Yorkshire and the Humber Strategic Health Authority **BOARD MEETING**	NHS Yorkshire and the Humber
Date: 2 March 2010	**Report Author: Jackie Brittain, Mike Curtis, Quality Observatory**

Title of paper: Finance, Performance and Quality Report

Actions Requested:
The Board is asked to note the quality, finance and performance report.

Governance Requirements

SHA Objectives supported by this paper:
This paper links to our current financial and performance objectives and our assurance function

Risk Management:
12.1 – Failure to achieve and sustain financial stability across Yorkshire and the Humber within and across health economies
14.1 – Lack of capacity within organisations to deliver and sustain national targets and expectations.

Board Assurances:
- *The paper confirms that the SHA area, in aggregate, is forecasting delivery of 2009/10 financial targets*
- *The paper confirms that there is a process in place to manage the impact of risks associated with this area of business and specifically against the forecast deficit at North Yorkshire and York PCT.*
- *The paper confirms that the financial standing of the SHA is on track*
- *The paper reports that performance in most areas is on track in the NHS in Yorkshire and the Humber*

Risk Assessment:
- *Financial risks have been assessed and no gaps in control mechanisms or assurances that have been identified as a result.*

Communication (including public and patient involvement):
- *The relevant audiences affected by the publication of this report have been contacted. Provision is in place to handle public enquiry*

Resource Implications:
The resource implications are associated with the investment of the surplus in the next few years. This is addressed as part of the medium term financial strategy.

Legal Implications:
Not applicable.

Equality and Diversity: *This paper meets the requirements of the equality and diversity agenda.*
NHS Constitution: *This paper is compliant with the NHS Constitution.*

Yorkshire and the Humber Strategic Health Authority

2 March 2010

Finance, Performance and Quality Report

Executive Summary

1. This report contains the following sections:

Section 1: (a) 2009/10 Financial Position across Yorkshire and the Humber Health Economy as Reported at Quarter 3

(b) Finance Report - Yorkshire and the Humber SHA

Section 2: Performance and Quality Update

2. 2009/10 Financial Position Across NHS Yorkshire and the Humber

2.1. The forecast operating surplus, which excludes technical items, is an aggregate surplus of £190m. This is in line with both the plan and the control total set by the Department of Health (DH) for NHS Yorkshire and the Humber.

2.2. Within the aggregate position, North Yorkshire and York PCT are reporting a year to date deficit of £6.8m and are forecasting a full year deficit of £8m.

2.3. As reported previously to the Board, the Department of Health (DH) have confirmed that the costs associated with both impairments to fixed assets and the additional revenue costs of bringing PFI schemes onto balance sheets under International Financial Reporting Standards (IFRS) are technical in nature for NHS Trusts and should now be excluded in calculating the measure of financial performance for individual NHS Trusts and performance against aggregate SHA level control totals. The position excluding these technical items is referred to in this report as the operating position in line with DH terminology.

3. Finance Report Yorkshire and the Humber SHA

3.1. The SHA is forecast to meet its financial duty to keep spending and cash within the limits set by the Department of Health (£671m).

4. Performance and Quality Update

4.1. A strong focus on quality and operational performance remains across all areas. 18 weeks is being delivered in aggregate, with actions in place in individual areas/ specialties to address concerns. A&E performance is being delivered on a year to date basis in all Trusts. Reductions in the levels of MRSA and c-diff continue. Hospitalised Standardised Mortality Rates remain within expected ranges. Ambulance performance is a continued challenge and the SHA is working closely with the Ambulance Service on its recovery plans

Rob Cooper
Deputy Chief Executive / Director of Finance and Investment

Brian Hughes
Acting Director of Performance and Delivery

2 March 2010

SECTION 1(A): 2009/10 FINANCIAL POSITION ACROSS THE YORKSHIRE AND HUMBER HEALTH ECONOMY AS REPORTED AT QUARTER 3

1. 2009/10 Year to Date and Forecast Operating Position

1.1. The 2009/10 revenue plan submitted to the Department of Health planned for an aggregate surplus of £190m.

1.2. The forecast revenue position reported by the NHS in Yorkshire and the Humber at Quarter 3 is an aggregate operating surplus of £190m which achieves both the plan and the control total set by the Department of Health (DH) for NHS Yorkshire and the Humber. The control total is set at an aggregate surplus of £190m exactly. Currently there is no range.

1.3. The surplus is made up of £41.6m in PCTs, £12.1m in NHS Trusts and the balance of £136.3m in the SHA as shown in table 1 below. North Yorkshire and York PCT are forecasting an operating deficit of £8m as covered in section 3 below.

1.4. The aggregate year to date operating surplus is £129.7m. There are 3 organisations with year to date operating deficits at this stage.

1.5. Organisations with specific financial risk, including those with year to deficits, are considered in section 4 below.

1.6. The year to date and forecast outturn operating and actual position by organisation is shown in table 2 below.

Table 1: 2009/10 Summary of Year to Date and Full Year Forecast Operating Revenue Position

	Year to Date £m	Full Year Forecast		
		Quarter 3 £m	Month 8 £m	Variance £m
NHS Trusts	11.6	12.1	11.7	0.4
PCTs	21.9	41.6	40.6	1.0
SHA	96.2	136.3	137.7	(1.4)
Total Aggregate Position	**129.7**	**190.0**	**190.0**	**0.0**

2. Organisations With Forecast Operating Deficits

2.1. **North Yorkshire and York PCT** are forecasting a deficit of £8m at Quarter 3, a £1m improvement on that reported at Month 8. This is due primarily to the impact of acute activity overtrades, escalating costs of secure forensic mental health and continuing care and the impact of the pharmacy contract and prescribing.

2.2. The PCT have, and are continuing to take, a number of actions to manage the financial position and minimise the deficit. Examples include a number of

contractual challenges, the establishment of activity management plans at acute Trusts, benchmarking and challenging GPs on their spending profiles, close liaison with the Specialist Commissioning Group to identify where forensic mental health spend can be reduced, contract management and review of continuing care placements and ongoing work between the medicines management team and primary care to reduce prescribing expenditure.

2.3. Following intensive support and intervention arrangements, the SHA has formally placed the PCT in turnaround. This involves fortnightly review, progress and assurance meetings. The SHA is also regularly meeting with the Chief Executives and Directors of Finance of the main acute providers to highlight the roles and responsibilities of all parties to maintain financial stability across the health community and to determine what joint actions can be put in place to resolve the position.

2.4. The SHA has also initiated a series of actions across the whole SHA area to ensure that mitigating measures are identified to ensure delivery of the aggregate control total.

3. Financial Risk

3.1. The organisations and health communities listed below are those, currently assessed by the SHA as having the most significant financial risk and challenge in Yorkshire and the Humber whilst still forecasting financial balance or better for 2009/10. Performance management arrangements for these organisations have been tailored to reflect their individual financial situations and to reflect any emerging issues.

Scarborough and North East Yorkshire NHS Trust – the Trust delivered a surplus of £1.9m in 2008/09 as required to service repayments of their working capital loan.

The plan for 2009/10 is for a further £1.9m surplus. This depends on the Trust being able to identify a further £1m of cost savings measures before the year end and ensuring costs are properly contained.

The SHA is meeting regularly with the Trust Chief Executive and the Acting Director of Finance as well as Chief Executives and Directors of Finance from North Yorkshire and York and East Riding of Yorkshire PCTs to ensure appropriate actions are in place to achieve the planned surplus.

The SHA commissioned an external review of the Trusts financial plan which was published during November. The Trust has formerly responded to the SHA with an action plan to ensure the same issues are not repeated.

Kirklees PCT – the PCT have experienced significant pressures on acute contracts and overspends on continuing care during 2009/10. The PCT have lodged a number of contract challenges with their acute providers and are

identifying management action to reduce expenditure in other areas. The SHA is in close contact with the PCT to assure itself that sufficient progress is being made including financial performance management meetings with the Chief Executive and Director of Finance.

Sheffield PCT – the PCT is reporting a £0.2m year to date deficit. This is primarily due to over performance on secondary care contracts, low/secure mental health services managed by the Specialist Commissioning Group and prescribing. The PCT are currently identifying mitigating actions to ensure delivery of the planned position. The SHA is in close contact with the PCT to assure itself that sufficient progress is being made.

3.2. In addition to those described above, a number of PCTs are reporting that contracts with acute providers are over performing. Work is going on within PCTs to challenge some of the acute Trust information. Local health economies also have initiatives in place aimed at identifying the drivers behind the over performance. The SHA has been clear with PCTs that they must manage this position as far as possible through appropriate contract application, commissioning and demand management. They also must identify mitigating actions to deliver control totals in full in 2009/10.

3.3. The DH have advised PCTs to assume additional national revenue allocations to cover the costs of fixed assets impairments and the additional revenue costs of bringing LIFT and PFI schemes onto balance sheets under IFRS. Whilst some funding was confirmed following the Quarter 2 submission, the forecasts are still be firmed up. DH confirmation is awaited as to the extent to which funding will be available for any additional costs in 2009/10 over and above those reported at Quarter 2.

4. 2009/10 Year to Date and Forecast Revenue Outturn by Organisation

Table 2: 2009/10 Year to Date and Forecast Outturn as at Quarter 3

	Full Year Forecast						Year to Date			
	Actual £'000	Imp'ments £'000	PFI IFRS Addnl Costs £'000	Operating Position £'000	Month 8 £'000	Variance to M8 £'000	Actual £'000	Imp'ments £'000	PFI IFRS Addnl Costs £'000	Operating Position £'000
NHS Trusts	(157,093)	158,137	11,089	**12,133**	11,725	**408**	(74,251)	77,477	8,372	**11,598**
PCTs	41,620	n/a	n/a	**41,620**	40,620	**1,000**	21,867	n/a	n/a	**21,867**
SHA	136,247	n/a	n/a	**136,247**	137,655	**(1,408)**	96,185	n/a	n/a	**96,185**
Total Aggregate Position	**20,774**	**158,137**	**11,089**	**190,000**	**190,000**	**0**	**43,801**	**77,477**	**8,372**	**129,650**

	Full Year Forecast						Year to Date			
	Actual £'000	Imp'ments £'000	PFI IFRS Addnl Costs £'000	Operating Position £'000	Month 8 £'000	Variance to Plan £'000	Actual £'000	Imp'ments £'000	PFI IFRS Addnl Costs £'000	Operating Position £'000
Airedale NHS Trust	(3,759)	4,364	0	**605**	604	**1**	237	0	0	**237**
Bradford District Care NHS Trust	(9,260)	9,360	0	**100**	100	**0**	1,872	0	0	**1,872**
Hull and East Yorkshire Hospitals NHS Trust	(49,825)	56,000	1,390	**7,565**	7,565	**0**	(42,361)	47,000	1,043	**5,682**
Humber Mental Health Teaching NHS Trust	(277)	1,677	0	**1,400**	1,400	**0**	(313)	1,677	0	**1,364**
Leeds Teaching Hospitals NHS Trust	(38,970)	34,000	4,970	**0**	0	**0**	(2,398)	0	3,728	**1,330**
Mid Yorkshire Hospitals NHS Trust	(49,809)	45,083	4,729	**3**	0	**3**	(25,748)	22,147	3,601	**0**
Scarborough and NE Yorks NHS Trust	892	1,000	0	**1,892**	1,892	**0**	544	0	0	**544**
South West Yorkshire Mental Health NHS Trust	569	0	0	**569**	164	**405**	569	0	0	**569**
Yorkshire Ambulance Service NHS Trust	(6,653)	6,653	0	**0**	0	**0**	(6,653)	6,653	0	**0**
Total NHS Trusts	**(157,093)**	**158,137**	**11,089**	**12,133**	**11,725**	**409**	**(74,251)**	**77,477**	**8,372**	**11,598**

	Full Year Forecast						Year to Date			
	Actual £'000	Imp'ments £'000	PFI IFRS Addnl Costs £'000	Operating Position £'000	Month 8 £'000	Variance to Plan £'000	Actual £'000	Imp'ments £'000	PFI IFRS Addnl Costs £'000	Operating Position £'000
Barnsley PCT	3,400	n/a	n/a	**3,400**	3,400	**0**	2,648	n/a	n/a	**2,648**
Bradford & Airedale PCT	6,800	n/a	n/a	**6,800**	6,800	**0**	2,678	n/a	n/a	**2,678**
Calderdale PCT	2,600	n/a	n/a	**2,600**	2,600	**0**	1,418	n/a	n/a	**1,418**
Doncaster PCT	4,215	n/a	n/a	**4,215**	4,215	**0**	2,469	n/a	n/a	**2,469**
East Riding of Yorkshire PCT	3,600	n/a	n/a	**3,600**	3,600	**0**	2,459	n/a	n/a	**2,459**
Hull PCT	3,800	n/a	n/a	**3,800**	3,800	**0**	2,755	n/a	n/a	**2,755**
Kirklees PCT	2,900	n/a	n/a	**2,900**	2,900	**0**	(50)	n/a	n/a	**(50)**
Leeds PCT	5,000	n/a	n/a	**5,000**	5,000	**0**	4,879	n/a	n/a	**4,879**
North East Lincolnshire PCT	2,200	n/a	n/a	**2,200**	2,200	**0**	1,680	n/a	n/a	**1,680**
North Lincolnshire PCT	1,200	n/a	n/a	**1,200**	1,200	**0**	933	n/a	n/a	**933**
North Yorkshire & York PCT	(8,000)	n/a	n/a	**(8,000)**	(9,000)	**1,000**	(6,751)	n/a	n/a	**(6,751)**
Rotherham PCT	2,105	n/a	n/a	**2,105**	2,105	**0**	1,589	n/a	n/a	**1,589**
Sheffield PCT	4,500	n/a	n/a	**4,500**	4,500	**0**	(170)	n/a	n/a	**(170)**
Wakefield District PCT	7,300	n/a	n/a	**7,300**	7,300	**0**	5,330	n/a	n/a	**5,330**
Total PCTs	**41,620**	**n/a**	**n/a**	**41,620**	**40,620**	**1,000**	**21,867**	**n/a**	**n/a**	**21,867**

5. Comments on Individual Trusts and PCTs With Significant Variances between Current Forecast Operating Outturn and that Previously Reported to the Board (Quarter 2)

5.1. The organisations listed below are those, with significant variances (£0.5m or more) from that previously reported.

North Yorkshire and York PCT – the forecast deficit has reduced by £1m from that reported previously.

6. Capital

6.1. Organisations in Yorkshire and the Humber are forecasting gross capital expenditure totalling £198.9m (£145.9m Trusts, £52.9m PCTs and £0.1m SHA) in 2009/10.

6.2. Organisations are also assuming £106.9m of capital resource cover for new PFI and LIFT schemes coming onto balance sheet during 2009/10. This is yet to be actioned by DH.

6.3. All organisations are forecasting achievement of capital resource limits.

7. Cash

7.1 Where relevant, NHS Trusts are planning to make all scheduled repayments of working capital loans.

7.2 All NHS Trusts are forecasting achievement of External Financing Limits and PCTs and the SHA are forecasting that they will live within cash limits.

8. Recommendation

The Authority is asked to note the 2009/10 Quarter 3 financial position across the Yorkshire and Humber health economy.

SECTION 1(B): FINANCE REPORT – YORKSHIRE AND THE HUMBER SHA

1. Purpose of this paper

The purpose is to

1. update the Board on current and forecast performance of the SHA against key financial objectives
2. seek Board approval for outline 2010/11 budgets
3. seek Board approval for a new contract for financial services
4. seek Board approval for the proposed finance reporting timetable

2. 2009/10 SHA Financial Performance

2.1 The overall position is summarised in a dashboard developed by the SHA. The SHA is forecast to meet its financial duty to keep spending and cash within the limits set by the Department of Health (£671m).

2.2 Key Financial Objectives Dashboard (as at 31 December 2009, Month 9)

		Year to Date Performance	Forecast Performance
1	**Spending within the Resource Schedule**		
	a) Total		
	b) Administration		
	c) Training & Education		
	d) Hosted Programmes		
2	**Debtors**		
	a) Legacy Debt (pre-merger)		
	b) Yorkshire & the Humber Debt - NHS		
	- NON NHS		
3	**Creditors & Payments**		
	a) Creditors (including Accruals)		
	b) Payments (BPPC) - NHS	94%	96%
	- NON NHS	92%	96%
4	**Cash Limit within Planned expenditure : Total**		
5	**Capital Spend within the Resource Capital Limit: Total**		

*The key to the above dashboard is shown in Appendix 2. Reports are based on the most up to date reported spend available for the Board reporting timetable. A detailed supporting annex will be reported in line with the agreed timetable.

2.3 Two performance areas are shown as 'amber' in the dashboard. The first relates to pre-merger 'legacy debt' of £173,000 that remains outstanding. The majority of this debt is with the Department of Health and relates to availability

of supporting evidence from predecessor SHAs to substantiate debts raised. The second 'amber' performance area relates to payments performance which is currently 3 percentage points below the target of making 95% of all payments within 30 days.

2.4 After nine months the SHA has committed expenditure net of income of £448m and detailed budget reviews have been undertaken to forecast total spend for the full twelve month period. The statutory financial duty of the SHA is to ensure aggregate spending is within the resources allocated. The forecast spend for the year is now £612.2m, lower than that forecast at Month 8 (£618.4m). The workforce directorate is reducing spend in non-medical training in order to supplement funding available in 2011/12. In addition there is reduced spend across a number of hosted projects. The net year end underspend by the SHA is now expected to rise to £58.9m (forecast as £52.6m at Month 8). These forecasts are based on a number of key assumptions and the management of risks. However none of the risks are judged as sufficient to threaten delivery of the SHAs statutory financial duty.

2.5 As in previous years and like other SHAs and many PCTs, a part of the resource limit funding held by the SHA is to be carried forward for implementation in the following years. Based on our current forecast £58.9m of the £671m resource limit available in 2009/10 will transfer into 2010/11. The majority (£46m) of the funding not expected to be used this year relates to programmes and projects hosted by the SHA. The bulk of the balance of the carry forward (£12m) relates to Training and Education, 2.3% of the total budget. The carry forward is within the planned total carry forward control total for the SHA area.

3. 2010/11 Outline Budgets

3.1 Draft budgets have been developed by the SHA for all areas of spending activity covered by the SHA including the operations of the SHA itself, the investment in workforce training and education undertaken by the SHA in partnership with the Deaneries and Medical Schools, and the many hosted programmes and projects hosted by the SHA. Budgets have been developed based on the funding envelope in each area, following advice from the Department of Health.

3.2 In approving the budgets the Board is asked to endorse the following principles underpinning the budget setting process

1. **Budgetary Control:** net expenditure budgets will not exceed the anticipated SHA Resource Limit allocation. A change to the Resource Limit will be matched with an adjustment to the expenditure budget. Budgets will be monitored and variances from budget reported the Board.

2. **Training and Education:** Workforce training and education funding (also known as MPET or the multi-professional and education training levy) is be applied in line with the Department of Health allocation under the

delegated authority of the Director of Workforce and Education. In order to manage funding uncertainty in 2011/12 and beyond, up to 3% of allocated funding will be held back from operational budgets and held in reserve by the Director of Workforce and Education. This will affect the volume of training that can be commissioned in 2010/11 and, where volumes are fixed, the price paid to the NHS. Additional information on the spending proposals for 2010/11 is set out in the Report of the Director of Education and Training.

3. **Administration:** in line with national expectation to reduce management costs the SHA will fix the 2010/11 operational Administration budget at 2009/10 outturn and through the business planning process target underspends will be set to be delivered through vacancy controls twinned with cross-directorate working, by careful and on-going housekeeping of operational non-pay budgets and a review of other non-recurrent commitments.

4. **Hosted programmes and projects:** budgets will be put in place in line with discrete funding received from the Central Budget allocation or transfers from other organisations. For example the category of hosted programmes includes a budget for the National Cancer Screening Programme based on and limited to the allocation to the SHA for this purpose. Where appropriate any non-earmarked funding received by the SHA will be held as a project reserve by the SHA under the delegated authority of the Chief Executive until such time it is allocated to a programme or project. The 2010/11 budget includes an allocation of £600,000 for the Yorkshire and Humber Quality Observatory (previously considered by the Board).

3.3 Table 1 below presents the outline budgets for SHA Administration, Training and Education and Hosted Programmes and the funding source. Board approval is required and sought for these outline 2010/11 budgets.

Table 1:2010/11 Outline Budgets

	TOTAL	Administration	Training & Education	Hosted Programmes
	£'000	£'000	£'000	£'000
Expenditure				
Pay	23,566	9,349	8,222	5,995
Non Pay	612,436	3,163	509,978	99,295
Sub-total (gross)	**636,002**	**12,512**	**518,200**	**105,290**
Income	-3,487			-3,487
Net Expenditure	**632,515**	**12,512**	**518,200**	**101,803**
Funding				
Baseline/recurrent	531,190	10,020	506,300	14,870
Non-recurrent	66,698	1,742		64,956
Carry forward by SHA	34,627	750	11,900	21,977
Total Resource Limit Funding	**632,515**	**12,512**	**518,200**	**101,803**

3.4 Spending on programmes hosted by the SHA is projected to fall next year, due to a reduction in spend on Cancer Screening following the devolution of national Bowel Cancer Screening services to PCTs. Other hosted programmes expected to continue at current levels include the Electronic Staff Record (ESR) project and the regional NPfIT team. The Commercial Procurement Collaborative is not included pending transfer to Leeds Partnership Trust. Detailed line item budgets for all areas presented above are available for review and scrutiny by members of the Board.

3.5 The majority of the £632m funding is provided as a new allocation in 2010/11, though £34.6m is derived from 2009/10 funds not utilised in year and carried forward into 2010/11, in line with Department of Health funding practice. The above relates to central Department of Health funding and do not include spending financed from miscellaneous income that arises during the year.

4. Financial Services: Shared Business Services (SBS) Contract Renewal

4.1 At the inception of NHS Yorkshire and the Humber in 2006, following an option appraisal, a contract was signed with Shared Business Services (SBS) for the provision of financial systems and services. SBS is a joint venture company between the Department of Health and the private sector established to efficiently manage back-office payment processes, general ledger, financial reporting and other financial services to NHS organisations across England. The contract was for a period of four years with the option to extend for a two further years.

4.2 The SHA has now reached the end of the initial four year period and have the following options for future provision:

- Exercise the two year extension under the existing contract.
- Enter into a new four year contract with two year extension.
- Bring the service ‘in house’.
- Look to another financial services and systems provider.

4.3 A detailed review of all of the options has been undertaken by the Corporate Finance Team and a paper presented to the Director of Finance outlining the relative merits of each option. Key factors in the option appraisal have been the need to maintain a robust and effective service for the over-£600m annual expenditure of the SHA and to reduce the cost to the NHS in line with the wider quality, innovation and productivity programme. In addition the finance team has assessed the extent each option supports the reviewing the procurement services provided to the SHA, with a view to introducing an e-procurement system in place to streamline procurement systems and enhance financial management information.

4.4 The Director of Finance has reviewed this paper and recommends to the Board that the SHA enter into a new four year contract (with the option of a subsequent two year extension). This ‘new’ contract will provide savings of approximately 14% in 2010/11 and a further 5% per annum for the remaining

years of the contract (when compared to the existing contract). The contract will cost approximately £160,000 per annum, depending on actual payment volumes processed.

4.5 The SBS system includes the option of an 'e-proc' module that is used by other SHAs and PCTs and that would be available to the SHA in 2010/11. The option is being evaluated.

5. Finance Board Reporting Timetable 2011/12

5.1 As part of the review of financial reporting undertaken in 2009 it was agreed to set out prior to a new financial year the proposed programme of formal finance-associated reports to be Board during the course of the year. The proposed programme is set out in Annex 1.

The Board is asked to:

1. note the current and forecast performance of the SHA against key financial objectives
2. approve outline 2010/11 budgets
3. approve the proposed new contract for financial services
4. approve the proposed finance reporting timetable

Rob Cooper
Deputy Chief Executive and Director of Finance & Investment
2 March 2010

SECTION 1 (B) – ANNEX 1

Finance Board Reporting Timetable 2010/11

Board Dates	Patch Finance	SHA Corporate Finance	Workforce Finance	Budgets 2010/11	Accounts , Audit committee Minutes
2009/10					
2nd March 2010	Update Report	Month 10-Summary	Month 10 summary	Outline Budgets	
13th April 2010	Update Report	Month 11 – Summary	Month 11 – Summary +Contracts/LDA		
11th May 2010	Operational financial plan + update to medium term plan strategy Update Report	Draft Accounts	See draft accounts		
2010/11					
8th June 2010	Update Report	Month 2 - Summary	Month 2 - Summary		
6th July 2010	09/10 accounts position for the patch Update Report	Month 3 – Full Final Accounts if adjusted	Month 3 - Full		Audit committee minutes
7th September 2010	Update Report	Month 5 - Summary	Month 5 - Summary		Annual Report
5th October 2010	Update Report	Month 6 - Full	Month 6 - Full		Audit committee minutes
2nd November 2010	Update Report	Month 7 - Summary	Month 7 - Summary		
7th December 2010	Update Report	Month 8 - Summary	Month 8 - Summary		
January 2011	Update Report	Month 9 -Full	Month 9 -Full		Audit committee minutes
February 2011	Update Report	Month 10-Summary	Month 10-Summary		
March 2011	Update Report	Month 11 - Summary	Month 11 - Summary		

SECTION 1 (B) – ANNEX 2: KEY TO DASHBOARD

1.Spending within Resource Schedule

Year to Date

- Deficit
- Out of line with forecast
- Surplus (high degree of certainty)

Outturn

- Deficit
- At risk of deficit (i.e. within the declared range of Best Case-Most Likely-Worst Case)
- Surplus - in line with forecast

2. Debtors

a) Legacy debt

- Debt more than £500k
- Debt between £100k and £500k
- Debt less than £100k

b) Yorkshire & the Humber debt

- Debt over I year more than £1million
- Debt over 1year between £100k to £1million
- All Debt less than 1 year

3. Creditors & Payments

a) Creditors

- exceeding 6 months
- between 3 months -6 months
- less than 3 months

b) Payments (BPPC)

- less than 85%
- 85%-95%
- over 95%

4. Cash Limit within expenditure

- Cash limit is within planned expenditure
- Cash limit less than 5% of planned expenditure
- Cash limit over 5% of expenditure

5. Capital Spend within Resource Capital Limit

- Close to limit
- close to limit
- within the limit

NHS Yorkshire and the Humber

Section 2 - Performance and Quality Update for March 2010 SHA Board Meeting

February 2010

Produced by Yorkshire and the Humber Quality Observatory

Performance and Quality Report – Executive Summary

NHS Yorkshire and the Humber

18 Weeks is being delivered in aggregate, although specific specialty challenges remain. Nationally, the clearance of backlogs (i.e. patients waiting longer than 18 weeks) remains a priority. Individual organisations now have clear action plans and trajectories for tackling their backlogs.

The **A&E** target of 98% is being delivered on a year to date basis in all Trusts.

Ambulance performance continues to be challenged. The SHA continues to work closely with Yorkshire Ambulance Services on its recovery plans

A number of PCTs are under-performing against the 62-day **cancer** target and the SHA is working closely with them

Overall performance against **MRSA** and **C. Diff** trajectories continues to be good with few exceptions.

Hospital Standardised Mortality Rates are within expected range or better than expected range and the SHA is now monitoring these on a monthly basis in line with the Dr Foster Good Hospital Guide analysis. The SHA is also implementing a monthly analysis of Dr Foster data across a broad spectrum of clinical groups.

Healthy Ambitions indicators will be included in this report from April 2010. The final sheet of this section reminds the board of those areas that will be reported against from that date.

Performance against key targets:

Access and activity

18 Weeks: maximum wait for treatment

NHS Yorkshire and the Humber

Admitted patients – 90% operational standard, Nov 09

Name	% within 18 weeks	number of failing specialties	No. PCTs missing perf target
NORTH EAST STRATEGIC HEA	94.8%	2	0
EAST MIDLANDS STRATEGIC H	94.0%	2	1
WEST MIDLANDS STRATEGIC	93.5%	3	0
YORKSHIRE AND THE HUMBER	93.4%	2	0
EAST OF ENGLAND STRATEGI	93.1%	1	0
LONDON STRATEGIC HEALTH	93.0%	3	1
SOUTH EAST COAST STRATEG	92.5%	2	1
NORTH WEST STRATEGIC HEA	91.8%	4	4
SOUTH WEST STRATEGIC HEA	91.7%	3	4
SOUTH CENTRAL STRATEGIC	90.8%	4	2

Non-admitted patients – 95% operational standard, Nov 09

Name	% within 18 weeks	number of failing specialties	No. PCTs missing perf target
NORTH EAST STRATEGIC HE	98.2%	1	0
SOUTH WEST STRATEGIC H	97.9%	0	0
LONDON STRATEGIC HEALT	97.9%	1	1
EAST MIDLANDS STRATEGIC	97.9%	1	0
YORKSHIRE AND THE HUMB	97.8%	1	0
WEST MIDLANDS STRATEGI	97.8%	1	0
SOUTH CENTRAL STRATEGI	97.7%	2	0
EAST OF ENGLAND STRATEG	97.7%	2	0
NORTH WEST STRATEGIC H	97.4%	1	0
SOUTH EAST COAST STRATI	97.3%	2	1

Commentary

Y&H achieved the aggregated performance for admitted patients however it did not achieve the required admitted performance for the two treatment functions of neurosurgery (81%) and plastic surgery (89%). Non admitted performance was achieved at an aggregate level with the exception of neurosurgery treatment function which achieved 89%.

Aggregate admitted and non-admitted performance have been achieved consistently since July 2008, and Yorkshire & The Humber is one of only four SHAs in which all PCTs are achieving the aggregate admitted and non-admitted standards. The specialty-level position remains the same as October.

At an organisational level 9 out of 15 Trusts achieved the admitted standard and 10 trusts achieved the non admitted across all their treatment functions. From the commissioner perspective, 6 PCTs achieved the admitted standard across all their treatment functions and 2 PCTs achieved the non admitted standard for all treatment functions. The CQC will be assessing treatment function level performance using quarter 4 data. The SHA continues to stress the importance of achieving the minimum operational standards of 90 and 95% across all treatment functions therefore for all patients .

18 Weeks: maximum wait for treatment

NHS Yorkshire and the Humber

Admitted patients – by Trust and specialty, 90% operational standard, November 2009

	AIREDALE NHS TRUST	BARNSLEY HOSPITAL NHS FOUNDATION TRUST	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	LEEDS TEACHING HOSPITALS NHS TRUST	MID YORKSHIRE HOSPITALS NHS TRUST	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS FOUNDATION TRUST	SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	THE ROTHERHAM NHS FOUNDATION TRUST	YORK HOSPITALS NHS FOUNDATION TRUST
Cardiology	98.2%		92.9%	100.0%		95.2%	97.3%	91.2%	100.0%				93.2%	100.0%	
Cardiothoracic Surgery							91.0%	85.4%					97.1%		
Dermatology		98.1%						65.5%					91.2%	100.0%	
ENT		94.3%	97.5%	90.7%	96.8%	96.0%	83.2%	77.5%	91.1%	100.0%	93.3%		92.2%	97.8%	95.6%
Gastroenterology			99.3%				100.0%	97.0%	99.7%	92.9%	100.0%		98.9%	100.0%	
General Medicine	95.8%			100.0%	100.0%						94.4%			100.0%	100.0%
General Surgery	92.0%	93.1%	90.6%	94.1%	95.8%	95.7%	90.4%	81.2%	95.0%	99.4%	93.7%		92.8%	99.6%	92.2%
Geriatric Medicine															
Gynaecology	98.0%	99.0%	98.3%	100.0%	98.6%	90.9%	98.8%	92.3%	94.9%	95.7%	92.9%		90.8%	98.5%	69.2%
Neurology								95.0%					100.0%		
Neurosurgery							98.6%	74.8%					61.2%		
Ophthalmology	96.8%		90.9%	95.7%	94.5%	97.3%	96.5%	95.0%	92.7%	98.3%	79.1%		100.0%	90.0%	87.5%
Oral Surgery	78.0%	100.0%	93.7%	100.0%	100.0%	96.2%	90.1%	78.8%	95.7%	99.5%	90.6%		91.0%	100.0%	93.1%
Other	100.0%		90.1%	98.3%	100.0%	100.0%	91.8%	95.1%	96.8%	98.5%	92.6%	91.9%	98.8%		97.4%
Plastic Surgery			95.6%	96.4%			80.4%	86.8%	91.3%				95.9%		
Rheumatology							100.0%	99.2%							
Thoracic Medicine															
Trauma & Orthopaedics	83.3%	96.4%	90.8%	94.1%	93.6%	90.9%	91.4%	83.7%	93.8%	100.0%	93.5%		74.5%	90.6%	92.9%
Urology	97.6%	100.0%	90.7%	99.2%	99.3%	97.7%	93.6%	90.7%	95.1%	99.3%	95.5%		91.0%	100.0%	89.5%
Total	**91.9%**	**97.2%**	**94.6%**	**96.0%**	**96.3%**	**93.8%**	**91.6%**	**89.5%**	**95.4%**	**98.7%**	**91.1%**	**92.7%**	**90.6%**	**96.1%**	**90.4%**

18 Weeks: maximum wait for treatment

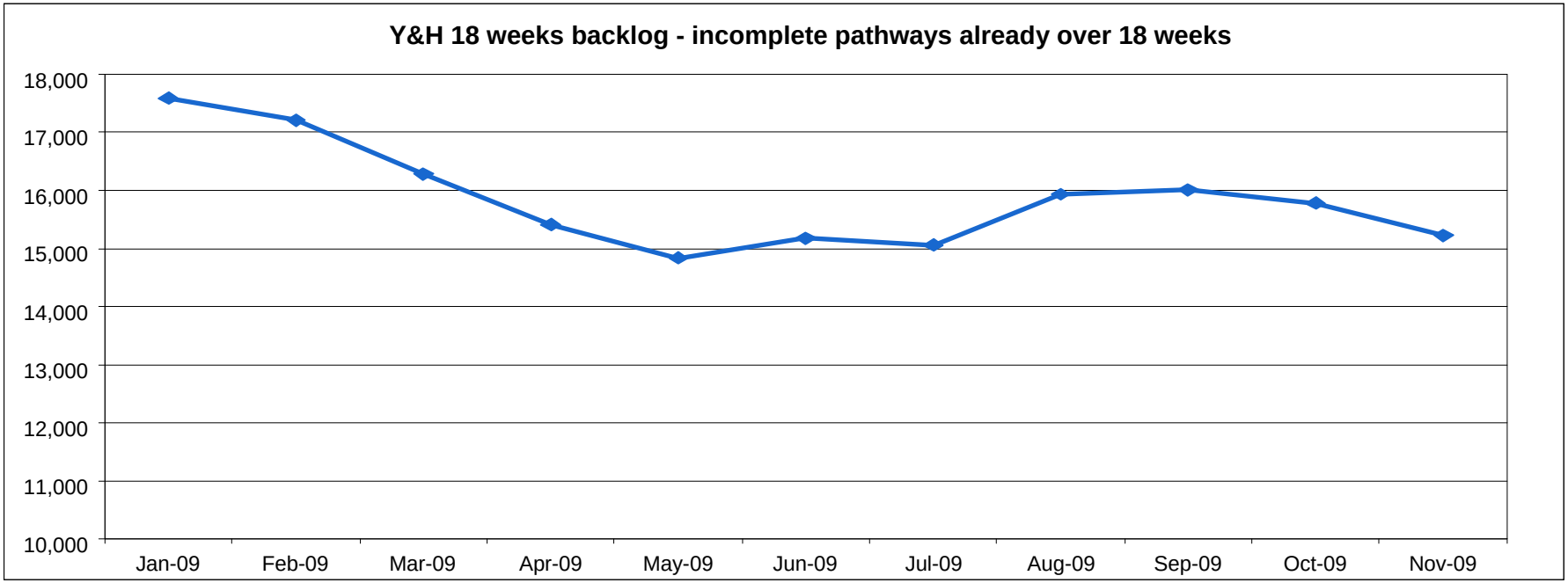
NHS Yorkshire and the Humber

Non-admitted patients – by Trust and specialty, 95% operational standard, November 2009

	AIREDALE NHS TRUST	BARNSLEY HOSPITAL NHS FOUNDATION TRUST	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	LEEDS TEACHING HOSPITALS NHS TRUST	MID YORKSHIRE HOSPITALS NHS TRUST	NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS FOUNDATION TRUST	SCARBOROUGH AND NORTH EAST YORKSHIRE HEALTH CARE NHS TRUST	SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	THE ROTHERHAM NHS FOUNDATION TRUST	YORK HOSPITALS NHS FOUNDATION TRUST
Cardiology	96.6%	100.0%	95.3%	98.4%		97.3%	96.2%	99.6%	98.9%		97.3%		96.3%	100.0%	
Cardiothoracic Surgery								94.2%					100.0%		
Dermatology		99.7%	99.4%	99.8%	99.2%	98.9%	95.2%	98.3%	100.0%	95.2%	97.9%		97.9%	98.8%	98.6%
ENT	96.7%	98.8%	99.2%	99.9%	99.9%	94.4%	95.1%	97.3%	95.7%	96.8%	96.4%		97.8%	99.6%	99.3%
Gastroenterology	100.0%	97.7%	96.4%	99.4%		99.0%	95.7%	96.7%	100.0%	97.3%			95.8%	98.0%	
General Medicine	100.0%	98.5%	97.6%	99.4%	99.8%	100.0%	100.0%	100.0%	100.0%	96.6%	100.0%			99.3%	95.0%
General Surgery	99.1%	97.8%	97.0%	99.5%	98.5%	97.3%	97.8%	96.1%	100.0%	98.9%	95.0%		99.1%	100.0%	95.6%
Geriatric Medicine		95.6%	97.1%	95.9%		100.0%	98.3%	99.5%	100.0%	100.0%	95.5%		98.6%	100.0%	100.0%
Gynaecology	97.2%	100.0%	99.7%	99.8%	99.1%	96.3%	97.3%	96.3%	95.0%	98.3%	99.0%		95.6%	100.0%	95.5%
Neurology			100.0%	97.8%		95.2%	95.2%	89.5%	100.0%	97.4%	100.0%		95.1%		95.2%
Neurosurgery							97.6%	81.9%					89.8%		
Ophthalmology	96.6%		99.3%	98.6%	96.8%	99.7%	99.7%	98.6%	95.2%	98.2%	96.3%		99.9%	96.3%	95.1%
Oral Surgery	98.0%	100.0%	100.0%	99.4%	98.2%	92.4%	95.6%	97.4%	100.0%	99.3%	95.5%		98.9%	100.0%	98.4%
Other	98.0%	99.7%	98.3%	99.0%	99.9%	100.0%	96.3%	98.4%	99.9%	99.5%	97.4%	95.7%	96.5%	99.8%	99.7%
Plastic Surgery			100.0%	98.7%			96.0%	94.0%	100.0%				99.7%		
Rheumatology	93.8%	98.8%	98.4%	100.0%	100.0%	98.8%	96.0%	95.7%	100.0%	95.0%	96.1%		98.9%	98.1%	96.0%
Thoracic Medicine			96.0%		100.0%	100.0%	95.4%	100.0%	100.0%	97.2%	100.0%		98.3%	100.0%	
Trauma & Orthopaedics	95.7%	100.0%	99.0%	99.9%	96.1%	94.3%	95.9%	92.3%	94.5%	98.9%	96.1%		96.4%	99.5%	
Urology	100.0%	98.7%	96.3%	98.9%	99.7%	96.8%	98.2%	97.9%	100.0%	100.0%	97.1%		97.9%	100.0%	95.8%
Total	**97.4%**	**99.2%**	**98.4%**	**99.3%**	**98.8%**	**97.1%**	**96.5%**	**97.1%**	**98.1%**	**98.1%**	**96.9%**	**95.6%**	**97.2%**	**98.8%**	**97.3%**

18 Weeks: Backlog

NHS Yorkshire and the Humber



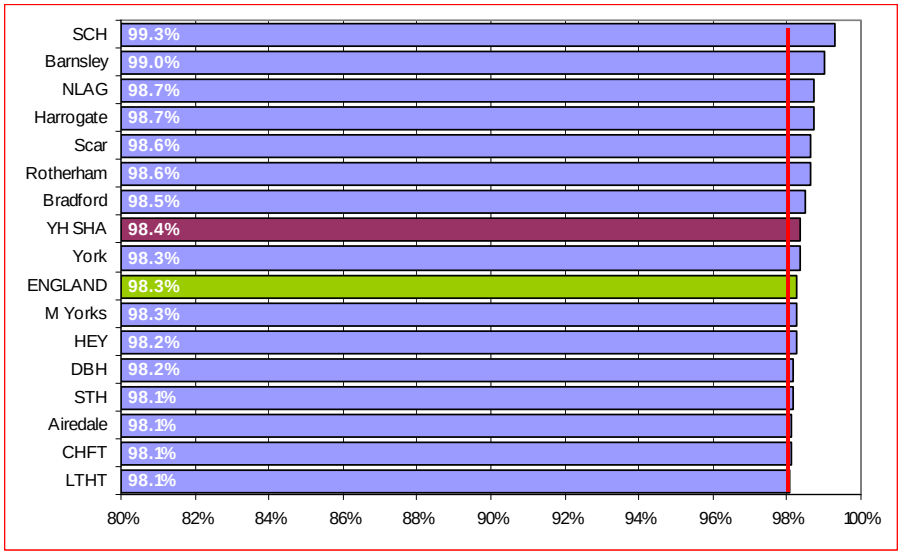
Commentary

The RTT backlog is defined as those patients currently on incomplete pathways who have already waited over 18 weeks. The total Y&H dropped considerably from January 2009 to May 09. An increase is evidenced across the summer months, however from September onwards the backlog is seen to be declining. At an individual organisational level the performance across PCTs varies considerably. The SHA has continued to deliver the key message that no patients should be waiting over 18 weeks unless for reasons of patient choice or clinical exception. The SHA is working with commissioners, particularly those classed as high risk, to ensure that commissioners will be in a position to honour the commitment in the NHS constitution (which comes into force on 1st April) giving patients the right to be seen in 18 weeks,.

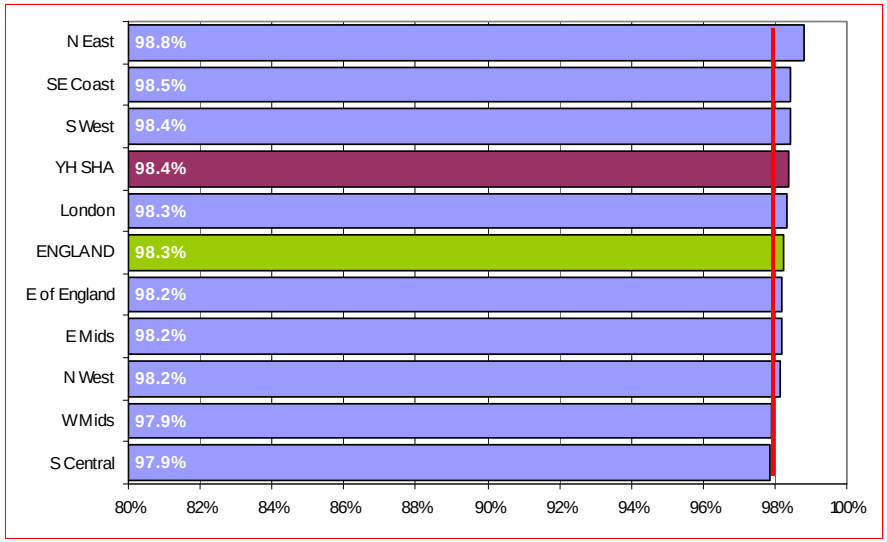
A&E: percentage of patients seen in 4 hours

NHS Yorkshire and the Humber

A&E – year to date performance by Trust – at 31 Jan 10



A&E - Year to date performance by SHA – at 31 Jan 10



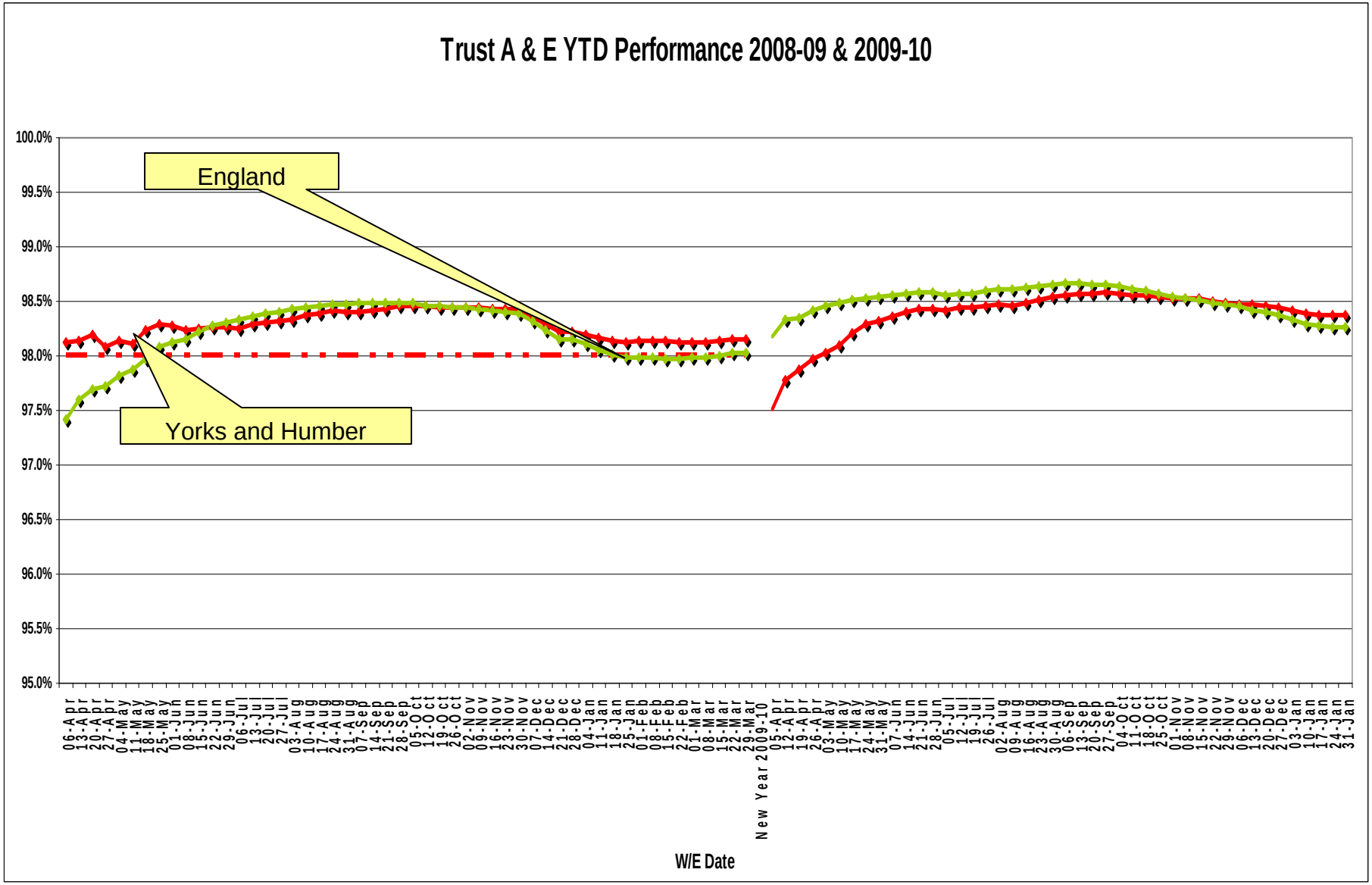
Comments

Across the SHA the A+E performance remains relatively strong despite the operational difficulties seen across the patch during the recent adverse weather. Yorkshire and Humber SHA do not have any organisations within its patch currently performing below 98% for the 4 hour target, and remains on course to meet the target at year end. Nationally the YTD performance has dropped slightly from the position at the end of December – Yorkshire and Humber SHA performance has not suffered a similar drop and the SHA remains the fourth best performing nationally.

The level of Norovirus across the Trusts in the SHA has been sporadic but the closure of wards has not had a significant impact upon performance. There have been a number of cancellations across elective activity due to the severe weather of which a significant number have been patient initiated.

A&E: 4 hour performance 2008/09 and 2009/10 to date

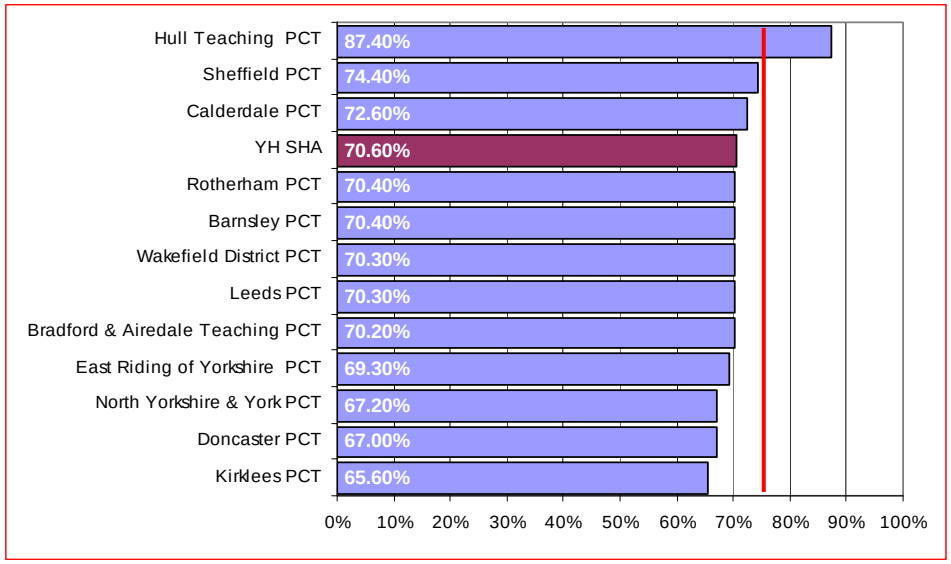
NHS Yorkshire and the Humber



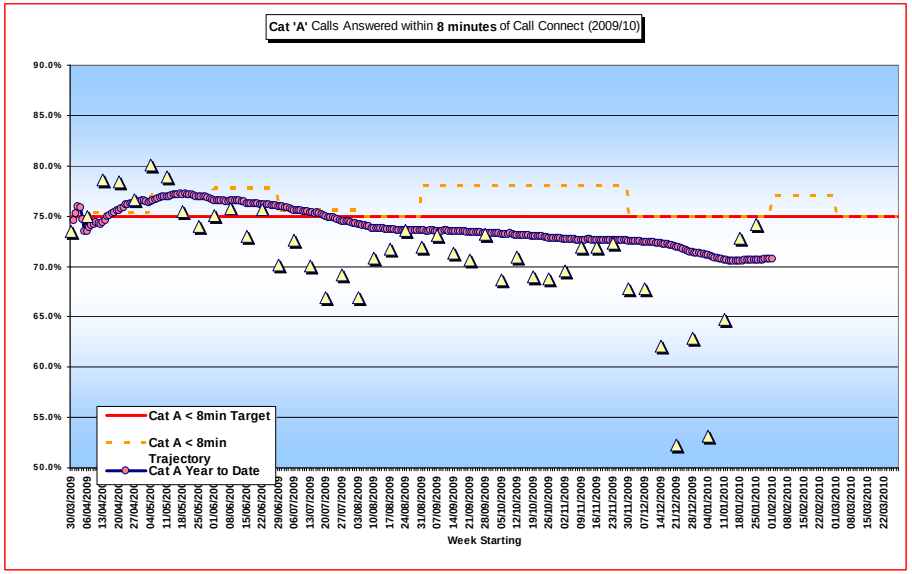
Ambulance: Category A (8 mins)

NHS Yorkshire and the Humber

CAT A – Year to date by PCT – at 31st Jan 2010



CAT A – Daily performance against trajectory



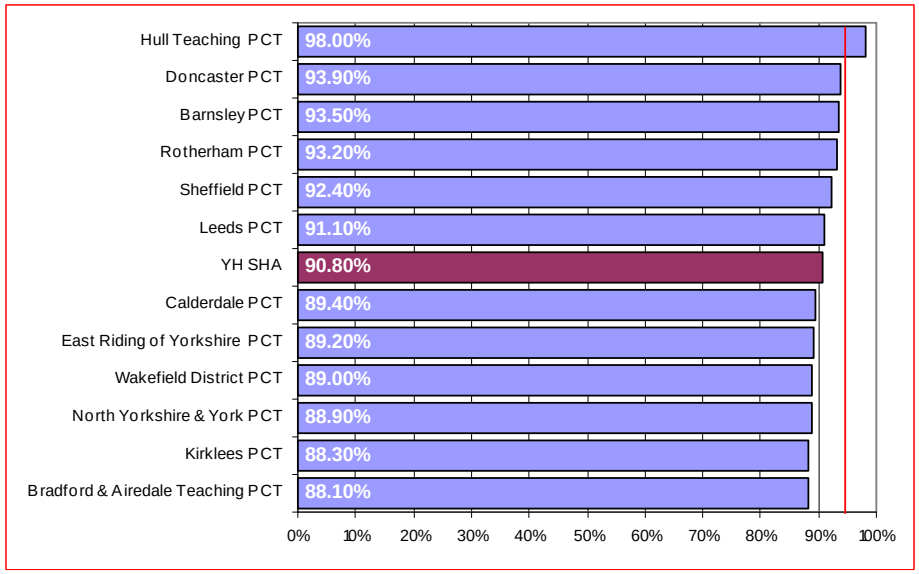
Commentary

All Acute Trusts in conjunction with YAS have completed Ambulance Turnaround plans in response to the current poor performance. The plans set out joint actions required by all parties and are being reviewed and monitored within the SHA; including targeted visits as part of a confirm and challenge process. YTD performance against the Category A target has dropped by nearly 2% since end December.

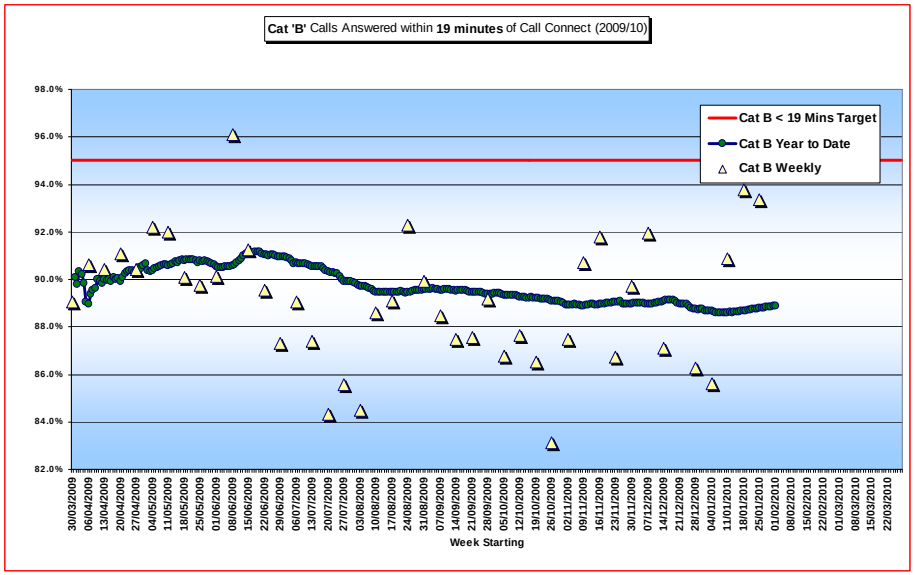
Ambulance: Category B (19 mins)

NHS Yorkshire and the Humber

CAT B – Year to date by PCT – at 31st Jan 2010



CAT B – Daily performance against trajectory



Commentary

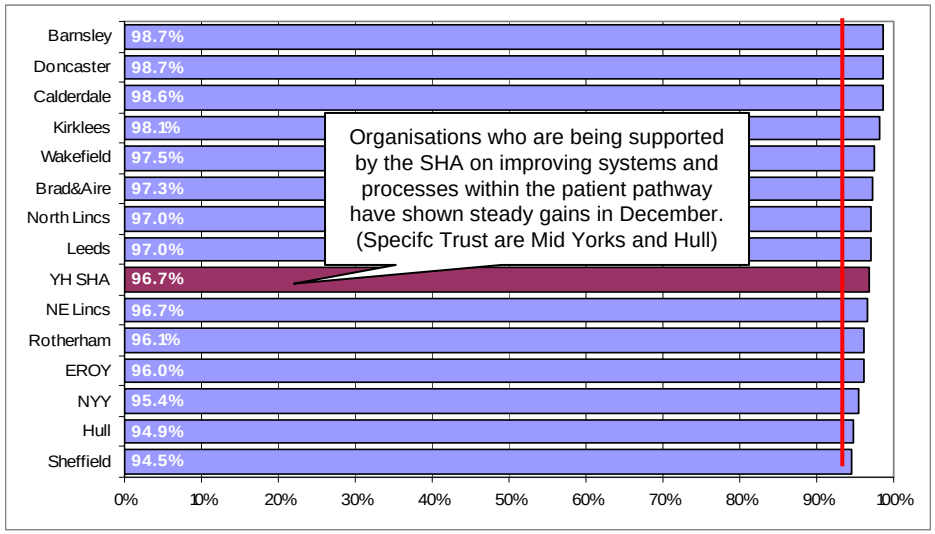
YAS have delivered below the CAT A and B performance targets for all but the first quarter of 2009/10. There is a clear performance turnaround plan in place which is being performance managed on a weekly basis by lead commissioners and the SHA. A critical challenge is delivering the right level of resources to match the demand rises that have occurred over this financial year, and the plan details the key actions that they are taking to deliver this. Projected year end performance is likely to be just above 70% for CAT A with a clear emphasis on significant improvement for 2010/11.

The data above shows a small drop in YTD Category B performance throughout January, but signs of an improvement through February.

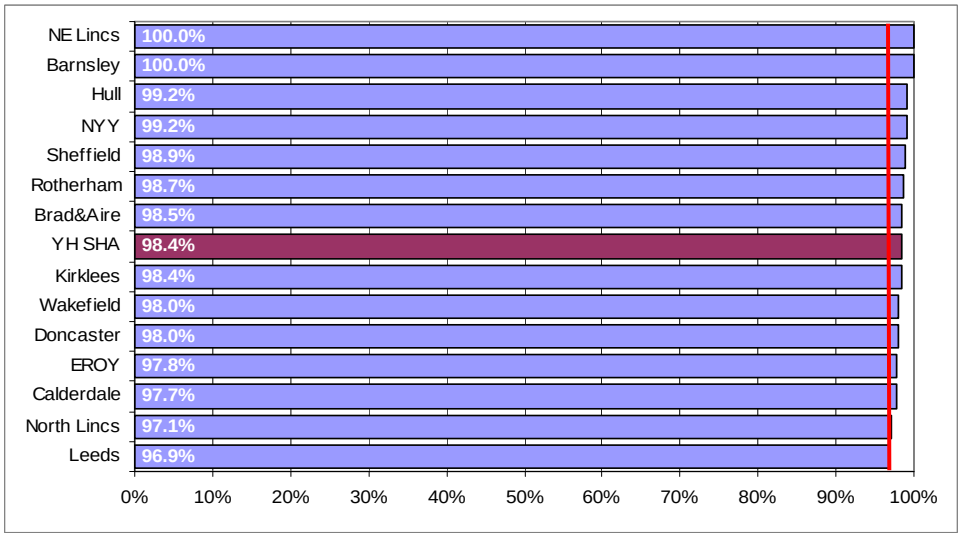
Cancer: 2 weeks, 31 day and 62 day standard

NHS Yorkshire and the Humber

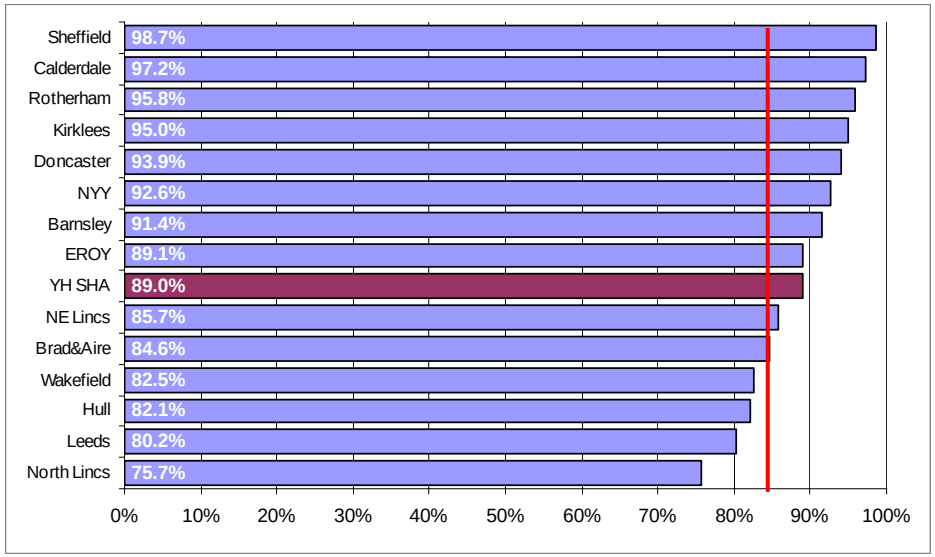
% seen within 2 weeks December 2009, standard 93%



% seen within in 31 days December 2009, standard 96%



% Treated within 62 days December 2009, standard 85%



Cancer breaches by PCT and Trust, December 2009

PCT

Org	Cancer Breaches		
	2 weeks	31 Day	62 Day
Barnsley	6	0	6
Brad&Aire	40	5	8
Calderdale	12	1	4
Doncaster	32	1	8
EROY	27	2	20
Hull	14	1	9
Kirklees	46	1	9
Leeds	43	5	22
NE Lincs	3	1	5
North Lincs	11	2	8
NYY	64	9	18
Rotherham	24	1	1
Sheffield	69	4	10
Wakefield	60	1	19
YH SHA	**451**	**34**	**147**

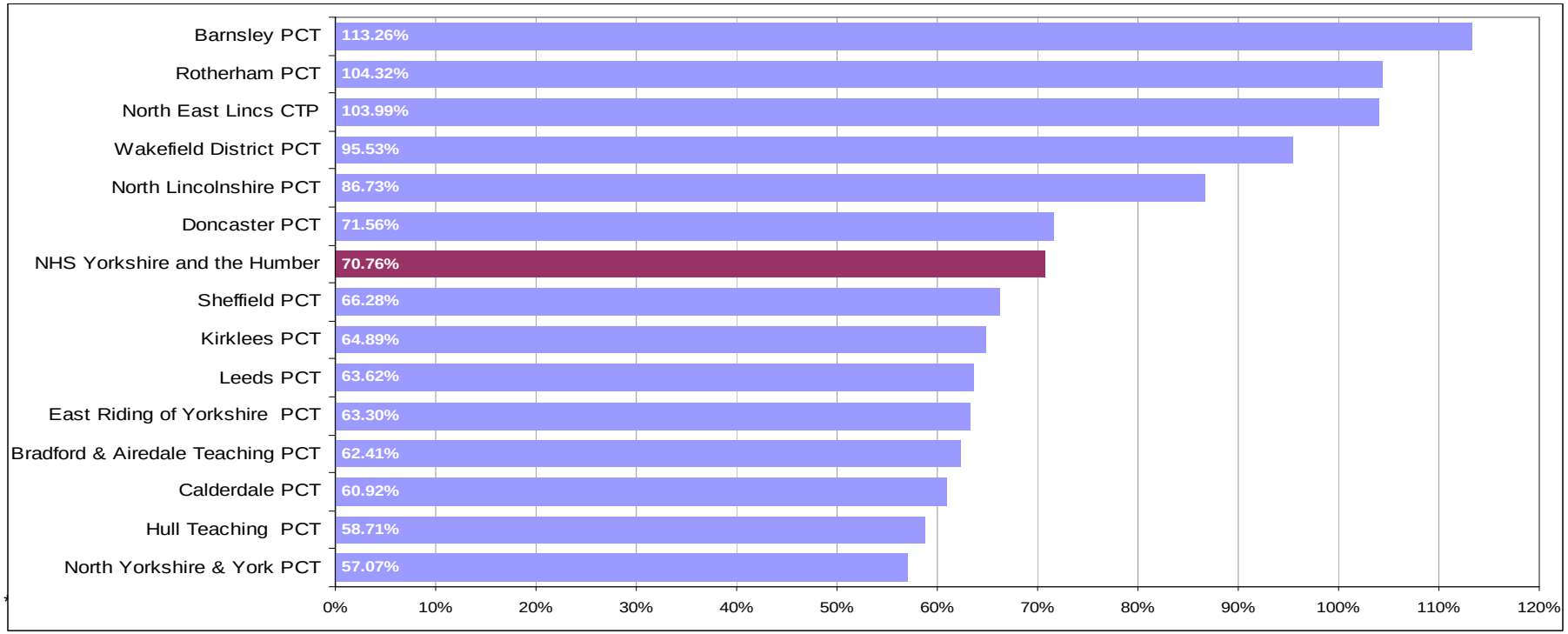
Trust

Org	Cancer Breaches		
	2 weeks	31 Day	62 Day
Airedale	11	2	0.5
Barnsley	3	0	2.5
Bradford	36	2	6
CHFT	26	0	3.5
D&B	52	1	8
Harrogate	20	0	3.5
Hull	38	5	32
Leeds	39	9	33.5
MidYorks	98	2	23.5
NLAG	13	1	8.5
Scarborough	2	2	3
SCH	0	0	0
STH	70	6	19.5
Rotherham	23	1	0.5
York	25	3	4.5
YHSHA	**456**	**34**	**149**

Stop Smoking Services

NHS Yorkshire and the Humber

Percentage of annual target achieved – November 2009



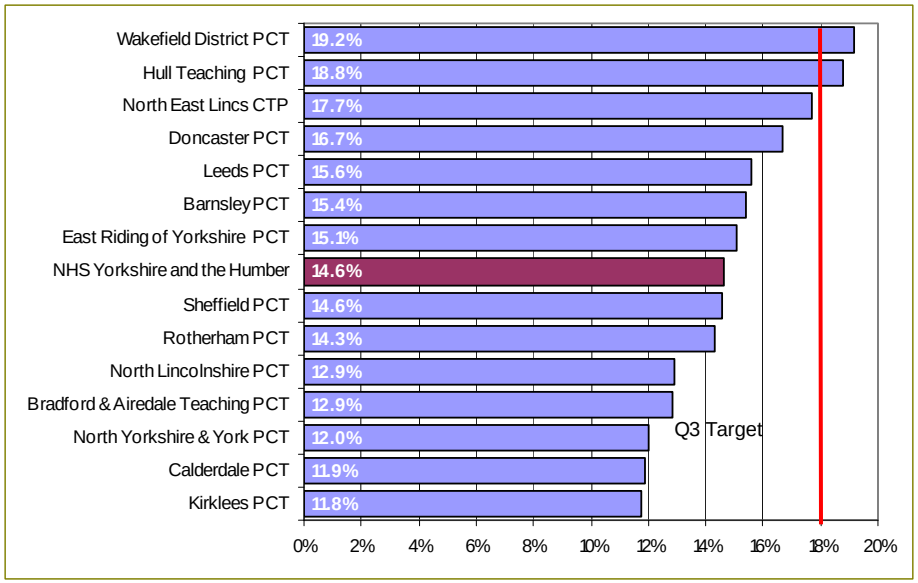
Commentary

Three PCTs have delivered their annual targets in November. At an aggregate level Y&H is performing above the expected levels for the month of November, assuming that activity is proportioned equally throughout the year, and shows an 8% increase since October. Progress against delivery will continue to be monitored as PCTs move into the last quarter.

Chlamydia screening

NHS Yorkshire and the Humber

Chlamydia Screening – for all tests – December 2009



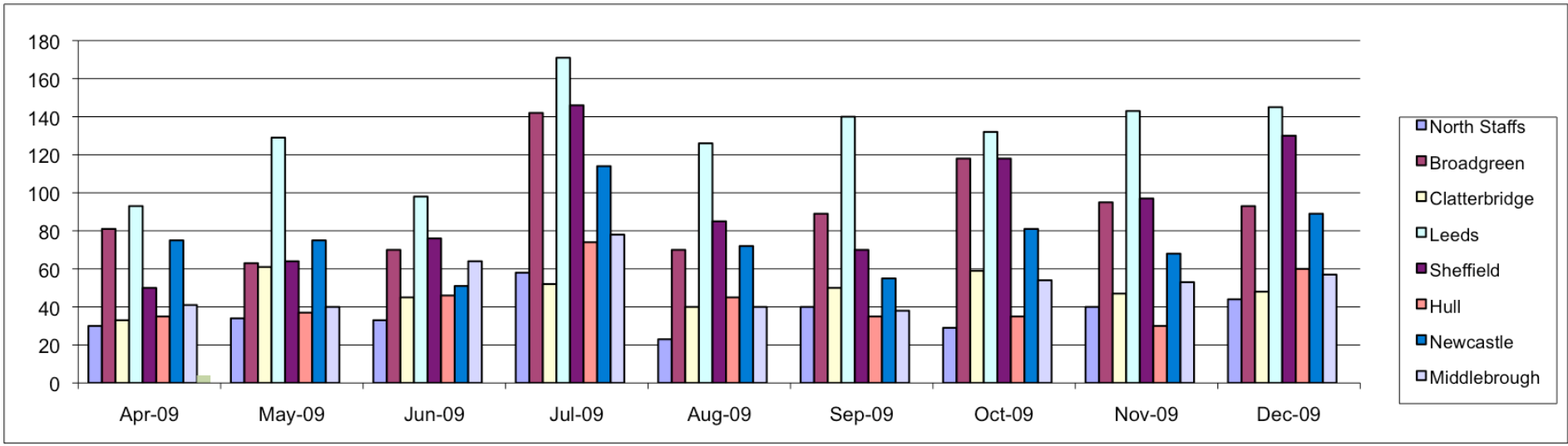
Commentary

Two PCTs have achieved the trajectory of 18% for quarter three. Y&H as a whole is performing below the expected position for Q3. The National Support Team for Sexual Health has been asked to visit high risk health communities. The SHA continues to flag performance against this target with Directors of Performance, Directors of Public Health and will also be meeting the Sexual Health commissioners in February for a more focused discussion. The House of Commons Public Accounts Committee has recently published a report on the National Chlamydia Screening Programme (NCSP) which aims to identify, treat and control the infection in young people. The report concluded that the programme in its current form is inefficient and that the DH should: identify the most cost effective local delivery strategies, establish regional or national commissioning arrangements, increase testing numbers, measure the programmes impact on the prevalence of Chlamydia. The report notes that by improving efficiency, economies of £40 million per year could be made by 2010 -11. Y&H SHA has already started a piece of work to identify initiatives that could lead to efficiency savings and sustaining or improving quality of care. The commercial procurement collaborative and the Regional NCSP Facilitator in partnership with commissioners are leading this work.

ISTC Renal Services Contract

NHS Yorkshire and the Humber

Utlisation percentages to December 2009



Utilisation

Utilisation is based upon completed activities as opposed to patients scanned. In December the total contract activities completed stood at 671, against a commissioned activity of 752. Once all factors have been taken into account (e.g. scanner breakdowns where the cost is borne by the Provider) the adjusted utilisation rate for December is 98 %. Overall, the cumulative contract utilisation to date stands at 87%.

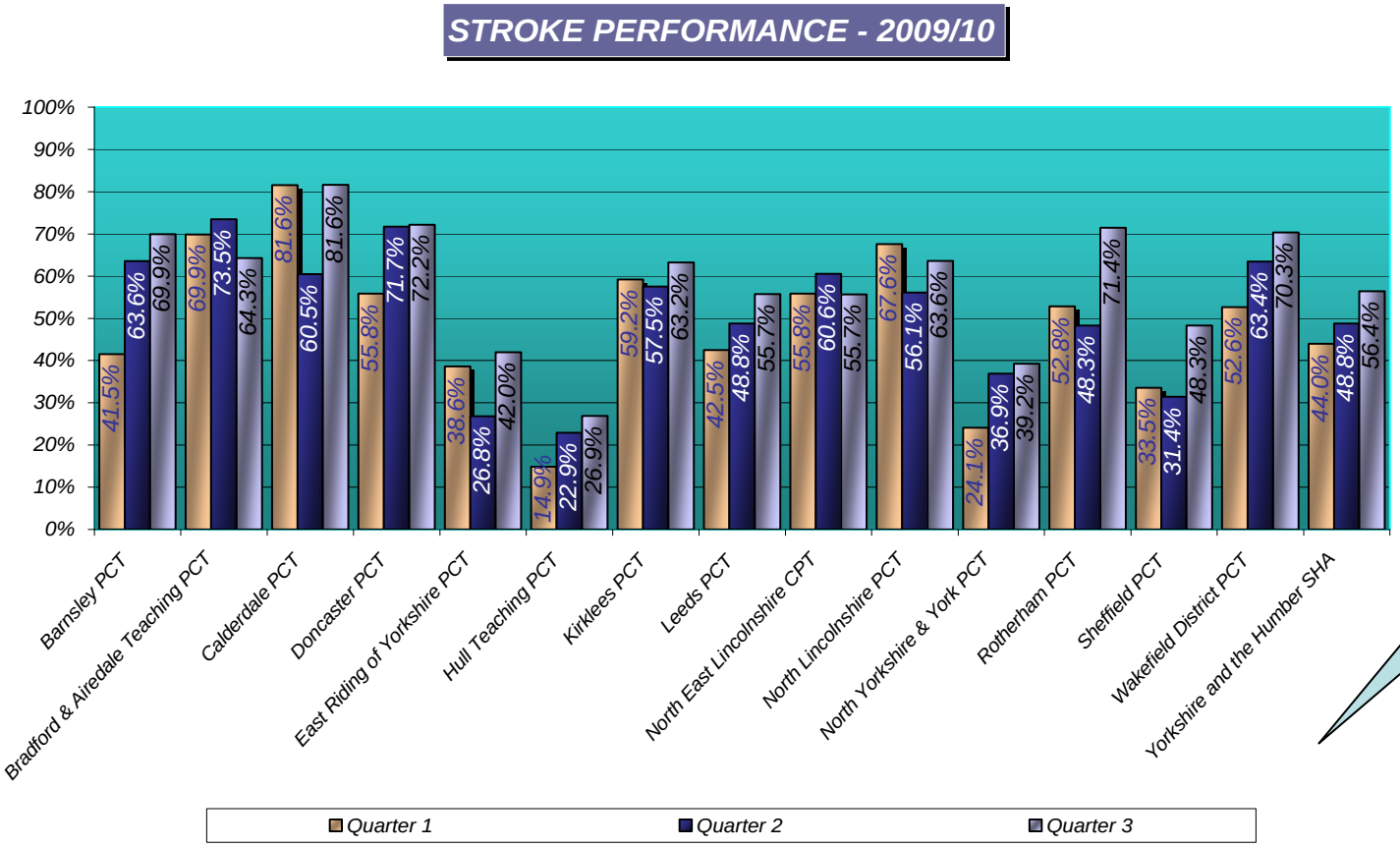
Whilst again December saw significant increase in the utilisation figures, liaison is still taking place with all the Cancer Networks and SHAs across the Contract to highlight the issues contributing to this short fall and plans are in place to analyse the data available to identify whether all clinically appropriate patients are being referred and the efficiency of the patient referral pathway.

All parties are working together to identify shortfall areas and to improve the uptake wherever possible and appropriate. There is likely to be a fall back in utilisation for the January period due to the impact of the Christmas period on MDTs and Clinical sessions within referring trusts.

Stroke

NHS Yorkshire and the Humber

Percentage of patients spending 90% of their time on a stroke unit



Quarter 3 data is currently unpublished and unvalidated

The unvalidated data for Quarter 3 show that overall SHA performance for patients spending 90% of their time on a stroke unit rose from just under 49% in Quarter 2 to 56.4%. Progress is being made, but the SHA is still short of the Quarter 4 2009/10 target of 70%.

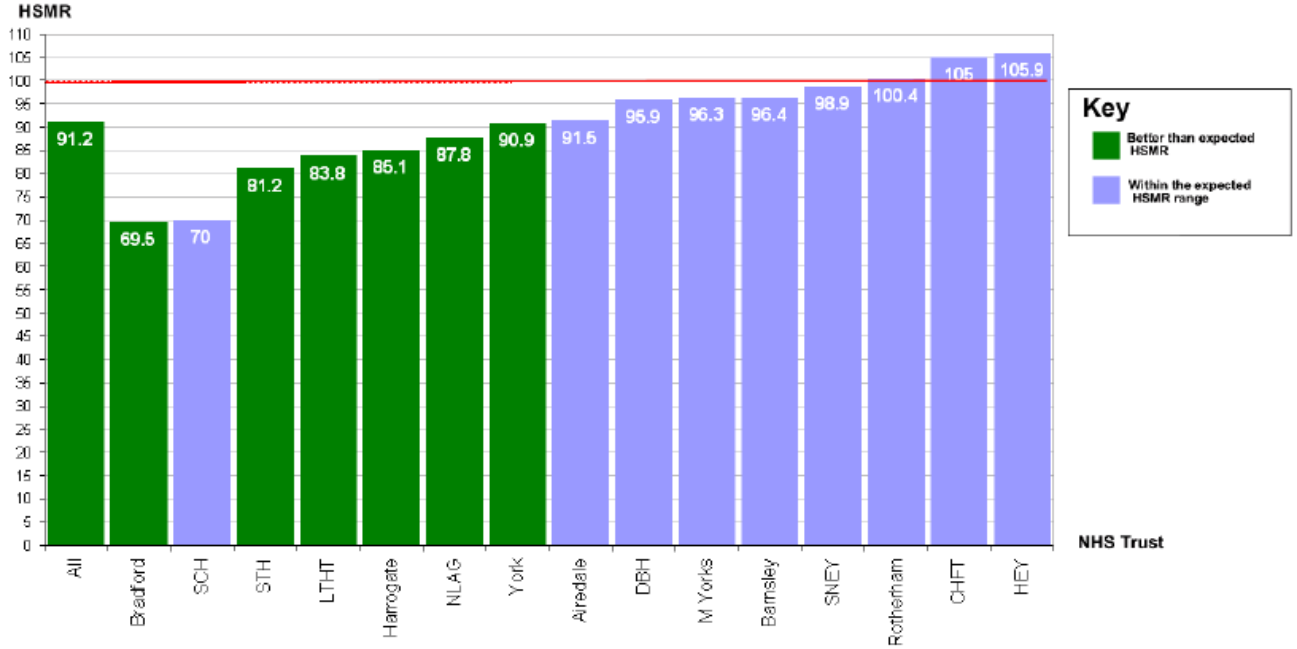
Performance management of this target has been re-focused and there are action plans to address any performance issues.

Quality indicators

Hospital Standardised Mortality Ratio

NHS Yorkshire and the Humber

All cause HSMR by Trust, April – September 2009



Commentary

The SHA is now routinely monitoring HSMRs using the Dr Foster Intelligence methodology. The Yorkshire and the Humber Quality Observatory will now produce a monthly version of the Dr Foster Good Hospital Guide and will investigate any safety issues with organisations that are affected.

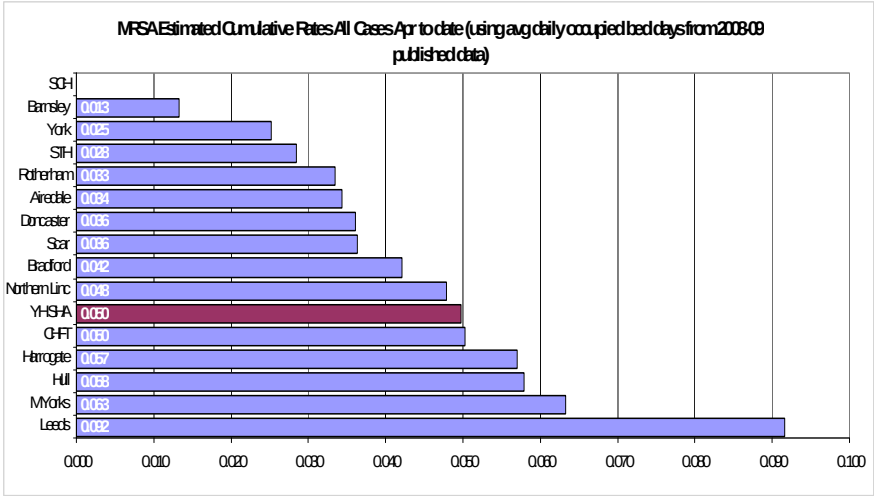
The HSMR is a standardised indicator that shows, by organisation, where mortality rates are higher than expected given an organisation's clinical activity and casemix. Mortality rates are compared against a standard of 100 and an HSMR will produce a "red alert" where the rate is significantly higher than expected.

The current rates in the SHA are either "blue" (within expected range) or "green" (better than expected)

MRSA – rates and number of cases

NHS Yorkshire and the Humber

All cases - rate per 1,000 bed days, as at 5th Feb



All cases (hospital and community acquired), at 5th Feb

ACTUALS	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Airedale	0	1	1	0	0	0	0	0	2	1	0	0	**5**
Barnsley	0	0	0	0	0	1	1	0	0	0	0	0	**2**
Bradford	1	1	0	1	0	2	0	0	1	1	0	0	**7**
CHFT	0	2	1	2	2	0	1	0	3	2	0	0	**13**
Doncaster	0	1	0	2	1	2	1	1	0	3	0	0	**11**
Harrogate	0	0	0	1	2	0	3	1	1	0	0	0	**8**
Hull	4	2	4	1	0	2	2	3	1	3	1	0	**23**
Leeds	8	3	6	7	1	5	7	4	3	5	0	0	**49**
M Yorks	3	1	4	2	1	1	1	2	2	8	1	0	**26**
Northern Linc	0	2	1	0	3	0	1	1	2	0	1	0	**11**
Scar	0	0	1	0	0	1	1	1	0	0	0	0	**4**
SCH	0	0	0	0	0	0	0	0	0	0	0	0	**0**
STH	1	1	0	3	1	3	1	2	1	2	0	0	**15**
Rotherham	0	0	0	0	1	2	2	0	2	0	0	0	**7**
York	0	0	0	0	0	1	0	1	3	0	1	0	**6**
YHSHA	**17**	**14**	**18**	**19**	**12**	**20**	**21**	**16**	**21**	**25**	**4**	**0**	**187**

Note – January and February data is provisional

Commentary

MRSA – all cases by Trust

2009-10, Y&H are well on track to meet annual trajectory of 396 cases. The only Trust to breach the Department of Health trajectory is Harrogate.

As at Dec 2010 there are 158 cases of MRSA, in the previous year there were 257 by December (reduction of 38.5%). (Note December 2009 is the most recent validated data.)

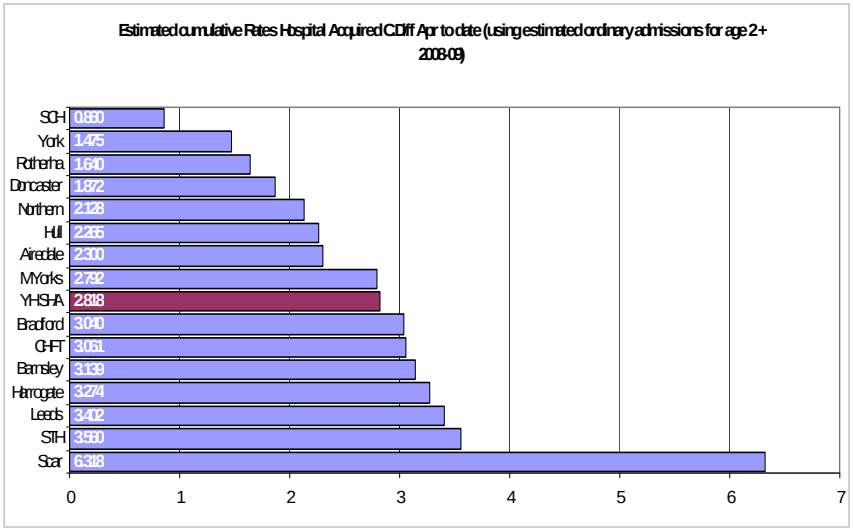
2007-08 compared to 2009-10 to date – ranges between 49% and 65% fewer cases in 2009-10 than 2008-09.

2008-09 compared to 2009-10 – there are fewer cases every month in 2009-10 than 2008-09.

C Diff – rates and number of cases

NHS Yorkshire and the Humber

Hospital acq'd - rate per 1,000 bed days, at 5th Feb



Hospital acq'd only – number of cases by Trust, at 5th Feb

ACTUALS	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Airedale	2	3	5	2	1	4	1	2	2	1	0	0	**23**
Barnsley	5	9	4	3	7	3	3	3	2	4	0	0	**43**
Bradford	4	8	9	4	10	10	11	8	7	6	0	0	**77**
CHFT	9	22	18	7	5	2	6	4	5	13	0	0	**91**
Doncaster	2	5	3	7	2	2	7	13	6	7	1	0	**55**
Harrogate	4	0	1	2	0	1	1	2	6	3	0	0	**20**
Hull	8	10	10	6	9	8	9	7	8	9	1	0	**85**
Leeds	32	31	19	13	26	20	18	20	12	25	6	0	**222**
M Yorks	18	10	14	14	8	9	14	12	4	19	1	0	**123**
Northern Linc	8	4	2	4	4	4	6	3	4	3	0	0	**42**
Scar	13	8	8	4	2	2	2	6	9	0	0	0	**54**
SCH	0	0	1	1	0	0	0	2	0	0	0	0	**4**
STH	18	25	16	16	13	18	18	13	20	16	6	0	**179**
Rotherham	2	2	0	3	2	3	3	6	6	7	0	0	**34**
York	3	5	0	1	5	2	1	4	3	2	0	0	**26**
YH SHA	**128**	**142**	**110**	**87**	**94**	**88**	**100**	**105**	**94**	**115**	**15**	**0**	**1078**

Note – January and February data is provisional

Commentary

C.Diff – Hospital Acquired

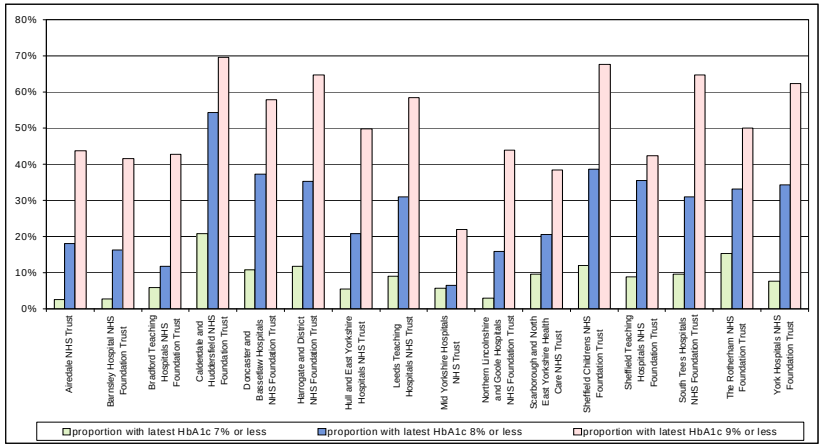
2009-10, Y&H are well on track to meet trajectory of 2833 cases. No Trusts have currently breached their vital signs trajectory.

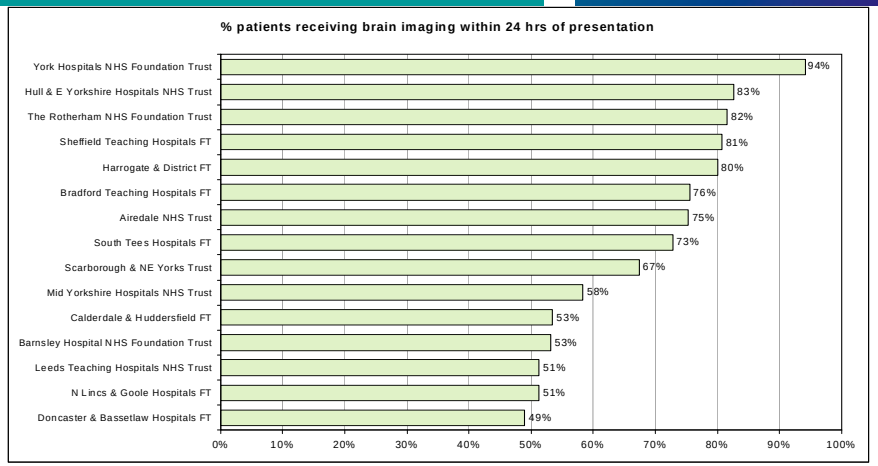
As at Dec 2010 there are 948 cases of hospital acquired C.Diff, in the previous year there were 1847 by December (reduction of 48.7%). (Note December 2009 is the most recent validated data.)

2008-09 compared to 2009-10 – there are fewer cases every month in 2009-10 than 2008-09.

CQUINs

NHS Yorkshire and the Humber





Commentary

- **CQUINs 09/10**
- 0.5% of total contract values
- Indicator sets agreed for acute, community, mental health and ambulance
- Focus on data collection and establishing baselines and benchmarking across the region
- All trusts reporting on the indicator sets
- Quarterly analysis to PCT Chief Executives
- Discussion on quality improvement at Contract Management Boards
- Improvement in data quality through the year
- Improvement in performance in some areas
- **CQUINs 10/11**
- 1.5% total contract value
- Comprehensive work programme to review outcomes and deliver 10/11 indicators
- Greater focus on driving up quality
- Greater level of stretch and improvement
- Focus on areas of variable performance e.g. stroke, pressure ulcers, safeguarding, access to mental health services, ambulance turnaround times
- Inclusion of national indicators on venous thromboembolism (VTE) and patient experience
- Mixture of regional and PCT negotiated indicators
- SHA assurance of PCT level CQUINs

NHS Yorkshire and the Humber

Proposed indicators to track progress in delivery of Healthy Ambitions for 2010/11

Staying Healthy
- Hospital admissions for alcohol related harm
- Mortality from alcohol related conditions
- Smoking quitters
- Percentage of mothers smoking at time of delivery
- % adults with BMI recorded and (related measure) prevalence of obesity

Long Term Conditions
- Admissions and readmissions from a diabetes related episode
- Length of stay for diabetes – admissions
- % of people with diabetes offered diabetic retinopathy screenings
- Patients with diabetes in whom the last HbA1c is 7.5 or less
- Patients with LTC who have had discussions with doctor or nurse in last 12 months about how best to deal with their health problem

Maternity
- Percentage of mothers initiating breastfeeding
- Percentage of mothers smoking at time of delivery
- Percentage of low birth weight babies
- Staffing ratios births:midwives
- Ex-utero transfers

Children's
- Number of children admitted to hospital for asthmatic episodes (age 0-14)
- A&E attendances per 100,000 (age under 18)
- Out-of-hours A&E attendance, total number (age under 18)
- Proportion of diabetic children with HbAic at 7% or less

Planned Care
- Number of outpatient appointments per spell of treatment (hip and knee)
- Admission and readmission rates (within 28 days) (hip and knee)
- Average length of stay (hip and knee)
- Day surgery rate

Acute Episode
- Stroke mortality per 100,000
- Stroke and TIA admissions and per 100,000 population
- Stroke and TIA readmissions within 28 days
- % of TIA with a higher risk of stroke who are treated within 24 hrs
- Time to reperfusion (primary angioplasty) for patients with heart attack within 150 mins.

Mental Health
- Assessment within 4hrs for people entering the Urgent Care Pathway requiring urgent assessment of need for home treatment or in-patient care
- Assessment within 14 days for service users referred to a non-urgent pathway

End of Life
- Percentage of patients who die at home or in a care home
- Percentage of wards where patients may be expected to die in which Liverpool care pathway (or equivalent) has been introduced
- % of GP practices using the Gold standards framework
- % patients who die having been in an end of life care register
- Access to nurses, medication and equipment

Primary Care
- QOF achievement
- Exception reporting (and variation)
- GP Patient Survey (GPPS) trends – phone access and opening hours