

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

**AGENDA ITEM NO:** .....10.....

**Date of Meeting:** .....14<sup>th</sup> May 2021.....

<b>TITLE OF REPORT:</b>	CCG Corporate Performance Report	
<b>AUTHOR:</b>	Melissa Maguinness – Director of Transformation (Commissioning)/Deputy Chief Officer Mike Robinson – Associate Director Integrated Governance & Policy Amanda Weatherstone – Contract Performance & Assurance Manager Victoria Preston – Lead Information Analyst for Planned Care	
<b>PRESENTED BY:</b>	Dr Helen Wall, Clinical Director, Commissioning	
<b>PURPOSE OF PAPER: (Linking to Strategic Objectives)</b>	The report highlights performance against all the key delivery priorities for the CCG in 2020/21 against which NHS Bolton CCG is nationally measured.	
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	<b>Deliver the outcomes in the Bolton Joint Health and Care 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	



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# **Corporate Performance Report**

**Months 11 & 12 20/21**

# Performance Summary

## Elective Care

Elective care was significantly impacted by Covid-19, with only urgent and cancer services being delivered until very recently. Performance against the 92% incomplete pathways remains below the national standard at 64.8% in March 2021. There have been large increases in the number of 52 week breaches in month, taking the cumulative total year to date to 2,692. The 6-week diagnostic target remains challenged, with over-all Bolton performance in March 2021 at 32.18%, against a target of <1%.

Recovery for elective care services has now commenced and locally and across GM providers and commissioners are working collaboratively to plan for the required additional capacity to both reduce the number of patients on the current waiting lists and ensure that newly referred patients are treated in clinical and chronological priority. Given the scale of the issue, it is likely that it will take some time for the waiting list position to return to pre-covid levels.

## Cancer

In February, the performance for the indicator "Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP", improved with 96.5% of referred patients being seen within 14 days of referral. Performance for 'Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers to Bolton CCG patients' improved from 69.2% to 85.7% , which meant that the national standard was achieved in month. In February, there was a reduction to 3 patients (reported in a rolling cohort) who waited 104 days or more from initial referral. However, performance for the 'Percentage achieving maximum two week wait for first outpatient appointment, for patients referred urgently with breast symptoms (where cancer was not initially suspected)' in February 2021 was 8.2% , a further decrease against January 2021's performance (target of 93%).

## Urgent and Emergency Care

A&E performance has remained below the agreed trajectory of 95%. Following a February average daily attendance at A&E of 263, March saw a increased average attendance of 311 patients. In February the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 107. Performance is still improved in March resulting in a figure of 111 compared to the January figure of 247. Non Elective LoS increased to 4.4 in February from 4.2 in February, this figure is now below the target of <4.61.

## Mental Health

March's IAPT prevalence was 23.7% improving on 16.2% in February, achieving the 22% year end target. Recovery was 48.5% (combined with SWB) and 50.4% from the Prime provider model but a data cleanse is required which may amend the figures slightly. (EIP) did not achieve the target in March with performance of 52.6% against the 56% required. The Mental Health Liaison Service (MHLS) performance against the 1 hour target fell short at 65.4%., reducing from 76.5% in February. Acute OAPs continue to fluctuate with a reduction in new placements in March (to 3 ) but there continues to be ongoing issues repatriating patients in a timely manner resulting in high numbers remaining out of area from the previous month. Work continues around community alternatives. And crisis pathways.

## Children's and Maternity

Maternity booking performance at Bolton FT for women with a Bolton GP remains above the 90% target with a Year to Date (YTD) position of 92%. The reported percentage of Children and Young People in Bolton accessing mental health treatment is currently above plan with a 2020/21 forecast position of 35.2% against the 35% national target.



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## 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%)	March	64.8%	58.9%	↑	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	March	26,506	26,506	↑	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	99%	March	66.82%	56.06%	↑	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	March	2,692	2,692	↓	●

### Key in month highlights:

In the month of March, Elective care surgery remained on pause at Royal Bolton Hospital (as for all Greater Manchester hospital trusts). Elective outpatient activity continued and clinically urgent and cancer patients remain prioritised, through the support mechanisms in place through the GM Cancer Alliance and the GMHSCP work.

Many specialties are running with decreased staffing levels, due to redeployment and are seeing as many patients as possible, in whatever way that may be i.e. virtually or face to face in clinics. It is to be noted that the majority of shielding was set to end 31<sup>st</sup> March 2021, so a workforce cohort will return to duties, assisting in the recovery plans potentially from April 2021 onwards.

GPs continue to refer patients who are held by providers on waiting lists and managed as per the national PTL (Patient Tracking List) guidance. The re-start of routine elective care is being reviewed daily in line with the COVID-19 Escalation Matrix, it is hoped that as urgent care pressures de-escalate, some routine activity will re-start. Bolton CCG will be supportive of providers in their Surgical waiting lists and clinical validation and will work together to understand if these patients have declined treatment for non-covid reasons and the process for these in line with NHS E&I guidance.

Performance against the 92% standard shows a slight increase in March 2021 at 64.8% compared to Feb 2021 62.5% The YTD target has slightly improved to 64.8%, compared to 58% the month previous.

The main providers contributing to performance for Bolton patients continue to be Bolton FT (65%), MUFT (56%), SRFT (57%), BMI The Beaumont (81%), WWL (53%) and Pennine (66%).



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## Performance by Commissioning Area: **Elective Continued....**

The CCG waiting list for all providers has increased from 26,087 in February 2021 to 26,506. The figures were expected to increase due to wave 3 of the COVID pandemic, and are expected to do so over the next few months. As the Trust starts to operate with some normality, and with CCG support, there is potential to review if these patients have declined treatment due to non-covid reasons which may improve the position in the next few months whilst referring the Access policy.

Performance of the 6 week standard for diagnostic waits remains challenged with 32.18% of patients in March 21, not being able to have their diagnostic test within 6 weeks, with 1% being the national tolerance for this.

In March 2021, the diagnostic that was a particular challenge across all providers for Bolton CCG patients, was Endoscopy. The majority of these breaches occurred at Bolton FT, however the reasons for this are due to reduced capacity, as a result of increased Infection Prevention Control measures. Bolton CCG do have assurance however, that the remaining capacity has been prioritised for Clinically Urgent and Cancer patients, with all cancer patients receiving their endoscopy procedure within the appropriate time on the relevant 2ww pathway. Bolton FTs diagnostic performance continues to improve this month and remains under 40% for the first time since April 2020.

Endoscopy is a key theme of work that is being lead by the Greater Manchester Health and Social Care Partnership alongside the GM Cancer Alliance, with revised clinical pathways having been developed and implemented consistently across all GM hospital trusts and additional capacity being sourced primarily for Cancer patients.

Following the receipt of the national planning guidance and the priorities that have been set for the coming year by NHS England, Commissioners are working with providers to ensure recovery plan are in place. Work is underway through the locality and GM planning processes to ensure demand and capacity is fully understood and that any gaps between the 2 are identified, with supporting recovery actions going forward.

## 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%	Feb	96.5%	95.4%	↑	●
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%	Feb	8.2%	52.0%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Feb	98.1%	97.7%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Feb	100.0%	98.8%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Feb	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Feb	100.0%	99.0%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Feb	92.7%	82.2%	↑	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Feb	85.7%	77.3%	↑	●
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	Feb	76.9%	77.3%	↓	●
Any cancer patients waiting 104 days or more from referral to the first definitive treatment should be reviewed to identify any avoidable non-clinical delays	All reviewed	Feb	3	3	↑	●



# Performance by Commissioning Area: Cancer Care

## Key in month highlights:

The performance for the 'Percentage achieving maximum two week wait for first outpatient appointment, for patients referred urgently with breast symptoms (where cancer was not initially suspected)' in February 2021 was 8.2% , a further decrease against January 2021's performance, against a target of 93%. As this measure is where Cancer is not initially suspected, the focus of the Breast care team has remained on the clinical priority of the 2ww suspected cancer referrals, which has led to the Breast Symptomatic referral waits increasing for some patients. Clinical leads have provided assurance for the continued safety of the service, however CCG and Bolton FT colleagues are prioritising the development of an improvement action plan and the agreement of a performance improvement trajectory.

In February, the performance for the indicator "Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP", improved with 96.5% of referred patients being seen within 14 days of referral, but this does continue to be monitored closely by Clinical and Operational Leads at Bolton FT.

There was a significant improvement in February for "Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer" with 92.7% of patients seen against a target of 85%, and this also continues to be monitored closely.

In February, the performance for 'Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers to Bolton CCG patients' improved from 69.2% to 85.7% of patients achieving the target.

In February, there was a reduction to 3 patients (reported in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment, made up from both 2 week wait, consultant upgrade and screening referrals. These patients are consistently reviewed both clinically and operationally to ensure that there are no avoidable non-clinical delays. This cohort is reported locally and at a GM level and Bolton continues to have the lowest number of patients across GM on this monitored list. Full clinical harm reviews have been completed for these patients by the Cancer Performance Manager and the Cancer Clinical Lead at Bolton FT and no harm was identified.



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## 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%	Mar	73.60%	80.00%	↓	●
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	Mar	111	2141	↓	●
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)	Mar	44	831	↓	●
Non Elective Length of Stay	<4.61	Mar	4.4	4.57	↓	●

### Key in month highlights:

- A&E performance has remained below the agreed trajectory of 95%. Performance during March was 73.6% a slight reduction on February's figure of 75.4%. The impact of COVID-19 is affecting flow out of the A&E department and the need to segregate patients safely is a challenge. Ongoing discussions through the Urgent and Emergency Care Board and regular system meetings are supporting the flow where possible, to ensure patient safety is paramount. In addition to this Bolton FT are working with the Greater Manchester Teams and NHSE to agree a set of improvement actions and an improvement trajectory.
- Following a February average daily attendance at A&E of 263, March saw a increased average attendance of 311 patients. This is a increase in attendances from March 2020 showing a 17.2% rise. Attendances are being monitored closely and work is currently underway to help understand the rise in numbers.
- In February the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 107. Performance is still improved in March resulting in a figure of 111 compared to the January figure of 247. There were 44 over 60 minute handovers in March following 18 in February which is 4 above the agreed target of below 40 per month.
- Non Elective LoS increased to 4.4 in February from 4.2 in February, This figure is now below the target of <4.61.



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## Performance by Commissioning Area: **Urgent and Emergency Care**

### **A&E Attendances & Emergency Admission Analysis**

- The following slide includes a snapshot of data from April 2020 to March 2021 detailing the number of A&E Attendances and Emergency Admissions per 1,000 population in Bolton compared to rates throughout Greater Manchester and England. Also included is data on Attendances and Emergency Admissions in the 65+ age group compared to all Greater Manchester localities.
- Bolton has the lowest number of A&E attendances per 1,000 population in Greater Manchester (266.5) followed by Trafford (266.9) and Stockport (273.7). The Greater Manchester average is 299.2 and England average 288.2.
- A&E attendances per 1,000 population in the 65+ age group are higher throughout all areas. Bolton again has the lowest figure in Greater Manchester with a figure of 361.9 compared to the GM average of 423.7.
- Bolton's Emergency Admission figure is 83.3 per 1,000 compared to the Greater Manchester average of 92.2 and England average of 88.5.
- Emergency Admissions per 1,000 in the 65+ age group are 209.4 in Bolton, which is the lowest in Greater Manchester. The Greater Manchester average is 239.4 per 1,000 population.



## Performance by Commissioning Area: **Mental Health**

#NAME?	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 22.5% increasing to 25% by March 2021 (National - local 22%)	March	23.7%	18.6%	↑	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	March	48.5%	48.1%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	March	97.5%	93.5%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	March	100.0%	99.9%	↑	●
% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	March	52.6%	77.3%	↓	●
Mental Health Liaison Service -percentage of AE Emergency referrals assessed within 1hr	75.0%	March	65.4%	80.4%	↓	●
Number of new reportable Out of Area placements	0	March	2	37	↑	●
Number of new non-reportable Out of Area placements	NA	March	1	25	↑	●



# Performance by Commissioning Area: **Mental Health**

## **Key in month highlights:**

- IAPT - The Bolton Prime Provider pathway has seen a positive increase in referrals in March (achieving 23.7% prevalence, an improvement from 16.3% in February), receiving 1248, the highest in over 2 years. Although the Prime provider model hit 50.4% recovery the overall local performance fell slightly short of the recovery target in month (at 48.5%) once Silverwellbeing data was combined. As a result of the reduction in demand of new clients the previous month, the service adapted its approach to the use of agency practitioners in Q4. The plan to increase prevalence was changed to target clock stopped waiters, reducing the overall CBT waiting list. The service is developing a clinical skill mix requirement for the recruitment of practitioners against the 22% target for 2021/22, funded by recurrent MHIS investment. The 6 week referral to treatment target was achieved in month at 97.5% against the 75% required, and 100% by 18 weeks.
- EIP – Performance decreased in March at 52.6% compared to 85.7% in February for referrals receiving NICE approved treatment within 2 weeks (against a target of 56% - due to rise to 60% for 2021/22). This was due to an increase in referrals to the service and a significant spike in the DNA rate. The service is currently working on a recovery plan to ensure a robust system is in place should this trend continue.
- Mental Health Liaison Service – The service came in under the 75% target in March achieving 65.4% (a reduction from 76.5% in February). MHLS continues to see a significant increase in the number of referrals from A&E as the pandemic has progressed which has been compounded by a series of staff absences relating to Covid 19 and vacancies. This was also impacted by the number of CYP referrals received in month and the length of time children's assessment can take.
- Acute OAPs - In March new placement numbers had reduced to 3 (2 reportable and 1 in a GM commissioned bed), however remaining placement numbers from the previous month were very high at 11. This was partly due to Maple House (PICU) being refurbished in February. Birch ward was used as an interim measure but only for males, and anyone requiring seclusion facilities had to be placed elsewhere when there was no GMMH capacity. Although length of stay remains below the national average, demand has far outweighed capacity at times. The Bolton at Home tenancy support pilot through winter DTOC monies continues to aid patient flow and GMMH are looking at options to extend this past June 2021. This also complements the local and wider GM work in progress around complex cohorts of patients who are challenging to place due to lifestyle choices and for some, anti-social behaviours.



## 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%	Feb	90.90%	92.00%	↓	●
CAMHS % of young people accessing treatment	35%	Jan	23.60%	33.00%	↓	●
CAMHS % of young people 10 point improvement on Children’s Global Assessment Scale (CGAS)	50%	Nov	30.00%	20.00%	↑	●

### Key in Month highlights:

**12+6** – Maternity booking performance at Bolton FT for women registered with a Bolton GP remains above the 90% target with a Year to Date (YTD) position of 92%. Despite a slightly reduction from 92.2% in January to 90.9% in February, performance has remained relatively stable despite the impact COVID-19 has had on booking appointment DNAs due to shielding and anxieties of attending healthcare settings. A large focus on information and communication has enabled regular messaging to be shared with women birthing at Royal Bolton Hospital. This was also the focus on Bolton’s Maternity Voices Partnership meeting which took place virtually on 18<sup>th</sup> February.

**CYP Mental Health Access** - The reported percentage of Children and Young People in Bolton accessing mental health treatment is currently above plan with a 2020/21 forecast position of 35.2% against the 35% national target. February performance has seen a significant increase in access from 22.5% in January to 37.3% in February. Bolton CAMHS have recently transferred data systems from IAPTUS to PARIS in line with all other GMMH Services which has enabled a larger data set to be captured. Throughout 2020/21, Bolton has been underreporting the rate of access to treatment due to not including any of the telemedicine appointments delivered by Bolton CAMHS. A resubmission process is taking place by GMMH to ensure that Bolton’s financial year position is accurate and in line with all other localities. Changes to the CYP Mental Health Access Target is set to take place from April 2021 whereby only one treatment contact contributes to the access target as opposed to two.



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## Performance by Commissioning Area: Children's and Maternity

**Kooth** - A total of 486 young people (11 Agender, 322 Female, 24 Gender Fluid, 129 Male) registered on Kooth in Q4 which is a slight reduction from Q3 (558). Between 1st January and 31<sup>st</sup> March a total of 3,093 logins were made to Kooth from 601 individual children and young people – this equates to an average of 5 logins per young person. A total of 78 young people benefited from at least one 1:1 counselling chat with 159 counselling chats taking place within the quarter. The messaging function continues to be well utilised with 1,846 messages sent by 258 young people. The locations with the highest new registrations in Q4 were from Farnworth, Great Lever and Halliwell. The top three presenting issues within Q4 were Anxiety/Stress, Suicidal Thoughts and Self Harm. A total of 33 young people were also signposted to other services across Bolton.

**A&E Attendances (16 and under)** – A&E attendances were significantly higher in March (1641) than in February (918), however, for the financial year were overall 38% lower than in 2019/20. There was an increase in A&E attendances across all age groups in March when compared to February; with the biggest increase seen in children aged 6 to 13 years.

**Non-elective Admissions (16 and under)** – A reduction in NEL admissions was noted in March (384) when compared to February (429). There were 2384 (43%) fewer NEL admissions in 2020/21 when compared to 2019/20. As part of the GM Avoidable Admissions initiative, NEL admissions for asthma, epilepsy and diabetes are monitored at a CCG level. NEL Asthma admissions are significantly lower in March (3) than Feb (12) and are overall 51.6% lower in 2020/21 than in 2019/20. Epilepsy admissions are 30.3% lower than last financial year and despite an increase in NEL admissions for diabetes at the start of the year, overall they are 5.7% lower overall.

**A&E Attendances (16 and under)** – A&E attendances were significantly higher in March (1641) than in February (918), however, for the financial year were overall 38% lower than in 2019/20. There was an increase in A&E attendances across all age groups in March when compared to February; with the biggest increase seen in children aged 6 to 13 years.

**Non-elective Admissions (16 and under)** – A reduction in NEL admissions was noted in March (384) when compared to February (429). There were 2384 (43%) fewer NEL admissions in 2020/21 when compared to 2019/20. Primary Diagnosis continue to be coded by Bolton FT at the time of the Board Report. As part of the GM Avoidable Admissions initiative, NEL admissions for asthma, epilepsy and diabetes are monitored at a CCG level.

# 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	Mar	10	48	↓	●
CDIFF-Post 48 hrs (Hospital)	32	Mar	8	45	↓	●
MRSA-Post 48 hrs (Hospital)	0	Mar	1	8	↑	●
Serious Incidents	0	Mar	0	16	↑	●
Never Events	0	Mar	0	0	↔	●
Medication Incidents at Bolton FT	<100	Mar	130	1494	↑	●

## Key in month highlights:

- The final figure of 48 MSA breaches, although against a zero target, is a significant improvement by the FT from last year's and it is hoped this is sustained in to 21/22.
- There have been 8 MRSA bacteraemias in 20/21, 2 of which were hospital acquired from earlier in the year and 6 which were community onset. These have been reviewed at the IPC Collaborative and lessons learned disseminated.
- There were no targets for CDiff cases in 20/21 but the number of 45 reported by the FT exceeded last years – again lessons have been learned from RCA's, implemented and shared at the IPC Collaborative. Numbers of out of hospital CDiff cases were raised too.

