

**Report to the Somerset Primary Care Trust on 15 July 2009**

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| <b>Title: FINANCE AND PERFORMANCE REPORT 2009-10<br/>1 APRIL 2009 TO 31 MAY 2009</b> | <b>Enclosure<br/>K<br/>(SPCT 2009/086)</b>   |
| <b>Summary:</b>  | <p>The Somerset Primary Care Trust Finance and Performance Report for the period from 1 April to 31 May 2009 is enclosed.</p> <p>The report sets out the overall financial position for the Primary Care Trust and provides an analysis of the financial performance across the following key areas:</p> <ul style="list-style-type: none"> <li>• Financial Framework</li> <li>• Headquarters and Central Programmes</li> <li>• Improving Health and Reducing Health Inequalities</li> <li>• Primary Care Commissioning</li> <li>• Secondary Care Commissioning: NHS and Non NHS Contracts</li> <li>• 2009/10 Development Programme</li> <li>• 2009/10 Non Recurring Development Programme</li> <li>• Managed Programmes</li> <li>• Performance Against Better Practice Payment Code and Cash Limit</li> <li>• Cash Releasing Efficiency Savings</li> <li>• Capital</li> </ul> <p>The Primary Care Trust is forecasting a year end underspend of £5,751,000 in line with its target agreed with the South West Strategic Health Authority.</p> <p>The report also summarises the latest performance of the Somerset Primary Care Trust in respect of the following key areas:</p> <ul style="list-style-type: none"> <li>• the cumulative percentage of patients attending accident and emergency spending no more than four hours from arrival to admission, transfer of discharge</li> <li>• ambulance turnaround times within 30 minutes</li> <li>• operations cancelled at the last minute offered another admission within 28 days</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• percentage increase in emergency admissions</li> <li>• percentage of patients with a referral to treatment pathway within 10, 13 and 18 weeks</li> <li>• the number of patients waiting less than 20 weeks for elective treatment</li> <li>• the number of patients waiting less than 11 weeks for a first outpatient appointment</li> <li>• the number of patients waiting less than 6 weeks for diagnostic services</li> <li>• slot availability during the month</li> <li>• access to genitor-urinary medicine services</li> <li>• the incidence of MRSA</li> <li>• the incidence of Clostridium Difficile</li> <li>• waiting times for cancer treatment</li> <li>• ambulance response times</li> <li>• smoking cessation</li> </ul> <p>The corporate balanced scorecard is also attached.</p>  |
| <p><b>Recommendation:</b></p>                              | <p>The Board is asked to note the Finance and Performance Report for the period 1 April to 31 May 2009.</p>   |
| <p><b>Link to Strategic Objectives and Priorities:</b></p> | <ol style="list-style-type: none"> <li>1. to ensure that services are provided in a fair and equitable manner, working with other stakeholders to deliver services which support individual aspirations and needs</li> <li>4. to ensure that care is provided in safe, clean environments that support health and wellbeing for service users</li> <li>6. to improve the health of communities and reduce health inequalities, supporting people in Somerset to take responsibility for and improve their own health, lead a healthier lifestyle and prevent illness.</li> <li>7. to deliver a health education programme and provide high quality information about services, treatment and performance, allowing people to make informed choices about self care, disease management and complex care</li> <li>9. to ensure staff are treated with dignity and respect, valued, motivated and inspired to provide high quality services, promoting safe and effective care</li> </ol> |

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|  | <p>10. To achieve excellence and best value for money, within available resources, in service provision and service development by actively promoting evidence based practice and continuous quality improvement</p> <p>11. to ensure that the principles of good governance are embedded throughout the organisation</p> <p>Links to:<br/>Use of Resources<br/>Vital Signs</p>  |
| <p><b>Standards for Better Health:</b></p> | <p>C4a Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:</p> <ul style="list-style-type: none"> <li>• the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA</li> </ul> <p>C7 Healthcare organisations:</p> <ul style="list-style-type: none"> <li>• apply the principles of sound clinical and corporate governance;</li> <li>• actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;</li> <li>• undertake systematic risk assessment and risk management;</li> <li>• ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;</li> <li>• challenge discrimination, promote equality and respect human rights; and</li> <li>• meet the existing performance requirements.</li> </ul> <p>C11 Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare:</p> <ul style="list-style-type: none"> <li>• are appropriately recruited, trained and qualified for the work they undertake;</li> <li>• participate in mandatory training programmes; and</li> <li>• participate in further professional and occupational development commensurate with their work throughout their working lives.</li> </ul> |

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|                              | <p>C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.</p> <p>C19 Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.</p> <p>C22 Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations.</p> <p>C23 Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.</p> |
| <p><b>Risk Register:</b></p> | <p>FP4: The Primary Care Trust fails to manage the implementation of Payment by Results.</p> <p>Risk Rating: 5 x 3 = 15</p> <p>FP25: The Primary Care Trust fails to meet its Tier 1 and 2 Vital Signs Targets.</p> <p>Risk Rating: 4 x 3 = 12</p> <p>FP27: The Primary Care Trust fails to meet the requirements of the Standards for Better Health.</p> <p>Risk Rating: 4 x 3 = 12</p> <p>FP30: The Primary Care Trust fails to effectively manage the prescribing budget.</p> <p>Risk Rating: 5 x 4 = 20</p>  |

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|   | <p>SC7: The Primary Care Trust fails to have adequate systems in place to monitor contract performance and key targets.</p> <p>Risk Rating: 4 x 3 = 12</p> <p>PC4: The Primary Care Trust fails to ensure sufficient patient charge income from NHS dental services.</p> <p>Risk Rating: 3 x 4 = 12</p>   |
| <p><b>Risks Identified if not on Risk Register:</b></p>           | <p>No new risks have been identified.</p>   |
| <p><b>Current Controls to Reduce Risk:</b></p>                    | <p>Action Plans to manage year end financial position.</p> <p>Monthly reporting on key performance targets and action plans identified.</p>   |
| <p><b>Resource Implications:</b></p>                              | <p>The Primary Care Trust has a budget of £794,306,000.</p> <p>The resource implications are incorporated within the Financial Plan.</p>  |
| <p><b>Details of Residual Risk Following Recommendations:</b></p> | <p>FP4: The Primary Care Trust fails to manage the implementation of Payment by Results.</p> <p>Risk Rating: 5 x 2 = 10</p> <p>FP25: The Primary Care Trust fails to meet its Tier 1 and 2 Vital Signs Targets.</p> <p>Risk Rating: 4 x 2 = 8</p> <p>FP27: The Primary Care Trust fails to meet the requirements of the Standards for Better Health.</p> <p>Risk Rating: 4 x 2 = 8</p> <p>FP30: The Primary Care Trust fails to effectively manage the prescribing budget.</p> <p>Risk Rating: 5 x 4 = 20</p> |

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|  | <p>SC7: The Primary Care Trust fails to have adequate systems in place to monitor contract performance and key targets.</p> <p>Risk Rating: 4 x 2 = 8</p> <p>PC4: The Primary Care Trust fails to ensure sufficient patient charge income from NHS dental services.</p> <p>Risk Rating: 3 x 3 = 9</p> <p>PC6: The Primary Care Trust fails to effectively manage the prescribing budget.</p> <p>Risk Rating: 4 x 2 = 8</p> |
| <b>Any Legal Implications or Links to Legislation:</b> | Financial Duties of the Primary Care Trust not to exceed its cash limit, and comply with relevant accounting standards.  |
| <b>Equality Considerations:</b>                        | No issues identified   |
| <b>Freedom of Information:</b>                         | Board papers and minutes are published on the public website.  |
| <b>Public Involvement History:</b>                     | Board papers and minutes are published on the public website.  |
| <b>Previous Considerations:</b>                        | The Primary Care Trust receives monthly reports on the financial position.   |