

**Board Meeting**

Agenda Item: 9.0

Date: 25 April 2007

From: Director of Finance and  
Director of CommissioningNorth Somerset   
Primary Care Trust**Subject: Performance Report 2006/07****Summary Sheet**

<b>Decision</b>	
<b>Discussion</b>	✓
<b>Information</b>	✓

<b>Purpose</b>	To update the Board on the Performance and Financial position of the PCT for
<b>Financial Implications</b>	The Primary Care Trust is forecasting a deficit for 2007/08 of £8,615,000.
<b>Risk and Other Implications</b>	<p>The Key areas of risk and concern are:</p> <ul style="list-style-type: none"> <li>• Failure to achieve statutory break-even duty</li> <li>• Waiting time breaches</li> <li>• Implementation of Choose and Book in Primary Care</li> <li>• Failure to achieve smoking cessation targets</li> <li>• Failure to achieve required reduction in MRSA infection rates</li> </ul>
<b>Equality Issues</b>	<p>The Primary Care Trust is operating to a financial recovery plan. A number of key principles of equity have been used to assess each proposal and no proposals to cease services are being considered.</p> <p>It must, however, be recognised that the recovery plan does impact on the equitable distribution of funds to services and the relative level of investment in service areas.</p>
<b>Consultation / Communication</b>	The Performance Report is a key element of

If you require this paper in any other format please contact : Ann Walker on 01275 546690

C:\DOCUME~1\DPUGH--1\LOCALS~1\Temp\Temporary Directory 29 for Finals.zip\9.0 Performance Report - April Board.doc

	Trust monitoring and the reports that are analysed and reviewed to provide this commentary are shared with staff and stakeholder groups for information via budget managers, briefings, reporting and the Trust web site.
<b>Review / Update</b>	The financial position is reviewed monthly by the Board and PEC.
<b>Declaration of Interest of author(s) or presenter</b>	There are no issues that would cause a conflict of interest for the author.
<b>Recommendations</b>	The Board are asked to note the performance and financial position of the PCT

Prepared by: Vicki Keight: Performance Manager, Cathy Costello: Deputy Director of Finance and Performance, Peter Elmont: Assistant Director of Finance, Bill Boa: Interim Director of Finance and Performance.

Director: Bill Boa: Interim Director of Finance and Performance

## Performance Report April 2007

### 1 Purpose

The purpose of this report is to highlight the current performance of North Somerset PCT against key targets. The report aims to inform the board on the overall performance position of the PCT for activity as at the end of February / March 2007. Current areas at risk of failing local and national targets are identified, with exception reporting and processes in place for service improvement.

### 2 Background

The board paper includes a balanced scorecard used to monitor the current performance of the PCT. The report is in line with the National Operating objectives as well as commitments recorded in the Local Delivery Plan. The report also summarises the health and service development priorities for the 2007/08 financial year as set out in the recently published 2007/08 Operating Framework.

### 3 Executive Summary

The key issues that have arisen in performance reporting as at the end of March that are to be highlighted to the board are

- The Trust is currently closing its ledgers for the production of year end accounts for the year ending 31 March 2007. The closing position of the Trust is not confirmed until completion of the annual accounts, however, the forecast outturn presented within this report is materially correct and has been shared with the Strategic Health Authority and Department of Health through the monthly Finance and Information Management System Reporting.
- The forecast surplus to 31 March 2007 is £8,615,000. The Primary Care Trust has received a significant adjustment (£3,625,000) in March 2007 as part of a national exercise to address historic deficits in the NHS. The adjustment is consistent with the assumptions outlined in the Trust Recovery Plan but has been received earlier than originally forecast/anticipated.
- Outpatient breaches of 13 weeks at Weston Area Health Trust as well as two Inpatient breaches of the 26 week standard.
- Increasing number of MRSA cases against plan at all three of NSPCT main providers, especially NBT and Weston.
- Continued underperformance of Patient choice and booking against the target.
- Not achieving the smoking cessation quarterly targets year to date.
- Non achievement of the 97% milestone for Inpatients seen within 20 weeks and 100% of diagnostic waiters not waiting more than 13 weeks.
- Underperformance of the 4hr Accident and Emergency target.
- Continued strong performance in delivery of Cancer waiting time targets.

### 4 Six Key Priority Areas

The NHS Operating Framework 2006/07 indicates 7 priority targets for Primary Care Trusts. North Somerset PCT monitors these targets on a monthly basis; Appendix 1 details a balance scorecard of the current position of the PCT in relation to these as well as other existing commitments.

### Cancer

The NHS Cancer Plan set the goal that, by December 2005, no patient should wait longer than one month from diagnosis of cancer to the first definitive treatment (the 31 day target) or more than two months from urgent GP referral for suspected cancer to the definitive treatment (the 62 day target).

Thresholds are set for these standards to accommodate complex cases and/or those requiring multiple referrals/diagnostics. These are 98% for the 31 day target and 95% for the 62 day target. The expectation is that 100% of GP referrals received within 24 hours will be seen by a cancer specialist within 2 weeks – there is no lower threshold.

February 2007 is the first month since reporting against the cancer targets commenced that 100% of all North Somerset patients referred for or commencing treatment did so within target. This is an excellent position to be able to report and represents the persistent effort across all Trusts to refer, track and review patients efficiently. In more detail:

100% of North Somerset cancer patients were treated within 62 days of their urgent (<24 hour) GP referral (range 33-62 days, total 33 patients). The national target is 95% and the national achievement for Feb was 97%.

100% of North Somerset patients (66 patients) were treated within 31 days of making the treatment decision (actual range 0-30 days, mean average 18.3 days).

As always, 100% of patients urgently referred by their GP (259 North Somerset patients) were seen by a specialist within 2 weeks (average 12 days). On average, approximately 10% of these patients are subsequently diagnosed with cancer and are subject to the 62 day target for treatment.

### 18 week target

The target defines that by December 2008 no patient waits more than 18 weeks from referral to treatment. The national milestones to be achieved by the end of March 2007 to aid this target are:

- 97% of patients seen within 20 weeks for inpatients
- 97% of patients seen within 11 weeks for outpatients
- Maximum 13 weeks for diagnostics tests

The table below shows December month end waiting list position of actual waiters for NSPCT patients in each of the local trusts giving a NSPCT composite view. Further explanations behind wait list breaches can be seen in section 5 under existing commitments, with year to date total numbers split by trust.

Target	NSPCT			
	Actual	Plan	Var	% of WL
26 week IP breaches	1	0	1	-

20 week IP milestone	185	218	-33	92.5%
13 week OP breaches	1	0	1	-
11 week OP milestone	81	88	-7	98.2%
13 week Diagnostics milestone (key 15 tests)				58.7%

During the last three months of the financial year there has been significant focus within the South West region on all outpatients being seen within 11 weeks, this is over and above the original 97% March 07 milestone. As at February 07, 98.2% of NSPCT patients have an OP appointment within 11 weeks, achieving the 97% milestone. This is a significant achievement as in 2006/07 no investment in achieving the milestones was made and Trusts were only required to maintain the 26 week inpatient and 13 week outpatient targets.

Inpatient and diagnostic milestones continue not to be met. There was hope that the IP target would be met but due to some confusion on the construction of the milestone and the large T&O list at NBT, this will not be the case.

For 2007/08 investment is being agreed to enable the Trusts to meet the 18 week targets during the year. In the early part of the year additional capacity for diagnostic services, including Audiology, will become available.

### MRSA

Mandatory MRSA bacteraemia reporting has been in place since April 2001. The national target for all acute Trusts is to reduce the number of MRSA Bacteraemia infections from the Trust baseline figure of 2003/04 by 60% by March 2008. Individual Trust figures reflect serious infections with associated MRSA (Bacteraemia) and thus not all MRSA infection or carriage.

		April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
WAHT	actual	3	3	6	6	12	12	13	14	16	17	20
	planned	4	4	6	8	10	12	14	15	16	17	18
UBHT	actual	10	10	14	19	23	29	33	37	45	47	50
	planned	10	10	15	20	24	28	32	36	40	44	48
NBT	actual	20	20	25	33	39	52	58	65	74	81	86
	planned	10	10	15	20	25	30	35	40	46	52	58

Weston has now exceeded their end of year target. Performance at UBHT has improved since December but is still slightly above target. NBT continue to face significant problems and have not been in a position to meet the end of year target. There were 7 cases of MRSA identified in January against a target of 3 despite the implementation of the DoH review in October 06.

### Patient Choice and Booking

Choice at the point of referral for patients requiring an elective referral for first consultant led outpatient appointments – since December 2005 all patients should be offered a choice of four or five hospitals (or suitable alternative providers) at the time they are referred by their GP or primary care professional. The patient should also be offered a choice of time and date for their booked appointment. The target is that 90% of all referrals should be sent via Choose & Book by March 2007.

May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Target	170	270	368	490	613	858	1103	1471	1716	1961	2140
% of all referrals	7.1%	11.4%	15.5%	20.6%	25.8%	36.1%	46.0%	62.0%	72.2%	82.5%	90%
Actual	23	21	14	25	99	175	230	169	378	485	682
% of all referrals	1%	1%	1%	2%	4%	7%	10%	7%	16%	20%	29%

The March figures show an acceleration in the growth in usage of the Choose and Book system. In the last seven days of March the percentage against trajectory was at 33%, ranking North Somerset PCT as 101 out of 152 in England. Seven practices are over 50% with two over 85%. Nine practices are amber on the Red/Amber/Green score with three at over 40%. Whilst this represents a significant improvement, there remains a long way to go to achieve the levels of usage required. Efforts continue to support and encourage practices. As reported last month a number of practices report a discrepancy between the national figures and the practice perception of how much is being put through the Choose and Book system. Work continues to identify the extent of any discrepancy and obtain a clearer understanding of the position.

### Smoking Cessation

North Somerset PCT's annual target for the number of 4-week smoking quitters who attended the North Somerset NHS Smoking Cessation service is 1270. In the first three quarters of the year 643 people quit against a target of 770. This is a percentage variance of -16%. Throughout the country smoking cessation rates are below target and the overall variance in the South West is -20%. We are implementing an action plan that includes an increased number of drop-in clinics and pharmacies that provide help to smokers wanting to quit and have seen an upsurge in activity since the beginning of the year. We are using press releases and other forms of advertising to promote these new services. The majority of our Four Week quitters come through the Local Enhanced Service we have with our General Practices and all practices are below their targets for this year. The PCT pharmacy advisors are auditing NRT and Zyban prescribing to ensure that people who want to stop smoking are receiving the right level of support. No Smoking Day is on March 14<sup>th</sup> and we are hoping to use this to generate a few more quitters before the end of March. The Healthy Living Centre are also supporting this work by running a Quit and Win type competition in March. We will not have the final year outturn for this target until the end of May 2007 but we are not confident that we can make up the current deficit of 126.

### Access to GUM Clinic

The focus of this priority target is to ensure by 2008 everyone referred to a GUM clinic should be able to have an appointment within 48 hours.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Actual	64.1%	75.0%	82.1%	95.0%
Plan	46.0%	51.6%	57.5%	64.1%

The WISH (Weston Integrated Sexual Health) centre continues to provide an excellent and accessible service to North Somerset's residents.

Following local consultations about service development North Somerset PCT has opened a Saturday morning No Worries clinic. Young people (under 21 year olds) now have access to sexual health services 6 days a week. In addition a bid has been submitted to the LDP which if successful will increase the outreach provision to vulnerable young women.

## 5 Existing Commitments - Exceptions

### Waiting List - Breaches

The NHS Plan makes clear commitments to reducing the time patients spend waiting to be seen and treated by the health service. The indicators reported in this section shows if Trusts have maintained the target of 6 months (26 weeks) maximum wait for inpatient treatment, and the target of 13 weeks maximum wait for treatment as an outpatient, both by December 2005. These targets should be maintained from December 05 onwards.

The table below indicates that Weston is currently reporting another orthopaedic outpatient breach. This is a tertiary consultant to consultant referral subsequently supported by a GP referral in which the system was not updated, the patient breached in October and was eventually seen in March. This amounts to 5 breaches in 2006/07.

Weston is also reporting an Inpatient breach of the 26 week standard for the first time this financial year. During a cull of medical records by the Admissions Department, a waiting list referral card dated 13<sup>th</sup> July 2006 was discovered in the patient's notes. On checking Cerner it appears that the referral was not added to the waiting list and subsequently the patient had not been offered an appointment. The patient breach date was in January 07 but the patient was not seen until March hence this represents 2 month end breaches.

		April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total
<b>WAHT</b>	<b>OP</b>	1	1	1	1	3	6	7	3	3	2	1	<b>29</b>
	<b>IP</b>	0	0	0	0	0	0	0	0	0	1	1	<b>2</b>
<b>UBHT</b>	<b>OP</b>	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	<b>IP</b>	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>NBT</b>	<b>OP</b>	1	1	1	1	1	1	1	0	1	0	0	<b>8</b>
	<b>IP</b>	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>TOTAL</b>	<b>OP</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>7</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>37</b>
	<b>IP</b>	0	0	0	0	0	0	0	0	0	1	1	<b>2</b>

North Somerset is working very closely with Weston to ensure systems have been put in place to prevent reoccurrence and courses of action have taken place.

### Ambulance Services

There operational standards for the ambulance service these are

- 75% of Category A calls should be met within 8 minutes. Clinical evidence shows that achievement of the target could save as many as 1,800 lives each year in people under 75 years suffering acute heart attacks.
- Ambulance Trusts are expected to respond to 95% of calls within 19 minutes for both urban and rural areas.
- Category B calls – Ambulance Trusts are expected to respond to at least 95% of calls within 19 minutes for both urban and rural areas.

GWAS has experienced high levels of demand during January and February, 6% above the same period last year. The service has also experienced significant delays in crews being able to hand patients over at Emergency Departments and this has resulted in a reduction of vehicle capacity able to respond to calls. The newly merged organisation is

experiencing increased levels of sickness and along with the Agenda for Change implementation in July whereby staff aimed to ensure that all back logged leave was taken has reduced the workforce and thus the number of crews out on the roads answering calls.

GWAS acknowledge these difficulties and have taken action to address them by agreeing a Performance Improvement Plan. The plan consists of many actions but primarily the main are around matching resources to demand by

- Increasing the number of single manned vehicles.
- Instead of 12 staff to cover 24/7 reduce to 11.
- Workforce redesign. Current rota allows for 3 staff rostered per vehicle on the assumption 1 will be on leave, sick, absent. This will change from circa 33% to 25%.
- Change redeployment criteria so either RRV will attend a call and if needed request an ambulance. Currently both RRV and an ambulance are dispatched.
- Reduce turnaround times by working with acute trusts on escalation plans and having clinical team leaders on acute sites in times of delays to ensure crews do not delay in clearing.
- Active management of sickness levels.
- Buying out outstanding leave.
- Removed overtime restrictions to increase resource levels
- Increased use of VAS and private providers to support resource levels
- Clinical managers deployed to respond to calls wherever possible, meetings cancelled etc.
- Silver command cell established to co-ordinate resources in times of high demand.

### **Accident and Emergency**

The operational standard that is to be delivered within the A&E department requires that at least 98% of patients spend four hours or less in any type of A&E from arrival to admission, transfer of discharge from January 2005 onwards.

The score card in **Appendix 1** shows that NBT achieved amber status in February with Weston and NBT on red status, achieving 96.2% and 96.6% respectively against the target.

Emergency activity has been higher than expected with some days the actual number of emergency admissions 15% - 21% higher than predicted. This has created problems in allocating appropriate beds for Emergency Department patients within the 4-hour target, particularly with already full hospitals. This whole pattern reflects the local and national picture. The "cold snap" in weather on 8<sup>th</sup> – 11<sup>th</sup> February saw an increase of Respiratory and Cardiac admissions 5 days later, causing significant capacity issues in medicine. Overall activity of patients has been much higher with a consequent reduction in the usual number of daily discharges.

There have been occasions of ambulance queuing with patients waiting for a trolley to become available in the Emergency Departments. The patients have therefore not been seen, treated and admitted / discharged within 4 hours. The ability to staff extra bed capacity has been severely restricted by half term which this year has spanned 2 weeks for different schools. In addition, staff sickness levels have been high and Bank / Agency Nurses unavailable. There has also been a reduction of the number of available beds due to Norwalk virus and C Diff. within hospitals.

An increased throughput of elective care services to meet the performance targets has resulted in an increased number of beds occupied by elective cases which has reduced the emergency services bed base and increase pressure on the services.

UBHT experienced delayed discharges of care and a lack of nursing home beds has reduced the number of beds available within the system.

The implementation of Cerner at WAHT has severely slowed down processes and the ability to progress the patients through the system within the 4 hour time frame. WAHT also suffers from a very small department for the amount of contacts it sees and this capacity restriction also hampers efficiency.

NBT has experienced difficulty in transporting patients requiring admission at Southmead from Frenchay Emergency Department out of hours. As the number of ambulance crews on the road over the last fortnight has been considerably reduced and on occasions crews have been queuing at UBHT, NBT and WAHT at the same time.

All trusts are actively working on measures to achieve and sustain the performance target. WAHT is working to route all appropriate GP referrals to the Assessment & Treatment Centre or Assessment Unit and not via the Emergency Department. The Case Managers and Community Discharge Liaison Team are also working where appropriate to expedite discharge. UBHT is working to increase triage capacity. Reconfigure working areas to best match demand and increasing x-ray capacity to be able to swiftly diagnose patients within the timeframes. All trust continue to increase awareness within the hospitals that the 4 hour target is the responsibility of the whole system and not just the Emergency Departments.

## 6 Existing Commitments – High Performance

It is important to highlight those areas where the PCT are currently working well and over achieving against plans / targets. These areas include

- Continual hit of 100% of North Somerset patients being able to see a GP within 48 hours and a PCP (primary care professional) within 24 hours.
- As at February 2007 achievement of the 97% outpatient milestone, that 97% of patients wait less than 11 weeks for an outpatient appointment.
- Achievement of all cancer targets: 2 weeks, 31 days and 62 days for February.
- Over performing on our access to GUM services.

## 7 Activity

Activity is supplied to the PCT by the local providers on a monthly basis for the contract monitoring process. It needs to be highlighted that this section focuses on performance of activity only. In many cases there could be an over performance on activity but a under performance / break even situation financially, this would be due to the case mix of the activity done at the said Trust. Appendix 2 presents a graphical format of the below tables.

**Please note:** due to the Easter bank holiday the data source is not yet available to update the following tables and graphs for February 07.

### North Bristol Trust

The table below shows month by month actual activity against plan by patient type. It is important to note that prior to July robust contract monitoring information was not readily

## 9.0 Performance Report - April Board

available for NBT. April to June figures is based on monthly monitoring figures adjusted with July's year to date activity.

There is a clear over performance in year to date activity in 1<sup>st</sup> Outpatient attendees. An in-depth analysis highlights actual T&O activity being four and a half times larger than planned activity. Cardiology, General Surgery, Urology and Gynaecology are also over-performing against the Service Level Agreement whereas General Medicine is approximately two thirds under plan.

Day cases is also another area that appears to be over performing YTD in terms of actual activity against plan, with over performance in General Surgery, General Medicine and Plastic Surgery.

NBT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Inpatient - Actual	197	204	221	233	210	213	229	224	208	179			2118
Inpatient - Plan	209	209	209	209	209	209	209	209	209	209	209	209	2087
<b>Variance</b>	<b>-12</b>	<b>-5</b>	<b>12</b>	<b>24</b>	<b>1</b>	<b>4</b>	<b>20</b>	<b>15</b>	<b>-1</b>	<b>-30</b>			<b>31</b>
Daycases - Actual	352	446	425	420	407	391	406	453	377	469			4146
Daycases - Plan	362	362	362	362	362	362	362	362	362	362	362	362	3621
<b>Variance</b>	<b>-10</b>	<b>84</b>	<b>63</b>	<b>58</b>	<b>45</b>	<b>29</b>	<b>44</b>	<b>91</b>	<b>15</b>	<b>107</b>			<b>525</b>
Non-Elective - Actual	343	345	344	358	307	321	349	354	333	348			3402
Non-Elective - Plan	352	352	352	352	352	352	352	352	352	352	352	352	3520
<b>Variance</b>	<b>-9</b>	<b>-7</b>	<b>-8</b>	<b>6</b>	<b>-45</b>	<b>-31</b>	<b>-3</b>	<b>2</b>	<b>-19</b>	<b>-4</b>			<b>-118</b>
OP 1st - Actual	937	1133	1101	1065	1112	1194	1115	1300	1081	1276			11314
OP 1st - Plan	787	787	787	787	787	787	787	787	787	787	787	787	7082
<b>Variance</b>	<b>150</b>	<b>346</b>	<b>314</b>	<b>278</b>	<b>325</b>	<b>407</b>	<b>328</b>	<b>513</b>	<b>294</b>	<b>489</b>			<b>4232</b>

### United Bristol Health Trust

The table for UBHT below indicates over-performance against plan in all patient classifications. For day cases there has been a jump in the activity since October, analysis highlights increased levels in Oncology and General Surgery. With Inpatients CHD – Cardiac HDU activity is approximately one and a half times higher than plan. For non-electives the over-performance is within Paediatrics SCBU and Rehabilitation. For 1<sup>st</sup> outpatient attendances the over performance is mostly within T&O, Oral Surgery and Ophthalmology.

UBHT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Inpatient - Actual	190	220	196	237	260	256	259	263	238	288			2407
Inpatient - Plan	214	214	214	214	214	214	214	214	214	214	214	214	2143
<b>Variance</b>	<b>-24</b>	<b>6</b>	<b>-18</b>	<b>23</b>	<b>46</b>	<b>42</b>	<b>45</b>	<b>49</b>	<b>24</b>	<b>74</b>			<b>265</b>
Daycases - Actual	582	574	643	562	665	616	714	695	579	705			6335
Daycases - Plan	589	589	589	589	589	589	589	589	589	589	589	589	5890
<b>Variance</b>	<b>-7</b>	<b>-15</b>	<b>54</b>	<b>-27</b>	<b>76</b>	<b>27</b>	<b>125</b>	<b>106</b>	<b>-10</b>	<b>116</b>			<b>445</b>
Non-Elective - Actual	774	903	985	832	991	814	951	898	892	890			8930
Non-Elective - Plan	820	820	820	820	820	820	820	820	820	820	820	820	8196
<b>Variance</b>	<b>-46</b>	<b>83</b>	<b>165</b>	<b>12</b>	<b>171</b>	<b>-6</b>	<b>131</b>	<b>78</b>	<b>72</b>	<b>70</b>			<b>734</b>
OP 1st - Actual	1049	1492	1465	1359	1291	1325	1386	1486	1105	1415			13373
OP 1st - Plan	1256	1256	1256	1256	1256	1256	1256	1256	1256	1256	1256	1256	12558

Variance	-207	236	209	103	35	69	130	230	-151	159			815
----------	------	-----	-----	-----	----	----	-----	-----	------	-----	--	--	-----

### Weston Area Health Trust

Contract monitoring information has now been received from Weston for up to the end of quarter 3, April through to December 06. A warning needs to be attached to this data due to the ongoing work on completeness of activity, as it is evident from the table below that day case and inpatient activity is low in comparison to previous months and against plan. Further investigation into quarter 3 first outpatient attendances is needed and the PCT are working with the Trust on understanding these data quality issues to aid planning for 2007/08. Figures for the full month of July have been prorata'd based on 21 days of actual data.

Weston	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Inpatient - Actual	155	162	166	180	134	141	349	165	137				1589
Inpatient - Plan	151	173	182	173	173	191	173	182	173	132	157	182	1571
<b>Variance</b>	<b>4</b>	<b>-11</b>	<b>-16</b>	<b>7</b>	<b>-39</b>	<b>-50</b>	<b>176</b>	<b>-17</b>	<b>-36</b>				<b>18</b>
Daycases - Actual	623	677	662	668	387	445	351	518	418				4749
Daycases - Plan	520	621	649	621	621	677	621	649	621	471	560	649	5600
<b>Variance</b>	<b>103</b>	<b>56</b>	<b>13</b>	<b>47</b>	<b>-234</b>	<b>-232</b>	<b>-270</b>	<b>-131</b>	<b>-203</b>				<b>-851</b>
Non-Elective - Actual	1110	1104	1106	1047	1072	1060	1065	963	986				9513
Non-Elective - Plan	1032	1054	1021	1053	1027	996	1029	995	1019	1021	923	1019	9226
<b>Variance</b>	<b>78</b>	<b>50</b>	<b>85</b>	<b>-6</b>	<b>45</b>	<b>64</b>	<b>36</b>	<b>-32</b>	<b>-33</b>				<b>287</b>
OP 1st - Actual	2155	2429	2479	2318	2296	2767	4662	3386	2616				25108
OP 1st - Plan	2006	2337	2451	2337	2337	2560	2337	2382	2275	1736	2058	2383	21022
<b>Variance</b>	<b>149</b>	<b>92</b>	<b>28</b>	<b>-19</b>	<b>-41</b>	<b>207</b>	<b>2325</b>	<b>1004</b>	<b>341</b>				<b>4086</b>

## 8 Financial Status

The Primary Care Trust is closing ledgers for the financial year ended 31<sup>st</sup> March 2007. The enclosed appendices confirm the forecast position reported to the Department of Health and Strategic Health Authority. The appendices to this report show:

**Appendix 3:** Forecast Summary Income and Expenditure position as at 31 March 2007. The information is set out by Directorate and by Executive responsibility.

**Appendix 4:** Forecast Detailed Income and Expenditure position as at 31 March 2007.

**Appendix 5:** Forecast Details of the allocations and resources received by the Primary Care Trust and anticipated by the Primary Care Trust for the financial year ended 31 March 2007.

**Appendix 6:** Forecast Cashflow for the year to 31 March 2007.

**Appendix 7:** Capital programme for the period to 31 March 2007.

### Income and Expenditure

The Primary Care Trust is forecasting a deficit of £8,615,000 for the year ending 31 March 2007. The variation from the forecast position presented in February 2007 relates to one single allocation of £3,615,000.

The Audit Commission recommended that the current Resource Accounting Budget system operated within the NHS should be reviewed in 2007/08. Under this accounting regime deficits are removed from organisations in the subsequent year but remain on the organisation's Balance Sheet as a retained deficit. The Audit Commission recommended that retained deficits should be eliminated and the Department agreed in principle to address this for NHS Trusts and, where appropriate, Primary Care Trusts. The allocation received by the Primary Care Trust addresses, in part, historic deficits to 2005/06.

The forecast deficit is broken down by directorate in Appendix 3 and detailed in Appendix 4. The most significant variance for the financial year relates to Commissioning budgets and the provision made for Market Forces Factor adjustments (the funding provided to recognise the variation in costs of delivering services in different geographical locations). The Board received a report on this subject in March 2007.

### Details of Allocations and Resources

Allocations have been confirmed with the exception of one adjustment of £29,000 for anti-microbial control of infection which is being discussed with the Strategic Health Authority.

### Cashflow

The Primary Care Trust concluded the financial year with £320.50 as at 31 March 2007 and has thus achieved the first statutory target for managing within cash resource limits in 2007/08.

## **9 Risk assessment**

The performance report is currently adhering to highlight those areas of key risks to the North Somerset PCT Board, as at February these are

- The large number of 13 week outpatient breaches at Weston Area Health Trust.
- The increased numbers of MRSA cases at Weston, now over scheduled plan figure and the ongoing large numbers at NBT.
- Long diagnostic waits at Providers, in such areas as, Audiology, endoscopies, and Echocardiograms.
- Those indicators highlighted in the executive summary where local trusts / NSPCT are not achieving national targets.

## **10 Recommendations**

The board are asked to review the information provided in this report and note the current performance of North Somerset PCT.

## **Glossary of terms and abbreviations**

### **A&E - Accident and Emergency Services**

(this includes Casualty Departments, Minor Injury Units and Walk-In Centres).

### **AHPs - Allied Health Professionals**

Professional non-medical and non-nursing staff, e.g. Physiotherapists, Occupational Therapists.

### **Baseline**

Starting position from where we base plans.

### **BNSSG**

Bristol, North Somerset and South Gloucestershire Health Community.

### **Booking**

Joint process between patient and Trust where the date of treatment is agreed.

### **Breach**

A patient waiting longer than the maximum wait set down by the Department of Health for either an out patient or an in patient procedure.

### **Cat A Calls - Category A Calls**

Emergency ambulance response for a potentially life threatening situation.

### **CABG - Coronary Artery Bypass Graft**

An operation to bypass a narrowed section or sections of coronary arteries and improve the blood supply to the heart.

### **Diagnostic Services**

Tests that doctors and nurses use to work out what is wrong with you, for example x-rays, scans and blood tests.

### **Diagnosis to Treatment**

The length of time it takes for between a course of treatment being identified as a result of a diagnosis and when that procedure or treatment actually takes place.

### **Door to Needle Time**

The time from arrival at hospital to the time that the clot busting drug is given.

### **DToc - Delayed Transfers of Care**

A patient occupying a hospital bed once they are medically fit to be discharged into the community but cannot do so - for example because appropriate packages of care or funding is not available.

### **Elective**

Treatment that is prearranged in a hospital setting under the care of a Consultant.

### **Fit for Purpose**

An approach and framework that clearly demonstrates the necessary competence, capacity and leadership to deliver planned activity or change.

### **HR Balanced Scorecard**

A national project designed to give a balanced overview of a range of workforce indicators, in the process of being renamed NHS Workforce Scorecard.

**IP - Inpatient**

A person receiving treatment usually under the care of a Consultant and who is admitted to hospital usually involving an overnight stay.

**LDP - Local Delivery Plan**

A local plan for the health service combining financial, workforce and activity. It shows how national and local targets will be delivered over the next three years.

**LTC - Long Term Conditions**

Conditions that patients suffer which are not acute eg diabetes, asthma, neurological diseases and arthritis.

**MRSA - Methicillin resistant Staphylococcus aureus**

A bacterial infection which is resistant to antibiotics.

**PCTs - Primary Care Trusts**

NHS organisations that oversee and deliver community, hospital and public health services.

**OOH - Out of Hours**

Provision of GP services out of normal surgery hours.

**OP - Outpatient**

First or follow up appointment with a healthcare professional at a hospital.

**PCP - Primary Care Professional**

A health professional usually based at a GP surgery or health centre, such as GPs, district nurses, practice nurses and health visitors.

**PTCA - Percutaneous Transluminal Coronary Angioplasty**

A treatment to improve the blood supply through a coronary artery.

**Variance**

Difference between the expected position and actual position.