

Governing Body (Public) Meeting

DATE:

Title	Consolidated Contracting & Provider Performance Reports	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Note the performance of the Acute, Community & Mental Health contracts.</p>	
Executive Summary	<p>The attached provides a new consolidated report to cover 3 areas of contracting and performance: Acute, Community & Mental Health Services. The key points to note are</p> <ol style="list-style-type: none"> 1. Acute – unfortunately at 18th March the M10 report is not available at the time of preparation of these papers and an updated report will be circulated by the end of the week. 2. Community – overall the performance of the main Oxleas contract is generally good. Procurement update – this is included in the community report and provides updates on neuro rehab, and our AQP service implementations. 3. Mental Health – the Forecast Out turn has reduced slightly on the previous report (by £14k), CQUINs are progressing well against the milestones, and an update of the QIPP developments is given. 	
Which objective does this paper support?	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	<p>✓</p>
	<p>People: Empower our staff to make BCCG the most successful CCG in (south) London</p>	<p>✓</p>
	<p>Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	<p>✓</p>
	<p>Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient</p>	<p>✓</p>

	experience	
Organisational implications	Key Risks (corporate and/or clinical)	Financial risks are associated with the over performance, although these are within the forecasts. No new clinical risks introduced in these reports.
	Equality and Diversity	Services must deliver the requirements of equality and diversity
	Patient impact	Services must deliver access targets
	Financial	Financial over performance continues
	Legal Issues	None
	NHS constitution	The rights of patients are enshrined within our contracts
Consultation (Public, member or other)	Not applicable	
Audit (Considered / Approved by Other Committees / Groups)	Finance reports are considered by the Finance Working Group (and EMC) Quality Reports are considered by the Quality & Safety Group	
Communications Plan	Not applicable	
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Date	18 th March 2013	

Consolidated Provider Performance Reports

For Bexley CCG - March 2013

This provides a new style, consolidated provider performance report for Bexley CCG – the sub sections to this report are:

Section No.	Description
1	Acute Contracting – provided by the Commissioning Support Unit (CSU)
2	Community Contracting – including procurement projects – prepared by the BCCG contracting team
3	Mental Health Contracting – prepared by the Integrated Commissioning Unit (ICU) between BCCG and London Borough of Bexley (LBB)

Acute Contracting & Performance Section 1

Provided by the Commissioning Support Unit

Overall Performance – Month 10 Year to Date

This section is sub divided as follows:

Section Ref	Description
1.1	Executive summary
1.2	Overall performance
1.3	South London Healthcare Trust (SLHT)
1.4	Dartford & Gravesham
1.5	Kings College
1.6	Guy's & St Thomas'
1.7	Other Key External Trusts
1.8	Claims Management
1.9	Appendix 1 – Acute Finance Report Appendix 2 – QIPP Report

1.1 Executive Summary

- At month 10 (M10), year to date over performance across the whole acute portfolio is £6,595k or 4%.
- The main areas of over-performance remain within King's College Hospital (KCH) £1,157k (11%) and Guys and St Thomas's (GSTT) Foundation Trusts £1,299k (6%). Over-performance at South London NHS Trust (SLHT) is capped for the financial year 2012/13.
- Across the four main providers by contract value (SLHT, DG, KCH and GSTT) the over-performance is predominantly found within five PODs:
 - i. Emergency: £1,167k
 - ii. Elective: £1,617k
 - iii. Outpatient Firsts: £1,215k
 - iv. Direct Access: £707k
 - v. Outpatient Follow-ups: 704k

Bexley BSU M10 Acute Contract Monitoring Report

- At M10 external contracts (non-SEL) are £883k over-performing. The four main contracts (over £100k over performance) are: Maidstone, Moorfields, Queen Victoria and UCLH.

1.2 Overall Performance – Year to Date

1.2.1 Overview (£000, %) over/ (under)spend

Bexley

	Full Year Plan	Contract Monitoring			YTD Variance over / (under) spend	YTD Variance %	M11 Finance over / (under) spend	FOT over / (under) spend	FOT%	Full Year Plan @ M10	FOT over / (under) spend @ M10	
		YTD Plan	YTD Actual									
South London Hospital Trust	90,223	75,186	76,922	1,737	2%	1,910	2,084	2%	90,223	2,295	211	
Dartford and Gravesham	25,000	20,833	21,122	289	1%	318	347	1%	25,000	359		
King's College Hospital	12,570	10,475	11,632	1,157	11%	1,273	1,389	11%	12,570	1,384		
Guy's and St. Thomas'	27,963	23,303	24,602	1,299	6%	1,429	1,622	6%	27,963	1,676		
Subtotal Primary SLAs	155,755	129,796	134,278	4,482	3%	4,930	5,442	3%	155,755	5,714		
Other Local Trusts	4,494	3,754	3,838	83	2%	92	100	2%	4,494	100		
Externals	16,379	13,680	14,563	883	6%	971	1,104	7%	16,379	1,049		
Contracted Acute SLAs	176,628	147,230	152,678	5,448	4%	5,993	6,646	4%	176,628	6,863		
Specialist Services Consortia	15,612	12,777	13,194	418	3%	459	501	3%	14,637	-975	58	
Non-Contracted - Cost Per Case & Exclusions to Contracts	7,247	6,039	6,768	729	12%	802	875	12%	7,247	780		
Other earmarked acute budgets	0	0	0	0	0%	-	-	0%	0	-		
2012/13 Commissioning Reserves	0	0	0	0	0%	-	-	0%	0	-		
TOTAL Budget 2012/13	199,487	166,046	172,641	6,595	4%	7,254	8,022	4%	198,512	-975	7,702	

Note: The above chart excludes over performance at SLHT above the capped values

1.2.2 Current Overall Performance

The total acute plan for 2012/13 is £199,487k. Based on M10 straight line forecast there will be an unmitigated overspend of +£8,022k.

At M10, the total level of over performance against the financial plan is £6,595 or 4% across all acute providers

Of the 4 largest providers for Bexley patient care:

- SLHT is 2% above plan +£1,737k
- KCH is 11% above plan +£1,157k
- GSTT is 6% above plan +£1,299k
- DG is 1% above plan £289k

Other smaller contracts are 6% above plan or +£883k at M10. The four main contracts (over £100k over performance) are: Maidstone, Moorfields, Queen Victoria and UCLH.

Bexley BSU M10 Acute Contract Monitoring Report

1.2.3 SLHT, DG, KCH and GSTT by POD/ Specialty

Overall, there has been a month to month movement of +£229k (where M9 was +£4,253k and M10 is +£4,482k). The three most significant areas of over performance continue to be in the Elective, Emergency and OP 1st PODS (£1,617k, £1,167k and £1,215k).

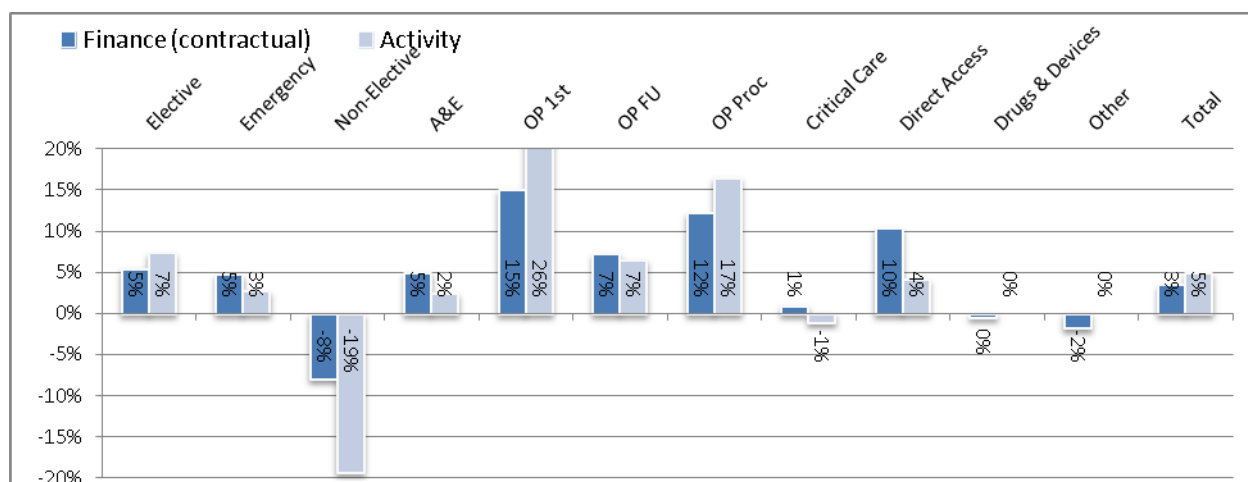
SLHT, DG,KCH, GSTT	ACTUAL (£k)			STRAIGHT-LINE FOT (£k)		
	M9	M10	Difference	M9	M10	+/-
Elective	1947	1617	-330	2596	1940	↑
Emergency	1301	1167	-134	1735	1400	↑
Non-elective	-780	-1381	-601	-1040	-1657	↑
A&E	227	264	37	303	317	↓
OP 1st	1048	1215	167	1397	1458	↓
OP FU	616	704	88	821	845	↓
OP PROC	298	344	46	397	413	↓
Critical Care	48	75	27	64	90	↓
DA	255	707	452	340	848	↓
D&D	17	-29	-46	23	-35	↑
Other	-724	-200	524	-965	-240	↓
TOTAL	4253	4482	229	5671	5378	↑

1.2.4 Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Non- Elective	A&E	Op 1st	Op FU	Op Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	1,436	1,158	-1,397	264	1,181	554	338					3,532
Non-PbR	181	9	16		34	150	6	75	707	-29	-200	949
Total	1,617	1,167	-1,381	264	1,215	704	344	75	707	-29	-200	4,482
										Total Sensecheck		4,482

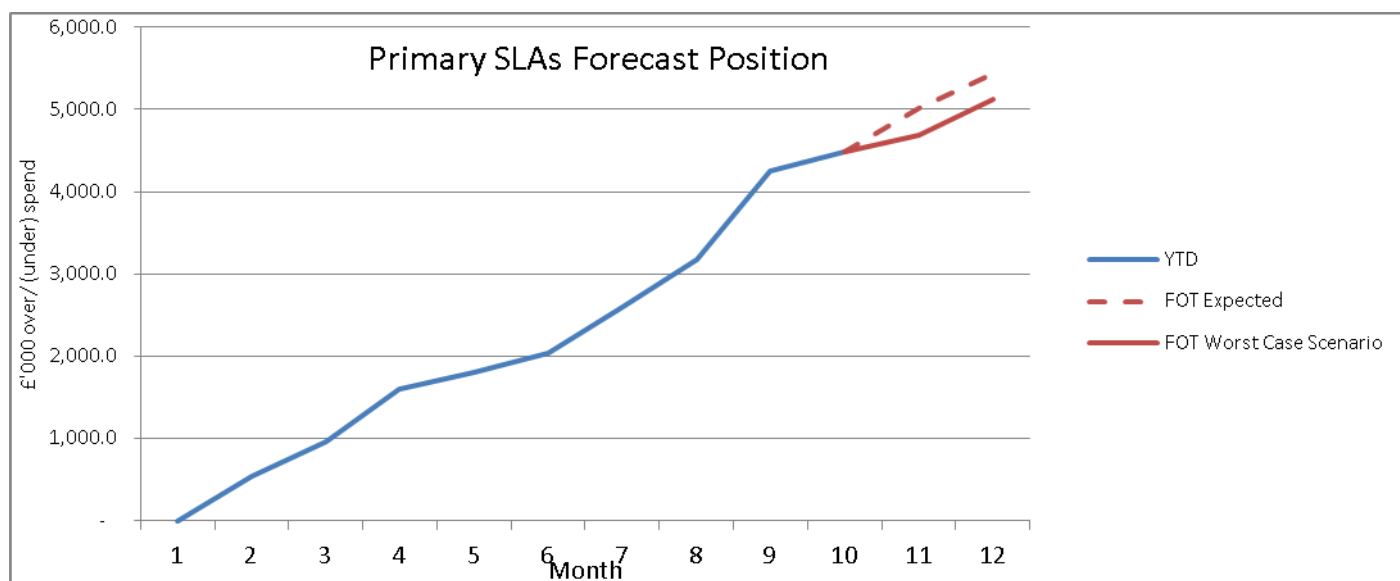
Bexley BSU M10 Acute Contract Monitoring Report

1.2.5 Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

1.2.6 Forecast Outturn (£000)



Note: The above chart excludes over performance at SLHT above the capped values

Bexley BSU M10 Acute Contract Monitoring Report

1.3 South London Healthcare Trust – Year to Date

1.3.1 Overall Performance Summary

At M10, the total level of over performance against the financial plan (capped) is £1,737k. The four main drivers for over performance are Elective (£1,711k), Emergencies (£646k), Op 1sts (£934k) and Critical care (£599k). The underlying, unadjusted straight line forecast outturn is £6,178k.

The M11 forecast outturn pre-adjustment capped position is £1005k.

The following adjustments are applied:

Nuchal screening: £65k, Elmstead: £432k, Patient Transport £582k, giving a revised forecast outturn of £2084k

1.3.2 Overview (£000, %) over/ (under)spend

Contract Monitoring								
	Full Year Plan	YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %	M11 Finance over / (under) spend	FOT over / (under) spend	FOT %
South London Hospital Trust	90,223	75,186	76,922	1,737	2%	1,910	2,084	2%
TOTAL	90,223	75,186	76,922	1,737	2%	1,910	2,084	2%
Sense check:				1,737	2%			

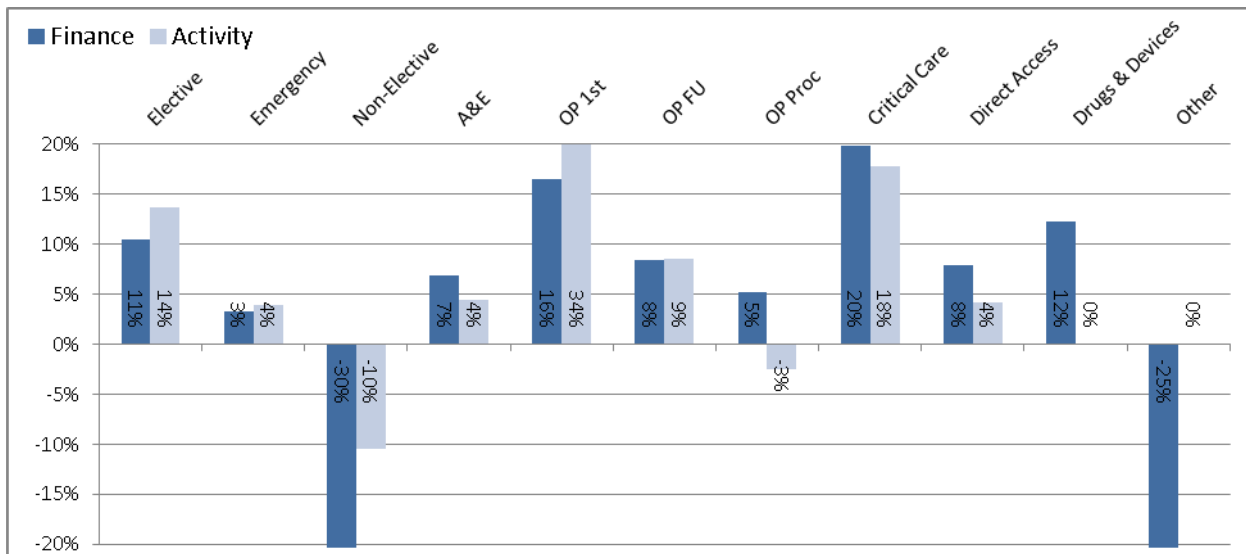
Note: The above chart excludes over performance at SLHT above the capped values

1.3.3 Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Non-Elective	A&E	Op 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	1,711	646	-1,653	222	934	481	86				0	2,427
Non-PbR	0	0	0		0	0	0	599	325	292	-1,906	-690
Total	1,711	646	-1,653	222	934	481	86	599	325	292	-1,906	1,737
Sensecheck (financial)											1,737	

Bexley BSU M10 Acute Contract Monitoring Report

1.3.4 Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

1.3.5 Month 10 In-Month Movement (comparison to month 9) (£000) over/ (under)spend

There is significant movement between M9 and M10 in three specific areas:

- OP 1st: +111k or +13%
- Critical Care: +£134k or +29%
- Drugs and Devices: +£110k or +18%

SLHT POD/ Specialty	ACTUAL (£k)			STRAIGHT-LINE FOT (£k)		
	M9	M10	Difference	M9	M10	+/-
Elective	1862	1711	-151	2483	2053	↑
Emergency	833	646	-187	1111	775	↑
Non-elective	-1385	-1653	-268	-1847	-1984	↑
A&E	197	222	25	263	266	↔
OP 1st	823	934	111	1097	1121	↓
OP FU	400	481	81	533	577	↓
OP PROC	69	86	17	92	103	↓
Critical Care	465	599	134	620	719	↓
DA	276	325	49	368	390	↓
D&D	182	292	110	243	350	↓
Other	-2001	-1906	95	-2668	-2287	↓
TOTAL	1721	1737	16	2295	2084	↑

Bexley BSU M10 Acute Contract Monitoring Report

1.3.6 POD/ Specialty Analysis

a) Elective: The five highest over-performing HRGs by cost are shown below

SLHT Elective	Activity YTD				Finance YTD £			
	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
Top 5 Over performing HRGs								
FZ04B Very Major Stomach or Duodenum Procedures without Major CC	7	69	62	859%	47,759	458,022	410,263	859%
HB21C Major Knee Procedures for non Trauma Category 2 without CC	144	192	48	33%	996,561	1,282,732	286,171	29%
JC15Z Skin Therapies level 3	522	778	256	49%	333,607	497,142	163,535	49%
MB03B Uterus (including Fibroids) Disorders, Menstrual Disorders or Endometriosis without CC	10	2	-8	-80%	15,337	116,407	101,070	659%
FZ52Z Diagnostic Colonoscopy with biopsy 19 years and over	200	350	150	75%	133,433	233,450	100,017	75%

b) Emergency: The five highest over-performing HRGs by cost are shown below

SLHT Emergency	Activity YTD				Finance YTD £			
	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
Top 5 Over performing HRGs								
AA22Z Non-Transient Stroke or Cerebrovascular Accident, Nervous system infections or Encephalopathy	No Plan	190	190	0%	No Plan	782,637	782,637	0%
WA22V Other specified admissions and counselling with Major CC	27	78	51	186%	126,356	391,228	264,872	210%
FZ36D Intestinal Infectious Disorders with length of stay 2 days or more with Major CC	19	68	49	264%	114,166	353,328	239,162	209%
WA22X Other specified admissions and counselling with Intermediate CC	10	81	71	705%	30,995	261,944	230,949	745%
DZ11A Lobar, Atypical or Viral Pneumonia with Major CC	160	235	75	47%	715,665	930,196	214,531	30%

c) Outpatient Firsts: The five highest over-performing TFCs by cost are shown below

SLHT Outpatient Firsts	Activity YTD				Finance YTD £			
	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
Top 5 Over performing TFCs								
420 PAEDIATRICS	1483	2007	524	35%	406,443	550,856	144,413	36%
320 CARDIOLOGY	181	672	491	271%	45,079	167,328	122,249	271%
300 GENERAL MEDICINE	522	1000	478	92%	129,929	249,432	119,503	92%
100 GENERAL SURGERY	1591	2009	418	26%	360,092	454,129	94,037	26%
330 DERMATOLOGY	818	1514	696	85%	108,511	201,494	92,983	86%

Bexley BSU M10 Acute Contract Monitoring Report

d) Outpatient Follow ups: The five highest over-performing TFCs by cost are shown below

SLHT Outpatient Follow ups	Activity YTD				Finance YTD £,000			
	Plan	Actual	Variance	% Variance	Plan	Actual	Variance	% Variance
Top 5 Over performing TFCs								
110 TRAUMA & ORTHOPAEDICS	7977	9299	1322	17%	784,518	911,302	126,784	16%
330 DERMATOLOGY	1463	2657	1194	82%	119,586	219,024	99,438	83%
560 MIDWIFE EPISODE	973	1883	910	94%	69,156	133,693	64,537	93%
130 OPHTHALMOLOGY	7101	7945	844	12%	563,791	627,655	63,864	11%
370 MEDICAL ONCOLOGY	1290	1818	528	41%	154,256	217,148	62,892	41%

Bexley BSU M10 Acute Contract Monitoring Report

1.4 Dartford & Gravesham NHS Trust – Year to Date

At M10, the total level of over performance against the financial plan £289k or 1% which is mainly driven by over performance within Non-Electives, Outpatient Follow ups and Outpatient Procedures

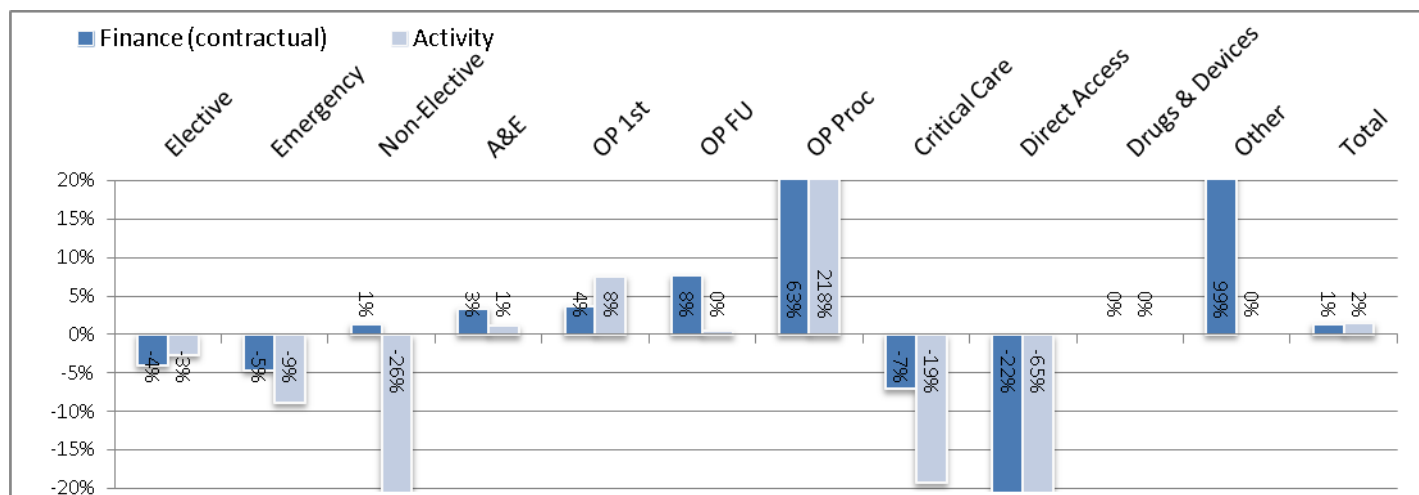
1.4.1 Overview (£000, %) over/ (under)spend

Contract Monitoring								
	Full Year Plan	YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %	M11 Finance over / (under) spend	FOT over / (under) spend	FOT %
Dartford & Gravesham	25,000	20,833	21,122	289	1%	321	380	2%
TOTAL	25000	20833	21122	289	1%	321	380	2%
Sense check:				289	1%			

1.4.2 Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Non-Elective	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	-128	-58	117	60	45	-9	158				0	186
Non-PbR	10	-7	13		4	123	-8	-101	-27	0	95	103
Total	-118	-65	131	60	48	114	150	-101	-27	0	95	289
Sensecheck (financial)												289

1.4.3 Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

Bexley BSU M10 Acute Contract Monitoring Report

1.4.4 Drivers by Specialty (£000, %) Please note figures represent the underlying contract position. - over/ (under)spend

Specialty Driver	POD Driver	YTD Overspend (£000)
Medical Oncology	PbR Outpatient Follow up	17
Diabetic Medicine	PbR Outpatient Follow up	12
Reconstruction Procedures Category 1 19 years and over	Non Elective	82
Intestinal Infectious Disorders with length of stay 2 days or more Major CC	Non Elective	82
Other specified admissions and counselling with Major CC	Non Elective	72

1.4.5 Month 10 In-Month Movement (comparison to month 9) (£000) over/ (under)spend

The significant movements between M9 and M10 are in

- a) OP FU: £28k or 33% and
- b) OP PROC: £37k or 33%

1.4.6 POD/ Specialty

DG	ACTUAL (£k)			STRAIGHT-LINE FOT (£k)		
	M9	M10	Difference	M9	M10	+/-
Elective	-88	-118	-30	-117	-142	↑
Emergency	-37	-65	-28	-49	-78	↑
Non-elective	120	131	11	160	157	↓
A&E	48	60	12	64	72	↓
OP 1st	37	48	11	49	58	↓
OP FU	86	114	28	115	137	↓
OP PROC	113	150	37	151	180	↓
Critical Care	-71	-101	-30	-95	-121	↑
DA	-21	-27	6	-28	-32	↔
D&D	0	0	0	0	0	↔
Other	82	95	13	109	114	↓
TOTAL	269	289	20	359	347	↑

Bexley BSU M10 Acute Contract Monitoring Report

1.5 King's College Hospital – Year to Date

At M10, the total level of over performance against the financial plan £1,157k or 11% which is mainly driven by over performance within Electives, Emergencies, Non-Electives and Drugs and devices.

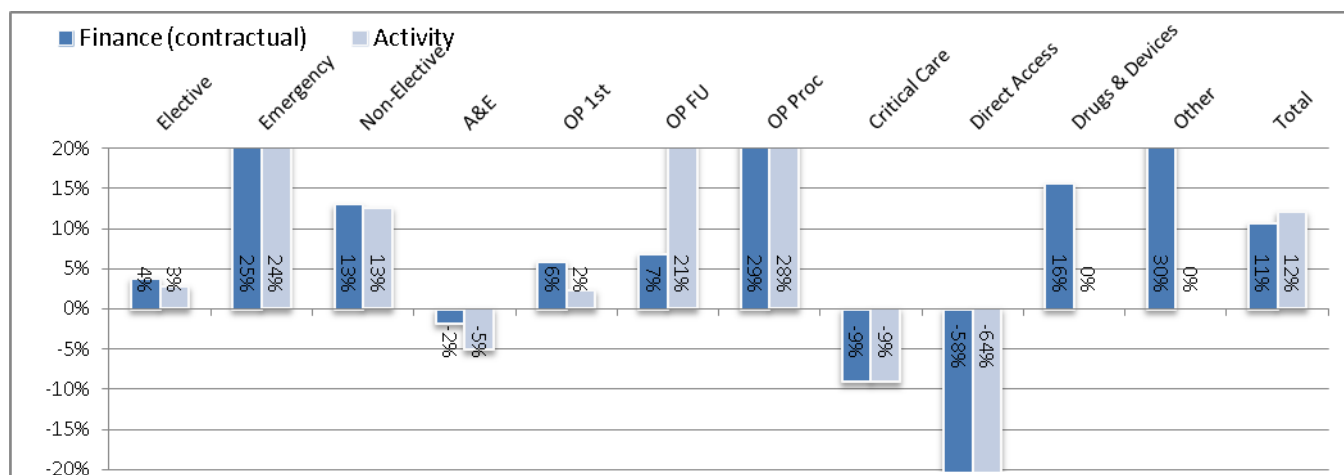
1.5.1 Overview (£000, %) over/ (under)spend

	Full Year Plan	Contract Monitoring				M11 Finance over / (under) spend	FOT over / (under) spend	FOT%
		YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %			
King's College Hospital	12,570	10,475	11,632	1,157	11%	1,273	1,389	11%
TOTAL	12,570	10,475	11,632	1,157	11%	1,273	1,389	11%
Sense check:				1,157	11%			

1.5.2 Drivers by POD Heat map (£000) over/ (under)spend

	Elective	Emergency	Non-Elective	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	81	364	118	-3	18	31	55				0	663
Non-PbR	62	13	-3		-3	3	13	-119	0	157	372	494
Total	143	376	115	-3	15	34	68	-119	0	157	372	1,157
Sensecheck (financial)												1,157

1.5.3 Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

Bexley BSU M10 Acute Contract Monitoring Report

1.5.4 Drivers by Specialty (£000, %) Please note figures represent the underlying contract position. - over/ (under)spend

Specialty Driver	POD Driver	YTD Overspend (£000)
MDS Cardiothoracic Surgery	Elective	55
Neurosurgery	Emergency	82
General Medicine	Emergency	70
Paediatric Neurosurgery	Non Elective	42
Off tariff drugs	Drugs and devices	116

1.5.5 Month 10 In-Month Movement (comparison to month 9) (£000) over/ (under)spend

The significant movements between M9 and M10 are in

Other: £302k

1.5.6 POD/ Specialty

KCH	ACTUAL (£k)			STRAIGHT-LINE FOT (£k)		
	M9	M10	Difference	M9	M10	+/-
Elective	229	143	-86	305	172	↑
Emergency	432	376	-56	576	451	↑
Non-elective	108	115	7	144	138	↑
A&E	-4	-3	1	-5	-4	↔
OP 1st	6	15	9	8	18	↓
OP FU	110	34	-76	147	41	↑
OP PROC	60	68	8	80	82	↓
Critical Care	-130	-119	11	-173	143	↓
DA	0	0	0	0	0	↔
D&D	124	157	33	165	188	↓
Other	70	372	302	93	446	↓
TOTAL	1005	1157	152	1340	1388	↓

Bexley BSU M10 Acute Contract Monitoring Report

1.6 Guy's and St. Thomas' – Year to Date

At M10, the total level of over performance against the financial plan £1,299k or 6% which is mainly driven by over performance within Emergencies, OP 1st, Direct Access and Other.

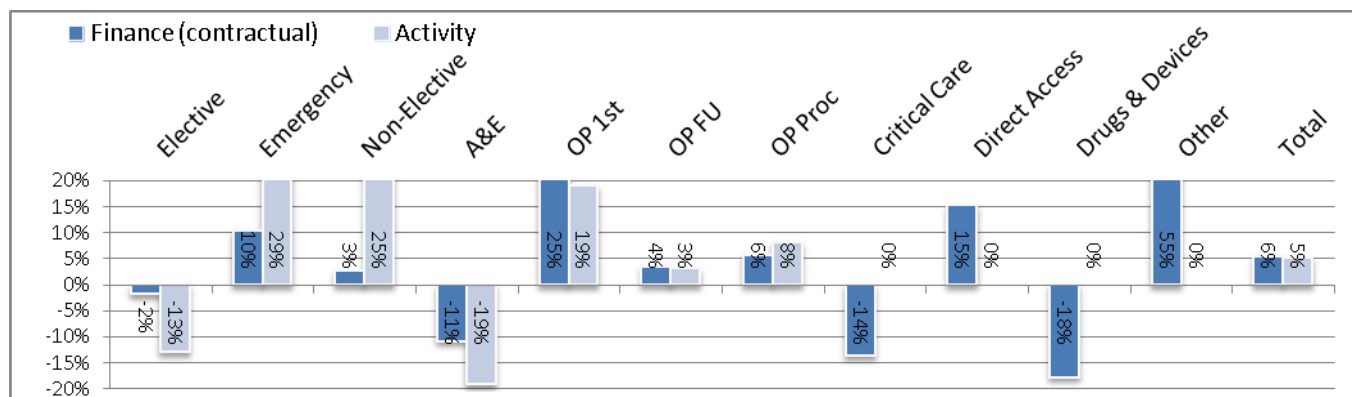
1.6.1 Overview (£000, %) over/ (under)spend

	Full Year Plan	Contract Monitoring				M11 Finance over / (under) spend	FOT over / (under) spend	FOT %
		YTD Plan	YTD Actual	YTD Variance over / (under) spend	YTD Variance %			
Guy's & St. Thomas'	27,963	23,303	24,602	1,299	6%	1,429	1,622	6%
TOTAL	27,963	23,303	24,602	1,299	6%	1,429	1,622	6%
Sense check:				1,299	6%			

1.6.2 Drivers by POD Heat map (£000) over/ (under)spend

Contractual	Elective	Emergency	Elective Non-Elective	A&E	OP 1st	OP FU	OP Proc	Critical Care	Direct Access	Drugs & Devices	Other	Total
PbR	-228	206	21	-16	184	51	39				0	257
Non-PbR	109	4	5		34	25	0	-304	409	-478	1,239	1,042
Total	-119	210	26	-16	218	75	39	-304	409	-478	1,239	1,299
Sensecheck (finance)												1,299

1.6.3 Drivers by POD YTD Overspend (%) over/ (under)spend



Financial variances reflect expected payments of trusts and have been adjusted for uncoded estimates, QIPP agreements, contractual arrangements and trust challenges. Activity variances are unadjusted.

1.6.4 Drivers by Specialty (£000, %) Please note figures represent the underlying contract position. - over/ (under)spend

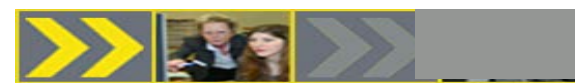
Specialty Driver	POD Driver	YTD Overspend (£000)
Plastic Surgery	Emergency	85
Clinical Haematology	Emergency	57
Urology	Emergency	41
Clinical Oncology	Outpatient First	58
Plastic Surgery	Outpatient First	26



BCHS: QUALITY DASHBOARD OVERVIEW - 2012/13

	AREA	QUALITY INDICATOR	METHOD OF MEASUREMENT	Report Frequency	2011/12 Baseline - March 2012	Target
PATIENT SAFETY	G8	MRSA Incidence (VS - Nat - VSA01)	Incidence (SUSD only)	QTRLY	0	0
	G9	C Diff Incidence (VS - Nat - VSA03)	Incidence (SUSD only)	QTRLY	0	0
	OOH10 (TCS22)	Falls -SUSD	The number of patients falling in community hospital by severity of harm (as per NPSA definition).	QTRLY	21 per quarter 11/12	15
	G12 (TCS 43)	% Staff trained for Infection Control (TCS 43)	Number of eligible staff trained in Infection Control within the past twelve months as at the last day of the contract year	QTRLY	80.54%	85%
	CS8	Safeguarding Children Governance	Safeguarding Children Training - Level 1	QTRLY	83%	80%
	CS9	Safeguarding Children Governance	Safeguarding Children Training - Level 2	QTRLY	85%	80%
	CS10	Safeguarding Children Governance	Safeguarding Children Training - Level 3	QTRLY	85%	80%
	CS5	PSA13 Improved Child Safety	No. Of High Risk Children <5 years old followed up compared to number of Red and Amber A&E slips received.	QTRLY		90%

Apr-12	May-12	Jun-12	July	Aug	Sept	Oct	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	COMMENTS
		0			0			0			0	0
		0			0			0			0	0
		13			32			6			0	
		88%			90%			93%			0%	0
		88%			94%			98%			0%	0
		91%			93%			96%			0%	0
		81%			81%			88%			0%	0
		93%			90%			98%			0%	December figure updated following manual check of RIO



BCHS: QUALITY DASHBOARD OVERVIEW - 2012/13

	AREA	QUALITY INDICATOR	METHOD OF MEASUREMENT	Report Frequency	2011/12 Baseline - March 2012	Target
PATIENT EXPERIENCE	PE1	G1	Number of Complaints	Number of Complaints received in contract month.	MNTHLY	Approx 10 per Qtr 15 per quarter
	PE2	G10	Patient Satisfaction Survey - percentage of patients offered a time band or appointment slot		QTRLY	
	PE3	G11	Patient Satisfaction - % of patients who are satisfied or extremely satisfied by service		QTRLY	
CLINICAL EFFECTIVENESS	CE1	CS6	Health Visitors – Health Promotion (including New Born hearing, screening and breast feeding input).	% of new birth visits carried out to Bexley Babies within 14 days	QTRLY	No baseline based on 14 days 85%
	CE2	OOH6	SUSD – Estimated Date of Discharge	% of patients who have an estimated date of discharge planned on admission	MNTHLY	92% 90%
	CE3	OOH11	SUSD – Structured Rehabilitation Plan	% of patients who have a care plan for their stay on SUSD within RIO	QTRLY	93% 90%
WORKFORCE	W1	G7	Agency & Bank hours as a % of overall staff hours	Agency & Bank hours as a % of overall staff hours	MNTHLY	10.50% <10%
	W2	G6	Sickness Rates	Total days lost due to sickness per month in the contract month / Total days available per month in the contract month.	MNTHLY	4.92% 7.0%
	W3	CS3	Safeguarding Children Governance	Vacancy levels across children's services	MTHLY	8.19% 5%

Apr-12	May-12	Jun-12	July	Aug	Sept	Oct	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	COMMENTS
2	5	3	2	2	2	3	3	3	2	0	0	0
		100%			100%			N/A				Qtr 3 - N/A as survey was completed on a group rather than individual appointments.
0	0	100%			100%			100%				Qtr 3 - results of survey from weaning Group in Health visiting - all would recommend service to friend so satisfied with service
		69%			84%			86%			0%	0.00%
89%	95%	100%	79%	87%	80%	96%	94%	100%	100%	0%	0%	0
		88%			90%			100%			0%	0
9.00%	9.81%	7.90%	7.89%	10.25%	7.90%	10.25%	Directorate restructure impacted on report building	Directorate restructure impacted on report building	12.42%	0.00%	0.00%	36.84 WTE agency and bank- 4.54% relates to children's
4.97%	4.88%	4.77%	5.17%	4.17%	4.70%	4.75%	6.30%	6.50%	3.59%	0.00%	0.00%	0
8.60%	7.12%	6.89%	7.62%	vacancy level figures will be available Fri 14/09/2012	8.01%	9.18%	11.00%	11.00%	11.00%	0.00%	0.00%	Vacancy levels include 4 posts which will be removed following the trust reorganisation - there were not originally children's posts but have been counted in the overall calculation. This accounts for 3.5% of the overall vacancy rate

All Indicators shaded Green are new indicators and it has been agreed that reporting will be provided against this indicator from May

Category	Code	Indicator	Threshold	Frequency	Method of Measurement	Baseline	April	May	June	July	August	September	October	November	December	January	February	March	Comment
General Indicators	Service User Experience	G1	Number of Complaints	5 per month	Monthly	Number of Complaints received in contract month.	Avg 10 per Qtr in 11/12 KPI	2	5	3	2	2	3	3	3	2			
	Service User Experience	G2	% of complaints resolved within agreed timescales	95%	Monthly	Proportion of Complaints resolved locally within an agreed timescale.	91% based on 11/12 KPI	100.00%	80%	75%	50%	0%	2	67%	100.00%	100.00%	100.00%		
	Service Users and Carers	G3	% of active caseload with recorded ethnicity	80%	Monthly	% of active caseload with recorded ethnicity	92% recorded at March 2012	92% valid ethnicity recorded (See Appendix 1 for detailed breakdown)	94% valid ethnicity recorded (See Appendix 1 for detailed breakdown)	92% valid ethnicity recorded (See Appendix 1 for detailed breakdown)	84.27% valid ethnicity recorded (See Appendix 1 for detailed breakdown)	74.57% valid ethnicity recorded (See Appendix 1 for detailed breakdown)	71.22% valid ethnicity recorded (See Appendix 1 for detailed breakdown)	71.15% valid ethnicity recorded (See Appendix 1 for detailed breakdown)	70.2% valid ethnicity recorded (See Appendix 1 for detailed breakdown)	72.33% valid ethnicity recorded (See Supporting Folder for detailed breakdown)	67.6% valid ethnicity recorded (See Supporting Folder for detailed breakdown)		January - Children's performance 73% valid ethnicity.
	Performance and Productivity	G4 (TCS33)	% of cancellations by Provider as recorded on RiO	<3%	Monthly	% of cancellations by provider services	0.3% based on 11/12 KPI	1.32%	0.85%	0.13%	0.08%	6.20%	9.04%	7.71%	9.24%	7.97%	6.83%		Children's performance 4.8%
		G5 (TCS34)	% of DNAs on RiO	<10%	Monthly	% appointments that were DNAs in all clinics (including home visits)	10.71% based on 11/12 KPI	10.70%	11.00%	9.88%	5.08%	4.74%	7.63%	6.67%	3.85%	3.62%	4.13%		
	Additional Requirement	G6	Sickness Rates	7%	Monthly	Total days lost due to sickness per month in the contract month / Total days available per month in the contract month.	4.92% based on 11/12 KPI	4.97%	4.88%	4.77%	5.17%	4.17%	4.70%	4.75%	6.30%	6.50%	3.59%		
	Additional Requirement	G7	Agency & Bank hours as a % of overall staff hours	<10%	Monthly	Agency & Bank hours as a % of overall staff hours	10.5% based on 11/12 KPI	9.00%	9.81%	7.90%	7.89%	10.25%	7.90%	10.25%	Directorate restructure impacted on report building	Directorate restructure impacted on report building	12.42%		36.84 WTE agency and bank- 4.54% relates to children's
Long Term Conditions	Access	LTC1	AHP 18 Weeks Referral to Treatment Time (Pilot scheme)	90%	Monthly	% of agreed patients whose referral to treatment time is concluded within 18 weeks	98% based on 11/12 KPI	94.68%	99.70%	97.40%	89%	94%	87%	98.86%	93.19%			Awaiting data following change to reporting procedure	
	Access	LTC2 (TCS 36)	Waiting Times	Average 20 per month	Monthly	Total number of patients waiting longer than the timescales according to triaged assessment of priority of need (RiO) compared to service specification	Avg 5 per month based on 11/12 KPI	6	11	32	13	23	0	21	4	1	2		
Children's services	Additional Local Indicators	CS2	Children with a care plan		Monthly	% looked after children with a care plan	3 months to establish threshold & baseline			50.60%	65%	77%	73%	73%					This indicator has relied on manual checking since set up and the capacity to do this is limited. There is new functionality in RiO which will be used from January by Jessica Gudza to enable more accurate capture of this information. Figures will not be able to be provided until this is in place
	Additional Local Indicators	CS3	Safeguarding Children Governance	0.05	Monthly	Vacancy levels across children's services	8.19% based on 11/12 KPI	8.60%	7.12%	6.89%	7.62%	vacancy level figures will be available Fri 14/09/2012	8.01%	9.18%	11.00%	11.00%	11.00%		Vacancy levels include 4 posts which will be removed following the trust reorganisation - there were not originally children's posts but have been counted in the overall calculation. This accounts for 3.5% of the overall vacancy rate
Adult Services	Additional Local Indicators	AS2	Incidence of pressure ulcer		To be provided monthly from Qtr 2 once process agreed	DN - Percentage of patients on a caseload with a pressure ulcer of grade 2 or higher	3 months in Qtr 2 to establish threshold & baseline		7%	7%	8%	5%	5.00%	5.78%	2.20%	2.90%	1.54%		24 pressure ulcers out of 1555 caseload
Out of Hospital	Vital Signs	OOH1	Delayed Transfers of Care (VS - Local - VSC10)	No threshold - report only	Monthly		No baseline	Appendix 2	Appendix 2	Appendix 2	Appendix 2	Appendix 2	Appendix 2	Appendix 2	Appendix 2	Appendix 2	Appendix 2	Appendix 2	
		OOH2	Assessments using a validated assessment tool	90%	Monthly	SUSD - % of patients assessed using a validated assessment tool	3 months to establish threshold & baseline				100%	100%	86%	79%	94.74%	81.82%	95.00%		This is the figure recorded in RiO - admission process requires assessment using validated tool so actual performance is likely to be 100%
		OOH3	Vacancies	15%	Monthly	Total vacant funded WTE in contract month/total funded WTE in the contract month	28.77% based on 11/12 KPI	8.31%	8.31%	8.17%	9.76%	vacancy level figures will be available Fri 14/09/2012	8.34%	11.13%	9.30%	10.80%	17.31%		
	Access	OOH4	PCT Systems	Report only	Monthly	Average length of stay on SUSD	No baseline	32 Days	27 Days	28 Days	25 Days	20 Days	24 Days	38 Days	13 Days	19 Days	25 Days		
	Additional Local Indicators	OOH5	SUSD - Admission, Care Planning and Delivery	90%	Monthly	90% of patients are admitted within 5 days of referral	56.72% based on last 5 months in 2011/12	78.95%	86.86%	76.92%	75.00%	64.29%	80.00%	76%	82%	94%	76%		
	Additional Local Indicators	OOH6	SUSD - Estimated Date of Discharge	90%	Monthly	% of patients who have an estimated date of discharge planned on admission	92% based on 11/12 KPI	88.89%	95.00%	100.00%	78.79%	86.96%	96.15%	96.43%	94%	100%	100%		
	Additional Local Indicators	OOH7	SUSD - Occupancy Levels	90%	Monthly	% Bed Occupancy	92% based on 11/12 KPI	96.00%	88.00%	92.00%	88.00%	88.00%	90.00%	92.00%	81.00%	85.00%	97.00%		
	Additional Local Indicators	OOH8	UCC - Assessment and Care Delivery	90%	Monthly	% triage assessments completed within 60 minutes of arrival	95.59% based on last 7 months in 11/12	88.48%	86.59%	94.02%	93.43%	91.41%	92.90%	86.59%	92.65%	89.89%	91.81%		
	Additional Local Indicators	OOH9	Navigation Team - Assessments -	50	Monthly	Number of admissions that have been avoided	3 months to establish threshold & baseline	54	65	52	41	55	76	74	90	67	86		Figure is under review

	CATEGORY	CODE	INDICATOR	THRESHOLD	FREQUENCY	METHOD OF MEASUREMENT	BASELINE	April	may	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Comment	
General Indicators	Vital Signs	G8	MRSA Incidence (VS - Nat - VSA01)	Report Only	Quarterly	Incidence (SUSD only)	No reportable incidence for Q1 2010/11			0			0			0					
	Vital Signs	G9	C Diff Incidence (VS - Nat VSA03)	Report Only	Quarterly	Incidence (SUSD only)	No incidence for Q1 2010/11			0			0			0					
	Service User Experience	G10	Patient Satisfaction Survey - percentage of patients offered a time band or appointment slot	Report Only	Quarterly	The Provider shall survey a representative sample of Service Users in order to gauge levels of satisfaction and equality of provision within various services.	No Baseline			100%			100%			N/A				Qtr 3 - N/A as survey was completed on a group rather than individual appointments.	
	Service User Experience	G11	Patient Satisfaction - % of patients who are satisfied or extremely satisfied by service	Report Only	Quarterly	The Provider shall survey a representative sample of Service Users in order to gauge levels of satisfaction and equality of provision within various services.	No Baseline			100%			100%			100%				Qtr 3 - results of survey from weaning Group in Health visiting - all would recommend service to friend so satisfied with service	
	Service Users and Carers	G12 (TCS 43)	% Staff trained for Infection Control	85%	Quarterly	Number of eligible staff trained in Infection Control within the past twelve months as at the last day of the contract year	80.54%			88%			90%			93%					
	Service Users and Carers	G13 (TCS 42)	% Staff Trained for Safeguarding Adults	80%	Quarterly	Number of eligible staff trained in Safeguarding Adults within the past twelve months as at the last day of the contract year	83% at Qtr 4 11/12			87%			90%			94%					
		G14	Hand Hygiene Audit	Report Only				No Baseline			100%			98%			100%				
		Record Keeping Quality	G15	Results of Record Keeping Audits	85%	Quarterly	Results of Record Keeping Audits	90% on avg in 11/12			87%			90%			97%				Care Plan Audit completed in School Nursing - aggregated achievement across 11 data quality areas
Long Term Conditions	Additional Local Indicators	LTC3	TB Cases with risk assessment	>90%	Quarterly	% notified TB cases with a recorded risk assessment	Baseline after Qtr 2			100%			100%			100%					
	Additional Local Indicators	LTC4	HIV Testing for patients over 16	>80%	Quarterly	% of TB patients over 16 offered HIV testing	Baseline after Qtr 2			100%			100%			100%					
Children's Services	Vital Signs	CS4	Chlamydia Screening	Provide info only	Quarterly	Number of kits issued / number of attendances	47% issued on avg in 11/12													Recording is not correctly set up - work is in progress on rectifying this issue - all attendees at clinic are offered testing	
	Vital Signs	CS5	PSA13 Improved Child Safety	90%	Quarterly	No. Of High Risk Children <5 years old followed up compared to number of Red and Amber A&E slips received.	81.5% on avg in Qtr 3 and 4 11/12			93%			90%			98%				December figure updated following manual check of RiO	
	Additional Local Indicators	CS6	Health visitors - health promotion (including new born hearing, screening and breast feeding input	85%	Quarterly	% of new birth visits carried out to Bexley Babies within 14 days	No Baseline as 11/12 based on 17 days]			69%			84%			86%					
	Additional Local Indicators	CS7	Postnatal depression in mothers	100%	Quarterly	% of new mothers with an assessment for post natal depression (number of assessments as % of new births)	Baseline after Qtr 2			100%			100%			100%				All new mothers are screened for post natal depression at the new birth visit and every subsequent contact	
	Additional Local Indicators	CS8	Safeguarding Children Governance	80%	Quarterly	Safeguarding Children Level 1 Measure training rate for relevant staff. (TCS 15)	83% in Qtr 4 11/12			88%			94%			98%					
	Additional Local Indicators	CS9	Safeguarding Children Governance	80%	Quarterly	Safeguarding Children Level 2 Measure training rate for relevant staff. (TCS 15)	85% in Qtr 4 11/12			91%			93%			96%					
	Additional Local Indicators	CS10	Safeguarding Children Governance	80%	Quarterly	Safeguarding Children Level 3 - Measure training rate for relevant staff. (TCS 15)	85% in Qtr 4 11/12			81%			81%			88%					
	Additional Local Indicators	CS11	Health Assessments for children who are looked after	95%	Quarterly	% of looked after children who have received a review following referral	Baseline after Qtr 2			99%			93%			92%				An audit of those records where reviews have not taken place will be completed during Qtr 4	
	Out of Hosp Adult Services	Personalised Care Planning	AS3	Personalised Care Plan (TCS 28)	70% by year end	Quarterly	% of patients on an End of Life pathway who have a personalised care plan.	Baseline after Qtr 2			45%			53%			Process of extracting from Rio still been developed.				Oxleas informatics department calculating Q3 data and will forward to commissioners when complete
			AS4	Personalised Care Plan (TCS 28)	Report only as cannot be a performance measure	Quarterly	% of patients on an End of Life pathway who died in their preferred place of death	Baseline after Qtr 2			88%			100%			100%				9 out of 9 . Reflects data recorded in RiO
Out of Hosp Adult Services	Personalised Care Planning Outcomes	OOH10 (TCS22)	Falls -SUSD	15 per quarter	Quarterly	The number of patients falling in community hospital by severity of harm (as per NPSA definition).	Approx 21 per qtr in 11/12			13			32			6				8 level 1, 19 level 2 and 5 level 3 - falls relate to 15 patients with one patient falling 6 times	
	Additional Local Indicators	OOH11	SUSD – Structured Rehabilitation Plan	80%	Quarterly	% of patients who have a care plan for their stay on SUSD within RiO	Avg 93% per qtr in 11/12			94%			90%			100%					

	CATEGORY	CODE	INDICATOR	THRESHOLD	FREQUENCY	METHOD OF MEASUREMENT	BASELINE	September	March	Comment
General Indicators	Vital Signs	G16	NHS staff survey based on measures of job satisfaction (VS - Nat - VSB17)	Report Only	Annually	Annual Staff Satisfaction Survey	3.42/5 - 11/12			
	Outcomes	G17	% Staff completing all mandatory training	Report Only	Annually		75.8% in 11/12			
	Outcomes	G18	Staff Appraisals complete	Report Only	Annually		94% in 11/12			
	Additional Requirements	G19	Staff Turnover	Report Only	Annually		6.42% in 11/12			
Long Term Conditions	Additional Requirements	LTC5	Treatment completion	>85%	Annually	% Patients completing TB Rx	No Baseline			
Children's Services	Additional Local Indicators	CS14	Child Protection - Health Visiting	NO baseline figures available yet (report)	Bi Annual	Number of children on active caseload by Health Visitor Locality	350 families per HV from historical records.	17182		This is the total number of children on the caseload. RiO does not allow count of families
Adults Services	Additional Local Indicators	AS5	Leg Ulcer Wounds		Bi Annual	Percentage of venous leg ulcer wounds that have healed within 12 months from the start of treatment	No Baseline	46%		
	Additional Local Indicators	AS6	Leg Ulcer wounds		Bi Annual	Percentage of venous leg ulcer wounds that have healed within 12 - 24 weeks from start of treatment	No Baseline	39%		
	Additional Local Indicators	AS7	Nutritional Assessment		Bi Annual manual audit	% of patients with a leg ulcer on DN caseload who were assessed for nutritional needs	No Baseline	100%		It is common practice to assess all patients with a leg ulcer for nutritional needs. A sample of records was audited and this confirmed that 100% are assessed
Out Of Hospital	Vital Signs	OOH12	Achieving Independence for older people through rehabilitation / Independent Care VS - NI 125		Bi-Annually	Measurement of Improvement in FIMS scores from Pre and Post discharge.	78.5% on avg in 11/12	86%		

Indicator	Threshold	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
95th percentile total time spent in A&E	240	184.00	161.00	174.00	148.00	144.00	153.00	160.00	144.00	153.00	158.00		
Max Time in A&E	360	355.00	288.00	317.00	265.00	267.00	263.00	253.00	288.00	318.00	331.00		
Median total time spent in A&E		71.00	66.00	72.00	57.00	54.00	56.00	61.00	63.00	57.00	66		
Median Arrival to Treatment	60	39.00	37.00	38.00	30.00	29.00	27.00	33.00	37.00	31.00	38.00		
Maximum Arrival to Treatment	360	299.00	216.00	242.00	244.00	195.00	211.00	222.00	214.00	269.00	321.00		
Left Without Being Seen	5%	0.0%	0.0%	0.39%	0.51%	0.52%	0.60%	0.56%	0.5%	0.01	1.1%		
unplanned reattendance rate	5%	4.99%	2.9%	3.3%	3.0%	2.4%	4.0%	3.4%	2.7%	0.03	3.0%		
No of Breaches		27	3	7	2	2	5	2	4	8	7		
Breach rate			0.01%	0.22%	0.06%	0.06%	0.16%	0.07%	0.14%	0.42%	0.25%		

STEP UP STEP DOWN

Month Ending: 31th December 2012

Patient Name	Patient Borough	DELAY REASON 1											
		Delay Start Date	Delay Reason	Delay Responsibility	Delay End Date	Delayed on last Thursday of Month	Cumulative Reason 1 Delay Days In Month	Delay Start Date	Delay Reason	Delay Responsibility	Delay End Date	Delayed on last Thursday of Month	Cumulative Reason 2 Delay Days In Month
Delay 8a	Bexley	20/10/2010	C) Further non acute NHS care (including intermediate care, rehabilitation etc)	NHS	22/10/2010	Yes	#REF!						#REF!
800	Bexley	15/11/2012	C) Awaiting Further non-acute NHS care (including PCT and mental	NHS		yes							
VD	Bexley	26/12/2012	A) Awaiting Completion of assessment	NHS		yes							
1000	Bexley	16/11/2012	A) Awaiting Completion of assessment	SC		yes							
1100	Bexley	30/11/2012	A) Awaiting Completion of assessment	SC		yes							
1200	Bexley	16/11/2012	A) Awaiting Completion of assessment	SC		yes							

	Indicator	Qtr 2	Qtr 3	Notes
1	% Young People referred to a Health Service who report a positive outcome			
	<i>CAMHS</i>	62.50%		
	<i>YOT Nurse</i>	66.60%		
	<i>SLT</i>	75%		
	<i>Tier 1</i>	44.90%		
2	% of people referred to triage who receive a health assessment within 28 days of arrest	100%	100%	
3	% YOT/Triage Caseload registered with a GP	100%		
4	% YOT pre sentence reports with specific health input		0	Available from Sept
5	Number of young people signposted to sexual health services	23	12	15 triaged
6	Number of young people referred to CAMHS	0	3	
7	Number of young people signposted for drug and alcohol services			
	<i>CAMHS/YES</i>	7	6	
	<i>Tier 1</i>	9	0	
8	Quarterly report on extent of previously unmet health needs identified			
	<i>Young People referred to speech and language</i>	8	5	

	Service	YTD	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Comments
Universal Adults Services	Twilight - Actual activity	18107	1844	1888	1820	2122	1841	1856	2059	1792	1362	1523			
	Twilight - Planned activity	9552	1194	1194	1194	1194	1194	1194	1194	1194	1194	1194	1194	1194	
	Variance to Actual #	8555	650	694	626	928	647	662	865	598	168	329	-1194	-1194	
	Variance to Actual %	90%	54%	58%	52%	78%	54%	55%	72%	50%	14%	28%			RIO Twilight/Night Nursing activity less Night nursing activity
	Night Nursing - Actual activity	763	82	95	80	87	73	71	66	61	91	57			
	Night Nursing - Planned activity	448	56	56	56	56	56	56	56	56	56	56	56	56	56
	Variance to Actual #	315	26	39	24	31	17	15	10	5	35	1	-56	-56	
	Variance to Actual %	70%	46%	70%	43%	55%	30%	27%	18%	9%	63%	2%			
	DN - Actual activity	126803	12360	13086	12858	12566	11630	10456	13638	14558	12930	12721			
	DN - Planned activity	85624	10703	10703	10703	10703	10703	10703	10703	10703	10703	10703	10703	10703	10703
	Variance to Actual #	41179	1657	2383	2155	1863	927	-247	2935	3855	2227	2018	-10703	-10703	
	Variance to Actual %	48%	15%	22%	20%	17%	9%	-2%	27%	36%	21%	19%			
	Virtual Ward - Actual activity	5001	678	564	594	525	399	528	455	444	366	448			
	Virtual Ward - Planned activity	4929	700	560	560	560	560	663	663	663	663	663	663	633	
	Variance to Actual #	72	-22	4	34	-35	-161	-135	-208	-219	-297	-215	-663	-633	Telehealth contacts are not yet included in figures so this will account for under performance.
	Variance to Actual %	1%	-3%	1%	6%	-6%	-29%	-20%	-31%	-33%	-45%	-32%			
UAS - Actual Activity	150674	14964	15633	15352	15300	13943	12911	16218	16855	14749	14749	0	0		
UAS - Planned Activity	100553	12653	12513	12513	12513	12513	12616	12616	12616	12616	12616	12616	12586		
UAS Variance to Actual #	138058	2311	3120	2839	2787	1430	295	3602	4239	2133	2133	-12616	-12586		
UAS Variance to Actual %	50%	18%	25%	23%	22%	11%	2%	29%	34%	17%	36%				
Long Term Conditions & Therapies	SLT - Actual activity	2264	222	207	202	217	201	227	264	280	237	207			
	SLT - Planned activity	1568	196	196	196	196	196	196	196	196	196	196	196	196	
	Variance to Actual #	696	26	11	6	21	5	31	68	84	41	11	-196	-196	
	Variance to Actual %	44%	13%	6%	3%	11%	3%	16%	35%	43%	21%	6%			
	Rehab - Actual activity	5941	599	665	492	581	536	569	665	822	479	533			
	Rehab - Planned activity	5000	625	625	625	625	625	625	625	625	625	625	625	625	
	Variance to Actual #	941	-26	40	-133	-44	-89	-56	40	197	-146	-92	-625	-625	
	Variance to Actual %	19%	-4%	6%	-21%	-7%	-14%	-9%	6%	32%	-23%	-15%			
	Podiatry - Actual activity	6888	426	695	642	722	603	657	903	819	766	655			
	Podiatry - Planned activity	5664	708	708	708	708	708	708	708	708	708	708	708	708	
	Variance to Actual #	1224	-282	-13	-66	14	-105	-51	195	111	58	-53	-708	-708	
	Variance to Actual %	22%	-40%	-2%	-9%	2%	-15%	-7%	28%	16%	8%	-8%			
	Specialist Nursing - Actual activity	3920	373	433	336	350	398	247	480	415	441	447			
	Specialist Nursing - Planned activity	2371	335	335	335	335	335	232	232	232	232	232	232	232	
	Variance to Actual #	1549	38	98	1	15	63	15	248	183	209	215	-232	-232	
	Variance to Actual %	65%	11%	29%	0%	4%	19%	6%	107%	79%	90%	93%			
LTC - Actual Activity	19013	1620	2000	1672	1870	1738	1700	2312	2336	1923	1842	0	0		
LTC - Planned Activity	14603	1864	1864	1864	1864	1864	1761	1761	1761	1761	1761	1761	1761		
LTC Variance to Actual #	4410	-244	136	-192	6	-126	-61	551	575	162	81	-1761	-1761		
LTC Variance to Actual %	30%	-13%	7%	-10%	0%	-7%	-3%	31%	33%	9%	5%				
Universal Children's Services	Health Visiting - Actual activity	53867	5382	5744	5554	5110	5142	4672	5531	5229	5446	6057			
	Health Visiting - Planned activity	47080	4708	4708	4708	4708	4708	4708	4708	4708	4708	4708	4708	4708	
	Variance to Actual #	6787	674	1036	846	402	434	-36	823	521	738	1349	-4708	-4708	
	Variance to Actual %	14%	14%	22%	18%	9%	9%	-1%	17%	11%	16%	29%			
	School Nursing - Cumulative actual	4827	18	81	155	159	159	1362	2985	4827	5661	5661			
	School Nursing - Cumulative planned	4505	20	40	60	80	80	855	1630	2955	3730	4505	5055	5605	Planned programme complete for school year
	Variance to Actual #	322	-2	41	95	79	79	507	1355	1872	1931	1156	-5055	-5605	
	Variance to Actual %	7%	-10%	103%	158%	99%	99%	59%	83%	63%	52%	26%			
	HPV - Cumulative actual activity	3475	461	1071	1076	1080	1080	1405	2568	3475	3786	3786			
	HPV - Cumulative planned activity	3600	225	450	675	900	900	1350	1800	2700	3150	3600	4050	4500	Current performance in school year 87.4% received the first dose and 78.4% have received first and second dose.
	Variance to Actual #	-125	236	621	401	180	180	55	768	775	636	186			
	Variance to Actual %	-3%	105%	138%	59%	20%	20%	4%	43%	29%	20%	5%			
	Youth Advisory - Actual activity	1863	122	179	205	157	109	142	225	289	227	208			
	Youth Advisory - Planned activity	2500	250	250	250	250	250	250	250	250	250	250	250	250	awaiting for clinic contacts and 70 school drop in
	Variance to Actual #	-637	-128	-71	-45	-93	-141	-108	-25	39	-23	-42	-250	-250	
	Variance to Actual %	-25%	-51%	-28%	-18%	-37%	-56%	-43%	-10%	16%	-9%	-17%			
Teenage Pregnancy - Actual activity	869	35	105	101	93	95	100	110	147	16	67				
Teenage Pregnancy - Planned activity	1000	100	100	100	100	100	100	100	100	100	100	100	100	There are currently a large number of groups that are being delivered by school nurses that relate to sexual health that are not being captured by the contracted activity target. Further discussions required with commissioners to define activity that should be included in teenage pregnancy. 67 contacts in school for 1-1 sexual health advice and 8 PHSE groups run.	
Variance to Actual #	-131	-65	5	1	-7	-5	0	10	47	-84	-33	-100	-100		
Variance to Actual %	-13%	-65%	5%	1%	-7%	-5%	0%	10%	47%	-84%	-33%				
Looked after Children actual activity	159	18	14	20	23	1	15	23	19	5	21				
Looked after children planned activity	150	15	15	15	15	15	15	15	15	15	15	15	15		
Variance to Actual #	9	3	-1	5	8	-14	0	8	4	-10	6	-15	-15		
Variance to Actual %	6%	20%	-7%	33%	53%	-93%	0%	53%	27%	-67%	40%				
UCS - Actual Activity	56758	6036	6715	5959	5391	5347	6457	8675	8433	6839	6353	-9447	0		
UCS - Planned Activity	46239	5318	5318	5318	5318	5073	6298	6298	7298	6298	6298	6073	6073		
UCS - Variance to Actual #	10519	718	1397	641	73	274	159	2377	1135	541	55	-15520	-6073		
UCS - Variance to Actual %	23%	14%	26%	12%	1%	5%	3%	38%	16%	9%	1%				
Out Of Hospital Services	SUSD - Actual activity	6507	694	552	662	654	653	671	688	585	630	718			November: higher than usual level of short admissions have impacted on bed day occupancy (d/w Alec Sutton 20/12/12)
	SUSD - Planned activity	5544	693	693	693	693	693	693	693	693	693	693	693	693	
	Variance to Actual #	963	1	-141	-31	-39	-40	-22	-5	-108	-63	25	-693	-693	
	Variance to Actual %	17%	0%	-20%	-4%	-6%	-6%	-3%	-1%	-16%	-9%	4%			
	UCC - Actual activity	15481	1533	1676	1549	1573	1586	1504	1543	1521	1538	1458			
	UCC - Planned activity	10667	1333	1333	1333	1333	1333	1333	1333	1333	1333	1333	1333	1333	
	Variance to Actual #	4814	200	343	216	240	253	171	210	188	205	125			
	Variance to Actual %	45%	15%	26%	16%	18%	19%	13%	16%	14%	15%	9%			
	Care Navigation - Actual activity	1005	157	185	96	77	86	15	66	124	82	117			
	Care Navigation - Planned activity	800	100	100	100	100	100	100	100	100	100	100	100	100	Activity from Douglas Reid 051212 : 124 patients. Activity for Dec requested from service
	Variance to Actual #	205	57	85	-4	-23	-14	-85	-34	24	-18	17	-100	-100	
Variance to Actual %	26%	57%	85%	-4%	-23%	-14%	-85%	-34%	24%	-18%	17%				
OOHS - Actual Activity	22993	2384	2413	2307	2304	2325	2190	2297	2230	2250	2293	0	0		
OOHS - Planned Activity	16800	2126	1915	2126	2126	2126	2126	2126	2126	2126	2126	2126	2126		
OOHS Variance to Actual #	6193	258	498	181	178	199	64	171	<						