

Finance & Performance Report

Month 11 2009-10

PCT Board – 1st April 2010

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CORPORATE OBJECTIVES MAPPED TO F & P REPORT SECTIONS

1. Reduce premature mortality and increase life expectancy

	Objective	Lead	F & P Report section
1	Implement vascular health strategy and so reduce cardiovascular mortality to 78.3 per 100,000 people aged under 75 yrs	DPH	4
2	Achieve the smoking cessation target of 2,022 quitters	DPH	2
3	Achieve the target levels for breast (70% for 53-64 yrs and 65% for 65-70 yrs) and bowel screening coverage of 40% among 70-75 yr olds.	DSC	2
4	Achieve the target levels for Chlamydia screening coverage of 25%	DSC	2
5	Ensure maximum waiting time for cancer patients accessing radiotherapy of 31 days	DSC	2

2. Reduce health inequalities

	Objective	Lead	F & P Report sections
1	Implement Primary Care Strategy, following the launch of the discussion document	DPCC	4
2	Reduce premature mortality from cancer to 96.16 per 100,000 people aged under 75 yrs.	DPH/DS C	2
3	Improve maternity services by increasing the percentage of women seen by health professionals by 12 weeks of pregnancy to 80%	DSC	2
4	Give children and young people the best chance in life by halting the increase in childhood obesity to 10.9%	DPH	2
5	Give children and young people the best start in life by increasing breastfeeding at 6-8 weeks (90% for Coverage and 70.6% Prevalence)	DSC	2

CORPORATE OBJECTIVES MAPPED TO F & P REPORT SECTIONS

3. Promote good health and prevent ill-health

	Objective	Lead	F & P Report section
1	Improve mental health and wellbeing by implementing initiatives in crisis resolution, early intervention in psychosis, Dementia and CAMHS	DSC	2
2	Improve management of diabetes so that number of patients with HbA1c of 7.5 or less is increased to 65%.	DPC C	2
3	Improve childhood immunisation rates- 87% for Aged 1 DTAP/IP/Hib, 77% for Aged 2 PCV, 88% for HibMenc, and 80% for MMR, 75% for Aged 5 DTAP/IPV and 80% for MMR, 90% for Aged 12-13 HPV, 77% for Aged 13-18 Td/IPV.	DPC C	2
4	Improve TB treatment completion rates to 83% in 2009.	DPH	2
5	Drugs misuse: increase number of opiate and crack users in a structured treatment programme to 1068.	DSC	2

4. Increase the quality and safety of services commissioned from providers

	Objective	Lead	F & P Report section
1	Ensure no one waits longer than 18 weeks for access to consultant led and community services	DSC	2
2	Reduce the number of healthcare acquired infections in line with DH requirements (156 C-Diff cases and 30 MRSA cases)	DPH	2
3	Implement Healthcare for London improvements in stroke care to achieve a target of 70% of patients spending 90% of their time in a stroke unit.	DSC	2
4	Reduce delayed transfers of care by 13 per 100,000 population aged 18 years and over	DSC	2
5	Implement Healthcare for London improvements in trauma care	DSC	-
6	Maintain the 98% standard in A&E care	DSC	2
7	To implement a planned programme of systems reviews to ensure best practice and value for money	DSC	-

CORPORATE OBJECTIVES MAPPED TO F & P REPORT SECTIONS

5. Increase patient satisfaction rates and patient experience for all commissioned service

	Objective	Lead	F & P Report sections
1	Achieve dental access target of 165,537 people accessing dental services over a 24 month period	DPC C	2
2	Improve patient survey scores for satisfaction with access and privacy and dignity (Primary Care average of 80%, Patient experience)	DPC C	2
3	Improve public confidence in NHS to 64.7 and patient experience scores to an average of 75.	DSC	2
4	Improve End of Life Care, to increase the proportion of deaths occurring at home or hospice to 19%	DSC	2
5	Eliminate Mixed Sex Accommodation- Reduce to 10% for sleeping accommodation and bathrooms.	DSC	2

6. Develop NHS Brent as a World Class Commissioning organisation

	Objective	Lead	F & P Report sections
1	Develop a World Class Workforce (to improve staff satisfaction scores to 3.43): <ul style="list-style-type: none"> • Devise and recruit to a new structure to transform the PCT into a world class commissioning organisation • Improve the employment proposition • Improved learning and development for staff • Improve teamwork and integration 	DHRO D	4
2	Improve Partnership working <ul style="list-style-type: none"> • better clinical engagement • better commissioning with the NWL sector and the LCBSA • joint commissioning • public engagement 	CEO/ DSC	4
3	Establish provider services as an APO by April and ensure business ready status by October	CEO	4
4	Launch and implement Commissioning information intelligence strategy in improve the PCT's use of information and improve WCC competencies	DF/DP H	4
5	To be fully compliant with all Standards for Better Health for the entire year	CEO	-
6	To achieve an overall score of level 3 in the Use of Resources Assessment <ul style="list-style-type: none"> - Managing finances (incl. stat. financial duties) - Governing the Business - Managing Resources - assets - people 	DF CEO DPCC DHRO D	-
7	Achieve target WCC competency scores	CEO	-

NHS BRENT FINANCE & PERFORMANCE REPORT 09/10 - CONTENTS

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- B. Detailed performance schedules [Slides 84-89]

SECTION 1 – FINANCIAL PERFORMANCE

1.1 FINANCIAL SUMMARY

FINANCIAL PERFORMANCE SUMMARY (1)

	09/10		Slide number
	YTD	FOT	
<ul style="list-style-type: none"> ▪ Statutory duties <ul style="list-style-type: none"> – Underspend against revenue resource limit – Achievement of capital resource limit – Underspend against cash limit 	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	51
	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	51
	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	51
<ul style="list-style-type: none"> ▪ Achievement of public sector payment policy 	<div style="border: 1px solid black; background-color: #FF0000; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">R</div>	<div style="border: 1px solid black; background-color: #FF0000; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">R</div>	35
<ul style="list-style-type: none"> ▪ SHA finance risk rating 	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	
<ul style="list-style-type: none"> ▪ Achievement of Operating plan surplus within SHA defined tolerances 	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	12,38
<ul style="list-style-type: none"> ▪ Underlying recurrent position 	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	
<ul style="list-style-type: none"> ▪ In-year recovery programme (Non recurrent) 	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	52
<ul style="list-style-type: none"> ▪ BCS full cost recovery 	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	<div style="border: 1px solid black; background-color: #90EE90; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center; margin: 2px;">G</div>	12,38

FINANCIAL PERFORMANCE SUMMARY (2)

- At month 11 the year-to-date position is a favourable variance of £0.4m. The main elements of this position are overspends within Acute commissioning (£12.3m), HQ budgets (£0.2m) and in-year allocation adjustments (£2.8m) offset by under spends on primary care (£1.1m), the investment programme (£1m), investment slippage and reserves (£8.5m), In-year Recovery Plan (£2.2m), Joint Commissioning (£1.1m) and Flu (£1m) .
- The overall forecast outturn position at month 11 is for a surplus of £16.3m, a surplus of £0.4m over plan. There are net pressures in commissioning budgets of £10.7m comprising an overspend of £15.2m on acute contracts less underspend on other budgets of £4.5m. These pressures are offset through slippage, reserves and contingency of £9.1m and delivery of the in-year recovery plan of £7.3m equalling £16.4m. This gives a surplus of £5.7m. The PCT has agreed to lodge £5.3m with the SHA leaving the reported surplus of £0.4m.
- There is a small favourable net movement in the forecast outturn between month 10 and month 11 of £0.4m. This comprises favourable movements on Acute contracts (£0.7m), Other Acute Commissioning (£0.7m), Estates (£0.4m), Joint Working (£0.4m) and Investment (£0.3m) that are offset by allocation adjustments (£0.8m), and recovery plan (£0.1m), Flu Pandemic (£0.5m) and Investment slippage (£0.7m)

1.2 YEAR TO DATE VARIANCES

OVERVIEW OF BUDGET POSITION AT MONTH 11

<i>£000s</i>	Month 10	Changes	Month 11
Issued budgets	496,240	877	497,117
Contingency	1,600	(421)	1,179
Investment & reserves	7,212	(1,142)	6,070
Total	505,052	(265)	504,366
Surplus for Investment plan	15,954	-	15,954
Total Allocation	521,006	(265)	520,320

- **Access to Contingency as agreed by CE**
- **Investments as agreed by Investment Panel**

SUMMARY OF YEAR TO DATE VARIANCES

<i>£000s</i> <i>+ve = u/spend</i> <i>(-ve) = o/spend</i>	M9	M10	M11	Movement M10 to M11	Slide Ref
Acute Contracts	(11,764)	(12,814)	(13,657)	(843)	13-22
Other Acute Commissioning	841	561	1,291	730	23-24
Joint Working	535	827	1,151	324	25-26
Primary Care	1,810	1,142	1,085	(57)	27-28
PCT Management	(477)	(331)	(182)	149	29
Estates	679	732	807	75	30-31
Investment Programme	850	831	955	124	32
Sub Total	(7,526)	(9,052)	(8,550)	502	
BCS over/(under) recovery	0	0	1	1	
Flu Pandemic / Contingency	5	(15)	1,007	1,022	
Investment slippage & reserves	6,899	8,152	8,518	366	
Allocation adjustment	899	(812)	(2,811)	(1,999)	
In-year Recovery plan	1,578	2,025	2,202	177	
Surplus	13,734	14,407	15,346	939	
Total Actual	15,589	14,705	15,712	1,007	
Plan Comparison	13,734	14,407	15,346	939	
Under / (Over) Plan	1,855	298	366	68	

ACUTE CONTRACTS – YEAR TO DATE VARIANCES

- **Contract variances**

- **Month 10 data has been received from all acute providers except for Barnet & Chase Farm.**
- **Extrapolating this data to month 11 indicates an in-year adverse variance of £13,657k (6.8%), representing an improvement in the overspend “run-rate” from month 10 when the in-year adverse variance was £12,154k (7%).**
- **There are adverse variances on 17 out of the 22 acute providers. The largest absolute adverse variance values are at NWLHT £5,911k (6.7%), Imperial £2,567k (5%), Royal Free £1,540k (14.4%), Chelsea & Westminster £470k (19%), Barts and the London £331k (35.3%), Whittington £320k(135%), and Ealing Hospitals £296k(41.3%).**
- **At month 11 the variance is split PbR £6,204k (4.4%) and non-PbR £7,453k (12.5%)**

NORTH WEST LONDON HOSPITALS TRUST VARIANCES

Annual Contract Value £103.6m (48% of acute spend)

Current Variance £5,911k over (7%)

Nb SLAM M10 adjusted for challenges and seasonality

PbR £3,031k over (4%)

- Non-Electives £1,831k over (General Medicine, General Surgery, Paediatrics)
- Electives including day cases £996k over (Trauma & Orthopaedics, Colorectal Surgery, Vascular Surgery)
- OP £474k over (Respiratory medicine, Gastroenterology, Gynaecology, Diabetic Medicine, Ophthalmology)
- A&E £158k over & Excess bed days £36k over
- Non-Electives Non Emergency £465k under (Obstetrics, Neonatology)

Non PbR £2,879k over (16%)

- Critical care £1,344k over (58%)
- Outpatient Procedure £414k over (53%)
- Direct access £400k over– (physiotherapy £316k over , OT adult etc £50k over)
- Excluded Drugs £314k over (16%)
- Pathology £216k over (7%)
- Audiology £110k over (33%)

IMPERIAL HEALTHCARE VARIANCES

Annual Contract Value £61.1m (28% of acute spend)

Current Variance £2,567k over (5%)

PbR £415k over (1%)

- Non-electives Emergency £669k over
- A&E attendances £225k over (16%)
- Out Patients £90k over
- Electives/PSD £493k under
- Non-electives Non Emergency £76k under

Non PbR £2,152k over (13%)

- Adult Critical Care £731k over (34%)
- Renal Services £494k over (8%)
- Excluded drugs/chemo drugs £333k over (14%)
- Outpatient Procedures £300k over (40%)
- Device £203k (49%)

ROYAL FREE HOSPITAL VARIANCES

Annual Contract Value £12.9m (6% of acute spend)

Current Variance £1,540k over (14%)

PbR £1,078k over (15%)

- Non Electives (NEL) £488k over (Gen med, A&E, T&O, Cardiology and Hepatology)
- Planned Day cases £248k over (Ophthalmology, T&O and ENT)
- NEL non-emergency £218k over (Midwife Episodes, Obstetrics and Neurosurgery)
- Electives £139k over (Cardiology, Colorectal Surgery)
- Outpatients £109k over (Midwife Episodes, T&O, Rheumatology and Clinical Oncology)
- Excess bed days £132k under

Non PbR £462k over (13%)

- OP Procedures £311k over (Midwives £106k, Obstetrics £62k, ENT £36k, Ophthalmology £26k, Plastic Surgery £27k, Dermatology £16k)
- Critical Care Days £103k over (Critical Care Centre facility £95k over)
- Therapies £96k over (Plastic Surgery and occupational therapy)
- Variable Drug Charges £88k over
- Chronic Hepatitis Disease £59k over
- SCBU £46k over
- Devices £40k over
- OP Follow Ups £35k over (audiology £58k over, Anticoagulant £31k under)
- Renal £272k under

UCL HOSPITALS VARIANCES

Annual Contract Value £8.2m (4% of acute spend)

Current Variance £130k over (2%)

PbR £284k Under (7%)

- Electives £232k under (neurosurgery, haematology)
- Excess Bed Days £100k under
- Non Electives Emergency £164k over, Non Electives Non Emergency £96k under

Non PbR £415k over (15%)

- Critical Care £171k over
- OP Diagnostic £156k over
- Outpatient Procedure £123k over
- SCBU £21k under

OTHER PROVIDERS WITH ADVERSE VARIANCES

Chelsea & Westminster £470k over

- PbR Electives £130k over
- Inpatient Excess bed days - £185k over (one patient in patient in paediatric gastroenterology)
- PbR Non Electives £97k over
- Bib PbR Outpatients £41k over

Barts & The London £331k over

- PbR HEMS (Helicopter Emergency Service) £112k over – higher number of journeys reported (Price Challenged)
- Non PbR Adults Critical care - £98k over
- PbR Non Electives £51k over (General Surgery, Plastic Surgery)
- PbR NEL Non Emergency - £47k over
- PbR OP first - £28k over

Whittington £320k over

- PbR electives/PSD £61k over, NEL £49k over
- PbR Outpatient First & Follow Up £26k over
- PbR A&E £9k over
- Non Pbr Critical Care bed days £69k over and SCBU £20k over

Ealing £296k over

- PbR OP £81k over
- PbR Electives/PSD £67k over
- PbR Non Electives £82k over
- Non PbR Outpatients £40k over
- Non PbR SCBU £21k over

Guys & St Thomas Hospital £208k over

- Non PbR OP Procedure £232k over
- Non PbR OP £50k under

Royal Brompton and Harefield £160k over

- Non PbR OP Procedure £173k over
- PbR Excess bed days £16k under

Barnet & Chase Farm £147k over

- Non PbR – OP diagnostic £61k over
- PbR OP First - £81k over

ACUTE COMMISSIONING – VARIANCE AT MONTH 10 BY PbR & Non-PbR

TRUST	PbR inc. A&E YTD VARIANCE	N-PbR VARIANCE	TOTAL YTD VARIANCE	YTD VARIANCE	FOT Variance
	£'000	£'000	£'000	£'000	£'000
ST MARY'S/HHT (IMPERIAL)	(415)	(2,152)	(2,567)	-5%	(3,275)
NORTH WEST LONDON HOSPITALS	(3,031)	(2,879)	(5,911)	-7%	(7,328)
ROYAL NATIONAL ORTHOPAEDIC	(42)	41	(0)	0%	(9)
NORTH MIDDLESEX	8	(4)	4	3%	4
THE HILLINGDON	8	(4)	4	1%	4
EALING HOSPITALS	(219)	(77)	(296)	-41%	(358)
GUYS & ST THOMAS	(172)	(36)	(208)	-11%	(256)
ST GEORGE'S HEALTH CARE	(41)	5	(37)	-13%	(45)
KING'S COLLEGE HOSPITAL	(99)	126	27	4%	30
THE WHITTINGTON	(152)	(168)	(320)	-135%	(385)
BARTS AND THE LONDON	(118)	(212)	(331)	-35%	(400)
GREAT ORMOND STREET	(7)	(84)	(91)	-5%	(116)
MOORFIELDS EYE HOSPITAL	7	(7)	0	0%	(8)
THE ROYAL MARSDEN	13	18	30	9%	35
CHELSEA & WESTMINSTER	(417)	(53)	(470)	-19%	(573)
HOMERTON HOSPITAL	7	(13)	(6)	-7%	(8)
UNIVERSITY COLLEGE LONDON	284	(415)	(130)	-2%	(182)
ROYAL BROMPTON AND HAREFIELD	118	(278)	(160)	-6%	(201)
BARNET & CHASE FARM	(110)	(38)	(147)	-4%	(190)
WEST HERTFORDSHIRE	(61)	(35)	(96)	-39%	(116)
EAST & NORTH HERTS	60	31	91	8%	104
ROYAL FREE HAMPSTEAD	(1,078)	(462)	(1,540)	-14%	(1,888)
SUB-TOTAL	(5,457)	(6,697)	(12,154)	-7%	(15,160)

The forecast outturn position is based upon an extrapolation of the year to date position with adjustments for seasonality

PBC POSITION AT MONTH 10 (1)

PbC Cluster	Budget YTD	Actual YTD	Variance YTD	Variance	FOT Variance M10	FOT Variance M9
	£'000	£'000	£'000	%	£'000	£'000
Harness Co-operative	£21,453	£22,400	£947	4%	£1,136	£1,262
Independent/Optout	£2,456	£2,649	£193	8%	£232	£257
Kilburn	£22,221	£22,483	£262	1%	£315	£349
Kingsbury	£17,302	£18,607	£1,305	8%	£1,566	£1,740
UNALLOCATED	£2,854	£2,952	£98	3%	£118	£131
Wembley	£17,272	£18,276	£1,003	6%	£1,204	£1,338
Willesden	£13,713	£13,891	£179	1%	£215	£239
Risk Pool	£3,258	£3,757	£499	15%	£599	£666
Grand Total	£100,528	£105,014	£4,486	4%	£5,384	£5,982

Table 1: There is a total overspend of £4.5m across clusters. Each Cluster is overspent on acute spend. At Month 10 forecast outturn has decreased by £0.6m.

PbC Cluster	A&E	Elective	Non Elective	Outpatient	Grand Total	
	£'000	£'000	£'000	£'000	£'000	%
Harness Co-operative	£85	£215	£164	£483	£947	4%
Independent/Optout	£1	£53	£127	£12	£193	8%
Kilburn	£59	(£145)	£274	£74	£262	1%
Kingsbury	£25	£249	£754	£277	£1,305	8%
UNALLOCATED	£73	(£111)	£157	(£21)	£98	3%
Wembley	(£31)	£253	£453	£328	£1,003	6%
Willesden	£94	£87	(£215)	£213	£179	1%
Risk Pool	£0	£321	£885	(£707)	£499	15%
Grand total	£306	£921	£2,600	£659	£4,486	4%
	4%	3%	6%	3%	4%	

Table 2: Non Elective (58%) & Elective (21%) account for majority of the overspend. All PODs are overspent in total.

N.B. -PBC budgets do not include MFF and GUM and therefore do not match acute commissioning year-to date analysis above.

-Kilburn's 09/10 budget also includes prescribing. The prescribing Financial performance is shown on slide 46.

PBC POSITION AT MONTH 10 (2)

PbC Cluster	A&E £'000	Elective £'000	Non Elective £'000	Outpatient £'000	Grand Total £'000	%
Imperial (St Mary'S)	£190	(£418)	£519	£74	£365	1%
North West London Hospitals	£130	£810	£1,292	£256	£2,489	4%
Other	(£18)	£281	£322	£203	£788	6%
The Royal Free	£5	£248	£466	£126	£845	16%
Grand Total	£306	£921	£2,600	£659	£4,486	4%
	4%	3%	6%	3%	4%	

Table 3: The majority of the overspend is at NWLHT. However there is an overspend at each of the major local providers. The highest percentage overspend is at Royal Free.

PbC Cluster	Imperial (St Mary'S) £'000	North West London Hospitals £'000	Other £'000	The Royal Free £'000	Grand Total £'000	%
Harness Co-operative	£163	£653	(£119)	£249	£947	4%
Independent/Optout	£40	£94	£72	(£12)	£193	8%
Kilburn	(£270)	£389	(£41)	£183	£262	1%
Kingsbury	£101	£756	£154	£293	£1,305	8%
UNALLOCATED	£206	£104	(£161)	(£51)	£98	3%
Wembley	£22	£921	£19	£41	£1,003	6%
Willesden	£200	£76	(£193)	£96	£179	1%
Risk Pool	(£98)	(£506)	£1,057	£46	£499	15%
Grand total	£365	£2,489	£788	£845	£4,486	4%
	1%	4%	6%	16%	4%	

Table 4: The overspends at NWLHT are mostly attributable to Wembley, Kingsbury and Harness. The overspends at Royal Free are mostly attributable to Kingsbury, Harness and Kilburn. Kilburn has a large underspend at Imperial. Willesden's largest overspend is with Imperial. Harness and Willesden have under spends with non-local providers.

ACUTE COMMISSIONING – CLAIMS MANAGEMENT

2009/10 Claims Management Summary

Successful Challenges

	NWLH £'000	Other £'000	Total £'000
month 1	34	24	58
month 2	57	30	87
month 3	665	52	717
month 4	63	17	80
month 5	94	34	128
month 6	71	40	111
month 7	38	96	134
month 8	59	151	210
month 9		73	73
Total	1,081	517	1,598

The £1,081k of successful challenges with NWLH have been included in the reported position at month 11. The NWLH contract assumes that the PCT will lodge successful claims for £50k per month.

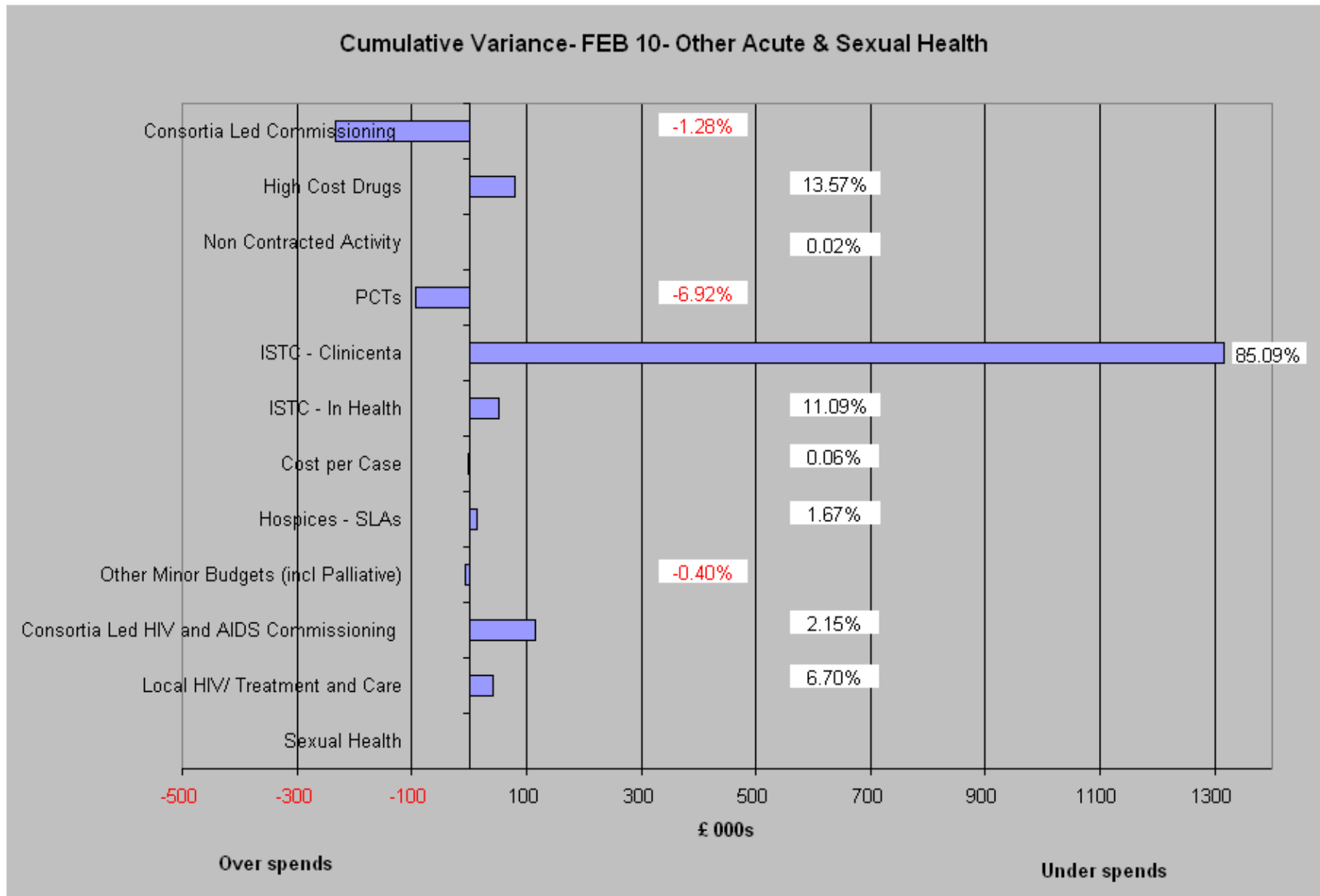
The PCT has now agreed a settlement with NWLHT for over performance which will limit the scale of challenges with the Trust going forward. The impact of the settlement is covered in the in-year recovery plan slide 51.

Of the £1,598k successful challenges, £1,216k relate to PBC budgets and of these £588k have already been adjusted in Trust reports and £628k are due to be credited. PBC practice reports will be adjusted for this £628k credit at year-end.

OTHER ACUTE & SEXUAL HEALTH – YEAR TO DATE VARIANCE

- **Specialist Consortia:** £233k overspend as per SCG data as on month 8, the main areas of significant over performance relate to the NICU contract £125k, PICU £117k, in addition £29k relates to 08/09 PICU POST LTV over performance and Bone Marrow Transplants by £45k offset by under spends in Haemophilia by £62k (based on Month 8 data)
- **High Cost Drugs:** Under performance of £81k based on actual up to month 9 (and linear projection for months 10 & 11) for Great Ormond St., University College London, Royal Marsden and Chelsea & Westminster NHS trusts.
- **NCA:** Over performance of £265k expected mainly on NCA – NHS Trusts, offset by Under performance in Overseas NCA by £251k and De-Hosted GUM NCA by £14k, based on Quarter 3 invoices.
- **PCT Walk in Centre:** Year to date overspend of £93k is mainly due to increased activity at Harrow UCC including charges for Unknown GP (Brent postcodes) and Kensington & Chelsea PCT activity charged at A&E Minor PbR tariff + MFF (£76). The contract for Hammersmith and Charring X UCC now shows an over spend due to backdated invoices for activity being received from April 09 and is now based on year to date actual activity data received as at month 9 whilst Barnet PCT is based on Q1 actuals pending further data.
- **ISTC – Inhealth :** Under spend of £53k projected based on Quarter 1 and 2 data for Inhealth.
- **ISTC – Clincenta:** £1317k underperformance in Clincenta has been projected as per SHA information.
- **Cost per case:** based on actual expenditure at month 9 by NHS trusts and Non NHS organisations
- **Minor Budgets:** Podiatry and Cancer budgets Savings have now been adjusted, however over performance of £8k is due to consultancy expenditure not provided for in the budgets.
- **Sexual Health and HIV/AIDS:** Reporting £159k under spend largely due to NWLH HIV contract of £164k due to under spends in PbR Inpatient activity and New Outpatient activity and £50k overspend due to Community Health Action Trust rapid testing pilot extended in 2009/10.

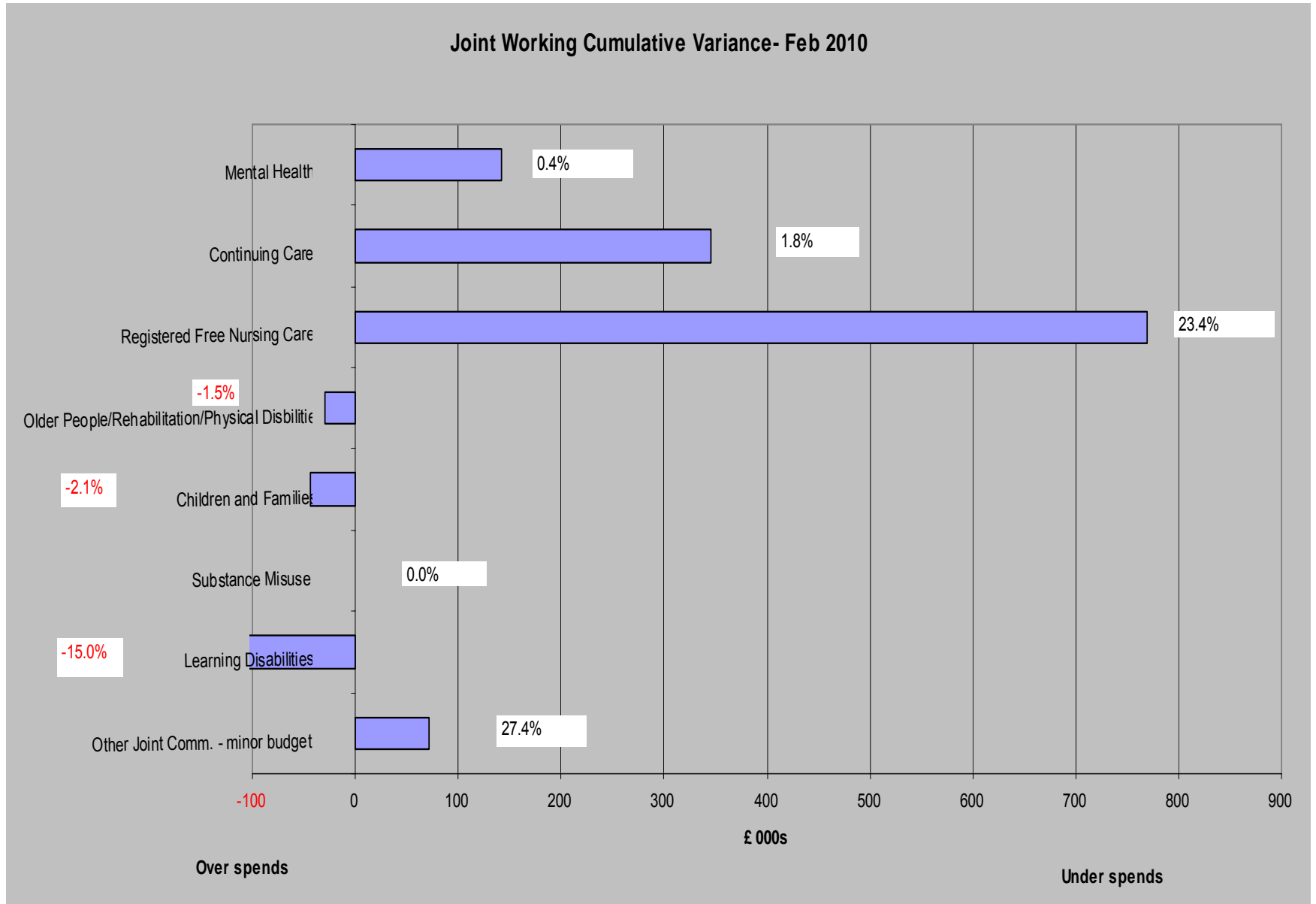
OTHER ACUTE & SEXUAL HEALTH - YEAR TO DATE VARIANCE



JOINT WORKING YEAR TO DATE VARIANCE

- **Mental Health** - The budget is under spent by £142k. The Consortia led commissioning service budget is over spent by £53k. This is due to the information received from the Consortium whilst the mental health trusts budget are under spent by £192k. The budget under spend of £192k is due to slippage in the community development workers project and the Home Office Prisoners' transportation fund.
- **Continuing Care** – The year to date under spend is £1,115k. This reflects lower than expected activity on take up of step down beds (£474k), and lower than expected growth in request for funding of the continence service (£126k), reduction in placement (£170k), lower than expected activities in Elderly (£239k), Physical Disability (£145k), Mental Health Older Adults (£250k), Learning Disability (£3k). However, significantly higher than expected growth in Children Service has materialised -£314k budget overspend.
- **The Rehab Services** – There is £29k budget overspend and £26k of it related to Spinal injuries consortia based on update information from consortia.
- **Children & Families**- £44k budget overspend at the end of Month 11, the consortia budgets overspent by £137k but this was reduced by £70k from the budget under spend from the short term respite care and sexual Health.
- **Substance Misuse** - The service is breaking even against the plan.
- **Learning Disabilities**-£106k budget overspent due to a new client with a Home Office Section 48 requirement with a higher than average cost, and higher unit cost in year for new clients.
- **Minor Budgets** - £72k budget under spend as a result of no cost against the general cost per case budget. This partially offsets overspends on cost per case budgets within Children and Learning disabilities services.

Joint Working Cumulative Year to Date Variance-Feb 2010



PRIMARY & COMMUNITY COMMISSIONING – YEAR TO DATE VARIANCE Month 11 09/10

Medical Contracts - Year to date favourable variance of £320k(0.81%). Most of this is due to slippage in enhanced services.

Dental Contract - Year to date adverse variance of £(4)k (-0.03%) due to the year to date collection of patient charge income being less than anticipated.

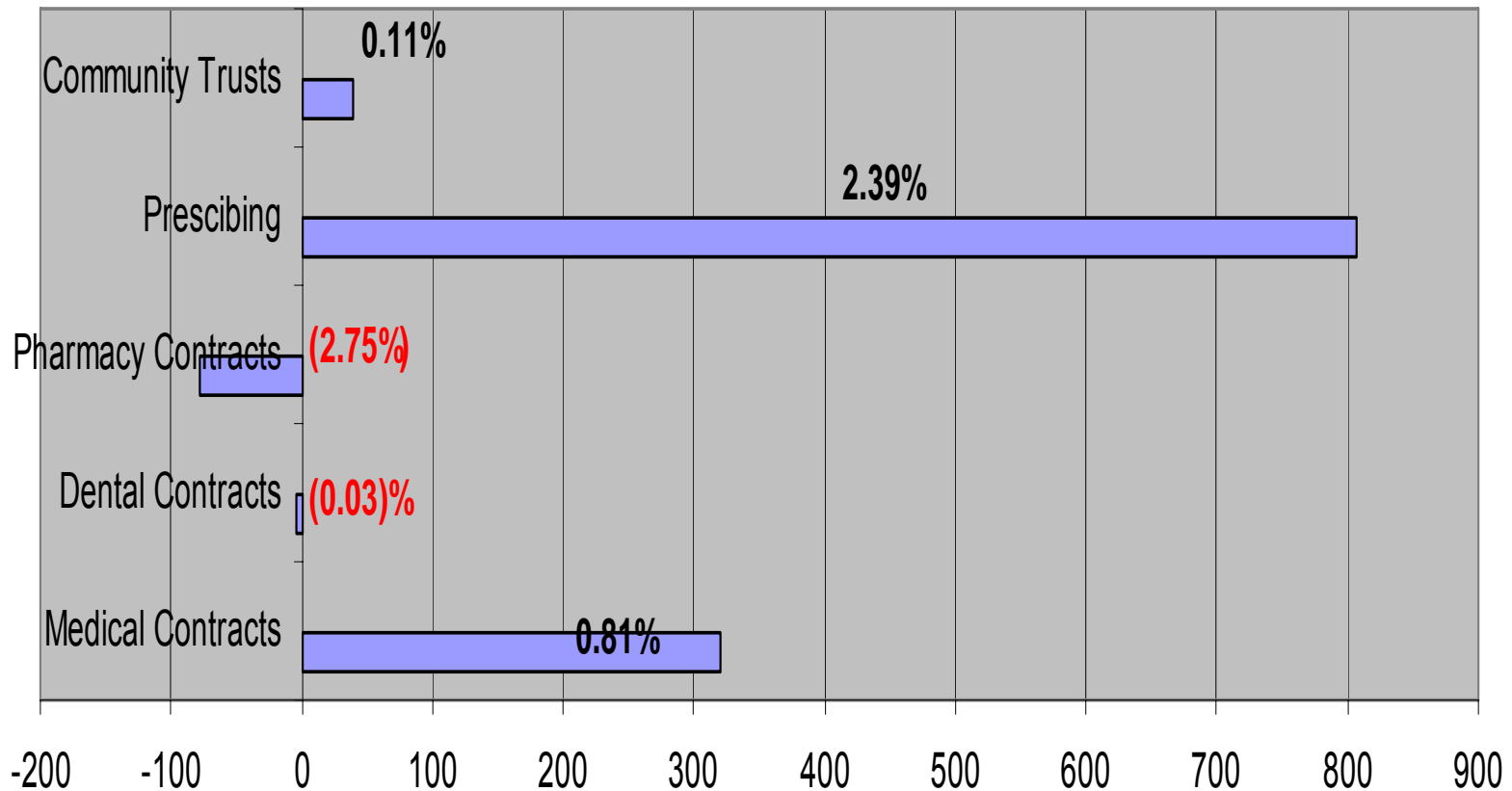
Pharmacy Contract – Year to date adverse variance of £(78)k (-2.75%) due to the increase in the number of items of drugs dispensed, which was more than anticipated at the budget setting.

Prescribing – Year to date favourable variance of £807k (2.39%) due to GP Prescribing expenditure being less than the budgets for April to December 09 and based on estimated expenditure for January & February 10. Central drugs budgets is also under spending for the period from April 09 to December 09.

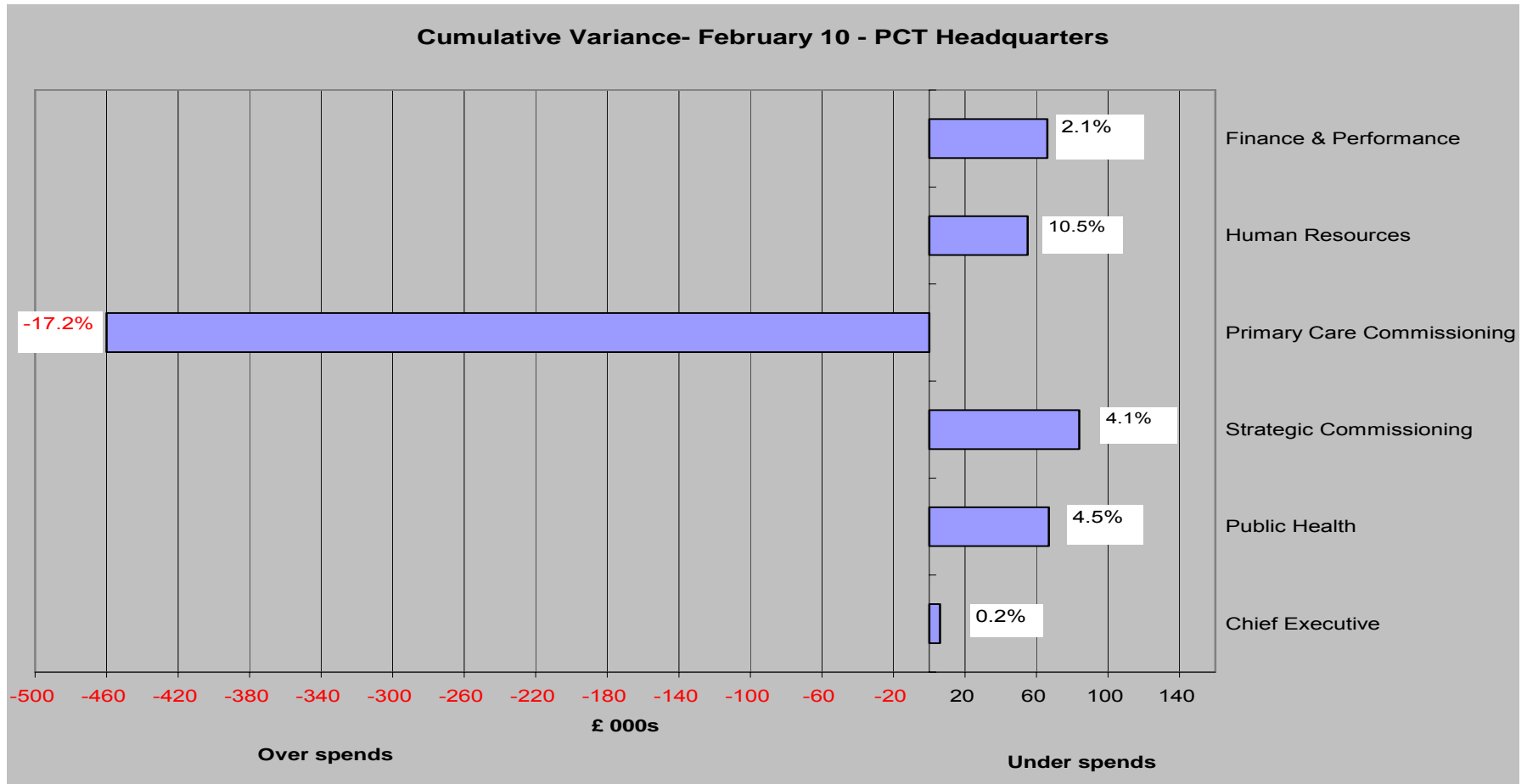
Community SLA – Year to date favourable variance of £40k(0.11%) due to CQUINN Adjustment for Brent Community SLA

PRIMARY CARE & COMMUNITY COMMISSIONING - YEAR TO DATE VARIANCE

Primary Care - YEAR TO DATE VARIANCE Month 11



PCT MANAGEMENT COSTS YEAR TO DATE VARIANCE



The overspend in Primary Care Commissioning is due to a reliance upon temporary / interim staff and an overspend on FHS services provided at the '21 Building'.

In total there is an overspend of £182k (1.4%)

OVERVIEW OF ESTATES' BUDGET POSITION AT MONTH 11 (000's) (1)

Descriptions	Full Year Budget	Budget Month 11	Actual Month 11	Variance
PFI / LIFT / Lease Costs	4,996	4,591	4,591	-
Depreciation	3,986	3,653	2,718	935
Cost of Capital	520	477	359	118
Estates Management Contract (K&C)	608	521	532	(11)
Utilities	445	370	430	(60)
Rates	230	230	230	-
Impairments	421	421	421	-
Project related expenditure	0	0	800	(800)
One-off income	0	0	(800)	800
Other	115	98	144	(46)
Total	11,321	10,361	9,425	936
Income from BCS / GPs / Others	(8,557)	(7,760)	(7,631)	(129)
Total	2,764	2,601	1,794	807

OVERVIEW OF ESTATES' BUDGET POSITION AT MONTH 11 (2)

Depreciation based on District Valuer's (DV) latest valuation of PCT's estate. Revaluation of Monks Park, Sudbury and Willesden still outstanding.

Project-related expenditure relates to expenditure that has been incurred as part of the schemes approved by the Capital Group but does not meet audit definitions of capital spend and thus, has to be charged to revenue.

One-off income relates to the recovery in year of a capital grant, previously paid out to a private organisation, that was not utilised as specified in the original terms and conditions.

Impairments relate to the changes in the market price of the PCT's estate according to the DV.

Overspends on Estates management , utilities and other are based on invoices received to date and the subsequent accruals.

The underspend on cost of capital is an estimate based on the forecast outturn calculated within the month 9 FIMS return to SHA.

The shortfall in income is based on the assumption that no new or increased rents from tenants at the new Chalkhill or Hillside will be collected this financial year.

INVESTMENT PROGRAMME

Total underspend at month 11 of £955k (see appendix A).

The main areas of underspend are:

Smoking Cessation (scheme 26) £578k - includes underspends on Tobacco Control Project (£377k) and Smoking Cessation Advisers (£144k).

Improve Vascular Health (scheme 82) £105k – due to slippage against phasing of the plan

Primary Care Strategy (scheme 49) £207k – due to slippage against phasing of plan

For 09-10 a separate investment 'directorate' has been created to make transparent:

- 1.The budgets for approved schemes and,
- 2.the expenditure incurred against the budgets

Schemes will still have dedicated SROs and be managed by the persons delegated responsibility by the SRO for delivery of the scheme.

The 'investment directorate' is a reporting mechanism NOT a change in scheme management.

BALANCE SHEET FOR 11 MONTHS ENDING 28TH FEBRUARY 2010

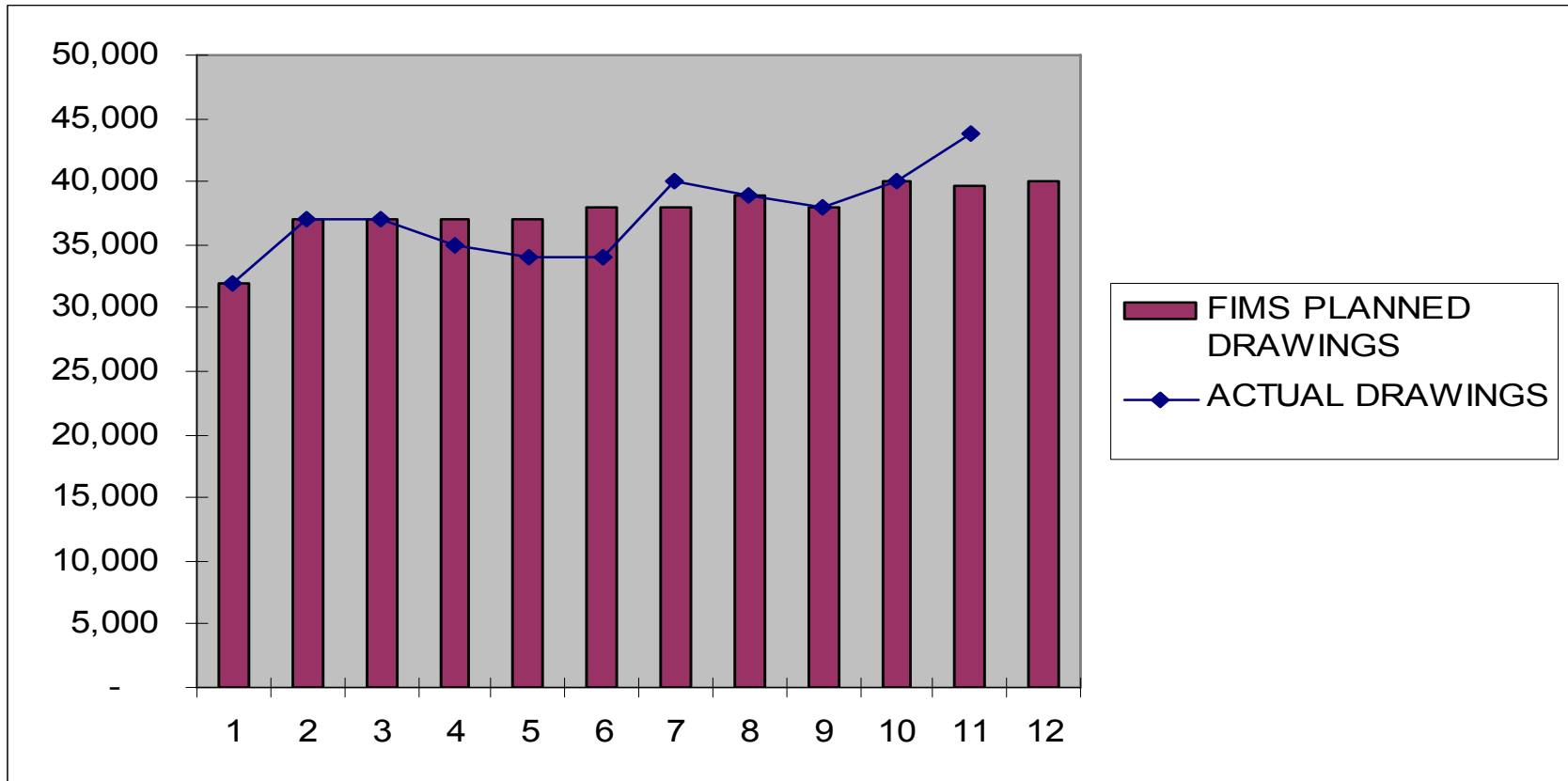
	Notes	Opening Balance £000s	Year To Date Change £000s	Balance £000s
<u>Non Current Assets</u>				
Property, Plant & Equipment		77,838	(7,798)	70,040
Intangible Assets		80	(8)	72
Other Financial Assets		200	(2)	198
Trade & Other Receivables		3	0	3
Total Non Current Assets		78,121	(7,808)	70,313
<u>Current Assets</u>				
Trade and Other Receivables		2,377	474	2,851
Cash & Cash Equivalents		15	12,573	12,588
Total Current Assets		2,392	13,047	15,439
TOTAL ASSETS		80,513	5,239	85,752
<u>Current Liabilities</u>				
Trade and Other Payables		(35,275)	(13,339)	(48,614)
Provisions		(385)	309	(76)
Other Financial Liabilities		(790)	613	(177)
Total Current Liabilities		(36,450)	(12,417)	(48,867)
NET CURRENT ASSETS \ (LIABILITIES)		(34,058)	630	(33,428)
TOTAL ASSETS LESS CURRENT LIABILITIES		44,063	(7,178)	36,885
<u>Non Current Liabilities</u>				
Provisions		(3,576)	(2)	(3,578)
Other Financial Liabilities		(31,279)	0	(31,279)
Total Non Current Liabilities		(34,855)	(2)	(34,857)
TOTAL ASSETS EMPLOYED		9,208	(7,180)	2,028
FINANCED BY:				
General Fund		(13,641)	(1,177)	(14,818)
Revaluation Reserve		22,849	(6,003)	16,846
Donated Asset Reserve		0	0	0
TOTAL CAPITAL AND RESERVES		9,208	(7,180)	2,028

[Note](#)

Adjusted for IRFS restatement. DV valuations have been received.

CASH POSITION

£'000



The cash drawings for Month 1 to 11 are £3m less than the revised plan. The year end forecast is for a cash under spend of £8.3m.

BETTER PAYMENT PRACTICE CODE (BPPC)

- The PCT has historically had poor performance on BPPC due to inefficient systems.
- The PCT moved to NHS Shared Business Services on 1st September 2009 and as a result the BPPC performance is improving.
- The Oct - Dec 09 Performance compared to Apr - Sept 09 is set out below:

	Oct – Dec 09		Apr-Sept 09	
	<u>No.</u>	<u>£'000</u>	<u>No.</u>	<u>£'000</u>
Non NHS	92.6%	86.6%	88.8%	91.5%
NHS	87.2%	98.6%	66.9%	84.9%

- The PCT is aiming to be at the target level of 95% by March 2010.

1.3 FORECAST OUTTURN

FORECAST OUTTURN 09-10 – OBJECTIVES & METHODOLOGY & CONTEXT

Objectives

- Provide an updated assessment on a monthly basis of the forecast outturn for 09/10 from the Operating Plan/budgets
- Identify actions required as a result of the analysis
- Link the monthly year-end forecasting process to the MTFs for 10/11 onwards

Methodology

- Assessed the best/mid/worst case for each budget area, taking into account all known factors, including where relevant:
 - trends
 - seasonality
- Explicitly set out key assumptions / variables / constraints
- Incorporation of best practice advice from NHS London
- Discuss and agree the key factors influencing the forecast with Directors and EMT

Context

- NHS London are holding organisations to account for delivery of agreed plan in 09-10 (there are no control ranges).

SUMMARY FORECAST OUTTURN

<i>£000s</i> <i>+ve = u/spend</i> <i>-ve = o/spend</i>	Month 9	Month 10	Month 11	Movement M10 to M11	Note/ Slide Ref
Acute Contracts	(16,406)	(15,880)	(15,160)	720	39-43
Other Acute Commissioning	1,043	673	1,410	737	43
Joint working	(286)	692	1,111	419	44-45
Primary Care	1,421	1,278	1,359	81	46-47
PCT Management	(340)	(321)	(315)	6	
Estates	(1,171)	(395)	(34)	361	Note 1
Investment Programme	364	650	964	314	Note 2
Sub Total	(15,375)	(13,303)	(10,665)	2,638	
BCS (under) / over recovery	8	8	0	(8)	
Flu Pandemic / Contingency	425	1,557	1,056	(501)	49
Investment slippage / Reserves	10,699	10,082	9,292	(790)	48
Allocation Adjustments	(3,090)	(5,754)	(6,576)	(822)	Note 3
In Year Recovery Plan	7,344	7,364	7,269	(95)	50
Surplus plan	15,954	15,954	15,954	-	
Total Actual	15,965	15,908	16,330	422	
Plan Comparison	15,954	15,954	15,954	-	
Under / (Over) Plan	11	(46)	376	422	

Note 1: Project-related revenue expenditure has slipped

Note 2: Further underspend predominantly on smoking and HPV plus some underspend on other schemes.

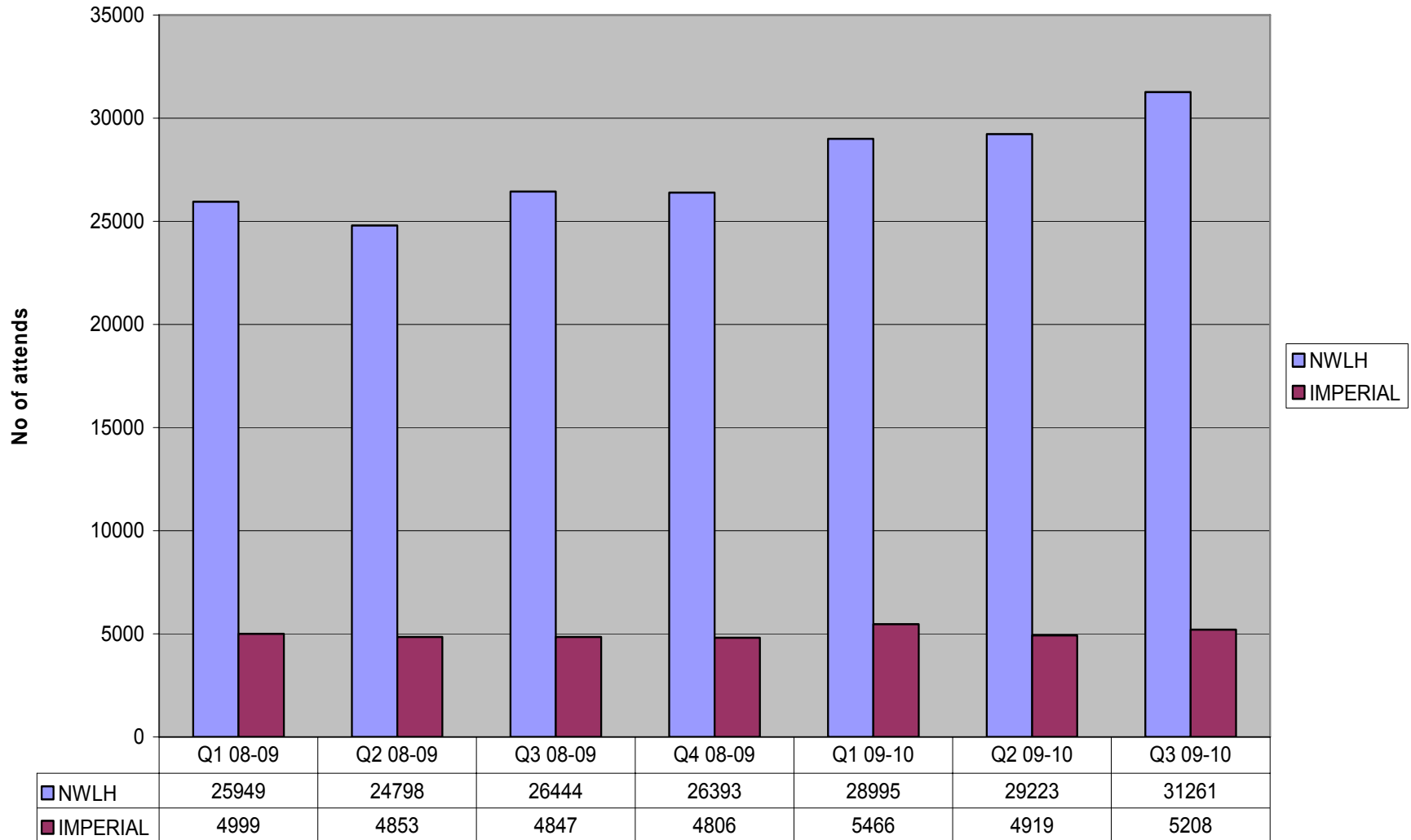
Note 3: Includes £5.3m lodging with SHA

ACUTE COMMISSIONING - FORECAST OUTTURN VARIANCE

- The forecast outturn on Acute contracts of £15,160k (6.9%) adverse variance at month 11 is based upon a straight-line projection with adjustment for seasonality of month 10 data received from acute trust and FT providers.
- The overspend has decreased by £720k since the forecast outturn adverse variance of £15,880k (7.3%) against contracts with acute trust and FT providers reported at month 10.
- The 2009/10 contracts have been set on the basis of projected 08/09 outturn activity plus an allowance for population growth. The analysis undertaken of underlying activity trends (see slides 40-43) indicates that the over-performance is being driven by a combination of unplanned and unagreed activity increases, combined with potential counting or coding issues in some areas.
- On other acute commissioning budgets there is a net improvement of £738k. The largest improvement is in the projected position on the ISTC (£699k) based upon SHA advice on underperformance in Clinicenta and on HIV/AIDS (£35k) based upon forecast from the London specialist commissioning group.

ACUTE ACTIVITY ANALYSIS

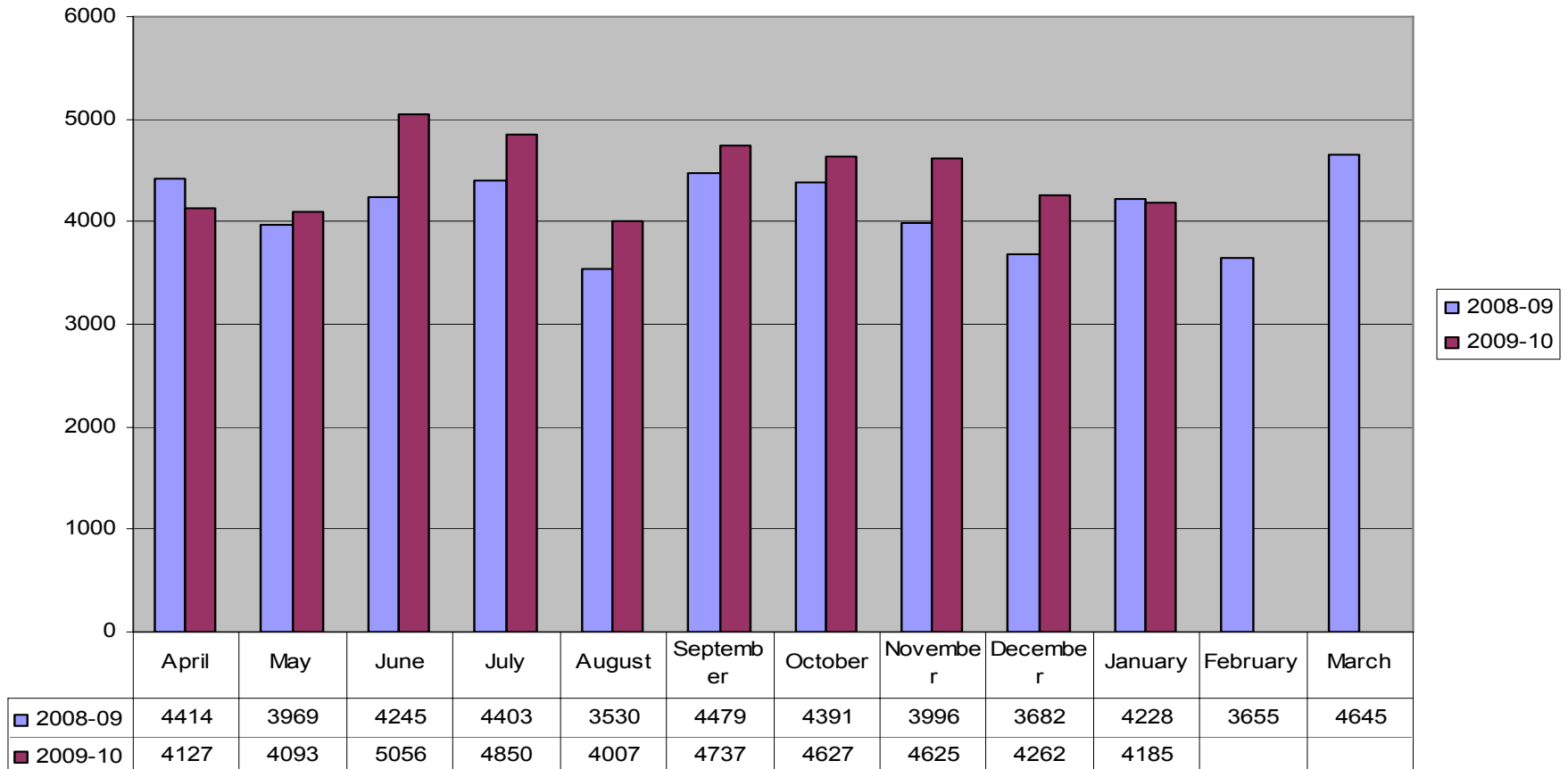
Brent PCT propotion of A&E attends at NWLH and Imperial college Trust (Source: QMAE)



Comparing Q1 – Q3 09/10 with Q1 – Q3 08/09 shows growth of 16% at NWLH and 6% at Imperial

ACUTE ACTIVITY ANALYSIS (2)

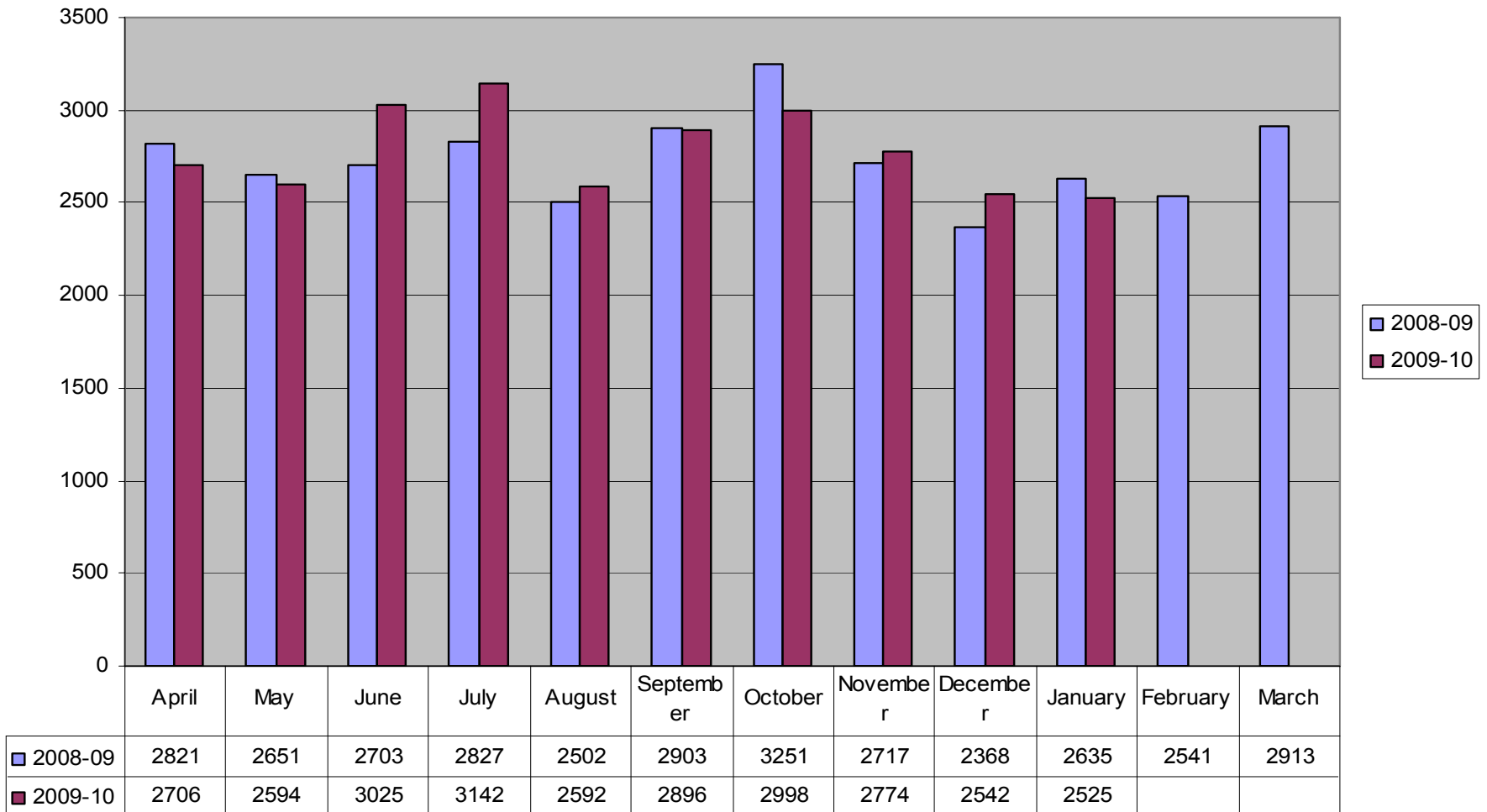
1st OP attends GP referred G&A specs (excl Audiology)



For the comparative April-January period there is an increase in activity of 8%

ACUTE ACTIVITY ANALYSIS (3)

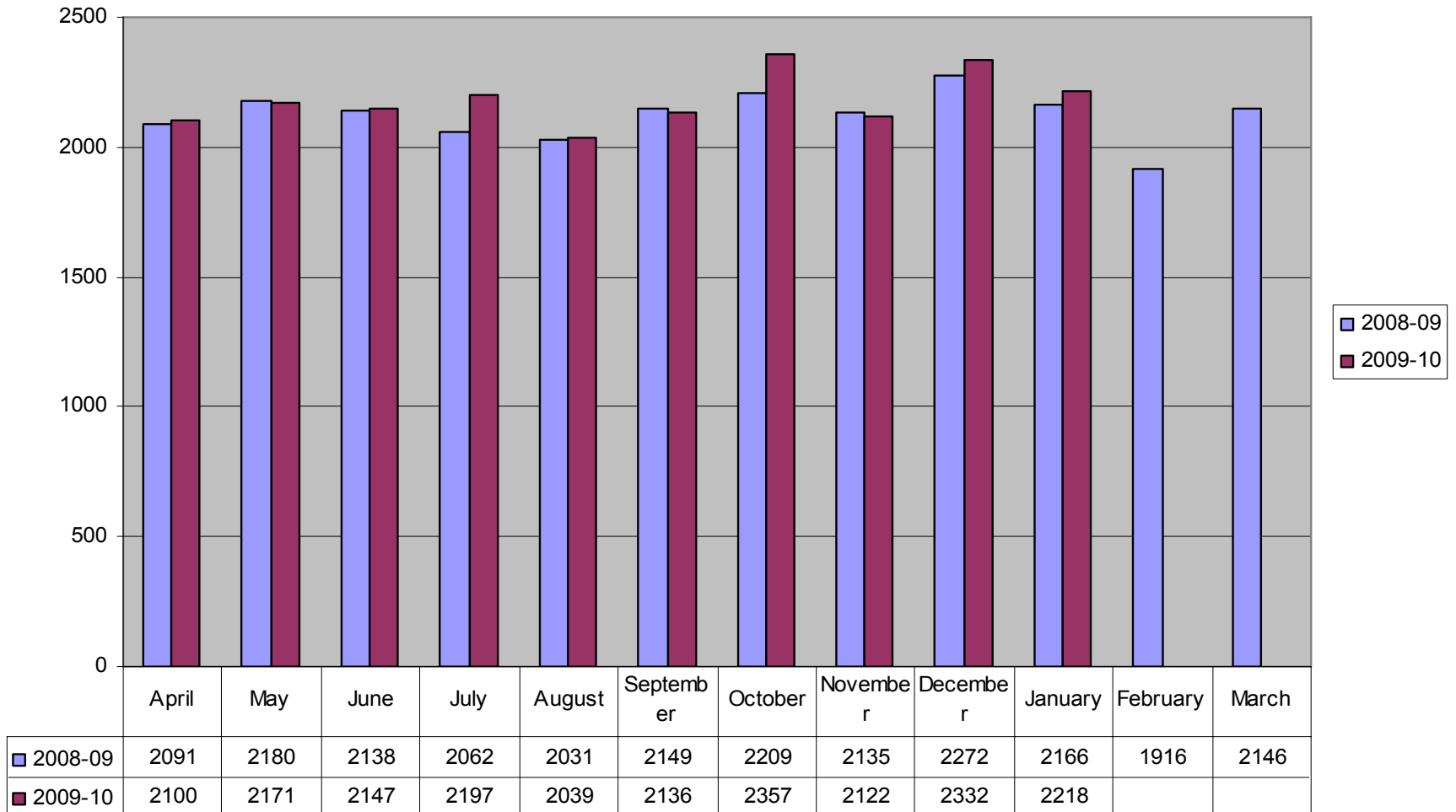
Elective FFCEs G&A specs only



For the comparative April-Jan period there is an increase in activity of 2%

ACUTE ACTIVITY ANALYSIS (4)

Non elective FFCEs G&A Specs only



For the comparative April-Jan period there is an increase in activity of 2%

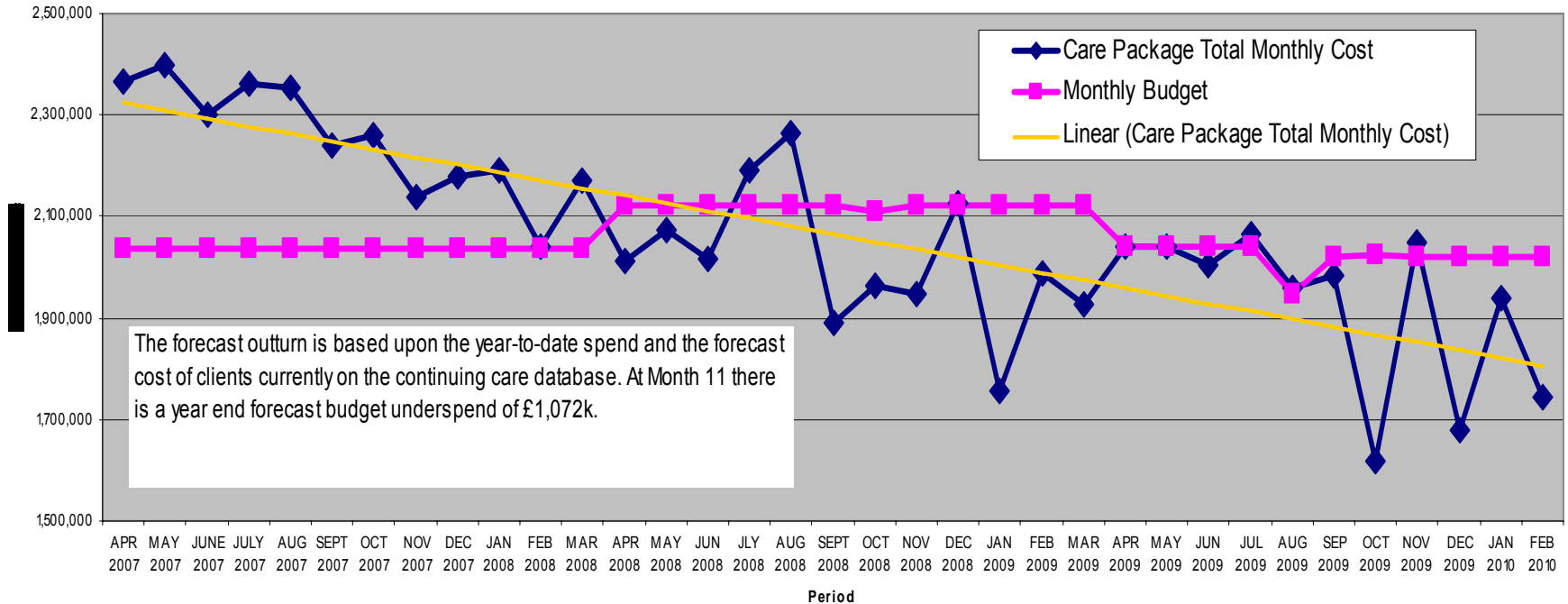
JOINT WORKING- FORECAST OUTTURN

JOINT WORKING - FORMAT FOR M11 FOT SLIDE

Budget heading	M10 FOT £'000	M11 FOT £'000	Movement £'000	Explanation of FOT & Movement
Long Term Bedded Services				
Free Nursing Care	663	795	-132	Projected spend revised downward as anticipated numbers of FNC has not materialised and step down beds costs already charged to The Older services budget.
Continuing care-Elderly	67	102	-35	Decrease in cost due to on- going work on the database.
Continuing care-Physical Disability	143	165	-22	Increase in underspend due to a client that passed away.
Continuing care-Mental Health (Younger Adults)	-141	-66	-75	Decrease in overspend due to more clients coming off the database.
Continuing care-Children	-545	-448	-97	Decrease in cost due to one client care package ending in February 2010 and another client cost reduced because of a transfer to a nursing home at reduced price.
Sub Total-Long Bedded Services	187	548	-361	
Children & Families :-				
Minor Budgets (incl.Sexual Health & CAMH)	130	76	54	Projected spend on Sexual Health increased based on the latest information received from the budget holder.
Sub Total-Children & Families	130	76	54	
Mental Health:-				
Consortia Led	112	213	-101	Due to slippages in the community Development Worker Project, Home Office Prisoners' Transportation cost and latest information received from the consortium lead.
Sub Total Mental Health	112	213	-101	
Other budgets-(small or zero movements in FOT)	263	274	-11	Various movements in variances resulting in increase in underspend of £11k.
Subtotal-Other Budgets	263	274	-11	
Total Variance	692	1111	-419	

CONTINUING CARE COST/BUDGET ANALYSIS APR 07 TO FEB 10

CONTINUING CARE COST/BUDGET ANALYSIS APR 07 TO FEB 10



Financial Year 2007/8 Budget overspend of £2.5 Million; 2008/09 Budget underspend of £1.3 Million and 2009/10 Ytd budget underspend of £1.1 Million.

- The reduction in continuing care spend over the period April 2007 to March 2009 reflects the joint work carried out with The Brent Social Services in ensuring appropriate clients were being charged to Health.
- Spend reduction in August 2009 reflects transfer to Primary Care Commissioning of TPNs (Total Parenteral Nutrition).
- The drop in cost in October 2009 was due to lower than expected activity on take up of step down beds, lower growth in request for continence supplies and lower growth in some care packages than formerly anticipated. The rise in cost in November 2009 was due to five new clients in Children Care group with higher than average cost due to the one to one supervision provided. The Mental Health Younger Adults had six new high cost clients packages agreed in November 2009.- The drop in cost in December 2009 is due to five closed clients packages in Mental Health Younger Adults, three closed clients packages in Older Adults over 65 years of Age and one close client package in Children Service. Also, one high cost client in Children services was transferred to a nursing Home at a lower cost.
- There is an increase in cost of £262k in January 2010 broken down into £150k increase in Free Nursing Care due to increase in uptake, £67k in Children services due to new clients and increase in costs of care for some existing patients, the balance is generic increase in other packages.
- In February there was a cost reduction of £212k due to the on going work on the database and reduction of anticipated cost in disputed invoices outside the database as none has materialised

PRESCRIBING - FORECAST OUTTURN

The latest information available from the PPA relates to the year-to-date cumulative position to Month 9. The Table below shows the in-year position and the forecast outturn by cluster.

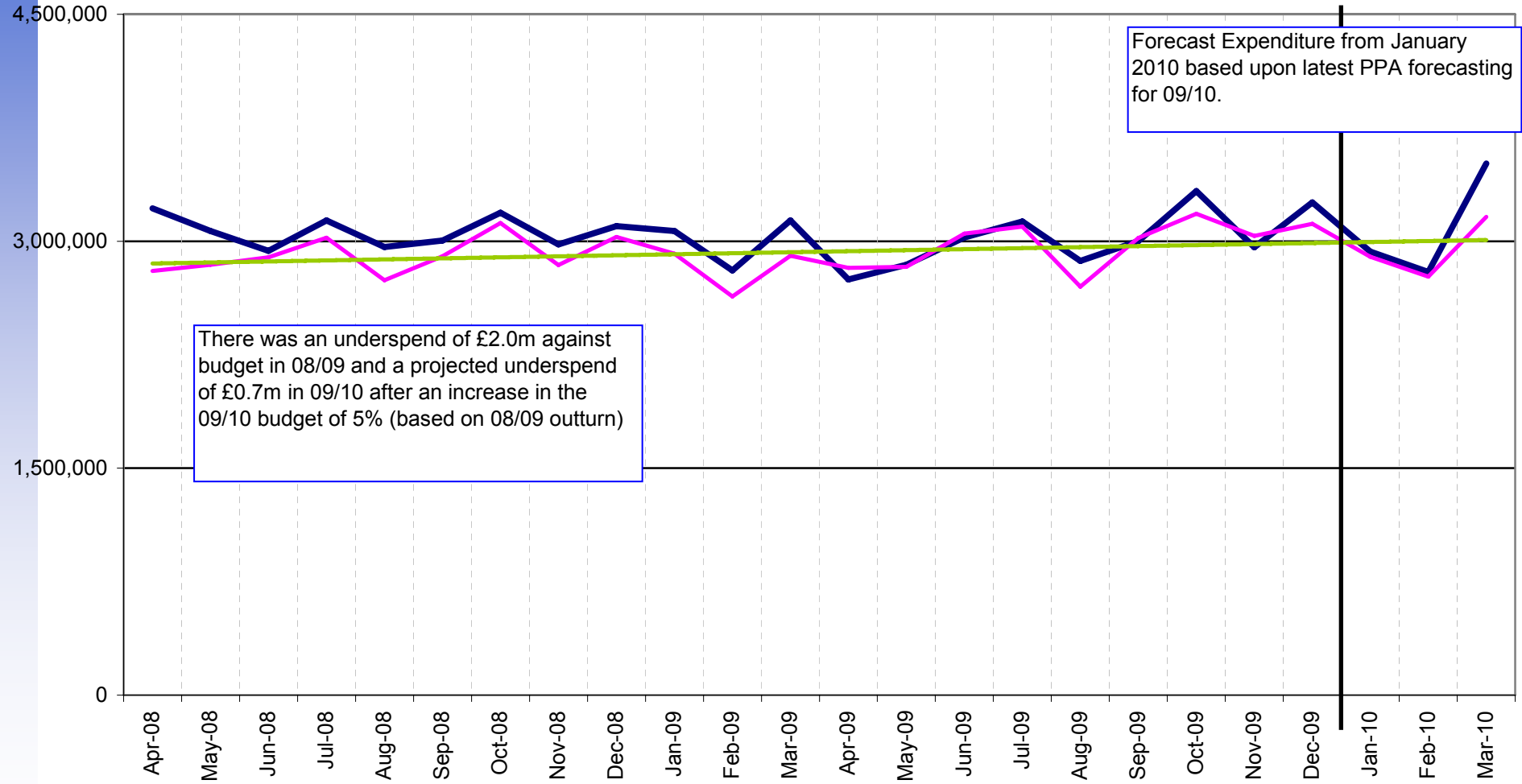
Cluster	Annual budget	YTD Budget	YTD Actual	YTD Variance	FOT Variance	FOT Variance
	£'000	£'000	£'000	£'000	£'000	%
Harness Co-operative	7,566	5,695	5,745	(50)	(67)	(1%)
Kilburn	8,501	6,399	6,060	339	451	5%
Kingsbury	6,994	5,264	5,248	17	22	0%
Independent/Opt out	1,013	763	754	9	12	1%
Wembley	6,682	5,030	5,081	(52)	(69)	(1%)
Willesden	5,337	4,017	3,969	48	64	1%
Grand Total	36,094	27,168	26,856	312	413	1%

The annual budget does not include the £316k set aside for the high cost risk pool. Including this budget in the calculation, the aggregate forecast outturn position on GP prescribing is £729k under spend.

GP PRESCRIBING – FORECAST OUTTURN

Monthly Prescribing Bud & Exp Analysis from Apr 2008 - Mar 2010

— Monthly Budget — Actual — Log. (Actual)



There was an underspend of £2.0m against budget in 08/09 and a projected underspend of £0.7m in 09/10 after an increase in the 09/10 budget of 5% (based on 08/09 outturn)

Forecast Expenditure from January 2010 based upon latest PPA forecasting for 09/10.

INVESTMENT SLIPPAGE & RESERVES – FORECAST OUTTURN VARIANCE

INVESTMENTS & RESERVES - FORECAST OUTTURN

	Budget £'000	FOT £'000	Slippage £'000
<u>Reserve</u>			
Acute contracts risk reserve	<u>3,700</u>	<u>0</u>	<u>3,700</u>
<u>Investment Slippage</u>			
CSP/ OD plan projects	299	0	299
Restructuring	765	0	765
CSP investments	2,367	0	2,367
Pan London / Sector	(293)	0	(293)
Investment panel / other budgets	3,204	750	2,454
Sub-Total	<u>6,342</u>	<u>750</u>	<u>5,592</u>
Total	<u>10,042</u>	<u>750</u>	<u>9,292</u>

The total forecast slippage of £9.3m at month 11 is a decrease of £0.8m from month 10, reflecting £750k forecast contribution to Joint investment projects in the LBB.

SWINE FLU PROJECTIONS

	M11 Forecast Outturn	M10 Forecast Outturn	Movement from M10 to M11
	£000	£000	£000
Increased Secondary Care costs			0
Increased A&E Costs			0
Anti viral Collection points	118	118	0
Personal Protective Equipment	156	156	0
Increased Primary Care Costs	0	0	0
Administration and Other Costs	145	145	0
Total cost	420	420	0
Swine Flu Budget	(377)	(377)	0
Swine Flu Variance	43	43	0
Less Contingency Available	(1,179)	(1,600)	421
Potential Cost pressure	(1,136)	(1,557)	421

Vaccination costs are reclaimed from DH and are excluded from this analysis

Reduction in Contingency reflect funding of impairment (Estate budget).

CIPs, DEMAND MANAGEMENT & IN- YEAR RECOVERY PLAN

The initial budgets included a savings plan of £3.3m, comprised of £1.8m CIPs and £1.5m demand management savings. The delivery of the £1.8m CIPs is on track, however the demand management savings plan has been re-formulated and is included within the £4m recovery plan shown below represented by PBC savings and impact on emergency admissions from the Rapid Response Team.

	Original Plan	Revised Plan	Actual achievement to M11	Forecast achievement against revised plan M11	Initial (FIMS) Plan variance	Revised Plan FOT Variance	Risks to achievement
	£'000	£'000	£'000	£'000	£'000	£'000	
<u>Cost Improvements</u>							
Rebasing High Secure Services	529	529	529	529	0	0	Achieved
Reduce Global Sum	200	200	200	200	0	0	Achieved
Reduce PMS Contracts	100	100	100	100	0	0	Achieved
Disband CLIG Directorate	297	297	297	297	0	0	Achieved
Reduce LIFT Office	100	100	100	100	0	0	Achieved
Reduce Loss Contribution	151	151	151	151	0	0	Achieved
Improve HQ Efficiency	488	488	447	488	0	0	on course for achievement
<u>Demand Management</u>							
Original Plan	1,482				-1,482		0 Original plans were not delivered
Sub-total	3,347	1,865	1,824	1,865	-1,482	0	
<u>In-year Recovery Programme</u>							
Rates recovery		371	0	371	371		0 return has been submitted to LBB
Acute Challenges		1,500	4,656	5,079	5,079	3,579	Updated following settlement with NWLH and Q1 arbitration with Imperial
Savings in Primary Care & Acute Commissioning		1,400	1,070	1,070	1,070	-330	£1,070k reflects savings taken out of budgets
Balance Sheet write-back				500	500	500	
PBC Savings (pathway redesign, referral management)		263	0	283	283	20	Impact of MSK training, uptake of referral management
Other / rounding		-34	-34	-34	-34	0	
Reported Recovery plan figures	0	3,500	5,692	7,269	7,269	3,769	
Total Cost Improvements	3,347	5,365	7,516	9,134	5,787	3,769	

Following the settlement with NWLH which covers the full financial year, the in-year recovery plan forecast outturn is £7.3m and the combined forecast is £9.1m in total.

Memo

Rapid Response Team		500	501	571	571	71	Estimated success based upon data from Rapid Response Team. Forecast impact to be reviewed. Reported as memo to avoid double count with the Acute Challenges
In-year Recovery Programme total	0	4,000	6,193	7,840	7,840	3,840	

Achievement of Statutory Financial Duties

£000's	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
+ve = u/spend, -ve = o/spend						
Revenue Resource Limit underspend	15,346	15,312	366	15,954	16,330	376
Capital Resource Limit underspend	0	689	689	0	799	799
Cash Limit – drawings vs plan	0	3,000	3,000	131	8,384	8,253

- The revenue resource variance to plan at M11 is mainly due to pressures in acute commissioning and headquarters offset by favourable variances in joint working, primary care, estates , the investment programme and reserves.
- Capital plan represents the latest notified resource limit from the SHA. The current underspend is £0.7m. The underspend at year end is due to scheme slippage and the reclassification of spend from capital to revenue.

RISKS TO FORECAST OUTTURN POSITION

1. The acute position outturn forecast is based upon a straight-line extrapolation of the month 10 data. This may not be a good indicator of the year-end position if activity trends differ in the last two months from those in the first ten months (+/-)
2. Prescribing data at month 11 is based upon month 9 data and therefore is still subject to material movements to year-end.
3. Balance sheet movements due to the impact of accounting under IFRS for the first year on the valuation of assets and other balance sheet items.
4. Other variances to forecasts in the remaining two months of the financial year e.g. estates, investments

APPENDIX A

**SUMMARY OPERATING COST STATEMENT
FOR 11 MONTHS ENDING 28th FEBRUARY 2010**

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
Commissioning Services					
Commissioning of Healthcare					
Acute Contracts	218,601	200,139	213,796	(13,657)	(6.82)%
Other Acute Commissioning	37,980	34,785	33,495	1,291	3.71%
Joint Working Commissioning	<u>76,883</u>	<u>70,421</u>	<u>69,270</u>	<u>1,151</u>	<u>1.63%</u>
Sub-total:	333,463	305,345	316,561	(11,216)	(3.67)%
Primary Care					
Medical Contract	46,294	39,585	39,265	320	0.81%
Dental Contract	14,147	12,971	12,975	(4)	(0.03)%
Pharmacy Contract	3,101	2,842	2,920	(78)	(2.74)%
Prescribing	37,307	33,719	32,911	808	2.40%
Community Trusts (including Brent Community Services)	<u>38,438</u>	<u>35,284</u>	<u>35,245</u>	<u>39</u>	<u>0.11%</u>
Sub-total:	139,287	124,401	123,316	1,085	0.87%
Estates	2,764	2,601	1,794	807	31.03%
Management Costs	14,588	13,250	13,432	(182)	(1.37)%
Pandemic (Swine) Flu	377	377	451	(74)	(19.63)%
Investments	6,638	4,571	3,616	955	20.89%
COMMISSIONING Total:	497,117	450,545	459,170	(8,625)	(1.91)%
Brent Community Services					
Expenditure	43,340	39,769	41,072	(1,303)	(3.28)%
Income - Brent	(39,726)	(36,432)	(36,436)	4	(0.01)%
Income - Other	<u>(3,614)</u>	<u>(3,337)</u>	<u>(4,637)</u>	<u>1,300</u>	<u>38.96%</u>
BRENT COMMUNITY SERVICES Total	0	0	(1)	1	35.67%
TOTAL (Before Reserves):	497,117	450,545	459,169	(8,624)	(1.91)%
Reserves and Commitments					
Balance sheet movements				0	0.00%
Contingency	1,179	1,081		1,081	0.00%
Investments / Reserves	10,042	8,518		8,518	0.00%
Recovery Plan	2,104	1,929	(273)	2,202	0.00%
Allocation Adjustments	(6,076)	(2,811)		(2,811)	0.00%
Surplus for investment 20010-11	<u>15,954</u>	<u>15,346</u>		<u>15,346</u>	<u>100.00%</u>
RESERVES Total:	23,203	24,063	(273)	24,336	101.13%
TOTAL for Brent tPCT:	520,320	474,608	458,896	15,712	3.31%

COMMISSIONING OF HEALTHCARE FOR 11 MONTHS ENDING 28TH FEBRUARY 2010

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
Acute Commissioning					
Acute and Foundation Trusts					
North West London	105,120	96,360	102,979	(6,620)	(6.87)%
Imperial College Healthcare	61,135	56,040	58,961	(2,921)	(5.21)%
Royal Free	12,858	11,787	13,501	(1,714)	(14.54)%
Other Acute Trusts	<u>39,488</u>	<u>35,952</u>	<u>38,354</u>	<u>(2,402)</u>	<u>(6.68)%</u>
Sub-total - Acute and Foundation Trusts	218,601	200,139	213,796	(13,657)	(6.82)%
Other Service Level Agreements					
Consortia Led Commissioning	19,819	18,167	18,400	(233)	(1.28)%
High Cost Drugs	650	597	516	81	13.57%
Non Contracted Activity	2,222	2,037	2,036	0	0.02%
PCTs	1,470	1,348	1,441	(93)	(6.92)%
ISTC - Clinicentre	1,688	1,548	231	1,317	85.09%
ISTC - In Health	523	479	426	53	11.09%
Cost per Case	629	576	577	(0)	(0.06)%
Hospices - SLAs	919	806	793	13	1.67%
Other Minor Budgets (inc Palliative)	<u>2,090</u>	<u>1,916</u>	<u>1,923</u>	<u>(7)</u>	<u>(0.35)%</u>
Sub-total - PCTs	30,010	27,475	26,343	1,132	4.12%
HIV / AIDS and Sexual Health					
Consortia Led HIV and AIDS Commissioning	5,889	5,403	5,287	116	2.15%
Local HIV/ Treatment and Care	689	632	589	42	6.70%
Sexual Health	<u>1,392</u>	<u>1,276</u>	<u>1,276</u>	<u>(0)</u>	<u>(0.00)%</u>
Sub-total - HIV / AIDS & Sexual Health	7,970	7,311	7,152	159	2.17%
Total Acute Commissioning	256,581	234,924	247,291	(12,366)	(5.26)%

**COMMISSIONING OF HEALTHCARE
FOR 11 MONTHS ENDING 28TH FEBRUARY 2010**

Appendix A

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
Joint Commissioning					
Mental Health					
Central and North West London Mental Health	34,075	31,235	31,235	0	0.00%
Consortia Led Mental Health Commissioning	6,427	5,890	5,943	(53)	(0.90)%
Mental Health Trusts	<u>2,683</u>	<u>2,402</u>	<u>2,207</u>	<u>195</u>	<u>8.12%</u>
Sub-total - Mental Health	43,185	39,527	39,385	142	0.36%
Long Term Bedded Services					
Continue Care - Children	1,056	968	1,282	(314)	(32.44)%
Continue Care - Elderly	1,703	1,561	1,322	239	15.32%
Continue Care - Physical Disability	1,286	1,179	1,034	145	12.29%
Continue Care - Learning Disability	9,446	8,659	8,656	3	0.03%
Continue Care - Older Adults Over 65	1,383	1,268	1,018	250	19.70%
Continue Care - Mental Health (Younger Adults)	5,511	5,052	5,039	13	0.25%
Continue Care - Palliative Care	63	58	86	(28)	(48.92)%
Continue Care - Section 28A	222	204	166	38	18.43%
Registered Free Nursing Care	<u>3,588</u>	<u>3,289</u>	<u>2,519</u>	<u>770</u>	<u>23.41%</u>
Sub-total - Long Term Bedded Services	24,258	22,237	21,122	1,115	5.01%
Older People/ Rehabilitation/ Physically Disabilities					
Consortia Led Rehabilitation and PD Commissioning	1,165	1,071	1,097	(26)	(2.43)%
Minor Budgets (includes Brent Equip.)	906	<u>831</u>	<u>833</u>	<u>(3)</u>	<u>(0.30)%</u>
Sub-total - Older People/ Rehab/ Phys Dis	2,071	1,902	1,930	(29)	(1.50)%
Children and Families					
Consortia Led Children's Commissioning	581	532	669	(137)	(25.75)%
Minor Budgets (includes Sexual Health and CAMH)	991	919	849	70	7.62%
Cost per Case	287	263	263	0	0.03%
Barnet, Enfield and Haringey Mental Health Trust	<u>423</u>	<u>387</u>	<u>364</u>	<u>23</u>	<u>5.94%</u>
Sub-total - Children and Families	2,282	2,101	2,145	(44)	(2.09)%
Other Joint Commissioning					
Substance Misuse	4,018	3,683	3,683	0	0.00%
Learning Disabilities	781	708	814	(106)	(14.97)%
Minor budgets (includes Man. Consultancy, G&A cost per case, Ombudsman Approved CC cases)	<u>288</u>	<u>263</u>	<u>191</u>	<u>72</u>	<u>27.38%</u>
Sub-total - Other	5,087	4,654	4,688	(34)	(0.73)%
Total Joint Working	76,883	70,421	69,270	1,151	1.63%

**PRIMARY CARE SERVICES
FOR 11 MONTHS ENDING 28TH FEBRUARY 2010**

	Annual	Budget	Year to Date		Variance
	Budget		Actual	Variance	
	£000s	£000s	£000s	£000s	%
Medical Contract					
Baseline Contracts	26,653	24,406	24,494	(88)	(0.36)%
Enhanced Services	4,665	3,475	3,264	211	6.07%
Quality & Outcomes Framework (QOF) - Aspiration	4,578	4,196	4,196	0	0.00%
Quality & Outcomes Framework (QOF) - Achievement	1,942			0	0.00%
Out Of Hours	737	675	681	(6)	(0.89)%
Premises	4,334	3,869	3,728	141	3.64%
PCO Managed Budgets	<u>3,385</u>	<u>2,964</u>	<u>2,902</u>	<u>62</u>	<u>2.09%</u>
Total Medical Contract	46,294	39,585	39,265	320	0.81%
Dental Contract					
Dental Services	16,391	15,028	15,052	(24)	(0.16)%
Patient Charge Income	<u>(2,244)</u>	<u>(2,057)</u>	<u>(2,077)</u>	<u>20</u>	<u>(0.97)%</u>
Total Dental Contract	14,147	12,971	12,975	(4)	(0.03)%
Pharmacy Contract					
Pharmacy Services	<u>3,101</u>	<u>2,842</u>	<u>2,920</u>	<u>(78)</u>	<u>(2.74)%</u>
Total Pharmacy Contract	3,101	2,842	2,920	(78)	(2.74)%
Prescribing					
Practice Costs	36,409	32,896	32,519	377	1.15%
Central Drugs Bill Charges	767	703	346	357	50.78%
Other	<u>131</u>	<u>120</u>	<u>46</u>	<u>74</u>	<u>61.67%</u>
Total Prescribing	37,307	33,719	32,911	808	2.40%
Community Trusts					
Brent Provider Services	36,995	33,961	33,804	157	0.46%
Other Community Trusts	<u>1,443</u>	<u>1,323</u>	<u>1,441</u>	<u>(118)</u>	<u>(8.92)%</u>
Total Community Trusts	38,438	35,284	35,245	39	0.11%
TOTAL PRIMARY CARE	139,287	124,401	123,316	1,085	0.87%

Estates

PFI / LIFT / Lease Costs	4,996	4,591	4,591	0	0.00%
Chalkhill					
Depreciation	3,986	3,653	2,718	935	25.60%
Cost of Capital	520	477	359	118	24.74%
Estates Management Contract (K&C)	608	521	532	(11)	0.00%
Utilities	445	370	430	(60)	(16.22)%
Rates	230	230	230	0	0.00%
Other	115	98	144	(46)	(46.94)%
Impairments	421	421	421	0	0.00%
Capital Related Movements - Expenditure	0		800	(800)	0.00%
Capital Related Movements - Income	0		(800)	800	0.00%
Income from BCS / GPs / Others	<u>(8,557)</u>	<u>(7,760)</u>	<u>(7,631)</u>	<u>(129)</u>	<u>1.66%</u>
Total Estates	2,764	2,601	1,794	807	31.03%

PCT MANAGEMENT FOR 11 MONTHS ENDING 28TH FEBRUARY 2010

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
PCT Management Costs					
Chief Executive Office	3,681	3,387	3,381	6	0.18%
Public Health	1,656	1,504	1,437	67	4.45%
Strategic Commissioning	2,321	2,064	1,980	84	4.07%
Primary Care Commissioning	2,930	2,673	3,133	(460)	(17.21)%
Human Resources	569	522	467	55	10.54%
Finance and Performance	<u>3,431</u>	<u>3,100</u>	<u>3,034</u>	<u>66</u>	2.13%
Total Direct Management Costs	14,588	13,250	13,432	(182)	(1.37)%

Pandemic (Swine) Flu	377	377	451	(74)	(19.63)%
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Note: Variances in brackets are overspends

The above budgets are net. The income included is as follows:

	Total	BCS	Other
Chief Executive Office	134	134	
Public Health	606	3	603
Strategic Commissioning	107		107
Primary Care Commissioning	51	51	
Human Resources	337	265	72
Finance and Performance	<u>1,638</u>	<u>1,316</u>	<u>322</u>
	2,873	1,769	1,104

PCT INVESTMENTS FOR 11 MONTHS ENDING 28TH FEBRUARY 2010

	Annual Budget £000s	Budget £000s	Year to Date		Variance %
			Actual £000s	Variance £000s	
PCT Investments					
Chief Executive Office					
Scheme 1 Central Programme Team	298	298	329	(31)	(10.40)%
Public Health					
Scheme 26 Smoking Cessation	1,122	1,023	445	578	56.50%
Scheme 82 Improve Vascular Health	306	306	201	105	34.31%
Strategic Commissioning					
Allocation of Carers	200	0	0	0	0.00%
Scheme 17 Urgent Care Centre CMH	230	230	137	93	40.43%
Scheme 31 Intermediate Care	596	174	363	(189)	(108.62)%
Scheme 56 Early Intervention in Psychosis	508	445	411	34	0.00%
Scheme 65 Improve Breast Screening	82	0	1	(1)	0.00%
Scheme 78 Improve Chlamydia Screening	447	205	257	(52)	(25.37)%
Scheme 87 DOLS	60	55	0	55	100.00%
Scheme 88 Improve Breastfeeding Rates	101	92	32	60	65.22%
Scheme 95 Build 3rd Sector Capacity	20	20	3	17	85.00%
Scheme 96 Crisis Resolution	580	0	0	0	0.00%
Scheme 97 IAPT	101	101	105	(4)	(3.96)%
Scheme 99 Internet / Intranet Development	80	60	0	60	0.00%
Primary Care Commissioning					
Scheme 25 Immunisation Programme	559	528	535	(7)	(1.33)%
Scheme 28 HPV Immunisation	209	0	0	0	0.00%
Scheme 45 Choose and Book	190	190	165	25	13.16%
Scheme 49 Primary Care Strategy	337	355	148	207	58.31%
Scheme 60 GP Led Healthcentre	38	38	95	(57)	(150.00)%
Scheme 71 Phlebotomy Services	37	37	37	0	0.00%
Scheme 81 18 Week Referral Target	155	88	129	(41)	(46.59)%
Scheme 89 Pilot MSK Scheme	57	38	0	38	100.00%
Human Resources					
Scheme 86 Learning & Development	58	23	39	(16)	(69.57)%
Scheme 92 Employment Proposition	67	66	140	(74)	(112.12)%
Scheme 94 Organisation Restructuring	194	194	43	151	77.84%
Scheme 100 Single Equalities Scheme	6	5	1	4	80.00%
Total PCT Investments	6,638	4,571	3,616	955	20.89%

**CAPITAL EXPENDITURE
FOR 11 MONTHS ENDING 28TH FEBRUARY 2010**

Capital Programme	Approved	SRO	PM	Annual Budget £000s	Year to Date			Forecast Outturn £000s	Capital Outturn £000s
					Budget £000s	Actual £000s	Variance £000s		
Brought Forward Schemes 2008-09									
Chalkhill PCC Commissioning	CCG 8/12/08	JO	BM	368	213	213	0	368	0
Chalkhill PCC Commissioning - IT		JO	CS	192	53	53	0	192	15
Hillside PCC Commissioning	CCG 8/12/08	JO	BM	380	380	549	(169)	549	0
Hillside PCC Commissioning - IT		JO	CS	160	81	81	0	160	11
Sudbury PCC	CE	JO	BM			7	(7)	10	0
IT Equipment Replacement Programme	CCG 21/9/08	JW	CS			57	(57)	57	33
GP system of Choice (GPSOC)	CCG 20/5/08	JO	AU	345	345	359	(14)	359	169
RIO Project (transferred to BCS 1-8-09)	Board 27/3/08	HK	AL						
Agreed Schemes									
GP Led Healthcentre	CCG 21/5/09	JO	BM	470	464	464	0	472	472
GP Led Healthcentre		JO	CS	5	5	5	0	5	5
HQ Commissioning costs - Nursery	CE	ME	RT	100	72	72	0	110	63
HQ Commissioning costs - Nursery - IT				70			0	55	35
Upgrade N3 Link at Wembley	CCG 27/8/09	JW	CS	95			0	95	95
Repair Cracked Wall at Stag Lane	CCG 27/8/09	JO	RT	8	4	4	0	8	0
Capital to Revenue Grants									
Stage 3 Campus Capital Programme		TS	PR	90			0	0	0
Primary Care Strategy - additional rooms for trainees		JO	BM	745			0	0	0
Additional funding EACH capital development		TS	AB	750			0	0	0
Schemes Awaiting Approval									
Backlog of Maintenance Projects				500			0	100	
HQ Commissioning costs - Occupational Health				25			0		
HQ Commissioning costs - Occupational Health - IT							0		
HQ Commissioning costs - Other				375			0	23	0
IC & T				400	38	38	0	255	255
Chalkhill Dental				100			0	0	
Estate Disposal enabling costs				50			0		
Health & Safety Projects				50			0		
Fire				50			0	50	
Catering				40			0	40	
Adjustment to plan					936		936		
TOTAL CAPITAL				5,368	2,591	1,902	689	2,908	1,153
NOTIFIED CAPITAL RESOURCE LIMIT (CRL)				1,952				1,952	1,952
UNDER / (OVER) CAPITAL RESOURCE LIMIT (CRL)				(3,416)				(956)	799

Notes:

- 1 CCG - Capital Control Group
- 2 CE - Chief Executive
- 3 The difference between planned capital spend and the latest CRL will be met through scheme slippage.

4 Senior Responsible Officer (SRO) / Project Manager (PM) :

HK Hussein Khatib
JO Jo Ohlson
JW Jonathan Wise
ME Mark Easton
TS Thirza Sawtell

AB Andy Brown
AL Anslém Lobo
AU Avtar Ubbi
BM Benita Mehra
CS Carol Sheridan
PR Parrin Robbins
RT Roger Thomas

5 One off revenue cost of 'capital' programme £1,773k.

SECTION 2 – SERVICE PERFORMANCE

2009-10 Performance

- The 2009-10 Performance report is monitoring 2 main areas as set out in the Care Quality Commission's Performance Management framework. Existing commitments and National Priorities are used to assess whether levels of service set through the 2008-2011 planning round are being maintained.
- Current status for each indicator is based on the thresholds the SHA has provided. Forecast outturn for each indicator is based on an assessment made by the SRO, of the level of risk to achieving the year-end target. For indicators with Performance Improvement Plans, the RAG status is based on the scoring against 'Stage of delivery' (current score) and 'Likelihood of delivery' (forecast). See slide 70/71 'Overview of performance in priority areas, February 2010'
- Areas currently identified as high risk of fail (based on year end forecast) are:
 - Access to Primary Care
 - Access to Maternity Services
 - Stroke
 - Childhood immunisations
 - Breast screening of women aged 53-70 yrs
 - Patient experience
 - Cervical Screening
 - Teenage Conception rates
 - 4 week smoking quitters
- Based on latest data (where available) and 'Stage of delivery' (where Q3 09-10 data is unavailable) in the Performance Improvement Plans, the following indicators are also at high risk:
 - Breastfeeding 6-8 weeks
 - Staff Satisfaction (2008 score rated against 2009 plan)- The internal forecast for this indicator is that it will be achieved for 2009-10.
- Most of the indicators have data up to January 10. Charts have been updated for indicators we have data for.
- Based on the current position, the PCT will achieve an overall 'Fair' rating for 2009-10, subject to a CQC review of measurements of targets. See next slide for more information.
- However it should be noted that this means that the 09/10 Corporate Objective for a rating of good will not be achieved. Also in slide 64, at Q3 NHS Brent is shown as the worst performer in London on National Priority Indicators. The figure in slide 65 shows that the latest overall reported performance has now fallen below 08/09 levels.

Summary - Performance

colour key for overall scores	Weak	Fair	Good	Excellent

Care Quality Commission (CQC): Periodic review	Provisional NHS London Latest Risk Rating score (Q3 - 09/10)	Latest PCT rating/points achieved for CQC	PCT Forecast rating/points achieved for CQC (2009-10)	(Based on Latest rating/points) Minimum more points needed for PCT to achieve a 'Good' rating
Existing Commitments	36	36	37	0
National Priorities	33.5	33.5	40	25.5
Overall Scores	Fair	Fair	Fair	Good

Current Performance

Care Quality Commission (CQC): Periodic review	Achieve	Underachieve	Fail
Existing Commitments (13)	10	3	0
National Priorities (24)	9	3	12

Forecast Performance

Care Quality Commission (CQC): Periodic review	Achieve	Underachieve	Fail
Existing Commitments (13)	11	2	0
National Priorities (24)	10	5	9

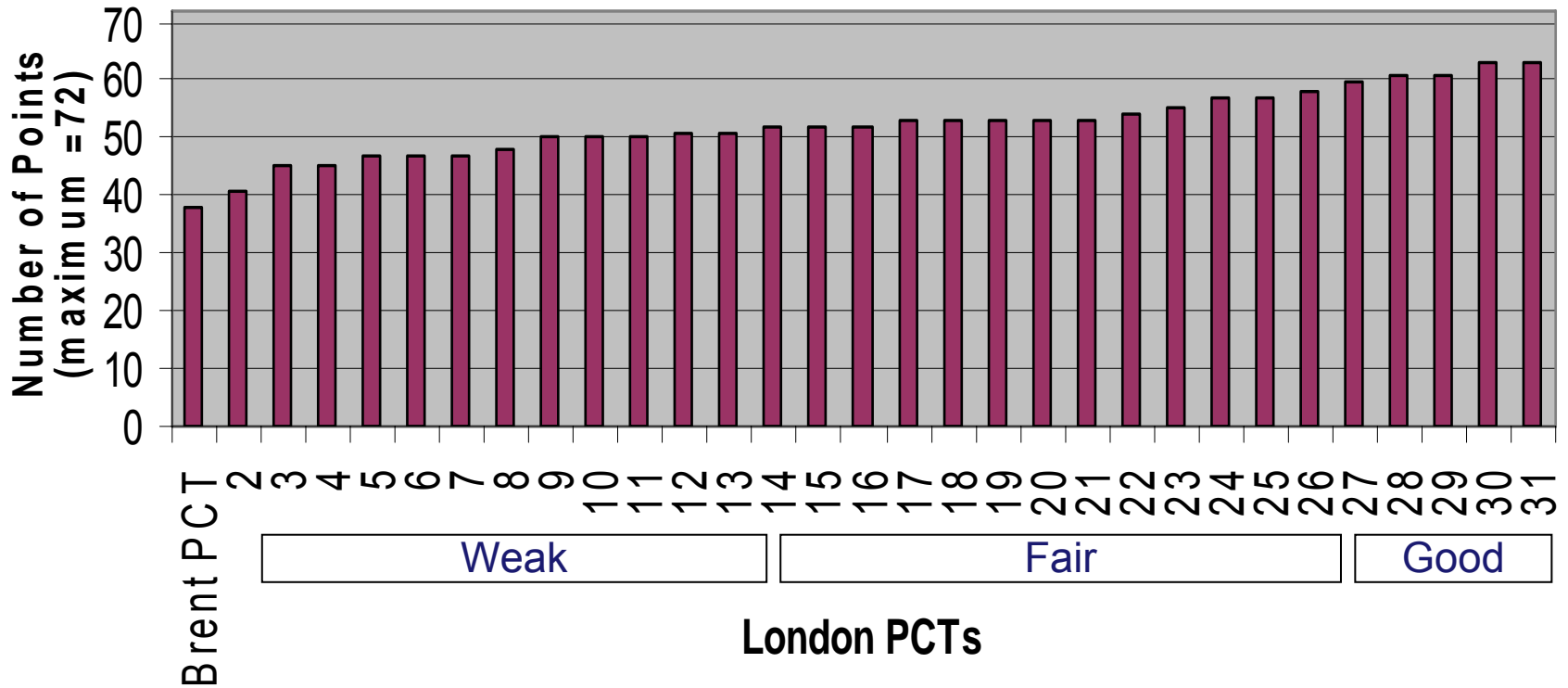
Scoring methodology for indicators:

Existing Commitments:	National Priorities:
36 points or more = Fully Met	66 points or more = Excellent
32 -35 points = Almost Met	59-65 points = Good
28-31 points = Partly Met	52- 58 points = Fair
Less than 28 points = Not Met	Less than 52 points = Weak.

Overall Rating for AHC Quality of Services

Existing Standards and Core Standards	National Requirements	Overall Score
Fully Met	Excellent	Excellent
Almost Met or Fully Met	Good or Excellent	Good
Partly Met	Any rating permissible	Fair
Not Met	Any rating permissible	Weak

2009-10 Q3 National Priority Indicators Rating



Key : Brent to PCT 13 = "Weak"
 14 -26 = "Fair"
 27 = 31 = "Good"

PCT Rating – National Priorities

SRO	National Priorities	08-09 status	Reporting Month		
			Jan	Feb	March
			Current score	Current score	Current score
PH	C. diff.	3	3	3	3
SC	18 weeks	3	2.5	2.5	2.5
PCCS	Primary care satisfaction (access)	0	0	0	0
SC	Cancer waits - 2 weeks	3	3	3	3
SC	Cancer waits - 62 days	3	2.67	3	3
SC	Cancer waits - 31 days	3	3	3	3
SC	Stroke care	3	0	0	0
PH	All-age all-cause mortality	3	3	3	3
PH	CVD mortality	3	3	3	3
PH	Cancer mortality	3	3	3	3
PH	Smoking quitters	0	0	0	0
SC	Maternity	3	0	0	0
SC	Teenage conceptions	2	2	2	0
PH	Childhood obesity	3	3	3	3
PCCS	Immunisation	0	0	0	0
SC	Breast screening	0	0	0	0
SC	Breastfeeding	2	0	0	0
SC	CAMHS	3	3	3	3
SC	Chlamydia screening	0	2	2	2
SC	Cervical screening	New for 2009 10	0	0	0
SC	Drugs misuse	2	0	2	0
PCCS	Patient experience	0	0	0	0
ODHR	Staff satisfaction	0	0	0	0
PCCS	Dental access	2	3	2	2
	Total	44	36.17	37.5	33.5

Reporting Month			Change from 08/09
Jan	Feb	March	
Forecast	Forecast	Forecast	
3	3	3	
3	2	2	Y (-ve)
0	0	0	
3	3	3	
3	3	3	
3	3	3	
2	0	0	Y (-ve)*
3	3	3	
3	3	3	
3	3	3	
0	0	0	
0	0	0	Y (-ve)*
2	2	0	Y (-ve)
3	3	3	
0	0	0	
0	0	0	
2	2	2	
3	3	3	
2	2	2	Y (positive)
0	0	0	
2	2	2	
0	0	0	
3	3	3	Y (positive)
3	2	2	
47	42	40	

* = change to definition of target in 2009/10

An explanation of the change in performance is contained in the next slide

CHANGES IN PERFORMANCE FROM 08/09 TO 09/10 Q4

- In January 2010 the 2009/10 end of year forecast reported to the board was that the overall position on the National Priority targets would be an improvement on the 2008/09 position. In February the forecast reported was reduced for 3 indicators; 18 weeks, stroke care and dental access, whilst in March the forecast for one further indicator has reduced, that of the number of teenage conceptions.
- February changes to the end of year forecast
 - The 18 week forecast was adjusted due to the inclusion of a specialty level performance measure. This was a new addition to the measure and had not been a factor used in the 2008/09 score.
 - The stroke care forecast was adjusted due to the slippage of the implementation of the new stroke unit at North West London Hospitals which depending on the period measured could result in a failure
 - The dental access indicator was adjusted due to the lower than expected quarter 3 results.
- March changes to the end of year forecast
 - The provisional 2008 teenage conception rate is 39.5 per 1000 females aged 15-17 yrs against a plan of 30.8 per 1,000. Although the 2008 rate is a decrease of 8.7% from 2007 the gap between the planned level of conceptions and the actual level of conceptions has grown, increasing the risk that this target will be scored as a failed target.
 - The overall banding of the National Priority targets has not changed

PCT Rating- Existing Commitments

SRO	08-09 status	Existing Commitments	Maximum Score	Current score	Forecast
SC	3	A&E 4-hour waits	3	3	3
SC	3	Outpatient 13-week waits	3	3	3
SC	2	Inpatient 26 week waits	3	3	3
SC	3	Revascularisation 13 week waits	3	3	3
SC	3	GUM waits	3	3	3
SC	3	Delayed transfers of care	3	3	3
SC	3	Ambulance response - Cat. A in 19 mins	3	3	3
SC	3	Ambulance response - Cat. A in 8 mins	3	2	3
SC	0	Ambulance response - Cat. B in 19 mins	3	2	2
PDE	3	Diabetic retinopathy screening	3	3	3
SC	0	Early intervention in psychosis	3	3	3
SC	0	Crisis resolution*	3	2	2
SC	3	Data quality on ethnic group	3	3	3
	29	Sub Total	39	36	37
	Partly Met	*Indicators with Performance improvement plans		Fully Met	Fully Met

Key for indicators:

Achieve
Underachieve
Fail

PCT Rating- Other Corporate Objectives

SRO	08-09 status	<u>Other Corporate Objectives</u>	Maximum Score	Current score	Forecast
PH	3	New cases of MRSA (performance at 'hosted' Trust)	3	3	3
PH	3	% of TB cases whose treatment was completed	3	3	3
PH	0	% of newly diagnosed HIV infected patients with <200 cells per mm3	3	0	0
SC	3	Adults and older people receiving direct payments and/or individual budgets (per 100,000 of the population)	3	3	3
SC	0	Percentage of Carers receiving a 'carer's break' or a specific carer's service	3	2	2
PCCS	0	% of diabetic patients with HbA1c of 7.5 or less	3	0	2
SC	Not yet known	% of deaths occurring at home or hospice	3	3	3
SC	Not yet known	% of patients in mixed sex accommodation	3	Not yet known	

Key:

SC- Director of Strategic Commissioning

PH- Director of Public Health

PCCS- Director of Primary and Community Commissioning Services

PDE - Director of Provider Development and Estates

ODHR - Director of Organisational Development and Human Resources

Key for indicators:

Achieve

Underachieve

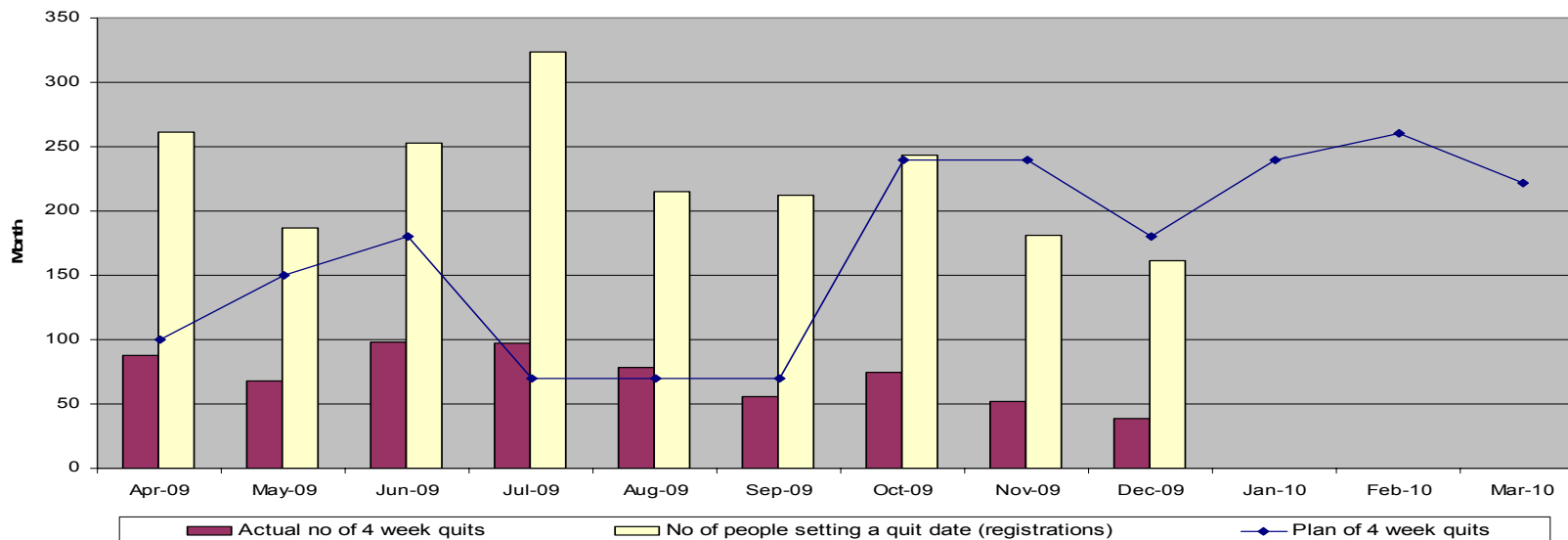
Fail

Trend charts

- Charts have been included for those indicators which underperformed in 2008-09 and/or have Performance Improvement Plans. These are:
 - Smoking quitters
 - LAS Cat A 8 mins
 - LAS Cat B 19 mins (Achieved in 08-09 but currently underperforming)
 - Breastfeeding 6-8 weeks
 - Chlamydia screening
 - Drug misusers retained in treatment
 - Immunisations
 - Stroke
 - Access to maternity services
 - Teenage conception rates
 - Crisis resolution services
 - Access to Dental Services
 - Access to Primary Care
- We have current year to date data for most of the indicators, and charts for these been included this month
- Further detail on the performance of all indicators is shown in the Appendix

4 week smoking quitters

No of people setting a quit date (registrations) and No of 4 week smoking quitters



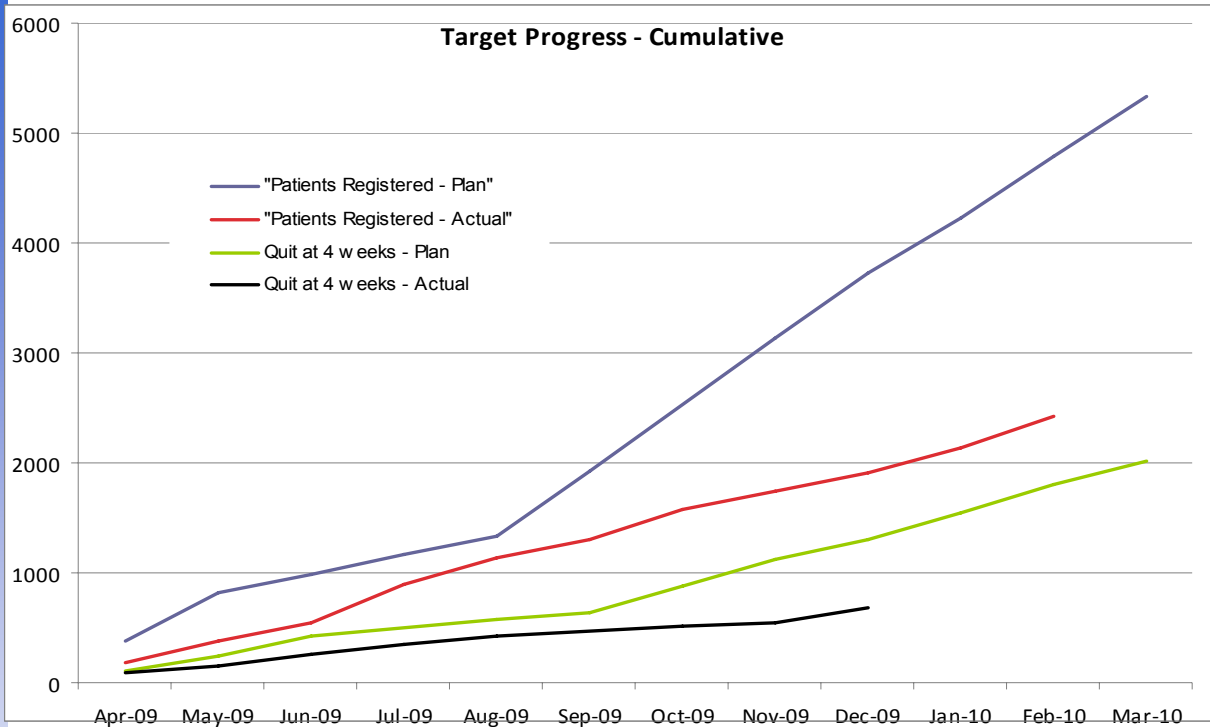
Reasons for underperformance:

- It takes at least 2 months before quit data is ready for publication. There is a delay in paperwork returning back from providers, preventing early capture of quitters on our information system.

Action taken:

- New web based information system developed - SONAR pilot up and running in 5 pharmacies including individual training manual for pharmacists.
- Mentoring schemes for pharmacists commenced in January 2010 to facilitate peer support and improving conversion rates of set quits to quitters.
- The team has completed the response to NHS London as part of the performance process initiated by them.
- Detailed action plan developed in conjunction with NHS London and implementation being progressed.
- Capacity building within the service for example increasing numbers of commissioned providers. community provider event held in December to promote work place setting support.
- The following slide, January 2010 Performance Dashboard, shows a cumulative position.

Stop Smoking Service - Performance Dashboard - January 2010



The quit rate has fallen in line with expectations from registration levels earlier in the year, in addition registrations for December continue to be low. However, January, February and March have provided significantly higher levels of registrations in the past.

A mentor scheme for Pharmacy commenced in January.

Tenders have been invited for street campaigns and potential community providers, having had successful information meetings.

Developed plan for NHS London performance team and discussed at meeting with NHS London performance and Tobacco control team. The revised performance plan was submitted in January 2010. Susan Hearn, the newly appointed Stop Smoking Service Manager joined the service on 4th January and Lynn Shepherd started as Administrator in mid January. However, one of the Stop Smoking Advisors has now left the service and interviews were held in February; new advisor expected to take up post in April. Despite delays the Information System pilot is in progress.

The first Secondary Care Pilot evaluation report has been completed and suggests that further work is required to increase registrations to the level expected.

Overall Target	Red
4 week Quit Target (Actual v Plan)	52%
Budget (Actual v Plan)	53%
No of Pharmacies in the Scheme	55
No of Practices in the Scheme	35
No of Other Providers in Scheme	2
Cumulative quit rate (to Oct)	33%
Registrations (Actual v Plan)	51%

Initiative Delivery

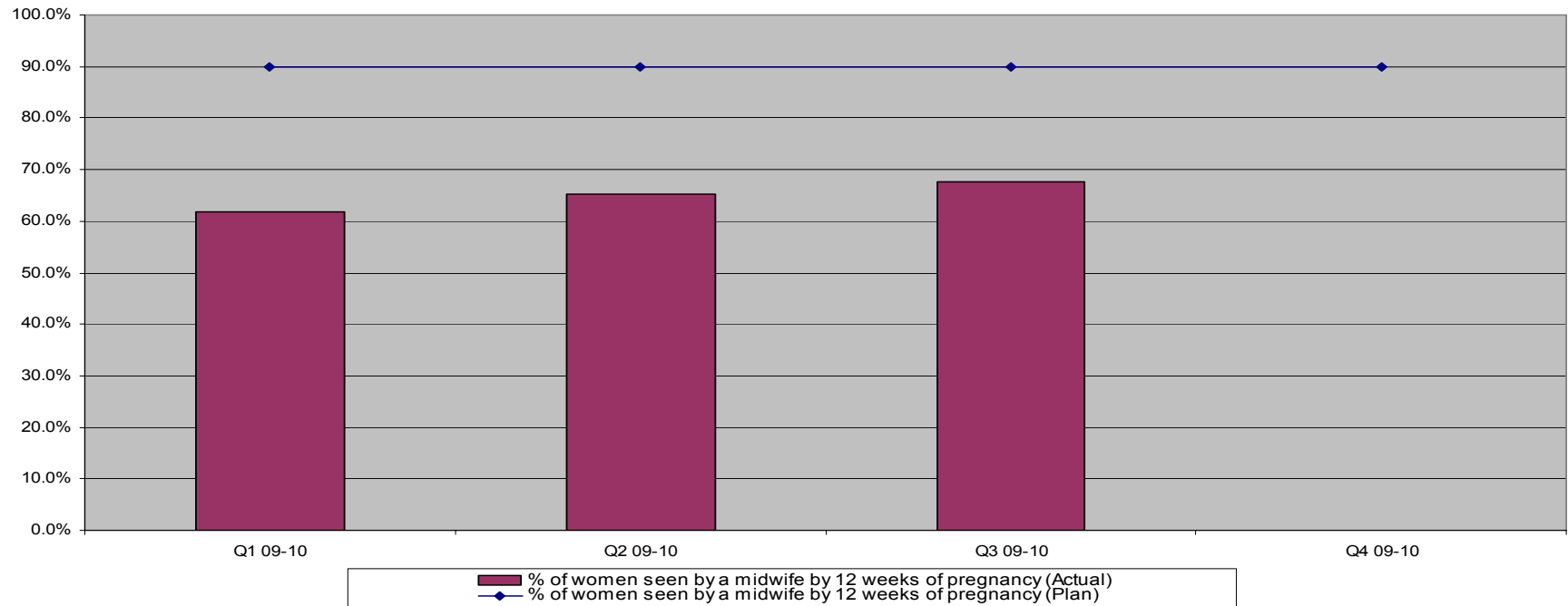
Provider Toolkit	green
Implement Information System	Green
Marketing Campaign	Green
Community Provider Scheme	Green
Street Campaigns	Green
Smoking in Pregnancy	Green
Mentoring Scheme	Green
Secondary Care Pilot	Green
Health Trainer Pilot	Blue

Risks

Number of Service Registrations	Red	↔
Resource Levels	Red	
SBS payment problems	Amber	↓

Access to Maternity Services

% of women seen by a midwife by 12 weeks of pregnancy



• The CQC will measure us on Q1 and Q2 performance of % of women booked by 12 weeks of pregnancy. Q1 performance is 61.8%. Q2 performance is not confirmed as yet, as Q4 maternities for the denominator isn't available yet. We have used Q4 08-09 maternities instead to give an indication of % booked by 12 weeks of pregnancy which is 65.2%. Overall, Q1 and Q2 performance is estimated at 63.1%.

• A GP survey relating to their late booking patients from Q1 has now been completed and analysed. This has led to a need to analysis of the late booking data for women in Q2 and Q3 which the providers are currently at various stages of supplying. The Antenatal Referral Reference group are due to meet at end of February to consider survey analysis and develop recommendations going forward.

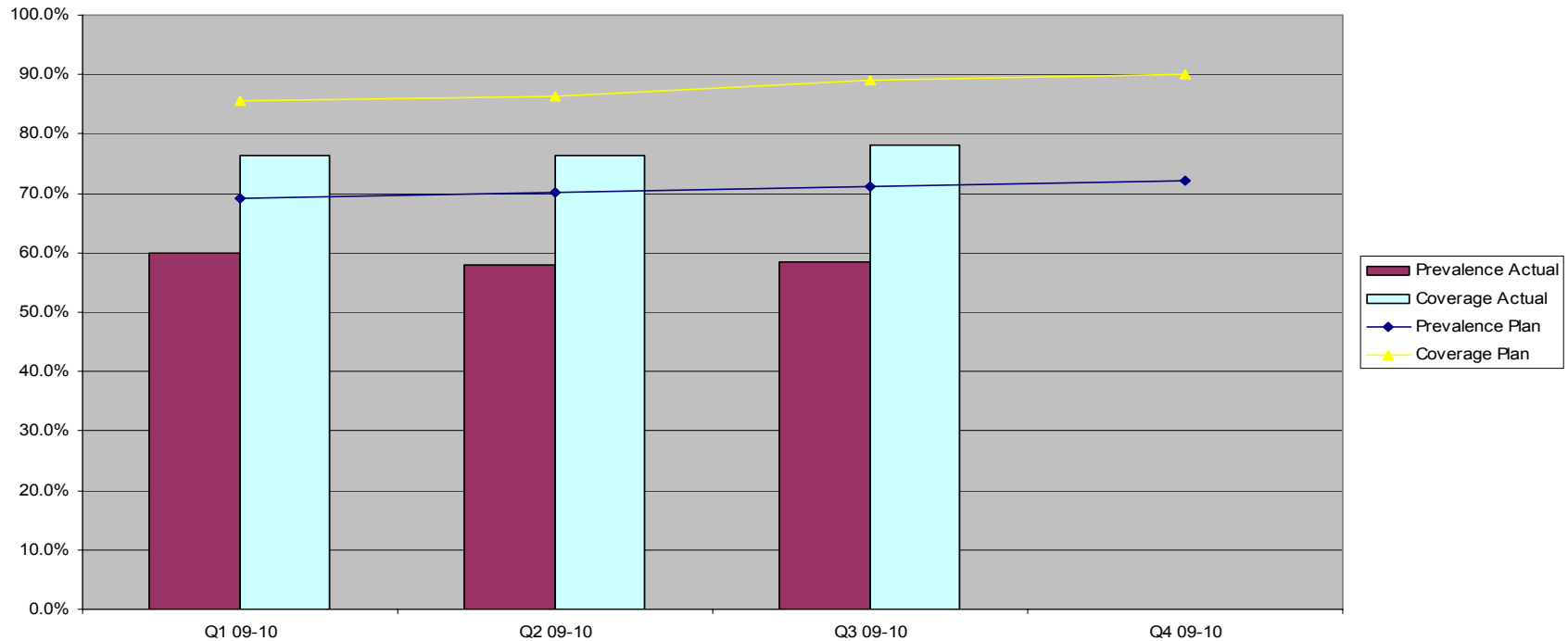
• Working with our main providers and unpicking the data they submit has led to a clearer understanding of where some of the issues may be with late booking. Imperial have demonstrated that they are responsible for an improvement of 7% of the late bookings and 22% of the referrals are not reaching them by 12 wks. There is also 4% of the referrals which are reaching them on the cusp of the target i.e. 12+_1, 2 etc and so they will give every effort to have these booked in by target with escalation clinics etc.

• NWLH have now also begun to issue data in the same format which will allow for the same level of analysis around the figures for late bookers. They have also undertaken some processes mapping within their Booking systems and developed an action plan to address the gaps and issues across the pathway.

• Work is underway with service users. A set of focus groups is being run in March with identified community groups to understand more fully the patient perspective on why they are booking late. A patient pregnancy information leaflet is also in development and will be printed and distributed out through the pharmacies in Brent by end of February.

Breastfeeding 6-8 weeks

Breastfeeding 6-8 weeks



Coverage rates have increased from 50% in Q3 08-09 to 78% in Q3 09-10. We have employed an infant feeding co-ordinator who is communicating daily with all GP practices through visits, emails and newsletters. We have employed an administrator to support with the surveying of practices and data collection/collation. We have increased sign up the LES to 75% and are now receiving breastfeeding data from 90% of practices.

Reasons for underperformance:

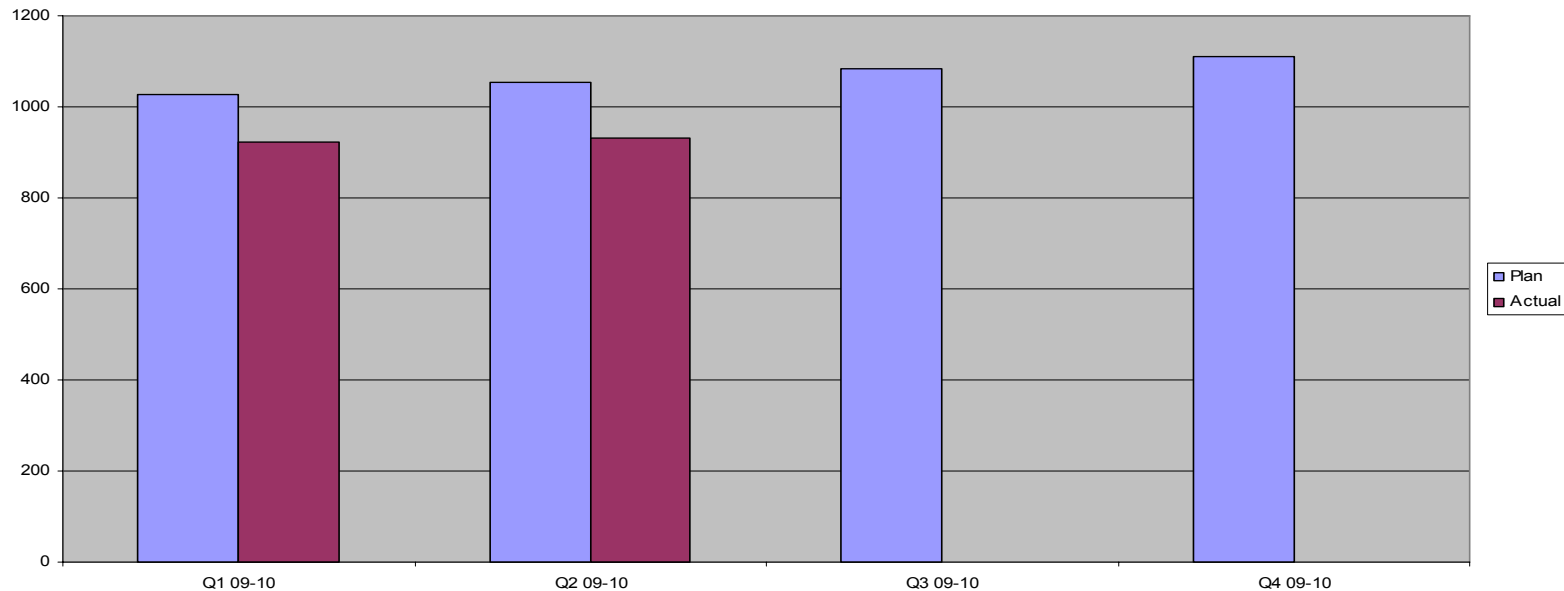
- Although the quantity of data returned has increased significantly, the quality remains patchy with phantom babies, DNAs and breastfeeding status either not collected or not documented at many practices.

Action taken:

- We are sending all 71 practices the denominator (patient identifiable) to try and support accurate numerator returns. To do this we have developed an excel template and guidelines to simplify the process. These documents went out through the gateway and are returned via a secure NHS.net email. Practices have been RAG rated according to coverage and prevalence rates and we are targeting practices for additional support accordingly. We plan to visit the lowest performing practices and 1) try to identify the exact reasons for variances and 2) encourage them to contact the mothers for the missing status information. We are continuing to contact all practices to give 1-1 support and guidance. We have employed a short term project worker to carry out a need's analysis with Brent mothers. This is to investigate barriers, challenges and successes to initiating and continuing breastfeeding in Brent.

Drug misusers retained in treatment

Drug misusers discharged from treatment after 12 weeks or discharged into a treatment care plan



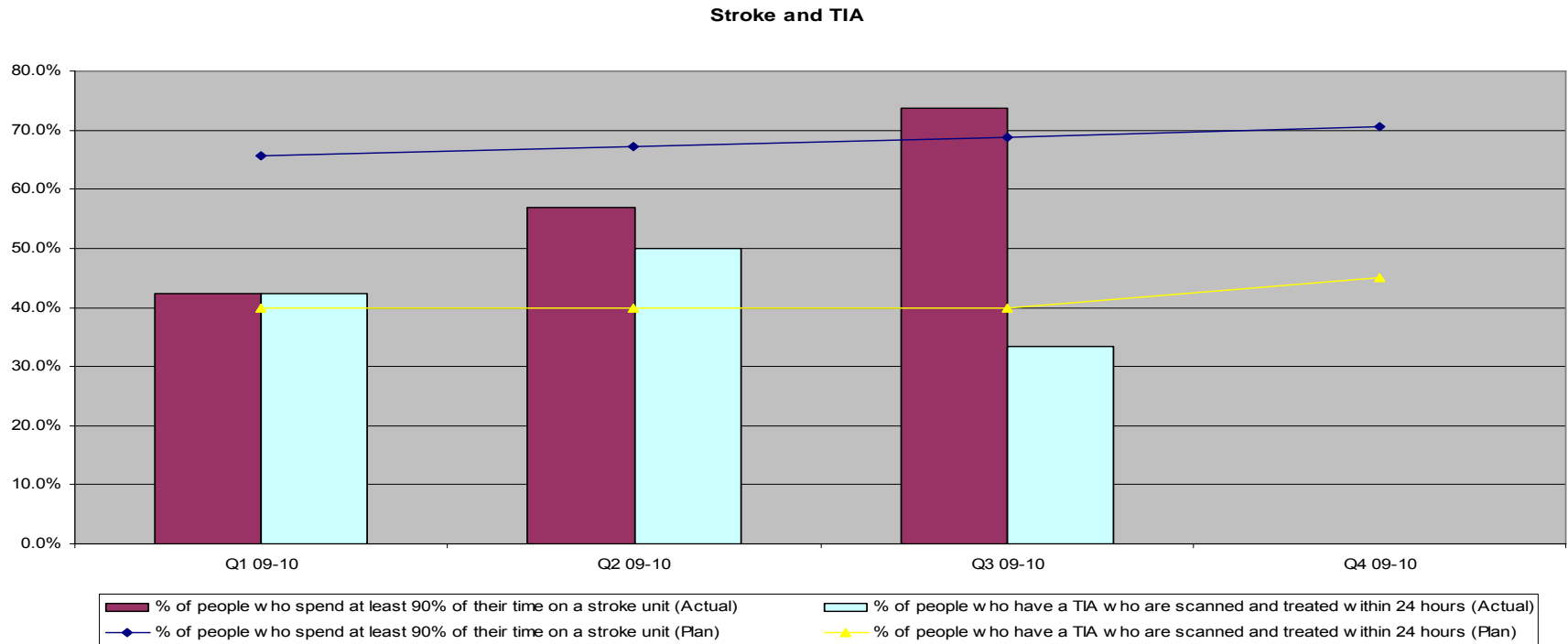
Reasons for underperformance:

- The targets at 10% increase were set with agreement with the NTA before a national baseline could be identified which was 2.5%.

Action taken:

- Corporate message transmitted to providers via contract meetings and Treatment Drug Reference Group (DRG) sector meetings that underperformance by agencies will contribute to reduction of funding for the Pooled Treatment Budget for 2010/11 which will impact on agency funding allocation for 2010/11
- Treatment pathways to be reviewed as central element of the DAAT Commissioning and Treatment Review for substance misuse services
- Contract meetings to take place upon release of NDTMS figures for each agency to identify where each agency is underperforming on this target

Stroke and Transient Ischaemic attacks (TIA)



Reasons for underperformance:

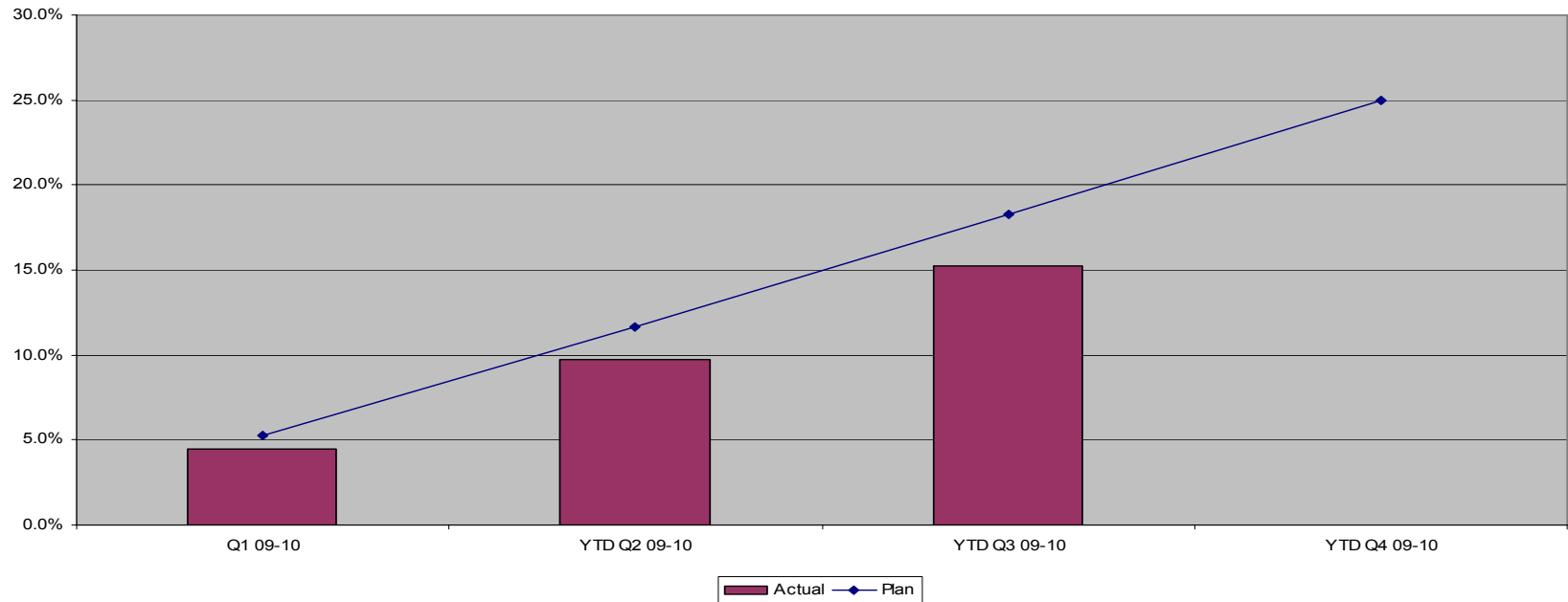
- As at Q3 the percentage stay on the stroke unit has exceeded the target. Stroke patients now spend 73.68% of their stay directly on a stroke unit. However the YTD performance is 56.69%, still significantly under the year end plan of 70%.
- The staged opening of stroke unit beds will account for this quarters target not being higher still.
- As at Q3 the percentage TIA scanned and treated within 24hours has decreased 7% below the 40% target. It is expected that Q4 data will be above the minimum green threshold as the advent of the HfL stroke unit will push up performance target up as a result of the pre service performance activity sign off. A new A&E and GP TIA referral protocol was launched in Q3 as the only source of accepted TIA referrals. This may be a cause for the decreased % since Q2.

Action taken:

- Approach the 5 stroke unit co-ordinators for Brent's acute Stroke Units and discuss the TIA issue to drive up the performance. Capture TIA referral data and discuss with the GP Cluster Group to increase timely referrals.

Chlamydia screening

Percentage of the population aged 15 - 24 screened or tested for chlamydia

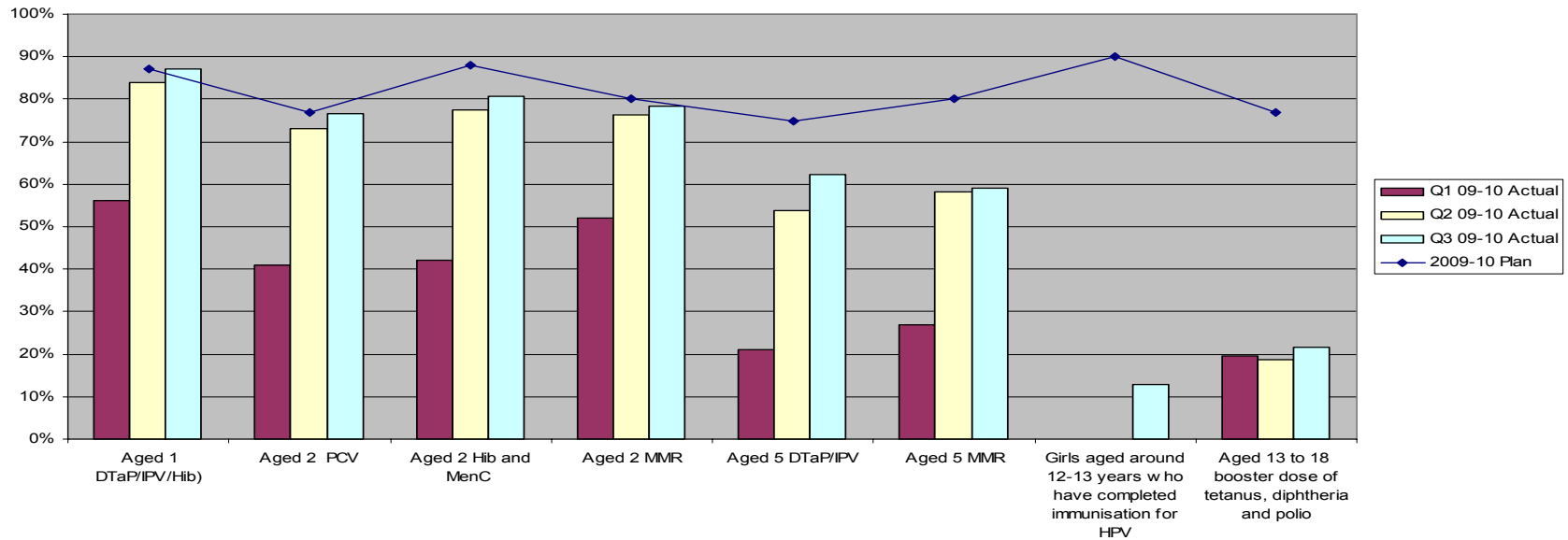


Currently with the NCSP Data we are on target to reach 17-20% of our population of 15-24 year olds. In order to expand our coverage we are taking the following steps:

- Trial of voucher incentive scheme
- Implementation of an SLA with Pharmacies - 19 signed up working to 60% by second quarter 10/11
- Pharmacy lead will support the implementation
- Improved and expanded outreach work programme
- Development of working with the local university and regular screening events
- Performance monitoring of the Chlamydia Screening Office and the establishment of review meetings to manage underperformance
- Have commissioned additional 1,000 screens per month in Feb and March 10, if deliver may extend contract in 10/11

Childhood Immunisations

Childhood Immunisations Q1 to Q3 09-10



Immunisation rates have significantly increased since Q1 due to all GP practices submitting immunisations extracts and cleansing of data with a 93% match between children registered on CIS and Exeter.

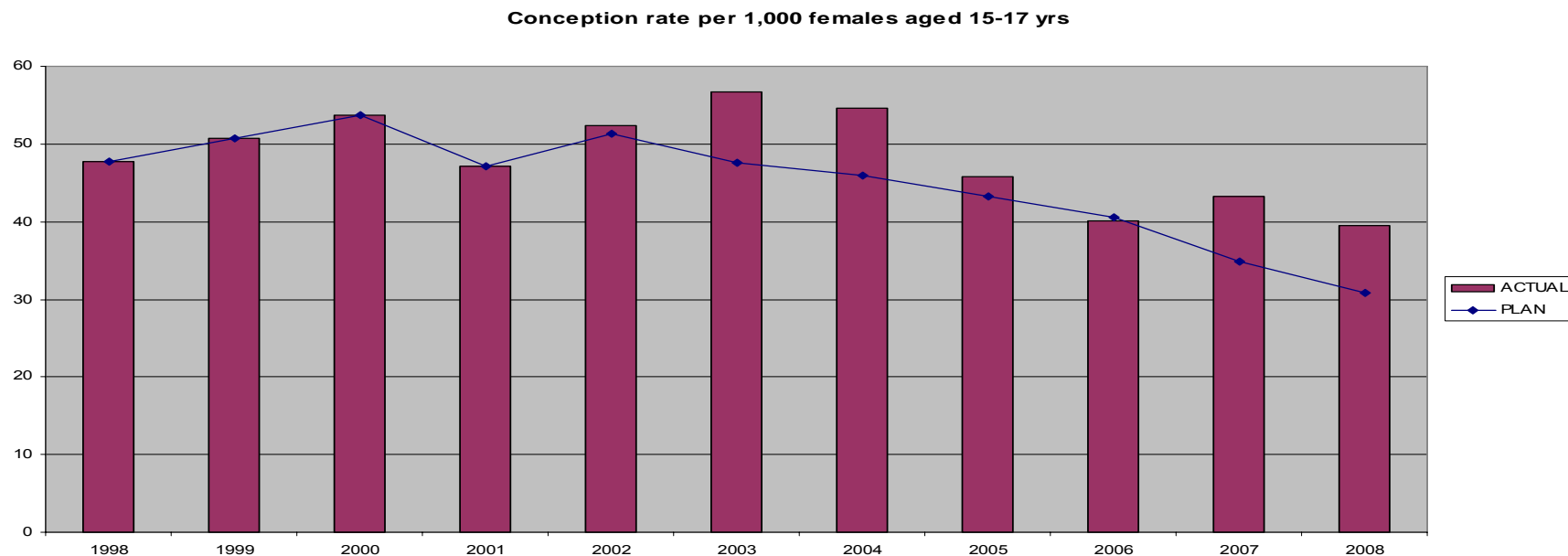
There are still some coding issues with the data submitted by the practices and RAG rated reports down to practice level are now being issued monthly.

The hand over from IT project team to business as usual is being absorbed into the existing information team establishment. A vacant post is being re-specified to suit the Immunisation data management function and is currently being filled by an interim Database administrator.

The continued maintenance of CIS data quality requires restructuring of CIS administrative staff.

HPV immunisation rates for 12-13 yr old girls- Doses for the HPV Vaccination have been administered from Sept 09.

Teenage Conceptions



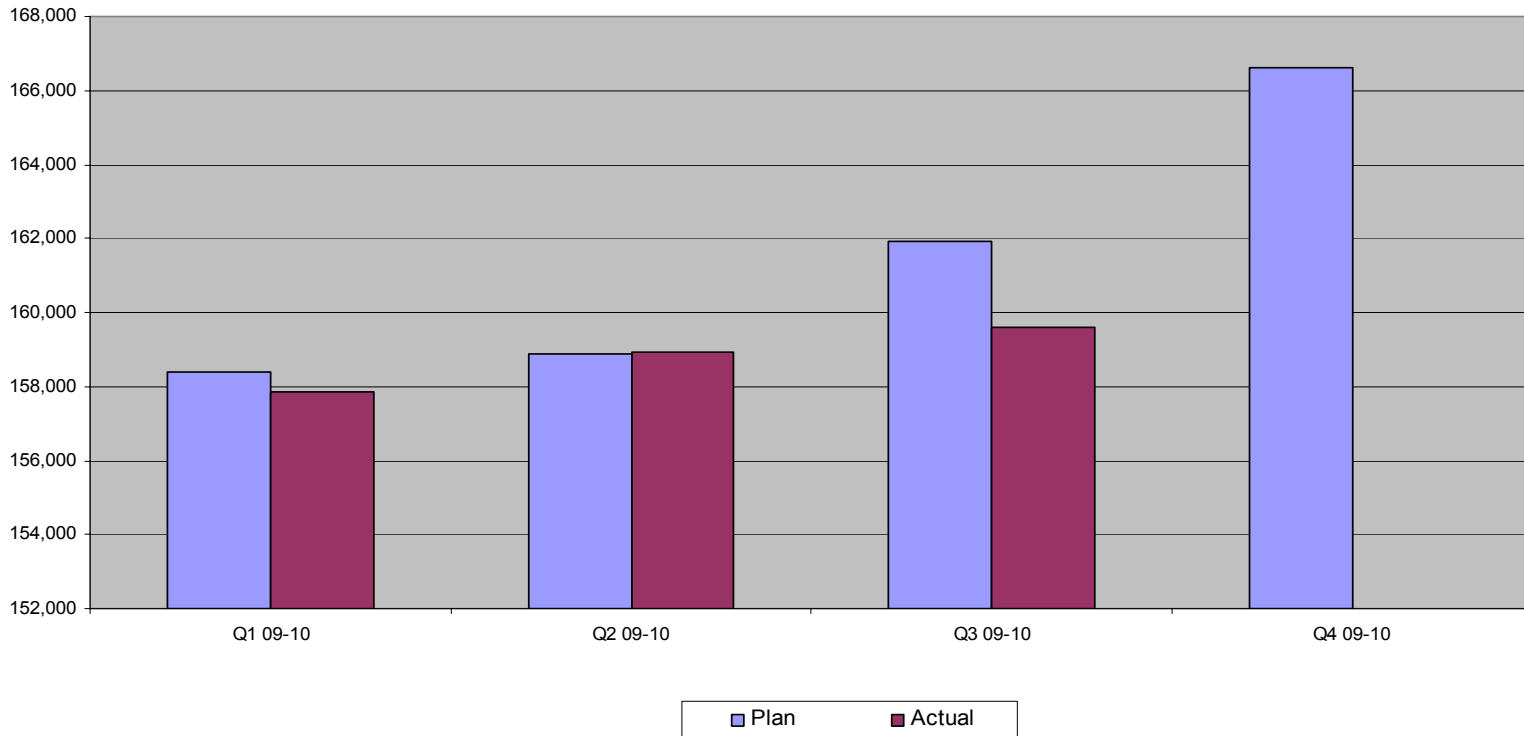
- 2008 (provisional) teenage conception rate is 39.5 per 1000 females aged 15-17 yrs against a plan of 30.8. Although NHS Brent hasn't met its plan, the 2008 rate is a decrease of 8.7% from 2007, and 17.3% since 1998.

- Progress to date in tackling teenage conception rates:

- 3 Medi-Vend Kiosks are in various sites in the borough. The kiosks dispense condoms and chlamydia kits and also provide education and information young people on sexual health and substance misuse, including details of local services they can access.
- Access to Emergency Hormonal Contraception for young people through pharmacies commenced in December 2009. The training took place over November/December, with some pharmacies able to begin offering the service immediately.
- Contraceptive Clinic based at Hillside Health Centre has now started (January 2010) - Open access walk-in service for young people, offering sexual health and reproductive advice, information, support, condom distribution, including STI Screening, contraception prescribing, Abortion advice, information and support.
- Links are being made with current partners to identify the appropriate methods to share the information including developing clear processes/procedures on how the data will be used and stored.
- Working with parenting commissioners to identify and commission parenting programmes for expectant fathers. This will include some targeted work with young expectant fathers.

Access to Dental Services

Number of patients receiving NHS primary dental services located within the PCT area within a 24 month period



Reason for underperformance:

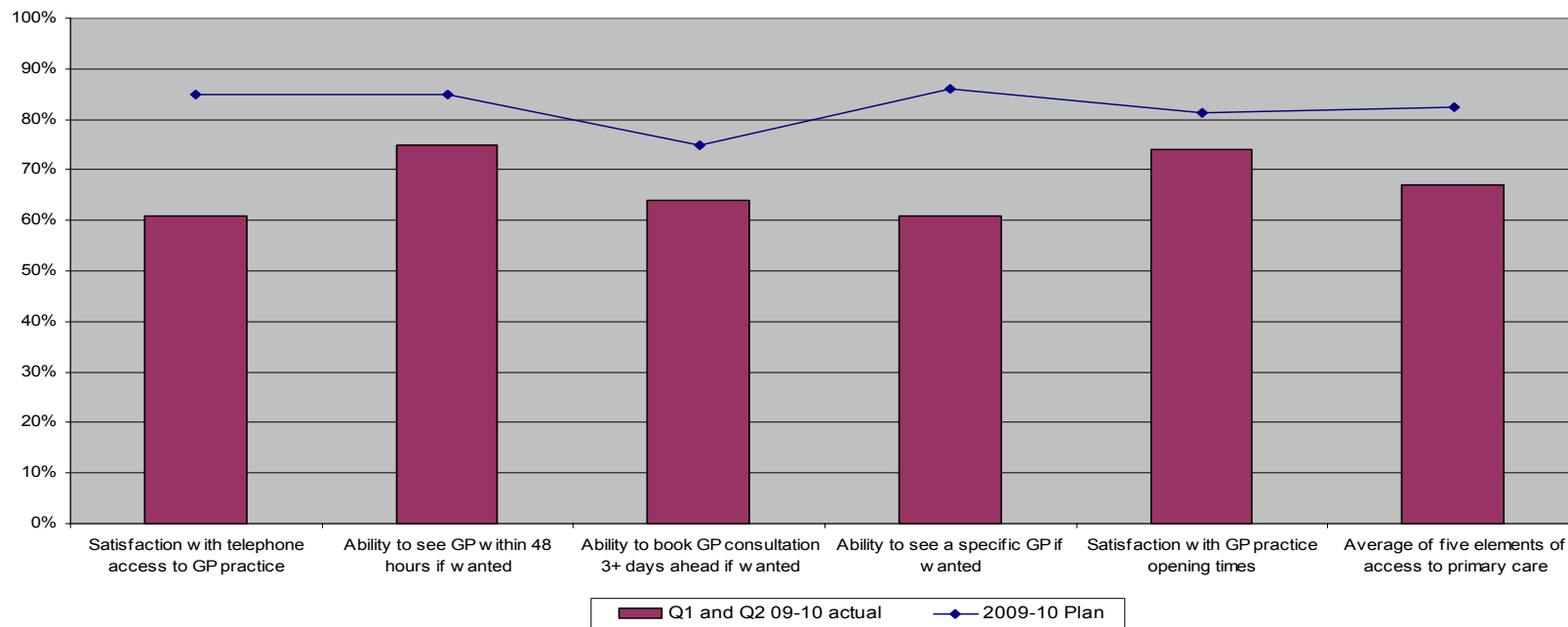
- Delay in commissioning UDAs
- The UDAs were commissioned in January and reversed the downward trend but are more likely to be making good progress towards the trajectory in April/May 10.

Action taken;

- Complete analysis of underperformers, and prepare proposals, and breach notices
- Meet underperformers and agree actions
- Present proposals to LDC

Access to Primary Care

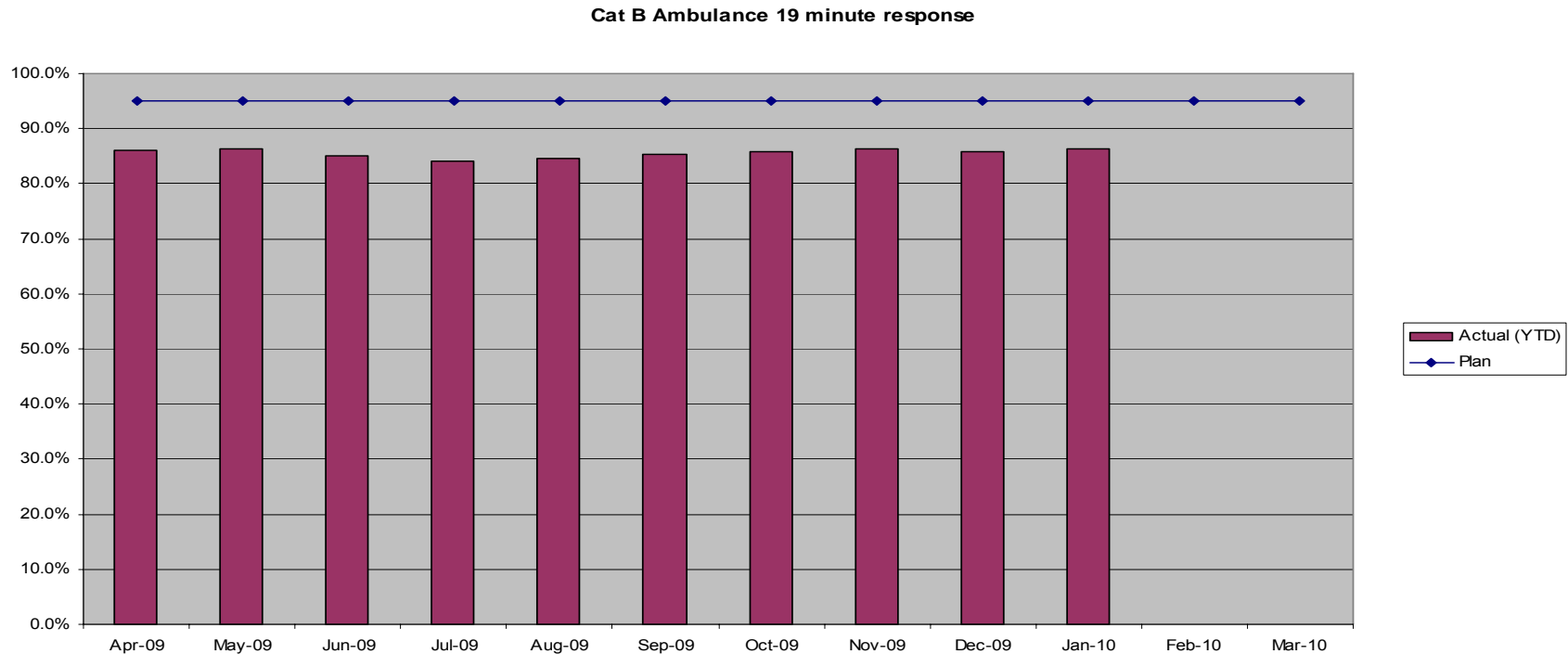
Access to Primary Care (Source: GP patient survey)



Some of the initiatives in place to improve Primary care access include:

- Improving GP Access Programme - An event was held for all practices to participate. Practices were shown the current GPPS score for Brent and shown the level of access satisfaction across NHS Brent. The event was very well attended and supported by LW LMC, LMC, PBC and PEC. The outcome of the event have been analysed and a modular approach to Improving Access is being Implemented across all NHS Brent practices in two phases. The first phase will comprise of practices that attended and were in support of the event and those that have since declared an interest in the programme.
- Community Engagement events - The community engagement team and the improving Access team have been working together to arrange PCT representation at community events across NHS Bent that will encourage the uptake of the GPPS and the Choice survey.
- Improving GP Access Steering Group set up which comprises of a Clinical Lead, PEC Co-chair, LMC representation, PBC Clinical Lead, Practice Managers and PCT Commissioners and the Programme Manager.

Ambulance Cat B 19 minute response rate



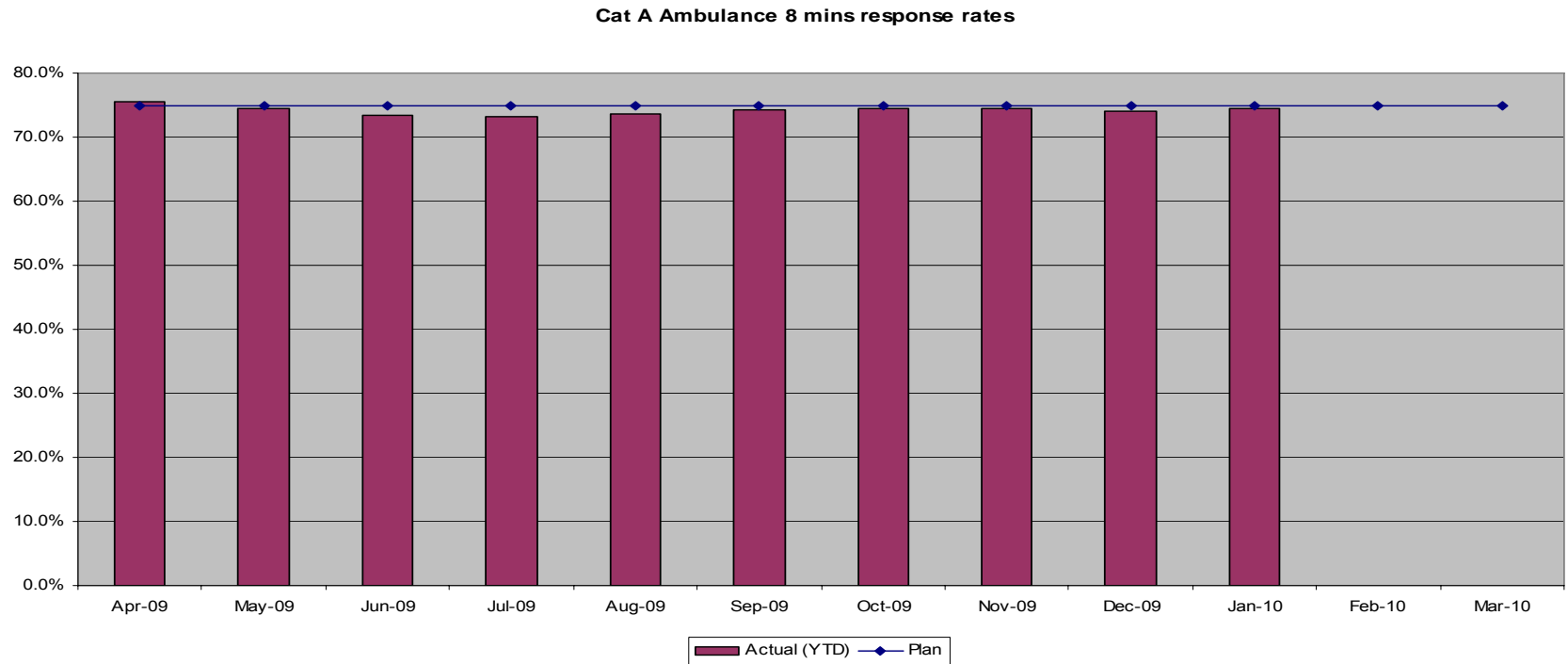
Reasons for underperformance:

- YTD Jan 10 performance is 86.3% against a target of 95%.
- Increased delays in turnaround at most hospitals in London.

Action taken:

- New NHS London Divert and escalation policy in place.
- Handover process improved at Northwick Park hospital but still significant capacity issues adversely impacting LAS at Northwick Park hospital.
- Police support vehicle for weekend in place to have a paramedic only to attend calls and avoid ambulance call outs.

Ambulance Cat A 8 minute response rate



Reasons for underperformance:

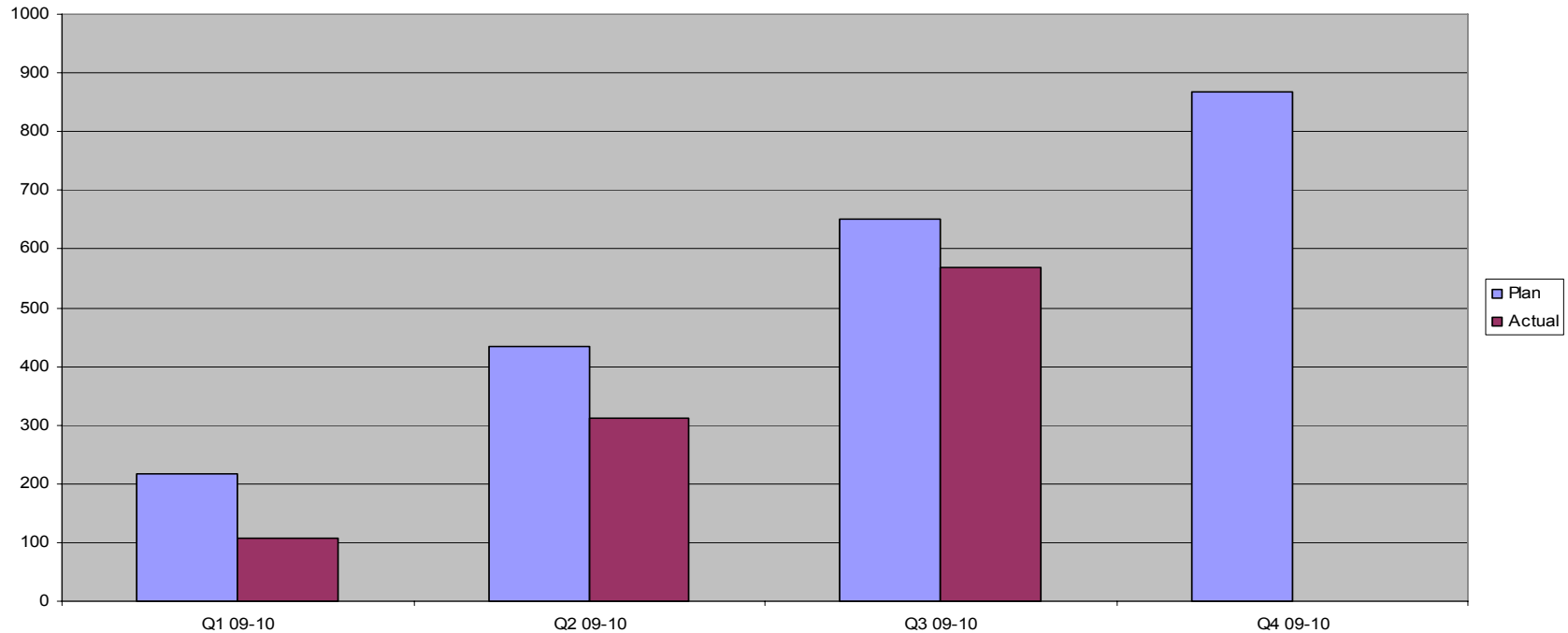
- YTD Jan 10 performance is 74.7% against a target of 75%.
- increase in call volumes

Action taken:

- A recovery plan has been implemented by LAS. This includes ensuring designing new rotas to match demand, maintaining car cover in Wembley area at all times, give priority to full manning in Brent.

Crisis Resolution Episodes- Cumulative

Crisis Resolution Episodes 2009-10



There are still concerns around access to the service and links with primary care and other community services. An implementation plan has been agreed and is being discussed with primary care clinicians and other stakeholders. Key stakeholders are involved in the development of these pathways. A risk log has been developed to include all risks which impact upon both NHS Brent and CNWL and this is being closely monitored. Ongoing communication across all target audiences in order to clarify the route into and through the services has been agreed and is being implemented. CNWL is working to include this and other local services and criteria and access information on their website. Discussions with the Provider in relation to additional resources in order to meet the target are on-going.

APPENDIX B

Appendix

National Priorities	Owner	Annual Plan	Reporting period	Plan	Actual/Current Status	FOT for March 10
No of C-Difficile infections (Brent registered patients)	PH	156	YTD Jan 10	130	67	
18 week wait -% of admitted patients should have been seen in 18 weeks	SC	90%	YTD Jan 10	90%	94.05%	
18 week wait -% of non-admitted patients should have their RTT clock stopped within 18 weeks	SC	95%	YTD Jan 10	95%	97.98%	
18 week wait- No of treatment functions failing to achieve 90% standard for admitted patients and 95% standard for non admitted patients (excl T&O)	SC	0	Q3 09-10	0	1	
18 week wait- No of T&O failures to achieve 90% standard for admitted patients and 95% standard for non admitted patients	SC	0	Q3 09-10	0	2	
% of direct access audiology pathways whose RTT clock stopped during the month who waited 18 weeks or less	SC	100%	YTD Jan 10	100%	100%	
18 week Data Quality- Admitted data completeness	SC	90-110%	Dec-09	80-120%	96%	
18 week Data Quality- Non Admitted data completeness	SC	90-100%	Dec-09	80-120%	101%	
Satisfaction with telephone access to GP practice (%)	PCCS	85%	Q1 and Q2 09-10	85%	61%	
Ability to see GP within 48 hours if wanted (%)	PCCS	85%	Q1 and Q2 09-10	85%	75%	
Ability to book GP consultation 3+ days ahead if wanted (%)	PCCS	75%	Q1 and Q2 09-10	75%	64%	
Ability to see a specific GP if wanted (%)	PCCS	86%	Q1 and Q2 09-10	86%	61%	
Satisfaction with GP practice opening times (%)	PCCS	81%	Q1 and Q2 09-10	81%	74%	
Average of five elements of access to primary care	PCCS	82%	Q1 and Q2 09-10	82%	67%	
Cancer waits- 31 day standard	SC	96%	YTD Jan 2010	96%	99.52%	
Cancer waits- 31 day drug standard	SC	98%	YTD Jan 2010	98%	100.00%	
Cancer waits- 31 day surgery standard	SC	94%	YTD Jan 2010	94%	98.97%	
Cancer waits- 31 day radiotherapy standard	SC	94%	Jan-10	94%	100.00%	
Cancer waits- 62 day standard	SC	85%	YTD Jan 2010	85%	85.05%	
Cancer waits- 62 day screening standard	SC	90%	YTD Jan 2010	90%	97.73%	
Cancer waits- 62 day consultant upgrade standard	SC	85%	YTD Jan 2010	85%	100.00%	

National Priorities	Owner	Annual Plan	Reporting period	Plan	Actual/Current Status	FOT for March 10
Cancer waits- 14 day standard	SC	93%	YTD Jan 2010	93%	93.39%	
Cancer waits- 14 day Breast Symptom standard	SC	93%	Jan-10	93%	94.38%	
% of people who spend at least 90% of their time on a stroke unit	SC	70%	YTD Q3 09-10	69%	56.7%	
% of people who have a TIA who are scanned and treated within 24 hours	SC	45%	YTD Q3 09-10	40%	43.2%	
All age all causes mortality per 100,000 of the population (males)	PH	589	2008	589	641	
All age all causes mortality per 100,000 of the population (females)	PH	387	2008	387	429	
CVD mortality rate (per 100,000 of population aged under 75 years)	PH	78	2006-08	78	84	
Cancer mortality rate (per 100,000 of population aged under 75 years)	PH	96	2006-08	96	105	
4 week smoking quitters with NHS services	PH	2022	YTD Dec 09	1300	651	
% of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy	SC	90%	Q1 and Q2 09-10	90%	63.1%	
Sexual health - Teenage conception rates	SC	30.8	Provisional 2008	30.8	39.5	
Percentage of children in Year R with height and weight recorded who are obese.	PCCS	10.9%	2008-09	10.9%	11.4%	
Percentage of children in Year 6 with height and weight recorded who are obese.	PCCS	22.1%	2008-09	22.1%	23.0%	
Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)	PCCS	87%	Q3 09-10	87%	87.1%	
Immunisation rate for children aged 2 who have been immunised for PCV - (PCV booster)	PCCS	77%	Q3 09-10	77%	76.7%	
Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC booster)	PCCS	88%	Q3 09-10	88%	80.70%	
Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)	PCCS	80%	Q3 09-10	80%	78.50%	
Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) (booster doses)	PCCS	80%	Q3 09-10	80%	62.20%	
Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR) (booster doses)	PCCS	80%	Q3 09-10	80%	59.00%	

National Priorities	Owner	Annual Plan	Reporting period	Plan	Actual/Current Status	FOT for March 10
Immunisation rate of 90% for human papilloma virus vaccine for girls aged around 12-13 years (All 3 doses administered from Sept 09)	PCCS	90%	Jan-09	90%	13.00%	
Immunisation rate for children aged 13 to 18 who have been immunised with a booster dose of tetanus, diphtheria and polio	PCCS	77%	Q3 09-10	77%	21.6%	
% of women aged 53-70 yrs screened for breast cancer	SC	70.0%	2008-09	70.0%	50.2%	
% of women aged 25-49 yrs who have received cervical screening in the last 3.5 yrs	SC	80.0%	2008-09	80.0%	61.4%	
% of women aged 50-64 yrs who have received cervical screening in the last 5 yrs	SC	80.0%	2008-09	80.0%	77.8%	
Prevalance: % of infants totally or partially breastfed at 6-8 weeks	SC	72.1%	Q3 09-10	71.2%	58.43%	
Coverage: The number of children with a breastfeeding status recorded as a percentage of all infants due for a 6-8 week check	SC	90.0%	Q3 09-10	89.1%	78.1%	
Has a full range of CAMH services for children and young people with learning disabilities been commissioned for the council area?	SC	4	Q3 09-10	4	4	
Do 16 and 17 year olds from the council area who require mental health services have access to services and accommodation appropriate to their age and level of maturity?	SC	4	Q3 09-10	4	4	
Are arrangements in place for the council area to ensure that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day	SC	4	Q3 09-10	4	4	
Is a full range of early intervention support services delivered in universal settings and through targeted services for children experiencing mental health problems commissioned by the Local Authority and PCT in partnership' (Indicator in Development)	SC	3	Q3 09-10	3	3	
Percentage of the population aged 15 - 24 screened or tested for chlamydia	SC	25%	YTD Q3 09-10	18.29%	15.18%	
No of drug users using crack and/or opiates recorded as being in structured drug treatment in a financial year who were discharged from treatment after 12 weeks or more, or who were discharged from treatment in a care plan	SC	1110	Q2 09-10	1055	930	
Patient experience score (PCT survey of primary care services)	PCCS	74	2009-10	74	Annual survey- results not available yet	
Number of patients receiving NHS primary dental services located within the PCT area within a 24 month period	PCCS	166,617	Q3 09-10	161,910	159,620	
National NHS staff survey: Job Satisfaction	ODHR	3.43	2009-10	3.43	Annual survey- results not available yet	

Existing Commitments	Owner	Annual Plan	Reporting period	Plan	Actual/Current Status	FOT for March 10
98% of A&E waits in 4 hours	SC	98%	YTD WE 21st Feb 10	98%	98.17%	
Outpatient waits 13 week breaches	SC	0	YTD Jan 10	0	0	
Inpatient waits 26 week breaches	SC	0	YTD Jan 10	0	1	
No of patients waiting more than 3 months for Cardiac revascularisation	SC	0	YTD Jan 10	0	0	
Sexual health - % of patients accessing GUM clinic within 48 hours	SC	100%	YTD Jan 10	100%	99.82%	
Delayed transfers of Care (acute and non acute) per 100,000 people aged 18 yrs+	SC	13	Average Q1-Q3 09-10	13	11.30	
Category A Ambulance response within 19 mins	SC	95%	YTD Jan 10	95%	98.6%	
Category A Ambulance response within 8 mins	SC	75%	YTD Jan 10	75%	74.7%	
Category B Ambulance response within 19 mins	SC	95%	YTD Jan 10	95%	86.3%	
% offered diabetic retinopathy screening	PDE	95%	Q3 09-10	95%	97.4%	
Number of new cases for early intervention of psychosis	SC	65	YTD Q3 09-10	49	56	
Number of Crisis resolution episodes	SC	869	YTD Q3 09-10	652	569	
Data quality on Ethnic Group	SC	85%	YTD Jan 10	85%	86.2%	
Other Corporate Objectives (not included in above)						
New cases of MRSA (performance at 'hosted' Trust)	PH	26	YTD Jan 10	22	13	
% of TB cases whose treatment was completed	PH	83%	Year ending 30th Sept 09	83%	87%	
% of newly diagnosed HIV infected patients with <200 cells per mm3	PH	20%	2008	27%	Data not available yet	
% of Adults and older people receiving direct payments and/or individual budgets	SC	10%	Q3 09-10	10%	12.9%	
Percentage of Carers receiving a 'carer's break' or a specific carer's service	SC	24.6%	Q3 09-10	18.45%	17.76%	
% of diabetic patients with HbA1c of 7 or less (DM 23)	PCCS	65%	Jan-10	65%	38.7%	
% of deaths occurring at home or hospice	SC	17%	2009	17%	19.3%	
% of patients in mixed sex accommodation	SC	10%	2009-10	10%	Data not available yet	

Key:

SC - Director of Strategic Commissioning

PCCS- Director of Primary Care and Community Commissioning

PH- Director of Public Health

BCS- Brent Community Services

ODHR- Director of Organisation Development and Human Resources

Data Quality Dashboard- Acute Services

Indicator	Area	2008-09 Performance	2009-10 Target	2009-10 YTD Performance	Action Plan/Context/ Comments
Access to maternity services	Key Performance Indicator	Level 1 5%	CQC data quality indicator- Level 1- The data return represents actual numbers of women from across the whole PCT. The no of maternities should also be within the tolerance (not greater than 20% and not less than 10%) of National Statistics (ONS) reported number of live births for the last 5 years	Level 1 18.10%	
Breast feeding initiation	Mandatory return to DoH	97.80%	No of women breastfeeding and not breastfeeding should be greater than 95% of no of maternities	97.30%	
Smoking at time of delivery	Mandatory return to DoH	98.50%	No of women smoking and not smoking should be greater than 95% of no of maternities	97.60%	
Data quality on ethnic group - Inpatient commissioner data	Key Performance Indicator	86.60%	85% of Finished Consultant Episodes (FCEs) for the trust on Hospital Episode Statistics (HES) data with valid 2001 census coding for ethnic category (excluding 'not stated' and 'not known').	86.2%	
NHS Number completeness	Information Governance Toolkit	86.10%	95% (Level 3 attainment requires 95% completeness. Level 4 requires 100%)	87.80%	Inpatients: NWL – 85.6% RFH – 98.1% Imperial (St Marys): 89.5% Outpatients: NWL – 81.1% RFH – 98.2% Imperial (St Marys): 96.1%
Data quality in 18 weeks (Comissioner)	Key Performance Indicator	Admitted - 96.7% Non admitted - 97.8%	Data completeness- ready reckoner of no of clock stops submitted as a % of no of clock stops expected. Should be between 90-110%	Admitted - 96% Non admitted - 101%	
% of treatment function codes valid	SUS Inpatient data quality	100%	National performance = 99.9%	100%	

SECTION 3 – DATA QUALITY

Data Quality

- Data quality is being addressed for many of the indicators in their Performance Improvement Plans.
- Below is a summary of actions proposed in their Performance Improvement Plans

Indicator	2008-09 assessment	Action proposed in PIP
Stroke care	Low	Information team to highlight to commissioning team which providers are not submitting data as part of the vital signs monitoring return
Access to maternity services	Low	Information team to highlight to commissioning team which providers are not submitting data as part of the vital signs monitoring return
Breastfeeding 6-8 weeks	Low	Engage GP practices to sign up to LES, training for practice managers on extracting data from GP systems
Chlamydia screening	Low	Ask providers for verified data, work with them to ensure a comprehensive dataset is captured
Crisis Resolution services	Low	Review the current data process, deliver suggested changes and recommendations, Analyse data reporting and capturing techniques to enable clarity of reporting
Immunisations	Low	Form a team to clean immunisation database, incentivise GPs to send immunisation data to the PCT to an agreed schedule
Smoking quitters	Low	The service is out to procurement on an information system to improve processes and reporting. In particular providers will be able to enter data directly and the service will be able to report on quitters sooner
Breast cancer screening	Low	Ensure data is received on a timely basis from 21 building, analysis carried out at Practice level

Data Quality Dashboard- Acute Services (2)

Indicator	Area	2008-09 Performance	2009-10 Target	2009-10 YTD Performance	Action Plan/Context/ Comments
% of Main specialty codes valid	SUS Inpatient data quality	100%	National performance = 100%	100.0%	
% of Reg GP practice codes valid	SUS Inpatient data quality	99.8%	National performance = 99.8%	99.8%	
% of Postcodes valid	SUS Inpatient data quality	99.3%	National performance = 99.8%	99.9%	
% of PCT of residence codes valid	SUS Inpatient data quality	99.0%	National performance = 95.5%	99.5%	
% of Commissioner codes valid	SUS Inpatient data quality	100.0%	National performance = 99.7%	100.0%	
% of Primary Diagnosis codes valid	SUS Inpatient data quality	99.6%	National performance = 98.5%	99.2%	
% of Primary Procedure codes valid	SUS Inpatient data quality	99.9%	National performance = 99.9%	99.8%	
% of Operation status codes valid	SUS Inpatient data quality	97.3%	National performance = 95.7%	98.8%	
% of Neonatal level of care codes valid	SUS Inpatient data quality	99.6%	National performance = 93.9%	98.7%	
% of site treatment codes valid	SUS Inpatient data quality	79.5%	National performance = 80.7%	88.8%	
% of HRG4 codes valid	SUS Inpatient data quality	New for 2009-10	National performance = 98.1%	99.0%	
% of NHS numbers valid	SUS Outpatient data quality	89.8%	National performance = 98.1%	88.0%	
% of Treatment function codes valid	SUS Outpatient data quality	100.0%	National performance = 99.6%	100.0%	

Data Quality Dashboard- Acute Services (3)

Indicator	Area	2008-09 Performance	2009-10 Target	2009-10 YTD Performance	Action Plan/Context/ Comments
% of Main specialty codes valid	SUS Outpatient data quality	99.8%	National performance = 99.7%	99.8%	
% of Reg GP practice codes valid	SUS Outpatient data quality	99.9%	National performance = 99.8%	100%	
% of Postcodes valid	SUS Outpatient data quality	99.9%	National performance = 99.8%	99.9%	
% of PCT of residence codes valid	SUS Outpatient data quality	99.7%	National performance = 99.7%	96.6%	
% of Commissioner codes valid	SUS Outpatient data quality	100.0%	National performance = 99.6%	100.0%	
% of First attendance codes valid	SUS Outpatient data quality	100.0%	National performance = 99.6%	99.9%	
% of Attendance indicator codes valid	SUS Outpatient data quality	99.8%	National performance = 99.6%	99.7%	
% of Referral source codes	SUS Outpatient data quality	95.9%	National performance = 96.4%	97.7%	
% of Referral referral received dates valid	SUS Outpatient data quality	94.1%	National performance = 92.6%	95.4%	
% of Attendance outcome codes valid	SUS Outpatient data quality	97.7%	National performance = 97.7%	99.2%	
% of Priority type codes valid	SUS Outpatient data quality	98.0%	National performance = 94.8%	98.4%	
% of OP primary procedure codes valid	SUS Outpatient data quality	97.7%	National performance = 99.8%	100%	
% of Operation status codes valid	SUS Outpatient data quality	88.7%	National performance = 76.9%	87.0%	

Data Quality Dashboard- Acute Services (4)

Indicator	Area	2008-09 Performance	2009-10 Target	2009-10 YTD Performance	Action Plan/Context/ Comments
% of Site treatment codes valid	SUS Outpatient data quality	81.7%	National performance = 88.2%	88.1%	
% of HRG4 codes valid	SUS Outpatient data quality	New for 2009-10	National performance = 97.8%	98.7%	
% of NHS number valid	SUS A&E data quality	70.30%	National performance = 88.8%	70.8%	
% of Reg GP practice codes valid	SUS A&E data quality	99.80%	National performance = 99.5%	99.9%	
% of Postcodes valid	SUS A&E data quality	99.90%	National performance = 98.5%	99.8%	
% of PCT of residence codes valid	SUS A&E data quality	97.80%	National performance = 97.2%	98.6%	
% of Commissioner codes valid	SUS A&E data quality	100.00%	National performance = 99.9%	100.0%	
% of Attendance disposal codes valid	SUS A&E data quality	99.90%	National performance = 99.3%	99.9%	
% of Patient group codes valid	SUS A&E data quality	99.80%	National performance = 95.2%	99.4%	
% of First investigation codes valid	SUS A&E data quality	79.40%	National performance = 75.0%	87.5%	
% of First treatment codes valid	SUS A&E data quality	70.1%	National performance = 53.1%	70.9%	
% of Conclusion times valid	SUS A&E data quality	97.4%	National performance = 93.1%	98.2%	
% of Departure times valid	SUS A&E data quality	99.8%	National performance = 99.7%	100.0%	

Data Quality Dashboard- Primary Care

Indicator	Area	2008-09 Performance	2009-10 Target	2009-10 YTD Performance	Action Plan/Context/ Comments
Breastfeeding 6-8 weeks- Infants due for a 6-8 wk check (denominator)	Key Performance Indicator	16.86%	Infants due for a 6- 8 wk check should be within the tolerance (not greater than 20% and not less than 10%) of National Statistics (ONS) reported number of live births for the last 5 years, and within the tolerance (20%) set as compared against the number of maternities submitted for breastfeeding initiation and smoking at delivery.	15.6%	
Breastfeeding 6-8 weeks- Data completeness	Key Performance Indicator	57.30%	Number of infants "totally" breastfed + Number of infants "partially" breastfed + Number of infants "not at all" breastfed should be greater than or equal to 90% of no of infants due for a 6-8 wk check	78.1%	Engage GP practices to sign up to the Health of the Population LES and ensure training is given to GPs for extraction of data from their systems (Only 43/70 Practices have signed up to this LES)
Immunisations	Key Performance Indicator	Unknown	95% of records of children aged under 5 cleansed	93%	An accurate and up to date database of children under 5 years old is in progress. This requires identifying their status (registered with a Brent GP, resident in Brent but not registered with a GP) using various sources of data.
Recording of obesity in primary care	Mandatory return to DoH	32.90%	Number of patients aged 16 and over on GP register with BMI recorded in the last 15 months >= 56% of total number of patients aged 16 and over on GP register	25.9%	Engage GP practices to sign up to the Health of the Population LES and ensure training is given to GPs for extraction of data from their systems (Only 46/70 Practices have signed up to this LES)
Recording of smoking status in primary care	Mandatory return to DoH	59.80%	Number of patients aged 16 and over on GP register with smoking status recorded in the last 15 months >= 70% of total number of patients aged 16 and over on GP register	46.7%	Engage GP practices to sign up to the Health of the Population LES and ensure training is given to GPs for extraction of data from their systems (Only 46/70 Practices have signed up to this LES)

Data Quality Dashboard- Primary Care and Brent Community Services

Primary Care					
Indicator	Area	2008-09 Performance	2009-10 Target	2009-10 YTD Performance	Action Plan/Context/ Comments
List size validation	PCT priority	-	Adjusted ONS population estimate = 281,409 Oct 2009 List size = 361,162	128.3%	ONS 2006 based population projection for 2009 (273,900) is adjusted for net in/outflows to Brent GP list size
Community Services					
Indicator	Area	2008-09 Performance	2009-10 Target	2009-10 YTD Performance	Action Plan/Context/ Comments
Data quality in 18 weeks (Brent provider services)	Key Performance Indicator	Non admitted- 311%	Data completeness- ready reckoner of no of clock stops submitted as a % of no of clock stops expected. Should be between 80-120%	Non admitted- 86.8%	
Diabetic Retinopathy	Key Performance Indicator	8.31%	CQC data quality measurement: 1. Total number of people with diabetes in the past 12 months must be > = (more than or equal to) Number of people offered diabetic retinopathy screening in the past 12 months. 2. Number of exclusions in the past 12 months must be > (more than) 0 (Zero). 3. Number of exclusions from diabetic retinopathy screening must be < = (less than or equal to) 15%.	8.22%	

Data Quality Dashboard- Mental Health

Indicator	Area	2008-09 Performance	2009-10 Target	2009-10 YTD Performance	Action Plan/Context/ Comments
Data quality on ethnic group- Mental Health MDS	Key Performance Indicator	99.26%	85% of care spells for inpatients (bed days greater than 0) recorded by the trust on Mental Health Minimum Data Set (MHMDS) with valid 2001 census coding for ethnic category (excluding 'not stated' and 'not known').	TBC	
% of Brent patients with valid NHS Number	CNWL data quality across all services	100%	100%	98%	
% of Brent patients with valid Date Of Birth	CNWL data quality across all services	100%	100%	100%	
% of Brent patients with Gender	CNWL data quality across all services	100%	100%	100%	
% of Brent patients with valid Ethnic Codes	CNWL data quality across all services	99%	100%	100%	
% of Brent patients with Marital Status	CNWL data quality across all services	99%	100%	99%	
% of Brent patients with GP Code	CNWL data quality across all services	89%	100%	99%	GP Coding will be improved over the coming months.
% of Brent patients with Accommodation Status	CNWL data quality across all services	65%	100%	99%	The lower rates for accommodation and employment status are in the main due to the community teams focusing their efforts on full data for CPA cases. Attention will now also be given to non-CPA to capture this.
% of Brent patients with Employment Status	CNWL data quality across all services	85%	100%	98%	As above.
% of Brent patients with valid diagnosis codes	CNWL Inpatients	94%	100%	94%	
% of Brent patients with valid diagnosis codes	CNWL Community	90%	100%	95%	

SECTION 4 – CSP INITIATIVES & OD PLAN IMPLEMENTATION

PART 4:- CSP INITIATIVES AND OD PLAN

Reporting period 9 January 2009 – 8 February 2010

Board	ID	Project	SRO	Lead Mgr	Project Status	Budget	Milestones/ Schedule	Risks and Issues	Comments
CSP1 Improve Primary Care Services									
	17	* Urgent Care Centre	TS	Ailsa McGregor					WLHT are now engaging with NHS Brent on the UCC requirements, lease agreement, rental costs, pfi sla's and scoping. However most of the set out on the information required schedule remains outstanding from NWLHT. They have advised that they are collating the information and will provide as soon as it is available. They have provided their business case / financial backup to support their request for transitional relief for NHS Brent to consider and this is being considered by TS. The UCC PQQ and MOI drafts v7 need to be revised to incorporate the OOH requirements and STARRS requirements for space within the UCC once the clinical specification has been agreed with the clinicians. The contract mark-up draft 4 is available and needs the schedules to be added once the information is available from NWLHT.
	49	* Primary Care Strategy	JO	Sarah Curtis					
CSP2 Improve Childhood Immunisations									
	25	Immunisation Programme	JO	Tony Menzies					Data cleansing improvement has stalled at 93%. Improvements in COVER data continue into Q4, although at a much lower rate. Pre-school boosters are still significantly below target. The accelerated HPV delivery will not be achieved by March, as initially planned. HPV budget underspend forecast to be in excess of £180k. Risks: Handover of data cleansing and continued development of GP payments to business as usual.
CSP3 Improve Vascular Health									
	82	* Improve Vascular Health	JO	Tessa Sandall					Project handed over from Public Health in Dec. Business case requires review and will go to March Board. Maintaining aspiration to commence project in July. Management resource needs to be identified to support the implementation of the project.
CSP4 Reduce Premature Mortality from Cancer									
	65	Breast Screening	TS	Mary Cleary					NHSL Breast Screening Template draft completed. LES agreed by Brent LMC, preparations for go live end of Feb/1st week March commenced. Business case to be brought to EMT for resource agreement.
CSP5 Improve Intermediate Care									
	31	* Intermediate Care	TS	Javina Sehgal					The project is ready to advertise to the open market under an invitation to negotiate process, expect 1 week lead in phase for advert release via HSJ, supply2health and PCT website. All tender documentation is awaiting executive sign off and formal decision to go to advert. The NHS 2010/11 community contract is being drafted. HR Workstream under development to define TUPE requirements. The two current providers (NWLHT and BCS) have expressed an interest to partner up and enter negotiations as a method of avoiding an open tender process. No executive decision made yet. Risk around accommodation at CMH reduced. Budget amber as Legal requirements for contract sign off not yet agreed.
	61	* Nursing Staff Levels at Willesden	JO	Dawn Chamberlain					Project complete. EPR to be completed
	66	* District Nursing	JO						
CSP6 Improve Mental Health & Wellbeing									
	97	* IAPT	TS	Nick Pahl					Service spec has been developed significantly and discussion is now occurring with CNWL as a NHS preferred provider with a subcontract procurement to a voluntary sector provider for step 2. Discussion as to procurement options has occurred with the IAPT board. Notice to existing providers is planned with the aim of a summer 2010 start. There is a need to develop clarity as to the budget that CNWL can bring to the service. The project is amber for budget, because the budget that can be used for commissioning has not yet been finalized
	96	* Crisis resolution home treatment team	TS	Sarah Nyandoro					The CRHT project is complete in relation to the development of more robust specifications. Discussions around improving the productivity and capacity of the Teams as well as required levels of funding to meet the target of 869 episodes per year are continuing between NHS Brent and CNWL. As care pathways are being redefined and redesigned, access to the service is beginning to improve but links with primary care and other mental health services is still a concern. The ongoing discussions around funding and capacity have yet to be agreed between the PCT and CNWL. The budget is amber because the Provider (CNWL) have requested additional investment as part of these discussions and to date this has not been agreed.
CSP7 Improve Maternity Services									
	85	* Strengthen Brent & Harrow MSLC	TS	Annie Roy					This project has now completed. The initial funding request to the investment panel has now been incorporated into the Head of Strategic commissioning for women, children's and families budget. The revitalised MSLC has now had a training day together and their first meeting with service user input and have refreshed their terms of reference and developed a work plan for 2010/11.
CSP8 Give children and young people the best chance in life									
	88	Improving Breastfeeding initiation and prevalence	TS	Melanie O'Brien					The priority for this project has been to improve the quality and quantity of data collected from the practices regarding the 6-8 week check. Coverage has increased from 50% in Qtr 3 in 08/09 to 79% in Qtr 3 09/10 but needs to achieve 90% by Qtr 4. We have increased sign up to the LES to 75% and are receiving breastfeeding data from 90% of practices, however there are still data quality issues. For qtr 3 955 babies had their status recorded from a possible 1210 due a check. We need status recorded by GPs for 1089 babies to reach 90% coverage and continue to work with GPs to try and achieve this. Since December EMT we have been liaising more closely with PCC and the Imms extract team as well as sending out to all practices a named baby spreadsheet to make returning the data more simplistic and accurate. This was sent with detailed guidelines to assist completion. The Acute infant feeding co-ordinator post is now being advertised. We are now completing initial registration with UNICEF for BFI accreditation. This needs high level signatures and is with the DPH currently.
CSP9 Support Healthy Behaviours									
	-	* Support Healthy Behaviours	JC						

PART 4:- CSP INITIATIVES AND OD PLAN

OD1.2 Employment Proposition										
92	*	Employment proposition	CA	Gemma Davies						Change control accepted.
OD1.3 Learning and Development										
86	*	Learning and Development	CA	Jennie Elsmore						
OD1.4 Teamwork and integration										
n/a	*	Phase 1 - Office Move	CA	Roger Thomas						Moves continuing, primarily to provide the Stop Smoking Team with more appropriate office accommodation, and move the DAT team
OD2 Autonomous Provider Organisation										
n/a	*	Provider Separation	ME							
OD3.1 Information and Analytics										
n/a	*	Information and Analytics	JW							
OD 4.0 Improve partnership working										
OD 4.1 Better clinical engagement										
-	*	Review priority action groups	JO							
-	*	PBC Development	JO							
OD 4.2 Coordinated Commissioning										
-	*	Actively participate in governance arrangements to ensure benefits of partnerships are realised	ME							
-	*	Ensure clear lines of communications and influences between NWLCP, NUS-B and NWLH	ME							
-	*	Ensure transition arrangements support active contract management NULHT	ME							
OD 4.3 Joint commissioning										
-	*	Review governance arrangements for partnership commissioners	TS							
-	*	Review care groups and agree future direction and plans	TS							
OD4.4 Public engagement										
95	*	Building 3rd sector capacity	TS	Thirza Sawtell						
99	*	Internet & Intranet Development	TS	Thirza Sawtell						
OP1.1 18 week wait										
81		Provider Services 18 wk Referral to Treatment	JO	Jenny Worthington						Project complete. EPR submitted at January SEMT
OP1.13 Smoking										
26		Stop Smoking	JC	Susan Hearn/Ogo Okoye						Quit rate Apr-Oct is 59% of plan, service registrations to December are 51% of plan, however it is expected that registration rates will rise as the final quarter is always significantly higher than other quarters.
OP1.2 HCAI										
50		Implement COI	JC	Lynn Leaver						The new Infection Control Service to independent dentists and care homes has now been established. A phased introduction of MRSA screening within care homes is now underway, and a baseline MRSA prevalence rate for Brent nursing homes will be available within 3 months. The DH National Decontamination Survey is also underway, and baseline data from 8 randomly chosen practices regarding instrument sterilisation will be available from April 10. Training events for independent dental practice staff are being booked for March 2010. The Infection Control Link Practitioner programme has also been launched within BCS in order to embed IC within all clinical services and maintain compliance with the Code of Practice and therefore CQC registration requirements. Mock CQC inspections have also been carried out in all BCS bedded areas and action plans generated.
OP1.20 Chlamydia screening										
78		Chlamydia screening	JO	James Lorigan						Unlikely to achieve the target but likely to come within the tolerances for an amber. 1k screens has been commissioned from an outreach organisation. Anecdotally from GPs, there is the potential for a small drop off in screens from GPs as focus shifts to QoF points.
OP1.25 Primary dental access										
30		Reduce Waiting list for periodontics and endodontics	JO	Winnie Hamilton						Project complete. EPR to be submitted
OP1.3 Primary care access										
45		Choose and Book	JO	Sharon Hanley						CAB LES still outstanding, awaiting approval from the LMC. CAB utilisation has improved to 27%. Requests for training are being received from practices after a mail out offering training. The GP Access team has CAB experience within it and this will be utilised to respond to training requests. Utilisation is expected to increase over the next month. 18 of the 71 GP Practices are still to make regular Choose and Book referrals.
Other										
71		Phlebotomy	JO	Sarah McIntyre						Pre-booked appointment Fasting Appointment Tuesday morning clinic (8am -10.30am) at Willesden Centre H&C went live on 19/1/2010.
84		Tissue Viability Nurse	JO	Dawn Chamberlain						3/12 review report submitted March 2010
89		Kilburn Cluster MSK Pilot	JO	Gill Kelly						

Not active
 No update received



PART 4:- DEFINITIONS

Project Status	<p>Green: Project considered to be on time, on budget, and forecast to deliver the benefits with current risks being managed effectively within the project structure.</p> <p>Amber: Projects considered to be at moderate risk of late delivery, of overspending or of not achieving all of the benefits. It is likely that issues can be managed by the project manager within the overall tolerances of the project.</p> <p>Red: Project considered being at significant risk of late delivery, of overspending or of not delivering defined benefits. Project manager is required to escalate issues to the project board.</p>
Budget	<p>Green: The project is forecast to stay within budget or underspend by no more than 10%. Resources are in place to deliver planned activities, either internally or externally. Necessary skills are available to deliver on required outcomes.</p> <p>Amber: The project is forecast to overspend by more than 2.5% but less than 5% or underspend by between 10 - 25% and there are some issues regarding either capacity or skills to deliver the defined outcomes. Action required, issues have/ need to be escalated to the project board</p> <p>Red: The project is forecast to overspend by more than 5% or underspend by more than 25% and/ or there are issues with capacity or skills to deliver the required outcomes that cannot be resolved by the project manager. Immediate action required issues have/ need to be escalated to the project board.</p>
Milestones/ Schedule	<p>Green: All tasks are on schedule, and milestones are being met.</p> <p>Amber: Some tasks are not being met, or outputs are not being delivered on time, but these are likely to be able to be managed by the project manager within the overall timescales for the project. Milestones may need to be adjusted.</p> <p>Red: Tasks are not being delivered and outputs are not being met, which will impact on the overall timescales for the project will need to be escalated to the project board</p>
Risks & Issues	<p>Green: Risks and issues being effectively managed. No major project level issues occurring.</p> <p>Amber: Some controls in place to manage risks but could be improved. Issues have arisen, but have been dealt with by the project manager.</p> <p>Red: Risks exist that require urgent action to manage/correct and/ or issues have occurred that need to be/ have been escalated to the project board.</p>

SECTION 5 – BENCHMARKING

BENCHMARKING - INTRODUCTION

Efficiency and performance benchmarking information will be included in the regular monthly pack where new information is available.

This started at Month 6 with updates from the World Class Commissioning pack and the Better Care, Better Value comparatives on the NHS Institute website available on <http://www.productivity.nhs.uk/>.

At Month 7 the recent 2008/09 Programme Budgeting exercise and the Annual Health Check were covered.

At Month 8 we used 2008-09 QoF data to give disease prevalence rates In Brent GP practices have been shown against the PCT, London and National prevalence rates.

At Month 9 we looked at July – September 2009 Prescribing information.

At Month 10 we reviewed conversion rates. Conversion rates are the number of elective inpatient admissions generated by each GP referred first outpatient attendance. A figure of 100% would mean that all referrals resulted in an admission and 10% would mean that 1 in 10 resulted in an admission.

This month we are reviewing Programme Budgeting.

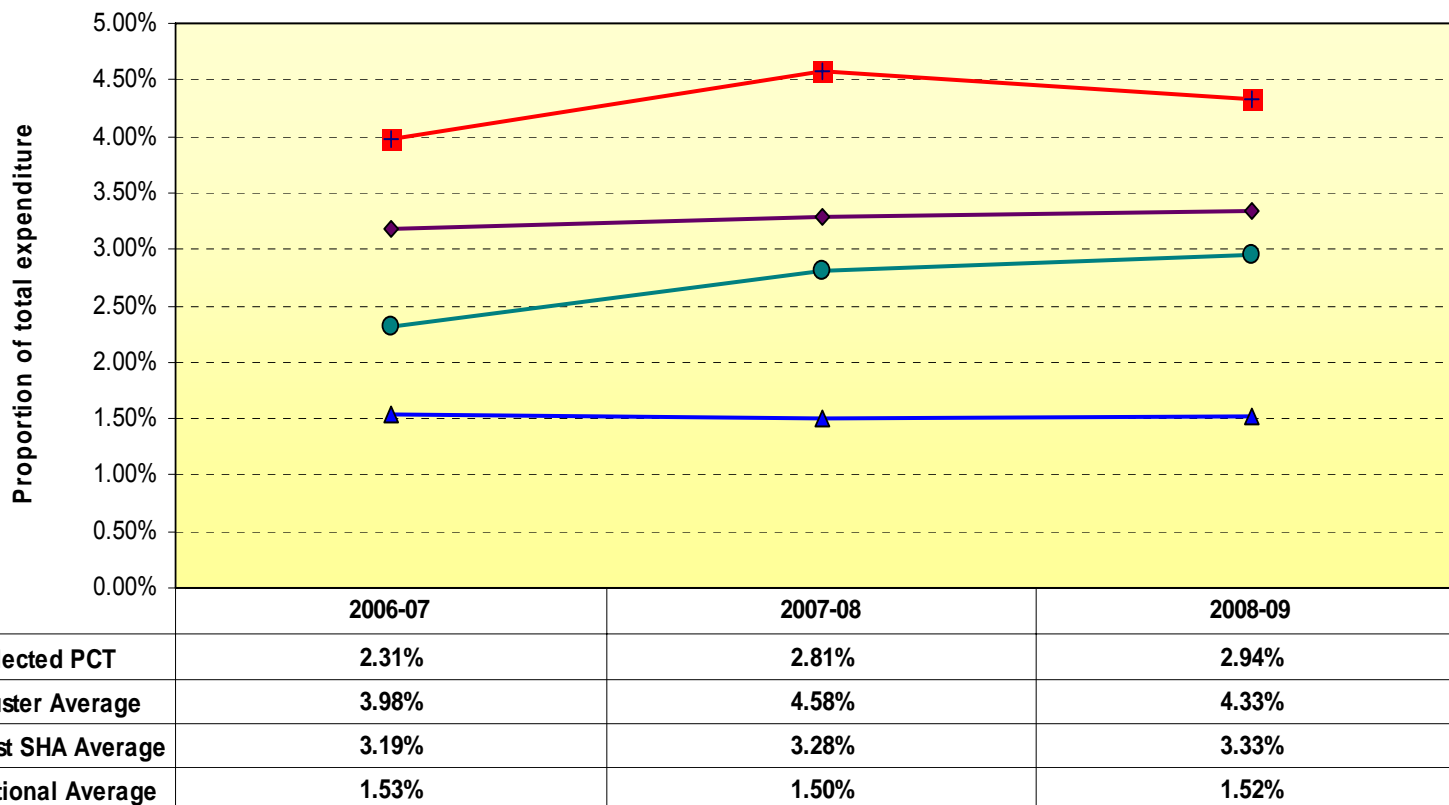
Programme Budgeting

Programme Budgeting is a retrospective appraisal of resource allocation broken down into 'programmes with a view to influencing and tracking future expenditure in those same programmes.

The following slides show :

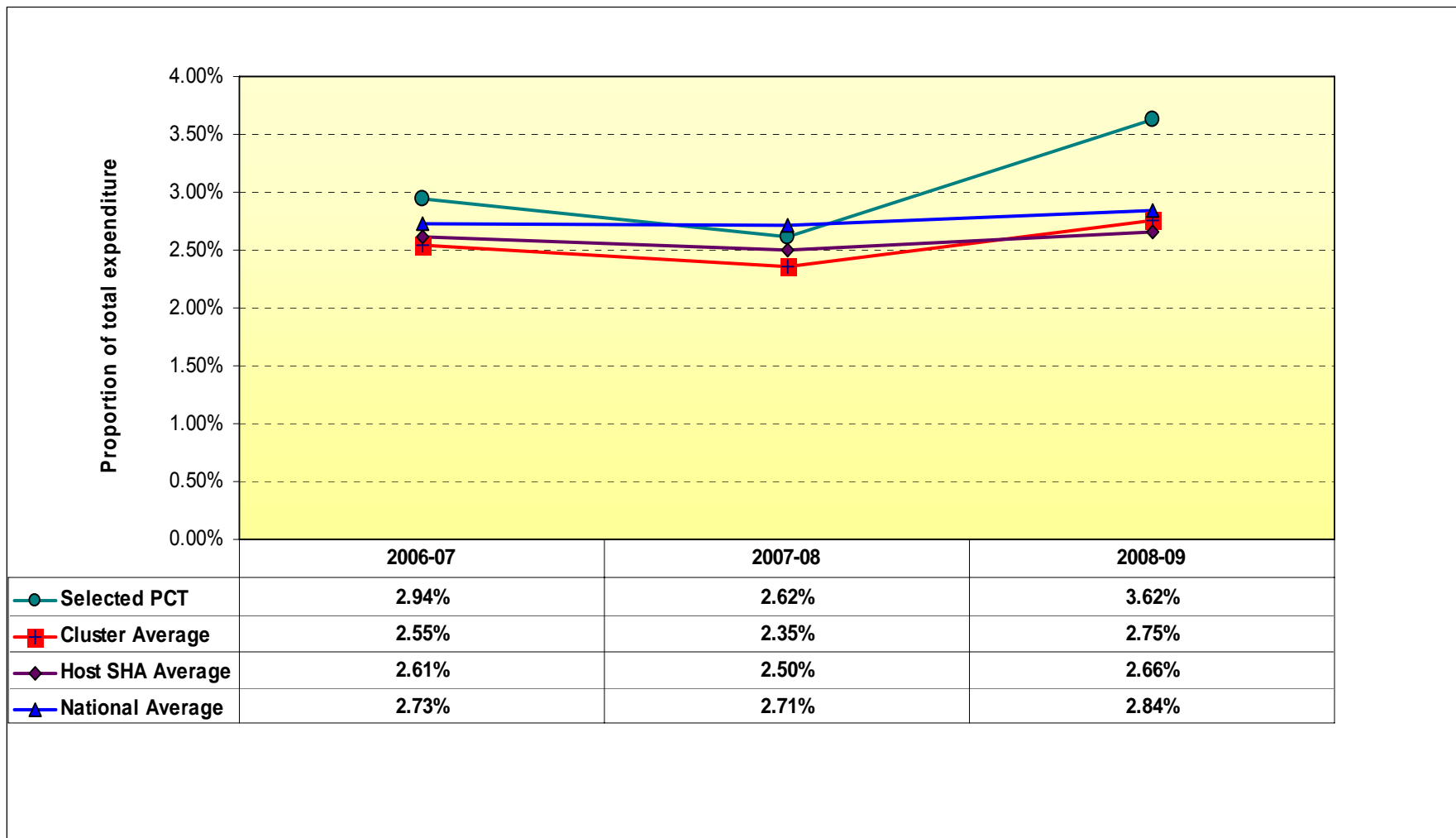
- Brent PCT time series chart showing the proportion of Total Spend compared to Cluster, SHA and National Averages. Charts are available for each of the categories, attached are some examples (Slides 106-128).
- Brent PCT column chart showing the expenditure variance per population from cluster average for main programmes (Slide 129).
- Chart from a Spend and Outcome Factsheet which analyses information from Programme budgeting and outcome measures. (Slide 131)

Brent PCT Time series line chart showing proportion of total spend for Infectious diseases compared to cluster, SHA and national averages



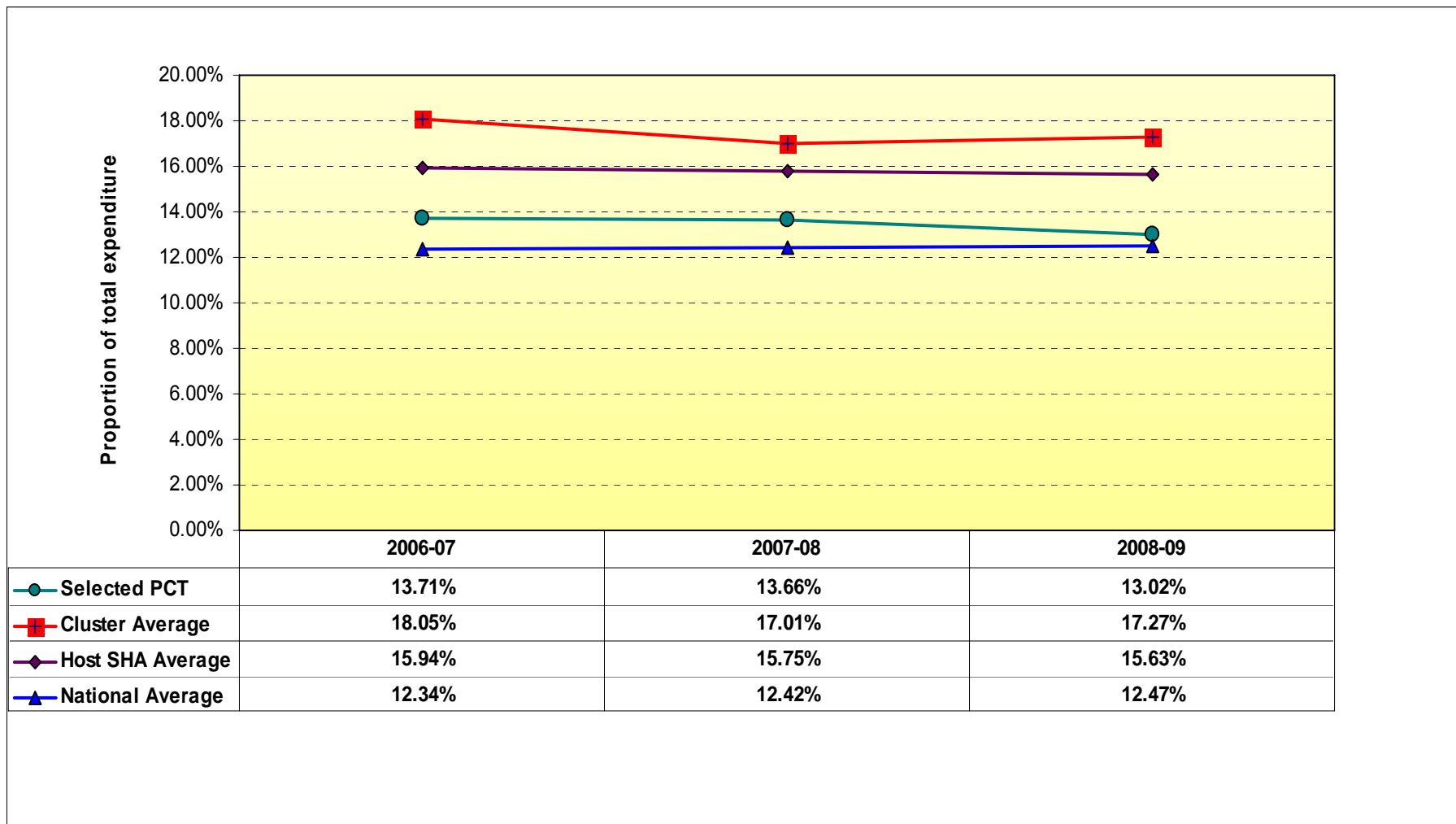
Brent PCT total spend % for Infectious diseases has increased from 06/07 to 08/09, however it is lower than Cluster Average spend but higher than National Average.

Brent PCT Time series line chart showing proportion of total spend for Endocrine, Nutritional and Metabolic Problems compared to cluster, SHA and national averages



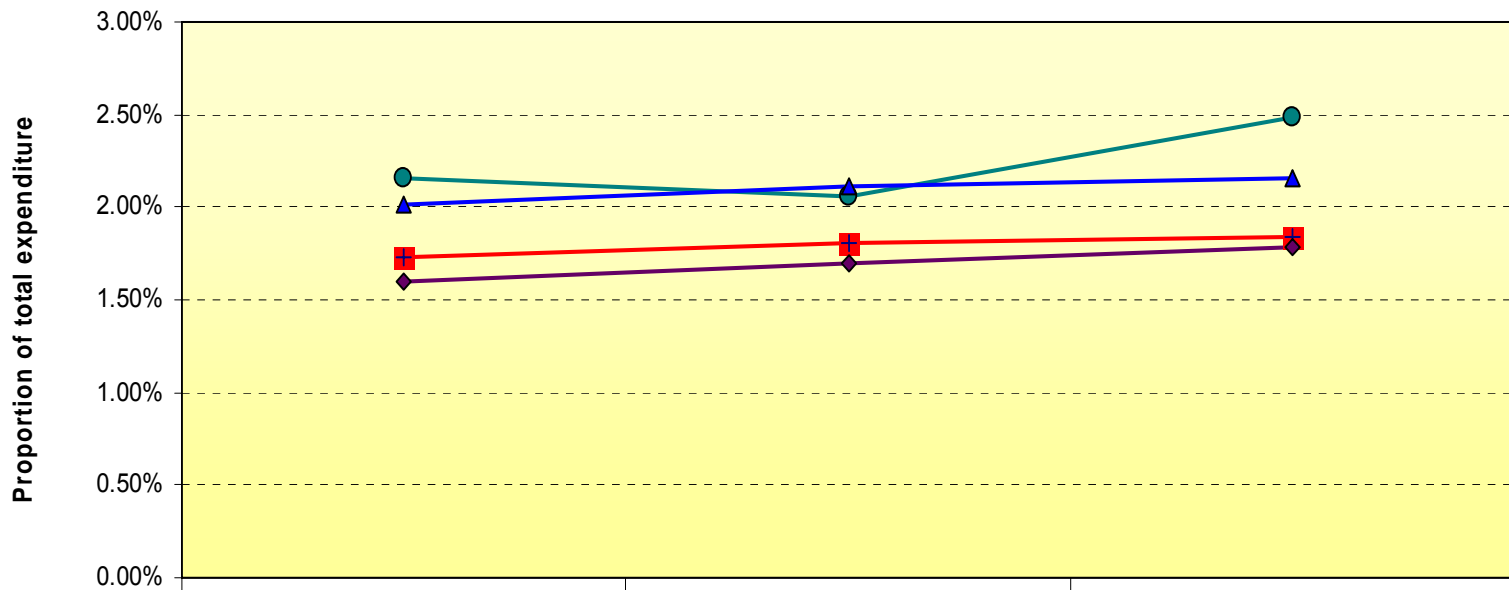
Brent PCT total spend % for Endocrine, Nutritional and Metabolic Problems has increased by 1% from 07/08 to 08/09. It is higher than Cluster Average and National Average.

Brent PCT Time series line chart showing proportion of total spend for Mental Health Problems compared to cluster, SHA and national averages



Brent PCT total spend % for Mental Health Problems is higher than National Average yet lower than Cluster Average.

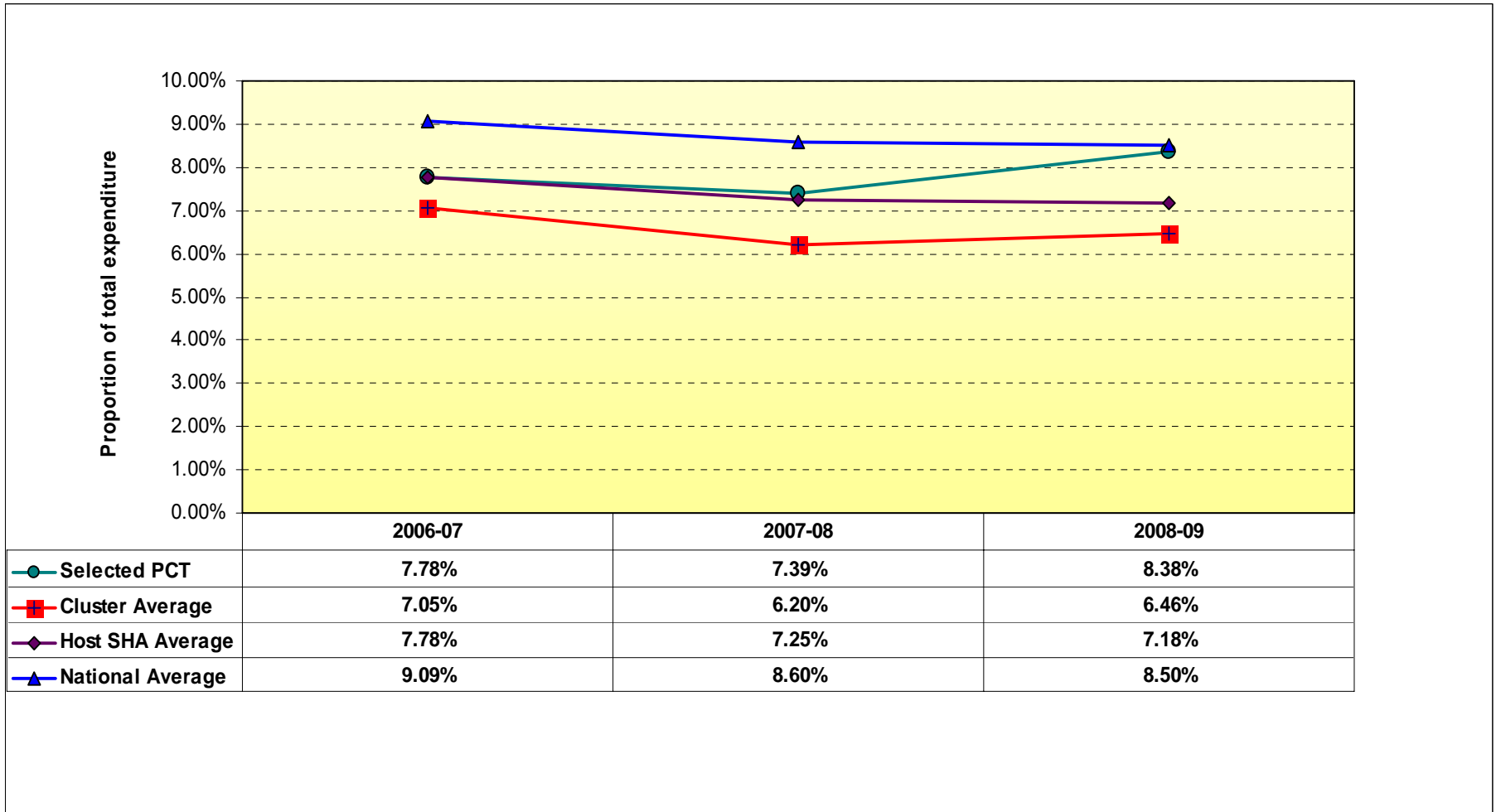
Brent PCT Time series line chart showing proportion of total spend for Vision Problems compared to cluster, SHA and national averages



	2006-07	2007-08	2008-09
Selected PCT	2.15%	2.06%	2.49%
Cluster Average	1.73%	1.80%	1.84%
Host SHA Average	1.60%	1.69%	1.79%
National Average	2.01%	2.12%	2.16%

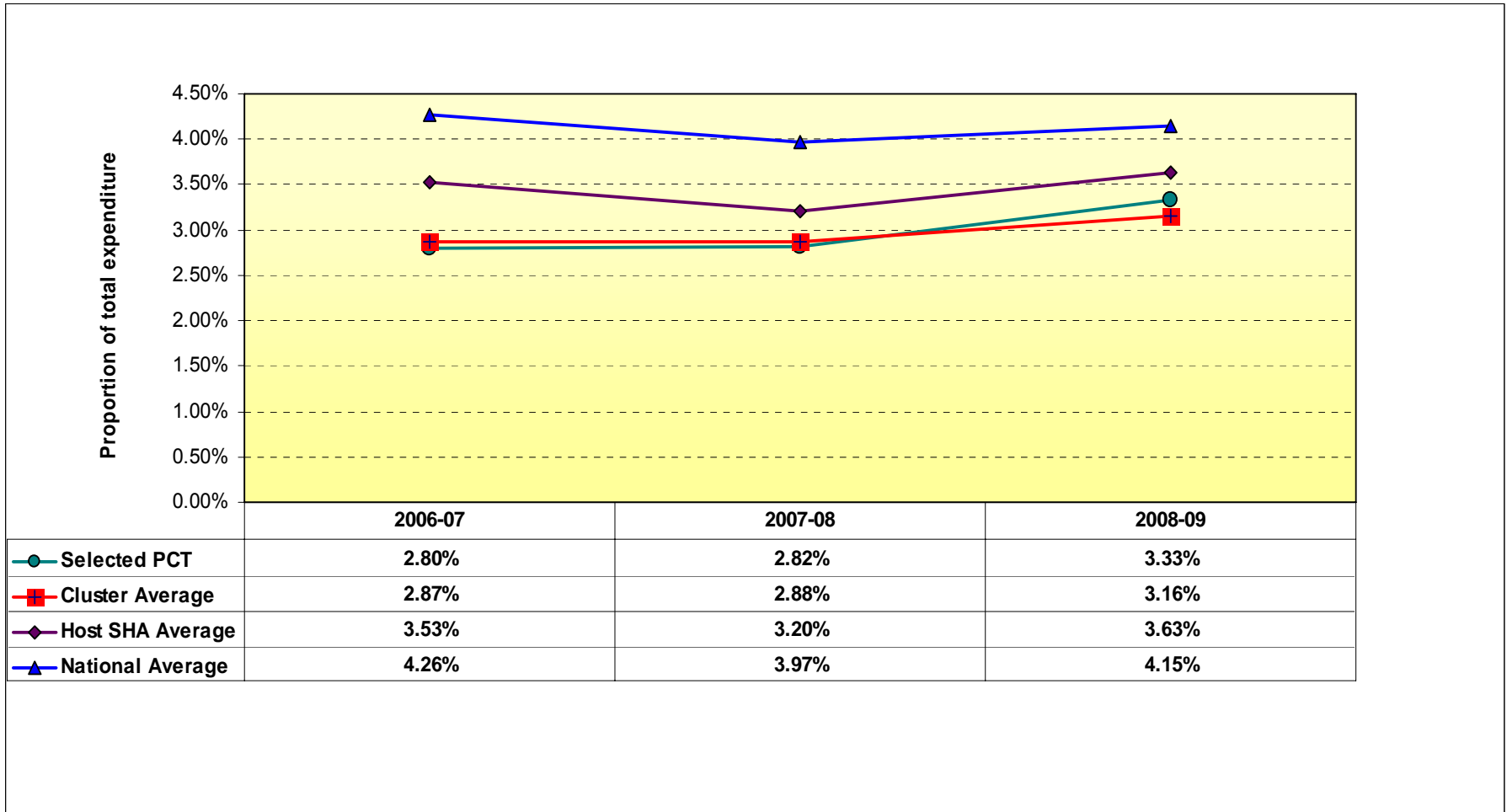
Brent PCT total spend % for Vision Problems is higher than both Cluster Average and National Average.

Brent PCT Time series line chart showing proportion of total spend for Circulation Problems compared to cluster, SHA and national averages



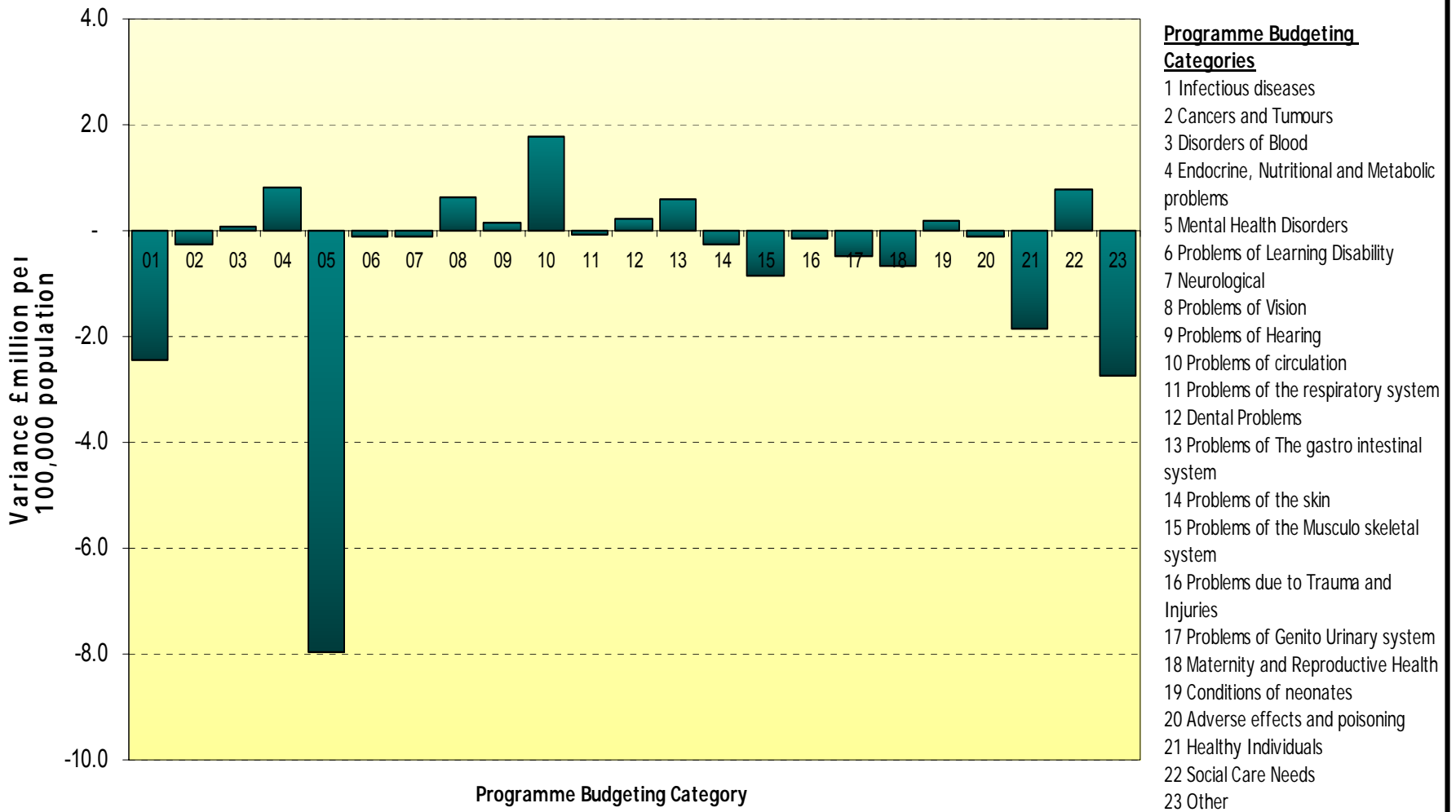
Brent PCT total spend % for Circulation Problems has increased from 07/08 to 08/09, which is higher than Cluster Average yet lower than National Average.

Brent PCT Time series line chart showing proportion of total spend for Trauma & Injuries compared to cluster, SHA and national averages



Brent PCT total spend % for Trauma & Injuries has increased from 06/07 to 08/09, however it is lower than National Average but slightly higher than Cluster Average.

Column chart showing the variance of the Brent PCT expenditure/100,000 population from cluster average for main programmes.



Further work is planned to assess whether the material differences between Brent and the cluster relate to how expenditure has been allocated to programmes and whether the “cluster” is an appropriate comparison group

Spend and Outcome Factsheet :

- The Department of Health commissioned the Association of Public Health Observatories (APHO) to produce a factsheet for each PCT in England, led by Yorkshire and Humber PHO. This factsheet presents an overview of spend and outcomes for Brent Teaching PCT. The factsheet presents:
- A diagram that categorises each programme into 4 quadrants in terms of spend and outcome to allow easy identification of those areas that require priority attention by the PCT.
- The outcome measures on the chart have been chosen because they are reasonably representative of the programme as a whole. This means that for some programmes no outcome data is available.
- On below diagram, each dot represents a programme budget category. The three largest spending programmes nationally (Mental Health, Circulatory Diseases and Cancer) are represented by larger dots.
- It indicates that Brent PCT achieves better value for money on Trauma, Mental Health and respiratory than in Infectious diseases, Maternity, Endocrine and Neonate.

Interpretation and further work:

- This factsheet should be interpreted with caution. The results indicate areas to investigate rather than to give clear answers in themselves. Given known issues with the underlying data finance and public health plan to review how to use and interpret this tool for the purposes of monitoring and investment/disinvestment decisions. For example, an assessment will need to be made for each of the programmes to what extent need is driving spend rather than investment driving better outcomes e.g. high spend on infectious diseases in Brent may indicate high prevalence rather than better outcomes. EMT will review once further analysis has been conducted by finance and public health.

Brent Teaching PCT 2008/09

