



Ashton, Leigh and Wigan

Month 11 Performance Report

April 2012

ASHTON, LEIGH & WIGAN PRIMARY CARE TRUST

Performance Report

Contents

Section	Title/Measure	Page
1	EXECUTIVE SUMMARY	3
2	PCT DASHBOARD & SCORECARD	
2.1	Performance Dashboard: Headline Indicators	4
2.2	Performance Scorecard: Headline & Supporting Indicators	5
3	ANALYSIS OF HEADLINE INDICATORS	
3.1	MRSA Bacteraemia	6
3.2	Clostridium Difficile Infections	7
3.3	RTT Admitted Patients: 95th Percentile Wait	8
3.4	RTT Non-Admitted Patients: 95th Percentile Wait	9
3.5	RTT Incomplete Pathways: 95th Percentile Wait	10
3.6	Mixed Sex Accommodation	11
3.7	Cancer Seen Within 14 Days: All Patients	12
3.8	Cancer Treatment In 62 Days: All Patients	13
3.9	Total Non-Elective Admissions	14
3.10	RTT Incomplete Pathways: Numbers Waiting	15
Appendix 1	THRESHOLDS FOR RAG RATINGS	16
Appendix 2	CANCER TREATMENT IN 62 DAYS: ADDITIONAL ANALYSIS	17

1. EXECUTIVE SUMMARY

1.1 Introduction

- 1.1.1 The PCT Performance Report focuses on the Integrated Performance Measures (IPMs) included in the 2011/12 NHS Operating Framework, released in December 2010.
- 1.1.2 At a national level, the full suite of IPMs considers a combination of Quality, Resources and Reform indicators. Accountability for individual indicators lies with different organisations. This report focuses on the Quality and Resources performance indicators, for which NHS Ashton, Leigh & Wigan (NHS ALW) are accountable.
- 1.1.3 This report sets out the PCT's performance against these indicators at the end of Month 11, 2011/12.
- 1.1.4 The main body of the report (Section 3) covers the ten headline performance indicators against which the PCT will be held to account by the DH and SHA during 2011/12.

1.2 PCT Headline Targets

- 1.2.1 Section 2.1 summarises performance against the ten headline indicators. The Headline Dashboard highlights the latest performance against target, and movement since previously reported through coloured arrows.
- 1.2.2 As at Month 11, four headline indicators are Green, two are Green/Amber, three are Amber/Red and one is Red. In addition, five show an improving trend, none show a static trend and five show a declining trend.

1.3 PCT Supporting Targets

- 1.3.1 In addition to the Headline indicators, the PCT remains accountable for performance against a further forty four supporting indicators. Performance against these indicators is shown on the PCT Scorecard at Section 2.2.
- 1.3.2 As at Month 11, twenty supporting indicators are Green, nine are Green/Amber, five are Amber/Red and ten are Red. In addition, thirty show an improving trend, one shows a static trend and thirteen show a declining trend.

1.4 RAG Ratings

- 1.4.1 The thresholds used to define RAG ratings vary between individual indicators. They are based on the expected volatility of performance, which is usually attributable to the scale of the numbers being measured. Details of the thresholds used in this report are shown at Appendix 1.

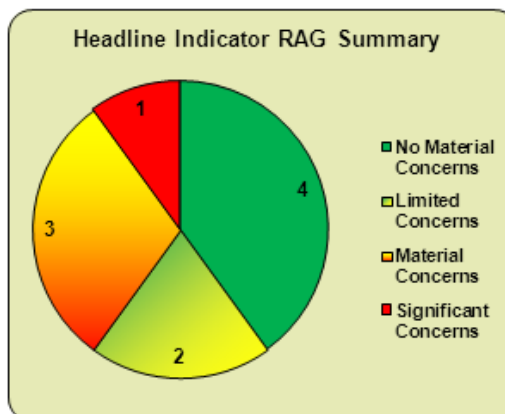
1.5 Cancer Treatment In 62 Days

- 1.5.1 Performance against the headline indicator, Cancer Treatment In 62 Days, has been highlighted as key priority across all of the Greater Manchester & Cheshire network area.
- 1.5.2 To support this, an additional analysis has been added at Appendix 2, which provides additional drilldowns of NHS ALW performance and benchmarks across the network area.

2.1 PERFORMANCE DASHBOARD: HEADLINE INDICATORS

HEADLINE INDICATOR	MONTH 11: 2011/12	
	Absolute Trend	Target Status
01. MRSA Bacteraemia: PCT Population		
02. Clostridium Difficile Infections: PCT Population		
03. RTT Admitted Patients: 95th Percentile Wait		
04. RTT Non-Admitted Patients: 95th Percentile Wait		
05. RTT Incomplete Pathways: 95th Percentile Wait		
06. Mixed Sex Accommodation: Breach Rate		
07. Cancer Seen Within 14 Days: All Patients		
08. Cancer Treatment In 62 Days: All Patients		
09. Total Non-Elective Admissions		
10. RTT Incomplete Pathways: Numbers Waiting		

GREATER MANCHESTER RAG RATING KEY	
	No Material Concerns • Latest performance significantly better than target • Full-year target is likely to be achieved
	Limited Concerns • Latest performance better than or equal to target • Full-year target may be achieved
	Material Concerns • Latest performance worse than target • Full-year target may not be achieved
	Significant Concerns • Latest performance significantly worse than target • Full-year target is unlikely to be achieved



TREND SUMMARY & KEY

	5	Absolute performance improved from last reported figures
	0	Absolute performance is unchanged from last reported figures
	5	Absolute performance declined from last reported figures

Mike Tate
 Locality Director of Finance, Contracting and Performance Management
 Director of Finance: Wigan Borough Clinical Commissioning Group

April 2012

2.2 PERFORMANCE SCORECARD: HEADLINE & SUPPORTING INDICATORS

1. HEADLINE QUALITY INDICATORS

MRSA Bacteraemia: PCT Population
 Clostridium Difficile Infections: PCT Population
 RTT Admitted Patients: 95th Percentile Wait
 RTT Non-Admitted Patients: 95th Percentile Wait
 RTT Incomplete Pathways: 95th Percentile Wait
 Mixed Sex Accommodation: Breach Rate
 Cancer Seen Within 14 Days: All Patients
 Cancer Treatment In 62 Days: All Patients

Latest Performance Data					2011/12
Target	Actual	Trend	Status	Period	Target
6	7	▲	Yellow	Apr 11-Feb 12	7
101	113	▼	Red	Apr 11-Feb 12	111
23.0	24.0	▼	Yellow	Feb 12	23.0
18.3	15.7	▲	Green	Feb 12	18.3
28.0	20.5	▲	Green	Feb 12	28.0
0.0	0.1	▲	Yellow	Apr 11-Feb 12	0.0
93.0%	98.5%	▼	Green	Apr 11-Feb 12	93.0%
86.0%	89.0%	▲	Green	Apr 11-Feb 12	86.0%

2. HEADLINE RESOURCES INDICATORS

Total Non-Elective Admissions
 RTT Incomplete Pathways: Numbers Waiting

Latest Performance Data					2011/12
Target	Actual	Trend	Status	Period	Target
32,956	33,307	▼	Yellow	Apr 11-Feb 12	36,124
16,995	16,216	▼	Yellow	Feb 12	17,278

3. SUPPORTING QUALITY INDICATORS

Cancer Seen Within 14 Days: Urgent GP Referral
 Cancer Breast Symptoms Seen Within 14 Days
 Cancer Treatment Within 31 Days Of Decision To Treat
 Cancer Subsequent Treatment In 31 Days: Surgery
 Cancer Subsequent Treatment In 31 Days: Drugs
 Cancer Subsequent Treatment In 31 Days: Radiotherapy
 Cancer Treatment In 62 Days: GP Referral
 Cancer Treatment In 62 Days: NHS Screening
 Cancer Treatment In 62 Days: Consultant Upgrade
 Stroke Patients: 90% Of Time On A Stroke Unit
 TIA Patients: Scanned & Treated Within 24 Hours
 Patients Receiving NHS Dental Services
 Staff Recommendation Of The Trust
 Staff Motivation At Work
 Access To A Maternity Professional By 12 Weeks
 Early Intervention In Psychosis Services
 Crisis Resolution/Home Treatment Services
 Care Programme Approach: 7 Day Follow Up
 IAPT: Patients Receiving Psychological Therapies
 IAPT: Referral Conversion Rate
 Number Of 4-Week Smoking Quitters
 Infants Breastfeeding At 6-8 Weeks
 Breastfeeding Status Recorded At 6-8 Weeks
 Breast Screening Invitation: Age 47-49 & 71-73
 Bowel Screening Invitation: Age 70-74
 Cervical Screening: Test Results Within 14 Days
 Offered Diabetic Retinopathy Screening
 Received Diabetic Retinopathy Screening
 RTT Admitted Patients: Median Wait
 RTT Non-Admitted Patients: Median Wait
 RTT Incomplete Pathways: Median Wait
 Patients Offered An NHS Health Check
 Patients Receiving An NHS Health Check
 Patients With A LTC Who Feel Supported
 Number Of Emergency Admissions

Latest Performance Data					2011/12
Target	Actual	Trend	Status	Period	Target
93.0%	99.0%	▼	Green	Apr 11-Feb 12	93.0%
93.0%	96.9%	▼	Green	Apr 11-Feb 12	93.0%
96.0%	98.9%	▲	Green	Apr 11-Feb 12	96.0%
94.0%	97.4%	▲	Green	Apr 11-Feb 12	94.0%
98.0%	100.0%	▶	Green	Apr 11-Feb 12	98.0%
94.0%	99.8%	▲	Green	Apr 11-Feb 12	94.0%
85.0%	86.8%	▲	Yellow	Apr 11-Feb 12	85.0%
90.0%	94.1%	▲	Yellow	Apr 11-Feb 12	90.0%
90.0%	90.8%	▼	Yellow	Apr 11-Feb 12	90.0%
80.0%	76.5%	▲	Red	Apr 11-Dec 11	80.0%
60.0%	91.2%	▼	Green	Apr 11-Dec 11	60.0%
207,112	201,484	▲	Red	Jan 10-Dec 11	207,281
3.37	3.25	▲	Yellow	2011	3.37
3.62	3.74	▲	Green	2011	3.62
90.0%	88.9%	▲	Red	Apr 11-Dec 11	90.0%
40	34	▲	Red	Apr 11-Dec 11	54
540	656	▲	Green	Apr 11-Dec 11	721
95.0%	98.7%	▲	Green	Apr 11-Dec 11	95.0%
7.2%	3.8%	▲	Red	Apr 11-Dec 11	9.8%
65.0%	62.2%	▼	Red	Apr 11-Dec 11	66.3%
2,328	2,380	▲	Yellow	Apr 11-Nov 11	3,676
25.0%	22.9%	▼	Red	Apr 11-Dec 11	25.0%
93.5%	98.7%	▲	Green	Apr 11-Dec 11	95.0%
24.2%	33.2%	▲	Green	Jan 09-Dec 11	N/A
45.3%	44.7%	▲	Yellow	Jan 10-Dec 11	N/A
98.0%	82.1%	▲	Red	Apr 11-Feb 12	98.0%
95.0%	101.5%	▼	Yellow	Apr 11-Dec 11	95.0%
80.0%	92.1%	▼	Green	Apr 11-Dec 11	80.0%
11.1	10.5	▲	Yellow	Feb 12	11.1
6.6	3.5	▲	Green	Feb 12	6.6
7.2	4.6	▲	Green	Feb 12	7.2
13.5%	11.9%	▲	Yellow	Apr 11-Dec 11	18.0%
7.5%	7.8%	▲	Yellow	Apr 11-Dec 11	10.0%
79.4%	86.7%	▲	Green	Apr 11-Sep 11	79.5%
29,960	29,235	▲	Yellow	Apr 11-Feb 12	32,700

4. SUPPORTING RESOURCES INDICATORS

Daycase Rate
 Delayed Transfers Of Care Rate
 GP Referrals For An Outpatient Appointment
 Other Referrals For An Outpatient Appointment
 First Outpatient Attendances: GP Referrals
 First Outpatient Attendances: All Referrals
 Elective Ordinary Admissions
 Elective Daycase Admissions
 Total Elective Admissions

Latest Performance Data					2011/12
Target	Actual	Trend	Status	Period	Target
81.5%	80.5%	▲	Yellow	Apr 11-Feb 12	81.5%
15.00	10.31	▲	Green	Apr 11-Dec 11	15.00
68,382	64,571	▲	Green	Apr 11-Feb 12	75,673
41,389	37,546	▼	Green	Apr 11-Feb 12	45,766
58,935	55,395	▲	Green	Apr 11-Feb 12	64,897
98,022	93,054	▼	Green	Apr 11-Feb 12	108,071
8,311	9,036	▼	Red	Apr 11-Feb 12	9,167
36,544	37,292	▼	Yellow	Apr 11-Feb 12	40,478
44,855	46,328	▼	Red	Apr 11-Feb 12	49,645

3. ANALYSIS OF HEADLINE INDICATORS

3.1 MRSA Bacteraemia: PCT Population

Lead Director: Kate Ardern

Description

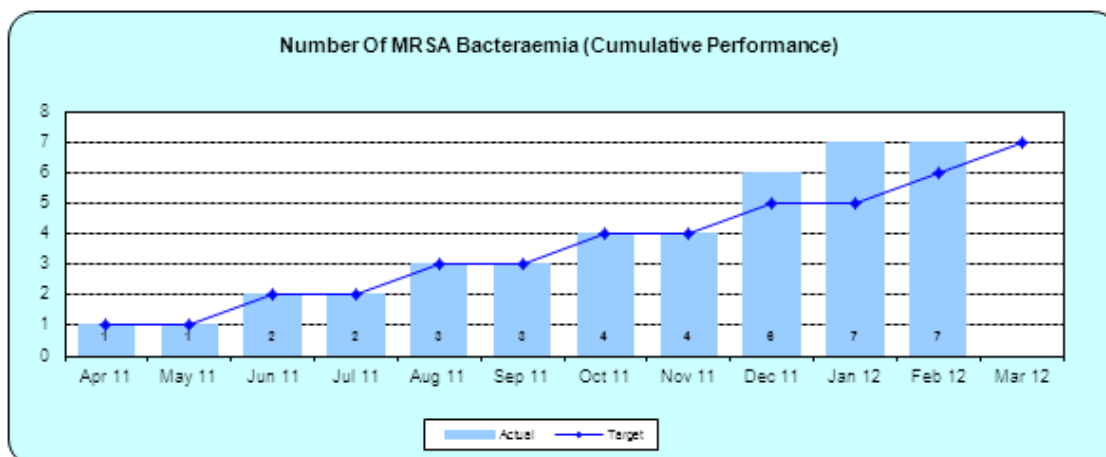
Number of Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia reported for PCT-responsible patients.

Latest Performance Data

Target	Actual	Trend	Status	Period
6	7	▲		Apr 11-Feb 12

Trend Analysis

Month	Cumulative Performance		
	Target	Actual	Variance
April 2011	1	1	0.00%
May 2011	1	1	0.00%
June 2011	2	2	0.00%
July 2011	2	2	0.00%
August 2011	3	3	0.00%
September 2011	3	3	0.00%
October 2011	4	4	0.00%
November 2011	4	4	0.00%
December 2011	5	6	20.00%
January 2012	5	7	40.00%
February 2012	6	7	16.67%
March 2012	7		



Performance Comments

No bacteraemia were reported in February, which was one less than plan. As a result, year-to-date (April to February) performance has improved to just one bacteraemia above plan.

Six of the seven bacteraemia to date were identified and treated by Wrightington, Wigan & Leigh NHS Foundation Trust (WWL). The other was identified and treated by Pennine Acute Hospitals NHS Trust.

3.2 Clostridium Difficile Infections: PCT Population

Lead Director: Kate Ardern

Description

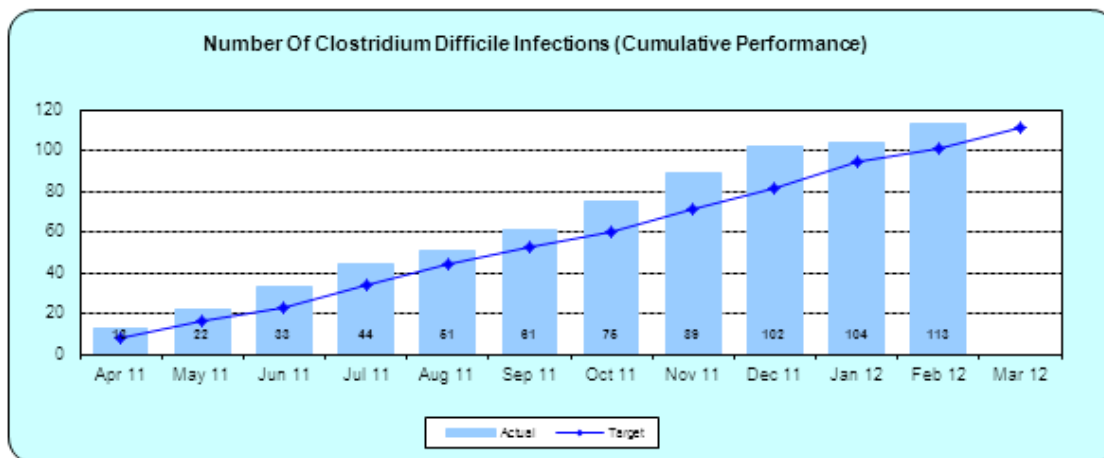
Number of Clostridium Difficile (CDiff) infections reported for PCT-responsible patients, aged 2 or more.

Latest Performance Data

Target	Actual	Trend	Status	Period
101	113	▼		Apr 11-Feb 12

Trend Analysis

Month	Cumulative Performance		
	Target	Actual	Variance
April 2011	8	13	62.50%
May 2011	16	22	37.50%
June 2011	23	33	43.48%
July 2011	34	44	29.41%
August 2011	44	51	15.91%
September 2011	53	61	15.09%
October 2011	60	75	25.00%
November 2011	71	89	25.35%
December 2011	81	102	25.93%
January 2012	94	104	10.64%
February 2012	101	113	11.88%
March 2012	111		



Performance Comments

Nine infections were reported in February, which was two more than plan. This was the eighth month of the year where the period trajectory was not achieved. As a result, year-to-date (April to February) performance has declined slightly and is twelve infections (12%) above plan.

Fifty seven of the one hundred and thirteen infections to date (50%) were identified within 48 hours of hospital admission and attributed to community. There were seven community-attributable infections this month.

3.3 RTT Admitted Patients: 95th Percentile Wait

Lead Director: Trish Anderson

Description

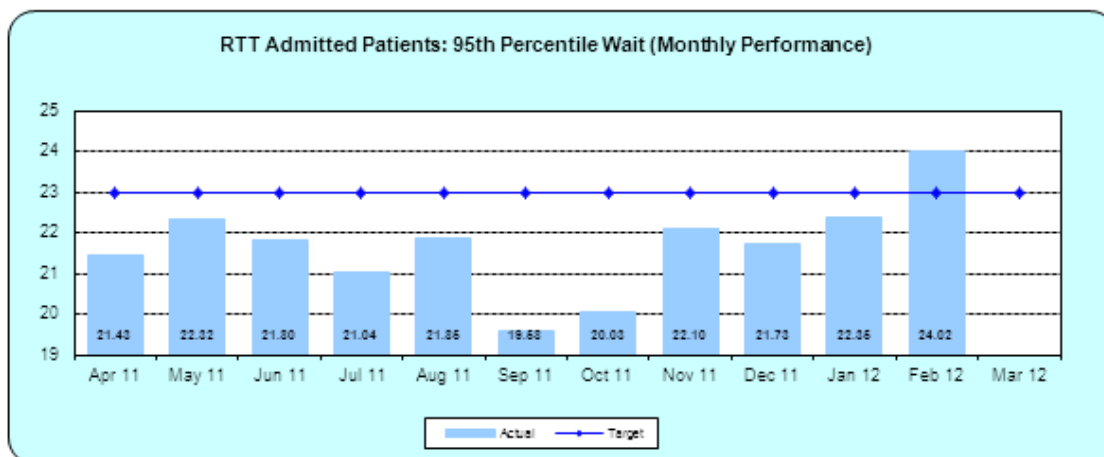
The ninety fifth percentile time waited for admitted patients on a referral-to-treatment (RTT) pathway, whose clocks stopped during the period; measured in weeks.

Latest Performance Data

Target	Actual	Trend	Status	Period
23.00	24.02	▼		Feb 12

Trend Analysis

Month	Monthly Performance		
	Target	Actual	Variance
April 2011	23.00	21.43	(6.81%)
May 2011	23.00	22.32	(2.97%)
June 2011	23.00	21.80	(5.22%)
July 2011	23.00	21.04	(8.52%)
August 2011	23.00	21.85	(5.00%)
September 2011	23.00	19.58	(14.85%)
October 2011	23.00	20.03	(12.91%)
November 2011	23.00	22.10	(3.93%)
December 2011	23.00	21.73	(5.54%)
January 2012	23.00	22.35	(2.83%)
February 2012	23.00	24.02	4.43%
March 2012	23.00		



Performance Comments

Following achievement of the national standard in the first ten months of the year, the 95th percentile wait exceeded the twenty three week standard for the first time in February.

The February performance of 24.02 weeks was an increase of more than a week against the January figure. A total of 1,913 patients were treated in February; 3 more than in January.

89.91% of patients were treated within 18 weeks. This is marginally below the national standard of 90%. The year-to-date position of 91.98% remains almost two points above the standard.

3.4 RTT Non-Admitted Patients: 95th Percentile Wait

Lead Director: Trish Anderson

Description

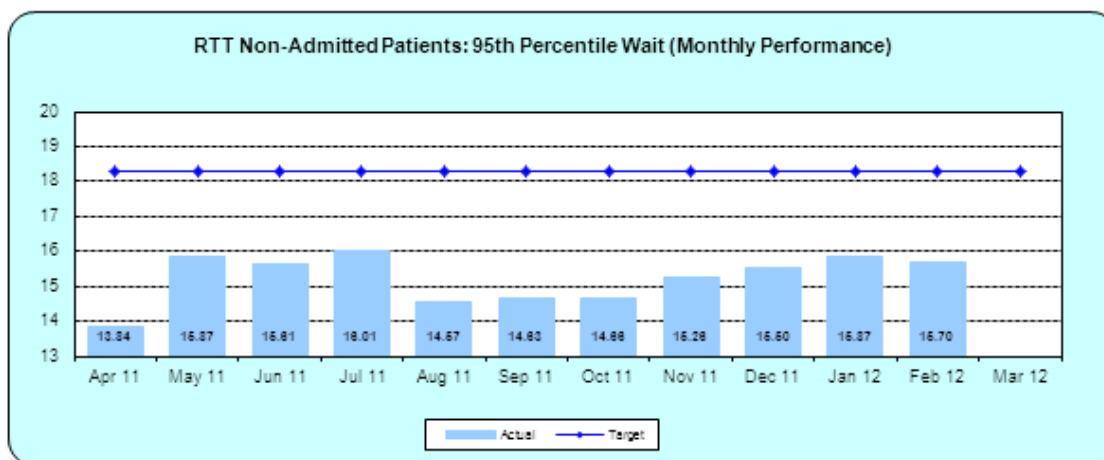
The ninety fifth percentile time waited for non-admitted patients on a referral-to-treatment (RTT) pathway, whose clocks stopped during the period; measured in weeks.

Latest Performance Data

Target	Actual	Trend	Status	Period
18.30	15.70	▲		Feb 12

Trend Analysis

Month	Monthly Performance		
	Target	Actual	Variance
April 2011	18.30	13.84	(24.37%)
May 2011	18.30	15.87	(13.26%)
June 2011	18.30	15.61	(14.72%)
July 2011	18.30	16.01	(12.53%)
August 2011	18.30	14.57	(20.40%)
September 2011	18.30	14.63	(20.05%)
October 2011	18.30	14.66	(19.91%)
November 2011	18.30	15.26	(16.60%)
December 2011	18.30	15.50	(15.30%)
January 2012	18.30	15.87	(13.30%)
February 2012	18.30	15.70	(14.21%)
March 2012	18.30		



Performance Comments

The national standard of 18.3 weeks has been achieved in each of the eleven months to date.

There was an improvement against the performance reported in January to 15.70 weeks. This was the first time since August where the 95th percentile waiting time has reduced. A total of 5,033 patients were treated in February; 460 less than in January.

96.80% of patients were treated within 18 weeks. This is the lowest performance of the year and is below the year-to-date position of 97.36%.

3.5 RTT Incomplete Pathways: 95th Percentile Wait

Lead Director: Trish Anderson

Description

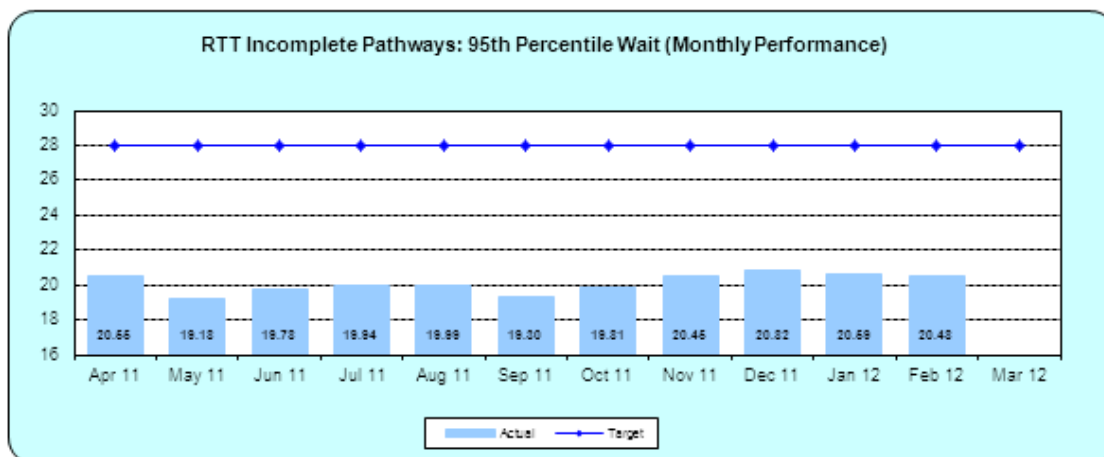
The ninety fifth percentile time waited for patients on an incomplete referral-to-treatment (RTT) pathway, at the end of the period; measured in weeks.

Latest Performance Data

Target	Actual	Trend	Status	Period
28.00	20.48	▲		Feb 12

Trend Analysis

Month	Monthly Performance		
	Target	Actual	Variance
April 2011	28.00	20.55	(26.60%)
May 2011	28.00	19.18	(31.48%)
June 2011	28.00	19.78	(29.36%)
July 2011	28.00	19.94	(28.78%)
August 2011	28.00	19.99	(28.60%)
September 2011	28.00	19.30	(31.07%)
October 2011	28.00	19.81	(29.23%)
November 2011	28.00	20.45	(26.96%)
December 2011	28.00	20.82	(25.65%)
January 2012	28.00	20.59	(26.47%)
February 2012	28.00	20.48	(26.86%)
March 2012	28.00		



Performance Comments

The national standard of twenty eight weeks has been achieved in each of the eleven months to date.

For the second consecutive month, a small decrease was reported for February to 20.48 weeks.

The number of patients waiting at the end of February (15,035) was a decrease of 197 against the number waiting at the end of January.

3.6 Mixed Sex Accommodation: Breach Rate

Lead Director: Trish Anderson

Description

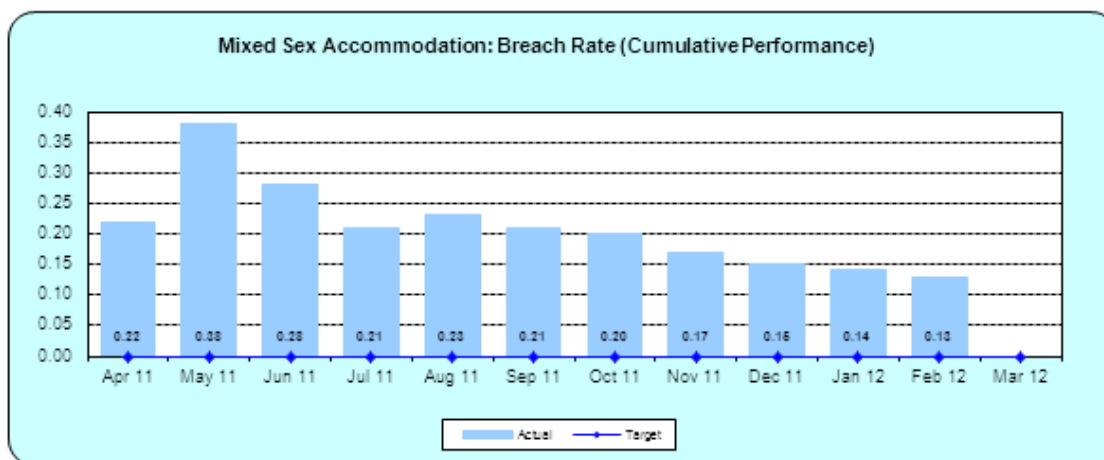
The number of breaches of mixed-sex accommodation (MSA) sleeping accommodation, per one thousand finished consultant episodes.

Latest Performance Data

Target	Actual	Trend	Status	Period
0.00	0.13	▲		Apr 11-Feb 12

Trend Analysis

Month	Cumulative Performance			
	Target	Breaches	Episodes	Performance
April 2011	0.00	2	9,287	0.22
May 2011	0.00	7	18,532	0.38
June 2011	0.00	8	28,139	0.28
July 2011	0.00	8	37,745	0.21
August 2011	0.00	11	47,244	0.23
September 2011	0.00	12	57,082	0.21
October 2011	0.00	13	66,550	0.20
November 2011	0.00	13	76,119	0.17
December 2011	0.00	13	85,298	0.15
January 2012	0.00	13	94,490	0.14
February 2012	0.00	13	103,445	0.13
March 2012	0.00			



Performance Comments

No breaches of the MSA standard were reported in February. This was the fourth consecutive month with zero breaches reported.

Because of earlier breaches, it is impossible to achieve the target of no breaches throughout the year. However, the year-to-date position has improved to 0.13.

3.7 Cancer Seen Within 14 Days: All Patients

Lead Director: Trish Anderson

Description

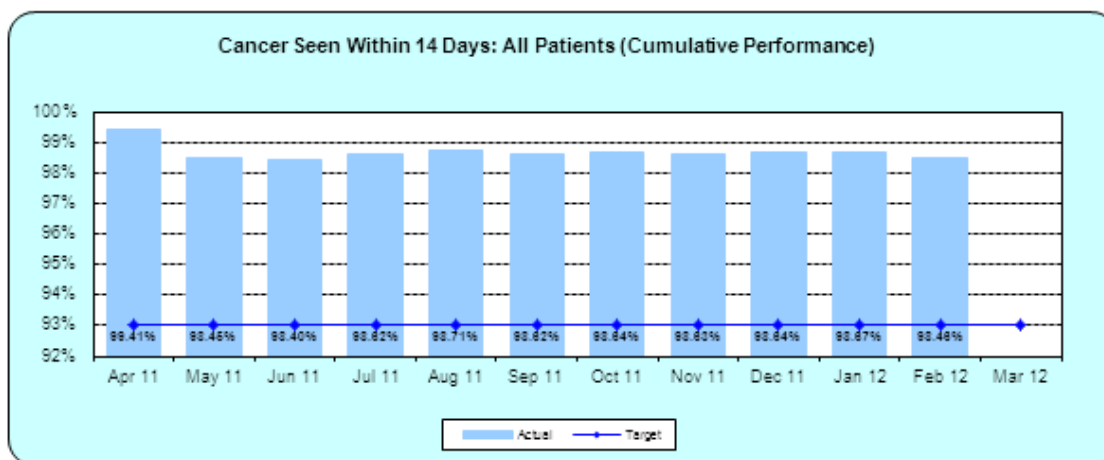
Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer, or an urgent referral for breast symptoms where cancer is not initially suspected.

Latest Performance Data

Target	Actual	Trend	Status	Period
93.00%	98.46%	▼		Apr 11-Feb 12

Trend Analysis

Month	Cumulative Performance			
	Target	In Time	Patients	Performance
April 2011	93.00%	504	507	99.41%
May 2011	93.00%	1,459	1,482	98.45%
June 2011	93.00%	1,725	1,753	98.40%
July 2011	93.00%	2,290	2,322	98.62%
August 2011	93.00%	2,826	2,863	98.71%
September 2011	93.00%	3,423	3,471	98.62%
October 2011	93.00%	4,050	4,106	98.64%
November 2011	93.00%	4,607	4,671	98.63%
December 2011	93.00%	5,082	5,152	98.64%
January 2012	93.00%	5,623	5,699	98.67%
February 2012	93.00%	6,156	6,252	98.46%
March 2012	93.00%			



Performance Comments

Year-to date performance continues to comfortably exceed the 93% standard, at 98.46%.

A total of 553 patients were seen in February, 20 of whom did not meet the standard. This resulted in a month performance of 96.38%, which was the lowest monthly performance of the year.

There is a small performance gap between patients with an urgent GP Referral and those referred with breast symptoms. Year-to-date performance for the former group is 99.02%, while the latter is at 96.94%.

3.8 Cancer Treatment In 62 Days: All Patients

Lead Director: Trish Anderson

Description

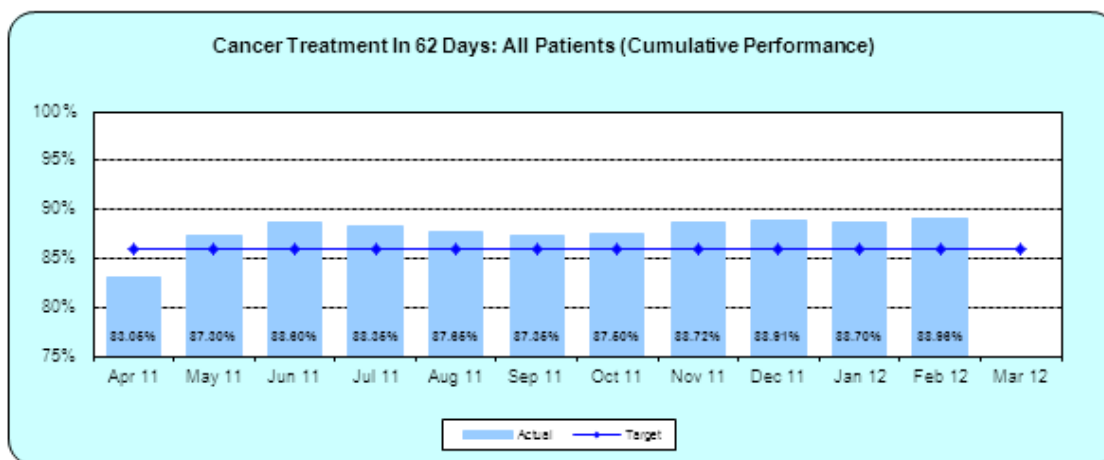
Percentage of patients receiving first definitive treatment for cancer within sixty two days of an urgent GP referral, a referral from NHS cancer screening services, or a consultants decision to upgrade.

Latest Performance Data

Target	Actual	Trend	Status	Period
86.00%	88.96%	▲		Apr 11-Feb 12

Trend Analysis

Month	Cumulative Performance			
	Target	In Time	Patients	Performance
April 2011	86.00%	49	59	83.05%
May 2011	86.00%	110	126	87.30%
June 2011	86.00%	171	193	88.60%
July 2011	86.00%	235	266	88.35%
August 2011	86.00%	291	332	87.65%
September 2011	86.00%	359	411	87.35%
October 2011	86.00%	427	488	87.50%
November 2011	86.00%	511	576	88.72%
December 2011	86.00%	585	658	88.91%
January 2012	86.00%	667	752	88.70%
February 2012	86.00%	741	833	88.96%
March 2012	86.00%			



Performance Comments

Following the reduction in performance reported in January, year-to-date performance improved to 88.96% during February. This was almost three points ahead of the 86% standard.

A total of 81 patients received their first definitive treatment in February, 7 of whom did not meet the standard. This resulted in a month performance of 91.36%; the second best result of the year.

40 of the above patients were referred by a GP, 3 of whom did not meet the standard. This resulted in a month performance of 92.50%; over seven points above the 85% standard for this referral group.

3.9 Total Non-Elective Admissions

Lead Director: Trish Anderson

Description

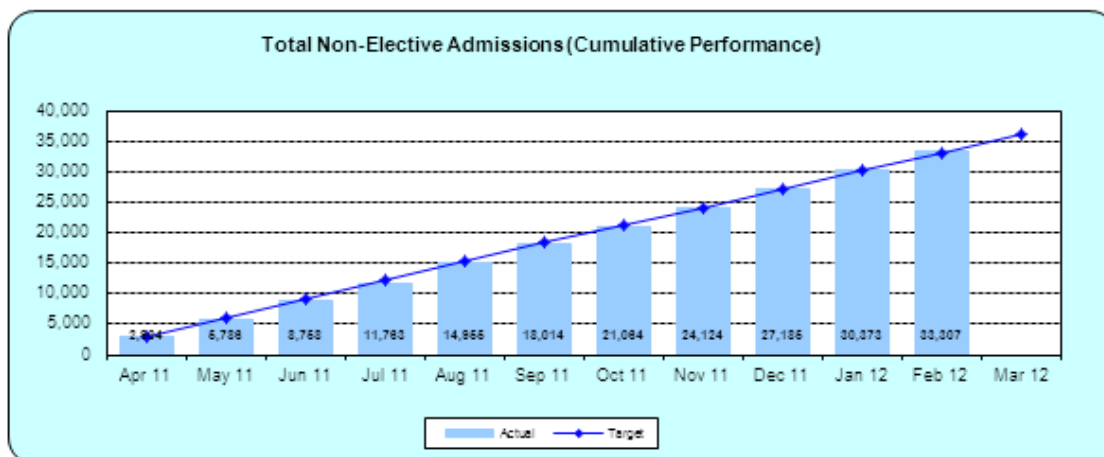
Total number of non-elective first finished consultant episodes in general and acute specialties, derived from the Monthly Activity Return.

Latest Performance Data

Target	Actual	Trend	Status	Period
32,956	33,307	▼		Apr 11-Feb 12

Trend Analysis

Month	Cumulative Performance		
	Target	Actual	Variance
April 2011	2,921	2,904	(0.58%)
May 2011	6,001	5,786	(3.58%)
June 2011	9,043	8,758	(3.15%)
July 2011	12,174	11,763	(3.38%)
August 2011	15,295	14,955	(2.22%)
September 2011	18,363	18,014	(1.90%)
October 2011	21,227	21,064	(0.77%)
November 2011	24,158	24,124	(0.14%)
December 2011	27,207	27,185	(0.08%)
January 2012	30,190	30,373	0.61%
February 2012	32,956	33,307	1.07%
March 2012	36,124		



Performance Comments

Total non-elective admissions in February were 168 (6.07%) more than plan. As a result, year-to-date performance moved further above plan, to 1.07%.

A majority of providers reported activity around or below plan in February. In contrast, admissions at Wrightington, Wigan & Leigh (WWL) NHS Foundation Trust were 90 (4.35%) above plan and Bolton NHS Foundation Trust were 73 (23.62%) above plan.

The year-to-date variance against last year at WWL is now showing an increase of 418 (1.72%).

3.10 RTT Incomplete Pathways: Numbers Waiting

Lead Director: Trish Anderson

Description

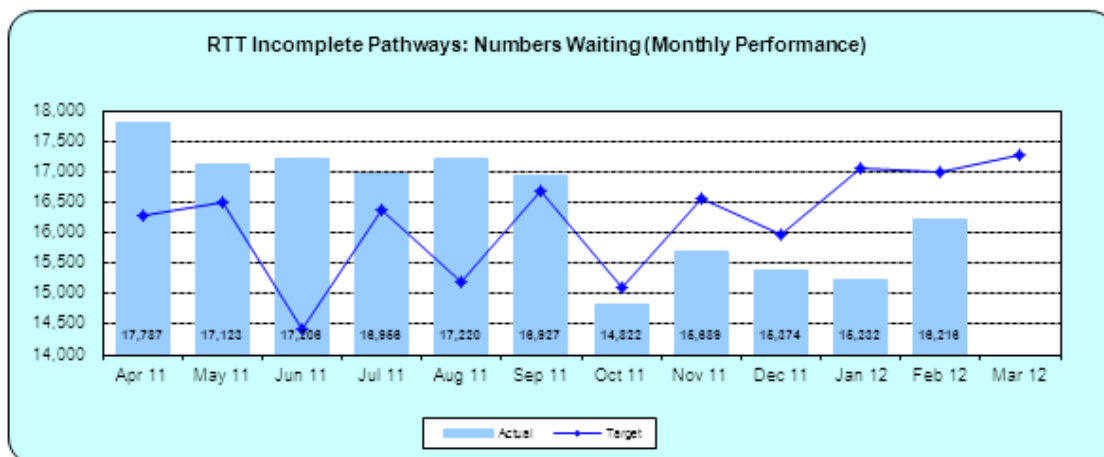
Total number of incomplete Referral-To-Treatment (RTT) pathways at the end of the period, based on RTT data from NHS and independent providers.

Latest Performance Data

Target	Actual	Trend	Status	Period
16,995	16,216	▼		Feb 12

Trend Analysis

Month	Monthly Performance		
	Target	Actual	Variance
April 2011	16,285	17,787	9.22%
May 2011	16,486	17,123	3.86%
June 2011	14,430	17,206	19.24%
July 2011	16,379	16,956	3.52%
August 2011	15,199	17,220	13.30%
September 2011	16,693	16,927	1.40%
October 2011	15,089	14,822	(1.77%)
November 2011	16,568	15,689	(5.31%)
December 2011	15,972	15,374	(3.74%)
January 2012	17,050	15,232	(10.66%)
February 2012	16,995	16,216	(4.58%)
March 2012	17,278		



Performance Comments

The number of patients waiting at end of February increased by 984 to 16,216. This number was below plan for the fifth consecutive month.

The largest number of waiters (2,807) were in the Other specialty. This was a decrease on the numbers waiting at the end of January (2,964).

The vast majority of waiters were at Wrightington, Wigan & Leigh (10,602).

APPENDIX 1: THRESHOLDS FOR RAG RATINGS

1. HEADLINE QUALITY INDICATORS

Ref.	Description
HQU01:01	MRSA Bacteraemia: PCT Population
HQU02:01	Total Clostridium Difficile Infections: PCT Population
HQU05:01	RTT Admitted Patients: 95th Percentile Wait
HQU06:01	RTT Non-Admitted Patients: 95th Percentile Wait
HQU07:01	RTT Incomplete Pathways: 95th Percentile Wait
HQU08:01	Mixed Sex Accommodation: Breach Rate
HQU14:01	Cancer Seen Within 14 Days: All Patients
HQU14:02	Cancer Seen Within 14 Days: Urgent GP Referral
HQU14:03	Cancer Seen Within 14 Days: Breast Symptoms
HQU15:01	Cancer Treatment Within 62 Days: All Patients
HQU15:02	Cancer Treatment Within 62 Days: GP Referral
HQU15:03	Cancer Treatment Within 62 Days: NHS Screening Referral
HQU15:04	Cancer Treatment Within 62 Days: Consultant Upgrade

Better Than Target By		Worse Than Target By	
G	G/A	A/R	R
1	0	(1)	< (1)
10%	0%	(10%)	< (10%)
5%	0%	(5%)	< (5%)
5%	0%	(5%)	< (5%)
5%	0%	(5%)	< (5%)
0.00	(0.25)	(0.50)	< (0.50)
1%	0%	(1%)	< (1%)
1%	0%	(1%)	< (1%)
2%	0%	(2%)	< (2%)
2%	0%	(2%)	< (2%)
2%	0%	(2%)	< (2%)
5%	0%	(5%)	< (5%)
5%	0%	(5%)	< (5%)

2. HEADLINE RESOURCES INDICATORS

Ref.	Description
HRS06:01	Total Non-Elective Admissions
HRS07:01	RTT Incomplete Pathways: Numbers Waiting

Better Than Target By		Worse Than Target By	
G	G/A	A/R	R
3%	0%	(3%)	< (3%)
5%	0%	(5%)	< (5%)

3. SUPPORTING QUALITY INDICATORS

Ref.	Description
SQU05:01	Cancer Treatment Within 31 Days: Decision To Treat
SQU05:02	Cancer Subsequent Treatment Within 31 Days: Surgery
SQU05:03	Cancer Subsequent Treatment Within 31 Days: Drugs
SQU05:04	Cancer Subsequent Treatment Within 31 Days: Radiotherapy
SQU06:01	Stroke Patients: 90% Of Time On A Stroke Unit
SQU06:02	TIA Patients: Scanned & Treated Within 24 Hours
SQU09:01	Patients Receiving NHS Dental Services
SQU10:01	NHS Staff Survey: Recommendation Of The Trust
SQU10:02	NHS Staff Survey: Motivation At Work
SQU12:01	Access To A Maternity Professional By 12 Weeks
SQU13:01	Early Intervention In Psychosis Services
SQU14:01	Crisis Resolution/Home Treatment Services
SQU15:01	Care Programme Approach: 7 Day Follow Up
SQU16:01	IAPT: Patients Receiving Psychological Therapies
SQU16:02	IAPT: Referral Conversion Rate
SQU18:01	4 Week Smoking Quitters: Total
SQU19:01	Infants Breastfeeding At 6-8 Weeks
SQU19:02	Breastfeeding Status Recorded At 6-8 Weeks
SQU20:01	Breast Screening Invitations: Age 47-49 & 71-73
SQU21:01	Bowel Screening Invitations: Age 70-74
SQU22:01	Cervical Screening: Test Results Within 14 Days
SQU23:01	Offered Diabetic Retinopathy Screening
SQU23:02	Received Diabetic Retinopathy Screening
SQU24:01	RTT Admitted Patients: Median Wait
SQU25:01	RTT Non-Admitted Patients: Median Wait
SQU26:01	RTT Incomplete Pathways: Median Wait
SQU27:01	NHS Health Checks: Patients Aged 40-74 Offered
SQU27:02	NHS Health Checks: Patients Aged 40-74 Received
SQU28:01	Patients With A Long Term Condition Who Feel Supported
SQU29:01	Emergency Admissions

Better Than Target By		Worse Than Target By	
G	G/A	A/R	R
1%	0%	(1%)	< (1%)
2%	0%	(2%)	< (2%)
1%	0%	(1%)	< (1%)
2%	0%	(2%)	< (2%)
2%	0%	(2%)	< (2%)
5%	0%	(5%)	< (5%)
1%	0%	(1%)	< (1%)
0.25	0.00	(0.25)	< (0.25)
0.25	0.00	(0.25)	< (0.25)
1%	0%	(1%)	< (1%)
10%	0%	(10%)	< (10%)
5%	0%	(5%)	< (5%)
2%	0%	(2%)	< (2%)
0.5%	0.0%	(0.5%)	< (0.5%)
2%	0%	(2%)	< (2%)
5%	0%	(5%)	< (5%)
2%	0%	(2%)	< (2%)
2%	0%	(2%)	< (2%)
5%	0%	(5%)	< (5%)
5%	0%	(5%)	< (5%)
1%	0%	(1%)	< (1%)
10%	0%	(10%)	< (10%)
10%	0%	(10%)	< (10%)
10%	0%	(10%)	< (10%)
10%	0%	(10%)	< (10%)
2%	0%	(2%)	< (2%)
1%	0%	(1%)	< (1%)
2.5%	0.0%	(2.5%)	< (2.5%)
3%	0%	(3%)	< (3%)

4. SUPPORTING RESOURCES INDICATORS

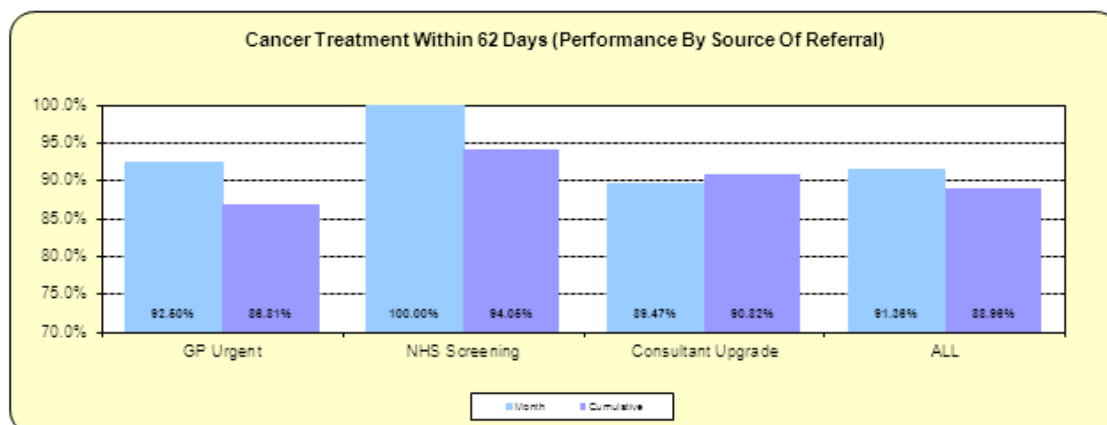
Ref.	Description
SRS09:01	Elective Admissions: Daycase Rate
SRS10:01	Delayed Transfers Of Care
SRS11:01	GP Referrals For An Outpatient Appointment
SRS12:01	Other Referrals For An Outpatient Appointment
SRS13:01	First Outpatient Attendances: GP Referrals
SRS14:01	First Outpatient Attendances: All Referrals
SRS15:01	Elective Ordinary Admissions
SRS15:02	Elective Daycase Admissions
SRS15:03	Total Elective Admissions

Better Than Target By		Worse Than Target By	
G	G/A	A/R	R
2%	0%	(2%)	< (2%)
2.00	0.00	(2.00)	< (2.00)
3%	0%	(3%)	< (3%)
3%	0%	(3%)	< (3%)
3%	0%	(3%)	< (3%)
3%	0%	(3%)	< (3%)
3%	0%	(3%)	< (3%)
3%	0%	(3%)	< (3%)
3%	0%	(3%)	< (3%)

APPENDIX 2: CANCER TREATMENT WITHIN 62 DAYS

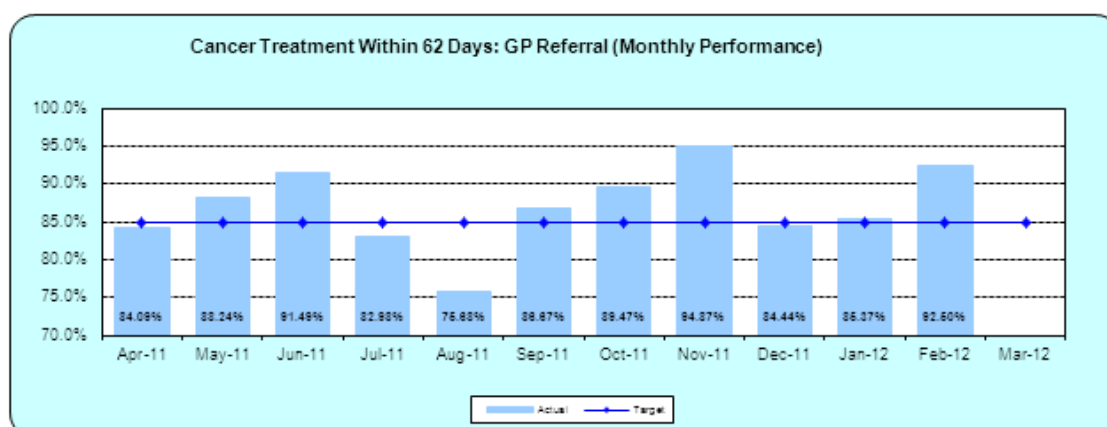
PERFORMANCE BY SOURCE OF REFERRAL

Referral Source	Current Month: Feb 2012			Cumulative: Apr 2011 To Feb 2012		
	In Time	Patients	Performance	In Time	Patients	Performance
GP Urgent	37	40	92.50%	395	455	86.81%
NHS Screening	3	3	100.00%	79	84	94.05%
Consultant Upgrade	34	38	89.47%	267	294	90.82%
ALL	74	81	91.36%	741	833	88.96%



URGENT GP REFERRAL: MONTHLY PERFORMANCE

Month	Target			Actual		
	In Time	Patients	Performance	In Time	Patients	Performance
Apr 2011	60	80	85.00%	37	44	84.09%
May 2011	60	80	85.00%	30	34	88.24%
Jun 2011	60	80	85.00%	43	47	91.49%
Jul 2011	60	80	85.00%	39	47	82.98%
Aug 2011	60	80	85.00%	28	37	75.68%
Sep 2011	60	80	85.00%	39	45	86.67%
Oct 2011	60	80	85.00%	34	38	89.47%
Nov 2011	60	80	85.00%	37	39	94.87%
Dec 2011	60	80	85.00%	38	45	84.44%
Jan 2012	60	80	85.00%	35	41	85.37%
Feb 2012	60	80	85.00%	37	40	92.50%
Mar 2012	60	80	85.00%			



Cancer Treatment Within 62 Days: Drilldown Analysis

PERFORMANCE BY TUMOUR TYPE

Tumour Type	Current Month: Feb 2012			Cumulative: Apr 2011 To Feb 2012		
	In Time	Patients	Performance	In Time	Patients	Performance
Brain/Nervous	0	0	0.00%	1	1	100.00%
Breast	15	15	100.00%	96	97	98.97%
Gastro Lower	1	1	100.00%	42	56	75.00%
Gastro Upper	4	4	100.00%	13	23	56.52%
Gynaecological	3	3	100.00%	22	23	95.65%
Haematological	2	2	100.00%	14	18	77.78%
Head & Neck	1	2	50.00%	9	14	64.29%
Leukaemia	0	0	0.00%	0	0	0.00%
Lung	0	2	0.00%	41	52	78.85%
Sarcoma	0	0	0.00%	0	0	0.00%
Skin	2	2	100.00%	58	58	100.00%
Testicular	0	0	0.00%	0	0	0.00%
Urological	7	7	100.00%	90	102	88.24%
Other	2	2	100.00%	8	11	72.73%
ALL	37	40	92.50%	394	455	86.59%

PERFORMANCE BY TREATMENT MODALITY

Treatment Modality	Current Month: Feb 2012			Cumulative: Apr 2011 To Feb 2012		
	In Time	Patients	Performance	In Time	Patients	Performance
Surgery	19	19	100.00%	227	241	94.19%
Cytotoxic Chemotherapy	3	4	75.00%	34	48	70.83%
Hormone Therapy	8	8	100.00%	65	70	92.86%
Immunotherapy	0	0	0.00%	0	0	0.00%
Other Drug	0	0	0.00%	1	1	100.00%
Brachytherapy	0	0	0.00%	0	0	0.00%
Chemoradiotherapy	0	0	0.00%	3	4	75.00%
Proton Therapy	0	0	0.00%	0	0	0.00%
Teletherapy (Beam Radiation)	3	5	60.00%	21	42	50.00%
Palliative Care: Specialist	3	3	100.00%	17	19	89.47%
Palliative Care: Non-Specialist	0	0	0.00%	1	1	100.00%
Active Monitoring	1	1	100.00%	26	29	89.66%
Cryotherapy	0	0	0.00%	0	0	0.00%
High Intensity Ultrasound	0	0	0.00%	0	0	0.00%
Hyperbaric Oxygen Therapy	0	0	0.00%	0	0	0.00%
Light Therapy	0	0	0.00%	0	0	0.00%
Radio Frequency Ablation	0	0	0.00%	0	0	0.00%
Other Treatment	0	0	0.00%	0	0	0.00%
ALL	37	40	92.50%	395	455	86.81%

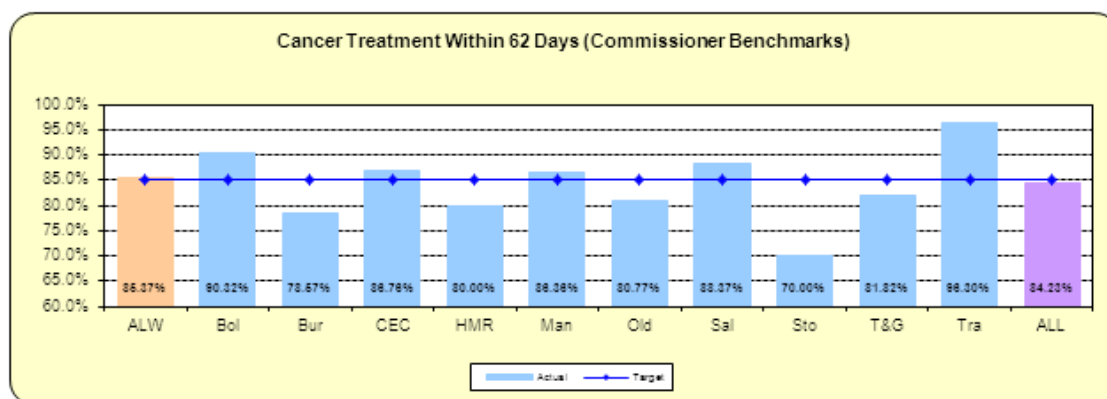
PERFORMANCE BY TREATMENT GROUP

Treatment Group	Current Month: Feb 2012			Cumulative: Apr 2011 To Feb 2012		
	In Time	Patients	Performance	In Time	Patients	Performance
Surgery	19	19	100.00%	227	241	94.19%
Drugs	11	12	91.67%	100	119	84.03%
Radiotherapy	3	5	60.00%	24	46	52.17%
Palliative	4	4	100.00%	44	49	89.80%
Other	0	0	0.00%	0	0	0.00%
ALL	37	40	92.50%	395	455	86.81%

Cancer Treatment Within 62 Days: Greater Manchester & Cheshire Network Benchmarking

PERFORMANCE BY COMMISSIONER

Commissioner		Current Month: Jan 2012			
Name	Key	Target	In Time	Patients	Performance
Ashton, Leigh & Wigan	ALW	85.00%	35	41	85.37%
Bolton	Bol	85.00%	28	31	90.32%
Bury	Bur	85.00%	22	28	78.57%
Central & Eastern Cheshire	CEC	85.00%	59	68	86.76%
Heywood, Middleton & Rochdale	HMR	85.00%	24	30	80.00%
Manchester	Man	85.00%	57	66	86.36%
Oldham	Old	85.00%	21	26	80.77%
Salford	Sal	85.00%	38	43	88.37%
Stockport	Sto	85.00%	28	40	70.00%
Tameside & Glossop	T&G	85.00%	36	44	81.82%
Trafford	Tra	85.00%	26	27	96.30%
GREATER MANCHESTER & CHESHIRE	ALL	85.00%	374	444	84.23%



PERFORMANCE BY PROVIDER

Provider		Current Month: Jan 2012			
Name	Key	Target	In Time	Patients	Performance
Central Manchester	CMan	85.00%	23.5	28.0	83.93%
Christie	Chr	85.00%	39.0	44.5	87.64%
East Cheshire	EChe	85.00%	20.0	21.5	93.02%
Mid Cheshire	MChe	85.00%	33.0	38.0	86.84%
Pennine Acute	Pen	85.00%	54.0	70.5	76.60%
Royal Bolton	RBol	85.00%	25.5	27.5	92.73%
Salford Royal	Sal	85.00%	41.0	48.0	85.42%
South Manchester	SMan	85.00%	47.5	54.0	87.96%
Stockport	Sto	85.00%	30.0	42.5	70.59%
Tameside	Tam	85.00%	36.5	44.5	82.02%
Trafford	Tra	85.00%	9.0	10.0	90.00%
Wrightington, Wigan & Leigh	WWL	85.00%	28.5	33.0	86.36%
GREATER MANCHESTER & CHESHIRE	ALL	85.00%	387.5	462.0	83.87%

