Yorkshire and the Humber Strategic Health Authority **BOARD MEETING**	NHS Yorkshire and the Humber
Date: 11 May 2010	**Report Author: Rob Cooper**

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
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 and all individual organisations are reporting delivery of 2009/10 financial targets in draft accounts
- The paper confirms that the SHA area and all individual organisations are planning to meet the key finance requirements for 2010/11 and 2011/12 as per the Operating Framework for the NHS in England 2010/11.
- 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
- 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

11 May 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 in the Draft Accounts, for the period up to the end of March 2010 (Month 12)

(b) 2010/11 and 2011/12 Financial Plan across Yorkshire and the Humber, for the period up to the end of March 2010 (Month 12)

(c) Finance Report: Yorkshire and the Humber SHA, for the period up the end of March 2010 (Month 12)

Section 2: Performance and Quality Update for the period up to the end of February 2010 (Month 11)

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

1.1. The revenue position reported by the NHS in Yorkshire and the Humber in draft accounts is an aggregate operating surplus of £199.5m. This is in line with the forecast made at Month 11 and has been agreed with the Department of Health.

1.2. There are no organisations reporting an operating deficit.

3. **2010/11 and 2011/12 Financial Plans across NHS Yorkshire and the Humber**

3.1 The revenue plan for the NHS in Yorkshire and the Humber is an aggregate operating surplus of £150m in 2010/11 and £120m in 2011/12. This has been agreed with the Department of Health.

4. **Finance Report Yorkshire and the Humber SHA**

4.1 The SHA is forecast to meet its financial duty to keep spending and cash within the limits set by the Department of Health.

5. **Performance and Quality Update**

5.1 The Performance and Quality Update can be found in Section 2 of this report.

Rob Cooper
Deputy Chief Executive / Director of Performance, Finance and Assurance

SECTION 1(A) 2009/10 FINANCIAL POSITION ACROSS THE YORKSHIRE AND HUMBER HEALTH ECONOMY AS REPORTED IN DRAFT ACCOUNTS

1. Introduction

1.2 This paper sets out for members of the Board the draft 2009/10 outturn position as reported in draft accounts.

1.3. The accounts are subject to audit and the actual audited outturn will also be reported to the Board.

2. 2009/10 Revenue Outturn Position

2.1. The 2009/10 revenue plan submitted to the Department of Health planned for an aggregate operating surplus of £190m. With DH agreement, the forecast was increased to an aggregate operating surplus of £199m at Month 11.

2.2. The revenue outturn reported by the NHS in Yorkshire and the Humber in draft accounts is an aggregate operating surplus of £199.5m.

2.3. The operating surplus is made up of £51.0m in PCTs, £14.5m in NHS Trusts and the balance of £134.0m in the SHA as shown in table 1 below. No organisations have reported an operating deficit.

2.4. As previously reported, the operating surplus for NHS Trusts is calculated by excluding the costs associated with impairments to fixed assets and the additional revenue costs of bringing PFI schemes onto balance sheets under International Financial Reporting Standards (IFRS) which are technical in nature for NHS Trusts. The operating surplus is the primary measure of financial performance. There are no similar adjustments for PCTs

2.5. The actual aggregate surplus, before excluding technical items is £51.0m. This, and the relevant technical adjustments, is broken down by organisation in table 2 below.

2.6. The reported actual and operating outturn position, including technical adjustments, by organisation is shown in table 2 below.

Table 1: 2009/10 Actual Revenue Operating Revenue Position

	£m
NHS Trusts	14.5
PCTs	51.0
SHA	134.0
Total Aggregate Position	**199.5**

3. Reported Actual and Operating 2009/10 Outturn Positions by Organisation

Table 2 below shows the reported actual and operating outturn position for each organisation reported in draft accounts.

	Actual £'000	Imp'ments £'000	PFI IFRS Addnl Costs £'000	Operating Position £'000	Month 11 £'000	Variance to M11 £'000
NHS Trusts	(154,071)	162,008	6,558	**14,495**	12,036	**2,459**
PCTs	50,998	n/a	n/a	**50,998**	49,620	**1,378**
SHA	133,982	n/a	n/a	**133,982**	137,344	**(3,362)**
Total Aggregate Position	**30,909**	**162,008**	**6,558**	**199,475**	**199,000**	**475**

	Actual £'000	Imp'ments £'000	PFI IFRS Addnl Costs £'000	Operating Position £'000	Month 11 £'000	Variance to Plan £'000
Airedale NHS Trust	(3,759)	4,364	0	**605**	605	**0**
Bradford District Care NHS Trust	(10,874)	10,977	0	**103**	100	**3**
Hull and East Yorkshire Hospitals NHS Trust	(49,542)	56,267	876	**7,601**	7,565	**36**
Humber Mental Health Teaching NHS Trust	(450)	1,801	0	**1,351**	1,305	**46**
Leeds Teaching Hospitals NHS Trust	(43,426)	42,075	2,314	**963**	0	**963**
Mid Yorkshire Hospitals NHS Trust	(38,196)	35,699	3,368	**871**	0	**871**
Scarborough and NE Yorks NHS Trust	(1,954)	3,868	0	**1,914**	1,892	**22**
South West Yorkshire Mental Health NHS Tru	569	0	0	**569**	569	**(0)**
Yorkshire Ambulance Service NHS Trust	(6,439)	6,957	0	**518**	0	**518**
Total NHS Trusts	**(154,071)**	**162,008**	**6,558**	**14,495**	**12,036**	**2,459**

	Actual £'000	Imp'ments £'000	PFI IFRS Addnl Costs £'000	Operating Position £'000	Month 11 £'000	Variance to Plan £'000
Barnsley PCT	3,461	n/a	n/a	**3,461**	3,400	**61**
Bradford & Airedale PCT	7,550	n/a	n/a	**7,550**	6,800	**750**
Calderdale PCT	2,679	n/a	n/a	**2,679**	2,600	**79**
Doncaster PCT	4,177	n/a	n/a	**4,177**	4,215	**(38)**
East Riding of Yorkshire PCT	3,684	n/a	n/a	**3,684**	3,600	**84**
Hull PCT	3,820	n/a	n/a	**3,820**	3,800	**20**
Kirklees PCT	2,928	n/a	n/a	**2,928**	2,900	**28**
Leeds PCT	5,002	n/a	n/a	**5,002**	5,000	**2**
North East Lincolnshire PCT	2,222	n/a	n/a	**2,222**	2,200	**22**
North Lincolnshire PCT	1,249	n/a	n/a	**1,249**	1,200	**49**
North Yorkshire & York PCT	317	n/a	n/a	**317**	0	**317**
Rotherham PCT	2,042	n/a	n/a	**2,042**	2,105	**(63)**
Sheffield PCT	4,479	n/a	n/a	**4,479**	4,500	**(21)**
Wakefield District PCT	7,388	n/a	n/a	**7,388**	7,300	**88**
Total PCTs	**50,998**	**n/a**	**n/a**	**50,998**	**49,620**	**1,378**

4. Capital

4.1. Organisations in Yorkshire and the Humber are reporting gross capital expenditure totalling £190.3m (£134.0m Trusts, £56.1m PCTs and £0.2m SHA) in 2009/10.

4.2. All organisations have reported that they have lived within capital resource limits.

5. Cash

7.1 Where relevant, NHS Trusts have made all scheduled repayments of working capital loans.

7.2 All NHS Trusts are have achieved External Financing Limits and PCTs and the SHA have managed within cash limits.

6. Recommendation

6.1 The Authority is asked to note the 2009/10 financial position as reported in draft accounts across the Yorkshire and Humber health economy.

SECTION 1(B): 2010/11 & 2011/12 FINANCIAL PLAN ACROSS THE YORKSHIRE AND HUMBER HEALTH ECONOMY

7. Introduction

7.1. This section paper sets out for members of the Board the results of the full financial plan collection for 2010/11 and 2011/12 across the Yorkshire and Humber health economy (excluding NHS Foundation Trusts).

7.2. The two year financial plan described below will be built into the SHA's medium term financial strategy which is currently being updated and will be brought to a future meeting of the Board.

8. Summary Revenue Position

8.1. The two year financial plan shows planned aggregate surpluses of £150m and £120m in 2010/11 and 2011/12 respectively. This is summarised in table 1 below.

Table 1: 2010/11 and 2011/12 Revenue Plan (summary)

	2010/11 £'000	2011/12 £'000
NHS Trusts	10.5	9.5
PCTs	93.8	75.1
SHA	45.7	35.4
Total Aggregate Position	**150.0**	**120.0**

8.2. The SHA has agreed control totals (surplus + balance in SHA Strategic Investment Fund) with PCTs of a minimum of 1.5% of revenue resources for 2010/11. Control totals for 2011/12 have been agreed with individual PCTs in line with progress towards the medium term planning assumption that all PCTs should deliver a control total of 0.5% of resources by 2013/14. All PCTs are planning to meet the agreed control totals for 2010/11 and 2011/12.

8.3. Furthermore, all PCTs are planning, in both years, to meet the Operating Framework requirement that 2% of recurrent resources should not be spent recurrently.

8.4. NHS Trust plans take into account surpluses required to make working capital loan repayments, to generate funding for capital developments and in line with requirements for aspirant NHS Foundation Trusts.

8.5. Financial plans for aspirant NHS Foundation Trusts are included for the whole of 2010/11 and 2011/12, irrespective of their anticipated date of gaining Foundation status.

8.6. The 2010/11 and 2011/12 revenue plan for each organisation is shown in tables 2 to 4 below

Table 2: 2010/11 and 2011/12 Revenue Plan - NHS Yorkshire and the Humber

	2010/11 £'000	2011/12 £'000
NHS Trusts	10,503	9,454
PCTs	93,800	75,130
SHA	45,697	35,416
Total Aggregate Position	**150,000**	**120,000**

Table 3: 2010/11 and 2011/12 Revenue Plan - NHS Trusts

	2010/11 £'000	2011/12 £'000
Airedale	559	1,518
Bradford Care Trust	100	100
Hull & East Yorkshire Hospitals Trust	4,800	4,900
Leeds Teaching Hospitals	0	0
Mid Yorkshire Hospitals	3,144	1,036
Scarborough & NE Yorks Hospitals Trust	1,900	1,900
Yorkshire Ambulance Service Trust	0	0
Total NHS Trusts	**10,503**	**9,454**

Table 4: 2010/11 and 2011/12 Revenue Plan – Primary Care Trusts

	2010/11 £'000	2011/12 £'000
Barnsley PCT	3,400	3,000
Bradford & Airedale PCT	6,800	7,000
Calderdale PCT	6,800	3,600
Doncaster PCT	2,700	2,700
East Riding of Yorkshire PCT	7,200	7,200
Hull PCT	3,800	3,200
Kirklees PCT	9,900	8,330
Leeds PCT	20,100	15,200
North East Lincolnshire PCT	2,200	1,800
North Lincolnshire PCT	3,900	2,000
North Yorkshire & York PCT	17,700	11,800
Rotherham PCT	2,200	2,200
Sheffield PCT	4,000	4,000
Wakefield District PCT	3,100	3,100
Total PCTs	**93,800**	**75,130**

9. Summary Capital Position

9.1. In 2010/11 PCTs in NHS Yorkshire and the Humber have worked up capital investment plans totalling £79.4m. This is made up of £59.3m representing Yorkshire and the Humber's share of the national available general capital (£565m) and £20.1m in respect of anticipated national community hospital funding (2010/11 is the final year of the community hospital funding).

9.2. In 2011/12, PCTs have worked up capital investment plans totalling £40.9m. DH have not confirmed what the national general capital position is but the Operating Framework states that "all organisations should be preparing for a period of capital constraint". PCT plans are in line with this direction of travel. PCTs are not planning any additional capital funding for specific national initiatives.

9.3. NHS Trusts have capital investment plans totalling £136.0m in 2010/11. Mid Yorkshire Hospitals NHS Trust and Leeds Teaching Hospitals Trust require capital loans of £15.0m and £15.5m respectively with the balance of the capital programme being internally generated.

9.4. In 2011/12, NHS Trusts capital investment plans total £70.0m, all of which is to be funded from internally generated resources.

10. Cash

10.1. PCT and SHA plans assume additional cash, over and above in year cash limits of £85m in 2010/11, from the DH to support the deployment of previous years' surpluses. There was no requirement to include similar assumptions for 2011/12.

10.2. No Trusts are highlighting the requirement for new working capital loans in either 2010/11 or 2011/12. Two trusts, Mid Yorkshire Hospitals NHS Trust and Leeds Teaching Hospitals Trust, are requesting capital loans (see above) to partly fund their 2010/11 capital programme.

11. Recommendation

11.1 The Authority is asked to note the 2010/11 and 2011/12 financial plans across the Yorkshire and Humber health economy.

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

1. Purpose of this paper

1.1 The purpose is to update the Board on year end final outturn performance of the SHA against key financial objectives. The full draft accounts are being provided separately to the Board.

2. 2009/10 SHA Financial Performance

2.1 The overall position is summarised in a dashboard developed by the SHA. The SHA met its financial duty to keep spending and cash within the limits set by the Department of Health. The dashboard below shows the performance against the key forecast objective

Table 1: Key Financial Objectives Dashboard

1	**Spending within the Resource Schedule**	**Final**
	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	91%
	- NON NHS	93%
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 1.

2.2 Two performance areas are shown as 'amber' in the dashboard, as previously reported. Work is underway to address these areas in 2010/11, working with the Department of Health to resolve the legacy debt and with budget holders to improve payment performance – this requires the deanery and hosted programmes budget holders to review and approve payment promptly.

2.3 After twelve months the SHA committed expenditure net of income of £609.9m. The statutory financial duty of the SHA is to ensure aggregate spending is within the resources allocated and this has been achieved.

Table 2: Financial Position at year end (subject to Audit)

Description	Staffing at month 12		Year to Date: 12 months		
	Staffing Plan	Staffing Actual	Budget Plan	Actual Spend	Variance
	WTE	WTE	£'000	£'000	£'000
1. Administration	124	130	13,334	12,221	1,113
2. Training & Education	149	146	510,357	495,845	14,512
3. Hosted progs					
Cancer Screening	18	17	102,830	79,409	23,421
NPfIT	51	39	8,716	6,144	2,572
Other Hosted	61	60	25,070	8,970	16,100
Programme Funding	0	0	4,458	-66	4,524
ESR	105	93	7,502	7,430	72
Total hosted	235	208	148,576	101,887	46,689
Total - all	**508**	**484**	**672,267**	**609,953**	**62,314**

3. Recommendation

3.1 The Board is asked to note the final year end performance of the SHA against key financial objectives.

ANNEX 1: 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

SECTION 2: PERFORMANCE AND QUALITY UPDATE

NHS Yorkshire and the Humber

NHS Yorkshire and the Humber

Performance and Quality Update for May 2010 SHA Board Meeting

NHS Yorkshire and the Humber

NHS Yorkshire and the Humber

Performance against key targets: Access and activity

18 Weeks: maximum wait for treatment

NHS Yorkshire and the Humber

Admitted patients – 90% operational standard, Feb 10

Name	% within 18 weeks	number of failing specialties	No. PCTs missing performance target
NORTH EAST STRATEGIC HE	94.3%	1	0
EAST MIDLANDS STRATEGIC	93.5%	2	1
YORKSHIRE AND THE HUMBI	93.3%	3	0
WEST MIDLANDS STRATEGIC	93.3%	2	0
LONDON STRATEGIC HEALTH	93.1%	2	2
SOUTH WEST STRATEGIC HE	91.8%	2	2
NORTH WEST STRATEGIC HE	91.2%	3	8
EAST OF ENGLAND STRATEC	91.0%	5	2
SOUTH CENTRAL STRATEGIC	89.6%	5	3
SOUTH EAST COAST STRATE	88.5%	8	5

Non-admitted patients – 95% operational standard, Feb 10

Name	% within 18 weeks	number of failing specialties	No. PCTs missing performance target
NORTH EAST STRATEGIC HE	98.4%	1	0
LONDON STRATEGIC HEALTH	98.3%	1	0
WEST MIDLANDS STRATEGIC	98.1%	0	0
EAST MIDLANDS STRATEGIC	98.0%	0	0
YORKSHIRE AND THE HUMBI	97.9%	2	0
SOUTH CENTRAL STRATEGIC	97.7%	1	0
SOUTH WEST STRATEGIC HE	97.7%	1	0
EAST OF ENGLAND STRATEC	97.7%	2	0
NORTH WEST STRATEGIC HE	97.5%	1	0
SOUTH EAST COAST STRATE	96.7%	1	2

Commentary

Y&H achieved the aggregated performance for admitted patients; however it did not achieve the required admitted performance for the three treatment functions of neurosurgery (83.5%), T&O (88.9%) and plastic surgery (89.1%). Non admitted performance was achieved at an aggregate level with the exception of neurosurgery (89.6%) and cardiothoracic surgery (94.3%).

At an organisational level 8 out of 15 Trusts achieved the admitted standard and 8 trusts achieved the non admitted across all their treatment functions. From the commissioner perspective, 1 PCT achieved the admitted standard across all its treatment functions and 4 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 (and therefore for all patients).

3

18 Weeks: maximum wait for treatment

NHS Yorkshire and the Humber

Admitted patients – by Trust and specialty, 90% operational standard, February 2010

Performance (>=20 clock stops); excludes any performance sharing

	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	94.9%		100.0%	100.0%			91.7%	94.2%	96.7%				94.7%	100.0%	
Cardiothoracic Surgery							94.0%	86.5%					95.2%		
Dermatology		94.6%											100.0%	100.0%	
ENT		95.9%	90.9%	92.1%	94.6%	98.1%	85.3%	83.1%	92.2%	100.0%			93.2%	100.0%	91.7%
Gastroenterology	100.0%	100.0%	100.0%				100.0%	98.6%	99.8%	100.0%			99.4%	100.0%	
General Medicine					100.0%					100.0%	96.7%			100.0%	100.0%
General Surgery	92.0%	97.9%	91.8%	92.2%	94.5%	92.1%	91.1%	80.3%	92.4%	98.9%	91.1%		86.4%	100.0%	92.6%
Geriatric Medicine															
Gynaecology	100.0%	96.9%	93.8%	99.6%	98.6%	91.1%	98.4%	88.0%	95.3%	99.2%	91.8%		93.0%	99.4%	93.8%
Neurology													100.0%		
Neurosurgery							96.3%	59.4%					91.5%		
Ophthalmology	92.3%		93.5%	92.5%	97.4%	97.6%	98.1%	93.8%	90.0%	97.4%	89.0%		99.7%	91.5%	90.2%
Oral Surgery	90.5%	100.0%	96.1%	97.7%	100.0%		95.6%	96.3%	86.9%	100.0%	75.9%		90.5%	100.0%	93.2%
Other	100.0%	96.8%	95.7%	100.0%	98.4%	93.2%	93.9%	95.5%	96.7%	100.0%	89.1%	89.2%	94.4%		100.0%
Plastic Surgery			92.1%	97.3%			90.3%	79.4%	88.5%				90.2%		
Rheumatology							100.0%	100.0%		100.0%					
Thoracic Medicine															
Trauma & Orthopaedics	75.6%	98.3%	90.5%	92.1%	91.9%	90.0%	90.7%	80.9%	90.5%	100.0%	84.8%		69.6%	93.0%	94.6%
Urology	100.0%	94.0%	94.9%	93.9%	99.2%	95.0%	96.5%	86.6%	95.2%	99.4%	94.0%		92.9%	100.0%	91.5%
Total	**91.5%**	**97.5%**	**94.0%**	**94.3%**	**95.8%**	**93.4%**	**93.7%**	**88.3%**	**93.1%**	**99.0%**	**90.1%**	**89.6%**	**90.6%**	**97.1%**	**93.1%**

Note that DH reporting allows for breach sharing at aggregate level but not at treatment function level. On a breach-shared basis, Sheffield Children's FT achieved the 90% aggregate standard.

4

18 Weeks: maximum wait for treatment

NHS Yorkshire and the Humber

Non-admitted patients – by Trust and specialty, 95% operational standard, February 2010

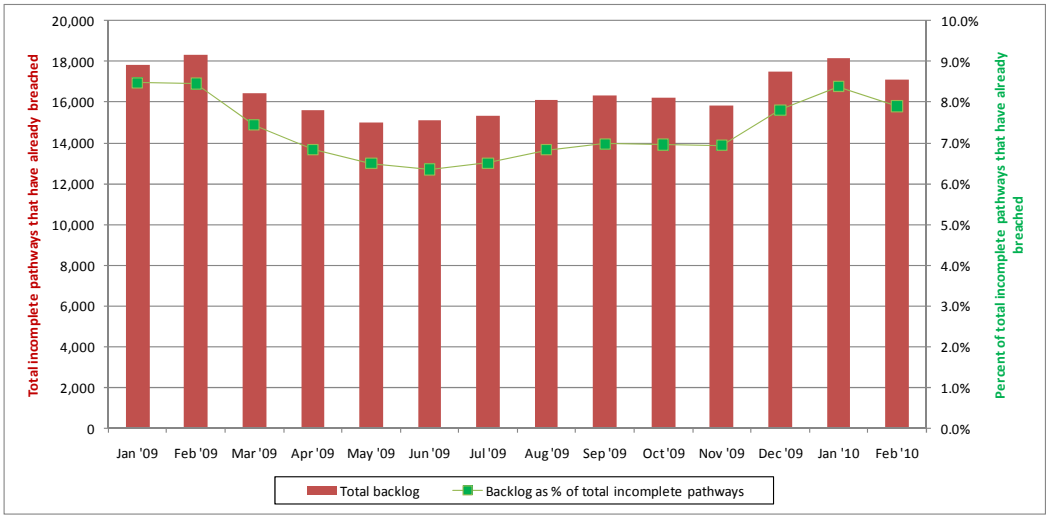
Performance (>=20 clock stops); excludes any performance sharing

	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		99.4%	100.0%	98.7%		97.0%	98.8%	99.9%	99.2%		97.6%		95.8%	100.0%	
Cardiothoracic Surgery								92.1%					100.0%		
Dermatology		99.0%	100.0%	99.7%	99.6%	98.8%	98.6%	99.0%	100.0%	99.6%	96.0%		95.7%	100.0%	97.3%
ENT	95.6%	99.1%	99.1%	99.6%	99.0%	95.0%	97.7%	98.5%	94.3%	99.8%	97.8%		99.1%	100.0%	98.6%
Gastroenterology	97.1%	98.7%	95.5%	98.8%		96.1%	96.1%	97.4%	100.0%	96.6%			95.3%	100.0%	
General Medicine	100.0%	99.3%	98.3%	97.9%	99.7%		100.0%	100.0%	100.0%	97.8%	96.2%			100.0%	96.8%
General Surgery	97.6%	97.3%	95.6%	99.1%	98.9%	95.2%	97.6%	96.9%	100.0%	99.8%	94.9%		100.0%	100.0%	96.3%
Geriatric Medicine		97.4%	98.2%	97.4%		97.8%	98.8%	100.0%	100.0%	100.0%	97.4%		100.0%	100.0%	97.4%
Gynaecology	98.9%	100.0%	99.6%	99.4%	99.2%	96.8%	99.1%	96.9%	95.7%	96.3%	98.6%		95.7%	99.5%	95.9%
Neurology	100.0%		93.3%	97.4%		95.1%	95.3%	91.9%	100.0%	97.2%	98.8%		96.2%		95.6%
Neurosurgery							95.2%	82.9%					95.8%		
Ophthalmology	95.0%		98.9%	99.7%	98.7%	97.9%	99.0%	98.5%	95.0%	99.7%	97.1%		99.9%	95.0%	95.4%
Oral Surgery	92.0%	100.0%	100.0%	98.8%	98.1%		97.0%	94.7%	100.0%	100.0%	94.4%		99.4%	99.3%	99.6%
Other	98.2%	100.0%	99.3%	99.4%	99.7%	98.0%	99.3%	95.3%	99.8%	99.0%	96.9%	95.6%	98.1%	99.5%	99.2%
Plastic Surgery			100.0%	100.0%			99.3%	89.2%	100.0%				98.4%		
Rheumatology	100.0%	95.2%	98.1%	97.7%	100.0%	100.0%	98.0%	91.1%	100.0%	100.0%	100.0%		99.0%	100.0%	96.7%
Thoracic Medicine	100.0%		100.0%		100.0%	100.0%	95.3%	100.0%	100.0%	99.1%	97.7%		99.5%	100.0%	
Trauma & Orthopaedics	85.5%	97.8%	96.6%	99.8%	96.1%	96.6%	98.7%	94.5%	95.7%	100.0%	98.3%		95.9%	100.0%	98.8%
Urology	95.2%	95.8%	98.5%	93.0%	100.0%	98.7%	98.6%	97.8%	100.0%	99.0%	98.2%		97.2%	96.2%	96.3%
Total	**96.0%**	**99.0%**	**98.4%**	**99.1%**	**99.1%**	**97.4%**	**98.2%**	**95.9%**	**97.9%**	**99.0%**	**97.3%**	**95.6%**	**97.7%**	**98.5%**	**97.5%**

5

18 Weeks: Backlog

NHS Yorkshire and the Humber



Commentary

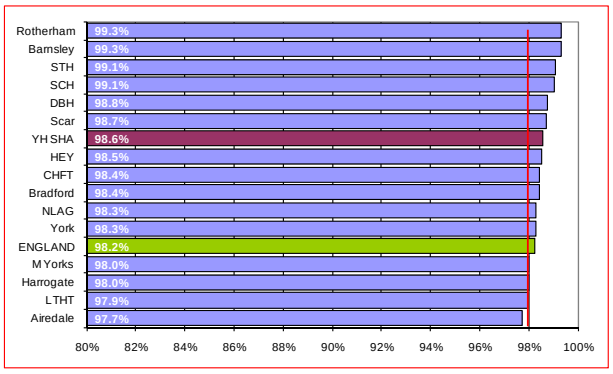
The backlog is defined as the number of incomplete pathways that have already breached 18 weeks. The SHA backlog rose sharply in December and January, which can be explained to some extent by winter pressures. February saw a reduction in the total backlog across the SHA and the proportion of the total waiting list that have already breached 18 weeks. At an individual organisational level the performance across PCTs varies considerably. The SHA continues 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 18 Weeks commitment in the NHS Constitution.

6

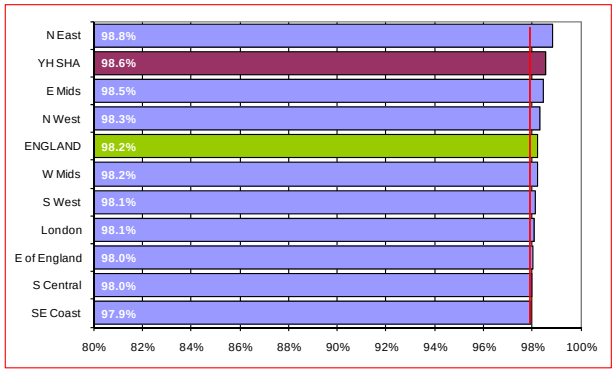
A&E: percentage of patients seen in 4 hours

NHS Yorkshire and the Humber

A&E – year to date performance by Trust – at April 11th



A&E - Year to date performance by SHA – at April 11th

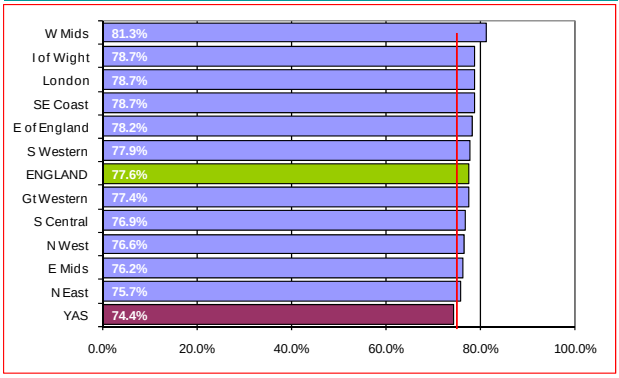


7

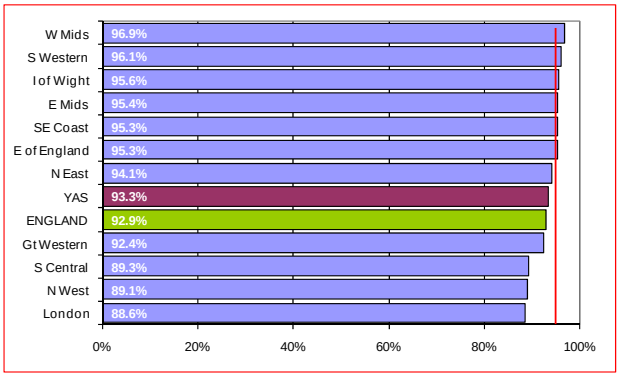
Ambulance: Category A and B performance

NHS Yorkshire and the Humber

CAT A – Year to date by Amb Trust – at April 11th



CAT B – Year to date by Amb Trust – at April 11th

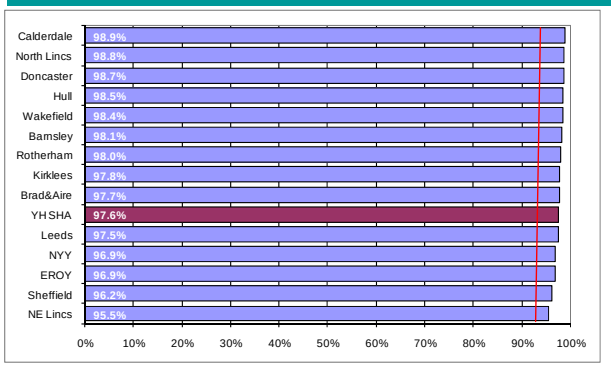


8

Cancer: 2 weeks, 31 day and 62 day standard

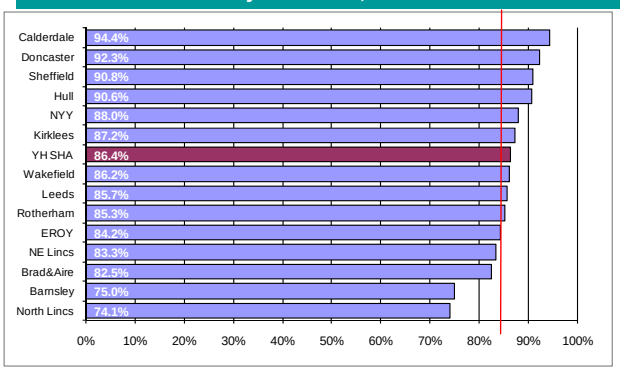
NHS Yorkshire and the Humber

% seen within 2 weeks Feb 2010, standard 93%



% seen within in 31 days Feb 2010, standard 96%

% Treated within 62 days Feb 2010, standard 85%



Cancer breaches by PCT and Trust, Feb 2010

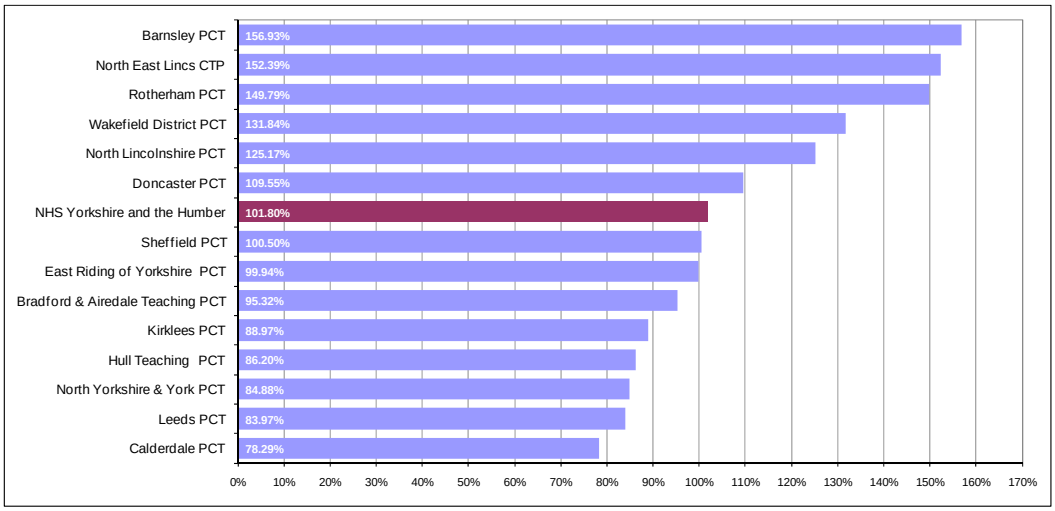
PCT				Trust			
Org	Cancer Breaches			Org	Cancer Breaches		
	2 weeks	31 Day	62 Day		2 weeks	31 Day	62 Day
Barnsley	7	1	6	Airedale	13	2	1
Brad&Aire	17	3	11	Barnsley	7	0	4.5
Calderdale	2	2	1	Bradford	13	0	7.5
Doncaster	6	4	3	CHFT	5	0	1
EROY	12	1	12	D&B	12	3	5
Hull	4	3	3	Harrogate	12	0	3.5
Kirklees	9	3	6	Hull	13	5	15
Leeds	24	4	14	Leeds	23	14	21
NE Lincs	9	1	4	MidYorks	13	3	11
North Lincs	3	1	7	NLAG	12	1	11
NYY	32	7	14	Scarborougl	1	0	3
Rotherham	8	2	5	SCH	0	0	0
Sheffield	27	5	9	STH	27	12	19.5
Wakefield	8	3	8	Rotherham	8	0	2.5
YH SHA	**168**	**40**	**103**	York	12	2	4
				YHSHA	**171**	**42**	**109.5**

9

Stop Smoking Services

NHS Yorkshire and the Humber

Percentage of annual target achieved – Feb 2010

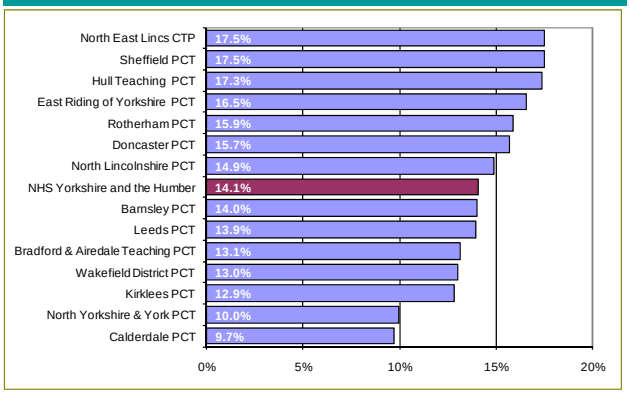


10

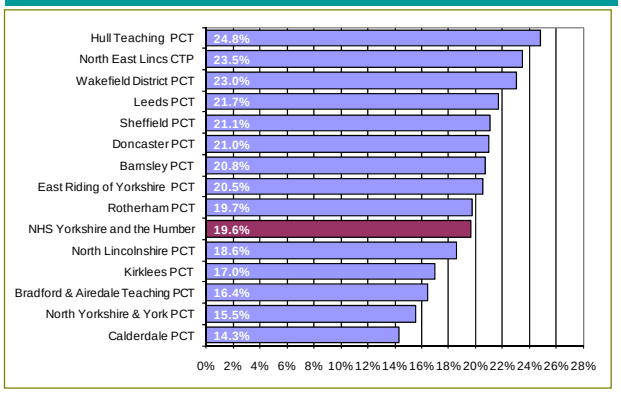
Chlamydia screening

NHS Yorkshire and the Humber

Chlamydia Screening – for NCSP tests – Feb 2010



Chlamydia Screening – for all tests – Feb 2010



NHS Yorkshire and the Humber

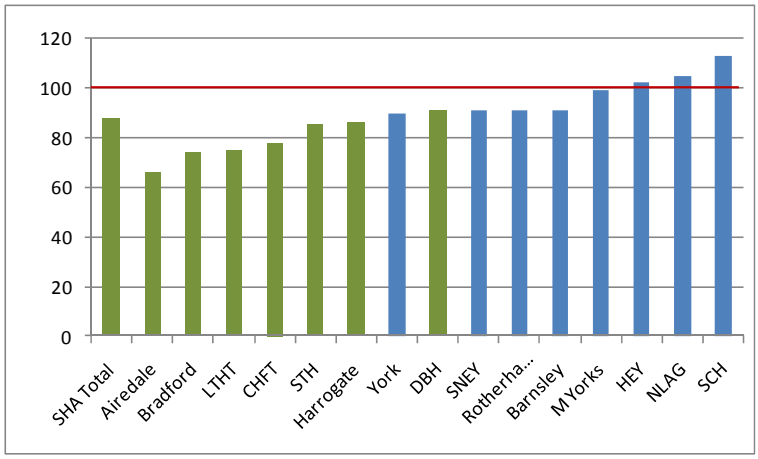
NHS Yorkshire and the Humber

Quality indicators

Hospital Standardised Mortality Ratio

NHS Yorkshire and the Humber

All cause HSMR by Trust, Q3 2009/10 – Good Hospital Guide methodology



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 organisations 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)

13

Healthcare Acquired Infections

NHS Yorkshire and the Humber

MRSA cases – hospital acquired only – at April 22nd

ACTUALS	Apr	Year to date cases	MRSA Estimated Trajectory to date based on Vital Signs
Airedale	1	1	0.2
Barnsley	0	0	0.1
Bradford	0	0	0.3
CHFT	0	0	0.3
Doncaster	1	1	0.3
Harrogate	0	0	0.1
Hull	1	1	0.6
Leeds	1	1	1.1
M Yorks	2	2	0.6
Northern Linc	1	1	0.3
Scar	0	0	0.1
SCH	0	0	0.1
STH	0	0	0.8
Rotherham	0	0	0.2
York	0	0	0.1
YHSHA	**7**	7	5.0

Cdiff cases – hospital acquired only – at April 22nd

ACTUALS	Apr	Year to date cases	C Diff Estimated Trajectory to date based on Vital Signs
Airedale	2	2	4.8
Barnsley	0	0	3.8
Bradford	4	4	10.7
CHFT	4	4	8.7
Doncaster	2	2	8.1
Harrogate	0	0	1.7
Hull	0	0	10.8
Leeds	10	10	22.6
M Yorks	3	3	9.7
Northern Linc	3	3	7.3
Scar	2	2	3.8
SCH	0	0	0.6
STH	12	12	17.5
Rotherham	0	0	5.8
York	1	1	6.5
YH SHA	**43**	43	122.4

Commentary

No traffic lights applied to these data until one full month's worth of data is available

14

Delivering Same Sex Accommodation

NHS Yorkshire and the Humber

Delivering Same Sex Accommodation remains a priority for NHS Yorkshire and the Humber and work continues with NHS organisations across the region to deliver the commitment to virtually eliminate mixed sex accommodation by 31st March 2010.

NHS Yorkshire and the Humber received £10.5 million of funding from the Department of Health Privacy and Dignity Challenge Fund to significantly reduce the number of patients being treated on mixed sex wards. Over 90 schemes have been completed ranging from new bathrooms, toilets, washrooms, partitions, screens and signage, to innovative ways of tackling the issues through staff training, patient information and computerised patient flow/ bed management systems. The final scheme is due to complete in Leeds in June 2010, ensuring not just compliance but that patients receive a higher standard of privacy and dignity.

All Yorkshire and the Humber PCT Chief Executives have submitted to NHS Yorkshire and the Humber a letter giving assurance that self assessments have been undertaken in order that a declaration of compliance can be published on their website by 31st March 2010. At present, there are outstanding challenges in Trusts presenting risk of delivery at the 31st March for two of our health economies (The Rotherham Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust). NHS Yorkshire and the Humber is continuing to work with NHS Rotherham, NHS Hull and NHS East Riding to seek early resolution and action plans to ensure delivery.

NHS Yorkshire and the Humber will continue to work in partnership with PCTs, Trusts, Dignity Champions and community and voluntary sector organisations to seek every opportunity to improve privacy and dignity and enhance the quality of service provision.

15

Rob Cooper
Deputy Chief Executive, and Director of Performance, Finance and Assurance

May 2010