



ENCLOSURE: ENC D(v)

Agenda Item: 06/13

Bexley Clinical Commissioning Group

Governing Body (Public) Meeting

DATE: 28 February 2013

Title	Acute Performance Report
Recommended action for the Governing Body	That the Governing Body: Note current performance against the CCG Acute portfolio and headline forecast outturn position of an overspend of £7.4m (or 3.7% above annual budget of £198.6m)
Executive Summary	<p>The year to date over performance across the acute contracting budget is £4,919K (3%) an increase of £1,234K over month 7 when the value was £3,685k (3%). A trend of around 3% over performance has been experienced since month 4.</p> <p>The forecast year end position, taking into account under performance assumptions is an estimated £7,445K overperformance, a shift from the forecast over performance of £6,274 at M7.</p> <p>For month 8 the over performance at SLHT is £830K (1%) giving an £1,245k forecast outturn. The adjusted uncapped forecast outturn taking account of RTT phasing on performance to date is a value of £7,193K. A maximum value of £1,005K (excluding a PTS payment) has been set for Bexley's liability under the terms of the contractual cap and collar arrangement giving a £6,188K gap between the actual activity overspend and the capped liability.</p> <p>There is variable performance by specialty or POD across the main contracts, and there continues to be movement across the activity types. At month 4 the rate of over performance in elective activity was a key driver, and at month 5 this diminished comparatively against performance for Emergency and Non-Elective services. At month 8 over performance is driven by increases from month 6 in Electives, Emergency, A & E and Outpatients.</p>

	Trends in increased elective and outpatient activity are being reviewed as part of the CCG approach to QIPP in order to ensure appropriate service redesign actions are taken to address the current levels of Acute overspend in these areas in 2013/14.	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	
	People: Empower our staff to make BCCG the most successful CCG in (south) London	
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key Risks <small>(corporate and/or clinical)</small>	
	Equality and Diversity	
	Patient impact	
	Financial	Commissioning of healthcare within allocated resources.
	Legal Issues	
	NHS constitution	
Consultation (Public, member or other)		
Audit (Considered / Approved by Other Committees / Groups)		
Communications Plan		
Author	Monica Uberg, Interim Contract Lead (Bexley) NHS South London Commissioning Support Unit Neil Hales, Interim Head of Acute Commissioning	
	Clinical Lead	Executive Sponsor Sarah Valentine Director of Commissioning
Date	18Feb2013	

Bexley BSU M8 Acute Contract Monitoring Report

Overall Performance – Year to Date

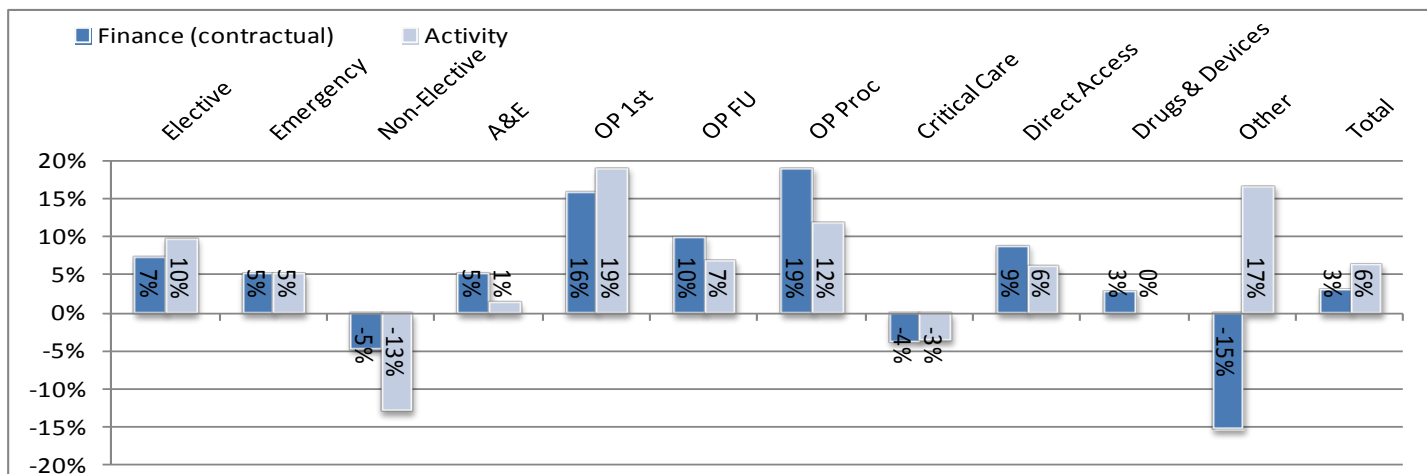
Overview (£000, %) over/ (under)spend

	Contract Monitoring							
	Full Year Plan	YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %	M8 Finance over / (under) spend	FOT over / (under) spend	FOT %
South London Hospital Trust	90,223	60,148	60,978	830	1%	934	1,245	1%
Dartford and Gravesham	25,000	16,667	16,983	317	2%	356	380	2%
King's College Hospital	12,570	9,427	10,551	1,124	12%	1,265	1,678	13%
Guy's and St. Thomas'	27,963	18,642	19,540	898	5%	1,010	1,613	9%
Subtotal Primary SLAs	155,755	104,884	108,053	3,169	3%	3,565	4,916	3%
Other Local Trusts	4,535	3,024	3,090	67	2%	75	100	2%
Externals	17,899	11,933	12,934	1,002	8%	1,127	1,406	8%
Contracted Acute SLAs	178,190	119,841	124,077	4,237	4%	4,767	6,422	4%
Specialist Services Consortia	14,595	9,730	10,046	315	3%	355	473	5%
Non-Contracted - Cost Per Case & Exclusions to Contracts	5,851	3,900	4,267	367	9%	413	550	14%
Other earmarked acute budgets	0	0	0	0	0%	0	0	0%
2012/13 Commissioning Reserves	0	0	0	0	0%	0	0	0%
TOTAL Budget 2012/13	198,635	133,471	138,390	4,919	4%	5,534	7,445	4%

Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Non-Elective	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	1,658	908	-595	226	1,048	542	470				0	4,256
Non-PbR	59	92	-62		-2	246	-2	-231	300	141	-1,628	-1,087
Total	1,717	1,000	-657	226	1,045	787	468	-231	300	141	-1,628	3,169

Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

Overall Performance

The year to date over performance across the acute contracting budget is £4,919K (3%) an increase of £1,234K over month 7 when the value was £3,685 (3%). A trend of around 3% over performance has been experienced since month 4.

The forecast year end position, taking into account under performance assumptions is an estimated £7,445K overperformance, a shift from the forecast over performance of £6,274 at M7.

For month 8 the over performance at SLHT is £830K (1%) giving an £1,245k forecast outturn. The adjusted uncapped forecast outturn taking account of RTT phasing on performance to date is a value of £7,193K. A maximum value of £1,005K (excluding a PTS payment) has been set for Bexley's liability under the terms of the contractual cap and collar arrangement giving a £6,188K gap between the actual activity overspend and the capped liability.

POD/ Specialty

There is variable performance by specialty or POD across the main contracts, and there continues to be movement across the activity types. At month 4 the rate of over performance in elective activity was a key driver, and at month 5 this diminished comparatively against performance for Emergency and Non-Elective services. At month 8 over performance is driven by increases from month 6 in Electives, Emergency, A & E and Outpatients.

Electives: Had been a key driver for over performance this year; this appeared to be slowing down at month 6 with a neutral position emerging at Guys and over performance at SLHT. These trends are maintained at month 8, SLHT overspend being £1,793K and key drivers being Bariatric Surgery, General Surgery and Urology.

Outpatient: This POD Demonstrates significant New and Follow-up over performance particularly at SLHT. Outpatient first attendances at SLHT, Darent Valley and GSTT have continued to over perform in the last three months, continuing at the same rates by provider. Outpatient follow-ups have continued the increase identified at month 5 particularly for Kings.

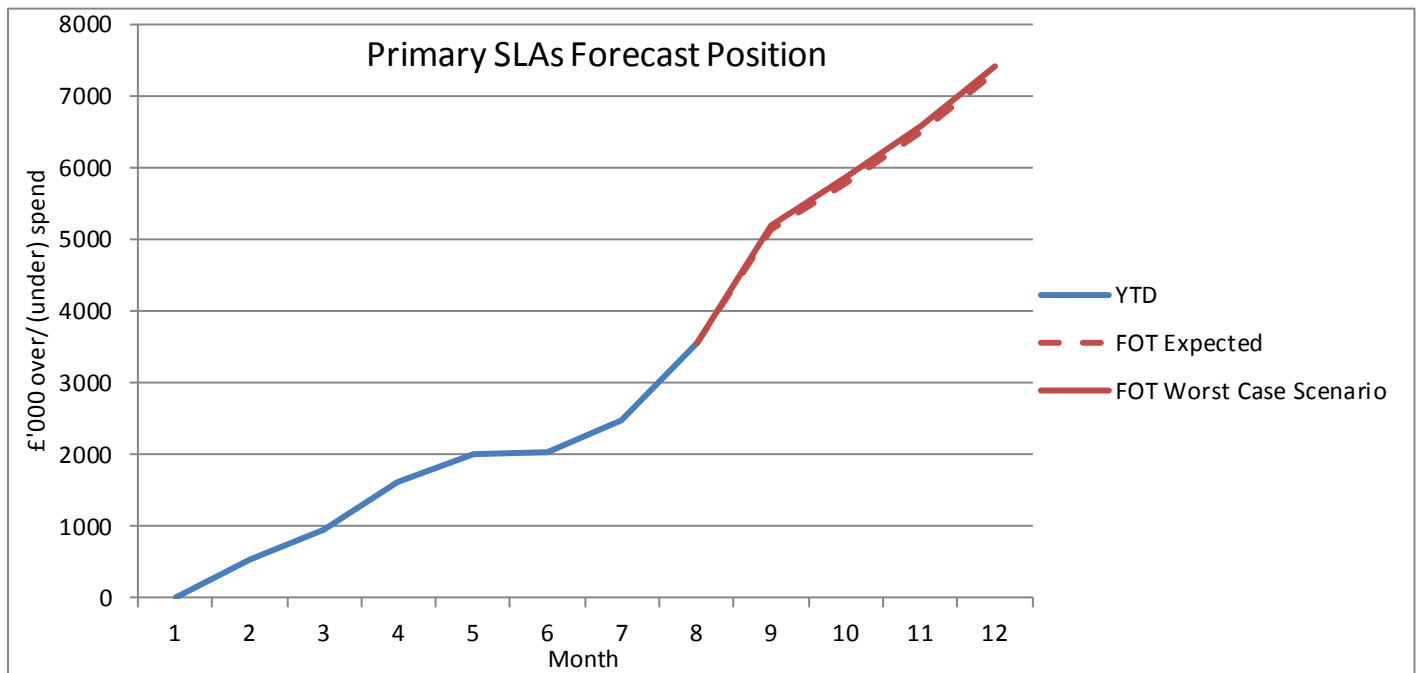
The apparent activity shift from Darent Valley, reported at month 4, also continues the rate of first outpatient attendances reported risen at month 6 has accelerated at Month 8 to £1,045K.

Critical Care: Has been previously a significant driver of over performance with a small number of long stay cases occurring at SLHT, UCLH, King's and Guy's. Month 8 reported an underperformance of £ 231K (4%) whereas Month 7 reported an £271K under spend, a difference of £40K. Critical care is highly unpredictable and performance to date is not necessarily indicative of future trends.

QIPP

Bexley's YTD QIPP report (Appendix 2) demonstrates further slippage across the schemes compromising any potential to ameliorate current high levels of referrals from GPs and primary care

Forecast Outturn (£000)



Overview

Forecast year end over performance across SLHT, Dartford, Guys and Kings is an over performance of £4,916k (5%) a shift from the forecast over performance of £4,578 last month. For SLHT the contractual cap liability is £1,005 whereas underlying uncapped over performance is £4416K.

Actions

Electives at SLHT: SLHT continues to over perform and if the conversion rate is unchanged, new referrals will convert to new elective activity in addition to the colonoscopies and obesity surgery pressures that have not abated. At month 8, elective activity is increasing, so further cost pressures should be anticipated.

Electives at Guy's and King's: Additional capacity has been built within the opening contract with Guy's in respect of RTT backlog clearance. A successful bid has been made to NHS London to access non-recurrent monies to fund King's RTT backlog clearance outside of the contract baseline. An adjustment has been made to the reported finance position.

Key Risks

Waiting Times and RTT:

Contract with GSTT includes additional capacity for their 18 weeks backlog clearance.

A successful bid has been made by Commissioners for additional monies from the 1% non-recurrent money to help fund the RTT backlog clearance at Kings.

QIPP:

QIPP is being delivered in the Community by Bexley. However we are not readily able to track this in the activity reported by SLHT.

There is a significant risk of under delivery of 2% productivity saving at SLHT (the “£14m Opportunities”). The latest financial forecast takes a prudent view of zero delivery against the £14m opportunities.

Price / Case Mix

Monthly monitoring is undertaken to determine price and case mix changes.

Other:

SLHT - Establishing a correct activity baseline for the 13/14 contracting round:

- The Business Intelligence Project (BIP), which is managed jointly with the Trust, has been making good progress in identifying and resolving some of the historical data issues which made it difficult to have an accurate baseline. BIP reports to the SLHT Contract Management Board (CMB).
- The BIP is creating a data base of services where service specifications need developing, including services that would need to be reverted from PBR to non-PBR or vice versa. The service specs will aid understanding of appropriate services and activities will be used for the purpose of the 13/14 baseline.
- The expectation is that by mid February a workable activity baseline will be established.

SLHT - Minimising the aggregate level of the over performance during the contract year, as this will impact the cost and volume to be contracted for 13/14:

South London Healthcare Trust – Year to Date

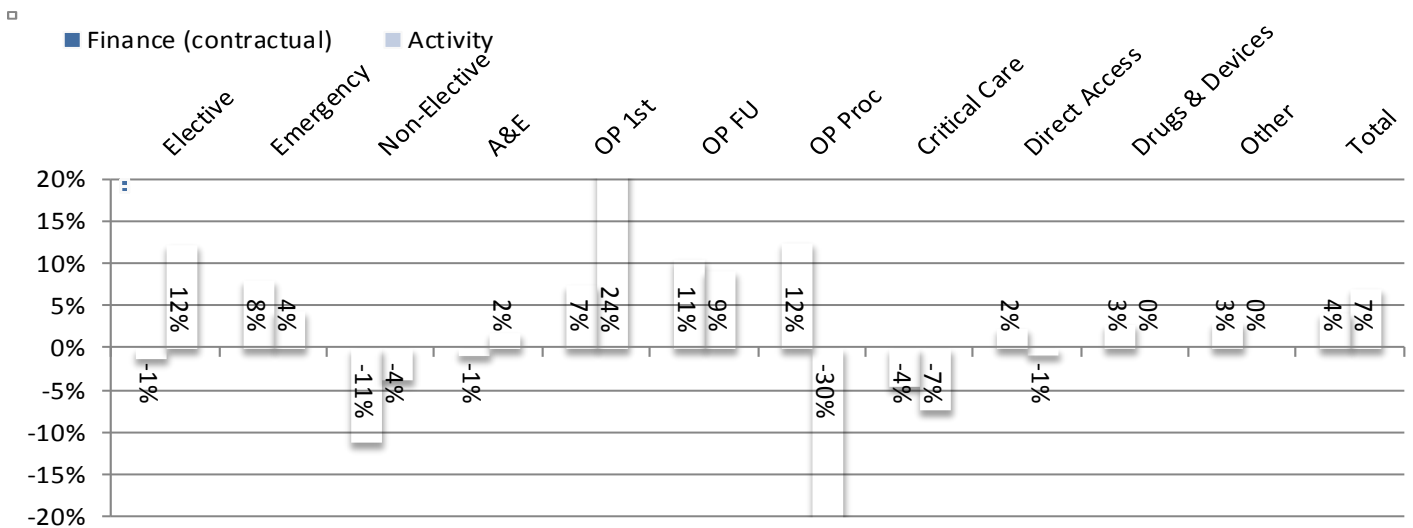
Overview (£000, %) over/ (under)spend

	Full Year Plan	Contract Monitoring				M8 Finance over / (under) spend	FOT over / (under) spend	FOT%
		YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %			
South London Hospital Trust	90,223	60,148	60,978	830	1%	934	1,245	1%
TOTAL	90,223	60,148	60,978	830	1.4%	934	1,245	1%

Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Elective Non-	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	1,793	570	-1,156	140	762	383	78				0	2,569
Non-PbR	0	0	0		0	0	0	367	349	210	-2,666	-1,740
Total	1,793	570	-1,156	140	762	383	78	367	349	210	-2,666	830

Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

Drivers by Specialty (£000, %) Please note figures represent the underlying contract position. - over/ (under)spend

Specialty Driver	POD Driver	YTD Overspend (£000)	YTD Overspend (%)
General Surgery	Elective Admissions	£807K	34%
General surgery (bariatric)	Elective Admissions	£444K	1168%
General surgery (digestive system procedures and disorders)	Elective Admissions	£903K	54%
Urology	Elective Admissions	£312K	54%
Breast Surgery	Elective Admissions	£113	54%

Overall Performance

At Month 8 over performance on the SLHT contract is capped at £830k (1%) whereas underlying over performance is £4,416K, including adjustments.

POD/ Specialty

Electives: The over performance in electives in excess of £1.7m reflects the 18-week RTT backlog clearance. The key specialties affected are General Surgery, Bariatric Surgery, Colonoscopy and Endoscopy procedures. Others are Urology, Breast Surgery, T & O and Medical Oncology which are also reporting an over performance.

The driver in the colonoscopy activity is clarified as activity growth arising from the Bowel Cancer awareness programme and natural annual growth between 5-7% due to previously diagnosed patients returning for annual monitoring, and not RTT activity.

Non-Electives: The non-elective budget with an under performance at £1,156k (11%) acts to offset the elective overspend, and has arisen due to the application of contractual adjustments.

Emergency: Emergency admissions is now reporting an overspend of £570K (8%), the largest overspends being in Cardiology £634K, Gastroenterology £350K and Geriatrics £766K.

Outpatients: Since month 3, over performance has been increasing across the outpatient budgets and this is maintained at month 8. When adjusted for the number of working days in the month (22) First Attendances are over performing at a similar level to M7 whilst Follow Ups are decreasing.

First attendances and Follow Ups overspends are spread across the specialties whereas outpatient procedures is mostly attributable to Ophthalmology which is overspent by £132K (61%)

A&E: After the Month 5 dip in performance, month 6 returned to the position previously experienced and month 8 shows a further increase to a £140K over spend. The over performance is however driven by under-delivery of forecast reductions in activity at QEH, expected from UCC changes.

Although reporting an increase in cost, activity is 1% below plan reversing the trend of month 4 where activity over performance in percentage terms was twice as high as financial over performance. This suggests a possible change in counting or coding and requires further investigation.

Critical Care: There is an overspend of £367K at M8. Critical Care, by its nature, is highly variable and future performance cannot be readily forecast.

Other:

Direct Access: Has had an increase in over performance since last month at £349K (10%) an increase of £55K on M7

Drugs and Devices: Are also continuing an upward trend being overspent by £210K (3%)

Dartford & Gravesham NHS Trust – Year to Date

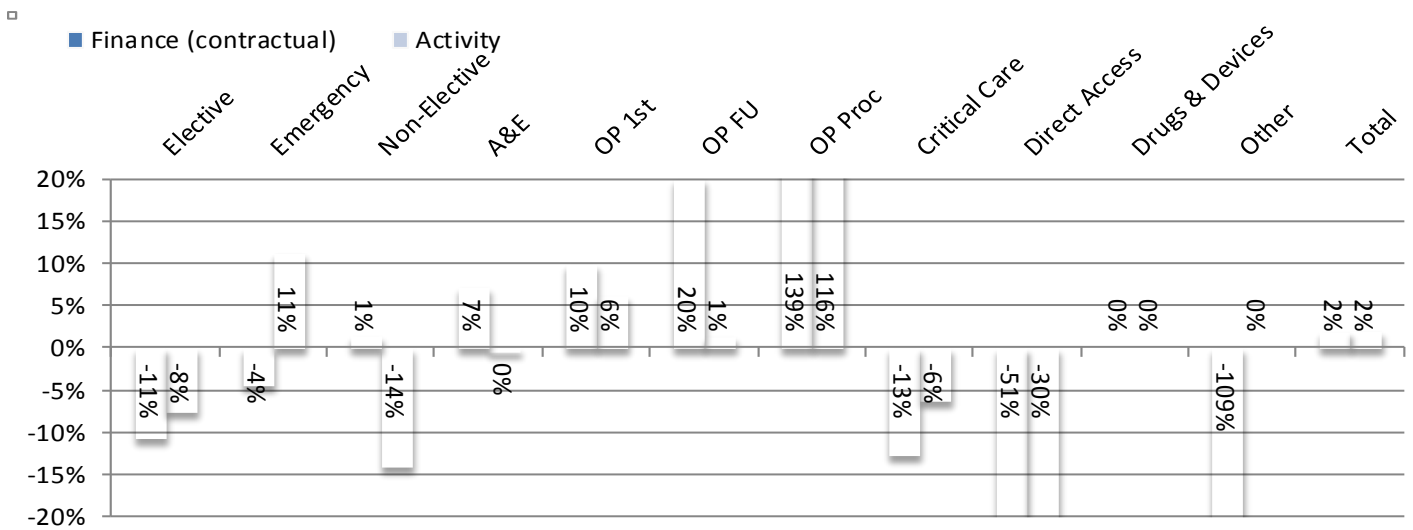
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	Full Year Plan	Contract Monitoring				M9 Finance over / (under) spend	FOT over / (under) spend	FOT %
		YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %			
Dartford & Gravesham	25,000	16,667	16,984	317	2%	357	380	2%
TOTAL	25000	16667	16984	317	2%	357	380	2%

Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Non-Elective	A&E	Op 1st	Op FU	Op Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	-270	-135	175	103	100	-2	283				0	255
Non-PbR	17	86	-60		6	238	-18	-143	-49	0	-15	62
Total	-253	-48	115	103	106	236	266	-143	-49	0	-15	317

Drivers by POD YTD Overspend (%) over/ (under)spend



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Drivers by Specialty (£000, %) Please note figures represent the underlying contract position. - over/ (under)spend

Specialty Driver	POD Driver	YTD Overspend (£000)	YTD Overspend (%)
A & E	A & E	103	7%
Obstetrics	Non Elective Non Emergency	226	15%
GUM	Outpatient First attendance	162	No plan
Midwife episode	Outpatient procedures	68	No plan

Overall Performance

The over performance at month 8 is £317k (2%) an increase of £100K over month 7 which was over spending at £217K. Year end over spend is predicted at £380K, a slight increase over the month 7 predicted overspend of £372K.

The key drivers for over-performance are:

- Non-Electives;
- A & E
- Outpatient activity, which reflects a continuing rise in referrals and in particular sexual health services

POD/ Specialty

There is some variance in performance within specialty across PbR and non-PbR activity. The general effect is for non PbR services offsetting PbR service over performance.

A&E: There has been variable performance in A&E through the year to date and in month 8 it is overspending at £103K (7%). Over performance is driven by a continuing rise of attendances with low or no complications without interventions; however it is also impacted by emergency short stays which are charged at local Tariff according to agreed local pathways and are showing an overspend of £52K (36%).

Non electives and Emergency: Non-Electives over performed by £115K while Emergency underperformed by £48K, resulting in combined overspend of £67K. Maternity is the main driver.

Electives: The under spend is running at £253K (11%) whereas month 7 under spend was £27K. Activity varies across the specialties, but the main drive for the under spend is T & O which is £181K below budget.

Critical care: Critical care is underperforming at Month 8 by £143K (13%) whereas month 7 reported £214K (22%) under spend.

Outpatients: First attendances are £106K (10%) over spent, a decrease of £52K over month 7 and follow ups are over performing at £236K, whereas last month an over performance of £23K was reported. Overspends are occurring across many specialties. GUM services are responsible for a £162K over performance in first attendances as this area has no planned spend but this service is due to be discontinued in the New Year. Procedures over spent at £266K (139%) in month 8 which is £45K more than month 7, and still being caused by midwifery deliveries and obstetrics, the coding of which has been queried with the Trust.

Other: This POD is £15K under budget.

QIPP

At this stage of the year the effect of QIPP plans is difficult to assess. For example, the effect of the triage nurse admission avoidance scheme in the D&G A&E. Equally, QIPP schemes for reviewing referrals will have a limited effect if referrals are being shifted from SLHT into surrounding providers.

King’s College Hospital – Year to Date

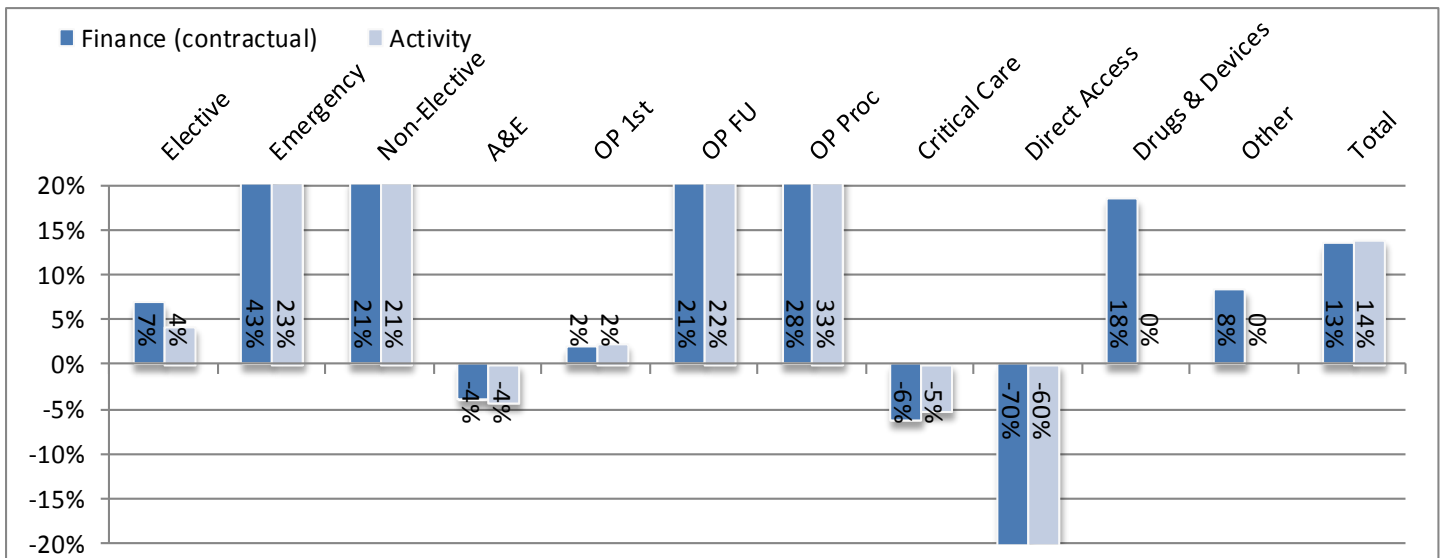
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King's College Hospital	12,570	9,427	10,551	1,124	12%	1,265	1,678	13%
TOTAL	12,570	9,427	10,551	1,124	12%	1,265	1,678	13%

Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Elective Non-	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	129	444	147	-3	14	108	50				0	888
Non-PbR	42	6	-2		-8	8	16	-66	0	149	92	236
Total	171	450	145	-3	5	116	66	-66	0	149	92	1,124

Drivers by POD YTD Overspend (%) over/ (under)spend



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Drivers by Specialty (£000, %) Please note figures represent the underlying contract position. - over/ (under)spend

Specialty Driver	POD Driver	YTD Overspend (£000)	YTD Overspend (%)
Liver Critical Care (4 Organs supported)	Critical Care	174	88%
PBR Excluded Drugs	Drugs and Devices	212	43
Breast Screening	Other Modalities	252	57%
Paediatric Neurosurgery	Non-Electives	44	733%

Overall Performance

The King's over performance stands at £1,124K which equates to (13%), similar to month 7 also at 13%, and an improvement on the 15% at month 5 and the 17% at month 4.

The composition of the over performance at month 8 has remained roughly the same as reported at month 6 and 7, with key drivers being, Electives, Emergencies and Non Electives but with the addition of Outpatient Follow Ups and procedures. Critical Care has continued to reduce. At £1,678, forecast out turn at year end is similar to that reported last month

POD/ Specialty

All PODs are over performing with the exception of A & E and Critical Care. Elective activity has continued to increase since month 4, some of which is due to the agreed 2012/13 Waiting List Initiative to reduce King's significant current backlog. Key specialty drivers for Emergency include General Medicine, and Adult and Paediatric Neurosurgery; and for IP Elective, Urology and Anaesthetics.

As in month 7, over performance position is also driven in month 8 by excess bed days across elective and emergency categories.

Electives: Have again increased and over spend is running at £171K (7%) at month 8, £43K higher than month 7 and largely affected by waiting list initiatives to reduce backlogs, which were recently initiated.

Emergencies: Kings has experienced significant emergency driven pressures continuing through the year to date, which has had an impact on Emergency and A&E performance. Overspend for Month 8 is £450K (43%) an increase of £96K over Month 7 which was over performing at 37%. This is being driven by Neurosurgery and General Medicine, and these specialty drivers are being seen across the whole of SE London.

Non Electives: Demonstrates a £145K (21%) overspend with Paediatric Neurosurgery over spent at month 8 by £44K.

Outpatients: Neutral performance in Outpatients first attendances suggests that demand has not grown, although there has been variance since the start of the year, particularly in the Follow Up position. OP Procedures over performance is across all specialities.

Drugs and Devices: Total overspend for month 8 is £149K (18%), month 7 was overspending at 13% (£95K). In month 8 PBR excluded drugs have an over spend of £212K (43%)

Other: Non PBR overspend is £92K (8%) and month 7 was also reporting a (6%) overspend. Breast Screening reporting an over spend of £252K (57%)

QIPP

The effect of Bexley-led QIPP schemes are not measured aside from the rates of new referrals. Within the Trust there are several QIPP elements that will deliver benefits and the Trust have been asked to provide the plan for each of the BBG CCGs (and this is awaited) but are not recording the performance by CCG. These include Trust-led schemes that are measured Trust-wide with benefits distributed pro-rata to contract share in the same way that KPI benefits are distributed; and the effect of QIPP schemes led by Lambeth and Southwark that will be calculated Trust-wide.

Guy's and St. Thomas' – Year to Date

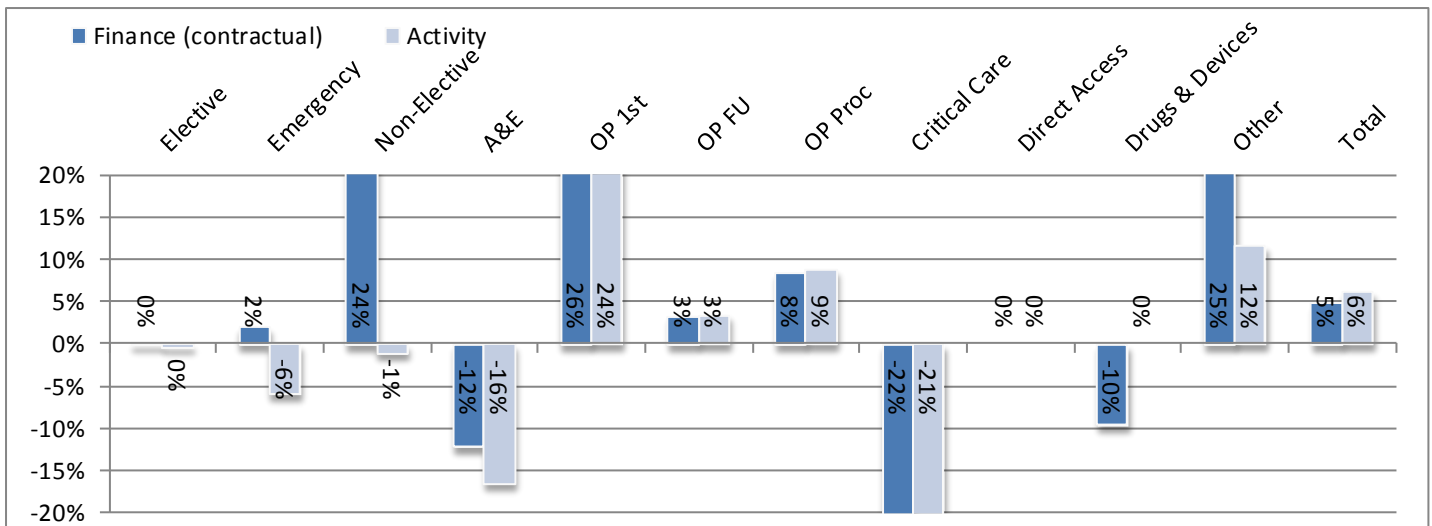
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Guy's & St. Thomas'	27,963	18,642	19,540	898	5%	1,010	1,613	9%
TOTAL	27,963	18,642	19,540	898	5%	1,010	1,613	9%

Drivers by POD Heat map (£000) over/ (under)spend

Contractual	Elective	Emergency	Non-Elective	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	6	28	240	-14	173	52	58				0	543
Non-PbR	0	0	0		0	0	0	-388	0	-218	961	355
Total	6	28	240	-14	173	52	58	-388	0	-218	961	898

Drivers by POD YTD Overspend (%) over/ (under)spend



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Drivers by Specialty (£000, %) Please note figures represent the underlying contract position. - over/ (under)spend

Specialty Driver	POD Driver	YTD Overspend (£000)	YTD Overspend (%)
Thoracic Surgery	Elective Inpatients	64	43%
Urology	Emergency Spells	49	92%
Plastic surgery	Emergency Spells	75	56%
Clinical Haematology	Emergency Spells	47	214%
Chemo and Radiotherapy	Other	283	13%
Patient Transport	Other	110	66%

Overall Performance

The Guys contract stands at month 8 at an £898K (5%) over performance, with a forecast outturn at £1,613K which equates to a 9% over performance. This month is an increase on month 7 (7%) overperformance and a movement in year end forecast of £294K.

POD/ Specialty

Electives and Emergencies: Last month it was reported that the balance between overspends in Elective and Non Elective had reversed as GSST resolved its 18 week backlog issues. This trend continues in month 8 with increase in over spend in Non Elective. Over spends are also occurring in Outpatients, and the 'other' category.

At month 6 it was reported that Bexley appeared to less affect than other commissioners by the main drivers of the Trusts over performance that is elective performance due to RTT backlog. This trend continues at month 8 with neutral elective performance and the over performance in Emergency admissions being driven by Urology, Plastics and Oncology Services.

Non Electives: Are over spent by £240K (24%) and is being driven by Vascular Surgery as well excess bed day charges across several modalities.

Outpatients: All three categories of Outpatients are over performing. The trend first highlighted at Month 4 continues with Outpatient First Attendances over spend increasing from £128K in month 7 to £173K (26%) in month 8. Over performance is spread across the specialities.

Other: This budget is reporting an over performance of £961K (25%) and this incorporates an adjustment for ‘growth not commissioned’ (the value of this is £330K).

Chemotherapy and Radiotherapy is reporting an overspend of £283K (13%).

QIPP

For Trust led schemes, contractual guarantees mean that the targets are being delivered in full. The actual underlying performance position across Trust led schemes however is one of under delivery year to date. For CCG led QIPPs, only a partial impact is being demonstrated in the year to date position, but as indicated above the increase in new referrals has exceeded the activity assumptions of the contract plans.

Key External Trusts over/ (under)spend

Trust	Contract Annual Value £'000s	YTD Over/(Under) Performance & RAG £'000s	Commentary / Actions
University College London	1,440	295	<p>The key drivers for over performance are :</p> <ul style="list-style-type: none"> • Critical Care- £59K <ul style="list-style-type: none"> ○ 2 organs supported £39K • Devices ££44K • Electives £156K <ul style="list-style-type: none"> ○ Hips £22K ○ £62K Complex Infectious Diseases Day Case • Elective excess bed days £15K • Non Elective non emergencies £43K • Devices £44K <ul style="list-style-type: none"> ○ ICD £38K ○ PMV
Queen Victoria	871	85	<p>The Queen Victoria over performance includes Overspends in:</p> <ul style="list-style-type: none"> • Non Electives: £20K (11%), driven by Plastics (major Hand Procedures) £55K • OP FUP SPCL £17K (22%), mainly Plastics ££17K.
Maidstone	470	158	<p>Activity at this provider is predominantly driven by :</p> <ul style="list-style-type: none"> • Critical care £28K (no plan) • Neonatology £24K (no plan) • Oncology £50K (36%) <ul style="list-style-type: none"> ○ oncology fractions ○ regular day attenders ,

			○ Gynae XBDs
Royal Free	348	113	<p>The Royal Free over spend is driven by:</p> <ul style="list-style-type: none"> • Critical care £51K • Variable Drug Charges £16K <ul style="list-style-type: none"> ○ Bosentan £8K ○ Pazopanid £7K ○ Infliximab £5.4K ○ Clotting Factors £4.2K • Non Elective £17K • Elective (hepatobiliary one patient) £13K

LCSG

Commentary

The specialised services budget update at Month 8 demonstrates overspend for Bexley at £315K (3%), with a forecast outturn over performance of £473K (3%). The main drivers of the over performance are SCBU (£322k), NICU at £30K (2%) and PICU at £19K (3%).

Under spend is reported Haemophilia (£11K), Adult Renal Dialysis (£24K) and 'Other Consortia' (£15K).

Claims Management

For more information on the methodology behind these figures please see 'Glossary of Assumptions'.

Trust	Status	Values (£000)	No. of Records
SLHT	Agreed	0	0
	Awaiting Resolution	360	1062
	Total	360	1062
D&G	Agreed	0	0
	Awaiting Resolution	15	19
	Total	15	19
KCH	Agreed	0	0
	Awaiting Resolution	5	7
	Total	5	7
GSTT	Agreed	0	0
	Awaiting Resolution	15	19
	Total	15	19
Grand Total		395	1107

Glossary of Assumptions

Assumptions - year to date and forecast finance methodologies

Year to Date

- Current month 8 flex (unvalidated) information from Trusts, including adjustments to month 7 information relating to Trust challenges
- Assessments of uncoded activity are added to flex information. that are not yet included in flex data
- Adjustments are made relating to trust-led QIPPs and KPIs not reflected in trust monitoring returns.

Year-end forecasts

- Based on a phasing of activity to reflect working days, seasonality, RTT and elective trajectories and year-end activity uplifts to meet targets.
- Critical care: if YTD is under-spending, forecasts assume activity is back to plan for the remainder of the year. If YTD is overspending, forecasts assumes half way between plan and straight line forecast for the remainder of the year.

Financial Performance Tables

These tables are presented for the overall acute position and also for each Trust. The tables show the cumulative contract monitoring position, the financial position and also the forecast position for the year. The financial position is always one month in advance (e.g. the Financial position for Month 5 is based on the contract monitoring position for Month 4). Finance positions are calculated by up-scaling contract monitoring positions by one month, up a straight-line basis. For Guy's & St Thomas' we show both an underlying and a contractual financial position. The underlying position shows actual performance but the contractual position shows expected payments after applying the terms of the contractual risk share.

QIPP Delivery Tables

These show the delivery of QIPP initiatives in total and for each Trust. The total position shows the contractual position as many QIPP savings are guaranteed to CCGs by the terms of the agreed contracts with acute trusts. This is the reported position to external bodies and to the Cluster Board and its committees. For each Trust we also show the underlying QIPP position, showing actual delivery of QIPPs within Trusts.

Claims Management

- These figures relate to Claims with a potential financial impact only (Data Quality / other queries not included)
- Agreed Claims (covering Q3) are assumed to already be reflected in Provider's current SLAM position, whereas Awaiting Resolution values (covering M8 Raised and Q3 still outstanding) won't be (but different risk assessment % for these depending on challenge type, so not correct to deduct the entire value from current Provider reported position.
- For Kings a great proportion of the Claims awaiting resolution relates to Drugs Claims which are expected to have been resolved with the Trust by M6 and that being the case will not result in any financial savings.

Appendices (Overleaf)

1. Key Drivers by POD Analysis
2. QIPP Report
3. Acute Finance Report

Appendices

Appendix 1 - Key Drivers by POD Analysis

SLHT

Key Performance Drivers	Description	Further Work and Action Required
Electives	<p>Electives are over performing at a rate of £1793k.</p> <p>Specialties with the biggest overspend include: General Surgery £807K (34%) of which General Surgery Digestive System is overspent by £903K (54%) and Bariatric activity by £444k (1168%). Diagnostic Endoscopy and Colonoscopy over performance has reduced by 33K from M7 standing at £149K at Month 8</p> <p>Other specialties over performing include Urology at £312k (54%) of which £138K (766%) is attributable to Prostate Transurethral resection; Breast Surgery £113K (54%); T & O £252K (6%) of which £327K (31%) is attributable to Non Trauma Major knee procedures (Non trauma major hip procedures are under spent by £215K (28%)). Medical Oncology is over performing by £199K (78%).</p>	<p>Over performance is stabilizing and in the coming months tailing off would be expected therefore total over performance against worst affected areas will be closely monitored.</p> <p>Diagnostic Colposcopy and Endoscopy over performance assumed to be associated with the screening programme appears to be stabilizing at Month 8</p>
A & E	<p>Month 8 is reporting a £140K overspend. HRG VB04Z (Category 2 Investigation with Category 4 treatment) is £223K overspent whereas VB08Z (Category 2 investigation with Category with Category 1 treatment) is £224K</p>	<p>Requires further investigation/ monitoring to ensure there is not a change in how the attendances are being recorded.</p>
Emergencies	<p>Overspent by £570k (8%) composed of the following over and under spends</p> <p>Under spends: General surgery £329K (16.3%) T & O £160K (8.4%)</p> <p>Overspends: Gastroenterology £350K (421%) Cardiology £634K (417%) Paediatrics £246K (43%) Geriatric Medicine £766K (333%)</p>	
Non-Electives	<p>Under spend is £1,156K (11%) Biggest under spends are: General Medicine £170K (59%) Neonatology £231K (43%) Geriatric £438K (58%).</p>	<p>Although reporting an under spend at M8 - will continue to monitor non-elective activity trends and include Bexley in the review being undertaken for over performance in other BSUs</p>
Outpatients	<p>First attendances are overspent by £762K (7%) and follow ups by £383K</p>	<p>As reported last month several actions are being taken</p>

	<p>(11%) and procedures by £78K(12%). This gives a total OP overspend of £1223K.</p> <p>When adjusted for the number of working days in the month (22) First Attendances are over performing at a similar level to M7 whilst Follow Ups are decreasing</p> <p>First attendances and Follow Ups overspends are spread across the specialties whereas outpatient procedures is mostly attributable to Ophthalmology which is overspent by £132K (61%)</p>	<p>1. The Contract Management Board (CMB) has highlighted concerns about the rate of first appointments offered and undertaken with the Trust. There are contract mechanisms to mitigate the financial consequences but the risk above the contract cap lies with SLHT.</p> <p>2. We continue to review progress of QIPP initiatives on outpatient activity and assess assumptions made for contract plans. Issues to be flagged to CCG QIPP leads.</p> <p>3. The Clinical Transformation Group (CITG) is now implementing the Consultant to Consultant referrals policy</p>
Other areas	<p>Critical care overspent at £367K (4%), M7 reported 13%.</p> <p>Chemotherapy drugs over performed by £309K 44% and delivery of Chemotherapy HRGs overspent by £204K (65%)</p> <p>Direct Access pathology over performed by £149K (6%)</p> <p>Direct Access Radiology over performed by £150K (19%) Lucentis underperformed by £203K (-40%)</p> <p>Elmstead over performance after Q1 is outside the cap and at M8 this is £207K, at M3 it was a £64K under performance therefore full liability is £207K</p> <p>Stroke reported an overspend of £112K (9%)</p>	<p>Need to continue to reconcile charging for stroke activity in PBR.</p>

Dartford & Gravesham

Key Performance Drivers	Description	Further Work and Action Required
Emergencies	A & E is overspent by £103K (7 %) and is over performing across all categories except dental care which is neutral and HRG VB11Z (No investigation with no significant treatment) which underperformed by £68K (36%)	A and E overspends are spread across the range of treatment complexity as opposed to previously reported increases in low complexity attendances

	<p>PBR Emergency Short stays are now underperforming by £74K mostly in A & E £61K (62%) which over performed by £71K last month however they are over performing in Non PBR for A & E by £52K (36%) which balances this out.</p>	
Non Elective Non Emergency	<p>Maternity shifted from SLHT, and is continuing to drive over performance in different POD although the position is improved over M7. Non Elective Non emergency is over performing overall by £119K (5.2%) a reduction on M7's £234K (18%) over performance but Obstetrics is over performing by £226K (15%) slightly less than M7 (234K), whereas Midwife Episodes are down by £71K (however they are overspent in OP Procedures by £69k.)</p>	<p>Activity was growing at months 6 and 7 but has stabilized for M 8.</p>
Outpatients	<p>Outpatient First attendances are overspent by 106, however this is balanced out in part by Non Consultant led midwife episodes which are £80K (57%) under spent. Main driver of Outpatient Firsts overspend is GU Med £162K (no plan)</p> <p>Outpatient Procedures First attendances are overspent in total by £153K (382%) with Midwife Episodes accounting for £68K (no plan) a</p> <p>Outpatient Procedures Follow up attendances is overspent by £193K with Urology being the main driver £52K (305%) and a £43K overspend (no plan) in bladder endoscopy</p> <p>Midwife episodes are also overspent at £69K (no plan)</p>	<p>The contract now includes outpatient metrics that will reduce over performance. Outpatient procedures is increasing its over performance in M8</p> <p>Analysis of the GUM activity has shown a rate almost double that of main providers for first attendances. This has been reviewed with the Sexual Health lead, and has been flagged with the host commissioner for review as a concern and activity will be challenged for coding and charging.</p>
Electives	<p>This POD is underperforming by £253K. The key underperforming specialties being T & O £181K (41%), Urology £47K and Gynae £44K</p>	<p>DVH have reported that their RTT backlog has increased and are revising their trajectory. Management initiatives to clear existing backlog are focusing on managing the waiting list and stopping late bookings. They also intend to transfer patients to QMS. Compliance by March 31st 2013 is still anticipated</p>
Non Elective	Over performed by £115K (1%)	

	Key drivers are T & O £130K and General Medicine £254K (11%). Specialties demonstrating under performance include Paediatrics £166K and Gynae £66K (35%)	
Critical care	Critical Care is underperforming by £143K (13%) with Neonatology showing a £122K (24%) under spend	Critical care is reporting an under performance for this year but this cannot be used to inform future activity as critical care was a major driver in over performance in 2011/12.
Direct Access	Diagnostic Imaging is under spent by £49K (51%)	

King's College Hospital

Key Performance Drivers	Description	Further Work and Action Required
Elective	Excess Bed Days are overspent by £72K (138%) and this is occurring across the specialties but particularly in Urology £21K and Anaesthetics £22K	SEL commissioners will continue to monitor, including early notification of potential long stay patients.
Inpatient Emergency Spells	Over performance driven by Neurosurgery £77K (44%) and General medicine £44K (73%)	Neurosurgery is a historically over performing specialty that has continued to over perform in 2012/13. A rolling TFC review has been agreed with the Trust to review pathways and coding procedures
Inpatient Non-Elective Spells	Overspending by £74K (10.6%) and being driven by Paediatric Neurosurgery £44K (733%)	
Inpatient Non-Elective XBDs	Over performing by £57K (950%) and being driven by Obstetrics £56K (no plan)	This is a historically over performing specialty that has continued to over perform in 2012/13. A rolling TFC review has been agreed with the Trust to review pathways and coding procedures, but it is considered that the over performance is due to a shift in maternity flows rather than coding issues.
Outpatient Procedures	Overspent by £66K (28%) across the specialties	1 st attendances underperforming but Follow ups and procedures over performing
Critical Care	This month Critical Care has maintained an under spend of £66K (6%) but Liver Critical care continues to over perform and at Month 8 is £174K (88%)	SEL commissioners will continue to monitor, including early notification of potential long stay patients.
Other Patient Modalities	Off Tariff Drugs are overspent by £212K (43%)	SEL Commissioners will continue to monitor breast screening activity.

	<p>Devices are under spent overall however areas of note are £50K overspend in Deep Brain stimulation devices and a £57K under spend in Aortic Stents</p> <p>Breast screening overspend in month 8 is £252K (57%) This was reported last month as being due to spikes in activity</p>	
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Guy's & St. Thomas'

Key Performance Drivers	Description	Further Work and Action Required
Elective	<p>Elective Overspends occurring in Thoracic Surgery £64K (43%) and Paediatric Cardiology £44K (42%). For Day cases there is an overspend in Respiratory Medicine of £88K (283%) but an under spend of £98K (56%) in Gastroenterology.</p> <p>For non-tariff elective there is and £81K over spend for Paediatric Cardiology (no plan)</p>	
Emergency Spells	<p>Emergencies are over performing in Urology £49K (92%), Plastic Surgery £75K (56%). Clinical Haematology £47K (214%)</p> <p>Excess bed days are overspent by £97K (173%) and this is occurring across the specialties</p>	
Non elective	<p>Overspent by £240K</p> <p>Mainly caused by Vascular Surgery emergencies excluded from quantum £238K (193%)</p>	No action.
Outpatients	<p>M8 overspend is £173K for FA, £52K for follow ups and £58K for procedures and is occurring across the range of specialties. First attendances Nurse led Oncology over performed by £41K (plan only £1.5K)</p>	<p>Outpatient activity by specialty needs analysis in conjunction RTT targets and referral patterns. The underlying activity by specialty is not showing any one area as the main variance at this stage and the apparent rise in referrals has been flagged to the PMO.</p>

<p>Critical care</p>	<p>Critical Care under spend continues to increase and at month 8 was £388K whereas M7 was 18% this is occurring in particular at ST Thomas's CCU: 4 Organs Supported £233K (69%) under spent and 5 Organs supported £99K (100%) under spent</p>	<p>Total critical care activity to be monitored at trust level to ensure there is not overall increase in usage. Variability by PCT will remain although can also be affected by service shifts between trusts.</p> <p>GSTT produce an aggregate report identifying if there are any delayed discharge issues or increases in average lengths of stay compared to last year so this can be kept under monitoring and actions taken if this is a problem.</p>
<p>Drugs and Devices</p>	<p>Under spend was running at 10% last month and for M8 is 218</p> <p>This includes cancer drugs to be recharged to the Central DH Cancer Fund and Oncology has a £145K under spend and Clinical haematology a £73K under spend</p>	<p>Note there is an unresolved chemotherapy cross-charging issue with SLHT. The issue is being addressed through the CMB.</p>
<p>Other expenditure</p>	<p>This category includes a number of service areas. Overspends are reported in Patient Transport at £217K (56%) which includes Renal Transport at £110K (66%) overspent.</p> <p>Chemo and Radiotherapy at £283K (13%) overspend is increasing from month 7 10% overspend</p> <p>A charge is also applied to this budget for demand adjusted PCT risk the cumulative value of which at Month 8 is £330K</p>	<p>Radiotherapy growth was a factor in 2011/12 linked to increased capacity to meet RTT and this may be continuing into 2012/13.</p> <p>Patient transport has been the subject of investigations in 2011/12 where the over spend appears as growth related. Over-performance is continuing in 2012/13 and the reasons for this are being investigated through the FIG meeting.</p> <p>Chemotherapy charging is being reviewed with SLHT; the Trust is accruing for activity delivered, if there is overcharging this will be a credited back to Bexley.</p> <p>Outpatient referral rates have been flagged to the PMO and QIPP team.</p>

Appendix 2

BEXLEY M8 QIPP Report

	Year to Date Position				Forecast Year End Position			
	Sum of M7 Cum. Plan	Sum of Actual Position at Month 8	Variance at Month 8	%age variance at Month 8	Sum of 12/14 Plan	Sum of Forecast Year End Position	Forecast Year End Variance	%age variance of forecast
Outpatients								
New Outpatients	£0	£0	£0	0.0%	£0	£0	£0	-
C2Cs	£11	£11	£0	0.0%	£17	£17	£0	0.0%
Outpatient Follow Ups	£782	£319	£-463	-59.2%	£1,163	£489	£-674	-58.0%
External Trusts QIPPs	£26	£25	£-1	-3.4%	£38	£38	£0	0.0%
Emergency Care Pathway								
A&E attendances	£0	£0	£0	0.0%	£0	£0	£0	-
A&E conversion rates	£261	£252	£-9	-3.4%	£389	£389	£0	0.0%
Admission Avoidance	£134	£81	£-54	-40.1%	£200	£124	£-76	-38.0%
UCC activity	£0	£0	£0	0.0%	£0	£0	£0	-
Other								
Integrated Care	£489	£229	£-260	-53.1%	£727	£467	£-260	-35.8%
External Trusts QIPPs	£86	£83	£-3	-3.4%	£128	£128	£0	0.0%
MFF Savings	£0	£0	£0	0.0%	£0	£0	£0	-
Other	£0	£0	£0	0.0%	£0	£0	£0	-
QIPP Reserve	£0	£0	£0	0.0%	£0	£0	£0	-
TOTAL ACUTE QIPPS	£1,790	£1,001	£-789	-44.1%	£2,662	£1,652	£-1,010	-37.9%

Further detail around all metrics & commentary can be found in appendices 1-3

Appendix 3

Acute Contracts Finance Report

NHS Bexley - Summary Acute Report Month 8

Providers	NHS Bexley						
	Annual Budget	Budget to Month	Expenditure to Month	(Over) Underspend at Month	(Over) Underspend at Full Year (Likely)	(Over) Underspend at Full Year (Best Case)	(Over) Underspend at Full Year (Worst Case)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Local Acute Service Agreements							
Guy's and St Thomas' NHS Foundation Trust	27,963	18,642	19,464	(822)	(1,319)	(719)	(1,567)
King's College Hospital NHS Foundation Trust	12,570	8,380	9,459	(1,079)	(1,642)	(1,575)	(2,007)
The Lewisham Hospital NHS Trust	4,535	3,024	3,087	(63)	(95)	(95)	(179)
South London Healthcare NHS Trust	89,423	59,483	60,153	(670)	(1,005)	(1,005)	(1,005)
South London Healthcare NHS Trust PTS	800	400	560	(160)	(240)	(220)	(252)
Sub-total: Local Acute Service Agreements	135,291	89,928	92,722	(2,794)	(4,301)	(3,614)	(5,010)
External service agreements							
Barts and The London NHS Trust	1,300	867	918	(51)	(76)	(70)	(89)
Chelsea and Westminster Hospital NHS Foundation Trust	259	173	177	(4)	(6)	(6)	(9)
Great Ormond Street Hospital For Children NHS Trust	1,116	744	645	99	148	136	137
Imperial College Healthcare NHS Trust	589	393	286	107	161	148	155
Moorfields Eye Hospital NHS Foundation Trust	603	402	456	(54)	(81)	(74)	(87)
London Ambulance Service NHS Trust	6,523	4,349	4,349	0	0	0	(65)
Royal Brompton and Harefield NHS Foundation Trust	667	445	455	(10)	(15)	(14)	(22)
Royal Free Hampstead NHS Trust	348	232	345	(113)	(132)	(127)	(135)
The Royal Marsden NHS Foundation Trust	396	264	226	38	57	52	53
Royal National Orthopaedic Hospital NHS Trust	639	426	493	(67)	(101)	(93)	(107)

Queen Victoria Hospital NHS Foundation Trust	871	581	674	(93)	(139)	(128)	(148)
St George's Healthcare NHS Trust	454	303	318	(15)	(23)	(21)	(28)
University College London Hospitals NHS Foundation Trust	1,440	960	1,270	(310)	(379)	(362)	(393)
Dartford and Gravesham NHS Trust	25,000	16,667	16,915	(248)	(372)	(341)	(622)
Homerton Foundation Trust	101	67	76	(9)	(13)	(12)	(14)
Medway NHS Foundation Trust	726	484	484	0	0	0	(7)
Maidstone and Tunbridge Wells Trust	470	313	496	(183)	(238)	(224)	(243)
External Acute Trusts reserve	0	0	0	0	0	0	0
Sub-total: External Acute Service Agreements	41,503	27,668	28,581	(913)	(1,209)	(1,135)	(1,624)
Sub-total: CONTRACTED ACUTE SLAs	176,793	117,596	121,303	(3,707)	(5,510)	(4,749)	(6,634)

Further detail around all metrics & commentary can be found in appendices 1-3