

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:10.....

Date of Meeting:9th July 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

Months 1 & 2 2021/22

Performance Summary

Elective Care

The impact of Covid has been particularly felt in the elective care pathways of the health system. Significant backlogs developed across all providers, due to the limited delivery of elective care as 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 69.4% in May 2021. This is in line with other GM localities. There has been a slight reduction in 52 week breaches from 2,324 in April to 2,074 in May 21 as Bolton FT is treating patients in clinical and chronological priority in line with the GM elective recovery programme.

The 6-week diagnostic target remains an ongoing challenge, with performance in May 2021 at 29.3%, 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 and providers are working together to ensure recovery plan are in place. Work is underway to ensure demand and capacity is fully understood with additional diagnostic being sourced from the independent sector.

Cancer

In April 2021, there was a slight decline 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 25.7% in March 2021 to 21.3%, 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", has also declined slightly with 96.6% of referred patients being seen within 14 days of referral. However this still exceeds the target of 93%. The percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer" saw a further decrease in to 80.3% in April 21 which is below the national target of 85%. The performance for 'Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers' was 87.5% in April 2021, which is a decline from 88.9% in March 2021.

In April 2021, there were 7 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. The clinical teams continue to monitor these patients and there was no harm reported to any of the 7 patients.

Urgent and Emergency Care

A&E performance remains below the national standard of 95% at 72% in May. Following an April average daily attendance at A&E of 351, May 2021 saw a further increased average attendance to 370 patients per day. In April the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place, was 154. Performance has reduced further in May resulting in a figure of 205. There were 76 ambulance waiting over 60 minutes for handover in May, following 60 in April, which is 36 above the agreed locally set target. Non Elective LoS was maintained at 4.3 in May, this figure is now below the target of <4.61.

Mental Health

April's IAPT prevalence was 22% but remains in line with the trajectory for the anticipated extended target of 25% by March 2022. Funding has been agreed to facilitate this for both GMMH and 1 Point, with recruitment underway. Recovery was slightly under target at 48.% in month. Performance against the EIP target improved slightly but still fell short of the national target which has been extended to 60% for 21/22. Mental Health Liaison Service (MHLS) performance exceeded the target at 83.7%. Acute OAPs continue to fluctuate with 4 new placements in April. The GM crisis care and DTOC group continues to drive forward alternatives to admission and supported options for discharge including an extension of the tenancy support pilot provided by Bolton at Home.

Children's and Maternity

Maternity booking performance at Bolton FT for women registered with a Bolton GP was slightly below the 90% target in April with a monthly position of 89%. Bolton's access to CYP mental health treatment continues to improve with a performance of 54.8% in April compared to 41.5% in March. All Age Mental Health Liaison (the number of completed assessments for children aged 16 and under) reduced slightly from March (56) to April (52). In April there were 203 referrals received by Bolton CAMHS, this is a reduction from March of 29 referrals.



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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%)	May	69.4%	68.1%	↑	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	May	28,363	28,363	↓	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	May	29.3%	30.8%	↑	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	May	2,074	2,074	↑	●

Key in month highlights:

Elective care surgery is now remobilised 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. The CCG are working with all our providers and will re-start performance monitoring discussions to assess the gaps.

Performance against the 92% standard shows an increase in May 2021 at 69.4% compared to April 2021 66.7%



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

The CCG waiting list for all providers has increased from 27,230 in April 2021 to 28,363 in May 2021. The figures were expected to increase due to wave 3 & 4 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 to the Access policy.

Performance of the 6 week standard for diagnostic waits remains challenged but slightly improved at 29.3% (Target of <1%). The performance in April was 32.3%.

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. The Bolton FTs diagnostic performance continues to improve and is under 35%

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%	Apr	96.6%	96.6%	↓	●
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%	Apr	21.3%	21.3%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Apr	97.6%	97.6%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Apr	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Apr	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Apr	100.0%	100.0%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Apr	80.3%	80.3%	↓	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Apr	87.5%	87.5%	↓	●
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	Apr	85.2%	85.2%	↓	●
Faster Diagnosis Standard: all patients who are referred for the investigation of suspected cancer find out within 28 days if they do or do not have a cancer diagnosis	75.0%	Apr	84.6%	84.6%		●
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	7	7	↓	●



Performance by Commissioning Area: Cancer Care

In April 2021, there was a slight decline 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 25.7% in March 2021 to 21.3% in April, 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 April 2021, the performance for the indicator "Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP", also declined slightly with 96.6% 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.

The standard for "Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer" saw a further decrease in the numbers of patients achieving the target, with performance at 80.3% in April 2021, this is now below 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' slightly decreased from 88.9% of patients achieving the target in March to 87.5% in April 2021.

In April 2021, there was 7 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. The clinical teams continue to monitor these patients and there was no harm reported



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%	May	72.00%	72.80%	↓	●
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	May	205	359	↓	●
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)	May	76	136	↓	●
Non Elective Length of Stay	<4.61	May	4.3	4.26	↑	●

Key in month highlights:

- A&E performance has remained below the national standard of 95%. Performance during May was 72.0%, a reduction on April' figure of 73.6%. Bolton FT's improvement action plan is in place and 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 aimed to improve performance up to 85% by the end of June 2021. The main challenge to performance currently, is the overall attendance numbers, which is at an all-time high particularly for walk-in patients, this causes challenges with the flow of patients through the physical space restricting the ability for patients to be seen, assessed and treated in a timely manner.
- Following an April 2021 average daily attendance at A&E of 351, May saw a further increased average daily attendance to 370 patients. Invalidated data shows that June has again seen a further increase, with some days breaking through the 400 attendance level, and an all-time record of 475 being reached. Attendances are being monitored closely and to help understand the rise in numbers, an engagement exercise took place in June, coordinating across all the GM A&E departments, with consistent questions and recording, to understand why patients choose A&E rather than other locality services. The results of this exercise are expected to be received soon.
- In April the number of NWAS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 154. Performance has reduced further in May resulting in a figure of 205. There were 76 over 60 minute handovers in May following 60 in April which is 36 above the agreed target of below 40 per month.
- Non Elective LoS was maintained at 4.3 in May, this figure is now below the target of <4.61.



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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%)	Apr	22.0%	22.0%	↓	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Apr	48.0%	48.0%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Apr	95.3%	95.3%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Apr	100.0%	100.0%	↔	●
56% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Apr	54.2%	54.2%	↑	●
Mental Health Liaison Service (formally RAID) -percentage of AE Emergency referrals assessed within 1hr	75.0%	Apr	83.7%	83.7%	↑	●
Number of new Out of Area placements	0	Apr	2	2	↓	●



Performance by Commissioning Area: **Mental Health**

Key in month highlights:

- IAPT - The Bolton Prime Provider pathway saw a slight reduction in referrals in April (achieving 22% prevalence), compared with 23.7% in March. Recovery was 48% against the target of 50%. Funding has been agreed through MHIS monies for GMMH to recruit in line with the exported target increase by year end of 25%. The reduction is felt to be attributed to Easter holidays and staff/people who would usually be referred taking annual leave. There has also been a process change at the Prime Provider to ensure more robust recording takes place within a timely manner to avoid delays in activity being added to the prevalence figures. Recovery dipped slightly for both for the prime provider and the Silver wellbeing service but has since improved and will be compliant for the May reporting period. 6 and 18 week referral to treatment targets were achieved.
- EIP – Performance increased fractionally in April at 54.2% but fell short of the target, compared to 52.6% in March for referrals receiving NICE approved treatment within 2 weeks (against a target of 60% for 2021/22). It was noted last month the increase in referrals and the service continue to work on a recovery plan to ensure a robust system is in place should this trend continue, focusing on this target in addition to other specific areas of under performance.
- Mental Health Liaison Service – The service exceeded the 75% target in April achieving 83.7% (an improvement on March figures). MHLS continues to be under pressure in A&E due to the high numbers of attendances and volume of acute in-patients at RBH who need discharge expediting. CYP referrals also continue to be high. Staff turnover is also an issue with 2 current band 6 vacancies that are in the process of being recruited to and a further b6 who has served notice. Listening lounge (community crisis alternative) plans continue and the service should be live early in Q2.
- Acute OAPs – placements and demand continues to vary with new placement numbers totaling 4 in April (2 reportable and 2 in a GM commissioned bed). 8 existing patients remained out of area from the previous month due to local bed pressures and the inability to repatriate within the aspired 72 hours. Length of stay remains below the national average with effective utilisation of community crisis beds to offer admission avoidance opportunities and expedite discharge.



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 Childrens Global Assessment Scale (CGAS)	50%	Nov	30.00%	20.00%	↑	●

12+6 – Maternity booking performance at Bolton FT for women registered with a Bolton GP is slightly below the 90% target in April with a monthly position of 89%. Significant work has taken place across Bolton FT to ensure women book prior to 12+6 weeks. Bolton's Maternity Community Hub launched on 23rd June from the Bolton Council of Mosques (BCOM) centre in Deane. Antenatal drop-in sessions will run every Monday afternoon with an antenatal clinic being delivered on Tuesdays. Further developments include expanding the service delivery from BCOM to provide additional support to families.

CYP Mental Health Access – Bolton's access to mental health treatment continues to improve with a performance of 54.8% in April compared to 41.5% in March. April's performance is generally higher than most months due to individuals being counted again as the data crosses financial years. The CYP access target remains a central focus in the Greater Manchester CYP data club; particularly around the definition of access to treatment changing from two contacts to one. A consistent approach to data capture is being progressed across all CYP Mental Health Trusts.

All Age Mental Health Liaison – The number of completed assessments for children aged 16 and under reduced slightly from March (56) to April (52). Assessment are significantly higher this year when compared with April 2020 (15). Children represented 13% of the total Mental Health Liaison assessments which took place in April and this is 7% higher than the previous year. Performance against the 1 hour response time for CYP presenting in a mental health crisis has improved from March (61%) to April (67.3%), however, still remains slightly below the 75% target.

CAMHS Referrals

In April there were 203 referrals received by Bolton CAMHS, this is a reduction from March by 29 referrals. This is still higher than earlier in the year as during January there were 141 referrals and in February 2021, there were 169. The service received 176 routine referrals and 27 urgent referrals. Urgent referrals reduced from March's 45 Urgent referrals. The team did not receive any emergency referrals. GPs continue to be the highest referrers into the service.

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	May	0	14	↑	●
CDIFF-Post 48 hrs (Hospital)	32	May	3	3	↓	●
MRSA-Post 48 hrs (Hospital)	0	May	2	2	↓	●
Serious Incidents	0	May	2	5	↑	●
Never Events	0	May	0	0	↔	●
Medication Incidents at Bolton FT	<100	May	134	289	↑	●

‘In the absence of national CDT objectives the FT will continue, like last year, to work towards the 19/20 objectives of no more than 32 cases. May was the first time in 6 months that figures fell below the rolling average of 2.7 cases/month. All CDT positive cases from May/June are being sent for Ribotyping which, along with enhanced epidemiology reviews, will identify if otherwise unseen cross transmission is a factor. Comprehensive updates are shared regularly by the FT with the CCG.’

