

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:10.....

Date of Meeting:10th July 2020.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Maguinness – Director of Transformation (Commissioning)/Deputy Chief Officer Mike Robinson – Associate Director Integrated Governance & Policy Amanda Weatherstone – Contract Performance & Assurance Manager Victoria Preston – Lead Information Analyst for Planned Care	
PRESENTED BY:	Dr Helen Wall, Interim Clinical Director, 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 2019/20 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	



Better Bolton.

Corporate Performance Report

**Months 1 & 2
2020/21**

Performance Summary

It should be noted that due to COVID-19 NHS England targets for 20/21 have been paused and all non urgent face to face activity was stopped during April and May. Non urgent services are being incrementally restarted from June.

Elective Care:

- The total number of patients on the waiting list reduced significantly in April to 20,407 (from 22,773 in March). However this increased again slightly in May to 20,533. The target for 20/21 is for the total number of patients on the waiting list to be no greater than the position in January 2020.
- There were a total of 58 52-week breaches in the month of April which is a dramatic increase of 45 from the previous month (March). However this has slightly come down in May to 51.

Cancer

- There have been significant changes to the delivery of cancer services across GM and nationally, including the implementation of Cancer Surgery Hubs in Rochdale and at the Christie to provide additional capacity. A GM wide overview of Cancer services has been developed which includes overall prioritisation and management of a central waiting list.

Urgent & Emergency Care

- A&E performance has remained below the agreed trajectory of 90% but improved performance in April and May has resulted in a significant increase in performance to 89.8% in May (compared to 78.7% in March).

Mental Health

- Performance has dropped for IAPT in relation to both access and recovery. This is as a direct result of COVID-19. However performance is expected to improve from July for these two areas and positively, the waiting time targets are being achieved.
- EIP performance reduced compared to March, but remained above target. MHLS 1 hour targets were achieved, and new acute OAPs numbers had reduced significantly from the previous months. However there were delays repatriating people within 72 hours prior to guidance for Trusts on to how to safely manage patients post transfer, and Bolton continue to significantly over utilise the commissioned private provision at the Priory which will be a cost pressure.

Children's & Maternity Care

- Maternity booking performance for April (99.0%) has seen a significant increase since March (92.1%).
- Out of area maternity bookers continue to be a key priority for Bolton FT in order to remain above the 90% target
- COVID-19 will impact on the children and young people's Mental Health Treatment Access target due to the requirement for face to face interventions to be undertaken, although a digital offer has been rolled out for those on the waiting list and referral rates have reduced by 50%.



Better Bolton.

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	60.3%	65.9%	↓	●
Waiting list - number of patients waiting to be seen	<25,411	May	20,533	20,533	↑	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	May	66.00%	55.36%	↓	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	May	51	73	↑	●



Better Bolton.

Performance by Commissioning Area: **Elective Care**

Key in month highlights:

- Performance against the 92% standard has deteriorated further in the month of May 2020 to 60.3%, from 71.6% in April 2020 and 78.0% in March 2020. The main providers contributing to this reduced performance are Bolton FT, Manchester University Foundation Trust and Salford Royal NHS Foundation Trust. The specialties that remain challenged are Trauma & Orthopaedics, General Surgery, Ophthalmology and ENT. Work is on-going with providers to monitor improvement action plans and to ensure capacity is aligned appropriately to demand.
- The CCG waiting list for all providers has reduced from 22,773 in March 2020 to 20,533 in May 2020 against a target of 22,640. Although this is slightly higher than the 2020/21 target, the list size has continued to reduce since its peak in November 2019 at 27,410. A significant amount of validation work has continued to take place within Bolton FT which has supported this reduction. The January 2020 waiting list figure of 25,411 will become the new target for 2020/21 as per the national planning guidance.
- Performance of the 6 week standard for diagnostic waits has showed a significant increase for April and May 2020 with a total of 3,662 patients across all diagnostic/procedure types and all providers breaching, out of 2,108 seen.
- There were fifty eight 52 week breaches in April 2020 which is a increase from 13 in March 2020. Bolton FT are accountable for 43 of the breaches. The breaches have occurred within ENT, General Surgery, Gynaecology, Ophthalmology, Plastics, Trauma & Orthopaedics and Urology. In May 2020 this number has fallen to fifty one 52 week breaches, of which Bolton FT are accountable for 20. These have occurred in Gynaecology, Plastics and 1 other.
- Commissioners are working with providers to ensure that restart plans for elective procedure are in line with national guidance.



Better Bolton.

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	96.1%	96.1%	↓	●
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	96.7%	96.7%	↑	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Apr	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Apr	100.0%	100.0%	↔	●
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	97.6%	97.6%	↑	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Apr	79.2%	79.2%	↓	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Apr	62.5%	62.5%	↑	●
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	100.0%	100.0%	↔	●



Better Bolton.

Performance by Commissioning Area: Cancer Care

Key in month highlights:

The data reported for the Cancer targets needs to be viewed in the context of significant reduction in 2 week wait referrals across all tumour sites and the significant challenges that came with the COVID-19 outbreak, including changes to pathways, diagnostic approaches, staff sickness and staff redeployment.

The areas to note are detailed below;

- Performance against the breast symptomatic standard was 93% in April 2020, in line with the agreed improvement trajectory. During the COVID-19 outbreak, all referrals received into the Breast unit have been reviewed by the clinicians and triaged appropriately, bringing patients into the service for triple assessment if required or holding virtual assessments if no face to face appointment is clinically required.
- There was a decrease in performance in April to 79.2% for the percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer. All patients were submitted to the Greater Manchester central waiting lists as part of the COVID-19 response including new referrals and patients already within the system (both pre and post diagnosis). Patients were then managed as clinically appropriate, including through the two GM surgical hubs. The waiting lists are also reviewed twice weekly within BFT by the Cancer Performance Manager and Clinical Leads.
- The target for the percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancer in April 2020 was not achieved, with performance of 62.5% against a target of 90%. During the COVID-19 outbreak, a number of screening programmes were also paused, and there were also some changes in diagnostic approaches which has impacted on performance. However these patients were also held on the central waiting list and reviewed twice weekly to ensure any clinically urgent patients were prioritised.



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	89.80%	87.50%	↑	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	No target	May	14	180	↓	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	less than 40 per month (Local target)	May	0	8	↑	●
Non Elective Length of Stay	<4.61	May	4.5	4.8	↑	●

Key in month highlights:

- A&E performance has remained below the agreed trajectory of 90% but significantly improved performance has been seen April and May. With May recording performance of 89.8% compared to 78.7% in March.
- Following a March average daily attendance at A&E of 265, April saw a further reduction to a daily average attendance of 191 patients. However this increased in May to 253 compared to pre-COVID-19 attendances of c 375 per day. However, as at the end of June attendances have increased significantly and are now almost back to 2019/20 levels.
- In March the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 248. Performance has significantly improved in April and May, with May having only 14 breaches. There were 0 over 60 minute handovers in May.
- Non Elective LoS has also reduced in April through to May from 6.1% in March to 4.5%. This figure is now below the target of <4.61, this is the lowest figure since November 2019. This correlates with a significant reduction in medically optimised patients in an acute bed and Delayed Transfers of Care.



Better Bolton.

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 (National - local 22%)	Apr	14.2%	14.2%	↓	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Apr	49.0%	49.0%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Apr	92.9%	92.9%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Apr	99.6%	99.6%	↓	●
56% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Apr	66.7%	66.7%	↓	●
Mental Health Liaison Service (formally RAID) -percentage of AE Emergency referrals assessed within 1hr	75.0%	Apr	88.1%	88.1%	↑	●
Number of new Out of Area placements	0	Apr	0	0	↑	●



Better Bolton.

Performance by Commissioning Area: **Mental Health**

Key in Month highlights:

- In terms of IAPT performance, the prevalence rate has decreased significantly; going from exceeding the 22% national target at 22.2% in March 2020 to 14.2% in April. This is due to a reduction in referrals following the lock down restrictions around COVID-19 and is a GM and wider national trend. Whilst face to face appointments have temporarily ceased, GMMH and 1 Point have worked hard to put in place alternatives to sustain service delivery and offer therapeutic interventions during this difficult time. National targets for 20/21 have been paused so whilst there is no immediate pressure to achieve 25% by the end of March 2021, the prime provider will continue to strive towards pre-COVID-19 performance and the expectation is as referrals increase, which we are seeing across the board in mental health, prevalence will also increase accordingly. IAPT services have a robust recovery plan in place and are working with the CCG to ensure appropriate staff resources are in place to address any surge in demand.
- Recovery targets have dropped slightly with performance of 49% against the national target of 50%. This is also a similar position across other GM localities.
- The 6 week referral to treatment target was achieved in month at 92.9% against the 75%
- Performance for EIP dropped to 66.7% of referrals receiving NICE approved treatment within 2 weeks, however performance is green against a target of 56%. This is also believed to be due to the impact of COVID-19 and the lack of ability to provide face to face contacts.
- In terms of the Mental Health Liaison Service, there has been an increase from the previous months and the team continue to exceed the target of 75% of patients being assessed within 1 hour, with performance of 88.1% in April despite ongoing pressures in A&E. The Ambulatory Care Unit has supported transfer of mental health patients out of A&E but is currently being provided in the psychiatric out-patient department, which will not be sustainable once this re-opens to patients. Longer term solutions are being sought between GMMH, BFT and the CCG.
- In April only 1 new non-reportable OAP was placed due to lack of capacity within the GMMH footprint. However 6 patients remained out of area placed prior to April (all in GM contracted OAPs). Issues continue regarding repatriation exceeding 72 hours exacerbated by COVID-19 restrictions, although transfers have since improved with new guidance. This remains a significant pressure against the 1 Bolton contracted private bed.



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%	Apr	99.00%	99.00%	↑	●
CAMHS % of young people accessing treatment	34%	Mar	20.60%	32.80%	↓	●
CAMHS % of young people 10 point improvement on Childrens Global Assessment Scale (CGAS)	50%	Apr	16.00%	16.00%	↓	●



Better Bolton.

Performance by Commissioning Area: Children's and Maternity

Key in month highlights:

12+6

- Maternity booking performance for April (99.0%) has seen a significant increase since March (92.1%). The 12+6 target was achieved in 2019/20 at 90.7% and continues to remain above the target for Q1 (99%).
- Out of area bookers continue to be a key priority for Bolton FT in order to remain above the 90% target and improvement plans are put in place to enhance the referral system & increasing capacity for these women to book at weekend. Bolton's outpatient matron continues to hold fortnightly meetings with team leaders and ward managers to address the 12+6 performance.
- Work continues to develop a single point of access for women to have an online referral system. Bolton's Maternity Voices Partnership have been involved in providing initial feedback.

CYP Mental Health Access

- The CYP Access Target continues to fluctuate month on month in line with Bolton CCG's monthly tracker mapped against Mental Health prevalence. Bolton's Access rate has declined in March (20.6%) when compared to February (29.6%). Against a 2019/20 access target of 34%, Bolton are reporting a year end figure of 33%.
- Data for April 2020 is not yet known, however, COVID-19 will impact on all CYP Mental Health Treatment Access due to the requirement for face to face interventions although the service is providing digital alternatives including video calls and sign-posting to the voluntary sector– work is ongoing across GM to understand the implications of COVID-19 on national targets.
- Issues are still ongoing to enable Thrive Alliance Partners to stream their activity directly to the Mental Health Services Data Set (MHSDS), which will further increase Bolton's CYP Access Performance. Currently Bolton Lads and Girls Club have been able to submit data and plans are for both Fortalice and Zacs to be next.
- High level trajectories are in place to closely monitor the access target each month and a mapping exercise is taking place to identify additional NHS funded services which meet the criteria for "mental health treatment" and could therefore be streamed.

CGAS

- April's figure for CGAS (16.0%) remains significantly lower than the 50% target and the overall 2019/20 position of 29.6%
- Workforce remains one of the key pressures impacting on the CGAS indicator in addition to several other CAMHS key performance indicators.
- Bolton CAMHS continue to deliver against the Recovery Action Plan as agreed with Commissioners and work is ongoing to develop innovative ways to grow the workforce utilising a range of training opportunities such as CYP IAPT. One option is the mobilisation of 'Thrive' Navigators who will provide support to young people on the waiting list for clinical interventions.

Quality and Safety Targets and Standards

There have been no MSA breaches recorded in 20/21 but this is likely resultant of the change in FT services due to COVID-19. There has been 6 CDT cases reported in May and RCA's are being undertaken on all of these and the learning shared at the health economy IPCC. There is no national target as yet but the FT is using last years until further notice. MRSA cases to date are also being investigated but these appear not to be due to lapses in care.

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	0	0	↔	●
CDIFF-Post 48 hrs (Hospital)	32	May	6	7	↓	●
MRSA-Post 48 hrs (Hospital)	0	May	2	2	↓	●
Serious Incidents	0	May	0	2	↔	●
Never Events	0	May	0	0	↑	●
Medication Incidents at Bolton FT	<100	May	107	173	↓	●



Better Bolton.

Board Performance Deep Dive

All Age Mental Health

Additional capacity to respond to the impact of COVID-19

Challenges Facing Adult and Children's Mental Health Service Provision During COVID

- Some face-to-face services suspended, including Improving Access to Psychological Therapies, voluntary services and Bolton Child and Adolescent Mental Health Services.
- Infection Control measures limiting volume of home visits.
- Service suspension for staff re-deployment to support other areas, such as Memory Assessment Treatment Service practitioners to the COVID-19 Response Team.
- Increased immediate demand for specific services such as Mental Health Liaison Services and for the bereavement and loss service.
- Initial reduction in referrals and usage of some services, followed by a peak in demand in April and May.
- Impact of COVID-19 on our Service User's mental health (*32% young people said COVID-19 had made their mental health much worse and 51% young people said COVID-19 had made their mental health a bit worse based on a survey by Young Minds*).

Adult Mental Health Service Responses

A swift move to digital service offers, moving the treatment offer completely to digital service to support social distancing.

- Example – Improving Access to Psychological Therapies Services
 - Within 2 weeks the service implemented and developed Microsoft Teams booking and e-consultations solution GMMH wide and developed a COVID-19 impact dashboard and a practitioner-based dashboard to enable the support and management of 400 team members working from home.

Increase staffing for specific services based on demand

- Example – Mental Health Liaison Service
 - Additional night practitioner rostered
 - Movement of staff from long term community services to urgent care services
 - Additional qualified night duty to support the inpatient wards
 - Senior management weekend support
 - Aspirant nurses recruited to inpatient wards

Expansion of service to enable effective infection control

- Example - Ambulatory Care Unit
 - Provision based within the Royal Bolton Hospital Rivington Unit has been temporarily extended to support with the movement of service users from the A&E department.

Clinical Assessment Service/111 telephone line

- The service went live on the 12th May 2020, brought forward from March 2021 due to the COVID-19 pandemic. Phase 1 is being funded through the Greater Manchester COVID-19 budget and work is ongoing into phase 2 so the service can be maintained.

Children's Mental Health Service Responses

Creation of New Service and Process

- Interim Parent Infant Mental Health Service has been developed and launched in response to a large number of GP presentations from families with a child under 2 years old who are struggling as a result of peer support networks not being available.
- A multi-agency group was formed to coordinate Bolton's Children and Young People (CYP) Bereavement Offer. This was already a priority identified as part of Bolton's 20/21 Local Transformation Plan for CYP Mental Health but was picked up at pace in response to COVID.

Best use of Existing Capacity

- Pre-existing capacity within Bolton Lads and Girls Club's Emotional Health and Wellbeing team has enabled the service to take a number of referrals for 1:1 bereavement support.

Increased Financial Support

- Increased investment to Fortalice to provide counselling provision for CYP struggling with the effects of domestic abuse.
- Increased the workforce in Bolton Young Carer's Service from 1.6 WTE to 3.2 WTE which has doubled the capacity of the service.

Sharing Best Practice & Training

- A joint bereavement training offer from Bolton Hospice and Bolton's Educational Psychology Team delivered to Schools and EY Settings (Ed Psych only), free online modules shared with CYP Workforce and CYP Bereavement Webinar delivered to 63 Bolton staff by Child Bereavement UK.

Ensuring Excellent Communication

- Delivering a significant amount of support virtually but still able to support CYP face to face with each young person on the waiting list contacted to ensure they were receiving support whilst waiting for their appointment and an escalation process was developed to support any immediate concerns.

Recovery Phase and Future Planning

- NHS England targets for 20/21 have been paused.
- Work closely with GMMH who are currently reviewing their future service delivery options to see what is deliverable and achievable post COVID-19.
- Continue work to develop and improve Digital service offers.
 - Example – Improving Access to Psychological Therapies (IAPT) are piloting to improve long term conditions outcomes, e-consultation facilitating a 3-way consultation between the Client, IAPT and the Long Term Care practitioner.
- Memory Assessment Therapies Service re-opens on 29th June (initially via home visits whilst safe clinical space is arranged).
- Continue to develop services offering bereavement and loss support to both Adult and Children's Services.
- Voluntary Community and Social Enterprise identified as a key support to recovery for our services and population.
- Review, manage and monitor waiting lists, preparing for potential increase in referrals post-lockdown. Working closely with Business Intelligence and providers to plan a recovery trajectory.
- Continue to identify services with increased demand.
 - Example - GMMH are also looking at gaps around personality disorder specific support, as this is an ever increasing cohort requiring a more specialist approach.