Health Scrutiny Board
Joint Performance Report: Quarter 4 2008/09

July 2009

Health Scrutiny Board Joint Performance Report – July 2009

Overview

This is the second 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 continues. It has been possible on this occasion to further join together the reports previously used. The move toward a single style and format is now almost complete.

The content of the report will be tailored to meet the requirements of the national reporting systems, ensuring that that the Health Scrutiny Board is fully involved in the process.

The approach is generally to report by exception, except for top level and key indicators, which will be reported on each occasion.

Executive Summary – Performance Information

The NHS Leeds information that is provided here is the latest published data, at the time this joint report was drawn up (8 July 2009). Further verbal updates will be provided at the meeting of the Scrutiny Board, where required and available.

The LCC information is based on data from the Quarter 4 performance report (as at 31 March 2009).

Where it is appropriate the performance of Leeds Teaching Hospitals Trust (LTHT) has also been shown, where that is different from the reported performance for NHS Leeds. This difference occurs when LTHT treat patients from outside the city, often because they are delivering regional and national services.

There are several performance indicators that are worth drawing attention to. Some of these indicators are already well known to the Board as they have been reported as poor performing areas. 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 have now fallen to within the maximum number of cases. This is a significant improvement. The process for managing the reporting of cases has been improved and other changes have been made. This has been supported in Leeds Teaching Hospitals Trust by the efforts of the Intensive Support Team from the Department of Health, NHS Leeds and the Strategic Health Authority.

  C.diff rates are also similarly within the maximum trajectory, another major improvement on past months. The task with both C.Diff and MRSA is now to achieve long term sustainability and ensure that previous practices do not re-emerge and affect patient care.

- **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 some improvements now working their way through, as a result of an intensive programme of work, which continues. A GP level data sharing agreement, described in the detailed section on this topic will help ensure that delivery continues to improve. One notable success has been the increased level of immunisations for looked after children, which has risen around 18% over the past few months.

- **13 and 26 Weeks**
  There are still some residual issues for that remain. The position though is now much improved and the aim is now to eliminate such waits altogether.

- **Teenage pregnancy rates**
  Despite a performance recently that shows some improvement, delivery against the nationally-set trajectory has not been achieved. A positive development here is the forthcoming availability of local level data, which should help give a more timely perspective to the work to reduce teenage conceptions.

- **A&E 4 hr Standard**
  This target was achieved across the whole year 2008/09. This was despite performance being adversely affected during the winter pressures period and not recovering during spring. The issue has been identified as due to a combination of factors, which are identified in the detailed section covering this topic. However performance has now recovered somewhat and the 98% minimum standard was achieved during June. One of the key issues affecting performance, the medical vacancies problem, will be addressed in August. The task is now to ensure that performance is delivered during the run up to winter.

- **Delayed discharge rates**
  There is still no clarity on the national threshold for achievement. The chart in the section on this indicator shows performance during 2008/09 against that for 2007/08 to help provide context. There is some risk that 08/09 performance will be indicated at as amber or underachieved.

Report prepared by:

Graham Brown NHS Leeds
Marilyn Summers Leeds City Council

8 July 2009

18 weeks referral to treatment; admitted and non-admitted

Target:

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, broken down by specialty

NHS Leeds has been working closely with providers to ensure that as a health economy we meet the 18 weeks targets at specialty level. We have utilised the contract process to drive performance, to ensure that LTHT as our main provider and that we meet the targets as a whole health economy.

Neurosurgery: NHS Leeds has commissioned activity in line with that proposed by LTHT. There remains a significant backlog issue in this specialty. Clearing the backlog will have an impact on 18 weeks performance and Neurosurgery will remain one of the problem specialties for the next 6 months.

Plastic Surgery: NHS Leeds has commissioned activity in line with that proposed by LTHT. However, demand for plastic surgery, particularly for hands, is high and further work is needed to fully understand the service expansion requirements to meet the targets.

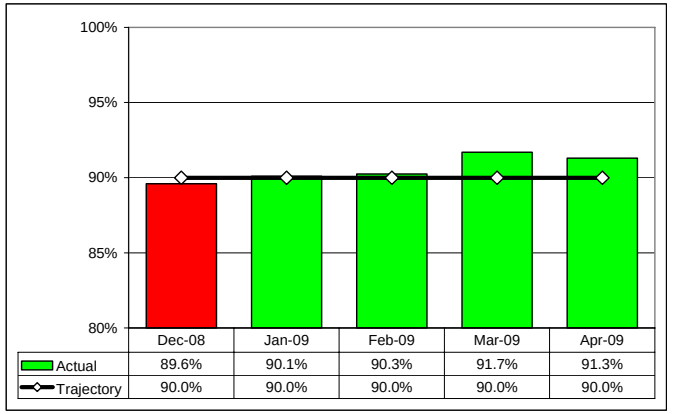
ENT: LTHT during 08/09 focused on clearing a significant proportion of the backlog in ENT, affecting performance. NHSL has agreed to provide resource over the agreed base line to fund increased activity for admitted patients.

Orthopaedics: NHSL have agreed to provide additional resource over the base line particularly focused on delivery of the 18 week targets at sub specialty level for foot/ankle and hands. The investment will be closely monitored in year to ensure that it provides a more sustainable platform for the delivery of 18 week targets. NHS Leeds will also continue to ensure that choice is provided for Orthopaedic procedures, which in turn reduces the pressure on LTHT.

Health economy lead: Matt Walsh
LTHT operational lead: Alison Dailly
NHS Leeds operational lead: Nigel Gray

Periodic Review Standard

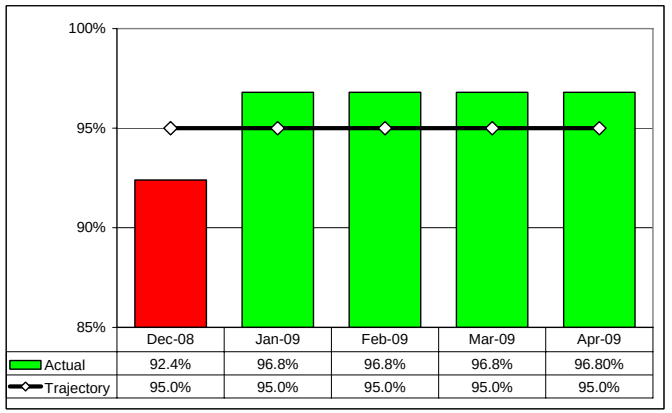
NHSL: Percentage of patients seen within 18 weeks - admitted



	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09
Actual	89.6%	90.1%	90.3%	91.7%	91.3%
Trajectory	90.0%	90.0%	90.0%	90.0%	90.0%

Periodic Review Standard

NHSL: Percentage of patients seen within 18 weeks - non admitted



	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09
Actual	92.4%	96.8%	96.8%	96.8%	96.80%
Trajectory	95.0%	95.0%	95.0%	95.0%	95.0%

18 week performance matrix, NHS Leeds 2009

	Admitted performance (adjusted)	Non-admitted performance	No of reportable specialties (excluding orthopaedics) failing to meet admitted standard	No of reportable specialties (excluding orthopaedics) failing to achieve nonadmitted standard	Total number of reportable specialties (excluding orthopaedics) failing to meet target performance	Orthopaedics - no of standards failing to meet (without breach shares)	Orthopaedics - no of standards failing to meet (with breach shares)
Jan-09	90.1	96.84					
Feb-09	90.25	96.79					
Mar-09	91.65	96.81					
Apr-09	91.28	96.8	5	7	12	2	NA
May-09	NA	NA	NA	NA	NA	NA	NA

13 weeks for outpatients

Target:

That the maximum wait for a first outpatient appointment be no more than 13 weeks from GP referral

There has been significant reduction in levels of 13 week breaches seen in April and May compared to March 2009 as illustrated.

Improved performance is largely due to LTHT, as a result of more effective use of both internal capacity and the use of external capacity via sub-contractor organisations.

Recent breaches (those in the latter part of 08/09) have been primarily due to LTHT capacity issues in both neurosurgery and plastic surgery. Although numbers are much reduced there remains some risk around plastic surgery outpatient breaches of the 13 week standard. All these breaches relate to Nuffield Hospital. LTHT have been using the Nuffield Hospital and other independent sector hospital providers to reduce breach risks.

Leeds Teaching Hospital itself recorded no breaches in May.

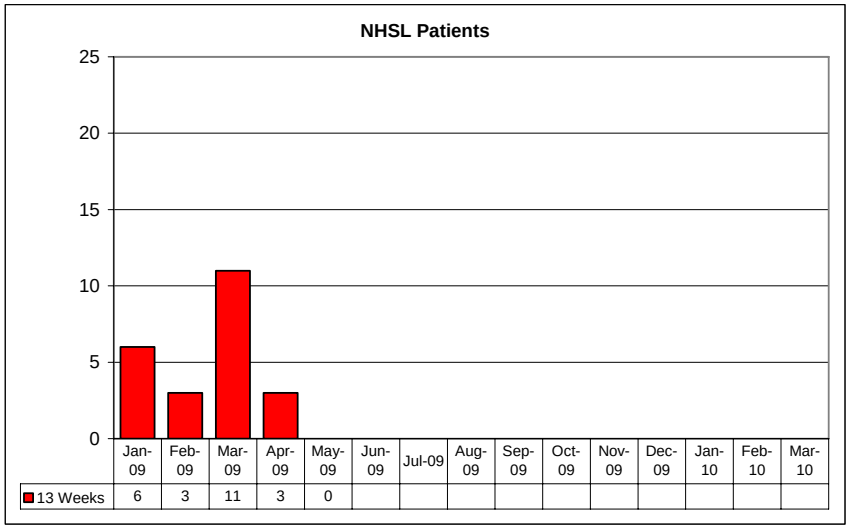
LTHT's appointment of two additional neurosurgeons means additional capacity is expected to come on stream in Aug. Additional capacity for neurosurgery is currently being used with both Nuffield Hospitals in Leeds and Pioneer Healthcare in Sheffield.

As with Neurosurgery, additional independent capacity is being used for plastic surgery. A benchmarking review is being undertaken by LTHT currently to understand what is needed to alleviate further breach risks.

Health economy lead: Matt Walsh
LTHT operational lead: Alison Dailly
NHS Leeds operational lead: Kevin Gallacher

Periodic Review Standard

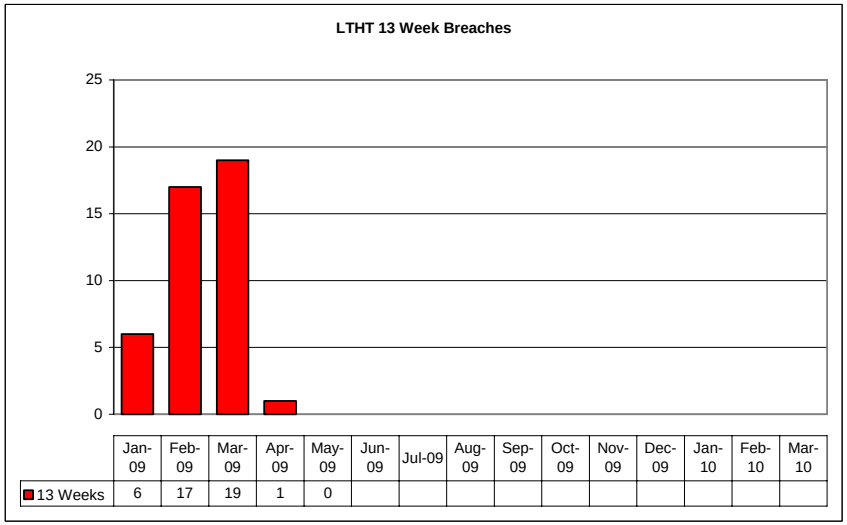
Number of outpatients breaching 13+ weeks at each month-end



	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
13 Weeks	6	3	11	3	0										

Periodic Review Standard

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



	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
13 Weeks	6	17	19	1	0										

26 weeks for inpatients

Target:

That the maximum wait for an inpatient be no more than 26 weeks after a decision to admit

There has been significant reduction in levels of 26 Weeks breaches seen in April and May compared to March 2009 as illustrated.

Improved performance is largely due to LTHT, as a result of more effective use of both internal capacity and the use of external capacity via sub-contractor organisations.

Breaches in past months have been primarily due to LTHT capacity gaps in both neurosurgery and plastic surgery.

Leeds Teaching Hospital itself recorded no NHSL breaches in May, although there were two breaches for other PCTs. The 26 week breach in Apr occurred in neurosurgery at LTHT. As a result of this a Performance Notice has been issued to LTHT.

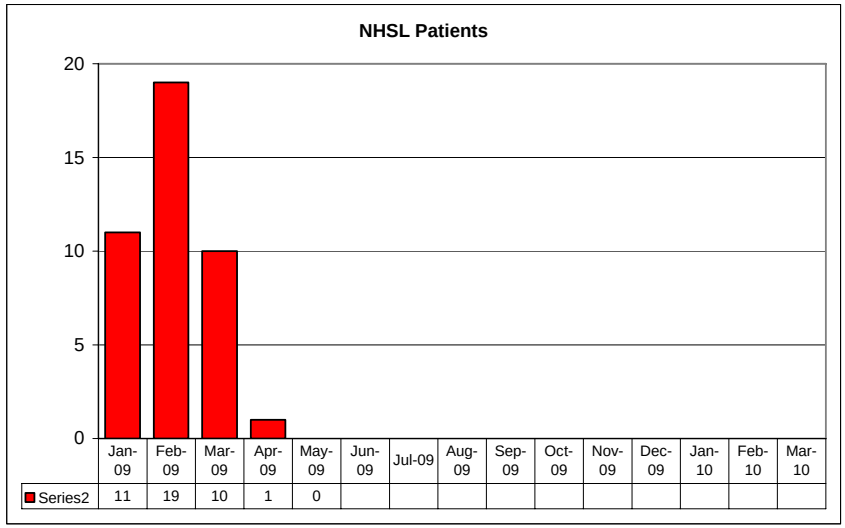
LTHT's appointment of two additional neurosurgeons means additional capacity is expected to come on stream in Aug. Additional capacity for neurosurgery is currently being used with both Nuffield Hospitals in Leeds and Pioneer Healthcare in Sheffield.

Additional independent capacity is being used where it is needed. A benchmarking review is being undertaken by LTHT currently to understand what is needed to alleviate further breach risks.

Health economy lead: Matt Walsh
LTHT operational lead: Alison Dailly
NHS Leeds operational lead: Kevin Gallacher

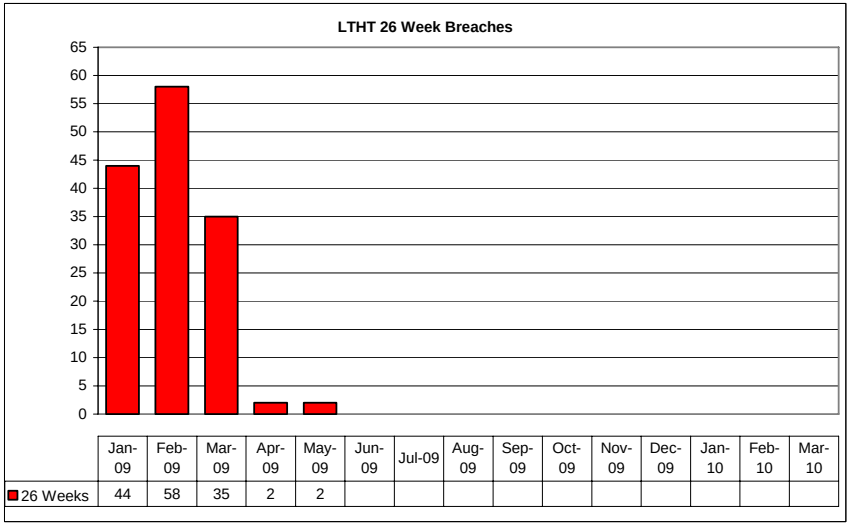
Periodic Review Standard

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



Periodic Review Standard

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



62 day cancer wait standard

Target:

Target not yet confirmed. Presently assuming that achievement will be 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 86% of patients of patients seen within that time.

Performance has improved overall since March, with May performance at 87.7% and expected June performance of 86%. This brings LTHT near to national expected performance levels. LTHT produce a weekly action list of high risk patients with expected resolution action for each patient at risk. This has proved to be an effective method to focus directorate urgent action.

Screening to treatment performance and consultant upgrades are indicating a performance of 100%. LTHT are encouraging consultants to apply the upgrade standard, where appropriate. It is therefore anticipated that numbers currently being recorded within this target will increase.

A weekly action list is now produced for target patients, supplementing the existing 62 day action list.

Lung surgery capacity was affected in May due to lists being cancelled because of theatre capacity and anaesthetic cover issues. This has had a knock on effect into June. LTHT Directorate lead action has been taken to implement improvement actions to prevent reoccurrence. This includes additional surgical capacity, as well as accessing Spire for surgical capacity on a temporary basis.

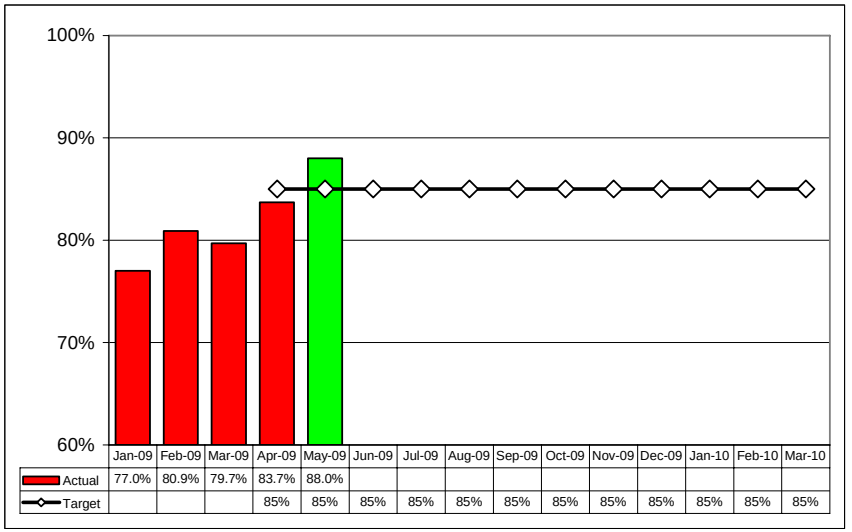
There are significant inter trust referral issues between Mid Yorkshire and LTHT for some patients which need to be resolved. NHS Leeds and Wakefield PCT will be facilitating an improvement workshop in early August, supported by the Yorkshire Cancer Network and the SHA.

The latest data shown for both organisations is yet to be validated

Health economy lead: Matt Walsh
LTHT operational lead: Jacqueline Myers
NHS Leeds operational lead: Nigel Gray

World Class Commissioning Outcomes

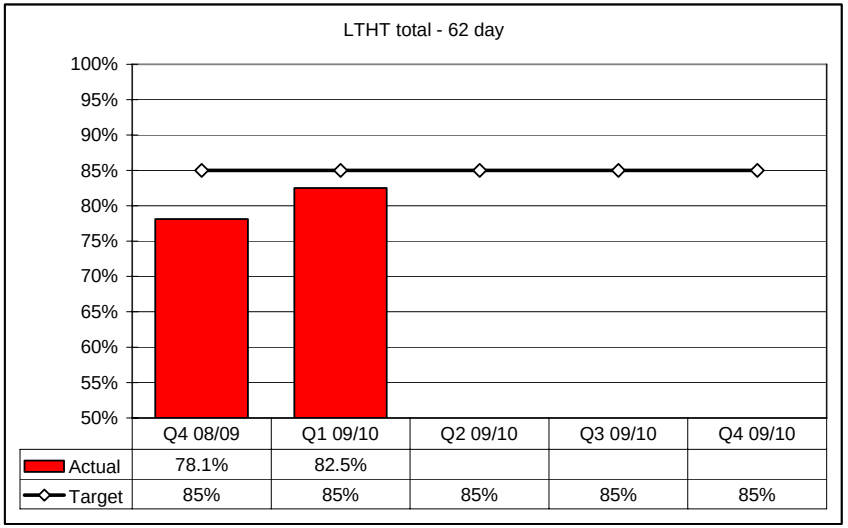
Percentage of patients receiving first cancer treatment within 62 days of referral



	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Actual	77.0%	80.9%	79.7%	83.7%	88.0%										
Target				85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Periodic Review Standard

Quarterley percentage - LTHT 62 day



	Q4 08/09	Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10
Actual	78.1%	82.5%			
Target	85%	85%	85%	85%	85%

31 day cancer wait standard: Subsequent chemotherapy and surgery

Target:

Target not yet confirmed. Presently assuming that achievement will be that there be a maximum wait time of 31 days second and subsequent chemotherapy or surgery, with a target of 97% of patients of patients seen within that time.

31 day performance is now an area of major concern for both first and subsequent treatments. The forecast June position for subsequent treatments is below the fail position at 92.5% and borderline performance for 1st treatments at an estimated performance of 94.5%, which was the confirmed position for May, and indicates a declining position since March when performance reached 97.4%.

A weekly action list is now produced for 31 day target patients as well as the existing 62 day action list.

Areas of particular risk are lung; urology; skin and sarcoma.

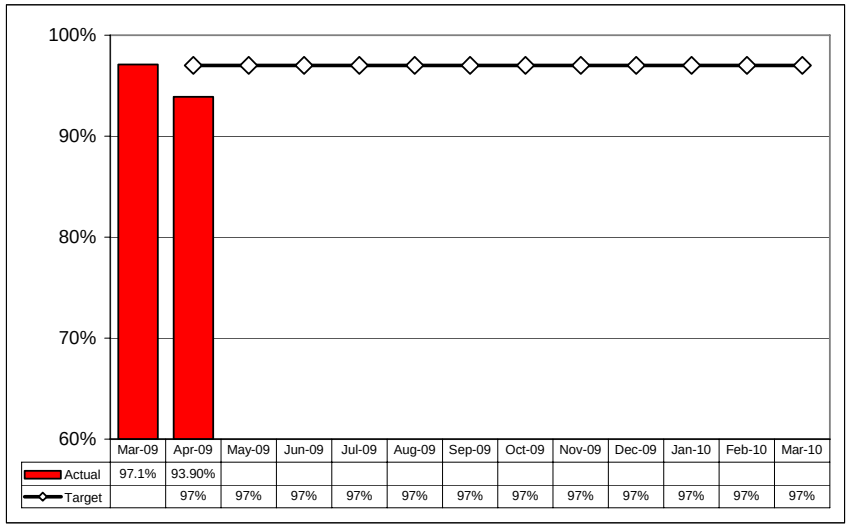
The urology remodelled pathway, implemented from mid May, has not shown the improvements expected by this time. LTHT have assessed the reasons for this and are taking immediate action to ensure appropriate management of patients on the timed pathway.

The latest data shown for both organisations is yet to be validated

Health economy lead: Matt Walsh
LTHT operational lead: Jacqueline Myers
NHS Leeds operational lead: Nigel Gray

Periodic Review Standard

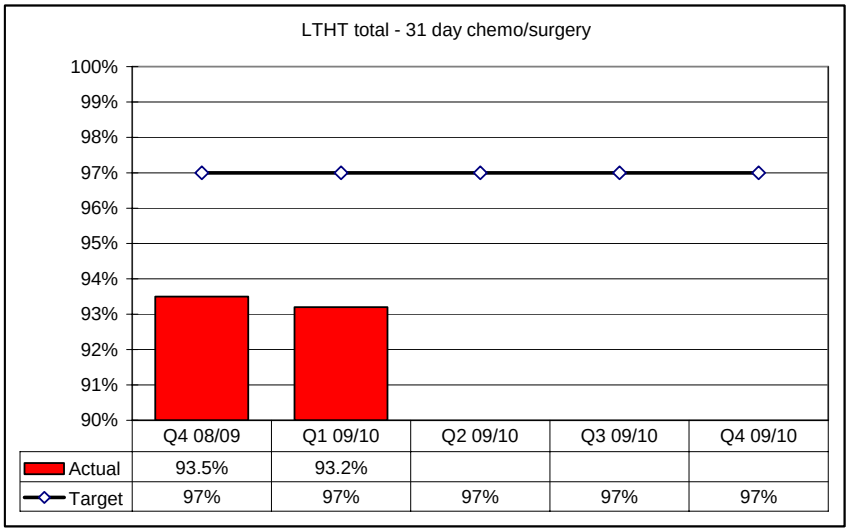
31 Day Subsequent Chemotherapy/Surgery: NHSL



	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Actual	97.1%	93.90%											
Target		97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%

Periodic Review Standard

Quarterly percentage - LTHT 31 day chemo/surgery



	Q4 08/09	Q1 09/10	Q2 09/10	Q3 09/10	Q4 09/10
Actual	93.5%	93.2%			
Target	97%	97%	97%	97%	97%

Incidence of MRSA bacteraemia

Target:

To not have more than 72 cases for 2010/11, in line with the agreed maximum.

For May there were 3 MRSA cases reported across the Leeds health economy. All of these had their root cause of infection identified as being within LTHT. This is the second month running that LTHT was below the trajectory level.

For June, there were 6 MRSA bacterium cases reported in LTHT, though this is subject to validation, both in terms of numbers and origin. Due to this process of validation, the numbers may change slightly.

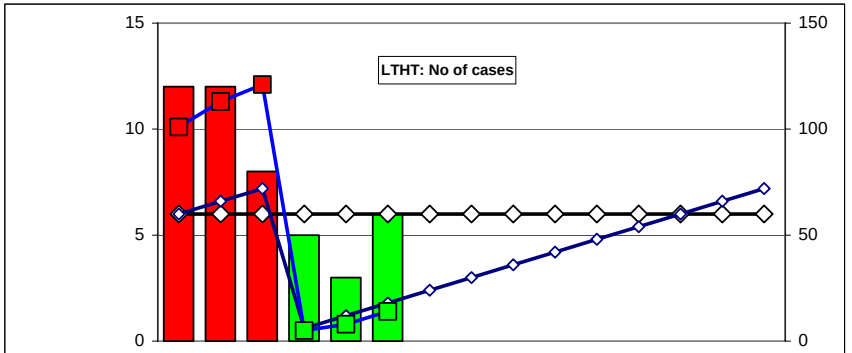
The MRSA screening programme in both LTHT and NHSL has been started and assurance is in place that this process is robust. Decolonisation treatment of patients will reduce the number of patients with MRSA on their skin on admission and this reduces the risk to both the patient and also to others who are nursed on the same ward. This should have a further positive impact on the figures.

From the end of May the key risk area of elderly medicine will be screened acutely on admission to hospital. NHSL provider services are now screening all acute admissions in intermediate care.

Health economy lead: Ian Cameron
LTHT operational lead: Brian Godfrey
NHS Leeds operational lead: Simon Balmer

Vital Signs Standard - Provider

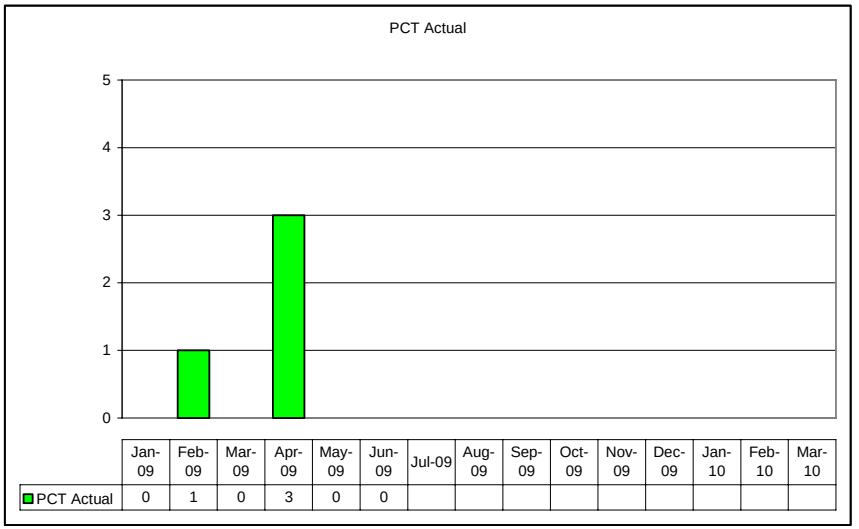
Cumulative number of MRSA positive blood culture episodes (Provider target)



	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
LTHT Actual	12	12	8	5	3	6									
Target	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
YTD Traj.	60	66	72	6	12	18	24	30	36	42	48	54	60	66	72
YTD Actual	101	113	121	5	8	14									

Periodic Review Standard

Number of cases of MRSA accountable to NHSL



	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
PCT Actual	0	1	0	3	0	0									

Incidence of C. difficile

Target:

That the number of cases be no higher than the agreed maximum of 584 for LTHT and 796 for the health economy by the end of March 2010.

At present there is a high degree of focused work in LTHT to ensure that figures continue to drop and that they remain below the maximum target number.

The dedicated time provided by the DH Improvement team comes to an end in July. Much effort is being put in, supported by NHS Leeds to ensure that there is a robust sustainability action plan in place to ensure that performance does not deteriorate.

For May there were 44 cases reported by LTHT; this is below their trajectory of 52 and much reduced from the 97 reported for the same time period last year. For NHS Leeds the overall figure was 53 (as we are measured as a commissioner of all providers) and this is well below the trajectory of 70.

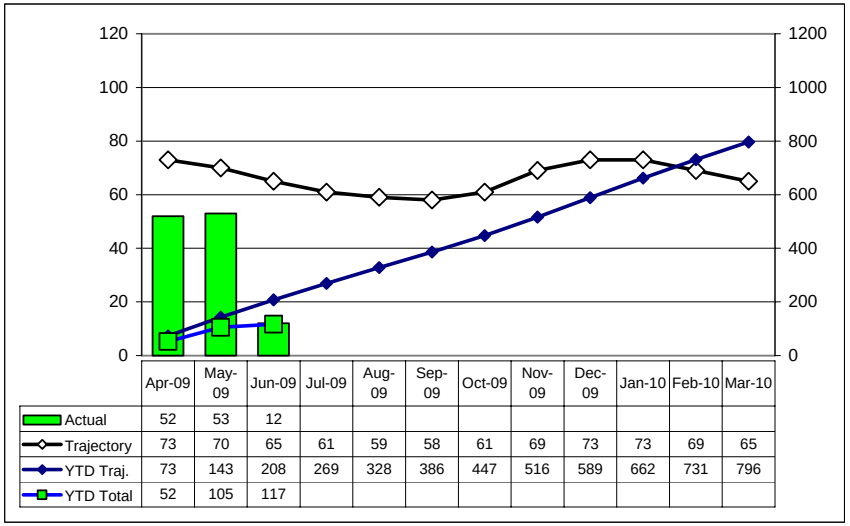
Recent LTHT figures are April - 39 (32 - post exclusion accountable to LTHT); May - 44 (31 accountable); June - 27 (19 accountable)
This is against a trajectory of 48 for LTHT and 65 for NHS Leeds. If the figures remain at this level, then this will be the fourth month where figures have been below trajectory.

Leeds Teaching Hospitals CDiff. trajectory is a variable monthly trajectory and this has been achieved since November 2008. Currently awaiting for feedback from CQC about registration conditions being removed.

Health economy lead: Ian Cameron
LTHT operational lead: Brian Godfrey
NHS Leeds operational lead: Simon Balmer

World Class Commissioning Outcomes

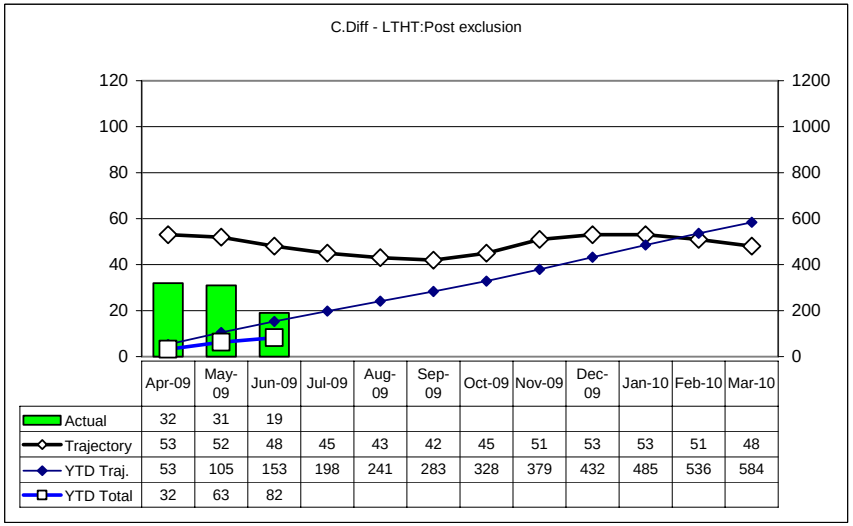
Clostridium difficile infection rates (Commissioner target)



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Actual	52	53	12									
Trajectory	73	70	65	61	59	58	61	69	73	73	69	65
YTD Traj.	73	143	208	269	328	386	447	516	589	662	731	796
YTD Total	52	105	117									

Periodic Review Standard

Clostridium difficile infection rates (Provider target)



	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10
Actual	32	31	19									
Trajectory	53	52	48	45	43	42	45	51	53	53	51	48
YTD Traj.	53	105	153	198	241	283	328	379	432	485	536	584
YTD Total	32	63	82									

NI 112: 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 in the longer term.

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.

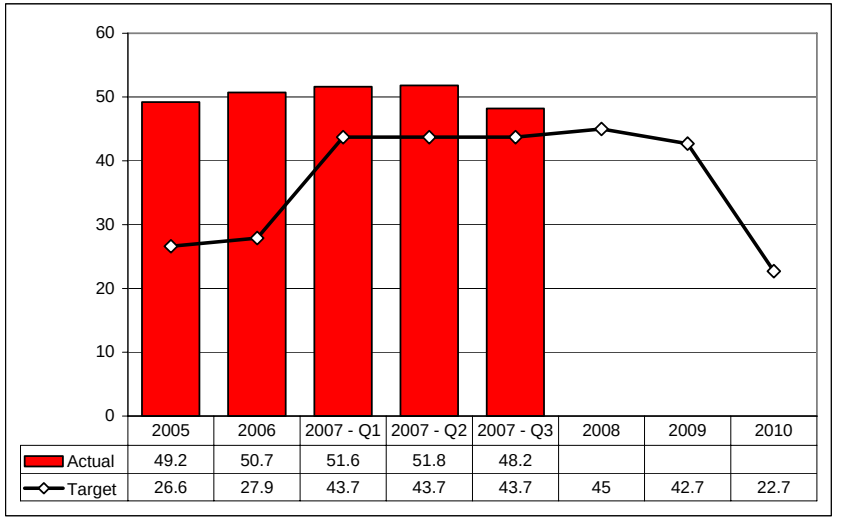
It is hoped that as this data collection becomes more robust, and even though it is limited to information from LTHT, it could be used as an early indication of teenage conceptions and trends and could be used in conjunction with the national-level data.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

Sexual Health

Teenage pregnancy rates per 1000 females aged 15-17



	2005	2006	2007 - Q1	2007 - Q2	2007 - Q3	2008	2009	2010
Actual	49.2	50.7	51.6	51.8	48.2			
Target	26.6	27.9	43.7	43.7	43.7	45	42.7	22.7

Four hour A&E standard

Target:

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

LTHT Performance since the first week of June has shown significant improvement with 98% being achieved consistently. In June the average was 98.4%. The year to date performance at that date is 97.14%.

Performance notices were issued for Apr and May. In response, LTHT have identified three key performance factors:

- Increased levels of attendances: there was a 5.4% rise in attendances in Apr and May 09 compared with the same months in 08.
- The pattern of attendances has changed, with the units much busier later in the evening, especially at LGI.
- There are a number of medical vacancies. Despite efforts, these have not been filled and limited success in covering these via locum agencies. The vacancies should be filled during Aug/Sept.

LTHT have also submitted additional actions that are ongoing to ensure that they can return to the levels of performance required and sustain this performance:

- Medical staff to work additional hours until vacant posts are filled.
- Continue to seek locum agency cover.
- Pay existing consultant staff additional rates to cover vacant shifts
- Base the Clinical Site Managers within A&E during out of hours.
- Redirect, where clinically appropriate, to other healthcare settings.
- Undertake assessment of current position of non-elective admission rates from A&E to determine if further actions required

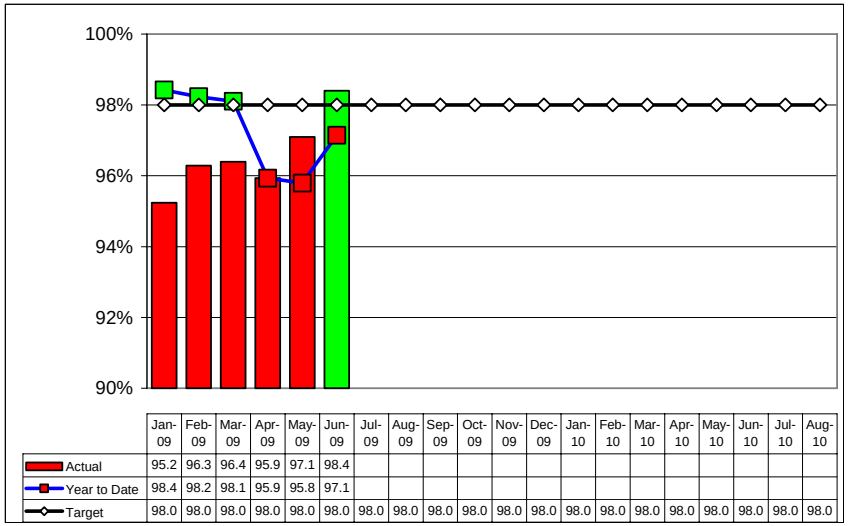
NHS Leeds will be supporting LTHT in improving performance by:

- Promoting walk-in services as alternatives to A&E and providing information to LTHT to assist in the re-direction of patients
- Review changes to the out of hours primary care call handling service

Health economy lead: Matt Walsh
LTHT operational lead: Philip Norman
NHS Leeds operational lead: Nigel Gray

Periodic Review Standard

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



	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10
Actual	95.2	96.3	96.4	95.9	97.1	98.4														
Year to Date	98.4	98.2	98.1	95.9	95.8	97.1														
Target	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0

NI 131: Delayed transfers of care

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.

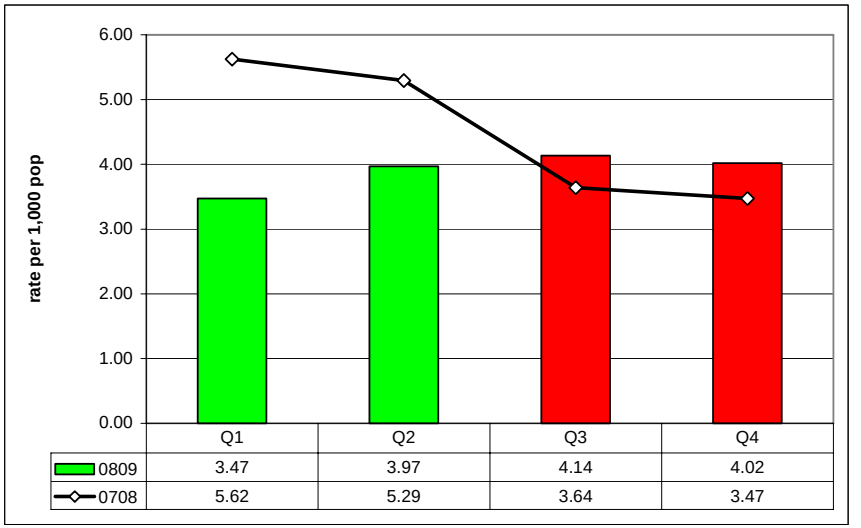
The indicator on delayed transfers of care (often known as delayed discharges) is under development. The chart measures the rate per 100,000 of the general population, as opposed to the rate per occupied acute bed day. The Care Quality Commission have not defined the threshold for achievement at the time of writing.

The number of delayed transfers of care in 2008/09 indicates an improvement overall on 2007/08, and performance against the trajectory in Q1-2 was well within the levels seen in 07/08. 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 started in Jan 2009 on streamlining processes and address how capacity is commissioned. The Unplanned Care Operational Group now receives 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.

Periodic Review Standard

Delayed transfers of care per 100,000 population



	Q1	Q2	Q3	Q4
0809	3.47	3.97	4.14	4.02
0708	5.62	5.29	3.64	3.47

Overall Traffic Light Rating	
Data Quality	No Checklist

NHS Leeds Executive Director: Matt Walsh
Management Lead: Nigel Gray
Operational Lead: Paula Dearing

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

This indicator covers a range of immunisations, MMR included, which itself is a stand-alone indicator in the World Class Commissioning programme.

Risks to achievement include -

- Child Health records not up to date
- Data collection issues for practices not on System One
- Non System One practices being unable to view children's immunisation records
- Health visitors not being informed of DNAs so they can follow-up
- Recruitment to service facilitator now progressing
- National uptake falling, particularly for MMR.

Planning is now underway for the stakeholder event on 7 July. This is the first step to implementing some of the recommendations from the As-Is Process Mapping Exercise. This work will aid the delivery of the targets on immunisation, specifically the MMR programme.

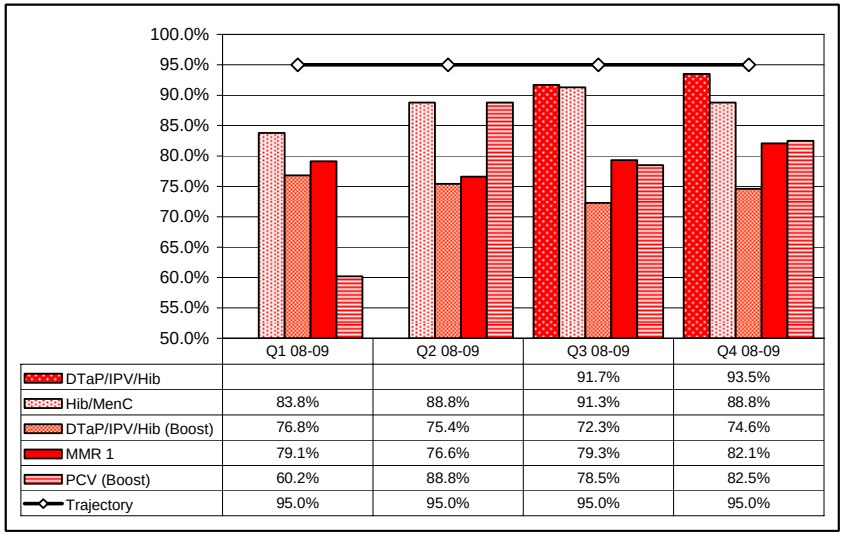
All but one practice has now signed up to a data sharing agreement which means that the PCT can download data directly from GP practices. This will enable more accurate data to be held on Child Health records and form COVER data. This work is to start this month.

Data shown in the chart opposite is not quite complete, though this will be corrected for future versions. On this occasion, Q1 & Q2 data for the first DTaP/IPV/Hib immunisation is not available. Also, HPV immunisation rates are not available though again will be in future.

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

Periodic Review/Vital Signs Standards

Percentage of children given immunisation at the recommended ages



	Q1 08-09	Q2 08-09	Q3 08-09	Q4 08-09
DTaP/IPV/Hib			91.7%	93.5%
Hib/MenC	83.8%	88.8%	91.3%	88.8%
DTaP/IPV/Hib (Boost)	76.8%	75.4%	72.3%	74.6%
MMR 1	79.1%	76.6%	79.3%	82.1%
PCV (Boost)	60.2%	88.8%	78.5%	82.5%
Trajectory	95.0%	95.0%	95.0%	95.0%

NI 40: Number of drug users in effective treatment

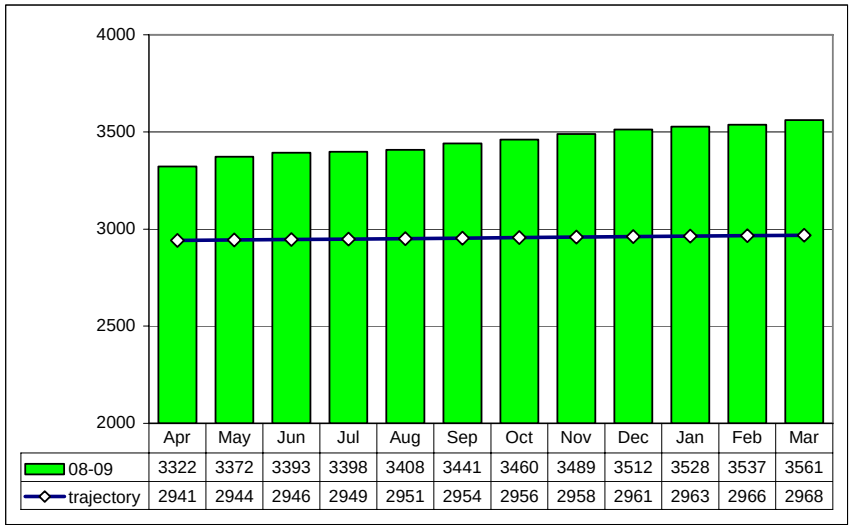
Target:

To increase the number of drug users in treatment, achieving the monthly target trajectory.

This indicator trajectory has been achieved during 2008/09. Further detailed commentary on this and performance moving into 2009/10 will be provided for future reports.

National Indicator

Number of drug users recorded as being in effective treatment (NI 40)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
08-09	3322	3372	3393	3398	3408	3441	3460	3489	3512	3528	3537	3561
trajectory	2941	2944	2946	2949	2951	2954	2956	2958	2961	2963	2966	2968

Overall Traffic Light Rating	
Data Quality	No Concerns

NHS Leeds Executive Director: Jill Copeland
Management Lead: Carol Cochrane
Operational Lead: Luke Turnbull

NI 123: Smoking Prevalence

Target:

Reduce the prevalence of smoking across the city and to narrow the gap between the most deprived areas and the rest of Leeds.

The latest practice data collection exercise figures (for 2008/09) indicate the current smoking prevalence of patients aged 16+ across Leeds is 23.04%. This is broken down to 29.63% in the deprived areas and 20.16% for the rest of Leeds.

It is anticipated that the data for Q1 2009/10 will be available for Aug 09. Although Leeds has experienced a significant reduction in smoking prevalence over the last 5 years, the national trend is suggesting the decline is starting to plateau and there is a risk of an increase in prevalence. It is therefore essential that the tobacco control agenda remains a high priority.

The NHS Leeds/Leeds City Council partnership is currently reviewing the arrangements for the development and delivery of the overarching tobacco control programme and is linking with regional activity including addressing the accessibility of cheap and illicit tobacco, which is a particular problem in the most deprived areas of the city. The service is continuing the delivery of an intensive programme of work using the principles of social marketing within the Richmond Hill area of the city, where uptake of the service has been historically poor.

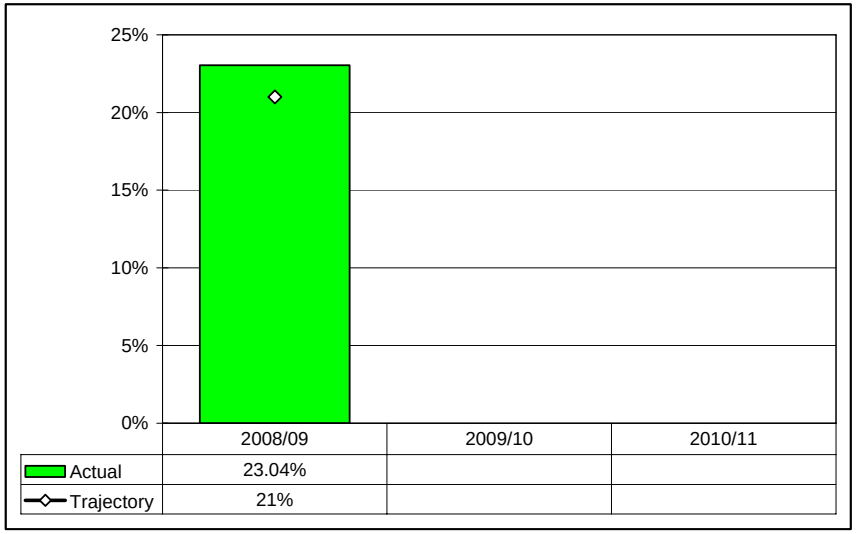
In addition the following assurances are:
The smoking service is well established and achieving 4 week quit target
The service is continuing to maintain high success rates
The service has been commissioned to continue to focus in developing outreach work in deprived areas where access is low

Overall Traffic Light Rating	
Data Quality	No Concerns

NHS Leeds Executive Director: Ian Cameron
Management Lead: Brenda Fullard
Operational Lead: Heather Thomson

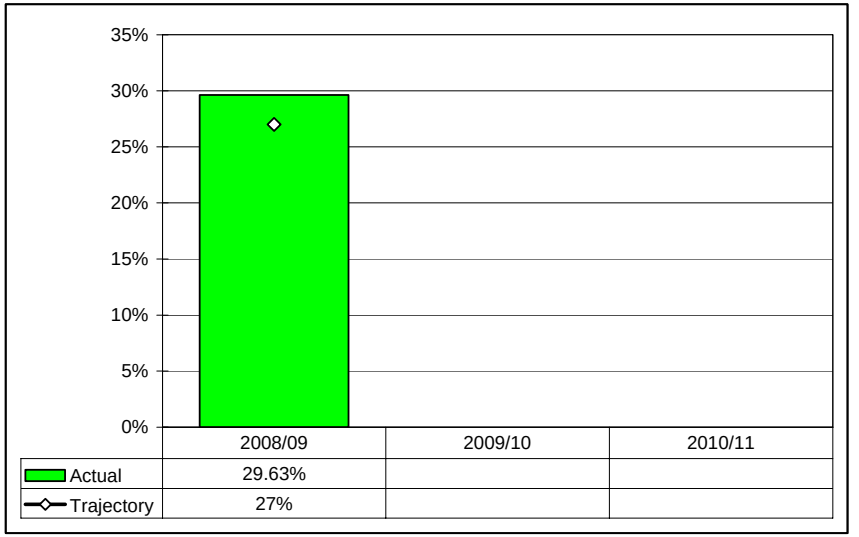
National Indicator

NI 123a: Smoking prevalence - City wide



National Indicator

NI 123b: Smoking prevalence - Depriived areas



NI 125: Independence for older people

Target:

To deliver improved care so as to achieve independence for older people through rehabilitation and/or intermediate care

This indicator measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. It captures the joint work of Social Care and Health staff commissioned by joint teams. The measure is designed to follow the individual and not differentiate between social care and NHS funding boundaries.

This is a provisional figure for a new indicator. It relies on new data for which results have only been reported from February 2009 onwards and no comparator information is available.

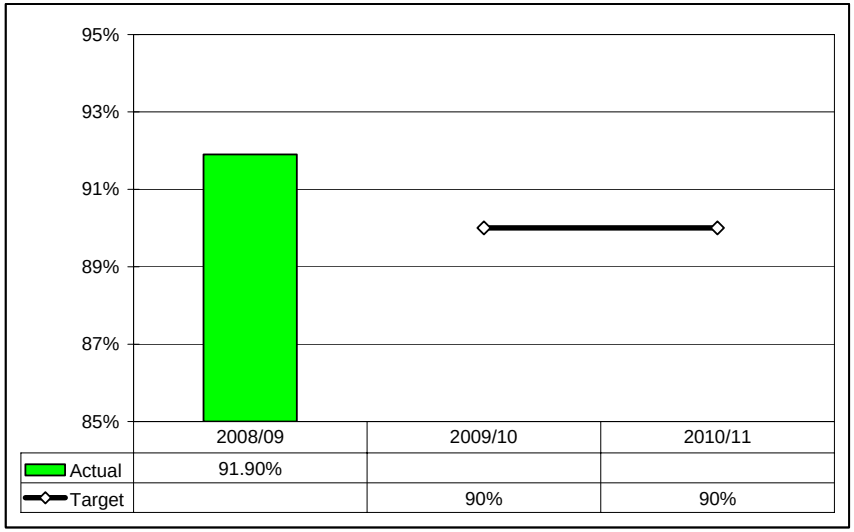
As this indicator has limited baseline data derived from a fairly small sample and initial results for the early part of 2009/10 would suggest that the base line level of performance is unlikely to be maintained the targets have been set slightly below the baseline. Furthermore, based on the results which were available from other authorities for 2008/09 a result of 90% would be well within the top quartile.

Overall Traffic Light Rating	N/A
Data Quality	Some Concerns

Lead Service: Access and Inclusion, LCC

National Indicator

NI 125: Achieving indepence for older people through rehab/intermediate care



NI 8: Adult Participation in sport and active recreation

Target:

To increase the participation of adults in sport and active recreation to 24.6% by 2011/12

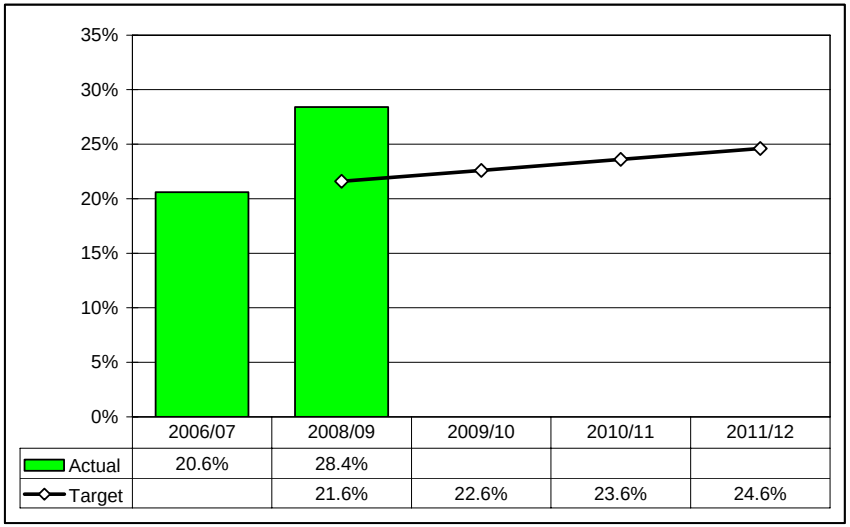
This indicator measures the participation of adults in 30 minutes of moderate intensity sport and active recreation on 3 or more days each week. The figure was gathered by Ipsos MORI who have been commissioned by Sport England to undertake an annual sport and active recreation participation survey. The original survey was undertaken from October 2005 - October 2006 and this collected 1,000 surveys from most local authorities across England. Following this 'Active People 2' was commissioned and this reduced the standardised sample size to 500.

Leeds has moved to 16th (English local authorities) in 2008 from a position of 208th in 2006, the 4th biggest increase in England. Leeds is now in the top 5% performing local authorities in the country.

The Department for Culture, Media and Sport through its Public Service Agreement targets a 1% year on year increase in participation from the baseline figure.

National Indicator

NI 8 Adult participation in sport and active recreation



Overall Traffic Light Rating	
Data Quality	No Concerns

Lead Service: Sport and Active Recreation, LCC

NI 119: Self reported measure of people's overall health and well-being

Target:

To improve the relative score as taken from the Place Survey

This result is from the 2008 Place Survey and measures the percentage of people who say their health is good or very good.

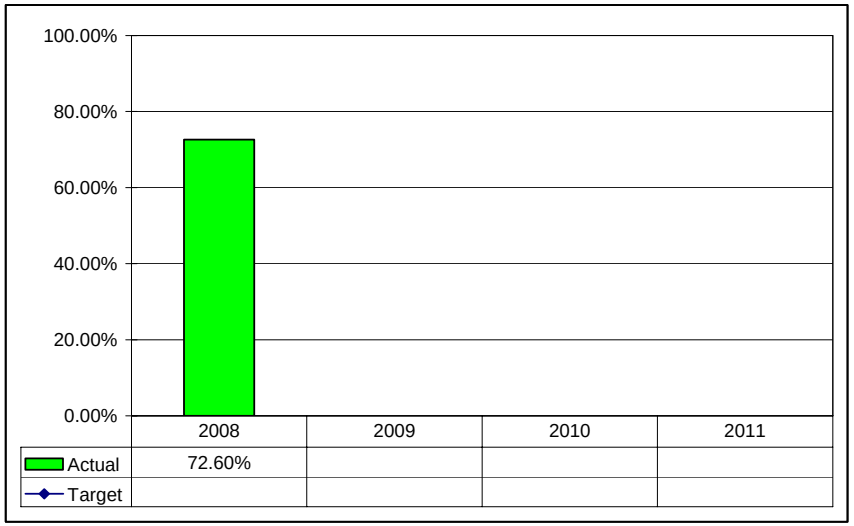
The result of 72.6% is below both the core cities and Yorkshire and Humber averages and places Leeds in the bottom quartile nationally.

This is the first year this indicator has been reported and targets have yet to be set for forthcoming years.

Overall Traffic Light Rating	N/A
Data Quality	No Concerns

National Indicator

NI 119: Self reported menasue of people's health and well-being



Lead Service: NHS Leeds
Executive Director: Ian Cameron
Management Lead: Brenda Fullard
Operational Lead: Heather Thomson

NI 122: Mortality from all cancers at ages under 75

Target:

To reduce the rate of deaths from cancer to 110 deaths per 100,000 by 2011

The trajectory for this indicator is currently being achieved.

The work on delivery forms part of the Cancer Locality Group work programme and the Cancer Strategy Reform action plan.

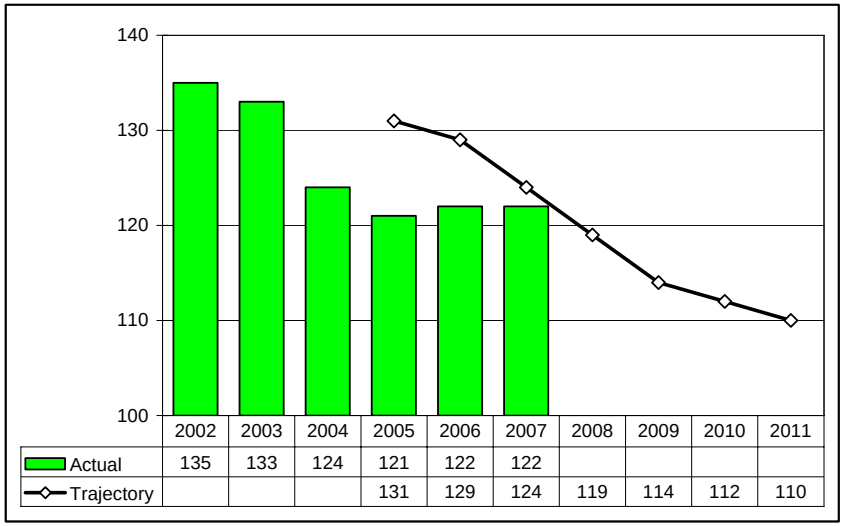
Achievement moving forward and in the short term depends of improving access to care, reducing stage at presentation as well as changing health behaviour and providing smoking cessation services.

A range of actions by and regular performance review by the Cancer Locality Group and West Yorkshire cancer network and external peer assessment help to provide assurance.

Future work includes improvement of care pathways, enhanced screening programmes (breast cervical and bowel) and continued improvement in delivery of healthy living services, in particular smoking cessation, weight management and alcohol services

National Indicator

NI 122: Cancer mortality



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Actual	135	133	124	121	122	122				
Trajectory				131	129	124	119	114	112	110

Overall Traffic Light Rating	
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: Ian Cameron
Management Lead: Jon Fear
Operational Lead: Jon Fear

NI 53: Prevalence and coverage of breastfeeding

Target:

To increase the prevalence and coverage of breastfeeding at 6-8 weeks from birth.

Promoting and sustaining breastfeeding is an essential part of an integrated programme of child health promotion and parenting support. Over the past few years performance has focused on breastfeeding initiation but from now the indicator is assessing levels of continuation at 6 - 8 weeks and of coverage, that is improving the recording of breastfeeding status.

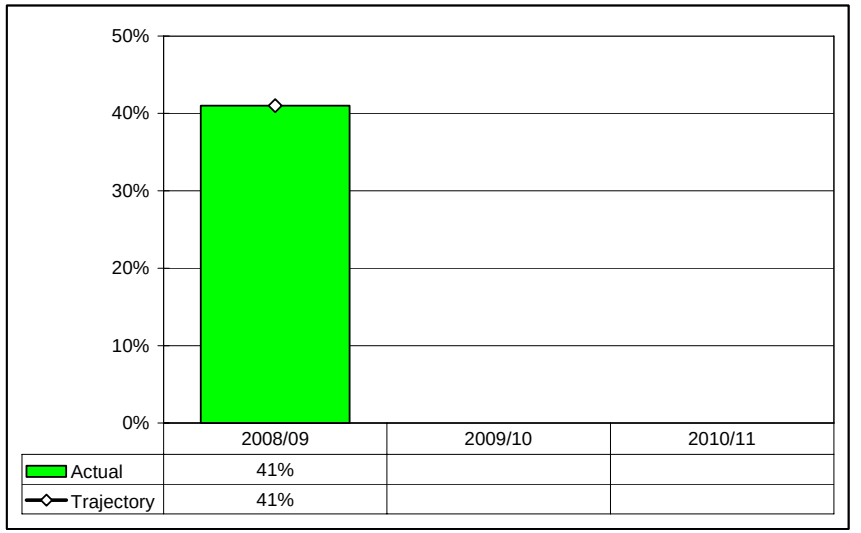
2008/09 has been the first year that this indicator is being reported and though there are issues with regard to recording of the information, progress towards the year end target has been good, as can been seen from the charts.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

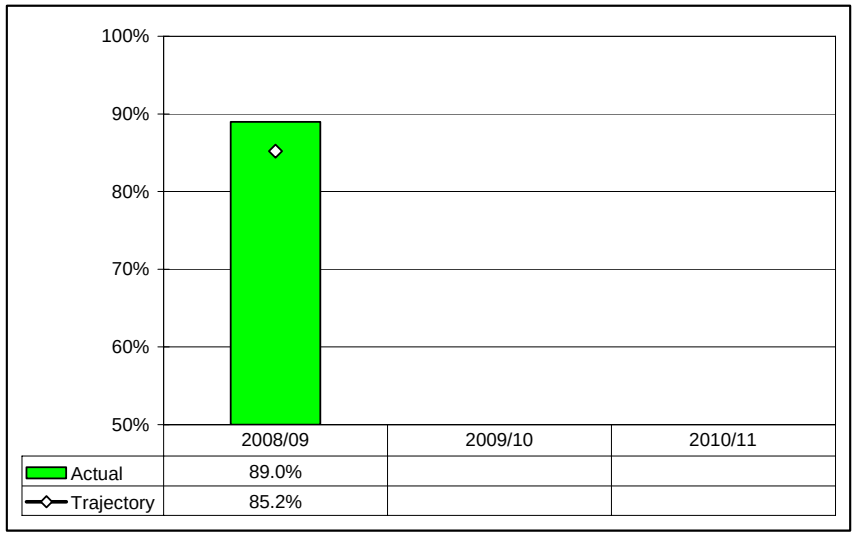
National Indicator

NI 53a: Prevalence of breastfeeding at 6-8 weeks from birth



National Indicator

NI 53b: Coverage of breastfeeding at 6-8 weeks from birth



NI 55: Obesity in Yr R primary school children

Target:

To increase coverage of Yr R children to 91.9% and to reduce prevalence of obesity to 9.17% by 2011.

Childhood Obesity is closely linked with early onset of preventable disease, including diabetes. The ambition is to reverse the rising tide of obesity and people being overweight in the population, by enabling everyone to achieve and maintain a healthy weight. The aim is to reduce the proportion of overweight and obese children to 2000 levels

It measures the percentage of children in reception who are obese as shown by the National Child Measurement Programme (NCMP). PCTs are required to coordinate with schools to weigh and measure all eligible children in year 6 and reception.

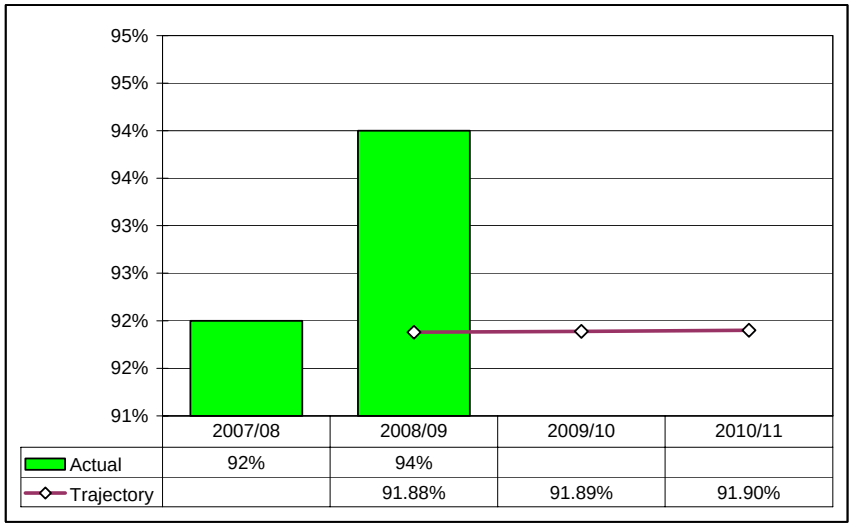
The result provided is for the academic year 2007/08. Both coverage and prevalence rates are exceeding target. Compared to 2006/07 academic year there has been an increase in the number of children measured and a slight drop in prevalence but with only two years of results it is not yet possible to discern trends.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

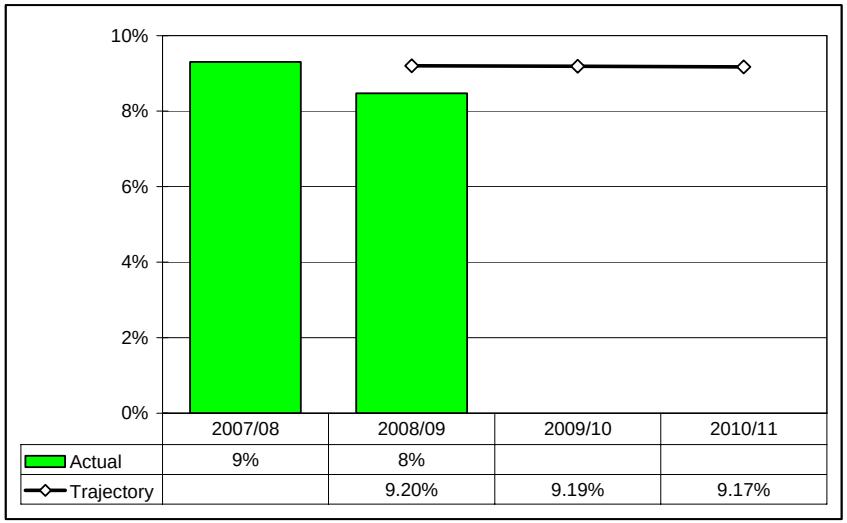
National Indicator

NI 55: Obesity in Yr R - coverage



National Indicator

NI 55: Obesity in Yr R - prevalance



NI 55: Obesity in Yr 6 primary school children

Target:

To increase coverage of Yr 6 children to 98.34% and to reduce prevalence of obesity to 17.67% by 2011.

Childhood Obesity is closely linked with early onset of preventable disease, including diabetes. The ambition is to reverse the rising tide of obesity and people being overweight in the population, by enabling everyone to achieve and maintain a healthy weight. The aim is to reduce the proportion of overweight and obese children to 2000 levels

It measures the percentage of children in year 6 who are obese as shown by the National Child Measurement Programme (NCMP). PCT's are required to coordinate with schools to weigh and measure all eligible children in year 6 and reception.

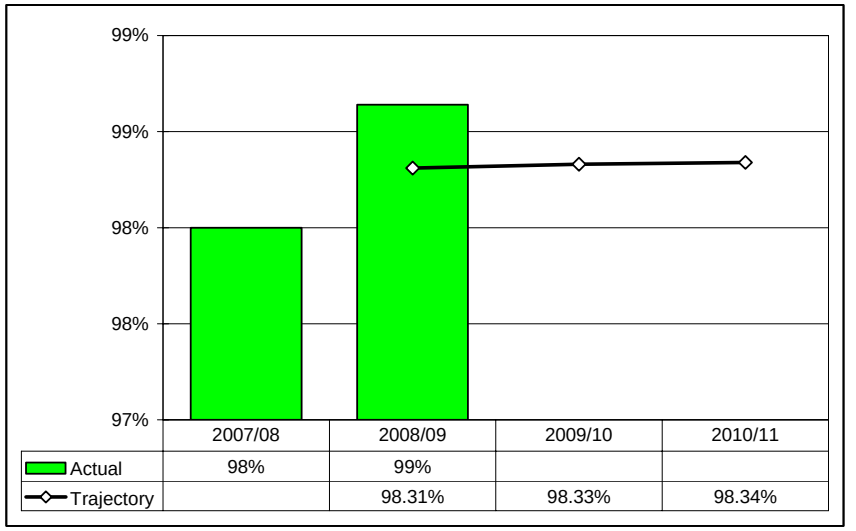
The result provided is for academic year 2007/08. Obesity coverage has increased compared to 206/07 academic year and has exceeded target. However, prevalence has increased and has failed to meet target, although with only two year's data it is not possible to discern if this is a trend.

Overall Traffic Light Rating	
Data Quality	No Concerns

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

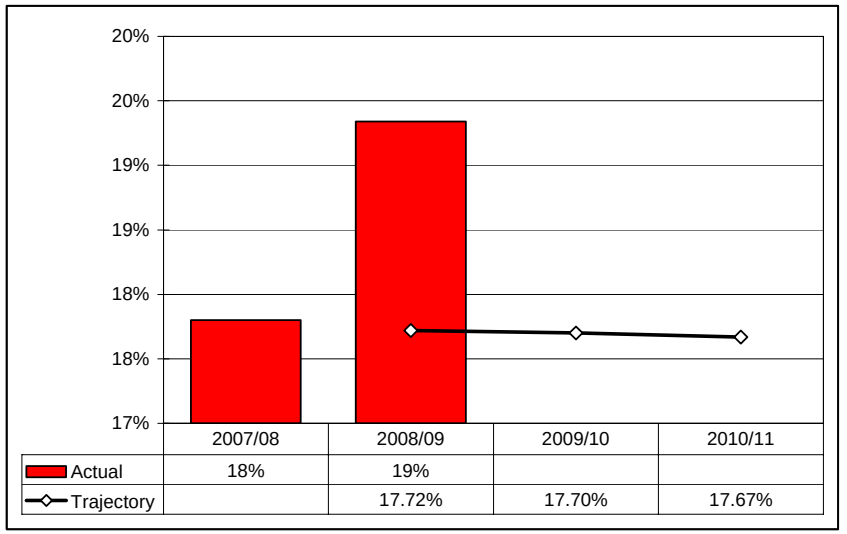
National Indicator

NI 56: Obesity in Yr 6 - coverage



National Indicator

NI 56: Obesity in Yr 6 - prevalance



NI 70: Reduce emergency hospital admissions caused by injury to children

Target:

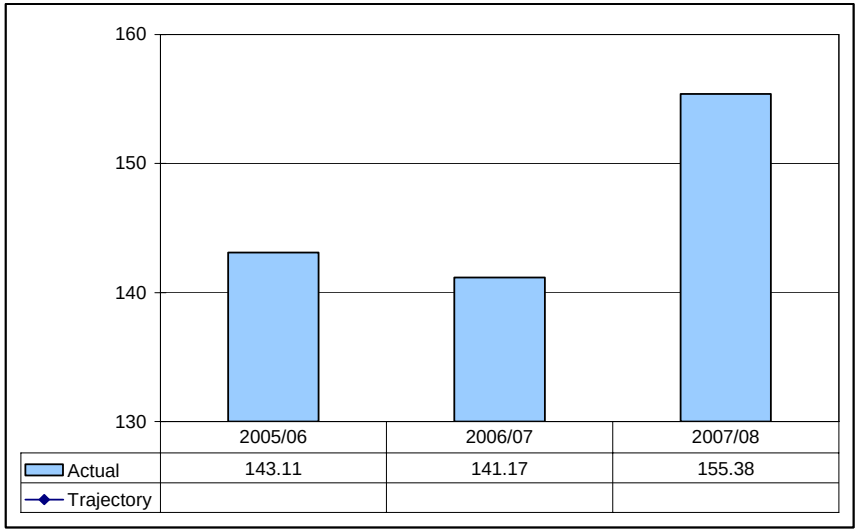
No target has been set for this indicator at this stage.

Data for this indicator will be available via the central Government Data Hub. A result for 2008/09 will be available by the end of July 2009.

No future targets have been set for this indicator at this stage.

National Indicator

NI 70: Reduce emergency admissions caused by unintentional/deliberate injuries to children



Overall Traffic Light Rating	N/A
Data Quality	Concerns

Lead Service: NHS Leeds
Executive Director: Jill Copeland
Management Lead: Sarah Sinclair
Operational Lead: Diane Hampshire

NI 50: Emotional health of children

Target:

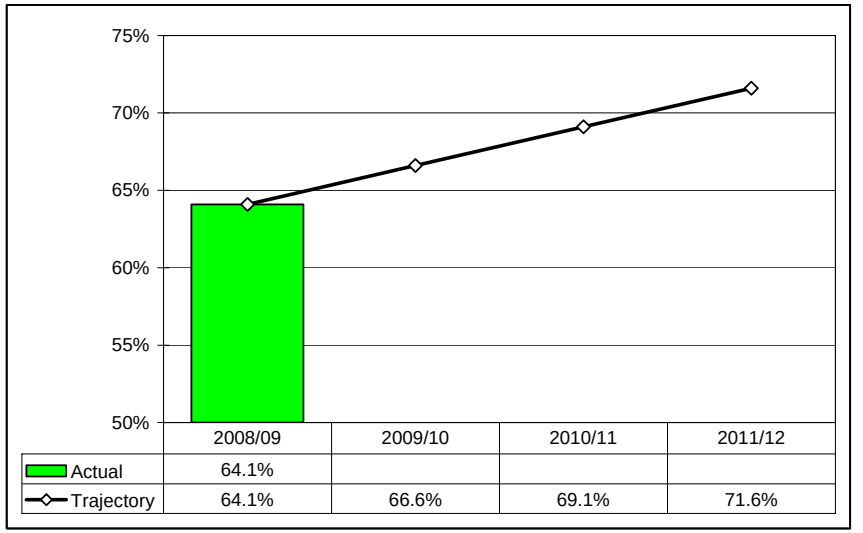
To improve performance from the 2008/09 baseline by 2.5% per year, to 2012.

This is a new indicator measured using results from questions in the TellUs Survey. The TellUs survey is based on a representative sample of pupils in School Years 6, 8 and 10 in maintained schools, including Academies and Pupil Referral Units, in a local area.

The 2008/09 result of 64.1% has been used as a baseline and future targets have been set at a year on year improvement of 2.5%.

National Indicator

NI 50: Emotional health of children



	2008/09	2009/10	2010/11	2011/12
Actual	64.1%			
Trajectory	64.1%	66.6%	69.1%	71.6%

Overall Traffic Light Rating	N/A
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: Jill Copeland
Management Lead: Sarah Sinclair
Operational Lead: tbc

NI 51: Effectiveness of child and adolescent mental health services

Target:

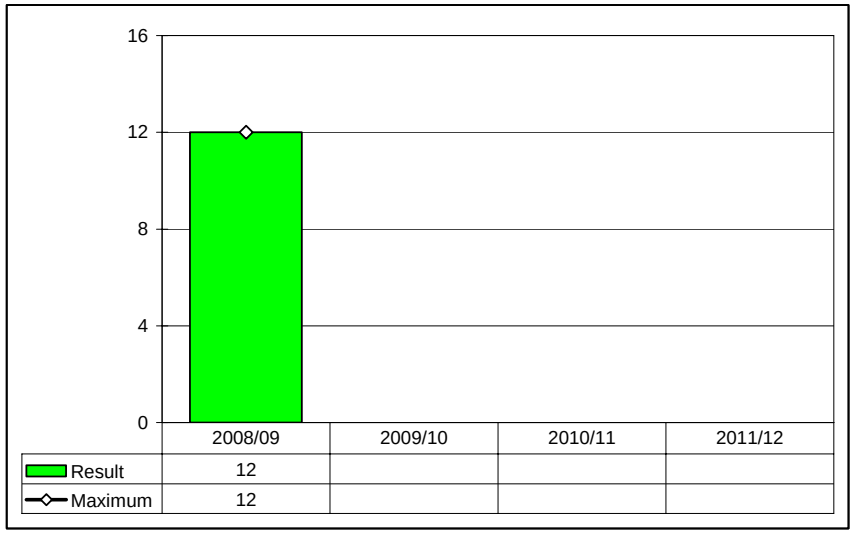
To be able to respond positively in each area of activity covered by a PCT level annual survey.

This indicator measures how effectively mental health services meet children's mental health needs, through a survey of PCTs. This measure is assessed by answering a series of four questions. During the year the questions were altered which also meant that the highest result possible and target was amended from 16 to 12. This is why the year end result differs from the previous three quarters results. Result 12 out of 12

The target has been met due to services being made more effective. This has been achieved by ensuring there is a full range of CAMHS for children with learning disabilities, providing accommodation appropriate to age and level of maturity and enhancing the provision of early intervention support services.

National Indicator

NI 51: Effectiveness of CAMHS



Overall Traffic Light Rating	
Data Quality	No Concerns

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

NI 113: Prevalence of chlamydia in under 25 year olds

Target:

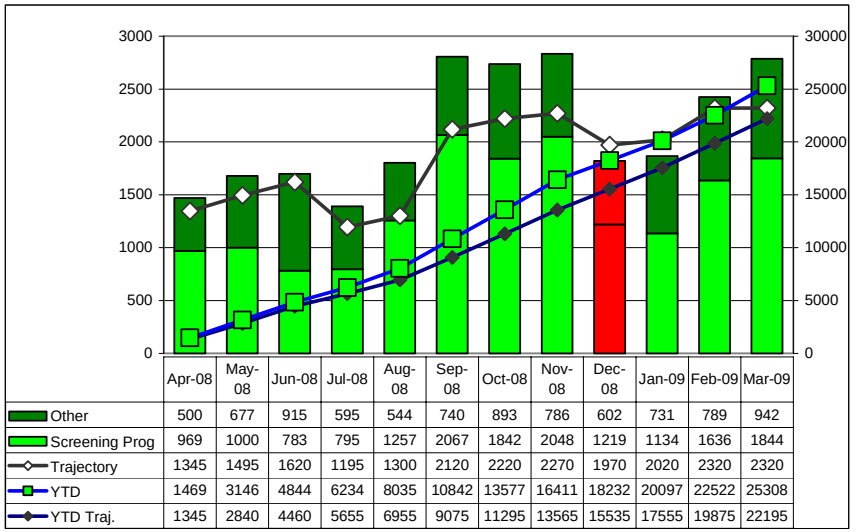
No target set at this stage. 2008/09 performance to be used as a baseline.

This indicator will be based on performance in 2008/09, which is illustrated in chart opposite. Final, confirmed data will be available from the Data Hub at the end of July.

The target trajectory for 2008/09 was delivered.

Periodic Review Standard

Chlamydia Screening



	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Other	500	677	915	595	544	740	893	786	602	731	789	942
Screening Prog	969	1000	783	795	1257	2067	1842	2048	1219	1134	1636	1844
Trajectory	1345	1495	1620	1195	1300	2120	2220	2270	1970	2020	2320	2320
YTD	1469	3146	4844	6234	8035	10842	13577	16411	18232	20097	22522	25308
YTD Traj.	1345	2840	4460	5655	6955	9075	11295	13565	15535	17555	19875	22195

Overall Traffic Light Rating	
Data Quality	No Concerns

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

NI 115: Substance misuse by young people

Target:

To reduce the number of young people reporting frequent misuse of drugs/volatile substances or alcohol.

This indicator is measured through the TellUs Survey. The TellUs survey is based on a representative sample of pupils in School Years 6, 8 and 10 in maintained schools, including Academies and Pupil Referral Units, in a local area.

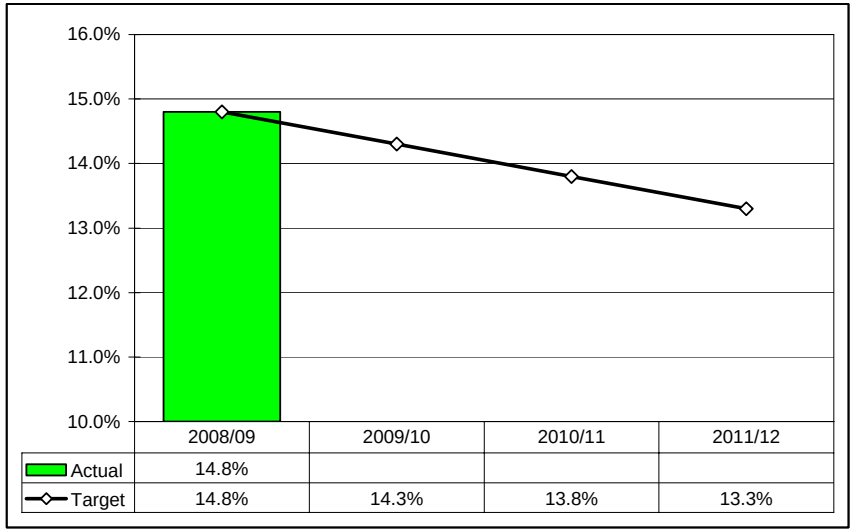
The indicator measures the percentage of young people reporting frequent misuse (twice or more in the last four weeks) of either drugs/volatile substances or alcohol.

The targeted reduction of 0.5% per year equates to five children.

S

National Indicator

NI 115: Substance misuse by young people



Overall Traffic Light Rating	N/A
Data Quality	No Checklists

Lead Service: NHS Leeds
Executive Director: Jill Copeland
Management Lead: Sarah Sinclair
Operational Lead: tbc

NI 124: People with a long term conditions supported to independent

Target:

The percentage of people with a long-term condition who receive enough support to help manage their long-term health condition(s).

The Self Care Operating Framework is now produced in draft form. It makes specific reference to people with Long Term Conditions. It is now out for consultation with partner agencies and service users. It identifies three thematic areas for action. Meeting with Strategic Development colleague to discuss the way forward.

The Expert Patient Programme now has a full annual programme of sessions. Additional development work is planned on specific condition focussed Programme work (including neurological conditions, mental health etc).

The Health Trainer Programme focuses on health behaviours and lifestyle choices, the work of the trainers overlaps with wider considerations relating to long term conditions. Full re-commissioning of the Health Trainer programme over a 3 year programme is to be taken forward through appropriate PCT mechanisms.

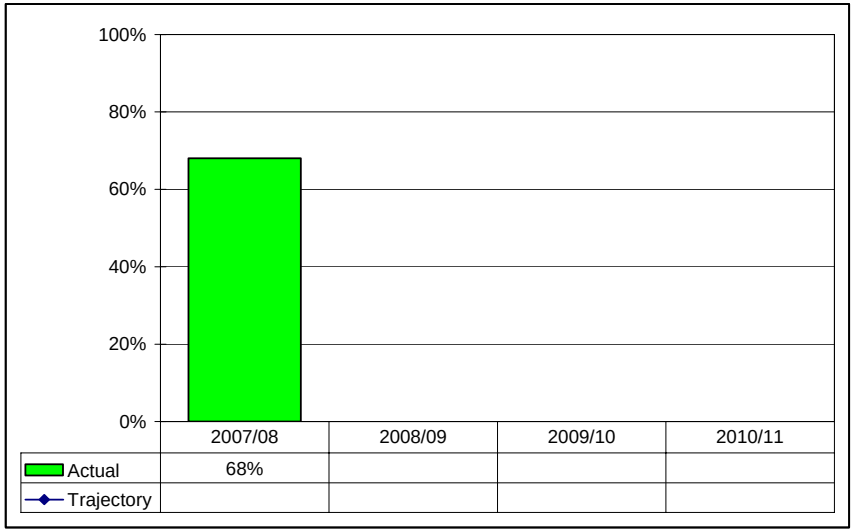
The Staywell System is aimed at ensuring people with long term conditions are fully informed about their condition and able to self-assess their ability and knowledge to manage the condition. This is being taken to the Leodis practice based commissioning consortium as a possible demonstration site for testing the system.

Overall Traffic Light Rating	N/A
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: Ian Cameron
Management Lead: Brenda Fullard
Operational Lead: Judy Carrivick

National Indicator

NI 124: People with long term condition supported to be independent



NI 129: End of life care – access to care enabling people to choose to die at home

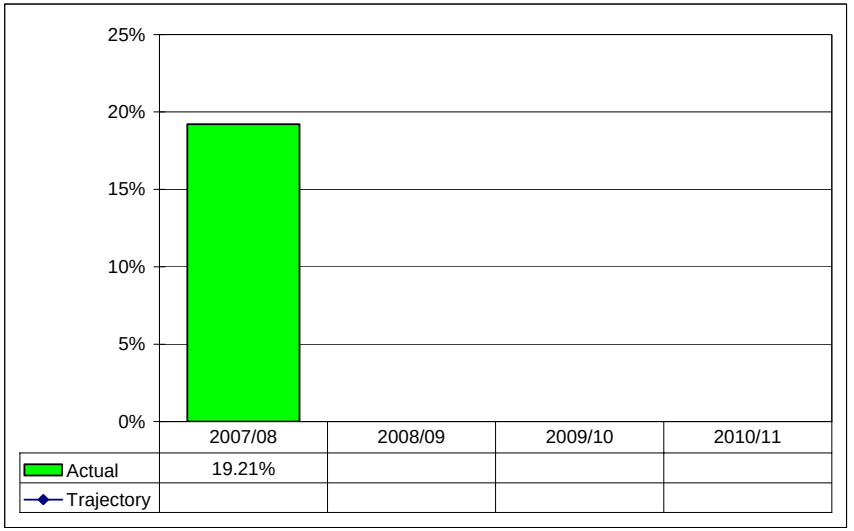
Target:

The percentage of people that die at home should rise over time. No specific target has been set at this stage.

Data for this indicator is provided via ONS. No target has been set at this stage. Further performance information will be provided in future reports.

National Indicator

NI 129: End of life care: percentage of deaths that occur at home



Overall Traffic Light Rating	N/A
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: Jill Copeland
Management Lead: Carol Cochrane
Operational Lead: Diane Boyne

NI 134: Number of emergency bed days per head of population

Target:

The rate of emergency bed days per head of population should reduce over time.

Whilst there are no concerns with the medium to long term availability of data to support the performance management of this indicator, it is presently not available.

Data will be available for the next issue of this performance report.

Overall Traffic Light Rating	N/A
Data Quality	No Concerns

Lead Service: NHS Leeds
Executive Director: tbc
Management Lead: tbc
Operational Lead: tbc

NI 149: Adults receiving secondary mental health services in settled accommodation

Target:

The percentage of people receiving secondary mental health services and who are in settled accommodation should rise.

NI 150: Adults receiving secondary mental health services in employment

Target:

The percentage of people receiving secondary mental health services and who are in employment at the time of their last assessment should rise.

Data for these indicators is provided via the Mental Health Minimum Data Set. No targets have been set at this stage. Further performance information will be provided in future reports. Data will be available from the Data Hub during the summer.

NHS Leeds will support provision of the information for these indicators for future reports and also co-ordinate the reporting of supporting narrative.

Overall Traffic Light Rating	N/A
Data Quality	No Checklists

Lead Service: Leeds Partnership Foundation Trust/NHSL
Executive Director: tbc
Management Lead: tbc
Operational Lead: tbc