

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting
AGENDA ITEM NO:11.....

Date of Meeting:12th July 2019.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Maguinness – Director of Transformation (Commissioning) 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 the outcomes in the Bolton Joint Health and Care 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	



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Corporate Performance Report

Months 1&2 2019/20

Performance Summary

Key issues in April/May

- Ongoing underperformance against the key elective care standards
- Continued strong performance in national cancer standards
- Significant deterioration in the 2 week wait breast symptomatic standard
- Failure of the A&E 4 hour standard but Bolton performing well in comparison to other Greater Manchester Trusts
- Continued improvements in IAPT Access Rate but slight deterioration in Recovery Rate in April (predicted to achieve from May)
- Increasing trend in rising A&E attendances
- No increase in referrals overall but work underway to analyse demand at specialty and provider level and correlation with increases in the total number of patients on the waiting list

Performance by Commissioning Area: Elective Care

Planned Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Patients on an Incomplete pathway % (92% of patients should be less than 18 weeks from referral)	92% (GM 90%)	May	86.9%	86.7%	↑	●
Waiting list - number of patients waiting to be seen	<22,640	May	24,592	24,592	↓	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	May	2.41%	2.51%	↓	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	May	6	9	↓	●

Key in month highlights:

- The 4 main indicators for elective care are all underachieving and have deteriorated since March. **Detailed analysis of causes are highlighted later in the report.**
- Remedial Action Plan with trajectories for areas of underperformance are in development.

Performance by Commissioning Area: Cancer Care

Cancer Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP	93%	Apr	98.6%	98.6%	↑	●
Percentage achieving maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	Apr	31.1%	31.1%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Apr	99.1%	99.1%	↑	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Apr	94.1%	94.1%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Apr	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Apr	100.0%	100.0%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Apr	86.9%	86.9%	↓	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Apr	88.9%	88.9%	↑	●
Percentage achieving maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	No Target	Apr	73.7%	73.7%	↓	●

Key in month highlights:

- Performance against cancer standards continues to be strong in Bolton. This is in the context of increasing demand.
- The 2 week wait standard for patients referred with breast symptoms failed in April with a significant deterioration in month. The service has continued to see an increase in demand, specifically from non-Bolton patients. This has been the subject of ongoing discussion at Board. An update against the action plan has been requested, together with a trajectory for improvement.

Performance by Commissioning Area: Urgent and Emergency Care

Urgent Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	May	85.10%	84.70%	↑	●
NWAS CCG position: Category 1 response times - Mean	<=7 mins	Apr	07:00	07:00	↓	●
NWAS CCG position: Category 1 response times - 90th Percentile	<=15 mins	Apr	11:02	11:02	↑	●
NWAS CCG position: Category 2 response times - Mean	<=18 mins	Apr	29:34	29:34	↓	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	May	83	169	↑	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	May	23	53	↑	●
Delayed Transfers of Care (DTOC) as a percentage of occupied bed base - Bolton FT position	3.3%	May	3.2%	3.2%	↑	●
Non Elective Length of Stay	<4.61	May	5.3	4.8	↓	●

Key in month highlights:

- A&E performance is below the agreed trajectory of 90% but there has been a slight improvement in May (to 85.1%). The unvalidated position has increased to 86.1% in June and in July (up to 4th) to 89.4%.
- Continued improvement in NWAS category 1 performance as a result of key actions being implemented.
- Further deterioration in month of non elective length of stay (LoS) at Bolton FT, predominantly as a result of the numbers of medically optimised patients rising. Actions are in place to reduce overall LoS, including regular MDT reviews, embedding SAFER protocols to progress discharges in a timely manner and the implementation of the national Discharge Patient Tracking List (DPTL) processes.





Performance by Commissioning Area: Mental Health

Mental Health Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Improving Access to Psychological Therapies (IAPT) Access rate - (Prime Provider model)	Currently 19%, 22.5% by March 2020	Apr	21.9%	21.9%	↓	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Apr	48.9%	48.9%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Apr	65.7%	65.7%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Apr	100.0%	100.0%	↔	●
56% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Apr	66.6%	66.6%	↓	●
Mental Health Liaison Service (formally RAID) -percentage of AE Emergency referrals assessed within 1hr	75.0%	Apr	70.8%	70.8%	↑	●
Number of new Out of Area placements	0	Apr	0	0	↔	●

Key in Month highlights:

- The IAPT Access Rate has continued to exceed target – which is a result of the action plan implemented towards the end of 2018/19. The IAPT Recovery Rate marginally failed in April with performance of 48.9%. This is the first month the target has failed in over 12 months. This is a result of the complexity of patients seen as well as an increase in the number of patient accessing the service. **Provisional data for May shows that performance has returned to over 50%.** The target of 75% of patients treated within 6 weeks of referral failed in April. **Actions are underway which will mean that performance will meet the target from June.**
- The Mental Health Liaison Service target failed in April due to increased demand. However, additional investment has been made to support Core 24 compliance and GMMH are in the process of recruiting to additional posts which should alleviate some pressures on the All Age Mental Health Liaison service.
- The system actions taken to reduce Out of Area placements continue to have a positive impact with no OAPS in April.

Performance by Commissioning Area: Children's and Maternity

Childrens & Maternity Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
% Completed maternity bookings by 12+6 weeks (bolton CCG at Bolton FT)	90%	May	88.30%	89.50%		
CAMHS % of young people accessing treatment	34%	Apr	0.00%	0.00%	Awaiting data	
CAMHS % of young people 10 point improvement on Childrens Global Assessment Scale (CGAS)	50%	May	40.60%	29.70%		

Key in month highlights:

- Bookings target performance continues to be a key area of focus for maternity services. There has been a slight deterioration in May as monthly fluctuations are often seen in performance against this target.
- CYPMH access rates continue to see improvements, particularly across the activity of voluntary sector providers and Kooth.
- Issues with data flow through the national dataset continue to be a challenge (locally and across GM) to evidence access rates. However, following a recent national one-off submission we are confident that we will continue to exceed the target having demonstrated an access rate of 44% in 2018/19 against the 32% target.
- CAMHS referrals have continued to rise higher than national increases. Staffing and recruitment issues continue to present a challenge in meeting demand. Bolton CCG is currently working with GMMH to establish a recovery plan and trajectory for improvement
- The 10 point improvement target is a new addition in April 2019. Work is underway to increase data recording and reporting which has seen a significant improvement in performance to 40.6% in May from 18.8% in April.

Quality and Safety Targets and Standards

Quality and Safety	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Zero tolerance mixed sex accommodation (MSA) breaches (Bolton FT)	0	May	11	24	↑	●
CDIFF-Post 72 hrs (Hospital)	32	May	2	6	↑	●
MRSA-Post 48 hrs (Hospital)	0	May	0	0	↔	●
Serious Incidents	0	Apr	1	1	↔	●
Never Events	0	May	0	0	↔	●
Falls with at least moderate harm - Moderate	0	May	1	1	↓	●
Falls with at least moderate harm - Severe	0	May	1	2	↔	●
Pressure Ulcers in the Community	Reduce	May	14	30	↑	●
Pressure Ulcers in Acute	Reduce	May	6	14	↑	●
Medication Incidents at Bolton FT	<100	Apr	189	189	↑	●

Key in month highlights:

- Mixed Sex Accommodation (MSA) breaches persist as previously described. Update on changes to the estate as previously reported to be brought to the next Quality and Performance group.
- The CDIFF target is challenging this year due to the changes in reporting i.e. cases attributed to the FT post 48hrs as opposed to post 72hrs as previously monitored. The target has increased to 32 accordingly to reflect this. Quarter 1 historically has higher numbers and this is no longer a winter dominant issue.

Activity Performance

The table below illustrates our activity position year on year by point of delivery:

Point of delivery	Last Year	This Year	Variance to last year
Referrals- Total	9,255	8,843	-4.5%
1st Outpatients	7,696	7,297	-5.2%
Followup Outpatients	15,169	14,634	-3.5%
Ordinary Elective + Daycase	2,915	2,752	-5.6%
All A&E Attendances	8,146	8,718	7.0%
Non-Elective Spells (Total)	2,659	2,699	1.5%

- Referrals are tracking below those in April 2018
- Outpatient and elective activity is below plan but this is partially due to the number of non working days being less in April 2019 due to the Easter holidays.
- A&E activity was significantly higher in April 2019 than the same month last year. Although activity reduced in May to be in line with for May 2018, activity has increased significantly again in June, with one day (24th June) seeing 472 A&E attendances. This trend is being seen across the whole of Greater Manchester and early indications are showing a rise in "Walk-In" patients and respiratory patients due to changes in weather conditions.

-April Data

Underperformance Analysis

92% of patients should be treated within 18 weeks of referral

The reported performance for this standard in April 2019 was 86.5% against the national target of 92% and the GM agreed target of 90%.

Of the 16 specialties that contribute to the target, 12 are not achieving the national standard. The main specialties with high volumes of activity that are not achieving are shown in the table below: -

Specialty	Performance
Trauma & Orthopaedics (T&O)	79.52%
Ophthalmology	83.63%
General Surgery	86.30%

Trauma & Orthopaedics (T&O)

The bulk of activity in this areas is delivered through Bolton FT (BFT), BMI Beaumont and Salford Royal FT (SRFT). Performance in T&O is particularly challenged at Bolton FT (76.83%) and SRFT (70.68%), however BMI Beaumont are achieving the target at 94.54% in April 2019.

Ophthalmology

The main providers for Ophthalmology are BFT who are achieving 83.37%, Manchester University FT (MFT), who are achieving 75.59% and Spa Medica who are achieving 98.52%.

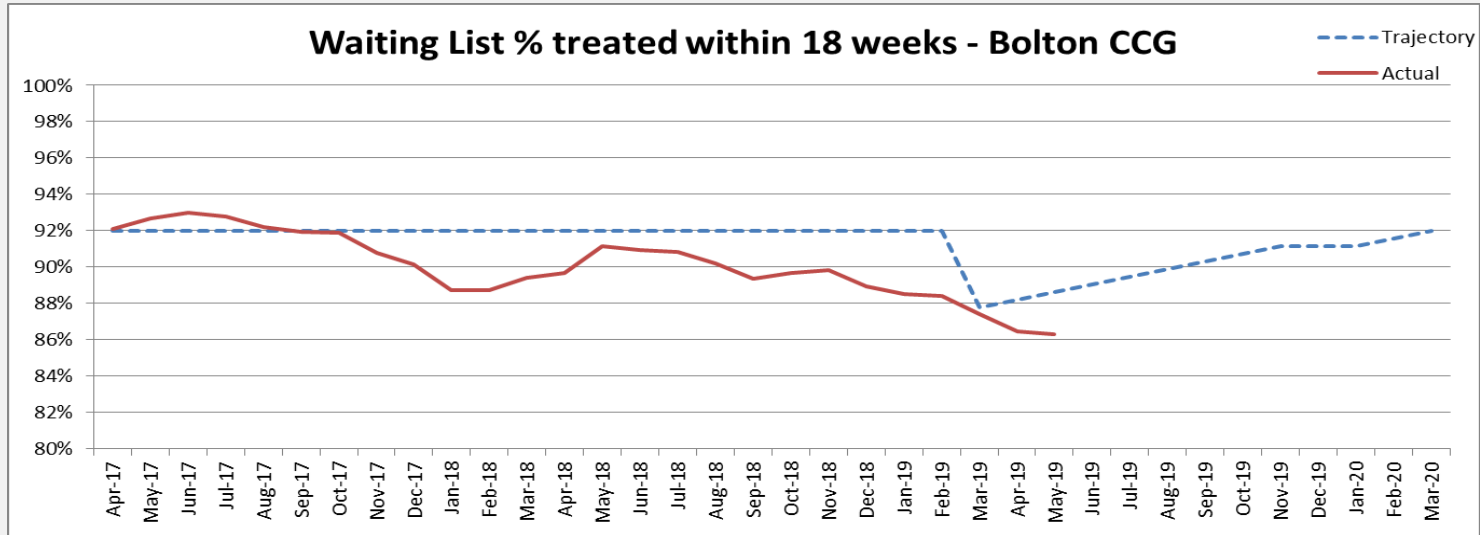
General Surgery

This specialty is delivered by 2 main providers, BFT and BMI Beaumont, BFT are achieving 85.53% and BMI Beaumont are achieving 96.77%.

Remedial Action Plan with trajectories

92% of patients should be treated within 18 weeks of referral

There are a number of actions in place with BFT (Review of demand, workforce challenges, theatre capacity and implementation of new processes and procedures in Ophthalmology) to support the improvement of the standard and a trajectory for improvement has been set, which is shown in the chart below.



In addition to this, the CCG are looking at specific rises in demand at specialty level which contribute towards non achievement of this target.

Close monitoring is in place with the main providers and work is ongoing to support improvement.

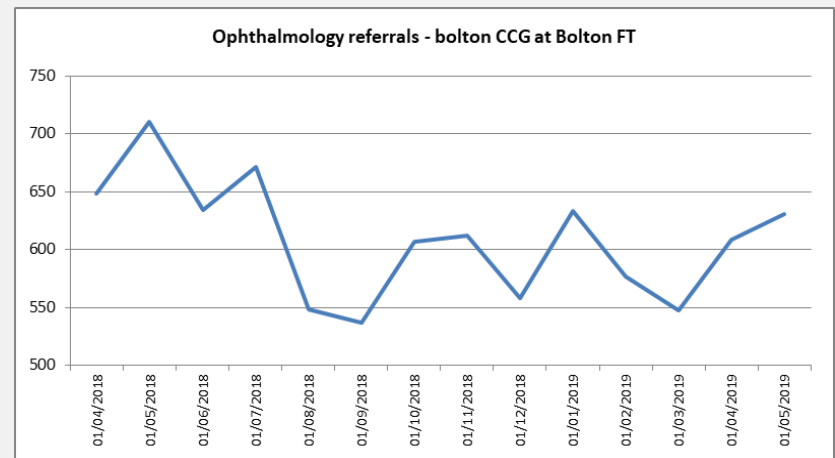
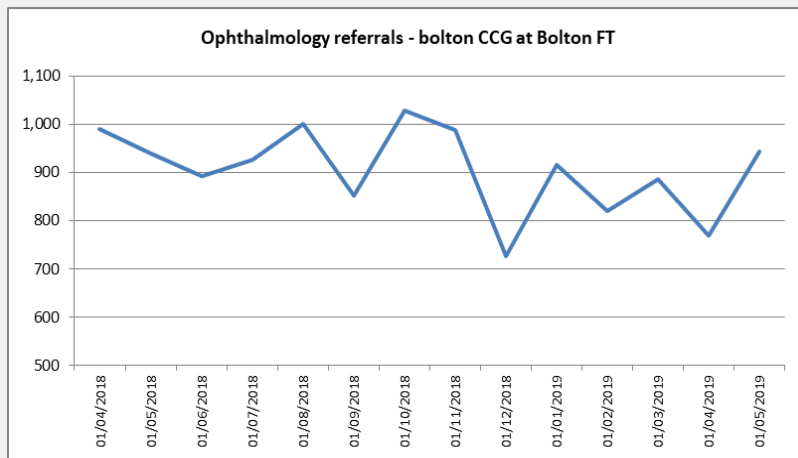
Underperformance Analysis:

Total number of patients on the waiting list to be lower than the March 2019 waiting list

The target for the waiting list size for 19/20 is to ensure that by the end of 19/20 the list size is less than the previous year end position (for the CCG as a whole at all providers). The waiting list size in May 2019 has increased to 24,592, which is considerably higher than the same position last year and 8.6% higher than the target of 22,640. Recent unvalidated data shows that this has increased further in June 19, with the waiting list at 24,840 as at the 30th June 2019, a 10.5% increase from the March position.

Further analysis has shown that areas of increase are General Surgery, Orthopaedics, Ophthalmology, ENT and Dermatology. This correlates with the under performance of the 92% standard.

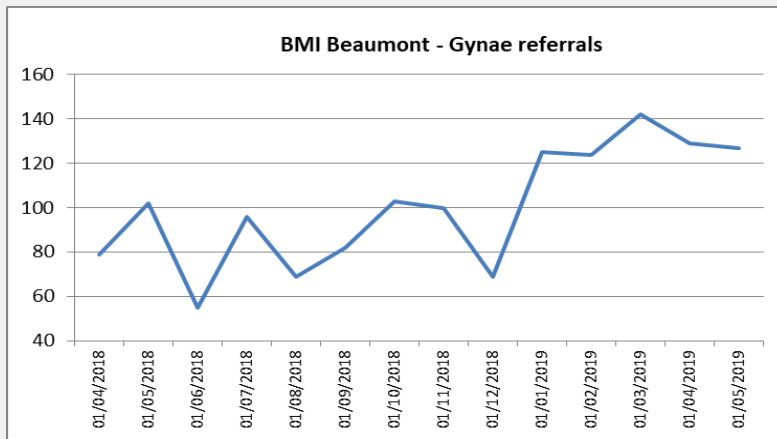
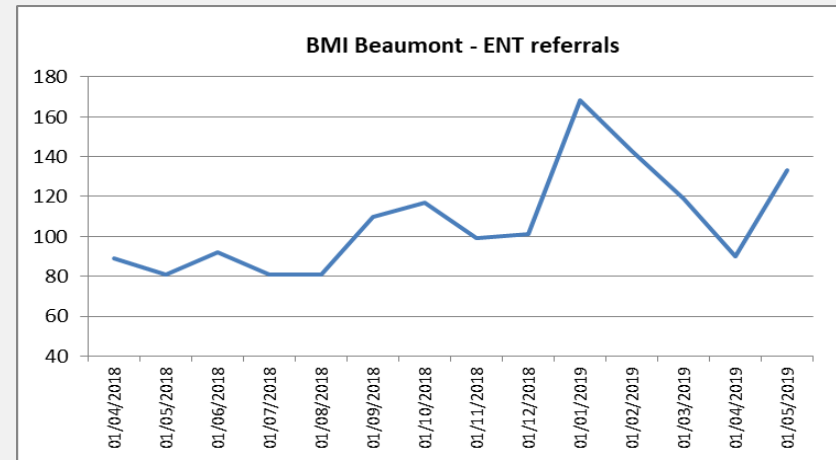
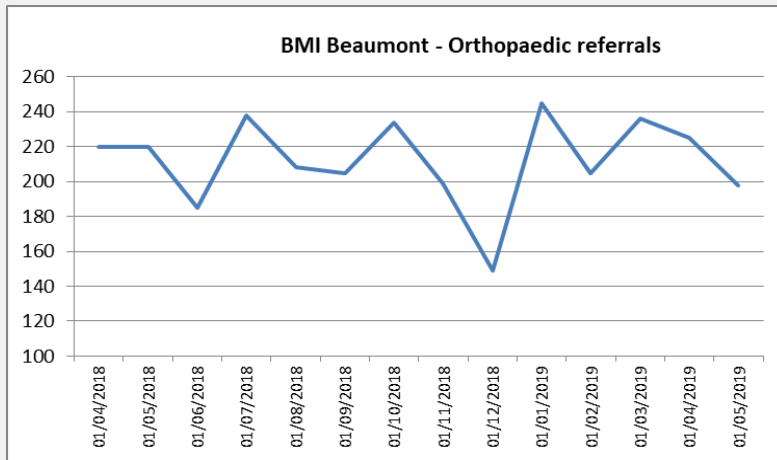
Looking at the provider view for Bolton CCG patients, Bolton FT is showing an increase of 732 patients in total, 153 for General Surgery, 271 for Orthopaedics, 109 for ENT, 81 for Ophthalmology, 120 for Gynaecology and 71 for Other. However referrals year to date are showing a reduction for consultant activity, Ophthalmology is below by 4.7% and Orthopaedics 5.6%, as seen on the charts below:



Colorectal referrals are up on last year by 3.7%.

Total number of patients on the waiting list to be lower than the March 2019 waiting list (2)

BMI Beaumont is showing a reduction on the waiting list on last month of 139 patients. For Orthopaedics the number of patients is 81 lower than the previous month, and 32 lower for Urology.



Orthopaedics referrals are at similar levels to the previous year, ENT referrals are 53 higher than last year (year to date) which is equivalent to 31% increase. Bolton FT has seen a reduction indicating a shift in market share.

Gynaecology referrals to BMI Beaumont are increasing, this is due to patient choice and BMI Beaumont offering competitive wait times for first appointment, currently the wait time is 3 weeks, compared to a 7 week wait time at alternative providers.

Total number of patients on the waiting list to be lower than the March 2019 waiting list (3)

Other Providers showing waiting list growth are the Ramsay Group (Euxton & Oaklands), with an increase in General Surgery, Orthopaedics, Gastroenterology and Gynaecology.

Salford Royal FT is showing a 2% increase on the waiting list last month in Urology, Dermatology and Other.

Referrals to Manchester FT Ophthalmology service are up on last year (year to date) by 22 referrals (35%). There has also been an increase of 12 referrals to Gastro, 24 to Cardiology and 17 to 'Other' specialties .

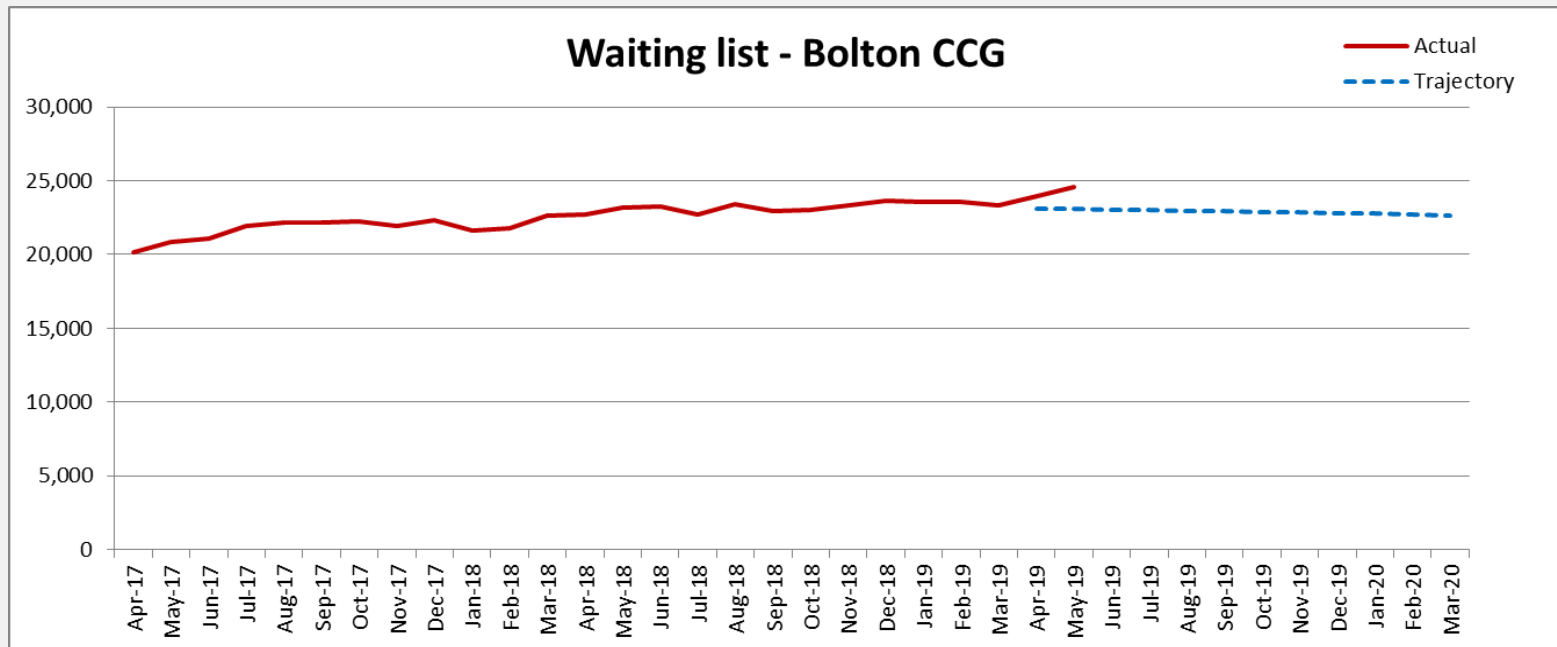
Referrals for Wigan, Wrightington & Leigh (WWL) FT, ENT service are also up on last year (year to date) by 24 referrals. There has also been an increase of 23 referrals to WWL's Cardiology service and 18 to General Medicine.



Remedial Action Plan with trajectories

Total number of patients on the waiting list to be lower than the March 2019 waiting list

Ongoing work with BFT has highlighted that the main cause for the significant increase in the number of patients on the waiting list is due to reduced validation of the list and data entry errors. BFT have re-engaged with external validators to improve the accuracy of the position, in addition to this a rolling training programme is underway to prevent future data entry errors, to date 160 staff have been trained. The chart below shows the trajectory for improvement of the waiting list size. This trajectory is based on the validation exercise, which is expected to improve the position by 5%, along with other additional actions that are underway, such as Demand & Capacity reviews and recruitment in specialties with challenged workforce.



This is being closely monitored with providers and Commissioners are working closely with BFT to ensure an accurate position for demand & capacity.

Underperformance Analysis

Less than 1% of patients waiting over 6 weeks for their diagnostic test

The standard is that no more than 1% of patients should have been waiting more than 6 weeks for a diagnostic test. The performance for this standard improved slightly in May to 2.4% (performance in April was 2.6%).

There are 15 diagnostic tests included in this standard, 7 of these diagnostics are underperforming causing delays for patients.

The highest volume activity is Magnetic Resonance Imaging (MRI), with performance in this diagnostic at being 5.43% of patients waiting over 6 weeks. This is the main contributor to the failure of the overall standard in May 2019.

The main providers of MRI activity are BFT & SRFT. BFT is currently achieving 100% of patients receiving their MRI scan within 6 weeks (548 patients), over achieving against the standard, however SRFT are performing at 82.16% of patients receiving their MRI Scan within 6 weeks, and therefore 17.84% of patients are waiting longer than 6 weeks, against the target of 1%.

Bolton CCG commissioners are working with SRFT lead commissioners to understand the reasons for this. The initial feedback from Salford CCG is that SRFT has seen a significant rise in demand for MRI and Non Obstetric Ultrasound in the months between January and May 2019 which has caused a backlog with the services, together with workforce challenges.

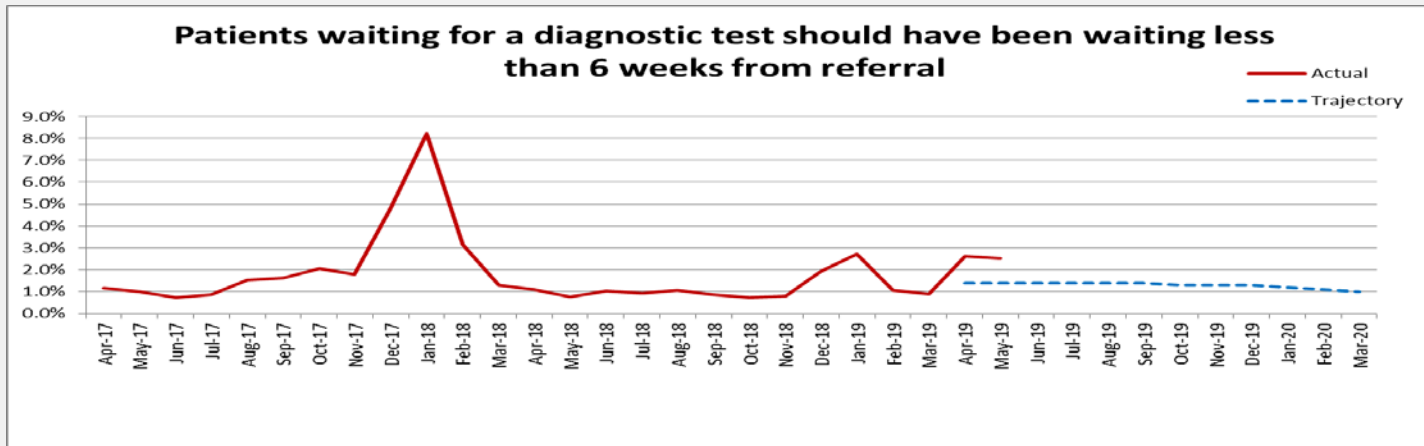
Remedial Action Plan with trajectories

Less than 1% of patients waiting over 6 weeks for their diagnostic test

Actions that are in place to mitigate the diagnostics challenges at SRFT are as follows: -

- Use of MRI Scanner at Fairfield Hospital for 10-15 days per month planned for June, July and August (additional sessions took place in May)
- A plan to use another private company, South Manchester Diagnostics, to provide an additional 50 MRI slots per month. This will ensure that capacity and demand are balanced.
- The purchase of a new MR scanner has been approved
- The service manager is looking at outsourcing some capacity in Non-Obstetric Ultrasound to ensure that capacity meets demand.

The chart below highlights the performance for the diagnostic target at SRFT along with a trajectory for improvement.



Underperformance Analysis

Number of patients waiting more than 52 weeks should be zero

There is zero tolerance for patients waiting longer than 52 weeks from referral to being seen/treated.

In April 2019, 3 breaches were reported; 2 in Orthopaedics (1 at BFT and 1 at SRFT) and 1 Urology (BFT). In May 2019 there were 6 breaches, all 6 are at Bolton FT, 2 in General Surgery, 1 in Gynae, 1 in Plastics and 2 in Urology. It needs to be noted that some of the breaches in May, could be the same patients that breached in April, if treatment has not commenced. The total YTD figure currently stands at a total of 9.

Full Root Cause Analysis with detailed timelines for these breaches are underway and being monitored by commissioners and reported through the Quality governance of the providers and commissioners.

Monitoring of all patients waiting over 40 weeks is in place to ensure that all have treatment dates before they reach 52 weeks.



Trajectory Action Plan – By exception

When a trajectory action plan has been set this will be monitored through existing work programmes.

Updates will be provided to Board if a standard is not delivering the required actions or agreed trajectory.

For month one/two there are no updates to report.

For month two/three:

- Any underperformance against the action plans for the planned care standards will be reported
- Detailed analysis of causes for underperformance will be undertaken for the CAMHS standards and a Remedial Action Plan with trajectories for improvement will be included