

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

AGENDA ITEM NO:12.....

Date of Meeting:27th April 2018.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Laskey – Director of Service Transformation Melissa Surgey – Head of Planning, Performance and Policy Mike Robinson – Associate Director Integrated Governance & Policy Victoria Preston – Lead Information Analyst for Planned Care	
PRESENTED BY:	Melissa Laskey – Director of Service Transformation	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	The purpose of the attached report is to highlight performance against all the key delivery priorities for the CCG in 2017/18 against which NHS Bolton Clinical Commissioning Group is nationally measured.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver Year 2 of the Bolton Locality Plan.	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	
	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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1 Introduction

- 1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of February 2018 (month 11).
- 1.2 Sections 2 and 3 provide highlights of performance against key commissioning and quality and safety performance indicators.
- 1.3 Key performance indicators showing an under-performance for February 2018 are summarised in Appendix 2. Exception reports and recovery plans for these indicators are included in Appendix 1.

2 Performance Summary: Commissioning

- 2.1 As previously reported to the board, elective care and urgent care remain two key areas of challenge for the CCG and its providers. At month 11, trajectories suggest it is highly unlikely the CCG will achieve the two key Constitutional indicators with regards to A&E 4 hour performance and the 18 week referral to treatment (RTT) target for patients on an incomplete pathway. Whilst A&E performance has been an on-going challenge throughout 2016/17 and 2017/18, the recent decline in elective performance is indicative of urgent care and workforce pressures impacting the wider health system.
- 2.2 In the current difficult climate, the CCG has done well to maintain performance against key national cancer standards, despite challenges in diagnostic capacity. Performance has remained above the national average and one of the best in Greater Manchester for suspected cancer referrals and the 31 and 62 day treatment targets. Capacity issues remain in breast services at Bolton FT which is impacting on achievement of the two week wait breast symptomatic target.

3 Performance Summary: Quality and Safety

- 3.1 Following the in-depth analysis of Clostridium Difficile infections (CDIs) in last month's performance report there was one post 72 hour CDI positive case in February 2018 which had a lapse in care. The Bolton FT infection prevention and control panel concluded that there could have been improved oversight of the antibiotic prescribing from when the patient was admitted. YTD the trust has reported 28 cases, of which 15 had lapses in care and contribute towards the trust performance threshold of 19 cases. The learning from these cases is shared throughout the health economy as appropriate via the Infection Prevention and Control Committee (IPCC). April's IPCC will receive an update on the trust's external review of healthcare acquired infections.
- 3.2 There are 42 on-going serious incident (SI) cases logged on the CCG's Safeguard database as of 28th March 2018 from the CCG, Bolton FT, GMMH and other providers. 6 new SIs have been STEIS reported from 1st March 2018:

Bolton FT	2
Nursing Homes	3
NWAS	1
Total	6

The CCG SI Review Group will be reviewing 5 root cause analysis (RCA) reports in April 2018. 2 cases are related to Bolton FT – one a grade 3 pressure ulcer and one related to falls; two related to NWAS and one related to nursing homes.

GMMH SIs are managed by Manchester CCG. A representative from Bolton CCG attends the Manchester CCG SI Review Group and the Bolton mental health and quality leads receive GMMH RCA reports for learning and improvement purposes.

- 3.3 Bolton FT's average falls per 1,000 bed days has seen an improving position in Q4 2017/18 compared to the same period last year. However there has been a rise in reported moderate to severe falls. Of those suffering harm, 3 were deemed preventable by the falls harm free care panel and 5 unpreventable. Contributing factors included the acuity of the patients, the mobility and independence of the majority of patients (which was high), and elements of cognitive impairment and delirium. One of these falls is subject to an SI review.

Harm free care falls panels continue to be scheduled on a weekly basis. The outcome of these panels, based on review of the RCA outcomes, are determined as either lapse in care (preventable fall) or no lapse in care (unpreventable fall). Panel reviews continue to raise the importance of the context of lapses in care and to widely share learning outcomes from panel.

Learning to date includes:

- To complete lying and standing blood pressure readings on admission and on 3 consecutive days.
- The impact of late transfers.
- The impact of delayed transfers of care.
- Timely risk assessment and care planning.
- Good inter-departmental communication.
- The review and distribution of falls prevention leaflets to patients and carers.
- The completeness of RCA documents for panel and prompt identification of STEIS reportable incidents.
- To benchmark ourselves locally on types of harms and numbers occurring.

The Falls Collaborative at Bolton FT has moved in to Phase 2 and the FT have been invited to CCG Quality and Safety Committee to discuss the work undertaken to date.

- 3.4 The NHS Staff Survey is conducted annually and all trusts are mandated to participate. Bolton FT surveyed a random sample of 1,250 substantive staff between September and December 2016 and the overall response rate was 43%. There was little variation in the 2017 outcomes when compared with the previous year. Bolton FT continues to benchmark well on staff engagement levels when compared to the sector average.

Benchmarking data shows that the trust is fifth for overall staff engagement score for providers in Greater Manchester and second in the country for combined and acute trusts. The Workforce Operational Committee noted an improvement in identifying learning needs in the appraisal process. An educational training framework will be developed to identify what training is available internally and externally.

The Workforce Operational Committee will oversee the implementation and development of corporate and divisional action planning. The Staff Friends and Family Test will be used throughout the year to provide a temperature check on the workforce staff engagement levels. This year the Staff Friends and Family test will ask all nine questions that make up the overall staff engagement levels.

4 Performance Summary: Locality Plan and Transformation Fund

4.1 Key Performance Indicators

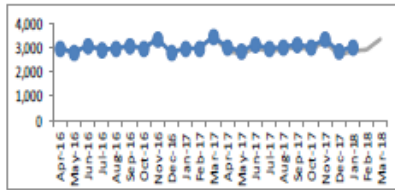
The following metrics are included as part of the Bolton Transformation Fund Investment Agreement and are therefore considered critical indicators of the success of the Locality Plan:

- Elective and daycase admissions
- Non-elective admissions
- A&E attendances
- Outpatient first attendances
- Outpatient follow up attendances

ELECTIVE AND DAYCASE ADMISSIONS

3% reduction in 17/18

ACU (recording)



3,050 spells

Jan 2018

30,629 spells

Year to date

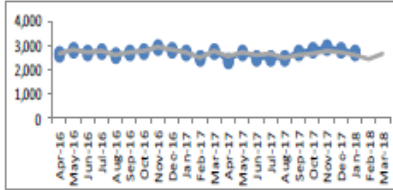
-2%
against target

This is an adjusted figure to account for activity which should not be included. The unadjusted figure is +4.8%

NON ELECTIVE ADMISSIONS

-5.08% reduction in 17/18 (-4.08% with growth)

ACU (recording) | INTs | TEC | Care Homes | A&E streaming



2,683 spells

Jan 2018

26,567

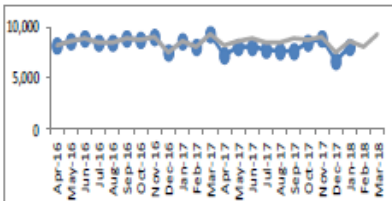
Year to date

+0.7%
against target

OUTPATIENT FIRST ATTENDANCES

-3.5 reduction in 17/18 (0 with growth)

Nurse Led Clinics (recording) | Cardiology | OIS



8,008 atts

Jan 2018

78,126 atts

Year to date

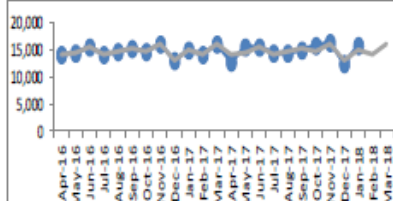
-8.0%
against target

A large proportion of reduction will be due to the OIS that is now a community based service.

OUTPATIENT FOLLOW UP ATTENDANCES

-2.52% reduction in 17/18 (-0.02% with growth)

Nurse Led Clinics (recording) | Cardiology | OIS | Respiratory | Gynae | Paeds



15,651 atts

Jan 2018

147,526 atts

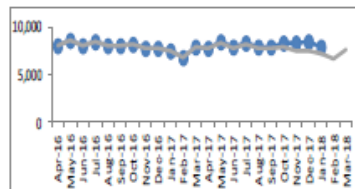
Year to date

+0.4%
against target

A&E ATTENDANCES

-4.49% reduction in 17/18 (-3.49% with growth)

INTs | TEC | Care Homes | A&E Streaming



7,876 atts

Jan 2018

81,095

Year to date

+4.8%
against target

The most recent data from March 2017 demonstrates a positive trend year to date in elective and daycase admissions and outpatient first activity. These remain on or below target (the targets are based on outturn for 2016/17 and include the impact of demographic growth) against those set out in the Investment Agreement. Outpatient follow up activity and non-elective admissions are marginally above target.

A&E attendances are 4.8% above target. This is due to increased pressure in urgent care over the winter months which has been sustained into spring.

Delivery of the Locality Plan outcomes is monitored and reported monthly via the System Sustainability and Transformation Board (SSTB) where performance is discussed and recovery plans formulated.

Initial discussions have taken place regarding the refresh of the Investment Agreement for 2018/19 which will take place in Quarter 1 of 2018/19 and align with the 2018/19 operational plan.

5 2018/19 Operational Plan

5.1 Following an update to last month's board, the CCG is in the final stages of confirming the 2018/19 operational plan for submission on 30th April 2018. The plan takes into consideration projected demographic growth in key areas, anticipated activity reductions through QIPP and other service improvement initiatives and the ambitions set out in the Transformation Fund Investment Agreement.

This translates into the following overarching activity plans (by point of delivery) for the Investment Agreement for 2018/19 which requires agreement with the Greater Manchester Health and Social Care Partnership:

- Elective and daycase admissions: 0% (to maintain 2017/18 forecast outturn levels of activity)
- Non-elective admissions: 1% (above 2017/18 forecast outturn)
- A&E attendances: 0% (to maintain 2017/18 forecast outturn levels of activity)
- First outpatient attendances: 2% (above 2017/18 forecast outturn)
- Follow up outpatient attendances: 0% (to maintain 2017/18 forecast outturn levels of activity)

Whilst these figures appear to represent stable or increased activity, they represent a relative reduction in activity due to mitigating higher levels of demographic growth.

6 Recommendations

6.1 The Board is asked to note the performance for February 2018 and the actions being taken to rectify areas of performance which are below standard.

Melissa Laskey – Director of Service Transformation
24th April 2018

APPENDIX 1

Exception Report and Recovery Plan: Referral to Treatment Incomplete Pathway

Performance

The key performance measure for elective care is the 18 week referral to treatment (RTT) standard, which is monitored through the incomplete pathway measure.

Performance against this standard has been steadily declining through 2017/18, with this having been failed since September 2017. Performance has been maintained for February 2018, with 88.73% of patients waiting less than 18 weeks, against a threshold of 92%.

Latest Update

Elective performance regionally and nationally has seen a declining trend. There are a number of factors influencing this, including the impact of non-elective activity on elective capacity (particularly for inpatient work), workforce issues affecting core capacity; and increasing demand for some specialties and diagnostics (for example, endoscopy). In recognition of this, a Greater Manchester Elective Care Programme has been established by the GM Health and Social Care Partnership, and Bolton is a key participant in this regional programme.

Elective performance at Bolton FT has been significantly impacted by urgent care pressures throughout the winter months, and cancellation of elective activity has been required in order to meet urgent demand. This has further compounded the deteriorating position, and continues to be a risk to the elective programme.

The Bolton health economy has agreed that treating patients on elective waiting lists continues to be a priority, and as such, the CCG have agreed to fund activity over and above that included in the contract in order to treat patients waiting more than 18 weeks as soon as possible. To support this, a joint workshop was held between Bolton FT and the CCG in April 2018 to discuss the numbers of patients currently waiting more than 18 weeks, and how the RTT position could be recovered. Trust divisions are currently refining action plans to recover the position with the support of this additional funding.

In addition, Bolton FT and the CCG are working collaboratively to develop and review capacity and demand approaches at specialty level, with these being reported via the Planned Care Strategy and Planning Group.

Recovery

Current Outcome: This standard has been failed for February 2018.

Expected Outcome: YTD performance is marginally below the 92% target at 91.4%, however is unlikely March's performance will be sufficient to support recovery of the target in 2017/18.

Timescale for Recovery: This trajectory will be confirmed following confirmation of elective impact and consideration of the revised recovery plan. This indicator remains at risk for early months of 2018/19. There is potential for additional activity to be undertaken over the summer months to compensate for cancelled activity during January 2018 which may support movement towards a recovered position in 2018/19.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Diagnostic Test Waiting Times

Performance

Performance against the diagnostic test waiting times standard (patients waiting for a diagnostic test waiting less than 6 weeks from the time of referral) has failed in February 2018 at 3.1% against a threshold of 1%. This is an improvement against the January performance of 8.2%

YTD performance is currently at 2.4%.

Latest Update

Failure of this standard relates largely to breaches at Bolton FT, with 110 patients waiting over 6 weeks for their diagnostic test. The majority of breaches related to endoscopy procedures at Bolton FT, with 88 patients having waited more than 6 weeks for colonoscopy and 17 patients having waited more than 6 weeks for gastroscopy. This is a known pressure area, having seen increases in demand nationally following changes in NICE guidance and screening campaigns.

Bolton FT has seen a 12.9% increase in endoscopy procedures this year compared to last year. In order to meet this demand in the future a number of projects are underway, including:

- Implementation of straight to test pathways for colonoscopy, and improvement of the existing straight to test pathway for OGD
- The development of an additional endoscopy suite at Royal Bolton Hospital, due to be opening in 2018/19
- A partnership project between Bolton FT and the community provider of endoscopy services (In Health) to progress the potential for joint working to ensure patients are seen quickly and in the most appropriate service

Additional endoscopy capacity has been sourced via In Health, and was implemented in March 2018. A slight improvement in performance is noted for February, with diagnostic performance at BFT expected to return to 1% or below from March 2018.

These projects are monitored via the Planned Care Strategy and Planning Group. Diagnostic capacity and demand is forming part of the detailed work currently being undertaken at Bolton FT to inform future service planning, and this is being supported by the CCG through collaborative working and via the Planned Care Strategy and Planning Group.

Recovery

Current Outcome: The diagnostic waiting times standard has failed in February 2018.

Expected Outcome: As detailed above, this indicator is a risk for 2017/18, with 9 of 11 months failing to achieve the target.

Timescale for Recovery: Recovery plans are on track and achievement of the standard at Bolton FT is expected from March 2018. However, the CCG position remains at risk, due to continued underperformance at other providers. It is unlikely this performance standard will be met at year end.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Two Week Wait Symptomatic Breast Target

Performance

Performance against the two week wait symptomatic breast target (where symptoms do not initially suggest cancer) has failed in February 2018 with a performance of 90.5% against a threshold of 93%.

The YTD position is currently at 68%.

Latest Update

An improvement in performance is noted in the current month, compared with January's performance of 81.1%. Throughout 2017/18, and with agreement from the CCG, the FT has been prioritising breast patients on the 2 week wait pathway where cancer is suspected. The Quality and Performance Group has been fully briefed on this and assured that no harm is anticipated to those patients on the symptomatic pathway as a result.

The challenges the service are facing include an increase in activity from out of area patients, coupled with long term staff sickness, which have both previously been reported to the board. As part of the work to secure a sustainable service, the FT has recruited an additional substantive consultant to support the delivery of additional activity. However this individual is not yet in post, and as such the capacity gap continues to be bridged via additional sessions from members of the multi-disciplinary team involved in providing this service. Therefore this additional capacity is variable, and while the FT had previously aimed for delivery of the symptomatic standard by the end of January 2018 this has not been achieved.

Performance YTD means it is unlikely the CCG will be able to recover two week wait breast symptomatic performance in 2017/18.

Recovery

Current Outcome: The two week wait breast symptomatic target has failed for February 2018

Timescale for Recovery: Recovery of performance is subject to the start of the new consultant and revised trajectories being developed by the trust.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: A&E 4 Hour Target

Performance

A&E 4 hour performance (target 95%) for March 2018 was 78.5%, which is a decrease in performance from February 2018 (79.6%). Similar performance figures have been seen in April 2018 to date, with a current month to date figure of 80.54%.

YTD validated performance is 83% against the 95% target.

Latest Update

Work continues with Bolton FT, Bolton CCG and the whole urgent care system to improve patient flow, reduce delays and match capacity and demand.

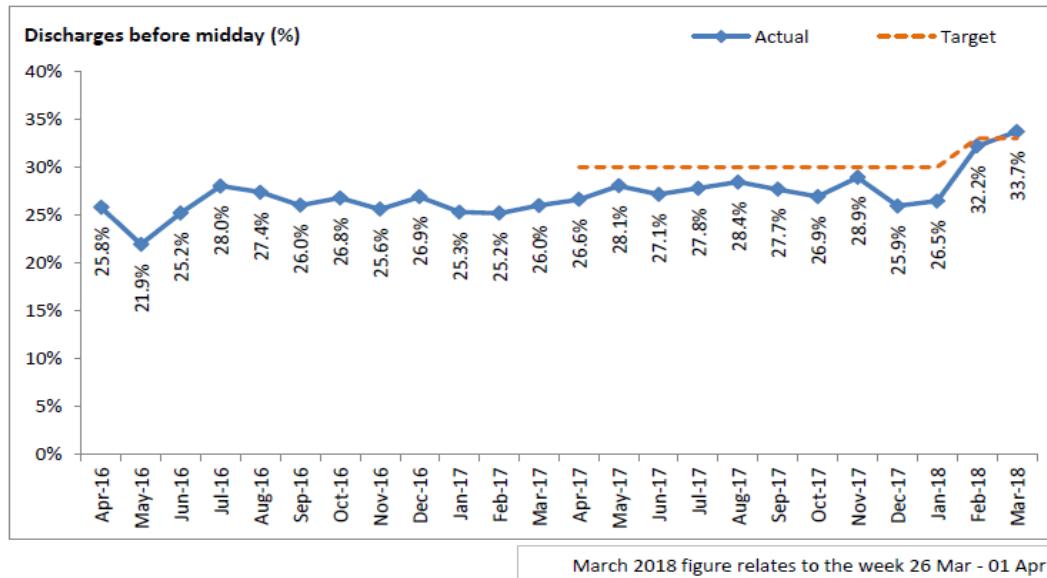
As reported to CCG board in March 2018, the Urgent and Emergency Care Board have agreed and are monitoring 5 high impact system changes to focus on to achieve a stepped improvement in A&E performance.

The highlights at the end of March in relation to these 5 areas are as follows:

- Further progress was made to improving the number of discharges before midday:

Discharges before midday

Target: To increase to 33% by the end of March 2018.

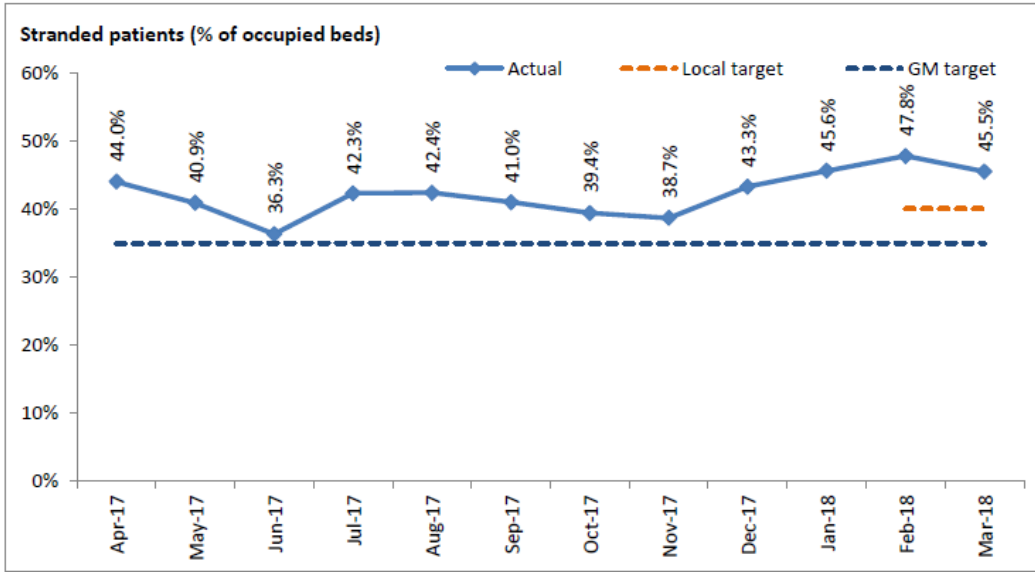


- The number of 'stranded patients' reduced in March 2018:

Stranded Patients

Target: To decrease the proportion of stranded patients to 40% by the end of March 2018.

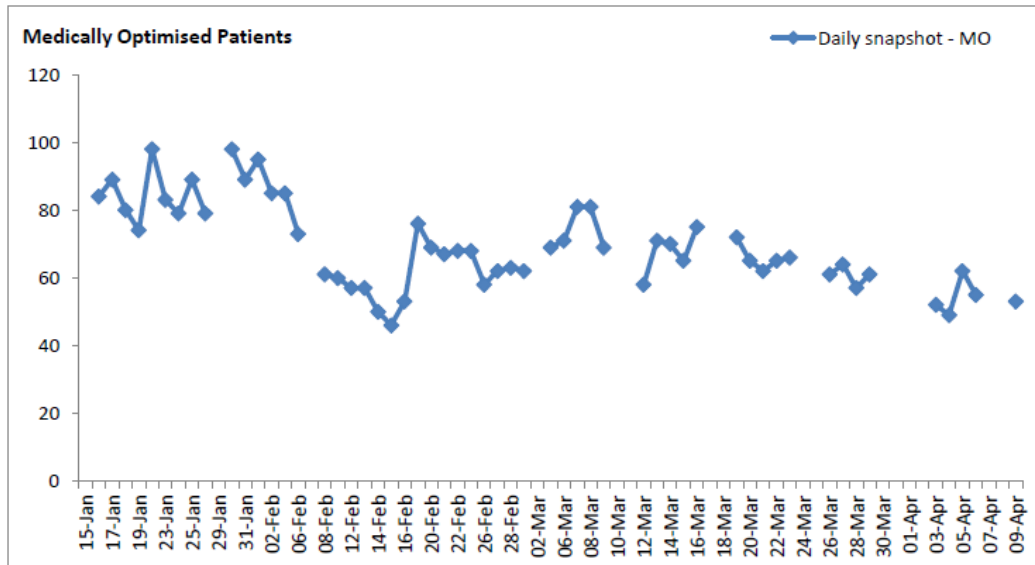
To aim for continuous improvement towards the GM target of 35%.



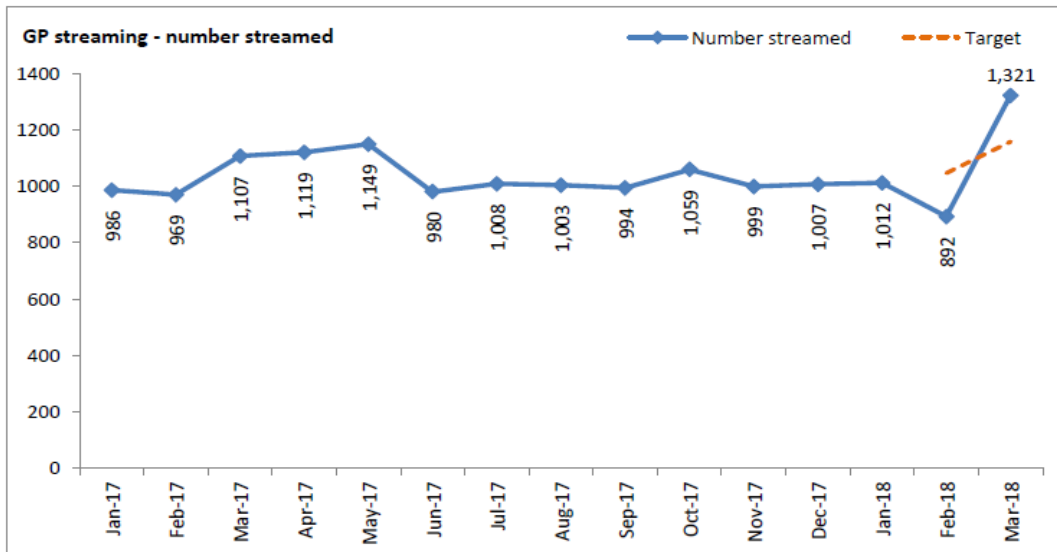
- The numbers of patients on the medically optimised list has also continued to reduce into April 2018:

Medically Optimised Patients and Delayed Transfers of Care

Daily snapshots, as reported by the Integrated Discharge Team



- Further progress has also been made to the increase of the number of patients streamed to the GP streaming service. The chart below shows the achievement of the locally set target in March and early April 2018 is on track to sustain this level of activity:



A detailed update on urgent care performance will be presented by Bolton FT at the April board meeting to discuss A&E performance further, their improvement plans and the progress against the high impact changes.

Recovery

Current Outcome: Failing 95% target. Performance remains volatile and highly dependent on flow.

Expected Outcome: Performance in 2017/18 Q4 will finish at approximately 81% dependent on performance in the last 8 days of the quarter.

Timescale for Recovery: Bolton FT are working with NHSI and the local system to improve performance to 85% by June 2018.

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: Ambulance Performance

Background

The Ambulance Response Programme (ARP) is now fully implemented by NWS and embedded within the delivery of the service.

There are six key targets:

- Category 1 - mean response time of 7 minutes,
- Category 1 - 90% of cases to receive a response within 15 minutes
- Category 2 - mean response time of 18 minutes
- Category 2 - 90% of cases to receive a response within 40 minutes
- Category 3 - 90% of cases to receive a response within 120 minutes
- Category 4 - 90% of cases to receive a response within 180 minutes

Performance

The following table shows the most recently available information for the NWS performance in the new ARP call categories:

Indicator Reference and Description				Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018
High Level Performance										
High Level Performance	Ambulance response times (Bolton CCG position)									
	Category 1 calls Average response time	AM016	Average response time (mm:ss)	09:16	09:22	09:55	10:29	10:56	09:52	09:21
	Category 2 calls Average response time	AM017	Average response time (mm:ss)	26:06	30:22	30:14	40:24	1:01:18	49:16	44:20
	Category 3 calls 90th centile response time	AM018	90th centile response time	1h 45m	2h 37m	2h 20m	2h 17m	3h 6m	4h 1m	3h 43m
	Category 4 calls 90th centile response time	AM019	90th centile response time	1h 57m	2h 23m	2h 26m	2h 29m	3h 9m	2h 38m	3h 3m

February is demonstrating further improvements across categories 1, 2 and 3 with deterioration in category 4. Unlike previous reports, these figures now represent the CCG position rather than the NWS wide position.

NWS has advised there has been a reduction in the number of rapid response vehicles to 85% of previous numbers and the number of staff responding in double-manned ambulances has increased to 112% of previous numbers. This is as a response to the ARP programme which requires a different fleet configuration compared to the previous target system.

In addition to the fleet reconfiguration, NWS have reported further changes that they are putting in place to aid the improvement of performance:

1. Delayed Handover Crew Withdrawals

Performance pressures experienced in February led to a growing number of crews on hospital corridors and the decision was taken at a GM level to allow crews to be recalled when needed to deal with a large number of waiting emergency calls.

A process has been agreed that the hospital will communicate the steps in triggers that lead to this decision being made Exec to exec through NWS, Bolton FT and NHS England. This will in turn provide the hospital with a 2 hour notice period before crews are recalled under the agreed criteria:

- A senior clinician will be present at the hospital to support the decision making
- The patient is on a hospital trolley or chair (or one can be located)
- The patient has a current National Early Warning Score (NEWS) of 4 or less
- The triage nurse has been given a 15 minute warning of the decision to depart from the hospital with a copy of the patient report form

2. Make Ready Stations

Wigan and Bolton (Highfield) ambulance stations are going to become 'Make Ready' stations. The 'Make Ready' stations scheme is intended to have central stations in key locations throughout the North West, which will be equipped with fuel pumps, pre-prepared drugs pouches and equipment for quicker and more efficient replenishment.

The impact of this will be monitored closely as there is potential that it will lead to an increase in the number of patients (including out of area patients) arriving at Bolton A&E.

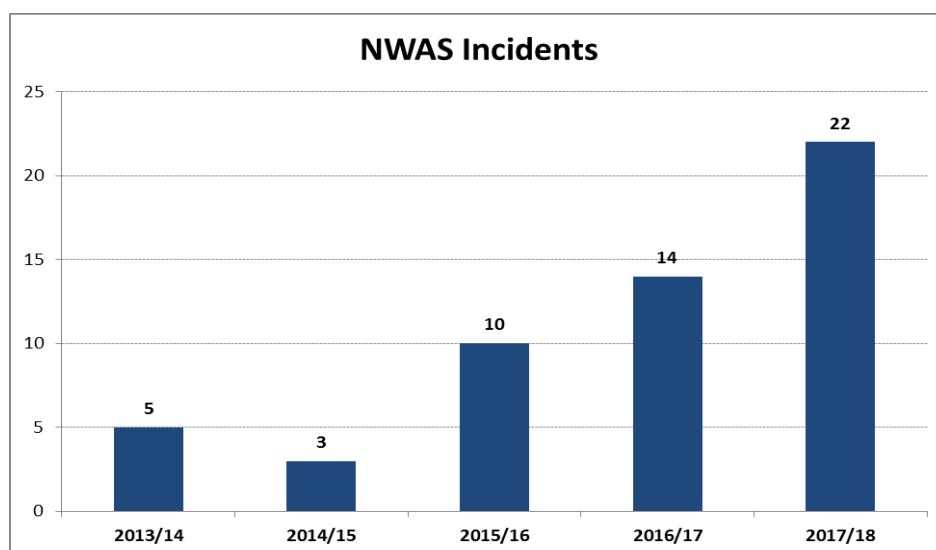
Incidents

In addition to the poor performance, there has been a noticeable increase in the number of NWS related incidents logged with the CCG.

The following charts show the numbers of incidents reported to the CCG.

Month	2016/17	2017/18
April	1	2
May	1	1
June	1	
July	3	1
August	1	
September	2	1
October		
November		1
December	1	5
January	1	3

February		6
March	3	2
Grand Total	14	22



There has been a significant increase in the number of incidents being reported year on year by GPs where their patients have had to wait a considerable amount of time for an NWAS resource to arrive and convey to hospital.

Bolton CCG commissioning and quality and safety teams are working together to monitor the incidents and address with NWAS and the GP practices.

Representatives from the Greater Manchester Health and Social Care Partnership will also be present at the CCG's April Board meeting to discuss further developments in ambulance performance and commissioning.

Recovery

Current Outcome: NWAS are failing against new ARP targets; assurance is required for continued and sustainable improvement.

Expected Outcome: Improvements are anticipated over the remainder of Q4 as the organisation continues to learn and improve practices in line with ARP targets.

Timescale for Recovery: Expected achievement of ARP targets from September 2018.

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: % Completed Bookings by 12+6 Weeks

Performance

This performance metric has been subject to scrutiny and an improvement plan during the last 12 months. Overall performance since April 2017 has been variable however the target was met in the latter months of 2017. February 2018 performance fell just short of the 90% target at 88.4%.

This metric is complex and difficult to impact as it relies on the patient acknowledging pregnancy and making early contact with midwifery. National policy and guidelines recommend that all women have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices before 13 weeks gestation.

Latest Update

Work continues to review each case where the pregnant patients did not contact midwifery prior to 12+6 weeks. GP practices are being asked to encourage patients to book with a midwife once pregnancy confirmed.

A discussion is being taken to the Bolton Maternity Voice Partnership group to consider any further actions that could be developed to further encourage those who are pregnant to contact midwifery as soon as a pregnancy has been confirmed.

Recovery

Current Outcome: Failed for February 2018 at 88.4% against a target of 90%.

Expected Outcome: YTD performance is slightly above the 90% target at 90.91%. It is unknown whether or not performance will continue to improve significantly enough to maintain achievement of the target due to the variables outlined above.

Timescale for Recovery: On-going work in this area to encourage patients to present to midwifery services before the 12+6 target.

Lead Commissioning Manager: Joanne Higham

Exception Report and Recovery Plan: Acute Out of Area Placements (OAPs)

Performance

Performance against the NHS England target of zero acute Out of Area Placements (OAPs) by 2020/21 improved in February 2018 with one new individual placed outside the GMMH footprint. This brings the YTD total to 70 acute OAPs although data quality is being reviewed.

Latest Update

As noted above, there was one new individual placed out of area in Preston for 2 bed nights in February due to a lack of female acute beds. However an additional 5 patients remained out of area having been placed in January 2018.

Systems are in place to manage patient flow and both the inpatient and urgent care teams continue to work collaboratively to safely discharge people from hospital with appropriate support and provide alternatives to hospital admission wherever possible. Work continues in collaboration with Bolton Council and GMMH. The Northern Healthcare winter pressures beds commissioned until the end of March 2018 have been effectively utilised and scoping is in progress to look at how current pressures across the wider acute and specialised OAPs may be able to be met by clustering service user needs. This could potentially offer support to wider groups than the service is currently spot purchased for and would allow the opportunity to increase the availability of local step down facilities. The respite / crisis house commissioned by Bolton Council continues to be reviewed, with the aim of creating additional crisis capacity, reducing numbers of rolling respite by utilising alternative existing resources, and reducing the impact of high cost, distantly located placements. A paper is expected to go through council governance in June.

Early indications for March and April show 4 Acute OAPs per month with some prolonged stays over the 72 hour target. A Greater Manchester wide group has been set up and local GM definitions agreed which is chaired by an Executive Director at GMMH and continues to be attended by a wide range of stake holders including Bolton CCG Senior Mental Health Commissioner. This group will aim to agree further GM wide solutions and work towards the NHS England zero trajectory.

Recovery

Current Outcome: Failing to meet the national target of zero acute OAPs

Expected Outcome: Performance has failed each month YTD, and likely to fail each month in Q4. However since October 2017 performance has been gradually improving

Timescale for Recovery: It is unlikely recovery will be achieved in this financial year

Lead Commissioning Manager: Rachael Sutton

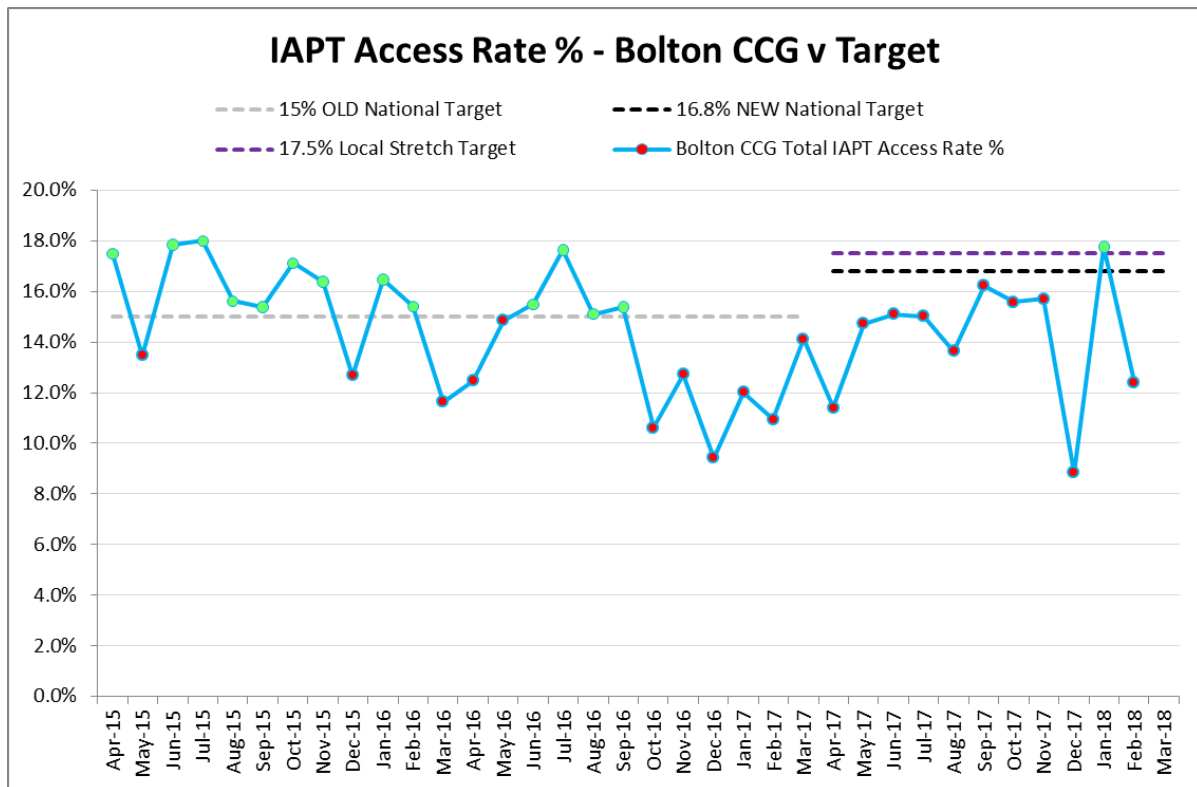
Exception Report and Recovery Plan: Improving Access to Psychological Therapies

Performance

Performance against the access rate to IAPT was 12.4% in February which fell short of the 16.8% national target and also the 17.5% local stretch target with the YTD position remaining below national target at 14.2%. The addition of 1 Point increased the access rate from 11.4% to 12.4% in month with 37 more patients entering treatment via the new Silver-Wellbeing service.

Latest Update

Performance has increased from the December 2017 record 4 year low position of 8.8% to 17.8% in January 2018 however this deteriorated to 12.4% in February 2018. The chart below shows the variable performance of the CCG against this target over the last 2 years:



The 16.8% target required by the end of 2017/18 is still within reach in month at year end for the providers GMMH and 1 Point who are aiming to deliver a stretched 17.5% in the month of March 2018 as a result of additional capacity provided through the Transformation Fund (GMMH and Silver Wellbeing through 1 Point.)

Links are continuing to be further developed in to long term conditions, older adults and perinatal support.

Both providers continue to move towards new IT systems which will also support the ability to improve self-referrals to the GMMH service through PCMIS.

Additional therapists and admin staff were recruited at 1 Point in November, and further PWP and admin posts at GMMH from December 2017 with ongoing inductions and notice periods being served which should see both services being fully staffed by the end of the financial year. Caseloads are being worked up at present to achieve the target by the end of March 2018.

Recovery

Current Outcome: Failing to meet the national target of 16.8% for 2017/18.

Expected Outcome: Failure of 2017/18; however performance is expected to remain in line with the national target and providers are striving to achieve the 17.5% stretch target by end of March.

Timescale for Recovery: The service is now expected to be fully staffed by April 2018 and the target of 16.8% is still a possibility in March 2018 based on latest update from GMMH.

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Delayed Transfers of Care and Non-Elective Length of Stay

Performance

In February, delayed transfers of care (DTCs) were at 3.4% (as a percentage of total occupied bed days). This is marginally above the plan of 3.3% (a Greater Manchester target) however has reduced significantly since 8.5% in January 2018.

Non-elective length of stay (LoS) remains above plan year to date at 4.8 days. February was above target at 5.2 days (against a target of 4.4 days).

Latest Update

The Bolton locality is working collaboratively to help to reduce pressure on the hospital and improve timely discharges to reduce length of stay and delayed transfers. The following are the key priorities to achieve this:

- Full implementation of the Integrated Discharge Team – which is now functioning as a single team with joint management arrangements and working to an agreed list of patients where daily actions are progressed to facilitate timely discharge.
- The multi-disciplinary team approach trialled in respiratory (wards D1 and D2) and outlined in last month's report was rolled out to B1 and a pilot elective ward.. Reablement capacity is being enhanced to support this.
- The discharge to assess process has been agreed and this was rolled out for people being discharged home (Pathway 1) from March 2017.
- The trust has completed auditing the process of reporting DTCs. This has provided more accurate reporting in early indications of performance for February and March based on the recommendations from the audit.

The impact of the above initiatives will begin to have a positive impact when the additional capacity is fully in place in April 2018. The DTC and LoS targets are unlikely to be achieved in 2017/18 but in month performance DTCs should be close to target by year end.

Recovery

Current Outcome: DTC and LoS both failed for February 2018.

Expected Outcome: Both measures have underperformed throughout Q4 and are unlikely to recover fully in this financial year.

Timescale for Recovery: The plans in place for recovery are longer term and the targets are not expected to be achieved in 2017/18.

Lead Commissioning Manager: Paul Beech

Exception Report and Recovery Plan: Ambulance Call Outs to Care Homes

Performance

The CCG target for ambulance callouts to care homes is 151 per month. In February 2018 there were 232 calls received of which generated 190 ambulance callouts attending a Bolton Care Home. This was 30% higher than baseline position in February 2017.

Latest Update

A number of schemes have been put in place across care homes in Bolton to provide proactive and reactive support to reduce avoidable emergency transfers and admissions to hospital. These include:

- Enhanced primary care to care homes through a new service specification with GP Practices (one practice per care home) which has been approved and commenced in December with contract variations being signed and returned. Currently 27 out of 33 care homes have been aligned to an individual GP practice.
- 24/7 telehealth clinical support and triage has been commissioned (Immedicare) for all care homes, with 30 homes live however only 17 homes routinely using the service. Early delivery has raised concerns regarding response times from the provider which is being contractually managed with the provider, however usage by care homes requires further improvement.
- Multi-disciplinary community services (including mental health for dementia care) have been put in place to provide holistic support to care homes (for both proactive and reactive care).
- A falls coordinator is now in place to provide additional support to all care homes.
- Training and support to all homes is being put in place through the Care Homes Excellence Group.

Recovery

Current Outcome: Ambulance call outs to care homes are 20% above baseline at 2,375 YTD compared to baseline of 1,656.

Expected Outcome: Forecast outturn position is 2,401 NWAS calls in 2017/18 which is 20% above baseline position from 2016/17.

Timescale for Recovery: The new initiatives are being closely monitored and improvement is expected from April onwards with further rollout of the Immedicare service.

Lead Commissioning Manager: Paul Beech

NHS BOLTON CCG EXCEPTION REPORT

Indicator Reference and Description		Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Trend
BOLTON CCG																
Commissioning	RTT															
	Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	79.5%	82.7%	79.4%	82.1%	82.6%	79.8%	75.3%	78.2%	80.7%	80.7%	75.4%		79.7%	
	Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	91.0%	90.3%	90.8%	91.1%	89.5%	89.0%	88.7%	88.2%	88.8%	87.0%	88.2%		89.2%	
	Patients on an Incomplete pathway	92%	92.1%	92.7%	93.0%	92.8%	92.2%	91.96%	91.90%	90.80%	90.16%	88.72%	88.73%		91.4%	
	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	1.2%	1.0%	0.7%	0.9%	1.5%	1.6%	2.1%	1.8%	4.8%	8.2%	3.1%		2.4%	
	Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	0	5	1	3	4	2	2	2	2	3	3	3		30	
	Cancer patients - 2 week wait -All Providers, CCG view															
	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	94.60%	98.70%	98.80%	96.90%	97.50%	97.90%	98.80%	97.50%	97.80%	97.00%	98.20%		97.60%	
	Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	89.40%	91.30%	44.70%	66.70%	24.80%	37.30%	43.10%	87.20%	90.10%	81.10%	90.50%		68.00%	
	Cancer waits - 31 days - All Providers, CCG View															
	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96.0%	99.0%	99.10%	99.10%	99.10%	99.00%	98.20%	100.00%	98.50%	100.00%	97.40%	97.60%		98.80%	
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	94.0%	100.0%	100.00%	95.20%	100.00%	100.00%	95.50%	100.00%	100.00%	100.00%	100.00%	100.00%		99.00%	
	Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98.0%	96.4%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		99.60%	
	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94.0%	100.0%	100.00%	97.30%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		99.70%	
	Cancer waits - 62 days - All Providers, CCG View															
	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85.0%	90.2%	88.50%	92.20%	91.70%	92.90%	84.90%	87.50%	87.30%	91.70%	88.70%	79.50%		88.90%	
	Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.0%	100.0%	100.00%	100.00%	83.30%	80.00%	57.10%	75.00%	88.90%	100.00%	100.00%	75.00%		88.90%	
	Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)		83.3%	70.00%	72.70%	86.70%	85.70%	92.30%	100.00%	83.30%	85.20%	87.50%	76.20%		84.20%	

Indicator Reference and Description		Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Trend	
Quality and safety	Mixed sex accommodation breaches - Bolton FT																
	Zero tolerance MSA breaches	0	21	10	11	10	6	18	4	6	12	16	11		125		
	HCAI-Healthcare Associated Infections																
	CDIFF-Post 72 hrs (Hospital)	19	4	2	1	6	3	5	2	1	2	1	1		28		
	MRSA-Post 48 hrs (Hospital)	0	0	1	0	0	0	0	0	0	1	0	0		2		
	Serious Incidents and Never Events																
	Serious Incidents	0	3	0	2	0	2	0	1	2	2	2	4		18		
	Never Events	0	1	0	0	0	0	0	0	0	0	0	1		2		
	Falls and Incidents - Bolton FT																
	Falls with at least moderate harm - Moderate	0	1	0	0	2	3	2	1	1	1	3	0		14		
	Falls with at least moderate harm - Severe	0	2	0	0	1	1	2	2	1	0	4	3		16		
	Medication Incidents	<100	100	114	94	100	122	152	130	126	112	141	116		1307		
Transformation Fund	Transformation Fund - variance against last year																
	Elective and Daycase	-3%	-5.8%	14.9%	11.0%	11.4%	8.7%	5.2%	3.1%	-4.9%	-7.5%	-6.6%	-6.3%		2.0%		
	Non Elective	-4.08%	-10.1%	-4.4%	-7.9%	-9.0%	-3.5%	0.1%	1.0%	0.9%	0.0%	-1.8%	-2.7%		-3.3%		
	Outpatient First	0%	-11.0%	-5.8%	-9.6%	-8.4%	-8.5%	-14.0%	-3.7%	-1.0%	-12.3%	-6.0%	-11.3%		-8.2%		
	Outpatient Follow Up	-0.02%	-10.5%	8.0%	-1.5%	0.6%	-1.1%	-2.4%	6.2%	3.0%	-3.4%	4.9%	-4.8%		0.0%		
	Accident and Emergency	-3.49%	-3.8%	-1.3%	-1.3%	-2.1%	-1.1%	-1.6%	1.3%	7.3%	9.3%	6.3%	5.5%		1.5%		
Urgent Care	A&E Waits - Bolton FT																
	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	82.54%	86.40%	84.70%	84.80%	78.20%	84.50%	88.00%	80.40%	76.90%	77.80%	79.60%		83.00%		
	Category A ambulance calls - NWS position																
	Category 1 response times - Mean	7.5 mins	Not available					10:07	09:50	09:29	09:44	11:17	09:51	08:55		09:55	
	Category 1 response times - 90th Percentile	15 mins	Not available					15:59	16:21	15:36	16:14	18:37	17:18	15:15		16:48	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	270	245	235	199	364	319	285	371	449	312	238		3287		
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	133	64	83	82	226	183	106	212	348	173	102		1712		

Indicator Reference and Description		Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Trend
Childrens and Maternity	Childrens and Maternity															
	% Completed Bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	92.40%	93.30%	88.60%	89.00%	90.20%	93.40%	89.90%	91.70%	93.80%	89.30%	88.40%		90.91%	
	% of Admissions to E5 from A&O	<40%	33.00%	32.50%	31.60%	30.60%	28.90%	38.30%	31.40%	28.10%	32.70%	35.00%	32.70%		32.25%	
	% Conversion rate from A & E attendance to F5		9.20%	8.90%	8.30%	8.20%	9.10%	11.70%	12.20%	13.30%	11.50%	10.80%	11.60%		10.43%	
Mental Health	Mental Health															
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	16.8% National 17.5% local	11.4%	14.7%	15.1%	15.0%	13.6%	16.2%	15.6%	15.7%	8.8%	17.8%	12.4%		14.2%	
	IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50.0%	59.0%	65.0%	65.3%	60.4%	60.5%	54.4%	50.4%	54.6%	57.3%	59.8%	60.6%		58.7%	
	RAID (% of AE Emergency referrals assessed within 1hr)	75.0%	71.2%	75.5%	72.3%	73.3%	78.0%	70.2%	71.1%	67.5%	78.5%	87.3%	90.5%		74.5%	
	Out of Area placements (New)	0	1	2	5	2	3	12	14	10	8	12	1		70	
Integrated and Community Care	Integrated and Community Care															
	DTOC as a percentage of occupied bed base - Bolton FT position	3.3%	5.5%	5.8%	5.4%	4.2%	3.9%	6.0%	6.6%	4.7%	7.1%	8.5%	3.4%		5.6%	
	Non Elective Los	<4.61	5.1	4.9	5.1	4.5	4.7	4.6	4.7	4.4	4.5	5.4	5.2		4.8	
	Pressure ulcers in Community	Reduce	12	17	10	7	12	11	5	8	12	17	20		131	
	Non Elective Admissions due to falls (Community - harm free care)	<15 per month	15	18	5	12	14	10	10	12	11	20	17		144	
	Ambulance call outs to care homes	<1,807	185	170	200	172	210	216	207	218	252	313	232		2375	