

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting
AGENDA ITEM NO:9.....

Date of Meeting:11th October 2019.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Maguinness – Director of Transformation (Commissioning) Francesca Dean – Programme Manager 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 2019/20 against which NHS Bolton Clinical Commissioning Group is nationally measured.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	X
	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	



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Corporate Performance Report

Months 4 & 5 - 2019/20

Performance Summary

Key Points for August & September

- The challenge around increasing waiting lists remains a serious area of concern. BFT are carrying out further validation and capacity and demand work. The CCG is working with the FT looking at detailed demand by specialty following the establishment of a clinically led Task and Finish group. Key areas of focus are Dermatology, Ophthalmology, General Surgery and Orthopaedics.
- Continued strong performance in national cancer standards is observed despite increasing demand.
- The 2 week wait breast symptomatic standard continues to be an area of focus for improvement. The clinical lead for elective care is working with the clinical lead for Breast services to support the development of a new breast pain pathway and education for GPs to support demand management and appropriate referrals.
- CAMHS (GMMH) demonstrate continued improvements as commissioner closely monitor the Remedial Action Plan. Specifically improvements can be observed around data recording for 10 point improvement on the Children Global Assessment Scale (CGAS).

Performance by Commissioning Area: Elective Care

Planned Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Patients on an Incomplete pathway % (92% of patients should be less than 18 weeks from referral)	92% (GM 90%)	Aug	85.5%	86.3%	↓	●
Waiting list - number of patients waiting to be seen	<22,640	Aug	25,408	25,408	↓	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	Aug	1.80%	2.15%	↑	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	Aug	4	23	↔	●

Key in month highlights:

- RTT Performance for Bolton patients remains a challenge and is underperforming against the GM target of 90%. The performance in August 2019 has declined since July 2019, from 86.3% to 85.5%. The specialties that remain a challenge are Trauma & Orthopedics, General Surgery and Ophthalmology.
- The waiting list position has further increased in August 2019 to 25,408, this is an additional 856 patients added since July 2019. There are still significant concerns around achievement of the waiting list target with a YTD position of 25,408 against a target of <22,640; Work is ongoing to reduce this further through additional validation and capacity and demand exercises. Bolton FT are currently revising a PTL recovery plan which will be shared with commissioners as soon as available.
- The percentage of patients waiting less than 6 weeks from referral for a diagnostic test has reduced slightly, from 1.9% in July 2019 compared to 1.8% in August 2019. Work continues to identifying challenges in achieving this target. For example, the rise in MRI demand is contributing in part to the underperformance for this indicator. The CCG has commissioned additional MRI activity with Bolton FT in recognition of this increase. There are however challenges with MRI capacity in other providers, including SRFT and MFT which both failed the diagnostic standard in month. Bolton CCG is working with the lead commissioners regarding remedial action plans.
- 4, 52 week breaches have been reported in August 2019, 3 of these are attributable to Bolton FT. The breaches have occurred in Ophthalmology and Gynecology and are currently being followed up with providers to ensure that RCAs are completed and learning is shared. Commissioners are working closely with Bolton FT as part of the Elective Care management plan to ensure further breaches are prevented.

Performance by Commissioning Area: Cancer Care

Cancer Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP	93%	Jul	97.1%	97.4%	↑	●
Percentage achieving maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	Jul	31.4%	39.9%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Jul	96.1%	98.0%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Jul	100.0%	97.7%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Jul	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Jul	100.0%	100.0%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Jul	86.2%	84.1%	↑	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Jul	80.0%	85.1%	↓	●
Percentage achieving maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	No Target	Jul	69.0%	72.7%	↓	●

Performance by Commissioning Area: **Cancer Care**

Key in month highlights:

- Performance against cancer standards continues to be strong in Bolton. This is in the context of increasing demand.
- Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery is still at 100% in July 2019
- 62 day wait from urgent GP referral achieved exceeded the 85% target in July 2019 after two months of not achieving target. Bolton FT cited issues with capacity for radiology and pathology due to a lack of consultants and confirmed the establishment of a task and finish group to address problems and to produce an action plan. Bolton FT confirm that they have conducted RCA's for patients who had breached with early indications linking these breaches to patient choice.
- The CCG continues to work with Bolton FT to improve the performance for the breast symptomatic indicator. The CCG is supporting the service to manage demand appropriately with the development of a new breast pain guidance for GPs and further education support with further conversations due in November.
- Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers has dropped to 80% and Trust colleagues have been requested for further information to understand this.

Performance by Commissioning Area: Urgent and Emergency Care

Urgent Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	Aug	85.10%	85.40%	↓	●
NWAS CCG position: Category 1 response times - Mean	<=7 mins	Jul	06:33	06:42	↓	●
NWAS CCG position: Category 1 response times - 90th Percentile	<=15 mins	Jul	10:57	10:49	↓	●
NWAS CCG position: Category 2 response times - Mean	<=18 mins	Jul	30:24	29:06	↓	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	No target	Aug	64	390	↑	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	less than 40 per month (Local target)	Aug	17	130	↑	●
Delayed Transfers of Care (DTOC) as a percentage of occupied bed base - Bolton FT position	3.3%	Jul	3.0%	3.0%	↑	●
Non Elective Length of Stay	<4.61	Aug	4.7	4.7	↓	●

Key in month highlights:

- A&E performance is below the agreed trajectory of 90%, showing a further deficit on July from 86.1% to 85.1%. August is the first month of the current financial year in which performance has dipped below performance in the corresponding month of last year. Performance in September 2019 is very similar to August, again below September 2018 performance, which was 87.1%.
- In September, A&E attendances have continued at a normal range for seasonality compared to the large increase seen since April, with an average of 354 attendances per day in June and 365 in July.
- Category 1 Ambulance performance recovered to within the target mean of 7 minutes in July. Category 2, however continues to fail against target and the CCG is working with lead commissioners to monitor.
- Non Elective LOS has remained static at an average of 4.7 days. In addition to the ongoing operational processes to manage LOS, September has seen the introduction of a system-wide Executive-level LOS MDT weekly meeting.
- Bolton's peer review took place on the 16th September, with discussions focused on Improving weekend discharge, Managing and reducing rising ED attendances, and Escalation Processes. Our Locality Progress Update has also been completed, comprising of UEC Deliverables, Demand & Capacity Review, Peer Review learning, and Winter Risk Assessment.

Performance by Commissioning Area: Mental Health

Mental Health Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Improving Access to Psychological Therapies (IAPT) Access rate - (Prime Provider model)	Currently 19%, 22.5% by March 2020 (National - local 22%)	Jul	23.7%	24.0%	↓	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Jul	55.3%	50.9%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Jul	80.2%	74.6%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Jul	100.0%	99.7%	↑	●
56% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Jul	66.7%	66.1%	↔	●
Mental Health Liaison Service (formally RAID) -percentage of AE Emergency referrals assessed within 1hr	75.0%	Jul	78.1%	70.9%	↑	●
Number of new Out of Area placements	0	Jul	2	8	↔	●



Performance by Commissioning Area: **Mental Health**

Key in Month highlights:

- IAPT - The access rate reduced slightly from prevalence of 24.7% in June to 23.7% in July, however, it must be noted this significantly exceeds the planned trajectory to achieve 22% by the end of March 2020 and 25% by March 2021. Following further consideration of waiting times between first and second appointments, GMMH have realigned some resources away from first contacts to ensure prevalence remains on target, waiting times are reduced between appointments to sustain effective outcomes, reduce the risk of disengagement mid treatment and achieve positive service user experience.
- Recovery rates have increased from the drop below target seen in June (46.4%) to 55.3% in July. This is thought to be due to a combination of the more manageable activity described above and steady numbers of people accessing support via the Silverwellbeing service which has been extremely successful addition to the primary care psychological wellbeing offer as piloted through the Transformation Fund.
- The 6 week referral to treatment target continues to be achieved at 80.2% in month, against the 75% target, but YTD remains slightly under at 74.6% due to issues noted in previous reports around RTT on entry and RTT on exit. GMMH have provided assurance that this will continue to improve over the next few months and is now performing appropriately.
- Mental Health Liaison Service - exceeded the target in month achieving 78.1% however YTD position is 70.9%. The team will be fully staffed by December following recruitment from core 24 investment. Full time positions have also been advertised for the consultant and staff grade roles currently being covered by locums. Additional administrative support has been implemented at weekends to free clinical capacity, and performance has further improved in August.
- Acute OAPs remain relatively low in number with 8 YTD and 2 in July against the target of zero by 2021. Further work continues around alternatives to admission but further pressures have been seen across the locality in recent months which will raise patient numbers placed in September. However as a GM collection the 33% reduction target continues to be actualised.

Performance by Commissioning Area: Children's and Maternity

Childrens & Maternity Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
% Completed maternity bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	Aug	92.00%	91.00%	↓	●
CAMHS % of young people accessing treatment	34%	Jul	39.50%	34.20%	↑	●
CAMHS % of young people 10 point improvement on Childrens Global Assessment Scale (CGAS)	50%	Jul	33.30%	33.90%	↓	●

Key in month highlights:

- The 12+6 booking performance continues to be a key area of focus for maternity services. YTD position is 91% against a target of 90%. Performance has improved over the past months as maternity continue to deliver against agreed actions which includes review of all late bookers.
- Out of Area Bookers continue to be a key priority for Bolton FT and improvements are required with the referral system & increasing capacity for these women to book at weekend.
- Work continues to develop a SPOA for women to have an online referral system.
- CAMHS continue to deliver against the Recovery Action Plan as agreed with commissioners which includes improvements to the data recording for the 10 point improvement on Children's Global Assessment Scale (CGAS) Training and workshops have been delivered to staff, particularly the new staff to the service during September to ensure appropriate data capture and recording of the CGAS. Early review suggests the performance against this target is improving and will continue to do so.
- CAMHS have demonstrated a 35% reduction in the number of children and young people awaiting intervention with further actions to continue to bring the waiting ties in line with agreed commissioned timescales.

Quality and Safety Targets and Standards

Quality and Safety	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Zero tolerance mixed sex accommodation (MSA) breaches (Bolton FT)	0	Aug	17	62	↓	●
CDIFF-Post 48 hrs (Hospital)	32	Aug	7	18	↓	●
MRSA-Post 48 hrs (Hospital)	0	Aug	0	1	↑	●
Serious Incidents	0	Aug	1	9	↑	●
Never Events	0	Aug	0	2	↔	●
Falls with at least moderate harm - Moderate	0	Jul	2	3	↓	●
Falls with at least moderate harm - Severe	0	Jul	0	2	↔	●
Pressure Ulcers in the Community	Reduce	Jul	5	44	↑	●
Pressure Ulcers in Acute	Reduce	Jul	1	23	↑	●
Medication Incidents at Bolton FT	<100	Aug	116	754	↑	●

Key in month highlights:

- The FT has an objective not to exceed 32 hospital onset hospital associated (HOHA) cases and community onset hospital associated (COHA) cases in 19/20. To the end of July there have been 18 HOHA and COHA cases. These undergo a full RCA with learning shared via the health-economy IPCC where a report will be received to gain a greater understanding of these over trajectory cases.
- There were 17 MSA breaches in August and a total of 62 YTD. The FT has advised that plans to address the estate constraints are now scheduled for 20/21.
- 3 Serious Incidents were reported by the FT in July – the investigations will be managed by the FT and reported to the CCG's Serious Incident Review Group for sign off.

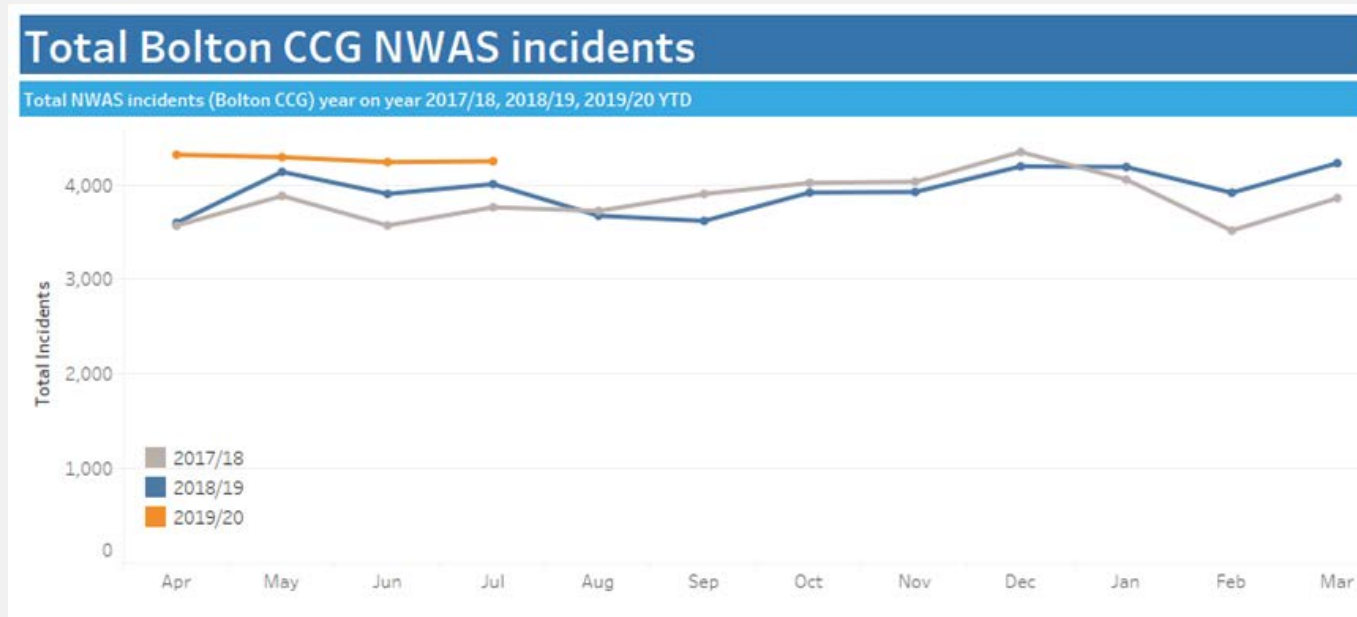
Activity Performance

The table below illustrates our year to date activity position for **July 2019**, year on year by point of delivery:

Point of delivery	Last Year Actual	This Year Actual	Variance to last year	This year plan	Annual Plan
Referrals - Total	37,472	35,968	-4.0%	37,070	108,335
1st Outpatients	31,556	30,833	-2.3%	30,371	90,878
Follow Up Outpatients	60,427	59,985	-0.7%	57,924	176,635
Ordinary Elective + Daycase	11,634	11,638	0.0%	12,206	35,318
All A&E Attendances	34,649	36,720	6.0%	34,610	103,150
Non-Elective Spells (Total)	10,634	10,812	1.7%	10,399	32,306

- Consultant referrals are down on last year, notably in General Surgery, ENT, Ophthalmology and Dermatology.
- Consultant Outpatient first attendances are down on last year but showing an increase against plan.
- Areas of reduction from last year are ENT, Ophthalmology, Orthopaedics and Dermatology.
- Consultant Outpatient follow up attendances are down on last year but showing an increase against plan.
- Areas of reduction from last year are ENT, Gastro, Pain Management and Respiratory Medicine.
- Although A&E activity remains significantly above plan, close monitoring is in place and there are actions identified through the Urgent and Emergency Care Board to support this pressure.
- Elective activity is similar to last year, general Surgery is showing a 16% increase whilst ophthalmology is showing a 17.6% reduction on the same period last year, particularly around cataract procedures.

Ambulance Performance Detailed Analysis



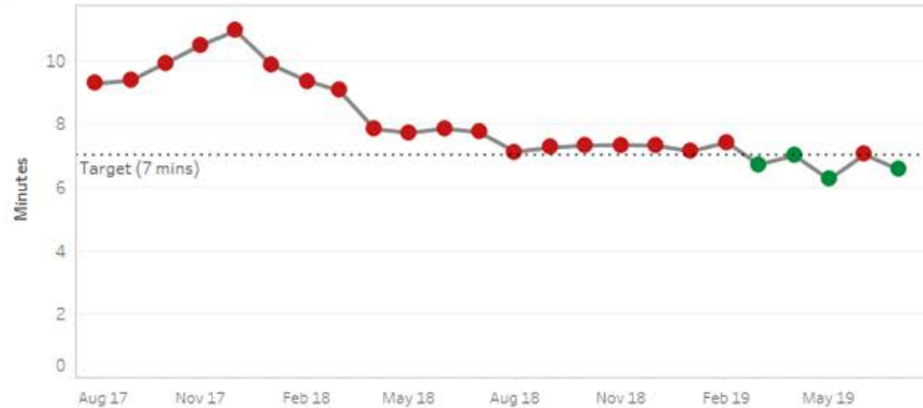
999 Ambulance Case Volumes

- In reviewing the performance of the NWAS (North West Ambulance Service) Emergency Ambulance Service in the North West, it is useful to also consider the changes seen in the levels of demand in the last few years.
- The above graph demonstrates the increases which have been seen since April 2017 which saw 3570 incidents. Since March 2019, monthly incident volumes in the Emergency Ambulance Service for Bolton have remained static between 4200 and 4350 per month, equating to a 20% increase in two years.

Ambulance Performance Detailed Analysis

NWAS ambulance response times - Bolton CCG

Category 1 - mean response time (target 7 minutes)



Category 2 mean response time (target 18 minutes)



ARP Response Times – Category 1 and 2

- The above graphs show how NWAS have performed against the mean response times for category 1 and 2 ambulances, since the introduction of the Ambulance Response Programme (ARP) targets in August 2017.
- Category 1 and 2 are comprised of the highest acuity, most urgent cases, and have target mean response times of 7 minutes and 18 minutes respectively.
- Following an extremely challenging initial six months, the response times of category 1 ambulances has steadily increased to be within the target of seven minutes for four out of the last five months.
- Category 2 has not seen the same level of improvement unfortunately and the target mean time has not been met since the commencement of ARP.

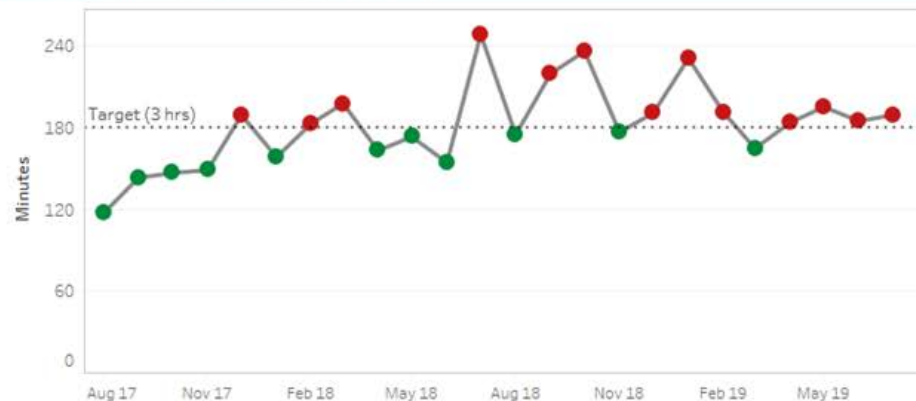
Ambulance Performance Detailed Analysis

NWAS ambulance response times - Bolton CCG

Category 3 - 90th centile response time (target 2 hours)



Category 4 - 90th centile response time (target 3 hours)



ARP Response Times – Category 3 and 4

- The above graphs show how NWAS have performed against the mean response times for category 3 and 4 (lower acuity, less urgent) ambulances, since the introduction of the Ambulance Response Programme (ARP) targets in August 2017.
- Performance in both categories has steadily decreased following a promising start, following the opposite trend to category 1. This can be attributed to improvements being made in ambulance prioritisation processes as NWAS have adapted to ARP i.e. operational processes are now working more smoothly to prioritise the higher acuity category 1 incidents over lower acuity category 3 and 4.
- NWAS are in the process of recruiting to a newly-designed rota model, however these changes are expected to take some time to embed. NWAS have therefore recently reported that whilst the Category 1 performance is within year-to-date standards, it is felt that the Category 2 and 3 performance will not significantly improve and may deteriorate dependant on demand during the coming winter.

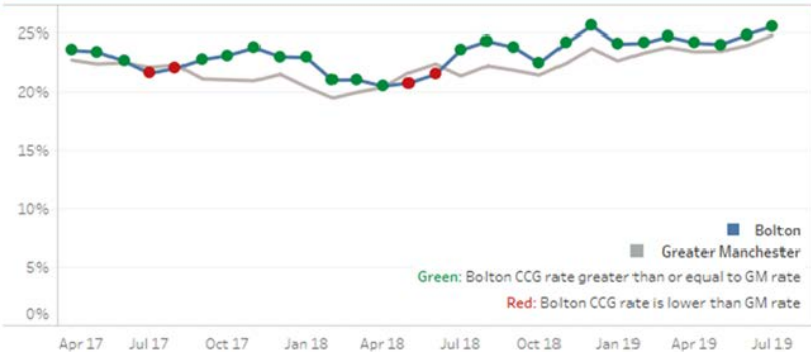
Ambulance Performance Detailed Analysis

Hear & Treat, See & Treat, See & Convey

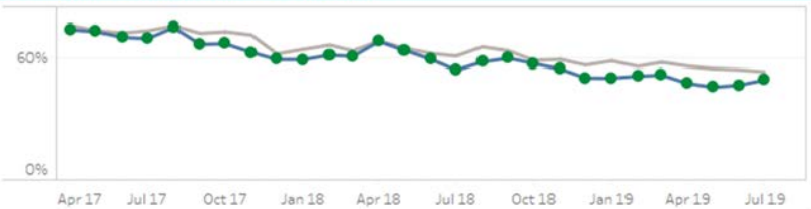
Hear and Treat - % of calls ended as hear & treat



See and Treat - % of calls ended as see and treat



See and Convey - % of calls ended as see & convey



Hear & Treat, See & Treat, See & Convey

- As the number of calls made to 999 rises, and it becomes more and more challenging for the emergency ambulance service to perform well against ARP targets, it is increasingly important for NWAS to make full use of all available pathways.
- Doing so is particularly effective when the pathway can be followed directly from the Urgent Care desk, thereby avoiding not only an ambulance conveyance to A&E, but also an ambulance attendance to the scene.
- As demonstrated in the Hear & Treat graph to the left, NWAS have taken significant steps in the last two years to improve their usage of Hear & Treat pathways, increasing from 10% of all incidents in March 2017, to 24% in May 2019.
- Increases in See & Treat pathways by paramedics have been more marginal across the last two years, however as Hear & Treat rates increase, the opportunity for See & Treat diminishes. To achieve an increase to over 25% of incidents being completed as See & Treat is therefore also a significant achievement.
- NWAS in general have improved their performance in this area in the last two years, and paramedics in Bolton in particular are often amongst the highest performers, consistently being better than the GM average as shown in the graphs to the left.

Ambulance Performance Detailed Analysis

Alternative to Transfer

Total Alternative to Transfer activity (April 2017 - September 2019)



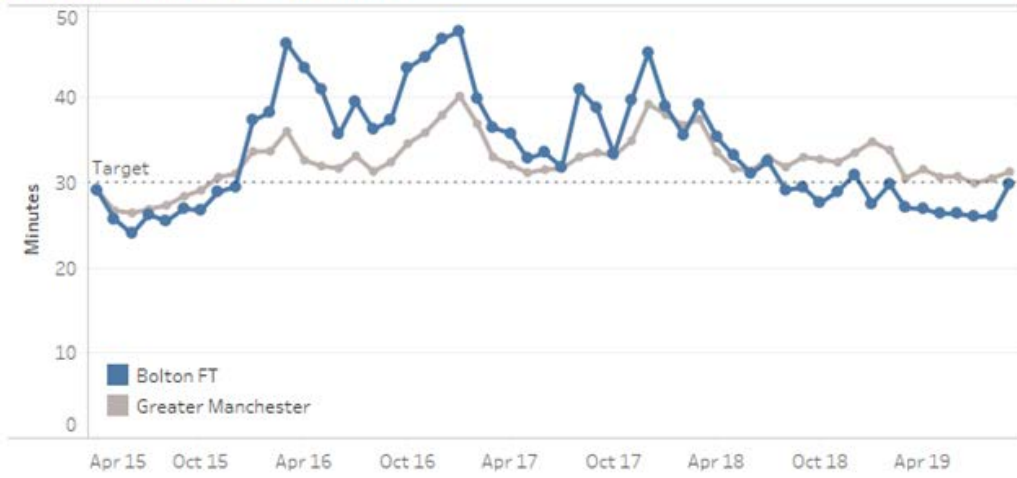
Alternatives to Transfer

- Paramedics in Bolton have the option to refer to the following services, all through one consistent contact number 24/7;
 - Own Practice GPs
 - BARDOC GP Out-of-Hours Service
 - Admission Avoidance Team (AAT)
- We are currently working with partners with a view to adding;
 - Mental Health pathways for paramedics on scene
 - Falls Response access for the Urgent Care Desk staff (to avoid ambulance attendance where possible)
- Access to AAT for paramedics has proven very successful and the pathway is used more and more every week as demonstrated in the graph above. The collaborative work to develop this pathway between AAT, NNAS, BARDOC and the CCG was exhibited at the Queens Nurse Institute Conference in London in September, and the team have been asked to write a publication for the British Journal of Community Nursing.

Ambulance Performance Detailed Analysis

Handovers at Bolton FT

Overall turnaround time Apr 2015 - Sep 2019



Ambulance Handovers

- Ambulance handover times is an area in which significant improvements have been made since our worst performing periods in 2016.
- In 2016 Bolton was one of the worst performing areas in the North West, however as demonstrated above overall turnaround times have been some of the best in the North West and consistently below the GM average since July 2018.
- Improvements can be attributed to improvements made by both NWAS, and by the A&E department, and performance is closely monitored by both along with the Urgent Care Commissioning Team to ensure performance is maintained.



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