



Panel Report

NHS Brent
9 December 2008

Overview

First, the panel thanks NHS Brent for participating in this round of assessments for World Class Commissioning.

The panel asks the PCT to accept this report in the spirit in which it is intended: a support tool on the journey to world class commissioning and as a considered *perception* of the organisation's strengths and weaknesses based on the insight the PCT itself gave the panel into its commissioning approach.

During our review of NHS Brent, the panel developed an overall impression of the organisation, which is that the PCT has had many successes in the last year following a period of difficulty. The PCT, under the leadership of a new senior management team is on the beginning of a journey of improvement.

The panel feels that the results from the competencies self-assessments match the panel's perceptions during the review. The panel was particularly struck by the focus and progress the PCT has made to improve its reputation and stakeholder engagement. The panel did not, however, see evidence to justify the PCT scores on competencies 4 and 10 and so the panel adjusted scores in these areas.

The panel identified 5 main recommendations that the PCT will need to consider as the PCT positions itself to drive transformation of health and healthcare in Brent.

Commentary

The panel identified 5 major areas for consideration by the PCT at this stage on its journey:

1. The panel recognises that the outcomes selected by the PCT are in line with the needs of the local population

Observation:

The PCT has selected outcomes which will have the greatest impact on health and in areas in which it currently underperforms. Improvements in these areas will make a significant difference in improving the health of the population of Brent

Recommendation:

Please continue to use a robust approach to identifying and addressing key health needs of the population of Brent

2. Given the critical point in its improvement journey, the panel recommends that the PCT articulates its vision in a simple way targeted to key stakeholder groups

Observation:

The PCT is emerging from turnaround after a period of financial and operational distress. It has a new top team which has achieved early successes and has led the creation of ambitious plans for a new organisation, NHS Brent. However the vision as it is currently written does not go far enough to describe the future for which Brent is aiming, for patients, staff, and other stakeholders.

Recommendation:

- Articulate your vision clearly so that staff and the public can understand what it means for them, and their role
- Deliberately spread the vision to key groups, tailoring the messages to each. This is important because the PCT wants to spread the positive culture and energy it has developed in its senior team to the wider organisation and stakeholders

3. The panel recognises the complex collaborative working demanded to improve commissioning over the next few years, and recommends the PCT ensure they assume a leadership role in building these collaborative relationships constructively

Observation:

The PCT states that one of its main aims is to take its stakeholder relationships “to the next level” in the coming year. Outer Northwest London as a sector has not yet agreed collaborative commissioning arrangements.

Recommendation:

- Given the top team the PCT has in place, NHS Brent should take a leadership role in collaborative working
- The PCT should clarify internally what its role is and what it will be with respect to the sector and London-wide groups (specifically with regards to the Hub) to ensure that it does not build capabilities it can get elsewhere

Commentary

4. NHS Brent is emerging from turnaround, and has developed thorough plans, but now the PCT needs to ensure it has the capability and capacity to deliver

Observation: As noted the new senior leadership team have made a lot of progress towards turning around the organisation. However the entire organisation is not yet as strong as the top team. The PCT notes many key capability gaps including analytical skills, procurement skills, and project management. Staff satisfaction ratings are low and turnover is high compared to peers, although improving, they are still an issue. The GP population is ageing with 25% nearing retirement

Recommendation:

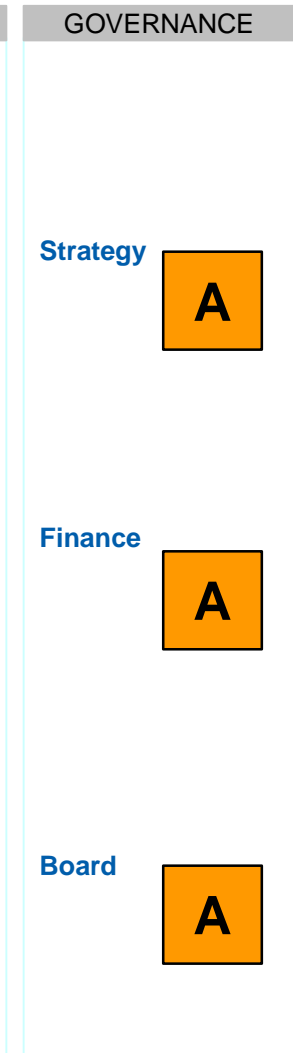
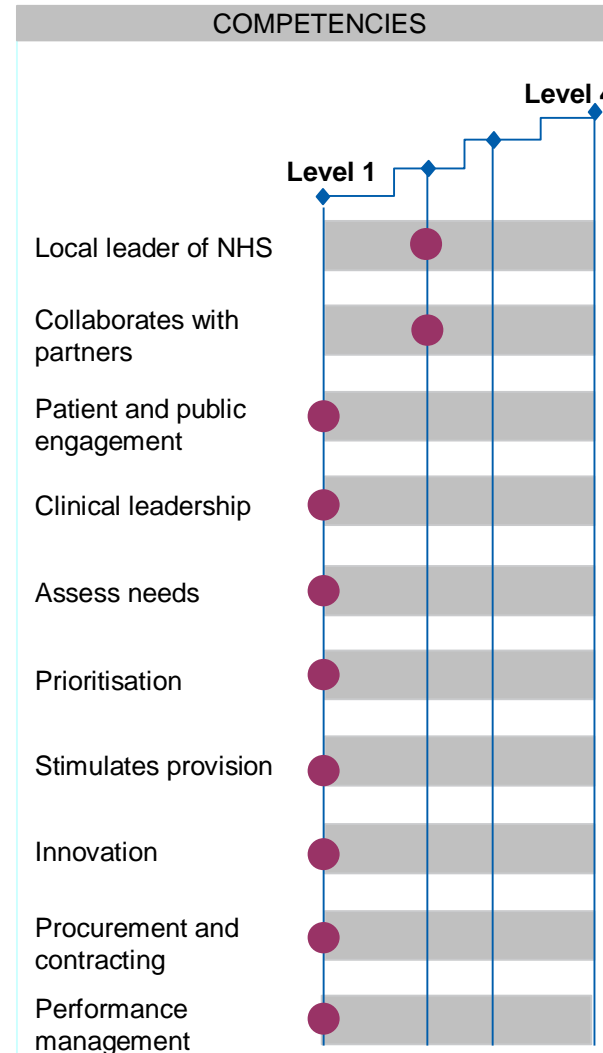
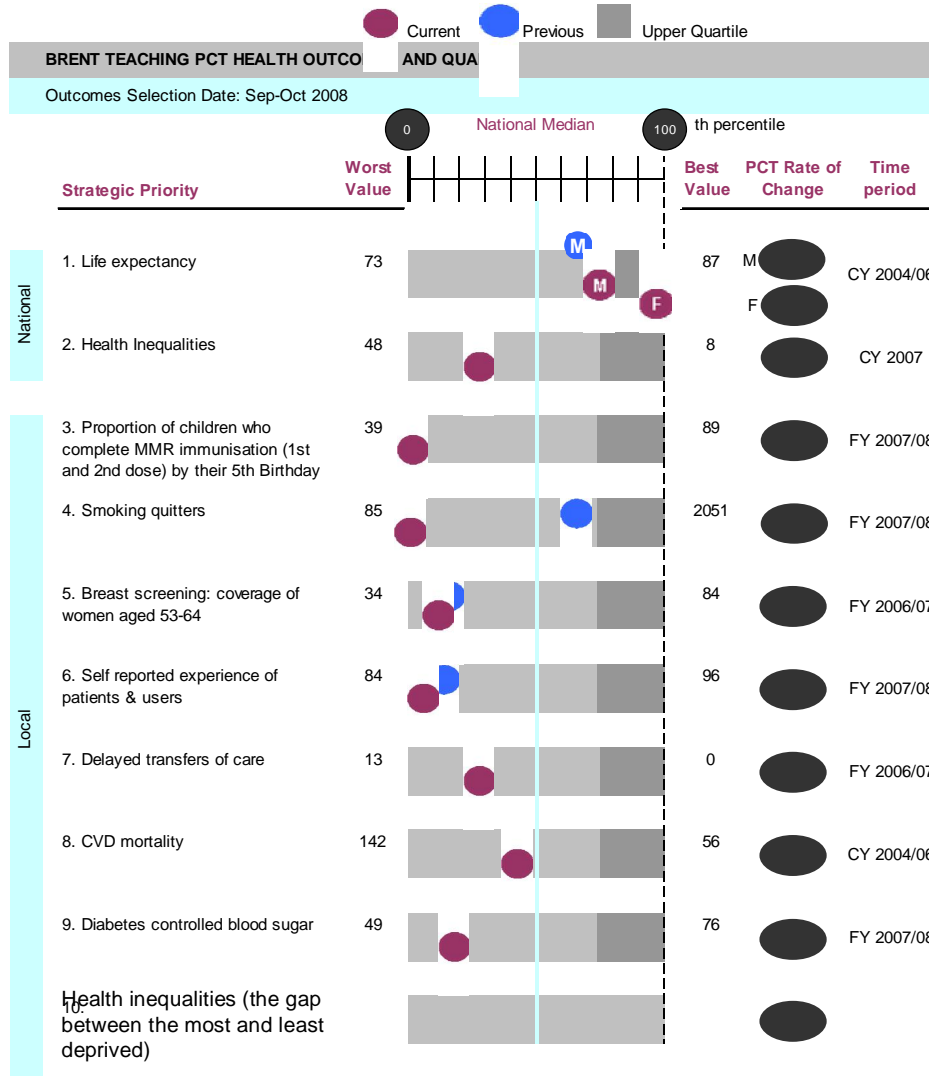
- Ensure that the Executive team has clear accountability and time to ensure delivery of the OD plan once it is approved
- Delineate which capabilities will be bought, shared, and learned and set milestones for demonstrating these
- Continue to work to understand the root causes of staff dissatisfaction and set targets for improvement in these areas
- Ensure a strategy is in place to address the imminent need for GPs

4. There are key gaps in information systems and in the use of information to drive performance improvements

Observation: Positive steps have been taken to improve the gathering and use of information in the acute sector. However the PCT notes that there are key information gaps in mental health and provider services. In mental health no data has been provided for 3 years, and the PCT plans to incorporate data requirements into the new contract. In primary care the PCT has taken positive steps (e.g. primary care scorecards) to gather data, but feedback from GPs suggests more could be done to improve data collection and dissemination

Recommendation:

- Pursue data from the mental health provider urgently
- Build capabilities in information management and analysis to ensure that the data the PCT does have is analysed and put into a format that is easy for stakeholder groups to digest
- Ensure that as the provider side of the organisation becomes business-ready (APO) and is eventually externalised the right information management capabilities are built to ensure success. Ensure that the provider organisation understands it will be commissioned based on quality and activity, unlike the non-contested commissioning of the past



Potential for improvement

Brent PCT is currently on an upwards trajectory. The PCT recently emerged from a financial turnaround. The relatively new top team and Board are focussed on improving the health of the population of Brent. The newly reinvented organisation, NHS Brent, is at a critical point in its improvement journey. In order to continue having success the PCT needs to articulate its vision clearly and simply to key stakeholder groups and to ensure that it now builds/buys/shares the capabilities and capacity most necessary to implement its ambitious plans

Outcomes

Outcomes chosen

Life expectancy

Health inequalities

Proportion of children who complete MMR immunisation by their 5th birthday

Smoking quitters

Breast screening: coverage of women 53-64

Self-reported experience of patients and users

Delayed transfers of care

CVD mortality

Diabetes controlled blood sugar

Health inequalities (locally defined measure*)

Panel observations on outcomes:

- The PCT undertook a robust process to prioritise and select its outcomes, including the engagement of a wide range of stakeholder (from patients to Board to pharmacists)
- There was robust debate and challenge over selection
- Outcomes selected are rooted in the JSNA and other data
- One criteria for selection was potential for impact- progress against these outcomes will mean a real difference in the lives of the people of Brent. Poor performance was also a criteria
- Outcomes are supported by a number of initiatives
- The PCT was able to explain why some outcomes weren't selected but against which much work is being done to drive improvements (e.g. maternity and TB)
- The PCT has set an ambitious target for reducing health inequalities and selected a local metric to enhance transparency
- The PCT explained why delayed transfers of care was selected

Recommendations:

- Ensure there is a process for regularly reviewing progress against targets
- When progress is made link this back to the vision and communicate success to key stakeholder groups
- Pursue performance information for mental health

Overview - Competencies

PCT Self-Assessment

- PCT's Self Assessment
- Panel assessment

Competency	Level 1	Level 2	Level 3	Level 4
1. Locally lead the NHS	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
2. Work with community partners	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
3. Engage with public and patients	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Collaborate with clinicians	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Manage knowledge and assess needs	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Prioritise investment	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Stimulate market	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Promote improvement and innovation	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Secure procurement skills	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Manage the local health system	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overview

- Overall the assessment of the PCT was largely in line with the evidence provided. The process by which competencies were assessed seems thorough. The Board spent a significant amount of time challenging each other and debating
- The panel agreed with 27 of the PCT's 30 self-assessment ratings
- However, the panel found it necessary to adjust the remaining 3 ratings

Competency 1: Panel assessment

● PCT's Self Assessment
 ✓ Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Are recognised as the local leader of the NHS	• Reputation as the 'local leader of the NHS'	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as a change leader for local organisations	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
	• Position as the local healthcare employer of choice	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- NHS Brent has improved their reputation with stakeholders in the last 12 months. However the PCT still needs to improve their reputation as an employer of choice to reduce high turnover rates and fill current vacancies
- Key stakeholders somewhat agree that “the PCT influences decisions and actions”
- The PCT would still like to further improve its relationships with neighbouring PCTs
- Key stakeholders agree that the PCT is seen as a “local leader of the NHS”
- The PCT has developed a communication strategy based on an analysis of its current position and input from internal and external stakeholders

Recommendations going forward:

- Be proactive when working with the Local Authority and other PCTs
- Agree a target for improving employee satisfaction and regularly check progress against set targets
- Develop a strategy for filling imminent GP vacancies with high-quality candidates

Competency 2: Panel assessment

● PCT's Self Assessment
 ✓ Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Work collaboratively with community partners to commission services that optimise health gains and reduce health inequalities	• Creation of Local Area Agreement based on joint needs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Ability to conduct constructive partnerships	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as an active and effective partner	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT was deeply involved in the development of the LAA, and the relationship with the LA has been much improved since the PCT's financial position has stabilised
- The PCT is identified as the lead partner in the delivery of specific LAA targets (e.g. smoking cessation, reducing substance abuse, adult obesity)
- There is evidence that key JSNA issues (e.g. smoking cessation, adult obesity, maternity) are LAA priorities
- A detailed LAA agreement was not provided by the PCT, however the PCT is the lead partner for 5 designated targets out of a total of 38 priority targets. These targets broadly align with the PCT's strategic priorities.
- Key stakeholders somewhat agree that "I think the PCT top management have listened to my organisation and taken on board many of the issues raised"
- The PCT have established a pooled budget with the LA in a single area

Recommendations going forward:

- Continue to extend work on joint commissioning within the sector, and broaden scope beyond current focus on Imperial to maximise benefits of aggregating acute commissioning
- Ensure that new pooled budgets have sound governance arrangements

Competency 3: Panel assessment

● PCT's Self Assessment
 ✓ Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Proactively build continuous and meaningful engagement with the public and patients to shape services and improve health	• Influence on local health opinions and aspirations	✓	○	○	○
	• Public and patient engagement	✓	○	○	○
	• Delivery of patient satisfaction	✓	○	○	○

Rationale for scoring:

- Despite self-assessment at level 1 the panel recognises that the PCT has been taking action to improve in this competency
- NHS Brent is on an upwards trajectory, especially in competency 3b
- Key stakeholders somewhat agree "that the PCT proactively shapes health opinions and aspirations"
- The PCT scores below the SHA and national average on PBC survey questions regarding engagement with the public (33% of respondents feel the PCT "does not engage with the local population")
- The PCT is beginning to develop its ability to influence health decisions through social marketing (e.g. in understanding patient motivations and concerns with smoking cessation and MMR)
- The PCT has performed poorly on "treatment of patients with dignity", and it notes that it will work to understand what is driving this. NHS Brent will have a deliberative event with 100 people to learn more about poor performance on privacy and dignity in the patient survey. The PCT assumes that the issue is a lack of cultural sensitivity, but want to understand more

Recommendations going forward:

- Continue to explore and address root causes of patient satisfaction issues relating to "treatment with dignity"
- Build on its current social marketing work and "market research approach" to gain understanding of and influence target patient segments

Competency 4: Panel assessment

PCT's Self Assessment
 Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Lead continuous and meaningful engagement of all clinicians to inform strategy and drive quality, service design and resource utilisation	• Clinical engagement	<input type="radio"/>			<input type="radio"/>
	• Dissemination of information to support clinical decision making		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as a leader of clinical engagement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- Survey respondents only somewhat agree that “the PCT engages all clinicians to inform and drive strategy, service design, and resource utilisation”
- The PCT gives detail of deep engagement with specific groups (PEC, PBC leads), but does not provide evidence of engaging a wider set of clinicians (e.g. joint engagement with primary and secondary clinicians)
- The PCT states that PBC relationships are much improved over the past year
- Only 7% of GP survey respondents think data provided by the PCT to PBC groups is “fairly good” or “very good” (compared to an SHA average of 39%)

Recommendations going forward:

- Investigate poor survey results regarding the quality of information provided by the PCT to PBC groups
- Ensure that a wider group of clinicians (beyond the PEC and PBC leads) is engaged regularly. Consider using pathway redesign efforts as a forum for engaging a wider set of clinicians

Competency 5: Panel assessment

● PCT's Self Assessment
 ✓ Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements	• Analytical skills and insights	✓	○	○	○
	• Understanding of health needs trends	○	✓	○	○
	• Use of health needs benchmarks	✓	○	○	○

Rationale for scoring:

- The PCT notes that it lacks analytical and informatics capacity and capability, and has made provisions for a £250-750K project to improve in this area
- The health needs of the diverse, highly mobile, often-deprived population are vast, but the PCT seems to have a good grip on these needs. The CSP details a variety of projects that aim to address patient needs. An example of how the PCT demonstrated its understanding is the insights it shared related to changes due to the credit crunch (e.g. the Polish population is returning to their home country for more months per year- this has implications for maternity services)
- Information is inconsistent across sectors and providers and so exhaustive benchmarking is generally not possible (especially in mental health)
- The PCT cites that it has received feedback from GPs that they would like more data analysis from the PCT (e.g. utilisation benchmarking, etc)

Recommendations going forward:

- Ensure that primary care data is analysed and produced in a way that can be easily utilised by clinicians
- Share data with providers (e.g. GPs, clusters) regularly
- Where there is currently no data (mental health, provider services) work with providers to remedy this

Competency 6: Panel assessment

PCT's Self Assessment
 Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Prioritise investment according to local needs, service requirements and the values of the NHS	• Predictive modelling skills and insights		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Prioritisation of investment to improve population's health		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Incorporation of priorities into strategic investment plan	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- The PCT has a strong JSNA to understand local needs, and they supplement this with other information gathering efforts
- The PCT has a formal investment process which calls for project plans, business cases, etc. There is a Business Case Manager who takes staff through the process of business case development to transfer skills, but this is still an area of improvement for staff
- NHS Brent has highlighted a need to develop data management, and expects to harness the Hub, but in the interim will build and buy in resource
- Commissioning staff undertake some modelling (e.g. impact model of CVD in Public Health), but this is not consistent across all Directorates and “turning the model into reality” is identified as a challenge
- The PCT is expecting to be a level 2 in this competency by the end of 2009-10

Recommendations going forward:

- Ensure the PCT understands their role as opposed to the role of other sector and pan-London groups to ensure they are building the capabilities they need to and sharing/buying other capabilities

Competency 7: Panel assessment

● PCT's Self Assessment
 ✓ Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes	• Knowledge of current and future provider capacity	✓	○	○	○
	• Alignment of provider capacity with health needs projections	✓	○	○	○
	• Creation of effective choices for patients	✓	○	○	○

Rationale for scoring:

- The PCT have some understanding of key providers in the landscape
- The PCT would like to improve engagement with the Local Authority on understanding and agreeing provider capacity
- NHS Brent is working with PBC and GPs to align PCT priorities and signal futures areas of change
- The PCT is commissioning a 7-days a week GP-led health centre in Wembley (where the population is relatively poor and diverse and where many GPs are near retirement, have many development needs, and do not participate in PBC) which will serve 13,000 people and where GPs will be incentivised to create services to meet wider patient needs, 20 bids are expected
- For the acute sector, Brent explained how they are addressing performance issues with NWLHT through contract discussions with senior leadership of the organisation (e.g. Programme Board for 18 weeks meets weekly with NWLHT to discuss milestones). Brent have begun a joint strategy review with Harrow PCT
- NHS Brent want to use working with Imperial to enhance the capabilities of their sector, in both acute and primary care
- Many South Brent GPs are interested in new models of care (a group of them has been working on this for 5 years)

Recommendations going forward:

- Agree first internally and then with key partners what the delivery system in Brent will look like in years 1, 3 and 5
- Form a plan for how to meet the imminent need for more GPs

Competency 8: Panel assessment

● PCT's Self Assessment
 ✓ Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration	• Identification of improvement opportunities'	✓	○	○	○
	• Implementation of improvement initiatives	✓	○	○	○
	• Collection of real time quality and outcome information	✓	○	○	○

Rationale for scoring:

- The population is diverse and changing so there are a variety of different patient needs that have been identified
- Patient engagement has allowed the PCT to begin to build an understanding of key issues for priority patients segments
- For example the PCT met with Somali community leaders and Somali mothers (with translators) to understand why this community was not accessing treatment for TB (not aware treatment was available/possible) or vaccinating against MMR. The PCT states that it has a “market research attitude”- if they don’t know something they try to find out
- Brent has agreed with Hillingdon, Harrow, and Ealing to work together on improving care in 4 areas (including immunisation which is an issue). The PCT is also working with Imperial, (which serves 25% of the Brent population). PCT is working closely with Harrow PCT to improve acute care at NWLHT
- There has been limited patient engagement in pathway design to date, so this is an area for development
- The PCT acknowledges that there is much work to be done to improve the quality and use of information in NHS Brent

Recommendations going forward:

- Involve patients in pathway creation and service redesign
- Make better use of PBC clusters and other means (e.g. incentives, penalties, disinvestment, retraining) for improving GP quality

Competency 9: Panel assessment

● PCT's Self Assessment
 ✓ Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Secure procurement skills that ensure robust and viable contracts	• Understanding of providers economics	✓	○	○	○
	• Negotiation of contracts around defined variables	✓	○	○	○
	• Creation of robust contracts based on outcomes	✓	○	○	○

Rationale for scoring:

- The PCT identifies that this is an area in which it has capability gaps. The procurement strategy is in an early phase of development
- The PCT acknowledges it lacks market analysis skills
- NHS Brent does not extensively utilise patient feedback on provider organisations beyond the national patient survey
- One out of the three standard contracts provided included some outcomes and quality metrics for performance monitoring (Community Health Service Contract), no complete acute contract examples were provided
- However all contracts were in place by April 08 and they all included break clauses

Recommendations going forward:

- Delineate how skill gaps in procurement will be addressed e.g. bought (e.g. from the Hub), built, or shared (e.g. through the sector)

Competency 10: Panel assessment

PCT's Self Assessment
 Panel assessment

Competency	Measure	Level 1	Level 2	Level 3	Level 4
Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money	• Use of real time performance information		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Implementation of regular provider performance discussions		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Resolution of ongoing contractual issues		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring:

- Their current information systems give comprehensive monthly activity reports for reviewing acute providers. This is much improved from last year
- For primary care there is some data and progress has been made (introduction of Primary Care scorecard), however the PCT mentioned that they are unable to deal with analysing and presenting primary care data in a way that is useful for providers (e.g. benchmarking utilisation rates, etc)
- There is no data for mental health (where they have not had data for 3 years and contract is being negotiated) and community health services, so there are no data-informed performance conversations in these areas
- There is ongoing work with NWLHT to resolve performance issues (joint review will be undertake with Harrow PCT)
- To date the PCT have used incentives more than penalties for contract management
- NHS Brent is hoping the Hub will support them in taking their analysis “to the next level.” They stated they want to reach level 3 on this competency, and will focus on this area over the next year

Recommendations going forward:

- Ensure a system of routine performance discussions with all types of providers (including mental health and provider services) is specified in contracts and occurs regularly
- Ensure PCT uses contracts to incentivise performance improvement and penalise/disinvest where there is ongoing underperformance

Governance: Panel assessment on Strategy

Overall recommendation on governance:

Articulate the vision in a simple way targeted to key stakeholder groups. Ensure that the Board reviews progress on strategic initiatives and outcomes regularly and considers value for money, measuring both investment and impact on improving health outcomes. Given the point on its journey (emerging from financial turnaround) the PCT must build new organisational capabilities

Assessment	Measure	Red	Amber	Green
	• Vision and objectives	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
	• Initiatives to ensure delivery of strategic objectives	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
	• Consistency of financial plan with the strategy	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
	• Board challenge and ownership of the strategic plan	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
	• Achievement of milestones to date	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>

Rationale for rating:

- There is evidence of a strong and logical link between the health needs of the population, the strategy and initiatives. The imminent challenge for the PCT is delivering on these ambitious plans given limited organisational capacity/capability
- The PCT did not articulate the vision for the future of provision clearly (e.g. what future it is trying to craft 5 years from now)
- Brent has ambitious plans for delivering the strategy articulated. Link between initiatives and health outcomes was not clear
- The ONWL sector is relatively behind in efforts to develop joint working for strengthening commissioning
- There is a need to build capabilities to ensure successful separation of the provider arm
- The Board has played a central role in development of strategy and plans, and exhibits ownership over the PCT's agenda
- Brent has a history of not achieving targets however the Board has plans to ensure it has learned from past performance

Recommendations going forward:

- Tailor description of the vision to key stakeholder groups (e.g. commissioning staff, provider staff, segments of patients) to ensure that people understand what the vision means for them
- Ensure that the Board reviews progress on strategic initiatives and outcomes regularly and considers value for money
- Appoint a Director for provider services and ensure there are clear schemes of delegation and terms of reference in place between the PCT Board and the Provider Board (specifically regarding potential conflicts of interest during the separation process)

Governance: Panel assessment on Finance

Assessment

	Measure	Red	Amber	Green
	• Sustainable financial position	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
	• Historical financial management	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
	• Robustness of planning assumptions	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>

Rationale for rating:

- The new leadership team has led the PCT to emerge from a period of financial distress. The PCT had a deficit position of £25 million in 2006/07
- However sustainability of the financial position will become clearer in the next few years as the PCT begins to operate with stable finances
- NHS Brent forecasts a £12.5 million surplus at the end of this year, however it is unclear how this will be spent
- The PCT’s financial submissions did not offer clear explanation of assumptions
- The PCT is confident that their ALE rating will improve from a 1 to a 2 this year
- The PCT’s projection for elective elderly care (-13.9%) is not in line with Healthcare for London growth projections (around 4%)

Recommendations going forward:

- Revisit the financial plan to ensure underlying assumptions are clearly understood by PCT staff and that explanation of assumptions is included in future submissions
- Clarify the strategy for reinvestment of surpluses this year
- Monitor progress toward expected improvement on the ALE score
- Revisit elective elderly care growth trajectory

Governance: Panel assessment on Board

Assessment	Measure	Red	Amber	Green
	• Organisation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	• Risk	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Performance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Delegation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	• Board interaction	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Rationale for rating:

- The OD plan clearly aligns competency gaps with strategic priorities. There are action plans, budgets, and people identified as responsible. However the panel did not get a sense of how the Board would drive and monitor implementation of the plan
- The ALE score for internal control (a measure of risk management) is 1
- The PCT does not yet have timely and accurate data from all providers. Mental health and provider services are areas in which improvements should be made
- Due to the quality of the information the Board admits to gaps in tracking clinical performance
- The PCT performs as “red” on MRSA and “red” on the SHA safety rating
- The PCT’s relationships with PBC groups have improved over the past year. There is a need to formalise governance arrangements
- The Board membership is entirely different than that of 18 months ago, and the current members appear to have the right capabilities and commitment needed to continue taking the PCT forward on its improvement journey

Recommendations going forward:

- Ensure that the OD plan, once approved, has adequate executive team support to ensure delivery
- Ensure that initiatives in the organisational development plan strengthen PBC delegation arrangements
- Place emphasis on improving information management systems and to embed the use of data to drive performance
- Given the separation of provider services from the commissioning organisation, it is important to agree arrangements and expectations around the way partners (e.g. the Local Authority) will engage with the PCT (e.g. with whom to liaise)

Potential for Improvement Commentary

PCT trajectory

Brent PCT is currently on an upwards trajectory. The PCT recently emerged from a financial turnaround. The relatively new top team and Board are focussed on improving the health of the population of Brent. The newly reinvented organisation, NHS Brent, is at a critical point in its improvement journey. In order to continue having success the PCT needs to articulate its vision clearly and simply to key stakeholder groups and to ensure that it now builds/buys/shares the capabilities and capacity most necessary to implement its ambitious plans. The OD plan has gone along way to articulate this, but the PCT must now ensure that adequate management and Board time is devoted to it

Areas for organisational development

The PCT has a number of key areas for development including:

- Improving information systems and the use of data to drive performance conversations
- Continuing to focus on staff satisfaction and sickness issues, specifically understanding the main drivers of this
- Developing and attracting new GPs to fill the imminent vacancies that will come given the ageing population, and training current GPs to drive improvements
- Spreading the positive culture developed in the top team widely throughout the organisation
- Taking leadership on the development of sector relationships to improve commissioning