



Panel Report

Leeds PCT
2 December 2008

Overview

The panel thanks Leeds PCT for participating in this round of assessments for World Class Commissioning, and for making us so welcome on the panel day and engaging with the panel in an open and constructive way.

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. With regard to the competencies, the panel feels that the results from the self-assessments sometimes did match the panel's perceptions during the assurance test.

During our review of Leeds, the panel developed an overall impression of the organisation, which is that the PCT has established a stable platform to move forward and is now "on the brink" of delivering major improvement for the people of Leeds. The PCT will need to demonstrate this delivery in Year 2 of WCC assurance.

The panel identified 5 over-arching recommendations that the PCT will need to consider as the PCT positions itself to drive transformation of health and healthcare in Leeds. These are set out at the beginning of this report. The report also contains the world class commissioning scorecard, a commentary on the PCT's potential for improvement, observations and recommendations on the outcomes chosen by the PCT, and the panel scores/ratings and recommendations for the 10 world class commissioning competencies and PCT governance.

Commentary

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

1. The panel acknowledge the strength of the PCT's partnerships.

Observation: The panel noted the strength of the PCT's partnership with the LA and LSP. The PCT has also made good progress in developing PBC.

Recommendation: The panel would like to see the PCT build on its relationships to integrate across the boundaries between health and social care where relevant. The PCT should be proud of the progress made in providing unified palliative care to patients and build on it as an example of how to go forward in future.

2. The panel acknowledge the work the PCT has done to develop its strategy.

Observation:

The PCT developed its strategy before world class commissioning and yet through WCC the PCT has evolved it by creating more focus and more ambitious outcomes. However, whilst the PCT was able to clearly articulate how its 10 objectives, 6 priorities and 10 outcomes worked together during the panel day, this framework was not clear in the written strategy. The panel also noted the significant Board involvement in developing the original and refreshed strategy (e.g. choice of outcome metric).

Recommendation: The panel recommend that in communicating the strategy, the PCT should be careful that the messages are clear and precise, and the complexity of the strategy is carefully articulated to avoid confusion.

3. The panel recognises the challenges the PCT had addressed over the past 2 years and highlighted the perception that executing the strategy will be equally, if not more, challenging.

Observation: The panel noted that the PCT had faced considerable challenges including the merger of 5 very separate organisations into 1, forming a new executive team, addressing some significant performance issues and high profile work around children's services, as well as creating the space to develop its strategy.

Recommendation: Implementing the strategy to deliver the outcomes will likely require a different pace of organisation change, culture and internal transparency than the PCT has experienced before. The panel noted that continuing to develop the top team and rest of the organisation's staff through training and development programmes is very important. The PCT should recognise the need for increased and effective communication across the Director level and below. The PCT executive team should be very clear on both accountabilities and collaboration in adding the programme management approach to their existing structure.

Commentary

4. The panel noted the improved relationship with the PCT's main provider but highlighted the need for the PCT to ensure continuing alignment of strategies and also to develop other providers in the market.

Observation: The panel heard about the work the PCT is doing to get stronger alignment of its strategy and programmes with LTHT. This appears to be bearing fruit. However this improved alignment needs to be developed and sustained. The panel were also impressed with the way the PCT have progressed with primary care through PBC, not just around services but commissioning for outcomes. The panel was impressed by the PCT's engagement agenda within primary care but noted that there was still a lot of work to do, particularly with engaging the secondary care clinicians at LTHT on a systematic basis. The panel also noted the work the PCT has initiated on market management; for example market review, market tests and some work looking at the independent sector. However the panel noted that the PCT did not yet have a clear map of where this is going in the next 3-5 years.

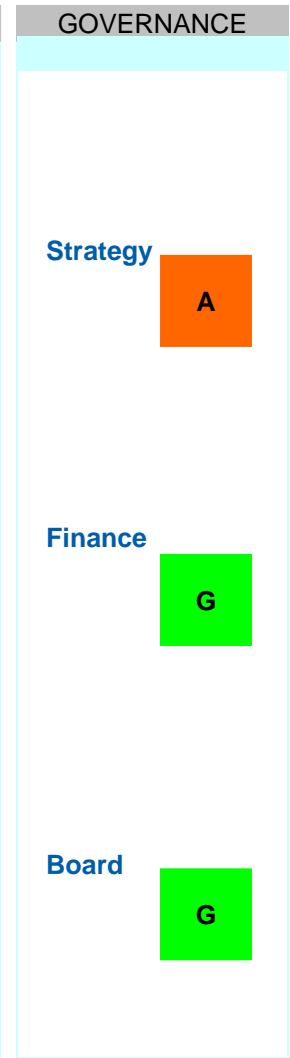
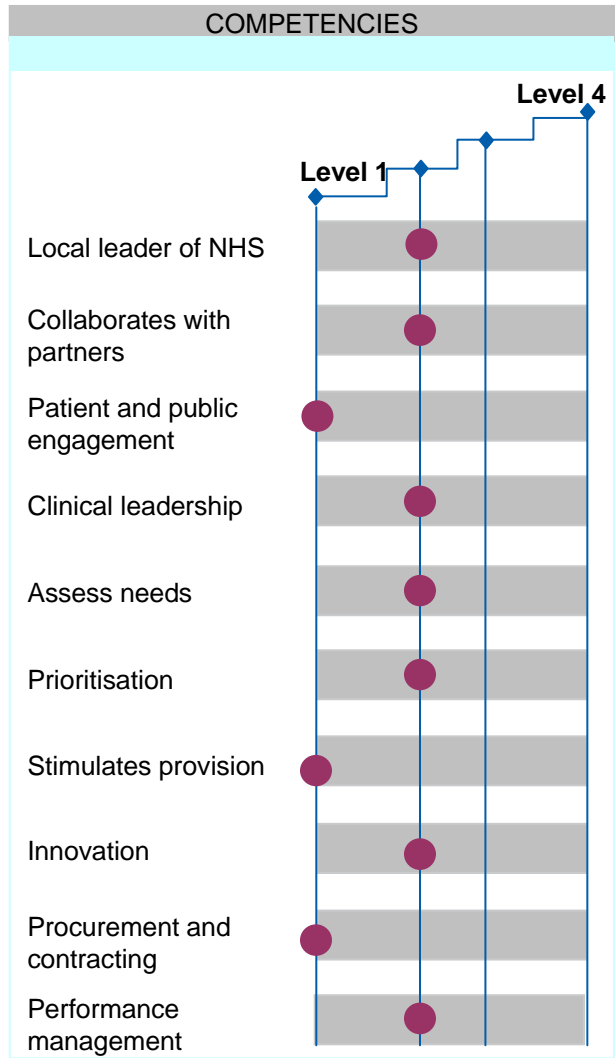
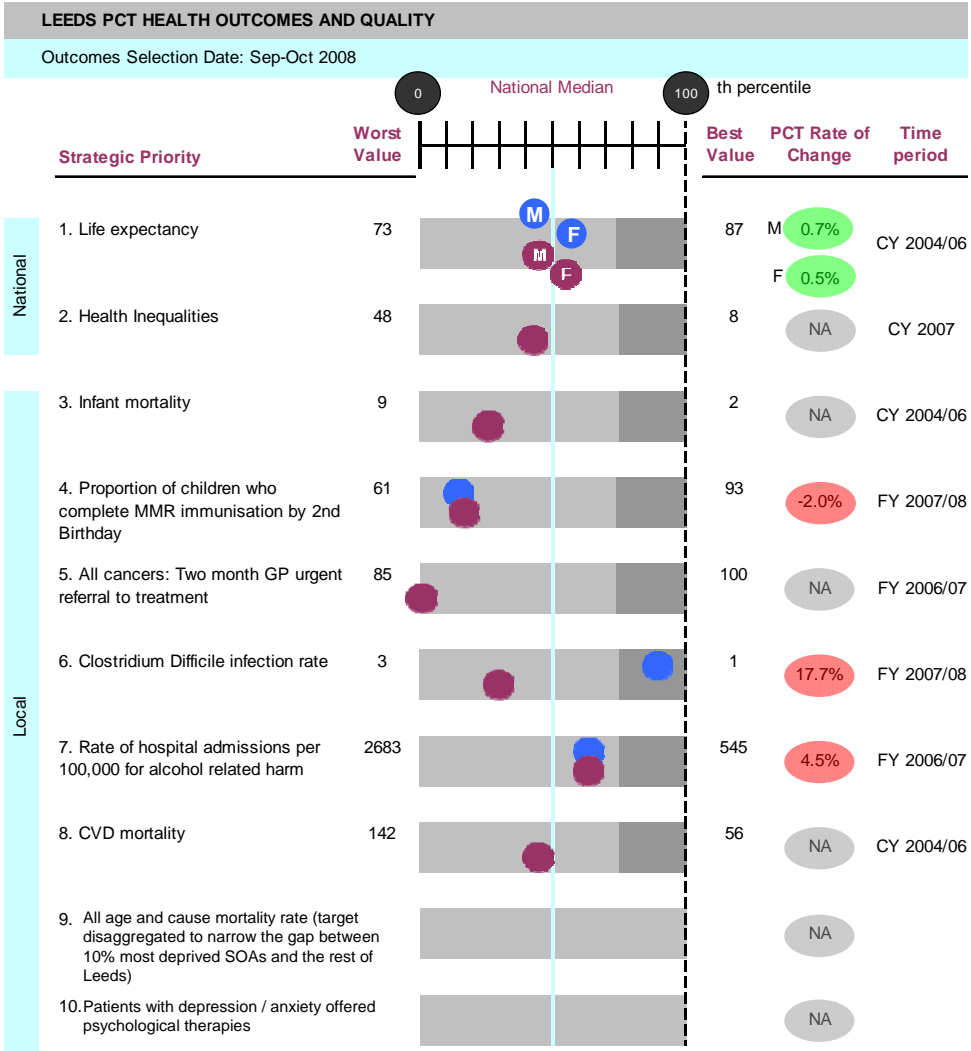
Recommendation: The panel noted one of the risks of going forward with arms-length arrangements for the PCT's provider arm was that this may create uncertainty for one of the core groups of staff on whom the PCT's strategy will rely, and the PCT will need to manage this. The PCT will need to spend time and effort building strong commissioning relationships with the provider arm (and also the MH trust) not just LTHT. The PCT should also build relationships with other primary and secondary care providers (e.g. social sector, independent sector, neighbouring trusts). The PCT should endeavour to map where it is going with market management.

5. The panel noted that the PCT has now built a stable foundation and created a vision; it is now time to implement the strategy.

Observation: The panel heard about the process the PCT went through to develop its strategy. The panel understands how ambitious some of the plans are and saw some insight to some of the gaps the PCT want to plug (e.g. signing off business plans that include intermediate milestones). The PCT is going in the right direction but needs to keep that momentum moving forward.

Recommendation: The panel recommends that the PCT keep track of who its key comparators are in terms of benchmarking its ambitions over the next 5 years (e.g. other core cities). The PCT should be clear about and keep track of its interim milestones, so that it knows if it is on track for 2013 by 2009. Overall the PCT appears to be going in the right direction; this is now the time to implement the strategy.

● Current ● Previous ■ Upper Quartile



M = Male
F = Female
CY = Calendar Year
FY = Financial Year

Potential for Improvement Commentary

PCT trajectory

- The PCT has a strong vision clearly owned across the Board and senior team.
- It has many of the building blocks in place to deliver its vision but with some gaps still in turning it into action. For example, the PCT highlighted in its own self-assessment the need to develop its predictive modelling skills.
- In addition, the panel saw evidence of some initial work around market management and development which needs to be strengthened.
- In some areas, the PCT has already made progress since its original self-assessment.

Areas for organisational development

- The panel recommends that that PCT look to scale up on a consistent and systematic basis a number of areas where there was some evidence of good practice.
- In particular, the panel would highlight clinical engagement across the piece and patient and public engagement as two areas where a more systematic approach would benefit the PCT, building on some good work to date.
- The panel recommends the PCT looks at how it can embed the programme management approach in all levels of the organisation and keep on-going review of whether this is working effectively.
- The panel recommends the PCT is clear about its interim milestones to track whether it is progressing well towards achieving its ambition.

Outcomes

Outcomes chosen

1. Infant mortality
2. Proportion of children who complete MMR immunisation by their 2nd birthday
3. Percentage of patients receiving their first definitive treatment for cancer within two months of urgent referral for suspected cancer
4. C. Difficile infection rate
5. Rate of hospital admissions per 100,000 for alcohol related harm
6. CVD mortality
7. All age and cause mortality rate (target disaggregated to narrow the gap between 10% most deprived SOAs and the rest of Leeds) (locally defined)
8. Patients with depression/anxiety offered psychological therapies (locally defined)

Panel observations on outcomes

- The 8 priority outcomes chosen by the PCT are reflected within the SP as a sub-set of the 24 key indicators the PCT will use to assess delivery in the PCT's 6 Priority Action Areas. The PCT used criteria to select outcomes but these were not clearly described in the plan. Targets have been set against each key indicator.
- The PCT described the process it went through to select the outcome metrics chosen including current performance, agreements with partners, links to Healthy Ambitions pathways and views from clinicians, the public and patients.
- The panel noted that the Board was involved in discussing and debating the outcome metrics selected through 3 workshops and made changes to the original outcome metrics suggested.
- The PCT involved the public in discussions of Leeds strategy prior to WCC, but not in the choice of outcome metrics.
- The PCT engaged PEC and PBC groups in discussion re. outcome metrics.
- The read across to the LAA was consistent in a number of areas, and the LA partner appears very engaged.
- In terms of the specific outcome metrics chosen the PCT explained that:
 - Infant mortality is an issue for the PCT and was also chosen as an umbrella metric for multiple issues related to child birth including teenage pregnancy, smoking during pregnancy and infant breastfeeding
 - MH was one of the PCT's partner priorities (in LAA as a priority for the City)
 - C. Difficile was selected instead of MRSA because this was seen as a broader goal as it is a community wide issue
- The PCT believes it has prioritised objectives and feels the main issue now will be the pace of delivery.
- The panel note that the PCT are monitoring other metrics as well as world class commissioning outcomes.

Recommendations

- The PCT should determine what level of improvement is needed in each of the metrics with clear milestones.
- The PCT's locally defined metrics will need to be measured and monitored by the PCT.
- Where the PCT have picked an umbrella metric (e.g. infant mortality) the PCT should also continue to monitor the relevant sub-components (e.g. smoking during pregnancy and infant breast feeding).
- For the metrics with a longer term focus (e.g. CVD mortality and AAAC mortality), the PCT should chose the indicators it will use as proxy to monitor progress on a more frequent basis.
- The PCT will also need to monitor other measures to ensure the delivery of the whole strategy (multiple initiatives).

Overview - Competencies

PCT's Self Assessment
 panel assessment

PCT Self-Assessment

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

Topline introduction

- The panel agreed with 18 of the PCT's 30 self-assessment ratings. However, the panel found it necessary to adjust the remaining ratings.
- The panel acknowledges that in many areas where it has adjusted self-assessment ratings, the PCT has made inroads in achieving these competencies.
- The panel also noted areas where the PCT may already be performing above their self assessed capabilities.

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="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Reputation as a change leader for local organisations	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Position as the local healthcare employer of choice	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring

- The PCT has an understanding of its current reputation through feedback surveys and has plans to address issues arising. Examples offered included: 84% positive coverage in media July-Sept; instant rebuttal of negative front page stories; series of campaigns around health issues.
- General stakeholder feedback comments were positive around the PCT's reputation as a change leader for local organisations. Furthermore, the PCT has strategies to improve its influence with local organisations, e.g. Board to Board meetings with 3 main providers, joint strategic commissioning Board.
- The PCT has started initiatives to support leadership and programme management training for staff (also with partners). The PCT scores in line with the SHA average for employee satisfaction in staff surveys. The PCT has refreshed its HR strategy and is focusing on delivering its statutory training and development programmes.

Recommendations going forward

The panel recommends the PCT should:

- Continue its work to align its overarching strategy with partner organisations, especially its main providers.
- Ensure that PDPs are followed up, so that staff receive the training and development agreed.

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 checked="" type="radio"/>		<input type="radio"/>
	• Ability to conduct constructive partnerships	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
	• Reputation as an active and effective partner	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

Rationale for scoring

- The PCT provided evidence that prior to the introduction of JSNA guidance nationally, the PCT and local authority conducted extensive needs assessments. Although the JSNA is currently a work in progress (due to be published in early 2009) the data set is based on existing known data collected by the local authority and PCT, informed by patient and public involvement. A quarterly strategy group assess LAA performance which includes the DPH and PCT Chief Executive.
- The PCT and LA are clearly focused partners, evidenced by engagement in LSP, joint posts, and governance and accountability for shared targets through the LSP. The PCT have worked closely with partners to understand local needs and develop the draft JSNA. There is evidence of a number of shared posts with dual accountability, e.g. children, older people and physical activity.
- Relationships are clearly strong with the LA and the LSP (a beacon partnership) and there is some evidence that the PCT work with the PBC consortia is evolving.

Recommendations going forward

The panel recommends the PCT should:

- Use their experience of commissioning integrated health and social care in a single palliative care organisation to develop other health and social care partnerships, complete the JSNA and work toward understanding the gaps in the current version to develop the next iteration.
- Continue to reinforce the alignment between PBC strategies and plans with the overall PCT strategy and plans.

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	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
	• Public and patient engagement		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Improvement of patient experience		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring

- The PCT provided evidence that it does somewhat affect the health opinions and aspirations of the local population, e.g. teenage pregnancy, childhood obesity and smoking campaigns. The PCT also appears to be making the most of their partnerships with local authorities to engage with the public.
- Whilst the PCT engages the public there was no evidence provided to the panel to show this was continuous or across all programmes. The PCT provides some feedback but it is not systematic and it was not clear what impact this makes on commissioning decisions and outcomes.
- Whilst the PCT was able to provide examples where patient feedback had been investigated (e.g. dental complaints) it was not clear that it was done routinely or systematically.

Recommendations going forward

The panel recommends the PCT should:

- Proactively and systematically be seeking patient and public feedback and inputting this to commissioning and service redesign and planning.
- Demonstrate the impact of their strategies on the general public's health.
- Ensure that partners have a clear link with the PCT in terms of communication and public engagement.

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

- The panel saw evidence of the PCT engaging a broad range of clinicians (including dental and social care) in some specific areas but it was less clear from the evidence provided how Allied Health Professionals, pharmacists, etc. were engaged or how views collected fed back systematically into commissioning decisions.
- Whilst the PCT have a broad range of engagement this appeared at times to be fairly opportunistic and reactive, not universal.
- The PCT has established a PBC Information Forum, and provides regular information to PBCs.
- The PCT was able to evidence a track record of implementing service redesign and involving clinicians, e.g. in diabetes and stroke; however the panel was not clear how embedded it was across all commissioning areas.
- The strategic plan does not detail the extent to which clinicians were involved in developing the strategic plan but the PCT in its self-assessment notes over 100 clinicians from primary and secondary care have been involved in service redesign.

Recommendations going forward

The panel recommends the PCT should:

- Be more systematic and industrialise their approach to clinical engagement crossing all professional disciplines.
- Consider their approach to engaging clinicians who are currently less engaged. The PCT should leverage their existing support of critical redesign efforts into leading redesign in a key area with clinicians that are less involved in the PCT agenda.

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	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
	• Understanding of health needs trends	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
	• Use of health needs benchmarks		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring

- The current draft JSNA builds on a history of detailed analytical assessment of local needs. Although the JSNA currently is “out of sync” with other needs analysis there is clearly a prioritisation built on identified gaps in care and performance. The JSNA includes a detailed analysis at locality level and by level of deprivation.
- Whilst the JSNA is still in draft form, the PCT has collected opinions from the public, patients and clinicians to inform their strategy and prioritise local action.
- The PCT does have a fact based list of priorities and this has been informed by the public and patients (e.g. inclusion of access to psychological therapies in the 10 outcomes list).
- The PCT has a history of publishing health needs assessments, although the panel found no evidence of distributing reports systematically with performance indicators.
- The PCT conducts regular benchmarking, evident through the Core Cities group.
- There is some limited evidence that the PCT disseminates information to the public but it is not clear that this is sufficiently effective and extensive.
- Engagement with area committees is a strength and some good evidence of social marketing was provided.

Recommendations going forward

The panel recommends the PCT should:

- Publish and disseminate health needs data linked to performance, to the public and providers.
- Analyse with partners the PCT’s progress towards identified gaps and in achieving its improvement targets.

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 accept that predictive modelling is a development area for them. However, they do have strategies in place to increase their capacity and capability. The PCT acknowledges the need to develop PBMA.
- Whilst there is no clearly defined and systematic method of prioritisation of investments, there has been attention to local health need and investment to fund improvements. There was no evidence of reallocation of current investment to target areas of need but given the current and historic financial position this seems reasonable. The PCT acknowledged that it needed to develop a systematic investment for health gain prioritisation method.
- The panel did however see some good examples of prioritisation in practice; for example, the PCT has a clear understanding how it prioritises and sequences all its 39 initiatives, (using criteria including the ability to deliver local needs, costs and impact) and its agreed level of investment for each of them. The panel was given examples where the PCT has disinvested out of the acute sector, e.g. redesign of diabetes care to increase treatment in general practice and community settings has enabled the PCT to invest £0.5m in stroke care.
- The PCT had clearly incorporated its priorities into its strategic investment plan.

Recommendations going forward

The panel recommends the PCT should:

- Look to best practice elsewhere to develop its predictive modelling skills and disease based scenario planning.
- Keep developing the PBMA approach as explained and agree a method of prioritising investment for health gain.

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			<input type="radio"/>	<input type="radio"/>
	• Alignment of provider capacity with health needs projections			<input type="radio"/>	<input type="radio"/>
	• Creation of effective choices for patients		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring

- The PCT has spent some time understanding the market in terms of existing providers at a high level, but it has not yet analysed the market with the local authority to identify a full range of providers across NHS, independent and third sector. The SP indicates that in future there will be greater plurality, but does not analyse where provision might come from. The PCT uses some patient experience feedback, e.g. complaints, to gain understanding of services, but not for all providers and it is not systematic. The PCT is planning to undertake a provider analysis in 2009.
- The PCT has used some demand modelling, but this has been largely based on acute care. Furthermore, there is limited evidence that the PCT has mitigation plans for risks around future supply (although it has begun discussions with neighbouring trusts). The activity projections in the financial plan do not yet reflect local needs and trends at a granular level (by disease group).
- There has been some initiative to promote choice for patients, but this is predominantly limited to location and provider. As yet the PCT does not systematically involve patients in the choice offer, e.g. LTC.

Recommendations going forward

The panel recommends the PCT should:

- Produce a market management strategy, including analysis of future provision and clear plan for stimulating the market (linked to strategic priorities).
- Work with patients to create the choice offer, particularly for patients with long term conditions.
- Build clinical leadership and capacity to enable patients to exercise choice, both around choice of provider and choice of pathway.

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	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Implementation of improvement initiatives	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	• Collection of real time quality and outcome information	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rationale for scoring

- The PCT uses benchmarks, primarily around local needs to validate the improvement areas recommended by their clinicians. The PCT views clinical engagement as the key lever for improvement and has experience in multiple clinical pathways improvement work. This PCT performs above average for PBC redesign cases accepted and uses rigor in its business case reviews. The PCT will be extending the new resources it has hired in finance to further support the improvement work.
- The PCT has several examples of improvement work which have had a positive impact on activity based levels, e.g. 40% reduction on outpatient activity for diabetes.
- The panel notes that for monitoring improvement work, the PCT has clinical quality measures with patient experience outcome metrics for their large major provider. They expect to expand this capability, e.g. include in mental health contract from April 2009.

Recommendations going forward

The panel recommends the PCT should:

- Expand the improvement capabilities demonstrated with their GPs and acute care trusts to other provider segments.
- Continue to expand clinical quality and patient experience metric development.

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

- Whilst the panel acknowledges the PCT showed a good grasp of impact of the strategy, and has already started mapping this out jointly with its biggest acute provider, Leeds Teaching Hospitals Trust, the PCT acknowledged they have not yet developed the same level of understanding of their other main providers. Patient experience data is in use and linked to performance levers in acute contracts.
- It is clear there are defined variables of contract negotiation and in this financial year marginal activity variations are already adjusted at full tariff, a powerful PBC incentive. Quality metrics are included where data streams permit (e.g. rehospitalisation rates) but the PCT acknowledge there is more to do on data on outcomes. The negotiation strategy is developed through joint management team meetings with Leeds Teaching Hospitals and it is planned to roll this model out for other providers.
- Outcome measures are not included in all contracts; contracts are currently focused mainly on inputs and processes in line with data limitations.
- The PCT gave good evidence of performance review arrangements with GP contracts, e.g. QOF reviews.

Recommendations going forward

The panel recommends the PCT should:

- Ensure they have a comprehensive approach to an understanding of all providers.
- Include the PCT's strategic outcome targets into the contracts where appropriate.
- Work to improve outcome metrics generally in contracts.

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 type="radio"/>		<input type="radio"/>	<input type="radio"/>

Rationale for scoring

- With the PCT's large major provider and GPs, the PCT has performance data that is collected regularly and discussed with providers monthly. The data is most refined around activity and access measures, and the Leeds Teaching Hospital Trust information has some clinical quality metrics incorporated. The PCT acknowledged that it has spent their past efforts developing their performance review process with Leeds Teaching Hospitals and now needs to move/expand that effort to other providers.
- The PCT has established regular monthly reviews at the CE level with the Leeds Teaching Hospitals since Summer '08, but the PCT acknowledged that monthly data and performance reviews were not yet implemented with its second major provider (Leeds Partnership FT).
- All 3 main contracts submitted as evidence outline dispute and resolution processes with consequences, including termination. The PCT is fully engaged in this area with Leeds Teaching Hospital but acknowledges that they have not expanded to their other trusts.

Recommendations going forward

The panel recommends the PCT should:

- Evaluate the LTH performance monitoring process.
- Subsequently expand the successful parts of the LTH model to apply to all providers.

Governance: Panel assessment on strategy

Overall recommendation on governance

The PCT has the vision, the will and ideas to deliver and now needs to execute the strategy. The PCT needs to demonstrate a track record of delivering the strategy, particularly given the level of ambition. The level of ambition coupled with a relatively short time to deliver, leads us to conclude amber on the strategy. Leeds PCT needs to sustain recent achievements.

Assessment



Measure

Red

Amber

Green

1. Vision and objectives
2. Initiatives to ensure delivery of strategic objectives
3. Consistency of financial plan with the strategy
4. Board challenge and ownership of the strategic plan
5. Achievement of milestones to date

<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Rationale for rating

- The strategic plan has evolved from significant work on a Leeds Strategy previously undertaken by the PCT, and the vision is well articulated. The PCT has undertaken detailed analysis and set priorities for the super output areas, but the panel has a residual concern regarding the need for interim milestones for all initiatives and appropriate levels of financial contingency (which appear to be relatively high).
- The impact of initiatives on health inequalities and outcomes are clear although investment or divestment requirements are not entirely explicit. The PCT is aware of the risks and is focused on appropriate management of these risks including reporting to the Board (all risks scored above a 16). There has been some engagement with public, patients, clinicians and local partners in developing the strategy.
- The financial plan appears to be complete, but the PCT should build further granularity into its future plans. The timelines for investments in initiatives are clear and realistic. The PCT has many things where investment is required, e.g. NPFIT, but not accounted for in strategic initiatives.
- There is evidence that the Board provided regular and robust challenge of the strategic plan through workshops and the panel heard of the debate the Board had on choice of outcomes (e.g. infant mortality vs. teenage pregnancy). The Chair and non-executives can consistently articulate the PCT vision and goals. The Board receives performance scorecards regularly.
- Overall, the panel has assessed the strategy element of governance as Amber. The PCT has a coherent strategy which balances national and local priorities, and addresses the inequalities agenda. However the panel notes that this is subject to trajectories and milestones being signed off by the Board in January. The PCT has had performance issues in the past and good progress needs to be seen in the next year to move towards a green rating.

Recommendations going forward

The panel recommends that the PCT should:

- Simplify and explain link between 10 objectives, 6 priorities, 10 outcomes and the various initiatives.
- Develop trajectories and milestones to demonstrate delivery.

Governance: Panel assessment on Finance

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

Rationale for rating

- The PCT is projecting a surplus for the next 5 years and has shown credible plans to address any significant financial challenges. The panel note that on first sight the PCT could appear cautious, but in discussion the PCT clearly explained the purpose of its contingency (e.g. if an initiative/programme proves more expensive, contingency may be first point of call).
- The PCT has performed well historically and the Board focuses on monitoring key financial metrics.
- The PCT’s assumptions for inflation in 2011/12 and 12/13 are lower than the SHA original suggested minimum. The PCT’s assumption for activity growth is not particularly sophisticated in the financial plan (growth rates are the same across different specialities). Good detailed costs on initiatives do exists though, to build up to SP and Finance model figures. With significant SIF resources coming back to the PCT, in year monitoring of rate of spend vs. rate of release of developments will be important.
- On balance the panel have assessed the PCT as green on finance but noted that the PCT needs to improve the depth of detail of its planning assumptions.

Recommendations going forward:

The panel recommend that the PCT should:

- Analyse the risk of under-spending in the short-term (years 1 & 2) as well as the risk of LTHT over trading.
- Conduct additional disease pathway modelling.

Governance: Panel assessment on Board

Assessment	Measure	Red	Amber	Green
	1. Organisation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	2. Risk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	3. Information	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	4. Performance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	5. Delegation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	6. Board interaction	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Rationale for rating

- The PCT has described its organisational structure, but the panel still had some questions regarding which director was accountable for what; this may also be unclear to external partners. The PCT acknowledged its capability gaps in its self-assessments. In OD plans the PCT acknowledges the need to embed values further. The PCT is using the staff survey to shape next steps.
- In terms of monitoring significant risks the PCT has an ALE Score of 3 for internal control.
- The PCT Board receives monthly reports and gave evidence of acting on the information to make changes e.g. on breast screening performance. Moving to a programme management approach will enable tracking of sub-initiatives once interim milestones have been signed off.
- The PCT is reviewing how it reports to the Board. The PCT tracks performance from providers. The Board is actively addressing disparities in performance e.g. Board to Board with ambulance trust. However there were concerns with issues relating to meeting key targets.
- The PCT described its process for delegation to PBC consortia with “earned autonomy”. The PCT has granted “earned autonomy” for 3 PBC consortia against strict criteria. The Board have adopted SCG delegation (reported back to Board) and the PCT has shared posts and arrangements for joint working with the LA.
- The panel saw evidence and examples of the Board determining strategy, prioritising initiatives and investments. This is predominantly done through workshops.

Recommendations going forward

The panel recommend that the PCT should:

- Embed and understand programme management approach throughout the organisation.
- Clarify organisational structures and accountability, particularly for communication with partners.
- Ensure provider track record on key targets going forward.

Glossary

AAAC	All Age All Causes (Mortality)
ALE	Auditors' Local Evaluation
CE	Chief Executive
CVD	Cardio Vascular Disease
DPH	Director of Public Health
FP	Financial Plan
FT	Foundation Trust
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAA	Local Area Agreement
LSP	Local Strategic Partnership
LTC	Long Term Condition
LTHT /LTH	Leeds Teaching Hospital Trust
MH	Mental Health
MMR	Measles Mumps Rubella
MRSA	Methicillin Resistant Staphylococns Anrens
NPfIT	National Programme for IT
OD	Organisational Development
PBC	Practice Based Commissioning
PBMA	Programme Budgeting Marginal Analysis

PCT	Primary Care Trust
PDP	Personal Development Plan
PEC	Professional Executive Committee
QOF	Quality and Outcomes Framework
SCG	Specialist Commissioning Group
SP	Strategic Plan
WCC	World Class Commissioning