

REACH

HIGHER

**NHS Brent  
Performance Improvement  
Action Plan  
2010/2011**

**Trust Board  
27<sup>th</sup> May 2010  
Jonathan Wise**

**worldclasscommissioning**  
adding life to years and years to life

**NHS**  
**Brent**

# CONTENTS



- Context
- Actions taken
- Approach to performance transformation in Brent
- 2010/11 Performance improvement programme
- Key risks
- Next steps – timetable

# CONTEXT (1)

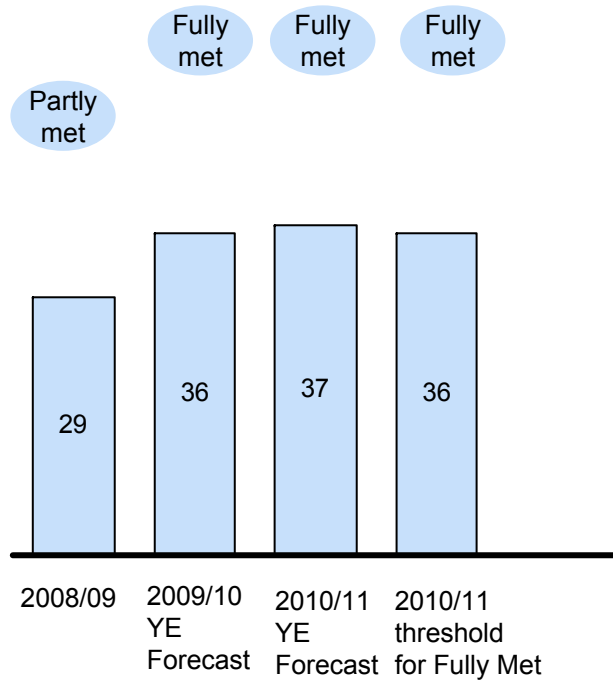


- Large number of under-performing areas, many with deep-seated issues relating to performance of primary care
- Some improvements in 09/10, but scale of improvement planned not achieved
- Brent forecast to be rated as 'weak' for 09/10 by CQC (07/08 = weak, 08/09 = fair)
- Brent now lowest rated PCT in London
- Significant sustainable improvement in performance is fundamental to achievement of PCT vision and strategy
- Recognised by Executive Team/Board/PEC/PBC as needing radical and sustained action to address
- McKinsey appointed (March 2010) to support in diagnosis of why 09/10 plans not achieved and approach to development of 10/11 action plan
- 10/11 plan developed by PCT staff, with input from clinical leads

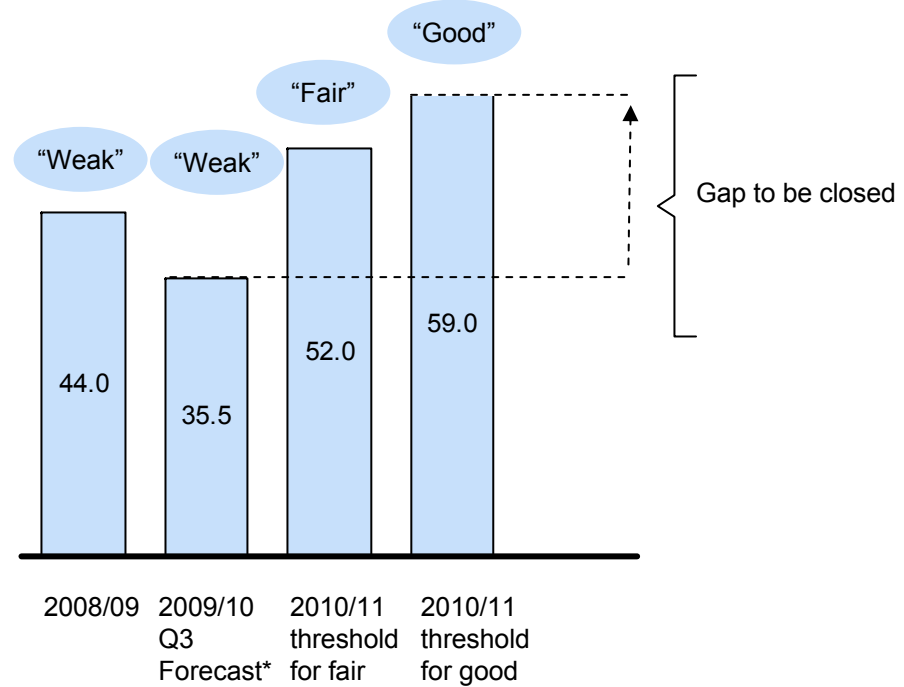
# CONTEXT (2)

## The size of the challenge

CQC scoring against existing commitments



CQC scoring against national priorities



\* Q3 SHA forecast. Verbal update on Q4 at meeting

## CONTEXT (3)

PCT performance 2009/10: Distance from next rating level			National Priorities score	Distance from next rating level
Sector				
INE	5C3	CITY & HACKNEY PCT	59.67	6.33
INE	5C5	NEWHAM PCT	45.67	6.33
INE	5C4	TOWER HAMLETS PCT	61.00	5.00
ONE	5C2	BARKING & DAGENHAM PCT	56.33	2.67
ONE	5A4	HAVERING PCT	51.00	1.00
ONE	5NA	REDBRIDGE PCT	48.83	3.17
ONE	5NC	WALTHAM FOREST PCT	50.17	1.83
NC	5A9	BARNET PCT	56.83	2.17
NC	5K7	CAMDEN PCT	56.00	3.00
NC	5C1	ENFIELD PCT	49.67	2.33
NC	5C9	HARINGEY PCT	55.50	3.50
NC	5K8	ISLINGTON PCT	48.00	4.00
NW	5K5	BRENT PCT	35.50	16.50
NW	5HX	EALING PCT	54.50	4.50
NW	5H1	HAMMERSMITH & FULHAM PCT	51.50	0.50
NW	5K6	HARROW PCT	49.50	2.50
NW	5AT	HILLINGDON PCT	58.00	1.00
NW	5HY	HOUNSLOW PCT	46.50	5.50
NW	5LA	KENSINGTON & CHELSEA PCT	59.00	7.00
NW	5LC	WESTMINSTER PCT	55.50	3.50
SE	TAK	BEXLEY CARE TRUST	57.50	1.50
SE	5A7	BROMLEY PCT	64.00	2.00
SE	5A8	GREENWICH PCT	53.33	5.67
SE	5LD	LAMBETH PCT	54.33	4.67
SE	5LF	LEWISHAM PCT	61.00	5.00
SE	5LE	SOUTHWARK PCT	57.33	1.67
SW	5K9	CROYDON PCT	61.17	4.83
SW	5A5	KINGSTON PCT	66.67	NA
SW	5M6	RICHMOND & TWICKENHAM PCT	57.50	1.50
SW	5M7	SUTTON AND MERTON PCT	58.50	0.50
SW	5LG	WANDSWORTH PCT	57.00	2.00

RED = weak/poor

# ACTIONS TAKEN



- Maximise delivery of 09/10 outturn
- McKinsey support (March) in analysis of root causes and development of 10/11 plan
- Workshop with all Performance leads facilitated by McKinsey
- Organised & held weekly Performance EMT taskforce meetings to review targets & enablers
- Focus on putting prioritised actions in place and identifying key enablers/cross-cutting themes
- Total of 20 workstreams now identified i.e. 10 targets plus 10 enablers/cross-cutting themes
- Requirements for additional capacity identified to enable SROs to carry out role
- Lead indicators/dashboards being identified and put in place
- Monthly trajectories critically reviewed and validated against actions
- Business Cases produced for additional resources (where required)
- Engagement with PEC/PbC


# Focus of NHS Brent performance approach

1 "What is happening"



- How are we doing compared with our target? (Tools: dashboard, leading KPIs)
- What are the leading KPIs and are they timely and appropriate?
- Are any trends causing concern? (Tools: as above)
- Are actions being implemented according to plan? (Tools/input: last meeting minutes)

2 "Why"




- What has happened to cause the performance gap? (Tool: 5 Whys)
- Do we understand the true root/underlying causes? (Tools: 5 Whys, issue trees)
- Which is the largest issue/cause? (Tools: issue trees, analysis)
- Should we investigate further to better understand or quantify the problem so we can prioritise it? (Tools: surveys, analysis)

3 "What needs to be done"



- How do we correct the problem and prevent it happening again?
- What is the quantifiable impact of this solution – will this completely resolve the problem or do we need to do anything else?
- What is plan B if we need it?
- How have other PCTs that have faced similar root causes dealt with this successfully?
- Do we need to take any short term containment action ("sticking plasters")?

4 "Who is going to do it?"



- Who will take responsibility for completing the action?
- Does the owner need support from any of the other team members/somebody else in the organisation?
- Is this going to impact anyone else in the PCT (i.e. do we need to engage anyone else)?
- What support do you require from me/PEMT?

5 "When is it going to be done?"



- Is it a priority action?
- What is the deadline for completion?
- When are the intermediate milestones?

## Focus of NHS Brent performance approach (2)

1 "What is happening"



- Shared understanding of current and projected performance (which can then be rolled up to PCT-level performance and likelihood of achieving 'good')

2 "Why"



- Understanding of the underlying/root causes of the performance gap
- Prioritisation of those causes to focus on – e.g. 50% of the shortfall is because 3 GPs don't offer the service, focus on those 3
- Agreement to further investigate or not

3 "What needs to be done"



- Agreement as to the initiatives required to close the gap
- Confidence that those initiatives will deliver the desired impact as they are targeted on the right issues (from the root cause analysis above)
- Confidence they can be delivered in the time scales needed
- Agreement on support required for those initiatives (funding, resource, conversations etc.)
- Broad understanding on the 'plan B' if initial plan fails to deliver

4 "Who is going to do it?"



- List of actions and owners
- Understanding of cross-cutting initiatives/issues and plan to ensure aligned

5 "When is it going to be done?"



- Deadlines to accompany the list of actions and owners
- Agreed priorities at PCT level
- Agreed check-points (e.g. milestones to check delivery as planned)

# NHS Brent Performance Transformation (1)

## OVERARCHING APPROACH



<b>Laser-sharp CEO and SRO focus</b>	Significant changes to current way of working
<b>Act extremely quickly</b>	Rapid decision making to unblock resources/issues etc.
<b>Investment to support delivery</b>	Includes capability and capacity across the organisation and in key initiatives

## NHS Brent Performance Transformation (2)

### Brent's performance transformation programme centres around 4 elements

Top team alignment	Performance culture
<ul style="list-style-type: none"><li>▪ Align on key priorities</li><li>▪ Commit to creating the capacity to focus on these priorities sufficiently</li><li>▪ Recruit capacity where it cannot be 'freed'</li><li>▪ Develop a means/method for swift decision-making</li><li>▪ Focus on problem-solving and removing road-blocks internally and with providers</li></ul>	<ul style="list-style-type: none"><li>▪ Create a delivery culture, use influence model<ul style="list-style-type: none"><li>– Undertake performance conversations in the right way – facts and problem solving rather than update-focussed</li><li>– Build the skills and capabilities to challenge</li><li>– Role model change from the top</li><li>– Ensure performance covered in appraisals</li><li>– Enforce rhythm of performance meetings</li></ul></li></ul>
Performance transformation building blocks	Releasing the potential of primary care
<ul style="list-style-type: none"><li>▪ Build the capabilities necessary for ongoing delivery<ul style="list-style-type: none"><li>– Data availability and transparency</li><li>– Create the tools and templates to assist in new way of working</li><li>– Network with high performing PCTs for best-practice transfer</li><li>– Fill capacity and capability gaps</li></ul></li></ul>	<ul style="list-style-type: none"><li>▪ Work with GPs to radically improve provision of primary care<ul style="list-style-type: none"><li>– 'Carrots'</li><li>– 'Sticks'</li><li>– Other influencers – e.g., recognition, peers, etc.</li><li>– Specific focus on access and experience to build framework to roll into all targets</li></ul></li></ul>

# 2010/11 Performance Improvement (1) Scenarios



## Underlying assumptions

- 1) The following indicators will not influence our 2010-11 performance as the measurement period has already passed:
  - Breast screening
  - Cervical screening
  - Teenage conceptions.
- 2) We would also need to ensure that the following indicators maintain their current performance (Fully Achieve):
  - C-Difficile
  - Cancer waits (2 week, 62 day and 31 day)
  - Reduction in mortality (All age all cause, CVD and Cancer)
  - Childhood obesity
  - CAMHS
- 3) Stroke Performance will be achieved in each quarter of 2010-11 due to the new stroke unit being operational from the start of the financial year.
- 4) 18 weeks performance will move from 2.5 points to 3 points through improved delivery across all treatment functions.

## The above assumptions mean that we are left with 10 indicators to improve on: (Below is an illustrative mix of a combination of results to get to fair or good)

### **To get to Fair**

- To achieve a minimum of 52 points we need 17 points from these 10 indicators
  - 6 indicators move from 0 points to 2 points (Fail to under achieve)
  - 1 indicator moves from 2 points to 3 points (Under achieve to achieve)
  - 1 indicator remains at 2 points (Underachieve)
  - **Only 2 indicators can remain at 0 points (Fail)**

### **To get to Good**

- To achieve a minimum of 59 points we need 24 points from these 10 indicators
  - 3 indicators move from 0 points to 3 points (Fail to achieve)
  - 5 indicators move from 0 points to 2 points (Fail to under achieve)
  - 1 indicator moves from 2 points to 3 points (Under achieve to achieve)
  - 1 indicator remains at 2 points (Underachieve)
  - **No Indicator can remain at 0 Points (Fail)**

## 2010/11 Performance Improvement (2)

### Priority Indicators



#### 10/11 Plan for fair

National Priorities	Current 2009/10	Minimum Achievement required
Patient experience	0	6 of these indicators need to achieve at least 2 points
Immunisation	0	
Smoking quitters	0	
Breastfeeding	0	
Drugs misuse	0	
Primary care satisfaction (access)	0	
Maternity	0	
Staff satisfaction	0	
Dental access	2	1 indicator needs to maintain 2 points and 1 needs to achieve 3 points
Chlamydia screening	2	

#### 10/11 Plan for good

National Priorities	Current 2009/10	Minimum Achievement required
Patient experience	0	3 indicators need to achieve at least 3 points, 5 indicators need to achieve 2 points
Immunisation	0	
Smoking quitters	0	
Breastfeeding	0	
Drugs misuse	0	
Primary care satisfaction (access)	0	
Maternity	0	
Staff satisfaction	0	
Dental access	2	1 indicator needs to maintain at 2 points and 1 needs to achieve 3 points
Chlamydia screening	2	

## 2010/11 PERFORMANCE IMPROVEMENT (3)

### SCOPE OF PROGRAMME AND WORKSTREAMS

<p>Monthly Board Sub-Committee (FISG)</p> <p style="text-align: center;">↓</p> <p>Overall programme Management* (SRO ME/JW)</p> <p style="text-align: center;">↓</p> <p>Weekly Performance Programme Group (JW/Programme Manager/ AB/COMMS)</p> <p style="text-align: center;">↓</p> <p>Weekly Performance EMT</p> <p style="text-align: center;">↓</p> <p>SRO performance management with Project leads</p>	<p><u>10 targets currently under-performing or failing</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;"><u>SRO</u></th> </tr> </thead> <tbody> <tr><td>Dental</td><td style="text-align: right;">JO</td></tr> <tr><td>Chlamydia screening</td><td style="text-align: right;">TS</td></tr> <tr><td>Staff Satisfaction</td><td style="text-align: right;">CA</td></tr> <tr><td>Immunisations</td><td style="text-align: right;">JO</td></tr> <tr><td>GP Access</td><td style="text-align: right;">JO</td></tr> <tr><td>GP patient experience</td><td style="text-align: right;">JO</td></tr> <tr><td>Drugs misuse</td><td style="text-align: right;">TS</td></tr> <tr><td>Smoking cessation</td><td style="text-align: right;">SB</td></tr> <tr><td>12 week maternity</td><td style="text-align: right;">TS</td></tr> <tr><td>Breast feeding</td><td style="text-align: right;">TS</td></tr> </tbody> </table> <hr/> <p><u>10 cross-cutting themes/enablers</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;"><u>SRO</u></th> </tr> </thead> <tbody> <tr><td>List cleansing</td><td style="text-align: right;">JO</td></tr> <tr><td>GP transformation</td><td style="text-align: right;">JO</td></tr> <tr><td>GP data collection</td><td style="text-align: right;">JW</td></tr> <tr><td>Performance rhythm/governance</td><td style="text-align: right;">JW</td></tr> <tr><td>Social Marketing/Health promotion</td><td style="text-align: right;">SB</td></tr> <tr><td>Communication and engagement</td><td style="text-align: right;">JW</td></tr> <tr><td>Financial incentives</td><td style="text-align: right;">JW</td></tr> <tr><td>PCT capacity</td><td style="text-align: right;">CA</td></tr> <tr><td>Performance culture</td><td style="text-align: right;">CA</td></tr> <tr><td>Analytical support</td><td style="text-align: right;">JW</td></tr> </tbody> </table>		<u>SRO</u>	Dental	JO	Chlamydia screening	TS	Staff Satisfaction	CA	Immunisations	JO	GP Access	JO	GP patient experience	JO	Drugs misuse	TS	Smoking cessation	SB	12 week maternity	TS	Breast feeding	TS		<u>SRO</u>	List cleansing	JO	GP transformation	JO	GP data collection	JW	Performance rhythm/governance	JW	Social Marketing/Health promotion	SB	Communication and engagement	JW	Financial incentives	JW	PCT capacity	CA	Performance culture	CA	Analytical support	JW	<p><u>SROs</u></p> <p>JO = 6</p> <p>TS = 4</p> <p>SB = 2</p> <p>JW = 5</p> <p>CA = 3</p> <p>-----</p> <p>20</p>
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<p>* Programme Manager and Business Manager to support</p>		<p>12</p>																																												

# 2010/11 PERFORMANCE IMPROVEMENT (4)

## Roles and responsibilities for ensuring performance



### Purpose

### Principal responsibilities

**Board**

- Provide oversight of the work of the PCT
- Ensure performance is achieved

- Agree the key performance priorities of the PCT
- Provide support and assistance in engaging external partners
- Accountable for overall PCT performance
- Ensure confidence in PCT's ability to meet its targets

**EMT**

- Provide leadership and oversee the running of the PCT

- Focus the PCT and support on agreed priorities
- Develop an integrated view of performance across the PCT
- Support PCT staff in delivering priorities
- Collectively responsible for delivery of PCT performance
- Escalate key risks and issues to the Board

**Director of Finance and Performance**

- Manage and track performance of the PCT against targets and goals

- Develop an integrated view of performance across the PCT
- Provide a focal point on EMT for performance discussions
- Accountable for reporting and monitoring of Performance

**SROs**

- Provide management support to Project Teams

- Accountable for delivery of their priorities, goals and targets
- Support teams in delivering targets and unblocking problem issues
- Ensure teams have sufficient capacity and capability to deliver

**Project Leads**

- Manage and track performance of the PCT against one of its goals

- Plan the necessary initiatives to deliver priorities
- Accountable for meeting priority goals and targets
- Manage their target and support Initiative Leads in delivering their goals

## 2010/11 PERFORMANCE IMPROVEMENT (5)

### SRO's and PROJECT LEADS

Indicator	SRO	Project lead	Clinical lead
Smoking quitters	Simon Bowen	Susan Hearn	Sundeep Shah (Pharmacist) and Jahan Mahmoodi (GP)
Breastfeeding 6-8 weeks	Thirza Sawtell	Melanie O'Brien	Sarah Basham
Drug users	Thirza Sawtell	Andy Brown	TBC
Access to Primary Care	Jo Ohlson	Tessa Sandall	Carole Amobi/Manish Prasad
Patient Experience of Primary Care	Jo Ohlson	Tessa Sandall	Carole Amobi/Manish Prasad
Chlamydia screening	Thirza Sawtell	James Lorigan	Jahan Mahmoodi
Childhood Immunisations	Jo Ohlson	Tony Menzies	Charlie Roe
Early maternity access	Thirza Sawtell	Annie Roy	Sarah Basham
Staff Satisfaction	Charles Allen	Andrew Small	N/A
Dental access	Jo Ohlson	Tessa Sandall	TBC
<b>Cross cutting/Enablers</b>			
GP Transformation	Jo Ohlson	Tessa Sandall	Carole Amobi/Manish Prasad/ Ajit Shah
Social Marketing/Health promotion	Simon Bowen	Kostakis Christodolou	Sarah Basham
List cleansing	Jo Ohlson	Tony Menzies	N/A
Performance Rhythm and Governance	Jonathan Wise	Programme Manager Angela O'Dowd	N/A
Performance Culture	Charles Allen	TBC	N/A
GP Data collection	Jonathan Wise	Andrew Broddle	Caroline Kerby
PCT capacity	Charles Allen	Gemma Davies	N/A
Financial Incentives	Jonathan Wise	Graham Bostock	Caroline Kerby
Communications	Jonathan Wise	Richard Starkey	Carole Amobi/Manish Prasad
Analytical support	Jonathan Wise	Andrew Broddle	N/A

## PERFORMANCE IMPROVEMENT: KEY RISKS

Principal risks	Director job title (initials)*	Risk rating		Controls in place	Assurance Sources	Gaps in Control (C) or Assurance (A)	Action Plan to address Gaps
		What is the current risk rating	What is the year end projection				
What could or is preventing the Trust from achieving this objective?	Director job title (initials)*	What is the current risk rating	What is the year end projection	What systems do we have in place to mitigate the risk?	Where can we gain evidence relating to the effectiveness of the controls which we are relying on? (Indicate date of Assurance)	Where are we failing to put effective controls in place?	Summary of plans to address the gaps in control and / or assurance and (Indicate target dates)
Lack of capacity to focus on supporting, pushing and challenging performance improvement particularly in Primary Care	DPCC/ DHR& OD	4x4	4x4	Capacity cross-cutting theme	Performance EMT (monthly) to oversee and monitor action plan  Performance Board report (monthly)	Capacity not yet in place	<ul style="list-style-type: none"> <li>•Agreement to creating the capacity to focus on priorities sufficiently</li> <li>•Recruit capacity where this cannot be “freed” to fill capacity and capability gaps.</li> </ul>
Performance management culture not embedded throughout the organisation	DHR& OD	4x4	3x3	Performance culture cross-cutting theme	Performance EMT (monthly) to oversee and monitor action plan  Performance Board report (monthly)		<ul style="list-style-type: none"> <li>•Create a delivery culture, use influence model</li> <li>-Undertake performance conversations in the right way; facts and problem solving rather than update-focussed.</li> <li>-Build the skills and capabilities to challenge</li> <li>-Role model change from top (CEO/PEMT)</li> <li>-Ensure performance covered in appraisals</li> <li>-Enforce rhythm of performance meetings</li> </ul>
Changes in nationally set thresholds and measurement criteria result in underachievement as scale of improvement not achievable	CEO	4x4	4x4	Outside of PCT control	Performance Board report (monthly)	Outside of PCT control	N/A

## KEY RISKS (CONTD)

Principal risks	Direct or job title (initials)*	Risk rating		Controls in place	Assurance Sources	Gaps in Control (C) or Assurance (A)	Action Plan to address Gaps
		What is the current risk rating	What is the year end projection				
What could or is preventing the Trust from achieving this objective?	Direct or job title (initials)*	What is the current risk rating	What is the year end projection	What systems do we have in place to mitigate the risk?	Where can we gain evidence relating to the effectiveness of the controls which we are relying on? (Indicate date of Assurance)	Where are we failing to put effective controls in place?	Summary of plans to address the gaps in control and / or assurance and (Indicate target dates)
Underutilisation of data to support performance conversations.	DFP	4x4	3x3	Analytical support cross-cutting theme	Performance EMT (monthly) to oversee and monitor action plan  Performance Board report (monthly)		<ul style="list-style-type: none"> <li>•Ensure lead indicators/dashboard in place for all targets</li> <li>•Ensure analytical resources in place to support delivery</li> </ul>
Pace / energy / focus to support step change required is diffused by other key priorities or external factors	CEO	4x4	3x4				<ul style="list-style-type: none"> <li>•CEO leadership/focus</li> <li>•EMT to keep under regular review</li> </ul>
Teams working on cross cutting initiatives do not combine efforts	DFP DPCC DSC DPH	4x4	3x3	Programme of cross-cutting initiatives	Performance EMT (monthly) to oversee and monitor action plan  Performance Board report (monthly)		<ul style="list-style-type: none"> <li>•Identified SRO for cross-cutting initiatives</li> <li>•Ensure clear communication on cross cutting initiatives</li> </ul>

## KEY RISKS (CONTD)

Principal risks	Direct or job title (initials)*	Risk rating		Controls in place	Assurance Sources	Gaps in Control (C) or Assurance (A)	Action Plan to address Gaps
		What is the current risk rating	What is the year end projection				
What could or is preventing the Trust from achieving this objective?	Direct or job title (initials)*	What is the current risk rating	What is the year end projection	What systems do we have in place to mitigate the risk?	Where can we gain evidence relating to the effectiveness of the controls which we are relying on? (Indicate date of Assurance)	Where are we failing to put effective controls in place?	Summary of plans to address the gaps in control and / or assurance and (Indicate target dates)
Specific and significant challenge in primary care is not addressed (Majority of red indicators have a link back to performance of GP workforce)	DPCC	4x4	4x4	GP transformation project. Primary Care access and patient experience initiatives. Elements of Imms, breastfeeding, 10 weeks maternity and smoking	Performance EMT (monthly) to oversee and monitor action plan  Performance Board report (monthly)	Plans still being finalised and capacity not in place to deliver	<ul style="list-style-type: none"> <li>•Work with GPs to radically improve provision of primary care</li> <li>•Primary Care Performance bond</li> </ul>

## RESOURCE SUMMARY

<b>TARGET</b>	<b>RESOURCE POSITION</b>
Dental Chlamydia Staff Satisfaction Immunisation GP access Patient Experience Drugs misuse Smoking cessation 12 week maternity Breastfeeding	No additional resources required at this time Business Case to Board 27/5 To be reviewed PEMT 2/6 To be reviewed PEMT 26/5 Business Case to Board 27/5 Business Case to Board 27/5 To be reviewed PEMT 26/5 No additional resources required at this time Business Case agreed PEMT 19/5 Business Case agreed PEMT 19/5
<b>ENABLERS</b>	<b>RESOURCE POSITION</b>
List cleansing GP transformation GP data collection Social Marketing/health promotion PCT capacity Financial incentives Other enablers	In CSP/OP plan – Contract award agreed PEMT12/5 Business Case to PEMT 26/5 No additional resources required at this time To be reviewed PEMT 26/5 Non recurrent additions agreed by PEMT Proposal for Primary Care performance bond to Board 27/5 No additional resources required at this time

## MILESTONES - JUNE



- Completion and implementation of 10/11 plan for each performance area including:
  - agreed trajectories with supporting modelling
  - timed actions
  - lead indicators/dashboard in place and reported
  - achievement of June actions
  
- Completion and implementation of 10/11 plan for each cross-cutting/enabler, including:
  - agreement on Cluster performance bond
  - commencement GP transformation project
  - communications with key stakeholders in place
  - additional capacity in place
  - agreed social marketing/health promotion plan
  - analytical support and data issues progressed
  - all GP event – 16/6/10
  
- Agreement/sign-off on resources required (including external)

# CONCLUSIONS



- Delivery plans still being developed or at early stages of implementation
- The scale and pace of Performance transformation required is great
- Need for significant on-going, intensive focus by SROs/EMT
- Capacity not in place across all areas to enable this
- Focus on Performance needs to be sustained whilst ensuring other objectives achieved
- Need to continue to work with key stakeholders so they accept scale of problem and have willingness/capacity/capability to respond at pace
- As a result of above, level of risk to 10/11 delivery is currently very high