

Trust Board
27th August 2009

Report of	Alison Dailly, Director of Informatics
Paper prepared by	Informatics
Subject/Title	Integrated Performance Report
Background papers	n/app
Purpose of Paper	To ensure that the Trust Board remains up to date with the Trust's performance in light of national requirements and local changes.
Action/Decision required	To note any issues arising
Link to: ➤ NHS strategies and policy	Annual Health Check, national targets, Standards for Better Health etc
Link to: ➤ Trust's Strategic Direction ➤ Corporate objectives	This report highlights areas of good and bad performance to ensure that good performance is learnt from and poor performance is addressed
Resource impact	n/app
Consideration of legal issues	n/app
Acronyms and abbreviations	Full titles used on first reference. Acronyms used thereafter.

THE LEEDS TEACHING HOSPITALS NHS TRUST

PERFORMANCE FOCUS - 27th August 2009

PERFORMANCE REPORT

Period - July 2009

SECTION A: TRUST PERFORMANCE

1. ANNUAL HEALTH CHECK TARGETS SUMMARY

A summary of the Trust's performance for July 2009 is illustrated below.

Targets Summary

- The Trust is currently achieving on the following targets:
 - Genito-Urinary Medicine (GUM) national waiting time standard (48 hours).
 - Ethnic group recording for inpatients.
 - Delayed transfers of care.
 - Inpatient waiting times (26 weeks).
 - Outpatient waiting times (13 weeks).
 - Revascularisation.
 - Rapid Access Chest Pain Clinic waiting times (RACPC) (2 weeks).
 - MRSA (LTHT target of no more than 72 cases for the year).
 - C-Difficile (LTHT target of no more than 584 cases for the year).
 - 18 weeks referral to treatment & Direct Access Audiology target.
 - 14 day cancer standard - urgent GP referral to first outpatient appointment.
 - 31 day cancer standard - second or subsequent treatments - drug.
 - 62 day cancer standard - urgent referral to treatment from national screening service.

- Indicators the Trust is underachieving are:
 - A&E (4 hours).
 - Cancelled operations - the number of operations cancelled at the last minute on the day of or after admission, for non clinical reasons, as well as those patients who are not subsequently treated within the 28 day target.
 - Maternity - breastfeeding initiation and smoking at time of delivery.
 - 31 day cancer standard - diagnosis to treatment for all cancers (first treatments).
 - 62 day cancer standard - urgent referral to treatment from GP or dentist.

- Areas in which the Trust is failing the targets are:
 - 31 day cancer standard - second or subsequent treatments - surgery.

- Targets in which indicators or thresholds have not yet been released, or figures are not yet available are:
 - Reperfusion - Indicator 2: Primary Angioplasty.
 - Participation in heart disease audit.
 - Engagement in clinical audits.
 - Stroke care.
 - Maternity Hospital Episode Statistics data quality.
 - 62 day cancer standard - urgent referral to treatment from consultant (consultant upgrade).
 - Experience of patients (Inpatient Survey 2008).
 - NHS Staff satisfaction.

Annual Health Check Targets 2009/10 - July

Existing Commitment Indicators - July									
	2008/09 Result		2008/09 Forecast	Potential points	July 2009		YTD Result		Trend
	%	No. Breaches			%	No. Breaches	%	No. Breaches	
GUM 48 hour wait	99.8%	53	Achieve	3	100%	0	100%	0	↔
Ethnic group data quality	Apr-Dec 08 85.4%		Achieve	3	93.9%	1341	93.7%	5192	↓
Reperfusion-Indicator 1: Thrombolysis (The Trust has previously been excluded from part of this indicator).	n/app	n/app	n/app	n/app	n/app	n/app	n/app	n/app	
Reperfusion-Indicator 2: Primary Angioplasty - call to balloon times	Data quality over target		Achieve	3	82.4%	9	83.5%	38	↓
Reperfusion-Indicator 2: Primary Angioplasty - door to balloon times					100.0%	0	98.5%	4	↑
Delayed transfers of care. (Not published in 2007/08 AHC due to national data issues).	1.3%	-	Achieve	3	1.13%	-	1.06%	-	↑
4 hour Emergency Care	98.1%	4449	Achieve	3	97.2%	469	97.2%	1911	↓
Inpatient 26 week wait	0.43%	306	Fail	0	0.02%	1	0.02%	5	↓
Outpatient 13 week wait	0.21%	194	Fail	0	0.00%	0	0.003%	1	↔
Revascularisation 13 weeks wait	0.08%	3	Achieve	3	0.00%	0	0.00%	0	↔
Rapid Access Chest Pain Clinics (RACPC) 2 week wait	100%	0	Achieve	3	100%	0	100%	0	↔
Cancelled operations	1.51%	1373	Fail	0	1.24%	100	1.25%	392	↓
Cancelled operations not admitted within 28 days	18.3%	251	Fail		3.00%	3	5.36%	21	↑
Total points				21					

Key:

- ↑ Improved position compared to previous month
- ↓ Worsening position compared to previous month
- ↔ Little change in position compared to previous month

Scoring Methodology used 2008/09

Number of targets that apply: 10

Maximum points available: 30

Fully Met >=28	Almost Met >=24	Partly Met >=21	Not Met <21
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National Priority Indicators - July

	2008/09 Result		2008/09 Forecast	Potential points	July 2009		YTD Result		Trend	
	%	No. Breaches			%	No. Breaches	%	No. Breaches		
Maternity: Breastfeeding initiation (Data completeness YTD 99.2%)	68.7%	-	Underachieve	2	70.4%	-	72.4%	-	↑	
Maternity: Smoking at time of delivery (Data completeness YTD 97.5%)	14.1%	-	Underachieve	2	12.9%	-	14.2%	-	↑	
Participation in heart disease audits.			Achieve	3	TBC					
Engagement in clinical audits.			Underachieve	2	TBC					
Stroke care.			Underachieve	2	Not yet available					
Maternity Hospital Episode Statistics: data quality indicator.	HES data collection			0-3	Not yet available					
MRSA Bacteraemia - Leeds THT (target <72 cases in 09/10)	-	121	Fail	0	-	6	-	18	↓	
MRSA Bacteraemia - Leeds Health Economy (target <102 cases in 09/10)					-	7	-	24	↓	
Clostridium Difficile - Leeds THT (target <584 cases in 09/10)	-	898	Fail	0	-	13	-	95	↑	
Clostridium Difficile - Leeds Health Economy (target <796 cases in 09/10)	n/app	n/app		n/app	-	27	-	177	↑	
18 week RTT - Admitted	91.5%*	-	Achieve	3	91.8%	-	Quarterly Position	91.8%	-	↑
Data Completeness (Admitted)	102.0%	-			98.6%	-		98.6%	-	
18 week RTT - Non-admitted	96.5%*	-	Achieve	3	97.9%	-	Quarterly Position	97.9%	-	↑
Data Completeness (Non-admitted)	95.5%	-			91.9%	-		91.9%	-	
18 week RTT - Direct Access Audiology	99.0%	-	Achieve		100.0%	-	Quarterly Position	100.0%	-	↑
Data Completeness (Direct Access Audiology)	Awaiting confirmation				-	-		-	-	
14 day cancer, GP referral to 1st outpatient appointment*	95.2%	111			98.0%	16	96.1%	110	↑	
14 day cancer, GP referral to 1st outpatient appointment - breast symptoms* (To be implemented from December 2009)					32.4%	46	35.7%**	27**	↓	
31 day cancer, diagnosis to first treatment for all cancers*	96.4%	39			98.1%	4	94.5%	65	↑	
31 day cancer, second or subsequent treatments - surgery*					80.5%	17	78.9%	67	↑	
31 day cancer, second or subsequent treatments - drug*					100.0%	0	98.8%	9	↑	
31 day cancer, second or subsequent treatments - radiotherapy* (To be implemented from December 2010)					92.3%	17	88.5%	115	↑	
62 day cancer, referral to treatment from GP/dentist*	77.3%	81.5			76.9%	18.0	84.1%	61.5	↓	
62 day cancer, referral to treatment from screening service*					100.0%	0.0	94.6%	3	↑	
62 day cancer, referral to treatment from consultants (upgrades)*					100.0%	0.0	96.8%	0.5	↑	
Experience of patients (Inpatient survey).				0-3	Not yet available					
NHS staff satisfaction.			Underachieve	2	Not yet available					
	Best Case Scenario			28						
	Worst Case Scenario			19						

* Year-to-date figures for cancer show the formally reported position and is therefore a month in arrears. July data is provisional and is subject to change following validation. 2008/09 figures are for January to March 2009.

** June data only available.

Key:

- ↑ Improved position compared to previous month
- ↓ Worsening position compared to previous month
- ↔ Little change in position compared to previous month

Scoring Methodology used 2008/09

Number of targets that apply: 13

Maximum points available: 39

Excellent >=37	Good >=33	Fair >=29	Weak >=26
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2. ANNUAL HEALTH CHECK TARGETS COMMENTARY

Existing Commitment Indicators

2.1 GUM (Achieve)

Guaranteed access to a genito-urinary medicine clinic within 48 hours of contacting the service remains a key element within the broader strategy of improving sexual health. In July all patients who contacted the Trust's GUM service were offered an appointment to be seen within 48 hours. The year-to-date figure also shows that 100% of patients met the target.

2.2 Ethnicity data quality (Achieve)

The target is that 85% of Finished Consultant Episodes (FCEs) should have a valid ethnic code. Trust performance in July showed that 93.9% had a valid ethnic code recorded (year-to-date 93.7%).

2.3 Delayed transfers (Achieve)

This indicator measures the impact of community-based care in facilitating timely discharge from hospital and the mechanisms in place within the hospital to aid timely discharge. The data is based on a weekly snapshot of patients waiting, which is reported to the Department of Health as part of the 'SitReps' monitoring. As this indicator was not published for the 2007/08 Annual Health Check, the only available threshold is from 2006/07: this states there must be no more than 3.5% of acute patients whose transfer is delayed. Based on this threshold the Trust achieved the target in July, as 1.13% of transfers were delayed; the year-to-date position is 1.06%.

2.4 26 week inpatients (Achieve)

The national standard is that no patient should wait longer than 26 weeks for inpatient treatment. One breach was reported in July; this was in Paediatric Cardiac Surgery and was due to consultant illness. The year-to-date position is 5 breaches, with 4 within the specialty of Neurosurgery. This represents 0.02% of elective activity. The Trust is therefore achieving the target as there should be no more than 0.03% of patients breaching the maximum 26 week wait.

2.5 13 week outpatients (Achieve)

The national standard is that no patient should wait longer than 13 weeks for an outpatient appointment. With no breaches in July and only 1 year-to-date, the Trust is achieving this target.

2.6 Revascularisation (Achieve)

The National Service Framework for Coronary Heart Disease recommends timely revascularisation to restore blood flow through blocked coronary arteries. The target is to deliver a maximum wait of 13 weeks for revascularisation. The year-to-date position shows no breaches of the 13 week standard and therefore the Trust is currently achieving this target.

2.7 RACPC (Achieve)

The national target is that all patients referred by their GP to a rapid access chest pain clinic should be seen within two weeks. No patients breached this target in July, continuing the Trust's trend of achieving 100% compliance for each month over the last 5 years.

2.8 **4 hour emergency care standard (Underachieve)**

The target requires that trusts ensure that at least 98% of patients spend four hours or less in any type of A&E from arrival to admission, transfer or discharge. In July, 97.2% of patients were admitted, discharged or transferred within 4 hours of arrival at A&E. The year-to-date figure for 2009/10 shows that as 97.2% of patients met the standard, the Trust is currently underachieving the target.

2.9 **Cancelled operations (Underachieve)**

This target comprises two indicators: the number of last minute cancellations for non-clinical reasons and the number of breaches of the 28 day standard. In July 2009, 100 patients had their operations cancelled at the last minute for non-clinical reasons. The year-to-date position shows that 1.25% of elective operations were cancelled. This means that the Trust is currently underachieving this indicator as the target is to have no more than 0.8% of elective operations cancelled at the last minute.

In July, 3 patients were not treated within 28 days of a last minute non-clinical cancellation. Year-to-date there have been 21 patients breaching the 28 day target, an improvement on the same period last year, in which there were 103 breaches. This means the Trust is currently underachieving this element of the target, with 5.36% of patients breaching the 28 day standard; the target is that there should be no more than 5% breaches.

National Priority Indicators

2.10 **MRSA (Achieve)**

The 2004 national Public Service Agreement set out the target of halving the number of MRSA bacteraemias in NHS acute and specialist trusts in England by March 2008. The Trust was expected to achieve a 60% reduction on the 204 cases reported in 2003/04 and has not yet achieved this reduction. For 2009/10 the agreed trajectory of MRSA cases for the Leeds Health Economy is 102, whilst the trajectory for the Trust is 72. In order to meet the Trust trajectory figure, there should be no more than 6 MRSA cases per month. Six cases were reported attributable to the Trust in July, and one further case was attributed to the community. The year-to-date position shows a total of 18 cases for the Trust (against a year-to-date plan of no more than 24) and 24 cases for the wider Health Economy (against a year-to-date plan of no more than 34).

To achieve this target in the Performance Management Framework the Trust must have no MRSA cases.

2.11 **C.Difficile (Achieve)**

The national target is to reduce the incidence of Clostridium Difficile by 30% by 2010/11 compared to the 2007/08 baseline figure of 906. There should be no more than 584 cases reported for the Trust throughout 2009/10, and no more than 796 for the Leeds Health Economy. The Trust reported 13 cases in July, below the monthly trajectory of 45. This brings the total number of cases for 2009/10 to 95. For the wider Leeds Health Economy, there were 27 cases reported in July, with 177 cases year-to-date.

2.12 **18 weeks RTT (Achieve)**

The national standard is for trusts to achieve a maximum waiting time of 18 weeks from referral to start of treatment for 90% of admitted patients and 95% of non-admitted patients. Trust performance in July was 91.8% for admitted patients (with breach sharing) and 97.9% for non-admitted patients (with breach sharing). The third part of the indicator relates to Direct Access Audiology; the expected target is that 95% of patients are seen within 18 weeks. In July 100% of patients were seen within the target.

In line with the new NHS Performance Management Framework, the number of specialities that failed the RTT targets was 6 for admitted (90% Target) and 2 for non-admitted (95% Target). This is a decrease of 2 for admitted and a decrease of 1 for non-admitted since June 09. The Framework also measures Trauma and Orthopaedics separately. Performance in July (pre-breach shares) was 87.4% for admitted and 95.6% for non-admitted. Post-breach sharing showed performance for T&O increase to 93.1% for admitted and 96.2% for non-admitted.

2.13 **Smoking during pregnancy and breastfeeding initiation (Underachieve)**

This target monitors the proportion of women who initiate breastfeeding as well as the proportion of women who are known to smoke at time of delivery. The Trust figures for July show that 70.4% of mothers initiated breastfeeding compared to a national average of 70.3% (2007/08). The proportion of women known to be smokers at time of delivery was 12.9% in July, lower than the 14% reported in 2008/09. The national average for smoking at time of delivery is 14.8% (2007/08). Year-to-date 72.4% of mothers initiated breastfeeding, with 14.2% known to be smokers at time of delivery.

2.14 **Cancer waiting times**

The Department of Health (DH) published the operational standards for the cancer targets at the end of July. It is therefore now possible to monitor Trust performance against these thresholds for the new cancer indicators, with the exception of the 62 day consultant upgrade standard; robust data is not yet available due to low figures, but will be updated at a later date. The new operational standards split the 31 day cancer target for second or subsequent treatment into separate categories for surgery and drug treatments.

It should be noted that data provided for July is provisional and may be subject to amendment following validation. Based on these thresholds, the year-to-date position (which is the formally reported position for April to June 2009), shows that the Trust achieved: the 14 day urgent GP referral to first outpatient appointment target; the 31 day second or subsequent drug treatments; and the 62 day urgent referral to treatment from the national screening service. The Trust underachieved the 31 day target for first treatments and the 62 day referral to treatment from a GP or dentist. The 31 day second or subsequent surgery standard is the only cancer target the Trust is currently failing.

The Performance Management Framework has yet to be updated with these new targets.

3. PERFORMANCE MANAGEMENT FRAMEWORK

Performance Management Framework

The Department of Health's new Performance Management Framework is intended to create a single definition of success against which NHS organisations will be judged. Although this will run alongside the Care Quality Commission's annual assessment for 2009/10, the long term plan for the Annual Health Check is not yet clear.

One of the main objectives of the new Framework is to ensure that persistent poor performance is tackled in a timely fashion to prevent performance from further deterioration. An organisation's overall performance category will be determined by the lowest score across the domains of Finance, Operational Standards and Targets, Quality and Safety. User Experience will only be used as a moderator of overall performance until more frequent data is available.

Performance, which will be assessed on a quarterly basis, is categorised as follows:

- Performing
- Performance under review
- Underperforming

18 week referral to treatment standards

The table below shows the 18 week position for completed pathways by specialty for Quarter 1.

Quarter 1 2009/10

Treatment Function	Non-Admitted	Admitted (adjusted)
All Specialties	97.2	91.0
General Surgery	93.2	83.2
Urology	97.2	91.4
Ear, Nose & Throat (ENT)	97.4	78.2
Ophthalmology	99.7	99.1
Oral Surgery	97.1	82.3
Neurosurgery	80.1	56.3
Plastic Surgery	95.5	88.4
Cardiothoracic Surgery	97.5	93.4
General Medicine	100.0	100.0
Gastroenterology	93.3	97.9
Cardiology	99.6	95.9
Dermatology	99.4	72.5
Thoracic Medicine	99.1	100.0
Neurology	93.5	95.0
Rheumatology	97.3	99.7
Elderly Medicine	99.9	100.0
Gynaecology	94.3	92.8
Other	99.1	97.1
T&O	96.4	89.9
Direct Access Audiology	99.5	

The previous table is the updated draft Quarter 1 position. It is still a provisional estimate, however, as the Performance Management Framework definitions and assessments have yet to be confirmed and released.

Performance Indicator	Thresholds		2009/2010 Weighting for PF	2008/2009 FY Performance	Weighted Score (2008/2009 FY)	Provisional 2009/10 Qrt 1 Performance	Provisional Weighted Score (2009/10 Qrt 1)	Notes (2009/10 Qrt 1)
	Achieve	Fail						
A&E waits	98%	97%	1	98.1%	3	97.1%	2	
Cancelled ops - breaches of 28 days readmission guarantee as % of cancelled ops	5.0%	15.0%	1	18.7%	0	6.19%	2	
MRSA	0	>1SD	1	121	0	12	2	2009/10 Qrt1: Is for LTHT only 2008/2009 FY: Is for LHE
C Diff	0%	>1SD	1	898	3	82	2	Fail threshold methodology unclear but assumed underachieve as below trajectory.
18 weeks RTT - admitted	90%	85%	1	91.5%	3	91.0%	3	Aggregate of Apr - Jun performance (Including breach shares)
18 weeks RTT - non-admitted	95%	90%	1	96.5%	3	97.2%	3	
Achievement of standards in all specialties	see below	see below	0.5	n/a	n/a	11	0	Number of specialties that failed to meet the standard for Apr - Jun. If a specialty fails both the admitted and non-admitted standard it counts twice. (Includes breach shares)
Achievement of standards in Orthopaedics	see below	see below	0.5	n/a	n/a	1	1	
2 week GP referral to 1st outpatient *	93%	90%	1	99.8%	3	96.1%	3	
31 day second or subsequent treatment (surgery & drug) *	97%	94%	0.50	n/a	n/a	93.0%	0	
31 day diagnosis to treatment for all cancers *	97%	94%	0.50	98.1%	3	94.5%	1	
62 day referral to treatment from screening *	85%	80%	0.33	n/a	n/a	94.6%	1	
62 day referral to treatment from hospital specialist *	85%	80%	0.33	n/a	n/a	96.8%	1	
62 days urgent referral to treatment of all cancers *	85%	80%	0.33	91.9%	2	84.1%	0.67	
3 month revasc as % of admissions for revasc	0.1%	0.2%	1	0.08%	3	0.00%	3	
2 week RACP	98%	95%	1	100%	3	100%	3	
48 hours GUM access	98%	95%	1	99.8%	3	100%	3	
Delayed transfers per 10,000 admissions (total delayed transfers in the period (ie the sum of all of the weeks) divided by the total admissions in the period)	3.5%	5.0%	1	0.80%	3	1.03%	3	
Stroke	80%	50%	1	43.8%	0	n/a	0	Forecast
OP breaches as % of first OP attendances	0.03%	0.15%	0.5	0.11%	1	0.002%	1.5	Number of breaches / Number of first attendances to consultant led clinics (Includes GP and non-GP referred patients)
IP breaches as % of elective admissions	0.03%	0.15%	0.5	0.41%	0	0.02%	1.5	
Overall performance score				16		33	36.67	
						2.20	2.29	
					Under Review		Under Review	

Scoring values

Fail:	0
Underachieve:	2
Achieve:	3

Overall performance score threshold

Underperforming if less than	2.1
Performance under review if between	2.1 and 2.4
Performing if more than	2.4

	Q1	Q2	Q3	Q4
Achievement of standards in all specialties (including Direct Access Audiology but excluding Orthopaedics) - number of specialties that can fail each quarter	Achieve <5	<3	<2	0
	Fail >9	>4	>2	0
Achievement of standards in Orthopaedics- number of specialties that can fail each quarter	Achieve 0	0	0	0
	Fail >1	0	0	0

* New cancer targets have been published but updated Performance Framework thresholds have not yet been released.

