

**NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting**

AGENDA ITEM NO:12.....

Date of Meeting:12th April 2019.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Maguinness – Director of Transformation Francesca Dean – Programme Manager 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

1 Introduction

- 1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of January 2019 (month 10).
- 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 January are included in Appendix 1. Performance against all key performance indicators is included in Appendix 2.

2 Performance Summary: Commissioning

- 2.1 Even though achievement of the 18 week referral to treatment (RTT) target for patients on an incomplete pathway has remained consistent during 2018/19, the CCG will fail to meet the 92% target for the year. The January YTD position stands at 89.9%. There was a new national requirement introduced in 2018/19 to reduce the overall number of patients waiting for treatment on an elective pathway, and additional commissioned planned care activity from Bolton FT has seen the number of patients on the waiting list continuing to fall from January 2019. However, the Bolton CCG position may still be at risk due to increased waiting lists at other providers, most notably Manchester University Foundation Trust and Wigan, Wrightington and Leigh NHS Foundation Trust. The final position will not be available until May 2019.
- 2.2 The standard for patients waiting less than 6 weeks for diagnostic tests failed in December and January, giving a YTD position of 1.22%, against target of <1%. This has largely been caused by breaches for patients awaiting echo at Bolton FT, and work is on-going between the CCG and Trust to understand any changes in demand for echo which would affect waiting time performance. Recovery of this standard is expected from February 2019.
- 2.3 For cancer standards, Bolton CCG is on track to meet all national targets for 2018/19, with the exception of the two week wait target for symptomatic breast patients (cancer not suspected) and 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers.

For symptomatic breast patients (cancer not suspected), the year to date performance is currently at 75.4%, against a threshold of 93%. This deteriorating performance has been largely driven by significant increases in demand, with the majority of this coming from out of area CCGs (a 26% increase in demand compared to last year). Oversight of this standard is provided at Exec and joint Bolton FT and CCG Quality and Performance Group. Assurance has been sought and provided that this does not pose any clinical risk and the CCG supports the Breast Unit in continuing to provide a triple assessment clinic for all patients, in line with NICE guidance. A timeline for

recovery cannot yet be provided, due to the need to recruit additional workforce – some of which is likely to be for hard to fill posts.

The 62 day wait from screening standard was failed in January 2019 at 83.3%, against a threshold of 90%. Although this standard will not achieve for the full year, it is expected to achieve from February 2019.

- 2.4 Despite urgent care demand remaining challenging and A&E performance and ambulance response times failing to meet the required performance standards throughout 18/19, improved quality for patients in A&E has been seen; there were significantly less 12 hour breaches reported in winter 18/19 compared to winter 17/18, along with sustained ambulance handover improvement, ensuring that patients are not waiting on trolleys in the A&E corridor.
- 2.5 IAPT access performance has increased significantly from December 18 to achieve 28.2% in January 19. This reflects the collaborative work being undertaken between the CCG and GMMH and it is anticipated that the national target of 19% will be achieved in March 2019.
- 2.6 While there was one out of area placement (OAP) for acute mental health in January, the number of OAPs is still significantly less than the previous year and expectation is the number of monthly placements will continue to remain very low. January YTD position stands at 34, compared to 69 last year.

3 Performance Summary: Quality and Safety

- 3.1 There are no changes from last month, further updates can be found in the Quality and Safety Committee minutes.

4 Recommendations

- 4.1 The Board is asked to note the performance for January 2019 and the actions being taken to rectify areas of performance which are below standard.

Melissa Maguinness – Director of Transformation

27th March 2019

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 failed at CCG level since September 2017, with the January 2019 (M10) performance having achieved 88.5% against the 92% threshold. This is 0.4% deterioration in performance compared to the December 2018 position, however performance has been relatively consistent throughout 2018/19. The YTD position continues to fail the standard at 89.9%

Latest Update

Elective performance regionally and nationally has seen a declining trend over the last year. 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 GM Elective Care Programme has been established by the Greater Manchester 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, and cancellation of elective activity has been necessary in order to meet urgent demand. Due to the challenges faced throughout the winter months, there is a risk that RTT performance will further decline, and the December 18 position would support this.

The Bolton health economy has agreed that treating patients on elective waiting lists continues to be a priority and, as such the CCG has agreed to fund activity over and above that included in the acute contract, in order to treat those patients having waited more than 18 weeks. Additional capacity has been delivered since June 2018 to support the achievement of RTT and reduce long waiting patients.

Waiting lists are currently being closely monitored, with a January 19 position of 23,416 patients on an incomplete pathway for NHS Bolton CCG, against the March position of 22,640. It is noted however that the most recent waiting list data for Bolton NHS FT demonstrates that their total number of patients waiting is lower than March 18.

Recovery

Current Outcome: This standard has been failed for January at 88.5% against a threshold of 92%. The YTD position is also failing at 89.9%

Expected Outcome: This standard continues to be at risk throughout the remainder of 2018/19 and will not recover in this financial year.

Timescale for Recovery: A detailed trajectory demonstrating elective impact, performance improvement and overall RTT recovery timescale is awaited from Bolton FT. Elective care capacity and demand is also being reviewed as part of the 2019/20 planning round.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan Diagnostic Test Waiting Times (DM01)

Performance

Performance against the diagnostic test waiting times standard (patients waiting for a diagnostic test waiting less than 6 weeks from the time of referral) has failed in January 2019 at 2.7% against a threshold of 1%.

It should be noted that Bolton NHS FT as the main provider of diagnostics for Bolton patients, failed their target at 2.24%

Latest Update

The overall failure of this standard for January 2019 related to 126 patient breaches of a total of 8,497 procedures.

The majority of breaches were at BFT with 101 patients (out of 5,307) waiting over 6 weeks. At specialty level the majority of the breaches were noted within Cardiology (Echo) (73), Gastro (10), Colonoscopy (4), Flexi Sig (2), Neuro (2) and Respiratory Physiology (2). A recovery plan for Cardiology (Echo) has been implemented by Bolton NHS FT, with performance recovering from February 2019. Work is on-going between the CCG and BFT to understand any changes in demand for echo which may be affecting performance.

Breaches at Manchester University Foundation Trust, Salford Royal FT Sheffield Children's and Pennine Acute accounted for the remaining breaches.

Recovery

Current Outcome: The diagnostic waiting times standard has failed in January 2019

Expected Outcome: The CCG overall performance is expected to recover in Q4

Timescale for Recovery: Recovery plans are on track and achievement of the standard at Bolton NHS FT is expected to be delivered from February 2019.

The CCG continues to liaise with the lead commissioners for other providers, most notably SRFT and MFT, regarding their diagnostic performance.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Breast Symptomatic

Performance

Performance against the two week wait symptomatic breast target (where symptoms do not initially suggest cancer) has failed in January 2019, with a performance of 68.1% of patients seen within 2 weeks of referral, against a threshold of 93%.

The year to date performance is currently at 75.4%.

Latest Update

A slight increase in performance is noted this month compared with December performance of 63.4%

Throughout 2017/18, and with agreement from the CCG, the FT has been prioritising breast patients on the 2 week wait pathway where cancer is suspected. While performance against this standard had recovered for some months in 2018/19, this deterioration in performance is largely attributable to continued increased demand to the BFT Breast Unit. While some of this increased demand is from Bolton CCG, it is noted that a more significant proportion is from out of area CCGs, with the unit seeing a 26% increase in referrals this year compared to last year.

The joint FT and CCG Quality and Performance group continue to monitor performance and any implications for clinical quality. The BFT Breast Unit have advised this group that every referral to the Bolton Breast Unit is triaged, on a daily basis, by a consultant surgeon, an associate specialist surgeon or an advanced nurse practitioner. If this triage prompts any concern regarding a non-urgent referral having symptoms or risk factors for breast cancer, then the patient is brought forward and treated as a 2WW urgent referral. The Breast Unit clinical team have provided assurance that failing to meet this standard does not pose a clinical risk.

Recovery

Current Outcome: The two week wait breast symptomatic target has failed for January 2019.

Timescale for Recovery: A recovery plan has been requested from Bolton NHS FT, and an updated action plan has been provided. However, it is noted that a timeframe for recovery has not yet been identified, due to the need to recruit additional breast radiologists to meet the level of increased demand.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: 62 Day Wait: Cancer (screening)

Performance

This standard relates to the maximum 62 day wait from referral from an NHS screening service, to first definitive treatment for all cancers.

Performance against this standard failed in January 2019 at 83.3%, against a threshold of 90%.

Latest Update

January's underperformance represents 2 breaches. It is noted that this standard has been achieved since September 2018, and Bolton NHS FT have been requested to provide an update on the reasons for these breaches, and whether any action is required. NHS Bolton CCG and Bolton NHS FT jointly review all key themes from 62 day breaches, in order to identify any actions required and track progress.

Recovery

Current Outcome: This standard failed in January 2019 at 83.3%, with the YTD position at 86%

Expected Outcome: This standard is expected to achieve from February 2019

Timescale for Recovery: February 2019

Lead Commissioning Manager: Jen Riley

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

Performance

A&E 4 hour performance (target 95%) for January 2019 was 82.4% which is a small improvement in performance from December 2018 (81.2%). Unfortunately this has deteriorated in February 2019 with the performance validated at the end of the month as 79%. The current month to date performance for March 2019 is improving and currently stands at 84.21%.

Latest Update

The Urgent and Emergency Care Board (UECB) continues to monitor 9 high impact metrics, attributable to supporting the improvement of the A&E 4 hour target.

In addition to this, a system winter review has been carried out to share insight across the system regarding the demand, capacity and performance in comparison to previous years.

The data shared at the event was positive in many respects, showing improved quality with significantly less 12hr breaches than previous years along with sustained improved ambulance handovers times, reducing long corridor waits.

Following detailed analysis of the data collected across the system, 3 key areas for improvement have been identified. These include the following:-

- Reducing the decision making time for admission in A&E.
- Reducing long stay patients in the 7+LoS or more categories (Also known as “Stranded” and “Super stranded” patients)
- Reducing the number of A&E attendances overall.

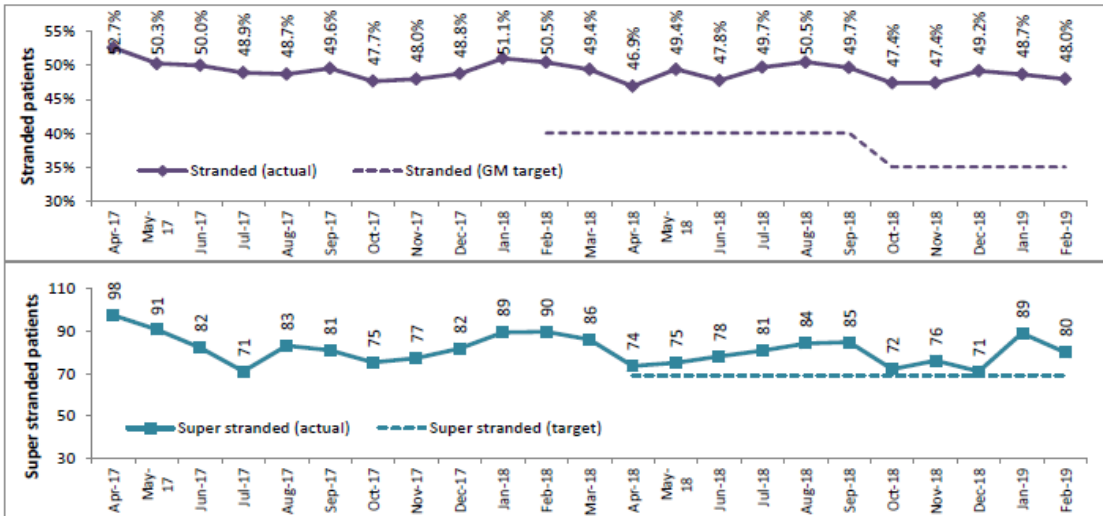
The Urgent and Emergency Care board are now realigning the work programme to ensure it links with the improvement of the above metrics and to identify any new actions required in coming months.

Current performance for “Stranded” and “Super Stranded” patient levels, remains above target with “super stranded” numbers in January reaching the highest numbers since February 2018, shown on the chart below.

Stranded and Super Stranded Patients (% of occupied beds)

Target: Greater Manchester achieves 35%, as a system aggregate, by the end of March 2019.

To decrease the number of super stranded patients to 69 by December 2018.



Recovery

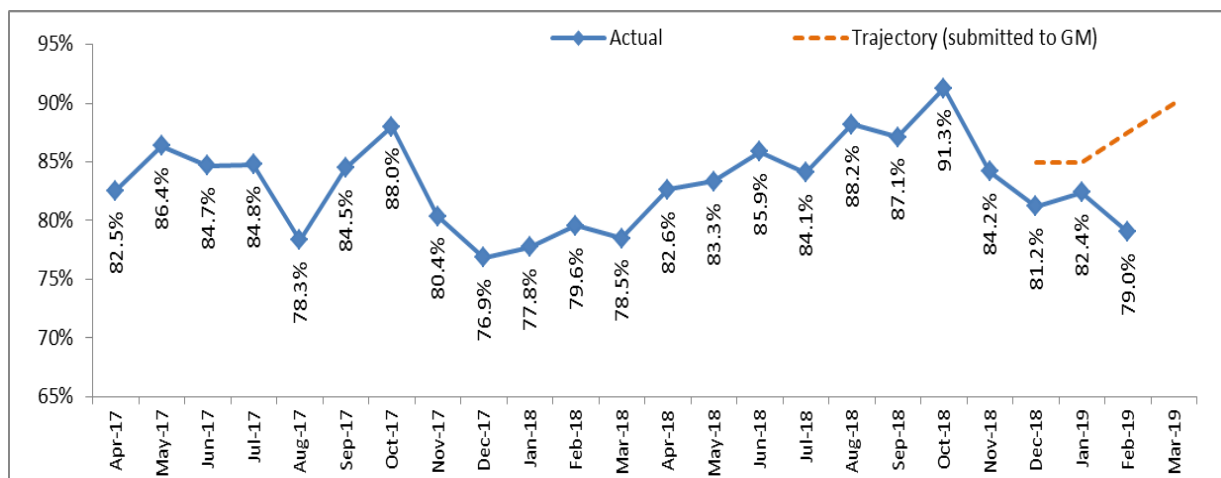
Current Outcome: Failing 95% target.

Expected Outcome: Performance in 2018/19 Q3 finished at 85.4%, a slight reduction on Q2 (86.0%). Performance within Q3 initially saw an improvement on Q2 due to improved performance in October, however this reduced through November and December. Performance for Q4 to date is currently at 81.59%.

Timescale for Recovery: A trajectory for improvement has been set and agreed with NHSI and the GMHSCP. This is shown below.

A&E trajectory	Dec-18	Jan-19	Feb-19	Mar-19
	85.0%	85.0%	87.5%	90.0%

The following chart shows progress against this trajectory.



Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: Ambulance Performance

Background

Ambulance Performance is tracked and monitored through the national Ambulance Response Programme (ARP).

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 NWS performance in the ARP call categories:

Indicator Reference and Description				Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019
Ambulance response times (Bolton CCG position)														
Category 1 calls	AM016	Average response time	(mm:ss)	07:50	07:43	07:51	07:44	07:07	07:15	07:19	07:20	07:19	07:08	07:25
Average response time														
Category 2 calls	AM017	Average response time	(mm:ss)	27:35	28:39	28:47	34:15	25:47	25:29	28:01	29:30	29:17	34:05	36:18
Average response time														
Category 3 calls	AM018	90th centile response time		3h 8m	3h 9m	3h 45m	4h 17m	3h 4m	3h 18m	3h 17m	3h 26m	3h 7m	3h 43m	4h 14m
90th centile response time														
Category 4 calls	AM019	90th centile response time		2h 43m	2h 53m	2h 34m	4h 8m	2h 55m	3h 39m	3h 56m	2h 56m	3h 11m	3h 51m	3h 11m
90th centile response time														

Performance in all four categories failed to meet the required standards in December January and February, with minimal sign of improvement.

Bolton CCG continues to work with GMHSCP to support the development of alternative commissioning of services to manage some of the low acuity 999 calls in the future.

In 2018/19 to date, 22.61% of all 999 calls in Bolton have been treated at the scene (not conveyed), and a further 17.65% are onward referred or discharged from the initial telephone call (not attended or conveyed). We are currently working with NWS and other providers to improve this performance further.

Colleagues from NWS and Blackpool CCG are attending CCG Board in April 2019 to give further insight into the reasons for failing performance and the improvements and action plans that are in place.

Recovery

Current Outcome: NWS are failing against the ARP targets in all four categories.

Expected Outcome: Improvements are anticipated as the organisation continues to learn and improve practices in line with ARP targets, however more work needs to be undertaken to understand the ambition of improvement over the challenging winter period.

Timescale for Recovery: Expected achievement of ARP targets by April 2019.

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 overall for the 2017/18 financial year (90.57%), however performance deteriorated slightly for both Q1 (88.3%), Q2 (87.6%) and Q3 (85.9%) of 2018/19.

January 2019 performance fell short of the 90% target at 87.3% which was a 1% decline on December 2018. However, both December 2018 and January 2019 have shown a noticeable improvement on both October (82.7%) and November (86.8%) performance. Year to Date (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. Bolton FT will also continue to promote to women the acceptance of direct referrals to midwives.

For those women who have made contact with their midwife prior to 12+6 weeks but upon scan are identified as being further along into their pregnancy, discussions are ongoing at Greater Manchester level as to whether these should be reported as exceptions rather than classed as a 12+6 breach. On average this would mean that 2.5% each month would not be classed as a breach.

Discussion continues to be progressed via the Bolton Maternity Voice Partnership (MVP) to consider any further actions or initiatives 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. Members of Bolton CCG also attend the Children and Maternity Partnership Meeting where 12+6 is also addressed. 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 January 2019 at 87.3% against a target of 90%.

Expected Outcome: This standard is being closely monitored and further improvements implemented to ensure the target is achieved by Q4 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: Mental Health Liaison Service (formerly known as RAID)

Performance

Performance has fallen slightly below the target of 75% of A+E emergency referrals being seen within 1 hour, for the first time since December 2017. The January 2019 data showed 71.8% of people were seen, reducing from 72% in December 2018.

Latest Update

The impact of the All Age Mental Health Liaison service (MHLS) continues to be a pressure with higher numbers of children and young people presenting than previously anticipated.

As discussed in previous reports, on various occasions the service has experienced a spike of children/young person's (CYP) activity which in turn means that any assessment generally takes a minimum of 4 hours to complete. In periods of high demand this has a significant impact on overall MHLS performance, not just emergency referrals. Whilst the A+E diversion practitioners support this function and all members of the team are now trained in use of the diversion tool, the high volume of both adult and CYP continues to put pressure on the system. The team are working towards 24 hour diversion cover to extend from the current 2pm-3am element of the service.

In addition there have been capacity level issues within the wider MHLS team. Current vacancies continue to be covered by a combination of increased hours of Home Based Treatment staff, agency and cross service cover. The CCG are in discussions with GMMH about the GM Core 24 monies which should add workforce capacity in to the system with additional psychiatric liaison nurse posts being recruited to in the new financial year. Recommendations are being made to the CCG Exec to fund diversion recurrently post transformation scheme.

Recovery

Current Outcome: Performance has fallen slightly below the national target.

Expected Outcome: Performance is expected to improve as MHLS staffing issues have been resolved, and recruitment completed, with new starters going through the relevant checks which should see the team fully staffed imminently.

Timescale for Recovery: February data is not yet available but early information suggests unprecedented demand on MHLS in the first two months of 2019. However the diversion team are aiming to be operational 24/7 once the team are fully staffed.

Lead Commissioning Manager: Rachael Sutton

NHS BOLTON CCG EXCEPTION REPORT

Indicator Reference and Description		Target	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	June 2018	July 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	2018/19 YTD	Trend
BOLTON CCG																						
RTT																						
Admitted patients to start treatment within a maximum of 18 weeks from referral	RTT01	90%	79.8%	75.3%	78.2%	80.7%	80.7%	75.4%	73.5%	79.2%	77.5%	77.0%	78.5%	79.0%	80.3%	78.1%	76.3%	78.8%	79.3%	75.2%	77.9%	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	RTT02	95%	89.0%	88.7%	88.2%	88.8%	87.0%	88.2%	87.6%	89.1%	88.0%	89.7%	90.2%	88.9%	88.5%	88.3%	87.6%	85.5%	86.7%	85.3%	87.9%	
Patients on an Incomplete pathway %	RTT03	92%	91.96%	91.90%	90.80%	90.16%	88.72%	88.73%	89.39%	91.2%	89.7%	91.2%	90.9%	90.9%	90.2%	89.4%	89.7%	89.8%	88.9%	88.5%	89.9%	
Waiting list - Patients on an Incomplete pathway denominator		<22,640	22,163	22,228	21,946	22,361	21,652	21,795	22,640	22,640	22,727	23,213	23,272	22,676	23,440	22,942	22,990	23,326	23,641	23,416	23,416	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	DM01	1%	1.6%	2.1%	1.8%	4.8%	8.2%	3.1%	1.3%	2.3%	1.1%	0.8%	1.0%	0.9%	1.1%	0.9%	0.7%	0.8%	1.9%	2.7%	1.22%	
Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	RTT071	0	2	2	2	3	3	3	2	32	6	7	9	15	12	7	5	9	6	9	85	
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	CAN01	93%	97.90%	98.80%	97.50%	97.80%	97.00%	98.20%	98.00%	97.70%	96.50%	95.00%	97.80%	97.30%	98.00%	96.80%	97.50%	97.30%	96.32%	95.00%	96.80%	
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	CAN02	93%	37.30%	43.10%	87.20%	90.10%	81.10%	90.50%	65.70%	67.80%	35.40%	54.50%	67.80%	95.50%	94.70%	97.10%	92.20%	92.10%	63.40%	68.10%	75.40%	
Cancer waits - 31 days - All Providers, CCG View																						
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	CAN03	96.0%	98.20%	100.00%	98.50%	100.00%	97.40%	97.60%	98.30%	98.80%	99.0%	99.3%	98.4%	100.0%	99.2%	96.5%	97.5%	96.9%	100.0%	99.1%	98.60%	
Maximum 31 day wait for subsequent treatment where that treatment is surgery	CAN04	94.0%	95.50%	100.00%	100.00%	100.00%	100.00%	100.00%	95.00%	98.70%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	81.3%	100.0%	98.30%	
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	CAN05	98.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.60%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	CAN06	94.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.00%	99.50%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%	100.0%	99.70%	
Cancer waits - 62 days - All Providers, CCG View																						
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	CAN07	85.0%	84.90%	87.50%	87.30%	91.70%	88.70%	79.50%	94.50%	89.30%	90.7%	88.5%	92.3%	95.3%	93.1%	88.5%	83.0%	88.9%	87.7%	89.5%	89.90%	
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	CAN08	90.0%	57.10%	75.00%	88.90%	100.00%	100.00%	75.00%	90.90%	89.10%	88.90%	58.30%	83.30%	87.50%	81.80%	100.0%	90.9%	90.0%	100.0%	83.30%	86.00%	
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	CAN09		92.30%	100.00%	83.30%	85.20%	87.50%	76.20%	90.90%	85.00%	85.7%	92.3%	85.7%	90.0%	90.9%	62.5%	82.6%	80.0%	92.6%	84.2%	85.80%	

Commissioning

Indicator Reference and Description		Target	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	June 2018	July 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	2018/19 YTD	Trend	
Quality and safety	Mixed sex accommodation breaches - Bolton FT																						
	Zero tolerance MSA breaches	MS01	0	18	4	6	12	16	11	11	136	12	12	11	13	14	2	4	9	18	9	104	
	HCAI-Healthcare Associated Infections																						
	CDIFF-Post 72 hrs (Hospital)	INF02	18	5	2	1	2	1	1	2	30	0	1	1	4	0	3	1	0	2	2	14	
	MRSA-Post 48 hrs (Hospital)	INF02	0	0	0	0	1	0	0	0	2	0	0	0	1	0	0	0	0	0	0	1	
	Serious Incidents and Never Events																						
	Serious Incidents	INC17	0	0	1	2	2	2	4	2	20	4	2	2	3	1	2	1	1	0	2	18	
	Never Events	INC01	0	0	0	0	0	0	1	0	2	0	1	0	0	0	1	0	0	0	0	2	
	Falls and Incidents - Bolton FT																						
	Falls with at least moderate harm - Moderate	INC05	0	2	1	1	1	3	0	1	15	1	4	0	1	1	0	0	1	1	1	10	
	Falls with at least moderate harm - Severe	INC06	0	2	2	1	0	4	3	0	16	0	0	2	0	1	0	0	1	0	0	4	
	Medication Incidents	INC14	<100	152	130	126	112	141	116	123	1430	160	151	145	145	149	123	124	131	107	146	1381	
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	AEO02	95%	84.50%	88.00%	80.40%	76.90%	77.80%	79.60%	78.90%	81.90%	82.60%	83.30%	85.90%	84.10%	88.20%	87.10%	91.30%	84.20%	81.20%	82.40%	85.04%	
	Category A ambulance calls - NWAS total position																						
	Category 1 response times - Mean	AM008	7.5 mins	09:50	09:29	09:44	11:17	09:51	08:55	09:03	09:47	07:51	08:10	08:18	08:01	07:53	07:56	08:01	07:42	07:41	07:51	07:57	
	Category 1 response times - 90th Percentile	AM010	15 mins	16:21	15:36	16:14	18:37	17:18	15:15	14:01	16:03	13:24	13:51	14:11	13:28	13:19	13:17	13:19	12:52	12:55	13:06	13:22	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	AM006	0	319	285	371	449	312	238	326	3613	299	268	154	227	100	135	96	116	224	97	1716	
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	AM007	0	183	106	212	348	173	102	163	1875	77	48	33	51	10	23	8	43	69	33	395		

Indicator Reference and Description		Target	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	June 2018	July 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	2018/19 YTD	Trend	
Childrens and Maternity	Childrens and Maternity																						
	% Completed Bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	93.40%	89.90%	91.70%	93.80%	89.30%	89.60%	85.70%	90.57%	84.90%	89.40%	90.70%	85.40%	90.50%	86.60%	84.50%	87.80%	88.70%	87.30%	87.58%		
	% of Admissions to E5 from A&O	<40%	38.30%	31.40%	28.10%	32.70%	35.00%	32.70%	27.90%	31.89%	32.40%	32.60%	30.60%	31.50%	28.80%	36.70%	34.70%	29.60%	33.50%	31.50%	32.19%		
	% Conversion rate from A & E attendance to F5		11.70%	12.20%	13.30%	11.50%	10.80%	11.60%	9.40%	10.35%	10.20%	7.80%	8.70%	7.70%	10.20%	11.30%	14.00%	13.10%	11.10%	12.40%	10.65%		
Mental Health	Mental Health																						
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	MH006 19% by March 2019 (National - local 20%)	16.2%	15.6%	15.7%	8.9%	17.8%	10.9%	11.1%	13.8%	13.3%	15.4%	15.6%	16.0%	13.7%	13.9%	17.3%	17.5%	17.5%	28.2%	16.8%		
	IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	MH005 50.0%	54.4%	50.4%	54.3%	56.6%	59.8%	60.4%	60.2%	58.7%	56.6%	56.7%	57.2%	56.7%	63.4%	54.5%	53.6%	52.6%	55.3%	51.6%	55.8%		
	RAID (% of AE Emergency referrals assessed within 1hr)		75.0%	70.2%	71.1%	67.5%	78.5%	87.3%	90.9%	91.3%	77.2%	80.3%	80.9%	85.5%	77.4%	83.3%	86.7%	79.6%	76.3%	72.0%	71.8%	80.1%	
	Out of Area placements (New)		0	12	14	10	8	12	2	4	75	4	4	9	4	3	1	7	1	0	1	34	
Integrated and Community Care	Integrated and Community Care																						
	DTOC as a percentage of occupied bed base - Bolton FT position		3.3%	6.0%	6.6%	4.7%	7.1%	8.5%	6.3%	3.4%	5.6%	2.8%	3.3%	2.8%	2.3%	2.4%	3.4%	2.7%	2.0%	2.2%	2.0%	2.6%	
	Non Elective Los	NEL005 <4.61	4.6	4.7	4.4	4.5	5.4	5.2	5.0	4.8	4.8	4.5	4.7	4.7	4.9	5.0	4.4	4.5	4.7	4.6	4.7		
	Pressure ulcers in Community		Reduce	11	5	8	12	17	20	20	151	16	22	8	16	10	6	6	17	17	10	128	
	Non Elective Admissions due to falls (Community - harm free care)		<15 per month	10	10	12	11	20	17	10	154	19	17	23	13	10	12	7	6	11	21	139	
Ambulance call outs to care homes (removed stopped calls)		<1,747	216	207	218	252	318	234	274	2656	176	205	183	191	139	177	176	207	228	196	1878		