

TITLE	Berkshire Non – Financial Performance Indicators Reports
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 26 March 2013
WARD	None Specific

Name of Meeting	Paper Number		
Title of Paper			
Berkshire West Non-Financial Performance Report: January 2013			
Date of Paper	Date of Meeting		
20 th February 2013			
Purpose of Paper			
To inform the Board of the latest non-financial performance.			
Summary			
<p><u>Berkshire West</u></p> <table border="1" data-bbox="167 1355 1380 1892"> <tr> <td data-bbox="167 1355 774 1892"> <p>Under performance:</p> <ul style="list-style-type: none"> • Ambulance handover delays* • RTT treatment functions/specialties not achieved • Diagnostics % waiting 6 weeks or more • Number of people aged 40-74 who have been offered and received a health check* • % Received diabetic eye screening* • Choose and Book Utilisation • Number of Health visitor WTEs <p>(* - New to this table)</p> </td> <td data-bbox="774 1355 1380 1892"> <p>High performance & improvement to green:</p> <ul style="list-style-type: none"> • Cat A response and transportation times* • All Cancer Waits • % spending 90%+ time on stroke unit • % of patients who spent 4 hours or less in A&E • MRSA and Cdiff <p>(* - New to this table)</p> </td> </tr> </table>		<p>Under performance:</p> <ul style="list-style-type: none"> • Ambulance handover delays* • RTT treatment functions/specialties not achieved • Diagnostics % waiting 6 weeks or more • Number of people aged 40-74 who have been offered and received a health check* • % Received diabetic eye screening* • Choose and Book Utilisation • 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 response and transportation times* • All Cancer Waits • % spending 90%+ time on stroke unit • % of patients who spent 4 hours or less in A&E • MRSA and Cdiff <p>(* - New to this table)</p>
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Recommendations	
The Committee is asked to:	Note the level of compliance with the operating targets and support 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?	
N/A	
Financial implications	
None specific to the paper	
Has an Equality Impact Screening been undertaken? If so please attach	
N/A	
Please list any other committees or groups where this paper has been discussed	
Cluster Board Meetings	
Paper Author	Lead Director
Richard Jerrett Performance Manager	Janet Meek Interim Director of Finance

Narrative

Key

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

Berkshire West

- Cat A response and transportation times

Current period	YTD
Green	Amber

75% of all Category A ambulance responses should arrive within 8 minutes. The performance for January was 77.6%, 2.6% above target. 95% of all category A ambulance transportation times should be accomplished within 19 minutes. The performance for January was 97.3%, 2.3% above target.

The improvement in performance was due to a number of factors including a slight reduction in demand with some of the peaks levelling out that enabled SCAS to plan more effectively. Also there has been improved performance in the answering of 999 calls at the Emergency Operations Centre. There has been an improvement in the coverage of operational resources (new rota) and an increase in reliable contributions from Private Provider crews.

- Ambulance handover delays

Current period
Amber

During Quarter Three the PCT and RBFT agreed a new trajectory to reduce the number of ambulances delayed at the hospital waiting for handover. The new trajectory requires 85% of handovers to be completed within 18 minutes in January 2013 and 90% in March 2013. The un-validated data that is available for January shows performance at 84%. The validation is expected to improve performance, however it is not yet known whether the 85% milestone will be achieved. Performance is being monitored closely and if the target is not achieved, the PCT will explore the contractual sanction that could be applied for non-achievement.

- All Cancer Waits

Current period
Green

Berkshire West has achieved the majority of the cancer wait targets for December. The 'Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral' target was not achieved however.

The PCT and RBFT have been working collaboratively to improve and maintain long term all the cancer standards. In December the only standard not achieved by the PCT and RBFT was the 62 day standard. This reflects the recovery long term on all the standards, and also the fact that capacity was reduced in December. The Trust is on target to achieve in Quarter 4.

- % spending 90%+ time on stroke unit

Current period	YTD

The target percentage of stroke patients spending 90%+ of their time in hospital on a stroke unit is 80%. In November Berkshire West achieved 80.4%. The PCT and RBFT have worked collaboratively on a remedial action plan which has seen considerable improvement on these standards over the past few months. RBFT have identified the need for 12 extra stroke beds which are currently being implemented. In addition to this there is significant investment to the 'Early Supported Discharge/Community Based Neurological Rehabilitation' Team team which will be implemented during 13/14 which will facilitate achieving all standards.

- Referral to Treatment within 18 Weeks: treatment functions/specialties not achieved

Current period

Berkshire West has achieved all overall Referral to Treatment (RTT) targets for admitted, non-admitted and incomplete pathways. The RTT breaches are at a speciality level and were for cardiology admitted, ophthalmology admitted, oral surgery admitted and neurology non-admitted. Of these four breaches two of them were due to performance at RBFT which were ophthalmology and oral surgery for admitted pathways. An action plan was in place for Oral Surgery that should have seen recovery from December; however this has not been achieved at RBFT. Therefore, a contract exception notice has been served against the Trust for failure to deliver a milestone within an agreed action plan. This notice means that 2% of monthly sums for the Oral Surgery speciality will be withheld until performance recovers and the Trust has stated that performance will recover in March. In relation to Ophthalmology, an action plan has been requested from RBFT.

- Diagnostics % waiting 6 weeks or more

Current period	YTD

The national diagnostic wait time target is that less than 1% of people should have to wait longer than six weeks for a diagnostic test. In the month of December Berkshire West had 1% of people waiting longer than six weeks which equalled 38 breaches. 16 of these breaches occurred at RBFT and were due to high levels of demand and reduced capacity over the Christmas period. Actions are in place to monitor ongoing demand and to recruit additional staff. The remaining breaches were at Hampshire Hospitals and Oxford University Hospital and are being actively managed by the relevant PCTs.

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

Current period	YTD

For Quarter 4 to date 95.3% of patients have spent 4 hours or less in Accident and Emergency (A&E) and the target for this indicator stands at 95%. In order to improve performance there has been significant focus at the Urgent Care programme board. Actions have included internal re-structure and new processes within A&E at RBFT including Senior Triage operating extended hours, additional major capacity and new pathways for GP urgents. Winter pressures allocation has been committed to continue to support the whole

system approach for emergency admissions and discharges. Performance against this indicator is being reviewed very closely at the Monthly Urgent Care Programme Board meetings.

- MRSA bacteraemia



The acceptable level of MRSA infections for 2012-13 is 4 infections per year. There were no further cases reported in December and there have been three cases so far this year. A root cause analysis of the November case at RBFT is being completed to ensure any actions that are required are acted upon.

- No C.Diff. cases



The acceptable level of CDiff infections for Berkshire West is 194 cases for the year. There were two reported cases in November and there have been 94 cases in the year to date.

- Number of people aged 40-74 who have received a health check



During quarter 3 Berkshire West had 1967 cardiovascular health checks completed and this was 783 checks below the target of 2750. Quarter 3 is historically a low activity quarter due to the lead up to Christmas and the festive period, which may account for this underperformance. Contrastingly Quarter 4 is historically a high performance quarter and it is anticipated that this will be the case this year. A plan is in place to ensure the number of health checks delivered by Pharmacists will also be increasing during Quarter 4.

- % Received diabetic eye screening



The target for percentage of diabetic eye screens received is 80% and Berkshire West achieved 72.1% for quarter 3, 7.9% under target.

One reason for being below target is thought to be due to a lack of engagement from some GPs to get the patients to attend for screening. The CCGs have identified diabetes as a local priority for 13/14 and have commissioned an expert GP to lead, advise and support improving diabetes care for patients across West Berkshire. As part of this work, he has recommended a course of action for GPs to improve diabetic eye screening which includes advice relating to ensuring diabetic registers are kept up to date and ensuring the coding of screening is actioned appropriately within practices.

The service has now recruited to all positions and staff have been through training, so this should help improve performance. The PCT had a meeting with the Regional team from the National Screening Programme, and the view of the team was that Berkshire is implementing all actions necessary.

The screening commissioning is being taken on by Public Health England and will be done through the Area Teams of the NHS Commissioning Board from April 1st. The current focus is therefore on a smooth handover to ensure services are not affected.

- Number of Health visitor WTEs

Current period

The trajectory for the number of Health Visitor whole time equivalents is 71 WTEs for January and Berkshire West achieved 66.2 WTEs. The target for achieving Health Visitor growth is challenging for all PCTs in England. Some of our September graduates took jobs in areas where London weighting is paid. Berkshire Healthcare Foundation Trust (BHFT) has now given Health Visitor students contracts to try to ensure that they remain in Berkshire on graduation. We understand that some PCT areas now have more students in training than will be required, so the likelihood is that Berkshire will be able to attract graduates from outside the area in coming years.

The number of Berkshire student training places has been substantially increased, courses are full and the way in which students are supervised by community practice teachers has been reconfigured to accommodate more students

A cohort of students graduated in January and a further cohort are due to graduate in September. The year-end target of 72.9 WTEs is unlikely to be recovered by the end of March.

- Choose and Book: Utilisation

Current period

The percentage of GP referrals made via Choose and Book (C&B) has dropped in January. The planned trajectory target of 78% for West Berkshire was not met; the actual percentage achieved was 70%.

Referrals to 2 week wait services are currently for assessment purposes only on C&B. A plan is being implemented to determine when C&B can be fully utilised for two week wait appointments. RBFT have agreed to trial the Rapid Access Chest Pain clinic as an outpatient service on C&B, which would increase utilisation. In addition the Musculoskeletal Clinical Assessment Service has now agreed to onward refer, where appropriate, via C&B instead of by paper, again leading to an increase in C&B utilisation. RBFT have also agreed to reduce wait times down to six weeks for Orthopaedics, ENT, Oral Surgery, Urology and General Surgery. This will give GPs more confidence to use C&B for urgent appointments.

Non-Financial Performance Report: Berkshire West January 2013

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 (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	
Cat A response within 8 mins	DH	75%	M10	Green	Green	Green	Green	77.6%	▲	No breakdown of information so each CCG colour coded the same as PCT
			YTD	Red	Red	Red	Red	73.0%		
Cat A transportation time within 19 mins	DH	95%	M10	Green	Green	Green	Green	97.3%	▲	No breakdown of information so each CCG colour coded the same as PCT
			YTD	Yellow	Yellow	Yellow	Yellow	95.1%		
% of ambulance handovers completed within 18 minutes (previously 15 minutes, new agreement of 18 minutes in November 12)	Local	85% by January 13 90% by March 13	M10 (RBFT Only)	Yellow	Yellow	Yellow	Yellow	84.0% (PROV)	▲	Provisional data until validated data is available
Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer	DH	85%	M9	Red	Red	Red	Red	79.0%	▼	No breakdown of information so each CCG colour coded the same as PCT
			YTD	Green	Green	Green	Green	85.4%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	DH	90%	M9	Green	Green	Green	Green	100.0%	▲	
			YTD	Yellow	Yellow	Yellow	Yellow	90.6%		
Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	DH	No Target	M9					100.0%	▲	
			YTD					82.4%		
Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis	DH	96%	M9	Green	Green	Green	Green	97.5%	▼	
			YTD	Green	Green	Green	Green	97.3%		
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery	DH	94%	M9	Green	Green	Green	Green	100.0%	▲	
			YTD	Green	Green	Green	Green	97.2%		
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime	DH	98%	M9	Green	Green	Green	Green	100.0%	▲	
			YTD	Green	Green	Green	Green	99.2%		
Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	DH	94%	M9	Green	Green	Green	Green	100.0%	▲	
			YTD	Green	Green	Green	Green	96.1%		

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)	Q3									16	▼	No breakdown of information so each CCG colour coded the same as PCT
												59		
Commissioner measure is number of episodes, provider measure is % of inpatient admissions that have been gatekept by CR/HT	DH	664 (Annual target)	Q3									262	▼	
			YTD									946		
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%	Q3									96.8%	▼	
			YTD									97.8%		
Proportion of those with depression and/or anxiety disorders receiving psychological therapy	DH	10% (Annual Target)	Q3									3.5%	▲	
			YTD									9.9%		
Proportion of those who have received psychological therapy moving to recovery	DH	54%	Q3									53.7%	▼	
			YTD									55.6%		
% of people with LTCs who said they had had enough support from local services/orgs	DH	TBC	Q3-4 11/12	57.7%	▲	65.5%	▲	66.2%	▲	65.2%	▲	63.2%	▲	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	Q3	126.0	▲	168.6	▼	123.3	▼	133.0	▲	135.8	▲	
Proportion of unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s per 100,000 population	DH	TBC	Q3	88.0	▼	70.0	▲	44.8	▲	40.8	▲	59.8	▲	

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	Q3	197.4	▼	228.9	▼	173.4	▼	220.1	▼	201.8	▼	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%	Q3									80.4%	▼	No breakdown of information so each CCG colour coded the same as PCT
			M9									79.2%		
			YTD									82.6%		
TIA % high risk treat <24 hours	SHA	60%	Q3									96.6%	▼	
			M9									96.2%		
			YTD									96.5%		

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				
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%	M7	90.9%	▲	90.8%	▼	92.9%	▲	85.2%	▼	91.2%	CCG breakdown based on actual patient data and registered practice. Split available for HWPFT, RBFT and FPH patients only. Practice level breakdowns are available on the GP dashboard
			M9	CCG-Level data not yet available						90.9%	▼		
			YTD	CCG-Level data not yet available						91.7%	▼		
RTT admitted no. treatment functions/specialties not achieved	DH	0	M9					3	↔				
RTT - non-admitted % within 18 weeks	DH	95%	M7	99.5%	▲	99.3%	▲	99.0%	▲	98.1%	▲	99.1%	
			M9	CCG-Level data not yet available						99.5%	▲		
			YTD	CCG-Level data not yet available						98.9%	▲		
RTT non-admitted no. treatment functions/specialties not achieved	DH	0	M9					0	▲				
RTT - incomplete % within 18 weeks	DH	92%	M7	94.5%	▲	95.0%	▲	94.8%	▲	95.0%	▲	94.7%	
			M9	CCG-Level data not yet available						97.2%	▼		
			YTD	CCG-Level data not yet available						93.9%	▼		
RTT incomplete no. treatment functions/specialties not achieved	DH	0	M9					1	▲				
Diagnostics % waiting 6 weeks or more	DH	< 1% (SHA Target 0)	M9					1.0%	▼				
			YTD					0.9%	▼				
% of patients who spent 4 hours or less in A&E	DH	95%	w/e 10/02/13 (RBFT only)					98.0%	▼				
			Q4TD (RBFT only)					95.3%	▼				
			YTD (RBFT only)					95.1%	▼				
Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	DH	93%	M9					96.4%	▲				
			YTD					92.4%	▲				
Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected	DH	93%	M9					94.4%	▲				
			YTD					93.4%	▲				
Number of unjustified Mixed Sex Accommodation breaches ❶	DH	0	M10					0	↔				
			YTD					1	↔				
Delayed Transfers of Care (Acute & MH) per 100,000 Population	SHA	TBC	Q4 11/12					9.0	▼				

❶ The mixed sex breach breach so far this year was at Harefield Hospital

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	M9					0	▲	No breakdown of information so each CCG colour coded the same as PCT
			YTD					3		
No C.Diff, cases ❶	DH	194	M8	CA: 3 TA: 1	CA: 4 TA: 0	CA: 1 TA: 2	CA: 4 TA: 0	17	▼	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: 15 TA: 5	CA: 13 TA: 3	CA: 22 TA: 4	CA: 18 TA: 0	92		
			M9					2	▲	
			YTD					94		
Antibiotics Prescribing: Clindamycin per STAR-PU	Local	TBC	Q2	0.4 ▲	1.2 ▲	0.9 ▼	0.4 ▲	0.8 ▼	▼	
Antibiotics Prescribing: Coamoxiclav per STAR-PU	Local	TBC	Q2	14.4 ▲	15.7 ▲	15.9 ▲	11.9 ▲	16.5 ▲	▲	
Antibiotics Prescribing: Ciprofloxacin per STAR-PU	Local	TBC	Q2	3.1 ▼	3.7 ▲	4.4 ▼	3.6 ▼	4.1 ▼	▼	
Antibiotics Prescribing: Cephalosporins per STAR-PU	Local	TBC	Q2	6.9 ▼	8.0 ▼	9.0 ▼	5.3 ▲	8.1 ▼	▼	
Antibiotics Prescribing: Quinolones	Local	TBC	Q2	3.4 ▼	4.2 ▼	4.7 ▼	3.9 ▼	4.5 ▼	▼	
% of all adult inpatients who have had a VTE risk assessment	DH	90%	M9 (RBFT only)					90.3%	▼	RBFT Trust position only. CCGs colour coded the same as PCT

❶ 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	Q2					267	No breakdown of information so each CCG colour coded the same as PCT
			YTD					663	
All women to receive results of cervical screening tests within two weeks	Local	98%	M10	98.7%	99.8%	99.2%	98.9%	99.1%	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard.
			YTD	99.6%	99.7%	99.3%	99.2%	99.4%	
Breast screening 36 month coverage (women aged 50-70)	SHA	TBC	M4	65.6%	74.3%	79.3%	72.7%	74.1%	
Breast screening 36 month coverage (women aged 47-73)	SHA	TBC	M4	52.4%	61.7%	65.3%	60.9%	61.1%	
Uptake on invitations from the Bowel Screening Programme (60-75)	SHA	60%	M4	46.5%	57.4%	62.2%	58.5%	57.5%	
Number of people aged 40-74 who have been offered a health check	DH	6133 per quarter	Q2	1350	807	1057	809	4797	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard.
			YTD	3056	1812	1598	983	8254	
			Q3					4488	
			YTD					14593	
Number of people aged 40-74 who have received a health check	DH	2750 per quarter	Q2	755	465	333	461	2231	CCG breakdown based on actual patient data and registered practice. Practice level breakdowns are available on the GP dashboard.
			YTD	1298	947	705	796	3999	
			Q3					1967	
			YTD					6226	
Diagnosis rate for Chlamydia from all services	Local	2,400 diagnosis per 100,000 population	Q2					1705.1	No breakdown of information so each CCG colour coded the same as PCT
Chlamydia cases confirmed by Chlamydia Screening Service	Local	TBC	M8					30	
			YTD					278	
% Offered diabetic eye screening ❶	SHA	95%	Q4 11/12	97.2%	94.8%	96.2%	97.4%	102.5%	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
			Q3	CCG-Level data not yet available					
% Received diabetic eye screening ❷	SHA	80%	Q4 11/12	70.7%	75.3%	79.7%	76.3%	73.6%	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
			Q3	CCG-Level data not yet available					
Breastfeeding at 6-8 weeks - Prevalence	SHA	63.5%	Q3	56.8%	55.1%	61.2%	54.7%	56.7%	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%	Q3	95.7%	92.8%	97.6%	96.4%	95.1%	
Rate age 1 completed DTaP/IPV/Hib immunisation	SHA	95%	Q2	93.1%	94.6%	94.5%	95.3%	94.0%	
Rate age 2 completed pneumococcal immunisation	SHA	95%	Q2	91.3%	94.9%	91.5%	95.4%	92.8%	
Rate age 2 completed Hib/MenC immunisation	SHA	95%	Q2	90.7%	95.2%	92.6%	96.4%	93.2%	
Rate age 2 completed MMR immunisation	SHA	95%	Q2	93.0%	95.4%	94.8%	97.2%	94.6%	
Rate age 5 completed DTaP/IPV immunisation	SHA	95%	Q2	89.8%	93.1%	91.4%	91.0%	90.6%	
Rate age 5 completed MMR immunisation	SHA	95%	Q2	88.8%	91.8%	91.0%	89.6%	89.6%	

❶ % 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

❷ 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. The target changed from 70% to 80% halfway through Q2

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) ❶	DH	< 29,219 in yr	M9					2,710	▲
			YTD					24,337	
No of GP written referrals ❶	DH	< 72,469 in yr	M9					6,415	▲
			YTD					65,422	
No of other referrals ❶	DH	< 40,590 in yr	M9					5,264	▲
			YTD					46,134	
No 1st outpatient attendances after GP referral ❶	DH	< 63,613 in yr	M9					5,574	▲
			YTD					51,943	
No of first outpatient attendances ❶	DH	< 141,235 in yr	M9					11,819	▲
			YTD					111,283	
No of elective FFCEs (ordinary adms & separately daycases) ❶	DH	< 41,606 in yr	M9					3,068	▲
			YTD					30,485	
Number of endoscopy tests completed	DH	< 7089 in yr	M9					390	▲
			YTD					5,612	
Number of non-endoscopy tests completed	DH	< 90,661 in yr	M9					7,190	▲
			YTD					70,132	
Total numbers waiting at the end of the month on an incomplete RTT pathway	DH	< 11,355 by M12	M9					24,802	▲
Number of health visitor WTEs	DH	72.5 WTEs by Mar 13	M10					66.2	▲

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) (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	Awaiting further DH guidance								
% of General Practice lists reviewed and 'cleaned' ❶	DH	< 5%	Q2					7.1%	▼	
Bookings to services where named consultant led team was available (even if not selected)	DH	80%	M10 RBFT					96.0%	▼	
Proportion of GP referrals to first outpatient appointments booked using Choose and Book	DH	80% by M12	M10					70.0%	▼	
Trend in value/volume of patients being treated at non-NHS hospitals	DH	10%	M10					10.0%	▲	
% of patients with electronic access to their medical records ❷	DH	TBC	M9					55%	▲	
Completed transfer of Public Health functions to Local Authorities	DH	Awaiting further DH guidance								

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

No breakdown of information so each CCG colour coded the same as PCT. Please see footnote at bottom of page

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.