

REACH

HIGHER

**NHS Brent  
Q1 Performance Board Report  
2010/2011**

**29<sup>th</sup> July 2010**

**worldclasscommissioning**

adding life to years and years to life

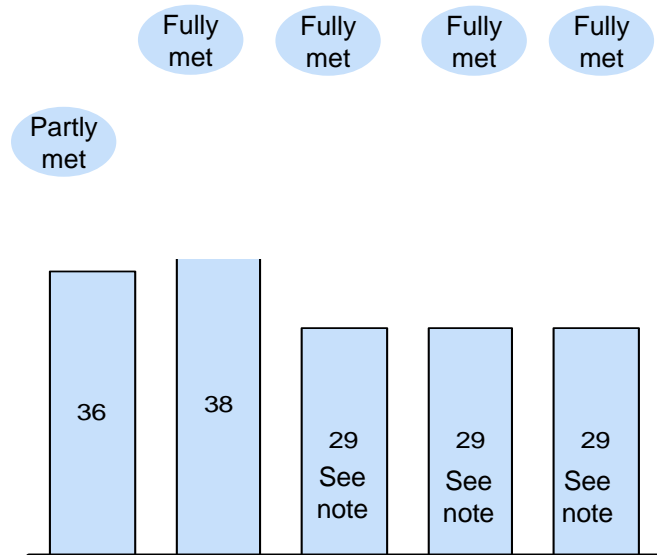
**NHS**  
**Brent**

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# Current Performance and Gap

CQC scoring against *existing commitments*



SHA Q3 Forecast	2009/10 Q4 SHA & PCT Forecast	2010/11 PCT Forecast	2010/11 Threshold Fully Met	2010/11 Threshold Fully Met
36	38	29	29	29
	See note	See note	See note	See note

Improvement of 2 points related to;

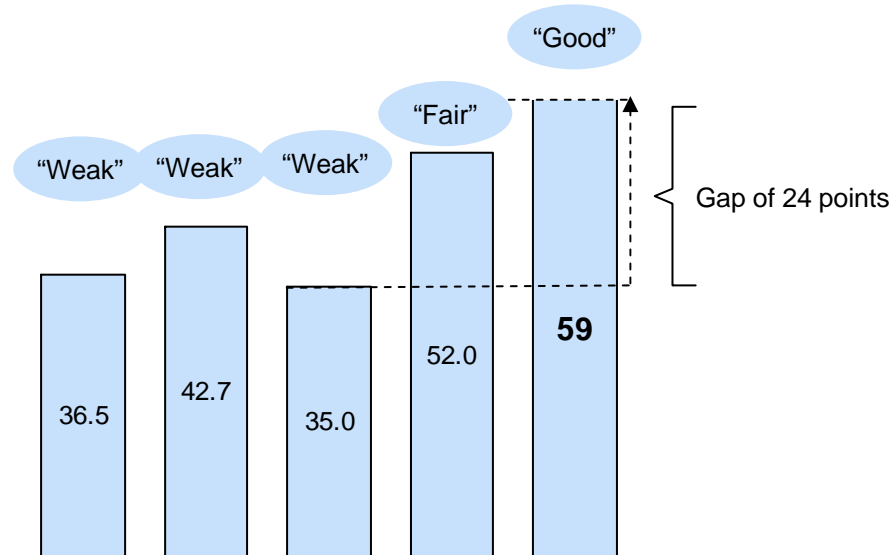
Q3 + 1 point Category A Ambulance response within 8 minutes (forecast from under achieved to achieved)

Q4 + 1 point Number of people receiving crisis resolution services (forecast from under achieved to achieved)

Note

Three waiting time measures have been discontinued in 2010/11 so the 2010/11 forecast and thresholds have been reduced by 9 points

CQC scoring against *national priorities*



2009/10 SHA Q3 Forecast	2009/10 SHA & PCT Q4 Forecast	2010/11 PCT Forecast	2010/11 Threshold for fair	2010/11 Threshold for good
36.5	42.7	35.0	52.0	59

Improvement of 6 points in q4 2009/10 SHA and PCT forecast relates to;

- 2 breastfeeding (failed Data Quality q1-q3)
- +2 Immunisations (achieved 75% of plan)
- +2 teenage conception CQC methodology change
- +1 Chlamydia screening – achieved target
- +3 Correction of SHA CAMHS error
- 
- +6 points

Reduction of 7.7 points from q4 forecast to current relates to;

- 0.7 18 weeks (increase in specialties not meeting standards)
- 2 teenage conception
- 2 immunisations
- 1 Chlamydia
- 2 Dental Access
- 
- 7.7 points

More challenging Plan in 2010/11

# Context Update

- The Department of Health published a revision to the 2010/11 Operating Framework for the NHS on 21<sup>st</sup> June in which withdrew the performance management of the 18 week and 48 hour GP access targets and amended the threshold from 98% to 95% for the A&E 4 hour standard
- The Care Quality Commission (CQC) have confirmed they will no longer undertake an overall aggregated rating assessment of either commissioners or providers for 2009/10.
- This will mean that organisations will no longer be rated as Poor, Adequate, Good or Excellent for their quality of services.
- However, the CQC have committed to publishing benchmarked data for each of the indicators in the autumn.
- The SHA have signalled they will still be expecting improvements during 2010/11 and NHS Brent continues to be performance managed by the SHA.
- The areas identified within our improvement plan remain important in the context of improving the health outcomes of the people of Brent.

# Impact of the White Paper

- White Paper has a strong focus on outcomes and an NHS Outcomes Framework will replace current performance regime
- Outcomes Framework introduced from April 2011 following a consultation period
- White Paper also places emphasis on putting patients and public first, using information generated by patients themselves including patient experience surveys
  
- Majority of the areas we are focusing on are likely to feature in new framework.

<b>Key targets 2010/11</b>	<b>Other targets 2010/11</b>	<b>Actions to impact 2011/2012</b>
Patient Experience of primary care Drugs Misusers Smoking Cessation 12 week maternity Breastfeeding rates Dental Services Staff Satisfaction Immunisations GP access	C.Difficile Cancer waits Mortality rates Childhood obesity CAMHS 18 weeks Chlamydia Screening	Breast Screening Cervical Screening Teenage Conceptions

- EMT with clinical colleagues will keep above under review as further guidance is received

# Actions Taken

## April - June

- Renewed focus on Performance at all levels using agreed NHS Brent performance approach
- Focus on putting prioritised actions in place and identifying key enablers/cross-cutting themes
- Total of 20 workstreams identified (i.e. 10 targets plus 10 enablers/cross-cutting themes)
- Weekly Performance EMT taskforce meetings to review targets & enablers
- Lead indicators/dashboards identified and updated and circulated weekly
- Monthly trajectories critically reviewed and validated against actions
- Business Cases produced for additional resources (where required)
- Engagement with PEC/PbC
- Bi-weekly performance update and discussion with PBC Leads
- Monthly Performance Delivery Session with performance leads to share best practice.
- PBC Performance Bond Scheme approved by Board

## 2010/11 Performance Delivery - Summary (1)

### Targets achieved 09/10 – maintaining performance in 10/11

TARGET	09/10 PERF	SRO	COMMENTS	CURRENT RISK RATING
C. Difficile	●	SB	Comfortably achieved 09/10	●
Cancer waits	●	TS	Expected to maintain achievement	●
Mortality rates	●	SB	Achieved 08/09. 09/10 performance not yet available	●
Childhood Obesity	●	TS	Achieved 08/09. 09/10 performance not yet available	●
CAMHS	●	TS	Services in place	●
18 weeks	●	TS	Largely achieved 09/10, but not in all specialties	●
Stroke*	●	TS	Achieved target in Q3/Q4 09/10	●

\* Not achieved 09/10 but assumed will be achieved 10/11

## 2010/11 Performance Delivery - Summary (2)

### Key targets to improve 10/11

TARGET	09/10 PERF	10/11 TARGET	CURRENT PERFORMANCE	RISK RATING	
				ACTIONS	DELIVERY
Dental	159,001	176,882	2.5% adverse variance (June)	●	●
Chlamydia	26.4%	35%	0.5% adverse variance (May)	●	●
Staff Satisfaction	3.41	3.57	Annual Survey	●	●
<b>Immunisation</b>			Quarter 1 provisional data		
Age 1 DTaP_IPV_Hib	89.3%	92%	88%	●	●
Age 2 PCVbooster	80.2%	92%	90.8%	●	●
Age Hib_MenCbooster	83.4%	92%	81.0%	●	●
Age 2 MMR	81.5%	95%	84.6%	●	●
Age5DTaP_IPVbooster	65.9%	95%	81.1%	●	●
Age 5 MMR	71.6%	95%	66.5%	●	●
HPV	68.6%	90%	69.8%	●	●
<b>GP Access</b>					
Factor 1 48 hour	75%	85%	Quarterly Survey	●	●
Factor 2 Booking ahead	64%	77%		●	●
Factor 3 Satisfaction	76%	92%		●	●
Factor 4 Extended opening	85%	95%		●	●

## 2010/11 Performance Delivery - Summary (3)

### Key targets to improve 10/11

TARGET		09/10 PERF	10/11 TARGET	CURRENT PERFORMANCE	RISK RATING	
					ACTIONS	DELIVERY
GP Patient Experience	1	75%	80%	Quarterly Survey	●	●
	2	83%	86%		●	●
	3	66%	68%		●	●
	4	56%	69%		●	●
Drugs Misusers		942	1210	Q1 performance at 2009/10 outturn level. Profile increases Q2 through Q4.	●	●
Smoking Cessation		850 (forecast)	2360	Q1 Registrations 32% adverse variance from original trajectory. Plan re-profiled June – March to catch up in remaining months	●	●
12 week maternity		63%	90%	24% adverse variance (April to May)	●	●
Breastfeeding	1	63%	75%	Quarterly Collection	●	●
	2	83%	94%		●	●

GP patient experience 1= GP Experience , 2= Reception Experience, 3= Nurse Experience, 4= Out of Hours  
Breastfeeding 1 = prevalence, 2= coverage

## 2010/11 Performance Delivery - Summary (4)



### Cross-cutting themes/enablers

THEME	ACTIONS/CURRENT PERFORMANCE	RISK RATING	
		ACTIONS	DELIVERY
List cleansing	Contract agreed. Implementation July-Nov 10	●	●
GP transformation	Plan developed. but not yet commenced implementation. Risk re capacity & new GP contract nationally	●	●
GP data collection	Revised LES for Breastfeeding with GPs; Business Case for EMIS web reports being developed	●	●
Performance rhythm/governance	Weekly PEMT; weekly programme group; weekly leading indicator dashboard	●	●
Social Marketing/Health Promotion	Coordinated plan in place and Business Case agreed.	●	●
Comms & Engagement	Coordinated plan in place including use of Brent Magazine	●	●
Financial Incentives	Board agreed Primary Care Performance Bond covering IMMS, Smoking, Maternity, GP access & patient experience	●	●
PCT Capacity	Targeted additional capacity in place. Risk re management cost target	●	●
Performance Culture	Monthly performance leads. Learning & development strategy. Link to rhythm /governance workstream	●	●
Analytical Support	Targeted analytical support in place. Lead analyst for each target	●	●

## 2010/11 Performance Delivery - Summary (5)



### 10/11 Actions to impact 11/12

TARGET	09/10 PERF.	10/11 TARGET	SRO	ACTIONS	RISK RATING for 11/12
Breast Screening	50%	70%	TS	Action plan in place. To be incorporated in 10/11 PEMT reviews July onwards	●
Cervical Screening 1	62%	80%	JO	Action plan in place. To be incorporated in 10/11 PEMT reviews July onwards	●
Cervical Screening 2	78%	80%			●
Teenage Conceptions	39.5%	27.8%	TS	Number of actions in place, to be reviewed in light of TP needs analysis. To be incorporated in 10/11 PEMT reviews July onwards	●

Cervical screening 1 = 25-49 years      2 = 50-64years

## Performance Improvement – Key Risks

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

## Key Risks (Contd)

Principal risks	Director job title (initials) *	Risk rating		Controls in place	Assurance Sources	Gaps in Control (C) or Assurance (A)	Action Plan to address Gaps
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Changes in nationally set thresholds and measurement criteria result in underachievement as scale of improvement not achievable	CEO	4x4	4x4	Influence through SHA	Performance Board report (monthly)	Limited impact of influencing	Regular review and amend plans where possible to respond to changing requirements
Underutilisation of data to support performance conversations.	DFP	4x4	3x3	Analytical support targeted to performance areas	Performance EMT (monthly) to oversee and monitor action plans Weekly Dashboard Performance Board report (monthly)	Data quality and timeliness issues in some areas	<ul style="list-style-type: none"> <li>•Ensure lead indicators/dashboard in place for all targets</li> <li>•Ensure analytical resources in place to support delivery</li> </ul>

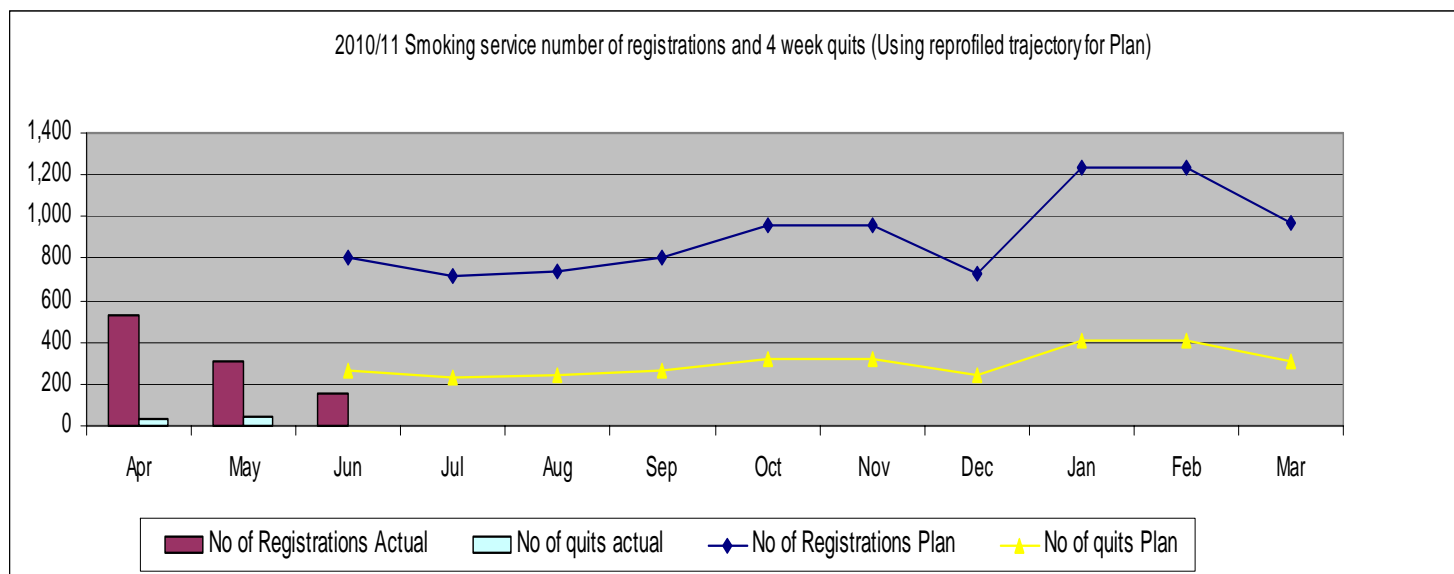
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Pace / energy focus to support step change required is diffused by other key priorities or external factors	CEO	4x4	3x4	CEO Leadership and EMT alignment behind key priorities	Performance EMT to keep under regular review	Impact of management cost reductions	<ul style="list-style-type: none"> <li>•CEO leadership/focus</li> <li>•EMT to keep under regular review</li> <li>•EMT Away day held on 29/6/10. Actions to be followed up</li> </ul>
Teams working on cross cutting initiatives do not combine efforts	DFP DPCC DSC DPH	4x4	3x3	Programme of cross-cutting initiatives in place	Performance EMT (monthly) oversee and monitor action plan Performance Board report (monthly)	Engagement and participation in cross cutting initiatives	<ul style="list-style-type: none"> <li>•Identified SROs for cross-cutting initiatives</li> <li>•Ensure clear communication on cross cutting initiatives</li> <li>•Primary Care Transformation Project (CSP)</li> </ul>
Specific and significant challenge in primary care is not addressed (Majority of red indicators have a link back to performance of GP workforce)	DPCC	4x4	4x4	Performance EMT (monthly) to oversee and monitor action plan	Performance Board report	Scale of improvement required and capacity to change.	<ul style="list-style-type: none"> <li>•Work with GPs to radically improve provision of primary care</li> <li>-Specific focus on access and experience to build framework to roll into all targets</li> <li>-Primary Care performance Board</li> </ul>

# Conclusions

- The scale and pace of Performance transformation required remains great
- Progress is being made in some areas but not at the scale needed to assure achievement
- Need for significant on-going, intensive focus by SROs/EMT
- Capacity remains an issue to enable this
- Although the CQC will not publish organisational wide assessments for 2009/10, the focus on performance improvement is being sustained whilst ensuring other objectives achieved, including reduction in management costs
- Need to continue to work with key stakeholders so they accept scale of problem and have willingness/capacity/capability to respond at pace
- As a result of above, level of risk to 10/11 delivery is currently very high

## 4 week smoking quitters



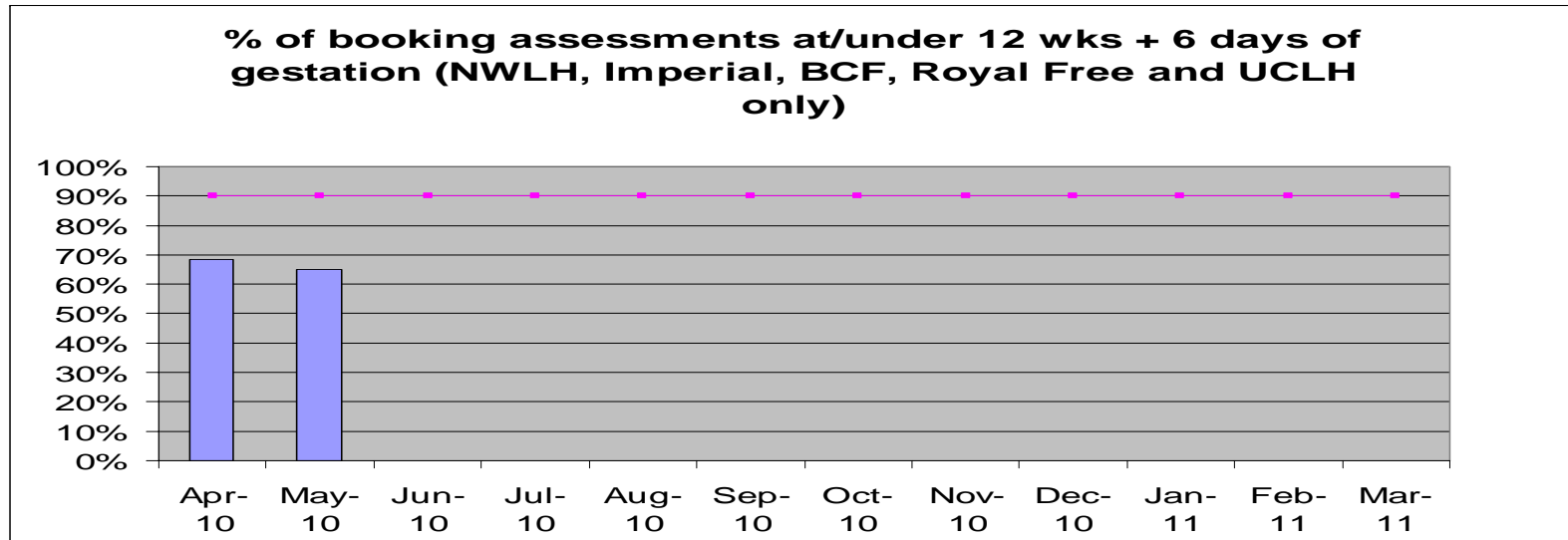
- Currently there have been 114 quitters against a plan of 552 between April and June. June figures are currently under reported and we will have an accurate number by August.
- The plan for April and May has been reprofiled across June - March due to the low number of registrations and quits against the original plan.
- Registrations are being monitored on a weekly basis, shown below.

	avg weekly plan (June)	w/e 06/06	Variance	w/e 13/06	Variance	w/e 20/06	Variance	w/e 27/06	Variance	w/e 02/07	Variance
<b>Weekly Actuals</b>											
Number of registrations	176	29	-147	34	-142	44	-132	37	-139	68	-108
<b>GP</b>											
Number of registrations	79	11	-68	8	-71	9	-70	12	-67	22	-57
<b>Pharmacy</b>											
Number of registrations	86	16	-70	25	-61	33	-53	23	-63	37	-49
<b>Others</b>											
Registrations	11	2	-9	1	-10	2	-9	2	-9	9	-2

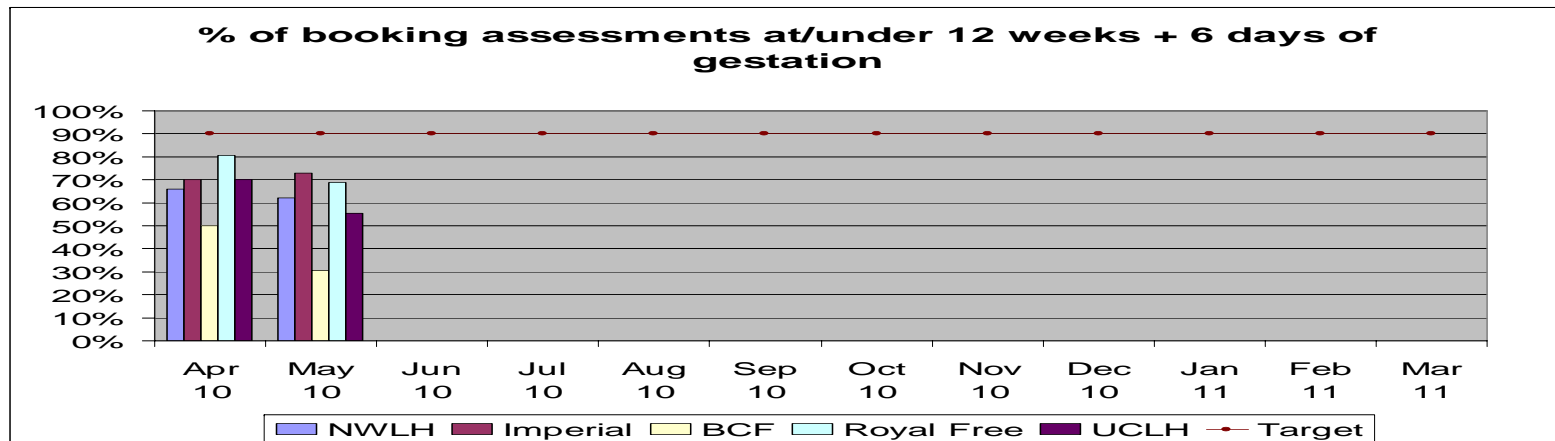
# 4 week smoking quitters

Stop Smoking Service - Performance Dashboard - JUNE 2010		Actual	Plan by June	Baseline Apr																																												
<p>The service achieved 58.6% of the target for 2009/10 this is an increase of 15% from the previous year 2008/9. The registrations (set quits) are taken from the new SONAR web based system and are 63% of the plan to date. Further data is expected from GP practices and some pharmacies have a backlog of data to be entered. The total number of quits to date is 114. This is an underestimate due to a proportion of clients still undergoing their treatment programme and outstanding data is still to be submitted. Practices and pharmacies are being followed up to return data.</p> <p>The total number of GP practices signed up to the scheme has increased from 35 to 61. Level 2 training for GP clusters is in progress and has been completed for Harness, Kilburn and Willesden. Training for Wembley and Kingsbury is planned for July. An EMIS template for GP data returns is being developed. GP data is currently being entered by the core service administrator.</p> <p>To improve the historical low conversion rate (33%) from set quit to quit the service has implemented telephone follow up for pharmacy and clinic clients lost to follow up and who have not quit. Consent is being sought from GP's for their clients.</p> <p>A rolling group is currently being piloted in Wembley. Weekly Face to Face public engagement events have been running since June and have in total generated 139 leads which have been converted into 74 bookings across the service. The overall conversion rate from leads to booking stands at 53% which is good. The NHS London action plan milestones have been updated for January- June and there are no outstanding actions to date.</p> <p>Weekly meetings are in progress to monitor and support the implementation process of the Information System SONAR. Invoicing and reporting issues have improved but there are further issues which are being addressed such as the speed of the system within the PCT and support response times to providers.</p>																																																
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<table border="1"> <tr> <td colspan="2"><b>Risk</b></td> <td></td> <td></td> </tr> <tr> <td>Number of Registrations</td> <td><b>Red</b></td> <td></td> <td></td> </tr> <tr> <td>Resource Levels</td> <td><b>Green</b></td> <td></td> <td></td> </tr> <tr> <td>SBS payment problems</td> <td><b>Amber</b></td> <td></td> <td></td> </tr> <tr> <td>SONAR</td> <td><b>Amber</b></td> <td></td> <td></td> </tr> </table>		<b>Risk</b>				Number of Registrations	<b>Red</b>			Resource Levels	<b>Green</b>			SBS payment problems	<b>Amber</b>			SONAR	<b>Amber</b>																													
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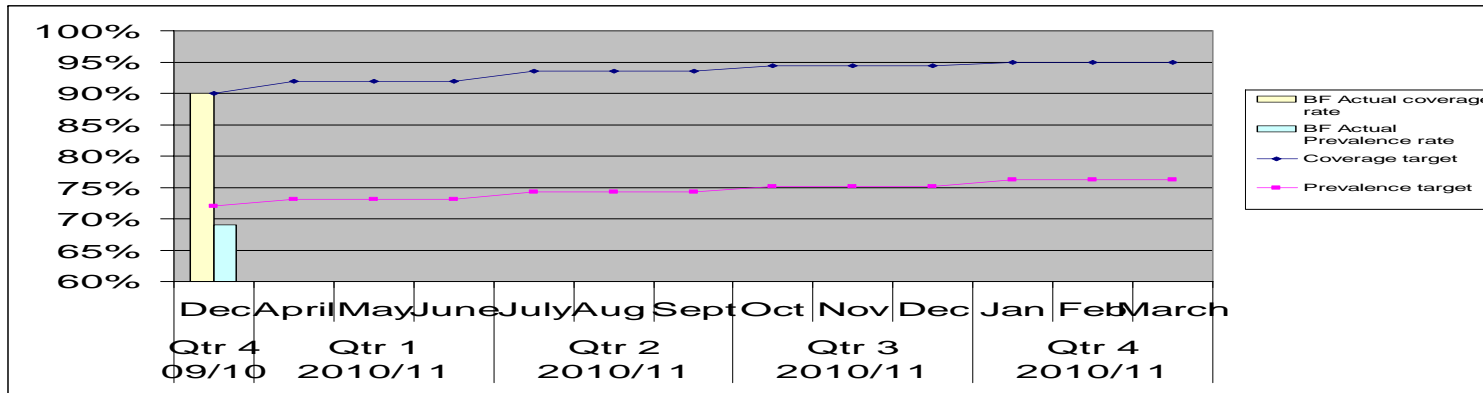
## Access to Maternity Services



- Current performance from our top providers show 65% of booking assessments were done by 12 weeks of pregnancy, Q1 10-11 performance will be available at the end of July 10.
- The chart below shows percentage of booking assessments done by 12 weeks of pregnancy by provider.



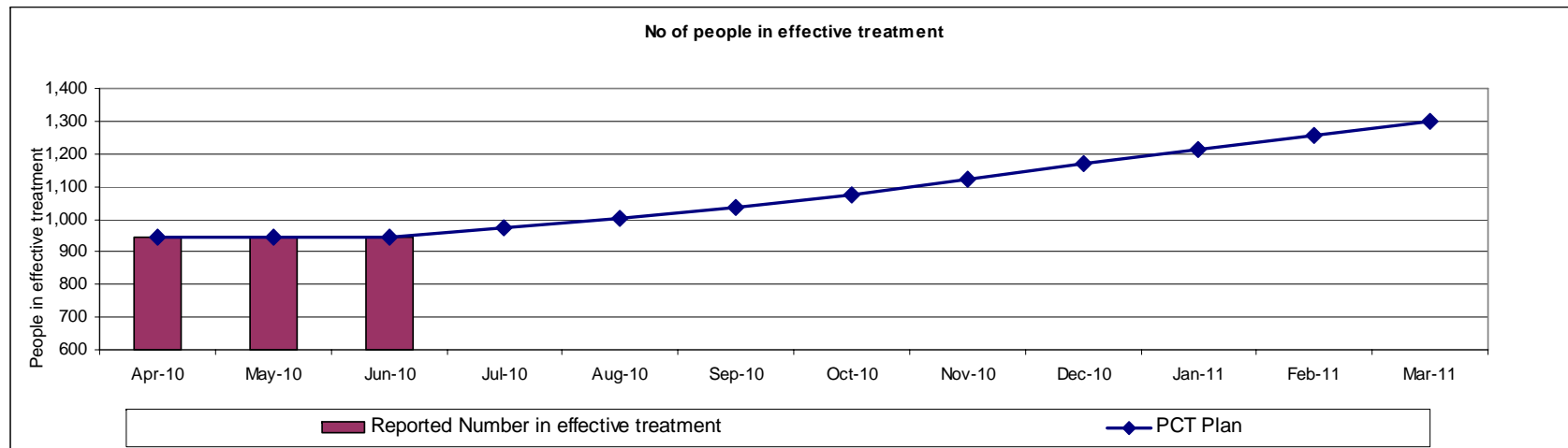
## Breastfeeding 6-8 weeks



- We are in the process of collecting Q1 data from Practices and performance on this indicator will be available at the end of July.
- We are monitoring on a weekly basis the % of practices signing up to the Health of the Population LES and those returning data as well as no of practice contacts for support on prevalence and coverage shown below.

	Qtr 4 09/10	Qtr 1 10/11		Qtr 2 10/11		Qtr 3 10/11		Qtr 4 2010/11	
		WE 6/06	WE 13/06	WE 20/06	WE 27/06	WE 04/07	WE 11/07		
% of practices signed up to the LES	previous Health of Pop LES = 86%	n/a	n/a	LMC feedback on LES due 18/06/10	LES being issued Fri 25th	13.89%	38.89%		
Plan		0	0	0	0	45%	50%		
Number of practices submitting Data (LES/extract/other)	Previous = 96%	n/a	n/a	LMC feedback on LES due 18/06/10	LES being issued Fri 25th	6.94%	29%		
Plan		0	0	0	0	60%	70%		
Number of practices contacted to support prevalence and coverage		2	2	2	2	2	2		
Planned number of practices to be contacted to support prevalence and coverage		2	2	2	2	2	2		
Variance from Plan		0	0	0	0	0	0		

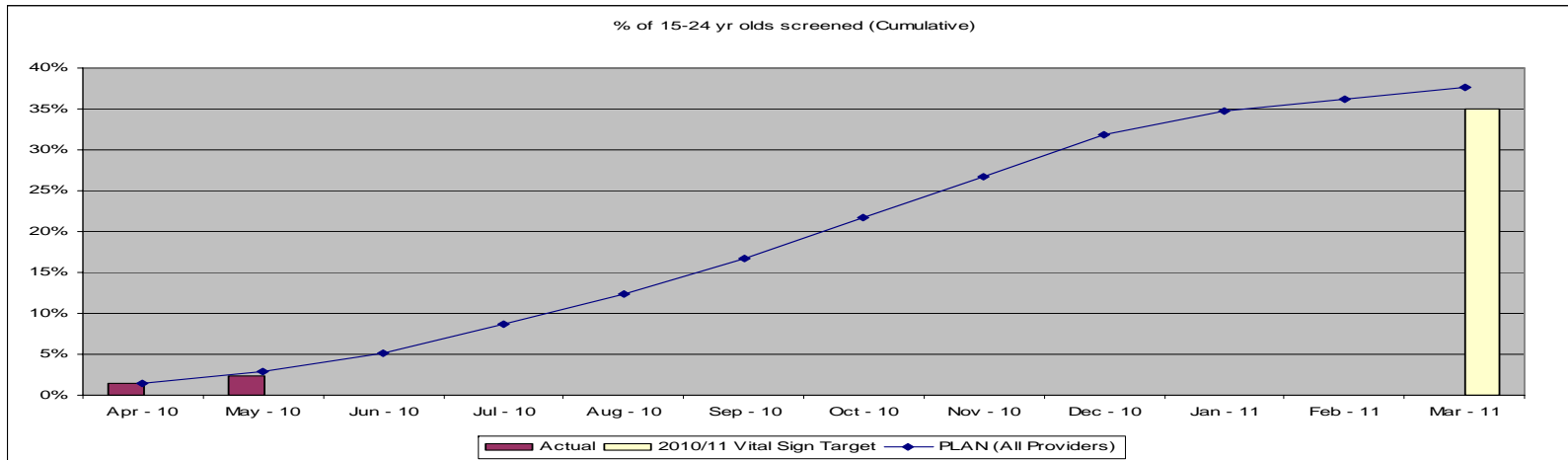
## Problem drug misusers retained in treatment



- We have assumed there are currently 946 problem drug users in effective treatment as at June 10. This has been calculated using a baseline (December's figure) and adding the weekly number of new treatment journeys (as reported to NHS Brent by providers), and applying an estimated % of those leaving treatment in a planned (2.7%) and unplanned (15%) way.
- Weekly meetings with providers is taking place regularly along with monitoring them against their targets for new treatment journeys as presented below.

Provider Agency	May-10				Jun-10					
	Weekly Plan	W/E 09/05	W/E 16/05	W/E 23/05	W/E 30/05	Weekly Plan	W/E 06/06	W/E 13/06	W/E 20/06	W/E 27/06
ADDACTION	4	2	2	3	2	5	1	3	2	10
THE JUNCTION	4	2	0	3	5	5	3	2	5	7
WDP	2	4	6	5	3	2	2	2	6	15
CRI	2	2	1	3	3	2	3	1	2	0
EACH	1	0	4	0	1	1	0	0	1	4
BHCC	1	1	2	2	0	2	0	0	0	0
SMP	3	1	2	1	0	4	4	3	3	1
<b>TOTAL</b>	<b>17</b>	<b>12</b>	<b>17</b>	<b>18</b>	<b>14</b>	<b>20</b>	<b>13</b>	<b>11</b>	<b>19</b>	<b>37</b>

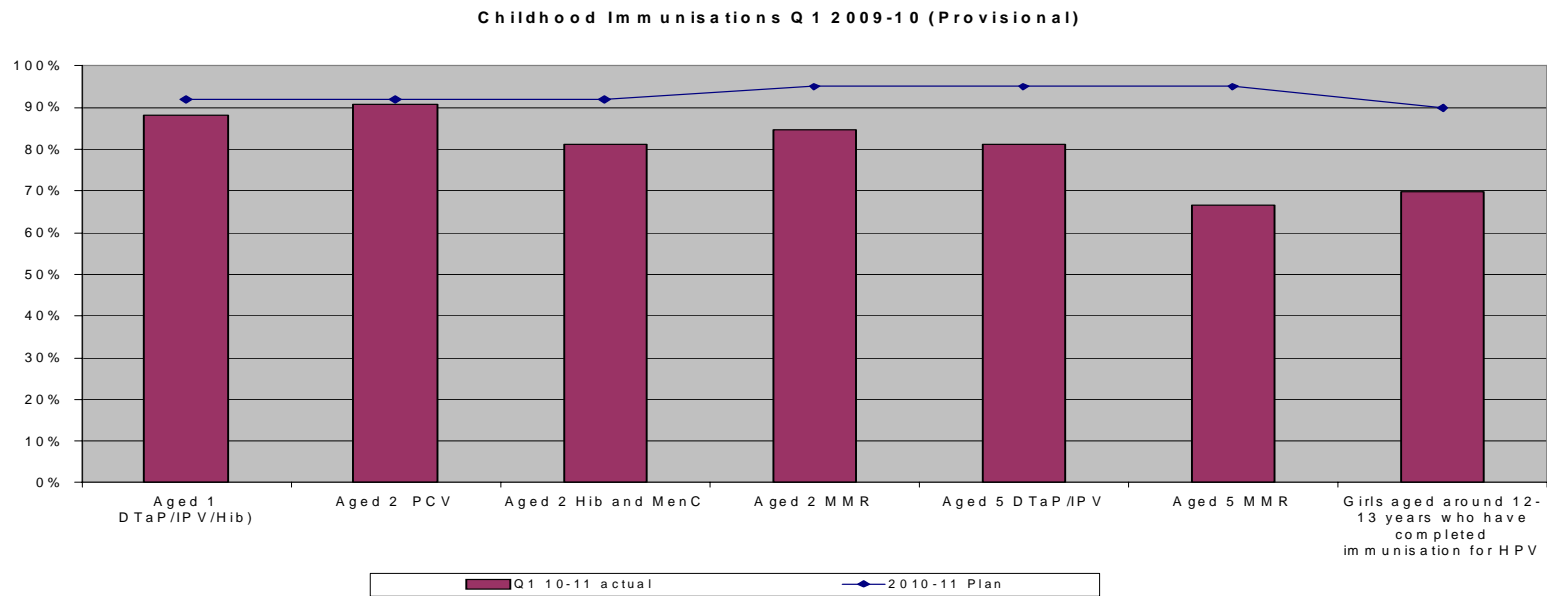
## Chlamydia screening- NWLH screens only



- YTD May performance suggests that 2.4% of 15-24 yrs olds have been screened for Chlamydia against a target of 2.92%.
- Monthly data is being collected from providers and monitored against their monthly targets as shown below.

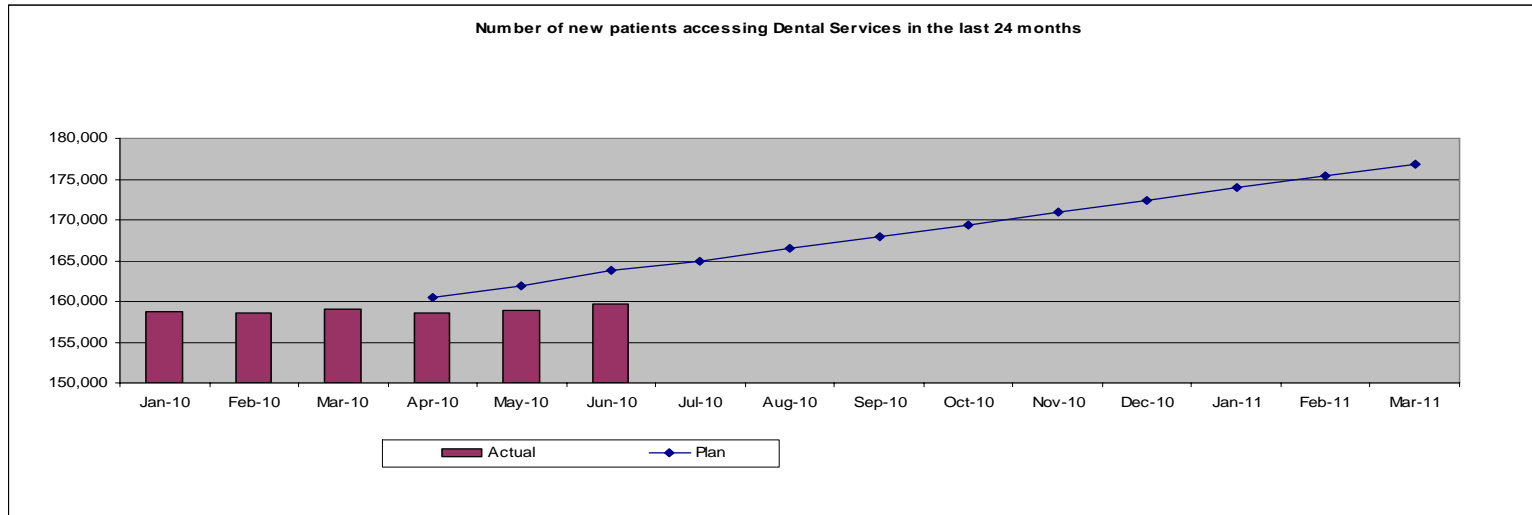
Year to Date Performance by provider	Apr 10	May 10	Year to Date Actual	Year to Date Plan	Year to Date Variance	% of YTD Plan Achieved
GP LES	319	202	521	834	-313	62.5%
Pharmacy Les	12	16	28	100	-72	28.0%
Contraceptive Service	25	15	40	84	-44	47.6%
Maternity	4	10	14	16	-2	87.5%
Mail Out	0	0	0	0	0	
Outreach	84	80	164	0	164	
Harrow	50	32	82	0	82	
Other	0	2	2	0	2	
<b>Total</b>	<b>494</b>	<b>357</b>	<b>851</b>	<b>1,034</b>	<b>-183</b>	<b>82.3%</b>

# Childhood Immunisations

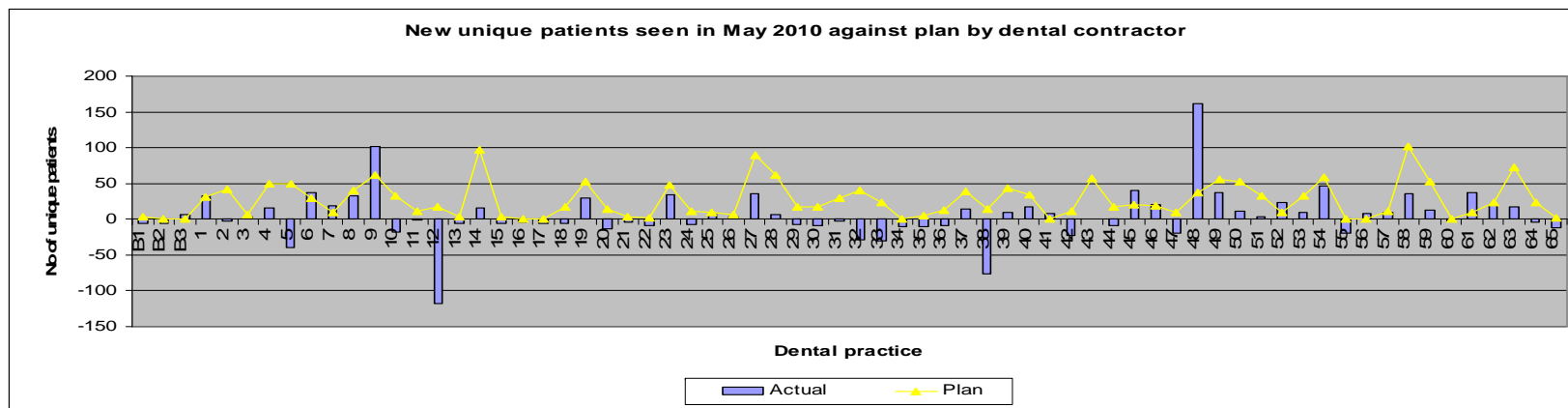


- Q1 10-11 immunisation rates are provisional due to a large unregistered population which is currently being validated.

## Access to Dental Services



- Current performance as at June 10 is 159,666 people accessing dental services in the last 24 months against a plan of 163,741.
- Monthly monitoring of dental contractors against their target is done on a regular basis with follow up telephone contacts for underperformers.



## Access to Primary Care and Patient Experience

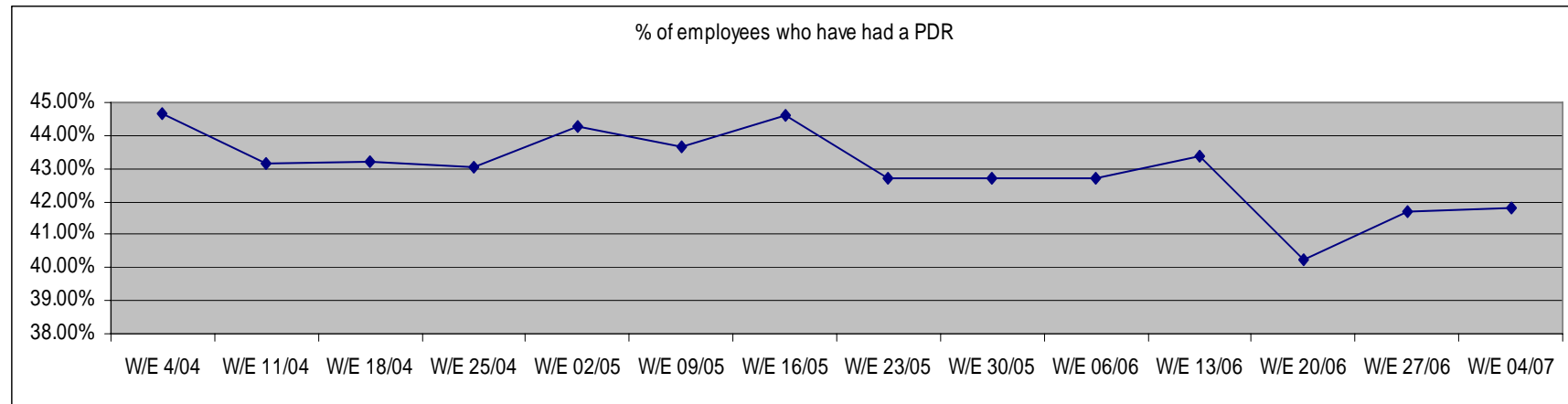
	Actual				July	Variance from Plan	Plan								
	July '10						Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11
	W/E 04/07	W/E 11/07	W/E 18/07	W/E 25/07			W/E 04/07								
Signed up to programme	67				71	-4	71	71	71	71	71	71	71	71	
Agreed Development Plans	2				2	0	0	26	71						
Demand Study started	29				71	-42	71	71	71	71	71	71	71	71	
Capacity Study done	36				71	-35	71	71	71	71	71	71	71	71	
DNA rates	20				71	-51	71	71	71	71	71	71	71	71	
Telephone report	0				71	-71	Issue is practices have to pay for the report, have had discussions with practice, expect to start fr								
Demand & capacity Completed	6				5	1	0	46	71	71	71	71	71	71	
Extended Hours	61				59	2			71	71	71	71	71	71	

### KPIs for practices engaged in access transformation programme:

Practices engaged in Access Transformation Programme												
Demand and Capacity	April '10	May '10	June '10	July '10	Aug '10	Sept '10	Oct '10	Nov '10	Dec '10	Jan '11	Feb '11	March '11
72+ appointments per 1000 patients available		5/24	7/24									
Average appts per 1000					100% of 71 by end August							
Able to book 4 weeks in advance		9/56	9/56									
Able to answer telephone in 5 rings			51/71									
Open 45hrs + per week		49	49		71 by 1st August							
<b>IT innovations</b>												
SMS messaging		4/71	11/71		100% of 71 by 18th July							
Practice website		4/71	14/71									
On-line Booking / scripts		3/71	3/71				100% of 71 by 26th September					
Life Channel / Info screens		7/71	13/71									
<b>Patient Experience</b>												
Real Time patient experience mirror workshop		n/a	6/71		Start 4th July							
Patient Participation Group							50% of 71 by end September					
Customer service training modules		16	16			Aug '10						
GP/Nurse consultations refresher course						Sept '10						
Standard telephone message					100% of 71 by 27th June							
OOH Voice mail message quality					100% of 71 by 27th June							
OOH Poster visible		6										
NHS Choices updated by practice					100% of 71 by July '10							

## Staff Satisfaction

### NHS Brent Staff only



Includes only staff who have been employed for 12 months and have had a PDR in the last 12 months. The target is 100% by 1<sup>st</sup> October 2010

	Apr-10	May-10
Sickness rate	2.61%	2.57%
Vacancy rate	9.77%	6.91%
Long term employees leaving rate	0.00%	0.00%
Turnover rate	20.22%	20.77%
Greivances Opened	1	-

The OD plan has specific actions to improve the staff satisfaction score. These actions are concentrated in a few areas which are known to be related to the staff satisfaction score:

- Communication with senior management: team brief, whole organisation event.
- Team integration: away days across most directorates
- Learning and development: quick bite sessions, L&D strategic group, PDR training for managers
- Staff support: employment proposition including healthy living scheme, employee assistance programme, exit interviews, partners for dignity, staff engagement group

## Health Promotion

### Health promotion progress reporting for June/July

Priority area campaigns	Communication method	Data (where applicable)	Progress
Smoking	Press release		In progress
Smoking	Health Trainers weekly face-to-face, CMH	30 health trainers (varying skill sets)	Complete
Breastfeeding	Baby Show article in The Brent Magazine	Print run of 105,000	Complete
Breastfeeding	Harlesden event	100 face to face	Complete
Breastfeeding	Baby Show	350 people	Complete
Breastfeeding	Poster – at events		Complete
Breastfeeding	Banners at events		Complete
Breastfeeding	Leaflet at events		Complete
Chlamydia	Sexual health leaflets ready for distribution	<i>No longer pursued</i>	Cancelled
Chlamydia	Face-to-face campaigns	300 screens	Complete
Dental	Leaflets ready for distribution	2000 leaflets already distributed	In progress
Dental	Posters distributed to practices	74 A3 posters and 6 A2 posters distributed	Complete
Dental	One page advertisement in Brent Magazine	Calls received in response to advert. Print run of 105,000	Complete
Dental	Banners	Displayed in 26 practices	In progress
Immunisation	Birthday cards to parents designed and being printed		In progress
Immunisation	Marketing campaign		In progress
Immunisation	Leaflet designed		In progress
Maternity	Poster campaign at events		Complete
Chlamydia, Dental, Breastfeeding, Smoking	Respect Festival	500 – 600 attended	Complete
Breastfeeding	Face-to-Face for all campaigns		Complete
Cross-cutting	Life Channel	28 out of 71 signed up	In progress
Maternity	Pregnancy leaflet		In progress

### Health promotion action plan for July/August

- Summer fete 17<sup>th</sup> July at Chalk Hill (Health Trainers working with parents)
- Summer fete 18<sup>th</sup> July at Harlesden
- Dental billboard campaign – 72 locations over Brent over 2 weeks in August
- Pharmacy agreement to support five campaigns over next year
- Smoking Cessation Stalls in Tesco and Asda as ongoing promotional marketing
- In consultation with PBC regarding; Out Of Hours, Telephone Message, Primary Care Services specification for promoting services/access and text messaging.

## Appendix 2: Performance by Indicator

National Priorities	Owner	Annual Plan	Reporting period	Plan	Actual/Current Status
No of C-Difficile infections (Brent registered patients)	PH	147	YTD May 10	26	13
18 week wait -% of admitted patients should have been seen in 18 weeks	SC	90%	YTD May 10	90%	94.67%
18 week wait -% of non-admitted patients should have their RTT clock stopped within 18 weeks	SC	95%	YTD May 10	95%	97.87%
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 May 10	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 May 10	0	1
% of direct access audiology pathways whose RTT clock stopped during the month who waited 18 weeks or less	SC	100%	YTD May-10	100%	100%
18 week Data Quality- Admitted data completeness	SC	80-120%	Apr-10	80-120%	Data available end of Sept 10
18 week Data Quality- Non Admitted data completeness	SC	80-120%	Apr-10	80-120%	Data available end of Sept 10
Satisfaction with telephone access to GP practice (%)	PCCS	87%	Q1 10-11	87%	Data available end of Sept 10
Ability to see GP within 48 hours if wanted (%)	PCCS	89%	Q1 10-11	89%	Data available end of Sept 10
Ability to book GP consultation 3+ days ahead if wanted (%)	PCCS	77%	Q1 10-11	77%	Data available end of Sept 10
Ability to see a specific GP if wanted (%)	PCCS	88%	Q1 10-11	88%	Data available end of Sept 10
Satisfaction with GP practice opening times (%)	PCCS	83%	Q1 10-11	83%	Data available end of Sept 10
Average of five elements of access to primary care	PCCS	85%	Q1 10-11	85%	Data available end of Sept 10
Cancer waits- 31 day standard	SC	96%	YTD May-10	96%	100.00%
Cancer waits- 31 day drug standard	SC	98%	YTD May-10	98%	100.00%
Cancer waits- 31 day surgery standard	SC	94%	YTD May-10	94%	100.00%
Cancer waits- 31 day radiotherapy standard	SC	94%	YTD May-10	94%	100.00%
Cancer waits- 62 day standard	SC	85%	YTD May-10	85%	92.00%
Cancer waits- 62 day screening standard	SC	90%	YTD May-10	90%	100.00%
Cancer waits- 62 day consultant upgrade standard	SC	85%	YTD May-10	85%	100.00%

## Appendix 2 (cont): Performance by Indicator

National Priorities	Owner	Annual Plan	Reporting period	Plan	Actual/Current Status
Cancer waits- 14 day standard	SC	93%	YTD May-10	93%	95.69%
Cancer waits- 14 day Breast Symptom standard	SC	93%	YTD May-10	93%	95.26%
% of people who spend at least 90% of their time on a stroke unit	SC	80%	Q1 10-11	71.1%	Data available end of July 10
% of people who have a TIA who are scanned and treated within 24 hours	SC	60%	Q1 10-11	50%	Data available end of July 10
All age all causes mortality per 100,000 of the population (males)	PH	562	2009	589	Data available Aug 2011
All age all causes mortality per 100,000 of the population (females)	PH	373.0	2009	387.0	Data available Aug 2011
CVD mortality rate (per 100,000 of population aged under 75 years)	PH	73.1	2009	78.3	Data available Aug 2011
Cancer mortality rate (per 100,000 of population aged under 75 years)	PH	94.07	2009	96.16	Data available Aug 2011
4 week smoking quitters with NHS services	PH	2360	YTD June 10	262	114
% 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 10-11	90%	Data available end of July 10
Sexual health - Teenage conception rates	SC	27.8	Q1 2009	27.8	38.7
Percentage of children in Year R with height and weight recorded who are obese.	PCCS	11.0%	2009-10	11.0%	Data available Nov 10
Percentage of children in Year 6 with height and weight recorded who are obese.	PCCS	22.0%	2009-10	22.0%	Data available Nov 10
Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)	PCCS	92%	Q1 10-11 (Provisional)	92%	88%
Immunisation rate for children aged 2 who have been immunised for PCV - (PCV booster)	PCCS	92%	Q1 10-11 (Provisional)	92%	90.80%
Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC booster)	PCCS	92%	Q1 10-11 (Provisional)	92%	81.10%
Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)	PCCS	95%	Q1 10-11 (Provisional)	95%	84.60%
Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) (booster doses)	PCCS	95%	Q1 10-11 (Provisional)	95%	81.10%
Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR) (booster doses)	PCCS	95%	Q1 10-11 (Provisional)	95%	66.50%

## Appendix 2 (cont) : Performance by Indicator

National Priorities	Owner	Annual Plan	Reporting period	Plan	Actual/Current Status
Immunisation rate of 90% for human papilloma virus vaccine for girls aged around 12-13 years <b>(All 3 doses administered from Sept 09)</b>	PCCS	90%	Jun-10	90%	69.80%
Immunisation rate for children aged 13 to 18 who have been immunised with a booster dose of tetanus, diphtheria and polio	PCCS	90%	Apr-10	90%	Data available Aug 10
% of women aged 53-70 yrs screened for breast cancer	SC	70.0%	2009-10	70.0%	Data available Dec 10
% of women aged 25-49 yrs who have received cervical screening in the last 3.5 yrs	SC	80.0%	2009-10	80.0%	Data available Dec 10
% of women aged 50-64 yrs who have received cervical screening in the last 5 yrs	SC	80.0%	2009-10	80.0%	Data available Dec 10
Prevalence: % of infants totally or partially breastfed at 6-8 weeks	SC	76.2%	Q1 10-11	73.1%	Data available end of July 10
Coverage: The number of children with a breastfeeding status recorded as a percentage of all infants due for a 6-8 week check	SC	95.0%	Q1 10-11	92.0%	Data available end of July 10
Has a full range of CAMH services for children and young people with learning disabilities been commissioned for the council area?	SC	4	Q1 10-11	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 10-11	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 10-11	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	4	Q1 10-11	3	3
Percentage of the population aged 15 - 24 screened or tested for chlamydia	SC	35%	YTD May-10	2.92%	2.4%
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	1210	Q1 10-11	1210	Data available end of Sept 10
Patient experience score <b>(PCT survey of primary care services)</b>	PCCS	78	Q1 10-11	78	Data available end of Sept 10
Number of patients receiving NHS primary dental services located within the PCT area within a 24 month period	PCCS	176,882	Jun-10	163,741	159,666
National NHS staff survey: Job Satisfaction	ODHR	3.46	2010-11	3.46	Data available March 11

## Appendix 2 (cont): Performance by Indicator

National Commitments	Owner	Annual Plan	Reporting period	Plan	Actual/Current Status
98% of A&E waits in 4 hours	SC	98%	W/E 27th June 10	95%	98.40%
Sexual health - % of patients accessing GUM clinic within 48 hours	SC	98%	YTD May 10	98%	100%
Delayed transfers of Care (acute and non acute) per 100,000 people aged 18 yrs+	SC	11	Q1 10-11	11	9.50
Category A Ambulance response within 19 mins	SC	95%	YTD May 10	95%	99.4%
Category A Ambulance response within 8 mins	SC	75%	YTD May 10	75%	76.6%
Category B Ambulance response within 19 mins	SC	95%	YTD May 10	95%	91.7%
% offered diabetic retinopathy screening	BCS	95%	Q1 10-11	95%	Data available end of July 10
Number of new cases for early intervention of psychosis	SC	65	Q1 10-11	16	Data available end of July 10
Number of Crisis resolution episodes	SC	869	Q1 10-11	217	Data available end of July 10
Data quality on Ethnic Group	SC	85%	Apr-10	85%	86.0%
<b>Other Corporate Objectives (not included in above)</b>					
New cases of MRSA (Brent registered patients)	PH	12	YTD May 10	2	1
% of TB cases whose treatment was completed	PH	85%	Q1 10-11	85%	Data available end of Sept10
% of Adults and older people receiving direct payments and/or individual budgets	SC	20%	Q1 10-11	20%	Data available end of July 10
Percentage of Carers receiving a 'carer's break' or a specific carer's service	SC	24.6%	Q1 10-11	24.90%	Data available end of July 10
% of diabetic patients with HbA1c of 7 or less (DM 23)	PCCS	68%	Jun-10	68%	23.6%
% of deaths occurring at home or hospice	SC	19%	Jan to March 10	19%	15.2%
% of patients in mixed sex accommodation	SC	10%	2010-11	10%	Data available March 11

**Key:**

SC - Director of Strategic Commissioning

PCCS- Director of Primary Care and Community Commissioning

PH- Director of Public Health

BCS- Brent Community Services

ODHR- Director of Organisation Development and Human Resources