Bolton Clinical Commissioning Group

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: ………11………………

Date of Meeting: ……..26th January 2018……..

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Laskey – Director of Service Transformation Melissa Surgey – Head of Planning, Performance and Policy Mike Robinson – Associate Director Integrated Governance & Policy Victoria Preston – Lead Information Analyst for Planned Care	
PRESENTED BY:	Melissa Laskey – Director of Service Transformation	
PURPOSE OF PAPER: **(Linking to Strategic Objectives)**	The purpose of the attached report is to highlight performance against all the key delivery priorities for the CCG in 2017/18 against which NHS Bolton Clinical Commissioning Group is nationally measured	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	**Deliver Year 2 of the Bolton Locality Plan.**	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	X
RECOMMENDATION TO THE BOARD: **(Please be clear if decision required, or for noting)**	Members are requested to note the content of the report and actions being taken where required to improve performance	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Performance is reported to: CCG Executive Contract Performance Group Quality and Safety Committee	
REVIEW OF CONFLICTS OF INTEREST:	N/A	
VIEW OF THE PATIENTS, CARERS	Patients' views are not specifically sought as	

OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	part of this monthly report, but it is recognised that many of these targets such as waiting times are a priority for patients.
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	N/A

CCG Corporate Performance Report

1 Introduction

1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the months of October and November 2017 (Months 7 and 8).

1.2 Sections 2 and 3 provide highlights of performance against key commissioning and quality and safety performance indicators.

1.3 Key performance indicators showing an under-performance for October and November 2017 are summarised in Appendix 2. Exception reports and recovery plans for these indicators are included in Appendix 1.

2 Performance Summary: Commissioning

2.1 The previous report highlighted the failure of the 18 week referral to treatment (RTT) target for patients on an incomplete non-emergency pathway for the first time in five years in September 2017. As anticipated, this position has not recovered and performance remained below 92% for October and November. The CCG remains marginally above target at 92.20% YTD, however this is likely to deteriorate in Q4 following the national mandate to minimise elective activity throughout January 2018 to support the urgent care system.

2.2 Bolton's urgent care system remains under significant pressure, and this is reflected in performance against key metrics in this area for October and November 2017. The four hour A&E target continues to prove challenging. Performance improved to 88.00% in October (against a national target of 95% and a local interim target of 90%), however this improvement was not sustained and performance deteriorated to 80.40% in November. Unvalidated data from December 2017 and January 2018 demonstrates a further decline, largely due to the impact of flu and norovirus at Royal Bolton Hospital (on both patients and the workforce) and increased complex needs of patients.

2.3 As in previous months, the CCG has maintained cancer performance over the difficult winter period. Year to date (YTD) performance against the two week wait from referral to first outpatient appointment target is 97.60%, exceeding the target of 93%. In October and November, the CCG recovered performance against the 62 day wait from referral to treatment for cancer, resulting in YTD performance of 89.40% against a target of 85%.

2.4 Although underperformance has continued against the two week wait for symptomatic breast target, improvements have been made in the past two months. Performance for November 2017 was 87.20%, compared to 43.10% in October. This is largely due to effective action being taken on the previously reported staffing issues in this specialty. Whilst these improvements are positive, YTD performance currently stands at 60.90% and it is unlikely the target of 93% will be recovered this year. Further actions to improve

performance in this area further are outlined in the exception report in Appendix 1.

2.5 Key performance indicators showing an under-performance for October and November 2017 are summarised in Appendix 2. Exception reports and recovery plans for these indicators are included in Appendix 1.

3 Performance Summary: Quality and Safety

3.1 After a number of years of improvement the last two years has seen an incremental increase in *Clostridium difficile* infections (CDI) which is inconsistent with the rest of Greater Manchester. However, in 2016/17 24% of the cases were determined to have no lapses in care and this pattern has continued into 2017/18 with 50% of cases having no lapses in care identified. There have been no noted cases of cross-transmission in the past two years based on epidemiology and ribo-typing results. Bolton FT's Infection Prevention and Control (IPC) service has developed an annual work plan which has been shared with the CCG, however root cause analyses (RCAs), audits and investigations have not identified any outstanding action required to reduce cases further.

The Director of IPC has commissioned an independent external review on current management and processes at Bolton FT to help identify any areas of development to reduce the incidences of CDI at the trust. An initial on-site review was undertaken in November 2017 and the reviewers did not identify any immediate concerns. They did however identify three key themes that they felt would offer a more robust approach:

- *Divisional Oversight:* the reviewers felt that the IPC team appeared to manage the follow-up of actions from case reviews without formal oversight by the divisions. They felt that there should be formal reports of actions and updates from case reviews presented by the divisions to the IPC Committee.

- *Antibiotic Stewardship:* the review team acknowledged that although significant improvements have been made recently in antimicrobial stewardship, there were still some areas (departments and audit standards) where improvements could be made.

- *Root cause analysis:* the team felt that the current RCA process was suitable for determining compliance against agreed standards regarding the management of patients when symptoms start. However, they felt that that the analysis could be further improved. They suggested that a subset of the cases should have an additional review by a multidisciplinary team. A full list of recommended actions has been shared with the CCG.

Progress has already been made against some of the actions; these will be aligned to the existing annual work plan and will continue into 2018/19 to ensure sustainability. This will be reflected in data presented to the IPC

Committee within Bolton FT and the health economy IPC Committee on an on-going basis.

The review team plans to visit the Trust again in early 2018 for a wider review and will interview a wider range of health care staff to evaluate how well the policies are being translated into action in clinical care.

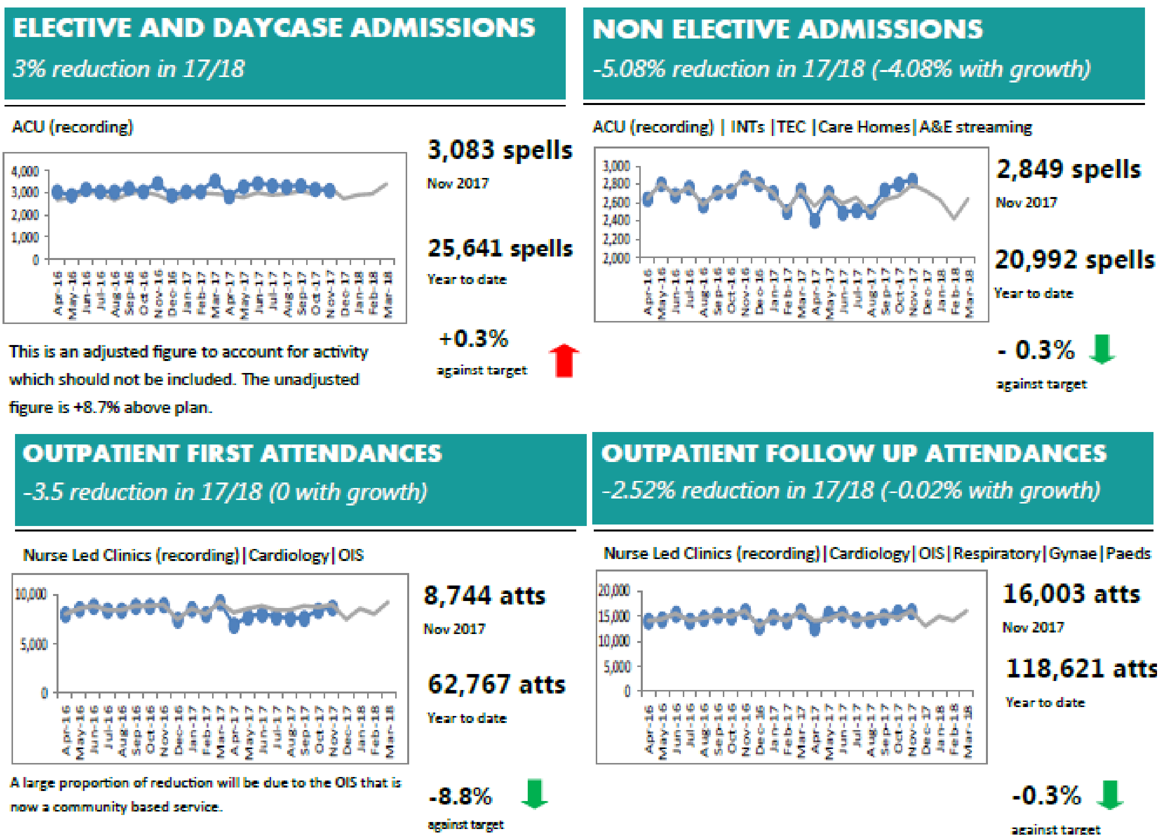
3.2 There were two serious incidents (SIs) in November which were reviewed by the CCG's governance team and the clinically led SI Review Group with Bolton FT. One related to the care of a deteriorating patient and the other a non-clinical incident related to a refridgeration unit within the Pharmacy Department at Bolton FT which caused no harm to patients or staff.

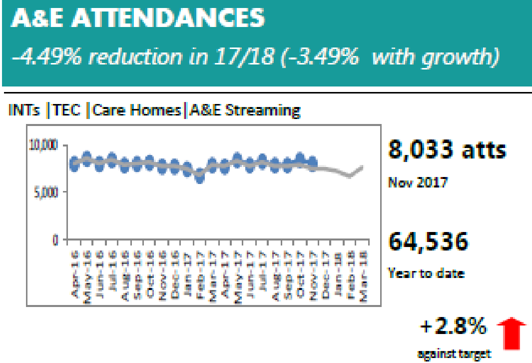
4 Performance Summary: Locality Plan and Transformation Fund

4.1 Key Performance Indicators

The following metrics are included as part of the Bolton Transformation Fund Investment Agreement and are therefore considered critical indicators of the success of the Locality Plan:

- Elective and daycase admissions
- Non-elective admissions
- A&E attendances
- Outpatient first attendances
- Outpatient follow up attendances





November data demonstrates a positive trend YTD in non-elective admissions. However, this does not take into account the increase in non-elective activity throughout December and January so is likely to show a deterioration in this trend in the next issue of the dashboard.

First and follow up outpatient attendances are below target YTD, however this is partially due to a change in the counting and coding for the Orthopaedic Interface Service (OIS) which is no longer counted as first outpatient activity and has been re-coded as community activity.

A&E attendances are 2.8% above target. Urgent care has received significant investment from the Transformation Fund in 2017/18 with many improvement initiatives beginning to go live in an attempt to reduce A&E attendances. Further details on these are included in the exception report for the A&E four hour target in Appendix 1.

Delivery of the Locality Plan outcomes is monitored and reported monthly via the System Sustainability and Transformation Board (SSTB) where performance is discussed and recovery plans formulated.

An update on 2017/18 quarter 3 of Locality Plan is to be discussed at the January Board with more detailed information on progress to date and the impact on outcomes.

5 CCG Improvement and Assessment Framework

5.1 The most recent NHS England CCG Improvement and Assessment Framework (CCGIAF) results were issued in November 2017. The framework assesses CCGs quarterly on four key domains:

- Better Health
- Better Care
- Sustainability
- Leadership

Bolton CCG's year-end rating for 2016/17 was 'good'. Since the last results were issued in July 2017, the CCG has improved its position in the following key lines of enquiry:

Better Health

- Patients with personal health budgets
- Children in Year 6 classified as overweight or obese
- Antimicrobial resistance: appropriate prescribing of antibiotics in primary care – *note whilst the position has improved, Bolton CCG remains in the bottom quartile of CCGs nationally for this measure. The data set includes BARDOC prescribing of antibiotics as the CCG's out of hours provider*

Better Care

- Cancers diagnosed at an early stage
- One year survival from all cancers
- IAPT recovery date
- Primary care workforce (number of GPs and practice nurses)

The CCG's position has marginally deteriorated with regards to injuries from falls in people aged 65 and over. This represents 9 more falls compared to the previous quarter.

Performance against the CCGIAF is discussed at the quarterly assurance meetings with the Greater Manchester Health and Social Care Partnership (GMHSCP). Quarterly and year-end results will be reported in future Corporate Performance Reports.

6 Recommendations

6.1 The Board is asked to note the performance for October and November 2017 and the actions being taken to rectify areas of performance which are below standard.

Melissa Laskey – Director of Service Transformation
22nd January 2018

APPENDIX 1

Exception Report and Recovery Plan: Referral to Treatment Incomplete Pathway

Performance

The key performance measure for elective care is the 18 week referral to treatment (RTT) standard, which is monitored through the incomplete pathway measure.

Performance against this standard has been steadily declining through 2017/18 although September was the first month RTT has failed. This standard has continued to fail in October and November 2017, with respective performance of 91.9% and 90.8% against a threshold of 92%.

Latest Update

As was identified in the November Corporate Performance Report, elective performance regionally and nationally has seen a declining trend, with the incomplete standard being failed at Greater Manchester level in September 2017. There are a number of factors influencing this, including the impact of non-elective activity on elective capacity (particularly for inpatient work), workforce issues affecting core capacity; and increasing demand for some specialties and diagnostics (for example, endoscopy). However, local demand for elective services at aggregate level remains steady. In recognition of this, a Greater Manchester Elective Care Programme has been established by the GM Health and Social Care Partnership, and Bolton will be a participant in this regional programme as it develops further.

At a local level, Bolton FT is in the process of developing robust elective capacity and demand analyses to inform operational planning and future demand management schemes. The CCG is working collaboratively with the FT to develop and review capacity and demand approaches at specialty level, with these being reported via the Planned Care Strategy and Planning Group.

In addition, Bolton FT has undertaken analysis of patients currently waiting longer than 18 weeks, and has developed recovery plans to ensure that these patients are treated as soon as possible. This was discussed at the System Sustainability and Transformation Board in December.

However, following the National Emergency Pressures Panel in January 2018, national guidance was issued to acute providers to consider cancellation of elective and routine activity in order to prioritise patients requiring urgent care. In response to this guidance, routine inpatient elective work has been halted at Bolton FT until 1st February 2018, while day case, urgent and cancer work will continue. The Bolton Locality has highlighted that these emergency measures will result in further risk to the Bolton elective care programme, specifically:

- The increase in the elective waiting list will lead to increased number of patients waiting over 18 weeks and failure of the RTT Incomplete Pathway Standard for an extended period of time

- Financial risk to the health economy, caused by additional non-recurrent investment required to treat elective patients whose treatment has been deferred, and to deliver the incomplete standard recovery plan

The CCG and FT are working together to try to mitigate these risks as far as possible, by calculating the additional activity required across the system and identifying the most efficient and effective ways to deliver this.

Recovery

Current Outcome: The incomplete pathway standard has failed in October and November 2017.

Expected Outcome: The trajectory for when achievement of the incomplete standard may be expected is dependent on the duration of cancelled elective activity, and the potential for additional activity to be performed during Spring and Summer 2018 to recover the position. This trajectory will be confirmed following confirmation of elective impact and consideration of the revised recovery plan. This indicator is at risk for 2017/18, and performance is likely to deteriorate further during the winter months.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Diagnostic Test Waiting Times

Performance

Performance against the diagnostic test waiting times standard (patients waiting for a diagnostic test waiting less than 6 weeks from the time of referral) has failed in October and November 2017, with 2.1% and 1.8% of patients respectively waiting more than 6 weeks against a threshold of 1%.

Latest Update

The failure of this standard relates to 45 patients out of 3,114 in October 2017, and 47 patients out of 3,058 in November 2017, waiting over 6 weeks for a diagnostic test across a number of providers, with the majority of breaches for the CCG occurring at Bolton FT, Salford Royal FT, and Manchester FT. Breaches for patients awaiting colonoscopy accounted for more than half (29) of these patients, with 24 of these awaiting a colonoscopy at BFT and 5 awaiting a colonoscopy at MFT.

Diagnostic capacity and demand is forming part of the detailed work currently being undertaken at the FT to inform future service planning, and this is being supported by the CCG through collaborative working and via the Planned Care Strategy and Planning Group.

Endoscopy is the key diagnostic area under particular risk, having seen marked increases in demand (following changes in NICE referral guidance and public health campaigns on bowel cancer signs and symptoms). As a result of this, Bolton NHS FT have seen a 12.9% increase in endoscopy procedures this year compared to last year. In order to meet this demand in the future a number of projects are underway, including:

- Implementation of straight to test pathways for colonoscopy, and improvement of the existing straight to test pathway for OGD
- The development of an additional endoscopy suite at Royal Bolton Hospital, due to be opening in 2018/19
- A partnership project between Bolton FT and the community provider of endoscopy services (In Health) to progress the potential for joint working to ensure patients are seen quickly and in the most appropriate service

These projects are monitored via the Planned Care Strategy and Planning Group.

Recovery

Current Outcome: The diagnostic waiting times standard has failed in October and November 2017.

Expected Outcome: As detailed above, this indicator is at risk for 2017/18, with 6 months of 8 having failed. Diagnostic performance may deteriorate further during the busy winter period which would further put 2017/18 performance at risk.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Cancer 2 Week Wait – Breast Symptomatic

Performance

Performance against the two week wait symptomatic breast target (where symptoms do not initially suggest cancer) has failed for the seventh and eighth consecutive months in 2017 at 43.1% and 87.2% respectively against a target of 93%. This represents a continued month on month improvement from the September position of 37.3%.

Latest Update

Performance has started to recover in this specialty, with performance steadily improving since August 2017.

With agreement from the CCG, the FT has been prioritising breast patients on the 2 week wait pathway where cancer is suspected. The Quality and Performance Group have been assured that no harm is anticipated to those patients on the symptomatic pathway.

The challenges regarding an increase in activity from out of area patients and long term staff sickness meaning demand has been greater than the available capacity have been previously reported in detail to Board.

The FT is monitoring performance and activity weekly and has reported that they anticipate that the symptomatic standard will be achieved by the end of December 2017 (one month behind plan).

Performance YTD means it is unlikely the CCG will be able to recover two week wait breast symptomatic performance in 2017/18.

Recovery

Current Outcome: The two week wait breast symptomatic target has failed for October and November 2017

Expected Outcome: Performance is expected to recover late in Q3, subject to revised trajectories being provided by the trust. Due to continued poor performance, it is unlikely this indicator will recover in 2017/18

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Cancer 62 Day Wait – Referral from Screening

Performance

Performance against the cancer 62 day wait from referral from screening to treatment failed in October at 75.0% and November at 88.9% against a target of 90%. This is an improvement in performance from September 2017 (57.1%).

Latest Update

The CCG reviews breaches with Bolton FT to investigate the reason for these, and it is noted that as this target is based on a low denominator, low numbers of breaches will often cause a failure against the standard.

In October 2017, two patients of 8 breached the standard, with one of these due to patient led reasons. In November 2017, one patient out of 9 breached the standard.

There are currently significant pressures on endoscopy capacity at Bolton FT following changes to the National Bowel Cancer Screening Programme and increased elective demand. These pressures are replicated across Greater Manchester and nationally. These increases are being considered as part of the elective capacity and demand modelling being overseen by the Planned Care Strategy and Planning Group. Specific actions regarding endoscopy capacity have been outlined in the exception report for diagnostic test waiting times as these two measures are linked.

Recovery

Current Outcome: The cancer 62 day wait from referral from screening to treatment failed in October and November at 75.0% and 88.9% against a target of 90%.

Expected Outcome: October and November are the fourth and fifth consecutive months in which this standard has failed. Q4 delivery (and therefore 2017/18 performance) is at risk.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: A&E 4 Hour Target

Performance

A&E 4 hour performance (target 95%) for December 2017 was 76.8%, which is a significant decrease in performance since November 2017 (at 80.40%). Similar performance figures have been seen in January 2018 to date, with a month-to-date figure of 76.48%.

Latest Update

Work continues with Bolton FT, Bolton CCG and the whole urgent care system to improve patient flow, reduce delays and match capacity and demand. One main area of focus is the appropriate streaming of patients to services from the earliest opportunity of arrival to A&E. Other initiatives include:

- Improving the flow through A&E for mental health patients, developing a stream through GMMH earlier in the patient's pathway. This is currently in its initial launch phases and positive feedback has been received to date.
- Identifying frail elderly patients who can return home from A&E with the help of the Home 1st Team. This team are in A&E between the hours of 8am and 8pm currently and further work is ongoing to increase activity and streamline pathways
- Ensure that GP-expected patients are directed straight to CDU, avoiding unnecessary waits for specialties in A&E. Bolton FT have now gone live with a new rapid assessment model in CDU for all medical patients which will take all GP-expected patients, avoiding any need for them to attend A&E.
- Develop a pathway from Paediatric A&E to GP Surgeries, particularly for under 12 year olds, ensuring children and safely diverted to their GP practice on the same day of ED attendance were appropriate.

In addition to the streaming work, the medically optimised patients are closely monitored and reviewed daily as part of an MDT. This is having a positive effect with evidence of a reduction in of Length of Stay (LOS) for those patients. The whole system continues to meet weekly to help remove any further discharge blockages and improve flow for more complex patients.

Bolton FT is continuing to work with NHS Improvement (NHSI), with focus on further embedding the SAFER bundle and “Red 2 Green” on the wards as tried and tested methodologies for improved patient flow, outcomes and timely discharges. NHSI are spending 2 days a week with Bolton FT working alongside clinicians and managers to proactively support improvement and an agreed work plan to achieve 90% A&E performance by April 2018 has been agreed with NHSI and Bolton FT.

The Urgent and Emergency Care Board continue to monitor the work of the Bolton system through the boards work plan. The work plan has been reviewed in January 2018 and reprioritised to focus resources in the biggest impact areas.

Recovery

Current Outcome: Failing 95% target. Improvements were made within patient flow however this deteriorated in November and continued to decline with changes in the weather conditions and the major impact of flu and norovirus outbreaks, which have increased the complexity of patients and also impacted on the workforce causing significant sickness across the whole system. Performance remains volatile and highly dependent on flow.

Expected Outcome: Performance in Q4 is expected to be better than the previous two quarters, though maintaining 90% throughout this period may not be achievable given the performance levels so far in December and January to date.

Timescale for Recovery: Bolton FT are working with NHS improvement and the local system to improve performance to 90% by April 2018.

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: Ambulance Performance

Background

As previously reported to CCG Board, between August 2017 and December 2017, the roll out of the Ambulance response Programme (ARP) was being implemented by NWAS and embedded within the delivery of the service.

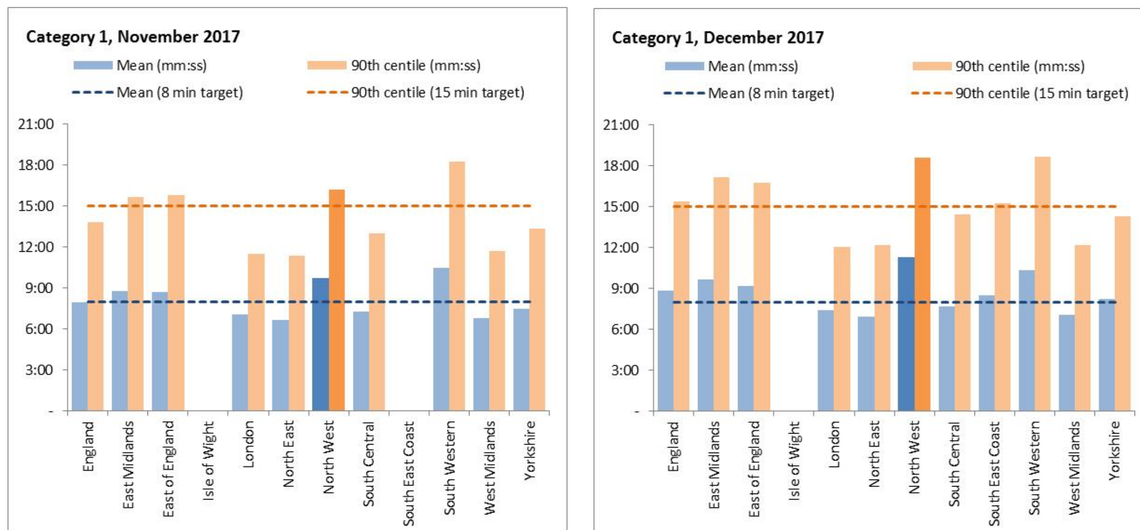
It was estimated that the volume of category 1 & 2 calls would increase as it would be more inclusive of certain symptomatic groups which are a higher priority than the new category 3 & 4, but the new timescales would allow more time and take into consideration demographics and actual travel distance. There are two key targets for Category 1:

- a mean response time of 7.5 minutes,
- and for at least 90% of cases to receive a response within 15 minutes

Performance

A recent national report has been produced to compare all UK Ambulance Trusts that have adopted the ARP model. All Category 1, average monthly response times are highlighted in the table and charts below;

		Aug-2017		Sep-17		Oct-17		Nov-17		Dec-17	
Org code	Ambulance Service	Mean (mm:ss)	90th centile (mm:ss)	Mean (mm:ss)	90th centile (mm:ss)	Mean (mm:ss)	90th centile (mm:ss)	Mean (mm:ss)	90th centile (mm:ss)	Mean (mm:ss)	90th centile (mm:ss)
	England	**9:16**	**15:13**	**8:07**	**14:16**	**7:55**	**13:44**	**7:57**	**13:48**	**8:52**	**15:25**
RX9	East Midlands	8:02	14:08	8:16	14:52	8:25	14:52	8:45	15:41	9:38	17:11
RYC	East of England	-	-	-	-	-	-	8:41	15:47	9:12	16:44
R1F	Isle of Wight	-	-	-	-	-	-	-	-	-	-
RRU	London	-	-	-	-	-	-	7:04	11:28	7:24	12:04
RX6	North East	-	-	-	-	-	-	6:40	11:23	6:57	12:10
RX7	**North West**	**10:07**	**15:59**	**9:50**	**16:21**	**9:29**	**15:36**	**9:44**	**16:14**	**11:17**	**18:37**
RYE	South Central	-	-	-	-	-	-	7:16	13:01	7:42	14:27
RYD	South East Coast	-	-	-	-	-	-	-	-	8:31	15:16
RYF	South Western	-	-	-	-	-	-	10:27	18:17	10:20	18:38
RYA	West Midlands	-	-	6:57	11:59	6:41	11:19	6:46	11:42	7:03	12:10
RX8	Yorkshire	-	-	7:14	13:28	7:11	13:17	7:27	13:21	8:12	14:19



The report shows poor performance by NWAS in comparison to other Ambulance Services, with category 1 calls consistently taking longer than the target time for response.

An additional unexpected negative impact of the implementation of ARP was a reduction in call pick-up response times. This occurred because some calls, which require the call handler to remain on the line until the ambulance arrives, now have a longer target response time. This increased the average call length and as such reduced the availability of call handlers to answer incoming 999 calls.

It is understood that performance against this target has now returned back to previous levels, averaging between 85 and 90% of calls answered within 60 seconds, however this has not been yet been formally reported.

The actions that NWAS have taken to address the issues highlighted above include:

- A comprehensive report being carried out by Organisational Research (ORH) to identify where changes and improvements in the current fleet and staff skill mix are, set against the recommended ARP model to achieve a successful delivery of ARP within the service. The report is due to be completed by the end of January 2018.

- A number of processes and procedures have been changed to streamline the call taking time with the aim to increase call taker availability.

- Trialling of Clinical supervision in the call taking and dispatch suite, which is showing increased success in performance and delivery of patient care.

- A recruitment plan has been implemented, with the intention of increasing call taking posts by 23 WTE. Formal confirmation that all these new posts are in place is awaited.

- A review of the Patient Transport Service (PTS) capacity, with the aim of reallocating resources and focusing NWAS's PTS service on discharges, supporting flow through the hospital, in turn improving ambulance handovers and freeing up paramedic vehicles.

- NWAS are also currently carrying out a piece of work with the acute providers to identify any current delays in patients being ready for inter-facility transfers.

Incidents

There has also been a noticeable increase in the number of NWAS related incidents logged with the CCG since August 2017.

The CCG has received 23 incident investigation requests since 24th November 2017, which consist of:

- 15 PTS concerns around the delays in collection and drop off.
- 4 GP concerns with delay in Paramedic Emergency Service (PES) response.
- 1 complaint due to the time delay in call time pick up.
- 2 Bolton FT complaints regarding delay in conveying high priority patients.

These incidents have been logged and all PES incidents are still awaiting feedback, with a number of them still awaiting acknowledgement onto their system

Further national reporting shows the comparison of incidents for all ambulance services. The table below shows Category 1 average percentage of incidents by priority per month for each of the UK Ambulance Trust;

Org code	Ambulance Service	Aug-2017 % Incidents by priority	Sep-17 % Incidents by priority	Oct-17 % Incidents by priority	Nov-17 % Incidents by priority	Dec-17 % Incidents by priority	Jan-18 % Incidents by priority
	England						
RX9	East Midlands	7.50%	7.62%	7.95%	8.44%	8.69%	11.18%
RYC	East of England			8.29%	11.43%	9.73%	9.62%
R1F	Isle of Wight						
RRU	London			7.54%	8.22%	8.12%	8.45%
RX6	North East			9.82%	10.52%	8.91%	7.51%
RX7	**North West**	**8.38%**	**8.68%**	**8.72%**	**9.52%**	**11.70%**	**11.76%**
RYE	South Central			7.74%	8.07%	5.69%	5.98%
RYD	South East Coast				7.52%	6.11%	5.62%
RYF	South Western				8.01%	7.76%	7.74%
RYA	West Midlands		8.44%	7.81%	9.25%	5.88%	6.20%
RX8	Yorkshire	14.19%	15.62%	13.30%	14.78%	15.87%	14.75%

NWAS have been consistently in the top 3 trusts for the highest number of incidents across the country.

Recovery

Current Outcome: NWAS are failing against new ARP targets. Gradual improvements have been seen prior to the winter months, however assurance is required for continued and sustainable improvement.

Expected Outcome: Improvements are anticipated to continue over the remainder of Quarter 4 as the organisation continues to learn and improve practices in line with ARP targets. Once fully functional with the anticipated recommendations made from the Organisational Research (ORH) report, ARP is anticipated to improve overall performance and patient safety.

Timescale for Recovery: Performance up to the end of December continues to improve through quarter 4, December to March traditionally seeing high volumes and poor performance within ambulance services, this may not be sustainable.

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: % Completed Bookings by 12+6 Weeks

Performance

This performance metric has been subject to scrutiny and an improvement plan during the last 12 months. Overall performance since April has been variable however the target was met in both September and November 2017. October performance fell short of the 90% target at 87.90%. YTD performance is 87.93%.

This metric is complex and difficult to impact as it relies on the patient acknowledging pregnancy and making early contact with midwifery. National policy and guidelines recommend that all women have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices before 13 weeks gestation.

Latest Update

Work continues to review each case where the pregnant patients did not contact midwifery prior to 12+6 weeks. GP practices are being asked to encourage patients to book with a midwife once pregnancy confirmed.

Recovery

Current Outcome: Failed for October 2017 at 87.90% against a target of 90%, however achieved in November 2017 at 91.60%.

Expected Outcome: YTD performance is below the 90% target at 87.93%. It is currently unclear if performance will improve significantly enough in Q4 to recover the year due to the variables outlined above.

Timescale for Recovery: Ongoing work in this area to encourage patients to present to midwifery services before the 12+6 target.

Lead Commissioning Manager: Joanne Higham (Senior Commissioning Manager; Women and Children)

Exception Report and Recovery Plan: Improving Access to Psychological Therapies

Performance

Performance against the access rate to IAPT in October and November failed at 15.6 and 15.2% respectively against the national target of 16.8%.

Latest Update

Performance has deteriorated from the September position of 16.2% and early indications show that December 2017 access will be in the region of 8.3%, which although a seasonal reduction is expected, the baseline position in Dec 2016 was 9.4% against a 15% target.

The 16.8% target required by the end of 2017/18 is still within reach for the providers GMMH and 1Point who are aiming to deliver a stretched 17.5% in the month of March 2018 as a result of additional capacity provided through the Transformation Fund (GMMH and Silver Wellbeing through 1 Point.)

Links are continuing to be further developed in to long term conditions, older adults and perinatal support.

Both providers continue to move towards new IT systems (separate systems due to governance but both will use PCMIS) which will also support the ability to improve self-referrals. Additional therapists and admin staff have been recruited at 1 Point in November, and further PWP and admin posts at GMMH in December 2017 with ongoing inductions and notice periods being served. Caseloads are being worked up at present to achieve the target in March 2018.

Recovery

Current Outcome: Failing to meet the national target of 16.8% for 17/18 FY

Expected Outcome: Failure of Qtr. 3 and although gradual increases are expected for Jan and Feb they will still be below the 16.8% required target.

Timescale for Recovery: Service is expected to be fully staffed by March 2018 and stretch target of 17.5% is still a possibility based on latest update from GMMH.

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Acute Out of Area Placements (OAPs)

Performance

Performance against the NHS England target of zero acute out of area placements (OAPs) by 20/21 fell short again for the seventh and eighth consecutive months in October and November, with 14 people placed outside the GMMH footprint in October 2017 and 10 people in November 2017. This brings the YTD total to 49.

Latest Update

There was a higher than average number of Bolton OAPs for October and November. The GMMH team carried out a prompt investigation into the reasons and remedial actions have been put in place.

September and October saw an unprecedented increase in the required number of out of area beds and this coincides with the consistent high volume of acute A&E attendances in Bolton and across Greater Manchester. GMMH has ensured that robust systems are in place to manage their in-patient bed capacity and flow and continue to liaise with CCG colleagues on a daily basis

November has seen a reduction in the number of OAPs compared to October from 14 to 10 people placed out of area. Systems are in place to manage patient flow and both the Inpatient and Urgent Care Teams continue to work collaboratively to safely discharge people from hospital with appropriate support and provide alternatives to hospital admission wherever possible. Work continues in collaboration with Northern Healthcare through winter resilience mental health monies which has enabled 2 beds to be block purchased with the aim of reducing use of acute OAPs by expediting discharges and avoiding admissions where safe and appropriate to do so. The Council also continue to work on the review of the respite/crisis house at New Lane which has reduced numbers of rolling respite patients and increased the numbers of crisis beds which are gate kept by the Home Based Treatment Service. Both of these developments, in addition to the A+E diversion practitioners aim to reduce the numbers and impact of high cost, distantly located placements.

Early indications for December and January show further reductions towards 5 Acute OAPs each month which is an improvement from the past four months. A GM wide work stream group has been set up to look at local definitions and solutions which is chaired by Deborah Partington and attended by a wide range of stake holders including Bolton CCG commissioners.

Recovery

Current Outcome: Failing to meet the national target of zero acute OAPs

Expected Outcome: Failure of Q2 and Q3

Timescale for Recovery: It is unlikely recovery will be achieved in this financial year

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Rapid Assessment Interface and Discharge (RAID)

Performance

Performance against the A&E emergency referrals assessed within 1 hour failed the 75% target in both October and November 2017 at 71.1% and 67.1% respectively.

Latest Update

October - The Bolton RAID team responded to 71.1% of all referrals received within 1 hour, falling short of the 75% target in month. Two vacancies have now been recruited to and the staff in question received induction in October, there is an expectation that performance will improve going forward. The team continues to work hard to meet the target, working alongside Acute Trust colleagues.

November - The Bolton RAID team responded to 67.1% of all referrals received within 1 hour, falling short of the 75% target in month. Two new staff members were recruited to existing RAID vacancies in November and three more practitioners will be in post by February; at that point, the team is expected to be operating with a full complement of practitioners. The team continues to work hard to meet the target, working alongside Acute Trust colleagues.

The A+E diversion scheme is now operational and will be fully staffed by February. This is expected to have a positive impact on patient numbers being referred to RAID.

Recovery

Current Outcome: Failing to meet the national target of 75%. YTD performance is 72.4%

Expected Outcome: Failure of Q2 and Q3

Timescale for Recovery: Service is expected to be fully staffed by February 2018 which will aid recovery in Q4.

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Delayed Transfers of Care and Non-Elective Length of Stay

Performance

In November, delayed transfers of care (DTOCs) were at 4.7% (as a percentage of total occupied bed days). This is above the plan of 3.3% (a Greater Manchester target) but has reduced from 6.6% in October.

Non-elective length of stay (LoS) remains above plan for November at 4.5 days (against a target of 4.4 days).

Latest Update

The Bolton locality is working collaboratively to help to reduce pressure on the hospital and improve timely discharges to reduce length of stay and delayed transfers. The following are the key priorities to achieve this:

- Full implementation of the Integrated Discharge Team – which is now functioning as a single team and working to an agreed list of patients where daily actions are progressed to facilitate timely discharge. This has helped to significantly reduce the number of beds days “lost” as a result of patients who are medically optimised remaining in a hospital bed – which helps to reduce the overall average length of stay.
- A multi-disciplinary team approach is being tested on the respiratory wards (D1 and D2) to help to expedite discharge of patients – with a focus on people going back to their own home where possible. This will be rolled out to all wards by the end of 2017/18. The reablement capacity is being enhanced to support this.
- The discharge to assess process has been agreed and this is being rolled out for people being discharged home. This will be expanded to Extra Care and CHC assessments (in dedicated Care Home beds expected from spring 2018). This will help to reduce DToCs.
- The Trust are currently auditing the process of reporting delayed transfers of care (DToC). This should provide more accurate reporting from March 2018 onwards based on the recommendations from the audit.

The impact of the above initiatives will have a positive impact from January onwards but, as the additional capacity will not be fully in place until March 2018, this, together with the winter season, means that the DToC and LoS targets are unlikely to be achieved in 2017/18.

Recovery

Current Outcome: DTOC and LoS both failed for November 2017.

Expected Outcome: Both measures are expected to fail for Q3 and are unlikely to recover fully in this financial year

Timescale for Recovery: The plans in place for recovery are longer term and the targets are not expected to be achieved in 2017/18.

Lead Commissioning Manager: Paul Beech

Exception Report and Recovery Plan: Ambulance Call Outs to Care Homes

Performance

The CCG target for Ambulance callouts to Care Homes is 175 per month (April to December 2017). In November, there were 218 callouts, which is 24% above plan. The target reduces to 134 per month from January 2018 – following the implementation of Immedicare.

Latest Update

A number of schemes have been put in place across care homes in Bolton to provide proactive and reactive support to reduce avoidable emergency transfers and admissions to hospital. These include:

- Enhanced primary care to care homes through a new service specification with GP Practices (one practice per care home) which has been approved and commenced in December. The majority of care homes have been aligned to an individual GP practice.
- 24/7 telehealth clinical support and triage has been commissioned (Immedicare) for all care homes, with 26 homes on line at the end of December with an action plan in place for the remaining seven homes.
- Multi-disciplinary community services (including mental health for dementia care) being put in place to provide holistic support to care homes (for both proactive and reactive care)
- A falls coordinator is now in place to provide additional support to all care homes
- Training and support to all homes is being put in place through the Care Homes Excellence Group

The full impact of all the above programmes will be seen from January 2018.

Recovery

Current Outcome: Ambulance call outs to care homes are in line with plan at 1,578 YTD compared to plan of 1,575.

Expected Outcome: The target is to reduce callouts from Care Homes to 134 per month from January 2018 – when the full impact of the schemes will take effect. The CCG is confident that this target will be achieved by the end of Q4.

Timescale for Recovery: Improvements are expected to be seen from January with the full impact from February to March 2018.

Lead Commissioning Manager: Paul Beech

Exception Report and Recovery Plan: Hospital Acquired Infections

Performance

There were 2 Clostridium Difficile toxin (CDT) post 72 hour positive cases reported by Bolton FT in October 2017 and 1 in November 2017. YTD the FT has reported 24 cases against a threshold of 19 cases.

Latest Update

The root cause analyses (RCAs) have been presented to the FT's CDT harm free care panels and learning shared at the Bolton Infection Prevention and Control Committee (IPCC).

Other actions being taken to support the reduction in CDT cases have been reported to previous Board meetings.

As reported in last month's report, Bolton FT has exceeded the maximum number of 19 CDT cases for 2017/18.

Recovery

Current Outcome: Exceeded the CDT threshold of 19 cases for 2017/18

Expected Outcome: Failure of 2017/18 confirmed

Timescale for Recovery: This indicator has already failed for the year, although the actions outlined above are intended to minimise future CDT cases

Lead: Mike Robinson

Exception Report and Recovery Plan: Mixed Sex Accommodation

Performance

In October and November, there were 4 and 6 mixed sex accommodation (MSA) breaches respectively at Bolton FT. This represents a significant improvement on the 18 breaches previously reported in September 2017.

Latest Update

As updated in previous Board reports, MSA breaches continue to be an ongoing problem that requires significant estates changes to fully mitigate. Policy and practices have been reviewed by the trust and CCG. All breaches related to patients from within their High Dependency Unit (HDU) and the ongoing capacity issues within the trust's bed base. This issue remains a concern both internally and externally and the CCG is assured the Trust remains focused on eliminating MSA, prioritising the issue at daily bed meetings but prioritising patient safety over the requirement to move patients. Patient experience is gathered for all breaches and there have been no adverse reviews reported.

Recovery

Current Outcome: Failing to meet the target of zero MSA breaches

Expected Outcome: Failure of this target in 2017/18

Timescale for Recovery: Not recoverable in 2017/18 due to ongoing estates issues previously reported to Board

Lead: Mike Robinson

NHS BOLTON CCG EXCEPTION REPORT

Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Feb 2017	Mar 2017	2017/18 YTD	Trend
BOLTON CCG															
Commissioning															
RTT															
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	79.5%	82.7%	79.4%	82.1%	82.6%	79.8%	75.3%	78.2%					80.0%	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	91.0%	90.3%	90.8%	91.1%	89.5%	89.0%	88.7%	88.2%					89.7%	
Patients on an Incomplete pathway	92%	92.1%	92.7%	93.0%	92.8%	92.2%	91.96%	91.90%	90.80%					92.20%	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	1.2%	1.0%	0.7%	0.9%	1.5%	1.6%	2.1%	1.8%					1.4%	
Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	0	5	1	1	4	2	2	1	1					17	
Cancer patients - 2 week wait -All Providers, CCG view															
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	94.60%	98.70%	98.80%	96.90%	97.50%	97.90%	98.80%	97.50%					97.60%	
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	89.40%	91.30%	44.70%	66.70%	24.80%	37.30%	43.10%	87.20%					60.90%	
Cancer waits - 31 days - All Providers, CCG View															
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96.0%	99.0%	99.10%	99.10%	99.10%	99.00%	98.20%	100.00%	98.50%					99.00%	
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94.0%	100.0%	100.00%	95.20%	100.00%	100.00%	95.50%	100.00%	100.00%					98.80%	
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98.0%	96.4%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					99.50%	
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94.0%	100.0%	100.00%	97.30%	100.00%	100.00%	100.00%	100.00%	100.00%					99.60%	
Cancer waits - 62 days - All Providers, CCG View															
Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85.0%	90.2%	88.50%	92.20%	91.70%	92.90%	84.90%	87.50%	87.30%					89.40%	
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.0%	100.0%	100.00%	100.00%	83.30%	80.00%	57.10%	75.00%	88.90%					87.30%	
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)		83.3%	70.00%	72.70%	86.70%	85.70%	92.30%	100.00%	83.30%					85.10%	

	Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Feb 2017	Mar 2017	2017/18 YTD	Trend
Quality and safety	Mixed sex accommodation breaches - Bolton FT															
	Zero tolerance MSA breaches	0	21	10	11	10	6	18	4	6					86	
	HCAI-Healthcare Associated Infections															
	CDIFF-Post 72 hrs (Hospital)	19	4	2	1	6	3	5	2	1					24	
	MRSA-Post 48 hrs (Hospital)	0	0	1	0	0	0	0	0	0					1	
	Serious Incidents and Never Events															
	Serious Incidents	0	3	0	2	0	2	0	1	2					10	
	Never Events	0	1	0	0	0	0	0	0	0					1	
	Falls and Incidents - Bolton FT															
	Falls with at least moderate harm - Moderate	0	1	0	0	2	3	2	1	1					10	
	Falls with at least moderate harm - Severe	0	2	0	0	1	1	2	1	1					8	
	Medication Incidents	<100	100	114	94	100	122	152	130	126					938	
Transformation Fund	Transformation Fund															
	Elective and Daycase	-3%	-4.5%	16.2%	11.4%	11.5%	9.2%	6.8%	4.2%	-8.9%					5.5%	
	Non Elective	-4.08%	-9.9%	-4.2%	-7.6%	-9.1%	-3.4%	0.0%	1.3%	-2.1%					-4.3%	
	Outpatient First	0%	-13.7%	-9.0%	-9.4%	-8.3%	-9.8%	-14.0%	-4.1%	-2.8%					-8.8%	
	Outpatient Follow Up	-2.52%	-11.2%	6.7%	-1.3%	0.7%	-1.3%	-2.3%	6.0%	0.5%					-0.3%	
	Accident and Emergency	-3.49%	-3.8%	-1.3%	-1.3%	-2.1%	-1.2%	-1.8%	2.1%	3.6%					-0.8%	
Urgent Care	A&E Waits - Bolton FT															
	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	82.54%	86.40%	84.70%	84.80%	78.20%	84.50%	88.00%	80.40%					83.80%	
	Category A ambulance calls - NWAS position															
	Category 1 response times - Mean	7.5 mins	Not available				10:07	09:50	09:29	09:44					09:44	
	Category 1 response times - 90th Percentile	15 mins	Not available				15:59	16:21	15:36	16:14					16:14	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	270	245	235	199	364	319	285	371					2288	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	133	64	83	82	226	183	106	212					1089	

	Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Feb 2017	Mar 2017	2017/18 YTD	Trend
Childrens and Maternity	Childrens and Maternity															
	% Completed Bookings by 12+6 weeks	90%	87.60%	88.20%	83.70%	85.00%	89.20%	90.20%	87.90%	91.60%					87.93%	
	% of Admissions to E5 from A&O	<40%	33.00%	32.50%	31.60%	30.60%	28.90%	38.30%	31.40%	28.10%					31.80%	
	% Conversion rate from A & E attendance to F5		9.20%	8.90%	8.30%	8.20%	9.10%	11.70%	12.20%	13.30%					10.11%	
Mental Health	Mental Health															
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	16.8% National 17.5% local	11.4%	14.7%	15.1%	15.0%	13.6%	16.2%	15.6%	15.2%					14.3%	
	IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50.0%	59.0%	65.0%	65.3%	60.4%	60.5%	54.4%	50.4%	54.6%					58.7%	
	RAID (% of AE Emergency referrals assessed within 1hr)	75.0%	71.2%	75.5%	72.3%	73.3%	78.0%	70.2%	71.1%	67.1%					72.4%	
	Out of Area placements (New)	0	1	2	5	2	3	12	14	10					49	
Integrated and Community Care	Integrated and Community Care															
	DTOC as a percentage of occupied bed base - Bolton FT position	3.3%	5.5%	5.8%	2.9%	4.2%	3.9%	6.0%	6.6%	4.7%					5.3%	
	Non Elective Los	<4.4	5.1	4.9	5.1	4.5	4.7	4.6	4.7	44.0					4.7	
	Pressure ulcers in Community	Reduce	12	17	10	7	12	11	5	8					82	
	Non Elective Admissions due to falls (Community - harm free care)	<15 per month	15	18	5	12	14	10	10	12					96	
	Ambulance call outs to care homes	<1,807	185	170	200	172	210	216	207	218					1578	