

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:18.....

Date of Meeting:30th March 2016.....

TITLE OF REPORT:	CCG Corporate Performance Report
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PRESENTED BY:	Barry Silvert – Clinical Director of Commissioning
PURPOSE OF PAPER: (Linking to Strategic Objectives)	The purpose of the attached report is to highlight performance against the key delivery priorities for the CCG in 2015/16 against which NHS Bolton Clinical Commissioning Group is nationally measured
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	Members are requested to : Note the formal month end position for January 2016 (unless stated otherwise) in respect of performance against key delivery priority targets
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Performance is reported to: CCG Clinical Executive Contract Performance Group Quality and Safety Committee
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients. The report does include performance against the 'Friends and Family Test' at Bolton FT

CCG Corporate Performance Report

1. Executive Summary

- 1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of January 2016 (Month 10).
- 1.2 Appendix 1 contains the detailed reports for each set of performance indicators the CCG is measured against:
 - Bolton CCG Objectives
 - NHS Constitution Standards
 - Key NHS Contractual Measures
 - Outcome & Quality Framework Indicators
 - Community Services Key Performance Indicators
 - Quality Premium Metrics
 - CCG Quality Indicators
- 1.3 The Integration Performance Report is usually appended to this document. As this Report is currently under review it has not been included this month. In April there will be a stand-alone agenda item on the CCG Board on Integration which will include the Performance Report as well as a review of all the Better Care Fund (BCF) schemes and proposals for next steps.
- 1.4 Section 2 exception reports against all indicators.

2. Exception Reporting

2.1 Quality & Safety – Board Lead, Dr Colin Mercer

2.1.1 Infection Control

The FT reported four C-Difficile infections in January bringing the total to twenty six in the year to date against the yearly threshold of nineteen cases. At this stage last year the FT had had 16 cases. A number of these cases have been discussed with the CCG and six cases have been determined as not being as a result of lapses in care, as per agreed criteria. Deep cleaning programmes are in place for wards along with commode audits and the introduction of new environment audits. The threshold for the FT in 16/17 is likely to be 19 cases again.

There have been a total of 46 Pre 72 hour cases (i.e. not attributed to the FT) for the same period against an annual target of 63. There were 58 cases for the same period last year. Across the whole health economy, figures this year are less than the same period last year – 72 against a threshold of 80.

The Health Economy Infection Prevention and Control Committee, hosted by the CCG, adopt a “population not organisational” approach to infection control. Clinical leads meetings are used as the forum for disseminating information and sharing learning, as is the CCG’s Learning and Development Newsletter and Practice Bulletins. Collaboration between the FT, their Community Infection Control Team, Primary Care, Social Care, Public Health and the CCG is helping to address this continued challenging agenda.

There have been no FT apportioned MRSA bacteraemias in January and performance remains at four for the year. The number of pre 48 cases is also at four and RCAs undertaken have initiated the implementation of a health economy plan regarding decolonisation of at risk patients. 2 MRSA’s have been determined to be contaminants not bacteraemias.

2.1.2 Falls

Although the number of overall falls increased in January, there were no moderate, severe or fatal falls in the month. A falls working group has been established to focus on prevention and the Falls Matron is undertaking a benchmarking exercise to compare falls/100 bed days with similar bed based units regionally. The increase in January is thought to be related to the increase in bed occupancy and the associated acuity and complexity of these patients. A detailed update was provided to Board last month and progress is being monitored by the Quality and Performance Group.

Falls leading to serious harm (e.g. hip fractures) are reported to the CCG and the investigation report is shared with the CCG.

2.1.3 Serious Incidents & Never Events

No serious incidents or never events were reported in January. An update on progress against the action plan resulting from the Royal College review of theatres was provided to the Board last month. Salford Royal FT recently underwent a similar review following a number of never events in neurosurgery and the CCG awaits their report for comparison.

The FT received a ‘Good’ ranking in a recent national league table with regards to learning from mistakes and their level of openness and transparency. The report placed the FT 34th out of 230 Trusts nationally and considered both their reporting and data from their staff survey.

2.1.4 Mixed Sex Accommodation

There were 8 MSA breaches in January which is an increase on previous months and places the FT as one of the outliers in GM. This is as a result of increased emergency demand and pressures on beds and the increases in delayed transfers of care. All the breaches occurred on HDU. The FT has started to review its policies including its internal and external reporting.

This is being reviewed by the Quality and Performance Group which received a presentation from the FT on actions in March. These are being monitored closely.

2.1.5 Complaints

There has been deterioration in the performance to respond to complainants within the agreed timescales. However, in most cases the delay is only by one or two days. The Director of Nursing confirmed that there is a plan in place to bring this back on track by February 2016. The FT's Annual Complaints Report has been reviewed by the CCG and reported positively through the CCG's Quality and Safety Committee.

2.1.6 Workforce

There has been a dip in performance related to sickness absence, compliance with mandatory training and staff turnover. The CCG is currently working with the workforce team to better understand the reasoning and a more detailed update will be provided to Board next month.

2.2 Commissioning – Board Lead, Dr Barry Silvert

2.2.1 Reduce Non-Elective Admissions

The CCG, in its 5 year plan, set a target for a reduction of 2.9% of non-elective admissions in 2015/16 (based on 2014/15 outturn). In January 2016 there were 2,529 non elective admissions across all providers. This represents an increase of 154 non-elective admissions compared to January 2015, this equates to a significant 6.48% rise.

Unvalidated data shows that in February 2016, there were 3,031 non-elective admissions compared to 2,933 last year, which is a 3.3% increase. Non Elective Activity in March continues to be significantly higher than expected. This is placing substantial pressure on Bolton FT and is negatively impacting on 4 hour A&E performance.

A key area of focus is ambulatory care – to reduce the number of unplanned admission to the Trust. The weekly collaborative operational meetings continue between the Trust and the CCG to ensure the full roll out of the Ambulatory Care Unit remains on track.

In addition to reducing unplanned admissions, the CCG and FT are proactively working to reduce delayed discharges. The weekly meetings to monitor individual wards and to assist with partners in unblocking any delays in transfer of care/discharges are continuing.

The CCG attended a Multi-Disciplinary Accelerated Discharge Event (MADE) on the 2nd March where all stakeholders, including primary care, spent a full day reviewing all medically fit inpatients within the Trust. Robust discharge plans were put in place for as many individuals as possible which resulted in the discharge of a higher number of patients than expected on the day.

A week-long event and a series of improvement days are planned with Bolton FT to pick up the issues identified as part of the event. The CCG will be working collaboratively with Bolton FT to support this process.

The event did highlight that there are two key issues which are outside the Trust's control which need to be resolved, namely delays in out of area patients being discharged and capacity in the residential, nursing and EMI market

2.2.3 Reduce Emergency Readmissions

The number of emergency readmissions in January 2016 was 505 which is a decrease of 44 from December 2015 (549). The year to date position is 5,281 readmissions which is an increase on the same period in 2014/15 where there were 5,067 emergency re-admissions. The reasons for this are being investigated at specialty level.

Work continues to promote the Admission Avoidance Team (AAT) across primary care. The AAT is having a positive impact on both non-elective admissions and readmissions as this team is the first point of referral from primary care or community services for clinically appropriate patients who are experiencing exacerbations of condition or post discharge complications. In January 2016 there were 182 step up referrals in January to the AAT team, of which 56 (31%) were direct from A&E and 4 (2%) from the ACU. This compares to 162 referrals in December with 39 (24%) direct from A&E and 4 (2%) from the ACU. These figures show a positive trend to an increased ability for the AAT to receive referrals direct from the A&E department and therefore help to reduce emergency admissions.

2.2.4 NHS Constitution Targets

A&E 4 hour performance for January 2016 was 82.60% which is a significant performance decrease from December 2015 where the monthly position was 91.1%. Unvalidated data for February 2016 shows a continued deterioration in performance to 82.34%, with the current year to date position (as at 15th March) being 90.98% (against the target of 95%). The system continues to face significant pressure in month with high attendance rates and higher than expected levels of unplanned admissions.

Work is continuing with Bolton FT to put in place appropriate actions to improve performance. Conference calls remain in place three times a week. The A&E deflection scheme is continuing to work in-hours, although this is not working to optimal effectiveness and the CCG is working with the Trust to improve and enhance this service.

Furthermore, the CCG is working collaboratively with the Trust to identify a new model of provision for urgent care with the fundamental aim of streaming patients to the most appropriate service for their presenting condition when they arrive at A&E. A positive clinical event between the FT and CCG took place on the 23rd March to discuss models for delivery.

In January 2016, NWAS failed all 3 of the national targets. Performance was 69.3% for Emergency Response arriving within 8 minutes (Red 1) and 63.5% within 8 minutes (Red 2) - against a target of 75% for both. The Category A 19 minute response standard did not achieve the target, with performance of 89.9% (against a target of 95%). NWAS has attributed the deterioration in performance to high levels of demand and lengthening turn around times at acute trusts. Handover times in January 2016 averaged 37 minutes, which is a significant increase from December 2015 where the average time for handover was 29 minutes (just within the 30 minute performance threshold).

The Greater Manchester Utilisation Management reports show on a daily basis that this metric continued to underperform in both February and March, with the current position (15th March) being in excess of 53 minutes. NWAS have sent an Ambulance Liaison Officer into the Trust at times of significant pressure and this has helped flow improve from the crew to the Trust. The CCG also met with the Greater Manchester NWAS operational lead on the 15th March to discuss possible schemes that may free up crews earlier once they arrive in the Trust. These are now being explored.

In addition, the CCG has agreed to consider a pilot of the Alternative to Transfer scheme in Bolton. The aim of this scheme is to provide alternatives in primary or community care for NWAS crews to transfer patients to (rather than A&E).

The 6 week diagnostic waiting time standard was failed for January, with 1.52% of patients not receiving diagnostics within 6 weeks, against a 1% threshold. Year to date performance against this standard is 1.25%. This is predominantly due to known endoscopy issues at CMFT, with Bolton NHS FT achieving the standard at provider level and for NHS Bolton CCG patients. The CCG continues to work with CMFT's lead commissioners to monitor the action plans and trajectories in place. The Manchester CCGs have advised that CMFT are continuing to undertake a number of actions to ensure compliance with the DM01 standard by March 2016. These actions include:

- Backlog clearance using independent sector capacity
- Embedding a more robust process for tracking weekly demand and capacity
- Greater integration between the Manchester Royal Infirmary (MRI) and Trafford General Hospital (TGH) sites

In addition, the NHS Improving Quality team facilitated a workshop on 24th February, which was intended to identify the preferred model for the provision of adult endoscopy services at CMFT, to support compliance with the six week diagnostic access target from April 2016, and to provide equitable access to

patients on the basis of clinical urgency. Recovery action plan timescales have been set for achievement of the diagnostic waiting times standard from March 2016, and the CCG contracting and commissioning teams have been assured by the lead commissioners for CMFT that this will be achieved. It is noted that demand for endoscopy services is known to have increased nationally as a result of public health cancer awareness campaigns, changes to NICE guidance and changes in clinical practice. NHS England has established a central Programme Management Office to try to address the national position, and support the matching of capacity to demand. Locally, commissioners are working with the Bolton NHS FT Elective Division (via the Planned Care Strategy Group) to ensure that this growth is resourced appropriately for 2016/17 and this has been incorporated into 2016/17 activity plans.

The 62 day cancer standard for diagnosis to first definitive treatment was failed for December, with performance of 83% against a threshold of 85% (8 patients breaching out of 47, with 7 of these patients being at Bolton NHS FT). This standard is being achieved year to date, with 86.9% of patients receiving first definitive treatment within 62 days of referral.

All 62 day breach root cause analyses continue to be shared with commissioners on a monthly basis, including when the standard has been achieved. These are reviewed jointly by the CCG and Bolton NHS FT clinical, operational and commissioning teams, to identify where there are any common themes or delays in pathways which can be addressed. As part of the ongoing work to further reduce waiting times for patients on suspected cancer pathways, a cancer waiting times CQUIN has now been agreed for 2016/17, with the aim of bringing down wait times for first assessment, diagnostics and time to first treatment for patients in Bolton.

All other cancer and elective care standards are being achieved, with 94.8% of patients waiting less than 18 weeks for planned procedures, against a threshold of 92%. Aggregate referral to treatment standards have been consistently met every month of 2015/16, although some specialty areas have required specific focus in order to reduce waiting lists. Commissioners continue to work collaboratively with Bolton NHS FT to address Ophthalmology capacity issues, which have been largely caused by increases in follow up and treatment frequency for people with sight loss. The Trust have successfully addressed the issue of patients waiting beyond their intended follow-up interval, and are now working with the CCG to find long-term solutions to ensure patients receive timely assessment, treatment and follow-up.

2.2.5NWAS 111Performance

An audit of 111 activities within the A&E department is continuing to establish the appropriateness of the patient being directed to A&E following their initial call to the 111 service. The audit will conclude by mid April and findings will be fed back through the Urgent Care Strategy and Planning Group. The CCG is also continuing to review the services currently held on the Directory of Services (DoS) to establish if there is a volume of patients being signposted to A&E when they could have been directed to a more appropriate community

service. Furthermore, the CCG is in the process of reviewing the current prioritisation levels for all local services held on the DoS. It is essential that the prioritisation is done appropriately as this is the basis for ED deflection from 111. This work will be complete by the end of April.

BARDOC Out of Hours (OOH) performance in January was positive and they were compliant with the majority of the National Quality Requirements (NQRs) with the exceptions being 'Face to Face Consultations within 1 hour' where 94.4% were seen within time and 'Home Visit Face to Face Consultations within 1 Hour' where 75% was achieved (against a target of 95% for both).

The total volume of OOH calls in January 2016 was 3,648 which is slightly higher than from the previous month's figure of 3,569 but is almost 20% lower than the same period last year. Work is continuing to monitor the impact of 111 on the OOH service demand.

2.2.6 Contractual Performance

In January 2016 there were 319 patient handovers (from ambulances to A&E) where patients waited between 30 and 59 minutes and 213 handovers where patients waited more than 60 minutes (against a target of 0 for both). This is a significant rise on the previous month where the figures were 203 and 77 respectively. This is due to the significant pressures being experienced in the urgent care system.

For mental health, completed CPAs were 97.9% in December and 96.8% in January (against the target of 95%). The Trust is confident that the previous issues noted in October and November 2015 (when the target was missed) have been addressed. The Trust continues to prioritise a more robust system, booking CPA reviews well in advance to ensure staff availability and avoid cancellations. 7 day CPA follow ups continue to be recorded at 100%.

The Improving Access to Psychological Services (IAPT) access rate target of 15% was achieved in January, with performance of 16.5%. This is a significant improvement on performance in December of 12.7% and the year to date performance for access remains at 16% across the 3 providers.

However, the CCG did not achieve the 50% target for the IAPT Recovery Rate in January, with performance of 44.8% (which is an increase from 39.67% in December). The year to date figure is also below target at 47.1%. Think Positive are the only service which consistently continues to exceed the 50% recovery rate and attributes this to appropriate referrals and the level of complexity being addressed through the relevant expertise across Step 2 therapists. GMW and 1 Point both failed to reach the recovery rates target at 39.6% and 42.5% respectively. A remedial action meeting was held between all 3 providers and the CCG on the 8th of March, in order to better understand the issues (as the combined recovery rate has not been achieved since September 2015). GMW is aware that the implementation of their new IT system (PARIS) system has contributed to recording issues, but has provided assurances that further staff training has since been provided which will help to

rectify performance. It is known that Step 3 services do expect slightly lower rates of recovery due to the complexity of the client group. GMW completed an internal audit of all individuals who had not “recovered” in December and this highlighted actions which need to be complete to help to improve performance, including ensuring full recording of all data. The combined provider meeting allowed the opportunity for sharing of information, recording and reporting mechanisms and effective practice. It was agreed to mirror the good practice of Think Positive, and operate a more proactive approach, whereby all patients who had failed to attend would be telephoned to complete the final scores over the phone or be sent the document out in the post for completion.

From April 2016 Think Positive staff will TUPE transfer into GMW. This will not impact on the immediate running of the service as referral pathways, location of services and staffing will remain the same while Think Positive staff are fully embedded. However the wider prime provider model, led by GMW, will start to take shape in early 2016/17 with the 1 Point contract transferring from the CCG to GMW July 2016. The CCG will continue to hold separate IAPT quarterly contract monitoring meetings in parallel to the multilateral contract (for approximately 6 months) to ensure consistency of service provision and to support providers through this period of significant change.

It is positive to note that both IAPT access and recovery rates have further improved in February across all providers (exact figures will be included next month’s Board Performance Report). 1 Point are moving premises over the Easter period but referrals and access will not be significantly impacted upon and GPs and patients have all received communication about this change.

The Early Intervention in Psychosis service continues to carry a caseload significantly higher than the target with 13 new cases accepted in January. A separate paper has been produced for the March Board, recommending that the full funding of £509k be approved from 2016/17 for enhancement of the current model to deliver a fully NICE compliant service which has the capacity to meet the extended age range and see at least 50% of people within 2 weeks of referral.

Dementia diagnosis rates continue to slightly exceed the national target of 70% but further work is required to build on this. Representatives from Bolton FT, GMW, Bolton Council and Bolton CCG are working together on the Greater Manchester Dementia United Programme to expedite local priorities in line with the locality plan and wider GM targets. Waiting times have extended slightly but the Trust has put interim measures in place to address these.

A mental health high level dashboard is in development. This will report on performance against all key local and national targets (including the Single Point of Access, the Early Intervention in Psychosis service and CAMHs). Monthly reporting is due to commence from May 2016.

Performance for Stroke services was discussed in detail at the February Quality and Performance Meeting between the FT and CCG. Positive progress has been made against all actions and the CCG is monitoring the extended range of quality metrics (SSNAP) data on a quarterly basis to ensure ongoing sustainability of improvements made.

With regards to the TIA service, the attached paper to Board recommends the commissioning of the service from Salford and Wrightington, Wigan and Leigh FTs.

2.3 Community Services Dashboard – Board Lead, Dr Barry Silvert

2.3.1 Detailed below are the key highlights from the overarching community services dashboard for February 2016.

2.3.2 Overall, waiting times for community services have seen a slight increase during February when compared with the previous months, with performance across the services at aggregate level at 73.4% for routine referrals seen within 4 weeks (against a target of 90%). Progress continues with a series of capacity and demand profiling of all community services to support better service planning so to ensure compliance and management of waiting times at service level in line with the revised service specifications. The CCG continues to work with the FT on key actions to reduce waiting times for specific services as required.

2.3.3 Overall, referrals to community services are comparable to last year's activity for both adult and children's services.

2.3.4 The FT has developed a High Impact Users report in order to assist the Integrated Neighbourhood Teams to identify patients who may benefit from proactive care planning and interventions from the INT. Initial feedback indicates that those patients in receipt of proactive care from the INTs do not feature on the 'frequent flyers' list further suggesting a positive impact on patient outcomes resulting from the implementation of integrated schemes. The CCG continues to monitor this with the service.

2.3.5 Work is underway to develop a comprehensive integration dashboard to demonstrate the overall impact of new schemes in place. This will also include data on Delayed Transfers of Care (DTC) as this is a new mandatory condition of the Better Care Fund for 2016/17. The first version of this will be available and submitted to Board in May 2016.

2.3.6 The Admission Avoidance team continue to see an increase in the number of patients referred to the service and reduced unplanned hospital admissions achieved as highlighted earlier in the report. Work is underway to develop a business case to consider the expansion of the Admission Avoidance Team to further reduce non-elective admissions.

2.3.7 Referrals to children's community teams have progressively increased over the last few months with a further increase seen in February (613 against a target of

515. This is positive and is projected to increase further as a result of the new children's community model which will commence in April 2016.

2.3.8 In terms of performance against other key metrics, although there has been a slight increases in sickness rates and a reduction in staff in post within adults services, these are not material and are being addressed though the Community Strategy and Planning Group. The children's services have seen an improvement in sickness absence during February. The data quality issues are still evident and these are being addressed through the Information Group (under the contractual governance arrangements).

3. Recommendations

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

Melissa Laskey - Associate Director of Commissioning
23rd March 2016