

Agenda Item No. 11

Part 1 Part 2

**NHS TRAFFORD CLINICAL COMMISSIONING GROUP
GOVERNING BODY
28th October 2014**

Title of Report	Performance and Quality Report.
Purpose of the Report	<p>This paper updates the Governing Body on Trafford CCG's performance against the 2014/15 statutory frameworks and the performance of the CCG's main providers – CMFT, UHSM and Pennine Care (community services).</p> <p>In addition, there is a round-up of the main quality issues arising at the Trust.</p>

Actions Requested	Decision	Discussion	Information
		x	x
Strategic Objectives Supported by the Report	1. Consistently achieving local and national quality standards.		x
	2. Delivering an increasing proportion of services from primary care and community services from primary care and community services in an integrated way.		x
	3. Reduce the gap in health outcomes between the most and least deprived communities in Trafford.		x
	4. To be a financial sustainable economy.		x

Recommendations	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> Note the issues raised in relation to performance and quality. Endorse the actions being taken to improve performance and quality and consider any further actions they would like the Performance and Quality Team to take.
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Discussion history prior to the Governing Body	N/A
Financial Implications	Provider underperformance may attract a financial penalty.
Risk Implications	There is a risk of non-delivery against a number of performance targets.
Equality Impact	N/A

Assessment	
Communications Issues	N/A
Public Engagement Summary	N/A

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PERFORMANCE AND QUALITY REPORT

1.0 INTRODUCTION AND BACKGROUND

1.1 This paper updates the Governing Body on Trafford CCG's performance against the 2014/15 statutory frameworks and the performance of the CCG's main providers – Central Manchester Foundation Trust (CMFT), University Hospital South Manchester (UHSM) and Pennine Care (PCFT). The following performance scorecards with data covering April to August 2014 are attached in Appendix A:

- Quality Premium
- Everyone Counts
- CCG Outcome Indicator Set
- UHSM
- CMFT
- PCFT - Trafford Community Services

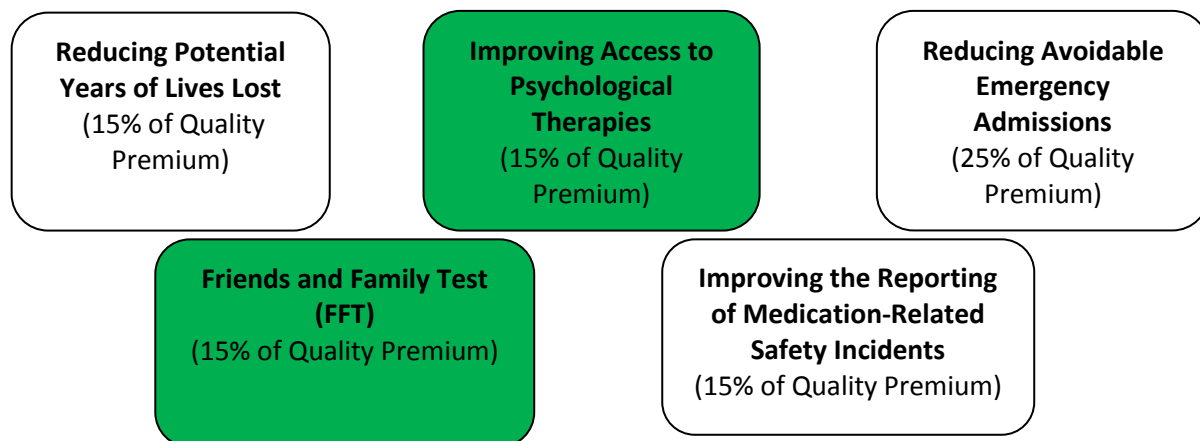
1.2 In addition, in section 4 there is a round-up of the main quality issues arising at CMFT and UHSM.

2.0 CCG PERFORMANCE 2014/15

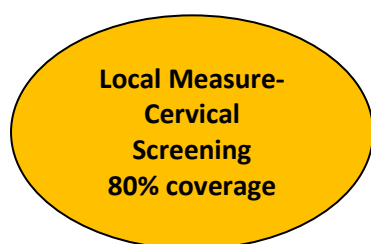
2.1 Throughout 2014/15, the Performance and Quality Team are committed to providing a comprehensive round-up against national statutory frameworks. These include the Quality Premium, Everyone Counts and the CCG Outcome Indicator Set. The main challenges are described in this section of the report.

2014/15 Quality Premium

2.2 As at the end of August, performance information against the Quality Premium indicators is incomplete due to data availability; however, overleaf is an assessment of performance to date.

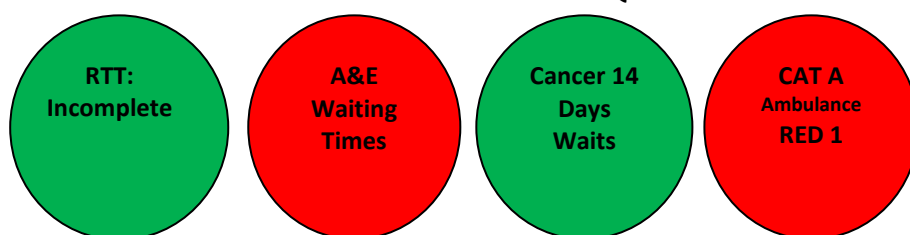


ONE LOCAL MEASURE



(15% of Quality Premium)

FOUR NHS CONSTITUTION REQUIREMENTS



(25% of Quality Premium is reduced for failure to achieve each of these)

2.3 There are three areas underperforming, these are:

- Cervical screening: 80% of the appropriate cohort receives screening.
- A&E: 95% of patients are seen and treated within 4 hours
- Ambulance response times: 75% of red 1 ambulance calls to be responded to within 8 minutes

Cervical Screening

2.4 As at the end of August 2014, 78.1% of eligible women have been screened as part of the cervical screening programme against a local target of 80%. To address this under-performance the commissioning leads have established an integrated task and finish group with the responsibility for delivering the Integrated Cervical Screening Improvement Plan.

2.5 The plan has 3 key elements; Quality Improvement, Engagement and Implementation and Sustainability. Key actions include:

- Benchmarking practices in order to understand the degree of variation in screening rates and prioritising practices with the lowest uptake for additional support where appropriate, including reviewing practice systems and developing a best practice cervical screening protocol.
- Reviewing local training provision for cervical smear takers, with the longer term aim of providing e-training.

- Implementing a communications plan developed including a local Cervical Screening Poster Campaign titled 'Only takes a minute' is to be launched at multiple venues including Bars, clubs and hairdressers.

A&E waiting times

2.6 CCG performance is largely affected by under-performance at UHSM during quarter 1. Work to improve performance at the Trust was described in detail at the last Governing Board. UHSM were successful in achieving quarter 2 performance in excess on the 95% target - 95.1%. As at 17 October (the most up to date data at the time of producing this report), quarter 3 performance at UHSM was at 95.55%.

Ambulance response times

2.7 Between April and August 2014, NWAS responded to 72.3% of red 1 calls within 8 minutes, against a target of 75%. In the North West, the target has only been achieved in Merseyside (76.6%). Greater Manchester has the second best performance (72.5%), however responses across Trafford CCG are the lowest (62.3%).

2.8 The Performance and Quality Team are now representing Trafford at the Ambulance Strategic Partnership Board.

2.9 At this stage, the Ambulance Strategic Partnership Board has identified the following themes across the contract:

- Rurality and numbers of incidents.
- Availability of community fast responders and static defibrillators.
- Increase and timing of Health Care Professional referrals.
- Incidence of falls and falls management services.
- Centralisation and specialisation of health services – leading to further (cross-boundary) travel distances and impact on local cover.

2.10 NWAS is developing a recovery plan in response to the current levels of activity and performance. This will be cascaded to CCGs in due course.

Everyone Counts and CCG Outcome Indicator Set

2.11 There is one further area to be highlighted to the Governing Body – Diagnostic waiting times. This indicator is part of the Everyone Counts Framework but not included in the Quality Premium.

Diagnostic Waiting Times

2.12 In August 2014, 1.2% of patients waited over 6 weeks for a diagnostic test. This equates to 54 patients, 2 at Care UK, 2 at Salford Royal Foundation Trust, 14 at CMFT and 38 at UHSM. The main concern is waiting times for Neurophysiology tests where there were 20 breaches in August. This is discussed in more detail in section 3.

3.0 2014/15 PROVIDER PERFORMANCE – CMFT, UHSM and PCFT.

3.1 This section of the report highlights to the Governing Body the main areas of concern at the three providers. These areas are:

CMFT

- Referral To Treatment (RTT) specialty level
- Diagnostic waiting times
- Cancer
- Stroke care

UHSM

- RTT specialty level
- Diagnostic waiting times
- Cancer 62 day
- Friends and Family A&E response rate

PENNINE CARE (Trafford Community Services)

- Training

CMFT

RTT Specialty Level

3.2 The Trust continues to achieve aggregate level performance and is making good progress in addressing concerns in children's services.

3.3 In September, the longest waiting elective paediatric patient was treated at 49 weeks with the majority of patients treated before 46 weeks. In October, paediatric patients currently planned for surgery have a maximum waiting time of 44 weeks. For children's services the average waiting time in September was 29.5 weeks, this has reduced to 26.5 weeks in October.

3.4 The Trust successfully secured national resilience monies to undertake additional activity across a number of specialties to a financial value of £1.4 million. This will put the Trust in a good position to continue achieving RTT performance in 2015/16.

Diagnostic Waiting Times

3.5 In August, 2.1% of patients waited in excess of 6 weeks for diagnostic tests. This is, in the main, due to excessive waits in children's services. Recovery plans are in place however, the CCG has sought further assurance around these plans as performance fails to improve.

Cancer – 62 Day Referral to Treatment

3.6 In quarter 1, 77% of patients were seen within 62 days against a target of 85%. The breaches were due to an unusually large number of referrals into Gynecology. This is not expected to be an ongoing issue, performance in July recovered at 89.1%.

Stroke Care

- 3.7 There are ongoing concerns regarding stroke performance. At the end of this report is a specific performance brief outlining performance to date against headline contract and SSNAP indicators.
- 3.8 A Stroke Consultant and Divisional Manager have recently joined the Trust. The Performance and Quality Team are meeting these individuals over the coming week to review the stroke action plan currently in place and the function and attendance for joint performance improvement meetings.

UHSM

Referral to Treatment Times

- 3.9 The Trust continues to achieve all aggregate RTT targets however, there are ongoing issues in General Surgery and Trauma and Orthopaedics.
- 3.10 The Trust has successfully secured £1.8 million of national RTT monies to create additional capacity to address specialty level underperformance.

Diagnostic Waiting Times

- 3.11 UHSM did not achieve the 1% diagnostic wait target in August with 3.4% of patients waiting more than 6 weeks for tests. The main areas of concern are the Peripheral Neurophysiology, Colonoscopy and Gastroscopy services.
- 3.12 There are ongoing issues with neurophysiology capacity, a service UHSM commissions from Salford Royal Foundation Trust (SRFT). This service is unable to maintain adequate capacity levels when staff are absent due to annual leave. UHSM is working with SRFT to establish what can be done to consistently deliver performance standards.

Cancer – 62 Day Referral to Treatment

- 3.13 In quarter 1 the Trust treated 86.3% of patients within 62 days against a target of 85%. However, the Trust has underperformance in the last two months seeing 82.3% of patients within 62 days.
- 3.14 At this stage there are no common themes identified but further analysis is underway. The Trust is still expected to deliver quarter 2 performance.

Friends and Family – A&E Response Rate

- 3.15 The response rate of 13.4% for the Friends and Family Test in A&E is below the CQUIN target of 15%. It is the second consecutive month that this target has not been met. A response rate of at least 20% in A&E is required by the end of quarter 4 2014/15.
- 3.16 Actions taken by the Trust include:

- The matron for A&E will ensure that paper questionnaires are handed to every patient on discharge from the Department.
- Additional frontline volunteers will support staff with the paper questionnaires.
- Completed questionnaires will be reviewed by the patient experience team on a daily basis.
- An option to switch from SMS messaging to a 'home call' option, which has been shown to increase response rates, will be considered at the end of October 2014.

3.17 The Trust expects to be back on track by quarter 3.

PENNINE CARE (Trafford Community)

Training

- 3.18 Performance is monitored through the contract monitoring governance structure. This structure is currently under review to ensure efficient and robust performance management continues to be in place.
- 3.19 Implementing of training programmes continues to be the primary area of concern with only 3 of the 6 training related KPIs (health promotion, infection control and adult protection training) fully compliant.
- 3.20 Heads of Service are aware of the compliance issues and an action plan and improvement trajectory is being developed and will be forwarded to the October provider and CCG contract Finance and Performance Meeting.

4.0 QUALITY UPDATE

4.1 There are a number of quality issues to highlight to the Governing Body.

Sign up to Safety

- 4.2 On 6th October 2014, members of the CCG Quality team attended the launch of the national campaign 'Sign up to Safety' which aims to reduce harm to patients and save lives.
- 4.3 The Quality team are working together to prepare recommendations for the CCG in relation to Sign up to Safety and the launch of the Patient Safety Collaborative. Any actions resulting from this will be incorporated into the refresh of the CCG Quality Strategy.

UHSM Quarter 1 2014/15

Safer Staffing

- 4.4 All providers are now publishing staffing levels in the public domain. The national guidance in relation to how this should be presented to the public is open to interpretation and is leading to variances in reporting between providers making it difficult to benchmark one provider against another. Work

is on-going to address these variances both at a GM level and a national level.

4.5 UHSM began its implementation of long days in September 2014, which is anticipated to improve the number of staff on the wards and reduce the vacancy levels in line with the Trusts target for safe staffing.

4.6 UHSM is achieving the target it has set in relation to staffing levels.

Serious Incidents

4.7 Monitoring of the serious incidents reported by UHSM shows that the three re-occurring themes of Delayed Diagnosis, Sub-optimal Care of the Deteriorating Patient and Slips Trips and Falls. There are specific programmes of work which UHSM are undertaking to address these.

CMFT Q1 2014/15

Safer Staffing

4.8 CMFT is publishing staffing levels and detailed narratives through their Board papers.

4.9 There has been an increase in the number of occasions when actual staffing has not met the planned numbers. The reasons for this are noted as an increase in the number of nursing and midwifery vacancies and increased sickness or absence levels.

4.10 Work continues to address both these issues and there are a significant number of appointments due to take up posts in September (Newly Qualified Nurses). However staff retention and managing sickness absence and maternity leave remains challenging.

4.11 There have been no incidents raised in regards to unsafe staffing levels.

Serious Incidents

4.12 Monitoring serious incidents reported by CMFT shows two recurring themes - Sub-optimal Care of the Deteriorating Patient and Slips Trips and Falls. There are specific programmes of work which CMFT are undertaking to address these.

Never Events

4.13 There has been one never event reported in quarter 2 at CMFT. This was in relation to the insertion of a central line into the wrong patient. Technically under the guidance this is a wrong site surgery never event.

5.0 RECOMMENDATIONS

5.1 The Governing Body is asked to:

- Note the issues raised in relation to performance and quality.
- Endorse the approach which is being taken to manage performance and quality and consider any further actions they would like the Performance and Quality Team to take.

CMFT STROKE UPDATE OCTOBER 2014

Summary

The quality of stroke services is measured in two main ways:

- Three headline performance measures, which are reported on monthly. The latest information is set out in this note
- A broader collection of outcomes which are measured via the national stroke audit (SSNAP). Nationally validated data is released by quarter. Data for quarter 1 2014/15 is due to be released by the end of October 2014, and an update on performance against these measures will be brought following the data release

In very general terms, the most challenging areas of performance tend to relate to outcomes linked to the beginning of the stroke pathway. This is affected by a range of factors, including the nature of individual patient conditions, which can have an impact on where they are most appropriately treated (i.e. the stroke ward may not initially be the most appropriate place in the event that a patient has multiple acute conditions); the availability of designated stroke beds; and access to diagnostics such as scanning.

However, performance is generally better against those measures which relate to a patient's experience following admission to the stroke unit. SSNAP data which has previously been released has shown that, in the wider pathway, CMFT shows particular strength in multi-disciplinary team working and discharge arrangements.

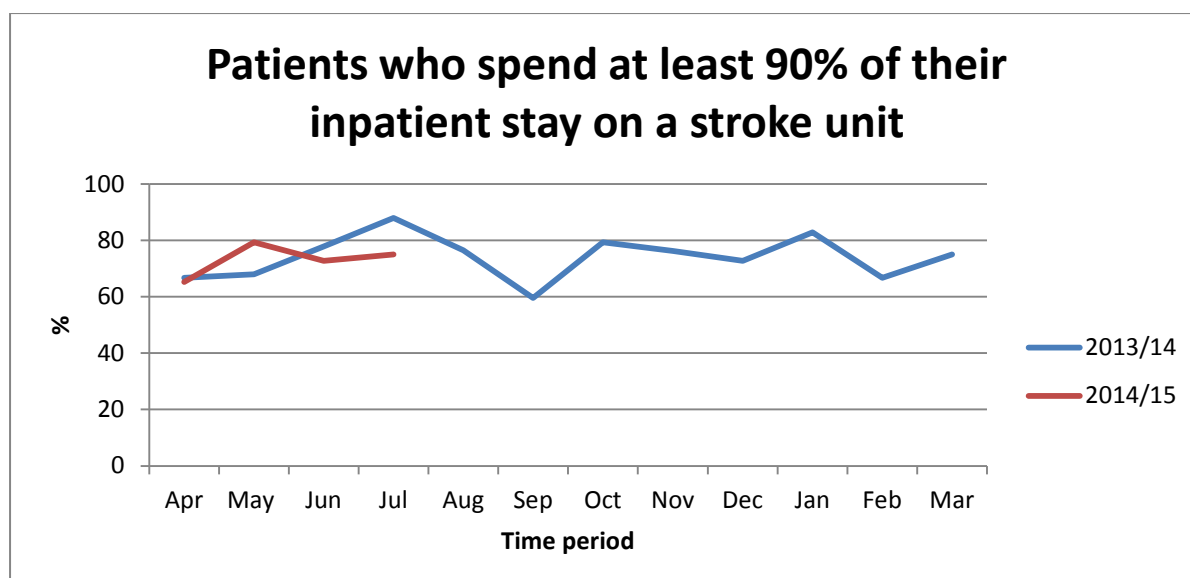
Central CCG is working closely with CMFT to understand the challenges and opportunities relating to stroke performance, and the action which the Trust is taking to respond to these. In particular, it is recognised that the implementation of the Greater Manchester stroke model, which will further centralise hyperacute stroke care across Greater Manchester, should have a positive impact on outcomes linked to the early part of the stroke pathway. The model is scheduled to go live in the latter part of 2014/15.

Headline stroke performance measures

CMFT performance against the three headline stroke measures continues to be challenging, with achievement generally at a lower level than for the same period in 2013/14. This reflects the ongoing challenges relating to the early part of the stroke pathway which are described above.

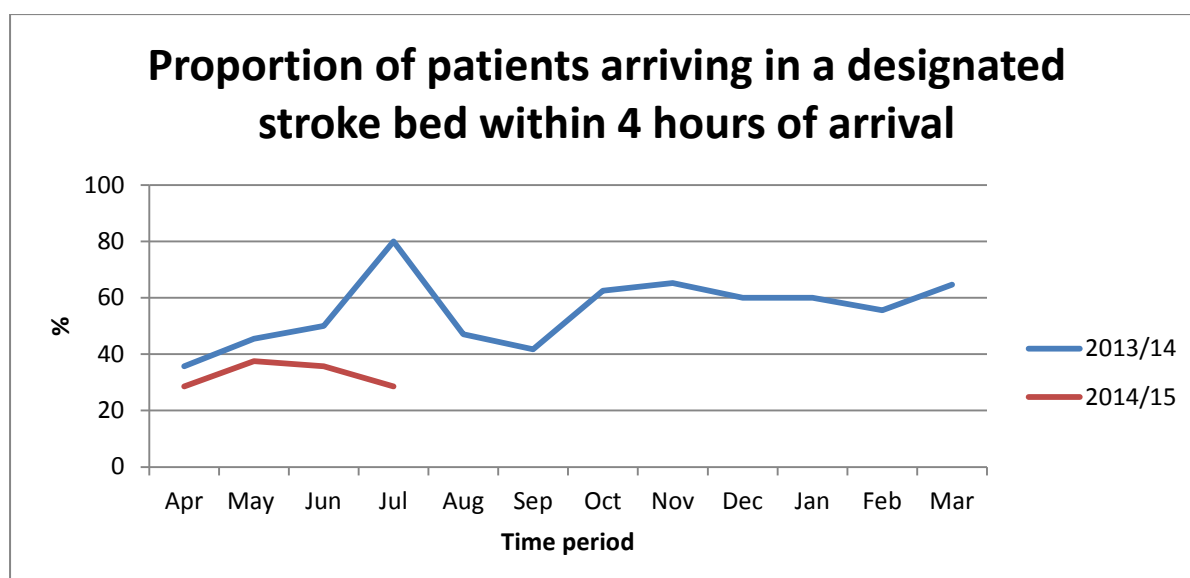
Patients who spend at least 90% of their inpatient stay on a stroke unit:

- Performance has improved during 2014/15 from a starting position of 65.2%, to 75% (July 2014)
- However, performance during the year to date has generally been lower than for the same period in 2013/14



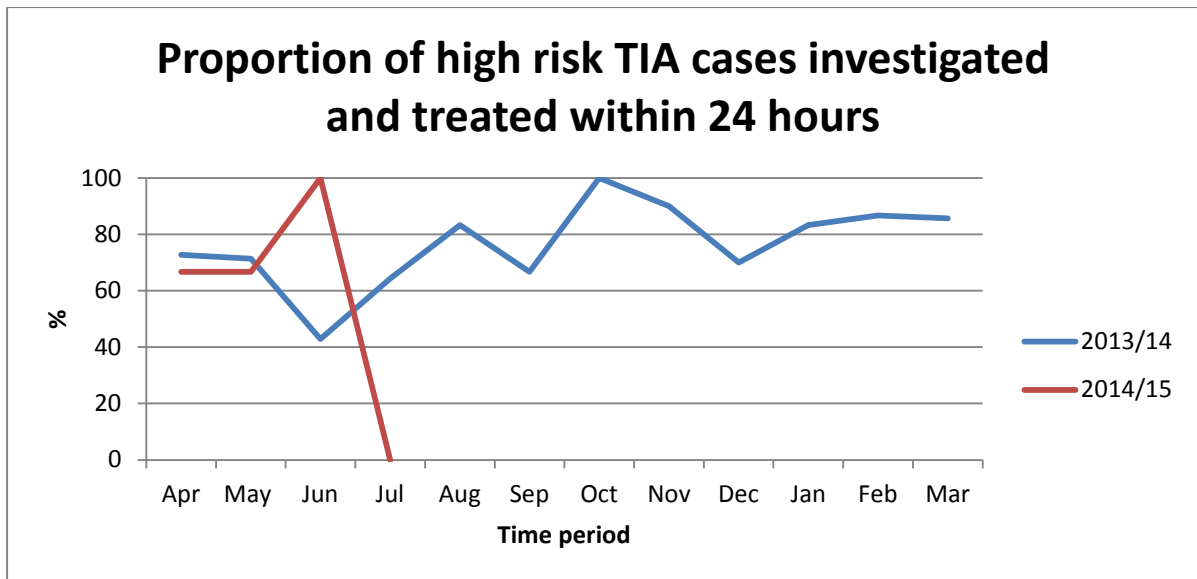
Proportion of patients arriving in a designated stroke bed within 4 hours of arrival:

- Around one third of patients arrive in a designated stroke bed within 4 hours of arrival
- However, performance continues to be below the levels achieved during 2013/14



Proportion of high risk TIA cases investigated and treated within 24 hours:

- Following some improvement during the first quarter of 2014/15, performance against this measure reduced significantly in July 2014
- However, it should be noted that this measure is based on very small numbers, and individual patient outcomes can therefore have a significant impact on overall performance



SSNAP audit

Data relating to Q1 of 2014/15 is due to be released by the end of October 2014. An update will be provided following the release of this data.

2014-15: Quality Premium Scorecard - Trafford CCG

Performance Reporting Month: Aug-2014

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments	
					Target	Actual	Period Used															
QP1	Potential Years of Life Lost (PYLL)	Potential years of life lost (PYLL) from causes considered amenable to healthcare	Not Avail.	2083.14				Due Sep 15														
QP1(L)	Potential Years of Life Lost (PYLL)	Potential years of life lost (PYLL) from causes considered amenable to healthcare - (*LOCAL DATA*)	New	2083.14				See note >														Data is only available annually. BI Team are exploring local data sources to provide more frequent performance information.
QP2	Mental Health Measures	IAPT Roll-Out	14.7%	15.0%	2.0%	3.5%	YTD			3.5%												
QP3	Emergency Admissions	Composite measure on emergency admissions	New	1996.40							Due Dec 14											
QP3(L)	Emergency Admissions	Composite measure on emergency admissions - (*LOCAL DATA*)		2339.36	1996.40	858.41	981.50	YTD	217.90	203.00	187.00	200.50	173.10									Data is only available annually. BI Team are exploring local data sources to provide more frequent performance information.
QP4.1	Patient Experience	Friends and Family Action Plan – milestone achievement	New	RAG			-															
QP4.2	Patient Experience	Friends and Family Feedback – evidence of provider action	New	RAG			-															
QP4.3	Patient Experience	Friends and Family Roll Out – evidence of support	New	RAG			-															
QP4.4	Patient Experience	Patient experience of GP out-of-hours services	New	66.2%				Due Jul 15														
QP5a	Patient Safety Measure	Improving the reporting of medication-related safety incidents (CMFT)	New	2.5%				See note >														National publication timetable is not yet available.
QP5b	Patient Safety Measure	Improving the reporting of medication-related safety incidents (UHSM)	New	5.0%				See note >														National publication timetable is not yet available.
QPC3	Cancer 2 Week Waits	All cancer two week wait	97.4%	93.0%	93.0%	95.6%	YTD		96.3%	96.8%	94.4%	96.6%	94.0%									
QPC4	Ambulance Clinical Quality	Ambulance clinical quality - Category A (Red 1) 8 minute response time	75.9%	75.0%	75.0%	72.3%	YTD		75.7%	73.4%	71.5%	68.5%	72.7%									
QPC1	Referral to Treatment	The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period	94.8%	92.0%	92.0%	94.9%	Latest Month		94.4%	94.9%	95.1%	94.9%	94.9%									
QPC2	A&E Waiting Times	A&E waiting time - total time in the A&E department (≤ 4 hrs)	94.9%	95.0%	95.0%	94.6%	YTD		92.6%	93.0%	94.1%	94.5%	94.6%	94.6%								
QPLP1	Cancer	Cervical Cancer Screening Coverage - Percentage of Eligible Women Screened Adequately within the Previous 5 Years (according to age) on 31st March (Datasource and methodology HSCIC)	G	80.0%	80.0%	78.1%	YTD		78.0%	78.1%	78.0%	78.1%										

2014-15: Everyone Counts Scorecard - Trafford CCG

Performance Reporting Month: Aug-2014

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments	
					Target	Actual	Period Used															
																						Q1 14-15
EA1	Potential Years of Life Lost (PYLL)	Potential years of life lost (PYLL) from causes considered amenable to healthcare	Not Avail.	2083.14				Due Sep 15														
EA1(L)	Potential Years of Life Lost (PYLL)	Potential years of life lost (PYLL) from causes considered amenable to healthcare - (*LOCAL DATA*)	New	2083.14				See note >														Data is only available annually. BI Team are exploring local data sources to provide more frequent performance information.
EA2	Long Term Conditions	Health-related quality of life for people with long-term conditions	53.2%	75.1%				Due Sep 15														
EA2(L)	Long Term Conditions	Health-related quality of life for people with long-term conditions - (*LOCAL DATA*)	New	75.1%				See note >														Data is only available annually. BI Team are exploring local data sources to provide more frequent performance information.
EA3	Mental Health Measures	IAPT Roll-Out	14.7%	15.0%	2.0%	3.5%	YTD				3.5%											
EA4	Emergency Admissions	Composite measure on emergency admissions	New	1996.40							Due Dec 14											
EA4(L)	Emergency Admissions	Composite measure on emergency admissions - (*LOCAL DATA*)	2339.36	1996.40	858.41	981.50	YTD		217.90	203.00	187.00	200.50	173.10									Data is only available annually. BI Team are exploring local data sources to provide more frequent performance information.
EA5	Patient Experience of Hospital Care	Patient experience of hospital care - 'Poor' patient experience of inpatient care	Not Avail.	130.34				See note >														National publication timetable is not yet available. No local in-year data is available.
EA6a	Friends and Family Test	Friends and Family Test Score: CMFT (Combined)	68			68	Latest Month		64	64	66	67	68									Publication date for national targets has not been released.
EA6b	Friends and Family Test	Friends and Family Test Score: UHSM (Combined)	64			75	Latest Month		68	71	70	72	75									Publication date for national targets has not been released.
EA6d	Friends and Family Test	Response Rate: CMFT (Combined)	23.6%			26.7%	Latest Month		19.4%	20.2%	28.5%	25.8%	26.7%									Publication date for national targets has not been released.
EA6e	Friends and Family Test	Response Rate: UHSM (Combined)	23.3%			27.2%	Latest Month		23.8%	27.0%	24.0%	26.2%	27.2%									Publication date for national targets has not been released.
EA6g	Friends and Family Test	Friends and Family Test Score: CMFT (A&E)	64			65	Latest Month		61	60	63	66	65									Publication date for national targets has not been released.
EA6h	Friends and Family Test	Friends and Family Test Score: CMFT (Inpatient)	80			73	Latest Month		75	76	71	69	73									Publication date for national targets has not been released.
EA6s	Friends and Family Test	Friends and Family Test Score: CMFT (Maternity)	New					See note >														Awaiting national guidance on roll-out and target methodology.
EA6i	Friends and Family Test	Friends and Family Test Score: UHSM (A&E)	47			58	Latest Month		53	58	56	50	58									Publication date for national targets has not been released.
EA6j	Friends and Family Test	Friends and Family Test Score: UHSM (Inpatient)	77			82	Latest Month		80	80	81	82	82									Publication date for national targets has not been released.
EA6t	Friends and Family Test	Friends and Family Test Score: UHSM (Maternity)	New					See note >														Awaiting national guidance on roll-out and target methodology.
EA6k	Friends and Family Test	Response Rate: CMFT (A&E)	21.7%	20.0%	15.0%	23.3%	Latest Month		19.2%	19.4%	23.3%	20.7%	23.3%									
EA6l	Friends and Family Test	Response Rate: CMFT (Inpatient)	30.5%	30.0%	25.0%	39.5%	Latest Month		20.2%	23.2%	48.1%	44.1%	39.5%									
EA6v	Friends and Family Test	Response Rate: CMFT (Maternity)	New					See note >														Awaiting national guidance on roll-out and target methodology.

2014-15: Everyone Counts Scorecard - Trafford CCG

Performance Reporting Month: Aug-2014

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
					Target	Actual	Period Used														
					Q1 14-15																
EA6m	Friends and Family Test	Response Rate: UHSM (A&E)	17.2%	20.0%	15.0%	13.4%	Latest Month		17.6%	17.3%	16.1%	14.3%	13.4%								
EA6n	Friends and Family Test	Response Rate: UHSM (Inpatient)	32.4%	30.0%	25.0%	47.2%	Latest Month		33.2%	42.2%	36.5%	43.7%	47.2%								
EA6w	Friends and Family Test	Response Rate: UHSM (Maternity)	New					See note >													Awaiting national guidance on roll-out and target methodology.
EA7i	Patient Experience of Primary Care	Poor patient experience of GP Services	3.5%	4.4%				Due Jul 15													National publication date is not yet available.
EA7i(L)	Patient Experience of Primary Care	Poor patient experience of GP Services - (*LOCAL DATA*)	New	4.4%				See note >													Data is only available annually. BI Team are exploring local data sources to provide more frequent performance information.
EA7ii	Patient Experience of Primary Care	Poor patient experience of GP Out of Hours	13.9%	4.4%				Due Jul 15													National publication date is not yet available.
EA7ii(L)	Patient Experience of Primary Care	Poor patient experience of GP Out of Hours - (*LOCAL DATA*)	New	4.4%				See note >													Data is only available annually. BI Team are exploring local data sources to provide more frequent performance information.
EA8	Patient Safety Measure	Hospital deaths attributable to problems in care	New	See Note >																	Indicator under development
EA9a	Patient Safety Measure	Improving the reporting of medication-related safety incidents (CMFT)	New	2.5%				See note >													National publication timetable is not yet available.
EA9b	Patient Safety Measure	Improving the reporting of medication-related safety incidents (UHSM)	New	5.0%				See note >													National publication timetable is not yet available.
EAS1	Dementia	Estimated diagnosis rate for people with dementia	51.2%	67.0%				See note >													National publication timetable is not yet available.
EAS1(L)	Dementia	Estimated diagnosis rate for people with dementia - (*LOCAL DATA*)	New	67.2%	52.4%	61.5%	YTD		61.5%	61.5%		Due Oct 14									Sourced directly from GP Systems
EAS2	Mental Health Measure	IAPT Recovery Rate	New	50.0%								Due Oct 14									
EAS3	Re-ablement Measure	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	New	78.3%				Due Sep 15													
EAS4a	HCAI	Healthcare acquired infection (HCAI) measure (MRSA) - AVOIDABLE	0	0	0	0	YTD		0	0	0	0	0	0							Assigned cases only
EAS4b	HCAI	Healthcare acquired infection (HCAI) measure (MRSA) - UNAVOIDABLE	New	0	0	0	YTD		0	0	0	0	0	0							
EAS5a	HCAI	Healthcare acquired infection (HCAI) measure (clostridium difficile infections) - Caused by Lapse in Care - NHS Patients	New	59	34	35	YTD		5	8	8	7	5	2							
EAS5b	HCAI	Healthcare acquired infection (HCAI) measure (clostridium difficile infections) - Overall - NHS Patients	New	TBC	TBC	0	YTD		0	0	0	0	0	0							
EB6	Cancer 2 Week Waits	All cancer two week wait	97.4%	93.0%	93.0%	95.6%	YTD		96.3%	96.8%	94.4%	96.6%	94.0%								
EB7	Cancer 2 Week Waits	Two week wait for breast symptoms (where cancer was not initially suspected)	98.4%	93.0%	93.0%	97.7%	YTD		100.0%	95.4%	99.0%	97.5%	96.3%								
EB8	Cancer 31 Day Waits	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis (measured from 'date of decision to treat')	98.9%	96.0%	96.0%	99.1%	YTD		98.9%	98.5%	100.0%	100.0%	97.7%								

2014-15: Everyone Counts Scorecard - Trafford CCG

Performance Reporting Month: Aug-2014

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
					Target	Actual	Period Used														
					Q1 14-15																
EB9	Cancer 31 Day Waits	31-day standard for subsequent cancer treatments-surgery	97.6%	94.0%	94.0%	97.4%	YTD		94.4%	100.0%	100.0%	100.0%	93.8%								
EB10	Cancer 31 Day Waits	31-day standard for subsequent cancer treatments-anti cancer drug regimens	100.0%	98.0%	98.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%								
EB11	Cancer 31 Day Waits	31-day standard for subsequent cancer treatments-radiotherapy	99.3%	94.0%	94.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%								
EB12	Cancer 62 Day Waits	Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer	87.5%	85.0%	85.0%	90.9%	YTD		91.7%	84.4%	86.8%	93.8%	95.5%								
EB13	Cancer 62 Day Waits	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service	95.9%	90.0%	90.0%	97.3%	YTD		91.7%	100.0%	100.0%	100.0%	100.0%								
EB14	Cancer 62 Day Waits	Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status	89.9%	85.0%	85.0%	91.0%	YTD		100.0%	87.5%	88.9%	93.3%	84.6%								
EB15i	Ambulance Clinical Quality	Ambulance clinical quality - Category A (Red 1) 8 minute response time	75.9%	75.0%	75.0%	72.3%	YTD		75.7%	73.4%	71.5%	68.5%	72.7%								
EB15ii	Ambulance Clinical Quality	Ambulance clinical quality - Category A (Red 2) 8 minute response time	77.4%	75.0%	75.0%	72.1%	YTD		75.3%	74.7%	73.2%	69.2%	72.1%								
EB16	Ambulance Clinical Quality	Ambulance clinical quality - Category A 19 minute transportation time	95.8%	95.0%	95.0%	95.3%	YTD		96.2%	95.6%	95.4%	94.2%	95.3%								
EB1	Referral to Treatment	The percentage of admitted pathways within 18 weeks for admitted patients whose clocks stopped during the period on an adjusted basis	93.4%	90.0%	90.0%	92.5%	YTD		93.7%	93.3%	91.8%	91.8%	92.1%								
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Cardiothoracic Surgery	New	90.0%	90.0%	78.8%	YTD		71.4%	83.3%	83.3%	87.5%	66.7%								
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - General Surgery	New	90.0%	90.0%	89.2%	YTD		90.0%	89.7%	88.2%	88.7%	89.4%								
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Trauma & Orthopaedics	New	90.0%	90.0%	88.8%	YTD		89.6%	91.0%	87.8%	86.5%	88.5%								
EB2	Referral to Treatment	The percentage of non-admitted pathways within 18 weeks for non-admitted patients whose clocks stopped during the period	97.6%	95.0%	95.0%	96.9%	YTD		96.8%	96.6%	97.6%	96.7%	97.1%								
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Ophthalmology	New	95.0%	95.0%	94.6%	YTD		96.0%	94.7%	94.6%	92.6%	95.6%								
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Other	New	95.0%	95.0%	95.0%	YTD		94.0%	94.0%	96.2%	95.7%	95.0%								
EB3	Referral to Treatment	The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period	94.8%	92.0%	92.0%	94.9%	Latest Month		94.4%	94.9%	95.1%	94.9%	94.9%								
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Incomplete Pathways: SPECIALTY LEVEL - Neurosurgery	New	92.0%	92.0%	75.0%	Latest Month		50.0%	100.0%	66.7%	90.9%	75.0%								
EB4	Diagnostic Test Waiting Times	Diagnostic test waiting times	0.4%	1.0%	1.0%	0.8%	YTD		0.7%	1.1%	0.5%	0.5%	1.2%								
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - PERIPHERAL_NEUROPHYS	New	1.0%	1.0%	7.1%	YTD		8.0%	1.9%	1.9%	2.0%	23.9%								
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - SLEEP_STUDIES	New	1.0%	1.0%	6.5%	YTD		5.0%	11.1%	0.0%	0.0%	25.0%								

2014-15: Everyone Counts Scorecard - Trafford CCG

Performance Reporting Month: Aug-2014

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
					Target	Actual	Period Used														
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - URODYNAMICS	New	1.0%	1.0%	3.4%	YTD		4.3%	4.5%	0.0%	9.1%	0.0%								
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - COLONOSCOPY	New	1.0%	1.0%	6.8%	YTD		4.3%	5.7%	7.2%	5.4%	10.3%								
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - CYSTOSCOPY	New	1.0%	1.0%	3.6%	YTD		5.1%	2.3%	3.7%	0.0%	7.4%								
Diagnostic Test Name >>>	Diagnostic Test Name >>>	Diagnostic test waiting times - GASTROSCOPY	New	1.0%	1.0%	3.7%	YTD		5.3%	3.8%	1.4%	2.6%	5.7%								
EBS5	A&E Waiting Times	A&E waiting time - total time in the A&E department (≤ 4 hrs)	94.9%	95.0%	95.0%	94.6%	YTD		92.6%	93.0%	94.1%	94.5%	94.6%	94.6%							
EBS1	Mixed Sex Accommodation	Mixed Sex Accommodation (MSA) Breaches	0.08	0.00	0.00	0.00	YTD		0.00	0.00	0.00	0.00	0.00	0.00							
EBS3	Mental Health Measures	Care Programme Approach (CPA): The proportion of people under adult mental illness specialities on CPA	98.3%	95.0%	95.0%	96.7%	YTD				96.7%										
EBS4a	Referral to Treatment	The number of admitted pathways greater than 52 weeks for admitted patients whose clocks stopped during the period on an un-adjusted basis	11	0	0	3	YTD		1	1	0	1	0								
EBS4b	Referral to Treatment	The number of non-admitted pathways greater than 52 weeks for non-admitted patients whose clocks stopped during the period	2	0	0	1	YTD		0	0	0	1	0								
EBS4c	Referral to Treatment	The number of incomplete pathways greater than 52 weeks for patients on incomplete pathways at the end of the period	3	0	0	0	YTD		0	0	0	1	0								
EBS5	Trolley Waits in A&E	Trolley waits in A&E	New	0	0	0	YTD		0	0	0	0	0								
EBS6	Cancelled Operations	Urgent operations cancelled for a second time	New	0	0	0	YTD		0	0	0	0	0								

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Performance Reporting Month: Aug-2014

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments	
					Target	Actual	Period Used															
																						Q1 14-15
C1.1	Potential Years of Life Lost (PYLL)	Potential years of life lost (PYLL) from causes considered amenable to healthcare	Not Avail.	2083.14				Due Sep 15														
C1.1(L)	Potential Years of Life Lost (PYLL)	Potential years of life lost (PYLL) from causes considered amenable to healthcare - (*LOCAL DATA*)	New	2083.14				See note >														Data is only available annually. BI Team are exploring local data sources to provide more frequent performance information.
C2.1	Long Term Conditions	Health-related quality of life for people with long-term conditions	53.2%	75.1%				Due Sep 15														
C2.1(L)	Long Term Conditions	Health-related quality of life for people with long-term conditions - (*LOCAL DATA*)	New	75.1%				See note >														Data is only available annually. BI Team are exploring local data sources to provide more frequent performance information.
C4.3a	Friends and Family Test	Friends and Family Test Score: CMFT (Combined)	68			68	Latest Month		64	64	66	67	68									Publication date for national targets has not been released.
C4.3b	Friends and Family Test	Friends and Family Test Score: UHSM (Combined)	64			75	Latest Month		68	71	70	72	75									Publication date for national targets has not been released.
C4.3p	Friends and Family Test	Response Rate: CMFT (Combined)	23.6%			26.7%	Latest Month		19.4%	20.2%	28.5%	25.8%	26.7%									Publication date for national targets has not been released.
C4.3q	Friends and Family Test	Response Rate: UHSM (Combined)	23.3%			27.2%	Latest Month		23.8%	27.0%	24.0%	26.2%	27.2%									Publication date for national targets has not been released.
C4.3d	Friends and Family Test	Friends and Family Test Score: CMFT (A&E)	64			65	Latest Month		61	60	63	66	65									Publication date for national targets has not been released.
C4.3e	Friends and Family Test	Friends and Family Test Score: CMFT (Inpatient)	80			73	Latest Month		75	76	71	69	73									Publication date for national targets has not been released.
C4.3s	Friends and Family Test	Friends and Family Test Score: CMFT (Maternity)	New					See note >														Awaiting national guidance on roll-out and target methodology.
C4.3f	Friends and Family Test	Friends and Family Test Score: UHSM (A&E)	47			58	Latest Month		53	58	56	50	58									Publication date for national targets has not been released.
C4.3g	Friends and Family Test	Friends and Family Test Score: UHSM (Inpatient)	77			82	Latest Month		80	80	81	82	82									Publication date for national targets has not been released.
C4.3t	Friends and Family Test	Friends and Family Test Score: UHSM (Maternity)	New					See note >														Awaiting national guidance on roll-out and target methodology.
C4.3j	Friends and Family Test	Response Rate: CMFT (A&E)	21.7%	20.0%	15.0%	23.3%	Latest Month		19.2%	19.4%	23.3%	20.7%	23.3%									
C4.3k	Friends and Family Test	Response Rate: CMFT (Inpatient)	30.5%	30.0%	25.0%	39.5%	Latest Month		20.2%	23.2%	48.1%	44.1%	39.5%									
C4.3v	Friends and Family Test	Response Rate: CMFT (Maternity)	New					See note >														Awaiting national guidance on roll-out and target methodology.
C4.3l	Friends and Family Test	Response Rate: UHSM (A&E)	17.2%	20.0%	15.0%	13.4%	Latest Month		17.6%	17.3%	16.1%	14.3%	13.4%									
C4.3m	Friends and Family Test	Response Rate: UHSM (Inpatient)	32.4%	30.0%	25.0%	47.2%	Latest Month		33.2%	42.2%	36.5%	43.7%	47.2%									
C4.3w	Friends and Family Test	Response Rate: UHSM (Maternity)	New					See note >														Awaiting national guidance on roll-out and target methodology.
C2.13	Dementia	Estimated diagnosis rate for people with dementia	51.2%	67.0%				See note >														National publication timetable is not yet available.

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					Target	Actual	Period Used														
C2.13(L)	Dementia	Estimated diagnosis rate for people with dementia - (*LOCAL DATA*)	New	67.2%	52.4%	61.5%	YTD		61.5%	61.5%	Due Oct 14										Sourced directly from GP Systems
C5.3a	HCAI	Healthcare acquired infection (HCAI) measure (MRSA) - AVOIDABLE	0	0	0	0	YTD		0	0	0	0	0	0							Assigned cases only
C5.3b	HCAI	Healthcare acquired infection (HCAI) measure (MRSA) - UNAVOIDABLE	New	0	0	0	YTD		0	0	0	0	0	0							
C5.4a	HCAI	Healthcare acquired infection (HCAI) measure (clostridium difficile infections) - Caused by Lapse in Care - NHS Patients	New	59	34	35	YTD		5	8	8	7	5	2							
C5.4b	HCAI	Healthcare acquired infection (HCAI) measure (clostridium difficile infections) - Overall - NHS Patients	New	TBC	TBC	0	YTD		0	0	0	0	0	0							
C1.10	Mortality	One year survival from all cancers	Not Avail.	Latest Baseline Year				Due Mar 15													
C1.10(L)	Mortality	One year survival from all cancers - (*LOCAL DATA*)	New	Latest Baseline Year					See note >												New local indicator introduced end July - awaiting locally sourced data, if available
C1.11	Mortality	One year survival from breast, lung and colorectal cancers	Not Avail.	Latest Baseline Year				Due Mar 15													
C1.11(L)	Mortality	One year survival from breast, lung and colorectal cancers - (*LOCAL DATA*)	New	Latest Baseline Year					See note >												New local indicator introduced end July - awaiting locally sourced data, if available
C1.12	Mortality	People with severe mental illness who have received a list of physical checks	Not Avail.	Latest Baseline Year				Due Jun 15													
C1.12(L)	Mortality	People with severe mental illness who have received a list of physical checks - (*LOCAL DATA*)	New	Latest Baseline Year					See note >												New local indicator introduced end July - awaiting locally sourced data, if available
C1.13	Mortality	Antenatal assessments < 13 weeks	2,749		#N/A						630										
C1.13(L)	Mortality	Antenatal assessments < 13 weeks - (*LOCAL DATA*)	New						See note >												New local indicator introduced end July - awaiting locally sourced data, if available
C1.14	Mortality	Maternal smoking at delivery	7.3%	7.3%	#N/A						7.4%										
C1.14(L)	Mortality	Maternal smoking at delivery - (*LOCAL DATA*)	New	7.3%					See note >												New local indicator introduced end July - awaiting locally sourced data, if available
C1.15	Mortality	Breast feeding prevalence at 6-8 weeks	Not Avail.	Latest Baseline Year							Due Dec 14		Due Mar 15			Due Jun 15				Due Sep 15	2013-14's data was insufficient
C1.15(L)	Mortality	Breast feeding prevalence at 6-8 weeks - (*LOCAL DATA*)	New	Latest Baseline Year					See note >												New local indicator introduced end July - awaiting locally sourced data, if available
C1.16	Mortality	Cancer: diagnosis via emergency routes	New	Latest Baseline Year				Due Jun 15													
C1.16(L)	Mortality	Cancer: diagnosis via emergency routes - (*LOCAL DATA*)	New	Latest Baseline Year					See note >												New local indicator introduced end July - awaiting locally sourced data, if available
C1.17	Mortality	Cancer: record of stage at diagnosis	New	Latest Baseline Year				Due Jun 15													
C1.17(L)	Mortality	Cancer: record of stage at diagnosis - (*LOCAL DATA*)	New	Latest Baseline Year					See note >												New local indicator introduced end July - awaiting locally sourced data, if available

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					Target	Actual	Period Used															
																						Q1 14-15
C1.18	Mortality	Cancer: early detection	New	Latest Baseline Year				Due Jun 15														
C1.18(L)	Mortality	Cancer: early detection - (*LOCAL DATA*)	New	Latest Baseline Year					See note >													New local indicator introduced end July - awaiting locally sourced data, if available
C1.19	Mortality	Lung cancer: record of stage at diagnosis	New	Latest Baseline Year				Due Mar 16														
C1.19(L)	Mortality	Lung cancer: record of stage at diagnosis - (*LOCAL DATA*)	New	Latest Baseline Year					See note >													New local indicator introduced end July - awaiting locally sourced data, if available
C1.2	Mortality	Under 75 mortality rate from cardiovascular disease	Not Avail.	TBC				Due Jun 15														
C1.2(L)	Mortality	Under 75 mortality rate from cardiovascular disease - (*LOCAL DATA*)	New	TBC					See note >													New local indicator introduced end July - awaiting locally sourced data, if available
C1.20	Mortality	Breast cancer: mortality	New	TBC				Due Jun 15														
C1.20(L)	Mortality	Breast cancer: mortality - (*LOCAL DATA*)	New	TBC					See note >													New local indicator introduced end July - awaiting locally sourced data, if available
C1.21	Mortality	Reducing premature mortality from the major causes of death: cardiovascular disease	New	TBC				Due Dec 15														
C1.21(L)	Mortality	Reducing premature mortality from the major causes of death: cardiovascular disease - (*LOCAL DATA*)	New	TBC					See note >													New local indicator introduced end July - awaiting locally sourced data, if available
C1.22	Mortality	Hip fracture: incidence	New	TBC				Due Dec 15														
C1.22(L)	Mortality	Hip fracture: incidence - (*LOCAL DATA*)	New	TBC					See note >													New local indicator introduced end July - awaiting locally sourced data, if available
C1.23	Mortality	Severe mental illness: smoking rates	New	TBC				Due Jun 15														
C1.23(L)	Mortality	Severe mental illness: smoking rates - (*LOCAL DATA*)	New	TBC					See note >													New local indicator introduced end July - awaiting locally sourced data, if available
C1.3	Mortality	Cardiac rehabilitation completion	Not Avail.	TBC				Due Dec 16														
C1.3(L)	Mortality	Cardiac rehabilitation completion - (*LOCAL DATA*)	New	TBC					See note >													New local indicator introduced end July - awaiting locally sourced data, if available
C1.4	Mortality	Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes	Not Avail.	TBC				Due Mar 16														
C1.4(L)	Mortality	Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes - (*LOCAL DATA*)	New	TBC					See note >													New local indicator introduced end July - awaiting locally sourced data, if available
C1.5	Mortality	Mortality within 30 days of hospital admission for stroke	Not Avail.	TBC				Due Dec 15														
C1.5(L)	Mortality	Mortality within 30 days of hospital admission for stroke - (*LOCAL DATA*)	New	TBC					See note >													New local indicator introduced end July - awaiting locally sourced data, if available
C1.6	Mortality	Under 75 mortality from respiratory disease	Not Avail.	TBC				Due Jun 15														

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					Target	Actual	Period Used																
C1.6(L)	Mortality	Under 75 mortality from respiratory disease - (*LOCAL DATA*)	New	TBC																		New local indicator introduced end July - awaiting locally sourced data, if available	
C1.7	Mortality	Under 75 mortality rate from liver disease	20.30	Latest Baseline Year Latest																			
C1.7(L)	Mortality	Under 75 mortality rate from liver disease - (*LOCAL DATA*)	New	Latest Baseline Year Latest																			New local indicator introduced end July - awaiting locally sourced data, if available
C1.8	Mortality	Emergency admissions for alcohol-related liver disease	36.10	Latest Baseline Year Latest																			Directly standardised rate (DSR) per 100,000 population, rolling YTD up to that quarter
C1.8(L)	Mortality	Emergency admissions for alcohol-related liver disease - (*LOCAL DATA*)	New	Latest Baseline Year Latest																			New local indicator introduced end July - awaiting locally sourced data, if available
C1.9	Mortality	Under 75 mortality rate from cancer	129.90	Latest Baseline Year Latest																			
C1.9(L)	Mortality	Under 75 mortality rate from cancer - (*LOCAL DATA*)	New	Latest Baseline Year Latest																			New local indicator introduced end July - awaiting locally sourced data, if available
C2.10	Long Term Conditions	Access to psychological therapy services by people from BME groups	Not Avail.	Latest Baseline Year Latest																			
C2.11	Long Term Conditions	Recovery following talking therapies for people of all ages	Not Avail.	Latest Baseline Year Latest																			
C2.12	Long Term Conditions	Recovery following talking therapies for people older than 65	Not Avail.	Latest Baseline Year Latest																			
C2.14	Dementia	People with dementia prescribed anti-psychotic medication	Not Avail.	Latest Baseline Year Latest																			
C2.15	Long Term Conditions	Health related quality of life for carers	New	Latest Baseline Year Latest																			
C2.16	Long Term Conditions	Health related quality of life for people with a long-term mental health condition	New	Latest Baseline Year Latest																			
C2.2	Long Term Conditions	A greater proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition	71.3%	71.3%																			
C2.3	Long Term Conditions	People with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥3 referred to a pulmonary rehabilitation programme	Not Avail.	Latest Baseline Year Latest																			
C2.4	Long Term Conditions	People with diabetes who have received all nine care processes.	Not Avail.	Latest Baseline Year Latest																			
C2.5	Long Term Conditions	People with diabetes diagnosed less than a year who are referred to structured education	Not Avail.	Latest Baseline Year Latest																			
C2.6	Emergency Admissions	Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions (adults)	New	852.20																			
C2.6(L)	Emergency Admissions	Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions (adults) - (*LOCAL DATA*)	852.20	852.20	325.16	337.30	YTD		76.80	74.00	61.00	71.30	54.20										
C2.7	Emergency Admissions	Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s)	New	68.90																			
C2.7(L)	Emergency Admissions	Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s) - (*LOCAL DATA*)	68.90	68.90	15.46	26.70	YTD		6.70	6.40	3.00	6.30	4.30										

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					Target	Actual	Period Used															
																						Q1 14-15
C2.8	Long Term Conditions	Complications associated with diabetes, including emergency admission for diabetic ketoacidosis and lower limb amputation	Not Avail.	Latest Baseline Year				Due Mar 16														
C2.9	Long Term Conditions	Access to community health services by people from BME groups	Not Avail.	Latest Baseline Year							Due Dec 15											
C3.1	Emergency Admissions	Emergency admissions for acute conditions that should not usually require hospital admission	New	1420.36				Due Dec 14														
C3.1(L)	Emergency Admissions	Emergency admissions for acute conditions that should not usually require hospital admission - (*LOCAL DATA*)	1420.36	1420.36	556.49	636.60	YTD		136.50	127.70	124.70	129.20	118.50									
C3.10i	Improving Recovery	Proportion of patients recovering to their previous levels of mobility or walking ability at 30 days	New	Latest Baseline Year				Due Dec 15														
C3.10ii	Improving Recovery	Proportion of patients recovering to their previous levels of mobility or walking ability at 120 days	New	Latest Baseline Year				Due Dec 15														
C3.11	Improving Recovery	Hip fracture: formal hip fracture programme	New	Latest Baseline Year				Due Dec 15														
C3.12	Improving Recovery	Hip fracture: timely surgery	New	Latest Baseline Year				Due Dec 15														
C3.13	Improving Recovery	Hip fracture: multifactorial risk assessment	New	Latest Baseline Year				Due Dec 15														
C3.14	Improving Recovery	Alcohol: admissions	New	Latest Baseline Year							Due Dec 14											
C3.15	Improving Recovery	Alcohol: readmissions	New	Latest Baseline Year							Due Dec 14											
C3.16	Improving Recovery	Readmissions to mental health within 30 days of discharge	New	Latest Baseline Year							Due Dec 14											
C3.17	Improving Recovery	Proportion of adults in contact with secondary mental health services in paid employment	New	Latest Baseline Year							Due Dec 14											
C3.2	Emergency Re-Admissions	Emergency readmissions within 30 days of discharge from hospital	Not Avail.	Latest Baseline Year				See note >														Readmissions methodology not yet signed off
C3.2(L)	Emergency Re-Admissions	Emergency readmissions within 30 days of discharge from hospital - (*LOCAL DATA*)	New	Latest Baseline Year				See note >														Readmissions methodology not yet signed off
C3.3a	PROMS	PROMS: Hip Replacement	0.41	0.41							Due Nov 14											
C3.3b	PROMS	PROMS: Knee Replacement	0.34	0.34							Due Nov 14											
C3.3c	PROMS	PROMS: Groin Hernia	0.08	0.08							Due Nov 14											
C3.3d	PROMS	PROMS: Varicose Veins	*	Not Avail.							Due Nov 14											
C3.4	Emergency Admissions	Emergency admissions for children with lower respiratory tract infections (LRTIs)	New	79.36							Due Dec 14											
C3.4(L)	Emergency Admissions	Emergency admissions for children with lower respiratory tract infections (LRTIs) - (*LOCAL DATA*)	79.36	79.36							See note >											New local indicator introduced end July - awaiting locally sourced data, if available

2014-15: CCG Outcomes Indicator Set Scorecard - Trafford CCG

Performance Reporting Month: Aug-2014

Code	Measures	Indicator name	2013-14 Latest	Annual Target 2014-15	Year To Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments	
					Target	Actual	Period Used															
C3.5	Improving Recovery	People who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospital	Not Avail.	Latest Baseline Year				Due Dec 15														
C3.6	Improving Recovery	People who have had a stroke who receive thrombolysis following an acute stroke	Not Avail.	Latest Baseline Year				Due Dec 15														
C3.7	Improving Recovery	People who have had a stroke who are discharged from hospital with a joint health and social care plan	Not Avail.	Latest Baseline Year				Due Dec 15														
C3.8	Improving Recovery	People who have had a stroke who receive a follow up assessment between 4-8 months after initial admission	Not Avail.	Latest Baseline Year				Due Dec 15														
C3.9	Improving Recovery	Patients who have had an acute stroke who spend 90% or more of their stay on a stroke unit	New	80.0%				Due Dec 15														
C4.1	Patient Experience of Primary Care	Patient experience of GP out-of-hours services	New	TBC				Due Sep 15														
C4.2	Patient Experience of Hospital Care	Patient experience of hospital care	New	TBC				Due Sep 15														
C4.4	Patient Experience of Outpatient Care	Patient experience of outpatient services	Not Avail.	TBC				See note >														NB N3C are still working with the survey co-ordinator to agree the spec for the measures & necessary data sharing agreements
C4.5	Patient Experience of Inpatient's Personal Needs	Responsiveness to inpatients' personal needs	Not Avail.	TBC				Due Sep 15														
C4.6	Patient Experience of A&E Services	Patient experience of accident and emergency (A&E) services	7.30	TBC				Due Mar 16														
C4.7	Patient Experience of Maternity Services	Women's experience of maternity services	Not Avail.	TBC				See note >														NB N3C are still working with the survey co-ordinator to agree the spec for the measures & necessary data sharing
C4.8	Patient Experience of Community Mental Health Services	Patient experience of community mental health services	Not Avail.	TBC				See note >														NB N3C are still working with the survey co-ordinator to agree the spec for the measures & necessary data sharing
C4.9	Patient experience at the end of their lives	Bereaved carers' views on the quality of care in the last three months of life	New	TBC				tbc														
C5.1	Avoidable Harm	Patient safety incidents reported	Not Avail.	Latest Baseline Year										Due Jun 15								Due Dec 15

2014-15: Full Set of KPIs Scorecard - UHSM

Performance Reporting Month: Aug-2014

Code	Indicator name	Detail	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
CB_A15a	HCAI	Overall Number of Cases of MRSA Bacteraemia - AVOIDABLE	0	0	0	YTD	0	0	0	0	0									Provisional assignment.
CB_A15b	HCAI	Overall Number of Cases of MRSA Bacteraemia - UNAVOIDABLE	0	0	1	YTD	0	0	0	0	1									Provisional assignment.
CB_A16a	HCAI	Number of Cases of C. Difficile Caused by Lapse in Care - NHS Patients	39	17	16	YTD	3	2	4	4	3									Provisional assignment.
CB_A16b	HCAI	Overall Number of Cases of C. Difficile - NHS Patients	See Note																	Targets not applicable. Provisional assignment.
CB_A16c	HCAI	Number of Cases of C. Difficile Caused by Lapse in Care - in Intermediate Care	4	1	1	YTD	0	0	1	0	0									Provisional assignment.
CB_A16d	HCAI	Number of Cases of C. Difficile - in Intermediate Care (UNAVOIDABLE)	TBC	0	3	YTD	0	0	1	0	2									Provisional assignment.
CB_B1	Referral to Treatment	The Percentage within 18 weeks for Completed Admitted RTT Pathways	90.0%	90.0%	91.2%	YTD	91.9%	91.7%	90.0%	91.3%	91.0%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Cardiology	90.0%	90.0%	81.7%	YTD	80.7%	81.0%	87.9%	80.9%	77.7%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - General Surgery	90.0%	90.0%	83.6%	YTD	83.3%	84.4%	80.5%	83.1%	87.7%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Trauma & Orthopaedics	90.0%	90.0%	81.0%	YTD	84.6%	79.6%	74.7%	81.3%	83.4%									
CB_B2	Referral to Treatment	The Percentage within 18 weeks for Completed Non-Admitted RTT Pathways	95.0%	95.0%	97.1%	YTD	97.2%	97.0%	97.5%	96.8%	96.9%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Gastroenterology	95.0%	95.0%	93.6%	YTD	86.6%	95.2%	95.2%	92.7%	97.2%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Thoracic Medicine	95.0%	95.0%	93.8%	YTD	92.9%	94.7%	94.6%	92.4%	94.0%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Trauma & Orthopaedics	95.0%	95.0%	93.0%	YTD	89.9%	90.8%	95.1%	93.2%	95.7%									
CB_B3	Referral to Treatment	The Percentage within 18 weeks for Incomplete RTT Pathways	92.0%	92.0%	95.2%	YTD	95.3%	95.1%	95.4%	95.0%	95.2%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Incomplete Pathways: SPECIALTY LEVEL - Cardiothoracic Surgery	92.0%	92.0%	91.8%	YTD	88.9%	89.0%	91.5%	94.7%	94.8%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Incomplete Pathways: SPECIALTY LEVEL - Trauma & Orthopaedics	92.0%	92.0%	91.1%	YTD	92.3%	90.6%	90.8%	91.5%	90.2%									
CB_S6c	Referral to Treatment	The Number of RTT Pathways > 52 weeks for Incomplete Pathways	0	0	0	YTD	0	0	0	0	0									
CB_S7a	Ambulance Handover Time	Ambulance Handover Delays of over 30 minutes - Wythenshawe Hosp	0	0	427	YTD	131	92	72	79	53									Change of Historic Performance due to a review of our methodology
CB_S7b	Ambulance Handover Time	Ambulance Handover Delays of over 1 hour - Wythenshawe Hosp	0	0	84	YTD	32	23	17	7	5									Change of Historic Performance due to a review of our methodology
NWA1	Ambulance	Compliance with Recording Patient Handover between Ambulance and A&E	95.0%	95.0%	82.9%	YTD	80.2%	83.0%	82.1%	83.6%	86.1%									Change of Historic Performance due to a review of our methodology
CB_B5	A&E Waiting Times	Percentage of Patients spending 4 hours or less in A&E	95.0%	95.0%	92.3%	YTD	90.2%	90.4%	91.3%	91.5%	92.3%									Monthly reported figure is YTD performance.
CB_S9	Trolley Waits in A&E	Number of Patients who have waited over 12 hours in A&E from Decision to Admit to Admission	0	0	0	YTD	0	0	0	0	0									
CB_S10	Cancelled Operations	Number of Urgent Operations Cancelled for a Second Time	0	0	0	YTD	0	0	0	0	0									
CB_B4	Diagnostic Test Waiting Times	The Percentage of Patients waiting 6 weeks or more for a Diagnostic Test (15 Key Diagnostic Tests)	1.0%	1.0%	1.4%	YTD	1.7%	0.7%	0.8%	0.7%	3.4%									
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - DEXA_SCAN	1.0%	1.0%	1.9%	YTD	1.0%	0.6%	7.1%	0.0%	0.0%									
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - PERIPHERAL_NEUROPHYS	1.0%	1.0%	17.3%	YTD	24.0%	6.0%	2.5%	8.7%	41.8%									
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - SLEEP_STUDIES	1.0%	1.0%	5.8%	YTD	9.5%	5.9%	0.0%	0.0%	6.3%									
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - URODYNAMICS	1.0%	1.0%	2.7%	YTD	6.7%	3.1%	3.3%	0.0%	0.0%									

2014-15: Full Set of KPIs Scorecard - UHSM

Performance Reporting Month: Aug-2014

Code	Indicator name	Detail	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - COLONOSCOPY	1.0%	1.0%	5.4%	YTD		4.8%	3.7%	0.0%	2.4%	12.7%								
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - FLEXI_SIGMOIDOSCOPY	1.0%	1.0%	2.0%	YTD		0.0%	0.0%	1.0%	2.0%	10.9%								
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - CYSTOSCOPY	1.0%	1.0%	8.6%	YTD		12.9%	4.7%	11.1%	0.0%	16.7%								
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - GASTROSCOPY	1.0%	1.0%	2.5%	YTD		3.1%	2.4%	0.9%	2.3%	3.7%								
CB_B17a	Mixed Sex Accommodation	MSA Breach Number	0	0	0	YTD		0	0	0	0	0								
CB_B6	Cancer 2 Week Waits	Percentage of Patients seen within two weeks of an urgent GP Referral for Suspected Cancer	93.0%	93.0%	96.6%	YTD		97.1%	97.1%	96.2%	96.2%									
CB_B7	Cancer 2 Week Waits	Percentage of Patients urgently referred for Evaluation/Investigation of "Breast Symptoms" seen within 14 days	93.0%	93.0%	97.5%	YTD		99.4%	97.6%	96.9%	96.2%									
CB_B8	Cancer 31 Day Waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 31 days of a Cancer Diagnosis	96.0%	96.0%	98.4%	YTD		99.5%	98.6%	98.0%	97.7%									
CB_B9	Cancer 31 Day Waits	Percentage of Patients Receiving Subsequent Surgery within a maximum Waiting Time of 31 Days	94.0%	94.0%	97.8%	YTD		98.0%	100.0%	100.0%	93.3%									
CB_B10	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Anti-Cancer Drug Regimen within a maximum Waiting Time of 31 Days	98.0%	98.0%	100.0%	YTD		100.0%	100.0%	100.0%	100.0%									
CB_B11	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Radiotherapy Treatment within a maximum Waiting Time of 31	94.0%																	
CB_B12	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of an Urgent GP Referral for Suspected	85.0%	85.0%	85.2%	YTD		85.8%	90.4%	82.3%	82.3%									
CB_B13	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of Referral from an NHS Cancer Screening	90.0%	90.0%	99.6%	YTD		98.5%	100.0%	100.0%	100.0%									
CB_B14	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of a Consultant Decision to Upgrade	85.0%	85.0%	83.1%	YTD		90.5%	86.0%	84.4%	73.7%									
CB_B18	Cancelled Operations	Number of Patients not offered another Binding Date within 28 days of a Cancelled Operation	0	0	1	YTD				1										1 patient out of 191 has breached
D05	Complaints	% of complaints responded to within timescale agreed at the outset upon receipt of the complaint with the complainant ("the response	90.0%	90.0%	89.4%	YTD		89.7%	83.7%	82.0%	97.9%	95.1%								
No Ref01	VTE	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE	95.0%	95.0%	95.2%	YTD		95.1%	95.2%	95.2%	95.2%	95.2%								
LTC2	LTCs	Screening of patients with LTCs for anxiety/depression - COPD patients	B/Line Yr		45.8%	YTD		44.4%	40.3%	50.0%	36.1%	78.6%								
LTC3	LTCs	Self Care for Patients with LTCs - COPD patients	B/Line Yr		100.0%	YTD		100.0%	100.0%	100.0%	100.0%	100.0%								
RHB1	Readmissions	Readmissions within 28 days - COPD patients	B/Line Yr		11.7%	YTD		9.1%	15.0%	12.5%	11.1%	10.7%								Issue discussed re significant time-lag before these figures can be considered
RHB3	Readmissions	No Admissions to hospital within 91 days of Referral - COPD patients	B/Line Yr		2.4%	YTD		0.0%	0.0%	12.5%	0.0%	0.0%								UHSM raised and discussed issues with Zoe Mellon
EXP2	Community Appointments	Wait from Referral to First community Assessment - 2 patient cohorts	B/Line Yr		3.20	YTD		3.10	3.10	3.50	See comme									Physio Clinic has ceased. As a result we are identifying a new specialty to include in its
STP1	Community: DNA	% Did not attend (DNA) rate for all clinic based appointments - 2 patient cohorts	B/Line Yr		28.5%	YTD		25.4%	25.0%	33.6%	See comme									Physio Clinic has ceased. As a result we are identifying a new specialty to include in its
STP2	Community: CNA	% Could not access (CNA) rate for all home based visits - 2 patient cohorts	B/Line Yr		2.8%	YTD		2.6%	3.0%	2.8%	See comme									Physio Clinic has ceased. As a result we are identifying a new specialty to include in its
GM05	Discharge Summaries	Discharge Letters are to be received by the patients GP within 24 hours of discharge (via GM ECC)	100.0%																	
GM06	Stroke	Quality stroke care - patients who spend at least 90% of their inpatient stay on a stroke unit	80.0%	80.0%	72.9%	YTD		85.7%	54.3%	90.5%	78.6%	69.4%								
GM07	Stroke	Quality stroke care - proportion of patients arriving in a designated stroke bed within 4 hours of arrival	60.0%	60.0%	66.7%	YTD		75.0%	44.4%	90.9%	87.5%	66.7%								
GM08	Stroke	Quality stroke care - proportion of high risk TIA cases investigated and treated within 24 hours	60.0%	60.0%	71.1%	YTD		100.0%	90.0%	60.7%	71.4%	57.9%								
GM09a	Maternity	% Women who have seen a midwife or a maternity healthcare professional by 12 weeks and 6 days of pregnancy	90.0%	90.0%	93.4%	YTD		94.5%	95.6%	93.4%	90.2%	93.5%								

2014-15: Full Set of KPIs Scorecard - UHSM

Performance Reporting Month: Aug-2014

Code	Indicator name	Detail	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments		
				Target	Actual	Period Used																
GM13	Pharmacy	All patients on wards with daily pharmacy visit should have medicines reconciled by a pharmacist within 24 hours of admission	70.0%	70.0%					74.9%													
GM14	Pharmacy	All patients on wards with daily pharmacy visit should have medicines reconciled by a pharmacist within 48 hours of admission	75.0%	75.0%					96.5%													
D06	Complaints	% of complaints acknowledged in 3 working days of the day following receipt of the complaint	90.0%	90.0%	90.2%	YTD			90.2%													
D07	Complaints	% of complaints where, following investigation, an action plan has been put in place, acted upon, completed within an agreed	90.0%		na	YTD			na													
D09	Delayed Transfers	Delayed transfers of care (lost bed days/nights) to be kept to a minimum level - NHS Only	TBC		2,048	YTD		334	343	381	530	460										
D02	Pharmacy	Evidence of a strategy to bring arrangements for homecare medicines in line with nationally agreed best practice	Y																			Awaiting further clarification from the CCG/CSU
D03	Pharmacy	Continue to improve compliance with provision of shared care protocols for amber drugs (amber drugs as defined in the GMMMG																				Awaiting further clarification from the CCG/CSU
No Ref02	Formulary	Formulary published	Y		G	YTD																
No Ref03	Duty of Candour	Duty of Candour	0	0	0	YTD		0	0	0	0	0										
No Ref04	NHS Number	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	99.0%	99.0%	99.8%	YTD		99.8%	99.8%	99.8%	99.8%	99.8%										
No Ref05	NHS Number	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS	95.0%	95.0%	98.0%	YTD		98.1%	98.2%	98.0%	98.0%	97.8%										
E02	Choose & Book	Slot Issues																				Available via the Choose & Book website. CCGs to retrieve themselves.
E09	UM Review	Perfect Week																				Review complete. Awaiting final report.
E10	UM Review	Ward Based Point Prevalence																				Review complete. Awaiting final report.

2014-15: Full Set of KPIs Scorecard - CMFT

Performance Reporting Month: Aug-2014

Code	Indicator name	Detail	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments	
				Target	Actual	Period Used															
CB_A15a	HCAI	Overall Number of Cases of MRSA Bacteraemia - AVOIDABLE	0	0	2	YTD		1	0	1	0	0									Apr = Oldham CCG; May = Ctrl Mcr CCG; May = T&G CCG. Provisional assignment.
CB_A15b	HCAI	Overall Number of Cases of MRSA Bacteraemia - UNAVOIDABLE	0	0	1	YTD		0	1	0	0	0									Provisional assignment.
CB_A16a	HCAI	Number of Cases of C. Difficile Caused by Lapse in Care - NHS Patients	66	28	3	YTD		0	0	1	2	0									Provisional assignment.
CB_A16b	HCAI	Overall Number of Cases of C. Difficile - NHS Patients	See Note		38	YTD		6	8	4	7	13									Targets not applicable. Provisional assignment.
CB_B1	Referral to Treatment	The Percentage within 18 weeks for Completed Admitted RTT Pathways	90.0%	90.0%	90.6%	YTD		91.0%	90.7%	90.9%	90.2%	90.0%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Admitted Adjusted Pathways: SPECIALTY LEVEL - Other	90.0%	90.0%	84.8%	YTD		86.7%	86.3%	84.1%	84.4%	81.8%									
CB_B2	Referral to Treatment	The Percentage within 18 weeks for Completed Non-Admitted RTT Pathways	95.0%	95.0%	95.9%	YTD		95.3%	95.8%	96.4%	95.9%	95.9%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Non-admitted Pathways: SPECIALTY LEVEL - Other	95.0%	95.0%	92.8%	YTD		91.0%	92.9%	93.8%	93.5%	93.0%									
CB_B3	Referral to Treatment	The Percentage within 18 weeks for Incomplete RTT Pathways	92.0%	92.0%	92.0%	YTD		92.5%	93.1%	92.8%	92.1%	92.0%									
SPECIALTY LEVEL >>>	RTT - SPECIALTY LEVEL >>>	- Incomplete Pathways: SPECIALTY LEVEL - Other	92.0%	92.0%	89.8%	YTD		90.0%	90.7%	90.3%	89.2%	88.8%									
CB_S6c	Referral to Treatment	The Number of RTT Pathways > 52 weeks for Incomplete Pathways	0	0	0	YTD		0	0	0	0	0									
CB_S7a	Ambulance Handover Time	Ambulance Handover Delays of over 30 minutes - MRI	0	0	584	YTD		152	159	45	94	134									
CB_S7b	Ambulance Handover Time	Ambulance Handover Delays of over 1 hour - MRI	0	0	118	YTD		47	37	3	14	17									
CB_S7a	Ambulance Handover Time	Ambulance Handover Delays of over 30 minutes - TGH	0	0	1	YTD		0	1	0	0	0									
CB_S7b	Ambulance Handover Time	Ambulance Handover Delays of over 1 hour - TGH	0	0	0	YTD		0	0	0	0	0									
NWA1	Ambulance	Compliance with Recording Patient Handover between Ambulance and A&E	95.0%	95.0%	80.8%	YTD		80.6%	80.1%	80.5%	79.9%	82.9%									
CB_B5	A&E Waiting Times	Percentage of Patients spending 4 hours or less in A&E	95.0%	95.0%	95.6%	YTD		93.3%	93.8%	95.3%	95.6%	95.6%									Monthly reported figure is YTD performance.
CB_S9	Trolley Waits in A&E	Number of Patients who have waited over 12 hours in A&E from Decision to Admit to Admission	0	0	0	YTD		0	0	0	0	0									
CB_S10	Cancelled Operations	Number of Urgent Operations Cancelled for a Second Time	0	0	0	YTD		0	0	0	0	0									
CB_B4	Diagnostic Test Waiting Times	The Percentage of Patients waiting 6 weeks or more for a Diagnostic Test (15 Key Diagnostic Tests)	1.0%	1.0%	2.3%	YTD		2.6%	3.1%	1.9%	2.1%	1.9%									
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - MRI	1.0%	1.0%	3.3%	YTD		4.7%	5.2%	2.6%	2.6%	1.0%									Published data
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - ELECTROPHYSIOLOGY	1.0%	1.0%	62.5%	YTD		100.0%	50.0%	100.0%	50.0%	0.0%									Published data
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - SLEEP_STUDIES	1.0%	1.0%	1.9%	YTD		1.6%	1.1%	1.5%	2.7%	2.2%									Published data
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - URODYNAMICS	1.0%	1.0%	11.0%	YTD		0.0%	6.7%	7.1%	14.3%	29.4%									Published data
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - COLONOSCOPY	1.0%	1.0%	19.7%	YTD		8.9%	16.0%	26.5%	19.7%	34.4%									Published data
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - FLEXI_SIGMOIDOSCOPY	1.0%	1.0%	1.1%	YTD		0.7%	0.0%	1.7%	0.7%	2.8%									Published data
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - CYSTOSCOPY	1.0%	1.0%	13.2%	YTD		16.7%	15.0%	7.3%	12.5%	13.9%									Published data
Diagnostic Test Name	Diagnostic Test Name >>>	Diagnostic test waiting times - GASTROSCOPY	1.0%	1.0%	13.8%	YTD		15.3%	17.1%	12.0%	9.8%	15.3%									Published data
CB_B17a	Mixed Sex Accommodation	MSA Breach Number	0	0	0	YTD		0	0	0	0	0									

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Performance Reporting Month: Aug-2014

Code	Indicator name	Detail	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments	
				Target	Actual	Period Used															
CB_B6	Cancer 2 Week Waits	Percentage of Patients seen within two weeks of an urgent GP Referral for Suspected Cancer	93.0%	93.0%	95.0%	YTD		94.3%	94.8%	94.5%	96.3%										
CB_B8	Cancer 31 Day Waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 31 days of a Cancer Diagnosis	96.0%	96.0%	97.5%	YTD		97.5%	96.3%	97.1%	98.9%										
CB_B9	Cancer 31 Day Waits	Percentage of Patients Receiving Subsequent Surgery within a maximum Waiting Time of 31 Days	94.0%	94.0%	98.2%	YTD		94.4%	100.0%	100.0%	100.0%										
CB_B10	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Anti-Cancer Drug Regimen within a maximum Waiting Time of 31 Days	98.0%	98.0%	100.0%	YTD		100.0%	n/a	100.0%	100.0%										No activity reported for May14
CB_B11	Cancer 31 Day Waits	Percentage of Patients Receiving a Subsequent/Adjuvant Radiotherapy Treatment within a maximum Waiting Time of 31	94.0%																		No activity reported to date
CB_B12	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of an Urgent GP Referral for Suspected	85.0%	85.0%	80.7%	YTD		85.9%	69.3%	77.3%	89.1%										
CB_B13	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of Referral from an NHS Cancer Screening	90.0%	90.0%	80.0%	YTD		66.7%	66.7%	100.0%	100.0%										
CB_B14	Cancer 62 day waits	Percentage of Patients Receiving First Definitive Treatment for Cancer within 62 Days of a Consultant Decision to Upgrade	85.0%	85.0%	92.3%	YTD		93.8%	87.5%	94.3%											
CB_B18	Cancelled Operations	Number of Patients not offered another Binding Date within 28 days of a Cancelled Operation	0	0	1	YTD		0	1	0	0	0									May14 = 1 Breach
D05	Complaints	% of complaints responded to within timescale agreed at the outset upon receipt of the complaint with the complainant ("the response	90.0%																		
No Ref01	VTE	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE	95.0%	95.0%	95.9%	YTD		95.8%	96.0%	96.2%	95.8%	95.9%									
RHB1	Readmissions	Readmissions within 28 days - Stroke patients	B/Line Yr																		
RHB3	Readmissions	No Admissions to hospital within 91 days of Referral - COPD patients	B/Line Yr																		
EXP2	Community Appointments	Wait from Referral to First community Assessment - COPD & Physiotherapy Patients	B/Line Yr																		
STP1	Community: DNA	% Did not attend (DNA) rate for all clinic based appointments - COPD & Physiotherapy Patients	B/Line Yr																		COPD patients seen in Gen Med clinic- unable to split out for this measure
STP2	Community: CNA	% Could not access (CNA) rate for all home based visits - COPD & Physiotherapy Patients	B/Line Yr																		COPD patients seen in Gen Med clinic- unable to split out for this measure
GM05	Discharge Summaries	Discharge Letters are to be received by the patients GP within 24 hours of discharge (via GM ECC)	100.0%																		
GM06	Stroke	Quality stroke care - patients who spend at least 90% of their inpatient stay on a stroke unit	80.0%	80.0%	74.3%	YTD		65.2%	79.3%	72.7%	75.0%	78.3%									
GM07	Stroke	Quality stroke care - proportion of patients arriving in a designated stroke bed within 4 hours of arrival	60.0%	60.0%	38.6%	YTD		28.6%	37.5%	35.7%	28.6%	83.3%									
GM08	Stroke	Quality stroke care - proportion of high risk TIA cases investigated and treated within 24 hours	60.0%	60.0%	62.5%	YTD		66.7%	66.7%	100.0%	0.0%	75.0%									
GM09a	Maternity	% Women who have seen a midwife or a maternity healthcare professional by 12 weeks and 6 days of pregnancy	90.0%	90.0%	78.0%	YTD		76.5%	77.7%	77.3%	79.1%	79.1%									
GM09b	Maternity	% Women (who present within 12 weeks) who have seen a midwife or a maternity healthcare professional by 12 weeks and 6 days of	90.0%	90.0%	96.4%	YTD		95.2%	95.5%	97.3%	97.3%	96.2%									
GM13	Pharmacy	All patients on wards with daily pharmacy visit should have medicines reconciled by a pharmacist within 24 hours of admission	95.0%	95.0%	65.4%	YTD				65.4%											
D06	Complaints	% of complaints acknowledged in 3 working days of the day following receipt of the complaint	90.0%																		
D07	Complaints	% of complaints where, following investigation, an action plan has been put in place, acted upon, completed within an agreed	90.0%																		
D09	Delayed Transfers	Delayed transfers of care (lost bed days/nights) to be kept to a minimum level - NHS Only	TBC		853	YTD		122	113	179	131	308									
No Ref02	Formulary	Formulary published	Y		G	YTD															
No Ref03	Duty of Candour	Duty of Candour	0	0	0	YTD		0	0	0	0	0									
No Ref04	NHS Number	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS	99.0%																		

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Code	Indicator name	Detail	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments	
				Target	Actual	Period Used															
No Ref05	NHS Number	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS	95.0%																		
E02	Choose & Book	Slot Issues			20.4%	YTD		16.8%	16.6%	19.4%	25.7%	23.4%									
E09	UM Review	Zero Day Length of Stay Review: Adults																			Review complete. Awaiting final report.
E10	UM Review	Zero Day Length of Stay Review: Children																			Review complete. Awaiting final report.

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Performance Reporting Month: Sep-2014

Code	Indicator name	Detail	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
CB_B2	Referral to Treatment	The Percentage within 18 weeks for Completed Non-Admitted RTT Pathways	95.0%	95.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
CB_B3	Referral to Treatment	The Percentage within 18 weeks for Incomplete RTT Pathways	92.0%	92.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
CB_S6c	Referral to Treatment	The Number of RTT Pathways > 52 weeks for Incomplete Pathways	0	0			0	0	0	0	0	0								
H03	Complaints	% of complaints responded to within timescale agreed at the outset upon receipt of the complaint with the complainant ("the response	90.0%	90.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
H04	Complaints	% of complaints acknowledged in 3 working days of the day following receipt of the complaint	90.0%	90.0%					100.0%			100.0%								
H05	Complaints	% of complaints where, following investigation, an action plan has been put in place, acted upon, completed within an agreed	90.0%	90.0%					100.0%			100.0%								
No Ref02	Formulary	Failure to publish Formulary	Yes																	
No Ref03	Duty of Candour	Duty of Candour	0	0			0	0	0	0	0	0								
AS49	Overarching	KPI Compliance	80.0%	80.0%			88.9%	88.9%	100.0%	81.8%	73.0%	64.0%								
UE15	Overarching KPI (Funded Urgent, IV & Enhanced	Quality - Proportion of patients on an active Urgent, IV and Enhanced Care Service caseload whose non-elective admission is	90.0%	90.0%			89.0%	89.0%	100.0%	82.0%	73.0%	64.0%								
RHB4	Venous Leg ulcers Healing	The percentage of venous leg ulcer wounds that have healed at 24 weeks from the start of treatment.	70.0%	70.0%			90.9%	95.0%	93.8%	78.6%	N/A	94.0%								
GM03	Children & Families	% Breastfeeding status recorded	95.0%	95.0%					96.7%			96.0%								
GM04	Children & Families	% Fully or partially breastfed	54.0%	54.0%					54.4%			55.0%								
GM08	Health Visitors	Number HVs (WTE)	51	51			52	51	50	51	50	50								
GM09	Harm free Care	Number of Grade 2> pressure ulcer	TBC				7	11	10	10	12	6								(Rate per 1000)
GM15	Dementia	% Dementia case notes with carer views	93.0%	93.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
GM16	Children & Families	% Given advice re Healthy vitamin supplementation	80.0%	80.0%					82.0%			80.0%								
GM30	Children & Families	% New mothers with an assessment postnatal depression	95.0%	95.0%			90.0%	96.0%	93.0%	91.0%	93.0%	94.0%								
GM32	Children & Families	% Looked after children 0-5 yr with twice yearly assessments	90.0%	90.0%					92.9%			94.0%								
GM33	Children & Families	% Looked after children 5 yr+ with annual assessments	90.0%	90.0%					97.5%			96.0%								
GM11 - T	Training	% eligible staff completing mandatory adult protection training	95.0%	90.0%					91.7%			96.0%								
GM12-T	Training	% eligible staff completing domestic abuse training	90.0%	90.0%					86.4%			76.0%								
GM13-T	Training	% eligible staff completing mandatory infection control training	90.0%	90.0%					56.4%			93.0%								
GM14-T	Training	% eligible staff completing basic level dementia awareness training	90.0%	90.0%					67.7%			61.0%								
GM29-T	Training	% eligible staff receiving health promotion training	90.0%	90.0%					91.5%			90.0%								
GM34-T	Training	% eligible staff completing mandatory child protection training	90.0%	90.0%					89.3%			84.0%								
GM27	Making every contact count	% Adults / children assessed for nutritional requirements	65.0%																	
AS01	CNRT	Patients whose first treatment appointment is within 6 weeks for routine patients from referrals	90.0%	90.0%			73.0%	86.0%	90.0%	88.0%	87.0%	89.0%								
AS02	CNRT	Urgent referrals whose first treatment appointment is within 2 weeks for from receipt of referral	90.0%	90.0%			100.0%	78.6%	94.4%	100.0%	83.0%	95.0%								

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Code	Indicator name	Detail	Target 2014-15	Year to Date Performance			2014-15	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Comments
				Target	Actual	Period Used														
AS03	CNRT	Patients for whom reason for referral is captured	80.0%	80.0%			97.3%	94.3%	92.1%	97.0%	89.0%	98.0%								
AS04	Community Rehabilitation	Patients whose first contact with a therapist is within 1 working day for urgent referrals	80.0%	80.0%			96.8%	96.0%	98.4%	98.4%	100.0%	96.0%								
AS05	Community Rehabilitation	Patients whose first contact with a therapist is within 10 working day for routine referrals	80.0%	80.0%			68.4%	79.8%	73.2%	79.0%	82.0%	82.0%								
AS06	Community Rehabilitation	Patients for whom the reason for referral is captured	80.0%	80.0%			98.6%	98.6%	96.9%	98.3%	97.0%	95.0%								
AS07	Continenence	Urgent patients whose first attendance is within 10 working days from receipt of referral	80.0%	80.0%			91.7%	100.0%	100.0%	100.0%	NA	100.0%								
AS08	Continenence	Reason for referral including main diagnosis is capture	80.0%	80.0%			97.2%	94.8%	96.0%	97.0%	97.0%	96.0%								
AS10	District Nurse	Patients whose first contact is within 3 working days for routine and non-urgent patients from referral excluding those with a specified	80.0%	80.0%			80.4%	81.1%	76.5%	79.0%	77.0%	75.0%								
AS11	District Nurse	Reason for referral including main diagnosis is captured	80.0%	80.0%			94.1%	96.9%	96.0%	97.0%	95.0%	98.0%								
AS12	Ear Care	Patients whose first appointment is within 2 weeks of referral	95.0%	95.0%			68.1%	70.7%	48.1%	46.9%	68.0%	51.0%								
AS13	Ear Care	Percentage of patients for whom the intervention is captured	90.0%	90.0%			81.0%	94.0%	91.0%	89.0%	93.0%	92.0%								
AS14	Ear Care	Percentage of GP practices that access the service	80.0%	80.0%			94.0%	97.0%	97.0%	97.0%	97.0%	97.0%								
AS15	MSK	Patients whose first attendance is within 18 weeks from referral	100.0%	100.0%			98.4%	99.2%	100.0%	100.0%	99.0%	100.0%								
AS16	MSK	Patients for whom the reason for referral is captured- body part	80.0%	80.0%			95.5%	96.0%	96.2%	95.8%	96.0%	95.0%								
AS17	Nutrition & Dietetics	Patients whose first attendance is within 6 weeks from receipt of referral	80.0%	80.0%			82.1%	77.1%	83.9%	72.7%	68.0%	66.0%								
AS18	Nutrition & Dietetics	Patients for whom the reason for referral is captured	80.0%	80.0%			97.0%	91.2%	94.1%	96.9%	98.0%	92.0%								
AS19	Nutrition & Dietetics	Percentage of GP practices that access the service	80.0%	80.0%			94.4%	97.2%	97.2%	97.2%	97.2%	97.0%								
AS20	OSRC	Assessment is within 7 days for urgent appointments	80.0%	80.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
AS21	OSRC	Assessment is within 56 days for routine appointments	80.0%	80.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
AS24	OSRC	Patients who receive their equipment within 7 days for community referrals	90.0%	90.0%			98.1%	97.9%	99.3%	98.1%	99.0%	98.0%								
AS25	Phlebotomy	Patients for whom category is allocated (HV, anti-coag, primary care) including clinic contacts	90.0%	90.0%			99.1%	99.3%	98.1%	98.0%	97.0%	93.0%								
AS26	Pulmonary Rehabilitation	Patients whose first attendance at a course is within 8 weeks from referral	90.0%	90.0%			0.0%	0.0%	0.0%	3.8%	8.0%	0.0%								
AS27	Pulmonary Rehabilitation	Patients for whom the type of attendance (group vs. 1:1 vs. telephone) contact is captured	90.0%	90.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
AS28	Pulmonary Rehabilitation	Patients who complete 80% of the course	70.0%	70.0%			57.0%	100.0%	62.0%	29.0%	53.0%	43.0%								
AS29	SPC Services	Patients whose first contact is within 3 days for specialist palliative care nurses from receipt of referral	80.0%	80.0%			40.0%	85.0%	78.0%	54.0%	63.0%	62.0%								
AS30	SPC Services	Patients for whom the reason for referral is captured	90.0%	90.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
AS31	SWMS	Referrals acknowledged and processed within 3 working days of referral receipt	95.0%	95.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
AS32	SWMS	Individuals to be offered a programme of intervention within 4 weeks of referral.	90.0%	90.0%			100.0%	95.7%	100.0%	100.0%	93.0%	94.0%								
AS35	SWMS	Clients have an initial weight, blood pressure and BMI recorded	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
AS36	SWMS	Clients completing the programme having weight, blood pressure and BMI recorded	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								

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				Target	Actual	Period Used														
AS37	SWMS	Clients that have co-morbidity & drug therapy status (where appropriate) recorded pre & post treatment	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
AS41	SWMS	Patients who drop out of the service following the start of the lifestyle programme	60.0%	60.0%			20.0%	20.0%	16.7%	0.0%	0.0%	20.0%								
AS42	Tissue Viability	% patients assessed within 25 working days from receipt of referral	90.0%	90.0%			83.3%	100.0%	100.0%	72.2%	80.0%	87.0%								
AS43	Tissue Viability	% GP practices that access the service	80.0%	80.0%			25.0%	50.0%	58.3%	66.7%	75.0%	78.0%								
AS44	SALT Adults	Patients for whom the reason for referral is captured	90.0%	90.0%			92.5%	96.0%	100.0%	96.0%	95.0%	98.0%								
AS46	SALT Adults	First assessment is completed within 1 week for routine dysphagia	90.0%	90.0%			25.9%	60.6%	62.1%	82.5%	71.0%	77.0%								
UE16	Heart Failure	Routine patients whose first attendance is within 28 days from referral	80.0%	80.0%			100.0%	68.8%	97.1%	85.0%	71.0%	50.0%								
UE17	Heart Failure	Urgent patients whose first attendance is within 7 days from referral	80.0%	80.0%			NA	NA	100.0%	NA	NA	0.0%								
UE18	Heart Failure	Patients for whom the intervention is captured (titration of drugs, education, care planning)	90.0%	90.0%			100.0%	94.0%	100.0%	93.9%	81.0%	95.0%								
UE19	Heart Failure	Percentage of GP practices that access the service	80.0%	80.0%			36.1%	55.6%	72.2%	72.2%	78.0%	83.0%								
CY01	CAHMS	First contact with CAMHS worker is within the same working day for emergency self harm referrals	90.0%	90.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
CY02	CAHMS	Contact with CAMHS worker is within 9 days for urgent referrals/self harm follow ups	90.0%	90.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
CY03	CAHMS	All referrals of looked after children scoring 18 pts or more on SDQ are dealt with appropriately by a CAMHS worker.	100.0%	100.0%					100.0%			100.0%								
CY04	CCNT	% referrals to CCNT during operational hours responded to and action taken within 2 hrs by CCNT via telephone or home visit	85.0%	85.0%			88.8%	93.3%	81.8%	96.1%	88.0%	99.0%								
CY05	Community Paediatric Medical	Timely medical assessments for SEN within 42 days of receipt of referral	90.0%	90.0%			50.0%	100.0%	100.0%	93.0%	100.0%	100.0%								
CY06	Community Paediatric Medical	Timely medical assessments within 1 working day of receipt of referral of children assessed as Section 47	90.0%	90.0%			100.0%	83.3%	100.0%	100.0%	100.0%	100.0%								
CY07	Community Paediatric Medical	Timely medical assessments of looked after children within 28 days of receipt of referral	90.0%	90.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
CY08	Health Management	% data records inputted to relevant systems within 7 days of receipt	90.0%	90.0%			88.6%	91.1%	92.2%	94.2%	93.0%	88.0%								
CY09	Health Management	% records that are accurate on relevant systems	90.0%	90.0%			99.2%	99.2%	99.0%	98.9%	99.0%	99.0%								
CY10	Health Management	% child health system returns completed and submitted within required timescales.	100.0%	100.0%			NA	100.0%	100.0%	n/a	100.0%	100.0%								
CY11	Health Visiting	Children receiving primary birth visit within 14 days of birth	100.0%	100.0%					95.5%			96.0%								
CY12	Health Visiting	Children who by 32 months have been offered a 2 yr check as in HCP	100.0%	100.0%					93.0%			97.0%								
CY26	Safeguarding Health	% young offenders receiving an offer of a health assessment NB Deleted but will provide	80.0%	80.0%			100.0%	77.8%	100.0%		54.0%	81.0%								
CY27	School Nursing	% new contacts for self harm acknowledged within 2 working days	80.0%	80.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
CY28	School Nursing	Activity profile relating to children starting special school with complex /additional needs	B/Line Yr				Yes	Yes	Yes	Yes	NA	NA								
CY30	SALT Children	% referrals for children <6 months old with dysphagia whose initial assessment by a qualified therapist and management plan has	80.0%	80.0%			NA	0.0%	NA	NA	NA	NA								
CY14	Occupational Therapy	Patients for whom reason for referral is captured	80.0%	80.0%			90.6%	97.7%	92.7%	93.7%	98.0%	97.0%								
CY16	Occupational Therapy	Allocated equipment for 0-5 year olds is reviewed at 4 monthly intervals	95.0%	95.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								
CY17	Occupational Therapy	Allocated equipment for 5-11 yr olds is reviewed at 8 monthly intervals	95.0%	95.0%			71.4%	100.0%	100.0%	100.0%	100.0%	100.0%								

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				Target	Actual	Period Used															
CY18	Occupational Therapy	Allocated equipment for 11-16 yr olds is reviewed at annual intervals	95.0%	95.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%									
CY20	Orthoptics	% children offered an assessment /test in an orthoptic led visual screening programme by end of reception year	95.0%	95.0%			40.8%	53.1%	65.6%	78.0%	86.0%	91.0%									
CY21	Physiotherapy	Patients for whom the reason for referral is captured	80.0%	80.0%			90.6%	97.7%	92.7%	93.7%	98.0%	97.0%									
UE01	Urgent Care	Access - % of urgent patients whose referral is triaged and first contact is within 6 hours of the referral being received	90.0%	90.0%			91.1%	89.0%	92.0%	71.0%	78.0%	82.0%									
UE02	Urgent Care	Access - % of referrals of patients for cellulities related IV Therapy whose referral is triaged within 4 hours and first contact is within 1	90.0%	90.0%			100.0%	100.0%	100.0%	100.0%	100.0%	80.0%									
UE03	Urgent Care	Data - % of patients for whom the reason for referral is captured	90.0%	90.0%			100.0%	100.0%	98.3%	97.9%	98.0%	100.0%									
UE04	Urgent Care	Quality - % of patients for whom completion of full care regime and discharge plan from the service has occurred	80.0%	80.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%									
UE05	Urgent Care	Quality - % of GPs informed about the outcome of patients discharge from urgent care team and given case summary	90.0%	90.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%									
UE06	Enhanced Care (medically stable patients cared for	Access - % of non-urgent patients whose referral is triaged within 3 working days and first attendance is commenced within 10 working	90.0%	90.0%			87.5%	93.8%	91.5%	81.4%	76.0%	70.0%									
UE07	Enhanced Care (medically stable patients cared for	Data - %patients for whom the reason for referral is captured	90.0%	90.0%			100.0%	100.0%	98.4%	91.0%	90.0%	87.0%									
UE08	Enhanced Care (medically stable patients cared for	Quality - % of appropriate non-urgent patients on the enhanced care caseload who have an advanced care plan that identifies their	B/Line Yr				Due Nov 14														
UE09	Enhanced Care (medically stable patients cared for	Quality - %of patients on Enhanced Care Team caseload who die in their preferred place of care.	B/Line Yr				Due Nov 14														
UE10	Enhanced Care (medically stable patients cared for	Additional - % GPs informed about the outcome of inactive patients on the enhanced caseload and provided with a care summary.	90.0%	90.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%									
UE11	IV Therapy	Access - % of patients with long term IV needs whose first contact with the IV team in home setting is within 1 working day of hospital	B/Line Yr				100.0%	100.0%	100.0%	75.0%	83.0%	86.0%									
UE12	IV Therapy	Data - % of patients for whom the reason for IV Therapy is captured	B/Line Yr				100.0%	100.0%	92.3%	100.0%	100.0%	100.0%									
UE13	IV Therapy	Data - % of patients for whom completion of a patient satisfaction survey is completed and reviewed.	90.0%	90.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%									
UE14	IV Therapy	Audit - % of patients whose outcome of care has been evaluated at 72 hours using a tool that identifies achievement against predicted	90.0%				Due Nov 14														
IND-C1	Health Visitors	Number of mothers who received a first face to face antenatal contact with a Health Visitor.	B/Line Yr				Due Nov 14														
D04	New to Follow up Ratio	In Development	B/Line Yr				Due Nov 14														