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 Unitions):

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