



Health Scrutiny Board Joint Performance Report

March 2009

Health Scrutiny Board Joint Performance Report – March 2009

Overview

This is the first Leeds City Council/NHS Leeds joint performance report. The principle of a joint report has been established to align performance reporting, with the aims of

- Reducing duplication
- Eliminating potential confusion
- Streamlining documentation
- Bringing closer together the performance teams/functions from both organisations

The work to totally integrate the two separate reports is still in progress, therefore as a first step, on this occasion this document simply pulls the two reports under the same cover. The intention is that the report will over time, move toward a single style and format. It is planned that this will happen during the early part of the 2009/10 year, following joint work between the two performance teams.

The content of the report will be tailored to meet the requirements of the national reporting systems, ensuring that the Health Scrutiny Board is fully involved in the process. This will deliver a report that is of best use to the Board, providing assurance where required. The working approach is to report by exception, except for top level indicators, which will be reported on each occasion. One of the other key considerations will be to develop a clearer understanding of the timings of the performance report data from the NHS and Leeds City Council (LCC), so that the reports will present the most recent data possible.

The plan now is for the two performance teams to work together to develop the format of future Health Scrutiny reports, detailing the specific content and to prepare a draft report in readiness for the April Health Scrutiny Board.

Executive Summary – Performance Information

The NHS Leeds information that is provided here is the latest published data (as at 12 Feb 2009), at the time this joint report was drawn up. Further verbal updates can be provided at the meeting of the Scrutiny Board, if required.

The LCC information is based on data from the quarter 3 performance report (as at 31st December 2008).

There are several performance indicators that are delivering weaker performance than planned. Some of these indicators are already well known to the Board, whilst others are becoming clearer as definitions are made available. The key performance points are -

- **Health Care Associated Infections (HCAIs)**
This heading covers the reports on the rate of C.difficile and of MRSA, shown separately within the body of the report.

MRSA numbers continue to breach the minimum standards, both for each month and for the whole year. Cases continue to occur across a wide range of specialties. In some cases, where policies and procedures have not been followed, disciplinary action has been taken.

C.diff rates are also similarly high and the annual target has not been achieved. A slight downward trend overall is evident, attributed to the application of antibiotic protocols and better isolation facilities.

A visit by the Department of Health (DH) to Leeds Teaching Hospitals Trust (LTHT) identified specific issues and recommended actions, which are now being progressed by the hospital. These include improved staff compliance with policies. A contractual Performance Notice has been issued to LTHT; this action carries a significant financial penalty. The exact details of how this will apply are still being worked out, though are likely to impact on the development of the NHS Leeds contract with LTHT for next year.

- **Childhood immunisation programme**

Performance continues below required levels. As reported previously, the most significant issue is with levels of coverage for the MMR vaccine. There are two difficulties here, the first is the accurate capture of data and the second is one of poor uptake. There is an update on the actions described in the previous report.

- **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 realise improved levels of performance, although it is now clear that this alone will not meet the target. The use of an estimated element, covering patients transferred who would not be counted otherwise, will be used as in previous years. Coupled with the increase in activity, this should see the target achieved.

- **13 and 26 Weeks**

There were no 13 week breaches during December 2008, but the 26 week position is still not resolved. 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 is used to minimise breaches, whilst LTHT deliver planned activity increases.

- **Delayed discharges**

The data on delayed discharges is one of the areas in which previously different definitions has resulted in different positions being reported. Whilst further clarification of the definition is being sought from the Audit Commission and from the Department of Health, the NHS definition only is being used, as the single illustration of performance. As the NHS is the lead organisation for the indicator, at this time this is felt to be a reasonable course of action.

Report prepared by:

Graham Brown NHS Leeds
Marilyn Summers Leeds City Council

26 Feb 2009

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 Strategic Health Authority (SHA) for delivery of the operational targets.

The target position for delivery of 18 weeks was not totally achieved for November, partly due to backlog clearance issues, though subject to validation the target has been achieved for December. This performance in November will not affect the ratings under the Annual Health Check, which is based on achievement from January to March inclusive.

There are risks around achievement into January, due to increases in elective referrals since September, particularly in some specialties, Ear, Nose and Throat (ENT) being one. The issues relate both to specialty and sub-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.

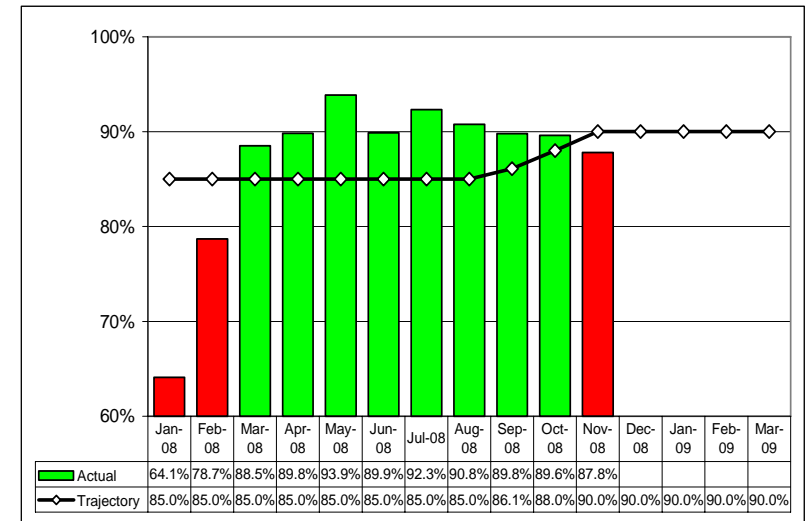
To address the potential capacity issues, LTHT have increased their capacity through their own consultants providing additional sessions. In addition independent sector providers are working with both LTHT and NHS Leeds to relieve pressure in risk areas such as in ENT, gynaecology and general surgery.

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



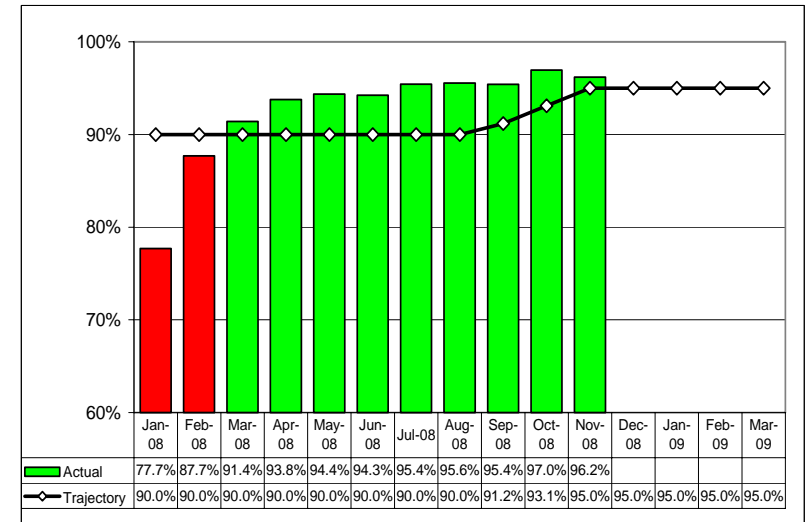
Ensure by March 08 most patients wait less than 18 weeks from referral to treatment

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 August. Given the position in the early part of the year this is a significant achievement.

There was one breach reported for November and two in December against a target of zero. The November breach was from Neurophysiology and the December breaches were both imaging.

Examples of the circumstances of the breaches were, in one case the referral was not received until two days before the breach date leaving no capacity at such short notice. Both of the December breaches were administration errors generated by temporary staff. 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 November and December 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.

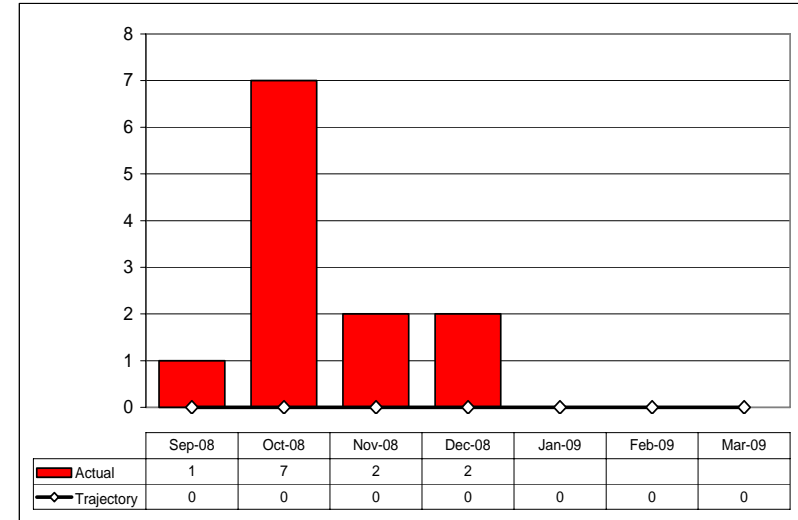
The chart data shows breaches of the minimum standard from September 08 only, due the very low numbers occurring since that time, compared to the start of the financial year, when for example around 770 patients waited longer than 6 weeks.

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



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.

There were no 13week breaches during Dec, shown as a green numeral in the top chart. There were 6x26 wk breaches each in both Neurosurgery and Plastic Surgery. Additionally, a breach in General Surgery occurred, due to both the complexity of care required and the cancellation of a theatre slot. A further breach also occurred in the independent sector. Actions include:

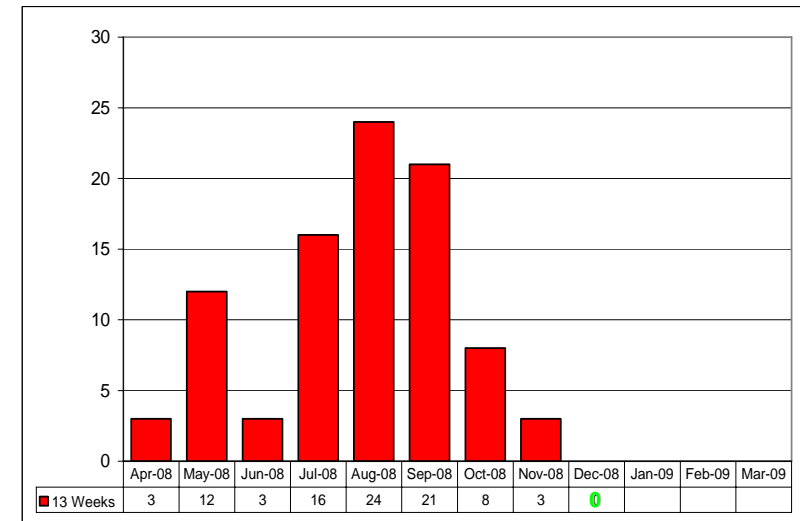
- Discussions with other PCTs to stem the flow of referrals into the Neurosurgery service.
- Expansion of the Spinal Assessment Service, to filter for the LTHT Neurosurgery service.
- Associate PCTs have been encouraged to re-direct patients to alternative providers.
- Transfer work to the local Independent Sector.
- The PCT is initiating an Any Willing Provider procurement process to assess if alternative provision can be found.
- LTHT are progressing with plans to increase the level of capacity provided for neurosurgery locally, though it is not envisaged that the level of LTHT capacity LTHT will improve until June 2009.

Plastic Surgery remains a key risk in respect of 26week breaches, with the main area of capacity constraint being reconstructive limb surgery. A capacity review has been undertaken, which is likely to suggest significant additional consultant investment in plastic surgery at LTHT. The issue of one surgeon being used as a national resource remains, with discussions on how this work can be re-classified as a Nationally Specialist Commissioned Service ongoing

Lead Executive Director: Matt Walsh
 Management Lead: Kevin Gallacher
 Operational Lead: Neil Hales, Richard Wall & Claire Walker

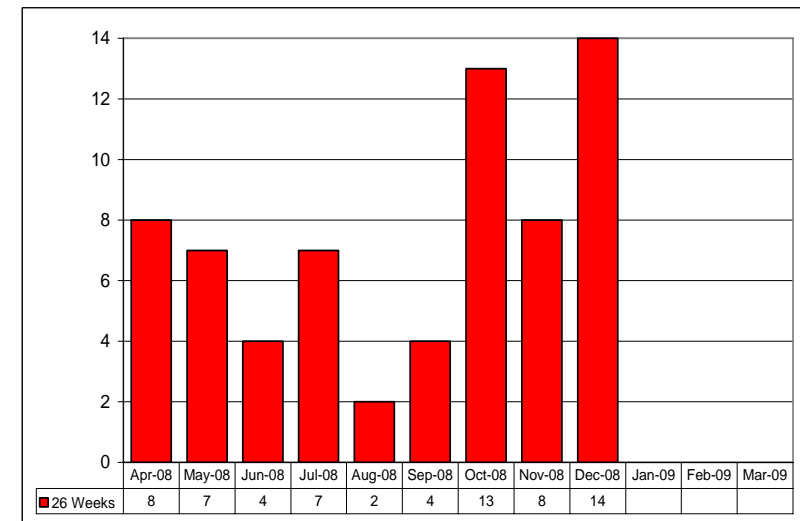
Ensure a maximum wait of 13 weeks for outpatients

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

18 week supporting indicator: GP referrals for outpatient (general & acute)

Target:

No specific target; the intention being to support decision making around the demand and capacity needed to deliver and sustain a maximum 18 week wait time.

Since about March 2008 there has been a step change in the level of GP referrals being recorded as received by Trusts.

Some of this can be attributed to better counting, for instance, NHS Leeds' Care Services did not start reporting referrals received until last spring. The drive to improve the completeness and accuracy of recording has been due to the stringent requirements associated with monitoring 18-week waits. There have also been practice changes, for example where consultant to consultant referrals within secondary care are being reduced. Patients are being referred back to their GP, who could then choose to make another referral to secondary care.

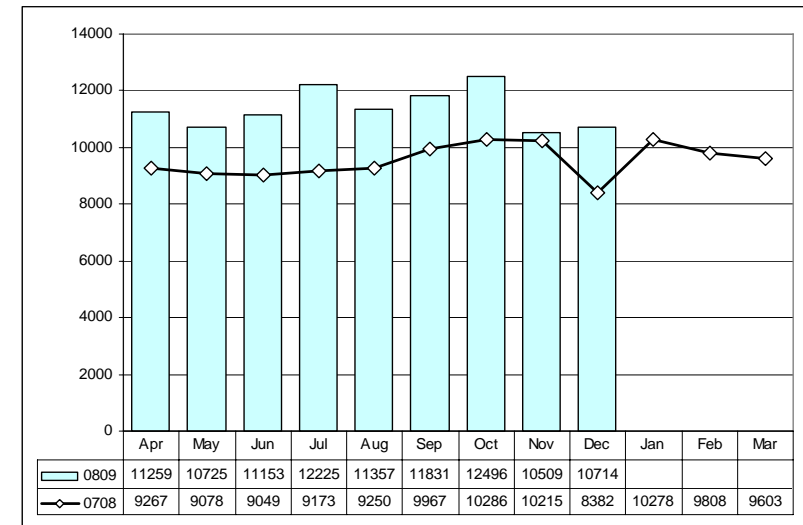
However, there is no doubt that a significant proportion of the step change is due to real demand increases. A wide range of factors are understood to be contributing to this, for example, shorter waits, increased patient awareness, 'free choice' and thus easier access to treatment, clinical guidelines improving treatment pathways and less use of private healthcare. Whilst the step increase is visible at a city level it is much less so at the daily, individual GP and practice level.

It is the intention to engage Practice Based Commissioners in understanding the true nature of the increase in demand, ensure it is appropriate and to identify and increase alternatives to referrals to secondary care. Further reports will be provided as appropriate.

Lead Executive Director: Lynton Tremayne
 Management Lead: Alastair Cartwright
 Operational Lead: Alastair Cartwright

18 weeks

18 week supporting indicator: GP referrals for outpatient - G&A



18 weeks standards

Maximise the use of the Choose & Book system

Target:

To secure 90% usage of Choose & Book system, in line with the Atos report.

Data for December showed performance at 26%, slightly down on November, mirroring the national data, with only 9 of 152 PCTs improving their performance. However, data for January so far shows that performance is running at 33-35%.

A Joint Programme Manager for NHS Leeds and LTHT has been appointed. One of the first tasks of the Manager is to produce a detailed plan to show how delivery of recommendations in the Atos report will be achieved.

In the meantime, work on GP uptake and inclusion of community services on Choose and Book (C&B) menus continues. Only 2 Leeds practices are not engaging in the use of Choose and Book. LTHT have 95% of eligible services available directly, the remainder as indirectly bookable.

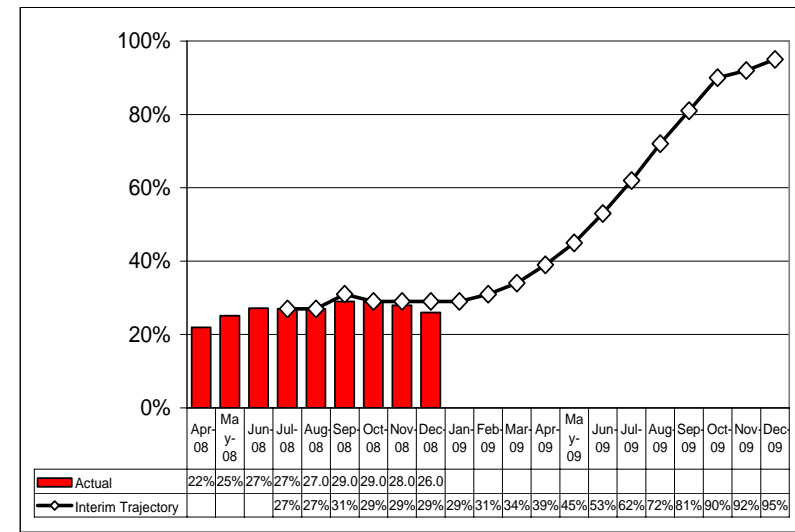
Additional actions being undertaken to improve the use of the C&B include

- NHS Leeds' Spinal Assessment Clinic went live as an indirectly bookable service on 19th January.
- It is expected that the remaining Musculo-skeletal Direct Access services will go live as indirectly bookable services by the end of February.
- Assessment for bariatric surgery will go live as an indirectly bookable service by the end of February.
- General Paediatric services (Chics clinics) expected to go live in Feb.
- LES payments have been calculated and agreed for Q2, payment in Jan.
- LTHT direct access diagnostic services are being scoped.
- LTHT are reviewing the number of patients who did not attend (DNAs).
- The format of referral letters is presenting issues. This is resulting in rejection due to the unworkable operational process.

Lead Executive Director: Matt Walsh
 Management Lead: Philip Grant
 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 November is 100% for both NHS Leeds and all patients to LTHT. The projected December position is also to achieve the target of 100%.

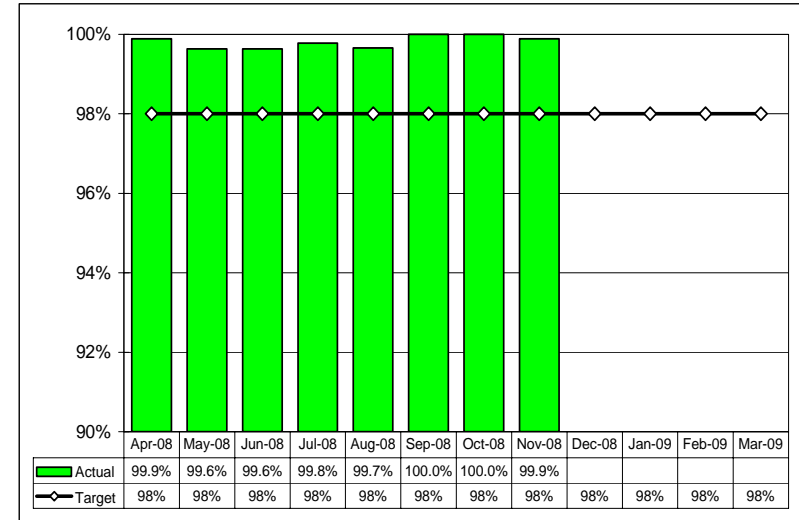
Implementing the 'no adjustments' processes from the 'Going Further on Cancer Waits' standards from 1 January, is impacting on achievement of the target in January. The estimated January position is 93.4% with 33 breaches out of 499 patients so far this month.

The main issues seem to be around patients wanting appointments outside the 14 day target period. Data is being collected to verify the position. There is an agreement to maintain the current method of offering patient choice, but NHS Leeds is to write to all GPs emphasising the importance of patients being aware of the need to attend their 1st appointment within 14 days. In addition, the script that LTHT Referral and Booking Service use with patients has been strengthened to emphasise the urgent referral status and the need to be free to attend within 14 days.

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

Access to Cancer Services

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



Cancer wait times

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

Target:

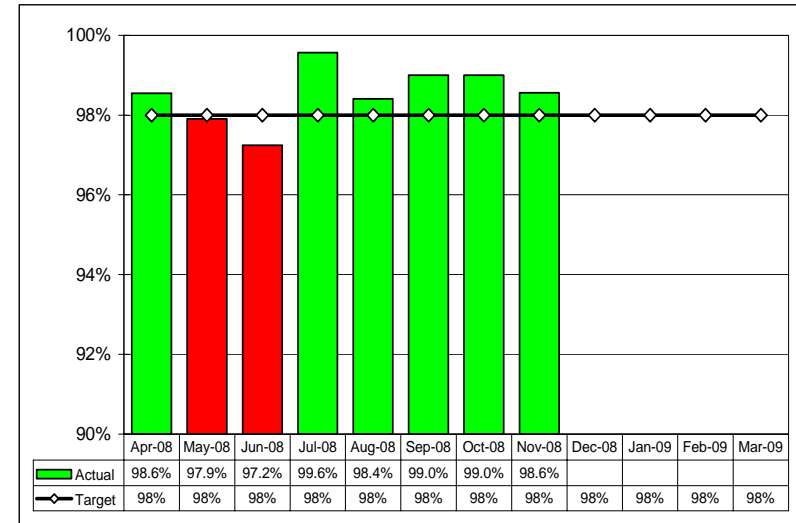
That there be a maximum wait time of 31 days from diagnosis of cancer to the beginning of treatment, with a target of 98% of patients seen.

The validated position for November is 99% for all patients to LTHT. There were a total of 4 breaches across skin, lung and HPB out of 303 cases.

The December, yet to be validated, position is 98% for all patients to LTHT and the projected January 09 position is 98.5% with 3 breaches out of 204 patients as at 26 January.

Access to Cancer Services

Percentage of patients receiving treatment within 31 days of diagnosis



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 November position is that 92% was achieved. There were 10 patients who breached, across a range of tumour groups out of 103 cases. December performance is projected to be around 88% (14.5 breaches out of 150 cases). Of the breaches, 9 relate to Leeds patients. The remaining breaches relate to inter trust referrals. The January estimate (under the new rules, without adjustments) is 73%-74%. This position was made worse due to patient deferrals prior to the recent holidays.

DH confirmation of the required standard of performance within the revised definition is anticipated to be issued in May. It is thought that the revised national performance standard may be set at around 85%.

A key problem remains with lung surgery and inter trust referrals. From 26 January until the end of February, some lung cancer patients will be treated in the independent sector. This will free up resources at LTHT, coupled with specific actions to improve the lung pathway. These include:

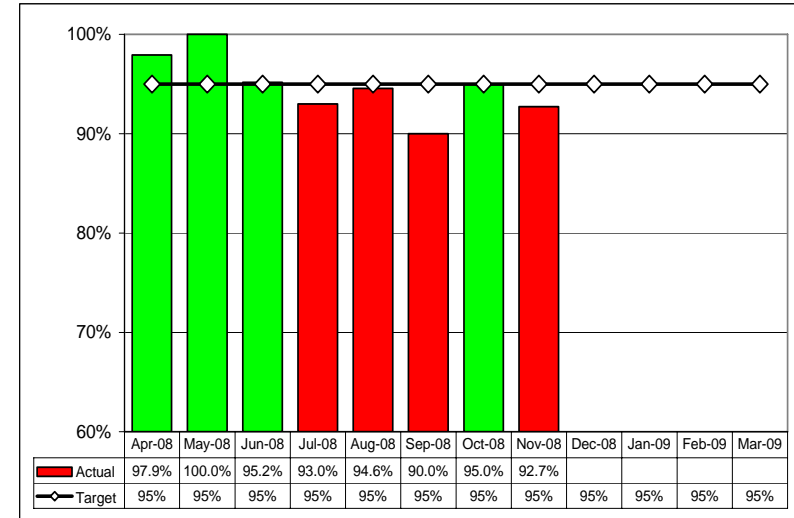
- Agreement of a timed patient pathway for lung cancer patients.
- Joint work with the YCN to achieve early successes during February and March, including addressing the issue of inter trust referrals.

This has already resulted in a reduction in the waits for inpatients from 6 to 2 weeks. This is aimed to reduce to 1 week. There is also a similar reduction for outpatients from 6 to just 1 week. These and other actions being taken to improve patient pathways and escalation processes will result in sustainable improvements in performance from February onwards.

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



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.

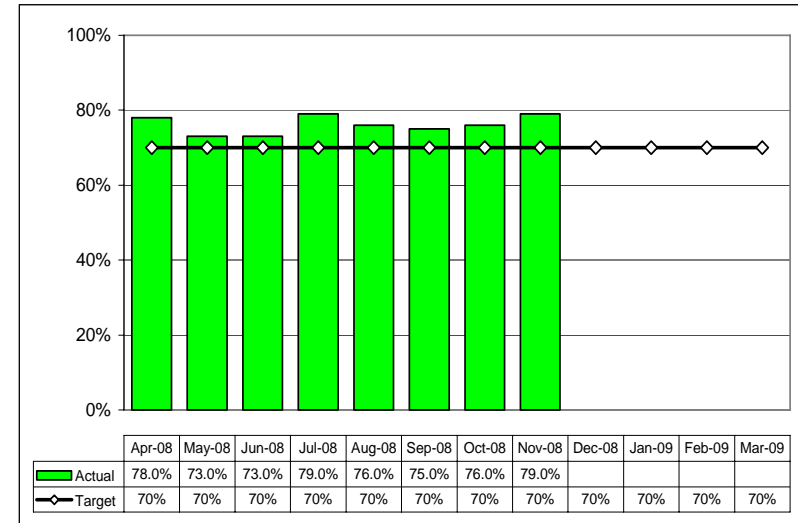
Work with voluntary and community groups to promote screening has also begun, including with Women’s Health Matters and Age Concern. One focus is on screening women over the age of 70, who presently self refer, given that risk increases with age.

Development of a locally enhanced GP service (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 11 cases of MRSA in January (to date). There have been 102 cases this financial year. Cases occurred within Critical Care Medicine, General Medicine, General Surgery, Elderly Medicine and Nephrology. This means that the total annual target of 72 cases has been breached.

Recommendations for improving infection control processes were made following a further DH visit in December. A revised action plan has been developed and support (resources and staff) from the DH will be provided to improve staff compliance with infection control policies. There is a considerable amount of work being undertaken to reduce HCAs, but the number of bacteraemia remains high. Disciplinary procedures are being invoked where agreed procedures are not being followed.

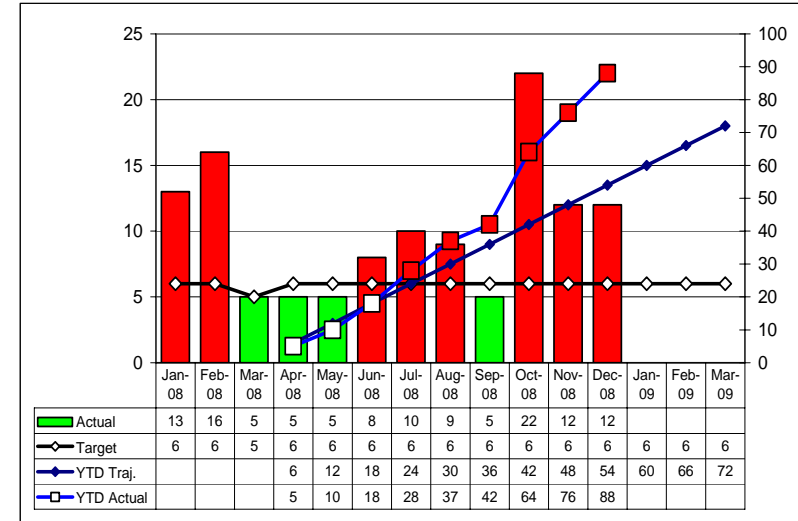
DH, SHA and NHS Leeds are working with LTHT to ensure a robust system of root cause analysis is in place across the health care community. Actions are being taken to ensure that policies are communicated effectively and they are followed by health care staff.

As reported at the last Board meeting, a Performance Notice was issued to LTHT in January in relation to HCAs. The precise level of the financial penalty is currently being determined in conjunction with the process of finalisation of next year's LTHT contract.

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

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 77 cases in the city in January to date, 14 from LPFT and the community and 63 from LTHT, an improvement from 94 in December. The level for the community has been constant during this year and the overall trend in LTHT is downward, most likely a positive result of increasing compliance with antibiotic protocols and the introduction of more isolation capacity. All community cases are investigated using root cause analysis techniques, which has found associations between antibiotic use and hospital admission.

Recommendations for improving infection control processes were made following a further DH visit in December 2008. A revised LTHT action plan has been developed and support (resources and staff) from the DH will be provided to improve staff compliance with infection control policies.

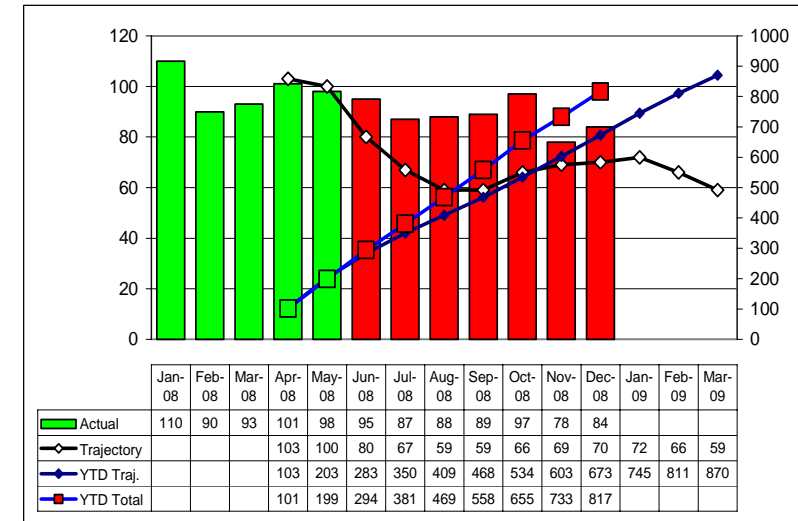
LTHT has a set of policies and procedures relating to HCAs, including having in place procedures relating to antibiotic prescribing. There is a renewed emphasis on making sure these are followed, with a programme of feedback to clinicians, helping in the process of education and training and in identifying 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 ensure a coherent approach to prescribing antibiotics across the health economy as well as to identify good practice from other PCTs.

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

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.

100% of practices met the target in the final quarterly survey of January 2009.

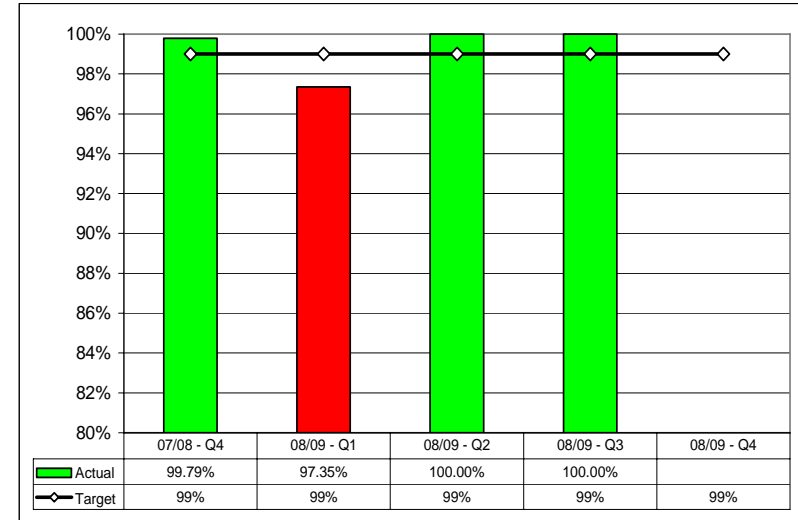
The way in which access to primary care is recorded and measured will change with effect from April 2009.

Further guidance is still awaited regarding the timescales and reporting mechanisms but it is clear there will no longer be a requirement to undertake the quarterly survey, as in the past.

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

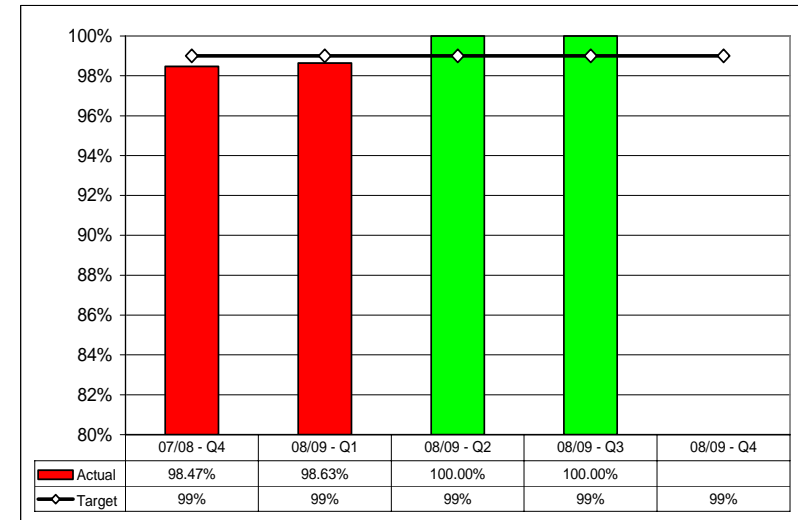
Primary Care Access

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.

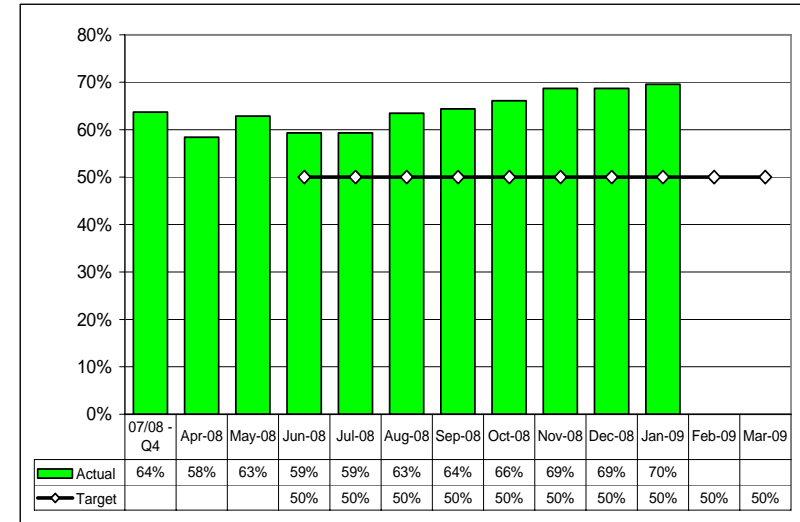
80 (69%) practices now offer extended opening to their patients, an increase of 1 since December 08.

NHS Leeds met the DH target of 50% practices offering extended hours by 31 December 2008, however a monthly submission is required until the end of the complete trajectory in March 2009.

A number of other practices have also indicated their wish to extend their opening hours in early 2009, which will improve the position still further.

Primary Care Access

Family Friendly Hours



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

Primary care access 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 does not reflect events from Apr 2006, when a significant number of dentals left the NHS. The numbers of patients being treated in the previous 24 months dropped from a baseline of 414,947 in Mar 2006, to 394,359 in Jun 2008.

There is confidence that from 2010 targets can be achieved. 2008/09 however is proving to be extremely challenging.

A three pronged approach to increasing capacity is in place:

- The offer of additional activity to existing NHS dentists.
- The procurement exercise to offer all Leeds dentists (NHS and private) the opportunity to bid for additional NHS sessions for Leeds Dental Advice Line (LDAL) patients.
- The £2.75m proposal for new services in areas with high needs is approved, with procurement underway, with services in place by Sep 09.

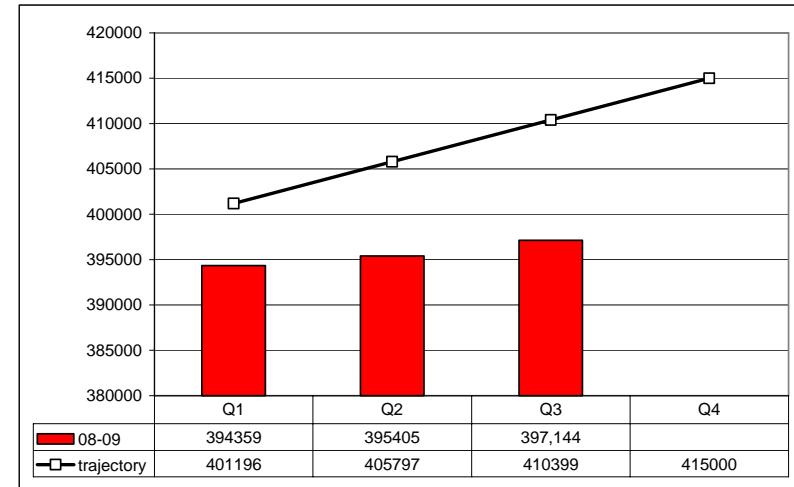
As a result of the new procurement activity, there has been a large increase in requests for NHS dentistry through LDAL. The increase in capacity means that additional demand has been met, without extending waiting times. There are currently 34 NHS dental practices across the city accepting new NHS patients – higher than at any stage since the new contracts were introduced.

Patients receiving treatment in the new services can only be counted in the data if they have not previously received NHS dental treatment in the previous 24 months. Despite this, numbers are already starting to recover. The figure for December 2008 was 397,144. It is anticipated that numbers will increase still further due to the additional capacity.

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 Q3 trajectory was exceeded. The trajectory is 15535, and actual screens to date 18,264, representing 118% of final target.

There are some risks to performance, into next year including –

- Health Advisor post vacancy generating potential disruption to the clinical side of the service.
- Premises situation critical – very limited office space for programme staff.
- Introduction of the 'closed' NHS information system in April brings potential risks around data use for chlamydia programme.

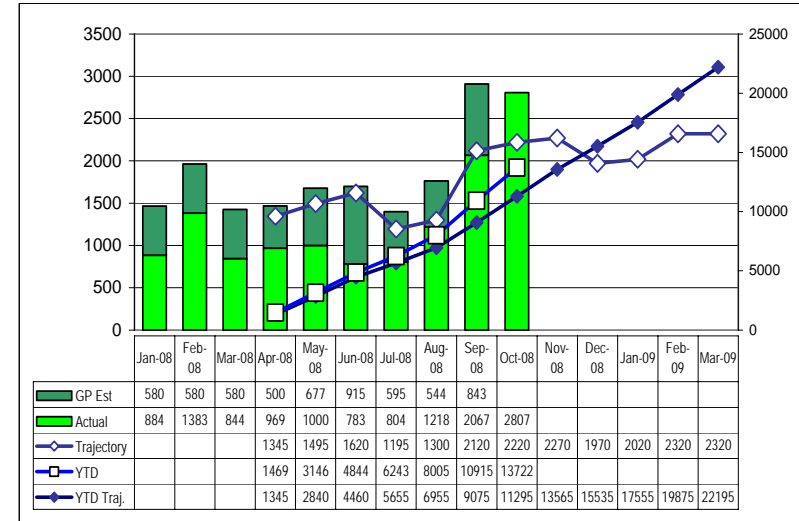
Actions to improve performance still further include:

- CaSH to manage clinical aspect of Chlamydia programme. Public health to lead and manage screening.
- Recruit to Health Advisor vacancy, temporary cover in place.
- Working with H3+, and a locally enhanced GP service (LES) developed to incentivise GPs for chlamydia opportunistic testing. Planned launch March 09, LES to be operational from April.
- Service Level Agreement (SLA) with Leeds Prisons finalised.
- IT informed of potential risks to Chlamydia programme re closed system. Guidance sought from the Health Protection Agency on preferred option.
- Band 3 admin worker recruited to programme.

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

Sexual Health

Chlamydia Screening



Sexual health programme standards

Access to Genitourinary Medicine (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). 84% of patients should be seen within 48hrs

The 'Offered an appointment' target remains at 100%. There has been a recent improvement in the 'Seen within' target, with achievement currently at 88.02%. Problems with sick leave for nursing staff in December led to the cancellation of nurse led clinics, meaning the seen target did not increase as much as expected.

The DNA rate was 10.23%, though seems now to be falling, now at 10%. Text reminders are being sent to all new appointments with a facility for patients to text into the department if they need to cancel which will be picked up by e-mail.

Points to improve the seen within target include –

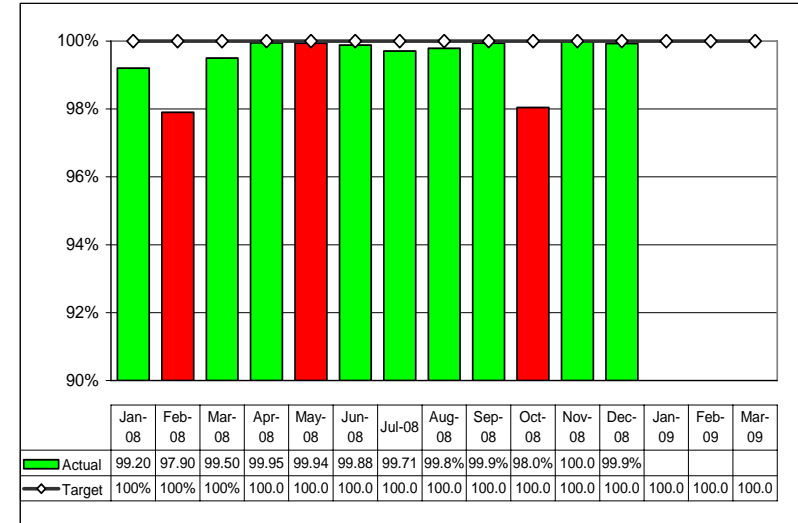
- The Nurse situation has improved and the clinics are now up to full complement and able to accommodate any sickness
- Have just appointed 2 Band 5's plus a full time H/A
- Appointment to Band 6 has failed, but post will not be re-advertised. To recruit from previous applicants.
- Intending to be up to full establishment by March 09.
- Demand over the Xmas period fell.

Plans to address this target include aiming to sustainably achieve the 84% minimum seen by March 09.

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 Dec 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; 0.9% above the 1998 baseline. This is a slight increase since the last report due to revalidation. This indicator has been highlighted as high risk of not being achieved. Further information is in the report 'Update on current interventions to reduce teenage pregnancy', also before the Board on this occasion.

The graph shows the rolling quarterly average rate for Q1 & Q3 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.

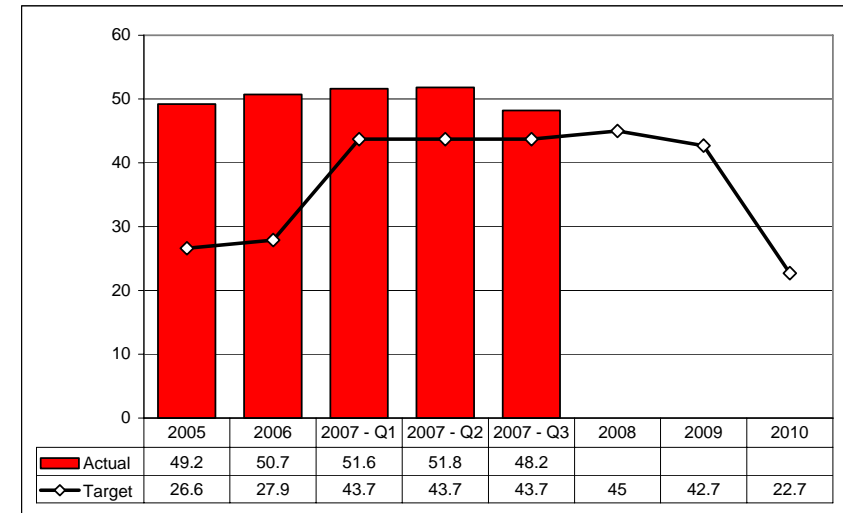
A development for the management of the service is that from 1 April 2008, data is collected on bookings for NHS services at LTHT, in line with the 'Maternity Matters' programme. This data makes information on teenage pregnancies available. Early use of this data shows it should allow comparison with 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. However, 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 of 29 January is 98.43%, remaining above the minimum target standard. Performance during December and January has been on the decline.

Reasons for this include high bed occupancy levels, high levels of partially and fully restricted wards in LTHT due to viral infections, staff sickness absences, and high levels of attendances within concentrated periods of the day (although overall attendances are not significantly high when benchmarked).

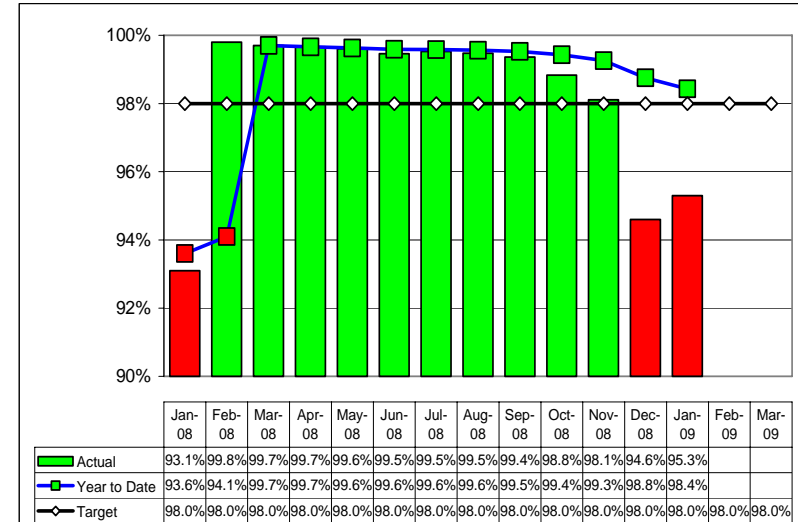
NHS Leeds has been in regular contact with the team at LTHT, and have co-ordinated the input of out-of-hours GPs into A&E to alleviate pressure at times of peak demand, in addition to sustaining a public communications campaign to promote alternatives to A&E for minor injury and illness needs. Further action plans to provide capacity increases in community and acute settings are currently being progressed via the Unplanned Care Board, to ensure that the YTD target remains above 98%.

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. The recent decline in performance is down to the impact of Call Connect. The performance management framework implemented by the SHA, with key actions for PCTs and NHS organisations is ongoing.

- Latest Cat A month to date performance was 68.61% (at 13/1/09) against a trajectory of 77%
- Demand in January has been variable with no clear pattern emerging as yet, but with spikes on individual days
- In terms of latest national performance, Yorkshire Ambulance Service (YAS) was positioned back down in the bottom 2 performing trusts.

It has been accepted by both the DH and SHA that the year-end position will fall short of 75%. This affects the region in the Annual Health Check ratings.

Progress is made through the following actions -

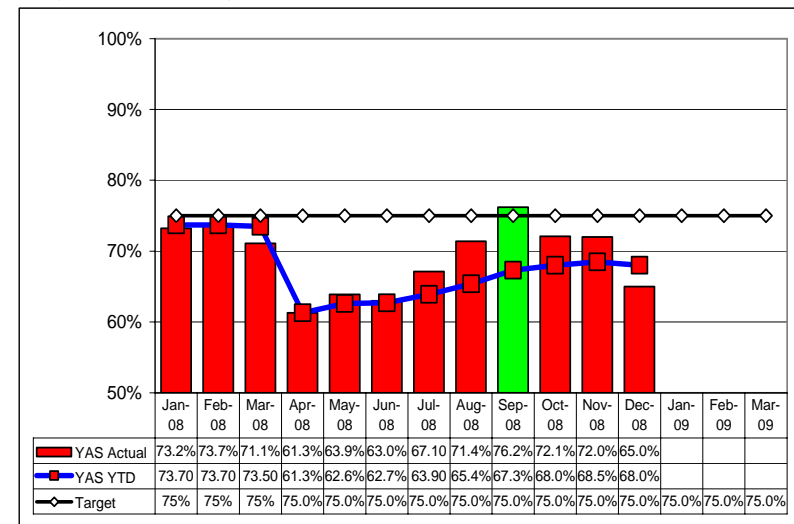
- A meeting is scheduled between PCT Chief Execs this week to agree PCT funding for the contract.
- The NHS Standard Contract meeting was held recently in London. The meeting reinforced actions still to be undertaken as part of finalising the contract and raised the issue of patient transport services (PTS) and contracting for 2010 onwards

The business case is being considered at the Chief Executive forum and is supported by NHS Leeds 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

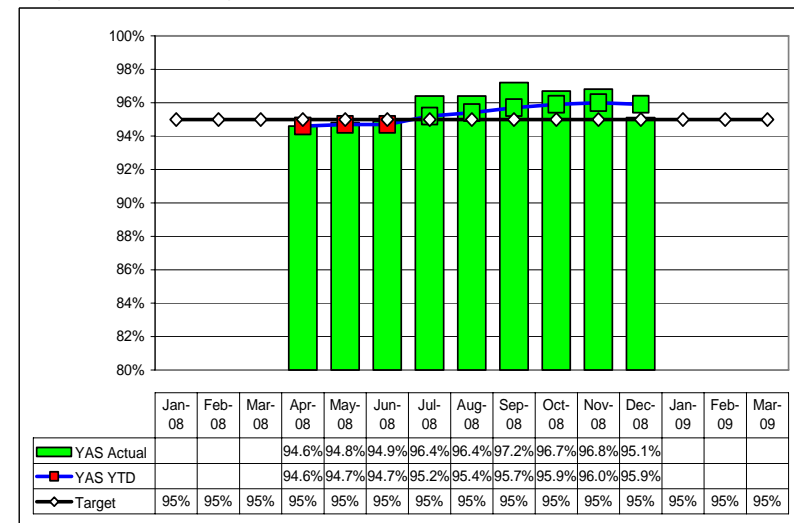
Ambulance Response Times

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:

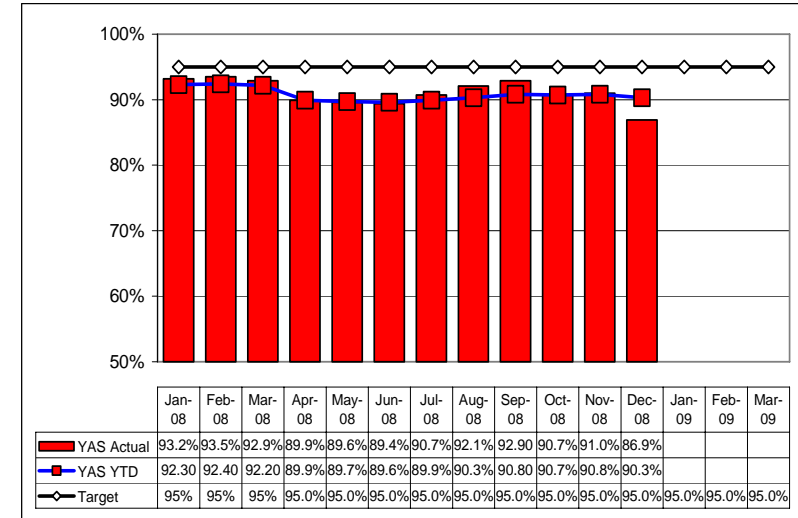
A minimum of 95% of Cat B calls should be met within 19 mins of a request for a vehicle capable of transporting the patient.

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

On the Cat B target, Yorkshire Ambulance Service (YAS) performance as a whole is 90.3% year to date as of end of December 2008. Ongoing contract negotiations for 09-10 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 (beyond the Vital Sign trajectory used in the chart) 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 defined the indicator at the time of writing, but the direction of travel seems clear.

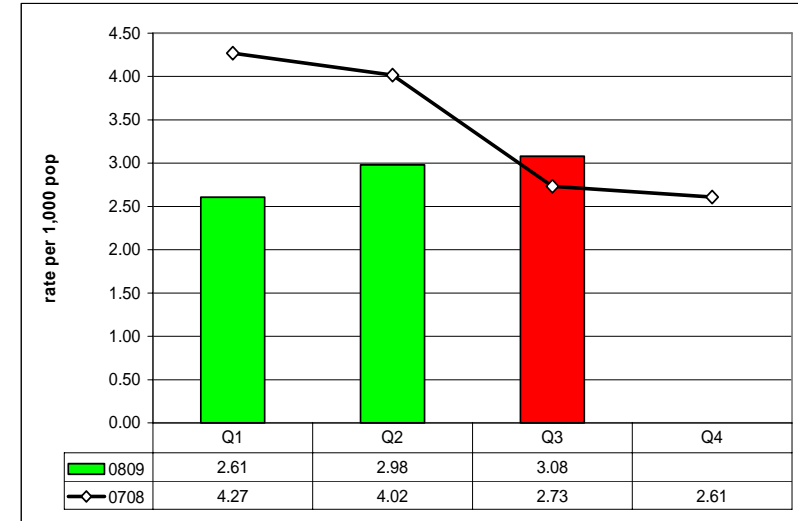
The number of delayed transfers of care in 2008/09 indicates a significant improvement on 2007/08, and performance against the trajectory in Q1-2 was well within the trajectory. However, the numbers of delayed transfers of care slightly increased in Q3 at the point when the trajectory reduced to 2.75 rate per 100,000.

The Unplanned Care Board has the discharge planning process as one of its key workstreams, and work will start in Jan 2009 to look at streamlining processes and examine how capacity is commissioned. Also from Jan, the Unplanned Care Operational Group will receive an information report collating numbers of bed days taken up with delays, as an accurate indicator of the impact. This Group continues to work on project areas to contain and reduce delays further. The commitment is to ensure that the target is delivered during Q4 through the work of these groups.

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

Urgent Care

Delayed transfers of care per 100,000 population



NHS 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.

Additional funding of £220k was agreed in 2008/09 to enable the provider to meet the SHA target for Early Intervention (EI) Services by Mar 09.

The target for Leeds is 124; however the agreement with the provider was to deliver 111 new cases by Mar 09. This was based on what would be realistic, given the delay in funding (the provider only received increased funding in mid year, following a high level review by the PCT) and the historic uptake of the service which has been lower than the given target. The expectation was that there would be a minimum of 111 new cases by Mar 09.

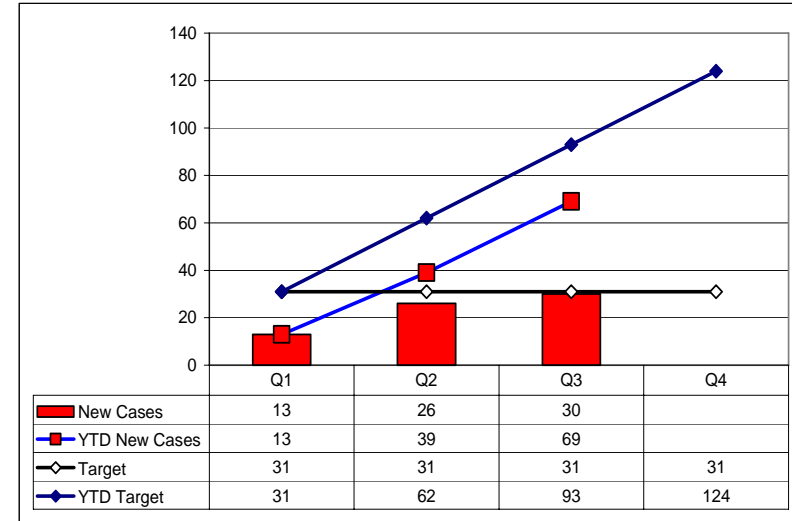
The target numbers are made up of two age groups, 14-25 and 25-35 years. The younger age group has been the group that has historically received the specialised service provided by Aspire. The older age group is the group that was expected to receive the service provided by the new money. Research showed that most of this group was within Leeds Partnership Foundation Trust (LPFT) teams. The plan was to move activity from LPFT to Aspire, though this has run into difficulty around the transfer of clients. This has adversely affected performance from Oct 08. Projected performance rates also show that it will be challenging to meet the target of 111 by Mar 09. Arrangements have been set up with the provider to ensure this target is met.

Aspire will reach the target number of 124 by Q1 09/10, if they deliver at current rates. This slip into 09/10 should be attributed to the delay in transfer of clients by LPFT. In the meantime, estimates of this delayed activity will be used, as in the past, which will see the target delivered by year-end 2008/09.

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

Child immunisation targets have not been achieved, due to lower than anticipated uptake and a discrepancy between actual and recorded childhood immunisation figures. In Q4, a concentrated effort is being made to achieve the national target. The Practice Development Team are targeting those due for vaccination. Also, health visitors who work part-time are to target hard to reach children and vaccinate in the home, where possible.

A piece of work to analyse the processes for immunisation and vaccination in terms of data collation and actual delivery is currently being scoped. It is anticipated that this study will highlight blockages or inadequacies in the process to allow improvements to be made.

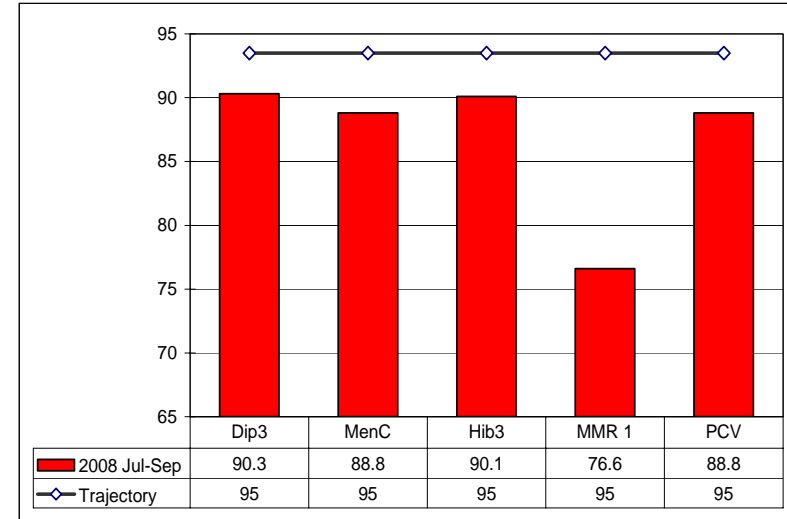
Work underway –

- GPs are now undertaking the national MMR campaign which has been delayed due to the flu campaign
- Contract review is taking place with all practices, reviewing immunisation uptake
- A series of press communications have taken place highlighting the number of children not vaccinated against measles
- Health Visitors now targeting the lowest 10% SOA
- Plans being formulated to share immunisation data with schools
- System 1 implementation is anticipated February 09.
- 10 Community Organisations have been commissioned to provide health promotion work for childhood immunisation, flu and HPV.

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

National Indicators

	Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Qtr1	Qtr2	Qtr3	Predicted Full Year Result	Data Quality
1	Leeds Strategic Plan - Government Agreed	NI 187a	Tackling fuel poverty, % of people receiving income based benefits living in homes with a low energy efficiency rating (SAP < 35)	Fuel Savers	Annually %	Fall	4.02%	N.A.	3.46%	N.A.	N.A.	3.33%	3.33%	No concerns with data
		NI 187b	Tackling fuel poverty, % of people receiving income based benefits living in homes with a high energy efficiency rating (SAP >= 65)	Fuel Savers	Annually %	Rise	44.00%	N.A.	44.00%	N.A.	N.A.	48.56%	48.56%	No concerns with data
		These figures are yet to be validated against the Government's approved monitoring software (EnQuire) that was issued on 26th November. Initial preparatory work has shown that it would be beneficial to recalculate the baseline and subsequent targets using EnQuire as this would give greater confidence in the results and in so doing will align with the approved methodology tool. The Council has made a number of improvements to alleviate fuel poverty. 606 properties with a SAP rating <35 have been improved (a result of 3.33%) and over 1,000 properties with a SAP >65 have been improved. A new local indicator is being developed to highlight the council's impact in tackling fuel poverty, in terms of private sector improvements achieved via grant work and improvements made through capital on public sector dwellings (as improvements can be hidden by changes in the fuel market (e.g. increased gas prices/fuel bills etc.))												
2	Leeds Strategic Plan Partnership Agreed	NI 123a	16+ current smoking rate prevalence (City wide)	Leeds PCT	Quarterly % prevalence	Rise	N.A.	N.A.	TBC	N.A.	22.94%	N.A.	N.A.	No concerns with data
		NI 123b	16+ current smoking rate prevalence (10% most deprived SOAs)	Leeds PCT	Quarterly % prevalence	Rise	N.A.	N.A.	TBC	N.A.	29.24%	N.A.	N.A.	No concerns with data
		Quarter 3 results are not available. The latest data is for Quarter 2. The data that has been collected from GP practices allows us to monitor progress more accurately against prevalence rather than relying on synthetic estimates.												
3	Leeds Strategic Plan Partnership Agreed	NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	Community Safety	Quarterly Number	No	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	Checklist not completed
		The reporting organisation for this target is the Primary Care Trust. The definition includes both chronic health conditions linked to alcohol consumption, as well as crime related behaviour and accidents linked to alcohol. The information can be disaggregated and so a more useful local indicator might need to be developed.												
4	National Indicator	NI 51	Effectiveness of child and adolescent mental health (CAMHS) services	Leeds PCT	Quarterly Number	Rise	N.A.	N.A.	16	16	16	16	16	No concerns with data
		The target is made up of four proxy measures. All four proxy measures for this target have scored 4 giving the achievement of 16, the highest score attainable and meets the 2008/09 target that was set.												

Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Qtr1	Qtr2	Qtr3	Predicted Full Year Result	Data Quality
5 National Indicator	NI 53A	Prevalence of breast-feeding at 6-8 wks from birth (Breastfeeding prevalence)	Leeds PCT	Quarterly %	Rise	N.A.	N.A.	40.6%	28.0%	29.0% (1,387)	37.0% (908 out of 2,466 children)	40.6%	No concerns with data
6 National Indicator	NI 53B	Coverage of breast-feeding at 6-8 wks from birth (Breastfeeding coverage)	Leeds PCT	Quarterly %	Rise	N.A.	N.A.	85.2%	64.4%	71.0% (3,329)	84.9% (2,095 out of 2,466 children)	85.2%	No concerns with data
7 National Indicator	NI 55A	Coverage Obesity in primary school age children in Reception	Leeds PCT	Annually %	Fall	N.A.	N.A.	91.88%	N.A.			93.80%	No concerns with data
8 National Indicator	NI 55B	Prevalence Obesity / overweight among primary school age children in reception. Return to national levels of year 2000.	Leeds PCT	Annually %	Fall	N.A.	N.A.	9.20%	N.A.			8.47%	No concerns with data
9 National Indicator	NI 56A	Coverage Obesity in primary school age children in Year 6	Leeds PCT	Annually %	Fall	17.80%	N.A.	98.31%	N.A.			98.60%	No concerns with data

	Performance Indicator Type	Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Qtr1	Qtr2	Qtr3	Predicted Full Year Result	Data Quality
10	National Indicator	NI 56B	Percentage Obesity in primary school age children in Year 6.	Leeds PCT	Annually %	Fall	N.A.	N.A.	17.72%	N.A.			19.34%	No concerns with data
Result for 07/08. As with NI 55 there has been an increase in the number of children measured.														
11	National Indicator	NI 113	Prevalence of Chlamydia in under 25 year olds	Leeds PCT	Quarterly %	Rise	N.A.	N.A.	17%	3.56%	N.A.	N.A.	N.A.	No concerns with data
Comments provided in the main body of the report														
12	National Indicator	NI 125	Achieving independence for older people through rehabilitation/intermediate care	Leeds PCT	Quarterly %	Rise	New Indicator	N.A.	To be provided February 2009	See Comments				Under-development: checklist received but systems/processes still being developed
<p>This indicator measures the benefit to individuals from intermediate care and rehabilitation following a stay in hospital. It captures the joint work of social services and health staff and services commissioned by joint teams. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries. The measure covers older people aged 65 and over on discharge from hospital who:</p> <ul style="list-style-type: none"> • Would otherwise face an unnecessarily prolonged stay in acute in-patient care, or be permanently admitted to long term residential or nursing home care, or potentially use continuing NHS in-patient care; • Have a planned outcome of maximising independence and enabling them to resume living at home; • Are provided with care services on the basis of a multi-disciplinary assessment resulting in an individual support plan that involves active therapy, treatment or opportunity for recovery (with contributions from both health and social care); • Are to receive short-term interventions, typically lasting no longer than 6 weeks, and frequently as little as 1-2 weeks or less. <p>This new indicator relies on new data for which results will be available for reporting from February 2009 onwards.</p>														
13	National Indicator	NI 126	Early Access for Women to Maternity Services	Leeds PCT	Quarterly %	Rise	N.A.	N.A.	85.00%	70.20%	78.70%	78.65% (1,887 out of 2,433 women)	85.00%	No concerns with data
This result is slightly below last quarter. The number of bookings in October was higher than previous months, though due to time constraints, the data is yet to be fully validated. This validation may have a positive effect on the percentage figure. Work is continuing to ensure the year end target is reached.														