



MK Commissioning

Subject: Performance Board Report

Meeting: MK Commissioning Shadow Board

Date: 7 February 2012

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1. EXECUTIVE SUMMARY

It was agreed at the CCG meeting on 1st November 2011 that the NHS Milton Keynes compliance framework continued to be used as the basis of performance reporting to the CCG Board and management team. This will help ensure that MK commissioning accurately reflects the areas considered to be important locally whilst at the same time delivering high level information for the board and on other critical areas.

2. PERFORMANCE COMPLIANCE FRAMEWORK

The MK Commissioning performance framework (Appendix A) shows actual achievement against targets on a monthly, quarterly or annual basis, as appropriate. For each indicator a Responsible Manager has been nominated. The nominations are aligned with the areas of responsibility for the four programme boards; Planned Care, Unplanned Care, Children and Maternity and Mental Health. The Responsible Manager is required to provide an assurance report against those indicators identified as failing against target/plan.

3. QUALITY INDICATORS

Quality indicators are reported in the Quality Report however it is proposed that from the February 2012 Board meeting the Performance and Quality reports are combined in to one joint report.

4. INDICATORS FAILING AGAINST TARGET

The indicators detailed below are currently failing against target.

4.1 Activity

Measure	Period	Latest actual	Latest Target	YTD actual	YTD Target	YTD variance to plan	Responsible Manager
Non Elective FFCEs	Oct 11	2248	2003	15537	12937	20.1%	Andy Peedle
GP written referrals to hospital	Oct 11	3540	3035	25056	23564	6.3%	Asma Ali



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Measure	Period	Latest actual	Latest Target	YTD actual	YTD Target	YTD variance to plan	Responsible Manager
Other Referrals for a 1 st outpatient appointment	Oct 11	1853	1639	12308	9948	23.7%	Asma Ali
1 st Outpatient attendances following GP referral	Oct 11	3274	2542	21648	20073	7.8%	Asma Ali
All 1 st Outpatient attendances	Oct 11	5516	4752	38215	35540	7.5%	Asma Ali
Elective FFCEs - ordinary admissions	Oct 11	541	528	3548	3315	7.3%	Asma Ali
Electives FFCEs – day cases	Oct 11	1832	1702	12843	11060	13.9%	Asma Ali
Diagnostic key tests waiting >6 wks	Oct 11	77	0	553	0		Asma Ali

Thresholds

RAG rating	Threshold
Red	Variance to plan >5%
Amber	Variance to plan >0% and < 5%
Green	Variance to plan <0%

Analysis

The above activity indicators all exceeded plan by more than 5% in October 2011 with the exception of elective FFCEs – ordinary admissions which was 2.5% above plan. The year to date position is also greater than 5% of plan for all eight activity indicators.

Responsible Managers Assurance

Planned Care

The COO of MK Commissioning has formally responded as follows to the Cluster Director of Commissioning Development concerning over performance against activity plans.

- The Plan set for 11/12 was exceptionally ambitious in an attempt to address the financial constraints facing Milton Keynes PCT
- Programme Boards have been working on the associated QIPP plans to reduce activity within secondary care; however, these have taken longer to develop than first envisaged. Consequently activity within secondary care remains above plan
- GP initiated referrals have decreased from 2010-11 levels.



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- introduction of a community based service for Ophthalmology (pilot) has started from December and there is a slight improvement
- A new, more robust policy for C2C referrals has been agreed by the referrals team and is being placed in the CQUIN quality schedule for the acute hospital. Also triangulation of C2C data has shown a decrease in referral numbers for the 1st 7 months (Apr – Oct) of 2011/12 as compared to 2010/11
- Planned Care and Children's & Maternity Programme Boards are actively addressing 'Other referrals' category areas. An audit of Obstetrics referrals is underway
- A Follow-Up Transfer of Care LES is being finalised and will be rolled out. This will hopefully work towards a decrease in 1st OP appointments/attendances
- All C2C for chronic pain pathway clinic have been stopped as of December 2011 with introduction of prescribing algorithm and electronic referral form to facilitate the GPs
- The MSK pilot with 4 practices has commenced from December and the results are being awaited
- Electives are increasing – this has been discussed with secondary care colleagues at the monthly contract review meetings. It is understood that the capacity generated by reduced GP referrals may be contributing to reduced waiting times to be seen and treated. In addition the application of prior approvals processes for procedures of limited clinical value has also reduced demand for services and may have contributed to higher conversion rates for surgery

It will be important to strike a balance between commissioning the required capacity for 12/13 and the available funding. MK Commissioning wishes to ensure that a realistic plan is submitted to the SHA based on outturn whilst continuing to provide stretching targets for referrers in order to reduce the overall spend within secondary care.

Unplanned Care

The non elective FFCEs activity indicator exceeded plan by 12.2% in October 2011 and 20.1% YTD.

This particular target has a direct link to the 4 hour A&E target. It is known that when the A&E department are under pressure there are more non-elective admissions. The work carried out earlier in the year to reduce the number of people attending A&E has had limited success, although the number of presenting people has not increased despite the fact that Milton Keynes has a higher than expected population growth in 2010/11 however, the acuity of patients has changed. Historically MKHFT have been operating at 60% minors and 40% majors. In recent months there has been a change with major cases above the 50% mark. This has resulted in more patients being admitted.

To provide assurance MK Commissioning have requested a further InterQual audit which is scheduled to take place w/c 23 Jan 2012 for 3 weeks on a sample size of 750 patients. The audit will create the benchmark for the CQUIN scheme that commissioners have proposed to MKHFT to run in 2012/13.

The difference between 2010/11 and YTD 2011/12 stands at +1077 non-elective admissions. Analysis also shows that since April 2011 there has been a significant change in the number of patients with a zero LoS (ZLOS). Further analysis needs to be completed to see if there is any correlation between the increase in ZLOS and the rise in non-elective admissions, this rise has also been documented in MKHFTs board report.



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4.2 Staying Healthy

Measure	Period	Latest actual	Latest Target	YTD actual	YTD Target	Responsible Manager
NHS Health Checks – % of eligible people offered an NHS health check	Q2 2011/12	0	11.1%	0	11.1%	Rebecca Green

Thresholds

RAG rating	Threshold
Red	< target
Green	> or = to target

Analysis

The programme of health checks has not yet commenced in Milton Keynes

Responsible Managers Assurance

The Health Checks scheme in Milton Keynes has now entered the pilot stage with 50% of practices due to start inviting patients for Health Checks during Q4. As consistently reported the 18% year end target will not be met during 2011/12. East Midlands SHA has identified Health Checks as a key priority area. Sufficient financial resources have been identified within NHS Milton Keynes from 2012/13 to fund a GP LES based programme. A project framework for the establishment of the scheme has been developed which covers all aspects necessary to establish the Health Checks programme. In order to establish and deliver the health checks scheme in year there needs to be additional management resource allocated to the project.

4.3 Acute Care

Measure	Period	Latest actual	Latest Target	YTD actual	YTD Target	Responsible Manager
A& E % < 4 hrs (MKHFT & MKUCS combined)	Dec 11	95.1%	95%	96.8%	95%	Andy Peedle
A& E % < 4 hrs (MKHFT)	Dec 11	91.2%	95%	94.3%	95%	Andy Peedle

Thresholds

RAG rating	Threshold
Red	< target
Green	> or = to target



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Analysis

Achievement against the 4 hour A&E target at MKHFT was below the 95% threshold for most of Dec 2011.

Responsible Managers Assurance

Performance on this target has slipped further in year which has caused significant concern with commissioners. In December a Clause 32 Contract Query was issued to Milton Keynes Hospital Foundation Trust in respect of the A&E transit time indicator.

Commissioners have requested an immediate action plan, which has been received, reviewed and submitted back to MKHFT for further work. A Joint Investigation will also be carried out in January 2012 looking at the root causes of 4 hour breaches on 2 specific days. The report is due to commissioners on or before 20th January 2012 and will be reviewed with commissioners on 24th and 25th January 2012 with a follow-up action plan being submitted to resolve any shortcomings identified by the Joint Investigation.

The Unplanned Care programme board has also requested providers to supply ideas and initiatives that are designed to reduce attendances at the A&E department and non-elective admissions; the ideas and initiatives will be supported by the Winter Pressures money received in January 2012 and commissioners will review the submitted ideas for appropriateness on Tuesday 10th January 2012 with a view to implementing / supporting the initiatives thereafter.

Where possible, commissioning intentions will be brought forward and implemented early for example Dr First. Increased availability of GP appointments in Primary Care will reduce the need for patients to use the A&E department.

4.4 Maternity, Children & Young People

Measure	Period	Latest actual	Latest Target	YTD actual	YTD Target	Responsible Manager
Maternity 12 week access	Q2 2011/12	80.1%	90.3%	80.1%	90.3%	
Childhood measurement programme - Reception % recorded as obese	School year 2010-11	9.8%	9.6%	n/a	n/a	Sue Frossell
Childhood measurement programme - Year 6 % recorded as obese	School year 2010-11	19.9%	16.1%	n/a	n/a	Sue Frossell
Childhood measurement programme - Year 6 weight & height recorded	School year 2010-11	81.5%	88%	n/a	n/a	Sue Frossell



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Measure	Period	Latest actual	Latest Target	YTD actual	YTD Target	Responsible Manager
Breastfeeding % totally or partially breastfeeding at 6-8 weeks	Q2 2011/12	53.3%	58%	53.3%	58%	Jonathon Bilson
Rate age 2 completed pneumococcal immunisation	Q2 2011/12	92.3%	95%	92.3%	95%	Sue Frossell
Rate age 2 completed Hib/MenC immunisation	Q2 2011/12	93.8%	95%	93.8%	95%	Sue Frossell
Rate age 2 completed MMR immunisation	Q2 2011/12	91.3%	95%	91.3%	95%	Sue Frossell
Rate age 5 completed DTaP/IPV immunisation	Q2 2011/12	88%	92%	88%	92%	Sue Frossell
Rate age 5 completed MMR immunisation	Q2 2011/12	86%	92%	86%	92%	Sue Frossell

Thresholds

RAG rating	Threshold
Red	< target
Green	> or = to target

Responsible Managers Assurance

Maternity 12 week access

A paper was presented to the December 2011 meeting of Children and Maternity Programme Board, noting the concerns of the SHA about the 12 week booking target for Milton Keynes. This summarised the current position against target and a draft action plan to improve performance. Work on the action plan is currently underway and is being led by the Community Midwifery Matron from MKHFT. Quarterly progress reports will be presented to the Children and Maternity Programme Board.

Childhood measurement programme

Reception - % recorded as obese

The percentage achieved in Milton Keynes in 2010/11 was 9.8%, compared to last year 9.5%. Although there has been an increase in number of children who are classed as obese at reception year over time, this is in line with the national trend and is not significantly different to England (9.4%) and East Midlands (8.9%).



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The HEY (Healthy Early Years) Award has been launched for all early years settings to work towards, thus providing support for the development of healthier, happier babies and young children, by meeting criteria in healthy eating, physical activity and lifestyle influences.

The Motiv8 programme has been commissioned to support overweight and obese children aged 5-8 and their families to develop healthy and active behaviours. The programme is over 10 weeks tailored to this age group to work with the family with a multidisciplinary approach in regards to healthy eating, physical activity and an overall healthy lifestyle change.

The Motiv8 programme can support children identified by the National Child Measurement programme at reception year.

HENRY (Health, Exercise, Nutrition for the Really Young), aims to reduce the number of children who enter Reception year as overweight or obese

HENRY is currently in the process of being commissioned to roll out, as from April 2012, the Let's Get Healthy with HENRY programme to support families with children aged 0-2 years. This 8-week programme has been designed to cover the key lifestyle areas including healthy eating, eating patterns and physical activity. 18 courses are planned in the coming year.

The HENRY programme already provides professional training for those promoting a healthy lifestyle with young families from children centres and health visitor teams. To date 31 health visitors and 31 children centre staff have attended the core training.

Year 6 - % recorded as obese

The percentage achieved in Milton Keynes in 2010/11 was 19.9%, compared to last year 17.3%. Although there has been an increase in number of children who are classed as obese at year 6 over time, this is in line with the national trend and is not significantly higher than England (19.0%) and East Midlands (18.3%).

Milton Keynes did not meet the target for number of children measured at year 6, which may have had an impact on the percentage children recorded as obese, however without further investigation, this cannot be substantiated. Due to a school being missed, an action plan is in place to ensure a successful outcome.

The Motiv8 programme has been commissioned to support overweight and obese children aged 5-8 and their families to develop healthy and active behaviours. The programme is a 10 week tailored to this age group to work with the family with a multidisciplinary approach in regards to healthy eating, physical activity and an overall healthy lifestyle change.

The Motiv8 programme can support children identified by the National Child Measurement programme at year 6.

Year 6 weight & height recorded

The underachievement against target is due to the continued non-participation of two schools in the programme. These schools have been visited over the last few years to reiterate the importance of the programme and the lead Consultant in Public Health will continue to engage with these schools. Also this year one school was missed by the provider during the measurement process – this has been discussed with the provider and an action plan put in place to prevent this happening in future.

In addition the schools will be approached through alternative routes of influence, for example Milton Keynes Council. NHS MK is using the data gained through the programme to target associated work programmes and this will raise the profile and relevance of the programme and further encourage all schools to increase their participation rate.

Breastfeeding at 6-8 weeks



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MKHFT has an established identified Breast Feeding lead. Commissioners are working with MK Council to engage children's centres in supporting increased prevalence and Breast feeding prevalence is included in monthly reports to the MK programme Board, chaired by MK CCG.

Childhood Immunisations –

Improvement actions to be implemented by the end of March 2012

- Incorporate Leicester City model of feeding back to GPs
- Incorporate Derby City PCT model of data cleansing (details requested 3/1/12) and discuss with Child health manager and data analysis person from Child health.
- Performance feedback to GPs on a monthly basis
- Child health to set up system to identify children 6 months prior to COVER landmarks, i.e. 12, 24 months and 5 years. (This also serves as a data cleansing exercise). Children no longer registered with a practice and known to have re-registered outside MK to be removed from CH system promptly (2 monthly checks) liaise with Derby City PCT. Detailed information to follow – (requested 3/1/12)
- Children with outstanding immunisations (in Q4) to be identified and lists sent to practices for action.
- Practices to receive lists of children waiting for vaccination on a monthly basis, with full details of the child and outstanding vaccines. Meeting scheduled with CH Manager 11 Jan 2012
- Health visitors to be actively involved in immunisation programmes in accordance with the Healthy Child Programme . Request action plan from HV manager re: commitment to Healthy Child Programme. Meeting scheduled with HV manager on 18 Jan 2012.

4.5 Planned Care

Measure	Period	Latest actual	Latest Target	YTD actual	YTD Target	Responsible Manager
Choose & book utilisation %	Oct 11	68%	90%	n/a	n/a	Asma Ali

Thresholds

RAG rating	Threshold
Red	< target
Green	> or = to target

Analysis

The published data shows that the 90% target has not been achieved in any month of 2011/12.

Responsible Managers Assurance

Work has commenced to understand the construction of this indicator and to ensure that data used by the Dept. of Health Knowledge and Intelligence in the calculation of estimated GP referrals to 1st outpatient (the denominator) is based on accurate figures for Milton Keynes.

5. CONCLUSION & RECOMMENDATIONS

The Board are asked to discuss and agree the contents of this report.

2011/12 Performance Compliance Framework

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Performance measure reference	Measure	Period	April	May	June	July	August	Sept	October	Nov	Dec	January	Feb	March	Latest Actual	Latest Target	YTD Actual	YTD Target/ Plan/ Limit	Year end RAG forecast	Responsible Manager
ACTIVITY (General and Acute Specialties)																				
HRS06	Non elective FFCEs	Oct-11	2211	2210	2198	2121	2298	2251	2248						2,248	2,003	15,537	12,937	R	Andy Peedle
SRS11	GP written referrals to hospital	Oct-11	3267	3553	3690	3793	3568	3645	3540						3,540	3,035	25,056	23,564	R	Asma Ali
SRS12	Other referrals for a first outpatient appointment	Oct-11	1628	1770	1815	1809	1702	1731	1853						1,853	1,639	12,308	9,948	R	Asma Ali
SRS13	First outpatient attendances following GP referral	Oct-11	2483	2981	3226	3094	3342	3248	3274						3,274	2,542	21,648	20,073	R	Asma Ali
SRS14	All first outpatient attendances	Oct-11	4672	5382	5689	5517	5644	5795	5516						5,516	4,752	38,215	35,540	R	Asma Ali
SRS15_04	Number of elective FFCEs - ordinary admissions	Oct-11	477	489	552	504	493	492	541						541	528	3,548	3,315	R	Asma Ali
SRS15_05	Number of elective FFCEs - daycases	Oct-11	1679	1852	2049	1821	1759	1851	1832						1,832	1,702	12,843	11,060	R	Asma Ali
	Diagnostic key tests waiting >6 wks	Oct-11	34	114	87	71	84	86	77						77	0	553	0	R	Asma Ali
	Diagnostics Key Tests Performed	Oct-11	4287	4529	5208	4955	5172	4890	4970						4,970	5,823	34,011	36,081	G	Asma Ali
STAYING HEALTHY																				
SQU20_03	Proportion of women aged 47-49 and 71-73 offered screening for breast cancer																		G	Ivo Haest
SQU21_03	Proportion of men and women aged 70- 75 invited for bowel screening																		G	Ivo Haest
SQU22	Cervical Screening results within 2 weeks																		G	Ivo Haest
SQU23	Diabetic Retinopathy screening	11-12/Q2			96.4%			99.7%							99.7%	98%	99.7%	98%	G	Dr Marianne vinson
VS13	Chlamydia % 15-24 yrs screened	11-12/Q2			9.2%			18.7%							18.7%	16.8%	18.7%	16.8%	G	Sue Frossell
VS101	All age all cause mortality rate per 100,000 population (males)	2009													664.9	557.9			R	Ivo Haest
VS101	All age all cause mortality rate per 100,000 population (females)	2009													461.3	477.1			G	Ivo Haest
VS102	<75 CVD Mortality Rate per 100,000 population	2009													73.6	65.3			R	Ivo Haest
VS103	<75 Cancer Mortality Rate per 100,000 population	2009													106.3	115.3			G	Ivo Haest
	GUM % Offered <48 hours	Oct-11	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%	98.0%	100.0%	98.0%	G	Sue Frossell
SQU18_01	Smoking Quitters at 4wks (Number of quitters at 4 weeks)	11/12 Q2			575			554							554	560	1,135	1,120	G	Sue Frossell
SQU27	NHS Health Checks - % of eligible people who have been offered an NHS Health Check in the given year	11-12/Q2			0			0							0	18.1%	0	18.1%	R	Rebecca Green
ACUTE CARE																				
HQU01	MRSA number of positive specimens	Nov-11	0	1	0	1	0	0	0	1					1	0	3	2	G	Sue Frossell
HQU02	C-Difficile number of positive specimens	Nov-11	3	3	4	6	4	4	1	6					6	4	31	34	G	Sue Frossell
SQU06_03	% who have had a stroke spending 90%+ time on stroke unit	Nov-11	40.0%	45.5%	72.7%	92.3%	100.0%	91.4%	88.9%	85.7%					85.7%	80.0%	77.1%	80.0%	G	Marianne Vinson
SQU06_06	TIA % high risk treated <24 hrs	Nov-11	57.1%	100.0%	100.0%	75.0%	100.0%	100.0%	83.3%	75.0%					75.0%	64.7%	86.3%	64.7%	G	Marianne Vinson
	A&E % <4 hrs (MKHFT & MKUCS combined)	Nov-11	97.9%	96.7%	97.1%	98.1%	97.8%	97.9%	93.5%	96.8%	95.1%				95.1%	95.0%	96.8%	95.0%	G	Andy Peedle
	A&E % <4 hrs (MKHFT)	Nov-11	96.3%	94.2%	95.0%	96.7%	96.1%	96.4%	88.9%	94.4%	91.2%				91.2%	95.0%	94.3%	95.0%	G	Andy Peedle
HQU03_01	Cat A % <8mins (Overall SCAS figure)	Oct-11	80.7%	79.8%	78.5%	78.0%	78.0%	77.4%	77.2%	76.8%					77.2%	75.0%	78.3%	75.0%	G	Andy Peedle
HQU03_02	Cat A % <19 mins (Overall SCAS figure)	Oct-11	96.7%	96.6%	95.9%	96.2%	96.6%	96.1%	95.4%	95.6%					95.4%	95.0%	96.1%	95.0%	G	Andy Peedle
HQU03_01	Cat A % <8mins (SCAS figure for MK patch only)	Oct-11	88.9%	88.3%	87.4%	83.1%	87.6%	84.9%	85.7%	85.4%					85.7%	75.0%	86.4%	75.0%	G	Andy Peedle
HQU03_02	Cat A % <19 mins (SCAS figure for MK patch only)	Oct-11	99.5%	99.7%	98.8%	98.9%	98.9%	98.8%	98.7%	99.4%					98.7%	95.0%	99.1%	95.0%	G	Andy Peedle
MATERNITY																				

SQU05_08	Cancer patients receiving subsequent chemo/drug <31 days	Oct-11	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						100.0%	98.0%	100.0%	98.0%	G	Ivo Haest
SQU05_07	Cancer patients receiving subsequent surgery <31 days	Oct-11	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%						100.0%	94.0%	99.0%	94.0%	G	Ivo Haest
SQU05_09	Cancer patients receiving subsequent radiotherapy <31 days	Oct-11	100.0%	91.1%	97.0%	94.6%	89.5%	100.0%	100.0%						100.0%	94.0%	95.4%	94.0%	G	Ivo Haest
SQU05_04	Cancer patients treated after screening referral <62 days	Oct-11	87.5%	100.0%	100.0%	90.0%	100.0%	80.0%	100.0%						100.0%	90.0%	91.4%	90.0%	G	Ivo Haest
SQU05_05	Cancer patients treated after consultant upgrade <62 days	Oct-11	50.0%	100.0%	NIL	100.0%	100.0%	100.0%	100.0%						100.0%	85.0%	91.7%	85.0%	G	Ivo Haest
SQU05_06	Cancer diagnosis to treatment <31 days	Oct-11	98.7%	96.2%	100.0%	98.5%	98.4%	98.8%	98.6%						98.6%	96.0%	98.5%	96.0%	G	Ivo Haest
SQU05_03	Cancer urgent referral to treatment <62 days	Oct-11	82.9%	76.2%	81.8%	78.1%	88.6%	100.0%	81.8%						81.8%	85.0%	84.3%	85.0%	G	Ivo Haest
SQU05_01	Cancer patients seen <14 days after urgent GP referral	Oct-11	98.6%	94.3%	96.2%	98.2%	98.2%	99.2%	98.7%						98.7%	93.0%	97.6%	93.0%	G	Ivo Haest
	Dental - Number of patients seen in previous 24 months at quarter end. Target is toolkit trajectory milestone.	11-12/Q2			126,708			126,761							126,761	138,727			R	Sandra White

Abbreviations used:

FFCEs - First Finished Consultant Episode

RTT- Referral to Treatment