

TITLE	Berkshire Non – Financial Performance Indicators Reports
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 27 November 2012
WARD	None Specific

Name of Meeting	Paper Number
Title of Paper	
Cluster Non-Financial Performance Report: September 2012	
Date of Paper	Date of Meeting
23 rd October 2012	
Purpose of Paper	
To inform the Board of the latest non-financial performance.	
Summary	
<u>Berkshire East</u>	
<p>Under performance:</p> <ul style="list-style-type: none"> • Ambulance Handovers completed within 15 mins • Subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course* • RTT admitted, non-admitted and incomplete no. treatment functions/specialties not achieved • Uptake on invitations from the Bowel Screening Programme* • Proportion of GP referrals made using Choose and Book* <p>(* - New to this table)</p>	<p>High performance & improvement to green:</p> <ul style="list-style-type: none"> • Cat A transportation time within 19 mins* • % of patients who spent 4 hours or less in A&E • Antibiotics prescribing* • Number of smoking quitters* • Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer* • Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected* • Number of health visitor WTEs* <p>(* - New to this table)</p>

Berkshire West

<p>Under performance:</p> <ul style="list-style-type: none"> • % of ambulance handovers completed within 15 minutes • RTT treatment functions/specialties not achieved • Diagnostics % waiting 6 weeks or more* • % of patients who spent 4 hours or less in A&E • Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer • MRSA Bacteraemia* • % of all adult inpatients who have had a VTE risk assessment* • Number of smoking quitters* • Proportion of GP referrals made using Choose and Book* • Number of health visitor WTEs* <p>(* - New to this table)</p>	<p>High performance & improvement to green:</p> <ul style="list-style-type: none"> • Cat A transportation time within 19 mins* • 31 and 62-day waits for cancer treatment* • % spending 90%+ time on stroke unit* <p>(* - New to this table)</p>
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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

East and West Quality Federation Meetings, CCG Board Meetings

Narrative

Key

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

Berkshire East

- Cat A response and transportation time

Current period	YTD

Berkshire East achieved the monthly "Cat A response within 8 minutes" target achieving 80% against a target of 75%. In terms of year to date position the PCT is still below target with only 72.8% achieved. Berkshire East exceeded the monthly "Cat A transportation time within 19 minutes" target achieving 97.1% against a target of 95%. However the year to date position is currently amber as the actual is only just above the 95% target at 95.6%.

A contract query notice (formerly called performance notice) was served against SCAS by the host commissioner (Hampshire) on behalf of the commissioners where performance was below target, including Berkshire. A Berkshire level action plan was implemented during August 2012 and an improvement has been seen since this date. We are now focusing on ensuring this is sustained for the remainder of 12/13.

- Ambulance Handovers completed within 15 mins

Current period	YTD

The PCT is below the 95% by year-end target at 62.9% for August. The indicator is currently not on trajectory due to a combination of capacity and flow issues between Wexham Park and South Central Ambulance as well as an increase in ambulance conveyance over the past months. SCAS is working to reduce queuing as much as possible, an escalation framework is in place and enacted quickly to get to duty level director level involvement where necessary. Following the escalation framework, documentation has been drafted to confirm roles and responsibilities and plans for local level discussions to review where processes are not working efficiently. The Patient Transport Service has dedicated discharge crews enabling smoother discharge which supports the A&E front end processes. Following the completion of the action plan it will be easier to forecast an upward trend.

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

Current period	YTD

The PCTs target for this indicator is 94% and latest data for September is 92.3%. The target was achieved at the local providers where East Berkshire patients would normally be referred so at this stage we do not know why the PCT position was not achieved. The performance will be monitored closely to ensure there are no issues at any local providers.

- RTT no. treatment functions/specialties not achieved

Current period	YTD

Speciality level RTT performance has been below target during July and August at HWPFT. Plans were in place to deliver all specialities, excluding T&O, from July onwards with plans to deliver T&O during April 2013. There were 5 speciality breaches, excluding T&O, at the Trust during July and August and therefore new action plans have been requested from the Trust. The plans are expected to be achieved on 17th October and if they are not achieved or are not acceptable, the PCT will take the appropriate contractual action.

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

Current period	YTD

A&E 4 hour performance has been a significant risk for the whole contract year with a narrowly attained Q1 target of 95.23%. Q2 data has been finalised and the Trust achieved the 95% target with a 95.3% actual.

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

Current period	YTD

Cancer target performance has improved. Previous technical issues with the fax machine resulting in delayed response to breast symptoms referrals have been resolved and a risk plan to check the fax regularly is in place. The investigation of how to put 2 week waits onto 'Choose and Book' (CaB) is being pursued by the CaB project manager working with HWPFT. HWPFT is also looking to install a new electronic system to record referrals, treatments and follow ups.

- Antibiotics prescribing

Current period
No Target

Berkshire East is performing better than the national average in overall antibiotic prescribing (items per STAR-PU). In order to maintain/improve performance local antibiotic guidelines and self-limiting infections guidance are regularly promoted to prescribers by the medicines management team. This data is reviewed quarterly and guidelines are currently due for review this year.

As part of the "Zero Tolerance to C.Difficile" campaign and the "Leading Large Scale Change" in Berkshire initiatives, prescribing of all antibiotics and specific antibiotics including Cephalosporin, Quinolones, Co_amoxiclav, Clindomycin and Ciprofolxacin is being monitored quarterly by CCG and by GP Surgery. This ensures identification of any under-performance in a timely manner for appropriate steps to be taken to manage any concerns. A recent Care Home Symposium held at Ascot Racecourse also shared best practice around antibiotic prescribing.

Plans to start discussions about a campaign to promote self-management of minor ailments, such as coughs, colds and sore throats and to highlight that antibiotics are not effective against viruses and that there are risks to taking antibiotics, many people still go to their GP for an antibiotic when it is not necessary.

- Number of smoking quitters

Current period	YTD

Overall performance was very strong in Q1, with 915 quitters delivered; this is 64% ahead of the 550 target. Quitter delivery is well ahead of target in all three Unitary Authorities and is particularly improved in Bracknell where Solutions 4 Health set up new clinics last year. BHFT performance has continued to fall due to staff absence and reduced spend on Bank staff. All the East staff have applied for Solutions 4 Health's voluntary redundancy offer and are now handing the service and caseload over to Solutions 4 Health staff before they leave at the end of September.

Solutions 4 Health over-performance is largely driven by an increase in activity in the spring in preparation for the new contract, which had been due to start in April. Resources will be partially re-directed to the West for the second half of the year, so this degree of exceptional over-performance will not be maintained.

- Uptake on invitations from the Bowel Screening Programme

Current period

The PCTs target is 60% and the latest data for March 2012 is 47.4%. Our provider for the bowel screening programme is HWPFT. This target has under achieved because the number of kits sent out for samples to test have a low return rate. The return rate is usually low as people in the eligible age group have a choice to take part in the screening programme and don't often do so. The provider has an action plan to improve uptake which includes health promotion work and the development of publicity material to raise awareness on how earlier detection can be achieved through screening. This plan will be reviewed at the next programme meeting in mid-October 2012. We hope to see an improvement for this target.

- Diagnosis rate for Chlamydia from all services

Current period	YTD

The latest chlamydia screening data for Berkshire East has shown a deterioration in performance. Berkshire East is now achieving a diagnosis rate of 1305.2 per 100,000 population against the target of 2400 per 100,000 population.

There is an action plan in place to improve this target. The plan includes health promotion initiatives in the community as well as work with GPs to improve their participation with the programme. Progress against the plan is reported at the bi monthly chlamydia screening group meeting and improvements are anticipated as the plan is implemented over the next six months.

- Number of health visitor WTEs

Current period

Berkshire East's year-end target for health visitor numbers is set at 59.7 wte. At month 6 Berkshire East is at 54.2, which is within the trajectory to achieve the year-end target of the month 6 target being 53.4 wte. Commissioners are meeting with Berkshire Healthcare Foundation Trust on a monthly basis to assess recruitment and retention plans. There are also quarterly meetings with the SHA where both commissioners and providers are required to explain actions taken in order to meet required trajectory. The last quarterly meeting was held on the 10th October where the SHA reported they approved plans submitted to outline actions that will be taken to ensure continued good performance. Commissioners are considering innovative options to ensure newly trained health visitors are recruited locally after completion of training to ensure the 4 year growth plan is met. This is being done by reviewing work conducted by other sites as well as discussing with Human Resource colleagues options available to incentivise early commitment to roles in Berkshire for students starting training programmes.

- Proportion of GP referrals to first outpatient appointments booked using Choose and Book

Current period

The percentage of GP referrals made via Choose and Book (C&B) is currently off trajectory in East Berkshire. The current performance is 38% against the current trajectory of 56%. There have been a number of issues in relation to C&B usage by GPs as the current process uses the General Referral Assessment Centre (GRACe) for referral management. There are also constraints as to which services are currently available on C&B for HWPFT. A joint plan between GRACe, the PCT and HWPFT is going to be produced by 30th November 2012 which will identify what needs to be put in place to ensure 80% utilisation is achieved by March 2013.

Berkshire West

- Cat A response and transportation time

Current period	YTD

Berkshire West achieved the monthly "Cat A response within 8 minutes" target achieving 75.6% against a target of 75%. In terms of year to date position the PCT is still failing with only 72.7% achieved. Berkshire West exceeded the monthly "Cat A transportation time within 19 minutes" target achieving 96.2% against a target of 95%. However the year to date position is currently amber as the actual is only just above the 95% target at 95.2%.

A contract query notice (formerly called performance notice) was served against SCAS by the host commissioner (Hampshire) on behalf of the commissioners where performance was below target, including Berkshire. A Berkshire level action plan was implemented during August 2012 and an improvement has been seen since this date. We are now focusing on ensuring this is sustained for the remainder of 12/13.

- % of ambulance handovers completed within 15 minutes

Current period	YTD

RBFT are currently not on trajectory to meet the year-end target of 95% of handovers completed within 15 minutes. The September position is 69.1% and the PCT served a Contract Query Notice in August and an action plan has been put in place as a result. RBFT are currently only willing to commit to a 70% target for 12/13 rather than the current 95% target. The PCT do not find this acceptable bearing in mind current performance is 69.1%. A notice has been sent to the PCT Board as the PCT and Trust cannot agree the contractually required remedial action plan. As a result of this notice, RBFT should be sending the revised plan on 17th October.

- 31 and 62-day waits for cancer treatment

Current period	YTD

Berkshire West has achieved all 31 and 62-day waits for cancer treatment. The PCT and RBFT continue to work closely on remedial action plans across all the Cancer Standards.

- % spending 90%+ time on stroke unit

Current period	YTD

The PCT is above the 80% target at 83.8% for August. Stroke High performance is a direct result of the increased focus on the whole of the stroke pathway, locally.

- RTT treatment functions/specialties not achieved

Current period

There has been poor performance across all three, admitted, non-admitted and incomplete, RTT treatment functions/specialties indicators. The target for these indicators is 0. However, in August RBFT had 2 breaches in the admitted indicator; 1 in non-admitted and 6 incomplete.

All 6 of the incomplete breaches which affect Dermatology, General Surgery, T&O, as well as Urology are due to data validation issues. These data quality issues are due to problems implementing the new EPR (electronic patient record) system. A remedial action plan is in the process of being developed by RBFT.

The Oral Surgery breaches for both the admitted and non-admitted indicators were because of both capacity issues and also issues as a result of poor practice in the booking team following the implementation of the new EPR system. RBFT provided a proactive plan to improve these breaches for the August RTT return. RBFT did not achieve against the plan and as a result the PCT have taken further contractual action and a revised plan is being produced. Ophthalmology failed to achieve the target for the admitted indicator. This failure is due to the RBFT requiring extra capacity. There is an agreed remedial action plan that requires RBFT to provide an additional 60 slots per month and RBFT should be compliant by the end of November 2012.

- Diagnostics % waiting 6 weeks or more

Current period	YTD

The target for diagnostics % waiting 6 weeks or more is set at <1% nationally and 0% locally. In August Berkshire West 2.7% of patients had to wait longer than 6 weeks for a diagnostic test. There were 55 breaches at RBFT due to issues with the new EPR system and lack of capacity. RBFT have taken action to resolve the lack of capacity with additional clinics and staff. A notice of contract fines has been issued to RBFT. This fine is contractually mandated and not at commissioner discretion and will be applied at the end of the financial year. It is expected that the Trust will share their remedial action plan but it is not a contractual requirement of this notice.

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

Current period	YTD

A&E 4 hour performance has been a significant risk for the whole contract year with a narrowly attained Q1 target of 95.1%. Q2 data has been finalised and the Trust did not achieve the 95% target. A notice of contractual fine has been sent to the Trust on 05/10/12 and is calculated at 2% of related activity for that month and each month thereafter until performance recovers. This is a permanent withholding and is calculated and applied at year end. Additionally failing one of the main national deliverables means we reduce the total CQUIN allocation for each failing month by a 64th of the total CQUIN value earned. We are obliged to re-invest this CQUIN related 'fine' into the failing area. A number of whole system actions are being implemented to assist improvement in Q3 and Q4. These actions are

monitored at the Urgent Care Programme Board and also addressed at fortnightly whole system resilience meetings.

- Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer

Current period	YTD

The target for 2 week waits for cancer is set at 93%. For August Berkshire West only achieved 88.8%. The PCT and RBFT continue to work closely on a remedial action plan across all the Cancer Standards. Considerable progress has been made with only the '2 week wait' target being missed. The focus at RBFT is to increase the capacity by putting more 2ww capacity in the chest clinics and additional endoscopy capacity has also been recognised. The increase across the board on 2ww referrals has been marked compared to previous years, with no change in the conversion rate indicating that the referrals are appropriate. It is estimated that the standard should be back on target by the end of September.

- MRSA Bacteraemia

Current period	YTD

Berkshire West PCT is now rated red as there has been an additional case reported in August to the case report in June. This brings to total number cases for the year to 2 against the annual limit of 4 cases. The actions they have taken have included work on data sharing, early notice of data, conducting root cause analyses (RCAs) for every case and then sharing the lessons learned from the RCAs. Berkshire West reviews its approach on a monthly basis in order to work towards improvements in performance.

- % of all adult inpatients who have had a VTE risk assessment

Current period

The target for VTE risk assessments is 90% of all patients. RBFT only attained 86.2% in August. The August figure of 86.2% was an improvement on previous months. The remedial action plan has been reviewed with the RBFT during September and targets revised to attain 85% in September and recover to 90% in October.

- Number of smoking quitters

Current period	YTD

The target for the number of smoking quitters for Q1 is 517. Berkshire West attained only 396 quitters. The Q1 performance has declined significantly compared with Q1 11/12 and is likely a direct result of the delay in transfer of the service to the new provider. BHFT agreed to continue the contract for Q1 and Q2 whilst some of the TUPE issues were resolved. This has led to a reduction in performance at BHFT and this is likely to be seen in results from Q2 due in December. The new provider Solutions4Health have taken over the contract from October and we would anticipate that Q3 results will improve.

- Diagnosis rate for Chlamydia from all services

Current period	YTD
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The latest chlamydia screening data for Berkshire West has shown a deterioration in performance. Berkshire West is now achieving a diagnosis rate of 1903.2 per 100,000 population against the target of 2400 per 100,000 population.

There is an action plan in place to improve this target. The plan includes health promotion initiatives in the community as well as work with GPs to improve their participation with the programme. Progress against the plan is reported at the bi monthly chlamydia screening group meeting and improvements are anticipated as the plan is implemented over the next six months.

- Number of health visitor WTEs

Current period

The Berkshire West year-end target for health visitor numbers is set at 72.5 wte, the PCT achieved 57.6 wte. Despite successfully recruiting new graduates earlier this year there has been more retirements than had been predicted this summer. Berkshire West met with the SHA in October and they are satisfied with our plans and progress against targets. The SHA has asked us to adopt a revised trajectory where the increase in HVs is spread across a few months. This was agreed on 10th Oct and the PCT is waiting for the SHA to send the new trajectory through.

In order to improve performance we are ensuring that all vacancies are being advertised. BHFT and the SHA have agreed additional training commissions from Jan 2013. BHFT are providing new methods of student supervision in order to safely increase the number of students they can accommodate. PCT and BHFT are working to adopt a newly recognised "good practice" approach to attract more high calibre prospective students to the area and to incentivise them to stay once qualified. Our performance will improve from October onwards due to a large number of students graduating in September as well as additional graduates in Jan/Feb.

- Proportion of GP referrals made using Choose and Book

Current period

The percentage of GP referrals made via Choose and Book (C&B) is currently off trajectory in West Berkshire. The current performance is 68% against the current trajectory of 70%. The performance has been consistently between 68% and 72% since April 2012 with little improvement month on month. A joint presentation to highlight the benefits of referring into RBFT by C&B versus paper has been agreed by the C&B Steering Group and will be presented to GPs at Council and TIPS (Time for Improving Patient Services) meetings before the end of December 2012. In addition reports have been produced for the CCG C&B Leads to identify C&B activity by individual GP in an effort to target resources more effectively. It is hoped that the presentation and the reports will ensure an improvement in Q4 of this year so that the 80% target is achieved.

Non-Financial Performance Report September 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)



Berkshire

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%	M6				80.0%	▲
			YTD				72.8%	
Cat A transportation time within 19 mins	DH	95%	M6				97.1%	▲
			YTD				95.6%	
% of ambulance handovers completed within 15 minutes	SHA	95% by M12	M6 (HWPFT Only)				62.9%	▲
			YTD (HWPFT Only)				59.7%	
Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	DH	85%	M4	100%	80%	100%	89.6%	▲
			M5	CCG-Level data not yet available			92.5%	
			YTD	CCG-Level data not yet available			90.8%	
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	DH	90%	M4	100%	no patients	100%	100.0%	▼
			M5	CCG-Level data not yet available			92.3%	
			YTD	CCG-Level data not yet available			95.7%	
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	DH	No Target	M4	no patients	no patients	100%	100.0%	◀▶
			M5	CCG-Level data not yet available			100.0%	
			YTD	CCG-Level data not yet available			100.0%	
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	DH	96%	M4	94.7%	100%	100%	99.0%	◀▶
			M5	CCG-Level data not yet available			99.1%	
			YTD	CCG-Level data not yet available			98.5%	
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	DH	94%	M4	91.7%	100%	100%	97.5%	▲
			M5	CCG-Level data not yet available			100.0%	
			YTD	CCG-Level data not yet available			98.2%	
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	DH	98%	M4	100%	100%	100%	100.0%	◀▶
			M5	CCG-Level data not yet available			100.0%	
			YTD	CCG-Level data not yet available			100.0%	
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	DH	94%	M4	no patients	no patients	100%	97.0%	▼
			M5	CCG-Level data not yet available			92.3%	
			YTD	CCG-Level data not yet available			92.5%	

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	51 (Annual target)	Q1				30	▼				
Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT	DH	654 (Annual target)	Q1				313	▲				
			YTD				313					
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)	DH	95%	Q1				97.9%	▲				
			YTD				97.9%					
Proportion of those with depression and/or anxiety disorders receiving psychological therapy	DH	9.1%	Q1				2.7%	▲				
			YTD				2.7%					
Proportion of those who have received psychological therapy moving to recovery	DH	50%	Q1				50.3%	▲				
			YTD				50.3%					
% of people with LTCs who said they had had enough support from local services/orgs	DH	TBC	Q3-4 11/12	84.7%	▲	76.4%	▲	88.2%	▲	83.9%	▲	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	Q1	139.5	▲	184.3	▲	135.9	▲	152.7	▲	
Proportion of unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s per 100,000 population	DH	TBC	Q1	36.7	▲	82.9	▲	60.1	▼	61.2	▲	

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	Q1	215.6	▼	358.0	▲	272.8	▲	283.2	▲	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
% spending 90%+ time on stroke unit	SHA	80%	Q1							88.1%	▲	No breakdown of information so each CCG colour coded the same as PCT
			M5							84.4%		
			YTD							86.2%		
TIA % high risk treat <24 hours	SHA	60%	Q1							71.4%	◀▶	
			M5							85.7%		
			YTD							78.6%		

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				63	▲ Aggregate score for HWPFT based on 5 survey questions
RTT - admitted % within 18 weeks	DH	90%	M5				91.3%	▼
			YTD				91.1%	
RTT admitted no. treatment functions/specialties not achieved	DH	0	M5				3	▲
RTT - non-admitted % within 18 weeks	DH	95%	M5				98.0%	▲
			YTD				98.0%	
RTT non-admitted no. treatment functions/specialties not achieved	DH	0	M5				2	◀▶
RTT - incomplete % within 18 weeks	DH	92%	M5				94.6%	▲
			YTD				94.5%	
RTT incomplete no. treatment functions/specialties not achieved	DH	0	M5				1	▲
Diagnostics % waiting 6 weeks or more	DH	< 1% (SHA Target 0)	M5				0.1%	◀▶
			YTD				0.1%	
% of patients who spent 4 hours or less in A&E	DH	95%	w/e 30/09/12 (HWPFT only)				96.3%	▲
			Q2 (HWPFT only)				95.6%	
			YTD (HWPFT only)				95.4%	
Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	DH	93%	M4	89.1%	91.8%	90.8%	91.1%	▲
			M5	CCG-Level data not yet available			96.0%	
			YTD	CCG-Level data not yet available			94.5%	
Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	DH	93%	M4	75.9%	78.3%	91.3%	82.5%	▲
			M5	CCG-Level data not yet available			99.1%	
			YTD	CCG-Level data not yet available			96.2%	
Number of unjustified Mixed Sex Accomodation breaches ❶	DH	0	M5				0	▲
			YTD				3	
Delayed Transfers of Care (Acute & MH) per 100,000 Population	SHA	TBC	Q4 11/12				6.8	▼

❶ Three breaches so far this year two at St. George's Hospital (Tooting) and the M4 breach at King's College Hospital Nhs Foundation Trust

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	M5							0	◊	No breakdown of information so each CCG colour coded the same as PCT
			YTD						2			
No C. Diff. cases ◊	DH	101	M4	CA: 1 TA: 0		CA: 0 TA: 0		CA: 1 TA: 0		4	▼	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard. Please see footnote at bottom of page
			YTD	CA: 3 TA: 2		CA: 1 TA: 1		CA: 2 TA: 1		15		
			M5	CCG-Level data not yet available						6		
			YTD	CCG-Level data not yet available						21		
Antibiotics Prescribing: Clindamycin per STAR-PU	Local	TBC	Q1	0.6	▲	0.3	▲	1.1	▲	0.7	▲	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard. Please see footnote at bottom of page
Antibiotics Prescribing: Coamoxiclav per STAR-PU	Local	TBC	Q1	14.9	▲	13.9	▲	18.6	▲	15.8	▲	
Antibiotics Prescribing: Ciprofloxacin per STAR-PU	Local	TBC	Q1	4.3	▲	4.3	▲	5.4	▲	4.7	▲	
Antibiotics Prescribing: Cephalosporins per STAR-PU	Local	TBC	Q1	9.5	▲	9.7	▲	9.4	▲	9.5	▲	
Antibiotics Prescribing: Quinolones	Local	TBC	Q1	4.8	▲	4.7	▲	5.9	▲	5.1	▲	
Antibiotics Prescribing: PPIs (Proton Pump Inhibitors)	Local	TBC	Q1	231.4	▼	311.8	▲	277.0	▼	273.4	▼	
% of all adult inpatients who have had a VTE risk assessment	DH	90%	M5 (HWPFT only)							93.2%	▲	HWPFT Trust position only. CCGs colour coded the same as PCT

◊ 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	Total Bracknell CCG		Total Slough CCG		Total WAM CCG		PCT Total	Methodology
Number of smoking quitters	DH	Q1/2/3-550, Q4-850	Q1	268	▲	365	▲	230	▲	915	CCG breakdown based on actual patient data and registered practice. CCG colour coding based on LA targets. Practice level breakdowns are available on the GP dashboard
			YTD	268		365		230		915	
All women to receive results of cervical screening tests within two weeks	Local	98%	M6	99.7%	▼	99.7%	◀	99.9%	▲	99.8%	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	99.3%		99.3%		98.6%		98.9%	
Breast screening 36 month coverage (women aged 50-70)	SHA	TBC	M12 11/12	74.8%	▼	63.7%	▼	75.5%	▲	72.2%	▼
Breast screening 36 month coverage (women aged 47-73)	SHA	TBC	M12 11/12	60.0%	▼	50.8%	◀	61.3%	▲	58.1%	◀
Uptake on invitations from the Bowel Screening Programme (60-75)	SHA	60%	M12 11/12	52.6%	▲	35.4%	▼	50.4%	◀	47.4%	▼
Number of people aged 40-74 who have been offered a health check	DH	5303 per quarter	Q1							214	▼
			YTD							214	
Number of people aged 40-74 who have received a health check	DH	1326 per quarter	Q1							67	▼
			YTD							67	
Diagnosis rate for Chlamydia from all services	Local	2,400 diagnosis per 100,000 population	Q1							1305.2	▼
			YTD							1305.2	
Chlamydia cases confirmed by Chlamydia Screening Service	Local	TBC	M6							25	▼
			YTD							151	
% Offered diabetic eye screening ①	SHA	95%	Q4 11/12	98.2%		97.6%		98.2%		105.5%	◀
			Q1	CCG-Level data not yet available						105.3%	
% Received diabetic eye screening ②	SHA	70%	Q4 11/12	75.7%		68.3%		75.4%		70.4%	▲
			Q1	CCG-Level data not yet available						72.3%	

① % Offered Diabetic Eye Screening - the PCT 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

② CCG-level data collected based on a workaround using different methodology to that used at PCT-level. As a result the aggregated CCGs will not add up to the PCT-level figure, however comparisons can be made between practices and CCGs within this dataset.

Public Health (East)



Description	Indicator Regulated By	PCT 12/13 Target	Reported Period	Total Bracknell CCG	Total Slough CCG	Total WAM CCG	PCT Total	Methodology
Breastfeeding at 6-8 weeks - Prevalence	SHA	60.5%	Q1	48.0% ◊	58.1% ◊	62.4% ◊	56.1% ▲	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%	Q1	96.6% ◊	96.6% ◊	93.3% ◊	95.5% ▲	
Rate age 1 completed DTaP/IPV/Hib immunisation	SHA	95%	Q1	91.4% ▼	94.5% ▼	96.3% ▲	93.0% ▼	
Rate age 2 completed pneumococcal immunisation	SHA	95%	Q1	91.7% ▲	88.9% ▼	96.4% ▲	91.0% ▼	
Rate age 2 completed Hib/MenC immunisation	SHA	95%	Q1	91.5% ▲	88.7% ▼	95.7% ▲	90.7% ▼	
Rate age 2 completed MMR immunisation	SHA	95%	Q1	91.5% ▼	90.1% ▼	96.4% ▼	91.6% ▼	
Rate age 5 completed DTaP/IPV immunisation	SHA	95%	Q1	90.9% ▲	86.1% ▼	91.7% ▲	87.1% ▼	
Rate age 5 completed MMR immunisation	SHA	95%	Q1	90.5% ▲	86.1% ▲	90.4% ▲	86.5% ▲	

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Resources (Finance, Capacity & Activity) (East)



Berkshire

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	M5	778	1,079	952	2,853	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	4,005	5,693	4,786	14,743	
No of GP written referrals ❶	DH	< 69,852 for yr	M3				3,571	No breakdown of information so each CCG colour coded the same as PCT
			YTD				12,014	
No of other referrals ❶	DH	< 31,097 for yr	M3				2,675	No breakdown of information so each CCG colour coded the same as PCT
			YTD				8,322	
No 1st outpatient attendances after GP referral ❶	DH	< 50,941 for yr	M5	1,289	1,356	1,307	3,978	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	6,479	6,391	7,239	20,218	
No of first outpatient attendances ❶	DH	< 86,318 for yr	M5	2,335	2,169	2,090	6,666	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	11,579	10,260	11,213	33,356	
No of elective FFCEs (ordinary adms & separately daycases) ❶	DH	< 40,497 for yr	M5	1,011	1,162	1,212	3,396	No breakdown of information so each CCG colour coded the same as PCT
			YTD	5,341	5,707	6,322	17,442	
Number of endoscopy tests completed	DH	< 9216 in yr	M5				754	No breakdown of information so each CCG colour coded the same as PCT
			YTD				3,798	
Number of non-endoscopy tests completed	DH	< 96,279 in yr	M5				7,978	No breakdown of information so each CCG colour coded the same as PCT
			YTD				40,667	
Total numbers waiting at the end of the month on an incomplete RTT pathway	DH	< 10,730 by M12	M5				13,437	
Number of health visitor WTEs	DH	59.7 WTEs	M6				54.2	

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)

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				
% of General Practice lists reviewed and 'cleaned' ❶	DH	< 5%	Q1				4.9%	▲
Bookings to services where named consultant led team was available (even if not selected)	DH	80%	M6 HWPFT				87%	▲
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	DH	80% by M12	M6				38%	▲
Trend in value/volume of patients being treated at non-NHS hospitals	DH	10%	M6				9%	▼
% of patients with electronic access to their medical records ❷	DH	TBC	M6				44%	▲
Completed transfer of Public Health functions to Local Authorities	DH	Awaiting further DH guidance						

❶ As a proxy measure this figure represents the percentage divergence of GP list size compared to PCT ONS estimated population

❷ % 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%	M6					75.6%	▼	No breakdown of information so each CCG colour coded the same as PCT
			YTD					72.7%		
Cat A transportation time within 19 mins	DH	95%	M6					96.2%	▲	
			YTD					95.2%		
% of ambulance handovers completed within 15 minutes	SHA	70% by M3,80% by M8,95% by M12	M6 (RBFT Only)					69.1%	▲	
			YTD (RBFT Only)					59.2%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	DH	85%	M5					93.5%	▲	
			YTD					86.7%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	DH	90%	M5					95.0%	▲	
			YTD					90.3%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	DH	No Target	M5					75.0%	▼	
			YTD					83.3%		
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	DH	98%	M5					99.3%	▲	
			YTD					97.1%		
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	DH	94%	M5					100.0%	◊	
			YTD					98.3%		
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	DH	98%	M5					100.0%	◊	
			YTD					99.3%		
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	DH	94%	M5					98.3%	▲	
			YTD					95.6%		

Quality 2. Enhancing quality of life for people with long-term conditions (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					
The number of new cases of psychosis served by early intervention teams year to date	DH	48 (Annual target)	Q1					22	▲					
Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT	DH	664 (Annual target)	Q1					364	▲					
			YTD					364	▲					
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)	DH	95%	Q1					98.8%	▲					
			YTD					98.8%	▲					
Proportion of those with depression and/or anxiety disorders receiving psychological therapy	DH	12.3%	Q1					3.3%	▼					
			YTD					3.3%	▼					
Proportion of those who have received psychological therapy moving to recovery	DH	54%	Q1					56.6%	▼					
			YTD					56.6%	▼					
% of people with LTCs who said they had had enough support from local services/orgs	DH	TBC	Q3-4 11/12	83.4%	▲	89.3%	▲	91.3%	▲	89.7%	▲	88.1%	▲	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	Q1	128.9	▼	152.0	▲	146.2	▼	146.7	▼	143.1	▼	
Proportion of unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s per 100,000 population	DH	TBC	Q1	48.9	▲	66.2	▲	36.7	▲	67.1	▼	53.0	▲	

Quality 3. Helping people to recover from episodes of ill health or following injury (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	
Proportion of emergency admissions for acute conditions that should not usually require hospital admission per 100,000 population	DH	TBC	Q1	180.5	▲	170.9	▲	173.5	▲	183.2	▲	176.9	▲	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
% spending 90%+ time on stroke unit	SHA	80%	Q1									83.8%	▲	No breakdown of information so each CCG colour coded the same as PCT
			M5									85.3%		
			YTD									83.2%		
TIA % high risk treat <24 hours	SHA	60%	Q1									96.5%	▲	
			M5									100.0%		
			YTD									96.8%		

Quality 4. Ensuring that people have a positive experience of care (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
Patient experience survey	DH	68 for 2011/12	2011/12					68	▲ Aggregate score for RBFT based on 5 survey questions
RTT - admitted % within 18 weeks	DH	90%	M5	91.3%	93.2%	92.8%	91.3%	90.6%	◊
			YTD					91.8%	
RTT admitted no. treatment functions/specialties not achieved	DH	0	M5					2	▲
RTT - non-admitted % within 18 weeks	DH	95%	M5	99.8%	99.1%	99.6%	98.8%	98.6%	▲
			YTD					98.8%	
RTT non-admitted no. treatment functions/specialties not achieved	DH	0	M5					1	◊
RTT - incomplete % within 18 weeks	DH	92%	M5	87.5%	88.5%	87.6%	89.3%	92.5%	◊
			YTD					92.6%	
RTT incomplete no. treatment functions/specialties not achieved	DH	0	M5					6	◊
Diagnostics % waiting 6 weeks or more	DH	< 1% (SHA Target 0)	M5					2.7%	▼
			YTD					0.8%	
% of patients who spent 4 hours or less in A&E	DH	95%	w/e 30/09/12 (RBFT only)					96.2%	
			Q2 (RBFT only)					94.6%	▼
			YTD (RBFT only)					94.8%	
Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	DH	93%	M5					88.8%	▼
			YTD					91.2%	
Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	DH	93%	M5					92.5%	▼
			YTD					93.1%	
Number of unjustified Mixed Sex Accomodation breaches	DH	0	M5					0	◊
			YTD					0	
Delayed Transfers of Care (Acute & MH) per 100,000 Population	SHA	TBC	Q4 11/12					9.0	▼

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	M5					1	No breakdown of information so each CCG colour coded the same as PCT
			YTD					2	
No C. Diff. cases [Ⓞ]	DH	194	M5	CA:3 TA:2	CA:3 TA:1	CA:6 TA:0	CA:3 TA:0	20	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard. Please see footnote at bottom of page
			YTD	CA:11 TA:3	CA:7 TA:2	CA:15 TA:2	CA:10 TA:0	55	
Antibiotics Prescribing: Clindamycin per STAR-PU	Local	TBC	Q1	0.4	▲	1.2	▼	0.7	▼
Antibiotics Prescribing: Coamoxiclav per STAR-PU	Local	TBC	Q1	16.0	▲	18.4	▲	19.2	▲
Antibiotics Prescribing: Ciprofloxacin per STAR-PU	Local	TBC	Q1	2.7	◀▶	3.7	▲	3.9	▼
Antibiotics Prescribing: Cephalosporins per STAR-PU	Local	TBC	Q1	6.4	▲	7.9	▲	8.0	▲
Antibiotics Prescribing: Quinolones	Local	TBC	Q1	3.0	▲	4.0	▲	4.0	▲
Antibiotics Prescribing: PPIs (Proton Pump Inhibitors)	Local	TBC	Q1	49.4	▼	52.2	▼	37.1	▲
% of all adult inpatients who have had a VTE risk assessment	DH	90%	M5 (RBFT only)					86.2%	▲

[Ⓞ] 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
				Value	Trend	Value	Trend	Value	Trend	Value	Trend		
Number of smoking quitters	DH	Q1/2/3-517, Q4-799	Q1	140	▼	64	▼	99	▼	85	▲	396	▼
			YTD	140		64		99		85		396	
All women to receive results of cervical screening tests within two weeks	Local	98%	M6	99.8%	▼	99.2%	▼	99.7%	▲	99.6%	▲	99.6%	▲
			YTD	99.9%		99.7%		99.1%		99.1%		99.3%	
Breast screening 36 month coverage (women aged 50-70)	SHA	TBC	M12 11/12	66.2%	▼	74.4%	▼	78.5%	▲	74.2%	▼	74.3%	▼
Breast screening 36 month coverage (women aged 47-73)	SHA	TBC	M12 11/12	52.1%	▼	61.0%	▼	63.6%	▲	61.6%	▼	60.5%	◊
Uptake on invitations from the Bowel Screening Programme (60-75)	SHA	60%	M12 11/12	42.8%	◊	55.2%	▲	59.8%	◊	56.3%	◊	54.9%	◊
Number of people aged 40-74 who have been offered a health check	DH	6133 per quarter	Q1	1706	◊	1005	◊	572	◊	174	◊	3442	▲
			YTD	1706		1005		572		174		3442	
Number of people aged 40-74 who have received a health check	DH	2750 per quarter	Q1	543	◊	482	◊	372	◊	335	◊	1768	▼
			YTD	543		482		372		335		1768	
Diagnosis rate for Chlamydia from all services	Local	2,400 diagnosis per 100,000 population	Q1									1903.2	▼
			YTD										1903.2
Chlamydia cases confirmed by Chlamydia Screening Service	Local	TBC	M6									33	▼
			YTD										178
% Offered diabetic eye screening ①	SHA	95%	Q4 11/12	97.2%		94.8%		96.2%		97.4%		102.5%	▼
			Q1									100.8%	
% Received diabetic eye screening ②	SHA	70%	Q4 11/12	70.7%		75.3%		79.7%		76.3%		73.6%	▼
			Q1									70.2%	
Breastfeeding at 6-8 weeks - Prevalence	SHA	63.5%	Q1	52.3%	▲	59.3%	▲	63.4%	▲	48.9%	▲	55.8%	▲
Breastfeeding at 6-8 weeks - Coverage	SHA	95%	Q1	95.1%	▲	97.6%	▲	93.9%	▲	97.0%	▲	95.0%	▲
Rate age 1 completed DTaP/IPV/Hib immunisation	SHA	95%	Q1	93.3%	▼	96.0%	▼	95.4%	▼	95.5%	▼	94.3%	▼
Rate age 2 completed pneumococcal immunisation	SHA	95%	Q1	93.3%	▲	95.1%	▲	94.8%	▲	94.7%	▲	94.0%	▲
Rate age 2 completed Hib/MenC immunisation	SHA	95%	Q1	92.7%	▲	93.7%	◊	93.8%	▼	94.7%	▲	93.4%	▲
Rate age 2 completed MMR immunisation	SHA	95%	Q1	94.1%	▲	95.1%	▼	95.7%	▲	94.4%	▲	94.6%	▲
Rate age 5 completed DTaP/IPV immunisation	SHA	95%	Q1	90.8%	▲	95.1%	▲	93.4%	▲	90.9%	▼	91.2%	▲
Rate age 5 completed MMR immunisation	SHA	95%	Q1	88.6%	▲	94.3%	▲	92.4%	▲	93.0%	▲	90.6%	▲

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

② CCG-level data collected based on a workaround using different methodology to that used at PCT-level. As a result the aggregated CCGs will not add up to the PCT-level figure, however comparisons can be made between practices and CCGs within this dataset.

Resources (Finance, Capacity & Activity) (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					
Non-elective FFCEs (First Finished Consultant Episodes) ❶	DH	< 29,219 in yr	M5	664	▲	592	▲	760	▲	642	◊	2,686	▲	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	3,169		2,988		3,921		3,139		13,422		
No of GP written referrals ❶	DH	< 72,469 in yr	M3									6,083	▲	No breakdown of information so each CCG colour coded the same as PCT
			YTD									16,720		
No of other referrals ❶	DH	< 40,590 in yr	M3									4,205	▼	
			YTD									11,312		
No 1st outpatient attendances after GP referral ❶	DH	< 63,613 in yr	M5	1,267	▲	1,190	▲	1,633	▲	1,291	▲	5,388	▲	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard
			YTD	6,212		5,930		8,090		6,778		27,086		
No of first outpatient attendances ❶	DH	< 141,235 in yr	M5	3,029	▼	2,836	▲	3,903	▼	2,855	▼	12,677	▼	
			YTD	13,385		13,012		18,025		13,865		58,587		
No of elective FFCEs (ordinary adms & separately daycases) ❶	DH	< 41,606 in yr	M5	689	▼	672	▲	949	▲	814	▲	3,168	▲	
			YTD	3,477		3,717		5,176		4,308		16,796		
Number of endoscopy tests completed	DH	< 7089 in yr	M5									662	▲	
			YTD									3,257		
Number of non-endoscopy tests completed	DH	< 90,661 in yr	M5									7,614	▲	No breakdown of information so each CCG colour coded the same as PCT
			YTD									29,763		
Total numbers waiting at the end of the month on an incomplete RTT pathway	DH	< 11,355 by M12	M5									19,321	▲	
Number of health visitor WTEs	DH	72.5 WTEs	M5									67.6 WTE	▼	

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) (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	
% Authorisation of Clinical Commissioning Groups	DH	Awaiting further DH guidance								
% of General Practice lists reviewed and 'cleaned' ❶	DH	< 5%	Q1					7.5%	▲	
Bookings to services where named consultant led team was available (even if not selected)	DH	80%	M6 RBFT					85%	◀	
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	DH	80% by M12	M6					68%	▼	
Trend in value/volume of patients being treated at non-NHS hospitals	DH	10%	M6					11%	◀	
% of patients with electronic access to their medical records ❷	DH	TBC	M6					40%	◀	
Completed transfer of Public Health functions to Local Authorities	DH	Awaiting further DH guidance								

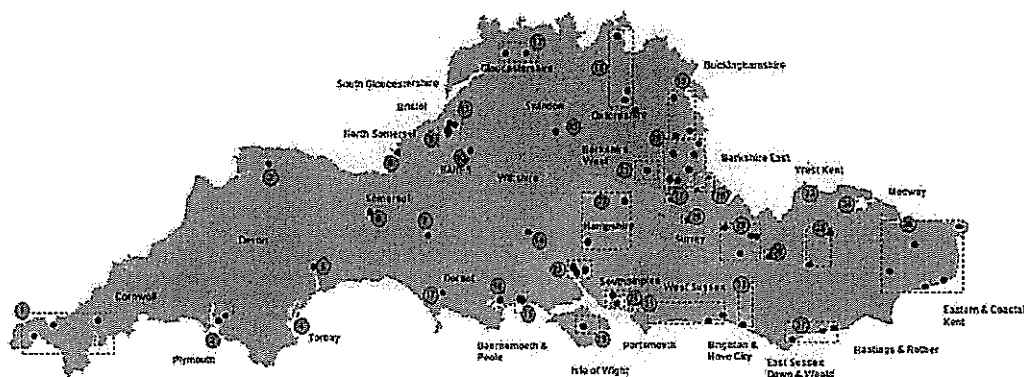
105

❶ As a proxy measure this figure represents the percentage divergence of GP list size compared to PCT ONS estimated population

❷ % 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.

NHS South of England Corporate Performance as at July 31st 2012

MRSA bacteraemia infections monthly against target for the period 1 April 2012 to 31 July 2012  *South of England*




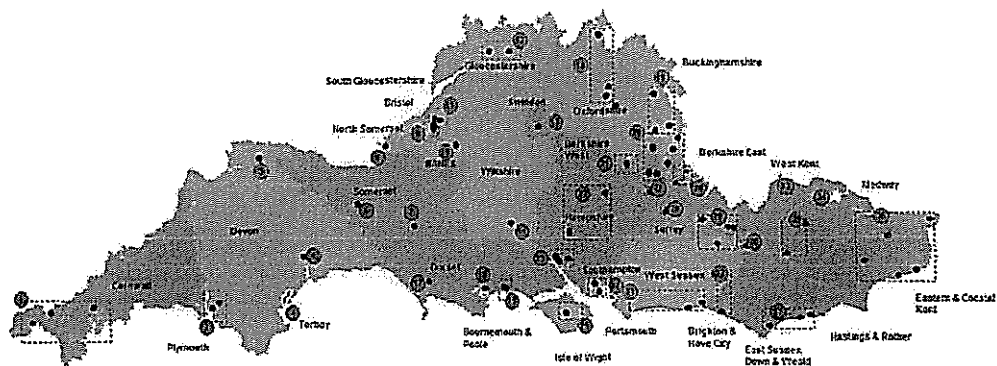
Commissioner

- NHS South of England – 60 cases Year to Date against a target of 100

Provider

- NHS South of England – 16 cases Year to Date against a target of 45

Clostridium Difficile infections monthly against target for the period 1 April 2012 to 31 July 2012  *South of England*



Commissioner

- NHS South of England – 1,273 cases Year to Date against a target of 1,367

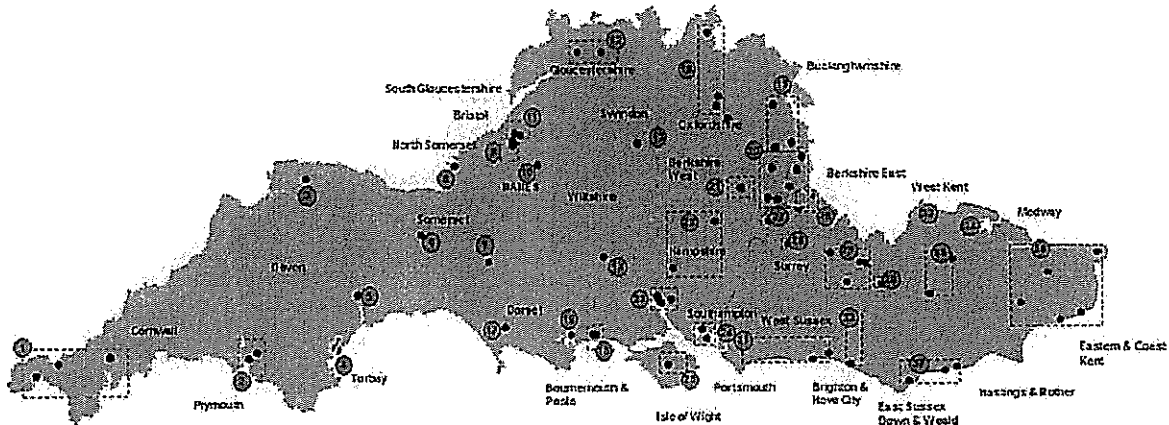
Provider

- NHS South of England – 414 cases Year to Date against a target of 546

Referral to treatment performance for non admitted pathways for the period 1 July 2012 to 31 July 2012



South of England



Commissioner

- NHS South of England performance in July 2012 – 97.5 % against 95% target

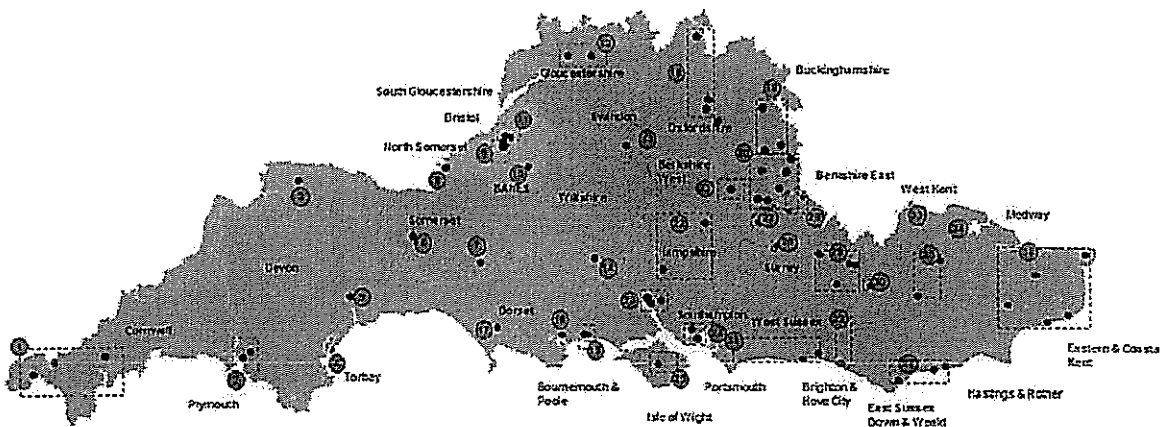
Provider

- NHS South of England performance in July 2012 – 97.6% against 95% target

Referral to treatment performance for incomplete pathways for the period 1 July 2012 to 31 July 2012



South of England



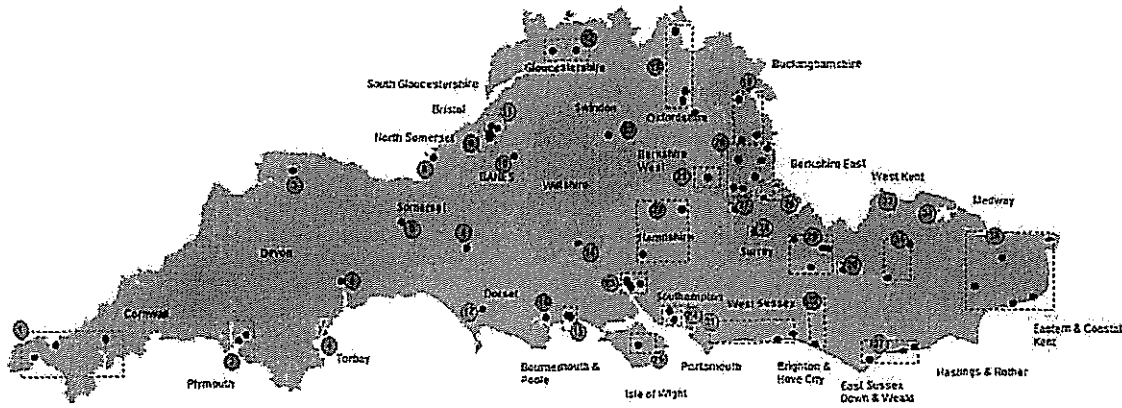
Commissioner

- NHS South of England performance in July 2012 – 92.4% against 92% target

Provider

- NHS South of England performance in July 2012 – 92.6% against 92% target

The number of diagnostic patients waiting over 6 weeks for the 15 key diagnostic tests in the period 1 July 2012 to 31 July 2012



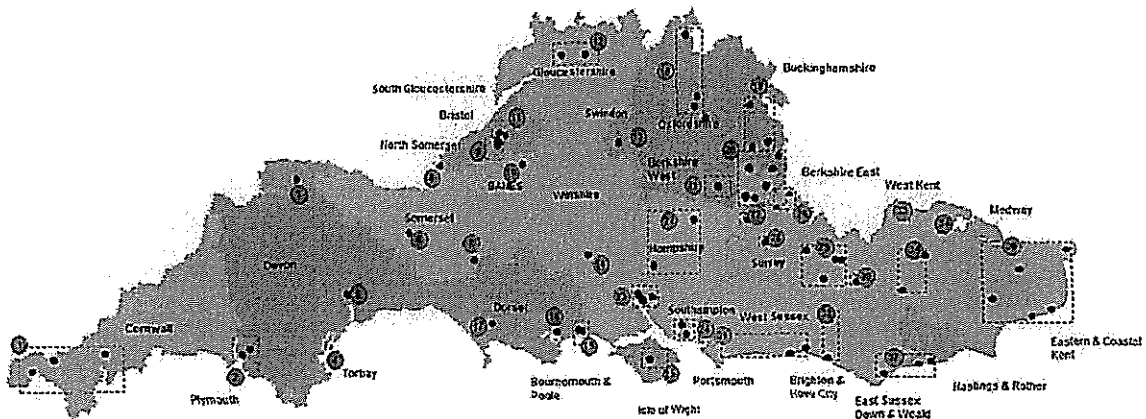
Commissioner

- NHS South of England July 2012 – 2,587 breaches (or 1.6% of total waiters)

Provider

- NHS South of England July 2012 – 3,034 breaches (or 1.7% of total waiters)

The number of mixed sex accommodation sleeping breaches for the period 1 July 2012 to 31 July 2012 **NHS South of England**



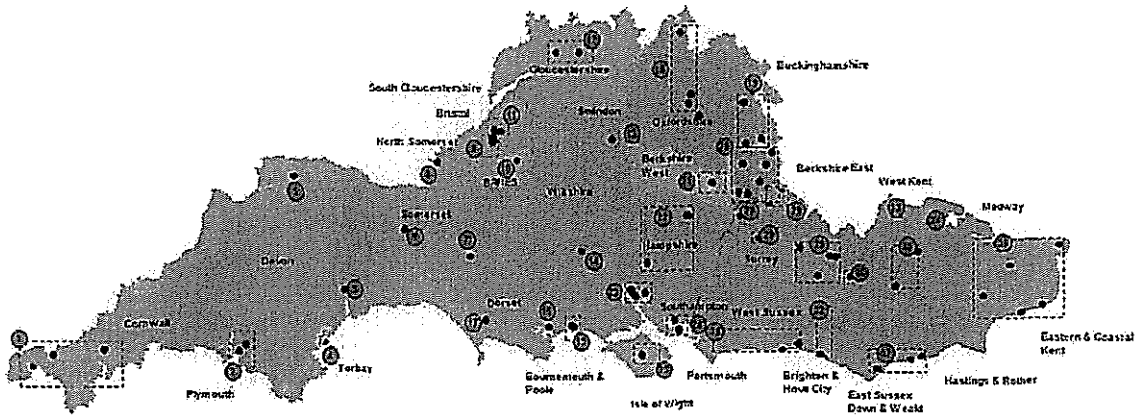
Commissioner

- NHS South of England July 2012 – 59 breaches (a reduction of 2 on the previous month)

Provider

- NHS South of England July 2012 – 46 breaches

**14 Day Standard Urgent GP Referral cancer waiting times
for the period 1 June 2012 to 30 June 2012**



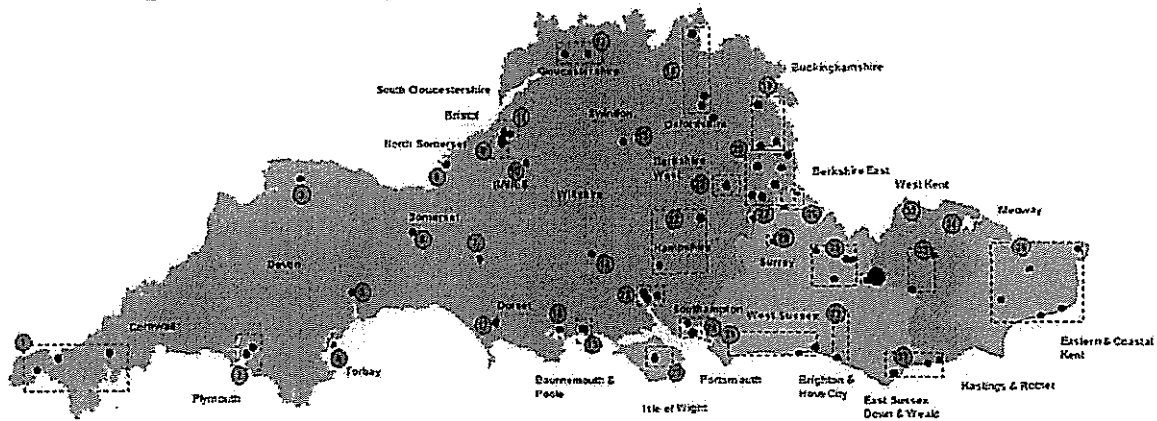
Commissioner

- NHS South of England 14 day standard urgent GP referral – 94.8% (target 93%)

Provider

- NHS South of England 14 day standard urgent GP referral – 94.8% (target 93%)

**NHS South of England 14 Day Standard - Breast Symptoms cancer
waiting times for the period 1 June 2012 to 30 June 2012**



Commissioner

- NHS South of England 14 day standard - Breast Symptoms – 95.1% (target 93%)

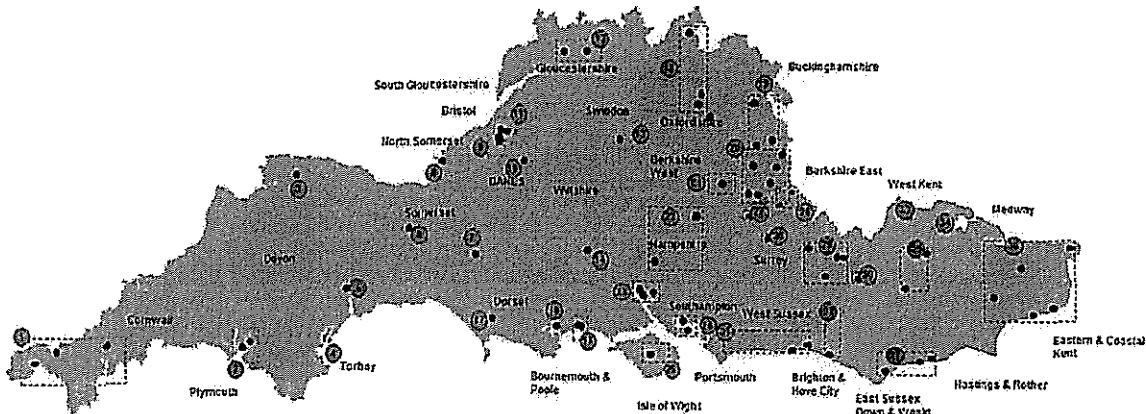
Provider

- NHS South of England 14 day standard - Breast Symptoms – 95.7% (target 93%)

NHS South of England 62 Day Standard cancer waiting times for the period 1 June 2012 to 30 June 2012



South of England



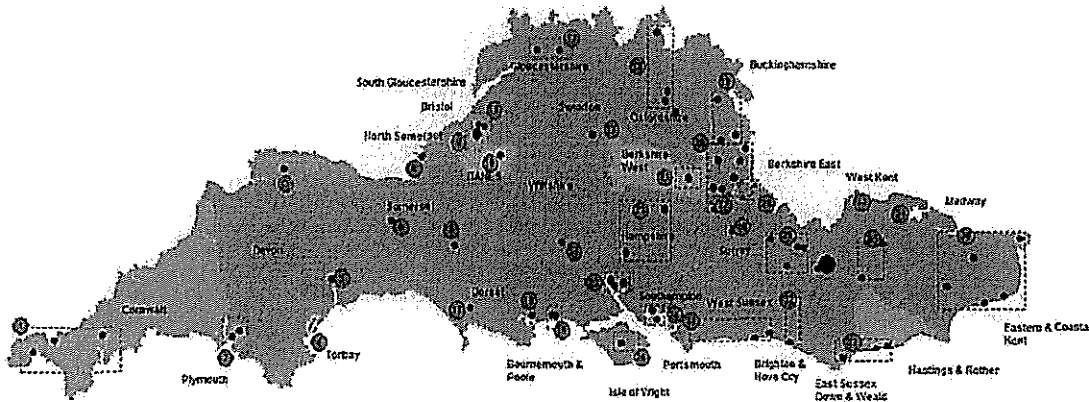
Commissioner

- NHS South of England 62 Day Standard – 87.3% (target 85%)

Provider

- NHS South of England 62 Day Standard – 87.6% (target 85%)

NHS South of England 62 Day Standard Screen Detected cancer waiting times for the period 1 June 2012 to 30 June 2012



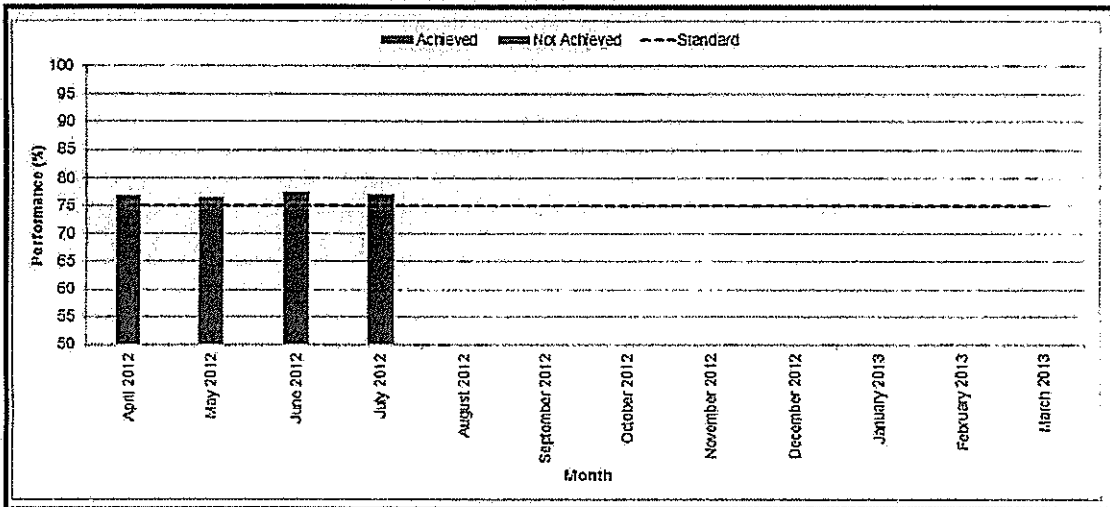
Commissioner

- NHS South of England 62 Day Standard Screen Detected – 95.5% (target 90%)

Provider

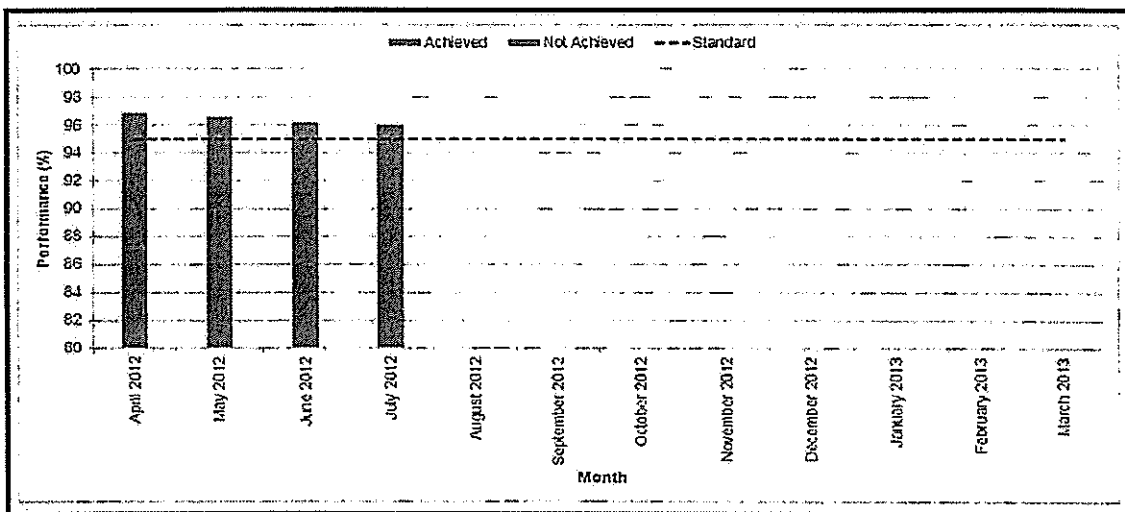
- NHS South of England 62 Day Standard Screen Detected – 95.3% (target 90%)

Percentage of Category A calls responded to within eight minutes against national standard during the period 1 April 2012 to 31 March 2013



▪ NHS South of England Year to Date performance – 77.1% (target 75%)

Percentage of Category A calls responded to within 19 minutes against national standard during the period 1 April 2012 to 31 March 2013



▪ NHS South of England Year to Date performance – 96.6% (target 95%)