NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: ……11……..

Date of Meeting: ……23rd March 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:	Dr Barry Silvert – Clinical Director of Commissioning	
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

CCG Corporate Performance Report

1 Introduction

1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of January 2018 (month 10).

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 January 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 Pressures continue in elective care and diagnostics, with performance against the 18 week referral to treatment (RTT) target for patients on an incomplete pathway deteriorating to 88.7% (against the December 2017 position of 90.2%). Year to date (YTD) performance is 91.6%, the first time the YTD performance has been below target in over five years. The number of patients waiting more than 6 weeks from referral for diagnostics has increased significantly to 8.2% (from 4.8% in December 2017) continuing the declining trend from Q3 into Q4. Whilst recovery plans are in place with the CCG's main providers, increased demand for specific specialties, including general surgery and ophthalmology, coupled with workforce shortages continues to impact performance. As a result performance against this standard is unlikely to recover in 2017/18.

2.2 Previously reported challenges in urgent care have continued throughout January and performance against the four hour A&E target remains below the 95% target at 77.8%. This is a marginal improvement on December 2017's performance of 76.9% but YTD performance falls short of the target at 83%. Urgent care performance continues to be closely monitored by both the CCG and Bolton FT and a comprehensive update will be presented to the March CCG board meeting.

2.3 Performance against key national cancer standards remains a strength locally, despite challenges in diagnostic capacity. YTD performance against the two week wait from referral to first outpatient appointment target is 97% and monthly performance is consistently above the 93% target. Strong performance against the 31 day and 62 day treatment targets has been supported by service improvements and innovation in cancer pathways with Bolton FT, including straight to test diagnostics for some tumour sites.

2.4 Improvements continue to be made in performance against key mental health standards. The IAPT access national (16.8%) and local targets (17.5%) were met for the first time in January at 17.8%. This is as a result of significant investment in expansion of this service. The RAID target of assessing 75% of A&E emergency referrals within one hour has further improved from 78.5% in December 2017 to 87% in January, the highest YTD. This is linked to the newly

established mental health A&E diversion service at Royal Bolton Hospital which is effectively triaging mental health patients to the most appropriate service/setting.

2.5 Delayed transfers of care (DTOCs) increased in January to 8.5% of the occupied bed base, which is the highest rate to date in 2017/18. This is due to significant winter pressures in the local health and social care economy. A number of remedial actions have been agreed which will begin to support recovery of the target from February 2018.

3 Performance Summary: Quality and Safety

3.1 There have been 27 Clostridium Difficile Infections (CDIs) reported YTD to January 2018 against a target of 19. A full report on CDI performance is included as Appendix 3.

3.2 There were 16 mixed sex accommodation breaches (MSA) in January. YTD there have been 114 MSA breaches. These were all related to patients from HDU or ICU and related to capacity issues at Bolton FT. Patient flow issues more broadly at the trust over winter have contributed to this increase in breaches compared to previous months. A full report on MSA performance is included in the quality and safety in-depth report as Appendix 3.

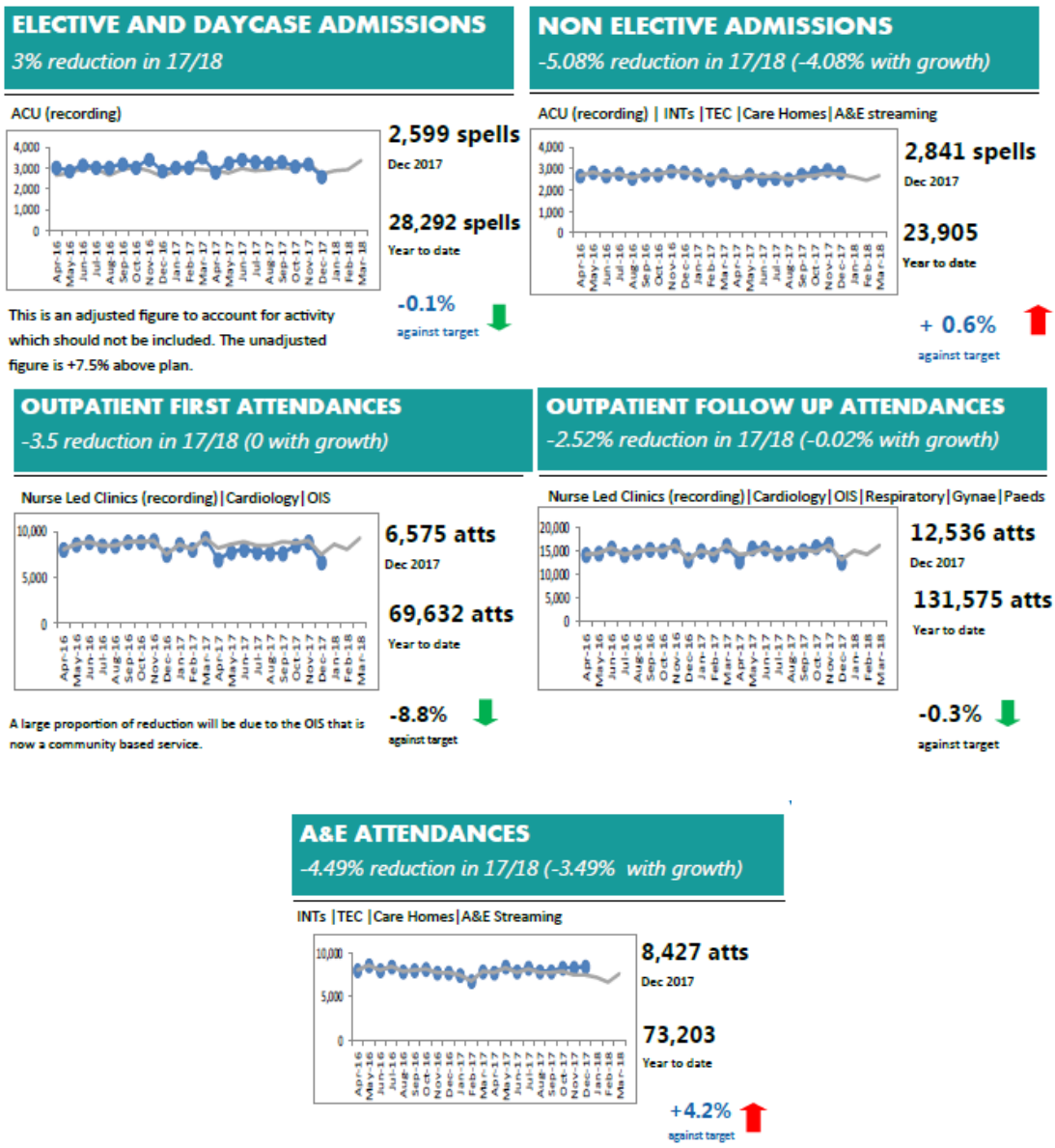
3.3 Bolton FT has reported 2 never events in Q4. Both relate to surgery, one a retained object and the other a wrong site incident. These are being externally reviewed and considered in line with the recommendations from the Royal College of Surgeons external review in 2015. These reports will be reviewed by the CCG's SI Review Group and the Quality and Safety Committee.

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



The most recent data from December 2017 demonstrates a positive trend YTD in elective and daycase admissions and outpatient activity. These remain on or below target against those set out in the Investment Agreement.

A&E attendances are 4.2% above target, a deterioration from 2.8% last month. This is due to increased pressure in urgent care over the winter months, particularly December 2017. Further details on these are included in the exception report for the A&E four hour target in Appendix 1.

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.

System partners have met with the Greater Manchester Health and Social Care Partnership (GMHSCP) to review the draft 2018/19 operating plans and

alignment to the Transformation Fund Investment Agreement. A refresh of the Investment Agreement for 2018/19 will be carried out in Q1 of 2018/19.

5 Recommendations

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

Melissa Laskey – Director of Service Transformation
20th March 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 further deteriorated in January 2018, with 88.72% 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 will be a participant in this regional programme as it develops further.

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 Elective Division have undertaken analysis of patients currently waiting longer than 18 weeks, and has developed recovery plans to ensure that these patients are treated as soon as possible. These plans are subject to Executive level discussion and agreement. The key specialty areas being focussed on as part of this recovery plan will be Trauma and Orthopaedics, Ophthalmology and General Surgery – as these specialties have the highest number of long waiting patients.

In addition, Bolton FT is in the process of developing robust elective capacity and demand analyses to inform operational planning and future demand management schemes. The CCG is working collaboratively with the FT to develop and review capacity and demand approaches at specialty level, with these being reported via the Planned Care Strategy and Planning Group. This is currently in early stages.

Recovery

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

Expected Outcome: The trajectory for achievement of the incomplete standard is dependent on the duration of cancelled elective activity at Bolton FT, and the potential for additional activity to be performed during spring and summer 2018 to recover the position.

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.

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 January 2018 at 8.2%. This is a significant deterioration in performance compared to December at 4.8%, with the threshold being 1%.

The year to date performance is currently at 2.3%.

Latest Update

Failure of this standard relates largely to breaches from at Bolton FT, with 243 patients waiting over 6 weeks for their diagnostic test. The majority of overall breaches were for patients waiting for Colonoscopy and Gastroscopy. At Bolton FT, 158 patients (out of 479) waited over 6 weeks for their Colonoscopy and 62 patients (out of 368) waited over 6 weeks for a Gastroscopy.

Endoscopy is the key diagnostic area under particular risk, having seen marked increases in demand (following changes in NICE referral guidance and public health campaigns on bowel cancer signs and symptoms). As a result of this, Bolton NHS FT have 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 has been implemented in March 2018, with performance expected to return to 1% or below from April 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 January 2018

Expected Outcome: As detailed above, this indicator is a risk for 2017/18, with 8 of 10 months failing to achieve the target.

Timescale for Recovery: Achievement of the standard is expected from April 2018.

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 January 2018 with a performance of 81.1%, against a threshold of 93%. This represents a decline in performance from December 17 at 90.1%.

The year to date position is currently at 65.7%.

Latest Update

A deterioration in performance is noted in the current month. 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 is facing regarding an increase in activity from out of area patients, coupled with long term staff sickness, have previously been reported to Board. As part of the work to secure a sustainable service, the FT have 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. By nature, 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.

The Elective Division are in the process of reviewing capacity and trajectories for achievement, and these will be reported to CCG Board next month.

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 January 2018

Timescale for Recovery: Recovery of performance is subject to revised trajectories being provided 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 February 2018 was 79.6%, which is an increase in performance from January 2018 (77.8%). Similar performance figures have been seen in March 2018 to date, with a current month to date figure of 74.50%.

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 February 2018, the Urgent and Emergency Care Board have agreed 5 high impact system changes to focus on to achieve a stepped improvement in A&E performance. A full report on these and the progress made against them is included in the separate report to the March Board meeting.

Recovery

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

Expected Outcome: Performance in Q4 of 90% will no longer be achievable given the performance levels so far in January, February, and March to date.

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

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: Ambulance Performance

Background

The Ambulance Response Programme (ARP) is now fully implemented by NWAS 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 NWAS performance in the new ARP call categories:

Indicator Reference and Description			Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018
High Level Performance								
High Level Performance	**Ambulance response times** (NWAS wide position)							
Category 1 calls Average response time	AM016	Average response time (mm:ss)	10:07	09:50	09:29	09:44	11:17	09:51
Category 2 calls Average response time	AM017	Average response time (mm:ss)	24:20	25:04	25:55	30:34	44:49	38:37
Category 3 calls 90th centile response time	AM018	90th centile response time	1h 37m	1h 58m	2h 1m	2h 2m	2h 54m	3h 8m
Category 4 calls 90th centile response time	AM019	90th centile response time	2h 34m	2h 40m	2h 28m	2h 36m	3h 33m	3h 13m

January is demonstrating a further decline in performance across categories 3 and 4 but with some improvements made to categories 1 and 2. The following table shows a breakdown of the current ARP performance for the Greater Manchester West area:

ARP Report : GM West

Measure Group	Measure	MTD 01/03/18 - 13/03/18	QTD 01/01/18 - 13/03/18	YTD 07/08/17 - 13/03/18
Calls	Emergency Call Volume	**5,789**	**29,406**	**86,379**
Response Times	C1 Mean	**00:10:14**	**00:09:46**	**00:10:10**
	C1 90th Percentile	**00:17:26**	**00:16:14**	**00:16:22**
	C2 Mean	**00:49:49**	**00:45:08**	**00:39:15**
	C2 90th Percentile	**01:56:54**	**01:42:33**	**01:31:03**
	C3 90th Percentile	**04:55:01**	**04:03:27**	**02:52:24**
	C4 90th Percentile	**03:48:33**	**03:16:38**	**02:55:37**

NWAS 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 old target system.

In addition to the fleet reconfiguration, NWAS 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 NWAS, 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.

This is to reduce the cost of excessive stations and maintenance, and will improve the management of controlled drugs and delays caused in vehicles being ‘out of action’ while they refuel.

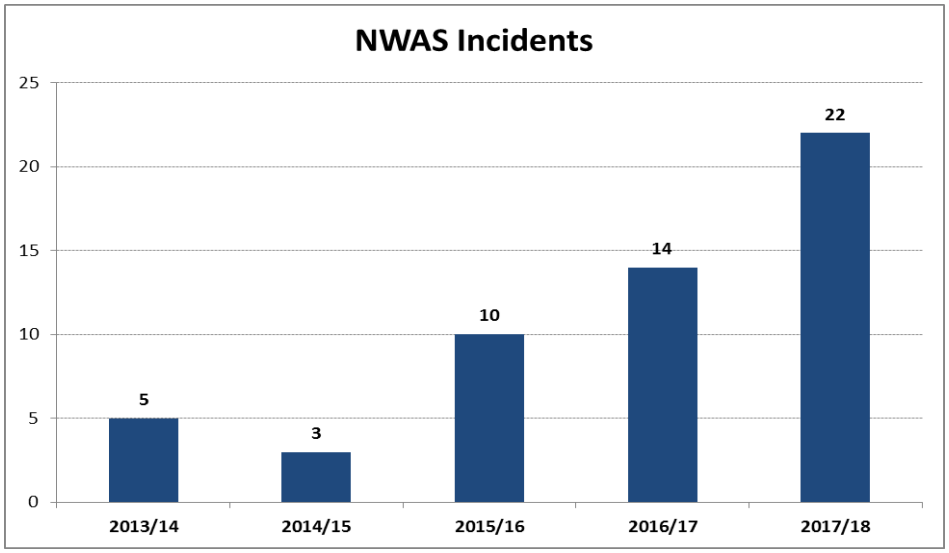
The impact of this will be monitored closely as there is potential that it will lead to an increase in the number of patients (including out of area patients) arriving at Bolton A&E.

Incidents

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

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

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 YOY 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.

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: April 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 both September and November 2017. January 2018 performance fell just short of the 90% target at 89.3%.

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.

Recovery

Current Outcome: Failed for January 2018 at 89.3% against a target of 90%.

Expected Outcome: YTD performance is slightly above the 90% target at 91.1%. 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: Ongoing 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 fell short again for the tenth consecutive month in January 2018 with 12 people placed outside the GMMH footprint. This brings the YTD total to 69 acute OAPs.

Latest Update

There were 12 patients placed out of area in January, which was an increase since last month. The increase was expected within the post-Christmas period, which traditionally fuels an increase in mental health issues and demand on the service. GMMH have robust patient flow systems in place in order to manage OAPs and they endeavour to repatriate patients as soon as they have capacity. Unvalidated data for February is indicating a decrease in the number of OAPs.

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 GMMH, Northern Healthcare (2 block purchased beds through winter resilience monies until the end of March), and the council 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.

Early indications for February and March show further reductions towards 5 acute OAPs each month which is an improvement from the past six months. A GM 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 mental health commissioners. This group will lead to further GM wide solutions.

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: Delayed Transfers of Care and Non-Elective Length of Stay

Performance

In January, delayed transfers of care (DTOCs) were at 8.5% (as a percentage of total occupied bed days). This is significantly above the plan of 3.3% (a Greater Manchester target) and has increased from 7.1% in December.

Non-elective length of stay (LoS) remains above plan year to date at 4.7 days. January was above target at 5.4 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 commenced on 7th March as part of the 'Spring into Action' work. Reablement capacity is being enhanced to support this.
- The discharge to assess process has been agreed and this is being rolled out for people being discharged home (Pathway 1) from March 2017. This will be expanded to Extra Care (pilot from April 2018 onwards depending on the availability of capacity).
- The trust is currently auditing the process of reporting DTOCs. This should provide more accurate reporting when figures are available in April 2018 onwards 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 March/April 2018. The DToC and LoS targets are unlikely to be achieved in 2017/18.

Recovery

Current Outcome: DTOC and LoS both failed for January 2018.

Expected Outcome: Both measures failed in Q3 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 175 per month. In January 2018 there were 313 callouts, which was 79% above plan and 49% above the same position in January 2017. The monthly target is in the process of re-alignment to a lower average value following the implementation of Immedicare based on care homes using the new service. Although a seasonal increase was anticipated in January 2018 from the December 2017 position, actual performance was 5% higher than expected (based on growth and average monthly performance to date).

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. Early delivery has raised concerns regarding response times from the provider which is being contractually managed with the provider.
- 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

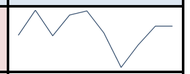
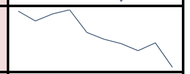
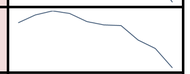
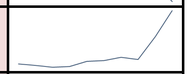
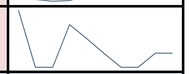
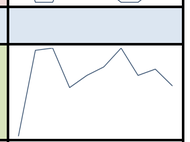
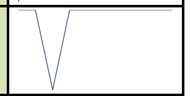
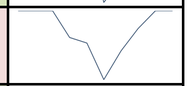
Current Outcome: Ambulance call outs to care homes are 38% above baseline at 2,143 YTD compared to baseline of 1,545.

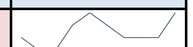
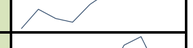
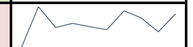
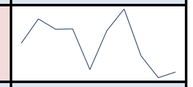
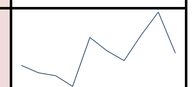
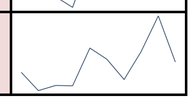
Expected Outcome: The target to reduce callouts from care homes to 143 per month from January 2018 is expected to be achieved from March 2018.

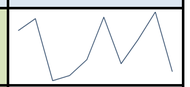
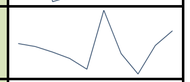
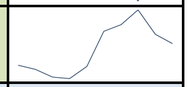
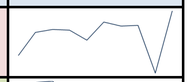
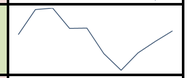
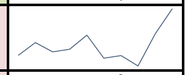
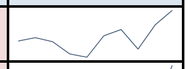
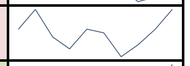
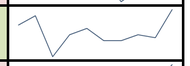
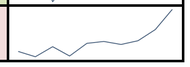
Timescale for Recovery: The new initiatives are being closely monitored and improvement is expected to start in February and be seen in March performance data.

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 2017	Feb 2017	Mar 2017	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%			80.1%	
	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%			89.3%	
	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%			91.6%	
	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%			2.3%	
	Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	0	5	1	1	4	3	2	1	1	2	2			22	
	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%			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%			65.70%	
	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%			98.90%	
	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%			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%			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%			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%			89.50%	
	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%			89.50%	
	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%			85.40%	

	Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Feb 2017	Mar 2017	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			114	
	HCAI-Healthcare Associated Infections															
	CDIFF-Post 72 hrs (Hospital)	19	4	2	1	6	3	5	2	1	2	1			27	
	MRSA-Post 48 hrs (Hospital)	0	0	1	0	0	0	0	0	0	1	0			2	
	Serious Incidents and Never Events															
	Serious Incidents	0	3	0	2	0	2	0	1	2	2	2			14	
	Never Events	0	1	0	0	0	0	0	0	0	0	0			1	
	Falls and Incidents - Bolton FT															
	Falls with at least moderate harm - Moderate	0	1	0	0	2	3	2	1	1	1	3			14	
	Falls with at least moderate harm - Severe	0	2	0	0	1	1	2	2	1	0	4			13	
	Medication Incidents	<100	100	114	94	100	122	152	130	126	112	141			1191	
Transformation Fund	Transformation Fund - variance against last year															
	Elective and Daycase	-3%	3.0%	1.6%	1.7%	2.0%	1.3%	2.0%	1.4%	0.4%	1.5%	2.0%			1.7%	
	Non Elective	-4.08%	-12.4%	-6.5%	-9.4%	-10.5%	-5.1%	-1.6%	-0.1%	-0.2%	-1.5%	-2.8%			-5.0%	
	Outpatient First	0%	-11.0%	-5.6%	-9.5%	-8.2%	-8.4%	-13.9%	-3.6%	-0.9%	-12.2%	-5.8%			-7.8%	
	Outpatient Follow Up	-2.52%	-10.0%	8.5%	-0.9%	1.0%	-0.5%	-1.9%	6.6%	3.5%	-2.9%	5.1%			0.9%	
	Accident and Emergency	-3.49%	-3.8%	-1.3%	-1.3%	-2.0%	-1.1%	-1.7%	1.3%	7.3%	9.2%	6.2%			1.2%	
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%			83.00%	
	Category A ambulance calls - NWAS position															
	Category 1 response times - Mean	7.5 mins	Not available				10:07	09:50	09:29	09:44	11:17	09:51			10:03	
	Category 1 response times - 90th Percentile	15 mins	Not available				15:59	16:21	15:36	16:14	18:37	17:18			16:40	
	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			3049	
	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			1610	

	Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Feb 2017	Mar 2017	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%			91.10%	
	% 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%			32.21%	
	% 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%			10.32%	
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%			14.4%	
	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%			58.5%	
	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%	87.0%			74.5%	
	Out of Area placements (New)	0	1	2	5	2	3	12	14	10	8	12			69	
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%			5.2%	
	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			4.7	
	Pressure ulcers in Community	Reduce	12	17	10	7	12	11	5	8	12	17			111	
	Non Elective Admissions due to falls (Community - harm free care)	<15 per month	15	18	5	12	14	10	10	12	11	20			127	
	Ambulance call outs to care homes	<1,807	185	170	200	172	210	216	207	218	252	313			2143	

Appendix 3

Clostridium Difficile Infection (CDIs)

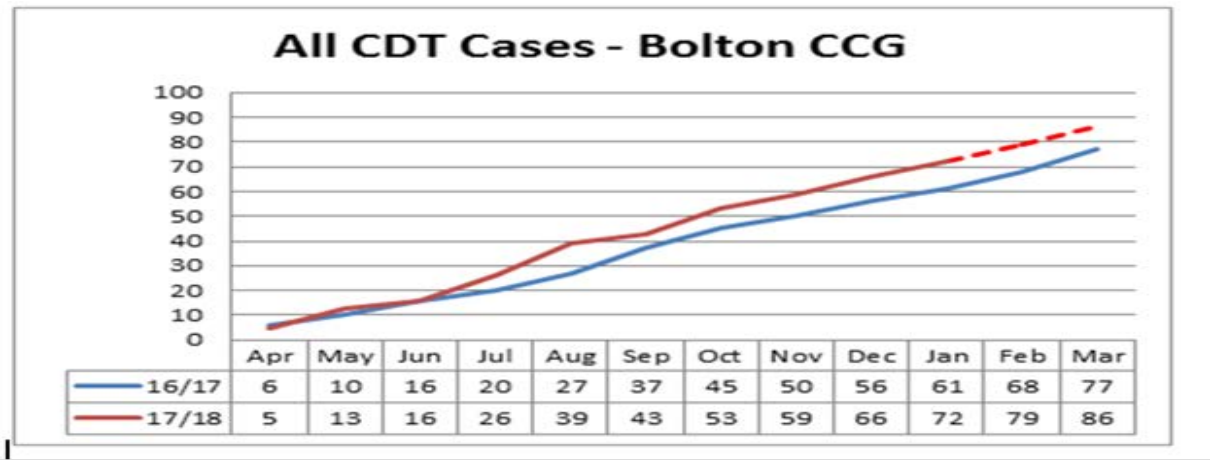
CDI is an unpleasant, and potentially severe or fatal infection that occurs mainly in elderly and other vulnerable patient groups especially those who have been exposed to antibiotic treatment.

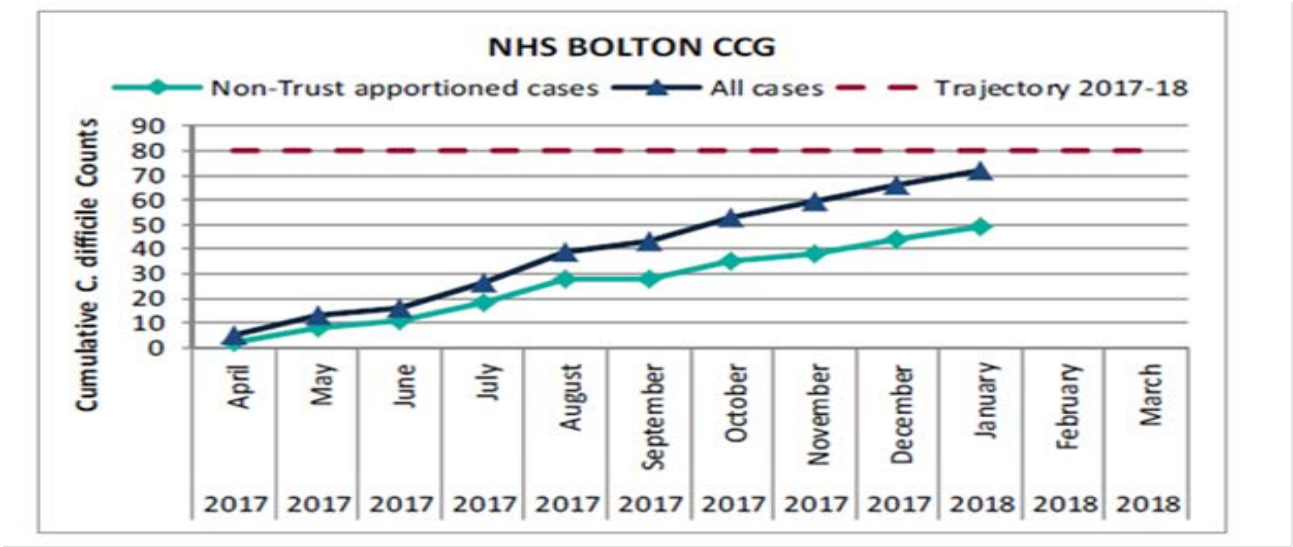
NHS England (2016) suggest that to achieve on-going reductions in the prevalence of CDI there needs to be a greater understanding of the individual causes in each case, to determine if there were any lapses in the quality of care provided, and if so, to take appropriate steps to address any problems identified.

Clostridium Difficile cases – Bolton

Year	2014/2015	2015/2016	2016/2017	2017/2018
Annual Target - set by NHS E - CCG	96	80	80	80
Pre – 72 hour (Primary Care)	65	61	61	61
Annual Target - set by NHS E - FT	31	19	19	19

Last year's figures have been included to enable comparisons to be made. Total number of cases for Bolton in 2016/17 was 77 against a target of 80, whereas this year we are predicting a number of 86 against a target of 80, an increase of 9 cases or 11.7%.



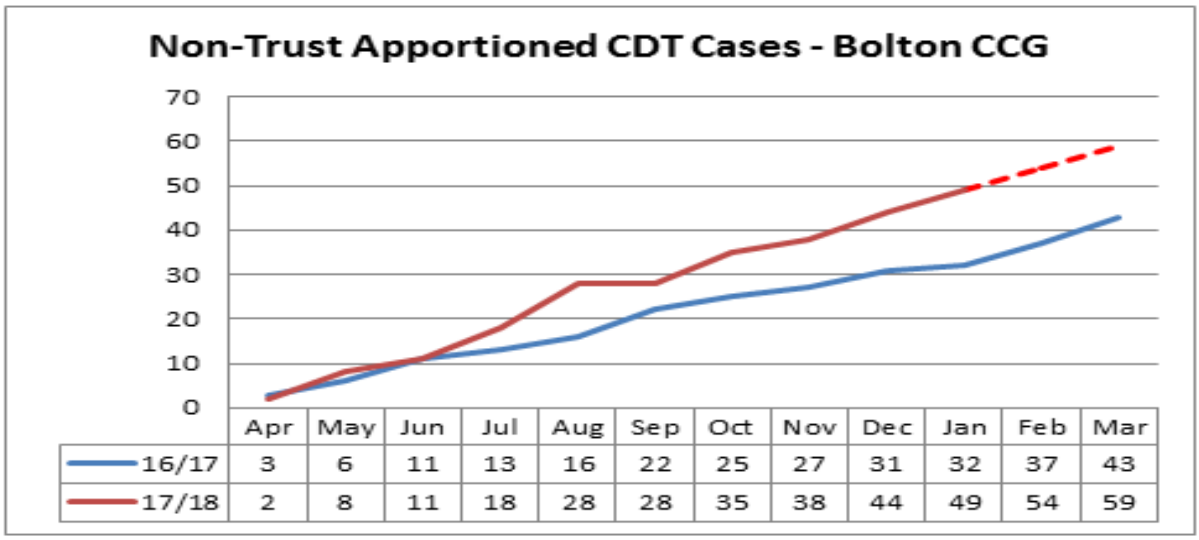


Of note is that there have been multiple patients with multiple positive samples:

- 10 patients – accounting for 26 reported cases
- 5 reported cases are Bolton Trust apportioned
- 21 reported cases are non-Trust apportioned
- Eight samples from GPs

It's not clear at this stage whether these are relapses/re-infections or new infections.

This paper breaks down further the numbers of CDI cases into those which are Non-Trust Appointed and those which are Trust Apportioned.



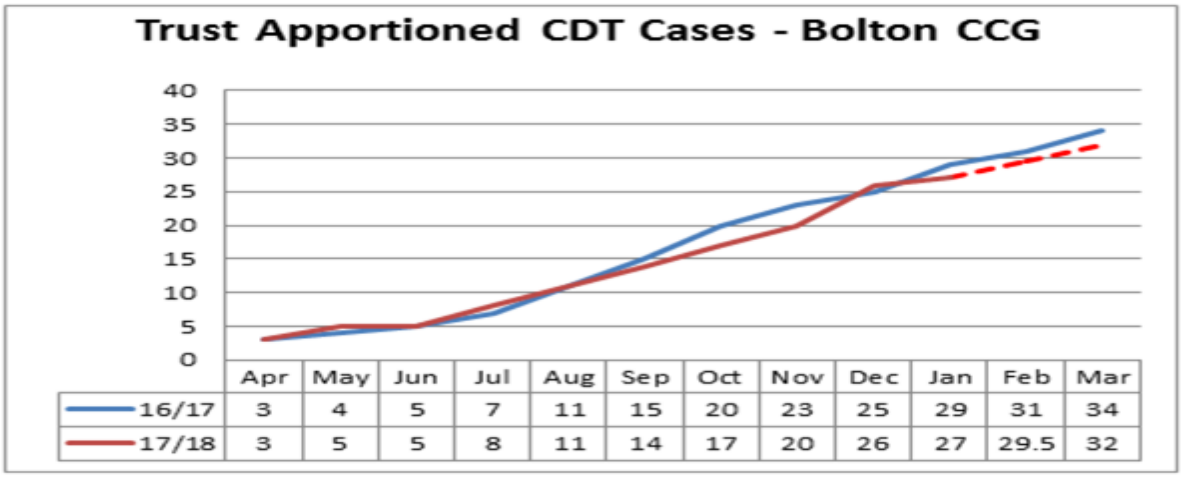
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	3	6	11	13	16	22	25	27	31	32	37	43
17/18	2	8	11	18	28	28	35	38	44	49	54	59

April 17- Jan 18 (10 months data) Non-Trust apportioned cases are 49 with a projected total for 2017/18 of 59 cases (based on an average of 5 cases/month for the last 2 months data to YTE). This is an increase of 16 cases (32%).

21 of the Non-Trust apportioned cases in 17/18 are from GP samples. This compares with 16 for all of 16/17 and only seven cases in 15/16. It is unclear whether this is as a result of an increase in prevalence or due to more patient

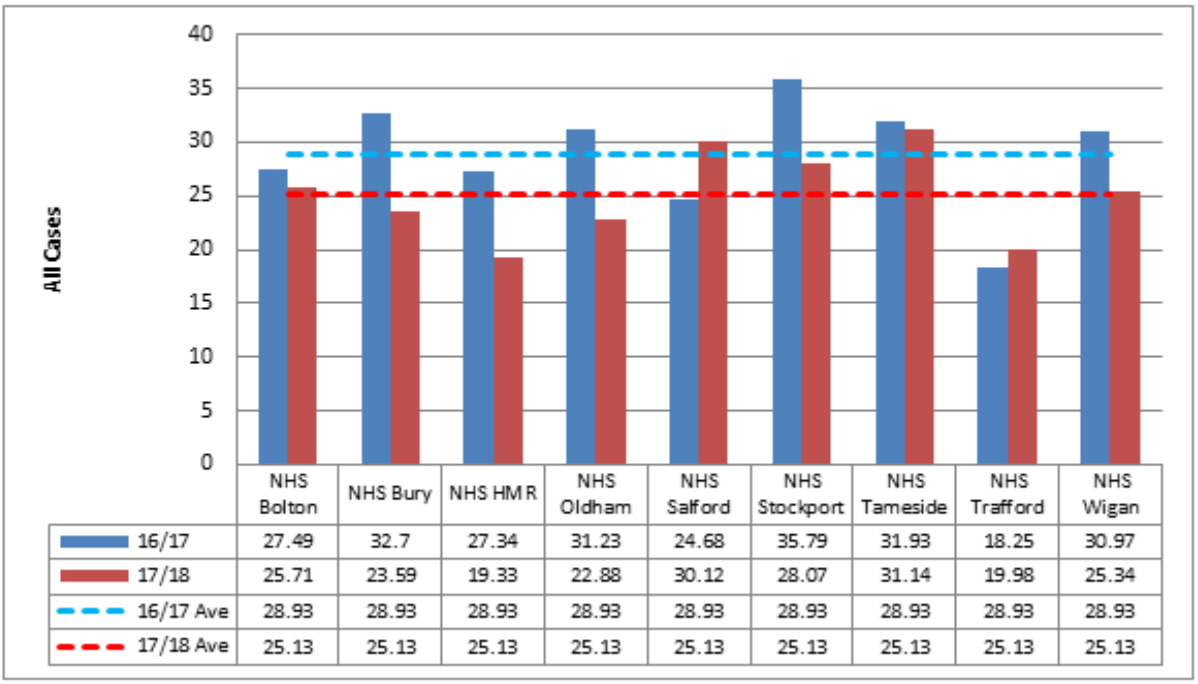
sampling. The rise in Bolton`s CDI rates is contained within the Non- Trust Apportioned rate of cases/100,000.

The number of cases apportioned to Trusts (including Bolton FT but also including other Trusts who may have tested Bolton residents) seems largely unchanged – on an average of 2.5 cases/month; the forecast being 32 cases. This is a decrease of two cases (5.9%).



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
16/17	3	4	5	7	11	15	20	23	25	29	31	34
17/18	3	5	5	8	11	14	17	20	26	27	29.5	32

Greater Manchester rates - in order to take into consideration the differences in population sizes within our neighbouring CCG`s, the data has been standardised as rate/100,000 population.



	NHS Bolton	NHS Bury	NHS HMR	NHS Oldham	NHS Salford	NHS Stockport	NHS Tameside	NHS Trafford	NHS Wigan
16/17	27.49	32.7	27.34	31.23	24.68	35.79	31.93	18.25	30.97
17/18	25.71	23.59	19.33	22.88	30.12	28.07	31.14	19.98	25.34
16/17 Ave	28.93	28.93	28.93	28.93	28.93	28.93	28.93	28.93	28.93
17/18 Ave	25.13	25.13	25.13	25.13	25.13	25.13	25.13	25.13	25.13

Ranking:

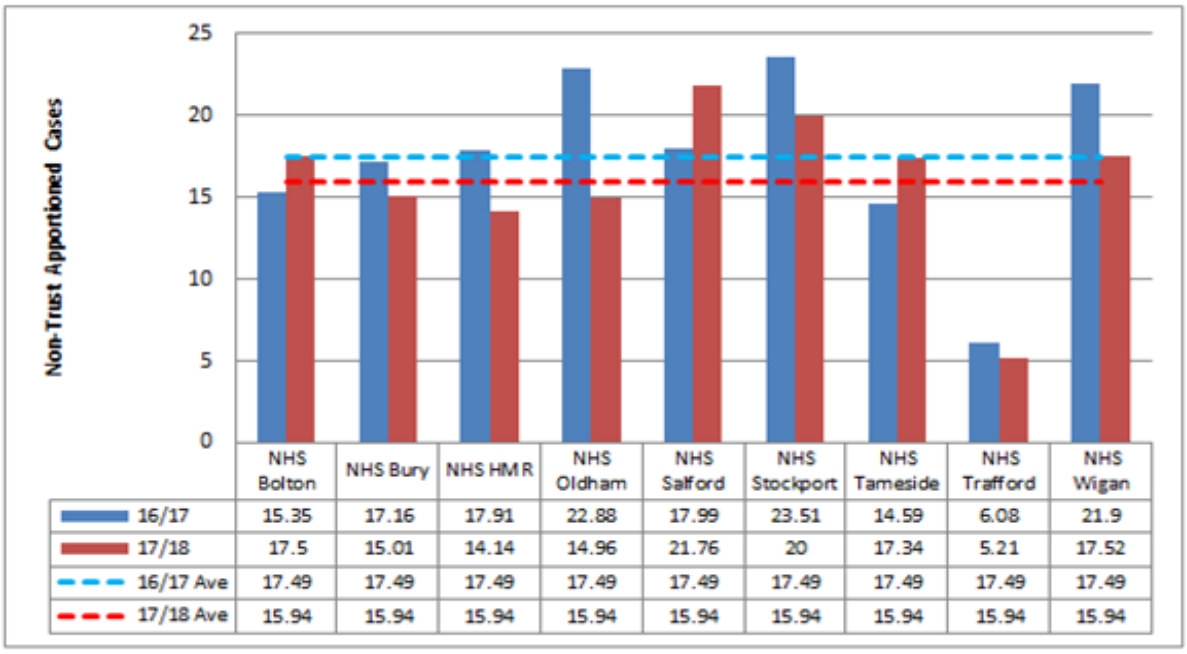
Organisation Name	2016/17	2017/18
NHS BOLTON CCG	4	6
NHS BURY CCG	8	4
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	3	1
NHS OLDHAM CCG	6	3
NHS SALFORD CCG	2	8
NHS STOCKPORT CCG	9	7
NHS TAMESIDE AND GLOSSOP CCG	7	5
NHS TRAFFORD CCG	1	9
NHS WIGAN BOROUGH CCG	5	5

Non-Trust apportioned 16/17 data indicates that Bolton had a mid-year below average rate of 15.35/100,000 cases the average being 17.49/100,000, this ranked Bolton 3rd when compared with the other neighbouring CCG`s listed above.

Non-Trust 17/18 data indicates that Bolton had a mid- year above average rate of 17.5/100,000 cases along with 4 other neighbouring CCG`s the average being 15.49/100,000 This ranked Bolton 6th when compared with the same cohort of CCG`s.

17/18 has seen a mid-year decrease in the average rate/100,000 over the CCG`s listed and an increase in Bolton`s average case rate/100,000.

Greater Manchester CDT Cases by CCG (rate – Mid-year population per 100,000) non-Trust Cases



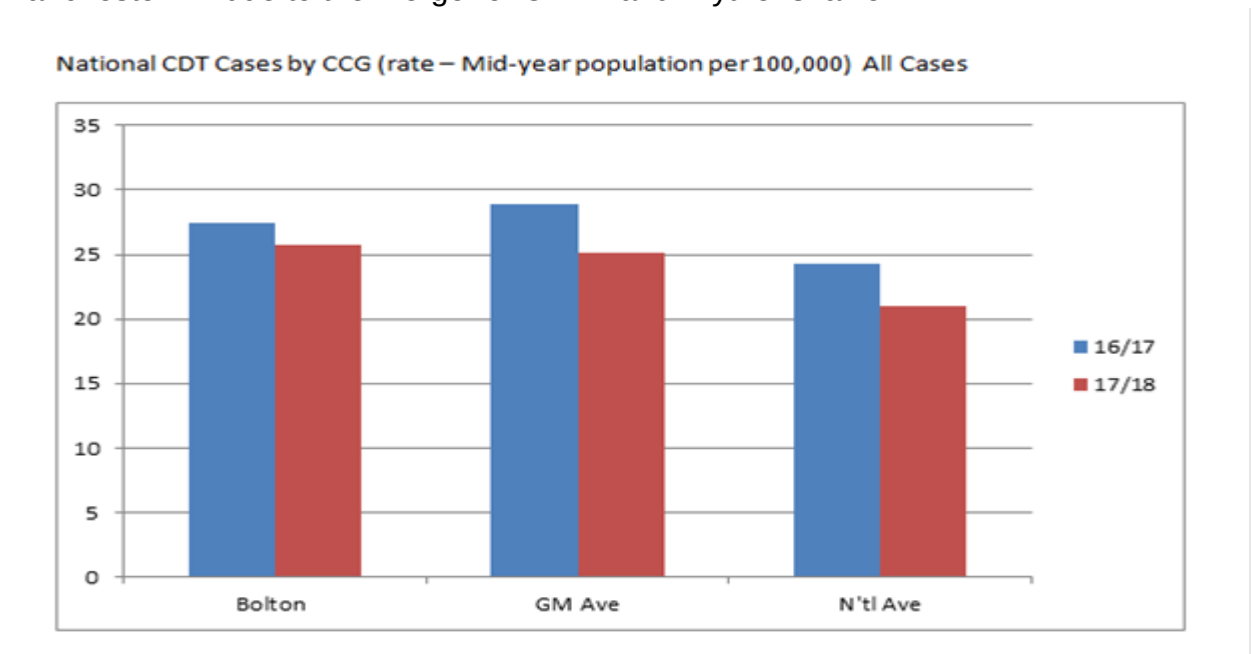
	NHS Bolton	NHS Bury	NHS HMR	NHS Oldham	NHS Salford	NHS Stockport	NHS Tameside	NHS Trafford	NHS Wigan
16/17	15.35	17.16	17.91	22.88	17.99	23.51	14.59	6.08	21.9
17/18	17.5	15.01	14.14	14.96	21.76	20	17.34	5.21	17.52
16/17 Ave	17.49	17.49	17.49	17.49	17.49	17.49	17.49	17.49	17.49
17/18 Ave	15.94	15.94	15.94	15.94	15.94	15.94	15.94	15.94	15.94

Organisation Name	2016/17	2017/18
NHS BOLTON CCG	3	6
NHS BURY CCG	4	4
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	5	2
NHS OLDHAM CCG	8	3
NHS SALFORD CCG	6	9
NHS STOCKPORT CCG	9	8
NHS TAMESIDE AND GLOSSOP CCG	2	5
NHS TRAFFORD CCG	1	1
NHS WIGAN BOROUGH CCG	7	7

Nationally for all cases (trust and non-trust) 16/17 data indicates that Bolton had a mid-year above average rate of 27.49 the national average being 24.28. This ranked Bolton 141st/206

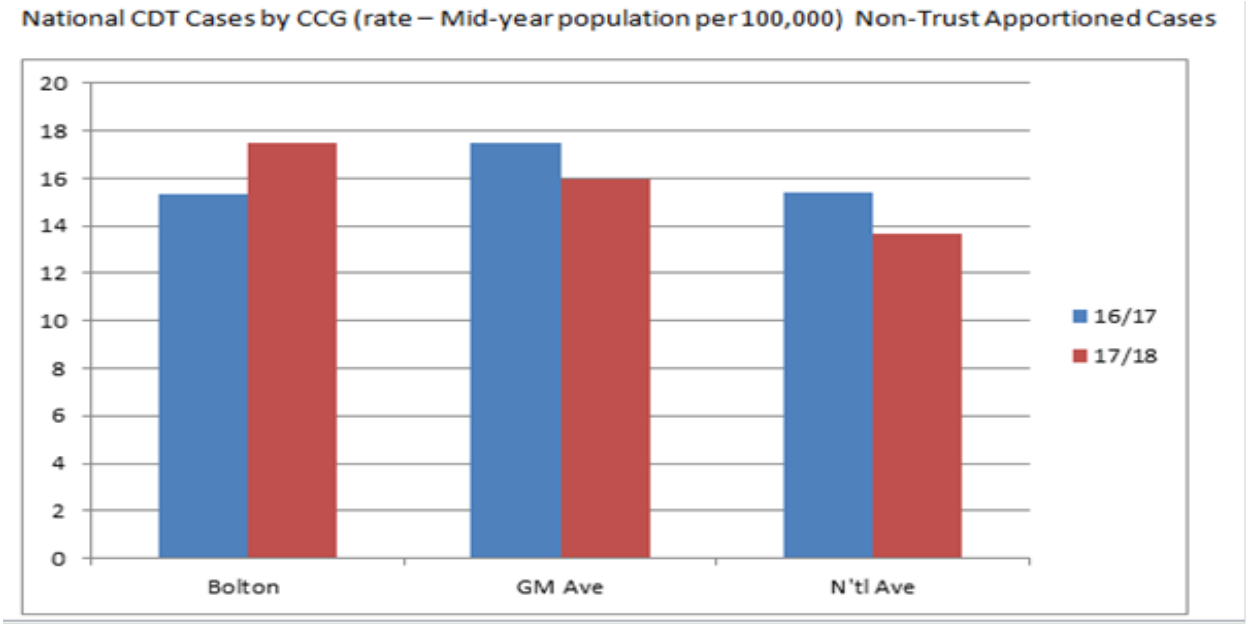
Nationally for all cases (trust and non-trust) 17/18 data indicates that Bolton had a mid-year above average rate of 25.71 the national average being 21.03. This ranked Bolton 164th/206.

Even if Bolton`s non trust apportioned cases had continued at the rate of 16/17 data our position nationally would have deteriorated to 139th/206 due to improvements in rates in other areas. Nationally the average rate is reducing and some big reductions have been seen in areas such as Morecambe. There is no available rated data for Manchester FT due to the merger of CMFT and Wythenshawe.



For 2016/2017, Non-Trust apportioned cases, Bolton was ranked 110th /206 with a mid –year rate of 15.35/100,000 population which was below the national average (15.42/100,000 population). For 2017/2018 Bolton is ranked 167th/206 with a mid-

year rate of 17.5/100,000 population whilst the national average has improved (13.63/100,000 population).



In summary there is a deterioration compared to last year but this appears to be a general GM trend and Bolton does not appear to be an outlier in GM. However, work is on-going and is been overseen by the health economy Infection Control Committee.

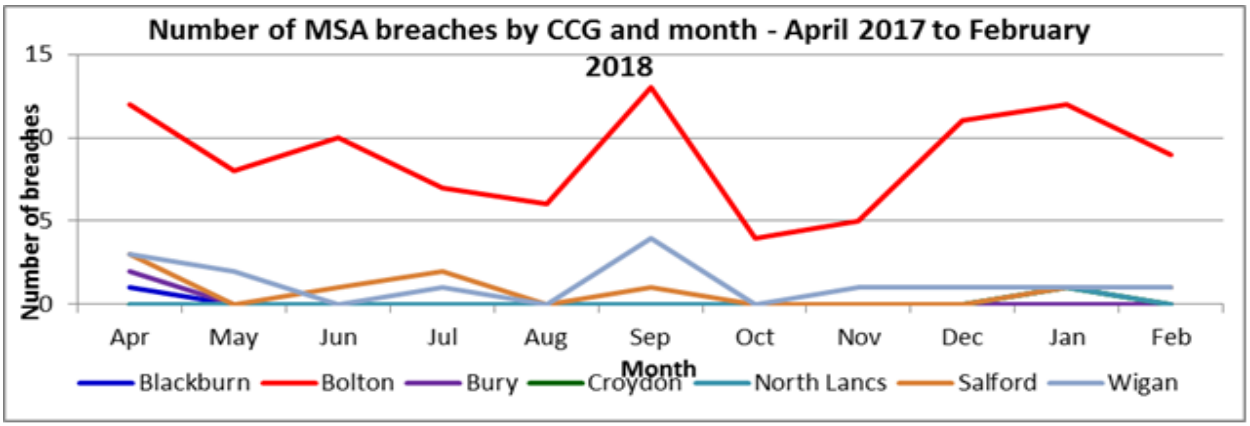
- To continue to work with primary care to increase compliance with the prescribing formulary and whether prescribing was a necessary action.
- To continue to encourage primary care to conduct and share CDI reviews and to promote shared learning with feedback to GP practices around any identified lapses in care.
- To case note review 10 patients that account for 26 positive samples to seek assurance of the accuracy of accounting as a matter of priority and evaluate any possible impact this may have on Bolton`s data.
- For Bolton NHS FT to continue to work with clinical areas to increase compliance with the care standards for CDI and to implement the findings of the internal review undertaken in March.

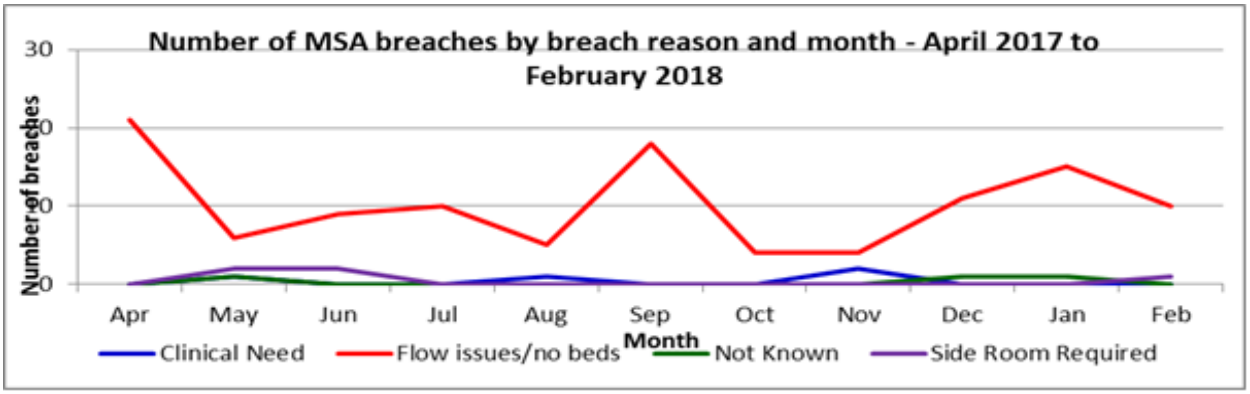
It is worth noting that increased attention is also been paid to other infections such as flu, sepsis and gram negative bacteraemias.

Mixed Sex Accomodation (April 2017-February 2018)

The following data demonstrates the mixed sex breach occurrences at Bolton NHS FT April 2017 to February 2018. As with previous reports the data reflects that the key challenge in relation to mixed sex breach occurs within the FT's High Dependency Unit (HDU) and is predominantly associated with bed availability during times of surge and their side room availability aligned with times of surge and infection, prevention and control requirements. The data which demonstrates a wait for speciality is explained by a lack of bed availability as opposed to a lack of specialist nursing skills. This was a previous issue in Bolton during 2016/17, and as

the action plan below demonstrates, enhanced training has been put in place to resolve this issue.





Compliance with their Mixed Sex Breach Policy remains a high priority for Bolton NHS FT. The requirement to step patients down from the HDU Department is profiled at each bed meeting with analysis of impending breaches discussed and priority for bed allocation made in relation to emergency department waits and clinical priority.

The outstanding red action in the Trust's action plan is the Estates issue. The design and layout of their HDU Department does not lend itself to easily minimising a mixed sex breach once a patient is clinically fit for step down. The unit lacks single rooms and it has been identified that a considerable capital project is required to resolve the design and layout.

Each patient who has been subject to a mixed sex breach is reviewed and the patient experience is sought. To date no patients in the HDU Department have shared any negative experiences. The importance of this remains high on the agenda for Bolton NHS FT and they will continue to explore the patient experience.

No.	Issue	Action Taken	Responsible	Status
1	**Bed Meetings & Escalation of Clinical Requirement**	Escalation of the clinical requirement to step down is a priority focus at all bed meetings and this is routinely audited by the FT in relation to their MSA policy.	GOLD	G

	to step down			
2	**Infection Prevention and Control**	IPC team attend the bed meetings advising on the status of all infected patients, decontamination required and clarity on timings of bed area re-opening, including cohorting where clinically appropriate. Advice on swabbing and screening and isolation status, screen and reporting on identified patients on admission is shared. This is in addition to the availability of the IPC team.	Ass Director of Nursing IPC	G
3	**Staffing**	Previous identified issues contributing to breaches in relation to staffing issues regarding lack of tracheostomy and respiratory training are now complete. The ITU/HDU teams have delivered a training schedule which has resulted in the surgical wards having a trained tracheostomy nurse on each shift. The Division of Acute Adult Care have employed Practice Educators, one of whom is an experienced respiratory nurse and wards D3 and D4 now have enhanced training available.	DND Acute Adult & Elective	G
4	**Enhanced Care**	An Enhanced Respiratory Care Operational Policy has been developed which will support the decision making for patients on to the Respiratory wards. The Trust has reviewed the Enhanced Care Policy which includes the provision of enhanced care training for new and current employees. Ward establishment reviews have included uplifting baseline staffing to ensure ready availability of staff to deliver enhanced care when required for step-down.	DND Acute Adult	G
5	**Estates**	The limiting factor for the FT is the layout and lack of single rooms in the Critical Care Units at the Trust. There is an Estates solution to this which requires capital funding. This solution remains 18 months away.	Chief Operating Officer	R

Never Events

Bolton FT has reported 2 Never Events in Quarter 4. Both relate to surgery, one a retained object and the other a wrong site incident. These are being externally reviewed and considered in line with the recommendations from the Royal College of Surgeons external review in 2015. These reports will be reviewed by the CCG's SI Review Group and the Quality and Safety Committee.