



North West London

Meeting Title	NHS NWL Cluster Board		
Date	26 August 2011		
Agenda Item			
Title of paper	Performance Report – Month 3		
Summary			
This paper reports on the current position to Month 3 on acute trust performance and key actions in addressing performance issues.			
Action required			
The Cluster Board is asked to NOTE the report and actions being taken.			
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Cluster Executive Team			
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North West London

NHS NORTH WEST LONDON MONTH 3 PERFORMANCE REPORT

For the period ending 30 June 2011

Introduction

This report to the NHS North West London Cluster Board provides the current position to Month 3 on acute trust performance and describes the key actions in addressing performance issues. The report covers the following areas:

- Section 1: Financial Performance
- Section 2: Activity and Performance
- Section 3: Operational Performance and Quality
- Section 4: NWL Workforce Dashboard
- Section 5: LAS Performance

The objective of this report is to provide details of the current performance of acute provider trusts and to highlight areas where performance is either sub-optimal or at variance from plan. This report will describe our approach and action taken over the year to Month 3 with further actions planned.

SECTION 1: Financial Performance

1.1 Introduction

This section gives a high level summary of NHS North West London's (NHS NWL's) contract position by trust and by sub-cluster as per the Month 3 information received by the 26 July reporting deadline. A summary of the current status of the application of claims, contract levers and other challenges is also provided.

A more detailed analysis of the key drivers of over performance by trust and actions taken to mitigate the position is provided in Section 2 of this report. PCT summaries by Point of Delivery (POD) and provider are shown at Appendix B.

1.2 Financial Performance by Trust

The Month 3 SLAM reports show a total year to date (YTD) over performance of £10.3m being reported for NHS NWL against 2011/12 contract baseline values, an increase of £4.2m from the £6.1m over performance reported at Month 2. Contract levers and challenges have been rigorously applied, some of which have resulted in credits already reflected in the YTD position. After taking into account outstanding challenges that are still being pursued, the mitigated YTD position is an over performance of £4.6m, representing 1% of the YTD contract values in total.

The most significant over performance after accounting for net challenges is with Ealing Hospital NHS Trust (EHT) £2.2m (8% of contract value), Chelsea & Westminster Hospital NHS Foundation Trust (CW) £1.6m (5%), and North West London Hospitals NHS Trust (NWLHT) £1.0m (2%) as shown in Table A. The remaining trusts are all over performing below 1% of the contract value.

Table A: NHS North-West London Financial Performance by Trust:-

Trust	Total Annual Cost	Total YTD Plan Cost	Total YTD Actual Cost	Total YTD Variance Cost	Total YTD Variance Cost (after net challenges)	Variance Cost (after net challenges)
	£000	£000	£000	£000	£000	%
Chelsea & Westminster Hospital NHS Foundation Trust	136,140	32,810	34,760	1,950	1,586	5%
Ealing Hospital NHS Trust	102,534	25,168	28,195	3,027	2,235	8%
The Hillingdon Hospitals NHS Foundation Trust	139,630	34,164	34,689	525	-102	0%
Imperial College Healthcare NHS Trust	485,057	118,800	119,085	285	-742	-1%
North West London Hospitals NHS Trust	244,728	59,829	63,071	3,242	1,016	2%
Royal Brompton & Harefield NHS Foundation Trust	48,044	12,011	12,064	53	-10	0%
West Middlesex University Hospitals NHS Trust	97,421	24,246	24,534	288	91	0%
Out of Cluster Trusts	247,537	61,231	62,139	908	537	1%
Total	1,501,089	368,258	378,536	10,278	4,611	1%

EHT (£3.0m before net challenges; mitigated YTD position £2.2m – 8% variance).

Key drivers of the over performance include increasing GP referral rates and A&E conversion rates. A total of £792k of credits is expected to date including a credit for readmissions (£212k) and from enforcing an agreed non-PbR marginal rate (£231k). A number of further actions are being undertaken including a wide-ranging counting and coding audit and on going stroke and critical care activity reviews (as the Trust is continuing to charge for more complex cases than would be expected for a hospital of this type). The opening of the Urgent Care Centre (UCC) on the 6 July is expected to have a favourable impact from Month 4 onwards.

CW (£2.0m before net challenges; mitigated YTD position £1.6m – 5% variance)

Over performance can mainly be attributed to critical care (£597k), outpatient first appointments (£382k), day cases (£372k), A&E (£233k) and outpatient procedures (£195k). A total of £364k of credits is expected to date, mainly from the pursuit of automated claims and anticipated credits from planned procedures with thresholds (PPwTs). A review is underway to benchmark the activity profile for critical care activity as the case mix is reflecting a higher acuity than expected.

NWLHT (£3.2m before net challenges; mitigated YTD position £1.0m – 2% variance)

Key drivers of the over performance include an increased complexity in non-elective (NEL) activity, increased elective (EL) activity above plan underpinned by increased GP referrals and outpatient to inpatient conversion rates. In addition, the levels of patients on incomplete pathways has changed significantly from March 2011 to April 2011, which have unexpectedly increased cost pressures against the 2011/12 plan. A total of £2.2m of credits is expected to date, including credits for short stay admissions (£892k) for readmissions (£412k) and for outpatient ratio credits (£317k). A number of further actions are being undertaken including the commissioning of a coding audit on non-elective activity and undertaking further analyses on referral rates.

Other NWL Trusts (£1.1m before net challenges; mitigated YTD position -£762k)

Of the other over performing trusts, The Hillingdon Hospitals NHS Foundation Trust's (THH) over performance of £525k is mainly in critical care (£226k) and A&E activity (£238k). Expected credits of £626k have been identified to date including a breach of the maternity cap (£205k) and an error in pricing of pathology costs (£64k).

Imperial College Healthcare NHS Trust (ICHT) is over performing by £285k before the application of net challenges. This is a significant reduction from the £2.7m over performance reported at Month 2 and is mainly due to a correction of critical care charging. Further credits are expected which will reduce the YTD over performance to an under performance of £742k.

West Middlesex University Hospitals NHS Trust (WMUHT) has moved from an under performance at Month 2 of £198k to an over performance of £288k, which will increase to £443k after a contract adjustment for the transfer of rehabilitation services. After the application of credits due, the YTD over performance will reduce to £91k.

Royal Brompton & Harefield NHS Trust (RBH) is over performing by £53k, but would be under performing if there had not been a change in the accounting treatment of critical care, whereby charges are now raised in month for work in progress (WIP) and not at the point of discharge.

Out of Cluster Trusts (OOC)

Of the 22 contracts in the Out of Cluster (OOC) portfolio, 19 have now been agreed. The final settlement with in year application of metrics is expected to be c.£248m compared to a 2010/11 outturn of £251.8m, representing a 2% reduction on the previous year's outturn.

Table B shows the financial performance by trust. In total, OOC trusts are over performing by £908k, a £2.4m adverse movement from the £1.5m under performance reported at Month 2. This movement is mainly due to changes in the YTD plan values submitted by trusts who have applied seasonal profiling to their contract values, whereas NHS NWL had previously used equal twelfths as an estimate in the absence of actual plans in trust SLAM data. Some of the SLAM reports submitted by OOC trusts at Month 3 still include missing or inaccurate plan figures, and NHS NWL have continued to use equal twelfths as estimates. Therefore a further movement in the YTD plan value will take place in Month 4 as further trusts introduce phased plans, these changes will not affect the overall agreed contract value for 2011/12. No further changes are expected after Month 4.

Table B: Out of Cluster Financial Performance by Trust:-

Trust	Total Annual Cost	Total YTD Plan Cost	Total YTD Actual Cost	Total YTD Variance Cost	Variance Cost
	£000	£000	£000	£000	%
Barnet and Chase Farm Hospital NHS Trust	10,020	2,394	2,410	16	1%
The Barts & The London NHS Trust	8,306	2,049	2,082	33	2%
Great Ormond Street Hospital for Children NHS Trust	14,612	3,502	3,690	188	5%
Guy's and St Thomas' NHS Foundation TRUST	25,227	6,307	6,666	359	6%
Homerton University Hospital NHS Trust	339	84	93	9	11%
King's College Hospital NHS Foundation Trust	5,586	1,397	1,288	-109	0%
Moorfields Eye Hospital NHS Foundation Trust	16,808	4,020	4,186	166	4%
North Middlesex University Hospital NHS Trust	209	60	28	-32	-54%
Royal Free Hampstead NHS Trust	38,299	9,575	9,664	89	1%

Trust	Total Annual Cost	Total YTD Plan Cost	Total YTD Actual Cost	Total YTD Variance Cost	Variance Cost
	£000	£000	£000	£000	%
The Royal Marsden NHS Foundation Trust	9,841	2,460	2,571	111	4%
Royal National Orthopaedic Hospital NHS Trust	12,615	3,154	3,526	373	12%
St George's Healthcare NHS Trust	5,009	1,328	1,108	-220	-17%
The Whittington Hospital NHS Trust	1,961	475	437	-38	-8%
University College London Hospitals NHS Foundation Trust	57,706	14,427	14,134	-293	-2%
Ashford and St Peter's Hospitals NHS Trust	14,846	3,581	3,646	66	2%
Kingston Hospital NHS Trust	2,003	480	462	-19	-4%
East and North Hertfordshire NHS Trust	11,349	2,705	2,917	212	8%
Epson and St Helier University Hospitals NHS Trust	340	85	106	21	25%
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	2,350	582	585	4	1%
Royal Surrey County Hospitals NHS Trust	655	164	215	51	31%
West Hertfordshire Hospitals NHS Trust	9,441	2,400	2,322	-78	-3%
Queen Victoria Hospitals	14	3	£3	-1	-21%
Grand Total	247,537	61,231	62,139	908	1%

After the application of contract levers, claims and financial penalties identified to date, the over performance will reduce to £537k. Raising claims, contract levers and financial penalties is more complex with OOC trusts as the rules of the lead commissioners in other clusters need to be followed. Further detailed analysis is taking place to identify the level and types of challenges that can be applied to each individual trust based on lead commissioner rules.

The most significant over performance in the OOC contracts is with Guy's And St Thomas' NHS Foundation Trust (GSTT) of £359k, Royal National Orthopaedic Hospital NHS Trust (RNOH), 373k and East and North Hertfordshire NHS Trust (ENHT) £212k.

GSTT - The main areas of over performance are critical care at £158K and day cases at £109k. Critical care has seen three long stay patients discharged in Month 3 with a total value of £226k; one patient costing £148k.

RNOH - Significant over performing PODs are outpatient follow-ups of £157k and critical care (£101k).

ENHT - Elective activity represents the main area of over performance at £170k, which is driven by increased activity. The source of referrals is being investigated to identify any changes in referral practice.

1.3 Financial Performance by Sub-Cluster

Table C shows the financial performance by sub-cluster before and after the application of identified net challenges to date. Credits have been attributed to the relevant PCT where this information is available. For other challenges these have been apportioned to PCTs based on contract values.

Table C: Financial Performance by Sub-Cluster

Sub-Cluster/PCT	Total Annual Cost	Total YTD Plan Cost	Total YTD Actual Cost	Total YTD Variance Cost	Total YTD Variance Cost (after net challenges)	Variance Cost (after net challenges)
	£000	£000	£000	£000	£000	%
NHS Brent	237,956	58,355	59,766	1,411	155	0%
NHS Harrow	165,467	40,645	42,393	1,748	779	2%
Brent & Harrow Sub-Cluster Total	403,423	99,000	102,159	3,160	935	1%
NHS Ealing	269,858	66,184	69,883	3,699	2,342	3%
NHS Hillingdon	199,944	49,160	50,086	926	150	0%
NHS Hounslow	186,876	46,110	46,623	514	101	0%
Outer Sub-Cluster Total	656,678	161,454	166,592	5,138	2,437	1%
NHS Hammersmith & Fulham	144,743	35,307	34,949	-358	-615	-2%
NHS Kensington & Chelsea	131,513	32,048	33,071	1,023	707	2%
NHS Westminster	164,733	40,450	41,764	1,315	992	2%
Inner Sub-Cluster Total	440,988	107,805	109,785	1,980	1,084	1%
Grand Total	1,501,089	368,258	378,536	10,278	4,611	1%

Brent and Harrow Sub-Cluster

Brent and Harrow sub-cluster is over performing by £3.2m which reduces to £935k after the application of outstanding challenges. NHS Harrow's performance against its NWLHT contract represents £1.8m of the over performance. NHS Brent's biggest over performance is also against its NWLHT contract by £487k.

Outer Sub-Cluster

The Outer sub-cluster has a reported over performance of £5.1m which reduces to £2.4m after the application of outstanding challenges. Of the reported over performance, NHS Ealing's over performance represents £3.7m of which £2.8m is against EHT.

Inner Sub-Cluster

The Inner sub-cluster has an over performance of £2m which is mainly due to the over performance of £1.5m in the CW contract against NHS Kensington & Chelsea (£654k) and NHS Westminster (£814k). This reduces to £1.1m after the application of net challenges.

Further details on the differential impact on over performance by sub-cluster are given in the detailed trust commentaries in Section 2 of this report.

1.4 Key Contractual Challenges and Claims

Table D below show the summary of key contractual challenges and claims to date against plan by type and by sub-cluster. A total of £41.9m of contractual challenges and claims have been raised of which the expected yield is £13.1m. Of the £13.1m, £7.3m has already been credited in trust SLAM data and a further £5.8m is being pursued.

Table D: Summary of Key Contractual Challenges and Claims Months 1-3 by Sub-Cluster

Sub-Cluster/PCT	YTD Plan	YTD Actual	Average expected yield	Total YTD expected yield	Variance against YTD plan	Value reflected in SLAM	Net challenge
	£000	£000	%	£000	£000	£000	£000
NHS Brent	1,897	5,162	39%	2,022	125	766	1,256
NHS Harrow	1,116	4,056	43%	1,761	645	791	969
Brent & Harrow Sub-Cluster Sub Total	3,013	9,218	41%	3,783	770	1,557	2,226
NHS Ealing	2,060	8,033	34%	2,728	668	1,370	1,358
NHS Hillingdon	1,612	6,425	36%	2,334	722	1,558	776
NHS Hounslow	1,300	4,456	34%	1,518	218	950	568
Outer Sub-Cluster Sub Total	4,972	18,914	35%	6,580	1,607	3,878	2,702
NHS Hammersmith & Fulham	1,013	2,917	35%	1,030	16	774	256
NHS Kensington & Chelsea	741	4,365	19%	817	75	501	316
NHS Westminster	756	3,506	25%	866	110	542	323
Inner Sub-Cluster Sub Total	2,510	10,788	25%	2,712	202	1,817	895
Grand Total	10,495	38,921	34%	13,075	2,579	7,253	5,822

Claims

In Month 3 NHS NWL implemented the new data warehouse for claims management as planned. This process involved two factors that will have had effects on the challenges raised with trusts. Firstly the source of data was changed to a new data warehouse based on the SUS PbR mart. Secondly the query scripts were modified to accommodate the new data warehouse resulting in subtle changes to the queries. One of the reasons for moving to the new data warehouse was to be able to refine the challenge queries to improve the quality of the challenges raised. We will also be progressively changing the claims raised according to PbR rules and contractual changes.

Current estimates of expected yields are based on previous success rates but as the quality of the claims queries improves the rate of yield will be expected to increase going forward. The total value of claims raised will always include a substantial element that will not result in a financial gain, for example those which are intended to improve data quality. For misattributions a zero net gain for in cluster and 3% for out of cluster trusts has been assumed, as there will be further charges for re-attributions.

Contract Levers/KPIs (Sch 3 Part IV)

Contract levers and KPIs include key QIPP lines as well as other Schedule 3 Part IV challenges.

Day case/outpatient ratios are under performing against plan (£317k actual YTD against a plan of £529k). For several trusts a lead in time of 6 months has been given and therefore will not start until October 2011.

Outpatient ratios are performing as expected against plan (£3.6m actual YTD against a plan of £3.6m).

Planned procedures not carried out are on track against plan (£263k actual YTD against a plan of £233k).

Planned procedures with thresholds (PPwTs) are under performing against plan (£1.1m YTD against a plan of £2.1m). This is predominantly because a significant volume of procedures carried out in Months 1 and 2 had received prior approval before 1 April 2011 which NHS NWL agreed to honour. The likely yield has been estimated at 50% across all trusts, except Hillingdon where a 20% yield is forecast due to implementation delays, because of the complexity of setting up the new systems and processes.

Other Challenges

This category of challenges includes readmissions, the non-elective emergency threshold and other individual challenges that have arisen as part of individual trust analyses.

Further work is taking place to assess the impact of readmissions across the whole portfolio as trusts have not implemented this in a consistent way. All trusts will be expected to provide a 25% credit as per the annual figure calculated during the contract negotiation process. NHS NWL are also comparing 11/12 readmissions with 10/11 levels and will be seeking credits for any increase in the level of readmissions compared with last year. A total credit of £805k has been received to date for readmissions and a minimum further credit of £885k is anticipated.

The non elective marginal rate credits received to date are £2.4m against a YTD plan of £2.3m. These funds are collected by NHS London and do not represent any savings to the Cluster.

Further details of other challenges are provided in the trust specific commentaries in Section 2 of this report.

SECTION 2: Activity and performance

2.1 Cluster overview

The preceding finance section describes the current position. This section describes the action taken to control this position. A detailed summary and associated analysis is provided for significantly over performing trusts. A shorter summary position is provided for other trusts.

NHS NWL is robustly applying contractual levers and financial penalties in 2011. The current indicative position is demonstrated by trust for Month 3 and a summary position will be refined as challenges are concluded in subsequent months.

Table A below shows the current level of Cluster over performance by PCT and Point of Delivery (POD). Table B below shows the level of provider over performance by POD.

Table A: Over performance by PCT and POD (Month 3 year to date)

	Accident and Emergency	Community	Critical Care	Daycase	Devices	Direct Access	Elective Excess Bed Days	Elective Inpatients	High Cost Drugs	Non Elective Excess Bed Days	Non Elective Inpatients	Non Elective Short Stay	Other	Outpatient First Attendance	Outpatient Follow Up Attendance	Outpatient Procedures	Regular Day Admissions	Rehab	Renal	Unbundled	Grand Total
NHS Ealing	0.26	0.00	-0.21	1.16	0.01	0.03	-0.13	0.05	0.25	0.00	0.38	0.24	0.63	0.27	0.27	0.58	0.05	0.08	-0.24	0.04	3.70
NHS Harrow	0.20	0.00	-0.11	0.67	0.05	-0.07	-0.02	0.01	0.41	0.07	0.13	0.10	-0.54	0.16	0.36	0.14	0.05	0.00	-0.10	0.22	1.75
NHS Brent	0.12	0.00	-0.56	0.28	0.19	0.02	-0.02	0.04	0.21	-0.18	0.41	0.18	0.15	0.21	0.43	0.10	0.03	-0.01	-0.24	0.07	1.41
NHS Westminster	0.11	0.00	0.50	0.25	0.22	0.09	-0.06	0.01	0.47	-0.07	-0.98	0.49	-0.39	0.08	0.10	0.41	0.08	-0.01	-0.08	0.07	1.31
NHS Kensington & Chelsea	0.16	0.00	0.11	0.39	0.04	-0.02	0.00	0.14	0.21	-0.02	-0.74	0.26	-0.05	0.33	0.04	0.20	0.05	0.01	-0.12	0.03	1.02
NHS Hillingdon	0.22	0.00	0.18	0.34	-0.06	0.01	0.02	-0.25	0.16	0.21	-0.10	0.04	0.27	-0.10	-0.02	0.01	0.00	0.08	-0.11	0.04	0.93
NHS Hounslow	0.04	0.04	0.03	0.34	0.03	0.04	-0.01	-0.20	0.23	-0.09	-0.02	0.14	0.12	0.03	-0.04	0.18	-0.01	-0.16	-0.19	0.03	0.51
NHS Hammersmith & Fulham	0.05	0.00	-0.26	0.35	0.04	0.05	0.06	-0.09	-0.03	0.02	-1.42	0.35	0.17	0.23	-0.04	0.20	0.08	0.01	-0.15	0.01	-0.36
Grand Total	1.15	0.05	-0.32	3.78	0.50	0.14	-0.16	-0.28	1.91	-0.06	-2.35	1.80	0.35	1.21	1.10	1.81	0.34	0.01	-1.22	0.51	10.28

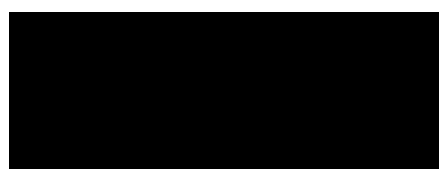


Table B: Over performance by provider and POD (Month 3 year to date)

	Accident and Emergency	Community	Critical Care	Daycase	Devices	Direct Access	Elective Excess Bed Days	Elective Inpatients	High Cost Drugs	Non Elective Excess Bed Days	Non Elective Inpatients	Non Elective Short Stay	Other	Outpatient First Attendance	Outpatient Follow Up Attendance	Outpatient Procedures	Regular Day Admissions	Rehab	Renal	Unbundled	Grand Total
North West London Hospitals NHS Trust	0.07	0.00	0.13	0.61	-0.01	-0.05	-0.01	0.36	0.24	-0.13	1.16	0.12	0.10	0.15	0.67	-0.24	0.00	0.00	0.00	0.09	3.24
Ealing Hospital NHS Trust	0.20	0.00	0.47	0.20	0.00	0.06	0.03	-0.08	0.03	0.14	0.69	-0.03	0.52	0.15	0.15	0.49	0.00	0.00	0.00	0.00	3.03
Chelsea & Westminster Hospital NHS Foundation Trust	0.23	0.00	0.60	0.37	-0.03	-0.02	-0.03	0.14	-0.01	0.19	0.26	-0.02	-0.13	0.38	-0.12	0.20	-0.06	0.00	0.00	0.00	1.95
Out Of Cluster	0.05	0.00	-0.50	0.43	0.55	0.07	-0.12	0.00	1.60	-0.22	-0.58	0.06	-1.48	0.09	0.07	0.57	0.12	0.09	-0.33	0.43	0.91
The Hillingdon Hospital NHS Trust	0.24	0.00	0.23	0.03	0.00	0.01	-0.03	-0.17	0.01	0.07	0.02	0.00	0.32	-0.13	-0.12	-0.02	0.00	0.04	0.00	0.00	0.53
West Middlesex University Trust Hospital	0.01	0.03	-0.12	0.40	-0.02	0.00	-0.01	-0.17	0.01	-0.16	0.27	0.00	0.17	-0.04	0.00	0.05	0.02	-0.16	0.00	0.00	0.29
Imperial College Healthcare NHS Trust	0.34	0.02	-1.17	1.64	0.06	0.07	0.00	-0.27	0.11	0.00	-4.02	1.67	0.68	0.58	0.40	0.77	0.26	0.03	-0.89	0.00	0.29
Royal Brompton & Harefield NHS Foundation Trust	0.00	0.00	0.05	0.08	-0.04	0.00	0.01	-0.09	-0.08	0.05	-0.15	0.00	0.17	0.02	0.05	-0.02	0.00	0.00	0.00	0.00	0.05
Grand Total	1.15	0.05	-0.32	3.78	0.50	0.14	-0.16	-0.28	1.91	-0.06	-2.35	1.80	0.35	1.21	1.10	1.81	0.34	0.01	-1.22	0.51	10.28



2.2 Trust specific context and actions

2.2.1 North West London Hospitals NHS Trust

Summary Position

North West London Hospitals (NWLHT) is over performing by £3.2m; after mitigating actions, this reduces to £1.0m as demonstrated in Table A:-

Table A: Mitigated Financial Position

SLAM reported financial position: over/-under performance		£3,241,619
Adjustment/challenge	Value (£)	
Automated claims	-99,868	
Contract levers/KPIs (Schedule 3 Part IV)	-1,433,558	
Other challenges	-692,755	
Total adjustments/challenges	-2,226,181	
Revised YTD position after adjustments/challenges:	1,015,438	

Key drivers of this over performance include increased complexity in non-elective (NEL) activity, and increased elective (EL) activity above plan underpinned by increased GP referrals and outpatient to inpatient conversion rates. In addition, the levels of patients on incomplete pathways changed dramatically from March 2011 to April 2011, which have unexpectedly increased cost pressures against the 2011/12 plan.

A number of actions are being taken including the commissioning of a coding audit on non-elective activity, following through on contract queries and challenges as well as undertaking further analyses on referral rates.

Detailed analysis

Tables B and C below provide further detailed analysis of the Month 3 financial position by POD and by sub-cluster:

Table B: Breakdown of Summary Financial Position by POD

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
Non-Elective	- 526	1,336,734	-183	556,709	-343	- 780,025
Elective/Daycase	742	1,140,610	551	623,395	191	- 517,215
OP-FU Credit	11,257	384,695	7,059	221,162	4,198	- 163,532
High Cost Drugs	0	237,331	0	63,033	0	- 174,298
Outpatients	1,393	211,552	1,816	237,024	-423	25,472
Critical Care	-84	129,782	-190	- 91,804	105	- 221,586
Blocks	203	93,165	157	62,851	46	- 30,315
A&E	350	69,632	484	76,660	-134	7,028
Pathology	- 96,686	53,824	-23,408	96,949	-73,278	43,125
Other	670	2,619	341	-14,018	329	- 16,637

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
EL – Excess Bed Days	0	0	-20	- 4,967	20	- 4,967
NEL – Excess Bed Days	0	0	-238	- 44,723	238	- 44,723
Devices	-14	-9,431	-13	- 12,390	-1	- 2,960
Emergency Threshold	0	- 16,535	0	111,885	0	128,420
HN Cancer	-3	- 69,663	-3	- 62,761	0	6,902
Direct Access	-2,871	-105,065	1,368	- 101,287	-1,503	3,779
Unbundled	-1,000	- 217,632	670	- 146,046	-330	71,586
Total	- 86,569	3,241,619	-15,682	1,571,673	- 70,887	-1,669,946

Column three highlights the current extent of the over performance by PoD.

The main areas of over performance continue to be in non-elective/emergency (£1.3m) and electives/day cases (£1.1m). Other areas of significant variance include outpatients (£212k) and outpatient ratio credits (£385k). These reasons for this over performance are covered in more detail in the respective sections below.

Table C: Breakdown of Summary Financial Position by Sub-Cluster

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
NHS Brent	- 38,835	487,128	- 1,898	171,192	- 36,937	- 315,936
NHS Harrow	- 34,259	1,750,712	- 8,231	951,260	- 26,028	- 799,453
Brent & Harrow Sub-Cluster Total	- 73,095	2,237,840	- 10,129	1,122,452	- 62,965	- 1,115,389
NHS Hammersmith & Fulham	- 248	5,399	- 99	12,657	- 148	7,258
NHS Kensington & Chelsea	- 26	32,307	- 16	10,052	- 10	- 22,255
NHS Westminster	- 150	- 42,199	-102	-17,950	- 47	24,249
Inner Sub-Cluster Total	- 423	- 4,493	- 218	4,759	- 205	9,251
NHS Ealing	- 13,381	526,316	- 5,481	172,384	- 7,900	- 353,932
NHS Hillingdon	285	427,298	122	204,465	163	- 222,833
NHS Hounslow	45	54,657	25	67,613	20	12,956
Outer Sub-Cluster Total	- 13,051	1,008,271	- 5,334	444,463	- 7,717	- 563,809
Total	- 86,569	3,241,619	- 15,682	1,571,673	- 70,887	- 1,669,946

Brent and Harrow sub-cluster accounts for two thirds of the over performance, and the remainder is with the Outer sub-cluster. The Inner Sub-cluster is balanced.

Activity variance - The Brent & Harrow Sub-cluster accounts for 84% (45% NHS Brent, 39% NHS Harrow); 15% the Outer sub-cluster (all NHS Ealing).

Cost variance - The Brent & Harrow sub-cluster accounts for 69% (15% NHS Brent, 54% NHS Harrow); 31% the Outer sub-cluster (16% NHS Ealing, 13% NHS Hillingdon, 2% NHS Hounslow).

The differences between the activity and cost variances highlights that the Outer Sub-cluster has a richer case mix (although on much lower volumes) than Brent & Harrow and this is reflected in the cost impact of the variance. This case mix difference is also seen within the Brent and Harrow sub-cluster, where NHS Brent is 45% above activity plan with only a 15% cost variance, NHS Harrow has a 40% variance in activity with a 54% variance against cost. Further work is being undertaken to understand the differential in the rate of overspend between NHS Brent and NHS Harrow and to better understand the detailed reasons for the Outer sub-cluster over performance.

Non elective (NEL)

The headline driver for non-elective in Month 3 is price related. Much of the price change is as a result of changes in case mix with an increased proportion of HRGs coded with complications. Analysis indicates that these HRGs with complications have increased as a proportion of the total from 14% to 19.3% since last year. This trend in complexity of HRG is particularly noticeable in general surgery and general medicine. An audit to validate coding practices will be conducted during September 2011.

Elective/Day cases

The key driver for elective over performance in Month 3 is volume related (£1.0m) rather than price (£126k).

Detailed analysis highlights that the following chapters are contributing the most to the underlying over performance: musculoskeletal (MSK) system (£388k), vascular (£179k) and child & neonate diseases (£162k). A contributory factor to vascular over performance is that a business case has been approved to move vascular work to NWLHT from other NWL trusts, notably THH, EHT and ICHT. The change in patient flows is expected to occur from October 2011; however, it may be that some of this work has already been redirected in advance of this date and further analysis is being undertaken to establish this.

An analysis of the trend in waiting list movement against the 95th percentile (particularly focussing on the incomplete pathways around the financial year boundary) indicates that from November 2010 until the end of March 2011 there was a continuing increase in the movement in the waiting list from 25 weeks to over 32 weeks in March 2011, followed by a reduction back down to 25 weeks in April. This reduction and corresponding treatment of patients has contributed to additional unexpected elective cost pressures in quarter 1.

Outpatients

Overall, at Month 3, new outpatient attendances are over plan by 1.4%; follow ups over plan by 1.6% and outpatient procedures over plan by 2.7%.

Further analysis has indicated that GP referrals into NWLHT by NHS NWL PCTs has increased by 13% when comparing the periods Q1 2010/11 versus Q1 2011/12. This has resulted in an increase in the number of patients seen when comparing the same periods by 7% (MAR data used for analysis). Detailed analysis highlights NHS Harrow and NHS Ealing have referred more patients; 15% and 16% respectively, making the greatest contribution towards this comparative position. A higher number of referrals were made in March 2011, which has also led to increased elective activity during

Months 1 and 2. The higher than expected number of referrals in June 2011 may result in further pressures in elective activity over the coming months, assuming current conversion rates. Further analysis is being undertaken to identify which specialties are being referred most by which localities and practices, normalising for practice list sizes.

Audiological medicine is the most significant contributor (£219k out of 293k) to this over performance and a contract query has been raised with the trust under the application of the code of conduct and a credit is due. The Trust has been advised that they need to provide six months notice for any change in counting and coding, which has a material impact. NHS NWL is undertaking an audit on the coding of this activity on the basis of the materiality of this change and the implications of an increased run rate into the next contracting year.

Further analysis is being undertaken to check that infectious disease outpatients are being appropriately attributed and that no HIV patients are being charged to mainstream commissioners as this is the contracting responsibility of the London Specialist Commissioning Group.

Key Contractual Challenges and Claims

Automated Claims

Yield percentages vary significantly depending on the specific challenge being made. All challenges are estimated to yield an aggregate of 4%, which is calculated based on historic yield percentages (excluding misattributions).

Contract Lever Claims

This category of claim yields the highest in percentage terms as they are based on contract terms or levels of compliance against clinical quality metrics. The breach claims are usually challenged for the month in which they occur. The remainder are reconciled on a cumulative basis depending on the level of non-compliance demonstrated by the Trust. Where the challenge has been reflected in the SLAM, the Trust has already made an adjustment; the net challenge reflects the remaining credits due.

A review has been undertaken on Trust compliance with the maternity 12-week access clinical quality KPI (relates to patients referred before 10 weeks and 6 days). The review found that the trust was compliant and no breaches had occurred during quarter 1.

The day case/outpatient ratio contract lever does not come into force until October 2011. The additional challenge for the outpatient ratio credit not reflected in SLAM relates to the netting off of credits by the Trust across different specialties which is not permissible in the contract.

Other challenges

These challenges represent other technical finance issues where credits are due. Some of the credits have already been reflected and yielded in the SLAM, however, the remainder are outstanding and in progress.

Actions and next steps

- Non-elective - An audit of non-elective activity coding is being commissioned to ensure that the trend in the complexity of cases is accurate and the appropriate tariffs have been applied correctly.
- A&E performance - A performance notice has been issued to the Trust for their failure to meet the A&E targets and the LAS handover targets of less than 60 minutes.

- Audiology - A contract query has been issued to the Trust in relation to the change of coding practice. The increased activity from month 8, 2010/11 to month 3, 2011/12 has been challenged.
- Schedule 3, Part 4 – Non-elective short stays less than four hours - A contract query will be raised to ensure recovery of the full extent of non-compliance in quarter 1. Compliance with quality metrics is not subject to the automated claims timetable.
- Schedule 3, Part 4 – New to follow up ratios – A contract query will be raised to ensure that offsetting of ratios is not done across specialties. The clinical quality metric expressly precludes this practice.

2.2.2 Ealing Hospital NHS Trust

Summary Position

Ealing Hospital (EHT) is over performing by £3.0m; after mitigating actions of £792k this reduces to £2.2m as shown in Table A :-

Table A: Mitigated Financial Position

SLAM reported financial position: over/-under performance		£3,026,832
Adjustment/challenge	Value (£)	
Automated claims	-142,743	
Contract levers/KPIs (Sch 3 Part IV)	-205,416	
Other challenges	-443,397	
Total adjustments/challenges	-791,556	
Revised YTD position after adjustments/challenges:	2,235,276	

Key drivers of this over performance include increasing GP referral rates and A&E conversion rates. A number of actions are being undertaken including a counting and coding audit, on-going critical care and stroke activity reviews, following through on contract queries, the implementation of contract levers for performance non-compliance and routine challenges. The opening of the Urgent Care Centre (UCC) on the 6 July is expected to have a favourable impact from Month 4.

Detailed analysis

Tables B and C below provide further detailed analysis of the Month 3 financial position by POD and by sub-cluster:

Table B: Breakdown of Summary Financial Position by POD

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month activity	Movement from previous month cost (£)
Non Electives	344	661,515	259	580,726	84	80,788
OPROC	2,859	490,422	1,837	317,502	1,022	172,920
Critical Care	163	323,976	90	277,671	73	46,305
OP first & Follow up	1,258	301,273	705	168,266	553	133,008
PPWT	162	288,755	103	182,878	59	105,877
OP Ratio	1,817	237,422	956	111,550	861	125,872
A&E	1,021	203,950	1,114	122,386	-93	81,565
SCBU	232	143,552	253	156,490	-21	-12,939
Non Elective excess bed days	472	139,375	148	58,651	325	80,725
Elective / Daycase	202	125,082	118	41,955	83	83,128
Direct Access	1,033	61,862	254	21,363	779	40,499
Elective excess bed days	98	31,502	53	18,639	45	12,863
Drugs and devices	0	26,628	0	9,351	0	17,277

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month activity	Movement from previous month cost (£)
Counting and coding	0	0	0	0	0	0
Other	0	-8,484	0	647	0	-9,131
Grand Total	9,660	3,026,832	5,889	2,068,075	3,771	958,757

Table C: Breakdown of Summary Financial Position by Sub-Cluster

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
NHS Brent	63	- 2,948	62	- 1,372	2	- 1,576
NHS Harrow	-11	23,981	5	29,415	- 15	5,434
Brent & Harrow Sub-Cluster Total	52	21,033	66	28,043	- 14	- 7,011
NHS Hammersmith & Fulham	208	150,591	71	68,663	137	81,928
NHS Kensington & Chelsea	30	-6,135	11	- 8,881	18	2,746
NHS Westminster	41	- 364	24	1,830	17	- 2,193
Inner Sub-Cluster Total	278	144,093	106	61,612	172	82,481
NHS Ealing	9,204	2,796,405	5,654	1,947,836	3,550	848,569
NHS Hillingdon	-10	59,514	73	68,591	- 83	- 9,077
NHS Hounslow	135	5,787	- 11	38,006	146	43,793
Outer Sub-Cluster Total	9,329	2,861,706	5,716	1,978,420	3,613	883,286
Total	9,660	3,026,832	5,889	2,068,075	3,771	958,757

Although all Cluster PCTs are over performing, NHS Ealing accounts for 89% of the over performance. It is notable that NHS Hammersmith & Fulham is over performing significantly in percentage terms and this is due to significantly more referrals than planned. Further analysis will be undertaken to identify the areas in which this is occurring.

Table D highlights the breakdown by specialty. This report will focus on the key over performing PODs in table B above and the actions being taken to mitigate this over performance.

Table D: Breakdown by Specialty

Specialty	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
General Medicine	154	620,441	52	304,205	206	316,236
T&O	689	513,950	273	274,586	416	239,364
Obstetrics	881	439,201	866	432,405	15	6,796
Paediatrics	1,164	328,361	704	245,825	460	82,536
Critical Care	163	323,976	90	277,671	73	46,305
A&E	1,325	254,348	1,348	206,125	-23	48,224
General Surgery	735	220,935	340	105,774	395	115,161
SCBU	232	143,552	253	156,490	-21	- 12,939
Other	4,317	182,069	2,068	64,995	2,250	117,074
Total	9,660	£3,026,832	5,889	2,068,075	3,771	958,757

Non-elective

Over performance is primarily due to volume rather than price. The key chapters accounting for the majority of the over performance are urinary tract & male reproductive system; respiratory; paediatrics and musculo-skeletal.

Urinary tract infections - There is £198k over performance due to patients continuing to present at the Trust with blocked catheters. There is a community CQUIN in 2011-12 to improve skills in nursing homes and by district nurses, which will help to mitigate this. Meetings will be held with the Integrated Care Organisation (ICO) to triangulate the implications of this continuing adverse performance and any immediate actions that can be taken to hasten an improvement and progress against the CQUIN.

Respiratory - NHS NWL has commissioned an acute CQUIN for COPD, which also includes an element to increase the level of pneumococcal vaccinations to prevent pneumonia-related admissions. It is recognised that this CQUIN will have an impact over time. It has also been identified that, currently, only 18% of these patients are known to community matrons (CMs). Further analysis will be undertaken to ascertain a) the age of patients not known to CMs; b) the average LoS; c) if these patients had previous admissions for a similar condition; and d) if the Trust followed the correct protocol and informed the CM when the patient attended A & E. In addition, NHS NWL will identify the practices for which children are being admitted for both gastro and respiratory illnesses.

The new Urgent Care Centre (UCC) opened on the 6 July and has not yet had an impact on the month 1 to 3 performance. The implementation of the UCC has proceeded as planned and the unit has processed the anticipated volume of patients since opening. The impact of the UCC will be identifiable in the Month 4 performance onwards. Analysis will be undertaken to establish whether the UCC has had the planned impact in reducing the level of NEL admissions. The trend since April 2010 has seen a steady increase in the percentage conversion rate via A&E to inpatient care by 6% from 21% to 27%. The 2011/12 plan assumes an impact by the UCC of 80% during July and August, moving to a 100% impact from September onwards.

In month 3 over performance in critical care is £324k. NHS NWL conducted an audit and found that the Trust had coded to a more complex case mix during month 1 and 2. This has now been adjusted and the reclassification in bed days has resulted in a credit of £76k. EHT's critical care case mix continues to report higher levels of organs supported than would be expected for this category of

hospital and further work is being carried out by the critical care network to audit the Trust's critical care coding processes. Further analysis will be undertaken to identify the key specialties associated with these critical care patients as this may provide an insight into the type and number of organs supported and coded.

Outpatient Procedures

Outpatient procedures have over performed by £490k, of which £344k is volume-related and £146k is related to price. The key contributing chapter is obstetrics and 84% of the total variance is related to ante-natal procedures alone, which were previously charged as an outpatient attendance and are now charged as an outpatient procedure. NHS NWL agreed a contracted financial position with the Trust in relation to counting and coding changes, and the extent to which the change in ante-natal charging is covered by the funding envelope agreed for coding and counting changes is being pursued with the Trust.

Outpatients

New outpatient attendances are above plan by 5%. Follow up attendances are above plan by 4%. Dermatology is the highest over performer and this is likely to be due in part to the decommissioning of a community dermatology service by NHS Ealing.

Analysis highlights that GP referral rates have increased 8% (Quarter 1 2010/11 versus Quarter 1 2011/12). The longer term full year effect trend shows a 5% increase on 2010/11 outturn. This increase will contribute towards driving further demand in 2011/12.

A&E

At month 3 there have been 5% more attendances than the plan and overall case mix is more complex, resulting in a cost pressure of 11%. The impact of the UCC is expected to be reflected from month 4 onwards. Further analysis is planned to check the post UCC impact, including sensitivity testing for case mix.

Key Contractual Challenges and Claims

Automated Claims

Yield percentages vary significantly depending on the specific challenge being made. All challenges are estimated to yield an aggregate of 8%, which is calculated based on historic yield percentages.

Contract Lever Claims

This category of claim yields the highest in percentage terms as they are based on contract terms or levels of compliance against clinical quality metrics. The breach claims are usually challenged for the month in which they occur. The remainder are reconciled on a cumulative basis depending on the level of non-compliance demonstrated by the trust. Where the challenge has been reflected in the SLAM, the Trust has already made an adjustment; the net challenge reflects the remaining credit due.

The day case/out patient ratio contract lever does not commence until October 2011.

Other challenges

These challenges represent other technical finance issues in the way that they are currently being treated or calculated by the trust and credits are due. Some of the credits have already been reflected and yielded in the SLAM, however, the remainder are outstanding and in progress.

Actions

- The Trust is to analyse their respiratory coding to ensure that asthma patients are not incorrectly coded as pneumonia patients
- A detailed analysis is continuing into respiratory spells to identify any trends over the last three years
- NHS NWL and NHS Ealing to confirm that respiratory patients are (a) already known to the community matrons, and (b) for the community matrons to consider any adjustments they may need to make to their patient care plans to avoid future admissions for these patients.
- The NWL Stroke Network has already audited stroke activity and found some irregularities. The implications of the audit are yet to be fully understood.
- An audit has taken place on critical care and while some anomalies have been found and successfully challenged the Critical Care Network has recommended that further work is necessary to ensure robustness of coding. The Critical Care Network is likely to use the learning from this audit to review other critical care services across the Cluster.
- A full independent counting and coding audit has been commissioned and is underway at the Trust. The audit outcomes are expected during September.

2.2.3 Chelsea & Westminster NHS Foundation Trust

Summary Position

At Month 3, the Trust is showing over performance of £1.9m on the contract value of £136m. Contractual challenges identified to date are estimated to have a potential £364k yield, which if successful could reduce over performance at Month 3 to £1.6m as illustrated in Table A.

Table A: Mitigated Financial Position

SLAM reported financial position: over/-under performance	£1,949,696
Adjustment/challenge	Value (£)
Automated claims	- 134,616
Contract levers/KPIs (sch 3 Part IV)	- 229,456
Other challenges	0
Total adjustments/challenges	- 364,072
Revised YTD position after adjustments/challenges:	1,585,624

The Trust over performance is mainly in critical care (£597k) and first outpatients (£382k), day cases (£372k), Non elective (£261k), A&E (£233k) and outpatient procedures (£195k) as shown in Table B.

Table B: Overall position Month 3

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
Critical Care	396	596,258	353	411,935	43	184,323
Outpatient First Attendance	432	382,504	103	218,898	329	163,606
Daycase	310	371,797	212	183,318	98	188,479
Non Elective Inpatients	321	261,435	262	185,506	60	75,929
Accident and Emergency	2,983	232,859	2,209	175,912	773	56,947
Outpatient Procedures	-1,931	195,169	-1,715	53,301	- 215	141,867
Non Elective Excess Bed Days	125	191,686	555	305,894	- 430	- 114,208
Elective Inpatients	-35	136,025	-19	- 32,016	-16	168,042
High Cost Drugs	0	- 8,312			0	- 8,312
Non Elective Short Stay	-27	- 20,111	-45	- 30,993	17	10,882

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
Direct Access	-313	- 24,414	-3,113	- 18,436	2,799	- 5,978
Elective Excess Bed Days	-117	- 26,735	-20	5,276	- 96	- 32,010
Devices	39	- 28,486			39	- 28,486
Regular Day Admissions	-184	- 63,189	-2	- 6,246	-182	- 56,943
Outpatient Follow Up Attendance	2,359	- 120,756	2,844	£8,823	- 485	- 129,579
Other	0	- 126,034	22	-161,426	- 22	35,391
Total	4,358	1,949,696	1,645	1,299,744	2,713	649,952

The over performance by sub-cluster is highest in the Inner NWL sub-cluster at £1.6 million (82% of the total over performance), with NHS Westminster experiencing the highest over performance in value at £814k. NHS Kensington and Chelsea is £654k over plan (Table C).

Table C: Overall position Month 3 by Sub-Cluster

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
NHS Brent	333	30,218	308	-2,511	25	32,729
NHS Harrow	366	113,219	477	136,380	-111	-23,162
Brent & Harrow Sub-Cluster Total	699	143,437	785	133,869	-86	9,567
NHS Kensington & Chelsea	1,863	653,608	-495	395,160	2,358	258,449
NHS Hammersmith & Fulham	1,076	138,619	531	73,429	545	65,190
NHS Westminster	432	813,915	533	637,731	-101	176,184
Inner Sub-Cluster Total	3,371	1,606,143	569	1,106,319	2,802	499,823
NHS Ealing	30	65,073	72	61,086	-42	3,988
NHS Hillingdon	203	44,287	159	5,374	44	38,912
NHS Hounslow	55	90,756	60	-6,904	-5	97,661
Outer Sub-Cluster Total	288	200,117	292	59,556	-3	140,561
Total	4,358	1,949,696	1,645	1,299,744	2,713	649,952

To understand the contributions to the over performance by PCT, Table D indicates the variances above £50k within activity for NHS Westminster, NHS K&C, NHS Harrow and NHS Hounslow. The main contribution to NHS Westminster's over performance is critical care, which is also a large contribution to NHS Kensington and Chelsea's over performance.

For NHS Westminster, outpatients are the fifth highest contribution at £54k over. NHS Kensington and Chelsea, in contrast, has the largest contribution to their over-performance from outpatient first attendances at £238k.

NHS Kensington and Chelsea show an over performance on accident and emergency which reflects their hosting arrangements with the Unscheduled Care Centre (UCC). NHS Hammersmith and Fulham also show an over-performance on the UCC although the PCT is under performing overall. Non elective, non emergency (NELNE) activity is predominantly obstetrics, which is a significant contribution to over performance in NHS Westminster (£66k) and NHS Hounslow (£51k).

NHS Harrow show the impact of the care for two critically ill children, and the slowing of the rate of over performance for NHS Harrow reflects the discharge of these children earlier this year. Whilst the Trust do not expect NHS Harrow to achieve balance by year end, the expectation is that the rate of over performance will continue to slow if no other low volume, high cost patients are admitted.

Table D: Over £50k variance for 4 PCT areas

POD	POD2	Annual Activity	Plan Activity	Actual Activity	Variance Activity	Annual Cost (£)	Plan Cost (£)	Actual Cost (£)	Variance Cost (£)
Westminster									
Critical Care	CC-Adult	278	66	210	144	408,569	97,208	374,497	277,289
Critical care	NICU	332	82	318	236	174,071	43,057	154,230	111,173
Elective Inpatients	EL	735	171	187	16	1,867,972	434,964	531,872	96,908
Other	Adhoc incl. drugs	94,825	23,706	23,706	0	301,196	75,386	142,220	66,833
Non elective	NELNE	1,545	382	443	61	1,754,384	433,571	500,427	66,856
Outpatient First Attendance	OPFAS PCL	22,456	5,389	4,912	-477	3,550,609	831,766	885,816	54,050
Total of over £50k variance Westminster		120,171	29,797	29,776	-21	8,056,801	1,915,952	2,589,061	673,109
Kensington and Chelsea									
Outpatient First Attendance	OPFAS PCL	35,492	8,517	9,238	721	5,955,814	1,372,262	1,610,978	238,715
Daycase	DC	5,451	1,314	1,416	102	4,606,651	1,109,047	1,273,523	164,476
Accident and Emergency	A & E	27,326	6,794	8,513	1,719	2,833,530	704,512	834,591	130,079
Critical Care	CC-Adult	635	151	188	37	1,144,047	274,983	396,414	121,431
	Paediatric HDU	118	27	84	57	139,627	32,598	92,421	59,823
	NICU	592	146	277	131	320,046	79,177	134,345	55,168
Outpatient Procedures	OPPR OC	6,899	1,669	1,002	-667	1,011,051	129,227	182,504	53,277
Regular Day Admissions	RADAY	1,967	476	277	-199	721,354	174,521	122,995	-51,526
Non Elective Inpatients	NEL	4,784	1,214	1,158	-56	11,091,542	2,836,302	2,766,095	-70,207
Total of over £50k variance K&C		83,264	20,310	22,153	1,843	27,823,661	6,712,629	7,413,864	701,235

Harrow									
Non Elective Excess Bed Days	NELXBD	53	13	461	448	23,895	5,908	236,720	230,812
Total of over £50k variance Harrow		53	13	461	448	23,895	5,908	236,720	230,812
Hounslow									
Non Elective Inpatients	NELNE	342	85	104	19	494,040	122,772	174,680	51,908
Elective Inpatients	EL	291	67	64	-3	868,474	199,586	256,736	57,150
Total of over £50K variance Hounslow		633	152	168	16	1,362,514	322,358	431,416	109,058

Detailed Analysis

Critical Care

Critical care is over performing by £596k. In investigating the drivers of the over performance, NHS NWL's analysis has indicated that the case mix for the activity seems to be reflecting a higher acuity than expected. Whilst acuity in case mix does vary, it is being investigated to consider whether the fluctuation is driven by coding and counting changes rather than clinical casemix. The assessment of the contribution of casemix to the over performance is that casemix acuity accounts for £413k of the over performance with only £77k attributed to higher volumes of activity.

Non elective inpatients and excess bed days

Non elective (NEL) excess bed days and NEL inpatient over performance is currently £453k. The largest contribution to the over performance is obstetrics, followed by paediatric gastroenterology. As reported in the Month 2 position, the paediatric gastroenterology is a low volume specialty that had significant cost associated with two critically ill babies in the first two months of the year.

The movement from Month 2 to Month 3 shows that the excess bed day numbers have dropped back closer to plan in the last month. The obstetric activity would reflect the higher number of births than plan as well as the high level of interventions for births.

A change in the coding for the elderly and general medicine PODs has not been reflected in the plan values so the elderly medicine over performance has been adjusted to take this into account. It is still showing a £210k over performance after the adjustment has been taken into account.

Obstetrics

NHS NWL is now seeing an over performance at Month 3 of 142 deliveries against plan compared with 128 in month 2. The slow down in volume would need to be sustained to bring the activity closer to plan. Caesarean sections have over performed by 63 cases which has slowed from 68 YTD over performance in Month 2.

Contract value gap analysis

A contract value gap analysis has been undertaken to understand the impact of the contract value to the expected performance of the Trust. It appears that the contract over performance gained in pace in the fourth quarter of 2010/11. Whilst the final contract value for 2010/11 broadly reflected what commissioners would expect following the application of the contract levers to the value of the

baseline, it did not take account of the increased activity in the latter part of the year which has continued into 2011/12. The gap analysis indicates that the contract may be undervalued by £4m.

Key Contractual Challenges and Claims

The automated claims process was revised for month 3, and NHS NWL will be revoking a large section of challenged GUM activity. This will reduce the claims by approximately £1.4m. The likely yield of £641k takes into account the reduction to the claims and is being reviewed in light of conclusion to the 2010/11 claims position.

Contractual challenges are being raised for the schemes below. The outpatient ratios have been applied correctly to activity and are reflected in SLAM but there are some pricing anomalies in locally priced outpatients within the SUS extract used to generate the challenge. The Trust is confirming that the correct price has been used to create the credit for PCTs in their SLAMs.

Planned procedures with thresholds will be subject to an audit to establish that any activity the Trust has undertaken was within the guidance thresholds. The day case/outpatient metric does not start until October 2011.

Other challenges (Table G below), have all been reflected in the SLAM position so do not mitigate the reported over-performance position.

Actions

- Pursue audit for planned procedures with thresholds and internally generated referrals
- Close down claims for quarter one in discussion with the Trust
- Pursue review of critical care case mix

2.2.4 The Hillingdon Hospitals NHS Foundation Trust

Summary Position

The Hillingdon Hospital NHS Foundation Trust (THH) is over performing by £525k at Month 3 YTD, an increase of £338k from the £187k reported at Month 2. Challenges have been raised across a number of areas totalling £627k. The net adjusted position after applying challenges is an under performance of £101k as illustrated in Table A:-

Table A: Mitigated Financial Position

SLAM reported financial position: over/-under performance		£525,440
Adjustment/challenge		Value (£)
Automated claims		-125,327
Contract levers/KPIs (Sch 3 Part IV)		-82,767
Other challenges		-418,492
Total adjustments/challenges		-626,586
Revised YTD position after adjustments/challenges:		-101,146

The largest areas of over performance are: Other £363k (which includes PPwT, maternity cap, pathology, radiology unbundled chemotherapy), A&E £238k and critical care £226k.

Detailed analysis

Tables B and C below provide further detailed analysis of the Month 3 financial position by POD and by sub-cluster:

Table B: Breakdown of Summary Financial Position by POD

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
Other	6,419	363,519	1,671	234,493	4,748	129,027
Accident & Emergency	1,314	238,466	2,085	-54,205	-771	292,671
Critical Care	177	226,064	27	-120,969	150	347,033
NEL Excess Bed days	1,985	73,132	-24	-65,986	2,009	139,118
OP Follow up Attendances	1,711	55,555	154	-15,105	1,557	70,660
Rehab Bed days	108	35,730	2,836	-139,534	-2,727	175,264
Non-elective admissions	111	23,576	292	279,183	-181	-255,607
OP Procedures	247	-18,931	1,433	91,136	-1,185	-110,066
Elective Excess Bed days	229	-26,517	180	8,285	49	-34,802
New to follow up ratio	-1,764	-128,864	-594	-118,275	-1,171	-10,589
Day case & elective	-35	-133,307	1,284	60,343	-1,319	-193,650

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
OP 1 st Attendances	-1,004	-182,984	86	27,470	-1,089	-210,454
Total	9,498	525,440	9,428	186,837	70	338,603

Table C: Breakdown of Summary Financial Position by Sub-Cluster

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
NHS Brent	95	66,390	55	55,717	40	10,672
NHS Harrow	241	-126,880	366	-108,587	-125	-18,293
Brent & Harrow Sub-Cluster Total	336	-60,490	421	-52,870	-85	-7,621
NHS Kensington & Chelsea	3	1,460	0	-31	3	1,491
NHS Hammersmith & Fulham	19	11,990	54	-10,277	-35	22,267
NHS Westminster	-19	19,811	-5	18,224	-14	1,587
Inner Sub-Cluster Total	3	33,261	49	7,915	-46	25,345
NHS Ealing	4,561	311,764	3,095	205,285	1,466	106,478
NHS Hillingdon	4,701	251,909	5,810	22,940	-1,109	228,969
NHS Hounslow	-102	-11,003	52	3,566	-154	-14,569
Outer Sub-Cluster Total	9,160	552,670	8,958	231,791	202	320,879
Total	9,498	525,440	9,428	186,837	70	338,603

Top 3 areas of over performance:

Other

A maternity cap on the number of first appointments, which brought THH in line with other NWL providers, was agreed with THH during the contracting round. THH has not applied this for three consecutive months citing that the Deed of Variation was not signed and that the terms of the existing contract should apply. Since the Deed of Variation has been signed, THH claim that the maternity cap was subject to clinical conditions. The Deed of Variation does not include any such agreement and the matter has been escalated to the NHS NWL Performance and Contracts Executive (PCE).

The Trust has just agreed to credit pathology prices which have been over-stated for months 1 to 3.

Given the over-stated position within radiology, NHS NWL is working with the Trust to understand why some patients receive direct access services on the same day as other activity within the same or related specialty.

The cost of unbundled chemotherapy drugs has been raised with the Trust and a zero net impact statement has been requested.

A&E

Analysis of A&E across all categories of investigation and treatments has revealed a significant shift in the categorisation of attendances to a more complex case mix when comparing months 1, 2 and 3 in 2010/11. NHS NWL is seeking assurance that A&E data has been coded correctly.

Critical Care

Analysis of critical care (CC) has revealed there is a case mix variance of £184k which has already been raised with the Trust. NHS NWL is particularly concerned that there is a high amount of activity which is reported as unallocated and charged at the average spell cost for CC. The level of un-coded activity is 374 days. NHS NWL has requested that the Trust carry out its own internal audit to investigate the un-coded activity and share its findings. The Commissioners are seeking complete satisfaction with the Trusts ability to charge appropriately within critical care and will also request a separate assessment from the Critical Care Network.

Key Contractual Challenges and Claims

The Trust has responded to all challenges and claims raised to date at the NHS NWL Finance and Information Group (FIG). This has enabled some issues to progress to an agreed credit, however there are outstanding issues which still remain outstanding at Month 3. For example, the challenged omission of the maternity cap has been escalated to the PCE for consideration by the Directors of both parties. Other items continue to be under investigation at the FIG, but have been included in a quarterly statement to be presented to the PCE, at the Directors request.

PPwTs have a lower likely yield for THH compared with other trusts because they have submitted a significant backlog of approval forms to the PPwT team.

Actions

The following lines of enquiry are currently under investigation and the amount which they may yield is yet to be confirmed:

- Internally generated referrals threshold May/June
- PPwT clinical audit to determine financial value
- Critical care analysis
- A&E benchmarking analysis
- Radiology non-direct access services
- Chemotherapy unbundled drugs and delivery of drugs
- High cost drugs
- Non-PbR deflator effect on old/new prices

2.2.5 West Middlesex University Hospital NHS Trust

Summary Position

Last month West Middlesex University Hospital NHS Trust (WMUHT) was under performing by £198k. In Month 3 the situation has reversed and the Trust is now over performing by £288k. Once the plan is adjusted to take account of the transfer out of rehabilitation (a value of £155k year to date) this figure rises to an over performance of £443k.

The major components of the over performance, and analysis of the contract levers and penalties being applied, are detailed in the sections below. Taken together the net impact of all penalties and challenges gives a revised over performance position of £90k as shown in Table A:-

Table A: Mitigated Financial Position

SLAM reported financial position: over/-under performance	£287,978
Adjustment/challenge	Value (£)
Adjustment for transfer out of rehabilitation	155,201
Automated claims	-100,517
Contract levers/KPIs (Schedule 3, Part 4)	- 138,858
Other challenges	-112,900
Total adjustments/challenges	- 197,074
Revised YTD position after adjustments/challenges:	90,904

Detailed analysis

Tables B and C below provide further detailed analysis of the Month 3 financial position by POD and by sub-cluster.

The major over performing PODs at WMUHT at Month 3 are non-elective admissions at £244k and day case and elective admissions at £232k. In addition the 'all other' category, containing financial adjustments, and the outpatient procedures POD are over performing. These are partially offset by under performance in other PODs compared to the plan, for example in non-elective excess bed days which is under performing by £138k against plan.

Table B: Breakdown of Summary Financial Position by POD

POD	Month 3 YTD Activity Variance	Month 3 YTD Cost Variance £	Month 2 YTD Activity Variance	Month 2 YTD Cost Variance £	Movement from previous month in Activity	Movement from previous month in Cost £
Non-Elective Admissions	373	243,723	171	- 56,008	202	299,731
Daycase & Elective	216	231,624	157	119,462	59	112,162
All Other	4,951	209,782	3,257	78,739	1,694	131,044
Out Patients - Procedures	472	50,925	85	- 4,133	388	55,058
New to Follow Up Ratio	-	49,959	-	21,336	-	28,623
Accident and Emergency	1,048	14,533	1,007	32,417	41	- 17,884

POD	Month 3 YTD Activity Variance	Month 3 YTD Cost Variance £	Month 2 YTD Activity Variance	Month 2 YTD Cost Variance £	Movement from previous month in Activity	Movement from previous month in Cost £
Elective Excess Bed Days	- 57	- 9,400	- 48	- 10,291	- 9	891
Out Patients - First Attendances	- 109	- 39,292	59	- 33,817	- 167	- 5,475
Out Patients Follow Up Attendances	- 711	- 54,306	- 620	- 60,377	- 91	6,071
Critical Care - Adult & Child	- 260	- 116,205	- 296	- 145,393	35	29,188
Non-Elective Excess Bed Days	- 1,017	- 138,165	- 537	- 51,918	- 480	- 86,247
Rehabilitation	- 710	- 155,201	- 401	- 87,723	- 309	- 67,478
Total	4,196	287,978	2,833	-197,706	1,363	485,684

Note the £288k over performance in column three increases to £443k after removing the rehabilitation line in the final row above, which is currently reducing the over all over performance by £155k.

Table C below shows the Outer NWL sub-cluster accounts for £289k over performance. Only NHS Hillingdon is under spending at WMUHT. There is also an over spend of £22k from NHS Kensington and Chelsea, but overall the Inner North West London (INWL) Sub-cluster is under spending at WMUHT. Activity variance overall is also high at 4,906 which is composed of all attendances, procedures and spells.

Both NHS Hounslow and NHS Ealing's over performance financial values are significant, but in percentage terms NHS Ealing is over performing by 10% whereas NHS Hounslow is over performing by 1%, due to the relative size of the contract. The final column shows a significant movement from the previous month for NHS Hounslow (£278k over performance in Month 3 after taking into account the rehabilitation service adjustment which all relates to NHS Hounslow) compared with a £237k under performance in Month 2.

Table C: Breakdown of Summary Financial Position by Sub-Cluster

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
NHS Ealing	649	215,667	428	106,257	221	109,410
NHS Hillingdon	25	- 49,677	- 55	- 67,299	80	17,622
NHS Hounslow	3,479	123,070	2,433	- 237,389	1,045	360,459
Outer Sub-Cluster Total	4,152	289,060	2,806	-198,432	1,346	487,492
NHS Brent	55	5,621	39	248	16	5,373
NHS Harrow	17	3,227	0	- 1,740	17	4,968
Brent & Harrow Sub-Cluster Total	71	8,848	39	- 1,493	32	10,341
NHS Kensington & Chelsea	48	21,837	42	21,452	6	385
NHS Hammersmith & Fulham	- 87	- 25,243	- 57	- 15,298	- 30	- 9,944
NHS Westminster	12	- 6,525	3	- 3,935	9	-2,590
Inner Sub-Cluster Total	- 27	-9,931	- 13	2,219	- 15	- 12,149
Total	4,196	287,978	2,833	-197,706	1,363	485,684

Non-elective Admissions

Non-elective admissions are over performing by £244k at Month 3. A&E and well babies are the highest over performing specialty areas.

Within this over performance, the main HRG chapters over performing are obstetrics (£153k), respiratory system (134k), cardiac surgery (£94k) and nervous system (£68k). Further analysis has revealed that the over performance is driven more by a volume increase in patient admissions than by any pricing increase by the Trust.

Obstetrics

The over performance is caused by an increase in the number of deliveries and births with higher complexity. For example there have been 34 more births with complications than planned and 16 more caesarean sections. NHS NWL has requested booking numbers and waiting times for the remainder of the year from the WMUHT maternity department. This is expected to clarify the number of deliveries which can be expected going forward. The trust is projected to reach around 4,900 births in 2011/12 against a planned level of 4,500 births.

Respiratory system

It has been noted that there is a significant increase in viral pneumonia cases within the Outer North West London Sub-cluster. At WMUHT there have been 54 cases against a contracted level of 43. NHS NWL is investigating further to understand the reasons behind the increase.

Cardiac Surgery

Approximately one third of the over performance (£29k), is due to Myocardial Infarction (MI). NHS NWL is looking into the protocol followed by WMUH for MI patients, to try to explain the increase. There is also an over spend of £40k across a range of 15 other HRGs in the cardiac chapter.

Day Cases and Electives

Day case and electives is over performing by £232k.

T&O

The highest over spend has occurred in Trauma and Orthopaedic (T&O) at £285k at month 3. This has increased by £136k since last month. Within T&O, the highest over performing HRG chapter is Musculoskeletal System (MSK) at £260k. This is largely accounted for by major knee (£74k) and intermediate knee (£28k) procedures; major hip (£26k) and major elbow and lower arm procedures (£26k). NHS NWL expects that a number of these procedures will fall into the Planned Procedures with Thresholds (PPwT) process.

NHS Hounslow has an MSK QIPP scheme, aimed at redesigning of the MSK pathway, which is planned to reduce demand for acute services and cost in 2011/12.

Oral surgery

Intermediate mouth and throat procedures with intermediate complications (CZ02X). This HRG is over performing by £72k at WMUHT across all North West London PCTs and may be due to a coding error. NHS NWL is investigating whether outpatient procedures are being coded as day cases.

Childhood diseases and neonates is over spending by £28k. This is partly due to the HRG for musculoskeletal or connective tissue disorders, in which there have been 61 cases against a plan of 23 year to date.

'Other' POD

The significant over performance in the Trust's figures relates to baseline adjustments. The Trust needs to remove this line and redistribute the amount across the relevant areas of activity, which will impact on the YTD performance in these areas.

The variance against the community services relates to an increase in community midwife attendances which are being investigated.

Outpatient Procedures

Dermatology outpatient procedures is over performing by £93k to month 3. This is predominantly due to activity volumes. It was also noted that although the overall budget for dermatology is correct there is an element of budgeting error in outpatient procedures that needs correcting in the plan. Also as part of the demand management scheme 60% of all dermatology activity and cost (£600k) was removed from the 2011/12 acute baseline. We are currently liaising with the community team to understand why there has been no reduction in the acute activity as envisaged in the community dermatology business case. A challenge has been raised with the Trust to explain the increase in activity.

Key Contractual Challenges and Claims

A total of £1.6m claims have been raised for Months 1-3.. The likely yield of 9% is based on an assessment of previous success.

A higher yield rate is expected for automated claims, as they are enforcing contractual terms. The day case/outpatient ratio is not expected to take effect until October 2011.

Actions

- The areas of over performance detailed above have been raised at FIG.
- Challenges (automated and other) have been raised with the trust as shown on the tables above
- KPI breaches and penalties have been notified at FIG meetings and credits are being pursued
- A deep dive on GP referral patterns is being carried out
- Review of dermatology plan to be carried out
- NEL-short stay – clinical audit to determine whether the increase is due to changes in risk assessments, diagnostic and treatment processes or a lack of knowledge/ understanding of alternatives, which may have resulted in a decision to admit for a short stay admission.

2.2.6 Imperial College Healthcare NHS Trust

Summary Position

Imperial College Healthcare NHS Trust (ICHT) is reporting £285k over performance for NHS NWL. This is a significant movement from the £2.7m YTD over performance reported at Month 2. As previously highlighted, there have been issues with both the timeliness and quality of finance and activity information issued by the Trust; however the Trust has assured NHS NWL that the Month 3 position has been issued following the completion of rigorous internal quality assurance processes.

The Trust is currently an outlier in failing to submit frozen SLAM data in accordance with the contract timetable; as such NHS NWL received the Month 1 frozen position with the month 3 flex reports. The flex month 1 data indicated a £244k under performance, however within the frozen data the under performance has increased to £605k for the Cluster.

The single largest variance in month is critical care which has gone from an over performance at Month 2 of £760k to an under performance of £1.3m at Month 3. NHS NWL queried the over performance reported in Month 2 and it was subsequently confirmed by the Trust that the high dependency unit episodes had been charged incorrectly and did not reflect step down to lower tariffs within the spell. The resulting correction resulted in a £2.1m in month improvement in the financial position from Month 2.

Table A: Mitigated Financial Position

SLAM reported financial position: over/-under performance		£285,268
Adjustment/challenge		Value (£)
Automated claims		- 237,316
Contract levers/KPIs (Sch 3 Part IV)		- 789,711
Other challenges		0
Total adjustments/challenges		- 1,027,027
Revised YTD position after adjustments/challenges:		- 741,759

Detailed analysis

Tables B and C below provide further detailed analysis of the Month 3 financial position by POD and by sub-cluster:

Table B: Breakdown of Summary Financial Position by POD

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
Accident and Emergency	1,902	343,119	2,761	335,409	-859	7,710
Community	0	15,532	0	9,903	0	5,629
Critical Care	9,872	- 1,172,276	2,938	855,302	6,934	- 2,027,578
Daycase	24	1,640,943	-30	1,058,612	53	582,332
Devices	3	60,360	-16	99,142	19	- 38,782

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
Direct Access	19,698	69,934	11,037	41,730	8,661	28,204
Elective Inpatients	- 406	- 273,466	-228	- 65,689	-178	- 207,777
High Cost Drugs	4,689	107,416	3,141	127,886	1,547	- 20,470
Non Elective Inpatients	- 3,982	- 4,024,176	-2,244	- 1,871,814	-1,738	- 2,152,362
Non Elective Short Stay	2,352	1,674,608	1,519	1,073,301	833	601,306
Other	3,794	678,374	2,956	414,853	838	263,521
Outpatient First Attendance	3,178	582,862	608	5,650	2,570	577,212
Outpatient Follow Up Attendance	7,312	403,993	2,813	-56,068	4,499	460,060
Outpatient Procedures	2,603	774,915	4,447	954,859	-1,844	- 179,944
Regular Day Admissions	471	257,424	331	189,634	140	£67,791
Rehab	399	34,794	311	16,961	88	£17,834
Renal	42,450	- 889,083	28,145	- 476,895	14,305	- 412,188
Total	94,360	285,273	58,491	2,712,775	35,869	- 2,427,502

**Note ICHT submitted a revised Month 3 SLAM which has not previously been circulated to sub-clusters. The revised SLAM includes some changes to the YTD activity levels but not to costs. The revised SLAM position is shown at Appendix B.*

Over Performing PODs

Whilst non elective short stays (NEL SS) are over performing by £1.7m, true performance cannot be determined as no plan has been aligned to this POD. The non elective (NEL) POD is underperforming by £4.0m resulting in a net position of £2.4m for all NEL activity excluding A&E.

The following PODs have been investigated further to establish the root cause of the over performance:

- Day cases
- Outpatient procedures
- Outpatient first attendances
- Outpatient follow up attendance
- "Other"

However, due to the misalignment of the plans throughout the reports, the investigations have proved inconclusive at this stage. NHS NWL is working with the Trust to ensure plans are corrected for Month 4 reporting and the frozen data is provided in a timelier manner in accordance with the Contract requirements.

Table C: Breakdown of Summary Financial Position by Sub-Cluster

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
NHS Brent	19,132	45,109	12,105	356,132	7,027	-311,022
NHS Harrow	6,634	-87,834	4,339	168,619	2,295	-256,453
Brent & Harrow Sub-Cluster Total	25,766	-42,724	16,445	524,751	9,321	-567,475
NHS Kensington & Chelsea	1,987	3,367	184	424,694	1,803	-421,327
NHS Hammersmith & Fulham	14,321	-331,795	8,650	217,003	5,671	-548,798
NHS Westminster	23,777	445,051	14,967	750,043	8,809	-304,992
Inner Sub-Cluster Total	40,084	116,623	23,801	1,391,740	16,283	-1,275,117
NHS Ealing	16,040	46,179	10,216	315,492	5,824	-269,313
NHS Hillingdon	5,655	-29,515	3,519	-44,360	2,135	14,845
NHS Hounslow	6,814	194,710	4,510	525,152	2,304	-330,443
Outer Sub-Cluster Total	28,509	211,374	18,245	796,284	10,264	-584,910
Total	94,360	285,273	58,491	2,712,775	35,869	-2,427,502

**Note ICHT submitted a revised Month 3 SLAM which has not previously been circulated to sub-clusters. The revised SLAM includes some changes to the YTD activity levels but not to costs. The revised SLAM position is shown at Appendix B.*

Whilst over performance is marginal for most PCT's, NHS Hounslow (1.5%) and NHS Westminster (2%) are outliers. NHS Westminster over performance is largely attributable to critical care, whilst NHS Hounslow over performance is spread across a number of areas.

Day case

This is the highest over performing POD YTD at £1.6m. It is impossible currently to accurately analyse over performance due to the misalignments with plan and activity.

Outpatient procedures

There is a £774k over performance M3 YTD. The plan is again misaligned, for example pain management is showing £177k over performance and thoracic medicine £176k against no planned activity and no planned cost, limiting the ability to reliably analyse.

Key Contractual Challenges and Claims

A full suite of claims continue to be pursued with the Trust for M3. Claims management meetings have been scheduled with the Trust on a monthly basis to ensure items are closed down, data quality improved and credits issued where appropriate.

Actions

Given the overall neutral financial position, the highest priority is being given to ensuring that the timeliness and granularity of reporting improves significantly. To this end:

- The performance notice regarding timeliness and quality of data remains open.
- Plan misalignments will be resolved by M4 following agreement of methodology
- ICHT are currently trialling faster production of frozen data, although this is unlikely to be resolved before Month 5
- There will be a consolidation of the current data submissions produced by the Trust.
- Outpatient ratios will be formally signed off by the Trust to ensure that they are both clinically viable and produce the correct net reduction in expenditure.
- The zero net impact statement for the move to critical care mandated currencies will be completed by the trust and interrogated by commissioners.

NHS NWL are considering delaying the renal transfer to SCG until April 2012 and investigating the delivery of market share changes and service developments agreed during the contracting round, related to the Major Trauma Centre, stroke and bariatric surgery.

2.2.7 Royal Brompton and Harefield NHS Foundation Trust

Summary Position

Royal Brompton and Harefield NHS Foundation Trust (RBH) is over performance of £53k for the NWL Cluster. The over performance includes the financial impact of a change in accounting for critical care work in progress (WIP) in 2011/12 otherwise the contract would be under performing against plan. NHS Brent is currently over performing by £269k of which £103k is over performance in critical care. The solution to this reporting anomaly will be to re-state the contract value to include the WIP accruals currently held by each PCT.

Table A: Mitigated Financial Position

SLAM reported financial position over performance: over/-under performance	£52,659
Adjustment/challenge	Value (£)
Automated claims	-54,227
Contract levers/KPIs (not reflected in SLAM) (Sch 3 Part IV)	-8,500
Other challenges (not reflected in SLAM)	£0
Total adjustments/challenges	-62,727
Revised YTD position after adjustments/challenges:	-10,068

Detailed Analysis

Tables B and C show the performance by POD and by sub-cluster for Month 3.

Table B: RBH Performance by POD

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
Planned In Patients	71	5,606	-4	-78,343	75	83,948
Non Elective	175	-100,201	140	-134,817	35	34,616
Critical Care	42	48,478	86	140,450	-44	-91,972
Cystic Fibrosis	18	54,778	10	30,642	8	24,136
Drugs & Devices	-74,718	-62,794	-78,245	-122,615	3,527	59,821
Out Patients	290	65,376	-212	-16,710	502	82,085
OPPROC	-44	-17,668	-85	-26,572	41	8,904
Adjustments	0	86,122	0	125,026	0	-38,904
Other	-449	-27,038	-325	-28,351	-124	1,313
Total	-74,616	52,659	-78,637	-111,289	4,021	163,948

Critical care

Critical care is showing a £48k over performance at Month 3 YTD due to the change in accounting treatment for WIP.

Cystic Fibrosis

Cystic Fibrosis (CF) is £55k over at Month 3. The variation is largely due to newly diagnosed patients and some shifts in the national database on mapping patients to providers. NHS NWL has instigated a CF reconciliation project beginning in September 2011 to monitor costs and shifts within the service to include all commissioners of this service from RBH.

Non elective

Non-elective activity is under performing by £100k. This is due mainly to high cost, low volume planned inpatient procedures in paediatric cardiac surgery being £163k behind plan. The Trust expects the services to be on plan by year end.

The planned non elective (NEL) threshold credit for 2011/12 in the contract currently stands at £535k. It has been agreed with the Trust to reduce this value to £110k, to reflect a shift in market share for cardiac surgery between NWL trusts. A contract variation is required to action this change to contract values by PCT.

Table C: RBH performance by PCT and Sub-Cluster

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost (£)	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost (£)	Movement from previous month Activity	Movement from previous month cost (£)
NHS Brent	-2,155	268,619	-11,537	127,039	9,381	141,580
NHS Harrow	-5,220	-42,025	-10,326	-114,995	5,106	72,969
Brent & Harrow Sub-Cluster Total	-7,376	226,593	-21,863	12,044	14,487	214,549
NHS Kensington & Chelsea	-16,637	-52,291	-12,291	-104,258	-4,345	51,967
NHS Hammersmith & Fulham	-21,788	-11,288	-12,586	23,018	-9,202	£34,306
NHS Westminster	-12,091	-73,229	-25,080	-102,975	12,988	29,745
Inner Sub-Cluster Total	-50,516	-136,808	-49,957	-184,215	-560	47,406
NHS Ealing	18,073	505	14,751	53,073	3,321	-52,569
NHS Hillingdon	-32,723	-21,292	-20,669	41,467	-12,055	-62,759
NHS Hounslow	-2,074	-16,340	-900	-33,659	-1,174	17,319
Outer Sub-Cluster Total	-16,724	-37,127	-2,074	-16,339	-9,907	-98,008
Total	-74,616	52,659	-73,893	-188,510	4,021	163,948

The over performance at the NHS Brent and Harrow sub-cluster is significant within NHS NWL and fluctuations in variance at both PCTs are expected to continue, as both have small planned numbers against some high cost procedures and devices.

Key Contractual Challenges and Claims

There were 2 further breaches of the mixed sex accommodation guidance in June, which will result in a further £500 penalty in addition to the £8000 penalty from May.

A conservative estimate has been applied to the likely yield of contractual levels to Month 3 of £63k. If the challenges are successful this could bring the over performance at Month 3 down to -£10k, even with the WIP adjustment.

NHS NWL and the Trust have agreed exemptions for specific PPwT procedures in 2011/12. The value of £66k in Table E reflects the value of PPwT undertaken by the Trust YTD. The activity relates

to two procedures: the first procedure is pulmonary arterial hypertension which the Trust is a national centre for and the activity is expected to conform to NICE guidance, and therefore not be a challenge that could be upheld. The second procedure covered is for sleep studies which the Trust also undertakes within the guidelines. No other procedures under the NWL policy are undertaken within the Trust.

Actions

- An agreement between PCTs is required for in year monitoring and charging of ICDs at PCT level
- A contract variation is required to include the value of the WIP accruals within the contract
- A contract variation is required to adjust the contract value to include the restated NEL marginal rate threshold
- Reporting and monitoring of cystic fibrosis in SLAM under PbR guidance – a working group will be established to look at this
- Out patient ratio credit is a bottom line credit to the SLAM but will be kept under review

2.3 Out of Cluster Contracts

Introduction

Of the 22 contracts in the Out of Cluster (OOC) portfolio, 19 have now been agreed. The final settlement with in year application of metrics is expected to be c.£248m compared to a 2010/11 outturn of £251.8m, representing a 2% reduction on the previous year's outturn.

The report sets out:

- a summary of the overall position financial across all 22 trusts, split by trust and by sub-cluster
- a detailed analysis split by sub-cluster and type of activity of the key drivers for over performance for the three highest contract values within the OOC portfolio; UCLH (£57.7m); RFH (£38.3m); GSTT (£25.2m). This includes the action being taken to bring the contract back to expected performance and details of any mitigations or challenges that will support an improved financial position.
- Based on a risk assessment a detailed analysis of over performance for Great Ormond Street Hospital for Children NHS Trust (GOSH), which is currently over performing by £187k, against a YTD contract value of £3.5m.

Summary Financial Position

Over performance for NHS NWL OOC contracts is £908k against a year-to-date (YTD) contract plan of £61.23m. There has been an adverse movement between Month 2 and Month 3 of £2.4m, this has been driven by a change in phasing. The actual adverse movement, adjusting for the activity phasing in baselines is £564k (0.9%). Taking into account mitigations the level of over performance is further reduced to £537k, as Table A below.

Table A: Mitigated Financial Position

SLAM reported financial position: over/-under performance	£908,124
Adjustment/challenge	Value (£)
Automated claims	£153,067
Other challenges	£218,430
Total adjustments/challenges	371,497
Revised YTD position after adjustments/challenges:	536,628

After the application of contract levers, claims and financial penalties identified to date, the over performance will reduce to £537k. Raising claims, contract levers and financial penalties is more complex with OOC trusts as the rules of the lead commissioners in other clusters need to be followed. Further detailed analysis is taking place to identify the level and types of challenges that can be applied to each individual trust based on lead commissioner rules.

Summary Financial Position by Trust

Table B shows the financial performance by trust. In total, OOC trusts are over performing by £908k, a £2.4m adverse movement from the £1.5m under performance reported at Month 2. This movement is mainly due to changes in the YTD plan values submitted by trusts who have applied seasonal profiling to their contract values, whereas NHS NWL had previously used equal twelfths as an estimate in the absence of actual plans in trust SLAM data. Some of the SLAM reports submitted by OOC trusts at Month 3 still include missing or inaccurate plan figures, and NHS NWL have continued to use equal twelfths as estimates. Therefore a further movement in the YTD plan value will take place in Month 4 as further trusts introduce phased plans, these changes will not affect the overall agreed contract value for 2011/12. No further changes are expected after Month 4.

Table B: Out of Cluster Financial Performance by Trust:-

Trust	Total Annual Cost	Total YTD Plan Cost	Total YTD Actual Cost	Total YTD Variance Cost	Variance Cost
	£000	£000	£000	£000	%
Barnet and Chase Farm Hospital NHS Trust	10,020	2,394	2,410	16	1%
The Barts & The London NHS Trust	8,306	2,049	2,082	33	2%
Great Ormond Street Hospital for Children NHS Trust	14,612	3,502	3,690	188	5%
Guy's and St Thomas' NHS Foundation TRUST	25,227	6,307	6,666	359	6%
Homerton University Hospital NHS Trust	339	84	93	9	11%
King's College Hospital NHS Foundation Trust	5,586	1,397	1,288	-109	0%
Moorfields Eye Hospital NHS Foundation Trust	16,808	4,020	4,186	166	4%
North Middlesex University Hospital NHS Trust	209	60	28	-32	-54%
Royal Free Hampstead NHS Trust	38,299	9,575	9,664	89	1%
The Royal Marsden NHS Foundation Trust	9,841	2,460	2,571	111	4%
Royal National Orthopaedic Hospital NHS Trust	12,615	3,154	3,526	373	12%
St George's Healthcare NHS Trust	5,009	1,328	1,108	-220	-17%
The Whittington Hospital NHS Trust	1,961	475	437	-38	-8%
University College London Hospitals NHS Foundation Trust	57,706	14,427	14,134	-293	-2%
Ashford and St Peter's Hospitals NHS Trust	14,846	3,581	3,646	66	2%
Kingston Hospital NHS Trust	2,003	480	462	-19	-4%
East and North Hertfordshire NHS Trust	11,349	2,705	2,917	212	8%
Epsom and St Helier University Hospitals NHS Trust	340	85	106	21	25%
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	2,350	582	585	4	1%
Royal Surrey County Hospitals NHS Trust	655	164	215	51	31%
West Hertfordshire Hospitals NHS Trust	9,441	2,400	2,322	-78	-3%
Queen Victoria Hospitals	14	3	£3	-1	-21%
Grand Total	247,537	61,231	62,139	908	1%

Table C : Breakdown of Summary Financial Position by POD

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £000	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £000	Movement From Previous Month Activity	Movement From Previous Month Cost £000
Accident and Emergency	98	51	590	-8	-492	59
Community	-77	1	-107	-4	30	5
Critical Care	-200	-499	-137	-236	-64	-263
Daycase	385	433	-26	-103	411	536
Devices	311,242	552	12,473	40	298,769	512
Direct Access	47,511	75	-7,675	-68	55,187	142
Elective Excess Bed Days	466	-119	-62	-22	528	-98
Elective Inpatients	11	-3	15	-210	-5	207
High Cost Drugs	1,295,593	1,595	179,698	44	1,115,894	1,551
Non Elective Excess Bed Days	45	-218	-467	-144	512	-74
Non Elective Inpatients	295	-579	-141	-626	436	47
Non Elective Short Stay	84	63	99	36	-15	27
Other	-1,372,424	-1,481	43,779	157	-1,416,203	-1,638
Outpatient First Attendance	-95	91	-19	-145	-76	236
Outpatient Follow Up Attendance	2,988	69	2,555	25	433	44
Outpatient Procedures	3,224	572	-359	-114	3,583	687
Regular Day Admissions	539	122	81	32	458	91
Rehab	65	90	88	56	-23	34
Renal	-15,200	-333	1,882	-206	-17,082	-127
Unbundled	1,279	425	-87	3	1,366	423
Total	275,831	908	232,181	-1,494	43,650	2,402

The following is of note:

- Changes in the Month 3 YTD activity are associated with changes in the reporting baselines, this is largely associated with major changes in the UCLH reporting baseline which is reporting activity across 10 PODS rather than 20, thus creating a large variation on plan.
- In relation to drugs, reporting is skewed against plan because Trusts are incorrectly reporting against plan, i.e. the Trusts are reporting each £1 of cost as a unit of activity and the plan is based on actual units of drug delivered.

Table D: Breakdown of Summary Financial Position by Sub-Cluster

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £000	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £000	Movement From Previous Month Activity	Movement From Previous Month Cost £000
NHS Brent	143,131	511	33,329	-61	109,802	572
NHS Harrow	-8,855	114	11,890	-386	-20,745	500
Brent & Harrow Sub-Cluster Total	134,276	625	45,219	-447	89,057	1,072

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £000	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £000	Movement From Previous Month Activity	Movement From Previous Month Cost £000
NHS Kensington & Chelsea	63,242	369	171,922	68	-108,680	301
NHS Hammersmith & Fulham	-25,553	-296	-18,683	-402	-6,870	107
NHS Westminster	57,712	158	39,288	-129	18,423	287
Inner Sub-Cluster Total	95,401	231	192,527	-463	-97,127	694
NHS Ealing	-686	-263	-23,525	-399	22,840	136
NHS Hillingdon	-35,476	243	-899	75	-34,577	168
NHS Hounslow	82,316	72	18,859	-260	63,457	332
Outer Sub-Cluster Total	46,154	52	-5,565	-584	51,719	636
Total	275,831	908	232,181	-1,494	43,650	2,402

Brent and Harrow Sub-Cluster

Brent and Harrow Sub-Cluster is over performing by £3.2m which reduces to £935k after the application of outstanding challenges. NHS Harrow's performance against its NWLHT contract represents £1.8m of the over performance. NHS Brent's biggest over performance is also against its NWLHT contract by £487k.

Inner Sub-Cluster

The Inner Sub-Cluster has an over performance of £2m which is mainly due to the over performance of £1.5m in the CW contract against NHS Kensington & Chelsea (£654k) and NHS Westminster (£814k). This reduces to £1.1m after the application of net challenges.

Outer Sub-Cluster

The Outer Sub-Cluster has a reported over performance of £5.1m which reduces to £2.4m after the application of outstanding challenges. Of the reported over performance, NHS Ealing's over performance represents £3.7m of which £2.8m is against EHT.

2.3.1 University College London Hospitals NHS Foundation Trust

Summary Position

There is headline under performance for NHS NWL with the UCLH of -£293k against a year-to-date (YTD) contract value of £14.1m. Following mitigation this under performance is increased to -£313,328. Table A shows the mitigated financial position:

Table A: Mitigated Financial Position

SLAM reported financial position: over/-underperformance		£-292,542
Adjustment/challenge		Value (£)
Automated claims		£861
Other challenges		£19,925
Total adjustments/challenges		20,786
Revised YTD position after adjustments/challenges:		-313,328

Detailed analysis

Tables B and C below provide further detailed analysis of the Month 3 financial position by POD and by sub-cluster. Whilst variance against plan at a POD level seems significant, this is associated with changes in the construction of the offer received from the Trust. The plan for Month 3 is only reported against 10 PODs whereas actuals are reported against 20. The bottom-line value of the plan is unchanged.

Table B: Breakdown of Summary Financial Position by POD

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement From Previous Month Activity	Movement From Previous Month Cost £
Accident and Emergency	-172	635	-163	-21,124	-9	21,759
Community	0	0	0	0	0	0
Critical Care	38	-274,759	-49	-38,926	88	-235,834
Daycase	168	120,557	-97	-70,339	265	190,896
Devices	303,608	482,719	7,990	-12,215	295,619	494,934
Direct Access	44,718	47,119	-4,283	-3,126	49,001	50,245
Elective Excess Bed Days	523	-100,146	-1	-3,732	523	-96,414
Elective Inpatients	-2	-124,378	-23	-60,479	21	-63,899
High Cost Drugs	1,047,352	1,355,590	-6,822	-49,920	1,054,174	1,405,510
Non Elective Excess Bed Days	471	-109,679	-43	-7,556	514	-102,122
Non Elective Inpatients	456	33,623	-98	-110,779	554	144,402
Non Elective Short Stay	0	0	0	0	0	0
Other	-1,380,032	-2,106,160	-5,469	-18,743	-1,374,562	-2,087,417
Outpatient First Attendance	-426	-16,902	-243	-51,905	-183	35,003
Outpatient Follow Up Attendance	-2,262	-412,468	-896	-92,730	-1,367	-319,738
Outpatient Procedures	2,519	417,447	-134	-18,487	2,653	435,934
Regular Day Admissions	0	0	0	0	0	0

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £000	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £000	Movement From Previous Month Activity	Movement From Previous Month Cost £000
Rehab	2	0	0	0	2	0
Renal	0	0	0	0	0	0
Unbundled	1,244	394,262	-81	-15,615	1,325	409,877
Total	18,206	-292,542	-10,413	-575,675	28,619	283,133

The following are of note:

- Under reporting on critical care and patient transport in Months 1 and 2 of £137k and £193k respectively have now been included in the Month 3 position.

Table C: Breakdown of Summary Financial Position by Sub-Cluster

PCT/Sub-Cluster	Month 3 Activity Forecast	Month 3 Cost Forecast	Month 3 YTD Activity	Month 3 YTD Cost	Movement From Previous Month Activity	Movement From Previous Month Cost
NHS Brent	200,488	£2,396,861	271,140	£2,498,132	70,652	£101,271
NHS Harrow	239,878	£1,661,756	245,446	£1,638,004	5,568	-£23,751
Brent & Harrow Sub-Cluster Total	440,366	£4,058,617	516,586	£4,136,136	76,220	£77,519
NHS Kensington & Chelsea	203,721	£1,059,307	183,375	£1,048,839	-20,345	-£10,468
NHS Hammersmith & Fulham	52,167	£513,234	78,096	£526,126	25,929	£12,892
NHS Westminster	438,257	£5,413,911	504,240	£5,455,368	65,983	£41,458
Inner Sub-Cluster Total	694,144	£6,986,452	765,711	£7,030,333	71,567	£43,881
NHS Ealing	103,819	£1,065,191	131,567	£1,116,619	27,747	£51,428
NHS Hillingdon	106,053	£949,637	120,845	£1,016,508	14,793	£66,872
NHS Hounslow	140,269	£913,303	140,740	£834,483	471	-£78,820
Outer Sub-Cluster Total	350,141	£2,928,130	393,152	£2,967,610	43,011	£39,480
Total	1,484,651	£13,973,199	1,675,449	£14,134,079	190,797	£160,880

The following are of note:

- The increase in spend for NHS Brent is driven by £56k increase in spend on devices made up of coils and cardiac devices; £18k increase in outpatient first appointments and £15k across other outpatient PODs; and £38k across elective PODs.
- The increase in spend for NHS Westminster is driven by the inclusion in Month 3 of £64k spend on patient transport.
- This increase in spend in NHS Ealing is driven by a £36k increase in spend on prosthetic implants.
- The increase in spend in NHS Hillingdon is driven by a £109k increase in spend on critical care.

Actions

- Continue to progress negotiations of 2011/12 contract toward conclusion
- Pursue outstanding challenges

2.3.2 Royal Free Hampstead NHS Trust

Summary Financial Position

Headline performance for NHS NWL with RFH is broadly on plan with YTD financial over performance of £89k against a YTD contract value of £9.6m. There has been a £190k movement in variance from Month 2 to Month 3; with an under performance on -£101k reported at Month 2 with an over performance of £89k reported at Month 3.

The annual contract with the Trust is being finalised and the plan used for Month 3 reporting represents the NHS NWL expected settlement position.

It should be noted that whilst the net position is broadly on plan, that this is being supported by a £262k under performance in kidney transplant surgery where no activity has been reported against a year to date plan of 6 transplants.

Table A: Mitigated Financial Position

SLAM reported financial position: Over/-underperformance		£88,773
Adjustment/challenge		Value (£)
Automated claims		£129,947
Other challenges		£131,968
Total adjustments/challenges		261,915
Revised YTD position after adjustments/challenges:		-173,142

Detailed analysis

Tables B and C below provide further detailed analysis of the Month 3 financial position by POD and by sub-cluster.

Table B: Breakdown of Summary Financial Position by POD

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
Accident and Emergency	9	£7,953	110	£17,466	-102	-£9,513
Community	-19	-£1,842	-11	-£1,177	-8	-£665
Critical Care	-145	-£80,192	-86	-£71,556	-59	-£8,636
Daycase	-58	-£59,462	-15	-£63,421	-43	£3,959
Devices	31,452	£67,382	9,507	£73,043	21,945	-£5,662
Direct Access	579	£4,347	285	£1,107	294	£3,241
Elective Excess Bed Days	-54	-£15,163	-34	-£9,506	-20	-£5,657
Elective Inpatients	-22	£15,227	1	£24,074	-23	-£8,847
High Cost Drugs	78,462	£59,900	46,373	£28,932	32,089	£30,968
Non Elective Excess Bed Days	-394	-£94,971	-344	-£97,346	-50	£2,375
Non Elective Inpatients	-16	£94,024	2	£80,367	-18	£13,657
Non Elective Short Stay	3	£6,113	2	£3,037	1	£3,075
Other	-1,992	£184,132	997	£35,900	-2,989	£148,233
Outpatient First	204	£47,205	133	£24,921	72	£22,284

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
Attendance						
Outpatient Follow Up Attendance	802	£127,247	478	£68,511	324	£58,735
Outpatient Procedures	-515	-£47,200	-566	-£98,464	51	£51,265
Regular Day Admissions	69	£34,498	41	£21,385	27	£13,113
Rehab	-43	-£19,961	40	£13,590	-83	-£33,552
Renal	-15081	-£286,647	1792	-£185,605	-16873	-£101,042
Unbundled	-84	£46,182	-7	£33,633	-77	£12,549
Total	93156	£88,773	58,698	-£101,108	34,458	£189,881

The significant items to note at Month 3 are:

- £219k of over performance in the 'other' POD relates to the difference between the estimated and charged out value of physiotherapy contacts.
- £127k over performance relates to outpatient POD and is associated with changes in counting methodology or service provision of outpatient activity across five specialties. The drivers for these increases in activity are being investigated with the Trust and formal contract queries will be raised with the lead commissioner as appropriate.
- Over performance in Elective and Non-Elective inpatient is wholly netted off by underperformance in their respective excess bed-day PODs. Performance is on plan.

Table C: Breakdown of Summary Financial Position by Sub-Cluster

PCT/Sub-Cluster	Month 3 Activity Forecast	Month 3 Cost Forecast	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
NHS Brent	75,062	£57,088	46,660	-£69,743	28,402	£126,831
NHS Harrow	-9,518	£122,010	-9,177	£31,537	-340	£90,474
Brent & Harrow Sub-Cluster Total	65,544	£179,098	37,482	-£38,206	28,062	£217,304
NHS Kensington & Chelsea	-10,094	-£41,765	-5,194	-£30,587	-4,900	-£11,178
NHS Hammersmith & Fulham	772	-£12,883	6,287	-£741	-5,515	-£12,143
NHS Westminster	28,578	£26,778	18,021	£22,116	10,557	£4,663
Inner Sub-Cluster Total	19,256	-£27,870	19,114	-£9,212	142	-£18,658
NHS Ealing	15,734	£50,139	1,674	£33,356	14,061	£16,783
NHS Hillingdon	-4,551	-£53,043	1,187	-£34,944	-5,738	-£18,099
NHS Hounslow	-2,827	-£59,551	-759	-£52,102	-2,068	-£7,449
Outer Sub-Cluster Total	8,356	-£62,455	2,102	-£53,690	6,254	-£8,765
Total	93,156	£88,773	58,698	-£101,108	34,458	£189,881

- NHS Harrow has the highest over performance by value but is under performing in activity. Much of this over performance has arisen as a result of a single critical care patient with a stay of 76 days at a cost of £130k

Key Contractual Challenges and Claims

The Trust failed to respond to NHS NWL automated challenges for Months 1 and 2 by the reconciliation date. Consequently the Trust has been informed that they are expected to provide a credit note in respect of the total value of claims made.

Actions

- Progress 2011/12 contract negotiations to conclusion
- Challenge critical care mispricing and double count of bed days: £50k
- Challenge charging of private patient cardiac defibrillators to NHS Westminster: £36k
- Challenge the failure to respond to automated claims: £260k
- Query charging mechanism for elderly persons rehabilitation
- Query potential counting and service model changes in respect to outpatient follow-ups and if necessary raise a formal contract query with NHS NCL as lead commissioner

2.3.3 Guy's and St Thomas' NHS Foundation Trust

Summary Position

Over performance at Month 3 is £359k this is largely driven by three long stay patients discharged from critical care, one of which cost £148k. In addition day case and outpatient procedures have increased due to a significant increase in dental/oral surgery referrals. Non-elective admissions have also increased and the data suggest this is due to a change in the admission threshold from A&E.

There has been a movement in variance from Month 2 to Month 3 of £253k, moving the position resulting in a move from an under to over performance position. A significant proportion of this shift relates to a change in baseline planning assumptions between Months 2 and 3. The movement in the underlying position is significantly lower at £37k, 0.6% of YTD spend. All claims values are adjusted in PAS and are therefore included in the Month 3 position.

Detailed analysis

Tables A and B below provide further detailed analysis of the Month 3 financial position by POD and by sub-cluster:

Table A: Breakdown of Summary Financial Position by POD

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
Accident and Emergency	155	£24,335	500	£14,007	-345	£10,327
Community	0	£0	0	£0	0	£0
Critical Care	153	£158,355	63	£10,298	90	£148,057
Daycase	137	£109,089	144	£69,735	-7	£39,354
Devices	-11,394	-£32,548	-10,645	-£45,126	-749	£12,578
Direct Access	-444	£15,572	828	-£26,479	-1,272	£42,051
Elective Excess Bed Days	-37	-£10,384	-26	-£8,866	-11	-£1,518
Elective Inpatients	-21	-£64,544	6	-£18,659	-26	-£45,885
High Cost Drugs	10,040	£8,994	46,652	£13,268	-36,612	-£4,274
Non Elective Excess Bed Days	76	£16,182	51	-£563	25	£16,745
Non Elective Inpatients	27	£75,156	95	£95,875	-68	-£20,719
Non Elective Short Stay	87	£60,065	93	£51,028	-6	£9,037
Other	20,804	-£23,552	35,385	-£11,496	-14,581	-£12,056
Outpatient First Attendance	17	£10,290	268	-£7,051	-251	£17,340
Outpatient Follow Up Attendance	2,473	£27,503	2,390	£18,306	83	£9,197
Outpatient Procedures	429	£62,394	-77	-£37,311	506	£99,706
Regular Day Admissions	-52	-£50,614	0	£0	-52	-£50,614
Rehab	0	£0	0	£0	0	£0
Renal	-22	-£15,598	27	-£5,518	-50	-£10,080
Unbundled	-13	-£11,339	-3	-£5,580	-9	-£5,759
Total	22,416	£359,356	75,751	£105,869	-53,334	£253,487

Table B: Breakdown of Summary Financial Position by Sub-Cluster

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
NHS Brent	289	£80,010	7,943	£62,449	-7,654	£17,561
NHS Harrow	39,019	£18,887	29,168	-£9,847	9,851	£28,734
Brent & Harrow Sub-Cluster Total	39,308	£98,897	37,111	£52,601	2,197	£46,296
NHS Kensington & Chelsea	24,475	£71,769	23,084	-£6,119	1,391	£77,887
NHS Hammersmith & Fulham	-18,671	-£10,902	-8,845	-£13,807	-9,827	£2,904
NHS Westminster	-7,727	£123,507	22,833	-£30,222	-30,560	£153,729
Inner Sub-Cluster Total	-1,924	£184,373	37,072	-£50,147	-38,996	£234,520
NHS Ealing	5,210	-£1,744	3,932	£17,874	1,278	-£19,618
NHS Hillingdon	-18,630	£49,609	-3,436	£34,107	-15,194	£15,501
NHS Hounslow	-1,548	£28,221	1,071	£51,433	-2,619	-£23,212
Outer Sub-Cluster Total	-14,968	£76,086	1,567	£103,414	-16,536	-£27,329
Total	22,416	£359,356	75,751	£105,869	-53,334	£253,487

Critical Care

The shift from Month 2 reflects 3 long stay patients, the details as follows:

85 days – 5 organs supported – NHS Westminster - £148,325
59 days – 1 organ supported – NHS Kensington & Chelsea - £52,156
29 days – 1 organ supported – NHS Hillingdon - £25,636
Total = £226,117

Outpatient Procedures and Day Cases

The Trust are reporting significant increase in activity related to dental and oral surgery activity and day case associated with dental and oral surgery. The referrals into the hospital for quarter 1 of 2011/12 almost double the quarter 1 position in 2010/11

The increase is largely driven by changes in the referral rates from General Dental Practitioners. This increase is in keeping with changes in referral volumes in other areas of acute activity where the provider has an oral surgery/dental service and, potentially reflects a change in practice in community services. Whilst the increase in day case is offset by under performance in other day case specialities, there is a need to ensure that activity is being undertaken in an appropriate clinical setting.

Key Contractual Challenges and Claims

Actions

- NHS NWL will monitor critical care patients not discharged to assess the performance month by month
- Identify the referral patterns for oral surgery by PCT and Practitioner and advise PCTs so that appropriate action can be taken to divert activity back to community settings

2.3.4 Great Ormond Street Hospital for Children NHS Trust

Summary Position

At Month 3 the GOSH contract is over performing by £187k, against an overall contract value YTD of £3.5m (5% of the overall contract value). Across the whole GOSH contract over performance is currently reported at 9%. The Lead Commissioner has formally requested analysis of over performance and associated activity from the Trust and will be seeking associate views on applying contract levers to bring the contract back to the contracted value. The key areas of over performance are elective inpatients (£119k) rehab (£91k) and outpatients new and follow-up (£126k)

The overall contract value agreed for GOSH in 2011/12 was £14.6m, the outturn for 2010/11 was in £14.6m. The 2011/12 contract value was set to take into account the specialist nature of the Trust and predicted changes in clinical practice and therefore the over performance is of particular concern. NHS NWL will work in collaboration with the Lead Commissioner to bring the contract performance back to contracted levels.

Table A: Mitigated Financial Position

SLAM reported financial position: over/-underperformance		£187,865
Adjustment/challenge	Value (£)	
Automated claims*		£0
Other challenges		£24,240
Total adjustments/challenges		24,240
Revised YTD position after adjustments/challenges:		163,626

*Automated claims Month 2 are reflected in month 3 SLAM

Detailed analysis

Tables B and C below provide further detailed analysis of the month 3 financial position by POD and by sub-cluster.

Table B: Breakdown of Summary Financial Position by POD

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
Accident and Emergency	0	0	0	£0	0	£0
Community	0	0	0	£0	0	£0
Critical Care	-153	-169,093	-112	-131,428	-41	-37,665
Daycase	6	48,042	0	27,006	6	21,036
Devices	-13,420	-13,420	-15,085	-16,043	1,665	2,623
Direct Access	0	0	0	£0	0	£0
Elective Excess Bed Days	-2	£515	-7	-3,321	5	£3,836
Elective Inpatients	-57	118,755	-68	-126,510	11	245,265
High Cost Drugs	42,360	42,360	28,201	21,703	14,159	20,657
Non Elective	1	-977	-4	-2,444	5	£1,467

POD	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
Excess Bed Days						
Non Elective Inpatients	2	-42,431	-2	-75,107	3	32,676
Non Elective Short Stay	0	£0	0	£0	0	£0
Other	-9,717	£0	-6,774	-586	-2,942	£586
Outpatient First Attendance	86	54,823	28	11,238	58	43,586
Outpatient Follow Up Attendance	79	70,585	-88	-2,840	167	73,425
Outpatient Procedures	-87	-12,743	-70	-10,778	-17	-1,965
Regular Day Admissions	0	£0	0	£0	0	£0
Rehab	65	91,449	44	49,349	20	42,100
Renal	0	£0	0	£0	0	£0
Unbundled	0	£0	0	£0	0	£0
Total	19,163	187,865	6,063	-259,763	13,100	447,627

Table C: Breakdown of Summary Financial Position by Sub-Cluster

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost £	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost £	Movement from previous month Activity	Movement from previous month cost £
NHS Brent	18,176	160,120	3,732	22,358	14,444	137,762
NHS Harrow	-10,715	-£49,442	-5,659	-118,607	-5,056	69,165
Brent & Harrow Sub-Cluster Total	7,461	110,678	-1,926	-96,249	9,388	206,927
NHS Kensington & Chelsea	16,639	79,735	15,124	26,789	1,514	52,946
NHS Hammersmith & Fulham	-20,486	-67,806	-14,394	-52,725	-6,092	-15,081
NHS Westminster	33,971	98,835	19,462	32,661	14,509	66,175
Inner Sub-Cluster Total	30,124	110,764	20,192	6,725	9,932	104,039
NHS Ealing	-2,913	-92,311	-6,923	-107,505	4,010	15,194
NHS Hillingdon	-12,700	-54,974	-7,900	-68,420	-4,800	13,446
NHS Hounslow	-2,809	113,708	2,620	5,687	-5,429	108,021
Outer Sub-Cluster Total	-18,422	-33,577	-12,203	-170,239	-6,219	136,661
Total	19,163	187,865	6,063	-259,763	13,100	447,627

Elective Inpatients

Over performance of £187k, is driven by increased activity in high value cochlear implants and nephrology, this is offset by a number of specialties are under performing. An error was found with the cochlear implant data and we have an agreed refund of £20k for NHS Hillingdon. The shift between months 2 and 3 reflects the significant cost associated with cochlear implants and a 'bunching' of activity caused by some delays in commencing treatment, set against a standardised monthly activity number.

Rehab

Over performance in the sum of £91k reflects costs associated with the provision of transitional care for an NHS Hillingdon patient. The local price charged for this activity is correct, however, NHS NWL is working with the Lead Commissioner to understand that nature of the service provided and its value for money, and depending on the outcome of the discussion may seek Lead Commissioner support for a price review.

Outpatients

The over performance is driven by increased activity and increases in referrals to higher value specialities. It should be noted that referrals into this Trust are largely tertiary, and the changes in referral patterns may reflect changes in secondary care referral patterns. We will ask the Trust to investigate the changes in referral patterns to determine if there is likely to be a reduction elsewhere secondary care activity. Consultant to consultant referrals and new to follow-up ratios are subject to audits, the details of which will be known in quarter 4 at which point rebates may be due to commissioners in line with the contract terms.

Haematology follow-ups will be checked as activity is under performing but the cost is over performing

Actions

- NHS NWL are investigating the details of the rehab patient costing £91k with the Trust and in conjunction with the Lead Commissioner
- Haematology follow-ups will be checked as activity is under performing but the cost is over performing.
- We will investigate with the Trust changes in secondary care referral patterns to determine if the change reflects a diversion of activity from other acute providers.

Over performance does not appear to be demand related; outpatient firsts, electives and non-elective are on their activity plans. Activity growth in day cases is attributable to two pain management HRGs alone.

The key drivers of over performance are:

- Outpatient follow-up attendances – 26% above activity plan
- Critical care bed days – 68% above activity plan
- Devices – 58% above activity plan
- Day cases – 23% above activity plan

There is no indication that individual PCT over performance can be attributed to increases in demand.

Whilst there is an absence of factual evidence the pattern of activity growth suggests the underlying drivers of over performance may relate to changes in counting methodology or service delivery. If this can be evidenced and these actions have been initiated by the Trust without proper notification to the commissioners then this activity will become challengeable.

Significant areas of over performance

The section below sets out areas of over performance of note, but where the financial impact is significantly less

PCT/Sub-Cluster	Month 3 YTD Variance Activity	Month 3 YTD Variance Cost	Month 2 YTD Variance Activity	Month 2 YTD Variance Cost	Movement From Previous Month Activity	Movement From Previous Month Cost
East And North Hertfordshire NHS Trust	7,916	£3,031,322	7,624	£2,916,957	-292	-£114,365
Moorfields Eye Hospital NHS Foundation Trust	39,002	£4,116,301	36,350	£4,186,496	-2,651	£70,194
Royal National Orthopaedic Hospital NHS Trust	7,015	£3,448,164	7,141	£3,526,371	126	£78,207
The Royal Marsden NHS Foundation Trust	8,384	£2,665,073	8,085	£2,570,955	-299	-£94,118

2.3.5 Royal National Orthopaedic Hospital NHS Trust

Summary Position

- The contract is over performing by £373k against a Month 3 plan of £3.1M.
- Over performance does not appear to be demand related; outpatient firsts, electives and non-elective are on their activity plans.
- The key drivers of over performance are:
 - Outpatient follow-up attendances – 26% above activity plan
 - Critical care bed days – 68% above activity plan
 - Devices – 58% above activity plan
 - Day cases – 23% above activity plan
 - There is no indication the individual PCT over performance can be attributed to increases in demand.
- Underlying drivers of over performance may relate to changes in counting methodology or service delivery. This is being investigated with the host commissioner.

2.3.6 East and North Hertfordshire NHS Trust

Summary Position

- Over performance at Month 3 is £211k against a year to date plan of £2.7m, at Month 2 over performance was £55k, but the changes in baseline calculation mean that the actual rate of over performance has reduced between Month 2 and Month 3. It should be noted that the Trust is a specialist cancer services provider receiving mostly tertiary referrals from local secondary care providers.
- Elective activity is the highest over performing POD at £170k, this does not match with performance being experienced by other commissioners and we will investigate with the Trust if the patterns of spend reflect a change in referral patterns, which may then be reflected in reductions in activity in other providers.
- Within the 'other' POD, radiotherapy is over performing by £31k. This reflects a cost per case arrangement for NHS Ealing and NHS NWL will be seeking to include NHS Ealing into the block arrangement for radiotherapy which other NHS NWL PCTs benefit from.

3.3.7 Moorfields Eye Hospital NHS Foundation Trust

Summary Position

- The contract is over performing by £166k against a Month 3 plan of £4.0m. The main area of over performance relate to activity in day cases (£73k) and out patient procedures (£37k).
- Over performance in the 'other' POD is £67k; this represents increased prices associated with the application of the best practice tariff for cataracts and the elective threshold adjustment.
- NHS NWL will review detailed activity to determine the causes of the activity increase above plan and if this is likely to lead to a reduction in activity with other providers.

3.3.8 Royal Marsden NHS Foundation Trust

Summary Position

- The contract is over performing by £111k against a Month 3 plan of £2.5m. The main area of over performance is regular day admissions at £124k and high cost drugs at £101k. Both these issues are subject to discussions between the host commissioner and trust as the host believes the trust are over charging
- There has been a £45k adverse movement between Month 2 and Month 3; taking into account changes in the baseline planning assumptions there has been an overall reduction in over performance growth between Months 2 and 3 of £94k.
- As a result of the implementation of clinical best practice there is the potential for growth in radiotherapy costs, the Lead Commissioner is working with the provider to mitigate this risk.

SECTION 3: Operational Performance and Quality

The current KPI highlight report at Appendix A details trust wide performance on national and local acute KPIs (Key Performance Indicators) using Month 2 data where available.

3.1 18 weeks referral to treatment

The scorecard below details 18 week RTT (Referral To Treatment) performance to end of June.. RAG assessments are based on the 2011/12 thresholds.

Performance Measure	Description	Threshold	Chelsea and Westminster Hospital NHS Foundation Trust		Ealing Hospital NHS Trust		Imperial College Healthcare NHS Trust		North West London Hospitals NHS Trust		Royal Brompton and Harefield NHS Foundation Trust		The Hillingdon Hospital NHS Foundation Trust		West Middlesex University Hospital NHS Trust	
			In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD
18 weeks RTT waits (95th percentile measures)	18 weeks RTT - admitted 95th centile	23 weeks	21.47		27.11		25.46		20.42		22.52		18.14		17.83	
	18 weeks RTT - non-admitted 95th centile	18.3 weeks	11.85		16.11		16.13		15.14		16.77		14.86		13.98	
	18 weeks RTT - incomplete pathways 95th centile	28 weeks	19.07		19.11		25.51		23.21		19.91		16.88		19.50	
18 week RTT waits (median waits)	18 weeks RTT - admitted median	11.1 weeks	7.92		10.83		5.39		4.70		7.35		9.38		10.60	
	18 weeks RTT - non-admitted median	6.6 weeks	0.82		5.81		5.03		3.62		6.65		3.77		4.79	
	18 weeks RTT - incomplete median	7.2 weeks	3.77		5.23		8.34		5.39		3.05		4.71		4.27	
18 weeks RTT performance within 18 weeks	18 weeks RTT - admitted performance within 18 weeks	90%	92.6%	93.0%	87.8%	89.1%	91.2%	91.8%	93.2%	93.4%	90.7%	91.2%	94.7%	95.2%	96.3%	95.5%
	18 weeks RTT - non-admitted performance within 18 weeks	95%	99.1%	99.0%	97.2%	97.8%	97.4%	97.7%	98.0%	97.5%	98.4%	97.4%	98.9%	99.0%	98.3%	98.1%

All Trusts with the exception of Royal Brompton and Harefield NHS Foundation Trust (RBH), Imperial College Healthcare NHS Trust (ICHT) and Ealing Hospital NHS Trust (EHT) are meeting all 18 weeks RTT standards. Trusts not meeting the admitted pathway standard of 90% are now subject to weekly reporting in response to a request from the Department of Health. Recognising 18 Weeks RTT as an extremely high priority, the Cluster in conjunction with NHS London is offering all Trusts the opportunity to attend an 18 Weeks RTT workshop. The aim of the session will be to refocus attention on effective Patient Tracking List (PTL) management, control of backlogs and a refresh of the rules as part of ensuring that there is no deterioration in waiting times. Specific Trust actions are detailed below.

RBH – The Trust is not meeting the non-admitted median wait target of 6.6 weeks. The position has improved from 7.96 weeks in May to 6.65 weeks in June. The Trust has put in place additional clinics and a programme of waiting list validation to achieve this improvement and will provide a plan in August to enable the step change required to meet the standard. The plan will include actions to:

- Evident Patient Tracking List (PTL) management
- Show clinic outcome form compliance – to ensure that clocks are stopped as required.
- Test clinic outcome form accuracy – clear understanding of the 18 week rules and if they are applied consistently

ICHT –The Trust is not meeting the thresholds for admitted 95th percentile wait and incomplete pathways. Between May and June, the Trust reported a number of patients across oral surgery, neurophysiology and urogynaecology that had not been managed within the Trusts normal administrative process. Performance notices have been served on the Trust for these occurrences of poor waiting list management.

The Trust has clear actions in place to clear the backlog of oral surgery, neurophysiology and urogynaecology patients by the end of September. In addition, the Intensive Support Team (IST) is undertaking a diagnostic review of management systems and processes related to the waiting list irregularities. To ensure due diligence, there will be an independent audit of processes and systems alongside the IST review. The Trust will continue to provide weekly progress updates against the backlog clearance and confirm when each backlog has been cleared. The report from the IST and Trust response will be shared with the Cluster along with the associated action plan. The Performance Notice will be formally closed once all the backlogs have been cleared.

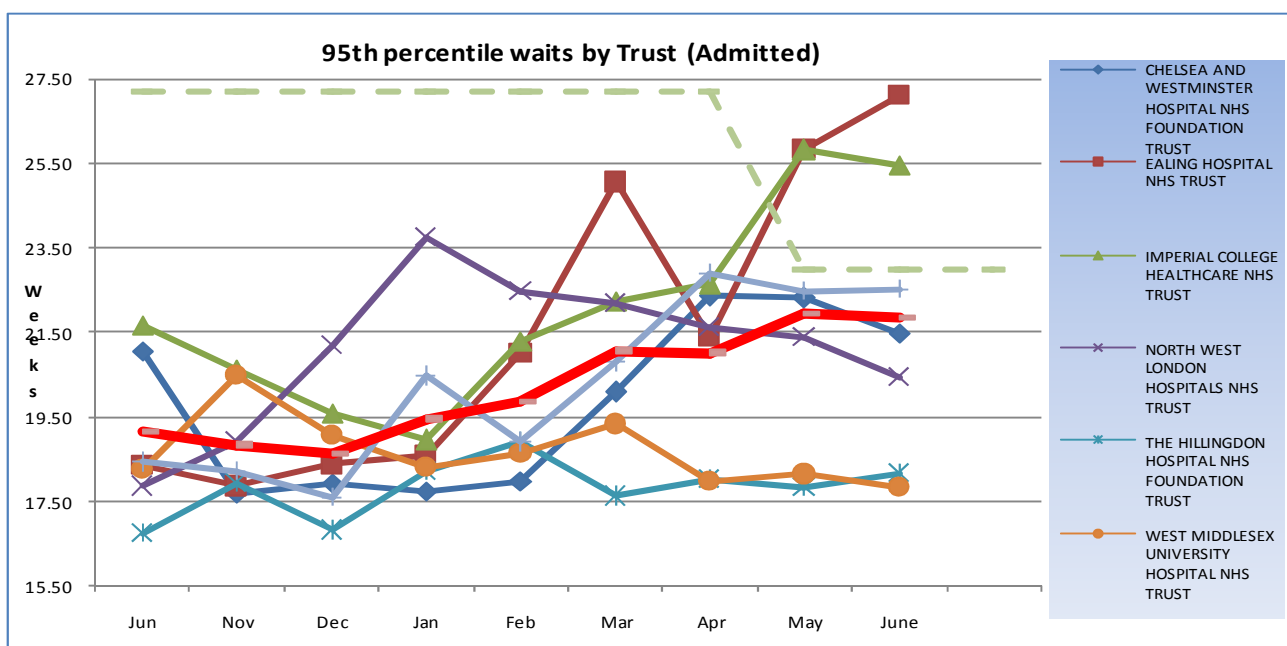
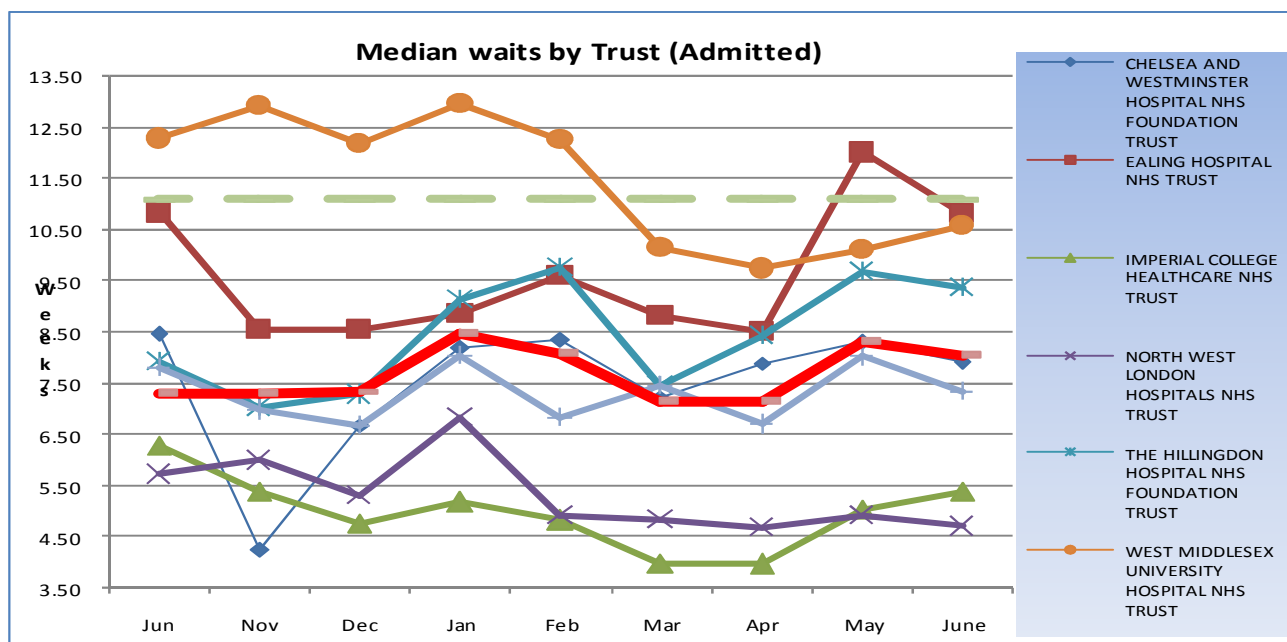
EHT – The Trust did not meet the thresholds for admitted 95th percentile and admitted performance with oral surgery and orthopaedics specialties failing to achieve the 90% standard. The Trust has provided a recovery plan to bring orthopaedics within the threshold by September. Oral surgery presents a risk due to a mismatch of capacity and demand. EHT is in discussion with Commissioners about a demand management approach going forward and will enlist an alternative provider (the Clementine Churchill) to help clear the backlog of patients, further detailed work is required to finalise the arrangements. It is anticipated that this will be concluded by early September. A meeting was recently held with the Trust to provide additional assurance that systems and processes are sufficiently robust to sustain performance in the remainder of 2011/12 with the following actions agreed:

- Submission of an appropriate action plan to manage oral surgery (this should include a backlog clearance plan).
- Refresh training for staff on the basic principles of 18 weeks management and good PTL management.
- Provide weekly updates to the Cluster to confirm progress.

It should be noted that EHT is now subject to the national weekly reporting for admitted pathways as described in the above paragraph.

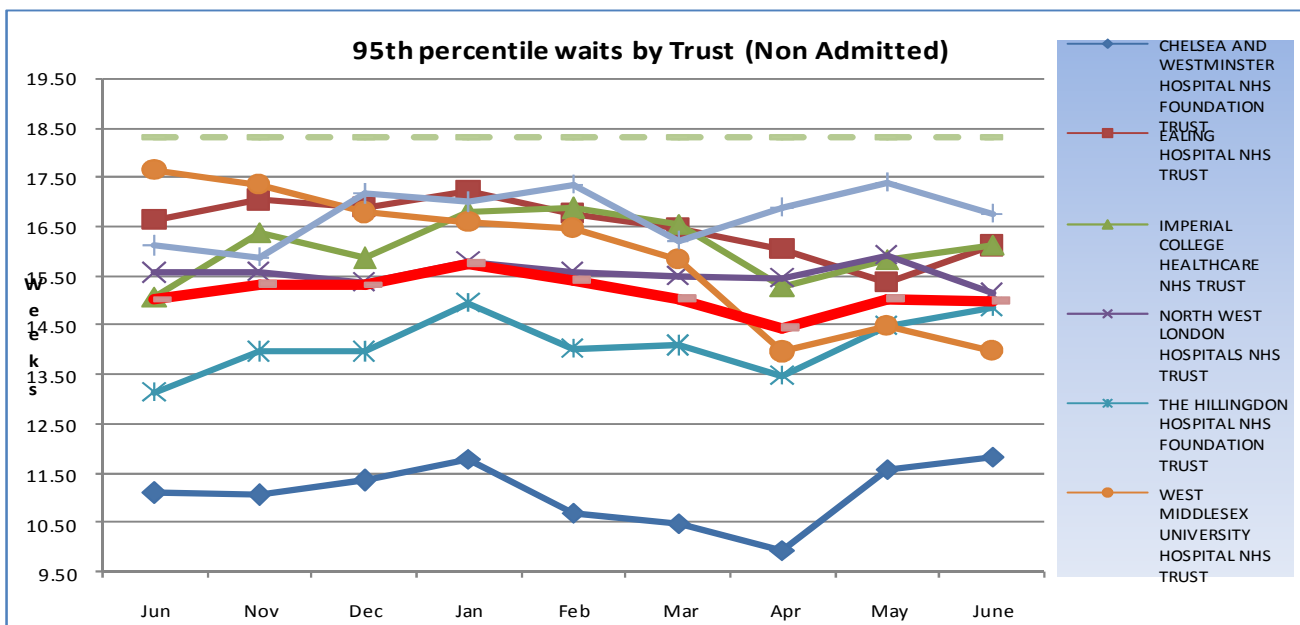
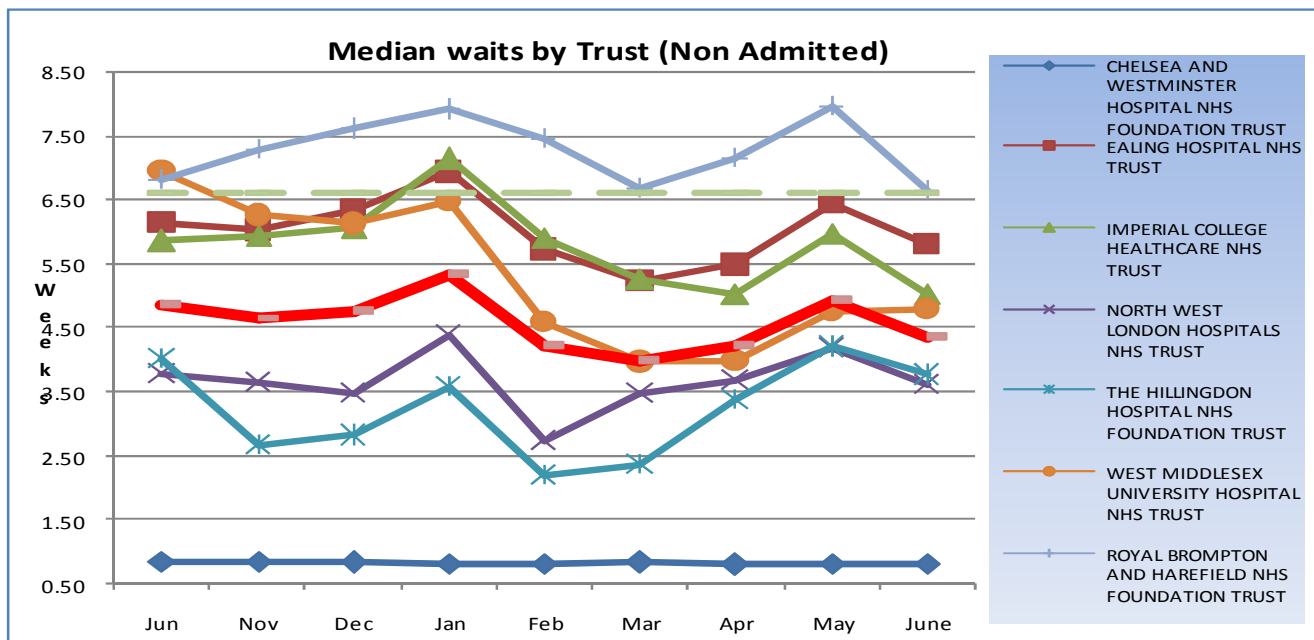
Admitted activity

Across the cluster median and 95th percentile waits have decreased in June compared to the May position. EHT and ICHT did not meet the national threshold for 95th percentile waits.



Non-admitted activity

Median waits across the cluster have decreased and 95th percentile waits have increased in June compared to the May position. All Trusts remain within target thresholds with the exception of RBH for the median wait.



6 week diagnostic waits

The dashboard below shows the June and year to date position for the Cluster.

KEY PERFORMANCE INDICATOR	Acute Trusts Thresholds (Achieve)	Period	Chelsea and Westminster Hospital	Ealing Hospital	Imperial College Healthcare	North West London Hospitals	Royal Brompton and Harefield	The Hillingdon Hospital	West Middlesex University Hospital
Patients waiting more than 6 weeks for a diagnostic test	zero tolerance	YTD	0	196	834	0	0	0	4
		June	0	54	546	0	0	0	0

EHT reported 54 breaches in June. This backlog was cleared at the end of June and the Trust has confirmed that the position is under control. NHS Ealing is working with the Trust to manage demand and has completed a piece of work reviewing the clinical appropriateness of some referrals into the Trust, a report is pending. As detailed above, a meeting was recently held with the Trust to provide assurance that systems and processes are sufficiently robust to sustain performance in the remainder of 2011/12. Actions agreed in relation to diagnostic waits are:

- Robust demand and capacity modelling to be undertaken and completed by September.
- Confirmation of actions identified as a result of the report from NHS Ealing.

ICHT reported 546 neurophysiology and urodynamics breaches in June. This was due to retrospective reporting of breaches that the Trust identified as not previously reported. Clear actions have been taken to clear the backlog of neurophysiology breaches by August and the urodynamics breaches by September. A further 113 patients have been identified in August as waiting for neurophysiology tests that have not been previously reported. These breaches will be retrospectively reported therefore 580 breaches will be reported in July.

The Trust has engaged the support of the IST to undertake a diagnostic review of management systems and processes in place and identify actions to mitigate any future occurrence. Performance notices have been served for occurrences of diagnostic breaches as a national supporting measure. The Performance Notice will be formally closed once all the backlogs have been cleared and financial penalties will be applied.

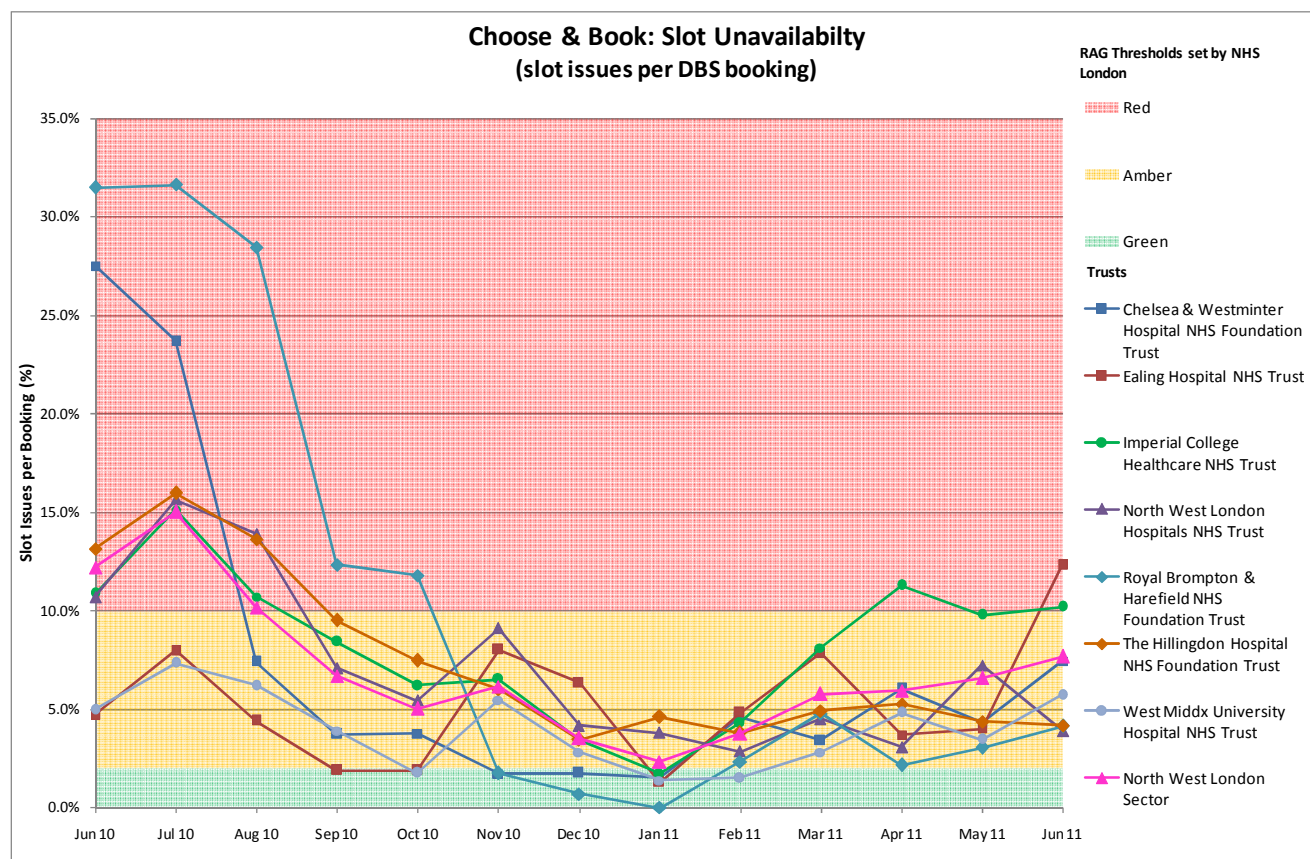
3.2 Choose and book

The June and year to date position is shown in the scorecard below.

KEY PERFORMANCE INDICATOR	Acute Trusts Thresholds (Achieve)	Period	Chelsea and Westminster Hospital	Ealing Hospital	Imperial College Healthcare	North West London Hospitals	Royal Brompton and Harefield	The Hillingdon Hospital	West Middlesex University Hospital
Choice of consultant led team	70% (NHS target)	YTD	47.7%	22.1%	46.3%	87.0%	100%	99.7%	73.6%
		June	49.2%	22.0%	77.1%	94.1%	100%	99.9%	73.9%
ASI: Slot Unavailability (slot issues per DBS bookings)	<2%	YTD	5.9%	7.2%	10.2%	4.7%	3.2%	4.5%	4.7%
		June	7.4%	12.3%	10.2%	3.9%	4.1%	4.2%	5.7%

NB: NHS London standard for ASI guidance is 2% or less (target revised from 4% on 14/06/10). The National average is 10% and the London average is 5% (as of week ending 8th July 2011)

The chart below shows the current trend (Jun 10 – Jun 11) in slot unavailability (slot issues) by Trust.



All Trusts except CW and EHT are meeting the NHS London target of 70% against choice of consultant team. Both CW and EHT are also not achieving the agreed local improvement trajectory as detailed below:

- 25% from 1st April
- 50% from 1st July
- 90% from 1st October

Both Trusts are required to provide remedial actions plans. Slot unavailability though not a national requirement is a pan London priority and as such requires focussed attention. Most Trusts continue to improve their performance however Trusts with emerging slot unavailability issues, specifically ICHT and EHT will provide action plans. Other Trusts are expected to sustain the improved position and meet the target during 2011/12. GP utilisation of Choose & Book (C&B) is a national requirement and therefore is high priority. All sub-clusters will be required to provide action plans with an improvement trajectory. All actions plans will be provided by end of August.

4.3 LAS Hospital Turnaround (Arrival to Patient Handover)

The breakdown for June and year to date by Trust is shown in the scorecard below.

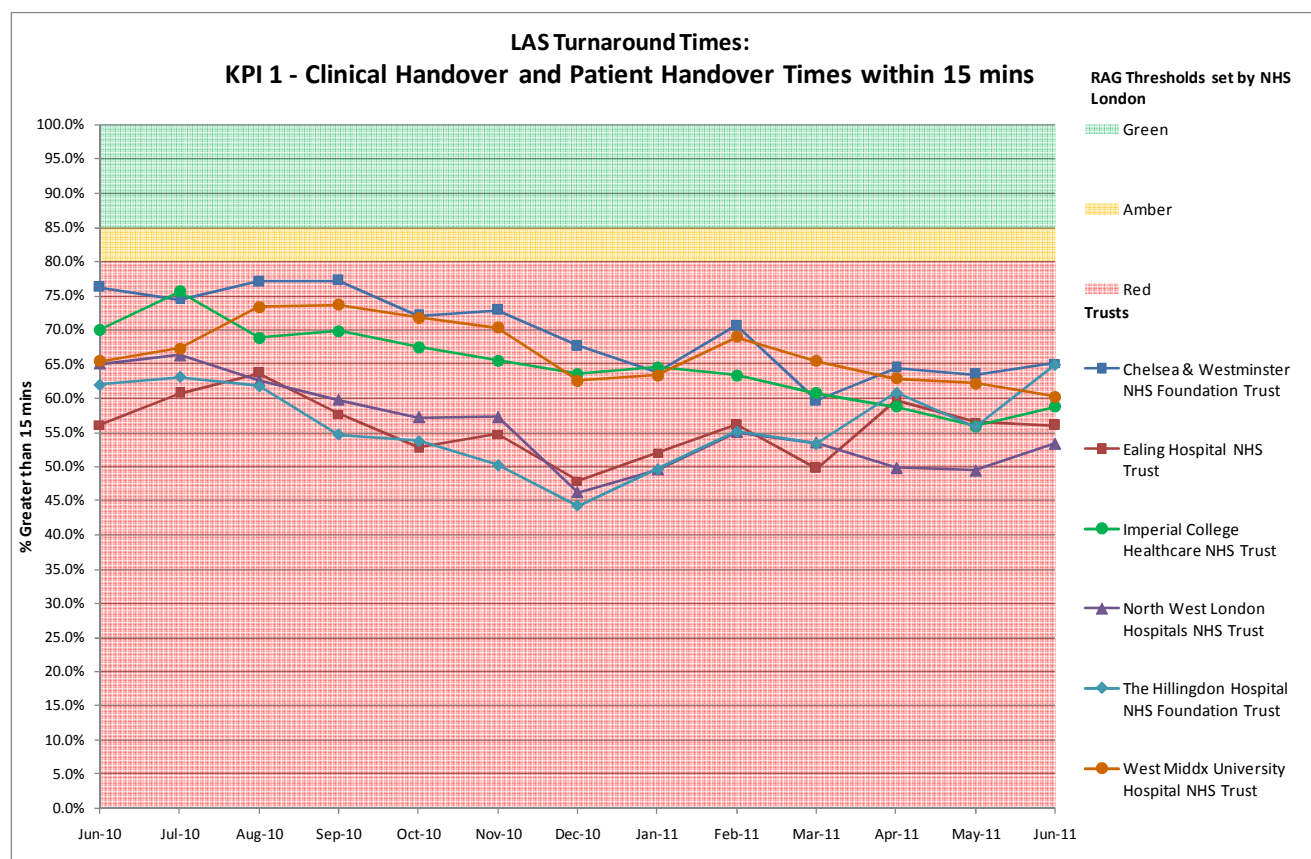
Performance Measure	Threshold	Chelsea and Westminster Hospital NHS Foundation Trust			Ealing Hospital NHS Trust			Imperial College Healthcare NHS Trust			North West London Hospitals NHS Trust			The Hillingdon Hospital NHS Foundation Trust			West Middlesex University Hospital NHS Trust		
		In mth/ qtr	YTD	Variance from previous month	In mth/ qtr	YTD	Variance from previous month	In mth/ qtr	YTD	Variance from previous month	In mth/ qtr	YTD	Variance from previous month	In mth/ qtr	YTD	Variance from previous month	In mth/ qtr	YTD	Variance from previous month
LAS arrival to patient handover within 15mins (KPI 1)	85%	65.1%	64.3%	↑	56.0%	57.4%	↓	58.8%	57.8%	↑	53.3%	50.8%	↑	64.9%	60.5%	↑	60.2%	61.7%	↓
								CXH 68%	CXH 68.3%	↓	NPH 48.3%	NPH 45.9%	↑						
								HH 69.8%	HH 67.6%	↑	CMH 66.3%	CMH 63.6%	↑						
								STM 48%	STM 46.9%	↑									
LAS arrival to patient handover within 30mins (KPI 2)	95%	96.7%	96.8%	↓	92.5%	93.8%	↓	95.60%	95.45%	↓	93.0%	91.9%	↑	95.9%	93.8%	↑	93.6%	93.8%	↔
								CXH 96.4%	CXH 96.7%	↓	NPH 91.5%	NPH 89.9%	↑						
								HH 96.9%	HH 95.3%	↑	CMH 96.9%	CMH 97%	↓						
								STM 94.6%	STM 94.6%	↓									
LAS arrival to handover greater than 60mins (KPI 3)	0	0	0		7	16		0	2		4	29		0	2		5	21	

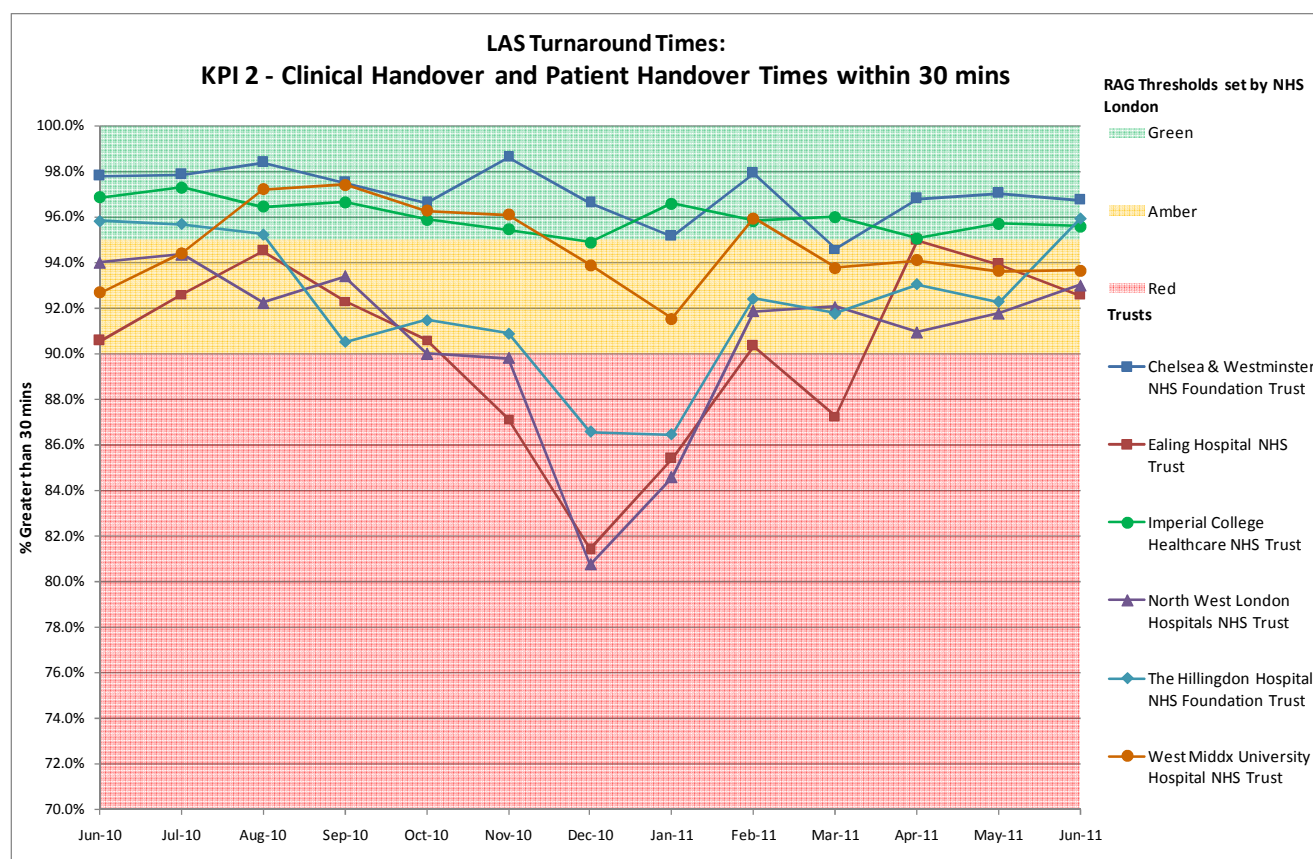
Two Trusts, CW and ICHT are completing patient handovers within 30 minutes 95% of the time and therefore meeting KPI 2. The target for handover of patients within 15 minutes 85% of the time (KPI 1) continues to be challenging for all Trusts however works continues across the Cluster to drive improvement. It is now priority that all Trusts increase usage of HAS as this may potentially have a positive impact on performance. Specific actions include:

- Hospital Turnaround Recovery Plans re-submitted by all Cluster Trusts.
- Monitoring of plans via monthly contract meetings and formal review of progress in September to identify any further actions prior to winter.
- All Cluster Trusts to have in place by end of August, trajectories for achieving 90% HAS data completeness by end of September 2011.

- All Cluster Trusts to have in place by end of August, trajectories for achieving KPIs 1&2 by end of October 2011.
- Pan London Master Class attended by Cluster Hospital Turnaround Management Lead
- Viewing of live HAS data to monitor Trust compliance in real time in development.
- NHS London to revise weekly reports to incorporate hospital turnaround KPIs.
- Process in place for accurate reporting of 60 minute breaches and robust process for reviewing Root Cause Analysis and associated actions.

The charts below show the current trend (June10 – June11) for each of the three performance indicators by trust.





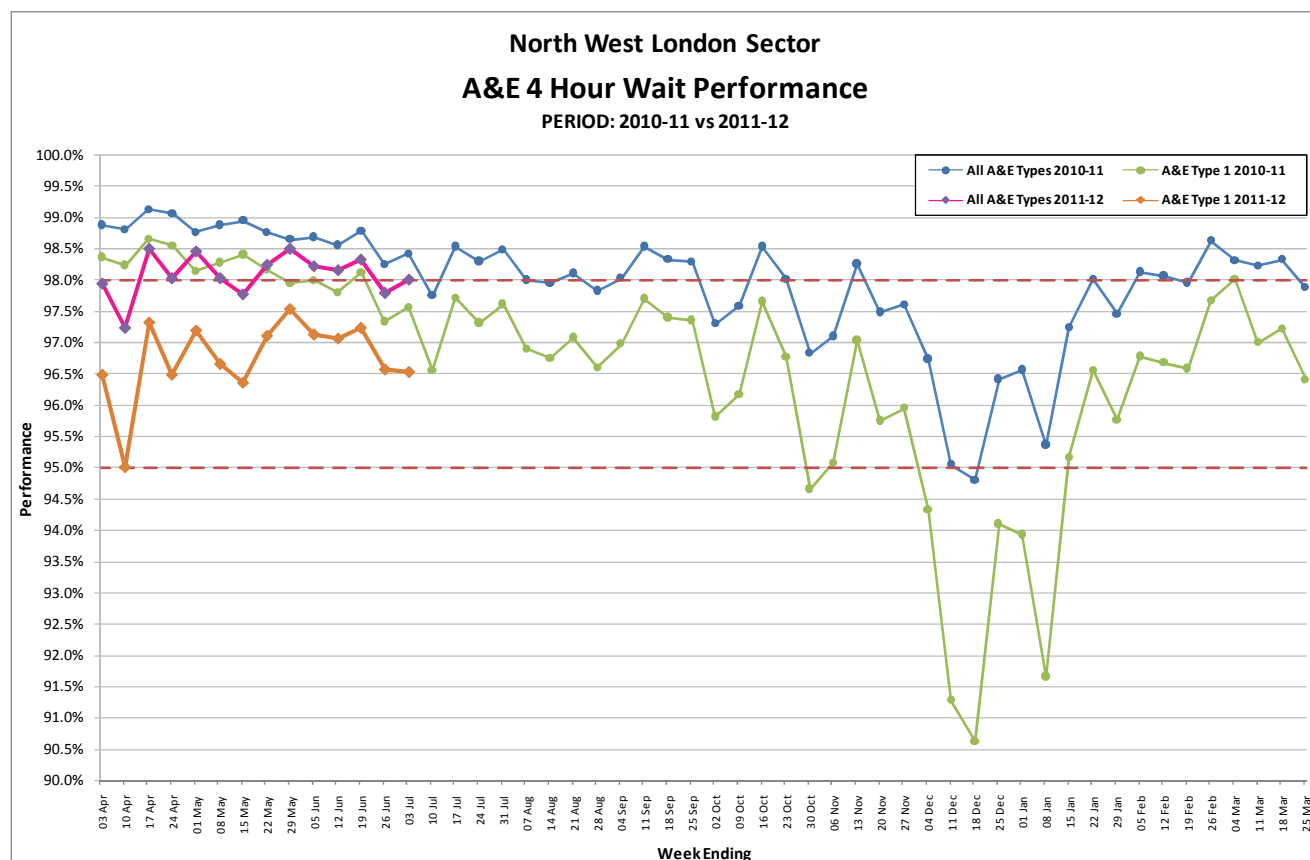
3.4 A&E 4hr waits and clinical quality indicators

The scorecard below details the June and year to date position by Trust against 98% all types and 95% Type 1.

KEY PERFORMANCE INDICATOR	Acute Trust Targets	Period	Chelsea and Westminster Hospital	Ealing Hospital	Imperial College Healthcare	North West London Hospitals	The Hillingdon Hospital	West Middlesex University Hospital
A&E 4 hour wait performance - ALL TYPES	98%	June	98.8%	97.1%	98.3%	94.6%	98.2%	98.3%
		YTD	98.6%	96.9%	98.2%	96.1%	97.2%	98.4%
A&E 4 hour wait performance - TYPE 1	95%	June	98.8%	96.5%	96.7%	94.6%	97.7%	98.3%
		YTD	98.6%	96.7%	96.4%	94.5%	96.3%	98.4%

In June all Trusts except NWLHT met the 95% Type 1 target. The Trust has completed a review of bed capacity and is currently revising the acute bed model to support patient flow from the Emergency Department and facilitate a reduction in length of stay. The Trust continues to implement the IST recommendations and will further refine its action plan to ensure sustained improvement.

The chart below shows a weekly trend. The information is taken from weekly SITREP reports published by NHS London, week ending 3rd July.



A slight deterioration is noted compared to performance in 2010/11. Robust performance management is in place with opportunities for targeted improvement support to prevent deterioration in performance.

New A&E clinical quality indicators

The Trust position for June is detailed below. Significant caveats are noted within this data set and it should be considered draft.

Performance Measure	Threshold	Chelsea and Westminster Hospital NHS Foundation Trust		Ealing Hospital NHS Trust		Imperial College Healthcare NHS Trust		North West London Hospitals NHS Trust		The Hillingdon Hospital NHS Foundation Trust		West Middlesex University Hospital NHS Trust	
		In mth/ qtr	YTD	In mth/ qtr	YTD	In mth/ qtr	YTD	In mth / qtr	YTD	In mth/ qtr	YTD	In mth/ qtr	YTD
Unplanned re-attendance at A&E within 7 days of original attendance	5%	0.0%	0.0 %	0.0%	0.0 %	0.0%	0.1 %	0.0 %	0.0%	0.0%	0.0%	0.1%	0.1%
Total time spent in A&E department - 95th centile: admitted	240 mins	270	254	287	300	838	837	545	539	273	298	280	283
Total time spent in A&E department - 95th centile: non-admitted	240 mins	237	236	228	229	359	375	237	237	234	235	229	229
Left department without being seen rate	5%	0.9%	1.2 %	3.3%	3.0 %	2.2%	2.4 %	3.2 %	3.4%	2.5%	3.1%	2.8%	3.1%
Time to initial assessment - 95th centile	15 mins	121	113	54	57	46	48	Data quality issues		Data quality issues		50	57
Time to treatment in department - median	60 mins	53	54	48	52	67	67	76	75	58	65	62	77

The 5 A&E headline measures and associated tolerances are:

- Time to initial assessment – 95th percentile above 15 minutes
- Time to treatment – median wait above 60 minutes
- Left without being seen rate – at or above 5%
- Total time in A&E – 95th percentile above 4 hours
- Unplanned re-attendance rate – above 5%

Whilst the data has caveats it is likely that the two measures highlighted as the worse performing above are areas requiring further attention, namely time to initial assessment and total time in A&E for admitted patients.

Total time performance for Imperial College Healthcare Trust is higher compared with other NW London Trusts due to data quality issues relating to the Trust Symphony IT system. The Trust is

currently undertaking a validation exercise to ensure that the A&E CDS extracted from its Symphony IT System is compliant with SUS.

The Department of Health will publish Q1 performance data during August 2011. All Trusts are expected to publish July performance data on their websites by 22 August 2011. The Cluster has circulated the DH *Best Practice Guidance for Local Publication June 2011* and all Trusts will confirm local publication.

The Cluster continues to work closely with Acute Trusts and sub-clusters to ensure a robust and consistent approach to the implementation of the A&E Clinical Quality Indicators (CQIs). All Trusts have in place local actions to deliver improved data quality and have confirmed the process of implementation and performance management. Specific actions include:

- Executive Leadership and clinical engagement in all Trusts with appropriate Steering Groups established to implement the CQIs.
- Shared learning facilitated across the Cluster to achieve improved performance
- Cluster data quality workshop held to further engage all organisations including independent sector providers and resolve implementation issues.
- Consistent approach to reporting and implementation agreed across North West London.
- Development of local scorecards and action plans to measure and improve performance
- Local publication of performance data in line with DH guidance
- Continue with review and refinement of PCT plans to ensure data quality in UCC

3.5 Stroke Care

The June and year to date position is shown in the scorecard below.

KEY PERFORMANCE INDICATOR	Acute Trust Targets	Period	Chelsea and Westminster Hospital	Ealing Hospital	Imperial College Healthcare	North West London Hospitals	The Hillingdon Hospital	West Middlesex University Hospital
Stroke Care - 90% time spent on Stroke Unit	80%	YTD		0.0%	99.7%	98.4%	100%	81.9%
		June	Missing data	0.0%	99.1%	95.9%	100%	74.2%
Stroke TIA - % of high risk TIA patients treated within 24 Hrs	60%	YTD		no activity	98.7%	96.7%	100%	72.7%
		June	Missing data	no activity	100%	100%	100%	70.0%

All Trusts met the standards in June apart from Ealing Hospital Trust (EHT) and West Middlesex university Hospital (WMUH). Stroke care has been decommissioned at EHT however a small number of patients are diagnosed after admission then transferred to a stroke unit. WMUH is expected to recover from the June position and meet the target year to date.

3.6 Cancer waits

The scorecard below shows the June position for national cancer waits standards for North West London.

Performance Measure	Threshold	Chelsea and Westminster Hospital NHS Foundation Trust		Ealing Hospital NHS Trust		Imperial College Healthcare NHS Trust		North West London Hospitals NHS Trust		Royal Brompton and Harefield NHS Foundation Trust		The Hillingdon Hospital NHS Foundation Trust		West Middlesex University Hospital NHS Trust	
		In mth/ qtr	YTD	In mth/ qtr	YTD	In mth / qtr	YTD	In mth/ qtr	YTD	In mth/ qtr	YTD	In mth / qtr	YTD	In mth / qtr	YTD
% of patients seen within two weeks of an urgent GP referral	93%	95.4%	95.8 %	94.6%	95.7 %	93.3 %	93.3 %	93.9%	94.3 %	No patients treated	100.0%	97.8 %	97.9 %	92.6 %	93.2 %
% of patients seen within two weeks of an urgent referral for breast symptoms	93%	No patients treated	No patients treated	89.9%	93.0 %	93.5 %	93.2 %	100%	99.7 %	No patients treated	No patients treated	94.9 %	95.8 %	100 %	99.4 %
% of patients receiving first treatment for cancer within 62-days of an urgent GP referral	85%	83.3%	94.6 %	93.3%	82.2 %	88.7 %	88.0 %	91.1%	91.9 %	66.7%	88.5 %	92.9 %	91.9 %	82.9 %	88.4 %
% of patients receiving first treatment for cancer within 62-days of referral (Screening)	90%	No patients treated	No patients treated	66.7%	66.7 %	88.9 %	89.6 %	100%	90.3 %	N/A	N/A	50.0 %	66.7 %	85.7 %	75.0 %
% of patients receiving first treatment for cancer within 62-days (consultant upgrade)	85%	100%	100 %	100%	100 %	100 %	95.5 %	100%	100 %	100%	88.9 %	96.2 %	95.5 %	100 %	100 %
% of patients receiving first treatment within one month of a diagnosis	96%	100%	100 %	100%	98.7 %	98.0 %	98.3 %	100%	99.6 %	100%	98.8 %	96.9 %	97.3 %	100 %	100 %
% of patients receiving subsequent treatment for cancer within 31-days (surgery treatment)	94%	100%	100 %	100%	100 %	96.1 %	96.6 %	100%	100 %	100%	100 %	100 %	100 %	100 %	100 %
% of patients receiving subsequent treatment for cancer within 31-days (drug treatment)	98%	100%	100 %	100%	100 %	100 %	100 %	100%	100 %	No patients treated	No patients treated	No patients treated	100 %	100 %	100 %
% of patients receiving subsequent treatment for cancer within 31-days (radiotherapy treatment)	94%	No patients treated	No patients treated	100%	100 %	98.2 %	95.8 %	No patients treated	No patients treated	No patients treated	No patients treated	No patients treated	No patients treated	No patients treated	No patients treated

*Note; due to the specialist nature of the Trust, the Royal Brompton & Harefield NHS Foundation Trust has a tolerance of 79% against 62 day standard.

The following targets were not achieved in June;

2WW standard (target 93%)

- West Middlesex University Hospital (WMUH) achieved 92.6% with breaches due to combinations of patients' choice and patient cancellations. The Trust's performance has improved since the June's position. The forecast for July is achievement of the standard at 93.3%.

Breast symptomatic standard (target 93%)

- Ealing Hospital Trust (EHT) achieved 89.9% with breaches due to combinations of patient choice and a GP referral inadvertently made via Choose & Book. The Trust has liaised with NHS Ealing and included instructions about referring breast symptomatic patients in the PCT standard operating procedure.

62 day standard (target 85%)

- Chelsea & Westminster Hospital Foundation Trust (CW) achieved 83.3.7% with 1 breach due to a due to complex patient pathway. The Trust has recovered the position and has forecast achievement of the standard for July at 90%.
- Royal Brompton & Harefield Foundation Trust (RBH) achieved 66.7% with 2 shared breaches due to combinations of late referral from another Trust and complex diagnosis pathway. The Trust will provide an action plan in August.
- WMUH achieved 82.9% with 3 breaches of which 2 was due to a combination of clinically complicated diagnosis and patient change of mind about treatment options. The third breach is a reporting error which the Trust will resolve for Q2 performance. The forecast for July performance is 100%.

62 day from screening service (target 90%)

- Ealing Hospital Trust (EHT) achieved 66.7% due to one breach which occurred because the patient wanted a second opinion about the treatment options.
- The Hillingdon Hospital Foundation Trust (THH) achieved 50.0% due to 2 shared breaches and will provide a recovery action plan during the month of August.
- West Middlesex University Hospital (WMUH) achieved 85.7% due a 1 breach shared with a tertiary centre. The Trust with support from the Cancer Network and Cluster will work towards a more robust solution for inter – trust communication.
- Imperial College Healthcare Trust (ICHT) achieved 88.9% with 4 shared breaches due to a combination of insufficient tracking, escalation & review at Trust & Network levels. The Trust has provided a recovery plan with ongoing actions to:
 - Re-enforce Trust level roles, responsibilities & timescales
 - Refine cross-Network and inter-Trust communication, tracking & escalation for all screeners

3.7 Eliminating Mixed Sex Accommodation

The scorecard below details the number of incidents of non-justified breaches of mixed sex accommodation by Trust for in June and year to date.

Eliminating Mixed Sex Accommodation: Non clinically - Justified Breaches	June	YTD
Chelsea & Westminster NHS Foundation Trust	0	0
Ealing Hospital Trust	15	15
Imperial College Healthcare Trust	3	3
North West London Hospital Trust	0	0
West Middlesex University Hospital	0	0
Hillingdon Hospital NHS Foundation Trust	0	1
Royal Brompton and Harefield NHS Foundation Trust	2	34

Ealing Hospital Trust (EHT) reported 15 clinically unjustified breaches in June. These breaches relate to the Endoscopy Unit where emergency patients were recovered with the wrong gender and the Clinical Assessment Unit (CDU) where patients were placed in the wrong gender bay due to tight bed capacity. The Trust has identified options for an emergency recovery area and instigated a bed escalation process to avoid placing patients in opposite gender bays when bed capacity is tight. Imperial College Healthcare Trust and Royal Brompton and Harefield reported 3 and 2 breaches respectively. Both Trusts will provide Root Cause Analysis and remedial actions before the end of August. Financial penalties will be applied to breaches as appropriate.

3.8 Healthcare Associated Infections (HCAI): C. Difficile & MRSA

Current validated cluster position – June 2011

The dashboards below show the year to date to June as a validated position from the Health Protection Agency (HPA) website.

KEY PERFORMANCE INDICATOR	Acute Trust Targets	Period	Chelsea and Westminster Hospital	Ealing Hospital	Imperial College Healthcare	North West London Hospitals	Royal Brompton and Harefield	The Hillingdon Hospital	West Middlesex University Hospital
Incidence of Clostridium difficile	Annual Trajectory		31	18	132	29	7	34	23
	Target	June YTD	7	4	33	8	1	9	4
	Actual		6	5	43	14	3	10	10
MRSA Bacteraemia	Annual Trajectory		3	2	9	3	1	3	3
	Target	June YTD	1	0	3	0	0	1	1
	Actual		0	0	6	2	0	2	2
MRSA cases per occupied bed days rate per 100,000 bed days	Target	June YTD	0.00	0.00	5.56	3.75	0.00	6.67	Bed occupancy not reported
	Actual								

Please note: RAG assessments use the methodology used in the NHS Performance Framework

Current un-validated cluster position – July 2011

The data below is taken from un-validated data published via the HPA website. The number of attributable cases may therefore reduce following further validation.

KEY PERFORMANCE INDICATOR	Acute Trust Targets	Chelsea and Westminster Hospital	Ealing Hospital	Imperial College Healthcare	North West London Hospitals	Royal Brompton and Harefield	The Hillingdon Hospital	West Middlesex University Hospital
Incidence of Clostridium difficile	Annual Trajectory	31	18	132	29	7	34	23
	YTD Target	9	6	44	10	2	12	5
	YTD	7	6	57	18	6	13	17
MRSA Bacteraemia	Annual Trajectory	3	2	9	3	1	3	3
	YTD Target	2	0	4	1	0	1	1
	YTD	0	0	8	4	0	3	2

Imperial College Healthcare NHS Trust (ICHT), West Middlesex University Hospital (WMUH) and North West London Hospitals (NWLH) remain of concern given year to date performance against trajectories.

The un-validated position for ICHT in July is 14 C.diff and 2 MRSA cases making a total of 57 C.diff and 8 MRSA cases to date against an annual trajectory of 9 MRSA cases. An escalation meeting was held with the Trust in Q4 with a follow up meeting in June 2011. Key themes and actions identified included:

- Performance management – Weekly multi disciplinary taskforce meetings
- Investigation of individual cases – Revised and enhanced process of Root Cause Analysis
- Hand hygiene and compliance to infection control – Drive continuous improvement and adherence with individuals as required.

Progress against the actions agreed at these meetings will be monitored via the Clinical Quality Group. In addition, the Trust is conveying a critical review panel to review all MRSA cases that occurred between April and June as part of an internal investigation.

The un-validated position for WMUH in July was 7 Cdiff cases bringing year to date performance to 17 Cdiff cases and 2 MRSA cases against an annual MRSA tolerance of 3. A recent escalation meeting was held with WMUH with the following actions agreed:

- MRSA screening - roll out and full implementation of MRSA screening with compliance testing using the 'real time' software system
- Compliance to blood culture policies using pharmacy records to identify patients requiring Intra venous antibiotics
- Venous access - Staff training supported by full adherence to hospital policies on line care
- Robust performance management framework and consistent challenge

The un-validated position for NWLH in July was 4 Cdiff and 2 MRSA cases making a total of 18 Cdiff cases and 4 MRSA cases year to date against an annual MRSA tolerance of 3. An escalation meeting was recently held with the Trust and it was agreed that a number of areas would benefit from a revised focus; these are:

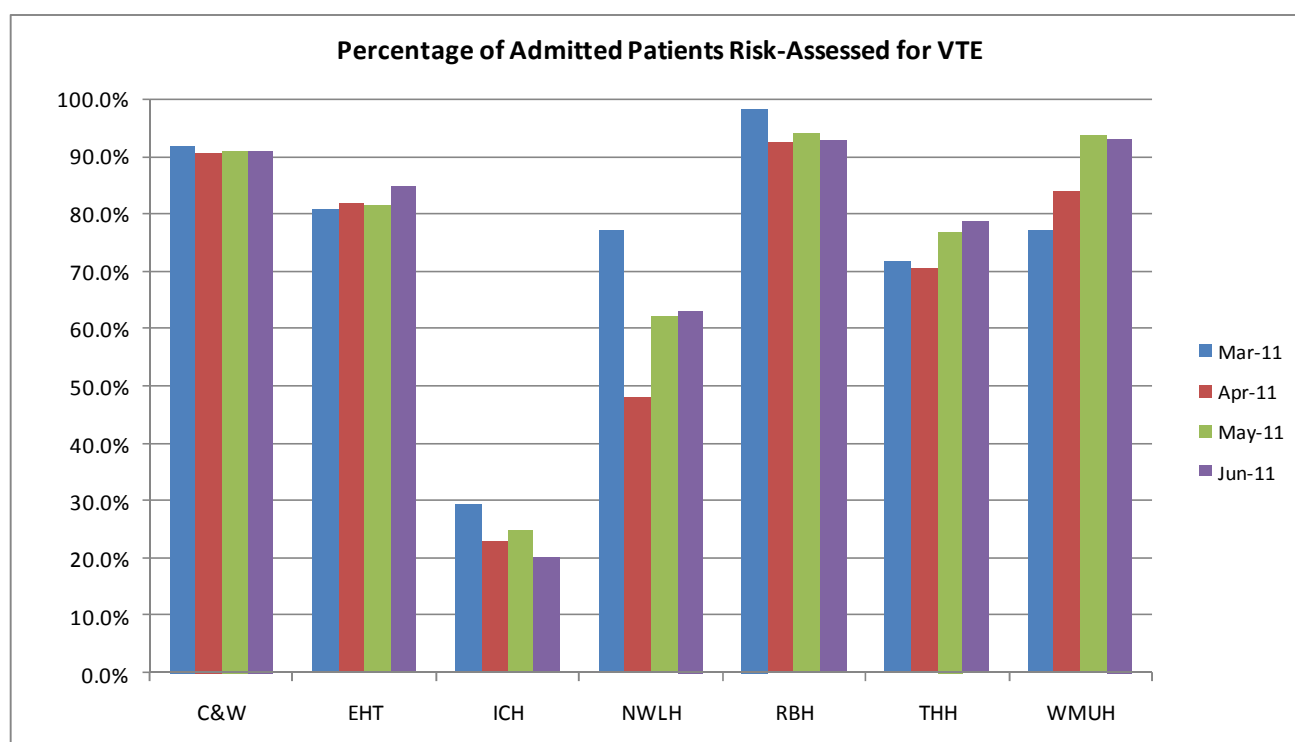
- Accountability of individual Clinicians and Clinical Directors
- Revisit the Infection Control Committee and ensure a task focussed approach with appropriate membership.
- Comprehensive testing of compliance across all key areas of infection control procedures including line care, blood culture procedures, and MRSA screening.
- Consider how best to approach work with primary care for a whole system approach to infection control and request input from the Cluster where appropriate.

The Hillingdon Hospital Foundation Trust has a level of challenge and will therefore be monitored appropriately. All other Trusts will continue to supply RCA and associated action plans direct to CQG.

3.9 Venous thromboembolism (VTE) Risk Assessment

The chart below shows monthly performance from March–June for the percentage of admitted patients risk assessed for VTE. Please note that the figures for Q1 will not be formally published by the DH until publication of Q1 performance in August.

The national CQUIN objective of 90% attainment is currently being achieved by Chelsea & Westminster NHS Foundation Trust (CW), Royal Brompton & Harefield NHS Foundation Trust (RBH) and West Middlesex University Hospital (WMUH).



The table below provides further detail on VTE risk assessment by Trust.

Trust	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
C&W	91.1%	91.1%	91.9%	90.6%	90.8%	90.9%
EHT	74.3%	76.5%	80.7%	81.8%	81.4%	84.8%
ICH	32.0%	27.3%	29.2%	23.0%	24.9%	20.1%
NWLH	66.0%	77.0%	77.0%	47.9%	62.1%	63.1%
RBH	98.9%	98.8%	98.3%	92.5%	93.8%	92.7%
THH	64.9%	68.5%	71.6%	70.5%	76.7%	78.5%
WMUH	74.1%	73.3%	77.0%	83.9%	93.5%	93.1%

Imperial College Healthcare NHS Trust (ICHT) is implementing a full roll out of Electronic Discharges in order to improve data capture and performance. Ealing Hospital Trust (EHT), North West London Hospitals (NWLH) and The Hillingdon Hospital (THH) are required to provide action plans with clear trajectories for improvement by end of August.

3.11 Quality metrics

Performance against quality metrics (schedule 3) is shown in table 12 which includes metrics that link to national performance indicators. Detailed reports are provided to contract teams at Trust level to support performance improvement. There are a number of metrics in 2011/12 contracts that are derived from SUS data. These will be reported to the NHS NWL board in Q2. Contractual penalties associated with SUS based metrics will be applied at the end of Q1.

Table 12: Quality Metrics Report

NHS North West London Quality Metrics June 2011

Quality Metric	Target	Period	All NWL Hospitals (where data is available)	Chel & West	Ealing	TTH	Imperial	NWLH	RBH	WMLH
HCAI										
No. of E.Coli bloodstream infections	no target set	Month of June	20	Data not provided	2	3	5	0	0	10
		Year to date	20	Data not provided	2	3	5	0	0	10
No. of MSSA incidences	no target set	Month of June	4	1	0	0	0	0	1	2
		Year to date	18	3	3	0	4	0	4	4
Maternity										
Breastfeeding initiation rates	no target set	Month of June	86.2%	Data not provided	Data not provided	81.1%	91.7%	83.6%	Not Applicable	82.5%
		Year to date	77.9%	Data not provided	0.0%	81.6%	89.7%	83.3%		80.2%
Maternities - smoking at time of delivery	no target set	Month of June	4.4%	Data not provided	Data not provided	9.3%	2.1%	4.6%	Not Applicable	4.7%
		Year to date	11.1%	Data not provided	0.0%	8.4%	2.6%	4.5%		37.3%
Elective caesarean sections	local targets	Month of June	7.4%	Data not provided	0.0%	9.6%	10.5%	11.2%	Not Applicable	0.0%
		Year to date	8.4%	Data not provided	3.9%	11.3%	11.8%	12.1%		0.0%
		local target:		not given	not given	not given	not given	not given		not given
Non-elective caesarean sections	local targets	Month of June	17.6%	Data not provided	24.2%	21.0%	15.4%	15.1%	Not Applicable	18.2%
		Year to date	17.5%	Data not provided	23.1%	17.8%	17.3%	15.7%		16.3%
		local target:		not given	not given	not given	not given	not given		not given
No. of women experiencing 3rd degree tear	local targets	Month of June		Data not provided	Data not provided	7	Data not provided	12	Not Applicable	14
		Year to date		Data not provided	Data not provided		Data not provided	24		
		local target:		not given	not given	not given	not given	not given		not given
Number of PP Haemorrhages	local targets	Month of June		Data not provided	Data not provided	Data not provided	Data not provided	Data not provided	Not Applicable	149
		Year to date		Data not provided	Data not provided	Data not provided	Data not provided	Data not provided		
		local target:		not given	not given	not given	not given	not given		not given

Quality Metric	Target	Period	All NWL Hospitals (where data is available)	Chel & West	Ealing	T-H	Imperial	NWLH	RBH	VMUJH
Ratio of 1:1 care during delivery	100.0%	Month of June Year to date		Data not provided	Data not provided	Data not provided	Data not provided	69.6% 74.4%	Not Applicable	Data not provided
Number of pregnant women with a named midwife	100.0%	Month of June Year to date		Data not provided	Data not provided	Data not provided	Data not provided	Data not provided	Not Applicable	Data not provided
Number of total births that take place as home births or Midwifery led units	5% increase over baseline	Month of June Year to date	No data reported 37	Data not provided	Data not provided	3	Data not provided	42 79	Not Applicable	83
Smoking Cessation										
Percentage of smokers offered smoking cessation support	local targets	Month of June Year to date	23.1% 15.7%	Data not provided Data not provided	Data not provided Data not provided	Data not provided Data not provided	27.7% 22.5%	Data not provided Data not provided	21.3% 9.9%	Data not provided Data not provided
		local target:		not given	not given	not given	not given	not given	not given	not given
Cancelled operations for non clinical reasons										
Number of last minute cancellations by the hospital for non clinical reasons	zero tolerance	Month of June Year to date	50 108	Data not provided Data not provided	12 27	14 22	0 0	Data not provided Data not provided	20 52	4 7
		local target:		n/a	n/a	2.0%	n/a	n/a	n/a	n/a
The number of breaches of the cancelled operations standard	zero tolerance	Month of June Year to date	0.0% 0.0%	0.0% 0.0%	0.0% 0.0%	0.0% 0.0%	1.9% 1.9%	3.3% 3.3%	0.0% 0.0%	0.0% 0.0%
Access to planned care										
% of rapid access chest pain clinic seen within 2 weeks	98.0%	Month of June Year to date	100.0% 100.0%	Data not provided Data not provided	100.0% 100.0%	100.0% 100.0%	100.0% 100.0%	Data not provided Data not provided	Data not provided Data not provided	100.0% 100.0%
Reduction in the no. of choose & book slots for acute provider use only	local targets	Month of June Year to date	7.7% 6.8%	7.4% 5.9%	12.3% 7.2%	4.2% 4.5%	10.2% 10.2%	3.9% 4.7%	4.1% 3.2%	5.7% 4.7%
		local target:		not given	not given	not given	not given	not given	not given	not given
Reduction in the no. of choose & book slots used by the acute provider	local targets	Month of June Year to date	31.3% 31.6%	25.2% 25.9%	39.7% 37.0%	31.1% 31.2%	30.3% 30.2%	28.7% 30.2%	27.6% 28.7%	41.0% 43.3%
		local target:		not given	not given	not given	not given	not given	not given	not given
Access to GUM clinic within 48hrs	zero tolerance	Month of June Year to date	100.0% 100.0%	100.0% 100.0%	100.0% 100.0%	100.0% 100.0%	100.0% 100.0%	100.0% 100.0%	Not Applicable	100.0% 100.0%

Quality Metric	Target	Period	All NWL Hospitals (where data is available)	Chel & West	Ealing	THH	Imperial	NWLH	RBH	WMLJH
TB treatment										
% of appointment available within 2weeks of GP referral for suspected pulmonary TB (specialist TB providers only)	>90%	Month of June Year to date		Data not provided	Data not provided	Data not provided	Data not provided	Data not provided	Not Applicable	Data not provided
% of completed TB treatment	85.0%	Month of June Year to date		Data not provided	Data not provided	Data not provided	Data not provided	Data not provided	Not Applicable	Data not provided
Cytology tests within 14 days										
% of cytology tests reported back to patient within 14 days	98.0%	Month of June Year to date		Reported Quarterly	Reported Quarterly	Reported Quarterly	Reported Quarterly	Reported Quarterly	Reported Quarterly	Reported Quarterly
Thrombolysis treatment within 60 minutes of entry to A&E										
% of stroke patients for thrombolysis that received treatment within 60 minutes of entry to A&E	90.0%	Month of June Year to date		Not Applicable	Not Applicable	Not Applicable	100.0% 87.5%	Data not provided Data not provided	Not Applicable	Not Applicable
PPCI 'call to balloon' time										
Providers must achieve a PPCI 'call to balloon' time within 150 minutes or less for at least 75 per cent of the cases (procedures, PPCIs)	75.0%	Month of June Year to date		Reported quarterly	Reported quarterly	Reported quarterly	Reported quarterly	Reported quarterly	Reported quarterly	Reported quarterly
Referral for urgent cardiac revasc surgery										
Percentage of urgent/Non elective cardiac surgery (revasc) referred using of an approved electronic referral system.	100.0%	Month of June Year to date		Not included in M1	Not included in M1	Not included in M1	Not included in M1	Not included in M1	Not included in M1	Not included in M1
Delayed Transfers of care										
Reduction in delayed transfers of care in line with an improvement trajectory	local targets tbd	Month of June Year to date local target:	2.1% 2.0%	0.6% 0.9%	2.1% 1.7%	0.0% 0.1%	2.0% 1.8%	2.7% 2.2%	Data not provided not given	1.5% 1.5%
Choose & Book - named consultant										
% of choose and book referrals where choice of named consultant-led team offered	25% Q1, 50% Q2, 90% from Q3	Month of June Year to date	No data reported 55.4%	No data reported 46.9%	data reported 22.2%	data reported 99.6%	data reported 28.5%	data reported 83.2%	data reported 100.0%	data reported 73.5%
Diagnostic waits										
% of diagnostic waits greater than 6 weeks	zero tolerance	Month of June Year to date local target:		Not Applicable	Not Applicable	0.0% 0.0%	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Diagnostic waits greater than 6 weeks	zero tolerance	Month of June Year to date	600 1034	0	54 196	0	546 834	0	0	0
Never Events										
Never Events (NE1 - NE25)	0	Month of June Year to date	0 2	0 0	0 0	0 0	0 2	0 0	0 0	0 0

SECTION 4: NWL Workforce Dashboard

NHS London now produce a monthly workforce dash board report for each provider and commissioning organisation in London. We have included the summary report for the NW London provider organisations within this month's performance report. Any significant issues with a provider are flagged in the commentary section and will be followed up by the relevant lead commissioner for that provider.

Workforce Dashboard NW - North West London Cluster

All organisations including NHS Trust, Foundation Trusts and PCTs

Column1	Permanent Staff in Post (FTE)	Unit Cost (£)	Agency Paybill (£)	Turnover (%)	Sickness (%)	No. of Redundancies (Headcount)	YTD Redundancies (Headcount)
Current Month	41,503	£ 49,515	£ 131,733	11.85%	3.46%	7	113
Previous month	41,609	£ 49,081	132,138	12.55%	3.46%	106	n/a
% Change from previous month	-0.26%	0.88%	-0.31%	-5.60%	0.04%	-93.40%	n/a
Planned figure for month	n/a	n/a	£ 130,290	n/a	3.41%	n/a	n/a
Variance from plan	n/a	n/a	£ 1,443	n/a	0.0	n/a	n/a
% Variance from plan	n/a	n/a	1.11%	n/a	1.57%	n/a	n/a
Cash cost of deviation from plan	n/a	n/a	-£ 1,443	n/a	-£ 87,821	n/a	n/a

Notes:

All dashboard are reflective of the current organisation structure as reported in ESR.

Planned redundancies will be populated with data from the potential redundancies data collection from next month

Areas	Issues
Organisational Health	LAS staff satisfaction - review required of their staff health and well-being strategy. West London MHT - has submitted its IBP as part of the FT pipeline process. NHSL have commented on the workforce aspects of the IBP. The trust needs to strengthen its workforce assurance framework in relation to patient safety and workforce performance.
Sickness	DH has recently flagged sickness trends as an issue in the NHS. Provider organisations whose sickness rates are above their plans in NW London are: LAS, Central and North West London NHS FT, West London Mental Health NHS Trust. Cluster to review action plans from these providers.
Bank/Agency	All providers reporting that their bank and agency spend is line with their plans with the exception of Central London Community Healthcare where the variance is 5% from plan.

Organisation level dashboards are available for each organisation.

SECTION 5: London Ambulance Service (LAS)

Commissioners Update – beginning August 2011

London-wide performance

Category A 8 minutes	Target 75%	Trajectory*
June 2011	74.2% ▼	0.0%
YTD (June 2011)	76.2% ▼	0.0%

Key

 - above target/trajectory	▲ – up on previous month
 - below target/trajectory	▼ – down on previous month

*Revised Trajectory (agreed 5th August)

Activity growth (all Incidents) in June was 2.4% below that of June 2010, which is 4.1% below plan. Growth in Category A Incidents was 6.7% above that of May 2010.

Forecast Cat A performance for July (tbc-21st of August) is 76.5%, which is **above both target and trajectory**, however trajectory was set with Command Point (new IT system) going in (which has been delayed).

As a result of below trajectory performance in April-May, commissioners issued a Performance Notice to the LAS on the 8th of July and a Recovery Action Plan, with associated trajectory has now been agreed between the LAS and Associate Commissioners (please see below).

Cat A Recovery Action Plan

Following a series of Performance Management meetings between the LAS and Commissioners a Recovery Action Plan was agreed and the following key areas identified as actions for improvement:

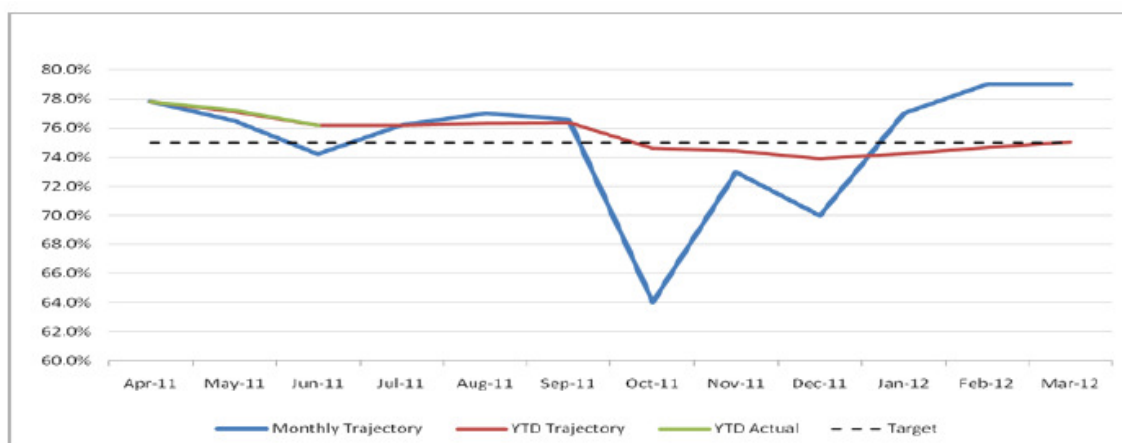
- **Operational efficiency:**
 - Job cycle time - *to be maintained/reduced*
 - Activation – *below 20%*
 - Mobilisation – *below 210 seconds for Ambulances and below 125 seconds for Fast Response vehicles*
 - Hospital turnaround – *to reduce both Arrival to Patient Handover and Patient Handover to Green*
- **Matching hours demand and capacity:**
 - Overall demand/capacity - *alignment at operational, tactical and strategic levels*
 - Rota reviews – *to be completed by end August*
 - Weekend performance – *to be improved by 1% on both Saturdays and Sundays*
 - Rest break agreement – *to be implemented by the end of September*
- **Cat A demand including:**
 - Rising Cat A demand – *LAS to identify sources of Cat A demand and work with the wider system to tackle jointly.*

Revised Cat A Trajectory

As previously reported one of the key determining factors when agreeing the original Cat A trajectory was the impact that Command Point was likely to have on performance as staff got used to using the new system. Following the failed implementation of Command Point on the 8th of June and the sub-trajectory performance experienced during April-May it was agreed that a revised Trajectory would be produced in association with the Cat A Recovery Action Plan.

Following a number of meetings and discussions with the LAS and stakeholders a revised Cat A trajectory was agreed (please see below), satisfying the criteria as set out by commissioners below:

- **The trajectory would be realistic and achievable** – *factors in activity trends, financial constraints and other LAS service delivery commitments required to deliver CQUIN, CIP and QIPP benefits.*
- **Is flexible with regards to Command Point implementation** – *the trajectory will be revised if the current provisional implementation date of October is moved back to later in the year based upon LAS board go ahead.*
- **Delivers the Cat A 8 minute National Standard** – *year end position is 75%*
- **Performance during winter is above that of 2010/11** and every effort within the LASs capacity is utilised to maximise performance during this period – *the trajectory for December is above that of performance during December 2010 and the Recovery Action Plan includes an action to strengthen demand and capacity planning ahead of winter.*



Ambulance Clinical Quality Indicators

As of April the 1st 2011 the Category B response time target no longer applies and a set of 11 clinical indicators were introduced to measure the quality of care delivered.

These indicators are split in to two groups System Indicators (AmbSI) and Clinical Outcome Indicators (AmbCO). The first submission of performance against system indicators was published on the 3rd of June with performance against clinical outcome indicators expected to follow in August.

It is worth noting that a number of ambulance trusts have still not been able to publish performance against the full set of indicators, making comparison between trusts difficult. It is also expected that it will take a number of months before all data quality issues are identified and resolved.

Bearing the above in mind, initial analysis (please see below) appears to indicate that in month 3 LAS performance against the new system indicators remains positive with the LAS demonstrating a marked improvement across the suite when compared with May.

June sees the LAS ranking as the **top performing trust in the country for 4 measures**, and in the **top quartile for 9 of the 14 measures**.

SUMMARY OF LAS PERFORMANCE AGAINST OTHER AMBULANCE TRUSTS - JUNE 2011

System Indicator		LAS	Average	Best Performer	LAS Rank	Comments
Category A	A (8 mins)	74.1%	75.3%	78.4%	12/12 ▼	Performance was below Target but YTD remains above target - A Performance Notice was issued on the 8th of July and a Recovery Action Plan is now in place
	A (19 mins)	99.3%	96.8%	99.3%	1/12 -	Although A&E performance has deteriorated A19 remains the best in the country and significantly above average
Call Abandonment		0.1%	1.4%	0.1%	1/11 ▲	It is re-assuring that given the LASs 95th and 99th percentile call answering performance that the LAS call abandonment rate is the lowest in the country.
Re-contact Rate	Following telephone advice	2.8%	15.2%	0.4%	2/11 -	Comparison of LAS performance against the average demonstrates how far ahead LAS performance is with this indicator
	Following treatment at scene	3.7%	5.6%	1.4%	3/12 ▲	LAS performance has improved from May moving from 5th best to 3rd best performer nationally
Frequent caller procedure	Proportion of calls from patients for whom a locally agreed frequent caller procedure is in place	3.0%	0.6%	3.0%	1/5 ▲	More than half of Ambulance Services did not report performance against this indicator. Commissioners identified this as an area for improvement in 2011/12 and as such forms part of this years joint work programme. This focus appears to be reflected in LAS Performance rising from worst performing in April to best performing in June
Timeliness	Time to answer calls-Median	0.0	2.0	0.0	1/12 -	On average the LAS are quickest in the country at responding to calls. Although performance against the 95th and 99th percentile has improved in comparison to other trusts, actual times remain stagnant and may indicate a resilience issue when call volumes spike. However the LASs Call abandonment rate is the lowest in the country. Commissioners shall continue to monitor performance over the forthcoming months
	Time to answer calls-95%	15.0	19.3	1.0	6/12 ▲	
	Time to answer calls-99%	69.0	63.3	13.0	7/12 ▲	
	Time to treatment Cat A-Median	5.9	5.4	4.0	9/12 -	The gap between the 3rd best performer and the LAS was very small at 42 secs.
	Time to treatment Cat A-95%	12.4	14.8	6.0	3/12 ▼	
	Time to treatment Cat A-99%	18.4	22.8	6.0	3/12 -	
Calls closed without transport	Proportion calls closed by telephone	7.2%	4.7%	15.4%	2/12 -	Although stagnant in terms of ranking, improvement has been experienced in terms of actual percentages on both of these indicators since May
	Proportion of incidents managed without transport to A&E	27.9%	34.4%	50.4%	10/12 -	Commissioners have already identified this as an area for improvement in 2011/12 and as such forms a significant part of this years CQUIN
Average					4.4 ▲	
Median					3.0 -	

PLEASE NOTE THIS IS THE THIRD MONTH OF REPORTING AND A NUMBER OF TRUSTS REMAIN UNABLE TO PRODUCE DATA ON SOME OF THESE INDICATORS

NWL Cluster Performance June 2011

The breakdown for June 2011 by PCT is shown below.

Cat A performance in NWL during June 2011 remains **above the London average at 74.5% and above target (YTD) at 76.9%**

	Cat A	YTD
NW London Cluster	74.5% ▼	76.9%
BRENT PCT	72.3% ▼	75.7%
EALING PCT	72.2% ▼	75.2%
HAMMERSMITH AND FULHAM PCT	75.2% ▼	76.7%
HARROW PCT	76.8% ▼	77.1%
HILLINGDON PCT	70.5% ▼	75.5%
HOUNSLOW PCT	72.7% ▼	75.1%
KENSINGTON AND CHELSEA PCT	78.2% ▲	78.5%
WESTMINSTER PCT	79.0% ▼	80.7%

Key areas of work across the whole system in 2011/12 include:

- **Strengthened use of appropriate care pathways (ACPs).**

The LAS Commissioning Team continues to work closely with LAS and Cluster leads to collate up to date pan-London information on local ACPs.

Current ACPs and those in development in each cluster, are also being captured via the Directory of Services (DoS) population workshops being held across London over the coming months.

The ACP reporting dashboard is under consideration by the Pan-London Clinical Quality Group (CQG). The final format will be available in September and a NWL summary will be included in this report from this point.

The ACP dashboard and general progress on the ACP project will be scrutinised by the CQG on a regular basis, with exception reports available to the Strategic Commissioning Board as requested.

- **Support reduction of hospital turnaround delays.**

The Hospital Turnaround Programme is progressing well. Two hospital turnaround master classes were held during July and attended by all cluster turnaround leads.

All Trusts have submitted initial hospital turnaround recovery plans. Finalised plans should be agreed by the end of August. Following feedback from NHS NWL, all NWL trusts have resubmitted revised recovery plans which are scheduled for review 11 August.

North West London performance against hospital turnaround priorities for June is as follows:

Site	HAS Compliance %		KPI 1 % (PRF)		KPI 2 % (PRF)		Breaches
Charing Cross	81.4	↑	68.2	↑	96.5	↑	0
ChelWest	79.6	↑	65.7	↑	96.8	↑	0
Central Middlesex	0.3	↓	66.3	↑	97.0	↑	0
Ealing	80.7	↑	56.0	↑	92.7	-	7
Hammersmith	56.5	↑	70.0	↑	96.9	-	0
Hillingdon	45.9	↑	64.9	↑	95.9	↑	1
St Mary's	46.2	↑	48.1	↓	94.6	-	0
Northwick Park	19.8	↑	48.5	↑	91.7	↑	4
West Middlesex	79.2	↑	60.1	-	93.8	↑	5

The LAS Commissioning team and LAS Acute Hospital Lead continue to work together to increase Trust HAS Completeness to support a move away from recording patient handover times via the Patient Record Form (PRF).

A monthly Hospital Turnaround report is now available for cluster and trust turnaround leads which shows ranked & aggregated Trust performance against KPI1, KPI2, breaches, HAS compliance & evidence of joint action planning. A weekly version of this report will be available by the end of August at the latest.

- **Emergency and Urgent Care – NWL cluster approach.**

A suite of Programme Boards are being established to take forward the development of the recently established NWL Delivery Support Unit (DSU) led by Thirza Sawtell.

The immediate priority for the DSU is to support the development of NWL QIPP initiatives for 2012/13. The agreed initiatives will form the work programmes for the Programme Boards from September onwards.

The Programme Boards will cover:

- Unscheduled Care
- Planned Care
- Long-Term Conditions
- Delivery Models

Four focus groups are being held during August. The purpose of the first three focus groups is to look at initiatives across identified care pathways. The fourth focus group will discuss the outputs from the pathway discussions in the context of the three delivery models (primary care, community care and integrated care).

The output from these focus groups will be presented and discussed in a broader, cluster-wide workshop in September.

- **Single point of access / Directory of Services (DoS)**

Four DoS workshops were held during July to facilitate the clinical information upload for acute and community services across Hillingdon and INWL. Each service provider agreed a plan following each workshop to identify the actions required prior to full sign off of their DoS entry.

INWL and Hillingdon remain on track as the first London pilot sites for 111. Both sites are expected to go live from October 2011.

The LAS Commissioning Directorate continues to work with NHS London and the LAS to support development across these two sites and facilitate delivery against DoS and 111 Programme timescales.

- **Capacity Management System (CMS)**

The development of the Overall Hospital Activity re-write is due to commence in October 2011. The CMS team are working on developments in conjunction with CMS users nationally and London is fully engaged with the process.

In the meantime, to ensure that the system is working to maximum efficacy through the winter period, there are a number of interim improvements that will be implemented in the current system. These improvements are expected to produce a more consistent and realistic view of Acute Trust pressures across London.

Work has begun to gather information for the Community Hospitals module which is already up and running in ONEL and NCL. All Clusters are expected to have implemented the module before winter 2011.

The Critical Care module has been piloted in NWL and will, in the very near future, extend to the remaining clusters.

Appendix A

NHS North West London - M3 2011/12 Acute Performance Measures Report

National Headline Measures (2011/12)																		
Performance Measure	Description	Data Source	Reporting Frequency	Threshold	Chelsea and Westminster Hospital NHS Foundation Trust		Ealing Hospital NHS Trust		Imperial College Healthcare NHS Trust		North West London Hospitals NHS Trust		Royal Brompton and Harefield NHS Foundation Trust		The Hillingdon Hospital NHS Foundation Trust		West Middlesex University Hospital NHS Trust	
					In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD
HCAI	MRSA	1	Monthly	Local Target	0	1	0	0	1	3	0	0	0	0	0	1	1	1
				Actual	0	0	0	0	0	6	0	2	0	0	1	2	1	2
	MRSA cases per occupied bed days rate per 100,000 bed days	1 & 2	Monthly		0.00	0.00	0.00	0.00	0.00	8.28	0.00	5.64	0.00	0.00	0.00	5.08	0.00	0.00
	C.Diff	1	Monthly	Local Target	1	7	1	4	11	33	3	8	0	1	3	9	1	4
				Actual	3	6	2	5	10	43	6	14	1	3	2	10	3	12
Patient Experience	Patient Experience		Annually		REPORTED ANNUALLY													
18 weeks RTT waits (95th percentile measures)	18 weeks RTT - admitted 95th centile	2	Monthly		21.47		27.11		25.46		20.42		22.52		18.14		17.83	
	18 weeks RTT - admitted 95th centile: specialites that failed to achieve the threshold	2	Monthly	23 weeks	Urology 27.15 T&O 25.95 Gynaecology 23.80		T&O 25.70 Oral Surgery 34.25		Gen. Surgery 25.88 Urology 28.70 T&O 45.37 Oral Surgery 29.56 Neurosurgery 27.20 Plastic Surgery 37.50 Neurology 52.18 Rheumatology 52.20		T&O 29.80		Other Specs. 27.57					
	18 weeks RTT - non-admitted 95th centile	2	Monthly		11.85		16.11		16.13		15.14		16.77		14.86		13.98	
	18 weeks RTT - non-admitted 95th centile: specialites that failed to achieve the threshold	2	Monthly	18.3 weeks			Oral Surgery 35.82 Gastro. 20.35				T&O 19.80							
	18 weeks RTT - incomplete pathways 95th centile	2	Monthly	28 weeks	19.07		19.11		25.51		23.21		19.91		16.88		19.50	
EMSA	MSA breaches	2	Monthly	0	0	0	15	15	3	3	0	0	2	34	0	1	0	0
A&E	Total time spent in A & E < 4 hours (all activity types)	2	Monthly	98%	98.8%	98.6%	97.1%	96.9%	98.3%	98.2%	94.6%	96.1%	N/A	N/A	98.2%	97.2%	98.3%	98.4%
	Total time spent in A & E < 4 hours (type 1)	2	Monthly	95%	98.8%	98.6%	96.5%	96.7%	96.7%	96.4%	94.6%	94.5%	N/A	N/A	97.7%	96.3%	98.3%	98.4%
A&E Quality Indicators	Unplanned re-attendance rate - Unplanned re-attendance at A&E within 7 days of original attendance (including if referred back by another health professional)	3	Monthly Not monitored by NHSL in Q1 PROVISIONAL FIGURES REPORTED*	5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	0.1%	0.1%
	Total time spent in A&E department - median: admitted	3			219	218	224	222	229	232	222	221	N/A	N/A	217	221	227	226
	Total time spent in A&E department - median: non-admitted	3			156	151	67	73	127	129	140	139	N/A	N/A	102	108	135	113
	Total time spent in A&E department - 95th centile: admitted	3		240 mins	270	254	287	300	838	837	545	539	N/A	N/A	273	298	280	283
	Total time spent in A&E department - 95th centile: non-admitted	3		240 mins	237	236	228	229	359	375	237	237	N/A	N/A	234	235	229	229
	Left department without being seen rate	3		5%	0.9%	1.2%	3.3%	3.0%	2.2%	2.4%	3.2%	3.4%	N/A	N/A	2.5%	3.1%	2.8%	3.1%
	Time to initial assessment - median	3			14	16	19	16	11	11	7	2	N/A	N/A	Data quality issues		12	14
	Time to initial assessment - 95th centile	3		15 mins	121	113	54	57	46	48	56	22	N/A	N/A	Data quality issues		50	57
	Time to treatment in department - median	3		60 mins	53	54	48	52	67	67	76	75	N/A	N/A	58	65	62	77
	Time to treatment in department - 95th centile	3			173	164	176	180	190	189	216	216	N/A	N/A	175	189	147	170
Cancer 2 week, 62 days	Cancer 2ww (all urgent referrals and breast symptoms - aggregate measure)	4	Monthly	93%	95.4%	95.8%	93.3%	94.9%	93.2%	93.3%	95.4%	95.6%	No patients treated	100.0%	97.0%	97.4%	94.3%	95.0%
	Cancer 62 days (GP referral, consultant referral and from screening programme - aggregate measure)	4	Monthly		85.7%	95.5%	94.0%	91.0%	89.6%	89.0%	93.3%	92.7%	75.0%	88.6%	92.9%	92.6%	85.4%	88.0%
Emergency Readmissions	Emergency readmissions within 30 days	3	Monthly															
Acute Beds	Acute bed capacity	2	Quarterly	Local Target	Target not set		324		1,348		760		409		425		319	
				Actual	309		282		1,230		621		0		366		0	
18 week incomplete RTT pathway	RTT incomplete pathways	2	Monthly	Commissioner Plans	11,922		8,740		48,985		19,251		2,533		12,500		7,883	

*A&E Quality Indicator figures are currently under development and subject to data quality review. The figures reported are therefore PROVISIONAL and should be used with caution

National Supporting Measures (2011/12)																		
Performance Measure	Description	Data Source	Reporting Frequency	Threshold	Chelsea and Westminster Hospital NHS Foundation Trust		Ealing Hospital NHS Trust		Imperial College Healthcare NHS Trust		North West London Hospitals NHS Trust		Royal Brompton and Harefield NHS Foundation Trust		The Hillingdon Hospital NHS Foundation Trust		West Middlesex University Hospital NHS Trust	
					In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD
VTE	VTE risk assessment	2	Monthly	90%	90.9%	90.8%	84.8%	82.7%	20.1%	22.6%	63.1%	59.1%	92.7%	93.0%	78.5%	75.3%	93.1%	90.3%
A&E Quality Indicators (all other measures)	Ambulatory care: component A - A&E attendances for cellulitis & DVT resulting in admission	3	Quarterly															
	Ambulatory care: component A - Admissions for cellulitis & DVT per head of population	3	Quarterly															
	Consultant sign-off		Bi-annually															
	Service Experience		Quarterly															
Cancer Waits	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	4	Monthly	93%	95.4%	95.8%	94.6%	95.7%	93.1%	93.3%	93.9%	94.3%	No patients treated	100.0%	97.8%	97.9%	92.6%	93.2%
	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	4	Monthly	93%	No patients treated	No patients treated	89.9%	93.0%	93.5%	93.2%	100.0%	99.7%	No patients treated	No patients treated	94.9%	95.8%	100.0%	99.4%
	Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	4	Monthly	85%	83.3%	94.6%	93.3%	82.2%	88.7%	88.0%	91.1%	91.9%	66.7%	88.5%	92.9%	91.9%	82.9%	88.4%
	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	4	Monthly	90%	No patients treated	No patients treated	66.7%	66.7%	88.9%	89.6%	100.0%	90.3%	N/A	N/A	50.0%	66.7%	85.7%	75.0%
	Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	4	Monthly	85%	100.0%	100.0%	100.0%	100.0%	100.0%	95.5%	100.0%	100.0%	100.0%	88.9%	96.2%	95.5%	100.0%	100.0%
	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	4	Monthly	96%	100.0%	100.0%	100.0%	98.7%	98.0%	98.3%	100.0%	99.6%	100.0%	98.8%	96.9%	97.3%	100.0%	100.0%
	Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	4	Monthly	94%	100.0%	100.0%	100.0%	100.0%	96.1%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	4	Monthly	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No patients treated	No patients treated	No patients treated	100.0%	100.0%	100.0%
	Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	4	Monthly	94%	No patients treated	No patients treated	100.0%	100.0%	98.2%	95.8%	No patients treated	No patients treated	No patients treated	No patients treated	No patients treated	No patients treated	No patients treated	No patients treated
Stroke Indicator	Stroke - 90% of time spent on a stroke unit	5	Monthly	80%	Data not provided	Data not provided	0.0%	0.0%	99.1%	99.7%	95.9%	98.4%	N/A	N/A	100.0%	100.0%	72.4%	81.9%
	Stroke - TIA treated in 24hrs	5	Monthly	60%	Data not provided	Data not provided	No patients treated	No patients treated	100.0%	98.7%	100.0%	96.7%	N/A	N/A	100.0%	100.0%	70.0%	72.7%
Staff Engagement	Staff engagement		Annually		REPORTED ANNUALLY													
PROMS	PROMS scores				SUBJECT TO REVIEW													
Maternity	12 week maternity access	5	Quarterly	90%	Q1 to be reported in Q3								N/A	N/A	Q1 to be reported in Q3			

National Supporting Measures (2011/12) cont.																		
Performance Measure	Description	Data Source	Reporting Frequency	Threshold	Chelsea and Westminster Hospital NHS Foundation Trust		Ealing Hospital NHS Trust		Imperial College Healthcare NHS Trust		North West London Hospitals NHS Trust		Royal Brompton and Harefield NHS Foundation Trust		The Hillingdon Hospital NHS Foundation Trust		West Middlesex University Hospital NHS Trust	
					In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD
18 week RTT waits (median waits)	18 weeks RTT - admitted median	2	Monthly	11.1 weeks	7.92		10.83		5.39		4.70		7.35		9.38		10.60	
	18 weeks RTT - admitted median: specialites that failed to achieve the threshold	2	Monthly		Urology 11.50 Dermatology 13.50		T&O 15.27 Oral Surgery 27.50		T&O 15.96 ENT 12.17 Oral Surgery 16.55 Gen. Medicine 17.50		T&O 11.23 Oral Surgery 11.17 Cardiology 12.50				T&O 12.83 Ophthalmology 14.50 Oral Surgery 16.25		Gen. Surgery 12.33 Urology 11.83 T&O 13.25 ENT 11.50 Gen. Medicine 13.69 Geriatric Med. 17.50	
	18 weeks RTT - non-admitted median	2	Monthly	6.6 weeks	0.82		5.81		5.03		3.62		6.65		3.77		4.79	
	18 weeks RTT - non-admitted median: specialites that failed to achieve the threshold	2	Monthly		Ophthalmology 8.25 Neurology 8.08		Oral Surgery 8.25 Gastro. 9.76 Dermatology 7.64 Neurology 10.21		ENT 9.10 Ophthalmology 7.47 Oral Surgery 10.13 Neurosurgery 6.63 Gen. Medicine 11.17 Gastro. 8.46 Rheumatology 6.71		Gastro. 7.11 Dermatology 6.86		ENT 11.30 Cardiology 7.50 Other Specs. 7.19		Oral Surgery 10.70 Gastro. 9.75 Neurology 6.68 Rheumatology 9.43		ENT 7.38 Cardiothoracic Surg. 8.00 Cardiology 6.80	
		18 weeks RTT - incomplete median	2	Monthly	7.2 weeks	3.77		5.23		8.34		5.39		3.05		4.71		4.27
18 weeks RTT performance within 18 weeks	18 weeks RTT - admitted performance within 18 weeks	2	Monthly	90%	92.6%	93.0%	87.8%	89.1%	91.2%	91.8%	93.2%	93.4%	90.7%	91.2%	94.7%	95.2%	96.3%	95.5%
	18 weeks RTT - admitted performance within 18 weeks: specialties that failed to achieve the threshold	2	Monthly				T&O 84.7% Oral Surgery 31.4%		T&O 65.1% Oral Surgery 60.9%		T&O 78.4%		Other Specs. 85.4%				T&O 86.0%	
	18 weeks RTT - non-admitted performance within 18 weeks	2	Monthly	95%	99.1%	99.0%	97.2%	97.8%	97.4%	97.7%	98.0%	97.5%	98.4%	97.4%	98.9%	99.0%	98.3%	98.1%
	18 weeks RTT - non-admitted performance within 18 weeks: specialties that failed to achieve the threshold	2	Monthly				Oral Surgery 70.2% Gastro. 92.5%				T&O 93.3%							
Diagnostics	Patients waiting more than 6 weeks for a diagnostic test	2	Monthly	0	0	0	54	196	546	834	0	0	0	0	0	0	0	4
Long Term Conditions	Emergency admissions for Long Term Conditions	3	Monthly															
Length of Stay	Acute length of stay	3	Monthly	Local Target	Target not set		7.04	7.11	6.69	6.65	5.90	5.91	6.12	6.14	3.62	3.62	5.47	5.52
				Actual	3.05	3.17	3.82	3.70	3.86	3.72	3.36	3.34	3.70	3.81	3.66	3.59	3.43	3.35
Daycase Rate	Proportion of G&A daycases of total G&A elective admissions	2	Monthly		78.6%	78.2%	85.1%	86.6%	77.0%	76.9%	81.5%	81.3%	42.3%	42.3%	83.7%	83.4%	83.8%	83.8%
DTOC	Delayed transfers of care	2	Monthly	3.5%	0.65%	0.91%	2.13%	1.67%	2.03%	1.82%	2.74%	2.22%	Not reported	Not reported	0.00%	0.10%	Not reported	Not reported
A&E Attendances	Number of A&E attendances	2	Monthly	Local Target	Target not set		5,312	15,937	25,967	77,900	11,068	33,204	N/A	N/A	11,949	35,848	9,145	27,434
				Actual	8,526	27,834	8,510	21,957	20,944	62,100	9,451	40,794	N/A	N/A	8,226	25,343	8,154	24,910
Choice of named consultant led team	Choose & Book: Choice of named consultant led team	6	Monthly	70%	49.2%	47.7%	22.0%	22.1%	77.1%	46.3%	94.1%	87.0%	100.0%	100.0%	99.9%	99.7%	73.9%	73.6%
Choice - use of choose & book	Proportion of GP Referrals to First OP Appointments Booked Using Choose and Book	6	Monthly		25.2%	25.9%	39.7%	37.0%	30.3%	30.2%	28.7%	30.2%	27.6%	28.7%	31.1%	31.2%	41.0%	43.3%

Local Measures (2011/12)																		
Performance Measure	Description	Data Source	Reporting Frequency	Threshold	Chelsea and Westminster Hospital NHS Foundation Trust		Ealing Hospital NHS Trust		Imperial College Healthcare NHS Trust		North West London Hospitals NHS Trust		Royal Brompton and Harefield NHS Foundation Trust		The Hillingdon Hospital NHS Foundation Trust		West Middlesex University Hospital NHS Trust	
					In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD	In mth/qtr	YTD
Choose & Book: ASI	Choose & Book: Slot Unavailability (slot issues per DBS booking)	6	Monthly	<2%	7.4%	5.9%	12.3%	7.2%	10.2%	10.2%	3.9%	4.7%	4.1%	3.2%	4.2%	4.5%	5.7%	4.7%
Cancelled Operations	Cancelled ops - breaches of 28 days readmission guarantee as % of cancelled ops	5	Monthly	5%	0.0%	0.0%	0.0%	0.0%	1.9%	1.9%	3.3%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Rapid Access Chest Pain Clinic	Two week wait for rapid access chest pain clinic	5	Monthly	100%	Data not provided	Data not provided	100.0%	100.0%	100.0%	100.0%	Data not provided	Data not provided	Data not provided	Data not provided	100.0%	100.0%	100.0%	100.0%
GUM	GUM Access	2	Monthly	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	N/A	100.0%	100.0%	100.0%	100.0%
A&E Turnaround Times	Average ambulance patient handover time	7	Monthly	12.5 mins	13.7	14.0	16.1	15.7	14.4	14.7	15.7	16.2	N/A	N/A	13.8	15.0	15.2	15.0
									CXH 13.6	CXH 13.6	NPH 17.2	NPH 18						
									HH 13.1	HH 13.9	CMH 14.1	CMH 14.4						
									STM 16.5	STM 16.7								
	LAS arrival to patient handover within 15mins (KPI 1)	7	Monthly	85%	65.1%	64.3%	56.0%	57.4%	58.8%	57.8%	53.3%	50.8%	N/A	N/A	64.9%	60.5%	60.2%	61.7%
									CXH 68%	CXH 68.3%	NPH 48.3%	NPH 45.9%						
									HH 69.8%	HH 67.6%	CMH 66.3%	CMH 63.6%						
									STM 48%	STM 46.9%								
	LAS arrival to patient handover within 30mins (KPI 2)	7	Monthly	95%	96.7%	96.8%	92.5%	93.8%	95.60%	95.45%	93.0%	91.9%	N/A	N/A	95.9%	93.8%	93.6%	93.8%
									CXH 96.4%	CXH 96.7%	NPH 91.5%	NPH 89.9%						
									HH 96.9%	HH 95.3%	CMH 96.9%	CMH 97%						
									STM 94.6%	STM 94.6%								
	LAS arrival to handover greater than 60mins (KPI 3)	7	Monthly	0	0	0	7	16	0	2	4	29	N/A	N/A	0	2	5	21

DATA SOURCES

- 1 - HPA Reports published on the HPA website
- 2 - Unify2 submissions / DH statistic publications
- 3 - SUS
- 4 - Cancer Waits Database - North West London Cancer Network
- 5 - Local Monthly Information Return submitted to NHS North West London by Trust
- 6 - Choose & Book reports - data extracted from the CAB system
- 7 - London Amulance Service Reports

Appendix B

BRENT PCT

	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
Outpatient Follow Up Attendance	210,857	51,124	57,419	6295	12%	24,705,385	5,987,765	6,419,662	431,497	7%	229,676	25179	12%	25,678,649	1,725,988	7%
Non Elective Inpatients	34,950	8,670	7,943	-727	-8%	67,839,491	16,881,157	17,288,432	407,275	2%	31,772	-2906	-8%	69,153,729	1,629,100	2%
Daycase	27,065	6,478	6,418	-60	-1%	22,663,894	5,414,530	5,693,325	278,794	5%	25,672	-241	-1%	22,773,298	1,115,177	5%
Outpatient First Attendance	110,930	26,676	27,640	964	4%	21,980,632	5,282,696	5,496,468	213,773	4%	110,560	3855	4%	21,985,873	855,091	4%
High Cost Drugs	1,045,514	258,618	471,855	213238	82%	8,855,851	2,249,772	2,462,208	212,436	9%	1,887,422	852950	82%	9,848,832	849,745	9%
Devices	40,272	11,804	117,842	106038	898%	2,154,330	476,281	661,917	185,636	39%	471,366	424150	898%	2,647,667	742,544	39%
Non Elective Short Stay	4,242	1,035	1,243	208	20%	2,875,128	701,042	878,426	177,384	25%	4,971	832	20%	3,513,705	709,537	25%
Other	995,192	259,786	90,732	-169053	-65%	11,311,791	2,749,638	2,895,059	145,821	5%	362,929	-676213	-65%	11,580,235	583,284	5%
Accident and Emergency	85,374	21,340	22,224	884	4%	9,486,466	2,369,939	2,486,375	116,437	5%	88,896	3535	4%	9,945,501	465,746	5%
Outpatient Procedures	23,060	5,520	6,914	1394	25%	5,150,895	1,223,619	1,320,328	96,708	8%	27,656	5578	25%	5,281,310	386,833	8%
Unbundled	4,798	1,227	1,010	-217	-18%	1,067,264	272,523	345,495	72,972	27%	4,042	-867	-18%	1,381,978	291,886	27%
Elective Inpatients	7,255	1,729	1,748	19	1%	20,573,920	4,977,559	5,013,607	36,048	1%	6,992	75	1%	20,054,428	144,191	1%
Regular Day Admissions	2,076	565	715	150	26%	1,099,616	301,044	332,874	31,830	11%	2,860	599	26%	1,331,498	127,321	11%
Direct Access	2,287,622	571,078	528,663	-42415	-7%	8,342,242	2,056,304	2,071,596	15,291	1%	2,114,653	-169659	-7%	8,286,382	61,165	1%
Community	124	80	51	-29	-36%	1,907,179	490,044	488,439	-1,604	0%	204	-117	-36%	1,953,756	-6,418	0%
Rehab	816	135	133	-2	-1%	302,057	58,920	45,945	-12,974	-22%	532	-8	-1%	183,782	-51,898	-22%
Elective Excess Bed Days	1,001	267	300	33	12%	383,941	100,769	85,697	-15,072	-15%	1,200	133	12%	342,789	-60,286	-15%
Non Elective Excess Bed Days	11,851	2,966	2,194	-772	-26%	2,855,581	714,662	532,022	-182,640	-26%	8,776	-3088	-26%	2,128,086	-730,562	-26%
Renal	31,498	7,887	12,840	4953	63%	9,632,723	2,377,075	2,136,318	-240,757	-10%	51,359	19811	63%	8,545,272	-963,026	-10%
Critical Care	14,081	3,436	4,355	919	27%	14,767,352	3,669,233	3,111,777	-557,456	-15%	17,420	3676	27%	12,447,109	-2,229,823	-15%
Grand Total	4,938,578	1,240,421	1,362,239	121818	10%	237,955,740	58,354,571	59,765,970	1,411,399	2%	5,448,957	487273	10%	239,063,880	5,645,596	2%

BRENT PCT

Provider Description	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
NORTH WEST LONDON HOSPITALS NHS TRUST	2,358,310	587,028	548,193	-38835	-7%	111,695,600	27,272,526	27,759,654	487,128	2%	2,192,772	-155341	-7%	111,038,614	1,948,512	2%
Royal Brompton & Harefield NHS Foundation Trust	225,400	56,350	54,195	-2155	-4%	5,061,378	1,265,345	1,533,964	268,619	21%	216,778	-8622	-4%	6,135,854	1,074,476	21%
THE HILLINGDON HOSPITAL NHS TRUST	1,688	409	504	95	23%	340,513	82,678	149,067	66,390	80%	2,016	380	23%	596,270	265,559	80%
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	266,693	65,443	84,575	19132	29%	70,477,454	17,262,898	17,308,007	45,109	0%	338,300	76527	29%	69,232,028	180,438	0%
Chelsea and Westminster Hospital NHS Foundation Trust	22,660	5,574	5,907	333	6%	3,877,580	944,715	974,933	30,218	3%	23,628	1333	6%	3,899,734	120,873	3%
West Middlesex University Trust Hospital	594	149	203	55	37%	177,390	44,347	49,968	5,621	13%	812	218	37%	199,872	22,482	13%
Ealing Hospital NHS Trust	3,611	878	941	63	7%	1,039,173	251,132	248,184	-2,948	-1%	3,764	253	7%	992,737	-11,792	-1%
OUT OF SECTOR	2,059,623	524,591	667,722	143131	27%	45,286,652	11,230,930	11,742,192	511,262	5%	2,670,887	572525	27%	46,968,770	2,045,049	5%
GRAND TOTAL	4,938,578	1,240,421	1,362,239	121818	10%	237,955,740	58,354,571	59,765,970	1,411,399	2%	5,448,957	487273	10%	239,063,880	5,645,596	2%

EALING PCT

	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
Daycase	31,846	7,639	8,460	821	11%	25,889,609	6,205,045	7,364,619	1,159,573	19%	33,840	3282	11%	29,458,474	4,638,293	19%
Other	759,683	201,730	83,110	-118620	-59%	8,030,343	1,702,754	2,332,260	628,905	37%	332,440	-474479	-59%	9,329,041	2,515,622	37%
Outpatient Procedures	25,473	6,011	8,987	2976	50%	4,170,376	960,534	1,537,511	576,976	60%	35,948	11903	50%	6,150,042	2,307,905	60%
Non Elective Inpatients	44,595	11,212	11,104	-108	-1%	83,152,906	20,850,275	21,234,052	384,258	2%	44,414	-432	-1%	84,936,206	1,537,032	2%
Outpatient Follow Up Attendance	255,793	61,917	66,521	4604	7%	29,079,944	7,052,973	7,321,111	268,267	4%	266,084	18417	7%	29,284,445	1,073,066	4%
Outpatient First Attendance	149,111	36,043	37,572	1529	4%	27,367,167	6,611,345	6,879,041	267,688	4%	150,288	6117	4%	27,516,164	1,070,750	4%
Accident and Emergency	106,986	31,454	33,096	1642	5%	11,589,823	3,008,122	3,265,154	257,032	9%	132,384	6567	5%	13,060,618	1,028,129	9%
High Cost Drugs	693,313	163,266	274,562	111296	68%	9,955,741	2,517,823	2,763,384	245,561	10%	1,098,248	445185	68%	11,053,536	982,243	10%
Non Elective Short Stay	1,146	284	622	338	119%	774,141	191,772	431,496	239,724	125%	2,488	1352	119%	1,725,982	958,894	125%
Rehab	2,463	609	909	300	49%	600,694	146,410	230,899	84,489	58%	3,636	1199	49%	923,598	337,957	58%
Elective Inpatients	8,952	2,130	2,110	-20	-1%	25,418,590	6,163,518	6,217,203	53,685	1%	8,440	-82	-1%	24,868,813	214,740	1%
Regular Day Admissions	3,781	971	1,020	49	5%	1,974,280	511,331	560,743	49,412	10%	4,080	196	5%	2,242,972	197,648	10%
Unbundled	1,078	269	342	73	27%	212,872	53,888	92,651	38,762	72%	1,369	293	27%	370,602	155,049	72%
Direct Access	688,368	171,011	162,136	-8875	-5%	5,120,480	1,243,947	1,273,702	29,754	2%	648,545	-35500	-5%	5,094,807	119,018	2%
Devices	34,030	14,888	43,952	29064	195%	2,789,509	634,155	640,261	6,106	1%	175,808	116257	195%	2,561,043	24,425	1%
Community	1,331	330	303	-26	-8%	2,404,565	598,878	598,046	-832	0%	1,213	-106	-8%	2,392,185	-3,328	0%
Non Elective Excess Bed Days	13,160	3,299	3,401	102	3%	3,733,658	934,603	930,326	-4,277	0%	13,604	408	3%	3,721,302	-17,108	0%
Elective Excess Bed Days	3,369	845	611	-234	-28%	1,244,419	310,182	176,467	-133,716	-43%	2,444	-935	-28%	705,866	-534,862	-43%
Critical Care	15,468	3,821	5,453	1632	43%	17,589,864	4,332,968	4,124,503	-208,464	-5%	21,812	6527	43%	16,498,014	-833,857	-5%
Renal	12,633	3,153	11,101	7949	252%	8,758,600	2,153,741	1,909,971	-243,770	-11%	44,405	31795	252%	7,639,883	-975,081	-11%
Grand Total	2,852,580	720,882	755,373	34491	5%	269,857,580	66,184,266	69,883,399	3,699,134	6%	3,021,490	137963	5%	279,533,595	14,796,535	6%

EALING PCT

Provider Description	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
Ealing Hospital NHS Trust	271,064	71,252	80,456	9204	13%	91,696,894	22,550,702	25,347,108	2,796,405	12%	321,824	36815	13%	101,388,430	11,185,620	12%
NORTH WEST LONDON HOSPITALS NHS TRUST	512,804	127,661	114,280	-13381	-10%	23,608,231	5,767,473	6,293,789	526,316	9%	457,120	-53524	-10%	25,175,158	2,105,265	9%
THE HILLINGDON HOSPITAL NHS TRUST	56,745	13,670	18,231	4561	33%	11,256,349	2,742,548	3,054,312	311,764	11%	72,923	18244	33%	12,217,248	1,247,054	11%
West Middlesex University Trust Hospital	30,669	7,680	8,329	649	8%	8,371,016	2,085,681	2,301,348	215,667	10%	33,316	2596	8%	9,205,393	862,668	10%
Chelsea and Westminster Hospital NHS Foundation Trust	55,103	13,543	13,573	30	0%	8,917,247	2,138,140	2,203,213	65,073	3%	54,292	121	0%	8,812,854	260,294	3%
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	370,380	90,875	106,915	16040	18%	90,309,967	22,130,818	22,176,997	46,179	0%	427,660	64161	18%	88,707,986	184,716	0%
Royal Brompton & Harefield NHS Foundation Trust	228,954	57,239	75,311	18073	32%	9,232,163	2,308,041	2,308,545	505	0%	301,245	72291	32%	9,234,182	2,019	0%
OUT OF SECTOR	1,326,861	338,963	338,277	-686	0%	26,465,714	6,460,861	6,198,086	-262,775	-4%	1,353,110	-2742	0%	24,792,344	-1,051,101	-4%
GRAND TOTAL	2,852,580	720,882	755,373	34491	5%	269,857,580	66,184,266	69,883,399	3,699,134	6%	3,021,490	137963	5%	279,533,595	14,796,535	6%

HAMMERSMITH AND FULHAM PCT

	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
Daycase	15,343	3,508	3,667	159	5%	11,621,923	2,773,829	3,126,004	352,175	13%	14,668	637	5%	12,504,015	1,408,699	13%
Non Elective Short Stay	670	173	673	500	289%	512,868	132,367	483,396	351,029	265%	2,692	2000	289%	1,933,583	1,404,117	265%
Outpatient First Attendance	83,299	20,376	21,719	1343	7%	15,697,161	3,812,274	4,043,312	231,028	6%	86,876	5374	7%	16,173,250	924,111	6%
Outpatient Procedures	14,743	3,326	3,062	-264	-8%	2,354,899	407,729	606,229	198,499	49%	12,248	-1057	-8%	2,424,915	793,997	49%
Other	401,703	106,767	59,655	-47112	-44%	6,001,607	1,497,995	1,668,791	170,536	11%	238,621	-188449	-44%	6,675,163	682,145	11%
Regular Day Admissions	4,627	1,188	1,423	235	20%	1,879,292	475,725	556,430	80,705	17%	5,692	941	20%	2,225,721	322,819	17%
Elective Excess Bed Days	573	142	326	184	130%	208,087	51,249	113,479	62,230	121%	1,304	738	130%	453,915	248,921	121%
Direct Access	558,497	137,063	142,150	5087	4%	4,604,338	1,113,159	1,162,835	49,676	4%	568,599	20348	4%	4,651,341	198,705	4%
Accident and Emergency	58,948	14,556	14,852	296	2%	6,439,766	1,587,310	1,635,897	48,587	3%	59,408	1183	2%	6,543,589	194,348	3%
Devices	18,516	15,691	8,948	-6743	-43%	1,544,998	346,907	388,827	41,921	12%	35,792	-26973	-43%	1,555,309	167,683	12%
Non Elective Excess Bed Days	2,282	590	582	-8	-1%	652,364	168,988	192,953	23,965	14%	2,328	-32	-1%	771,810	95,860	14%
Rehab	3,953	895	1,012	117	13%	988,338	234,584	248,471	13,888	6%	4,048	470	13%	993,885	55,550	6%
Unbundled	518	130	165	35	27%	85,192	20,657	27,070	6,414	31%	661	141	27%	108,282	25,655	31%
Community	39	10	11	2	15%	2,514,389	622,697	627,419	4,722	1%	45	6	15%	2,509,677	18,889	1%
High Cost Drugs	725,835	167,512	174,384	6872	4%	6,088,518	1,505,862	1,476,336	-29,526	-2%	697,535	27487	4%	5,905,345	-118,102	-2%
Outpatient Follow Up Attendance	134,758	33,106	37,013	3907	12%	14,567,500	3,613,961	3,571,148	-42,542	-1%	148,052	15627	12%	14,284,590	-170,170	-1%
Elective Inpatients	4,698	1,098	1,004	-94	-9%	12,536,385	3,031,600	2,938,259	-93,341	-3%	4,016	-376	-9%	11,753,035	-373,366	-3%
Renal	1,876	603	3,579	2976	494%	2,961,570	743,390	596,522	-146,868	-20%	14,314	11904	494%	2,386,089	-587,470	-20%
Critical Care	8,540	2,099	3,808	1709	81%	10,712,668	2,624,241	2,361,300	-262,942	-10%	15,231	6836	81%	9,445,199	-1,051,767	-10%
Non Elective Inpatients	23,946	5,673	4,420	-1253	-22%	42,770,740	10,542,419	9,124,648	-1,417,770	-13%	17,680	-5013	-22%	36,498,593	-5,671,082	-13%
Grand Total	2,063,364	514,504	482,453	-32052	-6%	144,742,602	35,306,942	34,949,327	-357,614	-1%	1,929,810	-128207	-6%	139,797,308	-1,430,456	-1%

HAMMERSMITH AND FULHAM PCT

Provider Description	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
Ealing Hospital NHS Trust	6,456	1,569	1,777	208	13%	1,880,760	453,549	604,141	150,591	33%	7,108	832	13%	2,416,562	602,365	33%
Chelsea and Westminster Hospital NHS Foundation Trust	287,522	70,829	71,905	1076	2%	37,565,360	9,058,721	9,197,340	138,619	2%	287,619	4304	2%	36,789,359	554,476	2%
THE HILLINGDON HOSPITAL NHS TRUST	2,585	624	643	19	3%	469,376	114,725	126,715	11,990	10%	2,572	76	3%	506,859	47,958	10%
NORTH WEST LONDON HOSPITALS NHS TRUST	4,623	1,126	878	-248	-22%	1,085,007	264,262	269,661	5,399	2%	3,512	-990	-22%	1,078,646	21,597	2%
Royal Brompton & Harefield NHS Foundation Trust	153,267	38,317	16,529	-21788	-57%	3,612,497	903,124	891,837	-11,288	-1%	66,114	-87153	-57%	3,567,346	-45,151	-1%
West Middlesex University Trust Hospital	1,871	468	381	-87	-19%	429,864	107,466	82,223	-25,243	-23%	1,524	-347	-19%	328,894	-100,970	-23%
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	738,993	181,309	195,630	14321	8%	88,636,093	21,689,228	21,357,432	-331,795	-2%	782,518	57283	8%	85,429,727	-1,327,182	-2%
OUT OF SECTOR	868,047	220,264	194,711	-25553	-12%	11,063,645	2,715,866	2,419,979	-295,887	-11%	778,843	-102211	-12%	9,679,914	-1,183,549	-11%
GRAND TOTAL	2,063,364	514,504	482,453	-32052	-6%	144,742,602	35,306,942	34,949,327	-357,614	-1%	1,929,810	-128207	-6%	139,797,308	-1,430,456	-1%

HARROW PCT

	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
Daycase	18,898	4,518	5,227	709	16%	16,123,010	3,863,717	4,533,226	669,509	17%	20,908	2837	16%	18,132,905	2,678,037	17%
High Cost Drugs	747,415	186,130	395,535	209405	113%	6,925,610	1,769,310	2,179,988	410,677	23%	1,582,140	837619	113%	8,719,952	1,642,710	23%
Outpatient Follow Up Attendance	131,193	31,706	37,487	5781	18%	16,160,369	3,903,411	4,261,848	357,945	9%	149,948	23122	18%	17,047,394	1,431,780	9%
Unbundled	3,342	830	1,077	247	30%	623,500	155,126	379,026	223,901	144%	4,308	988	30%	1,516,105	895,603	144%
Accident and Emergency	54,665	13,649	15,227	1578	12%	5,904,006	1,474,677	1,673,616	198,940	13%	60,908	6313	12%	6,694,465	795,758	13%
Outpatient First Attendance	71,390	17,060	17,857	797	5%	13,393,849	3,197,018	3,354,415	157,259	5%	71,428	3187	5%	13,417,660	629,036	5%
Outpatient Procedures	11,694	2,829	3,588	759	27%	2,234,634	535,377	675,592	140,215	26%	14,352	3038	27%	2,702,368	560,861	26%
Non Elective Inpatients	22,274	5,538	5,461	-77	-1%	43,347,361	10,826,664	10,958,062	131,398	1%	21,844	-307	-1%	43,832,248	525,594	1%
Non Elective Short Stay	3,366	791	900	109	14%	2,243,300	527,140	628,043	100,903	19%	3,599	435	14%	2,512,174	403,613	19%
Non Elective Excess Bed Days	7,234	1,811	1,808	-3	0%	1,853,695	463,637	535,783	72,146	16%	7,232	-12	0%	2,143,131	288,584	16%
Regular Day Admissions	729	188	297	109	58%	309,841	79,133	133,496	54,363	69%	1,188	436	58%	533,985	217,453	69%
Devices	30,667	8,060	33,486	25426	315%	2,098,179	508,441	554,301	45,860	9%	133,944	101703	315%	2,217,204	183,439	9%
Elective Inpatients	5,516	1,333	1,403	70	5%	16,316,585	3,947,449	3,961,720	14,271	0%	5,612	281	5%	15,846,881	57,085	0%
Community	10	68	43	-25	-37%	3,064,714	789,251	793,925	4,674	1%	172	-99	-37%	3,175,698	18,695	1%
Rehab	830	202	189	-13	-7%	277,865	68,691	70,430	1,739	3%	756	-53	-7%	281,722	6,956	3%
Elective Excess Bed Days	848	206	293	87	42%	364,567	89,564	70,039	-19,526	-22%	1,172	349	42%	280,155	-78,102	-22%
Direct Access	2,025,349	505,838	462,940	-42897	-8%	8,258,805	2,069,384	1,998,338	-71,045	-3%	1,851,762	-171589	-8%	7,993,353	-284,182	-3%
Renal	10,810	2,766	6,769	4004	145%	5,175,797	1,286,386	1,185,581	-100,805	-8%	27,077	16015	145%	4,742,325	-403,218	-8%
Critical Care	9,705	2,522	2,642	120	5%	9,681,718	2,499,039	2,390,726	-108,312	-4%	10,568	478	5%	9,562,906	-433,249	-4%
Other	1,181,418	302,526	55,252	-247274	-82%	11,110,014	2,591,688	2,055,081	-535,976	-21%	221,008	-989095	-82%	8,220,326	-2,143,905	-21%
Grand Total	4,337,355	1,088,570	1,047,481	-41088	-4%	165,467,419	40,645,102	42,393,239	1,748,137	4%	4,189,925	-164353	-4%	169,572,957	6,992,549	4%

HARROW PCT

Provider Description	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
NORTH WEST LONDON HOSPITALS NHS TRUST	2,119,372	528,095	493,836	-34259	-6%	95,234,158	23,337,923	25,088,635	1,750,712	8%	1,975,344	-137037	-6%	100,354,542	7,002,850	8%
Chelsea and Westminster Hospital NHS Foundation Trust	6,018	1,475	1,841	366	25%	1,200,716	285,887	399,106	113,219	40%	7,364	1462	25%	1,596,422	452,874	40%
Ealing Hospital NHS Trust	2,329	563	552	-11	-2%	675,455	162,553	186,534	23,981	15%	2,208	-43	-2%	746,134	95,924	15%
West Middlesex University Trust Hospital	438	110	126	17	15%	115,635	28,909	32,136	3,227	11%	504	66	15%	128,544	12,909	11%
Royal Brompton & Harefield NHS Foundation Trust	259,345	64,836	59,616	-5220	-8%	6,584,707	1,646,177	1,604,152	-42,025	-3%	238,463	-20881	-8%	6,416,606	-168,101	-3%
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	27,974	6,865	13,499	6634	97%	18,675,827	4,578,248	4,490,414	-87,834	-2%	53,996	26536	97%	17,961,658	-351,335	-2%
THE HILLINGDON HOSPITAL NHS TRUST	19,001	4,594	4,836	241	5%	4,159,301	1,009,998	883,118	-126,880	-13%	19,342	964	5%	3,532,474	-507,520	-13%
OUT OF SECTOR	1,902,879	482,031	473,176	-8855	-2%	38,821,620	9,595,407	9,709,144	113,737	1%	1,892,704	-35420	-2%	38,836,577	454,948	1%
GRAND TOTAL	4,337,355	1,088,570	1,047,481	-41088	-4%	165,467,419	40,645,102	42,393,239	1,748,137	4%	4,189,925	-164353	-4%	169,572,957	6,992,549	4%

HILLINGDON PCT

	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
Daycase	25,858	6,225	6,197	-28	0%	20,695,619	4,994,755	5,332,335	337,580	7%	24,788	-111	0%	21,329,339	1,350,319	7%
Other	545,137	144,626	47,005	-97621	-67%	4,234,797	1,224,013	1,494,713	270,676	22%	188,022	-390483	-67%	5,978,853	1,082,706	22%
Accident and Emergency	92,514	22,834	23,937	1103	5%	9,273,518	2,288,603	2,504,632	216,029	9%	95,748	4413	5%	10,018,529	864,118	9%
Non Elective Excess Bed Days	1,489	375	2,695	2320	618%	2,119,757	523,246	731,161	207,915	40%	10,780	9279	618%	2,924,643	831,660	40%
Critical Care	8,609	2,226	2,711	485	22%	8,957,510	2,279,679	2,461,496	181,817	8%	10,844	1939	22%	9,845,984	727,267	8%
High Cost Drugs	772,330	184,972	186,670	1698	1%	5,425,161	1,353,223	1,513,955	160,732	12%	746,680	6791	1%	6,055,818	642,926	12%
Rehab	6,052	1,507	1,514	7	0%	1,692,736	422,371	503,826	81,455	19%	6,056	28	0%	2,015,303	325,820	19%
Non Elective Short Stay	416	104	158	54	52%	296,710	74,388	119,284	44,896	60%	632	216	52%	477,136	179,582	60%
Unbundled	1,060	260	376	116	45%	236,413	57,798	97,947	40,150	69%	1,506	464	45%	391,789	160,599	69%
Elective Excess Bed Days	639	153	586	433	284%	562,657	135,854	152,112	16,258	12%	2,344	1733	284%	608,446	65,032	12%
Outpatient Procedures	32,166	7,724	8,045	321	4%	5,939,429	1,425,500	1,434,961	9,461	1%	32,180	1284	4%	5,739,845	37,844	1%
Direct Access	996,487	236,988	237,129	141	0%	4,824,725	1,158,520	1,166,889	8,369	1%	948,516	563	0%	4,667,558	33,477	1%
Community	177	40	53	13	31%	1,556,610	388,818	389,712	894	0%	212	50	31%	1,558,847	3,574	0%
Regular Day Admissions	419	128	123	-5	-4%	235,506	64,959	65,691	732	1%	492	-19	-4%	262,765	2,928	1%
Outpatient Follow Up Attendance	74,978	18,509	19,676	1167	6%	10,135,858	2,497,621	2,474,218	-23,471	-1%	78,704	4668	6%	9,896,872	-93,886	-1%
Devices	35,639	20,079	48,625	28546	142%	2,750,360	669,720	606,801	-62,919	-9%	194,500	114184	142%	2,427,204	-251,677	-9%
Outpatient First Attendance	304,669	73,321	73,704	383	1%	33,535,635	8,099,048	7,994,959	-103,997	-1%	294,816	1534	1%	31,979,837	-415,988	-1%
Non Elective Inpatients	34,576	8,510	8,686	176	2%	60,118,437	14,823,090	14,718,991	-104,099	-1%	34,743	705	2%	58,875,963	-416,396	-1%
Renal	7,631	1,959	5,264	3305	169%	4,109,661	1,025,260	919,412	-105,848	-10%	21,056	13219	169%	3,677,648	-423,390	-10%
Elective Inpatients	8,158	1,949	1,994	45	2%	23,242,701	5,653,487	5,402,426	-251,061	-4%	7,976	179	2%	21,609,704	-1,004,244	-4%
Grand Total	2,949,001	732,490	675,149	-57341	-8%	199,943,800	49,159,953	50,085,521	925,567	2%	2,700,594	-229364	-8%	200,342,083	3,702,269	2%

HILLINGDON PCT

Provider Description	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
NORTH WEST LONDON HOSPITALS NHS TRUST	107,505	26,384	33,198	6814	26%	50,808,491	12,450,562	12,645,272	194,710	2%	132,794	27258	26%	50,581,088	778,840	2%
THE HILLINGDON HOSPITAL NHS TRUST	299,674	74,925	78,404	3479	5%	86,527,823	21,529,978	21,653,048	123,070	1%	313,616	13915	5%	86,612,194	492,282	1%
Ealing Hospital NHS Trust	44,614	10,992	11,047	55	1%	6,961,117	1,674,883	1,765,639	90,756	5%	44,189	220	1%	7,062,556	363,025	5%
Chelsea and Westminster Hospital NHS Foundation Trust	3,134	758	803	45	6%	1,117,970	271,676	326,333	54,657	20%	3,212	180	6%	1,305,330	218,627	20%
Royal Brompton & Harefield NHS Foundation Trust	15,321	3,728	3,863	135	4%	4,741,204	1,145,125	1,150,912	5,787	1%	15,452	540	4%	4,603,649	23,148	1%
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	6,227	1,508	1,406	-102	-7%	1,668,488	408,159	397,156	-11,003	-3%	5,624	-408	-7%	1,588,625	-44,011	-3%
West Middlesex University Trust Hospital	162,012	40,503	38,429	-2074	-5%	3,345,417	836,354	820,015	-16,340	-2%	153,717	-8295	-5%	3,280,058	-65,358	-2%
OUT OF SECTOR	2,310,513	573,691	507,998	-65693	-11%	44,773,291	10,843,216	11,327,145	483,929	4%	2,031,991	-262774	-11%	45,308,582	1,935,717	4%
GRAND TOTAL	2,949,001	732,490	675,149	-57341	-8%	199,943,800	49,159,953	50,085,521	925,567	2%	2,700,594	-229364	-8%	200,342,083	3,702,269	2%

HOUNSLOW PCT

	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
Daycase	20,352	4,611	4,858	247	5%	17,401,060	4,153,080	4,491,943	339,193	8%	19,432	988	5%	17,967,770	1,356,773	8%
High Cost Drugs	582,301	132,135	325,567	193432	146%	7,922,908	1,993,944	2,224,981	231,036	12%	1,302,267	773729	146%	8,899,923	924,146	12%
Outpatient Procedures	23,004	5,461	6,376	915	17%	4,484,009	1,056,632	1,238,626	181,995	17%	25,504	3660	17%	4,954,506	727,978	17%
Non Elective Short Stay	120	30	210	180	590%	97,973	24,971	161,972	137,001	549%	840	718	590%	647,886	548,003	549%
Other	714,824	185,878	25,978	-159900	-86%	7,332,855	1,837,298	1,956,846	117,839	6%	103,913	-639600	-86%	7,827,384	471,356	6%
Accident and Emergency	94,794	23,586	24,466	880	4%	9,494,886	2,356,308	2,397,765	41,457	2%	97,864	3521	4%	9,591,058	165,827	2%
Direct Access	211,280	50,442	62,238	11796	23%	2,805,385	672,565	710,263	37,698	6%	248,951	47184	23%	2,841,051	150,790	6%
Community	14,734	3,682	4,152	470	13%	1,681,808	419,406	454,415	35,010	8%	16,609	1881	13%	1,817,662	140,039	8%
Unbundled	595	149	241	91	61%	111,580	30,554	65,450	34,896	114%	963	365	61%	261,800	139,582	114%
Outpatient First Attendance	107,715	27,174	26,773	-401	-1%	17,834,413	4,504,635	4,533,160	28,472	1%	107,092	-1603	-1%	18,132,641	113,887	1%
Devices	6,063	11,611	50,819	39209	338%	2,079,892	457,173	484,226	27,053	6%	203,277	156835	338%	1,936,905	108,211	6%
Critical Care	11,162	2,774	3,723	949	34%	11,292,106	2,794,984	2,821,448	26,463	1%	14,892	3796	34%	11,285,791	105,854	1%
Elective Excess Bed Days	1,061	265	293	28	10%	379,297	94,791	86,465	-8,327	-9%	1,172	111	10%	345,860	-33,306	-9%
Regular Day Admissions	4,950	1,242	1,150	-92	-7%	2,367,614	597,664	584,491	-13,173	-2%	4,600	-368	-7%	2,337,966	-52,691	-2%
Non Elective Inpatients	32,201	7,847	7,694	-153	-2%	57,461,786	14,085,778	14,061,438	-22,428	0%	30,774	-613	-2%	56,245,750	-89,713	0%
Outpatient Follow Up Attendance	180,362	44,557	43,947	-610	-1%	18,026,997	4,466,212	4,431,465	-35,226	-1%	175,788	-2440	-1%	17,725,861	-140,905	-1%
Non Elective Excess Bed Days	7,141	1,815	1,496	-319	-18%	1,950,066	495,492	404,421	-91,071	-18%	5,984	-1274	-18%	1,617,683	-364,285	-18%
Rehab	8,306	2,028	1,293	-735	-36%	1,865,321	456,391	291,507	-164,884	-36%	5,172	-2940	-36%	1,166,027	-659,536	-36%
Renal	3,712	1,010	5,868	4858	481%	4,636,177	1,176,320	988,303	-188,016	-16%	23,474	19433	481%	3,953,213	-752,066	-16%
Elective Inpatients	6,070	1,514	1,336	-178	-12%	17,650,279	4,435,602	4,234,283	-201,320	-5%	5,344	-711	-12%	16,937,131	-805,279	-5%
Grand Total	2,030,747	507,810	598,478	90668	18%	186,876,413	46,109,801	46,623,467	513,666	1%	2,393,913	362672	18%	186,493,869	2,054,664	1%

HOUNSLOW PCT

Provider Description	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	107,505	26,384	33,198	6814	26%	50,808,491	12,450,562	12,645,272	194,710	2%	132,794	27258	26%	50,581,088	778,840	2%
WEST MIDDLESEX UNIVERSITY TRUST HOSPITAL	299,674	74,925	78,404	3479	5%	86,527,823	21,529,978	21,653,048	123,070	1%	313,616	13915	5%	86,612,194	492,282	1%
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	44,614	10,992	11,047	55	1%	6,961,117	1,674,883	1,765,639	90,756	5%	44,189	220	1%	7,062,556	363,025	5%
NORTH WEST LONDON HOSPITALS NHS TRUST	3,134	758	803	45	6%	1,117,970	271,676	326,333	54,657	20%	3,212	180	6%	1,305,330	218,627	20%
EALING HOSPITAL NHS TRUST	15,321	3,728	3,863	135	4%	4,741,204	1,145,125	1,150,912	5,787	1%	15,452	540	4%	4,603,649	23,148	1%
THE HILLINGDON HOSPITAL NHS TRUST	6,227	1,508	1,406	-102	-7%	1,668,488	408,159	397,156	-11,003	-3%	5,624	-408	-7%	1,588,625	-44,011	-3%
ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST	162,012	40,503	38,429	-2074	-5%	3,345,417	836,354	820,015	-16,340	-2%	153,717	-8295	-5%	3,280,058	-65,358	-2%
OUT OF SECTOR	1,392,259	349,012	431,327	82316	24%	31,705,903	7,793,064	7,865,092	72,028	1%	1,725,309	329263	24%	31,460,368	288,112	1%
GRAND TOTAL	2,030,747	507,810	598,478	90668	18%	186,876,413	46,109,801	46,623,467	513,666	1%	2,393,913	362672	18%	186,493,869	2,054,664	1%

KENSINGTON AND CHELSEA PCT

	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
Daycase	13,621	3,275	3,594	319	10%	11,222,864	2,688,519	3,081,789	393,270	15%	14,376	1278	10%	12,327,158	1,573,082	15%
Outpatient First Attendance	69,073	16,842	18,471	1629	10%	12,711,778	3,043,291	3,377,492	334,201	11%	73,884	6514	10%	13,509,966	1,336,802	11%
Non Elective Short Stay	1,331	336	703	367	109%	1,019,266	257,131	516,513	259,382	101%	2,812	1469	109%	2,066,052	1,037,526	101%
High Cost Drugs	481,650	117,627	267,042	149415	127%	4,878,083	1,235,604	1,445,246	209,642	17%	1,068,166	597660	127%	5,780,985	838,568	17%
Outpatient Procedures	12,469	2,951	2,970	19	1%	2,092,273	383,683	579,659	195,976	51%	11,880	76	1%	2,318,635	783,904	51%
Accident and Emergency	54,481	13,436	15,166	1730	13%	5,674,491	1,398,607	1,558,834	160,228	11%	60,664	6921	13%	6,235,338	640,911	11%
Elective Inpatients	4,116	948	893	-55	-6%	10,150,139	2,447,357	2,591,059	143,702	6%	3,572	-220	-6%	10,364,236	574,808	6%
Critical Care	5,900	1,444	3,634	2190	152%	7,691,594	1,883,400	1,992,222	108,822	6%	14,536	8761	152%	7,968,886	435,287	6%
Regular Day Admissions	5,961	1,485	1,413	-72	-5%	2,078,428	519,346	569,770	50,425	10%	5,652	-290	-5%	2,279,081	201,698	10%
Devices	7,083	1,635	36,381	34746	2126%	1,571,681	338,362	382,009	43,648	13%	145,523	138984	2126%	1,528,036	174,590	13%
Outpatient Follow Up Attendance	138,871	33,986	36,352	2366	7%	14,378,250	3,493,111	3,533,305	40,195	1%	145,408	9466	7%	14,133,222	160,779	1%
Unbundled	950	236	340	104	44%	150,744	38,307	63,363	25,056	65%	1,360	414	44%	253,452	100,224	65%
Rehab	738	170	355	185	108%	165,590	38,230	47,895	9,665	25%	1,420	739	108%	191,580	38,661	25%
Community	11	3	5	2	61%	2,202,654	547,183	550,013	2,831	1%	21	8	61%	2,200,053	11,322	1%
Elective Excess Bed Days	1,272	307	323	16	5%	391,683	94,479	93,042	-1,438	-2%	1,292	64	5%	372,167	-5,750	-2%
Non Elective Excess Bed Days	4,319	1,085	1,057	-28	-3%	1,277,344	323,296	305,654	-17,643	-5%	4,228	-111	-3%	1,222,614	-70,571	-5%
Direct Access	697,207	170,985	164,132	-6853	-4%	6,139,425	1,493,134	1,471,314	-21,820	-1%	656,528	-27411	-4%	5,885,255	-87,281	-1%
Other	952,204	245,043	107,590	-137454	-56%	7,926,635	1,899,865	1,847,602	-52,263	-3%	430,358	-549816	-56%	7,390,407	-209,053	-3%
Renal	4,273	1,242	3,611	2369	191%	2,633,878	690,381	573,762	-116,619	-17%	14,445	9478	191%	2,295,048	-466,478	-17%
Non Elective Inpatients	17,975	4,449	3,962	-487	-11%	37,155,837	9,234,850	8,490,401	-744,450	-8%	15,848	-1948	-11%	33,961,603	-2,977,799	-8%
Grand Total	2,473,505	617,484	667,993	50509	8%	131,512,635	32,048,136	33,070,943	1,022,808	3%	2,671,973	202035	8%	132,283,774	4,091,230	3%

KENSINGTON AND CHELSEA PCT

Provider Description	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	438,350	108,025	109,888	1863	2%	53,181,471	12,822,942	13,476,550	653,608	5%	439,552	7452	2%	53,906,200	2,614,433	5%
NORTH WEST LONDON HOSPITALS NHS TRUST	2,288	559	533	-26	-5%	675,854	164,553	196,860	32,307	20%	2,132	-104	-5%	787,442	129,230	20%
WEST MIDDLESEX UNIVERSITY TRUST HOSPITAL	290	73	120	48	66%	66,426	16,607	38,443	21,837	131%	480	190	66%	153,773	87,347	131%
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	772,026	189,399	191,385	1987	1%	58,920,224	14,432,062	14,435,429	3,367	0%	765,542	7947	1%	57,741,717	13,468	0%
THE HILLINGDON HOSPITAL NHS TRUST	206	50	53	3	5%	56,138	13,760	15,220	1,460	11%	212	11	5%	60,880	5,840	11%
EALING HOSPITAL NHS TRUST	279	69	99	30	43%	148,070	36,136	30,001	-6,135	-17%	396	118	43%	120,004	-24,539	-17%
ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST	145,677	36,419	19,783	-16637	-46%	4,499,574	1,124,893	1,072,602	-52,291	-5%	79,131	-66546	-46%	4,290,409	-209,165	-5%
OUT OF SECTOR	1,114,390	282,890	346,132	63242	22%	13,964,878	3,437,183	3,805,837	368,654	11%	1,384,528	252967	22%	15,223,349	1,474,617	11%
GRAND TOTAL	2,473,505	617,484	667,993	50509	8%	131,512,635	32,048,136	33,070,943	1,022,808	3%	2,671,973	202035	8%	132,283,774	4,091,230	3%

WESTMINSTER PCT

	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
Critical Care	7,410	1,829	4,162	2333	128%	9,437,260	2,334,777	2,835,934	501,158	21%	16,648	9333	128%	11,343,737	2,004,630	21%
Non Elective Short Stay	1,461	277	967	690	249%	830,903	206,056	699,889	493,833	240%	3,867	2758	249%	2,799,557	1,975,333	240%
High Cost Drugs	1,089,546	272,440	612,648	340208	125%	5,659,374	1,454,538	1,925,299	470,762	32%	2,450,592	1360831	125%	7,701,198	1,883,047	32%
Outpatient Procedures	13,754	3,326	4,740	1414	43%	2,426,219	530,464	939,489	409,025	77%	18,960	5657	43%	3,757,956	1,636,101	77%
Daycase	19,935	4,823	4,388	-435	-9%	14,761,179	3,546,968	3,792,977	246,010	7%	17,552	-1741	-9%	15,171,910	984,040	7%
Devices	54,920	13,231	67,833	54603	413%	1,919,105	348,698	565,988	217,290	62%	271,333	218411	413%	2,263,953	869,161	62%
Accident and Emergency	95,401	23,515	24,116	601	3%	9,745,797	2,400,340	2,515,301	114,961	5%	96,464	2405	3%	10,061,203	459,843	5%
Outpatient Follow Up Attendance	175,345	43,332	44,799	1467	3%	18,340,694	4,571,153	4,670,264	99,115	2%	179,196	5869	3%	18,681,054	396,458	2%
Direct Access	633,160	172,126	233,844	61718	36%	5,123,982	1,224,424	1,314,076	89,652	7%	935,377	246872	36%	5,256,305	358,607	7%
Outpatient First Attendance	89,886	22,059	21,173	-886	-4%	16,503,529	4,031,770	4,114,858	83,167	2%	84,692	-3546	-4%	16,459,432	332,668	2%
Regular Day Admissions	3,633	1,024	1,509	485	47%	1,781,370	488,302	569,876	81,574	17%	6,036	1941	47%	2,279,502	326,295	17%
Unbundled	1,201	301	676	375	125%	311,262	78,026	150,358	72,332	93%	2,705	1501	125%	601,433	289,329	93%
Elective Inpatients	6,409	1,259	1,156	-103	-8%	13,780,167	3,317,030	3,330,226	13,196	0%	4,624	-412	-8%	13,320,903	52,784	0%
Community	37	8	4	-4	-49%	1,357,705	332,976	337,630	4,653	1%	17	-16	-49%	1,350,519	18,613	1%
Rehab	380	74	78	4	5%	127,728	26,477	18,227	-8,250	-31%	312	14	5%	72,908	-33,000	-31%
Elective Excess Bed Days	511	134	145	11	8%	371,514	94,523	38,506	-56,016	-59%	580	43	8%	154,025	-224,065	-59%
Non Elective Excess Bed Days	3,967	994	1,095	101	10%	1,600,098	399,257	333,323	-65,934	-17%	4,380	405	10%	1,333,292	-263,735	-17%
Renal	33,336	8,774	5,611	-3163	-36%	3,647,975	1,009,418	930,375	-79,043	-8%	22,444	-12652	-36%	3,721,498	-316,173	-8%
Other	2,242,806	587,943	198,677	-389266	-66%	9,987,392	2,360,852	1,966,835	-393,116	-17%	794,708	-1557063	-66%	7,867,341	-1,572,463	-17%
Non Elective Inpatients	23,206	5,541	5,101	-440	-8%	47,019,990	11,693,663	10,714,802	-979,845	-8%	20,403	-1759	-8%	42,859,206	-3,919,382	-8%
Grand Total	4,496,303	1,163,010	1,232,722	69712	6%	164,733,242	40,449,710	41,764,233	1,314,523	3%	4,930,890	278850	6%	167,056,932	5,258,091	3%

WESTMINSTER PCT

Provider Description	Sum of Annual Plan Activity	Sum of YTD Plan Activity	Sum of YTD Actual Activity	Sum of YTD Activity Variance	%Activity Variance	Sum of Annual Plan Cost	Sum of YTD Plan Cost	Sum of YTD Actual Cost	Sum of YTD Cost Variance	%Cost Variance	FOT Activity	FOT Activity Variance	FOT Activity Variance %	FOT Cost	FOT Cost Variance	FOT Cost Variance %
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	184,989	45,541	45,973	432	1%	22,627,368	5,449,306	6,263,221	813,915	15%	183,893	1727	1%	25,052,885	3,255,661	15%
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	844,868	207,286	231,063	23777	11%	87,492,875	21,419,709	21,864,761	445,051	2%	924,251	95107	11%	87,459,043	1,780,205	2%
THE HILLINGDON HOSPITAL NHS TRUST	364	89	70	-19	-22%	99,033	24,686	44,497	19,811	80%	279	-78	-22%	177,987	79,243	80%
EALING HOSPITAL NHS TRUST	201	50	91	41	82%	114,066	27,940	27,577	-364	-1%	364	164	82%	110,308	-1,454	-1%
WEST MIDDLESEX UNIVERSITY TRUST HOSPITAL	224	56	68	12	21%	74,556	18,639	12,114	-6,525	-35%	272	48	21%	48,458	-26,099	-35%
NORTH WEST LONDON HOSPITALS NHS TRUST	4,010	979	829	-150	-15%	1,173,342	286,494	244,295	-42,199	-15%	3,316	-599	-15%	977,181	-168,797	-15%
ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST	186,721	46,680	34,589	-12091	-26%	2,933,045	733,261	660,032	-73,229	-10%	138,355	-48366	-26%	2,640,128	-292,917	-10%
OUT OF SECTOR	3,274,926	862,328	920,040	57712	7%	50,218,956	12,489,674	12,647,736	158,062	1%	3,680,160	230846	7%	50,590,943	632,248	1%
GRAND TOTAL	4,496,303	1,163,010	1,232,722	69712	6%	164,733,242	40,449,710	41,764,233	1,314,523	3%	4,930,890	278850	6%	167,056,932	5,258,091	3%