



Integrated Performance Report

Southwark Health and Social Care

2006/07 Quarter 1

Integrated Performance Report: 2006/07 Quarter 1

1. Recommendations

1.1 That this report is noted.

2. Purpose of Report

2.1 This report sets out performance for the first Quarter of 2006/07 on the indicators contained within the integrated performance management framework of Southwark Primary Care Trust (PCT) and Social Care. Final outturn for 2005/06 is also shown, replacing some provisional figures reported at Quarter 4.

3. Overview of Performance at Quarter One 2006/07

3.1 The full indicator data set and traffic lights are set out in Table 1 page 9. A summary of key performance issues, focussing on areas that require focussed attention during 2006/07, is set out below.

3.2 Access and Waiting Times:

3.2.1 Primary Care Access – Southwark PCT reported 100% for both GP and Primary Care Professional (PCP) access in the first quarter of 2006/07. However, from July the PCAS survey has changed to include a third available appointment measure and is now conducted on randomised days for each practice. As will be detailed further in the Quarter 2 report this has had an adverse affect on performance. In July, GP access was reported at 97.5% and PCP access at 96.5% against a target of 100%. Advanced access performance has also declined. Work is currently underway with practices to tackle these issues.

3.2.2 Choose and Book (C&B) – The use of electronic booking is steadily increasing with nearly 3,000 referrals being made by the end of June 2006. To date, 35 out of 48 practices in Southwark have now all made at least one booking using Choose and Book. The picture reported here of 15% is the number of converted bookings made between April to June 2006, taken as a percentage of the number of GP written referrals made within those three months. Performance to date has been below trajectory with 18% of our referrals in June being made through C&B (target for June 06 was 25%). This is also below the performance of our SE London neighbours. The key target our GPs have to meet to retain the aspiration payment is to reach the minimum year-end standard of at least 50% of referrals through C&B from Sept 06 to Feb 07.

3.2.3 Cancer waits - For Quarter 1 the PCT met all three cancer waiting times targets. This represents a significant improvement on the two most challenging cancer waits. The 31 days target (from diagnosis to treatment) and the 62 day target (from urgent referral to treatment). Cancer waits are part of the NHS Operating Framework top six priorities for 2006/07. Maintaining this improved performance during the year will be a key priority. Finalised 2005/06 data confirms that the 62 day target was missed by a significant margin in Southwark (80.6% achieved) and as this is a key existing target this may impact on the overall 2005/06 PCT performance assessment by the Healthcare Commission.

- 3.2.4 In Quarter 1 there were 2 breaches of the 14 day target (from urgent referral to first appointment) due to administrative errors within Kings. The reasons for these breaches have been addressed. This target was routinely 100% achieved during 2005/06. However it is expected that the 2 breaches will be within allowable tolerances in performance assessment terms in 2006/07.
- 3.2.5 Inpatient waits – There have been no Southwark breaches of the 26 week inpatient standard reported for Quarter 1 06/07 at any of our providers. Progress towards the 20 week maximum wait by March 2007 is generally improving, down to 250 patients waiting over 20 weeks at the end of June 06. However, this was above the LDP trajectory for June of 114 patients. This is one of the interim milestones relating to the key target of an 18 week maximum wait from referral to treatment by 2008.
- 3.2.6 Outpatient waits – There was one breach of the 13 week outpatient standard reported in May 06. This was an ophthalmology patient at Moorfields, and was due to the delayed delivery of the referral to the trust's booking centre. Tighter monitoring and processing of referrals is going to be carried out by the trust as a result. Progress towards the interim target of an 11 week maximum wait by March 2007 is good, with 227 patients waiting over 11 weeks at the end of June. This is ahead of the LDP trajectory for June of 309 patients.
- 3.2.7 The total number of outpatient waiters fell by approximately 5% between May and June 06. This is a significant decrease on the waiting list at June 05, and there has been a decreasing trend in the number of outpatient waiters for the whole of the Quarter 1 06/07.
- 3.2.8 Diagnostic waits – Existing targets around MRI/CT scan waits have been met. A new line has been added to this report to monitor the progress towards all diagnostic procedures being undertaken within 13 weeks by March 2007 (another key interim milestone towards the 18 weeks target). At present 14% of patients wait in excess of this, down from 15% at the end of 2005/06, hence this will be an area of challenge in 2006/07.
- 3.2.9 GP referrals for Outpatient appointments – This is a new indicator added to the integrated performance report for 06/07, which is being closely monitored as part of our cost improvement programme. At the end of June 2006, there had been 10,053 written GP referrals made for outpatient appointments. With the LDP outturn target of 33,152 for 06/07 (based on a 20% reduction from the 05/06 outturn of 41,440), this means Southwark is currently above trajectory. Work is being undertaken within Practice Based Commissioning groups to monitor and decrease GP written referrals for the rest of the year, to try and achieve the required reduction.
- 3.2.10 A&E waiting time – Kings continue to achieve 98% on the 4-hour target, despite a 2% increase in attendances in Quarter 1 compared to last year. Guys have recorded more breaches, but for this target the PCT is only measured on Kings performance.
- 3.2.11 Delayed Discharges - Performance improved in the first quarter of 2006/07 and at 3.85 is well within the target level of 5 patients per week maximum.
- 3.2.12 Community equipment delivery times – Performance has continued to recover since the first half of 2005/06 when there were serious teething problems with the new provider. Whilst performance in Quarter 1 was much stronger at 81.2% it still needs to improve further to meet the 90% target level.

- 3.2.13 Waiting times for social care assessment – final data for 2005/06 was stronger than that initially reported. Lack of comprehensive system data resulted in a manual collation exercise to deliver comprehensive statutory performance returns. The results of this demonstrated good levels of performance. This data problem has not been fully resolved in Quarter 1 and this is the likely cause of the apparent drop in performance.
- 3.2.14 Direct payments – in quarter 1 the number of adult clients on direct payments increased to 133 (a population rate of 81). This is still well short of the step change which the DH are looking for in terms of increased take up of this model of care. However with sustained effort the internal target is still achievable (a rate of 100).
- 3.2.15 Substance misuse – patients sustained in treatment more than 12 week – The definition for this indicator (previously an area of poor performance) has been revised by the National Treatment Agency. Performance in Quarter 1 is very strong, with 73% sustained in treatment against a 2006/07 target of 69%. The separate target on total numbers in treatment is also on course to be achieved ahead of schedule.
- 3.2.16 Health of children looked after – At the end of June, 76.1% of looked after children were recorded as having up-to-date dental and health checks which is below the 06/07 target of 86%. This is expected to increase once the academic year begins and data lag is corrected prior to the submission of statutory return due at the end of September.
- 3.2.17 Rapid Access Chest Pain Clinic - The percentage of patients seen within timescales rose to 100% in Quarter 1, improving on the 7 breaches in quarter 4.
- 3.2.18 Ambulance waits – Only the 14 minute Category A call target was met in Quarter 1. The Category A calls meeting the 8 minute target and Category B calls meeting the 14 minute target were not met. Nationally there has been an increase in the number of calls made to the Ambulance Service, which may have had some effect on the decline in performance. As these are targets in the key “existing targets” scorecard of the PCT this may impact on the Annual Health Check assessment. The extent of this impact will become more apparent when the Healthcare Commission release 2005/06 ratings.
- 3.2.19 Clients receiving a review – Quarter 1 performance has declined to 57.85. This is believed to be due to system issues and incomplete information. This may lead to a requirement of a manual sample being undertaken. This is calculated on the basis of recorded packages and assessments only.

3.3 Public Health, Prevention And Community Support

- 3.3.1 Smoking cessation – In Quarter 1 there were 187 smoking quitters. This compares unfavourably with Quarter 1 of 2005/06 when there were 286 quitters. 2005/06 final outturn was slightly below the achievement of 2004/05 with 1077 quitters as compared to 1115, and significantly below our target of 3282. Alongside cancer waits this will be a key target failure in the Annual Health Check. There has for 2006/07 been a welcome relaxation of the target setting regime in this area and the target this year of 1356 is clearly more achievable. It is of vital importance in performance terms to achieve improvements towards this target.
- 3.3.2 GP recording of smoking status – *data problems relating to the interrogation software have caused this to be delayed. The baseline data may also need revisiting.*

- 3.3.3. GP recording of adult obesity - New data shows that the recording of obesity status by GPs is static and under target. The actual percentage of these patients classified as obese has increased slightly (to 25.3%) but is on target. Note: national and local childhood obesity baseline data should be available shortly, and LDP targets will be set in conjunction with the DH.
- 3.3.4. Smoking in pregnancy – The percentage of mothers known to be smokers at time of delivery has improved, with a reduction to 6.6%, compared to 7.0% for 2005/06. This is slightly above our 2006/07 LDP trajectory of 5.7%.
- 3.3.5. Breast Feeding – The percentage of mothers initiating breast feeding during Quarter 1 increased to 87.9%, compared to the 87.3% end of year figure. This is slightly below the 2006/07 LDP trajectory of 88.8%.
- 3.3.6. MMR (2 year olds) – There has been sustained quarter on quarter improvement for the last 18 months to achieve the current rate of 65.1%. This progress needs to be continued to bring Southwark into line with similar boroughs by the end of this year.
- 3.3.7. Cervical screening – Latest data at 70.68% reflects a 1.3% annual drop, from a poor baseline. This drop has been linked to methodology changes which have had a similar impact in other areas. However Southwark are currently the 2nd lowest in London and this will remain a key area of challenge.
- 3.3.8. Breast Screening – The latest annual figures also reflect a small drop on 2004 rates.
- 3.3.9. Flu immunisation – It has been confirmed that the final figure for the 2005 flu campaign, although significantly improved from 54% to 61.9%, was the lowest rate in London. Planning is advanced for the 2006 campaign and concerns about the under-ordering of vaccine at some practices is being investigated.
- 3.3.10. Diabetic retinopathy screening - There has been a slight increase in screening rates in Quarter 1 to 69.6%, compared with 67.7% for 2005/06. This remains below the 80% target for 2006/07. However this rate is not thought to make Southwark an outlier in performance terms. There is currently some debate as to the construction of this indicator. Queries have been raised with the Healthcare Commission about whether the denominator should refer to those eligible for screening rather than all diabetics, which would mean the target in Southwark would be more readily achievable.
- 3.3.11. Social Care Helped to live at home data – due to ongoing data completeness problems final data is not available and these indicators have been partially estimated. People with Physical Disabilities helped to live at home has declined slightly from 4.3 outturn in 2005/06 to 4.24 in Quarter 1. Similarly, people with Learning Disabilities helped to live at home has also slightly declined from 2.9 2005/06 outturn to 2.85. Older people helped to live at home has declined significantly to 105.45 in Quarter 1, compared to 114 at the end of 2005/06.
- 3.3.12. Mental Health Early Intervention (EI) services – due to national under achievement of targets PCTs have been given high priority one year recovery plans for 2006/07. In Southwark the June 06 trajectory was for 85 new cases of psychosis taken on by EI teams. This has been exceeded by 6 cases. The end of year target is 130 cases.

- 3.3.13 Mental health – CPA 7 day follow up – the % of patients followed up within 7 days dropped from 95% to 90.6% in Quarter 1. Although still within target this area will need monitoring closely for any long term downward trends.
- 3.3.14 Access to GUM clinics within 48 hours of contact - latest Health Protection Agency data for May (73%) confirms relatively strong performance against current trajectories. However two future changes will prove challenging. Firstly the target increases to 100% by March 2008. Secondly, the access target will measure appointments whereas current high performing services are walk-in only.
- 3.3.15 Number of community matrons and their caseload (high intensity users): Poor performance on these LDP targets in 2005/06 impacted significantly on the “new targets” scorecard of the Annual Health Check. The increase in staff from 3 to 6 in quarter 1 has improved the situation, but significant further growth is required to hit targets.
- 3.3.16 COPD - Performance in Quarter 1 2006/07 has been comparatively weak. In total 19 patients with COPD have completed the eight-week programme of pulmonary rehab. While this is substantially lower than the target of 150 for 2006/07, it is expected that uptake of the service will increase in 2006/07. The high temperatures in June led to a number of clinic cancellations which has reduced the number of completers. A re-launch of this service will be taking place to raise awareness with GPs.
- 3.3.17 Hypertension – There is currently no QMAS data available for 2006/07. An update of the hypertension indicators will be reported in Quarter 2.
- 3.4 **Outcome Measures:**
- 3.4.1 Emergency bed days - there remains lack of clarity about the construction of this indicator which is intended as a key measure of the impact of Long Term Conditions strategy. Recent analysis provided by the SHA suggesting a 30% increase during 2005/06 in Southwark is alarming and will be subject to a local validation exercise. Previous analysis locally suggested Southwark was broadly on target.
- 3.4.2 Emergency admissions through A&E – Quarter 1 data suggests a reduction in A&E admissions, particularly at Kings.
- 3.4.3 Emergency re-admissions within 28 days - have increased slightly to 6.1% which is broadly in line with the target level of 6%.
- 3.4.4 Number receiving Crisis Resolution services – final 2005/06 figures confirm the target was met and Quarter 1 is in line with trajectories.
- 3.4.5 Intensive homecare rates – full Quarter 1 data for intensive homecare as a percentage of all social care is not available but final 2005/06 performance was strong. The C28 PAF indicator Intensive Homecare remained stable in Quarter 1 at 28, compared to 28 final outturn for 2005/06.
- 3.4.6 Admission to care homes – the reduction trend seen in 2005/06 has continued in Quarter 1. Over 65 admission have reduced significantly to 37 though this is expected to rise in Quarter 2. Under 65 admissions have also reduced from 2.3 in 2005/06 to 1 in Quarter 1.

- 3.4.7 Adoptions – There have been a total of 8 Adoptions of looked after children in Quarter 1 which is a promising start to reach the target of 30 for the year and achieve the band 3 CSCI performance banding.
- 3.4.8 Educational attainment of looked after children (upon leaving care) - Performance has increased slightly to 45.2% looked after children leaving care with 1 or more GCSEs. This still remains significantly below target (60%). Longer-term improvements in this indicator will however flow from the much improved set of GCSE results in 2005 for children looked after, with around 60% achieving 1 or more GCSE. Provisional 2006 GCSE sit rates were also encouraging.
- 3.4.9 Employment, Education and Training status of Care Leavers - At Quarter 1, care leavers in employment, education or training was running at 92% of the rate for the overall Southwark population in this age group. Although slightly below 2005/6 outturn this is still good performance.
- 3.4.10 Duration on the child protection register – Major problems with this PI were reported in 2005/06 which impacted on the APA scorecard - but the latest data confirms that the position has been recovered in 2006/07.
- 3.4.11 Teenage pregnancy rates – the latest data issued by the national Teenage Pregnancy Unit relates to Jan-March 2005 and shows a slight reduction on the 2004 position. This still leaves Southwark with the highest rate nationally and well short of the trajectory needed to achieve 2008 targets. Local analysis based on hospital activity data suggests the rate will remain high during 2005 but may show improvement in 2006.
- 3.4.12 MRSA rates – a new infection control PI for this report, reflecting its inclusion in the NHS top 6 priorities for the current year. Previously it has been regarded as a hospital target but PCT lead commissioners are being encouraged to monitor it, hence the inclusion of Kings data in this report. Kings have been performing under trajectory for some time, although in June the rate was in line with target. However the Kings board report still rates it as a “red light” risk area. The PCT infection control lead is in discussion with Kings on this issue. (Note: Arguably more of a concern in terms of hospital acquired infection, although not a high level PI, are CDT rates which are 35% above target.)

4. Organisational factors:

- 4.1.1 Complaints - For Social Care the percentage of Stage One complaints completed to timescale has increased on 2005/06 although still remains low, at half of the target rate. In Quarter 1 the PCT saw a marked increase in the resolution of complaints within 20 days to 82%, and the total number of complaints received was lower in Quarter 1 than the 2005/06 average.
- 4.1.2 PCT workforce - The turnover rate for this quarter has reduced in comparison with the last three quarters and this time last year. The top 5 % women earners has significantly increased since the last quarter, with promotion and recruitment of more women into senior level jobs.
- 4.1.3 Social Care workforce – Now divided between adults and children’s services. Headcount has remained in the 1000 – 1100 range throughout 2005/06. Staff turnover remains comparatively low and healthy, largely because of low turnover in admin and support staff.

5 Ethnicity data

- 5.1 Performance on ethnic coding within GP surgeries has recently been identified as being very low - in March 2005 an overall average of only 22.4% of patients' ethnicity was recorded. Quarter 1 data shows this has improved to 39.6%. However, the sector target was that all surgeries would have achieved 75% by March 2005 and 95% by March 2006.

6. Service Improvement Reviews

- 6.1 Healthcare Commission Service Improvement Reviews assess a particular aspect of health care that is applied in every relevant organisation. It's aim is to encourage each organisation taking part to improve the quality of healthcare it provides to patients and the public.

Each organisation taking part is given an assessment score of Weak (1), Fair (2), Good (3) or Excellent (4) and this contributes to the overall Annual Health Check rating. In summary, to date Southwark PCT have achieved two Fairs and one Good rating. Service Improvement Reviews undertaken in 2005/06 are detailed below, along with comparative data where available. Improvement reviews expected in 2006/07 include Diabetes, Heart Failure and Race Equality.

Improvement Reviews Undertaken	Score	National PCT Scores
Tobacco Control	3	Weak =0% Fair =11.6% Good =54.1% Excellent =34.3%
Substance Misuse	2	Weak =1.3% Fair =71.1% Good =22.8% Excellent =4.7%
Adult Community Mental Health Services	2	Comparative data not yet available
Heart Failure (Results expected autumn 2006)	TBA	-
Services for Children In Hospital:		
Kings College Hospital NHS Trust	2	Weak =5% Fair =70% Good =21% Excellent =4%
Guy's And St Thomas' NHS Foundation Trust	3	
Lewisham Hospital NHS Trust	4	

Table 1: Summary table of indicators : Q1 2006/07

	INTEGRATED FRAMEWORK INDICATORS	2004/05 Result	2005/06 Result	2006/07 Qtr 1	2006/07 Target	Traffic Lights	Progress
	Access/Waiting Times						
1	Access to a GP (%)	100	100	100	100	GREEN	→
2	Access to a Primary Care Professional (%)	100	100	100	100	GREEN	→
3	Advanced Access to GPs (%)	79.2	100	100	100	GREEN	→
4	a) Choose and Book - preparation (% GPs with smart-cards)	N/A	91%	94.4%	Mar 07 100%	GREEN	↑
	b) early progress in roll-out (% referrals via Choose and Book)	N/A	3%	15%	Mar 07 90%	RED	↑
5	a) Elective patients waiting > 26 weeks (actual breaches)	182	2	0	0	GREEN	↑
	b) waiting > 20 weeks (actual)	367	123	250	Mar 07 0	AMBER	↓
6	a) Outpatients waiting > 13 weeks (actual breaches)	21	5	1	0	GREEN	↑
	b) waiting >11 weeks (actual)	1100 (8-13 weeks)	1120 (8-13 weeks)	178	Mar 07 0	AMBER	↑
7	Number of written referrals from GPs for OP appointments	36,596	41,440	10,053	33,152	RED	↑
8	Total time in A&E (% King's College Hospital)	98.5	98.52	98.46	98%	GREEN	→
9	a) Waiting times for MRI and CT scans >26 weeks	N/A	0	0	0	GREEN	→
	b) Waiting times for all diagnostic procedures >13 weeks	New 06/07	New 06/07	540	Mar 07 0	AMBER	
10	Delayed transfers of care (av .patients per week)	7.08	5.15	3.85	5	GREEN	↑
11	Community equipment delivery (% delivered within 7 days – integrated PI)	79/67	75	84.64	90	RED	↑
12	Waiting time for social care assessment (%)	71	81.8	54.05!	87.5	RED	↓
13	Waiting time for social care package less than 4 weeks (%)	78	88	93.9	95	AMBER	↑
14	Direct payments numbers (per 100,000 pop over 18)	55	78	81	100	AMBER	↑
15	a) Substance misuse – number in treatment (cumulative)	1,501	1,832	1,351	1,349	GREEN	↑
	b) Substance misuse – sustained in treatment >12 weeks (%)	18%	43%	73%	69%	GREEN	↑
16	Clients receiving a Social Care review (%)	66	67.7	57.85!	77.5	RED	↓
17	Health of children looked after (%)	84.3	81.2	76.1	86	AMBER	↓
18	Waiting times for cancer treatment a) two week wait (%) (referral to appt.)	100	100	99.7	100	GREEN	↓
	b) 31 day wait (%) (diagnosis to treatment)	95.6	99.3	100	98	GREEN	↑

	INTEGRATED FRAMEWORK INDICATORS	2004/05 Result	2005/06 Result	2006/07 Qtr 1	2006/07 Target	Traffic Lights	Progress
	c) 62 day wait (%) (referral to treatment)	76.1	80.6	100	95	GREEN	↑
19	a) Ambulance Services: Category A calls meeting 8 minute target (%)	76.5 Mar 05	78.2	71	75	AMBER	↓
	b) Ambulance Services: Category A calls meeting 14 minute target (%)	96 Mar 05	95.8	96.3	95	GREEN	↑
	c) Ambulance Services: Category B calls meeting 14/19 minute target (%)	81	73.4	80.2	95	RED	↑
20	Waiting time for Rapid Access Chest Pain Clinic (% to timescale)	92	94.4	100	100	GREEN	↑
Prevention and community support							
21	a) 15-75 yr olds on GP register with smoking status recorded in last 15 months (%)	75.5 est.	58.3	61.9	82	RED	↑
	b) Smokers of those with status recorded (%)	37 est.	39.6!	TBA	35	RED	
	c) 15-75 yr olds on GP register that has BMI recorded	36 est.	29.4	29.2	55	RED	↓
	d) 15-75yr olds with a BMI recorded that is 30 or more	25.4 est.	24.6	25.3	24.6	AMBER	↓
22	Four-week smoking quitters (clients, cumulative)	1115	1077	187	1356	RED	↓
23	Smoking in pregnancy rates (%)	7.5	7.0	6.6	5.7	AMBER	↑
24	Breast feeding initiation (%)	85	87.3	87.9	88.8	AMBER	↑
25	MMR Immunisation (%)	56.35	62.2	65.1	80	RED	↑
26	Cervical Screening (%)	72	70.68	TBA	80	RED	↓
27	Breast screening age 53 to 64 (%)	61.8 (2004)	61.2 (2005)	TBA	70	RED	↓
28	Flu Vaccinations (%) (Oct – Dec)	53.56	61.9%	N/A	70	RED	
29	Diabetic Retinopathy (cumulative %)	57.4	67.7	69.6	80	RED	↑
30	Child protection reviews (%)	100	100	100	100	GREEN	→
31	People with physical disabilities helped to live at home (per 1000)	4.5	4.3	4.24!	4.5	AMBER	↓
32	People with learning disabilities helped to live at home (per 1000)	2.23	2.9	2.85!	3.2	AMBER	↓
33	People with mental health problems helped to live at home (per 1000)	7.4	8.7	8.7!	8.86	AMBER	↑
34	Older People helped to live at home (per 1000)	131.9	114	105.45!	120	RED	↓
35	Mental Health - % on CPA with 7 day follow up after discharge	88	95	90.6	90.7	GREEN	↓
36	Mental Health - No. of people receiving early intervention services	New	72	91	85 (Jun 06)	GREEN	↑
37	% attending GUM service seen within 48 hours of contacting a service	63% (Nov 05)	72% (Feb 06)	73% (May 06)	75%	GREEN	↑

	INTEGRATED FRAMEWORK INDICATORS	2004/05 Result	2005/06 Result	2006/07 Qtr 1	2006/07 Target	Traffic Lights	Progress
38	Diabetic Retinopathy (cumulative %)	57.4	67.7	69.6	80	RED	↑
39	Number of community matrons	N/A	3	6	18	RED	↑
40	Number of very high intensity users (Community Matrons)	N/A	80	157	700	RED	↑
41	Hypertension: a) prevalence recording (%)	8.6	9.4	TBA	9.5%	GREEN	↑
	b) patients with Blood Pressure < 150/90 (%)	64.8%	69.1	TBA	60	GREEN	↑
42	No. of COPD patients in pulmonary rehab	52	84	19	150	RED	↓
	Outcome measures						
43	Emergency bed days number	156582	207380 !!	TBA	148660	RED	↑
44	Emergency admissions by A&E (change in annual rate %) new defn	10.3%	7.6%	-1.4%	1%	GREEN	↑
45	Emergency re-admissions within 28 days (rate %)	6.8	5.9	6.1	6%	GREEN	↑
46	Emergency psychiatric re-admissions (%)	10 revised	TBA (DH)	TBA	9	AMBER	↓
47	No. of people receiving crisis resolution services	475	781	191	773	GREEN	↑
48	a) Intensive homecare rates as % of all intensive social care (%)	28.8	34	TBA	38	GREEN	↓
	b) Intensive Homecare (C28)	22.4	28	28	29	GREEN	↓
49	Admissions to long term care (65+) / new definition	N/A	80(new)	37!	75	GREEN	↑
50	Admissions to long term care (18-65) / new definition	N/A	2.3(new)	1!	2.1	GREEN	↑
51	Adoptions of children looked after (%)	5.83	4.7	6.7	6.5	GREEN	↑
52	Stability of Children Looked After (% 3 or more placements)	10.7	10.8	12.1	11	AMBER	↓
53	Educational attainment of Children leaving care - % with 1+ GCSE A*-G	47.6	44	45.2	60	RED	↑
54	Employment, education training of care leavers (% cf Southwark all %)	64	96	92	100	AMBER	↓
55	Improving the health of children oral health (Peckham and Camberwell)	3.43	TBA	TBA	4.00	GREEN	↑
56	Child protection – duration on register	7.9	22.9	7.9	7	GREEN	↑
57	Teenage Pregnancy rates per 1000 female ppn. 15-17	88 (2003)	85.2 (2004)	84.0 (Q1 2005)	67.6 (2005)	RED	↓
58	MRSA rates – Kings – cases compared to this point last year	-	20	15	15	RED	↑

	INTEGRATED FRAMEWORK INDICATORS	2004/05 Result	2005/06 Result	2006/07 Qtr 1	2006/07 Target	Traffic Lights	Progress
	Organisational Factors						
	Complaints: Social Care						
59	Stage One complaints resolved within 28 day statutory timescale (Soc. Serv)	52%	46%	49%	100%	RED	↑
60	Total number of complaints (Soc Serv)	124	73	40	N/A		↑
	Complaints: PCT						
61	Complaints resolved within 20 day timescale (PCT)	62%	68%	82%	80%	GREEN	↑
62	Total number of complaints (PCT)	187	34	27	N/A		
	PCT HR						
63	Total no. of directly employed staff	837	941	942	N/A		
64	% of days lost to sickness	3.4%	2.91%	2.58%	4%	GREEN	↑
65	Turnover rate (rolling 12 months)	18.76%	3.79%	3.20%	15%	GREEN	↑
66	Vacancy rate	18.7% approx	9.21%	TBA	15%	GREEN	↑
67	Top 5% earners female	65.2%	64.6%	74.0%	65%*	GREEN	↑
68	Top 5% earners BME	32.5%	35.4%	33%	27%*	GREEN	↓
69	% of staff disabled	0.54%	0.70%	1%	2%*	RED	↑
70	% of all staff BME	39%	50.3%	42%	46%*	RED	↓
	Social Care HR						
71	Total no. directly employed staff-adults	1,031	1,076	459	N/A		
	- children's			475	N/A		
72	% of days lost to sickness - adults	4.14%	3.77%	4.68%	3.88%	RED	↓
	- children's			1.29%	3.88%	GREEN	↑
73	Turnover rate - adults	11.95%	2.16%	2.60%	12%	GREEN	↓
	- children's			2.75%	12%	GREEN	↓
74	Vacancy rate - adults	19.1%	19.43%	13.82%	15%	GREEN	↑
	- children's			14.82%	15%	GREEN	↑
75	Top 5% earners female - adults	33.3%	36.36%	52.2%	40%	GREEN	↑
	- children's			45.8%	40%	GREEN	↑
76	Top 5% earners BME - adults	19.6%	25%	13%	25%	RED	↓
	- children's			25%	25%	GREEN	→
77	% of staff disabled - adults	5.4%	6.5%	9.8%	5.5%	GREEN	↑
	- children's			4.2%	5.5%	AMBER	↓
78	% of all staff BME - adults	45.4%	45.4%	43.6%	46%	AMBER	↓
	- children's			45.7%	46%	AMBER	↑
	Ethnic coding						
79	% GP patients ethnicity is recorded	22.4%	35.2%	39.6%	95%	RED	↑

Key:

TBA	To be assessed, data currently unavailable/incomplete
↑	Performance in Q1 has improved on the last available data
↓	Performance in Q1 has dropped on the last available data
→	Performance in Q1 has remained static on the last available data
!	Data quality warning: is being investigated for completeness/ accuracy
N/A	Not applicable
*	Provisional target (to be confirmed)

Traffic lights:

Red: Major cause of concern as a key target likely to be missed by a significant margin

Amber: Performance is not a major cause of concern, although target may not be fully met

Green: Target is expected to be met

Note: These traffic lights are internal judgements on progress, not official DH bandings.

A more detailed analysis of performance on any particular indicator is available upon request from the Performance Team (tel.: 0202 525 3720 or e-mail brian.reynolds@southwark.gov.uk or adrian.ward@southwarkpct.nhs.uk).