

**NHS BOLTON CLINICAL COMMISSIONING GROUP**
**Public Board Meeting**
**AGENDA ITEM NO:** .....9.....

**Date of Meeting:** .....8<sup>th</sup> November 2019.....

<b>TITLE OF REPORT:</b>	CCG Corporate Performance Report	
<b>AUTHOR:</b>	Melissa Maguinness – Director of Transformation (Commissioning)/Deputy Chief Officer Mike Robinson – Associate Director Integrated Governance & Policy Victoria Preston – Lead Information Analyst for Planned Care	
<b>PRESENTED BY:</b>	Dr Barry Silvert – Clinical Director of Commissioning	
<b>PURPOSE OF PAPER: (Linking to Strategic Objectives)</b>	The purpose of the attached report is to highlight performance against all the key delivery priorities for the CCG in 2019/20 against which NHS Bolton Clinical Commissioning Group is nationally measured.	
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	<b>Deliver the outcomes in the Bolton Joint Health and Care Plan</b>	
	<b>Ensure compliance with the NHS statutory duties and NHS Constitution.</b>	X
	<b>Deliver financial balance.</b>	
	<b>Regulatory Requirement.</b>	
	<b>Standing Item.</b>	X
<b>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</b>	Members are requested to note the content of the report and actions being taken, where required, to improve performance.	
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>	Performance is reported to: CCG Executive Contract Performance Group Quality and Safety Committee	
<b>REVIEW OF CONFLICTS OF INTEREST:</b>	N/A	
<b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>	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.	
<b>OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:</b>	N/A	



**Better Bolton.**

# Corporate Performance Report

**Months 5 & Month 6  
2019/20**

# Performance Summary

## Key issues in August / September

### **Mental Health**

August saw issues with the prevalence rate for IAPT reducing significantly, however recovery rates improved after the decrease in July and are now above target. The Mental Health Liaison service achieved the 1 hour target following actions implemented by GMMH. Out of area placements continue to be low, but have increased again in September due to demand and acuity across the system.

### **Elective Care**

The challenge around increasing waiting lists remains a serious area of concern. The key causes have been identified and the CCG is working with the FT supporting an action plan for improvement.

Diagnostic performance has improved with MRI being the main diagnostic test that contributes to this. The main providers of MRI activity are BFT & SRFT. BFT continue to perform well against target and although SRFT are failing the standard, a much improved position since the beginning of the financial year is noted.

### **Cancer**

Performance has dropped further in August 2019, however continued strong performance in national cancer standards has been observed. There is a concern regarding the performance for the percentage of patients receiving their first outpatient appointment within 2 weeks for the breast symptomatic pathway. This has deteriorated further and Commissioners are working with the provider to fully understand this. The service offer a “one stop shop” model for this pathway, which demonstrates good clinical outcomes for patients, despite a longer wait time, however due to such a reduction in performance, commissioners are working closely with Bolton FT to gain further assurances that the reduction in performance is not negatively impacting on patient outcomes.

### **Childrens & Maternity**

CAMHS (GMMH) demonstrate continued improvements as commissioner closely monitor the Remedial Action Plan. After CAMHS conducted a full review of their waiting list this demonstrated a significant reduction in the number of children and young people awaiting intervention.

# 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	85.9%	86.2%	↓	●
Waiting list - number of patients waiting to be seen	<22,640	Sep	26,513	26,513	↓	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	Sep	1.32%	2.01%	↑	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	Sep	4	27	↔	●

## Key in month highlights:

- The challenging performance for the key Elective Care indicators can be seen in the chart above. The elective care deep dive of these 4 indicators, later on in these slides will take CCG Board through the detail, highlighting some of the causes resulting in the challenge and the actions that are in place for improvement.

# 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	96.3%	97.1%	↓	●
Percentage achieving maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	Aug	12.4%	35.6%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Aug	95.5%	97.5%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Aug	100.0%	98.2%	↔	●
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	98.2%	99.6%	↓	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Aug	89.4%	85.0%	↑	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Aug	100.0%	88.3%	↑	●
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	Aug	75.0%	73.1%	↑	●



# Performance by Commissioning Area: **Cancer Care**

## Key in month highlights:

Performance against cancer standards continues to be strong in Bolton. This is in the context of increasing demand.

- Performance has dropped further in August 2019, for the percentage of patients receiving their first outpatient appointment within 2 weeks for the breast symptomatic pathway. The performance for August has been reported at 12.4%. As CCG Board will be aware the service offer a “one stop shop” model for this pathway, which demonstrates good clinical outcomes for patients, despite a longer wait time, however due to such a reduction in performance, commissioners are working closely with Bolton FT to gain further assurances that the reduction in performance is not negatively impacting on patient outcomes. An update on this work will be brought to CCG Board next month.
- Percentage achieving maximum 31 day wait for subsequent treatment, where that treatment is surgery is still at 100% in Aug 2010.
- 62 day wait from urgent GP referral has again exceeded the 85% target in Aug 2019. This target will continue to be monitored with colleagues from the trust.
- Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers has increased back to 100% in Aug 2019, following the drop to 80% in July 2019. We are awaiting further information from provider colleagues to understand details.

# 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	84.40%	85.20%	↓	●
NWAS CCG position: Category 1 response times - Mean	<=7 mins	Aug	06:18	06:37	↑	●
NWAS CCG position: Category 1 response times - 90th Percentile	<=15 mins	Aug	10:19	10:41	↑	●
NWAS CCG position: Category 2 response times - Mean	<=18 mins	Aug	29:26	29:10	↑	●
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	129	519	↓	●
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	55	185	↓	●
Delayed Transfers of Care (DTOC) as a percentage of occupied bed base - Bolton FT position	3.3%	Jul	3.0%	3.0%	↑	●
Non Elective Length of Stay	<4.61	sep	5.0	4.7	↓	●

## Key in month highlights:

- A&E performance has fallen further below the agreed trajectory of 90%, with a further deficit on August 2019 from 85.1% to 84.4% in pet 2019. Performance in October 2019 has been extremely challenged with month-to-date performance of 69.8% as of 28<sup>th</sup> Oct 2019. There are a number of factors contributing to this decline in performance including the rollout of new electronic patient record (EPR) system. This is believed to have slowed down some internal processes within the hospital, thereby affecting flow, bed availability and timely discharge, leading to a corresponding increase in non elective length of stay.
- Following a dip in attendance figures to 320 per day in August 2019, September's average attendance was 349, and October's to-date is 346.
- Category 1 Ambulance performance remains within the target mean of 7 minutes in August 2019. Category 2, however continues to fail against target and the CCG is working with lead commissioners to monitor.
- Non Elective LOS has increased further to an average of 5.0 days in September 2019. System-wide Executive-level LOS weekly meetings are ongoing, as well as daily "get me home" meetings. Bolton FT are working to an internal Long Length of Stay action plan, though it is not expected to have reduced the average in October 2019.

## 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%)	Aug	18.0%	22.8%	↓	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Aug	53.2%	51.6%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Aug	87.8%	78.8%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Aug	100.0%	99.8%	↔	●
56% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Aug	33.3%	59.5%	↓	●
Mental Health Liaison Service (formally RAID) -percentage of AE Emergency referrals assessed within 1hr	75.0%	Aug	93.5%	75.1%	↑	●
Number of new Out of Area placements	0	Aug	2	10	↔	●



# Performance by Commissioning Area: **Mental Health**

## Key in Month highlights:

- IAPT - The access rate dropped significantly from prevalence of 23.7% in July 2019 to 17.9% in Aug 2019. This is attributed to a combination of the usual seasonal variation seen in August, and GMMH realigning resources on a temporary basis to address the waiting times between first and second appointment. This was a planned measure in response to GPs and members of the public expressing concern, that despite timely access to the service (due to the local stretch target of 28 days), delays experienced once in the service impacted on service user experience, increased risk of disengagement and drop out, which in turn reduces the recovery rate. Unfortunately the extent of the impact this would have on August performance was underestimated and has taken the prevalence to well below the planned trajectory of 20% by the end of quarter 2. Urgent action is in progress to rectify this and achieve an improved balance of prevalence, reduced waits between appointments, and sustaining the national recovery targets. August and September 2019 will continue to see reduced performance but this should be back on track by October 2019. There remains an expectation with increased activity against the trajectory, that the national target of 22% will still be achieved by the end of March 2020, subject to additional investment being agreed.
- Recovery rates have increased from the drop below target seen in June 2019 (46.4%) to 53.2 % in Aug 2019, taking performance over the national target of 50%. The 6 week referral to treatment target continues to be achieved at 87.8% in month, against the 75% target, with a YTD position of 78.8%.
- EIP - The team reduced the volume of assessments over the August period to temporarily divert capacity into care co-ordination duties, in response to high caseload demands. Remedial actions have been put in place and the usual volume of assessments is therefore planned to recommence from 1st October, at which point RTT compliance is expected to resume. The ongoing high demand for EI services in Bolton, and subsequent additional investment required, has been highlighted within a business case paper submitted to Bolton CCG for consideration. This will be lower than usual in September, but is expected to be green from October 2019 onwards. A business case has been agreed by the CCG for additional investment in to the service to support sustained performance.
- Mental Health Liaison Service - exceeded the target in month achieving 93.5% with a YTD position of 75.1%.
- Acute OAPs remain relatively low in number with 10 YTD and 2 in Aug 2019 against the target of zero by 2021. Further work continues around alternatives to admission, but additional pressures have been seen across the locality in recent months, which will see patient numbers placed out of area increase in September 2019.

## 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%	Sep	90.60%	91.00%	↓	●
CAMHS % of young people accessing treatment	34%	Aug	36.10%	34.60%	↓	●
CAMHS % of young people 10 point improvement on Children's Global Assessment Scale (CGAS)	50%	Aug	31.30%	33.90%	↓	●

### Key in month highlights:

- Despite a slight decline in the 12+6 booking performance in September 2019 (90.6%) compared to both August 2019 (92.0%) and July 2019 (94.3%), performance remains above the 90% target with a YTD position of 91%. Improved performance is as a result of the Maternity service continuing to deliver against agreed actions including the review of all late bookers.
- Out of Area Bookers continue to be a key priority for Bolton FT and improvements are required with the referral system & increasing capacity for these women to book at weekend.
- Work continues to develop a SPOA for women to have an online referral system.
- The CYP Access Target has dropped slightly from July 2019(40.5%) to August 2019(36.1%), however YTD position (34.6%) still remains above the 34% target. Work is on-going to support Thrive Alliance Partners to stream their activity directly to the Mental Health Services Data Set (MHSDS), which will further increase our CYP Access Performance. High level trajectories are in place to closely monitor the access target each month.
- CAMHS continue to deliver against the Recovery Action Plan as agreed with commissioners, which includes improvements to the data recording for the 10 point improvement on Children's Global Assessment Scale (CGAS). Waiting times significantly impact on this performance measure, as a pre and post assessment within a 6 month period are required to determine whether a 10 point improvement has taken place. YTD performance is currently at 33.9% against a Target of 50%, however significant improvements have been made since the start of the financial year (18.8%).
- To address the CGAS performance metric, CAMHS have conducted a full review of their waiting list and demonstrated a 35% reduction in the number of children and young people awaiting intervention. Further actions continue to bring the waiting times down in line with agreed commissioned timescales.

# 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	19	81	↓	●
CDIFF-Post 48 hrs (Hospital)	32	Sep	6	24	↑	●
MRSA-Post 48 hrs (Hospital)	0	Sep	0	1	↔	●
Serious Incidents	0	Sep	1	10	↔	●
Never Events	0	Sep	1	3	↓	●
Falls with at least moderate harm - Moderate	0	Sep	1	5	↔	●
Falls with at least moderate harm - Severe	0	Sep	1	5	↑	●
Pressure Ulcers in the Community	Reduce	Sep	10	62	↓	●
Pressure Ulcers in Acute	Reduce	Sep	3	29	↔	●
Medication Incidents at Bolton FT	<100	Sep	125	879	↓	●

## Key in month highlights:

The FT has an objective not to exceed 32 CDIFF cases in 19/20. There have been 24 HOHA and COHA cases which is significantly over trajectory for the year. Full RCA's and ribotyping has taken place and an external review will be undertaken by NHSE/I on the 1st November. There are no significant concerns highlighted and further review will try and understand the increase in cases over the summer.

There have been 81 MSA breaches YTD. The FT has advised that plans to address the estate constraints are now scheduled for 20/21 and the MSA policy is being revised in line with new national guidance.

1 Never Event was reported relating to a retained swab – the investigations will be managed by the FT and reported to the CCG's Serious Incident Review Group for sign off.

## Locality Plan Performance

The table below illustrates our total CCG year to date activity position for **August 19**, year on year by point of delivery for activity relating to the locality plan. The activity here is a subset of overall activity, using the national definitions, for example, outpatients is consultant led, general & acute specialties only and excludes nurse led. The plan is set yearly as part of the operational planning exercise and the metrics below are how regional and national teams monitor our activity performance.

Point of delivery	Last Year Actual	This Year Actual	Variance to last year	This year plan	Variance to plan	Annual Plan
Referrals - Total	46,419	44,770	-3.6%	45,865	-2.4%	108,335
1st Outpatients	38,921	38,077	-2.2%	37,892	0.5%	90,878
Follow Up Outpatients	74,942	73,080	-2.5%	72,466	0.8%	176,635
Ordinary Elective + Daycase	14,467	14,340	-0.9%	15,324	-6.4%	35,318
All A&E Attendances	42,790	46,375	8.4%	43,021	7.8%	103,150
Non-Elective Spells (Total)	13,173	13,402	1.7%	12,968	3.3%	32,306

A&E attendances continue to rise with YTD activity being 8.4% higher than last year. Analysis of the increased attendances has highlighted that the growth is coming from “self-presenters”, rather than patients arriving by ambulance and patients within the age brackets of 30-59. This continues to be monitored carefully through the locality Urgent & Emergency Care Board.

Non-Elective (NEL) activity is 1.7% higher this year compared to last year, with the main areas of increase being General Surgery, Geriatric Medicine and Trauma & Orthopaedics. The rise in NEL is expected due to the rise in overall A&E attendances, however it is positive to note that the growth is not as comparably high, which is testament to the work that the locality is delivery to reduce admissions and treat patients in the community where possible.



## **Elective Deep Dive:** Patients on an Incomplete pathway % (92% of patients should be less than 18 weeks from referral) (1)

The reported performance for this standard in Sept 2019 was 85.9% against the national target of 92% and the GM agreed target of 90%.

Of the 16 specialties that contribute to the target, 12 are not achieving the national standard. The main specialties with high volumes of activity that are not achieving are shown in the table below: -

Specialty	Performance
Trauma & Orthopaedics (T&O)	84.04%
Ophthalmology	80.02%
General Surgery	87.17%
ENT	84.01%

### **Trauma & Orthopaedics(T&O)**

The bulk of activity in this areas is delivered through Bolton FT (BFT), BMI Beaumont and Salford Royal FT (SRFT). Performance in T&O is particularly challenged at Bolton FT (83.44% ) and SRFT (71.07%), however BMI Beaumont are achieving the target at 95.66% in April 2019.

### **Ophthalmology**

The main providers for Ophthalmology are BFT who are achieving 79.08%, Manchester University FT (MFT), who are achieving 78.79% and Spa Medica who are achieving 97.97%.

### **General Surgery**

This specialty is delivered by 2 main providers, BFT and BMI Beaumont, BFT are achieving 86.84% and BMI Beaumont are achieving 98.21%.

### **ENT**

This specialty is delivered by 2 main providers, BFT and BMI Beaumont, BFT are achieving 81.98% and BMI Beaumont are achieving 96.36%.

## **Elective Deep Dive:** Patients on an Incomplete pathway % (92% of patients should be less than 18 weeks from referral) (2)

Detailed analysis has been undertaken to establish the reasons for under performance in this indicator overall, including the specialties highlighted on the previous slide.

This analysis also supports the understanding of the next indicator (Waiting List) and a summary of this in detail is further on in these slides.

The overall performance against trajectory for this indicator can be seen in the chart below, which highlights the declining trend in performance.



## **Elective Deep Dive: Waiting list – Number of Patients on the Waiting List (1)**

The target for the waiting list size for 19/20 is to ensure that by the end of 19/20 the list size is less than the previous year end position (for the CCG as a whole at all providers).

Bolton CCG Waiting List size as at the end September 2019 was 26,513, this has been increasing gradually since the beginning of the financial year, when the list size was at 23,961, showing a 10% growth.

Primary growth has been at Bolton FT, with the CCG at BFT list size at the end of September 2019 being 20,249. This is a 17% growth since April 2019, where the list size was 17,192 at the end March 2019. Commissioners have however been made aware that the overall Bolton FT list has taken a down turn throughout October 2019, therefore this is expected to be reflected in the CCG list size in the coming months.

The following shows the CCG list size and either growth or reduction at the other main providers: -

- Manchester FT - The CCG waiting list has reduced since April 2019. The waiting list size as at April 2019 was 1809 and at the end of September was 1625. (10% reduction)
- 
- Salford Royal FT - The CCG waiting list has also increased since April 2019. The waiting list size as at April 2019 was 1117 and at the end of September was 1340. (19% Growth)
- 
- BMI Beaumont – The CCG waiting list has reduced since April 2019. The waiting list size as at April 2019 was 1594 and at the end of September was 1453. (8.8% reduction)
- 
- Spa Medica – The CCG waiting list has grown since April 2019. The waiting list size as at April 2019 was 135 and at the end of September was 148. (9% Growth)
- 
- Wrightington Wigan & Leigh – The CCG waiting list has reduced since April 2019. The WL size as at April 2019 was 570 and at the end of September was 565 (0.8% reduction)

## Elective Deep Dive: Waiting list – Number of Patients on the Waiting List (2)

Further analysis of the CCG waiting list at BFT has been carried out to gain a greater understanding of the pressure. The following table shows the waiting list split by specialty, highlighting the growth in actual numbers and % growth since the beginning of the financial year up until August 2019.

Specialty/Week Band	Current Numbers on the Waiting List	Actual number growth	% Growth
<b>IP100 - General Surgery</b>	2637	385	17.10%
<b>IP101 - Urology</b>	854	45	5.56%
<b>IP110 - Trauma &amp; Orthopaedics</b>	3271	175	5.65%
<b>IP120 - Ent</b>	1865	686	58.18%
<b>IP130 - Ophthalmology</b>	2905	206	7.63%
<b>IP160 - Plastic Surgery</b>	278	68	32.38%
<b>IP170 - Cardiothoracic Surgery</b>	18	7	63.64%
<b>IP300 - General Medicine</b>	412	292	243.33%
<b>IP301 - Gastroenterology</b>	1236	107	9.48%
<b>IP320 - Cardiology</b>	1183	49	4.32%
<b>IP330 - Dermatology</b>	1565	604	62.85%
<b>IP340 - Respiratory Medicine</b>	626	114	22.27%
<b>IP400 - Neurology</b>	72	33	84.62%
<b>IP410 - Rheumatology</b>	462	116	33.53%
<b>IP430 - Geriatric Medicine</b>	118	-34	-22.37%
<b>IP502 - Gynaecology</b>	1153	333	40.61%
<b>IPX01 - Other Specialities</b>	2086	363	21.07%
<b>Grand Total</b>	<b>20741</b>	<b>3549</b>	<b>20.64%</b>

Commissioners have further triangulated this data with activity and referral data to understand if the growth in the waiting list and the reduction in performance is a capacity or a demand issue.

This analysis has highlighted that overall NHS Bolton CCG referrals are down by 1.4%, therefore work is underway with providers to analyse capacity and any issues in operational delivery of services. These are detailed further on in these slides as part of the action plan.



## Elective Deep Dive: Waiting list – Number of Patients on the Waiting List (3)

Initial work with BFT, as the main contributor to the rise in the waiting list, has highlighted that the causes for the significant increase in the number of patients on the waiting list is due to data quality and a reduced level of validation of the list, along with some capacity issues and the impact of the rise in non-elective activity on the theatre lists and bed capacity.

The chart below shows the trajectory for improvement of the waiting list size and an action plan to support this can be found later in these slides.



## Elective Deep Dive: Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral (1)

The standard is that no more than 1% of patients should have been waiting more than 6 weeks for a diagnostic test. The performance for this standard in Sept 2019 has improved to 1.32%, which is marginally missing the target of 1%

There are 15 diagnostic tests included in this standard, 6 of these diagnostics are underperforming causing delays for patients. The highest volume activity is Magnetic Resonance Imaging (MRI), with performance in this diagnostic being 2.2% of patients waiting over 6 weeks. This is the main contributor to the failure of the overall standard in Sept 2019.

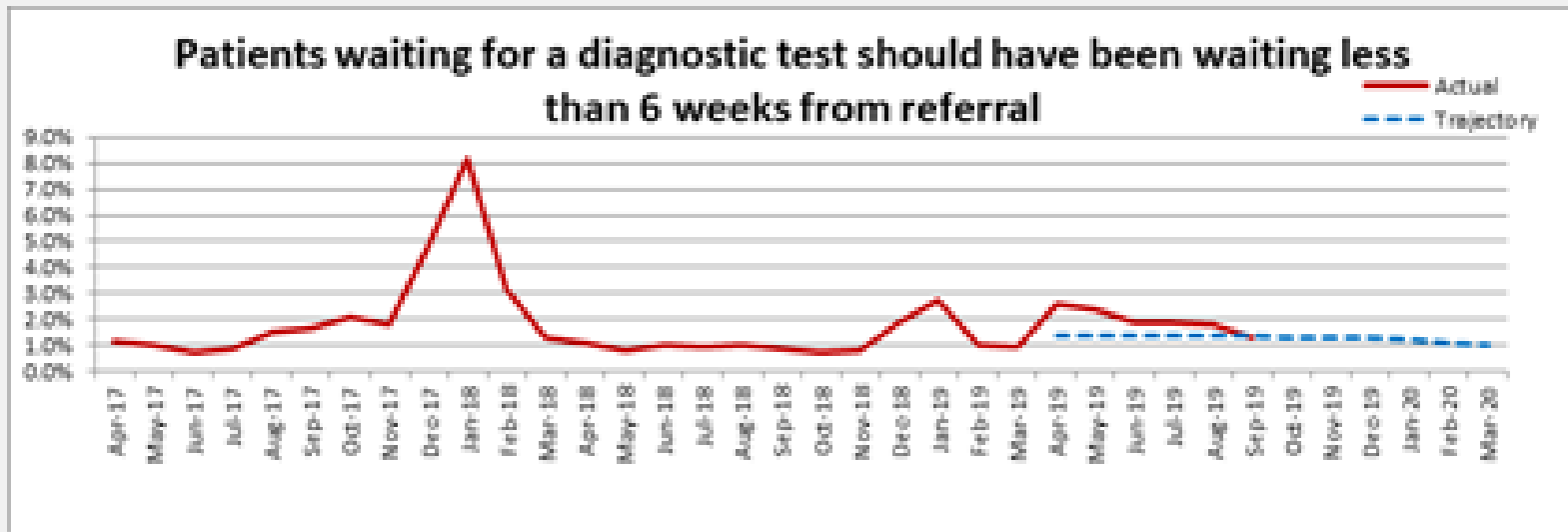
The main providers of MRI activity are BFT & SRFT. BFT is currently achieving 100% of patients receiving their MRI scan within 6 weeks, overachieving against the standard, however SRFT are performing at 96.92% of patients receiving their MRI Scan within 6 weeks, therefore 3.08% of patients are waiting longer than 6 weeks, against the target of 1%.

Although SRFT are failing the standard, this is a much improved position since the beginning of the financial year, when only 82.7% of patients received their scan within 6 weeks.

## Elective Deep Dive: Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral (2)

Bolton CCG commissioners continue to monitor performance against this standard with all providers, however CCG Board is requested to acknowledge the improvement that has been made since the April 2019.

The following chart tracks the performance against the trajectory and demonstrates the improvement that has been made.



## **Elective Deep Dive: Number of patients waiting more than 52 weeks should be zero**

There is zero tolerance for patients waiting longer than 52 weeks from referral to being seen/treated.

In Sept 2019, 4 breaches were reported; all 4 were at Bolton FT in the following specialties, General Surgery, Ophthalmology, Plastic Surgery and Trauma & Orthopedics.

Full Root Cause Analysis (RCA) with detailed timelines for these breaches are underway and being monitored by commissioners and reported through the Quality governance of the providers and commissioners.

There are 2 main reasons for the recent 52wk breaches, firstly being patients awaiting corneal grafts, this is due to the lack of graft material, which is currently a national shortage. Secondly there are patients who could have been treated before 52wks, however patient choice has played a role and treatment dates have been declined.

Weekly monitoring of all patients waiting over 40 weeks is in place with the provider, through the PTL operational processes. This process should identify patients earlier in the pathway that may be likely to breach and prevent further breaches.

## Elective Deep Dive: Summary & Action Plan

The Elective Deep Dive has highlighted the key areas of concern regarding the increase in the CCG waiting list, reduction in performance and the number of 52 wk breaches. The following action plan has been agreed with Bolton FT to support improvement and commissioners will continue to work with other providers and lead commissioners, to gain assurances on behalf of Bolton patients.

Issue	Actions	Impact
Data Quality	Validation to take place, working through the data for accuracy, to ensure patients are tracked appropriately against national guidance. These regular process have been challenged recently due to capacity in the internal team, this is currently being addressed to ensure all vacancies are recruited to and training is in place with all staff. In addition work is ongoing with external validation providers to maximize this additional validation capacity and ensure any process issues are resolved.	2600 Reduction of the waiting list.
	Further to successful training held by ECIST earlier in the year, additional training and assurance of RRT processes to take place, recognising the need for continual improvement.	Reduction of 52 Wk breaches
Capacity	Clinical validation to take place, ensuring patients are on the correct pathway and pre-op assessments are taking place early in the pathway, to inform the patients onward journey.	Reduction in waiting list
	Daily review of surgical lists to take place to ensure day case capacity is maximized over traditional admissions to a bed. Gynae and Breast identified for focused work in this area with potential opportunity.	Reduction in waiting list & improvement in RTT Performance
	Theatre Capacity to be reviewed following on from the external review by Four Eyes earlier in the year.	Reduction in waiting list & improvement in RTT Performance
	Identify specialties with pathways that enable patients to achieve a "Clock Stop" in first out patient appointment and work to maximize throughput in these areas.	Reduction in waiting list & improvement in RTT Performance
52 Wk Breaches	System wide review of the Access Policy to align with GM and national guidance.	Reduction of 52 Wk breaches