

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:11.....

Date of Meeting:27th October 2017.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Laskey – Director of Service Transformation Mike Robinson – Associate Director Integrated Governance & Policy Victoria Preston – Lead Information Analyst for Planned Care Melissa Surgey – Head of Planning, Performance and Policy	
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 2017/18 against which NHS Bolton Clinical Commissioning Group is nationally measured.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver Year 2 of the Bolton Locality Plan.	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	X
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	Members are requested to note the content of the report and actions being taken where required to improve performance	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Performance is reported to: CCG Executive Contract Performance Group Quality and Safety Committee	
REVIEW OF CONFLICTS OF INTEREST:	N/A	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	N/A	

1 Introduction

- 1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of August 2017 (Month 5).
- 1.2 Sections 2 and 3 provide highlights of performance against key commissioning and quality and safety performance indicators.
- 1.3 Appendix 1 includes detailed exception reports and recovery plans for underperforming indicators.

2 Performance Summary: Commissioning

- 2.1 Cancer performance remains a strength for the CCG. Performance against the two week wait suspected cancer target has further improved in August to 97.5% against a target of 93%. This consistently puts the CCG as one of the top performing in Greater Manchester in 2017/18. First treatment within 62 days of referral from GP has also strengthened in August with year to date (YTD) performance of 91.1% against the 85% target.
- 2.2 Mental health performance has been maintained for the majority of key targets in August, most significantly a consistently high IAPT recovery rate. YTD performance has exceeded the 50% target, with current YTD recovery rates at 61.9%.
- 2.3 Achievement of the 18 week Referral to Treatment (RTT) target for patients on an incomplete non-emergency pathway was marginally maintained at 92.2% (against a target of 92%); this is a deterioration in from the July position of 92.8%. Initial unvalidated data from September indicates the CCG is unlikely to achieve the 92% target for the first time in 2017/18 going into the winter months, in line with many trusts nationally. It is noted that the consistent achievement of the 92% target up until this point in the recent challenging environment is credit to the efforts of CCG and trust staff and their collaborative working. Appendix 1 includes exception reports for admitted and non-admitted 18 week performance as a proxy measure for the incomplete 18 week standard. A full exception report on the incomplete 18 week measure with actions will be included in November's report.
- 2.4 As reported in last month's Board report, the recent implementation of the Ambulance Response Programme means no further performance data is currently available for ambulance services. It is expected the new measures will be available by early December.
- 2.5 Key performance indicators showing an under-performance for August 2017 are summarised in Appendix 2. Exception reports and recovery plans for these indicators are included at Appendix 1. Indicators for integrated and community care are still under development and exception reports for these indicators will be provided from November's report.

3 Performance Summary: Quality and Safety

- 3.1 The standardised hospital mortality index (SHMI) for Bolton NHS Foundation Trust has increased from 104.3 (January – December 2016) to 108.1 (April 2016 – March 2017). The FT remains in the expected range (the upper limit of which is 112). A full update on this with proposed actions was presented to the Bolton FT Board in July.
- 3.2 The CCG and Bolton FT continue to work together on improving staff training, sickness levels and staff retention and recruitment to support a safe and sustainable workforce. Mandatory training compliance at Bolton FT has continued to improve to 92.9% in August, although this is still below the target of 95%. Staff turnover at Bolton FT has steadily increased in 2017/18, however this varies greatly between divisions. A Recruitment and Retention Strategy is in development and locality wide discussions are being progressed through the Bolton Strategic Workforce Board.

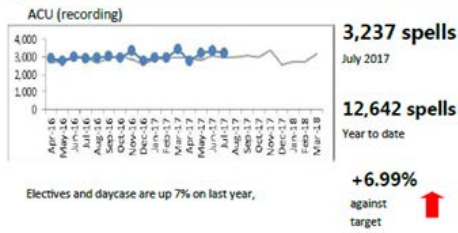
4 Performance Summary: Locality Plan and Transformation Fund

4.1 Key Performance Indicators

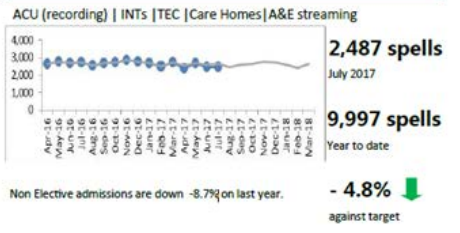
The following metrics are included as part of the Bolton Transformation Fund Investment Agreement and are therefore considered critical indicators of the success of the Locality Plan:

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

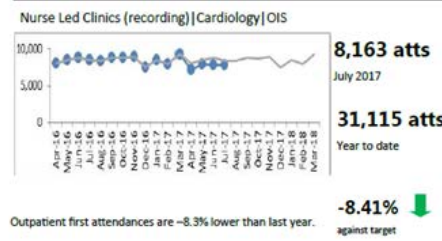
ELECTIVE AND DAYCASE ADMISSIONS
3% reduction in 17/18



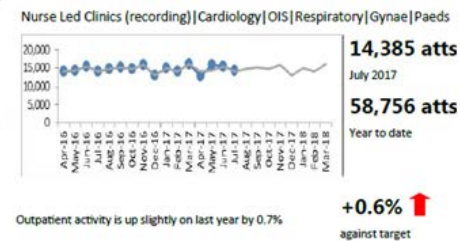
NON ELECTIVE ADMISSIONS
-5.08% reduction in 17/18 (-4.08% with growth)



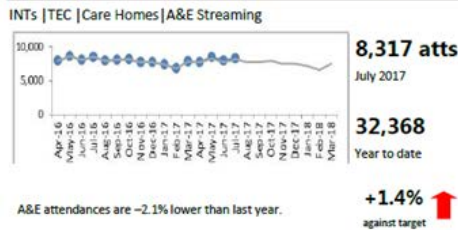
OUTPATIENT FIRST ATTENDANCES
3.5% reduction in 17/18 (0% with growth)



OUTPATIENT FOLLOW UP ATTENDANCES
-2.52% reduction in 17/18 (-0.02% with growth)



A&E ATTENDANCES
-4.49% reduction in 17/18 (-3.49% with growth)



Most recent data presented to the October System Sustainability and Transformation Board (SSTB) demonstrates a positive trend in non-elective admissions (-4.8% against target). Although A&E attendances remain above target, these are 2.1% lower year on year (YOY) compared to 2016, in part due to continued initiatives to reduce demand and improve streaming.

Elective and daycase activity remains a challenge for the locality, however there remains some data anomalies which are being investigated to give an accurate picture. Work is undergoing with the FT to develop plans to reduce pressure in this area, including further developing work on use of surgical checklists and compliance with Effective Use of Resources (EUR) policies, as well as detailed capacity and demand planning with all specialties.

Delivery of the Locality Plan outcomes is monitored and reported monthly via the SSTB where performance is discussed and recovery plans formulated.

5 Recommendations

5.1 The Board is asked to note the performance for August 2017 and the actions being taken to rectify areas of performance which are below standard.

Melissa Laskey – Director of Service Transformation
24th October 2017

APPENDIX 1

Exception Report and Recovery Plan: Admitted 18 Week Pathway

Performance

Although the incomplete pathway is the formal national standard required to report Referral to Treatment performance against, the admitted and non-admitted pathways are indicators towards overall incomplete picture.

Of all admitted patients treated in August 2017, 82.6% of patients were seen and treated within 18 weeks against a target of 90%.

Latest Update

Bolton FT are in the process of developing robust elective capacity and demand analyses, to inform demand management plans, and which will be presented internally and with system partners in November. The CCG is supporting the development of these via collaborative working and through the Planned Care Strategy and Planning Group.

Recovery

Current Outcome: The admitted pathway has failed for August. However, the incomplete standard for which the CCG is required to nationally report against has achieved for July. It should be noted that Bolton FT have given an early indication that the incomplete standard will be failed in September.

Expected Outcome: The incomplete standard is expected to achieve for Q2, however achievement of Q3 and Q4 (and therefore the year position) over the winter months will be challenging and is currently at risk.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Non Admitted 18 Week Pathway

Performance

Although the incomplete pathway is the formal national standard required to report Referral to Treatment performance against, the admitted and non-admitted pathways are indicators towards overall incomplete picture.

Of all non-admitted patients treated in August 2017, 89.5% of patients were treated within 18 weeks against a target of 95%.

Latest Update

Bolton FT are in the process of developing robust elective capacity and demand analyses, to inform demand management plans, and which will be presented internally and with system partners during October. The CCG is supporting the development of these via collaborative working and through the Planned Care Strategy and Planning Group.

Recovery

Current Outcome: The non-admitted pathway standard has failed for August. However, the incomplete standard for which the CCG is required to nationally report against has achieved in this month. It should be noted that Bolton FT have given an early indication that the incomplete standard will be failed in September.

Expected Outcome: The incomplete standard is expected to achieve for Q2, however achievement of Q3 and Q4 (and therefore the year position) over the winter months will be challenging and is currently at risk.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Diagnostic Test Waiting Times

Performance

Performance against the diagnostic test waiting times standard (patients waiting for a diagnostic test should have been waiting less than 6 weeks from the time of referral) has failed in August 2017, with 1.51% of patients waiting more than 6 weeks against a threshold of 1%.

This standard has previously failed in April and May 2017, with YTD performance of 1.05%.

Latest Update

The failure of this standard relates to 60 patients waiting over 6 weeks for diagnostic test, with these patients being seen across a number of providers (including Bolton FT, Salford Royal, and Manchester FT), and awaiting a range of diagnostics (including echocardiography, MRI and audiology tests). Diagnostic capacity and demand is forming part of the detailed work currently being undertaken at Bolton FT to inform future service planning, and this is being supported by the CCG through collaborative working and via the Planned Care Planning and Strategy Group. Diagnostic capacity at a GM level is also being looked at via the GMHSCP Elective Care work programme.

Recovery

Current Outcome: The diagnostic waiting times standard has been failed in August 2017.

Expected Outcome: As detailed above, this indicator is at risk for 2017/18, with three months of five having failed and YTD performance at 1.05% against a maximum of 1%. Diagnostic performance may deteriorate further during the busy winter period which would further put 2017/18 performance at risk.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Cancer 2 Week Wait – Breast Symptomatic

Performance

Performance against the 2 week wait symptomatic breast target (where symptoms do not initially suggest cancer) failed for the fifth consecutive month in 2017 at 24.8% against a target of 93%. This represents a further deterioration from July's performance of 66.7%.

At present, the 2 week wait breast symptomatic target is set to fail for 2017/18 with YTD performance of 63.7%. With the target of 93%, this is highly unlikely to be recoverable in this financial year.

Latest Update

Performance continues to deteriorate rapidly in this specialty, and the projected performance for August was reported in last month's Board report.

With agreement from the CCG, the FT have been prioritising breast patients on the 2 week wait pathway where cancer is suspected. The Quality and Performance Group have been assured no harm is anticipated to those patients on the symptomatic pathway.

The challenges regarding an increase in activity from out of area patients and staff sickness were reported in detail to last month's Board.

Since last month's Corporate Performance Report, one of the appointed consultant has commenced maternity leave and locums are being used to maintain consultant capacity. The FT are monitoring performance and activity weekly and are in the process of revising their recovery trajectories. These are likely to be available to the CCG by early November.

The current underperformance indicates Q1 and Q2 will fail for this area. The continued decline in performance for August makes unlikely the CCG will be able to recover 2 week wait breast symptomatic performance in 2017/18.

Recovery

Current Outcome: The 2 week wait breast symptomatic target has failed for August 2017.

Expected Outcome: Performance is expected to recover late in Q3, subject to revised trajectories being provided by the trust. Due to poor performance over the summer, it is unlikely this indicator will recover in 2017/18.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Cancer 62 Day Wait – Referral from Screening

Performance

Performance against the cancer 62 day wait from referral from screening to treatment failed in August at 80% against a target of 90%. Prior to July of this year, performance had consistently been at 100% for 2017/18 and there were no performance concerns in the previous financial year.

Latest Update

The CCG reviews all breaches with Bolton FT to investigate the reason for these.

There are currently significant pressures on endoscopy capacity at Bolton FT following changes to the National Bowel Cancer Screening Programme and increased elective demand. These pressures are replicated across Greater Manchester and nationally. These increases are being considered as part of the elective capacity and demand modelling being overseen by the Planned Care Strategy and Planning Group.

Recovery

Current Outcome: The cancer 62 day wait from referral from screening to treatment failed in July at 80.0% against a target of 90%.

Expected Outcome: August is the second consecutive month in which this standard has failed. The CCG is working with Bolton FT to understand the likely future impact of changes to the Bowel Screening Programme and to look at potential options for increasing endoscopy capacity.

Lead Commissioning Manager: Jen Riley

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

Performance

A&E 4 hour performance (target 95%) for September 2017 was 84.73%, which is an improvement in performance since August (at 78.2%).

Performance in October to date has seen a slight improvement, with a month to date figure of 89.25% on 15th September. A local target of 90% is in place to support the recovery to the national 95% target.

Latest Update

Work continues with Bolton FT, Bolton CCG and the whole urgent care system to improve patient flow and identify areas for improvement, and does appear to be starting to have an impact on performance figures. In particular, adequate staffing and effective streaming processes appear to be supporting this improvement. Daily medically optimised review meetings also continue to take place with system wide input to help remove discharge blockages and improve flow. These meetings, combined with twice-weekly urgent care conference calls, and whole system weekly meetings, demonstrate improved collaboration and ownership across all parts of the system.

The Urgent and Emergency Care Board have an agreed work plan consisting of a number of key programmes to improve patient experience and work towards sustaining A&E performance of 90% throughout winter 2017/18.

Recovery

Current Outcome: Failing 95% target, improvements have been seen through September and into October towards achieving 90% however performance remains volatile and highly dependent on flow.

Expected Outcome: Performance in Q3 is expected to be better than the previous two quarters, and maintaining 90% throughout this period is expected to be achievable, although reaching 95% consistently remains unlikely.

Timescale for Recovery: Continued improvement is anticipated through Q3, although maintaining this through Q4 may be dependent upon the severity and impact of winter months and the potential flu season.

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: Improving Access to Psychological Therapies

Performance

Performance against the access rate to IAPT in August failed for the fifth consecutive month in 2017 at 13.6% against a target of 16.8%.

Latest Update

August's performance of 13.6% demonstrates a significant drop against July's performance of 15%.

The IAPT service access rate dropped in August which is typically seen this time of year compared to earlier months due to holidays, reduced referral numbers and reduced treatment slots due to staff annual leave.

The prime provider is working through the action plan developed for Transformation Fund implementation around the local stretch targets in order to incrementally deliver the required increase in prevalence, individual milestones and ultimately the local target of 17.5% (against the national target of 16.8%) by the end of March 2018. This is a shared IAPT system wide aspiration and as discussed last month will be jointly delivered between GMMH and 1 Point.

September prevalence has improved with a reported unvalidated access rate of 16.2%. Further meetings continue to take place between GMMH, 1 Point and the CCG to review the action plan, establish more robust pathways to ensure easy access to primary care psychological treatments, and more rapid access to support signposting through the Silver Wellbeing help desk (part of 1 Point).

Relationships are continuing to be further developed in to long term conditions services, older adults and neonatal/perinatal support.

Both providers are in the process of moving towards a new IT system (PCMIS) which will also support the ability to improve self referrals. Additional therapist and admin staff have been recruited at 1 Point and are due to be filled by November, and further PWP and admin posts at GMMH by December 2017.

Recovery

Current Outcome: Failing to meet the national target of 16.8%.

Expected Outcome: Failure of Q1 and Q2.

Timescale for Recovery: Unvalidated performance data for September indicates an improvement to 16.2%. The service is expected to be fully staffed by December 2017 which will aid recovery in Q3.

Lead Commissioning Manager: Rachael Sutton

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

Performance

Performance against the zero target for acute out of area placements (OAPs) in August failed for the fifth consecutive month in 2017/18 with 3 people being placed out of area. This brings the YTD total to 13.

Latest Update

August's placement of 3 demonstrates an increase against July's performance of 2.

There were 3 OAP's in August as detailed below:

- Admitted on the 3rd August 2017 to The Priory, Altrincham but was repatriated on the same day.
- Admitted to The Priory, Preston on the 10th August 2017 for one night and repatriated on the 11th August.
- Admitted to The Priory, Darlington on the 25th August 2017 for five nights and repatriated on the 30th August.

Initial information for September indicates an increase in the number of OAPs. Extensive conversations have taken place between GMMH and the CCG regarding the current bed pressures which are being seen across Bolton, Salford, Trafford and Manchester. Assurance has been given that the Manchester acquisition has not resulted in Manchester patients being moved to Bolton, Salford or Trafford beds and beds in Bolton at the time of writing were occupied by Bolton residents.

A further meeting was held in October between the CCG and GMMH to better understand the increase in acute OAPs which was felt to be a combination of a range of factors including acuity, a 30% increase in mental health activity across all services, societal factors such as psychoactive substance (legal highs), social deprivation, unemployment and PTSD. GMMH have tested the threshold for admission and are confident there are sufficient processes in place to robustly gate keep all referrals.

Further work is in place to review pathways, community provision and wider services such as the Council Commissioned Crisis/Respite House to enable the introduction of discharge to assess beds. GMMH have looked to neighboring Trusts to consider how pressures are being managed in other areas e.g. additional step down beds. The CCG have requested a formal action plan to address these pressures and a range of interim measures have been put in place by GMMH to support patient flow.

Recovery

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

Expected Outcome: Failure of Q1 and Q2.

Timescale for Recovery: Unvalidated performance data for September indicates a further deterioration. As detailed above, the CCG is working with GMMH to put in place measures to avoid OAPs as soon as possible.

Lead Commissioning Manager: Rachael Sutton

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Exception Report and Recovery Plan: Hospital Acquired Infections

Performance

There were 3 Clostridium Difficile toxin (CDT) post 72 hour positive cases reported by Bolton FT in August 2017, of which there were lapses in care in 2 of these. The root cause analyses (RCAs) have been presented to the FT's CDT harm free care panels and learning shared at the Bolton Infection Prevention and Control Committee (IPCC). YTD the FT has reported 16 cases, (of which 7 have had lapses in care) against a threshold of 19 cases.

Latest Update

There has been an increase of 20% in all CDT numbers in Greater Manchester (315 cases in 2016/17 against 378 cases in 2017/18 to the end of August) and an increase of 67% in CDT cases in the Bolton whole health economy (30 cases in 2016/17 against 50 cases in 2017/18 to the end of August) . Trust apportioned CDT cases have also increased across GM YOY by 13% (128 in 2016/17 against 144 in 2017/18 to the end of August). 12 specimens (trust and non-trust apportioned) have been sent for ribo-typing and this data does not suggest any cross-transmission between cases.

Bolton FT is looking unlikely to meet its threshold of no more than 19 CDT cases for 2017/18. There will be a report based on an independent external review available in early 2018 to inform practice moving into the final quarter of the financial year. In terms of primary care there are numerous initiatives in place to manage appropriate antibiotic prescribing and RCAs are undertaken to determine where this requires further focus. The IPCC determined that there also needs to be a public hand hygiene campaign and is considering how best to align this to other HCAI initiatives such as reducing gram negative bloodstream infections.

The CCG is continuing to support the FT in its' appeals process against the MRSA case apportioned to the trust. This was reported in last month's Board report.

Recovery

Current Outcome: Failing to meet the CDT threshold of a maximum of 19 cases in 2017/18.

Expected Outcome: Failure of 2017/18.

Timescale for Recovery: Unlikely to recover in 2017/18, although the actions outlined above are intended to minimise future CDT cases.

Lead: Mike Robinson

Exception Report and Recovery Plan: Mixed Sex Accommodation

Performance

In August, there were 6 mixed sex accommodation (MSA) breaches at Bolton FT. This is an improvement from July's 10 breaches, although the trust is still failing to meet the national target of zero breaches.

Latest Update

Policy and practices have been reviewed by the trust and CCG. All breaches related to patients from within their High Dependency Unit (HDU) and the ongoing capacity issues within the trust's bed base. This issue remains a concern both internally and externally and the CCG is assured the Trust remains focused on eliminating MSA, prioritising the issue at daily bed meetings but prioritising patient safety over the requirement to move patients. Patient experience is gathered for all breaches and there have been no adverse reviews reported.

Recovery

Current Outcome: Failing to meet the target of zero MSA breaches.

Expected Outcome: Failure of this target in 2017/18.

Timescale for Recovery: Unlikely to recover in 2017/18 due to ongoing estates issues previously reported to Board.

Lead: Mike Robinson

Exception Report and Recovery Plan: Bolton FT Workforce

Performance and Latest Update

Bolton FT's statutory training compliance stood at 92.9% in August against the target set of 95% and equalling that achieved in July this time last year. Performance has been increasing marginally over the last few months. By type, some training compliance is consistently high and above the 95% target e.g. safeguarding for non-clinical staff. Other subjects score less well e.g. fire safety. Staff cite difficulties in being released from their immediate responsibilities in explaining poor performance and this is an issue of focus for the FT. In respect of clinical divisions, Acute Adults face the greatest challenges, Elective and Families division are generally very close to the 95% target.

Appraisal performance in August 2017 shows that 81.8% of FT staff undertook an appraisal which is a slight deterioration in performance over that reported in the previous month of 82.7% against the Trust target of 85%. A continuous focus on the number of expired appraisals has been shown to be effective in improving performance. In August there were a total of 867 appraisals across the Trust that had expired or had not been completed.

Sickness levels were 4.5% in August compared to the Trust target of 4.2% which matches last month's position and continues the increasing trend over the last quarter. This is a marginal increase on the same time last year. The rolling twelve month position has increased slightly to 4.76% (from 4.75% in July). Additional administrative staff support is being provided by the workforce team to the Acute Adult and Elective divisions, as the wards with the highest rates of sickness absence are in these areas. There are three national CQUIN schemes focusing on staff health and well-being and it is envisaged these will have a positive impact on FT sickness absence in due course.

FT staff turnover has been steadily increasing throughout the last financial year with sharp divisional differences and performance is currently outside expected thresholds. This target is currently achieved in the Families division with 8.07%, conversely the acute adults division was performing at 14.48%, elective division at 10.3% and community services at 10.24%. The FT's workforce team is working primarily with nursing colleagues to address these issues. In September the Staffing Overview report (focusing mainly on nursing and midwifery in bed base areas) presented to the FT's Board noted the need for a Recruitment and Retention Strategy prior to the FT's next comprehensive staffing review.

Recovery

Current Outcome: Underperforming against targets for mandatory training, appraisals, sickness levels and staff turnover.

Expected Outcome: Failure of this target in Q1 and Q2.

Timescale for Recovery: The CCG continues to support the FT in planning and implementing actions to support the meeting of workforce targets, however at the current time it is not possible to predict a timescale for recovery.

Lead: Mike Robinson

NHS BOLTON CCG EXCEPTION REPORT

Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Feb 2017	Mar 2017	Trend
BOLTON CCG														
RTT														
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	79.5%	82.7%	79.4%	82.1%	82.6%								
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	91.0%	90.3%	90.8%	91.1%	89.5%								
Patients on an Incomplete pathway	92%	92.1%	92.7%	93.0%	92.8%	92.2%								
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	95%	1.2%	1.0%	0.7%	0.9%	1.5%								
Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	0	5	1	3	4	2								
Cancer patients - 2 week wait -All Providers, CCG view														
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	94.60%	98.70%	98.80%	96.90%	97.50%								
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	89.40%	91.30%	44.70%	66.70%	24.80%								
Cancer waits - 31 days - All Providers, CCG View														
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96.0%	99.0%	99.10%	99.10%	99.10%	99.00%								
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94.0%	100.0%	100.00%	95.20%	100.00%	100.00%								
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98.0%	96.4%	100.00%	100.00%	100.00%	100.00%								
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94.0%	100.0%	100.00%	97.30%	100.00%	100.00%								
Cancer waits - 62 days - All Providers, CCG View														
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85.0%	90.2%	88.50%	92.20%	91.70%	92.90%								
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.0%	100.0%	100.00%	100.00%	83.30%	80.00%								
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)		83.3%	70.00%	72.70%	86.70%	85.70%								

Commissioning

Indicator Reference and Description		Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Feb 2017	Mar 2017	Trend
Childrens and Maternity	Childrens and Maternity														
	% Completed Bookings by 12+6 weeks	90%	87.60%	88.20%	83.70%	85.00%	89.20%								
	% of Admissions to E5 from A&O	<40%	33.00%	32.50%	31.60%	30.60%	28.90%								
	% Conversion rate from A & E attendance to F5		9.20%	8.90%	8.30%	8.20%	9.10%								
Mental Health	Mental Health														
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	16.8% National 17.5% local	11.4%	14.7%	15.1%	15.0%	13.6%								
	IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50.0%	59.0%	65.0%	65.3%	60.4%	60.5%								
	RAID (Emergency seen in 1hr)	75.0%	70.8%	75.4%	66.7%	69.7%	75.8%								
	OATS	0				2	3								
Integrated and Community Care	Integrated and Community Care														
	DTOC	<7,686	793	943	782	548	625								
	Non Elective Los	<4.4	5.1	4.9	5.1	4.5	4.7								
	Pressure ulcers	Reduce	12	17	10	7	12								
	Non Elective Admissions due to falls	<15 per month	15	18	5	12	14								
	Ambulance call outs to care homes	<1,807	185	170	200	172	210								