

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:10.....

Date of Meeting:24th June 2016.....

<p>TITLE OF REPORT:</p> <p>AUTHOR:</p> <p>PRESENTED BY:</p> <p>PURPOSE OF PAPER: (Linking to Strategic Objectives)</p>	<p>CCG Corporate Performance Report</p> <p>Melissa Laskey – Associate Director Commissioning Mike Robinson – Associate Director Integrated Governance & Policy Victoria Preston – Senior Information Analyst</p> <p>Barry Silvert - Clinical Director of Commissioning</p> <p>The purpose of the attached report is to highlight performance against all the key delivery priorities for the CCG in 2016/17 against which NHS Bolton Clinical Commissioning Group is nationally measured</p>
<p>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</p>	<p>Members are requested to note the content of the report and actions being taken where required to improve performance</p>
<p>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</p>	<p>Performance is reported to: CCG Clinical Executive Contract Performance Group Quality and Safety Committee</p>
<p>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</p>	<p>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</p>

CCG Corporate Performance Report

1.0 Executive Summary

1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of April 2016 (Month 1).

1.2 Appendix 1 contains the detailed reports for each set of performance indicators the CCG is measured against:

- Bolton CCG Objectives
- NHS Constitution Standards
- Key NHS Contractual Measures
- Outcome & Quality Framework Indicators
- Community Services Key Performance Indicators
- CCG Quality Indicators
- Mental Health Dashboard

1.3 Section 2 exception reports against all indicators.

2.0 Exception Reporting

2.1 Quality & Safety – Board Lead, Dr Colin Mercer

2.1.1 Healthcare Associated infections

Bolton FT has 0 MRSA attributed to them in April.

There were 3 CDT cases attributed to Bolton FT in April (a further 2 are known to have been reported in May) which places the FT above trajectory for the year but these numbers are less than the same period in 15/16. All the Root Cause Analysis will be presented to the CCG.

Bolton FT has been invited to the CCG's Quality and Safety Committee to discuss this and other related infection prevention and control issues including the collaborative work of the Infection Prevention and Control Committee.

2.1.2 Falls

As discussed last month although the overall number of falls increased within 15/16 the overall number of falls resulting in severe harm reduced by nearly 50%.

There was an over trajectory number of falls in April of which 2 resulted in severe harm. These have been fully investigated and reviewed by the CCG's SI review group where actions have been agreed. These actions will be followed up to ensure implementation and will be referred to with regards any future severe fall that may occur.

2.1.3 Harm Free Care

Bolton's overall position in relation to Harm Free Care is favourable compared to Greater Manchester but performance regarding falls screening, waterlow assessment, body map completion and nutritional assessment continues to require improvement. These metrics are being monitored by the Quality & Performance Group and exceptions reported by the FT's Deputy Director of Nursing. If these remain red they will require a remedial action plan which the Q&P Group will oversee.

2.1.4 Serious Incidents

2 serious incidents occurred in April including a Never Event where the wrong eye was anaesthetised in Ophthalmology. The patient came to no harm and successfully underwent the planned procedure. CCG are awaiting the full report and plan to visit ophthalmology theatres as part of the follow-up to the theatre safety review.

2.1.5 Friends and Family Test

The Trust failed the A&E response rate for the first time since March 2014. Children's attendances are now included in the response rate which adds over 2,000 to the denominator. As the turnaround for children is quick it is often hard to obtain responses but the FT acknowledge the importance of this and are working to address the issue.

2.1.6 Workforce

A full update on workforce performance and improvement initiatives was provided to the April Board.

2.1.7 WHO Surgical Checklist

Work is being undertaken within the FT to better represent compliance with the surgical checklist so the audit details compliance with all stages (i.e. inbrief, debrief etc)The development of a composite score will also be supplemented by data relating to data on 'stop before you block' in anaesthetics.

2.2 Commissioning – Board Lead, Dr Barry Silvert

2.2.1 Reduce Non-Elective Admissions

The CCG has a target for a reduction of 2.1% of non-elective admissions in 2016/17 (based on 2015/16 outturn). In April 2016 there were 2,847 non elective admissions across all providers. This represents an increase of 89 non-elective admissions compared to April 2015 (a 3% increase in month).

2.2.2 Reduce Non-Elective Length of Stay

The target for non-elective length of stay for 2016/17 is 4.4 days. In April 2016, the length of stay increased to 4.8 days. This is much higher than has been seen in recent months and is thought to be due to acuity of patients (as more admissions were seen in April and a higher proportion of majors in A&E).

2.2.3 Reduce Emergency Readmissions

The number of emergency readmissions in April 2016 was 486 which is a decrease of 39 from April 2015 (525). As reported in last month's Board Performance Report, the collaborative work which has been undertaken between the CCG and Bolton FT continues to demonstrate positive results.

2.2.4 NHS Constitution Targets

A&E 4 hour performance (target 95%) for April 2016 was 80.20%. This is an improvement on performance seen in March. Provisional data shows that performance improved slightly in May to 81.69% and June month to date performance (as at 20th June) is 81.38%.

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

As highlighted previously to Board, a jointly agreed programme of work is in place and progress is being made against this. A&E continues to have regular additional primary Care resource provided by BARDOC in the evenings and over the weekend. A strategic review of all elements of the discharge process is being undertaken and will result in a comprehensive system wide action plan.

In April 2016, NWAS failed 2 of the 3 national targets. Performance was 76.47% for Emergency Response arriving within 8 minutes (achieving the Red 1 target of 75%). However the Red 2 performance for April was 67.46% (against a target of 75%) and the Category A19 minute response performance was 92.01% (against a target of 95%).

The incomplete RTT pathway standard for April 2016 was met, with 94.2% of patients waiting less than 18 weeks for planned procedures, against a threshold of 92%.

In last month's Board report, it was highlighted that Bolton NHS FT had alerted commissioners to a potential patient who had breached the 52 week maximum wait. The FT has undertaken root cause analysis, clinical review and investigation of this patient, and this patient had not in fact breached 52 weeks. However, there has been a Bolton CCG patient who has been confirmed as breaching a 52 week wait for elective care at University Hospital of South Manchester. This patient was identified as part of the ongoing validation and waiting times reduction work at UHSM. Commissioners have been assured that this patient was treated in May.

The 6 week diagnostic waiting time standard was failed in month, with 2.14% of patients waiting longer than 6 weeks for their diagnostic procedure. While previous failure of this standard has predominantly been due to known endoscopy issues at CMFT (with Bolton NHS FT previously consistently achieving the diagnostics standard at provider level), there has been an increase in diagnostic breaches in month at Bolton NHS FT, in particular for Audiology. Bolton NHS FT has updated that this was due to an equipment failure, which has now been resolved. Patients affected by this have now undergone the required diagnostics, and this is not likely to be a recurrent issue.

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. The latest update provided by the lead commissioners advised that the adult Endoscopy backlog at CMFT should be addressed by the end of June.

The cancer 31 day standard (maximum one month wait from diagnosis to first definitive treatment for all cancers) was breached in April 2016. The commissioning team and Lead GP for Cancer meet with Bolton NHS Foundation Trust on a regular basis to discuss any breaches of the cancer standards, and improvement plans in place. All other cancer standards, including 62 day standard to treatment from referral, were met in April 2016. As part of the ongoing work to further reduce waiting times for patients on suspected cancer pathways, a cancer waiting times CQUIN is now in delivery, with the aim of bringing down wait times for first assessment, diagnostics and time to first treatment for patients in Bolton.

2.2.5 NWAS 111 Performance

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

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

2.2.6 Contractual Performance

In April 2016 there were 215 patient handovers (from ambulances to A&E) where patients waited between 30 and 59 minutes and 132 handovers where patients waited more than 60 minutes (against a target of 0 for both). This is an improvement since March and recent early data for May shows a further reduction in the number of patients waiting more than 60 minutes for handover. The CCG are leading the development of an Ambulance working group to work jointly with NWS and Bolton FT on improving performance.

2.2.7 Mental Health

At the time of writing this report the data on compliance of Care Programme Approach (CPA) reviews completed in April is not yet available. The overall position across the last 12 months remains green against the target of 95%. The percentage of patients followed up within 7 days post discharge continues to exceed the target of 95% at 96.8%.

Performance against the Improving Access to Psychological Therapies (IAPT) recovery rate (combined figures for GMW, Think Positive and 1 Point) maintained at 47.9% for April (from 47.9% in March) against the 50% target. Combined access rates dropped to a figure of 12.93% (failing the target of 15%). The CCG is monitoring this closely but the failure of both targets was attributed to data reporting issues in month. GMW is confident the actual figures are much higher and NHE England and HSCIC have been briefed about the submitted figures not being reflective of the true picture. GMW now has access to all the data for current patients so should be able to submit accurately again from next month. The combined IAPT service achieved both of the new access targets in April with 88% of people completing treatment in month (against the 75% target) having had their 1st appointment within 6 weeks and 100% having had their 1st appointment within 18 weeks (against the 95% target).

The Early Intervention in Psychosis (EIP) service exceeded the new access target with 77% of people accessing the service within 2 weeks during April (against the target of 50%). Future reports will contain further information about which interventions people are accessing once they have had their initial appointment.

The mental health dashboard continues to be updated on a monthly basis detailing performance against other key local services including Single Point of Access and the Acute Care Pathway redesign. Key performance issues include:

Bed occupancy – Occupancy levels remain high across all services, with only the organic ward being under 90% occupancy in month. Work continues within the Trust to ensure planning for discharge takes place from the point of admission. Importantly, the vast majority of patients continue to be treated within the GMW footprint.

Single Point of Access (SPoA) – the April data was not yet available at the time of writing this report. GMW continues to work with commissioners around serious incidents and it has been noted in relation to SpOA these tend to be around prescribing issues. Work is in progress around the 28 days prescribing and shared care protocols which should improve many of these issues. The Trust is on target for Quarter 1's CQUIN measures around Shared Care Protocols.

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 May 2016.

2.3.2 Overall, waiting times for community services have seen a slight improvement during May when compared with the previous monthly position, with performance across the services at aggregate level now at 61.2% for referrals seen within 4 weeks (against a target of 90%). This performance is expected to improve with the recent roll out of a new report to assist services with specific targets and to address data cleansing issues. The CCG continues to work with the FT on key actions to reduce waiting times for specific services as required.

2.3.3 Referrals to the Integrated Neighbourhood Teams increased in May 2016 to 144 (which is above the target of 127) and is also higher than the 94 referrals seen in May 2015. Work is ongoing to align the service with the 10 'clusters of GP Practices' with Lead District Nurses to provide coordination and liaison with practices within each of the areas. It is anticipated that this will further support the identification of patients suitable for proactive care management and intervention from the INTs and as such the numbers of patients referred and proactively managed will increase over the coming months.

2.3.4 Work continues on the development of a comprehensive integration dashboard to demonstrate the overall impact of new schemes in place. This will also include data on Delayed Transfers of Care (DTC) as this is a new mandatory condition of the Better Care Fund for 2016/17. The data shows that Bolton CCG delays are mostly NHS delays (rather than Social Care delays), however the CCG is benchmarking around the average point within GM Cluster CCGs. 'Further Non-Acute', 'Completion Assessment' and 'Patient Family choice' are the 3 main reasons for Delays per

100,000 by Bolton patients accounting for 88% of Delays. As highlighted earlier in this report, work has started on the strategic redesign of discharge systems and processes.

2.3.5 Referrals to children's community teams have progressively increased over the last few months with a further increase seen in May (604 against a target of 541). This is positive and is projected to increase further as a result of the new children's community model which commenced at the end of April. Referrals to Adult services are below plan in May 2016 at 2,340 compared to a target of 2,601. This trend was consistent across 2015/16 as activity levels are slightly lower now than levels seen 12 months ago.

2.3.6 In terms of performance against other key metrics, there has been a slight increase in the sickness absence rate (to 4.1% in April), however this is still below the 4.2% threshold. There has been an improvement in the position of the staffing establishment within adult's services, with performance in month of 95.5% (against the 95% target). The children's services have seen a decline in staff turnover from 10.6% in April to 11.6% in May against a target of 10%. The levels of adults' services staffing in post compared to establishment have seen a further improvement and are now above target with performance of 95.8% in May.

2.3.7 The Admission Avoidance team continues to see an increase in the number of patients referred to the service and reduced unplanned hospital admissions achieved as highlighted earlier in the report. The cost benefit analysis undertaken on the potential expansion of the Admissions Avoidance Team to a 24/7 service demonstrated that this would not represent value for money. It has been agreed with the FT that the overnight DN and reablement services will be redesigned instead to provide a full overnight support service to patients who will benefit from this.

3.0 Further Update for Board

The engagement work on the proposed changes to the TIA service is taking place in June and a report with a recommended decision for approval will be presented to Board in July.

4.0 Recommendations

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

Melissa Laskey - Associate Director of Commissioning
20th June 2016

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Appendix 1

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5	Outcome & Quality Framework Indicators
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12-23	Community Services Key Performance Indicators

QUALITY REPORT					
Area	Performance Indicator	2016/17 Annual Target	Apr-16	Cumulative YTD	Trend (Apr 14-Apr16)
REDUCING MORTALITY					
	Summary Hospital Mortality Indicator (SHMI)	<1.1	1.040	1.040	
PATIENT SAFETY					
HCAI - Trust only	MRSA bacteraemia	0	0	0	
	Rates of C Difficile	maximum 19 for full year	3	3	
Falls and Incidents	Number of falls (all patient falls safeguard)	984	113	113	
	Falls with at least moderate harm	Moderate	1	1	
		Severe	2	2	
		Fatal	0	0	
	Percentage of Harm (Safety thermometer) GM (rolling 12 months)	<5% Harm	6.04%	6.04%	
	Percentage of Harm (Safety thermometer) Bolton FT (rolling 12 months)	<5% Harm	2.29%	2.29%	
	% of adults who receive a falls screening within 6 hours of admission (5.3)	100%	96.00%	96.00%	
	All patients will receive a Waterlow risk assessment within 6 hours of admission (8.2)	100%	96.00%	96.0%	
	All patients identified as being at risk will have a body map completed and appropriate individualised care plan (8.3)	100%	86.00%	86.00%	
	All patients will have a nutritional assessment within 6 hours of admission (6.3)	100%	91.00%	91.00%	
	Medication Incidents	1200 FYE	104	104	
	Total Incidents	12,000	1112	1112	
	% Total incidents with no harm	(Apr13-Sept13) NPSA 50%	68.0%	68.0%	
	Nursing (nurses/midwives) shifts (% Actual Vs Planned) Day	need to agree tolerance	92.2	92.2	
	Nursing shifts (% Actual Vs Planned) Night	need to agree tolerance	94.6	94.6	
Care Staff shifts (% Actual Vs Planned) Day	need to agree tolerance	103.8	103.8		
Care Staff shifts (% Actual Vs Planned) Night	need to agree tolerance	117.2	117.2		
Number of SUIs	0	1	1		
Number of never events	0	1	1		

Area	Performance Indicator	2014/15 Annual Target	Apr-16	Cumulative YTD	Trend (Apr 14-Apr16)
PATIENT EXPERIENCE (Bolton FT)					
Complaints and Friends & Family (Bolton FT only)	Complaints Responded to within time period	95%	100%	100.0%	
	A&E Percentage recommended		82.0%	82.0%	
	A&E Response Rate	15%	13.8%	13.8%	
	Inpatient Percentage recommended		98.0%	98.0%	
	Inpatient Response Rate	15%	35.7%	35.7%	
	Maternity Q1 Antenatal Care % recommended	No target set	100%	100%	
	Maternity Q2 Birth % recommended	No target set	96.0%	96.0%	
	Maternity Q2 Birth Response Rate	No target set	24.4%	24.4%	
	Maternity Q3 Postnatal % recommended	No target set	96.0%	96.0%	
	Maternity Q4 Postnatal Community % recommended	No target set	92.0%	92.0%	
	Friends and family staff (Quarterly) Percentage recommended - work	No target set	66%	66.0%	Latest data Q4 15/16
	Friends and family staff (Quarterly) Percentage recommended - Care	No target set	81%	81.0%	Latest data Q4 15/16
	Friends and family - Outpatient Percentage Recommended	No target set	92.0%	92.0%	
	GMW Friends and Family	Friends and family - GMW Acute Percentage Recommended	No target set	73.0%	73.0%
Friends and family - GMW Community Percentage Recommended		No target set	93.0%	93.0%	

Area	Performance Indicator	2014/15 Annual Target	Apr-16	Cumulative YTD	Trend (Apr 14-Apr16)
STAFFING					
Quality Impact Indicators	Sickness Absence	3.75%	4.79%	4.79%	
	Mandatory Training - Compliance	100%	91.10%	91.10%	
	Appraisals Completed	80%	84.4%	84.4%	
	Induction Attendance	100%	81.34%	81.34%	
	Substantive staff turnover Headcount (rolling average 12 months)	<=10%	9.2%	9.2%	
CLINICAL EFFICIENCY AND EFFECTIVENESS					
Better Care, Better Value	Surgical WHO Checklist compliance (Elective)	100%	99.5%	99.5%	
	Surgical WHO Checklist compliance (Emergency)	100%	99.8%	99.8%	
BEAUMONT					
Independent Sector	Number of SUIs	0	0	0	
	Number of never events	0	0	0	
	Friends and family - Inpatient Percentage Recommended	0	99.0%	99.0%	
	Friends and family - Outpatient Percentage Recommended	0	98.0%	98.0%	
PRIMARY CARE					
Primary Care	Number of practices with 5 red indicators on the Primary Care Dashboard (Practices with review identified)	Running Total	1	1	
	Number of patients registered at a GP Practice with a diagnosis of Dementia (deined by the QOF dementia register code cluster) >=65 years	Need to agree denominator and tolerance	2,033	2,033	

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

			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
People feeling supported to manage their condition CCG			67.90	67.20	68.20	65.40
Health-related quality of life for carers, aged 18 and above CCG			0.79	0.80	0.78	0.78

GP Patient Survey (GPPS) via HSCIC

Latest data for 14/15 released Aug 15

Latest data for 14/15 released Aug 15

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.

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

HES via HSCIC

Latest data for 13/14 released Feb 15

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

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

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

National Inpatient Survey Programme via HSCIC

Next version due August 16

Next version due September 16

Next version due May 16

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
*The Number resulting in severe harm or death	11	8	9	11

HSCIC November 15 - 5.6 NHS Outcomes Framework

HSCIC November 15 - 5.6 NHS Outcomes Framework

* 6 monthly reporting (October to March)

BOLTON CCG CORPORATE REPORT - 5 YEAR AIMS

Objective	Key Measures of Success (Goals)	From (2011/12) 2015/16 for Emergency admissions)	To 2015	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	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
Improve quality of care and patient experience of care	Achievement of all key targets / NHS Constitution	Several failing	All achieved	7												Running total		Number of failing targets out of 17 National measures See NHS Constitution report 7 for April, A&E 4 Hour and all ambulance targets. RTT Admitted, None admitted and Diagnostics.
	Bolton patients and carers would recommend health services (combination of A&E and Inpatient)		90% Local target	90.7%												91%	91%	New measure 'percentage recommended' rather than 'net promoter score'
Best Value:	Reduce emergency admissions	34,765	34,035	2,847												2,847	3.2%	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 16/17	3.1												3.1	3.1	As per year 2 of the 5 year strategic plan
		NE 4.9 (baseline - strategic plan)	NE 4.4 16/17	4.8												4.8	4.8	As per year 2 of the 5 year strategic plan
	Reduce emergency readmissions	6,086	3% Reduction	486												486	-7.43%	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 April 16

Indicator	Target	Apr-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Apr16)
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%	89.6%	89.6%	A	Aggregated target failed, specialties failed for all Providers are General Surgery (86%), Ophthalmology (89.4%), Plastics (80.3%), T&O (88.3%) and ENT (87.9%). Bolton FT failed the target 89.2% - specialties failed are General Surgery (85.8%), Ophthalmology (89.5%), Plastics (79.3%), T&O (84.2%) and ENT (89.5%).	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	94.7%	94.7%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (92.3%), Gastro (92.9%), Gen Med (94%), Gen Surgery (93.8%), Neurology (93.75%), Ophthalmology (94.1%) and Orthopaedics (88.9%). Bolton FT achieved the target at (95.01%), Orthopaedics (86.46%).	
Patients on incomplete non emergency pathways (yet to start treatment)	92%	94.2%	94.2%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (87.98%), General Surgery (91.9%), Plastics (86.6%) and Orthopaedics (90.1%). Bolton FT failed Plastics (91.9%) and Orthopaedics (89.8%).	
Diagnostic test waiting times All providers						
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	2.14%	2.14%	F	64 breaches for April 16. Main areas are; 10 Audiology (Bolton FT) , 13 Cardiology (9 Bolton FT), 11 colonoscopy (7 for Central Manchester), 6 MRI (4 Bolton FT) and 11 gastroscopy (10 for Central Manchester).	
A & E waits - Bolton FT						
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	80.20%	80.20%	F	1,822 patients waited more than 4 hours (Denominator 9,224) Indicator breached by 1360 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%	99.2%	99.2%	A		
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	100.0%	100.0%	A		

NHS Constitution Indicators April 16

Indicator	Target	Apr-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Apr16)
Cancer patients - 31 day wait -All Providers						
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	94.3%	94.3%	A	3 patients breached out of 53. One at Christie and two at Bolton FT.	
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	94.4%	94.4%	A		
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	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%	A		
Cancer waits - 62 days - All Providers						
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	96.2%	96.2%	A		
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	100.0%	100.0%	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%	A		
Category A ambulance calls NWAS						
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	76.47%	76.47%	A		
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	67.46%	67.46%	F		
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	92.01%	92.01%	F		

Commissioner Performance Dashboard

Indicator	Target	Apr-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Apr16)
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%	89.6%	89.6%	A	Aggregated target failed, specialties failed for all Providers are General Surgery (86%), Ophthalmology (89.4%), Plastics (80.3%), T&O (88.3%) and ENT (87.9%). Bolton FT failed the target 89.2% - specialties failed are General Surgery (85.8%), Ophthalmology (89.5%), Plastics (79.3%), T&O (84.2%) and ENT (89.5%).	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	94.7%	94.7%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (92.3%), Gastro (92.9%), Gen Med (94%), Gen Surgery (93.8%), Neurology (93.75%), Ophthalmology (94.1%) and Orthopaedics (88.9%) . Bolton FT achieved the target at (95.01%), Orthopaedics (86.46%).	
Patients on incomplete non emergency pathways (yet to start treatment)	92%	94.2%	94.2%	A	Aggregated target achieved, specialties failed for all Providers are Cardiology (87.98%), General Surgery (91.9%), Plastics (86.6%) and Orthopaedics (90.1%). Bolton FT failed Plastics (91.9%) and Orthopaedics (89.8%).	
Number of patients waiting more than 52 weeks - (Bolton FT only) Incomplete	0	0	0	A		
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	0	0	A		
Diagnostic test waiting times All providers						
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	2.14%	2.14%	F	64 breaches for April 16. Main areas are: 10 Audiology (Bolton FT) , 13 Cardiology (9 Bolton FT), 11 colonoscopy (7 for Central Manchester), 6 MRI (4 Bolton FT) and 11 gastroscopy (10 for Central Manchester).	
A & E waits - Bolton FT						
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	80.20%	80.2%	F	1,822 patients waited more than 4 hours (Denominator 9,224) Indicator breached by 1360 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%	99.2%	99.2%	A		
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	100.0%	100.0%	A		

CCG Performance Report - April 16

Indicator	Target	Apr-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Apr16)
Cancer patients - 31 day wait - All Providers						
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	94.3%	94.3%	A	3 patients breached out of 53. One at Christie and two at Bolton FT.	
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	94.4%	94.4%	A		
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	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%	A		
Cancer waits - 62 days - All Providers						
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	96.2%	96.2%	A		
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	100.0%	100.0%	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%	A		
Category A ambulance calls NWAS						
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	75%	76.47%	76.47%	A		
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	75%	67.46%	67.46%	F		
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	95%	92.01%	92.01%	F		
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	215	215	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	132	132	F	Improvement from last month	

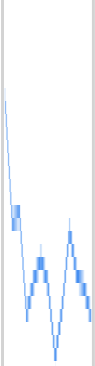


CCG Performance Report - April 16

Indicator	Target	Apr-16	YTD	Forecast Achieve/Fail	Exceptions	Trend (Apr13-Apr16)
Mixed sex accommodation breaches - Bolton FT						
Zero tolerance MSA breaches	0	3	3	F		
Mental Health - GMW						
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA -Completed	95%			A	Data not available for April	
Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA - 7 day follow up	95%	96.80%	96.80%	A		
IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50%	47.93%	47.93%	A		
IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	15.0%	12.50%	12.50%	A		
Number of ongoing waiters >18 weeks	0	0	0	A		
HCAI-Healthcare Associated Infections						
Annual target						
MRSA-Post 48 hrs (Hospital)	0	0	0	A		
CDIFF-Post 72 hrs (Hospital)	19	3	3	F		
Friends and family						
A&E Percentage Recommended	tbc	82.0%	82.0%	A		
A&E Response Rate	15%	13.8%	13.8%	A	From April 2016, Children's A&E data is added to the denominator, work is ongoing at Bolton FT to improve the capture of feedback.	
Inpatient Recommended	tbc	98.0%	98.0%	A		
Inpatient Response Rate	15%	35.7%	35.7%	A		
Never events						
Never events	0	1	1	F		



Community Summary 2016/2017

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

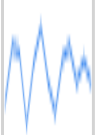




Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Referrals								
Referrals - GP		2,514	2,460	2,601	2,340	5,209	4,800	<p>GP Referrals overall within Adult services continue to reduce due to the introduction of the Integrated Neighbourhood Team and the expansion/intervention of the Admission Avoidance Team and Care Homes Service. Referrals are received primarily into the above intervention/admission prevention services and further distributed as other internal referrals to other services.</p> <p>Other referrals overall within Adult Services reduced this month compared to last month, but still remain above last years' average. Referrals can also be seasonally affected, patients acuity lessens during warmer seasons resulting in fewer GP and internal referrals.</p> <p>Other Referrals to District Nursing Domiciliary have reduced compared to the last few months and last years' average. This is due to a gradual change in the practice co-ordinator roles as the default professionals within INT. The District Nurses will start to receive more referrals directly from GP practices rather than receiving them internally from the INT team.</p> <p>Risk Stratification work continues across District Nursing Domiciliary, Admission Avoidance and IMC at Home, we expect to see a further increase in referrals due to this work. To further expand this work the BI team have developed a report highlighting patients who would benefit from INT intervention on discharge from hospital. Work also continues with GPs to highlight patients who would benefit from intervention especially for patients aged 75+ and those recently discharged from hospital.</p> <p>The Admission Avoidance Team have deflected 971 A&E attendances and 620 Non-Elective Admissions (April to Feb 16, latest data available). Their early intervention is responsible for deflecting admissions to Intermediate Care Residential beds instead of admissions to RBH and the reduction in re-admission rates for those with re-occurring conditions. The team work closely with the home based pathways to provide patients with on-going support to enable their independence.</p> <p>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 weekends.</p> <p>Compared to last year's average, referrals to IMC at Home have increased due to referrals direct from the hospital but also from the Admission Avoidance Team and Intermediate Care Residential. This enables patients to receive care at home while maintaining their independence. The service is working with the Local Authority re-ablement service to support extra capacity for re-ablement which is being used to support flow from admission avoidance and IMC beds.</p> <p>Other Referrals to the Care Home Services continues to increase during May 2016. This is due to the team working to improve accessibility and faster responses to patients' deteriorating conditions.</p>
Referrals - Other		3,834	4,430	3,622	4,156	7,252	8,586	As above.
Re-referrals < 90 Days		804	827	-	908	-	1,735	See below.








Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Referrals								
Re-referrals < 90 Days Rate		12.7%	12.1%	-	14.1%	-	13.1%	<p>Re-referral rates are affected by patients deteriorating conditions which can result in many interventions and the services' reactivity to the patient's needs help to prevent the need for hospitalisation e.g. the Care Homes Service.</p> <p>The high re-referral rate within Rheumatology Department is correlated with their high DNA Rates. The department follows the access policy and discharges patients who DNA their appointment, thus resulting in GPs re-referring.</p>
Waiting Times								
Referrals Seen < Target		0.0%	60.4%	90.0%	61.2%	90.0%	60.8%	<p>Service-specific waiting times received from the CCG agreed within the Service Specifications are now included. Where there is no defined target, 4 weeks is defaulted. The Trust will continue to work with the CCG to develop and monitor targets for waiting times for triage and urgent referrals where these are relevant to the service. These will be included in future versions of this report.</p> <p>The overall performance for Adult services during May 2016 has slightly improved compared to the previous month. Some of the services with noted improvement compared to last month are Integrated Neighbourhood Teams, Dietetic Adults and Falls Service.</p> <p>Podiatry waiting times have also improved compared to the previous month. Following a review of the service and a subsequent new service spec, the service provision will be for patients at highest risk of developing foot related complications and those with greatest medical need e.g. diabetes patients. As a consequence the service is currently discharging low risk patients who are able to self-manage their care. This has improved waiting times for both new and follow-up patients. These changes have allowed for full integration of community and hospital based work. All outpatient clinics are now community based with in-reach for appropriate ward work.</p> <p>Neurology Long Term Conditions have held workshops to address their waiting times. Actions are in place to improve performance including exploring resources in other services (social workers, reablement) and reduction of inappropriate referrals.</p>









Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Activity and Access								
Activity - First		7,327	7,593	7,444	7,323	14,893	14,916	<p>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.</p> <p>The Care Homes Service activity continues to increase when compared to the start of the Financial Year 2015/16. The service works with Care Home staff, GP practices and Pharmacists. They are assisted by Advanced Practitioners who review patients with long term conditions and develop treatment plans to identify triggers which require timely intervention before further deterioration occurs. In partnership with Primary Care colleagues the team will assess patients at highest risk of hospital admission and develop agreed plans of care describing how the care will be delivered and who is responsible for its delivery on a day to day basis. Regular MDT meetings to discuss patient care continue. The team are now contactable through the Single Point of Access who are able to pass work onto the team directly via their mobiles phone.</p> <p>The Pharmacy team are working closely with BI to ensure all their patient activity is captured and reported within the relevant services.</p> <p>The Admission Avoidance Team working together with NWS have developed a deflection scheme for those patients managed through integration schemes with ABC care plans in place. BARDOC are also supporting the team with medical cover in the out of hour periods during the week and at weekends.</p> <p>Bed occupancy for Darley Court during May 2016 was over 99%. Laburnum Lodge reported 94% occupancy. The majority of referrals received are from a hospital setting.</p> <p>BI are working with the Palliative Care teams and other partners to record therapy and nursing data in one system to improve patient communication and experience, partnership working and service efficiency. Currently only the therapy data is reported within the community performance report while the workforce detail contains all staff members under Palliative Care Acute and Therapy.</p>
DNA - First		408	420	-	450	-	870	See below.
DNA Rate - First		5.3%	5.2%	5.0%	5.8%	5.0%	5.5%	<p>New DNA rates have increased compared to last month and remain above plan. Services with increased DNA rates are Integrated Neighbourhood Teams and Rheumatology Therapy. The services have been given details to enable them to investigate.</p> <p>Follow-up DNA rates remain under plan.</p>
Activity - Follow-up		42,423	45,160	44,911	43,161	89,822	88,321	The lead analysts from the Council and the Foundation Trust are working together on delivering integrated reporting to allow for more detailed analysis of the services and their effectiveness.
DNA - Follow-up		1,487	1,483	-	1,386	-	2,869	See DNA Rate - First








Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Activity and Access								
DNA Rate - Follow-up		3.4%	3.2%	8.0%	3.1%	8.0%	3.1%	See DNA Rate - First
Telephone Clinics		1,345	1,469	1,066	1,238	2,137	2,707	<p>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.</p> <p>Many services are keen to ensure their activity is captured and have seen an increase in the numbers recorded this month e.g. Admission Avoidance Team, IV Therapy and INT.</p> <p>Although overall the number of telephone contacts have reduced this month compared to last month they are significantly higher than this time last year. The BI team continue to support services in recording their Telephone Contacts.</p>
Appointments Cancelled < 1 Week of Due Date		0.8%	0.7%	3.0%	0.7%	3.0%	0.7%	The target has consistently being achieved during May 2016.
Patient Experience and Outcomes								
Friends and Family - Recommend Rate		91.2%	87.9%	85.0%	88.2%	85.0%	88.1%	<p>The Friends and Family recommended rate for adults services continues to perform above target.</p> <p>The ICS Division are also exploring the possibility of sending survey post-cards out with appointment letters each month to raise their response rates.</p> <p>'Walk and talk' has also taken place within IMC at home. This is where patients are visited at home and asked to discuss their thoughts on the service. The feedback has been positive.</p> <p>Patient Experience and the BI team are working closely with Divisions to help improve responses within the Community environment especially for visits taking place in patient's homes.</p>
Complaints		5	2	-	0	-	2	There are no complaints to report during May 2016 for Adult Services.
Complaints - Responded < 35 Days		100.0%	50.0%	95.0%		95.0%	50.0%	The 5 complaints received during March 2016 were responded to within time scale. So far only 1 of the 2 complaints received during April have been responded to, but there is still time for this indicator to achieve.
Compliments		1,056	1,244	-		-	1,244	Compliments continue to increase during April 2016 within Community Adult Services (most recent data available). The Trust is working to collecting and reporting on compliments from other sources.






Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Staffing								
WTE in Post		652.07	650.49	-	656.57	-	656.57	See below.
WTE v Establishment		94.9%	94.4%	95.0%	95.5%	95.0%	95.0%	<p>The number of vacancies in Adult Community services have reduced compared to previous months. As at end of May 2016 there are 30.7 vacancies.</p> <p>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.</p> <p>WTE for INT is not currently reported separately from District Nursing Domiciliary, plans are now in place to address this for future months.</p>
Sickness Absence Rate		3.9%	4.1%	4.2%		4.2%	4.1%	<p>Sickness absence data will be reported one month in arrears unless it is available by working day 10. The current reported position is April 2016.</p> <p>Although the rate has increased compared to the last reported month, it is still below target.</p> <p>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.</p>
Staff Turnover		11.7%	10.7%	10.0%	10.3%	10.0%	10.5%	Staff turnover data as at May 2016 is slightly above plan.
Appraisals		86.9%	85.6%	85.0%	85.1%	85.0%	85.3%	Appraisals are above plan as of May 2016.
Mandatory Training Compliance		91.2%	91.8%	85.0%	92.9%	85.0%	92.3%	The target is consistently achieving and is above target as at May 2016. The link between training and increment and progression will improve the performance.
Statutory Training Compliance		95.0%	95.4%	95.0%	94.8%	95.0%	95.1%	As at May 2016 the target is slightly below plan.
Safeguarding Compliance		96.9%	97.3%	95.0%	95.2%	95.0%	96.3%	At the end of May 2016 this target has been achieved although it has reduced compared to previous months. The link between training and increment and progression will improve the performance.









Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Harm-free Care								
Incidents		167	158	-	226	-	384	The number of reported incidents during May 2016 has increased significantly compared to the previous months. The majority of these were reported by District Nursing Domiciliary, followed by Intermediate Care Residential. Staff are encouraged to report incidents.
Incidents - Moderate or Severe Rate		0.6%	2.5%	3.0%	4.9%	3.0%	3.9%	During May 2016 the percentage of incidents resulting in moderate or severe harm increased compared to the previous month. The cause of these incidents are Pressure Ulcers.
Pressure Damage - Grade 2		16	5	0	15	0	20	24 Pressure ulcers were reported within adult services during May 2016 all within District Nursing Domiciliary, 3 were reported as lapses in care. Two of the 24 were recorded as grade 4, although neither due to lapses in care. Staff are informed of the learning from Harm Free Care Panels within their safety huddles.
Pressure Damage - Grade 3		2	1	0	7	0	8	As above.
Pressure Damage - Grade 4		1	0	0	2	0	2	As above.
Patient Falls		11	12	0	13	0	25	The number of reported falls during May 2016 remains consistent with the previous 2 months. 12 of these falls are reported against Intermediate Care Residential and one against podiatry.
Hand Hygiene		96.0%	98.7%	98.0%	99.2%	98.0%	98.9%	The target has achieved during May 2016. Many Community services have nominated a deputy for the recording of this data and the importance of the audit has been reiterated. The Trust has implemented a new secure application for the reporting of this indicator. This is still being embedded in some services hence some service activity missing during May 2016.





Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Community Services - Children								
Referrals								
Referrals - GP		614	582	541	604	1,091	1,186	There has been a small increase in GP and Other referrals to Children's services during May 2016 when compared to the previous month however referrals have remained static over the past 14 months.
Referrals - Other		1,633	1,512	1,607	1,667	3,224	3,179	As above.
Re-referrals < 90 Days		161	152	-	156	-	308	See below.
Re-referrals < 90 Days Rate		7.2%	7.8%	-	7.4%	-	7.6%	Re-referral rates are negatively affected by patients who DNA. Re-referral rates high within the Paediatric Acute Nursing Team which now includes Phlebotomy and Treatment Room clinic referrals. Patients that DNA these treatments are re-referred.
Waiting Times								
Referrals Seen < Target		0.0%	79.8%	90.0%	80.4%	90.0%	80.1%	Service-specific waiting times received from the CCG agreed within the Service Specifications are now included. Where there is no defined target, 4 weeks is defaulted. The Trust will continue to work with the CCG to develop and monitor targets for waiting times for triage and urgent referrals where these are relevant to the service. These will be included in future versions of this report. The overall performance for Children's services during May 2016 has slightly improved compared to the previous month. Community Services are using the recently developed PTL report to manage their waiting times and resolve data cleansing issues.









Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Activity and Access								
Activity - First		2,694	2,672	2,668	2,796	5,343	5,468	<p>First attendances to Children's services have increased compared to the previous two months and in comparison to this time last year. Services with a increases in first attendances are Paediatric Acute Nursing Team and Paediatric Audiology.</p> <p>Follow-up attendances have reduced compared to last month and are lower than the same period last year. Services with lower activity this month are Paediatric Specialist Nursing Team and Speech and Language Therapy.</p>
DNA - First		134	158	-	144	-	302	See below.
DNA Rate - First		4.7%	5.6%	5.0%	4.9%	5.0%	5.2%	New and follow-up DNA Rates are within target this month across Children's Services.
Activity - Follow-up		11,332	12,148	12,339	11,642	24,686	23,790	See Activity - First.
DNA - Follow-up		466	545	-	478	-	1,023	See below.
DNA Rate - Follow-up		3.9%	4.3%	8.0%	3.9%	8.0%	4.1%	See DNA Rate - First
Telephone Clinics		1,058	1,140	1,114	1,137	2,237	2,277	Telephone contact recording remains static compared to the previous month but has increased when compared to this time last year. The replacement of telephone contacts in place of a Face to Face contact supports self-management and encourages families to be in control of their child/young person's care. Service efficiency is also improved through use of telephone contacts.
Appointments Cancelled < 1 Week of Due Date		0.3%	0.3%	3.0%	0.4%	3.0%	0.4%	The slight increase in this indicator has been affected by Paediatric Audiology needing to cancel clinics at short notice due to a staff member needing urgent leave.




Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Patient Experience and Outcomes								
Friends and Family - Recommend Rate		85.7%	89.5%	85.0%	85.2%	85.0%	87.9%	<p>Although activity has reduced slightly this month, recommended rates for Community Children's FFT remain over target during May 2016. Health Visiting and Learning Disabilities and Short Break Care have the highest response rates during this month.</p> <p>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.</p>
Complaints		0	1	-	0	-	1	No complaints were received against Children's services during May 2016.
Complaints - Responded < 35 Days				95.0%				We will report on the response rate of the April complaint once the 35 working days have passed.
Compliments		29	40	-		-	40	During April 2016 (most recent data available) the majority of compliments are received within Health Visiting Service. Most Children's community services compliments are collected via postcard although a few patients will have a registered mobile number for text purposes. The Trust is working on collecting and reporting on compliments from other sources.

Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Staffing								
WTE in Post		227.58	228.29	-	230.85	-	230.85	See below.
WTE v Establishment		96.3%	95.8%	95.0%	96.9%	95.0%	96.4%	As at end of May 2016 there are 7.4 WTE vacancies in Children's community services and the target is being achieved.
Sickness Absence Rate		5.4%	5.5%	4.2%		4.2%	5.5%	<p>Sickness absence data will be reported one month in arrears unless it is available by working day 10. The current reported position is April 2016.</p> <p>The sickness rate during April 2016 continues to increase compared to the previous month and remains above target.</p> <p>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.</p>
Staff Turnover		10.3%	10.6%	10.0%	11.6%	10.0%	11.1%	Staff turnover data for May 2016 remains above target. Turnover rates can seem high within services with low numbers of staff, such as Newborn Hearing / Paediatric Audiology.
Appraisals		95.9%	95.2%	85.0%	92.1%	85.0%	93.6%	Staff Appraisals remain above plan during May 2016. The slight reduction this month has been caused by management changes however appraisals are planned to take place. The link between training and increment and progression will improve the performance.
Mandatory Training Compliance		96.2%	95.8%	85.0%	95.5%	85.0%	95.6%	The target is consistently being achieved during May 2016.
Statutory Training Compliance		98.4%	97.7%	95.0%	97.4%	95.0%	97.5%	The target is consistently being achieved during May 2016.
Safeguarding Compliance		99.4%	97.9%	95.0%	98.3%	95.0%	98.1%	The target is consistently being achieved during May 2016.

Community Summary 2016/2017

Indicator	Trend	Mar	Apr	May		YTD		Commentary
		Actual	Actual	Target	Actual	Target	Actual	
Harm-free Care								
Incidents		35	31	-	24	-	55	The number of reported incidents has reduced during May 2016 compared to last month. The service that has reported most incidents during May 2016 is Learning Disabilities and Short Break Care. Incident reporting has increased when compared to this time last year.
Incidents - Moderate or Severe Rate		0.0%	0.0%	3.0%	0.0%	3.0%	0.0%	No incidents were reported as moderate/severe harm during May 2016.
Pressure Damage - Grade 2		0	0	0	0	0	0	There were no pressure damage incidents in Children's services during May 2016.
Pressure Damage - Grade 3		0	0	0	0	0	0	As above.
Pressure Damage - Grade 4		0	0	0	0	0	0	As above.
Patient Falls		0	0	0	0	0	0	There were no patient falls to report against children's services during May 2016.
Hand Hygiene		100.0%	99.4%	98.0%	100.0%	98.0%	99.6%	The target has achieved 100% during May 2016. Many Community services have nominated a deputy for the recording of this data and the importance of the audit has been reiterated. The Trust has implemented a new secure application for the reporting of this indicator. This is still being embedded in some services hence some service activity missing during May 2016.

NHS BOLTON CCG MENTAL HEALTH PERFORMANCE DASHBOARD 2016/17

INDICATOR DESCRIPTION		BASELINE 2015/16	TARGET 2016/17	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD TOTALS	ACHIEVING /FAILING?	EXCEPTIONS	TRENDLINE 2016/17
NHS England » The Forward View into action																			
CPA	Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA - Completed	95.0%	95.0%	No Data														Although the directorate hit the 95% target GMW did miss one 7 day follow up in April. This related to a 17 year old CAMHS patient who was difficult to contact and engage with following discharge. The follow up was conducted but it was done outside of the 7 day target timeframe.	
	Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA - 7 day follow up	97.8%	95.0%	96.8%															
IAPT	Improving Access to Psychological Therapies (IAPT) Access Rate (Combined GMW and 1Point)	15.6%	15.0%	12.5%															
	Improving Access to Psychological Therapies (IAPT) Recovery Rate (Combined GMW and 1Point)	48.0%	50.0%	47.9%															
EIP	Early Intervention Psychosis (EIP) % treated with a NICE approved care package within two weeks of referral.		50.0%	77.3%														The report shows that the EI service exceeded the new access target with 77% of people accessing the service within 2 weeks during April.	
RAID	Rapid Assessment Interface and Discharge model (RAID) - % of A&E emergency referrals assessed within 1 hour	87.7%		79.8%															
DEMENTIA	Estimated dementia diagnosis rate for people with dementia of the total estimated prevalence		70.0%	76.0%	75.8%														
Greater Manchester West Mental Health NHS Foundation Trust																			
	Number of ongoing waiters >18 weeks		0.0%	0.0%														The IAPT service hit both of the new access targets in April with 88% of people completing treatment in month having had their 1st appointment within 6 weeks and 100% having had their 1st appointment within 18 weeks.	
	Early Intervention in Psychosis - 2 week referral to treatment		50.0%	77.3%														The report shows that the EI service exceeded the new access target with 77% of people accessing the service within 2 weeks during April.	
	ACP - (Psychiatric Adult Functional) Readmissions as a % of discharges		< 10.7%	No Data														Data is reported 1 month in arrears for this measure, March 2016 achieved 10.5% which was GREEN rated against the planned target of < 10.7%	
	ACP - Directorate percentage bed occupancy		80-90%	84.0%														Occupancy levels remain high across all services with only the organic ward being under 90% occupancy in month. The average LOS of both patients discharged and current inpatients increased slightly from March to 31 days and 55 respectively. Work continue to ensure planning for discharge takes place from the point of admission.	
	ACP - Directorate average length of stay (days)			31															
	ACP - Incidents Level 4/5			2															
	ACP - Total number of complaints			12															
	Total delayed discharges as % of occupied bednights		< 7.5%	1.57%														Only 1 delayed discharge being reported in month having now resolved 2 previous long term delays. The one in month relates to housing issues and have since been discharged to Cambian.	

NHS BOLTON CCG MENTAL HEALTH PERFORMANCE DASHBOARD 2016/17

INDICATOR DESCRIPTION	BASELINE 2015/16	TARGET 2016/17	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD TOTALS	ACHIEVING /FAILING?	EXCEPTIONS	TRENDLINE 2016/17
A&E Mental Health / Behavioural activity																		
A&E attendances to Bolton FT for Mental Health Presenting Conditions (All Ages)	7,636	578																
A&E attends to Bolton FT for Mental Health Presenting Conditions (All Ages) as % of total A&E attends for this group	9.0%	8.4%																
A&E attendances to Bolton FT for Mental Health Presenting Conditions (Ages 0-18yr)	1,930	204																
Police Service A&E and inpatient data relating to mental health/behavioural activity																		
Bolton Section 136 Detentions (including section 135 detentions)	206	13															May and June 2016 data confirmed for release in early July from GMP.	
Percentage of Police calls to RBH which were due to mental health concerns		62.0%															This is to be used as a starting point to monitor the impact of training currently being delivered to frontline officers around mental health awareness and to reduce the burden on A&E	
Percentage of Section 136 detention patients who were admitted or referred for further help.		84.0%															1 x Patient was responsible for 3 attendances	
Accident and Emergency v Section 136 Detention Suite - % of all detentions used on first admission to 136 suite		92.3%															1 x A&E was used (Medical need)	
NWAS Ambulance Service Mental Health / Behavioural activity																		
Mental Health related condition Ambulance callouts for Bolton CCG	1,459	102															The monthly average callout falls from 141 per month between April to November 2015 down to a new average of 95 per month after the commencement of NHS 111 in November 2015	
% of Mental Health related condition Ambulance callouts for Bolton CCG which are classed as Red (Emergency)	10.0%	18.6%															This sudden shift in activity is also apparent in the number of Emergency Ambulance callouts which increase from an average 8.4% of calls before NHS 111 to a new average of 14.3% since NHS 111 commenced in November 2015	
Dementia (MATS)																		
MATS - Total number of referrals accepted	664	60																
MATS - Clients offered assessment within 28 days	140	13															56 of the 60 were offered an assessment however only 13 were within the first 28 days after referral	
MATS - Number on waiting list	76 (as at end March)	69															average wait from assessment to diagnostics is 6.2 weeks at present	