Yorkshire and the Humber Strategic Health Authority

3rd July 2007

Performance Monitoring Report

This paper and corresponding data reports on the progress being made by each health community within NHS Yorkshire and the Humber against the Department of Health's (DH) key development priorities identified for 2007/8. An update is also included on Ambulance Service performance and mental health performance.

Introduction

The Operating Framework for 2007/08 emphasises continuity, in particular focussing upon:

- the four development priorities emphasised in the operating framework;
- the national targets and local delivery plan requirements as described in National Standards, Local Action (July 2004);
- other commitments for delivery in 2007/08 (remaining requirements from Planning & Priorities Framework (2003-2006));
- the existing commitments to be maintained as described in National Standards, Local Action (July 2004).

Performance updates will be routinely provided against all areas, though four specific development priorities for special attention are:

- **18-week maximum wait:** to ensure that by 2008 no one waits more than 18 weeks from GP referral to hospital treatment.
- **MRSA:** to achieve year-on-year reductions in MRSA levels, as set out in the agreed LDPs for 2007/8.
- **Health inequalities:** to deliver the LDP trajectories that make the most progress in reducing health inequalities by 10% by 2010, focusing on life expectancy at birth.
- **Sexual health and access to Genito-Urinary Medicine (GUM) clinics:** to deliver the improvements so that by 2008 everyone referred to a GUM clinic should be able to have an appointment within 48 hours

A summary of performance is provided below.

1. 18 Weeks:

Table 1 – Inpatient and outpatient waiting time standards and milestones

Stages of Treatment	20 week+ Inpatients	11 weeks+ Outpatients	26 week+ Inpatients	13 weeks+ Outpatients
May 2007	**Milestone**	**Milestone**	**Breaches**	**Breaches**
Barnsley PCT	4			
Bradford & Airedale Teaching PCT	1			
Calderdale PCT				
Doncaster PCT	2		1	
East Riding of Yorkshire PCT				
Hull Teaching PCT				
Kirklees PCT		1		
Leeds PCT	3	2		1
North East Lincolnshire PCT	6	1		
North Lincolnshire PCT	3	2		
North Yorkshire & York PCT	11	7		
Rotherham PCT	1	3		
Sheffield PCT	38	1		
Wakefield PCT	3			
NHS Yorkshire and the Humber	**72**	**17**	**1**	**1**

Table 2 – Progress on inpatient and outpatient waiting times milestones

Stages of Treatment	11 week+ Inpatients		5 weeks+ Outpatients	
May 2007	**Actual**	**Trajectory**	**Actual**	**Trajectory**
Barnsley PCT	609	431	1,154	649
Bradford & Airedale Teaching PCT	802	1,450	2,347	1,950
Calderdale PCT	570	905	952	1,256
Doncaster PCT	514	620	918	2,153
East Riding of Yorkshire PCT	1,073	1,362	2,216	2,030
Hull Teaching PCT	863	424	2,125	864
Kirklees PCT	1,122	449	2,317	1,688
Leeds PCT	1,965	2,243	4,697	4,976
North East Lincolnshire PCT	320	850	538	820
North Lincolnshire PCT	457	863	672	1,442
North Yorkshire & York PCT	1,762	3,770	3,367	4,875
Rotherham PCT	335	327	709	590
Sheffield PCT	1,429	2,200	2,896	3,420
Wakefield PCT	1,075	1,958	2,214	1,946
NHS Yorkshire and the Humber	**12,896**	**17,852**	**27,122**	**28,659**

Progress against inpatient and outpatient trajectories (Table 2) is good with actual numbers waiting better than trajectory at the end of May 2007. Despite this, there have been 72 patients waiting longer than the March 2007 20 week inpatient milestone and 17 waiting longer than the March 2007 11 week outpatient milestone (Table 1).

In addition there has been 1 breach of the 26 week inpatient standard at Leeds Teaching Hospitals Trust (for Doncaster PCT), and 1 breach of the 13 week outpatient standard, also at Leeds Teaching Hospitals Trust (for Leeds PCT).

Table 3 – Progress on diagnostic waiting times milestones

Diagnostics	6 weeks+ for 15 Key Tests		13 weeks+ for 15 Key Tests	Monthly Diagnostic Activity
April 2007	**Actual**	**Trajectory**	**Actual**	**Actual**
Barnsley PCT	245	700	3	3,311
Bradford & Airedale Teaching PCT	2,519	2,373	1,571	8,942
Calderdale PCT	585	706	19	2,119
Doncaster PCT	275	604	3	5,488
East Riding of Yorkshire PCT	2,627	1,241	1,366	3,828
Hull Teaching PCT	2,586	1,707	1,529	3,644
Kirklees PCT	3,008	4,604	1,877	4,359
Leeds PCT	6,131	8,124	3,622	12,007
North East Lincolnshire PCT	1,646	2,425	895	1,959
North Lincolnshire PCT	1,370	2,094	777	2,393
North Yorkshire & York PCT	2,042	2,364	282	11,328
Rotherham PCT	102	360	0	3,793
Sheffield PCT	781	1,074	2	10,053
Wakefield PCT	5,409	5,835	3,850	5,346
NHS Yorkshire and the Humber	**29,325**	**34,211**	**15,797**	**78,570**

The actual number of patients waiting over 6 weeks for the 15 key diagnostic test is better then trajectory for April 2007. The position against the previous milestone of 0 patients waiting over 13 weeks is still challenging with 15,797 patients waiting. Of these 12,936 are waiting for audiology across 10 PCTs and 814 are waiting for neurophysiology across 3 PCTs. Following the withdrawal of plans for a national Independent Sector procurement for additional audiology capacity we are working with the PCTs concerned to agree improvement plans to deliver a maximum 6 week wait by March 2007.

Table 4 – 18 weeks Referral to Treatment

Referral to Treatment	Non-admitted		Admitted	
April 2007	**Actual**	**Trajectory**	**Actual**	**Trajectory**
Barnsley PCT	67.1%	30.0%	58.3%	16.0%
Bradford & Airedale Teaching PCT	93.0%	60.0%	43.6%	25.0%
Calderdale PCT	92.3%	60.0%	47.4%	38.3%
Doncaster PCT	70.8%	70.0%	52.4%	41.2%
East Riding of Yorkshire PCT	67.7%	40.0%	40.0%	37.0%
Hull Teaching PCT	60.8%	35.0%	29.8%	35.0%
Kirklees PCT	64.5%	60.0%	56.4%	35.9%
Leeds PCT	97.2%	50.0%	75.4%	36.0%
North East Lincolnshire PCT	97.0%	70.0%	49.7%	30.0%
North Lincolnshire PCT	95.4%	50.0%	51.1%	72.0%
North Yorkshire & York PCT	70.9%	50.0%	43.5%	30.0%
Rotherham PCT	65.4%	70.0%	59.6%	40.0%
Sheffield PCT	48.4%	70.6%	41.6%	30.0%
Wakefield PCT	61.4%	50.0%	49.5%	35.0%
NHS Yorkshire and the Humber	**74.5%**	**53.6%**	**49.2%**	**33.9%**

Referral to Treatment (RTT) data was published for the first time on 7th June 2007. Included in the published data was the percentage of patients currently treated in 18 weeks and a data validation figure. The data validation figure is particularly important as incomplete data can make the percentage seen in 18 weeks appear higher than would be the case if data submission was complete. A number of issues affect the completeness of data included; the number of patients reported in RTT returns, the number of these with a known clock start and the point in time from which data is reported. The guidance on the start point for data collection is a minimum of patients referred from 1 January 2007. If trusts are only reporting back to that date and not beyond they will currently report all patients in 18 weeks.

In the context of the above the Yorkshire and Humber April position on patients treated within 18 weeks is 49.2% of admitted patients and 74.5% non admitted patients. This compares well with other SHAs . The position on data completeness is not available for April but the March position is 41.5% which is below the England average of 63%. A programme of work is in place to support local trusts to improve this position. The percentage completeness of data across PCTs ranges from 16% in Bradford and Airedale (where specific PAS implementation issues has affected data) to 88% in Doncaster.

2. MRSA:

Table 5 – MRSA blood stream infections

Number of MRSA Blood Stream Infections	**Monthly**		**Cumulative**	
May 2007	**Actual**	**Trajectory**	**Actual**	**Trajectory**
Airedale NHS Trust	1	1	2	2
Barnsley Hospital NHSFT	1	1	2	2
Bradford Teaching Hospitals NHSFT	4	2	11	4
Calderdale and Huddersfield NHSFT	4	2	7	3
Doncaster & Bassetlaw Hospitals NHSFT	4	2	4	4
Harrogate and District NHSFT	1	1	2	2
Hull and East Yorkshire Hospitals NHS Trust	4	3	10	7
Leeds Teaching Hospitals NHS Trust	14	8	21	16
Mid Yorkshire Hospitals NHS Trust	1	3	8	6
Northern Lincolnshire & Goole Hospitals NHS Trust	4	1	9	2
Scarborough and North East Yorkshire NHS Trust		1	3	2
Sheffield Children's NHSFT				
Sheffield Teaching Hospitals NHSFT	8	4	14	8
The Rotherham NHSFT		1		2
York Hospitals NHS Trust		1	1	2
NHS Yorkshire and the Humber	**46**	**31**	**94**	**62**

May was again a disappointing month, illustrating the volatility in the incidence of bactaraemias. The five Trusts which have received National Support Team visits continue to be over trajectory and to be subject to more detailed monitoring: Leeds Teaching Hospitals, Northern Lincolnshire and Goole, Bradford Teaching Hospitals, Hull and East Yorkshire Hospitals, and Mid Yorkshire Hospitals - but in the case of these last two the rate seems to be slowing and showing encouraging signs of coming closer to trajectory. The month on month fluctuation does however make it difficult to discern a trend.

The Department of Health now requires each SHA to submit a report on the first of each month on the progress of those Trusts deemed higher risk. The report covers topics such as ward to board accountability, antibiotic prescribing practice, learning from root cause analysis and compliance with screening policies. The SHA's June report was informed by self assessments which were carried out by Trusts in May, which highlighted many examples of good practice. NHS Yorkshire and the Humber received positive feedback on our first report to DH.

On 12th June the Department of Health published a helpful overview of the last two years of the Cleaner Hospitals programme, highlighting key successes. This can be found at http://www.clean-safe-care.nhs.uk

3. Health Inequalities - Smoking:

Table 6 – Smoking quitters as at Quarter 3 2006/07 (Rates per 100,000 population)

East Midlands	292
East of England	248
London	321
North East	468
North West	366
South Central	236
South East Coast	272
South West	297
West Midlands	324
Yorkshire and the Humber	**308**
England average	309

As can be seen in Table 6, the numbers of quitters per 100,000 population in Yorkshire and the Humber was close to the national average, but given the high level of smoking prevalence in our region, and the burden of disease caused by smoking related illness, we need to be aiming higher. The figures for North East and North West SHAs, which share many population characteristics with our region, show what can be achieved.

Table 7 – 4 week smoking quitters

4 week Smoking Quitters		
March 2007	**Actual**	**Trajectory**
Barnsley PCT	2,105	2,232
Bradford & Airedale Teaching PCT	2,766	3,346
Calderdale PCT	1,149	1,100
Doncaster PCT	2,043	2,175
East Riding of Yorkshire PCT	1,566	1,470
Hull Teaching PCT	2,274	2,211
Kirklees PCT	2,049	2,282
Leeds PCT	4,380	4,257
North East Lincolnshire PCT	668	982
North Lincolnshire PCT	520	888
North Yorkshire & York PCT	3,658	4,635
Rotherham PCT	1,397	2,115
Sheffield PCT	2,622	4,865
Wakefield PCT	1,677	1,826
NHS Yorkshire and the Humber	**28,874**	**34,384**

The figures for smoking quitters for 2006/07 became available in early June. As had been expected, only four PCTs achieved their LDP target for quitters in 2006/07: Calderdale, East Riding of Yorkshire, Hull and Leeds.

All PCTs have been challenged to re- look at how they commission stop smoking services to ensure they are value for money, target all parts of the population, and are evidence based. Chief Executives have been advised to ensure that the commissioning of all smoking cessation services is coordinated and part of a quality assurance scheme which is separate from the service itself.

The Department of Health is currently considering introducing monthly monitoring of numbers of quitters, through its Review of Central Returns process. In the meantime, the SHA has been encouraging PCTs to begin voluntary monthly monitoring of referrals to and contacts with the service, as a proxy indicator, and to model performance trends from this.

A briefing meeting for PCT Directors of Performance and Commissioning is scheduled for 29 June to cover the above issues and also to look at lessons learned from the introduction of smoke free public spaces in Ireland and Scotland.

4. 48 hour access to GUM:

Table 8 – Access to GUM clinics

GUM Access within 48 hours	Seen		Offered	
May 2007	**Actual**	**Trajectory**	**Actual**	**Trajectory**
Barnsley PCT	76.4%	45.0%	80.9%	50.2%
Bradford & Airedale Teaching PCT	61.9%	57.2%	62.4%	62.1%
Calderdale PCT	51.6%	68.2%	60.5%	61.2%
Doncaster PCT	82.5%	77.6%	89.4%	88.3%
East Riding of Yorkshire PCT	79.3%	59.9%	91.1%	64.0%
Hull Teaching PCT	88.9%	60.0%	93.0%	63.9%
Kirklees PCT	58.3%	70.5%	61.5%	77.1%
Leeds PCT	65.6%	52.4%	67.0%	63.6%
North East Lincolnshire PCT	81.2%	79.9%	81.2%	79.9%
North Lincolnshire PCT	61.1%	74.1%	63.5%	81.4%
North Yorkshire & York PCT	62.3%	51.0%	80.3%	58.2%
Rotherham PCT	76.1%	76.0%	96.4%	84.0%
Sheffield PCT	73.2%	63.8%	100.0%	75.8%
Wakefield PCT	36.0%	40.1%	42.9%	47.9%
NHS Yorkshire and the Humber	**67.5%**	**62.6%**	**77.8%**	**70.0%**

The May figures in table 8 show a stable picture across the patch. Yorkshire and Humber as a patch has improved slightly and is performing above trajectory at 77.8% for patients being offered an appointment to be seen within 48 hours. The SHA is in the process of following up the PCTs performing below trajectory.

In relation to the percentage of first attendances at a GUM service who were seen within 48 hours of contacting a service, the Yorkshire and Humber health community is still operating above trajectory, however it has dipped slightly since April to 67.5%.

The National Support Team (NST) has visited the Leeds health community to provide intensive support with regards to improving commissioning and service provision in order to achieve the GUM Access target. A number of recommendations were made and the Leeds health community will be looking to address these in partnership with the SHA.

The next Yorkshire and Humber GUM event is due to be held on 29 June 2007. The event will incorporate local good practice as well as good practice from the neighbouring North West SHA patch – Salford PCT in particular. The event will also focus on sexual health provision specifically options for contracting in primary care.

5. Ambulance Service:

Yorkshire Ambulance Service NHS Trust (YAS) was formed on 1st July 2006, amalgamating West Yorkshire, South Yorkshire and the North and East Yorkshire Ambulance Services.
The definitions and national targets for ambulance services set by the Department of Health are as follows:

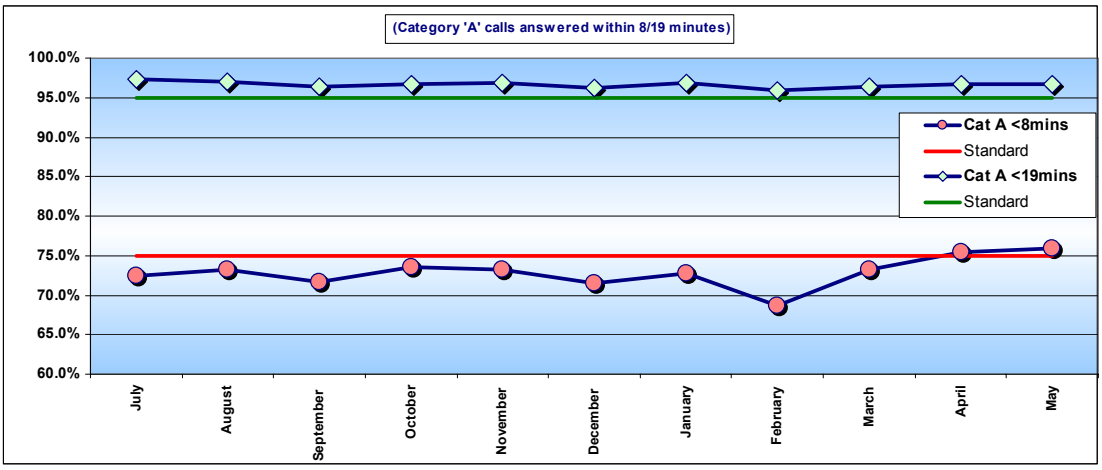
CATEGORY A	***An immediate life threatening situation requiring urgent assistance. The objective is to provide immediate aid by telephone advice followed by rapid on scene assistance.***
8 Min	***75% of Category A demand should receive an emergency response within 8 minutes***
19 Min	***95% of presenting conditions, which require a fully equipped ambulance vehicle to attend the incident, must have an ambulance vehicle arrive within 19 minutes of the request for transport being made***
CATEGORY B	***A serious condition which is not immediately life threatening. The objective is to provide intervention as soon as possible.***
19 Min	***95% of Category B demand must receive a response within 19 minutes***

The SHA approved a recovery plan from YAS to achieve the national performance targets following their formation in 2006 as the service was not achieving the National performance targets.

Since the formation of YAS significant redesign/development work has taken place across the service in order to deliver improvements in performance, particularly focussed on the West Yorkshire area as historically this area had the lowest levels of performance This work has included: additional investment in staffing and vehicle resources, development of new rota patterns, increase in the use of Rapid Response vehicles (cars) and additional standby points to allow swifter response times.

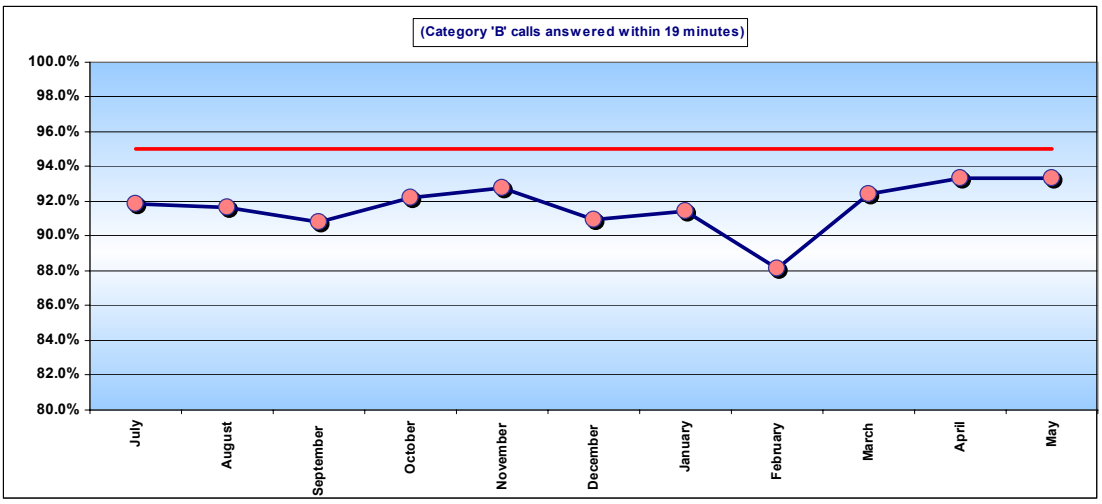
The impact of the developments is reflected in the month on month improvement in performance against the response time targets, demonstrated in the graphs below.

Performance



- YAS have consistently achieved over 75% in the Cat A 8min target for the last 3 months.

- Performance against the Cat A 19 minute target remains consistently above 95%



- Performance against the Cat B 19 minute target has improved and stabilised and the service is now consistently achieving 93.5%, further improvement is expected as a result of the additional resources coming on line during the next year

Call Connect Target

'The Bradley Report', a national report into the future of Ambulance services across the country (Taking Healthcare to the Patient: Peter Bradley) was published in June 2005. A direct recommendation from this report was that response times should be measured from the time the caller is connected to the ambulance control room, rather than the current position which is the 'clock starts' after key information is collected (approximately 90 seconds after the call is connected). The DH announced that this measured will come into effect from 1st April 2008. This is known as Call Connect.
The funding from PCT commissioners required in 2007/08 to 'pump-prime' the developments required within YAS to deliver this Call Connect (staff recruitment, fleet increase) is agreed and in place.

YAS have developed a comprehensive business plan to achieve Call Connect which requires additional recurrent funding and are working closely with their commissioners and the SHA on this.
The SHA have signed off the YAS trajectory to deliver the Call Connect targets and are working closely with them to ensure delivery from April 2008.

6. Mental Health:

Number of People Receiving Early Intervention Services

Early Intervention provides a quick diagnosis of the first onset of a psychotic disorder and appropriate treatment including intensive support in the early years. The measure is the number of people currently on the caseload of Early Intervention Teams as reported at Q4 2006/07.

No of people receiving Early Intervention Services	**LDPR - Q4**	**Trajectory**
Barnsley PCT	43	116
Bradford & Airedale Teaching PCT	127	292
Calderdale PCT	0	97
Doncaster PCT	117	147
East Riding of Yorkshire PCT	44	102
Hull Teaching PCT	99	149
Kirklees PCT	0	191
Leeds PCT	254	372
North East Lincs PCT	14	78
North Lincolnshire PCT	37	65
North Yorkshire & York PCT	158	253
Rotherham PCT	78	122
Sheffield PCT	182	270
Wakefield PCT	40	166
Yorkshire and Humber	**1,193**	**2,420**

Early Intervention Number of New Cases of Psychosis

The number of new cases of psychosis (cumulative) receiving treatment from Early Intervention Teams from April – March 2006/07

Early Intervention: New Cases of Psychosis	**LDPR Outturn**	**Trajectory**
Barnsley PCT	20	39
Bradford & Airedale Teaching PCT	76	97
Calderdale PCT	0	32
Doncaster PCT	55	49
East Riding of Yorkshire PCT	14	34
Hull Teaching PCT	46	49
Kirklees PCT	0	64
Leeds PCT	78	124
North East Lincs PCT	11	26
North Lincolnshire PCT	6	22
North Yorkshire & York PCT	138	84
Rotherham PCT	42	41
Sheffield PCT	80	88
Wakefield PCT	38	55
Yorkshire and Humber	**604**	**804**

The establishment of Early Intervention Services in some organisations was delayed due to a lack of identified investment. A Recovery Plan has since been developed by each organisation.

Crisis Resolution/Home Treatment Episodes

Crisis Resolution provides intensive support for people in mental health crises in their own home and the team stays involved until the problem is resolved. The measure is the total number of treatment episodes that occurred from April – March 2006/07

Crisis Resolution/Home Treatment Episodes	LDPR Outturn	Trajectory
Barnsley PCT	386	515
Bradford & Airedale Teaching PCT	567	1,297
Calderdale PCT	363	429
Doncaster PCT	512	653
East Riding of Yorkshire PCT	69	298
Hull Teaching PCT	199	1,072
Kirklees PCT	493	850
Leeds PCT	1,463	1,652
North East Lincs PCT	431	245
North Lincolnshire PCT	158	222
North Yorkshire & York PCT	1,639	1,036
Rotherham PCT	473	542
Sheffield PCT	576	1,202
Wakefield PCT	331	738
Yorkshire and Humber	**7,660**	**10,751**

An in-depth review into Crisis Resolution targets, definitions and data collated by each individual organisation is to take place over the coming months. This is to ensure definitions are similarly understood, like data is collated across Y&H organisations and establish whether targets are realistic.

Number of People Receiving Assertive Outreach Services

Assertive Outreach provides intensive support for severely mentally ill people who have difficulty engaging with more traditional services and often require repeat admission to hospital. The measure is the number of people on the caseload of Assertive Outreach Teams as reported at Q4 2006/07.

Number of people receiving Assertive Outreach Services	LDPR - Q4	Trajectory
Barnsley PCT	88	103
Bradford & Airedale Teaching PCT	229	259
Calderdale PCT	60	86
Doncaster PCT	140	131
East Riding of Yorkshire PCT	51	91
Hull Teaching PCT	74	132
Kirklees PCT	102	170
Leeds PCT	325	330
North East Lincs PCT	59	69
North Lincolnshire PCT	51	58
North Yorkshire & York PCT	214	225
Rotherham PCT	100	108
Sheffield PCT	201	240
Wakefield PCT	120	148
Yorkshire and Humber	**1,814**	**2,150**

Each organisation has identified the correct activity and the SHA has undertaken a review to validate this. Work is still ongoing to improve Assertive Outreach Services.

7. Recommendation:

The Authority is asked to note the content of the Performance Report.

Annette Laban
Director of Commissioning and Performance