

West Hertfordshire Hospitals

NHS Trust

Review of Cumulative Performance against Service Level Agreements December 2008

1. Executive Summary

1.1 This paper provides a review of the Trust's delivery against commissioned levels of activity to date.

2. Background

2.1 The Trust had been commissioned to deliver £171.7m of activity from nine commissioners. However, as previously reported a further £1.2m has been included within the income budget to reflect perceived under-commissioning, and a further £1.8m of income from other PCTs who do not have contracts with the Trust.

2.2 The various types of activity are phased across the year on an appropriate basis as outlined in detail previously.

3. Current Position

3.1 Appendix 1 details performance by type of activity.

The table below analyses the financial position by commissioner:

Commissioner	Annual Plan £000	Plan to Nov £000	Actual £000	Variance £000	Variance Prior Month £000
West Herts	162,242	120,506	123,841	3,335	1,667
East & North Herts	449	331	604	273	253
Total Herts	162,691	120,837	124,446	3,608	1,920
Barnet	715	530	476	-54	-44
Bedfordshire	497	367	544	178	164
Brent	261	193	184	-9	-7
Buckinghamshire	565	419	500	81	60
Harrow	2,078	1,538	1,910	372	301
Hillingdon	4,191	3,119	3,113	-6	-9
Luton	635	466	619	152	130
NCA, etc	1,838	1,349	1,238	-112	-11
Budgeted Overperformance	1,192	881	783	-98	297
Total	174,663	129,699	133,812	4,113	2,801

3.2 The above value for actual activity assumes that the 3,281 spells not coded on 6th January when the data was extracted are coded within the required national timescale. This is a significant increase on the November position, although not unexpected given the Christmas season, but is the highest number uncoded to date. The current position is that 3,016 FCEs remain uncoded at this time, which would represent a lower number of spells.

3.3 By the end of March 2009 the National Contract requires the Trust to have 95% of its spells coded by the fifth working day of the following month. Current performance is that 52% of spells are coded within the month of discharge, although with the Christmas break this is lower than has been the case in previous months.

3.4 As previously reported the PCTs do not pay when planned procedures are not carried out due to Trust operational issues. The total for April to November is 182. This amendment is always one month behind, because of the need to investigate why the planned procedure was not carried out.

3.5 Even with extraction on the 3rd working day, activity as recorded by PAS continues to increase throughout the following month. Whilst much of this retrospective recording is known, significant inpatient and outpatient activity continue to be recorded in arrears. This has been a particular issue for December when a considerable amount of activity for November and October appeared on the System causing an over-performance against the Plan that had not been expected. Given the requirement to move towards 95% coding by working day 5, there is a serious need for divisions to record patient data at source.

3.6 The impact of these late entries of data has been reflected in previous months against the budget line of over-performance rather than against specific PCTs. However, the accrual has been reduced this month to reflect the catching up of data recording. The accrual of £783k consists of Inpatients £100k, Outpatients £100k, both reduced from previous months and A & E £100k. The A and E accrual has been increased to reflect the Urgent CARE Centre activity for December that had not been uploaded from the Adastra System that is used for recording activity and notifying GPs overnight that their patients have been treated. It is also apparent that outsourced work is not being recorded on our PAS in real time but this is improving and the accrual has been reduced to £70k. The Critical Care bed days relating to patients not yet discharged have been accrued for with a value of £330k.

4.0 West Herts PCT

4.1 This Contract represents 93% of our planned SLA income and 95% of our contracted income. As can be seen above, the Trust is £3,335k above planned financial levels. This is a significant increase from the previous month £1,667k, due as outlined above to a catching up of data, additional activity both in-house and outsourced and also to the budget having been reduced to reflect the normal down turn at Christmas which has not taken place.

4.2 Emergency and Non-elective activity is 1,783 spells below plan of which 1,315 relates to Obstetrics. As previously reported attendances of less than 4 hours, not resulting in an admission can no longer be treated as such, only as a ward attendance. However, in real terms the other specialties did perform slightly better than Plan in the month, resulting in a net over-performance of about £60k

4.3 Elderly Care and General Medicine had been under-performing in each month so far this year and they account for most of the balance of 465 spells. As previously reported, the PCT commissioned more activity than the Trust thought was actually required and hence the variance is greater. The Surgical specialties over-performed by about 40 spells in the month.

4.4 Elective work over-performed the plan by 500 spells in December, compared with an under-performance in the two previous months. As outlined above, the Plan was phased to reflect an expected downturn in December that did not materialise due to the need to put on and purchase additional capacity to meet Access targets. ENT, Ophthalmology, Gastroenterology and Gynaecology accounted for the major movements in the month. Even Clinical Haematology that had under-performed by 330 spells by the end of November was only 9 further spells below Plan in December.

4.5 First outpatient attendances are 16,195 above plan. This represents an increase over November of 2,152. This is slightly more than in previous months although again as reported additional clinics were run in December. Outpatient follow-up attendances are 10,266 above plan up from 6,904 in December. The over-performance is a combination of the recent DoH guidance that Pre-Operative clinics can be charged, providing they are not on the day of operation. This has added some 3,200 chargeable attendances. The Trust has recorded 8,499 outpatient procedures at a value of £1.827m that attract a higher tariff than a follow up which is how they had been previously recorded.

4.6 The Trust is reporting 4,279 A & E and MIU attendances fewer than planned to December. However the activity of the Urgent Care Centre that opened on 1st October (totalling about 6,300 attendances) has not been included due to continued difficulties in extracting the data in a form recognisable as a clinical data set. Work is continuing to resolve this, but as reported above an accrual has been included of £100k.

4.7 Adult critical care has 76 fewer bed days than the plan, compared with 191 short fall to November. As reported above, an accrual has been made for ICU days linked to patients who have not yet been discharged.

Neo-natal critical care bed days used in December were 197 more than planned, generating an over-performance to date of £363k and 768 bed days.

4.8 There is a shortfall in Pathology income of £690k to date. This is attributable to data errors that have subsequently come to light resulting in an over-statement of expected activity and therefore income. The under-

performance is expected to continue at a similar rate through the rest of the year.

4.9 The PCT commissioned high cost drugs at outturn together with a 10% acquisition allowance. However, as at the end of December there was a shortfall of £381k compared with £334k to November.

5.0 Hillingdon

5.1 The SLA is the Trust's second largest. At the end of December there was an under-performance of £6k, an improvement of £3k in the month.

5.2 The value of Emergency and Non Elective activity was £26k less than Plan in the month. Elective activity under-performed the Plan in the month and is now cumulatively £66k below plan. However, Oral Surgery and Gynaecology are together £70k above the planned level to date.

5.3 First outpatients exceeded plan by 49 attendances in the month and overall there is a financial over-performance of £27k. Ophthalmology first attendances that had been significantly below the expected level exceeded the plan for the first time this year. Overall follow up attendances were on plan for the month as were outpatient procedures.

5.4 The ICU activity was 6 days less than plan in the month and SCBU was 18 days less than expected. Together there is a financial shortfall of £26k to date.

5.5 The PCT exceeded its monthly plan for high costs drugs by £2k and is now some £15k above budgeted levels.

6.0 Harrow

6.1 Overall the SLA has over-performed by £372k at the end of December, an increase in the month of £71k. Emergency and Non-elective activity is cumulatively £57k above plan, of which £45k is attributable to Obstetrics, where the Trust believes the PCT under-commissioned. Elective spells over-performed to plan by 13 in December and are 61 more than budgeted, with a cumulative over-performance of £76k.

6.2 Outpatients were also commissioned at a reduced level and as a result the Trust has seen 837 more first outpatients than planned, an increase in month of 103. Most of this is for Obstetrics and is due to the change in the recording of short-stay admissions, referred to above. Follow up attendances and outpatient procedures are 434 attendances above plan, an increase of 98 in the month.

6.3 Adult Critical Care bed days are 10 more than planned, but NICU had 52 more cot days than planned in the month. Cumulatively critical care services are £38k more than planned.

7.0 Buckinghamshire

7.1 The contract has over-performed by £81k, up from £60k in November. This is attributable to emergency spells within Orthopaedics and Medicine. ICU is 9 days below planned levels with a financial under-performance of £22k.

8.0 Barnet

8.1 There is an under-performance of £54k for the year to date, an adverse variance in the month of £10k. Whilst non-elective activity is below plan by £71k, with Obstetrics accounting for £98k of this, Orthopaedics is £16k above a plan of £19k. First Outpatient activity is £32k above plan mainly due to short-stay Obstetrics being re-classified as ward attenders.

8.2 The PCT has not required the expected number of adult critical care bed days and is now some £44k below plan. However, there have been more neonatal critical care cot days than planned resulting in £25k over-performance.

9.0 Luton

9.1 Present performance is £152k above plan, an increase in the month of £22k. Over-performance is mainly within elective Orthopaedics (£67k) and non-elective activity is £45k above plan, across most specialties. To date Luton has not used any SCBU bed days resulting in a £11k shortfall. There has been 106 more A and E attendances than planned equating to a financial over-performance of £8k.

10.0 East & North Herts

10.1 The SLA is £273k over plan (up from £253k in November). Emergency activity is 30 spells more than planned but with a value of £118k due to a more complex case mix for emergency medicine than originally forecast. Elective work is £30k ahead of plan of which Orthopaedics accounts for £46k. Clinical Haematology and Gynaecology are together £19k below expected levels.

10.2 Outpatient first and follow-up attendances are 241 and 226 respectively above plan with a combined cumulative over-performance of £59k. Most specialties are ahead of plan. However, Endocrinology and Diabetes follow up attendances are 117 below a plan of 144 resulting in a shortfall of £10k.

10.3 The PCT commissioned 20 adult critical care bed days but to date has used 47 resulting in a financial over-performance of £52k.

11.0 Bedfordshire

11.1 This PCT covers that part of the county that falls outside of the Luton Unitary Authority. The SLA value for the year was set at £497k but by month 8

the value of work done is £544k, resulting in an over-performance of £178k to date.

11.2 Emergency and Non-elective accounts for £70k of the over-performance, mainly in Orthopaedics (£24k). Elective work over-performed during the month resulting in a cumulative over-performance of £99k, mainly within General Surgery (£26k), Orthopaedics (£23k) and Gynaecology (£32k).

11.3 With the de-hosting of A and E services within Eastern Region, the PCT now pays for its residents using the Trust's A and E services and this has resulted in 136 more attendances than planned with a financial over-performance of £10k. However, whilst commissioning adult and paediatric critical there has been little activity to date resulting in an under-performance of £27k.

12.0 Brent

12.1 This SLA is comparatively small and is under-performing by £9k on a year to date plan of £193k. To date there have been 222 fewer Obstetric follow up attendances than planned, giving rise to a financial shortfall of £15k. However, the PCT has used 25 more NICU/SCBU bed days than planned resulting in over-performance of £11k.

13.0 Non-Commissioned Activity

13.1 The budget was derived from looking at last year's activity although this is not always a very reliable guide. By the end of December there was an under-performance of £112k, an adverse variance in the month of £101k. All areas were under-performing other than Adult Critical Care £103k and A and E within the SHA £14k.

14.0 Forecast Outturn

14.1 The Finance Report provides a forecast outturn in respect of income and expenditure. It is no surprise that Harrow is over-performing. The over-performance for West Herts is due to the better identification of chargeable activity, coupled with an increase in referrals that due to shorter waiting times impact much sooner. This has required considerable additional capacity to be brought on stream to ensure that Access targets are not breached.

15.0 Conclusion

15.1 The Trust Board is asked to note the contents of this Report.

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