

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

**AGENDA ITEM NO: .....11.....**

**Date of Meeting: .....22<sup>nd</sup> May 2015.....**

<b>TITLE OF REPORT:</b>	CCG Corporate Performance Report
<b>AUTHOR:</b>	Melissa Laskey - AD Commissioning Mike Robinson – AD Integrated Governance & Policy
<b>PRESENTED BY:</b>	Dr Barry Silvert (other board leads available to answer questions)
<b>PURPOSE OF PAPER: (Linking to Strategic Objectives)</b>	The purpose of the attached report is to indicate performance against all the key delivery priorities for the CCG in 2014/15 against which NHS Bolton Clinical Commissioning Group is nationally measured
<b>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</b>	Members are requested to : Note the formal month end position for March 2015 (unless stated otherwise) in respect of performance against key delivery priority targets
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>	Performance is reported to: CCG Clinical Executive Contract Performance Group Quality and Safety Committee
<b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>	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. The report does include performance against the 'Friends and Family Test' at Bolton FT

## CCG Corporate Performance Report

### 1. Executive Summary

- 1.1. This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of March 2015 (Month 12).
- 1.2. Appendix 1 contains the detailed reports for each set of performance indicators the CCG is measured against:
  - Bolton CCG Objectives
  - NHS Constitution
  - Outcome & Quality Framework
  - Quality Premium
  - Quality Indicators
  - Workforce/HR Performance
- 1.3. The Community Services Dashboard will be included from June 2015
- 1.4. Section 2 exception reports against all indicators

### 2. Exception Reporting

#### 2.1 Quality Premium Results 2014/15

2.1.1 The Board will be aware that the CCG is measured against a set of key indicators for the Quality Premium (which is worth £1.4m). There are six indicators – of which (at current assessment which is still to be validated and approved by NHS England) the CCG achieved 5, as detailed below:

- Reducing Potential Years Lost (PYLL) through amenable mortality – achieved
- Improving Access to Psychological Therapies (IAPT Access Rate) in Quarter 4 – achieved
- Reducing avoidable admissions – failed
- Friends and Family Test (A&E and Inpatients) – achieved
- Medication-related safety incidents – achieved
- Reduction in C Difficile (local stretch target of 44 cases) – achieved.

This means that the current assessment is that the CCG would achieve £1,050k of the available Quality Premium. However, in order to secure this value, there are 4 national targets which need to be achieved and the CCG has failed to meet 2 of the 4 (as detailed below)

- 18 weeks (incomplete pathways) – achieved
- 4 hour A&E target – failed
- Cancer 14 day standard – achieved
- Ambulance 8 minute response - failed

which means a reduction of 50% of the £1,050k potential. The CCG is therefore anticipating achievement of £525k for the 1014/15 Quality Premium.

## 2.2 Quality & Safety – Board Lead, Dr Colin Mercer

### 2.2.1 Falls

The number of patients who have been assessed at risk of falling and have a care plan has fallen from the 94.9% reported last month, to 92.3% this month which means the Trust missed their year target of 95% achieving 90.3%. All patient falls for the year were 984 which just missed the 982 target.

The FT acknowledge the challenges of preventing patients falling and have listed this as a priority for improvement in 15/16, both in terms of reducing preventable falls and those where patients experience harm. This will involve continued implementation of the of the Falls Prevention and Management Strategy, falls training, harm free care panels and the analysis of all falls root causes (RCA's).

### 2.2.2 Pressure Ulcers

There is a steady increase in the number of patients assessed at being at risk of developing a pressure ulcer that have a care plan, and the Trust achieved their target of 95% for 14/15.

Grade 3 & 4 Pressure ulcers are reported on StEIS (strategic executive information system) and we are currently working with the FT to receive RCAs for these so that we can close them down. A number of these are deemed unavoidable for example due to poor patient concordance with treatment or advice, but a number are avoidable as determined at the Harm Free Care Panel which is led by the Director of Nursing. However, irrespective of cause the FT has a zero tolerance to all grade 3 & 4 pressure ulcers and is aiming to demonstrate how initiatives implemented will impact positively on reducing incidences. The District Nursing team have a non-concordance plan.

Staffing levels are back up to establishment, following reductions over winter and there is weekly monitoring of care delivery and panels to review and learn from incidents. In addition the FT has reviewed the training in place and reviewed the RCA processes. In line with Falls, the FT has agreed to attend the CCG's June Quality and Safety Committee to provide the necessary assurance.

### 2.2.3 Serious Incidents

There was one Serious Incident (SI) recorded in March which related to a fatal fall reported in February. A full SI investigation is underway. The FT and CCG have revised their SI policies both to reflect each other's and to reflect the recently published NHS England SI Framework and the Never Event revised policy.

## 2.2.4 Workforce

The rolling average for sickness absence has shown a steady decline reducing from 4.96 to 4.79% and sickness absence in the community has also reduced. The FT has highlighted this as a key priority for 15/16 with a number of planned initiatives including: training; implementing a new attendance management policy; improved access to well-being services.

The results of the staff survey show the Trust as above average in 24 of the 29 indicators with top 20% scores in 15 of these factors and only one factor with a score below average. The results will be analysed for individual teams; any actions identified for further improvement will be overseen through the FTs Workforce Committee.

Mandatory training has further improved in March to 90.8% with the implementation of MOODLE, the e-learning platform which has seen over 9000 courses completed by staff since its introduction in September.

Appraisal rates increased again in March to 79.9% but as reported last month the FT has only met the target threshold on two occasions this financial year, falling just short of the target in many months and overall in the year (79.1% against 80%). Bolton FT has recently implemented a new pay progression policy and they anticipate that both appraisal and mandatory training rates will significantly improve over coming months. This new policy means that staff need to be fully up to date with their training and have a satisfactory appraisal, in order to receive their annual incremental pay rise.

## 2.2.5 Surgical WHO Checklist Compliance (Elective & Emergency)

Emergency and elective theatres achieved 99% in March. All areas are monitored monthly and share best practice and this will be further assessed by the external and internal theatre reviews scheduled for the coming months. The CCG plan to visit theatres in July and will be assessing not just the number of WHO checklists undertaken but the quality of these too.

## 2.2.6 Quality Accounts

The CCG has received the draft 14/15 Quality Accounts from both GMW and Bolton FT, and have taken draft responses through both the CCG's Quality and Safety Committee and Executive for comments. Revised responses have been agreed and fed back to the respective organisations for publication in their Annual Accounts in May and on NHS Choices at the end of June.

## 2.2.7 HC-I Care Home Four Seasons

Further to an unannounced Care Quality Commission (CQC) inspection of Four Seasons in January 2015, a report was published on the 29<sup>th</sup> April detailing an overall rating of inadequate. The home accommodates 121 people on two floors, separated into 4 units providing: residential care; nursing care; and dementia care. The CCG has been working closely with the Local Authority

(LA) to support the home in a number of areas including: medicines management; infection control; and improving safeguarding awareness. Improvements have already been acknowledged and the home has implemented a range of measures including the appointment of new leadership. There has been regular communication with the residents and relatives from the CCG. The CCG, LA and the home have a mutual agreement not to place new residents in order that the home can focus on making the required improvements.

## 2.3 Commissioning – Board Lead, Dr Barry Silvert

### 2.3.1 Reduce Emergency Admissions

The CCG set a target of reducing emergency admissions by the end of 2014/15. The final figure for the year was 34,475 admissions. Compared to the recorded 2013/14 outturn, this represents an increase of 7.93% above plan. However, this does not take account of the impact of the closure of the Bolton Community Unit in 2013/14.

The closure of the Unit will not have an effect in the future (as the unit fully closed in January 2013), therefore the actual reduction in activity will be measured in 2015/16. The CCG and Bolton FT have designed schemes (the majority of the planned reductions through Integration schemes) to reduce non elective admissions in 2015/16 in order to meet the BCF 3.5% reduction target. To date QIPP schemes to reduce 1570 non elective admissions have been identified.

### 2.3.2 Reduce Non-Elective Length of Stay

The CCG set a target of reducing non-elective length of stay by the end of 2014/15. The final figure for the year was 5.1 against the target of 4.8 days. Contributing factors to this are the increase in the acuity of patients over the year and the pressure experienced across the whole Health & Social Care economy over the winter period, which affected flow through the hospital increasing delayed transfers of care and impacting on length of stay. The CCG is working with Bolton FT to introduce new processes to help to reduce length of stay, including weekly meetings to monitor individual wards and to assist with partners in unblocking any delays in transfer of care/discharges.

### 2.3.3 Reduce Emergency Readmissions

The CCG set a target of reducing emergency readmissions to 3,634 by the end of 2014/15 (from a baseline of 4,412 2013/14 outturn). The final year number of emergency readmissions was 5,940 (which is significantly above plan). A joint CCG and Bolton FT clinical audit is being undertaken in June 2015 to establish the reasons for the increase. The findings will be brought to the July Board by the Quality & Safety team.

### 2.3.4 NHS Constitution Targets

The Board was notified last month of the breach of the diagnostic 6 week waiting time target (threshold of <1%), mainly due to the clearance of patients waiting for an endoscopy in early 2015 at Bolton FT. This position has now been recovered in line with the Trust's action plan and the standard was achieved in March.

There were 2 patients in March 2015 who were cancelled on the day of surgery, and not offered a subsequent binding date within 28 days. There were ongoing bed pressures in March resulting in elective cancellations.

A&E 4 hour performance for March was 91.8% and for the full year was 92.6% (against the 95% target). The CCG is working with Bolton FT to improve performance (details were provided to the Board in April) and the Trust is confident that the target will be achieved from May 2015.

NWAS failed both Category A targets in March and for the full year - with performance of 69.2% for Emergency Response arriving within 8 minutes (Red 1) and 69.5% within 8 minutes (Red 2) - against a target of 75% for both. The full year performance is 93.1% (against a target of 95%) for Category A calls resulting in an ambulance arriving at the scene within 19 minutes. As previously highlighted to Board, a Remedial Action Plan (RAP) is being implemented but improvements in performance will take time to be seen.

All cancer waiting times standards were achieved for the full year and each quarter for 2014/15.

### 2.3.5 Contractual Performance

For the year 2014/15 there were 2,189 patient handovers (from ambulances to A&E) whereby patients waited between 30 and 59 minutes and 870 patients waiting more than 60 minutes (against a target of 0 for both). Bolton FT has undertaken redesign and there has been a significant reduction in delays since April. This will be reported on in the June Board report.

Bolton FT failed 2 of the stroke targets in March and all 3 targets for the full year. In 2014/15 66.4% of patients were admitted to a designated stroke bed within 4 hours (against a target of 80%), 78.3% of patients spent 90% of the stay in hospital on a stroke unit (against a target of 80%) and 51.4% of TIA cases were investigated and treated within 24 hours (against a target of 60%). The CCG have requested an updated RAP which will be subject to close scrutiny and approval, if this is not found to be satisfactory a formal contract query will be raised.

On a positive note, the CCG achieved the Access target for Improving Access to Psychological Services (IAPT) in March and for Quarter 4 which has resulted in achievement of an element of the Quality Premium as noted earlier in the report.

## 2.4 Primary Care – Board Lead, Dr Stephen Liversedge

### 2.4.1 Bolton Quality Contract

The Bolton Quality Contract commenced on 1 April 2015 with all 50 practices on board. A report on key metrics from the Bolton Quality Contract will be brought to Board on a quarterly basis.

## 2.5 CCG Workforce/HR – Board Lead, Su Long

2.5.1 The sickness absence rate for February decreased to 2.48% which is better than the HSCIC target. However the annual performance is higher at 3.61%. Managers are ensuring reasons for sickness absence are correctly recorded so themes can be identified and to ensure return to work interviews are undertaken to support staff.

## 3 Recommendations

3.1 The Board is asked to note the performance for March 2015 and the actions being taken to rectify areas of performance which are below standard.

**Melissa Laskey - Associate Director of Commissioning**  
**14<sup>th</sup> May 2015**

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13	Workforce/HR



# BOLTON CCG CORPORATE REPORT

Objective	Key Measures of Success (Goals)	From (2011/12)	To 2015	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	14/15 Forecast	Forecast Year End position	Comments
Improve Health Outcomes	Reduce the gap in life expectancy between Bolton and England	2.05 years (2010)	1.85 years (2015)																For 2010-2012 Male 1.8 Female 1.6
	Reduce the gap in life expectancy between the most and least deprived areas in Bolton <sup>1</sup>	m13.5 f11.5	m13 f11																For 2006-2010 Male 13.5 Female 11.3
Improve quality of care and patient experience of care	Achievement of all key targets / NHS Constitution	Several failing	All achieved	2	7	5	5	5	5	8	5	6	7	7	6	Running total			Number of failing targets out of 22 See NHS Constitution report
	Bolton patients and carers would recommend health services	Net agree +41%	Net agree 50%	60	65	62	63	66	66	64	59	59	60	61	62	63	74		NB Data no longer comparative as measure description has changed; Friends and Family for A&E and Inpatients. Required to show improvement from Q1 - score of 74
Best Value:	Reduce emergency admissions	32,763	31,878	2,845	3,021	2,773	2,975	2,537	2,827	3,042	2,892	3,092	2,752	2,716	3,003	34,475	34,475	7.93%	All emergency admissions to all providers. Data source - MAR
	Including BCU data	35,145	33,915	2,845	3,021	2,773	2,975	2,537	2,827	3,042	2,892	3,092	2,752	2,716	3,003	34,475	34,475	1.59%	BCU activity has been added into the 13/14 baseline to allow like for like comparison Data source - MAR
Shift care closer to home	Reduce elective & non elective length of stay (Ave LOS)	EI 3.3 (baseline - strategic plan)	EI 3.15	4.4	4.0	4.3	3.8	4.6	4.6	3.8	3.1	5.6	3.4	3.9	3.7	4.1	4.17	EL 4.17	Admissions to all providers.14/15 Forecast of 3.15 (5 year strategic plan based on NHS Comparators )Revised figure using scale of change 4.17
		NE 4.9 (baseline - strategic plan)	NE 4.8	4.7	5.0	4.5	4.9	5.5	5.1	4.9	4.7	5.2	5.2	5.7	5.2	5.1	4.80	NE 4.8	LOS over 90 days is trimmed to 90 days. Data source: SUS 14/15 forecast 4.8 (5 year strategic plan)
	Reduce emergency readmissions <sup>2</sup>	4,412	3,634	520	552	538	476	449	500	535	490	477	418	496	489	5,940	6,480		Emergency readmissions within 30 days of previous discharge, as per the P&R definition. Data source: SUS. Taking in to account the number of discharges, the readmission rate increased from 7.6% in 2011/12 to 7.8% in 2012/13 the current YTD for 14/15 is 9.3%
	Readmissions as % of discharges	No Baseline	No Target	9.9%	9.9%	10.0%	8.6%	9.4%	9.1%	9.2%	9.5%	9.2%	8.0%	9.5%	8.7%	9.3%	8.8%		

<sup>2</sup> P&R definition for readmissions:-

- Excludes spells with a primary diagnosis of cancer
- Excludes spells with an obstetrics HRG
- Excludes patients aged under 4
- Excludes patients who self discharged from the initial admission
- Excludes spells which do not have a national tariff

NHS Constitution Indicators - March 15

Indicator	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Mar15)
<b>Referral to Treatment waiting times for non urgent consultant led treatment - All Providers</b>																	
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	94.0%	96.1%	95.6%	94.9%	93.6%	93.7%	94.4%	94.0%	94.1%	93.0%	92.7%	92.7%	94.1%	A	Aggregated target achieved, specialties failed for all providers are Orthopaedics (85.3%) and Cardiology (58.3%). Bolton FT failed General Surgery (89.7%) & Orthopaedics (74.3%). Other breaches for March are Gen Surgery at Lancs Teaching (50%), Salford (85.7%) and South Man (33.3%); Orthopaedics at Central Man (60%), East Lancs (66.7%), Lancs Teaching (83%), Salford (79.95%) and WWL (81.25%); Ophthalmology at Central Man (66.7%) and WWL (50%); Cardiology at South Man (50%) and other specialties at Central Man (74%).	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	97.3%	97.7%	97.0%	97.1%	96.1%	96.5%	96.4%	96.0%	96.4%	96.4%	96.7%	96.7%	96.7%	A	Aggregated target achieved, specialties failed for all providers are Orthopaedics (91.2%) and Gastro (90.9%). Bolton FT failed Orthopaedics (89.3%). Other breaches for March are General Surgery at East Lancs (66.7%); Urology at Central Man (50%); Orthopaedics at Central Man (85.7%) and Salford (79.3%); ENT at WWL (90%); Ophthalmology at Central Man (89.7%); General Medicine at Lancs Teaching (83.3%); Gastro at Penrine (50%) and Salford (88.2%); Dermatology at Salford (87.5%); Thoracic at South Man (84.6%); Gynaecology at Salford (75%) and other specialties at Central Man (87.1%) and WWL (90%).	
Patients on incomplete non emergency pathways (yet to start treatment)	92%	95.9%	96.3%	96.0%	94.8%	95.1%	96.3%	95.6%	95.3%	95.3%	95.1%	95.6%	96.0%	95.6%	A	Aggregated target achieved, specialty failed for all providers is Plastics (89.9%). Bolton FT failed Plastics (90%). Other breaches for March are General Surgery at Lancs Teaching (80.8%); Urology at Central Man (80%); Orthopaedics at Lancs Teaching (88.9%) and Salford (90.8%); ENT at Central Man (91.3%) and Lancs Teaching (80%); Ophthalmology at Central Man (91.95%) and Moorfields (50%); Plastics at Lancs Teaching (66.7%); Cardiology at Blackpool (66.7%); Dermatology at Salford (87.5%); Neurology at Lancs Teaching (90%); Rheumatology at Central Man (90%); Gynaecology at Central Man (89.5%) and other specialties at Central Man (84.8%) and Birmingham (86.7%).	
Number of patients waiting more than 52 weeks - (Bolton FT only)	0	0	0	0	0	0	0	0	0	1	0	0	0	1	F		
<b>Number of patients who are not offered another binding date within 28 days Bolton FT</b>																	
Number of patients who are not offered another binding date within 28 days	0	0	1	0	1	1	1	1	1	0	2	0	2	10	F	2 Bolton patients	
<b>Diagnostic test waiting times All providers</b>																	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	0.7%	1.1%	1.1%	0.8%	1.6%	1.01%	1.03%	0.96%	0.94%	1.90%	1.38%	0.59%	1.08%	A		
<b>A &amp; E waits - Bolton FT</b>																	
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	93.6%	97.3%	95.7%	95.4%	96.5%	94.98%	92.60%	90.30%	86.30%	85.80%	88.00%	91.80%	92.60%	A	712 over 4 hours (breached by 279)	
<b>Cancer patients - 2 week wait -All Providers</b>																	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	97.4%	97.5%	97.1%	98.0%	95.9%	97.4%	98.2%	97.0%	98.3%	96.3%	97.6%	96.2%	97.3%	A		
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	97.8%	94.7%	97.1%	98.4%	95.1%	98.2%	95.0%	98.1%	96.0%	93.4%	89.0%	96.0%	95.8%	A	9 breaches at Bolton FT out of 111. Various reasons	

NHS Constitution Indicators - March 15

Indicator	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Mar15)
<b>Cancer patients - 31 day wait -All Providers</b>																	
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	98.9%	95.7%	99.0%	98.1%	97.8%	96.4%	98.0%	99.1%	96.2%	96.0%	97.9%	96.4%	97.4%	A		
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	A		
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	A		
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	99.5%	A		
<b>Cancer waits - 62 days - All Providers</b>																	
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	94.3%	93.1%	82.0%	89.8%	90.6%	85.1%	84.8%	90.9%	94.2%	85.4%	83.7%	90.4%	88.8%	A		
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	87.5%	100.0%	100.0%	100.0%	100.0%	98.0%	A		
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	85%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.4%	A		
<b>Category A ambulance calls NWAS</b>																	
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	75.70%	73.40%	71.50%	68.50%	72.70%	71.50%	71.20%	68.00%	59.00%	65.50%	67.90%	68.30%	69.20%	F	At the present time, the level of demand is outpacing the resource available to NWAS, despite additional resource having been brought in from the private and voluntary sectors.	
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	75.30%	74.70%	73.20%	69.20%	72.10%	73.30%	73.70%	69.60%	58.80%	65.80%	66.80%	65.70%	69.50%	F		
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	96.20%	95.60%	95.40%	94.20%	95.30%	95.10%	93.60%	93.10%	87.70%	90.90%	93.50%	91.20%	93.10%	F		
<b>Mixed sex accommodation breaches - Bolton FT</b>																	
Zero tolerance MSA breaches	0	0	1	2	1	0	0	2	0	1	2	0	2	11	F		
<b>Mental Health - GMW</b>																	
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA - Completed	95%	98.40%	96.80%	98.40%	96.90%	96.60%	95.90%	95.70%	96.10%	97.30%	96.80%	97.30%	96.90%	96.93%	A		
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA - 7 day follow up	95%	98.80%	98.50%	100.00%	98.70%	94.30%	97.30%	98.10%	97.60%	98.00%	95.10%	95.90%	97.80%	97.70%	A		

Commissioner Performance Dashboard

Indicator	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Mar15)
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Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	94.0%	96.1%	95.6%	94.9%	93.6%	93.7%	94.4%	94.0%	94.1%	93.0%	92.7%	92.7%	94.1%	A	Aggregated target achieved, specialties failed for all providers are Orthopaedics (85.3%) and Cardiology (58.3%). Bolton FT failed General Surgery (89.7%) & Orthopaedics (74.3%). Other breaches for March are Gen Surgery at Lancs Teaching (50%), Salford (85.7%) and South Man (33.3%); Orthopaedics at Central Man (60%), East Lancs (66.7%), Lancs Teaching (83%), Salford (78.95%) and WWL (81.25%); Ophthalmology at Central Man (66.7%) and WWL (50%); Cardiology at South Man (50%) and other specialties at Central Man (74%).	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	97.3%	97.7%	97.0%	97.1%	96.1%	96.5%	96.4%	96.0%	96.4%	96.4%	96.7%	96.7%	96.7%	A	Aggregated target achieved, specialties failed for all providers are Orthopaedics (91.2%) and Gastro (90.9%). Bolton FT failed Orthopaedics (89.3%). Other breaches for March are General Surgery at East Lancs (66.7%); Urology at Central Man (50%); Orthopaedics at Central Man (85.7%) and Salford (79.3%); ENT at WWL (90%); Ophthalmology at Central Man (89.7%); General Medicine at Lancs Teaching (83.3%); Gastro at Pennine (50%) and Salford (88.2%); Dermatology at Salford (87.5%); Thoracic at South Man (84.6%); Gynaecology at Salford (75%) and other specialties at Central Man (87.1%) and WWL (90%).	
Patients on incomplete non emergency pathways (yet to start treatment)	92%	95.9%	96.3%	96.0%	94.8%	95.1%	96.3%	95.6%	95.3%	95.3%	95.1%	95.6%	96.0%	95.6%	A	Aggregated target achieved, specialty failed for all providers is Plastics (89.9%). Bolton FT failed Plastics (90%). Other breaches for March are General Surgery at Lancs Teaching (80.8%); Urology at Central Man (80%); Orthopaedics at Lancs Teaching (88.9%) and Salford (90.8%); ENT at Central Man (91.3%) and Lancs Teaching (80%); Ophthalmology at Central Man (91.95%) and Moorfields (50%); Plastics at Lancs Teaching (66.7%); Cardiology at Blackpool (66.7%); Dermatology at Salford (87.5%); Neurology at Lancs Teaching (90%); Rheumatology at Central Man (90%); Gynaecology at Central Man (89.5%) and other specialties at Central Man (94.8%) and Birmingham (66.7%).	
Number of patients waiting more than 52 weeks - (Bolton FT only) Incomplete	0	0	0	0	0	0	0	0	0	1	0	0	0	1	F		
<b>Number of patients who are not offered another binding date within 28 days Bolton FT</b>																	
Number of patients who are not offered another binding date within 28 days	0	0	1	0	1	1	1	1	1	0	2	0	2	10	F	2 Bolton patients	
<b>Diagnostic test waiting times All providers</b>																	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	0.7%	1.1%	1.1%	0.8%	1.6%	1.01%	1.03%	0.96%	0.94%	1.90%	1.38%	0.59%	1.08%	A		
<b>A &amp; E waits - Bolton FT</b>																	
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	93.6%	97.3%	95.7%	95.4%	96.5%	94.98%	92.60%	90.30%	86.30%	85.80%	88.00%	91.80%	92.6%	A	712 over 4 hours (breached by 279)	
<b>Cancer patients - 2 week wait -All Providers</b>																	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	97.4%	97.5%	97.1%	98.0%	95.9%	97.4%	98.2%	97.0%	98.3%	96.3%	97.6%	96.2%	97.3%	A		
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	97.8%	94.7%	97.1%	98.4%	95.1%	98.2%	95.0%	98.1%	96.0%	93.4%	89.0%	96.0%	95.8%	A	9 breaches at Bolton FT out of 111. Various reasons	

NHS Bolton Key Contract Performance Dashboard - March 2015.

Indicator	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Mar15)
<b>Cancer patients - 31 day wait - All Providers</b>																	
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	98.9%	95.7%	99.0%	98.1%	97.8%	96.4%	98.0%	99.1%	96.2%	96.0%	97.9%	96.4%	97.4%	A		
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	A		
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	A		
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	99.5%	A		
<b>Cancer waits - 62 days - All Providers</b>																	
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	94.3%	93.1%	82.0%	89.8%	90.6%	85.1%	84.8%	90.9%	94.2%	85.4%	83.7%	90.4%	88.8%	A		
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	87.5%	100.0%	100.0%	100.0%	100.0%	98.0%	A		
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	85%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.4%	A		
<b>Category A ambulance calls NWAS</b>																	
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	75.70%	73.40%	71.50%	68.50%	72.70%	71.50%	71.20%	68.00%	59.00%	65.50%	67.90%	68.30%	69.20%	F	At the present time, the level of demand is outpacing the resource available to NWAS, despite additional resource having been brought in from the private and voluntary sectors.	
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	75.30%	74.70%	73.20%	69.20%	72.10%	73.30%	73.70%	69.60%	58.80%	65.80%	66.80%	65.70%	69.50%	F		
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	96.20%	95.60%	95.40%	94.20%	95.30%	95.10%	93.60%	93.10%	87.70%	90.90%	93.50%	91.20%	93.10%	F		
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	175	134	181	191	Not Available	196	219	235	279	232	239	108	2189	F		
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	50	41	42	34	Not Available	36	62	106	197	173	84	45	870	F	Report failed for August	
<b>Mixed sex accommodation breaches - Bolton FT</b>																	
Zero tolerance MSA breaches	0	0	1	2	1	0	0	2	0	1	2	0	2	11	F	2 Bolton patients	
<b>Mental Health - GMW</b>																	
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA -Completed	95%	98.40%	96.80%	98.40%	96.90%	96.60%	95.90%	95.70%	96.10%	97.30%	96.80%	97.30%	96.90%	96.93%	A		
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA - 7 day follow up	95%	98.80%	98.50%	100.00%	98.70%	94.30%	97.30%	98.10%	97.60%	98.00%	95.10%	95.90%	97.80%	97.70%	A		
IAPT Recovery rate - (GMW, 1 point and Think Positive)	50%	45.40%	50.96%	47.35%	46.95%	45.80%	47.08%	45.82%	44.84%	39.93%	47.12%	51.56%	46.73%	46.70%	F	Think positive achieved at 61%, GMW 39.6% and One point 44.2%	
IAPT Access rate - (GMW, 1 point and Think Positive)	15.0%	12.70%	12.10%	13.70%	14.40%	13.10%	17.40%	16.10%	16.30%	12.30%	16.40%	15.10%	17.30%	14.80%	A	Q4 figure 16.3%, therefore indicator achieved	
Number of ongoing waiters >18 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0	A		

NHS Bolton Key Contract Performance Dashboard - March 2015.

Indicator	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Mar15)
<b>HCAI-Healthcare Associated Infections</b>																	
	Annual target																
MRSA-Post 48 hrs (Hospital)	0	0	0	0	0	0	0	0	0	0	1	0	0	1	F		
CDIFF-Post 72 hrs (Hospital)	48	3	2	3	1	1	0	0	1	3	3	0	3	20	A		
<b>Friends and family</b>																	
A&E Score	69	47	56	50	54	61	57	56	51	52	58	54	50	54	F		
A&E Response Rate	15%	16.1%	18.7%	15.5%	19.3%	17.8%	17.9%	14.9%	20.2%	20.8%	22.6%	21.4%	21.2%	18.7%	A		
Inpatient Score	78	82	80	79	81	77	77	80	78	76	79	79	80	79	A		
Inpatient Response Rate	15%	36.8%	41.9%	43.8%	41.3%	37.0%	42.6%	35.2%	39.0%	28.6%	38.2%	46.1%	44.6%	39.6%	A		
Combined Score	73	60	65	62	63	66	66	64	59	59	60	61	62	63	F		
Combined Response Rate	15%	20.3%	23.4%	21.1%	23.8%	21.5%	22.8%	18.8%	24.0%	22.4%	26.1%	26.7%	26.0%	23.0%	A		
<b>Never events</b>																	
Never events	0	0	0	2	0	0	0	1	0	0	0	0	0	3	F		
<b>Stroke - Bolton FT</b>																	
% Stroke admissions spending 90% of time on stroke unit	80%	86.8%	87.5%	85.7%	64.8%	88.1%	79.2%	83.7%	81.6%	84.8%	79.5%	73.5%	82.7%	78.30%	A		
Stroke patients arriving in a designated stroke bed within 4 hours	80%	80.0%	78.9%	75.0%	57.5%	70.4%	70.0%	82.8%	73.1%	87.5%	60.0%	54.5%	78.4%	66.40%	A	8 patients out of 37 breached	
Transient Ischaemic Attack (TIA) cases with a higher risk of stroke treated within 24 hours	60%	62.5%	33.0%	57.1%	71.0%	62.5%	61.5%	21.1%	50.0%	57.1%	50.0%	38.5%	50.0%	51.4%	A	1 patient out of 2 breached	

## OUTCOME AND QUALITY INDICATORS

### Domain 1 - Preventing people from dying prematurely

This domain captures how successful the NHS is in reducing the number of avoidable deaths.

	2009	2010	2011	2012	2013
Potential years of life lost (PYLL) from causes considered amenable - healthcare CCG (Direct Standard Rate)	2667	2644	2240	2531	2326

14/15 Target
2564

GP registered population from NHAIS (Exeter), the Primary Care Mortality Database (PCMD) and ONS mid - year census based England population estimates

Latest data released Sept 14 - next due Sept 15, a revised methodology was introduced in Sept 14 therefore values have been revised

### Domain 2 - Enhancing quality of life for people with long-term conditions

This domain captures how successfully the NHS is supporting people with long-term conditions to live as normal a life as possible.

			2011/12	2012/13	2013/14
Health related quality of life for people with long term conditions CCG			0.71	0.72	0.72
People feeling supported to manage their condition CCG			67.90	67.20	68.20
Health-related quality of life for carers, aged 18 and above CCG			0.79	0.80	78.20

GP Patient Survey (GPPS) via HSCIC

Latest data for 13/14 released Nov 14

Latest data for 13/14 released Nov 14

Latest data for 13/14 released Nov 14

### Domain 3 - Helping people to recover from episodes of ill health or following injury

This domain captures how people recover from ill health or injury and wherever possible how it can be prevented.

	2010/11	2011/12	2012/13	2013/14
Emergency admissions for acute conditions that should not usually require hospital admission - CCG	1047.8	1080	1291	1434 (refreshed) 1385 (provisional)

HES via HSCIC

Latest data for 13/14 released Feb 15

### Domain 4 - Ensuring that people have a positive experience of care

This domain looks at the importance of providing a positive experience of care for patients, service users and carers.

		2010/11	2011/12	2012/13	2013/14
Patient experience of GP Services (released Nov 14)			88.8	88.1	86.8
Patient experience of GP Out of Hours (released Nov 14)			74.7	74.3	73.8
Patient experience of hospital care (Bolton FT)		74.7	77.6	77.6	79.5
Responsiveness to inpatients' personal needs (Bolton FT)		66	69.6	68.9	70.9

National Inpatient Survey Programme via HSCIC

Next version due August 15

Next version due August 15

Next version due May 15

Next version due May 15

### Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

This domain explores patient safety and its importance in terms of quality of care to deliver better health outcomes.

Indicator in development

	2010/11	2011/12	2012/13	2013/14
*Patient safety incidents (rate per 100 admissions) (Bolton FT)	5.3	3.6	6.3	6.3
*The Number resulting in severe harm or death	11	8	9	11

HSCIC November 14

HSCIC November 14

\* 6 monthly reporting (October to March)

**BOLTON CCG**
**QUALITY PREMIUM RESULTS 14/15**
**£524,811  
ACHIEVED\***
**£874,684  
MISSED**

 Patient Population: 279,899  
 Total Quality Premium Available: £1,399,495

\* Subject to quality and budget constraints

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD / Forecast	Target	£ Potential	£ Achieved*	Commentary	
Reducing PYLL through amenable mortality	2326 Latest data												2604	£209,924	<b>£209,924</b>	Latest data released Sept 14 for 01/01/13-31/12/13 (Next publication Sept 15)	Y	
Improving Access to Psychological Therapies	12.70%	12.10%	13.70%	14.40%	13.10%	17.40%	16.10%	16.30%	12.30%	16.40%	15.10%	17.30%	16.3%	15.0%	£209,924	<b>£209,924</b>	Achievement at Q4	Y
Reducing avoidable admissions	239	254	213	219	194	219	265	247	Unavailable				2542	2160	£349,874	<b>£0</b>	Data provided by NHSE	N
Friends and Family Test - IP (monthly)	82	80	79	81	77	77	80	78	76	79	79	80	79		£209,924	<b>£209,924</b>	Awaiting confirmation of agreed targets	Y
Friends and Family Test - A&E (monthly)	47	56	50	54	61	57	56	51	52	58	54	50	54					
Medication-related safety incidents	74	76	78	127	109	121	123	89	86	87	89	90	1149	834	£209,924	<b>£209,924</b>	Bolton FT only, target greater than	Y
Local: Reduction in the CDIFF target Bolton FT	3	2	3	1	1	0	0	1	3	3	0	3	20	44	£209,924	<b>£209,924</b>	(Target 48 - stretched to 44) Post 72 hours	Y
<b>Unadjusted Total</b>																<b>£1,049,621</b>		
18 week RTT - Incomplete (monthly)	95.9%	96.3%	96.0%	94.8%	95.1%	96.3%	95.6%	95.3%	95.3%	95.1%	95.6%	96.0%	95.6%	92%	-25%	£0		Y
A&E <4h CCG level (monthly)	93.6%	97.3%	95.7%	95.4%	96.5%	95.0%	92.6%	90.3%	86.3%	85.8%	88.0%	91.8%	92.6%	95%	-25%	<b>-£262,405</b>		N
Cancer 14 day waits from an urgent referral for suspected cancer	97.4%	97.5%	97.1%	98.0%	95.9%	97.4%	98.2%	97.0%	98.3%	96.3%	97.6%	96.2%	97.3%	93%	-25%	£0		Y
Amb response <8 min (monthly)	75.7%	73.4%	71.5%	68.5%	72.7%	71.5%	71.2%	68.0%	59.0%	65.5%	66.8%	65.7%	69.5%	75%	-25%	<b>-£262,405</b>		N
<b>Adjusted Total</b>																<b>£524,811</b>		



QUALITY REPORT

Area	Performance Indicator	2014/15 Annual Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Cumulative YTD	Trend (Apr 14-Mar 15)
<b>REDUCING MORTALITY</b>																
	Summary Hospital Mortality Indicator (SHMI) (Oct 12-Sept 13) Next data due July 14	<1.1	1.078	1.078	1.078	1.063	1.063	1.063	1.056	1.056	1.056	1.069	1.069	1.069	1.069	
<b>PATIENT SAFETY</b>																
HCAI - Trust only	MRSA bacteraemia	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
	Rates of C Difficile	maximum 48 for full year	3	2	3	1	1	0	0	1	3	3	0	3	20	
	Number of falls (all patient falls safeguard)	982	82	66	84	77	81	78	72	83	107	108	85	104	984	
	Falls with at least moderate harm	Moderate	0	2	2	1	0	No Oct report (Sept data)	1	0	1	1	1	1	10	
		Severe	2	4	3	2	1		2	1	2	2	2	2	23	
		Fatal	0	0	0	0	0		0	0	0	0	1	0	1	
	Percentage of Harm (Safety thermometer) GM (rolling 12 months)	<5% Harm	4.58%	4.14%	4.26%	4.21%	4.03%	4.89%	4.79%	4.68%	4.04%	4.25%	4.54%	4.21%	4.21%	
	Percentage of Harm (Safety thermometer) Bolton FT (rolling 12 months)	<5% Harm	3.48%	5.11%	4.05%	4.17%	5.04%	3.69%	3.52%	1.64%	2.05%	1.70%	3.81%	3.25%	3.25%	
	% of adults who receive a falls risk assessment using an assessment tool approved by the commissioner (3a)	>=95%	100.00%	99.70%	95.80%	97.00%	97.60%	98.00%	96.80%	96.80%	97.20%	98.20%	98.30%	96.40%	96.00%	
	% of adults assessed as being at risk of falling that have a care plan which reflects best practice (3c)	>=95%	100.00%	94.10%	95.40%	96.10%	94.20%	95.00%	94.30%	94.80%	94.70%	92.20%	94.90%	92.30%	90.30%	
	Medication Incidents	>834 FYE	74	76	78	127	109	121	123	89	86	87	89	90	1149	
	Total Incidents		690	697	800	1053	841	974	1201	874	926	859	935	1079	10929	
	% Total incidents with no harm	(Apr13-Sept13) NPSA 50%	59.3%	53.5%	54.0%	55.7%	61.1%	65.2%	55.7%	66.6%	66.4%	66.4%	61.3%	62.8%	60.7%	
	% of all adult patients who receive a tissue viability risk assessment using an assessment tool approved by the commissioner (5a)	>=95%	100.0%	99.3%	93.1%	96.3%	97.0%	97.0%	97.1%	97.7%	97.7%	97.4%	98.9%	98.2%	95.0%	
	% of adults assessed as being at risk of developing a pressure ulcer that have a care plan (5c)	>=95%	97.0%	97.8%	96.2%	95.3%	97.2%	96.3%	96.8%	96.8%	95.1%	91.9%	92.1%	92.7%	95.4%	
	Nursing (nurses/midwives) shifts (% Actual Vs Planned) Day	need to agree tolerance	No data available	90.6%	88.8%	86.0%	88.0%	90.1%	98.4%	103.6%	96.5%	95.8%	95.8%	95.8%	93.4%	
	Nursing shifts (% Actual Vs Planned) Night	need to agree tolerance	No data available	94.7%	94.8%	93.0%	93.0%	95.7%	92.9%	97.6%	94.7%	98.6%	98.4%	98.4%	95.5%	
Care Staff shifts (% Actual Vs Planned) Day	need to agree tolerance	No data available	99.2%	100.8%	102.0%	104.2%	101.7%	95.9%	96.2%	97.3%	97.7%	101.2%	104.2%	100.1%		
Care Staff shifts (% Actual Vs Planned) Night	need to agree tolerance	No data available	117.1%	113.1%	114.0%	121.7%	114.2%	109.8%	116.5%	116.4%	114.0%	124.1%	129.0%	117.8%		
Number of SUIs	0	2	0	0	1	0	1	1	1	0	2	2	1	11	Data provided in the monthly Apex report, however figures differ from STEIS. Currently being investigated	
Number of never events		0	0	2	0	0	0	1	0	0	0	0	0	3		

Area	Performance Indicator	2014/15 Annual Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Cumulative YTD	Trend (Apr 14-Mar 15)
<b>PATIENT EXPERIENCE (Bolton FT)</b>																
	Complaints Responded to within time period	95%	97%	97%	94%	94%	78%	75%	91%	82%	100%	96%	100%	94%	92%	
	A&E Net Promoter Score	69	47	56	50	54	61	57	56	51	52	58	54	50	54	
	A&E Response Rate	15%	16.1%	18.7%	15.5%	19.3%	17.8%	17.9%	14.9%	20.2%	20.8%	22.6%	21.4%	21.2%	18.7%	
	Inpatient Net Promoter Score	78	82	80	79	81	77	77	80	78	76	79	79	80	79	
	Inpatient Response Rate	15%	36.8%	41.9%	43.8%	41.3%	37.0%	42.6%	35.2%	39.0%	28.6%	38.2%	46.1%	44.6%	39.6%	
	Maternity Q1 Antenatal Care Net Promoter Score	No target set	74	65	73	62	47	69	81	No Responses	No Responses	No Responses	No Responses	No Responses	67	
	Maternity Q2 Birth Net Promoter Score	No target set	92	92	88	93	85	70	73	77	68	80	72	71	80	
	Maternity Q2 Birth Response Rate	No target set	10.8%	23.0%	12.3%	2.8%	6.9%	18.4%	17.9%	18.9%	19.4%	16.6%	15.5%	16.1%	14.9%	
	Maternity Q3 Postnatal Net Promoter Score	No target set	100	81	92	86	72	76	68	79	58	60	47	65	71	
	Maternity Q4 Postnatal Community Net Promoter Score	No target set	83	92	91	100	100	67	No Responses	No Responses	No Responses	No Responses	No Responses	No Responses	84	
	Friends and family staff (Quarterly) Percentage recommended - work	No target set	56.0%			59.0%			Not yet available			Not yet available			57.5%	
	Friends and family staff (Quarterly) Percentage recommended - Care	No target set	71.0%			75.0%			Not yet available			Not yet available			73.0%	

Area	Performance Indicator	2014/15 Annual Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Cumulative YTD	Trend (Apr 14-Mar 15)
<b>STAFFING</b>																
Quality Impact Indicators	Sickness Absence	3.75%	5.17%	4.81%	4.60%	4.70%	4.76%	4.57%	5.06%	5.00%	5.39%	5.07%	4.96%	4.79%	4.90%	
	Mandatory Training - Compliance	100%	84.80%	85.20%	85.90%	85.60%	85.30%	85.50%	86.50%	88.10%	88.40%	88.90%	89.80%	90.80%	87.10%	
	Appraisals Completed	80%	81.8%	79.4%	77.9%	78.3%	79.0%	79.0%	80.1%	79.2%	79.7%	77.8%	79.1%	79.9%	79.1%	
	Induction Attendance	100%	81.50%	81.70%	81.30%	77.80%	68.10%	77.00%	82.90%	79.60%	73.90%	68.40%	67.90%	71.40%	77.20%	
	Substantive staff turnover Headcount (rolling average 12 months)	<=10%	9.3%	9.3%	9.3%	9.3%	9.4%	9.1%	9.2%	9.6%	9.0%	8.9%	9.0%	9.2%	9.2%	
<b>CLINICAL EFFICIENCY AND EFFECTIVENESS</b>																
Better Care, Better Value	Surgical WHO Checklist compliance (Elective)	100%	97%	96%	98%	99.5%	98.0%	99.0%	99.0%	99.0%	96.0%	99.0%	99.0%	99.0%	98%	
	Surgical WHO Checklist compliance (Emergency)	100%	97%	97%	100%	100%	100%	100%	99%	99%	100%	99%	100%	99.0%	99.2%	
<b>BEAUMONT</b>																
Independent Sector	Number of SUIs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of never events	0	0	0	1	0	0	0	0	0	0	0	0	0	1	
<b>PRIMARY CARE</b>																
Primary Care	Number of practices with 5 red indicators on the Primary Care Dashboard (Practices with review identified)	Running Total	5	5	5	5	5	5	5	5	5	6	6	6	6	
	Dementia diagnosis rate	67.0%	69.5%	69.4%	69.6%	69.2%	69.5%	70.0%	70.1%	71.1%	71.5%	71.3%	71.3%	70.7%	70.3%	

### Reporting period: March 15

		PERFORMANCE STATUS		TREND	
Budgetted FTE	Actual FTE	RED	Performance is above Target		Increase since last month
<b>149.07</b>	<b>96.13</b>	AMBER	Performance is slightly above target		No Change (may be on target and green)
		GREEN	Performance is on or below Target		Decrease since last month

Indicator	Previous Month		Current Month		Organisation's Target	Performance Against Target	Trend	Comments Hotspots
	Measure	Period	Measure	Period				

#### SECTION 1 Organisational Profile

Total Headcount		77	Feb-14	<b>80</b>	<b>Mar-14</b>	N/A	N/A		Includes Non Exec/Lay Members
Total Staff in post (FTE)		68.74	Feb-14	<b>71.74</b>	<b>Mar-14</b>	N/A	N/A		
Employment Composition	Substantive	69	Feb-14	<b>72</b>	<b>Mar-14</b>	N/A	N/A		
	FTC	8	Feb-14	<b>8</b>	<b>Mar-14</b>	N/A	N/A		Includes 2 "undefined"
	Bank	0	Feb-14	<b>0</b>	<b>Mar-14</b>	N/A	N/A		

#### SECTION 2 Organisational Movement

Total No. Leavers		1	Feb-14	<b>0</b>	<b>Mar-14</b>	N/A	N/A		
Total No. New Starters		4	Feb-14	<b>3</b>	<b>Mar-14</b>	N/A	N/A		
Turnover Rate (Average Calculation)		7.90%	Feb-14	<b>7.71%</b>	<b>Mar-14</b>	13.6% NHS National Avg.	GREEN		Total FTE of Leavers in year / Average Total FTE of Employees in year
Advertised Vacancies	No.	2	Feb-14	<b>2</b>	<b>Mar-14</b>	N/A	N/A		
	FTE	1.67	Feb-14	<b>2.00</b>	<b>Mar-14</b>	N/A	N/A		

#### SECTION 3 Organisational Behaviour

Month Sickness Absence	Rate	3.91%	Jan-14	<b>4.51%</b>	<b>Feb-14</b>	4.43% Boorman 2.21% HSCIC *	RED		FTE Days Absent / FTE Days Available <b>NOTE:</b> Sickness Absences information is only available one month behind the current reporting period due to recording schedules.
	Cost	£6,946	Jan-14	<b>£10,597</b>	<b>Feb-14</b>	N/A	N/A		
Annual Sickness Absence	Rate	2.80%	Jan-14	<b>2.96%</b>	<b>Feb-14</b>	4.43% Boorman 2.21% HSCIC *	GREEN		<b>NOTE:</b> The Annual Sickness Absence Trend will at the moment only be calculated from April 2013 onwards until 12 month's data is available.
	Cost	£52,181	Jan-14	<b>£62,779</b>	<b>Feb-14</b>	N/A	N/A	N/A	