NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: ……………9………………………..

Date of Meeting: ………….25th May 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:	Dr Barry Silvert – Clinical Director of Commissioning	
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 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.	

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 month of March 2018 (month 12) and 2017/18 year end.

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 March 2018 are summarised in Appendix 2. Exception reports and recovery plans for these indicators are included in Appendix 1.

2 Performance Summary: Commissioning

2.1 At 2017/18 year end the CCG has failed to achieve the key Constitutional standard regarding A&E 4 hour performance with performance at 81.9% against the national target of 95%. However, the locality is making progress towards the locally agreed NHS Improvement target of 90% by June 2018 through effective implementation of the 5 'high impact' changes to improve system flow and reduce acute pressures. Initial data from April 2018 indicates a further improvement to 82.5%, and similar figures of 82.1% in May to date. This is in the context of a significant increase in A&E attendances since the beginning of May with some days seeing attendances of over 400 (compared to the daily average of 308). Improvements in patient flow have also resulted in a reduction of delayed transfers of care (DTOCs) to 3.4% in March, from 6.3% the previous month.

2.2 The ongoing pressures in elective care for referral to treatment (RTT) and diagnostic waiting times are evident from the year end position, which demonstrates the failure to achieve both these indicators in 2017/18 (91.2% and 2.3% for the full year respectively). The positive impact of recovery plans for both these areas can be seen in the March performance data, with the 18 week RTT target for patients on an incomplete pathway improving to 89.39% and a year end result of 91.2% against the 92% target. Significant improvement in the DM01 diagnostics target has been seen in February and March, reducing from a high in January of 8.2% to 1.3% in March against the 1% target. This is in part due to the commissioning of additional endoscopy capacity through In Health (the community endoscopy provider) and recovery is expected to continue with the opening of the new endoscopy suite at Bolton FT in June. The Bolton locality was commended by Jeremy Hunt for progress made in quickly improving performance in this area.

2.3 The CCG has maintained its overall strong performance in cancer in 2017/18. The Constitutional standards for suspected cancer referrals two week wait and 62 day wait from referral to treatment have both exceeded the national target. Performance against the 62 day target for screening patients has been an area of underperformance intermittently throughout 2017/18. The relatively low

number of patients who are treated under this category means that a small number of breaches results in failure of the standard. The 90% target was not achieved at year end, with performance of 89.1%. However performance has recovered in March to 90.9%. Performance against the 62 day target is anticipated to deteriorate in 2018/19. This is solely due to changes to the national cancer waiting times guidance. The revised process for allocating breaches across pathways shared across multiple providers is expected to negatively impact first seeing trusts (such as Bolton FT). Based on modelling by the CCG and Bolton FT, the anticipated negative impact is deterioration in 62 day performance by 5% per quarter. Concerns regarding this have been escalated to the Greater Manchester Health and Social Care Partnership (GMHSCP).

2.4 Service improvements in mental health are positively impacting performance in some key indicators in this area. Of note is the significant improvement in assessing mental health emergency referrals from A&E within one hour through RAID. The target of 75% was regularly not met in the first three quarters of 2017/18, however since the introduction of all-age RAID and the mental health A&E diversion service the target has been consistently exceeded from December 2017. In March, performance reached 91.3% which has supported recovery of the year end position to 77.2%. Whilst the CCG has maintained its achievement of the IAPT recovery rate every month throughout 2017/18, the access rate has fallen short of the national target of 16.8% and the local stretch target of 17.5% with a year end position of 13.8%. This has been due to staff sickness and vacancies which have limited capacity within IAPT services. Achievement of the local stretch target has been predicted for the end of Quarter 1 of 2018/19. Another key development in mental health has been the official opening of Honeysuckle Lodge, a new 14 bed inpatient ward providing recovery and rehabilitation services to women with mental health issues. The service is run by Greater Manchester Mental Health FT and Alternative Futures on the Royal Bolton Hospital site and will enable patients previously sent out of area for care to receive this closer to home in the locality.

3 Performance Summary: Quality and Safety

3.1 There were two post 72 hour Clostridium Difficile (CDI) positive cases in March 2018, both of which had lapses in care. The themes related to a delay in stepping down from IV to oral antibiotics and a delay in sending a specimen once symptoms started. The total number of cases for 2017/18 is has reported 30, compared to 37 cases in 2016/17. Of these, 17 had lapses in care and are considered as performance cases against the Bolton FT threshold of 19 cases.

3.2 There were 18 serious incidents (SIs) at Bolton FT in 2017/18, including two never events. 3 SIs were reported in March 2018, including two falls and an avoidable cardiac arrest. This will be written into an annual report with appropriate analysis of themes and trends and reported via the Quality and Safety Committee. This report will include SIs from other providers and those related to safeguarding reported by the CCG.

3.3 There were 14 12 hour breaches A&E at Bolton FT in 2017/18. Full root cause analyses (RCAs) were undertaken by the FT, shared with the CCG, and reviewed by the commissioning team and governance team. The RCAs concluded that 13 of these patients came to no harm as a result of their protracted stay in A&E. One patient was transferred to the ward after spending 16 hours in the Emergency Department and subsequently died two days later. The root cause of the long wait was a lack of medical bed capacity and the delay specifically for a side room. There was no evidence that the delay in A&E caused any harm to the patient and a full RCA was undertaken. There is strong evidence that the patient's observations were maintained and both hygiene and pressure relief needs were met. The patient was transferred to a hospital bed in order to support comfort and all care was provided in a cubicle to maintain privacy and dignity. The RCA resulted in a number of recommendations which are currently being implemented and audited under the guidance of the Matron. One of the 12 hour breach patients had a mental health need. This was a CAMHS patient who required an informal admission and was admitted out of area in Chester.

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

The Investment Agreement is currently being refreshed for 2018/19 to ensure alignment with the agreed operational and financial plans. It will also include a set of core Greater Manchester metrics to support consistency across localities. Updated targets and performance against these will be provided from the June Corporate Performance Report.

6 Recommendations

6.1 The Board is asked to note the performance for March 2018 and the actions being taken to rectify areas of performance which are below standard.

Melissa Laskey – Director of Service Transformation
22nd May 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, with this having been failed since September 2017. Performance has improved for March 2018, with 89.39% of patients waiting less than 18 weeks, against a threshold of 92%.

Latest Update

Elective performance regionally and nationally has seen a declining trend. 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). In recognition of this, a Greater Manchester Elective Care Programme has been established by the Greater Manchester Health and Social Care Partnership, and Bolton will be a participant in this programme as it develops further.

Elective performance at Bolton FT has been significantly impacted by urgent care pressures throughout the winter months, and cancellation of elective activity has been required in order to meet urgent demand. This has further compounded the deteriorating position, and continues to be a risk to the elective programme.

The Bolton health economy has agreed that treating patients on elective waiting lists continues to be a priority, and as such, the CCG have agreed to fund activity over and above that included in the contract in order to treat patients waiting more than 18 weeks. Bolton FT are currently developing their detailed plans to use this money, and additional capacity will be put in place from June 2018 to support the achievement of RTT by September 2018. The key specialty areas being focused on as part of this backlog clearance are Ophthalmology, Orthopaedics and General Surgery, which account for the majority of patients waiting more than 18 weeks.

In addition, Bolton FT and the CCG are working collaboratively to develop and review capacity and demand approaches at specialty level, with these being reported via the Planned Care Strategy and Planning Group.

Recovery

Current Outcome: This standard has been failed for March 2018 and therefore failed at 2017/18 year end (91.2%)

Expected Outcome: This standard will continue to be at risk for the early months of 2018/19. A trajectory of achievement by the end of September 2018 has been set.

Timescale for Recovery: This trajectory will be confirmed following confirmation of elective impact and consideration of the revised recovery plan. This indicator remains at risk for early months of 2018/19. There is potential for additional activity to be undertaken over the summer months to compensate for cancelled activity during January 2018 which may support movement towards a recovered position in 2018/19.

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 marginally failed in March 2018 at 1.3% against a threshold of 1%. It should be noted that Bolton FT - as the main provider of diagnostics for Bolton patients – recovered their DM01 position from March 2018.

The year end position for 2017/18 performance failed at 2.3% against the 1% threshold.

Latest Update

Failure of this standard for March 2018 related to 55 patient breaches. The majority of the breaches were at Salford Royal, with 20 patients waiting over 6 weeks for their audiology assessment, 3 breaches in colonoscopy and 1 breach for an echocardiogram.

At Bolton FT a total of 13 patients waited over 6 weeks. The majority of these breaches related to endoscopy (7), audiology (3) and pressures and flows (2).

It is noted that Bolton FT has 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

Additional endoscopy capacity has been sourced via In Health, and was implemented in March 2018. A significant improvement in performance is noted for March, with only 7 patients not achieving the 6 week target, compared to 108 in February.

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

Recovery

Current Outcome: The diagnostic waiting times standard has failed in March 2018.

Expected Outcome: The target has failed for Quarter 4 and 2017/18. Performance is expected to improve from April 18 onwards.

Timescale for Recovery: Recovery plans are on track and achievement of the standard at Bolton FT has been delivered from March 2018. The CCG continues to liaise with the lead commissioners for other providers, most notably Salford Royal and Manchester FT, regarding their diagnostic performance.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Two Week Wait Symptomatic Breast Target

Performance

Performance against the two week wait symptomatic breast target (where symptoms do not initially suggest cancer) has failed in March 2018 with a performance of 65.7%, against a threshold of 93%.

The final year end position is 67.8%

Latest Update

A significant deterioration in performance is noted this month with March performance failing at 65.7%. This is a significant drop from the February positon of 90.5%. Throughout 2017/18, and with agreement from the CCG, the FT has been prioritising breast patients on the two week wait pathway where cancer is suspected. The Quality and Performance Committee has been fully briefed on this with assurance that no clinical harm is anticipated to those patients on the symptomatic pathway as a result.

The challenges the service are facing include an increase in activity from out of area patients, coupled with long term staff sickness which have both previously been reported to Board. As part of the work to secure a sustainable service, the FT has recruited an additional substantive consultant to support the delivery of additional activity. However, this individual is not yet in post, and as such the capacity gap continues to be bridged via deliver of additional sessions from members of the multi-disciplinary team involved in providing the service. By nature, this additional capacity is variable, and - while the FT had previously aimed for delivery of the symptomatic standard by the end of January 2018 - this has not been achieved.

Being largely dependent on additional capacity being provided by a limited group of staff, the significant deterioration in performance in March 2018 was due to the inability to provide sufficient additional capacity to meet demand.

Recovery

Current Outcome: The two week wait breast symptomatic target has failed for March 2018, and subsequently for 2017/18.

Timescale for Recovery: Recovery of performance is subject to the start of the new consultant in September 2018, and as such delivery of this standard is expected from Q3 2018/19

Lead Commissioning Manager: Jen Riley

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

Performance

A&E 4 hour performance (target 95%) for April 2018 was 82.7%, which is an increase in performance from March 2018 (78.5%). Similar performance figures have been seen in May 2018 to date, with a current month to date figure of 82.1%.

2017/18 year end validated performance was 81.9% against the 95% target. This is a reduced performance from 2016/17 when 82.5% was achieved.

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. Monitoring of the agreed 5 high impact system changes continues and an improvement plan for Q1 has been agreed and submitted to the Greater Manchester Health and Social Care Partnership.

Key areas for improvement in Q1 are to reduce the number of “stranded patients” (patients with a length of stay of 7 days or more) and “super stranded patients” (patients with a length of stay of 21 days of more). The locality is also focusing on increasing the numbers of patients streamed to alternative services other than the Emergency Department and to increase the numbers of patients discharged to their normal place of residence.

The following table shows the performance for these areas at the end of April 2018 and demonstrates improvements across three of the four priorities from March 2018.

Outcome	Baseline (March 2018)	Performance (April 2018)
The proportion and number of stranded patients	51.0%	44.2%
The proportion of patients streamed to alternatives to ED *	12.9%	10.8%
The proportion and number of super-stranded patients	19.1%	16.2%
The percentage of patients discharged to their normal place of residence	85.9%	87%
* % of all A&E attendances streamed.		

Bolton FT continues to work with NHS Improvement and the Emergency Care Improvement Team to support their improvement plans.

Recovery

Current Outcome: Failing 95% target.

Expected Outcome: Performance in 2017/18 Q4 finished at 78.3%. Q1 of 2018/19 is expected to see an improvement on this with performance for the quarter to date at 82.1%.

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

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: Ambulance Performance

Background

The Ambulance Response Programme (ARP) is now fully implemented by NWAS and embedded within the delivery of the service.

There are six key targets:

- Category 1 - mean response time of 7 minutes,
- Category 1 - 90% of cases to receive a response within 15 minutes
- Category 2 - mean response time of 18 minutes
- Category 2 - 90% of cases to receive a response within 40 minutes
- Category 3 - 90% of cases to receive a response within 120 minutes
- Category 4 - 90% of cases to receive a response within 180 minutes

Performance

The following table shows the most recently available information for the NWAS performance in the new ARP call categories:

Indicator Reference and Description			Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
High Level Performance										
Ambulance response times (Bolton CCG position)										
Category 1 calls Average response time	AM016	Average response time (mm:ss)	09:16	09:22	09:55	10:29	10:56	09:52	09:21	09:03
Category 2 calls Average response time	AM017	Average response time (mm:ss)	26:06	30:22	30:14	40:24	1:01:18	49:16	44:20	40:38
Category 3 calls 90th centile response time	AM018	90th centile response time	1h 45m	2h 37m	2h 20m	2h 17m	3h 6m	4h 1m	3h 43m	4h 23m
Category 4 calls 90th centile response time	AM019	90th centile response time	1h 57m	2h 23m	2h 26m	2h 29m	3h 9m	2h 38m	3h 3m	3h 17m

March is demonstrating further improvements across categories 1, 2 and 4 with deterioration in category 3. Unlike previous reports, these figures now represent the CCG position rather than the NWAS wide position.

The number of incidents reported to Bolton CCG remains a concern and CCG colleagues continue to work with NWAS to ensure appropriate feedback and learning is gained from the incidents.

The April Board meeting included a presentation from Greater Manchester Health and Social Care Partnership colleagues in relation to NWAS performance and the improvement initiatives that are underway to achieve further improvements in performance.

Recovery

Current Outcome: NWAS are failing against new ARP targets.

Expected Outcome: Improvements are anticipated in Q1 as the organisation continues to learn and improve practices in line with ARP targets.

Timescale for Recovery: Expected achievement of ARP targets from September 2018.

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 2017 has been variable however the target was met in the latter months of 2017. March 2018 performance fell short of the 90% target at 85.7%, a decline from February's performance of 89.6%. However, the target was achieved for 2017/18 with performance of 90.57%.

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.

A discussion is being taken to the Bolton Maternity Voice Partnership group to consider any further actions that could be developed to further encourage those who are pregnant to contact midwifery as soon as a pregnancy has been confirmed.

Recovery

Current Outcome: Failed for March 2018 at 85.7% against a target of 90%.

Expected Outcome: This metric was achieved for 2017/18 with 90.57% against the 90% target. However, the target has not been met in Q4 and further improvements are needed to ensure the target is achieved moving into 2018/19.

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

Lead Commissioning Manager: Joanne Higham

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 2020/21 reduced in March 2018 with 4 new individuals placed outside the GMMH footprint. This brings the 2017/18 year end total to 75 acute OAPs.

Latest Update

As noted above, there were 4 new individuals placed out of area in March of which 3 required Psychiatric Intensive Care (PICU) beds and one due to lack of female acute beds. An additional 5 patients remained out of area having been placed in February 2018.

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 admission wherever possible. Home Based Treatment remains involved as the gate keepers to acute beds, but are at capacity in terms of current caseloads as are the CMHTs. It has been identified due to current pressures a flow and capacity admin post would be helpful to enable improved efficiency and more rapid repatriation of acute OAPS. Options are currently being considered within the Trust.

Early indications for April are in the region of 8 new Acute OAPs with some significantly prolonged stays over the 72 hour target. There are a number of other initiatives in progress both locally and across GM to address current pressures:

- **Review of the Acute Care Pathway**– A Project Manager has now been appointed by GMMH who will take up post in June 2018 and will review services such as Home Based Treatment, CMHT and MATS.
- **Review of wider existing provision** – The Council's crisis house (New Lane) is being reviewed with a proposal to flex the service to increase bed numbers from 6 to 7 with a change in focus from rolling respite to admission avoidance/discharge to assess. A paper is being taken to the Council's Exec Team in June by Chris Parker (Assistant Director, Community Services). Wider crisis care has been improved through the introduction of A+E diversion and ambulatory care, All Age RAID and the 7 day AMHP Hub.
- **Invest to save opportunities –** Honeysuckle Lodge opened on 1st May providing locked rehab provision for women. Whilst the majority of beds will be used to repatriate specialised OAPs, there are several women waiting on the acute wards who would otherwise have been transferred to specialised OAPs. By admitting them directly to Honeysuckle Lodge this will free up bed capacity on the acute wards with the aim of avoiding additional acute OAPs.
- **Northern Health Care** – A block contract is currently being negotiated which will improve the flexibility of the current model and will enable short term tenancies to be operated for discharge to assess and admission avoidance in

addition to the current medium term rehab placements within a clinically supported environment.

- **The Personality Disorder (PD) pathway** - is being revised with the aim of a consistent locality response and reinforcement of the NICE guidelines around medication and admission avoidance where safe and appropriate.
- **Prevention** – work in progress with public health, women and children's commissioning, CAMHS and mental health to better understand population health and provide education and support in order to build resilience in schools and the wider community.
- **Early intervention** - Primary Care practitioners have been recruited to and will be in post over the next few months, linking in with the wider emotional wellbeing and mental health services, signposting and offering advice and support to avoid GP appointments and escalation in to more intensive services. Additional investment has also been made through the Transformation Fund in to IAPT and the voluntary sector to provide wider psychological interventions.
- **GM solutions** – GM OAPs meetings are in place with a locally agreed definition and focused work agreed in line with the NHS England trajectory. A GM action plan is in progress.
- **Additional beds** – GMMH have commissioned additional acute beds in the independent sector on behalf of Manchester CCG, and have the opportunity to do the same for the Bolton, Salford and Trafford footprint. Whilst additional beds in itself is not the preferred answer to the current acute pressures, further discussions are in progress about how this could support wider work in the short term on a risk share basis, with the understanding that prevention, early intervention and use of all available community options are prioritised in the first instance.

Recovery

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

Expected Outcome: Performance has failed each month in 2017/18, and is likely to continue to fail until system wide changes have been implemented. However, since October 2017 performance has been gradually improving in terms of new patient numbers, but not length of stay.

Timescale for Recovery: Unknown at present due to complex causes of OAPs.

Lead Commissioning Manager: Rachael Sutton

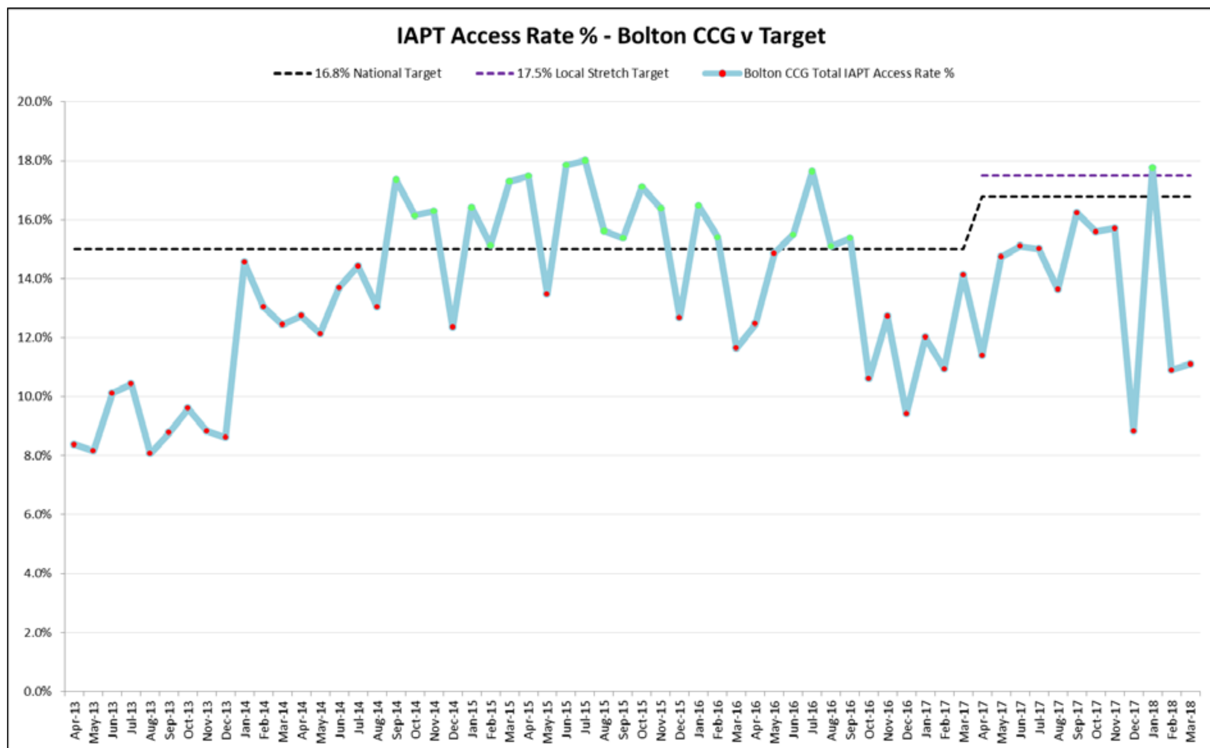
Exception Report and Recovery Plan: Improving Access to Psychological Therapies

Performance

Performance against the access rate to IAPT was 11.1% in March which fell significantly short of the 16.8% national target and also the 17.5% local stretch target. The final year end position finished below national target at 13.8% however was an increase from 13.4% at 2016/17 year end. The addition of 1 Point increased the access rate from 10.0% to 11.1% in month with 37 more patients entering treatment via the new Silver Wellbeing service.

Latest Update

Performance has marginally increased from February position of 10.9% to 11.1% in March 2018 however this resulted in a reduction in the year to date position from 14.2% down to 13.8% at year end. The chart below shows the variable performance of the CCG against this target over the last 2 years:



The team fell short of the IAPT prevalence target of 15%, reporting 10% in March, although, there is a 1% contribution from Silver Wellbeing, which is not currently included. The reduced prevalence for March is as a consequence of the high volume of patients accepted in January (17.2%), who are still undergoing treatment being prioritised by the clinicians.

The prevalence in month was also impacted by patient availability and a reduction in capacity within the clinical teams over the Easter period. Prevalence is expected to improve in coming months as the January intake patients reach recovery. The team have discussed this operationally and are aware that they need to strike a balance

between the number of new referrals and the requirement to retain the high quality outcomes in both RTT and Recovery.

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

Both providers continue to move towards new IT systems which will also support the ability to improve self-referrals to the GMMH service through PCMIS.

Additional therapists and admin staff were recruited at 1 Point in November, and further PWP and admin posts at GMMH from December 2017. Due to staff sickness, notice periods and recruitment delays, the service has not been fully staffed as originally expected by March 2018 and this has slipped to April 2018.

Recovery

Current Outcome: Failing to meet the national target of 16.8% and the local stretch target of 17.5% for 2017/18.

Expected Outcome: Failed 2017/18; performance did not reach the expected level in March 2018.

Timescale for Recovery: The service is now expected to be fully staffed by April 2018 and performance being increased to the target of 16.8% is an immediate priority, and that built upon to achieve the local stretch target.

Lead Commissioning Manager: Rachael Sutton

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

Performance

In March, delayed transfers of care (DTOCs) were at 3.4% (as a percentage of total occupied bed days). This is marginally above the plan of 3.3% (a Greater Manchester target) however DTOCs have reduced significantly since 8.5% in January 2018 and 6.3% in February 2018. The 2017/18 year end position was 5.6% compared to baseline position of 6.0%

Non-elective length of stay (LoS) remains above plan at year end at 4.8 day compared to a baseline position of 4.4 days. March was above target at 4.9 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 with joint management arrangements and working to an agreed list of patients where daily actions are progressed to facilitate timely discharge.
- The multi-disciplinary team approach trialled in respiratory (wards D1 and D2) and outlined in last month's report was rolled out to B1 and a pilot elective ward. The MDTs are now supported from the Integrated Discharge Team
- The discharge to assess process has been agreed and this was rolled out for people being discharged home (Pathway 1) from March 2017. Access to the pathway is via the Home First team in A&E, acute therapy teams and on wards D1/2 and B1.
- The trust has completed auditing the process of reporting DTOCs. This has provided more accurate reporting in March based on the recommendations from the audit.
- Total number of delayed days was 622 in March compared to a target of less than 647 which is a further reflection of the improvements made in the DTOC reporting by Bolton FT.

The impact of the above initiatives will begin to have a positive impact when the additional capacity is fully in place from April 2018.

Recovery

Current Outcome: DTOC and LoS both failed for February 2018. DToC and LoS both failed for March 2018 and year end against plan.

Expected Outcome: The DToC and LoS failed to meet targets in 2017/18.

Timescale for Recovery: The plans in place for recovery are longer term and the targets are not expected to be achieved in 2017/18. DTOCs are expected to remain within target from March onwards now that reporting issues have been resolved.

Lead Commissioning Manager: Paul Beech

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

Performance

The CCG target for ambulance callouts attending care homes is 175 per month. In March 2018 there were 274 calls received of which generated 234 ambulance callouts attending a Bolton Care Home. The baseline position in March 2017 was 127 callouts attending care homes. This represents an increase of 84%.

Note the baseline and year to date totals above include all care homes in Bolton and not just the elderly Nursing and Residential Care Homes for over 65s as per Care Home Excellence reporting.

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 with contract variations being signed and returned. Currently 27 out of 33 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 30 homes live however only 11 homes used the service in March 2018. Early delivery has raised concerns regarding response times from the provider which is being contractually managed with the provider; however usage by care homes requires further improvement.
- Multi-disciplinary community services (including mental health for dementia care) have been 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.

Recovery

Current Outcome: Q4 saw an exceptionally busy period for NWAS ambulance callouts to care homes at 65% higher than baseline position in Q4 2016/17.

Expected Outcome: Ambulance call outs which arrived at Bolton care homes in the 2017/18 were 35% above baseline at 2,273 compared to baseline of 1,683.

Timescale for Recovery: The new initiatives are being closely monitored and improvement is expected from April onwards with further rollout of the Immedicare service.

Lead Commissioning Manager: Paul Beech

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 2018	Feb 2018	Mar 2018	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%	80.7%	80.7%	75.4%	73.5%	79.2%	
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%	88.8%	87.0%	88.2%	87.6%	89.1%	
Patients on an Incomplete pathway	92%	92.1%	92.7%	93.0%	92.8%	92.2%	91.96%	91.90%	90.80%	90.16%	88.72%	88.73%	89.39%	91.2%	
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%	4.8%	8.2%	3.1%	1.3%	2.3%	
Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	0	5	1	3	4	2	2	2	2	3	3	3	2	32	
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%	97.80%	97.00%	98.20%	98.00%	97.70%	
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%	90.10%	81.10%	90.50%	65.70%	67.80%	
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%	100.00%	97.40%	97.60%	98.30%	98.80%	
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%	100.00%	100.00%	100.00%	95.00%	98.70%	
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%	100.00%	100.00%	100.00%	100.00%	99.60%	
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%	100.00%	100.00%	100.00%	97.00%	99.50%	
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%	91.70%	88.70%	79.50%	94.50%	89.30%	
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%	100.00%	100.00%	75.00%	90.90%	89.10%	
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%	85.20%	87.50%	76.20%	90.90%	85.00%	

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Quality and safety	Mixed sex accommodation breaches - Bolton FT															
	Zero tolerance MSA breaches	0	21	10	11	10	6	18	4	6	12	16	11	11	136	
	HCAI-Healthcare Associated Infections															
	CDIFF-Post 72 hrs (Hospital)	19	4	2	1	6	3	5	2	1	2	1	1	2	30	
	MRSA-Post 48 hrs (Hospital)	0	0	1	0	0	0	0	0	0	1	0	0	0	2	
	Serious Incidents and Never Events															
	Serious Incidents	0	3	0	2	0	2	0	1	2	2	2	3	3	18	
	Never Events	0	1	0	0	0	0	0	0	0	0	0	1	0	2	
	Falls and Incidents - Bolton FT															
	Falls with at least moderate harm - Moderate	0	1	0	0	2	3	2	1	1	1	3	0	1	15	
	Falls with at least moderate harm - Severe	0	2	0	0	1	1	2	2	1	0	4	3	0	16	
	Medication Incidents	<100	100	114	94	100	122	152	130	126	112	141	116	123	1430	
Transformation Fund	Transformation Fund - variance against last year															
	Elective and Daycase	-3%	-5.8%	14.9%	11.0%	11.4%	8.7%	5.2%	3.1%	-4.9%	-7.5%	-6.6%	-6.3%	-14.7%	-1.2%	
	Non Elective	-4.08%	-10.1%	-4.4%	-7.9%	-9.0%	-3.5%	0.1%	1.0%	0.9%	0.0%	-1.8%	-2.7%	-3.7%	-4.9%	
	Outpatient First	0%	-11.0%	-5.8%	-9.6%	-8.4%	-8.5%	-14.0%	-3.7%	-1.0%	-12.3%	-6.0%	-11.3%	-17.4%	-8.9%	
	Outpatient Follow Up	-0.02%	-10.5%	8.0%	-1.5%	0.6%	-1.1%	-2.4%	6.2%	3.0%	-3.4%	4.9%	-4.8%	-9.2%	-0.3%	
	Accident and Emergency	-3.49%	-3.8%	-1.3%	-1.3%	-2.1%	-1.1%	-1.6%	1.3%	7.3%	9.3%	6.3%	5.5%	4.6%	1.8%	
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%	76.90%	77.80%	79.60%	78.90%	81.90%	
	Category A ambulance calls - NWAS position															
	Category 1 response times - Mean	7.5 mins	Not available				10:07	09:50	09:29	09:44	11:17	09:51	08:55	09:03	09:47	
	Category 1 response times - 90th Percentile	15 mins	Not available				15:59	16:21	15:36	16:14	18:37	17:18	15:15	14:01	16:03	
	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	449	312	238	326	3613	
	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	348	173	102	163	1875	

	Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Trend
Childrens and Maternity	Childrens and Maternity															
	% Completed Bookings by 12+6 weeks (bolton CCG at Bolton FT) row 85	90%	92.40%	93.30%	88.60%	89.00%	90.20%	93.40%	89.90%	91.70%	93.80%	89.30%	89.60%	85.70%	90.57%	
	% of Admissions to E5 from A&O	<40%	33.00%	32.50%	31.60%	30.60%	28.90%	38.30%	31.40%	28.10%	32.70%	35.00%	32.70%	27.90%	31.89%	
	% Conversion rate from A & E attendance to F5		9.20%	8.90%	8.30%	8.20%	9.10%	11.70%	12.20%	13.30%	11.50%	10.80%	11.60%	9.40%	10.35%	
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%	15.7%	8.9%	17.8%	10.9%	11.1%	13.8%	
	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%	54.3%	56.6%	59.8%	60.4%	60.2%	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%	67.5%	78.5%	87.3%	90.9%	91.3%	77.2%	
	Out of Area placements (New)	0	1	2	5	2	3	12	14	10	8	12	2	4	75	
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%	5.4%	4.2%	3.9%	6.0%	6.6%	4.7%	7.1%	8.5%	6.3%	3.4%	5.6%	
	Non Elective Los	<4.61	5.1	4.9	5.1	4.5	4.7	4.6	4.7	4.4	4.5	5.4	5.2	5.0	4.8	
	Pressure ulcers in Community	Reduce	12	17	10	7	12	11	5	8	12	17	20	20	151	
	Non Elective Admissions due to falls (Community - harm free care)	<15 per month	15	18	5	12	14	10	10	12	11	20	17	10	154	
	Ambulance call outs to care homes	<1,807	185	170	200	172	210	216	207	218	252	318	234	274	2656	