

**2008/2009
FINANCE AND PERFORMANCE
REPORT - Month 5
BOARD – 25th September, 2008**

Jonathan Wise,
Director of Finance & Performance

Brent 
Teaching Primary Care Trust

Contents

Part 1 – Finance report (slides 3-22)

Part 2 – Investment Programme (slides 23-24)

Part 3 – Acute commissioning and PBC report
(slides 25-30)




Part 4 – Performance report (slides 31-48)


Finance Appendices: (slides 49-60)


1. Summary Operating Cost Statement and variances by budget heading
2. Balance sheet
3. Capital
4. Cash flow
5. Debtors & PSPP
6. Overview of Allocation 08-09


PART 1: – FINANCE REPORT


Financial position - Summary

- Statutory duties
 - Forecast underspend against revenue resource limit 
 - Achievement of capital resource limit 
 - Forecast underspend against cash limit 

- Achievement of public sector payment policy 

- Budget holder responsibilities / training 

- Achievement of Operating plan surplus within SHA defined tolerances 

- Improvement in ALE assessment 

Overview of budget position at month 5

- Initial budgets agreed by Board at March meeting updated:

	Initial £'000	Changes £'000	Month 4 £'000	Changes £'000	Month 5 £'000
-Issued budgets	418,054	2,449	420,503	(135)	420,368
-Contingency	4,200	(1,089)	3,111	(445)	2,666
-Investment programme	9,500	(1,446)	8,054	-	8,054
-Investment programme slippage	-	574	574	-	574
TOTAL	431,754	488	432,242	(580)	431,662
Reserves/other allocation adj.	-	299	299	110	409
Surplus for investment	12,446	-	12,446	-	12,446
TOTAL	444,200	787	444,987	(470)	444,517

- Access to contingency as agreed by CE
- Investment programme as agreed by Board
- Reserves/other allocation adjustments reflect new allocations

SUMMARY OF YEAR TO DATE VARIANCES

Month 5, 2008\09 BRENT tPCT Year to Date Variance Summary		FINAL			
		Mth 3	Mth 4	Mth 5	Movement M4 to M5
		YTD Variance	YTD Variance	YTD Variance	YTD Variance
		£000s	£000s	£000s	£000s
ACUTE COMMISSIONING		(1,386)	(1,440)	(2,720)	(1,280)
JOINT WORKING		320	540	661	122
PRIMARY CARE		168	474	1,601	1,127
PCT MANAGEMENT		12	58	275	217
PROVIDER SERVICES		(304)	(442)	(578)	(136)
TOTAL BEFORE RESERVES	S\T:	(1,190)	(810)	(761)	50
SURPLUS C/F		5,397	7,130	8,798	1,668
BRENT PCT TOTALS:	Totals:	4,207	6,320	8,037	1,718
BRENT PCT PLANNED TOTAL:	Totals:	5,397	7,130	8,798	1,668
UNDER / (OVER) PLAN	Totals:	1,190	810	761	(50)

Acute Commissioning

Based on month 4 data where available extrapolated (& other specific assumptions) to 5 months. Net of assumed gain from challenges

Variances

North West London Hospitals £1,092k over

- PBR day case £255k, PBR non-elective short stay £458k
- PBR first outpatient appointments £533k ,follow up outpatient appointments £315k

Imperial Hospitals Trust £771k over

- Day case over by £260k, Elective over by £148k
- PBR first attendances over by £148k and outpatient follow ups £274k

Royal National Orthopaedic Hospital £554k over

- Critical care over by £157k, excluded drugs over by £97k and non-PBR electives by £130k
- Elective excess bed days £73k over

Great Ormond Street Hospital £214k over

- One patient in paediatric transitional care (120 days) cost £180k

UCLH £138k over

- PBR day case and elctives £52k, non PBR day case and electives £87k.

ACUTE COMMISSIONING

Actions

- **Review in detail in- patient and out-patient overspend at NWL**
- **Further refined transaction analysis for non PBR activity/cost i.e. drugs, radiology, pathology & SCBU (particularly NWLH & Imperial)**
- **Agree quarter 1 activity and finance including challenges in accordance with national timetable (9/10/08)**
- **Understand and explore causes of observed stepped increases in day case and elective at Imperial and NWLH.**
- **Continued Investigation of A&E grouper for costing issues and appropriate assignment of activity due to de-hosting issue (NWLH).**
- **Other anomalies in trend at specialty level queried with relevant trusts.**
- **Assess impact of unimplemented demand management plans for non_elective and out-patients**

Joint Commissioning

Variances

Long Term Care – £9k under. Costs for some pre 08-09 patients have risen due to reassessment of their needs and new clients continue to be added to the register causing an increase in long term care costs. The continued underspend in the assessment team has offset these increases.

Mental Health - £446k under due to low cost per case activity. Current information on consortia indicates an underspend.

Children and Families – £32k under due to lower cost per case activity

Substance Misuse - £56k under due to vacant posts and training

Learning Disabilities – £62k under due to lower cost per case activity

Actions

Review continuing care database to ensure registered clients and placement costs are up to date

Primary & Community Commissioning

Variances

Medical Contracts £311k under

- Under spends due to list validation savings in advance of budget profile
- Slippage on enhanced services

Dental Contracts £100k under

- Dental development funding received and schemes not yet commenced

Pharmacy Contracts £66k under

- Under spend for April – August based on June 08 PPA data

Prescribing £1,125k under

- Under spend for April – August based on June 08 PPA actual data. July and August expenditure based on PPA forecast outturn scaled down to 5 months.

Actions

- Review enhanced schemes
- Review list validation savings profile
- Review timing of dental development schemes

PCT Provider Services

Variations

Income

- **NWL Hospitals for use of Willesden - £153k shortfall**
- **Catering - £42k shortfall**
- **In-Year SLAs - £75k benefit (with offsetting expenditure)**

Expenditure

- **Costs associated with LD outreach staff £33k**
- **LD bank and agency staff at Peel Road £79k**
- **Utilities £66k**
- **Interim management / PUK costs £137k**

Actions

- **Resolve SLA income issues with NWLH and others**
- **Review potential to meet one-off costs with internal budget management/use of contingency**
- **Recovery planning under way**

PCT Management Costs

Variances

Total underspend of £275k is due mainly to on going vacancies plus slippage in recruiting to new posts funded from 08-09 investment funds.

Actions

- Confirm with Directors forecast outturn in context of workplans September - March

Balance Sheet, Cash and Capital

Balance Sheet

- 2008/09 indexation of £2.181m applied to fixed assets and added to revaluation reserve on 1 April 2008 per DH guidance
- Payments on Account of £964k relate to the Willesden PFI scheme
- The sale of College Road Clinic was finalised in May 2008, following the impairment for that purpose during 2006/07
- Debtors down by £3.6m to date mainly relating to Sure Start funding received

Cash

- Drawings are 1.9% below plan mainly due to spending delays and additional receipts
- Pilot three months of no supplementary drawing facility implemented from July – September 2008

Capital

- Slow capital spend to August of £195k (7.5% of total budget)

Public Sector Payment Policy (PSPP)

- During the 2007-08 external audit of the year end accounts, it was discovered that the PCT's method of recording whether invoices had been paid within the 30 day requirement, laid down by the above policy, was flawed.
- The PCT is now recording this information correctly but is failing to achieve the required standard.
- An action plan has been developed to improve performance and agreed by EMT

ACTIONS

- Implement the action plan

Forecast Outturn 08-09 – Objectives & Methodology

Objectives

- Provide an updated assessment on a monthly basis of the forecast outturn for 08/09 from the Operating Plan /budgets
- Identify actions required as a result of the analysis

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
- Discussed and agreed the key factors influencing the forecast with Directors and EMT

Forecast Outturn 08-09 Context - NHS London

Control Ranges

- The PCT planned to achieve a surplus of £12,446k in 08-09. NHS London has now set an upper and lower limit level of surplus it expects the PCT to achieve at year end:

Upper limit £12,683k

Lower limit £11,391k

- The ranges have been derived based on how the DH is holding the NHS in London accountable for financial performance – the ranges will be used in determining PCT performance for risk rating purposes
- The control ranges for each organisation may be subject to change during the year if there is a case for it. This will be in agreement with the SHA and will be on an 'exception' basis. There are no guarantees that requests will be agreed, and organisations must therefore ensure that they take robust corrective action where required to achieve an outturn within their allocated range
- The SHA is unable to guarantee RAB carry forward into 2009/10 in excess of the upper limit of PCT control ranges

SUMMARY FORECAST

	£000's
Acute Commissioning	-6,291
Joint Commissioning	1,252
Primary Care	3,195
Provider	-1,370
HQ	739
Investment Programme	573
Contingency / other	<u>1,000</u>
TOTAL	-902
Plan	12,446
TOTAL	<u>11,544</u>

Key Assumptions Affecting Forecast Outturn

- **Acute commissioning assumes a 40% success rate for challenges not yet accepted by Trusts.**
- **Joint commissioning shows little cost per case activity to date. The general assumption is spend will continue at current rate across all care groups.**
- **Primary Care GP – prescribing based on M3 data, and forecast outturn provided by PPA. Non achievement of PBC incentive scheme.**
- **Provider – outreach workers TUPE issues to be resolved plus agency staff overspending to be controlled**
- **Headquarters assumes current vacancies profiled forward, along with the current level of interim cover**
- **Phase 2 investment programme assumes a non-recurrent £6m performance / transition fund with NWLH (see below)**
- **It is assumed the PCT will have an unused contingency of £1m at year end.**

Position re: Phase 2 Investment

- **Within the above a full review of the Phase 2 Investment Programme of £9.5m has been undertaken and potential slippage of £6m has been identified.**
- **Slippage to be offset by proposed a non-recurrent performance/transition fund of up to £6m with NW London Hospitals which would:**
 - **Generate momentum for a sustainable strategic solution for the Trust**
 - **Incentivise the Trust to exceed key targets**
 - **Eliminate uncertainty about end of year outturn at the Trust**
 - **Help ensure the delivery of the PCT's plan**
 - **Be consistent with PbR, the NHS Performance Regime and WCC 'system management'**
- **Formal agreement expected at November Board meeting, in light of further work on the proposed terms and conditions (see below).**

NW London support – Proposed Terms and Conditions

- The FDs to produce a report outlining a collective, agreed view of the Trust's position this year and next. For this we will need a complete "open book" approach from the Trust.
- From the above, a clear demonstration that the Trust itself is taking appropriate actions to deliver a break-even outturn for 08/09 and beyond.
- The NWL Trust Board to agree a programme of strategic review to enable the Trust to return to recurring financial balance, to be signed off by Brent and Harrow PCTs, in return for non-recurrent financial support. The agreed programme will need to have clear milestones and deliverables.
- A clear agreement from the Trust Board that the programme will involve a full review of the Trust's current services both across the Trust, and key relationships with other Trusts.
- All non-recurrent transitional support would be dependent on the Trust abiding by PbR rules and the contracted arrangements in place between the PCTs and the Trust. All support will be net of any over activity for Brent (i.e. every pound of over activity would be a first call on the transitional support).
- The NWL Trust Board to agree with PCTs a "performance bond" whereby there is an agreed plan and trajectory to exceed key targets (A&E and HCAI) in return for additional non-recurrent financial support (to be returned in 09/10 if plan not delivered).
- The above would be in addition to the existing contract, which would continue to apply, including the provisions relating to under performance on key targets (e.g. 18 weeks)
- Agreement to a fair payment for the use of Willesden by the Trust.
- The Trust to continue to participate in the development of the business case for the UCC at CMH, ensuring that agreed timescales are achieved.

SUMMARY M5 & FOT POSITION

	Year To Date			Forecast Oturn		
	Plan £'000	Actual £'000	Var. £'000	Plan £'000	Actual £'000	Var. £'000
Revenue Resource Limit underspend	8,798	8,037	(761)	12,445	11,544	(901)
Capital Resource Limit	458	195	263	1,570	1,570	-
Cash Limit underspend	12,853	21,341	8,488	22,351	22,340	(11)

•The revenue resource variance against plan is at M5 due largely to acute commissioning pressures. This position improves at year-end due to slippage in the planned phase 1 investment programme and use of contingency.

•The capital plan FOT represents the allocated resource limit from the SHA which is 60% of the PCT's initial plan. The current forecast is for expenditure to exceed this. The balance will be covered either through obtaining additional capital or slippage in expenditure plans to ensure year end breakeven.

•The cash underspend to date is ahead of plan largely due to receipt of debtors in Q1 and the phasing of new investments in the cash plan

Conclusions / Next Steps

- **For year to date variances implement actions identified**
- **Forecast outturn - ensure a rolling cycle of monthly updates to be produced with Directors**
 - **link forecasting to FIMS production and accounts closure processes**
- **NW London - baseline review to be completed by 30/9**
 - **conditions for support to be agreed in October**
- **Planning - 08/09 forecast outturn to be integrated with medium term financial model for 09/10 -12/13 for strategic plan submission in November**
 - **Develop budget setting approach and timetable for 09/10 consistent with above**

Other Corporate objectives

- **ALE assessment**

- Plan to deliver the Corporate objective of achieving adequate or better across all dimensions in place

- Update on high risk areas being considered at each EMT and Audit Committee

- Internal Audit have commenced review of evidence collected to date

- **Budget holder responsibilities / training**

- Budget sign-off letter plus Finance guide clearly set out responsibilities

- Training undertaken 12/5 (14 attended), 13/6 (12 attended) & 5/8 (4 attended)

- PBC clusters have received training in the use of Dr. Foster in September

- Plan for October onwards being developed

PART 2: – INVESTMENT PROGRAMME

Agreed delegation for investments

- Board delegates approval of items less than £500k* to the Investment Panel
- * total of the non-recurrent and the annual recurrent costs
- Mirrors delegation to Capital Group
- Board would approve around 30% of the schemes planned for 2008-9
- Board would approve around 60% of the investment planned for 2008-9

Investment Programme – Phase 2 Schemes

	08/09	Recurrent	FYE
	£k	/ Non Rec	£k
<u>Approved at May Board</u>			
HPV Immunisation	88	R	273
PBC Exec	100	N/R	
Primary Care Strategy	65	N/R	
HCAI	56	R	91
Health Visiting	145	R & N/R	117
Programme Costs	216	N/R	
<u>Approved at July Board</u>			
World Class Commissioning	647	N/R	
Childhood Obesity	112	R & N/R	94
BAME Management Development	17	N/R	
<u>Agreed by Investment Panel (Aug / Sept)</u>			
HPV Extension	138	N/R	inc. above
Support for Children & Families	64	N/R	
Nurse staffing levels Willesden (subject to Board approval)	153	R	614
Phlebotomy	65	N/R	
MMR catch up / measles awareness	107	N/R	
Project costs early intervention	37	N/R	
	TOTAL		
	<u>2,010</u>		<u>1,189</u>

PART 3: – ACUTE COMMISSIONING & PBC

Summary by Provider

	£000s	%
North West London	(1092)	(3.20%)
Imperial College	(964)	(4.98%)
Royal Free	97	2.55%
UCLH	(119)	(5.2%)
RNOH	(345)	(35.5%)
Other	<u>(120)</u>	<u>(1.54%)</u>
Acute sub total	<u>(2543)</u>	<u>(3.72%)</u>

- **Above based on month 4 data from 17/22 providers extrapolated to 5 months on a linear basis and adjusted for specific assumptions in relation to some Trusts.**

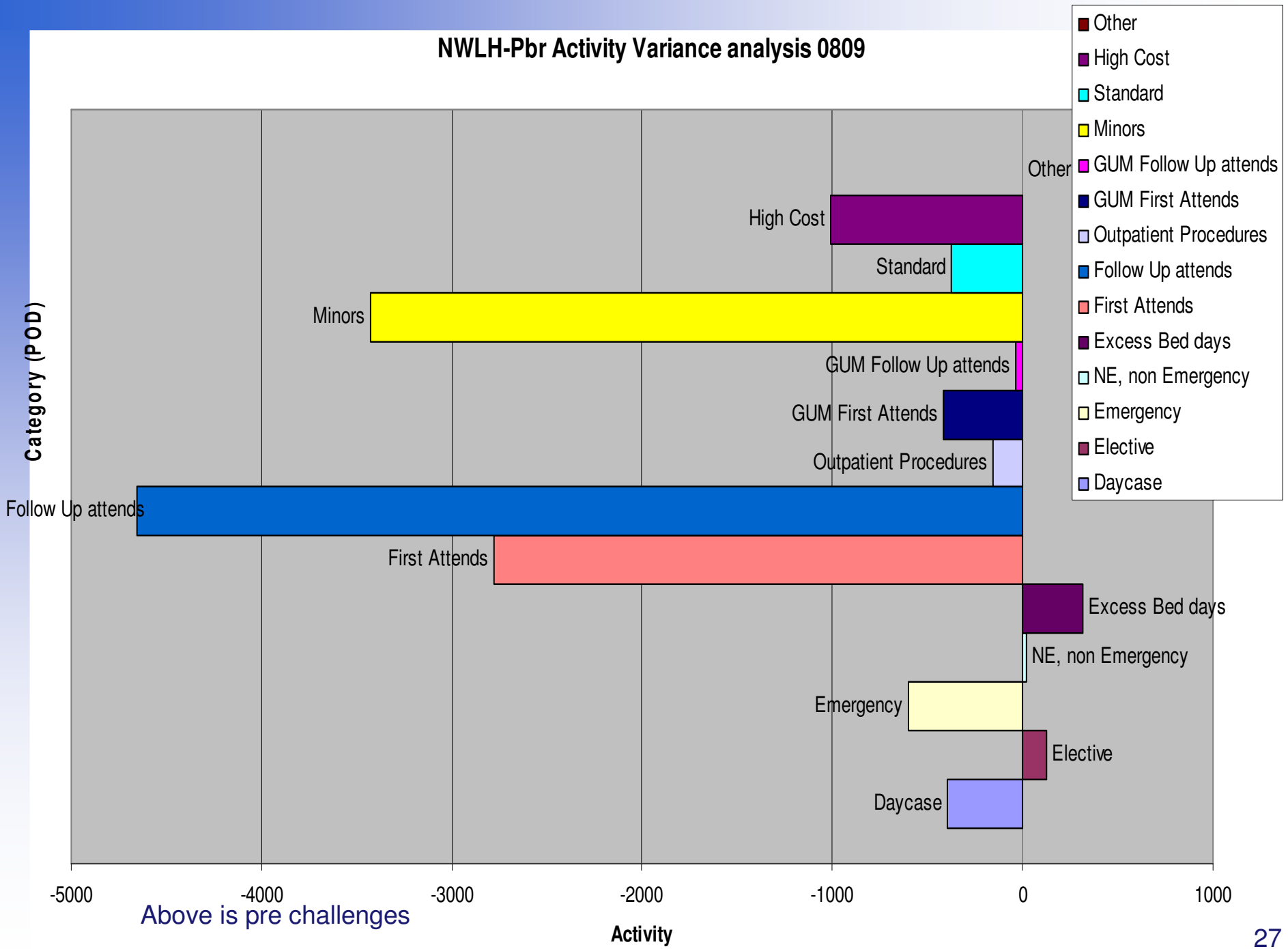
Validation and Challenges

The PCT is strengthening its acute contract data validation processes. Challenges with Trusts for month 4 (cumulative) are:

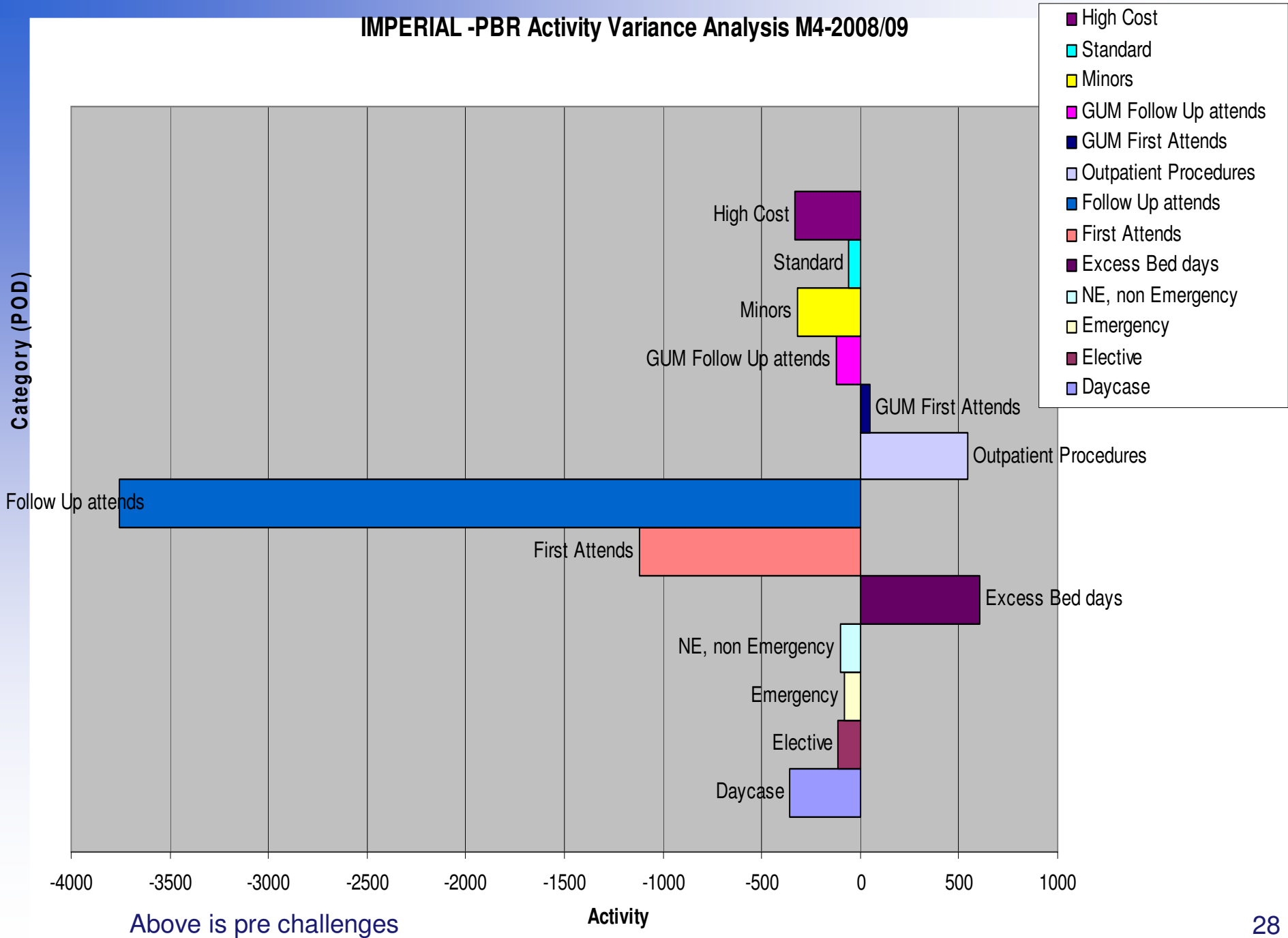
	£k
Patients incorrectly attributed to Brent PCT	54
OP Follow-up ratio	1,040
OP multiple First Atts in same specialty	334
OP multiple First Atts	163
Emergency re-admissions	37
Cancelled Operations (S22) charged	101
T-Codes (Mental Health) identified as unadjusted	-
OP Follow-up for procedures not commissioned	-
Other	24
Total	1,753

- The month 4 position assumes that of £1,753k of challenges £1,026k are successful

NWLH-Pbr Activity Variance analysis 0809



IMPERIAL -PBR Activity Variance Analysis M4-2008/09



Practice Based Commissioning

Budget and Reporting Process

	£m
Annual budget for Acute SLAs	163.1
less: A&E/GUM	(10.3)
Non PbR	<u>(54.7)</u>
PbR Budget assigned to PBC	<u>98.1</u>

- 70/71 practices have signed up to budgets
- Cluster plans now agreed
- Month 4 Budget reports issued to Clusters and Practices
- PCT is working with Dr Foster to develop PBC budget reporting system further
- Further detail to be provided through Dr. Foster
- Data validation queries issued

PBC Position by Cluster/Practice

Month 4 Summary by Cluster

	Budget £000s	Actual £000s	Variance £000s	%
Harness	6,484	7,132	(648)	(10.0%)
Independent	1,241	1,404	(163)	(13.1%)
Kilburn	7,535	8,371	(836)	(11.1%)
Kingsbury	5,856	6,524	(668)	(11.4%)
Unattributed	716	1,211	(495)	(69.1%)
Wembley	5,225	5,861	(636)	(12.2%)
Willesden	<u>4,500</u>	<u>4,807</u>	<u>(307)</u>	<u>(6.8%)</u>
Sub total	31,557	35,310	(3,753)	(11.9%)
High Cost Risk Pool	<u>1,144</u>	<u>871</u>	<u>273</u>	<u>23.4%</u>
Total	<u>32,701</u>	<u>36,181</u>	<u>(3,480)</u>	<u>(10.6%)</u>

Above based on month 4 data from 17 out of 22 providers.

Above is prior to the impact of challenges.

Part 4 - Performance Report 2008-09

- The 2008-09 Performance report is monitoring 4 main target areas as set out in the 2008-09 Operating Plan:
 - National Requirements - refers to national commitments where the requirements are very specific at a national level and must be cascaded to PCT level.
 - National Priorities - refers to national commitments, but where trajectories are set by the PCT.
 - London Priorities - as per national commitments but for the London SHA area.
 - Local Priorities- Priorities and any corresponding targets agreed locally.
 - Existing Commitments - PCT required to continue to achieve targets from prior commitments.
 - Additional Existing PCT Commitments- These are prior commitments which the PCT failed to achieve in 2007-08. Although, they are no longer measured by the Healthcare Commission and do not contribute to the performance rating for the PCT in 2008-09, the PCT will continue to monitor these locally.
 - Indicators which are shaded have to meet minimum service standards as defined by the SHA.
 - The RAG status for each indicator is based on the thresholds the SHA has provided.
 - Risk rating for each indicator is based on an assessment made by the Director of the level of risk to achieving the year-end target.
 - Areas currently identified as RED are:
 - MRSA
 - Diagnostic waits over 6 weeks+
 - % of people who spend at least 90% of their time on a stroke unit
 - CVD Mortality rate
 - 4 week smoking quitters
 - Immunisations
 - Chlamydia Screening
 - Access to Dental Services
 - Category A ambulance response rate within 8 mins
 - Crisis resolution services
 - Breast screening for women aged 53-70 yrs
 - BMI status recording among GP population
 - Community Matrons and Very High Intensity Users
 - Choose and Book

Most of the monthly and quarterly indicators have data up to Month 4 and Q1 08-09. New data collection processes are still being developed for some of the new indicators, hence, data is not available for these.

- Data quality for indicators has been applied as below:
 - High – Data for the indicator has been submitted in a regular and timely manner and assurance of the quality of data has been provided.
 - Medium- Only one of the above applies to the indicator.
 - Low- None of the above applies to the indicator.
- This report has also introduced a time series/trend analysis for:
 - 4 week smoking quitters
 - MRSA

Overall PCT Rating

• Current rating for the PCT is as below:

▪ National Requirements	
▪ National Priorities	
▪ Existing Commitments	
▪ Local Priorities	
▪ Overall rating	

Provisional SHA Q1 rating:







- The methodology used above follows the SHA's rating process: Each indicator is scored Green/Amber/Red, and scores 3/2/0 points accordingly. An average score is calculated for all indicators in each of the three sections and a rating for each section is given with an average score of >2.5 = 'Green', between 2.0 and 2.5 = 'Amber' and <2.0 = 'Red'. The scores for National Requirements and National Priorities are then aggregated, with 3/2/1 points for Green/Amber/Red for each and then weighted 55% for National Requirements and 45% for National Priorities. The only way the Existing Commitments plays in is that a PCT would need to be 'Green' on Existing Commitments to be able to be 'Green' overall. In Q4, National Requirements will carry a 50% weighting, National Priorities will carry a 40% weighting and London and Local priorities will carry a 10% weighting collectively.
- Please note:
 - The Stroke indicator was not rated at Q1 due to concerns over the robustness of data, and this should hopefully be rated from Q2.
 - The supporting 18 week targets: Patients waiting 6 weeks+ for 15 key diagnostic tests and all other diagnostic tests and % of direct access audiology pathways seen within 18 weeks, were not included in the ratings as the SHA is broadly on track to deliver the 18 week target.
 - 2007-08 data was used for Patient experience of Primary care indicators and NHS staff survey: Job Satisfaction indicator.
 - Childhood immunisation indicators (excluding HPV), Drug Misusers in Treatment indicator and the Local Priorities have been rated as data was available to us locally, these indicators were not rated by the SHA in Q1.

Performance Report- Year end position as at March 08 and Current Status

National Requirements	Owner	March 08 Status	Annual Plan	Reporting period	Plan	Actual/ Current Status	Risk rating for March 09	Data quality	2009 -10 Plan	2010 -11 Plan
New cases of MRSA (performance at 'hosted' Trust)	PH		32	YTD Aug 08	13	17		Medium		
No of C-Difficile infections (Brent registered patients)	PH	New indicator	180	YTD July 08	60	36		Medium	171	167
18 week wait milestone -% of admitted patients should have been seen in 18 weeks	SC		90%	Jul-08	86%	90.0%		Medium	90%	90%
18 week wait milestone -% of non-admitted patients should have their RTT clock stopped within 18 weeks	SC		95%	Jul-08	92%	96.8%		Medium	95%	95%
18 week wait milestone - No of patients waiting 6 weeks or more for diagnostics	SC		0	YTD July-08	0	224		Medium	0	0
6 weeks + all other diagnostic tests	SC	New indicator	0	Q1 08-09	383	22		Medium	0	0
% of direct access audiology pathways whose RTT clock stopped during the month who waited 18 weeks or less	SC	New indicator	95%	Jul-08	88%	97%		Medium	95%	95%
Satisfaction with telephone access to GP practice (%)	PCCS		83%	2008-09		N/A			85%	87%
Ability to see GP within 48 hours if wanted (%)	PCCS		83%	2008-09		N/A			85%	89%
Ability to book GP consultation 3+ days ahead if wanted (%)	PCCS		73%	2008-09		N/A			75%	77%
Ability to see a specific GP if wanted (%)	PCCS		84%	2008-09		N/A			86%	88%
Satisfaction with GP practice opening times (%)	PCCS		79%	2008-09		N/A			81%	83%
Average of five elements of access to primary care	PCCS		80%	2008-09		N/A			82%	85%
% of GP practices in the PCT offering extended opening in compliance with Department of Health guidelines	PCCS	New indicator	50%	Jul-08	10%	10%			Medium	75%

Performance Report- Year end position as at March 08 and Current Status(2)

National Requirements	Owner	March 08 Status	Annual Plan	Reporting period	Plan	Actual	Risk rating for March 09	Data quality	2009-10 Plan	2010-11 Plan
Breast symptom 2 week wait	SC	New indicator	64%	Jul-08	46%	Awaiting data collection			100%	100%
31 day standard for subsequent Cancer Treatments (Chemotherapy and Surgery)	SC	New indicator	100%	Jul-08	83%	Awaiting data collection			100%	100%
31 day standard for subsequent Cancer Treatments (Radiotherapy)	SC	New indicator	100%	Jul-08	96%	Awaiting data collection			100%	100%
Extended 62-Day cancer treatment	SC	New indicator	100%	Jul-08	87%	Awaiting data collection			100%	100%
% of people who spend at least 90% of their time on a stroke unit	SC	New indicator	65%	Q1 08-09	58%	22.4%		Low	70%	45%
% of people who have a TIA who are scanned and treated within 24 hours	SC	New indicator	25%	Q1 08-09	0%	38%		Low	80%	60%
National Priorities										
All age all causes mortality per 100,000 of the population (males)	PH	New indicator	615	2004-06	N/A	719	N/A	Medium	589	564
All age all causes mortality per 100,000 of the population (females)	PH	New indicator	401	2004-06	N/A	460	N/A	Medium	387	374
CVD mortality rate (per 100,000 of population aged under 75 years)	PH		82.8	2005-07	84	89		Medium	81.7	80.7
Cancer mortality rate (per 100,000 of population aged under 75 years)	PH		96.16	2005-07	101	98		Medium	94.07	91.97
4 week smoking quitters with NHS services	PH		1756	YTD Aug 08	299	147		Medium	2,022	2,360

Performance Report- Year end position as at March 08 and Current Status (3)

National Priorities	Owner	March 08 Status	Annual Plan	Reporting period	Plan	Actual	Risk rating for March 09	Data quality	2009-10 Plan	2010-11 Plan
% 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	New indicator	50%	Q1 08-09	50%	100%		Low	70%	90%
Sexual health - Teenage conception rates	SC		28.3	2006	40	40			23.1	19.6
Percentage of children in Year R with height and weight recorded who are obese.	PCCS	N/A	11%	2007-08	Data available in Sept 08				11.0%	11.1%
Percentage of children in Year R with height and weight recorded.	PCCS	N/A	88%	2007-08	Data available in Sept 08				88.7%	88.8%
Percentage of children in Year 6 with height and weight recorded who are obese.	PCCS	N/A	23%	2007-08	Data available in Sept 08				22.1%	22.0%
Percentage of children in Year 6 with height and weight recorded.	PCCS	N/A	88%	2007-08	Data available in Sept 08				88.7%	88.8%
Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)	PCCS		75%	Q1 08-09	75%	60.6%		Low	85%	90%
Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV)	PCCS		50%	Q1 08-09	50%	34.5%		Low	75%	90%
Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC) (boosters)	PCCS		75%	Q1 08-09	75%	8.9%		Low	85%	90%
Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)	PCCS		75%	Q1 08-09	75%	65.2%		Low	85%	90%
Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) (booster doses)	PCCS		85%	Q1 08-09	85%	36.7%		Low	87%	90%
Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR) (booster doses)	PCCS		80%	Q1 08-09	80%	39.5%		Low	85%	90%

Performance Report- Year end position as at March 08 and Current Status (4)

National Priorities	Owner	March 08 Status	Annual Plan	Reporting period	Plan	Actual	Risk rating for March 09	Data quality	2009-10 Plan	2010-11 Plan
Immunisation rate of 90% for human papilloma virus vaccine for girls aged around 12-13 years	PCCS	New indicator	90%	Q1 08-09	90%	Data will be available from Sept 08			90%	90%
Immunisation rate for children aged 13 to 18 who have been immunised with a booster dose of tetanus, diphtheria and polio	PCCS		50%	Q1 08-09	50%	39%		Low	75%	90%
Prevalence:% of infants totally or partially breastfed at 6-8 weeks	PCCS	New indicator	48.4%	Q1 08-09	20%	67.5%		Low	53.1%	58.0%
Coverage: The number of children with a breastfeeding status recorded as a percentage of all infants due for a 6-8 week check	PCCS	New indicator	85%	Q1 08-09	49.5%	81.9%		Very Low	90%	95%
Has a full range of CAMH services for children and young people with learning disabilities been commissioned for the council area?	SC	New indicator	4	Q1 08-09	4	4		Medium	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	New indicator	4	Q1 08-09	4	4		Medium	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	New indicator	4	Q1 08-09	4	4		Medium	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	New indicator	2	Q1 08-09	2	2		Medium	3	4
Percentage of the population aged 15 - 24 screened or tested for chlamydia	SC		17%	Q1 08-09	4.2%	1.80%		Medium	17%	17%
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	New indicator	971	Q1 08-09	905	931		Medium	1068	1175

Performance Report- Year end position as at March 08 and Current Status (5)

National Priorities	Owner	March 08 Status	Annual Plan	Reporting period	Plan	Actual	Risk rating for March 09	Data quality	2009-10 Plan	2010-11 Plan
Adult inpatient patient experience score (Acute Trust)	SC		75	2008-09		N/A			77	80
Adult outpatient patient experience score (Acute Trust)	SC		73	2008-09		N/A			75	78
A&E patient experience score (Acute Trust)	SC		71	2008-09		N/A			73	76
Patient experience score (Community mental health trust)	SC		75	2008-09		N/A			77	79
Patient experience score (PCT survey of primary care services)	PCCS		72	2008-09		N/A			74	78
National NHS staff survey: Job Satisfaction	ODHR		3.40	2008-09		N/A			3.43	3.46
Number of patient receiving NHS primary dental services located within the PCT area within a 24 month period	PCCS	New indicator	165,537	Q1 08-09	160,298	155,739		Medium	165,537	165,537
Existing Commitments										
98% of A&E waits in 4 hours	SC		98%	YTD Aug-08 (W/E 24th Aug 08)	98%	98.57%		Medium	98%	98%
% of patients accessing a GP in 48 hours	PCCS		100%	Jul-08	100%	100%		Medium	100%	100%
% of patients accessing a primary care professional in 24 hours	PCCS		100%	Jul-08	100%	100%		Medium	100%	100%
Outpatient waits 13 week breaches	SC		0	YTD July-08	0	4		Medium	0	0
Inpatient waits 26 week breaches	SC		0	YTD July-08	0	0		Medium	0	0
No of patients waiting more than 3 months for Cardiac revascularisation	SC		0	YTD July-08	0	0		Medium	0	0
Sexual health - % of patients accessing GUM clinic within 48 hours	SC		100%	YTD July-08	100%	99.4%		Medium	100%	100%
% of Delayed transfers of Care (acute) per hospital occupied bed days	SC		3.5%	Q1 08-09	3.5%	1.50%		Medium	3.5%	3.50%

Performance Report- Year end position as at March 08 and Current Status (6)

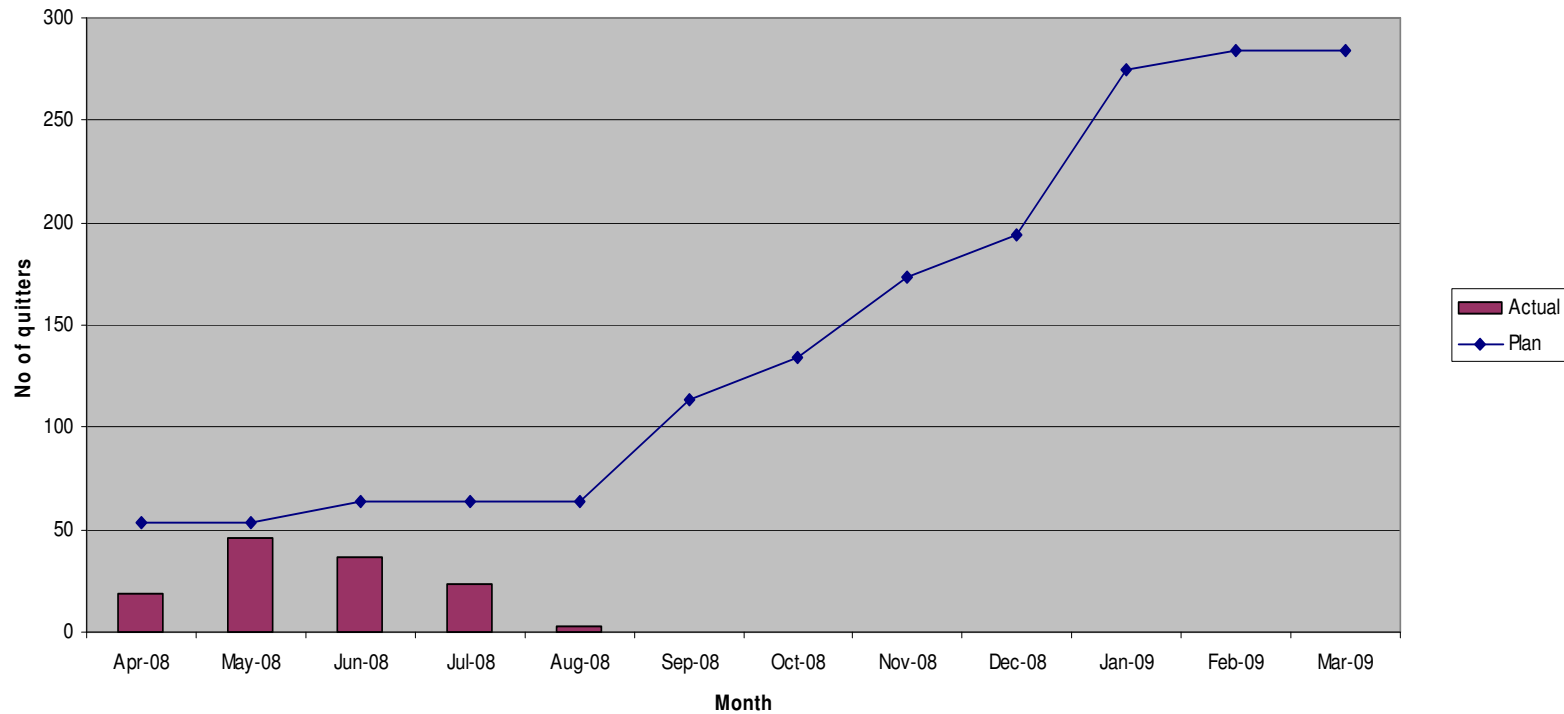
Existing Commitments	Owner	March 08 Status	Annual Plan	Reporting period	Plan	Actual	Risk rating for March 09	Data quality	2009-10 Plan	2010-11 Plan
Category A Ambulance response within 8 mins	SC		79%	YTD July 08	79%	73%		Medium	79%	79%
Category B Ambulance response within 19 mins	SC		95%	YTD July 08	95%	83%		Medium	95%	95%
% of patients with suspected cancer waiting 2 weeks or less from GP urgent referral to 1st OP appointment	SC		100%	YTD July 08	100%	100%		Medium	100%	100%
% of patients with cancer treated within one month from diagnosis (decision to treat)	SC		100%	YTD July 08	100%	100%		Medium	100%	100%
% of patients with cancer waiting less than two months between GP urgent referral and treatment	SC		100%	YTD July 08	100%	100%		Medium	100%	100%
% offered diabetic retinopathy screening	PDE		100%	Q1 08-09	100%	94%		Medium	100%	100%
Number of new cases for early intervention of psychosis	SC		65	Q1 08-09	15	38		Medium	65	65
Number of Crisis resolution episodes	SC		868	Q1 08-09	217	175		Low	868	868
London Priorities										
% of newly diagnosed HIV infected patients with <200 cells per mm3	PH	New indicator	23%	2008-09	N/A				19%	15%
% of TB cases whose treatment was completed	PH	New indicator	87%	2008-09	N/A				90%	905
Local Priorities										
Delayed transfers of Care (non acute and acute) per 100,000 of the population aged 18 yrs+	SC	New indicator	15	YTD Aug 08 (W/E 17 th Aug 08)	15	15		Medium	13	11
Adults and older people receiving direct payments and/or individual budgets (per 100,000 of the population)	SC	New indicator	172	Q1 08-09	129	152		Medium	238.04	387.41
Percentage of Carers receiving a 'carer's break' or a specific carer's service	SC	New indicator	19.60%	Q1 08-09	4.90%	4.64%		Medium	24.6%	29.60 %

Performance Report- Year end position as at March 08 and Current Status (7)

Additional PCT Existing commitments	Owner	March 08 Status	Annual Plan	Reporting period	Plan	Actual	Risk rating for March 09	Data quality	2009 -10 Plan	2010 -11 Plan
% of women aged 53-70 yrs screened for breast cancer	SC		70%	Q1 08-09	70%	42%		Medium	70%	70%
No of practices with PCT validated registers of patients with symptoms of CVD with an absolute risk of CVD events greater than 20%	PCCS		67	2008-09	N/A				67	67
Health inequalities - % of GP population as having a BMI status recorded	PCCS		42%	Q1 08-09	42%	35%		Low	42%	42%
Number of Community Matrons and Other Case managers	PDE		15	Q1 08-09	15	3		Medium	15	15
Number of Very High Intensity Users being case managed by Community Matrons	PDE		961	Q1 08-09	961	143		Medium	961	961
Choice & booking - % of first outpatient bookings to be made using Choose & Book	PCCS		90%	Aug-08	90%	29%		Medium	90%	90%
<p>Key:</p> <p>SC- Director of Strategic Commissioning</p> <p>PH- Director of Public Health</p> <p>PCCS- Director of Primary and Community Commissioning Services</p> <p>PDE - Director of Provider Development and Estates</p> <p>ODHR - Director of Organisational Development and Human Resources</p>										

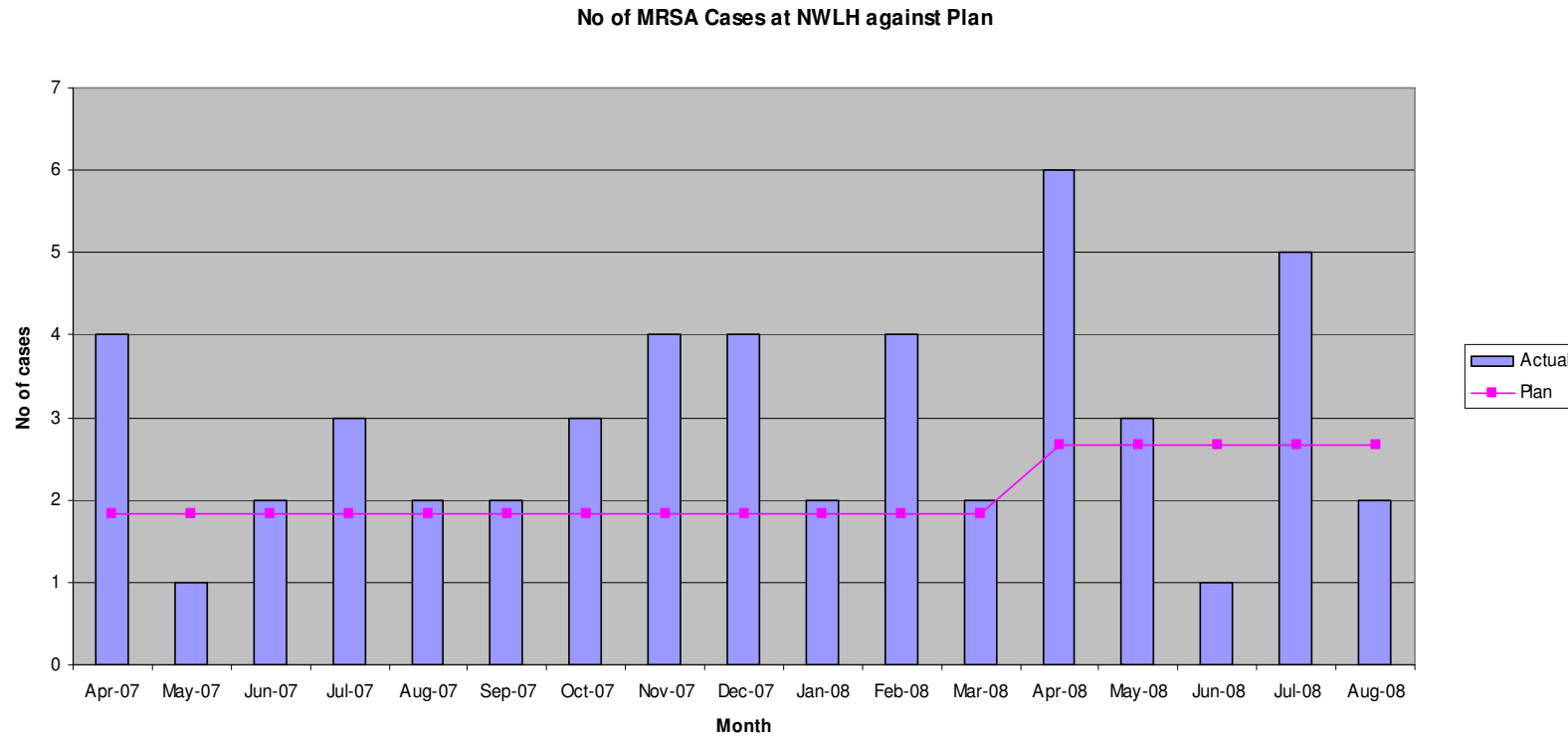
Smoking Quitters

4 week Smoking quitters 2008-09



- The 07-08 actual was 186 for the year, an average of 16 quitters per month
- The chart above shows the monthly plan to achieve the 2008-09 operating plan target of 1756.
- The year-to-date August 08 actual is 147, 50.8% below the profiled target.

MRSA



- In 2006-07, NWLH reported 51 cases of MRSA, and in 2007-08, 33 cases were reported.
- This is a 35% reduction in MRSA cases between 2006-07 and 2007-08.
- The 2008-09 target is 32 cases.
- Between April and August there have been a total of 17 MRSA cases reported at NWLH, representing 53% of the annual target.

National Requirements narrative

- MRSA (Owner: Director of Public Health):
 - Reasons for poor performance:
 - A total of 15 bacteraemia have been reported in the first 4 months of 2008/9. This is 4 above the target trajectory YTD. .
 - Root Cause Analysis has identified that in 3 cases, blood culture contamination was implicated, the presence of IV devices was implicated in a further 4 cases, and wounds in a further 1 case. Issues identified that require further action include :
 - Missed A&E admission screening
 - Blood culture technique
 - IV care
 - Delayed decolonisation
 - Inter hospital transfer communication
 - Lack of wound swab
 - Venepuncture technique
 - Nine of the 15 bacteraemia (60%) were acquired within 48 hours of admission. Two of these were in Brent residents (root causes identified - one likely contamination of blood culture in A&E and the other a possible blood culture contaminant in A&E or possible lack of wound swabbing).
 - Action taken:
 - NWLH hold an RCA meeting for all MRSA bacteraemia that is chaired by either their CEO or DIPC. These are attended by the PCT Infection Control representatives in cases of pre-48 hour MRSA bacteraemia.
 - Policies for peripheral line and central line management have been reviewed and re-launched in May 2008 along with the care bundle.
 - The NWLH Blood Culture Policy has also been reviewed and re-launched. A change to the use of Chloroprep has been introduced for skin decontamination. Focussed training has taken place.
 - Admission screening rates are being monitored regularly. Emergency admission screening is monitored weekly and compliance across the Trust has improved.
 - To support decolonisation of MRSA positive patients in the community prior to routine admissions to NWLHT, the Brent and Harrow HCAI group has now developed a consistent policy for decolonisation in primary care. A new joint health economy-wide MRSA policy has now been ratified and covers NWLT, Harrow PCT and Brent PCT as well as NWL HPU.
 - Other key elements of the NWLHT action plan address: hand hygiene, full implementation of the high impact interventions, antibiotic use, cohorting and isolation, surveillance, cleaning and decontamination, training, leadership and governance. As part of its HCAI action plan, NWLHT is running an intensive hand hygiene campaign, with fortnightly hand hygiene audits in clinical areas. Both PCTs are running the NPSA hand hygiene campaign also.
 - Brent PCT has developed a comprehensive Infection Control investment plan which includes an additional 2 Infection Control Nurses to focus in particular at Control of Infection in Nursing and Residential care homes (including MRSA screening programme) in the borough. The first stage of this investment proposal has been approved.
 - As a result of concerns over the lack of achievement against local target, the CEOs from North West London Hospitals Trust, Brent PCT and Harrow PCT have recently agreed to commission an independent expert consultant to undertake a Joint Clinical Investigation around the control of MRSA bacteraemia across the local health economy. This will be taking place on 11th and 12th of September, and a report will be produced by the end of September 2008.

National Requirements narrative (2)

- 6 weeks+ diagnostic tests (Owner: Director of Strategic Commissioning):

- Reasons for poor performance:

- There were 30 breaches in July.
- This is a decrease of 40% compared to June.
- The breaches occurred across 11 tests and 5 providers. The 2 providers with the most breaches were Barnet and Chase Farm (12) and UCLH (10).

- Action taken:

- The Lead commissioner (Camden PCT) is addressing the pinch points in diagnostics with UCLH and they have been running Saturday clinics. There is a feeling that more capacity is needed in imaging either by investing in another scanner or via the Inhealth contract. They are meeting weekly to monitor.
- Extra clinics have helped Brent Provider reduce the number of breaches from 31 in June to 4 in July.
- NWLH have also improved on this target (down from 10 in June to 2 in July).
- After a sharp rise in April the trend for this target has been downwards since.
- We will continue to monitor this target.

National Priorities narrative

- Smoking quitters (Owner: Director of Public Health):

- Reasons for poor performance:

- The discontinuation of the community advisor scheme at the end of March 2007 was a major contributing factor in the decrease in performance.
 - Trained community advisors (mainly pharmacists) played a pivotal role in providing structured 1:1 support sessions to clients on a drop-in basis at their local pharmacy.
 - The payment structure was such that it was difficult to cap payments and this resulted in a large overspend which was unsustainable during the Turnaround process.

- Action taken:

- The PCT has invested a further £520K in 08/09 to drive forward the Smoking Cessation initiative. It has renegotiated the incentive payments to Pharmacists and has to date recruited 41 pharmacists.
 - It has also benefited from a report by the Regional Tobacco Control Group which suggested a 3 year strategy and a broadening of smoking cessation work to a tobacco control policy. This may need further investment by the PCT and a Business Case for this will be developed.
 - A stop Smoking Manager has been appointed and will commence on the 13th October and smoking facilitator's interviews are being held on the 5th September.
 - Interviews were held on the 5th September for two smoking cessation facilitators. One appointment has been made and the other post will be re-advertised. Meanwhile, temporary staff will commence employment week beginning 8th September and Brent NHS is in the process of securing the services of a specialist smoking agency to work in priority areas and target hard to reach groups.

- Childhood Immunisation (Owner: Director of Primary Care and Community Commissioning Services):

- Reasons for poor performance:

- There are reported difficulties in maintaining services because of cut backs in staffing levels due to turnaround.
 - Problems with the late recording and inputting of data of immunisations to the Community Information System.
 - There has also been changes in the way call and recall has been administered which has caused some delay in administering vaccinations.
 - There have been difficulties in the technical aspects of data recording.

- Action taken:

- Maria Yates has been identified as the lead for Immunisations within the Primary Care Directorate.
 - A programme management structure has been agreed and a Programme Board will be set up to oversee the work streams around immunization. Links will be established with the PCT Immunisation Steering Group. There are four work streams within the programme - data capture, awareness/promotional campaign, catch up programme, development of a call and recall LES.

National Priorities narrative (2)

- Chlamydia Screening (Owner: Director of Strategic Commissioning)

- Reasons for poor performance

- NWLH provide the service and have been underperforming due to shortage of staff.
 - They now have two new screening nurses, bringing the total up to three.

- Action taken:

- We are investigating further initiatives through other providers – i.e. setting up internet screening, with The Doctors Laboratory, distributing postal kits through various young people arenas, further developing the Local Enhanced Service with Pharmacy and GPs.

- Dental Services (Owner: Director of Primary Care and Community Commissioning Services):

- Reasons for poor performance

- Summer season variance in activity. This mirrors trends nationally and reflects performance from 07/08.

- Action taken:

- NHS Brent is developing an Oral Commissioning Strategy by mid September 2008 key deliverables are:
 - To commission more UDAs from GDPs.
 - To publicise locally NHS Dentistry in Brent.
 - To commission extra specialists services.

- A programme of work and support has/is being developed to ensure dental practices can continue to see more NHS patients.

- CVD Mortality rate (Owner: Director of Public Health):

- Reasons for poor performance

- The under 75 circulatory disease (CVD) mortality rate for Brent in 2006 was 85.99 per 100,000 population which is slightly above the plan of 84 per 100,000 population.
 - The mortality rate in Brent has reduced from 140.16 in 1998 and has already exceeded the national target to reduce CVD mortality by 40% by 2010 from the 1998 baseline.

- Action taken:

- Improving outcomes in terms of circulatory disease continues to be a key priority for the PCT.
 - This year the PCT has invested c. £500,000 in its smoking cessation programme. The PCT intends to develop a vascular health strategy and vascular health is likely to be one of the key initiatives in its forthcoming commissioning strategy plan.

Existing Commitments narrative

- Category A ambulance calls responding within 8 minutes and Cat B ambulance calls responding within 19 minutes (Owner: Director of Strategic Commissioning):
 - Reasons for poor performance:
 - Service wide challenges for performance of all category of calls
 - Annual leave and staff shortages
 - Issues finding additional resource
 - Fleet resilience has been a difficulty.
 - Action taken :
 - Currently recruiting and purchasing new ambulances and this is ongoing.
 - The station in Brent area is currently a priority station so the focus at all levels will be to ensure full resource and vehicle utilisation.
 - Additionally with the new Active Area Cover there has been an improvement with a more mobile fleet.
- Diabetic retinopathy screening (Owner: Director of Provider Development and Estates):
 - Reasons for poor performance:
 - Staff Vs case load ratio still too low
 - Initial cohort of 16,000+ diabetics increases by approx. 3,500 new referrals per year
 - Cumulative effect of the loss of screening time in Q2 07/08 due to replacement and training of a new screener.
 - Action taken:
 - Additional investment of 70K was provisionally approved to cope with the demand
 - Submit a business case for extra investment
- Crisis resolution episodes (Owner: Director of Strategic Commissioning)
 - Reasons for poor performance:
 - Data robustness at Central and North West London NHS Foundation Trust continues to be a challenge.
 - The Trust are not recording all the Crisis Resolution Team activities, including that which emanates via Accident and Emergency.
 - The links between Crisis Resolution Team, admissions and discharges is still not fully operational.
 - Action taken:
 - We have asked the Trust to report to the PCT on a fortnightly basis all Crisis resolution episodes, admissions and discharges, all acute Inpatient admissions and discharges and all Mental health Accident and Emergency admissions and discharges.
 - This will enable the PCT to be alerted of any potential problems at an early stage.
 - The Trust has also employed an Assistant Director of Information who has started work to set up an infrastructure to improve data collection and information.

Additional PCT Existing Commitments narrative

- Breast Screening for women aged 50-70 yrs (Owner: Director of Strategic Commissioning):
 - Reasons for poor performance:
 - There have been performance issues with our Breast Screening Service highlighting slippage in the service. These issues were raised and lead to the temporary suspension of the service for five months at the beginning of 2007.
 - The service is now fully operational but there is now extended slippage of 10 months which will cause an inability for us to reach our 70% target.
 - Similarly, this resulted in a delay in full implementation of the age extension to 70.
 - Action taken :
 - We are developing an action plan with the PCT consortia and working with the service to increase capacity to bring down the round length. This will include investing in new equipment, extra staff, possible extended screening times and Sunday screening. We are waiting for a response from Barnet and Chase Farm Hospitals.
- Choose and Book (Owner: Director of Primary and Community Commissioning Services):
 - Reasons for poor performance:
 - There are still concerns regarding slot availability at Provider Trusts which affects our current performance. The DH slot availability spreadsheet shows that the NWLH at only 26% of booking C&B Referrals received for Brent.
 - It is also apparent that initial IT training is not sufficient to ensure that Choose and Book is used routinely to deliver maximum patient benefit.
 - Action taken:
 - Further investigation is required with NWLH to understand the lack of appointment availability for Brent PCT.
 - Anecdotal evidence suggests that practices require further training and support to ensure that the C&B function is a mainstream activity within practice.
 - Review of the IT infrastructure with GP practices and upgrade any non compliant system. The priority would be for those practices that demonstrate existing engagement with the C&B system.
 - Discussion required with the Strategic Commissioning team to understand any capacity issues at NWLH and possible effect of 18 week wait.
 - Follow up action will be taken with practices who do not show any converted UBRNs by Locality managers on a monthly basis.
 - Business case to the Investment Panel for recruitment of a Choose and Book Facilitator and any further non recurrent investment to support improvement.

Additional PCT Existing Commitments narrative (2)

- Community Matrons and Very High Intensity Users (Owner: Director of Provider Development and Estates):

- Reasons for poor performance:

- Low levels of employment of community matrons reflect national and local recruitment issues and the financial recovery planning of the PCT. This has resulted in a cautious 2008-9 community nursing services budget, with potential to apply for investment funding upon the completion of a strategic and operational review of community nursing / admission avoidance services is completed during October 2008.
- From June 2008, following an initial service assessment and review as a result of the PCT participation within the PUK Fitness for Purpose Review Program, Community Matrons have been more closely integrated within the Community Nursing Services Teams alongside Care Co-ordinators using the EARLI Project Tool.
- the Community Matrons are now actively pursuing referrals from District Nursing and GP colleagues, of potentially Very High Intensity Users, before they are admitted into hospital with crisis, within one Geographical boundary of the Brent Borough. Consequently the combined total of VHIUs now significantly exceeds 143 but data analysis for this activity period has yet to be evaluated.

- Action taken:

- Once the reviews have been completed, stakeholders, commissioners and providers will evaluate the options, costs and impacts of a range of potential service models.

- GP recording of BMI Status (Owner: Director of Primary Care and Commissioning Services):

- Reasons for poor performance:

- BMI position is poor as it is not part of QOF.

- Action taken:

- Currently 22 practices are participating in a pilot being supported by Imperial College to extract clinical data from practice clinical information systems including BMI and smoking. We are exploring the feasibility of extending this to all practices for 2008/09 as part of the incentive scheme to share health status data.

**SUMMARY OPERATING COST STATEMENT
FOR 5 MONTHS ENDING 31st AUGUST 2008**

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
Commissioning Services					
Commissioning of Healthcare					
Acute Commissioning	196,537	81,446	84,167	(2,720)	(3.34)%
Joint Working Commissioning	<u>78,059</u>	<u>32,477</u>	<u>31,816</u>	<u>661</u>	<u>2.04%</u>
Sub-total:	274,596	113,923	115,983	(2,059)	(1.81)%
Primary Care					
Medical Contract	44,453	18,466	18,155	311	1.68%
Dental Contract	13,637	5,682	5,583	100	1.75%
Pharmacy Contract	1,767	835	770	66	7.86%
Prescribing	38,081	15,945	14,820	1,125	7.06%
Community Trusts (including Brent Provic	<u>35,780</u>	<u>14,273</u>	<u>14,273</u>	<u>0</u>	<u>0.00%</u>
Sub-total:	133,718	55,201	53,600	1,601	2.90%
Management Costs	12,054	4,598	4,323	275	5.98%
COMMISSIONING Total:	420,367	173,723	173,906	(183)	7.07%
Provider Services					
Expenditure	40,648	16,560	17,273	(713)	(4.31)%
Income - Brent	(36,227)	(14,868)	(14,900)	32	(0.22)%
Income - Other	<u>(4,421)</u>	<u>(1,734)</u>	<u>(1,837)</u>	<u>103</u>	<u>5.94%</u>
PROVIDER SERVICES Total	0	(42)	536	(578)	1.42%
TOTAL (Before Reserves):	420,368	173,681	174,442	(761)	(0.44)%
Reserves and Commitments					
Balance sheet movements				0	0.00%
Contingency	2,666			0	0.00%
New Investment Programme (phase 2)	8,054			0	0.00%
Investment Programme slippage (phase 1)	573			0	0.00%
Specific Reserves	381			0	0.00%
Reserves and Anticipated Allocations	28			0	0.00%
Surplus for investment 2009-10	<u>12,446</u>	<u>8,798</u>		<u>8,798</u>	<u>100.00%</u>
RESERVES Total:	24,149	8,798	0	8,798	100.00%
TOTAL for Brent tPCT:	444,517	182,479	174,442	8,037	4.40%
TOTAL Revenue Resource Limit:	444,517				

COMMISSIONING OF HEALTHCARE FOR 5 MONTHS ENDING 31st AUGUST 2008

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s
Acute Commissioning				
Acute and Foundation Trusts				
North West London	81,835	34,098	35,190	(1,092)
Imperial College Healthcare	46,448	19,353	20,317	(964)
Royal Free	9,117	3,799	3,702	97
Other Acute Trusts	<u>26,543</u>	<u>11,060</u>	<u>11,644</u>	<u>(584)</u>
Sub-total - Acute and Foundation Trusts	163,943	68,310	70,853	(2,543)
Other Service Level Agreements				
Consortia Led Commissioning	17,876	7,448	7,567	(119)
High Cost Drugs	582	243	263	(21)
Non Contracted Activity	1,922	801	928	(127)
PCTs	1,277	532	400	132
Minor Budgets	<u>3,166</u>	<u>876</u>	<u>907</u>	<u>(31)</u>
Sub-total - PCTs	24,823	9,900	10,065	(165)
HIV / AIDS and Sexual Health				
Consortia Led HIV and AIDS Commissioning	5,615	2,339	2,350	(11)
Local HIV/ Treatment and Care	769	320	320	1
Sexual Health	<u>1,387</u>	<u>578</u>	<u>580</u>	<u>(2)</u>
Sub-total - HIV / AIDS & Sexual Health	7,771	3,237	3,249	(12)
Total Acute Commissioning	196,537	81,446	84,167	(2,720)

**COMMISSIONING OF HEALTHCARE
FOR 5 MONTHS ENDING 31st AUGUST 2008**

	Annual Budget £000s	Year to Date Budget £000s	Actual £000s	Variance £000s	Variance %
Joint Commissioning					
Mental Health					
Central and North West London Mental Health	33,205	13,835	13,835	0	0.00%
Consortia Led Mental Health Commissioning	6,788	2,829	2,545	284	10.04%
Mental Health Trusts	<u>2,011</u>	<u>838</u>	<u>676</u>	<u>162</u>	<u>19.33%</u>
Sub-total - Mental Health	42,004	17,502	17,056	446	2.55%
Long Term Bedded Services					
Continuing Care / Section 28a	21,886	9,119	9,586	(467)	(5.12)%
Registered Free Nursing Care	3,572	1,488	1,074	414	27.82%
Continuing Care Assessment Team	<u>458</u>	<u>191</u>	<u>129</u>	<u>62</u>	<u>32.46%</u>
Sub-total - Long Term Bedded Services	25,916	10,798	10,789	9	0.08%
Older People/ Rehabilitation/ Physically Disabilities					
Consortia Led Rehabilitation and PD Commissioning	1,104	460	347	113	24.57%
Palliative Care (K & C PCT)	1,021	425	425	0	0.00%
Minor Budgets	<u>566</u>	<u>236</u>	<u>298</u>	<u>(62)</u>	<u>(26.27)%</u>
Sub-total - Older People/ Rehab/ Phys Dis	2,691	1,121	1,070	51	4.55%
Children and Families					
Consortia Led Children's Commissioning	805	335	352	(17)	(5.07)%
Minor Budgets	811	291	291	0	0.00%
Cost per Case	634	264	215	49	18.56%
Barnet, Enfield and Haringey Mental Health Trust	<u>235</u>	<u>98</u>	<u>98</u>	<u>0</u>	<u>0.00%</u>
Sub-total - Children and Families	2,485	988	956	32	3.24%
Other Joint Commissioning					
Substance Misuse	3,874	1,614	1,558	56	3.47%
Learning Disabilities	715	298	236	62	20.81%
Cost per Case	<u>374</u>	<u>156</u>	<u>151</u>	<u>5</u>	<u>3.21%</u>
Sub-total - Other	4,963	2,068	1,945	123	5.95%
Total Joint Working	78,059	32,477	31,816	661	2.04%

PRIMARY CARE SERVICES FOR 5 MONTHS ENDING 31st AUGUST 2008

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
Medical Contract					
Baseline Contracts	25,178	10,620	10,584	36	0.34%
Enhanced Services	3,917	1,940	1,658	282	14.53%
Quality & Outcomes Framework (QC	3,896	1,623	1,623	0	0.00%
Quality & Outcomes Framework (QC	2,613	1,136	1,136	0	0.00%
Out Of Hours	726	302	302	0	0.00%
Premises & PCO Managed Budgets	<u>8,123</u>	<u>2,843</u>	<u>2,850</u>	<u>(7)</u>	<u>(0.25)%</u>
Total Medical Contract	44,453	18,466	18,155	311	1.68%
Dental Contract					
Dental Services	15,837	6,599	6,510	89	1.35%
Patient Charge Income	<u>(2,200)</u>	<u>(917)</u>	<u>(927)</u>	<u>11</u>	<u>(1.15)%</u>
Total Dental Contract	13,637	5,682	5,583	100	1.75%
Pharmacy Contract					
Pharmacy Services	1,767	835	770	66	7.86%
Total Pharmacy Contract	1,767	835	770	66	7.86%
Prescribing					
Practice Costs	36,632	15,341	14,269	1,072	6.99%
Central Drugs Bill Charges	933	389	340	49	12.49%
Prescribing Incentive Scheme	364	152	152	0	0.00%
Other	<u>152</u>	<u>63</u>	<u>59</u>	<u>4</u>	<u>6.71%</u>
Total Prescribing	38,081	15,945	14,820	1,125	7.06%
Community Trusts					
Brent Provider Services	34,697	13,822	13,822	0	0.00%
Other Community Trusts	<u>1,083</u>	<u>451</u>	<u>451</u>	<u>0</u>	<u>0.00%</u>
Total Community Trusts	35,780	14,273	14,273	0	0.00%
TOTAL PRIMARY CARE	133,718	55,201	53,600	1,601	2.90%

Note: Variances in brackets are overspends

PCT MANAGEMENT FOR 5 MONTHS ENDING 31st AUGUST 2008

	Annual	Budget	Year to Date		
	Budget		Actual	Variance	Variance
	£000s	£000s	£000s	£000s	%
PCT Management Costs					
Chief Executive Office	1,044	448	481	(33)	(7.37)%
Public Health	1,860	520	491	29	5.58%
Strategic Commissioning	1,835	628	620	8	1.27%
Primary Care Commissioning	2,741	1,064	922	142	13.35%
Human Resources	805	337	348	(11)	(3.26)%
Finance and Performance	3,472	1,477	1,365	112	7.58%
Clinical Leadership	<u>297</u>	<u>124</u>	<u>96</u>	<u>28</u>	<u>22.58%</u>
Total Direct Management Costs	12,054	4,598	4,323	275	5.98%

Note: Variances in brackets are overspends

PROVIDER SERVICES DETAIL FOR 5 MONTHS ENDING 31st AUGUST 2008

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
Income					
Other Income from Brent PCT	(36,227)	(14,868)	(14,900)	32	0.22%
SLA Income - Other PCTs	(1,579)	(658)	(637)	(21)	(3.19)%
Other Income	<u>(2,842)</u>	<u>(1,076)</u>	(1,200)	124	11.52%
TOTAL INCOME	(40,648)	(16,602)	(16,737)	135	0.81%
Expenditure					
Children's services	3,417	1,423	1,454	(31)	(2.18)%
Community Nursing	6,174	2,573	2,572	1	0.04%
Intermediate care and rehabilitation	5,436	2,265	2,310	(45)	(1.99)%
Learning disability services	1,995	831	944	(113)	(13.60)%
Pathways	2,145	999	928	71	7.11%
Specialist Services	4,512	1,880	1,874	6	0.32%
Operational Services	6,493	2,705	2,771	(66)	(2.44)%
Managed Practices and Other	2,303	1,158	1,643	(485)	(41.88)%
Recharges and reserves	<u>8,173</u>	<u>2,726</u>	<u>2,777</u>	<u>(51)</u>	<u>(1.87)%</u>
TOTAL EXPENDITURE	40,648	16,560	17,273	(713)	(4.31)%
TOTAL EXPENDITURE LESS INCOME	0	(42)	536	(578)	

**BALANCE SHEET
FOR 5 MONTHS ENDING 31st AUGUST 2008**

Notes	Opening Balance £000s	Year To Date Change £000s	Balance £000s
<u>Fixed Assets</u>			
Land & Buildings	50,221	850	51,071
Plant & Equipment	275	(1)	274
IT Equipment	1,322	85	1,407
Asset Under Construction and Payments on Account	925	39	964
Investments	212	0	214
Sub-total for Fixed Assets:	52,955	973	53,930
<u>Current Assets</u>			
Stocks	0	0	0
Debtors	4,777	(3,647)	1,130
Cash at bank & in hand	12	193	205
Sub-total for Current Assets	4,789	(3,454)	1,335
Creditors - due within one year	(36,295)	(1,891)	(38,186)
Bank Overdraft	0	0	0
NET CURRENT ASSETS \ (LIABILITIES)	(31,506)	(5,345)	(36,851)
TOTAL ASSETS LESS CURRENT LIABILITIES	21,449	(4,372)	17,079
Creditors - due after one year	0	0	0
Provisions for liabilities & charges	(4,468)	256	(4,212)
TOTAL ASSETS EMPLOYED	16,981	(4,116)	12,867
FINANCED BY:			
General Fund	(10,496)	(6,295)	(16,791)
Revaluation Reserve	27,477	2,181	29,658
Donated Asset Reserve	0	0	0
TOTAL CAPITAL AND RESERVES	16,981	(4,114)	12,867

**CAPITAL EXPENDITURE
FOR 5 MONTHS ENDING 31st AUGUST 2008**

Capital Programme		Annual	Year to Date		Variance
		Budget	Budget	Actual	
		£000s	£000s	£000s	£000s
<u>Brought Forward Schemes 2007-08</u>					
Kingsbury Security	agreed by CCG 20/5/08	9	8	8	0
Willesen H/V room adaptations	agreed by CCG 20/5/08	8			0
Health & Safety Projects				13	(13)
IM & T Upgrades				4	(4)
<u>Agreed Schemes</u>					
RIO Project	agreed by Board 27/3/08	787	107	107	0
GP system of Choice (GPSOC)	agreed by CCG 20/5/08	438	16	16	0
Dental	agreed by CCG 20/5/08	206			0
Sudbury PCC	agreed by CE	150	41	41	0
Willesden MRSA Upgrades	agreed by CE	40			0
Wheelchairs Move	agreed by CE	20	6	6	0
<u>Schemes awaiting approval</u>					
Chalkhill PCC Commissioning		300			0
Hillside PCC Commissioning		300			0
Willesden Deferred Asset Cost		295			0
IM & T Upgrades		213			0
Estate Disposal enabling costs		150			0
HQ Commissioning costs		100			0
Backlog of Maintenance Projects		57			0
Health & Safety Projects		55			0
Wembley Centre local schemes		30			0
Primary Care Estate Audit		20			0
Kilburn Square local schemes		10			0
Unallocated budget to date			280		280
<u>Disposals</u>					
College Road		(580)			0
TOTAL CAPITAL		2,608	458	195	263
NOTIFIED CAPITAL RESOURCE LIMIT (CRL)		1,570			

Notes:

1 CCG - Capital Control Group

Cash Flow Report to 31/08/08

Month	Planned Cash Drawings £'000	Actual Cash Drawings £'000	Actual as % of Annual
April	35,287	32,888	7.6 %
May	35,287	29,202	6.8 %
June	35,385	38,771	9.0 %
July	35,385	39,062	9.0%
August	35,448	28,381	6.6%
September	35,905		
October - December	109,724		
January - March	109,725		
Total	432,146	168,304	39.0%
(Increase)/Decrease in Cash at Bank to Date		(193)	(0.04%)
Net Payments to Date		168,111	39.0%
Remaining Cash Available		264,035	61.0%
Total		432,146	100.0%

Initial Cash Limit	455,105
+ Notified Cash Limit Adjustments	1,594
- Other anticipated adjustments	(1,311)
- Planned Under Drawing for prior year deficit repaid this year	(10,796)
- Planned Under Spend in 08-09	(12,446)
Total Available Cash	432,146

Cash drawings in August were reduced to minimise month end bank balances.

Aged Debtors and Prompt Payment Policy

<u>A) Aged Debtor Analysis</u>	30.6.08	31.7.08	31.8.08
	£000s	£000s	£000s
0-30 days)		145	701
31-60 days)	784	19	35
61-90 days)		457	19
Over 90 days	<u>1,177</u>	<u>635</u>	<u>1,039</u>
Sub Total	1,961	1,256	1,794
Less bad debt provision	- 749	- 749	- 749
Other debtor items/prepayments	-	<u>253</u>	<u>85</u>
Total	<u>1,212</u>	<u>760</u>	<u>1,130</u>

<u>B) Better Payment Practice Code</u>	07-08 Number	07-08 £000s	Apr-Aug 08 Number	Apr-Aug 08 £000s
Total non-NHS bills paid in the year	25,412	57,768	8,825	14,210
Total non-NHS bills paid within target	20,735	52,126	8,209	11,040
Percentage of non-NHS bills paid within target	81.6%	90.2%	93.0%	77.7%
Total NHS bills paid in the year	2,564	317,241	1,103	120,182
Total NHS bills paid within target	2,219	308,438	730	101,784
Percentage of NHS bills paid within target	86.5%	97.2%	66.2%	84.7%

The Aged Debtor analysis shows a shift in older debt from 61-90 days to over 90 days. The recovery of this debt is being actively pursued.

Prompt Payments include a change to the recorded date for receipt of invoices which adversely affects performance. An Action Plan to address this is being developed.

Overview of allocation at month 5

Allocation	£'000
Total at Month 1	444,200
New Allocations:	
Dental	222
Young peoples DAT	169
Child death review processes	60
Moves from anticipated to actual	434
Anticipated changes	109
Total at Month 2	445,194
New Allocations / Adjustments:	
07/08 carry forward	1,700
High cost area supplement	628
Charge for excess 07/08 bank balance	(5)
Moves from anticipated to actual – debt repay/TILT/levies	(3,082)
Anticipated changes (dental VT/cap-rev tfr)	552
Allocation at Month 3 and Month 4	444,987

Overview of allocation at month 5

Allocation	£'000
Total at Month 4	444,987
New Allocations / Adjustments:	
HPV vaccine funding	92
MMR Catch up	60
Rape Havens	(81)
HCAS adjustment	(39)
Minor central adjustments	(9)
Moves from anticipated to actual	(532)
Anticipated changes	39
Total at Month 5	444,517