ENCLOSURE: N(iii)

Agenda Item: 60/13

NHS Bexley Clinical Commissioning Group

Governing Body (Public) Meeting

DATE: 30th May 2013

Title	**Performance Report - Month 12 - 2012/13**		
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, which will help to inform the areas that need attention as a CCG.		
Executive Summary	This report provides an update on Bexley Care Trust's performance against national targets for month 12 2012/13. The report identifies and highlights those targets reported nationally, rag rated Red or Amber at month 12, and those reported locally which are currently rated red. It also report on targets where improvements are notable or performance is worthy of mention. 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 March 2013. A review of this shows that Bexley is not an outlier compared to its peers across these targets. 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. Appendix 3 shows the Admitted and Non Admitted Refer To Treatment (RTT) position for March 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 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)	Performance targets are considered by the Executive Management Committee.		
Communications Plan	n/a		
Author	Michael Boyce Assistant Director of Programme Management & Business Performance		
	Clinical Lead Sarah Chase Quality & Governance lead	Executive Sponsor Theresa Osborne Chief Financial Officer	
Date	17th May 2013		

Target Performance Report Month 12 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 12, and those reported locally which are rated red for the same period. It also report on targets where improvements are notable or performance is worthy of mention.

Month 12 will not be the final performance report produced for 2012/13 as a month 13 full outturn report will be produced in early June when all of the target data is finalised.

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 March 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 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.

It should also be noted that in some cases month 11 data continues to be the most up to date information available at the time of writing this report. Therefore, where this is the case the target reference has been highlighted in bold to denote it remains unchanged from the production of the month 11 report.

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, year to date 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**) **(RED 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 improvement in the quarter with the previous three quarters all shown as red. 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 M12**) (**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 0.5% (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 M12**) (**RED YTD**) Healthcare Acquired Infections (HCAI) measure CDI. There are 73 cumulative occurrences (6 in March) against a cumulative plan of 48. 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.
- **PHS04** - *(**RED M12**) (**RED YTD**) Delivery of QIPP savings. 92% recorded as achieved in January, 93% YTD. Local reporting for March on the delivery of QIPP savings shows 95% achieved in March and 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 95% is above average QIPP performance. Further details are shown in the detailed Finance report. However, it should be noted that Bexley did not include over-performance on prescribing in 2013/14 as these are included in the 2013/14 QIPP programme. Had these been included, in line with other PCTs in South East London, the Care Trust would have over-achieved its target.

- **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.

- **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.

- **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.

- **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.

  For **PHS07 – PHS10** 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 M12**) (**RED YTD**) Endoscopy based tests. March shows 516 against a plan of 523 resulting in an in month amber flag. This is 98.6% achievement. 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 as a red flag was reported in January which moved to amber for both February and March. 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 M12**) Numbers waiting at the end of the month on an incomplete referral pathway. March shows 14,085 against a plan of 9,400 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. This therefore remains an issue for 2013/14.

- **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. The position is in line with the previous month's report. 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 M12**). March shows 90.3% against a plan of 95%. This target was GREEN from month 1 to month 8. Month 9, 10 and 11 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. This area transferred NHS England from 1st April 2013.

- **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 Refer to Treatment (RTT) Position report for Admitted (90%) and Non Admitted (95%) targets for both Bexley and SLHT (Bexley) and shows the following:

BEXLEY

Total **Admitted** is still **ABOVE** plan by 2.57%, but is showing a slight decrease from the previous month of (0.11)% to 92.57% (2 specialities being below 90%, Plastic Surgery – 85.71% and T&O – 78.54%).

Total **Non-admitted** is still **ABOVE** plan by 1.60% but is showing a slight decrease from the previous month of (0.20)% to 96.60% (5 specialities are below plan, Oral Surgery – 94.85%, Neuro-Surgery – 87.50%, T&O 92.01%, Plastic Surgery 92.86% and Gastroenterology 91.89%).

SLHT (BEXLEY)

Total **Admitted** is **ABOVE** plan at 93.45% by 3.45% but is showing a decrease from the previous month of (0.27)% (1 speciality being below 90%, T&O – 73.60%).

Total **Non-admitted** is **ABOVE** plan at 96.40% by 1.40% and is showing a slight increase from the previous month of 0.41% (2 specialities are below 95% , Gastroenterology – 90.74%, T&O 91.45%).

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.

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	Feb. (YTD is from June)							75.6%							78.8%							76.5%
		PHQ01		Cat. A (Red 2) calls response within 8 mins	Against operational standard	75%	70%	Performance															79.1%							75.7%
		PHQ02		Cat A response within 19 mins	Against operational standard	95%	90%	Performance	Feb.							99.1%							98.5%							98.1%
		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	Feb.	85.4%	83.5%	78.1%	88.0%	87.9%	89.5%	85.3%	78.1%	90.6%	80.0%	97.1%	88.5%	71.4%	84.2%	78.5%	83.1%	82.6%	88.5%	88.0%	84.8%	84.1%
		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	Feb.	82.8%	94.9%	95.8%	94.7%	96.0%	97.1%	94.3%	-	85.7%	88.9%	85.7%	100.0%	50.0%	85.2%	97.1%	88.9%	97.2%	90.9%	97.3%	93.4%	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.	81.3%	91.1%	88.5%	87.9%	88.1%	92.3%	88.2%	100.0%	100.0%	100.0%	100.0%	66.7%	66.7%	85.7%	100.0%	88.9%	89.3%	92.6%	90.3%	92.9%	92.0%
		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	Feb.	97.1%	98.1%	98.6%	98.4%	98.7%	97.9%	98.1%	100.0%	97.2%	97.4%	100.0%	98.4%	95.6%	98.1%	98.6%	97.0%	98.9%	98.7%	97.7%	98.3%	98.1%
		PHQ07		Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	Against minimum thresholds	94%	89%	Performance	Feb.	95.4%	97.8%	97.3%	96.5%	97.9%	97.5%	97.0%	95.2%	94.4%	100.0%	100.0%	100.0%	100.0%	98.0%	98.4%	96.6%	98.8%	96.0%	96.4%	98.1%	97.0%
		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	Feb.	99.7%	99.5%	100.0%	99.4%	100.0%	99.1%	99.6%	100.0%	97.1%	95.7%	100.0%	100.0%	100.0%	98.4%	99.2%	98.7%	98.8%	99.4%	98.1%	99.7%	99.0%
		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	Feb.	95.4%	96.2%	96.1%	95.8%	96.1%	95.9%	95.9%	90.9%	97.4%	96.3%	100.0%	100.0%	100.0%	97.3%	96.5%	97.0%	95.4%	94.2%	96.7%	97.6%	96.2%
	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	Q3	403	1442	817	910	654	1006	5232	96	217	197	194	226	Data not issued		336	775	622	639	698	Data not issued	
		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	Q3	2.9%	3.7%	11.2%	9.4%	10.3%	6.2%	7.5%	0.7%	1.3%	1.7%	2.9%	2.6%	1.9%	2.0%	2.3%	3.7%	7.6%	8.3%	8.3%	6.7%	6.5%
		PHQ13_06	Mental health measures - IAPT	Proportion who complete therapy who are moving to recovery	Perf against plan			Performance	Q3	47.0%	51.4%	43.2%	48.0%	43.4%	37.3%	44.4%	41.6%	43.4%	38.3%	39.4%	33.8%	34.7%	37.4%	39.9%	47.4%	44.8%	43.9%	37.2%	38.6%	41.4%
		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	Mar.	90.7%	92.5%	91.8%	88.3%	91.4%	86.4%	90.2%	92.5%	91.6%	93.3%	91.4%	92.2%	91.3%	92.0%							
		PHQ20		RTT - non-admitted % within 18 weeks		95%	90%	Performance	Mar.	96.1%	94.0%	97.5%	97.4%	98.2%	97.8%	97.0%	96.6%	96.5%	98.4%	98.0%	98.3%	97.7%	97.7%							

		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	PHQ21		RTT - incomplete % within 18 weeks		92%	87%	Performance	Mar.	92.6%	92.6%	91.8%	89.3%	90.8%	88.8%	90.9%	92.8%	95.3%	92.8%	94.1%	93.6%	93.4%	93.8%							
		PHQ22	Diagnostic Waits	% waiting 6 weeks or more	against threshold	<1%	5%		Feb.	0.64%	2.25%	0.64%	2.98%	1.01%	2.87%	1.81%	0.38%	3.85%	0.17%	1.48%	0.60%	1.17%	1.34%	0.78%	1.20%	0.68%	2.89%	1.32%	2.74%	1.63%
		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	Feb.	96.7%	93.0%	97.9%	97.1%	96.0%	97.6%	96.4%	95.3%	95.1%	96.0%	96.7%	96.5%	96.8%	96.1%	95.7%	93.1%	95.7%	96.4%	94.8%	96.7%	95.3%
		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	Feb.	97.6%	90.8%	97.9%	96.8%	94.9%	97.0%	95.5%	88.9%	98.1%	97.1%	90.8%	93.7%	97.1%	94.8%	92.0%	93.9%	94.2%	96.5%	94.7%	97.6%	95.3%
		PHQ26	MSA breaches	Numbers of unjustified breaches	minimal breaches	0	0.005	Performance	Mar.	0.17	1.69	0.44	0.53	0	0	-	0.47	0.87	1.48	0.85	0.14	0.41	0.71	0.79	0.97	1.33	1.40	0.47	1.37	1.06
	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.	3	4	2	8	6	6	29	0	0	0	1	0	1	2	0	6	5	5	3	4	23
		PHQ28		CDI	Against plan			Performance	Mar.	93	93	67	110	62	96	521	6	6	3	4	4	3	26	73	96	44	59	31	44	347
		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	Q3	1643	1410	1861	2353	1610	1685	10562	324	555	428	551	355	337	2,550	973	1399	1236	1560	1076	1032	7,276
		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%	6.1%	5.6%	6.9%	7.5%	7.0%	5.4%	6.4%	23.3%	13.1%	18.5%	21.9%	20.2%	20.1%	19.2%
		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%	3.2%	1.3%	2.5%	1.8%	1.3%	1.6%	1.9%	9.8%	5.2%	6.6%	5.0%	5.1%	6.5%	6.2%
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	M10	80%	65%	65%	78%	93%	78%	77%	92%	97%	111%	89%	103%	92%	96%	93%	100%	109%	92%	102%	93%	98%
		PHS06	Non elective FFCEs	Non-elective FFCEs	Perf against plan & system indicator			Performance	Jan.	4.8%	6.8%	4.1%	-5.6%	-3.6%	-2.9%	-0.7%	-6.1%	-9.1%	7.8%	-18.3%	-3.8%	-22.7%	-10.3%	-0.7%	-2.4%	8.6%	-3.8%	-0.2%	-7.8%	-1.7%
		PHS07	GP written referrals to hospital	No of GP written referrals	Perf against plan & system indicator			Performance	Jan.	15.3%	6.7%	0.1%	-3.3%	4.0%	10.3%	4.7%	32.8%	9.4%	22.1%	25.9%	26.6%	9.9%	19.6%	14.8%	8.0%	12.7%	13.2%	8.7%	9.8%	10.6%
		PHS08	Other referrals for a first outpatient appointment	No of other referrals	Perf against plan & system indicator			Performance	Jan.	37.2%	9.9%	3.2%	8.1%	-1.7%	7.9%	7.7%	36.9%	4.0%	48.4%	7.7%	18.3%	1.3%	16.7%	13.6%	2.6%	15.6%	8.0%	6.7%	1.5%	7.1%
		PHS09	First outpatient attendances following GP referral	No 1st outpatient attendances after GP referral	Perf against plan & system indicator			Performance	Jan.	28.9%	3.8%	9.0%	14.2%	18.9%	28.4%	15.3%	19.6%	18.5%	11.5%	29.3%	24.8%	22.6%	21.4%	7.0%	6.9%	0.6%	10.2%	4.4%	6.9%	6.2%
		PHS10	All first outpatient attendances	No of first outpatient attendances	Perf against plan & system indicator			Performance	Jan.	16.9%	4.6%	12.4%	7.8%	4.3%	10.0%	8.4%	21.1%	22.1%	17.9%	20.8%	20.3%	16.8%	19.8%	6.4%	7.8%	2.3%	8.8%	6.4%	7.0%	6.6%
		PHS11	Elective FFCEs	No of elective FFCEs (ordinary adms & separately daycases)	Perf against plan & system indicator			Performance	Jan.	11.1%	-2.9%	11.9%	4.5%	-2.8%	4.9%	3.4%	14.0%	11.9%	14.6%	14.7%	9.1%	10.3%	12.4%	4.3%	-0.4%	5.3%	4.4%	-0.1%	2.4%	2.3%
		PHS14	Diagnostic Activity	4 x Endoscopy-based tests	Perf against plan			Performance	Feb.	583	749	579	579	692	535	3717	-3.2%	-5.6%	-3.7%	-2.9%	6.3%	9.0%	-0.4%	-5.1%	-3.6%	-5.7%	-1.5%	3.8%	5.6%	-1.3%
		PHS15	Diagnostic Activity	11 x Non-endoscopy based tests	Perf against plan			Performance	Feb.	4057	6853	5395	6608	7281	6049	36243	10.3%	5.4%	4.4%	4.2%	3.7%	2.8%	4.9%	7.5%	-2.8%	0.9%	5.2%	0.9%	2.2%	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	Mar.	9,844	16,170	12,402	15,344	12,713	13,502	80,015	13,982	16,813	11,673	13,521	13,489	12,511	81,989	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									100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		PHF03	Commissioning Development	% delegated budgets				Performance									100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		PHF04		Measure of £ per head devolved running costs				Performance																						
		PHF05		% authorisation of Clinical Commissioning Groups				Performance	Wave 4								1	1	1	1	1	1	100.0%							
		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	Dec.	87%	38%	44%	21%	13%	23%		86%	45%	53%	25%	9%	25%	37%							
		PHF09		Trend in value/volume of patients being treated at non-NHS hospitals				Performance	Jan.	0.7%	12.1%	7.7%	1.7%	4.2%	0.9%	-	25.9%	9.4%	12.6%	1.8%	4.0%	1.2%	11.4%							
		PHF10	Information to Patients	% of patients with electronic access to their medical records				Performance	Q3	0	2%	0	2%	31%	0	6%	0	2%	0	2%	25%	0	5%	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: Guy's & St. Thomas'	King's	Lewisham Healthcare	South London Healthcare	Oxleas	South London & the Maudsley	SEL Provider Total	2012/13 Latest Month: Guy's & St. Thomas'	King's	Lewisham Healthcare	South London Healthcare	Oxleas	South London & the Maudsley	SEL Provider Total	2012/13 YTD: 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%
	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	Mar.	84.9%	90.3%	93.8%	93.1%			89.5%	92.1%	89.3%	92.0%	92.7%			91.4%							
		PHQ20		RTT - non-admitted % within 18 weeks		95%	Performance	Mar.	96.2%	97.5%	99.4%	95.6%			96.6%	96.5%	96.4%	99.4%	96.6%			96.9%							
		PHQ21		RTT - incomplete % within 18 weeks		92%	Performance	Mar.	87.4%	89.9%	93.2%	94.0%			90.6%	92.7%	93.0%	94.1%	94.0%			93.3%							
			RTT waits (*for all specialties*)	RTT - admitted % within 18 weeks	Delivering on all specialties = 'Green' ; Failing on 1 or more specialties = 'Amber'		Performance	Mar.	-5	-7	All	-2				-1	-6	All	-1										
				RTT - non-admitted % within 18 weeks			Performance	Mar.	-4	-1	-1	-4				-3	-2	All	-2										
				RTT - incomplete % within 18 weeks			Performance	Mar.	-5	-8	-4	-2				-5	-7	-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	Mar.	0.15	0	0	1.06	0	0		0	1.55	0	0.99	0	0		0.10	2.98	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%			
		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	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**	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	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 (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	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**	Data Supplied by Cluster Performance report	
								CUM ACTUAL	0	0	0	0	0	0	0	0	0	0	0	0	**0**		
CLUSTER		PHQ28 (HQU02)		G2	VSA02		CDI	CUM PLAN	4	8	12	16	20	24	28	32	36	40	44	48	**48**	Data Supplied by Cluster Performance report	
								CUM ACTUAL	4	8	16	21	35	39	48	53	58	63	67	73	**73**		
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, comfirmed 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		Used SUS data tcs definitions and for plan used March 2012 postion	March SUS data due >29/04/13
								ACTUAL	0.613	0.640	0.515	0.546	0.546	0.407	0.582	0.631	0.515	0.613	0.430	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	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.	
								ACTUAL	1.32%	0.85%	0.13%	0.08%	6.20%	9.04%	7.71%	9.24%	7.97%	6.83%	4.14%	4.89%			
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%		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%	4.13%	3.88%	3.81%			
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%**	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)	
								ACTUAL	93.62%	92.91%	91.53%	95.11%	95.60%	97.85%	99.25%	94.96%	95.98%	96.68%	98.78%	97.39%	**95.73%**		
???	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%		Reported at provider level only on UNIFY showing SLHT (baseline March 2011 80.88%)	March not available on UNIFY 25/04/13
								ACTUAL	83.49%	86.20%	91.21%	90.64%	90.67%	90.23%	89.99%	90.78%	90.24%	90.29%	91.15%	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	1976	2164	**23418**		
								ACTUAL	2022	2094	1960	2023	1948	1955	2106	2109	2241	2178	1950	2376	**24962**		
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%		Reported on the LAS Monthly reports	Reports due approx 21st following month
								ACTUAL	73.70%	77.50%	80.40%	81.70%	84.70%	80.00%	81.90%	77.60%	74.60%	84.70%	83.40%	81.00%			
		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%	95.00%	95.00%			
								ACTUAL	99.00%	98.50%	99.20%	99.30%	99.70%	99.10%	99.00%	99.20%	98.00%	98.90%	99.40%	99.50%			
		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%	90.00%	90.00%			
								ACTUAL	82.60%	82.50%	84.60%	88.60%	91.90%	86.90%	86.10%	84.60%	79.90%	92.10%	91.90%	88.30%			
PROVIDER						SLHT LAS KPI Targets	Number of days per month data available		27	31	30	31	31	30	31	29	30	31	28	31		Reported NHS London daily report	
							PRU - Number of daily breaches of Percentrage of patients handed over in less than 15 mins (85%)	ACTUAL	22	23	22	23	26	23	23	19	26	31	23	30			
							PRU - Number of daily breaches of - Percentrage of patients handed over in less than 30 mins (95%)	ACTUAL	12	12	9	13	11	7	12	7	17	17	12	25			
							PRU - Number of daily breaches of - HAS Data Completeness (90%)	ACTUAL	20	22	16	19	16	8	18	11	14	19	10	13			
		KPI 1					QEH - Number of daily breaches of Percentrage of patients handed over in less than 15 mins (85%)	ACTUAL	13	23	23	13	12	5	8	1	11	12	14	19			
		KPI 2					QEH Number of daily breaches of - Percentrage of patients handed over in less than 30 mins (95%)	ACTUAL	13	10	7	0	4	2	4	2	7	9	10	9			
		KPI 4					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%**	March reported by NHS London daily report, Pru 87.87%, QMS 100%, QEH 90.97%	
								ACTUAL	95.08%	97.44%	97.07%	97.44%	95.99%	96.82%	95.10%	96.06%	92.47%	91.52%	90.62%	90.25%	**94.68%**		
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 NO PLANS CONFIRMED	
PROVIDER							Total number of attendances at all A&E Departments	ACTUAL	19584	25930	21036	20140	24179	19798	20518	25654	20769	24801	20661	21647			
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%	93.00%	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 unabe 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**
								ACTUAL	95.71%	98.52%	92.81%	96.48%	96.65%	93.29%	96.17%	95.62%	94.96%	96.71%	95.30%	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%	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 unabe to track the actual Provider breaches	
								ACTUAL	95.56%	91.67%	85.29%	92.11%	92.00%	96.88%	94.59%	90.70%	97.22%	89.58%	88.90%	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%	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 unabe to track the actual Provider breaches	
								ACTUAL	84.62%	88.10%	82.86%	76.19%	80.95%	70.45%	79.41%	75.00%	85.71%	69.05%	78.10%	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%	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 unabe to track the actual Provider breaches, NO FEB DATA	
								ACTUAL	100.00%	91.67%	100.00%	91.67%	100.00%	100.00%	100.00%	100.00%	0.00%	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%	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	
								ACTUAL	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	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%	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	
								ACTUAL	96.00%	98.06%	97.44%	98.94%	98.65%	100.00%	100.00%	98.98%	100.00%	98.61%	100.00%	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%	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 unabe to track the actual Provider breaches	
								ACTUAL	100.00%	86.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	95.20%	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%	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	
								ACTUAL	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	95.65%	97.06%	0.00%	100.00%	100.00%	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%	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 unabe to track the actual Provider breaches	
								ACTUAL	93.94%	94.87%	96.77%	97.87%	100.00%	96.97%	95.65%	96.30%	0.00%	97.87%	90.90%	N/A			

GB / 30.05.13 / ENC N(iii) - Month 12 App 2 Local Perf

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%	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%	98.63%	98.03%	**97.30%**		
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%	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	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%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		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%	98.60%	99.10%	99.40%	99.40%	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
CLUSTER	Hossain Lucky (SOUTHWARK PCT) <lucky.hossain@nhs.net>	SQU09			VSB18	Access to NHS dentistry	Current 24 month measure	PLAN	114469	114836	115040	115253	115419	115569	115696	115823	115940	115996	116092	116092	**1386225**	Data was supplied by Emma Wallis now Hossain Lucky (SOUTHWARK PCT) <lucky.hossain@nhs.net> at Cluster	Chased 03/04/13, 24/04/13
								ACTUAL	107634	107966	107720	107521	107441	107042	107618	107849	108325	108484	N/A	N/A	**N/A**		
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%	79.06%	79.05%		Activity from MAR report on UNIFY	March due > 29/04/13
								ACTUAL CUM	80.94%	80.84%	80.46%	80.20%	80.09%	80.07%	80.18%	80.28%	80.32%	80.38%	80.27%	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	5	5	8		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	4	6	5			
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	1562	1729	**20357**	Activity from UNIFYmonthly MAR return (Thresholds based on 5%)	March due > 29/04/13
								ACTUAL	1675	1798	1676	1740	1647	1660	1793	1646	1696	1624	1533	N/A	**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	2548	2676	**31089**		
								ACTUAL	2675	3354	2792	2994	2891	2824	3424	3126	2409	3215	3022	N/A	**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	2262	2375	**27595**		
								ACTUAL	2307	2669	2304	2585	2554	2469	3184	2794	2294	2941	2479	N/A	**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	2589	2718	**31584**		
								ACTUAL	2550	3140	2519	2913	2586	2691	3358	3081	2466	2913	2729	N/A	**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	5133	5389	**62618**		
								ACTUAL	4922	6064	4921	5599	5290	5411	6397	6166	4804	5904	5390	N/A	**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	546	574	**6665**		
								ACTUAL	498	602	510	605	551	537	579	553	453	540	585	N/A	**N/A**		
CLUSTER							No of elective FFCEs (daycase)	PLAN	1959	2268	1959	2268	2268	2062	2371	2268	1546	1959	2062	2165	**25155**		
								ACTUAL	2115	2526	1990	2343	2154	2143	2433	2353	1891	2286	2228	N/A	**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%	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 92.47%, Feb 93.72%, Mar 93.45%	
								ACTUAL	87.98%	93.77%	93.15%	93.34%	93.81%	94.11%	93.28%	93.15%	93.93%	93.13%	92.68%	92.57%			
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%	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 95.64%, Feb 95.99%, Mar 96.40%	
								ACTUAL	96.95%	97.35%	97.11%	97.65%	97.22%	96.48%	97.85%	97.72%	97.53%	96.83%	96.80%	96.60%			
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%	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 93.26%, Feb 92.91%, Mar 92.48%	
								ACTUAL	93.97%	95.27%	94.78%	94.79%	95.09%	94.94%	95.37%	94.76%	92.98%	93.77%	92.94%	92.71%			
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%	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 72.88%, Feb 71.54%, Mar 73.60%	
								ACTUAL	77.73%	90.05%	85.13%	85.71%	92.22%	86.92%	90.63%	87.73%	82.67%	82.44%	78.50%	78.54%			
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%	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 93.00%, Feb 95.12%, Mar 91.45%	
								ACTUAL	95.17%	95.00%	94.05%	97.50%	95.36%	93.37%	98.58%	93.64%	96.79%	93.94%	95.12%	92.01%			
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%	57.51%	70.49%	60.78%	N/A		Information taken from the RTT reports on UNIFY, Plans not available	March RTT data due >18/04/13, SUS data due >29/04/13.
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	9450	9400		Cluster as yet has not ragged this target, therefore have applied a 5% threshold	
								ACTUAL	9709	11199	10568	11313	11580	12007	11260	11287	11272	11633	11781	14085			
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	0	0		Data extracted from UNIFY DM01 monthly returns - threshold unknown therefore applied 5% - 2 MRI Breaches in March at KINGS	
								ACTUAL	0	0	4	1	2	1	0	4	5	1	1	2			
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	0	0		Data supplied on UNIFY on the DC01 return - 19 Breaches in March, UCL 2 BREACHES, 1 CYSTO, 1 GASTRO, SLHT 17 BREACHES, 8 GASTRO, 3 CYSTO, 1 NON OBSTETRIC	
								ACTUAL	10	14	23	28	17	13	6	5	8	15	7	19			
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%	0.82%	0.38%	0.93%	**0.73%**		

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	498	523	**6151**	Data extracted from UNIFY DM01 monthly returns - threshold unknown therefore applied 5%	
								ACTUAL	500	561	445	513	400	351	606	510	457	516	482	516	**5857**		
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	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	275	275		Data supplied by Julie Tilbrooke	Latest data received 26/02/13, chased updates 24/04/13
								ACTUAL	253	252	253	258	262	264	268	268	277	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	275	300		Data supplied by Julie Tilbrooke - Local plan for New Presentations	Latest data received 26/02/13, chased updates 24/04/13
								ACTUAL CUMLATIVE	28	57	82	116	143	161	190	210	220	N/A	N/A	N/A			
BEXLEY	NHS London	PHF08 (HRF05)				Chioce	Choice - Choose & Book utiliastion 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://nww.chooseandbook.nhs.uk/staff/reports and Cluster Performance reports	Have chased the March figures 24/04/13
								ACTUAL	95.00%	101.00%	100.00%	95.00%	91.00%	96.00%	98.00%	96.00%	86.00%	87.00%	101.0%	N/A			
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	25.90%	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	5	5	**40**	Data supplied by Oxleas on the KPI monthly report	
								ACTUAL	2	5	3	2	2	2	3	3	3	2	1	0	**30**		
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%	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%	100.00%	100.00%	100.00%			
BEXLEY	Oxleas			G3		Ethnicity coding	Percentage of active caseload with recorded ethnicity	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	
								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.	% 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	
								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	% 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%	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%	
								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	% of patients contacted within 1 working day of discharge	PLAN	80%	80%	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%	100%	100%	100%			
				STROKE 2			% of patients contacted within 3 working day of discharge	PLAN	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%			
								ACTUAL	43%	80%	100%	88%	100%	100%	90%	89%	100%	100%	100%	100%			
				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%	80%	80%			
								ACTUAL	0%	100%	100%	100%	N/A	N/A	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%	90%	90%			
								ACTUAL	85%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
				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%	100%	100%			
								ACTUAL	N/A	N/A	22%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
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%	100%	100%		NEW TARGET - Data Supplied by Cluster Performance report	
								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	80.00%	80.00%	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	N/A	**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%	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 (Q2 12/13 was due approx Apr 13 from Bromley), have chased
								ACTUAL	72.72%	N/A	N/A	N/A			
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	30.00%	30.00%	30.00%	30.00%	**30.00%**	Data extracted from the Cancer Screening area on Exeter	
								ACTUAL	33.30%	27.40%	25.49%	26.73%	**28.22%**		
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%	51.30%		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%	7.54%			
CLUSTER	Exeter Cancer Screening statistics	ZZZ07				Bowel screening	Bowel Screening - Uptake	PLAN	60.00%	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	N/A			
							Bowel Screening - Positivity	PLAN	1.53%	1.53%	1.53%	1.53%			
								ACTUAL	1.22%	1.22%	N/A	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%	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	0.00%			
								ACTUAL PRUH	100.00%	100.00%	N/A	0.00%			
								ACTUAL QEH	83.00%	77.00%	N/A	0.00%			
							Percentage Colonoscopy Waiting Times - Routine (Low Grades) < 4 weeks	PLAN	90.00%	90.00%	90.00%	90.00%			
								ACTUAL QMS	100.00%	99.00%	N/A	0.00%			
								ACTUAL PRUH	75.00%	67.00%	N/A	0.00%			
								ACTUAL QEH	98.00%	92.00%	N/A	0.00%			
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%	80.00%	**80.00%**	This target is now reported by Cluster	
								ACTUAL	90.83%	90.70%	87.23%	81.05%	**87.50%**		
		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%	60.00%	**60.00%**	This target is now reported by Cluster	
								ACTUAL	35.00%	70.00%	66.67%	74.24%	**66.45%**		
CLUSTER / PRIMARY CARE	Hossain Lucky (SOUTHWARK 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 proceeding 12 months.	PLAN	315897	315897	315897	315897		Extracted from the NHS Performance dashboard, or DC01 return on UNIFY, applied 10% threshold	
								ACTUAL	282123	281771	285023	289023			
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%	83.00%		Oxleas supply in their Performance from their KPI report	
								ACTUAL	87.00%	90.00%	94.00%	95.00%			
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%	80.54%		Oxleas supplied Plan & Actual Performance from their KPI report	
								ACTUAL	88.00%	90.00%	93.00%	92.00%			
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	29		Extracted from the DoH Performance Statistics web site and UNIFY	
								ACTUAL (Cumlative)	5	16	20	23			
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%	95.00%		Extracted from the DoH Performance Statistics web site and UNIFY	
								ACTUAL	81.53%	75.68%	71.11%	71.03%			
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 psychiatric in-patient care during the quarter (QA).	PLAN	95.00%	95.00%	95.00%	95.00%		Extracted from the DoH Performance Statistics web site and UNIFY	
								ACTUAL	96.97%	94.83%	97.92%	100.00%			
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)	PLAN	1.16%	1.71%	2.05%	2.59%	**7.50%**	Actuals supplied by Sam Irving at MIND	
								ACTUAL	0.74%	0.83%	0.74%	1.18%	**3.49%**		
BEXLEY							The proportion of people who are referred for psychological therapies who receive psychological therapies (SQU16_01 / SQU16_03)	PLAN	50.00%	50.00%	50.00%	50.16%	**42.24%**		
								ACTUAL	46.88%	34.16%	41.61%	53.55%	**43.19%**		
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	535	**1615**	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 confimed.	Data due approx 10 week after close of each quarter
								ACTUAL	349	300	324	N/A	**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%	100%		Data supplied by Agnes Marossy at Bromley PCT and approved by D Parkins. Submitted by NHS London onto UNIFY on our behalf	
								ACTUAL	103.20%	102.31%	101.01%	101.87%			
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%	20.86%		Data taken from the practice Kitemark returns. All practices supplied data for Q4. Reported as cumlative position.	
								ACTUAL CUM	6.79%	17.25%	23.33%	27.88%			
							% people ages 40-74 who have offered a health check	PLAN	1.65%	3.50%	5.56%	7.90%			
								ACTUAL	2.70%	6.60%	9.79%	12.39%			
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	21	21	21	21		Oxleas supplied Actual Performance from their KPI report, no baseline established	
								ACTUAL	13	32	6	27			
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%	90.00%		IPMR data submitted by Cluster. Structure of target ammended in line with guidance allowing time lag between ante natel care and delivery.	
								ACTUAL	87.19%	91.47%	82.98%	87.75%			
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%	15.00%	**15.00%**	IPMR data submitted by Cluster - 09/10 PLANS.	
								ACTUAL	7.27%	10.91%	11.78%	9.22%	**9.80%**		
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%	80.00%	**80.00%**	IPMR data submitted by Cluster - 09/10 PLANS	
								ACTUAL	84.86%	74.52%	80.47%	82.83%	**80.52%**		
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%	48.37%	**48.37%**	Data no longer available on Kitemark Return - Q4 data supplied from 27 practices	
								ACTUAL	48.58%	42.02%	49.41%	53.20%	**48.13%**		
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%	98.41%	**98.41%**		
								ACTUAL	98.42%	93.12%	96.15%	97.81%	**96.29%**		
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%	80.00%		Oxleas provided Plan & Actual from their KPI Performance report	
								ACTUAL Level 1	88.00%	94.00%	98.00%	95.00%			
				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%	80.00%			
								ACTUAL Level 2	91.00%	93.00%	96.00%	88.00%			
				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%	80.00%			
								ACTUAL Level 3	81.00%	81.00%	88.00%	87.00%			

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%	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
								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%**		
								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%**		
								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%**		
								ACTUAL	88.02%	90.06%	89.77%	N/A	**N/A**		
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%	90.00%	**90.00%**		
								ACTUAL	97.43%	96.23%	84.02%	N/A	**N/A**		
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%	90.00%	**90.00%**		
								ACTUAL	92.68%	88.44%	87.71%	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	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	
								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 fuctionality	PLAN		0.00%		0.00%		Data Supplied by Cluster Performance report - PLANS NOT CONFIRMED	No data available. Next Cluster performance report duestart August
								ACTUAL		N/A		0.00%			
BEXLEY	SAS return (LA)		NI 125		OOH12	Independence for older people	Achieving independence for older people through rehabilitation or intermediate care	PLAN		78.50%		78.50%		Data supplied by Oxleas on KPI reports	
								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.	
								ACTUAL	45.00%	53.00%	N/A	100.00%			
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	N/A		Data supplied by Oxleas on KPI reports - No Base line established	
								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	
								ACTUAL		46.00%		N/A			
BEXLEY				tcs 18 (AS6)			% of venous leg ulcer wounds healed within 12 to 24 weeks from start of treatment	PLAN		N/A		N/A			
								ACTUAL		39.00%		55%			
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		N/A		Data supplied by Oxleas on KPI reports - No Base line available	
								ACTUAL		100%		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%	100.00%		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	
								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	
								ACTUAL	99.00%	93.00%	92.00%	90.00%			

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

Excluding Unknown Clock Starts

BEX ALL PROVIDERS

2011-2012

Specialty	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
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%**
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%

2012-2013

Specialty	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	DEC Admitted	DEC Non-Admitted	JAN Admitted	JAN Non-Admitted	FEB Admitted	FEB Non-Admitted	MAR Admitted	MAR Non-Admitted
General Surgery	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%	93.30%	96.12%	91.29%	98.28%	95.13%	96.96%	91.93%	95.67%
Urology	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%	95.71%	100.00%	97.96%	97.73%	94.29%	96.55%	95.29%	98.94%
Trauma & Orthopaedics	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%	82.67%	96.79%	82.44%	93.94%	78.50%	95.12%	78.54%	92.01%
ENT	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%	98.28%	100.00%	95.12%	95.36%	93.59%	99.21%	91.94%	97.81%
Ophthalmology	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%	97.81%	98.08%	97.49%	96.24%	98.80%	97.29%	95.73%	97.15%
Oral Surgery	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%	92.86%	94.97%	98.08%	94.82%	89.47%	96.63%	91.43%	94.85%
Neurosurgery	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%	100.00%	100.00%	66.67%	100.00%	64.29%	87.50%	90.00%	87.50%
Plastic Surgery	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%	85.00%	100.00%	91.67%	81.25%	81.82%	81.25%	85.71%	92.86%
Cardiothoracic Surgery	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%	0.00%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%
General Medicine	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%	77.78%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.73%
Gastroenterology	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%	100.00%	97.65%	96.64%	91.58%	100.00%	94.29%	98.35%	91.89%
Cardiology	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%	94.74%	98.67%	91.30%	95.72%	100.00%	97.70%	100.00%	96.58%
Dermatology	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%	100.00%	97.14%	100.00%	99.07%	100.00%	95.85%	100.00%	98.29%
Thoracic Medicine	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%	100.00%	98.33%	0.00%	100.00%	100.00%	97.30%	100.00%	97.96%
Neurology	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%	100.00%	94.87%	100.00%	94.19%	100.00%	91.11%	100.00%	98.70%
Rheumatology	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%	100.00%	98.65%	100.00%	97.70%	100.00%	96.39%	100.00%	97.27%
Geriatric Medicine	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%	100.00%	96.88%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%
Gynaecology	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%	97.78%	97.12%	90.32%	98.22%	93.68%	98.15%	96.89%	98.62%
Other	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%	96.47%	97.55%	96.83%	98.31%	94.49%	97.17%	96.84%	97.52%
Total	**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%**	**93.93%**	**97.53%**	**93.13%**	**96.83%**	**92.68%**	**96.80%**	**92.57%**	**96.60%**
					3.15%	2.11%	3.34%	2.65%	3.81%	2.22%	4.11%	1.48%	3.28%	2.85%	3.15%	2.72%	3.93%	2.53%	3.13%	1.83%	2.68%	1.80%	2.57%	1.60%
TOTAL VARIANCE PREV MONTH	-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%	0.78%	-0.18%	-0.80%	-0.71%	-0.45%	-0.03%	-0.11%	-0.20%

BEX SLHT

2011-2012

Specialty	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
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%
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%**
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%

2012-2013

Specialty	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	DEC Admitted	DEC Non-Admitted	JAN Admitted	JAN Non-Admitted	FEB Admitted	FEB Non-Admitted	MAR Admitted	MAR Non-Admitted
General Surgery	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%	92.81%	95.67%	91.71%	98.94%	96.44%	96.60%	92.96%	95.97%
Urology	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%	100.00%	100.00%	98.08%	100.00%	98.39%	94.87%	100.00%	100.00%
Trauma & Orthopaedics	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%	80.00%	96.55%	72.88%	93.00%	71.54%	95.07%	73.60%	91.45%
ENT	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%	100.00%	100.00%	100.00%	92.31%	66.67%	87.50%	100.00%	100.00%
Ophthalmology	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%	98.02%	97.30%	96.77%	95.55%	99.51%	96.24%	97.44%	96.96%
Oral Surgery	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%	93.33%	94.44%	96.43%	95.08%	90.00%	96.80%	91.67%	95.43%
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%
Plastic Surgery	100.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	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%
General Medicine	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%	87.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.50%
Gastroenterology	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%	100.00%	97.30%	96.19%	94.92%	100.00%	90.48%	99.12%	90.74%
Cardiology	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%	100.00%	99.20%	100.00%	95.97%	100.00%	97.74%	100.00%	97.67%
Dermatology	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%	0.00%	98.57%	0.00%	100.00%	0.00%	95.16%	0.00%	97.52%
Thoracic Medicine	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%	0.00%	98.00%	0.00%	100.00%	0.00%	96.30%	0.00%	96.77%
Neurology	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%	0.00%	93.48%	100.00%	93.10%	0.00%	93.22%	0.00%	100.00%
Rheumatology	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%	100.00%	100.00%	100.00%	96.49%	100.00%	95.31%	100.00%	97.70%
Geriatric Medicine	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%	100.00%	94.74%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%
Gynaecology	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%	100.00%	94.87%	90.44%	96.91%	97.22%	95.18%	98.18%	98.06%
Other	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%	98.59%	97.44%	100.00%	97.94%	94.31%	95.34%	100.00%	98.21%
Total	**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%**	**93.86%**	**97.07%**	**92.47%**	**96.53%**	**93.72%**	**95.99%**	**93.45%**	**96.40%**
					3.27%	2.27%	3.92%	2.36%	4.27%	2.21%	2.92%	0.75%	3.77%	2.94%	1.65%	2.65%	3.86%	2.07%	2.47%	1.53%	3.72%	0.99%	3.45%	1.40%
SLHT VARIANCE PREV MONTH	-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%	2.20%	-0.57%	-1.39%	-0.54%	1.26%	-0.55%	-0.27%	0.41%

2011-2012

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
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%

2012-2013

SLHT % TOTAL RTT LIST	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	DEC Admitted	DEC Non-Admitted	JAN Admitted	JAN Non-Admitted	FEB Admitted	FEB Non-Admitted	MAR Admitted	MAR Non-Admitted
PERCENTAGE	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%	58.31%	63.51%	63.42%	56.82%	63.02%	58.72%	69.69%	62.42%

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)