

TITLE	Berkshire Non – Financial Performance Indicators Reports
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 24 July 2012
WARD	None Specific

Name of Meeting	Paper Number
Title of Paper	
Cluster Non-Financial Performance Report: May 2012	
Date of Paper	Date of Meeting
21st June 2012	
Purpose of Paper	
To inform the Board of the latest non-financial performance.	
Summary	
<p>New PCT level data:</p> <ul style="list-style-type: none"> • The number of new cases of psychosis served by early intervention teams year to date • The number of Home Treatment Episodes and the proportion of inpatients admissions gatekept by the crisis resolution home treatment teams • The proportion of people under adult mental illness specialties on Care Programme Approach (CPA) who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter • Proportion of those with depression and/or anxiety disorders receiving psychological therapy • Proportion of those who have received psychological therapy moving to recovery <p>Data now at CCG level:</p> <ul style="list-style-type: none"> • All women to receive results of cervical screening tests within two weeks • Breast Screening coverage in normal age range (50-70) and age extension (47-73) • Bowel Screening programme uptake rates • People with long term conditions feeling independent and in control of their condition <p>Please note that where data is only available up to 11/12, the colour coding has been</p>	

applied according to the 11/12 criteria.

Berkshire East

SHA Rating

Berkshire East continue to be rated as 'Performance Under Review' by the SHA.

Berkshire East Performance Summary

Under performance: <ul style="list-style-type: none">• Cat A response within 8 mins• Treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course• Patients depression and/or anxiety disorders receiving psychological therapy• Patients who have received psychological therapy moving to recovery• MRSA bacteraemia• TIA % high risk treat <24 hours• All women to receive results of cervical screening tests within two weeks	High performance & improvement to green: <ul style="list-style-type: none">• People under adult mental illness specialties on Care Programme Approach who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter• Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected• No C. Diff. cases
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Berkshire West

SHA Rating

The SHA continue to rate Berkshire West as 'Performance Under Review'. Once again Berkshire West failed the Stroke key focus area.

Berkshire West Performance Summary

Under performance: <ul style="list-style-type: none">• Cat A response within 8 mins• Cancer waiting times• 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• RTT - Admitted % within 18 weeks• RTT - incomplete % within 18 weeks• % spending 90%+ time on stroke	High performance & improvement to green: <ul style="list-style-type: none">• Proportion of those with depression and/or anxiety disorders receiving psychological therapy• Proportion of those who have received psychological therapy moving to recovery• % of patients who spent 4 hours or less in A&E• No. of C. Diff. cases
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unit	
Recommendations	
The Board is asked to	Note the level of compliance with the operating targets and the actions being taken to improve performance where necessary
Has the content of this paper been discussed with GPC leads and if so what was the outcome?	
Yes	
Financial implications	
N/A	
Has an Equality Impact Screening been undertaken? If so please attach	
No	
Please list any other committees or groups where this paper has been discussed	
Quality & Risk Committee, East and West Quality Federation Meetings	

Narrative

Key

Rating	Definition
Red	Performance significantly below target
Amber	Performance just above or below target
Green	Performance significantly above target

Berkshire East

- Cat A response within 8 mins

Current period	YTD

Berkshire East failed on Category A response time within 8 minutes for May 2012 at 65% against a target of 75%. The reasons for this drop in performance are threefold. Firstly, overall SCAS activity is 8% up in May compared to the same month last year, Berkshire is the main area of growth. The reasons for this growth are as yet unexplained.

Secondly, the Emergency Operations Centre based in Wokingham is being transferred to Banbury. The immediate effect of this move has been a reduction of staff morale/performance. In the medium term the move is expected to affect performance due to a loss of local knowledge as a number staff members will not be relocating.

Thirdly, there was a technology problem whereby phone calls were subject to white noise so the ambulance staff couldn't hear the callers. This went on for approx. 10 days (this is now subject to a SIRI but there is no evidence that it affected the wellbeing of patients). Abandoned calls hit 6.7% and the average answering time was 91 seconds, both being red on the RAG ratings.

SCAS have not yet provided an action plan to address poor performance. Once the contract is signed (week beginning 18th June) a number of contract queries will follow to start to address this drop in performance.

- Treatment for cancer within 31-days where that treatment is Radiotherapy

Current period	YTD

Berkshire East patients are referred to RBFT as HWPFT do not provide radiotherapy treatment. RBFT have failed to achieve the expected performance level (94%) for this measure by 4.3% (89.7%). The reason for the breach was put down to two factors. Firstly, they have had a higher than expected number of referrals. Secondly, there was a mechanical failure in both pre-treatment machines Simulator and Eclipse which enable clinicians define the tumour to be treated, these failures this led to a backlog of patients. The PCT has submitted a contract query notice to RBFT regarding their performance and the contract management meeting where action plans will be put in place is scheduled for the 27th June.

- People under adult mental illness specialties on Care Programme Approach who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter

Current period	11/12



Berkshire East Mental Health services continue to exceed the 95% target for 7 day follow-up appointments after discharge from in-patient care.

- Patients with depression and/or anxiety disorders receiving psychological therapy

Current period	11/12

Berkshire East has not achieved the quarterly target of 2.9% of diagnosed patients receiving psychological therapy in Q4 they achieved 2.6%. However, Berkshire East Talking Therapies (BETT) has significantly improved performance since Q2 and Q3 2011/12. The numbers of patients entering treatment in Q4 is 52% higher than in Q2. As set out in the 12/13 contact quality schedule BETT are committed to meeting all the targets within 12/13.

- Patients who have received psychological therapy moving to recovery

Current period	11/12

Berkshire East has not achieved the monthly target of 50% of patients who have received psychological therapy moving to recovery; in Q4 they achieved 48.4%. However, the % of patients reaching recovery in Q4 is 14% higher than for the rest of 11/12, just 1.6% below the national target. Berkshire East Talking Therapies has continued to improve performance on patient recovery into Q1 12/13, and is expecting to exceed the 50% target for May 2012.

- RTT - admitted % within 18 weeks

Current period	11/12

Berkshire East has failed to meet the 90% admitted indicator in April with performance at 86.4%. Berkshire East Commissioners have been working closely with HWPFT with regard to the 18 week waits and backlog clearance. HWPFT predicted that for the month of April they would attain 83% which they are just shy of at 82.08% on admitted but by the 1st May 2012 they would achieve approximately 90% aggregate, but with a sustained backlog still in place primarily T&O patients.

The Trust is working with commissioners to agree a position whereby they can achieve 90% at speciality level including T&O this year. Currently the Trust is reporting that due to technical and operational difficulties they cannot achieve 90% in T&O until Q4 12/13.

- Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected

Current period	YTD

Berkshire East performance regarding the patients seen within two weeks of an urgent referral for symptomatic breast where cancer is not initially suspected continues to be considerably above the 93% target level, at 99.2%.

- MRSA bacteraemia

Current period	YTD

The limit for 12/13 in the east is 7, and the current YTD performance is 1. Root cause analysis for this case is being undertaken and appropriate action will be planned to address variation in practice. The lessons learned from the 5th root cause analysis from 11/12 are still to be shared with the Berkshire East Federation Quality committee and via the GP bulletin. Each of the CCGs will be receiving the root cause analysis reports on their MRSA cases.

- No. of C. Diff. cases

Current period	11/12 forecast

The limit for 12/13 is 101 in the East and the YTD performance is 7 cases. Following the successful multi agency Zero Tolerance symposium, the key actions have been implemented. These key actions included:

- The identification of senior leadership
- Ribotyping undertaken for cases
- Mini RCAs will be conducted for each case and lessons shared.
- Prescribing patterns identified on a monthly basis and high levels of antibiotic prescribing driven down
- Cases isolated in agreed timescales

Environmental and hand hygiene reinvigorated

- TIA % high risk treat <24 hours

Current period	11/12

The Buckinghamshire/HWPFT Hyper-Acute Stroke Unit (HASU) service continues to perform well and meet its target with 100% of patients being seen and treated within 24 hours. The performance at Frimley has been below target for East Berkshire in Q4. These issues with regard to Frimley have been sent to the Quality team to raise at the Frimley Park Clinical Quality Review Group meeting that is held with the Trust.

- All women to receive results of cervical screening tests within two weeks

Current period	YTD

After a drop in performance in April 2012, May has seen a return to acceptable performance levels. Reasons for low performance in May were, increased workload, staffing difficulties. In April HWPFTFT laboratory appointed a locum this appointment appears to be having an effect.

Berkshire West

- Cat A response within 8 mins

Current period	YTD

Berkshire West failed on Category A response within 8 for May 2012 at 67.9% against a target of 75%. The reasons for this drop in performance are threefold. Firstly, overall SCAS activity is 8% up in May compared to the same month last year, Berkshire is the main area of growth. The reasons for this growth are as yet unexplained.

Secondly, the Emergency Operations Centre based in Wokingham is being transferred to Banbury. The immediate effect of this move has been a reduction of staff morale/performance. In the medium term the move is expected to affect performance due to a loss of local knowledge as a number staff members will not be relocating.

Thirdly, there was a technology problem whereby phone calls were subject to white noise so the ambulance staff couldn't hear the callers. This went on for approx. 10 days (this is now subject to a SIRI but there is no evidence that it affected the wellbeing of patients). Abandoned calls hit 6.7% and the average answering time was 91 seconds, both being red on the RAG ratings.

SCAS have not yet provided an action plan to address poor performance. Once the contract is signed (week beginning 18th June) a number of contract queries will follow to start to address this drop in performance.

- Cancer waiting times

Current period	YTD

Treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course, RBFT have failed to achieve the expected performance level (94%) for this measure by 4.3% (89.7%). The reason for the breach was put down to two factors. Firstly, they have had a higher than expected number of referrals. Secondly, there was a mechanical failure. The PCT has submitted a contract query notice to RBFT regarding their performance and the contract management meeting where action plans will be put in place is scheduled for the 27th June.

RBFT also failed to achieve the expected standards for the 'patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected' measure. Berkshire West achieved 88.4% where the minimum level of performance should be 93%. RBFT have stated that this drop in performance was due to a larger than expected number of patients being referred as well as patients choosing to wait longer than two weeks.

The percentage of patients seen within two weeks of an urgent GP referral for suspected cancer was below the 93% threshold. Currently Berkshire West is only achieving 91.9%. RBFT has suggested that the main reason for this failure was that a high proportion of patients were choosing to wait longer than two weeks.

The PCT has submitted a contract query notice to RBFT regarding their performance and the Contract Management Meeting where action plans will be put in place is scheduled for the 27th June.

- People under adult mental illness specialties on Care Programme Approach who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter

Current period	11/12

Berkshire West Mental Health services have exceeded the target for 7 day follow-up appointments post discharge across the whole of 11/12, but have dropped from 96.8% in Q3 to 93.5% for Q4. BHFT confirmed that this drop in Q4 performance is due to 2-3 patients who were not available for their 7 day follow-up appointment, BHFT stated that this was due to either unwillingness to attend or lack of availability. Commissioners are seeking further information from BHFT that will validate this statement.

- Proportion of those with depression and/or anxiety disorders receiving psychological therapy

Current period	YTD

Berkshire West Talking Therapies continues to achieve targets on the numbers of patients entering treatment, with Q4 figures 12% higher than in Q2.

- Proportion of those who have received psychological therapy moving to recovery

Current period	11/12 forecast

Berkshire West Talking Therapies have consistently improved their quarterly performance throughout 11/12 for the numbers of patients who have received psychological therapy moving to recovery. In Q2 they were just below the target of 3.3% at 3.03%, however in Q4 they achieved 3.4%.

- RTT - Admitted % within 18 weeks by speciality

Current period	YTD

Berkshire West has failed to achieve 90% of admitted patients in three specialties during April 2012. RBFT have failed to achieve in one specialty, general surgery. The PCT has issued a contract query notice for the General Surgery breach. The PCT and RBFT have agreed an action plan. The agreed plan includes the following actions:

- Increase service capacity through regular outsourced lists – One list a week is being booked which will increase capacity by 4/5 operations per week
- Increase operating capacity by putting on an extra list a week at weekends to increase capacity by an additional 5 patients a week

RBFT have committed to resolving the issues by the end of June 2012.

- RTT - Incomplete % within 18 weeks

Current period	YTD

Berkshire West have failed to achieve 92% of incomplete patients receiving their first definitive treatment with 18 weeks by 3.1%, they reached 89.9%. The PCT has issued a contract query notice to RBFT and an action plan has been agreed. The agreed plan includes the following actions:

- Data Cleanse across all incomplete pathways.
- Admin staff training for data validation in EPR
- Post EPR review of Standard Operating Procedures and non-compliance
- On-going weekly validation of the waiting list

RBFT have committed to resolving the issues by the end of May 2012.

- % of patients who spent 4 hours or less in A&E

Current period	11/12 forecast

Following a dip in performance in mid-May, RBFT A&E 4 hour performance is above the target of 95%. This has been achieved against a background of significant reported non-elective activity pressures with the Trust declaring a System Resilience status of red on most days. RBFT have made internal improvements to streamline the flow through A&E, including the opening of dedicated triage bays and early smooth escalation when additional capacity is required. The wider health system has also supported the RBFT by supporting rapid effective discharge with additional capacity in Non Urgent Patient Transport and Intermediate Care, escalating community bed capacity and engaging Unitaries in moving out patients with on-going social care needs on a timely basis.

- No. of C. Diff. cases

Current period	11/12 forecast

The limit for 12/13 is 194 in the West and the YTD performance is 24 cases. Following the successful multi agency Zero Tolerance symposium, the key actions have been implemented. These key actions included:

- The identification of senior leadership
- Ribotyping undertaken for cases
- Mini RCAs will be conducted for each case and lessons shared.
- Prescribing patterns identified on a monthly basis and high levels of antibiotic prescribing driven down
- Cases isolated in agreed timescales

Environmental and hand hygiene reinvigorated

- Proportion of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit

Current period	YTD

RBFT have for the second month in a row failed to achieve an acceptable level of performance for this measure. RBFT have cited bed capacity pressures as the main reason for the continued breach. The PCT and RBFT have met to discuss performance on this measure. A joint action plan has been produced and actions agreed. The actions include:

- Trust to provide evidence of any shortfalls in capacity
- PCT to work with Providers to ensure service specifications are met
- PCT/RBFT/BHFT to review the pathway to determine what capacity is required in each service
- Working with BHFT to improve services following discharge to speed up the process.

However, the milestone dates for the actions are yet to be finalised.

Non-Financial Performance Report May 2012

Reporting on the latest available non-financial performance

Janet Meek
Interim Director of Finance and Performance

Notes / Key

- Changes since last report: ▲ = improvement, ▼ = deterioration, ◀▶ = no change
- Latest available position is reported for non-financial performance, with reported period indicated
- Methodology column includes rationale for CCG breakdown or colour

Green, performance significantly above target

Amber, performance just above or below target

Red, performance significantly below target

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Quality 1. Preventing people from dying prematurely (East)

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Bracknell CCG	Total Slough CCG	Total WAM CCG	PCT Total	Methodology			
Cat A response within 8 mins	DH	75%	M2				65.50%	▼			
			YTD				65.50%				
Cat A transportation time within 19 mins	DH	95%	M12 11/12				97.4%	▲			
			YTD				97.4%				
% of ambulance handovers completed within 15 minutes	Local	TBC	M2 (HWPFT Only)				62.2%	▲			
			YTD (HWPFT Only)				61.4%				
Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	DH	85%	M1				88.9%	▲			
			YTD				88.9%				
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	DH	90%	M1				100.0%	◀			
			YTD				100.0%				
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	DH	No Target	M1	No patients treated under this pathway in M1				◀			
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	DH	96%	M1				97.0%	◀			
			YTD				97.0%				
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	DH	94%	M1				96.7%	▼			
			YTD				96.7%				
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	DH	98%	M1				100.0%	◀			
			YTD				100.0%				
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	DH	94%	M1				89.3%	▼			
			YTD				89.3%				
Breast screening (50-70) 36 month coverage	SHA	TBC	M8 11/12	74.0%	▲	51.7%	▼	75.3%	▲	72.2%	▲
Breast screening (47-73) 36 month coverage	SHA	TBC	M8 11/12	59.6%	▲	65.3%	▼	61.3%	▲	62.5%	◀
Uptake on invitations from the Bowel Screening Programme (60-75)	SHA	60%	M8 11/12	51.7%	new	36.5%	new	50.4%	new	47.4%	new

No breakdown of information so each CCG colour coded the same as PCT

Quality 2. Enhancing quality of life for people with long-term conditions (East)

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Bracknell CCG		Total Slough CCG		Total WAM CCG		PCT Total		Methodology
The number of new cases of psychosis served by early intervention teams year to date	DH	TBC 11/12 target: 51	Q4 11/12							79	▲	No breakdown of information so each CCG colour coded the same as PCT
Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT	DH	TBC 11/12 target: 654	Q4 11/12							439	▲	
			YTD							1170		
The proportion of people under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter (QA)	DH	95%	Q4 11/12							97.2%	▲	
Proportion of those with depression and/or anxiety disorders receiving psychological therapy	DH	9.1% 11/12 target: 10%	Q4 11/12							2.6%	▲	
			YTD							9.0%		
Proportion of those who have received psychological therapy moving to recovery	DH	50%	Q4 11/12							48.4%	▲	
			YTD							40.9%		
% of people with LTCs who said they had had enough support from local services/orgs	DH	TBC	11/12	84.7%	new	76.7%	new	87.9%	new	83.8%	new	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
Proportion of unplanned hospitalisations for chronic ambulatory care sensitive conditions (adults) per 100,000 population	DH	TBC		Data will be available in the report published in August onwards								
Proportion of unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s per 100,000 population	DH	TBC										

Quality 3. Helping people to recover from episodes of ill health or following injury (East)



Berkshire

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Bracknell CCG	Total Slough CCG	Total WAM CCG	PCT Total	Methodology
Proportion of emergency admissions for acute conditions that should not usually require hospital admission per 100,000 population	DH	TBC		Data will be available in the report published in August onwards				

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Quality 4. Ensuring that people have a positive experience of care (East)

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Bracknell CCG	Total Slough CCG	Total WAM CCG	PCT Total	Methodology
Patient experience survey	DH	TBC	11/12	Data will be available in the report published in July onwards				
RTT - admitted % within 18 weeks	DH	90%	M1				86.4%	▲
			YTD				86.4%	
RTT - admitted no. treatment functions/specialties not achieved	DH	0	M1				6	▼
RTT - non-admitted % within 18 weeks	DH	95%	M1				98.2%	▲
			YTD				98.2%	
RTT - non-admitted no. treatment functions/specialties not achieved	DH	0	M1				1	▲
RTT - incomplete % within 18 weeks	DH	92%	M1				93.9%	▲
			YTD				93.9%	
RTT - incomplete no. treatment functions/specialties not achieved	DH	0	M1				2	▲
Diagnostics % waiting 6 weeks or more	DH	< 1% (SHA Target 0)	M1				0.2% (6 patients)	▲
			YTD				0.2% (6 patients)	
% of patients who spent 4 hours or less in A&E	DH	95%	w/e 10/6/12				96.9%	▼
			YTD				96.0%	
Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	DH	93%	M1				93.5%	▼
			YTD				93.5%	
Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	DH	93%	M1				100.0%	▲
			YTD				100.0%	
Number of unjustified MSA breaches	DH	0	M1				0	▲
			YTD				0	

No breakdown of information so each CCG colour coded the same as PCT

Quality 5. Treating and caring for people in a safe environment and protecting them from avoidable harm (East)

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Bracknell CCG	Total Slough CCG	Total WAM CCG	PCT Total	Methodology
MRSA bacteraemia	DH	7	M1				1	No breakdown of information so each CCG colour coded the same as PCT
			YTD				1	
No C. Diff. cases	DH	101	M2				3	No breakdown of information so each CCG colour coded the same as PCT
			YTD				7	
Antibiotics Prescribing: Clindamycin per STAR-PU	Local	TBC	Q3 11/12	18.68	20.93	20.25	21.36	Consortia breakdown is based on the average of practice level data. This is not weighted by denominators and should be taken as an approximation only
Antibiotics Prescribing: Coamoxiclav per STAR-PU	Local	TBC	Q3 11/12	0.78	0.43	1.17	0.77	
Antibiotics Prescribing: Ciprofloxacin per STAR-PU	Local	TBC		Data source to be determined				
Antibiotics Prescribing: Cephalosporins per STAR-PU	Local	TBC	Q3 11/12	18.12	16.58	16.20	18.49	
% of all adult inpatients who have had a VTE risk assessment	DH	90%	M1 (HWPFT only)				91.6%	HWPFT Trust position only. CCGs colour coded the same as PCT
% spending 90%+ time on stroke unit	SHA	80%	Q4 11/12				89.4%	No breakdown of information so each CCG colour coded the same as PCT
			YTD				84.6%	
TIA % high risk treat <24 hours	SHA	90%	M1				78.4%	No breakdown of information so each CCG colour coded the same as PCT
			Q4 11/12				81.0%	
			YTD				76.4%	
Delayed Transfers of Care (Acute & MH) per 100,000 Population	SHA	TBC	Q4 11/12				6.8	

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Bracknell CCG		Total Slough CCG		Total WAM CCG		PCT Total		Methodology
Number of smoking quitters	DH	Q1/2/3-550,Q4-850,Annual-2500 11/12 target Q1/2/3-535,Q4-828	Q3 11/12	130		128		128		553		CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	265	▼	285	▼	226	▲	1654	▲	
All women to receive results of cervical screening tests within two weeks	SHA	98%	M2	98.7%	▲	99.4%	▲	99.2%	▲	99.1%	▲	
			YTD	98.3%		98.6%		98.5%		98.5%		
Number of people aged 40-74 who have been offered a health check	DH	5303 per quarter 11/12 target 4939 per quarter	Q4 11/12							953	▲	No breakdown of information so each CCG colour coded the same as PCT
			YTD							1775	▲	
Number of people aged 40-74 who have received a health check	DH	1326 per quarter 11/12 target 1234 per quarter	Q4 11/12							494	▲	
			YTD							750	▲	
Diagnosis rate for Chlamydia from all services	SHA	2,400 diagnosis per 100,000 population no 11/12 target	Q4 11/12							1568.4	▲	
			YTD							1432.0	▲	
Chlamydia cases confirmed by Chlamydia Screening Service	Local	No target	M2							29	◀▶	
			YTD							58	◀▶	
% Offered diabetic eye screening ①	SHA	95%	Q4 11/12							105.5%	▼	No breakdown of information so each CCG colour coded the same as PCT
% Received diabetic eye screening	SHA	70%	Q4 11/12							70.4%	▲	
Breastfeeding at 6-8 weeks - Prevalence	SHA	60.5%	Q4 11/12							55.4%	▼	
Breastfeeding at 6-8 weeks - Coverage	SHA	95%	Q4 11/12							95.2%	▼	
Rate age 1 completed DTaP/IPV/Hib immunisation	SHA	95%	Q3 11/12							93.6%	▼	
Rate age 2 completed pneumococcal immunisation	SHA	95%	Q3 11/12							93.7%	▲	
Rate age 2 completed Hib/MenC immunisation	SHA	95%	Q3 11/12							93.5%	▲	
Rate age 2 completed MMR immunisation	SHA	95%	Q3 11/12							93.7%	▲	
Rate age 5 completed DTaP/IPV immunisation	SHA	95%	Q3 11/12							86.9%	◀▶	
Rate age 5 completed MMR immunisation	SHA	95%	Q3 11/12							86.0%	▲	

① % Offered Diabetic Eye Screening - the figure is > 100% because it relates to the preceding rolling year and patients offered during the year may subsequently be excluded from the programme and therefore also from the denominator in the percentage calculation. Also, newly diagnosed patients must be invited for screening within 3 months, and may subsequently be invited later in the same year to bring them in line with the rolling screening programme at their GP Practice

Resources (Finance, Capacity & Activity) (East)

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Bracknell CCG	Total Slough CCG	Total WAM CCG	PCT Total	Methodology
Non-elective FFCEs (First Finished Consultant Episodes) ❶	DH	< 30,867 for yr	M1				2925	▼
			YTD				2925	▼
No of GP written referrals ❷	DH	< 69,852 for yr	M1				6066	▲
			YTD				6066	▲
No of other referrals ❸	DH	< 31,097 for yr	M1				2725	▲
			YTD				2725	▲
No 1st outpatient attendances after GP referral ❹	DH	< 50,941 for yr	M1				3752	▼
			YTD				3752	▼
No of first outpatient attendances ❺	DH	< 86,318 for yr	M1				6267	▲
			YTD				6267	▲
No of elective FFCEs (ordinary adms & separately daycases) ❻	DH	< 40,497 for yr	M1				3316	▲
			YTD				3316	▲
Number of endoscopy tests completed	DH	< 9216 in yr	M1				693	▲
			YTD				693	▲
Number of non-endoscopy tests completed	DH	< 96,279 in yr	M1				7304	▲
			YTD				7304	▲
Total numbers waiting at the end of the month on an incomplete RTT pathway	DH	< 10,730 by M12	M1				11,935	▼
Number of health visitor WTEs	DH	59.7 WTEs	M12 11/12				55.8 WTE	◀▶

No breakdown of information so each CCG colour coded the same as PCT

❶ This activity is based on the operating framework methodology which differs from the methodology used for contract activity plans. Therefore the performance of these indicators differs from that on finance reports and the GP dashboard.

Reform (Commissioner, Provider & building capability and partnership) (East)



Berkshire

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Bracknell CCG	Total Slough CCG	Total WAM CCG	PCT Total	Methodology	
% authorisation of Clinical Commissioning Groups	DH	TBC		Awaiting further DH guidance				No breakdown of information so each CCG colour coded the same as PCT	
% of General Practice lists reviewed and 'cleaned'	DH	TBC		Data source to be determined					
Bookings to services where named consultant led team was available (even if not selected)	DH	80%	M1 HWPFT				80%		▲
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	DH	80% by M12	M1				36%		◀▶
Trend in value/volume of patients being treated at non-NHS hospitals	DH	15%	M1				2%		▼
% of patients with electronic access to their medical records	DH	TBC	M1				35%		◀▶
Completed transfer of Public Health functions to Local Authorities	DH	Complete by M12		Data source to be determined					

● % of patients with electronic access to their medical records – This indicator is measured on a proxy basis by the percentage of patients who have a summary care record (SCR) available on the National database system. A SCR covers a small amount of detail on the patient to aid care provision across different healthcare settings. It includes information such as medications, adverse reactions and allergies. Patients have an opportunity to opt out of this service.

Quality 1. Preventing people from dying prematurely (West)

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Reading CCG		North and West Reading CCG		Wokingham CCG		Newbury CCG		PCT Total	Methodology
Cat A response within 8 mins	DH	75%	M2									67.9%	▼
			YTD										
Cat A transportation time within 19 mins	DH	95%	M12 11/12									94.2%	▼
			YTD										
% of ambulance handovers completed within 15 minutes	Local	70% by M3,80% by M8,95% by M12	M2 (RBFT Only)									55.4%	↔
			YTD (RBFT Only)										
Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	DH	85%	M1									87.7%	▼
			YTD										
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	DH	90%	M1									90.0%	▼
			YTD										
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	DH	No Target	M1									66.7%	▼
			YTD										
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	DH	96%	M1									97.4%	▼
			YTD										
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	DH	94%	M1									100.0%	▲
			YTD										
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	DH	98%	M1									100.0%	↔
			YTD										
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	DH	94%	M1									90.8%	▼
			YTD										
Breast screening (50-70) 36 month coverage	SHA	TBC	M8 11/12	67.2%	new	75.6%	new	76.1%	new	75.9%	new	74.4%	new
Breast screening (47-73) 36 month coverage	SHA	TBC	M8 11/12	52.8%	new	61.6%	new	62.7%	new	62.5%	new	60.6%	new
Extension of bowel screening programme to men and women aged 70 up to 75 birthday	SHA	60%	M8 11/12	42.5%	new	54.6%	new	59.90%	new	56.4%	new	54.7%	new

No breakdown of information so each CCG colour coded the same as PCT

Quality 2. Enhancing quality of life for people with long-term conditions (West)

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Reading CCG		North and West Reading CCG		Wokingham CCG		Newbury CCG		PCT Total		Methodology
The number of new cases of psychosis served by early intervention teams year to date	DH	TBC 11/12 target: 48	Q4 11/12									75	A	No breakdown of information so each CCG colour coded the same as PCT
Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT	DH	TBC 11/12 target: 664	Q4 11/12									401	A	
			YTD									1312		
The proportion of people under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter (QA)	DH	95%	Q4 11/12									93.5%	V	
Proportion of those with depression and/or anxiety disorders receiving psychological therapy	DH	12.3% 11/12 target: 11.4%	Q4 11/12									3.4%	A	
			YTD								12.8%			
Proportion of those who have received psychological therapy moving to recovery	DH	54% 11/12 target: 50%	Q4 11/12									56.1%	A	
			YTD								55.9%			
% of people with LTCs who said they had had enough support from local services/orgs	DH	TBC	11-Dec	83.4%	new	89.3%	new	91.3%	new	89.7%	new	88.1%	new	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
Proportion of unplanned hospitalisations for chronic ambulatory care sensitive conditions (adults) per 100,000 population	DH	TBC		Data will be available in the report published in August onwards										
Proportion of unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s per 100,000 population	DH	TBC												

Quality 3. Helping people to recover from episodes of ill health or following injury (West)



Berkshire

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Reading CCG	North and West Reading CCG	Wokingham CCG	Newbury CCG	PCT Total	Methodology
Proportion of emergency admissions for acute conditions that should not usually require hospital admission per 100,000 population	DH	TBC		Data will be available in the report published in August onwards					

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Quality 4. Ensuring that people have a positive experience of care (West)



Berkshire

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Reading CCG		North and West Reading CCG		Wokingham CCG		Newbury CCG		PCT Total		Methodology
				83.4%	new	89.3%	new	91.3%	new	89.7%	new	88.1%	new	
Patient experience survey	DH	TBC	11/12	83.4%	new	89.3%	new	91.3%	new	89.7%	new	88.1%	new	
RTT - admitted % within 18 weeks	DH	90%	M1									93.5%		↔
			YTD										93.5%	
RTT - admitted no. treatment functions/specialties not achieved	DH	0	M1									3		▼
RTT - non-admitted % within 18 weeks	DH	95%	M1									99.3%		↔
			YTD										99.3%	
RTT - non-admitted no. treatment functions/specialties not achieved	DH	0	M1									0		↔
RTT - incomplete % within 18 weeks	DH	92%	M1									89.9%		▼
			YTD										89.9%	
RTT - incomplete no. treatment functions/specialties not achieved	DH	0	M1									8		▼
Diagnostics % waiting 6 weeks or more	DH	< 1% (SHA Target 0)	M1									0.3% (9 patients)		↔
			YTD										0.3% (9 patients)	
% of patients who spent 4 hours or less in A&E	DH	95%	w/e 10/6/12									95.8%		▲
			YTD										96.3%	
Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	DH	93%	M1									91.9%		▼
			YTD										91.9%	
Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	DH	93%	M1									88.4%		▼
			YTD										88.4%	
Number of unjustified MSA breaches	DH	0	M1									0		↔
			YTD										0	

No breakdown of information so each CCG colour coded the same as PCT

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Quality 5. Treating and caring for people in a safe environment and protecting them from avoidable harm (West)

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Reading CCG	North and West Reading CCG	Wokingham CCG	Newbury CCG	PCT Total	Methodology
MRSA bacteraemia	DH	4	M1					0	No breakdown of information so each CCG colour coded the same as PCT
			YTD					0	
No C. Diff. cases [⊙]	DH	194	M1	CA: 1 TA: 1	CA: 2 TA: 0	CA: 4 TA: 1	CA: 2 TA: 0	35	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	CA: 2 TA: 0	CA: 2 TA: 1	CA: 2 TA: 0	CA: 2 TA: 0	24	
Antibiotics Prescribing: Clindamycin per STAR-PU	Local	TBC	Q3 11/12	23.40	23.72	27.78	23.50	24.59	Consortia breakdown is based on the average of practice level data. This is not weighted by denominators and should be taken as an approximation only
Antibiotics Prescribing: Coamoxiclav per STAR-PU	Local	TBC	Q3 11/12	0.53	0.95	0.47	0.43	0.57	
Antibiotics Prescribing: Ciprofloxacin per STAR-PU	Local	TBC	Q3 11/12	2.89	4.08	3.62	2.78	3.27	
Antibiotics Prescribing: Cephalosporins per STAR-PU	Local	TBC	Q3 11/12	9.09	10.22	12.15	7.73	9.80	
% of all adult inpatients who have had a VTE risk assessment	DH	90%	M1 (RBFT only)					90.1%	RBFT Trust position only. CCGs colour coded the same as PCT
% spending 90%+ time on stroke unit	SHA	80%	Q4 11/12					71.3%	No breakdown of information so each CCG colour coded the same as PCT
			YTD					80.8%	
			M1 (RBFT only)					74.3%	
TIA % high risk treat <24 hours	SHA	90%	Q4 11/12					94.6%	
			YTD					88.6%	
			M1 (RBFT only)					100%	
Delayed Transfers of Care (Acute & MH) per 100,000 Population	SHA	TBC	Q4 11/12					9.0	

[⊙] "CA" refers to Community Acquired and "TA" refers to Trust Acquired C.Diff cases. Sum of CCGs will not always equal PCT total as CCG cases come from a different data source.

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Reading CCG		North and West Reading CCG		Wokingham CCG		Newbury CCG		PCT Total	Methodology
Number of smoking quitters	DH	Q1/2/3-517,Q4-799,Annual-2350	Q3 11/12	155	▼	96	▼	140	▲	92	▼	512	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	505		323		407		300		1673	
All women to receive results of cervical screening tests within two weeks	SHA	98%	M2	99.9%	▼	99.7%	▲	99.5%	◀▶	98.5%	▼	99.4%	No breakdown of information so each CCG colour coded the same as PCT
			YTD	99.9%		99.6%		99.5%		98.8%		99.5%	
Number of people aged 40-74 who have been offered a health check	DH	6133 per quarter 11/12 target 5459 per quarter	Q4 11/12									2666	No breakdown of information so each CCG colour coded the same as PCT
			YTD									14,945	
Number of people aged 40-74 who have received a health check	DH	2750 per quarter 11/12 target 2625 per quarter	Q4 11/12									2038	No breakdown of information so each CCG colour coded the same as PCT
			YTD									8641	
Diagnosis rate for Chlamydia from all services	SHA	2,400 diagnosis per 100,000 population no 11/12 target	Q4 11/12									2320	No breakdown of information so each CCG colour coded the same as PCT
			YTD									1842	
Chlamydia cases confirmed by Chlamydia Screening Service	Local	No Target	M1									30	No breakdown of information so each CCG colour coded the same as PCT
			YTD									30	
% Offered diabetic eye screening ①	SHA	95%	Q4 11/12									102.5%	▼
% Received diabetic eye screening	SHA	70%	Q4 11/12									73.6%	▲

① % Offered Diabetic Eye Screening - the figure is > 100% because it relates to the preceding rolling year and patients offered during the year may subsequently be excluded from the programme and therefore also from the denominator in the percentage calculation. Also, newly diagnosed patients must be invited for screening within 3 months, and may subsequently be invited later in the same year to bring them in line with the rolling screening programme at their GP Practice

Public Health (West) - Continued



Berkshire

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Reading CCG	North and West Reading CCG	Wokingham CCG	Newbury CCG	PCT Total	Methodology
Breastfeeding at 6-8 weeks - Prevalence	SHA	63.5%	Q4 11/12	51.6% ▼	46.4% ▼	52.4% ▼	44.8% ▼	49.1% ▼	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
Breastfeeding at 6-8 weeks - Coverage	SHA	95%	Q4 11/12	85.1% ▼	79.2% ▼	85.2% ▼	83.1% ▼	83.3% ▼	
Rate age 1 completed DTaP/IPV/Hib immunisation	SHA	95%	Q2 11/12 YTD	93.6% ▼	97.0% ▲	97.1% ◀	96.7% ▲	96.0% ◀	
			Q3 11/12 YTD	CCG-Level data not yet available				94.4% ▼	
Rate age 2 completed pneumococcal immunisation	SHA	95%	Q2 11/12 YTD	89.4% ◀	93.2% ▲	93.4% ▼	90.4% ▲	91.6% ◀	
			Q3 11/12 YTD	CCG-Level data not yet available				92.2% ▲	
Rate age 2 completed Hib/MenC immunisation	SHA	95%	Q2 11/12 YTD	91.1% ▲	93.7% ▲	93.3% ▼	93.5% ▼	92.8% ◀	
			Q3 11/12 YTD	CCG-Level data not yet available				92.4% ▼	
Rate age 2 completed MMR immunisation	SHA	95%	Q2 11/12 YTD	91.1% ▲	94.4% ▲	94.7% ▲	93.1% ▲	93.3% ◀	
			Q3 11/12 YTD	CCG-Level data not yet available				93.8% ▲	
Rate age 5 completed DTaP/IPV immunisation	SHA	95%	Q2 11/12 YTD	83.2% ▲	85.7% ▼	89.6% ▲	90.9% ▼	87.5% ◀	
			Q3 11/12 YTD	CCG-Level data not yet available				89.6% ▲	
Rate age 5 completed MMR immunisation	SHA	95%	Q2 11/12 YTD	80.9% ▲	86.4% ▼	87.4% ▲	87.9% ▼	85.8% ◀	
			Q3 11/12 YTD	CCG-Level data not yet available				88.4% ▲	

Resources (Finance, Capacity & Activity) (West)

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Reading CCG	North and West Reading CCG	Wokingham CCG	Newbury CCG	PCT Total	Methodology
Non-elective FFCEs (First Finished Consultant Episodes) ●	DH	< 29,219 in yr	M1					2427	No breakdown of information so each CCG colour coded the same as PCT
			YTD					2427	
No of GP written referrals ●	DH	< 72,469 in yr	M1					6062	
			YTD					6062	
No of other referrals ●	DH	< 40,590 in yr	M1					3353	
			YTD					3353	
No 1st outpatient attendances after GP referral ●	DH	< 63,613 in yr	M1					4804	
			YTD					4804	
No of first outpatient attendances ●	DH	< 141,235 in yr	M1					10,573	
			YTD					10,573	
No of elective FFCEs (ordinary adms & separately daycases) ●	DH	< 41,606 in yr	M1					3349	
			YTD					3349	
Number of endoscopy tests completed	DH	< 7089 in yr	M1					611	
			YTD					611	
Number of non-endoscopy tests completed	DH	< 90,661 in yr	M1					7047	
			YTD					7047	
Total numbers waiting at the end of the month on an incomplete RTT pathway	DH	< 11,355 by M12	M1					14,654	
Number of health visitor WTEs	DH	72.5 WTEs	M1					61.2 WTE	

● This activity is based on the operating framework methodology which differs from the methodology used for contract activity plans. Therefore the performance of these indicators differs from that on finance reports and the GP dashboard.

Reform (Commissioner, Provider & building capability and partnership) (West)



Berkshire

Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	South Reading CCG	North and West Reading CCG	Wokingham CCG	Newbury CCG	PCT Total	Methodology	
% authorisation of Clinical Commissioning Groups	DH	TBC		Awaiting further DH guidance						No breakdown of information so each CCG colour coded the same as PCT
% of General Practice lists reviewed and 'cleaned'	DH	TBC		Data source to be determined						
Bookings to services where named consultant led team was available (even if not selected)	DH	80%	M1 RBFT					95%	↔	
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	DH	80% by M12	M1					73%	▼	
Trend in value/volume of patients being treated at non-NHS hospitals	DH	15%	M1					8%	▲	
% of patients with electronic access to their medical records ①	DH	TBC	M1					35%	↔	
Completed transfer of Public Health functions to Local Authorities	DH	Complete by M12		Data source to be determined						

① % of patients with electronic access to their medical records – This indicator is measured on a proxy basis by the percentage of patients who have a summary care record (SCR) available on the National database system. A SCR covers a small amount of detail on the patient to aid care provision across different healthcare settings. It includes information such as medications, adverse reactions and allergies. Patients have an opportunity to opt out of this service.

(21)