

Harrow Primary Care Trust
Performance Improvement Plan

The key role of Primary Care Trusts is to ensure the delivery of high quality, modern, flexible and patient centred services. Members of the PCT Board and Professional Executive Committee have been given the responsibility of leading system wide reform whilst ensuring the delivery of NHS performance targets, clinical quality, financial integrity and the transformation of the patient experience.

1. Goal

The goal to which the PCT aspires is the capacity and capability to consistently deliver high quality services for Harrow residents, through directly provided, contracted and commissioned services.

The aim of this Performance Improvement Plan is to support the PCT's goal and ensure that the NHS Performance Ratings for 2003/4 and the anticipated Commission for Health Improvement Clinical Governance Review demonstrate the achievement of this goal.

2. Performance Rating for 2002/3

The PCT was not awarded any stars in the NHS Performance Ratings for 2002/3. A summary of the results is attached at Appendix A. Two Key Performance Indicators (KPIs) were 'significantly underachieved' – Smoking Cessation and Single Telephone Access - and one 'underachieved' – Financial Management. These accounted for a total score of 14 penalty points. The threshold for one star is 12 points. 11 items of data not available (out of total of 46).

The PCT did however perform consistently well in the two Primary Care Access targets.

3. Development of the Performance Improvement Plan

The Performance Improvement Plan has been developed within the framework of 'Raising Standards – Improving Performance in the NHS' and has comprised an extensive assessment and diagnostic component, followed by action planning which it is expected will be underpinned by tailored support from the Modernisation Agency in order to drive forward improvement and modernisation.

(a) Assessment and Diagnostic Phase

The PCT has been supported throughout the Assessment and Diagnostic Phase by a team comprising representatives of the Modernisation Agency and the Strategic Health Authority.

- (i) Initial Diagnosis – the initial diagnosis focused on the ‘failed’ targets and understanding how they had failed. There was some time spent trying to better understand how the performance rating system works.

In addition to this, the PCT provided a range of documentary evidence to the Modernisation Agency team for an initial external diagnosis.

- (ii) Key Performance Indicators and Balanced Scorecard – whilst acknowledging the high risk of the 3 failed KPIs, the PCT recognised the need to look at all KPIs and Balanced Scorecard items for 2002/3 and those expected to be added for 2003/4 to clearly understand the rationale underpinning each item and ensure both clear leadership for each and assess the likelihood of achieving in 2003/4, or risk of not achieving and how this risk could be managed.

- (iii) PCT Development Needs Self Assessment Tool – the PCT used the self assessment tool to highlight strengths and weaknesses and develop actions to address these. The self assessment tool is designed to help PCTs undertake a diagnosis of their strategic capacity and capability to meet the demands of a fully reformed NHS and to identify priorities for development and support. It has four main sections:

- Key Issues, which includes
 - Developing Primary and Community Care
 - Improving Health
 - Commissioning Secondary Care
- Governance issues and closely mirrors the CHI process
- Readiness for system reform
- Capacity and capability of the organisation as a whole, including capacity for modernisation

- (iv) 360’ Feedback – the PCT asked the Modernisation Agency to undertake a 360’ feedback exercise to provide a more in-depth diagnosis of the PCT’s performance, as perceived by a wide range of stakeholders. Focus groups or structured interviews were undertaken with the following:
- PCT Board

- PCT Professional Executive Committee
- PCT Management Team
- A diagonal slice from the PCT, including independent contractors
- Voluntary sector representatives
- North West London Hospital Trust Senior Management Team
- Central and North West London Mental Health Trust
- London Borough of Harrow
- North West London SHA Directors
- Brent and Hillingdon PCTs
- External consultants working with the PCT

The feedback from this exercise has been fed into the PCTs action planning.

4. **Action Plan**

(v) Action Plan – the PCT’s action plan is attached at Appendix B. It provides a clear focus for the PCT over the next 6 months and both supports and supplements the PCT’s Corporate Objectives. The action plan focuses on the following key areas:-

- Performance Management
- The 3 ‘failed’ KPIs in 02/03
- Board, PEC and Management Team development
- Leadership development
- Clinical Governance
- Corporate and Organisational development

Whilst the Action Plan appears to be extensive, a lot of the actions have already commenced or are recognised as essential work for this year.

A further piece of work to be undertaken with the action plan is to represent the actions in the McKinsey 7 ‘S’ model, as used by the Modernisation Agency for feedback from the 360° review.

5. **Key Areas of Risk**

Risk assessments have been undertaken for all Key Performance and Balanced Scorecard Indicators. The risk assessments have been undertaken following ‘The Assurance Framework’ and an average risk score identified for each KP and BS indicator – these are shown at Appendix C.

Action plans have been developed for all risk scores of 12 or more and for those containing an individual risk score of 20 or more. The action plans for the 'high risk' KPIs are attached at Appendix D. The key areas of risk in order of highest risk, are:-

KPIs

- Financial Management 16.2
- Total time in A&E 10.7
- Four week smoking quitters 12.75
- Improving Working Lives 12

Balanced Scorecard

- PCT Survey – Clean, comfortable, friendly place to be 16.2
- PCT Survey – Access and waiting 14.4
- Patients complaints procedure 14.3
- PCT Survey – Better information, more choice 12.5
- Delayed transfers of care 12.3
- Emergency admissions (change in rate) 12.2
- Emergency admission to hospital for children with LRT 11.8
- Emergency readmission to hospital following treatment for a fractured hip 11.6
- Primary Care Management – acute conditions 11.2
- A&E emergency admission waits (12 hours) 10.2

6. Working with North West London Hospitals NHS Trust and Central and North West London Mental Health Trust

The PCT is working with NWLHT to ensure optimum benefit from both PIPs and to avoid any adverse consequences from actions taken by either organisation on the other. This is especially relevant to the challenging financial positions of the two organisations and this is being managed through the joint Brent PCT, Harrow PCT and NW London Hospital Trusts Financial Recovery Board.

In addition, there is joint working and Out Patient modernisation and the Emergency Services Collaborative.

There is good partnership working with CNWL Mental Health Trust, especially through the Local Implementation Team.

7. Monitoring and Evaluation

The PCT's PIP is a live document which forms the basis of the PCT's Organisational Development Plan.

Progress towards achieving the KPI and Balanced Scorecard targets will be monitored by the PCT Board at each meeting. Progress on the implementation of the action plan will be reported quarterly and the action plan will be reviewed and updated by the Board, PEC and Management Team every 6 months.

Sue McLellen
Chief Executive
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