

# Finance & Performance Report

Month 7 2009-10

PCT Board – 7<sup>th</sup> December 2009

Jonathan Wise,  
Director of Finance & Performance



# 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	<b>DPH</b>	<b>4</b>
2	Achieve the smoking cessation target of 2,022 quitters	<b>DPH</b>	<b>2</b>
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.	<b>DSC</b>	<b>2</b>
4	Achieve the target levels for Chlamydia screening coverage of 25%	<b>DSC</b>	<b>2</b>
5	Ensure maximum waiting time for cancer patients accessing radiotherapy of 31 days	<b>DSC</b>	<b>2</b>

## 2. Reduce health inequalities

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

## 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"> <li>• Devise and recruit to a new structure to transform the PCT into a world class commissioning organisation</li> <li>• Improve the employment proposition</li> <li>• Improved learning and development for staff</li> <li>• Improve teamwork and integration</li> </ul>	DHRO D	4
2	Improve Partnership working <ul style="list-style-type: none"> <li>• better clinical engagement</li> <li>• better commissioning with the NWL sector and the LCBSA</li> <li>• joint commissioning</li> <li>• public engagement</li> </ul>	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"> <li>- Managing finances (incl. stat. financial duties)</li> <li>- Governing the Business</li> <li>- Managing Resources - assets</li> <li>- people</li> </ul>	DF CEO DPCC DHRO D	-
7	Achieve target WCC competency scores	CEO	-

# NHS BRENT FINANCE & PERFORMANCE REPORT 09/10 - CONTENTS

1. Financial Performance [Slides 6-52]
  - 1.1 Summary
  - 1.2 Year to date variances
  - 1.3 Forecast outturn
  - 1.4 Actions
2. Service Performance [Slides 61-84]
3. Data Quality Dashboard [Slides 90-98]
4. CSP initiatives and OD Plan implementation [Slides 99-102]
5. Benchmarking [Slides 103-133]

## Appendices

- A. Detailed finance schedules [Slides 53-60]
- B. Detailed performance schedules [Slides 85-89]

# **SECTION 1 – FINANCIAL PERFORMANCE**

## **1.1 FINANCIAL SUMMARY**

## FINANCIAL PERFORMANCE SUMMARY (1)

	09/10		Slide number
	YTD	FOT	
<ul style="list-style-type: none"> <li>▪ Statutory duties               <ul style="list-style-type: none"> <li>– Underspend against revenue resource limit</li> <li>– Achievement of capital resource limit</li> <li>– Underspend against cash limit</li> </ul> </li> </ul>	G	G	50
	G	G	50
	G	G	50
<ul style="list-style-type: none"> <li>▪ Achievement of public sector payment policy</li> </ul>	R	R	36
<ul style="list-style-type: none"> <li>▪ SHA finance risk rating</li> </ul>	G	G	
<ul style="list-style-type: none"> <li>▪ Achievement of Operating plan surplus within SHA defined tolerances</li> </ul>	R	A	12,39
<ul style="list-style-type: none"> <li>▪ Underlying recurrent position</li> </ul>	R	R	
<ul style="list-style-type: none"> <li>▪ Savings/disinvestment programme</li> </ul>	A	R	49
<ul style="list-style-type: none"> <li>▪ BCS full cost recovery</li> </ul>	G	A	12,39

## FINANCIAL PERFORMANCE SUMMARY (2)

- At month 7 there is a total YTD net overspend of £1.0m against plan. The main elements of this are overspends within Acute contracts (£8.5m) and HQ budgets (£0.8m) offset by underspends on primary care (£1.0m) and on the investment programme (£0.6m) and investment slippage (£5.3m)
- Forecasts suggest that the full year impact could result in a projected full year overspend in Acute commissioning of £15.5m and an overspend in HQ budgets of £0.4m. This is forecast to be offset broadly by slippage on investments (£11.0m) [see slide 47] and in-year recovery plan (£3.5m) [see slide 49]. The acute commissioning projected overspend has increased by £0.4m since month 6 due to the rate of overspend increasing since in September compared to August. However other forecasts have improved, notably prescribing which has improved by £0.4m and flu projected which has improved by £1.1m. The overall forecast at month 7 is for a slight favourable variance against plan of £0.1m in line with breakeven against plan reported at month 6.
- In-year risks to the financial outturn projection, both upsides and downsides and mitigating actions are listed on slide 51.
- In addition the recurrent position for 10/11 onwards needs to be addressed through the development of a recurrent savings / disinvestment programme, if a sustainable position for the future is to be maintained.

## **1.2 YEAR TO DATE VARIANCES**

## OVERVIEW OF BUDGET POSITION AT MONTH 7

### Initial budgets issued April 09 updated

<i>£000s</i>	<b>Initial</b>	<b>Changes</b>	<b>Month 6</b>	<b>Changes</b>	<b>Month 7</b>
Issued budgets	479,371	7,502	486,873	2,824	489,697
Contingency	2,515	(599)	1,916	(84)	1,832
Investment & reserves	29,059	(10,625)	18,434	(1,676)	16,758
<b>Total</b>	<b>510,945</b>	<b>(3,722)</b>	<b>507,223</b>	<b>1,064</b>	<b>508,287</b>
Surplus for Investment plan	15,954	-	15,954	-	15,954
<b>Total Allocation</b>	<b>526,899</b>	<b>(3,722)</b>	<b>523,177</b>	<b>1,064</b>	<b>524,241</b>

- **Access to Contingency as agreed by CE**
- **Investments as agreed by Investment Panel**
- **Allocation increases / decreases reflect new allocations / adjustments**
- **Large decrease in reserves from initial to month 6 is partly due to the PCT no longer planning to sell part of the Wembley site this year. As a consequence, no impairment will be incurred on the disposal of the asset and therefore, the PCT is not anticipating resource of £5.2m to cover the impairment.**

## SUMMARY OF YEAR TO DATE VARIANCES

<i>£000s</i> <i>+ve = u/spend</i> <i>(-ve) = o/spend</i>	<b>M5</b>	<b>M6</b>	<b>M7</b>	<b>Movement M6 to M7</b>	<b>Slide Ref</b>
Acute Contracts	(6,797)	(6,870)	(8,457)	(1,587)	14-23
Other Acute Commissioning	(16)	247	262	15	24-25
Joint Working	135	140	486	346	26-28
Primary Care	243	320	1,014	694	29-30
PCT Management	(751)	(830)	(790)	40	31
Estates	0	0	(29)	(29)	32
Investment Programme	356	591	645	54	33
<b>Sub Total</b>	<b>(6,831)</b>	<b>(6,402)</b>	<b>(6,869)</b>	<b>(467)</b>	
BCS over/(under) recovery	(34)	(12)	3	15	
Balance sheet / Capital related movements	0	0	600	600	
Investment slippage	2,963	3,449	5,254	1,805	
Surplus	10,632	11,786	12,333	547	
<b>Total Actual</b>	<b>6,730</b>	<b>8,821</b>	<b>11,321</b>	<b>2,500</b>	
Plan Comparison	10,632	11,786	12,333	547	
Under / (Over) Plan	<b>(3,902)</b>	<b>(2,965)</b>	<b>(1,012)</b>	<b>1,953</b>	

Spend on swine flu of £382k is included in the year-to-date position

## ACUTE CONTRACTS – YEAR TO DATE VARIANCES

- **Contract variances**

- **Month 6 data has been received from most acute providers.**
- **Extrapolating this data to month 7 indicates an in-year adverse variance of £8,457k (6.7%), representing a deterioration in the overspend “run-rate” from month 6 when the in-year adverse variance was £6,870k (6.4%).**
- **There are adverse variances on 17 out of the 22 acute providers. The largest absolute adverse variance values are at NWLHT £4,072k (6.7%), Imperial £1,472k(4.1%), Royal Free £1,025k (13.7%), Chelsea & Westminster £526k (30%) and Barts and the London £345k (53%).**
- **At month 7 the variance is split PbR £3,368k (3.8%) and non-PbR £5,089k (14.5%)**

# ACUTE COMMISSIONING – ACUTE CONTRACT VARIANCES (MONTH 6)

	MONTH 6		VARIANCE % OF PLAN	SLAM DATA BASED ON
<b>TRUST</b>				
NORTH WEST LONDON HOSPITALS		£3440	-7%	SEPTEMBER
ST MARY'S/HHT (IMPERIAL)		£1179	-4%	SEPTEMBER
ROYAL FREE HAMSTEAD		£861	-13%	SEPTEMBER
CHELSEA & WESTMINSTER		£447	-30%	SEPTEMBER
BARTS AND THE LONDON		£293	-53%	SEPTEMBER
EALING HOSPITAL		£171	-39%	SEPTEMBER
GUYS & ST THOMAS'		£167	-15%	SEPTEMBER
THE WHITTINGTON		£154	-110%	SEPTEMBER
UNIVERSITY COLLEGE LONDON		£140	-3%	SEPTEMBER
BARNET & CHASE FARM		£97	-5%	SEPTEMBER
HOMERTON HOSPITAL		£73	-140%	JULY
ROYAL NATIONAL ORTHOPAEDIC		£68	-5%	SEPTEMBER
WEST HERTS		£36	-25%	JULY
THE HILLINGDON		£18	-10%	JULY
NORTH MIDDLESEX		£15	-17%	SEPTEMBER
MOORFIELD EYE HOSPITAL		£15	-1%	SEPTEMBER
ST. GEORGES HEALTHCARE		£7	-4%	SEPTEMBER
EAST & NORTH HERTS		£7	1%	SEPTEMBER
KINGS COLLEGE HOSPITAL		£19	4%	SEPTEMBER
ROYAL MARSDEN		£19	9%	SEPTEMBER
GREAT ORMOND STREET		£33	3%	SEPTEMBER
ROYAL BROMPTON		£49	3%	SEPTEMBER
		<b>-£7.053</b>	<b>-7%</b>	<b>SEPTEMBER</b>

Overperformance  
 Underperformance

# NORTH WEST LONDON HOSPITALS TRUST VARIANCES

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

**Current Variance £3,440k over (6%)**

*Nb SLAM M6 adjusted for challenges and seasonality*

**PbR £1,526k over (4%)**

- Electives including day cases £552k over (Colorectal Surgery, gastroenterology, Vascular Surgery, T&O)
- Non-Electives £272k over (General Medicine, General Surgery, Colorectal Surgery, Paediatrics)
- OP £427k over (respiratory medicine)
- A&E £214k over (15% up, mainly standard attendances)

**Non PbR £1,914k over (16%)**

- Critical care £734k over (53%)
- Non PbR activity £167k over (Non Elective Non Emergency £53k, Daycases £30k, Outpatient follow Up £58)
- Pathology £172k over (9% growth)
- Radiology £72k over (10% growth)
- Excluded drugs £178k over
- Direct access £180k over– (physiotherapy etc £140k over)
- Unbundled OP Procedures £158k over
- Audiology packages £51k over
- Diagnostic imaging £99k over

# IMPERIAL HEALTHCARE VARIANCES

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

**Current Variance £1,179k over (4%)**

The variance has moved from £680k in M5 to £1,179k in M6. There is an outstanding challenge by NWLCP relating to the Trust adding activity after freeze dates.

**PbR £276k over (1%)**

- Non-electives £247k over (cardiothoracic surgery and obstetrics)
- Electives/PSD £164k under
- Out Patients £71k over
- A&E attendances £126k over (6%)

**Non PbR £902k over (9%)**

- Radiotherapy £109k over (28%)
- Adult Critical Care £349k over (27%)
- Excluded drugs/chemo drugs £153k over (19%)
- Renal £194k over (5%)
- Outpatient Follow Up £75k over (7%)
- Trauma & Orthopaedics £64k over (433%)

## ROYAL FREE HOSPITAL VARIANCES

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

**Current Variance £861k over (13%)**

**PbR £593k over (14%)**

- Non Electives (NEL) £316k over (gen med, A&E and cardiology)
- NEL non-emergency £166k over (Midwife Episodes)
- OP follow ups £104k over (Midwife Episodes)

**Non PbR £268k over (13%)**

- OP Procedures £186k over (Midwives £70k, Obstetrics £40k, Ophthalmology £16k)
- OP Follow Ups £45k over (audiology £60k)
- Chronic Hepatitis Disease £40k over
- Therapies £57k over (occupational therapy and hand therapy)
- SCBU £39k over
- Direct Access £20k over
- Renal £106k under
- Marie Foster Centre £61k under (nb risk of retrospective invoicing)

## **UCL HOSPITALS VARIANCES**

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

**Current Variance £140k over (3%)**

**PbR £167k Under (7%)**

- Electives £119 under (neurosurgery, haematology)
- Non Electives £39k under

**Non PbR £307k over (19%)**

- Critical Care £178k over (73%)
- OPs/OP Procedures £56k over ( minor mouth procedures £66k)
- Pass-through payments £36k over (specialist haematology £23k)

## OTHER PROVIDERS WITH ADVERSE VARIANCES

### **Barnet & Chase Farm £97k over**

- PbR NEL - £50k over
- PbR OP First - £38 over
- Non PbR SCUBU - £20k over

### **Barts & The London £293k over**

- HEMS (Helicopter Emergency Service) £121k over – higher number of journeys reported (Price Challenged)
- Adults Critical care - £81k over
- Non Electives £70k over (cardiothoracic/surgical specialties)

### **Chelsea & Westminster £447k over**

- PbR Electives £64k over
- Inpatient Excess bed days - £173k (one patient in patient in paediatric gastroenterology)
- PbR Non Electives £137k over
- Non PbR Non Electives £16k over

### **Ealing £171k over**

- PbR Non Electives £58k over
- PbR Electives/PSD £39k over
- PbR OP £35k over
- Non PbR SCBU £20k over

### **Great Ormond Street Hospital £33k under**

- Non PbR Elective - £46k Under

### **Guys & St Thomas Hospital £167k over**

- PbR Non-Electives £24k over (paediatric cardiology)
- PbR Electives/PSD £49k over (paediatric ENT)
- Non PbR OP procedures £126k over (mainly oral surgery and dental with no activity planned)
- Adult Critical Care £42k under

### **Whittington £154k over**

- PbR electives/PSD £43k over (plasma exchange)
- PbR Outpatient Follow Up £12k over
- Non PbR Other Bariatric Procedures Elective -£42 over
- ITU and Adult High Dependency £17k and £9k over respectively

## ACUTE COMMISSIONING – VARIANCE AT MONTH 6 BY PbR & n-PbR

TRUST	PbR incl. A&E YTD VARIANCE £'000	N-PbR VARIANCE £'000	TOTAL YTD VARIANCE £'000	YTD VARIANCE	FOT VARIANCE
IMPERIAL	-276	-902	-1,179	-4%	-2,939
NWLHT	-1,526	-1,914	-3,440	-7%	-7,233
Royal Free	-593	-268	-861	-13%	-1,842
UCLH	167	-307	-140	-3%	-358
B&C/F	192	-289	-97	-5%	-233
GUYS	-53	-113	-167	-15%	-354
EALING	-128	-44	-171	-39%	-351
BARTS	-81	-212	-293	-53%	-598
WHITTINGTON	-75	-79	-154	-110%	-311
CHELSEA & WESTMINSTER	-403	-44	-447	-30%	-922
EAST & NORTH HERTS	19	-12	7	1%	2
GOSH	26	7	33	3%	47
HILLINGDON	-19	1	-18	-10%	-38
KINGS	-35	54	19	4%	30
MOORFIELD	-10	-5	-15	-1%	-53
NORTH MIDDX	-10	-5	-15	-17%	-31
RNOH	-63	-5	-68	-5%	-160
ROYAL BROMPTON	175	-126	49	3%	68
ST. GEORGES	-21	14	-7	-4%	-16
HOMERTON	-14	-59	-73	-140%	-147
ROYAL MARSDEN	11	8	19	9%	34
WEST HERTS	-30	-5	-36	-25%	-74
Other - Contingency	0	0	0	0%	0
<b>SUB-TOTAL</b>	<b>-2,746</b>	<b>-4,307</b>	<b>-7,053</b>	<b>-7%</b>	<b>-15,479</b>

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

## PBC POSITION AT MONTH 6 (1)

	BUDGET YTD	ACTUAL YTD	VARIANC E YTD	VARIANCE	MONTH 5 VARIANCE	DIFF
	£'000	£'000	£'000	%	£'000	
Wembley	10,363	11,118	755	7%	612	(143)
Kingsbury	10,381	11,010	629	6%	538	(91)
Independent/Optout	1,473	1,544	70	5%	33	(37)
Risk Pool	1,955	1,924	(31)	0%	(7)	24
Willesden	8,228	8,314	86	1%	45	(41)
Harness Co-operative	12,871	13,238	367	3%	198	(169)
Unallocated	1,713	2,135	423	25%	303	(120)
Kilburn	13,332	13,277	(56)	0%	(109)	(53)
<b>Grand Total</b>	<b>60,317</b>	<b>62,560</b>	<b>2,243</b>	<b>4%</b>	<b>1,613</b>	<b>(630)</b>

Table 1: There is a total overspend of £2.2m across clusters. Each Cluster is overspent except for Kilburn. The overspend has increased from Month 5.

+ =overspends,  
( ) = underspends

	A&E	Elective	Non Elective	Outpatient	Total	
	£'000	£'000	£'000	£'000	£'000	%
Wembley	15	209	300	230	755	7%
Kingsbury	28	31	402	168	629	6%
Independent/Optout	19	20	28	3	70	5%
Risk Pool	0	124	270	(424)	(31)	-2%
Willesden	29	8	(62)	111	86	1%
Unallocated	87	(5)	325	16	423	25%
Harness Co-operative	50	17	56	244	367	3%
Kilburn	69	(85)	(84)	44	(56)	0%
<b>Grand Total</b>	<b>297</b>	<b>318</b>	<b>1,235</b>	<b>393</b>	<b>2,243</b>	<b>4%</b>
%	7%	2%	4%	3%	4%	

Table 2: Non-elective (£1.2m) accounts for 55% 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. The "unallocated" cluster represents activity and cost correctly attributed to Brent PCT but not able to be attributed to GP practices. We will aim to refine our tracing processes to enable as much activity and cost to be correctly assigned to practices. 21

## PBC POSITION AT MONTH 6 (2)

	A&E	Elective	Non Elective	Outpatient	Total	
	£'000	£'000	£'000	£'000	£'000	%
The Royal Free	(10)	149	227	94	459	14%
North West London Hospitals	192	319	809	96	1,416	4%
Other	32	(119)	39	167	118	2%
Imperial (St Mary'S)	83	(30)	161	36	250	2%
<b>Grand Total</b>	<b>297</b>	<b>318</b>	<b>1,235</b>	<b>393</b>	<b>2,243</b>	<b>4%</b>
%	7%	2%	4%	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.

	Imperial (St Mary'S)	North West London Hospitals	Other	The Royal Free	Grand Total	
	£'000	£'000	£'000	£'000	£'000	%
Wembley	86	590	71	8	755	7%
Kingsbury	30	439	(9)	169	629	6%
Independent/Optout	30	8	28	4	70	20%
Risk Pool	28	(360)	268	34	(31)	-2%
Willesden	162	(1)	(120)	45	86	1%
Unallocated	113	287	45	(22)	423	19%
Harness Co-operative	46	288	(96)	129	367	3%
Kilburn	(245)	165	(68)	92	(56)	-4%
<b>Grand Total</b>	<b>250</b>	<b>1,416</b>	<b>118</b>	<b>459</b>	<b>2,243</b>	<b>4%</b>
%	2%	4%	2%	14%	4%	

+ =overspends,  
( ) = underspends

Table 4: The overspends at NWLHT are mostly attributable to Wembley and Kingsbury. The overspends at Royal Free are mostly attributable to Kingsbury and Harness. Kilburn has a large underspend at Imperial. Willesden's largest overspend is with Imperial. Harness, Willesden, Kilburn and Kingsbury have underspends 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	28	30	58
month 3	666	52	718
month 4	108	17	125
Month 5		34	34
Total	836	157	993

The £836k of successful challenges with NWLH have been included in the reported position at month 7. The NWLH contract assumes that the PCT will lodge successful claims for £50k per month. In addition there are outstanding challenges worth £1.3m relating to Q1 with NWLH which have not yet been finalised. Detailed discussions are underway and the remaining outstanding issues are planned to be resolved at CE level.

We have not yet received responses from all Trusts to the month 5 challenges. For example, NWLH challenges responses are due on 20th Nov.

Of the £993k successful challenges, £611k relate to PBC budgets and of these £269k have already been adjusted in Trust reports and £342k are due to be credited. PBC practice reports will be adjusted for this £342k credit at year-end.

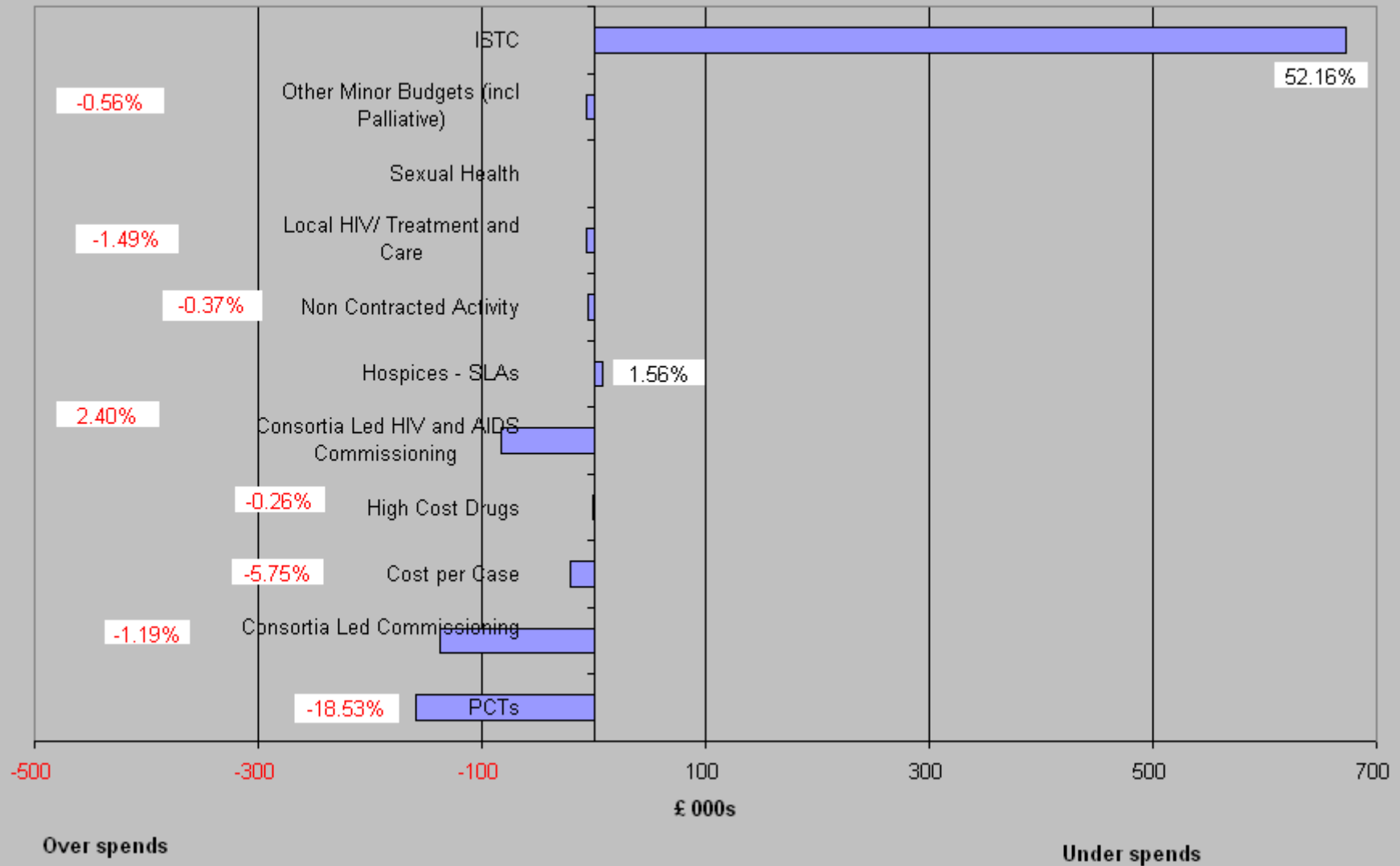
## OTHER ACUTE & SEXUAL HEALTH – YEAR TO DATE VARIANCE

- **Specialist Consortia:** £137k overspend of which is as per SCG reports as on month 5, the main areas of significant over performance relate to the NICU contract £68k, PICU £37k. In addition £29k relates to 08/09 PICU POST LTV over performance
- **PCT Walk in Centre:** Year to date overspend of £159k is mainly due to Harrow PCT currently charging for Unknown GP and Overseas patients at NWLH UCC, challenges have been made but are pending agreement and Kensington & Chelsea PCT activity charged at A&E Minor PbR tariff + MFF ( £76). The contract for Hammersmith and Charring X UCC have also been accrued to budget in the month in anticipation of increased activity notified by providers.

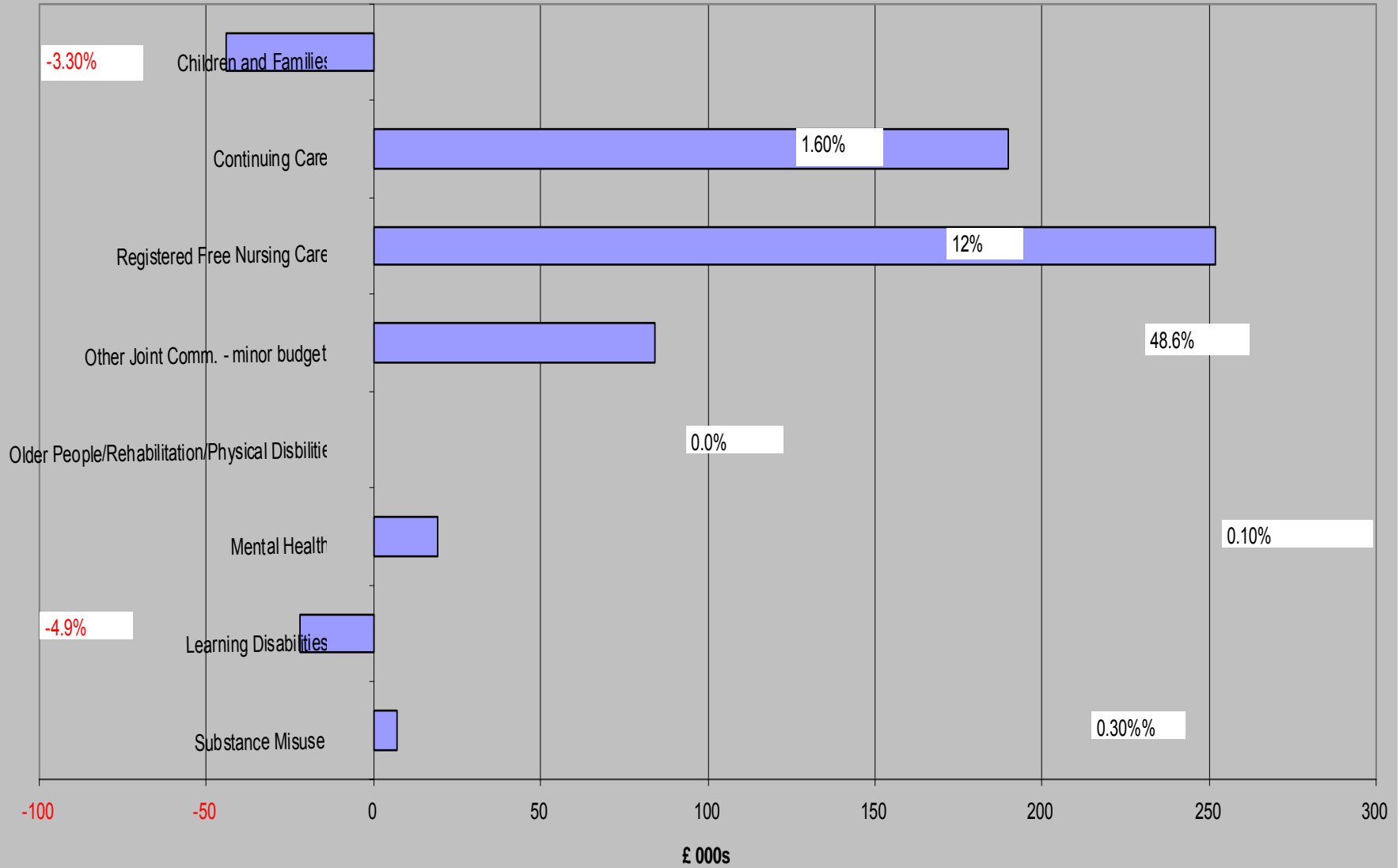
**Minor Budgets:** Podiatry and Cancer budgets Savings have now been adjusted, Savings have now been adjusted, however over performance of £8k is due to consultancy expenditure not provided for in the budgets.

- **High Cost Drugs:** Break even based on actual performance in quarter1 for Great Ormond St., University College London and Chelsea & Westminster NHS trusts.
- **NCA:** Underperformance of £5k expected mainly on NCA based on July SUS data.
- **ISTC:** Under spend of £34k projected based on Quarter1 data for Inhealth – Diagnostics, whilst £639k underperformance in Clinicenta has been projected as per SHA information
- **Sexual Health and HIV/AIDS:** Reporting £89k over spend largely due to NWLH Chlamydia contract at a higher agreed value whilst budgets still reflects old SLA value.

# OTHER ACUTE & SEXUAL HEALTH - YEAR TO DATE VARIANCE



### Joint Working Cumulative Variance- Oct 09



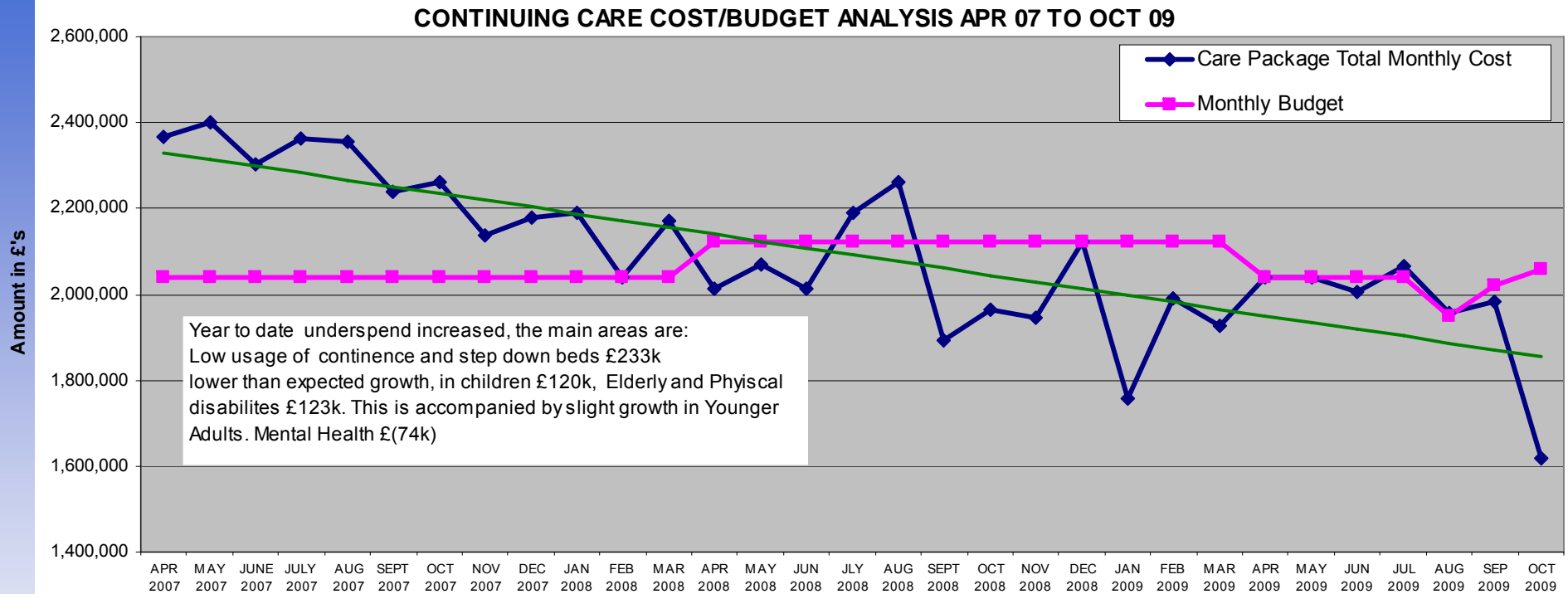
Over spends

Under spends

## JOINT WORKING YEAR TO DATE VARIANCE

- **Mental Health** - The budget under spend is mostly attributable to an under spend of £64k due to slippage in a community development workers project. This is partly offset by expected overspend on Consortia led services of £45k.
- **Continuing Care** – The year to date under spend has been revised upwards by £402k. This reflects lower than expected activity on take up of step down beds, and lower than expected growth in request for funding of the continence service £233k. Expected growth across some care packages has not materialised, children £119k, and Elderly and Physical disabled £74k.
- **The Rehab Services** breakeven due to reduction in cost of Brent Equipments as a result of improvement in cost and usage controls.
- **Children & Families**- £44k overspend, mainly on Specialist nursing consortium, based on more up to date information from specialist consortia services.
- **Substance Misuse** - £7k budget under spend relating to vacant posts.
- **Learning Disabilities**-£22k budget overspent due to a new client with a Cost of £184k per annum .

# CONTINUING CARE COST/BUDGET ANALYSIS APR 2007 TO OCTOBER 2009



Notes: Financial Year 2007/8---Annual Budget £24.50 Million  
 Financial Year 2008/9---Annual Budget £25.46 Million  
 Financial Year 2009/10--April to Oct Budget £14.15 Million

**Period**  
 Annual Spend £27 Million  
 Annual Spend £24.15 Million  
 April to Oct Spend to date £13.71 Million

The reduction in continuing care spend over the period April 2007-March 2009 reflects the joint work carried out with Brent Social Services in ensuring appropriate clients were being charged to Health.

Spend and budget reduction in August 2009 reflects transfer to Primary Care Commissioning of TPNs (Total Parenteral Nutrition).

The drop in cost in October 09 is 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.

## PRIMARY & COMMUNITY COMMISSIONING – YEAR TO DATE VARIANCE Month 7 09/10

Medical Contracts - Year to date favourable variance of £200k(0.8%). Most of this is due to slippage in enhanced services.

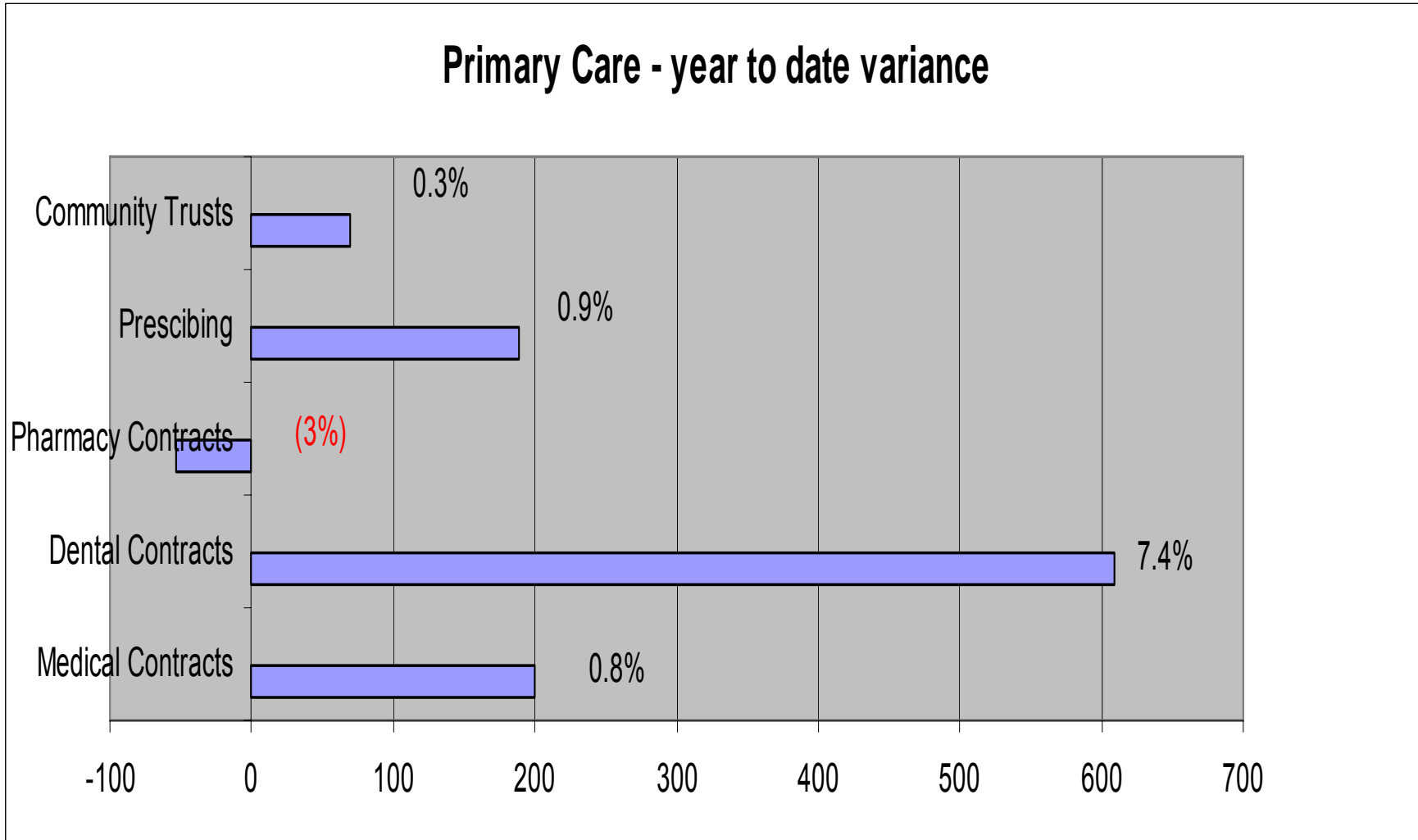
Dental Contract - Year to date favourable variance of £609k(7.4%) in the dental investment budget for increased access. Additional investment dental access would commence in December.

Pharmacy Contract – Year to date adverse variance of £(53)k (-3%) 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 £189k (0.9%) due to expenditure less than the budgets for April to August 09 actual and based on estimated expenditure for September & October 09.

Community SLA – Year to date favourable variance of £70k(0.3%) due to CQUINN Adjustment for Brent Community SLA

# PRIMARY CARE & COMMUNITY COMMISSIONING - YEAR TO DATE VARIANCE





## OVERVIEW OF ESTATES' BUDGET POSITION AT MONTH 7 (000's)

Descriptions	Full Year Budget	Budget Month 7	Actual Month 7	Variance
PFI / LIFT / Lease Costs	5,440	3,173	3,173	-
Depreciation	3,542	2,066	2,066	-
Cost of Capital	520	303	303	-
Estates Management Contract (K&C)	608	174	168	6
Utilities	445	127	127	-
Rates	230	92	92	-
Other	113	32	67	(35)
<b>Total</b>	<b>10,898</b>	<b>5,967</b>	<b>5,996</b>	<b>(29)</b>
Income from BCS / GPs / Others	(8,557)	(4,576)	(4,576)	-
<b>Total</b>	<b>2,341</b>	<b>1,391</b>	<b>1,420</b>	<b>(29)</b>

- All budgets transferred from BCS to NHS Brent (as at 1<sup>st</sup> September'09) apart from depreciation , cost of capital and PFI / LIFT costs which have been with NHS Brent since 1<sup>st</sup> April.

- Assumed breakeven at month 7 on most budget lines subject to more detailed review of budget and commitments with budget holders on the transferred budgets and the continued assessment of the impact of IFRS on the existing budgets i.e. PFI and LIFT costs as well as depreciation.

- Overspend is due to one off costs re: the work undertaken to re-value the current estate.

- All revenue is expected to be received.

- The budgets cover the following sites:- Chalkhill , Craven Park , Hillside , Kilburn Square , Monks Park , Peel Rd , Stag Lane , Sudbury Court , Wembley and Willesden.

## INVESTMENT PROGRAMME

Total underspend at month 7 of £645k (see appendix A).

The main areas of underspend are:

Smoking Cessation (scheme 26) £353k - includes underspends on Tobacco Control Project (£209k) and Smoking Cessation Advisers (£94k).

Immunisation (scheme 25) £93k – due to slippage against phasing of plan

Primary Care Strategy (scheme 49) £111k – due to slippage against phasing of plan

All schemes are currently being reviewed in terms of final outturn which will in turn affect the current phasing of budgets.

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 AS AT 31<sup>st</sup> OCTOBER 2009

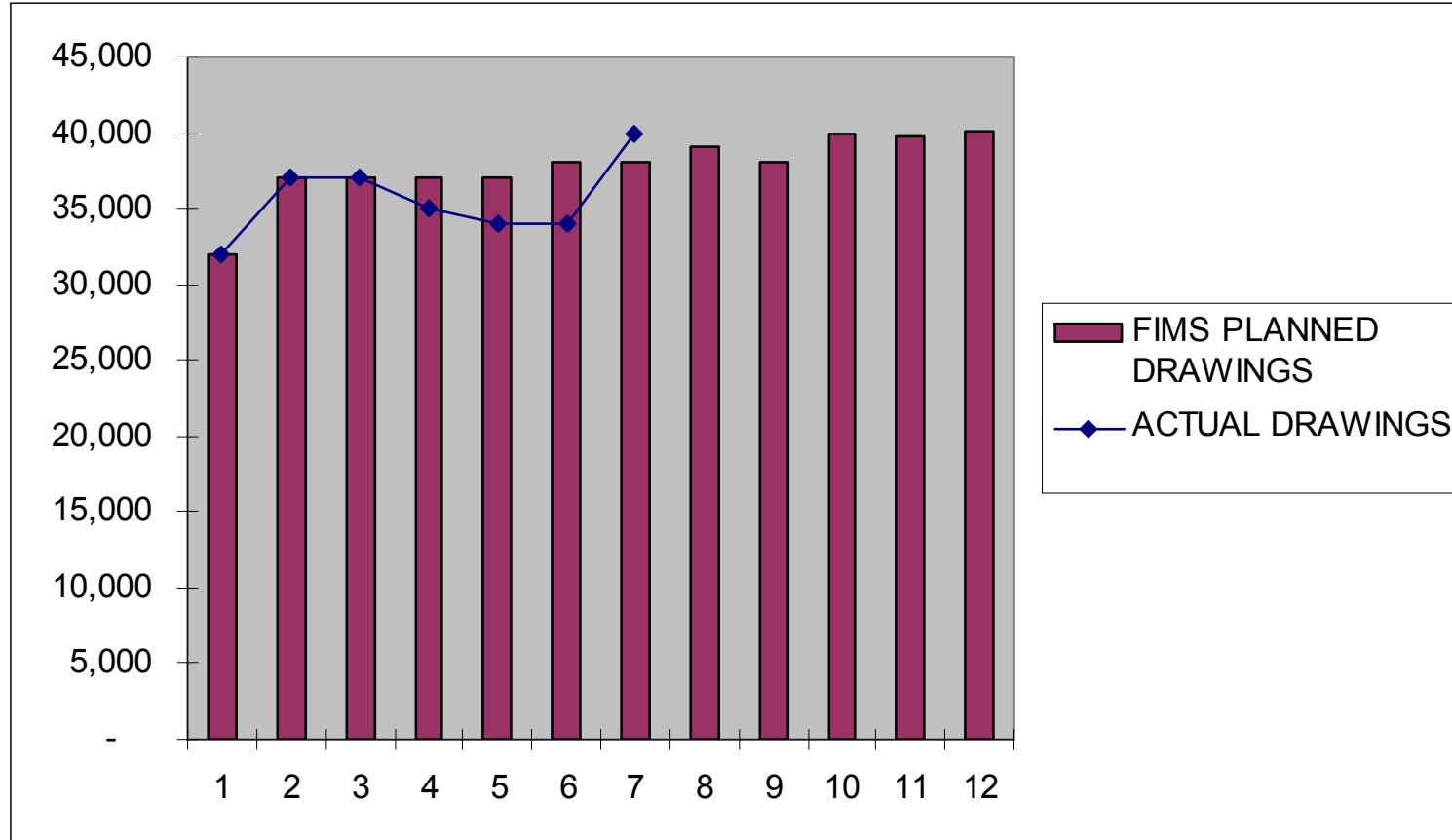
Notes	Opening Balance £000s	Year To Date Change £000s	Balance £000s
<b><u>Non Current Assets</u></b>			
Property, Plant & Equipment	77,838	0	77,838
Intangible Assets	80	0	80
Other Financial Assets	200	(2)	198
Trade & Other Receivables	3	0	3
<b>Total Non Current Assets</b>	<b>78,121</b>	<b>(2)</b>	<b>78,119</b>
<b><u>Current Assets</u></b>			
Trade and Other Receivables	2,377	(670)	1,707
Cash & Cash Equivalents	15	460	475
<b>Total Current Assets</b>	<b>2,392</b>	<b>(210)</b>	<b>2,182</b>
<b>TOTAL ASSETS</b>	<b>80,513</b>	<b>(212)</b>	<b>80,301</b>
<b><u>Current Liabilities</u></b>			
Trade and Other Payables	(35,275)	(12,264)	(47,539)
Provisions	(385)	80	(305)
Other Financial Liabilities	(790)	114	(676)
<b>Total Current Liabilities</b>	<b>(36,450)</b>	<b>(12,070)</b>	<b>(48,520)</b>
<b>NET CURRENT ASSETS \ (LIABILITIES)</b>	<b>(34,058)</b>	<b>(12,280)</b>	<b>(46,338)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>44,063</b>	<b>(12,282)</b>	<b>31,781</b>
<b><u>Non Current Liabilities</u></b>			
Provisions	(3,576)	0	(3,576)
Other Financial Liabilities	(31,279)	0	(31,279)
<b>Total Non Current Liabilities</b>	<b>(34,855)</b>	<b>0</b>	<b>(34,855)</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>9,208</b>	<b>(12,282)</b>	<b>(3,074)</b>
<b>FINANCED BY:</b>			
General Fund	(13,641)	(12,282)	(25,923)
Revaluation Reserve	22,849	0	22,849
Donated Asset Reserve	0	0	0
<b>TOTAL CAPITAL AND RESERVES</b>	<b>9,208</b>	<b>(12,282)</b>	<b>(3,074)</b>

## Note

Adjusted for IRFS restatement. Fixed asset adjustments for depreciation/ indexation are pending DV revaluation due soon.

# CASH POSITION

£'000



The cash drawings for months 1 to 7 are £7m less than plan due to a combination of balance sheet movements, slippage on capital schemes and the lower payments in August and September due to the move to SBS on 1<sup>st</sup> September. There is a phased increase over October and the next two months to bring cash back to plan in line with a revised profile.

## BETTER PAYMENT PRACTICE CODE (BPPC)

	08-09 Number	08-09 £000s	Apr-Oct 09 Number	Apr-Oct 09 £000s
% of Non- NHS bills paid within Target	90.1%	75.9%	89.23%	90.74%
% of NHS bills paid within Target	67.4%	91.0%	69.96%	87.08%

- The target is to pay 95% of invoices within 30 days.
- The PSPP performance from April – October has slipped below 08-09 levels on the number of non-NHS bills paid within target.
- On other areas, the position to end of October shows an improvement in the financial amount of non-NHS bills paid within target and the number of NHS bills paid within target compared to the 2008/09 position but a deterioration on the financial amount of NHS bills paid within target.
- A further improvement is required to meet the 95% target and this is due to be achieved through the move to SBS, once the new system is bedded in.

## **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

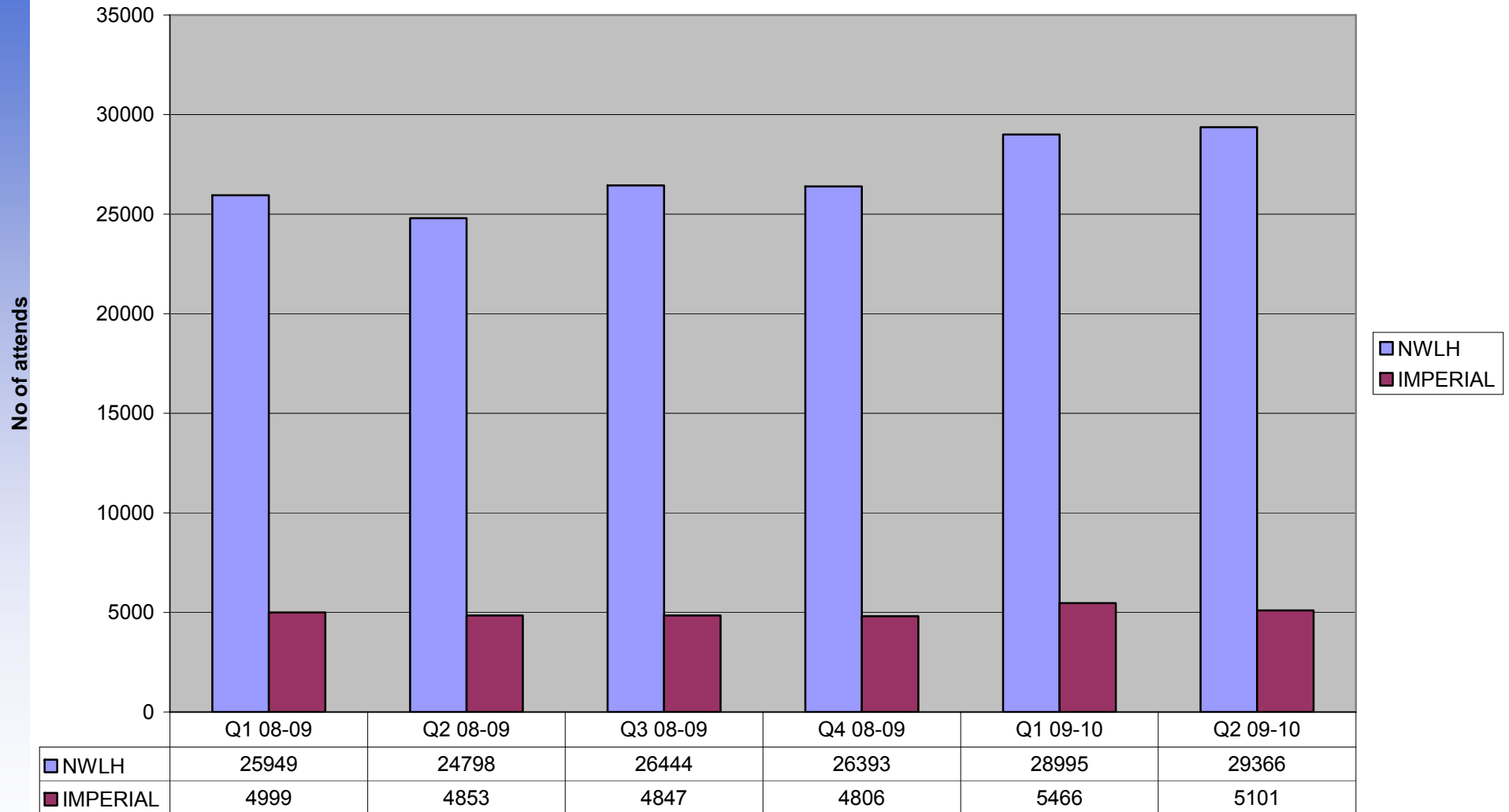
<i>£000s</i> <i>+ve = u/spend</i> <i>-ve = o/spend</i>	Month 5	Month 6	Month 7	Movement M6 to M7	Slide Ref
Acute Contracts	(15,862)	(15,078)	(15,478)	(400)	40
Other Acute Commissioning	(312)	423	264	(159)	40
Joint working	179	313	163	(150)	
Primary Care	180	340	911	571	45,46
PCT Management	(501)	(441)	(436)	5	
Estates	0	0	(29)	(29)	
Investment Programme	130	200	200	0	
<b>Sub Total</b>	<b>(16,186)</b>	<b>(14,243)</b>	<b>(14,405)</b>	<b>(162)</b>	
BCS (under) / over recovery	8	8	8	0	
Balance sheet / Capital related movements	800	800	0	(800)	
Flu Pandemic / Contingency	0	(1,100)	0	1,100	48
Investment slippage	8,991	10,540	11,031	491	47
In Year Recovery Plan	4,000	4,000	3,500	(500)	49
Surplus plan	15,954	15,954	15,954	0	
<b>Total Actual</b>	<b>13,567</b>	<b>15,959</b>	<b>16,088</b>	<b>129</b>	
Plan Comparison	15,954	15,954	15,954	0	
<b>Under / (Over) Plan</b>	<b>(2,387)</b>	<b>5</b>	<b>134</b>	<b>129</b>	39

## ACUTE COMMISSIONING - FORECAST OUTTURN VARIANCE

- The forecast outturn of £15,214k (6.0%) adverse variance at month 7 is based upon a straight-line projection with adjustment for seasonality of month 6 data received from acute trust and FT providers.
- The overspend has increased by £559k since the forecast outturn adverse variance of £14,655k (5.8%) against contracts with acute trust and FT providers reported at month 6.
- 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 41-44) 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, both of which are the focus of the challenges issued to NW London Hospitals.

# ACUTE ACTIVITY ANALYSIS

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

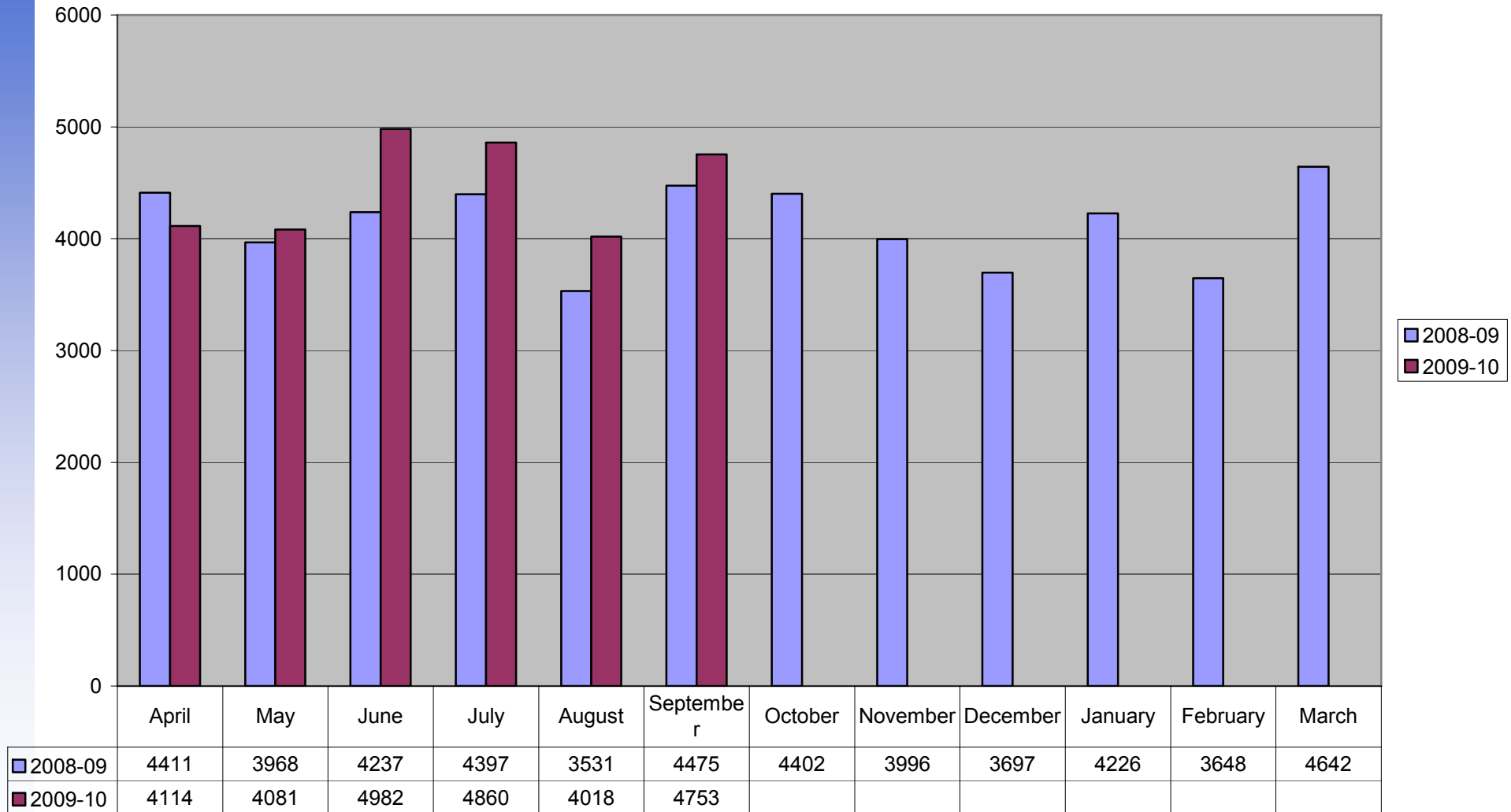


Comparing Q1 & Q2 09/10 with Q1 & Q2 08/09 shows growth of 15% at NWLH and 7% at Imperial

# ACUTE ACTIVITY ANALYSIS (2)

Source is SUS & covers all providers

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

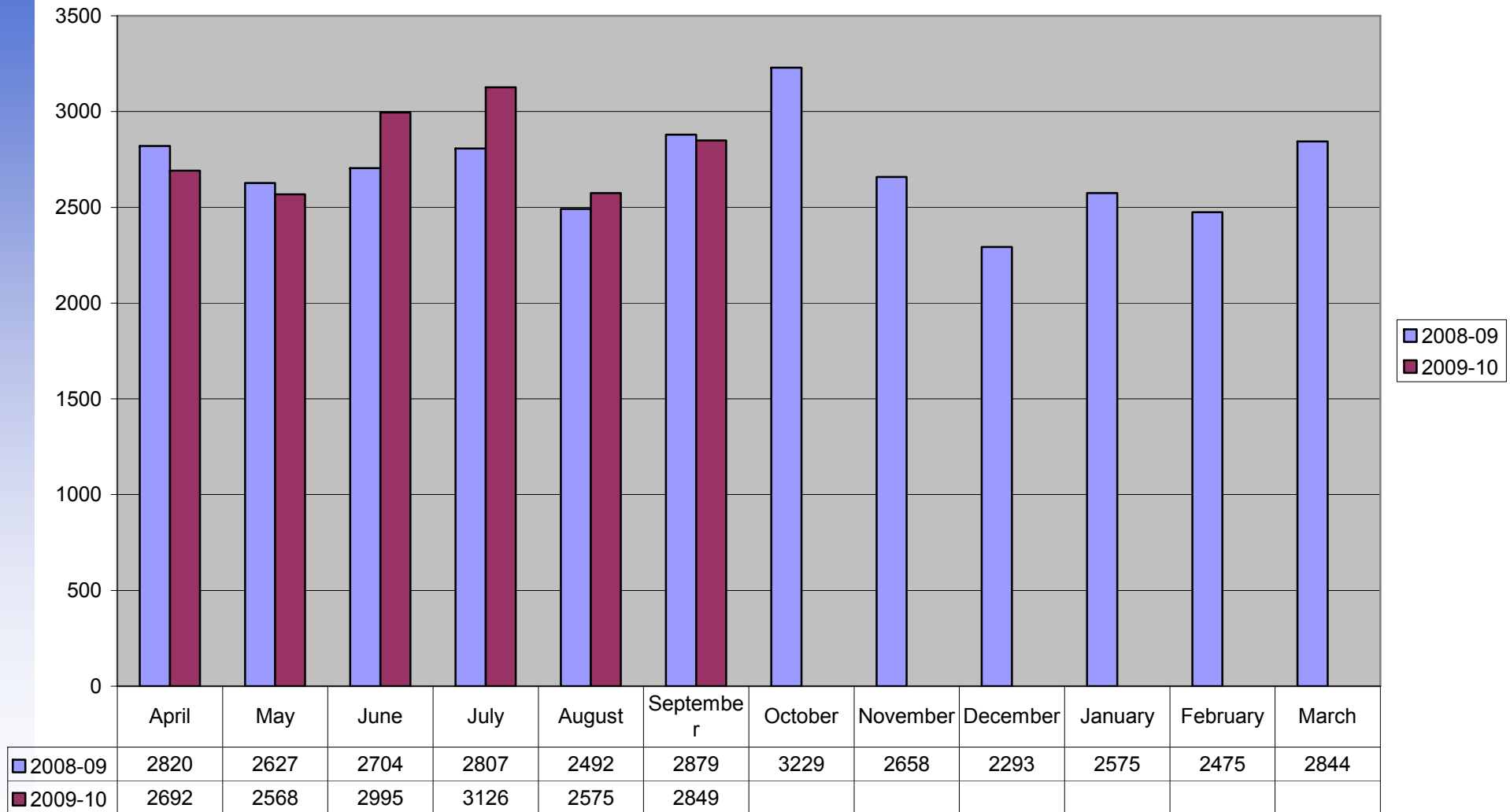


For the comparative April-Sept period there is an increase in activity of 7%

# ACUTE ACTIVITY ANALYSIS (3)

Source is SUS & covers all providers

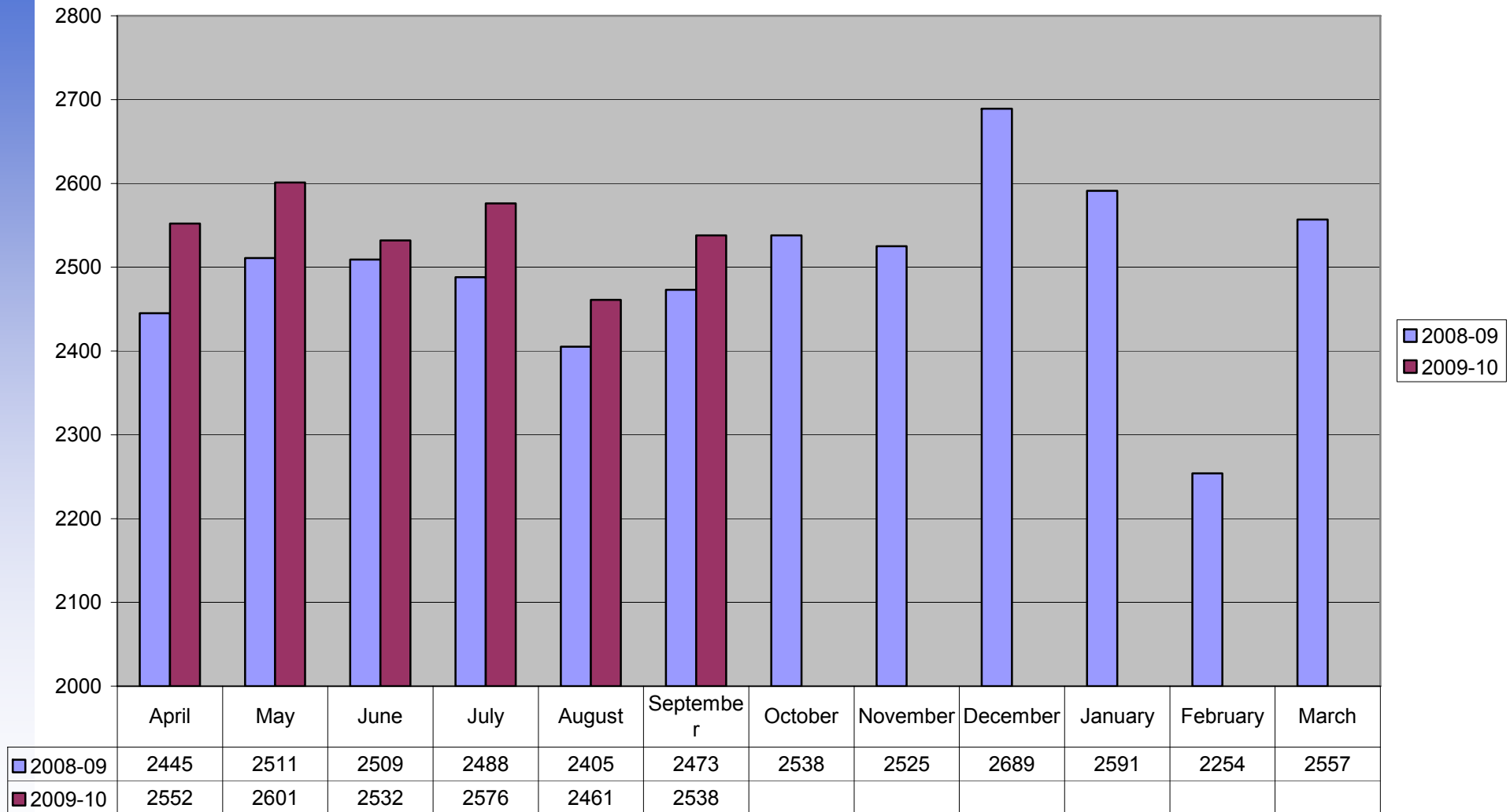
## Elective FFCEs G&A specs only



For the comparative April-Sept period there is an increase in activity of 3%

# ACUTE ACTIVITY ANALYSIS (4)

Non elective FFCEs G&A Specs only



For the comparative April-Sept period there is an increase in activity of 3%

## PRESCRIBING - FORECAST OUTTURN BASED UPON MONTH 5

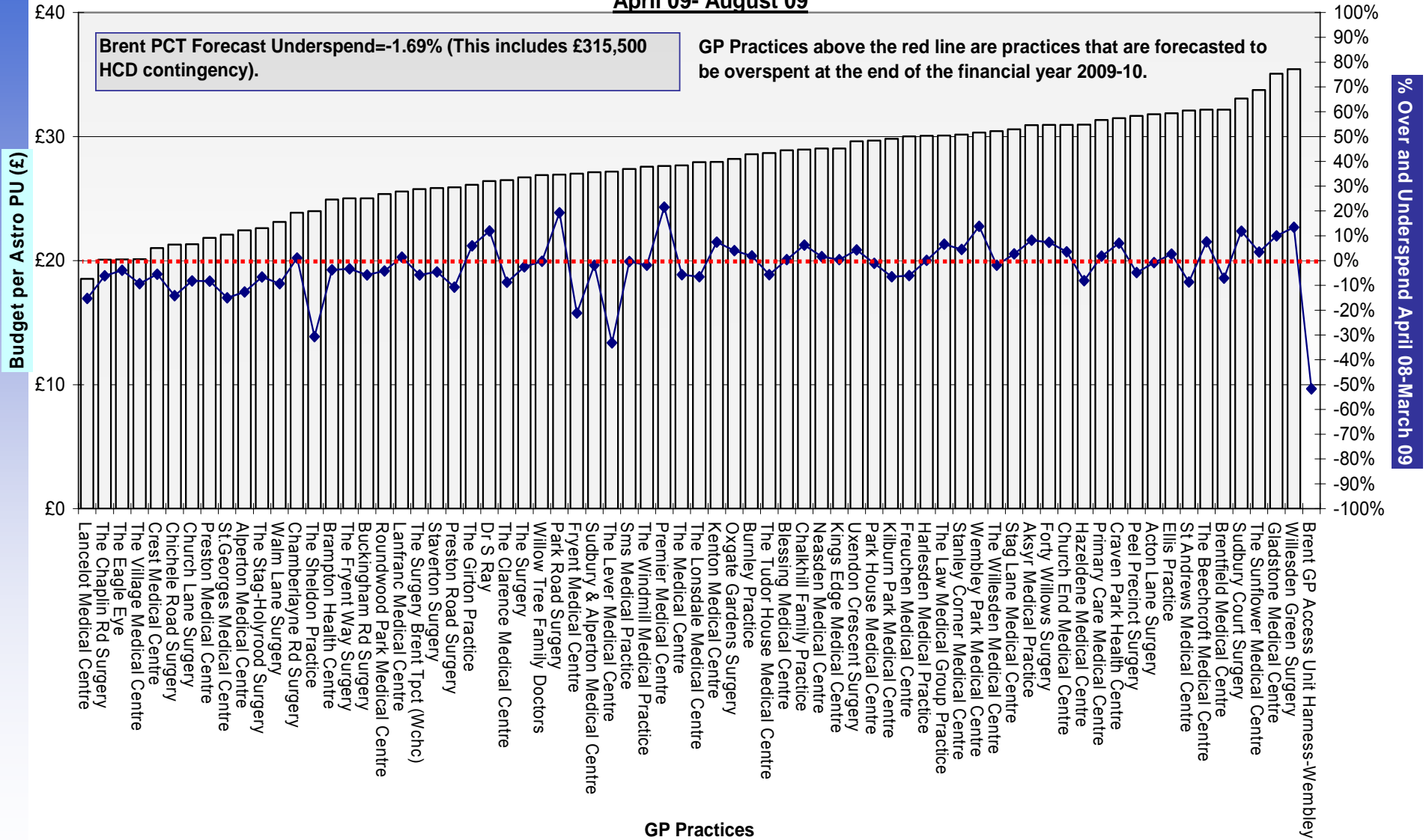
The latest information available from the PPA relates to the year-to-date cumulative position to Month 5. The Table below shows the in-year position and the forecast outturn by cluster.

Cluster	Annual Budget	YTD Budget	YTD Actual	YTD Variance	FOT Variance	FOT Variance
	£'000	£'000	£'000	£'000	£'000	%
Wembley	6,682	2,708	2,744	37	91	1%
Kingsbury	6,994	2,834	2,838	4	9	0%
Independent / Opt-out	1,013	411	409	(1)	(3)	(0%)
Willesden	5,337	2,163	2,122	(40)	(100)	(2%)
Harness Co-operative	7,566	3,059	3,092	33	67	1%
Kilburn	8,501	3,445	3,297	(147)	(364)	(4%)
Grand Total	36,094	14,619	14,503	(116)	(300)	(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 £616k.

# PRESCRIBING – FORECAST OUTTURN BY PRACTICE

**Brent GP Practices Budget per Astro PU (£) vs Projected Percentage Over & Underspend**  
**April 09- August 09**



## INVESTMENT SLIPPAGE – FORECAST OUTTURN VARIANCE

	Budget £'000	FOT £'000	Slippage £'000
Acute contracts	4,200	500	3,700
CSP/ OD plan projects	504	200	304
Restructuring	896	300	596
CSP investments	3,539	650	2,889
Pan London / Sector	(293)	0	(293)
Investment panel / other budgets	3,672	600	3,072
Allocation adjustments	2,041	1,278	763
	<u>14,559</u>	<u>3,528</u>	<u>11,031</u>

Total slippage of £10.5m as per month 6 increased to £11m at month 7

## SWINE FLU MODELLING

	High Infection	Medium Infection	Low Infection
	£000	£000	£000
Increased Secondary Care costs	1,304	924	543
Increased A&E Costs	174	123	73
Anti viral Collection points	171	157	146
Personal Protective Equipment	426	266	216
Increased Primary Care Costs	672	253	110
Administration and Other Costs	189	112	101
<b>Total cost</b>	<b>2,936</b>	<b>1,836</b>	<b>1,190</b>
Less Contingency Available	(1,832)	(1,832)	(1,832)
<b>Potential Cost pressure</b>	<b>1,104</b>	<b>4</b>	<b>(642)</b>

Assumes no cost of vaccination

In the most likely, medium infection scenario, it is forecast that the contingency will cover future swine flu costs.

# CIPs, DEMAND MANAGEMENT & IN- YEAR RECOVERY PLAN

The initial budgets included a savings plan of £3.4m, comprised of £1.9m CIPs and £1.5m demand management savings. The delivery of the £1.9m 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 Clinicenta.

	Original Plan £'000	Revised Plan £'000	Actual achievement to M6 £'000	Forecast achievement against revised plan £'000	Forecast Outturn Variance £'000	Risks to achievement
<b><u>Cost Improvements</u></b>						
Rebasing High Secure Services	529	529	529	529	0	Achieved
Reduce Global Sum	200	200	200	200	0	Achieved
Reduce PMS Contracts	100	100	100	100	0	Achieved
Disband CLIG Directorate	297	297	297	297	0	Achieved
Reduce LIFT Office	100	100	100	100	0	Achieved
Reduce Loss Contribution	151	151	151	151	0	Achieved
Improve HQ Efficiency	488	488	244	488	0	on course for achievement
<b><u>In-year Recovery Programme</u></b>						
Rates recovery		371	0	371	0	Awaiting correct form from LBB
Acute Challenges		1,500	0	1,500	0	Subject to negotiations with NWLH
Savings in Primary Care & Acute Commissioning		1,400	1,400	1,400	0	Already achieved
Other		45	0	45	0	
<b>Total Cost Improvements</b>	<b>1,865</b>	<b>5,181</b>	<b>3,021</b>	<b>5,181</b>	<b>0</b>	
<b><u>Demand Management</u></b>						
Original Plan	1,482					0 Original plans were not delivered
<b><u>In-year Recovery Programme</u></b>						
Clinicenta		500	200	500	0	Estimated success based upon data from Rapid Response Team
PBC Savings (pathway redesign, referral management)		263	0	263	0	Impact of MSK training, uptake of referral management
<b>Total Demand Management</b>	<b>1,482</b>	<b>763</b>	<b>200</b>	<b>763</b>	<b>0</b>	
<b>Total Cost Improvements &amp; Demand Management</b>	<b>3,347</b>	<b>5,944</b>	<b>3,221</b>	<b>5,944</b>	<b>0</b>	
<b>Of which In-year Recovery Programme</b>	<b>0</b>	<b>4,079</b>	<b>1,600</b>	<b>4,079</b>	<b>0</b>	

The total savings plan is now £6.0m of which the in-year recovery plan is £4m.

N.B. The forecast outturn for the recovery plan on slide 39 is shown as £3,500k rather than £4,000k as identified here in order that the £500k saving on acute contracts due to the use of Clinicenta is not double-counted.

## Achievement of Statutory Financial Duties

<i>£000's</i>	<i>Year to Date</i>			<i>Forecast Outturn</i>		
	<i>Plan</i>	<i>Actual</i>	<i>Variance</i>	<i>Plan</i>	<i>Actual</i>	<i>Variance</i>
<b>+ve = u/spend, -ve = o/spend</b>						
<b>Revenue Resource Limit underspend</b>	<b>12,333</b>	<b>11,321</b>	<b>(1,012)</b>	<b>15,954</b>	<b>16,088</b>	<b>134</b>
<b>Capital Resource Limit underspend</b>	<b>0</b>	<b>401</b>	<b>401</b>	<b>0</b>	<b>1,131</b>	<b>1,131</b>
<b>Cash Limit – drawings vs plan</b>	<b>0</b>	<b>7,000</b>	<b>7,000</b>	<b>131</b>	<b>131</b>	<b>0</b>

- The revenue resource variance to plan at M7 is mainly due to pressures in acute commissioning and headquarters offset by favourable variances in joint working, primary care and the investment programme. The year end position improves due to slippage within the investment programme and the delivery of an in year recovery plan. The forecast outturn includes a potential £2m effect of pandemic flu offset by £2m contingency
- Capital plan represents the latest notified resource limit from the SHA. The current underspend is £0.4m .The underspend at year end is due to the planned return of capital funding to the SHA for EACH capital development.
- Cash - The original cash plan of £2.4m under-drawing was made up of the difference between the planned 09/10 surplus of £16.0m less the 08/09 planned brought forward surplus of £12.5m and less the cash payment relating to interest on leased assets of £1.1m. The DH have made adjustments reflecting the above to our Cash Limit and hence the revised plan is for an underdrawing of £0.1m. The current variance to plan is due to an improvement in the PCT's debtors of £1m since the beginning of the year and slippage on capital schemes (compared to the original capital cash plan) as well as a delay in paying invoices in the run up to the switch to SBS.

## IN-YEAR RISKS (UPSIDES + / DOWNSIDES -)

There remain a number of significant risks to the forecast outturn either not yet reflected in the above or full impact not yet quantified:

RISK	MITIGATING ACTION
'Swine' Flu pandemic (+/-) depending on the severity and length of the pandemic and depending on national, London and local responses to the pandemic the PCT could be exposed to costs, excluding the costs to GP payments to administer the vaccine, ranging from £1.2m to upwards of £2.9m with a mid range of £1.8m.	To keep financial projection up to date with DH communications and assumptions.
The acute position outturn forecast is based upon a straight-line extrapolation of the month 6 data. This may not be a good indicator of the year-end position if activity trends differ in the last six months from those in the first six months (+/-)	A seasonality adjustment is reflected in the forecast outturn to cover all acute contracts from Oct 09-March10
Uncertainty around income and spend relating to Estates budget (+/-)	Conduct further investigation with budget holders
Value of LD transfer to LBB not yet confirmed (-)	CE leading discussion with LBB
LBB disputing continuing care invoices raised by Brent PCT (-)	Largely resolved, one outstanding query relating to payment to one nursing home
Continuing care legacy issues with Barnet & Harrow (+)	At a meeting scheduled for 26 <sup>th</sup> Nov, parties will review respective assessments with a view to concluding on liabilities.
The continuing care forecast is based on the full year cost of the clients currently on the continuing care database, taking into account planned start and finish dates. Should the cost of new clients coming onto the database during the year exceed/go below the cost of existing clients coming off the database the forecast outturn will deteriorate / improve (+/-)	Regular meetings with budget holders
The PPA's GP Prescribing forecast is anticipated to change throughout the year as more data becomes available. Revisions will include updates for the impact of the implementation of PPRS changes due in January 2010 (+/-)	To use monthly PPA forecast updates and assess in consultation with prescribing advisors.
Delivery of in year recovery plan of £4m including acute contract challenges and PBC / PCT activity management plans (+/-)	Executive focus, regular monitoring and corrective action
Further balance sheet / technical issues (+/-)	Conducting a full review post month 6 Agreement of Balances exercise. Keep updated with adjustments relating to IFRS.

## CONCLUSION

The scale of the overspend on acute contracts potentially jeopardises the 09/10 financial plan and undermines the PCT's strategy. The PCT has responded by :

- challenging the variation from plan with NWLHT
- holding investment decisions which have a significant recurring element until the acute spend is under control
- establishing an acute spend task force chaired by the CEO and comprising of the FD, DSC, DPC, DPH, PEC chairs and PBC lead.

On the basis of the current financial projections and subject to the successful implementation of the in-year recovery programme, the PCT is forecasting that it will achieve its statutory financial targets and recover from the adverse variance from plan of £1.0m at month 7 to a favourable variance of £0.1m against its financial plan at year-end.

# APPENDIX A

**SUMMARY OPERATING COST STATEMENT  
FOR 7 MONTHS ENDING 31st OCTOBER 2009**

Appendix A

	Annual Budget	Budget	Year to Date		Variance %
	£000s		Actual	Variance	
		£000s	£000s	£000s	
<b>Commissioning Services</b>					
<b>Commissioning of Healthcare</b>					
Acute Contracts	214,697	125,504	133,961	(8,457)	(6.74)%
Other Acute Commissioning	37,940	22,155	21,893	262	1.18%
Joint Working Commissioning	<u>76,783</u>	<u>44,806</u>	<u>44,320</u>	<u>486</u>	<u>1.09%</u>
<b>Sub-total:</b>	<b>329,420</b>	<b>192,465</b>	<b>200,174</b>	<b>(7,709)</b>	<b>(4.01)%</b>
<b>Primary Care</b>					
Medical Contract	45,524	24,729	24,530	200	0.81%
Dental Contract	14,118	8,235	7,626	609	7.40%
Pharmacy Contract	3,101	1,809	1,862	(53)	(2.95)%
Prescribing	37,307	21,475	21,286	189	0.88%
Community Trusts (including Brent Community Services)	<u>38,287</u>	<u>22,519</u>	<u>22,450</u>	<u>70</u>	<u>0.31%</u>
<b>Sub-total:</b>	<b>138,337</b>	<b>78,767</b>	<b>77,753</b>	<b>1,014</b>	<b>1.29%</b>
<b>Management Costs</b>	<b>14,394</b>	<b>8,421</b>	<b>9,211</b>	<b>(790)</b>	<b>(9.38)%</b>
<b>Estates</b>	<b>2,342</b>	<b>1,393</b>	<b>1,422</b>	<b>(29)</b>	<b>(2.08)%</b>
<b>Investments</b>	<b>5,204</b>	<b>2,894</b>	<b>2,249</b>	<b>645</b>	<b>22.29%</b>
<b>COMMISSIONING Total:</b>	<b>489,697</b>	<b>283,940</b>	<b>290,809</b>	<b>(6,869)</b>	<b>(2.42)%</b>
<b>Brent Community Services</b>					
Expenditure	43,423	25,647	25,891	(244)	(0.95)%
Income - Brent	(39,139)	(23,260)	(23,265)	5	(0.02)%
Income - Other	<u>(4,284)</u>	<u>(2,387)</u>	<u>(2,629)</u>	<u>242</u>	<u>10.14%</u>
<b>BRENT COMMUNITY SERVICES Total</b>	<b>0</b>	<b>0</b>	<b>(3)</b>	<b>3</b>	<b>9.17%</b>
<b>TOTAL (Before Reserves):</b>	<b>489,697</b>	<b>283,940</b>	<b>290,806</b>	<b>(6,866)</b>	<b>(2.42)%</b>
<b>Reserves and Commitments</b>					
Balance sheet movements				0	0.00%
Capital related movements			(600)	600	0.00%
Contingency	1,832			0	0.00%
Impairments	1,127			0	0.00%
Investments	12,518	4,809		4,809	0.00%
Recovery Plan	1,072			0	0.00%
Allocation Adjustments	2,041	445		445	0.00%
Surplus for investment 20010-11	<u>15,954</u>	<u>12,333</u>		<u>12,333</u>	<u>100.00%</u>
<b>RESERVES Total:</b>	<b>34,544</b>	<b>17,587</b>	<b>(600)</b>	<b>18,187</b>	<b>103.41%</b>
<b>TOTAL for Brent tPCT:</b>	<b>524,241</b>	<b>301,527</b>	<b>290,206</b>	<b>11,321</b>	<b>3.75%</b>

# COMMISSIONING OF HEALTHCARE FOR 7 MONTHS ENDING 31st OCTOBER 2009

Appendix A

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
<b>Acute Commissioning</b>					
<b>Acute and Foundation Trusts</b>					
North West London	104,620	61,028	65,099	(4,071)	(6.67)%
Imperial College Healthcare	62,165	36,263	37,734	(1,471)	(4.06)%
Royal Free	12,858	7,501	8,525	(1,025)	(13.66)%
Other Acute Trusts	<u>35,054</u>	<u>20,712</u>	<u>22,603</u>	<u>(1,891)</u>	<u>(9.13)%</u>
<b>Sub-total - Acute and Foundation Trusts</b>	<b>214,697</b>	<b>125,504</b>	<b>133,961</b>	<b>(8,457)</b>	<b>(6.74)%</b>
<b>Other Service Level Agreements</b>					
Consortia Led Commissioning	19,819	11,561	11,698	(137)	(1.19)%
High Cost Drugs	650	380	381	(1)	(0.26)%
Non Contracted Activity	2,222	1,296	1,301	(5)	(0.37)%
PCTs	1,470	858	1,017	(159)	(18.53)%
ISTC	2,211	1,290	617	673	52.16%
Cost per Case	629	367	388	(21)	(5.75)%
Hospices - SLAs	879	513	505	8	1.56%
Other Minor Budgets (inc Palliative)	<u>2,090</u>	<u>1,219</u>	<u>1,226</u>	<u>(7)</u>	<u>(0.56)%</u>
<b>Sub-total - PCTs</b>	<b>29,970</b>	<b>17,484</b>	<b>17,133</b>	<b>351</b>	<b>2.01%</b>
<b>HIV / AIDS and Sexual Health</b>					
Consortia Led HIV and AIDS Commissioning	5,889	3,457	3,540	(83)	(2.40)%
Local HIV/ Treatment and Care	689	402	408	(6)	(1.49)%
Sexual Health	<u>1,392</u>	<u>812</u>	<u>812</u>	<u>0</u>	<u>0.00%</u>
<b>Sub-total - HIV / AIDS &amp; Sexual Health</b>	<b>7,970</b>	<b>4,671</b>	<b>4,760</b>	<b>(89)</b>	<b>(1.91)%</b>
<b>Total Acute Commissioning</b>	<b>252,637</b>	<b>147,659</b>	<b>155,854</b>	<b>(8,195)</b>	<b>(5.55)%</b>

**COMMISSIONING OF HEALTHCARE  
FOR 7 MONTHS ENDING 31st OCTOBER 2009**

**Appendix A**

	<b>Annual Budget £000s</b>	<b>Budget £000s</b>	<b>Year to Date Actual £000s</b>	<b>Variance £000s</b>	<b>Variance %</b>
<b>Joint Commissioning</b>					
<b>Mental Health</b>					
Central and North West London Mental Health	34,075	19,877	19,877	0	0.00%
Consortia Led Mental Health Commissioning	6,427	3,748	3,793	(45)	(1.20)%
Mental Health Trusts	<u>2,587</u>	<u>1,501</u>	<u>1,437</u>	<u>64</u>	<u>4.26%</u>
<b>Sub-total - Mental Health</b>	<b>43,089</b>	<b>25,126</b>	<b>25,107</b>	<b>19</b>	<b>0.08%</b>
<b>Long Term Bedded Services</b>					
Continue Care - Children	1,056	616	536	80	12.99%
Continue Care - Elderly	1,703	993	918	75	7.59%
Continue Care - Physical Disability	1,286	750	616	134	17.88%
Continue Care - Learning Disability	9,446	5,510	5,520	(10)	(0.18)%
Continue Care - Older Adults Over 65	1,383	807	742	65	8.03%
Continue Care - Mental Health (Younger Adults)	5,511	3,215	3,361	(146)	(4.55)%
Continue Care - Palliative Care	63	37	66	(29)	(79.59)%
Continue Care - Section 28A	222	130	108	22	16.60%
Registered Free Nursing Care	<u>3,588</u>	2,093	<u>1,841</u>	<u>252</u>	<u>12.04%</u>
<b>Sub-total - Long Term Bedded Services</b>	<b>24,258</b>	<b>14,151</b>	<b>13,708</b>	<b>442</b>	<b>3.13%</b>
<b>Older People/ Rehabilitation/ Physically Disabilities</b>					
Consortia Led Rehabilitation and PD Commissioning	1,165	679	679	0	0.00%
Minor Budgets (includes Brent Equip.)	906	<u>551</u>	<u>551</u>	<u>0</u>	<u>0.00%</u>
<b>Sub-total - Older People/ Rehab/ Phys Dis</b>	<b>2,071</b>	<b>1,230</b>	<b>1,230</b>	<b>0</b>	<b>0.00%</b>
<b>Children and Families</b>					
Consortia Led Children's Commissioning	581	339	383	(44)	(13.01)%
Minor Budgets (includes Sexual Health and CAMH)	991	575	575	0	0.00%
Cost per Case	287	167	172	(5)	(2.74)%
Barnet, Enfield and Haringey Mental Health Trust	<u>423</u>	<u>247</u>	<u>242</u>	<u>5</u>	<u>1.93%</u>
<b>Sub-total - Children and Families</b>	<b>2,282</b>	<b>1,328</b>	<b>1,372</b>	<b>(44)</b>	<b>(3.31)%</b>
<b>Other Joint Commissioning</b>					
Substance Misuse	4,018	2,343	2,336	7	0.30%
Learning Disabilities	781	456	478	(22)	(4.92)%
Minor budgets (includes Man. Consultancy, G&A cost per case, Ombudsman Approved CC cases)	<u>284</u>	<u>173</u>	<u>89</u>	<u>84</u>	<u>48.55%</u>
<b>Sub-total - Other</b>	<b>5,083</b>	<b>2,972</b>	<b>2,903</b>	<b>69</b>	<b>2.31%</b>
<b>Total Joint Working</b>	<b>76,783</b>	<b>44,806</b>	<b>44,320</b>	<b>486</b>	<b>1.09%</b>

# PRIMARY CARE SERVICES

Appendix A

## FOR 7 MONTHS ENDING 31st OCTOBER 2009

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
<b>Medical Contract</b>					
Baseline Contracts	26,651	15,420	15,452	(32)	(0.21)%
Enhanced Services	4,665	2,052	1,859	193	9.41%
Quality & Outcomes Framework (QOF) - Aspiration	4,578	2,668	2,668	0	0.00%
Quality & Outcomes Framework (QOF) - Achievement	1,942			0	#DIV/0!
Out Of Hours	737	430	493	(64)	(14.81)%
Premises	3,589	2,253	2,146	107	4.76%
PCO Managed Budgets	<u>3,362</u>	<u>1,906</u>	<u>1,911</u>	<u>(5)</u>	<u>(0.26)%</u>
<b>Total Medical Contract</b>	<b>45,524</b>	<b>24,729</b>	<b>24,530</b>	<b>200</b>	<b>0.81%</b>
<b>Dental Contract</b>					
Dental Services	16,362	9,544	8,921	623	6.53%
Patient Charge Income	<u>(2,244)</u>	<u>(1,309)</u>	<u>(1,295)</u>	<u>(14)</u>	<u>1.04%</u>
<b>Total Dental Contract</b>	<b>14,118</b>	<b>8,235</b>	<b>7,626</b>	<b>609</b>	<b>7.40%</b>
<b>Pharmacy Contract</b>					
Pharmacy Services	<u>3,101</u>	<u>1,809</u>	<u>1,862</u>	<u>(53)</u>	<u>(2.95)%</u>
<b>Total Pharmacy Contract</b>	<b>3,101</b>	<b>1,809</b>	<b>1,862</b>	<b>(53)</b>	<b>(2.95)%</b>
<b>Prescribing</b>					
Practice Costs	36,409	20,951	20,782	169	0.81%
Central Drugs Bill Charges	767	447	447	0	0.00%
Other	<u>131</u>	<u>76</u>	<u>57</u>	<u>20</u>	<u>25.54%</u>
<b>Total Prescribing</b>	<b>37,307</b>	<b>21,475</b>	<b>21,286</b>	<b>189</b>	<b>0.88%</b>
<b>Community Trusts</b>					
Brent Provider Services	36,844	21,678	21,585	93	0.43%
Other Community Trusts	<u>1,443</u>	<u>842</u>	<u>865</u>	<u>(23)</u>	<u>(2.72)%</u>
<b>Total Community Trusts</b>	<b>38,287</b>	<b>22,519</b>	<b>22,450</b>	<b>70</b>	<b>0.31%</b>
<b>TOTAL PRIMARY CARE</b>	<b>138,337</b>	<b>78,767</b>	<b>77,753</b>	<b>1,014</b>	<b>1.29%</b>

# PCT MANAGEMENT

## FOR 7 MONTHS ENDING 31st OCTOBER 2009

	Annual	Budget	Year to Date			
	Budget		Budget	Actual	Variance	Variance
	£000s		£000s	£000s	£000s	%
<b>PCT Management Costs</b>						
Chief Executive Office	3,652	2,209	2,225	(16)	(0.72)%	
Public Health	1,909	1,230	1,252	(22)	(1.79)%	
Strategic Commissioning	2,183	1,166	1,119	47	4.03%	
Primary Care Commissioning	2,779	1,621	2,196	(575)	(35.47)%	
Human Resources	569	332	322	10	3.01%	
Finance and Performance	3,302	1,863	2,097	(234)	(12.56)%	
Estates	<u>2,342</u>	<u>1,393</u>	<u>1,422</u>	<u>(29)</u>	<u>(2.08)%</u>	
<b>Total Direct Management Costs</b>	<b>16,736</b>	<b>9,814</b>	<b>10,633</b>	<b>(819)</b>	<b>(8.35)%</b>	

**PCT INVESTMENTS  
FOR 7 MONTHS ENDING 31st OCTOBER 2009**

Appendix A

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
<b>PCT Investments</b>					
<b>Chief Executive Office</b>					
Scheme 1 Central Programme Team	298	238	222	16	6.72%
<b>Public Health</b>					
Scheme 26 Smoking Cessation	1,122	620	267	353	56.94%
Scheme 82 Improve Vascular Health	306	241	225	16	6.64%
<b>Strategic Commissioning</b>					
Scheme 17 Urgent Care Centre CMH	230	154	115	39	25.32%
Scheme 31 Intermediate Care	596	174	278	(104)	(59.77)%
Scheme 65 Improve Breast Screening	82	0	1	(1)	0.00%
Scheme 78 Improve Chlamydia Screening	447	108	112	(4)	(3.70)%
Scheme 87 DOLS	60	35	0	35	100.00%
Scheme 88 Improve Breastfeeding Rates	101	57	0	57	100.00%
Scheme 95 Build 3rd Sector Capacity	20	20	0	20	100.00%
Scheme 97 IAPT	101	89	77	12	13.48%
Scheme 99 Internet / Intranet Development	80	0	0	0	0.00%
<b>Primary Care Commissioning</b>					
Scheme 25 Immunisation Programme	476	333	240	93	27.93%
Scheme 28 HPV Immunisation	209	0	0	0	0.00%
Scheme 45 Choose and Book	190	169	123	46	27.22%
Scheme 49 Primary Care Strategy	337	226	115	111	49.12%
Scheme 60 GP Led Healthcentre	38	38	94	(56)	(147.37)%
Scheme 71 Phlebotomy Services	37	37	37	0	0.00%
Scheme 81 18 Week Referral Target	155	88	131	(43)	(48.86)%
<b>Human Resources</b>					
Scheme 86 Learning & Development	58	13	48	(35)	(269.23)%
Scheme 92 Employment Proposition	67	60	28	32	53.33%
Scheme 94 Organisation Restructuring	194	194	136	58	29.90%
<b>Total PCT Investments</b>	<b>5,204</b>	<b>2,894</b>	<b>2,249</b>	<b>645</b>	<b>22.29%</b>

**CAPITAL EXPENDITURE  
FOR 7 MONTHS ENDING 31ST OCTOBER 2009**

**Appendix A**

Capital Programme	Approved	SRO	PM	Annual Budget £000s	Year to Date			Capital Outturn £000s
					Budget	Actual	Variance	
					£000s	£000s	£000s	
<b>Brought Forward Schemes 2008-09</b>								
Chalkhill PCC Commissioning	CCG 8/12/08	JO	BM	368	41	41	0	164
Chalkhill PCC Commissioning - IT		JO	CS	192	71	71	0	145
Hillside PCC Commissioning	CCG 8/12/08	JO	BM	380	58	58	0	153
Hillside PCC Commissioning - IT		JO	CS	160	109	109	0	135
Sudbury PCC	CE	JO	BM			7	(7)	10
IT Equipment Replacement Programme	CCG 21/9/08	JW	CS			57	(57)	55
GP system of Choice (GPSOC)	CCG 20/5/08	JO	AU	345	292	292	0	243
RIO Project (transferred to BCS 1-8-09)	Board 27/3/08	HK	AL					
<b>Agreed Schemes</b>								
GP Led Healthcentre	CCG 21/5/09	JO	BM	470	470	472	(2)	472
GP Led Healthcentre		JO	CS	5	5	5	0	5
HQ Commissioning costs - Nursery	CE	ME	RT	100	20	20	0	90
HQ Commissioning costs - Nursery - IT				70			0	55
Upgrade N3 Link at Wembley	CCG 27/8/09	JW	CS	95			0	95
Repair Cracked Wall at Stag Lane	CCG 27/8/09	JO	RT	8			0	8
<b>Capital to Revenue Grants</b>								
Stage 3 Campus Capital Programme		TS	PR	90			0	500
Primary Care Strategy - additional rooms for trainees		JO	BM	745			0	745
Additional funding EACH capital development		TS	AB	750			0	0
<b>Schemes Awaiting Approval</b>								
Backlog of Maintenance Projects				500			0	
HQ Commissioning costs - Occupational Health				25			0	
HQ Commissioning costs - Occupational Health - IT							0	
HQ Commissioning costs - Other				375			0	23
IC & T				400			0	255
Chalkhill Dental				100			0	
Estate Disposal enabling costs				50			0	
Health & Safety Projects				50			0	
Fire				50			0	
Catering				40			0	
Adjustment to plan							472	
<b>TOTAL CAPITAL</b>				<b>5,368</b>	<b>1,538</b>	<b>1,132</b>	<b>406</b>	<b>3,153</b>
<b>NOTIFIED CAPITAL RESOURCE LIMIT (CRL)</b>				<b>4,284</b>				<b>4,284</b>
<b>UNDER / (OVER) CAPITAL RESOURCE LIMIT (CRL)</b>				<b>(1,084)</b>				<b>1,131</b>

**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** Anslem Lobo  
**AU** Avtar Ubbi  
**BM** Benita Mehra  
**CS** Carol Sheridan  
**PR** Parrin Robbins  
**RT** Roger Thomas

5 One off revenue cost of 'capital' programme £762k.

## **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/McKinsey, 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 'Overview of performance in priority areas, November 2009'.
- Areas currently identified as high risk of fail (based on year end forecast) are:
  - Access to Primary Care
  - Access to Maternity Services
  - Childhood immunisations
  - Breast screening of women aged 53-70 yrs
  - Patient experience
  - Cervical Screening
- Based on latest data (where available) and 'Stage of delivery' (where Q2 09-10 data is unavailable) in the Performance Improvement Plans, the following indicators are also at high risk:
  - Smoking quitters
  - Stroke
  - Breastfeeding 6-8 weeks
  - Crisis resolution services
  - Staff Satisfaction (2008 score rated against 2009 plan)
- Most of the indicators have data up to September 09. Charts have been updated for indicators we have data for.

# Summary - Performance

colour key for overall scores	Weak	Fair	Good	Excellent

Care Quality Commission (CQC): Periodic review	Provisional NHS London Latest Risk Rating score (Q2 - 09/10)	Latest PCT rating/points achieved for CQC	PCT Forecast rating/points achieved for CQC (2009-10)	Minimum more points needed for PCT to achieve a 'Good' rating
Existing Commitments	33	34	37	0
National Priorities	36.5	36.17	48	10
Overall Scores	Fair	Fair	Fair	Good

## Current Performance

Care Quality Commission (CQC): Periodic review	Achieve	Underachieve	Fail
Existing Commitments (13)	10	2	1
National Priorities (24)	9	4	11

## Forecast Performance

Care Quality Commission (CQC): Periodic review	Achieve	Underachieve	Fail
Existing Commitments (13)	11	2	0
National Priorities (24)	12	6	6

### Scoring methodology for indicators:

Existing Commitments:	National Priorities:
36 points or more = Fully Met	65 points or more = Excellent
32 -35 points = Almost Met	58-64 points = Good
28-31 points = Partly Met	51- 57 points = Fair
Less than 28 points = Not Met	Less than 51 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

# PCT Rating- National Priorities

SRO	08-09 status	National Priorities	Maximum Score	Current score	Forecast
PH	3	C. diff.	3	3	3
SC	3	18 weeks	3	2.5	3
PCCS	0	Primary care satisfaction (access)*	3	0	0
SC	3	Cancer waits - 2 weeks	3	3	3
SC	3	Cancer waits - 62 days	3	2.67	3
SC	3	Cancer waits - 31 days	3	3	3
SC	3	Stroke care*	3	0	2
PH	3	All-age all-cause mortality	3	3	3
PH	3	CVD mortality	3	3	3
PH	3	Cancer mortality	3	3	3
PH	0	Smoking quitters*	3	0	2
SC	3	Maternity*	3	0	0
SC	2	Teenage conceptions	3	2	2
PH	3	Childhood obesity	3	3	3
PCCS	0	Immunisation*	3	0	0
SC	0	Breast screening*	3	0	0
SC	2	Breastfeeding*	3	0	2
SC	3	CAMHS	3	3	3
SC	0	Chlamydia screening*	3	2	2
SC	New for 2009-10	Cervical screening	3	0	0
SC	2	Drugs misuse	3	0	2

We have now got clarification around the 18 weeks indicator and how it will be measured to include the % of treatment functions which hit the 90% and 95% target. Hence, the 2.5 score for 18 weeks as the 3 points are divided among the 3 indicators (Admitted %, non admitted % and treatment functions %). The latter indicator is split into 2- for all treatment functions (excl T&O) and for T&O only so the 1 point is split between the 2 elements. So we scored 0.5 points for this part of the indicator as we were within the tolerance of no of all treatment functions (excl T&O) not hitting the 90 and 95% target but outside the tolerance for T&O.

The Cancer 62 day wait indicator is made up of 3 sub-indicators- the 62 day standard, the 62 day screening standard and the 62 day consultant upgrade standard. The 3 points are divided among these 3 sub-indicators. As we were just under the threshold for one of these sub-indicators, we only scored two thirds of 1 point (0.67), and therefore overall score is 2.67.

Key for indicators:

Achieve
Underachieve
Fail

# PCT Rating- National Priorities (2)

SRO	08-09 status	National Priorities	Maximum Score	Current score	Forecast
PCCS	0	Patient experience	3	0	0
ODHR	0	Staff satisfaction	3	0	3
PCCS	2	Dental access*	3	3	3
	44	<b>Sub Total</b>	72	36.17	48
	<b>Weak</b>	<b>*Indicators with Performance improvement plans</b>		<b>Weak</b>	<b>Weak</b>

Key for indicators:

Achieve
Underachieve
Fail

# PCT Rating- Existing Commitments

SRO	08-09 status	<u>Existing Commitments</u>	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	0	2
SC	3	Data quality on ethnic group	3	3	3
	<b>29</b>	<b>Sub Total</b>	<b>39</b>	<b>34</b>	<b>37</b>
	<b>Partly Met</b>	<b>*Indicators with Performance improvement plans</b>		<b>Almost Met</b>	<b>Fully Met</b>

Key for indicators:

Achieve
Underachieve
Fail

# PCT Rating- Other Corporate Objectives

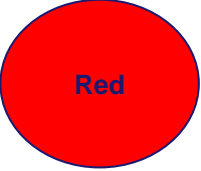
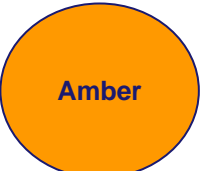
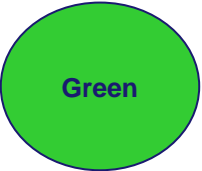
SRO	08-09 status	Other Corporate Objectives	Maximum Score	Current score	Forecast
PH	3	New cases of MRSA (performance at 'hosted' Trust)	3	3	3
PH	3	% of TB cases whose treatment was completed	3	3	3
PH	0	% of newly diagnosed HIV infected patients with <200 cells per mm3	3	Not yet known	
SC	3	Adults and 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	0	0
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	

<b>Key:</b>
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

# Performance Grid

	Degree of challenge	Degree of understanding	Quality of Delivery Plan	Progress against plan	Stage of delivery	Likelihood of delivery in timescale
 Red	<ul style="list-style-type: none"> <li>Delivery challenge is significant, requiring a step change in performance in an area that is very difficult to address</li> </ul>	<ul style="list-style-type: none"> <li>Little or no understanding of specific target or how it is measured and poor understanding of root causes</li> </ul>	<ul style="list-style-type: none"> <li>Poor set of initiatives defined with little or no understanding of impact or resources</li> </ul>	<ul style="list-style-type: none"> <li>Little evidence of progress and without radical intervention little chance that situation can be rectified</li> </ul>	<ul style="list-style-type: none"> <li>No track record of delivery in year</li> </ul>	<ul style="list-style-type: none"> <li>Little or no confidence that will deliver this year</li> </ul>
 Amber	<ul style="list-style-type: none"> <li>Delivery challenge is substantial, requiring a large improvement in performance in an area that is tough to address</li> </ul>	<ul style="list-style-type: none"> <li>High level understanding of specific target and root causes</li> </ul>	<ul style="list-style-type: none"> <li>Reasonable set of initiatives defined but lack detailed planning and open questions of impact and resources</li> </ul>	<ul style="list-style-type: none"> <li>Progress off current delivery plan but with focus and effort good be put on track</li> </ul>	<ul style="list-style-type: none"> <li>One to three months of proven delivery (i.e., meeting trajectory numbers)</li> </ul>	<ul style="list-style-type: none"> <li>Significant risks to delivery but sustained effort and focus could turn situation around</li> </ul>
 Green	<ul style="list-style-type: none"> <li>Delivery requires continuous improvement in performance, with a track record of having delivered previously</li> </ul>	<ul style="list-style-type: none"> <li>Specific target, how it is measured and calculated, KPIs and root causes of problem are all well understood</li> </ul>	<ul style="list-style-type: none"> <li>Robust set of initiatives defined with quantified impact and resource requirements, strong trajectory constructed</li> </ul>	<ul style="list-style-type: none"> <li>Progress matches current delivery plan for impact as agreed</li> </ul>	<ul style="list-style-type: none"> <li>Three to six months of proven delivery</li> </ul>	<ul style="list-style-type: none"> <li>Confident in delivery if performance is tracked and monitored</li> </ul>

# Overview of performance in priority areas, November 2009 (1/2)

Indicator	Degree of challenge	Degree of understanding	Quality of Delivery Plan	Progress against plan	Stage of delivery	Likelihood of delivery in
1 Access to antenatal assessment prior to 12 weeks and 6 days	R	A	R	R	R	R
2 Stroke patients spending 90% of time on a stroke unit	A	G	G	A	R	A
3 Chlamydia screening for 15 to 24 year olds	R	G	A	A	A	A
4 Access to dental services	R	G	G	G	G	G
5 4 week smoking quitters	R	G	G	G	R	A
6 Breastfeeding coverage at 6-8 weeks	A	G	G	A	R	A
7 Breast cancer screening for women 53-70 yrs	R	A	A	R	R	R
8 Childhood immunisations	R	G	G	G	R	R
9 Number of mental health incidents treated by CRHT at patients' homes	R	G	G	A	R	A
10 Patient satisfaction with access to primary medical care	R	A	R	R	R	R

## Overview of performance in priority areas, November 2009 (2/2)

Indicator	Progress against plan	Stage of delivery	Likelihood of delivery in	Rationale
1 Access to antenatal assessment prior to 12 weeks and 6 days	R	R	R	<ul style="list-style-type: none"> <li>No clear actions in Delivery Plan and dependent on poor performing GPs</li> <li>Good plans but significant external risks as dependent on HASU start up</li> <li>Current provider off trajectory and good initiatives require further development</li> <li>Successful implementation should result in delivery of target this year</li> <li>Successful implementation should result in delivery of target this year</li> <li>Clear actions and evidence that can be done (Harrow moved 40%-85% in 1yr)</li> <li>Potential to deliver but issue on degree of understanding and quality of plans</li> <li>Good understanding &amp; plans, but challenge v. great &amp; not planning to deliver</li> <li>Good understanding and plans, but highly sensitive to provider performance</li> <li>Huge challenge, limited resources, and great complexity</li> </ul>
2 Stroke patients spending 90% of time on a stroke unit	A	R	A	
3 Chlamydia screening for 15 to 24 year olds	A	A	A	
4 Access to dental services	G	G	G	
5 4 week smoking quitters	G	R	A	
6 Breastfeeding coverage at 6-8 weeks	A	R	A	
7 Breast cancer screening for women 53-70 yrs	R	R	R	
8 Childhood immunisations	G	R	R	
9 Number of mental health incidents treated by CRHT at patients' homes	A	R	A	
10 Patient satisfaction with access to primary medical care	R	R	R	

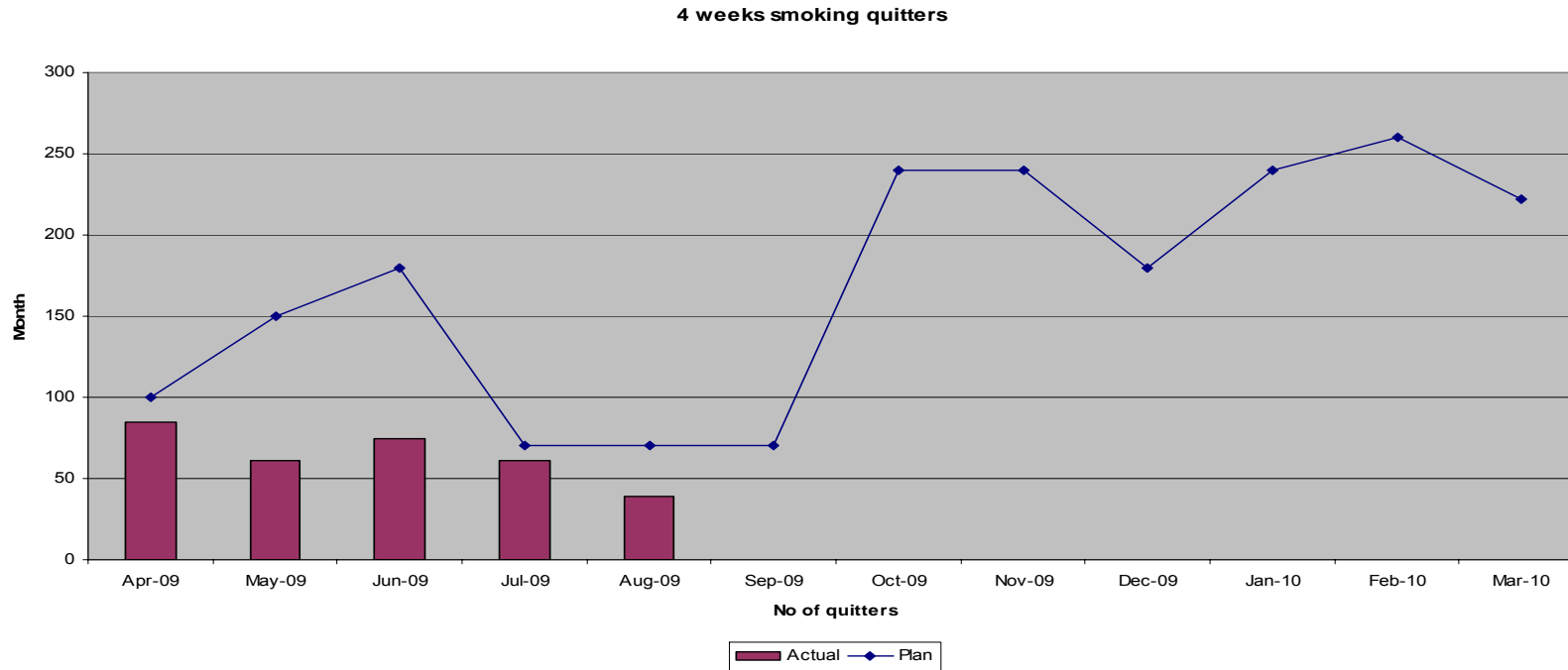
# Specific recommendations for NHS Brent Endorsed by EMT

		Progress made
1	EMT should dedicate at least one of its weekly meetings every month to performance management	ME Commencing August 09
2	SROs should spend <i>at least</i> 2-3 hours with Project Teams per month for each priority	TS/JO/JC
3	Implement a <b>performance management system</b> that focuses on action and delivery	ME/JW/TS/ JO/JC
4	<b>Delivery plans</b> should be live documents that are regularly updated	TS/JO/JC
5	<b>Teams</b> should review their progress on a weekly basis and focus on actions that have tangible impact	TS/JO/JC
6	Delivery Planning process should be applied more broadly in the organisation and integrated into <b>annual planning and CSP processes</b>	TS/JW

## 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
  - Immunisations
  - Stroke
  - Breast cancer screening
  - Access to maternity services
  - Teenage conception rates
  - Early intervention in psychosis
  - Crisis resolution services
  - Access to Dental Services
- 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



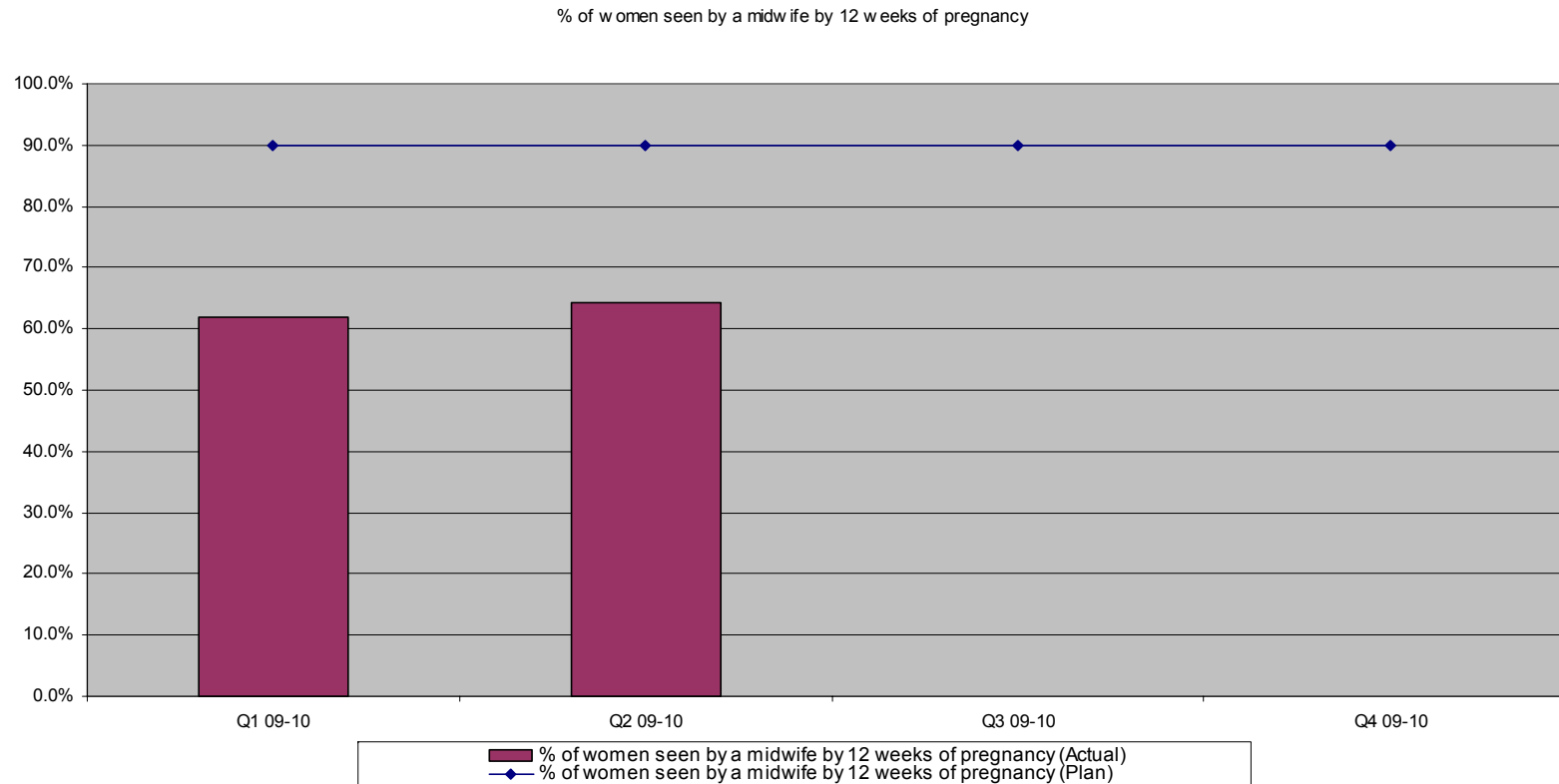
### Reasons for underperformance:

- 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. Q1 09-10 are likely to be accurate but July and August figures are provisional.

### Action taken:

- Smoking Cessation Performance Board agreed to change focus away from proactive provider visiting to concentrate on initiatives such as street campaigns and setting up registration points.
- A mentor scheme for both the General Practice and Pharmacy providers is being investigated. During the month a very productive session was held with a number of key providers in order to develop the toolkit and resources to support providers, these are in production.
- As part of increasing the provider base, an evening event was held with interested Dentists and Opticians. 5 people have come forward following the session in order to train to be advisors. Provider performance data has now been produced and focused support visits will begin for providers failing to achieve rates of 35%, providers with lower than 10 registrations will now form part of this regime as the number is too small to be significant.

# Access to Maternity Services



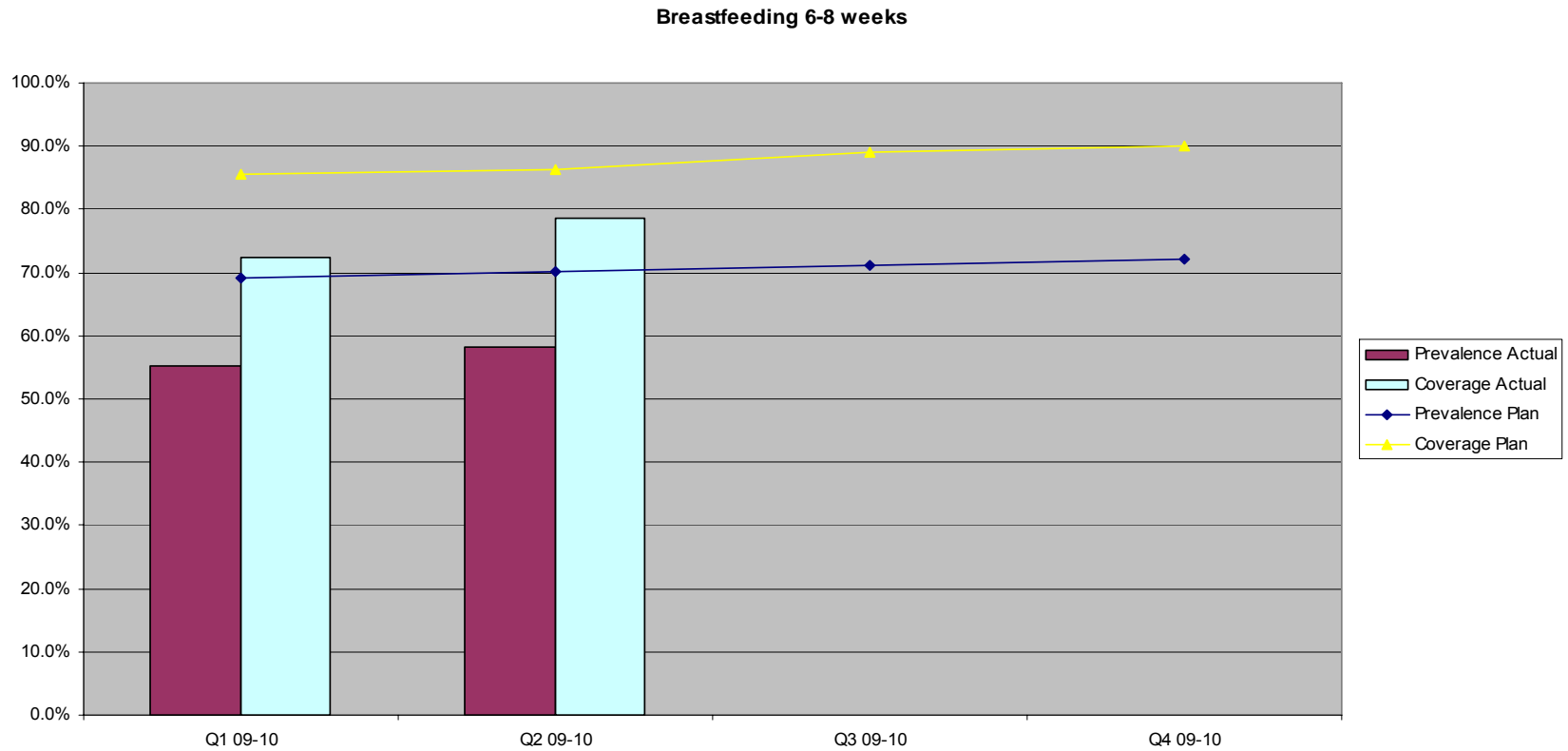
Reasons for underperformance:

- Improvement on results for some providers for last quarter who are showing a slight percentage increase on bookings but has not significantly impacted on overall Brent results.
- We have used the number of maternities in quarter 4 08-09 as the denominator as an indicative performance measure which suggests that we have achieved 64.24% in quarter 2. However, true performance against this target will not be known until quarter 4 of 09-10 when we have the number of maternities which took place in this quarter

Action taken:

- Established the Antenatel Referral Reference Group and have now undertaken initial late booker analysis using data from Quarter 1. As a result of this the group have developed a GP survey to explore further the potential issues of late booking using a cohort of late bookers from quarter 1.
- Planning has begun with the Community Engagement team at NHS Brent to develop an alternative approach to undertake direct focus groups with local women, specifically those within analysed late booking ethnic groups.

# Breastfeeding 6-8 weeks



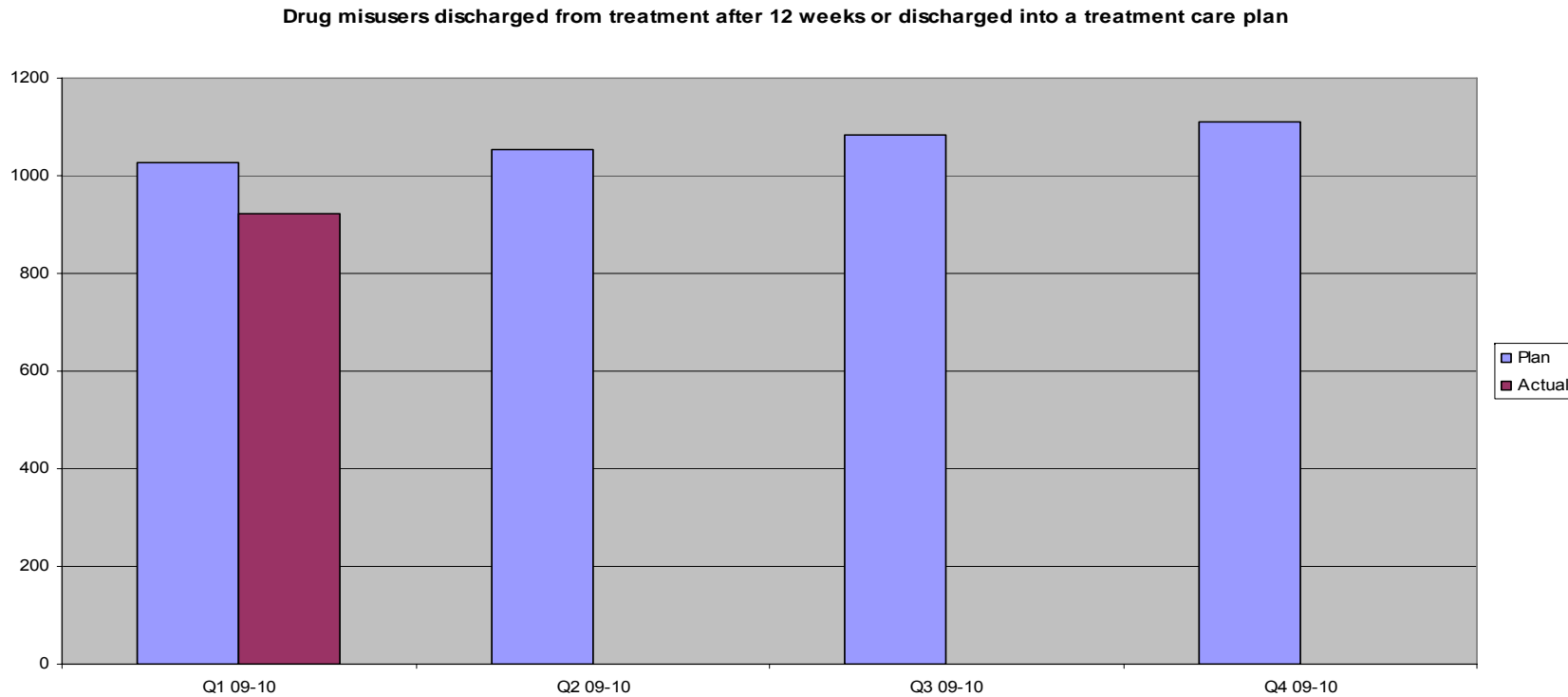
Reasons for underperformance:

- Lack of engagement from GP practices to sign up to the data LES.
- For those practices who have signed up to the LES, accuracy of data being submitted is questionable. Data could be under reported.

Action taken:

- Communication strategy is underway with practices to increase LES sign up and encourage data returns to PCT.
- Training needs regarding data entry and retrieval are being identified and addressed.
- Longer term project underway in collaboration with Immunisations team for automatic data extraction process. The full impact of this project may not be seen until new financial year.

# Drug misusers retained in treatment



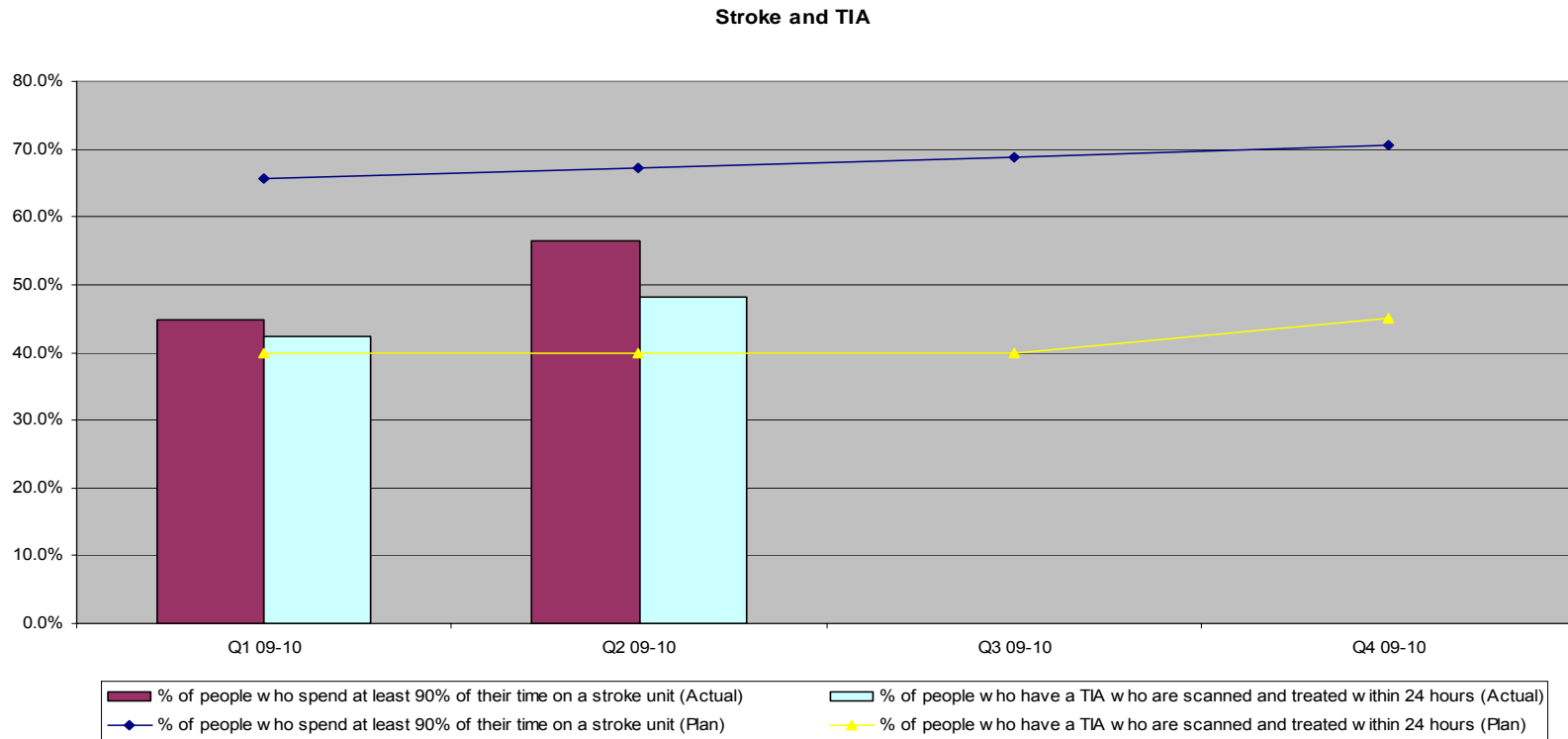
Reasons for underperformance:

- The targets at 10% increase were set with agreement with the NTA before a national baseline could be identified which was 2.5% and as an NHS trust and drugs partnership, have not been able to refresh that target to meet the national baseline and we would welcome the opportunity to refresh the target which is more realistic and not over ambitious.

Action taken:

- The DAAT is undertaking a full scoping of tier 3 structured treatment services to support the development of the new treatment agenda for substance misuse “Vision for Treatment - Vision for Recovery”. This will include development of a new commissioning strategy and a programme of procurement and the retendering of those services which either fail to perform or disinvest in those services which fail to meet performance targets.
- Monthly and contract meetings taking place to support and increase performance – weekly meetings currently taking place with Brent Council Housing and Community Care Drug and Alcohol team to improve performance we do not currently commission this service but invest to add extra capacity for residential treatment places.

# Stroke and Transient Ischaemic attacks (TIA)



Reasons for underperformance:

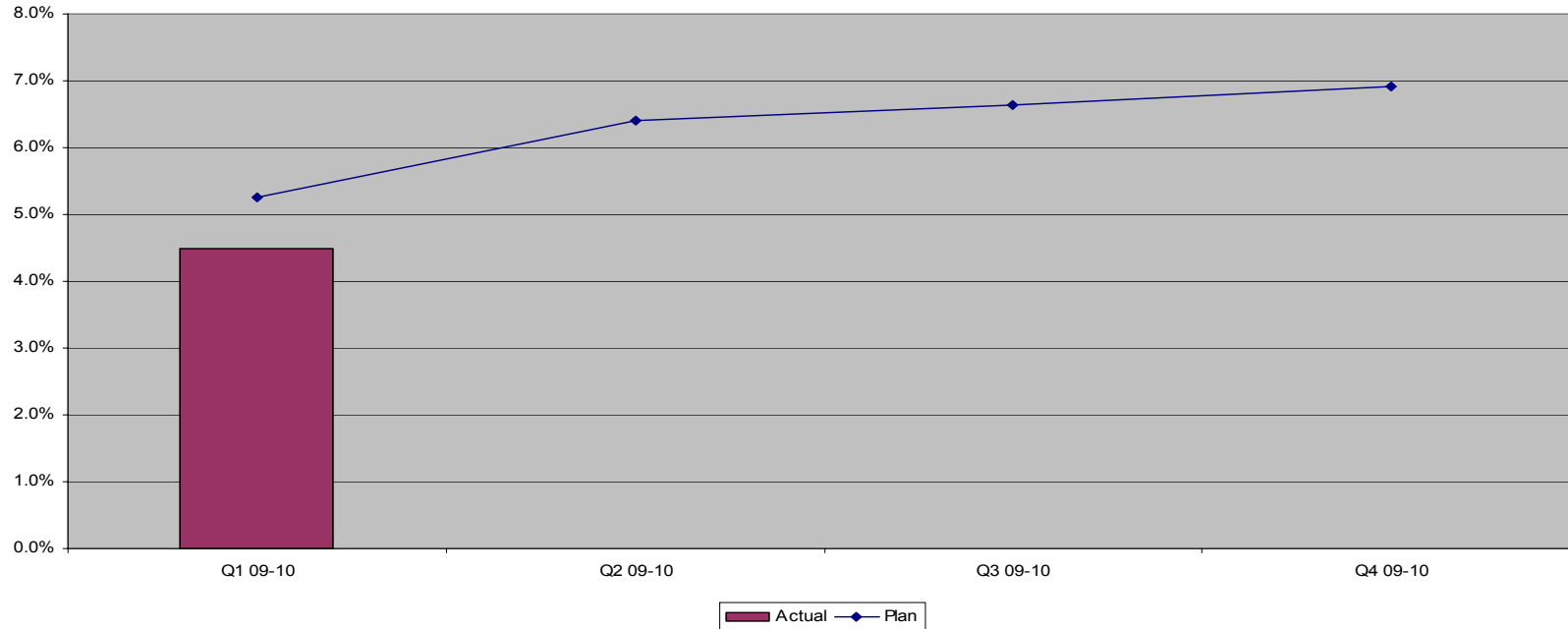
- NWLHT existing stroke unit is operating at an average of 62% of patients spending 90% stay in Q2 09-10. By end of November 09 activity is planned to reach 70% in line with HfL performance standards in line with the implementation of the new stroke unit. As the hyperacute service comes live (~February 10) it is expected that the target will reach 95%.
- No integrated pathway for stroke
- Lack of clarity of roles and hand off arrangements
- Delay in diagnostics leading deterioration of condition, increasing length of stay in HDU
- Under capacity within stroke unit
- Discharge not proactively managed
- Commissioning for services not pathway
- No service specifications and monitoring

Action taken:

- Understand current pathways and time spent in HDU and identify quick wins.
- Performance management of existing providers.
- Mobilise Clinicienta Early Supported Discharge Service.
- Agree short term solutions to increase capacity and Identify opportunities to increase throughput on SU

# Chlamydia screening

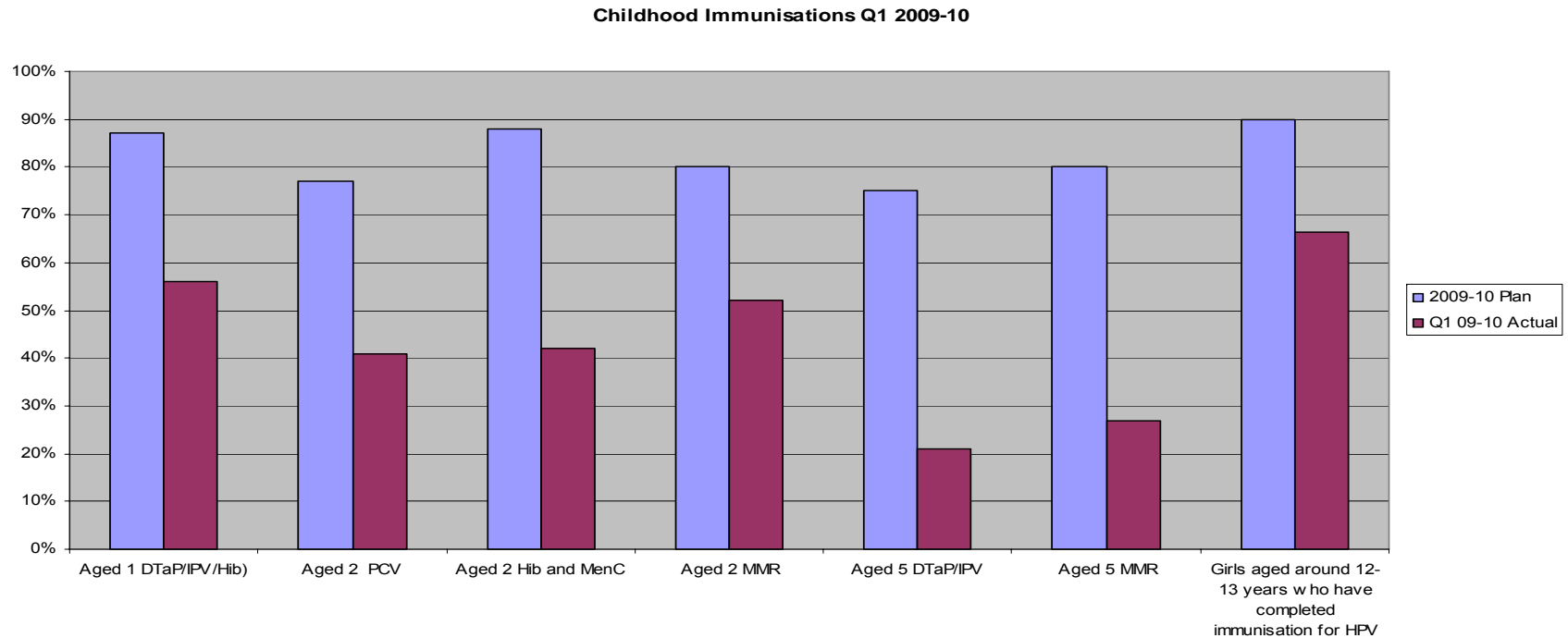
Percentage of the population aged 15 - 24 screened or tested for chlamydia



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:

- Supporting the ongoing implementation of the GP Les and development of lab link support for GP surgeries. Feedback from GPs has been that the coverage could be increased if they could dispense with paper and use an IT based solution.
- Implementation of an SLA with Pharmacies. This has been agreed and is being cascaded. A three pronged approach is being taken to this.
- Youth services are providing peer educators to support the training programme for pharmacies
- A Pharmacy lead is being recruited to support the implementation.
- A local Voluntary Sector Organisation is being used to visit each pharmacy and support and monitor the implementation of the SLA.
- Improved and expanded outreach work programme.
- The Chlamydia Screening Office has employed an outreach worker for three months. This has lead to the development of working with the local university and regular screening events.
- NHS Brent is developing closer working with youth services. Kits have sent out to support an away weekend with vulnerable people to test impact.
- Performance monitoring of the Chlamydia Screening Office and the establishment of review meetings to manage underperformance.
- The PCT has been providing direct input into the running of the project and supporting the delivery of the outreach plan.
- A six month review is in the process of being set up to establish a way forward for 2010/11

## Childhood Immunisations



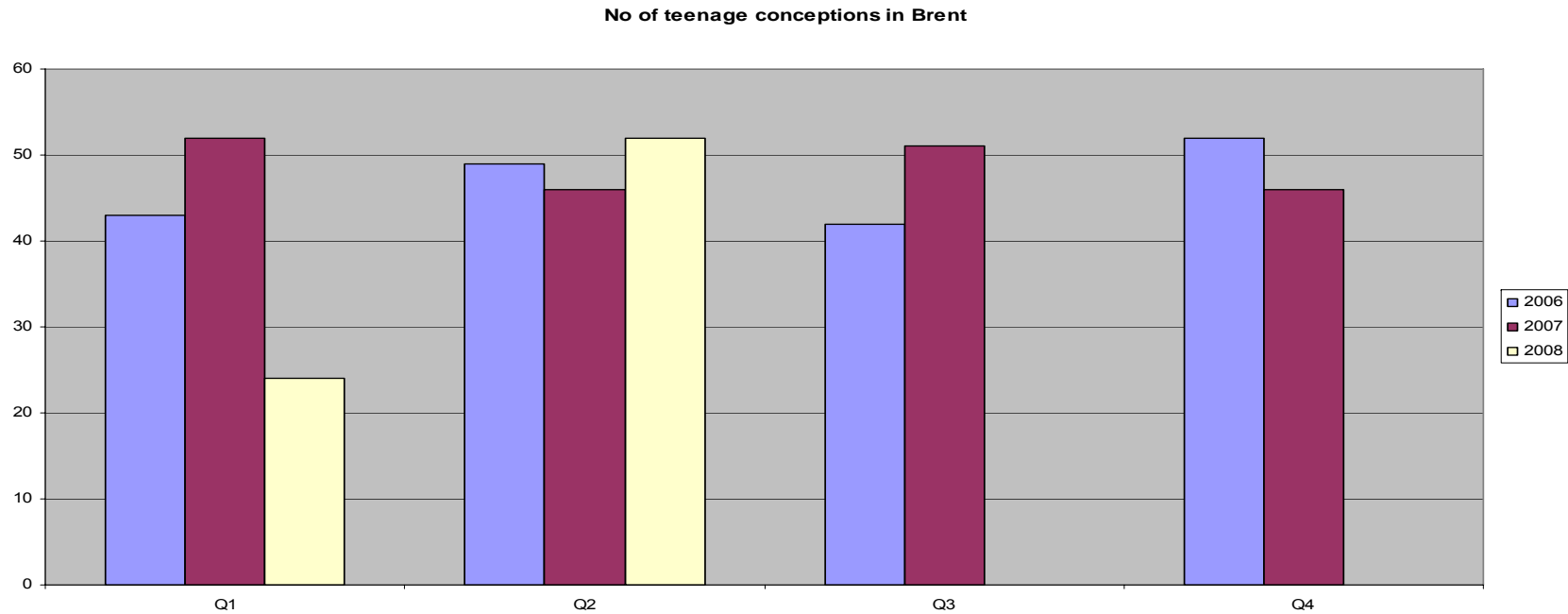
### Reasons for underperformance:

- Indications are that the data quality issues mean that NHS Brent is under reporting its actual immunisation performance.
- Children who are no longer part of the responsible population have not been removed and are still part of the denominator.
- At least 2,000 records currently held on CIS could be duplicates.
- Included in the NHS Brent responsible population are 4,000 children who do not have a record in CIS, reducing the reported performance

### Action taken:

- A Performance improvement plan has been produced. Some of the initiatives highlighted with various timescales are cleaning of immunisations database, collect immunisation data from GPs electronically, operate a call/recall process.

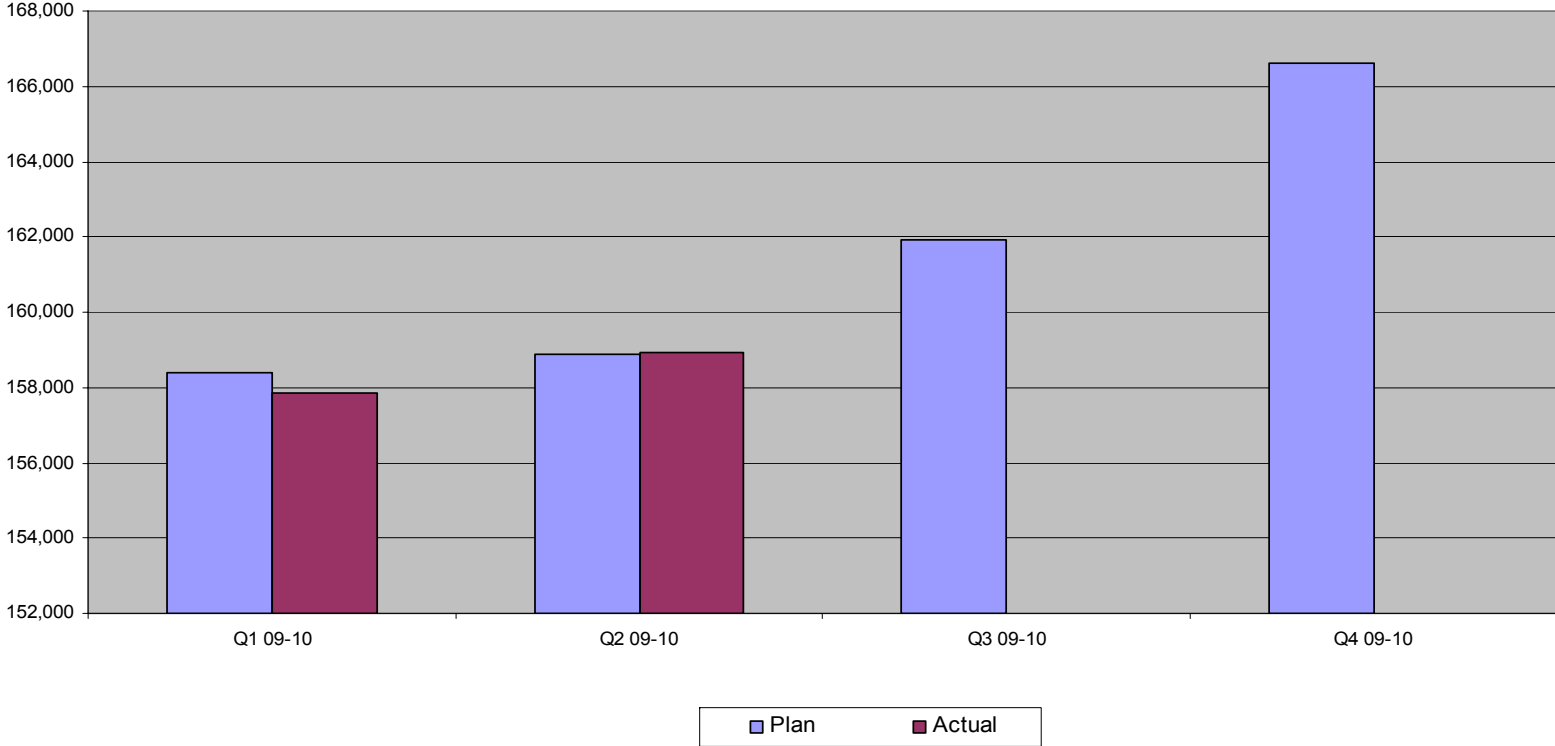
## Teenage Conceptions



- As at Q2 2009, teenage conceptions in Brent have increased in comparison to previous years.
- There are a number of initiatives currently running to address the issue of TP/under 18 conception rates within the borough:
  - Parenting support on raising awareness around healthy relationships and sexual health to develop parental confidence in raising and discussing such issues with their children.
  - School based sexual health & substance misuse drop in service.
  - Condom distribution, Chlamydia screening kits, alcohol awareness information packs, drugs awareness packs and generic sexual health/substance misuse information from Medi-Vend Kiosks
  - Provision of advice and support to young mothers to encourage them back into education, employment or training. Including NCFE (Northern Council for Further Education) training and certificate in effective parenting; life coaching; Advice, support and guidance from a Connexions Personal Advisor
- We are also in discussions with providers to commission the following services:
  - Contraceptive Clinic - 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, info, support
  - Emergency Hormonal Contraception for young people through pharmacies.
  - School Health days - providing a range of sexual health, substance misuse and emotional/mental health support to young people.

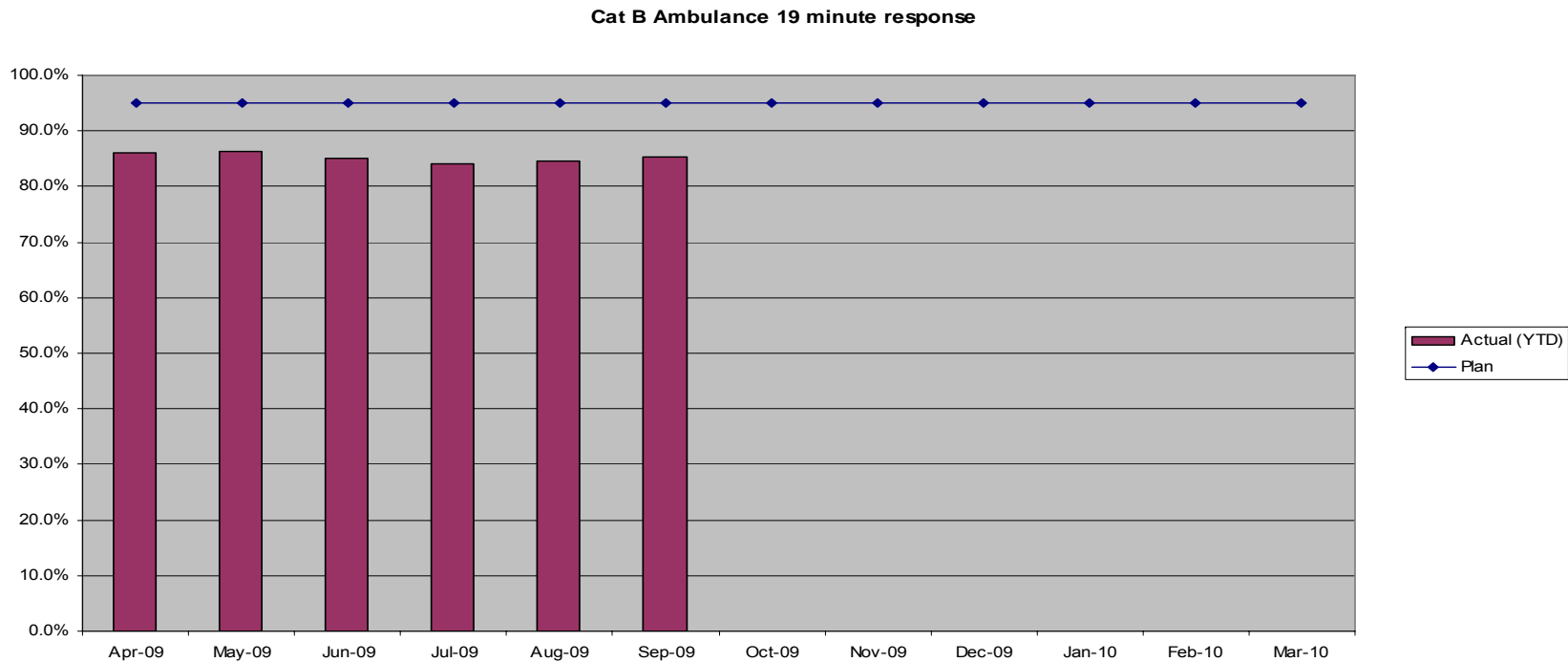
# Access to Dental Services

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



Q2 09-10 performance was just above plan 158,912 people accessing dental services in the last 24 months, compared to a plan of 158,878

## Ambulance Cat B 19 minute response rate



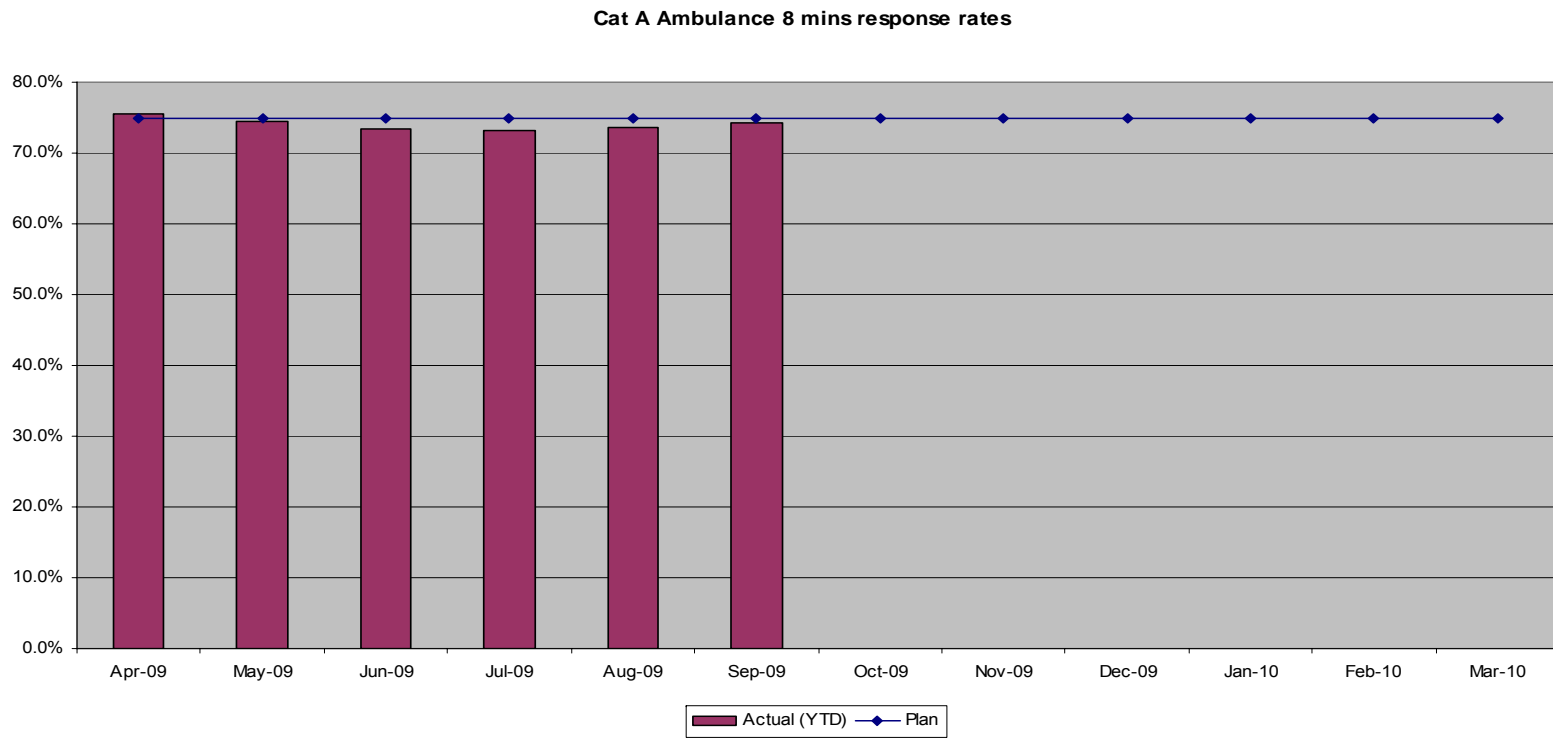
### Reasons for underperformance:

- YTD Sept 09 performance is 85.3% against a target of 95%.
- Remains a significant challenge and improvement seen month on month due to reduced call volume and increase in staffing. recruitment ongoing with improvements further expected September onwards

### Action taken:

- Higher proportion of cat B calls put onto cars.
- Clinical supervisors maintaining focus on B.
- Pathway into Wembley is Work in progress. Should reduce job cycles and thereby increase availability.
- Performance management of staff with slow hospital turnarounds active

# Ambulance Cat A 8 minute response rate



Reasons for underperformance:

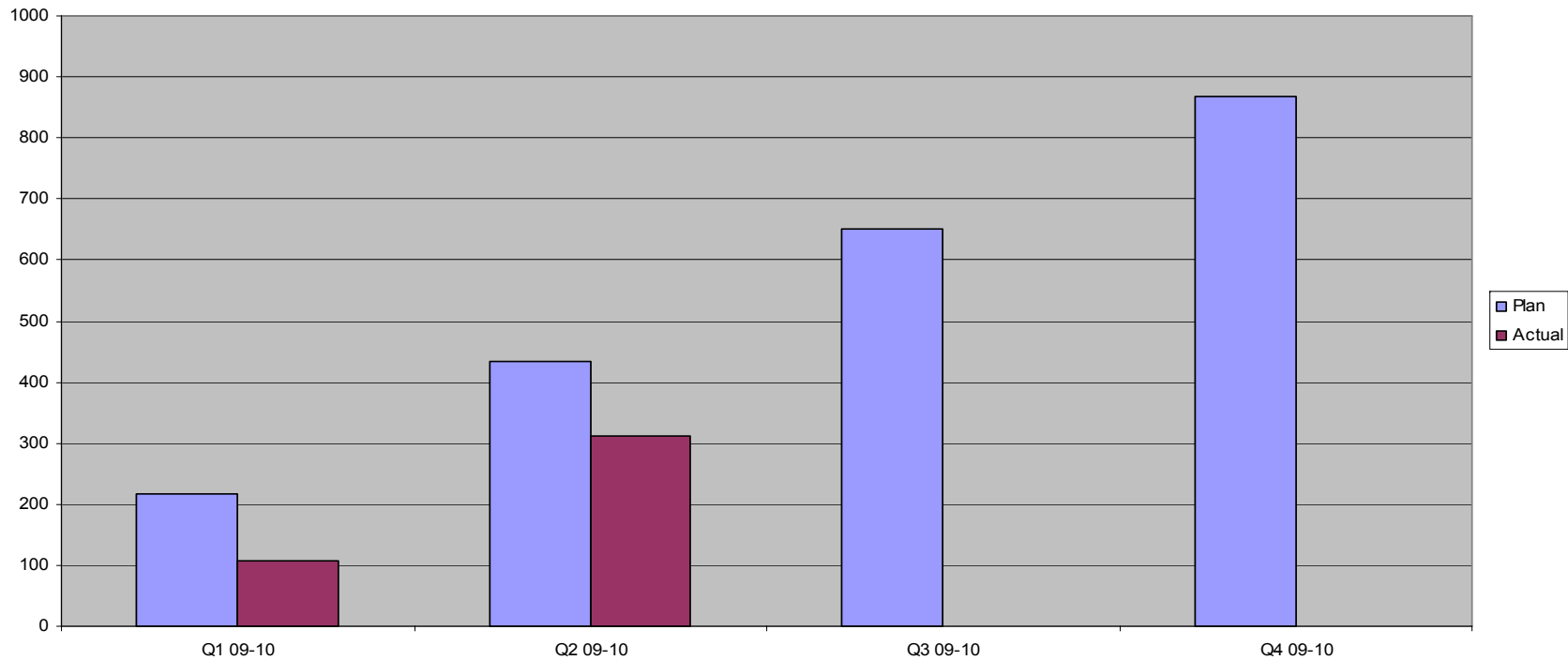
- YTD Sept 09 performance is 74.3% against a target of 75%.
- Call volume increased over prior month by c 10%.

Action taken:

- Priority focus on fast car response
- Ongoing focus on Hospital turnaround to create availability.

# Crisis Resolution Episodes- Cummulative

Crisis Resolution Episodes 2009-10



## Reasons for underperformance:

- Discussions around capacity of the teams and levels of funding are still on-going between NHS Brent and CNWL ( the Provider) to enable the teams to meet the target of 869 episodes per year.
- Access to the service remains a problem but care pathways are being redefined and redesigned with improved networking in areas such as emergency, primary care and other mental health services.

## Action taken:

- The above has been recognised by NHS Brent and an improved model of care has been agreed by the PCT board and CNWL in August 2009. There has been some increase in Q2 figures in comparison to Q1 and work continues to enable the target to be met by March 2010.

# 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 Sept 09	78	45	
18 week wait -% of admitted patients should have been seen in 18 weeks	SC	90%	Q2 09-10	90%	94.30%	
18 week wait -% of non-admitted patients should have their RTT clock stopped within 18 weeks	SC	95%	Q2 09-10	95%	98.05%	
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	Q2 09-10	0	2	
18 week wait- No of T&O failures to achieve 90% standard for admitted patients and 95% standard for non admitted patients	SC	0	Q2 09-10	0	2	
% of direct access audiology pathways whose RTT clock stopped during the month who waited 18 weeks or less	SC	100%	Q2 09-10	100%	100%	
18 week Data Quality- Admitted data completeness	SC	90-110%	Aug-09	90-110%	99%	
18 week Data Quality- Non Admitted data completeness	SC	90-100%	Aug-09	90-110%	108%	
Satisfaction with telephone access to GP practice (%)	PCCS	85%	Q1 09-10	85%	Data not available yet	
Ability to see GP within 48 hours if wanted (%)	PCCS	85%	Q1 09-10	85%	Data not available yet	
Ability to book GP consultation 3+ days ahead if wanted (%)	PCCS	75%	Q1 09-10	75%	Data not available yet	
Ability to see a specific GP if wanted (%)	PCCS	86%	Q1 09-10	86%	Data not available yet	
Satisfaction with GP practice opening times (%)	PCCS	81%	Q1 09-10	81%	Data not available yet	
Average of five elements of access to primary care	PCCS	82%	Q1 09-10	82%	Data not available yet	
Cancer waits- 31 day standard	SC	96%	YTD Q2 09-10	96%	99.49%	
Cancer waits- 31 day drug standard	SC	98%	YTD Q2 09-10	98%	100.00%	
Cancer waits- 31 day surgery standard	SC	94%	YTD Q2 09-10	94%	98.39%	
Cancer waits- 62 day standard	SC	85%	YTD Q2 09-10	85%	84.62%	
Cancer waits- 62 day screening standard	SC	90%	YTD Q2 09-10	90%	100.00%	
Cancer waits- 62 day consultant upgrade standard	SC	Plan not yet known	YTD Q2 09-10	Plan not yet known	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 Q2 09-10	93%	93.74%	
% of people who spend at least 90% of their time on a stroke unit	SC	70%	Q2 09-10	67%	56.5%	
% of people who have a TIA who are scanned and treated within 24 hours	SC	45%	Q2 09-10	40%	48.2%	
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 Aug 09	570	321	
% 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%	Q2 09-10	90%	64.3%	
Sexual health - Teenage conception rates	SC	30.8	Average Q1 and Q2 2008	30.8	35.3	
Percentage of children in Year R with height and weight recorded who are obese.	PCCS	10.9%	2008-09	10.9%	Data not available yet	
Percentage of children in Year 6 with height and weight recorded who are obese.	PCCS	22.1%	2008-09	22.1%	Data not available yet	
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%	Q1 09-10	87%	56%	
Immunisation rate for children aged 2 who have been immunised for PCV - (PCV booster)	PCCS	77%	Q1 09-10	77%	41%	
Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC booster)	PCCS	88%	Q1 09-10	88%	42%	
Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)	PCCS	80%	Q1 09-10	80%	52%	
Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) (booster doses)	PCCS	80%	Q1 09-10	80%	21%	
Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR) (booster doses)	PCCS	80%	Q1 09-10	80%	27%	
Immunisation rate of 90% for human papilloma virus vaccine for girls aged around 12-13 years (All 3 doses)	PCCS	90%	Sep-09	90%	69.2%	
Immunisation rate for children aged 13 to 18 who have been immunised with a booster dose of tetanus, diphtheria and polio	PCCS	77%	Q1 09-10	77%	19.5%	

National Priorities	Owner	Annual Plan	Reporting period	Plan	Actual/Current Status	FOT for March 10
% of women aged 53-70 yrs screened for breast cancer	SC	Plan not yet known	2008-09 provisional	Plan not yet known	49.6%	
% of women aged 25-49 yrs who have received cervical screening in the last 3.5 yrs	SC	Plan not yet known	2008-09	Plan not yet known	63.7%	
% of women aged 50-64 yrs who have received cervical screening in the last 5 yrs	SC	Plan not yet known	2008-09	Plan not yet known	74.9%	
Prevalence: % of infants totally or partially breastfed at 6-8 weeks	PCCS	72.1%	Q2 09-10	70.1%	58.19%	
Coverage: The number of children with a breastfeeding status recorded as a percentage of all infants due for a 6-8 week check	PCCS	90.0%	Q2 09-10	86.4%	78.5%	
Has a full range of CAMH services for children and young people with learning disabilities been commissioned for the council area?	SC	4	Q2 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	Q2 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	Q2 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	Q2 09-10	2	2	
Percentage of the population aged 15 - 24 screened or tested for chlamydia	SC	25%	Q1 09-10	5.00%	4.5%	
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	Q1 09-10	1028	923	
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	168,279	Q2 09-10	158,878	158,912	
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 1st Nov 09	98%	98.25%	
Outpatient waits 13 week breaches	SC	0	YTD Sept 09	0	0	
Inpatient waits 26 week breaches	SC	0	YTD Sept 09	0	1	
No of patients waiting more than 3 months for Cardiac revascularisation	SC	0	YTD Sept 09	0	0	
Sexual health - % of patients accessing GUM clinic within 48 hours	SC	100%	YTD Sept 09	100%	99.72%	
Delayed transfers of Care (acute and non acute) per 100,000 people aged 18 yrs+	SC	13	Average Q1 and Q2 09-10	13	8.40	
Category A Ambulance response within 19 mins	SC	95%	YTD Sept 09	95%	98.5%	
Category A Ambulance response within 8 mins	SC	75%	YTD Sept 09	75%	74.3%	
Category B Ambulance response within 19 mins	SC	95%	YTD Sept 09	95%	85.3%	
% offered diabetic retinopathy screening	PDE	95%	Q2 09-10	95%	99.2%	
Number of new cases for early intervention of psychosis	SC	65	YTD Q2 09-10	33	40	
Number of Crisis resolution episodes	SC	869	YTD Q2 09-10	435	311	
Data quality on Ethnic Group	SC	85%	YTD Sept 09	85%	85.6%	
<b>Other Corporate Objectives (not included in above)</b>						
New cases of MRSA (performance at 'hosted' Trust)	PH	26	YTD Oct 09	15	9	
% 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%	Q2 09-10	10%	12.4%	
Percentage of Carers receiving a 'carer's break' or a specific carer's service	SC	24.6%	Q2 09-10	12.93%	6.32%	
% of diabetic patients with HbA1c of 7.5 or less (DM 20)	PCCS	65%	2008-09	65%	56.8%	
% of deaths occurring at home or hospice	SC	17%	Jan 09 to Sept 09	17%	18.7%	
% of patients in mixed sex accommodation	SC	10%	2009-10	10%	Data not available yet	

## **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

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  5.16%	
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	99.20%	
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	99.20%	
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').	85.60%	
NHS Number completeness	Information Governance Toolkit	86.10%	95% (Level 3 attainment requires 95% completeness. Level 4 requires 100%)	86.90%	To be agreed with NWLH
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 - 94.3% Non admitted - 98.05%	
% of treatment function codes valid	SUS Inpatient data quality	100%	National performance = 99.9%	99.9%	
% of Main specialty codes valid	SUS Inpatient data quality	100%	National performance = 100%	100.0%	

## Data Quality Dashboard- Acute Services (2)

Indicator	Area	2008-09 Performance	2009-10 Target	2009-10 YTD Performance	Action Plan/Context/ Comments
% of Reg GP practice codes valid	SUS Inpatient data quality	99.8%	National performance = 99.7%	99.9%	
% of Postcodes valid	SUS Inpatient data quality	99.3%	National performance = 99.7%	99.7%	
% of PCT of residence codes valid	SUS Inpatient data quality	99.0%	National performance = 94.1%	99.4%	
% of Commissioner codes valid	SUS Inpatient data quality	100.0%	National performance = 99.6%	100.0%	
% of Primary Diagnosis codes valid	SUS Inpatient data quality	99.6%	National performance = 97.8%	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 = 94.7%	98.3%	
% of Neonatal level of care codes valid	SUS Inpatient data quality	99.6%	National performance = 92.5%	99.6%	
% of site treatment codes valid	SUS Inpatient data quality	79.5%	National performance = 74.6%	88.3%	
% of HRG4 codes valid	SUS Inpatient data quality	New for 2009-10	National performance = 97.4%	99.0%	
% of NHS numbers valid	SUS Outpatient data quality	89.8%	National performance = 98.0%	87.6%	
% of Treatment function codes valid	SUS Outpatient data quality	100.0%	National performance = 99.5%	100.0%	
% of Main specialty codes valid	SUS Outpatient data quality	99.8%	National performance = 99.7%	99.9%	

## Data Quality Dashboard- Acute Services (3)

Indicator	Area	2008-09 Performance	2009-10 Target	2009-10 YTD Performance	Action Plan/Context/ Comments
% of Reg GP practice codes valid	SUS Outpatient data quality	99.9%	National performance = 99.7%	99.9%	
% of Postcodes valid	SUS Outpatient data quality	99.9%	National performance = 99.9%	99.9%	
% of PCT of residence codes valid	SUS Outpatient data quality	99.7%	National performance = 95.1%	99.7%	
% 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%	100.0%	
% of Attendance indicator codes valid	SUS Outpatient data quality	99.8%	National performance = 99.5%	99.7%	
% of Referral source codes	SUS Outpatient data quality	95.9%	National performance = 96.1%	97.2%	
% of Referral referral received dates valid	SUS Outpatient data quality	94.1%	National performance = 92.4%	94.9%	
% of Attendance outcome codes valid	SUS Outpatient data quality	97.7%	National performance = 97.9%	99.3%	
% of Priority type codes valid	SUS Outpatient data quality	98.0%	National performance = 94.5%	98.0%	
% of OP primary procedure codes valid	SUS Outpatient data quality	97.7%	National performance = 96.7%	99.2%	
% of Operation status codes valid	SUS Outpatient data quality	88.7%	National performance = 74.4%	85.5%	

## 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 = 85.8%	87.2%	
% of HRG4 codes valid	SUS Outpatient data quality	New for 2009-10	National performance = 97.7%	98.7%	
% of NHS number valid	SUS A&E data quality	70.30%	National performance = 88.4%	70.4%	
% of Reg GP practice codes valid	SUS A&E data quality	99.80%	National performance = 99.4%	99.9%	
% of Postcodes valid	SUS A&E data quality	99.90%	National performance = 98.7%	99.8%	
% of PCT of residence codes valid	SUS A&E data quality	97.80%	National performance = 95.8%	98.4%	
% of Commissioner codes valid	SUS A&E data quality	100.00%	National performance = 99.6%	100.0%	
% of Attendance disposal codes valid	SUS A&E data quality	99.90%	National performance = 98.4%	99.8%	
% of Patient group codes valid	SUS A&E data quality	99.80%	National performance = 95.5%	99.5%	
% of First investigation codes valid	SUS A&E data quality	79.40%	National performance = 68.7%	85.4%	
% of First treatment codes valid	SUS A&E data quality	70.1%	National performance = 48.7%	71.0%	
% of Conclusion times valid	SUS A&E data quality	97.4%	National performance = 91.1%	98.5%	
% of Departure times valid	SUS A&E data quality	99.8%	National performance = 99.5%	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 ( <b>not greater than 20% and not less than 10%</b> ) of National Statistics (ONS) reported number of live births for the last 5 years, and within the tolerance ( <b>20%</b> ) set as compared against the number of maternities submitted for breastfeeding initiation and smoking at delivery.	1.84%	
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 <b>greater than or equal to 90%</b> of no of infants due for a 6-8 wk check	75.94%	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	81.10%	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. The aim is to ensure that 95% of records are cleansed by end of Dec 09.
Recording of obesity in primary care	Mandatory return to DoH	21.70%	Number of patients aged 16 and over on GP register with BMI recorded in the last 15 months $\geq$ 56% of total number of patients aged 16 and over on GP register	25.20%	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	39.10%	Number of patients aged 16 and over on GP register with smoking status recorded in the last 15 months $\geq$ 70% of total number of patients aged 16 and over on GP register	47.40%	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)
List size validation	PCT priority	-	Adjusted ONS population estimate = 281,575 Sept 2009 List size = 359,778	127.8%	ONS 2006 based population projection for 2009 (273,900) is adjusted for net in/outflows to Brent GP list size

## Data Quality Dashboard- Brent 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 90-110%	Non admitted- 89.5%	
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%.	6.79%	

## 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%	100%	
% 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%	99%	
% of Brent patients with Marital Status	CNWL data quality across all services	99%	100%	97%	
% of Brent patients with GP Code	CNWL data quality across all services	89%	100%	87%	GP Coding will be improved over the coming months.
% of Brent patients with Accommodation Status	CNWL data quality across all services	65%	100%	71%	The lower rates for accommodation and employment status are in the main due to the community teams focussing 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%	84%	As above.
% of Brent patients with valid diagnosis codes	CNWL Inpatients	94%	100%	90%	
% of Brent patients with valid diagnosis codes	CNWL Community	90%	100%	87%	

## **SECTION 4 – CSP INITIATIVES & OD PLAN IMPLEMENTATION**

# PART 4:- CSP INITIATIVES AND OD PLAN

Reporting period 9 October 2009 – 8 November 2009

ID	Board	Project	SRO	Project Status	Budget	Milestones/ Schedule	Risks and Issues	Comments
<b>CSP1 Improve Primary Care Services</b>								
17	*	Urgent Care Centre	TS					Strategic Commissioning are preparing the tender documents for the UCC and finalising the UCC model options with the UCN and NWLHT. NWLHT and NHS Brent to agree Heads of Terms for the Lease Agreement for the space at CMH.
49	*	Primary Care Strategy	JO					
<b>CSP3 Improve Vascular Health</b>								
82	*	Improve Vascular Health	JC					Paper prepared for EMT to discuss a variety of options for delivery (To be discussed at the next EMT).
<b>CSP5 Improve Intermediate Care</b>								
31	*	Intermediate Care	TS					A decision was made around the procurement process for Intermediate Care. Existing providers have been notified, and the associated service specifications are under development. A target to begin the procurement process during the first week of December has been set. The Rapid Response pilot has taken a significant step forward in October, receiving 108 referrals (45 in September) – many of which are being received directly from primary care and represent avoided admissions. This provides assurance that the benefits anticipated of the full-scale intermediate care model can be realised in practice. For November, the data gathering methodology has been enhanced, offering more precision regarding the number of admissions saved. The procurement timetable is dependent on the approval process for the service specifications, and on possible TUPE considerations. There is a clear need for legal advice prior to going to tender, however this has the potential to cause an overspend.
61	*	Nursing Staff Levels at Willesden	JO					All posts apart from one have now been recruited to; there have been no complaints regarding the wards for 3 months and the Service Improvement Programme has concluded and will report to the Shadow Board next month.
<b>CSP6 Improve Mental Health &amp; Wellbeing</b>								
97	*	IAPT	TS					IAPT, continues to run to schedule. The project continues to align to the project plan and is governed by the IAPT development board. A business case is in the process of being written for the next NHS Brent Investment panel
96	*	Crisis resolution home treatment team	TS					The CRHT project is now completed although the management and implementation is ongoing. Discussions around capacity of the teams and levels of funding are still ongoing between NHS Brent and CNWL to enable the teams to meet the target of 869 episodes per year. Access to the service remains a problem but care pathways are being redefined and redesigned with improved networking in areas such as emergency, primary care and other mental health services
<b>CSP7 Improve Maternity Services</b>								
85	*	Strengthen Brent & Harrow MSLC	JO					There has been a slight delay in confirming the appointment of the Chair to the MSLC. This will be concluded by 4 Nov and a group workshop has been booked for 23 November where the committee will start to address their work plan for the year.
<b>CSP9 Support Healthy Behaviours</b>								
-	*	Support Healthy Behaviours	JC					

## PART 4:- CSP INITIATIVES AND OD PLAN

<b>OD1.1 Restructure as a commissioning organisation</b>					
94	*	Restructuring as a commissioning organisation	CA		
<b>OD1.2 Employment Proposition</b>					
92	*	Employment proposition	CA		
90	*	OD Commitment to achieving diversity	CA		Change request being invoked due to slippage on timescales on some activities.
<b>OD1.3 Learning and Development</b>					
86	*	Learning and Development	CA		
<b>OD1.4 Teamwork and integration</b>					
n/a	*	Team working programme	CA		
n/a	*	HQ Accommodation for Commissioning	JO		
<b>OD2 Autonomous Provider Organisation</b>					
n/a	*	Provider Separation	ME		
<b>OD3.1 Information and Analytics</b>					
n/a	*	Information and Analytics	JW		
<b>OD 4.0 Improve partnership working</b>					
<b>OD 4.1 Better clinical engagement</b>					
-	*	Review priority action groups	JO		
-	*	PBC Development	JO		
<b>OD 4.2 Coordinated Commissioning</b>					
-	*	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		
<b>OD 4.3 Joint commissioning</b>					
-	*	Review governance arrangements for partnership commissioners	TS		Workshop involving CEOs/ Executive Directors/ LBB and NHS-B planned early December
-	*	Review care groups and agree future direction and plans	TS		Workshop involving CEOs/ Executive Directors/ LBB and NHS-B planned early December
<b>OD4.4 Public engagement</b>					
95	*	Building 3rd sector capacity	TS		
99	*	Internet & Intranet Development	TS		

	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. Issues 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/>.

This month we focus on two areas

1. The recent 2008/09 Programme Budgeting exercise
2. Annual Health Check

# What is Programme budgeting?

Programme budgeting is an annual national exercise conducted by all Primary care trusts and Acute trust to enable understanding of 'where the money is going'.

Programme budgets are a retrospective appraisal of expenditure by health care conditions. There are twenty three health care programmes, based on medical condition. The main Programmes are :

- |    |   |
|----|---|
| 01 | Infectious diseases                           |
| 02 | Cancers and Tumours                           |
| 03 | Disorders of Blood                            |
| 04 | Endocrine, Nutritional and Metabolic problems |
| 05 | Mental Health Disorders                       |
| 06 | Problems of Learning Disability               |
| 07 | Neurological                                  |
| 08 | Problems of Vision                            |
| 09 | Problems of Hearing                           |
| 10 | Problems of circulation                       |
| 11 | Problems of the respiratory system            |
| 12 | Dental problems                               |
| 13 | Problems of The gastro intestinal system      |
| 14 | Problems of the Skin                          |
| 15 | Problems of the musculo-skeletal system       |
| 16 | Problems due to Trauma and Injuries           |
| 17 | Problems of Genito-urinary system             |
| 18 | Maternity and Reproductive Health             |
| 19 | Conditions of neonates                        |
| 20 | Adverse effects and poisoning                 |
| 21 | Healthy Individuals                           |
| 22 | Social Care Needs                             |
| 23 | Other   |

## Summary of results of the 08/09 exercise

The overall movement of both income and expenditure across the 23 categories from 2007/08 to 2008/09 was 2%, but individual movement within the 23 categories varied widely. However the general trend was for more expenditure to be mapped to programme categories and less mapped to Other (a reduction of 32%). This is seen as a reflection of more accurate allocation of costs rather than large swings in the way funding was consumed.

The reason for this was as follows:

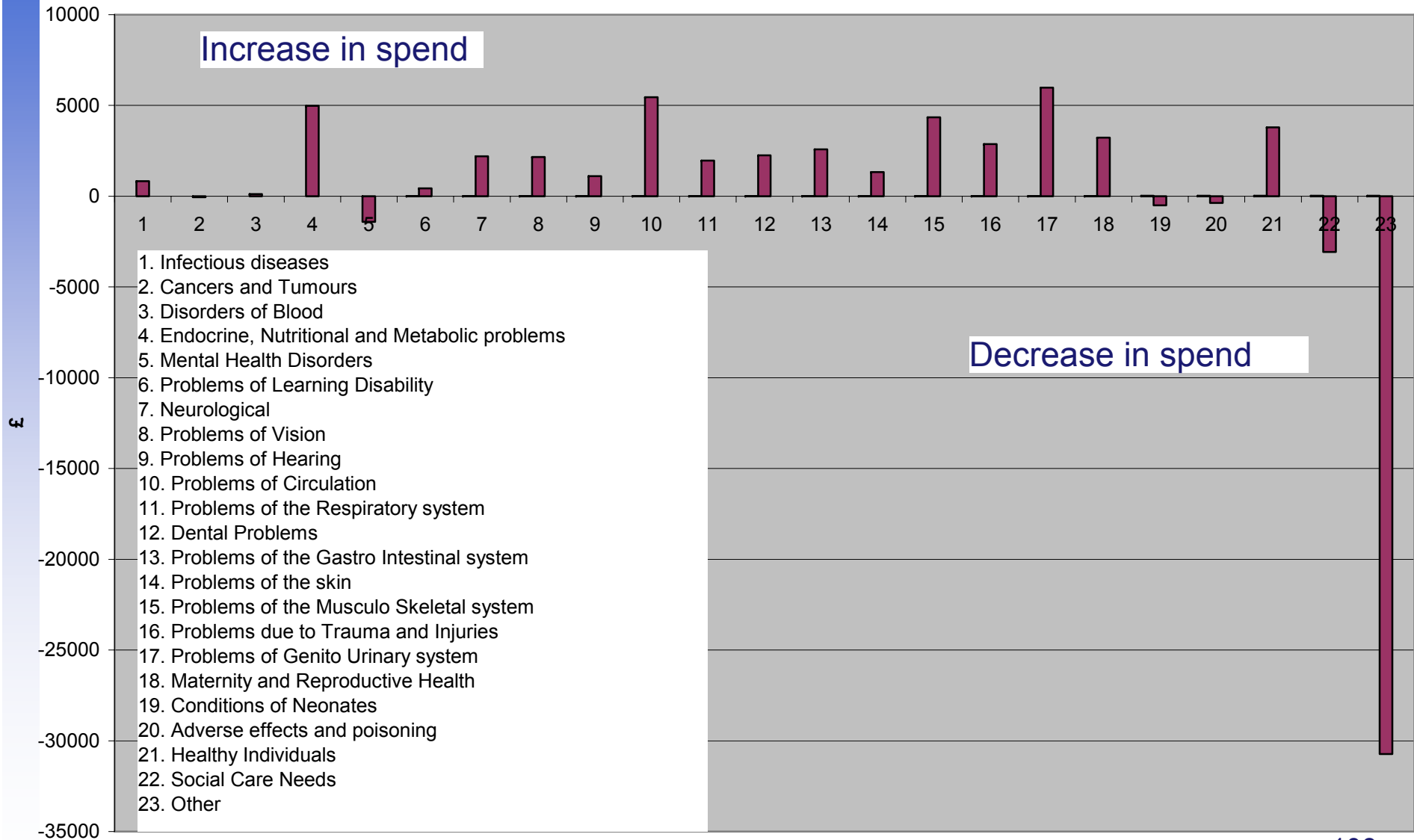
- The tools used by Acute providers ensured more costs were mapped away from Other
- Brent Commissioning Service undertook a more thorough exercise to assign their costs to categories, allied with more accurate reference costs.
- The approach we used to allocating income and expenditure by building up the apportionment from each contract was more detailed than used previously.

The following slides show the 2008/09 spend profile, the movement in spend across categories between years and the expected impact upon the Cluster analysis for those categories for which Brent was shown as an outlier in the analysis on the 2007/08 exercise.

The 2008/09 national analysis will be shared when it is available.

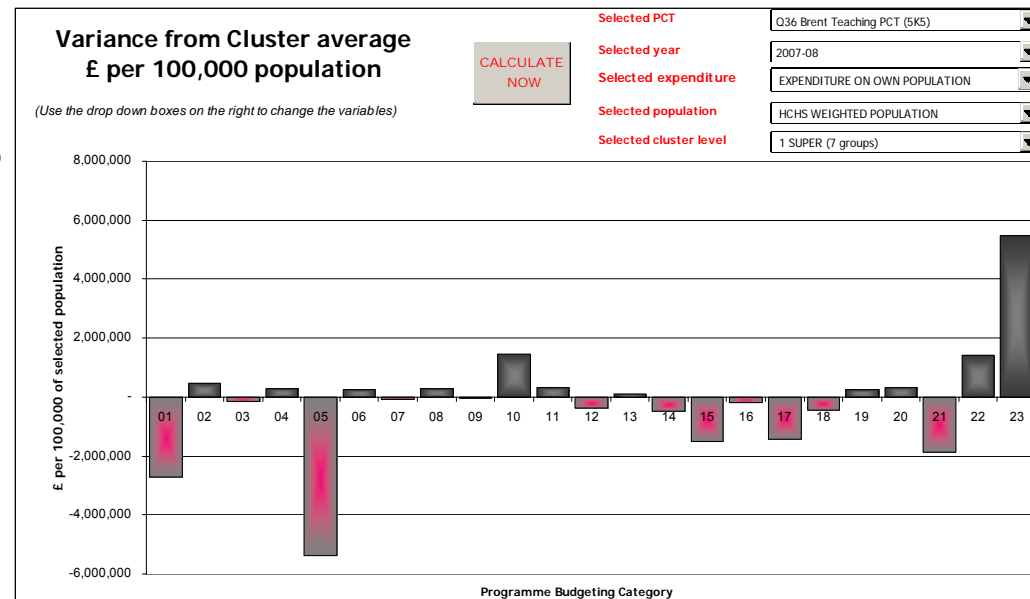


# PROGRAMME BUDGETING 2008/09- MOVEMENT FROM 2007/08



# EXPECTED IMPACT OF 2008/09 EXERCISE ON CLUSTER COMPARISONS

The results of the 2007/08 exercise showed NHS Brent as an outlier on 8 main categories.



It is expected that as a result of the changes in the 2008/09 exercise, NHS Brent is no longer shown as an outlier on 5 of the 8 categories.

<b>Outlier category</b>	<b>High or Low against Cluster</b>	<b>08/09 spend compared with 07/08</b>	<b>Expected impact</b>
1. Infectious Diseases	Low	small increase (7%).	Still an outlier
5. Mental Health	Low	a small decrease (2%)	Still an outlier
10. Circulation Problems	High	increase of 17%	Still an outlier
15. Musculo Skeletal System	Low	a large increase of 33%	No longer an outlier
17. Genito Urinary System	Low	a large increase of 35%	No longer an outlier
21. Healthy Individuals	Low	a large increase of 78%	No longer an outlier
22. Social Care Needs	High	a large decrease of 23%	No longer an outlier
23. Other	Very High	a large decrease of 32%	No longer an outlier

## PROGRAMME BUDGETING NEXT STEPS

- Carry out further benchmarking and analysis
- Link findings to CSP planning, specifically in relation to disease specific patient pathways
- Work with Public Health to link to outcomes and marginal costs and benefits

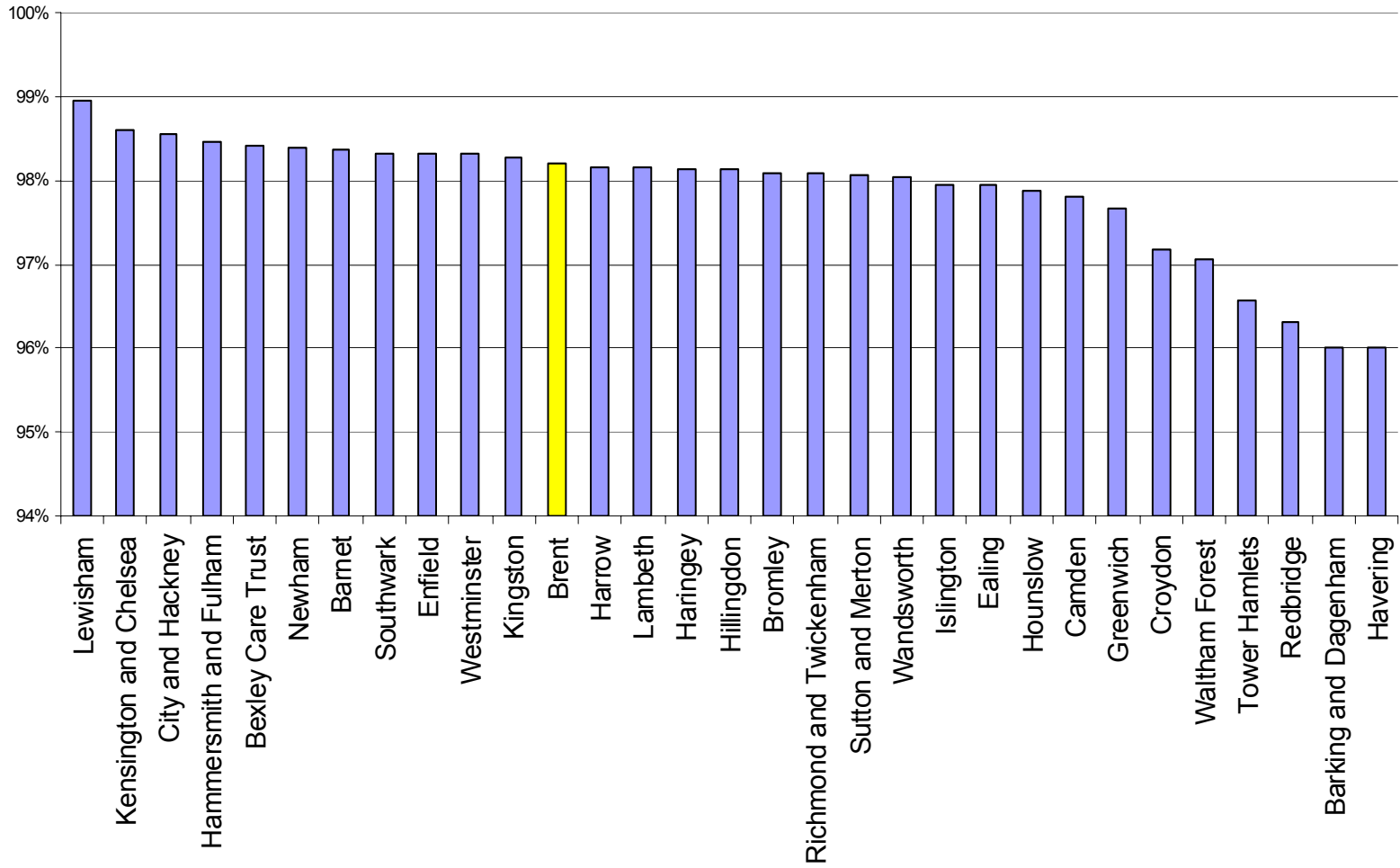
# Annual Health Check results 2008-09- London

## Benchmarking

- The charts in the following slides show how London PCTs performed in the Annual Health Check of 2008-09 in the 2 areas: Existing Commitments and National Priorities.
- For indicators where data was available, we have used bar charts to illustrate their performance either against national targets or the percentage achieved against their own local.
- For indicators where data was not available i.e. what % of plan was achieved, we have created pie charts to show the proportion of London PCTs' overall achievement in these areas.

# Existing Commitments

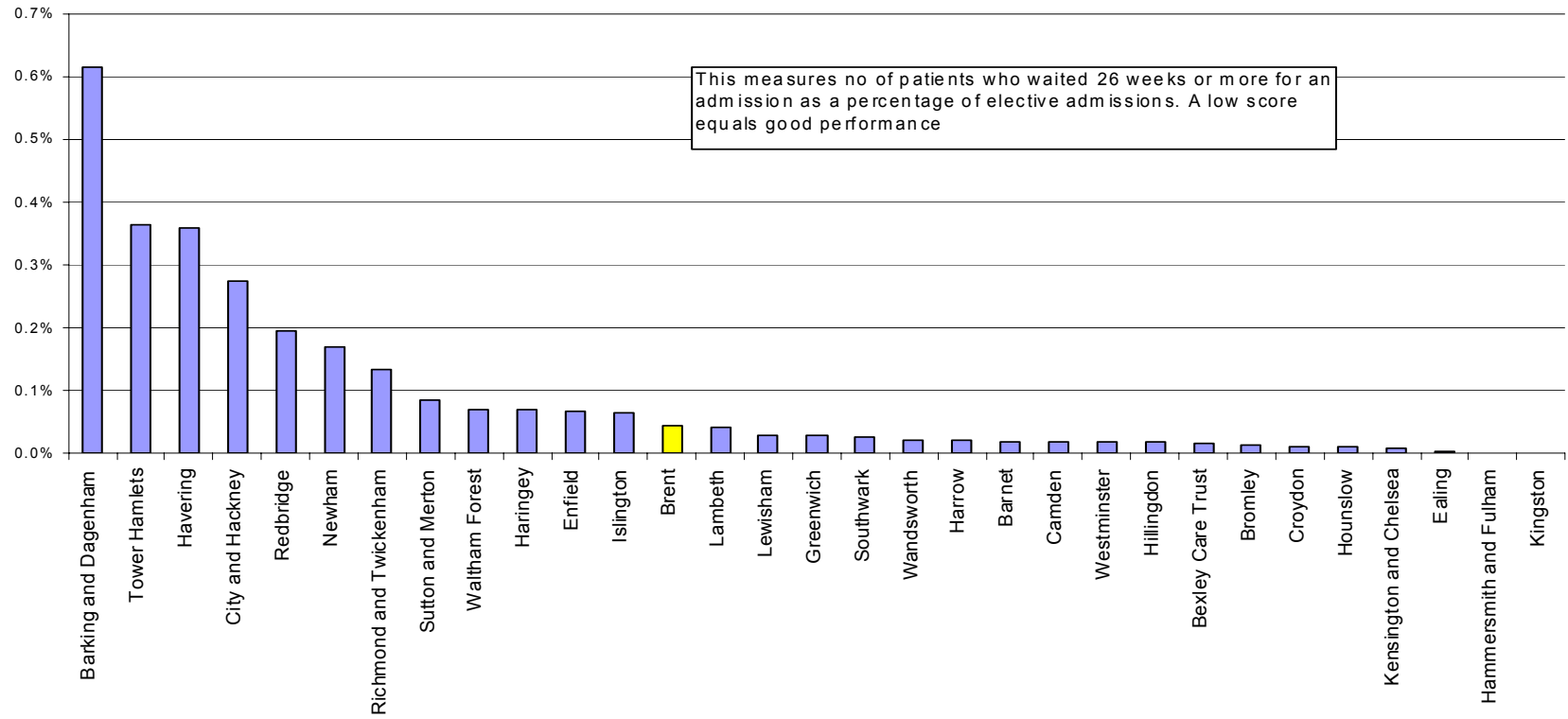
% of patients who waited less than 4 hrs to be seen in A&E



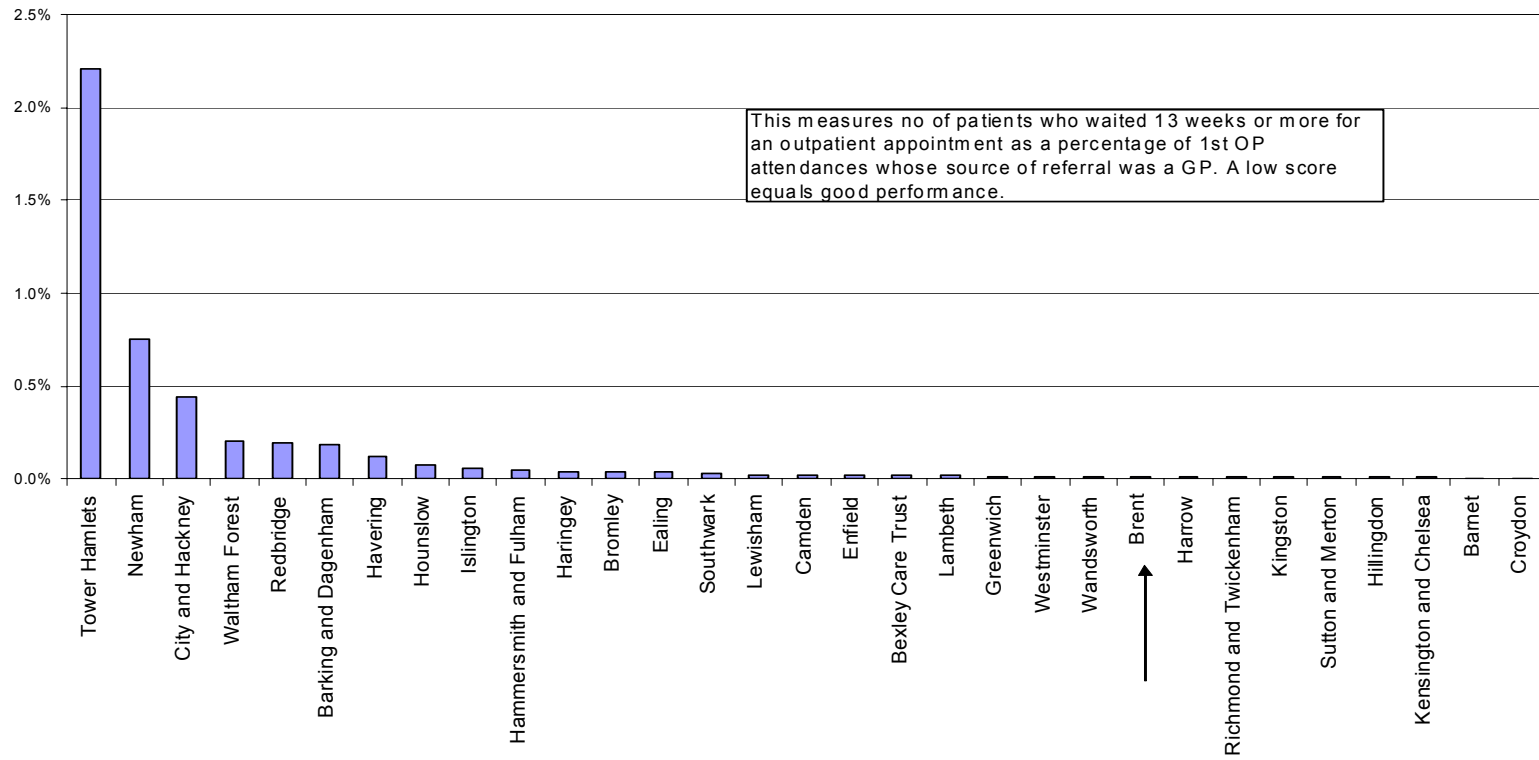
# LAS performance

- All London PCTs are allocated the overall LAS performance. Below is what the London PCTs achieved in each of the 3 indicators against the national target:
- Cat A calls responded within 8 mins- 75.55% against the target of 75%.
- Cat A calls responded within 19 mins- 98.56% against the target of 95%.
- Cat B calls responded within 19 mins- 84.50% against the target of 95%.

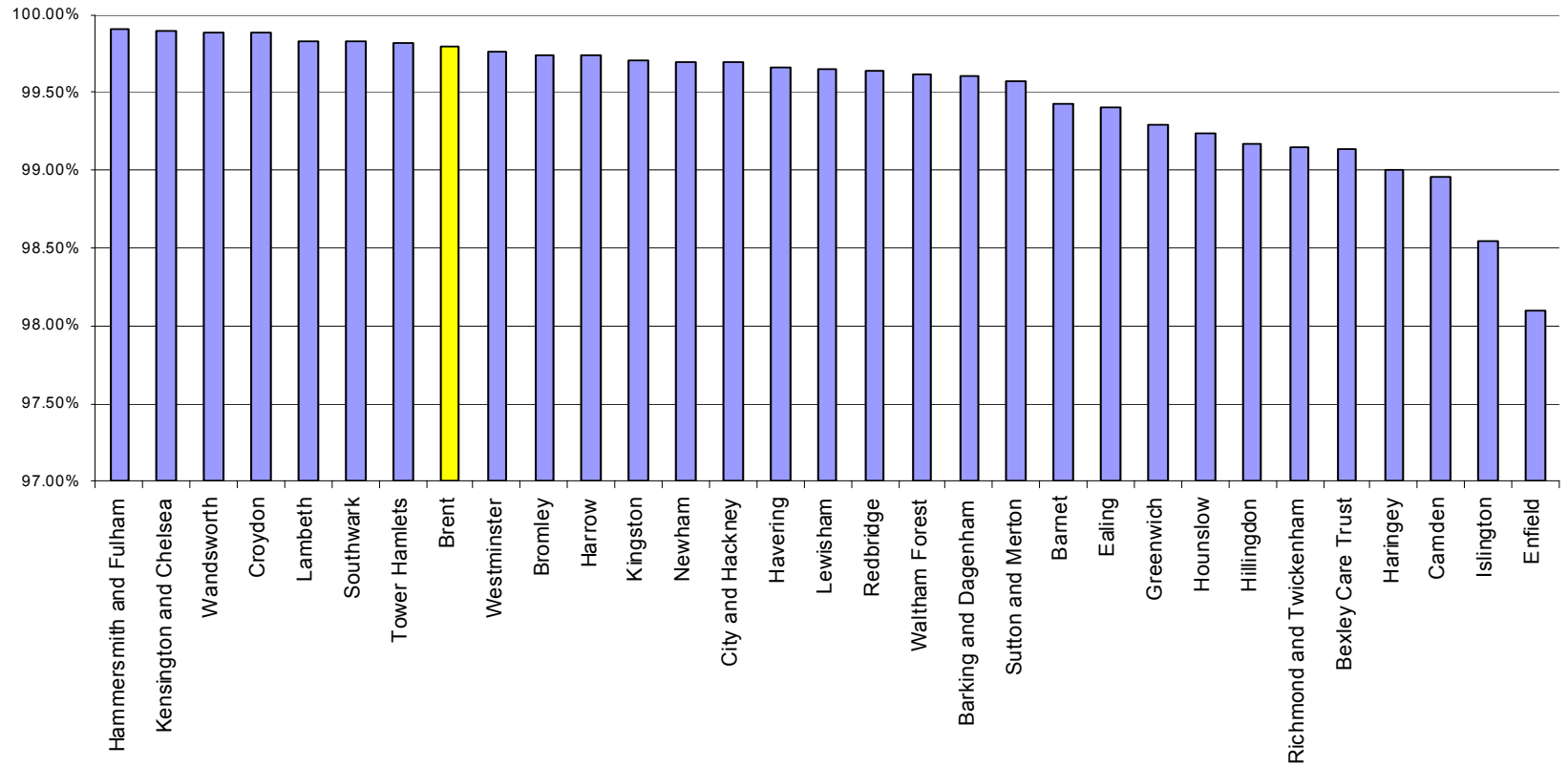
### Inpatients waiting longer than the 26 week standard



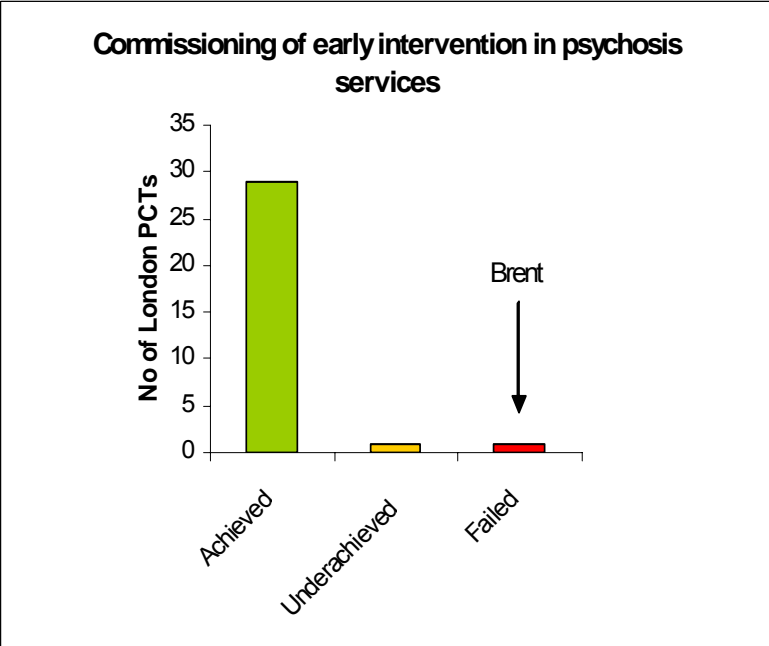
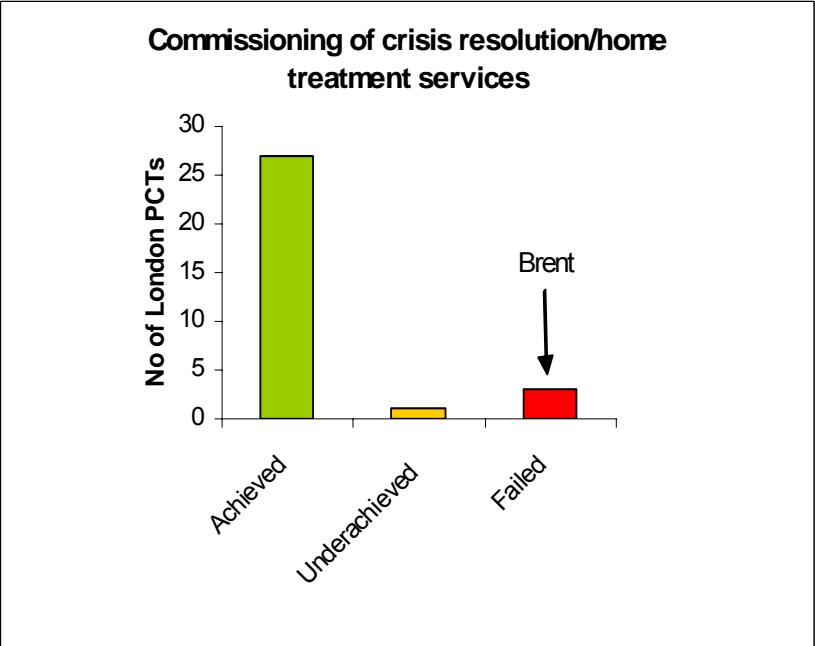
### Outpatients waiting longer than the 13 week standard

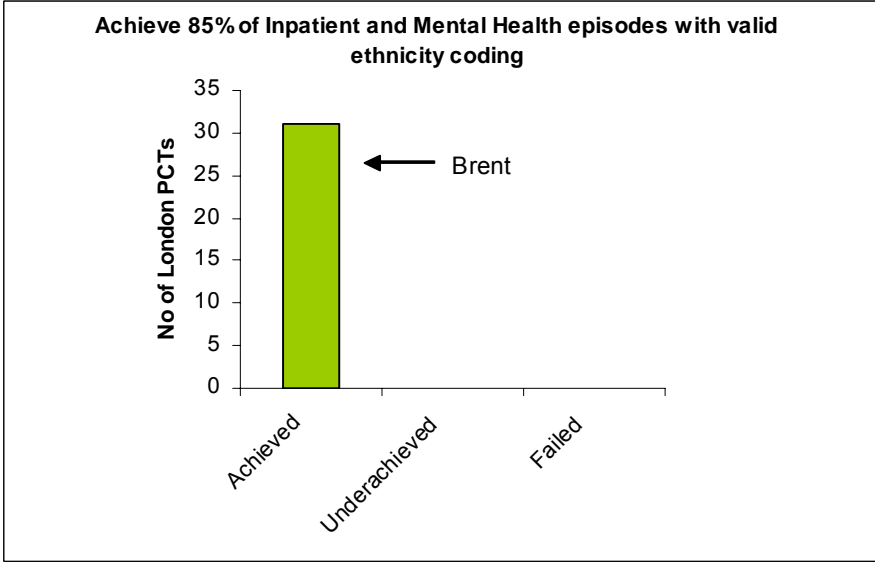
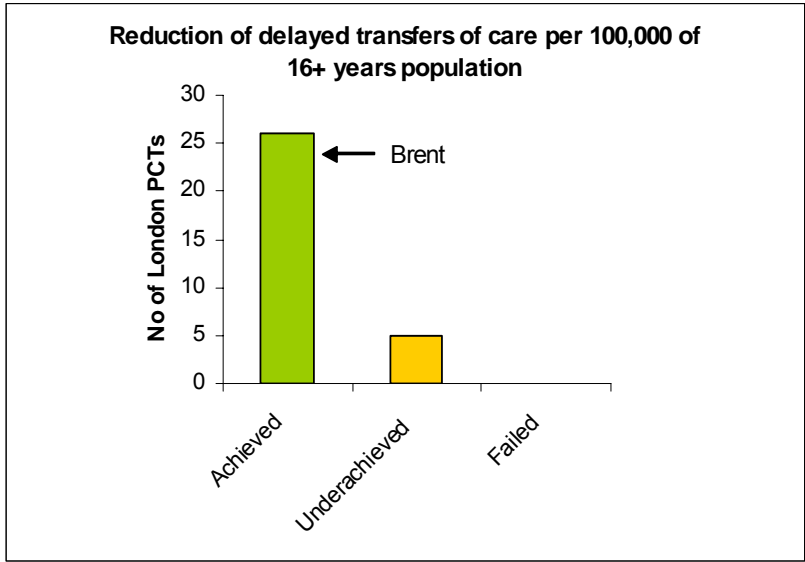


**% of patients who were offered an appointment for a GUM clinic within 48 hours**



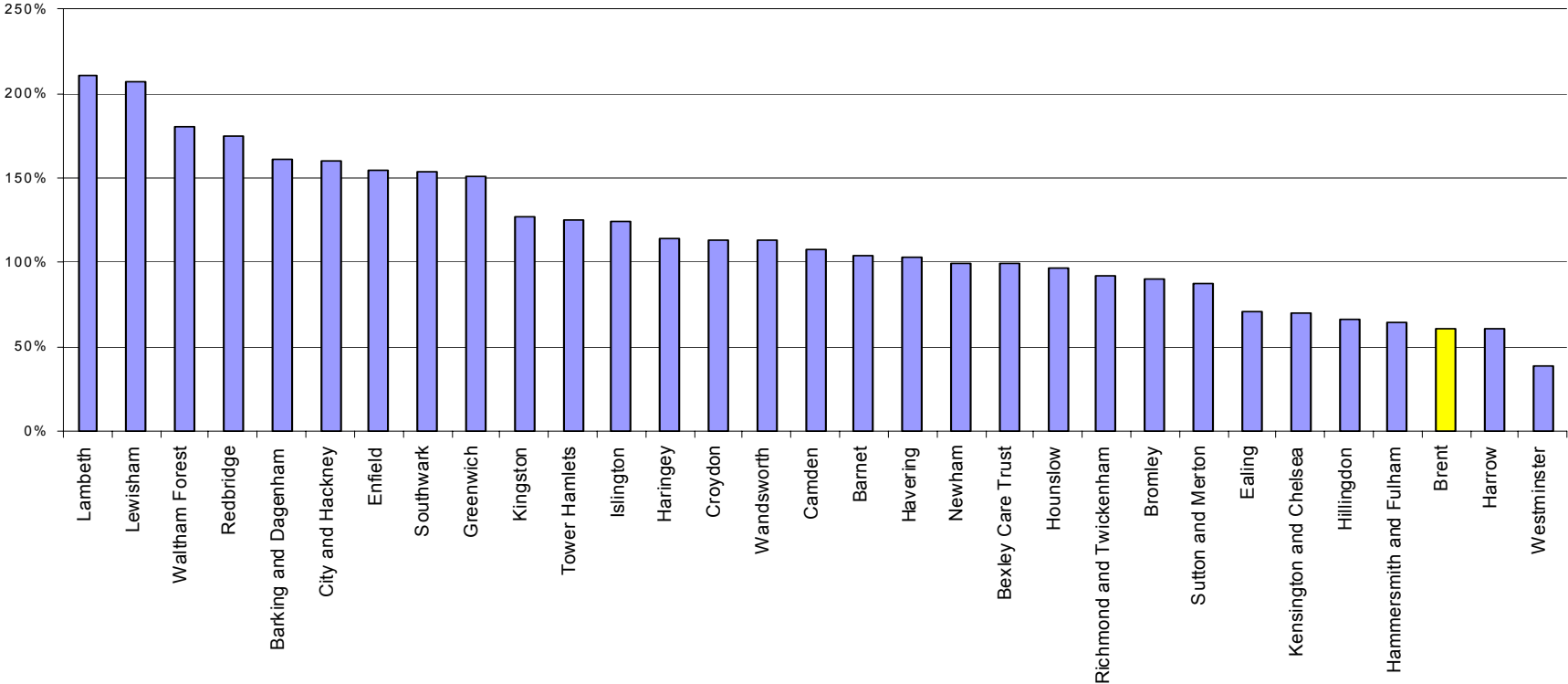
The charts below show the no of London PCTs' different achievement in these priority areas:



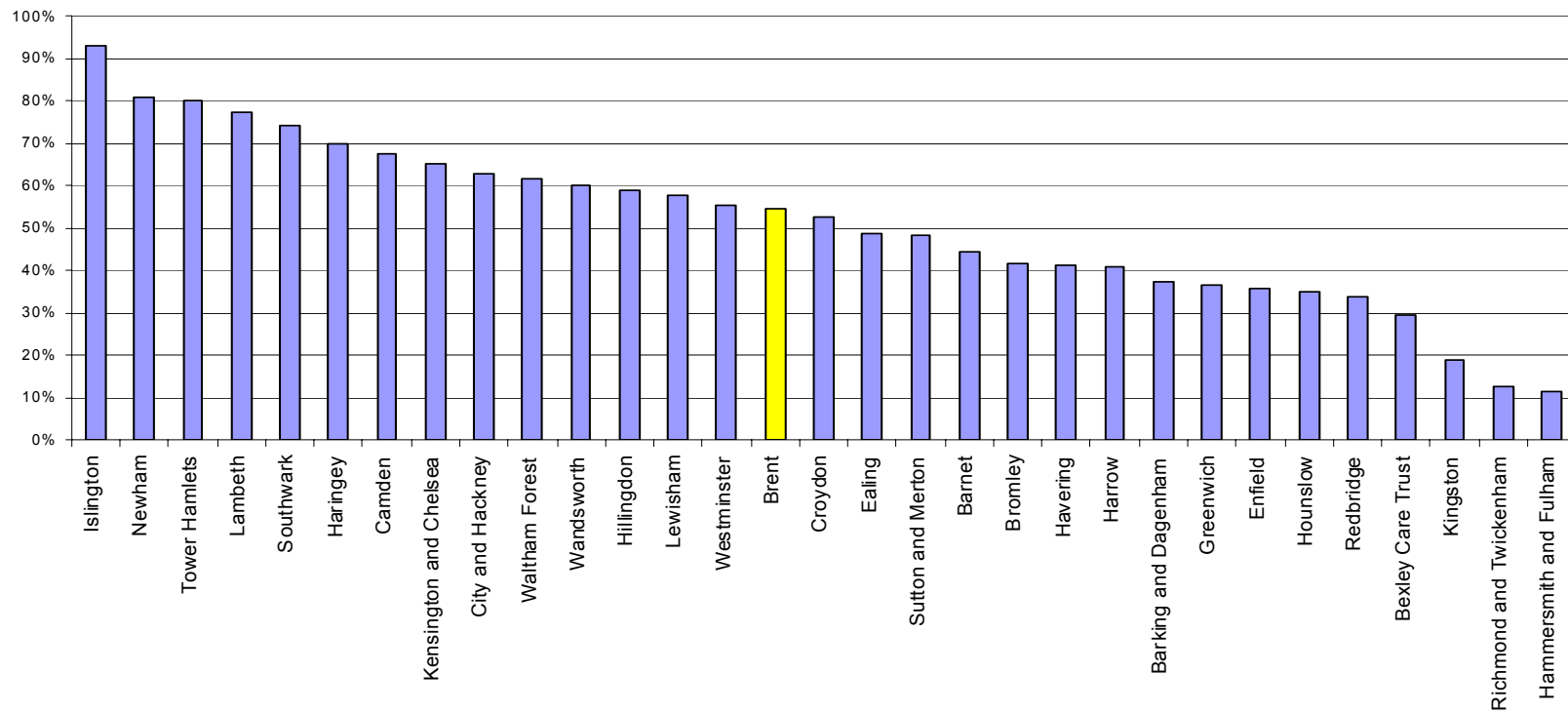


# National Priorities

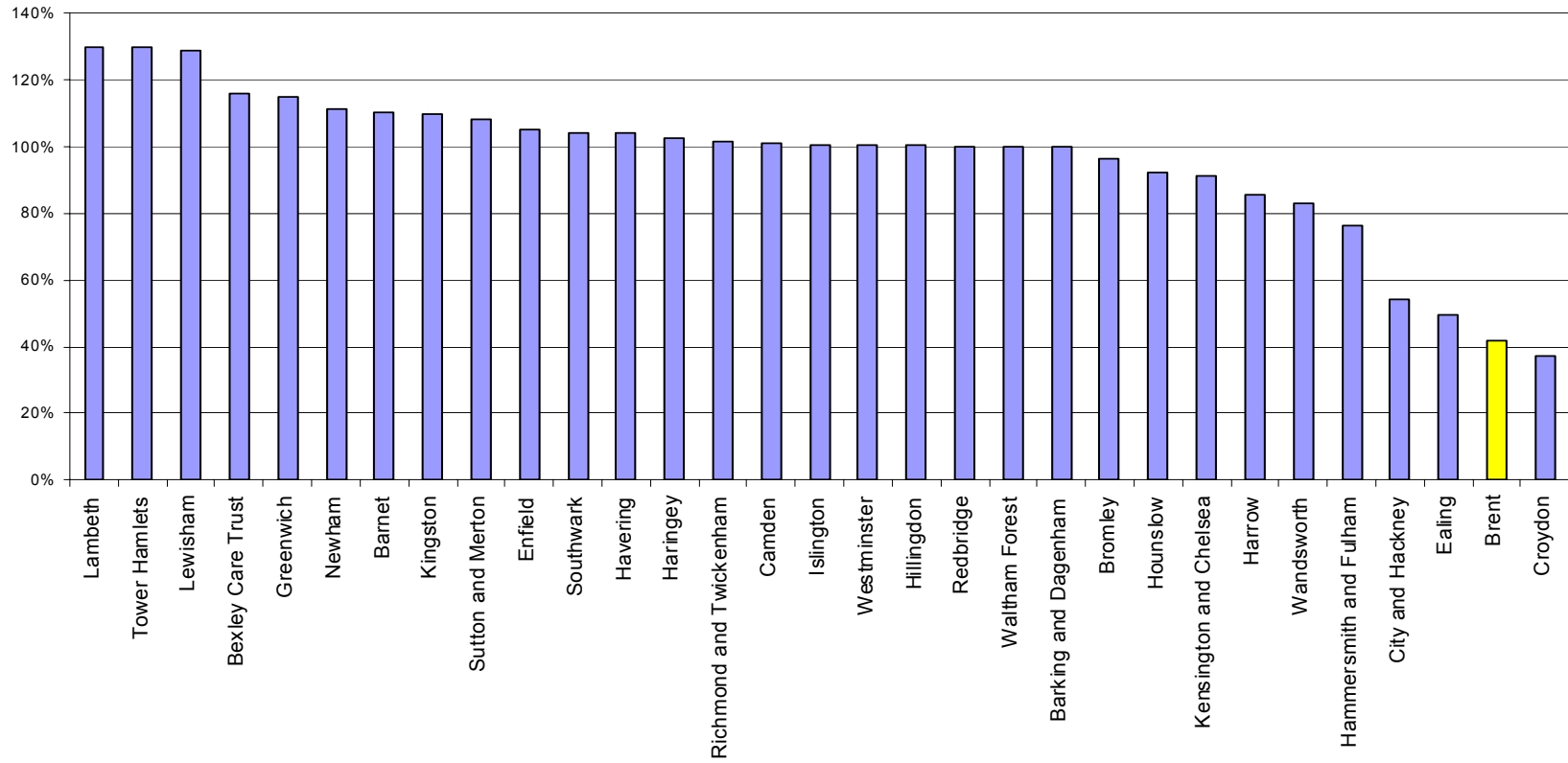
Chlamydia screening 15-24 yr olds- % of annual plan achieved



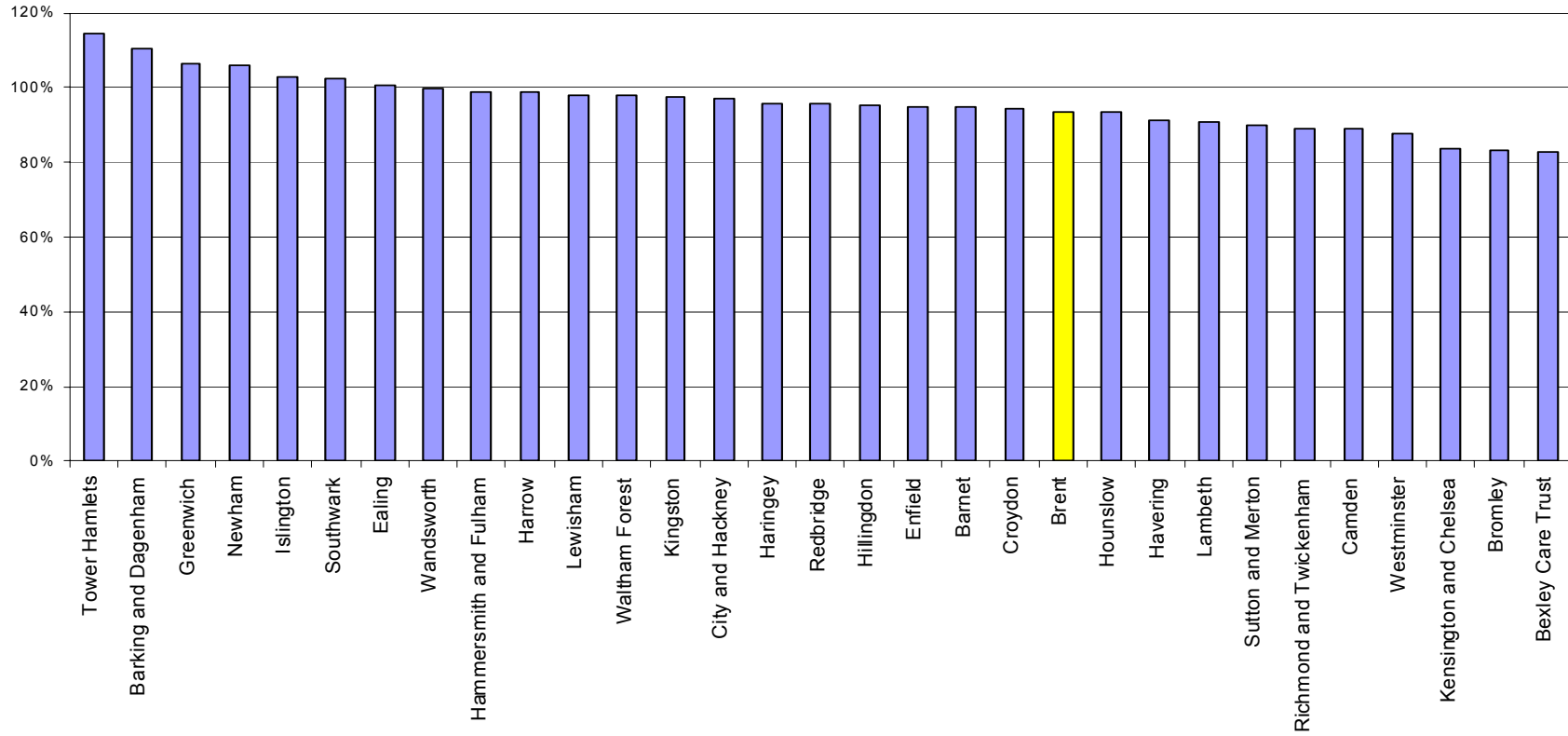
**% of stroke patients spending at least 90% of their time on a stroke unit- shown as % of annual plan achieved**



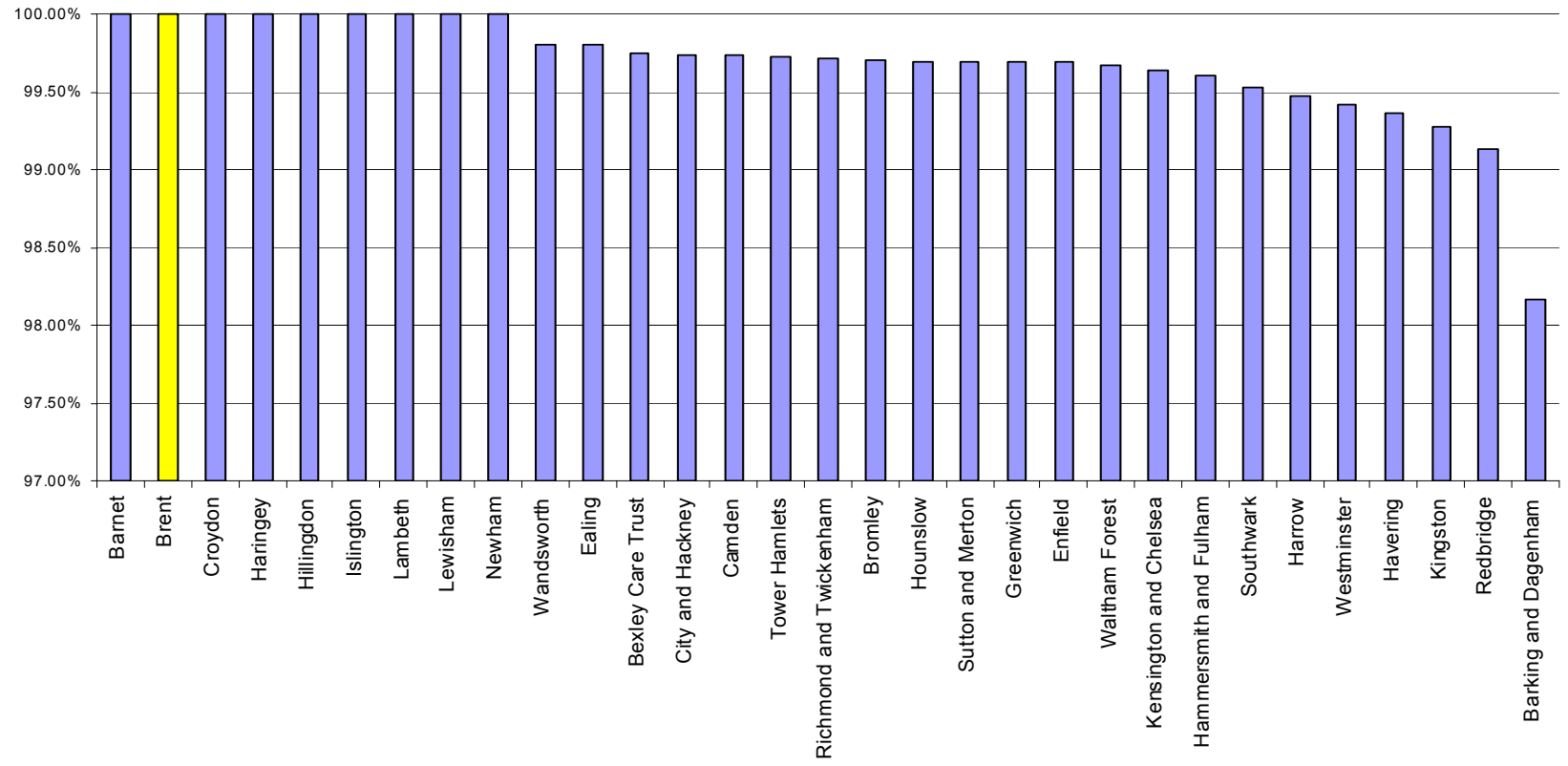
4 week smoking quitters as % of annual plan achieved



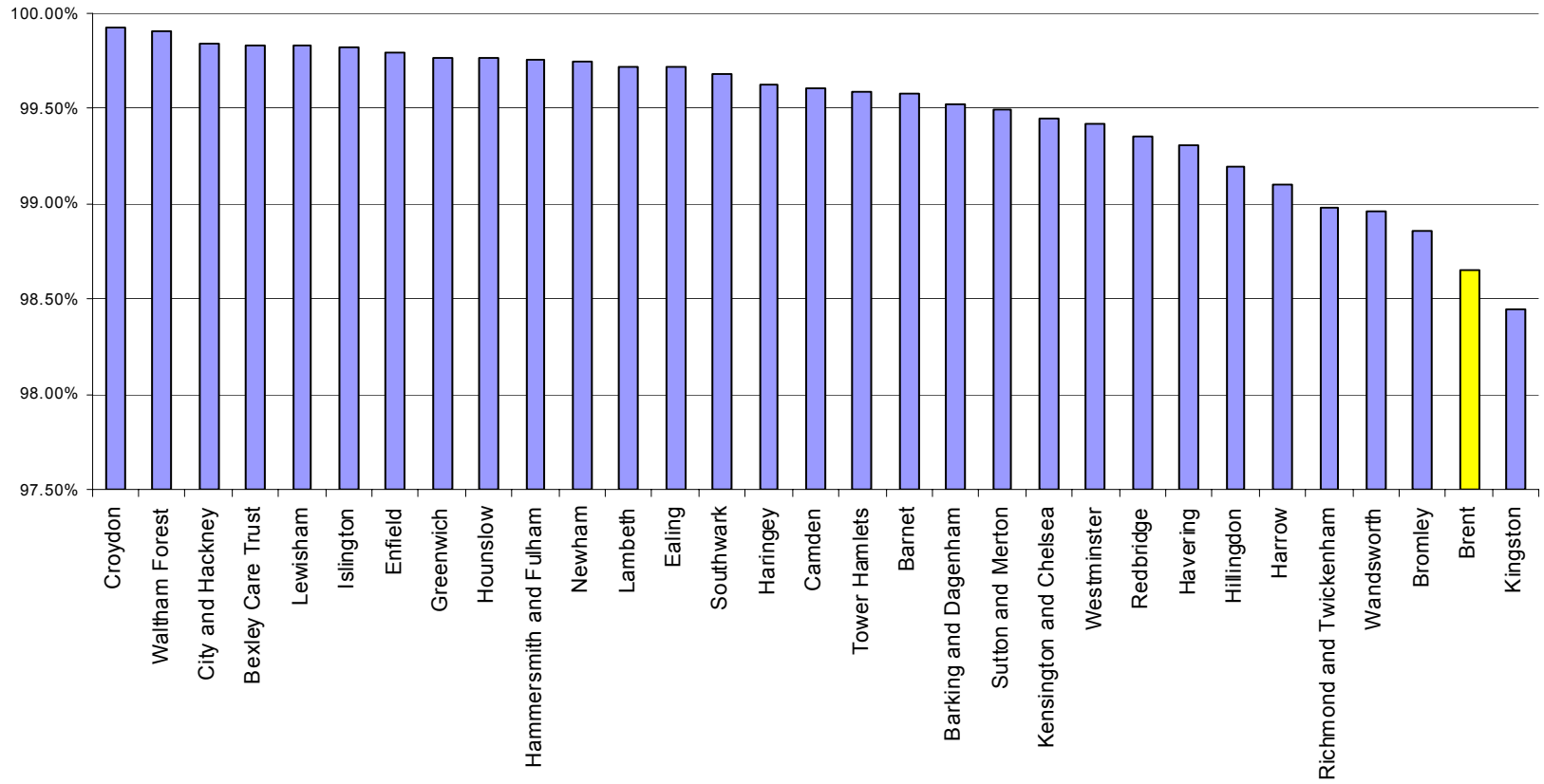
**% of patients accessing dental services in the last 24 months (shown as % of annual plan achieved)**



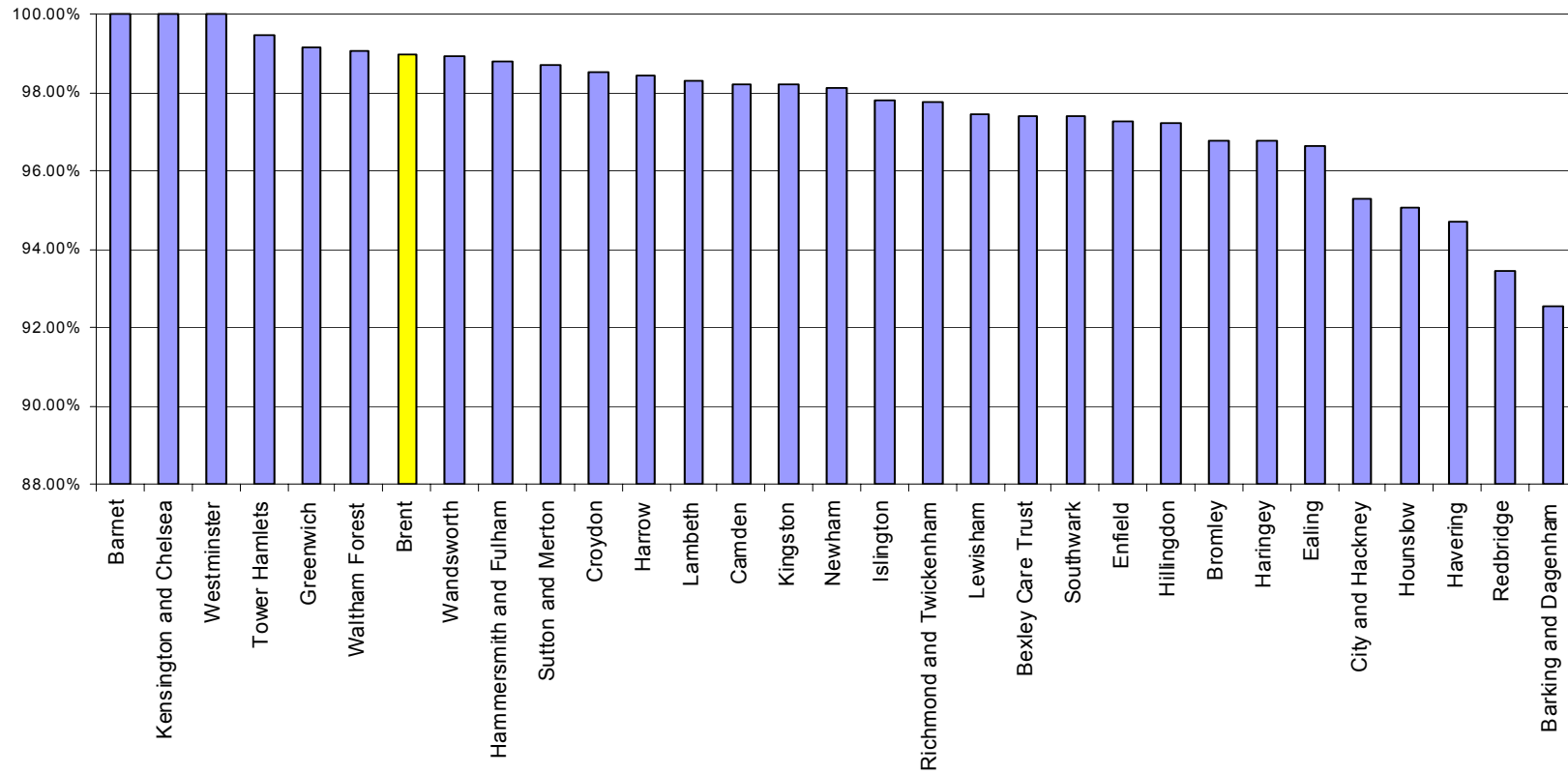
All cancers: one month wait for diagnosis (decision to treat) to treatment



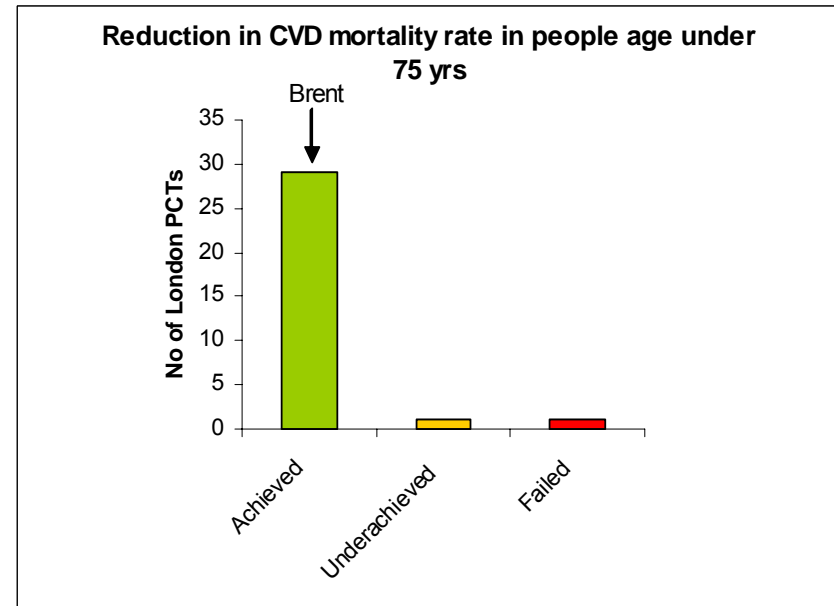
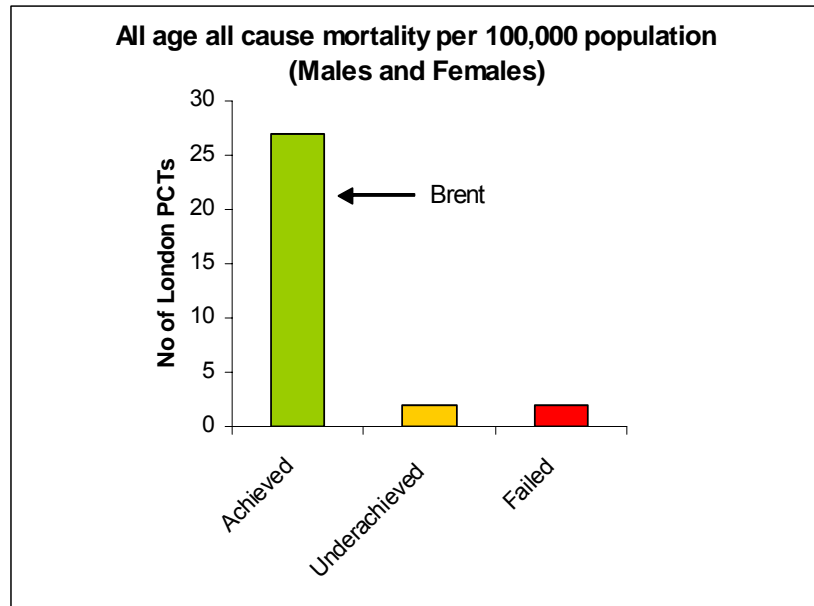
All cancers: two week wait (Urgent referral to 1st OP appointment)



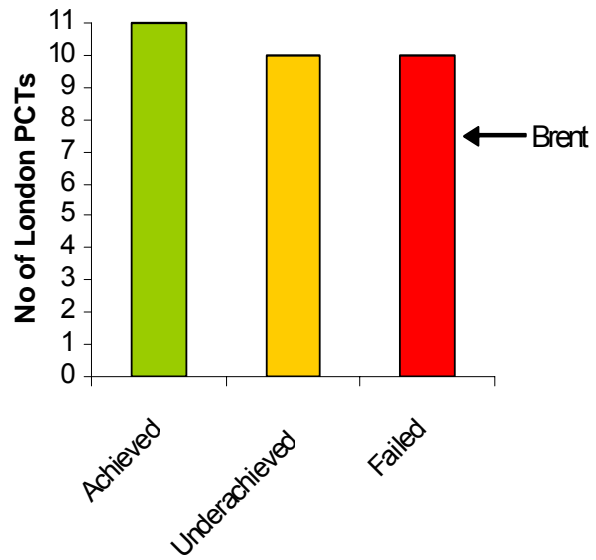
All cancers: two month wait for urgent referral to treatment



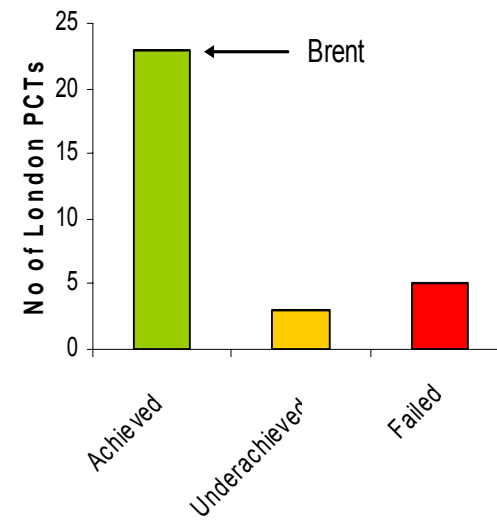
The charts below show the no of London PCTs' different achievement in these priority areas:



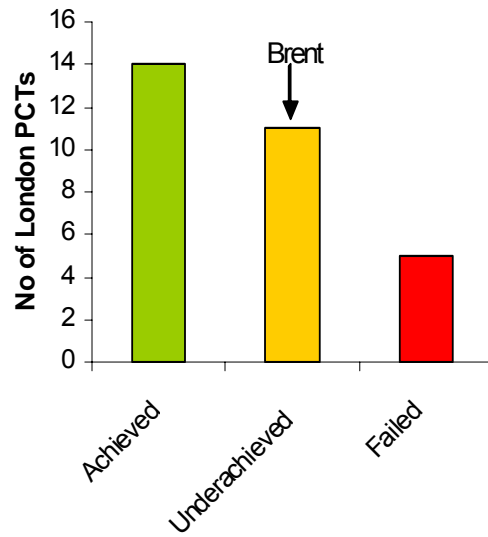
**Achieve 70% of women aged 53-64 yrs and 65% of women aged 65-70 yrs screened for Breast cancer**



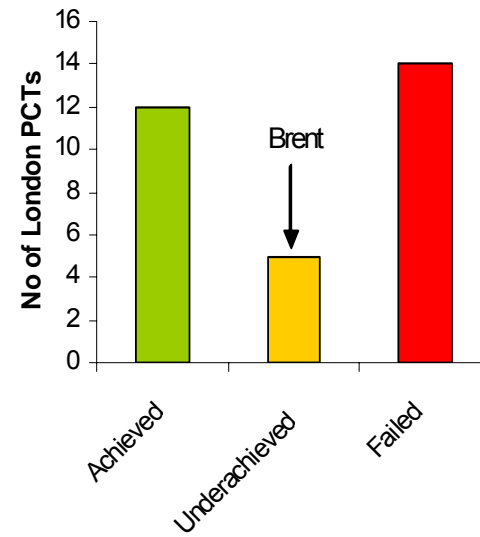
**Reduction in cancer mortality rate in people aged under 75 yrs**

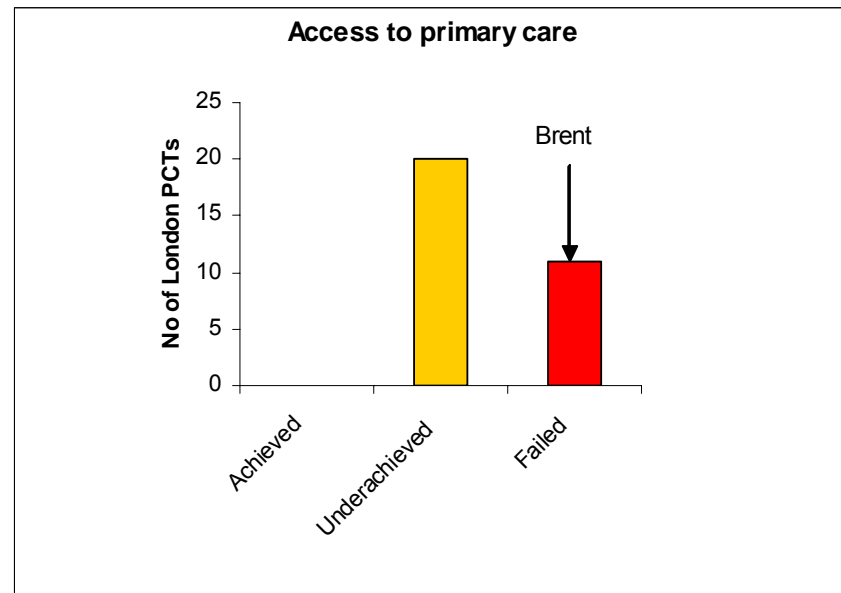
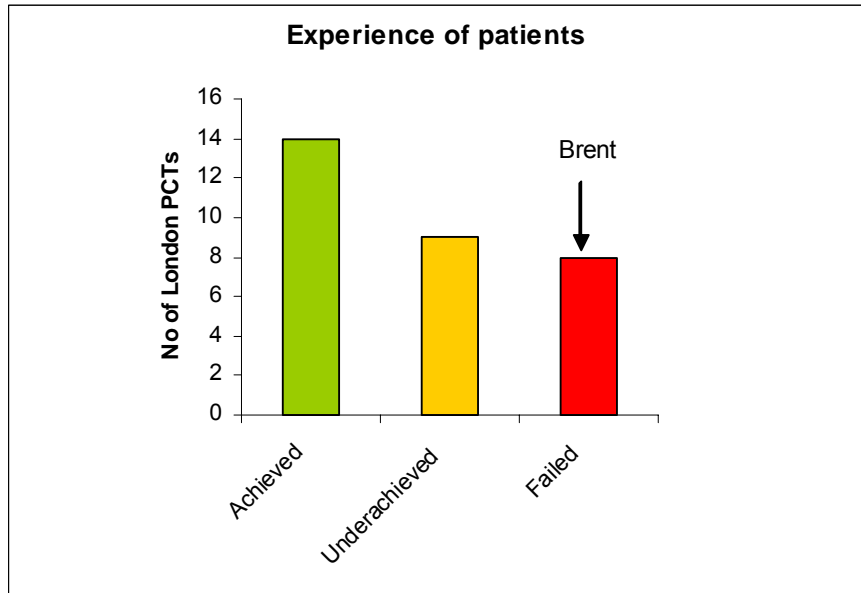


**Achieve 85% coverage for breastfeeding at 6-8 weeks**

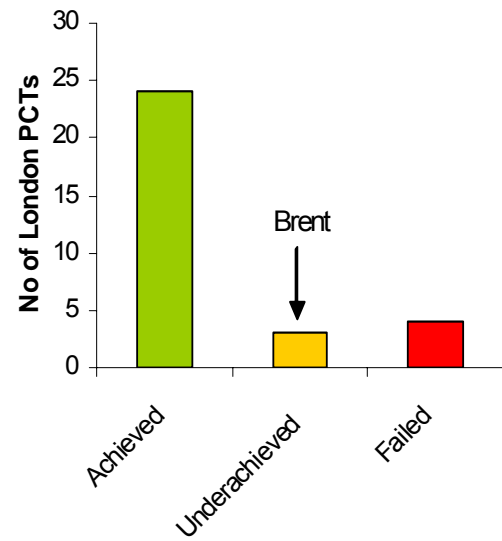


**Reduce Teenage conception rates per 1000 females aged 15-17**

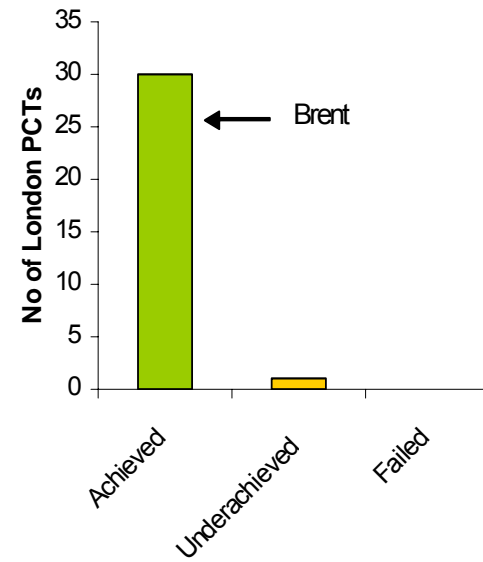




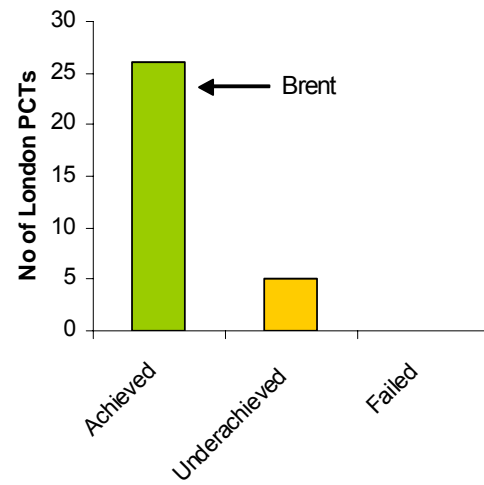
**Number of drug users recorded as being in effective treatment for 12 weeks or more**



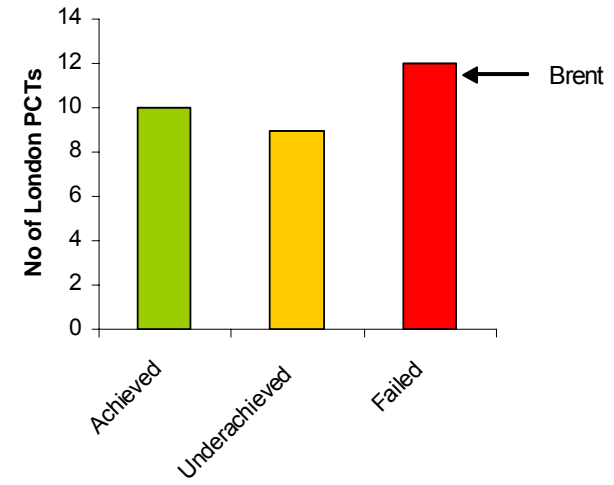
**Incidence of Clostridium difficile infection**

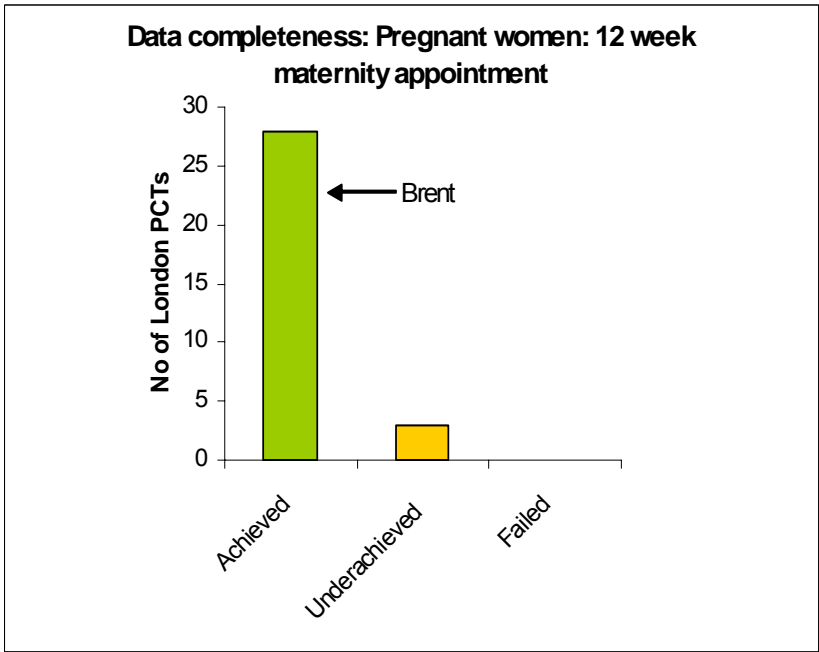
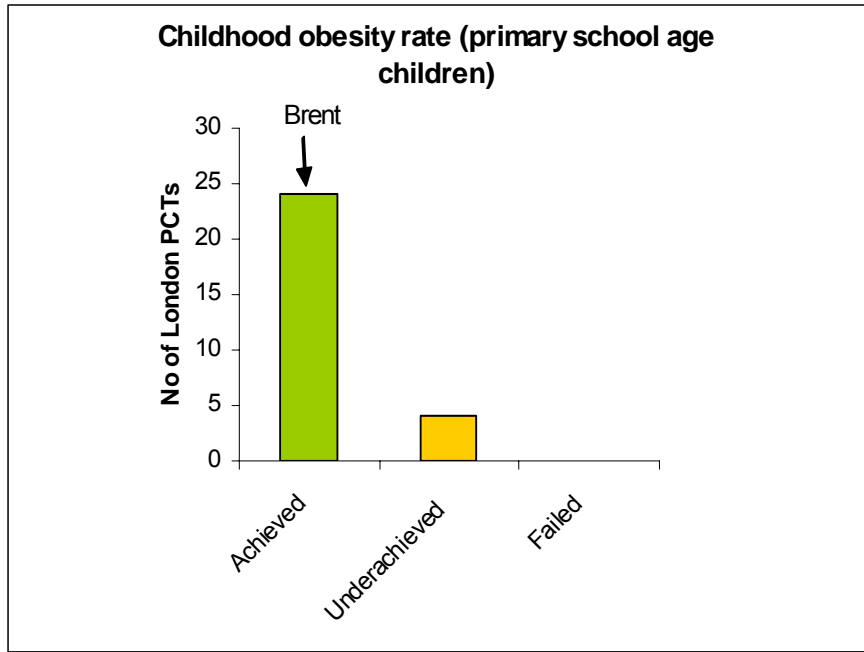


**Commissioning a comprehensive child and adolescent mental health service**

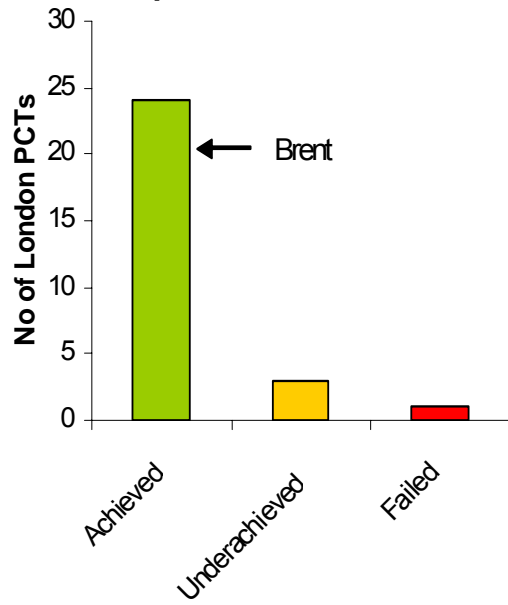


**Proportion of children who completed immunisation by recommended ages**





**Achieve 90% of admitted patients and 95% of non admitted patients seen within 18 weeks**



**NHS staff satisfaction**

