

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

AGENDA ITEM NO:10.....

Date of Meeting:8th March 2019.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Maguinness – Director of Transformation Melissa Surgey – Head of Planning, Performance and Policy Francesca Dean – Programme Manager 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 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

1 Introduction

- 1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of December 2018 (month 9).
- 1.2 Sections 2 and 3 provide highlights of performance against key commissioning and quality and safety performance indicators.
- 1.3 Exception reports and recovery plans for indicators which under-performed in September are included in Appendix 1. Performance against all key performance indicators is included in Appendix 2.

2 Performance Summary: Commissioning

- 2.1 Elective care remains an area of pressure for the Bolton health economy. Performance against the 18 week referral to treatment (RTT) target for patients on an incomplete pathway has remained consistent for Q2 and Q3, however below the national target of 92% at 90.1% year to date (YTD). The national requirement to reduce the waiting list size year on year (March 2018 to March 2019) is posing a significant challenge in the current climate of increased demand and limited additional capacity. In December 2018, the waiting list size at CCG level increased to 23,641 compared to the March 2018 baseline of 22,640. The CCG is working with Bolton FT to understand requirements for additional capacity and the actions required to operationalise this. The CCG is also seeing significant increases in the number of Bolton patients awaiting treatment at Manchester FT and Salford Royal.
- 2.2 Following a period of recovery throughout the end of Q2 and Q3, the standard for patients waiting less than 6 weeks for diagnostic tests failed in December at 1.9% against a target of <1%. YTD, the CCG is marginally failing this target at 1.03%. This is largely due to waiting times for echocardiography (ECG). A recovery plan is in place to rectify this from March 2019.
- 2.3 The two week wait target for symptomatic breast patients (cancer not suspected) has continued to underperform in December for the third month running. This follows a period of recovery throughout Q2. Performance YTD is below target at 76.4% and is unlikely to achieve the 93% target at year end. Previously reported workforce and demand issues continue to challenge the service however the CCG and Bolton FT are confident in actions being taken to mitigate risk and ensure no patients come to harm as a result of this.
- 2.4 IAPT access performance has been maintained at 17.5% in December, sustaining an improvement throughout Q3 and meeting the local stretch target of 17.5%. However, YTD performance remains below target at 15.6% following the prolonged period of underperformance earlier in the year. A recovery plan has been agreed between the CCG and GMMH to achieve the national 19% target by March 2019 and is being monitored accordingly.

- 2.5 Mental Health Liaison Service (MHLS) performance has deteriorated in December to 72% against the target of 75%, although YTD performance remains well above this at 80.2%. This follows a sustained period of strong performance following investment in All Age MHLS services in Bolton. Underperformance in December was due to the MHLS seeing on average >1 referral per day, higher numbers than anticipated. In addition, there have been capacity level issues within the wider MHLS team. Performance is expected to improve as MHLS staffing issues have been resolved.
- 2.6 Bolton CCG achieved zero out of area placements (OAPs) for acute mental health in December for the first time. The number of OAPs has been decreasing since summer 2018 following a particular focus on avoiding placing patients out of area and improving the range of provision available locally, including investment in Honeysuckle Lodge, an inpatient unit for female patients.
- 2.7 Improvements in non-elective length of stay and delayed transfers of care (DToCs) have been sustained in December, representing achievement against target for all of Q3. This follows significant efforts by all health and care partners to improve patient flow and discharge to an appropriate setting; and is testament to this work that improvements have been sustained in the challenging winter months.

3 Performance Summary: Quality and Safety

- 3.1 There were 2 Bolton FT-apportioned Clostridium Difficile (C.Diff) infections and no MRSA cases in November 2018. Year to date (YTD), Bolton FT are within trajectory for C.Diff infections. The MRSA target is zero cases in 2018/19, however Bolton FT have documented one case YTD in July 2018.

The numbers are less than in 17/18 but there will be an update on these cases at the March Infection Prevention and Control Collaborative. There will also be a focus on Gram Negative Bloodstream Infections and the implementation of national initiatives.

- 3.2 There were 18 mixed sex accommodation (MSA) breaches at Bolton FT in December 2018. This is an increase on the previously low levels of MSA breaches in September and October, but still represents improvement on the high number of breaches earlier in 2018/19. The increase in December is likely reflective of increased pressures upon the FT as the system moves into the winter months.

4 Recommendations

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

Melissa Maguinness – Director of Transformation

5th March 2019

APPENDIX 1

Exception Report and Recovery Plan: Referral to Treatment Incomplete Pathway

Performance

The key performance measure for elective care is the 18 week referral to treatment (RTT) standard. This is monitored through the incomplete pathway standard with a threshold in place of no greater than 92% of total patients, to have waited more than 18 weeks.

This standard has failed at CCG level since September 2017, with the December 2018 performance having achieved 88.9% against the 92% threshold. This is a 0.9% deterioration in performance compared to the November 2018 position, however performance has been relatively consistent throughout 2018/19. The YTD position continues to fail the standard at 90.1%

Latest Update

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

Elective performance at Bolton FT has been significantly impacted by urgent care pressures, and cancellation of elective activity has been necessary in order to meet urgent demand. Due to the challenges faced throughout the winter months, there is a risk that RTT performance will further decline, and the December 18 position would support this.

The Bolton health economy has agreed that treating patients on elective waiting lists continues to be a priority and, as such the CCG has agreed to fund activity over and above that included in the acute contract, in order to treat those patients having waited more than 18 weeks. Additional capacity has been delivered since June 2018 to support the achievement of RTT and reduce long waiting patients. Waiting lists are currently being closely monitored, with a December 18 position of 23,641 patients on an incomplete pathway, against a target of 22,640.

The CCG and Bolton FT continue to work together to address underlying issues driving deteriorating performance.

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

Recovery

Current Outcome: This standard has been failed for November 2018 at 89.8% against a threshold of 92%. The YTD position is also failing at 90.2%.

Expected Outcome: This standard continues to be at risk throughout the remainder of 2018/19 and will not recover in this financial year

Timescale for Recovery: A detailed trajectory demonstrating elective impact, performance improvement and overall RTT recovery timescale is awaited from Bolton FT. Elective care capacity and demand is also being reviewed as part of the 2019/20 planning round.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: 2 Week Wait Breast Symptomatic

Performance

Performance against the two week wait symptomatic breast target (where symptoms do not initially suggest cancer) has failed in December 2018, with a performance of 63.4% of patients seen within 2 weeks of referral, against a threshold of 93%.

The year to date performance is currently at 76.4%.

Latest Update

A significant decrease in performance is noted this month compared with November performance of 92.1%

Throughout 2017/18, and with agreement from the CCG, the FT has been prioritising breast patients on the 2 week wait pathway where cancer is suspected. While performance against this standard had recovered for some months in 2018/19, this deterioration in performance is largely attributable to continued increased demand to the BFT Breast Unit. While some of this increased demand is from Bolton CCG, it is noted that a more significant proportion is from out of area CCGs, with the unit having seen a 26% increase in referrals this year compared to last year.

The joint FT and CCG Quality and Performance group continue to monitor performance and any implications for clinical quality. The BFT Breast Unit have advised this group that every referral to the Bolton Breast Unit is triaged, on a daily basis, by a consultant surgeon, an associate specialist surgeon or an advanced nurse practitioner. If this triage prompts any concern regarding a non-urgent referral having symptoms or risk factors for breast cancer, then the patient is brought forward and treated as a 2WW urgent referral. The Breast Unit clinical team have provided assurance that failing to meet this standard does not pose a clinical risk.

Recovery

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

Timescale for Recovery: A recovery plan has been requested from Bolton NHS FT

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Diagnostic Test Waiting Times (DM01)

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 marginally failed in December 2018 at 1.9% against a threshold of 1%.

It should be noted that Bolton NHS FT - as the main provider of diagnostics for Bolton patients, achieved the target in from March 2018.

Latest Update

The overall failure of this standard for December 2018 related to 88 patient breaches of a total of 7,837 procedures.

The majority of breaches were at BFT with 74 patients (out of 3,233) waiting over 6 weeks. At specialty level the majority of the breaches were noted within Cardiology (55), Scopes (12), Neurophysiology (3) and Urodynamics (2). A recovery plan for Cardiology (Echo) has been implemented by Bolton NHS FT, with performance recovering from February 2019. Work is ongoing between the CCG and BFT to understand any changes in demand for echo which may be affecting performance.

Breaches at Manchester University Foundation Trust, Salford Royal FT and Pennine Acute accounted for 11 of the remaining 14 breaches.

Recovery

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

Expected Outcome: The CCG overall performance is expected to recover in Q4

Timescale for Recovery: Recovery plans are on track and achievement of the standard at Bolton NHS FT is expected to be delivered from February 2019. The CCG continues to liaise with the lead commissioners for other providers, most notably SRFT and MFT, regarding their diagnostic performance.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Maximum 31 Day- Surgery Treatment

Performance

The key performance indicator measures the wait for subsequent treatment, where the treatment is surgery.

The position failed to reach the target in December, and is 81.3%. The year to date position is achieved at 98.1% (of a threshold of 94%).

Latest Update

This is the first month this standard has been failed since in 2018/19, and relates to a total of 3 patients out of 16. This standard is consistently met at CCG level, and there are no identified issues related to achievement of this target. Recovery is expected from January 2019.

Recovery

Current Outcome: This standard has failed in December at 81.3%

Expected Outcome: This standard is expected to be met from January 2019

Timescale for Recovery: January 2019

Lead Commissioning Manager: Jen Riley

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

Performance

A&E 4 hour performance (target 95%) for January 2019 was 82.4% which is a small improvement in performance from December 2018 (81.3%). Unfortunately this has deteriorated in February 2019 with the performance validated at the end of the month as 79%.

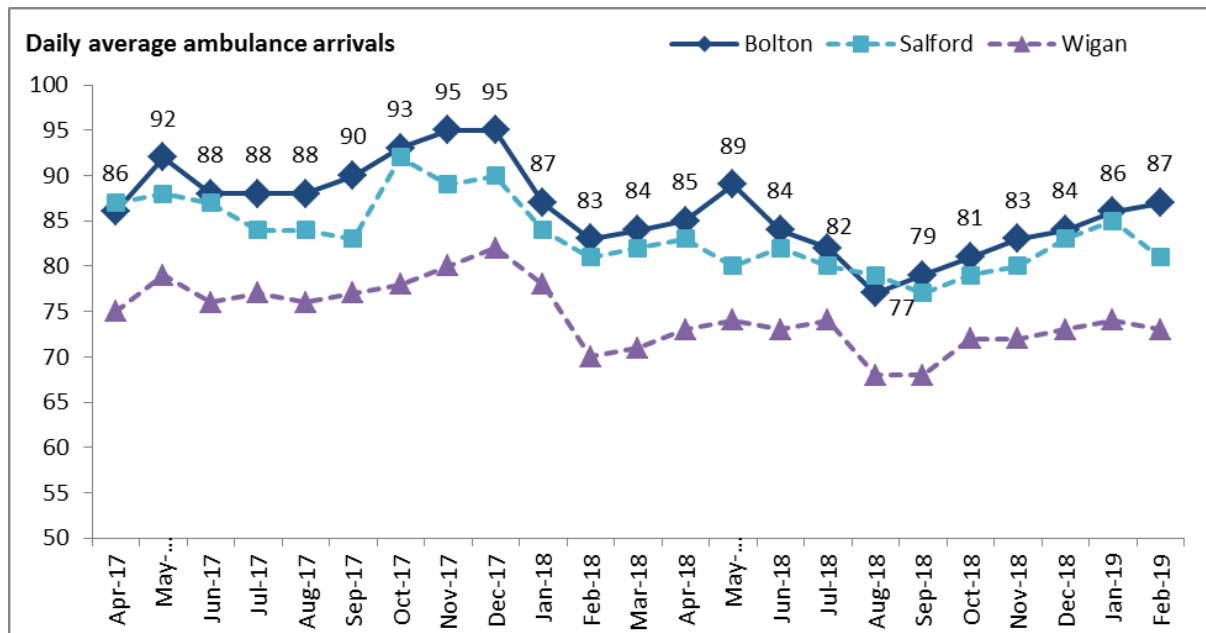
Latest Update

Ass CCG Board is aware, there is daily continual monitoring of the A&E performance and assurance is sought regularly from all providers involved. Key factors contributing to the performance in January and February 2019 have been the impact of a Norovirus outbreak at Royal Bolton Hospital impacting on bed capacity and a rise in A&E attendances, with January 2019 seeing an 8% rise compared to January 2018 and February 2019 experiencing 13.6% rise compared to February 2018.

The Urgent and Emergency Care Board (UECB) continues to monitor 9 high impact metrics, attributable to supporting the improvement of the A&E 4 hour target.

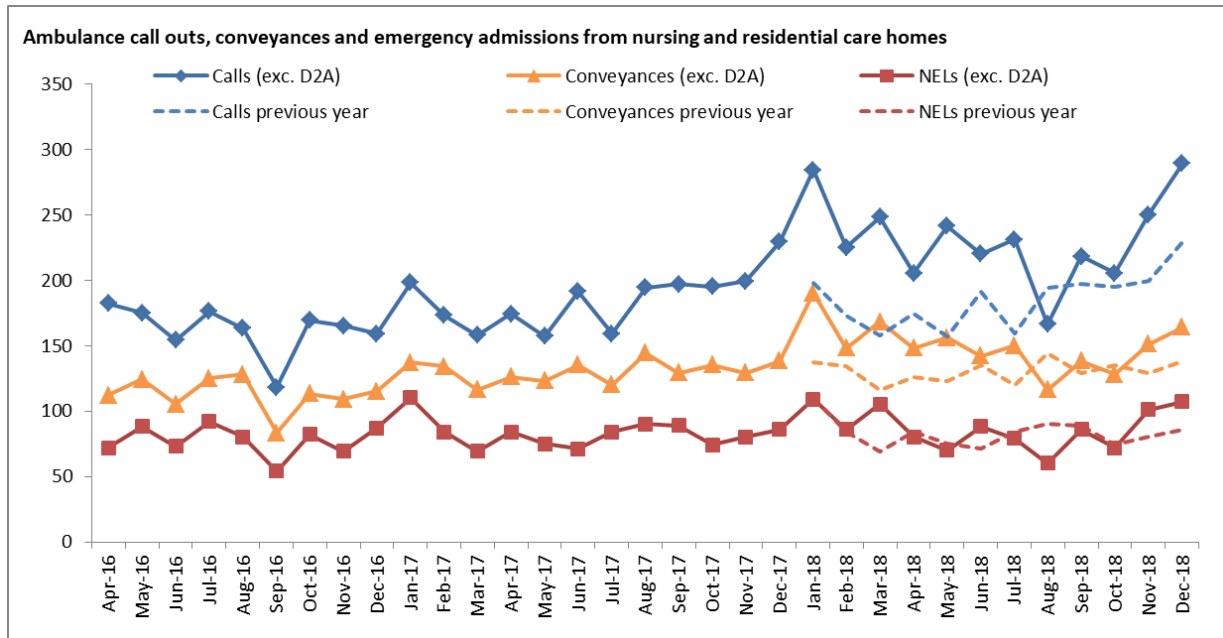
Of the identified high impact areas, improvements are being seen in some of the indicators, however the exceptions to this improvement are as follows:

Daily average ambulance arrivals have steadily increased each month since August 2018, with the comparison between Bolton, Wigan, and Salford hospitals being shown in the chart below:

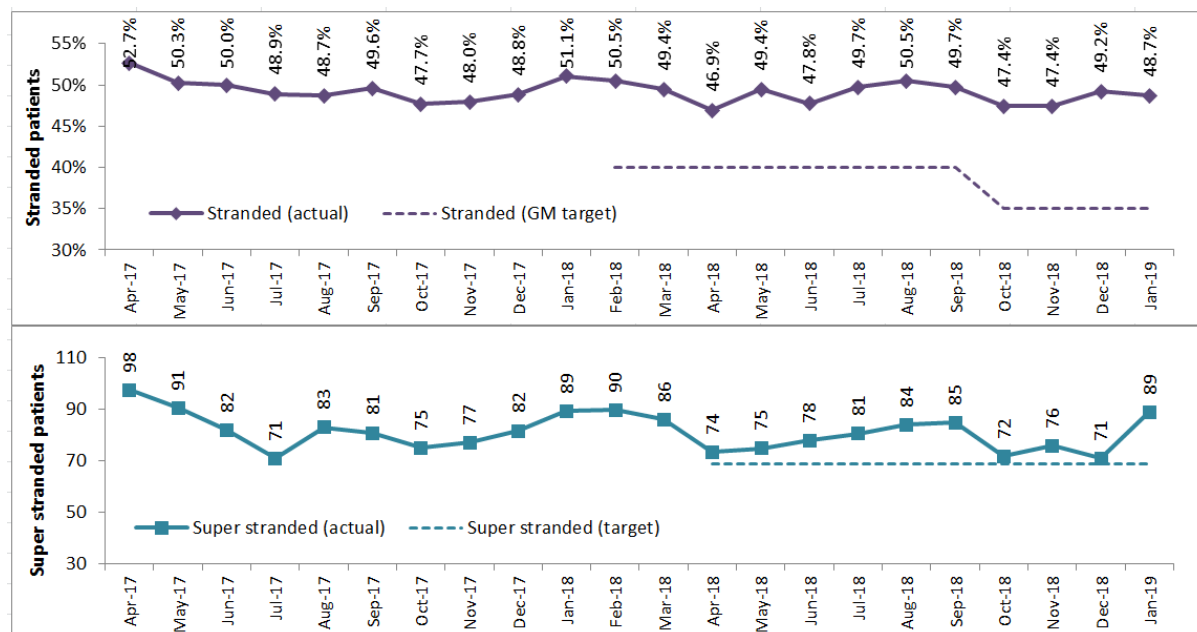


The UECB are working with NWS and the GM Hub, to understand the reasons behind this and to seek actions for improvement.

Ambulance call outs to nursing homes and residential care homes have seen large increases in November and December, with calls made in December being the highest levels since April 2016, despite initiatives that have been introduced across the system to reduce these.



Stranded and Super Stranded patient levels, remain above target with super stranded numbers in January reaching the highest numbers since February 2018.



There are a number of actions underway by Bolton FT to improve the metrics above and exception reporting is taking place through the UECB.

In addition to this, Bolton FT is providing CCG Board with further insight, as part of this meeting agenda.

Recovery

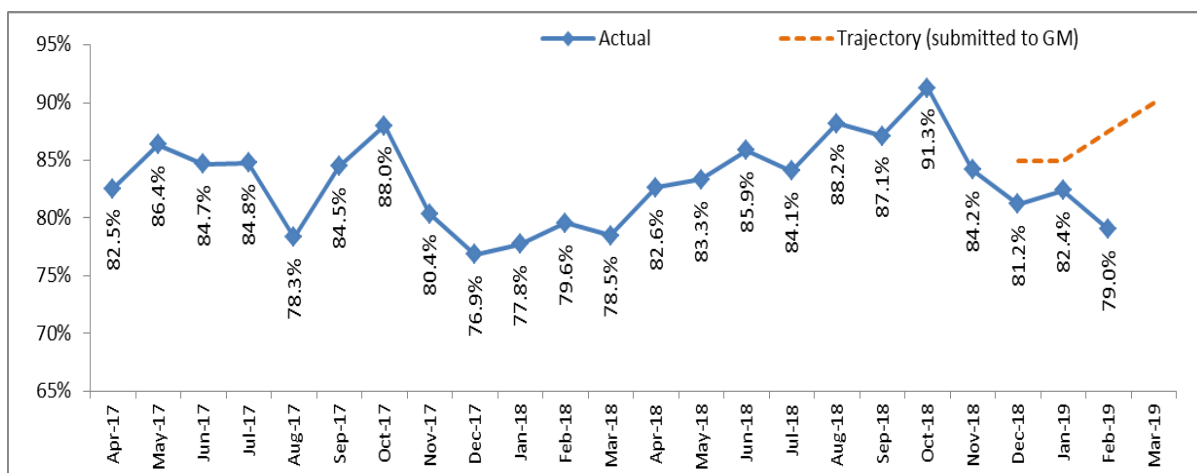
Current Outcome: Failing 95% target.

Expected Outcome: Performance in 2018/19 Q3 finished at 85.4%, a slight reduction on Q2 (86.0%). Performance within Q3 initially saw an improvement on Q2 due to improved performance in October, however this reduced through November and December. Performance for Q4 to date is currently at 80.5%.

Timescale for Recovery: A trajectory for improvement has been set and agreed with NHSI and the GMHSCP. This is shown below.

A&E trajectory	Dec-18	Jan-19	Feb-19	Mar-19
	85.0%	85.0%	87.5%	90.0%

The following chart shows progress against this trajectory.



Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: Ambulance Performance

Background

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

There are six key targets:

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

Performance

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

Indicator Reference and Description	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019
Ambulance response times	(Bolton CCG position)									
Category 1 calls Average response time	07:50	07:43	07:51	07:44	07:07	07:15	07:19	07:20	07:19	07:08
Category 2 calls Average response time	27:35	28:39	28:47	34:15	25:47	25:29	28:01	29:30	29:17	34:05
Category 3 calls 90th centile response time	3h 8m	3h 9m	3h 45m	4h 17m	3h 4m	3h 18m	3h 17m	3h 26m	3h 7m	3h 43m
Category 4 calls 90th centile response time	2h 43m	2h 53m	2h 34m	4h 8m	2h 55m	3h 39m	3h 56m	2h 56m	3h 11m	3h 51m

Performance in all four categories failed to meet the required standards in December and January, with only category 1 showing signs of improvement.

Bolton CCG continues to work with GMHSCP to support the development of alternative commissioning of services to manage some of the low acuity 999 calls in the future.

NWS have reported to the Urgent and Emergency Care Board a number of local initiatives that are being implemented to support the improvement of performance. These include introducing the 'Make Ready' models, allowing crews to react in a timelier manner when accessing the vehicles, utilising the ambulances stations and the capacity of vehicles at the different stations in a more effective manner and the realignment of the fleet reducing the number of rapid response vehicles, replacing them with double-crewed ambulances.

In 2018/19 to date, 22.61% of all 999 calls in Bolton have been treated at the scene (not conveyed), and a further 17.65% are onward referred or discharged from the initial telephone call (not attended or conveyed). We are currently working with NWAS and other providers to improve this performance further.

A request has been made to NWAS and Blackpool CCG as the lead commissioners to attend CCG Board in April 2019 to give further insight into the reasons for failing performance and the improvements and action plans that are in place.

Recovery

Current Outcome: NWAS are failing against the ARP targets in all four categories.

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

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

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: Ambulance Performance

Background

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There are six key targets:

- Category 1 - mean response time of 7 minutes,
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Category 3 calls 90th centile response time	3h 8m	3h 9m	3h 45m	4h 17m	3h 4m	3h 18m	3h 17m	3h 26m
Category 4 calls 90th centile response time	2h 43m	2h 53m	2h 34m	4h 8m	2h 55m	3h 39m	3h 56m	2h 56m

Performance in 3 of the 4 categories failed to meet the required standards in November, with only category 4 showing improvement from October.

Bolton CCG continues to work with GMHSCP to support the development of alternative commissioning of services to manage some of the low acuity 999 calls in the future.

NWS have reported to the Urgent and Emergency Care Board a number of local initiatives that are being implemented to support the improvement of performance. These include introducing the 'Make Ready' models, allowing crews to react in a timelier manner when accessing the vehicles, utilising the ambulances stations and the capacity of vehicles at the different stations in a more effective manner and the

realignment of the fleet reducing the number of rapid response vehicles, replacing them with double-crewed ambulances.

In 2018/19 to date, 22.61% of all 999 calls in Bolton have been treated at the scene (not conveyed), and a further 17.65% are onward referred or discharged from the initial telephone call (not attended or conveyed). We are currently working with NWS and other providers to improve this performance further.

Recovery

Current Outcome: NWS are failing against the ARP targets in three of the four categories in November 2018.

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

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

Lead Commissioning Manager: Gill Baker

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

Performance

This performance metric has been subject to scrutiny and an improvement plan during the last 18 months. Overall performance during the past 12 months has been variable. The target was met overall for the 2017/18 financial year (90.57%), however performance deteriorated slightly for both Q1 (88.3%), Q2 (87.6%) and Q3 (85.9%) of 2018/19.

December 2018 performance fell short of the 90% target at 88.3% however; there was a noticeable improvement on both October (82.7%) and November (86.8%) performance. The Year to Date (YTD) the target has not been met at 87.1%.

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

Latest Update

Work continues to review each case where the pregnant patients did not contact midwifery prior to 12+6 weeks. GP practices are being asked to encourage patients to book with a midwife once pregnancy confirmed. Bolton FT will also continue to promote to women the acceptance of direct referrals to midwives.

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

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

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

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

Recovery

Current Outcome: Failed for December 2018 at 88.3% 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 Q4 of 2018/19.

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

Lead Commissioning Manager: Joanne Higham

Exception Report and Recovery Plan: Improving Access to Psychological Therapies

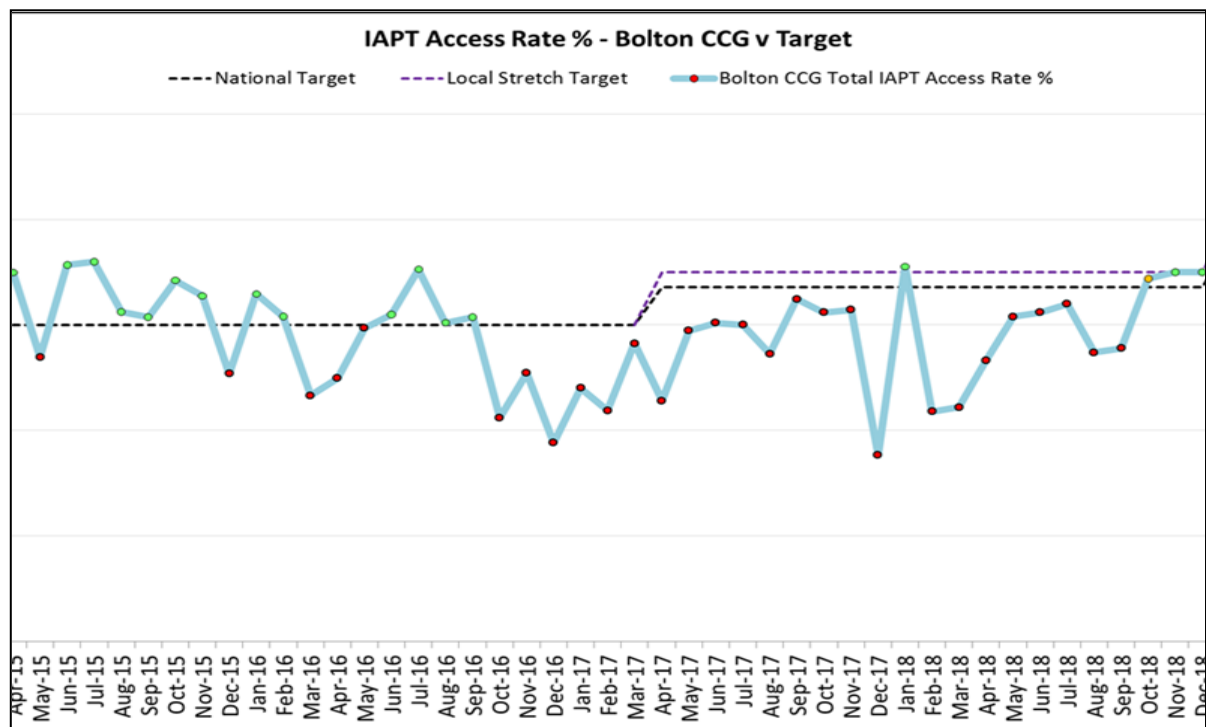
Performance

Access rate performance achieved 17.5% prevalence in December 2018 which is in line with the national stretch target and remains on trajectory towards the 20% local stretch target by the end of March 2018/19. In addition, it should also be noted Bolton continues to exceed 75% referral to treatment target with performance at 86.4% being seen within the nationally required 6 weeks. Bolton also continues to consistently exceed YTD the 50% recovery target with a performance of 56.3%, and the 95% referral to treatment within 18 weeks at 99.9%.

Latest Update

The GMMH update to the November CCG Board included a comprehensive plan outlining actions to drive improvement in performance and a locally agreed trajectory towards achievement of the 20% access target by the end of 2018/19. The action plan continues to be monitored through monthly IAPT assurance meetings held between GMMH, 1 Point and commissioners, and covers the specific areas noted in previous performance reports listed on the action plan.

The chart below shows that the local planned trajectory was achieved in December 2018 which incorporated the prime provider model for IAPT and the positive contribution of the Silverwellbeing service which offers IAPT concordant services in addition to a range of wider primary care psychological interventions.



Recovery

Current Outcome: In line with local and national stretch targets for prevalence.

Expected Outcome: Performance is expected to continue to improve now the annual seasonal variation has passed, and this has been demonstrated by further improved performance seen in January 2019. The prime provider model continues to aim to hit the national target of 19% prevalence by the end of March 2019, and trajectories produced by GMMH have also incorporated the local stretch target of 20%, though this will be challenging to sustain without negatively impacting on waiting times between assessment/initial treatment appointment and further appointments once in therapy. There is also a significant risk of recovery rates dropping.

Timescale for Recovery: Increasing performance to meet the national target continues to be an immediate priority. Improvement has already been seen year to date in 2018/19 compared to the same position this time last year, with seasonal trends and staff sickness thought to be the reasons for a decline in performance in August and September.

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Mental Health Liaison Service (formerly known as RAID)

Performance

Performance has fallen slightly below the target of 75% of A+E emergency referrals being seen within 1 hour, for the first time since December 2017. The December 2018 data showed 72% of people were seen, reducing from 76.3% in November.

Latest Update

The impact of the All Age Mental Health Liaison service (MHLS) has been is now being realised. The issues remain that the MHLS are seeing on average >1 referral per day, higher numbers than anticipated.

The service has reported that on many occasions they have experienced a spike of children/young person's (CYP) activity which in turn means that any assessment generally takes a minimum of 4 hours to complete. In periods of high demand this has a significant impact on overall MHLS performance, not just emergency referrals. Whilst the A+E diversion practitioners support this function and all members of the team are now trained in use of the diversion tool, the high volume of both adult and CYP continues to put pressure on the system.

In addition there have been capacity level issues within the wider MHLS team. Current vacancies are being covered by a combination of increased hours of Home Based Treatment staff, agency and cross service cover. The CCG are in discussions with GMMH about the GM Core 24 monies which should add workforce capacity in to the system with additional psychiatric liaison nurse posts expected from April 2019. Recommendations are being made to the CCG Exec to fund diversion recurrently post transformation scheme.

Recovery

Current Outcome: Performance has fallen slightly below the national target.

Expected Outcome: Performance is expected to improve as MHLS staffing issues have been resolved, and recruitment completed, with new starters going through the relevant checks which should see the team fully staffed imminently.

Timescale for Recovery: January data is not yet available but early information suggests unprecedented demand on MHLS in the first two months of 2019. However the diversion team are aiming to be operational 24/7 once the team are fully staffed. The 12 month A+E diversion evaluation is being presented at the Mental Health Strategy and Planning meeting in March which should give an indication of expected performance for this element and the wider MHLS team.

Lead Commissioning Manager: Rachael Sutton

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 December 2018 there were 289 received of which generated 228 ambulance callouts attending a Bolton Care Home. This represents a 10.1% increase compared to previous month as in November 2018 there were 207 callouts attending care homes and 164 of these were conveyed to hospital. Year to date is currently 11.0% higher than the April to December 2017/18 baseline position.

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 28 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 26 homes (84%) have used the service YTD (April-December) 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).
- Falls coordinator is now in place to provide additional support to all care homes.
- A digital Falls Risk Assessment Tool named SafeSteps is being piloted across 6 Bolton care homes which is based on NICE guidelines for frequent reviewing of care home residents to identify and action any risks in addition to recording and reporting on new falls. Full rollout to the remaining homes should begin from April 2019.
- Training and support to all homes is being put in place through the Care Homes Excellence Group.

Recovery

Current Outcome: NWS ambulance callouts to care homes are 22.9% above plan YTD and 6.3% compared to baseline months from 2017/18

Expected Outcome: The forecast for 2018/19 is estimated to be 6% above the baseline position of 2017/18. Compared to 25% increase seen in the previous year.

Timescale for Recovery: The schemes are beginning to mature after several months of rollout and activity is slowly increasing however recovery is not expected to be seen until later in quarter 4.

Lead Commissioning Manager: Paul Beech

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

Performance

In December, non-elective length of stay (LoS) was 4.6 days compared to a target of less than 4.61 days.

Delayed transfers of care (DToCs) have increased to 2.2% against 2.0% in November which is still well below a target of 3.3%.

Latest Update

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

- Full implementation of the Integrated Discharge Team – which is now functioning as a single team with joint management arrangements and working to an agreed list of patients where daily actions are progressed to facilitate timely discharge.
- The multi-disciplinary team has a focus on those patients who are "stranded" through daily escalation meetings. Made events established and a sustained reduction in lost days achieved as a result
- Home First Team is in place within A&E- ongoing recruitment taking place to fill all substantive posts and hours extended to 8am-10pm. Direct therapy referrals into reablement via IMC bed base/D1/2/3/4 and B1 to reduced need for social work and IDT involvement

Recovery

Current Outcome: Non-elective LoS has just met the target for December 2018; and DToCs have achieved for December which has been the case for the two previous months. It has now met the target for 7 out of the 9 months in 18/19.

Expected Outcome: Non-elective LoS has slightly increased from the November position but has still met the target. Achievement at Bolton FT is expected to continue in Q4 as improvement work across acute and community services are operationalized and embedded.

Timescale for Recovery: Non-elective length of stay is expected to meet target or stay closely within it from Q4. Sustained monthly achievement of the target is required to ensure year end performance achieves the target of <4.61.

Lead Commissioning Manager: Paul Beech

NHS BOLTON CCG EXCEPTION REPORT

Indicator Reference and Description	Target	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	June 2018	July 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	2018/19 YTD	Trend
BOLTON CCG																		
Commissioning																		
RTT																		
Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	78.2%	80.7%	80.7%	75.4%	73.5%	79.2%	77.5%	77.0%	78.5%	79.0%	80.3%	78.1%	76.3%	78.8%	79.3%	78.3%	
Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	88.2%	88.8%	87.0%	88.2%	87.6%	89.1%	88.0%	89.7%	90.2%	88.9%	88.5%	88.3%	87.6%	85.5%	86.7%	88.2%	
Patients on an Incomplete pathway %	92%	90.80%	90.16%	88.72%	88.73%	89.39%	91.2%	89.7%	91.2%	90.9%	90.9%	90.2%	89.4%	89.7%	89.8%	88.9%	90.1%	
Waiting list - Patients on an Incomplete pathway denominator	<22,640	21,946	22,361	21,652	21,795	22,640	22,640	22,727	23,213	23,272	22,676	23,440	22,942	22,990	23,326	23,641	23,641	
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	1.8%	4.8%	8.2%	3.1%	1.3%	2.3%	1.1%	0.8%	1.0%	0.9%	1.1%	0.9%	0.7%	0.8%	1.9%	1.03%	
Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	0	2	3	3	3	2	32	6	7	9	15	12	7	5	9	6	76	
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%	97.50%	97.80%	97.00%	98.20%	98.00%	97.70%	96.50%	95.00%	97.80%	97.30%	98.00%	96.80%	97.50%	97.30%	96.32%	97.00%	
Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	87.20%	90.10%	81.10%	90.50%	65.70%	67.80%	35.40%	54.50%	67.80%	95.50%	94.70%	97.10%	92.20%	92.10%	63.40%	76.40%	
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%	98.50%	100.00%	97.40%	97.60%	98.30%	98.80%	99.0%	99.3%	98.4%	100.0%	99.2%	96.5%	97.5%	96.9%	100.0%	98.60%	
Maximum 31 day wait for subsequent treatment where that treatment is surgery	94.0%	100.00%	100.00%	100.00%	100.00%	95.00%	98.70%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	81.3%	98.10%	
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%	99.60%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94.0%	100.00%	100.00%	100.00%	100.00%	97.00%	99.50%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%	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%	87.30%	91.70%	88.70%	79.50%	94.50%	89.30%	90.7%	88.5%	92.3%	95.3%	93.1%	88.5%	83.0%	88.9%	87.7%	90.00%	
Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.0%	88.90%	100.00%	100.00%	75.00%	90.90%	89.10%	88.90%	58.30%	83.30%	87.50%	81.80%	100.0%	90.9%	90.0%	100.0%	86.40%	
Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)		83.30%	85.20%	87.50%	76.20%	90.90%	85.00%	85.7%	92.3%	85.7%	90.0%	90.9%	62.5%	82.6%	80.0%	92.3%	85.90%	

Indicator Reference and Description		Target	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	June 2018	July 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	2018/19 YTD	Trend	
Quality and safety	Mixed sex accommodation breaches - Bolton FT																			
	Zero tolerance MSA breaches	0	6	12	16	11	11	136	12	12	11	13	14	2	4	9	18	95		
	HCAI-Healthcare Associated Infections																			
	CDIFF-Post 72 hrs (Hospital)	18	1	2	1	1	2	30	0	1	1	4	0	3	1	0	2	12		
	MRSA-Post 48 hrs (Hospital)	0	0	1	0	0	0	2	0	0	0	1	0	0	0	0	0	0	1	
	Serious Incidents and Never Events																			
	Serious Incidents	0	2	2	2	4	2	20	4	2	2	3	1	2	1	1	0	16		
	Never Events	0	0	0	0	1	0	2	0	1	0	0	0	1	0	0	0	0	2	
	Falls and Incidents - Bolton FT																			
	Falls with at least moderate harm - Moderate	0	1	1	3	0	1	15	1	4	0	1	1	0	0	1	1	9		
	Falls with at least moderate harm - Severe	0	1	0	4	3	0	16	0	0	2	0	1	0	0	1	0	4		
	Medication Incidents	<100	126	112	141	116	123	1430	160	151	145	145	149	123	124	131	107	1235		
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%	80.40%	76.90%	77.80%	79.60%	78.90%	81.90%	82.60%	83.30%	85.90%	84.10%	88.20%	87.10%	91.30%	84.20%	81.30%	85.33%		
	Category A ambulance calls - NWAS total position																			
	Category 1 response times - Mean	7.5 mins	09:44	11:17	09:51	08:55	09:03	09:47	07:51	08:10	08:18	08:01	07:53	07:56	08:01	07:42	07:41	07:57		
	Category 1 response times - 90th Percentile	15 mins	16:14	18:37	17:18	15:15	14:01	16:03	13:24	13:51	14:11	13:28	13:19	13:17	13:19	12:52	12:55	13:23		
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	371	449	312	238	326	3613	299	268	154	227	100	135	96	116	224	1619		
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	212	348	173	102	163	1875	77	48	33	51	10	23	8	43	69	362			

Indicator Reference and Description		Target	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	2017/18 YTD	Apr 2018	May 2018	June 2018	July 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	2018/19 YTD	Trend
Childrens and Maternity	Childrens and Maternity																		
	% Completed Bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	91.70%	93.80%	89.30%	89.60%	85.70%	90.57%	84.80%	90.00%	90.10%	84.90%	90.70%	87.20%	82.70%	86.80%	88.30%	87.10%	
	% of Admissions to E5 from A&O	<40%	28.10%	32.70%	35.00%	32.70%	27.90%	31.89%	32.40%	32.60%	30.60%	31.50%	28.80%	36.70%	34.70%	29.60%	33.50%	32.27%	
	% Conversion rate from A & E attendance to F5		13.30%	11.50%	10.80%	11.60%	9.40%	10.35%	10.20%	7.80%	8.70%	7.70%	10.20%	11.30%	14.00%	13.10%	11.10%	10.46%	
Mental Health	Mental Health																		
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	19% by March 2019 (National - local 20%)	15.7%	8.9%	17.8%	10.9%	11.1%	13.8%	13.3%	15.4%	15.6%	16.0%	13.7%	13.9%	17.3%	17.5%	17.5%	15.6%	
	IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50.0%	54.3%	56.6%	59.8%	60.4%	60.2%	58.7%	56.6%	56.7%	57.2%	56.7%	63.4%	54.5%	53.6%	52.6%	55.3%	56.3%	
	RAID (% of AE Emergency referrals assessed within 1hr)	75.0%	67.5%	78.5%	87.3%	90.9%	91.3%	77.2%	80.3%	80.9%	85.5%	77.4%	83.3%	86.7%	79.6%	76.3%	72.0%	80.2%	
	Out of Area placements (New)	0	10	8	12	2	4	75	4	4	9	4	3	1	7	1	0	33	
Integrated and Community Care	Integrated and Community Care																		
	DTOC as a percentage of occupied bed base - Bolton FT position	3.3%	4.7%	7.1%	8.5%	6.3%	3.4%	5.6%	2.8%	3.3%	2.8%	2.3%	2.4%	3.4%	2.7%	2.0%	2.2%	2.7%	
	Non Elective Los	<4.61	4.4	4.5	5.4	5.2	5.0	4.8	4.8	4.5	4.7	4.7	4.9	5.0	4.4	4.5	4.6	4.7	
	Pressure ulcers in Community	Reduce	8	12	17	20	20	151	16	22	8	16	10	6	6	17	17	118	
	Non Elective Admissions due to falls (Community - harm free care)	<15 per month	12	11	20	17	10	154	19	17	23	13	10	12	7	6	11	118	
	Ambulance call outs to care homes (removed stopped calls)	<1,747	218	252	318	234	274	2656	176	205	183	191	139	177	176	207	228	1682	