

Governing Body

22 March 2017

Details	Part 1	Yes	Part 2	No	Agenda Item No.	10
Title of Paper:	Performance Report					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Author:	Susan Sawbridge, Performance Manager					
Presenter:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Please indicate:	For Decision		For Information		For Discussion	X

Executive Summary

Summary
<p>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.</p> <p>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.</p> <p>The report presents the CCG's performance position for December 2016 (current period).</p> <p>The report also outlines any proposed changes to performance at a national level.</p> <p>Of the indicators presented in the dashboards within Appendices A, B and D, the following are currently reported as underachieving:</p> <ul style="list-style-type: none"> • 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 : Urgent referral for breast symptoms (E.B.7) • Cancer 62 day waits : GP Referral (E.B.12); • Cancer 62 day waits : Consultant Upgrade (E.B.14) • 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); • Ambulance Handover > 30 minutes (E.B.S.7.i); • Ambulance Handover > 60 minutes (E.B.S.7.ii); • Mixed sex accommodation breaches (E.B.S.1); • Referral to Treatment : 52 weeks (E.B.S.4) • Cancelled Operations (28 day guarantee) : PAHT (E.B.S.2.ii); • Trolley Waits in A&E : over 12 hours (E.B.S.5); • Urgent Operations Cancelled for 2nd time (E.B.S.6); and • IAPT Prevalence (E.A.3.i). <p>For each indicator that has not achieved the required standard, a summary position</p>

	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; and • 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 December 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 Performance Committee and Governing Body as appropriate.

3.0 Performance Summary

3.1 From the position reported in February 2017 (November 2016 data), the CCG continues to report full achievement of the performance in the following areas:

- Cancer 31 day waits: Subsequent cancer treatment – anti-cancer drug regimens (E.B.10); and
- Cancer 31 day waits: Subsequent cancer treatment – radiotherapy (E.B.11); and
- Early Intervention in Psychosis Waiting Times.

3.2 The following indicators have reported full performance in December, having previously experienced under-performance in one or more months during the 2016/17 financial year:

- Cancer 31 day waits: subsequent treatment (surgery) (E.B.9)
- Cancer 62 day waits: first definitive treatment following NHS cancer screening referral (E.B.13); and
- Mental Health Care Programme Approach (E.B.S.3).

3.3 The main body of the report is sorted by CCG clinical work stream.

National Updates

- 3.4 As part of the planning round for 2017/18, new and updated targets are currently being reviewed and these will be reported against from the start of the new financial year.
- 3.5 The CCG Improvement Assessment Framework (IAF) dashboard was refreshed in January 2017 and the indicator results published to MyNHS on 26th January. The next IAF dashboard will become available in late April 2017.

Local Updates

- 3.6 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.
- 3.7 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.
- 3.8 In line with the CCG assurance process, the next quarterly visit from Greater Manchester Health and Social Care Partnership is scheduled to take place on 20th March 2017. Local partners from the Local Authority and main provider trusts are also invited to attend this visit.
- 3.9 Within the CCG work has commenced with each clinical workstream to agree which performance data should be reported into regular workstream meetings. This is joint work between the clinical workstreams and the Performance and Business Intelligence teams and will develop over the coming weeks and months.

Performance Dashboard

- 3.10 The performance dashboards shown in Appendices A, B and D provide 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'

3.11 The following sections of the report primarily outline areas of underperformance against the required standard, as included in the dashboards at Appendix A and Appendix D. However, where appropriate, some areas of achievement are also included:

Elective Care Performance Measures

3.12 Achievement was again noted against the following indicator during December:

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

3.13 Bury CCG again achieved the target against this indicator in December 2016, with 92.8% performance against the 92% target. This marks the third consecutive month that this target has been achieved, as shown below.

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.3-QPC3	Dec-16	92.0%	92.3%	92.7%	92.8%	92.7%

3.14 Data for PAHT shows performance just hitting the 92% constitutional target in December though this remains below the recovery trajectory set by PAHT, as shown below:

Target 92%	Q1 (Avg)	Q2 (Avg)	Q2 (Avg)	Oct-16	Nov-16	Dec-16	Q3 (Avg)	Jan-17 Prov
Performance (Trajectory) – PAHT	94.12%	92.91%	92.91%	93.06%	93.06%	93.06%	93.06%	93.06%
Performance (Actual) – PAHT	94.03%	92.15%	92.15%	92.10%	92.30%	92.00%	92.30%	92.10%*

**Provisional figure taken from the PAHT prediction for RTT performance for an NHSE return*

3.15 PAHT has indicated that it expects to achieve the constitutional target in January and the remainder of the financial year. However, this is fragile, particularly for January, due to the volume of elective cancellations.

3.16 As at mid-January, approximately 400 elective operations across all specialities had been cancelled and the elective orthopaedics ward at North Manchester General Hospital (NMGH) was closed on 13 January.

3.17 The main pressure areas experienced by PAHT across recent months continue to be in Gastroenterology, Trauma & Orthopaedics (T&O), General Surgery, Urology and Oral Surgery.

3.18 A recovery trajectory has been received for T&O which will enable PAHT to return waits to acceptable levels by August 2017. Additional T&O locums commenced in October 2016 to provide additional capacity.

3.19 The pilot for transfer of some urology surgery cases to the 23 hour day unit at Rochdale Infirmary went live in mid-February. Confirmation has been received that there is not a new documented pathway to support the pilot. The existing urology pathway remains valid though, if during triage a particular procedure is deemed appropriate for the pilot, then the day case unit option is offered to the patient.

- **Referral to Treatment (RTT): Incomplete Patients Waiting >52 Weeks (E.B.S.4)**

3.20 Data published by NHS Digital shows 4 NHS Bury patients waiting for more than 52 weeks, against the zero target. This takes the YTD position to 7, as shown below. This followed the breaches noted at University Hospitals of South Manchester (UHSM) in July and August.

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.S.4	Dec-16	0	0	0	4	7

3.21 Review of the current position shows the 4 breaches for December to also have occurred at UHSM. As this data is not recognised by Bury CCG, clarification has been sought via South Manchester CCG. Initial feedback has confirmed that there are no patients from Bury who have been waiting for more than 52 weeks. South Manchester CCG is currently liaising with UHSM on behalf of Bury CCG to fully understand this.

3.22 As reported previously, since the issue of excessive waits at UHSM was first discovered in March 2015, a total of 5 Bury CCG patients have been identified. All of these patients have since been treated and discharged. Of note, each of these five patients were reviewed by Dr Mark Jarvis, Trafford CCG, as part of the protocol for these long waiters and, as confirmed previously, no harm was identified as a result of the pathway delays.

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

3.23 The national Joint Advisory Group (JAG) on gastrointestinal endoscopy sets out standards for accreditation. To achieve and maintain accreditation at PAHT, an internal task and finish group has been established to address ongoing issues.

3.24 A further dip in performance for Bury CCG against this indicator was noted in December, with performance of 1.5% against the 1.0% target. The YTD position, however, has improved slightly to 3.9%, as shown below:

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.4	Dec-16	1.0%	1.0%	1.3%	1.5%	3.9%

3.25 At PAHT, the overall performance recorded in December for diagnostic tests taking place within 6 weeks was 99.0%, both at PAHT level and at Bury CCG level.

3.26 PAHT has also indicated that the target was also just achieved during January 2017, though data to support this is awaited.

- 3.27 Progress against this target will continue to be monitored closely to ensure performance is now maintained, particularly as improved performance has been in the context of capacity being outsourced to other independent sector providers. Contracts with these providers have been put in place until the end of March 2017.
- 3.28 A summary of PAHT performance against the Diagnostics recovery trajectory is shown below:

6 Weeks Diagnostic Trajectory

Target 1%	Q1 (Avg)	Q2 (Avg)	Oct-16	Nov-16	Dec-16	Q3 (Avg)	Jan-17*
Performance (Trajectory) - PAHT			0.99%	0.99%	0.99%	0.99%	0.99%
Performance (Actual) - PAHT	4.34%	7.73%	0.76%	0.73%	1.00%	0.72%	1.00%*

*Provisional data taken from PAHT papers for Elective Care Tactical Group for 17/02/2017

- 3.29 The tables above highlight that although PAHT achieved the target during December 2016, Bury CCG did not. Further analysis of the data shows the performance of Central Manchester University Hospitals Foundation Trust (CMFT) has affected the Bury position, with CMFT performance at 11.2% for Bury patients for the month. The breaches and performance by diagnostic test is shown below:

Diagnostic Test	CMFT		
	Total Seen	No of Breaches	%
Gastroscopy	19	10	52.6%
Colonoscopy	18	8	44.4%
Sigmoidoscopy	9	<5	11.1%
Echocardiography	13	<5	7.7%
MRI	38	<5	2.6%
Cystoscopy	2	<5	50.0%
Total	197	22	11.2%

- 3.30 This position has been escalated to the Lead CCG for CMFT and discussion has taken place at the Elective Care Tactical Group (ECTG).
- 3.31 Feedback from the Lead Commissioner is that CMFT had had some success in reducing the number of patients waiting in excess of six weeks. Month on month improvement was delivered through utilising capacity from a third party provider. This contract terminated in August and a new supplier was secured in October with additional capacity coming on line in December.
- 3.32 The impact of CMFT issues on Bury CCG's performance has become more apparent as the PAHT performance has improved. CMFT has confirmed it is working on a longer term plan to provide more robust assurances and is due to meet with Central Manchester CCG in the near future.
- 3.33 Particular risks to recovery have been raised by CMFT including maintenance and estates work and the impact of the "be clear on cancer" campaign.

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

3.34 PAHT has reported 5 breaches to this indicator during December 2016, one of which relates to Bury CCG. This takes the YTD figure to 40, as shown below.

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.S.2.ii	Dec-16	0	4	3	5	40

- **Urgent Operations Cancelled for a Second Time PAHT (E.B.S.6)**

3.35 PAHT has reported zero breaches to this indicator during December 2016. However, as was the case for November, the published data from NHS Digital indicates there were two breaches for PAHT during December, as shown below:

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.S.6	Nov-16	0	0	2	2	4

3.36 Once again, the data has been queried with PAHT via the GM Shared Service Contracts team who in turn have liaised with PAHT. Feedback received for November and December is that there has been an issue with PAHT's Unify submissions and that the figures should be zero and will be corrected. However, PAHT has confirmed with NHS Digital that the data can only be refreshed at year-end.

3.37 PAHT have also confirmed that they are working to identify the root cause of the issue in order that it can be rectified for future months.

Cancer Performance Measures

3.38 Improved performance was noted in December against the two indicators where there had been under-performance in November (31 day wait – first definitive treatment and 31 day wait – subsequent treatment surgery), with the latter having returned to 100% performance.

3.39 Under-performance was, however, noted against three other cancer indicators during December 2016 and these are considered further below:

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

3.40 Underachievement was noted against this target during December with performance at 91.2% against the target of 93%. This followed two consecutive months of achievement as shown below:

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.8	Dec-16	93.0%	94.9%	97.0%	91.2%	90.2%

3.41 Demand was similar to the previous month with 68 people seen in December. Breaches had, however, increased from 2 in November to 6 in December and are broken down as follows:

Provider	No of Breaches	Breach Reasons
Bolton FT	<5	pt delay/cancellation hospital cancellation
PAHT	<5	pt delay/cancellation

3.42 With regard to the Bolton FT related delays, some of these resulted from a November clinic being cancelled and rescheduled to 1st December. As a result, two of the breaches were seen in 15 days and a third opted to wait longer and was seen in 32 days.

3.43 At trust level, PAHT achieved the target during December, having reported performance at 95.4%. However, PAHT performance for Bury patients was under target at 92% for the same period.

- **Cancer 62 day waits : first definitive treatment within 2 months of GP referral (E.B.12)**

3.44 Having achieved the 85% target for the previous three months, December saw underachievement for Bury CCG with performance noted at 82.1%, taking the YTD performance to 84.5%, as shown below:

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.8	Dec-16	85.0%	85.7%	85.7%	82.1%	84.5%

3.45 The under-performance is the result of 7 breaches for Bury patients during December out of a total demand of 39. This demand was slightly lower than the previous month and there was one extra breach. The breaches are summarised below:

Provider	Specialty	No of Breaches	Breach Reasons
Bolton FT	Breast	<5	complex patient
PAHT	Gynaecology	<5	complex patient late referral
	Lung	<5	late referral
	Urology	<5	late referral
	Upper GI	<5	late referral pt delay/cancellation

3.46 At a trust level, PAHT achieved against this target during December with 88.2% reported. However, the PAHT performance for Bury patients fell below target at 84.6%.

3.47 Provisional data for January shows achievement for PAHT with performance at 85% across all CCG areas.

- **Cancer 62 day waits : first definitive treatment – Consultant upgrade (E.B.14)**

3.48 Following five consecutive months of achievement, four of which are noted to be 100%, December saw underachievement against the locally defined target of 85% with performance at 63.6%. The YTD position remains slightly below target at 84.7%, as shown below:

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.9	Dec-16	85%	100%	100%	63.6%	84.7%

3.49 Demand increased slightly in December and the breaches are summarised below:

Provider	Specialty	No of Breaches	Breach Reasons
East Lancs	Lower GI	<5	late referral
PAHT	Haematological	<5	complex patient
	Urology	<5	complex patient

3.50 Data from PAHT shows under-performance at trust level also for December at 82.1%, with 5 breaches noted across all CCGs. Provisional data for January shows further under-performance at 71%.

Urgent Care Performance Measures

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

3.51 PAHT failed the 95% A&E (4 hour wait) target in December 2016 with performance reported at 77.8% across all PAHT hospital sites and performance specific to Fairfield General Hospital reported slightly below this at 76.31%. The YTD position for PAHT to the end of December also remains under target at 83.2%.

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.5 QPC4	Dec-16	95.0%	81.6%	79.6%	77.8%	83.2%

3.52 The unpublished position for January 2017 shows performance at 76.73% and 78.13% for February.

3.53 Performance for the YTD to the end of February 2017 is 4.6% lower than the same YTD position in 2015/16 whilst activity across all sites is 0.35% higher for the same YTD comparison.

Target: 95%		Q1 2016	Q2 YTD	Q3 YTD	Jan 2017 Prov	Feb 2017 Prov	YTD 16/17 To Feb	YTD 15/16 To Feb	Variance
FGH	Attend.	16,421	16,574	16,492	5,529	4,881	59,897	58,206	1,691
	Perf.	84.64%	84.32%	79.67%	74.15%	83.38%	82.11%	84.59%	-2.9%
NMGH	Attend.	24,534	23,878	25,195	7,923	7,511	89,041	90,151	-1,110
	Perf.	77.71%	76.95%	73.42%	72.69%	76.00%	75.70%	82.78%	-8.5%
RI	Attend.	12,808	12,290	12,405	4,227	3,991	45,721	47,572	-1,851
	Perf.	97.88%	96.65%	97.17%	97.80%	97.12%	97.28%	98.00%	-0.7%
ROH	Attend.	25,941	26,118	26,147	8,491	7,730	94,427	92,155	2,272
	Perf.	87.98%	85.46%	77.41%	71.68%	67.09%	81.18%	84.35%	-3.8%
PAHT Overall	Attend.	79,704	78,860	80,239	26,170	24,113	289,086	288,084	1,002
	Perf.	85.72%	84.39%	79.68%	76.73%	78.13%	82.23%	86.16%	-4.6%

3.54 In the table below, A&E performance for PAHT is compared to that of other acute trusts across Greater Manchester where aggregated figures are shown for each quarter in 2016/17 along with the Year to Date for 2016/17 (to the end of February).

3.55 The Trusts are ordered by their YTD performance.

Trust	Q1	Q2	Q3	Q4 (to Feb)	YTD (to Feb)
Central Manchester	93.63%	92.98%	91.01%	88.70%*	92.20%*
Wrightington, Wigan & Leigh	92.30%	91.20%	83.54%	80.17%	87.57%
Salford Royal	92.20%	87.80%	83.55%	76.89%	85.99%
Tameside	90.40%	86.00%	82.31%	81.52%	85.43%
UHSM (Wythenshawe)	76.85%	90.80%	86.72%	84.20%*	84.80%*
Bolton	82.30%	85.00%	79.87%	81.94%	82.41%
Pennine Acute	85.72%	84.39%	79.68%	77.43%	82.24%
Stockport (Stepping Hill)	82.10%	76.70%	75.32%	72.78%	77.18%

*CMFT and UHSM data not yet available for February 2017.

3.56 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.

3.57 Within Greater Manchester (GM) a threshold of 80% exists where performance below this triggers a tripartite meeting between GM Health and Social Care Partnership, NHS Improvement and the local CCG. The threshold applies to individual hospital sites and, as such, tripartite meetings had been held with North Manchester CCG and Oldham CCG for performance noted in previous months. As performance at FGH has now dropped below the 80% threshold, Bury CCG has also been invited to attend a tripartite meeting and this will take place on 29th March 2017.

3.58 Additionally in response to the recent sub 80% performance level experienced at PAHT and other GM sites, the GM H&SC Partnership and NHS Improvement have jointly written to the NES A&E Delivery Board setting a minimum standard for March 2017. The expectation is that each site will achieve 90% through March 2017 with the exception of NMGH for which a target of 2% greater than the monthly average has been set.

- 3.59 In the letter, the A&E Delivery Board is asked to ensure that work is undertaken to identify key causal factors and establish actions that will deliver the required improvement. A summary plan and trajectory was submitted on 3rd March 2017.
- 3.60 Previously, PAHT had submitted a trajectory to the CCG and NHS Improvement which outlines increased improvement month on month until the 95% target is achieved by March 2017, though it is acknowledged that this is highly unlikely to be achieved.
- 3.61 Indicative performance against the trajectory is shown below:

Target 95%	Q1	Q2	Oct-16	Nov-16	Dec-16	Q3	Jan -17 Prov	Q4 (Jan)
Perf (Trajectory) - PAHT	84.4%	87.5%	89.3%	89.5%	86.9%	87.5%	86.9%	87.5%
Perf (Actual) - PAHT	85.7%	84.2%	81.6%	79.6%	77.8%	79.7%	76.7%	76.7%

- 3.62 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.
- 3.63 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 that encompasses A&E front end and ambulatory care services;
 - improving internal patient flow; and
 - improving effectiveness of community and primary care.
- 3.64 Performance against the A&E target is a challenge across the wider health economy and not just within the North East Sector.
- 3.65 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.
- 3.66 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.
- 3.67 The GM Health and Social Care Partnership has identified an additional £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 agreed by GM and are being mobilised.

- **Ambulance Measures**

3.68 There are three ambulance indicators against which NWAS is measured under the NHS Constitution:

- **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)**

3.69 A summary of NWAS performance against these measures for the last three months is shown below and this demonstrates continued underperformance across all measures for both December and the YTD position.

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.15.i-QPC6 Red 1	Dec-16	75.0%	64.6%	62.8%	61.6%	69.2%
E.B.15.ii Red 2	Dec-16	75.0%	63.1%	60.4%	57.3%	63.2%
E.B.16 19 mins	Dec-16	95.0%	88.2%	86.8%	85.4%	89.4%

3.70 Such underachievement is repeated nationally, though despite this poor performance, NWAS remains in the top quartile of ambulance trusts with regards to performance.

3.71 As reported last month, NHS Blackpool CCG, the Lead Commissioner, has issued NWAS with a Contract Performance Notice due to the ongoing poor performance in the Patient Emergency Service.

3.72 Of note, once the current contract expires, the desire is for there to be a GM level contract and this would provide GM CCGs with increased control over NWAS performance.

3.73 Breaking December performance down a little further, the following table also includes the position for both Greater Manchester and the individual North East Sector (NES) CCGs.

3.74 The breakdown shows significant underachievement across all measures for each NES CCG in December. As with previous months, there continues at times to be significant variance between CCGs too. For example, for Red 1 category incidents performance ranged from 63.33% for Bury CCG down to 51.24% for Oldham CCG.

Month	Region	Red 1 (8 mins) Tar 75%	Red 2 (8 mins) Tar 75%	19 Mins Tar 95%
December	NWAS (overall)	61.63%	57.31%	85.42%
	Greater Manchester	59.58%	56.72%	85.55%
	Bury CCG	63.33%	59.41%	86.07%
	HMR CCG	59.60%	56.25%	84.62%
	North Manchester CCG	60.68%	60.38%	84.57%
	Oldham CCG	51.24%	57.59%	87.51%

- 3.75 Previous reports have included an outline of some of the initiatives undertaken by NWS in their attempt to improve performance across the North West. Updates around progress of these schemes will be reported as they become available.
- 3.76 In terms of local action and additional investment made, Bury CCG has implemented the following in order to ease the pressures on NWS:

Initiative	Detail
Winter Transport Scheme	Using System Resilience Group monies to implement the winter transport scheme to ease pressure.
Alternative to Transport Scheme	Allows NWS crew to ring BARDOC for GP advice as an alternative to conveying the patient to A&E.
Green Car Scheme	Recent discussions have taken place between Bury CCG and NWS about the future of this scheme which has now been extended to cover the whole of Bury. If deemed appropriate to carry on into 2017/18 then the CCG will ensure that this is fully communicated to all GP practices. NWS are due to provide usage data for this scheme which is awaited at the time of this report.

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

- 3.77 The Ambulance Handover figures are reported from a PAHT perspective. There were 549 handover delays in this category reported in December 2016. This represents 7% of the total handovers for this month at PAHT.
- 3.78 The 549 handover delays are broken down as 73 at Fairfield, 240 at Royal Oldham and 236 at North Manchester GH. These figures are also displayed in the table in the section below along with the handover delays that are greater than 60 minutes.
- 3.79 Early data available for January shows a further deterioration with 635 handover delays >30 minutes.
- 3.80 Actions developed by PAHT to improve patient throughput in A&E are expected to have a positive effect on the ambulance handover performance. Across Greater Manchester, the average handover time during December increased further to almost 38 minutes. This is an average increase of 2 minutes per handover compared to the November figure.
- 3.81 Reducing ambulance turnaround times has been identified as a key priority in the context of the wider Emergency Care Improvement Plan and associated work to improve patient flow. Progress and output from this is monitored by the Urgent Care Improvement Board.

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.S.7.i	Dec-16	0	430	459	549	3327

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

3.82 There were 335 delayed handovers (PAHT level) of greater than 60 minutes during December 2016, which represents 4.3% of total handovers at PAHT.

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.S.7.ii	Dec-16	0	260	241	335	1663

3.83 Early data available for January shows a further marked deterioration with 487 handover delays >60 minutes.

3.84 A summary of performance levels across the PAHT hospital sites for the ambulance handover measures is included below and demonstrates that North Manchester GH in particular was an outlier within Greater Manchester during December:

Hospital Site	Handover Delays (30-60 mins)	% of total attendances	Handover Delays (>60 mins)	% of total handovers (where both timestamps exist)
Fairfield	73	3.2%	31	1.4%
NMGH	236	9.6%	173	7.1%
Royal Oldham	240	7.8%	131	4.3%
PAHT Total	549	7.0%	335	4.3%
GM Total	2132	7.6%	1351	4.8%

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

3.85 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 later).

3.86 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.

3.87 There were 86 trolley waits that exceeded 12 hours at PAHT in December. Although this is a similar number to the previous month, it remains significantly above the zero target.

3.88 Of the 86 breaches noted in December, 14 of these related to Bury CCG patients.

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.S.6	Dec-16	0	129	84	86	475

3.89 PAHT attributes the continuing high level of breaches to the urgent care pressures which are compounded by the impact of delayed transfers of care. PAHT continues to offer assurance that procedures are in place to ensure that the comfort and nutritional needs of patients are met whilst waiting.

- 3.90 The Extended Waits Policy (Decision to Admit) was implemented in mid-January and it is anticipated that implementation of the policy will have a positive impact on trolley waits.
- 3.91 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.

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

- 3.92 There were 2 breaches reported in December 2016 for Bury CCG patients. Both breaches occurred on the same day at North Manchester General Hospital (NMGH). This takes the YTD figure to 29.

Indicator	Period	Period Target	Oct	Nov	Dec	YTD
E.B.S.1	Dec-16	0	4	6	2	29

- 3.93 At a PAHT level, there were 24 breaches reported for the same period, 23 of which related to North East Sector CCG patients.

Mental Health Performance Indicators

- **IAPT Indicators**

- 3.94 As IAPT data is published later by NHS Digital than for other specialty areas, this section relates to published data from November. Where available, more up to date indicative data provided by PCFT is used to demonstrate the current position.
- 3.95 As can be seen in the Mental Health dashboard at Appendix B, achievement was noted against all four IAPT measures during November 2016 for the third consecutive month. However, indicative data shows an issue with the Prevalence target for December, as outlined below.

- **IAPT Prevalence (E.A.3.i)**

- 3.96 Published data for the Prevalence target shows this being achieved in November, with performance at 1.32% against the 1.25% monthly target.
- 3.97 However, indicative (refreshed) data from PCFT for December shows under-achievement against this target, with performance at 1.14% performance against the monthly target of 1.25%. This takes the performance for Quarter 3 to 3.74% against a target of 3.75%.
- 3.98 PCFT attributes the under-performance in December to unexpected long term sickness and to three practitioners leaving the service. The sickness period has now ended with the staff member returning to work mid-January. Of the vacant posts, a start date is awaited for one successful candidate. Further interviews resulted in just one additional applicant who has been offered a post.
- 3.99 PCFT has provided assurance that there is a strategy in place to ensure that prevalence through Quarter 4 enables the 15% target to be achieved by year end. In terms of a year to date position (to the end of December), prevalence sits at 11.96% against an expected position of 11.25%.

3.100 Primary PCFT data for January shows recovery with 1.45% achievement.

3.101 Following engagement with NHS England and Lancashire Care Partnership, PCFT has used a capacity and demand model to implement a new entry system into the service.

3.102 Through use of this model, patients will be able to choose and book their own appointment and it is hoped that this will reduce the number of patient cancellations and DNAs and this in turn should support the achievement of the prevalence target.

3.103 Additionally, PCFT has planned monthly well-being sessions at the local job centre and is in discussions with Age Concern and the two main local further education colleges with a view to providing regular well-being sessions there too.

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

3.104 Achievement is once again noted against the six week wait target, with performance at 82.8% for November for Bury CCG against the 75% target.

3.105 For the first time, this performance also sees PCFT exceed the target set as part of the trust's recovery trajectory of 82%.

3.106 Performance against the PCFT improvement trajectory for the six week wait indicator is shown below and includes both primary and refresh data from PCFT along with the published data from NHS Digital where this is available:

Target 75%	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-16
Improvement Trajectory - PCFT	58.0%	63.1%	64.6%	69.5%	75.2%	82.0%	82.0%	82.0%	82.0%	82.0%
Performance - PCFT (primary)	61.0%	59.1%	67.9%	71.3%	73.0%	76.2%	80.4%	83.2%	84.3%	85.8%
Performance - PCFT (refreshed)	61.2%	59.9%	67.2%	71.2%	72.5%	76.0%	79.4%	82.4%	84.0%	TBC
Performance (Actual) - NHS Digital	58.0%	58.3%	63.8%	68.0%	72.1%	76.8%	76.1%	82.8%	TBC	TBC

3.107 As can be seen from the table above, indicative data for both December (84%) and January (85.8%) shows performance exceeding the recovery trajectory in those months.

4.0 Recommendations

4.1 The Governing Body is asked to:

- receive the performance report; and
- note the updates provided.

Susan Sawbridge
Performance Manager
March 2017

Appendix A : NHS Constitution Performance Dashboard

NHS Constitution Measures Summary										Period Actual Performance									
Indicator	Description	Workstream & Lead	Q P	Nat Must Do's	F	Monitor ed Org	Period	Peri od Targ	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD
E.B.3-QPC:	Referral To Treatment: Incomplete patients waiting 18 weeks or later	Elective Care Cath Tickle	✓	✓	M	CCG	Dec-16	92.0%	94.2%	93.6%	92.8%	92.3%	91.8%	91.4%	92.3%	92.7%	92.8%		92.7%
E.B.4	Diagnostic test waiting times (6 weeks waits)	Elective Care Cath Tickle	✗	✓	M	CCG	Dec-16	1.0%	4.7%	4.0%	3.9%	6.6%	7.1%	4.7%	1.0%	1.3%	15%		3.9%
E.B.5-QPC:	A&E waiting time (4hr waits) (PAHT ALL)	Urgent Care David Latham	✓	✓	M	PAHT	Dec-16	95.0%	85.8%	86.5%	84.8%	81.6%	87.1%	84.7%	81.6%	79.6%	77.8%		83.2%
E.B.6-QPC:	Cancer 2 week waits: GP Referral for suspected cancer	Cancer David Latham	✗	✓	M	CCG	Dec-16	93.0%	93.2%	96.0%	94.5%	95.1%	93.5%	94.8%	95.6%	97.6%	94.7%		95.0%
E.B.7	Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	Cancer David Latham	✗	✓	M	CCG	Dec-16	93.0%	94.9%	93.6%	92.6%	77.8%	69.0%	92.0%	94.9%	97.0%	91.2%		90.2%
E.B.8	Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	Cancer David Latham	✗	✓	M	CCG	Dec-16	96.0%	96.3%	100.0%	98.7%	98.3%	96.4%	97.0%	96.0%	95.5%	96.3%		97.1%
E.B.9	Cancer 31 day waits: Subsequent cancer treatment - Surgery	Cancer David Latham	✗	✓	M	CCG	Dec-16	94.0%	100.0%	100.0%	91.7%	85.7%	90.0%	100.0%	100.0%	89.5%	100.0%		94.5%
E.B.10	Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	Cancer David Latham	✗	✓	M	CCG	Dec-16	98.0%	100.0%	100.0%	100.0%	100.0%	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	Dec-16	94.0%	100.0%	100.0%	100.0%	100.0%	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	Dec-16	85.0%	81.6%	91.3%	84.6%	77.1%	79.2%	91.1%	85.7%	85.7%	82.1%		84.5%
E.B.13	Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	Cancer David Latham	✗	✓	M	CCG	Dec-16	90.0%	85.7%	83.3%	90.0%	100.0%	100.0%	75.0%	85.7%	100.0%	100.0%		89.8%
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	Dec-16	85.0%	50.0%	90.0%	83.3%	100.0%	100.0%	90.0%	100.0%	100.0%	63.6%		84.7%
E.B.15.i-QP	Ambulance clinical quality: Category A (Red 1) 8 minute response time	Urgent Care David Latham	✓	✓	M	NWAS	Dec-16	75.0%	76.5%	74.3%	73.1%	70.5%	72.6%	69.5%	64.6%	62.8%	61.6%		69.2%
E.B.15.ii	Ambulance clinical quality: Category A (Red 2) 8 minute response time	Urgent Care David Latham	✗	✓	M	NWAS	Dec-16	75.0%	67.5%	66.3%	66.2%	62.7%	65.2%	61.7%	63.1%	60.4%	57.3%		63.2%
E.B.16	Ambulance clinical quality: Category A 19 minute transportation time	Urgent Care David Latham	✗	✗	M	NWAS	Dec-16	95.0%	92.0%	91.5%	91.5%	89.8%	91.1%	89.0%	88.2%	86.8%	85.4%		89.4%
E.B.S.1	Single Sex Accommodation Breaches	Carolyn	✗	✗	M	CCG	Dec-16	0	1	4	1	1	3	7	4	6	2		29
E.B.S.2.i	Cancelled Operations (28 day guarantee) - Quarterly	Elective Care Cath Tickle	✗	✗	Q	PAHT	Q3 - 16/17	0			17			12			12		41
E.B.S.2.ii	Cancelled Operations (28 day guarantee) - (PAHT Actual Breaches Indicative)	Elective Care Cath Tickle	✗	✗	M	PAHT	Dec-16	0	10	3	3	3	5	4	4	3	5		40
E.B.S.3	Mental Health: Care Programme Approach	Mental Health Usman Darsot	✗	✓	M	CCG	Dec-16	95.0%	81.8%	100%	100%	100%	92.9%	100%	100%	94%	100%		96.9%
E.B.S.4	Referral To Treatment: 52 week waits	Elective Care Cath Tickle	✗	✗	M	CCG	Dec-16	0	0	0	0	2	1	0	0	0	4		7
E.B.S.5	Trolley waits in A&E (12 hour waits)	Urgent Care David Latham	✗	✗	M	PAHT	Dec-16	0	20	20	31	63	6	36	129	84	86		475
E.B.S.6	Urgent operations cancelled for a second time	Elective Care Cath Tickle	✗	✗	M	PAHT	Dec-16	0	0	0	0	0	0	0	0	2	2		4
E.B.S.7.i	Ambulance handover time: delays of over 30 minutes (£200 fine per patient)	Urgent Care David Latham	✗	✗	M	PAHT	Jan-17	0	283	358	277	348	294	329	430	459	549	635	3,962
E.B.S.7.ii	Ambulance handover time: delays of over 60 minutes (£1,000 fine per patient)	Urgent Care David Latham	✗	✗	M	PAHT	Jan-17	0	127	117	137	203	87	156	260	241	335	487	2,150

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	Mag	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
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)	Nov-16	125%	130%	155%	142%	112%	166%	138%	129%	132%		1103%
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)	Dec-16	125%	127%	153%	140%	108%	163%	136%	125%	132%	114%	1197%
E.A.S.2.i	IAPT Recovery Rate (Moving to recovery) (HSCIC)	Mental Health Usman Darsot	✗	✗	✗	M	CCG (PCFT)	Nov-16	50.0%	40.79%	56.52%	50.00%	51.06%	51.52%	50.00%	51.16%	50.91%		50.00%
E.A.S.2.ii	IAPT Recovery Rate (Moving to recovery) (PCFT Monthly Indicative)	Mental Health Usman Darsot	✗	✗	✗	M	CCG (PCFT)	Dec-16	50.0%	40.96%	55.36%	43.35%	51.32%	50.31%	50.56%	50.69%	50.37%	50.25%	48.77%
	IAPT Roll-out (Prevalence) (PCFT Monthly Indicative) (Quality Premium) (Locally stretched target - 17%)	Jeff Schryer	✗	✓	✗	M	CCG	Dec-16	141%	127%	153%	140%	108%	163%	136%	125%	132%	114%	1197%
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)	Nov-16	75.0%	57.5%	58.3%	63.8%	68.0%	72.1%	76.8%	76.1%	82.8%		68.3%
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)	Dec-16	75.0%	61.2%	59.9%	67.0%	71.2%	72.6%	76.0%	79.4%	82.4%	84.3%	71.3%
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)	Nov-16	95.0%	96.3%	97.2%	97.1%	96.0%	97.1%	96.4%	100.0%	100.0%		97.4%
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)	Dec-16	95.0%	96.5%	96.7%	97.1%	96.7%	95.5%	97.1%	98.2%	99.0%	99.5%	97.2%
QP8-lp2	Increase in the number of patients with Long Term Conditions referred to IAPTS	Long Term Conditions Usman Darsot	✗	✗	✗	M	CCG	Dec-16	45	155	143	92	121	115	123	132	119	57	1057
QP8-lp2i	Increase in the number of patients with medically unexplained physical symptoms referred to IAPTS	Long Term Conditions Usman Darsot	✗	✗	✗	M	CCG	Dec-16	167	81	102	38	80	70	57	84	53	32	597
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	Dec-16	50.00%	50.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.77%
E.A.S.1-C2.1	Estimated diagnosis rate for people with dementia (indicative)	Mental Health Usman Darsot	✗	✗	✓	M	CCG	Dec-16	66.7%	79.7%	80.3%	79.9%	80.0%	80.7%	80.7%	80.3%	79.7%	79.8%	79.8%
E.B.S.3	Mental Health: Care Programme Approach	Mental Health Usman Darsot	✓	✗	✗	M	CCG	Dec-16	95.0%	81.8%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	94.4%	100.0%	96.9%

Appendix C : Recovery Trajectories

Please note that the RAG status below reflect performance against the constitutional standard rather than against the recovery trajectory.

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%	88.6%	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%	81.6%	79.6%	77.8%	79.7%			

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%	85.21%	85.02%	85.32%	85.14%	85.17%	85.07%	85.21%	85.29%
Performance (Actual) - PAHT	86.55%	90.87%	77.82%	84.83%	86.71%	87.78%	83.56%	85.93%	81.48%	88.57%	88.79%	86.25%			

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%	6.13%	0.99%	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%	5.445	7.73%	0.76%	0.73%	0.13%	0.72%			

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%	92.91%	93.06%	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%	92.03%	92.06%	92.15%	92.70%	92.30%	92.00%	92.30%			

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 - PCFT (primary)	61.0%	59.1%	67.9%	71.3%	73.0%	76.2%	80.4%	83.2%	84.3%	85.8%		
Performance - PCFT (refresh)	61.2%	59.9%	67.2%	71.2%	72.5%	76.0%	79.4%	82.4%	84.0%	TBC		
Performance (Actual) - published NHS Digital	58.0%	58.3%	63.8%	68.0%	72.1%	76.8%	76.1%	82.8%	TBC	TBC		

Appendix D : Five Year Forward View Must Do

NHS Planning Guidance - 'Must Dos' 2016/17																				
Indicator	Description	Indicator description	Workstream & Lead	Constitution Measure	F	Monitored Org	Period	Period Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD	
E.B.5-QPC4		A&E waiting time (4hr waits) (PAHT ALL)	Urgent Care David Latham	✓	M	CCG	Dec-16	95%	85.8%	86.5%	84.8%	81.6%	87.1%	84.7%	81.6%	79.6%	77.8%		83.2%	
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	Dec-16	75%	76.5%	74.3%	73.1%	70.5%	72.6%	69.5%	64.6%	62.8%	61.6%		69.2%	
E.B.15.ii		Ambulance clinical quality: Category A (Red 2) 8 minute response time	Urgent Care David Latham	✓	M	NWAS	Dec-16	75%	67.5%	66.3%	66.2%	62.7%	65.2%	61.7%	63.1%	60.4%	57.3%		63.2%	
E.B.3-QPC3	Referral to Treatment	Referral To Treatment: Incomplete patients waiting 18 weeks or later	Elective Care Cath Tickle	✓	M	CCG	Dec-16	92%	94.2%	93.6%	92.8%	92.3%	91.8%	91.4%	92.3%	92.7%	92.8%		92.7%	
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	Dec-16	85%	81.6%	91.3%	84.6%	77.1%	79.2%	91.1%	85.7%	85.7%	82.1%		84.5%	
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	Cancer David Latham	✓	M	ccg	Dec-16	96%	96.3%	100.0%	98.7%	98.3%	96.4%	97.0%	96.0%	95.5%	96.3%		97.1%	
E.B.6-QPC5		Cancer 2 week waits: GP Referral for suspected cancer	Cancer David Latham	✓	M	CCG	Dec-16	93%	93.2%	96.0%	94.5%	95.1%	93.5%	94.8%	95.6%	97.6%	94.7%		95.0%	
E.B.4		Diagnostic test waiting times (6 weeks waits)	Elective Care Cath Tickle	✓	M	CCG	Dec-16	1%	4.7%	4.0%	3.9%	6.6%	7.1%	4.7%	1.0%	1.3%	1.5%		3.9%	
		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	Dec-16	50.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		96.8%	
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)	Nov-16	75%	57.5%	58.3%	63.8%	68.0%	72.1%	76.8%	76.1%	82.8%			68.3%	
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)	Nov-16	95%	96.3%	97.2%	97.1%	96.0%	97.1%	96.4%	100.0%	100.0%			97.4%	
E.A.S.1-C2.13		Estimated diagnosis rate for people with dementia (indicative)	Mental Health Usman Darsot	✓	M	CCG	Dec-16	66.7%	79.7%	80.3%	79.9%	80.0%	80.7%	80.7%	80.3%	79.7%	79.8%		79.8%	