

NHS Peterborough - Finance and Performance Dashboard



| Finance | Current RAG rating | Forecast RAG rating | YTD position (£'000's) | Forecast position (£'000's) |
|-------------------------------------|--------------------|---------------------|------------------------|-----------------------------|
| Income and Expenditure | R | R | (1,586) | (3,262) |
| Cash | G | R | 57 | 0 |
| Capital | G | G | 308 | 339 |
| Better Payment Practice Code (BPPC) | A | G | 95.42% - 99.79% | 95% |

| Activity | Current RAG rating | Forecast RAG rating | YTD Variance against plan | Forecast year end variance |
|--------------------------------|--------------------|---------------------|---------------------------|----------------------------|
| Elective (Daycase & Inpatient) | R | R | (681) | (810) |
| Non Elective | R | R | (1990) | (2609) |
| Outpatients - First | G | G | 1876 | 2277 |
| Outpatients - Subsequent | R | R | (4425) | (7786) |
| Accident & Emergency | G | R | 437 | (800) |
| Non Mandatory | R | R | n/a | n/a |

| Turnaround | Current RAG rating | Forecast RAG rating | YTD savings (£'s) | Forecast savings (£'s) |
|--|--------------------|---------------------|-------------------|------------------------|
| Primary Care | G | R | 1,280 | 1,779 |
| Acute Care - Unscheduled | R | R | 0 | 0 |
| Acute Care - Planned | R | R | 1,287 | 1,800 |
| Community and older people | G | G | 4,788 | 5,738 |
| Mental Health | R | R | 2,061 | 2,697 |
| Children and Maternity | G | R | 597 | 597 |
| Corporate - back office and infrastructure | R | R | 2,647 | 3,462 |
| Health Improvement | N/A | N/A | | |
| TOTAL | | | 12,660 | 16,073 |

| 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 | A |
| 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 |

SUMMARY REVENUE STATEMENT Period ended 31st December 2010

Finance

| | ANNUAL BUDGET £000's | BUDGET TO DATE £000's | ACTUAL TO DATE £000's | VARIANCE TO DATE £000's | FORECAST OUTTURN £000's |
|--------------------------------------|----------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------------|
| RESOURCES | | | | | |
| PCT pooled | 263,533 | 198,036 | 198,036 | - | - |
| PCT Non-pooled | 62,916 | 46,938 | 46,938 | - | - |
| Hosted services | 5,029 | 3,136 | 3,136 | - | - |
| Total PCT Resources | 331,478 | 248,110 | 248,110 | - | - |
| EXPENDITURE | | | | | |
| Total Pooled Budget | 263,533 | 198,036 | 199,436 | (1,400) | (2,425) |
| Non Pooled | 62,916 | 46,938 | 47,124 | (186) | (837) |
| Hosted Services | 5,029 | 3,136 | 3,136 | - | - |
| Total Accountable Expenditure | 331,478 | 248,110 | 249,696 | (1,586) | (3,262) |
| Total PCT | - | - | (1,586) | (1,586) | (3,262) |

| Public Sector Payment Policy | |
|--|--|
| Better Payment Practice Code statistics received up to the end of December 2010 indicated: | |
| * 95.74% non NHS and 95.42% NHS compliance on the number of invoices paid and | |
| * 95.38% non NHS and 99.62% NHS compliance based on value | |

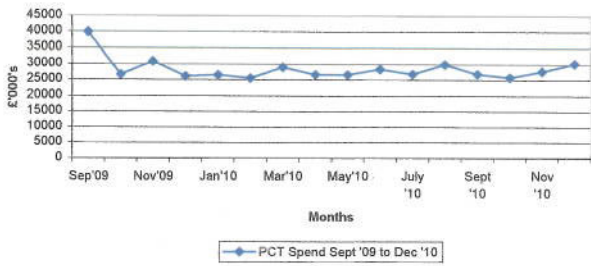
| Capital Expenditure | |
|---|------------|
| Capital expenditure April to December 2010 was: | £'000's |
| Dogsthorpe Medical Centre | 3 |
| City Care Centre | 26 |
| Bretton Medical Centre Dental Equipment | 167 |
| Supported Living | 80 |
| | 276 |

| Cash Drawings | | | |
|---|----------------------|---------------------|-------------------------|
| | Annual Budget £000's | Plan to Date £000's | Variance to Date £000's |
| Total Cash Available | 345,089 | 256,695 | 255,500 |
| APPLICATIONS: | | | 1,195 |
| Total cash expenditure April to December 2010 | 345,089 | 256,695 | 255,443 |
| Balance at Bank | 0 | 0 | 57 |
| | | | -57 |

| Statement of Financial Position | | |
|---------------------------------------|--------------------------|-----------------------------|
| | Opening bal 1st Apr 2010 | Balances held 31st Dec 2010 |
| | £'000's | £000's |
| Fixed Assets (non Current Assets) | 27,043 | 26,100 |
| Current assets | 7,555 | 9,922 |
| Current liabilities | (24,339) | (28,902) |
| Non current liabilities | (36,026) | (35,776) |
| Provision for liabilities and charges | (927) | (569) |
| Total Assets Employed | (26,694) | (29,225) |
| Taxpayers Equity | (26,694) | (29,225) |

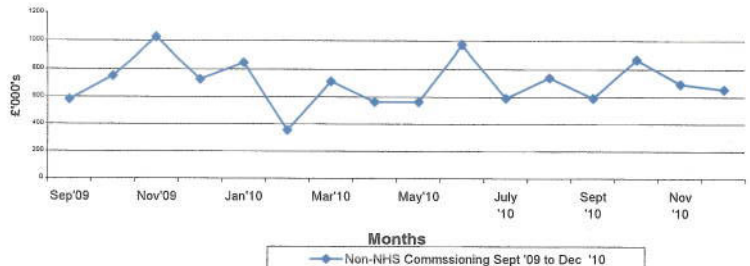
| SUMMARY POOLED REVENUE STATEMENT Period ended 31st December 2010 | | | | | | |
|--|----------------|----------------|------------------|----------------|------------------|----------|
| EXPENDITURE | ANNUAL | | BUDGET TO EXPEND | | FORECAST | |
| | £000's | DATE | £000's | TO DATE | VARIANCE TO DATE | VARIANCE |
| Commissioning Acute Trusts | | | | | | |
| Peterborough and Stamford Hospitals FT | 84,505 | 63,662 | 65,652 | (1,990) | (2,700) | |
| Cambridge University Hospitals FT | 5,845 | 4,351 | 4,388 | (37) | (30) | |
| Hinchingbrooke | 781 | 588 | 496 | 92 | 20 | |
| University Hospitals Leicester | 1,841 | 1,381 | 1,365 | 16 | 20 | |
| Nottingham University Hospital | 569 | 410 | 436 | (26) | (85) | |
| | 93,541 | 70,392 | 72,337 | (1,945) | (2,775) | |
| Other NHS Commissioning | | | | | | |
| Specialist Commissioning Consortia | 14,783 | 11,098 | 11,563 | (465) | (524) | |
| Papworth | 1,979 | 1,483 | 1,553 | (70) | (95) | |
| Cambs & Peterborough FT | 25,399 | 19,049 | 19,144 | (95) | (125) | |
| Other Mental Health & LD | 5,676 | 4,294 | 4,780 | (486) | (713) | |
| Children's Placements | 981 | 736 | 1,122 | (386) | (576) | |
| East of England Ambulance service | 6,127 | 4,595 | 4,443 | 152 | 79 | |
| Non Contracted Activity | 12,152 | 11,650 | 11,555 | 95 | (79) | |
| | 67,097 | 52,905 | 54,160 | (1,255) | (2,033) | |
| Non NHS Commissioning | | | | | | |
| Non NHS Commissioning | 4,357 | 3,256 | 3,335 | (79) | 30 | |
| Fitzwilliam | 2,944 | 2,090 | 2,432 | (342) | (375) | |
| In Health | 821 | 616 | 483 | 133 | 178 | |
| | 8,122 | 5,962 | 6,250 | (288) | (167) | |
| Continuing Care | 6,625 | 5,045 | 6,715 | (1,670) | (2,254) | |
| Corporate Services | | | | | | |
| Management structure | 8,447 | 6,593 | 7,330 | (737) | (1,201) | |
| Facilities | 1,065 | 700 | 526 | 174 | 279 | |
| Public Health | 1,760 | 1,240 | 1,206 | 34 | 65 | |
| | 11,272 | 8,533 | 9,062 | (529) | (857) | |
| Reserves | | | | | | |
| Turnaround Scheme Cost | 2,490 | 1,379 | - | 1,379 | 1,839 | |
| Central Budgets Contingency | 1,084 | 813 | - | 813 | 1,084 | |
| Anticipated Surplus | 500 | 375 | - | 375 | 500 | |
| Uncommitted Reserves - Contingency | 2,392 | 1,645 | - | 1,645 | 2,194 | |
| Committed Reserves | 3,015 | 611 | - | 611 | 815 | |
| Cost Pressures | 251 | 188 | - | 188 | 251 | |
| | 9,732 | 5,011 | - | 5,011 | 6,683 | |
| Peterborough PCT Provider Services | 67,144 | 50,188 | 50,912 | (724) | (1,022) | |
| GRAND TOTAL EXPENDITURE | 263,533 | 198,036 | 199,436 | (1,400) | (2,425) | |

PCT Spend by Month



— PCT Spend Sept '09 to Dec '10

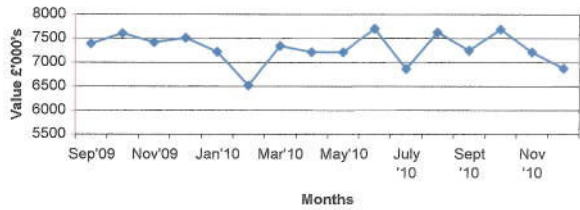
Non-NHS Commissioning



— Non-NHS Commissioning Sept '09 to Dec '10

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

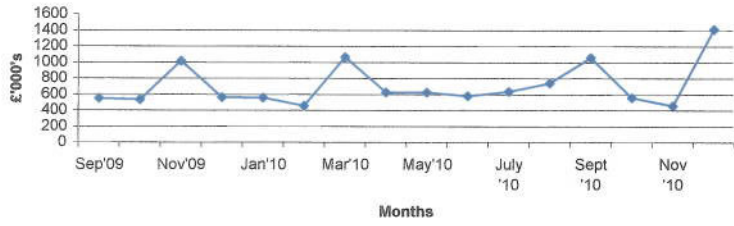
Peterborough & Stamford Hospitals FT



— PSHFT Spend Sept '09 to Dec '10

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

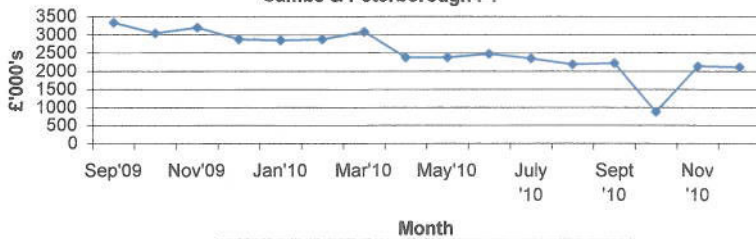
Continuing Care Spend



— Continuing Care Spend Sept '09 to Dec '10

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

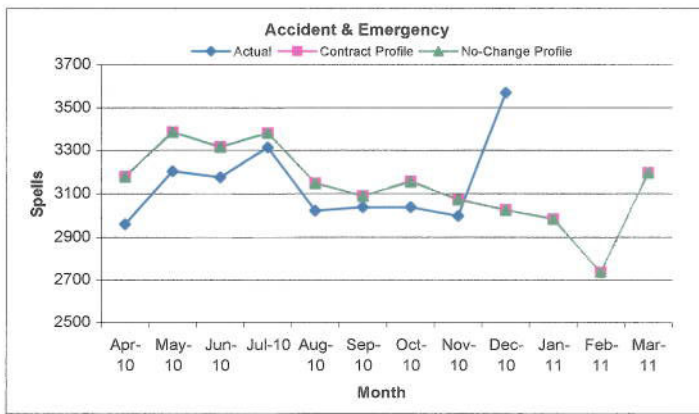
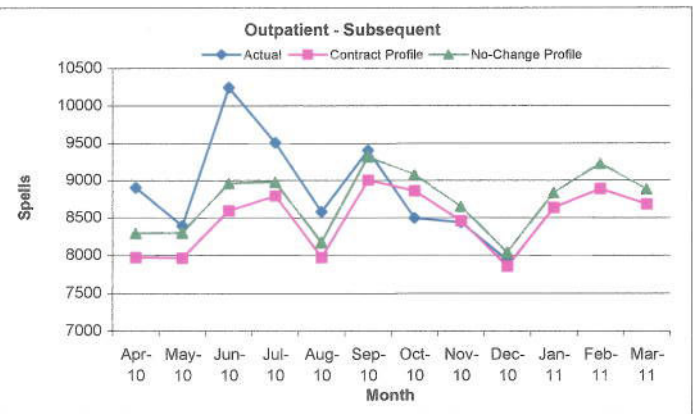
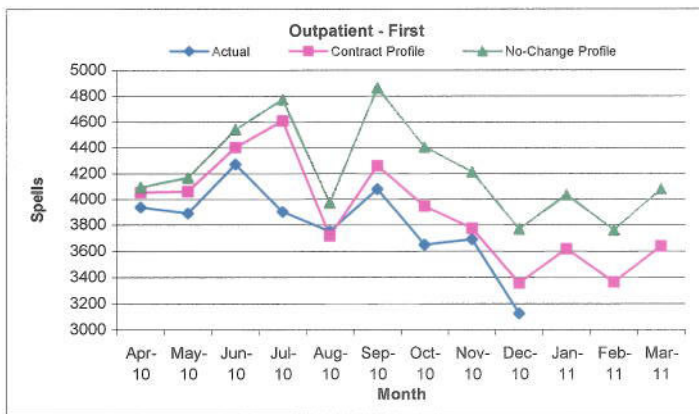
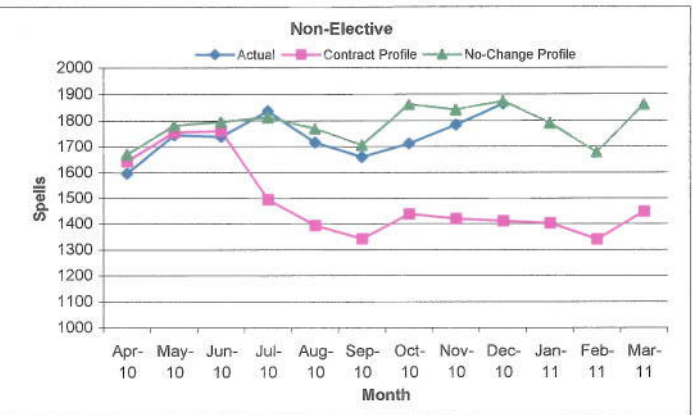
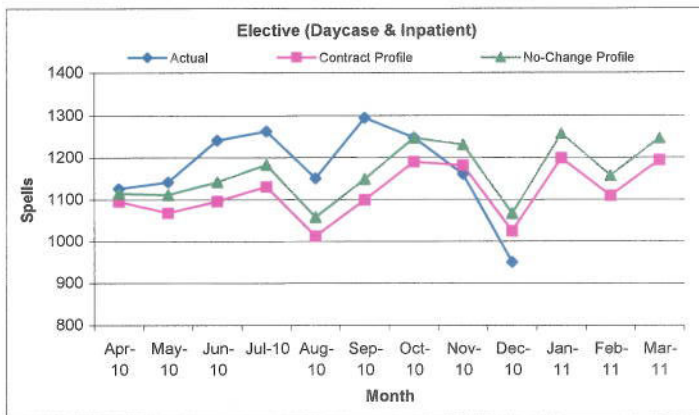


— Cambs & Peterborough FT Spend Sept '09 to Dec '10

Expenditure and forecasted 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.

PSHFT Activity

| | | 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 | 1248 | 1160 | 950 | | | |
| | 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 | 1711 | 1784 | 1864 | | | |
| | 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 | 3649 | 3690 | 3126 | | | |
| | 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 | 8493 | 8433 | 7937 | | | |
| | 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 | 3038 | 2998 | 3570 | | | |
| | 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) | 10,573 | 9,892 | 681 | 6.9% |
| Non Elective | 15,650 | 13,660 | 1990 | 14.6% |
| OP - First | 34,291 | 36,167 | -1876 | -5.2% |
| OP - Subs | 79,893 | 75,468 | 4425 | 5.9% |
| A&E | 28,312 | 28,749 | -437 | -1.5% |

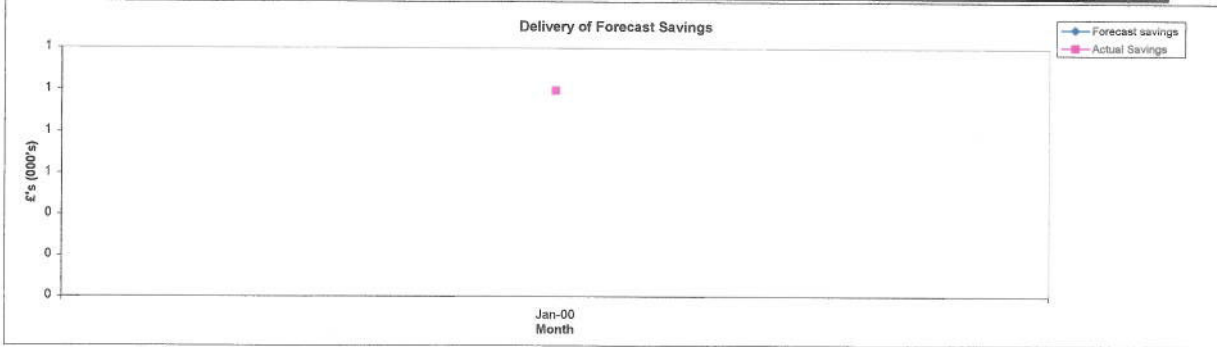
YTD Variances (Cost)

| | Actuals | Contract Profile | Variance | Variance % |
|--------------------|-------------|------------------|------------|------------|
| Elective (DC & IP) | £12,394,611 | £11,453,576 | £941,035 | 8.2% |
| Non Elective | £25,964,279 | £23,350,276 | £2,614,003 | 11.2% |
| OP - First | £6,200,207 | £6,475,344 | £-275,137 | -4.2% |
| OP - Subs | £7,786,954 | £7,239,707 | £547,247 | 7.6% |
| A&E | £2,518,072 | £2,567,804 | £-49,732 | -1.9% |

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

Turnaround

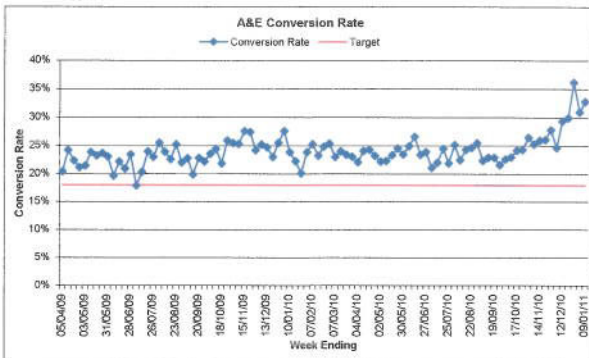
| | Resources | Communications | Mindsets | Roadblock | Delivery | Metrics |
|------------------------------|-----------|----------------|----------|-----------|----------|---------|
| 1A Acute - Unplanned Care | A | A | R | R | R | R |
| 1B Acute - Planned Care | A | G | R | A | A | A |
| 2 Children and Maternity | G | A | G | G | G | G |
| 3 Mental Health | A | G | G | A | A | G |
| 4 Primary Care | G | A | G | G | A | A |
| 5 Community and Older People | A | G | A | A | R | G |
| 6 Corporate | A | R | A | R | A | R |
| 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 | 2,796 |
| 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 | |

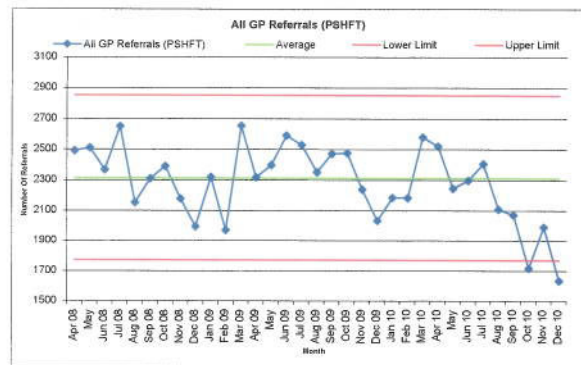
Metrics

Acute Care - Unplanned



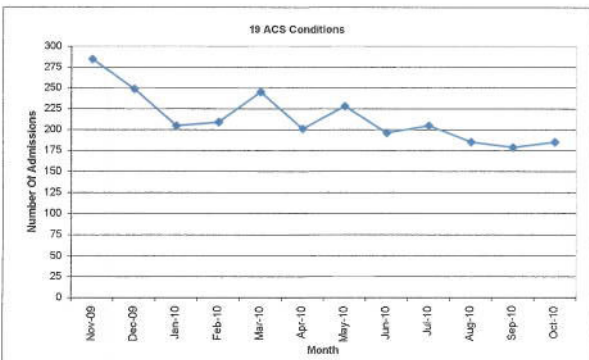
The A&E Conversion Rate looks at the percentage of patients attending A&E that get admitted. A target of 18% has been identified for 2010/11

Planned Care



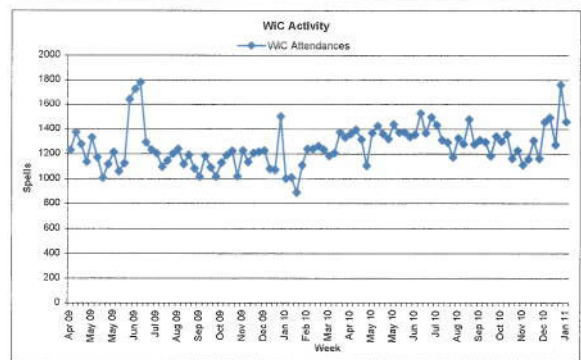
The GP Referral report monitors referrals received by PSHFT from GP's.

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

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

Primary Care

Dental Access - NHS Peterborough provisional December data shows performance of 86.71% against target equating to 101,484 people accessing NHS dental services within the previous 24 months against the target of 117,033 people. Although this is significantly below target we are amongst the best performing SHA's in the region.

A key intervention is the PCT's expectation for practice's to extend recall times from 6 to 12 months. The dental Public health advisor plans to undertake some media interviews to raise awareness to patients about appropriate recall intervals.

Choose and Book - Utilisation of the Choose and Book system continues to be amongst the lowest in the East of England region. The performance for the week ending 9 January was 33%, well below the national average of 48% and the SHA average of 49%.

Acute Care - Unscheduled and Planned

Ambulance Response times - As at Week ending 2/1, ambulance Response times - Category B year to date response rates are currently at 92.77%, a deterioration from the previous month of 93.59% year to date against a target of 95%. Category A response times within 19 minutes remain just above target at 95.32% against a target of 95%, despite some poor weekly performance figures in December. Category A response times within 8 minutes have dipped below the target of 75% for the first time this year to 73.9%. This is due to the sustained period of adverse weather experienced in December.

A&E Performance - The national target is 95%. The Trust have not achieved this at all in December, with weekly performance ranging between 59.67% and 80.87%. This level of performance has continued into January with a figure of 72.36% being achieved in the week ending 9/1/11. This period of poor performance has led to a year to date figure of 95.1% (Since Q2 when the 95% target was introduced). The overall percentage including the WIC is 96.19%. We are working with the trust at a local level to maintain the locally agreed target at 98%, although this has not been achieved in the last five weeks. We monitor WIC and A&E individually and are performance managed at a system level. The PCT is working closely with PSHFT to agree a remedial action plan.

Cancer

All Cancer standards were met in November.

Clostridium Difficile

As at November, we have 48 cases against a YTD ceiling of 36 cases. The full year ceiling is 67. The PCT has been below its monthly ceiling for the past two months. If the current levels of performance can be maintained, we should hit our target. Provisional data for PSHFT's year to date position as at December is 36 cases against a ceiling of 38.

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%. No newer data has become available yet - investigations are taking place as to why this is the case.

A contract query was raised with PSHFT regarding this matter and a subsequent meeting and actions agreed. A formal response has now been received covering the matters raised in respect of this correspondence and meeting. The Trust has stated within this that they "expect the level of cancelled operations to be back below the contractual threshold by 1st February 2011". This response was received on the 18th January in a letter from the Trust and is currently being considered by NHSP in detail. We will insist that as a minimum the Trust is held to the statement within their letter and have advised them that failure to do so will result in the issuing of a Performance Notice under the Contract.

Delayed Transfers of Care

Although improving slightly in November, the rate of DTOC's continues to be higher than the regional average and above target levels. A large proportion of the delayed transfers are for patients registered outside of Peterborough. A number of actions have taken place to address this: Senior PCT management met with senior Trust management on the 10th January to discuss a performance issues specifically around the emergency care pathway. DTOCs was discussed at this meeting.

It was agreed that Peterborough PCT, Cambs PCT, Lincolnshire PCT will meet with the Trust to approach this as a whole system issue. Membership will be taken from Commissioners, Adult Social Care, Intermediate care teams, transfer of care teams and the Acute Trust. DTOCs were also discussed at the urgent care network on the 13th January where it was agreed the Acute Trust would take the lead for organising this meeting urgently. The PCT expects that this meeting will be in the diary by the 2nd January and will liaising closely with the Acute Trust to monitor this.

18 weeks

18 week performance in October was showing a slight improvement in admitted performance and performance appeared to be moving in the right general direction – better performance, fewer failing specialties and fewer patients still waiting who had already been waiting at least 18 weeks. However, the issues faced by the Trust since the move, the backlog of elective treatment has grown, and 18 week RTT targets have been missed in December, and are likely to be lower in January.

Following a meeting with the Trust to address the 18 week performance we are expecting a remedial plan from the Trust 2nd January that will demonstrate the trajectory to clear the backlog and to understand the expected performance for the following months as a result of this. A performance notice will be served once the performance position above has been verified via unify and financial penalties applied as per national acute standard contract.

Community and older people

Self Directed Support

Performance remains below trajectory to meet the stretched target of 60% of service users receiving self directed support by March 2011. However, Peterborough has already achieved the national standard of 30% with current year to date performance, as at December, of 33.90%.

Mental Health

Employment - Proportion of adults in contact with secondary mental health services in employment - the position improved slightly from 5.2% in November to 5.3% in December, against a Local Area Agreement target of 7.6%. Performance is improving and is expected to continue to 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 Accommodation

The Mental Health Trust reported a slight increase in the percentage of clients known to be in settled accommodation in August (57.4%). However levels have fluctuated since that point (35.5% in September and 50% in October and 53.1% in November and 53.3% in December) and remain lower than the national average (around 76%) - this is expected to be a data quality issue and work continues with the trust to improve data quality on all social care focussed indicators.

Children and Maternity

Percentage of Infants breastfed at 6 - 8 weeks

Q3 data shows a percentage of 43.11% of infants being breastfed at 6 - 8 weeks, against a target of 57.1%. This represents a small decrease from Q2. Coverage remains high at 98%. A number of actions are in progress to improve this percentage including:

The Service Specification for health visiting has been written and is currently being negotiated and includes promotion of breast feeding: The specification has been completed, with final sign off now expected in February.

Targeting areas with low breast feeding rates is ongoing, specific examples includes the recent negotiation with providers ,PCS and Children's centres, to maintain the Baby Café in areas with low breastfeeding rates, agreed by PCS and Children's centres. I.e there was a potential risk of having to reduce the number of Cafés due to financial constraints in PCS and CC

PSHFT are currently being assessed for level 2 UNICEF Baby friendly [BFI] accreditation, and through this process should help increase the Breast feeding initiation rates – which in turn may help increase our duration rates.

NHS Peterborough and PSHFT plan to work together towards level 3 UNICEF BFI accreditation next year.

Corporate - back office and infrastructure

There are no issues to report in this area

Health Improvement

Chlamydia

Our monthly Chlamydia screening rates dropped a little in December, with only 202 screens being completed. This compares to an average number of screens per month of 292. Our year to date position is that 2634 screens have been performed in the year so far, against a year to date target of 5748. The current screening rates are not sufficient to achieve the 35% target. However, our positivity rates remain significantly high and we have confirmation of some SHA funding of which a proportion will be supporting increased publicity and targeted promotion over the Christmas, New Year and Valentine period. We are also currently looking at incorporating some key indicators for the Walk in Centre to increase their screening rates.

Smoking cessation

The target at December was for 805 smokers to have quit. Data as at 18/1 shows achievement of 536 quitters. Actions to address this performance are as follows:

The reasons for being behind target are a 20% increase in target, 20% decrease in budget (due to Turnaround), leading to reduced capacity and flexibility which puts greater pressure on the service to deliver. As there is no budget for marketing and promotion, fewer smokers are engaging with the service and setting a quit date. However, due to improved triaging only motivated smokers set a quit date, and with the focus by the service on quality measures this has meant that our quit rate has actually improved from 36% (same period last year) to 43%, peaking at 52% in August.

The target will be delivered by 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, and a new venue profile launched 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. The new model for health improvement services, launched on 8 November, means greater capacity for delivery of specialist clinics by the core service. 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. All stop smoking treatments will be given equal first line treatment which will improve the quit rate. Furthermore creativity in terms of marketing and promotional activities when there is no budget available. For example, the health bus will be visiting Peterborough between 21/1 - 28/1. This high profile initiative will enable us to offer lifestyle advice with a particular focus on smoking. New clinics in GP practices were launched in January.

There have been some difficulties with a small number of larger practices where referral rates have dropped significantly, but where there is a reluctance to allow clinics to be run at the practice location

However, the recovery plan has been fully implemented from 8 November, and recovery will continue through Q3 and Q4. Every effort will be made to meet this target.