

PERFORMANCE AGAINST VITAL SIGNS 2008/9

Background

The NHS Operating Framework 2009/10 gave a commitment to the publication of performance against Vital Signs to reflect the 2008/0 position. The purpose of this publication is to inform local discussions with partners and the public on performance to date and to provide an opportunity to give an update on the actions taking place to address any performance issues.

Performance against Vital Signs will form part of the NHS Rotherham's Strategic Intelligence Review (SIR), which will also include progress against World Class Commissioning health outcomes. The SIR will be submitted to the NHS Rotherham Trust Board meeting in October 2009 and will then be disseminated to stakeholders and partners as part of an overall process of engagement.

What are Vital Signs?

Vital Signs are a set of performance metrics introduced by the Department of Health in 2008/9. They are designed to show how the NHS is performing nationally and locally. In total there are 63 vital signs, of which 17 have been deferred by the Department of Health in 2008/9. Differences between the 3 tiers are summarised in table 1 below.

Table 1: Three tiers of vital signs

	Targets	Performance Management
Tier 1 (VSAs) National Requirements i.e. "must do's"	Set nationally	Plans agreed by Strategic Health Authority (SHA) and signed off by DH. Central monitoring
Tier 2 (VSBs) National priorities for local delivery	Agreed locally and signed off by SHA	Plans signed off by SHA. Risk-based approach to performance management
Tier 3 (VSCs) Local action	Agreed locally	No DH involvement in performance management

How is NHS Rotherham performing against the Vital Signs?

Table 2 sets out Rotherham's performance against all vital signs. The table identifies which NHS Rotherham Programme area the vital sign falls under, and the final column sets out whether or not the sign is being specifically addressed through an NHS Rotherham Transformational Initiative (TI) or is in RMBCs Outcomes framework.

Table 2: Cross references between Vital Signs and *Better Health, Better Lives*

VITAL SIGNS INDICATORS 2008/09 NHS ROTHERHAM - NATIONAL TARGETS AND STANDARDS Tier 1									
VITAL SIGN/ NATIONAL INDICATOR No	VITAL SIGN INDICATOR	CARE GROUP	Earlier Performance	2008/09 PERFORMANCE				Later Performance	LOCAL STRATEGIES/ACTION PLANS T.I.= TRANSFORMATIONAL INITIATIVES
				NHSR	England	Y&H	Rating		
VSA01	MRSA Elective and Non Elective Screening	Acute Care	Plans Deferred						
VSA 03	Clostridium Difficile	ACUTE CARE	59.70%	60.27%	74.57%	86.26%		33.30%	T.J.18 Reducing Healthcare Acquired Infections WCC Health Outcome
	Actual cases 08/09 as a % age of Trajectory		Good Performance, further improvements in 2009/10						
VSA 04	Proportion of patients seen within 18 weeks for admitted pathways	ACUTE CARE	-	94.32%	92.91%	92.67%		96.40%	T.J 19 Access and Choice
	Measured January to March 2009		Good Performance, further improvements in 2009/10						
VSA 04	Proportion of patients seen within 18 weeks for Non- Admitted pathways	PLANNED CARE	-	97.09%	97.4	97.20%		99.00%	T.J 19 Access and Choice
	Measured January to March 2009		Good Performance against Standard of 95%						
VSA04	Proportion of patients seen within 18 weeks for Direct Access Audiology pathways	PLANNED CARE	-	100.00%	99.45%	99.40%		100.00%	T.J 19 Access and Choice
	Measured January to March 2009		Good Performance						
VSA 04	Number of patients waiting 6 weeks or more for 15 Key diagnostic tests	PLANNED CARE	-	32	n/a	n/a		13	T.J 19 Access and Choice
	Measured 2008/09		Good Relative Performance At March 09, 0.106% of National levels						
VSA 05	Patient Activity	PLANNED CARE	-	-				-	
			Patient Activity Monitored through Contracts with Health Providers						
VSA 06	Access to primary care	PRIMARY CARE	86.41%	85.32%	85.13%	84.31%		-	T.J. 1 Accessible, high quality Primary Care T.J. 2 Effective Prescribing T.J. 3 Community Health Centre
	GP patients Survey 2009		Good Relative Performance						
VSA 07	GP Practices offering extended opening	PRIMARY CARE	-	65%	77.10%	76.00%		67%	T.J. 4 New G.P. Practices T.J. 1 Accessible, high quality Primary Care
	March 2009		Good Performance compared to Vital Sign Target of 51%, below Y&H average						
VSA 08	2 Week Cancer Wait for Breast Symptoms	PLANNED CARE	-	93.31%	34.80%	43.20%		92.0%	T.J. 19 Access and Choice
	Measured Quarter 4 2008/09		Operational Standard of 93% met at March 09, small deterioration in 09/10						
VSA 09	Proportion of women screened for breast cancer (aged 53- 70)	PLANNED CARE	-	82.15%	75.92%	76.09%		81.77%	
	Measured 2007/08 - KC63		Good Performance, small deterioration in 2009/10						
VSA 10	Proportion of men and women aged 70-75 taking part in bowel screening programme		Plans Deferred						
VSA 11	Proportion of patients waiting no more than 31 days for subsequent cancer (surgery and drug treatments)	PLANNED CARE	-	100%	97.41%	96.69%		100%	T.J. 19 Access and Choice
	Measured January to March 2009		Continued Good Performance						
VSA 12	Proportion of patients waiting no more than 31 days for subsequent cancer treatment (radiotherapy)		-	97.80%	91.50%	n/a		-	T.J. 19 Access and Choice
	Measured January to March 2009		Good comparative performance						
VSA 13	Proportion of patients with suspected cancer, detected through GP, national screening programmes or by hospital specialists who wait less than 62 days from referral to treatment	PLANNED CARE	-	95.68%	88.25%	87.95%		94%	T.J. 19 Access and Choice
	Measured January to March 2009		Good Performance						
VSA 14	Implementation of the stroke strategy	ACUTE CARE	-	70%	47.31%	46.21%		52.80%	T.J 20 Stroke Services
	Measured Quarter 4 2008/09		Good Performance but marked deterioration in 2009/10						
VSA 15	Proportion of women receiving cervical cancer screening test results within 2 weeks		Plans Deferred						











VITAL SIGNS INDICATORS 2008/09 NHS ROTHERHAM NATIONAL AND LOCAL DELIVERY Tier 2

VITAL SIGN/ NATIONAL INDICATOR No	VITAL SIGN INDICATOR	CARE GROUP	Earlier Performance	2008/09 PERFORMANCE				Later Performance	LOCAL STRATEGIES/ACTION PLANS T.I.= TRANSFORMATIONAL INITIATIVES
				NHSR	England	Y&H	Rating		
VSB 01	All age all cause mortality rate per 100,000 population (females)	LONG TERM CONDITIONS	555.9	568.1	492.79	536.1		-	WCC Health Outcome (Life Expectancy)
	Measured 2008		Deterioration in Rotherham Rates from 2007 to 2008						
VSB 01	All age all cause mortality rate per 100,000 population (males)	LONG TERM CONDITIONS	794.4	818.58	695.59	772.58		-	WCC Health Outcome (Life Expectancy)
	Measured 2008		Deterioration in Rotherham Rates from 2007 to 2008						
VSB 02	Cardiovascular disease (CVD) mortality rate (people aged 75 or less)	LONG TERM CONDITIONS	79.4	84.88	72.18	84.45		-	T.I. 15 Adult Obesity T.I. 16 CVD Screening WCC Health Outcome
	Measured 2008		Deterioration in Rotherham Rates from 2007 to 2008						
VSB 03	Cancer mortality rate (people aged 75 or less)	PLANNED CARE	136.9	131.08	114.1	124.88		-	T.I 12 Reducing Smoking
	Measured 2008		Poor Relative Performance, some improvement from 2007						
VSB 04	Suicide and injury of undetermined intent mortality rate	MENTAL HEALTH	11.0	9.69	N/A	8.43		-	T.I. 25 Mental Health Promotion T.I. 26 Access to Psychological Therapies T.I. 27 New Mental Health Wards
	Mesaured 2005/2007		Poor Relative Performance, some improvement from 2007						
VSB 05	Smoking quit rates	STAYING HEALTHY	-	954.4	N/A	861.46		1093.2	T.I. 6 Smoking in Pregnancy T.I. 12 Reducing Smoking WCC Health Outcome
	Measured 2007/08		Good Performance, further improvements in 2009/10						
VSB 06	Proportion of women who have seen a midwife or a maternity healthcare professional, for assessment of health and social care needs, risks and choices, by 12 completed weeks of pregnancy	BIRTH	-	88.02%	77.35%	75.76%		75.50%	Maternity Matters Implementation
	Measured Quarter 4 2008/09		Good Performance, further improvements in 2009/10						
VSB 08	Under 18 conception rate per 1,000 females aged 15 to 17	BIRTH	53.9	50.7	41.08	47.59		-	T.I. 7 Reducing Teenage Pregnancy
	Measured 2007		Poor Relative Performance, some improvement from 2007						
VSB 09	Obesity among primary school aged children (reception year)	CHILDREN	10.30%	12.03%	9.65%	9.80%		-	T.I. 10 Reduce Childhood Obesity
	School Year 2007/08		Poor performance and a deterioration since 2007						
VSB 09	Obesity among primary school aged children (year 6)	CHILDREN	18.40%	20.84%	18.44%	18.68%		-	T.I. 10 Reduce Childhood Obesity
	School Year 2007/08		Poor performance and a deterioration since 2007						
VSB 10	Proportion of children who complete immunisation by recommended ages	CHILDREN	82.45%	84.97%	84.03%	86.71%		-	T.I. Childhood Immunisation WCC Health Outcome
	COVER 2008/09		Good relative Performance and improvements from 2007/08						
VSB 11	Proportion of infants breastfed at 6 - 8 weeks (Proportion Recorded)	BIRTH	-	77.35%	81.34%	86.03%		88.90%	T.I. 5 Increasing Breastfeeding WCC Health Outcome
	Proportion recorded		Poor Relative Performance, some improvement in 2009/10						
VSB 12	Commissioning a comprehensive child and adolescent mental health service (CAMHS) See	CHILDREN	-	81.25%	86.64%	85.71%		81.25%	T.I. 8 Mental Health Needs of Children and Young People
	% age of Max score of 16		Average relative performance but above trajectory levels						
VSB 13	Chlamydia screening (as a proxy for chlamydia prevalence)	STAYING HEALTHY	-	19.73%	15.90%	17.80%		17.08%	T.I. 14 Sexual Health
	Measured 2008/09		Good relative performance but deterioration in 2009/10						
VSB 14	Number of drug users recorded as being in effective treatment	MENTAL HEALTH	-	88.14%	85.23%	88.36%		-	
	Nat Drug Treatment Monitoring 2008/09		Good Performance						
VSB 15	Self reported experience of patients	PRIMARY CARE	-	304.25	301.37	304.92		-	T.I 1 Accessible, high quality Primary Care T.I. 2 Effective Prescribing T.I. 3 Community Health Centre T.I 4 New GP
	GP Patient Survey 2009		Good relative performance						

VSB 16	Public confidence in local NHS		Plans Deferred						
VSB 17	NHS staff survey scores-based measures of job satisfaction	OTHER	3.66	3.67	3.57	3.59		-	
	Out of a maximum score of 5		Good relative performance						
VSB 18	Access to primary dental services	PRIMARY CARE	54.40%	58.81%	53.83%	58.05%		-	T.I. 1 Accessible, High Quality Primary Care
	% of Population seen in the last 24 months		Good relative performance, some improvement from 2007						

VITAL SIGNS INDICATORS 2008/09 NHS ROTHERHAM - LOCAL PRIORITIES Tier 3

VITAL SIGN/ NATIONAL INDICATOR No	VITAL SIGN INDICATOR	CARE GROUP	Earlier Performance	2008/09 PERFORMANCE				Later Performance	LOCAL STRATEGIES/ACTION PLANS T.I.= TRANSFORMATIONAL INITIATIVES
				NHSR	England	Y&H	Rating		
VSC 01	NHSLA PCT standards, risk management assessment levels	OTHER	1B	1B	N/A	1A		-	
	NHSLA March 2009		Good Relative performance						
VSC 02	Proportion of people with depression and/or anxiety disorders who are offered psychological therapies		Plans Deferred						
VSC 03 / NI 125	Proportion of adults (aged 18 and over) assisted to live independently	LONG TERM CONDITIONS	-	2197.4	3143.05	2941.13		2272	T.I. 17 Admissions/Discharge criteria T.I. 22 Falls Prevention T.I. 23 Diabetic Services T.I. 24 C.O.P.D Pathway
	RAP & GFS1 Returns 2008		Poor relative performance some improvements in 2009/10						
VSC 04 / NI 125	Proportion of people achieving independence 3 months after entering care/rehab - rate per 10,000		Plans Deferred						
VSC 05 / NI 145	Proportion of Adults with Learning Difficulties in Settled Accommodation	MENTAL HEALTH		125.93					Local Authority Outcomes Framework 2 - Improved Quality of Life
	Measured 2008/09		Good Performance, Target of 79.0						
VSC 06 / NI 149	Proportion of adults in contact with secondary mental health services in settled accommodation		Plans Deferred						
VSC 07 / NI 146	Percentage of Adults with Learning Difficulties that are in Employment	MENTAL HEALTH		5.63				-	Local Authority Outcomes Framework 6 - Economic Well-being
			Good Performance, Target of 3.0						
VSC 08 / NI 150	Proportion of Adults in contact with secondary Mental Health services in Employment	MENTAL HEALTH		12%	20%	15%		-	Local Authority Outcomes Framework 6 - Economic Well-being
	Sample from 06/07- New data collection 08/09 not yet available		Sample data 2006/07 suggests relatively poor performance						
VSC 09	Patient reported unmet care needs		Plans Deferred						
VSC 10 / NI 131	Number of delayed transfers of care per 100,000 population (aged 18 and over)	ACUTE CARE	-	8.09	10.82	5.56		-	T.I. 17 Admissions/Discharge criteria Local Authority Outcomes Framework - Improving Health and Emotional Well being
	Vital Signs Monitoring Qtrs 2-4 2008/09		Good relative performance deterioration since 2007/08						
VSC 11 / NI 124	People with a Long Term Condition feeling Independent and in Control of their condition	LONG TERM CONDITIONS		83%	74%	75%		-	T.I. 23 Diabetic Services T.I. 24 C.O.P.D. Pathway Local Authority Outcomes Framework - Improving Health and Emotional Well being
	2007/08 Survey		Good Relative Performance						
VSC 12 / NI 132	Timeliness of social care assessment	LONG TERM CONDITIONS	-	69.35%	79.53%	78.71%		70.37%	Local Authority Outcome Framework 4 - Increased Choice and Control
	% Over 18's assessed within 4 weeks		Poor relative performance small improvement in 2009/10						
VSC 13 / NI 133	Timeliness of social care packages	LONG TERM CONDITIONS	-	85.24%	90.94%	89.19%		90.90%	Local Authority Outcomes Framework 4 - Increased Choice and Control
	% over 65's assessed within 4 weeks		Poor relative performance, some improvement in 2009/10						
VSC 14	Ambulance conveyance rate to A&E		Plans Deferred						
VSC 15 / NI 129	Proportion of all deaths that occur at home	END OF LIFE	-	18.02%	N/A	19.23%		19.20%	T.I. 9 Children with complex/continuing health needs T.I. 29 End of Life Care WCC Health Outcome
	WCC Data Pack 2007		Average relative performance, some improvement in 2008						
VSC 16	Patient reported measure of Choice of Hospital	PLANNED CARE		80%	68%			-	T.I. 19 Access and Choice
	Patient Survey Jan 2008 - Patients were able to go where they wanted to go		Good Performance, in the upper Quintile Nationally						

VSC 17 / NI 130	Adults and older people receiving direct payments and/or individual budgets per 100,000 population (aged 18 and over)	LONG TERM CONDITIONS	-	183.26	166.57	160.27		235.7	Local Authority Outcomes Framework 4 - Increased Choice and Control
	RAP Returns 2008		Good relative performance, further improvement in 2009						
VSC 18 / NI 135	Proportion of carers receiving a 'carer's break' or a specific service for carers as a percentage of clients receiving community-based services	LONG TERM CONDITIONS	-	22.33%	21.96%	16.46%		24.17%	Local Authority Outcomes Framework 2 - Improved Quality of Life
	RAP Returns 2008		Good relative performance, further improvement in 2009						
VSC 19	Prescribing indicator		Plans Deferred						
VSC 20 / NI 134	Emergency Bed Days	LONG TERM CONDITIONS	147731	150613				-	T.I. 17 Admissions/Discharge criteria Local Authority Outcomes Framework - Improving Health and Emotional Well being
	Measured 2008/09		Long term reduction being achieved against plans. Target for 2008/09 : 167,745 EBD's						
VSC 21	Proportion of total admissions that have ambulatory care sensitive diagnoses	ACUTE CARE	12.71%	12.62%	11.60%	12.02%		-	T.I. 17 Admissions/Discharge criteria T.I. 21 Intermediate Care Services WCC Health Outcome
	WCC Data Pack 2008		Poor relative performance, small improvement from 2007						
VSC 22	Learning Difficulties		Plans Deferred						
VSC 23	Proportion of GP practices with validated registers of patients without symptoms of cardiovascular disease with an absolute risk of CVD events greater than 20% over the next 10 years	LONG TERM CONDITIONS	-	0%	64.35%	57.43%		?	T.I. 16 C.V.D. Screening
	Vital Signs Monitor Quarter 4 2008/09		Poor relative performance, significant improvement in 2009/10 (TBC)						
VSC 24	Percentage of patients admitted with heart attack who were prescribed an anti platelet, statin and beta blocker upon discharge	ACUTE CARE	Aspirin 98%	Beta Blocker 92%	98%	92%			
	2007/08 MINAP Audit (Hospital Based)		Statins 98%	ACE 96%	97%	90%			Good relative Performance at Rotherham Hospital
VSC 25	Healthy life expectancy at age 65		Plans Deferred						
VSC 26 / NI 39	Rate of hospital admissions per 100,000 population for alcohol related harm	MENTAL HEALTH	1545	1555.44	1384.04	1416.66		-	T.I. 13 Harm from Alcohol
	NWPHO 2008		Poor relative performance, deterioration from 2007						
VSC 27	Proportion of patients with diabetes in whom the last HbA1c is 7.5 or less from the Quality Outcomes Framework (QOF)	LONG TERM CONDITIONS	59.50%	62.54%	66.80%	67.48%		-	T.I. 15 Adult Obesity T.I. 23 Diabetic Services
	QoF 2007/08		Relatively poor performance, some improvement from 2006/07						
VSC 28	Proportion of people where health affects the amount/type of work they can do		Plans Deferred						
VSC 29 / NI 70	Rate of deliberate or unintended injuries to children or young people aged under 19 (per 10,000)	CHILDREN	131.52	133.96	N/A	135.24	-	-	Local Authority - childrens and Young people SS1 - To improve the safety and security of vulnerable children and young people
	WCC Data Pack 2007/08		Average relative performance						
VSC 30	Mortality rate from causes considered amenable to healthcare		Plans Deferred						
VSC31	Self reported measure of people's overall health		Plans Deferred						
VSC 32 / NI 128	Patient and User reported measure of Respect and Dignity in their treatment	PRIMARY CARE	-	79.29					T.I. 1 Accessible, high quality Primary Care
			Good Performance, Target 79.12						
VSC 33	Parents' experience of services for disabled children		Plans Deferred						
VSC 34 / NI186	NHS Estates carbon efficiency	OTHER						-	Premises Strategy

	Better than National Average		Around National Average		Worse than National Average
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How does this link with our existing plans?

In terms of both strategy, and of performance monitoring against strategy, there is an extremely good fit between *Better Health, Better Lives* and Vital Signs. Of the 48 currently active Vital Signs 43 are directly addressed through detailed transformation initiatives in *Better Health, Better Lives* or are explicit in RMBC's Outcome framework. The remaining five, are areas where Rotherham performs well against national benchmarking data.

What are we doing about poor performance?

Below are some high level comments on the areas where Rotherham benchmarks worse than the national average. A more detailed analysis for every transformation initiative will be published in November as part of NHS Rotherham's 2009/10 World Class Commissioning submission.

Mortality rates (VSB 01, 02, 03, 04) For overall mortality, cardiovascular mortality, cancer mortality and suicide, NHS Rotherham, as a Spearhead PCT, still has higher rates than the national average. As well as the specific transformational initiatives listed Rotherham has carried out intensive needs analysis of the underlying causes of the higher mortality in partnership with the National Support Team for health inequalities (described in *Better Health, Better Lives*). Actions to improve life expectancy are co-ordinated through the multiagency Health Inequalities performance clinic.

Teenage pregnancy and childhood obesity (VSB 8, 9, 10) Both these issues have deep set cultural and socio-economic causes. Rotherham has detailed and ambitious strategies set out in *Better Health, Better Lives*, and in both areas, innovative projects have recently been recognised in national awards (Rotherham's Children's Obesity strategy and Maltby's work addressing Teenage Pregnancy).

GP cardiovascular disease registers (VSC 23) NHS Rotherham's published performance on this metric is 0%. This is because of a very rigorous interpretation of the criteria. In fact, Rotherham's outcomes in terms of improving cardiovascular mortality through concerted work by GP practices, are among the best in the country, and all but one practice has signed up for the ambitious plan to deliver the five-years national cardiovascular screening programme (NHS Health Check) within 2 years (by March 2011). The performance framework associated with this means that when the target is next measured the performance should be near 100%.

NHS estates carbon efficiency National benchmarking data is not yet available so we cannot ascertain our relative position. NHS Rotherham's delivery plan for *Better Health, Better Lives* has identified a specific programme lead for estates. In addition to this sustainability is a key part of the work programme for Health Impact Assessment Co-ordinator.

Comments/Queries?

If you should have any queries about the information contained in this document or you would like to submit comments, please contact:-

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