

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:12.....

Date of Meeting:9th October 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, Clinical Director, Commissioning	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	The report highlights performance against all the key delivery priorities for the CCG in 2020/21 against which NHS Bolton CCG 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 5 & 6 2020/21

Performance Summary

Key issues in September

Elective Care

Performance against the 92% standard improved slightly to 49.8% in August. As predicted there has been a further increase in 52 week breaches in month, taking the cumulative total year to date to 743. The 6-week diagnostic target remains a significant issue, with performance in August 2020 at 44.8%. The Greater Manchester (GM) Partnership is directly commissioning additional endoscopy activity as this is the modality with the largest number of long waiters.

Cancer Care

94.2% of patients referred on a suspected cancer pathway were seen within 2 weeks. Performance against the breast symptomatic standard remains high; with achievement of 94.3% in July. There has also been an improvement in performance for the percentage achieving maximum wait from diagnosis to first definitive treatment of 31 days for all cancers in July to 97.2%. The process for the management of patients at GM provides assurance that patients are being treated in clinical priority order.

Urgent & Emergency Care

A&E performance in August was below the national standard of 95%, at 83.5%. The second spike of COVID-19 is affecting flow out of the A&E department as segregating patients safety is a challenge. There was a similar level of attendances to August 2019, with August 2020 showing a 0.2% reduction. This is being monitored closely as we approach the winter period combined with increased COVID-19 infection rates. Non Elective LoS has increased slightly in August to 4.7 from 4.5 in July, remaining above target. System work to ensure that the number of delayed transfers of care and patients on the medically optimised list in hospital is ongoing and showing positive outcomes.

Mental Health

August information was not available at the time of writing this report. As outlined last month, July performance indicated IAPT prevalence had improved significantly from the previous month but remains under target due the reduction against normal rates of referrals during the pandemic. Recovery also dropped under target but RTT was maintained. Early Intervention in Psychosis (EIP) exceeded the target in July, as did the Mental Health Liaison Service (MHLS) for the 1 hour target. Acute out of area placements continue to rise with ongoing difficulties repatriating patients within the expected 72 hours. However extensive work has been undertaken to maximize patient flow, reduce DTOCs and offer robust alternatives to admission. Initial intelligence for August indicates that IAPT access rates remain consistent at 17.7% however the recovery rate remains under target and the acute OAPs numbers have reduced since last month. Ratified data for IAPT and the other service areas should be available on 8th October. Mel Maguinness will provide a verbal update.

Children's & Maternity Care

Maternity booking performance for July has achieved the 90% target, with July seeing a very slight increase to 91% from 89.9% in June. A lead BAME midwife's intervention has led to a significant amount of work taking place across targeted Bolton communities. Data inputting to MHSDS has changed to reflect the change to video calls. July's figure for CGAS (9%) remains lower than the 50% target and has seen a dip in performance since June (23%), due to the COVID-19 impact on this measurement as it requires two assessments to be completed within a short time period.



Better Bolton.


Bolton Clinical Commissioning Group

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%)	Aug	49.8%	50.7%	↑	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	Aug	22,210	22,210	↓	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	Aug	44.8%	52.4%	↔	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	Aug	743	743	↓	●



Performance by Commissioning Area: **Elective Care**

Key in month highlights:

Performance against the 92% standard has increased slightly in the month of August 2020 to 49.8%, from 42.0% in July 2020. The main providers contributing to continued 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 ongoing with providers to monitor improvement action plans and to ensure capacity is aligned appropriately to demand.

The CCG waiting list for all providers has increased from 20,433 in July 2020 to 22,210 in August 2020. The January 2020 waiting list figure of 25,411 is now the target for 2020/21, as set out in the national planning guidance, currently the CCG waiting list is well below this.

Performance of the 6 week standard for diagnostic waits remains a concern with no change in performance, 44.8% in August 2020. This is due to reduced capacity available following the introduction of COVID-19 and non-COVID-19 pathways.

There increasing number of 52-week breaches is a significant concern both locally and nationally.

Commissioners are working with providers to ensure that restart plans for elective procedure are in line with national guidance. Commissioners are working closely with BFT and BMI to maximise capacity utilisation.



Elective & Cancer Services Progress & Recovery

Bolton CCG, alongside its partners and provider organisations, is dedicated to ensuring our Phase 3 Restart Plan is underway to resume all services safely and return to normal target achievement.

There is full engagement with the GM work streams for Elective and Cancer care. This includes the priorities outlined through the GM Cancer Alliance and those outlined through the GM Elective Care Reform programme

GM Cancer priorities have been agreed as the following:-

- Restoring urgent 2WW referrals to pre-pandemic levels.
- Taking immediate action to reduce the number of longer waiters, starting with those waiting over 104 days.
- Ensuring that we have sufficient diagnostic and treatment capacity in place to meet demand through the autumn.

The key priority areas for Elective Care for Bolton, align with the GM priorities, which include the following:-

- Pooling capacity and waiting lists at GM level
- Improved use and accessibility of Advice and Guidance pathways.
- Rolling out and supporting Patient Initiated Follow-ups (PIFU) to increase capacity in outpatients.
- Continued delivery of services via virtual appointments where clinically appropriate to ensure efficient use of resources.
- Reviewing and updating the Patient Choice Policy, to ensure patients are clear regarding their access to services (with potential to do this at GM level)
- Ensuring all providers are fully engaged and working to the principles of Clinical Prioritisation of Waiting Lists and EUR.

The effects of these priorities is already being reflected in some performance standards such as Performance against the 92% standard which has increased slightly in the month of August 2020 to 49.8%, from 42.0% in July 2020. In July, there was an improvement in performance for the percentage achieving maximum wait from cancer diagnosis to first definitive treatment of 31 days for all cancers to 97.2% which is above target. Further examples are shown through the Board's Corporate Performance Report.



Better Bolton.

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%	July	94.2%	96.0%	↓	●
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%	July	94.3%	95.3%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	July	97.2%	96.8%	↑	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	July	100.0%	98.3%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	July	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	July	100.0%	98.1%	↑	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	July	87.2%	82.2%	↑	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	July	82.8%	77.1%	↑	●
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	July	33.3%	77.1%	↑	●
Any cancer patients waiting 104 days or more from referral to the first definitive treatment should be reviewed to identify any avoidable non-clinical delays	0	July	7	7	↑	●



Better Bolton.

Performance by Commissioning Area: Cancer Care

The data reported for the Cancer targets needs to be viewed in the context of variances in 2 week wait Suspected Cancer 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.

By exception, the areas to note are detailed below:

- There was a minimal reduction in July for the percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP with 94.2% of patients referred on a 2ww pathway accessing a first outpatient appointment, which still is higher than the target percentage.
- Performance against the breast symptomatic standard continued to achieve the target in July at 94.3%, which is in line with the agreed improvement trajectory. All referrals received into the Breast unit continue to be 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.
- In July, there was an improvement in performance for the percentage achieving maximum wait from diagnosis to first definitive treatment of 31 days for all cancers to 97.2% which is above target, but there continues to be challenges in the service, mainly due to theatre capacity.
- There was an increase in performance in July for percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer at 87.2% (above target) and Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancer 82.8% (below target). All patients were submitted to the Greater Manchester centralised 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. The waiting lists are also reviewed twice weekly within BFT by the Cancer Performance Manager and Clinical Leads. There are significant issues with diagnostics at present, mainly relating to Endoscopy which is being monitored at a GM level through the Clinical Reference Group and at a local level through the Cancer leads at Bolton Foundation Trust.
- In July, there was a number of patients (reporting in a rolling cohort) who are waiting 104 days or more from initial referral to the first definitive treatment. This cohort is made up from 2ww patients, consultant upgrades and screening patients, and these patients are consistently reviewed clinically and operationally to ensure that there are no avoidable non-clinical delays. The reasons for delays to treatment can also vary dependant on the origin of the referral with patient engagement continuing to be an issue for some patients referred on the screening pathway to clinical delays for other patients. This cohort is reported locally and at a GM level and Bolton continues to have the lowest number of patients across GM on this monitored list



Better Bolton.

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%	Aug	83.50%	87.60%	↓	●
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	July	49	263	↓	●
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)	July	11	23	↓	●
Non Elective Length of Stay	<4.61	Aug	4.7	4.6	↓	●

Key in month highlights:

- A&E performance has remained below the agreed trajectory of 95%. Performance during July was 88.6% with a decrease in performance to 83.5% in August. The impact of a potential second wave of COVID-19 is affecting flow out of the A&E department and the need to segregate patients safely is a challenge. Ongoing discussions through the Urgent and Emergency Care Board and regular system meetings are supporting the flow where possible, to ensure patient safety is paramount.
- Following a July average daily attendance at A&E of 301, August saw an increase in the daily average attendance to 319 patients. This is a similar level of attendances to August 2019 with August 2020 showing a 0.2% reduction. Attendances are being monitored closely as the system is approaching winter, combined with a potential second wave of COVID-19, a number of actions and public messages are taking place to ensure that only people who need A&E attend A&E.
- In June the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 34. Performance has reduced to 49 in July. There were 11 over 60 minute handovers in July following 4 in June. There have been further reports of delays throughout August and the system are working together to help understand the issues and agree actions for improvement.
- Non Elective LoS has increased slightly in August to 4.7 from 4.5 in July, This figure is above the target of <4.61.



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 22.5% increasing to 25% by March 2021 (National - local 22%)	July	17.7%	14.4%	↑	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	July	45.9%	48.2%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	July	92.3%	91.6%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	July	100.0%	99.9%	↔	●
% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	July	72.7%	70.7%	↔	●
Mental Health Liaison Service -percentage of AE Emergency referrals assessed within 1hr	75.0%	July	83.5%	81.3%	↑	●
Number of new reportable Out of Area placements	0	July	4	17	↑	●
Number of new non-reportable Out of Area placements	NA	July	3	9	↑	●



Performance by Commissioning Area: **Mental Health**

Key in Month highlights:

- IAPT - Prevalence has increased against June's performance of 16% to 17.7% in July. This still remains well under the planned trajectory based on 2019/20 activity, but whilst the NHS England targets remain paused commissioners and providers are working under the expectation of having to achieve 22% by year end (in line with the Mental Health Investment Standard). Referral numbers are gradually improving and whilst not yet in the normal range, virtual and telephone appointments are being taken up more readily than at the start of the lock down period. Face to face therapy remains unavailable but the prime provider and voluntary sector partners are working together on the relevant safety measures for this to become possible once local restrictions are lifted. As a result the recovery rate has also been negatively impacted and remains under the national target of 50% with performance in July at 45.9%.
- The 6 week referral to treatment target was achieved in month at 92.3% against the 75% required, and 18 weeks hit 100%.
- EIP – Performance was green with 72.7% of referrals receiving NICE approved treatment within 2 weeks (against a target of 56%).
- Mental Health Liaison Service –there has been a significant increase from the previous month and the team continue to exceed the target of 75% of patients being assessed within 1 hour, with performance of 83.5% in July despite ongoing pressures in A&E. The Ambulatory Care Unit continues to support the transfer of mental health patients out of A&E and a longer term more sustainable accommodation solution has been suggested which the two Trusts are in further discussion about.
- In July there were 7 new OAPs in total, 4 of whom were reportable and 3 non reportable (in a GM contracted bed). There also remained 5 patients in from the previous month as there continue to be difficulties repatriating patients in a timely manner due to local capacity issues across the GMMH footprint. Work continues across health, social care and housing partners to expedite discharges, and GMMH/Commissioners are working with GMP to try and increase alternative crisis support options to reduce section 136 detentions. Significant numbers of patients previously unknown to services continue to present at A&E contributing to current pressures on mental health beds.



Performance by Commissioning Area: Children's and Maternity

Children's & 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%	Aug	91.70%	92.50%	↑	●
CAMHS % of young people accessing treatment	35%	July	32.80%	40.50%	↓	●
CAMHS % of young people 10 point improvement on Children's Global Assessment Scale (CGAS)	50%	July	9.00%	14.80%	↓	●



Better Bolton.

Performance by Commissioning Area: Children's and Maternity

Key in month highlights:

12+6

- Maternity booking performance for July (91.5%) has seen a very slight increase from June (89.9%) and is achieving the 90% target. YTD performance continues to remain above the target at 92.4%.
- Bolton's outpatient matron continues to hold fortnightly meetings with team leaders and ward managers to address the 12+6 performance and the appointment of a lead BAME midwife has led to a significant amount of work taking place across Bolton communities. This has also been supported by Bolton MVP and a newly appointed MVP Service User Chair.
- Despite COVID-19 having an impact on booking appointment DNAs due to shielding and anxieties, the service has been working hard to ensure performance and care has not been effected.

CYP Mental Health Access

- The CYP Mental Health Access Target is a nationally published performance measure aligned to the NHS FYFV for Mental Health and now the NHS Long Term Plan. Access to treatment is defined by 2 or more meaningful contacts whereby Mental Health interventions/support is provided.
- Bolton's access rate has shown a slight decrease in July (32.8%) when compared to June (35.4%), however the CYP Access rate remains above the national target of 35% with a YTD performance of 40.5%
- Bolton continue to closely track the CYP Access Target against a 2020/21 monthly forecast which accounts for CYP MH Prevalence to ensure that the 35% target is achieved in March 2021. Bolton's local target has contributions from wider provision such as the Rapid Response Team, GM Mentally Healthy Schools Programme and Kooth.
- Data inputting to MHSDS has changed to reflect the shift from face to face treatment to the delivery of treatment interventions via video calls. 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. As the Thrive Alliance is now delivered through Bolton Together, plans are in place to develop a overarching reporting processes to enable a monthly submissions for all partners.

CGAS

- July's figure for CGAS (9%) remains significantly lower than the 50% target and has seen a dip in performance since June (23%). COVID-19 has had and is continuing to have an impact on this measurement as it requires two assessments to be completed within a short time period to enable the 10 point improvement to be noted. A reduction in face to face appointments and an increase to DNAs for telephone appointments is impacting on these assessments taking place. It is also acknowledged that even if the two assessments took place within the required timeframe, performance against this target is only captured if there is a 10 point difference .
- CGAS is not a regularly monitored KPI across other localities within GM so we are unable to provide any narrative as to whether the impact
- In order to work towards improving this performance metric, additional posts have been recruited to and innovative ways of working are being considered. Thrive Navigators are being implemented who will provide support to young people on the waiting list for clinical interventions.



Better Bolton.

Quality and Safety Targets and Standards

CDiff incidence generally remains low and is on line to maintain or improve upon the incidence of 19/20, although there's no national target for this. These cases are discussed at the CCG's IPC collaborative and there are no specific themes identified.

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	Aug	7	14	↓	●
CDIFF-Post 48 hrs (Hospital)	32	Aug	3	15	↓	●
MRSA-Post 48 hrs (Hospital)	0	Aug	0	2	↔	●
Serious Incidents	0	Aug	0	5	↑	●
Never Events	0	Aug	0	0	↔	●
Medication Incidents at Bolton FT	<100	Aug	143	577	↓	●

