

GOVERNING BODY

LEAD: Tonia Michaelides – Head of Commissioning and Delivery	ATTACHMENT: <div style="float: right; border: 1px solid black; padding: 5px; text-align: center; width: 40px; height: 40px; line-height: 40px; font-size: 24px; margin-left: auto;">C</div>
REPORT AUTHOR: Brian Roberts – Information Manager	AGENDA ITEM: 6
RECOMMENDATION: The Governing Body is asked to note the latest position against key performance indicators	GOVERNING BODY MEETING DATE: 8 th January 2013

Performance Report – December 2012

<p>EXECUTIVE SUMMARY:</p> <p>The December 2012 Performance Report shows the latest published position against the 2012-13 operating plan targets where available, and contains:</p> <ul style="list-style-type: none"> • An exception scorecard and narrative covering areas of concern in respect of commissioning targets. • Benchmarked performance across SWL at a PCT level. <p>The operating plan targets are split between Clinical Commissioning Groups, NHS Commissioning Board and Public Health Departments, as indicated in the scorecard.</p>
<p>KEY SECTIONS FOR PARTICULAR NOTE:</p> <p>The narrative covering areas of concern and actions for delivering improvements</p>
<p>RECOMMENDATIONS:</p> <p>To note the final/ latest position the Headline and Supporting measures.</p>
<p>RISKS IDENTIFIED:</p> <p>None.</p>
<p>FINANCIAL IMPLICATIONS:</p> <p>None.</p>
<p>NATIONAL DOMAINS - TOWARDS AUTHORISATION:</p> <p>All papers to the Integrated Governance Committee are assumed to be evidence towards authorisation.</p>

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:

None.

PRIVACY IMPACT ASSESSMENT:

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

Areas of Concern

NHS Kingston Performance Scorecard 2012-13

Freeze Date: 29-Nov-2012: Exceptions Only

	Year to Date		Latest		Year End				
	Actual	Target	Period	Perf Dir	11/12 Outturn	12/13 Extra-polated Outturn	Comparison 11/12 vs 12/13	12/13 Target	
Clinical Commissioning Groups									
PHQ13: IAPTS proportion of relevant population	5.4%	R	6.0%	Qtr 2	▼	8.7%			12.8%
PHQ24: All cancer two week waits	92.7%	A	93.0%	Sep	▼	98.5%	93.0% G	▼	93.0%
PHQ25: Breast symptoms (cancer not initially suspected)	87.2%	R	93.0%	Sep	▲	95.8%	91.5% A	▼	93.0%
PHQ27: MRSA	2	R	1	Sep	▲	4	3 R	▲	2
PHQ28: C-Difficile	14	R	10	Sep	▼	37	29 R	▲	19
PHS06: Non-elective FFCEs	7,526	A	7,483	Oct	▼	12,628	13,045 A	▼	12,763
PHS10: All first outpatient attendances	27,730	A	27,662	Oct	▼	46,521	47,125 A	▼	47,100
PHS14: Diagnostic tests, endoscopy	2,266	R	2,099	Oct	▼	New	3,886 R		3,575
PHS15: Diagnostic tests, non-endoscopy	27,060	R	25,070	Oct	▲	New	45,833 R		42,688
PHF08: GP Referrals to first OP appointments booked using Choose and Book	55.5%	R	90.0%	Oct	▼	55.5%	52.5% R	▼	90.0%
NHS Commissioning Board									
VSB10: Immunisation age 2, Hib/MenC booster	85.6%	A	95.1%	Qtr 2	▼	89.9%			95.1%
VSB10: Immunisation age 2, all PCV booster	87.2%	A	95.1%	Qtr 2	▲	87.4%			95.1%
VSB10: Immunisation age 2, one dose of MMR	87.8%	A	95.1%	Qtr 2	▼	88.5%			95.1%
VSB10: Immunisation age 5, all 4 doses of DTaP/IPV/Hib	82.4%	A	90.1%	Qtr 2	▼	77.2%			90.1%
VSB10: Immunisation age 5, two doses of MMR	84.1%	A	90.1%	Qtr 2	▼	83.4%			90.1%
Department of Public Health									
PHQ30: Smoking Quitters	128	R	176	Qtr 1		676			684
PHQ31: Eligible population offered an NHS health check	8.3%	R	10.0%	Qtr 2	▲	10.0%			20.0%
PHQ31: Eligible population receiving an NHS health check	5.8%	A	5.9%	Qtr 2	▲	7.7%			12.0%
SQU19: Breastfeeding at 6-8 weeks prevalence	69.9%	R	75.0%	Qtr 2	▼	71.5%			75.0%
Other Indicators									
SQU12: Percentage of women seeing professional within 13 weeks of pregnancy	77.6%	R	90.0%	Qtr 2	▼	88.5%			90.0%

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1. IAPT proportion of relevant population seen (PHQ13)

The proportion of relevant population seen by an IAPT service has dropped from 3.1% where the target was being achieved in quarter 1 to an underperforming quarter 2 position of 2.3%. This equates to an additional 151 patients needing to be seen in the quarter. The service is also reporting that there are 938 patients waiting over 28 days to receive an initial therapeutic session, which is a greater number than those who have been referred to the service in the same quarter.

The current IAPT service has been retendered as part of the formation of the Kingston community wellbeing service, incorporating both IAPT and substance misuse services, with a greater emphasis on outcomes. Kingston is working with the incumbent provider to improve the performance of the existing service until the transition to the new service is complete. Kingston is seeing 42.3% of patients being discharged from the service having recovered, against a target of 39.8%

2. Two Week Cancer Waits (PHQ24) and Breast symptoms where cancer not initially suspected (PHQ25)

There is a cause for concern around several of the cancer waits targets since April 2012, due to there being significant issues tracking patients and managing demand in cancer activity at Kingston Hospital. Kingston Hospital is working through a detailed action plan. These plans have been supported by the Kingston Hospital Clinical Quality Reference Group, who will be ensuring the effectiveness of the actions taken

For both two weeks urgent cancer waits and for breast symptoms where cancer was not initially suspected, Kingston Hospital's performance for Kingston patients in August and September has improved from July's position, and all evidence suggests that if the current good performance continues, these targets will be achieved at year-end.

3. MRSA (PHQ27) and C-Difficile Bacteraemia (PHQ28)

There have been 14 C-Difficile Bacteraemia apportioned to Kingston as at the end of September, compared to a year to date target figure of no more than 10. Two of these breaches have been at Kingston Hospital, with two at other non-SWL acute trusts and a further 9 cases being reported at non-acute trusts.

There have been 2 cases of MRSA apportioned to Kingston as at the end of September, compared to a year to date target figure of no more than 1. One breach was at Kingston Hospital, with the other case being reported at a non-acute trust.

For both areas, the target amounts are much reduced compared to the 2011-12 levels, showing 4 breaches for MRSA and 37 breaches for C-Difficile. Work is continuing to understand the breaches outside of the SWL acute trusts, with Kingston Hospital being followed up by the Clinical Quality reference Group.

4. Activity Measures

a. Non-Elective FFCEs (PHS06)

Non-elective FFCEs (First Finished Consultant Episodes) have risen month-on-month from the start of 2012-13, from a position of 11% below planned levels in April to a year to date position in August that is 0.37% above plan, which then dipped below planned levels in September. For the year to date position at the end of October, Kingston is 0.6% above plan, which equates to 43 patients, primarily showing a rise at Kingston Hospital from 730 admissions in September to 823 in October. This position may worsen with the MET office forecasting a cold, early winter.

b. All First Outpatient Appointments (PHS10)

The year to date position up to October for all first outpatient attendances regardless of source is 0.2% above planned levels (which equates to 68 patients), mainly due to a rise in referrals in September due to the average waiting time between referral to an initial outpatient attendance is 4 weeks. Although Kingston is over plan, there has been a marked reduction from the numbers seen in May, where the level was 9.2% over the year to date plan. Work is continuing with redesign projects to identify areas where activity can be more effectively managed.

c. GP referrals booked using Choose & Book (PHF08)

Whilst the level of GP referrals booked through Choose and Book is lower than the target of 90%, the uptake has risen from the second half of 2011-12, where the average rate was 50% compared to the current year to date figure of 55.5%. This rise can be seen as a direct consequence of the work that KCAS has been completing with the GP practices, although there may be some residual slot availability issues that will need to be progressed with local trusts through the CQRGs. Looking back to April 2010, Kingston has maintained an average of 55%, although the period between January and April 2011 was significantly lower.

This level of performance is well above the London average of 39%, and the England average of 51%. Only six PCTs achieved 90% nationally in October 2012, with some PCTs having a booking rate as low as 4%.

d. Diagnostic tests – endoscopy (PHS14) and non-endoscopy (PHS15)

The number of both endoscopic and non-endoscopic diagnostics tests has risen from planned levels, with both cohorts being 7.9% above planned levels at October 2012. Kingston saw a drop in over performance during the summer, with a marked increase in September and October.

The main driver of this over performance is for clearing long waiters for non-obstetric ultrasound testing. There were 69 patients waiting over the 6-week target in August at Kingston Hospital due to capacity issues over the summer, which have now been cleared; in total there were a total of 81 patients waiting over 6-weeks for diagnostic tests in August, which has now reduced to 5 (2 at Kingston Hospital and 3 at other trusts). It is expected that the waiting list will now remain at minimal levels, and that this over performance will reduce.

It has been signalled that some diagnostic activity will be unbundled from tariffs in 2013-14. Any future planning will need to take account of these changes.

5. Childhood Immunisations (VSB10)

At quarter 2, Kingston is underachieving on all childhood immunisation targets except the 1 year old diphtheria, tetanus, polio, pertussis, Haemophilus influenzae type b (Hib) jab. For the underperforming immunisations, Kingston has remained at the same levels since 2010-11, but is showing better immunisation rates when benchmarked across South West London.

6. Smoking Quitters at 4 weeks (PHQ30)

At quarter 1 2012-13 the number of smokers seen to have quit at the 4 weeks stage were 128 against a targeted level of 176 (72.7% of plan). This level of performance is due to providers submitted quitter information to time, and it is understood that there will be improvements in performance as the smoking cessation service tightens up processes for retrieving data from suppliers.

After a successful procurement process, LiveWell UK took over the running of the smoking cessation service from service from October 2012, who have put in place a number of productivity measures to increase quit rates. These include promotional campaigns, more community outreach into practices and pharmacies, as well as seeing increased referral rates due to the Stoptober campaign.

7. NHS Vascular Health Checks (SQU27)

For quarter 2 (July – September 2012), both the percentage of the eligible population being offered vascular health checks and the percentage of the eligible population receiving vascular health checks with above the quarter 2 target. However, this improvement has not increased the year to date proportion above the target figure; for April – September 2012 8.3% were offered against a target of 10.0% (a difference of 869 patients), and 5.8% received against a target of 5.9% (a difference of 74 patients).

Whilst this target remains challenging for the remainder of 2012-13, work to target those groups most likely to attend for a vascular health check has made a significant impact, and should continue to do so in the last two quarters of this year.

8. Breastfeeding at 6-8 weeks – Prevalence (SQU19)

The position for quarter 2 (July – September 2012) has remained largely unchanged from quarter 1, showing that 69.9% of mothers in Kingston breastfeed, either partially or totally, against a target of 75% for 2012-13 (a difference of 32 patients). This position has showed a slight decline from the 2011-12 performance of 71.5%. The coverage has also remained constant at 96%.

Your Healthcare provides monthly data for both breastfeeding prevalence and coverage at a practice level to commissioners, and are planning a focussed piece of work through baby cafes and other targeted workstreams.

9. Percentage of women seeing professional within 13 weeks of pregnancy (SQU12)

At quarter 2, the percentage of women who had seen a professional within 13 weeks of pregnancy was 73.1%, against a target of 90%, which is a significant drop in performance from the quarter 1 position of 82.1%

Progress against this target is monitored though the Kingston Hospital Clinical Quality Review Group, with actions identified to secure this target include ensuring that information is available to inform women of the importance of presenting early in their pregnancy and clarifying the reporting of this target particularly around the inclusion of patients who have booked into a hospital elsewhere, and then subsequently deliver at Kingston Hospital.

The construction of the target is such that the number of births is forecasted forwards locally, as per DH guidance. This forecasting methodology is being examined with the performance team, to ensure that the denominator (the forecasted number of deliveries) is accurate.

NHS South West London Performance Summary 2012-13

Freeze Date: 29-Nov-2012

Description	Year to Date					
	Most Recent	Croydon	Kingston	Richmond and Twickenham	Sutton and Merton	Wandsworth
Clinical Commissioning Groups						
PHQ03: Cancer first treatment 62 days wait: GP urgent referral	Sep	Red	Green	Green	Green	Green
PHQ04: Cancer first treatment 62 days wait: Screening referral	Sep	Amber	Green	Green	Green	Green
PHQ06: Cancer first definitive treatment within one 31 days of diagnosis	Sep	Green	Green	Green	Green	Green
PHQ07: Cancer subsequent treatment within 31 days: surgery	Sep	Green	Green	Green	Green	Green
PHQ08: Cancer subsequent treatment within 31 days: drug	Sep	Green	Green	Green	Green	Green
PHQ09: Cancer subsequent treatment within 31 days: radiotherapy	Sep	Green	Green	Green	Green	Green
PHQ10: Early intervention in psychosis - new cases	Qtr 2	Green	Green	Green	Green	Green
PHQ11: Crisis resolution home treatment episodes - cumulative from	Qtr 2	Green	Green	Green	Green	Green
PHQ12: Care Programme Approach followup within seven days	Qtr 2	Amber	Green	Green	Green	Green
PHQ13: IAPTS proportion of relevant population	Qtr 2	Red	Red	Green	Red	Red
PHQ13: IAPTS proportion moving to recovery	Qtr 2	Red	Green	Red	Green	Red
PHQ19: RTT admitted patients compliant percent	Oct	Green	Green	Green	Green	Amber
PHQ20: RTT non admitted patients compliant percent	Oct	Green	Green	Green	Green	Green
PHQ21: RTT incomplete pathway patients compliant percent	Oct	Amber	Green	Green	Green	Green
PHQ22: Diagnostic tests waiting 6 weeks or more	Oct	Green	Green	Green	Green	Green
PHQ24: All cancer two week waits	Sep	Green	Amber	Amber	Green	Green
PHQ25: Breast symptoms (cancer not initially suspected)	Sep	Green	Red	Green	Green	Green
PHQ27: MRSA	Sep	Green	Red	Green	Green	Green
PHQ28: C-Difficile	Sep	Green	Red	Green	Green	Red
PHS06: Non-elective FFCEs	Oct	Red	Amber	Amber	Amber	Amber
PHS07: GP written referrals to hospital	Oct	Green	Green	Amber	Red	Red
PHS08: Other referrals for a first outpatient appointment	Oct	Amber	Green	Green	Green	Red
PHS09: First outpatient attendances following GP referral	Oct	Amber	Green	Amber	Red	Red
PHS10: All first outpatient attendances	Oct	Amber	Amber	Amber	Red	Red
PHS11: Elective FFCEs	Oct	Amber	Green	Green	Red	Green
PHS14: Diagnostic tests, endoscopy	Oct	Green	Red	Red	Red	Red
PHS15: Diagnostic tests, non-endoscopy	Oct	Red	Red	Green	Red	Red
PHS16: Numbers waiting on incomplete RTT	Oct	Red	Green	Green	Red	Red
PHS17: Health visitor numbers	May	Green	Green	Green	Green	Green
PHF08: GP Referrals to first OP appointments booked using Choose and Boo	Oct	Red	Red	Red	Red	Red
SQU06: Percent of stroke patients with 90% of time on stroke unit	Qtr 2	Green	Green	Green	Green	Green
SQU06: Stroke percentage of suspected TIA assessed and treated in 24 hours	Qtr 2	Green	Green	Green	Green	Red
SQU23: Diabetic retinopathy screening	Qtr 2	Green	Green	Green	Green	Green
NHS Commissioning Board						
SQU09: Access to dental services	Oct	Amber	Green	Amber	Amber	Amber
SQU20: Breast screening age 47-49 and 71-73	Qtr 2	Green	Green	Green	Green	Green
SQU21: Bowel screening invitations age 70-74	Qtr 2	Green	Green	Green	Green	Green
SQU22: Cervical screening results within two weeks	Oct	Amber	Green	Amber	Green	Green
VS10: Immunisation age 1, all 3 doses of DTaP/IPV/Hib	Qtr 1	Amber	Green	Amber	Red	Amber
VS10: Immunisation age 2, Hib/MenC booster	Qtr 1	Amber	Amber	Amber	Red	Amber
VS10: Immunisation age 2, all PCV booster	Qtr 1	Amber	Amber	Amber	Red	Green
VS10: Immunisation age 2, one dose of MMR	Qtr 1	Amber	Amber	Amber	Red	Red
VS10: Immunisation age 5, all 4 doses of DTaP/IPV/Hib	Qtr 1	Red	Amber	Red	Red	Red
VS10: Immunisation age 5, two doses of MMR	Qtr 1	Red	Amber	Amber	Red	Red
WCC25: Cervical screening, women age 25-49 in last 3½ years	Qtr 2	Amber	Amber	Green	Amber	Amber
WCC25: Cervical screening, women age 50-64 in last 5 years	Qtr 2	Green	Green	Green	Green	Amber
Department of Public Health						
PHQ30: Smoking Quitters	Qtr 1	Red	Red	Red	Red	Red
PHQ31: Eligible population offered an NHS health check	Qtr 2	Green	Red	Green	Green	Green
PHQ31: Eligible population receiving an NHS health check	Qtr 2	Red	Amber	Green	Green	Green
SQU19: Breastfeeding at 6-8 weeks prevalence	Qtr 2	Amber	Red	Red	Amber	Amber
SQU19: Breastfeeding at 6-8 weeks coverage	Qtr 2	Green	Green	Red	Green	Green
VS13: Chlamydia screening coverage	Qtr 1	Red	Red	Red	Red	Red
VS13: Chlamydia diagnosis rate per 100,000	Qtr 1	Green	Red	Red	Red	Red
VS13: Chlamydia positivity rate	Qtr 1	Green	Green	Red	Green	Green
Other Indicators						
SQU12: Percentage of women seeing professional within 13 weeks of pregn	Qtr 2	Green	Red	Red	Amber	Amber

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