

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:11.....

Date of Meeting:13th November 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	



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Corporate Performance Report

Months 6 & 7 2020/21

Performance Summary

As the year progresses and the health system adapts to the pressures of the Covid-19 pandemic, the impact on performance can be seen across a number of key areas. All health care services have seen either an increase in demand, a reduction in the level of capacity they can provide, or a combination of the two. The system continues to work hard to meet the demands of the pandemic, as well as continuing to run “normal” services safely to support patients appropriately.

Urgent & Emergency Care

A&E performance has remained below the national target of 95%. Performance during September was 80.5%, a slight decrease on August’s figure of 83.1%. The impact of the second wave of COVID-19 is affecting flow out of the A&E department and the need to segregate patients safely remains a challenge. In August the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 252. Performance has improved slightly to 219 in September, but remains challenged at peak times.

Elective Care

At the time of writing this report, it is to be noted that Bolton FT have temporarily ceased elective care surgery. This action has been taken to maintain safety as a result of the rising pressures of the Urgent Care system and the increase to Level 4 of the Covid-19 agreed escalation status. This action will inevitably impact on Elective care performance, however this has been necessary to create capacity for the rising numbers of Covid-19 patients, requiring in patient care.

Performance against the 92% standard is still significantly under the national standard at 57.4% in September. This is in line with other GM localities as a direct impact of reduced capacity due to Covid-19. As predicted there has been a further increase in 52 week breaches in month, taking the cumulative total year to date to 977. The 6-week diagnostic target remains a significant issue, with performance in September 2020 at 41.1%.



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Performance Summary Cont....

Cancer Care

Cancer performance continues to be good overall, with 7 of the 10 standards achieving their targets. The exceptions are “percentage achieving maximum wait from diagnosis to first definitive treatment of 31 day for all cancers”, which has reduced to 95.7% in Aug 2020 (0.3% below target), “percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer” achieving 78.7% in Aug 2020, against a standard of 80% and finally, “the number of patients who waited 104 days or more from initial referral to the first definitive treatment” were 5 in Aug 2020, against a target of 0. Specific reasons for the long delays included availability of specialist robotic surgery at the Christie for two patients and clinical delays due to the patients acquiring Covid-19. However, all patients continue to be clinically and operationally reviewed so there are no avoidable non-clinical delays.

Mental Health

IAPT prevalence has improved in line with the trajectory but remains under target at 17.8% due the reduction against normal rates of referrals during the pandemic. Recovery also dropped below target to 48.9% but waiting time performance was maintained. Early Intervention in Psychosis (EIP) exceeded the target in August, as did the Mental Health Liaison Service (MHLS) for the 1 hour target.

The Acute OAPs placements have reduced since last month, however there are ongoing difficulties repatriating patients within the expected 72 hours due to demand and capacity. Extensive work has been undertaken to maximise patient flow, reduce DTOCs and offer robust alternatives to admission.

Children’s & Maternity Care

Maternity booking performance remains above the 90% target. The access rate for mental health services has seen a slight decrease in August (33.6%) under the 35% target, however, this was anticipated in line with the predicted access rates across the summer. August’s CGAS figure (29%) has seen a significant increase in performance from July (9%) however still remains lower than the 50% target. COVID-19 is continuing to have in impact on this measurement.

Further detail on the above performance areas and actions to support improvement can be found in the following slides.



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%)	Sep	57.4%	54.9%	↑	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	Sep	23,008	23,008	↓	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	Sep	41.1%	49.0%	↓	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	Sep	977	977	↓	●

Key in month highlights:

As mentioned earlier in this report, although elective care had restarted following the initial national action to cease at the beginning of the Covid-19 pandemic, in the first week of November 2020 elective care surgery has now ceased temporarily again, at Royal Bolton Hospital and at Greater Manchester hospital trusts. Elective outpatient activity is continuing and clinically urgent and cancer patients remain prioritised, through the support mechanisms in place through the GM Cancer Alliance and the GMHSCP work. GP's will also continue to refer patients who will be held by providers on waiting lists and managed as per the national PTL (Patient Tracking List) guidance.

Performance against the 92% standard had started to show a small improvement, with an increase in the month of September 2020 to 57.4%, from 49.8% in August 2020, as a result of the restart of the elective care programme in line with the NHS England Phase 3 plan. The main providers contributing to performance for Bolton patients continue to be Bolton FT, Manchester University Foundation Trust, Salford Royal NHS Foundation Trust and the BMI Beaumont. The specialties that remain particularly challenged are Trauma & Orthopaedics, General Surgery, Ophthalmology and ENT, which all have a higher proportion of long waiters, with performance achieving between 50 & 60% across providers. A number of initiatives are underway to ensure the capacity available to Bolton patients is prioritised appropriately in line with national guidance and further details on this can be found on slide 6.



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Performance by Commissioning Area: **Elective Care Cont.....**

The CCG waiting list for all providers has increased from 22,210 in August 2020 to 23,008 in September 2020, this is expected to grow further in the coming months due the recent action that has been taken.

Performance of the 6 week standard for diagnostic waits remains challenged with 41.1% of patients in September 2020 not being able to have their diagnostic test within 6 weeks, with 1% being the national tolerance for this.

To ensure the safe operating of diagnostics for both Covid-19 and non-covid-19 patients, the capacity of the majority of diagnostics has reduced, impacting on performance. An example of this, is when a provider has one MRI scanner, which is needed by both patients who require an MRI scan for Covid-19 treatment and for non-Covid-19 treatment. The scanners capacity is significantly impacted by the increased infection prevention control measures and cleaning regimes required between patients.

The diagnostics that are particularly challenged are Endoscopy procedures, in September 2020, 677 patients waiting longer than 6 weeks for their Gastroscopy procedure and 521 patients waited longer than 6 weeks for their colonoscopy procedure. The majority of these breaches have occurred at Bolton FT, however as highlighted above the reasons for this are due to reduced capacity. Bolton CCG do have assurance however that the remaining capacity has been prioritised for Clinically Urgent and Cancer patients, with all cancer patients receiving their endoscopy procedure within the appropriate time on the relevant 2ww pathway.

Endoscopy is a key theme of work that is being lead by the Greater Manchester Health and Social Care Partnership alongside the GM Cancer Alliance, with revised clinical pathways having been developed and implemented consistently across all GM hospital trusts and additional capacity being sourced primarily for Cancer patients.

Other diagnostics that have seen increasing numbers of breaches in Sept 2020, are Echocardiography and Magnetic Resonance imaging (MRI), with 356 and 232 breaches respectively. The majority of the MRI breaches are at Salford Royal NHS Foundation Trust as Bolton FT have manage to maintain performance with the support of additional Independent Sector Capacity from the BMI Beaumont.



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Elective & Cancer Services Key priorities

To ensure elective care and cancer patients are supported appropriately and as safely as possible within the current environment of living with Covid-19, the CCG and provider organisations are working together through Greater Manchester governance and guidance to achieve the following priorities, as outlined by the GM Cancer Alliance and GM Elective Care Reform programme:-

- Pooling capacity across providers to manage waiting lists at GM level, in clinical and chronological order, in line with the national “Clinical prioritisation of the waiting list” programme.
- To support the above, working collaboratively with Independent Sector Providers, NHS Providers and CCG’s.
- Improving the use and accessibility of Advice and Guidance pathways, to avoid secondary care referrals where possible.
- 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 service.
- 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.



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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%	Aug	94.9%	95.7%	↑	●
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%	Aug	87.2%	93.2%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Aug	95.7%	96.5%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Aug	100.0%	98.8%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Aug	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Aug	97.7%	98.1%	↓	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Aug	78.7%	81.4%	↓	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Aug	95.7%	81.7%	↑	●
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	Aug	0.0%	81.7%	↑	●
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	Aug	5	5	↑	●



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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 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:

- In August, there was slight reduction in performance for the percentage achieving maximum wait from diagnosis to first definitive treatment of 31 days for all cancers to 95.7% which is 0.3% below target. However Bolton Foundation Trust achieved 100% for patients treated within 31 days
- There was a decrease in performance in August for percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer at 78.7%, but with an improvement on the Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancer to 95.78% (above target). Patients continue to be managed with clinical need including hormone treatments instead of surgical interventions where clinically appropriate, and waiting lists are also being reviewed twice weekly within Bolton FT by the Cancer Performance Manager and Clinical Leads. There are continuing issues with diagnostics, 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 August, 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 both 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 relating to both COVID-19 and other clinical reasons 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.
- Performance against the breast symptomatic standard reduced slightly in August with the achievement of 87.2%. Upon review, 50% of the patients who did not achieve target were patient choice and the remainders of these patients were seen within 22 days with the delay due to outpatient capacity. 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.



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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%	Sep	80.50%	86.30%	↓	●
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	Sep	219	830	↑	●
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)	Sep	79	175	↓	●
Non Elective Length of Stay	<4.61	Sep	4.4	4.6	↑	●

Key in month highlights:

- A&E performance has remained below the agreed trajectory of 95%. Performance during September was 80.5% a slight decrease on August's figure of 83.1%. 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 an August average daily attendance at A&E of 319, September saw a decrease in the daily average attendance to 303 patients. This is a reduction in attendances from September 2019 showing a 14.8% decrease. 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 August the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 252. Performance has improved slightly to 219 in September. There were 79 over 60 minute handovers in September following 61 in August which is 39 above the agreed target of below 40 per month. There have been further reports of delays throughout October and the system are working together to help understand the issues and agree actions for improvement that includes a joint risk assessment of the A&E department between Bolton FT and NWS.
- Non Elective LoS has decreased slightly in September to 4.4 from 4.7 in August, This figure is within the target of <4.61.



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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%)	Aug	17.8%	15.1%	↑	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Aug	48.9%	48.3%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Aug	91.4%	91.2%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Aug	100.0%	99.9%	↔	●
% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Aug	85.7%	70.7%	↑	●
Mental Health Liaison Service -percentage of AE Emergency referrals assessed within 1hr	75.0%	Aug	88.2%	82.8%	↑	●
Number of new reportable Out of Area placements	0	Aug	1	18	↓	●
Number of new non-reportable Out of Area placements	NA	Aug	1	10	↓	●



Performance by Commissioning Area: **Mental Health**

Key in Month highlights:

- IAPT - Prevalence has very slightly increased against July's performance of 16% to 17.8% in Aug. 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 Aug at 48.9%.
- The 6 week referral to treatment target was achieved in month at 91.4% against the 75% required, and 18 weeks hit 100%.
- EIP – Performance was green with 85.7% 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 88.2 % in Aug 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 Aug there were 2 new OAPs in total, 1 of whom were reportable and 1 non reportable (in a GM contracted bed). There also remained 3 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

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%	Aug	91.70%	92.50%	↑	●
CAMHS % of young people accessing treatment	35%	Aug	33.60%	33.60%	↑	●
CAMHS % of young people 10 point improvement on Childrens Global Assessment Scale (CGAS)	50%	Aug	29.00%	17.60%	↑	●



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Performance by Commissioning Area: Children's and Maternity

Key in month highlights:

12+6

- Maternity booking performance remains above the 90% target with a YTD position of 92.5%. Performance has remained on track despite the impact COVID-19 has had on booking appointment DNAs due to shielding and anxieties of attending healthcare settings.
- 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.

CYP Mental Health Access

- The CYP Mental Health Access Target is a nationally published performance measure whereby access to treatment is defined by 2 or more meaningful contacts whereby mental health interventions/support is provided. Performance is not based solely on CAMHS but also wider service provision such as Kooth, Rapid Response Teams and the GM Mentally Health Schools Programme.
- Bolton's access rate has shown a slight decrease in August (33.6%) when compared to July (32.8%). YTD the performance has fallen under the 35% target, however, this is as anticipated in line with the predicted access rates across the summer months. Bolton's local 12 month forecast estimates that the CYP access target remains on track to be achieved with a rate of 39.7%.
- The indicator is only reflective of NHS-funded services who are currently submitting data to the Mental Health Services Data Set (MHSDS). There is therefore the assumption that Bolton's CYP Access rate will be significantly higher once additional voluntary sector services are able to stream their data.

CGAS (Child Global Assessment Score)

- August's CGAS figure (29%) has seen a significant increase in performance from July (9%) however still remains lower than the 50% target. COVID-19 has had and is continuing to have in 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 .
- 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.



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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	Sep	9	24	↓	●
CDIFF-Post 48 hrs (Hospital)	32	Sep	5	20	↓	●
MRSA-Post 48 hrs (Hospital)	0	Sep	0	2	↔	●
Serious Incidents	0	Sep	1	6	↓	●
Never Events	0	Sep	0	0	↔	●
Medication Incidents at Bolton FT	<100	Sep	113	690	↑	●

- CDIFF figures remain consistent with last year’s figures and although there is no revised NHSE target the FT are working to last year’s 19/20 target.
- There has been one Serious Incident and no Never Events in month. This has been reported to the CCG and the final report will be reviewed at SIRG.
- MSA remains improved compared to last year but there are significant challenges in view of the current IPC arrangements and urgent care demands.

