NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: ……………8………………………..

Date of Meeting: ………….31st August 2018…………………………

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Maguinness – 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:	Dr Barry Silvert – Clinical Director of Commissioning	
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 June 2018 (month 3).

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

1.3 Exception reports and recovery plans for indicators which under-performed in June are included in Appendix 1. Performance against all key performance indicators is included in Appendix 2.

2 Performance Summary: Commissioning

2.1 The CCG has received its 2017/18 year end ratings for the national CCG Improvement and Assessment Framework (CCGIAF) and has been rated as 'good' overall, including maintaining the 'green' rating for leadership. The CCG is performing in the top quartile nationally for 14 of the 51 CCGIAF indicators, with improvement required in 6 indicators for which performance is in the bottom quartile. A full report on the CCGIAF has been produced for this Board meeting.

As part of the CCGIAF, independent reviews were undertaken for all CCGs nationally in 2 of the 6 clinical priority areas: cancer and maternity. Bolton CCG has been rated as 'outstanding' for cancer services and 'requires improvement' for maternity. Details of actions being undertaken to improve maternity services are included in the full CCGIAF report.

2.2 Manchester University Hospitals Foundation Trust (Manchester FT) has identified a risk regarding management of their waiting lists at the Manchester Royal Infirmary (MRI) site with 293 elective patients waiting over 52 weeks for treatment. The cause of this issue is predominantly due to internal systems and processes. Whilst Manchester FT is not the CCG's main provider, 6 Bolton patients are understood to have been affected. The CCG is receiving weekly updates from Manchester Health and Care Commissioning (MHCC) and these indicate that 4 of the 6 Bolton patients have since received treatment. Work is underway to identify a treatment date for the remaining 2 patients, with Manchester FT anticipating to be able to treat all patients waiting over 52 weeks by the end of September. All patients have been clinically reviewed and Manchester FT has reported that no clinical harm has been caused as a result of this issue.

2.3 The CCG has received notification that Manchester FT has closed to referrals for the DIEP (deep inferior epigastric perforator flap) reconstruction procedure for mastectomy patients at Wythenshawe Hospital for the next 12 months. This is due to growth in demand for the procedure which has left a number of patients waiting over 50 weeks (and in some cases over 52 weeks) for treatment. Wythenshawe Hospital is the only provider of this procedure within Greater Manchester. This is

estimated to impact approximately 12-15 Bolton patients a year who would usually be referred to Wythenshawe for this procedure (3% of Bolton's total diagnosed breast cancer patients). Bolton FT has agreed an interim pathway to refer these patients to Leeds Teaching Hospitals (the nearest suitable provider agreeing to take Bolton referrals), however the CCG recognises this is not an optimal solution given the travel time required. The CCG is awaiting further assurance from MHCC and the Greater Manchester Health and Social Care Partnership (GMHSCP) on a GM approach to resolving this issue and options to identify more appropriate service provision within the region.

2.4 The CCG, Bolton NHS Foundation Trust (Bolton FT), Bolton Council and North West Ambulance Service (NWAS) are continuing to work in partnership to prioritise improvements in urgent care, with support from the NHS Improvement Emergency Care Intensive Support Team (ECIST). The Urgent and Emergency Care Board (UECB) have agreed 9 priority areas, and in recent months sustained improvements have been seen in 7 of these. This has supported ongoing improved performance against the 4 hour A&E target in Q1 and 2 of 2018/19, although performance continues to fall short of the 90% target, with performance in June of 85.9%, in July of 83.7% and in August a current month to date (MTD) figure of 88.9%.

2.5 As previously reported to the Board, the CCG and Bolton FT have effectively implemented a number of interventions to support delivery of the 18 week RTT target for patients on an incomplete pathway in elective care. Whilst the target has not been met since August 2017, gradual improvements have been seen through Q1 and the CCG's year to date (YTD) performance is currently 90.6% against the 92% target. The current focus is on reducing the overall waiting list in line with the national planning guidance which is challenging given an increase in demand.

2.6 In mental health, the IAPT access rate has improved further to 15.6% in June (14.8% YTD), 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 over Q2 as the expansion of the IAPT service with GMMH and 1 Point is now fully staffed. RAID performance improved in May with performance of 86.7% against a target of 75%.

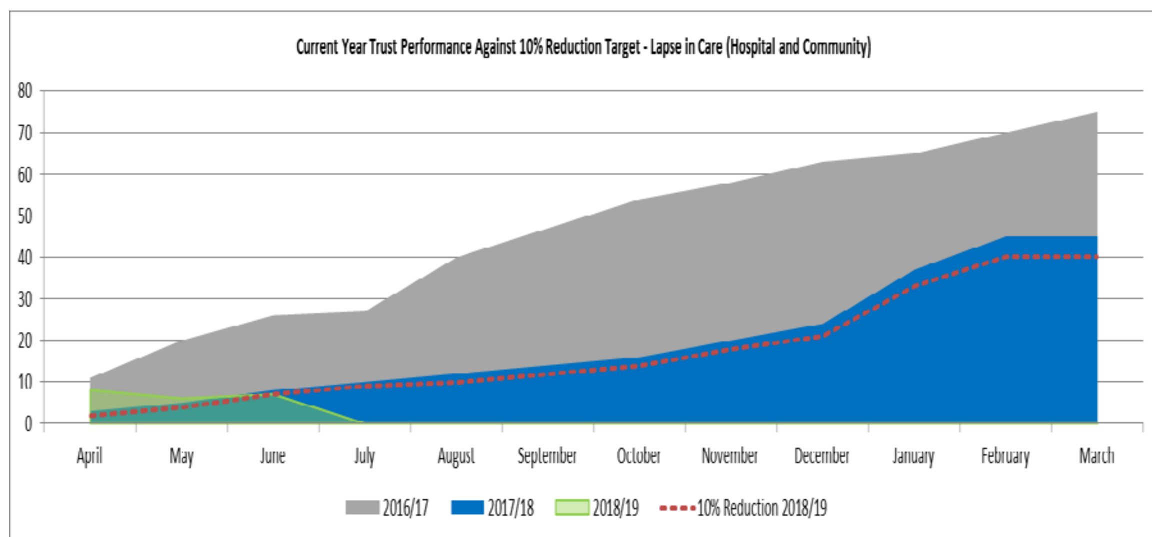
2.7 The CCG's performance against the 2 week wait target for symptomatic breast patients (cancer not suspected) continues to fail to meet the required threshold of 93%, although performance has improved throughout Q1 to 67.8% in June (52% YTD). The CCG and Bolton FT are working closely together to implement an action plan to mitigate against the ongoing capacity issues previously reported and ensure no harm to patients who are breaching the 2 week target. The FT have secured some additional capacity which has aided the recent improvements, however this is variable in nature and permanent additional capacity will not be secured until the commencement of new staff in September.

3 Performance Summary: Quality and Safety

3.1 In June 2018, NHS Improvement launched new guidance with regards to pressure ulcers. This guidance recommends the use of additional categories of pressure ulcer including 'unstageable' and 'suspected deep tissue injury'. Full implementation of all the guidance recommendations and publication of the pressure ulcer core curriculum is expected by Bolton FT by April 2019, with full support from the CCG.

All pressure ulcers which have developed under the care of Bolton FT, are subject to a root cause analysis (RCA) which are presented at a weekly Harm Free Care (HFC) Panel meeting. This meeting is chaired by senior nursing representatives from the Corporate Nursing Team, supported by a Tissue Viability Nurse and senior nurses from each division. The Panel determines if any lapses of care may have contributed to the development of the pressure ulcer and subsequently identifies areas for learning and improvement.

In 2017/18, the Bolton FT target of a 10% reduction in lapses was surpassed, with the trust demonstrating a reduction in lapses in care by 28%. A further 15% reduction in the number of pressure ulcers attributed to a lapse in care is has been set for 2018/19. Additionally a further stretch target of reducing the number of incidences of reported category 3 and 4 pressure ulcers by 10% has been agreed.



In an acute hospital environment, there have been 15 lapses in care in total: 12 in the Acute Adult division and 3 in the Elective Care division. Themes associated with lapses in care have been delays in bandage removal, delays in repositioning, delays in use of appropriate equipment and omissions in relation to documentation, such as risk assessment, care planning and care evaluation. All patients who have a pressure ulcer incident reported are reviewed by the Ward Manager and Matron to ensure the appropriate care is in place.

In a community setting, there have been 6 lapses in care in Q1. The themes for the lapses in care have been poor initial assessment of all needs (not just tissue viability and pressure ulcer prevention aspects of care). In addition there have

been some possible delays in the recognition of early signs of pressure damage which has led to a delay in the appropriate interventions such as obtaining equipment. Furthermore, there have been continued themes related to non-concordance in the community. This has resulted in the division planning work on a deep dive into the recording and evidence of non-concordance to ensure that the staff are addressing patient refusal effectively.

The Tissue Viability Lead Nurse has devised an audit tool to help determine what practices are being undertaken against expected standards and this will be used to determine any ward specific education gaps. The introduction of the new recommendations from NHS Improvement has led the FT to review policy and care planning as well as the education and training provided to all staff. This work is underway, and will be finalised in the coming months.

3.2 In 2017 Bolton FT participated in the national audit of inpatient falls, following which a revised gap analysis was produced. This has been used to create an action plan across the trust in 2018/19, identifying quality improvements leading to a specific reduction in falls with harm.

The trust target for falls incidents for 2018/19 has been set at 5.3 falls per 1000 bed days (against the national benchmark of 6.63 from the national audit). They are currently achieving 5.03 (June 2018), with an overall quarterly position of 5.12 per 1000 bed days. The revised falls action plan for 2018/19 was approved by the Dementia and Falls Committee in March 2018 and incorporates the new recommendations from the 2017 Royal College of Physicians audit as well as outstanding areas of improvement from the previous guidance.

The Bolton health and care economy has also employed a Harm Free Care Nurse to support residential and nursing homes to reduce harms. This post will look at falls, pressure ulcers and catheter acquired infections to improve care for residents and reduce admissions to hospital. The post holder will be working closely with the Tissue Viability Lead Nurse and Falls Coordinator.

In summary, Botlon FT is currently undertaking the following actions to reduce falls:

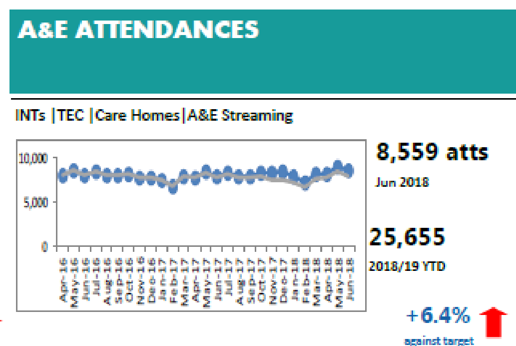
- Continue to use the learning from the harm free care panels to improve care and reduce the impact of falls
- Deep dive to take place quarterly to gain assurance regarding falls prevention in areas where there is an increase in incidence of falls or harms
- In conjunction with the new Matron, the Falls Coordinator will be supporting wards B1, A4 and B3 to reduce falls further
- Improve communication and literature for patients and carers on falls prevention
- Revise falls policy, RCA and management plan to ensure they remain effective and fit for purpose
- Review by medical staff in relation to criteria for CT scan of head taking place
- Falls Coordinator working with AHP leads to strengthen a MDT approach to falls prevention
- Continue to deliver falls prevention training to relevant staff annually

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



First outpatient attendances and elective and daycase admissions are both under plan at -2.5% and -6.4% against target respectively year to date (YTD) (NB: the elective and daycase figure has been adjusted to account for activity that had been coded incorrectly, therefore demonstrating actual activity against target). Although first outpatient attendances are marginally up year on year (YOY) by 0.7%, anticipated growth had been factored into the 2018/19 plan.

Non-elective spells are 4.3% over plan, with a YOY increase of 2.5%. Follow up outpatient attendances are over plan YTD by 2.3%, which represents a YOY increase of 3.4%. The CCG is investigating whether this is linked to the increase in non-elective activity, in particular due to follow ups for non-elective trauma and orthopaedic patients.

A&E attendances are 6.4% over plan, despite factoring growth into the 2018/19 plan. As previously reported to Board, Bolton FT A&E has seen a significant increase in attendances in Q1, with some days reporting over 400 attendances. This mirrors a trend for increased A&E attendances at a GM level.

Delivery of the Locality Plan outcomes is monitored and reported monthly via the System Sustainability and Transformation Board (SSTB) where performance is discussed and recovery plans formulated.

5 Recommendations

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

Melissa Maguinness – Director of Service Transformation

24th August 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. This is monitored through the incomplete pathway standard with a threshold in place of no greater than 92% of total patients, to have waited more than 18 weeks.

This standard has been failed at CCG level since September 2017, with a performance improvement noted from February 2018.

The incomplete standard for June 2018, has again failed at 90.9% against the 92% threshold. This is a slight deterioration of 0.3% against the May 2018 position.

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 along with diagnostics (for example, endoscopy). In recognition of this, a Greater Manchester Elective Care Programme has been established by GMHSCP, and Bolton is a participant in this regional programme.

Elective performance at Bolton FT has been significantly impacted upon 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 throughout the summer months.

The Bolton health economy has agreed that treating patients on elective waiting lists continues to be a priority. As such the CCG has agreed to fund activity over and above that included in the contract, to focus on patients who have currently waited longer than 18 weeks. Bolton FT has developed detailed activity plans and additional capacity has been in place since June 2018, to support the achievement of the RTT standard. The key specialty areas 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. Any patient who may be at clinical risk as a result of delays is being prioritised as part of Bolton FT's additional activity plans.

It should be noted that whilst the CCG RTT position has deteriorated slightly from May – June 2018, Bolton FT's RTT performance has improved from 89.8% to 90.0% as a result of the additional activity performed. However, patients waiting more than 18 weeks at other providers (most notably Manchester FT and Salford Royal FT) are contributing to the overall CCG position.

It is also noted that Manchester FT reported 293 patients waiting over 52 weeks at the end of June 2018, of which 6 were Bolton CCG patients. Clinical reviews of all patients waiting over 52 weeks are taking place and no significant patient harm has occurred as a result of the delay. The trust is confident that the actions it has put into place across all hospitals will ensure that it continues to treat all of these patients within the coming 2 months, with the exception of continuing challenges in the DIEP for patients who require highly specialised surgery service. Bolton CCG has raised specific queries regarding the timeframes for recovery of DIEP and the re-opening of the DIEP service for immediate reconstructive surgery.

Recovery

Current Outcome: This standard has been failed for June 2018 at 90.9%, with performance at 90.6% YTD.

Expected Outcome: This standard will continue to be at risk. A trajectory of achievement by the end of September 2018 has been requested.

Timescale for Recovery: This trajectory will confirm the impact on the elective RTT position. This performance indicator remains at risk for 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 June 2018 with a performance of 67.8% of patients seen within 2 weeks of referral, against a threshold of 93%. YTD performance has improved to 52% but remains below target.

Latest Update

Performance has continued to steadily improve with an increase of 13.3% seen against the May 2018 position.

Throughout 2017/18, and with agreement from the CCG, Bolton FT has been prioritising breast patients on the 2 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; this consultant is in post from September 2018. Currently, the capacity gap is bridged via delivery of additional sessions from members of the multi-disciplinary team involved in providing the service. By nature, this additional capacity is variable, and whilst Bolton FT had previously aimed for delivery of the symptomatic standard by the end of January 2018 this has not been achieved.

Recovery was expected from Q3 2018/19 but latest information received from Bolton FT indicates this may be a challenge due to continued capacity issues. The trust is exploring options to address this, including internal locums, collaboration with other Trusts for radiology support, recruitment of additional radiologists and mammographers, and introduction of new roles into the department. It is noted that Bolton FT are seeing increased demand for breast services from other CCG areas, and that there are national shortages in radiology and mammography which are compounding the ongoing issues the unit is experiencing.

Recovery

Current Outcome: The two week wait breast symptomatic target has failed for June 2018 and YTD performance remains below target at 52% against a threshold of 93%.

Timescale for Recovery: Recovery of performance is subject to ongoing capacity issues being addressed.

Lead Commissioning Manager: Jen Riley

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

Performance

A&E 4 hour performance (target 95%) for July 2018 was 83.7%, which is a marginal deterioration in performance from June 2018 (85.9%). Performance has improved throughout August 2018 to date, with a current month to date (MTD) figure of 88.9%.

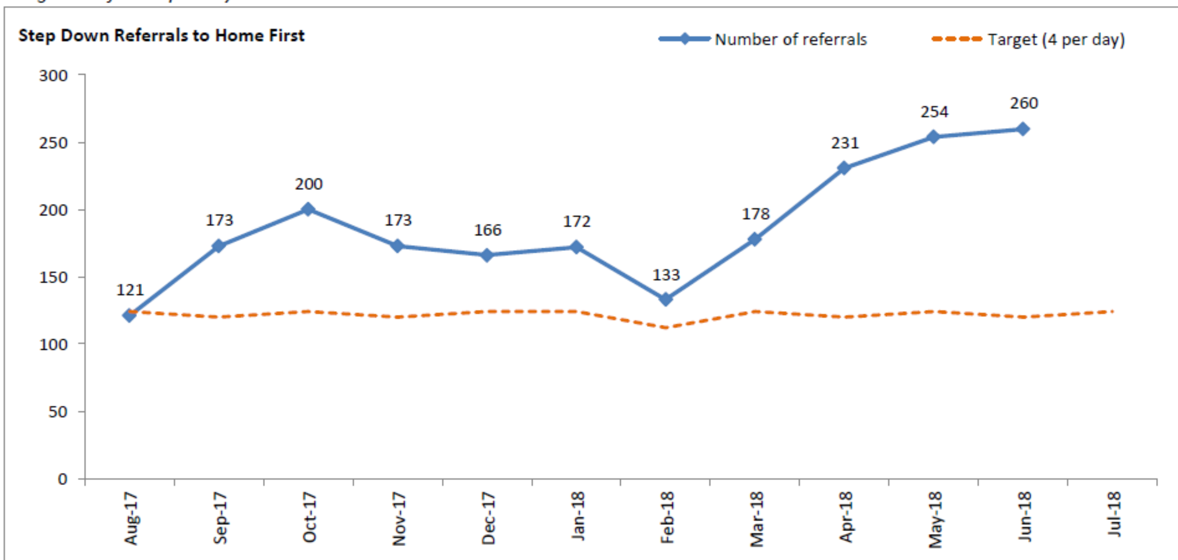
Paediatric A&E 4 hour performance (target 95%) is generally better than the overall A&E figure, with performance in June of 94.9%, and 94.4% YTD.

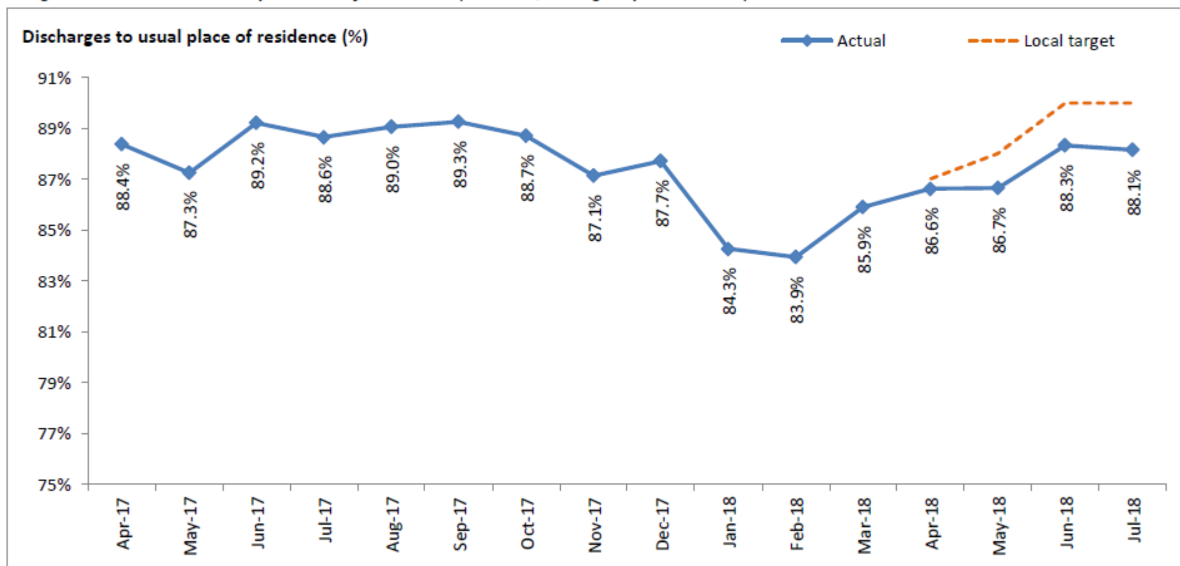
Latest Update

Work continues with Bolton FT, Bolton CCG and the whole urgent care system to improve patient flow, reduce delays and match capacity and demand. Monitoring of the agreed high impact system changes continues and a full report on these changes was presented to last month's Board.

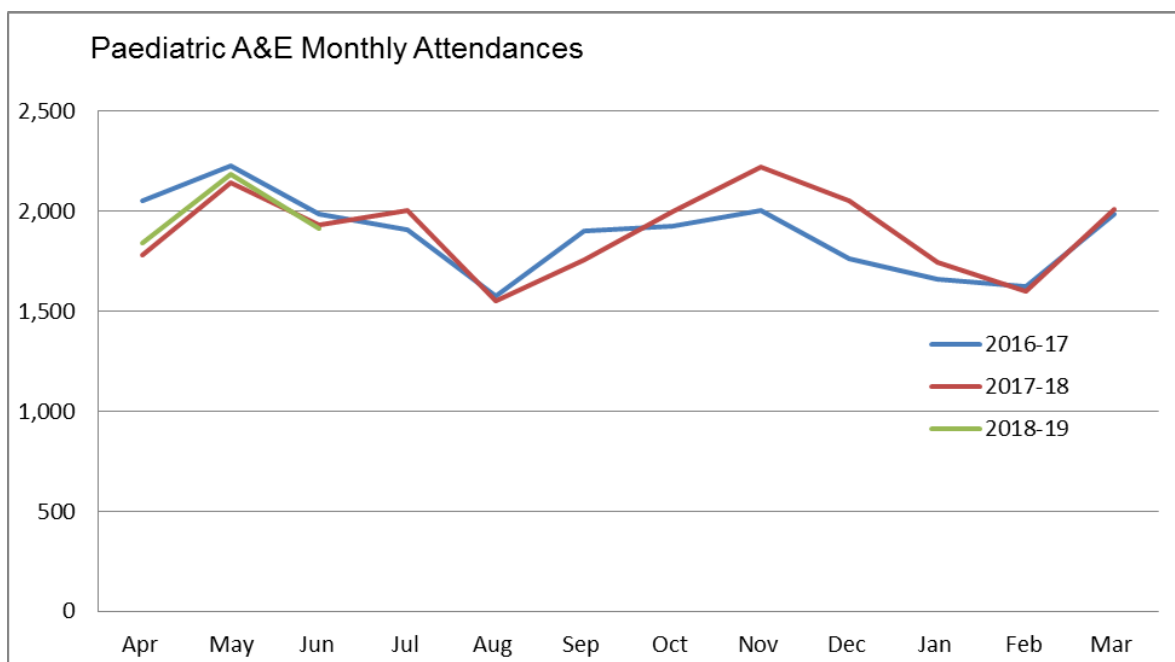
Of the nine identified high impact areas, seven have seen recent improvements with the exceptions being the percentage of A&E patients being streamed to the primary care GP, and the percentage of occupied beds which are occupied by stranded or super stranded patients.

Daily referrals to the Home First Team, and the percentage of patients being discharged to their usual place of residence in particular have improved in recent months as demonstrated below:





The focus for Paediatric A&E is on the avoidance of unnecesary attendances and admissions. The below graph shows that attendances in April, May and June have reduced since 2016 but that attendances between October and January were higher than seen in the previous winter. Work is ongoing to address this will be monitored through the UECB.



Recovery

Current Outcome: Failing 95% target.

Expected Outcome: Performance in 2018/19 Q1 finished at 83.4%. Q2 of 2018/19 has seen an improvement on this with performance to date of 85.6%.

Timescale for Recovery: Bolton FT continue to work with ECIST and the local system to improve performance to 90%, although the initial target achievement date of end of July 2018 has not been achieved.

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 recently 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	Jun 2018
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	07:51
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	28:47
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	3h 45m
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	2h 34m

Performance in 3 out of 4 categories has unfortunately reduced from May to June with the exception being category four, which continues to improve.

CCG colleagues continue 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 are also working with GMHSCP 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 reduced in July and August.

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 (91.8%), however performance deteriorated in Q4 (88.2%) and remained static in Q1 of 2018/19 (88.2%).

June 2018 performance fell marginally short of the 90% target at 89.5%. This was a slight improvement on May performance of 89.2%. YTD the target has not been met at 88.22%.

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 Care division and 2 midwives are in the process of being trained to assist in improving capacity.

Recovery

Current Outcome: Failed for June 2018 at 89.5% 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 has increased in June 2018 with 8 new reportable individuals placed outside the GMMH footprint. The 2017/18 year baseline position was 75 acute OAPs.

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 (i.e. Maryfield Court). 3) Patients admitted outside the GM footprint in a cross border NHS contracted bed.

As noted above, there were 8 new individuals placed out of GMMH in June which were due to a lack of PICU and acute bed availability across the GMMH footprint. Beds required were primarily female in June, though demand for male versus female beds, and acute versus PICU continues to fluctuate and it is difficult to predict future demand.

There are ongoing reporting issues requiring data cleansing between the locally daily reported data to the CCG and the monthly GMMH corporate performance report. This should improve as the flow and capacity admin post has now been recruited to and the post holder is working in conjunction with the wider bed management team, and CCG to ensure robust systems are in place to agree, track and repatriate OAPs.

As discussed in previous reports, a number of other initiatives continue to be developed and embedded both locally and across GM to address current pressures which include:

- **Review of the Acute Care Pathway** – A GMMH project manager is now in post. A listening exercise has been conducted across services to gain information about staff experience and ideas for service transformation. GMMH and the CCG have met to look at priorities and a Bolton Sustainability Project Group has been set up and will run on a monthly basis including wider partners.
- **Review of wider existing community provision** – Discussions continue between the Council, GMMH and the CCG to change the use of the respite house to a more crisis focused / discharge to assess function. Additional resources to cover the change are currently being discussed between the Council and CCG.
- **A&E diversion to be evaluated** – An interim 3 month report provided and the Urgent Care Lead at GMMH is completing a further, more comprehensive review.

- **Additional beds** – 1 additional private male acute bed became available at Maryfield Court from August, commissioned by GMMH on behalf of the GMMH footprint. Additional beds have been accessible to Bolton if other CCGs under utilise their allocated bed numbers.
- **Honeysuckle Lodge** – The local female locked rehab provision for women opened in May which has enabled the repatriation of specialised OAPs and will improve local bed flow and capacity from the acute wards for those requiring a more specialist rehab placement.
- **Northern Health Care** – A block contract is currently being negotiated which will improve the flexibility of the current model. Discussions are currently in progress regarding the arrangements for shorter term pathways in addition to current rehab placements.
- **GM solutions** – GM OAPs meetings are in place with a locally agreed definition and focused work agreed in line with the NHS England trajectory. A GM action plan is in progress.
- **Control room triage** – Phased introduction from September of a mental health nurse sitting alongside GMP to offer support to officers and alternatives to A&E or detention.
- **GMMH** – Introducing a centralised bed base bureau which should be operational over the next few months and will aid more timely initial identification of beds and repatriation of patients.

GMMH presented and overview of the current OAPs pressures and actions in progress at the July Board and the August UECB. Work continues between GMMH, BFT and the CCG to look at mental health demand in A&E

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

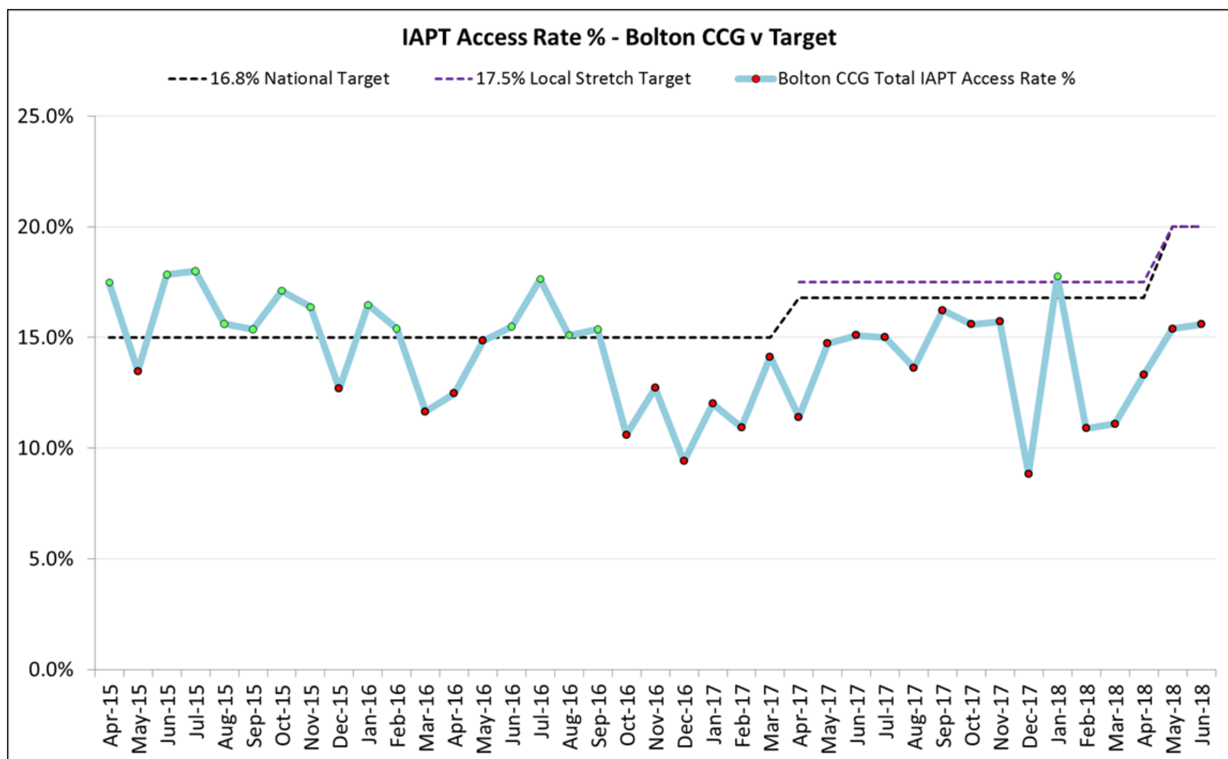
Exception Report and Recovery Plan: Improving Access to Psychological Therapies

Performance

Access rate performance was 15.6% in June 2018 which is below the national requirement of 16.8% (March 2018), which will increase to 19% by the end of March 2019. Additionally there remains a local stretch target of 20% by the end of March 2018 (currently 17.5% interim target). However, an improvement was made on May's performance of 15.4% and April's performance of 13.3%.

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 and a Clinical Psychologist who came in to post at the end of May. The Silver Wellbeing element through 1 Point (funded by the Transformation Fund) also continues to support the prevalence rate and adds an alternative option for those not able or willing to accept a service via the mental health trust.

Promotion and education about IAPT continues across Bolton as discussed in last month's report. GMMH and the CCG (Planned Care and Mental Health Commissioners) continue to work with Bolton FT to identify activity providers through psychological interventions provided across a range of physical health services at Bolton FT which are expected to contribute to the NHS England stretch targets. This is primarily aimed

at talking therapies and wider 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.

There continues to be less than the required number of treatment starts to currently meet the national access rate but this is partly attributed to the attrition rate of approximately 35% of patients referred not engaging in treatment, not attending or not opting in initially. Extensive work is in progress to reduce this across GMMH and 1 Point and additional admin and project support has been brought in to actively engage service users and ensure 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 Business Intelligence at 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. Information about this and the relevant link will be circulated to GPs.

Recovery

Current Outcome: Failing to meet the national target of 16.8% and the local stretch target of 17.5%.

Expected Outcome: Performance did not reach the expected level in June 2018 but increases have been achieved alongside significant work 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 and June 2018 compared to March and April position.

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Non-elective Length of Stay

Performance

In April, non-elective length of stay (LoS) was marginally above plan at 4.7 days compared to a target of 4.61 days. This is a slight deterioration on the May 2018 position of 4.5 days. However, delayed transfers of care (DToCs) have shown a demonstrable improvement this month, at 2.9% against a target of <3.3%.

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) was rolled out to B1 and a pilot elective ward. The MDTs are now supported from the Integrated Discharge Team.
- The discharge to assess process has been agreed and this was rolled out for people being discharged home (Pathway 1) from March 2017. Access to the pathway is via the Home First team in A&E, acute therapy teams and on wards D1/2 and B1.
- DToCs in June 2018 reduced to 2.9% of the occupied bed base (against a target of <3.3%) which is demonstrating the impact of collaborative working on improved flow at Bolton FT and community services, including reducing the number of stranded and super-stranded patients and more efficient flow of patients entering community services, whether that be homes based or bed based.

Recovery

Current Outcome: Non-elective LoS has marginally failed to meet the target for June 2018, however DToCs have achieved the target in June for the second time in Q1.

Expected Outcome: Non-elective LoS has shown improvement in month and achievement at Bolton FT and is expected to continue over Q2 and Q3 as improvement work across acute and community services is operationalised and embedded.

Timescale for Recovery: Non-elective length of stay is expected to meet target or stay closely within it from Q2. Sustained monthly achievement of the target is required to ensure year end performance achieves the target of <4.61.

Lead Commissioning Manager: Paul Beech

NHS BOLTON CCG EXCEPTION REPORT

Indicator Reference and Description	Target	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	June 2018	2018/19 YTD	Trend
BOLTON CCG																		
Commissioning — **RTT**																		
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	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%	78.5%	77.7%	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	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%	90.2%	89.3%	
Patients on an Incomplete pathway	92%	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%	90.9%	90.6%	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	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%	1.0%	0.98%	
Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	0	1	3	4	2	2	2	2	3	3	3	2	32	6	7	4	17	
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%	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%	97.80%	96.40%	
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	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%	67.80%	52.00%	
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%	99.10%	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%	98.4%	98.90%	
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94.0%	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%	100.0%	100.00%	
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98.0%	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%	100.0%	100.00%	
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94.0%	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%	100.0%	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%	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%	92.3%	90.50%	
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.0%	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%	83.30%	74.10%	
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)		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%	85.7%	88.50%	

	Indicator Reference and Description	Target	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	June 2018	2018/19 YTD	Trend
Quality and safety	**Mixed sex accommodation breaches - Bolton FT**																		
	Zero tolerance MSA breaches	0	10	11	10	6	18	4	6	12	16	11	11	136	12	12	11	35	
	HCAI-Healthcare Associated Infections																		
	CDIFF-Post 72 hrs (Hospital)	18	2	1	6	3	5	2	1	2	1	1	2	30	0	1	1	2	
	MRSA-Post 48 hrs (Hospital)	0	1	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	
	Serious Incidents and Never Events																		
	Serious Incidents	0	0	2	0	2	0	1	2	2	2	4	2	20	4	2	2	8	
	Never Events	0	0	0	0	0	0	0	0	0	0	1	0	2	0	1	0	1	
	Falls and Incidents - Bolton FT																		
	Falls with at least moderate harm - Moderate	0	0	0	2	3	2	1	1	1	3	0	1	15	1	4	0	5	
	Falls with at least moderate harm - Severe	0	0	0	1	1	2	2	1	0	4	3	0	16	0	0	2	2	
	Medication Incidents	<100	114	94	100	122	152	130	126	112	141	116	123	1430	160	151	145	456	
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%	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%	85.90%	83.90%	
	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	08:18	08:06	
	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	14:11	13:48	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	245	235	199	364	319	285	371	449	312	238	326	3613	299	270	154	723	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	64	83	82	226	183	106	212	348	173	102	163	1875	77	48	33	158	

Indicator Reference and Description	Target	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	June 2018	2018/19 YTD	Trend
Childrens and Maternity																		
% Completed Bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	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%	89.50%	88.22%	
% of Admissions to E5 from A&O	<40%	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%	30.80%	31.93%	
% Conversion rate from A & E attendance to F5		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%	8.70%	8.90%	
Mental Health																		
IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	19% by March 2019	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%	15.6%	14.8%	
IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50.0%	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%	56.7%	57.2%	56.8%	
RAID (% of AE Emergency referrals assessed within 1hr)	75.0%	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%	86.7%	82.6%	
Out of Area placements (New)	0	2	5	2	3	12	14	10	8	12	2	4	75	4	4	8	16	
Integrated and Community Care																		
DTOC as a percentage of occupied bed base - Bolton FT position	3.3%	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%	2.9%	3.1%	
Non Elective Los	<4.61	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	4.7	4.6	
Pressure ulcers in Community	Reduce	17	10	7	12	11	5	8	12	17	20	20	151	16	22	8	46	
Non Elective Admissions due to falls (Community - harm free care)	<15 per month	18	5	12	14	10	10	12	11	20	17	10	154	19	17	23	59	
Ambulance call outs to care homes	<1,990	170	200	172	210	216	207	218	252	318	234	274	2656	179	198	181	558	

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	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%	
	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%	
	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%	
	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%	
	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	
	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%	
	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%	
	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%	
	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%	
	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%	
	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%	
	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%	
	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%	
	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%	

	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	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	
	HCAI-Healthcare Associated Infections															
	CDIFF-Post 72 hrs (Hospital)	19	4	2	1	6	3	5	2	1	2	1	1	2	30	
	MRSA-Post 48 hrs (Hospital)	0	0	1	0	0	0	0	0	0	1	0	0	0	2	
	Serious Incidents and Never Events															
	Serious Incidents	0	3	0	2	0	2	0	1	2	2	2	3	3	18	
	Never Events	0	1	0	0	0	0	0	0	0	0	0	1	0	2	
	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	
	Falls with at least moderate harm - Severe	0	2	0	0	1	1	2	2	1	0	4	3	0	16	
	Medication Incidents	<100	100	114	94	100	122	152	130	126	112	141	116	123	1430	
Transformation Fund	Transformation Fund - variance against last year															
	Elective and Daycase	-3%	-5.8%	14.9%	11.0%	11.4%	8.7%	5.2%	3.1%	-4.9%	-7.5%	-6.6%	-6.3%	-14.7%	-1.2%	
	Non Elective	-4.08%	-10.1%	-4.4%	-7.9%	-9.0%	-3.5%	0.1%	1.0%	0.9%	0.0%	-1.8%	-2.7%	-3.7%	-4.9%	
	Outpatient First	0%	-11.0%	-5.8%	-9.6%	-8.4%	-8.5%	-14.0%	-3.7%	-1.0%	-12.3%	-6.0%	-11.3%	-17.4%	-8.9%	
	Outpatient Follow Up	-0.02%	-10.5%	8.0%	-1.5%	0.6%	-1.1%	-2.4%	6.2%	3.0%	-3.4%	4.9%	-4.8%	-9.2%	-0.3%	
	Accident and Emergency	-3.49%	-3.8%	-1.3%	-1.3%	-2.1%	-1.1%	-1.6%	1.3%	7.3%	9.3%	6.3%	5.5%	4.6%	1.8%	
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%	
	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	
	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	
	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	
	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	

	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	Trend
Childrens and Maternity	**Childrens and Maternity**															
	% Completed Bookings by 12+6 weeks (bolton CCG at Bolton FT) row 85	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%	
	% 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%	
	% 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%	
Mental Health	**Mental Health**															
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	16.8% National 17.5% local	11.4%	14.7%	15.1%	15.0%	13.6%	16.2%	15.6%	15.7%	8.9%	17.8%	10.9%	11.1%	13.8%	
	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%	
	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%	
	Out of Area placements (New)	0	1	2	5	2	3	12	14	10	8	12	2	4	75	
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%	
	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	
	Pressure ulcers in Community	Reduce	12	17	10	7	12	11	5	8	12	17	20	20	151	
	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	
	Ambulance call outs to care homes	<1,807	185	170	200	172	210	216	207	218	252	318	234	274	2656	

CAN01	**Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP**
CAN02	**Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)**
CAN03	**Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers**
CAN04	**Maximum 31 day wait for subsequent treatment where that treatment is surgery**
CAN05	**Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen**
CAN06	**Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy**
CAN07	**Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer**
CAN08	**Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers**
CAN09	**Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)**
CAN10	**Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP**
CAN11	**Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)**
CAN12	**Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers**
CAN13	**Maximum 31 day wait for subsequent treatment where that treatment is surgery**
CAN14	**Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen**
CAN15	**Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy**
CAN16	**Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer**
CAN17	**Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers**
CAN18	**Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)**

DM01	**Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral**
DM02	**Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral**
RTT01	**Admitted patients to start treatment within a maximum of 18 weeks from referral**
RTT02	**Non-admitted patients to start treatment within a maximum of 18 weeks from referral**
RTT03	**Patients on incomplete non emergency pathways (yet to start treatment)**
RTT04	**Admitted patients to start treatment within a maximum of 18 weeks from referral**
RTT05	**Non-admitted patients to start treatment within a maximum of 18 weeks from referral**
RTT06	**Patients on incomplete non emergency pathways (yet to start treatment)**

Figures for Board Report

https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

Not updated until the 15th of the month

Report	Report		Jan-18	Feb-18	Mar-18	YTD	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
6.1	Maximum two-week wait for first outpatient appointment for patients referred urgently	Numerator	612	603	753	8065	719	764	710										2193
		Denominator	631	614	768	8257	745	804	726										2275
		%	0.970	0.982	0.980	0.977	0.965	0.950	0.978	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.964
6.2	Maximum two week wait for first out patient appointment for patients referred urgently	Numerator	86	105	88	931	46	67	80										193
		Denominator	106	116	134	1374	130	123	118										371
		%	0.811	0.905	0.657	0.678	0.354	0.545	0.678	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.520
7.5	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all	Numerator	112	82	119	1294	103	138	124										365
		Denominator	115	84	121	1310	104	139	126										369
		%	0.974	0.976	0.983	0.988	0.990	0.993	0.984	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.989
7.8	Maximum 31 day wait for subsequent treatment where that treatment is surgery 7.8	Numerator	20	10	19	226	9	16	11										36
	Part C all care	Denominator	20	10	20	229	9	16	11										36
	94%	%	100.0%	100.0%	95.0%	98.7%	1.000	1.000	1.000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1.000
7.8	Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer	Numerator	18	15	21	277	22	18	20										60
	Part C all care	Denominator	18	15	21	278	22	18	20										60
		%	100.0%	100.0%	100.0%	99.6%	1.000	1.000	1.000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1.000
7.8	Maximum 31 day wait for subsequent treatment where the treatment is a course of	Numerator	43	26	32	405	27	42	38										107
	Part C all care	Denominator	43	26	33	407	27	42	38										107
54		%	100.0%	100.0%	97.0%	99.5%	1.000	1.000	1.000	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1.000
8.2	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for	Numerator	47	31	53	578	39	54	60										153
		Denominator	53	39	56	647	43	61	65										169
		%	88.7%	79.5%	94.5%	89.3%	0.907	0.885	0.923	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.905
9.2	Maximum 62 day wait from referral from an NHS screening service to first definitive	Numerator	4	3	10	90	8	7	5										20
		Denominator	4	4	11	101	9	12	6										27
		%	100.0%	75.0%	90.9%	89.1%	0.889	0.583	0.833	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.741
10.2	Maximum 62 day wait for first definitive treatment following a consultants decision to	Numerator	14	16	20	153	18	24	12										54
		Denominator	16	21	22	180	21	26	14										61
		%	87.5%	76.2%	90.9%	85.0%	0.857	0.923	0.857	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.885