Health Performance Indicators Quarter 1 2010-11

| | РІ Туре | Ref | Title | Service | Frequency & Measure | Fall | Baseline | Last Year Result | Target | Quarter 2 | Predicted Year End Result | Direction of Travel | Data Quality | |
|---|-----------------------|--|---|---------------------|------------------------|------------|-------------|---------------------|-------------------|-----------------|---------------------------------|------------------------|-----------------------------|--|
| 1 | National Indicator | NI 53A | Coverage of breast-feeding at 6- 8 wks from birth (Breastfeeding coverage) | NHS Leeds | Quarterly % | Rise | 89.0% | 90.9% | 95.0% | 96.9% | 95.0% | 1 | No Concerns with data | |
| | | There is no reason to suggest that this target will not be achieved | | | | | | | | | | | | |
| 2 | National Indicator | NI 53B | Prevalence of breast-feeding at 6-8 wks from birth (Breastfeeding | NHS Leeds | Quarterly % | Rise | 41.0% | 40.8% | 44.0% | 49.0% | 44.0% | 1 | No Concerns with data | |
| | | | no reason to suggest that this targ | | | | T . | 1. | 1 | 1 | | | | |
| | PCT Vital Signs | VSA01 | Incidence of MRSA - number of cases | PCT | Quarterly Number | Fall | n/a | n/a | 34 | 7 | 34 | N/A | No Concerns with data | |
| | | | et is a major challenge, but at pres | | aining within | the maxi | mum traject | | | | | - | _ | |
| ļ | PCT Vital Signs | VSA03 | Incidence of C difficile - number of cases | PCT | Quarterly Number | Fall | 870 | 425 | 579 | 92 | 579 | N/A | No Concerns with data | |
| | | Delivery is well within trajectory | | | | | | | | | | | | |
| 5 | PCT Vital Signs | VSA13 | % patients waiting no more than 62 days from referral to treatment for cancer | PCT | Quarterly % | Rise | n/a | 84.78% | 85.00% | 80.40% | 85.00% | ₽ | No Concerns with data | |
| | | The 62 day urgent referral to treatment indicator has not been met. A continuous focus on all factors affecting performance in this area to get down to the minimum breaches per month, to hit the target. There continue to be challenges in some areas, which are managed through a monthly root cause analysis process and action plans. Some issues remain with external late referrals of patients from other trusts into LTHT. The plan is to ensure that the target is delivered from Q3. | | | | | | | | | | | | |
| ; | PCT Vital Signs | VSA12 | diagnosis to treatment and | PCT | Quarterly % | Rise | n/a | 96.99%/ | 96.0%/ | 96.5%/ | 96.0%/ | | No Concerns | |
| | | | subsequent surgery lay subsequent surgery indicator is rom mid-Sep, allowing referrals to | | | | | | | | | | with data ne-stop | |
| | PCT Vital Signs | VSA12 | Cancer; 31 day wait standard - subsequent drug and radiotherapy | РСТ | Quarterly % | Rise | n/a | 99.53%/ 90.40% | 98.00%/ 94.00% | 99.8%/ 96.9% | 98.0%/ 94.0% | | No Concerns with data | |
| | | These targets are generally being achieved. | | | | | | | | | | | | |
| ; | PCT Vital Signs | | % Children who completed immunisation by recommended ages | PCT | Quarterly % | Rise | n/a | n/a | 95.0% | 91.40% | 95.0% | N/A | No Concerns with data | |
| | | Performa | ance continues below trajectory (ex | kpressed as an over | rall figure, cov | vering a r | ange of sub | -targets), th | ough perf | ormance is | steadily impro | oving | | |