NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: ……11……………..

Date of Meeting: …………27th May 2016………………

TITLE OF REPORT:	CCG Corporate Performance Report
AUTHOR:	Melissa Laskey – Associate Director Commissioning Mike Robinson – Associate Director Integrated Governance & Policy Victoria Preston – Senior Information Analyst
PRESENTED BY:	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 2015/16 against which NHS Bolton Clinical Commissioning Group is nationally measured
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 Clinical Executive Contract Performance Group Quality and Safety Committee
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. 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 2016 (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 Standards
- Key NHS Contractual Measures
- Outcome & Quality Framework Indicators
- Community Services Key Performance Indicators
- CCG Quality Indicators
- Mental Health Dashboard (new from May 2016)

1.3 Section 2 exception reports against all indicators.

2. Exception Reporting

2.1 Quality & Safety – Board Lead, Dr Colin Mercer

2.1.1 Healthcare Associated infections

Bolton FT had 5 MRSA attributed to them in 15/16 but 2 of these were contaminants and not blood stream infections, likely as a result of specimen taking. There were a further 5 pre-48 hour bacteraemias in 15/16 and RCA's have been undertaken for all and submitted to NHSE. The CCG hosted IPCC is overseeing a number of initiatives including decolonisation of at risk patients in the community and the improvement in aseptic non touch technique for those taking samples within the provider. Zero tolerance is applicable for 16/17.

There were 26 CDT cases attributed to the FT last year of which 4 cases are to be discussed in more depth with the CCG as there were no apparent lapses in care. There were 49 cases not attributed to the FT and 2 cases from out of area, totalling 77 health economy cases against a figure of 87 last year. This was against a target of 86 cases.

The collaborative work of the IPCC will be presented to the July Quality and Safety Committee.

2.1.2 Falls

Although the overall number of falls increased within 15/16 the overall number of falls resulting in severe harm reduced by nearly 50%. There has been an extensive programme of falls prevention training, resources available on the

Trust's intranet and the establishment of initiatives such as 'arms reach commode tagging. The FT, in discussion with the CCG and Local Authority is keen to establish a health economy wide falls improvement collaborative in line with the Locality Plan.

2.1.3 Serious Incidents

2 serious incidents occurred in March: wrong lens selected and implanted in Ophthalmology; incorrect drug dose. In neither case did the patient experience serious harm and both incidents will be reviewed by the CCG's Serious Incident Review Group. The quality and timeliness of SI reporting continues to Improve.

2.1.4 Complaints

Although the FT just missed their target for the timeliness of complaint responses in 15/16, there has been a significant improvement in the quality of replies. The FT acknowledge the importance of timeliness too and exemplified this as a patient story at their April Quality Assurance Committee.

2.1.5 Workforce

The year-end metrics are presented but a full update on workforce Performance and improvement initiatives was provided to the April Board.

2.1.6 Mixed Sex Accommodation Breaches

There were 32 breaches of single sex accommodation in the FT in 15/16, the majority of which occurred on HDU as a result of an inability to step down patients once deemed appropriate and prior to admission onto HDU of a patient of the opposite sex. There are fundamental constraints within the 2 bay structure of HDU which cannot easily be resolved but there are a number of initiatives underway with regards bed management and the earlier identification of breaches, along with continued awareness session raising for staff and a review of policy and escalation processes.

2.2 Commissioning – Board Lead, Dr Barry Silvert

2.2.1 Reduce Non-Elective Admissions

The CCG, in its 5 year plan, set a target for a reduction of 2.9% of non-elective admissions in 2015/16 (based on 2014/15 outturn). In March 2016 there were 3,056 non elective admissions across all providers. This represents an increase of 340 non-elective admissions compared to March 2015 (a 12.5% increase in month). The causes of the increase are being investigated, with the additional actions being developed to manage demand outlined in section 2.2.4 of this report.

The Admission Avoidance Team continues to demonstrate a positive impact on both non-elective admissions and readmissions. In March 2016 there were 165 step up referrals to the AAT team, of which 35 (21%) were direct from A&E and 66 (40%) from the GPs. These figures show a positive increase in the numbers of referrals from GPs rather than the majority of referrals coming from A&E as has historically been the case.

2.2.2 Reduce Non-Elective Length of Stay

The target for non-elective length of stay for 2015/16 is 4.65 days. In March 2016, the length of stay reduced to 4.3 days and the current YTD length of stay remains at 4.4 days, which are both below the CCG target.

2.2.3 Reduce Emergency Readmissions

The number of emergency readmissions in March 2016 was 485 which is a decrease of 26 from March 2015 (511). Significant work has been undertaken by the CCG and Bolton FT in 2015/16, focussing on:

- A shared understanding of the reasons for patients being re-admitted.
- Reviewing best practice examples nationally.
- Designing interventions across the health and care system to reduce avoidable readmissions.

The actions taken, including; improving patient discharge (with a relaunched discharge leaflet), implementation of the SAFER bundle, introduction of the Ambulatory Care pathways and Rapid Access Clinics and GP clinical lead sessions for heart failure, have all contributed to the reduction in emergency readmissions. In Quarters 1 and 2 of 2015/16, the average monthly readmissions were 531; this has decreased to an average of 482 in Quarter 4, which is a positive reflection of the work that has been undertaken.

2.2.4 NHS Constitution Targets

A&E 4 hour performance for March 2016 was 75.50%. This is a further decrease since February, highlighting a downward trend for the last 4 months. The Year to Date figure currently stands at 89.7%.

However in May, A&E performance has improved and the target has been met on a number of days in the second half of the month.

The CCG and FT are working closely together to implement a series of actions (some short term and some medium to long term) to help to alleviate pressure across the urgent care system.

As highlighted previously to Board, a jointly agreed programme of work is in place and progress is being made against this. A&E now has regular additional primary Care resource provided by BARDOC in the evenings and over the weekend.

GP practices have all changed their answerphone messages to point patients to the BARDOC "Out of Hours" number rather than 111 and this is being closely monitored. Initial data shows a shift in activity and an increase in the call volumes to BARDOC, which correlates to a decrease in 111 calls.

Work is ongoing to explore the option of "splitting" the GP OOH service over 2 sites; the existing Waters Meeting Road site and Royal Bolton Hospital, which will potentially provide additional capacity for patients to be streamed via triage in A&E to appropriate primary care assessment/treatment.

Alongside this, the CCG is working closely with providers to develop the model of a senior clinical decision maker at front door of A&E, ensuring this is planned appropriately and options to pilot the model are being developed.

As highlighted previously to the Board, there is an equal need to improve "flow" through the hospital and reduce delayed discharges to ensure a fully efficient and effective urgent care system is in place. A number of actions are underway to improve flow and the discharge process at the Trust, including:

- Redesign of the discharge process and enhancing the team.
- Ensuring appropriate use of the Intermediate Tier service and step down beds.
- Implementing the findings of the MADE event.

In March 2016, NWAS failed all 3 of the national targets. Performance was 67.34% for Emergency Response arriving within 8 minutes (Red 1) and 58.88% within 8 minutes (Red 2) - against a target of 75% for both. The Category A 19 minute response standard did not achieve the target, with performance of 86.66% (against a target of 95%). NWAS has attributed the deterioration in performance to high levels of demand and lengthening turnaround times at acute trusts.

The 6 week diagnostic waiting time standard was failed for March 2016, with 1.42% of patients waiting longer than 6 weeks for their diagnostic procedure. This standard has not been achieved for 2015/16, with YTD performance being 1.24% of patients waiting longer than 6 weeks. This has predominantly been due to known endoscopy issues at CMFT, with Bolton NHS FT consistently achieving the diagnostics standard at provider level and for NHS Bolton CCG patients. The CCG planned care commissioning team continues to work with CMFT's lead commissioners to monitor the action plans and trajectories in place to improve performance. It is noted that demand for endoscopy services is known to have increased nationally, as a result of public health cancer awareness campaigns, changes to NICE guidance, and changes in clinical practice. NHS England has established a central Programme Management Office to address the national position and support the matching of capacity to demand. Locally, commissioners are working with the Bolton NHS FT Elective Division through the Planned Care Strategy Group to ensure that this growth is funded and resourced appropriately for 2016/17. This has been incorporated into 2016/17 activity plans.

There were 8 patients in March 2016 who were cancelled on the day of surgery, and not offered a subsequent binding date within 28 days. There were ongoing emergency bed pressures during this month which resulted in elective cancellations, with subsequent impact on the 28 day standard. The impact of non-elective activity on elective flow and achievement of standards has been identified as an area for joint review by the Planned and Urgent Care commissioning and operational teams. The CCG Business Intelligence team are working to develop a report showing the impact on flow to support this work.

All cancer standards were achieved for March 2016, and are forecast to be achieved for the full year at CCG level. As part of the ongoing work to further reduce waiting times for patients on suspected cancer pathways, a cancer waiting times CQUIN has been finalised for 2016/17, with the aim of bringing down wait times for first assessment, diagnostics and time to first treatment for patients in Bolton.

The incomplete pathway standard for March 2016 was met, with 93.8% of patients waiting less than 18 weeks for planned procedures, against a threshold of 92%. This indicator was also achieved YTD, with performance of 94.6%. While the admitted and non-admitted RTT measures were met for the full year, these were not met for March 2016 - with performance of 89.3% and 94.9% respectively. It should be noted that these measures are no longer national operating standards, and the key measure for referral to treatment times is the incomplete pathway indicator, as this demonstrates the length of time that most patients are actually waiting for their procedure.

There have been three elective patients identified as breaching 52 weeks in 2015/16, and Bolton NHS FT has alerted commissioners in the past month to a further patient who has breached the 52 week maximum wait in 2015/16 (due to administrative error). The FT has undertaken root cause analyses and clinical review of these patients, and has subsequently initiated an internal data quality review as a result of these. Commissioners are liaising closely with the Trust to seek assurance on actions taken, which have included the implementation of a new training package and regular error reports.

2.2.5 NWAS 111Performance

In April 2016 5,942 calls were triaged through the 111 system, this is a decrease of 718 calls since March 2016. Of the 5,942 patients triaged, 521 were directed to A&E, 660 resulted in an ambulance being dispatched, 3,529 were referred to primary or community care services and 1,110 were advised for no further treatment or services.

As mentioned in section 2.2.4 of this report since the 25th April, 111 have no longer been triaging GP Out of Hours calls, early indications are showing an increase in call volumes to the GP Out of Hours service, with a decrease in the number of face to face appointments being booked. It is anticipated that a more significant change in call volumes and a correlating decrease in 111 calls will be reported in the June Board report.

2.2.6 Contractual Performance

In March 2016 there were 226 patient handovers (from ambulances to A&E) where patients waited between 30 and 59 minutes and 273 handovers where patients waited more than 60 minutes (against a target of 0 for both). Recent data for May shows a reduction in the number of patients waiting more than 60 minutes for handover, however there is still a significant number of patients waiting between 30 and 59 minutes. The CCG are leading the development of an Ambulance working group to work jointly with NWAS and Bolton FT in working on improving this performance.

2.2.7 Mental Health

Compliance of Care Programme Approach (CPA) reviews completed in March was 97.8% (an increase on February's performance of 94.7%) against a target of 95%. CPA 7 day follow ups were rated red this month at 94.7% against a 95% target due to 2 functional breaches; of which 1 patient refused to engage with Home Based Treatment within 7 days (despite proactive attempts by staff and liaison with family) and 1 patient was transient (last registered with a GP in Sheffield but attempts made to contact the individual via Probation were unsuccessful). The Senior Commissioning Manager for Mental Health is following up this case to establish any lessons learnt and to ensure that safe discharge procedures are in place. The overall position across the last 12 months remains green with the target being exceeded by 2.8%.

Performance against the Improving Access to Psychological Therapies (IAPT) recovery rate (combined figures for GMW, Think Positive and 1 Point) dropped to 47.9% for March (from 53% in February) against the 50% target. The CCG is monitoring this closely. Combined access rates show a positive figure of 15.6% (successfully achieving the target of 15%).

Early Intervention in Psychosis (EIP) caseloads continue to be significantly higher than the nationally recommended target, but staff recruitment continues and GMW expect the team to be fully operational and NICE compliant by September 2016. Performance is rated green against the new referral to treatment target of 2 weeks; having achieved 89.5% in month. Reporting of this has been added to the monthly mental health dashboard. NHS England continues to monitor the Mental Health Services Data Set (MHSDS) for EIP the CCG has been assessed as compliant by NHS England.

Memory Assessment Treatment Service (MATS) - the national diagnosis rate of 70% for dementia continues to be achieved (at 71.5%) and work continues through Greater Manchester Dementia United and Bolton's Dementia

Partnership to further improve on this, including improved engagement of hard to reach and minority groups. Waiting times have increased since last month to 6.6 weeks – but this is mainly due to the 'One stop shop' model in place which means the service endeavours to gather all relevant information including scans prior to appointments with patients to make the appointment more meaningful (which can often impact on the length of wait for a first appointment).

New to the Performance Report is the mental health dashboard which details performance against other key local services. The two main areas being the Single Point of Access and the Acute Care Pathway redesign.

In terms of the latter, the data set is still under review (including setting appropriate thresholds for key performance indictors). March performance highlights include:

- Overall readmission rates were rated green (in February as reported one month in arreas) with performance of 3.1%. There has been fluctuation month on month and the clinical team continues to review all readmissions within 30 days and this is discussed at the local Service Development Group with commissioners to identify remedial actions required.

- Although bed occupancy was rated red in March (with performance of 92.3%), this has been consistently above the threshold throughout 2015/16 (which is under review) and it is important to note that bed occupancy has not had a negative impact on the number of acute beds being requested outside of the GMW footprint (3 in total for the year).

- Length of stay (LOS) – the average LoS was 51 days across all wards which is a slight decrease from the previous month. In future months this will be shown separately for adults and older adults to allow for a more meaningful data set and benchmarking with other commissioners.

- Incidents – 4 level 4 incidents were reported in the community (a reduction from 6 the previous month) which remain under investigation. The Serious and Untoward Incident (SUI) process is being revised with the changes in lead commissioner arrangement (from Salford to Bolton CCG) and all Bolton incidents are discussed in one forum led by Quality and Safety Team. Wider lessons learnt will be shared across Bolton, Trafford and associate commissioners. The number of suicides remains high for Bolton (compared to the GM average) and further suicide prevention work continues with public health and through Papyrus for children and young people.

In terms of the Single Point of Access (SPoA), the initial data shows that the SPoA received a total of 5,887 referrals in 15/16, at an average of 490 per month with 496 referrals received for March. 4,493 of these were for the IAPT service (76.3%). These numbers are likely to increase once the new lead provider model for IAPT comes in to operation (from October 2016). The vast

majority of referrals to the SPoA (78%) were made by GPs, followed by 'other' sources and self-referrals.

The 2015/16 year end emergency referral wait (2 days) and urgent referrals (7.7 days) are just outside planned levels of 1 day and 7 days respectively. 68.8% of emergency referrals were seen within 24 hours in March and 83% of urgent referrals were seen within 7 days. The rate at which routine referrals are seen within 28 days is 58.9% in 2015/16, however the average wait for routine referrals remains within the 28 day target at 27.5 days. The March figure for routine referrals was 90.9% seen within 28 days.

In March, 65% of contacts were face to face and 35% were by phone. Of assessments, 75.6% of contacts were for assessment only and 24.4% were assessment and follow up. The Trust is in the process of gathering further data on sign posting so there is a fuller picture as to where patients are referred on to and how many represent.

The Trust is in the process of recruiting additional staff to the service (including a consultant and nursing staff). It is estimated that of all the people seen by SPoA approximately 25% meet the criteria for secondary care mental health services provided by GMW. A more detailed report is being developed by the Trust which will provide more detailed information on the activity within the service in the future.

GMW continue to work with commissioners around serious incidents and it has been noted in relation to SPoA these tend to be around prescribing issues. Work is in progress around the 28 days prescribing and shared care protocols which should improve many of these issues.

2.3 Community Services Dashboard – Board Lead, Dr Barry Silvert

2.3.1 Detailed below are the key highlights from the overarching community services dashboard for April 2016.

2.3.2 Overall, waiting times for community services have seen a decrease during March when compared with the previous months, with performance across the services at aggregate level at 60.3% for referrals seen within 4 weeks (against a target of 90%). This performance is expected to improve with the recent roll out of an improved waiting list report to assist Services with specific targets and to address data cleansing issues. The CCG continues to work with the FT on key actions to reduce waiting times for specific services as required.

2.3.3 Referrals to the Integrated Neighbourhood Teams decreased in April 2016 to below target at just 120 compared to levels as high as 187 and 151 in February and March respectively. Work is underway to align the service with the 10 clusters of GP Practices with 10 District Nurses to provide coordination and liaison with practices within each of the areas. It is anticipated that this will further support the identification of patients suitable for proactive care management and intervention from the INTs and as such the numbers of patients referred and proactively managed will increase over the coming months.

2.3.4 Work continues on the development of a comprehensive integration dashboard to demonstrate the overall impact of new schemes in place. This will also include data on Delayed Transfers of Care (DTOC) as this is a new mandatory condition of the Better Care Fund for 2016/17. The first version of this will be available and submitted to Board from June 2016.

2.3.5 Referrals to children's community teams have progressively increased over the last few months with a further increase seen in April (581 against a target of 515). Referrals to Adult services are below plan in April 2016 at 2,439 compared to a target of 2,608. This trend is consistent across 2015/16 as activity levels are slightly lower now than levels seen 12 months ago.

2.3.6 In terms of performance against other key metrics, there has been a decrease in sickness rates to 3.9% in March (staffing data is reported two months in arrears) and a steady position of 94.9% for the staffing establishment within adult's services. The children's services have seen an improvement in staff turnover (to 10.6% against a target of 10%) and the levels of staffing establishment have seen a further improvement above target to 95.8% in April. Sickness absence during April has seen a slight increase to 5.4% in children's services.

2.3.7 The Admission Avoidance team continues to see an increase in the number of patients referred to the service and reduced unplanned hospital admissions achieved as highlighted earlier in the report.

2.4 Further Update for Board

Board has been made aware of continued under performance within the TIA service at Bolton FT. As previously approved by Board, the CCG has been working on a redesign of the service - looking to commission alternative providers to ensure a good quality of provision is available for Bolton Residents. Salford Royal FT and Wrightington, Wigan and Leigh Trust are the proposed providers of the TIA Service going forward. Both Salford and Wigan CCGs have confirmed that they support this and are happy with the quality of services currently provided. The engagement work is scheduled to take place in June and a further report with a recommended decision for approval will be presented to Board in July.

3. Recommendations

3.1 The Board is asked to note the performance for March 2016 and the actions being taken to rectify areas of performance which are below standard.

Melissa Laskey - Associate Director of Commissioning
20th May 2016

Index

Appendix 1

2 Corporate Objectives
3-4 NHS Constitution Standards
5-7 Key NHS Contractual Measures
8 Outcome & Quality Framework Indicators
9-20 Community Services Key Performance Indicators
21-23 Quality Indicators
24-26 Mental Health Dashboard

Bolton Clinical Commissioning Group

BOLTON CCG CORPORATE REPORT

Objective	Key Measures of Success (Goals)	From (2011/12) 2013/14 for Emergency admissions)	To 2015	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	YTD 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 [1]	m13.5 f11.5	m13 f11														Data not yet available	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	5	2	2	2	3	4	5	6	6	6	4	7	Running total		Number of failing targets out of 17 National measures See NHS Constitution report 7 for March, A&E 4 Hour and all ambulance targets. RTT Admitted, None admitted and Diagnostics.
	Bolton patients and carers would recommend health services (combination of A&E and Inpatient)		90% Local target	90.1%	90.7%	92%	91.6%	90.6%	90.8%	91.3%	91.9%	91.0%	89.2%	88.1%	87.9%	91%	91%	New measure 'percentage recommended' rather than 'net promoter score'
Best Value:	Reduce emergency admissions	33,498	32,511	2,758	2,888	2,826	2,939	2,742	2,794	2,944	3,068	3,066	2,927	2,757	3,056	34,765	0.8%	As per year 2 of the 5 year strategic plan Comparative to same period for the previous year
Shift care closer to home	Reduce elective & non elective length of stay (Ave LOS)	EI 3.3 (baseline - strategic plan)	EI 3.0 15/16	3.3	3.3	3.5	3.0	3.2	2.8	3.2	3.5	3.3	2.9	3.2	3.1		3.2	As per year 2 of the 5 year strategic plan
		NE 4.9 (baseline - strategic plan)	NE 4.65 15/16	4.8	4.7	4.2	4.3	4.0	4.4	4.0	3.9	4.7	4.6	4.6	4.3		4.4	As per year 2 of the 5 year strategic plan
	Reduce emergency readmissions	6,086	3% Reduction	525	557	511	562	515	518	571	468	549	503	458	485	6,222	2.20%	As per year 2 of the 5 year strategic plan Comparative to same period for the previous year Data rebased due to GMW no longer submitting and a shift in code for admission method.

NHS Constitution Indicators March 16

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Mar16)
Referral to Treatment waiting times for non urgent consultant led treatment - All Providers																	
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	95.4%	95.7%	95.9%	94.6%	95.3%	94.3%	92.0%	91.0%	93.5%	91.9%	90.5%	89.3%	93.4%	A	Aggregated target achieved,Cardiology failed (54.6%), General Surgery (88.3%), Plastic Surgery(76.1%), Orthopaedics (83.3%), Urology (85.5%), ENT (83.3%) . Bolton FT failed General Surgery (88.1%), Plastics (82.1%), Orthopaedics (80.8%), Urology (87.2%) and ENT (80.3%).	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	97.2%	96.8%	96.8%	97.0%	96.4%	96.0%	96.8%	96.2%	96.2%	95.6%	95.2%	94.9%	96.3%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (77.8%), Gastro (92.9%), Gen Surgery (93.4%), Neurology (88.9%), Ophthalmology (92.7%), Plastics (90.9%), Rheumatology (94.96%)and Orthopaedics (91.6%) . Bolton FT failed General Surgery (94.4%), Neurology (96.7%), Rheumatology (94.5%), Orthopaedics (89.8%) and Ophthalmology (92.2%) .	
Patients on incomplete non emergency pathways (yet to start treatment)	92%	95.7%	96.2%	96.4%	95.6%	95.7%	95.6%	94.2%	94.3%	92.9%	93.6%	93.5%	93.8%	94.6%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (90%), General Surgery (92%), Neurology (90%), Plastics (82.9%) and Orthopaedics (90.5%). Bolton FT failed Plastics (88.4%) and Orthopaedics (90.12%).	
Diagnostic test waiting times All providers																	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	1.00%	1.04%	1.59%	1.13%	1.05%	0.93%	1.33%	1.46%	1.50%	1.52%	0.89%	1.42%	1.24%	F	45 breaches for March 16. 12 colonoscopy (10 for Central Manchester) and 16 gastroscopy (11 for Central Manchester).	
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%	92.10%	96.80%	98.30%	95.90%	95.70%	93.84%	92.90%	88.70%	91.10%	82.60%	82.30%	75.50%	89.70%	F	2,443 patients waited more than 4 hours (Denominator 9,969) Indicator breached by 1945 patients.	
Cancer patients - 2 week wait -All Providers																	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	93.4%	98.2%	96.8%	95.1%	96.9%	98.2%	98.1%	98.5%	97.1%	98.4%	98.8%	99.0%	97.4%	A		
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	98.1%	100.0%	99.2%	97.5%	99.2%	98.3%	98.0%	100.0%	99.2%	99.2%	97.7%	97.5%	98.6%	A		
Cancer patients - 31 day wait -All Providers																	
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	97.7%	98.9%	97.3%	97.5%	99.1%	95.8%	97.4%	99.0%	97.2%	96.2%	97.6%	96.5%	97.5%	A		
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	100.0%	100.0%	94.4%	100.0%	92.3%	88.9%	94.1%	100.0%	94.1%	94.1%	100.0%	100.0%	96.7%	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%	100.0%	100.0%	100.0%	100.0%	100.0%	A		
Cancer waits - 62 days - All Providers																	

NHS Constitution Indicators March 16

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Mar16)
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	90.5%	80.6%	85.5%	92.1%	84.6%	82.8%	89.3%	84.2%	94.7%	83.0%	88.1%	91.5%	87.4%	A		
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	75.0%	100.0%	80.0%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	96.7%	A		
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	None set	100.0%	100.0%	87.5%	50.0%	100.0%	72.7%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	91.8%	A		
Category A ambulance calls NWAS																	
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	71.20%	81.60%	79.80%	79.30%	77.70%	78.40%	75.90%	73.40%	74.90%	69.30%	70.50%	67.34%	74.80%	F		
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	72.10%	79.40%	78.20%	76.00%	75.40%	74.90%	72.50%	68.50%	69.50%	63.50%	61.10%	58.88%	70.40%	F	High levels of demand and lengthening turnaround times.	
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	93.30%	96.40%	95.90%	94.60%	95.10%	94.60%	94.10%	92.00%	92.70%	89.90%	88.10%	86.66%	92.60%	F	High levels of demand and lengthening turnaround times.	

CCG Performance Report - March 16

Commissioner Performance Dashboard

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Mar16)
Referral to Treatment waiting times for non urgent consultant led treatment - All Providers																	
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	95.4%	95.7%	95.9%	94.6%	95.3%	94.3%	92.0%	91.0%	93.5%	91.9%	90.5%	89.3%	93.4%	A	Aggregated target achieved,Cardiology failed (54.6%), General Surgery (88.3%), Plastic Surgery(76.1%), Orthopaedics (83.3%), Urology (85.5%), ENT (83.3%) . Bolton FT failed General Surgery (88.1%), Plastics (82.1%), Orthopaedics (80.8%), Urology (87.2%) and ENT (80.3%).	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	97.2%	96.8%	96.8%	97.0%	96.4%	96.0%	96.8%	96.2%	96.2%	95.6%	95.2%	94.9%	96.3%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (77.8%), Gastro (92.9%), Gen Surgery (93.4%), Neurology (88.9%), Ophthalmology (92.7%), Plastics (90.9%), Rheumatology (94.96%)and Orthopaedics (91.6%) . Bolton FT failed General Surgery (94.4%), Neurology (96.7%), Rheumatology (94.5%), Orthopaedics (89.8%) and Ophthalmology (92.2%) .	
Patients on incomplete non emergency pathways (yet to start treatment)	92%	95.7%	96.2%	96.4%	95.6%	95.7%	95.6%	94.2%	94.3%	92.9%	93.6%	93.5%	93.8%	94.6%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (90%), General Surgery (92%), Neurology (90%), Plastics (82.9%) and Orthopaedics (90.5%). Bolton FT failed Plastics (88.4%) and Orthopaedics (90.12%).	
Number of patients waiting more than 52 weeks - (Bolton FT only) Incomplete	0	0	0	1	1	0	0	0	0	0	0	0	1	3	F		
Number of patients who are not offered another binding date within 28 days Bolton FT																	
Number of patients who are not offered another binding date within 28 days	0	1	1	0	0	0	0	0	0	0	0	2	8	12	F		
Diagnostic test waiting times All providers																	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	1.00%	1.04%	1.59%	1.13%	1.05%	0.93%	1.33%	1.46%	1.50%	1.52%	0.89%	1.42%	1.24%	F	45 breaches for March 16. 12 colonoscopy (10 for Central Manchester) and 16 gastroscopy (11 for Central Manchester).	
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%	92.10%	96.80%	98.30%	95.90%	95.70%	93.84%	92.90%	88.70%	91.10%	82.60%	82.30%	75.50%	89.7%	F	2,443 patients waited more than 4 hours (Denominator 9,969) Indicator breached by 1945 patients.	
Cancer patients - 2 week wait -All Providers																	
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	93.4%	98.2%	96.8%	95.1%	96.9%	98.2%	98.1%	98.5%	97.1%	98.4%	98.8%	99.0%	97.4%	A		
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	98.1%	100.0%	99.2%	97.5%	99.2%	98.3%	98.0%	100.0%	99.2%	99.2%	97.7%	97.5%	98.6%	A		
Cancer patients - 31 day wait -All Providers																	
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	97.7%	98.9%	97.3%	97.5%	99.1%	95.8%	97.4%	99.0%	97.2%	96.2%	97.6%	96.5%	97.5%	A		
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	100.0%	100.0%	94.4%	100.0%	92.3%	88.9%	94.1%	100.0%	94.1%	94.1%	100.0%	100.0%	96.7%	A		

CCG Performance Report - March 16

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Mar16)
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%	100.0%	100.0%	100.0%	100.0%	100.0%	A		
Cancer waits - 62 days - All Providers																	
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	90.5%	80.6%	85.5%	92.1%	84.6%	82.8%	89.3%	84.2%	94.7%	83.0%	88.1%	91.5%	87.4%	A		
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	75.0%	100.0%	80.0%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	96.7%	A		
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	none set	100.0%	100.0%	87.5%	50.0%	100.0%	72.7%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	91.8%	A		
Category A ambulance calls NWAS																	
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	71.20%	81.60%	79.80%	79.30%	77.70%	78.40%	75.90%	73.40%	74.90%	69.30%	70.50%	67.34%	74.80%	F		
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	72.10%	79.40%	78.20%	76.00%	75.40%	74.90%	72.50%	68.50%	69.50%	63.50%	61.10%	58.88%	70.40%	F	High levels of demand and lengthening turnaround times.	
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	93.30%	96.40%	95.90%	94.60%	95.10%	94.60%	94.10%	92.00%	92.70%	89.90%	88.10%	86.66%	92.60%	F	High levels of demand and lengthening turnaround times.	
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	74	59	25	39	56	100	129	178	203	319	283	226	1691	F	Slight improvement from last month	
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	18	16	1	21	7	13	23	48	77	213	202	273	912	F	Deterioration from last month	
Mixed sex accommodation breaches - Bolton FT																	
Zero tolerance MSA breaches	0	4	0	0	0	2	1	3	1	0	8	5	8	32	F		
Mental Health - GMW																	
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA -Completed	95%	97.80%	97.40%	96.60%	95.80%	96.00%	Not available	91.10%	86.30%	97.90%	96.75%	94.70%	97.80%	95.29%	A		
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA - 7 day follow up	95%	91.10%	100.00%	100.00%	100.00%	100.00%	100.00%	93.30%	100.00%	100.00%	97.30%	96.90%	94.70%	87.80%	A		

CCG Performance Report - March 16

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Mar16)
IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50%	44.90%	51.47%	50.45%	53.45%	44.70%	51.10%	41.88%	44.98%	39.67%	44.77%	54.14%	52.97%	47.97%	F		
IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	15.0%	17.50%	13.50%	17.80%	18.00%	15.60%	15.40%	17.10%	16.40%	12.70%	16.50%	15.40%	11.60%	15.60%	A		
Number of ongoing waiters >18 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0	A		
HCAI-Healthcare Associated Infections	Annual target																
MRSA-Post 48 hrs (Hospital)	0	1	2	0	0	0	1	0	0	0	0	0	1	5	F		
CDIFF-Post 72 hrs (Hospital)	19	4	2	2	1	1	1	4	0	5	4	1	1	26	F		
Friends and family																	
A&E Percentage Recommended	tbc	85.2%	86.6%	87.5%	86.2%	86.4%	84.3%	86.0%	86.3%	87.0%	82.0%	81.0%	79.0%	84.9%	A		
A&E Response Rate	15%	21.9%	21.9%	19.6%	20.2%	19.0%	20.1%	18.8%	17.9%	17.5%	19.9%	18.6%	18.3%	19.5%	A		
Inpatient Recommended	tbc	96.9%	96.4%	98.0%	98.1%	95.8%	96.2%	95.9%	96.2%	94.9%	96.0%	95.0%	96.9%	96.4%	A		
Inpatient Response Rate	15%	26.8%	28.0%	27.7%	29.6%	28.8%	39.1%	36.1%	37.9%	32.0%	32.3%	28.2%	29.8%	31.4%	A		
Never events																	
Never events	0	0	0	1	0	0	1	0	0	0	0	0	0	2	F		

Bolton Clinical Commissioning Group

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	2014	14/15 Target
Potential years of life lost (PYLL) from causes considered amenable - healthcare CCG (Direct Standard Rate)	2667	2644	2240	2531	2326	2348	2564

Latest data released Sept 15 - next due Sept 16

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

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.

GP Patient Survey (GPPS) via HSCIC

			2011/12	2012/13	2013/14	2014/15	
Health related quality of life for people with long term conditions CCG			0.71	0.72	0.72	0.70	Latest data for 14/15 released Aug 15
People feeling supported to manage their condition CCG			67.90	67.20	68.20	65.40	Latest data for 14/15 released Aug 15
Health-related quality of life for carers, aged 18 and above CCG			0.79	0.80	0.78	0.78	Latest data for 14/15 released Aug 15

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.

HES via HSCIC

		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)	Latest data for 13/14 released Feb 15
					1385	(provisional)	

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.

National Inpatient Survey Programme via HSCIC

		2010/11	2011/12	2012/13	2013/14	2014/15	
Patient experience of GP Services (released Nov 14) (4ai)			88.8	88.1	86.8	86.0	Next version due August 16
Patient experience of GP Out of Hours (released Sep 15) (4aii)			74.7	74.3	73.8	75.6	Next version due September 16
Patient experience of hospital care (Bolton FT) (4b)		74.7	77.6	77.6	79.5	78.3	Next version due May 16
Responsiveness to inpatients' personal needs (Bolton FT) (4.2)		66	69.6	68.9	70.9	69.3	Next version due August 16

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	HSCIC November 15 - 5.6 NHS Outcomes Framework
*The Number resulting in severe harm or death	11	8	9	11	HSCIC November 15 - 5.6 NHS Outcomes Framework

* 6 monthly reporting (October to March)

Community Summary 2016/2017

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Community Services - Adults								

Referrals								
Referrals - GP		2,689	2,514	2,608	2,439	2,608	2,439	The reduction in GP Referrals to District Nursing Domiciliary continues due to the introduction of the Integrated Neighbourhood Team and the expansion/intervention of the Admission Avoidance Team and Care Homes Service. Other Referrals to District Nursing Domiciliary have increased since the start of 2015/16 due to the new model of care that sees patients referred onto the service for on-going nursing needs. The work of the INT co-ordinators have increased other referral rates across many services by ensuring that patients are referred to the most appropriate service. Risk Stratification work across District Nursing Domiciliary, Admission Avoidance and IMC at Home has increased referrals to the INT team over the past few months. Although numbers have since decreased the team expects the numbers to rise as risk stratification takes place across other services. To further expand this work the BI team have recently developed a report highlighting patients who would benefit from INT intervention on discharge from hospital. Work also continues with GPs to highlight patients who would benefit from intervention especially for patients aged 75+ and those recently discharged from hospital. INT team/hub members are now holding daily huddles to rapidly allocate work and discuss and solve case work problems to improve service care and efficiency. The recently developed "Frequent Flyers" list comparing admissions and A&E attendances before and after INT intervention suggests they are successful in avoiding unnecessary hospital use. The Admission Avoidance Team have deflected 971 A&E attendances and 620 Non-Elective Admissions (April to Feb 16, latest data available). Their early intervention is responsible for deflecting admissions to Intermediate Care Residential beds instead of admissions to RBH and the reduction in re-admission rates for those with re-occurring conditions. The team work closely with the home based pathways to provide patients with on-going support to enable their independence. The NWAS falls pathway which commenced in September 2015 has also increased referrals to the Admission Avoidance Team. NWAS clinicians will assess every patient at the scene and refer to the Admission Avoidance Scheme if appropriate instead of directly to A&E. Admission avoidance will also benefit from the recent implementation of a joint scheme with BARDOC providing vital GP out of hours support during the week and at week-ends. Other referrals to IMC at Home remain above last financial year's average. A high amount of referrals to this service are direct from the hospital but increasingly from the Admission Avoidance Team and Intermediate Care Residential. This enables patients to have care within their own homes and independence with the support they need. They now have a designated team that works with the Local Authority re-ablement service that holds weekly meetings to discuss patients with joint care. This has proved successful in creating additional capacity for the re-ablement team which is being used to support flow from admission avoidance and IMC beds. IMC at home have reviewed their referral screening process and created a SOP to ensure effective screening. This is reviewed on a weekly basis and caseloads are reviewed weekly to create additional capacity. Other Referrals to the Care Home Services continues to increase due to the team's work to improve their accessibility and faster responses to patients' deteriorating conditions.
Referrals - Other		4,074	3,834	3,630	3,964	3,630	3,964	As above.

Community Summary 2016/2017

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Referrals								
Re-referrals < 90 Days		828	804	-	796	-	796	See below.
Re-referrals < 90 Days Rate		12.2%	12.7%	-	12.5%	-	12.5%	Re-referral rates are affected by patients deteriorating conditions, resulting in many interventions such as seen within District Nursing Domiciliary. Patients being re-referred into Community services prevents re-admissions into hospital beds. The Care Home Service is a good example of this where their reactiveness to patients' needs ensures conditions are dealt with quickly preventing the need for hospitalisation.
Waiting Times								
Referrals Seen < Target		0.0%	0.0%	90.0%	60.3%	90.0%	60.3%	Service-specific waiting times received from the CCG agreed within the Service Specifications are now included. Where there is no defined target, 4 weeks is defaulted. The Trust will continue to work with the CCG to develop and monitor targets for waiting times for triage and urgent referrals where these are relevant to the service. These will be included in future versions of this report. During April 2016 60.3% of patients waiting were seen within the agreed time scales across Adult Community Services. We expect this performance to improve with the recent roll out of a PTL report to assist Services with specific targets and to address data cleansing issues. Some services already have action plans in place for their waiting times such as MSK Therapy. Other services waiting times are affected by their referral patterns such as Community Weight Management. The service sees patients mainly in group sessions which run for 8 weeks. Referrals are self-referrals and patients very rarely wait over 8 weeks as they are added to the next available 8 week programme. Nutritional Support waiting times continue to improve. The service has highlighted that this performance may be negatively affected by maternity leave and the loss of a WTE. Capacity and demand work continues within the Integrated Community Services Division and will inform where extra capacity is needed to manage waiting times more effectively. Long waiting times for EPIOC list (Electric Powered Indoor/Outdoor Chair) inflates the overall waiting time for the Wheelchair Service. Waiting times in some services are also affected by Clinician/Consultant leave, patient Choice and AQP (Podiatry).

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Activity and Access								
Activity - First		7,758	7,327	7,449	7,548	7,449	7,548	The BI team and IT services continue to work closely with Community services to improve recording in areas where we are seeing lower than expected activity. A recent snapshot audit has taken place of 86 patients under the care of the Integrated Neighbourhood Team (INT) looking at 120 days before INT involvement and 120 days after. 56% of the patients had a reduction in A&E Attendances and 65% had a reduction in non-elective admissions. These are encouraging results showing the effectiveness of the INT preventative work in supporting patients high risk admission. The IV Therapy team is now integrated into the Admission Avoidance Team. This means there is now one single point of contact for both services. The team has introduced a range of treatments that are usually only carried out in a hospital setting e.g. IV Iron Therapy, Venesections, Chemotherapy and Blood Transfusions. The team also provides a hospital at home service for Haematology patients with life limiting illness to enable patients to stay at home rather than prolonged periods in hospital. The Care Homes Service activity continues to increase when compared to the start of the Financial Year 2015/16. The service works with Care Home staff, GP practices and Pharmacists. They are assisted by Advanced Practitioners who review patients with long term conditions and develop treatment plans to identify triggers which require timely intervention before further deterioration occurs. In partnership with Primary Care colleagues the team will assess patients at highest risk of hospital admission and develop agreed plans of care describing how the care will be delivered and who is responsible for its delivery on a day to day basis. Regular MDT meetings to discuss patient care continues. The team are now contactable though the Single Point of Access who are able to pass work onto the team directly via their mobiles phone. The Admission Avoidance Team together with NWAS is integral in the development of a deflection scheme for those patients managed through integration schemes with ABC care plans in place. BARDOC are also supporting the team with medical cover in the out of hour periods during the week and at weekends. Activity continues to increase within Intermediate Care Domiciliary on the back of increased referrals from the Admission Avoidance Team and Intermediate Care Residential. The work of the IMC Domiciliary team provides patients with the care needed at home to maintain their independence and to avoid further admission to Community or Acute beds. Bed occupancy during April 2016 is over 95% for both Darley Court and Laburnum Lodge. The majority of referrals received are from a hospital setting. Emergency Dental activity will now start to be recorded within LE2.2 instead of manually collected data. Dietetics Community Weight Management service continues to have peaks and troughs in activity due to the quarterly cycles based on the 8 week programmes. Palliative Care teams are working together with BI and other sources to record their therapy and nursing data in one system to improve patient communication and service efficiency. Currently only the therapy data is reported within the community performance report.
DNA - First		403	408	-	416	-	416	See below.

Community Summary 2016/2017

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Activity and Access								
DNA Rate - First		4.9%	5.3%	5.0%	5.2%	5.0%	5.2%	New DNA rates have decreased slightly during April 2016 and are above plan. Follow-up DNA rates remain under plan.
Activity - Follow-up		42,789	42,423	44,911	44,514	44,911	44,514	The lead analysts from the Council and the Foundation Trust are working together on delivering integrated reporting to allow for more detailed analysis of the services and their effectiveness.
DNA - Follow-up		1,352	1,487	-				See DNA Rate - First
DNA Rate - Follow-up		3.1%	3.4%	8.0%	3.2%	8.0%	3.2%	See DNA Rate - First
Telephone Clinics		1,100	1,345	1,071	1,441	1,071	1,441	Telephone Contacts in place of Face to Face contacts improves patient independence and offers support during evening hours when support is needed. Feedback from patients on this service is positive as it is convenient and appropriate to their needs. The BI team are supporting community services in accurate recording of Telephone Contacts to ensure this activity is captured.
Appointments Cancelled < 1 Week of Due Date		0.7%	0.8%	3.0%	0.7%	3.0%	0.7%	The target has consistently being achieved during April 2016.

Community Summary 2016/2017

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Patient Experience and Outcomes								
Friends and Family - Recommend Rate		89.6%	91.2%	85.0%	87.9%	85.0%	87.9%	This is now reported in month (previously one month in arrears). The Friends and Family recommended rate for adults services continues to perform above target. This is now reported in month and not a month behind. The ICS Division are also exploring the possibility of sending survey post-cards out with appointment letters each month to raise their response rates. 'Walk and talk' has also taken place within IMC at home. This is where patients are visited at home and asked to discuss their thoughts on the service. The feedback has been positive.
Complaints		2	5	-	2	-	2	2 complaints were received during April 2016, one within Darley Court and one within MSK Physiotherapy.
Complaints - Responded < 35 Days		100.0%		95.0%				Both complaints received during February 2016 were responded to within time scale.
Compliments		1,264	1,056	-				Over 1,000 compliments have been received during March 2016 within Community Adult Services (most recent data available). The Trust is now working to collecting and reporting on compliments from other sources.

Community Summary 2016/2017

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Staffing								
WTE in Post		645.06	652.07	-	653.50	-	653.50	See below.
WTE v Establishment		93.9%	94.9%	95.0%	94.9%	95.0%	94.9%	The number of vacancies in Adult Community services have reduced compared to previous months. As at end of April 2016 there are 35.4 vacancies. Some services' budget codes cover both hospital and community services e.g. Dietetics Adults, Elderly Medicine, Palliative Care and Dermatology. This will need to be addressed to ensure WTE can be compared to activity levels – this is a major piece of work and will require close links between BI, services, Workforce and Finance. WTE for INT is not currently reported separately from District Nursing Domiciliary, this piece of work is on-going.
Sickness Absence Rate		5.0%	3.9%	4.2%				Sickness absence data will be reported one month in arrears unless it is available by working day 10. The current reported position is March 2016. At the end of the Financial year Adults Community Services are under target for sickness rates. The Trust has a comprehensive programme in place to improve sickness absence rates through the implementation of the People Strategy. It is anticipated that over time this indicator will improve as a result of this.
Staff Turnover		12.8%	11.7%	10.0%	10.7%	10.0%	10.7%	Staff turnover data as at April 2016 is above plan at 10.7%.
Appraisals		85.5%	86.9%	80.0%	85.6%	80.0%	85.6%	Appraisals are above plan as of April 2016.
Mandatory Training Compliance		90.8%	91.2%	85.0%	91.8%	85.0%	91.8%	The target is consistently achieving and is above target as at April 2016. The link between training and increment and progression will improve the performance.
Statutory Training Compliance		94.6%	95.0%	95.0%	95.4%	95.0%	95.4%	As at April 2016 the target is above plan.
Safeguarding Compliance		97.2%	96.9%	95.0%	97.3%	95.0%	97.3%	At the end of April 2016 this target has been achieved. The link between training and increment and progression will improve the performance.

Community Summary 2016/2017

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Harm-free Care								
Incidents		175	167	-	158	-	158	The number of reported incidents during April 2016 has slightly reduced compared to the previous month but has increased compared to this time last year. Staff are encouraged to report incidents.
Incidents - Moderate or Severe Rate		3.4%	0.6%	3.0%	2.5%	3.0%	2.5%	During April 2016 2.5% of incidents were recorded as resulting in moderate or severe harm. These are within District Nursing Domiciliary and Intermediate Care Residential.
Pressure Damage - Grade 2		4	16	0	5	0	5	6 Pressure Ulcers were reported during April 2016, all within District Nursing Domiciliary. 5 were reported as Grade 2. 3 of the 6 were recorded as lapses in care. Staff are informed of the learning from Harm Free Care Panels within their safety huddles.
Pressure Damage - Grade 3		7	2	0	1	0	1	As above.
Pressure Damage - Grade 4		1	1	0	0	0	0	As above.
Patient Falls		11	11	0	12	0	12	The number of reported falls during April 2016 has risen slightly compared to the previous month but has reduced compared to the same time last year. 7 of the falls are reported against Darley Court.
Hand Hygiene		99.4%	96.0%	98.0%	98.7%	98.0%	98.7%	The target has achieved during April 2016. Many Community services have nominated a deputy for the recording of this data and the importance of the audit has been reiterated.

Community Summary 2016/2017

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Community Services - Children								
Referrals								
Referrals - GP		673	614	550	581	550	581	There has been a small reduction in GP and Other referrals to Children's services during April 2016 when compared to the previous month. The reduction was affected by the Easter break which was extended into April 2016 across many Bolton schools.
Referrals - Other		1,721	1,633	1,617	1,500	1,617	1,500	As above.
Re-referrals < 90 Days		195	161	-	151	-	151	See below.
Re-referrals < 90 Days Rate		8.1%	7.2%	-	7.8%	-	7.8%	Re-referral rates are negatively affected by patients who DNA. Re-referral rates high within the Paediatric Acute Nursing Team. This service now includes Phlebotomy and Treatment Room clinic referrals. Patients that DNA these treatments are re-referred. .
Waiting Times								
Referrals Seen < Target		0.0%	0.0%	90.0%	79.7%	90.0%	79.7%	Service Specific Waiting Times received from the CCG agreed within the Service Specifications are now available where relevant within this report from April 2016 onwards. We will continue to update waiting time targets when notified by the CCG. During April 2016 79.7% of patients waiting were seen within the agreed time scales across Children's Community Services. We expect this performance to improve with the recent roll out of a PTL report to assist Services with specific targets and to address data cleansing issues.

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Activity and Access								
Activity - First		2,897	2,694	2,675	2,632	2,675	2,632	Attendances to Children's services have slightly reduced this month compared to the previous month due to the Easter break. This was expected as many Children's services are term-time and seasonally affected. Targets have been revised to reflect this.
DNA - First		102	134	-	154	-	154	See below.
DNA Rate - First		3.4%	4.7%	5.0%	5.5%	5.0%	5.5%	DNA Rates are expected to increase across Children's Services during school holidays and we have observed an increase in DNA rates for first appointments in April due to the Easter holiday. Follow-up DNAs have risen in April 2016 compared to the previous month but are still within target.
Activity - Follow-up		12,766	11,332	12,347	11,631	12,347	11,631	See Activity - First.
DNA - Follow-up		518	466	-	526	-	526	See below.
DNA Rate - Follow-up		3.9%	3.9%	8.0%	4.3%	8.0%	4.3%	See DNA Rate - First
Telephone Clinics		1,020	1,058	1,123	1,062	1,123	1,062	The number of telephone contacts recorded remains static during April 2016 compared to the previous month. The replacement of telephone contacts in place of a Face to Face contact supports self-management and encourages families to be in control of their child/young person's care. Service efficiency is also improved through use of telephone contacts.
Appointments Cancelled < 1 Week of Due Date		0.2%	0.3%	3.0%	0.3%	3.0%	0.3%	Performance is consistently below plan during April 2016.

Community Summary 2016/2017

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Patient Experience and Outcomes								
Friends and Family - Recommend Rate		94.9%	85.7%	85.0%	89.5%	85.0%	89.5%	This is now reported in month (previously one month in arrears). Response rates for Community Children's FFT remains over target during April 2016. Children's services responses are mainly via postcard. To further improve response rates the Patient Experience Team are working with Healthcare Communications to see how this can be further improved e.g. implementing chaser messages, preventing survey fatigue and further clarity around services attended within the text messages.
Complaints		0	0	-	1	-	1	1 Complaint was received against Paediatric Audiology during April 2016.
Complaints - Responded < 35 Days				95.0%				All complaints previously received were responded to within the given time frames.
Compliments		55	29	-				Most Children's community services compliments are collected via postcard although a few patients will have a registered mobile number for text purposes. The Trust is working on collecting and reporting on compliments from other sources.

Community Summary 2016/2017

Indicator	Trend	Feb	Mar	Apr		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Staffing								
WTE in Post		226.66	227.58	-	228.28	-	228.28	See below.
WTE v Establishment		95.9%	96.3%	95.0%	95.8%	95.0%	95.8%	As at end of April 2016 there are 10.0 WTE vacancies in Children's community services and the target is being achieved.
Sickness Absence Rate		5.1%	5.4%	4.2%				Sickness absence data will be reported one month in arrears unless it is available by working day 10. The current reported position is March 2016. The sickness rate during March 2016 has increased compared to the previous month. The Trust has a comprehensive programme in place to improve sickness absence rates through the implementation of the People Strategy. It is anticipated that over time this indicator will improve as a result of this.
Staff Turnover		13.8%	10.3%	10.0%	10.6%	10.0%	10.6%	Staff turnover data for April 2016 remains above target. Turnover rates can seems high within services with low numbers of staff, such as New Born Hearing.
Appraisals		94.7%	95.9%	80.0%	95.2%	80.0%	95.2%	Staff Appraisals remain above plan during April 2016. The link between training and increment and progression will improve the performance.
Mandatory Training Compliance		94.7%	96.2%	85.0%	95.8%	85.0%	95.8%	The target is consistently being achieved during April 2016.
Statutory Training Compliance		97.5%	98.4%	95.0%	97.7%	95.0%	97.7%	The target is consistently being achieved during April 2016.
Safeguarding Compliance		99.4%	99.4%	95.0%	97.9%	95.0%	97.9%	The target is consistently being achieved during April 2016.
Harm-free Care								
Incidents		48	35	-	31	-	31	During April 2016 9 Children's Community incidents were reported against the service Paediatric Continuing Care Packages. Staff are encouraged to report incidents.
Incidents - Moderate or Severe Rate		0.0%	0.0%	3.0%	0.0%	3.0%	0.0%	No incidents were reported as moderate/severe harm during April 2016.
Pressure Damage - Grade 2		0	0	0	0	0	0	There were no pressure damage incidents in Children's services during April 2016.
Pressure Damage - Grade 3		0	0	0	0	0	0	As above.
Pressure Damage - Grade 4		0	0	0	0	0	0	As above.
Patient Falls		0	0	0	0	0	0	There were no patient falls to report against children's services during April 2016.
Hand Hygiene		99.6%	100.0%	98.0%	99.4%	98.0%	99.4%	The target has achieved during April 2016. Many Community services have nominated a deputy for the recording of this data and the importance of the audit has been reiterated.

QUALITY REPORT

Area	Performance Indicator	2014/15 Annual Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Cumulative YTD	Trend (Apr 14-Mar16)
REDUCING MORTALITY																
	Summary Hospital Mortality Indicator (SHMI)	<1.1	1.072	1.072	1.072	1.068	1.068	1.068	1.062	1.062	1.062	1.059	1.059	1.040	1.040	
PATIENT SAFETY																
HCAI - Trust only	MRSA bacteraemia	0	1	2	0	0	0	1	0	0	0	0	0	1	5	
	Rates of C Difficile	maximum 19 for full year	4	2	2	1	1	1	4	0	5	4	1	1	26	
Falls and Incidents	Number of falls (all patient falls safeguard)	982	93	80	88	97	80	92	98	88	92	100	101	112	1121	
	Falls with at least moderate harm	Moderate	0	1	2	1	1	0	4	1	1	0	0	0	11	
		Severe	0	0	1	2	0	2	1	1	1	0	1	1	10	
		Fatal	0	0	0	0	0	0	1	0	0	0	0	0	1	
	Percentage of Harm (Safety thermometer) GM (rolling 12 months)	<5% Harm	4.74%	4.58%	4.40%	4.40%	4.62%	4.47%	5.01%	5.43%	5.85%	4.62%	5.09%	4.87%	4.87%	
	Percentage of Harm (Safety thermometer) Bolton FT (rolling 12 months)	<5% Harm	3.19%	1.52%	2.69%	2.29%	2.28%	2.24%	2.51%	2.54%	1.53%	2.87%	1.38%	3.44%	3.44%	
	% of adults who receive a falls risk assessment using an assessment too approved by the commissioner (3a)	>=95%	97.60%	98.00%	98.60%	97.70%	98.60%	96.30%	97.90%	98.40%	98.00%	97.20%	not available	not available	97.80%	
	% of adults assessed as being at risk of falling that have a care plan which reflects best practice (3c)	>=95%	92.50%	92.40%	96.50%	95.70%	96.20%	93.60%	96.40%	97.50%	97.20%	96.30%	not available	not available	95.80%	
	Medication Incidents	>636 FYE	90	107	77	107	99	73	81	95	103	91	112	107	1142	
	Total Incidents	10,786	907	895	967	1228	993	1055	1091	1122	1081	1196	1113	1181	12829	
	% Total incidents with no harm	(Apr13-Sept13) NPSA 50%	69.1%	71.4%	68.3%	69.5%	71.6%	71.5%	69.1%	74.2%	72.2%	72.2%	64.7%	61.6%	70.3%	
	% of all adult patients who receive a tissue viability risk assessment using an assessment tool approved by the commissioner (5a)	>=95%	98.8%	98.1%	99.2%	98.1%	98.7%	98.4%	98.0%	98.7%	98.6%	98.2%	Not available	Not available	98.5%	
	% of adults assessed as being at risk of developing a pressure ulcer that have a care plan (5c)	>=95%	94.3%	92.0%	97.3%	97.2%	98.6%	94.5%	95.5%	97.2%	96.5%	97.1%	Not available	Not available	96.5%	
	Nursing (nurses/midwifes) shifts (% Actual Vs Planned) Day	need to agree tolerance	95.1	94.9	95.8	95.5	93.9	95.3	94.2	94.6	90.5	92.4	92.5	85.3	93.4	
	Nursing shifts (% Actual Vs Planned) Night	need to agree tolerance	98.7	97.2	97.7	98.1	95.6	95.5	98.5	96.4	98.8	96.1	96.6	93.1	96.2	
	Care Staff shifts (% Actual Vs Planned) Day	need to agree tolerance	112.6	111.8	108.9	104.0	102.9	102.5	100.3	105.1	100.6	104.8	105.7	104.4	102.8	
	Care Staff shifts (% Actual Vs Planned) Night	need to agree tolerance	133.2	133.9	124.5	116.8	113.7	116.1	114.0	116.3	109.4	111.8	117.2	118.8	118.2	
	Number of SUIs	0	3	0	3	3	0	2	1	2	1	0	0	2	17	
	Number of never events	0	0	0	1	0	0	1	0	0	0	0	0	0	2	

Area	Performance Indicator	2014/15 Annual Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Cumulative YTD	Trend (Apr 14-Mar16)
PATIENT EXPERIENCE (Bolton FT)																
Complaints and Friends & Family (Bolton FT only)	Complaints Responded to within time period	95%	100%	100%	100%	100%	97%	93%	83%	76%	89%	86%	96%	86%	92.1%	
	A&E Percentage recommended		85.0%	87.0%	87.0%	86.2%	86.4%	84.3%	86.0%	86.3%	87.0%	82.0%	81.0%	79.0%	85.4%	
	A&E Response Rate	15%	21.9%	21.9%	19.6%	20.2%	19.0%	20.1%	18.8%	17.9%	17.5%	19.9%	18.6%	18.3%	19.6%	
	Inpatient Percentage recommended		97.0%	96.0%	98.0%	98.1%	95.8%	96.2%	95.9%	96.2%	94.9%	96.0%	95.0%	96.9%	96.3%	
	Inpatient Response Rate	15%	26.8%	28.0%	27.7%	29.6%	28.8%	39.1%	36.1%	37.9%	32.0%	32.3%	28.2%	29.8%	31.5%	
	Maternity Q1 Antenatal Care % recommended	No target set	No Responses	No Responses	No Responses	No Responses	No Responses	89%	92%	99%	98%	94%	100%	100%	96%	
	Maternity Q2 Birth %e recommended	No target set	90.0%	94.0%	91.0%	91.8%	89.0%	91.1%	95.0%	90.2%	96.0%	92.0%	89.0%	93.0%	91.9%	
	Maternity Q2 Birth Response Rate	No target set	20.7%	19.1%	21.2%	16.6%	16.6%	18.2%	15.5%	15.0%	17.7%	21.5%	15.7%	14.7%	17.6%	
	Maternity Q3Postnatal % recommended	No target set	95.1%	91.8%	93.9%	82.8%	90.7%	93.6%	90.9%	87.5%	96.0%	87.0%	96.0%	90.0%	90.9%	
	Maternity Q4 Postnatal Community % recommended	No target set	92.5%	100.0%	95.0%	94.9%	90.7%	94.3%	94.6%	97.7%	88.0%	93.0%	100.0%	95.0%	90.0%	
	Friends and family staff (Quarterly)Percentage recommended - work	No target set	62%			64%			66%			Figures due August 16			64.0%	
	Friends and family staff (Quarterly)Percentage recommended - Care	No target set	79%			78%			81%			Figures due August 16			79.0%	

Area	Performance Indicator	2014/15 Annual Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Cumulative YTD	Trend (Apr 14-Mar16)
								STAFFING								
Quality Impact Indicators	Sickness Absence	3.75%	4.38%	4.31%	4.52%	4.87%	4.66%	4.40%	4.58%	4.33%	4.79%	5.00%	4.77%	4.80%	4.62%	
	Mandatory Training - Compliance	100%	92.40%	93.30%	93.90%	94.20%	93.00%	94.00%	94.70%	94.60%	94.70%	89.90%	90.50%	90.90%	93.01%	
	Appraisals Completed	80%	82.1%	79.4%	78.4%	78.9%	79.4%	82.7%	84.7%	84.6%	84.9%	84.3%	81.3%	83.7%	82.0%	
	Induction Attendance	100%	68.90%	67.93%	70.69%	70.80%	73.30%	72.20%	74.88%	76.99%	76.21%	78.80%	82.29%	80.92%	74.50%	
	Substantive staff turnover Headcount (rolling average 12 months)	<=10%	9.6%	10.0%	9.7%	9.8%	9.9%	10.3%	10.3%	10.1%	10.3%	10.6%	9.9%	9.7%	10.0%	
								CLINICAL EFFICIENCY AND EFFECTIVENESS								
Better Care, Better Value	Surgical WHO Checklist compliance (Elective)	100%	99.0%	99.8%	99.8%	99.8%	99.0%	99.0%	100.0%	100.0%	99.8%	99.9%	99.9%	99.8%	99.6%	
	Surgical WHO Checklist compliance (Emergency)	100%	98.0%	98.0%	Not available	Not available	Not available	99.0%	99.5%	100.0%	99.9%	99.9%	99.9%	100.0%	99.4%	
								BEAUMONT								
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	0	0	0	0	0	0	0	0	0	0	0	
								PRIMARY CARE								
Primary Care	Number of practices with 5 red indicators on the Primary Care Dashboard (Practices with review identified)	Running Total	6	6	2	2	2	2	2	2	2	2	2	1	1	
	Number of patients registered at a GP Practice with a diagnosis of Dementia (deined by the QOF dementia register code cluster) >=65 years	Need to agree denominator and tolerance	2,112	2,069	2,077	2,146	2,115	2,163	2,110	2,219	2,193	2,051	1,991	2,225	2,225	

NHS Bolton Mental Health Performance Dashboard - March 2016

MENTAL HEALTH Performance Dashboard
Bolton CCG

GMW Main Provider

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YEAR TO DATE TOTALS	Forecast Achieve/Fail	Exceptions	Trend (Apr15-Mar16)
Mental Health - GMW																	
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA - Completed	95.0%	97.8%	97.4%	96.6%	95.8%	96.0%	Not available	91.1%	86.3%	97.9%	97.9%	94.7%	97.8%	**No YTD**	A	The Directorate is GREEN this month at 97.8%. The Directorate is RED this month with two unavoidable functional breaches. Following discharge one patient refused to engage with HBT within 7 days despite regular attempts and liaison with family. The other patient had no fixed abode, no telephone number, last GP was in Sheffield and although contacted could not provide details, attempts were made to contact the probation service to gain contact details but these attempts were not successful. However, over the course of the last 12 months the Directorate is GREEN, having achieved 97.8%.	
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA - 7 day follow up	95.0%	91.1%	100.0%	100.0%	100.0%	100.0%	100.0%	93.3%	100.0%	100.0%	97.3%	96.9%	94.7%	**97.8%**	A		
IAPT Recovery rate (GMW, 1Point and Bolton MBC)	50.0%	41.3%	46.4%	44.0%	49.3%	39.6%	47.1%	37.5%	42.6%	35.1%	44.8%	54.1%	53.0%	**47.97%**	F	This has been impacted by PARIS implementation. A clinical audit was undertaken for the relevant discharges in December to determine any underlying causes for the impact on recovery rates and whether any systemic improvements could be made in the recording of the data which contributes to this. Each discharge was checked and an issue identified in PARIS with recording total outcome scores. The PARIS team then provided additional functionality. The recovery target of 50% measured across patients is a CCG target and is aggregated across all providers and steps locally for patients completing an IAPT course of therapy. In Bolton Step 3 is provided by GMW. As numbers in the calculation are relatively small month to month variations can cause large changes in the % figure and consequent fluctuation between months . Numbers of those over 65 accessing the service is increasing slowly.	
IAPT Access rate (GMW, 1Point and Bolton MBC)	15.0%	15.9%	13.4%	16.4%	16.4%	14.4%	14.7%	16.8%	15.4%	12.4%	16.5%	15.4%	11.6%	**15.60%**	A		
Number of ongoing waiters >18 weeks	none														A		
Early Intervention in Psychosis - 2 week referral to treatment	50.0%	The service continues to carry a caseload significantly higher than the target. 15 new cases were accepted in month.Recruitment is underway to deliver the NICE compliant service. This is expected to be fully operational by Sept 16. This report also shows that the EI Service is GREEN against the new RTT target (seen in 2 weeks or less) having achieved 89.5% in month. This will now be reported on a monthly basis.															
ACP - (Psychiatric Adult Functional) Readmissions as a % of discharges	< 10.7%	16.3%	17.1%	8.3%	17.5%	11.1%	7.7%	12.9%	3.1%	8.3%	16.2%	3.1%	Please note these figures are reported a month in arrears	**11.4%**	F	Only 1 readmission out of 32 discharges for Adult Services in month and in Later Life functional there were 2 readmissions out of 6 discharges which is unusual. All of our readmissions within 30 days are reviewed by the clinincal team to see what lessons can be learnt from each case.	
ACP - Directorate percentage bed occupancy	80-90%	92.2%	92.8%	93.8%	94.2%	96.4%	97.0%	95.2%	92.7%	83.5%	91.1%	93.2%	92.3%	**92.8%**	F	There have been difficulties in identifying reporting mechanisms for the use of swing beds, therefore, overall % occupancy and occupancy on Older Adult functional should be higher than shown. A solution has been agreed, however it cannot be implemented until Q1. The report shows 93% occupancy and AMBER . In month it is 92% with high occupancy on adult functional wards. It should be noted that work is ongoing between Directorates to regularly review the demand for beds between Bolton and Salford.	
ACP - Directorate average length of stay (days)	TBC	34	29	34	31	38	29	49	36	42	30	36	29.0	**35**		The ALOS of current in-patients in month was 51 days across all wards. All services showed a small decrease in month.The ALOS across all wards for 15/16 was 41 days.	
ACP - Incidents Level 4/5	TBC	3	1	4	2	1	6	4	5	0	3	6	4	**39**		There were 4 level 4 incidents reported this month in the community. This includes SPOA and RAID These are being appropriately investigated.	
ACP - Total number of complaints	TBC	8	22	15	9	15	12	10	0	13	4	5	13	**126**		There were 6 complaints and 7 concerns in month. All are being handled as appropriate and will further inform service delivery.	
MATS - Total number of referrals accepted	TBC	59	72	54	57	59	35	65	57	52	38	73	43	**664**		The CCG information indicates the current rate of diagnosis of 71.5%. MATS have accepted 664 referrals YTD, with an average of 55 per month in 15/16. Average wait to diagnosis is at 8.1 wks YTD and 6.6 wks in month, ongoing improvement for the last 5 months. YTD 26% are diagnosed with MCI compared with DOH guidance of over 20%. Please note that time for waiting list can include time waiting for scans etc. The open caseload is 432 and has remained relatively stable across the 12 months with an average of 440 open cases. There were 61 clients discharged from MATs in month and of these the average time was 34 weeks (31 YTD) which has shown an increasing trend which is being monitored. This has been linked to difficulties discharging clients with social care needs. Discussion with Integrated Care have been initiated. In year the service discharged 707 people. The Service is aware of the new KPIs form April 2016 and work is on-going to ensure we continue to diagnose within 12 weeks of referral to meet the KPI. The Commissioners should be aware that due the the service structure ('One Stop Shop' approach) the Service endeavours to gather all relavant information (including scans) prior to any appointment with patients and therefore this has an impact on the length of time for first appointment.	
MATS - Clients offered assessment within 28 days	TBC	10	7	4	12	7	6	6	12	16	15	30	15	**140**			
MATS - Number on waiting list	TBC	139	145	146	142	144	105	97	101	98	62	78	76	**76 (Snapshot as at end March)**			
MATS - Average Wait to Diagnosis (Weeks)	TBC	9.6	9.4	10.4	10.5	9.3	7.2	8.4	6.9	6.7	7.1	4.9	6.6	**8.1**			
MATS - Diagnosed MCI as % of total Diagnosed Mild cognitive impairment (MCI) is a condition in which someone has minor problems with cognition and so are not defined as dementia but a person with MCI is more likely to go on to develop dementia.	20.0%	23.3%	29.8%	35.3%	40.8%	25.0%	20.9%	13.7%	31.9%	20.9%	26.3%	20.5%	27.5%	**26.4%**			

NHS Bolton Mental Health Performance Dashboard - March 2016

MENTAL HEALTH Performance Dashboard
Bolton CCG

Provider	Service	Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr15-Mar16)
		RAID																	
GMW Main Provider	RAID	Number of referrals	TBC	335	366	326	349	323	286	347	301	319	317	299	299	**3,867**		In March the service received 299 referrals in year thsi figure was 3867.In month 186 of these were from A&E and 76.9% were seen within 1 hour.In year 2255 were seen in A&E with 87.7% being seen within 1 hour.In month 45 referrals were from the Urgent Assessment wards, of which 86.7% were seen within 6 hours.In year 591 were see in the urgent assessments wards of which 94.2% were seen within the 6 hour target timeframe. In march 32 referrals were from routine sources, 84.4% of which were seen within 24 hours. In year 582 referrals came from the routine wards and 94.8% were seen within 24 hours. The main reasons for emergency referrals not being seen within one hour remain patients requiring further detoxification from substance misuse prior to assessment and delayed referral from A&E staff to RAID. Only 1 mental health client breached the 4 hour target in the quarter.There are case studies relating to the service provided by the RAID team attached to the back of this performance report.	
GMW Main Provider	RAID	No of completed assessments	TBC	334	363	330	342	314	285	345	303	316	277	289	266	**3,764**			
GMW Main Provider	RAID	No of assessments as % of referrals	TBC	99.7%	99.2%	101.2%	98.0%	97.2%	99.7%	99.4%	100.7%	99.1%	87.4%	96.7%	89.0%	**97.3%**			
GMW Main Provider	RAID	Time from referral to seen (Emergency A&E) % seen within 1 hour	TBC	92.8%	88.9%	86.1%	91.7%	91.0%	94.7%	87.3%	88.6%	92.9%	85.3%	76.2%	76.9%	**87.7%**			
		Mental Health - One Point																	
One Point		The number of people who have been referred for psychological therapies in this period	TBC	205	224	259	229	220	261	292	264	191	227	172	221	**2,765**			
One Point		The number of active referrals who have waited more than 28 days from referral to first treatment	TBC	30	36	48	37	28	28	23	63	50	66	29	27	**465**			
One Point		The number of people who have entered psychological therapies in this period	TBC	234	145	270	235	212	235	229	234	182	245	218	161	**2,600**			
One Point		The Number of people 'moving to IAPT recovery' of those who have completed treatment in the reporting period	TBC	49	59	73	78	33	72	40	40	33	54	64	59	**654**			
One Point		The number of people who have completed treatment not at IAPT clinical caseness at the start of treatment	TBC	10	6	18	16	12	15	16	5	18	21	15	14	**166**			
One Point		Number of people reliably improved [1]of those who have completed treatment in the reporting period	TBC																
One Point		Number of people reliably recovered[2] of those who have completed treatment in the reporting period	TBC																
One Point		Number of people completing a full course of treatment in the reporting period	TBC	149	127	163	163	104	153	125	121	115	148	136	124.00%	**1,505**			
One Point		Recovery percentage of those completing full treatment and 'recovering'	50.0%	35.3%	48.8%	50.3%	53.1%	35.9%	52.2%	36.7%	34.5%	34.0%	42.5%	52.9%	53.6%	**44.7%**	F		

NHS Bolton Mental Health Performance Dashboard - March 2016

MENTAL HEALTH Performance Dashboard
Bolton CCG

		Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr15-Mar16)
		Mental Health - Single Point of Access																	
Single Point of Access	TOTAL	**Total SPOA Referrals received (GP, SELF, OTHER)**											453	545	496	**5887**		SPOA receive on average 490 referrals per month of which approximately 76% are IAPT referrals. 1,394 people were assessed by the SPOA team. The rate at which routine referrals are seen within 28 days is 58.9% in 2015/16 however the average wait for routine referrals remains within the 28 day target at 27.5 days The 2015/16 year end emergency referral wait (2 days) and urgent referrals (7.7 days) are just outside planned levels of 1 day and 7 days respectively. Having only recently agreed the funding for the full business case the team's ability to meet the various response times has been impacted by the resources they have had at their disposal. We are now in the process of recruiting additional staff for the service. Having spoken to the team leader, she estimates that of the people seen by SPOA (1,394) approximately 25% end up meeting the criteria for secondary care MH services provided by GMW. The remaining 75% are either referred back to the GP or to our IAPT service.	
	EMERGENCY	% Emergency referrals seen within 24hrs											69.2%	81.8%	68.8%	**71.9%**			
	EMERGENCY	Average wait (days) for emergency referrals											-	-	-	**2.00**			
	EMERGENCY	Total number of emergency referrals											24	20	21	**307**			
	URGENT	% Urgent referrals seen within 7 days											57.1%	100.0%	83.3%	**77.0%**			
	URGENT	Average wait (days) for urgent referrals											-	-	-	**7.70**			
	URGENT	Total number of urgent referrals											29	11	13	**232**			
	ROUTINE	% Routine referrals seen within 28 days											50.0%	47.7%	90.9%	**58.9%**			
	ROUTINE	Average wait (days) for routine referrals											-	-	-	**27.5**			
	ROUTINE	Total number of routine referrals											400	514	462	**5348**			
	CONTACT TYPE	Number of Face to Face contacts with patients											107	94	122	**767**		65% of contacts are Face to Face	
	CONTACT TYPE	Number of telephone consultations with patients											50	46	17	**411**		35% of contacts are telephone	
	CONTACT TYPE	Assessment only episode type											58	37	51	**901**		75.6% of episode contacts are assessment only	
	CONTACT TYPE	Assessment and follow up episode type											17	14	9	**291**		24.4% of episode contacts are assessment and follow up	
		Referrals received with outcome and %																A more detailed report is being developed which will provide more detailed information on the activity within the service in the future.	
		Referrals not accepted and outcome – (those signposted to IAPT services will have a separate designated category).																	
		Referrals by GP practice per 1,000 list size (See charts page)																	
		Number of appointments for first assessment and follow up (and % completed within a clinic versus at home)																	
		Appointment by outcome and % seen / DNA / cancelled by client / service etc																	
		Number of discharges with discharge destination by category and %																	
		Transfers to secondary care teams – e.g. North / South / Home Based Treatment/Early Intervention in Psychosis																	
		Discharges and reason and %																	
		Length of time in service (of those discharged)																	
		Current open caseload.																	
		Number of Section136 assessments																	

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr15-Mar16)
Mental Health CAMHS - Bolton Foundation Trust - to be agreed																	