

Governing Body (Public) Meeting

DATE: 30th May 2013

Title	Performance Report - Month 11 - 2012/13
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>DISCUSS the targets of the Care Trust and NOTE the targets highlighted as red or amber throughout this paper, which will help to inform the areas that need attention as a CCG;</p> <p>NOTE the reporting timetable for the remainder of 2012/13 and that being agreed for 2013/14.</p>
Executive Summary	<p>This report provides an update on Bexley Care Trust's performance against national targets for month 11 2012/13, which is the latest data received at the time of writing this report.</p> <p>The report identifies and highlights those targets reported nationally, rag rated Red or Amber at month 11, and those reported locally which are currently rated red.</p> <p>Attached at Appendix 1 is a comparison of performance against some of the key targets across the South East London PCTs for April 2012 to February 2013. A review of this shows that Bexley is not an outlier compared to its peers across these targets.</p> <p>Appendix 2 is the local report on all targets which is produced by the CCG Performance Analyst. This includes additional targets from those shown in Appendix 1, e.g. Public Health and Community Provider Services.</p> <p>Appendix 3 shows the Admitted and Non Admitted Refer To Treatment (RTT) position for February for Bexley and South London Healthcare NHS Trust.</p> <p>This report also briefly outlines how performance will be reported in 2013/2014 and shows the reporting dates during the transition period and throughout 2013/14.</p>

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 identifies risks of quality and equity associated with acute patient care and reputational risks for the CCG associated with non-delivery.
	Equality and Diversity	Failure to meet targets may result in a lack of 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 have indicated a significant pressure around acute contracts.
	Legal Issues	None
	NHS constitution	Failure to meet targets may result in a breach of NHS Constitution requirements.
Consultation (Public, member or other)	n/a	
Audit (Considered / Approved by Other Committees / Groups)	This report has not been considered by any other Committee but will be reported to the Governing Body at the 30 th May meeting.	
Communications Plan	n/a	
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Date	9th May 2013	



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Target Performance Report Month 11 2012/13

Introduction

This report highlights targets reported for Bexley Care Trust in 2012/13. It identifies and highlights those targets, reported nationally, rag rated Red or Amber as at month 11, and those reported locally which are rated red for the same period.

This report also highlights the interim performance reporting dates as the Commissioning Support Unit (CSU) and Clinical Commissioning Group (CCG) move towards rollout of the integrated acute, contracting, activity, finance, quality and performance report which will be used to aid performance reporting at this meeting in 2013/14.

2012/13 Performance to date

Attached at Appendix 1 is a comparison of performance against some of the key targets across the South East London PCTs for April 2012 to February 2013. A review of this shows that Bexley is not an outlier compared to its peers across these targets. Appendix 1 also shows the latest reported performance for each target and its RAG rating (the period being reported on is shown in the column headed "latest period" and is not consistent throughout the document due to the 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.

It should be noted that some of the RAG ratings below do not match those shown in appendix 1 due to data being either missing or not being the most recently available data when the cluster dashboard was produced. Therefore, in these instances appendix 2 data (local report) has been used instead in order to present a more relevant / accurate picture. These ratings are denoted by an * before the individual Rag rating below.

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

- PHQ03 – **(RED M11) (RED 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%. Month 11 is 78%, a slight improvement from Month 10 (69%) which was the lowest all year. However, YTD will continue to be red. This is of concern as actions being taken to address the situation appear not to be having the desired effect.
- PHQ10 – ***(RED Q4) (AMBER YTD)** Mental Health Measures Early Intervention. The number of new cases of psychosis served by the early intervention team YTD. The current cumulative plan stands at 29 and current cumulative performance stands at 23, resulting in the YTD red flag. This is a deterioration from the quarter 3 amber rated performance.

- PHQ13_05 – ***(RED Q4) (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 1.18% against a plan of 2.59%. This is a trajectory that the CCG self-selected and should have been deliverable. The area needs further input and is being looked at as part of the QIPP programme for 2013/14.
- PHQ13_06 – ***(GREEN Q4) (GREEN YTD)** Mental Health Measures IAPT. The proportion of people who are referred for psychological therapies who received psychological therapies at Q3 was 42% against a plan of 50%. Q4 is 53 % against a plan of 50% resulting in a green flag. This shows a marked improved in the quarter. The area still needs further input and is being looked at as part of the QIPP programme for 2013/14.
- PHQ25 - **(AMBER M11) (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 with 88.9% seen against a target of 93%. This has worsened again since the previous report. From February data is no longer available to CCGs from the National Exeter Cancer Waits system. Therefore the CCG is unable to track the actual provider breaches. This is currently being addressed by the Commissioning Support Unit to ensure the CCG has access to all relevant information.
- PHQ26 - **(RED M11) (RED YTD)** Number of unjustified mixed sex accommodation (MSA) breaches. This target is Red across all South East London CCGs. The Care Trust is reporting 1% (per 1,000 finished consultant episodes) of breaches against April's figure of 0.4%. It is assumed that the issue continues to be primarily at King's and SLHT. SLHT have recently introduced 'single sex' days for endoscopy and has secured additional capacity for single sex recovery.
- PHQ28 - **(RED M11) (RED YTD)** Healthcare Acquired Infections (HCAI) measure CDI. There are 67 cumulative occurrences (4 in February) against a cumulative plan of 44. The Care Trust breached its annual target by the end of November. Breaches have occurred across all four main South East London providers.
- PHQ30 – ***(AMBER Q3) (RED YTD)** Smoking Quitters. The Q3 actual was 324 against a target of 354. Despite the Q3 target just being missed, the Q4 target is challenging and Bexley stop smoking service requires 642 successful 4 week quitters in order to reach the target by the end of Q4. The team have asked Bexley GPs to refer all smokers to their practice based stop smoking advisor or to the core team. The Cluster report shows RED for both the Month 11 & YTD positions. This is being taken up with colleagues at cluster in order to understand the reporting discrepancy.
- PHS04 - ***(RED M11) (RED YTD)** Delivery of QIPP savings. 92% recorded as achieved in January, 93% YTD. Local reporting for February on the delivery of QIPP savings shows 94% achieved in February and 94% YTD. To achieve green 100% must be attained. There is no amber rag rating on this target.

However, it is expected that this will be introduced for CCGs in 2013/14. Bexley has shown a consistent improvement on this area throughout the year and 94% is above average QIPP performance. Further details are shown in the detailed Finance report.

- PHS07 - ***(RED M11) (RED YTD)** GP written referrals to hospital. February shows 3,022 against a plan of 2,548 resulting in an in month red flag. The target is red YTD. GP referrals and the Patient Management Centre are an area of focus in the 2013/14 QIPP plan. The CCG needs to work closely with the CSU for 2013/14 to ensure that the targets are correctly set.
- PHS08 - ***(RED M11) (RED YTD)** Other referrals for first outpatient referrals. February shows 2,479 against a plan of 2,262 resulting in an in month red flag. The target is red YTD. GP referrals and the Patient Management Centre are an area of focus in the 2013/14 QIPP plan. The CCG needs to work closely with the CSU for 2013/14 to ensure that the targets are correctly set.
- PHS09 - ***(RED M11) (RED YTD)** Number of 1st outpatient attendances after GP referral. February shows 2,729 against a plan of 2,589 resulting in an in month red flag. The target is red YTD and has deteriorated as the year has progressed. GP referrals and the Patient Management Centre are an area of focus in the 2013/14 QIPP plan. The CCG needs to work closely with the CSU for 2013/14 to ensure that the targets are correctly set.
- PHS10 - ***(RED M11) (RED YTD)** No of 1st outpatient attendances. February shows 5,390 against a plan of 5,133 resulting in an in month red flag. The target is red YTD. GP referrals and the Patient Management Centre are an area of focus in the 2013/14 QIPP plan. The CCG needs to work closely with the CSU for 2013/14 to ensure that the targets are correctly set.
- PHS14 - ***(AMBER M11) (RED YTD)** Endoscopy based tests. February shows 482 against a plan of 498 resulting in an in month amber flag. This is 96.7% achievement. This target was red in the previous month and has therefore improved. Mobile units, weekend working and outsourcing to independent providers have been put in place, across King's, GSTT and SLHT, to try and address the position and appear to be working. The Cluster report shows RED for both the Month 11 & YTD positions. This is being taken up with colleagues at cluster in order to understand the reporting discrepancy.
- PHS16 - **(RED M11)** Numbers waiting at the end of the month on an incomplete referral pathway. February shows 11,781 against a plan of 9,450 resulting in an in month red flag. Additional funding was provided for GSTT, King's and SLHT for refer to treatment (RTT) in 2012/13 which should have improved this position. Providers are continuing to pursue this target in the remainder of the year.
- **Choose & Book**
For information, an area where the CCG outperforms its South East London 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. However, it should be noted that the position has deteriorated from the previous month's report when 96% (against a 90% target) and green was reported. At present month 9 continues to be the most up to date reported position.

2012/13 Latest Period (Month 9)						
Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	SEL Cluster Total
86%	45%	53%	25%	9%	25%	37%

Appendix 2 is the local report on all targets which is produced by the CCG Performance Analyst. All of the targets reported above are included in this table but there are some additional targets included such as for Public Health and Community Provider services, which need to be brought to the Governing body's attention.

The main targets which are currently **RED** rated are:

- PHQ23 – SLHT A&E 4 Hour Waits. (**RED M11**) February shows 90.6% against a plan of 95%. This target was GREEN from month 1 to month 8. Month 9 and 10 are RED rated. The Princess Royal University Hospital is the worst performer at around 87%.
- SQU09 - Access to NHS dentistry. (**RED M10**) Red April to January. Data has not been received for February from the Primary care team at cluster who are responsible for this target. No actions have been provided.
- TCS05 – The percentage of 12/13 year old girls who receive the Human Papilloma Virus (HPV) vaccination for cervical cancer (**RED M11**). This target has been Green all year showing actual vaccinations each month above plan. Month 11 was below plan showing 3,786 against a plan of 4,050, it should be noted that the plan increased quite considerably towards the end of the year.
- SQU21 – Bowel screening extension men 75 & women 70. (**RED Q4**) Q4 shows 7.54% against a plan of 51%. However further investigation has shown that the screening programme has not yet implemented the extension criteria. Confirmation from the Public health team has been sought as to when this will be implemented. This will not be a CCG responsibility in 2013/14.
- TCS22 – Falls in a community setting (**RED Q4**). Q4 shows 27 falls against a plan of 21.

Attached at appendix 3 is the February RTT Position report for Admitted (90%) and Non Admitted (95%) targets for both Bexley and SLHT (Bexley) and shows the following:

BEXLEY (all providers)

Total **Admitted** is still **ABOVE** plan by 2.68%, but is showing a slight decrease from the previous month of (0.45)% to 92.68% (4 specialities being below 90%, Neurosurgery – 64.29%, T&O – 78.50%, Oral Surgery 89.47%, Plastic Surgery 81.82%).

Total **Non-admitted** is still **ABOVE** plan by 1.80% but is showing a slight decrease from the previous month of (0.03)% to 96.80% (4 specialities are below plan, Neurosurgery – 87.50%, Neurology – 91.11%, Plastic Surgery 81.25% and Gastroenterology 94.29%).

SLHT (BEXLEY)

Total **Admitted** is **ABOVE** plan by 3.72% at 93.72% showing an increase from the previous month of 1.26% (2 specialities being below 90%, T&O – 71.54%, ENT 66.67%).

Total **Non-admitted** is **ABOVE** plan by 0.99% at 95.99% and is showing slight decrease from the previous month of (0.55)% (4 specialities are below 95% , ENT – 87.5%, Gastroenterology – 90.48%, Urology 94.87% and Neurology – 93.22%).

Performance Reporting 2013/2014

Performance reporting for 2013/14 from the South London CSU will be in the form of a monthly integrated acute, contracting, activity, finance, quality and performance report. This will be used to aid performance reporting at this meeting. The table below sets out the interim performance reporting dates to close reporting for 2012/13 and reporting dates for 2013/14. The 2013/14 dates will be included as a key performance indicator within the CSU SLA to ensure delivery.

Month Reported	Date Report Provided to CCG
<i>Month 11 (2012/13)</i>	15/04/2013
<i>Month 12 (2012/13)</i>	10/05/2013
<i>Month 13 (Full Outturn)</i>	12/06/2013
Month 1 (2013/14)	11/06/2013
Month 2 (2013/14)	11/07/2013
Month 3 (2013/14)	10/08/2013
Month 4 (2013/14)	11/09/2013
Month 5 (2013/14)	11/10/2013
Month 6 (2013/14)	12/11/2013
Month 7 (2013/14)	11/12/2013
Month 8 (2013/14)	16/01/2014
Month 9 (2013/14)	11/02/2014
Month 10 (2013/14)	13/03/2013
Month 11 (2013/14)	04/04/2013
Month 12 (2013/14)	16/05/2013

Conclusion

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.

Recommendations

Members are asked to:

DISCUSS the targets of the Care Trust and **NOTE** the targets highlighted as red or amber throughout this paper, which will help to inform the areas that need attention as a CCG;

NOTE the reporting timetable for the remainder of 2012/13 and that being agreed for 2013/14.

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	Feb.	79.8%	92.2%	88.0%	86.1%			84.8%	79.4%	81.6%	94.4%	85.9%			83.1%	79.9%	89.7%	87.9%	84.95%			83.9%			
		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	Feb.	95.5%	95.3%	74.4%	98.4%			95.1%	57.1%	93.8%	0.0%	100.0%			85.2%	92.4%	95.1%	83.0%	94.5%			93.7%			
		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	Feb.	97.0%	84.6%	87.5%	84.8%			94.0%	88.6%	71.4%	0.0%	100.0%			84.1%	92.8%	87.9%	79.4%	85.7%			90.9%			
		PHQ06	Cancer 31 day waits	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	Against minimum thresholds	96%	Performance	Feb.	97.2%	99.5%	100.0%	98.3%			98.1%	96.3%	99.0%	100.0%	98.4%			97.6%	97.1%	98.0%	100.0%	98.7%			97.8%			
		PHQ07		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	Against minimum thresholds	94%	Performance	Feb.	95.5%	98.8%	100.0%	96.1%			96.7%	98.8%	95.0%	100.0%	100.0%			97.8%	95.5%	96.7%	100.0%	96.6%			96.1%			
		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	Feb.	98.6%	100.0%	100.0%	99.4%			99.1%	99.3%	100.0%	-	92.3%			99.0%	97.9%	99.5%	96.2%	99.6%			98.4%			
		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	Feb.	96.1%						96.1%	95.6%							95.6%	96.0%						96.0%		
		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 specialities 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%		
	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	Feb.	84.9%	90.3%	93.8%	93.1%			89.5%	90.9%	88.9%	94.5%	92.5%			91.0%										
		PHQ20		RTT - non-admitted % within 18 weeks		95%	Performance	Feb.	96.2%	97.5%	99.4%	95.6%			96.6%	96.3%	96.6%	99.4%	96.9%			96.9%										
		PHQ21		RTT - incomplete % within 18 weeks		92%	Performance	Feb.	87.4%	89.9%	93.2%	94.0%			90.6%	92.9%	93.5%	94.6%	94.3%			93.7%										
		RTT waits (for all specialities)	RTT - admitted % within 18 weeks	Delivering on all specialities = 'Green' ; Failing on 1 or more specialities = 'Amber'		Performance	Feb.	-5	-7	All	-2				-5	-5	All	-2														
			RTT - non-admitted % within 18 weeks			Performance	Feb.	-4	-1	-1	-4				-4	-2	All	-2														
			RTT - incomplete % within 18 weeks			Performance	Feb.	-5	-8	-4	-2				-4	-6	-2	-4														
		PHQ22	Diagnostic Waits	% waiting 6 weeks or more	against threshold	<1%		Feb.	2.86%	2.74%	0%	0.48%	0%		1.56%	1.99%	1.56%	0.03%	1.93%	0%			3.07%	3.85%	0.51%	0.69%	0%					
		PHQ23	A&E	% of patients who spent 4 hours or less in A&E	against threshold	95%	Performance	Mar.	96.1%	95.8%	96.4%	93.0%			95.1%	95.3%	93.9%	89.9%	90.2%			92.2%	95.1%	95.4%	94.4%	94.7%			94.9%			
		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	Feb.	97.4%	97.6%	95.3%	95.7%			96.9%	97.9%	95.6%	96.2%	95.5%			96.2%	97.0%	95.9%	93.8%	94.5%			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%	Performance	Feb.	94.5%	99.7%	93.6%	94.5%			95.3%	93.9%	98.0%	89.4%	97.0%			95.6%	94.5%	99.5%	93.7%	93.6%			95.2%				
	PHQ26	MSA breaches		Numbers of unjustified breaches	minimal breaches	0	Performance	Feb.	0.15	0	0	1.06	0	0		0	2.04	0	0.68	0	0		0.11	3.12	0	0.96	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	Mar.	8	5	3	4			20	1	1	0	0			2	2	2	1	2			7			
		PHQ28		CDI	Against plan		Performance	Mar.	107	97	21	80			305	1	3	0	4			8	48	54	8	58			168			
		PHQ29	VTE Risk assessment	% of all adult inpatients who have had a VTE risk assessment	Improvement		Performance	Dec.	92.0%	93.6%	91.2%	40.5%				94.3%	97.9%	94.8%	90.2%			93.9%	96.1%	93.0%	89.3%							

Resources (Finance, Capacity & Activity)	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											YTD is the latest month					
	PHS05	Bed Capacity	G&A available beds	System indicator	Performance	Q3	4.0%	0.5%	2.1%	-3.7%		0.3%	-3.6%	3.2%	-0.2%	-6.2%		-2.3%		YTD is the latest quarter					
	PHS06	Non elective FFCEs	Non-elective FFCEs	System indicator	Performance	Jan.							-2.4%	8.2%	-9.4%	-7.3%		-3.0%	0.3%	Data not consistent	-8.7%	-0.4%			
	PHS07	GP written referrals to hospital	No of GP written referrals	Perf against plan & system indicator	Performance	Jan.							-8.7%	61.0%	23.8%	-6.7%			-1.8%	38.8%	17.2%	0.8%			
	PHS08	Other referrals for a first outpatient appointment	No of other referrals	Perf against plan & system indicator	Performance	Jan.							17.3%	-30.4%	0.4%	5.4%			15.1%	-8.0%	-1.2%	1.1%	4.3%		
	PHS09	First outpatient attendances following GP referral	No 1st outpatient attendances after GP referral	Perf against plan & system indicator	Performance	Jan.							3.4%	63.1%	26.6%	-12.1%			2.4%	29.4%	14.7%	-5.6%			
	PHS10	All first outpatient attendances	No of first outpatient attendances	Perf against plan & system indicator	Performance	Jan.							6.7%	17.4%	12.5%	-3.8%			6.5%	3.7%	15.2%	9.1%	-3.6%	4.8%	
	PHS11	Elective FFCEs	No of elective FFCEs (ordinary adms & separately daycases)	Perf against plan & system indicator	Performance	Jan.							-11.6%	26.0%	11.1%	-0.9%			2.3%	-6.4%	17.2%	5.8%	0.8%	2.7%	
	PHS12	A&E attendances	Number of attendances at A&E departments (total)	System indicator	Performance	Q4							12.6%	5.1%	-3.2%	9.7%				10.5%	2.2%	0.9%	7.6%		
	PHS12	A&E attendances	Number of attendances at A&E departments (type 1 only)	System indicator	Performance	Q4							-2.6%	4.8%	-3.2%	-6.0%				-2.2%	-1.8%	3.5%	0.9%	-7.4%	-1.9%
	PHS17	Health visitor numbers	Numbers of HVs	Perf against plan	Workforce	August	101.1		38.1		74.3		262.5												
	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	Jan.	59.0%		75.5%		90.7%		73.7%		83.3%		93.0%								

Performance Report to Month 11-12 & Q4 Position (Correct to 29/04/13)

MONTHLY

BEXLEY / CLUSTER SUBMISSION (RESPONSIBLE)	DATA SOURCE	CODE 12/13 (11/12)	Joint Targets with LA Codes	Community Indicator Target Codes (cs+*) & 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	Feb-13	Mar-13	12/13 TOTAL	COMMENTS	Next expected due date	
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	2	2	2	2	Data Supplied by Cluster Performance report	
CLUSTER		PHQ28 (HQU02)		G2	VSA02		CDI	CUM PLAN	4	8	12	16	20	24	28	32	36	40	44	48	48	48	Data Supplied by Cluster Performance report	
CLUSTER		PHQ26 (HQU08)				Mixed-Sex Accommodation Breaches	The MSA breach rate is the number of breaches of mixed-sex accommodation sleeping accommodation per 1,000 finished consultant episodes.	ACTUAL (Plan Mar 12 rate 0.2)	0.4	1.4	0.7	1.1	0.5	1.1	0.7	0.8	0.3	1.0	1.0	0.5		Data extracted from UNIFY, rate extracted from DoH, confirmed by Cluster		
BEXLEY	SUS data, HES data, ONS			tcs 32		Rate of non-elective admissions	The rate of non-elective admissions to hospital of people diagnosed within a defined set of conditions per 1,000 (ONS Mid Year Population Estimates 2007)	PLAN (March 12 Act)	0.689	0.689	0.689	0.689	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	March SUS data due >29/04/13
BEXLEY	Oxleas Performance reports, (http://www.dh.gov.uk/e/r/Publicationsandstatistics/Statistics/Performanceandstatistics/Canceledoperations/index.html)			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	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	Oxleas supplied data via RIO Base line created from the first 3 months data as stated on the Oxleas KPI report.	
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%	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	
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%	98.00%	98.00%	98.00%	98.00%	Reported by - Pauline Holmes, Community Equipment Store. March % is lower than usual. We had a vehicle off the road for almost 3 weeks which has impacted on the service. (comment supplied by Lorraine Bryant ICES Manager)	
???	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%	90%	90%	90%	90%	Reported at provider level only on UNIFY showing SLHT (baseline March 2011 80.88%)	March not available on UNIFY 25/04/13
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	1976	2164	23418			
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%	75.00%	75.00%	75.00%	75.00%	Reported on the LAS Monthly reports	Reports due approx 21st following month
PROVIDER	LAS Reports	PHQ02 (HQU03_02)				Ambulance quality - Cat A response times	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%	95.00%	95.00%	95.00%	95.00%		
PROVIDER	LAS Reports	C60				Ambulance quality - Cat A response times	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%	90.00%	90.00%	90.00%	90.00%		
PROVIDER						SLHT LAS KPI Targets	Number of days per month data available	ACTUAL	27	31	30	31	31	30	31	29	30	31	28	31				
PROVIDER						SLHT LAS KPI Targets	PRU - Number of daily breaches of Percentage of patients handed over in less than 15 mins (85%)	ACTUAL	22	23	22	23	26	23	23	19	26	31	23	30				
PROVIDER						SLHT LAS KPI Targets	PRU - Number of daily breaches of - Percentage of patients handed over in less than 30 mins (95%)	ACTUAL	12	12	9	13	11	7	12	7	17	17	12	25				
PROVIDER						SLHT LAS KPI Targets	PRU - Number of daily breaches of - HAS Data Completeness (90%)	ACTUAL	20	22	16	19	16	8	18	11	14	19	10	13			Reported NHS London daily report	
PROVIDER						SLHT LAS KPI Targets	QEH - Number of daily breaches of Percentage of patients handed over in less than 15 mins (85%)	ACTUAL	13	23	23	13	12	5	8	1	11	12	14	19				
PROVIDER						SLHT LAS KPI Targets	QEH Number of daily breaches of - Percentage of patients handed over in less than 30 mins (95%)	ACTUAL	13	10	7	0	4	2	4	2	7	9	10	9				
PROVIDER						SLHT LAS KPI Targets	QEH - Number of daily breaches of - HAS Data Completeness (90%)	ACTUAL	25	30	29	31	26	21	12	2	8	11	7	8				
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%	95%	95%	95%	95%	March reported by NHS London daily report, Pru 87.87%, QMS 100%, QEH 90.97%	
PROVIDER	NHS London / UNIFY / Contracted Providers	PHS12 (SRS16)				A&E attendances (SLHT only)	Number of attendances at A&E departments in a month (total and type 1)	ACTUAL	12387	16003	13198	12942	15556	12703	13246	16610	13484	15905	13148	13490			Reported NHS London daily report - using 2% threshold	
PROVIDER	NHS London / UNIFY / Contracted Providers					A&E attendances (SLHT only)	Total number of attendances at all A&E Departments	ACTUAL	19584	25930	21036	20140	24179	19798	20518	25654	20769	24801	20661	21647			NO PLANS CONFIRMED	
PROVIDER/CLUSTER		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%	93.00%	93.00%	93.00%	93.00%	93.00%	From Feb data no longer available to CCGs from the National Exeter Cancer Waits system, performance taken form Cluster report, no raw numbers, therefore unable to track the actual Provider breaches	
PROVIDER/CLUSTER		PHQ25 (SQU05_02)				Cancer waits (all 9 measures)	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%	93.00%	93.00%	93.00%	93.00%	From Feb data no longer available to CCGs from the National Exeter Cancer Waits system, performance taken form Cluster report, no raw numbers, therefore unable to track the actual Provider breaches	Data available approx 4 weeks following the close of each month No Operational Standard. For December 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. AWAITING CALDICOTT SIGN OFF TO HAVE ACCESS TO THE DATA FOLLOWING CCG STATUS AS OF 01/04/13
PROVIDER/CLUSTER		PHQ03 (SQU05_03)				Cancer waits (all 9 measures)	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%	85.00%	85.00%	85.00%	85.00%	From Feb data no longer available to CCGs from the National Exeter Cancer Waits system, performance taken form Cluster report, no raw numbers, therefore unable to track the actual Provider breaches	
PROVIDER/CLUSTER		PHQ04 (SQU05_04)				Cancer waits (all 9 measures)	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%	90.00%	90.00%	90.00%	90.00%	From Feb data no longer available to CCGs from the National Exeter Cancer Waits system, performance taken form Cluster report, no raw numbers, therefore unable to track the actual Provider breaches, NO FEB DATA	
PROVIDER/CLUSTER	Open Exeter/ UNIFY/Cancer Network Reports	PHQ05 (SQU05_05)			VSA13	Cancer waits (all 9 measures)	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%	85.00%	85.00%	85.00%	85.00%	From Feb data no longer available to CCGs from the National Exeter Cancer Waits system, performance taken form Cluster report, no raw numbers, Feb no breaches	
PROVIDER/CLUSTER		PHQ06 (SQU05_06)				Cancer waits (all 9 measures)	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%	96.00%	96.00%	96.00%	96.00%	From Feb data no longer available to CCGs from the National Exeter Cancer Waits system, performance taken form Cluster report, no raw numbers, Feb no breaches	
PROVIDER/CLUSTER		PHQ07 (SQU05_07)			VSA11	Cancer waits (all 9 measures)	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%	94.00%	94.00%	94.00%	94.00%	From Feb data no longer available to CCGs from the National Exeter Cancer Waits system, performance taken form Cluster report, no raw numbers, therefore unable to track the actual Provider breaches	
PROVIDER/CLUSTER		PHQ08 (SQU05_08)			VSA12	Cancer waits (all 9 measures)	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%	98.00%	98.00%	98.00%	98.00%	From Feb data no longer available to CCGs from the National Exeter Cancer Waits system, performance taken form Cluster report, no raw numbers, Feb no breaches	
PROVIDER/CLUSTER		PHQ09 (SQU05_09)			VSA12	Cancer waits (all 9 measures)	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%	94.00%	94.00%	94.00%	94.00%	From Feb data no longer available to CCGs from the National Exeter Cancer Waits system, performance taken form Cluster report, no raw numbers, therefore unable to track the actual Provider breaches	

CLUSTER	UNIFY / Contracted Providers	PHS14				Total number of diagnostic endoscopy tests	PLAN	473	548	473	548	548	498	573	548	373	548	498	523	6151				
						Diagnostic Activity - Endoscopy based tests	ACTUAL	500	561	445	513	400	351	606	510	457	516	482	516	5857		Data extracted from UNIFY DM01 monthly returns - threshold unknown therefore applied 5%		
CLUSTER	UNIFY / Contracted Providers	PHS15				Total number of diagnostic non-endoscopy tests	PLAN	4047	4686	4047	4686	4686	4260	4899	4686	3195	4686	4260	4473	52611				
							ACTUAL	4314	4457	4427	5035	4866	4703	5078	4961	4236	4938	4700	5057	56772				
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	4050	4500			Data extracted from the Oxleas KPI Reports. Current performance in school year 87.6% received the first dose and 81.3% have received first and second dose.		
							ACTUAL	461	1071	1076	1080	1080	1405	2568	3475	3786	3786	3786	4428					
BEXLEY	Julie Tilbrooke		NI 140		VSB14 (PSA 25)	Number of Drug Users recorded as being in effective treatment	PLAN	275	275	275	275	275	275	275	275	275	275	275	275			Data supplied by Julie Tilbrooke		
							ACTUAL	253	252	253	258	262	264	268	268	277	N/A	N/A	N/A			Latest data received 26/02/13, chased updates 24/04/13		
BEXLEY				tsc 02		Alcohol Intake	PLAN CUMULATIVE	25	50	75	100	125	150	175	200	225	250	275	300			Data supplied by Julie Tilbrooke - Local plan for New Presentations		
						Percentage of Patients on a caseload who have been screened for alcohol intake by community service staff in an active caseload - Cumulative New Presentations	ACTUAL CUMULATIVE	28	57	82	116	143	161	190	210	220	N/A	N/A	N/A			Latest data received 26/02/13, chased updates 24/04/13		
BEXLEY	NHS London	PHF08 (HRF05)				Choice - Choose & Book utilisation percentage	PLAN	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%			Data supplied by NHS London in daily C&B report - http://www.chooseandbook.nhs.uk/staff/reports and Cluster Performance reports		
						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	25.90%	N/A	N/A			Have chased the March figures 24/04/13		
BEXLEY	Oxleas			G1		Number of Complaints	PLAN	5	5	5	5	5	5	5	5	5	5	5	5	40		Data supplied by Oxleas on the KPI monthly report		
						Secondary User Experience - Number of Complaints received in contract month. Base line Average per Quarter as in 11/12 KPI	ACTUAL	2	5	3	2	2	2	3	3	3	2	1	0	30				
BEXLEY	Oxleas			G2		Number of Complaints Resolved	PLAN	95.00%	95.00%	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		
						Secondary User Experience - Proportion of Complaints resolved locally within an agreed timescale. Plan based on 11/12 KPI	ACTUAL	100.00%	80.00%	75.00%	50.00%	0.00%	100.00%	67.00%	100.00%	100.00%	100.00%	100.00%	100.00%			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.		
BEXLEY	Oxleas			G3		Ethnicity coding	BASELINE (March 2012)	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%			Data supplied by Oxleas on the KPI monthly report		
						Percentage of active caseload with recorded ethnicity	ACTUAL	92.00%	94.00%	92.00%	84.27%	74.57%	71.22%	71.15%	70.20%	72.33%	67.60%	67.50%	67.40%					
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.	PLAN	N/A	N/A	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 - No Base line established		
						% of patients on a caseload with a pressure ulcer of grade 2 or higher.	ACTUAL	N/A	7.00%	7.00%	8.00%	5.00%	5.00%	5.78%	2.20%	2.90%	1.54%	1.14%	1.15%					
BEXLEY	Oxleas			tcs 24 (OOH2)		Measuring improvement using a validated assessment tool	PLAN	90.00%	90.00%	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 was not available until after July. This is the figure recorded in RiO - admission process requires assessment using validated tool so actual performance is likely to be 100%		
						% of patients on a caseload achieving improvement as measured using a validated assessment tool appropriate to the scope of the practice.	ACTUAL	N/A	N/A	N/A	100.00%	100.00%	86.00%	79.00%	94.74%	81.82%	95.00%	93.75%	100.00%					
BEXLEY	Oxleas			STROKE 1		Stroke KPI's	PLAN	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%			Data supplied by Oxleas with their KPI reports		
				STROKE 2	% of patients contacted within 1 working day of discharge		ACTUAL	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
				STROKE 3	% of patients contacted within 3 working day of discharge		PLAN	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%				
				STROKE 4	% of patients referred by GP assessed within 3 working day of discharge		ACTUAL	43%	80%	100%	88%	100%	100%	90%	89%	100%	100%	100%	100%	100%				
				STROKE 5	% of patients with a set of short and long term goals		PLAN	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%			
					% of patients with a set of short and long term goals		ACTUAL	0%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
					% of patients with a set of short and long term goals		PLAN	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%			
					% of patients with a set of short and long term goals		ACTUAL	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
					% 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%	100%	100%	100%	100%			
					% of discharge letter to GP with a copy to the patient within 7 days of discharge		ACTUAL	N/A	N/A	22%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
BEXLEY	Michael Boyce / Julie Witherall	PHS04				Delivery of QIPP Savings	PLAN	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			NEW TARGET - Data Supplied by Cluster Performance report		
						% QIPP delivery (savings and re-investment) in 2012/13 and QIPP for 2012/13 to 2014/15, including demonstrable link to workforce and activity.	ACTUAL	N/A	N/A	N/A	83%	83%	89%	89%	91%	92%	92%	N/A	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	Q4	12/13 TOTAL	COMMENTS	Next expected due date
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 ACTUAL	80.00% 81.18%	80.00% 81.29%	80.00% N/A	80.00% N/A	80.00% N/A	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)
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 ACTUAL	70.00% 72.72%	70.00% N/A	70.00% N/A	70.00% N/A		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 (Q2 12/13 was due approx Apr 13 from Bromley), have chased
CLUSTER	Exeter Cancer Screening statistics, SEL Cancer Screening Programme	SQU20			VSA09	Breast screening	Extension of breast screening program to women aged 47-49 and 71-73	PLAN ACTUAL	30.00% 33.30%	30.00% 27.40%	30.00% 25.49%	30.00% 26.73%	30.00% 28.22%	Data extracted from the Cancer Screening area on Exeter	
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 ACTUAL	50.40% 3.66%	50.70% 3.66%	51.00% 4.08%	51.30% 7.54%		Data extracted from the Cancer Screening area on Exeter	Plans and activity supplied SEL Scorecard supplied by Bromley & Tess
CLUSTER	Exeter Cancer Screening statistics	ZZZ07				Bowel screening	Bowel Screening - Uptake Bowel Screening - Positivity	PLAN ACTUAL PLAN ACTUAL	60.00% 59.50% 1.53% 1.53%	60.00% 59.97% 1.53% 1.53%	60.00% N/A 1.53% 1.53%	60.00% N/A 1.53% 1.53%		Screening 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
BEXLEY	Exeter Cancer Screening statistics, SEL Cancer Screening Programme	ZZZ03				Colonoscopy screening	Percentage Colonoscopy Waiting Times - Urgent (High Grades) < 2 weeks Percentage Colonoscopy Waiting Times - Routine (Low Grades) < 4 weeks	PLAN ACTUAL QMS ACTUAL PRUH ACTUAL QEH PLAN ACTUAL QMS ACTUAL PRUH ACTUAL QEH	90.00% 100.00% 100.00% 83.00% 90.00% 100.00% 75.00% 98.00%	90.00% 100.00% 100.00% 77.00% 90.00% 99.00% 62.00% 92.00%	N/A N/A N/A N/A N/A N/A N/A N/A	90.00% 0.00% 0.00% 0.00% 90.00% 0.00% 0.00% 0.00%		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
CLUSTER	Acute Provider data / VSMR Local Information Systems	SQU06_01 SQU06_02			VSA14 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 Proportion of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours	PLAN ACTUAL PLAN ACTUAL	80.00% 90.83% 60.00% 35.00%	80.00% 90.70% 60.00% 70.00%	80.00% 87.23% 60.00% 66.67%	80.00% 81.05% 60.00% 74.24%	80.00% 87.50% 60.00% 66.45%	This target is now reported by Cluster This target is now reported by Cluster	
CLUSTER / PRIMARY CARE	Hossain Lucky (SOUTHWARD PCT) -lucky.hossain@nhs.net					Dental contracts DC01	Volume of units of dental activity (UDAs) commissioned as at the end of each quarter, for the preceding 12 months.	PLAN ACTUAL	315897 282123	315897 281771	315897 285023	315897 289023		Extracted from the NHS Performance dashboard, or DC01 return on UNIFY, applied 10% threshold	
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 ACTUAL	83.00% 87.00%	83.00% 90.00%	83.00% 94.00%	83.00% 95.00%		Oxleas supply in their Performance from their KPI report	
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 ACTUAL	80.54% 88.00%	80.54% 90.00%	80.54% 93.00%	80.54% 92.00%		Oxleas supplied Plan & Actual Performance from their KPI report	
BEXLEY	Oxleas - Stephen Francis & MIND for IAPT	PHQ10 (SQU13)				Mental health measures - EI	The number of new cases of psychosis served by early intervention teams year to date	PLAN (CUMULATIVE) ACTUAL (Cumulative)	7 5	14 16	21 20	29 23		Extracted from the DoH Performance Statistics web site and UNIFY	
BEXLEY	Oxleas - Stephen Francis & MIND for IAPT	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 ACTUAL	95.00% 81.53%	95.00% 75.68%	95.00% 71.11%	95.00% 71.03%		Extracted from the DoH Performance Statistics web site and UNIFY	
BEXLEY	(http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/PerformanceDataandStatistics/MentalHealthCommunityTeamActivity/index.htm)	PHQ12 (SQU15)				Mental health measures - CPA	The proportion of people under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter (QA).	PLAN ACTUAL	95.00% 96.97%	95.00% 94.83%	95.00% 97.92%	95.00% 100.00%		Extracted from the DoH Performance Statistics web site and UNIFY	
BEXLEY		PHQ13 (SQU16)			VSC02	Mental health measures - IAPT	The proportion of people who have depression and/or anxiety disorders who receive psychological therapies (SQU16_01 / SQU16_02) The proportion of people who are referred for psychological therapies who receive psychological therapies (SQU16_01 / SQU16_03)	PLAN ACTUAL PLAN ACTUAL	1.16% 0.74% 50.00% 46.88%	1.71% 0.83% 50.00% 34.16%	2.05% 0.74% 50.00% 41.61%	2.59% 1.18% 50.16% 53.55%	7.50% 3.49% 42.24% 43.19%	Actuals supplied by Sam Irving at MIND	
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 ACTUAL	346 349	380 300	354 324	535 N/A	1615 N/A	Bexley Stop Smoking Service still require 642 successful 4 week quitters to reach target by end of Q4. Bexley GPs need to refer all smokers to their practice based Stop Smoking Advisor or to the core team to ensure this target is achieved. Jo Woodvine has requested the threshold changed from 5% to 10%, this is to be confirmed.	Data due approx 10 week after close of each quarter
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 ACTUAL	100% 103.20%	100% 102.31%	100% 101.01%	100% 101.87%		Data supplied by Agnes Marossy at Bromley PCT and approved by D Parkins. Submitted by NHS London onto UNIFY on our behalf	
BEXLEY	Clare Ross / Local Information Systems	PHQ31 (SQU27)			VSC23	Coverage of NHS Health Checks	% people ages 40-74 who have received a health check % people ages 40-74 who have offered a health check	PLAN CUM ACTUAL CUM PLAN ACTUAL	5.00% 6.79% 1.65% 2.70%	10.14% 17.25% 3.50% 6.60%	15.43% 23.33% 5.56% 9.79%	20.86% 27.88% 7.90% 12.39%		Data taken from the practice Kitemark returns. All practices supplied data for Q4. Reported as cumulative position.	
CLUSTER	Cluster Performance Report	PHQ14 (SQU28)			VSC11	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	ACTUAL		N/A		65.00%		Data supplied by Clusters Performance report - MID YEAR PLANS NOT CONFIRMED	
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 ACTUAL	21 13	21 32	21 6	21 27		Oxleas supplied Actual Performance from their KPI report, no baseline established	
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 ACTUAL	90.00% 87.19%	90.00% 91.47%	90.00% 82.98%	90.00% 87.75%		IPMR data submitted by Cluster. Structure of target amended in line with guidance allowing time lag between ante natal care and delivery.	
CLUSTER	Contracted Acute Providers				PSA06a	Infant mortality: Smoking during pregnancy	Number of women known to be smokers at time of delivery	PLAN ACTUAL	15.00% 7.27%	15.00% 10.91%	15.00% 11.78%	15.00% 9.22%	15.00% 9.80%	IPMR data submitted by Cluster - 09/10 PLANS.	
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 ACTUAL	80.00% 84.86%	80.00% 74.52%	80.00% 80.47%	80.00% 82.83%	80.00% 80.52%	IPMR data submitted by Cluster - 09/10 PLANS	
BEXLEY		SQU19		tcs 08	VSB11	Breastfeeding at 6-8 weeks	Prevalence of breastfeeding at 6-8 wks after birth 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 ACTUAL PLAN ACTUAL	48.37% 48.58% 98.41% 98.42%	48.37% 42.02% 98.41% 93.12%	48.37% 49.41% 98.41% 96.15%	48.37% 53.20% 98.41% 97.81%	48.37% 48.13% 98.41% 96.29%	Data no longer available on Kitemark Return - Q4 data supplied from 27 practices	
BEXLEY	Local Information Systems Oxleas			tcs 16 (CS10) tcs 16 (CS19) tcs 16 (CS10)		Safeguarding children training	Percentage of staff who have received mandatory child protection training (as per local training policy) Level - 1 Percentage of staff who have received mandatory child protection training (as per local training policy) Level - 2 Percentage of staff who have received mandatory child protection training (as per local training policy) Level - 3	PLAN Level 1 ACTUAL Level 1 PLAN Level 2 ACTUAL Level 2 PLAN Level 3 ACTUAL Level 3	80.00% 88.00% 80.00% 91.00% 80.00% 81.00%	80.00% 94.00% 80.00% 93.00% 80.00% 81.00%	80.00% 98.00% 80.00% 96.00% 80.00% 88.00%	80.00% 95.00% 80.00% 88.00% 80.00% 87.00%		Oxleas provided Plan & Actual from their KPI Performance report	

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%	95.00%	95.00%	Reporting Bexley figures which can be validated against practice data. Data reported to the Health Protection Agency	Q3 supplied 23/04/2013, Khushbu
BEXLEY							ACTUAL	94.28%	94.84%	96.86%	N/A	N/A			
BEXLEY							Number of children aged 2 who have been immunised for Pneumococcal infection (PCV) BOOSTER	PLAN	90.00%	90.00%	90.00%	90.00%	90.00%		
BEXLEY							ACTUAL	89.05%	92.24%	91.56%	N/A	N/A			
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%	90.00%	90.00%		
BEXLEY							ACTUAL	91.37%	89.45%	92.71%	N/A	N/A			
BEXLEY							Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR1)	PLAN	90.00%	90.00%	90.00%	90.00%	90.00%		
BEXLEY							ACTUAL	88.02%	90.06%	89.77%	N/A	N/A			
BEXLEY	Local Information Systems Oxleas		NI 113	tcs 04 (CS4)	VSB13	Chlamydia Prevalence (Screening)	Number of kits issued/number of attendances	ACTUAL	15.00%	23%	24.40%	17.80%	Figures are showing % of young people who accept a kit or are tested at clinic as a percentage of unique attendances		
BEXLEY							ACTUAL	92.68%	88.44%	87.71%	N/A	N/A			
BEXLEY	Oxleas			CS6		Health Visitors – Health Promotion (including New Born hearing, screening and breast feeding input).	Percentage of new birth Health Visitor visits carried out to Bexley Babies within 14days	PLAN	85.00%	85.00%	85.00%	85.00%	Data supplied by Oxleas on the KPI monthly report. Bexley HV's presently have a 17 % Vacancy rate		
BEXLEY							ACTUAL	69.00%	84.00%	86.00%	82.00%				
CLUSTER	Cluster Performance Report	SRF14				Percentage of Patients with Greater Control of their Care Records	Percentage of Patients with Greater Control of their Care Records - enabled functionality	PLAN		0.00%		0.00%	Data Supplied by Cluster Performance report - PLANS NOT CONFIRMED	No data available. Next Cluster performance report due start August	
BEXLEY							ACTUAL		N/A		0.00%				
BEXLEY	SAS return (LA)			NI 125		OOH12	Independence for older people	PLAN		78.50%		78.50%	Data supplied by Oxleas on KPI reports		
BEXLEY							ACTUAL		86.00%		91.00%				
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	N/A	Data supplied by Oxleas on KPI reports , end of year target. Oxleas informatics department calculating Q3 data and will forward to commissioners when complete. Q4 = manual data.		
BEXLEY							ACTUAL	45.00%	53.00%	N/A	100.00%				
BEXLEY	Oxleas			tcs 28 (AS4)		Leg ulcer wounds - The percentage of venous leg ulcer wounds that have healed within 12 to 24 weeks from start of treatment.	% of patients on an End of Life care pathway who died in their preferred place of death	PLAN	N/A	N/A	N/A	N/A	Data supplied by Oxleas on KPI reports - No Base line established		
BEXLEY							ACTUAL	88.00%	100.00%	100.00%	87.00%				
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		N/A	Data supplied by Oxleas on KPI reports - No Base line established		
BEXLEY							ACTUAL		46.00%		N/A				
BEXLEY	Oxleas			tcs 18 (AS6)		Nutritional assessment - The percentage of patients assessed for nutritional requirements.	% of venous leg ulcer wounds healed within 12 to 24 weeks from start of treatment	PLAN		N/A		N/A	Data supplied by Oxleas on KPI reports - No Base line available		
BEXLEY							ACTUAL		39.00%		55%				
BEXLEY	Oxleas			tcs 07 (AS7)		Postnatal depression in mothers	% of patients with leg ulcer on DN caseload who were assessed for nutritional requirements using an established screening tool	PLAN		N/A		N/A	Data supplied by Oxleas on KPI reports - All new mothers are screened for post natal depression at the new birth visit and every subsequent contact		
BEXLEY							ACTUAL		100%		100%				
BEXLEY	Oxleas			tcs 10 (CS7)		Health assessments for children who are looked after	% of new mothers with postnatal depression assessment (number of assessment as % of new births)	PLAN	100.00%	100.00%	100.00%	100.00%	Data supplied by Oxleas on KPI reports - An audit of those records where reviews have not taken place will be completed during Qtr 4		
BEXLEY							ACTUAL	100.00%	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	95.00%	95.00%	95.00%	95.00%	Data supplied by Oxleas on KPI reports - An audit of those records where reviews have not taken place will be completed during Qtr 4		
BEXLEY							ACTUAL	99.00%	93.00%	92.00%	90.00%				

