

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:11.....

Date of Meeting:10th September 2021.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Mike Robinson – Associate Director Integrated Governance & Policy Gill Baker – Associate Director, Commissioning Candice Nabb, Commissioning Team 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 3 & 4 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 70% in June 2021. This is in the top end of the performance scale across GM localities. There has been a slight reduction in 52 week breaches from 2,074 in May to 1,891 in June 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 June 2021 at 27.76%, 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 June 2021, there was a slight 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 21.6% in May 2021 to 29% in June, 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% 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" there was a further decline in the numbers of patients achieving this target at 78.3 June 21 compared with 86.2% in May21 and is now significantly 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 to Bolton CCG patients' declined again from 88.9% of patients achieving the target in May 21 to 77.8% in June 2021. In June 2021, there was 3 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



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Performance Summary Continued...

Urgent and Emergency Care

A&E performance has remained below the national standard of 95%. Performance during June was 70.4% and July 65.5% a reduction on May' figure of 72%. 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. 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.

Mental Health

June's IAPT prevalence was 28.2% and remains in line with the YTD trajectory for the anticipated extended target of 25% by year end (TBC by NHS E). Funding agreed to facilitate this for both GMMH and 1 Point, and recruitment is in progress. Recovery was slightly under target at 47.3% (combined with the Silver Wellbeing service). (EIP) significantly improved and been at 100% for two consecutive months, (target has been extended to 60% for 21/22). Mental Health Liaison Service (MHLS) performance fell just below target at 73.6%. Acute OAPs continue to fluctuate with 6 new placements in June. 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 is slightly below the 90% target in June with a monthly position of 87.9%. Bolton's access to mental health treatment has improved significantly from 36.2% in May to 47.4% in June. This equates to a YTD forecast of achieving 48% of children and young people with a diagnosable mental health condition accessing NHS funded treatment. . Whilst the number of completed assessments for children aged 16 and under reduced slightly from May (60) to June (54), the YTD figure of 167 is significantly higher than 2020/21 (22) and even prior to Covid-19 with 92 in 2019/20. On average children represented 13% of the total Mental Health Liaison assessments which is 8% higher than the previous year. Performance against the 1 hour response time for CYP presenting in a mental health crisis has reduced from May (81.4%) to June (73.7%) and falls just short of the 75% target with a YTD performance of 74.4%. In June there were 202 referrals received by Bolton CAMHS which is a reduction of 57 referrals from May. A total of 149 referrals were accepted into the service which equates to 74%.



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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%)	Jul	70.0%	69.1%	↓	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	Jul	29,520	29,520	↓	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	Jul	27.7%	29.2%	↑	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	Jul	1,761	1,761	↑	●

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 June 2021 at 71% compared to May 2021 70%. Compared across GM, Bolton's performance is one of the highest. BMI 83%, MFT 59%, SRFT 55%, WWL 57%



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Performance by Commissioning Area: **Elective Care**

The CCG waiting list for all providers has increased from 28,363 in May 2021 to 29,126 in June 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.

Additionally The Waiting Well Programme has been developed by GM, which aims to support patients whilst they are on the waiting list and how they can 'wait well' by accessing a range of information that will be made available in one place. GM is currently creating a catalogue of organisational contact numbers as signposts, a draft of this will be rolled out onto the GM website early September. Additionally, the Bolton locality group have just had their initial meeting and are developing ways to contact patients across the whole waiting list to best advise them on their health, and sign-post to useful information and the correct contact details should their condition worsen or they no longer require to remain on the waiting list.

Performance of the 6 week standard for diagnostic waits remains challenged but slightly improved at 27.8% (Target of <1%). The performance in May was 29%.

The diagnostic that was a particular challenge across all providers for Bolton CCG patients as expected 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 30%, for context the highest performing month prior to June 2021, was March 2020 at 6.5% (Target of <1%).

As the COVID vaccination programme has started to ease, Bolton CCG is committed to work with all providers and future co-organisations, to tackle the challenge of performance, whilst working in the tight parameters of service and BAU change that has occurred since the COVID pandemic, but opening up transformational/service re-design discussions that can be implemented without incurring any further cost pressures.

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%	Jun	96.0%	96.7%	↓	●
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%	Jun	29.0%	23.8%	↑	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Jun	98.2%	98.1%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Jun	87.5%	94.3%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Jun	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Jun	100.0%	100.0%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Jun	78.3%	81.7%	↓	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Jun	77.8%	84.6%	↓	●
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	Jun	84.8%	83.2%	↑	●
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	85.3%	85.6%		●
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	3	3	↓	●

Performance by Commissioning Area: **Cancer Care**

In June 2021, there was a slight 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 21.6% in May 2021 to 29% in June, 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 have provided the CCG with an action plan for improvement of the performance trajectory which will continue to be monitored closely.

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% of referred patients being seen within 14 days of referral. However this still exceeds the target of 93%. We have been assured that there is continued close focus and oversight of this patient cohort by Clinical and Operational Leads at Bolton FT.

The percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer" there was a further decline in the numbers of patients achieving this target at 78.3 June 21 compared with 86.2% in May21 and is now significantly below the national target of 85%. In addition to this 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' declined again from 88.9% of patients achieving the target in May 21 to 77.8% in June 2021. We understand that long waits for Diagnostics is playing a significant role in some of these areas and the trust are working to resolve these issues and these patients are consistently monitored by Clinical and Operational leads to ensure that any non clinical delays are fully minimised.

In June 2021, there was 3 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%	Jul	65.50%	70.20%	↓	●
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	Jul	285	869	↓	●
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)	Jul	192	457	↓	●
Non Elective Length of Stay	<4.61	Jul	4.6	4.27	↓	●

Key in month highlights:

- A&E performance has remained below the national standard of 95%. Performance during June was 70.4% and July 65.5% a reduction on May' figure of 72%. 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. 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 May 2021 average daily attendance at A&E of 370, June saw a further increased average daily attendance to 396 patients. July data shows a further increase to 403. Attendances are being monitored closely and to help understand the rise in numbers as this is a 33.8% increase on the daily average for July 2020.
- In May the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 205. Performance has reduced further in June and July resulting in a figure of 285. There were 192 over 60 minute handovers in July following 129 in June and 76 in May which is 152 above the agreed target of below 40 per month.
- Non Elective LoS increased to 4.6 in July from a figure of 4.0 In June and 4.3 in May, this figure continues to below the target of <4.61.



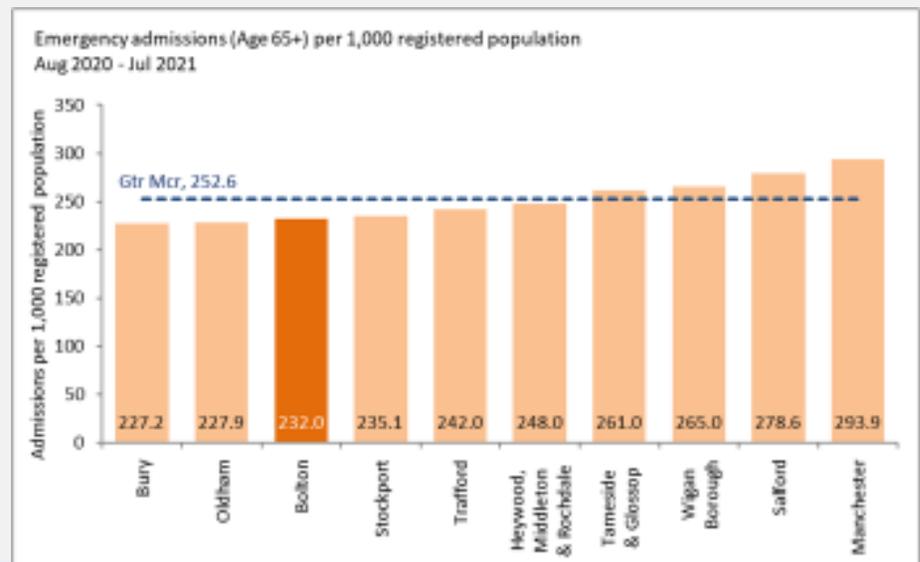
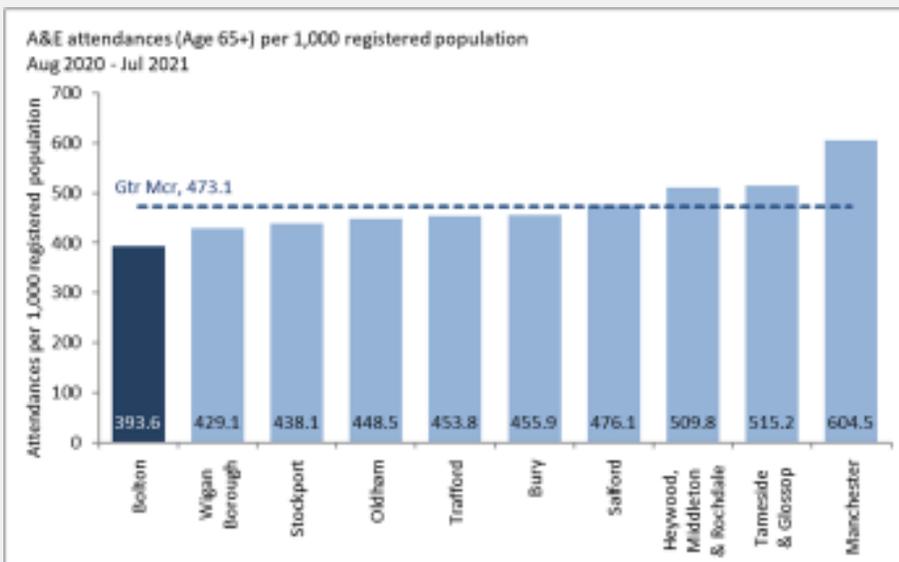
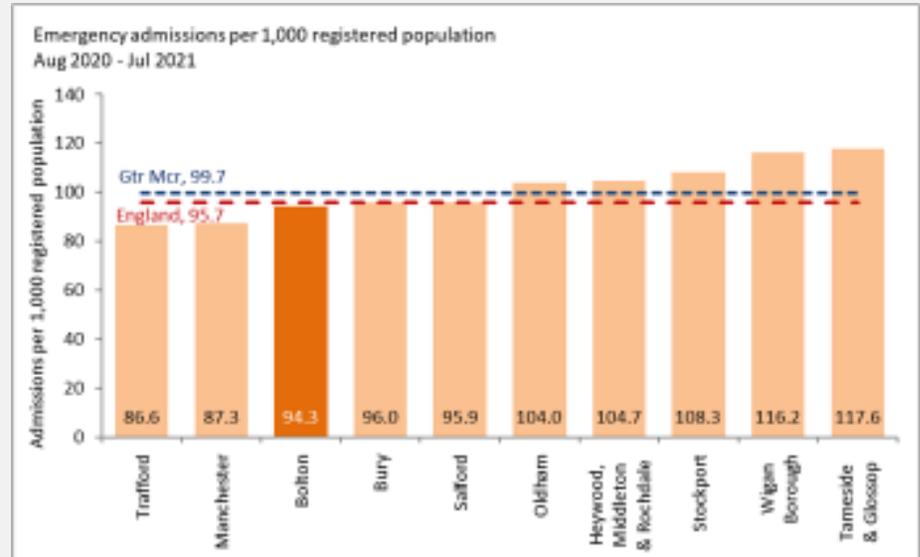
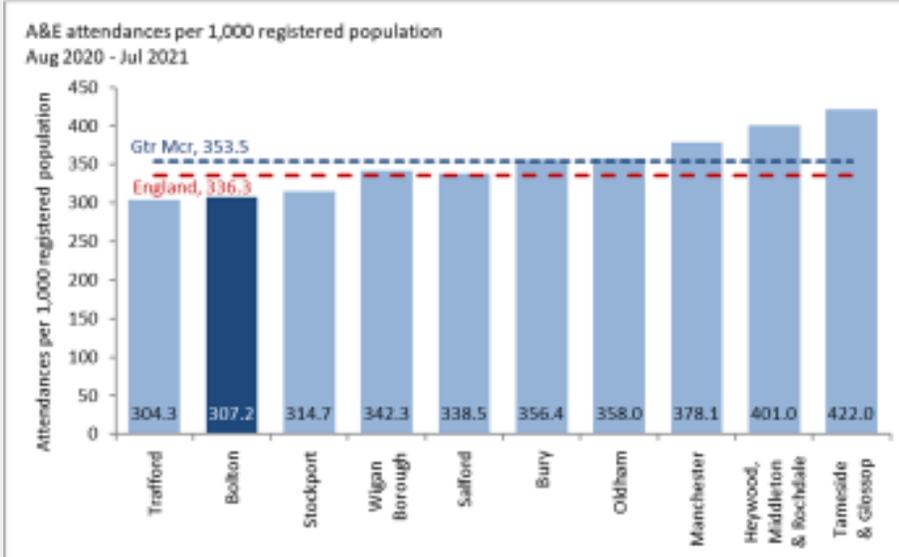
Performance by Commissioning Area: **Urgent and Emergency Care**

A&E Attendances & Emergency Admission Analysis

- The following slide includes a snapshot of data from August 2020 to July 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 second lowest number of A&E attendances per 1,000 population in Greater Manchester (307.2). The Greater Manchester average is 353.5 and England average 336.3.
- A&E attendances per 1,000 population in the 65+ age group are higher throughout all areas. Bolton has the lowest figure in Greater Manchester with a figure of 393.6 compared to the GM average of 473.1.
- Bolton's Emergency Admission figure is third lowest in Greater Manchester at 94.3 per 1,000 compared to the Greater Manchester average of 99.7 and England average of 95.7.
- Emergency Admissions per 1,000 in the 65+ age group are 232.0 in Bolton, which is the third lowest in Greater Manchester. The Greater Manchester average is 252.6 per 1,000 population.



Performance by Commissioning Area: Urgent and Emergency Care



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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%)	Jun	28.2%	23.7%	↑	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Jun	47.3%	47.7%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Jun	93.6%	96.0%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Jun	100.0%	100.0%	↔	●
56% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Jun	100.0%	84.7%	↔	●
Mental Health Liaison Service (formally RAID) -percentage of AE Emergency referrals assessed within 1hr	75.0%	Jun	73.6%	78.6%	↓	●
Number of new Out of Area placements	0	Jun	1	4	↑	●

Performance by Commissioning Area: **Mental Health**

Key in month highlights:

- IAPT - The Bolton Prime Provider pathway saw an increase in referrals in June (achieving 28.2% prevalence), compared with 20.8% in May. Recovery was 47.3% against the target of 50%, This reflects the current impact of Covid with the service is receiving an increasing number of Step 3 (complex) presentations. This then leads to lower recovery rates due to the increased complexity. Planned changes to the patient pathway at the first point of access for Step 2 clients should rebalance recovery and reliable improvement outcomes in the future. Recovery increased for the 6 and 18 week referral to treatment targets and we are now achieving target.
- EIP – Performance increased significantly back up to 100% for May & June, compared to 54.2% in April 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 a dip in trend happen again, focusing on this target in addition to other specific areas of under performance.
- Mental Health Liaison Service – Performance decreased slightly in June achieving 73.6% against a target of 75%. 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) the service has been up and running from the 9th Aug with plans to extend to wider referral pathways in Q3.
- Acute OAPs – placements and demand continues to vary with new placement numbers totaling 6 in June (2 reportable and 4 in a GM commissioned bed). 4 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%	Jun	87.90%	88.70%	↑	●
CAMHS % of young people accessing treatment	35%	Jun	47.40%	47.20%	↑	●
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 June with a monthly position of 87.9%. This equates to a total of 306 bookings where 37 were outside of the 12+6 timeframe. The full provider booking performance for June which accounts for women registered with a GP outside of Bolton is 90.6% equating to 534 bookings with deemed as late bookers. Significant work has taken place across Bolton FT to ensure women book prior to 12+6 weeks.

CYP Mental Health Access

Bolton's access to mental health treatment has improved significantly from 36.2% in May to 47.4% in June. This equates to a YTD forecast of achieving 48% of children and young people with a diagnosable mental health condition accessing NHS funded treatment. 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.



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

All Age Mental Health Liaison

Whilst the number of completed assessments for children aged 16 and under reduced slightly from May (60) to June (54), the YTD figure of 167 is significantly higher than 2020/21 (22) and even prior to Covid-19 with 92 in 2019/20. On average children represented 13% of the total Mental Health Liaison assessments which is 8% higher than the previous year. Performance against the 1 hour response time for CYP presenting in a mental health crisis has reduced from May (81.4%) to June (73.7%) and falls just short of the 75% target with a YTD performance of 74.4%. Anecdotal feedback from Bolton CAMHS has highlighted that a large number of recent attendances have been directed from a School Setting and work is progressing via the Link Programme to address this in September. The Link Programme consists on facilitated sessions delivered by the Anna Freud Centre which aim to bring together local CYP Mental Health professionals and Education Settings.

CAMHS Referrals

In June there were 202 referrals received by Bolton CAMHS which is a reduction of 57 referrals from May. A total of 149 referrals were accepted into the service which equates to 74%. For those not accepted into the service, reasons varied from being not suitable, not enough information or advice given/referred to another service. Out of the 140 accepted referrals 116 were allocated as routine and 33 as urgent. As of June 2021, a total of 154 young people were waiting for an assessment. To manage this, Bolton CAMHS have reviewed the staffing establishment to ensure all vacant posts are filled due to a number of team members leaving in July. The number of young people remaining on the 18+ RTT pathway has increased from 31 in May 2021 to 39 in June 2021. The reason for this increase is due to a number of families requesting delayed appointments due to personal commitments and also an increased number of DNA'S. The service is reviewing each case on an individual basis to ensure an appropriate plan is agreed.



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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	Jun	5	20	↓	●
CDIFF-Post 48 hrs (Hospital)	32	Jun	6	9	↓	●
MRSA-Post 48 hrs (Hospital)	0	Jun	1	3	↓	●
Serious Incidents	0	Jun	8	14	↓	●
Never Events	0	Jun	0	0	↔	●
Medication Incidents at Bolton FT	<100	Jun	187	637	↓	●

C Diff cases remain slightly higher than plan for the FT. The IPC team and microbiologists continue are working with clinical teams to promote antibiotic stewardship. Scheduled to implement a deep clean programme on a bay-by-bay basis given the continued unavailability of a spare ward to decant patients to facilitate a whole ward deep clean. It's been more than a year since the last hospital onset MRSA bacteraemia.

5 SI's were reported in May and June by Bolton FT: 1 fall; 1 missed diagnosis; 1 suboptimal care and 2 medicine incidents. SIRG reviewed 10 Bolton FT cases in the same period and there is no significant backlog other than for completion of reports maternity reports by HSIB.