
MILTON KEYNES PRIMARY CARE TRUST

Subject:	Performance Report
Meeting:	Joint Health & Social Care Board (JHSCB)
Date of Meeting:	28 th September 2006
Directorate:	MK PCT Finance, Information & Performance
Author:	Zillah Turner, Head of Performance

1. EXECUTIVE SUMMARY

This paper reports on the joint performance assessment framework for NHS and local authority bodies in Milton Keynes.

Performance against key indicators continues to perform well across Milton Keynes. However following the 2005/6 outturn close attention should be paid to the following areas:-

- Ambulance Response Times
- Delayed Transfers of Care
- Diabetic Retinopathy Screening
- Infant Mortality
- Cancelled Operations
- Educational qualifications of children looked after
- Adults with a physical disability helped to live at home
- Adults with a learning disability helped to live at home

2. OVERALL ASSESSMENT

Utilising a traffic light scoring system, the schedule attached at Appendix 1 demonstrates that key indicators continue to performance well across Milton Keynes.

The following criteria are used in the traffic light system: -

Green	<ul style="list-style-type: none"> • <i>Target achieved or</i> • <i>Target on course to be achieved</i>
Amber	<ul style="list-style-type: none"> • <i>Target will marginally fail or</i> • <i>Target marginally off course or</i> • <i>Target on course but vulnerable</i>
Red	<ul style="list-style-type: none"> • <i>Target failed or</i> • <i>Target significantly behind schedule or</i> • <i>Target forecast to fail</i>

The following section represents a summary of the key variances and issues from the responses made by the individual organisations.

3. KEY VARIANCES

The purpose of this section is to identify specific areas within the framework that are showing variances which may be of interest to the JHSCB. The numbers in brackets within the paragraphs below relate to the reference number in Appendix 1.

3.1 Ambulance Response Times – for the first time category A & B ambulance response times during 2005/6 were not achieved by the Two Shires Ambulance Trust. The category A 8 minute indicator (8) achieved 72.61% with a target of 75%. On 1st July 2006 Two Shires Ambulance Trust were reconfigured to become South Central Ambulance Service. According to data received for the month of July 2006 the indicator achieved 74.5% and interim figures for August 2006 show 78%, this is a positive sign that performance is gradually beginning to improve. The last time this indicator was achieved was May 2005.

The category A 19 minute indicator (9) achieved 94.75% with a target of 95% for 2005/6. Q1 performance for this indicator achieved 92.89% in 2006/7. Data received for the month of July 2006 show the indicator achieved 89.9%.

The category B 19 minute indicator (24) for 2005/6 achieved 93.88% with a target of 95%. Q1 performance for this indicator achieved 93.43%. Data received for the month of July 2006 show the indicator achieved 94.2%. At this stage it is very close to the 95% target and as a precaution remains at amber.

The urgent GP 15 minute indicator (25) has not been achieved in the years previously and in 2005/6 achieved 86.59% with a target of 95%. Q1 performance for this indicator shows 88.2%. All ambulance response times will be carefully monitored during the forthcoming months.

3.2 Delayed Transfer of Care – performance appears to be consistent for this indicator (15). There were concerns last year that delayed transfers of care were showing an increase however this trend did not occur. Nationally the delayed transfers of care performance indicator continues to fall.

3.3 Diabetic Retinopathy Screening – this indicator (20) measures the number of diabetic patients receiving diabetic retinopathy screening. This indicator achieved 75% for Q4 in 2005/6. Since April 2006 this figure has dipped to 67%. This indicator is calculated using a rolling average based on the previous 4 quarters. The Quality Management & Analysis System (QMAS) is currently being upgraded nationally and is inaccessible therefore the number of diabetic patients was estimated for June 2006 which may be why the percentage is a little lower than normal. It is anticipated that QMAS will be up and running by the end of September to ensure that a more accurate picture is shown.

3.4 Infant Health – these indicators (22) measure the percentage of mothers known to be a smoker at time of delivery and the percentage of mothers known to have initiated breast feeding. The Government has set a target for the number of mothers smoking at time of delivery to decrease by 1% per year and the number of mother initiating breast feeding to increase by 2% per year. Q1 performance shows that the breast feeding indicator has dropped since 2005/6 therefore this indicator remains at amber and will be closely monitored throughout the rest of the year.

3.5 Cancelled operations – this indicator (27) measures the number of last minute cancellations as a percentage of all elective admissions. In 2005/6 the figure decreased from 1.8% to 1.68%, whilst this is a positive sign performance is improving the national target is to achieve less than 0.5%. Dependent on bed capacity, A&E admissions (1) and delayed transfers of care (15) can directly affect this indicators performance.

3.6 Educational qualifications of children looked after – this indicator (29) has been slowly decreasing since 2003/4 from 40.54% to 36% in 2005/6. The target is currently 50% and this indicator requires urgent attention to ensure performance increases in 2006/7.

3.7 Adults with a physical disability helped to live at home – this indicator (33) measures the number of adults with a physical disability helped to live at home per population aged 18 – 64 years of age. This indicator has increased since 2003/4 from 1.9, however it is currently at amber as the target for 2005/6 was 4.7 and only 4.16 was achieved.

3.8 Adults with a learning disability helped to live at home – this indicator (34) measures the number of adults with a learning disability helped to live at home per population aged 18 – 64 years of age. This indicator has remained consistently between 1.8 and 2.10 over the last three years, however it is currently at amber as the target for 2005/6 was 3.0 and only 2.09 was achieved.

4. NEW APPROACH TO ASSESSING NHS PERFORMANCE

A new performance framework came into existence from April 2005 for healthcare organisations. The new system of assessment by the Healthcare Commission will ask whether the organisation is getting the basics right and whether it is making and sustaining progress year on year. This new system replaces the star ratings system of previous years. Ratings for 2005/6 will be published on 12th October 2006 and will cover the following five components:

- Core Standards
- Existing National Targets
- Use of Resources
- Improvement Reviews
- New National Targets

Each of the different components will be scored on a four point scale. For assessments of meeting the core standards and existing targets, the Healthcare Commission will use the scale fully met, almost met, partly met and not met. For all other components in 2005/6, and the overall rating, the Healthcare Commission will use the scale excellent, good, fair and weak. A full report of the results will be made available to the JHSCB after 12th October 2006.

5. CONCLUSION

This report has provided an update on the framework produced during the last year and is largely reporting favourable progress across the range of indicators used.

The JHSCB are asked to note the comments in this report and to consider what actions if any can be undertaken to help those areas which are demonstrating amber or red status.