Bolton Clinical Commissioning Group

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: …….11……

Date of Meeting: ……..29th April 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 formal month end position for February 2016 (unless stated otherwise) in respect of performance against key delivery priority targets
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 February 2016 (Month 11).

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
- Quality Premium Metrics
- CCG Quality Indicators

1.3 Section 2 exception reports against all indicators.

2. Exception Reporting

2.1 Quality & Safety – Board Lead, Dr Colin Mercer

2.1.1 Falls

In October 2013 the Trust launched its Falls Strategy in line with work to reduce harm occurring across the organisation. The strategy outlined key interventions in relation to the prevention and management of falls across the hospital and community services. Falls Harm Free Care Panels have been undertaken on a monthly basis where all falls for severe and moderate harm are reviewed following a full root cause analysis presentation. Since January 2016 these panels have been available weekly to ensure timely presentation of completed RCAs.

The numbers of falls are reported through the Integrated Performance Report and the Heat Map to the Trust Board on a monthly basis. This information includes all falls and falls experienced by staff and visitors. The quarterly summaries are presented to the Quality Assurance Committee too.

Despite the increasing complexity of patients and the correlating increase in falls, the FT has seen a reduction in harm sustained during or following a fall for their patients. This appears to demonstrate that by identifying and managing individual falls risks the harm experienced can be minimised.

The FT's Falls Steering Group continues to drive the agenda across the divisions ensuring that themes are examined from the RCAs which are being undertaken. Through doing this they have seen documentation improve, as

illustrated by the recent audit of the falls management plan. As a result of this audit and comments received from staff the management plan has now been updated and the new version is due to be circulated.

The number of falls leading to harm has reduced from 36 last year to 25 this year and the number leading to sever harm, e.g. fractured hip, has reduced from 19 last year to 11.

A new action plan has been formulated to be the focus over the next 12 months. This aims to improve particular aspects of care to minimise individual falls risks and progress against this action plan will be fed up to the newly developed Harm Free Committee. Discussions are also underway with the FT to establish a Patient Safety Collaborative on falls throughout the health economy. Board will be updated on this in future reports.

2.1.2 Workforce

Bolton NHS FT year to date rolling sickness rate continues to incrementally improve. Their year to date rolling sickness rate has improved from 4.83% in April 2015 to 4.61% in March 2016, against a target of 4.2%.

They have developed a Health and Wellbeing strategy which will be launched at the 'Start the Year' event on 29th April. This strategy will go beyond the reactive focus of reducing sickness absence by addressing the common causes of poor health and helping people to improve their lifestyles. The FT Board have provided sponsorship for staff health and wellbeing and are devising a work plan to set key objectives and monitor initiatives. This will be owned and co-ordinated by the FTs health and wellbeing steering group which has now been established.

There has also been secured increased full time release of staff side representatives which is anticipated to improve the timeliness of sickness case management.

There is an on-going programme of training and coaching for FT managers and supervisors on their Attendance Management Policy with monthly audits to ensure a consistent application of the Policy and focussed feedback and coaching provided to each manager as required. In addition there continues to be fast track mental wellbeing sessions and access to physiotherapy treatment for staff.

The FT is further committed to delivering interventions on staff engagement and leadership development in teams, as required, to improve team working, cohesion and leadership.

Finally the FT is currently investigating options to expand their early intervention mediation service to help address employee workplace issues.

There is a national CQUIN agreed with the FT for 16/17 which looks at introducing health and wellbeing initiatives. Estimates from Public Health

England put the cost to the NHS of staff absence due to poor health at £2.4bn a year – around £1 in every £40 of the total budget. This figure excludes the cost of agency staff to fill in gaps, as well as the cost of treatment. As well as the economic benefits that could be achieved, evidence from the staff survey and elsewhere shows that improving staff health and wellbeing will lead to higher staff engagement, better staff retention and better clinical outcomes for patients.

The *Five Year Forward View* made a commitment *'to ensure the NHS as an employer sets a national example in the support it offers its own staff to stay healthy'*. This CQUIN builds on this promise and the developments made across England during the past year through some of the work being undertaken within NHS England's Healthy Workforce Programme to help promote health and wellbeing for NHS staff and improve the support that is available for them in order for them to remain healthy & well. A key part of improving health and wellbeing for staff is giving them the opportunity to access schemes and initiatives that promote physical activity, provide them with mental health support and rapid access to physiotherapy where required.

2.1.3 Mandatory Training

The FT now report separately on Mandatory and Statutory training compliance. Their statutory training rate has increased from 92.4% in April 2015 to 95% in March 2016, against a target of 95%. Their mandatory training rate has increased from 85.4% to 90.9% over the same period, against a target of 85%. The Trust Workforce Committee monitors compliance and also determines what constitutes mandatory training, which can be role-specific. An example of this is Human Factors training which they are considering monitoring at Trust level given the potential patient safety benefits.

2.1.4 Appraisals

Their completed appraisals have improved from 82.1% in April 2015 to 83.7% in March 2016 against a target of 85%. The FT is incorporating their new 'Values' into their appraisal process from May 2016, and have disseminated a senior leadership appraisal and objectives roll out in line with their agreement in the 2016/17 Annual Plan.

2.1.5 Induction attendance

This area has not been getting a significant amount of focus as there has been a priority focus on other areas of Workforce. Local induction rates however, which were historically below 80%, are now up to 82.29% and this will be discussed when the CCG meet with the new Head of Workforce on the 17th May.

2.1.6 Staff Turnover

This increased from 9.57% in April 2015 to 9.89% in March 2016 against a upper ceiling target of 10%. The FT now measures a "stability index" which

indicates the retention rate of experienced employees. Target stability is between 75% and 85%. Greater than 85% may mean that the FT needs some new recruits / fresh ideas. Lower than 75% may mean they are losing too many people in whom they have invested time and money in. Their current stability index is 76.52%.

Turnover is focussed on a divisional level where local fluctuations are observed to see if patterns emerge that can be addressed. Turnover and plans to retain talent are of critical importance given their need for highly skilled staff, in particular medical and nursing staff. They have launched a staff transfer initiative to allow staff to request to rotate into the same role in other areas of the Trust. It is hoped this will allow staff to widen their skill sets without the need to leave, as well as sharing skills between departments, particularly between acute and community services.

2.1.7 Sign Up To Safety

Bolton CCG was one of the first CCG's nationally to sign up to the national 'Sign Up to Safety' campaign and have liaised closely with the campaign, presenting, on their behalf at the National Patient Safety First Conference in London in November, 'Creating a Population Safety Culture in Bolton'.

The Clinical Director for Governance and Safety has written a blog for the campaign relating to the work undertaken on Prescribing Safety Audits and the campaign presented at the CCG's annual GP Patient Safety Education Event in March. Already 20% of Bolton GP Practices are individually signed up to the campaign against a national sign up rate of only 0.2%.

In addition to this 80% of Bolton Nursing Homes are signed up to the campaign and the increasing patient safety agenda within this care sector was profiled in a poster presentation at the 2016 International Conference for Quality and Safety in Healthcare in Gothenburg.

2.2 <u>Commissioning – Board Lead, Dr Barry Silvert</u>

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 February 2016 there were 2,757 non elective admissions across all providers. This represents an increase of 41 non-elective admissions compared to February 2015 (a 1.5% increase in month).

In addition to reducing unplanned admissions, the CCG and FT are proactively working to reduce delayed discharges. The weekly meetings to monitor individual wards and to assist with partners in unblocking any delays in transfer of care/discharges are continuing.

The Admission Avoidance Team continue to demonstrate a positive impact on both non-elective admissions and readmissions as this team is the first point of

referral from primary care or community services for clinically appropriate patients who are experiencing exacerbations of condition or post discharge complications. 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 February 2016, the length of stay remained static at 4.6 days achieving the target. The current YTD length of stay is currently at 4.4 days, which is below the CCG target.

2.2.3 Reduce Emergency Readmissions

The number of emergency readmissions in February 2016 was 466 which is a decrease of 44 from February 2015 (510). The year to date position is 5,745 readmissions which is a small increase for the same period last year.

2.2.4 NHS Constitution Targets

A&E 4 hour performance

A&E 4 hour performance for February 2016 was 82.30%. There are three key areas of action:

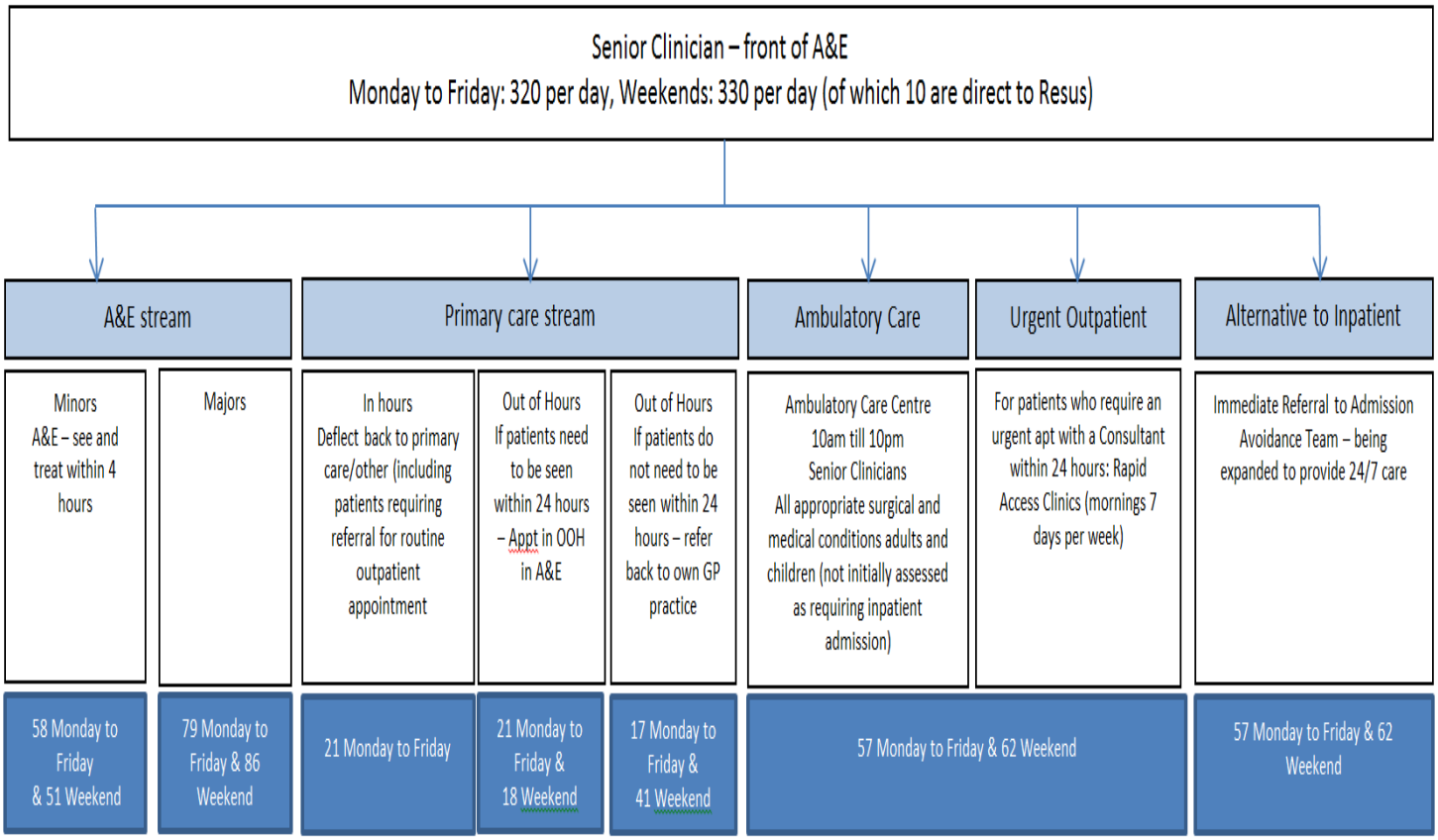
- Managing demand on A&E
- Improving discharge from hospital
- Staffing in A&E

Details of actions being taken, as requested by the Board are set out below.

The March Joint Leadership Group (comprising of clinical leads and directors from both the CCG and Bolton FT) centred on the ongoing issues with urgent care demand and system resilience. A full discussion took place on the issues being faced (using all available data) and the actions which need to be taken to help to bring the whole system back to delivering a safe and timely service.

Set out below is the agreed new model of delivery for urgent care, which provides a senior clinical decision maker at the front door of the A&E Department, which would clinically assess patients within the department and “stream” them to the appropriate services, according to their clinical need. This would include referring patients back to their own GP or a community based service (including pharmacists) or directly to the Ambulatory Care Unit as an alternative to the Emergency Department. This model is being worked up into an operational model by the CCG and FT and will take some time to be fully operational, with the key limiting factor being the availability of the appropriately skilled workforce.

Urgent Care – Potential New Model for A&E



In the interim, 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. These actions, with the expected timescales for implementation and likely impact) are set out in the table below.

Urgent Care System Actions and Impact

What	Timescale	Likely Impact	Cost	Considerations	Responsible Organisation
GPs as part of existing A&E workforce: Trust to backfill maternity leave etc.	TBC				Bolton FT
Switch GP answerphones back to BARDOC number (from 111)	In place as an interim measure (commenced 25th April 2016). Effect to be monitored.	Incremental reduction in A&E attendances and ambulance dispatches.	Clinical triage from BARDOC is part of overall contract and within current cost	The forecast reduction will be incremental as existing learned behaviours for 111 will need time to rebalance.	CCG & BARDOC
Additional GP stream (from BARDOC) in ED at times of peak demand as interim measure (through CCG contract)	Inplace as an interim measure (Commenced March 16 -) Service to incrementally expand including evenings from 2nd May.	10 patients per session currently, potential to significantly increase.	Funded on a sessional basis	FT need to own the service and ensure that this is integrated within the ED processes rather than a stand alone service or it will not deliver the benefits (and is not vfm) When GP not being allocation patients from Triage, GP needs to "In-Reach" and review CAS cards at triage to identify appropriate patients to "pull through" the system. This needs operational agreement and work-up between BARDOC and Bolton FT, CCG to oversee from funding and governance perspective.	Bolton FT, BARDOC, CCG
Split current OOH capacity across Waters Meeting and ED	From June provided risks can be mitigated.	10 patients per day	Within current GP OOH cost	Estate requirements, IT, CQC registration, need to ensure this delivers additional capacity (rather than just re-routing existing patients, need for EIA. BARDOC to provide modelling to evidence capacity in the system.	CCG & BARDOC
Implement Senior Clinician Assessment at front door of ED	Incremental start from June provided appropriately qualified and experienced GPs can be found (BARDOC/Federation) This would replace the additional GP Stream in A&E once operational.	Estimated 183 deflections per 24hr period to alternative services such as primary care, ACU and community services. Estimation based on BI modelling of previous attendance and acuity levels.	To be provided within current resources, this will be mitigated by the generation of additional capacity in the system through effective ways of working. This will be fully worked up as part of the project plan.	Full work up of pathway and operational process need to be worked-up with all providers and CCG, including capital considerations, alternative services state of readiness to accept deflections and accuracy of modelling. Consideration of workforce and available appropriate GP'S also required - CCG drafting Role profile for review.	Bolton FT, CCG, Primary Care providers and Social Care
Decisions of Co-location of OOH in ED in entirety	Requires consultation and decision by Board (Dec 2016 at earliest)	To be modelled as part of the project.	Within current GP OOH cost	Public Consultation and engagement to commence, consideration to be given to procuring this model of delivery.	CCG
Decisin on commissioning an Alternative to Transfer service	Requires decision by System Resilience Board and an endorsement by CCG Executive.	Potential for 10 deflections per day back to Primary Care	Actual costs to be confirmed - Funding has been identified within the SRG monies.	Alternative models being explored, consideration being given to Primary Care acceptance of deflections through Bolton Quality contract. Revisiting ATT was predicated upon an increase in demand from 111 service dispatching ambulances. This now needs to be reconsidered due to action taken by CCG to stream calls back to BARDOC and away from 111 - VFM to be tested.	CCG

The above actions are aimed at putting in place systems and processes to improve the “front door” of A&E. 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 (held for 7 days from 19th April). The aim of this week is to trial schemes to improve processes throughout the hospital enabling effective flow of patients from admission through to discharge. A verbal report will be brought to the Board meeting as this is not available at the time of writing this report as the event is still underway (with a full evaluation within next month's Board Performance report).

The third factor causing poor A&E target performance is staffing in A&E. A combination of scarcity of middle grade doctors, the national locum rate cap and sickness has led to A&E rota pressures which have increasingly stretched the Consultant staff at Bolton FT. Further information on current rota cover, its impact on performance and plans to improve cover is expected from Bolton FT this week.

NWAS response targets

In February 2016, NWAS failed all 3 of the national targets. Performance was 70.50% for Emergency Response arriving within 8 minutes (Red 1) and 61.10% 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 88.10% (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 CCG are currently evaluating options for an Alternative to Transfer scheme in Bolton, which will provide Ambulance crews with alternative options such as primary or community care, where appropriate, rather than needing to convey a patient to A&E.

Diagnostic waiting times

The 6 week diagnostic waiting time standard was achieved for February with 99.1% of patients receiving diagnostics within 6 weeks. This standard has previously not been achieved since October 2015, with YTD performance being 1.22%. This was predominantly been due to known endoscopy issues at CMFT, with Bolton NHS FT 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 (which has been demonstrated in this month's figure). It is noted that demand for endoscopy services is known to have increased nationally, and across Greater Manchester, 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.

Cancellations of procedures

There were 2 patients in February 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.

Cancer standards

All cancer standards were achieved for February 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.

18 week referral to treatment standard

All other elective care standards are being achieved, with 93.5% of patients waiting less than 18 weeks for planned procedures, against a threshold of 92%. Aggregate referral to treatment standards have been consistently met every month of 2015/16, although some specialty areas have required specific focus in order to reduce waiting lists. Commissioners continue to work collaboratively with Bolton NHS FT to address Ophthalmology capacity issues, which have been largely caused by increases in follow up and treatment frequency for people with sight loss. The Trust have successfully addressed the issue of patients waiting beyond their intended follow-up interval, and are now working with the CCG to find long-term solutions to ensure patients receive timely assessment, treatment and follow-up.

Over 52 week waiters

There have been two elective patients identified as breaching 52 weeks this year, and Bolton NHS FT has alerted commissioners in the past month to a further 2 patients who have 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, and updates will be provided to the Board in the coming month.

2.2.5 NWAS 111Performance

In March 2016 6,660 calls were triaged through the 111 system, of those patients, 490 were directed to A&E, 707 resulted in an ambulance being dispatched, 4,266 were referred to primary or community care services and 1,036 were advised for no further treatment or services.

As mentioned in section 2.2.4 of this report from the 25th April, GP Out of Hours triage will be put in place for patients directed from their GP Surgery. This will be closely monitored.

2.2.6 Contractual Performance

In February 2016 there were 283 patient handovers (from ambulances to A&E) where patients waited between 30 and 59 minutes and 202 handovers where patients waited more than 60 minutes (against a target of 0 for both). This is a slight improvement on January 2016. The actions highlighted in section 2.4.2 will also assist in reducing ambulance handover delays.

CPAs completed – February performance was to 94.7% resulting in a marginal failure of the target. The Trust continue to reinforce the process of diarising CPAs well in advance and GMW has provided assurance that the target will be achieved in month and for the full year.

With regards to IAPT, the recovery rate was achieved in February with performance of 54.1%. The access target was also achieved with performance of 15.4%. Systems and processes have improved following the remedial action plan put in place as reported in last month's Board Performance Report.

Early Intervention in Psychosis (EIP) - the target of patients being seen within 2 weeks of referral are being met according to the service, though we are still awaiting formal data. Caseloads continue to be higher than nationally recommended but staff recruitment continues and it is anticipated by July 2016 the team will be fully staffed and will be able to deliver a fully NICE compliant service which has the capacity to meet the extended age range and see at least 50% of people within 2 weeks of referral. NHS England have commenced weekly monitoring of the Mental Health Services Data Set (MHSDS) for EIP and GMW have provided assurances this is now on target and is being submitted as required. As a CCG we have been assured by NHS England.

Memory Assessment Treatment Service (MATS) - average wait to diagnosis has reduced significantly from 7.1 weeks in January to 4.9 weeks in February which is the lowest recorded wait in 2015/16. The national diagnosis rate of 70% continues to be achieved and work is in progress through GM Dementia United and Bolton's local membership to further improve on these rates.

The mental health high level dashboard is under development to capture performance against local and national targets. This will include GMW (Early Intervention in Psychosis, Memory Assessment and Treatment Service, Single Point of Access, Asperger's Team, IAPT and the acute care pathway), in addition to wider IAPT provision through 1 Point and Child and Adolescence Services through Bolton Foundation Trust. This dashboard will be included in the Board Performance Report from next month.

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 March 2016.

2.3.2 Overall, waiting times for community services have seen a slight decrease during March when compared with the previous months, with performance across the services at aggregate level at 72.5% for routine referrals seen within 4 weeks (against a target of 90%) and 71.1% for urgent referrals (against a target of 95%). 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 remain static and below target during March. Work is underway to align the service with the 10 neighbourhoods with 10 District Nurses having been identified 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 May 2016.

2.3.5 Referrals to children's community teams have progressively increased over the last few months with a further increase seen in February (613 against a target of 515. This is positive and is projected to increase further as a result of the new children's community model which will commence at the end of April.

2.3.6 In terms of performance against other key metrics, there has been a decreases in sickness rates to 5% in February (staffing data is reported two months in arrears) and a steady position of 94.9% for the staffing establishment within adults services. The children's services have seen an improvement in staff turnover (to 10.3% against a target of 10%) and the levels of staffing establishment have seen a further improvement above target to 96.3% in March. Sickness absence during February has seen a slight increase to 5.1%.

3. Recommendations

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

Melissa Laskey - Associate Director of Commissioning,
22nd April 2016

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Appendix 1

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	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	Running total		Number of failing targets out of 17 National measures See NHS Constitution report 4 for February, A&E 4 Hour and all ambulance targets.
	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%	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	31,709	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		3.2	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		4.4	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	466	5,745	3.01%	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 February16

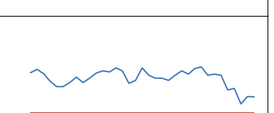
Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Feb16)
Referral to Treatment waiting times for non urgent consultant led treatment - All Providers																
Admitted patients to start treatment within 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%	93.6%	A	Aggregated target achieved,Cardiology failed (71.4%), Cardiothoracic Surgery (77.8%), Gastro (84.2%), Plastic Surgery(84.8%), Orthopaedics (82.8%), Urology (88.8%), ENT (86.7%) and Other (85.3%). Bolton FT failed Plastics (85%), Orthopaedics (76.3%), Urology (89.8%) ENT (85.7%) and Other (83%) .	
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%	96.4%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (77%), Gastro (81%), Ophthalmology (88%) and Orthopaedics (91.6%) . Bolton FT failed Orthopaedics (91.9%) and Ophthalmology (87.8%) .	
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%	94.7%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (87%), General Surgery (91.5%), Ophthalmology (91.6%), plastics (84%), Orthopaedics (91.5%) and Urology (91.7%). Bolton FT failed Cardiothoracic (91.7%), General Surgery (91.6%), Ophthalmology (91%) and Orthopaedics (91.5%).	
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%	1.22%	F		
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%	91.80%	F	1,605 patients waited more than 4 hours (Denominator 9,087) Indicator breached by 1151 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%	97.2%	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%	98.7%	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%	97.6%	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%	96.4%	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%	A		

NHS Constitution Indicators February16

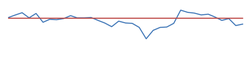
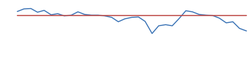
Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Feb16)
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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%	87.0%	A	0.0%	
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%	94.1%	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%	86.7%	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%	75.60%	A		
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%	71.60%	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%	93.20%	F	High levels of demand and lengthening turnaround times.	

CCG Performance Report - February 16

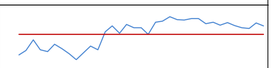
Commissioner Performance Dashboard

Indicator	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Feb16)
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%	93.6%	A	Aggregated target achieved,Cardiology failed (71.4%), Cardiothoracic Surgery (77.8%), Gastro (84.2%), Plastic Surgery(84.8%), Orthopaedics (82.8%), Urology (88.8%), ENT (86.7%) and Other (85.3%). Bolton FT failed Plastics (85%), Orthopaedics (76.3%), Urology (89.8%) ENT (85.7%) and Other (83%) .	
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%	96.4%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (77%), Gastro (81%), Ophthalmology (88%) and Orthopaedics (91.6%) . Bolton FT failed Orthopaedics (91.9%) and Ophthalmology (87.8%) .	
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%	94.7%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (87%), General Surgery (91.5%), Ophthalmology (91.6%), plastics (84%), Orthopaedics (91.5%) and Urology (91.7%). Bolton FT failed Cardiothoracic (91.7%), General Surgery (91.6%), Ophthalmology (91%) and Orthopaedics (91.5%).	
Number of patients waiting more than 52 weeks - (Bolton FT only) Incomplete	0	0	0	1	1	0	0	0	0	0	0	0	2	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	4	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%	1.22%	F		
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%	91.8%	F	1,605 patients waited more than 4 hours (Denominator 9,087) Indicator breached by 1151 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%	97.2%	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%	98.7%	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%	97.6%	A		

CCG Performance Report - February 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	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Feb16)
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%	96.4%	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%	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%	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%	87.0%	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%	94.1%	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%	86.7%	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%	75.60%	A		
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%	71.60%	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%	93.20%	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	1465	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	639	F	Slight improvement 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	24	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%	94.00%	A		

CCG Performance Report - February 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	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Feb16)
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%	94.70%	100.00%	100.00%	100.00%	97.40%	98.40%	A		
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%	47.69%	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%	17.60%	A		
Number of ongoing waiters >18 weeks	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	4	F		
CDIFF-Post 72 hrs (Hospital)	19	4	2	2	1	1	1	4	0	5	4	1	25	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%	85.4%	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%	19.6%	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%	96.3%	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%	31.5%	A		
Never events																
Never events	0	0	0	1	0	0	1	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

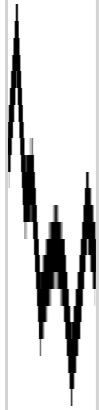
	2010/11	2011/12	2012/13	2013/14	
*Patient safety incidents (rate per 100 admissions) (Bolton FT)	5.3	3.6	6.3	6.3	HSCIC November 15 - 5.6 NHS Outcomes Framework
*The Number resulting in severe harm or death	11	8	9	11	HSCIC November 15 - 5.6 NHS Outcomes Framework

* 6 monthly reporting (October to March)

Community Summary 2015/2016

Bolton NHS
NHS Foundation Trust

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

Referrals								
Referrals - GP		2,381	2,689	2,744	2,514	32,829	31,219	The introduction of the Integrated Neighbourhood Team and the expansion/intervention of the Admission Avoidance Team and Care Homes Service continue to deflect GP referrals away from District Nursing Domiciliary. Other Referrals to District Nursing Domiciliary have increased since the start of the year 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 also increased the other referral rates 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 the referral rate of 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. The INT team continue to work with GPs to highlight patients who would benefit from intervention. GP Referrals to INT are static. The INT team are also involved in the proposals for co working with GP practices to support patients over 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 so far deflected 971 A&E attendances and 620 Non-Elective Admissions (April to Feb 16, latest data available). Their early intervention is also responsible for patients being deflected to Intermediate Care Residential beds instead of admissions to RBH. Re-admission rates are also reduced by the service reviewing patients with re-occurring conditions who have been discharged from hospital within the previous 30 days. Their work with the home based pathways provides patients with on-going support to enable their independence. The NWAS falls pathway which commenced in September 2015 will also increase 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 are increasing. 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. The work of the IMC Residential in-reach team during the Trust MADE (Multi-disciplinary Accelerated Discharge Event) SAFER event 19th April – 25th April will affect referral demand to Intermediate Care Residential. The In-Reach Team will assist in facilitating smoother hand-over of care and discharge from acute beds and thus alleviating pressures within the Trust. 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 (please see further comments in activity first).
Referrals - Other		3,907	4,074	3,295	3,834	39,529	43,472	As above.

Community Summary 2015/2016

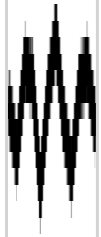
Bolton NHS
NHS Foundation Trust

Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Referrals								
Re-referrals < 90 Days		627	828	-	804	-	7,197	See below.
Re-referrals < 90 Days Rate		10.0%	12.2%	5.0%	12.7%	5.0%	9.6%	Re-referral rates are affected by patients deteriorating conditions, resulting in many interventions such as seen within the Stroke team and 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. Internal referrals between teams in the same service can lead to higher re-referral rates for example in Neurology Long Term Conditions where a patient under the care of a Multiple Sclerosis team will have a new referral created if transferred to the Audio Vestibular team.

Community Summary 2015/2016

Bolton NHS
NHS Foundation Trust

Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Waiting Times								
Referrals Seen < 4 Weeks - Routine		65.0%	73.7%	90.0%	72.5%	90.0%	68.5%	The percentage of routine referrals seen within 4 weeks has decreased slightly compared to the previous month but the financial year end position is an improvement on the 65.7% reported at the end of 2014/15. A recently developed PTL report will assist in the management of waiting times within service specific targets and address data cleansing issues. This report is being rolled-out and we expect to see the impact of this very soon in reduced waiting times. 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 have significantly improved their waiting times since quarter 2. The service has highlight that this performance may be negatively affected by maternity leave and the loss of a WTE. Capacity and demand work within the Integrated Community Services Division will inform where extra capacity is needed and will enable the Division to manage their 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).
Referrals Seen < 4 Weeks - Urgent		79.0%	74.7%	95.0%	71.1%	95.0%	71.4%	There are a number of services with high patient volumes where patients are always seen in a timely manner in accordance with clinical need, e.g. District Nursing Domiciliary, Anticoagulation and District Nursing Treatment Room. This activity is not captured as "urgent" referrals and therefore does not contribute to this indicator. Of the services which do capture urgent referrals, the numbers are low and therefore percentage achievement is likely to vary significantly.
Referrals Seen < 12 Weeks		95.7%	96.6%	95.0%	95.8%	95.0%	95.5%	As Referrals seen <4 weeks - Routine
Referrals Seen < 18 Weeks		97.5%	98.0%	95.0%	97.6%	95.0%	97.7%	As Referrals seen <4 weeks - Routine

Activity and Access								
Activity - First		7,597	7,758	7,825	7,327	93,889	89,333	The BI team and IT services are working with Community services to improve recording in areas where we are seeing lower than expected activity. Staff members access rights are being reviewed and the services are working closely with BI to ensure all recording is being captured, this is being reviewed weekly in specific Services. 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 has seen a marked increase compared to the start of the Financial Year. 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. GPs are kept updated on the team's reactive involvement with their patients via a faxed communication sheet which notifies them of the assessments carried out by the team. Each Advanced Practitioner holds an active caseload of up to 20 patients at any one time and they are working closely with Primary Care colleagues to agree regular MDT meetings where appropriate to discuss patient care. The team are now contactable though the Single Point of Access who are able to pass work onto the team directly via mobiles phone. The number of contacts under the Admission Avoidance Team continues to increase and 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. The IV Therapy team has now been integrated into the Admission Avoidance Team with a single point of access for both services. An increase in referrals from the Admission Avoidance Team and Intermediate Care Residential has increased new activity within the service Intermediate Care Domiciliary. The work of the IMC Domiciliary team provides patients with the care needed at home to maintain their independance and to avoid further admission to Community or Acute beds. Intermediate Care Residential bed occupancy remains over 90% for both Darley Court and Laburnum Lodge. The majority of the referrals to this service are from an acute setting. Bolton FT are holding a MADE SAFER event (Multi-disciplinary Accelerated Discharge Event) for one week starting 19th April. The in-reach team will be in the hospital on a daily basis through-out the event between 2:30 and 4:30pm. There will be one single point of contact for all new referrals to the IMC beds, all referrals will be sent to Darley Court via fax and the in-reach team will decide which unit is most appropriate for the patient's admission. Emergency Dental activity will now start to be recorded within LE2.2 instead of relying on 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		505	403	-	408	-	5,291	See below.

Community Summary 2015/2016

Bolton NHS
NHS Foundation Trust

Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Activity and Access								
DNA Rate - First		6.2%	4.9%	5.0%	5.3%	5.0%	5.6%	New DNA rates have increased during March 2016 and are above plan however compared to this time last year the position is improving. Follow-up DNA rates remain under plan. Asylum Seekers' high DNA rates are being addressed by the service. The population served by this service can be unreliable due to lifestyle. In response to this the service operates a drop in session model. This assists in keeping DNA rates at the lowest possible level. The team also contact patients to remind them of clinics and the need to attend. Other Services with high DNA rates and are being addressed with assistance from the BI team and using the community benchmarking responses.
Activity - Follow-up		43,761	42,789	43,690	42,423	524,280	538,932	See Activity - First
DNA - Follow-up		1,500	1,352	-	1,487	-	18,041	See DNA Rate - First
DNA Rate - Follow-up		3.3%	3.1%	8.0%	3.4%	8.0%	3.2%	See DNA Rate - First
Telephone Clinics		1,215	1,100	1,030	1,345	12,294	12,797	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. There has been a positive increase in the recording of Telephone Contacts within services such as Intermediate Care Domiciliary and Neurology Long Term Conditions. All services are being encouraged to record their Telephone Contacts.
Appointments Cancelled < 1 Week of Due Date		0.8%	0.7%	3.0%	0.8%	3.0%	0.8%	The target has consistently being achieved through-out the financial year.

Community Summary 2015/2016

Bolton NHS
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Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Patient Experience and Outcomes								
Friends and Family - Recommend Rate		89.5%	89.6%	85.0%		85.0%	90.4%	The Friends and Family recommended rate for adults services continues to perform above target (latest data available February 2016). 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 The ICS Division are also exploring the possibility of sending survey post-cards out with appointment letters each month to raise their response rates.
Complaints		2	2	-	5	-	29	5 complaints were received during March 2016 across MSK Physiotherapy, Rheumatology Department, Stroke and Wheelchair services. 29 complaints were received against community services during 2015/16.
Complaints - Responded < 35 Days		100.0%		95.0%		95.0%	90.9%	Both complaints received during January 2016 were responded to within time scale.
Complaints - Per 1,000 Contacts		0.0	0.0	0.0	0.1	0.0	0.0	There are 0.0 complaints per 1,000 contacts for the financial year 2015/16.
Compliments		1,414	1,264	-		-	10,092	Over 10,000 compliments have been received during April 2015 to February 2016 within Community Adult Services. The Patient Experience Team are working with community services to collect compliments received from other sources such as cards, chocolates etc.
Referrer Feedback								
GP Satisfaction with Service				85.0%				

Community Summary 2015/2016

Bolton NHS
NHS Foundation Trust

Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Staffing								
WTE in Post		646.27	645.06	-	652.07	-	652.07	See below.
WTE v Establishment		94.1%	93.9%	95.0%	94.9%	95.0%	93.4%	The number of vacancies in Adult Community services have reduced compared to previous months. As at end of March 2016 there are 34.9 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		6.4%	5.0%	4.2%		4.2%	5.0%	Sickness absence data will be reported one month in arrears unless it is available by working day 10. The current reported position is February 2016. Adult Services sickness rate has decreased compared to the previous month but still remains above target. 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		12.7%	12.8%	10.0%	11.7%	10.0%	12.2%	Staff turnover data as at March 2016 is above plan at 11.7%.
Appraisals		89.0%	85.5%	80.0%	86.9%	80.0%	83.3%	Appraisals are above plan as of March 2016. Many services have completed staff appraisals for the year since this figure was reported. Development plans and dates are in place for any outstanding appraisals.
Mandatory Training Compliance		89.9%	90.8%	85.0%	91.2%	85.0%	89.6%	At the end of March 2016 this target has been achieved. The link between training and increment and progression will improve the performance.
Statutory Training Compliance		93.9%	94.6%	95.0%	95.0%	95.0%	93.8%	The target has been revised from January 2016 from 98% to 95% following a review in December. This target is below plan at the end of March 2016.
Safeguarding Compliance		95.8%	97.2%	95.0%	96.9%	95.0%	96.2%	At the end of March 2016 this target has been achieved. The link between training and increment and progression will improve the performance.

Community Summary 2015/2016

Bolton NHS
NHS Foundation Trust

Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Harm-free Care								
Incidents		190	175	-	167	-	2,043	The number of reported incidents during March 2016 has slightly reduced compared to the previous month but has increased compared to the previous financial year. Staff are encouraged to report incidents.
Incidents - Moderate or Severe Rate		2.1%	3.4%	3.0%	0.6%	3.0%	2.1%	During March 2016 1 incident was recorded as resulting in moderate or severe harm.
Pressure Damage - Grade 2		10	4	3	16	25	75	19 Pressure Ulcers were reported during March 2016, 16 of which were under District Nursing Domiciliary. Of the 16 in DND, 15 were deemed unavoidable. The majority of the Pressure Ulcers were reported by the Westhoughton and Farnworth teams.
Pressure Damage - Grade 3		2	7	0	2	0	41	As above.
Pressure Damage - Grade 4		3	1	0	1	0	15	As above.
Patient Falls		17	11	0	11	0	157	The number of reported falls during March 2016 remains consistent with the previous month. The majority of the falls were recorded against Darley Court.
Hand Hygiene		98.8%	99.4%	98.0%	96.0%	98.0%	98.3%	The target under performed during March 2016 but the financial year end position was above target. This is a self assessed score and BI are working with infection control and community services to ensure robust and regular reporting of this indicator.

Community Summary 2015/2016

Bolton NHS
NHS Foundation Trust

Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Community Services - Children								
Referrals								
Referrals - GP		547	673	522	614	6,187	6,501	There has been a reduction in GP and Other referrals to children's services during March 2016 when compared to the previous month. The reduction was affected by the Easter break as many children's services are term-time affected.
Referrals - Other		1,642	1,721	1,502	1,633	17,925	19,294	As above.
Re-referrals < 90 Days		169	195	-	161	-	1,853	See below.
Re-referrals < 90 Days Rate		7.7%	8.1%	5.0%	7.2%	5.0%	7.2%	Re-referral rates are negatively affected by patients who DNA. The high numbers of re-referrals noted e.g. within Paediatric Audiology are due to the implementation of an opt-in policy in order to reduce DNAs. The DNA rates for this service reduced during February 2016 which has had an impact on the reduced re-referral rates within March 2016. Re-referral rates are also 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 < 4 Weeks - Routine		73.6%	81.0%	90.0%	78.3%	90.0%	77.9%	The percentage of routine referrals seen within 4 weeks has reduced during March 2016 compared to the previous month and remains under target. All Children's services not currently meeting their waiting times have a short term plan to resolve this and a further long term plan to increase capacity linked to the development of new service specifications.
Referrals Seen < 4 Weeks - Urgent			100.0%	95.0%	100.0%	95.0%	55.6%	Of the services which do capture urgent referrals, the numbers are low and therefore percentage achievement is likely to vary significantly.
Referrals Seen < 12 Weeks		93.1%	94.6%	95.0%	94.3%	95.0%	94.4%	As above.
Referrals Seen < 18 Weeks		96.0%	96.1%	95.0%	96.3%	95.0%	96.7%	The target is being achieved and there has been an improvement in performance compared to the previous year.

Community Summary 2015/2016

Bolton NHS
NHS Foundation Trust

Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Activity and Access								
Activity - First		2,718	2,897	2,544	2,694	30,429	32,023	Attendances to Children's services have 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. In Paediatric Audiology, hearing loss due to Glue Ear represents the bulk of activity and this is more prominent during winter and considerably less prevalent during the warmer months. BI is working with the Family Care Division to improve recording of community activity. The Family Division Physiotherapy Team has previously only included activity for Paediatric Neurology Development. New team codes have been created and clinic codes reviewed to ensure that full service activity can now be recorded against the Service.
DNA - First		101	102	-	134	-	1,622	See below.
DNA Rate - First		3.6%	3.4%	5.0%	4.7%	5.0%	4.8%	DNA Rates are expected to increase across Children's services during school term. Although the New DNA rate has increased in March compared to the previous month, it's still within target. Follow-up DNA rates remain consistently under plan. Paediatric Audiology have significantly improved their DNA rate compared to the start of the year by sending out opt-in letters, choice of appointments and ring and reminder services the day before appointments and text reminder services. The Service has also audited their DNA rates to find patterns in peak times/areas. We believe that the spike in March is due to the Easter holiday.
Activity - Follow-up		13,356	12,766	9,316	11,332	111,726	148,076	See Activity - First.
DNA - Follow-up		521	518	-	466	-	6,248	See below.
DNA Rate - Follow-up		3.8%	3.9%	8.0%	3.9%	8.0%	4.0%	See DNA Rate - First
Telephone Clinics		1,147	1,020	601	1,058	7,201	13,377	Telephone contacts are static 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. Telephone contacts are utilised within services such as Continuing Care Packages, Specialist Nursing Team and Speech and Language Therapy. Service efficiency is also improved through use of telephone contacts.
Appointments Cancelled < 1 Week of Due Date		0.2%	0.2%	3.0%	0.3%	3.0%	0.3%	Performance is consistently below plan during March 2016. Analysis has shown no pattern but this will continued to be monitored.

Community Summary 2015/2016

Bolton NHS
NHS Foundation Trust

Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Patient Experience and Outcomes								
Friends and Family - Recommend Rate		94.3%	94.9%	85.0%		85.0%	92.7%	Response rates for Community Children's FFT continue positively during February 2016 (most recent data available) and their recommended rate continues above target. The Service with the highest response rate is the Family Division Physiotherapy Team. Children's services responses are mainly via postcard instead of text response. 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	-	0	-	4	No complaints were received against Children's services during March 2016. 4 complaints were received against Children's services during the financial year 2015/16.
Complaints - Responded < 35 Days		0.0%		95.0%		95.0%	100.0%	All complaints previously received were responded to within the given time frames.
Complaints - Per 1,000 Contacts		0.0	0.0	0.0	0.0	0.0	0.0	There are 0 complaints per 1,000 contacts.
Compliments		130	55	-		-	525	Over 500 compliments were received to Children's services during Financial year 2015/16. During March 2016 most compliments were received to the service Health Visiting. The Patient Experience Team are working with community services to collect compliments received from other sources such as cards, chocolates etc.
Referrer Feedback								
GP Satisfaction with Service				85.0%				

Community Summary 2015/2016

Bolton NHS
NHS Foundation Trust

Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Staffing								
WTE in Post		230.06	226.66	-	227.58	-	227.58	See below.
WTE v Establishment		97.4%	95.9%	95.0%	96.3%	95.0%	95.7%	As at end of March 2016 there are 8.73 WTE vacancies in Children's community services and the target is being achieved.
Sickness Absence Rate		3.4%	5.1%	4.2%		4.2%	4.6%	Sickness absence data will be reported one month in arrears unless it is available by working day 10. The current reported position is February 2016. The sickness rate during February 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		13.5%	13.8%	10.0%	10.3%	10.0%	11.6%	Staff turnover data for March 2016 has decreased compared to the previous month but remains above target.
Appraisals		95.0%	94.7%	80.0%	95.9%	80.0%	92.7%	Staff Appraisals have increased during March 2016 compared to the previous month. At the end of financial year 2015/16 we are reporting that 92.7% of staff received an appraisal. The link between training and increment and progression will improve the performance.
Mandatory Training Compliance		92.9%	94.7%	85.0%	96.2%	85.0%	94.6%	The target is consistently being achieved during March 2016.
Statutory Training Compliance		97.0%	97.5%	95.0%	98.4%	95.0%	97.5%	The target has been revised from January 2016 from 98% to 95% following a review in December. The target is currently being achieved.
Safeguarding Compliance		98.5%	99.4%	95.0%	99.4%	95.0%	98.4%	The target continues to be achieved during March 2016. The link between training and increment and progression will improve the performance.

Community Summary 2015/2016

Bolton NHS
NHS Foundation Trust

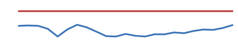
Indicator	Trend	Jan	Feb	Mar		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Harm-free Care								
Incidents		38	48	-	35	-	332	The number of reported incidents against Children's services during financial year 2015/16 is consistent with those reported during 2014/15. During March 2016 most incidents were received against the service Paediatric Specialist Nursing Team. Staff are encouraged to report incidents.
Incidents - Moderate or Severe Rate		0.0%	0.0%	3.0%	0.0%	3.0%	0.6%	No incidents were reported as moderate/severe harm during March 2016.
Pressure Damage - Grade 2		0	0	0	0	0	0	There were no pressure damage incidents in Children's services during the financial year 2015/16.
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 financial year 2015/16.
Hand Hygiene		99.1%	99.6%	98.0%	100.0%	98.0%	99.6%	During March 2016 Children's services reported 100% hand hygiene rates. This is a self-assessed score.

Bolton Clinical Commissioning Group

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	Cumulative YTD	Trend (Apr 14-Feb16)
							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	1.059	
							PATIENT SAFETY								
HCAI - Trust only	MRSA bacteraemia	0	1	2	0	0	0	1	0	0	0	0	0	4	
	Rates of C Difficile	maximum 19 for full year	4	2	2	1	1	1	4	0	5	4	1	25	
Falls and Incidents	Number of falls (all patient falls safeguard)	982	93	80	88	97	80	92	98	88	92	100	101	1009	
	Falls with at least moderate harm	Moderate	0	1	2	1	1	0	4	1	1	0	0	11	
		Severe	0	0	1	2	0	2	1	1	1	0	1	9	
		Fatal	0	0	0	0	0	0	1	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%	5.09%	
	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%	1.38%	
	% 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	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	95.80%	
	Medication Incidents	>636 FYE	90	107	77	107	99	73	81	95	103	91	112	1035	
	Total Incidents	10,786	907	895	967	1228	993	1055	1091	1122	1081	1196	1113	11648	
	% 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%	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	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	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	93.7	
	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	96.3	
	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	102.7	
	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	118.2	
	Number of SUIs	0	3	0	3	3	0	2	1	2	1	0	0	15	
	Number of never events	0	0	0	1	0	0	1	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	Cumulative YTD	Trend (Apr 14-Feb16)
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%	93%	
	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%	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%	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%	96.3%	
	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%	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%	95%	
	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%	91.8%	
	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%	17.9%	
	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%	91.1%	
	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%	90.0%	
	Friends and family staff (Quarterly)Percentage recommended - work	No target set	62%			64%			Next figures due May 2016					63.0%	
	Friends and family staff (Quarterly)Percentage recommended - Care	No target set	79%			78%			Next figures due May 2016					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	Cumulative YTD	Trend (Apr 14-Feb16)
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%	4.60%	
	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%	93.20%	
	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%	81.9%	
	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%	73.91%	
	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%	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%	99.5%	
	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%	99.3%	
BEAUMONT															
Independent Sector	Number of SUIs	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	
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	2	
	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	1,991	