

Finance & Performance Report

Month 5 2009-10

PCT Board - 1st October 2009

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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	DPH	3
2	Achieve the smoking cessation target of 2,022 quitters	DPH	2
3	Achieve the target levels for breast (70% for 53-64 yrs and 65% for 65-70 yrs) and bowel screening coverage of 40% among 70-75 yr olds.	DSC	2
4	Achieve the target levels for Chlamydia screening coverage of 25%	DSC	2
5	Ensure maximum waiting time for cancer patients accessing radiotherapy of 31 days	DSC	2

2. Reduce health inequalities

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

CORPORATE OBJECTIVES MAPPED TO F & P REPORT SECTIONS

3. Promote good health and prevent ill-health

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

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

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

CORPORATE OBJECTIVES MAPPED TO F & P REPORT SECTIONS

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

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

6. Develop NHS Brent as a World Class Commissioning organisation

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

NHS BRENT FINANCE & PERFORMANCE REPORT 09/10 - CONTENTS

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SECTION 1 – FINANCIAL PERFORMANCE

1.1 FINANCIAL SUMMARY

PART 1: – FINANCIAL PERFORMANCE SUMMARY (1)

	09/10	
	YTD	FOT
<ul style="list-style-type: none"> ▪ Statutory duties <ul style="list-style-type: none"> – Underspend against revenue resource limit – Achievement of capital resource limit – Underspend against cash limit 	G	G
▪ Achievement of public sector payment policy	R	R
▪ SHA finance risk rating (note 1)	R	R
▪ Achievement of Operating plan surplus within SHA defined tolerances	R	R
▪ Underlying recurrent position	R	R
▪ Savings/disinvestment programme	A	R
▪ BCS full cost recovery	G	A

Note 1 – the SHA finance risk rating is calculated quarterly on a scale of 1 to 5. At Q4 08-09 the PCT received a rating of 4 (green). At Q1 09-10 the PCT has received a rating of 3 (green), the reduction due to the YTD adverse variance to plan. Based on the FOT at M5, the rating would reduce to 1 (red) at Q2 and year-end.

PART 1- FINANCIAL PERFORMANCE SUMMARY (2)

- At month 5 there is a total YTD net overspend of £3.9m against a plan. The main elements of this are overspends within
 - Acute commissioning (£6.8m)
 - HQ budgets (£0.8m)
- Forecasts suggest that the full year impact could result in a potential full year overspend in Acute commissioning of £16.2m and an overspend in HQ budgets of £0.5m. This is forecast to be offset by slippage on investments (£9m) and in-year recovery plan (£4m). The overall forecast at month 5 is a year-end adverse variance against plan of £2.4m.
- In addition the recurrent position for 10/11 onwards needs to be addressed through the development of a recurrent savings / disinvestment programme, if planned investment in 10/11 onwards is to be supported
- Costs incurred to date of £0.3m relating to 'swine' flu have been included. However, on the advice of NHS London no additional costs have been included in the forecast outturn. The PCT's current projection of the full year cost is between £2m - £6.5m which will be partly offset by the contingency of £2m. This includes the estimated cost of paying GPs to deliver a Brent wide flu vaccination programme.

OVERVIEW OF BUDGET POSITION AT MONTH 5

Initial budgets issued April 09 updated

<i>£000s</i>	Initial	Changes	Month 4	Changes	Month 5
Issued budgets	479,371	7,309	486,680	61	486,741
Contingency	2,515	(501)	2,014	(29)	1,985
Investment & reserves	29,059	(6,029)	23,030	(32)	22,998
Total	510,945	779	511,724	-	511,724
Surplus for Investment plan	15,954	-	15,954	-	15,954
Total Allocation	526,899	779	527,678	-	527,678

- **Access to Contingency as agreed by CE**
- **Investments as agreed by Investment Panel / EMT**
- **Allocation increases / decreases reflect new allocations / adjustments**

1.2 YEAR TO DATE VARIANCES

SUMMARY OF YEAR TO DATE VARIANCES

<i>£000s</i> <i>+ve = u/spend</i> <i>(-ve) = o/spend</i>	M3	M4	M5	Movement M4 to M5
Acute Commissioning	(1,937)	(4,622)	(6,814)	(2,192)
Joint Working	74	149	135	(14)
Primary Care	642	922	243	(679)
PCT Management	(453)	(494)	(751)	(257)
Investment Programme	300	373	356	(17)
Sub Total	(1,374)	(3,672)	(6,831)	(3,159)
BCS over/(under) recovery	76	104	(34)	(138)
Investment slippage	410	2,129	2,963	834
Surplus	7,328	8,972	10,632	1,660
Total Actual	6,440	7,533	6,730	(803)
Plan Comparison	7,328	8,972	10,632	1,660
Under / (Over) Plan	(888)	(1,439)	(3,902)	(2,463)

- At month 5 there is a net adverse variance against plan of £3,902k
 - gross overspends £7,599k
 - gross underspends £3,697k

ACUTE COMMISSIONING – YEAR TO DATE VARIANCES

- **Contract variances**

- **Month 4 data has been received from most acute providers.**
- **Extrapolating this data to month 5 indicates an in-year adverse variance of £6,814k (6.5%), representing a deterioration from month 4 when the in-year adverse variance was £4,622k (5.5%). There are adverse variances on 19 out of the 22 acute providers. The largest absolute adverse variance values are at NWLHT £3,302k (7.6%), Royal Free £901k(16.8%), Imperial £750k (2.9%), Barts and the London £308k (65.2%), Chelsea & Westminster £553k (44.6%) and UCLH £407k (12.4%).**
- **At month 5 the variance is split PbR £3,472k (5.5%) and non-PbR £3,342k (13.1%)**

ACUTE COMMISSIONING – CLAIMS MANAGEMENT

The NWLH contract assumes that the PCT will lodge successful claims for £50k per month.

The PCT has raised successful challenges for the following covering Q1:

- Month 1 – £57k
- Month 2 – £57k
- Month 3 - £380k



In addition there are outstanding challenges worth £2.1m relating to Q1 with North West London Hospitals Trust which have not yet been finalised. Detailed discussions are underway and the remaining outstanding issues are planned to be resolved at CE level by 30th September.

The PCT is arguing that:

- The contract overspend with NWLHT is not primarily due to a real increase in activity over 08/09 outturn levels,
- The 09/10 planned activity levels were jointly agreed on the basis that they were realistic and sufficient to deliver key performance targets
- Where there is conclusive evidence that PbR over performance is the direct result of referral rates from GPs the PCT will work with PBC and the Trust to agree activity management recovery plans to ensure the original contract value is properly performed.
- For other PbR over performance the Trust is required to produce a remedial action plan to return to the agreed levels of activity
- Where there are unexpected and unplanned consequences from implementing HRG4 or other coding and counting changes, including in non-PbR, no amounts in addition to the baseline will be paid
- The PCT is committed to jointly agreeing actions with the Trust to return to contract values those areas such as A&E, some areas of GP outpatient referral and excess bed days associated with emergency admission.

ACUTE COMMISSIONING – VARIANCES (MONTH 4)

	Month 4 variance £000s	Variance % of Plan	SLAM DATA BASED ON
TRUST			
NORTH WEST LONDON HOSPITALS	£2642	-7.6%	JULY
ROYAL FREE HAMPSTEAD	£720	-16.8%	JULY
ST MARY'S / HHT (IMPERIAL)	£600	-2.9%	JULY
CHELSEA AND WESTMINSTER	£442	-44.6%	JULY
UNIVERSITY COLLEGE LONDON	£325	-12.4%	JULY
BARTS AND THE LONDON	£246	-65.2%	JULY
BARNET AND CHASE FARM	£128	-9.7%	JULY
EALING HOSPITAL	£124	-45.6%	JULY
THE WHITTINGTON	£84	-87.4%	JULY
GUY'S AND ST THOMAS'	£83	-11.5%	JULY
HOMERTON HOSPITAL	£49	-140.3%	JUNE
GREAT ORMOND STREET	£45	-6.5%	JULY
WEST HERTFORDSHIRE	£29	-29.9%	JULY
ROYAL NATIONAL ORTHOPAEDIC	£29	-3.3%	JULY
NORTH MIDDLESEX	£25	-42.8%	JULY
EAST AND NORTH HERT	£12	-2.7%	JULY
KING'S COLLEGE HOSPITAL	£8	-2.7%	JULY
ST GEORGE'S HEALTHCARE	£3	-3.0%	JULY
THE HILLINGDON	£2	-1.4%	JUNE
THE ROYAL MARSDEN	£14	10.4%	JULY
Contingency	£35		
MOORFIELDS EYE HOSPITAL	£37	4.4%	JULY
ROYAL BROMPTON AND HAREFIELD	£72	6.9%	JULY
All Trusts SLA Total	-£5,437	-7.6%	

 Over performance
 Under performance

NORTH WEST LONDON HOSPITALS TRUST VARIANCES

Annual Contract Value £104.6m (49% of acute spend)

Current Variance £2,641k over (8%)

PbR £1,406k over (5%)

- Electives including day cases £526k over
- Non-Electives £306k over
- OP £375k over (respiratory medicine, paediatrics and gastro firsts, diabetic and respiratory follow-ups)
- A&E £239k over (9% up mainly standard/minors)

Non PbR £1,236k over (17%)

- Critical care £475k over
- Non PbR activity £133k over (OPFUs £45k incl infectious diseases, audiology)
- Pathology £160k over (13% growth)
- Radiology £61k over (11% growth)
- Excluded drugs £116k over
- Direct access – physio etc £58k over – potential counting and coding challenge
- Unbundled OP Procedures £48k over

IMPERIAL HEALTHCARE VARIANCES

Annual Contract Value £62.2m (29% of acute spend)

Current Variance £600k over (3%)

PbR £344k over (3%)

- Non-electives £344k over
- Electives £218k under
- Out Patients £113k over (mainly follow ups)
- A&E £128k over (21% over)

Non PbR £256k over (4%)

- Critical Care £92k over
- Radiotherapy £78k over
- Excluded drugs and devices £88k over

ROYAL FREE HOSPITAL VARIANCES

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

Current Variance £720k over (17%)

PbR £446k over (16%)

- Non-Electives £124k over (mainly case-mix drift)
- Non-Elective Non-emergency £47k over
- OP follow ups £91k over
- Planned Same Day £46k over
- NEL short stay £46k over

Non PbR £274k over (19%)

- OP Procedure £78k over
- FCEs £52k over
- Critical Care £48k over
- OP FUs £40k over
- Therapies £40k over
- Devices £22k over
- PSD £20k over
- Renal £131k under

UCL HOSPITALS VARIANCES

Annual Contract Value £7.9m (4% of acute spend)

Current Variance £325k (12%)

PbR £26k under (2%)

- Electives £40k under
- Non-Electives £38k under

Non PbR £299k over (28%)

- Critical Care £183k over
- Ops/OP Procedures £70k over
- Pass-through payments £38k over

OTHER PROVIDERS WITH ADVERSE VARIANCES

Barnet & Chase Farm £128k over

- Breast Screening contribution – outstanding difference of £91K to M4

Barts & The London £247k over

- HEMS (Helicopter Emergency Service) Consortia £98k over – higher than expected number of journeys reported
- ITU £76k over
- Non-Electives £33k over (surgical specialties)

Chelsea & Westminster £442k over

- PbR Non Electives £92k over (T&O, Paediatric surgery, Plastic surgery)
- PbR Electives/PSD £263k over (includes £175k of excess bed days)
- Non PbR Non Electives £65k over (33 extra procedures = 60% increase)

Ealing £123k over

- PbR non-elective £42k over
- PbR Electives/PSD £24k over
- PbR OP £31k over
- SCBU £21k over

Great Ormond Street Hospital £45k over

- Non PbR – change in complexity in nephrology

Guys & St Thomas Hospital £83k over

- OP procedures £102k over (mainly oral surgery and dental with no activity planned)
- Non-Electives £45k over
- Electives/PSD £42k over
- Other attendances - £28k (including £25k Dermatology – Photophoresis)
- Patient Registers £17k over

Whittington £83k over

- PbR electives/PSD £33k over
- ITU £14k over
- PbR Ops – £14k over
- Non PbR – Electives (Bariatrics) £8k over

ACUTE COMMISSIONING – VARIANCE AT MONTH 4 BY PbR & n-PbR

Month 4	PbR incl A&E YTD	N-PbR YTD	Total YTD	YTD	FOT Total
TRUST	VARIANCE	VARIANCE	VARIANCE	VARIANCE	VARIANCE
	£'000	£'000	£'000	%	£'000
IMPERIAL	-344	-256	-600	2.9%	-1,800
NWLHT	-1,406	-1,236	-2,642	7.7%	-7,476
ROYAL FREE	-446	-274	-720	16.8%	-2,161
UCLH	-26	-299	-325	12.4%	-976
B&C/F	-54	-74	-128	9.7%	-384
GUYS	-72	-11	-83	11.5%	-250
EALING	-90	-34	-124	43.4%	-372
BARTS	-58	-188	-246	64.2%	-739
WHITTINGTON	-56	-27	-84	88.8%	-251
CHELSEA & WESTMINSTER	-366	-76	-442	44.6%	-1,327
EAST & NORTH HERTS	13	-25	-12	2.6%	-36
GOSH	100	-144	-45	6.5%	-134
HILLINGDON	-7	6	-2	1.4%	-5
KINGS	-26	19	-8	2.7%	-23
MOORFIELDS	39	-2	37	4.4%	111
NORTH MIDDX	-20	-5	-25	42.5%	-74
RNOH	-18	-11	-29	3.4%	-87
ROYAL BROMPTON	113	-41	72	6.9%	217
ST. GEORGES	-23	20	-3	3.0%	-10
HOMERTON	-9	-39	-49	139.9%	-146
ROYAL MARSDEN	8	7	14	10.4%	43
WEST HERTS	-26	-3	-29	29.7%	-87
Other	0	36	36	4.2%	106
TOTAL	-2,777	-2,660	-5,437	-7.6%	-15,862

PBC POSITION AT MONTH 4 (1)

Table 1: Summary of PBC Month 4 position by Cluster- Secondary Care

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD	VARIANCE
	£'000	£'000	£'000	%
Wembley	6,909	7,583	674	9.8%
Kingsbury	6,921	7,554	633	9.1%
Independent/Optout	982	1,066	84	8.5%
Risk Pool	1,303	1,413	110	8.5%
Willesden	5,485	5,692	207	3.8%
Harness Co-operative	8,581	8,868	288	3.4%
UNALLOCATED	1,142	1,142	0	-0.4%
Kilburn	8,888	8,800	-88	-1.0%
Grand Total	40,211	42,115	1,908	4.7%

Table 1: There is a total overspend of £1.9m across clusters. Each Cluster is overspent except for Kilburn

Table 2: Summary of PBC Month 4 position - variance by cluster by POD

	A&E	Elective	Non Elective	Outpatient	TOTAL	TOTAL
	£'000	£'000	£'000	£'000	£'000	%
Wembley	29	127	341	178	675	9.8%
Kingsbury	32	23	435	143	633	9.1%
Independent/Optout	18	9	64	-6	85	8.5%
Risk Pool		104	292	-287	109	8.5%
Willesden	46	70	-22	113	207	3.8%
Harness Co-operative	79	61	-34	182	288	3.4%
Kilburn	87	-57	-162	44	-88	-1.0%
Grand Total	289	337	914	364	1,908	4.7%
	9.7%	3.2%	4.9%	4.5%	4.7%	

Table 2: Non-elective (£0.9m) accounts for half of the overspend. All PODs are overspent in total. The highest percentage overspend is in A&E.

PBC POSITION AT MONTH 4 (2)

Table 3: Summary of PBC Month 4 position- Variance by Provider by POD

Provider	A&E	Elective	Non Elective	Outpatient	TOTAL	TOTAL
	£'000	£'000	£'000	£'000	£'000	%
The Royal Free	16	87	190	-7	286	13.3%
North West London Hospitals	173	352	641	175	1,341	6.1%
OTHER	26	-46	19	112	111	2.1%
Imperial (St Mary'S)	75	-56	67	84	170	1.6%
Grand Total	290	337	917	364	1,908	4.7%
	9.7%	3.2%	4.9%	4.5%	4.7%	

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.

Table 4: Summary of PBC Month 4 position - Variances by Cluster by Provider (Excl. A&E)

	Imperial	NWLH	OTHER	Royal Free	Grand Total
	£'000	£'000	£'000	£'000	£'000
Wembley	55	525	69	5	653
Kingsbury	-26	481	81	109	645
Harness Co-operative	70	61	124	86	341
Willesden	113	29	-78	25	89
Independent/Optout	22	3	24	2	51
Kilburn	-212	32	-85	102	-163
Grand Total	20	1,131	134	330	1,615

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

PRIMARY & COMMUNITY COMMISSIONING – YEAR TO DATE VARIANCE

Medical Contracts - Year to date favourable variance of £206k(1.2%). Most of this is due to slippage in enhanced services due to delay in commencement.

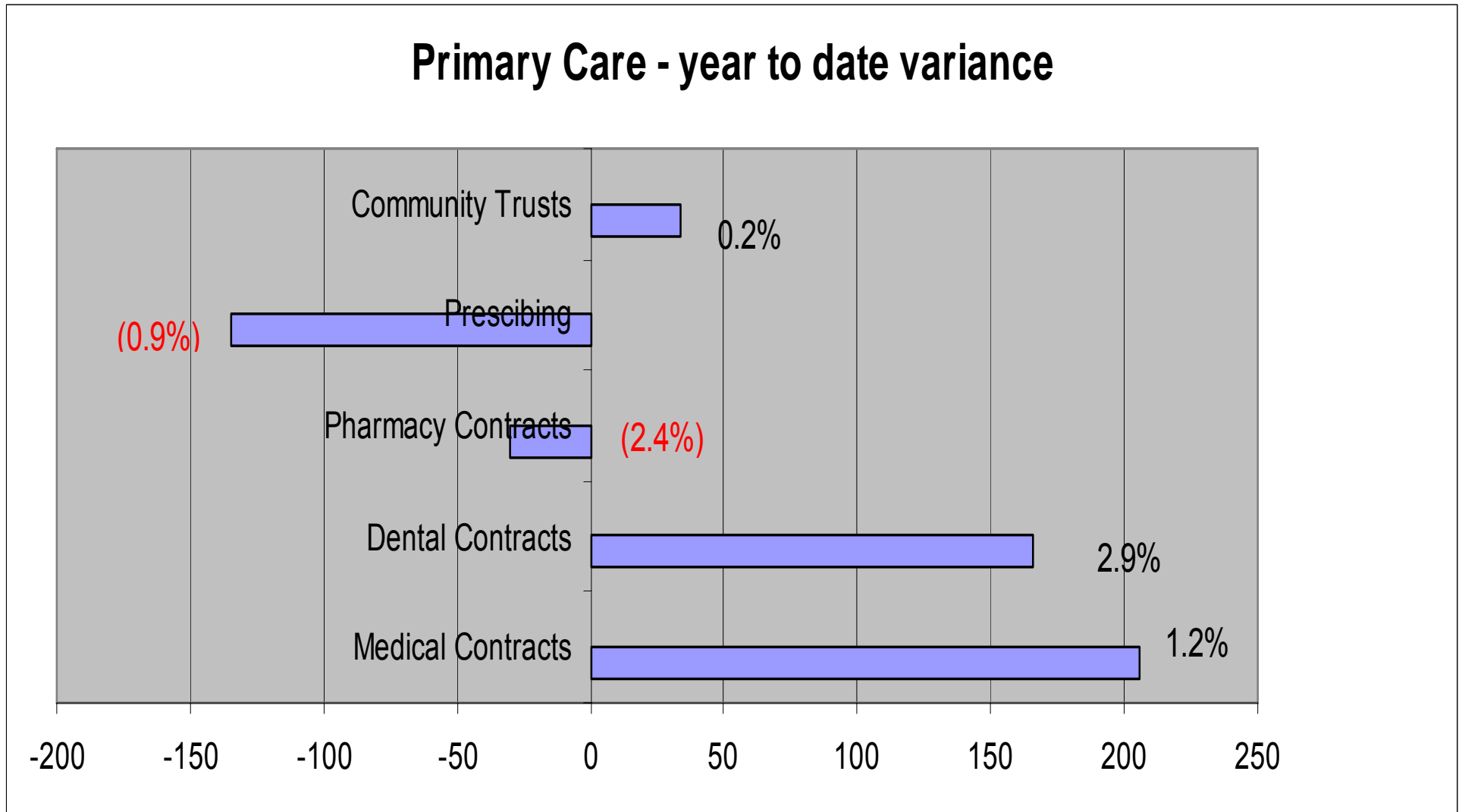
Dental Contract - Year to date favourable variance of £166k(2.9%) in the dental investment budget for increased access.

Pharmacy Contract – Year to date adverse variance of £(30)k (-2.4%) 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 adverse variance of £(135)k (-0.9%) due to expenditure greater than the budgets for April to June 09 actual and based on estimated expenditure for July & August 09.

Community SLA – Year to date favourable variance of £34k(0.2%) due to CQUIN Adjustment for Brent Community SLA

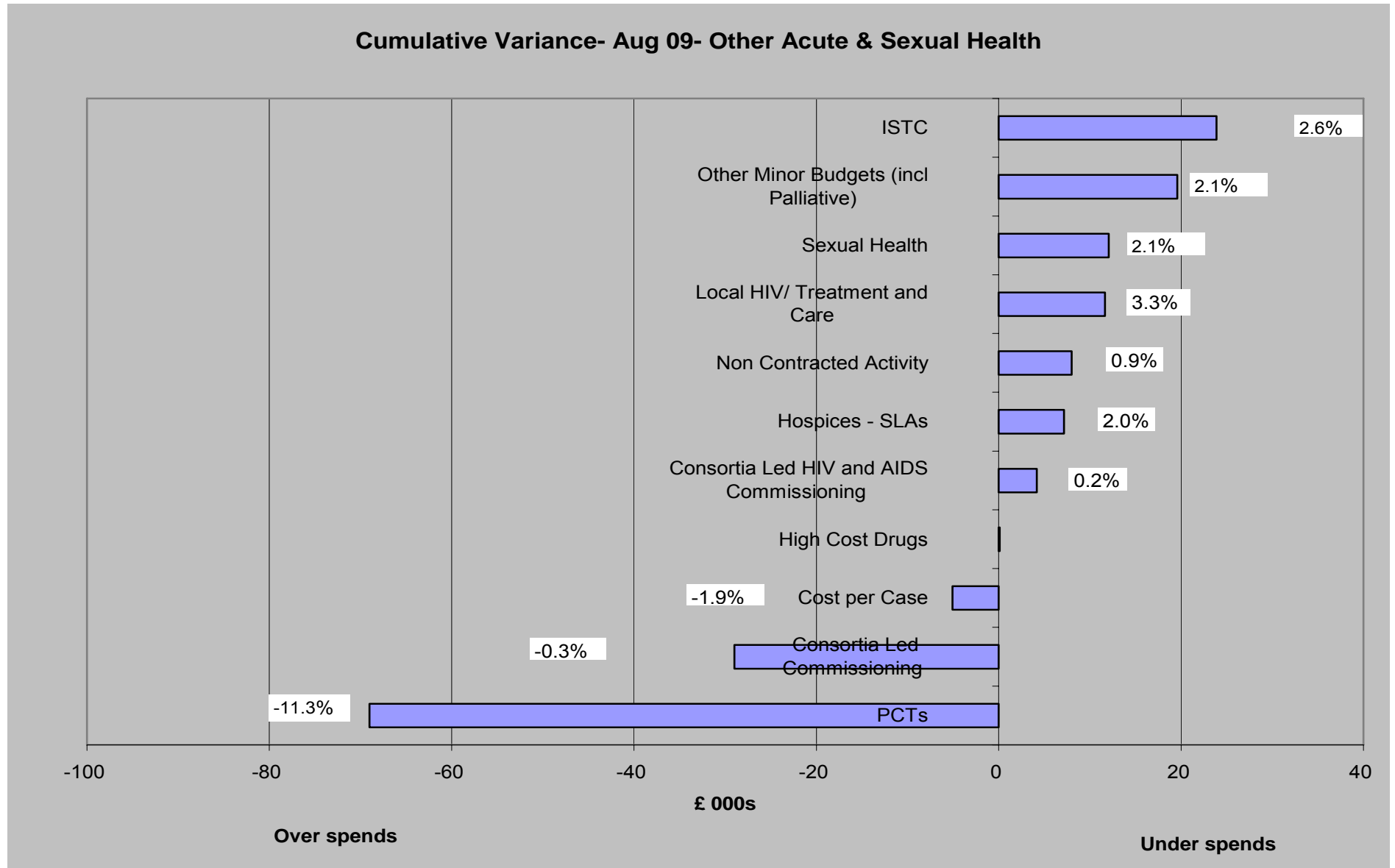
PRIMARY CARE & COMMUNITY COMMISSIONING - YEAR TO DATE VARIANCE



OTHER ACUTE & SEXUAL HEALTH – YEAR TO DATE VARIANCE

Specialist Consortia	£29k overspend relates to 08/09 PICU POST LTV over performance - no in-year information yet available.
PCT Walk in Centre	Year to date overspend of £69k is mainly due to Harrow PCT currently charging for Unknown GP and Overseas patients at NWLH UCC and Kensington & Chelsea PCT activity charged at A&E Minor PbR tariff + MFF (£76).
Minor Budgets	£22k Underspend due to Cancer fund and Podiatry fund being unspent whilst cost per case has been projected to overspend by £5k based on Apr- Jul actual spend.
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 £8k expected mainly on Dehosted NCA of £11k and overspend in NHS NCA by £4k based on July invoices.
ISTC	Under spend of £24k projected based on Quarter1 data for Inhealth – Diagnostics, whilst Clinicenta has been accrued to budget due to no information available.
Sexual Health and HIV/AIDS	Reporting £28k under spend largely due to underperformance in contraceptive Sla's, Mildmay Hospital and Primary care counseling , no in-year information available for the HIV/AIDS consortia.

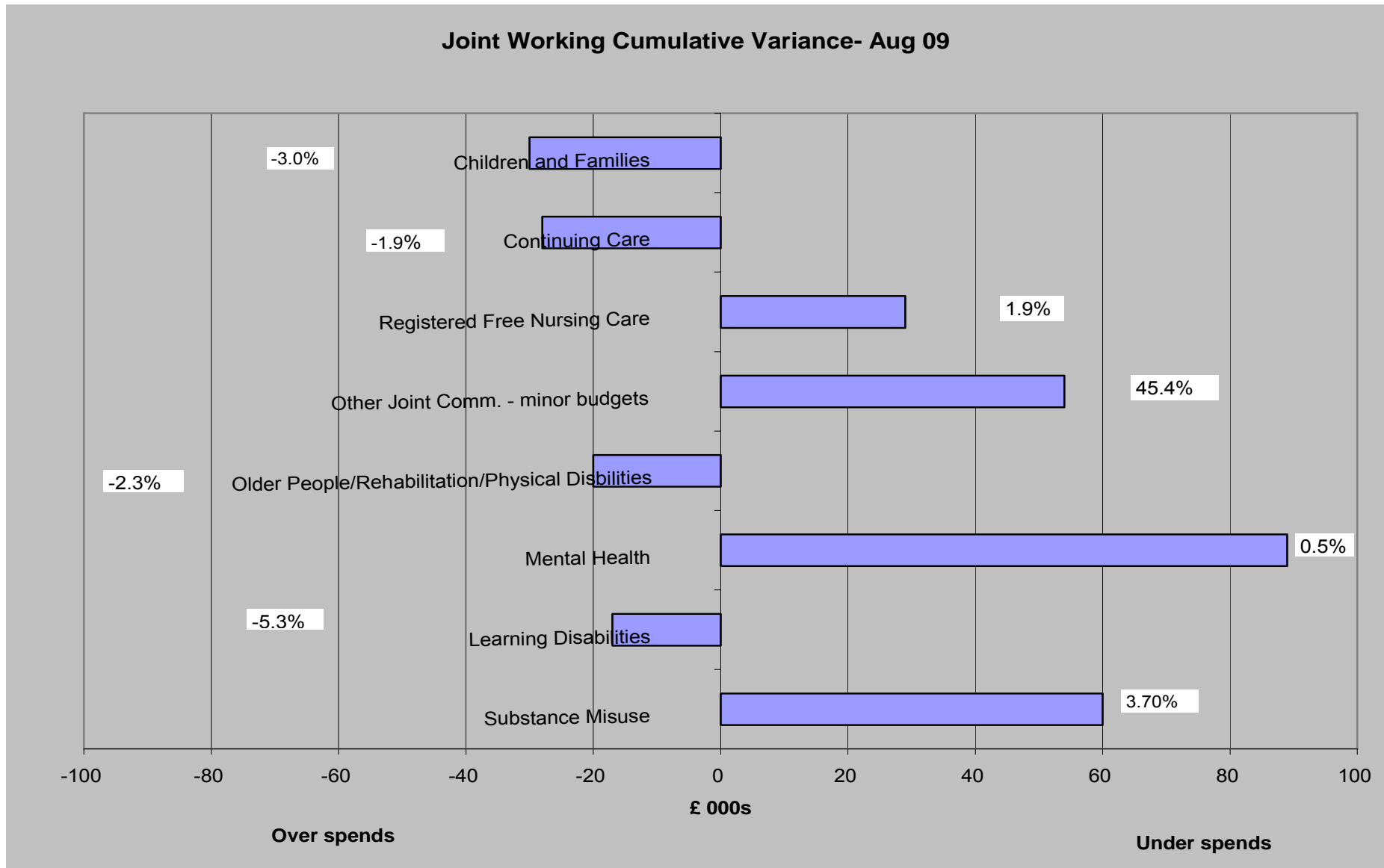
OTHER ACUTE & SEXUAL HEALTH - YEAR TO DATE VARIANCE



JOINT WORKING - YEAR TO DATE VARIANCE

- Mental Health -£88k budget under spent to the end of August was as a result of High Secure Psychiatric service SLA with Ealing Pct being lesser than budgeted for. The lower SLA value resulted in £15k under spent to the end of August 2009. The balance of the underspend is mostly attributable to an underspend of £69k due to slippage in a community development workers project.
- The Rehab Services budget overspent by £20k due to over performance on Brent Equipments.
- Children & Families - £30k overspend, predominantly on Specialist nursing consortium
- Substance Misuse - £60k budget under spend relating to both vacant posts and unspent Development and Training budget
- Learning Disabilities-£17k budget overspent due to a new client with a Cost of £184k per annum .
- Other joint commissioning minor budgets - £53k budget underspend on management consultancy and general /acute cost per case.

JOINT WORKING – YEAR TO DATE VARIANCE



INVESTMENT PROGRAMME

Total underspend at month 5 of £356k (see appendix A).

The main areas of underspend are:

Smoking Cessation (scheme 26) £199k - includes underspends on Tobacco Control Project (£125k) and Smoking Cessation Advisers (£69k).

Organisation Restructuring (scheme 94) £149k – due to late submission of invoices for work completed by contractors

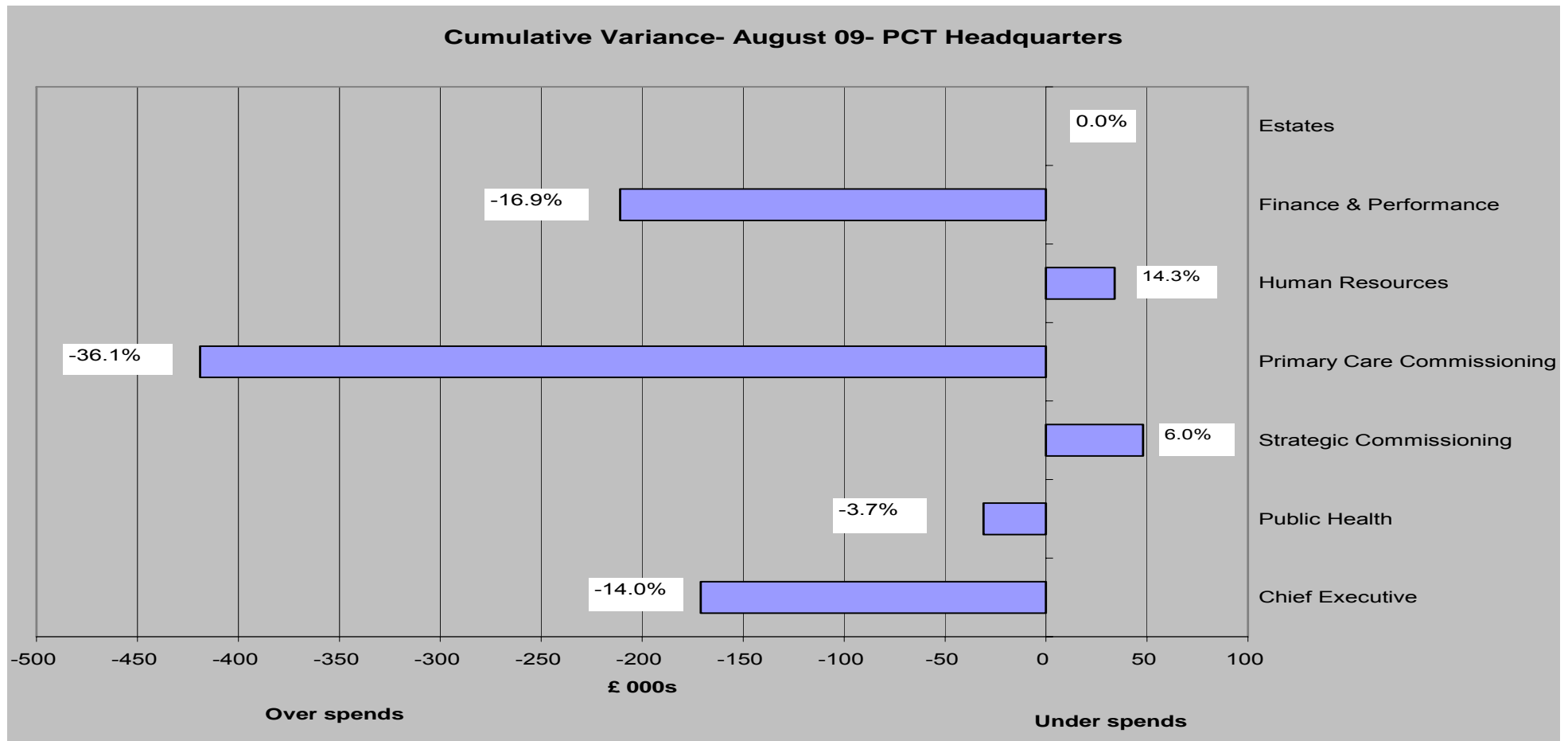
For 09-10 a separate investment 'directorate' has been created to make transparent:

- 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.

PCT MANAGEMENT COSTS YEAR TO DATE VARIANCE



The overspends in Finance & Performance and Primary Care Commissioning are due to a reliance upon temporary / interim staff and are subject to ongoing review with Directors.

The overspend in Chief Executive office is due to approved in-year items of expenditure for which there was no contingency, pending review of most appropriate budget to charge them to.

In total there is an overspend of £751k (12.3%)

BALANCE SHEET FOR 5 MONTHS ENDING 31ST AUGUST 2009

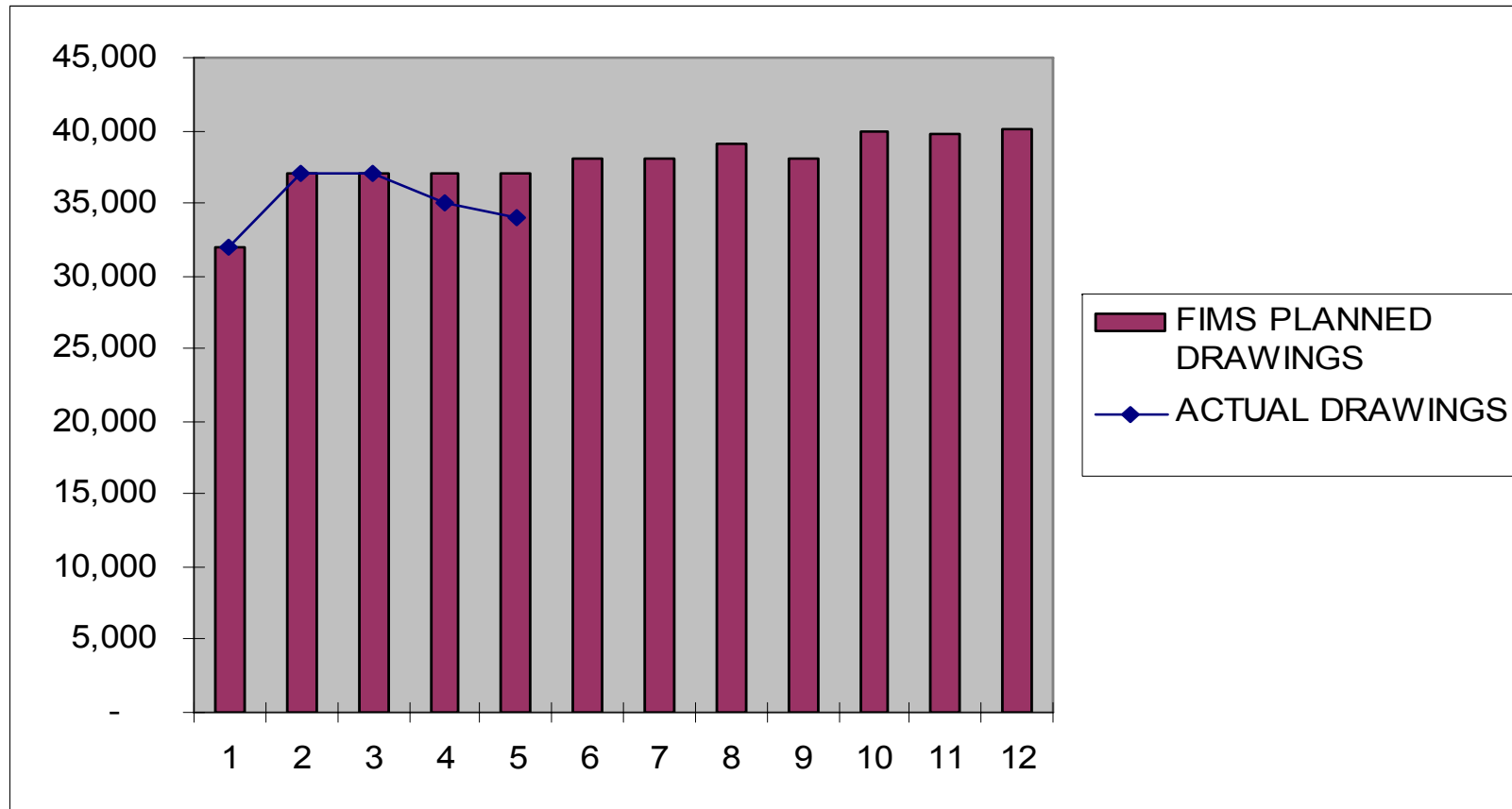
Notes	Opening Balance £000s	Year To Date Change £000s	Balance £000s
<u>Fixed Assets</u>			
<u>Intangible Assets</u>			
	0	0	0
Land & Buildings	39,065	0	39,065
Plant & Equipment	188	0	188
IT Equipment	1,141	0	1,141
Asset Under Construction and Payments on Account	1,126	0	1,126
Investments	200	(2)	198
Sub-total for Fixed Assets:	41,720	(2)	41,718
<u>Current Assets</u>			
Stocks	0	0	0
Debtors	2,376	(1,520)	856
Cash at bank & in hand	15	65	80
Sub-total for Current Assets	2,391	(1,455)	936
Creditors - due within one year	(34,990)	(2,904)	(37,894)
Bank Overdraft	0	0	0
NET CURRENT ASSETS \ (LIABILITIES)	(32,599)	(4,359)	(36,958)
TOTAL ASSETS LESS CURRENT LIABILITIES	9,121	(4,361)	4,760
Creditors - due after one year	0	0	0
Provisions for liabilities & charges	(3,961)	53	(3,908)
TOTAL ASSETS EMPLOYED	5,160	(4,308)	852
FINANCED BY:			
General Fund	(12,509)	(4,308)	(16,817)
Revaluation Reserve	17,669	0	17,669
Donated Asset Reserve	0	0	0
TOTAL CAPITAL AND RESERVES	5,160	(4,308)	852

[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 5 are £5m less than plan due to a combination of balance sheet movements, slippage on capital schemes and the lower payments in August pending move to SBS on 1st September.
- The cash plan will be re-profiled after M6 to reflect revised planned cash draw down for known changes.

BETTER PAYMENT PRACTICE CODE (BPPC)

	08-09 Number	08-09 £000s	Apr-Aug 09 Number	Apr-Aug 09 £000s
% of Non- NHS bills paid within Target	90.1%	75.9%	88.48%	90.37%
% of NHS bills paid within Target	67.4%	91.0%	67.70%	95.97%

- The target is to pay 95% of invoices within 30 days.
- The PSPP performance has slipped below 08-09 levels in August on the number of non-NHS bills paid within target. In August, ahead of the move to SBS, a specific focus has been on clearing the oldest creditors. On other areas, the position at August shows an improvement in all areas compared to the 2008/09 position. A further improvement is required to meet the 95% target and this is due to be achieved through the move to SBS.

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 3	Month 4	Month 5	Movement M4 to M5
Acute Commissioning	(7,975)	(14,192)	(16,174)	(1,982)
Joint working	10	80	179	99
Primary Care	352	501	180	(321)
PCT Management	(546)	(347)	(501)	(154)
Investment Programme	0	127	130	3
Sub Total	(8,159)	(13,831)	(16,186)	(2,355)
BCS (under) / over recovery	151	49	8	(41)
Investment slippage	7,921	8,991	8,991	-
In Year Recovery Plan	-	4,000	4,000	-
Balance sheet movements	-	800	800	-
Surplus	15,954	15,954	15,954	-
Total Actual	15,867	15,963	13,567	(2,396)
Plan Comparison	15,954	15,954	15,954	-
Under / (Over) Plan	(87)	9	(2,387)	(2,396)

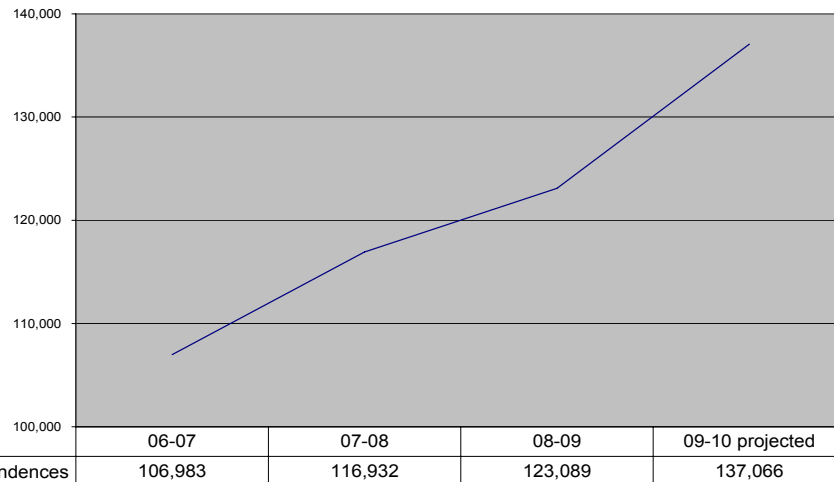
Based on SHA advice the above excludes provision for the future potential in year costs of 'swine' flu. Current estimates are for a full year spend of between £2m - £6.5m, including the cost of paying GPs to deliver a Brent wide flu vaccination programme. The PCT is holding £2m contingency to partly offset these potential costs.

ACUTE COMMISSIONING - FORECAST OUTTURN VARIANCE

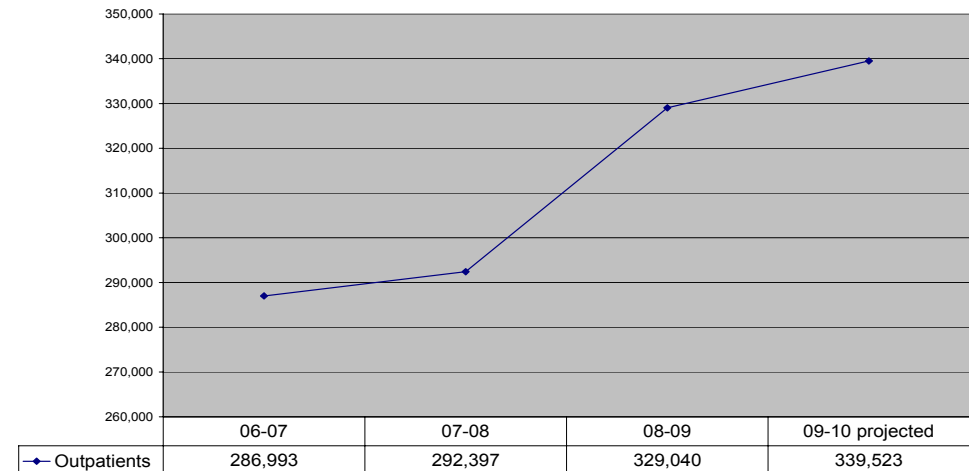
- **The forecast outturn of £15,862k (7.4%) adverse variance at month 5 is based upon a straight-line projection of month 4 data received from acute trust and FT providers.**
- **The overspend has increased since the forecast outturn adverse variance of £14,049k (6.6%) against contracts with acute trust and FT providers reported at month 4.**
- **The year-end forecast at month 5 of over-performance is on both PbR activities of £8,368k (5.5%) and non-PbR activities of £7,493k (12.4%).**
- **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 indicates that the over-performance is being driven by a combination of real activity increases, combined with potential counting or coding issues in some areas, which are the focus of the challenges issued to NW London Hospitals.**

ACUTE ACTIVITY ANALYSIS

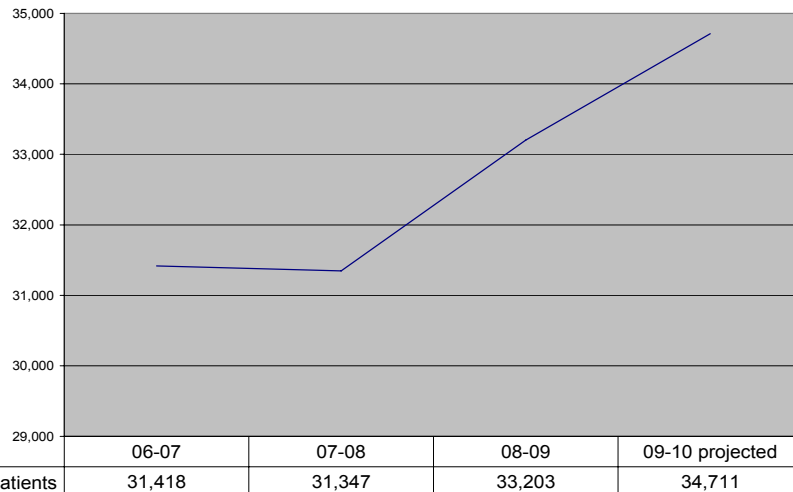
A&E Attendances



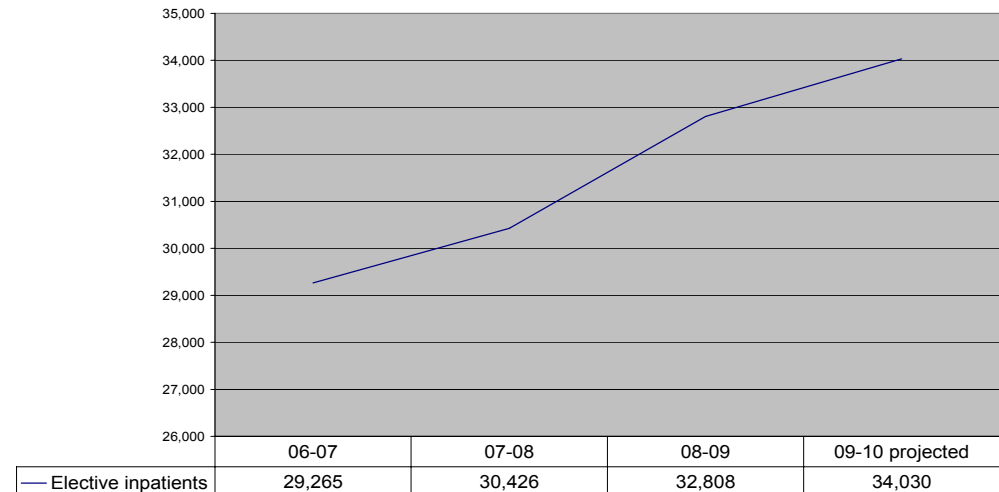
Outpatients (attendances)



Non-elective inpatients (Spells)



Elective inpatients (Spells)

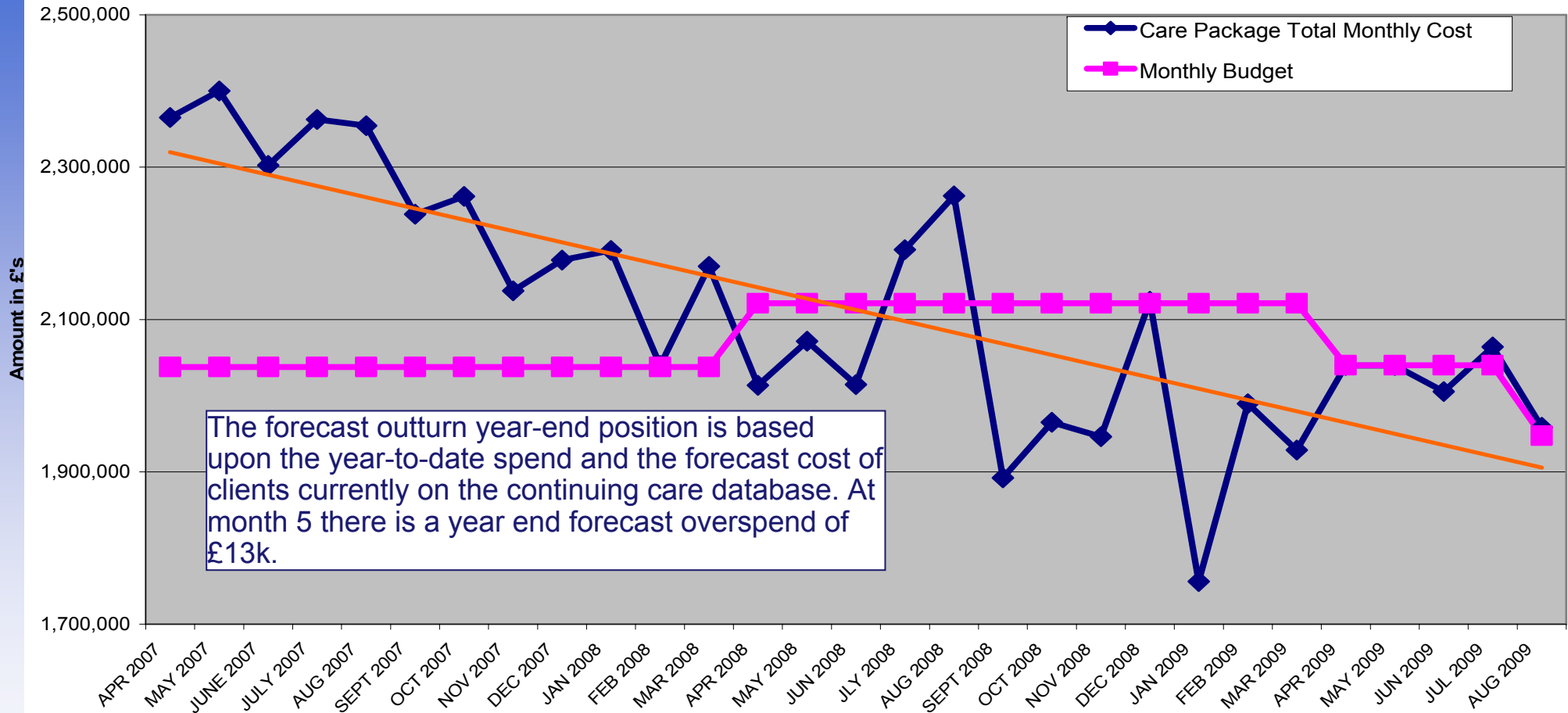


The charts show a year-on year increase in activity across all points of delivery. Percentage increases are as shown to the side.

	07-08	08-09	09-10 projected
A&E Attendances	9%	5%	11%
Outpatients	2%	13%	3%
Non-elective inpatients	0%	6%	5%
Elective inpatients	4%	8%	4%

JOINT WORKING CONTINUING CARE BUDGET & COST ANALYSIS

CONTINUING CARE COST/BUDGET ANALYSIS APR 2007 TO AUG 2009



The forecast outturn year-end position is based upon the year-to-date spend and the forecast cost of clients currently on the continuing care database. At month 5 there is a year end forecast overspend of £13k.

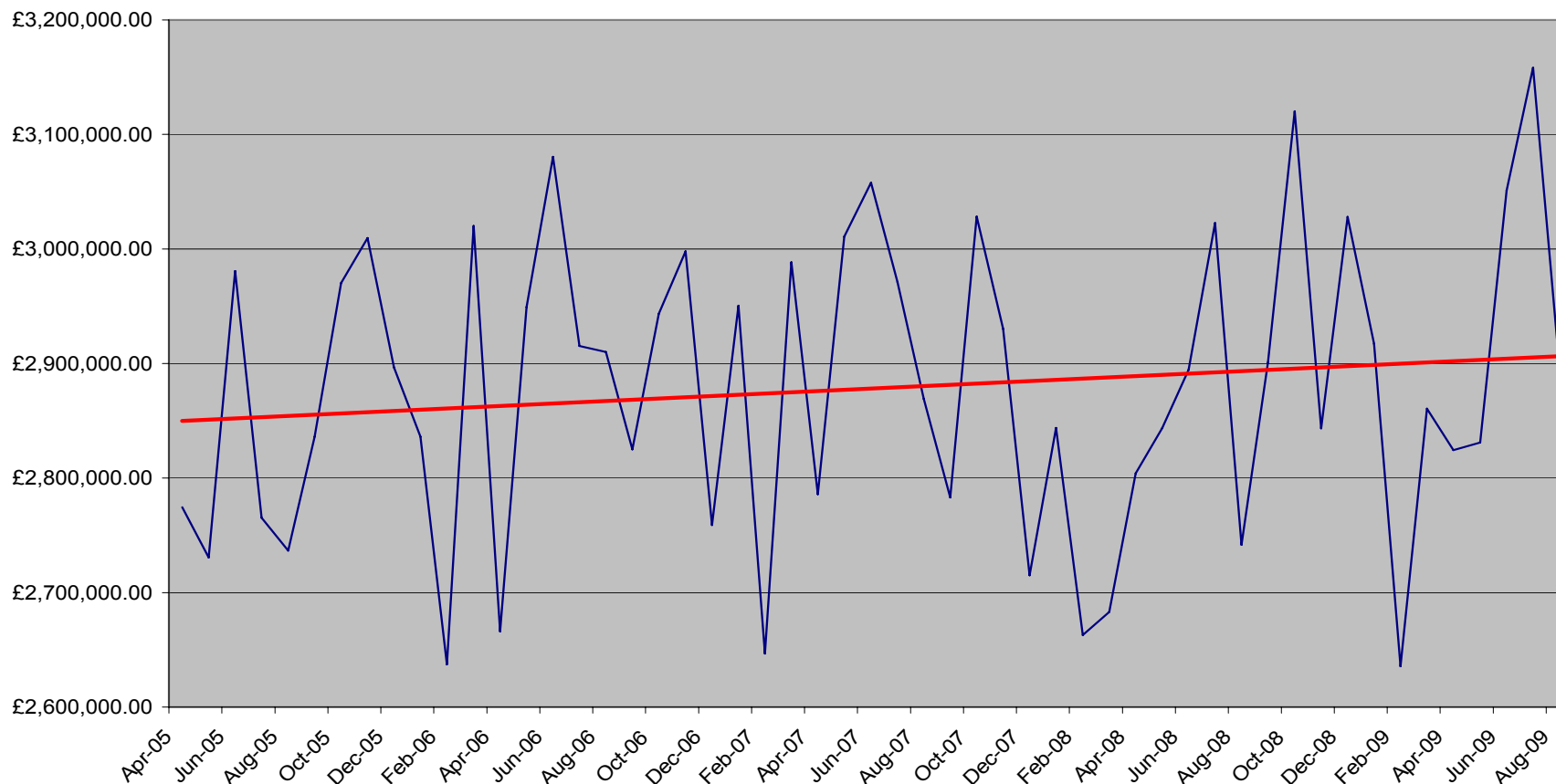
Notes: Financial Year 2007/8---Annual Budget £24.50 Million
 Financial Year 2008/9---Annual Budget £25.46 Million
 Financial Year 2009/10--April to August --Budget £10.11Million

Period
 Annual Spend £27 Million
 Annual Spend £24.15 Million
 April to August 2009---Spend to Date £10.10 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).

GP PRESCRIBING

Prescribing Spend April 2005 - August 2009



Period	Spend £'000
2005/06	34,194
2006/07	34,632
2007/08	34,341
2008/09	34,613
2009/10 to M5	14,761

The annual expenditure between 2005/06 and 2008/09 has been broadly level. However on advice from PCT prescribing advisers the prescribing budget for 2009/10 has been uplifted 5% above 08/09 outturn. Latest forecast outturn estimate from the PPA at month 5 have confirmed the expected increase in 2009/10 and show the forecast outturn variance at an overspend of £20k.

We have received April-June 2009 actual data from the PPA. July and August 2009 figures are estimates based upon year-to date and forecast information.

INVESTMENT SLIPPAGE – FORECAST OUTTURN VARIANCE

	Budget £'000	FOT £'000	Slippage £'000
Acute contracts	4,200	500	3,700
CSP/ OD plan projects	842	500	342
Restructuring	1,377	1,377	0
CSP investments	3,753	1,409	2,344
Pan London / Sector	347	640	(293)
Investment panel / other budgets	4,719	1,930	2,789
	<u>15,238</u>	<u>6,356</u>	<u>8,882</u>

Total slippage of £8.9m as per month 4 remains static at month 5

In Year Recovery Plan

- Agreed budgets incorporated CIPs / demand management savings of £3.4m profiled as follows:

	<i>M1-5 £000s</i>	<i>M6-12 £000s</i>	<i>Total £000s</i>
CIPs	1,500	400	1,900
Demand Management Savings	-	1,500	1,500
Total	1,500	1,900	3,400

- Achievement of CIPs at month 5 were on plan, but demand management savings remain a risk for Q3 - Q4 in particular
- In addition to the above , a £4m in year recovery plan has been targeted comprising:

	£m	
Primary Care Commissioning	0.7	{ majority identified by Directors
Strategic Commissioning (excluding acute contracts)	0.7	{ “ “
Acute Contracts	<u>2.6</u>	see Slide 48 on acute recovery task force
	<u>4.0</u>	

- The PCT is also forecasting a favourable in year balance sheet movement of £0.8m due to the recovery of a grant made by a predecessor organisation relating to LD re-provision.

Achievement of Statutory Financial Duties

£000's	Year to Date			Forecast Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
Revenue Resource Limit	10,632	6,730	(3,902)	15,954	13,567	(2,387)
Capital Resource Limit	2,127	611	1,516	4,284	3,264	1,020
Cash Limit	1,000	6,000	5,000	2,408	2,408	-

- The revenue resource variance to plan at M5 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 slightly due to slippage within the investment programme and the delivery of an in year recovery plan. The forecast outturn excludes the potential effect of pandemic flu.
- Capital plan represents the latest notified resource limit from the SHA. Some schemes are awaiting approval, resulting in a current underspend of £0.2m (approx). The underspend at year end is due to the transfer of responsibility for RIO to Brent Community Services as a revenue budget and the planned return of capital funding for EACH capital development.
- The planned cash underdrawing of £2.4m reflects 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 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 of £1.5m 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:

- '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 ranging from £2.0m to upwards of £6.6m with a mid range of £3.8m.
- The acute position outturn forecast is based upon a straight-line extrapolation of the month 4 data. This may not be a good indicator of the year-end position if activity trends differ in the last eight months from those in the first four months (+/-)
- No specialist consortia data yet received (+/-)
- Value of LD transfer to LBB not yet confirmed (-)
- LBB disputing continuing care invoices raised by Brent PCT (-)
- Continuing care legacy issues with Barnet & Harrow (+)
- 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 (+/-)
- 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 (+/-)
- Delivery of £1.5m demand management plans assumed in Q3/Q4 (-)
- Delivery of in year recovery plan of £4m including acute contract challenges and PBC / PCT activity management plans (+/-)
- Further balance Sheet / technical issues (+/-)

1.4 ACTIONS

ACUTE COMMISSIONING - NEXT STEPS

It is clear that the scale of the projected overspend jeopardises our in-year investment programme and undermines our strategy. The organisation has responded by re-ordering its activities and making sure an immediate programme is put in place to deal with the issue. We have:

- advised NWLHT that we do not accept the variation from plan and shall be invoking contract terms that oblige them to work with us to bring activity back to plan
- held investment decisions which have a significant recurring element until the acute spend is under control
- established an acute spend task force chaired by the CEO and comprising of the FD, DSC, DPC, DPH, PEC chairs and PBC lead.
- the task force's role is to ensure measures are put in place to get the acute spend under control. This includes:
 - Ensuring resources for acute commissioning are in place until the NWL ACV is operational
 - Ensuring the right information is received by PBC and the management team to address the acute spend
 - Reviewing demand management activity and PBC engagement in it
 - Ensuring PBC is set appropriate objectives and resources are aligned to enable them to undertake their role, including freeing up senior clinical time if appropriate
 - Ensuring the appropriate contact challenge is presented to providers are the right representation is achieved at contract review meetings
 - Reviewing whether external support should be accessed
 - Ensuring links are made, and concerted action is taken, with other local commissioners e.g. Harrow PCT

Mark Easton Chief Executive

In Year Recovery Measures - NEXT STEPS

A draft in year recovery plan amounting to £4m has been formulated. To finalise the plan the following actions are required.

- **Finalise identified under spends / frozen budgets of £1.4m with Directors of Strategic and Primary Care Commissioning – to be actioned at month 6.**
- **Continue work of Acute Commissioning task force to achieve a minimum level of £2.6m in-year savings through:**
 - **following through challenges with N W London Hospitals(NWLH)**
 - **putting programmes in place with PBC and NWLH to manage activity**
 - **putting appropriate measures of successful delivery in place**
 - **quantifying and demonstrating impact of actions**
- **Identify any further opportunities as part of regular budget review process**

APPENDIX A

**SUMMARY OPERATING COST STATEMENT
FOR 5 MONTHS ENDING 31st AUGUST 2009**

Appendix A

	Annual Budget £000s	Year to Date			
		Budget £000s	Actual £000s	Variance £000s	Variance %
Commissioning Services					
Commissioning of Healthcare					
Acute Commissioning	252,035	105,015	111,829	(6,814)	(6.49)%
Joint Working Commissioning	<u>77,030</u>	<u>32,117</u>	<u>31,982</u>	<u>135</u>	<u>0.42%</u>
Sub-total:	329,065	137,132	143,811	(6,679)	(4.87)%
Primary Care					
Medical Contract	45,631	17,430	17,223	207	1.19%
Dental Contract	13,628	5,678	5,512	166	2.93%
Pharmacy Contract	3,101	1,292	1,322	(30)	(2.36)%
Prescribing	37,307	14,993	15,128	(135)	(0.90)%
Community Trusts (including Brent Community Services)	<u>38,617</u>	<u>16,408</u>	<u>16,374</u>	<u>34</u>	<u>0.21%</u>
Sub-total:	138,284	55,801	55,558	243	0.44%
Management Costs	14,313	6,104	6,856	(751)	(12.31)%
Investments	5,079	2,061	1,705	356	17.27%
COMMISSIONING Total:	486,742	201,098	207,930	(6,831)	(3.40)%
Brent Community Services					
Expenditure	43,633	18,664	18,977	(313)	(1.68)%
Income - Brent	(39,384)	(16,894)	(16,942)	48	(0.29)%
Income - Other	<u>(4,249)</u>	<u>(1,771)</u>	<u>(2,001)</u>	<u>230</u>	<u>13.01%</u>
BRENT COMMUNITY SERVICES Total	0	(0)	34	(34)	11.04%
TOTAL (Before Reserves):	486,742	201,098	207,964	(6,866)	(3.41)%
Reserves and Commitments					
Balance sheet movements				0	0.00%
Contingency	1,985			0	0.00%
Impairments	6,327			0	0.00%
Investments	15,238	2,949		2,949	0.00%
Recovery Plan					
Allocation Adjustments	1,433	14		14	0.00%
Surplus for investment 20010-11	<u>15,954</u>	<u>10,632</u>		<u>10,632</u>	<u>100.00%</u>
RESERVES Total:	40,937	13,595	0	13,595	100.00%
TOTAL for Brent tPCT:	527,678	214,693	207,964	6,729	3.13%

COMMISSIONING OF HEALTHCARE FOR 5 MONTHS ENDING 31st AUGUST 2009

Appendix A

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
Acute Commissioning					
Acute and Foundation Trusts					
North West London	104,620	43,592	46,894	(3,302)	(7.58)%
Imperial College Healthcare	62,165	25,902	26,652	(750)	(2.89)%
Royal Free	12,858	5,358	6,259	(901)	(16.81)%
Other Acute Trusts	<u>33,966</u>	<u>14,152</u>	<u>15,996</u>	<u>(1,844)</u>	<u>(13.03)%</u>
Sub-total - Acute and Foundation Trusts	213,609	89,004	95,801	(6,797)	(7.64)%
Other Service Level Agreements					
Consortia Led Commissioning	19,980	8,325	8,354	(29)	(0.35)%
High Cost Drugs	651	271	271	0	0.00%
Non Contracted Activity	2,222	926	918	8	0.86%
PCTs	1,470	613	682	(69)	(11.26)%
ISTC	2,212	922	898	24	2.60%
Cost per Case	629	262	267	(5)	(1.91)%
Hospices - SLAs	879	366	359	7	1.91%
Other Minor Budgets (inc Palliative)	<u>2,194</u>	<u>914</u>	<u>895</u>	<u>20</u>	<u>2.19%</u>
Sub-total - PCTs	30,237	12,599	12,644	(44)	(0.35)%
HIV / AIDS and Sexual Health					
Consortia Led HIV and AIDS Commissioning	5,955	2,481	2,477	4	0.16%
Local HIV/ Treatment and Care	842	351	339	12	3.42%
Sexual Health	<u>1,392</u>	<u>580</u>	<u>568</u>	<u>12</u>	<u>2.07%</u>
Sub-total - HIV / AIDS & Sexual Health	8,189	3,412	3,384	28	0.82%
Total Acute Commissioning	252,035	105,015	111,829	(6,813)	(6.49)%

COMMISSIONING OF HEALTHCARE

Appendix A

FOR 5 MONTHS ENDING 31st AUGUST 2009

Joint Commissioning

Mental Health

Central and North West London Mental Health	34,074	14,197	14,197	0	0.00%
Consortia Led Mental Health Commissioning	6,536	2,723	2,708	15	0.55%
Mental Health Trusts	<u>2,661</u>	<u>1,100</u>	<u>1,026</u>	<u>74</u>	<u>6.73%</u>
Sub-total - Mental Health	43,271	18,020	17,931	89	0.49%

Long Term Bedded Services

Continue Care - Children	1,056	440	497	(57)	(12.95)%
Continue Care - Elderly	1,703	710	766	(56)	(7.89)%
Continue Care - Physical Disability	1,286	536	486	50	9.33%
Continue Care - Learning Disability	9,446	3,936	3,872	64	1.63%
Continue Care - Older Adults Over 65	1,383	576	572	4	0.69%
Continue Care - Mental Health (Younger Adults)	5,511	2,296	2,308	(12)	(0.52)%
Continue Care - Palliative Care	63	26	50	(24)	(92.31)%
Continue Care - Section 28A	222	93	90	3	3.23%
Registered Free Nursing Care	<u>3,588</u>	<u>1,495</u>	<u>1,466</u>	<u>29</u>	<u>1.94%</u>
Sub-total - Long Term Bedded Services	24,258	10,108	10,107	1	0.01%

Older People/ Rehabilitation/ Physically Disabilities

Consortia Led Rehabilitation and PD Commissioning	1,165	485	485	0	0.00%
Minor Budgets (includes Brent Equip.)	906	<u>409</u>	428	<u>(21)</u>	<u>(5.13)%</u>
Sub-total - Older People/ Rehab/ Phys Dis	2,071	894	913	(21)	(2.35)%

Children and Families

Consortia Led Children's Commissioning	581	242	269	(27)	(11.16)%
Minor Budgets (includes Sexual Health and CAMH)	1,131	471	475	(4)	(0.85)%
Cost per Case	287	120	119	1	0.83%
Barnet, Enfield and Haringey Mental Health Trust	<u>423</u>	<u>176</u>	<u>176</u>	0	<u>0.00%</u>
Sub-total - Children and Families	2,422	1,009	1,041	(30)	(2.97)%

Other Joint Commissioning

Substance Misuse	3,949	1,645	1,586	59	3.59%
Learning Disabilities	772	322	338	(16)	(4.97)%
Minor budgets (includes Man. Consultancy, G&A cost per case, Ombudsman Approved CC cases)	<u>287</u>	<u>119</u>	<u>66</u>	53	<u>44.54%</u>
Sub-total - Other	5,008	2,086	1,990	96	4.60%

Total Joint Working	77,030	32,117	31,982	135	0.42%
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**PRIMARY CARE SERVICES
FOR 5 MONTHS ENDING 31st AUGUST 2009**

Appendix A

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
Medical Contract					
Baseline Contracts	26,653	10,927	10,946	(19)	(0.17)%
Enhanced Services	4,795	1,454	1,297	157	10.81%
Quality & Outcomes Framework (QOF) - Aspiration	4,577	1,905	1,905	0	0.00%
Quality & Outcomes Framework (QOF) - Achievement	1,942			0	#DIV/0!
Out Of Hours	737	307	309	(3)	(0.83)%
Premises	3,589	1,578	1,508	70	4.42%
PCO Managed Budgets	3,338	1,259	1,258	2	0.13%
Total Medical Contract	45,631	17,430	17,223	207	1.19%
Dental Contract					
Dental Services	15,872	6,613	6,418	195	2.95%
Patient Charge Income	(2,244)	(935)	(906)	(29)	3.10%
Total Dental Contract	13,628	5,678	5,512	166	2.93%
Pharmacy Contract					
Pharmacy Services	3,101	1,292	1,322	(30)	(2.36)%
Total Pharmacy Contract	3,101	1,292	1,322	(30)	(2.36)%
Prescribing					
Practice Costs	36,409	14,619	14,761	(142)	(0.97)%
Central Drugs Bill Charges	767	320	320	0	0.00%
Other	131	55	47	8	14.14%
Total Prescribing	37,307	14,993	15,128	(135)	(0.90)%
Community Trusts					
Brent Provider Services	37,174	15,807	15,746	61	0.38%
Other Community Trusts	1,443	601	628	(27)	(4.41)%
Total Community Trusts	38,617	16,408	16,374	34	0.21%
TOTAL PRIMARY CARE	138,284	55,801	55,558	243	0.44%

PCT MANAGEMENT

Appendix A

FOR 5 MONTHS ENDING 31st AUGUST 2009

	Annual	Budget	Year to Date		
	Budget	Budget	Actual	Variance	Variance
	£000s	£000s	£000s	£000s	%
PCT Management Costs					
Chief Executive Office	2,886	1,239	1,413	(174)	(14.04)%
Public Health	1,756	806	836	(30)	(3.69)%
Strategic Commissioning	1,929	804	756	48	5.97%
Primary Care Commissioning	2,779	1,158	1,576	(418)	(36.14)%
Human Resources	569	237	203	34	14.35%
Finance and Performance	2,930	1,250	1,461	(211)	(16.90)%
Estates	<u>1,464</u>	<u>610</u>	<u>610</u>	<u>0</u>	0.00%
Total Direct Management Costs	14,313	6,104	6,856	(751)	(12.31)%

PCT INVESTMENTS FOR 5 MONTHS ENDING 31st AUGUST 2009

Appendix A

	Annual Budget £000s	Budget £000s	Year to Date Actual £000s	Variance £000s	Variance %
PCT Investments					
Chief Executive Office					
Scheme 1 Central Programme Team	298	175	171	4	2.29%
Public Health					
Scheme 26 Smoking Cessation	1,122	419	220	199	47.49%
Scheme 82 Improve Vascular Health	306	176	155	21	11.93%
Strategic Commissioning					
Scheme 17 Urgent Care Centre CMH	230	101	72	29	28.71%
Scheme 31 Intermediate Care	596	174	203	(29)	0.00%
Scheme 65 Improve Breast Screening	82			0	0.00%
Scheme 78 Improve Chlamydia Screening	277	60	71	(11)	(18.33)%
Scheme 87 DOLS	60	25		25	100.00%
Scheme 88 Improve Breastfeeding Rates	101	40		40	100.00%
Scheme 95 Build 3rd Sector Capacity	20	8		8	0.00%
Scheme 97 IAPT	101	65	63	2	3.08%
Primary Care Commissioning					
Scheme 25 Immunisation Programme	390	184	190	(6)	(3.26)%
Scheme 28 HPV Immunisation	209			0	0.00%
Scheme 45 Choose and Book	190	124	133	(9)	(7.26)%
Scheme 49 Primary Care Strategy	548	107	86	21	19.63%
Scheme 60 GP Led Healthcentre	38	38	98	(60)	(157.89)%
Scheme 71 Phlebotomy Services	37	37	37	0	0.00%
Scheme 81 18 Week Referral Target	155	88	104	(16)	0.00%
Human Resources					
Scheme 86 Learning & Development	58	7	32	(25)	0.00%
Scheme 92 Employment Proposition	67	41	27	14	0.00%
Scheme 94 Organisation Restructuring	194	192	43	149	0.00%
Total PCT Investments	5,079	2,061	1,705	356	17.27%

**CAPITAL EXPENDITURE
FOR 5 MONTHS ENDING 31st AUGUST 2009**

Capital Programme	Approved	SRO	PM	Annual Budget £000s	Year to Date			Forecast
					Budget	Actual	Variance	Outturn
					£000s	£000s	£000s	£000s
Brought Forward Schemes 2008-09								
Chalkhill PCC Commissioning	CCG 8/12/08	JO	BM	400	78	78	0	480
Hillside PCC Commissioning	CCG 8/12/08	JO	BM	400	116	116	0	405
Sudbury PCC	CE	JO	BM			7	(7)	7
IT Equipment Replacement Programme	CCG 21/9/08	JW	CS			55	(55)	55
GP system of Choice (GPSOC)	CCG 20/5/08	JO	AU	345	242	242	0	220
RIO Project (transferred to BCS 1-8-09)	Board 27/3/08						0	
Agreed Schemes								
GP Led Healthcentre	CCG 21/5/09	JO	BM	350	93	93	0	470
HQ Commissioning costs - Nursery	CE	ME	BM	100	20	20	0	100
Capital to Revenue Grants								
Stage 3 Campus Capital Programme				90			0	90
Primary Care Strategy - additional rooms for trainees				745			0	745
Additional funding EACH capital development				750			0	
Schemes Awaiting Approval								
Backlog of Maintenance Projects				500			0	100
HQ Commissioning costs - Occupational Health				25			0	25
HQ Commissioning costs - Other				375			0	
IC & T				400			0	400
Chalkhill Dental				100			0	77
Estate Disposal enabling costs				50			0	
Health & Safety Projects				50			0	
Fire				50			0	50
Catering				40			0	40
Adjustment to plan					294		294	
TOTAL CAPITAL				4,770	843	611	232	3,264
NOTIFIED CAPITAL RESOURCE LIMIT (CRL)				4,284				4,284
UNDER / (OVER) CAPITAL RESOURCE LIMIT (CRL)				(486)				1,020

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.

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 slides 65-66 'Overview of performance in priority areas, September 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
 - Ambulance response - Cat. B in 19 mins
- Based on latest data (where available) and 'Stage of delivery' (where Q1 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)
 - Dental access
- Most of the indicators have data up to July 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	NHS London Latest Risk Rating score (Q1 - 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	N/A	32	35	0
National Priorities	N/A	35.5	50	8
Overall Scores	N/A	Fair	Fair	Good

Current Performance (excluding Cervical screening indicator)

Care Quality Commission (CQC): Periodic review	Achieve	Underachieve	Fail
Existing Commitments (13)	10	1	2
National Priorities (24)	7	7	9

Forecast Performance (excluding Cervical screening indicator)

Care Quality Commission (CQC): Periodic review	Achieve	Underachieve	Fail
Existing Commitments (13)	11	1	1
National Priorities (24)	14	4	5

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

SR O	08-09 status (TBC)	National Priorities	Maximum Score	Current score	Forecast
PH	3	C. diff.	3	3	3
SC	3	18 weeks	3	2.5	3
PC CS	0	Primary care satisfaction (access)*	3	0	0
SC	3	Cancer waits - 2 weeks	3	3	3
SC	3	Cancer waits - 62 days	3	3	3
SC	3	Cancer waits - 31 days	3	3	3
SC	2	Stroke care*	3	0	2
PH	3	All-age all-cause mortality	3	2	3
PH	3	CVD mortality	3	3	3
PH	3	Cancer mortality	3	2	3
PH	0	Smoking quitters*	3	0	3
SC	3	Maternity*	3	0	0
SC	2	Teenage conceptions	3	2	2
PH	3	Childhood obesity	3	3	3
PC CS	0	Immunisation*	3	0	0
SC	0	Breast screening*	3	0	0
SC	0	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	Unknown	Unknown
SC	2	Drugs misuse	3	2	3

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.

Key for indicators:

Achieve
Underachieve
Fail

PCT Rating- National Priorities (2)

SRO	08-09 status (TBC)	National Priorities	Maximum Score	Current score	Forecast
PCCS	0	Patient experience	3	0	0
ODHR	0	Staff satisfaction	3	0	3
PCCS	0	Dental access*	3	2	3
	39	Sub Total	72	35.5	50
	Weak	*Indicators with Performance improvement plans		Weak	Weak

Key for indicators:

Achieve
Underachieve
Fall

PCT Rating- Existing Commitments

SRO	08-09 status (TBC)	Existing Commitments	Maximum Score	Current score	Forecast
SC	3	A&E 4-hour waits	3	3	3
SC	3	Outpatient 13-week waits	3	3	3
SC	2	Inpatient 26 week waits	3	3	3
SC	3	Revascularisation 13 week waits	3	3	3
SC	3	GUM waits	3	3	3
SC	3	Delayed transfers of care	3	3	3
SC	3	Ambulance response - Cat. A in 19 mins	3	3	3
SC	3	Ambulance response - Cat. A in 8 mins	3	2	3
SC	0	Ambulance response - Cat. B in 19 mins	3	0	0
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
	29	Sub Total	39	32	35
	Partly Met	*Indicators with Performance improvement plans		Almost Met	Almost Met

Key for indicators:

Achieve
Underachieve
Fail

PCT Rating- Other Corporate Objectives

SRO	08-09 status (TBC)	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	

Key:

SC- Director of Strategic Commissioning

PH- Director of Public Health

PCCS- Director of Primary and Community Commissioning Services

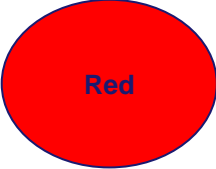
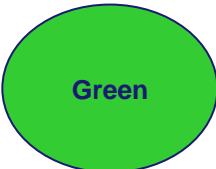
PDE - Director of Provider Development and Estates

ODHR - Director of Organisational Development and Human Resources

Key for indicators:

Achieve
Underachieve
Fail

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

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

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

What it would take to move up a level

Indicator	Progress against plan	Likelihood of delivery in	What it would take
1 Access to antenatal assessment prior to 12 weeks and 6 days	R	R	<ul style="list-style-type: none"> Greater focus on actions that impact target in delivery plan and broader improvements to primary medical care
2 Stroke patients spending 90% of time on a stroke unit	A	A	<ul style="list-style-type: none"> Significant senior support to assure that HfL stroke pathway is successfully implemented this year
3 Chlamydia screening for 15 to 24 year olds	A	A	<ul style="list-style-type: none"> Greater specificity in the planning of initiatives and plan to catch up on Q1 delivery milestones that have been missed
4 Access to dental services	G	G	<ul style="list-style-type: none"> Monitor and track delivery
5 4 week smoking quitters	G	G	<ul style="list-style-type: none"> Monitor and track delivery
6 Breastfeeding coverage at 6-8 weeks	A	A	<ul style="list-style-type: none"> Greater specificity in the planning of initiatives and broader improvements to primary medical care
7 Breast cancer screening for women 53-70	R	R	<ul style="list-style-type: none"> Plan requires significant further work on understanding of the target and detailed planning of each initiative
8 Childhood immunisations	G	R	<ul style="list-style-type: none"> Current plan is high quality and realistic but will not deliver this year; could “throw everything at it” and hope for the best
9 Number of mental health incidents treated by CRHT at patients’ homes	A	A	<ul style="list-style-type: none"> Difficult past relationship with provider may require close senior involvement to ensure delivery happens
10 Patient satisfaction with access to primary medical care	R	R	<ul style="list-style-type: none"> Radical approach required to achieve a step change; significant boost to capacity and capability necessary

Specific recommendations for NHS Brent Endorsed by EMT

Progress made

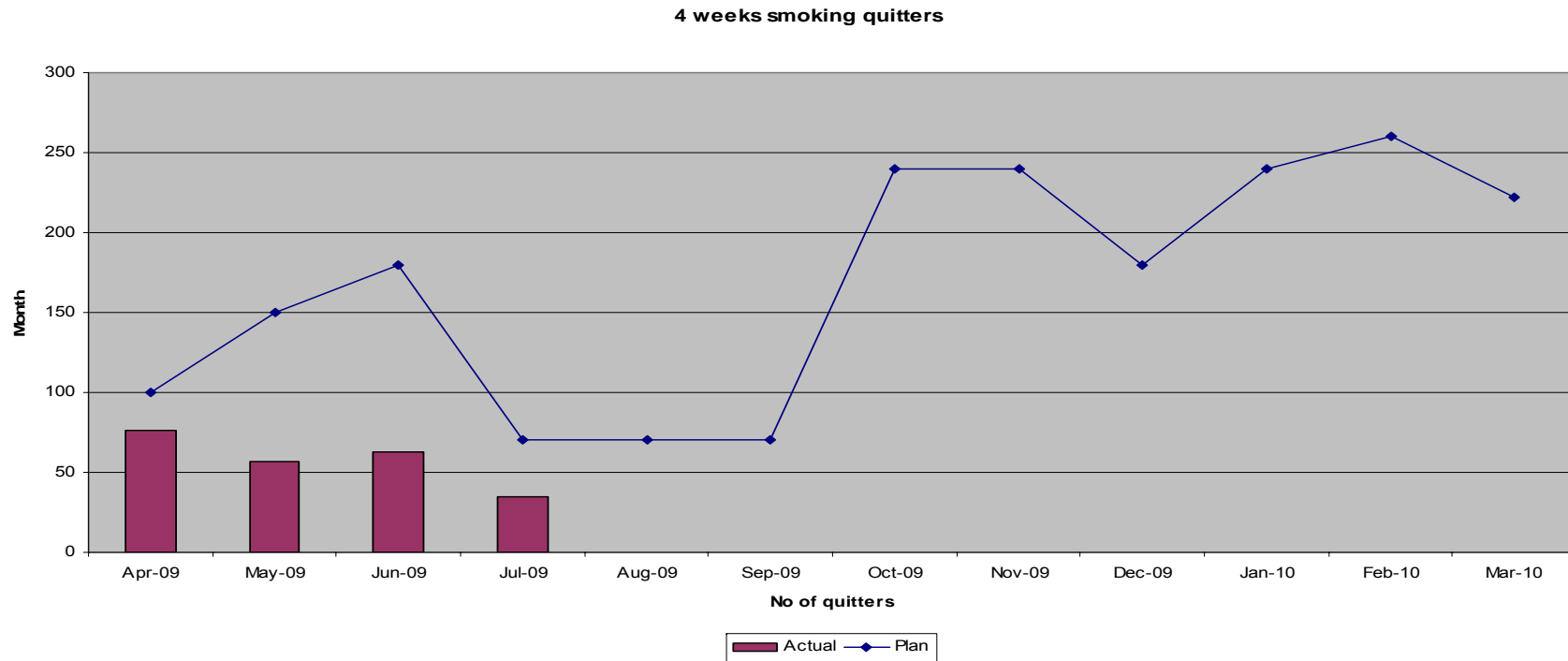
1	EMT should dedicate at least one of its weekly meetings every month to performance management	ME
2	SROs should spend <i>at least</i> 2-3 hours with Project Teams per month for each priority	TS/JO/JC
3	Implement a performance management system that focuses on action and delivery	ME/JW/TS/JO/JC
4	Delivery plans should be live documents that are regularly updated	TS/JO/JC
5	Teams 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 annual planning and CSP processes	TS/JW

Commencing
August 09

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 show in the Appendix

4 week smoking quitters



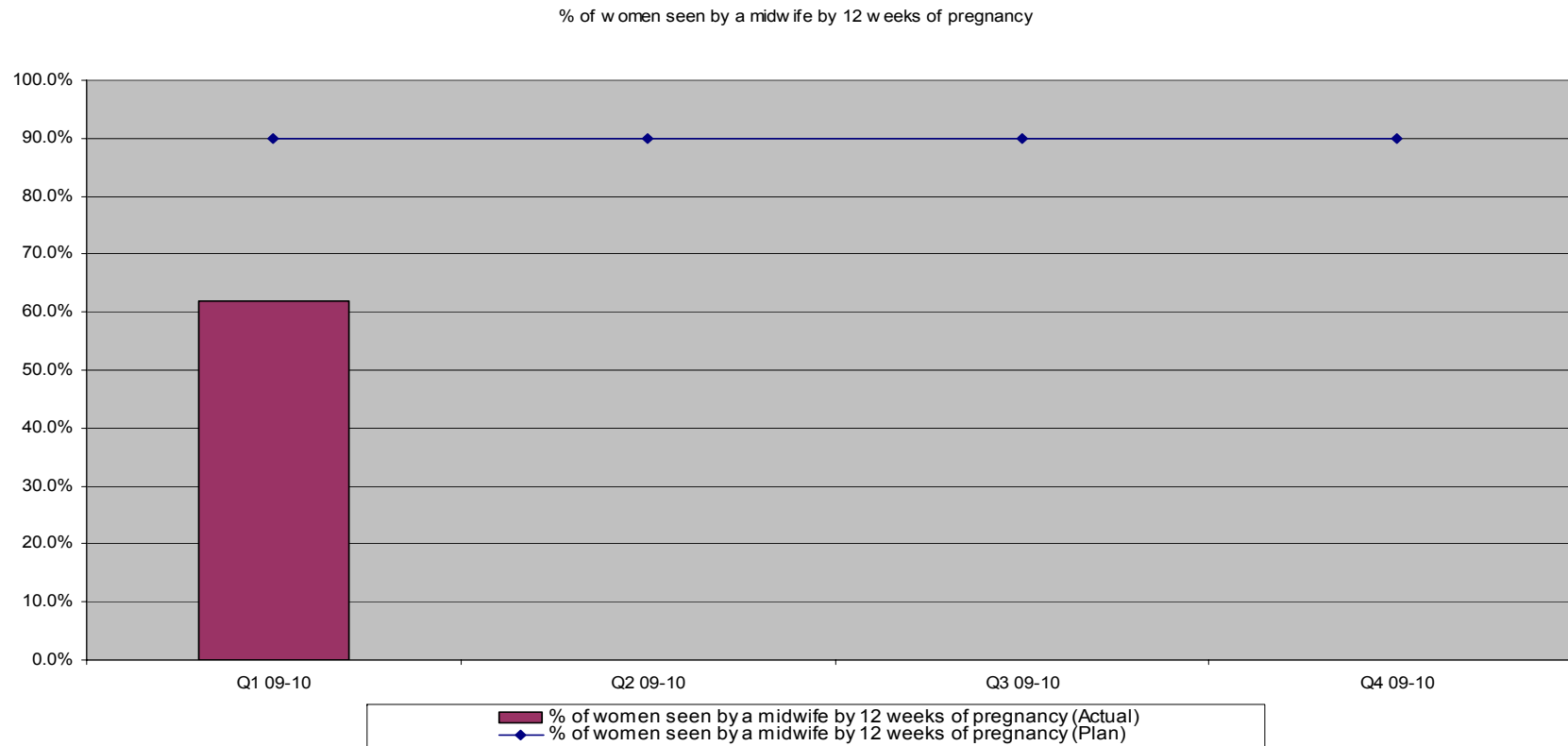
Reasons for underperformance:

- 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 figures are provisional.
- The building of relationships and networks to support development of initiatives is at a slow pace due to the team's involvement in flu planning.

Action taken:

- A performance improvement plan has been produced describing key initiatives which will be implemented throughout the year to increase performance. Delivery of this is being overseen by the Smoking Cessation Performance Board.

Access to Maternity Services



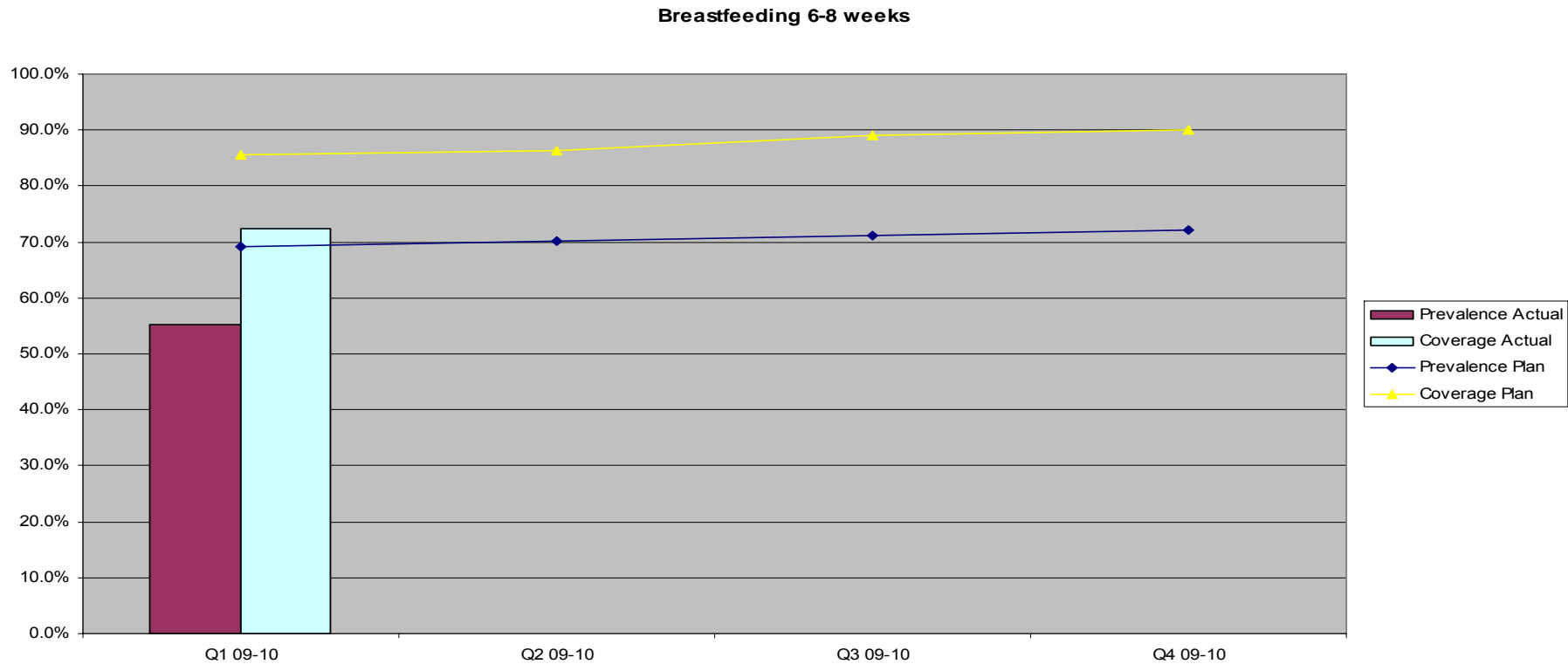
Reasons for underperformance:

- There has been a drop in performance since Q4 08-09 by 9.2%. Imperial College have shown a major drop in performance from 74.83% in Q4 08-09 to 55% in Q1 09-10. NWLH have not shown an improvement from Q4 08-09 (56.92%) to Q1 09-10 (57%).
- There has also been an increase in no of maternities in Q1 09-10 as compared to Q4 08-09, which has impacted on the performance as the denominator has increased. We have used the number of maternities in quarter 1 as an indicative performance measure which suggests that we have achieved 62.3% in quarter 1. However, true performance against this target will not be known until quarter 3 when we have the number of maternities which took place in this quarter

Action taken:

- Meetings have been scheduled with both Provider trusts to discuss performance.

Breastfeeding 6-8 weeks



Reasons for underperformance:

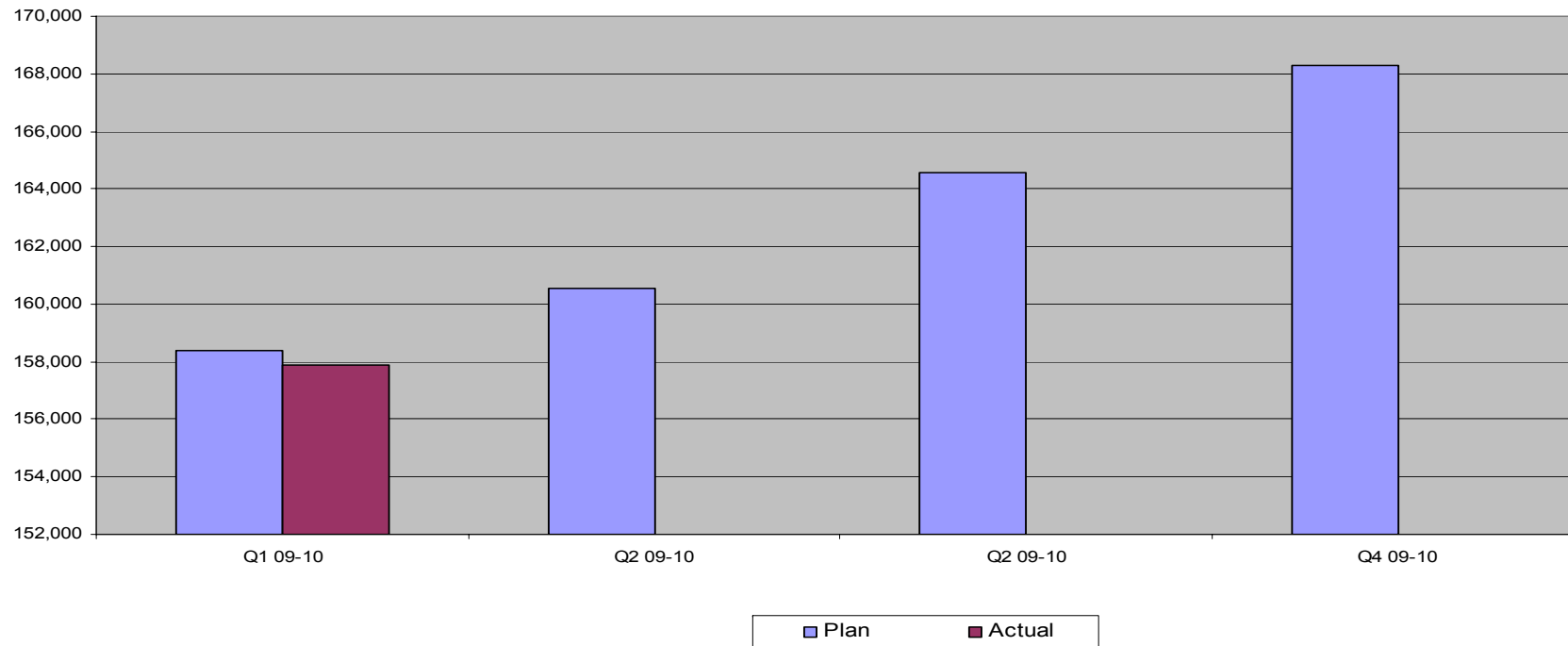
- Lack of engagement from GP practices to sign up to the data LES.
- For those practices who have signed up to the LES, accuracy of data being submitted is questionable. Data could be under reported.

Action taken:

- A performance improvement plan has been drawn up listing various initiatives such as training for GPs and Practice Managers, attending practice managers' forums and highlighting the importance of collecting this data and encouraging GPs to sign up to the LES, work to be done around accurately identifying the denominator i.e infants who are due for a 6-8 wk check.

Access to Dental Services

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



Reasons for underperformance:

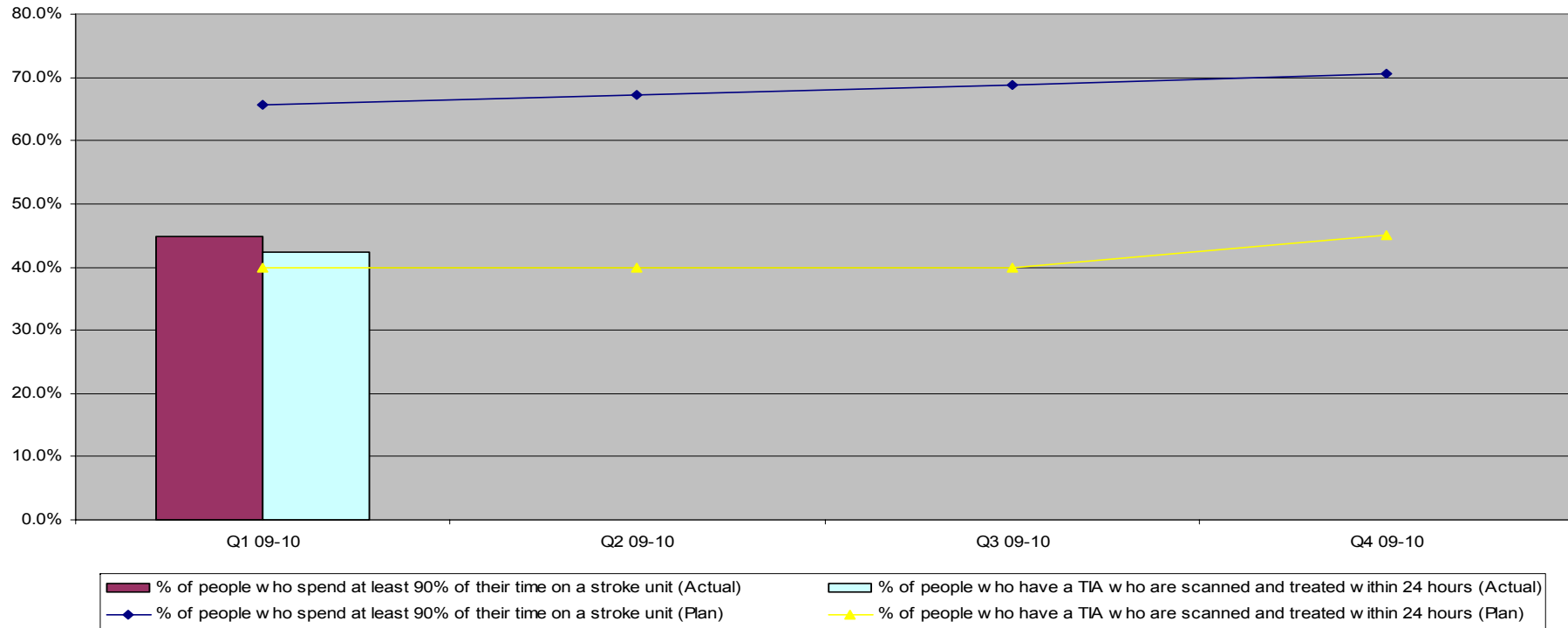
- Fewer UDAs commissioned than last year, so the dentists do not have the capacity. 1500 extra UDAs which were commissioned on a non-recurrent basis in 2008-09 have been removed for 2009-10.

Action taken:

- Plan of work done under McKinsey project was presented to EMT on July 1st and a business case has been written using this.

Stroke and Transient Ischaemic attacks (TIA)

Stroke and TIA



Reasons for underperformance:

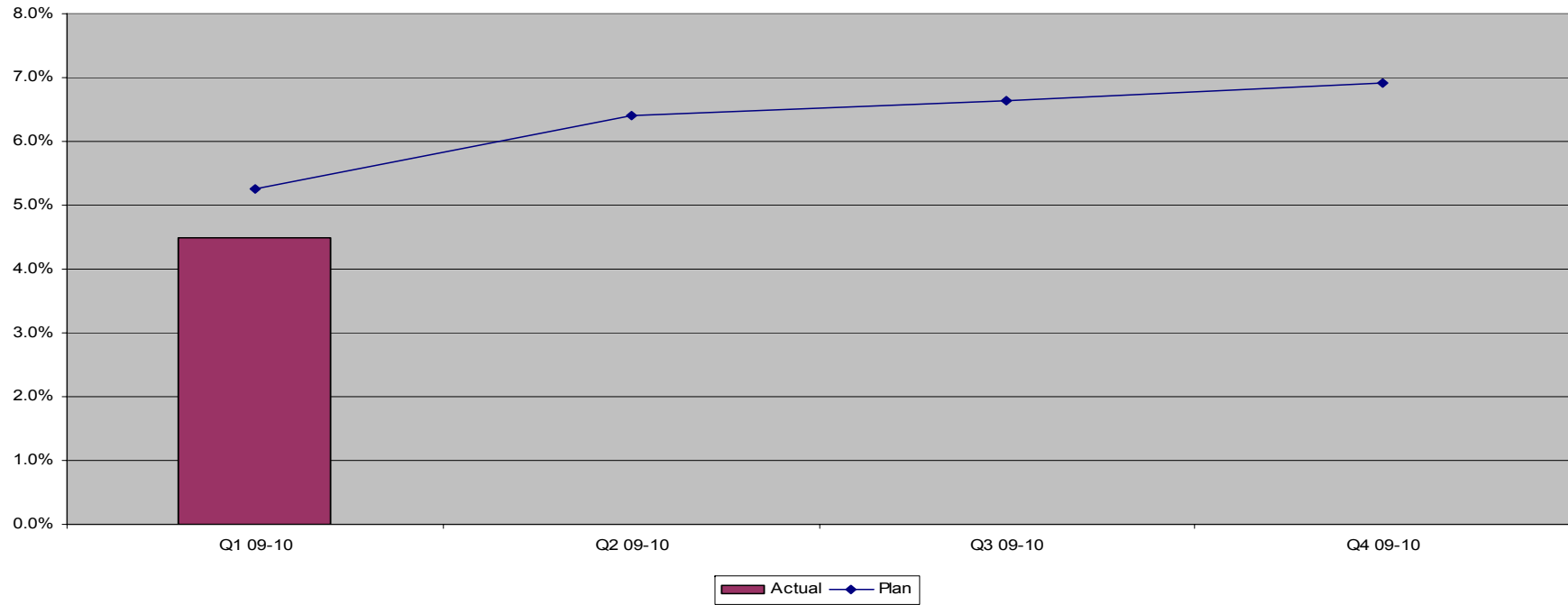
- No integrated pathway for stroke
- Lack of clarity of roles and hand off arrangements
- Delay in diagnostics leading deterioration of condition, increasing length of stay in HDU
- Under capacity within stroke unit
- Discharge not proactively managed
- Commissioning for services not pathway
- No service 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



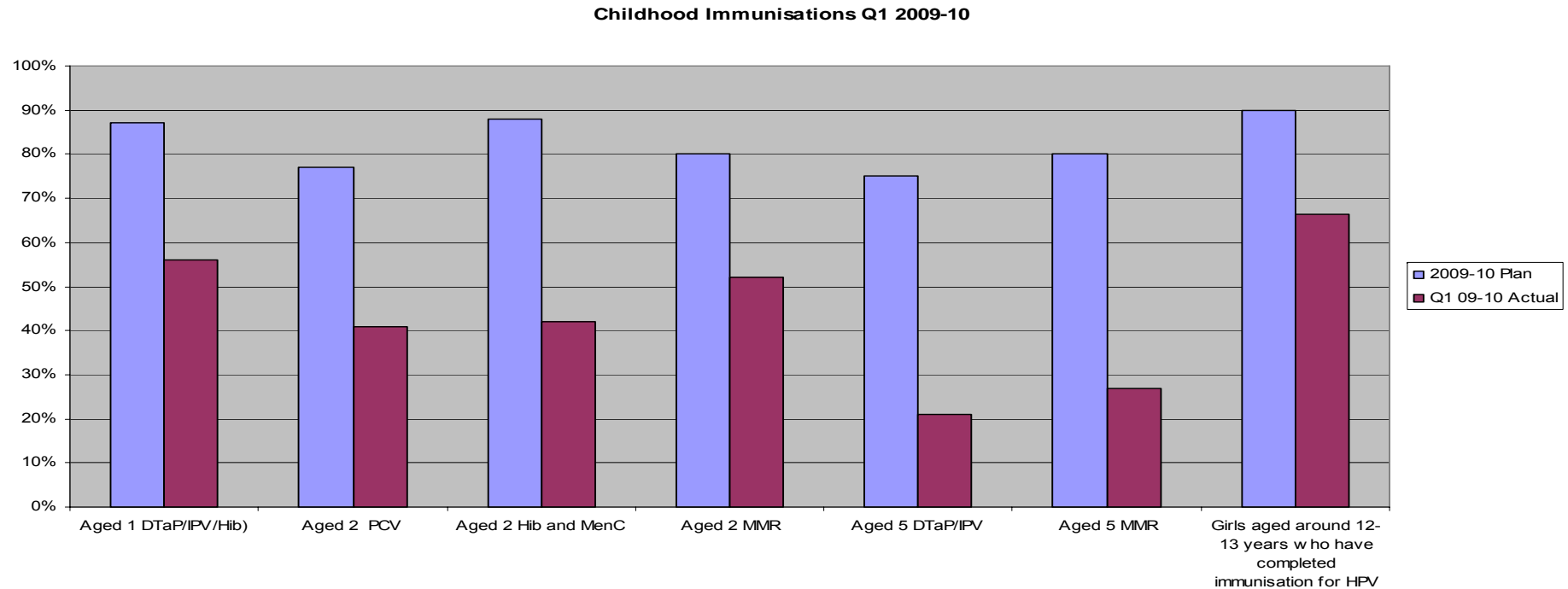
Reasons for underperformance:

- Challenges with respect to configuration of contraceptive services
- Delay in embedding new SLA with NWLH
- Delay in launch of GP LES and recruitment of GP champion

Action taken:

- Plan for Pharmacy LES and Outreach programme is underway.

Childhood Immunisations



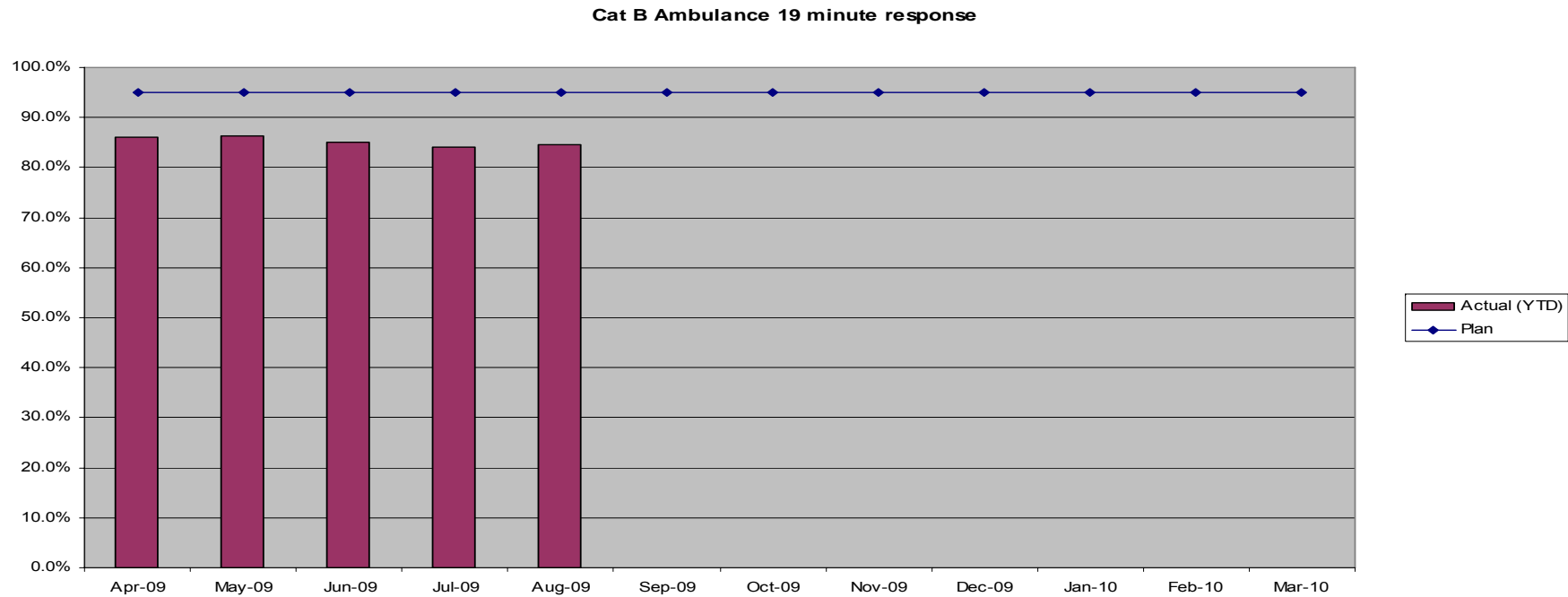
Reasons for underperformance:

- 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.

Ambulance Cat B 19 minute response rate



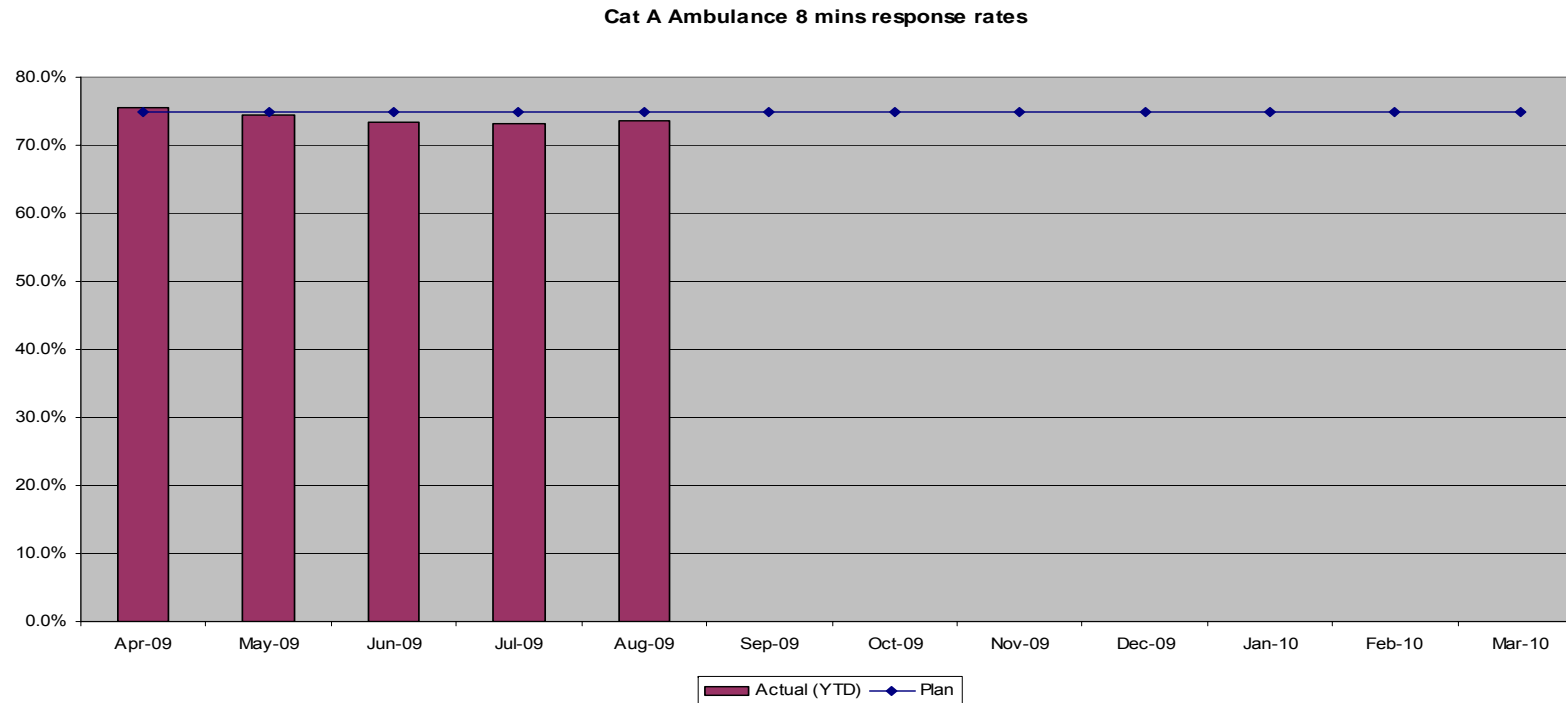
Reasons for underperformance:

- YTD Aug 09 performance is 84.5% 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:

- New Fast car work plans in place from 1/9/09
- A clinical support supervisor will be activated to specific calls under cat B to try and save ambulance attendances to keep availability

Ambulance Cat A 8 minute response rate



Reasons for underperformance:

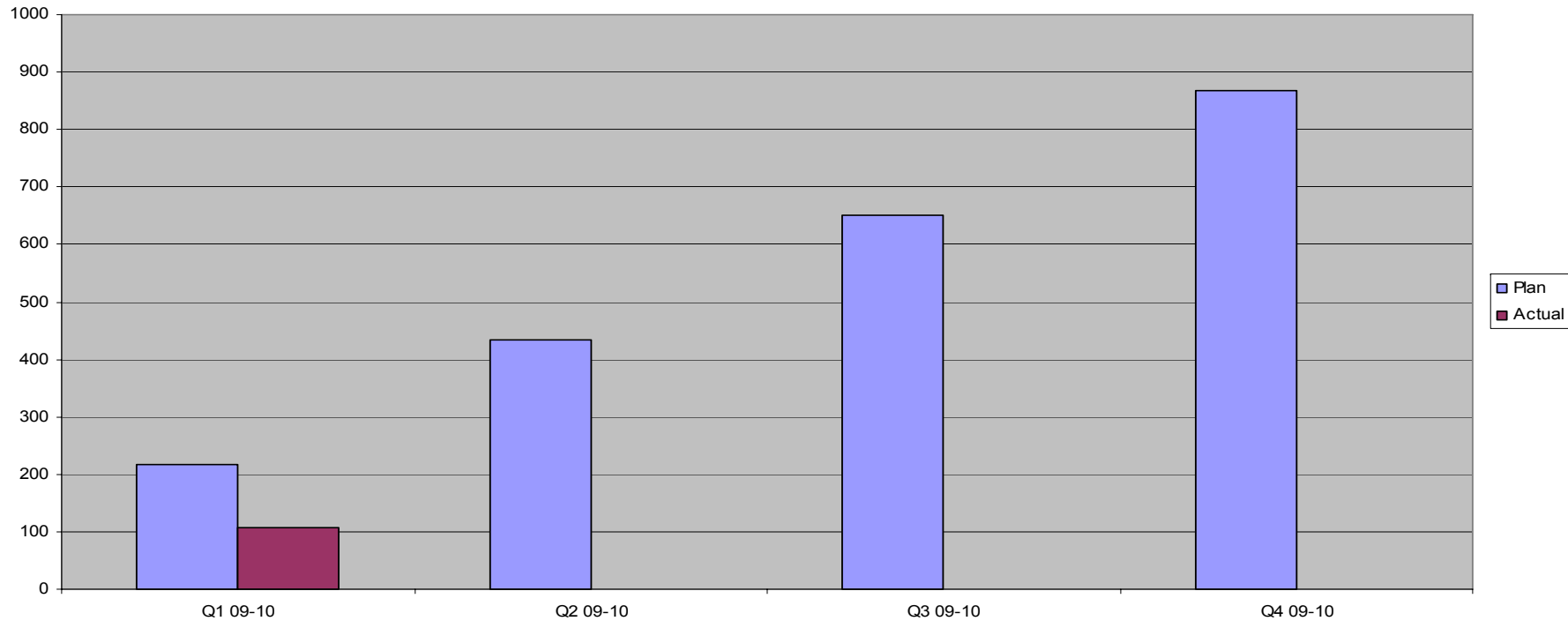
- YTD Aug 09 performance is 73.7% against a target of 75%.
- Remains a significant challenge and improvement seen month on month due to reduced call volume and increase in staffing. recruitment ongoing with improvements further expected September onwards
- High call volumes especially for flu like symptoms

Action taken:

- New Fast car work plans in place from 1/9/09
- Attendance of managers at hospitals to assist turnaround and deal with delays
- Meetings with AE managers to work on reduced time at hospital to assist with availability

Crisis Resolution Episodes- Cummulative

Crisis Resolution Episodes 2009-10



Reasons for underperformance:

- The team has not been adequately funded to reach the target of 869 episodes per year.
- Access to the service has also been a problem as the service has also been poorly networked into 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, this will enable the target to be met by March 2010.

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

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 July 09	52	31	
18 week wait -% of admitted patients should have been seen in 18 weeks	SC	90%	YTD July 09	90%	94.54%	
18 week wait -% of non-admitted patients should have their RTT clock stopped within 18 weeks	SC	95%	YTD July 09	95%	98.00%	
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	YTD July 09	0	3	
18 week wait- No of T&O failures to achieve 90% standard for admitted patients and 95% standard for non admitted patients	SC	0	YTD July 09	0	2	
% of direct access audiology pathways whose RTT clock stopped during the month who waited 18 weeks or less	SC	100%	YTD July 09	100%	100%	
18 week Data Quality- Admitted data completeness	SC	90-110%	Jun-09	90-110%	100%	
18 week Data Quality- Non Admitted data completeness	SC	90-100%	Jun-09	90-110%	105%	
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 July 09	96%	99.61%	
Cancer waits- 31 day drug standard	SC	98%	YTD July 09	98%	100.00%	
Cancer waits- 31 day surgery standard	SC	94%	YTD July 09	94%	97.73%	
Cancer waits- 62 day standard	SC	85%	YTD July 09	85%	82.76%	
Cancer waits- 62 day screening standard	SC	90%	YTD July 09	90%	100.00%	
Cancer waits- 62 day consultant upgrade standard	SC	Plan not yet known	YTD July 09	Plan not yet known	100.00%	
Cancer waits- 14 day standard	SC	93%	YTD July 09	93%	93.43%	

National Priorities	Owner	Annual Plan	Reporting period	Plan	Actual/Current Status	FOT for March 10
% of people who spend at least 90% of their time on a stroke unit	SC	70%	Q1 09-10	66%	44.9%	
% of people who have a TIA who are scanned and treated within 24 hours	SC	45%	Q1 09-10	40%	42.4%	
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 July 09	500	231	
% of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy	SC	90%	Q1 09-10	90%	62.3%	
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 ben 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%	Jul-09	90%	68.6%	
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%	Data not available yet	

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	Plan not yet known	Data not available yet	
% 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	78.2%	
% 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	79.9%	
Prevalance:% of infants totally or partially breastfed at 6-8 weeks	PCCS	72.1%	Q1 09-10	69.2%	55.2%	
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%	Q1 09-10	85.5%	72.2%	
Has a full range of CAMH services for children and young people with learning disabilities been commissioned for the council area?	SC	4	Q1 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	Q1 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	Q1 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	Q1 09-10	3	3	
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	Data not available yet	
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	Q1 09-10	158,383	157,877	506
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 30th August 09	98%	98.28%	
Outpatient waits 13 week breaches	SC	0	YTD July 09	0	0	
Inpatient waits 26 week breaches	SC	0	YTD July 09	0	1	
No of patients waiting more than 3 months for Cardiac revascularisation	SC	0	YTD July 09	0	0	
Sexual health - % of patients accessing GUM clinic within 48 hours	SC	100%	YTD July 09	100%	99.61%	
Delayed transfers of Care (acute and non acute) per 100,000 people aged 18 yrs+	SC	13	Q1 09-10	13	9.94	
Category A Ambulance response within 19 mins	SC	95%	YTD Aug 09	95%	98.4%	
Category A Ambulance response within 8 mins	SC	75%	YTD Aug 09	75%	73.7%	
Category B Ambulance response within 19 mins	SC	95%	YTD Aug 09	95%	84.5%	
% offered diabetic retinopathy screening	PDE	95%	Q1 09-10	95%	97.7%	
Number of new cases for early intervention of psychosis	SC	65	Q1 09-10	16	25	
Number of Crisis resolution episodes	SC	869	Q1 09-10	217	106	
Data quality on Ethnic Group	SC	85%	YTD July 09	85%	85.7%	
Other Corporate Objectives (not included in above)						
New cases of MRSA (performance at 'hosted' Trust)	PH	26	YTD July 09	9	5	
% of TB cases whose treatment was completed	PH	83%	Year ending 30th June 09	83%	90%	
% 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%	Q1 09-10	10%	12.7%	
Percentage of Carers receiving a 'carer's break' or a specific carer's service	SC	24.6%	Q1 09-10	6%	3.09%	
% 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 July 09	17%	18.2%	
% of patients in mixed sex accommodation	SC	10%	2009-10	10%	Data not available yet	

SECTION 3 – CSP INITIATIVES & OD PLAN IMPLEMENTATION

PART 4:- CSP INITIATIVES AND OD PLAN

Reporting period 8 August 2009 – 8 September 2009

ID	Project	SRO	Project Manager	Project Status	Budget	Milestones/ Schedule	Risks and Issues	Comments
CSP1 Improve Primary Care Services								
17	Urgent Care Centre	TS	Ailsa McGregor					NHS Brent has sent a letter to NWLHT on UCC proposals and a meeting was held with them on 20.8.09 to discuss the UCC model options. NHS Brent awaiting response from NWLHT
49	Primary Care Strategy	JO	Sarah Curtis					
CSP3 Improve Vascular Health								
82	Improve Vascular Health	JC	Steve Sewell					The programme continues to generate the operational detail of the services planned. Clarity regarding the scope of the programme is being sought.
CSP5 Improve Intermediate Care								
31	Intermediate Care	TS	Jon Ellis					Final business case being submitted to September Investment Panel. Contingency remains tight and milestones could potentially be missed if rework required. Clinicenta acute home care service being used to avoid admissions, feedback from patients has been positive.
61	Nursing Staff Levels at Willesden	JO	Dawn Chamberlain					Interim Service Manager has been appointed. Recruitment ongoing, all posts have now been re-advertised where previously unsuccessful.
CSP6 Improve Mental Health & Wellbeing								
56	EIS	TS	Mignon French					
87	DOLS	TS	Mignon French					
97	IAPT	TS	Mignon French					
96	Crisis resolution home treatment team	TS	Mignon French					The PCT board have signed off the proposed CRHT model. Q1 target not achieved but had improved from Q4 08/09. Project activities are now complete.
CSP7 Improve Maternity Services								
85	Strengthen Brent & Harrow MSLC	TS	Annie Roy					A recruitment plan for the Chair and user members has been implemented and the recruitment campaign has been distributed out to some 700 users in Brent. It has also been distributed via NCT networks and NHS Harrow service users. To date there has been no response back and we are now increasing the distribution to include the local council user bank which has some 4000 contacts.
CSP9 Support Healthy Behaviours								
-	Support Healthy Behaviours	JC						

PART 4:- CSP INITIATIVES AND OD PLAN

OD1.1 Restructure as a commissioning organisation							
94	Restructuring as a commissioning organisation	CA	Gemma Davies				
OD1.2 Employment Proposition							
92	Employment proposition	CA	Gemma Davies				
90	OD Commitment to achieving diversity	CA	Nolan Victory				
OD1.3 Learning and Development							
86	Learning and Development	CA	Sarah Davis				
OD1.4 Teamwork and integration							
n/a	Phase 1 - Office Move	CA	Roger Thomas				
OD2 Autonomous Provider Organisation							
n/a	Provider Separation	ME	Fiona Jacob				
OD3.1 Information and Analytics							
n/a	Information and Analytics	JW	TBC				
OD 4.0 Improve partnership working							
OD 4.1 Better clinical engagement							
-	Review priority action groups	JO	Eliza Tudor				
-	PBC Development	JO	Eliza Tudor				
OD 4.2 Coordinated Commissioning							
-	Actively participate in governance arrangements to ensure benefits of partnerships are realised	ME	TBC				
-	Ensure clear lines of communications and influences between NWLCP, NUS-B and NWLH	ME	TBC				
-	Ensure transition arrangements support active contract management NWLHT	ME	TBC				
OD 4.3 Joint commissioning							
-	Review governance arrangements for partnership commissioners	TS	TBC				Project slippage. No planned start date.
-	Review care groups and agree future direction and plans	TS	TBC				Project slippage. No planned start date.
OD4.4 Public engagement							
95	Building 3rd sector capacity	TS	TBC				
99	Internet & Intranet Development	TS	TBC				Uncertainty over IT system capability

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 all 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 /or 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 either 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 and 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>