

Governing Body

23 November 2016

Details	Part 1	x	Part 2		Agenda Item No.	Appendix 13a
Title of Paper:	Performance Report					
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Please indicate:	For Decision		For Information		For Discussion	X

Executive Summary

Summary

For the Clinical Commissioning Group (CCG) to commission an effective and sustainable health care service it needs robust systems which enable Performance Monitoring. These systems need to allow monitoring of the performance of the CCG and of those services it commissions.

The purpose of this report is to provide an updated position on the CCG's performance against the national performance indicators set out in the NHS Constitution, as monitored by NHS England.

The report presents the CCG's performance position for August 2016 (current period).

The report also outlines any proposed changes to performance at a national level.

Of the indicators presented in the dashboards within Appendices A, B and D, 17 are currently reported as underachieving :

- Referral to Treatment: Incomplete Pathways >18 weeks (E.B.3 – QPC3);
- Diagnostic Test Waiting Times : 6 week waits (E.B.4);
- A&E waiting times : 4 hour waits (E.B.5-QPC4);
- Cancer 2 week waits : breast symptoms (E.B.7);
- Cancer 31 day waits : subsequent cancer treatment – surgery (E.B.9);
- Cancer 62 day waits : first definitive treatment – GP referral (E.B.12);
- Ambulance : Category A (Red 1) 8 minutes (E.B.15.i – QPC6);
- Ambulance : Category A (Red 2) 8 minutes (E.B.15.ii);
- Ambulance : Category A 19 minutes (E.B.16);
- Mixed sex accommodation breaches (E.B.S.1);
- Cancelled Operations (28 day guarantee) : PHAT (E.B.S.2.ii);
- Mental Health: Care Programme Approach (E.B.S.3);
- Referral to Treatment: 52 week waits (E.B.S.4);
- Trolley Waits in A&E : over 12 hours (E.B.S.5);
- Ambulance Handover > 30 minutes (E.B.S.7.i);
- Ambulance Handover > 60 minutes (E.B.S.7.ii); and
- IAPT 6 week waits (E.H.1).

For each indicator that has not achieved the required standard, a summary position

	has been provided, which includes actions being undertaken either regionally or locally to address concerns.				
Risk	High		Medium	X	Low
	The key risks in respect of the performance report are : <ul style="list-style-type: none"> • local and system wide performance of A&E; and • performance against indicators associated with ambulance response and handover times. 				
Recommendations	The Governing Body is asked to: <ul style="list-style-type: none"> • receive the performance report; • note the updates provided. 				

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	X
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements X

1.0 Introduction

1.1 The purpose of this report is to provide an updated position on the CCG's performance against the national performance indicators as set out in the following documents and as monitored by NHS England:

- Everyone Counts : Planning for Patients 2014/15 to 2018/19; and
- CCG Outcome Indicator Set.

1.2 The report presents the CCG's performance position for August 2016 (current published data), whilst also reflecting the cumulative year-to-date position. Where available, recovery trajectories are also included in the report.

2.0 Background

2.1 The dashboard presented reflects on that developed during the 2015-16 reporting period and has been updated to reflect the performance requirement of 2016-17.

2.2 The information provided within the report reflects a specific reporting period, which is 2 months behind the actual period as there is a time delay between the publishing of the performance data for the reporting period and presentation of the report. This is due to the validation process and availability of the data nationally.

2.3 Where possible, current performance and potential issues will be articulated and brought to the attention of the Quality and Risk Committee and Governing Body as appropriate.

3.0 Performance Summary

3.1 From the position reported in October 2016 (July 2016 data), the CCG continues to report full achievement of the performance, for each month year to date, in the following areas:

- Cancer 31 day waits: Subsequent cancer treatment – anti-cancer drug regimes (E.B.10);
- Cancer 31 day waits: Subsequent cancer treatment – radiotherapy (E.B.11);
- Cancer 62 day waits: first definitive treatment following cancer screening referral (E.B.13);
- Cancer 62 day waits: first definitive treatment – consultant decision to upgrade priority (E.B.14); and
- Urgent Operations Cancelled for a second time (E.B.S.6).

3.2 The following indicators, previously reported as underachieving, are now reporting an improved position and achievement of target. However, as achievement of these indicators has altered each month, these will be monitored to ensure that improvement is achieved consistently.

- **IAPT Recovery (E.A.S.2ii) (PCFT data)**

3.3 Consistent achievement of this target should see the YTD figure improve.

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.A.S.2ii	Aug-16	50.0%	49.92%	51.32%	51.95%	49.63%

3.4 Each underperforming indicator is explored in more detail in the following sections of the report.

National Updates

3.5 In the last report, information relating to the newly introduced [Improvement and Assessment Framework](#) was outlined, including the imminent publication of CCG performance on the MyNHS data portal.

3.6 Data has been released against a number of the indicators and is available to the public for review and scrutiny. A report was presented to the Senior Management Team meeting in October and this outlined NHS Bury CCG's position in comparison to the England average, the 10 similar CCGs and Greater Manchester CCGs. The published rating against the Six Clinical Priority areas within the framework is shown at Appendix E.

Local Updates

3.7 Local performance is as outlined in the report. Where a trajectory has been provided by a provider to recover from under-performance, a comparison between this and the actual performance is provided. Where possible, a rolling three month view of data will be displayed within the body of the report to support comparison with data from the previous two months.

3.8 The recovery trajectories referred to in the paragraph above, provided by both Pennine Acute Hospitals Trust (PAHT) and Pennine Care Foundation Trust (PCFT), can be seen at Appendix C.

Performance Dashboard

3.9 The performance dashboard shown in Appendix A provides summary information for each indicator in respect of:

- indicator code, description, work stream and lead;
- whether the indicator is reported as a NHS Constitution or Quality Premium measure;
- reporting frequency and period currently reporting;
- organisation monitored by the indicator;
- target to be achieved; and
- current performance, including reporting period, year-to-date and end of year forecast.

Current Areas of Underperformance against NHS Constitution Indicators / Five Year Forward View 'Must Dos'

3.10 The following areas, as included in the dashboards at Appendix A and Appendix D, have underachieved against the required standard for the reporting period:

- **Referral to Treatment (RTT): Incomplete Patients Waiting >18 Weeks (E.B.3-QPC3)**

3.11 Bury CCG performance for August of the RTT indicator fell below the target for the first time this financial year, with performance shown as 91.8% against a target of 92%. The Year to Date (YTD) figure, however, remains on plan at 92.9%, as shown below:

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.3-QPC3	Aug-16	92.0%	92.8%	92.3%	91.8%	92.9%

3.12 The CCG performance is slightly below that of PAHT. This relates to other providers falling below target, eg University Hospitals of South Manchester (UHSM) achieved 83.23% for Bury patients during August.

3.13 Data for PAHT shows performance hitting the 92% constitutional target for August and PAHT reports that the target was met in September also though the figure itself is not available at the time of this report.

3.14 However, PAHT has failed to meet the recovery trajectory, as shown below.

Target 92%	Apr-16	May-16	Jun-16	Q1 (Avg)	Jul-16	Aug-16	Sept-16
Performance (Trajectory) - PAHT	94.74%	94.73%	92.88%	94.12%	92.88%	92.88%	92.88%
Performance (Actual) – PAHT	94.73%	94.10%	93.34%	94.03%	92.36%	92.00%	

3.15 The main pressure areas contributing to under-performance against this indicator for PAHT, along with the most up to date position, are shown below:

Speciality	Steps Taken / Assurance
Gastroenterology	<ul style="list-style-type: none"> • Unvalidated back-log numbers for both admitted & non-admitted pathways have reduced. • PAHT reported a high level of confidence on 4th Nov that Gastro has been recovered. • Recovery of the RTT Gastro position has always been linked to the achievement of the Diagnostic target, which is still on track to be back by the end of October. • Achievement of diagnostic target will allow workforce emphasis to be brought to the front end of the pathway. • A Business Case is being developed to further increase the Consultant Gastroenterologist establishment at PAHT.
Trauma & Orthopaedics (T&O)	<ul style="list-style-type: none"> • Additional locum staff have been employed. • Elective Arthroplasty is being removed from ROH to FGH. Clean air theatre is in place for this. • The ward at ROH is on hold due to recruitment issues • Elective care will be done at Fairfield for joints. When ward T7

	<p>re-opens, it will not be used for joints.</p> <ul style="list-style-type: none"> • PAHT advised on 4th Nov that their focus is now moving from Gastro to T&O. • Internal review taking place into recovery of T&O and new plan currently awaited.
General Surgery / Colorectal	<ul style="list-style-type: none"> • A new consultant has been recruited and extra theatre capacity has been put on. • Laparoscopic and Hernia repair patients are to be repatriated to RI. • Compliance is expected by Quarter 4.
Urology	<ul style="list-style-type: none"> • Cancer demand has been above growth and is impacting on RTT. • Two locums have commenced and ASI have reduced by 50%. • Backlog of 90 cases expected by end of November (across all commissioners). • On trajectory for October with full achievement expected by March 2017.

3.16 To ease the impact of winter pressures on RTT, Day Case Unit hours will be extended at Rochdale Infirmary and options for ring fencing elective capacity at Fairfield General Hospital are currently being explored.

- **Diagnostic Test Waiting Times (E.B.4)**

3.17 Bury CCG August performance for the diagnostic 6 week standard indicates a 7.1% underachievement against a target of 1%. This represents the highest level of 6 week waits during the year to date (YTD: 5.2%).

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.4	Aug-16	1.0%	3.9%	6.6%	7.1%	5.2%

3.18 Within Pennine Acute Hospital Trust (PAHT), the overall performance recorded in August for diagnostic tests taking place <6 weeks was 89.9%, with 91.8% achievement at a CCG level.

3.19 The pressure area reported is in scope type test modalities. Additional capacity has been secured, both in-house and via Care UK, which has created 219 extra slots per week since early September. This increase in scope capacity is sustained throughout September and October.

3.20 A contract has also been initiated with BMI Healthcare who can take 300 clients per month. The first batch of referrals was handed over to BMI at the end of September.

3.21 Mediscan has also agreed to pick up some sessions during October.

3.22 PAHT has reported that it is on track to meet the 1% target by the end of October and is optimistic that this position will be sustained, particularly as contracts with BMI and Scan Assure are in place until the end of the financial year.

- 3.23 There had been a backlog of cardiology tests which had also impacted on the 1% target, however at the time of this report this backlog has been cleared meaning that the 1% tolerance will be used solely for scope tests.
- 3.24 Bury CCG is working with PAHT to ensure the Bury Direct Access Endoscopy Service is utilised to its full capacity and that referrals are re-directed into the right pathway (secondary care or direct Access) to try and ease the pressures across the system.
- 3.25 Trajectories for improvement continue to be monitored through the Elective Care Tactical Group with progress against actions within the recovery plan reported to the Elective Tactical Care Group on a fortnightly basis for monitoring and assurance.
- 3.26 Additionally, Director to Director meetings have been initiated with PAHT in September and will continue until the key elective Constitutional standards are achieved and maintained.
- 3.27 A summary of PAHT performance against the Diagnostics recovery trajectory is shown below:

6 Weeks Diagnostic Trajectory

Target 1%	Apr-16	May-16	Jun-16	Q1 (Avg)	Jul-16	Aug-16	Sep-16
Performance (Trajectory) - PAHT	4.98%	5.82%	5.82%	5.54%	5.82%	5.87%	6.7%
Performance (Actual) - PAHT	5.00%	3.90%	4.20%	4.37%	8.60%	9.23%	5.4%

- **A&E waiting times : 4 hour waits (E.B.5-QPC4)**

- 3.28 PAHT failed the 95% A&E (4 hour wait) target in August 2016 with performance reported at 87.1% across all PAHT hospital sites and performance specific to Fairfield General Hospital reported at 82.6%. As shown below, the PAHT performance represents a slight improvement over the previous two months.

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.5 QPC4	Aug-16	95.0%	84.8%	81.6%	87.1%	85.1%

- 3.29 The following table below shows a breakdown by PAHT site performance in relation to attendance levels and the respective performance standard achieved. Overall, achievement against the target is 5.43% lower than for the same year to date period in 2015/16, with levels significantly lower across all sites, with the exception of Rochdale Infirmary.
- 3.30 Activity levels across all sites are 1.17% higher for the year to date than for the same period in 2015/16.

		Q1 2016	July 2016	Aug 2016	Sept 2016	Q2 YTD	Oct 2016	YTD 16/17	YTD 15/16	Variance
FGH	Attend.	16421	5814	5359	5401	16574	5587	38582	37099	1483
	Perf.	84.64%	82.90%	82.57%	87.58%	84.32%	83.14%	84.28%	88.31%	-4.03%
NMGH	Attend.	24534	8388	7481	8009	23878	8532	56944	57501	-557
	Perf.	77.71%	71.24%	83.25%	77.04%	76.95%	77.30%	77.33%	87.48%	-10.15%
RI	Attend.	12808	4230	3979	4081	12290	4158	29256	30646	-1390
	Perf.	97.88%	95.82%	97.49%	96.69%	96.65%	97.04%	97.24%	98.35%	-1.11%
ROH	Attend.	25941	9154	8278	8686	26118	8841	60900	58286	2614
	Perf.	87.98%	83.72%	88.61%	84.31%	85.46%	77.58%	85.39%	89.14%	-3.75%
PAHT Overall	Attend.	79704	27586	25097	26177	78860	27118	185682	183532	2150
	Perf.	85.72%	81.61%	87.13%	84.69%	84.39%	81.62%	84.56%	89.99%	-5.43%

(FGH = Fairfield General Hospital; NMGH = North Manchester General Hospital; RI = Rochdale Infirmary; ROH = Royal Oldham Hospital)

- 3.31 NHS Bury CCG continues to work with PAHT, as part of the North East Sector (NES) Urgent Care Delivery Board, to support the delivery of the indicator, which is reflected on the CCG's Corporate Risk Register with an assessed score of level 16.
- 3.32 PAHT have submitted a trajectory to NHS England which outlines increased improvement month on month until the 95% target is achieved by March 2017. Indicative performance against the trajectory is shown below and includes data for August and September.

	Apr-16	May-16	Jun-16	Q1	Jul-16	Aug-16	Sept-16	Q2
Target 95%								
Performance (Trajectory) - PAHT	83.4%	84.3%	85.5%	84.4%	87.1%	86.5%	88.9%	87.5%
Performance (Actual) - PAHT	85.8%	86.5%	84.8%	85.7%	81.6%	86.7%	84.7%	84.2%

- 3.33 The data for August shows performance slightly higher than the trajectory, though indicative data for September and October shows underperformance against the trajectory.
- 3.34 The CCG also remains committed to supporting the implementation of actions arising from NHS Improvement work undertaken in January 2016 (formerly Trust Development Agency and the Elective Care Intensive Support Team (ECIST)), the recommendations of which have contributed to a number of PAHT schemes. The successor to ECIST, the Emergency Care Improvement Programme (ECIP), has been re-engaged by PAHT and is working with the Trust and partners.
- 3.35 PAHT continues to work with the PMO, NHS institute and CCGs on Urgent care pathway flow improvement for the following four drivers:
- matching urgent care workforce capacity and capability to demand;
 - creating a sustainable emergency village;
 - improving internal patient flow; and
 - improving effectiveness of community and primary care.
- 3.36 Performance against the A&E target is a challenge across the wider health economy and not just within the North East Sector. PAHT has advised that it is highly unlikely they will meet their improvement target of 95% by March 2017.

3.37 The new Salford Management Team at PAHT has identified ED recovery (along with financial sustainability and quality implications raised from the CQC visit) as its three short term immediate priorities. It is keen to implement new arrangements at pace to support flow through the hospital. The discharge element of the pathway has a particular focus with initiatives such as Trusted Assessor, simple discharge process and documentation being prioritised with partners.

3.38 From an out of hospital perspective, the CCG will need to ensure sufficient capacity to meet the on-going needs of patients who may not be immediately able to return home, but who do not need the clinical input and infrastructure of a hospital setting.

3.39 The Greater Manchester Health and Social Care Partnership has identified £5 million non-recurrent funds to support urgent care resilience over winter, of which £1.5 million has been identified for the North East Sector. System-wide proposals have been submitted to GM for approval.

- **Cancer 2 week waits : urgent referral for breast symptoms (E.B.7)**

3.40 NHS Bury CCG performance in August 2016 underachieved at 69.0% against a target of 93%. This represents a significant reduction in performance from the previous position and is the third consecutive month that performance has dropped below the target, as shown below:

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.7	Aug-16	93.0%	92.6%	77.8%	69.0%	87.6%

3.41 Demand increased to 58 in August from 45 the previous month, with 33 patients referred to PAHT, 23 to Royal Bolton Hospital and 2 to Lancashire Care.

3.42 With regard to PAHT performance against this indicator, provisional data for September and October shows a much improved position, with the target forecast to be met in October. PAHT performance is shown below:

Standard	Target	2016 - 2017										
		Q1	Q2	Q3	Q4	Apr	May	Jun	Jul	Aug	Sep (prov)	Oct (as at)
Two Week Breast Symptomatic	93%	90.8	58.7			92.1	92.4	88.4	37.7	42.7	92.9	97.8

3.43 Of the 33 patients referred to PAHT in August, there were 18 breaches noted and this was an increase from 12 the previous month. The reasons for these breaches are noted below:

Breach Reason	No affected
Capacity	12
Patient Delay/Cancellation	5
Transport	1

3.44 Of note, there were no breaches noted for NHS Bury patients at either Royal Bolton Hospital or Lancashire Care Teaching Hospital during August.

3.45 Issues at PAHT during the summer related to a reduction in Consultant and clinic capacity. A Locum was appointed in September, resulting in the position improving significantly with 92.9% provisionally reported for September and a high level of confidence in meeting the standard in October.

3.46 A weekly conference call between PAHT and North East Sector CCGs takes place in order to monitor 2 week wait breaches.

- **Cancer 31 day waits : subsequent cancer treatment – surgery (E.B.9)**

3.47 Bury CCG under-performance is noted against this indicator for the third consecutive month, with performance reported at 90% against a target of 94%. The YTD figure is also below target at 92.8%, as shown below:

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.9	Aug-16	94.0%	91.7%	85.7%	90.0%	92.8%

3.48 The PAHT performance for August was 83.3% though they report just 50% achievement for Bury CCG patients for the same period.

3.49 Of note, small patient numbers in this pathway can cause the percentage performance to drop significantly and PAHT reported one breach for Urology against this measure during August.

- **Cancer 62 day waits : first definitive treatment – GP referral (E.B.12)**

3.50 Performance in August 2016 underachieved at 79.2% against a target of 85%. This is the third consecutive month of underachievement, as shown below:

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.12	Aug-16	85.0%	84.6%	77.1%	79.2%	82.9%

3.51 Breaches also increased during the month to 11 and can be broken down as follows:

Breach Reason	No Affected	NHS Trust
Patient Delay/Cancellation	4	2 x PAHT; 1 x RBH; 1 x The Christie
Complex	3	2 x PAHT; 1 x The Christie
Capacity	2	2 x PAHT
Late Referral	2	1 x PAHT to the Christie; 1 x PAHT to Salford Royal

3.52 In the instance of late referral, the breach reason relates to the time between the GP referral being received (source of referral) by the provider and progression to the appropriate provider of service delivery. Late referrals can be categorised into two areas, avoidable and unavoidable.

3.53 Avoidable delays are instances where the patient is referred late by the first ‘seeing’ provider to the ‘treating’ provider.

- 3.54 Unavoidable late referral delays are determined by the provider to reflect complex pathways and patient needs that need to be considered prior to onward progression to treatment. These are minimised, however there are instances where these still occur.
- 3.55 In terms of tumour sites affected by breaches, there is a fairly even split (1 or 2) for breast, head & neck, lower gastrointestinal, skin and upper gastrointestinal. However, 5 of the breaches related to urology (excluding testicular).
- 3.56 In terms of PAHT performance, the trust has submitted the following trajectory for recovery against the 62 day target and performance against this is shown below:

Cancer 62 Days Trajectory

Target 85%	Apr-16	May-16	Jun-16	Q1	Jul-16	Aug-16	Sep-16	Q2
Performance (Trajectory) - PAHT	85.25%	85.44%	85.02%	85.23%	85.22%	85.36%	85.07%	85.22%
Performance (Actual) - PAHT	86.55%	90.87%	77.82%	84.83%	83.7%	87.78%	86.00% (prov)	85.82% (prov)

- 3.57 In terms of review, the PAHT Cancer Recovery Plan is being closely monitored through the weekly North East Sector Elective Tactical Group. Additionally, this group is now supported through a monthly Director to Director meeting (NES CCGs & PAHT).
- 3.58 Some of the actions being undertaken by PAHT to address issues in specific specialties include the following:

Speciality	Action / Notes
Skin	<ul style="list-style-type: none"> Capacity & demand for theatre time for plastic surgery to be undertaken to ensure more consistent management of skin patients. To monitor 3 way pathway for skin to include UHSM.
Urology	<ul style="list-style-type: none"> Issue noted where Clerks were booking to next available 2WW slot rather than one-stop clinics. Process has been changed to ensure one-stop clinics used. Action allocated to Radiology to review how pathways can be progressed when community imaging becomes unavailable, as this too has had an impact on waiting times.
Upper GI	<ul style="list-style-type: none"> Clinic capacity review extended to include Upper GI.

- Ambulance : Category A (Red 1) 8 minutes (E.B.15.i-QPC6)**

- 3.59 Reporting a further underperformance at the NWS level in August 2016 with performance at 72.6% against a target of 75%.
- 3.60 For NHS Bury CCG, performance for August 2016 was reported at 79.6% for activity that was 8.6% above plan for the month. This increase in activity sees NHS Bury as an outlier for August as the activity level for GM as a whole was 2.4% above plan.

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.15.i-QPC6	Aug-16	75.0%	73.1%	70.5%	72.6%	73.4%

3.61 A more in-depth review of NWAS data will be carried out for the January Committee and Governing Body.

- **Ambulance : Category A (Red 2) 8 minutes (E.B.15.ii)**

3.62 Reporting a further underperformance at the NWAS level in August 2016 and consistent underachievement, with reported performance at 65.2% against a target of 75%.

3.63 For NHS Bury CCG, activity for August 2016 was 5.7% above plan with local performance reported at 66.5%. This increase in activity has also been experienced across the NWAS footprint.

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.15.ii	Aug-16	75.0%	66.2%	62.7%	65.2%	65.5%

- **Ambulance : Category A 19 minutes (E.B.16)**

3.64 The NWAS reported position shows a further underachievement of 91.1% against a target of 95%.

3.65 Locally, the cumulative position up to the end of August was 90.3% which is slightly below the Greater Manchester cumulative position of 91.1% for the same period.

3.66 Overall activity in August 2016, across all ambulance measures, was 4.5% above the planned level on the NWAS footprint, 4.7% at GM level and 6.6% above plan for Bury CCG.

3.67 Performance continues to be discussed at the Ambulance Strategic Partnership Board. Turnaround times continue to impact on the response time and there has been a significant increase in month of high impact conveyance. There has also been an increase in the responses for 'see and treat' (attendance of crew) and 'hear and treat' (telephone advice) which has avoided unnecessary attendance at A&E.

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.16	Aug-16	95.0%	91.5%	89.8%	91.1%	91.2%

3.68 NHS Bury CCG is in the process of arranging to meet with lead commissioner colleagues from NHS Blackpool to review NWAS performance further.

- **Mixed Sex Accommodation Breaches (E.B.S.1)**

3.69 There were 3 breaches reported in August 2016 for Bury CCG patients, with each occurring at North Manchester General Hospital (NMGH).

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.S.1	Aug-16	0	1	1	3	10

3.70 Further details are provided in the Quality Report.

3.71 At a PAHT level, there were 10 breaches reported for the same period. PAHT reports that such breaches tend to occur in Critical Care/Intensive Care Units and Coronary Care when patients who become fit to be stepped down cannot be accommodated elsewhere in the Trust. Breaches are therefore less common in other specialties.

- **Cancelled Operations (28 day guarantee) PHAT (E.B.S.2.ii)**

3.72 PAHT has reported 5 breaches to this indicator during August 2016.

3.73 One breach related to a Bury CCG patient in Urology.

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.S.2.ii	Aug-16	0	3	3	5	24

- **Mental Health: Care Programme Approach (E.B.S.3)**

3.74 Pennine Care (PCFT) data for CPA Reviews having taken place within 12 months shows performance at 92.9% for August 2016, against a target of 95%.

3.75 There was 1 CPA 7 day follow up breach in Bury CCG for the month of August. The patient had left the country following discharge and did not return within the 7 days. A face to face follow up was carried out on 11 August 2016, 8 days after discharge on their return.

3.76 PCFT have acknowledged issues with the quality of data inputting by individual team members and report that this has now been addressed. Processes are also being developed to warn staff when a CPA review is due to expire (within 30 and 60 days). PCFT also report that a monthly audit tool has been provided to each practitioner in relation to completed documentation.

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.S.3	Aug-16	95.0%	100%	100%	92.9%	64%

- **Referral to Treatment: 52 Week Waits (E.B.S.4)**

3.77 Both July and August have seen examples of patients waiting for more than 52 weeks for treatment from the point of referral, as shown below:

Indicator	Period	Period Target	Jun	Jul	Aug		YTD
E.B.S.4	Aug-16	0	0	2	1		3

3.78 University Hospitals of South Manchester (UHSM) saw an increase in long waiters. This came about due to the introduction of improved validation by UHSM through additional resource during late July and August.

3.79 New processes have been implemented at UHSM to ensure that RTT data quality is 'right first time' and additional training programmes have been developed. The 'right first time' approach was in place by the end of August 2016.

3.80 The deterioration in UHSM's performance against the RTT standard had been predicted in line with beginning to report against a new data script. A trajectory has been put in place that takes the on-going validation into account and sees UHSM achieving the RTT target by March 2017.

- **Trolley waits in A&E : Over 12 hours (E.B.S.6)**

3.81 The waiting time for an emergency admission is measured from the time when a decision to admit that patient has been made, or when the treatment provided within Accident and Emergency is completed (whichever is the latter).

3.82 Any patient who remains within A&E following the above criteria being satisfied, for a period of 12 hours or more, is classed as a breach.

3.83 Although the '0' target was once again missed, there was a sharp drop in the number of trolley waits with 6 being reported for PAHT for August 2016. One of these related to NHS Bury CCG.

3.84 However, provisional data from PAHT for September shows a further deterioration in the number of patients waiting more than 12 hours, as shown below:

Indicator	Period	Period Target	Jun	Jul	Aug	Sept		YTD
E.B.S.6	Aug-16	0	31	63	6	35 (prov)		175

3.85 PAHT attributes the issue to problems with patient flow from the Emergency Department to the wards and also as a consequence of delayed transfers of care.

3.86 The Decision to Admit Policy has not yet been formally signed off and is not being consistently applied. CCGs have escalated this through the Urgent Care Delivery Board and a draft policy is now in consultation with Commissioners.

3.87 Procedures are in place to ensure that patients comfort and nutritional needs are met.

3.88 The current level of underperformance against this indicator is included on the CCG's Corporate Risk Register as a high level risk, and is reported to the Governing Body.

- **Ambulance Handover > 30 minutes (E.B.S.7.i)**

3.89 Figures reported within the dashboard reflect the PAHT position and not the wider NWS position. A more in-depth review of ambulance data will be prepared for the January Committee.

3.90 There were 292 handover delays reported in August 2016. This represents 4.77% of the total handovers for this month at PAHT.

3.91 Of the 292 handover delays reported, 34 were at Fairfield, 122 at Oldham and 136 at North Manchester.

3.92 Actions developed by PAHT to improve patient throughput in A&E are expected to have a positive effect on the ambulance handover performance.

3.93 The PAHT Project Management Office is also looking at the ambulance handover issues to provide support to drive performance improvement.

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.S.7.i	Aug-16	0	277	348	292	1557

- **Ambulance Handover > 60 minutes (E.B.S.7.ii)**

3.94 There were 87 delayed handovers (PAHT level) of greater than 60 minutes during August 2016, which represents 1.42% of total handovers at PAHT.

3.95 Though performance remains under-target, the August breach figure shows a significant improvement and represents the lowest seen during this financial year, the last three months of which is shown below:

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.B.S.7.ii	Aug-16	0	137	203	87	670

3.96 Performance of recording of handover and associated timestamps continues to be monitored.

Current Areas of Underperformance against Mental Health Indicators

3.97 The following areas, as included in the dashboards at Appendix B, have underachieved against the required standard for the reporting period:

- **IAPT 6 Week Wait (E.H.1)**

3.98 Performance reported indicatively by Pennine Care for August 2016 is slightly improved at 73%, though does still show an underperformance.

Indicator	Period	Period Target	Jun	Jul	Aug	YTD
E.H.1.i	Aug-16	75.0%	67.1%	71.2%	73.0%	66.0%

3.99 Importantly, PCFT had set an improvement trajectory that showed achievement against this target being reached in August 2016. Based on the indicative figures, this has been missed by 2% and, based on previous months, is expected to be slightly lower still once the validated data from NHS Digital becomes available for August.

3.100 Feedback received from PCFT indicates that their trajectory was based on average case-length timings taken from the previous year. The rationale for missing the target in August is cited as the unpredictable nature of therapy completion at a time when they have been implementing improved governance around new cases.

3.101 The PCFT data for September shows performance at 76.2% (against the 75% target). Concern has been raised with PCFT that if the usual variance between local and NHSE data is seen then it is likely that the target will be missed in that month too.

3.102 It is, however, certainly an improved position and as the 'old' cases are closed, it seems reasonable that the trajectory will be achieved within the next two months. Indicative figures for October will be obtained as soon as possible to ensure that such improvement is seen.

3.103 PCFT have confirmed that the Patient Tracking List is reviewed on a weekly basis at management level and that Service Managers are aware of potential breaches in advance and can therefore take evasive action. Additionally, a new Data Quality (DQ) Analyst for Bury commenced in October.

3.104 Performance against the trajectory is shown below:

Target 75%	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Performance Trajectory - PCFT	58.0%	63.1%	64.6%	69.5%	75.2%	82.0%
Performance (Actual) - published NHS Digital	58.0%	58.3%	63.8%	68.0%	TBC	TBC
Performance - PCFT (primary)	61.0%	59.1%	67.9%	71.3%	73.0%	76.2%
Performance - PCFT (refreshed)	61.2%	59.9%	67.2%	71.2%	72.5%	76.2%

3.105 Work continues on ensuring data quality is also achieved between the indicative information provided by PCFT at first and second submission and that subsequently published by NHS Digital. It is anticipated that this will improve with the recent appointment to the DQ Analyst post.

3.106 The methodology applied by NHS Digital and NHS England is also being explored to support consistency with local reporting and colleagues from NHS England have attended the Access and Waiting Times group where the performance and common concerns of the commissioners of the service are collectively discussed.

4.0 Recommendations

- 4.1 The Governing Body is asked to:
- receive the performance report;
 - note the updates provided.

Susan Sawbridge
Performance Manager
November 2016

Appendix A : NHS Constitution Performance Dashboard

NHS Constitution Measures Summary									Period Actual Performance						
Indicator	Description	Workstream & Lead	QP	Nat Must Do's	F	Monitored Org	Period	Period Target	Apr	May	Jun	Jul	Aug	Sep	YTD
E.B.3-QPC3	Referral To Treatment: Incomplete patients waiting 18 weeks or later	Elective Care Cath Tickle	✓	✓	M	CCG	Aug-16	92.0%	94.2%	93.6%	92.8%	92.3%	91.8%		92.9%
E.B.4	Diagnostic test waiting times (6 weeks waits)	Elective Care Cath Tickle	✗	✓	M	CCG	Aug-16	1.0%	4.7%	4.0%	3.9%	6.6%	7.1%		5.2%
E.B.5-QPC4	A&E waiting time (4hr waits) (PAHT ALL)	Urgent Care David Latham	✓	✓	M	PAHT	Aug-16	95.0%	85.8%	86.5%	84.8%	81.6%	87.1%		85.1%
E.B.6-QPC5	Cancer 2 week waits: GP Referral for suspected cancer	Cancer David Latham	✗	✓	M	CCG	Aug-16	93.0%	93.2%	96.0%	94.5%	95.1%	93.5%		94.4%
E.B.7	Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	Cancer David Latham	✗	✓	M	CCG	Aug-16	93.0%	94.9%	93.6%	92.6%	77.8%	69.0%		87.6%
E.B.8	Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	Cancer David Latham	✗	✓	M	CCG	Aug-16	96.0%	96.3%	100.0%	98.7%	98.3%	96.4%		97.8%
E.B.9	Cancer 31 day waits: Subsequent cancer treatment - Surgery	Cancer David Latham	✗	✓	M	CCG	Aug-16	94.0%	100.0%	100.0%	91.7%	85.7%	90.0%		92.8%
E.B.10	Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	Cancer David Latham	✗	✓	M	CCG	Aug-16	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
E.B.11	Cancer 31 day waits: Subsequent cancer treatment - Radiotherapy	Cancer David Latham	✗	✓	M	CCG	Aug-16	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
E.B.12	Cancer 62 day waits: First definitive treatment within 2 months of urgent GP referral	Cancer David Latham	✓	✓	M	CCG	Aug-16	85.0%	81.6%	91.3%	84.6%	77.1%	79.2%		82.9%
E.B.13	Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	Cancer David Latham	✗	✓	M	CCG	Aug-16	90.0%	85.7%	83.3%	90.0%	100.0%	100.0%		90.6%
E.B.14	Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to upgrade priority status	Cancer David Latham	✗	✓	M	CCG	Aug-16	85.0%	50.0%	90.0%	83.3%	100.0%	100.0%		83.3%
E.B.15.i-QPC6	Ambulance clinical quality: Category A (Red 1) 8 minute response time	Urgent Care David Latham	✓	✓	M	NWAS	Aug-16	75.0%	76.5%	74.3%	73.1%	70.5%	72.6%		73.4%
E.B.15.ii	Ambulance clinical quality: Category A (Red 2) 8 minute response time	Urgent Care David Latham	✗	✓	M	NWAS	Aug-16	75.0%	67.5%	66.3%	66.2%	62.7%	65.2%		65.5%
E.B.16	Ambulance clinical quality: Category A 19 minute transportation time	Urgent Care David Latham	✗	✗	M	NWAS	Aug-16	95.0%	92.0%	91.5%	91.5%	89.8%	91.1%		91.2%
E.B.S.1	Mixed Sex Accommodation Breaches	Quality Carolyn Trembath	✗	✗	M	CCG	Aug-16	0	1	4	1	1	3		10
E.B.S.2.i	Cancelled Operations (28 day guarantee) - Quarterly	Elective Care Cath Tickle	✗	✗	Q	PAHT	11 - 16/1	0				17			17
E.B.S.2.ii	Cancelled Operations (28 day guarantee) - (PAHT Actual Breaches Indicative)	Elective Care Cath Tickle	✗	✗	M	PAHT	Aug-16	0	10	3	3	3	5		24
E.B.S.3	Mental Health: Care Programme Approach	Mental Health Usman Darsot	✗	✓	M	CCG	Aug-16	95.0%	77.8%	100%	100%	100%	92.9%		64%
E.B.S.4	Referral To Treatment: 52 week waits	Elective Care Cath Tickle	✗	✗	M	CCG	Aug-16	0	0	0	0	2	1		3
E.B.S.5	Trolley waits in A&E (12 hour waits)	Urgent Care David Latham	✗	✗	M	PAHT	Aug-16	0	20	20	31	63	6		140
E.B.S.6	Urgent operations cancelled for a second time	Elective Care Cath Tickle	✗	✗	M	PAHT	Aug-16	0	0	0	0	0	0		0
E.B.S.7.i	Ambulance handover time: delays of over 30 minutes (£200 fine per patient)	Urgent Care David Latham	✗	✗	M	PAHT	Aug-16	0	283	357	277	348	292		1557
E.B.S.7.ii	Ambulance handover time: delays of over 60 minutes (£1,000 fine per patient)	Urgent Care David Latham	✗	✗	M	PAHT	Aug-16	0	127	116	137	203	87		670

Appendix B : Mental Health Performance Dashboard

Mental Health Summary			Constitution Measure	Quality Premium	Must Do's	F	Monitored Org	Period	Period Target	Period Actual Performance					
Indicator	Description	Workstream & Lead								Apr	May	Jun	Jul	Aug	Sep
E.A.3.i	IAPT Prevalence (People entering IAPT services as a % of those estimated to have anxiety/depression) - (HSCIC)	Mental Health Usman Darsot	✘	✘	✘	M	CCG (PCFT)	Jul-16	1.25%	1.30%	1.55%	1.42%	1.12%		5.38%
E.A.3.ii	IAPT Prevalence (People entering IAPT services as a % of those estimated to have anxiety/depression) - (PCFT Monthly Indicative) - Annual target of 15%	Mental Health Usman Darsot	✘	✘	✘	M	CCG (PCFT)	Aug-16	1.25%	1.27%	1.53%	1.40%	1.08%	1.63%	6.91%
E.A.S.2.i	IAPT Recovery Rate (Moving to recovery) (HSCIC)	Mental Health Usman Darsot	✘	✘	✘	M	CCG (PCFT)	Jul-16	50.0%	40.79%	56.52%	50.00%	51.06%		49.22%
E.A.S.2.ii	IAPT Recovery Rate (Moving to recovery) (PCFT Monthly Indicative)	Mental Health Usman Darsot	✘	✘	✘	M	CCG (PCFT)	Aug-16	50.0%	40.96%	55.36%	49.92%	51.32%	51.95%	49.63%
	IAPT Roll-out (Prevalence) (PCFT Monthly Indicative) (Quality Premium) (Locally stretched target - 17%)	Jeff Schryer	✘	✔	✘	M	CCG	Aug-16	1.41%	1.27%	1.53%	1.40%	1.08%	1.63%	6.91%
E.H.1	People that wait 6 weeks or less from referral to entering course of IAPT treatment against the number of people who finish a course of treatment. (HSCIC)	Mental Health Usman Darsot	✘	✘	✘	M	CCG (PCFT)	Jul-16	75.0%	57.5%	58.3%	63.8%	68.0%		61.3%
E.H.1.i	People that wait 6 weeks or less from referral to entering course of IAPT treatment against the number of people who finish a course of treatment. (PCFT)	Mental Health Usman Darsot	✘	✘	✔	M	CCG (PCFT)	Aug-16	75.0%	61.2%	59.9%	67.1%	71.2%	73.0%	66.0%
E.H.2	People that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment. (HSCIC)	Mental Health Usman Darsot	✘	✘	✔	M	CCG (PCFT)	Jul-16	95.0%	96.3%	97.2%	97.1%	96.0%		96.7%
E.H.2.i	People that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment. (PCFT)	Mental Health Usman Darsot	✘	✘	✘	M	CCG (PCFT)	Aug-16	95.0%	96.5%	96.7%	97.1%	96.7%	95.6%	96.6%
QP8-1p2	Increase in the number of patients with Long Term Conditions referred to IAPTS	Long Term Conditions Usman Darsot	✘	✘	✘	M	CCG	Aug-16	45	130	125	91	77	106	529
QP8-1p2i	Increase in the number of patients with medically unexplained physical symptoms referred to IAPTS	Long Term Conditions Usman Darsot	✘	✘	✘	M	CCG	Aug-16	1.67	81	102	38	80	63	364
QP4	Mental Health: Reduction in number of people with severe mental health illness who are smokers (Indicative Local Data - Primary Care)	Mental Health Usman Darsot	✘	✘	✘	M	CCG		58.0%						
C3.17-QP5	Mental Health: Increase in the proportion of adults with secondary mental health conditions who are in paid employment	Mental Health Usman Darsot	✘	✘	✘	Q	CCG		2.30%						
	Early Intervention in Psychosis Waiting Times	Mental Health Usman Darsot	✘	✘	✔	M	CCG	Jul-16	50.00%	50.00%	100.00%	100.00%			
E.A.S.1-C2.1	Estimated diagnosis rate for people with dementia (indicative)	Mental Health Usman Darsot	✘	✘	✔	M	CCG	Aug-16	66.7%	79.7%	80.3%	79.9%	80.0%	80.7%	80.7%
E.B.S.3	Mental Health: Care Programme Approach	Mental Health Usman Darsot	✔	✘	✘	M	CCG	Aug-16	95.0%	77.8%	100.0%	100.0%	100.0%	92.9%	63.6%

Appendix C : Recovery Trajectories

Pennine Acute Hospital Trust

A&E 4 hours

Target 95%	Apr-16	May-16	Jun-16	Q1	Jul-16	Aug-16	Sep-16	Q2	Oct-16	Nov-16	Dec-16	Q3	Jan-17	Feb-17	Mar-17
Performance (Trajectory) - PAHT	83.4%	84.3%	85.5%	84.4%	87.1%	86.5%	88.9%	87.5%	89.3%	89.5%	86.9%		91.3%	93.6%	95.6%
Performance (Actual) - PAHT	85.8%	86.5%	84.8%	85.7%	81.6%	86.7%	84.7%	84.2%							

Cancer 62 Days Trajectory

Target 85%	Apr-16	May-16	Jun-16	Q1	Jul-16	Aug-16	Sep-16	Q2	Oct-16	Nov-16	Dec-16	Q3	Jan-17	Feb-17	Mar-17
Performance (Trajectory) - PAHT	85.25%	85.44%	85.02%	85.23%	85.22%	85.36%	85.07%		85.02%	85.32%	85.14%		85.07%	85.21%	85.29%
Performance (Actual) - PAHT	86.55%	90.87%	77.82%	84.83%	83.70%	87.78%									

6 Weeks Diagnostic Trajectory

Target 1%	Apr-16	May-16	Jun-16	Q1 Avg	Jul-16	Aug-16	Sep-16	Q2	Oct-16	Nov-16	Dec-16	Q3	Jan-17	Feb-17	Mar-17
Performance (Trajectory) - PAHT	4.98%	5.82%	5.82%	5.54%	5.82%	5.87%	6.69%		0.99%	0.99%	0.99%		0.99%	0.99%	0.99%
Performance (Actual) - PAHT	5.00%	3.90%	4.20%	4.37%	8.60%	9.23%									

RTT Incomplete Trajectory

Target 92%	Apr-16	May-16	Jun-16	Q1	Jul-16	Aug-16	Sep-16	Q2	Oct-16	Nov-16	Dec-16	Q3	Jan-17	Feb-17	Mar-17
Performance (Trajectory) - PAHT	94.74%	94.73%	92.88%	94.12%	92.88%	92.88%	92.96%		93.06%	93.06%	93.06%		92.78%	93.06%	93.42%
Performance (Actual) - PAHT	94.73%	94.10%	93.34%	94.03%	92.36%	92.00%									

Pennine Care Foundation Trust

IAPT 6 Weeks

Target 75%	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Performance Trajectory - PCFT	58.0%	63.1%	64.6%	69.5%	75.2%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%	82.0%
Performance (Actual) - published NHS Digital	58.0%	58.3%	63.8%	68.0%	TBC	TBC						
Performance - PCFT (primary)	61.0%	59.1%	67.9%	71.3%	73.0%	76.2%						
Performance - PCFT (refresh)	61.2%	59.9%	67.2%	71.2%	72.5%	TBC						

Appendix D : Five Year Forward View Must Do

NHS Planning Guidance - 'Must Dos' 2016/17										Period Actual Performance						
Indicator	Description	Indicator description	Workstream & Lead	Constitution Measure	F	Monitored Org	Period	Period Target	Apr	May	Jun	Jul	Aug	Sep	YTD	
E.B.5-QPC4		A&E waiting time (4hr waits) (PAHT ALL)	Urgent Care David Latham	✓	M	CCG	Aug-16	95%	85.8%	86.5%	84.8%	81.6%	87.1%		85.1%	
E.B.15.i-QPC6	Access standards for A&E and Ambulance waits	Ambulance clinical quality: Category A (Red 1) 8 minute response time	Urgent Care David Latham	✓	M	NWAS	Aug-16	75%	76.5%	74.3%	73.1%	70.5%	72.6%		73.4%	
E.B.15.ii		Ambulance clinical quality: Category A (Red 2) 8 minute response time	Urgent Care David Latham	✓	M	NWAS	Aug-16	75%	67.5%	66.3%	66.2%	62.7%	65.2%		65.5%	
E.B.3-QPC3	Referral to Treatment	Referral To Treatment: Incomplete patients waiting 18 weeks or later	Elective Care Cath Tickle	✓	M	CCG	Aug-16	92%	94.2%	93.6%	92.8%	92.3%	91.8%		92.9%	
E.B.12	62 day cancer waiting standard	Cancer 62 day waits: First definitive treatment within 2 months of urgent GP referral	Cancer David Latham	✓	M	CCG	Aug-16	85%	81.6%	91.3%	84.6%	77.1%	79.2%		82.9%	
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	Cancer David Latham	✓	M	CCG	Aug-16	96%	96.3%	100.0%	98.7%	98.3%	96.4%		97.8%	
E.B.6-QPC5		Cancer 2 week waits: GP Referral for suspected cancer	Cancer David Latham	✓	M	CCG	Aug-16	93%	93.2%	96.0%	94.5%	95.1%	93.5%		94.4%	
E.B.4		Diagnostic test waiting times (6 weeks waits)	Elective Care Cath Tickle	✓	M	CCG	Aug-16	1%	4.7%	4.0%	3.9%	6.6%	7.1%		5.2%	
		1-year cancer survival for all-cancers combined and for breast, colorectal, and lung cancer	Cancer David Latham	✗	A	CCG	2015	75%	69.7%							69.7%
		Proportion of staged cancers diagnosed early (at stage 1 and 2)	Cancer David Latham	✗	A	CCG	2013/14	n/a	53.1%							53.1%
		Early Intervention in Psychosis Waiting Times	Mental Health Usman Darsot	✗	M	CCG	Jun-16	50%	50%	100%	100%				83.33%	
E.H.1	Two new Mental Health access standards	People that wait 6 weeks or less from referral to entering course of IAPT treatment against the number of people who finish a course of treatment. (HSCIC)	Mental Health Usman Darsot	✓	M	CCG(PCFT)	Jul-16	75%	57.5%	58.3%	63.8%	68.0%			61.3%	
E.H.2		People that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment. (HSCIC)	Mental Health Usman Darsot	✓	M	CCG(PCFT)	Jul-16	95%	96.3%	97.2%	97.1%	96.0%			96.7%	
E.A.S.1-C2.13		Estimated diagnosis rate for people with dementia (indicative)	Mental Health Usman Darsot	✓	M	CCG	Aug-16	66.7%	79.7%	80.3%	79.9%	80.0%	80.7%		80.7%	

Appendix E : Improvement and Assessment Framework – Six Clinical Priorities

NHS Bury CCG					
Clinical Priority Area	Overall Rating	Indicator Ratings			
Cancer	Needs Improvement	53.7%	78.5%	70.7%	91.5%
		New of cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	Of people with an urgent GP referral having first definitive treatment for cancer within 62 days of referral	of adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis.	of responses ,which were positive to the question "Overall, how would you rate your care?"
Dementia	Top performing	89.5 %		72.4%	
		Estimated diagnosis rate for people with dementia		of patients diagnosed with dementia whose care plan has been received a face-to-face review in the preceding 12 months	
Diabetes	Greatest need for improvement - Poor Participation	Less than 25% participation		Less than 25% participation	0.0%
		of diabetes patients have achieved all the NICE-recommended treatment targets		of people with diabetes diagnosed for less than a year who attended a structured education course	of GP practices that participated in the National Diabetes Audit
Learning Disabilities	Needs improvement	65		59%	
		Rate of Inpatients per million GP registered adult population for each Transforming Care Partnership. CCGs are then assigned the score of the TCP they belong to		of people with a learning disability who are on the GP register and receiving an annual health check during the year. Measured as a percentage of the CCG's registered learning disability population	
Maternity	Needs improvement	82.2	69.7	8.5	10.8%
		The score out of 100 for women's experience of maternity services based on the 2015 CQC National Maternity Services Survey	The score out of 100 for choices offered to women in maternity services based on the National Maternity Services Survey	The rate of stillbirths and deaths within 28 days of birth per 1,000 live births and stillbirths, reported at CCG of residence level by calendar year.	of women who were smokers at the time of delivery
Mental Health	Greatest need for improvement	47.5%		33.3%	
		of people who were initially assessed as "at caseness", attended at least two treatment contacts, are coded as discharged, and are assessed as moving to recovery		of people with first episode of psychosis starting treatment with a NICE-recommended package of care and treated within 2 weeks of referral	