Central
Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ

TO EACH MEMBER OF THE
SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

01 March 2010

Dear Councillor

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE - Tuesday 2 March 2010

Further to the Agenda and papers for the above meeting, previously circulated, please find attached the following papers which were marked 'to follow'

10. NHS Bedfordshire - Care Quality Commission Performance Rating

The Committee will consider a report from NHS Bedfordshire on Performance Indicators from 2008/2009 focusing on areas for improvement.

13. Review of the Charging Policy for Non-Residential Social Care Services

The Committee will receive a report about the plans to review the policy on charging for non-residential social care services.

Should you have any queries regarding the above please contact Democratic Services on Tel: 01525 842033

Yours sincerely

Committee Clerk,
Democratic Services Officer
email: name@centralbedfordshire.gov.uk

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Meeting:	**Social Care, Health & Housing Overview & Scrutiny Committee**
Date:	**2 March 2010**
Subject:	**NHS Bedfordshire – Care Quality Commission (CQC) Performance Rating**
Report of:	**Andrew Morgan, Chief Executive NHS Bedfordshire**
Summary:	The purpose of this report is to advise the Social Care, Health and Housing Overview and Scrutiny Committee about the Performance Indicators is either *under achieved, failed* or where compliance is *not met.*

Contact Officer:	Nicola Bell, Assistant Chief Executive NHS Bedfordshire Cheryl Powell, Overview and Scrutiny Officer
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:
Please see attached report of CQC and NHS Bedfordshire.

Financial:
Please see attached report of CQC and NHS Bedfordshire.

Legal:
Please see attached report of CQC and NHS Bedfordshire.

Risk Management:
Please see attached report of CQC and NHS Bedfordshire.

Staffing (including Trade Uniions):
Please see attached report of CQC and NHS Bedfordshire.

Equalities/Human Rights:
Please see attached report of CQC and NHS Bedfordshire.

Community Safety:
Please see attached report of CQC and NHS Bedfordshire.

Sustainability:
Please see attached report of CQC and NHS Bedfordshire.

RECOMMENDATIONS:	
1.	**The Committee is asked to note the attached report and appendices**
2.	**The Committee is asked to make comments and /or recommendations to NHS Bedfordshire regarding the Annual Health Check**

Introduction

1. The Care Quality Commission produces an Annual Health Check for all NHS bodies. The attached papers summarise the Health Check for NHS Bedfordshire for 2008/09. The purpose of this item is to provide the Committee with the opportunity to review the performance indicators enclosed.

2. The Care Quality Commission is the new independent regulator of health and social care in England since 1 April 2009. It replaces the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection. The Care Quality Commission actively encourages Health Scrutiny Committees and Local Involvement Networks (LINks) to send it information on local health and social care services throughout the year. This can include reports, recommendations and comments. These will be used as part of the Care Quality Commission's assessment of services.

3. The performance indicators are:

Existing Commitments performance – Commissioning

- Category A Calls (8 Minute) – under achieved
- Category B Calls (19 Minute) – under achieved
- Revascularisation waiting times – failed
- Time to reperfusion – under achieved
- Inpatient waiting times – underachieved

National Priorities performance – Commissioning

- Teenage conception rates – failed
- Chlamydia screening – under achieved
- Commissioning Children's and Adolescent Mental Health – under achieved
- Immunisation – under achieved
- Stroke care – failed

- 18 week referral to treatment times – failed
- NHS Staff Satisfaction – poor

Standards Performance – Providing Safety

- C04b – safe use of medical devices – Insufficient assurance
- C04c – decontamination – Not Met

Performance Indicator Commentary

4. Existing Commitments performance – Commissioning

- **Revascularisation waiting times – failed**

  This refers to the treatment for coronary heart disease, and how many patients have waited more than 13 weeks for treatment. 2.6% of trusts have also failed.

- **Category A Calls (8 Minute) – under achieved**

  This indicator refers to calls to the Ambulance Service, measured from when a call is answered to the time the ambulance service arrives. Category A calls are those which are 'immediately life threatening'. The East on England is served by one Ambulance Trust. 30% of similar trusts also 'under achieved' for this indicator.

- **Category B Calls (19 Minute) – under achieved**

  As with the indicator above, this refers to ambulance services. Cat B calls are those which are 'serious but not immediately life-threatening'. 50% of similar trusts 'under achieved'.

- **Time to reperfusion – under achieved**

  This refers to thrombolysis treatment for acute myocardial infarction. The indicator measures the number who receive the treatment within 60 minutes of their first call for professional help (e.g. to the ambulance services, GP or NHS Direct). The PCT was very close to achieving the target (within 2%).

- **Inpatient waiting times – under achieved**

  This measures how many patients have waited more that 26 weeks for treatment from the time they were seen initially by a consultant. The PCT is very close to meeting the achieved target.

5. National Priorities performance – Commissioning

- **Teenage conception rates – failed**

Each top-tier local authority area has to set a local target for reducing the number of teenage pregnancies. More than two thirds of PCTs have missed their target.

- **Stroke care – failed.**

  This indicator measures how many stroke patients have spent 90% of their time on a stroke unit. In the PCT's case, this was 21.43%. 17.8% of trusts have failed this target.

- **18 week referral to treatment times – failed**

  This measures the number of people who start treatment within 18 weeks of being referred. Failure is defined as more than 10% points below the standard set, which is 90% for admitted patients and 95% for non-admitted patients. 6.6% of trusts failed.

- **Chlamydia screening – under achieved**

  This measures the number of 15-24 year olds who have been tested. The PCT were very close to achieving the target.

- **Commissioning Children's and Adolescent Mental Health (CAMH) – under achieved.**
  This measures the range of services provides for CAMH, through a series of questions. 41% of similar trusts also under achieved in this area

- **Immunisation – under achieved.**

  This measures the take up of a wide range of immunisations for children under 5. Only 33% of similar trusts have achieved this indicator, and 55% have under achieved.

- **NHS Staff Satisfaction – poor**

  This measure uses a staff survey to assess staff satisfaction. Staff are asked: ***How satisfied are you with each of the following aspects of your job?***

  a. The recognition I get for good work

  b. The support I get from my immediate manager

  c. The freedom I have to choose my own method of working

  d. The support I get from my work colleagues

  e. The amount of responsibility I am given

  f. The opportunities I have to use my skills

  g. The extent to which my Trust values my work

Responses are analysed and generate a score for each trust. 7.9% of trusts had a poor rating.

6. Standards Performance – Providing Safety

- **C04b: Safe use of medical devices – Insufficient assurance**

  See the detail in Appendix B – this refers to a lapse in the register of devices and continuous training.

- **C04c: Decontamination – Not Met**

  This applied to dental services only and a re-audit has shown a marked improvement. The participation of members of the council, either formally or informally, would be welcome.

Appendices:

Care Quality Commission Performance Rating 2008/9 for NHS Bedfordshire (the Annual Health Check)

Information on those Performance Indicators where performance is either ***'under achieved', 'failed'*** or where compliance is ***'not met'***. It sets out how the trust has performed compared to similar trusts and explains what is being measured and how it being measured. The information is taken from the Care Quality Commission website.

Background Papers: (open to public inspection)
www.cqc.org.uk

Location of papers: Priory House, Chicksands

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Performance rating 2008/09 - Bedfordshire Primary Care Trust

Overall performance

The overall performance rating for PCTs is made up of two parts: 'quality of financial management', which looks at how effectively a trust manages its financial resources; and 'quality of commissioning', which is an aggregated score of performance against national standards, existing commitments and national priorities. The quality of financial management ratings for the four years of the annual health check are shown below; as is the quality of commissioning rating for 2008/09. Because we have changed the way the ratings work this year, the quality of commissioning score for this year is not directly comparable with the quality of services scores from previous years.

	2008/09	2007/08	2006/07	2005/06
Quality of Commissioning		Previous years' quality ratings for PCTS are not directly comparable.		
Quality of Financial Management				NOT APPLICABLE

Based on our assessment for 2008/09, the quality of commissioning of services by Bedfordshire Primary Care Trust for its local population was 'fair'. The financial management rating for this organisation is 'fair', as this organisation has been assessed as performing adequately with regard to its financial arrangements and performance.

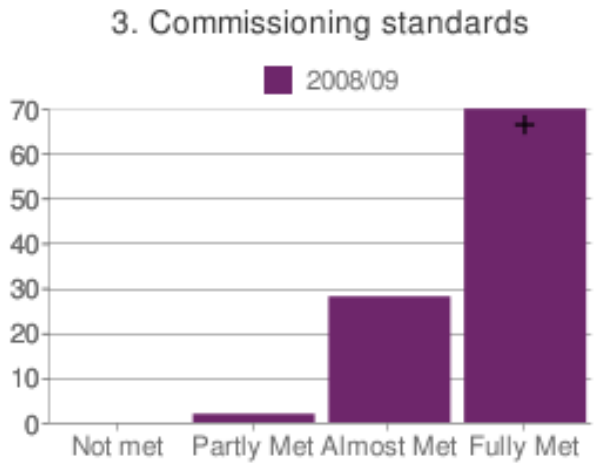
The trust was not one of those chosen to receive an inspection over the summer.

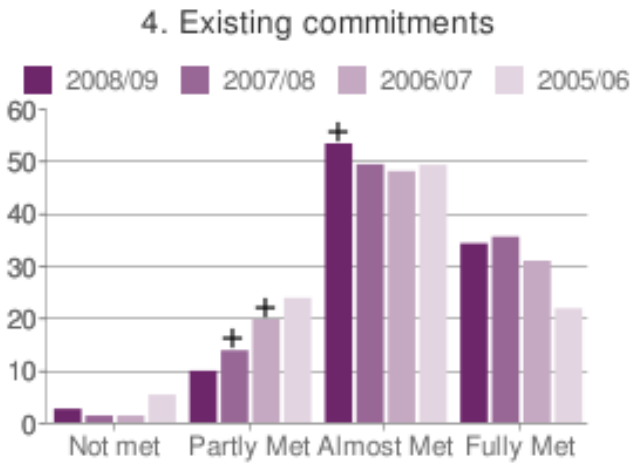
Components of Quality of Commissioning:

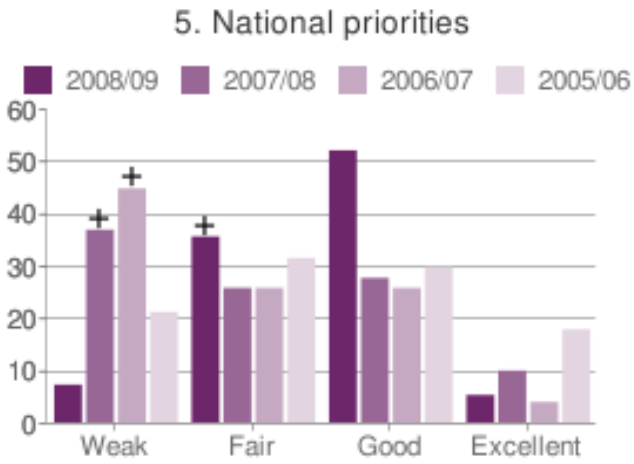
	2008/09	2007/08	2006/07	2005/06
Meeting core standards	NOT MET · PARTLY MET · ALMOST MET · **FULLY MET**	Previous years' core standards scores for PCTs are not directly comparable.		
Existing commitments	NOT MET · PARTLY MET · **ALMOST MET** · FULLY MET	PARTLY MET	PARTLY MET	NOT APPLICABLE
National priorities	WEAK · **FAIR** · GOOD · EXCELLENT	WEAK	WEAK	NOT APPLICABLE

Overall performance of primary care trusts - Commissioning services

Graphs 1-5 below show the percentage spread of results for the 2008/09 year for all primary care trusts for the quality of commissioning rating and its three components. Graph 2 below shows the performance of PCTs for the quality of financial management over all four years. The performance of Bedfordshire Primary Care Trust is indicated by +.







Our 2008/09 assessment rated 392 trusts. Graphs and tables presented here relate to performance in the relevant assesment year i.e the spread of performance in 2005/6 is based on how the number of trusts that were assessed that year performed.

Core standards performance - Commissioning services

Every NHS trust in England is responsible for ensuring that it is complying with the Department of Health's core standards. As part of the performance assessment, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present Bedfordshire Primary Care Trust's performance in the seven key areas of health and healthcare as they relate to how well the trust commissions health services.

Safety	2008/09
C01a - incidents - reporting and learning	COMPLIANT
C01b - safety alerts	COMPLIANT
C02 - safeguarding children	COMPLIANT
C03 - NICE interventional procedures	COMPLIANT
C04a - infection control	COMPLIANT
C04b - safe use of medical devices	COMPLIANT
C04c - decontamination	COMPLIANT
C04d - medicines management	COMPLIANT
C04e - clinical waste	COMPLIANT

Governance	2008/09
C07a and c - governance	COMPLIANT
C07b - honesty, probity	COMPLIANT
C07e - discrimination	COMPLIANT
C08a - whistle-blowing	COMPLIANT
C08b - personal development	COMPLIANT
C09 - records management	COMPLIANT
C10a - employment checks	COMPLIANT
C10b - professional codes of conduct	COMPLIANT
C11a - recruitment and training	COMPLIANT
C11b - mandatory training	COMPLIANT
C11c - professional development	COMPLIANT
C12 - research governance	COMPLIANT

Clinical and cost effectiveness	2008/09
C05a - NICE technology appraisals	COMPLIANT
C05b - clinical supervision	COMPLIANT
C05c - updating clinical skills	COMPLIANT
C05d - clinical audit and review	COMPLIANT
C06 - partnership	COMPLIANT

Patient focus	2008/09
C13a - dignity and respect	COMPLIANT
C13b - consent	COMPLIANT
C13c - confidentiality of information	COMPLIANT
C14a - complaints procedure	COMPLIANT
C14b - complainants discrimination	COMPLIANT
C14c - complaints response	COMPLIANT
C15a - food provision	COMPLIANT
C15b - food needs	COMPLIANT
C16 - accessible information	COMPLIANT

Accessible and responsive care	2008/09
C17 - patient and public involvement	COMPLIANT
C18 - equity, choice	COMPLIANT

Care environment and amenities	2008/09
C20a - safe, secure environment	COMPLIANT
C20b - privacy and confidentiality	COMPLIANT
C21 - clean, well designed environment	INSUFFICIENT ASSURANCE

Public health	2008/09
C22a and c - public health partnerships	COMPLIANT
C22b - local health needs	COMPLIANT
C23 - public health cycle	COMPLIANT
C24 - emergency preparedness	COMPLIANT

Key: COMPLIANT | INSUFFICIENT ASSURANCE | NOT MET | NOT APPLICABLE

Existing commitments performance by indicator - Commissioning

Our existing commitments assessment looks at performance against long-standing targets that were mostly set during the Department of Health's 2003-2006 planning round. All NHS trusts should be meeting these commitments, which are mainly concerned with waiting times and access to services.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Category A calls (8 minute)	UNDER ACHIEVED	DATA NOT AVAILABLE	ACHIEVED	NOT APPLICABLE
Category A calls (19 minute)	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Category B calls (19 minute)	UNDER ACHIEVED	UNDER ACHIEVED	UNDER ACHIEVED	NOT APPLICABLE
Revascularisation waiting times	FAILED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Commissioning of CR/HT	ACHIEVED	UNDER ACHIEVED	FAILED	NOT APPLICABLE
Time to reperfusion	UNDER ACHIEVED	UNDER ACHIEVED	UNDER ACHIEVED	NOT APPLICABLE
Delayed transfers of care	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Diabetic retinopathy screening	ACHIEVED	FAILED	FAILED	NOT APPLICABLE
Inpatient waiting times	UNDER ACHIEVED	UNDER ACHIEVED	ACHIEVED	NOT APPLICABLE
Outpatient waiting times	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Access to GUM clinics	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Data quality on ethnic group	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Commissioning of EIP	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key: ACHIEVED / SATISFACTORY; UNDER ACHIEVED / BELOW AVERAGE; FAILED / POOR; DATA NOT RETURNED; DATA NOT AVAILABLE; NOT APPLICABLE

National priorities performance by indicator - Commissioning

Our national priorities assessment looks at performance against priorities set during the Department of Health's 2008-2011 planning round. These include goals for the whole of the NHS, such as reducing health inequalities and improving the health of the population.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Access to primary care	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Cancer mortality rate	ACHIEVED	FAILED	FAILED	NOT APPLICABLE
Breast cancer screening	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Breastfeeding initiation	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Teenage conception rates	FAILED	FAILED	ACHIEVED	NOT APPLICABLE
Chlamydia screening	UNDER ACHIEVED	FAILED	UNDER ACHIEVED	NOT APPLICABLE
Experience of patients	SATISFACTORY	SATISFACTORY	SATISFACTORY	NOT APPLICABLE
Drug users in effective treatment	ACHIEVED	ACHIEVED	UNDER ACHIEVED	NOT APPLICABLE
Incidence of C. difficile	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All age all cause mortality	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
CVD mortality rate	ACHIEVED	ACHIEVED	ACHIEVED	NOT APPLICABLE
Commissioning CAMHS	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Immunisation	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Childhood obesity	ACHIEVED	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Stroke care	FAILED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
18 week referral to treatment times	FAILED	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Four week smoking quitters	ACHIEVED	ACHIEVED	UNDER ACHIEVED	NOT APPLICABLE

Indicators	2008/09	2007/08	2006/07	2005/06
Access to primary dental services	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: one month wait	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Pregnant women: 12 week appointment	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two week wait	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two months wait	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NHS staff satisfaction	FAILED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

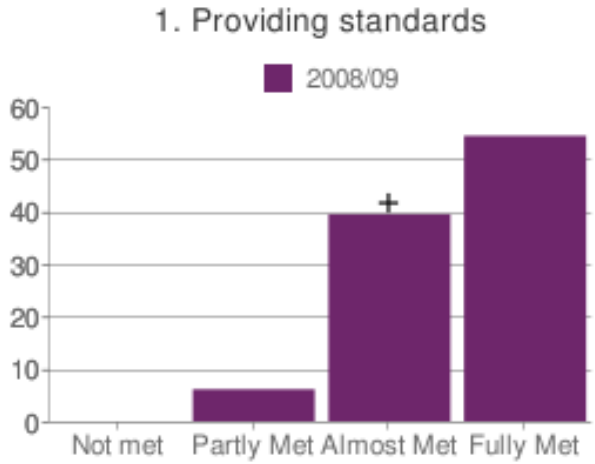
Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key: ACHIEVED SATISFACTORY UNDER ACHIEVED BELOW AVERAGE FAILED POOR DATA NOT RETURNED DATA NOT AVAILABLE NOT APPLICABLE

Performance of primary care trusts - providing services

	2008/09
Meeting core standards	NOT MET · PARTLY MET · **ALMOST MET** · FULLY MET

The graph below shows the percentage spread of results for the 2008/09 year for all primary care trusts for the core standards relating to providing services. The performance of Bedfordshire Primary Care Trust is indicated by +.



Standards performance - Providing

Every NHS trust in England is responsible for ensuring that it is complying with the Department of Health's core standards. As part of the performance assessment, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present Bedfordshire Primary Care Trust's performance in the seven key areas of health and healthcare as they relate to how well the trust provides health services.

Safety	2008/09
C01a - incidents - reporting and learning	COMPLIANT
C01b - safety alerts	COMPLIANT
C02 - safeguarding children	COMPLIANT
C03 - NICE interventional procedures	COMPLIANT
C04a - infection control	COMPLIANT
C04b - safe use of medical devices	INSUFFICIENT ASSURANCE
C04c - decontamination	NOT MET
C04d - medicines management	COMPLIANT
C04e - clinical waste	COMPLIANT

Governance	2008/09
C07a and c - governance	COMPLIANT
C07b - honesty, probity	COMPLIANT
C07e - discrimination	COMPLIANT
C08a - whistle-blowing	COMPLIANT
C08b - personal development	COMPLIANT
C09 - records management	COMPLIANT
C10a - employment checks	COMPLIANT
C10b - professional codes of conduct	COMPLIANT
C11a - recruitment and training	COMPLIANT
C11b - mandatory training	COMPLIANT
C11c - professional development	COMPLIANT
C12 - research governance	COMPLIANT

Clinical and cost effectiveness	2008/09
C05a - NICE technology appraisals	COMPLIANT
C05b - clinical supervision	COMPLIANT
C05c - updating clinical skills	COMPLIANT
C05d - clinical audit and review	COMPLIANT
C06 - partnership	COMPLIANT

Patient focus	2008/09
C13a - dignity and respect	COMPLIANT
C13b - consent	COMPLIANT
C13c - confidentiality of information	COMPLIANT
C14a - complaints procedure	COMPLIANT
C14b - complainants discrimination	COMPLIANT
C14c - complaints response	COMPLIANT
C15a - food provision	COMPLIANT
C15b - food needs	COMPLIANT
C16 - accessible information	COMPLIANT

Accessible and responsive care	2008/09
C17 - patient and public involvement	COMPLIANT
C18 - equity, choice	COMPLIANT

Care environment and amenities	2008/09
C20a - safe, secure environment	COMPLIANT
C20b - privacy and confidentiality	COMPLIANT
C21 - clean, well designed environment	COMPLIANT

Public health	2008/09
C22a and c - public health partnerships	COMPLIANT
C22b - local health needs	COMPLIANT
C23 - public health cycle	COMPLIANT
C24 - emergency preparedness	COMPLIANT

Key: COMPLIANT INSUFFICIENT ASSURANCE NOT MET NOT APPLICABLE

Glossary of terms:

Core standards

Fully met: This score means that a trust met all of the core standards set by Government by the end of the assessment year. A trust can only receive this score if it declares no more than four failings during the year. These failings must have been corrected by the end of the year.

Almost met: This score means that a trust met almost all of the core standards set by Government.

Partly met: This score means that a trust met many of the core standards set by Government. However, it was not able to demonstrate that it had met a number of standards.

Not met: This score means that a trust did not meet several of the core standards set by Government.

Compliant: This score means that a trust's board determined that it had met a standard during the assessment year, without any significant lapses.

Insufficient assurance: This score means that a trust's board was unclear as to whether there had been one or more significant lapses during the assessment year in relation to a standard.

Not met: This score means that a trust's board was clear that there had been one or more significant lapses in relation to a standard during the assessment year.

Declaration adjusted / Qualification: This score means that a trust received a follow up inspection at the end of the assessment year and had its declared compliance level adjusted, or qualified, based on the findings of our inspection.

Existing commitments and national priorities

Fully met: This score means that a trust performed consistently well for the existing commitments assessment.

Almost met: This score means that a trust performed well for many aspects of the existing commitments assessment.

Partly met: This score means that a trust performed poorly for some aspects of the existing commitments assessment.

Not met: This score means that a trust generally performed poorly for the existing commitments assessment.

Excellent: This score means that a trust performed consistently well for the national priorities assessment.

Good: This score means that a trust performed well for many aspects of the national priorities assessment.

Fair: This score means that a trust performed poorly for some aspects of the national priorities assessment.

Weak: This score means that a trust generally performed poorly for the national priorities assessment.

Achieved: This score means that a trust performed to a high level for this performance indicator.

Underachieved: This score means that a trust performed below the required level for this performance indicator.

Failed: This score means that a trust performed poorly for this performance indicator.

Not applicable: This score means that this performance indicator did not apply to this trust.

Data not available: This score means that this performance indicator did apply to this trust, but the relevant data were not available. This was not the fault of the trust.

Data not returned: This score means that this performance indicator did apply to this trust, but the relevant data were either not returned or were of insufficient quality for the purpose of this assessment. As a result, this trust was awarded the lowest score.

Indicator: This is what we use to measure performance.

Indicator construction: This is the detailed information that we publish about an indicator, which outlines the data and the method we will use to assess performance.

Scoring threshold: This is what we use to determine the required level of performance for an indicator. For each indicator, we use thresholds of performance to decide whether an organisation has 'achieved', 'underachieved' or 'failed'.

Quality of services / Quality of commissioning assessment

Excellent: This score means that a trust received the highest score for all applicable assessments that contribute to the overall quality score.

Good: This score means that a trust received at least the second highest score for all applicable assessments that contribute to the overall quality score.

Fair: This score means that a trust performed adequately in terms of the overall quality score.

Weak: This score means that a trust performed poorly in terms of the overall quality score.

Quality of financial management assessment

Excellent: This score means that a trust performed very well in regard to its financial arrangements.

Good: This score means that a trust performed well in regard to its financial arrangements.

Fair: This score means that a trust performed adequately in regard to its financial arrangements.

Weak: This score means that a trust performed poorly in regard to its financial arrangements.

Information from CQC on NHS Bedfordshire Performance – detail on Indicators.

1. This note provides more detail on each of the indicators that are not achieved or compliant. The information below is taken from the CQC website.

2. The following is provided for each indicator:

- NHS Bedfordshire's performance, in relation to other similar trusts
- The rationale for each indicator, set by the Department of Health

It should be noted that NHS Bedfordshire is assessed both on services it delivers and on services that it commissions.

Existing Commitments Performance – Commissioning

3. **Category A calls meeting 8 minute standard**

- **Rating** Under achieved
- **Indicator value** 74.60%

3.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Achieved:	Greater than or equal to 75%
Under achieved:	Greater than or equal to 70%
Failed:	Less than 70%

3.2. How similar trusts performed

Similar Trusts	**Rating**
57.2%	Achieved
30.3%	Under achieved
12.5%	Failed

3.3. Rationale

This indicator measures performance in response to category A calls. The Department of Health's requirement is that a minimum of seventy five per cent of category A calls (defined as "immediately life-threatening") should receive an emergency response at the scene of the incident within eight minutes.

All PCTs will be aware that from 1 April 2008 the "clock" for measuring the response times standards starts from the connection of the call to the ambulance control room, a change which formed one of the recommendations of the report 'Taking Healthcare to the Patient'.
This will ensure that the measurement of the response time is aligned with the caller's experience and lead to greater consistency between trusts in how the standards are measured. The change will make the response time standards more difficult to achieve, and the impact will be greatest for the category A 8 minute measure. It is expected that PCTs and ambulance trusts will have been working together and will have jointly agreed their strategy for achieving this.

3.4. Numerator

The number of category A calls resulting in an emergency response arriving at the scene of the incident within eight minutes (as defined in the 2008/09 Information Centre KA34 guidance).

3.5. Denominator

The number of category A calls resulting in an emergency response arriving at the scene of the incident (as defined in the 2008/09 Information Centre KA34 guidance).

3.6. Indicator

The indicator is the numerator divided by the denominator, expressed as a percentage. Performance of ambulance trusts will be mapped to PCTs.

3.7. Data source and period

KA34 ambulance services (financial year 2008/09)

4. **Category B calls meeting national 19 minute standard**

- **Rating** Under achieved
- **Indicator value** 93.29%

4.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Achieved:	Greater than or equal to 95%
Under achieved:	Greater than or equal to 85%
Failed:	Less than 85%

4.2. How similar trusts performed

Similar Trusts	Rating
27.0%	Achieved
52.6%	Under achieved
20.4%	Failed

4.3. Rationale

This indicator measures performance in response to category B calls. The Department of Health's requirement is that a minimum of ninety five per cent of all category B calls (defined as "serious but not immediately life-threatening") should receive an emergency response at the scene of the incident within 19 minutes. All PCTs will be aware that from 1 April 2008 the "clock" for measuring the response times standards starts from the connection of the call to the ambulance control room, a change which formed one of the recommendations of the report 'Taking Healthcare to the Patient'. The change will make the response time targets more difficult to achieve, but the change in relation to the category B 19 minute target will have a considerably lesser impact than for the category A 8 minute measure, and therefore should not result in a significant change in reported levels of performance.

4.4. Numerator

The number of category B calls resulting in an ambulance vehicle able to transport the patient arriving at the scene of the incident within 19 minutes (as defined in the 2008/09 Information Centre KA34 guidance).

4.5. Denominator

The number of category B calls resulting in an ambulance vehicle able to transport the patient arriving at the scene of the incident (as defined in the 2008/09 Information Centre KA34 guidance).

4.6. Indicator

The indicator is the numerator divided by the denominator, expressed as a percentage. Performance of ambulance trusts will be mapped to PCTs.

4.7. Data source and period

KA34 ambulance services (financial year 2008/09)

5. **Patients waiting longer than three months (13 weeks) for revascularisation**

- **Rating** Failed
- **Indicator value** 1.06%

5.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Achieved:	Less than or equal to 0.5%
Under achieved:	Less than or equal to 1%
Failed:	Greater than 1%

If any organisations incur only one breach, they are considered to have 'Achieved' this indicator.

5.2. How similar trusts performed

Similar Trusts	**Rating**
94.1%	Achieved
3.3%	Under achieved
2.6%	Failed

5.3. Rationale

The National Service Framework for Coronary Heart Disease states that there is good evidence that many people with atheromatous plaques and narrowed coronary arteries can have their symptoms relieved and/or their risks of dying reduced by restoring blood flow through blocked coronary arteries - revascularisation. The Government target was to deliver a maximum wait of three months for revascularisation by March 2005. Data are now collected in weekly timebands, and hence 13 weeks is now used in this indicator.

5.4. Numerator

The total number of patients who have been waiting more than 13 weeks for either a coronary artery bypass graft (CABG (OPCS4 codes K40-46)) or percutaneous transluminal coronary angioplasty (PTCA (OPCS4 codes K49, K50.1 and K75)). The value will be made up of the number of patients waiting 13 weeks or over on the monthly returns summed across the months April 2008 to March 2009.

5.5. Denominator

The total number of patients that have received a CABG (OPCS4 codes K40-46) or PTCA (OPCS4 codes K49, K50.1 and K75). This value will be the sum of the number of patients in the CABG and PTCA activity columns for 2008/2009 using the cumulative activity figures reported in the March 2009 Monthly Monitoring Return.

5.6. Indicator

The indicator is the numerator divided by the denominator, expressed as a percentage.

5.7. Data source and period

Monthly monitoring return (financial year 2008/09)

6. **Time to reperfusion for patients who have had a heart attack**

- **Rating** Underachieved
- **Indicator value** 66.07%

6.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Achieved:	Greater than or equal to 68%
Under achieved:	Greater than or equal to 48%
Failed:	Less than 48%

Organisations reporting either a small number of patients (i.e. fewer than 20 in the denominator) or a high proportion of patients (i.e. 75% or more) with primary percutaneous coronary intervention have been given 'Data not available'.

6.2. How similar trusts performed

Similar Trusts	**Rating**
70.1%	Achieved
25.3%	Under achieved
4.6%	Failed

6.3. Rationale

Cardiovascular disease (CVD) is a preventable disease that kills nearly 198,000 people in the UK every year. Approximately half of all deaths from CVD are from coronary heart disease and more than a quarter are from stroke. The Government is committed to reducing the death rate from coronary heart disease and stroke and related diseases in people under 75 by at least 40% (to 83.8 deaths per 100,000 population) by 2010. There are two treatment strategies for heart attacks, thrombolysis and primary angioplasty. To date the majority of patients have been treated using thrombolysis although this is increasingly changing as a result of a wider use of primary angioplasty to treat heart attack patients. Currently, 22% of all eligible patients are treated using

primary angioplasty. The key to improving outcomes after heart attack is to re-establish coronary artery flow as quickly as possible and limit damage to the heart muscle. Thrombolysis, or treatment with thrombolytic drugs, helps reverse the effects of a heart attack by lysing blood clots blocking the coronary artery and returning blood supply to the affected part of the heart again. Thrombolytic treatment can be given up to twelve hours after the onset of the symptoms of a heart attack but it is most effective when given within the first two hours. The CHD National Service Framework sets a standard to administer thrombolysis to all eligible patients within one hour of calling for professional help (60 minute call to needle).

6.4. Numerator

The number of eligible patients with acute myocardial infarction who received thrombolysis treatment either by injection or by infusion within 60 minutes of calling for professional help.

6.5. Denominator

The number of eligible patients with acute myocardial infarction who received thrombolysis treatment either by injection or by infusion.

6.6. Indicator

The indicator is the numerator divided by the denominator, expressed as a percentage.

6.7. Notes: General

A ‘low numbers' rule will be applied which will withdraw trusts treating a low number of eligible cases from the assessment. An eligible patient is defined as a patient presenting with symptoms suggestive of myocardial infarction with a first electrocardiograph showing typical ST segment elevation or new left bundle branch block. There should be no contraindication to thrombolytic treatment, nor should there be a justifiable delay before treatment. Patients having primary angioplasty, or patients receiving thrombolysis that self present or were already in hospital at the time of their myocardial infarction are excluded from this part of the indicator. Patients receiving pre-hospital thrombolysis are included. Although no further changes have been made to the criteria for ‘justifiable delay', in a minority of cases involving long ambulance journeys patients may present a first ECG which is equivocal and the patient is ineligible for pre hospital thrombolysis. Subsequent ECGs may confirm ST elevation and the patient receives thrombolytic treatment with an extended call to needle time. Trusts will have the opportunity to present evidence on a case by case basis as part of the extenuating circumstances process, each of which will be considered by the Healthcare Commission in discussion with clinical experts. Cases upheld will be removed from both the numerator and denominator for the purposes of the assessment. A call for professional help is defined as a call by the patient, relative or attendant. This may be to a GP, NHS Direct, or the ambulance service. The time of the emergency call should be available from the ambulance

service record. The acute trust should know to whom the initial call was made. A call to the ambulance service is defined as the time of the first ring of the telephone call

6.8. Data source and period

Myocardial Ischaemia National Audit (financial year 2008/09)

7. **Inpatients waiting longer than the 26 week standard**

- **Rating** Underachieved
- **Indicator value** 0.047%

7.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Achieved:	Less than or equal to 0.03%
Under achieved:	Less than or equal to 0.15%
Failed:	Greater than 0.15%

Organisations commissioning treatment for a small number of patients (i.e. fewer than 5,200 in the denominator of the indicator construction) have double the thresholds. In addition, if any organisations commissioning treatment for a small number of patients incur a very small number of breaches (i.e. fewer than 2 inpatient breaches), they are considered to have 'Achieved' this indicator.

7.2. How similar trusts performed

Similar Trusts	Rating
71.1%	Achieved
24.3%	Under achieved
4.6%	Failed

7.3. Rationale

Public consultation prior to the production of the NHS Plan indicated that the public wanted to see reduced waiting times in the NHS. The NHS Plan (July 2000) set out the goal that from December 2005 the maximum wait for inpatient treatment is 26 weeks. Urgent cases would continue to be treated in accordance with clinical need. The implementation of the 18-week referral to treatment target has subsequently become the most important waiting time priority for the NHS, however, this indicator remains as an existing commitment to be maintained.

7.4. Numerator

The number of patients waiting 26 weeks or more for an elective (inpatient ordinary or daycase) admission. The value will be made up of a count of the number of patients waiting 26 weeks or more at the end of each month summed across the months April 2008 to March 2009.

7.5. Denominator

The total number of general and acute first finished consultant episodes (FFCEs) for elective activity (inpatient ordinary and day case admissions) minus the number of planned elective admissions reported in the monthly activity returns from April 2008 to March 2009.

7.6. Indicator

The indicator is the numerator divided by the denominator, expressed as a percentage.

7.7. Notes: General

The numerator applies to patients for whom English PCTs are responsible and awaiting NHS-funded treatment at providers in England. This description applies to provider and commissioner indicators. In DH central returns commissioners are required to report upon all patients waiting for whom they are responsible. For performance assessment purposes commissioners should separately identify patients waiting to be seen by a provider in Wales.

7.8. Data source and period

Monthly activity return (financial year 2008/09)

Monthly monitoring return (financial year 2008/09)

National Priorities – Commissioning Services

8. Teenage conception rates per 1000 females aged 15-17

- **Rating** Failed
- **Indicator value** 0.047%

8.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Achieved: Performance consistent with plan

Under achieved: Performance poorer than plan

Failed:	Performance poorer than plan by a clear margin

Organisations commissioning treatment for a small number of patients (i.e. fewer than 5,200 in the denominator of the indicator construction) have double the thresholds. In addition, if any organisations commissioning treatment for a small number of patients incur a very small number of breaches (i.e. fewer than 2 inpatient breaches), they are considered to have 'Achieved' this indicator.

8.2. How similar trusts performed

Similar Trusts	**Rating**
21.8%	Achieved
9.5%	Under achieved
68.7%	Failed

8.3. Rationale

Britain's teenage birth rates are among the highest in Europe[1]. Teenage mothers are more likely to suffer poor health outcomes. The teenage pregnancy strategy seeks to halve the under-18 conception rate by 2010 (from the 1998 baseline) through a wide- ranging programme of coordinated activity, including improved advice and contraceptive services for young people. In addition, local under-18 conception rate targets have been agreed with teenage pregnancy partnership areas, which are coterminous with top tier local authority areas in England. These local targets range between a 40% to 60% reduction by 2010. Each PCT is signed up to the target for their teenage pregnancy partnership area.

8.4. Numerator 1

The actual number of conceptions to 15 to 17 year olds in calendar year 2007

8.5. Denominator 1

The actual number of females aged 15 to 17 years in calender year 2007

8.6. Indicator 1

The indicator is the numerator divided by the denominator, expressed as a rate per 1000 females

[1] ***Source:*** ***(rcog.org.uk/resources/public/pdf/RCOGTeenagePregnancySummaryReview.pdf***

8.7. Numerator 2

The planned number of conceptions to 15 to 17 year olds in calender year 2007

8.8. Denominator 2

The planned number of females aged 15 to 17 years in calender year 2007

8.9. Indicator 2

The indicator is the numerator divided by the denominator, expressed as a rate per 1000 females

8.10. Overall Indicator

This indicator will be indicator 1 divided by indicator 2, expressed as a percentage

8.11. Notes: General

The under-18 conception rate is the number of conceptions to under-18 year olds per thousand females aged 15-17. It is calculated on a calender year basis and is available by local authority area. PCTs are mapped to top-tier local authority areas. Conception Statistics are derived from birth registrations (Form 309 and Form 308), abortion notifications (HSA4), and latest available ONS mid year population estimates. Note that a three-year age group only (15-17) is used as the denominator in the calculation. The reason for this is that the vast majority of conceptions to under-18 year olds occur in this age group. Only about 5% of under-18 conceptions are to girls aged 14 or under and to include younger age groups in the base population would produce misleading results. The 15-17 group is effectively treated as the 'population at risk'.

8.12 Data source and period

Local delivery plan (calendar year 2007)

Office for National Statistics (calendar year 2007)

9. **Chlamydia screening**

- **Rating** Under Achieved
- **Indicator value** 95.32%

9.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Achieved: Greater than or equal to 14 out of 16 points based on answers to four questions

Under achieved:	Greater than or equal to 12 out of 16 points based on answers to four questions
Failed:	Less than 12 out of 16 points based on answers to four questions

Four points are awarded for each part of the indicator achieved resulting in 16 points available.

9.2. How similar trusts performed

Similar Trusts	**Rating**
45.3%	Achieved
33.6%	Under achieved
21.1%	Failed

9.3. Rationale

Chlamydia is the most common sexually transmitted infection (STI) and there is evidence that up to one in 10 young people aged under 25 may be infected. It often has no symptoms, but if left untreated can lead to pelvic inflammatory disease, ectopic pregnancy and infertility. Chlamydia is very easily treated. The national chlamydia screening programme (NCSP) has a community focus and concentrates on opportunistic screening of asymptomatic sexually active men and women under the age of 25 who would not normally access, or be offered a chlamydia test, and focuses on screening in non-traditional sites. In 2008/09, all chlamydia tests undertaken outside of genitourinary medicine clinics (GUM) on 15-24 year olds will count towards calculating screening coverage in residents of each Primary Care Trust (PCT). It is the responsibility of each PCT to ensure that the data submitted reflects the activity within their community.

9.4. Numerator 1

The actual number of 15-24 year old persons tested for chlamydia (excluding tests at GUM clinics)

9.5. Denominator 1

PCT Population aged 15-24 years

9.6. Indicator 1

The indicator is the numerator divided by the denominator, expressed as a percentage

9.7. Numerator 2

The planned number of 15-24 year old persons tested for chlamydia (excluding tests at GUM clinics)

9.8. Denominator 2

PCT Population aged 15-24 years

9.9. Indicator 2

The indicator is the numerator divided by the denominator, expressed as a percentage

9.10. Overall Indicator

This indicator will be indicator 1 divided by indicator 2, expressed as a percentage.

9.11. Notes: General

PCTs are responsible for ensuring that all chlamydia tests carried out in their primary care trust (excluding tests at GUM clinics) are reported to the NCSP as noted in the guidance document[2]. Only chlamydia tests that are reported to the NCSP[3] will be counted towards the assessment.

9.12 Data source and period

Chlamydia screening programme returns (financial year 2008/09)

Vital Signs plans (financial year 2008/09)

10. **Commissioning a comprehensive child and adolescent mental health service**

- **Rating** Under Achieved
- **Indicator value** -

10.1. Methodology: The following thresholds were applied when determining the score for this indicator:

[2] Guidance Document is entitled NHS Chlamydia 'Vital Signs' Indicator 2008/09, Gateway reference 9952
[3] For further information regarding the NCSP Programme, can be found via www.chlamydiascreening.nhs.uk

Achieved:	Performance poorer than plan by a clear margin
Under achieved:	Actual performance greater than or equal to 100% of planned performance
Failed:	Actual performance greater than or equal to 75% of planned performance

Actual performance less than 75% of planned performance. A percentage greater than 100% indicates that an organisation's actual performance exceeded its planned performance.

10.2. How similar trusts performed

Similar Trusts	Rating
54.0%	Achieved
41.4%	Under achieved
4.6%	Failed

10.3. Rationale

Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people but also for their families and carers, continuing into adult life and affecting the next generation. The National Service Framework for Children, Young People and Maternity Services set out the standards and milestones for improvement in child and adolescent mental health services, including year on year improvements in access. The 2008/2009 NHS Operating Framework and the 2007 Public Service Agreement 'Improve the health and wellbeing of children and young people' describe four proxy measures for a truly comprehensive child and adolescent mental health service:

- 24 hour/seven days a week cover to meet the urgent mental health needs of children and young people
- a full range of CAMHS for children and young people who also have a learning disability
- a full range of CAMHS for 16 and 17 years olds, appropriate to their age and level of maturity
- a full range of early intervention support services jointly commissioned by the Local Authority and PCT in partnership

Indicator

10.4. This is a four part indicator, assessing PCTs on their commissioning of a comprehensive child and adolescent mental health service. Data for this indicator will be taken from the quarter 3 2008/09 (December 2008) Vital Signs return.

10.5. Indicator 1

As at 31 December 2008, has a full range of CAMH services for children and young people with learning disabilities been commissioned?

10.6. Indicator 2

As at 31 December 2008, do 16 and 17 year olds who require mental health services have access to services and accommodation appropriate to their age and level of maturity?

10.7. Indicator 3

As at 31 December 2008, are arrangements in place to ensure that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated?

10.8. Indicator 4

As at 31 December 2008 are a full range of early intervention support services delivered in universal settings and through targeted services for children experiencing mental health problems commissioned by the Local Authority and PCT in partnership?

10.9. Notes: General

PCTs are asked to rate the service under each part of the indicator on a scale of 1 to 4 where 1 is for no protocols or services in place and 4 is for a full range of services and full implementation. For detailed definitions of each part of this indicator and guidelines for rating each part of this indicator, please see the guidance posted by the Department of Health on UNIFY2/Forums/LDPR/Guidance and information/Vital signs monitoring returns guidance and schedule 2008/09 - 2010/11.

10.10. Data source and period

Vital Signs returns (as at 31 December 2008)

11. **Proportion of individuals who complete immunisation by recommended ages**

- **Rating** Under Achieved

- **Indicator value** -

11.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Achieved:	Actual performance greater than or equal to 100% of planned performance (greater than or equal to 15 points out of 18)
Under achieved:	Actual performance greater than or equal to 75% of planned performance (greater than or equal to 12 points out of 18)
Failed:	Actual performance less than 75% of planned performance (less than 12 points out of 18)

Three points are awarded for each part of the indicator achieved and 2 points for each part of the indicator underachieved. This results in a maximum of 18 points available. A maximum of 3 underachieves against plan or 1 fail against plan is allowed, with all other parts being achieved i.e. 15 points out of a maximum of 18 points.

11.2. How similar trusts performed

Similar Trusts	**Rating**
35.5%	Achieved
55.3%	Under achieved
9.2%	Failed

11.3. Rationale

This indicator highlights an area of national and international concern to end the transmission of preventable life-threatening infectious diseases. Vaccines prevent infectious disease and can dramatically reduce disease and complications in early childhood, as well as mortality rates. Pre-school immunisation for the under 5 year olds in England enables the control of diseases such as diphtheria, tetanus, polio, pertussis, measles, rubella, Haemophilus influenzae type b (Hib), pneumococcal infection and meningitis C. Although the coverage is relatively high for majority of the vaccines when England averages are considered, it is variable across trusts with some areas reporting particularly low immunisation rates. In addition, current World Health Organisation (WHO) immunisation recommendations states that at least 95% of children should receive three primary doses of diphtheria, tetanus, polio and pertussis in the first year of life and a first dose of measles, mumps and rubella containing vaccine by 2 years of age.

11.5. Numerator 1

Actual immunisation rate for children aged 1 who have completed immunisation for for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib) / (DTaP/IPV/Hib)

11.6. Denominator 1

Planned immunisation rate for children aged 1 who have completed immunisation for for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenzae type b (Hib) / (DTaP/IPV/Hib)

11.7. Indicator 1

The indicator is the numerator divided by the denominator, expressed as a percentage

11.8. Numerator 2

Actual immunisation rate for children aged 2 who have completed immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)

11.9. Denominator 2

Planned immunisation rate for children aged 2 who have completed immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)

11.10. Indicator 2

The indicator is the numerator divided by the denominator, expressed as a percentage

11.11. Numerator 3

Actual immunisation rate for children aged 2 who have completed immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster)/ (Hib/MenC booster)

11.12. Denominator 3

Planned immunisation rate for children aged 2 who have completed immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) / (Hib/MenC booster)

11.13. Indicator 3

The indicator is the numerator divided by the denominator, expressed as a percentage

11.14. Numerator 4

Actual immunisation rate for children aged 5 who have completed immunisation for Diphtheria, Tetanus, Polio, Pertussis (i.e. 4 doses) - (DTaP/IPV)

11.15. Denominator 4

Planned immunisation rate for children aged 5 who have completed immunisation for Diphtheria, Tetanus, Polio, Pertussis (i.e. 4 doses) - (DTaP/IPV)

11.16. Indicator 4

The indicator is the numerator divided by the denominator, expressed as a percentage

11.17. Numerator 5

Actual immunisation rate for children aged 2 who have completed immunisation for measles, mumps and rubella (MMR)

11.18. Denominator 5

Planned immunisation rate for children aged 2 who have completed immunisation for measles, mumps and rubella (MMR)

11.19. Indicator 5

The indicator is the numerator divided by the denominator, expressed as a percentage

11.20. Numerator 6

Actual immunisation rate for children aged 5 who have completed immunisation for measles, mumps and rubella (MMR) (i.e 2 doses)

11.21. Denominator 6

Planned immunisation rate for children aged 5 who have completed immunisation for measles, mumps and rubella (MMR) (i.e 2 doses)

11.22. Indicator 6

The indicator is the numerator divided by the denominator, expressed as a percentage

11.23. Overall Indicator

Points will be allocated for each indicator based on performance levels. The aggregated scores for indicators 1 to 4 and the aggregated scores for indicator 5 and 6 will be combined in a matrix to determine the level of performance.

11.24. Notes: General
Completed immunisation is defined as having received all the vaccinations of the type defined, that have to be received by that age as set out in the childhood immunisation scheme[4]. The data relates to children for whom the PCT is responsible. They include all children registered with a GP whose practice forms part of the PCT, regardless of where the child is resident, plus any children not registered with a GP who are resident within the PCT's statutory geographical boundary.

11.25. Data source and period

Vital Signs plans (financial year 2008/09)

Cover of Vaccination Evaluated Rapidly (COVER) programme (financial year 2008/09)

12. **Stroke care**

- **Rating** Failed
- **Indicator value** 21.43%

12.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Achieved:	Greater than or equal to 50%
Under achieved:	Greater than or equal to 30%
Failed:	Less than 30%

12.2. How similar trusts performed

[4] Further information on the immunisation programme and vaccine recommendations can be found in Immunisation Against Infectious Disease (the 'Green book') available at www.dh.gov.uk/greenbook and at www.immunisation.nhs.uk.

Similar Trusts	Rating
46.7%	Achieved
35.5%	Under achieved
17.8%	Failed

12.3. Rationale

Cardiovascular disease (CVD) is a preventable disease that kills nearly 198,000 people in the UK every year. More than a quarter of these deaths from stroke (British Heart Foundation, 2008). A stroke is caused by a disturbance to the flow of blood to the brain by one of two main means, either as a result of a clot that narrows or blocks blood vessels or where blood vessels burst causing bleeding into the brain. The National Stroke Strategy, 2007, sets out a quality framework and identifies examples of excellent care to help local services make improvements to stroke services. These examples include the treatment of stroke patients within specialist stroke units and the provision of rapid access to services for people who have had a minor stroke or transient ischemic attack (TIA).

12.4. Numerator

Patients who spend at least 90% of their time on a stroke unit

12.5. Denominator

Number of people who were admitted to hospital following a stroke

12.6. Indicator

The indicator is the numerator divided by the denominator, expressed as a percentage.

12.7. Data source and period

Vital Signs returns (quarter four 2008/09)

13. 18 Week referral to treatment times

- **Rating** Failed
- **Indicator value** -

13.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Achieved:	Achieved the 18 week standard for both admitted and non admitted patients and good data quality in every month since the standard took effect and performed well for direct access audiology including data quality (the standard is that 90% of admitted and 95% of non admitted and direct access audiology patients must start treatment within 18 weeks of their referral)
Under achieved:	Good data quality and no failure of the 18 week standard in any month and no more than one failure for direct access audiology (failure of the standard is defined as more than 10% points below the standard e.g. less than 80% of admitted patients starting treatment within 18 weeks)
Failed:	Poor data quality or failure of the 18 week standard in any month or two or more failures for direct access audiology (failure of the standard is defined as more than 10% points below the standard e.g. less than 80% of admitted patients starting treatment within 18 weeks)

For admitted and non admitted patients, where fewer than 20 patients comprise the denominator, that part of the indicator is not assessed. For direct access audiology, where the expected number of patients is less than 20, that part of the indicator is not assessed. Good data quality refers to >=80% and <=120% average data completeness over the quarter for both admitted and non-admitted patients and >=80% and <=120% on direct access audiology data completeness. Poor data quality refers to either <80% or >120% average over the quarter for either admitted or non-admitted patients and either <70% or >130% on direct access audiology data completeness.

13.2. How similar trusts performed

Similar Trusts	**Rating**
83.5%	Achieved
9.9%	Under achieved
6.6%	Failed

13.3. Rationale

The NHS Improvement Plan (June 2004) set out the requirement that, by December 2008, there would be a maximum acceptable waiting time of 18 weeks from referral to start of hospital treatment. Providing fast, convenient access will reduce pain and anxiety for patients and ensure that waiting times for treatment are no longer a major issue for patients and the public. In 2008/2009 trusts will be expected to have achieved, by December 2008, a maximum waiting time of 18 weeks from referral to start of treatment for 90% of admitted patients and 95% of non-admitted patients. Trusts will be assessed on having maintained this performance during the final quarter of the financial year (January to March 2009). Trusts will also be assessed against an 18 week maximum wait for direct access audiology patients. These are patients referred into audiology services without a consultant, and who are outside the scope of the 18 week target but are included as a supporting measure in the 'Vital Signs', published in January 2008.

For parts 1 and 2 of the indicator (referral to treatment times), a data quality test using the Department of Health's data completeness methodology will be applied prior to use of the data, assessed over the whole quarter. Failure of the data quality test for either admitted or non-admitted patients will result in that part being validated as 'Data not returned' and is likely to lead to failure of the entire indicator.

For part 3 (the measure of direct access audiology), data completeness will be measured as part of the indicator, using the Department of Health methodology for direct access audiology data completeness for January, February and March. Again it is likely that failure on data completeness will lead to overall failure of the entire indicator[5].

13.4. Indicator 1: admitted patients[6]

For each of the months January, February and March 2009

13.5. Numerator 1

The number of patients who were admitted in the month who waited 18 weeks or less, reported in the referral to treatment times data collection.

13.6. Denominator 1

The total number of patients who were admitted in the month, reported in the referral to treatment times data collection.

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[5] Further information on data completeness for direct access audiology is available on the 18 weeks website via the following links:**Direct Access Audiology Waiting Times and PTL collections** and **News: Reporting audiology activity and waiting times**

[6] Indicator 1 - The indicator is the numerator divided by the denominator, expressed as a percentage. Trusts will be expected to achieve the target (90% of admitted patients seen within 18 weeks) in each of the three months.

13.7. Indicator 2: non-admitted patients[7]

For each of the months January, February and March 2009

13.8. Numerator 2

The number of non-admitted patients with completed pathways in the month who waited 18 weeks or less, reported in the referral to treatment times data collection.

13.9. Denominator 2

The total number of non-admitted patients with completed pathways in the month, reported in the referral to treatment times data collection.

13.10. Indicator 3: direct access audiology[8]

For each of the months January, February and March 2009

13.11. Numerator 3

The number of direct access audiology patients with completed pathways in the month who waited 18 weeks or less, reported in the audiology waiting times collection.

13.12. Denominator 3

The total number of direct access audiology patients with completed pathways in the month, reported in the audiology waiting times collection.

13.13. General Note

Data quality tests will be applied to each part.

13.14. Data source and period

National referral to treatment time data collection (January to March 2009);

National Direct Access Audiology Waiting Times Dataset (January to March 2009)

The indicator is the numerator divided by the denominator, expressed as a percentage

[7] Indicator 2- The indicator is the numerator divided by the denominator, expressed as a percentage. Trusts will be expected to achieve the target (95% of non-admitted patients seen within 18 weeks) in each of the three months.

[8] Indicator 3 - The indicator is the numerator divided by the denominator, expressed as a percentage. Trusts will be expected to achieve 95% in each of the three months.

14. **NHS staff satisfaction**

- **Rating** Poor
- **Indicator value** 95.32%

14.1. Methodology: The following thresholds were applied when determining the score for this indicator:

Satisfactory:	Performance consistent with or better than average
Below average:	Performance poorer than average
Poor:	Performance poorer than average by a clear margin

14.2. How similar trusts performed

Similar Trusts	Rating
84.9%	Achieved
7.2%	Under achieved
7.9%	Failed

14.3. Rationale

Improving staff satisfaction is one of the five key areas of the 2008/09 NHS Operating Framework. The NHS Staff Survey has been carried out annually since 2003 and changes in the reported levels of NHS staff job satisfaction can be compared year on year from this time. This provides a survey-based measure of job satisfaction for NHS staff. A more satisfied workforce is likely to be more sustainable and provide better patient care, with motivated and involved staff being better placed to know what is working well and how to improve services for the benefit of patients and the public. The 2008/09 NHS Operating Framework set out the expectation that NHS organisations help staff understand their role in delivering a better NHS and encouraging staff to participate in the NHS Staff Survey and act on the findings.

14.4. Indicator

Selected questions from the NHS Staff Survey will be used to calculate a job satisfaction key score, which will be used to score this indicator overall[9].

[9] Further technical information is available from the **NHS Staff satisfaction technical document.**

14.5. General Note

The staff satisfaction indicator will not be applied more than once to any trust. This means that hybrid PCTs will be assessed against staff satisfaction as part of the commissioning national priorities indicator set only.

14.6. Data source and period

National NHS staff survey (fieldwork to be undertaken in autumn 2008)

Standards Performance: Providing Safety

14. **C04b - Safe use of Medical Devices**

- **Rating** Insufficient assurance
- **Indicator value** -

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.

14.1. How similar trusts performed

Similar Trusts	Rating
84.4%	Achieved
6.1%	Under achieved
9.5%	Failed

14.2. How this organisation plans to comply with the standard C04b

Start date	01 April 2008
Finish date	31 March 2009

14.3. Issue

The register of devices and continuous training lapsed in the early part of the year. Procurement was compliant through the NHS supply chain and Procurement Hub, guided by an expert reference group.

14.4. Action

A specialist medical devices agency was commissioned to help us deliver MHRA guidelines. During the year the Medical Devices Policy has been updated and ratified; the register of equipment has been updated; equipment has been inspected and asset labelled; Department Equipment Controllers

have been identified and training rolled out; a Medical Devices Group has been established; and risk management processes for CAS alerts have been reviewed and publicised.

15. **C04c - decontamination**

- **Rating** Not met
- **Indicator value** -

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

15.1. How similar trusts performed

Similar Trusts	Rating
88.4%	Achieved
4.1%	Under achieved
7.5%	Failed

15.2. How this organisation plans to comply with the standard C04c

Start date	01 January 2009
Finish date	31 May 2009

15.3. Issue

This was an issue within dental services only. Audit of decontamination of dental instruments showed inconsistent results across the services. This was shown to be primarily a problem with interpretation of the different categories (damage, corrosion, debris etc).

15.4. Action

Training has been undertaken; categories were clarified, and further re-audits are being undertaken, with significantly improved results. Standards are now being reviewed against the full publication of HTM 01-05.

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Meeting:	**Social Care, Health & Housing Overview & Scrutiny Committee**
Date:	**2 March 2010**
Subject:	**Review of the Charging Policy for Non - residential Social Care Services**
Report of:	**Cllr Mrs Carole Hegley , Portfolio Holder for Social Care & Health**
Summary:	The purpose of this report is to advise the Social Care, Health and Housing Overview and Scrutiny Committee about the plans to review the policy on charging for non-residential social care services, and to invite its comments on the public consultation process.

Contact Officer:	Tim Hoyle, Head of Business Systems
Public/Exempt:	Public
Wards Affected:	All
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:
The delivery of responsive adult social care services meets with the Council's vision to 'improve the quality of life of all in Central Bedfordshire' and its priority of 'supporting and caring for an ageing population'.

Financial:
Income from charging for non-residential services is likely to be in the region of £775,000 in the full year 2009-10. The average charge paid by customers for home care is £24 per week but the variation is large.

The review will consider the implications of a range of charging options which conform to the council's overarching policy. It is not possible to accurately predict the outcome of the review but a target of increased annual income of £250k has been included in the budget-setting process for 2010-11.

Legal:
The legislative authority for councils to charge for non-residential care services is set out in Section 17 of the Health and Social Services and Social Security Adjudication Act 1983. (HASSASSA Act 1983). Councils are not obliged to charge customers for non-residential care services, but where they do the policy must be within the terms of guidance issued by the government under Section 7 of the Local Authority Social Services Act 1970, and set out in the document 'Fairer Charging Policies for Home Care and other non-residential Social Services: Guidance for Councils with Social Services Responsibilities'.

Equalities/Human Rights:

Central Bedfordshire Council is required to implement a range of equality legislation which requires the Council to:

- understand issues relating to disability, gender, gender reassignment, race, religion or belief, age and sexual orientation;
- engage with service users and their carer(s), local communities, staff, stakeholders and contractors to identify and implement improvements;
- tackle barriers which restrict access to services or lead to poorer outcomes when using services, (e.g. inaccessible buildings, poorly publicised services and lack of employee understanding about the needs of particular groups);
- address abuse of vulnerable adults which can include discriminatory abuse, including racist, sexist, that based on a person's disability and other forms of harassment, slurs or similar treatment.

The consultation process planned will ensure that a full range of stakeholders are involved in the process. The policy options considered by officers will be analysed for their impact on equalities matters and this will be taken into account in the recommendations to the Executive. The final policy will be the subject of an Equalities Impact Assessment and any benefits or adverse impact will be identified and reported to the Executive as part of the process of consideration of the policy.

Sustainability:

There are no significant sustainability implications of the review but proposals for policy changes will have this aspect considered as part of their evaluation.

RECOMMENDATIONS:

1. **The Committee is asked to endorse the planned approach to the review of charging for non-residential care services**

2. **The Committee is asked to advise officers as to the level and type of involvement its members wish to have in the public consultation process**

3. **The Committee asks officers to present a report on the outcome of the review and the draft policy prior to submission to the Executive**

Background

1. Councils are allowed (but not obliged) to require customers in receipt of non-residential social care services to make a financial contribution to the cost of providing those services. Where a council does decide to charge for these services then it must follow the principles set out by the Department of Health in the document 'Fairer Charging Policies for Home Care and other non-residential Social Services: Guidance for Councils with Social Services Responsibilities'. This is generally referred to as 'Fairer Charging'

   The main constraints set out in Fairer Charging are as follows:

   - Councils may not impose a 'blanket' charge for services - charges must take into account the customer's ability to pay.
   - Councils may not charge for services provided to people under section 117 for the Mental Health Act 1983
   - Councils may not charge for the provision of advice and assessment
   - Charges for services should not leave the customer with an income of less that their Income Support entitlement plus 25%
   - Councils may set a maximum charge
   - In determining customers' means any income from employment is disregarded, as are certain disability-related benefits
   - Councils must take into account specific disability-related expenditure as an allowable expense
   - Councils may take into account customers' savings and capital in assessing their income but cannot take into account the value of the customer's main home.
   - Councils may ask those whose savings and capital exceed standard limits to pay the full cost of services.

   The guidance also states that at the time of assessment customers should receive a comprehensive benefits check and advice about claiming. It is estimated that in around 40% of cases this check leads to the customer receiving increased benefits.

   It is estimated that of the 152 councils with social services responsibilities around 1/3rd charge for services; the rest do not.

2. The council's current policy takes into account both the customer's means and the level of service that they receive. Means-testing is conducted using a financial assessment. Following this assessment customers can then be considered to fall into one of three categories:

- **Nil charge:** people whose means are such that they are assessed to pay no charge
- **Assessed charge:** people who are required to contribute to a proportion of the cost of their services
- **Full cost:** people whose means are such that they have the resources to pay a sum equivalent to the full cost of the service(s) they receive

In addition there will be a group of people who decide that they will fund their own care directly – this group are known as **self-funders.**

3. The council's current policy was inherited from Bedfordshire County Council and dates back to 2003. Although this policy is functional there are several drivers for a review:

- The need to ensure that the policy is aligned with Central Bedfordshire Council's objectives and priorities
- The need to ensure that the policy is fair and equitable
- The need to ensure that the policy will support the introduction of the social care "Transforming People's Lives" agenda and ensure compliance with guidance on this.
- The need to consider how changes to the charging policy would improve the council's financial position and to make informed decisions in light of this information
- The need to develop a policy which is 'owned' at all levels in the council
- The need to deliver greater clarity in a small number of areas where the existing policy is ambiguous

4. The social care services which will be considered as part of this review are:

- Home Care
- Day Care
- Respite Care
- Transport to Day Care
- Meals on Wheels
- Personal Budgets
- Direct Payments
- Enablement and Re-ablement

- Telecare
- Services and support specifically to carers

5. Given the council's overarching charging policy, a focus of the review will be to examine the extent to which the current policy achieves the council's objective that all *"service users should make a direct contribution to the cost of providing services".* Any proposed departures from this objective should fall within one or more of the caveats in the policy (see Appendix 1).

Scope

6. The review will examine the following:

- Which services should be charged for
- The rate of charges for services
- The details of the means-testing process

7. As part of the review, all options will be analysed in terms of the cost of collection as well as the likely income gained. Examples of policy outcomes that may not be cost effective are:

- collecting very small sums from customers
- undertaking complex financial assessments of a lot of customers which result in a large proportion of them paying no charge

Notes

8. Charging for long term residential care services is governed by different legislation which is far more prescriptive than the Fairer Charging guidance and is therefore excluded from this review. However it will be necessary to consider how any policy proposals would act as a financial incentive or disincentive for customers to access long term residential care

9. The government is currently taking through parliament legislation designed to provide for free personal care to those with the highest care needs (the Personal Care at Home Bill). Although this legislation, if enacted, would have a significant effect on the council's ability to charge for services it does not obviate the need to review the policy.

   As the bill goes through its legislative stages its progress will be tracked and the implications incorporated into the revised policy as required. Once clear guidance is issued this matter will be the subject of separate reports.

Consultation

10. A public consultation giving customers and other stakeholders a clear input is important in the development of a policy that is responsive to customers' needs.

Although it is not a statutory requirement to undertake public consultation on changes to charging policy it is seen as good practice by the Department of Health and is referred to extensively in its guidance.

The consultation design has yet to be completed but is likely to include:

- Publishing a draft policy and consultation questionnaire in hard copy and on the council's website.
- Meetings to be held with customers and stakeholder groups

The participation of members of the council, either formally or informally, would be welcome.

Timescales and Process

11. The following process and timescales are envisaged:

Officer group to evaluate policy options	March 2010
Officer group to develop draft policy	April 2010
Conduct public consultation on the draft policy (focussing on the proposed changes)	April – July 2010
Present updated draft policy and results of consultation to Social Care Health and Housing OSC	July 2010
Final draft policy prepared and presented to Executive for approval	August 2010
Revised policy is implemented	October 2010

Appendices:
Excerpt from Central Bedfordshire Council Charging Policy

Background Papers: (open to public inspection)

1. Fairer Charging Policies for Home Care and other non-residential Social Services: Guidance for Councils with Social Services Responsibilities (Department of Health 2003)

2. Fairer Contributions Guidance (Department of Health 2009)

3. Charging Policy for Home Care and other non-residential Social Services (Bedfordshire County Council 2003)

4. Central Bedfordshire Council Charging Policy

Location of papers: Priory House, Chicksands

Appendix 1: Excerpt from Central Bedfordshire Council Charging Policy

The review will be cognisant of the council's corporate charging policy 'Central Bedfordshire Council Charging Policy which states:

It is the Council's policy that service users should make a direct contribution to the cost of providing services (both discretionary and statutory) at their point of use unless:

- *it is not legal to do so.*
- *circumstances arise where the service in question is delivered to all residents or householders equally and which could therefore be considered to be funded from Council Tax. This will mainly apply where there is no discretion as to use of the service on the part of the householder.*
- *circumstances arise where the administrative costs associated with making a charge would outweigh any potential income.*
- *circumstances arise where making a charge would be directly contrary to achieving the Council's corporate objectives as expressed in agreed strategies.*

The charge levied should, in general, be such that it covers the full economic cost of providing the service (including support services). The level of charge will, however, have regard to:

- *any relevant Council strategies or policies (e.g. Equality Scheme, Anti-Poverty Strategy, Sports and Physical Activity Strategy etc.) and any subsidy or concessions which may be appropriate*
- *market conditions and prices charged by competitors and/or other local authorities*
- *the need to avoid any potential distortion of the market which might otherwise occur from pricing services below the levels charged by private sector concerns for similar services*
- *the need for all charges imposed by the Council to be reasonable, given the Council's objectives, whilst retaining the flexibility to charge commercial organisations a fair price*
- *the need to avoid any exploitation of customers who have no option but to use the Council's services*
- *the desirability of increasing usage of a given service*
- *the possibility of increasing income to the Council.*
- *the views of service users and Council taxpayers in levying new or revised charges*

- *the need to change user/consumer behaviour, e.g. for health or environmental reasons.*

- *whether it is economic to apply any fee or charge.*

It is the policy of the Council that when charges are reviewed concessions should be considered for the following groups:

- *young people under 16 years of age*

- *full time students*

- *people with a disability*

- *people in receipt of means tested benefits*

- *senior citizens*