

Agenda item PU2011/xx		
DATE OF BOARD MEETING: 22 March 2012	Category of Paper Tick(✓)	
Executive Director Lead: Philomena Corrigan: Director of Delivery and Service Transformation	Decision and Approval	✓
Paper Author: Kerry Weir: Deputy Director of Performance Graham Brown: Performance Manager	Position Statement	✓
Paper Title: NHS Airedale, Bradford and Leeds Joint Performance Report	Information	
	Confidential Discussion	

SUMMARY

1. This report provides an overview of performance against key performance indicators for the constituent PCTs of the NHS Airedale, Bradford and Leeds Cluster. This report will enable members of the Board to understand the key performance issues facing the Cluster organisation. The report on this occasion further develops the integration of the Leeds PCT and Bradford & Airedale PCT. The format and content is more integrated, and shows benchmarking information, where available. The range of individual indicator lines is being developed, toward matching the Operating Framework for 2012/13.

BACKGROUND

2. The background for the report provides context for delivery of the Cluster's strategic level and operational plans. It does this through the provision of performance information on key indicators.

FINANCIAL IMPLICATIONS AND RISK

3. The report identifies strategic level performance risks, in terms of specific indicators. There are no identified new financial implications for the proposed approach to performance management.

COMMUNICATIONS AND INVOLVEMENT

4. The report content shows how the PCT Cluster is performing, a key factor in effective communication with patients, partners and other stakeholders.

PUBLICATION UNDER FREEDOM OF INFORMATION ACT

5. This paper has been made available under the Freedom of Information Act.

RECOMMENDATION

6. The Cluster Board is asked to:
(a) **Receive** the Joint Performance Report.



Airedale, Bradford and Leeds

Performance Scorecard

March 2012

Performance Scorecard

Key:

Below the threshold

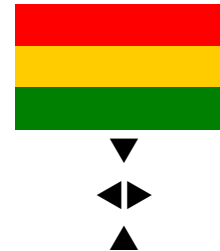
Below target/mean, but above threshold

Equal to or better than target/mean

Worse than previous position

Same as previous position

Better than previous position



RAG tolerances have been applied as follows:

- a) Against local target, but if not available,
- b) Against national target/standard, but if not available,
- c) Against national mean







Thresholds for achievement are applied where there is a tolerance around a specific target. Thresholds vary according to the circumstances. For example, ambulance call wait times have a tolerance of 5% of the target applied. In practice this works out to mean that with performance of 75%, this is described as achieved, below that down to 71.3% underachieved, and below 71.3%, failure to achieve. Thresholds are used to provide some flexibility in interpretation of performance. Thresholds are a mixture of DH guidance and where there is no such guidance, local intelligence and best practice is used.

Some thresholds also vary across the cluster. This could be a result of different starting positions in NHS Bradford & Airedale and NHS Leeds; it could also be because of different populations. An example of this are the mortality indicators, which are intended to describe the health of the local populations of the constituent PCTs of the Cluster body.

Preventing people from dying prematurely	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
Ambulance category A calls responded to within 8 mins	Jan 2012	76.3%	▲	73.8%	77.5%	▲	75.6%			
Ambulance category A calls responded to within 19 mins	Jan 2012	98.9%	▲	98.1%	98.9%	▲	98.8%			
Cancer diagnosis to treatment times - Total	Dec 2011	96.4%	▼		98.2%	▲		Dec 2011	98.6%	98.6%
Cancer 31 day standard for subsequent treatment - Surgery	Dec 2011	97.5%	▼		98.8%	▲		Dec 2011	97.5%	98.1%
Cancer 31 day standard for subsequent treatment - Drug	Dec 2011	100.0%	◀▶		100.0%	◀▶		Dec 2011	99.9%	99.9%
Cancer 31 day standard for subsequent treatment - Radiotherapy	Dec 2011	98.3%	▼		100.0%	◀▶		Dec 2011	98.8%	98.7%
Cancer 62 day standard - referral to treatment	Dec 2011	83.1%	▲		89.9%	▲		Dec 2011	90.5%	88.7%
Cancer 62 day wait for first treatment - referral from screening	Dec 2011	96.3%	▼		100.0%	▲		Dec 2011	95.1%	95.0%
Cancer 62 day wait for first treatment - consultant upgrade	Dec 2011	75.0%	▼		85.7%	▼		Dec 2011	93.2%	94.0%
Breast cancer screening offered (aged 47-49 and 71-73)	Dec 2011	17.7%	▼		50.4%	▲		Dec 2011	46.4%	48.4%
Bowel screening offered (aged 70-75)	Dec 2011	87.7%	▲		4.1%	▼		Dec 2011	63.0%	46.7%
Cervical cancer screening: 2 week result	Jan 2012	98.3%	▼		98.8%	▼		Jan 2012	98.5%	98.4%
CVD mortality <75s (rate per 100,000)	2008-10	89.5	▲		75.2	▲		2008-10	75.5	67.2
AAACM male (rate per 100,000)	2008-10	754.0	▲		692.3	▲		2008-10	700.5	656.0
AAACM female (rate per 100,000)	2008-10	538.3	▲		485.2	▲		2008-10	499.9	467.1
4-week smoking quitters (% of target)	Dec 2011	84.4%	▼		73.7%	▼				
Rates of smoking during pregnancy	Dec 2011	15.2%	▲		14.2%	▼		Dec 2011	17.2%	13.4%
Rate of children completing MMR @ 2yrs	Dec 2011	92.4%	▼		93.5%	◀▶		Sep 2011	92.8%	90.7%

Ambulance - Category A response times	Reporting period	Yorkshire Ambulance Service		
		Current	Improvement	YTD
Ambulance category A calls responded to within 8 mins	Jan 2012	78.2%	▲	75.9%
Ambulance category A calls responded to within 19 mins	Jan 2012	98.4%	▲	98.0%

Key:

- Below the threshold 
- Below target/mean but above threshold 
- Equal to or better than target/mean 
- Worse than previous position 
- Same as previous position 
- Better than previous position 

YAS performance in January and year to date (YTD) against both the 8 minute and 19 minute ambulance response times standards is above the 75% and 95% requirements respectively. However, although in January local performance for the Bradford & Airedale area was above target, YTD remains below the 75% threshold.

Bradford & Airedale

Delivery of the 62 day cancer standard remains a concern. Feedback from national support unit visit to BTHFT in January was in general very positive. The IST will provide a full draft report and the trust is developing an action plan based on the feedback. The trust has asked for additional support from the IST in doing detailed capacity and demand analysis with the three cancer sites that are currently having difficulties: Lung, Urology and Head and Neck. Delivery was also below the locally agreed target for 62 day consultant waiting times, although numbers were very low (1 breach only in December).

Breast cancer screening performance remains below the regional average (46.4%) at Q3 and whilst just below the 100% national requirement, the % of women receiving cervical screening results within 2 weeks has fallen slightly at Q3 to just below both national and regional averages.

Provisional data shows that, whilst delivery is above target for the number who set a quit date, the numbers actually quitting smoking at 4 weeks remains below our target for 2011/12. Monthly quit rates are bordering on the lower control limit for the programme of 35%. The Q3 formal return is due to be submitted to the DH in early March, and although following further validation and data collection numbers are likely to increase, there remains a risk that the 2012/13 target will not be achieved.

Mortality rates for 2008-10 show that, whilst rates continue to improve, they remain above national averages.

Leeds

The NHS Leeds Smoking services continues to demonstrate an improvement in performance, with 3,458 quitters by end December 2011 (against a target of 3,260) and compared with 3,400 the previous year. Projector based on the historical performance suggest strongly that the smoking target will be met by end of year. The red traffic light is used on this occasion because of less than optimum performance during December, though as pointed out, Q4 is normally the most productive. It should be noted however, that there has been significantly less national advertising promoting services, which has had a negative impact on the rates previously seen of the numbers of people quitting, or accessing services, as would normally be expected in January and this is likely to impact on the final figure.

Not yet approved by NHSABL Board

Enhancing quality of life for people with long term conditions	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
Diabetic retinopathy screening (% offered)	Dec 2011	99.4%	▼		100.0%	▲		Dec 2011	95.6%	98.4%
Early intervention in psychosis services - New cases	Dec 2011	54	▲	148	27	▼	97			
Crisis resolution services - Number of home treatment episodes	Dec 2011	350	▼	1,087	523	▼	1,576			
CPA 7 day follow-up rate	Dec 2011	97.2%	▲		96.4%	▼		Dec 2011	97.2%	97.3%
Improve access to psychological therapy: % receiving treatment	Dec 2011	1.5%	▼		0.6%	▼		Sep 2011	2.2%	2.1%
Improve access to psychological therapy: % Moving to recovery	Dec 2011	31.6%	▼		49.6%	▲		Sep 2011	41.5%	42.2%
% patients with BP controlled within recommended limits (150/90)	Dec 2011	81.8%	▼							
NHS healthchecks offered (40-74) YTD	Dec 2011	1.5%	▲	1.5%	13.0%	▲	13.0%	Dec 2011	6.5%	9.5%

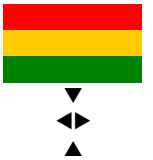
Helping people to recover from episodes of ill health or following injury	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
Delayed transfers of care - Acute and non-acute (Over 18s per 100,000)	Dec 2011	1.5	▼		10.1	▲		Sep 2011	8.5	10.3
Emergency admissions for 19 ambulatory conditions (per 100,000)	Q2 2011/12	455.1	▲		419.6	▲		Q2 2011/12	402.6	356.9
Quality of stroke care (90% time on stroke unit)	Dec 2011	74.3%	▼		81.9%	▲		Dec 2011	83.3%	83.0%

Treating and caring for people in a safe environment and protecting them from avoidable harm	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
MRSA	Jan 2012	0	◀▶	8	1	▲	23	Dec 2011	10	
C.Diff	Jan 2012	22	▼	234	18	▲	327	Dec 2011	143	
Access to GUM clinics (offered)	Nov 2011	100.0%	▲		100.0%	▲		Nov 2011	99.9%	99.9%

% of adult patients admitted and assessed for risk of VTE	Reporting period	Current	Improvement	YTD
BTHFT	Nov 2011	97.1%	▼	
AHTFT	Nov 2011	97.9%	▲	
LHTT	Nov 2011	94.4%	▼	
Y&H SHA	Nov 2011	92.7%	▲	
England	Nov 2011	91.4%	▼	

Key:

- Below the threshold
- Below target/mean, but above threshold
- Equal to or better than target/mean
- Worse than previous position
- Same as previous position
- Better than previous position



Bradford & Airedale

Diabetic Retinopathy Screening

The screening service software was previously incorrectly including invites to patients who were technically under the care of ophthalmology, artificially inflating performance. As a result of this, work has been done to ensure that patients are correctly captured on the relevant part of the pathway, resulting in a drop in performance. In addition, there is a slight backlog of patients that need to still be invited for screening, caused by lack of appointments as the screening service moved from an open invitation system to a fixed booking system. Three weeks of appointments were also lost in December due to Christmas and a major software upgrade. The service staff are actively addressing the poor performance, and provisional February figures are showing an improvement.

In response to the recent SHA visit to assess Improving Access to Psychological Therapies (IAPT) performance, the PCT has received a formal letter outlining the discussions. Although the letter highlights significant improvement in Q2 following work to address data quality it also notes that our performance remains one of the lowest in the region against the KPIs for this year. It has been continuously reported that improvement against the "recovery rate" KPI has been short lived (performance had begun to deteriorate in November). The current December position highlights an 11% drop in performance from Q2 which implies that the 50% by Q4 2012/13, required as part of the 2012/13 planning round, will be a challenge. This issue has been raised with providers via the IAPT steering group who have assured the PCT that recovery rates will be greatly improved by the end of this financial year.

NHS healthchecks offered (40-74) YTD The % of the eligible population offered a health check at Q3 remains below trajectory. The Bradford programme focusses on high risk patients only and therefore the 18% national requirement for 11/12 (which assumes check are offered to all patients aged 40-74) will not be delivered.

Reducing emergency admissions for ACS conditions remains below both regional and national averages. Work is ongoing around the re-design of a number of ACS pathways of care.

Current performance against the national KPI for the percentage of stroke patients who spend 90% of their time on a specialist stroke unit, remains below the 80% target. Whilst there has been improvement on the Q1 position of 55%, BTHFT have failed to achieve the 80% target by November 2011 as agreed in their remedial action plan, and therefore £100,000 has been withheld contractually until the target is achieved. AHFT also failed to achieve the 80% requirement in both October and December, which we believe to be as a result of the significant bed pressures experienced by the trust over recent months.

Performance at the end of January is now above our DH allocated target for CDiff incidents of 205 for 2011/12. The recently formed HCAI taskforce is examining ways of tackling the problem. The main outcomes of the taskforce meeting have been: a whole health economy approach to reducing the problem with collaboration between providers; re-launching of the antibiotic prescribing protocols to all prescribers; agreement on the introduction of the CDI card and patient information leaflet to the Bradford and Airedale area. The card identifies people who have already had CDiff are therefore more at risk of developing the disease again. It has been successfully used in the North West area of England to reduce incidences of CDiff and was introduced in the Leeds PCT area towards the end of 2011. Work is underway to develop a Bradford and Airedale version of the card based on the one already in use in Leeds and it is hoped to launch this in the next few months; trusts in the Bradford and Airedale area are participating in a research project looking into community acquired CDiff and; staff at NHSBA and Leeds will continue to work with the provider organisations to achieve the challenging trajectories set for 2012-13.

Leeds

From a year to date perspective the Early Intervention in Psychosis target is being met (as at 31 December the service had delivered 99 against a target of 93 cases). However the number reported for December at 6, was well below the monthly target figure of 10. This dip in performance followed a low number in the previous month of November and can be attributed to a number of issues:

- i) A delay in signing off the care pathway for psychosis in under 18s.
- ii) A member of staff on maternity leave and a delay in securing medical cover.
- iii) A temporary drop in the number of referrals to the service.

These issues have now been resolved, medical cover is in place and pathway protocols agreed meaning that the team have been able to publicise to GPs and other referrers. In January, it looks likely that the number will be back up to expected levels, which means that the service will remain ahead of target trajectory, reporting an actual 108 against target of 103. There should be no issue with reaching the yearly target of 124 by the end of March 2012.

The Emergency Admissions for Ambulatory Care Conditions indicator relates to Q2 2010/11 and this means that none of the ambulatory initiatives, that are now in place and being developed, would have taken effect. It is felt that the slight improvement may be down to natural variation. NHS Leeds historically benchmarks high, partly because of local practice tendency to code all assessment activity as admissions. This is not consistent across the country. Once the effects of the initiatives are seen in the figures, it would be then appropriate to come to some measure of judgement about performance in this area. For information, two of the initiatives are on re-coding assessment and on redesign work on the established ambulatory pathways.

Ensuring that people have a positive experience of care	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
Cancer urgent referral to first outpatient appointment waiting times	Dec 2011	96.1%	▲		94.6%	▼		Dec 2011	96.6%	96.4%
Cancer two week wait for breast symptoms	Dec 2011	93.7%	▼		96.7%	▲		Dec 2011	95.9%	96.2%
Access to primary dental services (within last 24 months)	Dec 2011	301,014	▲		423,595	▲				
12 week maternity appointments	Dec 2011	81.7%	▼		83.5%	▲		Dec 2011	88.4%	86.9%
Breastfeeding initiation	Dec 2011	69.6%	▼		67.4%	▼		Dec 2011	68.6%	74.1%
Breastfeeding at 6-8 weeks	Dec 2011	41.5%	▼		47.0%	▼		Dec 2011	35.9%	47.0%
Health visitor numbers (WTEs)	Jan 2012	117.7	▼		127.4	◄				
18 week RTT - % admitted	Dec 2011	92.6%	▼		88.6%	▼		Dec 2011	91.9%	91.6%
18 week RTT - % non admitted	Dec 2011	98.7%	▼		98.3%	▲		Dec 2011	98.0%	97.2%
18 week RTT - % incomplete pathways	Dec 2011	90.8%	▲		95.0%	▼		Dec 2011	93.2%	91.2%
Diagnostic waiters (% seen within 6 weeks)	Dec 2011	97.6%	▼		99.1%	▲		Dec 2011	98.4%	98.6%
Mixed sex accommodation breaches (rate per 1,000 FCEs)	Jan 2012	0.00	▲		0.00	◄		Jan 2012	0.00	0.40
Choose and Book (1st outpatient booking) GP utilisation %	Jan 2012	64.0%	▲		58.0%	▲		Jan 2012	53.3%	51.4%
Complaints: Number	Dec 2011	7	▲		6	▲				
Complaints: % responded to within agreed timescales	Dec 2011	71.4%	▲		100.0%	◄				
PALS: Number of calls received	Dec 2011	862	▲		530	▲				

A&E waiting times (Type 1 - % seen in 4 hours)	Reporting period	Current	Improvement	YTD
BTHFT	Dec 2011	95.7%	▼	
AHTFT	Dec 2011	96.9%	▼	
LTHT	Dec 2011	93.4%	▼	
Y&H SHA	Dec 2011	94.9%	▼	
England	Dec 2011	93.7%	▼	

Key:

- Below the threshold
- Below target/mean but above threshold
- Equal to or better than target/mean
- Worse than previous position
- Same as previous position
- Better than previous position



Patient experience of hospital care (Outpatients)	Reporting period	Current	Improvement	YTD
BTHFT	2011	82	◄	
AHTFT	2011	86	◄	
LTHT	2011	86	▲	

Bradford & Airedale

Q3 data shows an increase in the number of people who have accessed dental treatment in the past 24 months although it remains below our target for 2011/12.

The % of women receiving full health and social care assessments by 12 completed weeks of pregnancy continues to be below the national target. The new data set provided as part of BTHFT's remedial action plan is being analysed to determine the reasons for late referral into maternity services.

BDCT have reported a drop in numbers of Health Visitors in January. Current data represents a shortfall of 2.99 wte Health visitors against plan. This will be raised via the implementation group and the BDCT contract management process.

Overall performance in December against the 18 week RTT standards was above target. However, the emphasis for 2012/13 is to reduce the 18 week backlog and a new target of 92% of incomplete pathways to be <18 weeks has been included in the 2012/13 contracts. Current performance is below 92%, although the additional funding given to both local trusts to reduce the backlog before the end of March should help to improve the position. There was a significant increase in the number of reported breaches of the 6 week diagnostic waiting standard in December. The majority of breaches continue to be at BTHFT in echocardiography, colonoscopy, cystoscopy and gastroscopy. Feedback from the trust is that all divisions have developed recovery plans to reduce breaches by the end of March (when the new 6 week operating standard of 99% less than 6 weeks will come into force).

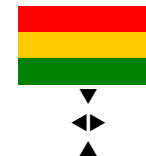
Of the 2 complaints received about the PCT that were not responded to within agreed timescales, one was responded to within 20 working days (delayed due to clarification and confirmation of information) and the other within 32 working days (delayed due to multi-agency involvement). Complainants are kept informed of delays. It must be noted that it is more important to ensure responses are correct, rather than expediting them to meet timescales

Not yet approved by NHSABL Board

Organisational	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
Sickness Absence Rate	Dec 2011	2.8%	▼		2.8%	▼				
Labour Turnover	Dec 2011	12.1%	▼		14.1%	◄►				
% Agency spend	Dec 2011	1.0%	◄►			◄►				
Staff with appraisals	Dec 2011	43.0%	▼		65.5%	▼				
% BME Staff	Dec 2011	15.8%	▼		10.0%	▼				
Fire Training	Dec 2011	46.0%	▲		92.2%	▲				
Moving & Handling Training	Dec 2011	71.0%	▲		81.3%	▼				
Infection Prevention & Control Training	Dec 2011	66.0%	▲		93.6%	▼				
Information Governance Training	Dec 2011	65.0%	▼		91.4%	▼				
Induction Training	Dec 2011	n/a	◄►		100.0%	◄►				
Slips, Trips & Falls Training	Dec 2011	9.0%	▲		93.6%	▼				
Number FOIs	Dec 2011	77	▼	294	87	▲	277			
FOIs - % responded to within deadline	Dec 2011	94.8%	▲	91.8%	100.0%	◄►	100.0%			

Key:

- Below the threshold
- Below target/mean but above threshold
- Equal to or better than target/mean
- Worse than previous position
- Same as previous position
- Better than previous position



Bradford & Airedale

It is acknowledged that the compliance rates on a range of Mandatory/Statutory Training is not at the level desired. Plans are in place to improve the levels of compliance: Monthly reports are now being produced and sent to line managers outlining where their staff are non compliant in Mandatory training and where a JPDR is overdue. The impact of these efforts are not entirely reflected above. For example the level of compliance with Information Governance has risen to 78%, and Slips Trips and Falls Training 22% since the end of Quarter 3. Areas which persistently fall below expected compliance levels are being focused on and offered additional support to improve their compliance levels.