

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting
AGENDA ITEM NO:12.....
Date of Meeting: ...12th November 2021.....

TITLE OF REPORT:	CCG Corporate Performance Report
AUTHOR:	Gill Baker – Acting Associate Director for Health Commissioning Mike Robinson – Associate Director Integrated Governance & Policy 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

CCG Board Performance Report

1. Executive Summary

Elective Care

Performance against the 92% (90% across GM) RTT standard is still significantly under the national standard, at 68% in September 2021. This does however compare well to other localities across Greater Manchester, but is showing a decreasing trend. There has been an increase in 52-week breaches from 1,696 in August 21 to 1,708 in September, as Bolton FT is treating patients in clinical and chronological priority in line with the GM elective recovery programme. 52-week waiters have declined over recent months with the downward trend expected to continue as the providers work through their longest waiters.

The 6-week diagnostic target remains an ongoing challenge, with performance in September 2021 at 27%, 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 plans are in place. Work is underway to ensure demand and capacity is fully understood with additional diagnostic capacity being sourced from the independent sector where possible.

Cancer

The impact of the COVID 19 pandemic continues to have an impact on all areas of the system and 2ww referrals are continuing to increase in all specialities, exceeding pre pandemic levels. With 2ww Breast, Skin and Upper GI being areas of concern. However, 2ww Breast performance is improving and has achieved 70.7% against target (93%) compared to the previous month (47.3%). Bolton FT are achieving the target "Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP" with 97% in August 21 (target 93%).

The 62-day standards have seen some improvement, with 87.1% achieving the maximum two-month (62 day) wait from urgent GP referral to first definitive treatment for cancer and 85.7% achieving the maximum two-month (62 day) wait from referral from NHS Screening service for first definitive treatment. Although this is still slightly below target.

In the month of August 21 there were 2 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.

The Faster Diagnosis Standard: 85.1% of all patients who are referred for the investigation of suspected cancer found out within 28 days if they do or do not have cancer.

Urgent and Emergency Care

A&E performance has remained below the national standard of 95%. Performance during September was 71.4%, a reduction on July's figure of 74.7%. September saw an increased average daily attendance to 385 patients. In August the number of NWS patients waiting >30 Mins <59 minutes for an A&E handover to take place was 171. Performance has reduced throughout September resulting in a figure of 264. Non Elective LoS continues to be below the target of <4.61

Mental Health

The Bolton Prime Provider pathway for Improving Access to Psychological Therapies (IAPT), saw a decrease in referrals in August 2021, achieving 21.6% prevalence, compared with 23.1% in July 2021. EIP (Early Intervention Psychosis) performance has sustained at 100% of August referrals receiving NICE approved treatment within 2 weeks (against a target of 60% for 2021/22). Mental Health Liaison Service performance increased August achieving 79.2% against a target of 75%. Placements and demand continues to vary for Acute OAPS, with new placement numbers totaling 5 in Aug.

Children's and Maternity

Maternity bookings within 12+6 weeks at Bolton FT for women registered with a Bolton GP, remains above the 90% target in August with a monthly position of 93.9%. Despite remaining above the national target, Bolton's access to mental health treatment has decreased slightly in August (49.2%), when compared to July (55.9%).

CYP Mental Health Referral to First Appointment – For September, Bolton are performing significantly better than a large number of GM localities and the average wait from referral to first appointment is 2.6 weeks. CYP Mental Health Referral to Second Appointment – A positive position can also be noted for referral to treatment with Bolton performing below the GM average of 11.9 weeks.

Mental Health Liaison Service – The number of completed assessments for children aged 16 and under reduced significantly from July (49) to August (19) which is consistent across all mental health services.

2. Elective Care Performance

The table below highlights the performance of the key Elective Care standards in September 2021.

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%)	Sep	68.1%	69.0%	↓	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	Sep	30,870	30,870	↓	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	Sep	27.3%	28.8%	↑	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	Sep	1,708	1,708	↓	●

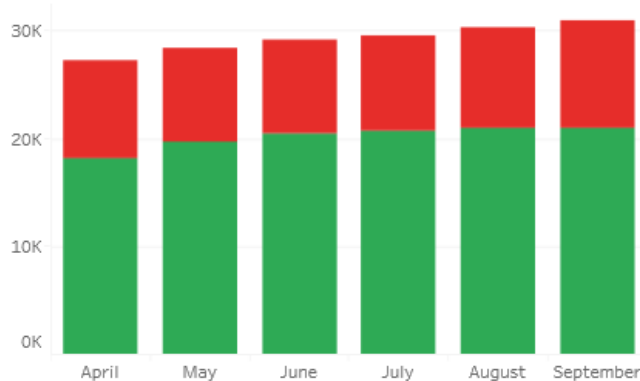
Many specialties are running with decreased capacity, due to increased Infection Prevention Control (IPC) measures and are seeing as many patients as possible, in whatever way that may be i.e. virtually or face to face in clinics.

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

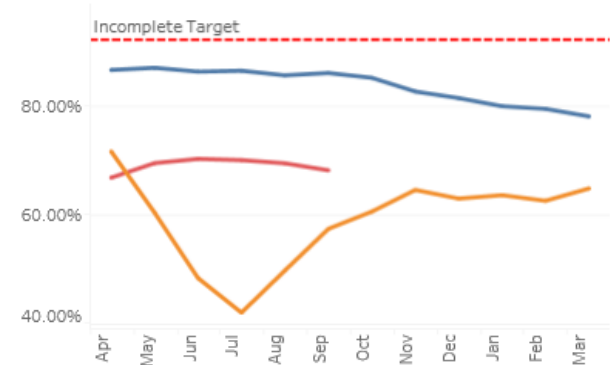
Bolton CCG continue to support providers with the management of their surgical waiting lists and clinical validation, and will work together to understand if these patients have declined treatment for non-Covid reasons and the process for these in line with NHSE&I guidance. The CCG are working with all our providers and have re-started performance monitoring discussions to assess the gaps.

Financial Year: 2022 2021 2020

Patients Pathway Split on Under and Over 18 weeks



Last 3 Years Performance



Performance against the 92% standard shows a slight decline in September 68.1% compared to August 69.4%. (YTD 69%). Compared across GM, Bolton's performance is one of the highest. BMI 84%, MFT 56%, SRFT 51%, WWL 57%, LANCS TEACHING, 60%

The CCG waiting list for all providers has increased by an additional 571 patients to 30,870 in September 2021. An increase in waiters was expected due to the additional lockdowns, however this is expected to increase further as we move into winter pressures, and we do not expect this figure to decrease, it is likely to be long term whilst elective recovery work is ongoing. There are discussions with Bolton FT ongoing around the Access Policy and the EUR policy and if all waiters remain appropriate on the waiting list.

Additionally The Waiting Well Programme has been developed by GM and went live 11th October 2021. This is a web tool which is aimed at supporting 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. The CCG, Bolton LA and Bolton FT also host their own local 'While you Wait' web page, which is a large catalogue of locality offers for patients to utilise. This also went live from 11th October 2021 with a public message being cascaded by our joint comms teams.

Performance of the 6 week standard for diagnostic waits remains challenged, with performance at 27.3% (Target of <1%). The main challenges within the diagnostic areas that contribute to the performance are Endoscopy (Colonoscopy 31% & Gastroscopy 35%), Flex Sig 39%, ECG 57%, Urodynamic pressures & flows 67 and Neurophysiology 77%, all other diagnostics tests were above 80% in September 2021.

Performance for DM01 at Bolton FT for September is at 29% 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 performance at Bolton FT continues to improve each month.

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, GM planning processes to ensure demand and capacity is fully understood, and that any gaps between the two are identified, with supporting recovery actions going forward.

3. Cancer Performance

The table below highlights the performance of the key Cancer Care standards in August 2021.

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%	August	97%	96.8%	↑	●
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%	August	70.7%	36%	↑	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	August	100%	98.4%	↑	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	August	88.2%	93.8%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	August	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	August	100.0%	100.0%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	August	80.2%	81.3%	↑	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	August	85.7%	80%	↑	●
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	August	73.7%	80.5%	↓	●
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%	August	85.34	85.5%		●
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	August	2	2	↓	●

The impact of the COVID 19 pandemic continues to have an impact on all areas of the system and 2ww referrals are continuing to increase in all specialities, exceeding pre pandemic levels. With 2ww Breast, Skin and Upper GI being areas of concern. However, 2ww Breast performance is improving and has achieved 70.7% against target (93%) compared to the previous month (47.3%).

The main areas of challenge for the Breast Service are around staffing resource and Endoscopy capacity for Upper GI. Bolton FT do have plans in place to tackle some of these challenges with additional Endoscopy capacity commissioned from an IS Provider and recruitment and retention plans within the overall Breast recovery plan.

Bolton FT are achieving the target “Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP” with 97% in August 21 (target 93%). Overall Bolton FT are achieving the maximum diagnosis to first definitive treatment within 31 days for all Cancers with anti-cancer drugs and radiotherapy achieving 100% in August. However, Surgery has dropped slightly to 88.2% and does not meet the target of 94%.

The 62-day standards have seen some improvement, with 87.1% achieving the maximum two-month (62 day) wait from urgent GP referral to first definitive treatment for cancer and 85.7% achieving the maximum two-month (62 day) wait from referral from NHS Screening service for first definitive treatment. Although this is still slightly below target.

In the month of August 21 there were two 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.

The Faster Diagnosis Standard: 85.1% of all patients who are referred for the investigation of suspected cancer found out within 28 days if they do or do not have cancer.

4. Urgent Care Performance

The table below highlights the performance of the key Urgent Care standards in September 2021.

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%	Sep	71.40%	71.10%	↓	●
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	Sep	264	1304	↓	●
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)	Sep	171	731	↓	●
Non Elective Length of Stay	<4.61	Sep	4.6	4.36	↓	●

A&E performance has remained below the national standard of 95%. Performance during September was 71.4%, a reduction on July's figure of 74.7%. 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.

An Urgent Care Streaming model is being developed and rolled out from November 1st that will aim to gradually increase the number of patients diverted away from A&E. The main challenges to performance currently, are workforce capacity and overall attendance numbers, causing 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 August 2021 average daily attendance at A&E of 351, September saw an increased average daily attendance to 385 patients. Attendances are being monitored closely and to help understand the rise in numbers as this is a 26.9% increase on the daily average for September 2020.

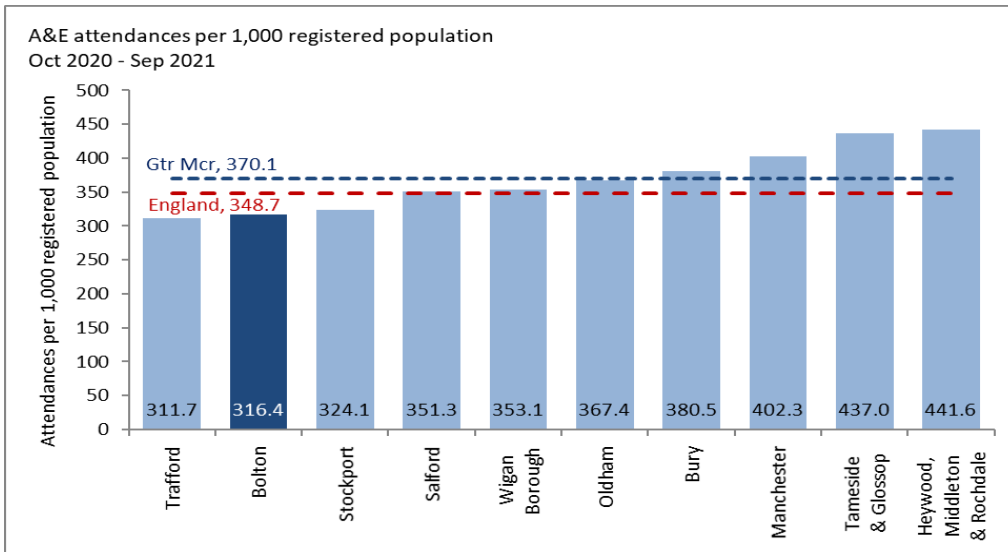
In August the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 171. Performance has reduced throughout September resulting in a figure of 264. There were 171 over 60 minute handovers in September following 103 in August, which is 131 above the agreed target of below 40 per month. Discussions are taking place between NWS and Bolton FT to support the reduction of handover delays, which will be presented at the Urgent and Emergency Care Board.

Non Elective LoS continues to below the target of <4.61 with the September figure remaining the same as August at 4.5.

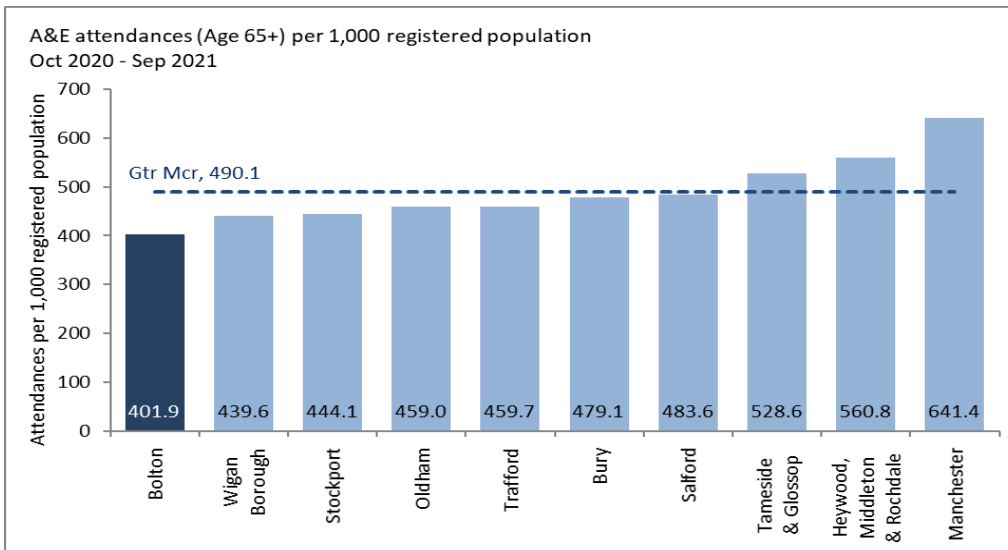
A&E Attendances & Emergency Admission Analysis

The information below includes a snapshot of data from October 2020 to September 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.

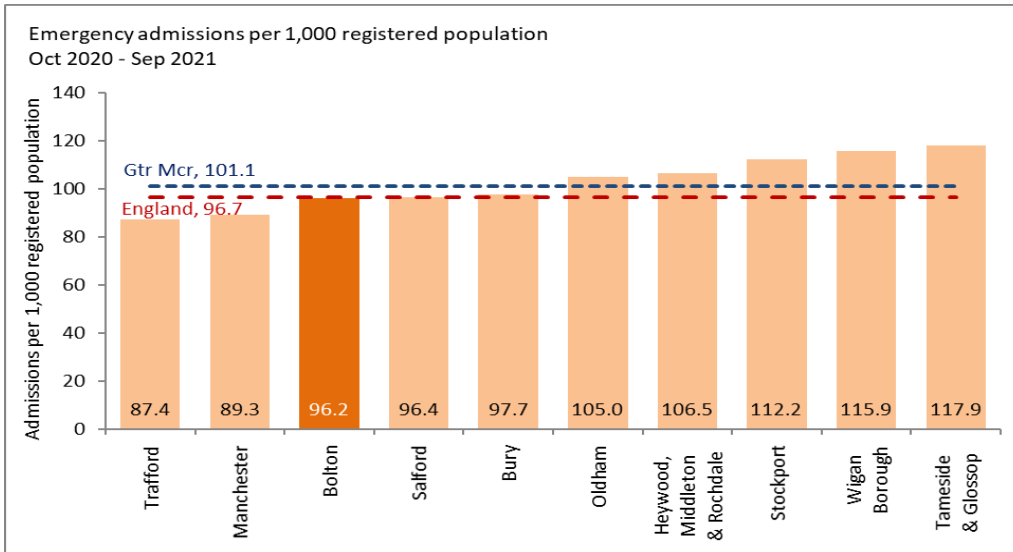
Bolton has the second lowest number of A&E attendances per 1,000 population in Greater Manchester (316.4). The Greater Manchester average is 370.1 and England average 348.7.



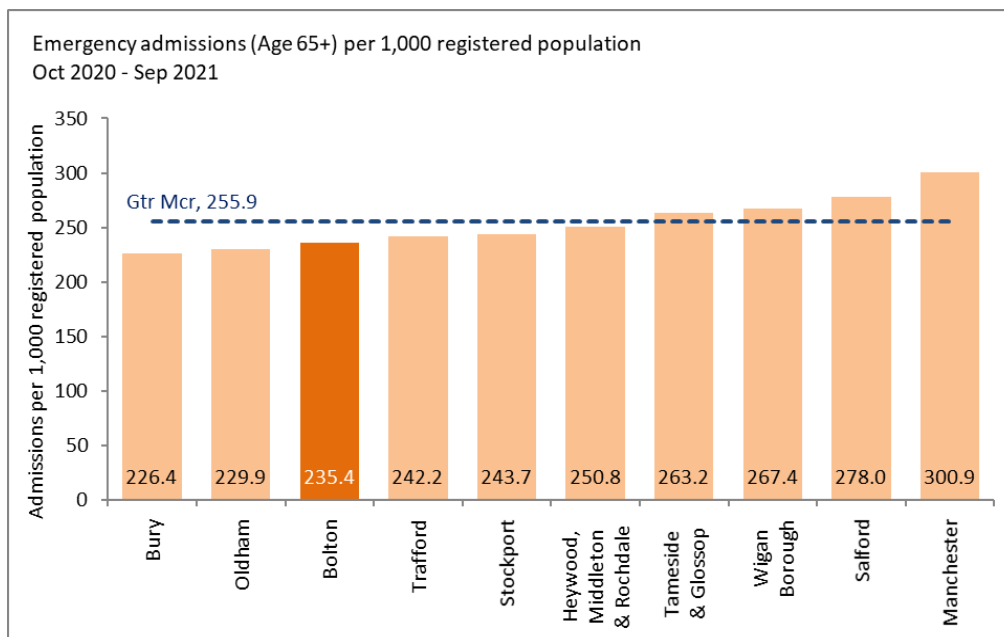
A&E attendances per 1,000 population in the 65+ age group are higher throughout all areas. Bolton has the lowest figure in Greater Manchester with a figure of 401.9 compared to the GM average of 490.1.



Bolton's Emergency Admission figure is third lowest in Greater Manchester at 96.2 per 1,000 compared to the Greater Manchester average of 101.1 and England average of 96.7.



Emergency Admissions per 1,000 in the 65+ age group are 235.4 in Bolton, which is the third lowest in Greater Manchester. The Greater Manchester average is 255.9 per 1,000 population.



5. Mental Health Performance

The table below highlights the performance of the key Mental Health Care standards in August 2021.

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 22.5% increasing to 25% by March 2021 (National - local 22%)	Aug	21.6%	23.1%	↓	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Aug	51.8%	48.5%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Aug	90.5%	94.1%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Aug	100.0%	100.0%	↔	●
% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Aug	100.0%	90.8%	↔	●
Mental Health Liaison Service -percentage of AE Emergency referrals assessed within 1hr	75.0%	Aug	79.2%	78.2%	↑	●
Number of new reportable Out of Area placements	0	Aug	2	7	↑	●
Number of new non-reportable Out of Area placements	NA	Aug	3	9	↑	●

The Bolton Prime Provider pathway for IAPT (Improving Access to Psychological Therapies), saw a decrease in referrals in August 2021, achieving 21.6% prevalence, compared with 23.1% in July 2021. Recovery increased from July achieving 51.8 % against the target of 50%. The service is still receiving an increasing number of Step 3 (complex) presentations, leading 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 for the 6 and 18-week referral to treatment are achieving target.

EIP (Early Intervention Psychosis) performance has sustained at 100% of Aug referrals receiving NICE approved treatment within 2 weeks (against a target of 60% for 2021/22). It was noted that the last few months saw an 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 underperformance.

Mental Health Liaison Service (MHLS) performance increased August achieving 79.2%, 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; however, recruitment is underway to support improvement. The “Listening lounge” (community crisis alternative) service has been running since the 9th Aug, the referral pathway has now extended to the 24/7 helpline and will continue to extend in Q4.

Placements and demand for Acute OAPs continues to vary, with new placement numbers totaling 5 in Aug. 2 are reportable and 3 non reportable, 1 existing patients remains 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.

6. Children's & Maternity Services Performance

The table below highlights the performance of the Children's & Maternity Services standards in July 2021.

Childrens & Maternity Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on trajectory
% Completed maternity bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	Aug	93.90%	90.30%	↓	●
CAMHS % of young people accessing treatment	35%	Aug	55.94%	49.20%	↑	●
CAMHS % of young people 10 point improvement on Childrens Global Assessment Scale (CGAS)	50%	Nov	30.00%	20.00%	↑	●

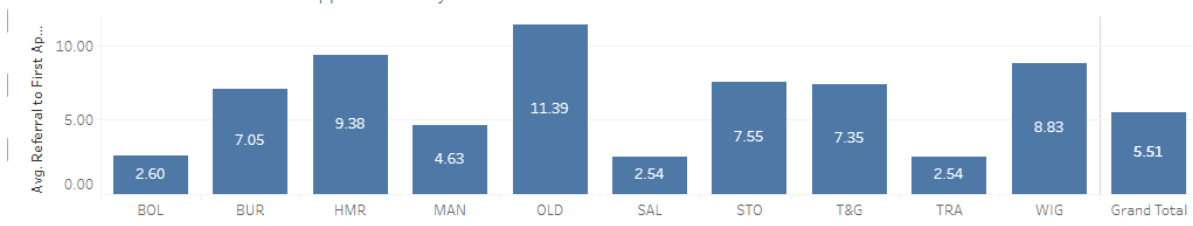
Maternity bookings within 12+6 weeks at Bolton FT for women registered with a Bolton GP remains above the 90% target in August with a monthly position of 93.9%. Despite being slightly lower than July's performance (94.9%), YTD performance remains above the 90% target at 90.3%.

Children and Young Peoples (CYP) Mental Health Access – The national access target defines mental health treatment as two or more meaningful contacts whereby one must be delivered face to face. Despite remaining above the national target, Bolton's access to mental health treatment has decreased slightly in August (49.2%) when compared to July (55.9%). This is an expected decrease, which accounts for less treatment contacts taking place across the summer holidays. The YTD forecast position equates to 49.2% of children and young people in Bolton with a diagnosable mental health condition accessing NHS funded treatment by the end of the financial year. 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. Bolton continue to monitor against a definition of 2 treatment contacts until further national guidance is provided in relation to a shift to one contact. Bolton CCG and GMMH are part of the GM CYP Mental Health Data Club, which brings together mental health commissioners and providers to enable a consistent reporting process across all 10 localities.

The CYP Mental Health access target is solely based on data streamed via the Mental Health Services Data Set (MHSDS) which means to date a significant amount of access data across Bolton is not being counted. Bolton Together are mobilising a central database to allow access data to be streamed to Mental Health Services Data Set (MHSDS), which will see Bolton's access figure increase further. It can be acknowledged that over the last few years the data has not accurately reflected the positive work across the locality to increase access to mental health support.

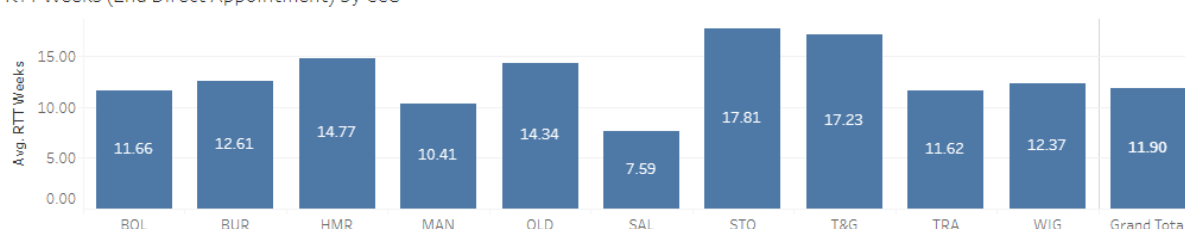
CYP Mental Health Referral to First Appointment – By accessing the Greater Manchester CYP Mental Health data on Tableau we can compare our position to the only 9 localities across GM. For September, Bolton are performing significantly better than a large number of GM localities and the average wait from referral to first appointment is 2.6 weeks.

Waited Weeks Referral to First Appointment by CCG



CYP Mental Health Referral to Second Appointment – A positive position can also be noted for referral to treatment with Bolton performing below the GM average of 11.9 weeks.

RTT Weeks (2nd Direct Appointment) by CCG



Mental Health Liaison Service – The number of completed assessments for children aged 16 and under reduced significantly from July (49) to August (19) which is consistent across all mental health services (Bolton CAMHS received 97 referrals in August which was a reduction of 131 referrals from the previous month). YTD 241 assessments have been completed for children aged 16 and under which is significantly higher than the same time in 2020/21 (102) and even prior to Covid-19 with 152 in 2019/20. On average children represent 12% of the total Mental Health Liaison assessments each month, which is 7% higher than the previous year. Despite demand pressures, YTD performance against the 1-hour response time for CYP presenting in a mental health crisis remains above the 75% target at 76.2% with an August performance of 80%.

7. Quality and Safety Targets and Standards

The table below highlights the performance of the key Quality and Safety standards in July 2021.

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	Sep	10	45	↔	●
CDIFF-Post 48 hrs (Hospital)	32	Sep	4	16	↓	●
MRSA-Post 48 hrs (Hospital)	0	Sep	4	10	↓	●
Serious Incidents	0	Sep	3	20	↔	●
Never Events	0	Sep	0	1	↑	●
Medication Incidents at Bolton FT	<100	Sep	176	943	↓	●

The serious incidents reported relate to maternity, a deteriorating patient and an anesthetic block administered in the wrong site, hence a never event too. These will all be investigated in line with the FT's policy and presented to the CCG's Safety Improvement Review Group. SIRG reviewed and approved 6 cases from the FT in November. The standard of the reports is high and follows a robust internal governance process within the FT.