

Meeting: Governing Body			
Meeting Date	22 November 2017	Action	Receive
Item No.	9	Confidential	No
Title	Performance Report		
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Clinical Lead	-		

Executive 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 August 2017 (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 dashboard within Appendix A, the following are currently reported as underachieving:</p> <ul style="list-style-type: none"> • Cancer 2 week waits : GP referrals (E.B.6); • Cancer 2 week waits : Breast symptoms (E.B.7); • Cancer 31 day waits : Subsequent treatment (Surgery) (E.B.9); • Cancer 62 day waits : GP referral (E.B.12); • Cancer 62 day waits : Consultant Upgrade (E.B.14); • Referral to Treatment : 18 weeks (E.B.3); • Referral to Treatment : 52+ weeks (E.B.S.4); • Diagnostic Test waits : 6 weeks (E.B.4); • Cancelled Operations : 28 day guarantee (E.B.S.2.i); • Wheelchair Waits for Children (E.O.1); • e-Referrals Utilisation : increase proportion (E.P.1); • IAPT Rollout : increase access (E.A.3); • Mixed sex accommodation breaches (E.B.S.1); • Personal Health Budgets (E.N.1); • A&E waiting times : 4 hour waits (E.B.5-QPC4); • Trolley Waits in A&E : over 12 hours (E.B.S.5). • Ambulance Handover > 30 minutes (E.B.S.7.i); and • Ambulance Handover > 60 minutes (E.B.S.7.ii); <p>For each indicator that has not achieved the required standard, a summary position has been</p>

provided, which includes actions being undertaken either regionally or locally to address concerns.

Recommendations

It is recommended that the Governing Body:

- Receives the performance report; and
- Notes the updates provided.

Links to CCG Strategic Objectives

To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF [<i>Insert Risk Number and Detail Here</i>]	

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Where risks are referred to in the report, these are managed through the CCG's risk management procedures.

Governance and Reporting

Meeting	Date	Outcome
Quality and Performance Committee	08/11/2017	Recommended the report for consideration by the Governing Body

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:

- NHS Constitution;
- Joint Technical Definitions for Performance and Activity 2017-18 – 2018-19; and
- CCG Improvement Assessment Framework (IAF).

1.2 The report presents the CCG's position for August 2017 (current published data), whilst also reflecting the cumulative year-to-date or quarterly position, as appropriate. However, due to publication timescales for certain indicators, some data within this report relates to the previous month.

1.3 Where available, recovery trajectories are also included in the report.

1.4 In terms of the CCG IAF, a summary will be provided on a quarterly basis in line with publication of performance against this framework.

2.0 Background

2.1 The dashboard presented at Appendix A reflects the performance requirement for 2017-18 of both the NHS Constitution and the Operational Planning and Contracting Guidance that supports the Five Year Forward View.

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 October 2017 (July 2017 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);
- Urgent operations cancelled for a second time (E.B.S.6);
- Proportion of routine Eating Disorder cases seen within 4 weeks (E.H.10); and
- Mental Health: Care Programme Approach (E.B.S.3).

3.2 Achievement at 100% is reported in July for the following indicators where performance is noted to have been below this in one or more months of the current financial year:

- Cancer 31 day waits: Subsequent cancer treatment – radiotherapy (E.B.11); and
- Cancer 62 day waits: Screening referral (E.B.13).

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

National Updates

- 3.4 National guidance has been reviewed to ensure that any amended or new performance measures are reflected within the CCG's monitoring and reporting processes.
- 3.5 In the previous report, an outline of the Ambulance Response Programme (ARP) was provided and this went live across the North West on 7 August 2017 as part of the programme's phase 2 pilot. This followed an 18 month period where the programme was operated in pilot-mode in several English regions. ARP will be rolled-out to other regions over the coming weeks and months with the aim that implementation is complete in time for winter 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 is 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 Pennine Acute Hospitals NHS Trust (PAHT), can be seen at Appendix B. In 2017-18 this relates to A&E performance and is broken down by hospital site.
- 3.8 Representatives from NHS Bury CCG and PAHT were invited to London in September to meet with the Health Secretary to discuss the performance challenges currently faced. Representatives from Stockport and Bolton were also present and a verbal update of the outcome of this meeting was provided during September's Governing Body meeting.
- 3.9 In line with the CCG assurance process, Locality Assurance meetings with Greater Manchester Health and Social Care Partnership (GMH&SCP) take place for quarters 2 and 4 for all CCGs. The quarter 2 assurance visit for the CCG is scheduled for 15th November.
- 3.10 Within the CCG, work has commenced with each clinical workstream to agree which performance metrics should be reported into their regular meetings. This is joint work between the clinical workstreams and the Performance and Business Intelligence teams and will continue to develop over the coming weeks and months.
- 3.11 Some rationalisation of performance dashboards has taken place and, as a result, a combined NHS Constitution and 'Must Do' dashboard will be presented in the performance report on a monthly basis in 2017-18. The summary of the latest performance against the CCG Improvement Assessment Framework indicators will be presented on a quarterly basis.
- 3.12 The dashboard has also been updated to provide either a cumulative Year to Date (YTD) or a quarterly position as appropriate for an individual indicator.

Performance Dashboard

- 3.13 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 either a YTD or a quarterly summary.

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

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

Elective Care Performance Measures

3.15 Areas of underachievement against Elective Care measures are outlined in the sections below.

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

3.16 NHS Bury CCG under-performed against the RTT standard in August 2017 with 91.3% against the 92% target, as shown below:

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	Q1 17-18	Q2 17-18 J/A
E.B.3-QPC3	Aug-17	92.0%	92.4%	91.9%	91.3%	92.0%	91.6%

3.17 PAHT also under achieved in August with 89.9% performance noted at a trust level and 90.8% for Bury patients. This is 1% lower than the July position.

3.18 At PAHT, pressure is noted in specialty areas outlined in the table below.

3.19 A revised format for presenting specialty level recovery trajectories was shared at the July ECTG (Elective Care Tactical Group) and where subsequent specialty level plans have been shared with the CCG, these are referenced below:

Specialty	Update
Trauma & Orthopaedics (T&O)	A recovery trajectory has been shared with the CCG which shows the constitutional standard being achieved by December 2017. Plans include validation of existing backlog lists and reassignment of lists to ensure even spread across clinical caseloads.
General Surgery & Colorectal	Capacity problems due mainly to workforce issues. Consultant job descriptions awaiting final sign-off prior to being advertised. Some additional internal lists have been secured and clinical review of cases has taken place. PAHT finalising agreements with BMI and SRFT re additional capacity for clinically urgent cases.
Urology	Currently utilising one Locum plus ad-hoc sessions and waiting list

	initiatives to create additional capacity. PAHT reports future recovery and compliance requires retention of existing Locum as well as the recruitment of two substantive Consultants (over and above establishment) for which a business case will be submitted. Rochdale 23 hour unit continues to be used for Urology day cases. Recovery expected by Quarter 2 2018-19.
Paediatric ENT	Reported to be a nationwide issue. A recovery plan and trajectory have been provided which show the backlog starting to reduce by December 2017. Confirmation of expected recovery against the 92% standard is awaited. Micro-management continues to reduce the risk of 52 week breaches.
Gynaecology	Verbal assurance that compliance is expected by Q4 2017-18. Gaps in workforce continue and an update is due to be provided at the next ECTG.
Gastroenterology	Some workforce issues exist and validation of lists continues to maximise capacity.
Pain	PAHT has now adopted the EUR policy and has reduced injection frequency from 6 to 10 months. Sub-contract with In-health PMS in place and first weekend list was undertaken in late September with more planned in October.

- 3.20 Despite receiving some recovery plans from PAHT, further plans and trajectories are awaited for key specialities including colorectal and general surgery, gastroenterology, urology and gynaecology.
- 3.21 In view of concerns around the provision of tangible plans and trajectories, the North East Sector CCGs have sent a formal Letter of Concern seeking assurance to the PAHT Chief Delivery Officer and this was discussed at the October Director level Contract Management Board. At the meeting PAHT committed to set out specialty level capacity and demand modelling which is required to move towards achievement of the constitutional standard and a deadline of 15th November was agreed for this to be shared.
- 3.22 Moving into September, provisional data shows further under-performance of 91.3% for the CCG and 90.8% at PAHT for Bury patients. On a monthly basis, the CCG submits a prediction for RTT performance and based on the current intelligence, slight under-performance has been predicted for September through to December.
- 3.23 Outside of PAHT, most breaches for Bury patients are seen at the University Hospital of South Manchester NHS Foundation Trust (UHSM) where there were 19 breaches for Cardiology in August and 35 for Plastic Surgery. Recovery against the constitutional standard was expected by October 2017 at UHSM.
- 3.24 August also saw slight under-performance for Bury patients at Salford Royal NHS Foundation Trust (SRFT) with performance at 91.4%. In line with previous months, most breaches are for T&O though demand was lower overall in August when compared to July, thus resulting in the slight under-performance.
- **Referral to Treatment (RTT): Incomplete Patients Waiting >52 Weeks (E.B.S.4)**
- 3.25 There were three breaches against this standard during August 2017 for NHS Bury CCG. This takes the number of breaches for 2017-18 to 12, affecting 7 individual patients:

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	YTD
E.B.S.4	Aug-17	0	2	3	3	12

- 3.26 Two of the breaches seen in August are carried forward from the previous month, one for plastic surgery at UHSM and one for Urology at Bolton FT.
- 3.27 The new breach relates to the on-going issues at UHSM in plastic surgery. As reported previously, a meeting was held in late September between Manchester CCG, UHSM and NHS Improvement where the long waits seen in plastic surgery was one of the issues discussed. This highlighted an issue where some patients had been incorrectly added to an RTT pathway. This has been rectified for new patients added to the waiting list and will reduce the likelihood of breaches in the future.
- 3.28 In terms of the Bolton FT breach, a Root Cause Analysis took place in July which highlighted the main reasons for the breach and also confirmed that no additional harm was caused to the patient as a result of the extended wait.
- 3.29 Although there were no breaches at PAHT for Bury patients in August, the trust reports an on-going risk of 52 week breaches, particularly in Gastroenterology and Colorectal specialties. At the time of this report, there were 11 patients at risk in September and 8 for October across all CCGs.

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

- 3.30 Performance of 2.3% is noted for the CCG in August, as shown below:

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	Q1 17-18	Q2 17-18 J/A
E.B.4	Aug-17	1.0%	2.1%	2.1%	2.3%	1.5%	2.2%

- 3.31 PAHT also underachieved in August with 2.5% performance noted against the 1% target at a trust level and 2.2% for Bury patients.
- 3.32 Capacity issues in Endoscopy continue, however through the use of additional Waiting List Initiatives, endoscopy performance is expected to achieve the constitutional standard by November 2017. Breaches were also seen in Sleep Studies during August due to staffing issues though this is now resolved.
- 3.33 An intention by PAHT to suspend Colposcopy services at Rochdale Infirmary became apparent during September. Concern about this, particularly in relation to the Cervical Screening Programme, has been raised by the Greater Manchester Health and Social Care Partnership (GMH&SCP) and shared with CCGs. The service suspension has apparently been driven by a change in Consultant workforce, the quality of the Rochdale facilities and a lack of nursing and administrative support.
- 3.34 Breach information for August at PAHT for the CCG is shown below:

Breach Information at PAHT for Bury patients – August 2017		
Provider	No of Breaches	Test Type – NHS Bury CCG
PAHT	55 (Bury)	18 x colonoscopy
		18 x gastroscopy
		13 Sleep Studies
		6 x flexi-sigmoidoscopy

- 3.35 Aside from PAHT, Central Manchester University Hospitals NHS Foundation Trust (CMFT) and SRFT are the main providers affecting the CCG's performance.
- 3.36 CMFT performance, at 3.9% for Bury patients, is similar to that seen in July with 9 breaches noted. CMFT recovery to the constitutional standard is expected to be achieved by October 2017.
- 3.37 Performance at SRFT for Bury patients was also 3.9% in August and this is the result of 14 breaches, increasing from 7 breaches in July.
- 3.38 A breakdown of the breaches at CMFT and SRFT in August for Bury patients is shown below:

Breach Information at CMFT & SRFT for Bury Patients – August 2017	
CMFT Breaches NHS Bury CCG	SRFT Breaches NHS Bury CCG
3 x MRI	5 x MRI
2 x non-obstetric ultrasound	3 x echocardiography
2 x colonoscopy	2 x urodynamics
2 x gastroscopy	4 x others
Total: 9	Total: 14

- 3.39 The CCG has also become aware of an issue at UHSM with regard to diagnostic performance affecting mainly MRI scans and non-obstetric ultrasounds (NOUS) in July, August and September. The impact to Bury patients has been minimal with one MRI breach noted in August. At a trust level, UHSM expects full recovery by the end of October for MRI and by the end of November for NOUS. Further information is awaited to clarify whether any breaches in October and November relate to Bury patients.
- 3.40 Moving into September, provisional data shows performance at a similar level to August with 2.4% predicted at a CCG level. As per recent months, it is primarily breaches at PAHT that have resulted in under-performance against the constitutional standard. However, it is anticipated that the constitutional standard will be achieved at PAHT at an aggregate level from October 2017 onwards.
- 3.41 PAHT is also working towards increasing the in-house capacity and to completing the JAG re-accreditation process, recognising that waiting times need to be addressed before accreditation will be granted. It has now been confirmed that it will be at least July 2018 before JAG accreditation is re-awarded to the trust.
- 3.42 Of note, additional JAG guidance has been issued to all providers to ensure the correct level of support is offered whilst increased demand for endoscopic procedures is evident.

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

3.43 There were 17 breaches at PAHT in August against the zero target, as shown below:

Indicator	Period	Period Target	Jun-17 <i>Indicative</i>	Jul-17 <i>Indicative</i>	Aug-17 <i>Indicative</i>	Q1 2017-18 <i>Published</i>	Q2 2017-18 <i>July/Aug</i>
E.B.S.2.i / ii	Aug-17	0	20	13	17	26	30

3.44 Of the 17 breaches reported for August, 7 related to the multi-lateral contract whilst two of these related to Bury patients. Both Bury patient breaches were for General Surgery with one patient then treated in late August and the second treated in early October following a second cancellation.

3.45 As noted in the previous report, a concern around operations being cancelled on multiple occasions for individual patients has been raised with PAHT. A response to this is awaited and this is being followed up with the trust's Director of Governance.

- **Wheelchair 18 Week Waits for Children (E.O.1)**

3.46 Confirmed performance for Quarter 2 against the 92% target is 89.7%.

Indicator	Period	Period Target	Q1 17-18	Q2 17-18
E.O.1	Q1 2017-18	92%	71%	89.7%

3.47 Pennine Care NHS Foundation Trust (PCFT) has confirmed that all children referred are now being assessed within three weeks of referral, thus making it more likely that equipment will be provided within the 18 week target.

3.48 Additional assurance has been provided by PCFT with regard to how children and their families are supported whilst awaiting equipment provision. This support includes the ability to signpost children to local organisations that can provide short-term loans. Also, in the case of a child who is completely immobile, there is a small stock of short term chairs that can be loaned whilst awaiting further assessment or new equipment or where the immobility will be short term such as in the case of a fracture.

3.49 A meeting took place in October between the CCG and PCFT with regard to regular reporting requirements. Following this, a further meeting will take place to develop an action plan to address and prioritise requirements to firstly enable the CCG to be able to monitor progress against the 18 week standard for children but also to monitor performance against the key performance indicators outlined in the service specification.

3.50 The CCG recognises the hard work of the service to reduce waiting times to their current level.

- **E-Referrals: Increase in the proportion of GP electronic referrals (E.P.1)**

3.51 The target for 2017-18 for this standard is to achieve 80% by September 2017. The expectation is that this will be followed by a gradual month on month improvement until 100% is then achieved by September 2018.

3.52 Slightly improved performance of 78% is noted in August for NHS Bury CCG, as shown below:

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17
E.P.1	Aug-17	80%	80%	75%	78%

3.53 The utilisation level is closely linked to the increase and decrease in Appointment Slot Issues and performance below standard can be expected when capacity issues are experienced by acute providers.

3.54 PAHT now has a dedicated project team in place to oversee the transition to full e-Referral Service usage for referrals to Consultant-led services within acute clinics.

Cancer Performance Measures

3.55 August has seen achievement for NHS Bury CCG against 4 of the 9 constitutional measures. Of particular note, 100% performance is noted against the 31 day standards for anti-cancer drug regimens and radiotherapy and against the 62 day wait screening standard.

3.56 As referenced in the previous report, PAHT representatives are scheduled to attend the October Cancer workstream meeting with the CCG where performance, particularly against the 2 week wait and 62 day wait standards, form key agenda items.

3.57 Each area of under-performance noted in August is considered in the paragraphs below.

- **Cancer 2 week waits : GP referral for suspected cancer (E.B.6)**

3.58 NHS Bury CCG achieved 84% against the 93% target in August, with both demand and breaches higher than the previous month.

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	Q1 17-18	Q2 17-18 (J/A)
E.B.6	Aug-17	93.0%	89.3%	89.9%	84.0%	91.2%	86.8%

3.59 There were 104 breaches in August, broken down as follows:

Breach Information for Bury Patients – August 2017			
Provider	No of Breaches	Tumour Site	Breach Reason
PAHT	95	92 x lower GI	89 x capacity 2 x cancelled by provider 1 x patient delay
		1 x gynaecology	1 x patient delay
		2 x upper GI	2 x patient delay (ill)
Salford Royal	6	1 x sarcoma	1 x capacity
		5 x skin	5 x patient delay

Bolton FT	3	3 x breast	2 x patient delay 1 x cancelled by provider
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3.60 In line with recent months, most breaches relate to capacity issues in Lower GI at PAHT where performance in August was also below standard at 82.6% across all tumor groups. Due to the breaches noted, there is a strong likelihood that Quarter 2 will fail and Quarter 3 is at risk if significant breaches carry forward from September.

3.61 At a PAHT level, there were 345 Lower GI breaches in August, resulting in performance of 38.5% for that specific tumor group. For PAHT to manage the backlog and new demand, it is felt that 300 additional slots per week are required with a current gap of 4 whole time equivalent Consultants.

3.62 At an aggregate level, PAHT expects performance to have returned to the constitutional standard by the end of Quarter 1 2018-19. It is anticipated that performance for lung, urology and gynaecology specialties will have recovered by the end of Quarter 4 2017-18.

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

3.63 Underachievement was noted against this target during August with performance at 72.9% against the target of 93%, as shown below:

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	Q1 17-18	Q2 17-18 J/A
E.B.8	Aug-17	93.0%	85.2%	81.6%	72.9%	87.8%	76.3%

3.64 Although demand of 59 is higher than that seen in July, it is line with previous months. There were 16 breaches in August, 15 of which occurred at Bolton FT, as shown below:

Breach Information for Bury Patients – August 2017		
Provider	No of Breaches	Breach Reason
Bolton FT	15	14 x capacity 1 x patient delay
PAHT	1	1 x patient delay

3.65 Bolton FT has confirmed that two Consultant vacancies have now been recruited to. However, one of these will now be back-filled by locum cover due to a period of maternity leave. Once the locum post is recruited to, the capacity issues are expected to improve.

3.66 PAHT has also confirmed that they do not have capacity to accept new or re-directed referrals at this time.

3.67 As per previous months, PAHT achieved the standard in August with performance at 98.3% at a trust level and 97.3% for Bury patients, with one breach noted. This should contribute to a positive Quarter 2 for PAHT.

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

3.68 Underachievement for NHS Bury CCG against this standard was noted in August with performance at 93.3% against the 94% target, as shown below:

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	Q1 17-18	Q2 17-18 J/A
E.B.9	Aug-17	94.0%	93.8%	100%	93.3%	95.5%	96.8%

3.69 The under-performance in August is the result of a single breach at Salford Royal FT where the breach reason was 'administrative delay'.

3.70 PAHT achieved the standard in August with performance at 95.5% at a trust level and 100% noted for Bury patients.

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

3.71 Under-performance is noted in August for the CCG, with 78.5% achievement against the 85% target.

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	Q1 17-18	Q2 17-18 J/A
E.B.12	Aug-17	85.0%	76.2%	75.6%	78.5%	79.8%	77.3%

3.72 Breaches increased from 11 in July to 14 in August and these are summarised below:

Breach Information for Bury Patients – August 2017			
Provider	No of Breaches	Tumour Site	Breach Reason
PAHT	10	2 x urology	2 x late referral
		2 x upper gastro	2 x late referral
		2 x lung	2 x late referral
		2 x gynaecology	1 x late referral 1 x hospital delay
		2 x lower gastro	2 x late referral
SRFT	2	2 x skin	1 x complex patient 1 x capacity
Bolton FT	2	1 x breast	1 x complex patient
		1 x head & neck	1 x capacity

3.73 Although PAHT performance has shown some improvement in August, this remains below the constitutional standard with 83.8% noted at both a trust level and for Bury patients. Provisional data available for September shows continued under-performance at 77.1% and Quarter 2 is also therefore expected to fail. Breaches taken into Quarter 3 will also place that period at risk.

3.74 At the time of this report, cancer specialty trajectories and recovery plans are awaited from PAHT though it is acknowledged that improvements to cancer performance may impact on RTT recovery.

3.75 Some of the current and planned actions reported by PAHT to support recovery against this standard include:

- Senior Manager-led cancer performance meetings;;
- Recruitment to surgical vacancies (locums initially);
- Increase in Clinical Nurse Specialist capacity;
- Triage / straight to scope for colorectal referrals;
- Key pathways review and redesign (lung & urology);
- Recruitment to additional trackers/MDT co-ordinators (potential NHS investment);
- Waiting time trajectories to be shared.

3.76 The PAHT Cancer Services Manager has also confirmed that the trust is working closely with the Cancer Network and other GM sites and it is acknowledged that the 62 day standard is presenting a challenge across the region. Such contact has confirmed that there is no spare capacity across GM for diagnostics.

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

3.77 NHS Bury CCG performance was improved in August with 83.3% noted against the 85% target, as shown below:

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	Q1 17-18	Q2 17-18 J/A
E.B.14	Aug-17	85.0%	66.7%	75.0%	83.3%	76.9%	80.0%

3.78 Under-performance in August was the result of a single breach at PAHT in Upper GI.

3.79 PAHT, however, achieved the required standard with performance at 97% in August at a trust level and 85.7% for Bury patients. With achievement also expected in September, PAHT anticipates performance in excess of 85% for Quarter 2.

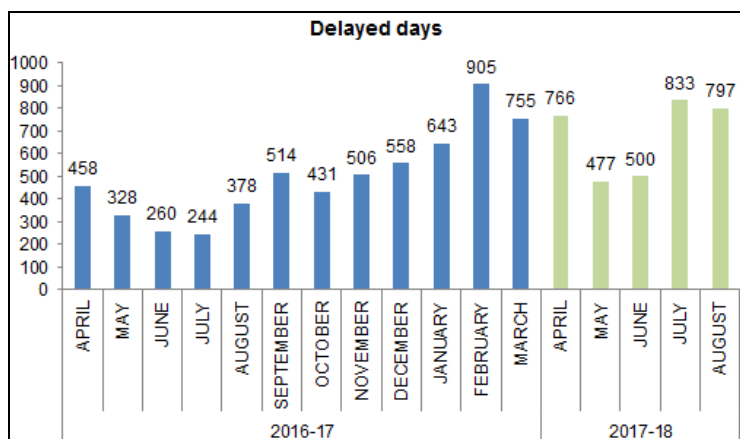
Urgent Care Performance Measures

3.80 In addition to exception reporting against key urgent care constitutional standards, this month's report also considers the current position around Delayed Transfers of Care, as outlined in the section below.

- **Delayed Transfers of Care (DToC)**

3.81 DToC days are monitored across the Bury Local Authority (LA) footprint and relate to delays seen at all providers.

3.82 In summary, there were 797 bed days lost due to delays in August 2017 for Bury patients. This is a slight increase on the July 2017 position though is significantly higher than the 378 days noted for August 2016:



3.83 DToC instances can be attributed to the NHS, Social Care or to both. The August breakdown indicates that 51.2% of the August delays were attributable to the NHS, as shown below:

Delay Attributed to	No of Bed Days
NHS	408
Social Care	389
Both	0
Total	797

3.84 A reason is assigned to each delay and the break-down for August is shown below:

Reason for Delay – August 2017	No of Bed Days
A) Completion of Assessment	121
B) Public Funding	42
C) Awaiting further NHS non-acute care	108
Di) Awaiting residential home placement or availability	22
Dii) Awaiting nursing home placement or availability	112
E) Awaiting care package in own home	188
F) Awaiting community equipment and adaptations	32
G) Patient or family choice	167
H) Disputes	5
I) Housing	0
Total	797

3.85 Most delays for Bury patients occur at PAHT where the 471 delay days seen in August equate to 59% of the total for the month. The breakdown by provider is shown in the table below:

Provider Site – August 2017	No of Bed Days
PAHT	471
PCFT	209
SRFT	96
UHSM	9
Bolton FT	2
Wrightington, Wigan & Leigh	1
Non GM	9
Total	797

- 3.86 Of note, PAHT implemented a new Patient Flow Tracker system during September and will be developing snapshot reports for DToC that can be shared with CCGs. Once developed, it should be possible to link the days delayed to individual patients at each hospital site.
- 3.87 Although a full breakdown by site is not yet available, it is known that most delayed transfers of care for Bury patients occur at the North Manchester General Hospital (NMGH) site and the Local Authority is reviewing this.
- 3.88 In terms of trust level performance, the following table shows the proportion of delayed days per occupied bed across Greater Manchester provider sites and is ordered by the performance noted for August:

DToC: Delayed Days per Occupied Bed			
Trust	Jun-17	Jul-17	Aug-17
Wrightington, Wigan & Leigh	1.4%	2.0%	1.0%
Central Manchester	3.3%	2.8%	3.3%
Bolton	5.6%	4.4%	4.1%
Pennine Acute	2.7%	3.3%	4.3%
Salford Royal	4.2%	3.4%	4.4%
Tameside	4.6%	3.9%	4.8%
Stockport (Stepping Hill)	4.9%	4.7%	6.2%
UHSM (Wythenshawe)	8.2%	8.5%	8.4%
Greater Manchester	3.8%	3.7%	4.2%

Data taken from Urgent Care Dashboard – GM (GM-Assurance) rec 18/10/2017

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

- 3.89 PAHT underachieved against the constitutional standard of 95% in August 2017 with performance reported at 85% across all PAHT hospital sites yet performance specific to Fairfield General Hospital reported significantly above this at 90.8%, as shown in the tables below:

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	Q1 17-18	Q2 17-18 J/A
E.B.5-QPC4	Aug-17	95.0%	83.5%	84.5%	85.0%	83.7%	84.7%

- 3.90 For 2017-18, PAHT has agreed an improvement trajectory that includes targets for PAHT and for each site. The table below shows the breakdown by PAHT site for Quarters 1&2 2017-18 against the STP trajectory, along with a YTD comparison between 2016-17 and 2017-18. The full year improvement trajectory can be seen at Appendix B.
- 3.91 Provisional data for September is included below to provide a Quarter 2 position, along with provisional data for October. The YTD data below reflects the position to the end of October:

2017-18 : A&E Performance Against STP Trajectory and Comparison with 2016-17						
PAHT STP Trajectory	Q1 2017-18	Q2 2017-18	Oct-17	Nov-17	YTD 2017-18	YTD 2016-17
Pennine Acute Hospitals Trust (PAHT)						
Perf (Trajectory)	81.1%	85.9%	88.9%	89.5%		
Perf (Actual)	83.7%	84.8%	86.7%		84.62%	84.56%
Attendances	81,450	81,801	28,855		192,106	185,685
Breaches	13,299	12,401	3,839		29,539	28,672
Fairfield General Hospital (FGH)						
Perf (Trajectory)	84.5%	88.7%	90.5%	90.9%		
Perf (Actual)	87.2%	92.0%	93.6%		90.20%	84.29%
Attendances	17,445	17,693	5,998		41,136	38,582
Breaches	2,231	1,412	387		4,030	6,063
North Manchester General Hospital (NMGH)						
Perf (Trajectory)	74.9%	77.3%	80.6%	82.4%		
Perf (Actual)	76.4%	79.2%	80.2%		78.2%	77.33%
Attendances	25,042	25,097	9,125		59,264	56,946
Breaches	5,915	5,222	1,808		12,945	12,908
Rochdale Infirmary (RI)						
Perf (Trajectory)	95.8%	96.6%	97.2%	97.5%		
Perf (Actual)	96.2%	96.6%	98.3%		96.7%	97.24%
Attendances	12,969	12,510	4,276		29,755	29,256
Breaches	498	423	71		992	807
Royal Oldham Hospital						
Perf (Trajectory)	77.4%	87.0%	92.0%	92.0%		
Perf (Actual)	82.1%	79.8%	83.4%		81.3%	85.40%
Attendances	25,994	26,501	9,456		61,951	60,901
Breaches	4,655	5,344	1,573		11,572	8,894

3.92 The table below shows the comparison between PAHT and other acute trusts across Greater Manchester where aggregated figures are shown for each quarter in 2017-18. Provisional data is used where available and the trusts are ordered by their Quarter 3 performance (October only):

Financial Year: 2017-18 (includes unvalidated data)				
Trust	Q1	Q2	Q3 (to 30 th Oct)	Q4
Tameside	85.6%	93.4%	92.6%	
Central Manchester	93.6%	93.3%	90.0%	
UHSM (Wythenshawe)	92.4%	89.1%	88.1%	
Wrightington, Wigan & Leigh	89.6%	86.1%	87.8%	
Bolton	84.6%	82.6%	87.6%	
Salford Royal	85.2%	91.3%	87.1%	
Pennine Acute	83.7%	84.8%	86.7%	
Stockport (Stepping Hill)	85.8%	80.0%	86.2%	
Greater Manchester	89.2%	89.5%	88.2%	

Data taken from Urgent Care Dashboard – GM (GM-Assurance) rec 31/10/2017

3.93 NHS Bury CCG continues to work with PAHT, as part of the 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.

3.94 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.

3.95 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.

3.96 A GM policy covering Family Choice, Trusted Assessor and Discharge to Assess was approved by the Health and Social Care Partnership at the end of July 2017. This will enable a uniform offer across all 8 acute sites and should support patients moving onto the next stage of their recovery. A local implementation plan is currently being developed though it is acknowledged that there is a regulatory requirement for the Care Quality Commission (CQC) to assess nursing homes in relation to achieving Trusted Assessor status.

3.97 The public consultation in relation to the future configuration of urgent care services in Bury is currently paused. Following recent receipt of national guidance on Urgent Care Treatment Centres, the Greater Manchester Health and Social Care Partnership is now considering the appropriate composition of urgent care services across GM. The GM model will provide an opportunity for the CCG to work with all local partners to develop an appropriate urgent care solution for Bury.

- **Ambulance Measures**

3.98 As outlined in paragraph 3.5 of this report, the national Ambulance Response Programme (ARP) was implemented in the North West on 7th August, following an 18 month pilot.

3.99 A letter relating to the intended contract variation was sent by NHS England to CCGs in September outlining an intention to be able to report against the new standards by the end of November 2017. The letter also states that the sanctions relating to the previous ambulance standards will no longer apply, with a view to introducing new sanctions from 1 April 2018.

3.100 Further guidance is awaited from NHS England with regard to the impact of the ARP on the Quality Premium for 2017-18.

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

3.101 The Ambulance Handover figures are reported from a PAHT perspective. There were 345 handover delays in this category reported in August 2017. This represents 5.1% of total attendances for this month at PAHT and is a slight improvement from the July position.

3.102 The 345 handover delays are broken down as 39 at FGH, 158 at Royal Oldham and 148 at NMGH. This represents a decrease at both Royal Oldham and NMGH in August and a small increase of two delays at FGH. These figures are also displayed in the table in the section below along with the handover delays that are greater than 60 minutes.

3.103 Provisional data available for September 2017 shows the delay figure increasing again to 476 delays, representing the highest figure seen in 2017-18.

3.104 Across Greater Manchester, the average handover time during August has increased to 33:01. This is 01:20 slower than the previous month though remains significantly below the high of 40 minutes noted in January.

3.105 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. It is unclear at this stage what potential impact the ARP may have on reducing ambulance handover times though this will continue to be monitored closely.

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	YTD 17-18
E.B.S.7.i	Aug-17	0	339	413	345	1809

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

3.106 There were 126 delayed handovers (PAHT level) of greater than 60 minutes during August 2017, which represents 1.9% of total handovers at PAHT in the month.

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	YTD 17-18
E.B.S.7.ii	Aug-17	0	115	223	126	815

3.107 Early data available for September 2017 shows an increase in such handover delays at 126 for the month.

3.108 A summary of performance levels across the PAHT hospital sites for the ambulance handover measures is included below. PAHT performance is favourable when compared to GM figures for August though variation between PAHT sites continues.

3.109 Of note, however, performance at Royal Oldham for handover delays has seen improvement in August. Additionally, the average length of handover delay for at Oldham has reduced from 36:33 in July to 31:22 in August.

Handover Statistics – August 2017					
Hospital Site	Handover Delays (30-60 mins)	% of total attendances at site	Handover Delays (>60 mins)	% of total handovers at site	Average Total Handover Delay
Fairfield	39	1.9%	3	0.1%	27:45
NMGH	148	6.9%	87	4.1%	33:04
Royal Oldham	158	6.1%	36	1.4%	31:22
PAHT Total	345	5.1%	126	1.9%	
GM Total	1657	6.8%	623	2.6%	33:01

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

3.110 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). 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.

3.111 There were 3 trolley waits that exceeded 12 hours at PAHT in August against the zero target and takes the year to date figure to 75, as shown below:

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	YTD 17-18
E.B.S.5	Aug-17	0	1	22	3	75

3.112 None of the 3 breaches seen in August related to Bury patients and PAHT reports the breaches are attributable to pressures in urgent care.

3.113 The current level of underperformance against this indicator is included on the CCG's Corporate Risk Register and a review of the future management of this risk is underway.

3.114 Patient safety and experience is being monitored through the Care Quality Commission's standards framework.

Maternity and Childrens Performance Measures

- **CYP Mental Health Access Rate: Increase to 30% (E.H.9)**

3.115 Data for this measure will flow through the Mental Health Services Data Set (MHSDS) on a quarterly basis and is currently awaited for Quarter 1. A request has been submitted to PCFT via the Data Quality Contract sub-group to obtain indicative data on a monthly basis to support local monitoring against this measure. Confirmation of progress and outcome is awaited.

3.116 The target is to increase access to mental health services for Children and Young People (CYP) to 30% by the end of 2017-18. This position increases year on year so that by 2020-21, 35% of CYP with a diagnosable mental health condition are treated by NHS funded community services.

3.117 Within Bury it is felt that most of the increased access will follow the implementation of the CYP Mental Health Local Transformation Plan (LTP) which will see a Transition Team in place to provide services for 16-18 year old children. Additionally, the LTP will see enhancement to the Link Working provision and an Enhanced Bereavement service. Again, once implemented these will contribute to an improved access rate.

3.118 It is also acknowledged that the input of 3rd sector service providers will be required.

3.119 The CCG's Maternity and Children's workstream has confirmed that once the Transition Team and enhanced services are in place, an improvement trajectory can be agreed with PCFT that sees the access rate increase.

Mental Health Performance Indicators

3.120 Performance against non-Improving Access to Psychological Therapies (IAPT) mental health indicators has remained positive in August with achievement noted against the Dementia diagnosis rates measures and continued 100% performance against the Care Programme Approach (7 day follow-up) measure.

3.121 However, although the Early Intervention in Psychosis measure was achieved in August, this is at the threshold of 50% with four breaches noted and is the lowest level seen in the current financial year. The PCFT contract performance report attributes this to higher caseload numbers due to increased referrals and assessments and also to patient DNAs. A new team member has been recruited who is due to commence in early November.

- **IAPT Indicators**

3.122 As IAPT data is published later by NHS Digital than for other speciality areas, this section relates to published data for July 2017. Indicative data provided by PCFT for August and September is also included in the narrative to demonstrate the most up to date position.

3.123 All four IAPT measures were achieved in July and indicative data from PCFT suggests that the recovery target and the 6 and 18 week wait targets were also met in August.

3.124 The IAPT Prevalence standard is considered further below:

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

3.125 Further guidance received from NHS England has clarified that the CCG's target for 2017-18 is to achieve 4.2% in Quarter 4 and 16.8% by the end of the financial year. Locally, there is an expectation that 4.2% is achieved each quarter and 1.4% each month.

3.126 In July 2017, the CCG achieved 1.49% against the 1.4% target, with 400 individuals entering treatment. To achieve the 1.4% monthly target, 376 individuals need to enter treatment.

Indicator	Period	Period Target	May-17	Jun-17	Jul-17	Q1 17-18	Q2 17-18 (July)	YTD 17-18
E.A.3.i	Jul-17	1.4% (M) 4.2% (Q) 16.8% (A)	1.68%	1.38%	1.49%	4.49%	1.49%	4.49%

3.127 With indicative performance of 1.3% for August and 1.5% for September, the predicted Quarter 2 out-turn is 4.3% against the 4.2% target.

3.128 There are plans to strengthen the service provision to ensure that the target of 25% by 2020-21 can be achieved. Discussions continue between the CCG and PCFT around progressing these plans.

Quality Performance Measures

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

3.129 There were 4 breaches reported in August 2017 for Bury patients, 3 of which relate to PAHT and one at PCFT. Two of the PAHT breaches occurred at the North Manchester site with the third reported at the Fairfield site.

Indicator	Period	Period Target	Jun-17	Jul-17	Aug-17	YTD 17-18
E.B.S.1	Aug-17	0	10	11	4	41

3.130 At a PAHT level, there were 10 breaches reported for the same period.

3.131 Following agreement at the PAHT Improvement Board, the trust has resubmitted Mixed Sex Accommodation (MSA) breach numbers for April to July 2017. The revised figures are the result of PAHT previously including coronary care unit figures within the return and a review of the guidance has confirmed that these should not be included.

3.132 The revised PAHT MSA policy has been shared with the CCG Quality Leads.

3.133 The revised PAHT figures will be published on the NHS England Statistics website in December 2017. The table below shows a summary of the revised figures along with those previously submitted:

PAHT Mixed Sex Accommodation Breaches – 2017-18							
April Submitted	April Revised	May Submitted	May Revised	June Submitted	June Revised	July Submitted	July Revised
39	17	53	2	43	6	26	17

3.134 Once the PAHT revised data is published in December, the CCG's dashboard will also be updated to reflect the updated position.

3.135 With regard to PCFT mental health services, work is underway to ensure that MSA reporting is robust as there are concerns that there is inconsistency across the five boroughs. This includes the provision of new guidance to operational staff and, following input from an external consultant, the development of a paper for September's Trust Board that addresses the provision of gender specific services. An update from the PCFT Board meeting will be provided once it becomes available.

- **Personal Health Budgets (E.N.1)**

3.136 There were no new Personal Health Budgets (PHB) put in place for Bury patients in August. The target is for there to be 100 PHBs in place by the end of 2017-18 to achieve a rate of between 40 and 55 per 100,000 of population.

3.137 The interim figure remains at 59, taking account of the 57 PHBs in place at the end of 2016-17.

3.138 As the published quarterly rate becomes available via the Improvement Assessment Framework, this will be reported to the Quality and Performance Committee and the Governing Body in the following format:

Indicator	Period	Period Target	Q4 2016-17	Q1 2017-18
E.N.1.	2017-18	40-55	28.4	TBC

3.139 The table below shows the position at the end of August in terms of the number of PHBs in place. The CCG does have confidence in achieving the 2017-18 target and is actively investigating schemes to enable this to happen.

3.140 The CCG is awaiting the Mersey Internal Audit Agency audit results into the CCG effectiveness of implementing PHBs. The recommendations from the audit will form the discussions at SMT that will influence future provision.

New PHBs – NHS Bury CCG						
Indicator	Period	Period Target	2016-17	Q1 2017-18	Q2 2017-18 Jul/Aug	YTD 2017-18
E.N.1.i	Aug-17	4	57	1	1	59

4.0 Recommendations

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

Susan Sawbridge
Performance Manager
November 2017

Appendix A : NHS Constitution / 5 Year Forward View 'Must Do' Performance Dashboard

NHS Constitution / Must Do Measures Summary													Period Actual Performance 2017/18								
Indicator	Workstream & Lead	Description	Cons	Met Do	IA	F	Monitored Org	Period	Period Target	Apr	May	Jun	Jul	Aug	YTD	Q1	Q2	Q3	Q4		
E.B.6	Cancer David Latham	Cancer 2 week waits: GP Referral for suspected cancer	✓	✓	✗	M/Q	CCG	Aug-17	93.0%	88.7%	95.4%	89.3%	89.9%	84.0%		91.2%	86.8%				
E.B.7		Cancer 2 week waits: Urgent referral for breast symptoms where cancer was not initially suspected	✓	✓	✗	M/Q	CCG	Aug-17	93.0%	83.7%	88.4%	85.2%	81.6%	72.3%		87.8%	76.3%				
E.B.8		Cancer 31 day waits: First definitive treatment within 1 month of diagnosis	✓	✓	✗	M/Q	CCG	Aug-17	96.0%	98.6%	100.0%	97.4%	98.5%	99.0%		98.7%	98.8%				
E.B.9		Cancer 31 day waits: Subsequent cancer treatment - Surgery	✓	✓	✗	M/Q	CCG	Aug-17	94.0%	87.5%	100.0%	93.8%	100.0%	93.3%		95.5%	96.8%				
E.B.10		Cancer 31 day waits: Subsequent cancer treatment - Anti cancer drug regimens	✓	✓	✗	M/Q	CCG	Aug-17	98.0%	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	✓	✓	✗	M/Q	CCG	Aug-17	94.0%	100.0%	100.0%	96.0%	100.0%	100.0%		98.7%	100.0%				
E.B.12-QP		Cancer 62 day waits: First definitive treatment within 2 months of urgent GP referral	✓	✓	✗	M/Q	CCG	Aug-17	85.0%	78.4%	85.0%	76.2%	75.6%	78.5%		79.8%	77.3%				
E.B.13		Cancer 62 day waits: First definitive treatment within 2 months of NHS cancer screening referral	✓	✓	✗	M/Q	CCG	Aug-17	90.0%	87.5%	90.9%	83.3%	100.0%	100.0%		88.0%	100.0%				
E.B.14		Cancer 62 day waits: First definitive treatment within 2 months of consultant decision to upgrade priority status	✓	✓	✗	M/Q	CCG	Aug-17	85.0%	75.0%	83.3%	66.7%	75.0%	83.3%		76.9%	80.0%				
E.B.3-QP		Elective Care Cath Tickle	Referral To Treatment: Incomplete pathways within 18 weeks.	✓	✓	✓	M/Q	CCG	Aug-17	92.0%	91.7%	92.0%	92.4%	91.9%	91.3%		92.0%	91.6%			
E.B.3.4			Referral To Treatment: Incomplete patients waiting 52 week waits or more	✓	✗	✗	M	CCG	Aug-17	0	2	2	2	3	3	12					
E.B.4			Diagnostic test waiting times (waiting 6 weeks or more)	✓	✓	✗	M	CCG	Aug-17	1.0%	1.1%	1.4%	2.1%	2.1%	2.3%		1.5%	2.2%			
E.B.3.2.i			Cancelled Operations (28 day guarantee) - Quarterly	✓	✗	✗	Q	PAHT	Q1 17-18	0			26				26				
E.B.3.2.ii			Cancelled Operations (28 day guarantee) - (PAHT Actual Breaches Indicative)	✓	✗	✗	M	PAHT	Aug-17	0	1	2	20	13	17	53					
E.B.3.6	Urgent operations cancelled for a second time		✓	✗	✗	M	PAHT	Aug-17	0	0	0	0	0	0	0						
E.P.1	Maternity & Childrens Michael Hargreaves	Percentage of children waiting less than 18 weeks for a wheelchair	✗	✗	✗	Q	CCG	Q2 17-18	92.0%			71.4%				71.4%	89.7%				
E.P.1		E-Referrals - Increase in the proportion of GP referrals made by e-referrals	✗	✓	✓	M	CCG	Aug-17	80%	69%	77%	80%	75%	78%		75%	77%				
E.H.9		Improve access to rate to CYPMH	✗	✓	✗	Q	CCG	Apr-17	30% (7.6% increase)	1.24%					1.24%	1.24%					
E.H.10	The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment	no cases	✗	✓	✗	Q	CCG	Aug-17	95%	no cases	100%	no cases	100%	100%		100.0%	100.0%				
E.H.11		The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment	✗	✓	✗	Q	CCG	Aug-17	95%	no cases	no cases	no cases	no cases	no cases		no cases	no cases				
E.A.3	Mental Health Cath Tickle	IAPT roll-out (prevalence of people entering IAPT services as a % of those estimated to have anxiety/depression) - (NHS Digital)	✗	✓	✗	M/Q/Y	CCG	Jun-17	16.8% (1.4%)	1.43%	1.68%	1.38%			4.43%	4.43%					
E.A.3.2		IAPT Recovery Rate (Moving to recovery) (NHS Digital)	✗	✓	✓	M/Q	CCG	Jun-17	50%	50.0%	52.5%	54.8%			52.7%						
E.H.1		IAPT waiting times: 6 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Jun-17	75.0%	86.2%	85.7%	86.4%			86.1%						
E.H.2		IAPT waiting times: 18 weeks or less from referral. (NHS Digital)	✗	✓	✗	Q	CCG	Jun-17	95.0%	100.0%	100.0%	97.7%			99.1%						
E.H.4		Early Intervention in Psychosis Waiting Times	✗	✓	✓	Q	CCG	Aug-17	50.0%	66.7%	100.0%	66.7%	66.7%	50.0%		75.0%	58.8%				
E.A.S.1		Dementia diagnosis rate (65+)	✗	✓	✓	M	CCG	Sep-17	66.7%	85.3%	85.0%	84.3%	84.6%	85.3%		84.9%					
E.B.S.3		Mental Health: Care Programme Approach	✗	✗	✗	Q	CCG	Aug-17	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%				
E.B.S.1	Quality Carolyn Trembath	Single Sex Accommodation Breaches	✓	✗	✗	M	CCG	Aug-17	0	6	10	10	11	4	41						
E.N.1		Personal Health Budget	✗	✓	✓	M	CCG	Aug-17	100	1	0	0	1	0	59 (incl. 57 from 2016/17)						
E.B.5-QP	Urgent Care David Latham	A&E waiting time (waiting less than 4hrs) (PAHT ALL)	✓	✓	✓	M	PAHT	Aug-17	95.0%	80.9%	86.4%	83.5%	84.5%	85.0%		83.7%	84.7%				
E.B.5.5		Trolley waits in A&E (12 hour waits)	✓	✗	✗	M	PAHT	Aug-17	0	40	9	1	22	3	75						
E.B.15.i-QP		Ambulance clinical quality: Category A (Red 1) 8 minute response time	✓	✗	✓	M	NWAS	Novembe 17	75.0%	70.0%	65.9%	62.5%	64.7%		65.7%	66.1%	64.7%				
E.B.15.ii		Ambulance clinical quality: Category A (Red 2) 8 minute response time	✓	✗	✗	M	NWAS	Novembe 17	75.0%	68.9%	64.4%	64.7%	63.2%		65.5%						
E.B.16		Ambulance clinical quality: Category A 19 minute transportation time	✓	✗	✗	M	NWAS	Novembe 17	95.0%	92.4%	90.1%	89.4%	64.2%		90.4%						
E.B.S.7.i		Ambulance handover time: delays of over 30 minutes (£200 fine per patient)	✓	✗	✗	M	PAHT	Sep-17	0	466	246	339	413	345	2285						
E.B.S.7.ii		Ambulance handover time: delays of over 60 minutes (£1,000 fine per patient)	✓	✗	✗	M	PAHT	Sep-17	0	271	80	115	223	126	1000						

Appendix B : Recovery Trajectories

Pennine Acute Hospitals NHS Trust - A&E 4 Hour breach by PAHT Site

PAHT

Constitution target = 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Q1	Q2	Q3	Q4	2017-18
Perf (STF Plan Trajectory)	79.8%	81.3%	81.9%	85.4%	86.0%	86.4%	88.9%	89.5%	90.1%	88.4%	91.0%	92.4%	81.1%	85.9%	89.5%	90.6%	86.8%
Perf (Actual) – PAHT	80.9%	86.4%	83.5%	84.5%	85.0%	85.1%							83.7%	84.8%			

Fairfield General Hospital

Constitution target = 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Q1	Q2	Q3	Q4	2017-18
Perf (STF Plan Trajectory)	82.8%	84.3%	86.4%	88.1%	88.1%	90.0%	90.5%	90.9%	91.2%	90.7%	91.7%	92.0%	84.5%	88.7%	90.8%	91.5%	88.9%
Perf (Actual) – PAHT	84.6%	89.3%	87.6%	93.3%	90.8%	91.8%							87.2%	92.0%			

Rochdale Infirmary

Constitution target = 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Q1	Q2	Q3	Q4	2017-18
Perf (STF Plan Trajectory)	95.3%	95.6%	96.4%	97.0%	96.6%	96.3%	97.2%	97.5%	97.8%	96.8%	98.4%	98.7%	95.8%	96.6%	97.5%	98.0%	97.0%
Perf (Actual) – PAHT	95.7%	97.0%	95.7%	96.6%	97.9%	95.4%							96.2%	96.6%			

North Manchester General Hospital

Constitution target = 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Q1	Q2	Q3	Q4	2017-18
Perf (STF Plan Trajectory)	74.7%	74.9%	75.2%	76.0%	77.8%	78.2%	80.6%	82.4%	83.6%	81.9%	85.9%	90.0%	74.9%	77.3%	82.2%	86.0%	80.1%
Perf (Actual) – PAHT	76.2%	78.6%	74.2%	79.7%	78.8%	79.1%							76.4%	79.2%			

Royal Oldham Hospital

Constitution target = 95%	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Q1	Q2	Q3	Q4	2017-18
Perf (STF Plan Trajectory)	75.0%	78.5%	78.5%	87.0%	87.0%	87.0%	92.0%	92.0%	92.0%	88.7%	92.0%	92.0%	77.4%	87.0%	92.0%	90.9%	86.8%
Perf (Actual) - PAHT	75.5%	86.7%	83.8%	77.4%	81.0%	81.4%							82.1%	79.8%			