Bexley Clinical Commissioning Group

ENCLOSURE:	**ENC D (ii)**
Agenda Item:	**06/13**

Governing Body (Public) Meeting

DATE: 28th February 2013

Title	**Target Performance Report**
Recommended action for the Governing Body	That the Governing Body: **Discuss** the targets of the Care Trust and **Note** the targets highlighted as red or amber throughout this paper; **Note** the actions being taken (appendix 2) to improve performance.
Executive Summary	This report provides an update on Bexley Care Trust's performance against national targets. The report identifies and highlights those targets reported nationally, currently rag rated Red or Amber, and those reported locally which are currently rated red. Attached at Appendix 1 is a comparison of performance against some of the key targets across the South East London PCTs for April to December 2012/13. A review of this shows that Bexley fairs well amongst its peers across these targets. Appendix 2 gives details of the position for targets where performance is below standard and the actions being taken in order to address the situation. Appendix 3 is the local report on all targets which is produced by the CCG Performance Analyst. This includes some additional targets from those shown in Appendix 2, e.g. Public Health and Community Provider Services. Appendix 4 shows the Admitted and Non Admitted Refer To Treatment (RTT) position for December for Bexley and South London Healthcare NHS Trust.

Which objective does this paper support?	**Patients:** Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓

	People:	Empower our staff to make BCCG the most successful CCG in (south) London	
	Pounds:	Delivering on all of our statutory duties and become an effective, efficient and economical organisation	
	Process:	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓

Organisational implications	Key Risks (corporate and/or clinical)	Failing to achieve targets set identifies risks of quality and equity associated with acute patient care and reputational risks for the CCG associated with non-delivery of targets.
	Equality and Diversity	Failure to meet targets may result in a lackof equity for Bexley residents wishing to use the service which may have further consequences.
	Patient impact	Failure to achieve targets may have resulted in poor quality of patient care and treatment.
	Financial	The acute over-performance shown in activity terms within this report is reflected in the financial reports which are indicating a significant pressure around acute contracts.
	Legal Issues	None
	NHS constitution	Failure to meet targets may result in breach of NHS Constitution requirements
Consultation (Public, member or other)	n/a	
Audit (Considered / Approved by Other Committees / Groups)	This report has also been considered by the Executive Management Committee	
Communications Plan	n/a	
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Date	13th February 2013

Target Performance Report Month 9

Introduction

This report highlights targets currently being reported for Bexley Care Trust. The report identifies and highlights those targets reported nationally, currently rag rated Red or Amber, and those reported locally which are currently rated red.

Attached at Appendix 1 is a comparison of performance against some of the key targets across the South East London PCTs for April to December 2012/13. A review of this shows that Bexley fairs well amongst its peers across these targets.

2012/13 Performance to date

The latest Cluster performance report, attached at Appendix 2, gives details of the position for targets where performance is below standard and the actions being taken in order to address the situation. The narrative report is supported by further appendices, which are reports on all the performance indicators. These show the latest reported performance for that target and the RAG status (the period being reported on is shown in one of the columns and is not consistent throughout the document due to timing of performance submissions).

The only issues from Appendix 1 set out here, are those which need to be brought to the Governing body's attention, i.e. are already showing a variance from plan which is RAG rating them as red or amber. Cluster has also reported on actions taken to date where targets are not being met.

The areas of concern, **RED & AMBER** rated are as follows:

- PHQ03 – (**RED M8) (AMBER YTD)** Cancer 62 Day Waits. Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer. Threshold is 85% and current YTD performance against this is 75%.
- PHQ08 – (**RED M8) (GREEN YTD)** Cancer 31 Day Waits. Percentage of patients receiving subsequent treatment for cancer within 31 days where that treatment is a radiotherapy treatment course. Threshold is 98% Mth 8 is 97.1% with a YTD of 99.1%.
- PHQ10 – (**RED Q3**) **(AMBER YTD)** Mental Health Measures Early Intevention. The number of new cases of psychosis served by early intervention team YTD.
- PHQ13_05 – (**RED Q2**) **(RED YTD)** Mental Health Measures Improving Access in Psychological Therapies (IAPT). The proportion of people who have

depression and/or anxiety disorders who receive psychological therapies are 1.20% against a plan of 1.71%.

- PHQ13_06 – (**RED Q2**) **(RED YTD)** Mental Health Measures IAPT. The proportion of people who are referred for psychological therapies who receive psychological therapies at Q2 is 41.9% against a plan of 50%.
- PHQ25 - (**AMBER M8**) (**AMBER YTD**) Percentage of Patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected. This target remains amber YTD.
- PHQ26 - (**RED M9**) (**RED YTD**) Number of unjustified MSA breaches. This target is Red across all SEL CCGs.
- PHQ28 - (**AMBER M9**) (**RED YTD**) HCAI measure CDI. There are 58 cumulative occurrences (5 in December) against a cumulative plan of 36.
- PHQ30 & PHQ31 – NHS Health Checks. Bexley is currently rated as 'red' when performance was actually above trajectory (and should be rated 'green'). This is due to the Quarter 2 only figure being submitted to the DH instead of the cumulative number. A resubmission with the data has been made and will be reflected in the Quarter 3 position in the month 10 report.
- PHS04 - (**RED M9**) (**RED YTD**) Delivery of QIPP savings. 92% recorded as achieved in December, 93% YTD. To achieve green 100% must be attained.
- PHS07 - (**RED M9**) (**RED YTD**) GP written referrals to hospital. December shows 2409 against a plan of 1911 resulting in an in month red flag. The target is red YTD.
- PHS08 - (**RED M9**) (**RED YTD**) Other referrals for first outpatient referrals. December shows 2294 against a plan of 1696 resulting in an in month red flag. The target is red YTD.
- PHS09 - (**RED M9**) (**RED YTD**) No of 1st outpatient attendances after GP referral. December shows 2466 against a plan of 1942 resulting in an in month red. The target is red YTD.
- PHS10 - (**RED M9**) (**RED YTD**) No of 1st outpatient attendances. December shows 4804 against a plan of 3849 resulting in an in month red flag. The target is red YTD.
- PHS14 - (**GREEN M9**) (**RED YTD**) Endoscopy based tests. December shows 457 against a plan of 373 resulting in an in month green flag.
- PHS16 - (**RED M9**) Numbers waiting at the end of the month on an incomplete referral pathway. September shows 11272 against a plan of 9550 resulting in an in month red flag.

- **Choose & Book**
  Finally for information, an area where the CCG outperforms its peers is PHF08 – Choice – "the proportion of GP referrals to first outpatient appointments booked using choose and book". The table below highlights Bexley as the highest performer in this area.

2012/13 Latest Period (Mth 8)						
Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL Cluster Total
90%	**44%**	**50%**	**25%**	**9%**	**25%**	**36%**

Appendix 3 is the local report on all targets which is produced by the CCG Performance Analyst. All of the above are included in this table but there are some additional targets being reported such as Public Health targets and Community Provider services, which need to be brought to the Governing body's attention. The main targets which are currently **RED** rated are:

- TCS33 – Rate of cancelled appointments. (**RED M9)**, The percentage of cancellations by provider services at Oxleas NHS FT per month. 7.97% against a plan of 0.30%.
- TCS35 - Home equipment delivery. (**RED M9)**, this has been followed up and there has been a change in the way the data is collected to reflect late delivery due to access problems. This has had a detrimental effect on the target.
- PHQ23 – A&E 4 Hour Waits. (**RED M9**) December shows 92.4% against a plan of 95%. This target was was GREEN from Mth1 to Mth8.
- SQU03_02 - Ambulance Cat C response within 60 mins. (**RED M9**) December shows 79.9% against a plan of 90.00%.
- SQU09 - Access to NHS dentistry. (**RED M9)** Red April to December.
- SQU21 – Bowel screening extension men 75 & women 70. (**RED Q3**) Q3 shows 4.06% against a plan of 51%. However further investigation has shown that the screening programme has not yet implemented the extension criteria. Confirmation has been sought as to when this will be implemented.
- SQU12 – Maternity 12 weeks, (**RED M9**) % of women who have seen a midwife by 12 weeks and 6 days of pregnancy. 82.95% against a plan of 90%. This was Amber in Q1 and Green in Q2.

Attached at appendix 4 is the December RTT Position report for the Admitted (90%) and Non Admitted (95%) target positions for both Bexley and SLHT (Bexley) and shows the following:

Bexley
Total **Admitted** is **above** plan by 3.93% ,showing a very slight increase from the previous month of 0.78% to 93.93% (3 specialities being below 90%, Plastic Surgery – 85.00%, T&O – 82.67% and General Med – 77.78%)

Total **Non-admitted** is **above** plan by 2.53% but is showing a slight decrease from the previous month of -0.18% to 97.53% (2 specialities is below plan, Oral Surgery – 94.97% and Neurology – 94.87%)

SLHT (Bexley)
Total **Admitted** is **above** plan at 93.86% by 3.86% and is showing a slight increase from the previous month of 2.20% (2 specialities being below 90%, , T&O – 80.00%, General Med – 87.50%)

Total **Non-admitted** is **above** plan at 97.07% by 2.07% but is showing a slight decrease from the previous month of -0.57% (4 specialities are below 95% , Oral Surgery - 94.44%, Gynaecology - 94.87%, Geriatric Med - 94.74% and Neurology – 93.48%)

Conclusion

Governing body members are asked to discuss the targets of the Care Trust and particularly those that are currently reporting Red or Amber.
New performance reporting is currently being discussed and developed which it is hoped will give the CCG greater assurance on target performance for 2013/14.

Performance Report

1. Healthcare Associated Infections

The DH has set challenging targets for both MRSA and CDI reduction for 2012/13. The trust based MRSA thresholds are a 45% reduction on last year's levels and for CDI the reduction is 12%. The CDI reduction varies by Trust, the thresholds for Guy's & St Thomas' (GST) and Kings College Hospital (KCH) remain unchanged from 2011/12 but Lewisham Healthcare Trust (LHT) and South London Healthcare Trust (SLHT) have a reduced target for 2012/13 compared to 2011/12.

The DH set targets for maximum numbers of infections are included in acute Trust contracts with financial penalties for non-delivery for CDI. The Foundation Trust (FT) Compliance Framework set by Monitor also assesses FT performance against the DH set thresholds for MRSA and CDI, however it should be noted that for MRSA, Monitor has set a de minimus level of six cases. This is higher than the four case annual targets set by the DH for both GST and KCH.

Performance for 2012/13 to date is summarised below, Bromley continues to be above its CDI trajectory and Bexley has breached its annual CDI target at the end of November. Greenwich has exceeded its annual MRSA target (which was just 1 case).

HCAIs – Apr – Nov. 2012 (Source: HPA database)

	MRSA			**CDI**		
Provider	YTD Actual	Year End Target		YTD Traject	YTD Actual	Year End Target
GST	**0**	4		40	**38**	58
KCH	**1**	4		54	**44**	75
LHT	**1**	1		13	**6**	17
SLHT	**0**	2		38	**37**	56
SEL Total	**2**	11		145	**125**	206

N.B. In line with DH performance assessment methodology, numbers of provider cases are 'attributable' not the total recorded,

	MRSA			CDI		
Commissioner	YTD Actual	Year End Target		YTD Traject	YTD Actual	Year End Target
Bexley	**0**	2		32	**53**	48
Bromley	**1**	3		51	**61**	75
Greenwich	**3**	1		26	**26**	38
Lambeth	**4**	4		49	**44**	73
Lewisham	**2**	4		39	**23**	58
Southwark	**2**	7		45	**30**	68
SEL Total	**12**	21		242	**237**	360

A new testing regime for CDI was introduced nationally with effect from the 1 April 2012. All local Trusts have implemented this new testing regime.

2. Emergency Care

For 2012/13, the total time in A & E (A & E 4 hour target), has been re-introduced as the key performance indicator for assessing performance for the emergency care pathway.

The 4 hour target is included in acute trust contracts with a financial penalty for non-delivery. The A & E Clinical Quality Indicators are no longer monitored on a national basis, but are included in the acute contracts. Ambulance Handover performance indicators are also included in the acute contracts.

The only emergency care indicator included in the FT Compliance Framework is the 4 hour A & E target for all types of attendances.

2.1 Total time in A & E

Performance for all activity types and type 1 A & E attendances to date against the 4-hour maximum wait target is summarised below:

All types	Quarter 1	Quarter 2	Quarter 3	Oct	Nov	Dec
GST	**94.1%**	**96.3%**	**94.5%**	95.3%	95.3%	92.7%
KCH	**95.4%**	**95.5%**	**96.5%**	97.7%	96.5%	95.3%
LHT	**95.9%**	**96.1%**	**93.8%**	95.5%	95.0%	90.7%
SLHT	**96.6%**	**96.7%**	**94.7%**	95.1%	96.1%	92.5%

Type 1	Quarter 1	Quarter 2	Quarter 3	Oct	Nov	Dec
GST	**93.1%**	**96.2%**	**93.2%**	94.1%	94.1%	91.0%
KCH	**94.8%**	**94.8%**	**95.9%**	97.3%	96.9%	94.6%
LHT	**95.9%**	**96.1%**	**93.8%**	95.5%	95.0%	90.7%
SLHT	**94.7%**	**94.9%**	**91.9%**	92.5%	94.0%	88.7%

Type 1 is the main A & E departments and excludes urgent care centres, and single specialty emergency services e.g. emergency dental.

Only King's achieved the performance threshold for all types of attendances in December (based on a rolling 4 weeks), and for Q3 as a whole.

GST has had fluctuating performance, with some weeks with performance well below 95%. The trust is working with the CCGs to implement whole system changes to improve patient flow and subsequently performance.

Since the beginning of October there has been a stepped changed improvement in performance at KCH and this has continued through Q3. This results from changes the trust has made to the service model for the emergency pathway including extending the Acute Admissions Unit to 24 hour provision.

Performance at Lewisham was strong until December, when the Trust experienced large numbers of norovirus cases with over 120 beds affected at the peak and the A&E access performance has subsequently been impacted by the resulting bed closures.

Performance at SLHT continues to fluctuate, with some days with very low performance at both sites, and a programme plan to support sustained improvement continues to be monitored and challenged through the Emergency Care Programme Board attended by commissioners and the Trust.

2.2 Ambulance handovers

There are 4 KPIs relating to patient handover from the LAS to acute trusts:

- KPI 1: 85% of patients to be physically transferred from LAS to acute trusts within 15 mins
- KPI 2: 95% of patients to be physically transferred from LAS to acute trusts within 30 mins
- KPI 3: 60 min breaches – all patients waiting more than 60 mins for physical transfer to be reported as a Serious Incident.
- KPI 4 : 90% of all patient handover times are recorded via the "Patient Handover Button" on the Hospital Based Alert and Handover System.

Breach information is usually available 2-3 weeks after month end. Trusts are aware of these breaches and a financial penalty of £1,000 is attached to each validated breach. The tables below show breaches by provider in SEL and by Cluster on London wide basis.

The tables below show breaches by provider in SEL for April - December and by Cluster across London for April - November. SEL had 20 breaches in December, 11 at PRUH, 8 at QEH and 1 at LHNT. The numbers of London wide breaches for December was not available at the time of writing.

Breaches by SEL Providers						
	GST	KCH	LHT	PRUH	QEH	**SEL Total**
April	0	0	0	2	1	**3**
May	1	4	0	2	0	**7**
June	0	0	0	0	0	**0**
July	0	0	3	6	0	**9**
August	0	2	0	2	0	**4**
September	0	0	0	0	0	0
October	0	0	1	0	5	**6**
November	0	0	0	1	0	1
December*	0	0	1	11	8	20
Total YTD	**1**	**6**	**5**	**24**	**14**	**50**

* December breaches provisional.

Breaches by London Clusters						
	ECLA	NCL	NWL	ONEL	SEL	SWL
April	0	4	7	42	3	17
May	0	1	5	4	7	32
June	1	7	9	2	0	22
July	0	2	4	1	9	2
August	0	0	6	0	4	17
September	0	0	3	14	0	15
October	0	3	7	4	6	8
November	0	3	4	1	1	18
Total YTD	**1**	**20**	**45**	**68**	**30**	**131**

December breaches available on 18.01.13

	Issues	Action
KCH	• Poor performance recording patient handover (KPI4) on HAS.	• HAS compliance continues to show an upward trend but still not achieving target of 90% • The trust has had no 60 minute breaches since August. • An audit of patient handover took place on 17.09.12. The Trust have produced an action plan which now incorporates cluster comments (15.01.13) and will be monitored to ensure that targets are achieved.
PRUH	• Poor performance at PRUH A&E since end of July	• Raised at CMB – SLHT making internal pathway changes. • Whole system risk issues need to be considered. • Performance on 60 minute breaches has deteriorated in December 19 breaches. The trust is to forward the report produced on the breaches to commissioners • HAS compliance KPI4 is under target of 90% at 88.83% in November. • In terms of patient handover KPIs the site

		did not achieve the 15 minute and 30 minute targets. • As part of the winter monies the trust will achieve all Ambulance handover indicators.
QEH	• Poor performance on ambulance handover	• In December there were 8 breaches at the QEH. • The trust achieved all the other handover indicators in December. •

3. Planned Care

For 2012/13, the percentage of patients treated within 18 weeks of referral (RTT) has been reintroduced as the national measure. Additionally, a measure for patients still waiting (incomplete pathways) and patients waiting for diagnostic investigation have also been introduced. These are summarised below:

- 90% admitted patients to be treated within 18 weeks of referral
- 95% of non-admitted patients to be treated within 18 weeks of referral
- 92% of patients without completed treatment should have waited less than 18 weeks
- No more than 1% of patients should have waited more than 6 weeks for their diagnostic investigation.

All of the above indicators are included in the acute contracts, and are monitored on a monthly basis, with financial penalties for non-delivery. This is assessed at a specialty level for the RTT targets.

The FT Compliance Framework includes the same thresholds for admitted, non-admitted and incomplete pathways, but this is assessed on a quarterly basis and is at trust total level rather than at specialty level. The FT Compliance Framework does not include any measures for diagnostic waits.

3.1 Referral to Treatment Times

Trust RTT performance up to November is summarised below:

	Admitted Pathways							
	April	May	Jun	Jul	Aug	Sep	Oct	Nov
GST	87.8%	87.0%	88.4%	88.0%	88.1%	88.7%	93.2%	92.4%
KCH	91.0%	91.1%	85.6%	90.9%	90.1%	90.2%	91.4%	90.1%
LHT	92.7%	95.5%	92.7%	91.6%	92.5%	92.7%	93.1%	93.0%
SLHT	82.1%	93.2%	93.2%	92.6%	93.4%	92.6%	93.1%	90.8%

	Non-Admitted Pathways							
	April	May	Jun	Jul	Aug	Sep	Oct	Nov
GST	96.5 %	96.6%	97.0%	96.5 %	97.5%	96.8%	97.0%	97.1%
KCH	98.2%	98.2%	98.3%	98.1%	98.2%	97.7%	97.1%	97.1%
LHT	99.2%	99.7%	99.4%	99.5%	99.5%	99.5%	99.3%	99.5%
SLHT	95.7%	96.4%	96.6%	96.0%	95.9%	95.9%	96.3%	96.4%

	Incomplete Pathways							
	April	May	Jun	Jul	Aug	Sep	Oct	Nov
GST	88.4%	90.5%	90.7%	92.0%	92.1%	93.2%	93.7%	93.4%
KCH	90.1%	90.6%	92.2%	92.6%	92.3%	92.4%	92.8%	92.9%
LHT	93.7%	93.6%	93.1%	94.2%	94.2%	94.3%	94.1%	94.2%
SLHT	95.2%	96.3%	95.3%	95.0%	95.4%	95.0%	96.0%	95.5%

All Trusts continue to achieve the performance threshold for non-admitted patients and it is anticipated that this will be the case for the remainder of the financial year.

At SLHT, the Cluster agreed a plan with the Trust to significantly reduce the waiting list in April, resulting in a corresponding dip in performance. The trust has managed to attain the aggregate performance threshold on a monthly basis thereafter for all three of the RTT indicators.

At GST, the trust has been reducing the backlog of patients on the admitted pathway through a combination of extended days, weekend working and some outsourcing to private providers. The backlog is now down to a sustainable level and the trust anticipates delivering on the admitted performance threshold each month from October onwards. The trust also has a plan to eliminate 52 week waiters by the end of the financial year, however due to physical and clinical capacity constraints and a lack of external alternative capacity in paediatric orthopaedics, this will be a challenge for this specialty.

KCH has provided revised trajectories for admitted performance, incomplete and long waiters (over 52 weeks) and backlog clearance (patients waiting over 18 weeks for admitted care). The Trust has initiated a programme of outsourcing for key specialties, due to issues with external providers the phasing of the backlog reduction has changed with more occurring in quarter 4, however the end point remains the same. This will result in performance below the threshold for admitted cases in Quarter 4. KCH also has plans in place to address the backlog of long waiters (over 52 weeks) using a combination of outsourcing and in-house capacity, the trust anticipates that it will now be able to significantly reduce the number of long waiters by the end of the year. There is ongoing regular clinical review of all patients in the long waiter cohort.

	Issues	Action
GST	• Trust unable to deliver the performance standard in a number of specialties.	• Trajectory developed with support from IST with the admitted target achieved from October 2012 • Monitoring of performance by cluster • IST has reviewed progress against trajectory and highlighted any risks to delivery • Private sector capacity has been secured to assist with backlog clearance
KCH	• Backlog in admitted care patients.	• The Trust has provided revised trajectories for admitted, incomplete and long waiters and backlog clearance. • Private sector capacity has been secured to assist with backlog clearance

3.2 Diagnostics

During 2011/12 problems with waits for some diagnostic procedures emerged, as demand has outstripped available diagnostic capacity.

KCH, GST and SLHT have used a combination of additional in-house capacity, mobile units, and outsourcing to independent providers to redress the imbalance between capacity and demand for endoscopy.

At GST, there are also waiting time issues for sleep studies as well as for endoscopy and more recently the trust has identified long waits for paediatric MRI (which had not previously been reported). The Trust anticipates being within the 1% threshold by March.

KCH had anticipated achieving the performance threshold by December, and significant progress has been made with reductions in waits for endoscopy, with the total number of breaches in October and November at much lower levels than earlier in the year. However draft December figures show increases in waits and the trust are preparing a plan to recover the position and deliver the 1% performance target.

	Issues	Action
GST	• Endoscopy and sleep studies are key drivers of performance. • A new problem area of paediatric MRI scans has been identified • The performance for paediatric urodynamics has improved substantially	• Mobile unit in place and providing additional capacity for endoscopy • Additional physical capacity and clinics have been put in place for sleep studies.
KCH	• Waits in endoscopies, ECHOs and imaging	• Weekend working continues through an independent provider. • New endoscopy suite opened in December • Replacement MRI planned

4. Mixed Sex Accommodation

All Cluster acute trusts declared compliance with the single sex accommodation requirements at the start of 2012/13. The expectation is that there would be no breaches of single sex accommodation compliance.

This requirement is included in acute contracts, with financial penalties for all breaches of single sex requirements. The FT Compliance Framework does not include any measures for breaches of single sex accommodation.

Since April, KCH has reported a number of mixed sex breaches. All of these breaches were due to the non-availability of beds in general wards for patients who no longer require intensive care. The Cluster is monitoring this on a weekly basis, while performance improved in August, this had not been maintained for September and October. A follow-up assurance visit led by Southwark CCG was undertaken in November. There is an agreed sustainable solution to this step-down bed issue from April 2013, when additional capacity on the KCH site opens. Prior to that additional capacity planned for winter will help alleviate current pressures plus agreed actions to review bed allocation and prioritisation processes and improve discharge processes will further assist. However, it is expected

that breaches will continue to be an issue over winter. Clinical assurance has been received that there are no associated patient safety issues with current breaches.

While the number of breaches at SLHT has declined, there continue to be a small number of breaches in Endoscopy on the QEH site, the Trust has reported that it is planning to reprofile operating theatre space which will improve recovery space and ultimately should lead to reduced number of MSA breaches in Endoscopy at QEH. The timescale for implementation of the change has slipped into the New Year.

5. Cancer Waits

From 1st November 2012 the responsibilities of the Cancer Network passed over to the new London Cancer Commissioning Support Team(CCST) , hosted by NWL CSU. A meeting between is being organised with the CCST and London Cancer Alliance (which provides support to providers) and Commissioners in January 2013 to provide further clarity as to the roles of the new teams and their accountabilities.

All of the cancer indicators are included in the acute contracts, and are monitored on a monthly basis, with financial penalties for non-delivery.

Table 1 below shows October 2012 performance against cancer targets by Commissioner, Provider and at SEL level.

Table 1

Nov-12	Bexley	Bromley	Greenwic	Lambeth	Lewisham	Southwark	**SELCN Comm**	GSTT	KCH	LHT	SLHT	**SELCN Prov**
2WW - GP	√	x	√	√	√	√	√	√	√	√	√	√
2WW - breast symptom	x	x	x	√	√	√	x	√	√	√	x	x
31 DTT	√	√	√	√	√	√	√	√	√	√	√	√
31 Day surgery	√	x	√	x	x	√	√	x	√	√	√	√
31 day Chemo	x	√	√	√	x	√	√	√	√	√	√	√
31 day Radiotherapy	√	√	x	√	√	√	√	x			-	x
62 day 2WW	x	√	√	√	√	√	√	x	√	√	√	√
62 day Screening	√	√	√	x	√	√	x	√	x	x	√	x

In Nov 2012:

- All organisations except Bromley met the 2WW GP target.
- 2WW breast symptom was not achieved in Bromley, Bexley and Greenwich (26 breaches out of 220 patients in total) and SLHT (25 breaches out of 200 patients)
- 31 Day Surgery was not achieved in Bromley, Lambeth and Lewisham and GSTT
- 62 Day 2WW was narrowly missed at GSTT in November qith 19.5 patients breaching out of 114.5 accountable patients. Bexley also failed this target with 12 breaches out of 48 patients treated.

Actions taken on red indicators are shown below.

	Issues	Action
GSTT	• 62 day urgent referral from GPs to treatment	• GSTT has put in place a series of weekly reports to monitor internal patients. The Trust has reported that it is achieving the target for internal referrals. • Operational staff at GSTT and SLHT met on 07.12.12 and agreed processes to deal with inter trust referrals, diagnostics late referrals and weekly reallocation of breaches.
SLHT	• 62 Day urgent referral from GPs to treatment	• Performance against the 62 day standard at SLHT remains a priority as well as the impact that late referrals from SLHT have on patient pathways to tertiary providers such as GST. • A joint meeting organised by the cluster took place on 22.11.12 with the previous cancer network and both Trusts. It was agreed that SLHT would develop and share trajectories by Tumour group. • Commissioners subsequently met with SLHT and the Cancer Commissioning Support Team on 11.01.13. At this meeting the action plan produced by SLHT was discussed and it was agreed that SLHT would provide some further detail on the plans to ensure they are sustainable and robust. • A follow-up meeting is currently being organised in March 2013 between commissioners, both trusts and the new cancer commissioning team. • GSTT has also offered additional capacity to SLHT.

6. NHS Health Checks

Performance in the percentage of people offered Health Checks in Q2 2012/13 has been good with 4 of the 6 boroughs rated as 'Green'. Southwarks's particularly good performance continues to improve with Quarter 2 performance of 7.3% against a trajectory of 3.8%. Bexley is currently rated as 'red' when performance was actually above trajectory (and would be rated 'green') due to the Q2 only figure being submitted to the DH instead of the cumulative number. A re-submission with the data has been made and will be reflected in the Quarter 3 position, and Bexley is confident the annual target will be achieved. Bromley remains behind trajectory, alternative providers have been commissioned and have started work to compensate for the below target performance to date. Work is underway to send invitations to 8600 patients before the end of the calendar year. All low performing practices are receiving support to improve.

Performance across the Cluster in the percentage of people receiving a health check has been poor with only Southwark being rated as 'Green'. The performance issue was raised in the November stocktake meetings to understand the issues for the poor performance and the actions being taken to address them, e.g. Greenwich is undertaking a patient evaluation involving over 1000 patients (involving both attenders and non-attenders) and also holding patient focus groups which will inform a new communications plan. Recording of data may have been an issue, for instance due to EMIS web migration, in some areas.

7. Mental Health – IAPT

Four of the PCTs are achieving their trajectories for the proportion of the population with depression or anxiety disorders referred for psychological therapies at Q2, although Bexley and Bromley are both rated 'red'. The services in both boroughs are more recently established and continue to grow. The quarterly total receiving therapy in Q2 was the highest to date in Bexley and just below the highest to date in Bromley.

Quarter 2 IAPT Performance across the Cluster is rated as 'red' for the proportion of patients who complete therapy and are 'moving to recovery', with only Greenwich and Southwark rated as 'green' for the year-to-date and only Bromley and Greenwich 'green' against there quarterly trajectory for Q2. Performance in Lambeth is above the cluster average, but Lambeth has a higher trajectory.

Lambeth CCG has also drawn up action plans with mitigating actions to improve performance and a new integrated talking therapy service commenced on 1st November 2012 (following a recent tender). Bexley performance was 44% against a target of 50% and the provider, MIND in Bexley, is taking part in a pilot study for improving depression and anxiety in people with Long Term Health Conditions and Medically Unexplained Symptoms, as part of which Bexley practices have been offered further support on the types of patient expected to benefit from IAPT. In Bromley further capacity has been created through additional therapists completing training, there is a targeted piece of work to review and reduce high DNA rates and self-referral is to be introduced later in the year. There was a large increase in the number waiting over 28 days in Lewisham and targeted work has been undertaken with the provider on demand and capacity to inform a recovery trajectory.

8. Smoking Quitters

The Smoking data available is still for Q1. Bexley and Southwark achieved their successful quitters trajectories in Q1 despite the demanding target being set on the basis of previous good performance.

However, Bromley, Greenwich, Lambeth and Lewisham were all rated as red in Quarter 1 (i.e. are more than 5% below trajectory). Performance in Lewisham is still some way from the trajectory. Incentives are now being offered to GP practices and pharmacies and staff are being offered training in preparation for the impact of the new 'Stoptober' campaign. Bromley has commissioned an additional provider, Solutions4Health, to deliver an extra 400 quitters. The service commenced during Q1 so there was not a full impact but the service is now fully running and is expected to deliver the 400 quitters by December. In Greenwich actions continue to improve performance including the introduction of a Staying Healthy Local Enhanced Scheme, expanding the 'Kick the Habit' Outreach Programme and maintaining a high profile via regular press coverage and outdoor media.

Performance at a Glance Dashboard - Provider Data

Referral To Treatment (RTT)

Admitted Pathways percentage with 18 weeks

	Latest Month Dec.	Change	Previous Month Nov.
Guy's & St. Thomas'	93.4%	↑	92.4%
King's	90.1%	-	90.1%
Lewisham Healthcare	95.3%	↑	93.0%
South London Healthcare	91.4%	↑	90.8%
London aggregate			
England aggregate			

Incomplete Pathways > 52 weeks

	Latest Month Nov.	Change	Previous Month Nov.
Guy's & St. Thomas'	98	↓	83
King's	128	↑	137
Lewisham Healthcare	1	-	1
South London Healthcare	8	↓	4
London aggregate			
England aggregate			

MRSA

No. of (attributable) bloodstream infections

	2012/13 YTD to December	Change from previous year	Same period last year
Guy's & St. Thomas'	0	↑	6
King's	1	↑	3
Lewisham Healthcare	1	-	1
South London Healthcare	0	↑	3
London aggregate			
England aggregate			

Cancer 2 week target (for urgent GP referral)

% seen within 2 weeks

	Latest Month Nov.	Change	Previous Month Oct.
Guy's & St. Thomas'	97.5%	↑	96.0%
King's	96.1%	↑	95.5%
Lewisham Healthcare	92.6%	↓	93.1%
South London Healthcare	93.9%	↓	95.4%
London aggregate			
England aggregate			

A&E Waits

Proportion treated < 4 hours (all attendances)

	5-week average To w/e 3/2	Change	4-week average To w/e 30/12
Guy's & St. Thomas'	94.7%	↑	92.7%
King's	94.9%	↓	95.3%
Lewisham Healthcare	92.2%	↑	90.7%
South London Healthcare	91.6%	↓	92.5%
London aggregate			
England aggregate			

C. *diff* .

No. of (attributable) infections

	2012/13 YTD to December	Change from previous year	Same period last year
Guy's & St. Thomas'	42	↑	96
King's	45	↑	78
Lewisham Healthcare	7	↑	16
South London Healthcare	38	↑	63
London aggregate			
England aggregate			

Cancer 62 day target (from urgent GP referral to treatment)

% treated within 62 days

	Latest Month Nov.	Change	Previous Month Oct.
Guy's & St. Thomas'	83.0%	↑	78.7%
King's	95.4%	↑	86.3%
Lewisham Healthcare	89.7%	↑	88.9%
South London Healthcare	85.1%	↓	91.5%
London aggregate			
England aggregate			

Improvement	↑
Deterioration	↓

Performance at a Glance Dashboard - Commissioner Data

Referral To Treatment (RTT)

Admitted Pathways percentage with 18 weeks

	Latest Month Dec.	Change	Previous Month Nov.
Bexley	93.9%	↑	93.2%
Bromley	91.1%	↑	90.6%
Greenwich	92.5%	↓	92.8%
Lambeth	92.5%	↑	91.3%
Lewisham	93.4%	↑	90.9%
Southwark	92.5%	↑	92.0%
London aggregate			
England aggregate			

Incomplete Pathways > 52 weeks

	Latest Month Dec.	Change	Previous Month Nov.
Bexley	2	↑	6
Bromley	24	↓	18
Greenwich	17	↓	16
Lambeth	31	↑	37
Lewisham	23	↓	21
Southwark	44	↑	45
London aggregate			
England aggregate			

MRSA

No. of bloodstream infections

	2012/13 YTD to December	Change from previous year	Same period last year
Bexley	0	↑	2
Bromley	2	↑	3
Greenwich	4	↓	1
Lambeth	4	↑	6
Lewisham	2	↑	4
Southwark	2	↑	6
London aggregate			
England aggregate			

Cancer 2 week target (for urgent GP referral)

% seen within 2 weeks

	Latest Month Nov.	Change	Previous Month Oct.
Bexley	95.6%	↓	96.2%
Bromley	91.7%	↓	93.9%
Greenwich	95.3%	↓	96.5%
Lambeth	97.9%	↑	95.9%
Lewisham	93.5%	↓	94.4%
Southwark	96.8%	↑	95.2%
London aggregate			
England aggregate			

A&E Waits

Proportion treated < 4 hours (all attendances)

	5-week average To w/e 3/2	Change	4-week average To w/e 30/12
Guy's & St. Thomas'	94.7%	↑	92.7%
King's	94.9%	↓	95.3%
Lewisham Healthcare	92.2%	↑	90.7%
South London Healthcare	91.6%	↓	92.5%
London aggregate			
England aggregate			

C. *diff* .

No. of infections

	2012/13 YTD to December	Change from previous year	Same period last year
Bexley	58	↑	76
Bromley	71	-	71
Greenwich	29	↑	57
Lambeth	47	↑	94
Lewisham	24	↑	51
Southwark	34	↑	83
London aggregate			
England aggregate			

N.B. GSTT changed to a more sensitive testing regimen in Sep. '10

Cancer 62 day target (from urgent GP referral to treatment)

% treated within 62 days

	Latest Month Nov.	Change	Previous Month Oct.
Bexley	75.0%	↓	79.4%
Bromley	85.5%	↓	91.2%
Greenwich	87.9%	↓	90.5%
Lambeth	90.2%	↑	86.7%
Lewisham	94.9%	↑	82.9%
Southwark	86.5%	↓	92.3%
London aggregate			
England aggregate			

Improvement	↑
Deterioration	↓

Performance Measures for 2012/13

New for 2012-13

Changed since 2011-12

		2012-13 code	Measure	Definition	How Performance will be Judged	Threshold	Amber Threshold	Theme	Latest Period	2011/12 Outturn							2012/13 Latest Period							2012/13 YTD						
										Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL Cluster Total	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL Cluster Total	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL Cluster Total
Quality	1. Preventing people from dying prematurely	PHQ01	Ambulance quality - Cat A response times	Cat. A (Red 1) calls response within 8 mins	Against operational standard	75%	70%	Performance	Dec. (YTD is from June)							75.6%							71.7%							75.8%
		PHQ01		Cat. A (Red 2) calls response within 8 mins	Against operational standard	75%	70%	Performance																						74.6%
		PHQ02		Cat A response within 19 mins	Against operational standard	95%	90%	Performance	Dec.							99.1%							96.7%							98.0%
		PHQ03	Cancer 62 day waits	Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	Against minimum thresholds	85%	80%	Performance	Nov.	85.4%	83.5%	78.1%	88.0%	87.9%	89.5%	85.3%	75.0%	85.5%	87.9%	90.2%	94.9%	86.5%	86.2%	79.3%	84.6%	82.6%	87.5%	88.6%	85.4%	84.6%
		PHQ04		Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Against minimum thresholds	90%	85%	Performance	Nov.	82.8%	94.9%	95.8%	94.7%	96.0%	97.1%	94.3%	100.0%	90.0%	100.0%	60.0%	100.0%	100.0%	88.9%	97.1%	91.1%	100.0%	88.9%	95.8%	95.7%	94.7%
		PHQ05		Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	Against minimum thresholds	No national standard set (using 85%)		Performance	Nov.	81.3%	91.1%	88.5%	87.9%	88.1%	92.3%	88.2%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	92.3%	85.7%	88.2%	91.7%	94.7%	91.8%
		PHQ06	Cancer 31 day waits	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	Against minimum thresholds	96%	91%	Performance	Nov.	97.1%	98.1%	98.6%	98.4%	98.7%	97.9%	98.1%	99.0%	99.2%	98.7%	100.0%	98.6%	96.3%	98.7%	98.4%	97.1%	99.7%	98.2%	97.9%	98.4%	98.2%
		PHQ07		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	Against minimum thresholds	94%	89%	Performance	Nov.	95.4%	97.8%	97.3%	96.5%	97.9%	97.5%	97.0%	100.0%	93.8%	100.0%	90.0%	87.5%	100.0%	94.8%	98.7%	97.2%	99.1%	95.9%	95.8%	100.0%	97.3%
		PHQ08		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	Against minimum thresholds	98%	93%	Performance	Nov.	99.7%	99.5%	100.0%	99.4%	100.0%	99.1%	99.6%	97.1%	100.0%	100.0%	100.0%	95.8%	100.0%	98.8%	99.1%	99.1%	98.8%	99.1%	98.9%	99.6%	99.1%
		PHQ09		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	Against minimum thresholds	94%	89%	Performance	Nov.	95.4%	96.2%	96.1%	95.8%	96.1%	95.9%	95.9%	96.3%	94.6%	88.9%	100.0%	100.0%	94.7%	95.4%	96.9%	96.5%	95.2%	92.6%	98.2%	97.6%	96.1%
	2. Enhancing quality of life for people with long-term conditions	PHQ10	Mental health measures - EI	The number of new cases of psychosis served by early intervention teams year to date	Perf against envelopes			Performance	Q3	36	39	69	129	61	92	426	4	17	29	28	21	29	128	20	30	55	86	41	79	311
		PHQ11	Mental health measures - CR/HT	Commissioner measure is number of episodes	Perf against envelopes			Performance	Q1	403	1442	817	910	654	1006	5232	128	295	229	226	239	Did not submit data								
		PHQ12	Mental health measures - CPA	Proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	against threshold	95%	90%	Performance	Q3	94.4%	98.1%	96.1%	95.8%	96.8%	96.4%	96.3%	95.9%	100.0%	95.1%	95.0%	95.4%	97.2%	96.4%	96.0%	98.9%	95.5%	93.3%	93.8%	94.0%	95.0%
		PHQ13_05	Mental health measures - IAPT	Proportion of people with depression referred for psychological therapy	Perf against plan			Performance	Q2	2.9%	3.7%	11.2%	9.4%	10.3%	6.2%	7.5%	1.2%	1.2%	3.0%	2.9%	2.8%	2.4%	2.3%	2.0%	2.3%	6.0%	5.3%	5.8%	4.9%	4.5%
		PHQ13_06		Proportion who complete therapy who are moving to recovery	Perf against plan			Performance	Q2	47.0%	51.4%	43.2%	48.0%	43.4%	37.3%	44.4%	41.9%	53.4%	46.0%	43.9%	38.6%	40.1%	42.9%	44.0%	49.6%	47.5%	46.0%	39.0%	40.5%	43.7%
		PHQ14	People with Long Term Conditions feeling independent and in control of their condition	% of people with LTCs who said they had had enough support from local services/orgs	system indicator			Performance	Q2	67.7%	68.5%	59.1%	63.5%	59.0%	58.3%	62.7%	65.0%	68.1%	61.2%	61.8%	60.1%	57.4%	62.2%	YTD is the latest quarter						
		PHQ15	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	Proportion of unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) per 100,000 population	system indicator			Performance	2011/12 Q4	209.8	216.7	242.1	367.3	324.0	379.6	280.0															
		PHQ16	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Proportion of unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s per 100,000 population	system indicator			Performance	2011/12 Q4	71.7	46.9	55.6	94.2	90.1	86.6	73.7															
	3. Helping people to recover from episodes of ill health or following injury	PHQ17	Emergency Admissions	Emergency admissions for acute conditions that should not usually require hospital admission	System indicator			Performance	2011/12 Q4	237.7	213.0	234.1	301.5	297.8	331.1	265.1															
		PHQ18	Patient experience survey	Outliers identified using NHS PF approach + narrative & results of local surveys				Performance		National survey data is not commissioner-based							National survey data is not commissioner-based							National survey data is not commissioner-based						
		PHQ19	RTT waits	RTT - admitted % within 18 weeks	against threshold	90%	85%	Performance	Dec.	90.7%	92.5%	91.8%	88.3%	91.4%	86.4%	90.2%	93.9%	91.0%	92.5%	92.5%	93.3%	92.5%	92.5%							
		PHQ20		RTT - non-admitted % within 18 weeks		95%	90%	Performance	Dec.	96.1%	94.0%	97.5%	97.4%	98.2%	97.8%	97.0%	97.5%	95.4%	98.5%	98.4%	98.4%	98.2%	97.8%							
		PHQ21		RTT - incomplete % within 18 weeks		92%	87%	Performance	Dec.	92.6%	92.6%	91.8%	89.3%	90.8%	88.8%	90.9%	93.0%	94.7%	91.8%	93.6%	93.1%	93.3%	93.4%							

		2012-13 code	Measure	Definition	How Performance will be Judged	Threshold	Amber Threshold	Theme	Latest Period	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL Cluster Total	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL Cluster Total	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL Cluster Total
	4. Ensuring that people have a positive experience of care	PHQ22	Diagnostic Waits	% waiting 6 weeks or more	against threshold	<1%	5%		Dec.	0.64%	2.25%	0.64%	2.98%	1.01%	2.87%	1.81%	0.72%	1.03%	0.91%	1.81%	1.15%	2.12%	1.31%	0.82%	0.87%	0.76%	3.05%	1.43%	2.89%	1.65%
		PHQ23	A&E	% of patients who spent 4 hours or less in A&E	against threshold	95%	94%	Performance		No commissioner-based data							No commissioner-based data							No commissioner-based data						
		PHQ24	Cancer 2 week waits	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	Against minimum thresholds	93%	88%	Performance	Nov.	96.7%	93.0%	97.9%	97.1%	96.0%	97.6%	96.4%	95.6%	91.7%	95.3%	97.9%	93.5%	96.8%	95.2%	95.8%	92.8%	95.8%	96.5%	94.5%	96.6%	95.2%
		PHQ25		Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	Against minimum thresholds	93%	88%	Performance	Nov.	97.6%	90.8%	97.9%	96.8%	94.9%	97.0%	95.5%	90.7%	86.6%	88.4%	97.5%	94.0%	94.4%	92.5%	92.4%	94.1%	94.1%	97.7%	94.9%	97.6%	95.7%
		PHQ26	MSA breaches	Numbers of unjustified breaches	minimal breaches	0	0.005	Performance	Dec.	0.17	1.69	0.44	0.53	0	0	-	0.34	0.24	0.47	1.24	0.29	1.46	0.68	0.78	0.43	1.42	1.48	0.55	1.59	1.03
	5. Treating and caring for people in a safe environment and protect them from avoidable harm	PHQ27	HCAI measure (MRSA & CDI)	MRSA bacteraemia	Against plan	More than 1 SD away from plan		Performance	Dec.	3	4	2	8	6	6	29	0	1	1	0	0	0	2	0	2	4	4	2	2	14
		PHQ28		CDI	Against plan			Performance	Dec.	93	93	67	110	62	96	521	5	10	3	3	1	4	26	58	71	29	47	24	34	263
		PHQ29	VTE Risk assessment	% of all adult inpatients who have had a VTE risk assessment	Improvement	90%	80%	Performance		No commissioner-based data							No commissioner-based data							No commissioner-based data						
	Public Health	PHQ30	Smoking Quitters	Number of smoking quitters	Perf against plan			Performance	Q2	1643	1410	1861	2353	1610	1685	10562	300	501	342	535	364	367	2,409	649	844	808	1009	721	695	4,726
		PHQ31	Coverage of NHS Health Checks	% people ages 40-74 who have been offered a health check	Perf against plan			Performance	Q3	34.8%	21.3%	34.5%	28.8%	27.1%	9.4%	25.6%	5.6%	5.6%	6.9%	7.5%	7.0%	5.4%	7.2%	22.8%	13.1%	18.5%	21.9%	20.2%	20.1%	19.1%
		PHQ31	Coverage of NHS Health Checks	% people ages 40-74 who have received a health check	Perf against plan			Performance	Q3	13.0%	7.7%	20.8%	6.9%	9.9%	1.8%	9.7%	2.0%	1.3%	2.5%	1.8%	1.3%	1.6%	2.1%	8.6%	5.2%	6.6%	5.0%	5.1%	6.5%	6.0%
Resources (Finance, Capacity & Activity)		PHS01	Financial forecast outturn & performance against plan	Financial forecast outturn performance against plan. In addition no PCT forecast deficits are expected	Performance against plan and absolute performance where appropriate			Finance	2011/12																					
		PHS03	Delivery of running cost targets	Actual running costs to be compared to target running costs at SHA level.	System indicator			Finance		Monitored nationally at SHA level							Monitored nationally at SHA level													
		PHS04	Delivery of QIPP savings	QIPP delivery (savings and re-investment) in 2012/13.	Perf against plan			Finance	M9	80%	65%	65%	78%	93%	78%	77%	92%	97%	112%	88%	104%	90%	96%	93%	100%	109%	93%	102%	97%	99%
		PHS06	Non elective FFCEs	Non-elective FFCEs	Perf against plan & system indicator			Performance	Dec.	4.8%	6.8%	4.1%	-5.6%	-3.6%	-2.9%	-0.7%	-1.9%	-2.0%	3.0%	-18.4%	-3.9%	-23.8%	-9.4%	-0.1%	-1.6%	8.7%	-2.1%	0.3%	-6.1%	-0.8%
		PHS07	GP written referrals to hospital	No of GP written referrals	Perf against plan & system indicator			Performance	Dec.	15.3%	6.7%	0.1%	-3.3%	4.0%	10.3%	4.7%	26.1%	25.2%	29.1%	21.3%	17.9%	11.9%	21.6%	12.9%	7.9%	11.7%	11.9%	6.8%	9.8%	9.7%
		PHS08	Other referrals for a first outpatient appointment	No of other referrals	Perf against plan & system indicator			Performance	Dec.	37.2%	9.9%	3.2%	8.1%	-1.7%	7.9%	7.7%	35.3%	17.5%	54.1%	5.0%	11.3%	-1.0%	17.2%	11.1%	2.5%	12.2%	8.0%	5.5%	1.5%	6.1%
		PHS09	First outpatient attendances following GP referral	No 1st outpatient attendances after GP referral	Perf against plan & system indicator			Performance	Dec.	28.9%	3.8%	9.0%	14.2%	18.9%	28.4%	15.3%	27.0%	27.8%	14.2%	28.4%	20.6%	25.4%	24.2%	5.7%	5.7%	-0.5%	8.2%	2.3%	5.3%	4.6%
		PHS10	All first outpatient attendances	No of first outpatient attendances	Perf against plan & system indicator			Performance	Dec.	16.9%	4.6%	12.4%	7.8%	4.3%	10.0%	8.4%	24.8%	26.9%	19.3%	20.9%	18.1%	16.4%	20.8%	4.9%	6.3%	0.7%	7.5%	5.0%	6.0%	5.3%
		PHS11	Elective FFCEs	No of elective FFCEs (ordinary adms & separately daycases)	Perf against plan & system indicator			Performance	Dec.	11.1%	-2.9%	11.9%	4.5%	-2.8%	4.9%	3.4%	19.8%	14.3%	23.1%	17.6%	9.5%	15.0%	16.3%	3.3%	-1.7%	4.3%	3.3%	-1.0%	1.6%	1.3%
		PHS14	Diagnostic Activity	4 x Endoscopy-based tests	Perf against plan			Performance	Dec.	583	749	579	579	692	535	3717	22.5%	24.0%	23.3%	22.9%	35.5%	57.7%	30.0%	-5.2%	-2.8%	-5.1%	-0.3%	4.3%	5.7%	-0.8%
		PHS15	Diagnostic Activity	11 x Non-endoscopy based tests	Perf against plan			Performance	Dec.	4057	6853	5395	6608	7281	6049	36243	32.8%	22.8%	22.8%	38.7%	26.0%	35.9%	29.5%	7.4%	-3.5%	0.8%	6.0%	0.5%	2.5%	1.9%
		PHS16	Numbers waiting on an incomplete Referral to Treatment pathway	Total numbers waiting at the end of the month on an incomplete RTT pathway	System indicator			Performance	Dec.	9,844	16,170	12,402	15,344	12,713	13,502	80,015	11,272	17,643	12,153	14,827	12,945	12,915	81,755	YTD is the latest month						
		PHS17	Health visitor numbers	Numbers of HVs	Perf against plan			Workforce		Monitored nationally on a provider basis							Monitored nationally on a provider basis							Monitored nationally on a provider basis						
Reform (Commissioner, Provider & building capability and partnership)		PHF01	FT Pipeline	Progress against TFA milestones				Performance									TSA process in progress				TSA in progress									
		PHF02	Public Health	Completed transfers of public health functions to local authorities				Performance																						
		PHF03	Commissioning Development	% delegated budgets				Performance									100%	100%	100%	100%	100%	100%	100%								
		PHF04		Measure of £ per head devolved running costs				Performance																						
		PHF05		% authorisation of Clinical Commissioning Groups				Performance									0	1	0	1	1	1	66.7%							
		PHF06		% of General Practice lists reviewed and 'cleaned'				Performance																						
		PHF07	Choice	Bookings to services where named consultant led team was available (even if not selected)				Performance		Monitored nationally on a provider basis							Monitored nationally on a provider basis							Monitored nationally on a provider basis						
		PHF08		Proportion of GP referrals to first outpatient appointments booked using Choose and Book				Performance	Nov.	87%	38%	44%	21%	13%	23%		90%	44%	50%	25%	9%	25%	36%							
		PHF09		Trend in value/volume of patients being treated at non-NHS hospitals				Performance	Dec.	0.7%	12.1%	7.7%	1.7%	4.2%	0.9%	-	1.0%	11.1%	11.2%	1.1%	3.6%	1.9%	6.0%							
		PHF10	Information to Patients	% of patients with electronic access to their medical records				Performance	Q2	0	2%	0	2%	31%	0	6%	0	2%	0	4%	27%	0	6%	YTD is the latest quarter						

Performance Measures for 2012/13

Key:
New for 2012-13
Changed since 2011-12

Headline Measures

		2012-13 code	Measure	Definition	How Performance will be Judged	Threshold	Theme	Latest Period	2011/12 Outturn							2012/13 Latest Month							2012/13 YTD						
									Guy's & St. Thomas'	King's	Lewisham Healthcare	South London Healthcare	Oxleas	South London & the Maudsley	SEL Provider Total	Guy's & St. Thomas'	King's	Lewisham Healthcare	South London Healthcare	Oxleas	South London & the Maudsley	SEL Provider Total	Guy's & St. Thomas'	King's	Lewisham Healthcare	South London Healthcare	Oxleas	South London & the Maudsley	SEL Provider Total
Quality	1. Preventing people from dying prematurely	PHQ03	Cancer 62 day waits	Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	Against minimum thresholds	85%	Performance	Nov.	79.8%	92.2%	88.0%	86.1%			84.8%	83.0%	95.4%	89.7%	85.1%			85.8%	81.1%	90.1%	87.7%	85.8%			84.7%
		PHQ04		Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	Against minimum thresholds	90%	Performance	Nov.	95.5%	95.3%	74.4%	98.4%			95.1%	100.0%	86.8%	66.7%	100.0%			88.1%	96.4%	95.2%	92.9%	93.4%			94.7%
		PHQ05		Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	Against minimum thresholds	No national standard set (using 85%)	Performance	Nov.	97.0%	84.6%	87.5%	84.8%			94.0%	92.3%	100.0%	100.0%	100.0%			95.2%	93.0%	95.8%	77.8%	84.4%			91.2%
		PHQ06	Cancer 31 day waits	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	Against minimum thresholds	96%	Performance	Nov.	97.2%	99.5%	100.0%	98.3%			98.1%	97.8%	97.3%	100.0%	99.4%			98.3%	97.3%	97.9%	100.0%	98.7%			97.9%
		PHQ07		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	Against minimum thresholds	94%	Performance	Nov.	95.5%	98.8%	100.0%	96.1%			96.7%	93.4%	96.1%	-	100.0%			94.7%	95.6%	98.0%	100.0%	96.3%			96.6%
		PHQ08		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	Against minimum thresholds	98%	Performance	Nov.	98.6%	100.0%	100.0%	99.4%			99.1%	95.1%	98.6%	100.0%	100.0%			96.2%	97.8%	99.3%	95.5%	100.0%			98.3%
		PHQ09		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	Against minimum thresholds	94%	Performance	Nov.	96.1%						96.1%	94.0%						94.0%	96.0%						96.0%
	2. Enhancing quality of life for people with long-term conditions	PHQ10	Mental health measures - EI	Number of new cases of psychosis served by early intervention teams year to date	Perf against plan for providers		Performance	Q3					142	339	481					50	93	143					105	266	371
		PHQ11	Mental health measures - CR/HT	Provider measure is % of inpatient admissions that have been gatekept by CR/HT	Perf against threshold for providers	Provider threshold = 95%	Performance	Q3					99.0%	98.5%						100.0%	99.6%	99.8%					99.7%	99.5%	99.6%
		PHQ12	Mental health measures - CPA	Proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care.	against threshold	95%	Performance	Q3					96.3%	96.1%						97.6%	95.8%	96.4%					97.1%	93.4%	94.6%
	3. Helping people to recover from episodes of ill health or following injury	PHQ17	Emergency Admissions	Emergency admissions for acute conditions that should not usually require hospital admission	System indicator		Performance																						
	4. Ensuring that people have a positive experience of care	PHQ18	Patient experience survey	Outliers identified using NHS PF approach + narrative & results of local surveys			Performance	2011	76.5	72.4	72.7	72.3																	
		PHQ19	RTT waits	RTT - admitted % within 18 weeks	against threshold	90%	Performance	Dec.	84.9%	90.3%	93.8%	93.1%			89.5%	93.4%	90.1%	95.3%	91.4%			92.0%							
		PHQ20		RTT - non-admitted % within 18 weeks		95%	Performance	Dec.	96.2%	97.5%	99.4%	95.6%			96.6%	97.3%	97.2%	99.1%	96.7%			97.4%							
		PHQ21		RTT - incomplete % within 18 weeks		92%	Performance	Dec.	87.4%	89.9%	93.2%	94.0%			90.6%	92.5%	92.7%	93.9%	93.6%			93.0%							
			RTT waits (*for all specialties*)	RTT - admitted % within 18 weeks	Delivering on all specialties = 'Green' ; Failing on 1 or more specialties = 'Amber'		Performance	Dec.	-5	-7	All	-2				-2	-4	All	-2										
				RTT - non-admitted % within 18 weeks			Performance	Dec.	-4	-1	-1	-4				-3	-2	All	-1										
				RTT - incomplete % within 18 weeks			Performance	Dec.	-5	-8	-4	-2				-4	-7	-4	-2										
		PHQ22	Diagnostic Waits	% waiting 6 weeks or more	against threshold	<1%		Dec.	2.86%	2.74%	0%	0.48%	0%		1.56%	2.78%	3.27%	0.54%	0.71%	0%			3.10%	4.09%	0.63%	0.52%	0%		
		PHQ23	A&E	% of patients who spent 4 hours or less in A&E	against threshold	95%	Performance	Jan.	96.1%	95.8%	96.4%	93.0%			95.1%	94.7%	94.9%	92.2%	91.6%			93.2%	95.1%	95.7%	94.97%	95.5%			95.4%
		PHQ24	Cancer 2 week waits	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	Against minimum thresholds	93%	Performance	Nov.	97.4%	97.6%	95.3%	95.7%			96.9%	97.5%	96.1%	92.6%	93.9%			95.0%	96.8%	96.1%	93.5%	94.3%			95.1%
		PHQ25		Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	Against minimum thresholds	93%	Performance	Nov.	94.5%	99.7%	93.6%	94.5%			95.3%	93.8%	99.3%	93.8%	87.5%			92.9%	95.2%	99.8%	93.9%	93.6%			95.5%
		PHQ26	MSA breaches	Numbers of unjustified breaches	minimal breaches	0	Performance	Dec.	0.15	0	0	1.06	0	0		0.08	2.09	0	0.32	0	0		0.12	3.35	0	0.65	0	0	
	5. Treating and caring for people in a safe environment and protect them from avoidable harm	PHQ27	HCAI measure (MRSA & CDI)	MRSA bacteraemia	Against plan	More than 1 SD away from plan	Performance	Dec.	8	5	3	4			20	0	0	0	0			0	0	1	1	0			2
		PHQ28		CDI	Against plan		Performance	Dec.	107	97	21	80			305	4	1	1	1			7	42	45	7	38			132
		PHQ29	VTE Risk assessment	% of all adult inpatients who have had a VTE risk assessment	Improvement		Performance	Sep.	92.0%	93.6%	91.2%	40.5%				94.6%	96.6%	93.4%	90.2%				93.6%	95.3%	92.2%	88.7%			
		PHS02	Financial performance score for NHS Trusts	Quarterly provider performance ratings to be given based on financial performance and position, including application of overriding rules	System indicator		Finance	Q2			Performing	Challenged						3. Performing	1. Under performing						YTD is the latest month			

Resources (Finance, Capacity & Activity)	**PHS05**	Bed Capacity	G&A available beds	System indicator		Performance	Q2	4.0%	0.5%	2.1%	-3.7%			0.3%	1.3%	-0.5%	-1.7%	-5.0%		-1.5%	YTD is the latest quarter										
	PHS06	Non elective FFCEs	Non-elective FFCEs	System indicator		Performance	Dec.								-3.0%	3.7%	-12.2%	-3.3%		-3.1%	0.6%	Data not consistent	-8.7%	0.4%								
	PHS07	GP written referrals to hospital	No of GP written referrals	Perf against plan & system indicator		Performance	Dec.								-6.4%	50.1%	23.3%	-8.9%			-1.0%	36.5%	16.4%	1.7%								
	PHS08	Other referrals for a first outpatient appointment	No of other referrals	Perf against plan & system indicator		Performance	Dec.								19.2%	-36.0%	-2.9%	1.6%			14.8%	-5.5%	-1.4%	0.6%							4.5%	
	PHS09	First outpatient attendances following GP referral	No 1st outpatient attendances after GP referral	Perf against plan & system indicator		Performance	Dec.								6.1%	39.7%	26.9%	-11.8%			2.2%	25.7%	13.4%	-4.9%								
	PHS10	All first outpatient attendances	No of first outpatient attendances	Perf against plan & system indicator		Performance	Dec.								3.1%	8.9%	13.7%	-8.2%		1.9%	3.3%	15.0%	8.7%	-3.6%							4.6%	
	PHS11	Elective FFCEs	No of elective FFCEs (ordinary adms & separately daycases)	Perf against plan & system indicator		Performance	Dec.								-10.8%	16.5%	15.6%	-5.8%		-0.5%	-5.8%	16.3%	5.2%	1.0%							2.7%	
	PHS12	A&E attendances	Number of attendances at A&E departments (total)	System indicator		Performance	Q3								11.0%	1.5%	1.0%	6.9%			9.9%	1.3%	2.3%	6.9%								
	PHS12	A&E attendances	Number of attendances at A&E departments (type 1 only)	System indicator		Performance	Q3								-2.9%	0.6%	1.0%	-5.3%		-2.1%	-1.6%	3.0%	2.3%	-7.8%							-1.8%	
	PHS17	Health visitor numbers	Numbers of HVs	Perf against plan		Workforce	August	101.1		38.1		74.3		262.5	YTD is the latest month						93.0		33.7		75.6		250.3					
	PHS18	Workforce productivity	% Change in secondary activity compared to % Change in earnings weighted staff capacity	System indicator		Performance																										
	PHS19	Total pay costs	Total costs of staff (to include cost of staff within provider contracts)	Perf against plan and in comparison to workforce		Finance																										
	PHS20	Total workforce (FTEs)	All Hospital and Community Health Services (HCHS) workforce by FTE	Perf against plan		Workforce																										
Reform (Commissioner, Provider & building capability and partnership)	**PHF01**	FT Pipeline	Progress against TFA milestones			Performance																										
	PHF07	Choice	Bookings to services where named consultant led team was available (even if not selected)			Performance	Dec.	59.0%		75.5%	90.7%				73.0%		80.2%	93.9%														

Performance Report to Month 9-10 & Q3 Position (Correct to 12/02/13)

MONTHLY

BEXLEY / CLUSTER SUBMISSION (RESPONSIBLE)	DATA SOURCE	CODE 12/13 (11/12)	Joint Targets with LA Codes	Community Indicator Target Codes (tcs*) & Oxleas KPI Codes	Maps to VS or PSA Targets?	Measure	Definition	ACTUAL/PLAN	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	COMMENTS	Next expected due date/Comments
CLUSTER	UNIFY/Shiela Goghan	PHQ27 (HQU01)		G1	VSA01	HCAI measure (MRSA & CDI)	MRSA bacteraemia	CUM PLAN	0	0	0	1	1	1	1	2	2	2	Data Supplied by Cluster Performance report	Jan N/A 12/02/13
								CUM ACTUAL	0	0	0	0	0	0	0	0	0	N/A		
CLUSTER		PHQ28 (HQU02)		G2	VSA02		CDI	CUM PLAN	4	8	12	16	20	24	28	32	36	40	Data Supplied by Cluster Performance report	
								CUM ACTUAL	4	8	16	21	35	39	48	53	58	N/A		
CLUSTER		PHQ26 (HQU08)				Mixed Sex Breaches (MSA)	Numbers of unjustified breaches	ACTUAL	0.4	1.4	0.7	1.1	0.5	1.1	0.7	0.8	0.3	N/A	Data extracted from UNIFY, rate extracted from DoH, comfirmed by Cluster	Dec extracted 10/01/13
BEXLEY	SUS data, HES data, ONS			tcs 32		Rate of non-elective admissions	The rate of non-elective admissions to hospital of people diagnosed	PLAN (March 12 Act)	0.689	0.689	0.689	0.689	0.689	0.689	0.689	0.689	0.689	0.689	Used SUS data tcs definitions and for plan used March 2012 postion	Jan SUS data due >04/03/13
								ACTUAL	0.613	0.640	0.515	0.546	0.546	0.407	0.582	0.631	0.510	N/A		
BEXLEY	Oxleas Performance reports, (http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/Cancelledoperations/index.htm)			tcs 33 (G4)		Rate of cancelled appointments	The percentage of cancellations by provider services of all outpatient specialties, consultant and non-consultant clinics and allied healthcare professional-led contacts in a contracted month (including home visits).	PLAN	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	Oxleas supplied data via RiO Base line created from the first 3 months data as stated on the Oxleas KPI report.	
								ACTUAL	1.32%	0.85%	0.13%	0.08%	6.20%	9.04%	7.71%	9.24%	7.97%	N/A		
BEXLEY	Oxleas Performance reports			tcs 34 (G5)		Rate of 'did not attends'	Percentage appointments that were DNAs in all clinics (including home visits) on RiO, based on 11/12 KPI	PLAN	10.71%	10.71%	10.71%	10.71%	10.71%	10.71%	10.71%	10.71%	10.71%	10.71%	Oxleas supplied data via RiO Base line to be established as stated on the Oxleas KPI report	
								ACTUAL	10.70%	11.00%	9.88%	5.08%	4.74%	7.63%	6.67%	3.85%	3.62%	N/A		
BEXLEY	Pauline Holmes BEXLEY COUNCIL			tcs 35		Home equipment delivery	The percentage of completed referrals for home equipment within seven days.	PLAN	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	Reported by - Pauline Holmes, Community Equipment Store.	
								ACTUAL	93.62%	92.91%	91.53%	95.11%	95.60%	97.85%	99.25%	94.96%	95.98%	N/A		
???	UNIFY - SLHT	PHQ29 (SQU01)				VTE Risk assessment	% of all adult inpatients who have had a VTE risk assessment on admission to hospital using the clinical criteria of the national tool (SLHT)	PLAN	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	Reported at provider level only on UNIFY showing SLHT (baseline March 2011 80.88%)	Jan not available on UNIFY 12/03/13
								ACTUAL	83.49%	86.20%	91.21%	90.64%	90.67%	90.23%	89.99%	90.78%	90.24%	N/A		
PROVIDER	LAS Reports	PHS13 (SRS17)			VSC14	Ambulance Urgent & Emergency Journeys	Number of urgent and emergency journeys via ambulance	PLAN (11/12 Act)	1274	1912	1927	1958	1885	1945	2122	1985	2194	2076	Reported on the LAS Monthly reports	Reports due approx 21st following month
								ACTUAL	2022	2094	1960	2023	1948	1955	2106	2109	2241	N/A		
PROVIDER	LAS Reports	PHQ01 (HQU03_01)				Ambulance quality - Cat A response times	Cat A response within 8 mins	PLAN (11/12)	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%		
								ACTUAL	73.70%	77.50%	80.40%	81.70%	84.70%	80.00%	81.90%	77.60%	74.60%	N/A		
		PHQ02 (HQU03_02)					Cat A response within 19 mins	PLAN (11/12)	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%		
								ACTUAL	99.00%	98.50%	99.20%	99.30%	99.70%	99.10%	99.00%	99.20%	98.00%	N/A		
		C60					Cat C response within 60 mins	PLAN	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%		
								ACTUAL	82.60%	82.50%	84.60%	88.60%	91.90%	86.90%	86.10%	84.60%	79.90%	N/A		
PROVIDER	NHS London SLHT	PHQ23			T3	A&E 4 Hour Waits	Number of patients waiting Over 4 Hours - Type 1 & 3 (SLHT)	PLAN	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	Jan reported by NHS London daily report, Pru 91.52%, QMS 100%, QEH 93.08%	
								ACTUAL	95.08%	97.44%	97.07%	97.44%	95.99%	96.82%	95.10%	96.06%	92.47%	91.52%		
PROVIDER	Open Exeter/ UNIFY/Cancer Network Reports	HQU14			VSA08	Cancer 2 week (aggregate measures)	2 week wait - % seen in 2 weeks of all urgent referrals & referrals for breast symptoms where cancer is not initially suspected	PLAN	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	Data extracted from the National Extere Cancer Waits system - December 20 Breaches - 19 at SLHT 9 Breast, 2 Gynae, 2 LGI, 5 Skin, 1 Breast NSI, 1 at GUYS 1 Head & Neck	Data available approx 4 weeks following the close of each month No Operational Standard. Currently the Spine Directory Service is being populated with CCG codes. These are replacing the current PCT codes. This is being rolled out across all PCTs during February/March. As a result CWT will no longer be able to populate the PCT as the initial record is created – you will increasingly see PCT 'UNKNOWN' as you create new records. The intention is to retrospectively populate the PCT field when the next monthly reports are run on 8 March 2013, thus allowing Commissioner reports to run as usual.
								ACTUAL	95.7%	97.8%	92.3%	96.2%	96.4%	93.5%	96.1%	95.2%	95.2%	N/A		
PROVIDER		HQU15			VSA13	Cancer 62 days (aggregate measures)	62 day wait - % treated in 62 days from GP referral, consultant referral and referral from screening programme	PLAN	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%	86.00%	Data extracted from the National Extere Cancer Waits system - November 3 Breaches - 2 at SLHT, 1 Skin, 1 Uro, 1 at DARTFORD Urological	
								ACTUAL	86.36%	89.09%	88.00%	80.36%	85.19%	76.79%	83.72%	77.36%	85.71%	N/A		
PROVIDER/ CLUSTER	Open Exeter/ UNIFY/Cancer Network Reports	PHQ24 (SQU05_01)				Cancer waits (all 9 measures)	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	PLAN	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93%	Data extracted from the National Extere Cancer Waits system - December 19 Breaches - 18 at SLHT 9 Breast, 2 Gynae, 2 LGI, 5 Skin, 1 at GUYS 1 Head & Neck	
								ACTUAL	95.71%	98.52%	92.81%	96.48%	96.65%	93.29%	96.17%	95.62%	94.96%	N/A		
PROVIDER/ CLUSTER		PHQ25 (SQU05_02)					Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	PLAN	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	Data extracted from the National Extere Cancer Waits system - December 1 Breach - 1 at SLHT	
								ACTUAL	95.56%	91.67%	85.29%	92.11%	92.00%	96.88%	94.59%	90.70%	97.22%	N/A		
PROVIDER/ CLUSTER		PHQ03 (SQU05_03)					Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	PLAN	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	Data extracted from the National Extere Cancer Waits system - December 3 Breaches - 2 at SLHT, 1 Urological, 1 Skin, 1 at Dartford, 1 Urological	
								ACTUAL	84.62%	88.10%	82.86%	76.19%	80.95%	70.45%	79.41%	75.00%	85.71%	N/A		
PROVIDER/ CLUSTER		PHQ04 (SQU05_04)					Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from and NHS Cancer Screening Service	PLAN	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	Data extracted from the National Extere Cancer Waits system - No data for December - SEE NOTE	
								ACTUAL	100.00%	91.67%	100.00%	91.67%	100.00%	100.00%	100.00%	100.00%	N/A	N/A		
PROVIDER/ CLUSTER		PHQ05 (SQU05_05)			VSA13		Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	PLAN	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	Data extracted from the National Extere Cancer Waits system - No data for December - SEE NOTE	
								ACTUAL	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	N/A		
PROVIDER/ CLUSTER		PHQ06 (SQU05_06)					Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	PLAN	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	Data extracted from the National Extere Cancer Waits system - No data for December - SEE NOTE	
								ACTUAL	96.00%	98.06%	97.44%	98.94%	98.65%	100.00%	100.00%	98.98%	N/A	N/A		
PROVIDER/ CLUSTER		PHQ07 (SQU05_07)			VSA11		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	PLAN	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	Data extracted from the National Extere Cancer Waits system - No data for December - SEE NOTE	
								ACTUAL	100.00%	86.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	N/A		
PROVIDER/ CLUSTER		PHQ08 (SQU05_08)			VSA12		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	PLAN	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	Data extracted from the National Extere Cancer Waits system - No data for December - SEE NOTE	
								ACTUAL	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.65%	97.06%	N/A	N/A		
PROVIDER/ CLUSTER		PHQ09 (SQU05_09)			VSA12		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	PLAN	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	Data extracted from the National Extere Cancer Waits system - No data for December - SEE NOTE	
								ACTUAL	93.94%	94.87%	96.77%	97.87%	100.00%	96.97%	95.65%	96.30%	N/A	N/A		
BEXLEY	Exeter Cancer Screening statistics	SQU22			VSA15	All women to receive results of cervical screening tests within two week	Percentage of women with an expected date of delivery for their cervical screening test result within 14 days of the test being taken	PLAN	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	Exeter Cancer Screeing Stats & SEL Scorecard supplied by Tess	
								ACTUAL	97.85%	99.07%	97.12%	98.73%	96.58%	99.23%	99.55%	99.56%	96.67%	83.84%		
BEXLEY	Jane McGuane, Screening, Bromley PCT - Public Health	ZZZ06				Breast screening Percentage Uptake	Breast screening Percentage Uptake	PLAN	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	Data from - Screening, Emergency Planning & Health Protection Administrator Bromley PCT - Public Health	Plans and activity supplied SEL Scorecard supplied by Bromley & Tess, have chased the Sept onwards data
								ACTUAL	76.60%	76.60%	75.10%	73.70%	74.30%	N/A	N/A	N/A	N/A	N/A		
BEXLEY	Exeter Cancer Screening statistics, SEL Cancer Screening Programme	ZZZ06				Breast Screening Programme SEL - Round Length	Percentage within target of 36 months	PLAN	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.00%	95.00%	95.00%	95.00%	Screening Stats supplied by Teresa Salami-Adeti or Screening, Emergency Planning & Health Protection Administrator Bromley PCT	Plans and activity supplied SEL Scorecard supplied by Bromley & Tess, no data has been supplied from Sept onwards
								ACTUAL	99.90%	98.6%	99.1%	99.40%	99.40%	N/A	N/A	N/A	N/A	N/A		
CLUSTER	Emma Wallis SECTOR	SQU09			VSB18	Access to NHS dentistry	Current 24 month measure	PLAN	114469	114836	115040	115253	115419	115569	115696	115823	115940	115996	Data supplied by Emma Wallis at Cluster, Year End below plan by 3.83%	
								ACTUL	107634	107966	107720	107521	107441	107042	107618	107849	108325	108484		
CLUSTER	UNIFY / Contracted Providers / MAR Return	SRS09				Daycase rate	Proportion of elective FFCEs which are for daycases.	PLAN CUM	79.06%	79.05%	79.05%	79.05%	79.05%	79.06%	79.06%	79.06%	79.05%	79.05%	Activity from MAR report on UNIFY	Jan due > 22/02/13
								ACTUAL CUM	80.94%	80.84%	80.46%	80.20%	80.09%	80.07%	80.18%	80.28%	80.32%	N/A		
CLUSTER	LA Reports http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/AcuteandNon-AcuteDelayedTransfersofCare/index.htm	SRS10	NI 131	tcs 21	VSC01	Delayed Transfers of Care (Acute & MH)	Delayed Transfers of Care (Acute) - Comm measure is no of delays rate per 100,000 population. Prov measure is no delays as a proportion of a count of activity or beds (Supplied by Cluster on their Performance Report)	ACTUAL	2	13	10	8	10	5	10	10	11	N/A	Activity taken from DoH KPI report	
							Delayed Transfers of Care (MH) - Comm measure is no of delays rate per 100,000 population. Prov measure is no delays as a proportion of a count of activity or beds (Supplied by Cluster on their Performance Report)	ACTUAL	2	2	3	3	7	2	3	5	5	N/A		

CLUSTER	UNIFY Monthly Performance Reports	PHS06 (HRS06)			VSA05	Non elective FFCEs	Non-elective FFCEs	PLAN	1673	1729	1673	1729	1729	1673	1729	1673	1729	1729	Activity from UNIFYmonthly MAR return (Thresholds based on 5%)	Jan due > 22/02/13
								ACTUAL	1675	1798	1676	1740	1647	1660	1793	1646	1696	N/A		
CLUSTER	UNIFY / Contracted Providers / MAR Return	PHS07 (SRS11)			VSA05_01	GP written referrals to hospital	No of GP written referrals	PLAN	2421	2803	2421	2803	2803	2548	2931	2803	1911	2421		
								ACTUAL	2675	3354	2792	2994	2891	2824	3424	3126	2409	N/A		
CLUSTER	UNIFY / Contracted Providers / MAR Return	PHS08 (SRS12)			VSA05_02	Other referrals for a first outpatient appointment	No of other referrals	PLAN	2149	2488	2149	2488	2488	2262	2601	2488	1696	2149		
								ACTUAL	2307	2669	2304	2585	2554	2469	3184	2794	2294	N/A		
CLUSTER	UNIFY / Contracted Providers / MAR Return	PHS09 (SRS13)			VSA05_03	First outpatient attendances following GP referral	No 1st outpatient attendances after GP referral	PLAN	2459	2848	2459	2848	2848	2589	2977	2848	1942	2459		
								ACTUAL	2550	3140	2519	2913	2586	2691	3358	3081	2468	N/A		
CLUSTER	UNIFY / Contracted Providers / MAR Return	PHS10 (SRS14)			VSA05_04	All first outpatient attendances	No of first outpatient attendances	PLAN	4876	5646	4876	5646	5646	5133	5902	5646	3849	4876		
								ACTUAL	4922	6064	4921	5599	5290	5411	6397	6156	4804	N/A		
CLUSTER	UNIFY / Contracted Providers / MAR Return	PHS11 (SRS15)			VSA05_07	Elective FFCEs	No of elective FFCEs (ordinary)	PLAN	519	601	519	601	601	546	628	601	410	519		
								ACTUAL	498	602	510	605	551	537	579	553	453	N/A		
CLUSTER							No of elective FFCEs (daycase)	PLAN	1959	2268	1959	2268	2268	2062	2371	2268	1546	1959		
								ACTUAL	2115	2526	1990	2343	2154	2143	2433	2353	1891	N/A		
CLUSTER	UNIFY / Contracted Providers	PHQ19 (HQU05)			VSA04	RTT	RTT - admitted	PLAN	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	Data extracted from UNIFY- Performance at SLHT - April 86.12%, May 94.08%, June 93.27%, July 93.92%, Aug 94.27%, Sept 92.92%, Oct 93.77%, Nov 91.65%, Dec 93.86%, Jan 78.20%, Feb 88.98%, Mar 92.69%	Jan RTT data due >19/02/13
								ACTUAL	87.98%	93.77%	93.15%	93.34%	93.81%	94.11%	93.28%	93.15%	93.93%	N/A		
CLUSTER		PHQ20 (HQU06)					RTT - non admitted	PLAN	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	Data extracted from UNIFY- Performance at SLHT - April 96.75%, May 97.59%, June 97.27%, July 97.36%, Aug 97.21%, Sept 95.75% ,Oct 97.94%, Nov 97.65%, Dec 97.07%, Jan 90.31%, Feb 90.29%, Mar 95.84%	
								ACTUAL	96.95%	97.35%	97.11%	97.65%	97.22%	96.48%	97.85%	97.72%	97.53%	N/A		
CLUSTER		PHQ21 (HQU07)					RTT - Incomplete	PLAN	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	Data extracted from UNIFY- Performance at SLHT - April 95.19%, May 96.49%, June 95.92%, July 95.66%, Aug 95.71%, Sept 95.30% ,Oct 95.73%, Nov 94.95%, Dec 92.68%, Jan 90.31%, Feb 90.29%, Mar 94.95%	
								ACTUAL	93.97%	95.27%	94.78%	94.79%	95.09%	94.94%	95.37%	94.76%	92.98%	N/A		
CLUSTER		PHQ19 (HQU05)				RTT T&O	RTT - admitted T&O	PLAN	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	Data extracted from UNIFY- Performance at SLHT - April 76.67%, May 89.61%, June 81.40%, July 86.47%, Aug 94.06%, Sept 83.01%, Oct 88.37%, Nov 81.68%, Dec 80.00%, Jan 54.94%, Feb 78.52%, 83.80%	
								ACTUAL	77.73%	90.05%	85.13%	85.71%	92.22%	86.92%	90.63%	87.73%	82.67%	N/A		
CLUSTER		PHQ20 (HQU06)					RTT - non admitted T&O	PLAN	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	Data extracted from UNIFY- Performance at SLHT - April 94.94%, May 95.73%, June 94.15%, July 96.71%, Aug 96.07%, Sept 92.09%, Oct 98.51%, Nov 92.99%, Dec 96.79%, Jan 92.96%, Feb 89.58%, 97.34%	
								ACTUAL	95.17%	95.00%	94.05%	97.50%	95.36%	93.37%	98.58%	93.64%	96.79%	N/A		
BEXLEY	UNIFY / Contracted Providers/Local Information Systems Oxleas			tcs 36		Referral to treatment waiting time	The percentage of patients whose referral to treatment time is within a locally agreed standard, where they are defined.	ACTUAL	70.06%	73.04%	63.58%	69.36%	63.92%	59.22%	77.77%	71.90%	57.23%	N/A	Information taken from the RTT reports on UNIFY, Plans not available	Jan RTT data due >19/02/13, Jan SUS data due >04/03/13
BEXLEY	UNIFY Consultant-led RTT Reports	PHS16 (HRS07)				Numbers waiting on an incomplete Referral to Treatment pathway	Total numbers waiting at the end of the month on an incomplete RTT pathway	PLAN	9950	9900	9850	9800	9750	9700	9650	9600	9550	9500	Cluster as yet has not ragged this target, therefore have applied a 5% threshold	Jan RTT data due >19/02/13
								ACTUAL	9709	11199	10568	11313	11580	12007	11260	11287	11272	N/A		
BEXLEY	UNIFY / Contracted Providers				PSA13	Waiters for MRI and CT scans	Number of patients, at the date of measurement, waiting 6 weeks or more	PLAN	0	0	0	0	0	0	0	0	0	0	Data extracted from UNIFY DM01 monthly returns - threshold unknown therefore applied 5% - 5 MRI Breaches in December 3 MRI 1 GUYS, 1 KINGS, 3 SLHT	Jan DIAG data due >14/02/13
								ACTUAL	0	0	4	1	2	1	0	4	5	N/A		
BEXLEY						Waiters for other diagnostic tests and procedures	Number of patients, at the date of measurement, waiting 6 weeks or more	PLAN	0	0	0	0	0	0	0	0	0	0	Data supplied on UNIFY on the DC01 return - 8 Breaches in December, SLHT 4 BREACHES, 1 ECHOCARDIOGRAPHY, 1 CYSTOSCOPY, 1 FLEXI SIGMOID, 1 URODYNAMICS, GUYS 1 BREACH, 1 NEUROPHYSIOLOGY, KINGS 3 BREACHES, 2 ECHOCARDIOGRAPHY, 1 GASTROSCOPY	
								ACTUAL	10	14	23	28	17	13	6	5	8	N/A		
BEXLEY		PHQ22				% Diagnostic Waits	Percentage of patients, at the date of measurement, waiting 6 weeks or more for diagnostics	ACTUAL	0.52%	0.75%	1.35%	1.36%	0.95%	0.77%	0.36%	0.48%	0.72%	N/A		
CLUSTER	UNIFY / Contracted Providers	PHS14				Diagnostic Activity - Endoscopy based tests	Total number of diagnostic endoscopy tests	PLAN	473	548	473	548	548	498	573	548	373	548	Data extracted from UNIFY DM01 monthly returns - threshold unknown therefore applied 5%	
								ACTUAL	500	561	445	513	400	351	606	510	457	N/A		
CLUSTER	UNIFY / Contracted Providers	PHS15					Total number of diagnostic non-endoscopy tests	PLAN	4047	4686	4047	4686	4686	4260	4899	4686	3195	4686		
								ACTUAL	4314	4457	4427	5035	4866	4703	5078	4961	4236	N/A		
BEXLEY				tcs 05			The percentage of 12/13-year-old girls who receive the human papilloma virus (HPV) vaccination for cervical cancer.	PLAN	225	450	675	900	900	1350	1800	2700	3150	3600	Data extracted from the Oxleas KPI Reports	
								ACTUAL	461	1071	1076	1080	1080	1405	2568	3475	3786	N/A		
BEXLEY					VSA08	Teenage Pregnancy	Teenage Pregnancy	PLAN	100	100	100	100	100	100	100	100	100	100	Yera to Date Below plan Data supplied by Oxleas. Not sure if Oxleas definitions match VSB18 Data extract only covers up to 11th May as this was the date we transferred teams from Bexley RiO to Greenwich RiO. Awaiting a re run of report - anticipate providing this by 18th June	
								ACTUAL	35	105	101	93	95	100	110	147	16	N/A		
BEXLEY	Julie Tilbrooke/Marc Connor		NI 140		VSB14 (PSA 25)	Number of Drug Users recorded as being in effective treatment	The number of drug users using crack and/or opiates recorded as being in structured drug treatment in a financial year who were discharged from treatment after 12 weeks or more, or that remain in treatment for 12 weeks or more	PLAN	275	275	275	275	275	275	275	275	275	275	Data supplied by Marc Connor	
								ACTUAL	253	252	253	258	262	264	N/A	N/A	N/A	N/A		
BEXLEY				tsc 02		Alcohol Intake	Percentage of Patients on a caseload who have been screened for alcohol intake by community service staff in an active caseload - Cumlative New Presentations	PLAN CUMLATIVE	25	50	75	100	125	150	175	200	225	250	Data supplied by Marc Connor - Local plan for New Presentations	
								ACTUAL CUMLATIVE	28	57	82	116	142	158	178	198	208	N/A		
BEXLEY	NHS London	PHF08 (HRF05)				Chioce	Choice - Choose & Book utiliastion percentage	PLAN	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	Data supplied by NHS London in daily C&B report - http://nww.chooseandbook.nhs.uk/staff/reports and Cluster Performance reports	
								ACTUAL	95.00%	101.00%	100.00%	95.00%	91.00%	96.00%	98.00%	96.00%	81.00%	87.00%		
								ACTUAL (CLUSTER VIEW)	88.00%	88.00%	93.00%	93.00%	N/A	N/A	N/A	N/A	N/A	0.00%		
BEXLEY		PHF09 (HRF05)					Choice - Trend in value/volume of patients being treated at non NHS hospitals	ACTUAL (CLUSTER VIEW)	N/A	0.70%	1.10%	0.90%	1.00%	1.30%	1.20%	N/A	N/A	N/A		
BEXLEY	Oxleas			G1		Number of Complaints	Secondary User Experience - Number of Complaints received in contract month. Base line Average per Quarter as in 11/12 KPI	PLAN	5	5	5	5	5	5	5	5	5	5	Data supplied by Oxleas on the KPI monthly report	
								ACTUAL	2	5	3	2	2	2	3	3	3	N/A		
BEXLEY	Oxleas			G2		Number of Complaints Resolved	Secondary User Experience - Proportion of Complaints resolved locally within an agreed timescale. Plan based on 11/12 KPI	PLAN	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	Data supplied by Oxleas on the KPI monthly report	Low level of staff during month of August period and at one point there was one member of staff dealing with all complaints responses, thus no respond within 30 working days.
								ACTUAL	100.00%	80.00%	75.00%	50.00%	0.00%	100.00%	67.00%	100.00%	100.00%	N/A		
BEXLEY	Oxleas			G3		Ethnicity coding	Percentage of active caseload with recorded ethnicity	BASELINE (March 11)	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	Data supplied by Oxleas on the KPI monthly report	
								ACTUAL	92.00%	94.00%	92.00%	84.27%	74.57%	71.22%	71.15%	70.20%	72.33%	N/A		
BEXLEY	Oxleas			tcs 09 (CS2)		Children with a care plan - The percentage of children on a caseload who have a care plan.	% looked after children on caseload who have a care plan	PLAN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Data supplied by Oxleas on KPI reports - Base line & threshold to established after 3 months	Oxleas unable to supply data from Oct due to RiO issues
								ACTUAL	N/A	N/A	50.60%	65.00%	77.00%	73.00%	73.00%	N/A	N/A	N/A		
BEXLEY	Oxleas			tcs 17 (AS2)		Incidence of pressure ulcer - The percentage of patients on a caseload with a pressure ulcer of grade 2 or higher.	% of patients on a caseload with a pressure ulcer of grade 2 or higher	PLAN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Data supplied by Oxleas on KPI reports - Base line & threshold to established after 3 months	
								ACTUAL	N/A	7.00%	7.00%	8.00%	5.00%	5.00%	5.78%	2.20%	2.90%	N/A		

BEXLEY	Oxleas			tcs 26 (AS1)		Screening for anxiety and depression - The percentage of patients on a caseload who have been screened for anxiety and depression.	% Patients on caseload who have been screened for anxiety and depression	PLAN	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	Data supplied by Oxleas on KPI reports - Base line & threshold to established after 3 months	Oxleas unable to supply data from August
								ACTUAL	N/A	N/A	100.00%	100.00%	50.00%	N/A	N/A	N/A	N/A	N/A		
BEXLEY	Oxleas			tcs 24 (OOH2)		Measuring improvement using a validated assessment tool	% of patients on a caseload achieving improvement as measured using a validated assessment tool appropriate to the scope of the practice.	PLAN	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	Data supplied by Oxleas on KPI reports - Base line and activity will not be available until after July	
								ACTUAL	N/A	N/A	N/A	100.00%	100.00%	86.00%	79.00%	94.74%	N/A	N/A		
BEXLEY	Oxleas			STROKE 1		Stroke KPI's	% of patients contacted within 1 working day of discharge	PLAN	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	Data supplied by Oxleas with thier KPI reports	
								ACTUAL	100%	91%	100%	100%	100%	100%	100%	100%	100%	N/A		
				STROKE 2			% of patients contacted within 3 working day of discharge	PLAN	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%		
								ACTUAL	43%	80%	100%	88%	100%	100%	90%	89%	100%	N/A		
				STROKE 3			% of patients referred by GP assessed within 3 working day of discharge	PLAN	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%		
								ACTUAL	0%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A		
				STROKE 4			% of patients with a set of short and long term goals	PLAN	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		
								ACTUAL	85%	100%	100%	100%	100%	100%	100%	100%	100%	N/A		
				STROKE 5			% of discharge letter to GP with a copy to the patient within 7 days of discharge	PLAN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
								ACTUAL	N/A	N/A	22%	100%	100%	100%	100%	100%	100%	N/A		
BEXLEY	Michael Boyce / Julie Witherall	PHS04				Delivery of QIPP Savings	% QIPP delivery (savings and re-investment) in 2012/13 and QIPP for 2012/13 to 2014/15, including demonstrable link to workforce and activity.	PLAN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	NEW TARGET - Data Supplied by Cluster Performance report	
								ACTUAL	N/A	N/A	N/A	83%	83%	89%	89%	91%	92%	N/A		

QUARTERLY

BEXLEY / CLUSTER SUBMISSION (RESPONSIBLE)	DATA SOURCE	CODE 12/13 (11/12)	Joint Targets with LA Codes	Community Indicator Target Codes (tcs*) & Oxleas KPI Codes	Maps to VS or PSA Targets?	Measure	Definition	ACTUAL/PLAN	Q1	Q2	Q3	COMMENTS	Next expected due date/Comments
BEXLEY	Jane McGuane, Screening, Bromley PCT - Public Health	ZZZ02				Cervical Screening	Percentage Rolling Cervical Coverage data per quarter - Women aged (25-64 - 5 years since last adequate test)	PLAN	80.00%	80.00%	80.00%	Data from - Screening, Emergency Planning & Health Protection Administrator Bromley PCT - Public Health. (Q1 12/13 Bromley 81.06%, Greenwich 75.79%)	Plans and activity supplied SEL Scorecard supplied by Bromley & Tess (Q2 due approx Jan 12)
								ACTUAL	81.18%	81.29%	N/A		
BEXLEY	Jane McGuane, Screening, Bromley PCT - Public Health	ZZZ01				Breast Screening	Rolling Breast Screening Coverage data per quarter - Women (age 50 -70 Screened within last 3years)	PLAN	70.00%	70.00%	70.00%	Screening Stats supplied by Teresa Salami-Adeti or Screening, Emergency Planning & Health Protection Administrator Bromley PCT. (Q1 12/13 Bromley 71.69%, Greenwich 61.94%)	Plans and activity supplied SEL Scorecard supplied by Tess (Q1 12/13 was due approx Jan 13 from Bromley), have chased the data
								ACTUAL	72.72%	N/A	N/A		
CLUSTER	Exeter Cancer Screening statistics, SEL Cancer Screening	SQU20			VSA09	Breast screening	Extension of breast screening program to women aged 47-49 and 71-73	PLAN	30.00%	30.00%	30.00%	Data extracted from the Cancer Screening area on Exeter	
								ACTUAL	33.30%	27.40%	25.49%		
CLUSTER	Exeter Cancer Screening statistics, SEL Cancer Screening Programme	SQU21			VSA10	Bowel screening Exten	Extension of bowel screening program to men and women aged 70 up to 75 birthday	PLAN	50.40%	50.70%	51.00%	Data extracted from the Cancer Screening area on Exeter	Plans and activity supplied SEL Scorecard supplied by Bromley & Tess
								ACTUAL	3.66%	3.66%	4.08%		
CLUSTER	Exeter Cancer Screening statistics	ZZZ07				Bowel screening	Bowel Screening - Uptake	PLAN	60.00%	60.00%	60.00%	Screeneing Stats supplied by Teresa Salami-Adeti via NHS Bowel Screening Prog reports or SEL Scorecard	Plans and activity supplied SEL Scorecard supplied by Bromley & Tess, have chased the Q2 data
								ACTUAL	55.36%	52.67%	N/A		
							Bowel Screening - Positivity	PLAN	1.53%	1.53%	1.53%		
								ACTUAL	1.22%	1.22%	N/A		
BEXLEY	Exeter Cancer Screening statistics, SEL Cancer Screening Programme	ZZZ03				Colonoscopy screening	Percentage Colonoscopy Waiting Times - Urgent (High Grades) < 2 weeks	PLAN	90.00%	90.00%	90.00%	Data from - Screening, Emergency Planning & Health Protection Administrator Bromley PCT - Public Health	Plans and activity supplied SEL Scorecard supplied by Bromley, have chased the Q2 figures
								ACTUAL QMS	100.00%	100.00%	N/A		
								ACTUAL PRUH	100.00%	100.00%	N/A		
								ACTUAL QEH	83.00%	77.00%	N/A		
							Percentage Colonoscopy Waiting Times - Routine (Low Grades) < 4 weeks	PLAN	90.00%	90.00%	90.00%		
								ACTUAL QMS	100.00%	99.00%	N/A		
								ACTUAL PRUH	75.00%	62.00%	N/A		
								ACTUAL QEH	98.00%	92.00%	N/A		
CLUSTER	Acute Provider data / VSMR Local Information Systems	SQU06_01			VSA14	Stroke indicator	Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	PLAN	80.00%	80.00%	80.00%	This target is now reported by Cluster	Q4 IPMR return due between 18 -25 May 13
								ACTUAL	90.83%	90.70%	87.23%		
		SQU06_02			VSA14		Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours	PLAN	60.00%	60.00%	60.00%	This target is now reported by Cluster	Q4 IPMR return due between 18 -25 May 13
								ACTUAL	35.00%	70.00%	66.67%		
CLUSTER / PRIMARY CARE	Emma Wallis SECTOR					Dental contracts DC01	Volume of units of dental activity (UDAs) commissioned as at the end of each quarter, for the proceeding 12 months.	PLAN	315897	315897	315897	Extracted from the NHS Performance dashboard, or DC01 return on UNIFY	
								ACTUAL	282123	281771	285023		
BEXLEY	Oxleas Local Information Systems			tcs 42 (G13)		'Safeguarding Adults' training	The percentage of eligible staff who have completed mandatory training in adult protection in the last 12 months.	PLAN	83.00%	83.00%	83.00%	Oxleas supply in their Performance from their KPI report	
								ACTUAL	87.00%	90.00%	94.00%		
BEXLEY	Oxleas Local Information Systems			tcs 43 (G12)		Infection control training	The percentage of eligible staff who have completed mandatory training in infection control in the last 12 months.	PLAN	80.54%	80.54%	80.54%	Oxleas supplied Plan & Actual Performance from their KPI report	
								ACTUAL	88.00%	90.00%	93.00%		
BEXLEY	Oxleas - Stephen Francis & MIND for IAPT (ttp://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/MentalHealthCommunityTeamsActivity/index.htm)	PHQ10 (SQU13)				Mental health measures - EI	The number of new cases of psychosis served by early intervention teams year to date	PLAN (CUMLATIVE)	7	14	21	Extracted from the DoH Performance Statistics web site and UNIFY	Q4 due approx end of May 13
								ACTUAL (Cumlative)	5	16	20		
BEXLEY		PHQ11 (SQU14)				Mental health measures - CR/HT	Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT	PLAN	95.00%	95.00%	95.00%	Extracted from the DoH Performance Statistics web site and UNIFY	Q4 due approx end of May 13
								ACTUAL	81.53%	75.68%	71.11%		
BEXLEY		PHQ12 (SQU15)				Mental health measures - CPA	The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from inpatient care during the quarter (QA)	PLAN	0.00%	95.00%	95.00%	Extracted from the DoH Performance Statistics web site and UNIFY	Q4 due approx end of May 13
								ACTUAL	94.44%	96.97%	94.83%		
BEXLEY		PHQ13 (SQU16)			VSC02	Mental health measures - IAPT	The proportion of people who are referred for psychological therapies who receive psychological therapies (SQU16_01 / SQU16_02)	PLAN	1.16%	1.71%	2.05%	Actuals supplied by Sam Irving at MIND	Q4 IPMR return due between 18 -25 May 13
								ACTUAL	0.74%	0.83%	0.74%		
BEXLEY								PLAN	50.00%	50.00%	50.00%		
								ACTUAL	46.88%	34.16%	42.95%		
BEXLEY	Jo Woodvine/ NHS Info Centre/ Clare Ross / GP Practices (Kitemark data)	PHQ30 (SQU18)	NI 123		VSB05	Smoking Quitters	Number of 4-week smoking quitters that have attended NHS Stop Smoking Services	PLAN	346	380	354	Data & comment supplied by Jo Woodvine. As you know our target for 2012/13 is to support 1615 successful four week quitters. During Q2 Bexley Stop Smoking Service has supported 300 smokers to quit. Our trajectory for Q2 was to support 380 successful quits and therefore we will be Red for this quarter. This is not unusual during Q2 as historically this is a poor performing quarter and there is always a seasonal variation in attempts to stop smoking. Most successful quits occur during Q4. However, we will need sustained effort during the remainder of Q3 to make up the additional numbers required to bring us back on track to reach our annual target. The Stoptober Campaign should have made an impact on performance but this will not be known until figures are collated for Q3 (mid-February 2013). In the meantime, I will be writing to all GP practices and those pharmacies offering smoking cessation support, to inform them of their current performance against their individual targets and to encourage them to continuing to offer all smokers support to quit.	Data due approx 10 week after close of each quarter
								ACTUAL	349	300	N/A		
PROVIDER/ CLUSTER	David Parkins/ Bromley PCT/ QAF	SQU23				Diabetic retinopathy screening	Percentage of eligible people offered screening for the early detection (and treatment if needed) of diabetic retinopathy in the previous twelve months	PLAN	100%	100%	100%	Data supplied by Agnes Marossy at Bromley PCT and approved by D Parkins. Submitted by NHS London onto UNIFY on our behalf	Q4 IPMR return due between 18 -25 May 13
								ACTUAL	103.20%	102.31%	101.01%		
BEXLEY	Clare Ross / Local Information Systems	PHQ31 (SQU27)			VSC23	Coverage of NHS Health Checks	% people ages 40-74 who have received a health check	PLAN CUM	5.00%	10.14%	15.43%	Data taken from the practice Kitemark returns. All practices supplied data for Q3. Reported as cumlative position.	Q4 IPMR return due between 18 -25 May 13
								ACTUAL CUM	6.79%	17.25%	23.33%		
							% people ages 40-74 who have offered a health check	PLAN	1.65%	3.50%	5.56%		
								ACTUAL	2.70%	6.60%	9.79%		
BEXLEY	Oxleas Local Information Systems			tcs 22 (OOH10)		Falls in a community setting	The number of falls in a community setting as a percentage of the total number of patients on a caseload. Baseline 11/12	PLAN	21	21	21	Oxleas supplied Actual Performance from their KPI report, no baseline established	
								ACTUAL	13	32	6		
CLUSTER	Contracted Acute Providers	SQU12	NI 126		VSB06	Maternity 12 weeks	% women who have seen a midwife by 12 weeks and 6 days of pregnancy	PLAN	90.00%	90.00%	90.00%	IPMR data submitted by Cluster. Structure of target ammended in line with guidance allowing time lag between ante natel care and delivery	Q4 IPMR return due between 18 -25 May 13
								ACTUAL	87.19%	91.47%	82.98%		
CLUSTER	Contracted Acute Providers				PSA06a	Infant mortality: Smoking during pregnancy	Number of women known to be smokers at time of delivery	PLAN	15.00%	15.00%	15.00%	IPMR data submitted by Cluster - 09/10 PLANS	Q4 IPMR return due between 18 -25 May 13
								ACTUAL	7.27%	10.91%	11.78%		
CLUSTER	Contracted Acute Providers				PSA06b	Infant mortality: BF at the time of delivery	Number of women known to be breast feeding at time of delivery	PLAN	80.00%	80.00%	80.00%	IPMR data submitted by Cluster - 09/10 PLANS	Q4 IPMR return due between 18 -25 May 13
								ACTUAL	84.86%	74.52%	80.47%		
BEXLEY	GP Practices	SQU19		tcs 08	VSB11	Breastfeeding at 6-8 weeks	Prevalence of breastfeeding at 6-8 wks after birth	PLAN	48.37%	48.37%	48.37%	Data no longer available on Kitemark Return - Q3 data supplied from 27 practices	Q4 IPMR return due between 18 -25 May 13
								ACTUAL	48.58%	47.02%	49.41%		
BEXLEY							Coverage * The number of children with a breastfeeding status recorded as a percentage of all infants due for a 6–8 week check during the quarter	PLAN	98.41%	98.41%	98.41%		
								ACTUAL	98.42%	93.12%	96.15%		
BEXLEY	Local Information Systems Oxleas			tcs 16 (CS10)		Safeguarding children training	Percentage of staff who have received mandatory child protection training (as per local training policy) Level - 1	PLAN Level 1	80.00%	80.00%	80.00%	Oxleas provided Plan & Actual from their KPI Performance report	
								ACTUAL Level 1	88.00%	94.00%	98.00%		
				tcs 16 (CS19)			Percentage of staff who have received mandatory child protection training (as per local training policy) Level - 2	PLAN Level 2	80.00%	80.00%	80.00%		
								ACTUAL Level 2	91.00%	93.00%	96.00%		
				tcs 16 (CS10)			Percentage of staff who have received mandatory child protection training (as per local training policy) Level - 3	PLAN Level 3	80.00%	80.00%	80.00%		
								ACTUAL Level 3	81.00%	81.00%	88.00%		
BEXLEY	Khushbu Lalwani / GP Practices			tcs 11	VSB10	Individuals who complete immunisation	Number of children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib) *3	PLAN	95.00%	95.00%	95.00%	Reporting Bexley figures which can be validated against practice data. Data reported to the Health Protection Agency	Q3 due approx 28/02/2013
								ACTUAL	94.28%	94.84%	0.00%		
BEXLEY							Number of children aged 2 who have been immunised for Pneumococcal infection (PCV) BOOSTER	PLAN	90.00%	90.00%	90.00%		
								ACTUAL	89.05%	92.24%	0.00%		
BEXLEY							Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC) BOOSTER	PLAN	90.00%	90.00%	90.00%		
								ACTUAL	91.37%	89.45%	0.00%		
BEXLEY							Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR1)	PLAN	90.00%	90.00%	90.00%		
								ACTUAL	88.02%	90.06%	0.00%		
BEXLEY							Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV) PRE SCHOOL	PLAN	90.00%	90.00%	90.00%		
								ACTUAL	97.43%	96.23%	0.00%		
BEXLEY							Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR) BOOSTER	PLAN	90.00%	90.00%	90.00%		
								ACTUAL	92.68%	88.44%	0.00%		

BEXLEY	Oxleas			CS8		Health Visitors = Health Promotion (including New Born hearing, screening and breast feeding	Percentage of new birth Health Visitor visits carried out to Bexley Babies within 14days	PLAN	85.00%	85.00%	85.00%	Data supplied by Oxleas on the KPI monthly report	
								ACTUAL	69.00%	84.00%	86.00%		
BEXLEY	SAS return (LA)		NI 125		OOH12	Independence for older people	Achieving independence for older people through rehabilitation or intermediate care	PLAN		78.50%		Data supplied by Oxleas on KPI reports	
								ACTUAL		86.00%			
BEXLEY	Oxleas			tcs 28 (AS3)		Patients with a care plan (end of life) - The percentage of patients on an End of Life care pathway who have a personalised care plan	% of patients on an End of Life care pathway who have a personalised care plan	PLAN	N/A	N/A	N/A	Data supplied by Oxleas on KPI reports - baseline should be available after Q2	
								ACTUAL	45.00%	53.00%	N/A		
BEXLEY				tcs 28 (AS4)			% of patients on an End of Life care pathway who died in their preferred place of death	PLAN	N/A	N/A	N/A		
								ACTUAL	88.00%	100.00%	100.00%		
BEXLEY	Oxleas			tcs 18 (AS5)		Leg ulcer wounds - The percentage of venous leg ulcer wounds that have healed within 12 to 24 weeks from start of treatment	% of venous leg ulcer wounds healed within 12 months from start of treatment	PLAN		N/A		Data supplied by Oxleas on KPI reports - No Base line established	
								ACTUAL		46.00%			
BEXLEY				tcs 18 (AS6)			% of venous leg ulcer wounds healed within 12 to 24 weeks from start of treatment	PLAN		N/A			
								ACTUAL		39.00%			
BEXLEY	Oxleas			tcs 07 (AS7)		Nutritional assessment - The percentage of patients assessed for nutritional requirements	% of patients with leg ulcer on DN caseload who where assessed for nutritional requirements using an established screening tool	PLAN		N/A		Data supplied by Oxleas on KPI reports - No Base line available	
								ACTUAL		100%			
BEXLEY	Oxleas			tcs 10 (CS7)		Postnatal depression in mothers	% of new mothers with postnatal depression assessment (number of assessment as % of new births)	PLAN	100.00%	100.00%	100.00%	Data supplied by Oxleas on KPI reports - Base line and activity should be available after Q2	
								ACTUAL	100.00%	100.00%	100.00%		
BEXLEY	Oxleas			tcs 15 (CS11)		Health assessments for children who are looked after	% of children who have received a review following a referral	PLAN	N/A	N/A	N/A	Data supplied by Oxleas on KPI reports - Base line will not be available until after Q2	
								ACTUAL	99.00%	93.00%	92.00%		

Referral to Treatment Admitted & Non-Admitted 2011/12, 2012/13

Excluding Unknown Clock Starts

BEX ALL PROVIDERS

	2011-2012																								2012-2013													
	APRIL	APRIL	MAY	MAY	JUNE	JUNE	JULY	JULY	AUG	AUG	SEPT	SEPT	OCT	OCT	NOV	NOV	DEC	DEC	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY	JUN	JUN	JUL	JUL	AUG	AUG	SEP	SEP	OCT	OCT	NOV	NOV
Specialty	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted
General Surgery	86.98%	92.66%	81.65%	93.00%	86.99%	94.70%	81.11%	94.64%	82.66%	94.64%	88.51%	90.40%	85.81%	94.78%	89.71%	94.19%	85.42%	92.19%	87.91%	93.80%	92.51%	93.85%	88.89%	96.62%	87.65%	96.21%	90.12%	95.45%	95.45%	91.73%	89.22%	94.08%	86.75%	99.08%	90.59%	92.66%	87.91%	96.89%	88.68%	97.60%
Urology	91.92%	97.18%	92.93%	100.00%	87.72%	98.81%	95.41%	100.00%	92.78%	100.00%	93.02%	95.71%	93.46%	96.39%	94.38%	96.70%	94.87%	98.63%	93.67%	93.94%	97.87%	95.59%	90.80%	96.67%	97.44%	98.84%	94.19%	97.85%	93.55%	95.77%	96.55%	96.97%	97.59%	98.75%	96.67%	95.00%	93.59%	96.84%	94.74%	97.65%
Trauma & Orthopaedics	59.78%	95.30%	54.59%	92.57%	55.56%	94.69%	65.38%	94.39%	68.64%	91.40%	62.37%	95.10%	60.00%	96.09%	58.30%	93.77%	58.73%	93.86%	63.91%	92.91%	80.39%	90.00%	86.12%	96.33%	77.73%	95.17%	90.05%	95.00%	85.13%	94.05%	85.71%	97.50%	92.22%	95.36%	86.92%	93.37%	90.63%	98.58%	87.73%	93.64%
ENT	87.67%	97.35%	98.44%	98.91%	92.59%	98.56%	95.29%	99.18%	93.75%	97.44%	88.75%	96.53%	90.54%	100.00%	91.36%	97.75%	94.23%	97.76%	97.59%	96.05%	91.67%	97.01%	91.25%	97.45%	95.00%	95.69%	97.47%	98.11%	92.86%	96.33%	90.74%	97.83%	92.77%	97.08%	100.00%	99.26%	97.70%	97.76%	97.67%	98.58%
Ophthalmology	70.97%	77.66%	66.22%	74.39%	75.94%	75.37%	71.25%	70.14%	70.00%	80.00%	79.13%	86.31%	80.15%	91.44%	75.17%	87.95%	85.44%	82.59%	77.84%	79.95%	90.77%	80.75%	95.63%	91.47%	84.85%	95.02%	97.56%	96.39%	93.28%	98.68%	97.71%	98.08%	97.09%	98.40%	98.45%	97.34%	96.00%	99.48%	95.98%	98.60%
Oral Surgery	46.88%	85.48%	73.33%	93.48%	66.67%	86.84%	75.00%	88.52%	87.18%	89.55%	81.63%	97.10%	75.00%	81.48%	83.72%	82.04%	90.00%	88.06%	87.80%	76.02%	97.73%	88.20%	95.35%	84.46%	89.66%	93.19%	97.06%	93.51%	100.00%	87.94%	97.67%	89.55%	96.88%	89.32%	97.37%	87.59%	95.56%	91.22%	92.11%	95.88%
Neurosurgery	100.00%	75.00%	100.00%	100.00%	90.00%	85.71%	85.71%	100.00%	64.71%	100.00%	61.54%	100.00%	75.00%	92.31%	90.00%	100.00%	62.50%	100.00%	100.00%	100.00%	63.64%	100.00%	100.00%	90.91%	100.00%	100.00%	87.50%	100.00%	88.89%	100.00%	80.00%	86.67%	86.67%	100.00%	77.78%	87.50%	85.71%	100.00%	72.73%	100.00%
Plastic Surgery	100.00%	100.00%	95.00%	92.31%	88.89%	86.67%	81.25%	100.00%	77.78%	91.67%	75.00%	100.00%	84.00%	94.12%	77.27%	85.71%	77.78%	93.33%	71.43%	100.00%	79.17%	88.89%	65.38%	94.12%	88.24%	89.47%	93.33%	86.96%	88.46%	100.00%	82.86%	94.12%	84.44%	80.00%	87.50%	90.00%	77.42%	96.55%	96.55%	88.89%
Cardiothoracic Surgery	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%	0.00%	66.67%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	100.00%
General Medicine	100.00%	95.65%	100.00%	100.00%	100.00%	100.00%	100.00%	92.59%	100.00%	100.00%	100.00%	96.97%	100.00%	100.00%	100.00%	97.14%	100.00%	100.00%	100.00%	100.00%	100.00%	86.96%	100.00%	100.00%	100.00%	98.86%	100.00%	98.92%	100.00%	98.94%	100.00%	100.00%	100.00%	100.00%	100.00%	96.55%	62.50%	100.00%	88.89%	100.00%
Gastroenterology	94.44%	97.92%	100.00%	100.00%	97.14%	100.00%	100.00%	95.92%	95.00%	96.36%	100.00%	98.25%	100.00%	96.43%	100.00%	93.33%	100.00%	94.34%	100.00%	96.30%	100.00%	93.18%	100.00%	95.58%	100.00%	95.74%	100.00%	93.75%	91.67%	95.00%	100.00%	95.79%	100.00%	95.65%	100.00%	97.18%	100.00%	96.30%	100.00%	97.33%
Cardiology	85.71%	100.00%	100.00%	97.50%	94.12%	98.48%	97.37%	98.53%	94.12%	98.41%	96.67%	100.00%	96.67%	98.57%	96.88%	94.87%	93.10%	98.00%	100.00%	98.33%	92.11%	96.23%	93.55%	96.88%	90.32%	98.04%	100.00%	97.59%	100.00%	100.00%	100.00%	98.31%	100.00%	94.74%	100.00%	95.95%	96.30%	97.65%	100.00%	99.22%
Dermatology	96.00%	95.79%	100.00%	99.21%	100.00%	98.69%	100.00%	100.00%	96.15%	100.00%	100.00%	99.07%	85.71%	97.92%	100.00%	98.66%	100.00%	93.98%	100.00%	97.12%	100.00%	95.58%	100.00%	97.11%	0.00%	96.88%	100.00%	98.86%	100.00%	98.91%	100.00%	99.25%	100.00%	100.00%	100.00%	99.21%	100.00%	100.00%	100.00%	98.46%
Thoracic Medicine	0.00%	96.97%	0.00%	98.78%	100.00%	96.97%	100.00%	98.36%	100.00%	100.00%	100.00%	98.44%	100.00%	97.73%	100.00%	100.00%	100.00%	98.31%	100.00%	100.00%	0.00%	92.11%	100.00%	98.61%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.18%	100.00%	100.00%	100.00%	97.37%	100.00%	95.00%
Neurology	0.00%	89.13%	100.00%	98.18%	100.00%	89.29%	100.00%	95.24%	100.00%	100.00%	100.00%	98.63%	100.00%	98.80%	100.00%	93.26%	100.00%	96.67%	100.00%	95.59%	100.00%	93.24%	100.00%	99.08%	100.00%	97.14%	100.00%	97.56%	100.00%	98.36%	80.00%	96.88%	100.00%	98.98%	100.00%	93.26%	100.00%	97.35%	100.00%	96.81%
Rheumatology	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.77%	100.00%	100.00%	100.00%	97.40%	0.00%	98.73%	0.00%	98.82%	0.00%	97.30%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.89%	100.00%	97.89%	0.00%	97.37%	100.00%	100.00%	100.00%	100.00%
Geriatric Medicine	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	97.50%	0.00%	100.00%	0.00%	100.00%	0.00%	98.00%	0.00%	100.00%	100.00%	100.00%	0.00%	97.22%	0.00%	100.00%	100.00%	96.97%	0.00%	97.62%	0.00%	97.73%	0.00%	100.00%	100.00%	98.00%	100.00%	97.73%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%
Gynaecology	89.36%	96.50%	85.58%	98.48%	91.84%	97.40%	84.68%	97.84%	89.61%	96.64%	81.08%	95.28%	88.79%	99.24%	88.00%	98.54%	89.01%	98.07%	88.39%	97.61%	90.00%	97.46%	95.58%	98.70%	86.67%	98.10%	93.83%	98.94%	97.92%	99.44%	95.58%	98.66%	96.55%	97.51%	98.13%	94.48%	96.69%	96.97%	93.02%	97.37%
Other	96.25%	98.62%	91.03%	97.89%	95.93%	98.53%	96.35%	97.61%	92.72%	97.57%	94.51%	97.44%	93.82%	97.90%	91.75%	97.80%	91.43%	97.56%	90.30%	97.07%	91.39%	97.15%	89.42%	97.53%	94.62%	98.30%	93.91%	98.42%	95.29%	98.30%	98.22%	98.67%	95.88%	98.23%	97.03%	98.56%	96.21%	97.90%	96.79%	98.65%
Total	81.72%	94.20%	80.77%	94.55%	83.68%	94.26%	83.88%	93.86%	83.81%	95.04%	82.80%	94.76%	82.53%	96.06%	82.13%	95.22%	83.72%	94.70%	83.89%	93.08%	89.94%	92.83%	90.65%	96.15%	87.98%	96.95%	93.77%	97.35%	93.15%	97.11%	93.34%	97.65%	93.81%	97.22%	94.11%	96.48%	93.28%	97.85%	93.15%	97.72%
																													3.15%	2.11%	3.34%	2.65%	3.81%	2.22%	4.11%	1.48%	3.28%	2.85%	3.15%	2.72%
TOTAL VARIANCE PREV MONTH			-0.95%	0.35%	2.91%	-0.30%	0.20%	-0.39%	-0.07%	1.17%	-1.01%	-0.28%	-0.27%	1.31%	-0.40%	-0.84%	1.59%	-0.52%	0.18%	-1.62%	6.05%	-0.25%	0.71%	3.32%	-2.67%	0.80%	5.79%	0.39%	-0.62%	-0.24%	0.19%	0.55%	0.47%	-0.43%	0.30%	-0.75%	-0.83%	1.38%	-0.13%	-0.14%

BEX SLHT

	2011-2012																								2012-2013													
	APRIL	APRIL	MAY	MAY	JUNE	JUNE	JULY	JULY	AUG	AUG	SEPT	SEPT	OCT	OCT	NOV	NOV	DEC	DEC	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY	JUN	JUN	JUL	JUL	AUG	AUG	SEP	SEP	OCT	OCT	NOV	NOV
Specialty	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted
General Surgery	86.67%	88.89%	78.29%	91.80%	84.82%	92.21%	77.54%	92.19%	77.69%	95.89%	87.90%	88.16%	80.18%	94.44%	89.52%	93.16%	82.24%	91.40%	86.99%	91.49%	91.95%	92.94%	88.68%	97.58%	88.89%	96.67%	88.28%	95.40%	96.06%	93.81%	89.17%	93.46%	84.07%	100.00%	89.17%	89.39%	89.04%	97.27%	89.74%	97.64%
Urology	89.58%	96.77%	93.88%	100.00%	89.06%	100.00%	92.98%	100.00%	89.09%	100.00%	97.56%	95.65%	94.92%	94.74%	94.74%	97.37%	92.31%	100.00%	97.30%	93.75%	100.00%	100.00%	97.22%	97.73%	100.00%	100.00%	100.00%	100.00%	96.55%	100.00%	100.00%	97.37%	100.00%	100.00%	100.00%	98.04%	94.59%	100.00%	96.88%	97.30%
Trauma & Orthopaedics	46.15%	96.72%	42.66%	92.80%	42.98%	95.10%	44.34%	94.19%	56.31%	91.98%	48.65%	96.76%	50.00%	96.20%	45.56%	93.97%	52.82%	94.84%	54.94%	92.96%	78.52%	89.58%	83.80%	97.34%	76.67%	94.94%	89.61%	95.73%	81.40%	94.15%	86.47%	96.71%	94.06%	96.07%	83.01%	92.09%	88.37%	98.51%	81.68%	92.99%
ENT	90.00%	92.31%	100.00%	96.15%	100.00%	100.00%	100.00%	92.31%	75.00%	95.00%	53.85%	83.33%	40.00%	100.00%	44.44%	100.00%	100.00%	94.74%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	75.00%	93.75%	100.00%	100.00%	100.00%	100.00%	100.00%	94.44%	85.71%	100.00%	100.00%	95.24%	100.00%	93.75%	100.00%	85.71%
Ophthalmology	64.44%	65.54%	60.00%	59.55%	71.72%	63.06%	66.39%	56.08%	62.32%	72.41%	75.76%	81.49%	77.14%	84.17%	72.57%	82.42%	83.87%	74.33%	73.46%	72.87%	90.85%	75.98%	96.65%	87.46%	82.99%	93.89%	99.21%	96.14%	95.00%	99.47%	99.21%	99.02%	97.76%	99.53%	97.94%	97.59%	99.35%	99.63%	97.97%	98.88%
Oral Surgery	34.62%	80.82%	63.33%	89.19%	59.38%	83.64%	71.43%	77.36%	78.95%	86.21%	81.25%	83.96%	80.00%	68.89%	84.62%	72.12%	95.65%	84.69%	90.00%	65.45%	96.88%	83.74%	100.00%	77.05%	94.12%	92.31%	100.00%	90.12%	100.00%	81.25%	100.00%	83.91%	94.74%	83.20%	95.00%	79.22%	100.00%	87.95%	88.89%	95.33%
Neurosurgery	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Plastic Surgery	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	100.00%	100.00%	100.00%	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%
Cardiothoracic Surgery	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
General Medicine	100.00%	94.44%	100.00%	100.00%	100.00%	100.00%	100.00%	90.00%	100.00%	100.00%	100.00%	95.24%	100.00%	100.00%	100.00%	96.15%	100.00%	100.00%	100.00%	100.00%	100.00%	82.35%	100.00%	100.00%	100.00%	98.78%	100.00%	98.77%	100.00%	98.84%	100.00%	100.00%	100.00%	100.00%	100.00%	96.23%	57.14%	100.00%	88.89%	100.00%
Gastroenterology	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.30%	90.91%	93.10%	100.00%	97.37%	100.00%	97.14%	100.00%	90.00%	100.00%	94.87%	100.00%	100.00%	100.00%	91.18%	100.00%	96.74%	100.00%	97.14%	100.00%	92.16%	100.00%	95.00%	100.00%	92.98%	100.00%	95.65%	100.00%	95.83%	100.00%	94.12%	100.00%	100.00%
Cardiology	75.00%	100.00%	100.00%	95.56%	100.00%	100.00%	100.00%	97.44%	100.00%	100.00%	100.00%	100.00%	100.00%	97.56%	90.91%	90.00%	75.00%	97.22%	100.00%	97.06%	100.00%	93.10%	100.00%	97.37%	100.00%	95.45%	100.00%	96.49%	100.00%	100.00%	100.00%	97.67%	100.00%	94.29%	100.00%	92.11%	100.00%	94.74%	100.00%	99.08%
Dermatology	95.65%	96.61%	100.00%	100.00%	100.00%	99.07%	100.00%	100.00%	97.87%	100.00%	0.00%	98.46%	0.00%	97.87%	0.00%	99.02%	0.00%	95.00%	0.00%	98.18%	0.00%	94.64%	0.00%	98.51%	0.00%	96.61%	0.00%	100.00%	0.00%	100.00%	0.00%	98.95%	0.00%	100.00%	0.00%	98.67%	0.00%	100.00%	0.00%	98.44%
Thoracic Medicine	0.00%	96.00%	0.00%	98.46%	0.00%	96.08%	100.00%	98.04%	0.00%	100.00%	0.00%	98.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	92.31%	0.00%	98.31%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	96.61%	0.00%	100.00%	0.00%	96.72%	0.00%	95.52%
Neurology	0.00%	92.00%	0.00%	96.77%	0.00%	87.50%	0.00%	94.74%	100.00%	100.00%	100.00%	100.00%	100.00%	98.31%	100.00%	92.42%	100.00%	95.24%	100.00%	95.65%	0.00%	95.45%	0.00%	100.00%	0.00%	96.00%	100.00%	98.21%	0.00%	100.00%	0.00%	97.78%	100.00%	98.63%	100.00%	96.43%	0.00%	98.51%	0.00%	98.31%
Rheumatology	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	95.83%	100.00%	100.00%	0.00%	95.65%	0.00%	100.00%	0.00%	98.55%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	98.61%	0.00%	98.25%	0.00%	100.00%	100.00%	100.00%
Geriatric Medicine	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	97.67%	0.00%	100.00%	100.00%	100.00%	0.00%	95.45%	0.00%	100.00%	100.00%	96.00%	0.00%	96.67%	0.00%	97.06%	0.00%	100.00%	0.00%	97.37%	100.00%	96.97%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%
Gynaecology	87.50%	96.08%	81.93%	100.00%	91.25%	98.06%	82.05%	98.92%	90.48%	97.30%	80.90%	95.83%	88.42%	98.80%	88.00%	96.70%	89.61%	96.74%	87.91%	96.77%	90.91%	95.19%	97.94%	98.35%	88.52%	96.05%	95.24%	97.70%	97.65%	98.48%	94.90%	97.48%	96.15%	95.05%	98.82%	91.14%	96.88%	94.34%	92.06%	96.26%
Other	97.67%	98.43%	84.71%	98.55%	95.38%	99.04%	96.43%	98.45%	91.23%	98.02%	96.23%	98.19%	98.04%	99.11%	94.64%	98.04%	83.53%	98.22%	88.10%	97.56%	83.56%	97.09%	100.00%	97.66%	97.87%	99.06%	98.36%	99.51%	100.00%	99.02%	98.67%	99.19%	100.00%	98.91%	100.00%	99.25%	98.08%	98.62%	100.00%	99.27%
Total	74.45%	92.25%	71.14%	92.36%	77.44%	92.30%	75.65%	91.14%	76.95%	93.73%	77.81%	93.57%	76.76%	95.23%	75.08%	93.74%	78.62%	93.53%	78.20%	90.31%	88.98%	90.29%	92.69%	95.84%	86.12%	96.75%	94.08%	97.59%	93.27%	97.27%	93.92%	97.36%	94.27%	97.21%	92.92%	95.75%	93.77%	97.94%	91.65%	97.65%
																													3.27%	2.27%	3.92%	2.36%	4.27%	2.21%	2.92%	0.75%	3.77%	2.94%	1.65%	2.65%
SLHT VARIANCE PREV MONTH			-3.30%	0.11%	6.30%	-0.06%	-1.79%	-1.16%	1.29%	2.59%	0.86%	-0.16%	-1.05%	1.67%	-1.68%	-1.49%	3.54%	-0.21%	-0.42%	-3.22%	10.79%	-0.02%	3.71%	5.55%	-6.57%	0.91%	7.96%	0.84%	-0.81%	-0.32%	0.65%	0.08%	0.34%	-0.15%	-1.35%	-1.45%	0.85%	2.19%	-2.12%	-0.29%

SLHT % TOTAL RTT LIST	2011-2012																								2012-2013													
	APRIL	APRIL	MAY	MAY	JUNE	JUNE	JULY	JULY	AUG	AUG	SEPT	SEPT	OCT	OCT	NOV	NOV	DEC	DEC	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY	JUN	JUN	JUL	JUL	AUG	AUG	SEP	SEP	OCT	OCT	NOV	NOV
	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted
PERCENTAGE	57.38%	60.69%	58.53%	58.11%	57.38%	58.37%	55.66%	57.86%	55.23%	56.54%	56.87%	60.08%	56.57%	57.27%	53.86%	58.90%	59.58%	59.71%	59.25%	56.05%	58.15%	58.49%	58.70%	68.34%	56.81%	62.54%	52.63%	59.50%	53.09%	58.52%	54.80%	60.06%	51.52%	59.17%	54.98%	57.22%	53.89%	58.35%	49.83%	60.81%

RATING

18 Week R.T.T. R.A.G key:

Admitted	
>90%	
85-90%	
<85%	

The number of eligible (*) admitted patients whose adjusted RTT clock stopped during the month who waited 18 weeks or less (<127 days)

Non-Admitted	
>95%	
90-95%	
<90%	

The number of eligible (*) non-admitted patients whose RTT clock stopped during the month who waited 18 weeks or less (<127 days)

Referral to Treatment Admitted & Non-Admitted 2011/12, 2012/13

Excluding Unknown Clock Starts

BEX ALL PROVIDERS

	2011-2012																								2012-2013													
	APRIL	APRIL	MAY	MAY	JUNE	JUNE	JULY	JULY	AUG	AUG	SEPT	SEPT	OCT	OCT	NOV	NOV	DEC	DEC	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY	JUN	JUN	JUL	JUL	AUG	AUG	SEP	SEP	OCT	OCT	NOV	NOV
Specialty	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted
General Surgery	86.98%	92.66%	81.65%	93.00%	86.99%	94.70%	81.11%	94.64%	82.86%	94.64%	88.51%	90.40%	85.81%	94.78%	89.71%	94.19%	85.42%	92.19%	87.91%	93.80%	92.51%	93.85%	88.89%	96.62%	87.65%	96.21%	90.12%	95.45%	95.45%	91.73%	89.22%	94.08%	86.75%	99.08%	90.59%	92.66%	87.91%	96.89%	88.68%	97.60%
Urology	91.92%	97.18%	92.93%	100.00%	87.72%	98.81%	95.41%	100.00%	92.78%	100.00%	93.02%	95.71%	93.46%	96.39%	94.38%	96.70%	94.87%	98.63%	93.67%	93.94%	97.87%	95.59%	90.80%	96.67%	97.44%	98.84%	94.19%	97.85%	93.55%	95.77%	96.55%	96.97%	97.59%	98.75%	96.67%	95.00%	93.59%	96.84%	94.74%	97.65%
Trauma & Orthopaedics	59.78%	95.30%	54.59%	92.57%	55.56%	94.69%	65.38%	94.39%	68.64%	91.40%	62.37%	95.10%	60.00%	96.09%	58.30%	93.77%	58.73%	93.86%	63.91%	92.91%	80.39%	90.00%	86.12%	96.33%	77.73%	95.17%	90.05%	95.00%	85.13%	94.05%	85.71%	97.50%	92.22%	95.36%	86.92%	93.37%	90.63%	98.58%	87.73%	93.64%
ENT	87.67%	97.35%	98.44%	98.91%	92.59%	98.56%	95.29%	99.18%	93.75%	97.44%	88.75%	96.53%	90.54%	100.00%	91.36%	97.75%	94.23%	97.76%	97.59%	96.05%	91.67%	97.01%	91.25%	97.45%	95.00%	95.69%	97.47%	98.11%	92.86%	96.33%	90.74%	97.83%	92.77%	97.08%	100.00%	99.26%	97.70%	97.76%	97.67%	98.58%
Ophthalmology	70.97%	77.66%	66.22%	74.39%	75.94%	75.37%	71.25%	70.14%	70.00%	80.00%	79.13%	86.31%	80.15%	91.44%	75.17%	87.95%	85.44%	82.59%	77.84%	79.95%	90.77%	80.75%	95.63%	91.47%	84.85%	95.02%	97.56%	96.39%	93.28%	98.68%	97.71%	98.08%	97.09%	98.40%	98.45%	97.34%	96.00%	99.48%	95.98%	98.60%
Oral Surgery	46.88%	85.48%	73.33%	93.48%	66.67%	86.84%	75.00%	88.52%	87.18%	89.55%	81.63%	87.10%	75.00%	81.48%	83.72%	82.04%	90.00%	88.06%	87.80%	76.02%	97.73%	88.20%	95.35%	84.46%	89.66%	93.19%	97.06%	93.51%	100.00%	87.94%	97.67%	89.55%	96.88%	89.32%	97.37%	87.59%	95.56%	91.22%	92.11%	95.88%
Neurosurgery	100.00%	75.00%	100.00%	100.00%	90.00%	85.71%	85.71%	100.00%	64.71%	100.00%	61.54%	100.00%	75.00%	92.31%	90.00%	100.00%	62.50%	100.00%	100.00%	100.00%	63.64%	100.00%	100.00%	90.91%	100.00%	100.00%	87.50%	100.00%	88.89%	100.00%	80.00%	86.67%	86.67%	100.00%	77.78%	87.50%	85.71%	100.00%	72.73%	100.00%
Plastic Surgery	100.00%	100.00%	95.00%	92.31%	88.89%	86.67%	81.25%	100.00%	77.78%	91.67%	75.00%	100.00%	84.00%	94.12%	77.27%	85.71%	77.78%	93.33%	71.43%	100.00%	79.17%	88.89%	65.38%	94.12%	88.24%	89.47%	93.33%	86.96%	88.46%	100.00%	82.86%	94.12%	84.44%	80.00%	87.50%	90.00%	77.42%	96.55%	96.55%	88.89%
Cardiothoracic Surgery	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%	0.00%	66.67%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	100.00%
General Medicine	100.00%	95.65%	100.00%	100.00%	100.00%	100.00%	100.00%	92.59%	100.00%	100.00%	100.00%	96.97%	100.00%	100.00%	100.00%	97.14%	100.00%	100.00%	100.00%	100.00%	100.00%	86.96%	100.00%	100.00%	100.00%	98.86%	100.00%	98.92%	100.00%	98.94%	100.00%	100.00%	100.00%	100.00%	100.00%	96.55%	62.50%	100.00%	88.89%	100.00%
Gastroenterology	94.44%	97.92%	100.00%	100.00%	97.14%	100.00%	100.00%	95.92%	95.00%	96.36%	100.00%	98.25%	100.00%	96.43%	100.00%	93.33%	100.00%	94.34%	100.00%	96.30%	100.00%	93.18%	100.00%	95.58%	100.00%	95.74%	100.00%	93.75%	91.67%	95.00%	100.00%	95.79%	100.00%	95.65%	100.00%	97.18%	100.00%	96.30%	100.00%	97.33%
Cardiology	85.71%	100.00%	100.00%	97.50%	94.12%	98.48%	97.37%	98.53%	94.12%	98.41%	96.67%	100.00%	96.67%	98.57%	96.88%	94.87%	93.10%	98.00%	100.00%	98.33%	92.11%	96.23%	93.55%	96.88%	90.32%	98.04%	100.00%	97.59%	100.00%	100.00%	100.00%	98.31%	100.00%	94.74%	100.00%	95.95%	96.30%	97.65%	100.00%	99.22%
Dermatology	96.00%	95.79%	100.00%	99.21%	100.00%	98.69%	100.00%	100.00%	96.15%	100.00%	100.00%	99.07%	85.71%	97.92%	100.00%	98.66%	100.00%	93.98%	100.00%	97.12%	100.00%	95.58%	100.00%	97.11%	0.00%	96.88%	100.00%	98.86%	100.00%	98.91%	100.00%	99.25%	100.00%	100.00%	100.00%	99.21%	100.00%	100.00%	100.00%	98.46%
Thoracic Medicine	0.00%	96.97%	0.00%	98.78%	100.00%	96.97%	100.00%	98.36%	100.00%	100.00%	100.00%	98.44%	100.00%	97.73%	100.00%	100.00%	100.00%	98.31%	100.00%	100.00%	0.00%	92.11%	100.00%	98.61%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.18%	100.00%	100.00%	100.00%	97.37%	100.00%	95.00%
Neurology	0.00%	89.13%	100.00%	98.18%	100.00%	89.29%	100.00%	95.24%	100.00%	100.00%	100.00%	98.63%	100.00%	98.80%	100.00%	93.26%	100.00%	96.67%	100.00%	95.59%	100.00%	93.24%	100.00%	99.08%	100.00%	97.14%	100.00%	97.56%	100.00%	98.36%	80.00%	96.88%	100.00%	98.98%	100.00%	93.26%	100.00%	97.35%	100.00%	96.81%
Rheumatology	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.77%	100.00%	100.00%	100.00%	97.40%	0.00%	98.73%	0.00%	98.82%	0.00%	97.30%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.89%	100.00%	97.89%	0.00%	97.37%	100.00%	100.00%	100.00%	100.00%
Geriatric Medicine	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	97.50%	0.00%	100.00%	0.00%	100.00%	0.00%	98.00%	0.00%	100.00%	100.00%	100.00%	0.00%	97.22%	0.00%	100.00%	100.00%	96.97%	0.00%	97.62%	0.00%	97.73%	0.00%	100.00%	100.00%	98.00%	100.00%	97.73%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%
Gynaecology	89.36%	96.50%	85.58%	98.48%	91.84%	97.40%	84.68%	97.84%	89.61%	96.64%	91.08%	95.28%	88.79%	99.24%	88.00%	98.54%	89.01%	98.07%	88.39%	97.61%	90.00%	97.46%	95.58%	98.70%	86.67%	98.10%	93.83%	98.94%	97.92%	99.44%	95.58%	98.66%	96.55%	97.51%	98.13%	94.48%	96.69%	96.97%	93.02%	97.37%
Other	96.25%	98.62%	91.03%	97.89%	95.93%	98.53%	96.35%	97.61%	92.72%	97.57%	94.51%	97.44%	93.82%	97.90%	91.75%	97.80%	91.43%	97.56%	90.30%	97.07%	91.39%	97.15%	89.42%	97.53%	94.62%	98.30%	93.91%	98.42%	95.29%	98.30%	98.22%	98.67%	95.88%	98.23%	97.03%	98.56%	96.21%	97.90%	96.79%	98.65%
Total	81.72%	94.20%	80.77%	94.55%	83.68%	94.26%	83.88%	93.86%	83.81%	95.04%	82.80%	94.76%	82.53%	96.06%	82.13%	95.22%	83.72%	94.70%	83.89%	93.08%	89.94%	92.83%	90.65%	96.15%	87.98%	96.95%	93.77%	97.35%	93.15%	97.11%	93.34%	97.65%	93.81%	97.22%	94.11%	96.48%	93.28%	97.85%	93.15%	97.72%
																													3.15%	2.11%	3.34%	2.65%	3.81%	2.22%	4.11%	1.48%	3.28%	2.85%	3.15%	2.72%
TOTAL VARIANCE PREV MONTH			-0.95%	0.35%	2.91%	-0.30%	0.20%	-0.39%	-0.07%	1.17%	-1.01%	-0.28%	-0.27%	1.31%	-0.40%	-0.84%	1.59%	-0.52%	0.18%	-1.62%	6.05%	-0.25%	0.71%	3.32%	-2.67%	0.80%	5.79%	0.39%	-0.62%	-0.24%	0.19%	0.55%	0.47%	-0.43%	0.30%	-0.75%	-0.83%	1.38%	-0.13%	-0.14%

BEX SLHT

	2011-2012																								2012-2013													
	APRIL	APRIL	MAY	MAY	JUNE	JUNE	JULY	JULY	AUG	AUG	SEPT	SEPT	OCT	OCT	NOV	NOV	DEC	DEC	JAN	JAN	FEB	FEB	MAR	MAR	APR	APR	MAY	MAY	JUN	JUN	JUL	JUL	AUG	AUG	SEP	SEP	OCT	OCT	NOV	NOV
Specialty	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted	Admitted	Non-Admitted
General Surgery	86.67%	88.89%	78.29%	91.80%	84.82%	92.21%	77.54%	92.19%	77.69%	95.89%	87.90%	88.16%	80.18%	94.44%	89.52%	93.16%	82.24%	91.40%	86.99%	91.49%	91.95%	92.94%	88.68%	97.58%	88.89%	96.67%	88.28%	95.40%	96.06%	93.81%	89.17%	93.46%	84.07%	100.00%	89.17%	89.39%	89.04%	97.27%	89.74%	97.64%
Urology	89.58%	96.77%	93.88%	100.00%	89.06%	100.00%	92.98%	100.00%	89.09%	100.00%	97.56%	95.65%	94.92%	94.74%	94.74%	97.37%	92.31%	100.00%	97.30%	93.75%	100.00%	100.00%	97.22%	97.73%	100.00%	100.00%	100.00%	100.00%	96.55%	100.00%	100.00%	97.37%	100.00%	100.00%	100.00%	98.04%	94.59%	100.00%	96.88%	97.30%
Trauma & Orthopaedics	46.15%	96.72%	42.66%	92.80%	42.98%	95.10%	44.34%	94.19%	56.31%	91.98%	48.65%	96.76%	50.00%	96.20%	45.56%	93.97%	52.82%	94.84%	54.94%	92.96%	78.52%	89.58%	83.80%	97.34%	76.67%	94.94%	89.61%	95.73%	81.40%	94.15%	86.47%	96.71%	94.06%	96.07%	83.01%	92.09%	88.37%	98.51%	81.68%	92.99%
ENT	90.00%	92.31%	100.00%	96.15%	100.00%	100.00%	100.00%	92.31%	75.00%	95.00%	53.85%	83.33%	40.00%	100.00%	44.44%	100.00%	100.00%	94.74%	100.00%	92.31%	100.00%	100.00%	100.00%	100.00%	75.00%	93.75%	100.00%	100.00%	100.00%	100.00%	100.00%	94.44%	85.71%	100.00%	100.00%	95.24%	100.00%	93.75%	100.00%	85.71%
Ophthalmology	64.44%	65.54%	60.00%	59.55%	71.72%	63.06%	66.39%	56.08%	62.32%	72.41%	75.76%	81.49%	77.14%	84.17%	72.57%	82.42%	83.87%	74.33%	73.46%	72.87%	90.85%	75.98%	96.65%	87.46%	82.99%	93.89%	99.21%	96.14%	95.00%	99.47%	99.21%	99.02%	97.76%	99.53%	97.94%	97.59%	99.35%	99.63%	97.97%	98.88%
Oral Surgery	34.62%	80.82%	63.33%	89.19%	59.38%	83.64%	71.43%	77.36%	78.95%	86.21%	81.25%	83.96%	80.00%	68.89%	84.62%	72.12%	95.65%	84.69%	90.00%	65.45%	96.88%	83.74%	100.00%	77.05%	94.12%	92.31%	100.00%	90.12%	100.00%	81.25%	100.00%	83.91%	94.74%	83.20%	95.00%	79.22%	100.00%	87.95%	88.89%	95.33%
Neurosurgery	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Plastic Surgery	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	100.00%	100.00%	100.00%	60.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%
Cardiothoracic Surgery	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
General Medicine	100.00%	94.44%	100.00%	100.00%	100.00%	100.00%	100.00%	90.00%	100.00%	100.00%	100.00%	95.24%	100.00%	100.00%	100.00%	96.15%	100.00%	100.00%	100.00%	100.00%	100.00%	82.35%	100.00%	100.00%	100.00%	98.78%	100.00%	98.77%	100.00%	98.84%	100.00%	100.00%	100.00%	100.00%	100.00%	96.23%	57.14%	100.00%	88.89%	100.00%
Gastroenterology	85.71%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.30%	90.91%	93.10%	100.00%	97.37%	100.00%	97.14%	100.00%	90.00%	100.00%	94.87%	100.00%	100.00%	100.00%	91.18%	100.00%	96.74%	100.00%	97.14%	100.00%	92.16%	100.00%	95.00%	100.00%	92.98%	100.00%	95.65%	100.00%	95.83%	100.00%	94.12%	100.00%	100.00%
Cardiology	75.00%	100.00%	100.00%	95.56%	100.00%	100.00%	100.00%	97.44%	100.00%	100.00%	100.00%	100.00%	100.00%	97.56%	90.91%	90.00%	75.00%	97.22%	100.00%	97.06%	100.00%	93.10%	100.00%	97.37%	100.00%	95.45%	100.00%	96.49%	100.00%	100.00%	100.00%	97.67%	100.00%	94.29%	100.00%	92.11%	100.00%	94.74%	100.00%	99.08%
Dermatology	95.65%	96.61%	100.00%	100.00%	100.00%	99.07%	100.00%	100.00%	97.87%	100.00%	0.00%	98.46%	0.00%	97.87%	0.00%	99.02%	0.00%	95.00%	0.00%	98.18%	0.00%	94.64%	0.00%	98.51%	0.00%	96.61%	0.00%	100.00%	0.00%	100.00%	0.00%	98.95%	0.00%	100.00%	0.00%	98.67%	0.00%	100.00%	0.00%	98.44%
Thoracic Medicine	0.00%	96.00%	0.00%	98.46%	0.00%	96.08%	100.00%	98.04%	0.00%	100.00%	0.00%	98.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	92.31%	0.00%	98.31%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	96.61%	0.00%	100.00%	0.00%	96.72%	0.00%	95.52%
Neurology	0.00%	92.00%	0.00%	96.77%	0.00%	87.50%	0.00%	94.74%	100.00%	100.00%	100.00%	100.00%	100.00%	98.31%	100.00%	92.42%	100.00%	95.24%	100.00%	95.65%	0.00%	95.45%	0.00%	100.00%	0.00%	96.00%	100.00%	98.21%	0.00%	100.00%	0.00%	97.78%	100.00%	98.63%	100.00%	96.43%	0.00%	98.51%	0.00%	98.31%
Rheumatology	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	95.83%	100.00%	100.00%	0.00%	95.65%	0.00%	100.00%	0.00%	98.55%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	100.00%	97.33%	0.00%	98.61%	0.00%	98.25%	0.00%	100.00%	100.00%	100.00%
Geriatric Medicine	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	97.67%	0.00%	100.00%	100.00%	100.00%	0.00%	95.45%	0.00%	100.00%	100.00%	96.00%	0.00%	96.67%	0.00%	97.06%	0.00%	100.00%	0.00%	97.37%	100.00%	96.97%	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%
Gynaecology	87.50%	96.08%	81.93%	100.00%	91.25%	98.06%	82.05%	98.92%	90.48%	97.30%	80.90%	95.83%	88.42%	98.80%	88.00%	96.70%	89.61%	96.74%	87.91%	96.77%	90.91%	95.19%	97.94%	98.35%	88.52%	96.05%	95.24%	97.70%	97.65%	98.48%	94.90%	97.48%	96.15%	95.05%	98.82%	91.14%	96.88%	94.34%	92.06%	96.26%
Other	97.67%	98.43%	84.71%	98.55%	95.38%	99.04%	96.43%	98.45%	91.23%	98.02%	96.23%	98.19%	98.04%	99.11%	94.64%	98.04%	83.53%	98.22%	88.10%	97.56%	83.56%	97.09%	100.00%	97.66%	97.87%	99.06%	98.36%	99.51%	100.00%	99.02%	98.67%	99.19%	100.00%	98.91%	100.00%	99.25%	98.08%	98.62%	100.00%	99.27%
Total	74.45%	92.25%	71.14%	92.36%	77.44%	92.30%	75.65%	91.14%	76.95%	93.73%	77.81%	93.57%	76.76%	95.23%	75.08%	93.74%	78.62%	93.53%	78.20%	90.31%	88.98%	90.29%	92.69%	95.84%	86.12%	96.75%	94.08%	97.59%	93.27%	97.27%	93.92%	97.36%	94.27%	97.21%	92.92%	95.75%	93.77%	97.94%	91.65%	97.65%
																													3.27%	2.27%	3.92%	2.36%	4.27%	2.21%	2.92%	0.75%	3.77%	2.94%	1.65%	2.65%
SLHT VARIANCE PREV MONTH			-3.30%	0.11%	6.30%	-0.06%	-1.79%	-1.16%	1.29%	2.59%	0.86%	-0.16%	-1.05%	1.67%	-1.68%	-1.49%	3.54%	-0.21%	-0.42%	-3.22%	10.79%	-0.02%	3.71%	5.55%	-6.57%	0.91%	7.96%	0.84%	-0.81%	-0.32%	0.65%	0.08%	0.34%	-0.15%	-1.35%	-1.45%	0.85%	2.19%	-2.12%	-0.29%

SLHT % TOTAL RTT LIST	APRIL Admitted	APRIL Non-Admitted	MAY Admitted	MAY Non-Admitted	JUNE Admitted	JUNE Non-Admitted	JULY Admitted	JULY Non-Admitted	AUG Admitted	AUG Non-Admitted	SEPT Admitted	SEPT Non-Admitted	OCT Admitted	OCT Non-Admitted	NOV Admitted	NOV Non-Admitted	DEC Admitted	DEC Non-Admitted	JAN Admitted	JAN Non-Admitted	FEB Admitted	FEB Non-Admitted	MAR Admitted	MAR Non-Admitted	APR Admitted	APR Non-Admitted	MAY Admitted	MAY Non-Admitted	JUN Admitted	JUN Non-Admitted	JUL Admitted	JUL Non-Admitted	AUG Admitted	AUG Non-Admitted	SEP Admitted	SEP Non-Admitted	OCT Admitted	OCT Non-Admitted	NOV Admitted	NOV Non-Admitted
PERCENTAGE	57.38%	60.69%	58.53%	58.11%	57.38%	58.37%	55.66%	57.86%	55.23%	56.54%	56.87%	60.08%	56.57%	57.27%	53.86%	58.90%	59.58%	59.71%	59.25%	56.05%	58.15%	58.49%	58.70%	68.34%	56.81%	62.54%	52.63%	59.50%	53.09%	58.52%	54.80%	60.06%	51.52%	59.17%	54.98%	57.22%	53.89%	58.35%	49.83%	60.81%

RATING

18 Week R.T.T. R.A.G key:

Admitted	
>90%	
85-90%	
<85%	

The number of eligible (*) admitted patients whose adjusted RTT clock stopped during the month who waited 18 weeks or less (<127 days)

Non-Admitted	
>95%	
90-95%	
<90%	

The number of eligible (*) non-admitted patients whose RTT clock stopped during the month who waited 18 weeks or less (<127 days)