NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: ……8……..

Date of Meeting: ……27th July 2018……

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Laskey – Director of Service Transformation Melissa Surgey – Head of Planning, Performance and Policy Mike Robinson – Associate Director Integrated Governance & Policy Victoria Preston – Lead Information Analyst for Planned Care	
PRESENTED BY:	Melissa Laskey – Director of Service Transformation	
PURPOSE OF PAPER: **(Linking to Strategic Objectives)**	The purpose of the attached report is to highlight performance against all the key delivery priorities for the CCG in 2018/19 against which NHS Bolton Clinical Commissioning Group is nationally measured.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	**Deliver Year 3 of the Bolton Locality Plan.**	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	X
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	X
RECOMMENDATION TO THE BOARD: **(Please be clear if decision required, or for noting)**	Members are requested to note the content of the report and actions being taken, where required, to improve performance.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Performance is reported to: CCG Executive Contract Performance Group Quality and Safety Committee	
REVIEW OF CONFLICTS OF INTEREST:	N/A	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets, such as waiting times, are a priority for patients.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	N/A	

CCG Corporate Performance Report

1 Introduction

1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of May 2018 (month 2).

1.2 Sections 2 and 3 provide highlights of performance against key commissioning and quality and safety performance indicators.

1.3 Key performance indicators showing an under-performance for May 2018 are summarised in Appendix 2. Exception reports and recovery plans for these indicators are included in Appendix 1.

2 Performance Summary: Commissioning

2.1 Urgent care pressures are continuing, however some improvements have been seen in performance since April 2018 following collaborative work with the NHS Improvement Emergency Care Intensive Support Team (ECIST) and implementation of the Urgent and Emergency Care Board's action plan, including the five high impact areas. Monthly performance has exceeded 80% since April. This has been in spite of a sustained increase in A&E attendances, with some days exceeding 400 attendances. The Bolton health and care system is beginning to see the benefits of efforts to improve whole system flow, including efficient discharge, with improvements in non-elective length of stay and delayed transfers of care in 2018/19 year to date (YTD).

2.2 Elective care performance remains a challenge for the CCG and its providers, including Bolton FT. The 18 week RTT target for patients on an incomplete pathway has not been met since August 2017, however some improvements in performance have been seen in May, with performance at 91.2% against the 92% target. Robust recovery plans are being agreed between Bolton FT and the CCG, with additional resource agreed to support delivery of additional capacity and backlog clearance. Priority will be given to patients considered at clinical risk, followed by those waiting the longest. Diagnostic performance has recovered in May, with achievement of 0.8% (against the target of less than 1% of patients waiting more than 6 weeks for a diagnostic procedure). This is partly due to the creation of sustainable additional capacity, particularly in endoscopy.

2.3 Cancer performance remains strong across the majority of key targets, including two week waits for suspected cancer referrals. However, performance against the 62 day wait for treatment following screening deteriorated in May to 58.3% against a target of 90%. This represents 7 of 12 patients breaching. Root cause analyses are underway with Bolton FT to investigate the cause of these breaches and lessons learned.

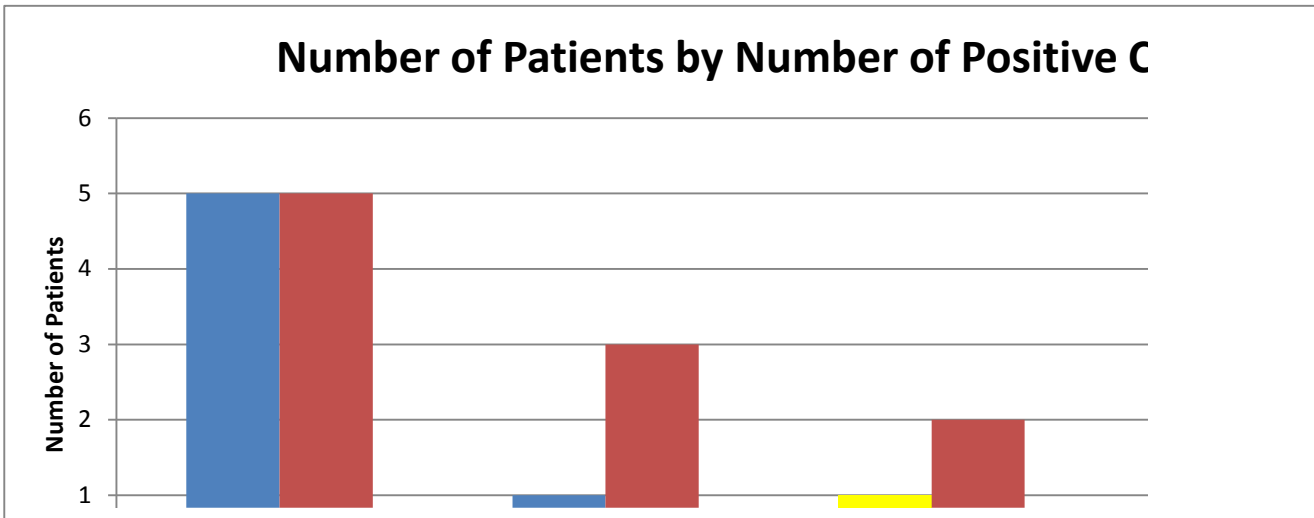
2.4 In mental health, performance against the IAPT access rate has improved to 15.4% in May, although it remains below the local stretch target of 17.5% (which rises to 19% by March 2019). The CCG expects access rates to improve further in the coming months as the expansion of the IAPT service with GMMH

and 1 Point is now fully staffed. RAID performance continues to exceed target at 80.4% in May against a target of 75%, demonstrating the positive impact recent investment in mental health emergency care provision is having on the health economy.

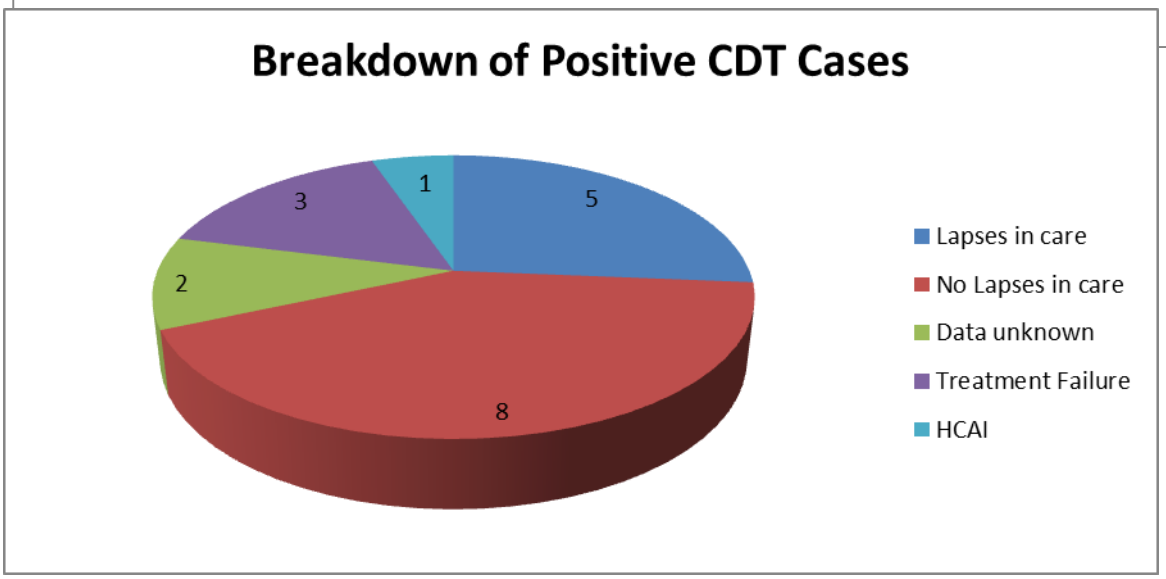
3 Performance Summary: Quality and Safety

3.1 When a patient has a positive Clostridium Difficile (C.Diff) infection sample, the Quality and Safety team at the CCG request a root cause analysis (RCA) from the patient's GP. Compliance with RCA completion is an issue being reviewed by the CCG, with support from the CCG's Medicines Optimisation team to streamline the process and improve compliance.

The CCG has done a deep dive into Bolton patients with positive C.Diff samples:



An in-depth analysis has also been undertaken to ascertain if any additional learning could be highlighted to support improvements in the future:



The CCG has investigated the 5 Bolton patients where C.Diff was considered as a result of lapses in care. 4 of these were as a result of inappropriate antibiotic prescribing, with the remaining case due to a lapse in following treatment guidelines.

Work continues with the Infection Prevention and Control Committee (IPCC) and engagement with primary care to ensure lessons learned are being embedded across the health economy to minimise future cases.

3.2 There were 12 mixed sex accommodation breaches in May as the FT continues to underperform against the zero tolerance target, with 24 breaches YTD. As stated in previous reports, the FT focus on this issue at daily bed meetings and ensure patients and families whom experience a breach are surveyed so they can understand any adverse impact. Negative experiences as a result of these breaches are rare. The FT are undertaking random root cause analyses of cases to determine if any new issues linked to breaches are occurring and they are also undertaking a comprehensive review of flow relating to High Dependency Unit patients to again highlight the impact of breaches.

4 Performance Summary: Locality Plan and Transformation Fund

4.1 Key Performance Indicators

The following metrics are included as part of the Bolton Transformation Fund Investment Agreement and are therefore considered critical indicators of the success of the Locality Plan:

- Elective and daycase admissions
- Non-elective admissions
- A&E attendances
- Outpatient first attendances
- Outpatient follow up attendances

The Investment Agreement, including the financial modelling and activity trajectories, are currently being refreshed for 2018/19 in line with the Greater Manchester-wide process overseen by the Greater Manchester Health and Social Care Partnership (GMHSCP). Following a joint Executive meeting with GMHSCP, it has become apparent that there are a number of data quality issues with the months 1 and 2 data for 2018/19 which are being investigated. Due to these known inaccuracies, activity against plan YTD will be reported from August onwards, accompanied by an update on the Investment Agreement refresh which is expected to have concluded by this time.

5 Recommendations

5.1 The Board is asked to note the performance for May 2018 and the actions being taken to rectify areas of performance which are below standard.

Melissa Laskey – Director of Service Transformation
24th July 2018

APPENDIX 1

Exception Report and Recovery Plan: Referral to Treatment Incomplete Pathway

Performance

The key performance measure for elective care is the 18 week referral to treatment (RTT) standard, which is monitored through the incomplete pathway standard (threshold of 92% of total patients waiting to have been waiting less than 18 weeks).

This standard has been failed at CCG level since September 2017, with improvement noted from February 2018. This reflects a national trend in deteriorating elective care performance in 2017/18 and into 2018/19.

As at May 2018, 91.2% of patients were waiting less than 18 weeks, against a threshold of 92%. This is an improvement on the April performance of 89.7%.

Latest Update

Elective performance regionally and nationally has seen a declining trend. There are a number of factors influencing this, including the impact of non-elective activity on elective capacity (particularly for inpatient work), workforce issues affecting core capacity, and increasing demand for some specialties and diagnostics (for example endoscopy). In recognition of this, a Greater Manchester Elective Care Programme has been established by the GM Health and Social Care Partnership, and Bolton is a participant in this regional programme.

Elective performance at Bolton FT has been significantly impacted by urgent care pressures throughout the winter months, and cancellation of elective activity has been required in order to meet urgent demand. This has further compounded the deteriorating position, and continues to be a risk to the elective programme in the summer months.

The Bolton health economy has agreed that treating patients on elective waiting lists continues to be a priority, and as such, the CCG have agreed to fund activity over and above that included in the contract in order to treat patients waiting more than 18 weeks. Bolton FT have developed detailed plans to use this additional resource, and additional capacity has been put in place from June 2018 to support the achievement of RTT. The key specialty areas being focused on as part of this backlog clearance are Ophthalmology, Orthopaedics and General Surgery, which account for the majority of patients waiting more than 18 weeks.

It is noted that the CCG have requested that patients who may be at clinical risk as a result of delays are prioritised first, with longest waiting patients then to be treated.

Recovery

Current Outcome: This standard has been failed for May 2018 at 91.2%, with performance at 90.4% YTD.

Expected Outcome: This standard will continue to be at risk given the growing demand in key elective specialties. A trajectory of achievement by the end of September 2018 has been requested following implementation of plans to increase capacity and clear the backlog.

Timescale for Recovery: This trajectory will be confirmed following modelling of the impact of the revised recovery plan, supported by additional funding to Bolton FT. This indicator remains at risk for Q1 and 2 of 2018/19.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Two Week Wait Symptomatic Breast Target

Performance

Performance against the two week wait symptomatic breast target (where symptoms do not initially suggest cancer) has failed in May 2018 with a performance of 54.5% of patients seen within 2 weeks of referral, against a threshold of 93%.This is an improvement on April's performance of 35.4% but still remains significantly below target.

Latest Update

A significant increase in performance is noted this month compared with April performance of 35.4%. Performance against target has varied significantly over the past year due to capacity issues within the breast service at Bolton FT.

Throughout 2017/18, and with agreement from the CCG, Bolton FT has been prioritising breast patients on the two week wait pathway where cancer is suspected. The Quality and Performance Group has been fully briefed on this with assurance that no clinical harm is anticipated to those patients on the symptomatic pathway as a result.

The challenges the service are facing include an increase in activity from out of area patients, coupled with long term staff sickness which have both previously been reported to Board. As part of the work to secure a sustainable service, the FT has recruited an additional substantive consultant to support the delivery of additional activity. However, this individual is not yet in post, and as such the capacity gap continues to be bridged via deliver of additional sessions from members of the multi-disciplinary team involved in providing the service. By nature, this additional capacity is variable, and - while the FT had previously aimed for delivery of the symptomatic standard by the end of January 2018 - this has not been achieved. Performance is likely to remain variable throughout the summer months. A full recovery plan has been developed by Bolton FT and is monitored by the CCG, with daily monitoring and triage of referrals in place at Bolton FT to mitigate any clinical risk.

Recovery

Current Outcome: The two week wait breast symptomatic target has failed for May 2018 at 54.5% again a target of 93%.

Timescale for Recovery: Recovery of performance is subject to the start of the new consultant in September 2018, and as such delivery of this standard is expected from Q3 2018/19. Performance is expected to continue to vary over the summer months, although mitigations are in place to try and maximise capacity.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: A&E 4 Hour Target

Performance

A&E 4 hour performance (target 95%) for June 2018 was 85.9%, which is an increase in performance from May 2018 (83.3%). Similar performance has been seen in July 2018 to date, with a current month to date figure of 83.5%. Performance has remained consistently above 80% throughout 2018/19 YTD.

Latest Update

Work continues with Bolton FT, Bolton CCG and the wider urgent care system to improve patient flow, reduce delays and match capacity and demand. Monitoring of the agreed high impact system changes continues through the Urgent and Emergency Care Board. A more detailed report on urgent care performance is included as part of this month's Board agenda.

Recovery

Current Outcome: Failing 95% target.

Expected Outcome: Performance in 2017/18 Q4 finished at 78.3%. Q1 of 2018/19 saw an improvement on this with performance of 83.4%.

Timescale for Recovery: Bolton FT are working with the NHS Improvement Emergency Care Intensive Support Team (ECIST) and the local system to improve performance to 90% by the end of July 2018.

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: Ambulance Performance

Background

The Ambulance Response Programme (ARP) is now fully implemented by NWAS and embedded within the delivery of the service.

There are six key targets:

- Category 1 - mean response time of 7 minutes,
- Category 1 - 90% of cases to receive a response within 15 minutes
- Category 2 - mean response time of 18 minutes
- Category 2 - 90% of cases to receive a response within 40 minutes
- Category 3 - 90% of cases to receive a response within 120 minutes
- Category 4 - 90% of cases to receive a response within 180 minutes

Performance

The following table shows the most recent available information for the NWAS performance in the new ARP call categories:

	Indicator Reference and Description			Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018
High Level Performance													
High Level Performance	**Ambulance response times** (Bolton CCG position)												
	Category 1 calls Average response time	AM016	Average response time (mm:ss)	09:16	09:22	09:55	10:29	10:56	09:52	09:21	09:03	07:51	07:43
	Category 2 calls Average response time	AM017	Average response time (mm:ss)	26:06	30:22	30:14	40:24	1:01:18	49:16	44:20	40:38	23:38	28:39
	Category 3 calls 90th centile response time	AM018	90th centile response time	1h 45m	2h 37m	2h 20m	2h 17m	3h 6m	4h 1m	3h 43m	4h 23m	2h 21m	3h 9m
	Category 4 calls 90th centile response time	AM019	90th centile response time	1h 57m	2h 23m	2h 26m	2h 29m	3h 9m	2h 38m	3h 3m	3h 17m	2h 56m	2h 53m

The improvements seen in April across all four categories have not been sustained into May. Category 1 however has continued to improve with performance again being the best that it has been since the introduction of ARP.

The CCG continues to work with NWAS to ensure appropriate feedback and learning is gained from incidents, though the number of reported incidents has reduced in line with the improved performance.

Bolton CCG is also working with GM Health and Social Care Partnership to support the developments of alternative commissioning of services to manage some of the low acuity 999 calls in the future. CCG Board will be updated in future meetings of the progress being made against this.

Recovery

Current Outcome: NWAS are failing against the majority of new ARP targets. Although improvements have been seen in recent months, early indications are that performance has deteriorated in June and July.

Expected Outcome: Further improvements are anticipated as the organisation continues to learn and improve practices in line with ARP targets.

Timescale for Recovery: Expected achievement of ARP targets from September 2018.

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: % Completed Bookings by 12+6 Weeks

Performance

This performance metric has been subject to scrutiny and an improvement plan during the last 18 months. Overall performance during the past 12 months has been variable. The target was met in Q3 of 2017/18, however performance deteriorated in Q4 and into Q1 of 2018/19.

May 2018 performance fell marginally short of the 90% target at 89.2%. This was an improvement on April performance of 86%. YTD the target has not been met at 87.58%.

This metric is complex and difficult to impact as it relies on the patient acknowledging pregnancy and making early contact with midwifery. National policy and guidelines recommend that all women have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices before 13 weeks gestation.

Latest Update

Work continues to review each case where the pregnant patients did not contact midwifery prior to 12+6 weeks. GP practices are being asked to encourage patients to book with a midwife once pregnancy confirmed.

Discussion continues to be progressed via the Bolton Maternity Voice Partnership group to consider any further actions that could be developed to further encourage those who are pregnant to contact midwifery as soon as a pregnancy has been confirmed.

Fortnightly meetings are being held internally by Bolton FT to manage the service and to highlight any upcoming issues that have the potential to affect the target. The booking process along with a more convenient location for women is being reviewed. This will avoid any delays in the referral pathway, will streamline services and ensure women get the right appointment in the right setting, at the right time, with the right team. The proposed change in process will ensure the Trust is in line with national guidelines and will be a better experience for the women and ensure effective use of midwifery time and resources.

Additionally, sonography (scan) capacity has been reviewed with Elective Division and 2 midwives are in the process of being trained to assist in improving capacity.

Recovery

Current Outcome: Failed for May 2018 at 89.2% against a target of 90%.

Expected Outcome: This standard is being closely monitored and further improvements implemented to ensure the target is achieved moving into Q2 of 2018/19.

Timescale for Recovery: On-going work in this area to encourage patients to present to midwifery services before the 12+6 target.

Lead Commissioning Manager: Joanne Higham

Exception Report and Recovery Plan: Acute Out of Area Placements (OAPs)

Performance

Performance against the NHS England target of zero acute Out of Area Placements (OAPs) by 2020/21 remained consistent in May 2018 with 4 new in month reportable individuals placed outside the GMMH footprint. The 2017/18 year baseline position was 75 acute OAPs. The latest number of out of area reportable acute placements in July MTD is currently 5.

Latest Update

The definition of categorising an OAP has been updated for 2018/19 and agreed with NHS England as follows:

- Reportable OAPs are patients who are placed with a care provider which is located outside of Greater Manchester in a non-contracted bed.
- Locally monitored OAPs are 1) Patients admitted to a GM footprint NHS contracted bed not in their usual catchment area. 2) Patients admitted to a GM privately provided bed through contracted arrangements. 3) Patients admitted outside the GM footprint in a Cross Border NHS Contracted Bed.

As noted above, there were 4 new individuals placed out of GMMH in May of which 3 were due to lack of male beds and 1 was due to lack of female acute beds. 3 of the 4 local acute OAPs required PICU beds. There are ongoing reporting issues requiring data cleansing between the locally daily reported data and the monthly GMMH corporate performance report.

Systems remain in place to manage patient flow and both the inpatient and urgent care teams continue to work collaboratively to safely discharge people from hospital with appropriate support and provide alternatives to admission wherever possible. The Home Based Treatment Team remain involved as the gate keepers to acute beds and there is a discharge co-ordinator in place who is responsible for flow and capacity. GMMH have recruited a flow and capacity administrator for a period of 6 months to assess the impact on efficiency and repatriation of OAPs with the post holder expected to commence by early August.

GMMH are attending this month's Board meeting to give an overview of work being undertaken to reduce OAPs pressures, including:

- Review of the Acute Care Pathway
- Review of wider existing provision
- Invest to save opportunities
- Northern Health Care
- The Personality Disorder (PD) pathway
- Prevention
- Early intervention

- GM solutions
- Additional beds
- Control room triage

Recovery

Current Outcome: Failing to meet the national target of zero acute OAPs

Expected Outcome: Due to current PICU pressures it is unlikely the target will be met until the current cohort of patients on the GMMH Bolton PICU are moved on. Work is in progress around this and discharges or step down are expected in the near future.

Timescale for Recovery: The exact timescale for recovery is unknown at present due to the complex causes of OAPs. However improvements will continue to be seen over the next 2-3 months as a result of the collaborative actions being undertaken.

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Improving Access to Psychological Therapies

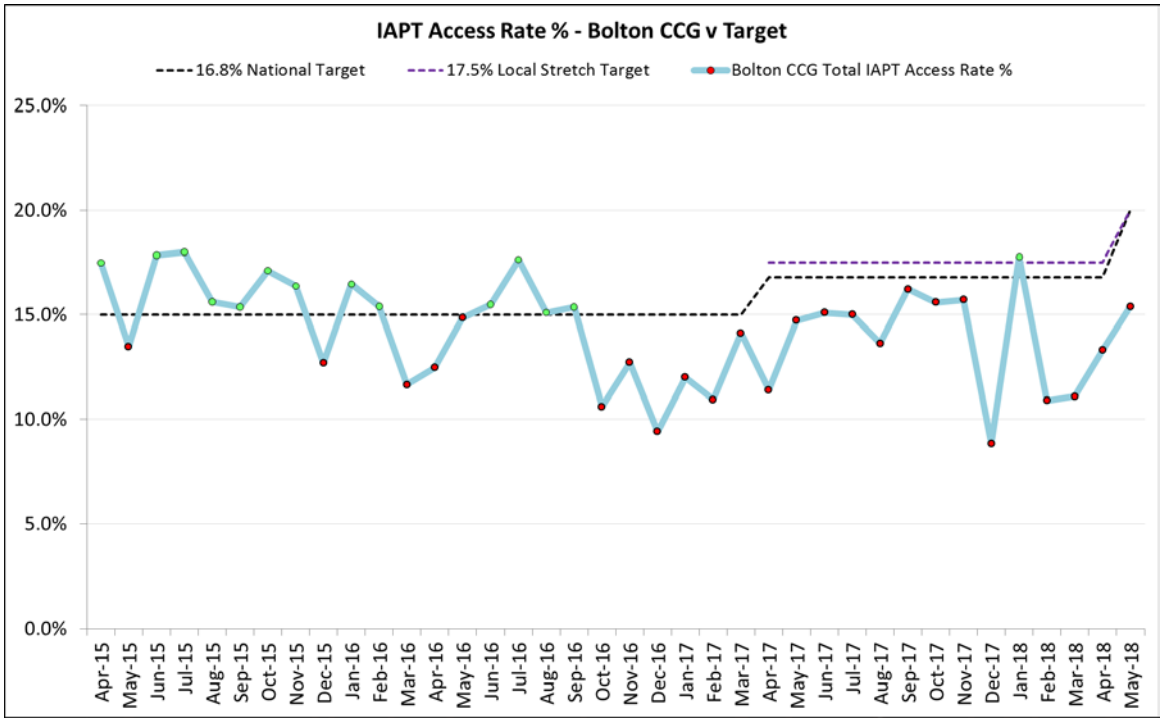
Performance

Access rate performance for IAPT was 15.4% in May 2018 which is below the local stretch target of 17.5% and the national requirement to achieve 19% by the end March 2019. However, this is an improvement on April's performance of 13.3%.

The Silver Wellbeing element through 1 Point (funded by the Transformation Fund) increased the access rate from the prime provider model's 14.8% to 15.4% in May with 25 more patients entering treatment via the new service.

Latest Update

As outlined above, performance is gradually improving. The chart below shows the variable performance of the CCG against this target over the last 3 years:



An incremental improvement in prevalence has been seen in month in part due to an additional CBT Therapist contributing to patient numbers as they worked up a full caseload. A Clinical Psychologist came in to post at the end of May and should further support an improvement in performance from June onwards.

Promotion and education about IAPT continues across Bolton informed by a GP referral rate report supplied by the CCG BI department demonstrating any practices underutilising current services. Staff from the GMMH Primary Care Psychological Therapies Service and Single Point of Access have also presented at GP Clinical Leads, and across the voluntary sector.

GMMH and the CCG are working with Bolton FT to identify the extent of psychological interventions provided across a range of physical health services which are expected to contribute to the NHS England stretch targets, primarily aimed at psychological interventions for people with long term conditions. Work also continues to further develop the perinatal offer, IAPT for older persons, support to emergency services and resilience building for care home staff. The Silver Wellbeing service has been helpful in supporting the wider system by offering an alternative to traditional NHS models of care, which has had positive uptake from staff and service users who have benefited from talking interventions and who may otherwise have fallen through gaps in provision. We remain mindful of waiting times and the need to ensure as prevalence increases, waiting times are not extended. The majority of patients continue to receive an initial assessment within 28 days.

Based on the work areas described above, GMMH in conjunction with BI and the CCG are further developing projections to identify expected number of new referrals and treatment starts required to meet 25% prevalence by 2021 whilst sustaining a minimum of 50% recovery.

Both GMMH and 1 Point have now transferred to new IT systems (PCMHIS) which will aid to improve and increase self-referrals.

Recovery

Current Outcome: Failing to meet the national target of 19% by the end of March 2019.

Expected Outcome: Performance did not reach the expected level in May 2018 but significant work is in progress including additional investment to ensure subsequent targets of 19% required by the end of March 2019 (with a local stretch target of 20%), 22% by 2020 and 25% by 2021 are met.

Timescale for Recovery: The service is now fully staffed and increasing performance to meet the national the target is an immediate priority. An improvement has already been seen in May 2018 compared to March and April position.

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Delayed Transfers of Care

Performance

In May, delayed transfers of care (DToCs) were marginally above plan at 3.5% against a target of 3.3%. This is a deterioration on the April 2018 position of 2.9% (which met the target for the first time since June 2017).

Latest Update

The Bolton locality is working collaboratively to help to reduce pressure on the hospital and improve timely discharges to reduce length of stay. The following are the key priorities to achieve this:

- Full implementation of the Integrated Discharge Team – which is now functioning as a single team with joint management arrangements and working to an agreed list of patients where daily actions are progressed to facilitate timely discharge.
- The multi-disciplinary team approach trialled in respiratory (wards D1 and D2) and outlined in last month's report was rolled out to B1 and a pilot elective ward. The MDTs are now supported by the Integrated Discharge Team.
- The discharge to assess process has been agreed and pathway 1 (people being discharged home) fully implemented. Access to the pathway is via the Home First team in A&E, acute therapy teams and on wards D1/2 and B1.
- Total number of delayed days was 626 in May compared to a target of less than 639 for the month (-2.1%), demonstrating continued improvements in hospital flow and efficient discharge at Bolton FT.
- The Bolton FT non-elective LoS for April was 4.5 days (against a target of < 4.61 days) which is an indication of the work carried out for schemes such as Red to Green, Stranded patients and the improvement of flow for patients entering community services, whether that be homes based or bed based.

The impact of the above initiatives has started to improve flow through the hospital and out into community services.

Recovery

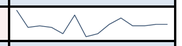
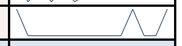
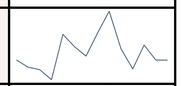
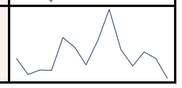
Current Outcome: DToCs have marginally increased in May 2018 to 3.5% against a target of 3.3%. Non-elective LoS has improved to 4.5 days against a target of < 4.61 days.

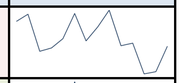
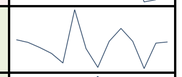
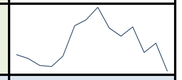
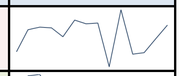
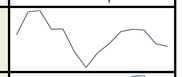
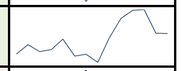
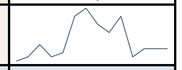
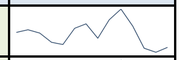
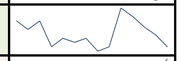
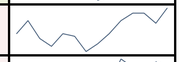
Timescale for Recovery: DTOCs are anticipated to remain within target from this point forward due to improvements in flow across the system.

Lead Commissioning Manager: Paul Beech

NHS BOLTON CCG EXCEPTION REPORT

Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	2018/19 YTD	Trend
BOLTON CCG																		
Commissioning	**RTT**																	
	Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	79.5%	82.7%	79.4%	82.1%	82.6%	79.8%	75.3%	78.2%	80.7%	80.7%	75.4%	73.5%	79.2%	77.5%	77.0%	77.2%	
	Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	91.0%	90.3%	90.8%	91.1%	89.5%	89.0%	88.7%	88.2%	88.8%	87.0%	88.2%	87.6%	89.1%	88.0%	89.7%	88.8%	
	Patients on an Incomplete pathway	92%	92.1%	92.7%	93.0%	92.8%	92.2%	91.96%	91.90%	90.80%	90.16%	88.72%	88.73%	89.39%	91.2%	89.7%	91.2%	90.4%	
	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	1.2%	1.0%	0.7%	0.9%	1.5%	1.6%	2.1%	1.8%	4.8%	8.2%	3.1%	1.3%	2.3%	1.1%	0.8%	0.9%	
	Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	0	5	1	3	4	2	2	2	2	3	3	3	2	32	6	7	13	
	Cancer patients - 2 week wait -All Providers, CCG view																		
	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	94.60%	98.70%	98.80%	96.90%	97.50%	97.90%	98.80%	97.50%	97.80%	97.00%	98.20%	98.00%	97.70%	96.50%	95.00%	95.70%	
	Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	89.40%	91.30%	44.70%	66.70%	24.80%	37.30%	43.10%	87.20%	90.10%	81.10%	90.50%	65.70%	67.80%	35.40%	54.50%	44.70%	
	Cancer waits - 31 days - All Providers, CCG View																		
	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96.0%	99.0%	99.10%	99.10%	99.10%	99.00%	98.20%	100.00%	98.50%	100.00%	97.40%	97.60%	98.30%	98.80%	99.0%	99.3%	99.20%	
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	94.0%	100.0%	100.00%	95.20%	100.00%	100.00%	95.50%	100.00%	100.00%	100.00%	100.00%	100.00%	95.00%	98.70%	100.0%	100.0%	100.00%	
	Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98.0%	96.4%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.60%	100.0%	100.0%	100.00%	
	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94.0%	100.0%	100.00%	97.30%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.00%	99.50%	100.0%	100.0%	100.00%	
	Cancer waits - 62 days - All Providers, CCG View																		
	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85.0%	90.2%	88.50%	92.20%	91.70%	92.90%	84.90%	87.50%	87.30%	91.70%	88.70%	79.50%	94.50%	89.30%	90.7%	88.5%	89.40%	
	Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.0%	100.0%	100.00%	100.00%	83.30%	80.00%	57.10%	75.00%	88.90%	100.00%	100.00%	75.00%	90.90%	89.10%	88.90%	58.30%	71.40%	
	Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)		83.3%	70.00%	72.70%	86.70%	85.70%	92.30%	100.00%	83.30%	85.20%	87.50%	76.20%	90.90%	85.00%	85.7%	92.3%	89.40%	

	Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	2018/19 YTD	Trend
Quality and safety	**Mixed sex accommodation breaches - Bolton FT**																		
	Zero tolerance MSA breaches	0	21	10	11	10	6	18	4	6	12	16	11	11	136	12	12	24	
	HCAI-Healthcare Associated Infections																		
	CDIFF-Post 72 hrs (Hospital)	18	4	2	1	6	3	5	2	1	2	1	1	2	30	0	1	1	
	MRSA-Post 48 hrs (Hospital)	0	0	1	0	0	0	0	0	0	1	0	0	0	2	0	0	0	
	Serious Incidents and Never Events																		
	Serious Incidents	0	3	0	2	0	2	0	1	2	2	2	4	2	20	4	2	6	
	Never Events	0	1	0	0	0	0	0	0	0	0	0	1	0	2	0	1	1	
	Falls and Incidents - Bolton FT																		
	Falls with at least moderate harm - Moderate	0	1	0	0	2	3	2	1	1	1	3	0	1	15	1	4	5	
	Falls with at least moderate harm - Severe	0	2	0	0	1	1	2	2	1	0	4	3	0	16	0	0	0	
	Medication Incidents	<100	100	114	94	100	122	152	130	126	112	141	116	123	1430	160	151	311	
Urgent Care	**A&E Waits - Bolton FT**																		
	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	82.54%	86.40%	84.70%	84.80%	78.20%	84.50%	88.00%	80.40%	76.90%	77.80%	79.60%	78.90%	81.90%	82.60%	83.30%	81.90%	
	Category A ambulance calls - NWAS position																		
	Category 1 response times - Mean	7.5 mins	Not available				10:07	09:50	09:29	09:44	11:17	09:51	08:55	09:03	09:47	07:51	07:43	07:47	
	Category 1 response times - 90th Percentile	15 mins	Not available				15:59	16:21	15:36	16:14	18:37	17:18	15:15	14:01	16:03	13:24	13:51	13:37	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	270	245	235	199	364	319	285	371	449	312	238	326	3613	270	270	540	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	133	64	83	82	226	183	106	212	348	173	102	163	1875	133	48	181	

	Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	2018/19 YTD	Trend
Childrens and Maternity	**Childrens and Maternity**																		
	% Completed Bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	92.40%	93.30%	88.60%	89.00%	90.20%	93.40%	89.90%	91.70%	93.80%	89.30%	89.60%	85.70%	90.57%	86.00%	89.20%	87.58%	
	% of Admissions to E5 from A&O	<40%	33.00%	32.50%	31.60%	30.60%	28.90%	38.30%	31.40%	28.10%	32.70%	35.00%	32.70%	27.90%	31.89%	32.40%	32.60%	32.50%	
	% Conversion rate from A & E attendance to F5		9.20%	8.90%	8.30%	8.20%	9.10%	11.70%	12.20%	13.30%	11.50%	10.80%	11.60%	9.40%	10.35%	10.20%	7.80%	9.00%	
Mental Health	**Mental Health**																		
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	19% by March 2019	11.3%	14.7%	15.1%	15.0%	13.6%	16.2%	15.6%	15.7%	8.9%	17.8%	10.9%	11.1%	13.8%	13.3%	15.4%	14.4%	
	IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50.0%	59.0%	65.0%	65.3%	60.4%	60.5%	54.4%	50.4%	54.3%	56.6%	59.8%	60.4%	60.2%	58.7%	56.6%	55.9%	56.3%	
	RAID (% of AE Emergency referrals assessed within 1hr)	75.0%	71.2%	75.5%	72.3%	73.3%	78.0%	70.2%	71.1%	67.5%	78.5%	87.3%	90.9%	91.3%	77.2%	80.6%	80.4%	80.5%	
	Out of Area placements (New)	0	1	2	5	2	3	12	14	10	8	12	2	4	75	4	4	8	
Integrated and Community Care	**Integrated and Community Care**																		
	DTOC as a percentage of occupied bed base - Bolton FT position	3.3%	5.5%	5.8%	5.4%	4.2%	3.9%	6.0%	6.6%	4.7%	7.1%	8.5%	6.3%	3.4%	5.6%	2.9%	3.5%	3.2%	
	Non Elective Los	<4.61	5.1	4.9	5.1	4.5	4.7	4.6	4.7	4.4	4.5	5.4	5.2	5.0	4.8	4.8	4.5	4.6	
	Pressure ulcers in Community	Reduce	12	17	10	7	12	11	5	8	12	17	20	20	151	16	22	38	
	Non Elective Admissions due to falls (Community - harm free care)	<15 per month	15	18	5	12	14	10	10	12	11	20	17	10	154	19	17	36	
	Ambulance call outs to care homes	<1,990	185	170	200	172	210	216	207	218	252	318	234	274	2656	179		179