NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: ……8……..

Date of Meeting: …….28th September 2018…….

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	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	
PRESENTED BY:	Melissa Maguinness – Director of Service Transformation	
PURPOSE OF PAPER: **(Linking to Strategic Objectives)**	The purpose of the attached report is to highlight performance against all the key delivery priorities for the CCG in 2018/19 against which NHS Bolton Clinical Commissioning Group is nationally measured.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	**Deliver Year 3 of the Bolton Locality Plan.**	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	X
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	X
RECOMMENDATION TO THE BOARD: **(Please be clear if decision required, or for noting)**	Members are requested to note the content of the report and actions being taken, where required, to improve performance.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Performance is reported to: CCG Executive Contract Performance Group Quality and Safety Committee	
REVIEW OF CONFLICTS OF INTEREST:	N/A	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets, such as waiting times, are a priority for patients.	

OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	N/A

CCG 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 July 2018 (month 4).

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 July are included in Appendix 1. Performance against all key performance indicators is included in Appendix 2.

2 Performance Summary: Commissioning

2.1 Further to last month's Corporate Performance Report, the CCG and Bolton NHS Foundation Trust (Bolton FT) are continuing to seek an urgent resolution to the closure of the waiting list for the DIEP (deep inferior epigastric perforator flap) reconstruction procedure for mastectomy patients at Wythenshawe Hospital. Wythenshawe Hospital is the only commissioned provider of this procedure within Greater Manchester. Bolton FT have to date referred four patients to Leeds Teaching Hospitals for the procedure in the interim, however due to limited capacity at Leeds this is no longer a viable option. The CCG and Bolton FT have escalated this to the Greater Manchester Cancer Board and the Greater Manchester Health and Social Care Partnership (GMHSCP) to urgently expedite a Greater Manchester-wide solution and reinstate service provision for this cohort of patients.

2.2 With regards to the previously reported issue of elective patients waiting over 52 weeks for treatment at Manchester University Hospitals NHS Foundation trust (Manchester FT), the CCG is awaiting confirmation from Manchester Health and Care Commissioning (MHCC) that the remaining two Bolton patients have received treatment in line with the target date of the end of September. Since the last report, the CCG has received further information from MHCC regarding the management of these patients and remains assured that all patients have been clinically reviewed and no clinical harm has been caused as a result of this issue.

2.3 The CCG has recently provided assurance to GMHSCP regarding the waiting list size for elective care. In line with national planning guidance, the CCG must reduce the overall waiting list size by March 2019. Bolton health and social care partners consider elective care performance and compliance with the national planning guidance as a key priority. Both CCG and provider capacity and demand is carefully monitored and robust plans are in place across system partners to mitigate the risk of ongoing underperformance or further deterioration. For 2018/19, projected elective care activity was modelled on previously observed trends and built into the contract with Bolton FT. In addition to this, a further £957,000 of non-recurrent funding has been committed this year to support Bolton FT in reducing the backlog of long-waiting patients and

those most at clinical risk. Nonetheless, Bolton – like many other localities in GM and nationally – are experiencing a number of pressures, predominately related to non-elective demand, which contribute to a challenging elective position. Performance against the 18 week referral to treatment (RTT) target for patients on an incomplete pathway has remained steady in July at 90.9%, with performance year to date (YTD) falling just short of the 92% target at 90.7%.

2.4 The CCG's performance against the two week wait target for symptomatic breast patients (cancer not suspected) has achieved the target of 93% in June at 97.3%. This is the first time this standard has been achieved in the last year and reflects a gradual improvement over the past two quarters, however YTD performance remains below target at 64.8%. Staffing issues within the Breast Unit at Bolton FT continue to put achievement of the target at year-end at risk, however the CCG is assured that demand and capacity is being closely monitored and referrals clinically reviewed to maximise available resource and mitigate any clinical risk to patients.

2.5 Urgent care performance remains an area of challenge, with performance against the four hour A&E target in August at 88.5% against the 95% target. This continues a positive trend in moving towards the interim 90% target, however September performance month to date (MTD) has deteriorated to 85.5%. Performance is anticipated to continue to be challenging as the health and care system moves into winter. The CCG, Bolton FT and other system partners are continuing the receive support from the NHS Improvement Emergency Care Intensive Support Team (ECIST).

2.6 Progress towards achieving the IAPT access rate continues positively. July's performance of 16% (15.1% YTD) is the highest since January, although it remains below the local stretch target of 17.5% (which rises to 19% by March 2019). The CCG expects access rates to improve further over Q2 as the expansion of the IAPT service with GMMH and 1 Point is now fully staffed.

2 Performance Summary: Quality and Safety

3.1 There have been four Bolton FT-apportioned Clostridium Difficile (C.Diff) infections in July – a total of six against a year end target of no more than 18 cases. All cases have been reviewed at the Harm Free Care Panel. Two are considered as resulting from lapses in care. In total, three cases YTD have been considered as related to lapses in care.

Bolton FT have reported one hospital onset MRSA case in July. This is the first case since December 2017. The post-infection review is currently ongoing between the CCG and Bolton FT.

3.2 The Quality and Safety Committee recently discussed 8 serious incidents which took place in July and August. 7 of these took place at Bolton FT with the remaining 1 a North West Ambulance Service (NWAS) incident. There are currently four ongoing maternity serious incident investigations. Bolton CCG has discussed these with GMHSCP and sought further clarity and assurance

from Bolton FT on themes identified. External reviews have been commissioned into these incidents.

There were two Regulation 28 reports (Prevention of Future Deaths) issued by the Coroner relating to Bolton patients:

- A patient died as a consequence of a recognised complication of prophylactic antibiotics which have been linked to a number of anaphylactic reactions by the Royal College of Anaesthetists
- Breastfeeding advice issued by Bolton FT related to a serious incident discussed in May 2018

3.3 The national Learning Disabilities Mortality Review indicates that 22 deaths have been notified since February 2017. Of these:

- Seven reviews have been completed
- Nine are in progress
- Three have not yet been assigned a reviewer
- Three are delayed due to other investigations or pending inquest

The main objective of the review is to develop a clinical pathway that supports equal access for people with a learning disability (LD) who require diagnostic tests or health screening.

Local improvements made to date include:

- LD liaison nurse in post
- Good examples of reasonable adjustments made to support people with LD
- Good links with the Community LD Team
- Strong involvement of LD self-advocacy groups
- LD champions identified at Bolton FT
- “Keep me safe” document developed and implemented

Remaining challenges include:

- Appointing a single LD nurse post-holder
- Improving recording of reasonable adjustments made
- Improving documentation and evidence of capacity assessments
- Identifying people with ID
- Avoiding delays in investigation, diagnosis and treatment
- Accessing advocacy services

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 -0.7% and -8.3% against target respectively year to date (YTD) (NB: the elective and daycase figure has been adjusted to account for activity that had been coded incorrectly, therefore demonstrating actual activity against target).

Non-elective spells are 4.4% over plan. Follow up outpatient attendances are over plan YTD by 3.1%. The CCG is investigating whether this is linked to the increase in non-elective activity, in particular due to follow ups for non-elective trauma and orthopaedic patients.

A&E attendances are 6.6% 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 Q1, with some days reporting over 400 attendances. This mirrors a trend for increased A&E attendances at a GM level.

Delivery of the Locality Plan outcomes have previously been monitored and reported monthly via the System Sustainability and Transformation Board (SSTB). A review of system governance is underway following the establishment of the Shadow Bolton Partnership Board and a revised group is expected to be convened to oversee performance at a system level.

5 Recommendations

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

Melissa Maguinness – Director of Service Transformation

25th September 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 been failed at CCG level since September 2017, with a performance improvement noted from February 2018.

The incomplete standard for July 2018, has again failed at 90.9% against the 92% threshold. This is consistent with the June position. YTD the target is failing at 90.7%.

Latest Update

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

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

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. Bolton FT have developed detailed plans to effectively use these monies, and additional capacity has been scheduled from June 2018, to support the achievement of RTT.

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.

The CCG has requested for patients at clinical risk resulting from delayed review appointments to be prioritised, followed by those with the longest RTT waits.

Recovery

Current Outcome: This standard has been failed for July 2018 at 90.9%, with performance at 90.7% YTD.

Expected Outcome: This standard will continue to be at risk. A trajectory of achievement by the end of September 2018 is awaited from Bolton FT.

Timescale for Recovery: The trajectory demonstrating elective impact, performance improvement by end of September 2018 and a revised recovery plan is awaited from Bolton FT. This standard will be difficult to recover as the system moves into winter.

Lead Commissioning Manager: Jen Riley

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

Performance

A&E 4 hour performance (target 95%) for August 2018 was 88.5%, which is a slight improvement in performance from July 2018 (83.7%). Performance has reduced in September, with a current month to date (MTD) figure of 85.5%.

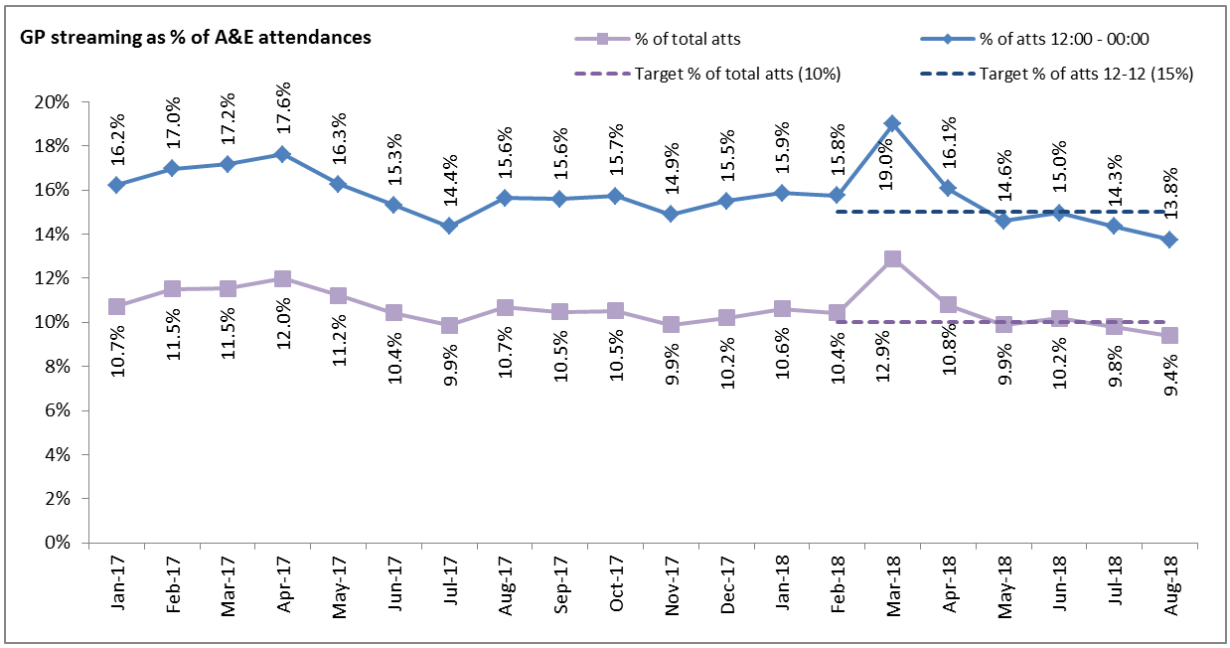
Paediatric A&E 4 hour performance (target 95%) is generally better than the overall A&E figure, with performance in July of 95.3%, and 94.6% YTD.

Latest Update

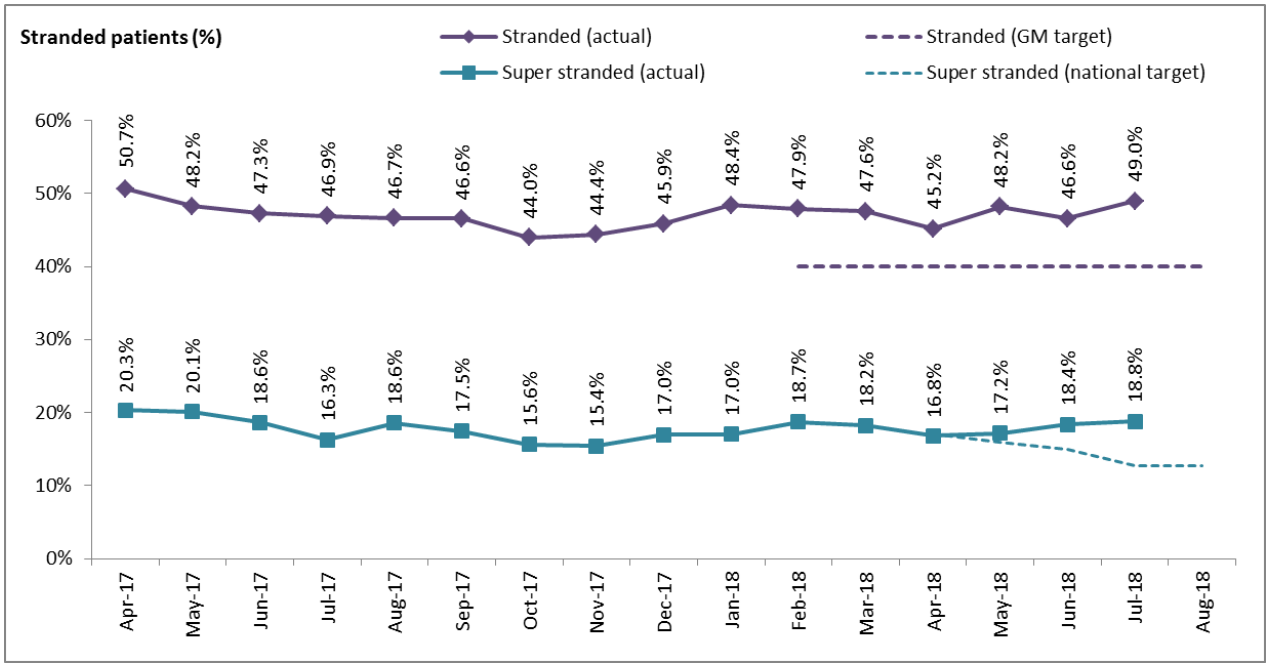
Work continues with Bolton FT, Bolton CCG and the whole urgent care system to improve patient flow, reduce delays and match capacity and demand. As previously reported to board the Urgent and Emergency Care Board are monitoring nine high impact metrics, attributable to supporting the improvement of the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

Of the nine identified high impact areas, five continue to see improvements in the most recent data. The exceptions to this improvement are:

The percentage of A&E patients being streamed to the primary care GP, which has declined, as shown in the chart below**:**

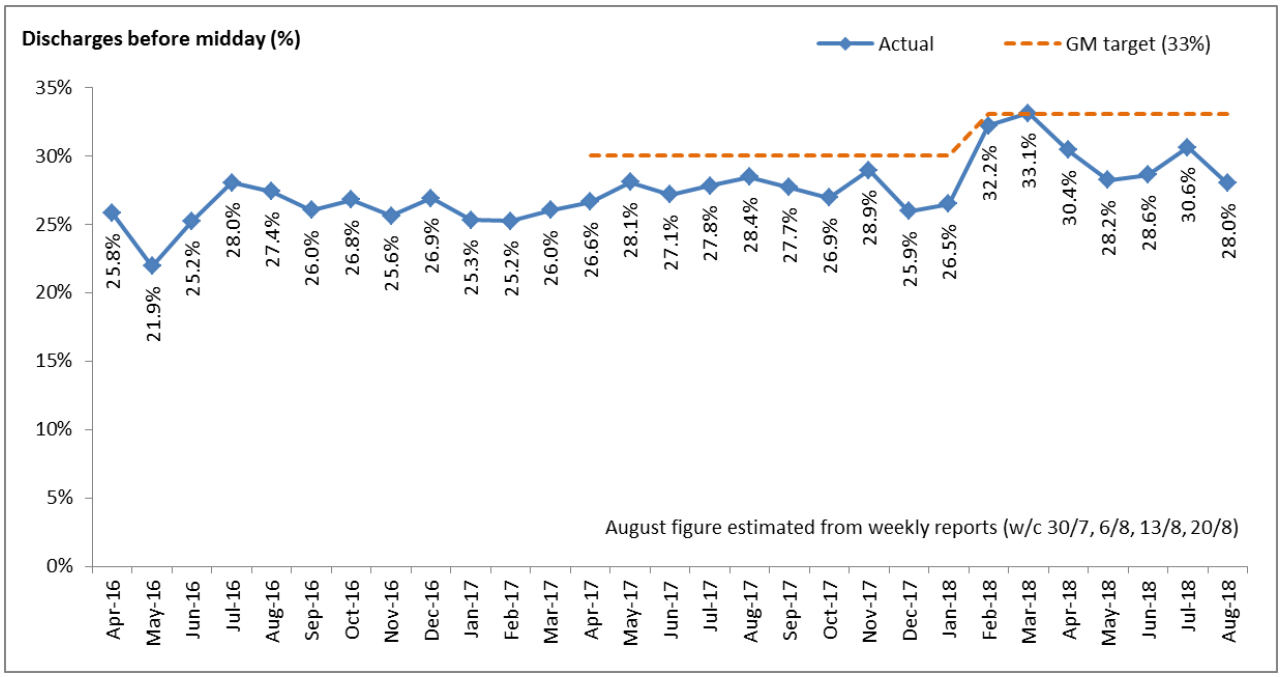


The percentage of occupied beds which are occupied by stranded or super stranded patients. The chart below shows that this is increasing and some way from achieving the local and GM targets that have been set:



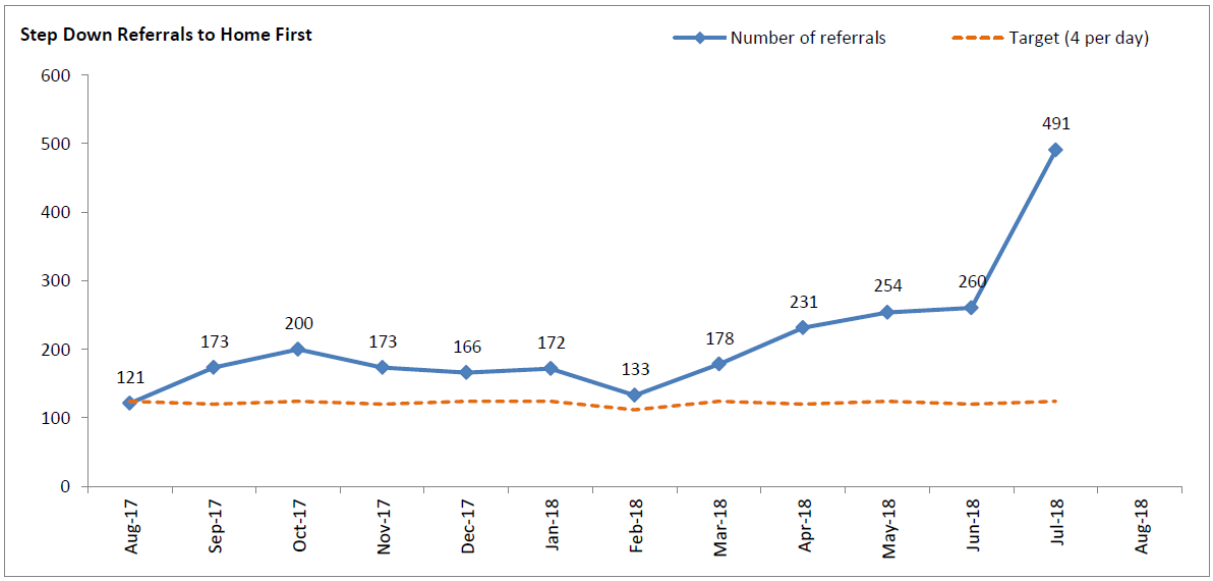
The number of ambulance call outs to nursing and residential homes

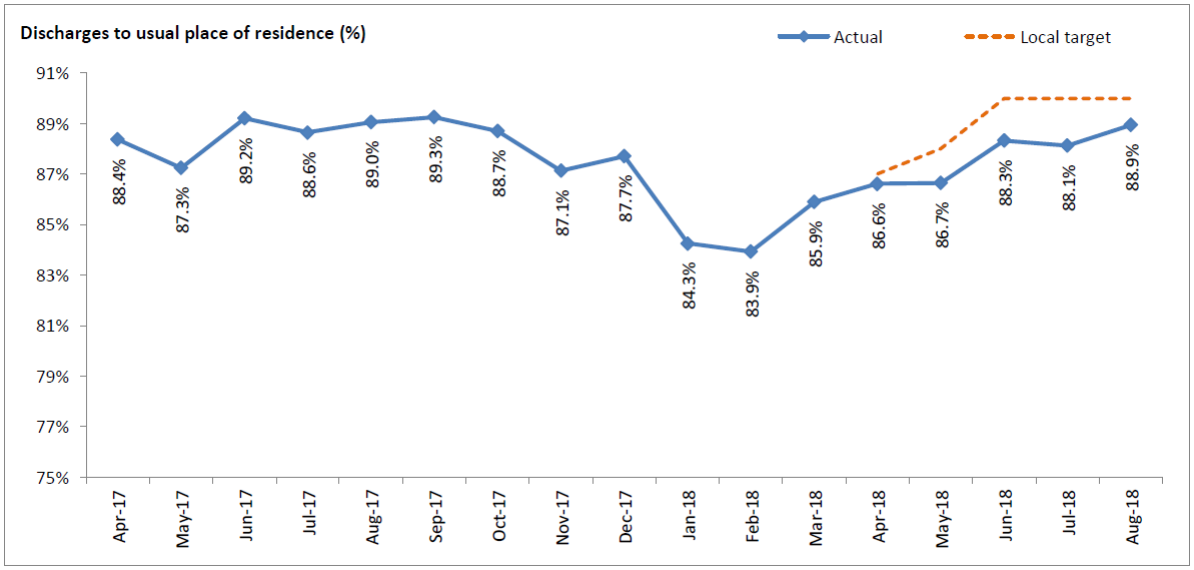
The percentage of discharges which take place before midday, which following an improvement in July declined in August 2018:



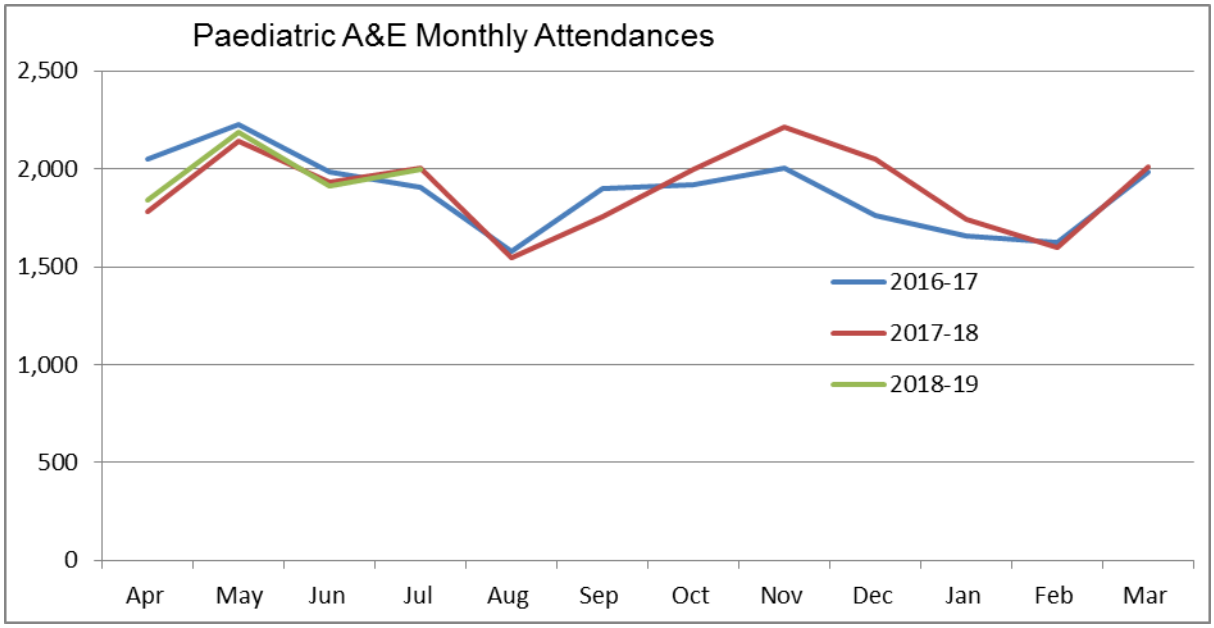
There are a number of actions underway by Bolton FT to improve the metrics above. These include the targeted work supported by ECIST within the A&E team to ensure appropriate early decision making along with the continued work to embed SAFER principles on the wards to support improved flow and bed availability.

Daily referrals to the Home First Team and the percentage of patients being discharged to their usual place of residence have again seen further improvements as demonstrated below, along with a reduction in ambulance arrivals, a slight reduction in non-elective length of stay, and continuation of DToC numbers remaining below 20:





The focus for Paediatric A&E is on the avoidance of unnecesary attendances and admissions. The below graph shows that attendances in July were comparable to 2017 and a reduction is expected to be seen in the August data:



Recovery

Current Outcome: Failing 95% target.

Expected Outcome: Performance in 2018/19 Q1 finished at 83.4%. Q2 of 2018/19 has seen an improvement on this with performance to date of 85.7%.

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 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	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018
High Level Performance															
High Level Performance	**Ambulance response times** (Bolton CCG position)														
	Category 1 calls Average response time	AM016	Average response time (mm:ss)	09:16	09:22	09:55	10:29	10:56	09:52	09:21	09:03	07:51	07:43	07:51	07:44
	Category 2 calls Average response time	AM017	Average response time (mm:ss)	26:06	30:22	30:14	40:24	1:01:18	49:16	44:20	40:38	23:38	28:39	28:47	34:15
	Category 3 calls 90th centile response time	AM018	90th centile response time	1h 45m	2h 37m	2h 20m	2h 17m	3h 6m	4h 1m	3h 43m	4h 23m	2h 21m	3h 9m	3h 45m	4h 17m
	Category 4 calls 90th centile response time	AM019	90th centile response time	1h 57m	2h 23m	2h 26m	2h 29m	3h 9m	2h 38m	3h 3m	3h 17m	2h 56m	2h 53m	2h 34m	4h 8m

Performance in 3 out of 4 categories declined from June to July with Category 4 significantly reducing.

CCG colleagues continue to work with NWAS to ensure appropriate feedback and learning is gained from incidents, though the number of reported incidents has reduced in line with the improved performance.

Bolton CCG are also working with GMHSCP to support the developments of alternative commissioning of services to manage some of the low acuity 999 calls in the future. CCG Board will be updated in future meetings of the progress being made against this.

Recovery

Current Outcome: NWAS are failing against the majority of new ARP targets, with performance in three out of four categories decreasing further in July. NWAS

representatives have been asked to attend the Urgent and Emergency Care Board meeting in October to present their current and planned improvement activities.

Expected Outcome: Further 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 December 2018, which has slipped from the original estimated timescale of September.

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%).

July 2018 performance fell short of the 90% target at 84.7% and is a noticeable deterioration on June performance of 89.5%. YTD the target has not been met at 87.46%.

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.

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 July 2018 at 84.7% 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 quarter 2 of 2018/19.

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 has slightly improved in July 2018 with 4 new reportable individuals placed outside the GMMH footprint compared to 8 the previous month. The 2017/18 year baseline position was 75 acute OAPs.

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 4 new individuals placed out of GMMH in July were due to a lack of Psychiatric Intensive Care Unit beds (PICU) and acute bed availability across the GMMH footprint. Beds required continued to be primarily female though demand for male versus female beds, and acute versus PICU continues to fluctuate and it is difficult to predict future demand. Admissions were a combination of informal and detained under sections 2 or 3 of the Mental Health Act following gate keeping by the Home Based Treatment Team.

Whilst there are ongoing data issues, there is a GM work stream in progress and going forwards it is expected there will be a GM OAPs report in Tableau which should resolve the previous issues between provider / CCG information not aligning.

The pressures on A&E and wider implications for mental health which have resulted in increased OAPs was discussed at the September Urgent and Emergency Care Board and the following initiatives were highlighted as being in place to support current demand.

Service Developments – Inpatients

- All Age RAID and A&E diversion **–** element in place and is successfully diverting 50% of people away from the onward hospital care. Sanctuary model being reviewed.
- Additional male acute bed capacity – Maryfield (GMMH footprint – provided by ASC HealthCare). Commenced early August and has positively impacted on reduction of additional male acute OAPs.
- Honeysuckle Lodge – specialist in-patient rehabilitation service for women with complex needs.

- Flow and Capacity admin in place, GMMH bed bureau in development, review of acute care pathway underway by GMMH project manager.

Service Developments – Community

- AMHP Hub – 7 day cover.
- 24 hour clinically supported accommodation – increased local provision.
- Shared Lives – increasing MH/LD placement numbers.
- Review of women's supported accommodation – Holly Court.
- Social care developments/providers with a range of social support including new 24 hour provision coming on line.
- New Lane – function being reviewed to move away from rolling respite towards admission avoidance/discharge to assess.
- Scoping dementia high needs/local demand – in conjunction with the Council / GMMH.

Greater Manchester Service Developments

- GM OAPs work stream in progress to reduce acute OAPs based on NHS England trajectory.
- Control room triage GMP – official launch October 2018.
- Personality Disorder (PD) pathway – GM meetings in progress. Local scoping of current provision/demand/pressures/gaps – chaired by GMMH.

Prevention / Early Intervention

- Public health mental health needs assessment being updated.
- Early intervention – Mental Health Practitioners, voluntary sector options (Silverwellbeing, help desk)
- Training / Education sessions for GMP – with aim of rolling out to wider emergency services

It should be noted that there is a significant amount of provision being facilitated across the locality and Bolton is at the forefront of new ways of working to positively impact on the reduction of acute OAPs.

Recovery

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

Expected Outcome: Month on month reduction expected.

Timescale for Recovery: Improvements will continue to be seen over the next 2-3 months as a result of the collaborative actions being undertaken. At the time of writing this report there had been no new OAPs placed during the month of September.

Lead Commissioning Manager: Rachael Sutton

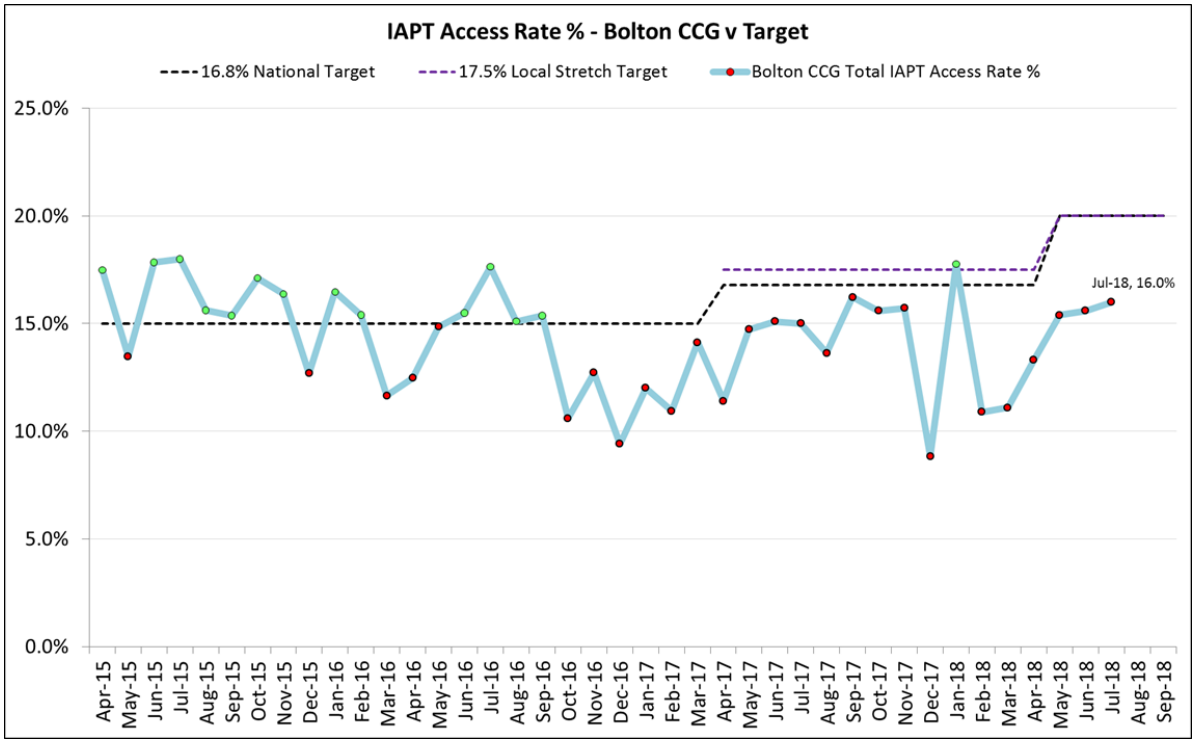
Exception Report and Recovery Plan: Improving Access to Psychological Therapies

Performance

Access rate performance was 16% prevalence in July 2018 which is below the national requirement of 16.8% (March 2018), which increases to 19% by the end of March 2019. Additionally there remains a local stretch target of 20% by the end of March 2019 (currently 17.5% interim target). Steady improvements have been seen from April's performance of 13.3% to July's performance of 16%.

Latest Update

As outlined above, performance is gradually improving. The chart below shows the variable performance of the CCG against this target over the last 3 years:



An incremental improvement in prevalence has been seen in month and GMMH are now fully staffed. A GM assurance meeting was held in September for the GMMH footprint commissioners, and whilst it was noted referral to treatment targets and recovery figures are consistently above the national targets, access rates remain lower than neighbouring boroughs. However other localities whilst experiencing higher numbers of referrals have longer waiting times and poorer outcomes.

In order to maintain a robust model but improve prevalence without lengthening waits for treatment the following actions are in progress:

- GP access rates are being refreshed by BI so a targeted approach can be made to support/educate practices underutilising the local IAPT offer by GMMH.

- Self referrals – GMMH are circulating information about the new PCMIS data system which has improved opportunities for self referrals.
- Attrition rates are being addressed within GMMH and 1 Point with a concentrated approach to those opting in to the service then not attending appointments, or not opting in following referral. 1 Point have contracted in practitioners from their partner agencies on a short term basis which has significantly reduced those already in the system waiting for appointments and enabled the ability to offer increased therapy capacity but will also have a positive impact on available slots for those who may not have taken up the service offer initially.
- Bolton FT – work continues to try and establish any gaps in psychological interventions attached to physical health services in order to establish the local IAPT offer and to support individuals with Long Term Conditions. Further links have also been made in the community with the primary care mental health practitioners and MSK practitioners to ensure any appropriate patients are sign posted to IAPT.
- Other focused groups – work is in progress with Bolton University and local colleges to increase awareness of the IAPT service. The perinatal offer is being firmed up to offer a more flexible approach where required and ensure rapid access as outlined in the current specification. Links have also been made to older people's services and BAME groups to increase uptake as these are parts of the local population currently under represented.
- Silverwellbeing service – numbers continue to grow and this service has been a valuable addition to the local emotional wellbeing pathway, particularly for those unwilling or who perceive themselves as unable to access standard NHS services. There has been positive take up from health and social care staff, and work continues to engage emergency service professionals who may not be accessing support within their own organisations. Whilst all of the Silverwellbeing activity does not constitute IAPT, the service has enabled increased choice and a wider range of lower level psychological support for the population and other areas are now enquiring how they can replicate this model.

Recovery

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

Expected Outcome: Performance did not reach the expected level in July but increases have been achieved alongside significant additional TF investment with the aim of 19% being met by the end of March 2019.

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.

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Non-elective Length of Stay

Performance

In July, non-elective length of stay (LoS) was marginally above plan at 4.7 days compared to a target of less than 4.61 days. This is the same position as June 2018. Delayed transfers of care (DToCs) have continued to reduce at 2% against 2.9% in June.

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 approach trialled in respiratory (wards D1 and D2) was rolled out to B1 and a pilot elective ward. The MDTs are now supported from the Integrated Discharge Team.
- The discharge to assess process has been agreed and this was rolled out for people being discharged home (Pathway 1) from March 2017. Access to the pathway is via the Home First team in A&E, acute therapy teams and on wards D1/2 and B1.
- DToCs in July 2018 reduced to 2% of the occupied bed base (against a target of <3.3%) 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 marginally failed to meet the target for July 2018; however DToCs have achieved the target in July for the second consecutive month.

Expected Outcome: Non-elective LoS has shown no improvement in month and has remained the same however achievement at Bolton FT is expected to continue over Q2 and Q3 as improvement work across acute and community services are operationalised and embedded.

Timescale for Recovery: Non-elective length of stay is expected to meet target or stay closely within it from Q2. Sustained monthly achievement of the target is required to ensure year end performance achieves the target of <4.61.

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 July 2018 there were 229 calls received of which generated 202 ambulance callouts attending a Bolton Care Home. In June 2018 was 181 callouts attending care homes. This represents an increase of 11.6% compared to previous month however ambulance call outs are 21% above plan YTD.

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 20 homes (65%) used the service YTD (April-July) 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

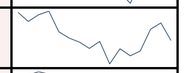
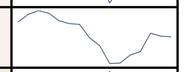
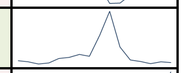
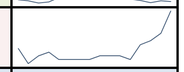
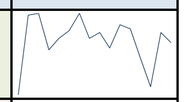
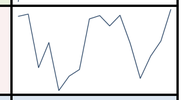
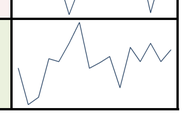
Current Outcome: NWAS ambulance callouts to care homes are 21% above plan YTD.

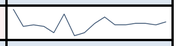
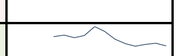
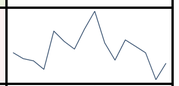
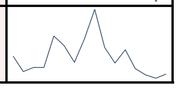
Expected Outcome: The forecast for 2018/19 is estimated to be 4.4% above the baseline position of 2017/18.

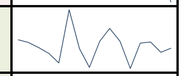
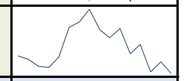
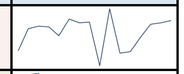
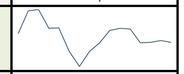
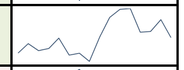
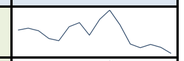
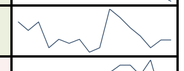
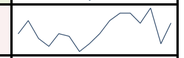
Timescale for Recovery: The schemes are beginning to mature after several months of rollout and activity is slowly increasing however recovery is not expected to be seen until later in quarter 3.

Lead Commissioning Manager: Paul Beech

NHS BOLTON CCG EXCEPTION REPORT

Indicator Reference and Description	Target	Jun 2017	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	2018/19 YTD	Trend
BOLTON CCG																		
Commissioning	**RTT**																	
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	79.4%	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%	78.0%	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	90.8%	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%	89.2%	
Patients on an Incomplete pathway	92%	93.0%	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%	90.7%	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	0.7%	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%	0.96%	
Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	0	3	4	2	2	2	2	3	3	3	2	32	6	7	9	15	37	
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%	98.80%	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%	96.60%	
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	44.70%	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%	64.80%	
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%	99.10%	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%	99.20%	
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94.0%	95.20%	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%	100.00%	
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%	100.00%	99.60%	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%	97.30%	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%	100.00%	
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%	92.20%	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%	91.80%	
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.0%	100.00%	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%	77.10%	
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)		72.70%	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%	89.00%	

	Indicator Reference and Description	Target	Jun 2017	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	2018/19 YTD	Trend
Quality and safety	Mixed sex accommodation breaches - Bolton FT																		
	Zero tolerance MSA breaches	0	11	10	6	18	4	6	12	16	11	11	136	12	12	11	13	48	
	HCAI-Healthcare Associated Infections																		
	CDIFF-Post 72 hrs (Hospital)	18	1	6	3	5	2	1	2	1	1	2	30	0	1	1	4	6	
	MRSA-Post 48 hrs (Hospital)	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	1	1	
	Serious Incidents and Never Events																		
	Serious Incidents	0	2	0	2	0	1	2	2	2	4	2	20	4	2	2	3	11	
	Never Events	0	0	0	0	0	0	0	0	0	1	0	2	0	1	0	0	1	
	Falls and Incidents - Bolton FT																		
	Falls with at least moderate harm - Moderate	0	0	2	3	2	1	1	1	3	0	1	15	1	4	0	1	6	
	Falls with at least moderate harm - Severe	0	0	1	1	2	2	1	0	4	3	0	16	0	0	2	0	2	
	Medication Incidents	<100	94	100	122	152	130	126	112	141	116	123	1430	160	151	145	145	601	
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%	84.70%	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%	84.00%	
	Category A ambulance calls - NWAS 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	08:05	
	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	13:42	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	235	199	364	319	285	371	449	312	238	326	3613	299	270	154	224	947	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	83	82	226	183	106	212	348	173	102	163	1875	77	48	33	51	209	

	Indicator Reference and Description	Target	Jun 2017	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	2018/19 YTD	Trend
Childrens and Maternity	**Childrens and Maternity**																		
	% Completed Bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	88.60%	89.00%	90.20%	93.40%	89.90%	91.70%	93.80%	89.30%	89.60%	85.70%	90.57%	86.10%	89.60%	89.50%	84.70%	87.46%	
	% of Admissions to E5 from A&O	<40%	31.60%	30.60%	28.90%	38.30%	31.40%	28.10%	32.70%	35.00%	32.70%	27.90%	31.89%	32.40%	32.60%	30.80%	31.50%	31.83%	
	% Conversion rate from A & E attendance to F5		8.30%	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%	8.60%	
Mental Health	**Mental Health**																		
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	19% by March 2019	15.1%	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%	15.1%	
	IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50.0%	65.3%	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%	56.8%	
	RAID (% of AE Emergency referrals assessed within 1hr)	75.0%	72.3%	73.3%	78.0%	70.2%	71.1%	67.5%	78.5%	87.3%	90.9%	91.3%	77.2%	80.6%	80.9%	86.3%	78.3%	81.5%	
	Out of Area placements (New)	0	5	2	3	12	14	10	8	12	2	4	75	4	4	8	4	20	
Integrated and Community Care	**Integrated and Community Care**																		
	DTOC as a percentage of occupied bed base - Bolton FT position	3.3%	5.4%	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%	2.0%	2.8%	
	Non Elective Los	<4.61	5.1	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	4.7	
	Pressure ulcers in Community	Reduce	10	7	12	11	5	8	12	17	20	20	151	16	22	8	16	62	
	Non Elective Admissions due to falls (Community - harm free care)	<15 per month	5	12	14	10	10	12	11	20	17	10	154	19	17	23	13	72	
	Ambulance call outs to care homes	<1,990	200	172	210	216	207	218	252	318	234	274	2656	179	198	181	202	760