

Headline Health Protection Indicators Annual Report 2014-15

Key Health Protection Indicators for Leeds from the Public Health Outcomes Framework

Domain	PHOF reference	Indicator Description	Leeds Figure	National Figure/ Target	Previous Data - Leeds Figures	Target Achieved or Comparison to National	Trend	Frequency of Data	
Domain 3: Health Protection	3.01 4.03 4.07	Annual average PM10 Air concentration at (worse performing site in Leeds)	(2014) 23ug/m3	40 µg/m3 annual mean objective not to be exceeded and reducing trend	(2012) 22 µg/m3 (2013) 22 µg/m3	AMBER	→	Annual	
	3.01 4.03 4.08	Annual average PM 2.5 concentration at	(2014) 13ug/m3	To meet WHO air quality guideline of 10 µg/m3 and reducing trend	(2012) 16 µg/m3	RED	↓	Annual	
	3.03 4.03 4.07 4.08 4.15	To increase uptake of influenza programme under 65 years clinical at risk groups	Leeds North	54.9% (2014-15)	55.0%	55.0% (2013-14)	RED	↓	Annual
			Leeds West	52.3% (2014-15)	54.6%	54.6% (2013-14)	RED	↓	Annual
			Leeds South and East	53.1% (2014-15)	55.0%	55.0% (2013-14)	RED	↓	Annual
	3.03 4.03 4.07 4.08 4.15	Achieve WHO vaccine uptake for over 65 years influenza immunisation	Leeds North	77.4% (2014-15)	75.0%	77.5% (2013-14)	GREEN	↓	Annual
			Leeds West	77.7% (2014-15)	75.0%	78.1% (2013-14)	GREEN	↓	Annual
			Leeds South and East	77.7% (2014-15)	75.0%	78.2% (2013-14)	GREEN	↓	Annual
	3.03 4.08	MMR Uptake of two doses (completion of first and second dose at 5 years)	91.8% (Q2 2014-15)	95.0%	90.7% (Q2 2013-14)	AMBER	↑	Quarterly	
	3.03 4.08	Increase uptake in pre-school booster Dtap/IPV or dTap/IPV	92.1% (Q2 2014-15)	95.0%	91.2% (Q2 2013-14)	AMBER	↑	Quarterly	
	3.03 4.08	Increase update of HPV programme for school year eight females	94% (Q4 2013-14)	90% for three doses at end of campaign	92.6% (2012-13)	GREEN	↑	Quarterly	
	2.20ii 4.03 4.05i 4.05ii	Cervical Screening - % of women in a population eligible for cervical screening at a given point in time who were screened adequately within a specified period	Leeds (Old Leeds PCT Area)	N/A	PHOF Baseline 75.3% coverages aged 25-64 in 2012. >=80% in 25-64 year old age group	79.60%	AMBER	N/A	Quarterly
			Leeds North (chosen month Feb 14)	75.4%		N/A	AMBER	N/A	Quarterly
			Leeds West (chosen month Feb 14)	74.9%		N/A	RED	N/A	Quarterly
			Leeds South and East (Chosen month Feb 14)	75.1%		N/A	AMBER	N/A	Quarterly
	2.20ii 4.03 4.05i 4.05ii	Breast cancer screening coverage - % of eligible women 53-70 screened adequately within the previous 3 years on 31st March.	Leeds (Old Leeds PCT Area)		76.9% coverage aged 53-70 in 2012. Spec - 70% minimum 80% achievable	74.02% (2012-13)	AMBER	N/A	Quarterly
			Leeds North 50-70 year olds (chosen month Feb 14)	70.7% (2013-14)		N/A	AMBER	N/A	Quarterly
			Leeds West 50-70 years old (chosen month Feb 14)	70.5% (2013-14)		N/A	AMBER	N/A	Quarterly
			Leeds South and East 50-70 years (Chosen month Feb 14)	70.2% (2013-14)		N/A	AMBER	N/A	Quarterly
	4.03 4.05i 4.05ii	Bowel cancer screening 60-74. Uptake. (% of adequately screened for invites sent within quarter - all subjects episodes)	Leeds North Q2	57.2% (2014-15)	FOBT Screening uptake (all rounds) 52%. PHOF Baseline 55.8% from start of programme to end Aug 2013. Aspirational local target of 60%	54.98% (2013-14)	AMBER	N/A	Quarterly
			Leeds West Q2	55.76% (2014-15)		53.67% (2013-14)	AMBER	N/A	Quarterly
			Leeds South and East Q2	53.24% (2014-15)		50.98% (2013-14)	AMBER	N/A	Quarterly
	3.05i	Treatment completion for TB	80% (2012)	83% (2011)	83% (2011)	AMBER	↓	Annual	
3.05ii	TB Prevalence (crude rate per 100,000)	15.2 (2013)	15.1 (10/12)	11.1 (2012)	RED	↑	Annual		
3.7	Ensure that all Cat 1&2 organisations have plans/procedures in place to respond to our top risks	Organisations working towards completion for November 2015	N/A	N/A	N/A	GREEN		Annual	
3.7	Ensure exercises have taken place to validate emergency plans and organisations have incorporated any learning	Complete	N/A	N/A	N/A	GREEN		Annual	

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Key Health Protection Indicators for Leeds from the NHS Outcomes Framework

Domain	NHSOF reference	Indicator Description	Leeds	Trajectory / Target	Previous Data - Leeds Figures	Target Achieved	Trend	Frequency of Data
Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm	5.2i	Incidence of healthcare associated infection: MRSA (CCG)	Leeds North 3 (2014-15) Rate: 1.5/100,000 popn	0	4 (2013-14) Rate: 2/100,000 popn	RED	↓	Monthly
			Leeds West 5 (2014-15) Rate: 1.56/100,000 popn	0	7 (2013-14) Rate 2.2/100,000 popn	RED	↓	Monthly
			Leeds South and East 5 (2014-15) Rate: 2.09/100,000 popn	0	4 (2013-14) Rate 1.7/100,000 popn	RED	↑	Monthly
	5.2i	Incidence of healthcare associated infection: MRSA (LTHT)	8 (2014-15) Rate 1.42/100,000 popn	0	9 (2013-14) Rate 1.6/100,000 popn	RED	↓	Monthly
	5.2ii	Incidence of healthcare associated infection: C Difficile (CCG)	Leeds North 58 (2014-15)	65 per annum for 2014-15	73 (2013-14)	GREEN	↓	Monthly
			Leeds West 97 (2014-15)	97 per annum for 2014-15	109 (2013-14)	GREEN	↓	Monthly
			Leeds South and East 111 (2014-15)	105 per annum for 2014-15	114 (2013-14)	RED	↓	Monthly
	5.2ii	Incidence of healthcare associated infection: C Difficile (LTHT)	121 (2014-15)	126 per annum for 2014-15	144 (2013-14)	GREEN	↓	Monthly
N/A	Provision of safe environment in care homes through audit	(2014) 21 care home and 3 residential homes audited	(Local target 2014/15 13 care homes to be audited)	(2013) 17 Care homes 4 Residential homes	GREEN	↑	Quarterly	

Key Health Protection Indicators for Leeds from the Food Standards Agency

Domain	NHSOF reference	Indicator Description	Leeds Figure	Trajectory / Target	Previous Data - Leeds Figures	Target Achieved	Trend	Frequency of Data
Domain 4. Healthcare public health and preventing premature mortality	4.08	Food safety - Percentage of business we regulate that are broadly compliant (Number of food business inspected)	82.46% (2014-15)	N/A	81.16% (2013-14)	GREEN	↑	Quarterly

Key:			
Green	Target achieved or higher than national	↑	Performance is improving
Amber	Target almost achieved or similar to national	→	Performance is level
Red	Target not achieved or lower than national	↓	Performance is getting worse

Bowel Cancer

Green >60%	Target achieved or higher than national	↑	Performance is improving
Amber 52-60%	Target almost achieved or similar to national	→	Performance is level
Red <52%	Target not achieved or lower than national	↓	Performance is getting worse

Breast Cancer

Green >=80%	Target achieved or higher than national	↑	Performance is improving
Amber 70-79.9%	Target almost achieved or similar to national	→	Performance is level
Red <70%	Target not achieved or lower than national	↓	Performance is getting worse