

## Performance Report 2009/10

There are about 72 key national performance indicators (KPIs) reported annually by NHS Herefordshire. As attached in the tabular report appended to this document, the committee can see that we have achieved or surpassed target for the majority of the KPIs. Nonetheless, there are selected KPIs where specific interventions are needed to improve current performance. These are highlighted below:

### 1. HC2a - % seen within 48 hours in GUM clinic

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
% seen within 48 hours in GUM clinic	Mar-10	90%	76.14%	↑

#### **Commentary**

The aim is to expand capacity to provide screens in rural areas and further integrate GUM and Contraceptive services at satellite and evening clinics at Gaol Street Health Centre.

#### **Improvement Actions**

Provider plans include

- Expand Minor Injury Unit staff skills to include sexual health screening so that they can offer screening during evenings and weekends
- Make more appointment slots available during the day and evening

### 2. VSA08 - Breast Symptom 2 week

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Breast Symptom – 2 week wait <i>WCC Outcome Impact – Reducing Cancer Mortality Rates</i>	As at Feb - 10	93% - Dec 2009	94.59%	↑

#### **Commentary**

The national requirement was to achieve the target of 93% by the end of December 09 and maintain it through to 31<sup>st</sup> March 2010. We unfortunately did not hit target by December – but since December have maintained our performance and exceeded target.

### 3. HC8 a-c - Ambulance Response Times

#### **West Midlands Ambulance Response Times**

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Ambulance Response targets – CAT A calls in 8 mins – <b>West Mids Ambulance Trust</b>	Mar-10	75%	72.5%	↑

Ambulance Response targets – CAT A calls in 19 mins – <b>West Mids Ambulance Trust</b>	Mar-10	95%	<b>97.5%</b>	↑
Ambulance Response targets - CAT B calls in 19 mins - <b>West Mids Ambulance Trust</b>	Mar-10	95%	<b>94.1%</b>	↑

#### **Herefordshire - West Midlands Ambulance Response Times**

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Ambulance Response targets – CAT A calls in 8 mins – <b>Herefordshire</b>	Mar-10	75%	<b>71.7%</b>	↑
Ambulance Response targets – CAT A calls in 19 mins – <b>Herefordshire</b>	Mar-10	95%	<b>93.2%</b>	↑
Ambulance Response targets - CAT B calls in 19 mins - <b>Herefordshire</b>	Mar-10	95%	<b>92.5%</b>	↑

#### **Commentary**

Performance is showing a slight improvement since the last report but concerns still remain around the end of year position. Achieving these ambulance response times in Herefordshire has always remained a challenge because of the rural nature of the county and its road links. To review and consider the current performance status of WMAS effectively the independent (Lightfoot) report was commissioned, as stated in the last performance report, and has now been published.

The report made the following recommendations with regard to Herefordshire:

- That the funding of the WMAS be rebased to reflect both population base and utilisation of the service
- That greater use be made of Extended Scope Practitioners and rapid response vehicles across the county to ensure both equitable service and improved response times
- Additional investment to be considered for Community First responders.

#### **Improvement Actions**

Improvement actions will now implemented through the newly formed regional cluster group following changes at the SHA. Herefordshire is now part of the West Mercia Cluster Group with Worcestershire and Shropshire.

#### **4. VSA14 - Stroke Care**

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Quality stroke care - +90% of time spent on stroke unit <i>WCC Outcome Impact – Reducing Stroke deaths within 30 days.</i>	Mar-10	70% by Mar 2010	42.00%	↑
Quality stroke care - % of people with TIA scanned and treated within 24 hours <i>WCC Outcome Impact – Reducing Stroke deaths within 30 days.</i>	Mar-10	45% by Mar 2010	9.00%	↓

### Commentary

In accordance with NICE guidance, patients at higher risk of stroke following a TIA should receive treatment within 24 hours. The Vital Signs target supports this by measuring the proportion of patients at higher risk who are treated (i.e. attend the HHT TIA Clinic) within 24 hours of first contact with a healthcare professional. To improve access, HHT has recently altered its booking processes so that patients at higher risk of stroke following a TIA are offered urgent appointments with the TIA Clinic. In addition, HHT has been asked to provide a plan to demonstrate it will meet the 2010/11 Vital Signs target (60%).

### Improvement Actions

Improvement Action – Stroke Care	Completion Date	Update/Current status of action
Explore development of a plan by HHT to achieve Vital Signs TIA target	May 2010	Plan requested.
Consider request by HHT to redesignate medical beds as Acute Stroke Unit beds	May 2010	HHT withdrawn request to re-designate beds as Acute Stroke Unit beds
Explore development of an improvement plan by HHT to achieve Vital Signs Acute Stroke Unit target	June 2010	Explore which meeting is the most effective to review this.

### 5. VSB10 – Childhood Immunisation

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
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Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)	Mar-10	95%	93.11%	↓
Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV)	Mar-10	94%	90.09%	↓
Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR)	Mar-10	88%	82.14%	↑

### Commentary

Despite not achieving the target set in Vital Signs, the percentage of childhood immunizations has improved significantly since 2008-09. Achievement of the MMR vaccination for children aged 5 is immensely difficult to achieve given the national perception. In 2008-09 we immunized 71% of our children compared with 82% this year.

### Improvement Actions

A draft plan, awaiting final sign off, has been produced to ensure continued improvement through 2010-11 and beyond.

### 6. VSB13 – Chlamydia Screening

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Chlamydia Prevalence (Screening)	Mar-10	4956 - 25% of 15 to 24 yr olds	4472	↑

### Commentary

Despite not achieving the population target figure in Vital Signs, the performance of the screening programme has significantly improved since 2008-09 by 50%. In 2009-10 we screened 22.58% of our target population.

### Improvement Actions

A Chlamydia Screening Programme Action Plan has been completed and shared with the Strategic Health Authority.

### 7. VSC10 - Delayed Transfers of Care

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Number of delayed transfers of care per 100,000 population (aged 18 and over)	Mar-10	27 per wk avg.	51.46	↓

Rate of delayed transfers of care per 100,000 population (aged 18 and over)	Mar-10	20.67	35.91	↓
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### Commentary

Hereford Hospitals Trust is currently underperforming against expectation in terms of the local health economy. This is being addressed with the trust through the Quality Review Forum who has requested a report on why delays are higher than expected.

### Improvement Actions - Community Hospitals and Intermediate Care Facilities

The Head of Community Hospitals & Intermediate Care Facilities now receives a weekly update of delayed patients which identifies the length of the delay. It has been agreed that any delays greater than 7 days should be escalated for immediate intervention.

A whole systems review of the delayed transfers of care issue needs to be initiated including the existing policy for 'eviction' with HHT, Adult Social Care and PCT Commissioners to ensure that delayed discharges are minimised, and areas for improvement are identified and managed across the whole care pathway.

There has been a significant drop in the length of stay and number of delays since the introduction of the above changes as of 1<sup>st</sup> December 2009. However it must be noted that recent winter pressures, in the form of adverse weather and closure of wards due to D&V, will have had an impact on early promising figures.

### 8. MHPI02 - Care Programme Approach - CPA 7-Day follow up

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Care Programme Approach - CPA 7-Day follow up	Mar-10	95%	90.14%	↑

### Commentary

Performance has improved over the last quarter, with 100% compliance achieved in each of the last three months. The action plan to improve processes is being implemented and improvements noted.

### Improvement Actions

All of the recommended actions have been implemented. Processes are now in place to ensure that all DNA and cancelled appointments are followed up by telephone. Also that Exception reports are generated for all breaches to understand reasons for the breaches.

### 9. VSB03 - Cancer Mortality Rate

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Cancer Mortality Rate <i>WCC Outcome Impact – Reducing Cancer Mortality Rates</i>	Dec-09	103 (2008 - 3yr ave.)	103.67	↓

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**Commentary**

Performance issues in relation to this indicator have been addressed as part of the Cancer Services report presented to this committee in October.

**Improvement Actions**

<i>Improvement Action – Cancer Mortality Rate</i>	<i>Completion Date</i>	<i>Update/Current status of action</i>
Public Health has developed the Health Improvement Plan which influences lifestyle risks, which includes those factors associated with cancer.	31-Mar-10	Task and Finish Group established and progressing towards completion by end of March

**10. MHPI03 - Best Practice in Mental Health Services for People with Learning Disabilities**

Target	Reporting Period - YTD	2009/10	Perf. Trend
Best Practice in Mental Health Services for People with Learning Disabilities (Green Light Toolkit) <i>WCC Outcome Impact - Eradicate health inequalities for people with learning disabilities</i>	31- Mar-10	<b>22 points (provisional)</b>	↓

**Commentary**

The Service Redesign Team has now allocated a named service development officer to focus on the implementation of the toolkit across commissioning and provider services. An assessment against the action plan has been completed and key areas of weakness identified. An action plan is currently being developed to address these areas.

It should be noted that the provisional score is based on the 2008-09 score methodology.

**Improvement Actions**

<i>Improvement Action – Best Practice in Mental Health Services for People with Learning Disabilities</i>	<i>Completion Date</i>	<i>Update/Current status of action</i>
Develop an updated action plan	31-May-10	To be developed following meeting in March 2010

**11. VSB05 - 4-week smoking quitters**

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Smoking Prevalence (Smoking Quitters)	Feb-10	1220	868	↑
Smoking Prevalence (Smoking Quitters) rate per 100,000	Feb-10	815	580	↑

### Commentary

As noted in the last report a new free text number for referrals has been launched and referrals are now coming in via text. A new on line referral system will go live in the autumn. It is expected that the new text and on line referral systems will boost the number of new referrals into Stop Smoking Herefordshire, and the number of referrals via these new routes is being closely monitored.

A multi-faceted co-ordinated social marketing campaign under the slogan “New Year, New You” was launched at the start of the year. The aim of the campaign was to increase the number of referrals which will in turn achieve the end of year target. The campaign, beginning in January 2010, has offered a range of services, venues and accessibility supporting people to quit smoking.

### Improvement Actions

<b>Improvement Action – 4-week smoking quitters</b>	<b>Completion Date</b>	<b>Update/Current status of action</b>
Re-design the Smoking Cessation Service to establish a universal service that offers a choice of providers to smokers wanting to quit, supported by a specialist team, as set out in the Herefordshire Population Health Improvement Plan	Summer 2010	Building on new opportunities provided by the StubBuddy Campaign <ul style="list-style-type: none"> <li>- preparing to issue a new LES for GP Practices to provide smoking cessation service</li> <li>- arranging for pharmacies to dispense all the pharmacotherapy and also to deliver support under a new SLA</li> <li>- develop a hospital –led smoking cessation service at the County Hospital</li> <li>- establishing Herefordshire Information Centres as a setting for smoking cessation</li> <li>- support HALO to develop as a smoking cessation service provider</li> <li>- support Health Trainers as intermediate smoking cessation advisers</li> </ul>

### 12. VSC 17 - % of Adults and older people receiving self-directed support

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
% of Adults and older people receiving self-directed support who are supported to live independently (aged 18 and over)	Mar-10	20.00%	7.4%	↓

Performance has improved over the last month. It is recognised more needs to be done and there is robust programme in place. It is aimed that there will be a step change in performance by the Autumn. However it should be noted that our current performance is in line with other West Midland authorities.

### **Improvement Actions**

Previous improvements actions were completed. The local authority in partnership with NHS Herefordshire has several projects up and running that are all aimed to increase up of people receiving self directed support. This includes external brokerage pilots and the establishment of an e-catalogue.

### **13. VSB08 - Teenage conceptions**

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Teenage pregnancy	Dec-09	28	<b>31.3 (2008)</b>	↓

### **Commentary**

Herefordshire has seen a reduction in teenage pregnancies over the last couple of years. In 2008 there were 106 teenage pregnancies compared with 138 in 2007, a reduction of 23% on the previous year.

The Children's Trust partners have agreed a Teenage Pregnancy Prevention and Support Strategy 2010-2013. The Be Healthy Outcomes group of the Children's Trust will provided the strategic overview of this area. GOWM and SHA followed by the National Support Team for teenage pregnancy visited Hereford in May 2010 to discuss the approach taken in Herefordshire and the direction of travel. The report from the National Support Team will help to further the action plan within the Teenage Pregnancy Strategy.

The focus is prevention and identification of vulnerable children at increased risk of negative outcomes, including teenage pregnancy. The development of locality teams will be an important source for providing multi-agency support services. Work has commenced on developing these teams.