

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:11.....

Date of Meeting:11th June 2021.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	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	
PRESENTED BY:	Dr Helen Wall, Clinical Director, Commissioning	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	The report highlights performance against all the key delivery priorities for the CCG in 2020/21 against which NHS Bolton CCG 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

Month 12 - 2021/22

Performance Summary

Elective Care

The impact of the national pandemic has been particularly felt in the elective care pathways of the health system. Significant backlogs have unfortunately developed, due to the initial inability to deliver any elective care, whilst resources were prioritised nationally to fight the urgent effects of the pandemic. Performance against the 92% (90% across GM) standard is still significantly under the national standard at 71.1% in April 2021. This is in line with other GM localities and is as a direct impact of reduced capacity mentioned above. There has been a slight reduction in 52 week breaches from 2,692 in March to 2,325 in April 21. In month 12 the top 5 specialties at Bolton FT contributing to the breaches are General Surgery (475), Trauma & Orthopedics (398), ENT (273), Gynecology (181) and Ophthalmology (176). The 6-week diagnostic target remains an ongoing challenge, with over-all Bolton performance in April 2021 at 32.3%, against a target of <1%. 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 plans 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.

Cancer

In March 2021, there was an improvement in 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)' from 8.2% in February 2021 to 25.7%, against a target of 93%. The performance for the indicator "Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP", improved again with 97.7% of referred patients being seen within 14 days of referral. The percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer" there was a decrease in the numbers of patients achieving this target at 85.2%. 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 again from 85.7% of patients achieving the target in February to 88.9% in March 2021. There were no Bolton CCG patients reported within the month (monitored in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment.

Urgent and Emergency Care

A&E performance has remained below the national standard of 95%. Following a March average daily attendance at A&E of 311, April saw an increased average attendance of 350 patients. In March the number of NWAS patients waiting >30 Mins <59 minutes for an A&E handover to take place was 111. Performance has reduced in April resulting in a figure of 154. There were 60 over 60 minute handovers in April following 44 in March which is 20 above the agreed target of below 40 per month. Non Elective LoS reduced to 4.3 in April from 4.4 in March, 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 registered with a Bolton GP remains above the 90% target with a financial year position of 91.3%. 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. A reduction in NEL admissions was noted in March (384) when compared to February (429). The national 35% target for children and young people with a diagnosable mental health condition accessing NHS funded treatment has been achieved in Bolton with an access rate of 35.6%. This equates to 2,310 children and young people against a local target of 2274. The number of completed assessments for children aged 16 and under increased significantly from February (37) to March (56).



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Bolton Clinical Commissioning Group

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%)	Apr	71.1%	71.1%	↑	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	Apr	27,230	27,230	↓	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	Apr	32.3%	32.3%	↑	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	Apr	2,325	2,325	↑	●

Key in month highlights:

Elective care surgery is now back up and running at Royal Bolton Hospital and across all Greater Manchester hospital trusts. Elective outpatient activity has continued throughout the pandemic 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 capacity, due to increased Infection Prevention Control (IPC) measures and are seeing as many patients as possible, in whatever way that may be i.e. virtually or face to face in clinics.

GPs continue to refer patients who are held by providers on waiting lists and managed as per the national PTL (Patient Tracking List) guidance.

Bolton CCG continue to support providers with the management of 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 an increase in April 2021 at 71.1% compared to March 2021 62.8%. The main providers contributing to performance for Bolton patients continue to be Bolton FT (72%), MUFT (64%), SRFT (66%), BMI The Beaumont (74%), WWL (72%) and Pennine (67%).

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

The CCG waiting list for all providers has increased from 26,506 in March 2021 to 27,230 in April 2021. 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 Hospital Trusts start 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 32.3% of patients in April 21, not being able to have their diagnostic test within 6 weeks, with 1% being the national tolerance for this.

In April 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



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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%	Mar	97.7%	95.6%	↑	●
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%	Mar	25.7%	48.8%	↑	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Mar	100.0%	97.9%	↑	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Mar	100.0%	98.9%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Mar	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Mar	100.0%	99.1%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Mar	85.2%	82.5%	↓	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Mar	88.9%	78.7%	↑	●
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	Mar	88.0%	78.7%	↑	●
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	Apr	3	3	↓	●



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Performance by Commissioning Area: **Cancer Care**

In March 2021, there was an improvement in 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)' from 8.2% in February 2021 to 25.7%, 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 continuing safety of the CCG and Bolton FT colleagues have met to discuss issues and offer support. Bolton FT are working to provide the action plan for improvement of the performance trajectory which will continue to be monitored closely.

In March, the performance for the indicator "Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP", improved again with 97.7% of referred patients being seen within 14 days of referral, with the continued close focus and oversight of this patient cohort by Clinical and Operational Leads at Bolton FT.

In March for "Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer" there was a decrease in the numbers of patients achieving this target at 85.2%, which however does still exceed the national target. These patients are consistently monitored by Clinical and Operational leads to ensure that any non clinical delays are fully minimised.

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 again from 85.7% of patients achieving the target in February to 88.9% in March.

In March, there were no Bolton CCG patients reported within the month (monitored in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment.



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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%	Apr	73.60%	73.60%	↓	●
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	Apr	154	154	↓	●
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)	Apr	60	60	↓	●
Non Elective Length of Stay	<4.61	Apr	4.3	4.3	↓	●

Key in month highlights:

- A&E performance has remained below the national standard of 95%. Performance during April was 73.6% therefore mirroring the March figure of 73.6%. To support improvement of performance, Bolton FT have an action plan in place, which is monitored through the Urgent and Emergency Care Board, they are also working with the Greater Manchester UEC Teams and NHSE and have agreed an improvement trajectory, which aims to improve performance up to 85% by the end of June 2021. The main challenges to performance are the ability to safely segregate Covid positive and Covid negative patients within the department and then onward onto wards, where admission is required. The recent spike in Covid case numbers has been challenging, increasing the volume of “Red” capacity needed on the wards, whilst elective care work continues and the all services that had been stood down during pervious waves of the virus are now operational again.
- Following a March average daily attendance at A&E of 311, April saw a increased average attendance of 350 patients. Invalidated data shows that May has seen a further increase, with a number of days breaking through the 400 attendance level. Attendances are being monitored closely and to help understand the rise in numbers, an engagement exercise will be taking place in June. This is being coordinated across Greater Manchester and happening in all the GM A&E departments, with consistent questions and recording, to understand why patients choose A&E rather than other locality services.
- In March the number of NWAS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 111. Performance has reduced in April resulting in a figure of 154. There were 60 over 60 minute handovers in April following 44 in March which is 20 above the agreed target of below 40 per month.
- Non Elective LoS reduced to 4.3 in April from 4.4 in March, this figure is now below the target of <4.61.



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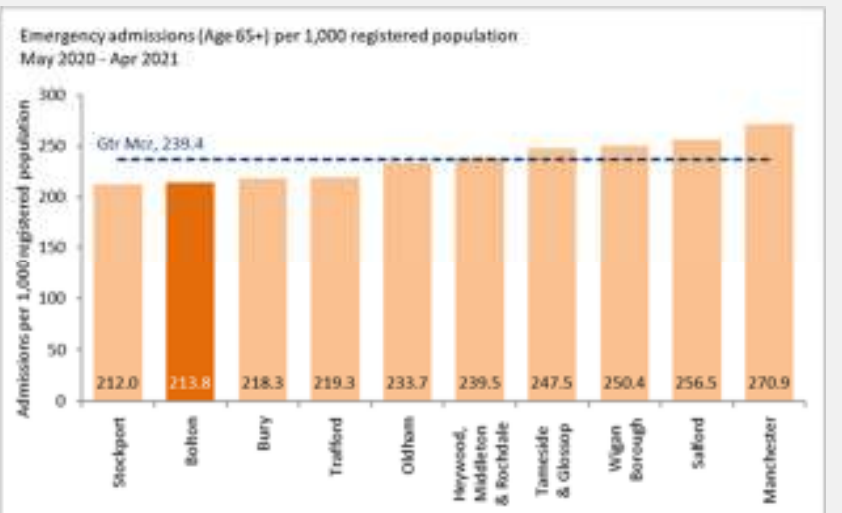
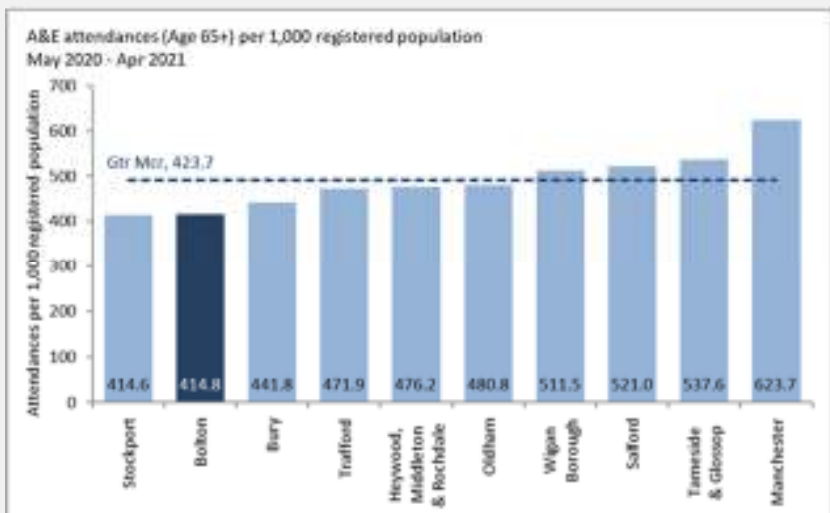
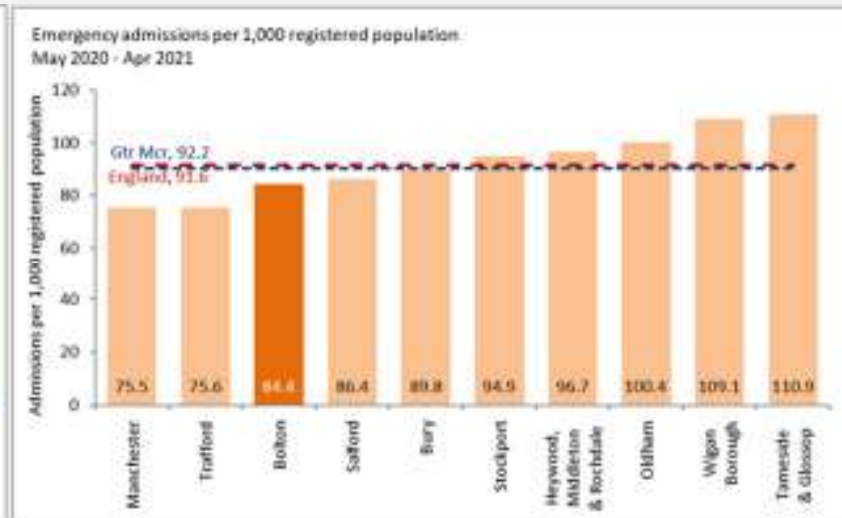
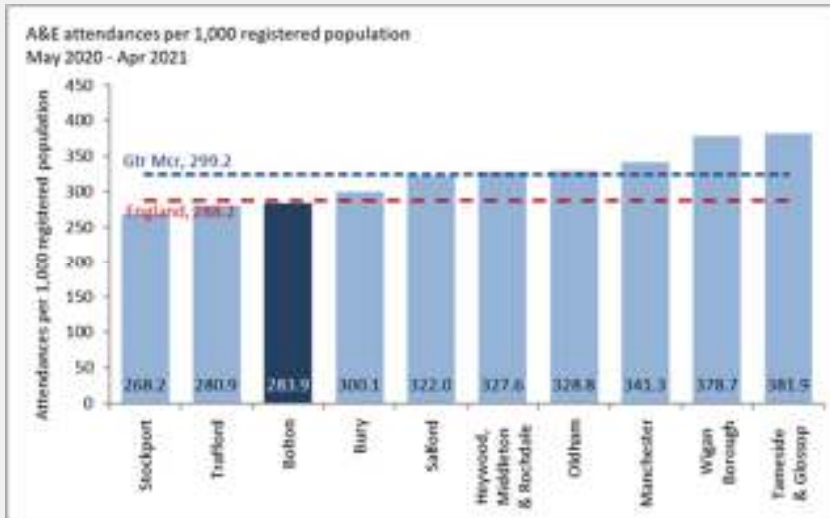
Performance by Commissioning Area: **Urgent and Emergency Care**

A&E Attendances & Emergency Admission Analysis

- The following slide includes a snapshot of data from March 2020 to April 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 third lowest number of A&E attendances per 1,000 population in Greater Manchester (283.9) followed by Trafford (280.9) and Stockport (268.2). 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 but Stockport (414.6). Bolton has the second lowest figure in Greater Manchester with a figure of 414.8 compared to the GM average of 423.7.
- Bolton's Emergency Admission figure is 84.4 per 1,000 compared to the Greater Manchester average of 92.2 and England average of 91.6.
- Emergency Admissions per 1,000 in the 65+ age group are 213.8 in Bolton, which is the second lowest in Greater Manchester. The Greater Manchester average is 239.4 per 1,000 population.



Performance by Commissioning Area: Urgent and Emergency Care



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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 behavior's.



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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%	Mar	87.13%	91.30%	↓	●
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%	↑	●

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 financial year position of 91.3%. Despite a slight reduction from 89.3% in February to 87.1 in January, performance has remained relatively stable. Bolton FTs specialist cultural liaison midwife has been working collaboratively with Bolton Council of Mosques (BCoM) to launch a Maternity Community Hub launching on Wednesday 23rd June.

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.

CYP Mental Health Access – The national 35% target for children and young people with a diagnosable mental health condition accessing NHS funded treatment has been achieved in Bolton with an access rate of 35.6% This equates to 2,310 children and young people against a local target of 2274. Q4 performance has seen a significant increase in access with 41.5% being reported in March. 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 –this is expected to be published nationally in June/July. 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.

All Age Mental Health Liaison – The number of completed assessments for children aged 16 and under increased significantly from February (37) to March (56). The number of assessments is similar when comparing 2019/20 (400) to 2020/21 (398). As a percentage, children aged 16 and under equated to 9% of the total number of assessments carried out by All Age Mental Health Liaison in 2020/21. The highest percentage was reported in November 2020 (14%).



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Bolton Clinical Commissioning Group

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	Apr	14	14	↓	●
CDIFF-Post 48 hrs (Hospital)	32	Apr	0	0	↑	●
MRSA-Post 48 hrs (Hospital)	0	Apr	0	0	↑	●
Serious Incidents	0	Apr	3	3	↑	●
Never Events	0	Apr	0	0	↔	●
Medication Incidents at Bolton FT	<100	Apr	155	155	↓	●

There were 3 SI's reported in this period which will be reviewed by the CCG's SIRG in due course. SIRG reviewed 7 SI's at its June meeting and the standard of investigation, report writing and learning was noted as good. There are 9 SI reports pending, 2 of which meet the criteria to be undertaken by the Healthcare Safety Investigation Branch (HSIB) established in 2017 and independent from the NHS.



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