

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:11.....

Date of Meeting:9th April 2021.....

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 11 & 12
2021/22**

Performance Summary

Elective Care

Routine elective care remains challenged as a result of the national pandemic, performance against the 92% standard is still significantly under the national target at 62.5% in February 2021, this is however in line with other Greater Manchester (GM) localities and work is underway within the locality and across GM to recover elective care performance and delivery, ensuring patients are treated in clinical and chronological priority order. Collaborative work with independent sector providers, commissioners and the hospital trusts is supporting initiatives, such as single equitable waiting lists and clinical prioritisation exercises. As we approach the 12 month mark of the national pandemic outbreak and the initial actions that were taken in April 2020, we are starting to see a significant increase in the numbers of 52 week breaches, the cumulative total year to date is 2,688 (2,247 in M10). This is however all part of the recovery planning and ensuring these patients will be seen in priority order.

Cancer Care

Cancer performance remains good, following the work that has taken place over the last 12 months to ensure cancer patients have been prioritised and continued to receive treatment. This has been supported by local and GM initiatives, such as the GM Cancer Hub and prioritisation of diagnostic capacity to ensure cancer pathways are not compromised. In January, the performance for the indicator "Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP", dropped slightly to 91.5% from 94.9% in December 2020. In January, there were 5 patients (reported in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment, made up from both 2 week wait, consultant upgrade and screening referrals. These patients have however been continually reviewed and assurance has been received to confirm that their clinical outcome has not been negatively impacted due to the delay.

Urgent and Emergency Care

A&E performance has remained below the agreed trajectory of 95%. A&E attendances are increasing, in February the average daily attendances were 263, and invalidated figures for March are indicating the average daily attendances have increased to 311, with some days peaking at around 380 daily attendances. In January the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 247. Performance has improved in February resulting in a figure of 107. Non Elective LoS decreased to 4.2 in February from 5.0 in January, This figure is now below the target of <4.61.

Mental Health

January's performance increased in IAPT prevalence from the previous reporting period (from 15.7% to 26.5%) slightly increasing the YTD performance to 18.3%. The recovery rate improved achieving the target at 51.3%. Early Intervention in Psychosis (EIP) exceeded the target in January, as did the Mental Health Liaison Service (MHLS) for the 1 hour target. Acute OAPs continue to fluctuate but work continues to ensure positive patient flow and repatriation within 72 hours where possible, whilst offering alternatives to admission in the community.

Children's and Maternity Care

Maternity booking performance at Bolton FT for women registered with a Bolton GP remains above the 90% target with a Year to Date (YTD) position of 92%. The reported percentage of Children and Young People in Bolton accessing mental health treatment is currently below plan with a 2020/21 forecast position of 33% against the 35% national target. The percentage of children admitted to E5 following A&O remains below the 40% target with a YTD position of 37.9%. February's performance (20.4%) has reduced since January (22%) and is significantly lower than February 2020 (31.7%).



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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%)	Feb	62.5%	58.9%	↓	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	Feb	26,087	26,087	↑	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	Feb	36.2%	45%	↑	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	Feb	2,688	2,688	↓	●

Key in month highlights:

In the month of February, Elective care surgery remained on pause at Royal Bolton Hospital (as for all Greater Manchester hospital trusts). Elective outpatient activity continued and clinically urgent and cancer patients remain prioritised, through the support mechanisms in place through the GM Cancer Alliance and the GMHSCP work.

Many specialties are running with decreased staffing levels, due to redeployment and are seeing as many patients as possible, in whatever way that may be i.e. virtually or face to face in clinics. It is to be noted that many admin & clinical staff remain shielding at home this is likely to have increased due to a second government shielding letter sent to the public which includes co-morbidities, and postcode risks. Shielding is set to end 31st March 2021, so a workforce cohort will return to duties, assisting in the recovery plans.

GPs continue to refer patients who are held by providers on waiting lists and managed as per the national PTL (Patient Tracking List) guidance. The re-start of routine elective care is being reviewed daily in line with the COVID-19 Escalation Matrix, it is hoped that as urgent care pressures de-escalate, some routine activity will re-start.

Performance against the 92% standard shows a slight decline in February 2021 at 62.5% compared to January 2021 63.6% The YTD target has slightly improved to 58.9%.

The main providers contributing to performance for Bolton patients continue to be Bolton FT (62.2%), MUFT (54.3%), SRFT (56%), BMI The Beaumont (78.2%), WWL (55%) and the Lancashire Teaching Hospital (76.5%).



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Performance by Commissioning Area: **Elective Care**

The CCG waiting list for all providers has decreased from January 2021 26,705 to 26,087 in February 2021. The figures may fluctuate over the next few months due to the 3rd lockdown, its difficult to predict these as the impact is not yet fully understood, the performance is not expected to reach achievement by year end, but the trend line looks as if it may achieve from M02.

Performance of the 6 week standard for diagnostic waits remains challenged with 36.2% of patients in February 21, not being able to have their diagnostic test within 6 weeks, with 1% being the national tolerance for this.

In Feb 2021, the diagnostic that was a particular challenge across all providers for Bolton CCG patients, was Endoscopy, with 891 patients waiting longer than 6 weeks for their Gastroscopy procedure and 449 waiting for their colonoscopy procedure. The majority of these breaches have occurred at Bolton FT, however the reasons for this are due to reduced capacity, as a result of increased Infection Prevention Control measures. 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. Bolton FTs diagnostic performance has significantly improved this month being under 40% for the first time since April 2020.

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.



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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%	Jan	91.5%	95.2%	↓	●
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%	Jan	21.2%	57.0%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Jan	98.2%	97.6%	↑	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Jan	100.0%	98.7%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Jan	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Jan	100.0%	98.9%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Jan	78.2%	81.2%	↓	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Jan	69.2%	76.3%	↓	●
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	Jan	87.5%	76.3%	↑	●
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	All reviewed	Jan	5	5	↑	●



Performance by Commissioning Area: Cancer Care

By exception, the areas to note are detailed below:

- The performance for the 'Percentage achieving maximum two week wait for first outpatient appointment, for patients referred urgently with breast symptoms (where cancer was not initially suspected)' was 21.2% in January 2021, a further reduction from December 2020's performance. This is against a target of 93%. As this measure is where Cancer is not initially suspected, the focus of the Breast care team has remained on the clinical priority of the 2ww suspected cancer referrals which has led to the Breast Symptomatic referral waits increasing for some patients, currently the maximum wait for first appointment is 31 days. Bolton FT is providing assurances that referrals continue to be reviewed and clinically prioritised when they are received by the Breast clinical team and that there are a number of recovery activities, including additional clinics by extending the service to Saturdays also being established with a hope for recovery by March 2021. There are also wider issues across GM due to increased service demand and staffing challenges but the local service demand continues to be monitored daily by Operational managers and the Bolton FT team.
- In January, the performance for the indicator "Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP", dropped slightly to 91.5% from 94.9% in December 2020, against an overall target of 93%. This is mainly attributed to the volume of suspected Cancer referrals into the breast service, which has indicated a year on year increase of referrals made into Bolton FT of 44.7% from the 19/20 position. This continues to be monitored closely by Clinical and Operational leads and forms a significant part of the Bolton FT Cancer Recovery Plan.
- The "Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer" was 78.2% in January 2021, against a target of 85%. This is mainly attributed to increasing patients numbers in this cohort including the increased number of Breast Cancer referrals mentioned above. In addition, there are challenges within the Upper GI pathway, mainly affected by the delays relating to the external diagnostic provision from Salford, which is continuing to be monitored at a local and GM level. There are also continuing delays associated with Endoscopy capacity restraints attributed to COVID-19. There is daily live reporting and monitoring of patients within this cohort to reduce any avoidable non-clinical delays.
- In January, the performance for 'Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers to Bolton CCG patients' was 69.2%, with four patients affected. Two patients from colorectal screening were affected, which is again associated with the diagnostics and with patient choice, the other two patients were breast screening patients, who were treated as clinically appropriate with hormone treatment prior to surgical intervention.
- In January, there were 5 patients (reported in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment, made up from both 2 week wait, consultant upgrade and screening referrals. These patients are consistently reviewed both clinically and operationally to ensure that there are no avoidable non-clinical delays. 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. Full clinical harm reviews have been completed for these patients by the Cancer Performance Manager and the Cancer Clinical Lead at Bolton FT and no harm was identified.



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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%	Feb	75.40%	80.60%	↓	●
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	Feb	107	2030	↑	●
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)	Feb	18	787	↑	●
Non Elective Length of Stay	<4.61	Feb	4.2	4.6	↓	●

Key in month highlights:

- A&E performance has remained below the agreed trajectory of 95%. Performance during February was 75.4% a slight improvement on December's figure of 71.9%. The impact of COVID-19 throughout February was affecting flow out of the A&E department and the need to segregate patients safely has been 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 January average daily attendance at A&E of 247, February saw an increased average attendance of 263 patients. This is a reduction in attendances from February 2020 showing a 26.1% decrease. Attendances are being monitored closely and 'Invalidated' data for March is showing a significant increase in attendances, work is currently underway to help understand the rise in numbers.
- In January the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 247. Performance has improved in February resulting in a figure of 107. There were 18 over 60 minute handovers in February following 115 in January which is 22 below the agreed target of below 40 per month resulting in the lowest figure since June 2021. The system continues to work together to understand the issues and agree actions for improvement, the Locality Oversight Group continues to meet to support these actions. As a result of this process there has been an ongoing trend in handover times continuing to reduce.
- Non Elective LoS decreased to 4.2 in February from 5.0 in January, This figure is now below 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 19%, 22.5% by March 2020 (National - local 22%)	Jan	26.5%	18.3%	↑	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Jan	51.3%	48.5%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Jan	98.6%	92.8%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Jan	100.0%	99.9%	↑	●
56% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Jan	63.6%	76.3%	↓	●
Mental Health Liaison Service (formally RAID) -percentage of AE Emergency referrals assessed within 1hr	75.0%	Jan	75.5%	80.7%	↓	●
Number of new Out of Area placements	0	Jan	0	22	↑	●



Performance by Commissioning Area: **Mental Health**

Key in Month highlights:

- IAPT - Prevalence has increased against Decembers performance at 15.37% to 26.5% in January, exceeding the 25% national and 22% local targets by March 2021. The impact of fluctuating numbers seen throughout the pandemic has meant month on month there has been a notable variance compared to average referral rates pre Covid. 1 Point also experienced staffing issues due to Covid related absences (including long term sickness due to long Covid) and 2 members of staff leaving at the same time to take up posts in the NHS. Back fill was unable to be arranged until January subsequently improving performance. Services are still receiving positive feedback about the flexibility the virtual offer provides. Face to face therapy remains unavailable at present but the prime provider and voluntary sector partners continue to work together on the relevant safety measures for this to become possible once national and local restrictions are lifted. Recovery was achieved with performance of 51.3% against the national target of 50%.
- The 6 week referral to treatment target was achieved in month at 98.6% against the 75% required, and 18 weeks hit 100%.
- EIP – Performance was green with 63.6% of referrals receiving NICE approved treatment within 2 weeks (against a target of 56%).
- Mental Health Liaison Service –has slightly decreased from the previous month, however the team continue to exceed the target of 75% of patients being assessed within 1 hour, with performance of 75.5 % in January despite ongoing pressures in A&E and a significant number of children and young person’s referrals. The Ambulatory Care Unit continues to support the transfer of mental health patients out of A&E in a timely manner.
- In January there were 2 new OAPs placed and discharged within the month, we also have 2 existing placements remained from the previous month both placements are reportable OAPS across the GM footprint. Despite bed pressures, GMMH Bolton remain under the national average (of 32 days) with an average length of stay of 29 days and further work is in progress around this. Greater Manchester winter DTOC monies have supported improved patient flow including a Bolton at Home pilot which the funding has been agreed until the end of June 2021, the scheme will be working with GMMH to identify properties in the community in which tenancy and mental health support can be delivered which ensures individual's do not need to move on as their support needs change. This has been useful in accommodating people who may not otherwise be able to manage a tenancy.



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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%	Feb	90.90%	92.00%	↓	●
CAMHS % of young people accessing treatment	35%	Jan	23.60%	33.00%	↓	●
CAMHS % of young people 10 point improvement on Children's Global Assessment Scale (CGAS)	50%	Nov	30.00%	20.00%	↑	●

Key in Month highlights:

12+6 – Maternity booking performance at Bolton FT for women registered with a Bolton GP remains above the 90% target with a Year to Date (YTD) position of 92%. Despite a slightly reduction from 92.2% in January to 90.9% in February, performance has remained relatively stable despite the impact COVID-19 has had on booking appointment DNAs due to shielding and anxieties of attending healthcare settings. A large focus on information and communication has enabled regular messaging to be shared with women birthing at Royal Bolton Hospital. This was also the focus on Bolton's Maternity Voices Partnership meeting which took place virtually on 18th February.



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Performance by Commissioning Area: Children's and Maternity

- **CYP Mental Health Access** - The reported percentage of Children and Young People in Bolton accessing mental health treatment is currently below plan with a 2020/21 forecast position of 33% against the 35% national target. Discussions have taken place at both a local a Greater Manchester level to understand and compare Bolton's CYP Access performance with other GM localities who are reporting a significantly higher CYP Access rate via MHSDS. It has been identified that telemedicine/video interventions have been deemed a face to face contact in other areas and therefore Bolton has been underreporting the access to treatment rate for the full financial year. A resubmission process is therefore taking place by GMMH to ensure that Bolton's financial year position is accurate and in line with all other localities. As part of the assurance processes, this has been raised and noted at the Greater Manchester Data Club meeting by both Bolton CCG and GMMH. Changes to the CYP Mental Health Access Target is set to change from April 2021 whereby only one treatment contact contributes to the access target as opposed to two.
- **CAMHS % of young people 10 point improvement on Child Global Assessment Scale (CGAS)** - On 30th November, Bolton CAMHS migrated from IAPTUS to the Paris clinical record system to be in line with all GMMH services. This migration means a reduced set of key performance indicators will be submitted and a full refresh of the data will be completed from April. Several initiatives are underway which will contribute to a range of CYP Mental Health Indicators such as the Team Around the School model (working with Bolton Council, GMMH and VCSE providers); Bolton's single point of access to mental health interventions delivered by Bolton Together and the Ealing Model (working with GMMH and Bolton FT). Completion of goal-based outcomes measures are continually discussed with practitioners across the service. Ongoing learning and an initiative to address the completion of outcomes measures are being discussed with managers and lead clinicians in Bolton CAMHS to make improvements in the completion of this care requirement. Due to COVID restrictions there has been an impact in the ability to meaningfully complete outcomes measure as required and alternative ways to ensure compliance are being considered so that there is a service reliance in place for future compliance.
- **Percentage of Admissions to E5 from A&O** – The percentage of children admitted to E5 following A&O remains below the 40% target with a YTD position of 37.9%. February's performance (20.4%) has reduced since January (22%) and is significantly lower than February 2020 (31.7%).



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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	Feb	1	38	↑	●
CDIFF-Post 48 hrs (Hospital)	32	Feb	3	37	↑	●
MRSA-Post 48 hrs (Hospital)	0	Feb	2	7	↓	●
Serious Incidents	0	Feb	4	16	↓	●
Never Events	0	Feb	0	0	↔	●
Medication Incidents at Bolton FT	<100	Feb	135	1364	↑	●

Key in Month highlights:

- The numbers of CDiff cases has reduced since the end of Q3 and overall annual performance looks similar to 19/20 in spite of the pandemic and the associated impact on antimicrobial stewardship.
- There were 9 Serious Incidents in Q4 which will all be reviewed with the FT at the CCG’s SIRG. These incidents relates to: falls, pressure ulcers, maternity, surgery, treatment delays, cold chain, cardiac arrests, and transfusions.

