

**GOVERNING BODY**

<b>LEAD:</b> Tonia Michaelides – Head of Commissioning and Delivery	<b>ATTACHMENT:</b> <div style="float: right; border: 1px solid black; padding: 5px; margin-left: 10px;">C</div>
<b>REPORT AUTHOR:</b> Brian Roberts – Information Manager	<b>AGENDA ITEM: 4</b>
<b>RECOMMENDATION:</b> The Governing Body is asked to note the latest position against key performance indicators	<b>MEETING DATE:</b> 12 <sup>th</sup> June 2012

**Performance Report – June 2012**

**EXECUTIVE SUMMARY:**

**2011/2012**

The June 2012 Performance Report shows the final position against the 2011/2012 operating plan targets where available. The report comes in three parts:

- Narrative covering areas of concern in respect of commissioning targets.
- A scorecard showing Kingston Performance and predicted year end performance – Appendix A
- A scorecard showing performance across SWL at a PCT level – Appendix B

For 2011/2012 the operating plan targets are split between Headline and Supporting Measures as indicated in the scorecard.

**2012/2013**

At the time of writing this report no 2012/2013 performance data was available. Therefore the first reported position against the 2012/2013 operating plan targets will be given at the next Governing Body meeting. Attached as Appendix C to this paper is a schedule mapping the leads to the operating plan targets

**KEY SECTIONS FOR PARTICULAR NOTE:**

The narrative covering areas of concern and actions for delivering improvements

**RECOMMENDATIONS:**

To note the final/latest position against 2011/2012 the Headline and Supporting measures, and to note the changes in some measures.

**RISKS IDENTIFIED:**

The following risks have been identified:

- Transition – 2012/2013 will be the last year the PCTs will operate and will see the establishment in shadow form of Clinical Commissioning Groups. There is a risk as functions and responsibilities move around the system oversight and leadership of the delivery of the targets could be lost.
- Performance Regime – there is a lack of clarity around the performance regime that the NHS Commissioning Board will adopt. It may be necessary to relook at managerial and clinical capacity to meet demands.

**FINANCIAL IMPLICATIONS:**

For 2012/2013 the following financial implications have been identified:

- The lack of available funding to support the delivery of some targets, particularly NHS Health Checks, puts the achievement of these targets at risk.
- The under performance of against some targets, such as 18 weeks, could bring unforeseen financial pressures that have not been accounted for.

**NATIONAL DOMAINS - TOWARDS AUTHORISATION:**

All papers to the Governing Body are assumed to be evidence towards authorisation.

Please indicate below all the domains which the paper provides evidence for

- Clinical focus adding value
- Patient, carer, community engagement
- Planning and QIPP delivery
- Corporate and clinical governance incl. non financial risk management
- Finance incl. financial risk management
- Collaborative or joint commissioning, commissioning support
- Leadership

If not, please explain below:

**EQUALITY IMPACT ASSESSMENT:**

No Equality Impact Assessment has been completed in the writing of this report. Any action plan drawn up to address underperformance will require EA to be completed

**PRIVACY IMPACT ASSESSMENT:**

None – no personally identifiable data was used in the writing of this report

## Areas of Concern

### 1. MRSA Bacteraemia and C-Difficile

The final reported position for 2011-12 for MRSA Bacteraemia is 4 against an annual target of 4 and for C-Difficile 37 cases reported cases against the annual target of 19.

The majority of C-Difficile cases are reported at St George's Hospital, with the remainder of cases against several acute trusts. It has been predicted that there would be an increase in the number of reported cases of C-Difficile due to the change in testing being piloted this year. Issues around MRSA and C-Difficile are being picked up through the Clinical Quality Review Groups (CQRG).

There is an additional concern that for 2012/13, the annual target of MRSA Bacteraemia is now 2, which will be extremely challenging. The 2012/13 target for C-Difficile remains at 19.

### 2. 18 week referral to treatment times

There are a number of 18 week performance target that have underperformed, which are described below. Although the position has greatly improved from the beginning of the year with the backlog of patients at Kingston Hospital being cleared, a further 18 weeks issue at St Georges' Hospital has meant that the performance for admitted patients over the whole of 2011/12 has not been improved above the required levels set out in the 2011/12 operating plan.

However, the only 18 weeks target not achieved in March was for those patients who have waited over the 95<sup>th</sup> percentile (effectively those waiting the longest amount of time) for an operation, which was 24.6 weeks against a target of 23 weeks. For Kingston, this is due to the continuing issue at St Georges Hospital.

For 2012/13 the 18 weeks targets have been simplified, now only showing the following:

- 90% of patients whose treatment journey stops at admitted care (usually an operation) should be within 18 weeks
- 95% of patients whose treatment journey stops at non-admitted care (usually at the outpatient stage) should be within 18 weeks
- 92% of patients who have not yet completed their treatment journey should be within 18 weeks

### 3. NHS health checks

For 2011/12, Kingston achieved 10% of eligible people offered an NHS Health Check against a year to date target of 20%. In respect of the target for the percentage of eligible people who received a NHS Health Check was 7.7% against a target of 15%. For both these categories Kingston is rated Red.

Significant risk remains around the achievement of both parts of the NHS Health Check target. The cause of the risk has been identified mainly as linked to under performance in some local GP Practices and Community Pharmacies.

For 2012/13, the measures remain the same, but the levels have increased to 20% being offered an NHS Health Check and 11.9% having received one. Given the performance in 201/12, this indicator remains extremely challenging.

#### **4. Activity Measures**

Kingston continues to be either RAG rated Amber and Red against the range of activity measures, both headline and supporting. This means that activity levels across all domains are higher than expected, in part due to clearing the Kingston 18 weeks backlog, but also due to activity levels across all areas having increased. The following actions to improve performance going forward against these measures have been identified

- ACU to lead a piece of work across South West London to ensure that data accuracy between MAR returns and SUS is reconciled.
- Deliver QIPP schemes aimed at reduction of first outpatient referrals and service redesign.

For 2012/13, all the activity profiles have been refreshed to take into account in part the changes in patient flows, and have been signed off.

#### **5. Number of self-reported four week smoking quitters (SQU18)**

Against the cumulative Quarter 3 target of 421, Kingston has reported 368 (87.4% of target) four week smoking quitters; although it is very likely that the final validated figures for both quarters will be higher due to late submission of data. Steps have been taken to minimise late files by penalising advisors who send back files after the 10 week deadline, however it will be difficult to eradicate this completely.

Activities and strategies have been put in place to maximise referrals and quits ensuring the service hits the year-end target of 675:

- Targeted support work from team specialist advisors to identify and motivate GP and pharmacy advisors to refer to the service, provide in-house advice or host one of the advisors at their premises.
- Leaflet drop using Mosaic intelligence to target particular areas
- Workplace group targeting specifically the routine and manual workforce, business parks etc.
- More efficient client follow-up calling inviting those smokers who had not been successful in quitting with the service for further help.
- More efficient client follow-up calling from GP/Pharmacy advisors to call those smokers who set a quit date and haven't returned
- Literature mail out to all Your Healthcare departments and potential to carry out e-learning training to staff for signposting

Although the numbers of the quitters for Quarter 3 are below trajectory performance is better than the same period in 2010/11, and the service is confident that with the above initiatives in place Kingston will be able to achieve target.

For 2012/13, the smoking cessation target has increased to 684 (1.33% increase to the 2011/12 plan), and has been profiled to take into account the large historical increase in performance in Quarter 4.

#### **6. Women seeing midwife etc. by 12<sup>th</sup> week of pregnancy**

There has been a marked improvement on this target in Quarter 4, with this period showing actual performance of 96.2%, bringing the total years' performance for 2011/12 to 88.6%, against the planned target of 90%. Progress against this target is monitored through Clinical Quality Review Groups actions identified to secure this target include:

- Ensure that information is available to inform women of the importance of presenting early in their pregnancy.
- Clarify the reporting of this target particularly around the inclusion of migrating patients.
- Ensure the standard forms part of the acute contract with financial penalties for underperformance.
- Work closely with the ACU to ensure active performance management of provider trusts.

## **7. Breastfeeding at 6-8 weeks – Prevalence**

Kingston has been informed at an early stage that there was a performance risk by Your Healthcare, who has provided comparative information regarding the distinct GP practices that have had a drop in performance since Quarter 3.

These practices have been contacted by Your Healthcare, and all parties have worked together through baby café's and other coordinated outreach work to improve performance to the Quarter 4 level of 70.1%, bringing the total 2011/12 prevalence to 71.5% overall. The coverage has remained well above the target level of 95%.

This indicator remains unchanged for 2012/13.

## **8. Drug misuse numbers in effective Treatment**

Whilst work is continuing with the treatment agencies in Kingston to ensure that problem drug users are effectively managed and discharged in a planned and consistent way. However, recent local work suggests that these targets are becoming more difficult, as the prevalence of Problem Drug Users (PDU's) is decreasing.

As part of the re-tendering of substance misuse services, specifications and payments for services have been written on the basis of outcomes measures, which will improve the retention and planned discharges of service users.

The NTA has confirmed to the Drug and Alcohol Strategy Manager that this indicator will be discontinued for 2012/13, and there has been no indication that it will be replaced.

## **9. Choose and Book**

Kingston's performance for the number of GP first referrals to be booked through Choose and Book (C&B) in March 2012 was 54.1% against the target of 90%, which shows an increase from the Dec-Feb position, but a steady decline from the level in April 2011, which stood at 74.8%. The final position for 2011/12 was 55.5%.

Achievement of the target remains a priority locally by ensuring that any new outpatient services developed in the community are bookable through CAB and by maximising the numbers of referrals managed through our referral management service. However as Kingston is experiencing an increase in GP referrals slot availability has become an issue as the provider Trusts have not opened up sufficient slot capacity to cope with the extra demand. Whilst the majority of GP referrals are being booked through KCAS, an increasing number are having to be booked outside C&B. KCI are producing a detailed action plan to deal with increased demand, which will be going to the KCC Board for approval

This indicator remains unchanged for 2012/13.