

**NHS BOLTON CLINICAL COMMISSIONING GROUP**  
**Public Board Meeting**

**AGENDA ITEM NO:** .....13.....

**Date of Meeting:** .....29<sup>th</sup> June 2018.....

<b>TITLE OF REPORT:</b>	CCG Corporate Performance Report	
<b>AUTHOR:</b>	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	
<b>PRESENTED BY:</b>	Dr Barry Silvert – Clinical Director of Commissioning	
<b>PURPOSE OF PAPER: (Linking to Strategic Objectives)</b>	The purpose of the attached report is to highlight performance against all the key delivery priorities for the CCG in 2018/19 against which NHS Bolton Clinical Commissioning Group is nationally measured.	
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	<b>Deliver Year 3 of the Bolton Locality Plan.</b>	
	<b>Ensure compliance with the NHS statutory duties and NHS Constitution.</b>	X
	<b>Deliver financial balance.</b>	
	<b>Regulatory Requirement.</b>	
	<b>Standing Item.</b>	X
<b>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</b>	Members are requested to note the content of the report and actions being taken, where required, to improve performance.	
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>	Performance is reported to: CCG Executive Contract Performance Group Quality and Safety Committee	
<b>REVIEW OF CONFLICTS OF INTEREST:</b>	N/A	
<b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>	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.	
<b>OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:</b>	N/A	

### 1 Introduction

- 1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of April 2018 (month 1).
- 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 April 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 Urgent care remains an area of pressure at the beginning of 2018/19, however improvements have been seen since April and performance against the 95% target has been steadily increasing. Most recent data from June 2018 shows month to date performance at 85.6%, with several days achieving over 90%. This has been in spite of a continued increase in A&E attendances, with some days exceeding 400 attendances. Delayed Transfers of Care (DTOCs) have also reduced significantly to 3% in April (against a target of <3.3%). This is the first time this standard has been achieved since June 2017. Improvements in flow have largely been due to more efficient discharge to community services (both home based and bed based) and internal processes.
- 2.2 Underperformance in elective care for referral to treatment (RTT) continues, with the 18 week RTT target for patients on an incomplete pathway at 89.7% in April (against a target of 92%). However, this is in the context of some improvement over recent months, demonstrating the impact of recovery plans to aid achievement by Quarter 3 of 2018/19. Whilst performance for waiting times for diagnostics was marginally below target at 1.1% in April (against a target of 1%), Bolton FT did achieve this standard at provider level. In particular, the number of endoscopy breaches reduced from 105 to 2 in April 2018. This has been due to additional capacity provided to manage the 12.9% increase in endoscopy demand. The majority of other diagnostic breaches for Bolton CCG were at Salford Royal and Manchester FT. The lead commissioners for these providers have agreed remedial action plans with them.
- 2.3 The positive impact of strong partnership working in cancer services in Bolton has been recognised through the Macmillan Professionals Excellence Awards. The Bolton Macmillan Cancer Information and Support Service (MCISS) has been shortlisted for an award in the integration category, acknowledging the joint work of the CCG, Bolton FT, Bolton Hospice and Macmillan in supporting people affected by cancer.

### 3 Performance Summary: Quality and Safety

3.1 There were no post 72 hour Clostridium Difficile (CDI) positive cases in April 2018. The threshold of cases for Bolton FT for 2018/19 has reduced by one from 19 to 18. The threshold at CCG level has also reduced from 80 to 79 for this year. The targeted review of systems and processes supporting the prevention and control of healthcare acquired infections (HCAIs) in relation to CDIs has been completed and reviewed through Bolton FT's internal governance. Areas identified for improvement are:

- Antimicrobial stewardship
- Case reviews
- Environment
- Governance
- Education, training and support

Many of the recommendations are already being implemented and progress will be reported quarterly via the Quality Assurance Committee and the Bolton Infection Prevention and Control Committee. The improvements are expected to reduce the number of CDI cases related to lapses in care in 2018/19.

3.2 There were 2 serious incidents (SIs) at Bolton FT in April, including one never event linked to a wrong site procedure and one incident linked to a delay in diagnosis. These incidents will be reviewed at the CCG's SI Review Group. There have recently been a number of reports received after the 60 day timeframe, all of which have been agreed with the FT. The reasons for the delays have generally been down to a combination of reviewer capacity and the need for external review. The FT are working to improve capacity internally, however the reports remain high quality with clear analysis and identification of root causes.

3.3 There were 12 mixed sex accommodation breaches in April as the FT continues to underperform against the zero tolerance target. As stated in previous reports, the FT focus on this issue at daily bed meetings and ensure patients and families whom experience a breach are surveyed so they can understand any adverse impact. Negative experiences as a result of these breaches are rare. The FT are undertaking random root cause analyses of cases to determine if any new issues linked to breaches are occurring and they are also undertaking a comprehensive review of flow relating to High Dependency Unit patients to again highlight the impact of breaches.

### 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, including the financial modelling and activity trajectories, are currently being refreshed for 2018/19 in line with the Greater Manchester-wide process overseen by the Greater Manchester Health and Social Care Partnership (GMHSCP). Following a joint Executive meeting with GMHSCP, it has become apparent that there are a number of data quality issues with the month 1 data for 2018/19 which are being investigated. Due to these known inaccuracies, activity against plan for both month 1 and month 2 of 2018/19 will be reported to July's Board, accompanied by an update on the Investment Agreement refresh.

## **5 Recommendations**

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

**Melissa Laskey – Director of Service Transformation**  
**26<sup>th</sup> June 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.

In April 2018, the 18 week referral to treatment (RTT) standard failed at 89.7%, against a threshold of 92%.

Performance against this standard has been steadily declining through 2017/18, with this having been failed since September 2017, although some improvement is noted from February 2018.

#### 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 GMHSCP, and Bolton will be a participant in this regional 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 was 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 have developed detailed plans to ensure best use of this funding, 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 April 2018 at 89.7%.

**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, with further detailed monthly trajectories to support this requested from Bolton FT.

**Timescale for Recovery:** Recovery is anticipated by September 2018, subject to detailed monthly trajectories at specialty level when received from Bolton FT.

**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 April at 1.1% 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 and is continuing to achieve the standard in April (0.84%).

### Latest Update

The overall failure of this standard for April 2018 related to 43 patient breaches. The majority of breaches (84%) were at Bolton FT, with 21 patients waiting over 6 weeks for the following diagnostics: Audiology (4), Cardiology (echo) (6), Colonoscopy (1), Cystoscopy (3), Flexi-sigmoidoscopy (1), Neurophysiology (2), and Urodynamics (4). Of note, the standard was achieved at Bolton FT at 0.84%, against a threshold of 1%.

At Salford Royal 15 patients waited over 6 weeks, at the speciality levels: MRI (8), Non-obstetric Ultrasound (5), and Sleep Studies (2).

Endoscopy procedures remain the key diagnostic showing breaches at Bolton FT, although it is noted that this performance has improved significantly and the DM01 standard is now being met at provider level. 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 a recently opened additional endoscopy suite at Royal Bolton Hospital and additional capacity delivered at the Bolton FT site through In Health.

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

### Recovery

**Current Outcome:** The diagnostic waiting times standard has failed in April 2018 at 1.1% against a target of 1%.

**Expected Outcome:** Bolton FT has achieved the DM01 diagnostic standard at provider level. Performance at CCG level is expected to improve from June 2018.

**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 April 2018 with a performance of 35.4%, against a threshold of 93%.

### Latest Update

A significant deterioration in performance is noted this month with April performance failing at 35.4%, compared to the March position of 65.7%.

Throughout 2017/18 and into 2018/19, and 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 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 have faced 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 is due to commence in role in September. As such the capacity gap continues to be bridged via the delivery of additional sessions by members of the multi-disciplinary team involved in providing the service. The service provides a triple assessment clinic for all patients referred in to ensure a “one stop” approach, and therefore additional sessions require numerous staff to run - and by its nature, this additional capacity is variable.

Specialist radiology support is now being provided by other North West Sector organisations to support the delivery of the service, and the option of fixed term posts has also been explored. Capacity for the department is monitored on a daily basis by the Operational Business Manager and clinical team, with weekly review by the Divisional Director of Operations. This is subject to senior clinical oversight, and the CCG team are fully apprised of the current position and action plans in place.

### Recovery

**Current Outcome:** The two week wait breast symptomatic target has failed for April 2018.

**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 Quarter 4 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 May 2018 was 83.3%, which is an improvement in performance from April 2018 (82.6%). A further improvement to performance figures has been seen in June 2018 to date; Bolton FT have achieved over 90% on 8 days in June to date with a further 2 days achieving the 95%. The current month to date figure for June stands at 85.46%.

### 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 GMHSCP.

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 or 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 May 2018.

Outcome	Baseline (March 2018)	Performance (April 2018)	Performance (May 2018)
The proportion and number of stranded patients	51.0%	44.2%	48.3%
The proportion of patients streamed to alternatives to ED *	12.9%	10.8%	10.5%
The proportion and number of super-stranded patients	19.1%	16.2%	17.4%
The percentage of patients discharged to their normal place of residence	85.9%	87%	87%
*% of all A&E attendances streamed.			

A recent piece of improvement work on the assessment areas in the hospital to improve the flow and quick decision making is having a positive impact and supporting the recent improvement in the 4 hour target.

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:** Q1 of 2018/19 is expected to see an improvement on the 2017/18 year end position with performance for the quarter to date at 83.5%.

**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 NWS 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 NWS 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	Apr 2018
<b>High Level Performance</b>												
<b>Ambulance response times (Bolton CCG position)</b>												
High Level Performance	<b>Category 1 calls</b>	AM016	Average response time (mm:ss)	09:16	09:22	09:55	10:29	10:56	09:52	09:21	09:03	07:51
	Average response time											
	<b>Category 2 calls</b>	AM017	Average response time (mm:ss)	26:06	30:22	30:14	40:24	1:01:18	49:16	44:20	40:38	23:38
	Average response time											
<b>Category 3 calls</b>	AM018	90th centile response time	1h 45m	2h 37m	2h 20m	2h 17m	3h 6m	4h 1m	3h 43m	4h 23m	2h 21m	
90th centile response time												
<b>Category 4 calls</b>	AM019	90th centile response time	1h 57m	2h 23m	2h 26m	2h 29m	3h 9m	2h 38m	3h 3m	3h 17m	2h 56m	
90th centile response time												

April is demonstrating significant improvements across all four categories with performance against category 1 being the best that it has been since the introduction of ARP.

CCG colleagues continue to work with NWS to ensure appropriate feedback and learning is gained from incidents, though the number of reported incidents has reduced in line with the improved performance.

### Recovery

**Current Outcome:** NWS are failing against the majority of new ARP targets, though improvements are now being seen, particularly in Category 4 calls.

**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 18 months. Overall performance during the past 12 months has been variable however the target was met in the latter months of 2017.

April 2018 performance fell short of the 90% target at 86%, a slight improvement from March 2018 but a decline from the past 6 months position overall. 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.

Discussion continues to be progressed via 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.

Fortnightly meetings are being held internally by Bolton FT to manage the service and to highlight any upcoming issues that have the potential to affect the target. The booking process along with a more convenient location for women is being reviewed. This will avoid any delays in the referral pathway, will streamline services and ensure women get the right appointment in the right setting, at the right time, with the right team. The proposed change in process will ensure the Trust is in line with national guidelines and will be a better experience for the women and ensure effective use of midwifery time and resources.

Additionally, sonography (scan) capacity has been reviewed with Elective Division and 2 midwives are in the process of being trained to assist in improving capacity.

### Recovery

**Current Outcome:** Failed for April 2018 at 86% against a target of 90%.

**Expected Outcome:** This standard is being closely monitored and further improvements implemented 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 remained consistent in April 2018 with 4 new reportable individuals placed outside the GMMH footprint and a further 2 local OAPs placed within the GMMH footprint. The 2017/18 year baseline position was 75 acute OAPs.

### Latest Update

The definition of categorising an OAP has been updated for 2018/19 and agreed with NHS England as follows:

- Reportable OAPs are patients who are placed with a care provider which is located outside of Greater Manchester in a non-contracted bed.
- Locally monitored OAPs are 1) Patients admitted to a GM footprint NHS contracted bed not in their usual catchment area. 2) Patients admitted to a GM privately provided bed through contracted arrangements. 3) Patients admitted outside the GM footprint in a Cross Border NHS Contracted Bed.

As noted above, there were 4 new individuals placed out of GMMH in April of which 1 required Psychiatric Intensive Care (PICU) beds and 3 due to lack of female acute beds. There are ongoing reporting issues requiring data cleansing between the locally daily reported data and the monthly GMMH corporate performance report.

The primary pressure is around PICU placements due to a particularly complex group of individuals on the Bolton PICU awaiting step down. This has resulted in higher than average numbers of out of area PICU placements, and higher than average numbers of patients waiting on secure beds through NHS England.

Systems remain 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 and there is a discharge co-ordinator in place who is responsible for flow and capacity. As discussed at the CCG Executive last month, it has been identified by GMMH that due to current pressures a flow and capacity admin post would be helpful to enable improved efficiency and more rapid repatriation of acute OAPS. GMMH have agreed to fund this role for a period of 6 months to assess the impact.

As discussed last month, 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 appointed by GMMH came in to post in June 2018 and will commence a review of 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 Executive Team in June by Chris Parker (Assistant Director, Community Services). This may result in a request for a financial contribution from the CCG. Wider crisis care has been improved through the introduction of A&E diversion (hours flexed to 16:00 to 05:00 reflect current demand) and provision of a mental health ambulatory care area. All Age RAID has seen pressures with significantly higher numbers of children presenting (though this is not thought to have impacted directly on OAPs request). The 7 day AMHP Hub continues to operate and will be further reviewed as the scheme progresses.
- **Invest to save opportunities** – Honeysuckle Lodge opened on 1<sup>st</sup> May providing locked rehab provision for women. Whilst the majority of beds will be used to repatriate specialised OAPs, there have been patients assessed from the acute wards with 1 patient transferred who would otherwise have been transferred to a specialised OAPs. This created some acute bed capacity and as patient flow improves across the repatriated (previously long stay cohort with Honeysuckle), there will be further opportunities for this.
- **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. Procurement advice being sought in order to progress.
- **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 led on a proposal to commission additional acute male only beds in the independent sector on behalf of Manchester, Bolton, Salford and Trafford CCGs. Bed numbers have been allocated based on the 2017/18 usage and will work on a risk share arrangement, resulting on 1 additional bed for Bolton CCG. Whilst additional beds in itself is not the preferred answer to the current acute pressures, this is expected to support wider work in the short term, with the understanding that prevention, early intervention and use of all available community options are prioritised in the first instance.



- **Control room triage** – phased introduction from mid August of a mental health nurse sitting alongside GMP to offer support to officers/alternatives to A&E or detention.

## Recovery

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

**Expected Outcome:** Due to current PICU pressures it is unlikely the target will be met until the current cohort of patients on the GMMH Bolton PICU are moved on.

**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

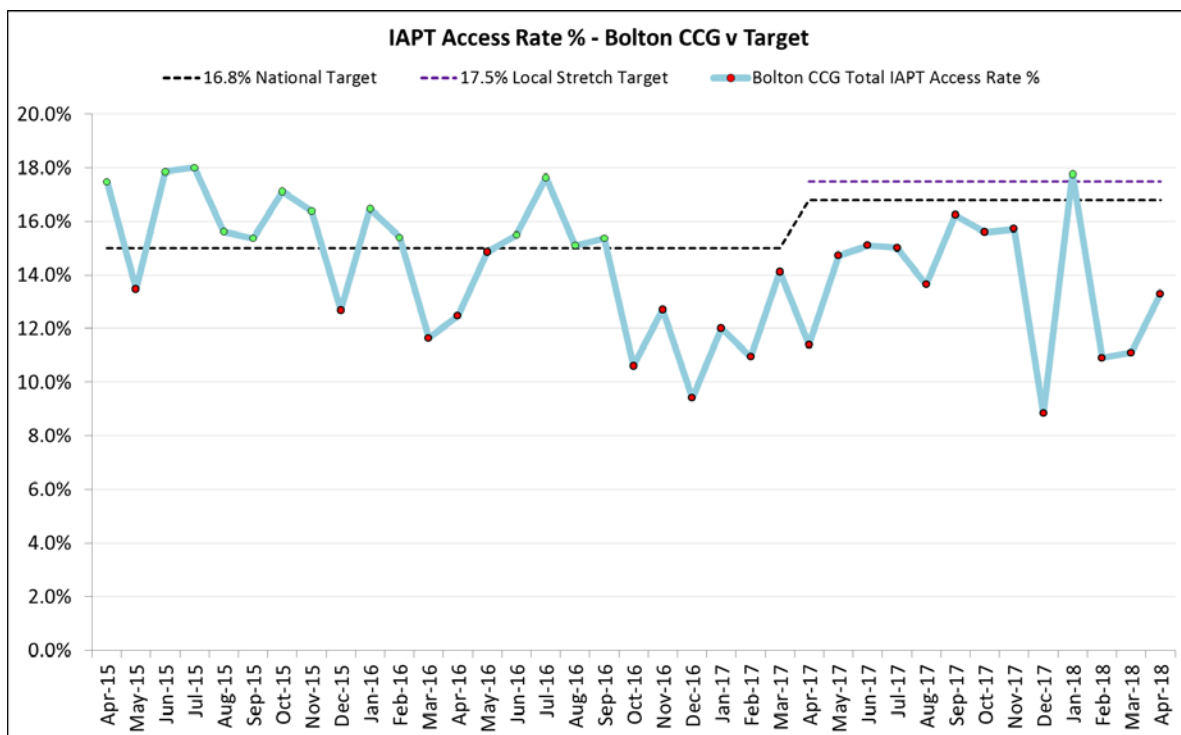
### Performance

Performance against the access rate to IAPT was 13.3% in April 2018 which is under target against the uplifted national standard for 2018/19 of 19% by end March 2019 (and the local stretch target of 17.5%), but an improvement on March's performance of 11.1%.

The Silver Wellbeing element through 1 Point (funded by the Transformation Fund) increased the access rate from 12.8% to 13.3% in April with 16 more patients entering treatment via the new Silver Wellbeing service.

### Latest Update

As outlined above, performance has improved from the March position of 11.1% to 13.3% in April 2018. The chart below shows the variable performance of the CCG against this target over the last 3 years:



GMMH have attributed the reduced prevalence to the high volume of patients accepted in January (17.2%), who are still undergoing treatment being prioritised by the clinicians, and at that time the team not being fully staffed due to sickness and vacancies. Due to this, notice periods and recruitment delays, the service has not been fully staffed as originally expected by March 2018 and this slipped to April 2018.

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 have now transferred to new IT systems which will also support the ability to improve self-referrals to the GMMH service through PCMIS.

## Recovery

**Current Outcome:** Failing to meet the national target of 16.8% and the local stretch target of 17.5%.

**Expected Outcome:** Performance did not reach the expected level in April 2018.

**Timescale for Recovery:** The service is now fully staffed and increasing performance to meet the national the target is an immediate priority. An improvement has already been seen in April 2018 compared to February and March position.

**Lead Commissioning Manager:** Rachael Sutton

## Exception Report and Recovery Plan: Non-Elective Length of Stay

### Performance

In April, non-elective length of stay (LoS) was marginally above plan at 4.8 days compared to a target of 4.61 days. This is an improvement on the March 2018 position of 5 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. 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.
- Total number of delayed days was 565 in April compared to a target of less than 639 for the month (-11.6%) which is a further reflection of the improvements made and the DTOC reporting by Bolton FT.
- The Bolton FT non-elective LoS for April was 4 days which is an indication of the work carried out for schemes such as Red to Green, Stranded patients and the improvement of flow for patients entering community services, whether that be homes based or bed based.

The impact of the above initiatives has started to improve flow through the hospital and out into community services.

### Recovery

**Current Outcome:** Non-elective LoS has marginally failed to meet the target for April 2018, however DTOCs have achieved the target in April for the first time since June 2017.

**Expected Outcome:** DTOCs are expected to remain within target from April onwards. Non-elective LoS has shown improvement in month and achievement at Bolton FT.

**Timescale for Recovery:** DTOCs are anticipated to remain within target from April now that reporting issues have been resolved and flow across the system is improving. This in turn will have a positive impact on reducing length of stay.

**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	Apr 2018	Trend
<b>BOLTON CCG</b>																	
<b>RTT</b>																	
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%	77.5%	
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%	88.0%	
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%	89.7%	
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%	1.1%	
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	6	
<b>Cancer patients - 2 week wait -All Providers, CCG view</b>																	
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%	96.50%	
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%	35.40%	
<b>Cancer waits - 31 days - All Providers, CCG View</b>																	
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%	99.0%	
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%	100.0%	
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%	100.0%	
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%	100.0%	
<b>Cancer waits - 62 days - All Providers, CCG View</b>																	
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%	90.7%	
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%	88.90%	
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%	85.7%	

Commissioning

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	Apr 2018	Trend	
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	12		
	HCAI-Healthcare Associated Infections																	
	CDIFF-Post 72 hrs (Hospital)	18	4	2	1	6	3	5	2	1	2	1	1	2	30	0		
	MRSA-Post 48 hrs (Hospital)	0	0	1	0	0	0	0	0	0	1	0	0	0	2	0		
	Serious Incidents and Never Events																	
	Serious Incidents	0	3	0	2	0	2	0	1	2	2	2	4	2	20	2		
	Never Events	0	1	0	0	0	0	0	0	0	0	0	1	0	2	0		
	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	1		
	Falls with at least moderate harm - Severe	0	2	0	0	1	1	2	2	1	0	4	3	0	16	0		
	Medication Incidents	<100	100	114	94	100	122	152	130	126	112	141	116	123	1430	160		
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%	82.60%		
	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	07:51	
	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	13:24	
	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	270		
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	133			

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	Apr 2018	Trend
Childrens and Maternity	Childrens and Maternity																
	% Completed Bookings by 12+6 weeks (bolton CCG at Bolton FT)	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%	86.00%	
	% 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%	32.40%	
	% 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%	10.20%	
Mental Health	Mental Health																
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	16.8% National 17.5% local	11.3%	14.7%	15.1%	15.0%	13.6%	16.2%	15.6%	15.7%	8.9%	17.8%	10.9%	11.1%	13.8%	13.3%	
	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%	54.3%	56.6%	59.8%	60.4%	60.2%	58.7%	58.3%	
	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%	80.6%	
	Out of Area placements (New)	0	1	2	5	2	3	12	14	10	8	12	2	4	75	4	
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%	3.0%	
	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	4.8	
	Pressure ulcers in Community	Reduce	12	17	10	7	12	11	5	8	12	17	20	20	151	16	
	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	19	
	Ambulance call outs to care homes	<1,990	185	170	200	172	210	216	207	218	252	318	234	274	2656	179	