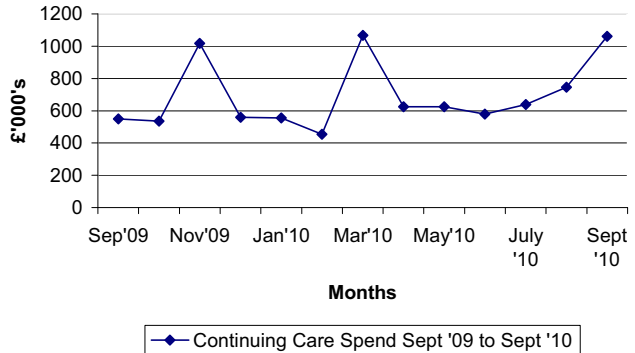
Review of account done for year end and all old accruals were striped out

Peterborough & Stamford Hospitals FT



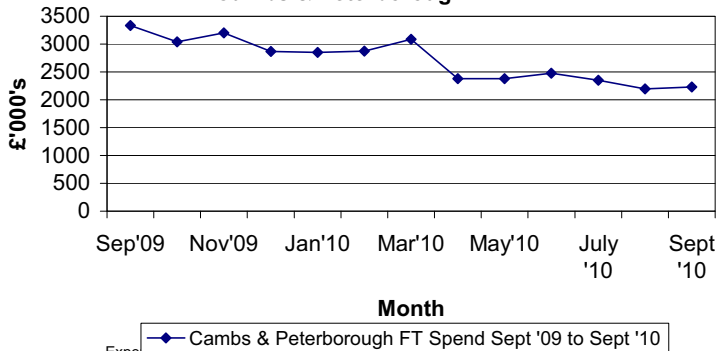
Turnaround metrics included in Jan 10 and Feb 10, a settlement figure was given for year end.

Continuing Care Spend



Old process of CHC meant there was a backlog in processing new cases and retrospectives
Full review done in Nov 09 when new FM took over but full extent of process was not recognised and another review was made in Mar 09, where a new process was implemented

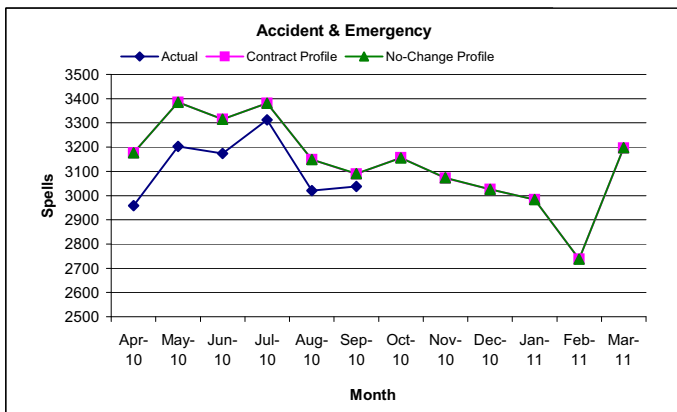
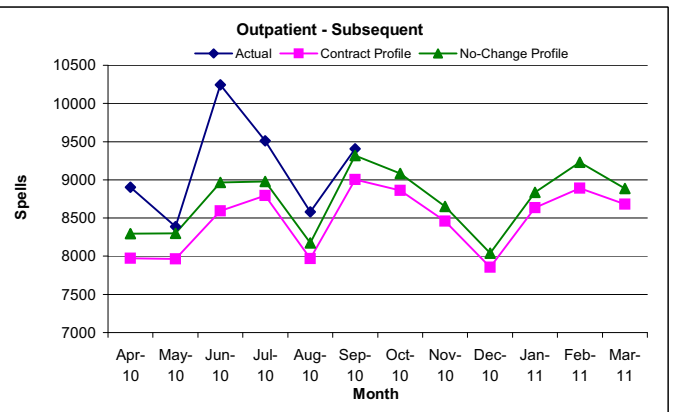
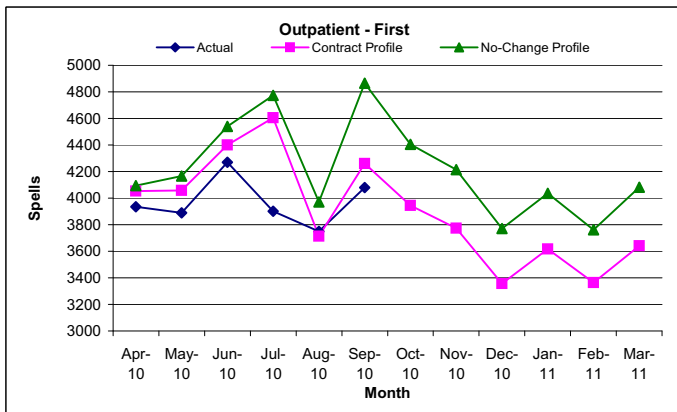
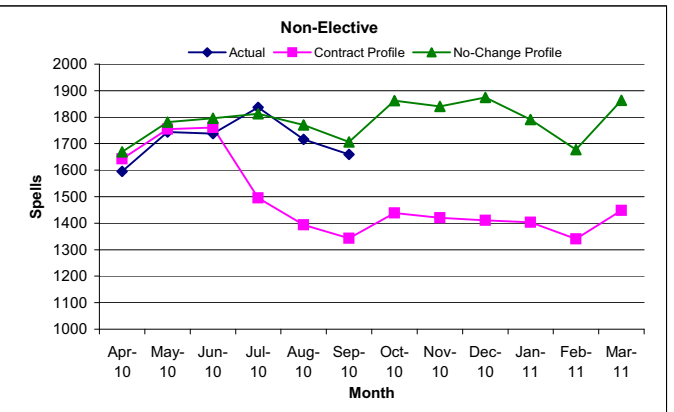
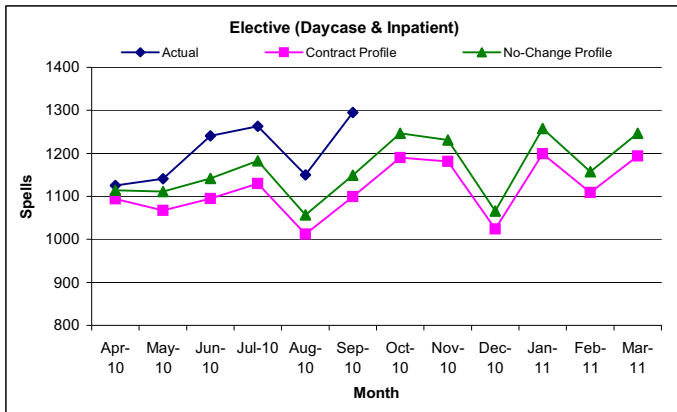
Cambs & Peterborough FT



Expenditure and forecast based on assumption that PCT is spending to budget plus overspend on CAMH tier 4. 2010/11 budget significantly lower than last year as includes turnaround savings schemes.

Acute Action Plan

		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Elective (DC & IP)	Actual	1,125	1141	1241	1263	1150	1295						
	Contract Profile	1,094	1067	1095	1130	1012	1099	1190	1181	1024	1199	1109	1194
	No-Change Profile	1,114	1111	1142	1183	1057	1149	1247	1231	1066	1258	1157	1247
Non Elective	Actual	1,596	1744	1738	1837	1716	1660						
	Contract Profile	1,642	1755	1761	1495	1394	1343	1439	1420	1411	1403	1340	1448
	No-Change Profile	1,669	1782	1796	1813	1770	1707	1862	1841	1875	1791	1678	1863
OP - First	Actual	3,936	3890	4271	3901	3749	4079						
	Contract Profile	4,052	4059	4401	4606	3714	4260	3945	3774	3356	3616	3364	3640
	No-Change Profile	4,093	4166	4540	4774	3972	4864	4405	4214	3770	4036	3762	4082
OP - Subs	Actual	8,904	8387	10244	9510	8580	9405						
	Contract Profile	7,972	7964	8591	8792	7970	9005	8861	8457	7856	8635	8892	8680
	No-Change Profile	8,294	8299	8964	8980	8173	9320	9083	8653	8038	8837	9232	8888
A&E	Actual	2,959	3203	3174	3312	3021	3037						
	Contract Profile	3,177	3385	3315	3381	3148	3089	3156	3072	3026	2984	2738	3196
	No-Change Profile	3,177	3385	3315	3381	3148	3090	3155	3073	3026	2984	2738	3197



YTD Variances (Activity)

	Actuals	Contract Profile	Variance	Variance %
Elective (DC & IP)	7,215	6,497	718	11.1%
Non Elective	10,291	9,390	901	9.6%
OP - First	23,826	25,092	-1266	-5.0%
OP - Subs	55,030	50,294	4736	9.4%
A&E	18,706	19,495	-789	-4.0%

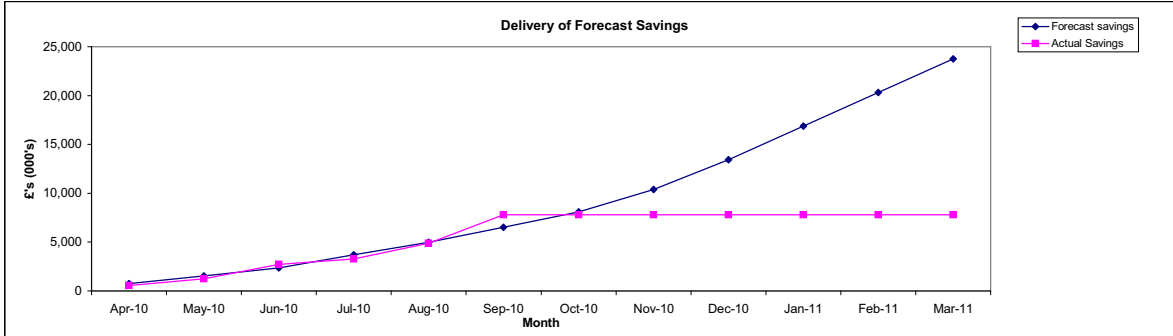
YTD Variances (Cost)

	Actuals	Contract Profile	Variance	Variance %
Elective (DC & IP)	8,531,867	7,499,986	1031881	13.8%
Non Elective	17,004,670	15,834,740	1169930	7.4%
OP - First	4,284,626	4,500,070	-215444	-4.8%
OP - Subs	5,225,204	4,827,902	397302	8.2%
A&E	1,683,729	1,743,856	-60127	-3.4%

Source: Activity is taken from PSHFT Fast Track website. Does not include Contract Metrics

Turnaround

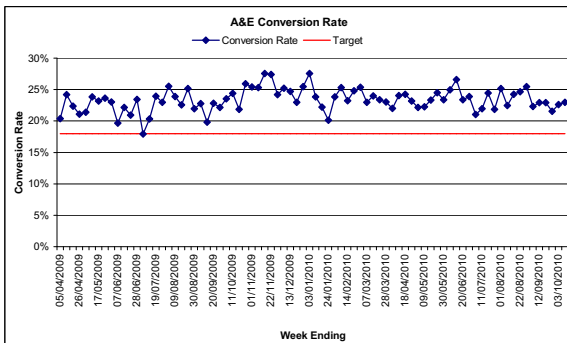
	Resources	Communications	Mindsets	Roadblock	Delivery	Metrics
1A Acute - Unplanned Care	G	G	A	G	A	A
1B Acute - Planned Care	A	A	A	G	G	R
2 Children and Maternity	G	G	G	G	A	G
3 Mental Health	A	A	A	A	A	R
4 Primary Care	A	A	G	A	A	A
5 Community and Older People	G	A	G	A	A	A
6 Corporate	A	A	G	A	G	A
7 Health Improvement	N/A	N/A	N/A	N/A	N/A	N/A



Delivery Boards	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Annual Savings (£K's)
Primary care	0	0	0	90	90	90	90	438	438	438	438	438	2,548
Acute care - Planned Care	217	246	247	448	247	247	247	247	246	281	282	283	3,238
Acute care - Unplanned Care	0	0	0	0	0	250	250	250	512	512	512	512	2,798
Community care	0	0	0	148	279	279	279	279	685	685	685	685	4,004
Mental health	262	262	287	391	391	391	416	470	470	511	511	511	4,873
Children and maternity	0	0	0	0	0	0	0	0	85	397	397	397	1,275
Corporate	277	277	277	277	277	277	277	615	616	616	616	616	5,018
Total	756	785	811	1,354	1,284	1,534	1,559	2,299	3,052	3,440	3,440	3,441	23,754
Cumulative Total	756	1,541	2,352	3,706	4,990	6,524	8,083	10,381	13,433	16,873	20,313	23,754	

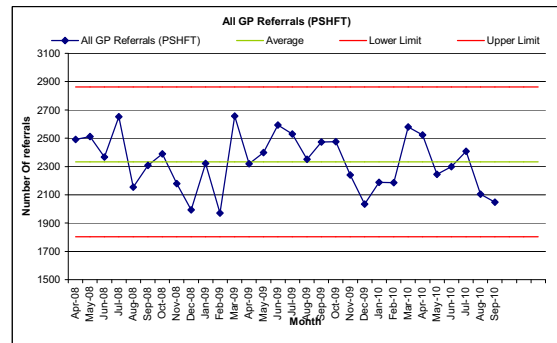
Metrics

Acute Care - Unplanned



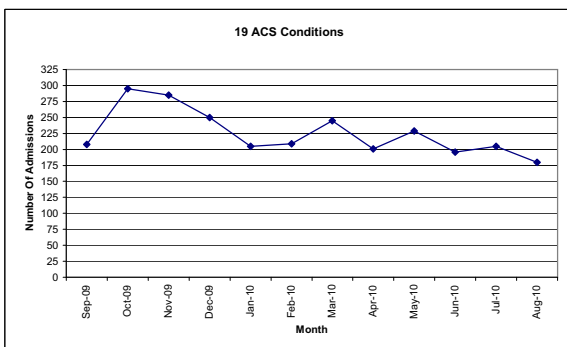
The A&E Conversion Rate looks at the percentage of patients attending A&E that get admitted. A target of 18% has been identified for 2010/11

Planned Care



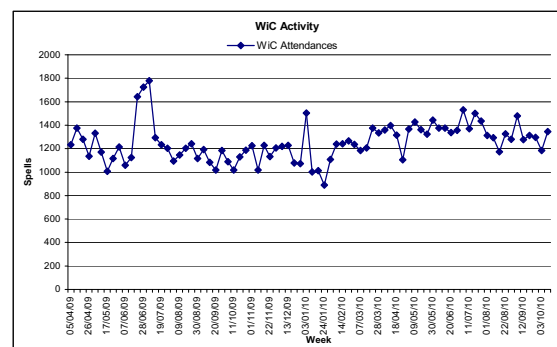
The GP Referral report monitors referrals received by PSHFT from GPs.

Primary Care



The 19 ACS Report shows number of admissions/spells across the year. This is one element of a suite of reports that allow the 19 ACS conditions to be monitored at a condition and GP Practice level.

Community



This report monitors the number of attendances at the Walk in Centre. This monitors the impact of the Choose Well initiative.

Performance

The dashboard below shows the number of national performance indicators linked to each of the delivery board areas, sorted by the RAG status agreed with their owners.

Those that are at risk, or where significant achievements are to be noted, are detailed in the relevant sections below.

	Overall RAG	Red	Amber	Green	Unknown	Total
Primary Care	A	1	3	0	0	4
Acute Care - Unscheduled and Planned	A	3	5	13	4	25
Community and older people	A	1	4	9	4	18
Mental Health	A	2	1	1	1	5
Children and Maternity	A	2	2	3	0	7
Corporate - back office and infrastructure	A	1	0	0	4	5
Health Improvement	R	5	2	4	1	12
Total	N/A	15	17	30	14	76

Primary Care

Dental Access - NHS Peterborough provisional September data shows performance of 87.72% against target equating to 100,862 people accessing NHS dental services within the previous 24 months against the target of 114,981 people. Although this is significantly below target we are ranked 3rd in the region.

Analysis of the number of patients seen in the last 24 months indicates that the total number of patients seen across Peterborough is increasing since May 2010. The Bretton practice is one of a number of interventions which has contributed to this increase, the other key intervention is the PCT's expectation for practice's to extend recall times from 6 to 12 months.

Choose and Book - Utilisation of the Choose and Book system continues to be the lowest in the East of England region. The performance for the week ending 10 October was 20%, well below the national and SHA average of 53%. Practice level usage information was to be shared with the GP consortia week ending 22 October.

Acute Care - Unscheduled and Planned

Ambulance Response times - Category B response rates are currently at 93.61% year to date against a target of 95% and on a continued downward trend. Handover times at the hospital also continue to under perform and The PCT continues to work with PSHFT and EEST to improve handover performance through implementation of the tripartite agreement.

A&E Performance - September A&E performance shows the PCT performing well, with 99.1% of patients seen within 4 hours. Cumulative performance is 98.5%

Cancer

Cancer 2 week breast symptoms (93%)

Performance on this target dropped to 92.5% in August. This equated to 3 breaches, all due to patient choice. The PCT has already instigated a work programme via the local cancer group to review and identify the GPs where this keeps occurring linked to all breaches in the 2 week wait pathway. Every breach due to patient choice irrespective of whether we achieve the target or not the relevant GP is contacted but depending on whether this is the first occurrence or recurrent depends on the intervention. The 3 breaches referred to above are currently being validated by PSHFT and will be investigated by our team. If it is the first time this has occurred from the practice a letter is sent out from our GP cancer lead. If there is trend occurring from the practice then the GP cancer lead visits the relevant practice to offer education and support. The next Local Cancer Group will review the impact to date of these interventions and discuss whether there are other things needed to be done to mitigate this issue.

All other cancer standards were met in July 2010.

Clostridium Difficile .

Clostridium Difficile cases were significantly above ceiling in August, due to 6 cases identified within the community. As a commissioner we reported 12 cases against a ceiling of 4 making our year to date position 36 cases against a ceiling of 21. PSHFT reported 5 cases against a ceiling of 4, making their year to date position 22 cases against a ceiling of 21.

Of significance was recognition of 2 cases from a care home in one week which resulted in immediate action, including closure to admissions of the specific care home unit. Since this time there has been considerable input to the home from the NHS P infection control & contracts teams (nine separate visits have been made to date), including regular meetings with local & regional managers from the specific organisation. A third case was subsequently noted. Overall a significant number of improvements have been made within the care home. NHS P and the care home management will continue to closely monitor the situation with one to two visits per month from NHS P. These visits will both challenge & support, including review of the cleaning audit data

Cancelled operations

The number of cancelled operations in August 10 for which another date was not offered within 28 days was 6, an improvement on the 11 in July, but still high. This has dropped performance on this indicator to 88.57%. Investigations are underway into this issue.

HSMR

The HSMR 2010/2011 April to June (rebased Dr Foster) is 101. The focus of work with PSHFT remains on correct coding and the clinical work-streams are continuing. PSHFT will review current performance of CBU mortality and morbidity meetings to ensure feedback at monthly HSMR meeting. PSHFT have also agreed to review and provide assurance on the accuracy of their palliative care coding at the next meeting. AAA mortality outlier - CQC has notified PSHFT that no further analysis is required following its original alert. However PSHFT is completing its own investigations and report will be available at next meeting. PSHFT is reviewing its clinical governance arrangements in general including HSMR - further details to be reported at the next meeting. NHS P will continue to closely monitor and work with PSHFT to ensure any HSMR issues are addressed.

18 weeks

There has been a further small decrease in performance for admitted patients a PSHFT. The PCT has been working closely with PSHFT over the last month to review 18 week performance at speciality level, over performance more generally on elective care and the anticipated impact of the move to PCH. The PCT has requested a detailed plan of performance across all surgical specialities as these are the main areas of concern.

The trust have demonstrated that they are reducing the back log for 18 weeks in general surgery approx. (20 last month) which is contributing to their deteriorating performance (against the old OF measures) however there is little evidence in other specialities, especially plastics and oral surgery that there is the same reduction. We have reviewed current plans and have asked for more detailed remedial plans for the 7 surgical specialities. 12th October we had a CEO and exec meeting with PSHFT about a range of topics and discussed elective performance and the link with 18 weeks and treating patients within the 14 -18 week time band

Community and older people

Self Directed Support

Performance remains below trajectory to met the stretched target of 60% of service users receiving self directed support by March 2011. However, Peterborough is on target to achieve the national standard of 30% with current year to date performance of 27.96%.

Mental Health

Employment - Proportion of adults in contact with secondary mental health services in employment - the current position is 3.6% against a Local Area Agreement target of 7.6% This position has deteriorated from the previous month where a figure of 4.1% was reported. This is the third consecutive month where performance has fallen. Performance will improve due to the following:

1. Additional funds within the city to support chronically excluded adults through advocacy to attain and maintain employment, education and accommodation.
2. CPFT have a peer worker programme in place which up skills people who have experienced mental health problems to gain employment.
3. Provision of employment support through Richmond fellowship.

Settled Accomodation

The Mental Health Trust reported a slight increase in the percentage of clients known to be in settled accomodation in August, however levels at 57.4% are still lower than the national average (around 76%) - this is expected to be a data quality issue and work is underway with the trust to improve data quality on all social care focussed indicators.

Children and Maternity

Percentage of Infants breastfed at 6 - 8 weeks

Q2 data shows a percentage of 45.38% of infants being breastfed at 6 - 8 weeks, against a target of 57.1%. A number of actions are in progress to improve this percentage:

Improve 'coverage' of 6-8 week data, PCT has reassurance from PCS provider that this data meets target and will be submitted in timely manner: Deadline for completion: October 2010

Service Specification for health visiting has been written and is currently being negotiated and includes promotion of breast feeding: Deadline for completion: November 2010

Identify low prevalence areas. Target these areas through the area breast feeding peer supporters, Baby Cafes, health visiting and midwifery services: Deadline for completion: November 2010

To include a new page in Personal Child Health Record to promote support available locally for breastfeeding mothers: Deadline for completion: November 2010

Corporate - back office and infrastructure

There are no issues to report in this area

Health Improvement

Chlamydia Screening - As at September, 1844 screens had taken place, against a planned number of 3832. The planned investment in this programme to ensure achievement of the 35% target was unable to be implemented due to the financial position of the PCT. However within these constraints work has continued with service providers and our partners to improve coverage and take-up of screening, in particular within core services. We intend to explore opportunities for additional funding through our internal Gateway process, particularly to enable a GP LES to be established.

We are focusing on increasing the screening rates delivered within our Core services: GP practices, Termination provision, Pharmacies, Walk in Centre and CaSH. The National Chlamydia Screening programme ends in 2011 and we have no indication of the future intentions to continue to offer this programme to the 15 – 25 year old age range.

We therefore need core services to screen young people as part of their generic work and the target will be delivered on that basis. We are also awaiting the outcome of a recent bid to the SHA which has incorporated additional funding to the CS programme around targeted promotion and incentives which have a proven impact on screening rates..

Hospital admissions for alcohol related harm -

The latest available data (Quarter 4 2009/010) shows our direction of travel is deteriorating, however, due to the time delay in reporting this data this is before corrective action was taken. Following the DH Alcohol National Support Team visit (NST) in 2009 the alcohol strategy has been revised, and a needs assessment and action plan have been produced. The action plan is being closely monitored by the Adult Alcohol Joint Commissioning Group (JCG).

The DH Alcohol NST did review progress by teleconference on 14 October and signed off their 2009 visit. They were pleased with strategic direction and action plan, needs assessment and the visioning day. It will take time for activity to show an improvement in the performance data. The feasibility for employing an alcohol nurse at the hospital has been discussed by the Alcohol JCG, and the funding for this post will be discussed at the next Public Health & Health Improvement Delivery Board meeting.

On 1 November *livehealthy* will be launched as Peterborough's model for community based health improvement services; one that provides an identity for health promotion, a focus for universal services and a clarity of purpose for targeted health improvement, delivered by NHS public health specialists. At the heart of the new service will be smoking, alcohol, healthy eating and physical activity. A single business plan, incorporating *livehealthy* and elements of the alcohol action plan will be proposed at the next Greater Peterborough Partnership Health & Wellbeing Partnership meeting on 15 November. The outcome will be new capacity to deliver preventative activity around alcohol related harm.

Smoking cessation

The target at August was for 484 smokers to have quit. The figure achieved was 343. Actions to address this performance are as follows:

Launching the new model for health improvement services on 1 November which will mean greater capacity for delivery of specialist clinics by the core service

New venue profile to be launched 1 November with the aim to monitor progress against quality standards i.e. quit rate, CO verification, occupational coding, and enable immediate corrective action to be taken

Tighter contract management of the pharmacy scheme to support those doing well, and decommission the poor performing pharmacies which are demanding on time and dragging down the quit rate

Shifting the setting of delivery from pharmacy to primary care to ensure only motivated smokers are entering the service allowing the quit conversion rate to be maintained and improved

Ensuring all stop smoking treatments are given equal first line treatment which will improve the quit rate

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