NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: ……10…….

Date of Meeting: ……..23rd February 2018……

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Laskey – Director of Service Transformation Melissa Surgey – Head of Planning, Performance and Policy Mike Robinson – Associate Director Integrated Governance & Policy Victoria Preston – Lead Information Analyst for Planned Care	
PRESENTED BY:	Dr Barry Silvert – Clinical Director of Commissioning	
PURPOSE OF PAPER: **(Linking to Strategic Objectives)**	The purpose of the attached report is to highlight performance against all the key delivery priorities for the CCG in 2017/18 against which NHS Bolton Clinical Commissioning Group is nationally measured	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	**Deliver Year 2 of the Bolton Locality Plan.**	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	
	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:	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

CCG Corporate Performance Report

1 Introduction

1.1 This report highlights NHS Bolton Clinical Commissioning Group's performance against all the key delivery priorities for the month of December 2017 (month 9).

1.2 Sections 2 and 3 provide highlights of performance against key commissioning and quality and safety performance indicators.

1.3 Key performance indicators showing an under-performance for December 2017 are summarised in Appendix 2. Exception reports and recovery plans for these indicators are included in Appendix 1.

2 Performance Summary: Commissioning

2.1 Performance against the 18 week referral to treatment (RTT) target for patients on an incomplete pathway failed for the fourth consecutive month. The December 2017 position has marginally deteriorated to 90.2% (compared to 90.8% in November). Year to date (YTD) performance is now at 92.0% but is expected to deteriorate further in the coming months due to the continued cancellation of elective surgery over the winter months and increased demand for specific specialties including general surgery and ophthalmology. It is highly unlikely the position will be recovered in 2017/18 and into 2018/19 due to increases in activity, the increase in the backlog and workforce shortages in key specialties.

2.2 Pressures within the urgent care system intensified in December and performance against the four hour A&E target was its lowest in 2017/18 at 76.9%. This was largely due to the impact of flu and norovirus at Royal Bolton Hospital (on both patients and the workforce) and increased complexity of needs of patients.

2.3 Cancer performance remains strong. The CCG and FT continue to work in partnership to maintain performance against the key cancer standards. YTD performance against the two week wait from referral to first outpatient appointment target is 97.60% and monthly performance is consistently above the 93% target.

2.4 Recovery of the two week wait for symptomatic breast target continues, with the position improving to 90.1% in December (against the 93% target). YTD performance currently stands at 64.0% (an improvement on 60.9% last month).

2.5 In mental health, performance against the RAID target of assessing 75% of A&E emergency referrals within one hour has significantly improved from 67.1% in November to 77.4% in December. This is linked to the newly established mental health A&E diversion service at Royal Bolton Hospital which is effectively triaging mental health patients to the most appropriate service/setting.

2.6 Delayed transfers of care (DTOCs) increased in December to 7.3% of the occupied bed base, which is the highest rate to date in 2017/18. This is due to significant winter pressures on the local health and social care economy. A number of remedial actions have been agreed which will begin to support recovery of the target from February 2018.

3 Performance Summary: Quality and Safety

3.1 There were two Bolton FT attributed *Clostridium difficile* cases (CDI) in December 2017. Both cases have been reviewed at a harm free care panel and will be reported to the Bolton Infection Prevention and Control Committee (IPCC). YTD, Bolton FT as reported 26 CDI cases, with 13 of these due to lapses of care (against an annual threshold of 19 cases in 2017/18). Root cause analyses (RCAs) are being undertaken for CCG cases not attributed to Bolton FT, with 54 cases reported YTD. The focus is of these investigations is shifting from focusing solely on prescribing of appropriate antibiotics to also reviewing whether patient required antibiotics at all.

3.2 There was one MRSA bacteraemia infection apportioned to Bolton FT in December. A post-infection review has been conducted and confirmed this case should be assigned to the trust, bringing the 2017/18 YTD total cases to 2 (against a target of 0). This case will be discussed in detail at the Bolton IPCC.

3.3 There were two serious incidents (SIs) in December with clinically led investigations ongoing with Bolton FT. One related to a grade 4 pressure ulcer and the other to a surgical procedure.

3.4 There were 12 mixed sex accommodation breaches (MSA) in December. These were all related to patients from HDU or ICU and related to capacity issues at Bolton FT. Patient flow issues more broadly at the trust over winter have contributed to this increase in breaches compared to previous months. Year on year (YOY), the trust's cumulative number of breaches by this point in the year has increased to 98 compared to 77 in 2016/17.

4 Performance Summary: Locality Plan and Transformation Fund

4.1 Key Performance Indicators

The following metrics are included as part of the Bolton Transformation Fund Investment Agreement and are therefore considered critical indicators of the success of the Locality Plan:

- Elective and daycase admissions
- Non-elective admissions
- A&E attendances
- Outpatient first attendances
- Outpatient follow up attendances

Due to the early date of February's board meeting, updated performance data against the key Locality Plan indicators for this month is unavailable at the time of this report. A full update will be provided in the March report.

Delivery of the Locality Plan outcomes is monitored and reported monthly via the System Sustainability and Transformation Board (SSTB) where performance is discussed and recovery plans formulated.

As 2017/18 draws to a close, the CCG is working with system partners to respond to a number of requests from the Greater Manchester Health and Social Care Partnership (GMHSCP) as part of the 2018/19 business planning round. This includes carrying out a year-end review of the Transformation Fund and refreshing the Transformation Fund Investment Agreement for 2018/19.

5 2018/19 Planning Guidance

5.1 The national planning guidance for 2018/19 was published on 2nd February 2018. The purpose of this guidance is to support NHS organisations (both commissioners and providers) in refreshing the two year operational plans which were produced and agreed for 2017-18 in the last planning round.

5.2 A full summary of the guidance and proposed next steps was presented to the CCG board development session on 9th February 2018.

6 Quality Premium 2017/18 – Cancers Diagnosed at an Early Stage

6.1 Most recent data published for the 2017/18 Quality Premium has shown a significant improvement in cancers being diagnosed at an early stage. The CCG improved from 51.8% of cancers being diagnosed at Stages 1 and 2 in 2015 to 57.8% in 2016. Bolton is now the top performing CCG in Greater Manchester for this measure.

7 Recommendations

7.1 The Board is asked to note the performance for December 2017 and the actions being taken to rectify areas of performance which are below standard.

Melissa Laskey – Director of Service Transformation
19th February 2018

APPENDIX 1

Exception Report and Recovery Plan: Referral to Treatment Incomplete Pathway

Performance

The key performance measure for elective care is the 18 week referral to treatment (RTT) standard, which is monitored through the incomplete pathway measure.

Performance against this standard has been steadily declining through 2017/18 although September was the first month RTT failed. This standard continued to fail in October and November 2017, and has now failed Q3 with December's performance at 90.16% against a threshold of 92%.

Latest Update

As was identified in the December Corporate Performance Report, elective performance regionally and nationally has seen a declining trend, with the incomplete standard being failed at Greater Manchester level from September 2017 onwards. There are a number of factors influencing this, including the impact of non-elective activity on elective capacity (particularly for inpatient work), workforce issues affecting core capacity; and increasing demand for some specialties and diagnostics (for example, endoscopy). However, local demand for elective services at aggregate level remains steady. In recognition of this, a Greater Manchester Elective Care Programme has been established by the GM Health and Social Care Partnership, and Bolton will be a participant in this regional programme as it develops further.

At a local level, Bolton FT is in the process of developing robust elective capacity and demand analyses to inform operational planning and future demand management schemes. The CCG is working collaboratively with the FT to develop and review capacity and demand approaches at specialty level, with these being reported via the Planned Care Strategy and Planning Group.

In addition, Bolton FT has undertaken analysis of patients currently waiting longer than 18 weeks, and has developed recovery plans to ensure that these patients are treated as soon as possible. This was discussed at the System Sustainability and Transformation Board in December.

Recovery

Current Outcome: The incomplete pathway standard has now failed for Quarter 3 2017.

Expected Outcome: The trajectory for when achievement of the incomplete standard may be expected is dependent on the duration of cancelled elective activity, and the potential for additional activity to be performed during spring and summer 2018 to recover the position. This trajectory will be confirmed following confirmation of elective impact and consideration of the revised recovery plan. This

indicator remains at risk for 2017/18, and performance is likely to deteriorate further during the winter months.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Diagnostic Test Waiting Times

Performance

Performance against the diagnostic test waiting times standard (patients waiting for a diagnostic test waiting less than 6 weeks from the time of referral) has failed in December, with a significant decrease in performance seen in December 2017 at 4.8%, against a threshold of 1%.

Latest Update

Failure of this standard for Q3 relates to 45 patients out of 3,114 in October 2017, 47 patients out of 3,058 in November 2017 and 133 patients out of 2,630 in December 2017, waiting over 6 weeks for a diagnostic test across a number of providers, with the majority of breaches for the CCG occurring at Bolton FT, Salford Royal FT, and Manchester FT. Breaches for patients awaiting colonoscopy accounted for more than half (95) of these patients, with 94 of these awaiting a colonoscopy at BFT. Breaches for patients awaiting magnetic resonance imaging have also seen a significant increase (33) in December 18, with 27 of these patients awaiting a scan at Salford Royal Foundation Trust.

Diagnostic capacity and demand is forming part of the detailed work currently being undertaken at the FT to inform future service planning, and this is being supported by the CCG through collaborative working and via the Planned Care Strategy and Planning Group.

Endoscopy is the key diagnostic area under particular risk, having seen marked increases in demand (following changes in NICE referral guidance and public health campaigns on bowel cancer signs and symptoms). As a result of this, Bolton NHS FT have seen a 12.9% increase in endoscopy procedures this year compared to last year. In order to meet this demand in the future a number of projects are underway, including:

- Implementation of straight to test pathways for colonoscopy, and improvement of the existing straight to test pathway for OGD
- The development of an additional endoscopy suite at Royal Bolton Hospital, due to be opening in 2018/19
- A partnership project between Bolton FT and the community provider of endoscopy services (In Health) to progress the potential for joint working to ensure patients are seen quickly and in the most appropriate service

Additional endoscopy capacity has been sourced via In Health for March 2018, and performance is expected to return to 1% or below from April 2018.

These projects are monitored via the Planned Care Strategy and Planning Group.

Recovery

Current Outcome: The diagnostic waiting times standard has failed for Quarter 3, 2017.

Expected Outcome: As detailed above, this indicator is at risk for 2017/18, with 7 out of 9 months having failed. Diagnostic performance is expected to deteriorate further during the busy winter period. Achievement of the standard is expected from April 2018.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: Diagnostic Test Waiting Times

Performance

Performance against the two week wait symptomatic breast target (where symptoms do not initially suggest cancer) has failed in December 2017/18, at 90.1% against a threshold of 93%. However, there has been a significant month on month improvement since the reported September position of 37.3%.

Latest Update

Performance has started to recover in this specialty, with performance steadily improving since August 2017.

With agreement from the CCG, the FT has been prioritising breast patients on the 2 week wait pathway where cancer is suspected. The Quality and Performance Group has been assured that no harm is anticipated to those patients on the symptomatic pathway.

The challenges regarding an increase in activity from out of area patients and long term staff sickness meaning demand has been greater than the available capacity has previously reported to Board.

The FT is monitoring performance and activity weekly and has reported that they anticipate that the symptomatic standard will be achieved by the end of January 2018 (2 months behind plan).

Performance YTD means it is unlikely the CCG will be able to recover two week wait breast symptomatic performance in 2017/18.

Recovery

Current Outcome: The two week wait breast symptomatic target has failed for December 2017.

Expected Outcome: Performance is expected to recover early Q4 (2 months behind plan), subject to revised trajectories being provided by the Trust.

Lead Commissioning Manager: Jen Riley

Exception Report and Recovery Plan: A&E 4 Hour Target

Performance

A&E 4 hour performance (target 95%) for January 2018 was 76.4%, which is a decrease in performance from December 2017 (at 76.8%). Similar performance figures have been seen in February 2018 to date, with a month-to-date figure of 78.5%.

Latest Update

Work continues with Bolton FT, Bolton CCG and the whole urgent care system to improve patient flow, reduce delays and match capacity and demand.

The Urgent and Emergency Care Board have agreed 5 High impact system changes to focus on, to achieve a stepped improvement in A&E performance.

1. **Discharges before midday – To improve the number of discharges before midday through the following initiatives:**

    - Implementation of early ward discharge co-ordination commencing at 7am
    - Continued focus on golden discharges across all wards
    - Effective early discharge planning, beginning the day before including timely TTO management and use of the discharge lounge

2. **To Reduce the number of "stranded patients" (Patients with a length of stay of 7 days or over), through the following initiatives:**

    - Further embedding and robust management of the "Red to Green" process across the hospital and community to ensure appropriate escalation of any delays in the patient's pathway
    - Focus on internal escalated themes, such as delays for diagnostics, with improvement plans to rectify these

3. **System focus on reducing the number of medically optimised patients in hospital through the following initiatives:**

    - Focus on Discharge to Assess (D2A). There are currently 27 beds at Four Seasons and 7 beds at Wilfred Gere, with development of the D2A homecare pathways and use of Extra Care underway
    - Trusted Assessment into Care Homes (starting with CHC)
    - Continued embedding of Daily MDTs, daily "Get Me Home" meetings, reviewing medically optimsed lists and weekly system wide medically optimised reviews. The system recognises that the 3 highest cohorts on the medically optimised list in terms of bed days are EMI, Package of Care and Residential Assessment and collaborative work is underway to reduce these
    - Additional assessment capacity has been commissioned in the Integrated Discharge Team (IDT) and Intemediate Tier Services; this includes the

implementation of a fully integrated management team in the IDT, 2 additional social work posts (1 with a specific focus on mental health), additional operational management support in Intermediate Tier Services and freeing up social work capacity through revised rostering to improve availability in the bedded units.

- CHC "funding without prejudice" has been put in place and is working well
- Work is ongoing with AQUA to enable the system to remodel the appropriate capacity of the community bed base and home based care

4. **Continued focus on streaming patients to the most appropriate part of the system (with ED being a spoke not the hub) including non-resus ambulance conveyances and ensuring senior clinical decision making is operational during twilight shifts to avoid preventable hospital admissions**

5. **Reducing ambulance call outs and admission from care homes, through the following initiatives:**

    - Further embedding of the Red Bag scheme across all care homes
    - Full Implementation of the Immedicare telehealth system for homes to access to prevent 999 calls from care homes
    - Implementation of care home support from primary care with the alignment of 1 practice to each care home to support care planning
    - Ongoing delivery of the Care Home Excellence programme
    - The introduction of community services in reach into homes, including mental health support

In preparation for Easter the system has launched a 'Spring into Action' campaign with a series of multi-agency events taking place from the 7th March. The focus of this (and the preparation work leading up to this) is to deliver SAFER self-assessments on the wards, ensure clear professional standards are in place and adhered to, myth bust across the wards in relation to some of the system terminology and process for discharges and listen to and work with staff to help improve areas which may currently prevent them from undertaking their job to its full. The event will also include listening and working with patients and families to ensure they understand the processes in relation to their interaction with urgent care services.

Bolton FT is continuing to work with NHS Improvement (NHSI), supporting the initiatives highlighted above.

Recovery

Current Outcome: Failing 95% target. Performance remains volatile and highly dependent on flow.

Expected Outcome: Performance in Q4 is expected to be better than the previous two quarters, although maintaining 90% throughout this period may not be achievable given the performance levels so far in December, January and February to date.

Timescale for Recovery: Bolton FT are working with NHSI and the local system to improve performance to 85% by April 2018.

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: Ambulance Performance

Background

As previously reported to CCG Board, between August 2017 and December 2017, the roll out of the Ambulance Response Programme (ARP) was being implemented by NWAS and embedded within the delivery of the service.

It was estimated that the volume of category 1 and 2 calls would increase as it is inclusive of certain symptomatic groups which are a higher priority than the new category 3 and 4, but the new timescales would allow more time and take into consideration demographics and actual travel distance. There are two key targets for Category 1:

- a mean response time of 7.5 minutes,
- and for at least 90% of cases to receive a response within 15 minutes

Performance

The following table shows the most recently available information for the NWAS performance in the new ARP call categories.

Indicator Reference and Description			Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Target	Responsible manager	Comments
High Level Performance										
Ambulance response times (NWAS position)										
Category 1 calls Average response time	AM016	Average response time (mm:ss)	10:07	09:50	09:29	09:44	11:17	Average 7 minutes	Amanda Fisher	
Category 2 calls Average response time	AM017	Average response time (mm:ss)	24:20	25:04	25:55	30:34	44:49	Average 18 minutes	Amanda Fisher	Bolton CCG performance in December: Cat 1 average 00:10:56 Cat 2 average 01:01:02 Cat 3 90th centile 03:06:31 Cat 4 90th centile 03:09:25
Category 3 calls 90th centile response time	AM018	90th centile response time	1h 37m	1h 58m	2h 1m	2h 2m	2h 54m	90% within 2 hours	Amanda Fisher	
Category 4 calls 90th centile response time	AM019	90th centile response time	2h 34m	2h 40m	2h 28m	2h 36m	3h 33m	90% within 3 hours	Amanda Fisher	

December is highlighting a further decline in performance across all 4 categories. The following table shows a breakdown of performance of Category 1 and 2 calls and incidents by CCG across Greater Manchester.

NWAS CCG Commissioning Activity and Performance - Year to Date Summary

	YEAR: AUG - DEC										
	C1 Incs	C1 Mean Perf	C1 90th Centile Perf *	C2 Incs	C2 Mean Perf	C2 90th Centile Perf *	C3 Incs	C3 90th Centile Perf*	C4/C4H/ C4HCP Incs	C4 90th Centile Perf *#	AS3 Incs
Gtr Manchester	**16,437**	**00:10:05**	**00:16:03**	**107,088**	**00:35:12**	**01:20:39**	**51,280**	**02:25:31**	**27,008**	**02:43:39**	**712**
Bolton CCG	1,739	00:10:05	00:16:18	10,226	00:38:53	01:31:01	4,929	02:25:11	2,200	02:32:25	133
Bury CCG	1,029	00:10:23	00:16:45	7,075	00:36:47	01:20:55	3,134	02:30:18	2,246	02:42:33	19
Heywood Middleton and R	1,243	00:10:26	00:16:25	8,611	00:33:38	01:15:41	4,010	02:12:28	1,963	02:36:11	20
Manchester CCG	4,006	00:09:25	00:14:47	24,121	00:34:34	01:18:34	11,235	02:35:59	5,813	02:55:41	95
Oldham CCG	1,339	00:10:21	00:15:52	9,146	00:33:14	01:15:24	4,395	02:25:03	2,527	02:44:29	38
Salford CCG	1,382	00:10:01	00:16:07	9,203	00:37:55	01:28:44	4,614	02:52:00	2,714	03:02:39	123
Stockport CCG	1,410	00:09:55	00:15:13	10,276	00:33:00	01:15:38	4,971	02:17:54	2,602	02:34:15	215
Tameside and Glossop CC	1,443	00:10:15	00:16:23	9,907	00:35:02	01:19:07	4,698	02:17:21	2,424	02:36:06	50
Trafford CCG	989	00:10:33	00:15:49	7,308	00:36:38	01:23:28	3,721	02:27:48	1,934	02:36:34	2
Wigan Borough CCG	1,857	00:10:40	00:16:46	11,215	00:34:00	01:17:56	5,573	02:11:13	2,585	02:55:37	17

*** NWAS and County based su * NWAS and County based subtotals of percentiles are estimates, based on averages of constituent CCGs**
 # C4 Percentiles exclude C4H # C4 Percentiles exclude C4H (hear and treat appropriate) and C4HCP (HCP agreed 1,2,3or4Hr responses)

RAG SCHEME	1 Mean AV	C1 90th	C2 Mean AV	C2 90th	C3 90th	C4 90th
GREEN	<=7mins	<=15 mins	<=18mins	<=40mins	<=120mins	<=180mins
AMBER	7-9min	15-20 mins	18-25mins	n/a	n/a	n/a
RED	>9mins	>20 mins	>25mins	>40mins	>120mins	>180mins

Bolton is noted to be the third highest CCG for Category 1 activity and fourth highest for category 2 activity.

As previously reported to the CCG board, NWAS are working on a series of initiatives to improve the performance aligning with the new ARP. These include a review of the vehicle fleet to reduce the number of cars and increase the number of ambulances, ensuring quick transportation of category 1 patients to hospital.

Initial ARP data produced on 15th February 2018 is shown in the tables below, and compares the overall NWAS performance against the figures for Bolton in December and collectively for the period August to December 2017.

DRAFT not QA'd	MONTH: DEC										
	C1 Incs	C1 Mean Perf	C1 90th Centile Perf *	C2 Incs	C2 Mean Perf	C2 90th Centile Perf *	C3 Incs	C3 90th Centile Perf*	C4/C4H/ C4HCP Incs	C4 90th Centile Perf *#	AS3 Incs
Bolton CCG	440	00:10:56	00:17:21	2,414	01:01:02	02:19:42	1,011	03:06:31	504	03:09:25	24
NWAS TOTALS	**10,433**	**00:11:15**	**00:18:44**	**61,691**	**00:44:34**	**01:38:54**	**28,841**	**02:54:13**	**14,318**	**03:25:17**	**708**
	4%	97%	93%	4%	137%	141%	4%	107%	4%	92%	3%

DRAFT not QA'd	YEAR: 8th AUG - DEC										
	C1 Incs	C1 Mean Perf	C1 90th Centile Perf *	C2 Incs	C2 Mean Perf	C2 90th Centile Perf *	C3 Incs	C3 90th Centile Perf*	C4/C4H/ C4HCP Incs	C4 90th Centile Perf *#	AS3 Incs
Bolton CCG	1,739	00:10:05	00:16:18	10,226	00:38:53	01:31:01	4,929	02:25:11	2,200	02:32:25	133
NWAS TOTALS	**39,712**	**00:10:09**	**00:16:58**	**258,420**	**00:30:53**	**01:09:59**	**132,939**	**02:07:44**	**68,471**	**02:50:06**	**3,656**
	4%	99%	96%	4%	126%	130%	4%	114%	3%	90%	4%

The actions that NWAS have taken to address the issues highlighted above include:

- A comprehensive report has been completed and initially the feedback from the NWAS/BFT Tripartite meeting would suggest that they do not have the appropriate fleet/capability to successfully match the ideal model of ARP, the full report with recommendations will be ready for sharing by mid-May.

Incidents

In addition to the poor performance, there has been a noticeable increase in the number of NWAS related incidents logged with the CCG since August 2017.

The CCG has received a total of 65 incident investigation requests since 14th November 2017 up until 9th February 2017, for NWAS as a provider.

Themes picked up from these incidents are in relation to long waits for the paramedic service and patient transport service incidents such as late collection and wrong mode of transport arriving for the patient.

Further national reporting shows the comparison of incidents for all ambulance services. The table below shows Category 1 average percentage of incidents by priority per month for each ambulance trust:

		Aug-2017	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Org code	Ambulance Service	% Incidents by priority	% Incidents by priority	% Incidents by priority	% Incidents by priority	% Incidents by priority	% Incidents by priority
	England						
RX9	East Midlands	7.50%	7.62%	7.95%	8.44%	8.69%	11.18%
RYC	East of England			8.29%	11.43%	9.73%	9.62%
R1F	Isle of Wight						
RRU	London			7.54%	8.22%	8.12%	8.45%
RX6	North East			9.82%	10.52%	8.91%	7.51%
RX7	**North West**	**8.38%**	**8.68%**	**8.72%**	**9.52%**	**11.70%**	**11.76%**
RYE	South Central			7.74%	8.07%	5.69%	5.98%
RYD	South East Coast				7.52%	6.11%	5.62%
RYF	South Western				8.01%	7.76%	7.74%
RYA	West Midlands		8.44%	7.81%	9.25%	5.88%	6.20%
RX8	Yorkshire	14.19%	15.62%	13.30%	14.78%	15.87%	14.75%

NWAS have been consistently in the top 3 trusts for the highest number of incidents across the country.

Bolton CCG commissioning and quality and safety teams are working together to monitor the incidents and address with NWAS.

Recovery

Current Outcome: NWAS are failing against new ARP targets; assurance is required for continued and sustainable improvement.

Expected Outcome: Improvements are anticipated over the remainder of Quarter 4 as the organisation continues to learn and improve practices in line with ARP targets.

Timescale for Recovery: April 2018

Lead Commissioning Manager: Gill Baker

Exception Report and Recovery Plan: % Completed Bookings by 12+6 Weeks

Performance

This performance metric has been subject to scrutiny and an improvement plan during the last 12 months. Overall performance since April has been variable. December performance fell short of the 90% target at 89.03%. YTD performance is 88.03%.

This metric is complex and difficult to impact as it relies on the patient acknowledging pregnancy and making early contact with midwifery. National policy and guidelines recommend that all women have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices before 13 weeks gestation.

Latest Update

Work continues to review each case where the pregnant patients did not contact midwifery prior to 12+6 weeks. GP practices are being asked to encourage patients to book with a midwife once pregnancy confirmed.

Recovery

Current Outcome: Failed for December 2017 at 89.03%.

Expected Outcome: YTD performance is below the 90% target at 88.08%. It is currently unclear if performance will improve significantly enough in Q4 to recover the year due to the variables outlined above.

Timescale for Recovery: Ongoing work in this area to encourage patients to present to midwifery services before the 12+6 target.

Lead Commissioning Manager: Joanne Higham

Exception Report and Recovery Plan: Improving Access to Psychological Therapies

Performance

Performance against the access rate to IAPT in December failed at 8.8% against the national target of 16.8%. The addition of 1Point increased the access rate from 8.3% to 8.8% in month with 21 more patients entering treatment via the new Silver-Wellbeing service.

Latest Update

Performance has deteriorated from the November position of 15.7% to 8.8% in December and although a seasonal reduction was expected, the baseline position in December 2016 was 9.4% against a 15% target.

The 16.8% target required by the end of 2017/18 is still within reach for the providers GMMH and 1 Point who are aiming to deliver a stretched 17.5% in the month of March 2018 as a result of additional capacity provided through the Transformation Fund (GMMH and Silver Wellbeing through 1 Point.)

Links are continuing to be further developed in to long term conditions, older adults and perinatal support.

Both providers continue to move towards new IT systems which will also support the ability to improve self-referrals to the GMMH service through PCMIS. Additional therapists and admin staff were recruited at 1 Point in November, and further PWP and admin posts at GMMH from December 2017 with ongoing inductions and notice periods being served which should see both services being fully staffed by the end of the financial year. Caseloads are being worked up at present to achieve the target by the end of March 2018.

Recovery

Current Outcome: Failing to meet the national target of 16.8% for 17/18 FY

Expected Outcome: Failure of 2017/18 and although gradual increases are expected for January and February, we are anticipating performance will remain below the 16.8% required target for these 2 months but the providers are working towards achievement in the month of March.

Timescale for Recovery: The service is now expected to be fully staffed by April 2018 and the target of 16.8% is still a possibility in March 2018 based on latest update from GMMH.

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Acute Out of Area Placements (OAPs)

Performance

Performance against the NHS England target of zero acute Out of Area Placements (OAPs) by 2020/21 fell short again for the ninth consecutive month in December with 8 people placed outside the GMMH footprint. This brings the YTD total to 57 OAPs.

Latest Update

There was a higher than average number of Bolton OAPs for December (7). The GMMH team carried out a prompt investigation into the reasons and remedial actions have been put in place. The high numbers coincides with the consistent high volume of acute A&E attendances in Bolton and across Greater Manchester. GMMH has ensured that robust systems are in place to manage their in-patient bed capacity and flow and continue to liaise with CCG colleagues on a daily basis to ensure patients are repatriated within 72 hours wherever possible.

Systems are in place to manage patient flow and both the inpatient and urgent care teams continue to work creatively to safely discharge people from hospital with appropriate support and provide alternatives to hospital admission wherever possible. Work continues in collaboration with GMMH, Northern Healthcare (2 block purchased beds through winter resilience monies until the end of March), and the council to increase the availability of local step down facilities. The respite/crisis house commissioned by the council continues to be reviewed, with the aim of creating additional crisis capacity, reducing numbers of rolling respite by utilising alternative existing resources, and reducing the impact of high cost, distantly located placements. December has seen a reduction in the number of OAPs compared to November (10).

Early indications for January and February show further reductions towards five Acute OAPs each month which is an improvement from the past five months. A GM wide work stream group has been set up to look at local definitions and solutions which is chaired by an Executive Director at GMMH and continues to be attended by a wide range of stake holders including Bolton CCG mental health commissioners.

Recovery

Current Outcome: Failing to meet the national target of zero acute OAPs

Expected Outcome: Although performance has failed each month YTD, and likely to fail each month in Q4, since a peak in October performance has been gradually improving.

Timescale for Recovery: It is unlikely recovery will be achieved in this financial year

Lead Commissioning Manager: Rachael Sutton

Exception Report and Recovery Plan: Delayed Transfers of Care and Non-Elective Length of Stay

Performance

In December, delayed transfers of care (DTOCs) were at 7.3% (as a percentage of total occupied bed days). This is significantly above the plan of 3.3% (a Greater Manchester target) and has increased from 4.7% in November.

Non-elective length of stay (LoS) remains above plan year to date at 4.7 days. December was above target at 4.6 days (against a target of 4.4 days).

Latest Update

The Bolton locality is working collaboratively to help to reduce pressure on the hospital and improve timely discharges to reduce length of stay and delayed transfers. The following are the key priorities to achieve this:

- Full implementation of the Integrated Discharge Team – which is now functioning as a single team with joint management arrangements and working to an agreed list of patients where daily actions are progressed to facilitate timely discharge.
- The multi-disciplinary team approach trialled in respiratory (wards D1 and D2) and outlined in last month's report will be rolled out to B1 and a pilot elective ward by the 7th March as part of the 'Spring into Action work. Reablement capacity is being enhanced to support this.
- The discharge to assess process has been agreed and this is being rolled out for people being discharged home (Pathway 1) from March 2017. This will be expanded to Extra Care (pilot from April 2018 onwards depending on the availability of capacity).
- The trust is currently auditing the process of reporting DTOCs. This should provide more accurate reporting from March 2018 onwards based on the recommendations from the audit.

The impact of the above initiatives will begin to have a positive impact from February onwards but, as the additional capacity will not be fully in place until March/April 2018, this, together with the winter season, means that the DToC and LoS targets are unlikely to be achieved in 2017/18.

Recovery

Current Outcome: DTOC and LoS both failed for December 2017.

Expected Outcome: Both measures failed in Q3 and are unlikely to recover fully in this financial year

Timescale for Recovery: The plans in place for recovery are longer term and the targets are not expected to be achieved in 2017/18.

Lead Commissioning Manager: Paul Beech

Exception Report and Recovery Plan: Ambulance Call Outs to Care Homes

Performance

The CCG target for ambulance callouts to care homes is 175 per month (April to December 2017). In December, there were 252 callouts, which is 44% above plan. The target reduced to 143 per month from January 2018 – following the implementation of Immedicare.

Latest Update

A number of schemes have been put in place across care homes in Bolton to provide proactive and reactive support to reduce avoidable emergency transfers and admissions to hospital. These include:

- Enhanced primary care to care homes through a new service specification with GP Practices (one practice per care home) which has been approved and commenced in December once the contract variations have been signed and returned. Currently 27 out of 33 care homes have been aligned to an individual GP practice.
- 24/7 telehealth clinical support and triage has been commissioned (Immedicare) for all care homes, with 29 homes on live. Early delivery has raised concerns regarding response times from the provider which is being contractually managed.
- Multi-disciplinary community services (including mental health for dementia care) have been put in place to provide holistic support to care homes (for both proactive and reactive care).
- A falls coordinator is now in place to provide additional support to all care homes.
- Training and support to all homes is being put in place through the Care Homes Excellence Group.

Recovery

Current Outcome: Ambulance call outs to care homes are 16% above plan at 1,830 YTD compared to plan of 1,575.

Expected Outcome: The target to reduce callouts from care homes to 143 per month from January 2018 is expected to be achieved from March 2018.

Timescale for Recovery: The new initiatives are being closely monitored and improvement is expected to start in February and be seen in March performance data.

Lead Commissioning Manager: Paul Beech

Exception Report and Recovery Plan: Hospital Acquired Infections

Performance

There were 2 Clostridium Difficile toxin (CDT) post 72 hour positive cases reported by Bolton FT in December 2017. YTD the FT has reported 26 cases against a threshold of 19 cases.

Latest Update

The root cause analyses (RCAs) have been presented to the FT's CDT harm free care panels and learning shared at the Bolton Infection Prevention and Control Committee (IPCC).

Other actions being taken to support the reduction in CDT cases have been reported to previous board meetings.

As reported in last month's report, Bolton FT has exceeded the maximum number of 19 CDT cases for 2017/18.

Recovery

Current Outcome: Exceeded the CDT threshold of 19 cases for 2017/18.

Expected Outcome: Failure of 2017/18 confirmed.

Timescale for Recovery: This indicator has already failed for the year, although the actions outlined above are intended to minimise future CDT cases.

Lead: Mike Robinson

Exception Report and Recovery Plan: Mixed Sex Accommodation

Performance

In December there were 12 mixed sex accommodation (MSA) breaches at Bolton FT. This represents a deterioration of the 6 breaches reported in November 2017.

Latest Update

As updated in previous Board reports, MSA breaches continue to be an ongoing problem that requires significant estates changes to fully mitigate. Policy and practices have been reviewed by the trust and CCG. All breaches related to patients from within their High Dependency Unit (HDU) and the ongoing capacity issues within the trust's bed base. This issue remains a concern both internally and externally and the CCG is assured the Trust remains focused on eliminating MSA, prioritising the issue at daily bed meetings but prioritising patient safety over the requirement to move patients. For December, patient flow across Bolton FT was a particular challenge which exacerbated long standing issues with MSA breaches.

Recovery

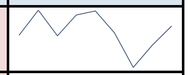
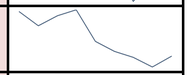
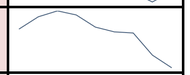
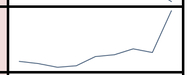
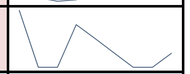
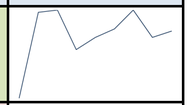
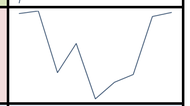
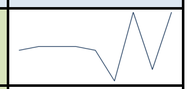
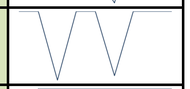
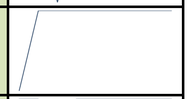
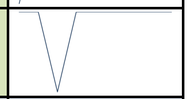
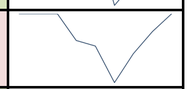
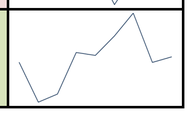
Current Outcome: Failing to meet the target of zero MSA breaches

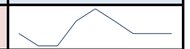
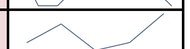
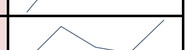
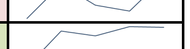
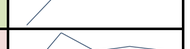
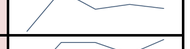
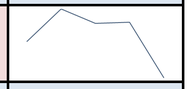
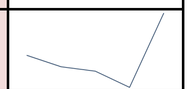
Expected Outcome: Failure of this target in 2017/18

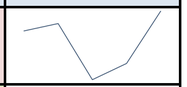
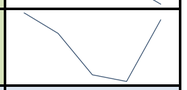
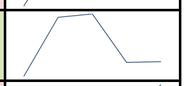
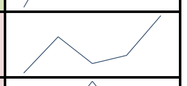
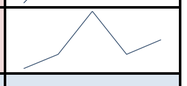
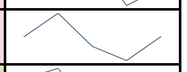
Timescale for Recovery: Not recoverable in 2017/18 due to ongoing estates issues previously reported to Board

Lead: Mike Robinson

NHS BOLTON CCG EXCEPTION REPORT

Commissioning	Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Feb 2017	Mar 2017	2017/18 YTD	Trend
BOLTON CCG																
	RTT															
	Admitted patients to start treatment within a maximum of 18 weeks from referral	90%	79.5%	82.7%	79.4%	82.1%	82.6%	79.8%	75.3%	78.2%	80.7%				80.0%	
	Non-admitted patients to start treatment within a maximum of 18 weeks from referral	95%	91.0%	90.3%	90.8%	91.1%	89.5%	89.0%	88.7%	88.2%	88.8%				89.6%	
	Patients on an Incomplete pathway	92%	92.1%	92.7%	93.0%	92.8%	92.2%	91.96%	91.90%	90.80%	90.16%				92.0%	
	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	1%	1.2%	1.0%	0.7%	0.9%	1.5%	1.6%	2.1%	1.8%	4.8%				1.7%	
	Number of patients waiting more than 52 weeks - (Bolton CCG view) Incomplete	0	5	1	1	4	3	2	1	1	2				20	
	Cancer patients - 2 week wait -All Providers, CCG view															
	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	94.60%	98.70%	98.80%	96.90%	97.50%	97.90%	98.80%	97.50%	97.80%				97.60%	
	Maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	89.40%	91.30%	44.70%	66.70%	24.80%	37.30%	43.10%	87.20%	90.10%				64.00%	
	Cancer waits - 31 days - All Providers, CCG View															
	Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96.0%	99.0%	99.10%	99.10%	99.10%	99.00%	98.20%	100.00%	98.50%	100.00%				99.10%	
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	94.0%	100.0%	100.00%	95.20%	100.00%	100.00%	95.50%	100.00%	100.00%	100.00%				98.90%	
	Maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98.0%	96.4%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				99.60%	
	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94.0%	100.0%	100.00%	97.30%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%				99.70%	
	Cancer waits - 62 days - All Providers, CCG View															
	Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85.0%	90.2%	88.50%	92.20%	91.70%	92.90%	84.90%	87.50%	87.30%	91.70%				89.60%	
	Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.0%	100.0%	100.00%	100.00%	83.30%	80.00%	57.10%	75.00%	88.90%	100.00%				89.00%	
	Maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)		83.3%	70.00%	72.70%	86.70%	85.70%	92.30%	100.00%	83.30%	85.20%				85.10%	

	Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Feb 2017	Mar 2017	2017/18 YTD	Trend
Quality and safety	Mixed sex accommodation breaches - Bolton FT															
	Zero tolerance MSA breaches	0	21	10	11	10	6	18	4	6	12				98	
	HCAI-Healthcare Associated Infections															
	CDIFF-Post 72 hrs (Hospital)	19	4	2	1	6	3	5	2	1	2				26	
	MRSA-Post 48 hrs (Hospital)	0	0	1	0	0	0	0	0	0	1				2	
	Serious Incidents and Never Events															
	Serious Incidents	0	3	0	2	0	2	0	1	2	2				12	
	Never Events	0	1	0	0	0	0	0	0	0	0				1	
	Falls and Incidents - Bolton FT															
	Falls with at least moderate harm - Moderate	0	1	0	0	2	3	2	1	1	1				11	
	Falls with at least moderate harm - Severe	0	2	0	0	1	1	2	2	1	0				9	
	Medication Incidents	<100	100	114	94	100	122	152	130	126	112				1050	
Transformation Fund	Transformation Fund - variance against last year															
	Elective and Daycase	-3%	-5.4%	15.2%	11.3%	11.7%	9.1%	6.6%	3.2%	-4.6%	-7.9%				4.3%	
	Non Elective	-4.08%	-10.0%	-4.4%	-7.8%	-8.8%	-3.4%	-0.1%	1.2%	0.9%	0.3%				-3.5%	
	Outpatient First	0%	-13.7%	-9.0%	-9.6%	-8.4%	-8.5%	-14.0%	-3.7%	-0.9%	-12.6%				-8.8%	
	Outpatient Follow Up	-2.52%	-11.2%	6.7%	-1.4%	0.6%	-1.1%	-2.4%	6.2%	3.0%	-3.8%				-0.3%	
	Accident and Emergency	-3.49%	-3.8%	-1.3%	-1.3%	-2.1%	-1.1%	-1.7%	1.3%	7.3%	9.0%				0.6%	
Urgent Care	A&E Waits - Bolton FT															
	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	82.54%	86.40%	84.70%	84.80%	78.20%	84.50%	88.00%	80.40%	76.90%				82.90%	
	Category A ambulance calls - NWAS position															
	Category 1 response times - Mean	7.5 mins	Not available				10:07	09:50	09:29	09:44	11:17				09:44	
	Category 1 response times - 90th Percentile	15 mins	Not available				15:59	16:21	15:36	16:14	18:37				16:14	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	0	270	245	235	199	364	319	285	371	449				2737	
	All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	0	133	64	83	82	226	183	106	212	348				1437	

	Indicator Reference and Description	Target	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2017	Feb 2017	Mar 2017	2017/18 YTD	Trend
Childrens and Maternity	**Childrens and Maternity**															
	% Completed Bookings by 12+6 weeks	90%	87.60%	88.20%	83.70%	85.00%	89.20%	90.20%	87.90%	91.60%	89.03%				88.08%	
	% of Admissions to E5 from A&O	<40%	33.00%	32.50%	31.60%	30.60%	28.90%	38.30%	31.40%	28.10%	32.70%				31.90%	
	% Conversion rate from A & E attendance to F5		9.20%	8.90%	8.30%	8.20%	9.10%	11.70%	12.20%	13.30%	11.50%				10.26%	
Mental Health	**Mental Health**															
	IAPT Access rate - (GMW, 1 point and Think Positive) Internal data	16.8% National 17.5% local	11.4%	14.7%	15.1%	15.0%	13.6%	16.2%	15.6%	15.7%	8.8%				14.0%	
	IAPT Recovery rate - (GMW, 1 point and Think Positive) Internal data	50.0%	59.0%	65.0%	65.3%	60.4%	60.5%	54.4%	50.4%	54.6%	57.3%				58.3%	
	RAID (% of AE Emergency referrals assessed within 1hr)	75.0%	71.2%	75.5%	72.3%	73.3%	78.0%	70.2%	71.1%	67.1%	77.4%				72.9%	
	Out of Area placements (New)	0	1	2	5	2	3	12	14	10	7				56	
Integrated and Community Care	**Integrated and Community Care**															
	DTOC as a percentage of occupied bed base - Bolton FT position	3.3%	5.5%	5.8%	2.9%	4.2%	3.9%	6.0%	6.6%	4.7%	7.3%				5.2%	
	Non Elective Los	<4.4	5.1	4.9	5.1	4.5	4.7	4.6	4.7	4.4	4.6				4.7	
	Pressure ulcers in Community	Reduce	12	17	10	7	12	11	5	8	12				94	
	Non Elective Admissions due to falls (Community - harm free care)	<15 per month	15	18	5	12	14	10	10	12	11				107	
	Ambulance call outs to care homes	<1,807	185	170	200	172	210	216	207	218	252				1830	

Appendix 3

Referral to Treatment (RTT) Position Update

Purpose of paper

- To highlight current performance against the RTT standard
- To provide information on the number of people waiting for treatment
- To update CCG Board on ongoing work to secure a sustainable elective position, which consists of three elements:
    - Backlog clearance
    - Demand reduction (review of EUR and clinical thresholds, development of community services, pre-optimisation and shared decision making)
    - Capacity planning (to include the development of services to meet the requirements of the health economy, including collaborative work with other providers, workforce development and alignment of capacity to demand)

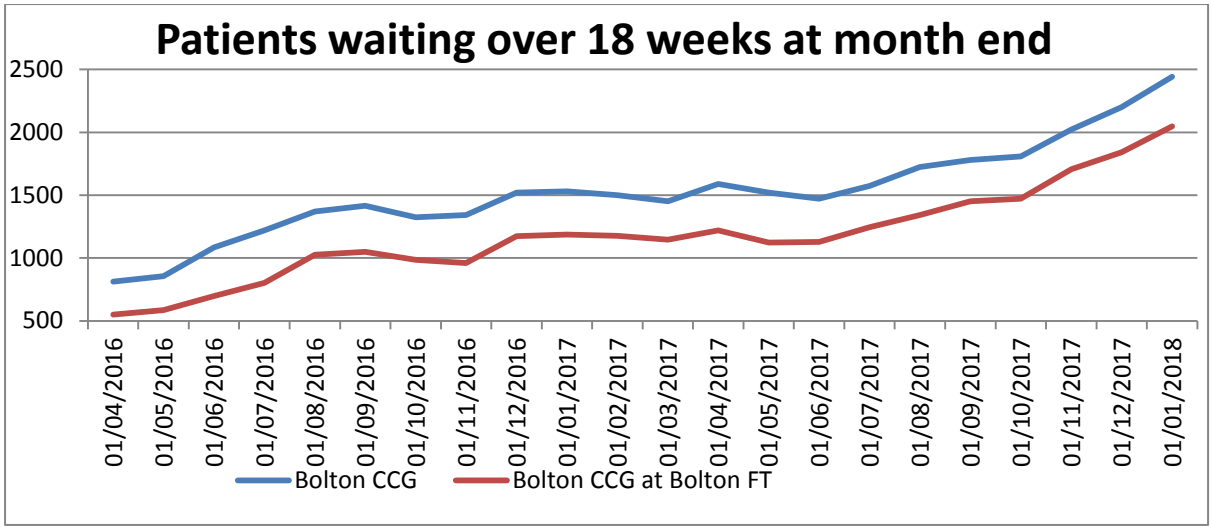
Summary

- Nationally, meeting demand for elective services is becoming increasingly challenging, in a context of finite resource (in terms of both finance and workforce), and the need to manage increasing non-elective pressures.
- Increase in demand at specialty level combined with key capacity constraints has resulted in deterioration of the elective position, with the 92% incomplete standard (which requires 92% of patients to have completed treatment within 18 weeks) having been failed across the Bolton locality since September 2017.
- Winter pressures and ongoing cancellations as a result of national emergency planning guidance have contributed to the further deterioration in performance. This has resulted in significant growth in the backlog (the number of people waiting for treatment) from January 2018 – which could pose clinical risk.

Performance

Month on month the Bolton RTT position has deteriorated (which is a national picture), whilst at the same time the backlog continues to grow. Key challenges are within General Surgery (Colorectal and Upper GI), Ophthalmology and Trauma & Orthopaedics; which between them account for 2/3rds of all patients waiting over 18 weeks.

The following graph shows the increase in the number of Bolton CCG patients waiting over 18 weeks for treatment (alongside the number of patients waiting over 18 weeks at Bolton FT) since the start of the year.



Backlog Clearance

A range of initiatives are being considered to clear the backlog on a non-recurrent basis. These include:

- undertaking a clinical review of patients on the waiting list to see if any do not clinically require a face to face appointment (as has been successfully done for ENT follow up lists)
- undertaking telephone or virtual follow up appointments for clinically appropriate patients
- undertaking additional clinics
- undertaking additional surgical lists (which could include working collaboratively across the Bolton, Salford and Wigan footprint) which would also require additional diagnostic capacity, particularly CT, MRI and endoscopy, as well as support services such as laboratory medicine, pharmacy, administrative and clerical duties, pre-operative assessments and all the constraints in place within these services.

Delivering a sustainable elective position

As highlighted earlier in the report there is also a locality need to reduce the rate to which the backlog is currently being added to and ensure that there is recurrent capacity across the system to meet demand for all specialties.

This work is being driven by the Planned Care Strategy and Planning Group, with areas of opportunity being progressed across Bolton CCG and Bolton FT summarised below:

- **Review of surgical pathways and clinical thresholds** – including pre-operative optimisation on primary care, shared decision making, thresholds for surgery (including EUR) and enhanced recovery. This is being led by Dr Tarek Bakht and Dr Jeremy Wood. EUR procedures have reduced by 235 this year compared last year. However, there is likely to be additional scope to look at

surgical thresholds, and as such it is being included in the above programme of work

- **Working differently -** both the Trust and CCG are committed to the principles of efficiency and productivity gained though new ways of working. Two such initiatives are the potential reduction of follow ups through delivery of virtual clinics, the review of patients discharged at first appointment without treatment, diagnostic or follow up to ascertain how such patients could be managed without requiring a referral to hospital (through the use of Advice and Guidance for example) and the use of Telemedicine for cardiology care in the community
- **Community and primary care model development –** identifying opportunities for activity to be delivered on a neighbourhood level in primary care or via community services, to release secondary care capacity, for e.g. development of Ophthalmology community monitoring service
- **Workforce development initiatives –** using non-medical advanced practice roles to deliver a sustainable workforce, as presented at Strategic Workforce Board in February (this has a 2 year lead in time)
- **Operational productivity and efficiency improvements -** using tools such as Getting It Right First Time (GIRFT) to promote efficiency, reviewing clinic and theatre utilisation, standardisation of templates, etc

The above initiatives will contribute to delivering a sustainable elective service, however they may not provide sufficient capacity to meet the increasing demand due to demographics and national cancer initiatives across specific specialties. Therefore Bolton CCG is working with other commissioned service providers to align resources – such as InHealth who are working collaboratively with Bolton FT to deliver additional endoscopy on the Bolton site.