NHS Leicester City (LC)

Annual Health Check (Vital Signs) 2009/10 Performance Indicators

Introduction

The following document provides an overview of the NHS Performance Framework and local processes that are in place to ensure that NHS LC provides an effective and efficient health service to its local population. It covers :

- The NHS Performance Framework and Processes
- NHS LC's Internal Performance Framework
- 2009/10 Performance Status for Vital Signs
- 2010/11 Deliver y Plans in place for Vital Signs by Exception

The NHS Performance Framework and Processes

In 2008/09, the NHS set up a new performance framework, which included a Care Quality Commission Annual Health Check for each NHS Trust. This included Existing Commitments, National Priorities, Core Standards and Financial Management. The Existing Commitments consisted of targets that were required to be maintained (eg EMAS response calls) and the National Priority Targets also know as Vital Signs. The Vital Signs were organised into three tiers, with Tier 1 (VSAs) and Tier 2 (VSBs) being priorities for healthcare. Tier 3 (VSCs) are indicators that are joint NHS/LA responsibilities, and performance status is available if required. These were not previously part of the Annual Health Check. There are a number of indicators in all three Tiers that mirror LA National Indicators.

Target setting is undertaken through the annual Local Operating Plan (LOP), with the Strategic Health Authority (SHA)and Department of Health (DoH) signing off all NHS Trust targets that are set. Targets in the majority of cases are set nationally (eg Cancer or Immunisation), where local variation is allowed often the SHA asks for "stretch" to be applied.

NHS LC's Internal Performance Framework

The PCT's Performance Framework has been set up as follows:

- The Framework has been developed and set up in-conjunction with NHS Leicestershire & Rutland (LCR), to maintain consistency in service improvement across Leicester, Leicestershire and Rutland.
- Targets were either refreshed or set as part of 2009/10 LOP ensuring consistency with LA National Indicators. They cover services in primary care, secondary care and public health.
- The SHA holds a Quarterly Review with PCTs, and challenges delivery plans.
- An NHS LC & LCR Performance Management Group runs on a monthly basis and provides assurance to the Trust Board on target delivery. It scrutinises target and actual performance at Executive level. During 2009/10, NHS LC held a similar group on a monthly basis focusing on city performance risks.
- Each Director is held responsible for target delivery in specified service areas (See Appendix A).

- Each Existing Commitment & Vital Sign is monitored on either a weekly, monthly, quarterly or annual basis dependent on when data is available.
- Health Inequalities are being tackled through a joint partnership framework with Leicester City Council, which consists of a Health & Well Being Partnership Board.

2009/10 Performance Status for Vital Signs (See Appendix A)

In 2010/11, and as a result of the new coalition government, requirements have changed. The Annual Health Check rating for 2009/10 was no longer required, however, NHS Trusts are still expected to maintain and improve on the Existing Commitments and Vital Sign performance.

The 2009/10 Performance Status for Vital Signs is documented in Appendix A. It is a self assessment that NHS LC has undertaken, and mirrors the previous Annual Health Check methodology (including thresholds) published by the Care Quality Commission.

- Existing Commitments – 13 of 16 indicators were achieved. Two indicators; East Midlands Ambulance Service(EMAS) response times for category A & B calls and Thrombolysis Call to Needle Time underachieved against national thresholds.
- National Priorities – 21 of 28 indicators were achieved. Five indicators underachieved , and two failed against national thresholds.

2010/11 Delivery Plans for Vital Signs by Exception

The 2010/11 Performance Framework has focused on Performance Risk areas, based on the non-achievement of targets in 2009/10 and also on targets that have been "stretched" by Department of Health for 2010/11.

NHS LC has two main areas of concern with non achievement of targets:

- Contractual Targets – there are a number of targets that form part of the contracts that NHS LC has with the providers of services. These include EMAS, UHL, Community Health Services and LPT. Target performance is managed through these contracts, and the providers are held to account for their service delivery. Particular emphasis is on ambulance response times, waiting times, cancer screening, infection control and stroke care.

- Health Inequalities – Leicester City is a deprived area, and as a result has high health inequalities. This in turn has seen poor performance in certain target areas (eg mortality rates, teenage pregnancy). Delivery in these areas is being targeted through the Health Inequality Improvement Plan. This is a partnership plan which brings together organisations across Leicester City and focuses on various delivery areas. The Plan is reported through both NHS LC & LCRs Performance Management Group and also to the Health & Well Being Partnership.

Detailed delivery plans are in place for all performance risks, and are available if more detailed information is required by the Committee.

Sarah Cooke
12 November 2010

2009/10 Performance Status for Vital Signs

		Commissioning Lead Director	2009/10 Out-turn	2009/10 Target
Existing Commitments				
NT1	Access to GUM clinics within 48 hours	Deb Watson	100%	100%
EX6	All ambulance trusts to respond to 75% of Category A Calls within 8 minutes	Simon Freeman	73.72%	75%
EX7	All ambulance trusts to respond to 95% of Category A calls within 19 minutes	Simon Freeman	96.53%	95%
EX8	All ambulance trust to respond to 95% of Category B Calls within 19 minutes	Simon Freeman	94.51%	95%
EX10	Commissioning of crisis resolution/home treatment services	Simon Freeman	864	815
NT9	Commissioning of early intervention in psychosis services	Simon Freeman	117	73
NT14	Data quality on ethnic group - completeness of coding on health data (Acute & Mental Health)	Nigel Skea	98.992% (UHL) 98.004% (LPT)	85%
VSC10	Delayed Transfers of Care - Delays per 100,000 population	Toby Sanders	7 per 100,000 population	20 per 100,000 population
EX14	100% of people with diabetes to be offered screening for the early detection of (and treatment if needed) of diabetic retinopathy	Simon Freeman	100.02%	100%
EX15	A maximum wait of 26 weeks for in-patient procedure	Simon Freeman	0%	0 (0.00%)
EX16	A maximum wait of 13 weeks for out-patient appointment	Simon Freeman	0.002%	0
EX17	3 month maximum wait for revascularisation	Simon Freeman	0	0
EX19	Thrombolysis: Part 1:Call to Needle of at least 68% within 60 minutes where thrombolysis is preferred local treatment for heart attacks	Simon Freeman	56.757% (Apr - Dec 09)	68%
	Thrombolysis Part 2: Call to Balloon 150 mins SHA have not been able to confirm the target		82.051% (Dec 09)	N/A
EX20	Total time in A&E: four hours or less	Simon Freeman	98.24%	98%
VSB12	Emotional health and well being and child and adolescent health services (CAMHS)	Toby Sanders	Level 4	Level 4
VSB13	Chlamydia Screening	Deb Watson	26.091%	25%

2009/10 Performance Status for Vital Signs

		Commissioning Lead Director	2009/10 Out-turn	2009/10 Target
National Priorities				
VSA04	NHS reported waits for elective care (18 Weeks Referral to Treatment)		95.33%	90%
	Admitted	Simon Freeman		
	Non Admitted		98.12%	95%
	Direct Access Audiology			95%
	6 weeks diagnostics		0	0
VSA06	Practices Offering Extended Hours	Toby Sanders	74.3%	75%
VSB18	Dental Services	Toby Sanders	184132	192308
VSA11 (a)	31-Day Standard for Subsequent Cancer Treatment Chemo	Simon Freeman	99.60%	98%
VSA11 (b)	31-Day Standard for Subsequent Cancer Treatment Surgery		95.46%	94%
VSA12	31-Day Standard for Subsequent Cancer Treatment (Radiotherapy)	Simon Freeman	99.40%	94%
EX3	Maximum Waiting Times of 31 days from diagnosis to treatment for all cancers	Simon Freeman	99.56%	96%
VSA13 (a)	Part 1: Extended 62 Day Cancer Treatment Targets (from screening referral)	Simon Freeman	95.04%	90%
VSA13 (b)	Part 2: Extended 62 Day Cancer Treatment Targets (from consultant upgrade)		100%	100%
EX4	Maximum Waiting Time of 62 days from urgent referral to treatment of all cancers	Simon Freeman	85.3%	85%
VSA08	Breast Symptom Two Week Wait	Simon Freeman	95.37%	93%
EX5	2 Week Maximum Wait from urgent GP referral to first out-patient appoint for all urgent suspected cancer referrals	Simon Freeman	94.4%	93%
VSA15	Cervical Cancer Screening - women 25-49 received screening in the last 3.5 years (08/09 data)	Simon Freeman	69.725% (08/09)	70%
VSB01	All Age All Cause Mortality - based on calendar year.	Deb Watson	846 (2009)	741 (2009)
	Male, per 100,000 population			
	Female per 100,000 population		578 (2009)	519 (2009)
VSA09	Extension of NHS Breast Screening: % of eligible women aged 47-49 and 71-73 invited for breast screening over the year	Simon Freeman	N/A	N/A
	Breast Screening: % of eligible 50-73 year old women screened for breast cancer in the last three years as at March 2010. Data monitored a year in arrears		74.9%	70%

2009/10 Performance Status for Vital Signs

		Commissioning Lead Director	2009/10 Out-turn	2009/10 Target
National Priorities				
VSB09	Childhood Obesity	Deb Watson	9.99%	11.0%
	% of children in Reception with height & weight recorded who are obese			
	% of children in Reception with height & weight recorded		88.67%	87.0%
	% of children in Year 6 with height & weight recorded who are obese		17.78%	21.0%
	% of children in Year 6 with height & weight recorded		86.94%	86.0%
VSB15	Self Reported Experience of Patients/Users Access & waiting Safe high quality co-ordinated care Better information, more choice Building relationships Clean, comfortable, friendly place to be	Toby Sanders	(Mar 10) 76.156 76.276 67.985 83.606 61.044	National Average 79.047 80.345 70.348 86.954 65.191
VSB05	Smoking Cessation	Deb Watson	2484	2418
VSA03	PCO - Incidence of CDIFF	Liz Rowbotham	147	192
VSB17	NHS Staff Survey based Measures of Job Satisfaction Survey on an annual basis	Nigel Skea	3.58	3.6
VSB14	Drug Misusers recorded as being in effective treatment	Deb Watson	13%	6.0%
VSB11	Breastfeeding at 6-8 weeks	Deb Watson	53.03% (136.453% performance vs plan)	37.2%
	Prevalence			
	Status Recorded		93.22%	90.0%

2009/10 Performance Status for Vital Signs

		Commissioning Lead Director	2009/10 Out-turn	2009/10 Target
National Priorities				
	Individuals who complete immunisation	Deb Watson	Note: 2009-10 targets are on booster doses	
	Aged 1 (DTaP/IPV/Hib)		93.2%	93%
	Aged 2 (PVC)		90.2%	90%
	Aged 2 (Hib/MenC)		92.1%	90%
VSB10	Aged 2 (MMR)		90.1%	90%
	Aged 5 (DTaP/IPV)		89.2%	89%
	Aged 5 (MMR)		87.6%	85%
	Girls 12-13 (HPV)		75.7%	70%
	DTAP School leaver booster		82.1%	80%
VSB03	Cancer Mortality Rate - Based on 3 year rolling average	Deb Watson	117.66 (2008)	99.1 (2008)
VSB02	CVD Mortality Rate - Based on 3 year rolling average	Deb Watson	117.77 (2008)	124 (2008)
	Quality Stroke Care	Simon Freeman	56.82%	70%
VSA14	Proportion of people who spend at least 90% of their time on a stroke unit			
	Proportion of people who have a TIA who are scanned and treated within 24 hours		46.2% (UHL)	45.0%
VSB08	Teenage Pregnancy	Deb Watson	48.6 (within 2 standard deviations)	42.8
VSB06	Early Access for Women to Maternity Services	Toby Sanders	82.97%	82.5%