

**NHS LEEDS**  
**BOARD MEETING**

**AGENDA ITEM**  
**20.7.1**

<b>Date of Meeting:</b> 18 December 2008	<b>Category of Paper</b> Tick(✓)	
<b>PCT Trust Lead:</b> Beverley Bryant	<b>Decision &amp; Approval</b>	
<b>Paper Author:</b> Graham Brown	<b>Position Statement</b>	✓
<b>Paper Title:</b> Performance Report	<b>Information</b>	
	<b>Confidential Discussion</b>	

<b>ALIGNMENT TO STRATEGIC OBJECTIVES</b>	<b>Tick (✓)</b>	<b>ALIGNMENT TO STANDARDS FOR BETTER HEALTH</b>	<b>Tick (✓)</b>
1. Better health & wellbeing and health protection		Safety	
2. Health inequalities		Clinical & Cost Effectiveness	
3. Safe, effective, respectful care in modern facilities		Governance	
4. Care where and when needed, promoting health and avoiding admission		Patient Focus	
5. Choice and control		Accessible and Responsive Care	
6. Working with partners		Care Environment and Amenities	
7. Commissioning high quality care		Public Health	
8. Effective and sustainable use of resources			
9. Support, develop and value staff			
10. Improving and learning organisation			

**SUMMARY**

This report has been prepared to provide an overview of performance against key performance indicators for 2008/09. The report is presented in the format set by the Board, showing data in the form of graphs and a narrative explaining the performance position. The report on this occasion also reviews progress on two areas of performance concern; the early intervention service and the child immunisation programme. The report also includes an executive summary identifying key issues.

**ACTION REQUIRED**

The PCT Board is asked to receive the performance Report and to feed back on any areas where they would like further assurance at future Board meetings.

# Performance Report

December 2008

# Monthly Performance Report – December 2008

## Executive Summary

### Key Points - Negatives

There are several performance indicators that are delivering weaker performance than planned. Some of these indicators are already well known to the Board.

- **Childhood immunisation programme**

This indicator set is not at required performance levels. The set covers a range of childhood immunisations at different ages. The most significant issue is with levels of coverage for the MMR vaccine. There are two issues here, the first is the accurate capture of data and the second is one of poor uptake. There are clear actions set out in the report and further actions beyond these are in the process of being developed and will be described in future reports.

- **Early intervention service**

The Board have heard previously that performance in this area is lower than planned. The issue is again featured, to maintain focus. The year to date performance is still below the target trajectory. It is anticipated that the extra funding agreed to support this work will now realise improved levels of performance. Some early signs of this are described in the specific section of the report.

- **13 and 26 Weeks**

As previously reported, breaches continue to occur. Due to the complex nature of some of the clinical considerations surrounding such cases, the challenge remains to secure additional capacity with alternative providers and to ensure it used to minimise breaches.

- **MRSA**

Cases of MRSA are still running beyond the planned maximum level. There were 12 cases in November, against an original trajectory of 6. The November tally means that the total number of cases so far this year now exceeds the planned maximum for the whole year to March 2009.

### Key Points - Positives

There are several indicators that are showing a positive performance. A couple of the key issues here are -

- **Cancer wait times**

Whilst the 62 day cancer wait time target is proving difficult to sustain, the other targets in this area, those covering 14 day waits from urgent referral to first outpatient; 31 days from diagnosis to commencement of treatment; and breast screening coverage, all continue to be generally delivered within standard. There will be significant challenge as the implementation of the Cancer Reform Strategy bites from Jan onwards, though we have action plans in place or under development.

- **Access to GUM services**

Access to GUM services is improved overall, compared to the same period last year. NHS Leeds continues to meet the annual target overall for patients offered an appointment to be seen within 48hrs. There is a positive working relationship with LTHT, which is continuing to develop, meaning that issues that arise are dealt with in a swift and constructive way.

# 18 weeks standards

## 18 week referral to treatment waits; admitted and non-admitted

**Target:**

Government operational targets of 90% of pathways where patients are admitted for hospital treatment; and 95% of pathways that do not end in an admission, should be completed within 18 weeks.

Delivery of the referral to treatment (RTT) time standard is challenging for NHS Leeds. The performance trajectory draws from the plan agreed with the SHA for delivery of the operational targets.

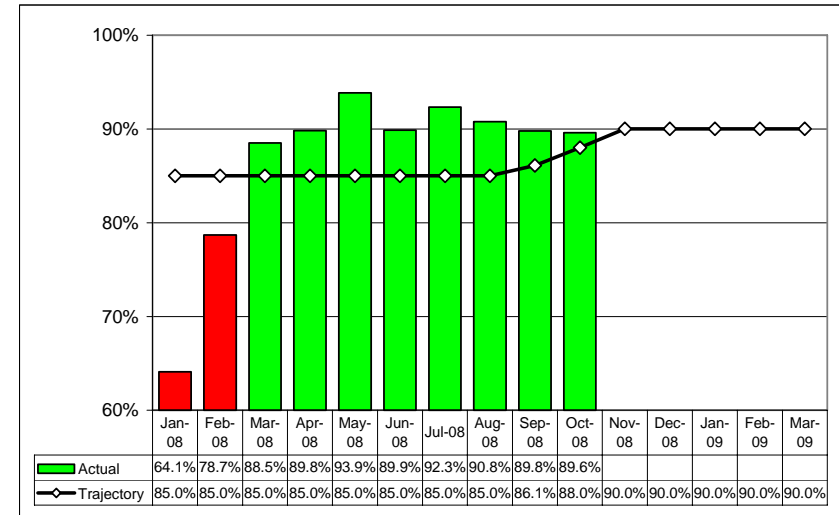
The target position for delivery of 18 weeks was achieved for Oct. However, there are risks around achievement for Nov and Dec, possibly into Jan 09, due to increases in elective referrals since Sep.. The issues relate both to specialty level capacity and to very specific constraints within highly complex sub-specialties. This latter set of issues has been escalated to the SHA for discussion in national commissioning forums.

To address the potential capacity issues, independent sector providers have been approached and are working with both LTHT and NHS Leeds to relieve pressure in risk areas such as in ENT, gynaecology and general surgery.

Lead Executive Director: Matt Walsh  
 Management Lead: Nigel Gray  
 Operational Lead: Nigel Gray

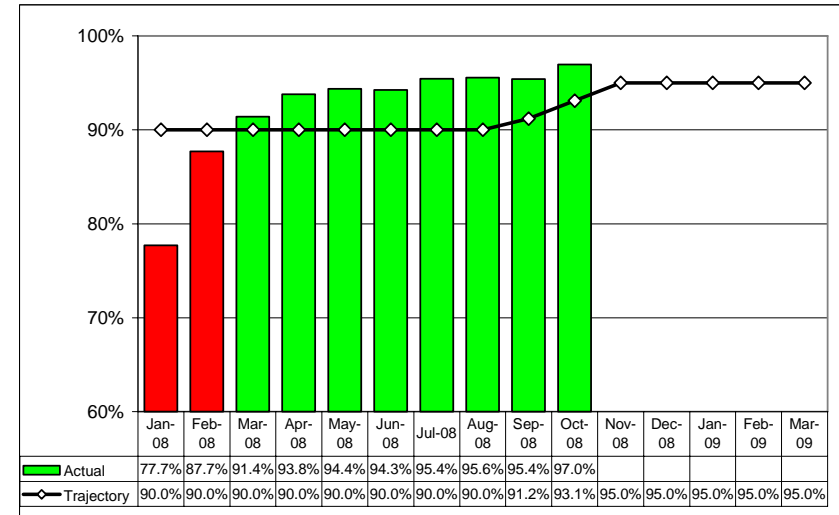
**Ensure by March 08 most patients wait less than 18 weeks from referral to treatment**

Percentage of patients seen within 18 weeks - admitted



**Ensure by March 08 most patients wait less than 18 weeks from referral to treatment**

Percentage of patients seen within 18 weeks - non admitted



## 18 weeks standards

### Diagnostic waits less than 6 weeks

*Target:*

*The number of patients waiting 6 weeks or more at the date of measurement for all diagnostic tests, should decrease to zero as rapidly as possible after March 2008.*

The number of breaches has fallen dramatically over the period since Aug. Given the position in the early part of the year this is a significant achievement.

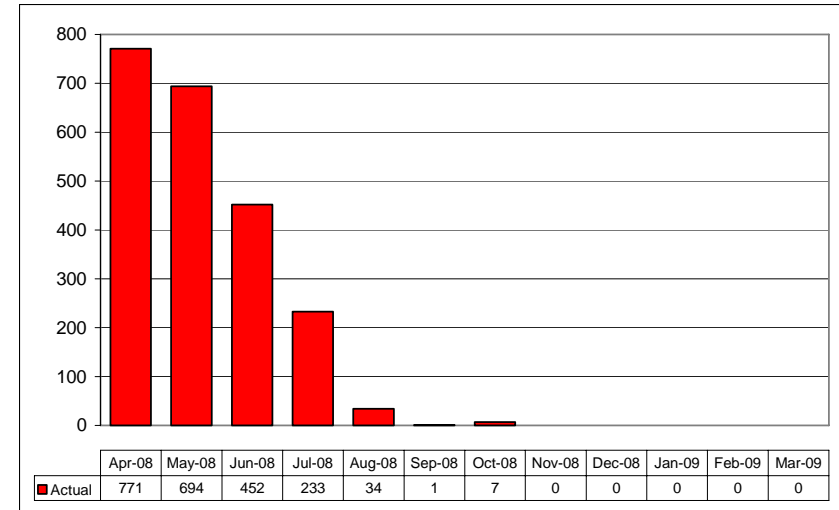
There were seven breaches reported for Oct, against a target of zero. The breaches were from across a range of diagnostic procedures and for a variety of reasons. Examples of the circumstances of the breaches were in one case a child for which safeguarding procedures needed to be invoked, causing delay and for two others where the clinical needs of the patients meant that it was not possible to deliver the diagnostic procedure in time. Lessons on all of the breaches have been drawn and will enable the teams at LTHT to ensure that risks are identified at an earlier stage and minimise the risk of breaches in future.

The Oct position represents the final stages in embedding the culture of no breaches. There is no evidence that the breaches are indicative of a wider system failure, but more a matter of ensuring that all the possible eventualities and possibilities for breaches to occur have been addressed.

Lead Executive Director: Matt Walsh  
 Management Lead: Nigel Gray  
 Operational Lead: Sue Hillyard

**Waits for diagnostics to be reduced to 6 weeks maximum**

**Number of patients waiting 6+ weeks for 15 key diagnostics**



## 18 weeks standards

### Number of inpatients waiting longer than standard; Number of outpatients waiting longer than standard

#### Target:

*That the maximum wait for a first outpatient appointment be no more than 13 weeks from GP referral and for an inpatient no more than 26 weeks after a decision to admit.*

During Oct eight outpatient and nine inpatient breaches occurred, all at LTHT. Outpatient breaches remain a risk in Neurosurgery although breach numbers have more than halved in Oct from the Sep position. Inpatient breaches at LTHT for NHS Leeds patients has risen to six in Oct compared to two in Sep. Overall though, the LTHT position is in line with trajectories for improving performance agreed with the SHA.

Extra capacity in the independent sector for Neurosurgery is available, though risks remain in more complex cases which are unsuitable to transfer. Sustainable increases in capacity will not be achieved until the appointment of two additional neurosurgeons in Feb 09.

Plastic Surgery patients (mainly children) requiring reconstructive limb surgery remains a breach risk. Though the issue has been referred to National Specialised Commissioning team it is yet to be determined whether it will be re-classified as a nationally commissioned service.

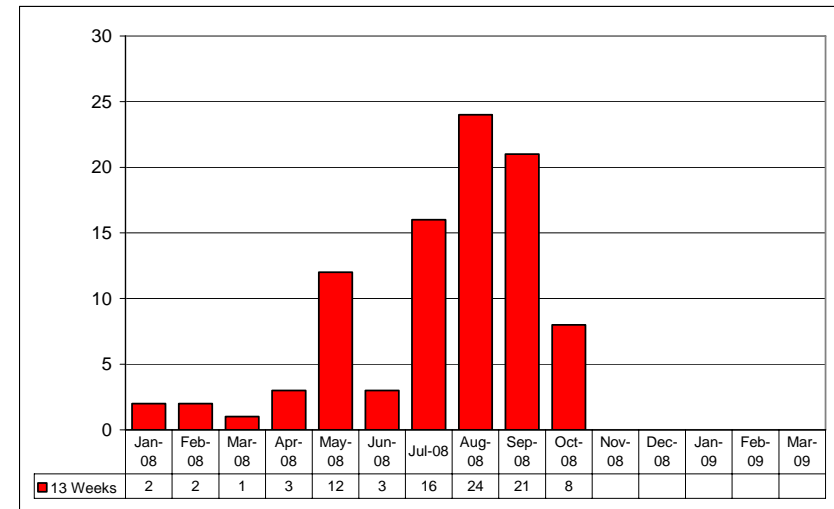
A further breach occurred in a paediatric complex spinal case. A review of the spinal service is currently being undertaken at LTHT to avoid such breaches in future.

Oct has also seen two breaches due to administrative errors, which are being investigated. The inpatient breach is retrospective, impacting on the entire year position. Some of the breaches in the chart are subject to confirmation, due to possible over-reporting in the independent sector.

Lead Executive Director: Matt Walsh  
 Management Lead: Philip Grant  
 Operational Lead: Neil Hales & Richard Wall

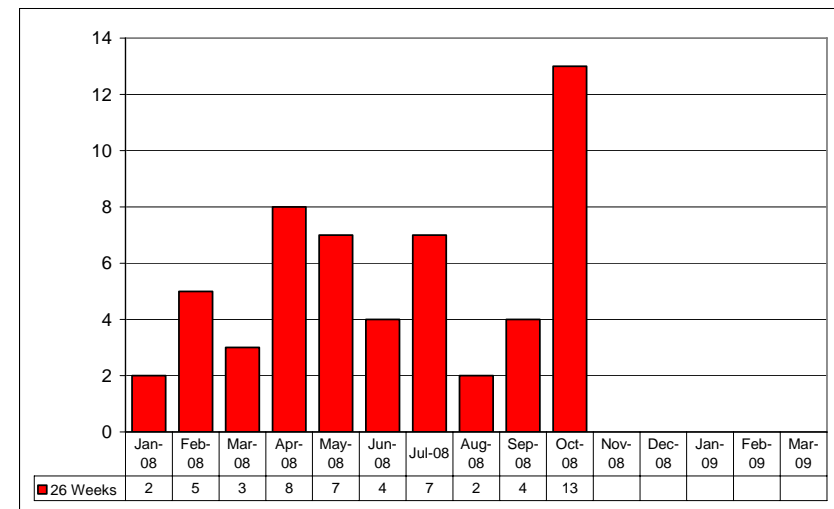
#### Ensure a maximum wait of 13/11 weeks for outpatients

Number of outpatients breaching 13+ weeks at each month-end



#### Ensure a maximum wait of 26 weeks for inpatients

Number of inpatients breaching 26+ weeks at each month-end



## 18 weeks standards

### Maximise the use of the Choose & Book system

#### Target:

To secure 100% usage of Choose & Book system for onward referrals by Oct 2009.

The 18 Week Board has accepted the recommendations of the report from Atos, and a new trajectory agreed, at 90% utilization by October 09.

Choose and book (C&B) rates dropped slightly to 28% in Nov. Weekly figures currently show no further increase, though this is with an increased average referral rate. The number has risen to 10,370; in Apr this figure was 9,025. So, although the rate of usage remains static in Nov, there is an actual increase in the numbers of referrals booked via C&B.

The C&B team have made 24 GP Practice visits in Nov, compared to 23 and 36 in the previous months. Two more practices who were not using C&B have now requested further training to allow them do so; this leaves just six practices throughout Leeds who do not use the system.

LTHT have extended their polling time (the number of weeks in advance a GP can book an appointment) to 5 weeks for all specialties. This has seen their average polling time increase from 4.1 to 4.7 weeks already. This is expected to reduce the number of appointment slot issues that LTHT have.

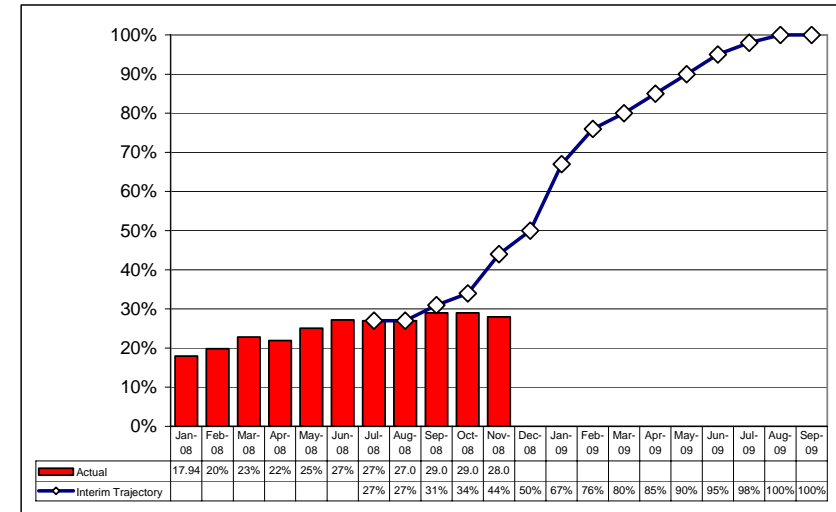
Additional actions to improve the use of the C&B system include

- Intensive engagement with Care Services to add MSK and children's community services to C&B by the end of Jan
- NHS Leeds Contracting Group to review provider DOS's to ensure what has been commissioned is accurately reflected
- Community dermatology and ophthalmology services to be added.
- A review of LES payments for usage of C&B in Q2
- Independent sector local services to be made available through C&B

Lead Executive Director: Lynton Tremayne  
 Management Lead: Rob Goodyear  
 Operational Lead: Rob Goodyear

#### Choose and Book

Percentage of outpatient bookings made using the Choose & Book system



## Cancer wait times

### Maximum wait time of 14 days from urgent GP referral to first outpatient appointment for suspected cancer

*Target:*

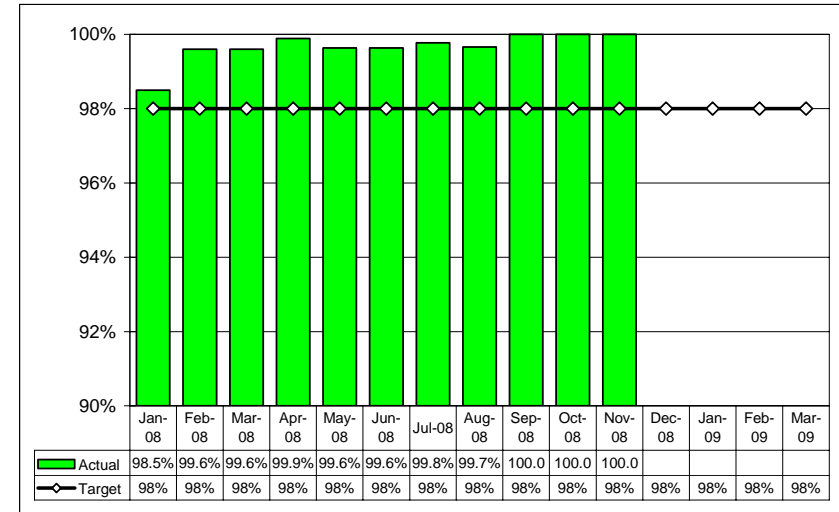
*That there be a maximum wait time of 14 days from urgent GP referral to a first outpatient appointment for suspected cancer, with a target of 100% and an operational standard of greater than or equal to 98% patients seen.*

The validated position for October is 100% for both Leeds PCT and all patients to LTHT (with 900 cases to LTHT). The projected November position is 100%.

This wait time target has been consistently achieved within the operational standards.

#### Access to Cancer Services

##### Urgent GP Cancer Referrals received within 48 hours and seen within 14 days



Please note that data shown for Nov is yet to be formally validated

Lead Executive Director: Matt Walsh  
 Management Lead: Nigel Gray  
 Operational Lead: Sandra Frier



## Cancer wait times

### Maximum wait time of 31 days from diagnosis to treatment for all cancers

*Target:*

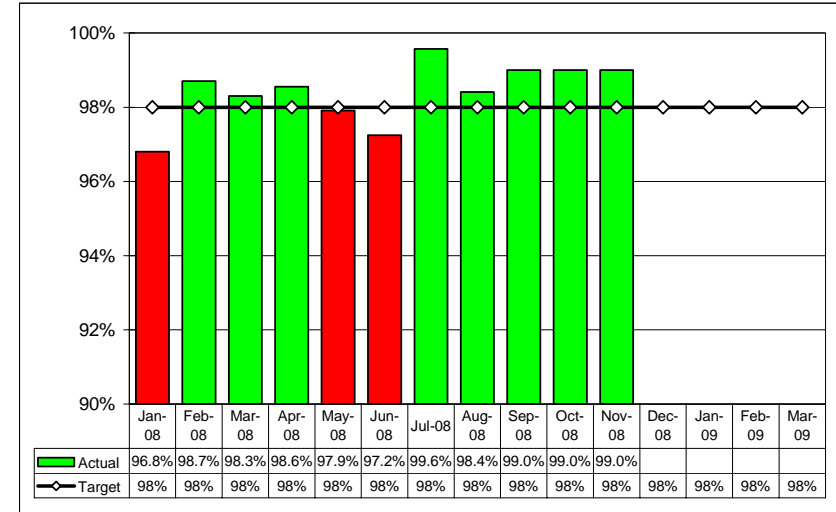
*That there be a maximum wait time of 31 days from diagnosis of cancer to the beginning of treatment, with a target of 98% of patients seen.*

The validated position for October is 98% for Leeds PCT and 98% for all patients to LTHT (with approx 400 cases to LTHT). The unvalidated position for November is 99% for both Leeds PCT and all patients to LTHT.

There was an increase in the number of breaches in October, compared to September, with a total of 8 breaches: 4 urology, 2 skin, 1 lung and 1 HPB (with 462 cases in total).

#### Access to Cancer Services

##### Percentage of patients receiving treatment within 31 days of diagnosis



Please note that data shown for Nov is yet to be formally validated

Lead Executive Director: Matt Walsh  
 Management Lead: Nigel Gray  
 Operational Lead: Sandra Frier

## Cancer wait times

### Maximum wait time of 62 days from urgent GP referral to treatment for all cancers

*Target:*

*That there be a maximum wait time of 62 days from urgent GP referral for suspected cancer to the beginning of treatment, with a target of 95% of patients seen.*

The Oct validated position is that 96% (**DN: the exact figure to be confirmed**) performance was achieved, with a total of 170 cases (146 accountable). 122 patients were Leeds patients. There were 10 patients who breached, 7 of these were inter-trust referrals across a range of tumour groups and 3 were Leeds patients.

The projected Nov position is that 91% to 94% performance will be achieved for Leeds patients, but for LTHT as a whole 90% to 91%. Patients not treated in Oct have impacted on the Nov position.

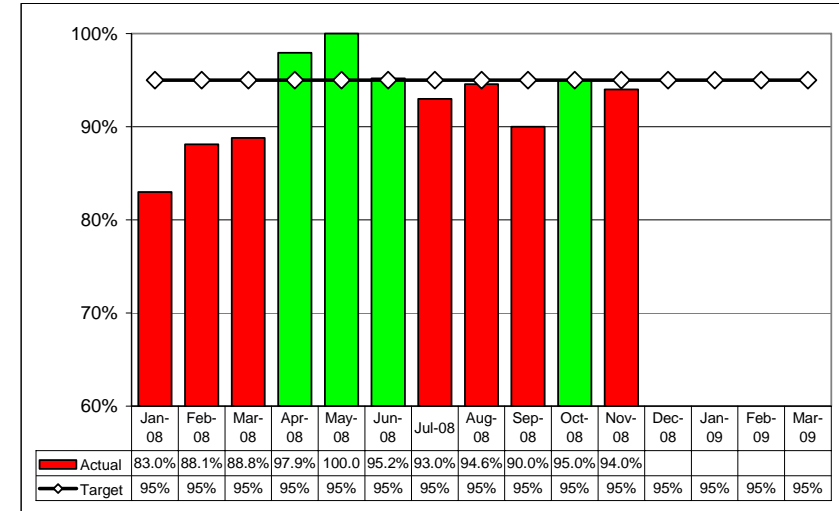
A key issue remains with lung surgery capacity and inter trust referrals. The YCN are undertaking further work on the lung surgical pathway, using Statistical Process Control techniques to monitor variances in performance. NHS Leeds continues to support LTHT in resolving delays in inter-trust transfer of patients, together with the SHA. NHS Leeds have also agreed to fund a number of additional pathway tracker posts for up to 6 months, to enable LTHT to have robust tracking and redesigned processes by the end of Dec 08. LTHT are confident in delivering the external reporting processes from Jan 09, to meet DH and SHA requirements.

A number of revised patient pathways are being implemented in response to the changes to the 62 day standard. Areas of risk remain in lung, skin/ plastics, pathology, and lower GI. Focused areas of work are planned to address these pathways.

Lead Executive Director: Matt Walsh  
 Management Lead: Nigel Gray  
 Operational Lead: Sandra Frier

#### Access to Cancer Services

Percentage of patients receiving treatment within 62 days of referral



Please note that data shown for Nov is yet to be formally validated

# Cancer wait times

## Breast cancer screening for women aged 53 to 70 years

**Target:**

*That all women aged 53 to 70 years be invited for routine screening for breast cancer, based on a three-year screening cycle, with an operational target of 70% for uptake and 90% for round length cycle.*

Breast screening uptake continues to meet the target. The Breast Screening programme is now looking to reach gold standard of 80%. The breast screening programme was previously not meeting round length target (90% of women screened in 36 months), but has now sustained this target.

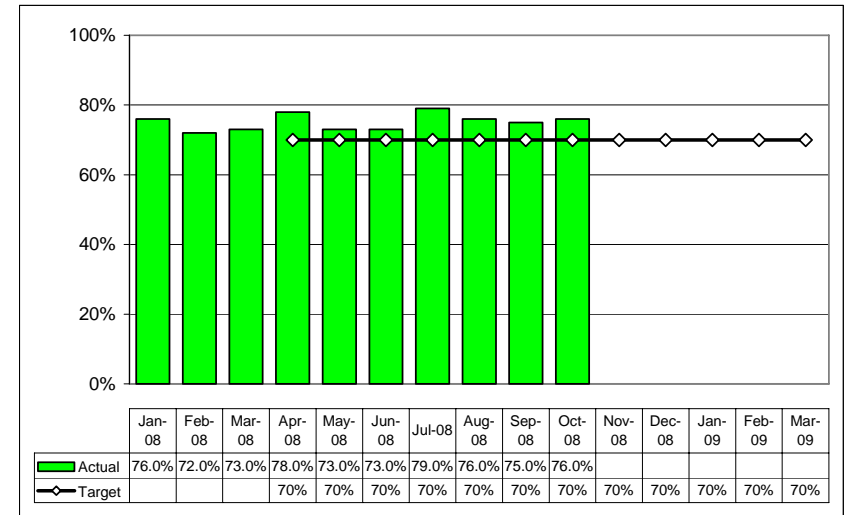
Work with voluntary and community groups to promote screening has also begun, including with Women’s Health Matters and Age Concern. One focus is on screening women over the age of 70, who presently self refer, given that risk increases with age.

Development of a LES with practices is also being explored. A drug company is supporting a project to target practices that have low uptake and fall within the 10% highest deprivation areas.

Lead Executive Director: Ian Cameron  
 Management Lead: Simon Balmer  
 Operational Lead: Kate Jacobs

**Access to Cancer Services**

**Women offered breast screening**



## Health care associated infections standards

### MRSA levels sustained, with local stretch targets beyond the national targets

*Target:*

*To maintain a maximum of not more than 6 cases per month.*

There have been 12 cases of MRSA in November. This is a considerable reduction from last month's target, but over trajectory. This means that the total annual target of 72 cases has been breached.

Cases occurred within A&E, Critical Care medicine, General Medicine, General Surgery, Paediatrics, Elderly Medicine and Trauma and Orthopaedics.

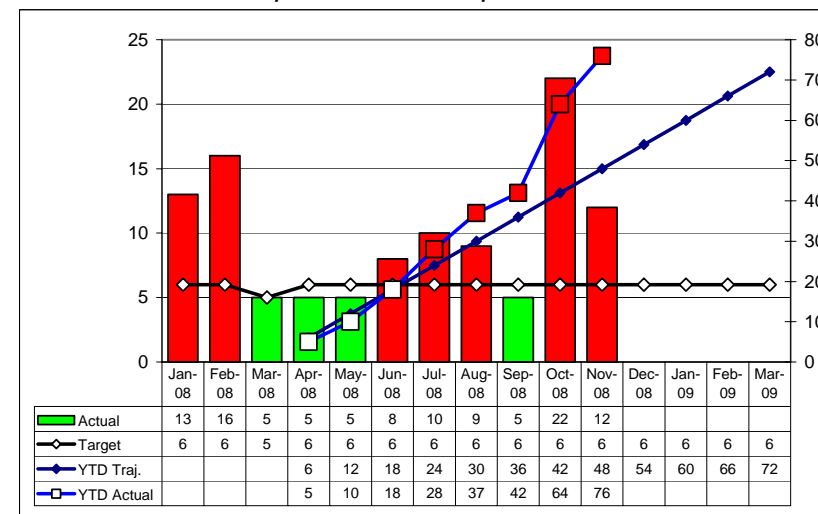
The Trust has comprehensive procedures and systems in place for controlling MRSA and these have been verified by both the Healthcare Commission and DH. The main issue and thrust of the work for LTHT and NHS Leeds is in ensuring these are rigorously followed.

An action plan is in place, and further specific actions have been taken to ensure that staff comply with infection control policies. This work programme has included further letters to all staff in LTHT from the Chief Executive and the Medical Director and meetings at that level with consultants. It is also understood that the disciplinary procedure is being invoked where agreed procedures are not being followed.

Lead Executive Director: Ian Cameron  
 Management Lead: Simon Balmer  
 Operational Lead: Bob Darby

#### Health Care Associated Infections

Cumulative number of MRSA positive blood culture episodes



# Health care associated infections standards

## Incidence of Clostridium Difficile

### Target:

That NHS Leeds work to contribute to a reduction of 30% in the number of cases at the national level, with a local target of 4.1 cases per 1000 admissions by 2010/11.

There have been 78 cases in the Leeds health economy in November, 18 from LPFT and the community and 60 from LTHT. This is an improvement from the previous month. The trend for the community has been constant during this year and the overall trend in LTHT is downward. This is likely to be a positive result of increasing compliance with antibiotic protocols and the introduction of more isolation capacity at LTHT. All community cases are investigated using root cause analysis techniques. The majority of cases are proving to be related to inappropriate prescribing.

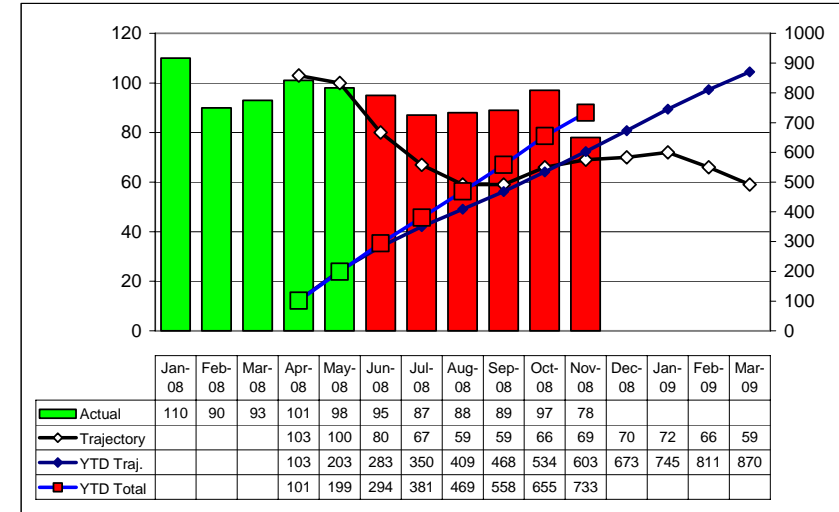
LTHT has a comprehensive set of policies and procedures relating to HCAs, including having in place robust procedures relating to antibiotic prescribing. There is a renewed emphasis on making sure these are followed, with a programme of feedback to clinicians, helping in the process of education and training in identifying bad practice that can be eliminated.

For the community there is continued emphasis on implementation of rigorous infection control, and a community-level antibiotic policy is to be developed. As part of this, work is ongoing with LTHT to identify good practice from other PCTs. The national support team have also been consulted. Early ideas include the development of performance indicators. It is however likely, due to the relatively rare examples of such programmes, that locally developed indicators, with incentives to encourage better practice may be needed.

Lead Executive Director: Ian Cameron  
 Management Lead: Simon Balmer  
 Operational Lead: Bob Darby

### Health Care Associated Infections

#### C.Diff infections



# Primary care access standards

## Access to primary care

*Target:*

*Patients are able to access a primary care professional within 24 hrs and a GP within 48 hrs.*

The quarterly PCAS survey was not undertaken this month and so the data shown is unchanged. The most recent survey was undertaken in July.

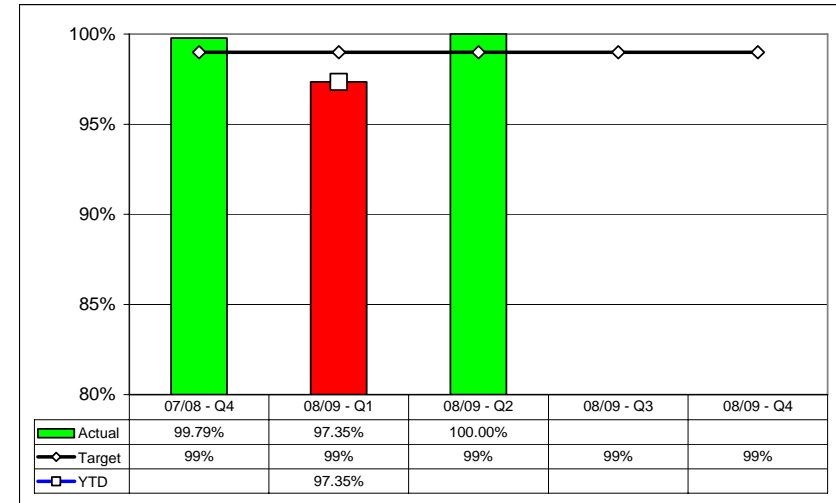
2009/10 will see significant changes in the way that the PCT meets this vital sign. Further details regarding this can be found in the Commissioning Directorate report.

NHS Leeds met the target set by the Dept of Health (DH). Work continues to ensure the sustainability of the target with particular support for practices identified as 'near misses', that is those who meet the target, despite an inability to get a practice nurse appointment within 24 hours, because a GP appointment is available within this timescale.

Lead Executive Director: Matt Walsh  
 Management Lead: Damian Riley  
 Operational Lead: Emma Wilson

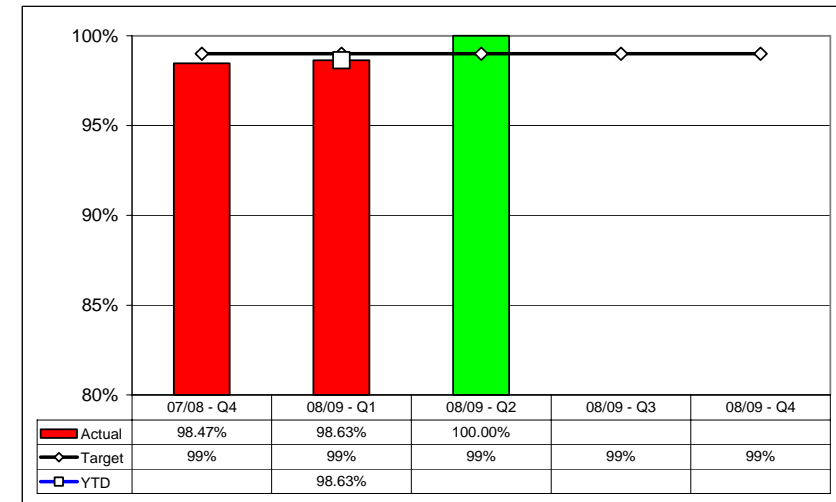
### Primary Care Access

#### 48 Hour Access to a GP



### Primary Care Access

#### 24 Hour Access to a PCP



# Primary care access standards

## Access to primary care

*Target:*

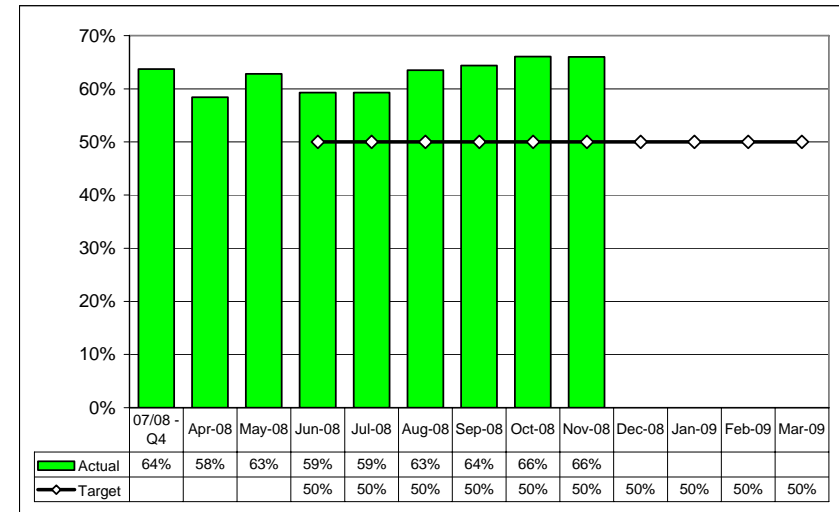
*At least 50% of GP practices in NHS Leeds offer extended opening hours by December 2008.*

In November, 76 out of the 115 practices (66%) are opening 'extended hours' and offering appointments to patients in a mixture of early morning slots, late evening and Saturday mornings

This number will increase still further by the end of the year as the 3 PCTMS practices now run by the new provider following the recent procurement exercise begin to offer a wide variety of appointments

### Primary Care Access

#### Family Friendly Hours



Please note that data shown for Nov is yet to be formally confirmed

Lead Executive Director: Matt Walsh  
 Management Lead: Damian Riley  
 Operational Lead: Emma Wilson

# Annual Health Check Standards

## Access to primary dental services

### Target:

To increase the number of patients receiving primary dental services across NHS Leeds to 415,000 during the year, from a baseline set in the 24 month period to March 2006 of 414,947.

The trajectory target does not reflect events from April 06, when a significant number of dentals left the NHS. There is reasonable confidence that from 2010 targets can be achieved. 2008/09 however is proving to be extremely challenging.

There are perverse incentives in meeting the target, as described earlier. A measure of how long patient wait to secure an NHS dentist is also made. Up until Oct this year, the target of within 4-6 weeks has been met.

A three pronged approach to increasing capacity is in place:

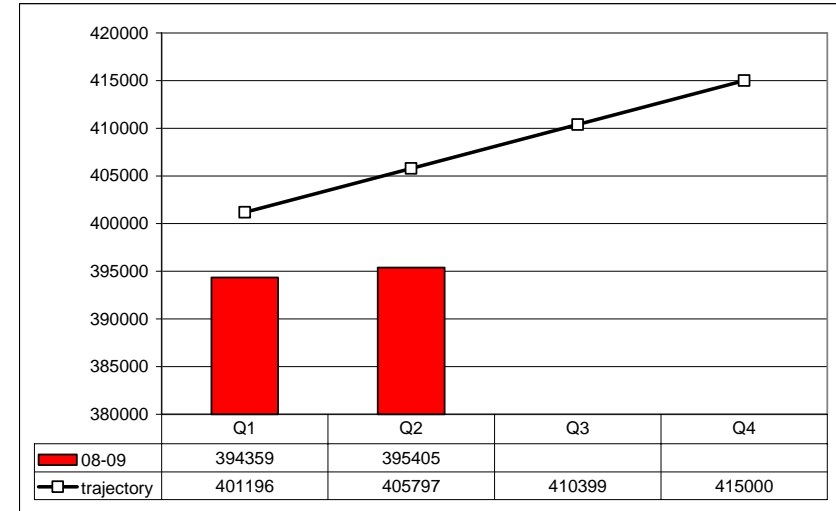
- The offer of additional activity to existing NHS dentists has resulted in 20 practices agreeing to accept an extra 500 LDAL patients per month
- The procurement exercise to offer all Leeds dentists (NHS and private) the opportunity to bid for additional NHS sessions for LDAL patients resulted in 11 successful bids, including 3 from previously exclusively private dentists. This has resulted in access to routine NHS care for 14,000 LDAL patients
- The £2.75m proposal for new services in areas with high needs has been approved. The procurement process is now underway, and is expected to result in a further 38,000 LDAL patients receiving NHS care. The nature of open procurements means new services will not be in place until Sep 09.

It should be noted that not all LDAL patients receiving treatment in the new services will be represented in the data; this will be only if they have not received NHS dental treatment in the previous 24 months.

Lead Executive Director: Matt Walsh  
 Management Lead: Damian Riley  
 Operational Lead: Steve Laville

### Primary Care

#### Access to primary dental services





# Sexual health programme standards

## Chlamydia screening programme standard

### Target:

*That 17% of the population aged 15-24 accept screening or testing for chlamydia in 2008/09*

This indicator now includes screens carried out in primary care. The number of these screens tops-up the known validated number conducted within the national screening programme.

The trajectory for Q1 and Q2 has now been exceeded. There were 10,866 screens against a trajectory of 9,075 representing 48.9% of the total annual target achieved. Raw preliminary data for October shows that 2,525 screens were performed, again exceeding the trajectory level.

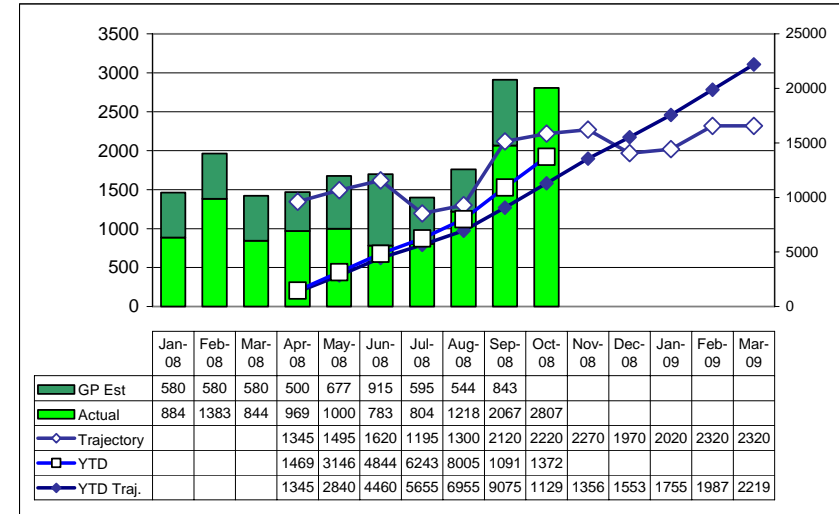
Actions to improve performance still further include:

- An outreach plan has been developed by CaSH to increase activity
- The service is to recruit to new posts and pending vacancies
- A working group has been established to look at plans for the core programme to meet increasing demand
- Development work with H3+ LES to incentivise GPs on opportunistic testing
- An SLA with Leeds Prisons is being finalised.

Lead Executive Director: Ian Cameron  
 Management Lead: Victoria Eaton  
 Operational Lead: Sharon Foster

### Sexual Health

#### Chlamydia Screening



# Sexual health programme standards

## Access to GUM services

### Target:

All patients should receive an offer of an appointment to be seen within 48 hrs of contacting the GUM service (not an offer made within 48hrs to be seen at a later date).

Performance for the first 2 weeks of November was on target at 100% achievement, with 68.65% actually seen within 48 hrs. This is a slight improvement on Oct, though the service has still been experiencing difficulties in offering patients appropriate appointments. The local target on patients seen within 48 hours has recently been agreed with the SHA at 84%.

The GUM service will now be able to use a different system to send text reminders to all new appointments made. This system also has a facility for patients to text into the department if they need to cancel an existing appointment.

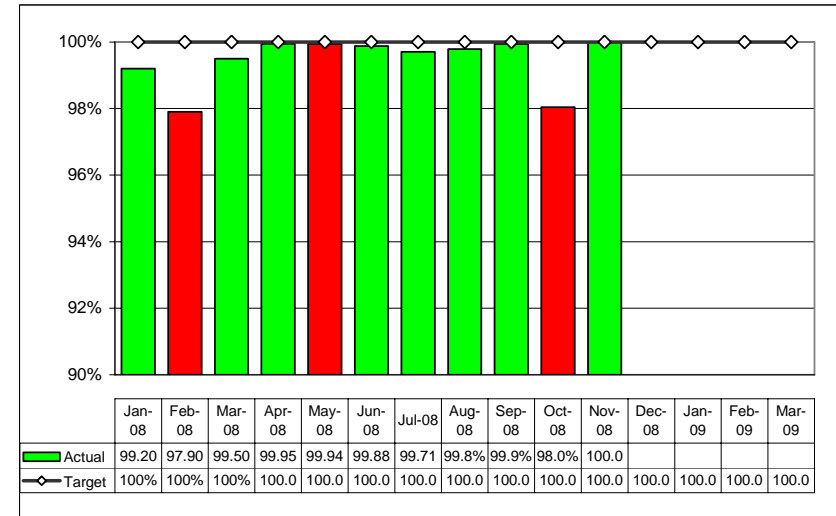
### Other issues and actions include:

- Doctor leave absence to be monitored and highlighted where service capacity may be affected.
- The SHA seen within 48 hrs target to be addressed through plans to move capacity to early morning and evening clinics.
- To raise delays in recruitment to vacant posts with senior managers at LTHT.
- The LTHT financial improvement target to be assessed to quantify how it may impact on achievement of the GUM target.

Lead Executive Director: Ian Cameron  
 Management Lead: Victoria Eaton  
 Operational Lead: Sharon Foster

## Improve access to genito-urinary medicine

Percentage of patients offered an appt for within 48 hrs of contacting GUM



Please note that the data shown for Nov is preliminary data only and will be validated for the next version of this report

# Sexual health programme standards

## Teenage pregnancy rates

### Target:

*The rate of under-18 conception rates should reduce by at least half by 2010, set against the 1998 baseline, locally by 55%.*

The latest formally validated figure (for 2006) is 50.9% which is actually 0.9% above the baseline. This is a slight increase on that previously reported due to revalidation by the Teenage Pregnancy Unit. This indicator has been highlighted as a high risk of not being achieved.

The graph shows the rolling quarterly average rate for quarters 1 to 3 of 2007 (the data shown is provisional and not fully validated). This data is used to give the best available picture of progress in the times between officially confirmed annual data becoming available. The next annual, fully validated figure will be published in Feb 2009, covering the whole of 2007.

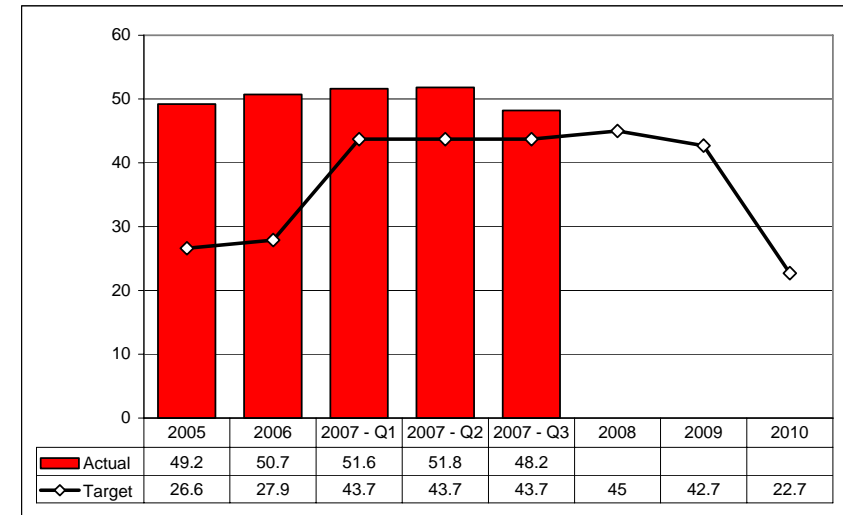
A new development for the management of the service is that from 1 April 2008, data is being collected on bookings for NHS midwifery services at LTHT, in line with the 'Maternity Matters' programme. This data makes information on teenage pregnancies available. It is early days in the use of this data but it should allow comparison with previous data from other similar sources. The data itself is not directly comparable with the national data used in the chart and which is used by DH and the Healthcare Commission for the purposes of monitoring NHS Leeds against the national target, but as it builds up over time it will allow the appropriate management action in the targeting of resources.

It is hoped that as this data collection becomes more robust, and even though it is limited to information from LTHT, it could be used as an early indication of teenage conceptions and trends, and could be used in conjunction with the national-level data.

Lead Executive Director: Jill Copeland  
 Management Lead: Sarah Sinclair  
 Operational Lead: Martin Ford

### Sexual Health

Teenage pregnancy rates per 1000 females aged 15-17



# Urgent care standards

## 4 hr A&E standard

### Target:

*That at least 98% of patients spend 4hrs or less in A&E, from arrival to admission, transfer or discharge.*

Year to date cumulative performance as the end of is 99.26%. Performance during Nov has seen more blips than previous months, with 10 days where the LTHT as a whole fell short of the target. Reasons for this include high bed occupancy levels, sickness absence in A&E, and high levels of attendances within concentrated periods of the day (although overall attendances are not significantly high when benchmarked). NHS Leeds has been in regular contact with the team at LTHT, and have co-ordinated the input of out-of-hours GPs into A&E to alleviate pressure at times of peak demand, in addition to launching a public communications campaign to promote alternatives to A&E for minor injury and illness needs. Further action plans will be agreed at meetings w/c 1/12/08 as required.

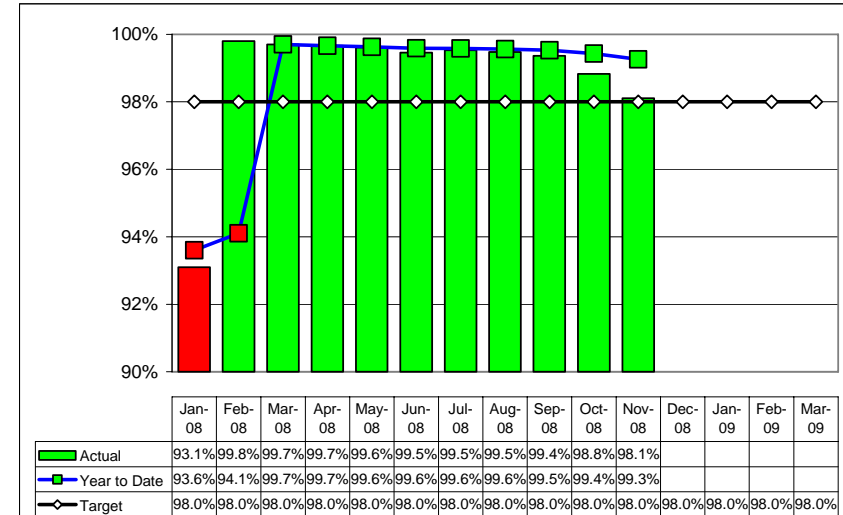
Sustainability of the target going into autumn and winter is a key priority for the recently re-launched whole system Unplanned Care Operational Group, which reports to the Urgent Care Board led by Nigel Gray. The winter plan has been refreshed and SHA winter checklist has been completed and submitted, with details of extra capacity in place to deal with winter demand. Daily SitReps have begun as of 3<sup>rd</sup> November, reporting any significant escalations to the SHA.

The activity from the Commuter Walk-in Centre in The Light is now contributing towards the 4hr target and is now being fed into the overall year-end return.

Lead Executive Director: Matt Walsh  
 Management Lead: Nigel Gray  
 Operational Lead: Laura Sherburn

### Maximum 4hr wait in A&E

Percentage of patients spending less than 4hrs in A&E



# Urgent care standards

## Ambulance response times: Cat A 8 min & Cat A 19 min standards; Cat A defined as immediately life-threatening

### Target:

A minimum of 75% of Cat A calls should receive an emergency response at the scene within 8 mins and 95% of Cat A calls should be met within 19 mins of a request for a vehicle capable of transporting the patient.

Performance on these indicators is based on the whole ambulance service returns. On the Cat A 75% target, at 28th November 2008 the Yorkshire Ambulance Service (YAS) performance year to date stood at 68.5%. It has been acknowledged by both the DH and the SHA that the year-end position will fall short of 75%. This is a key risk for the region and NHS Leeds in terms of Healthcare Commission ratings.

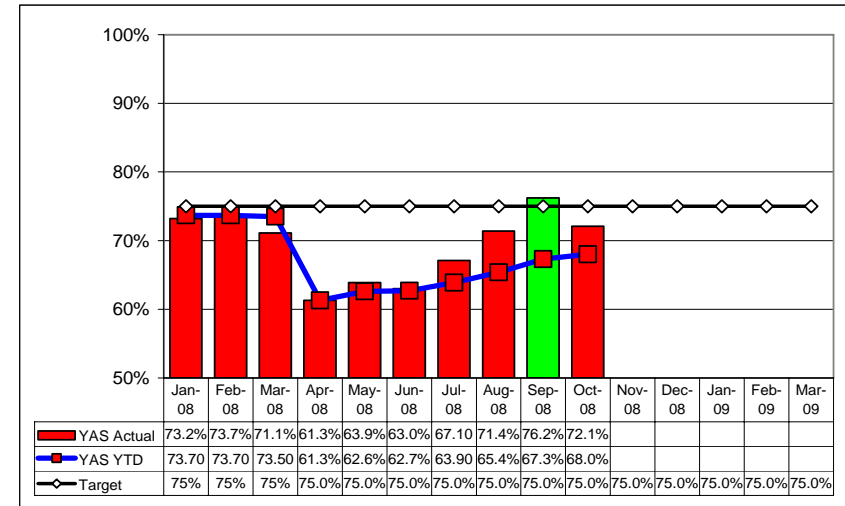
The recent marked decline in performance is acknowledged to be due to the impact of Call Connect. The performance management framework implemented by the SHA from April 08; with key actions for PCTs and NHS organisations ongoing.

It is the SHA's expectation that 75% will be achieved on a monthly basis for the rest of the year, and YAS have submitted a business case to commissioners asking for extra non-recurrent investment to mitigate the downside risk of achieving this. The business case is being considered at Chief Executive forum and is supported by Leeds PCT on the condition that it is linked to performance and is supported by a sustainability plan going into 2009-10.

Lead Executive Director: Matt Walsh  
 Management Lead: Nigel Gray  
 Operational Lead: Laura Sherburn

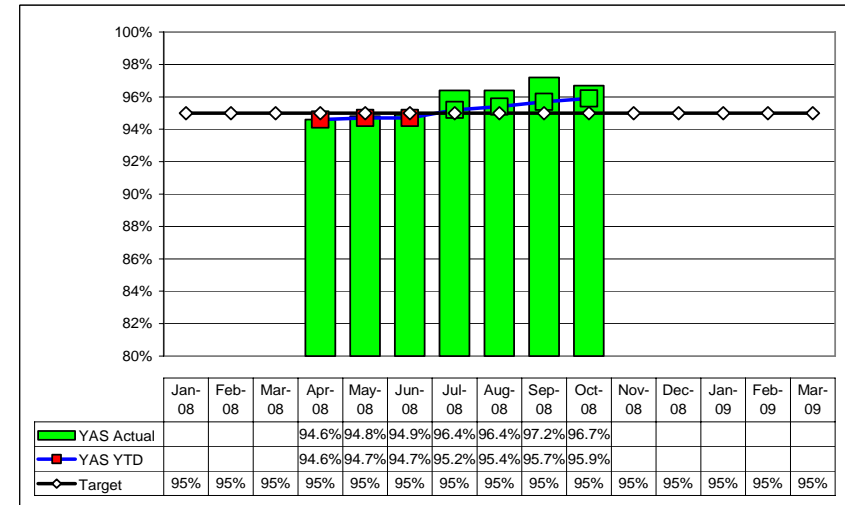
### Ambulance Response Times

#### Category A calls receiving a first response within 8 minutes



### Ambulance Response Times

#### Category A calls receiving a first response within 19 minutes



# Urgent care standards

## Ambulance response times: Cat B 19 min standards; Cat B defined as serious, but not immediately life-threatening

*Target:*

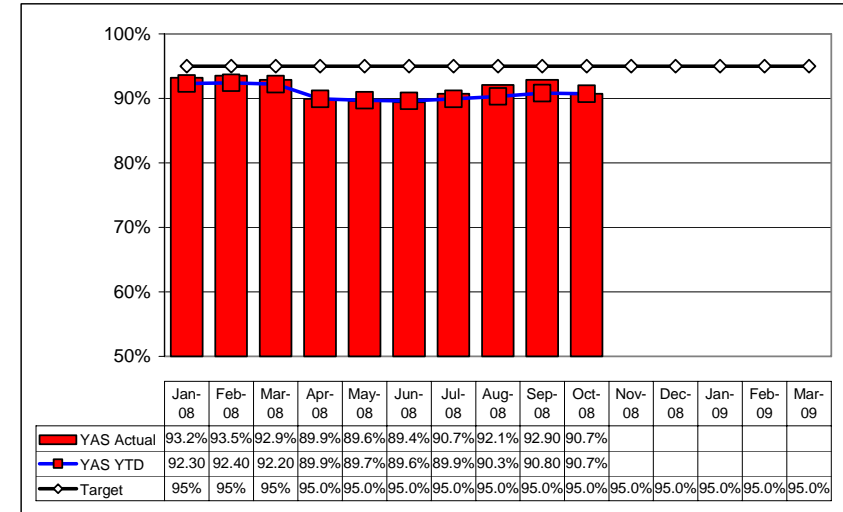
*A minimum of 95% of Cat B calls should be met within 19 mins of a request for a vehicle capable of transporting the patient.*

Performance on these indicators is based on the whole ambulance service returns.

On the Cat B target, YAS performance as a whole is 90.7% year to date as of 28<sup>th</sup> November. Ongoing contract negotiations for 08-09 and the SHA performance management action plan will address this going forward, after the DH position on the future of this target has been confirmed, as there are discussions as to whether this target should be replaced by a more quality-focused indicator that takes account of clinical outcomes.

### Ambulance Response Times

Category B calls receiving a first response within 19 minutes



Lead Executive Director: Matt Walsh  
 Management Lead: Nigel Gray  
 Operational Lead: Laura Sherburn

# Urgent care standards

## Delayed transfers of care: Rate per 100,000 population

*Target:*

*No identified target at this time, with 2007/08 to be used to set a baseline in a method yet to be defined.*

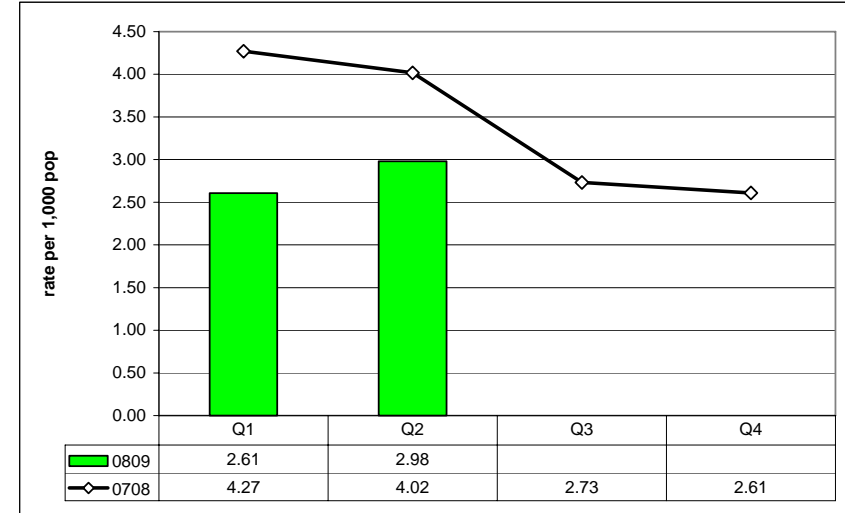
The indicator on delayed transfers of care (often known as delayed discharges) is under development. The plan is to move toward a system that measures the rate per 100,000 of the general population, as opposed to the rate per occupied acute bed day. The Healthcare Commission have not formally defined the indicator at the time of writing, but the direction of travel seems clear, hence the use of that measure in the chart.

Numbers of reportable delays remain well under the level last year. The Unplanned Care Board has Delayed Transfers of Care as one of its key workstreams, and as of December 2008 will receive an information report collating numbers of bed days taken up with delays, as an accurate indicator of the impact. The Unplanned Care Operational Group continues work on project areas to contain and reduce delays further.

Lead Executive Director: Matt Walsh  
 Management Lead: Nigel Gray  
 Operational Lead: Laura Sherburn

**Urgent Care**

*Delayed transfers of care per 100,000 population*



## **Annual Health Check indicators reported by exception:**

- **Commissioning of early intervention in psychosis services**
- **Proportion of individuals who complete immunisation by recommended ages**



# Annual Health Check Standards

## Commissioning of early intervention in psychosis services

*Target:*

*To deliver the locally agreed share of the national target of 7,500 new cases of psychosis served by early intervention teams, 124 new cases as applied to Leeds PCT.*

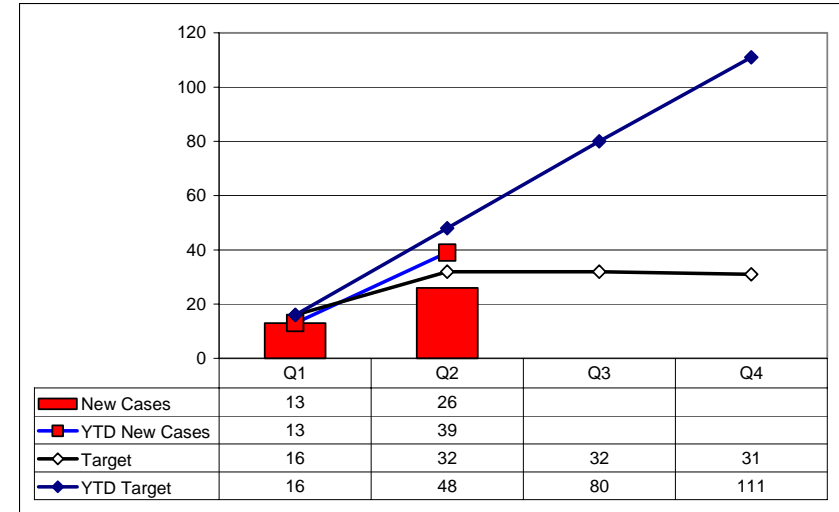
Extra funding from the PCT has been secured to extend the current service to provide for the target age group, keep fidelity to the original model and meet the trajectory agreed with the provider for 2008/09.

The target number of new cases commissioned is 111 by March 2009. As of November 08 the service has seen 53 new cases against a trajectory of 69. Given the providers track record of delivery evident in numbers picking up in Q3, there is some confidence that they will reach the target number of 111 by Mar 09.

Lead Executive Director: Jill Copeland  
 Management Lead: Carol Cochrane  
 Operational Lead: Tabitha Arulampalam

### Annual Health Check Standards

#### Commissioning of early intervention in psychosis services



## Annual Health Check Standards

### Proportion of individuals who complete immunisation by recommended ages

*Target:*

*To ensure that children are immunised in line with recommended levels of coverage, for a range of six key immunisation programmes.*

Childhood immunisation target (including MMR) has not been achieved due to lower than anticipated uptake. There is also a discrepancy between actual and recorded childhood immunisation figures. The position is that recorded information, returned to DH via the COVER system by the Child Health team is not able to draw on the GP practice data, resulting in under reporting.

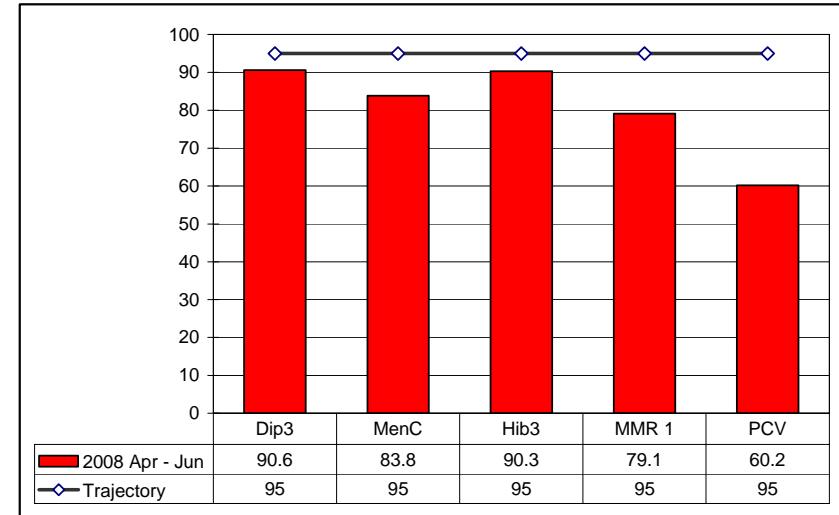
Action plans to address this and other problems limiting performance are in place and reviewed on an ongoing basis. These include:

- Child Health team have increased staffing capacity to input extra data.
- Practices urged to ensure timely return of data to Child Health; COVER data to be validated.
- National catch-up campaign for MMR; GPs calling those not immunised.
- Work with practices whose uptake has been poor.
- Public campaign highlighting potential measles epidemic.
- Health Visitors to immunise those in lowest 10% SOAs.
- Social Marketing Strategy – to target professionals and the public.
- Increase incentives to immunise, including a LES with GPs.
- Provide staff training in Children’s Centres and Leeds City Council.
- Communicate with schools to share data and target unimmunised.
- Health Equity Audit commissioned from Public Health Observatory.
- GP vaccination payments to be made according to Child Health immunisation records.
- The move to System One (underway at present) for GPs should lead to improved data entry.

Lead Executive Director: Ian Cameron  
 Management Lead: Simon Balmer  
 Operational Lead: Beryl Bleasby

### Annual Health Check Standards

Percentage of children given immunisations at the required age



Please note that the data shown in the chart is COVER data, which is used in the reporting of the national target. This data does not include some GP information – please see the narrative