

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

**AGENDA ITEM NO:** .....11.....

**Date of Meeting:** .....30<sup>th</sup> November 2018.....

<b>TITLE OF REPORT:</b>	CCG Corporate Performance Report	
<b>AUTHOR:</b>	Melissa Maguinness – 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	
<b>PRESENTED BY:</b>	Barry Silvert – Clinical Director of Commissioning	
<b>PURPOSE OF PAPER: (Linking to Strategic Objectives)</b>	The purpose of the attached report is to highlight performance against all the key delivery priorities for the CCG in 2018/19 against which NHS Bolton Clinical Commissioning Group is nationally measured.	
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	<b>Deliver Year 3 of the Bolton Locality Plan.</b>	
	<b>Ensure compliance with the NHS statutory duties and NHS Constitution.</b>	X
	<b>Deliver financial balance.</b>	
	<b>Regulatory Requirement.</b>	
	<b>Standing Item.</b>	X
<b>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</b>	Members are requested to note the content of the report and actions being taken, where required, to improve performance.	
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>	Performance is reported to: CCG Executive Contract Performance Group Quality and Safety Committee	
<b>REVIEW OF CONFLICTS OF INTEREST:</b>	N/A	

<b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>	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.
<b>OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:</b>	N/A

### 1 Introduction

- 1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of September 2018 (month 6).
- 1.2 Sections 2 and 3 provide highlights of performance against key commissioning and quality and safety performance indicators.
- 1.3 Exception reports and recovery plans for indicators which under-performed in September are included in Appendix 1. Performance against all key performance indicators is included in Appendix 2.

### 2 Performance Summary: Commissioning

- 2.1 Bolton CCG has requested standardised patient information be produced with regards to the lack of DIEP (Deep Inferior Epigastric Perforator) flap reconstruction provision for mastectomy patients across Greater Manchester (GM). The waiting list at Wythenshawe Hospital is likely to remain closed into 2019 and this continues to be raised by Bolton representatives through GM forums. The CCG Board and Executive will be updated with any further progress. Alternative providers outside of GM have been contacted but unfortunately do not have capacity to offer this procedure to Bolton patients. Therefore patients across Greater Manchester, including Bolton patients, are currently unable to access this treatment.
- 2.2 Performance against the 18 week referral to treatment (RTT) target for patients on an incomplete pathway has remained consistent for Quarter 2, although continues to fall below the national target of 92%. Year to Date (YTD) performance is 90.4%. The CCG has funded additional capacity at Bolton Foundation Trust to support recovery of elective performance and to reduce the waiting list size in line with national planning guidance. This additional capacity has been delivered at Bolton FT since June 2018, with the initial focus on key backlogged specialties. As the health and social care system moves into the challenging winter months, there is a risk the current position will deteriorate if elective procedures have to be cancelled to support urgent capacity. The national target is to have no more patients waiting at the end of March 2019 than there were at the end of March 2018. The CCG's position against this is 22,640. There were 7 52 week breaches of Bolton patients in September 2018.
- 2.3 Further to the update in last month's Board report, achievement of the two week wait target for symptomatic breast patients (cancer not suspected) has been sustained in September with a further improvement in performance to 97.1%. This has boosted YTD performance to 73.8%, a further increase from 70.1% in August. Whilst staffing at the Bolton Breast Unit remains fragile, the CCG is working closely with Bolton FT to pre-empt and manage any issues in an attempt to maintain performance against the 93% standard in this area.

2.4 Following a review of urgent care performance over winter 2017/18, system partners have identified a number of initiatives to support improved urgent care performance and management of winter pressures over the coming months. The CCG's allocated winter funding will support the following interventions:

#### **Acute Services**

- Increase of 22 acute inpatient beds at Bolton FT to manage acuity from December 2018 to May 2019
- Dedicated ward pharmacists in assessment areas to improve the speed of discharge
- Increase in the number of admissions avoided by Home First from 6 to 10 a day
- Increase in the numbers of patients streamed to primary care from 30 to 40 per day
- Mobilise the full streaming model at the front door ensuring patients streamed straight to ACU, Home first etc.
- Increase day case activity to reduce the reliance on inpatient beds
- Step down elective activity from 23<sup>rd</sup> December 2018 to 14<sup>th</sup> January 2019
- Reduce medically optimised list size and length of stay on the list
- Additional respiratory nursing capacity for community and impatient care from November 2018 to March 2019

#### **Community Services**

- Increase community based IV therapy to reduce admissions and length of stay (September 2018 to March 2019)
- Increase bed capacity at Darley Court by 5 beds
- 5 Discharge Beds in a Nursing Home

#### **Primary Care**

- Improved monitoring of the pressure in Primary Care through 'spotter practices' registering OPEL scores to inform the system OPEL score for escalation and support purpose
- Full implementation of Extended Access to Primary Care providing additional appointment capacity for Bolton patients
- Neighbourhood MDT working and proactive reviews of patients with long term conditions

#### **Mental Health**

- Additional Mental Health Practitioner support in the RAID team to increase capacity and improve access to patients requiring assessment for an EMI placement
- Additional Mental Health Practitioner support in the community mental health team allowing rapid access for patients diverted from A&E

2.5 In mental health services, IAPT access performance has remained steady for a second month at 13.7%, although this is below the national target of 16.8% and significantly below the local stretch target by March 2019 of 20%. GMMH are

attending this month's Board to give a more detailed update on developments in this area to improve performance throughout the remainder of 2018/19.

### 3 Performance Summary: Quality and Safety

- 3.1 There were 3 Bolton FT-apportioned Clostridium Difficile (C.Diff) infections and no MRSA cases in September. The C.Diff figures keep Bolton FT in line with the trajectory and historically fewer cases have been reported in the winter months. The national focus for healthcare acquired infections (HCAs) is the ongoing reduction of Gram negative infections which will be the focus of the Infection Prevention and Control Collaborative (IPCC) for the next 12 months.
- 3.2 There were 2 serious incidents (SIs) reported in September, one of which was a Never Event. One regarded a fall and the Never Event involved a nerve block administered to the wrong site. Both events will be presented to the Bolton FT Board in November and reviewed through the CCG SI Review Group in December.
- 3.3 There was a significant reduction in the number of mixed sex accommodation (MSA) breaches at Bolton FT in September. The Trust have undertaken further analysis of the breaches in relation to the impact on flow and patient experience. This included:
  - Patient and care information
  - Privacy and dignity
  - Side rooms
  - Communications

There were no formal or informal complaints made at the time from patients or relatives relating to the impact of MSA breaches. Patient experience data remained positive and a number of thank you messages were received throughout this time. There are a number of actions undertaken by Critical Care staff in HDU and ICU to ensure patients and relatives are aware of MSA breaches. This includes speaking to patients and relatives (where possible) making them aware of the preference to move to single sex accommodation at the earliest opportunity. A full apology is offered by the nurse in charge at the time. Should any concerns be raised, this is escalated to the Matron. Throughout this time there have been no escalated concerns. Staff ensure privacy and dignity is maintained at all times around beds and in bathroom and shower facilities. Staff aim to move patients within Critical Care to side rooms if available to avoid unnecessary breaches. This may not always be possible however.

### 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

First outpatient attendances and elective and daycase admissions are both under plan at -1% and -3.1% against target respectively year to date (YTD). This has been adjusted to account for coding changes and more accurately reflects the actual activity against plan.

Non-elective spells are 1.1% over plan. Further investigation into this has shown this is largely due to an increase in presentation of problems in early pregnancy which the CCG is exploring further with Bolton FT. Follow up outpatient attendances are over plan YTD by 1.5%, mainly due to a the planned non recurrent increase in activity as part of the waiting list backlog clearance.

A&E attendances are 5.5% over plan, despite factoring growth into the 2018/19 plan. As previously reported to Board, Bolton FT A&E has seen a significant increase in attendances in Quarter 1, with some days reporting over 400 attendances. Engagement work is ongoing with the public to understand the reasons for presenting at A&E and how the CCG can best communicate messages regarding appropriate alternatives.

## **5 Recommendations**

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

**Melissa Maguinness – Director of Service Transformation**

**23<sup>rd</sup> November 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. This is monitored through the incomplete pathway standard with a threshold in place of no greater than 92% of total patients, to have waited more than 18 weeks.

This standard has failed at CCG level since September 2017, with the position at September 2018 being 89.4% against the performance threshold of 92%. Performance has been largely consistent over the last quarter, although September's performance represents a slight decline from August's performance of 90.2%. YTD the target is failing at 90.4%.

#### Latest Update

Elective performance regionally and nationally has seen a declining trend over the last year. 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 GM Elective Care Programme has been established by the GM Health and Social Care Partnership, and Bolton is a participant in this regional programme.

Elective performance at Bolton FT has been significantly impacted by urgent care pressures, and cancellation of elective activity has been necessary in order to meet urgent demand. Due to the challenges faced throughout the imminent winter months, there is a risk that the performance will further decline.

The Bolton health economy has agreed that treating patients on elective waiting lists continues to be a priority and, as such the CCG has agreed to fund activity over and above that included in the acute contract, in order to treat those patients having waited more than 18 weeks. Additional capacity has been delivered from June 2018, to support the achievement of RTT and reduce long waiting patients, and the CCG and Bolton FT continue to work together to address underlying issues driving deteriorating performance.

Key specialty areas being targeted as part of this backlog clearance work, are Ophthalmology, Orthopaedics and General Surgery. These account for the majority of patients who have waited more than 18 weeks.

#### Recovery

**Current Outcome:** This standard has been failed for September 2018 at 89.4%, with performance at 90.4% YTD.

**Expected Outcome:** This standard continues to be at risk throughout the remainder of 2018/19.

**Timescale for Recovery:** A detailed trajectory demonstrating elective impact, performance improvement and overall RTT recovery timescale is awaited from Bolton FT.

**Lead Commissioning Manager:** Jen Riley



## Exception Report and Recovery Plan: 62 Day Referral to Treatment for Cancer

### Performance

The 62 day wait standard for first definitive treatment following consultant upgrade on to a cancer pathway has been failed for the first time in this year, with performance of 62.5%. This relates to 6 patients breaching out of a total of 16.

### Latest Update

The CCG is working with BFT to understand the underlying reasons for this failure. However, it is noted that this is the first time this standard has failed. While the standard has failed in month, this is monitored nationally on a quarterly basis, and performance in the quarter is expected to achieve.

### Recovery

**Current Outcome:** Failure of the consultant upgrade standard, at 62.5%

**Expected Outcome:** This standard is expected to be achieved for 2018/19

**Timescale for Recovery:** This standard is expected to recover from Q3

**Lead Commissioning Manager:** Jen Riley

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

### Performance

A&E 4 hour performance (target 95%) for October 2018 was 91.3%, which is a further improvement in performance from September 2018 (87.1%) and the best monthly performance for a number of years. Performance has decreased in November, with a current month to date (MTD) figure of 84.1%, which is being contributed to primarily an increase in the acuity of patients following the change in weather.

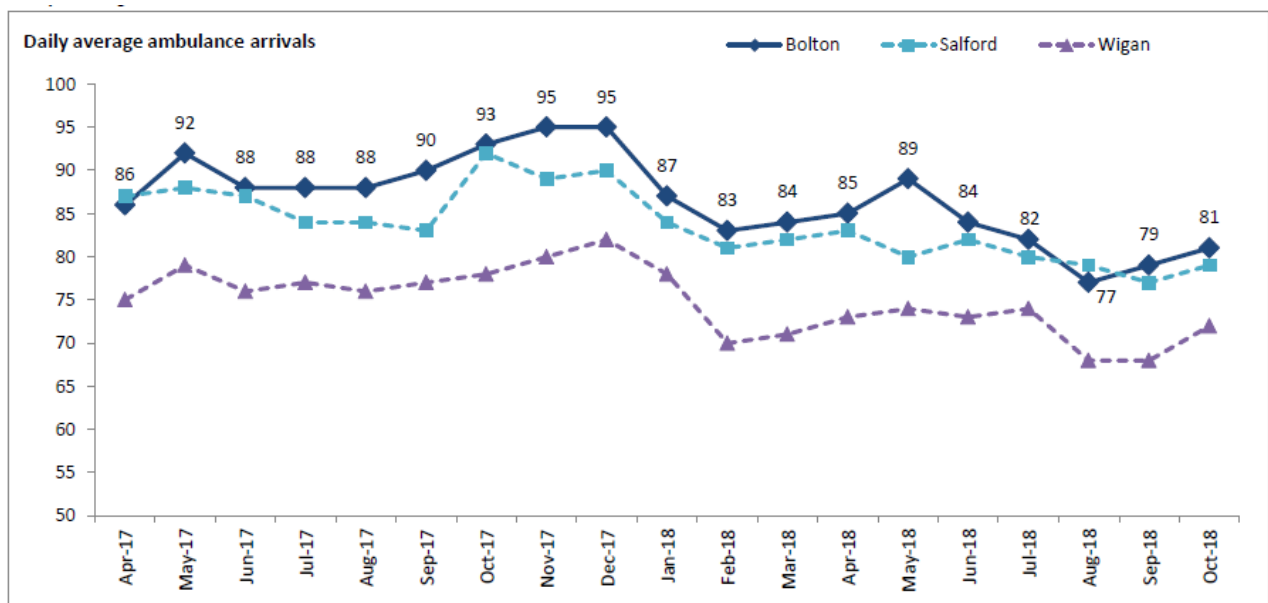
Paediatric A&E 4 hour performance (target 95%) is generally better than the overall A&E figure, with performance in September of 95.2%.

### Latest Update

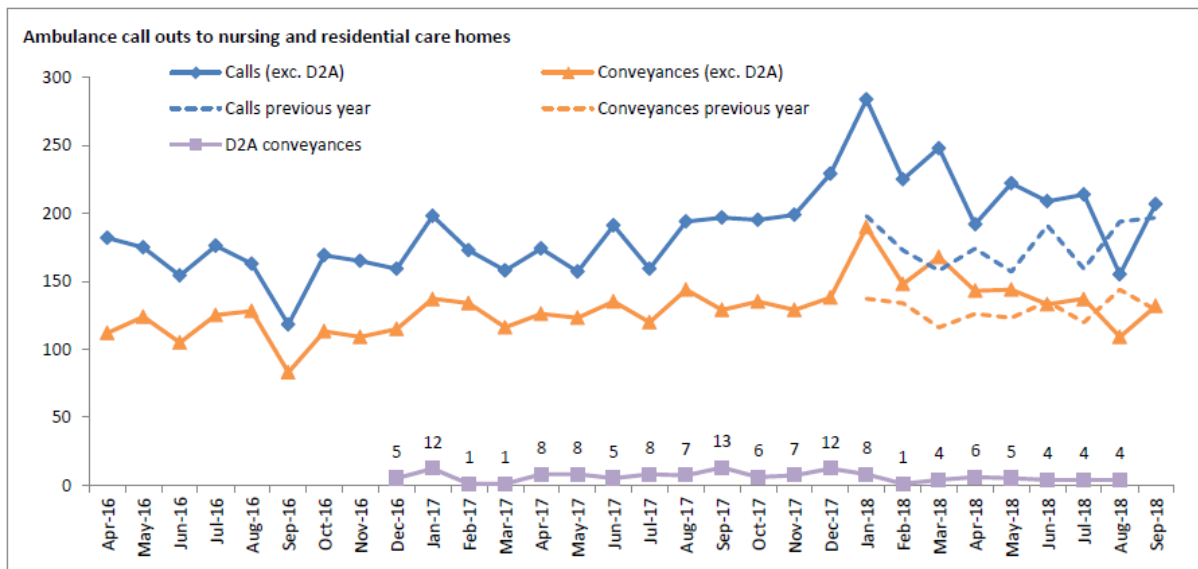
Work continues with Bolton FT, Bolton CCG and the whole urgent care system to improve patient flow, reduce delays and match capacity and demand. As previously reported to board the Urgent and Emergency Care Board are monitoring 9 high impact metrics, attributable to supporting the improvement of the A&E 4 hour target.

Of the 9 identified high impact areas, improvements are being seen in some of the indicators, however the exceptions to this improvement are as follows:

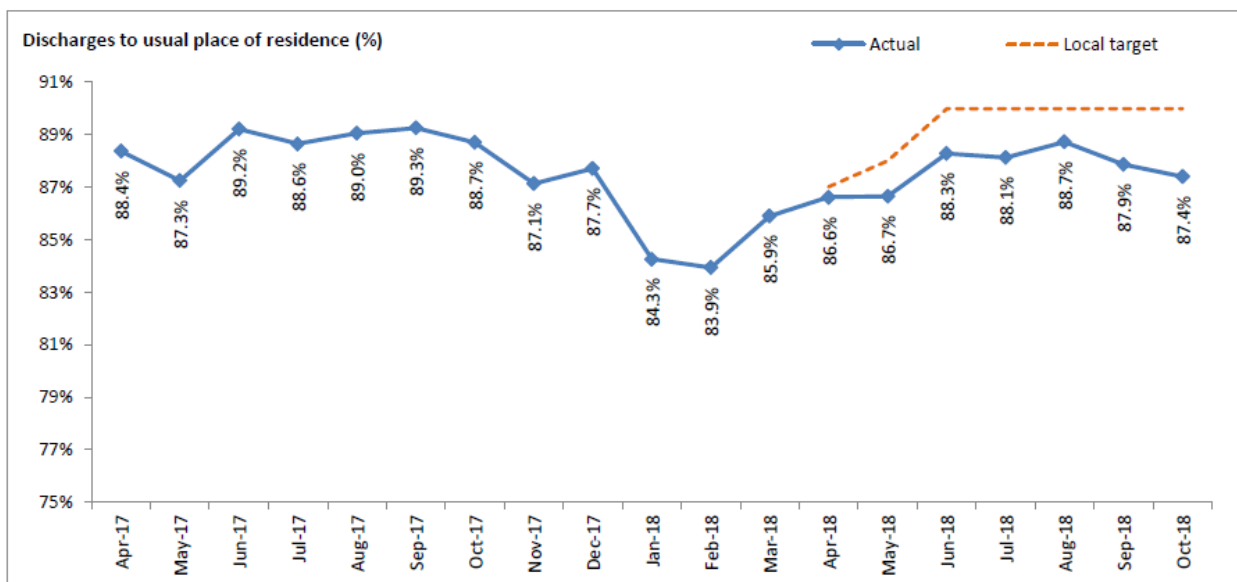
**Daily average ambulance arrivals** have increased slightly for Bolton from the previous month, with the disparity of the demand in the sector being shown in the chart below:



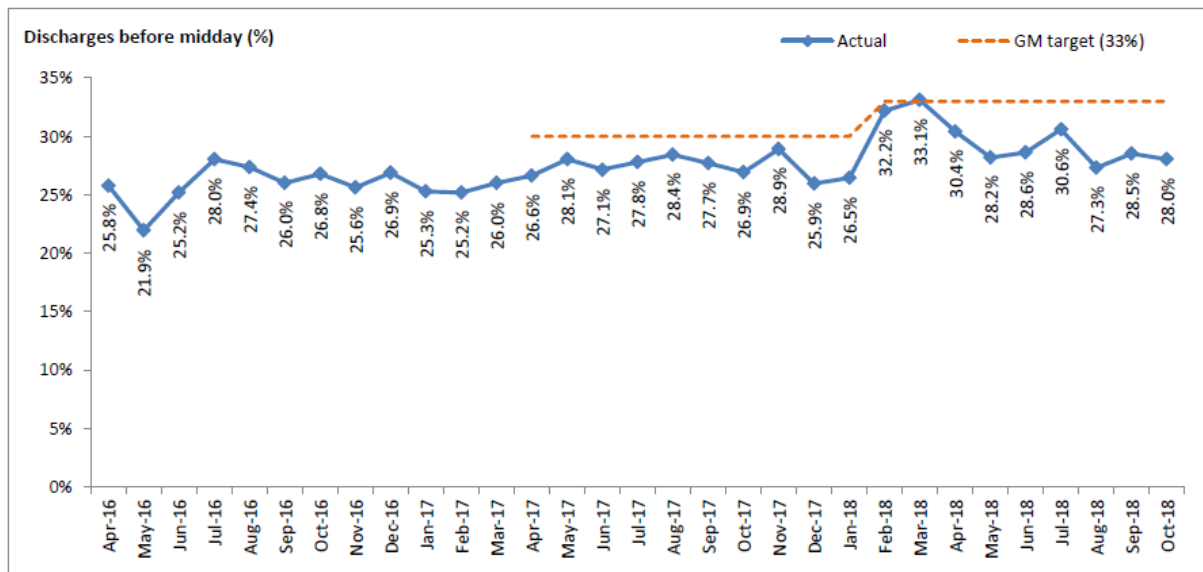
**Ambulance call outs to nursing homes and residential care homes** are demonstrating a large increase from the previous month, aligning with previous year's activity, despite initiatives that have been introduced across the system to reduce these.



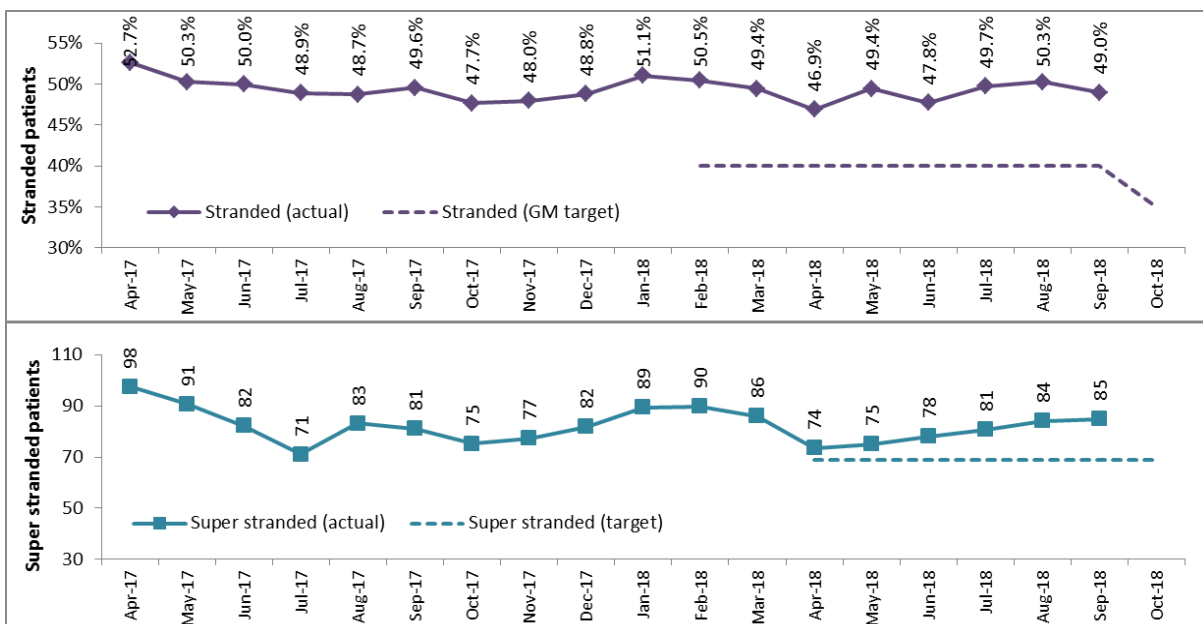
**Discharges to patients' usual place of residence** have shown a further decline in September and remain below target:



**Discharges before Midday** has shown a decline this month after an improvement in September and remains below target levels:



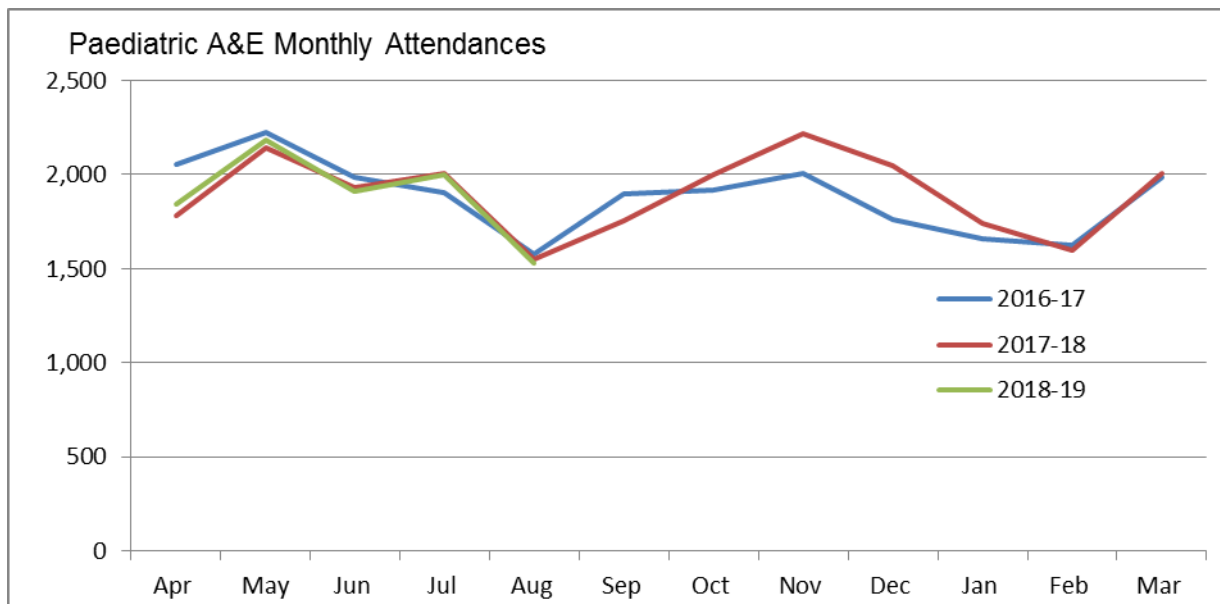
**Stranded and Super Stranded** patient levels, remain above target with some minor improvement in the stranded patient numbers in October 2018.



There are a number of actions underway by Bolton FT to improve the metrics above. These include the targeted work supported by the NHS Improvement Emergency Care Intensive Support Team (ECIST) within the A&E team to ensure appropriate early decision making along with the continued work to embed SAFER principles on the wards to support improved flow and bed availability.

The focus for Paediatric A&E is on the avoidance of unnecessary attendances and admissions. The below graph shows that attendances in August were comparable to

2017. From August in each year, there has been an increase of attendances in the winter period.



## Recovery

**Current Outcome:** Failing 95% target.

**Expected Outcome:** Performance in 2018/19 Q2 finished at 86%. Q3 of 2018/19 has so far seen an improvement on this with performance to date of 90.5%, although this will be challenging to maintain moving into the winter months.

**Timescale for Recovery:** Bolton FT continue to work with ECIST and the local system to improve performance to 90% with the target for 95% being March 2018, in line with national expectations.

**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	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
<b>Ambulance response times</b>	<b>(Bolton CCG position)</b>						
<b>Category 1 calls</b> Average response time	07:50	07:43	07:51	07:44	07:07	07:15	07:19
<b>Category 2 calls</b> Average response time	27:35	28:39	28:47	34:15	25:47	25:29	28:01
<b>Category 3 calls</b> 90th centile response time	3h 8m	3h 9m	3h 45m	4h 17m	3h 4m	3h 18m	3h 17m
<b>Category 4 calls</b> 90th centile response time	2h 43m	2h 53m	2h 34m	4h 8m	2h 55m	3h 39m	3h 56m

October performance in all 4 categories has failed to meet the required standards, with only category 3 showing a very minor improvement from the previous month.

Bolton CCG continues to work with GMHSCP to support the development of alternative commissioning of services to manage some of the low acuity 999 calls in the future. The Board will be updated in future meetings of the progress being made against this.

NWS have reported to the Urgent and Emergency Care Board a number of local initiatives that are being implemented to support the improvement of performance. These include introducing the 'Make Ready' models, allowing crews to react in a

timelier manner when accessing the vehicles, utilising the ambulances stations and the capacity of vehicles at the different stations in a more effective manner and the realignment of the fleet reducing the number of rapid response vehicles, replacing them with double-crewed ambulances.

In 2018/19 to date, 26.25% of all 999 calls in Bolton have been treated at the scene (not conveyed) against an NWS target of 24.6%, and a further 6.35% are onward referred or discharged from the initial telephone call (not attended or conveyed). We are currently working with NWS and other providers to improve this performance further.

## Recovery

**Current Outcome:** NWS are failing against the ARP targets with all four categories showing a reduction in performance from September to October.

**Expected Outcome:** Improvements are anticipated as the organisation continues to learn and improve practices in line with ARP targets, however more work needs to be undertaken to understand the ambition of improvement heading into the challenging winter period.

**Timescale for Recovery:** Expected achievement of ARP targets by April 2019.

**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 18 months. Overall performance during the past 12 months has been variable. The target was met in Q3 of 2017/18 (91.8%), however performance deteriorated in Q4 (88.2%) before improving slightly in Q1 of 2018/19 (88.4%). Performance has since deteriorated slightly in Q2 of 2018/19 (87.6%).

September 2018 performance fell short of the 90% target at 87.2% and is a noticeable deterioration on August's performance of 90.7%. YTD the target has not been met at 87.97%.

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. Bolton FT will also continue to promote to women the acceptance of direct referrals to midwives.

For those women who have made contact with their midwife prior to 12+6 weeks but upon scan are identified as being further along into their pregnancy, discussions are ongoing at Greater Manchester level as to whether these should be reported as exceptions rather than classed as a 12+6 breach. On average this would mean that 2.5% each month would not be classed as a breach.

Discussion continues to be progressed via the Bolton Maternity Voice Partnership (MVP) to consider any further actions or initiatives that could be developed to further encourage those who are pregnant to contact midwifery as soon as a pregnancy has been confirmed.

Fortnightly meetings are being held internally by Bolton FT to manage the service and to highlight any upcoming issues that have the potential to affect the target. The booking process along with a more convenient location for women is being reviewed. This will avoid any delays in the referral pathway, will streamline services and ensure women get the right appointment in the right setting, at the right time, with the right team. The proposed change in process will ensure the trust is in line with national guidelines and will be a better experience for the women and ensure effective use of midwifery time and resources.



Additionally, sonography (scan) capacity has been reviewed with Elective Care division and 2 midwives are in the process of being trained to assist in improving capacity.

## Recovery

**Current Outcome:** Failed for September 2018 at 87.97% against a target of 90%.

**Expected Outcome:** This standard is being closely monitored and further improvements implemented to ensure the target is achieved moving into Q3 of 2018/19.

**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 has further improved in September 2018 with only 1 new reportable individual placed outside the GMMH footprint compared to 3 the previous month. The 2017/18 year baseline position was 75 acute OAPs.

There have been 24 OAPs in 2018/19 YTD, compared to 49 at this point in 2017/18, although the definition has slightly altered as per the description below.

As discussed in previous reports the definition of an acute OAP has been updated for 2018/19 and agreed with NHS England as follows:

- Reportable OAPs are patients who are placed with a care provider which is located outside of Greater Manchester in a non-contracted bed.
- Locally monitored OAPs are 1) Patients admitted to a GM footprint NHS contracted bed not in their usual catchment area. 2) Patients admitted to a GM privately provided bed through contracted arrangements (i.e. Maryfield Court). 3) Patients admitted outside the GM footprint in a cross border NHS contracted bed.

### Latest Update

The 1 new individual placed out of GMMH to Darlington in September was due to lack of bed availability across the GMMH footprint for a female acute bed for 2 nights. There remains no clear pattern as to male versus female bed pressures and informal admissions versus those requiring detention under the Mental Health Act.

NHS England is still in the process of collecting national data to demonstrate areas reducing OAP use against the national required reduction of 33% year on year. Further work is being completed to enable us to accurately report Bolton's position against the rest of GM.

As discussed in August's report, the various inpatient, community, early intervention and GM initiatives put in place to reduce use of OAPs are having a positive effect with some highlights below:

#### Service Developments – Inpatients

- Additional male acute bed capacity – Maryfield (GMMH footprint – provided by ASC HealthCare) continues to be used effectively by all CCGs and has reduced numbers of males being placed outside of the GM area. Bolton CCG is performing over and above the commissioned 1 bed allocation month on month, but this has reduced patients being placed further afield, length of stay and costs.

- Flow and Capacity admin remains in place supporting the bed management process and the GMMH bed bureau continues to be developed.

### **Service Developments – Community**

- Bolton Council continue to work with the CCG around mapping community provision, use of existing services and any gaps to ensure there is a sufficient range of local provision to avoid hospital admission where possible expedite discharges. A mental health commissioning officer post has been recruited to by the Council and the post holder should be in place in the New Year which will support the wider provider management function.
- New Lane – non recurrent funding has been agreed through the partnership board for 1 year to transform the current respite house to an admission avoidance / discharge to assess model. The CCG are supporting Council and GMMH colleagues to inform the specification and KPIs with the aim of reduced OAPs, reduced delays and increased crisis care provision in the community.

### **Greater Manchester Service Developments**

- GM OAPs work stream continues with positive feedback about the wider GM reduction at the last meeting.

### **Prevention / Early Intervention**

- Early intervention – Mental Health Practitioners, voluntary sector options (Silver Wellbeing, help desk) have all been valuable in offering early intervention at a primary care level with the aim of reducing escalation to GPs and on to secondary care services where possible.

## **Recovery**

**Current Outcome:** Improved position with a reduced number of OAPs placed in September.

**Expected Outcome:** Quarterly reduction expected in line with NHS England target of zero OAPs by 2020/21.

**Timescale for Recovery:** It is not possible to accurately estimate excess bed demand, however improvements will continue to be made over the next 2 to 3 months as a result of the collaborative actions being undertaken.

**Lead Commissioning Manager:** Rachael Sutton

## Exception Report and Recovery Plan: Improving Access to Psychological Therapies

### Performance

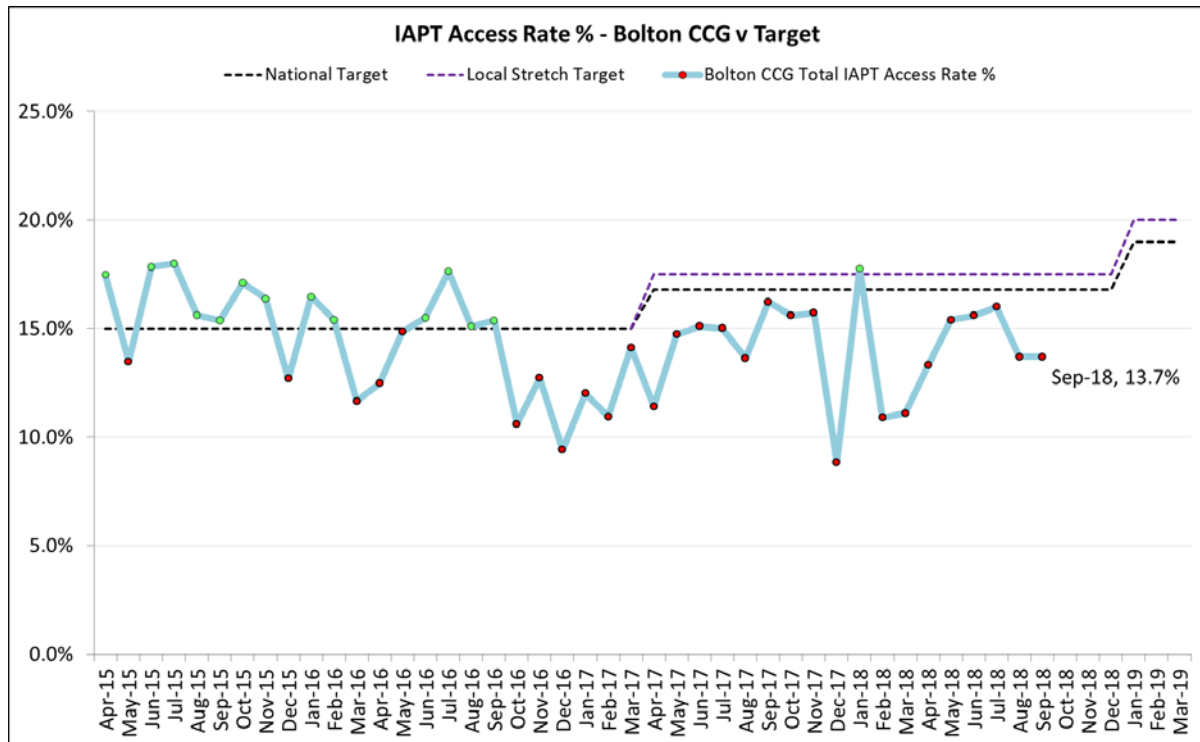
Access rate performance was 13.7% prevalence in September 2018 which is below the current national requirement of 16.8% increasing to 19% by the end of March 2019. Additionally there remains a local stretch target of 20% by the end of March 2019.

There are ongoing issues with higher than expected attrition rates and high long term staff absence due to sickness and maternity leave (equating to 6.6 WTE staff which is around a quarter of the total IAPT work force and includes 2 Psychological Wellbeing Practitioners (PWPs) and at least 120 treatment starts).

Whilst the national target of 75% of people being seen within 6 weeks of referral continues to be exceeded at 90.3%, waiting lists post referral are growing which is estimated to have potential to positively contribute to prevalence once individuals progress through treatment and recovery.

### Latest Update

The chart below shows the performance of the CCG against the national and local targets:



Further work has been done locally following the GM assurance meeting held in September for the GMMH footprint commissioners. As discussed last month, whilst it was noted referral to treatment targets and recovery figures are consistently above

the national targets, access rates remain lower than neighbouring localities. However it should still be noted other localities, whilst experiencing higher prevalence, have longer waiting times and often poorer outcomes following treatment.

As discussed in last month's report there is an action plan in place to improve prevalence and a separate plan around staffing and service resilience.

GMMH have attended the CCG Executive and will be attending this month's Board to provide further information on remedial action plans.

A business plan is in progress by GMMH to look at additional resource required to achieve the national target of 25% by 2020/21. Further discussion will be required to allocate funds between GMMH and the voluntary sector.

## Recovery

**Current Outcome:** Failing to meet the national target of 16.8% and the local stretch target of 17.5%.

**Expected Outcome:** It seems unlikely the national target of 19% (and local target of 20%) will be met by the end of March 2019 without additional resource and staffing. However further discussion will take place at Executive and Board this month about proposed actions to resolve the prevalence issues.

**Timescale for Recovery:** Increasing performance to meet the national the target is an immediate priority. An improvement has already been seen in May, June and July 2018 compared to the March and April position, with seasonal trends thought to be the reason for a decline in performance in August.

**Lead Commissioning Manager:** Rachael Sutton

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

### Performance

In September, non-elective length of stay (LoS) was above plan at 4.9 days compared to a target of less than 4.61 days.

Delayed transfers of care (DToCs) have increased to 3.4% against 2.4% in August and against a target of 3.3%.

### 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. 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 has a focus on those patients who are "stranded" through daily escalation meetings. Made events established and a sustained reduction in lost days achieved as a result
- Home First Team is in place within A&E – ongoing recruitment taking place to fill all substantive posts and hours extended to 8am-10pm. Direct therapy referrals into reablement via IMC bed base/D1/2/3/4 and B1 to reduced need for social work and IDT involvement
- DToCs in September 2018 was 3.4% of the occupied bed base (against a target of <3.3%) this is a jump from 2.4% last month. However we have been comfortably on target for most of 18/19 which is demonstrating the impact of collaborative working on improved flow at Bolton FT and community services, including reducing the number of stranded and super-stranded patients and more efficient flow of patients entering community services, whether that be homes based or bed based.

### Recovery

**Current Outcome:** Non-elective LoS has failed to meet the target for September 2018 and DToCs have failed to achieve for September either however prior to this month DToCs had met the target for 4 and out of 5 months in 2018/19.

**Expected Outcome:** Non-elective LoS has stayed the same as last month at 4.9 days in month. However achievement at Bolton FT is expected to be seen in Q3 and Q4 as improvement work across acute and community services are operationalised and embedded.

**Timescale for Recovery:** Non-elective length of stay is expected to meet in month target from Q4.

**Lead Commissioning Manager:** Paul Beech

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

### Performance

The CCG target for ambulance callouts attending care homes is 152 per month. In September 2018 there were 210 calls received of which generated 177 ambulance callouts attending a Bolton Care Home. In August 2018 was 139 callouts attending care homes. This represents an increase of 27% compared to previous month taking ambulance callouts year to date to 15.7% above plan.

### 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. Outcomes data is currently being collected from Primary Care and is reported through the care homes monitoring 2018/19 dashboard.
- 24/7 telehealth clinical support and triage has been commissioned (Immedicare) for all care homes, with 31 homes live and 24 homes (77%) used the service YTD (April-September) in 2018/19.
- 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:** NWAS ambulance callouts to care homes are 15.7% above plan YTD.

**Expected Outcome:** The forecast for 2018/19 is estimated to be 4.1% above the baseline position of 2017/18. This is compared to 25% increase seen in the previous year.

**Timescale for Recovery:** The schemes are beginning to mature after several months of rollout and activity is slowly increasing however recovery is not expected to be seen until later in Q4.

**Lead Commissioning Manager: Paul Beech**



NHS BOLTON CCG EXCEPTION REPORT

Indicator Reference and Description		Target	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	June 2018	July 2018	Aug 2018	Sep 2018	2018/19 YTD	Trend
<b>BOLTON CCG</b>																				
<b>Commissioning</b>																				
RTT																				
Admitted patients to start treatment within a maximum of 18 weeks from referral		90%	82.1%	82.6%	79.8%	75.3%	78.2%	80.7%	80.7%	75.4%	73.5%	79.2%	77.5%	77.0%	78.5%	79.0%	80.3%	78.1%	78.4%	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral		95%	91.1%	89.5%	89.0%	88.7%	88.2%	88.8%	87.0%	88.2%	87.6%	89.1%	88.0%	89.7%	90.2%	88.9%	88.5%	88.3%	88.9%	
Patients on an Incomplete pathway %		92%	92.8%	92.2%	91.96%	91.90%	90.80%	90.16%	88.72%	88.73%	89.39%	91.2%	89.7%	91.2%	90.9%	90.9%	90.2%	89.4%	90.4%	
Waiting list - Patients on an Incomplete pathway denominator		<22,640	21,921	22,153	22,163	22,228	21,946	22,361	21,652	21,795	22,640	22,640	22,727	23,213	23,272	22,676	23,440	22,942	22,942	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral		1%	0.9%	1.5%	1.6%	2.1%	1.8%	4.8%	8.2%	3.1%	1.3%	2.3%	1.1%	0.8%	1.0%	0.9%	1.1%	0.9%	0.96%	
Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete		0	4	2	2	2	2	3	3	3	2	32	6	7	9	15	12	7	56	
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%	96.90%	97.50%	97.90%	98.80%	97.50%	97.80%	97.00%	98.20%	98.00%	97.70%	96.50%	95.00%	97.80%	97.30%	98.00%	96.80%	96.90%	
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)		93%	66.70%	24.80%	37.30%	43.10%	87.20%	90.10%	81.10%	90.50%	65.70%	67.80%	35.40%	54.50%	67.80%	95.50%	94.70%	97.10%	73.80%	
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%	99.10%	99.00%	98.20%	100.00%	98.50%	100.00%	97.40%	97.60%	98.30%	98.80%	99.0%	99.3%	98.4%	100.0%	99.2%	96.5%	98.80%	
Maximum 31 day wait for subsequent treatment where that treatment is surgery		94.0%	100.00%	100.00%	95.50%	100.00%	100.00%	100.00%	100.00%	100.00%	95.00%	98.70%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	
Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen		98.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.60%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy		94.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.00%	99.50%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	
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%	91.70%	92.90%	84.90%	87.50%	87.30%	91.70%	88.70%	79.50%	94.50%	89.30%	90.7%	88.5%	92.3%	95.3%	93.1%	88.5%	91.50%	
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers		90.0%	83.30%	80.00%	57.10%	75.00%	88.90%	100.00%	100.00%	75.00%	90.90%	89.10%	88.90%	58.30%	83.30%	87.50%	81.80%	100.0%	81.80%	
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)			86.70%	85.70%	92.30%	100.00%	83.30%	85.20%	87.50%	76.20%	90.90%	85.00%	85.7%	92.3%	85.7%	90.0%	90.9%	62.5%	86.00%	

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Quality and safety	Mixed sex accommodation breaches - Bolton FT																				
	Zero tolerance MSA breaches	0	10	6	18	4	6	12	16	11	11	136	12	12	11	13	14	2	64		
	HCAI-Healthcare Associated Infections																				
	CDIFF-Post 72 hrs (Hospital)	18	6	3	5	2	1	2	1	1	2	30	0	1	1	4	0	3	9		
	MRSA-Post 48 hrs (Hospital)	0	0	0	0	0	0	1	0	0	0	2	0	0	0	1	0	0	1		
	Serious Incidents and Never Events																				
	Serious Incidents	0	0	2	0	1	2	2	2	4	2	20	4	2	2	3	1	2	14		
	Never Events	0	0	0	0	0	0	0	0	1	0	2	0	1	0	0	0	1	2		
	Falls and Incidents - Bolton FT																				
	Falls with at least moderate harm - Moderate	0	2	3	2	1	1	1	3	0	1	15	1	4	0	1	1	0	7		
	Falls with at least moderate harm - Severe	0	1	1	2	2	1	0	4	3	0	16	0	0	2	0	1	0	3		
Medication Incidents	<100	100	122	152	130	126	112	141	116	123	1430	160	151	145	145	149	123	873			
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%	84.80%	78.20%	84.50%	88.00%	80.40%	76.90%	77.80%	79.60%	78.90%	81.90%	82.60%	83.30%	85.90%	84.10%	88.20%	87.10%	85.20%		
	Category A ambulance calls - NWS total 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	09:03	09:47	07:51	08:10	08:18	08:01	07:53	07:56	08:02		
	Category 1 response times - 90th Percentile	15 mins	Not available	15:59	16:21	15:36	16:14	18:37	17:18	15:15	14:01	16:03	13:24	13:51	14:11	13:28	13:19	13:17	13:35		
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	199	364	319	285	371	449	312	238	326	3613	299	270	154	224	100	132	1179		
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	82	226	183	106	212	348	173	102	163	1875	77	48	33	51	10	23	242			

Indicator Reference and Description		Target	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	June 2018	July 2018	Aug 2018	Sep 2018	2018/19 YTD	Trend
Childrens and Maternity	Childrens and Maternity																			
	% Completed Bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	89.00%	90.20%	93.40%	89.90%	91.70%	93.80%	89.30%	89.60%	85.70%	90.57%	84.80%	90.00%	90.10%	84.90%	90.70%	87.20%	87.97%	
	% of Admissions to E5 from A&O	<40%	30.60%	28.90%	38.30%	31.40%	28.10%	32.70%	35.00%	32.70%	27.90%	31.89%	32.40%	32.60%	30.60%	31.50%	28.80%	36.70%	32.10%	
	% Conversion rate from A & E attendance to F5		8.20%	9.10%	11.70%	12.20%	13.30%	11.50%	10.80%	11.60%	9.40%	10.35%	10.20%	7.80%	8.70%	7.70%	10.20%	11.30%	9.32%	
Mental Health	Mental Health																			
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	19% by March 2019	15.0%	13.6%	16.2%	15.6%	15.7%	8.9%	17.8%	10.9%	11.1%	13.8%	13.3%	15.4%	15.6%	16.0%	13.7%	13.7%	14.6%	
	IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50.0%	60.4%	60.5%	54.4%	50.4%	54.3%	56.6%	59.8%	60.4%	60.2%	58.7%	56.6%	56.7%	57.2%	56.7%	63.4%	54.5%	57.5%	
	RAID (% of AE Emergency referrals assessed within 1hr)	75.0%	73.3%	78.0%	70.2%	71.1%	67.5%	78.5%	87.3%	90.9%	91.3%	77.2%	80.3%	80.9%	85.5%	77.4%	83.3%	86.7%	82.4%	
	Out of Area placements (New)	0	2	3	12	14	10	8	12	2	4	75	4	4	8	4	3	1	24	
Integrated and Community Care	Integrated and Community Care																			
	DTOC as a percentage of occupied bed base - Bolton FT position	3.3%	4.2%	3.9%	6.0%	6.6%	4.7%	7.1%	8.5%	6.3%	3.4%	5.6%	2.8%	3.3%	2.9%	2.3%	2.4%	3.4%	2.9%	
	Non Elective Los	<4.61	4.5	4.7	4.6	4.7	4.4	4.5	5.4	5.2	5.0	4.8	4.8	4.5	4.7	4.7	4.9	4.9	4.7	
	Pressure ulcers in Community	Reduce	7	12	11	5	8	12	17	20	20	151	16	22	8	16	10	6	78	
	Non Elective Admissions due to falls (Community - harm free care)	<15 per month	12	14	10	10	12	11	20	17	10	154	19	17	23	13	10	12	94	
Ambulance call outs to care homes	<1,747	172	210	216	207	218	252	318	234	274	2656	176	205	183	191	139	177	1071		