

Meeting: Strategic Commissioning Board			
Meeting Date	07 June 2021	Action	Receive
Item No.	12	Confidential	No
Title	Performance Report		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
Author	Susan Sawbridge, Head of Performance		
Clinical Lead	-		
Council Lead	-		

Executive Summary

The CCG, alongside other CCGs in Greater Manchester, has challenges in achieving the national Constitutional Standards in a number of key areas. This report sets out the current position against a number of the main CCG Performance Indicators along with an overview of the impact to these during the current response to the COVID-19 pandemic. A further, more detailed, report setting out the position on all the indicators is presented to the Quality and Performance sub-committee on a monthly basis and to the Governing Body every two months.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Receives this performance update, noting the areas of challenge and action being taken.

Links to Strategic Objectives/Corporate Plan	Choose an
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

from the proposal or decision being requested?						
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
N/A		

1. Introduction

- 1.1. The purpose of this report is to provide an overview of performance in the key areas of urgent, elective, cancer and childrens and adults mental health care along with an overview of the impact of the COVID-19 response to these areas as the locality moves through the COVID recovery phases.

2. Background

- 2.1. This paper is a summary of the information presented to the CCG's Quality and Performance Committee in May 2021 which related to the published position as at February 2021. However, where data for March has since been published, this too is referenced within the report.
- 2.2. A summary of NHS Bury CCG's performance against key NHS Constitution standards is shown at Appendix A and this includes a comparison with the Greater Manchester (GM), North West and England averages. The period to which the data relates is included for each metric. This varies across the metrics, firstly because data is published at different times and secondly due to some data collections having been paused as part of the COVID-19 response.

3. Constitutional Standards and COVID-19 Impact Review

COVID-19 Update

- 3.1 Following the reduction to NHS Incident Level 3 during March, to date the lockdown that began in January is being lifted in the phased manner outlined by the government with the most recent easing of lockdown having been enacted on 17th May.
- 3.2 Community transmissions and bed occupancy of COVID-19 positive patients continue to reduce with Fairfield General Hospital (FGH) bed occupancy standing at three on 13th May. A watchful eye is, however, being kept on the so-called 'Indian variant' of which there are reported cases within Bury.
- 3.3 In line with national planning guidance, the CCG submitted its draft activity plan for the first half of 2021-22 to the Greater Manchester Health and Social Care Partnership (GMHSCP) on 4th May, followed by the final plan on 25th May. GMHSCP will submit the final collated GM plan to NHS England on 3rd June.
- 3.4 Arrangements for the second half of the year will be confirmed once the future transmission of COVID-19 is better understood. A separate paper has been prepared for the Governing Body to enable sign-off of the CCG's plan.
- 3.5 Some national data collections remain paused for Quarter 1 of 2021-22. Of those submitted by the CCG, eg Personal Health Budgets and Wheelchair Waiting Times, the indication is that these are likely to be resumed in Quarter 2.
- 3.6 It has been confirmed that Bury's COVID-19 Management Service (CMS) will cease to operate on 30th June 2021. From that point on, patients requiring primary care support will be managed by their GP practice.

Planned (Elective) Care

- 3.6 Transaction of the North Manchester General Hospital (NMGH) site to Manchester University Foundation Trust (MFT) was completed by 1st April with the transaction of the remaining Pennine Acute Hospital Trusts (PAHT) sites to the Northern Care Alliance (NCA) scheduled to be completed by the end of September 2021.
- 3.7 The second and third in a series of workshops led by the Bury Elective Recovery and Transformation Group took place in April and May, respectively. The output from the second workshop enabled refinement of potential transformation schemes to be commenced during the third session. Several task and finish groups will now be established to progress delivery of quick wins and longer term developments.
- 3.8 In line with GM-level plans around the restoration of elective activity, trauma and orthopaedic (T&O) surgical cases are now being undertaken at the FGH site with those patients in greatest clinical need and those waiting the longest being prioritised. A small number of gynaecology and general surgery procedures also commenced at FGH in late-April alongside some paediatric Ear Nose and Throat (ENT) activity at Royal Oldham. Elective capacity will be expanded to other specialties in line with both the GM plans and the 'Green Floor' development at FGH.
- 3.9 A priority of the planning guidance for 2021-22 is for the restoration of activity to be accelerated and to implement outpatient transformation in a way that addresses health inequalities and manages those waiting the longest.
- 3.10 The waiting list increased further across February and March, finishing with 18853 incomplete pathways by year-end. This is 19.3% above the original target for the year though 2.4% below the level set in the Phase 3 plan. Across 2020-21, the largest increase in waiting list size has been in gastroenterology which has grown from 1183 patients waiting in January 2020 to 2423 by March 2021 (+105%). Other significant increases have been seen in gynaecology (+59.2%), T&O (+42.3%) and general surgery (+65.5%). Reductions against the January 2020 baseline are most notable in cardiology (-34.6%), dermatology (-22%) and thoracic medicine (-37.4%).
- 3.11 Specialty level developments continue at both a Bury and a GM level, for example, a new Referral Assessment Service (RAS) commenced recently in dermatology and implementation of a new glaucoma pathway continues in ophthalmology. The CCG is fully engaged with the GM elective work programme which has set T&O, ophthalmology, paediatrics, gynaecology, general surgery and ENT as priority areas for development. Oversight of this programme is via the GM Elective Care Reform Board.
- 3.12 By year-end, there had been 9314 breaches against the 52 week RTT standard, with 1697 new breaches reported in March 2021 (an individual patient may be counted multiple times if the breach spans more than one month). This position is 73% above the predicted level set in the Phase 3 plan. Gynaecology, gastroenterology and 'other' (includes colorectal) saw the biggest increases in March whilst a reduction was seen in T&O, ENT and Ophthalmology. For T&O and ENT, this may be a result of the elective surgery that has now restarted at the FGH site.
- 3.13 There has been recent improvement in Bury's diagnostic performance and although this remains significantly above the national target, the variance to performance at a GM or national level has now started to reduce. An improvement plan is, however, in place at

NCA and the trust is now reporting an improving picture with additional capacity coming on-line through a combination of out-sourcing, recruitment and an additional CT scanner. Plans are progressing within the locality with regard to the implementation of Community Diagnostic Hubs (CDH). Feedback from clinicians within Bury has been fed into the process for development of the CDH model.

Cancer Care

- 3.14 Recovery of suspected cancer referral levels is being sustained in Bury though variance continues between tumour groups with suspected lung cancer referrals remaining approximately 50% below the pre-COVID-19 level. E-Referral Service (eRS) data does, however, show lung referrals to have been higher in March 21 than at any point in 2020-21. The reduction in lung referrals is off-set by a similar increase in suspected gastrointestinal cancer referrals.
- 3.15 Planning requirements for 2021-22 are for an increase in initial outpatient appointments and first treatments to provide sufficient capacity to both recover and address the COVID-19 related shortfall alongside reducing the number of patients waiting beyond 62 days and 104 days for treatment.
- 3.16 GM CCGs have approved recurrent funding for existing transformation initiatives that ensure continuation of services aligned to operational planning guidance and service recovery. These include Best Timed Pathways (BTP), Prehab4Cancer and CURE.
- 3.17 In terms of performance against the NHS Constitution standards, the picture remains mixed though improvement is noted in the most recent data for March. For the two week wait (2WW) standard, performance in March 2021 was just below target and is the highest performance level seen since July 2020. At a tumour group level, achievement was noted for breast for the first time in several months and there was a further reduction in the number of skin breaches. Improvement in breast has been the result of recruitment to both locum and substantive Consultant posts alongside additional ad-hoc clinic provision. The breast service moved to Manchester Foundation Trust (MFT) as part of the NMGH transaction on 1st April 2021.
- 3.18 In dermatology, there has been significant improvement at NCA over recent months though this improvement is at some risk currently due to the increase in referrals seen recently in all CCG areas. A specialty level improvement plan is in place and progress against this is monitored via the NCA Cancer Improvement Committee. Ultimately, the NCA is aiming to expand the one-stop clinic model into community settings also.
- 3.19 The NCA improvement plan that was signed off during March 2021 also includes an intention to reduce the number of patients waiting in excess of 62 and 104 days for their treatment. Currently, a senior NCA cancer team meets regularly to review those waiting the longest and the most recent data shows a reduction in these numbers.

Urgent Care

- 3.20 Performance at PAHT against the A&E four hour wait standard remains below target though this is reflected across GM too. Data for February and March, however, shows a significant improvement in the number of 12 hour trolley waits, with zero breaches reported in March.

- 3.21 During March and April 2021, A&E attendances at the FGH site increased significantly, with an average of 197 attendances per day seen. This is now just 7.5% below the level seen in the same period of 2019-20. A&E attendances have increased at other GM sites too and this is currently receiving focus from the North West region. Work is ongoing within the locality to better understand the current position and there are plans to increase streaming capacity at the FGH site. Initially, the increase in attendances had a negative impact on performance at FGH though some improvement is now noted.
- 3.22 Implementation of the urgent care redesign programme in Bury continues with planning for Phase 2 underway. This will include the capital works required to develop a new purpose built Urgent Treatment Centre (UTC).
- 3.23 Renewed focus on discharge planning has resulted in improvements in patient flow and continued strong performance at PAHT is evident for patients with a length of stay of 7 days or more (stranded) and 21 days or more (super-stranded). National planning guidance for 2021-22 has confirmed that funding for discharge placements will continue for six months. Six week placements will continue to be funded during Quarter 1 with a reduction to four weeks in Quarter 2. A planning requirement for 2021-22 is for length of stay to continue to reduce, particularly for stays longer than 14 and 21 days.
- 3.24 Implementation of the Intermediate Care programme continues with notice having been served to the NCA on the service previously provided. The Locality Care Organisation (LCO) remains on target to implement the changes by summer 2021.
- 3.25 A Bury system-wide 'show and tell' event is being planned for June 2021 where information about current urgent care provision and updates on transformation scheme development will be shared.

Mental Health

- 3.26 Strong performance continues for both the Dementia Diagnosis and the Early Intervention in Psychosis standards.
- 3.27 Challenge does, however, remain in achievement of the key Improving Access to Psychological Therapies (IAPT) standards. Although the recovery rate and 18 week wait standards have largely been achieved across the year to date, there is continued under-performance for the access and six week wait measures. Access numbers have been reduced in 2020-21, partly due to fewer referrals but also due to the suspension of community events, eg in local colleges, which can attract large numbers. Digital therapy for IAPT continues via Silver Cloud for which waiting times are reportedly significantly shorter than for clinician-facing therapy.
- 3.28 A locality meeting is currently being set up to progress discussion around demand and capacity modelling within the IAPT service that takes the newer delivery methods into account.
- 3.29 A number of locally commissioned schemes to improve access to services have commenced in recent months. These include the urgent care by appointment for mental health scheme, the embedding of mental health practitioners within each of Bury's Integrated Neighbourhood Teams (INT), dedicated support to homeless people to support access to services and a Consultant Access Service which was launched during autumn 2020. Additionally, Bury's newly commissioned Community Crisis Service became operational during April 2021. This is a 12 month pilot operating across three

evenings and five days per week.

- 3.30 A requirement of the 2021-22 planning process is for all CCGs to meet the Mental Health Investment Standard (MHIS). There will also be service development funding that will flow in line with implementation plans.
- 3.31 Ramsbottom Ward at the FGH site is now confirmed to be single gender following the completion of a capital works programme though does at this stage remain mixed specialty, admitting patients with either an organic or functional diagnosis.

Maternity and Childrens Performance Measures

- 3.32 Following the significant increase in referrals to the Pennine Care Foundation Trust (PCFT) Healthy Young Minds (HYM) service between September and December 2020, a reduction was noted in January and February though this was then followed by a significant increase in March. Across Quarter 4 as a whole, referrals were 0.8% higher than in the same period of the previous year whilst referrals in Quarter 3 had been 35% higher than the previous year. Work remains ongoing across the locality with PCFT to look at both the short and longer term actions required to alleviate recent issues and ensure service provision can meet future demand. This includes the commissioning of a new advice line which will be operational for six months initially and which will sign-post CYP to relevant support.
- 3.33 Unusually, the standard for children and young people (CYP) accessing the Community Eating Disorder Service (CEDS) was not achieved in Quarter 3 though provisional data for Quarter 4 shows a return to 100% performance. All urgent cases referred across 2020-21 to date have been seen within the required one week timeframe.
- 3.34 With regard to the CYP Access Rate measure, provisional data for Quarter 4 suggests the annual target has not been achieved and this is likely to be confirmed once final data is published. This is, however, in the context of a much higher target for Bury in 2020-21.
- 3.35 For 2021-22, the metric is changing to include CYP with at least one treatment contact during the reporting period (this is currently two or more contacts). Confirmation of Bury's target against the revised measure is awaited.
- 3.36 A number of initiatives, both within the locality and across GM, remain in place to increase the options for additional support to CYP during the pandemic. These include text and online platforms about which the CCG's communications team continues to raise awareness of options available.

4 Actions Required

- 4.1 The audience of this report is asked to:
- Receive this report.

Susan Sawbridge
Head of Performance
May 2021

Appendix A: Greater Manchester Constitutional Standards Summary

Measure Name	Standard	Latest Data	GM	Bury	North West	England
Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours	95.0%	Apr-21	79.4%	77.7%	82.0%	85.4%
A&E 12 Hour Trolley Wait	0	Apr-21	34	21	116	523
Delayed Transfers of Care - Bed Days (PAHT)	200	Feb-20		35.1	917.1	5371.8
Delayed Transfers of Care - Bed Days (PCFT)				30.1		
Delayed Transfers of Care - Per 100,000	Null	Feb-20	19.2	12.2	15.6	12.4
Stranded Patients (LOS 7+ Days)	2196	Mar-21	2301	384	6327	38812
Super-Stranded Patients (LOS 21+ Days)	Null	Mar-21	869	123	2430	13418
Referral To Treatment - 18 Weeks	92.0%	Mar-21	62.1%	62.2%	64.1%	64.4%
Referral To Treatment - 52+ Weeks	0	Mar-21	29896	1697	61869	437329
Diagnostics Tests Waiting Times	1.0%	Mar-21	29.3%	36.6%	25.9%	24.3%
Cancer - Two Week Wait from Cancer Referral to Specialist Appointment	93.0%	Mar-21	94.9%	91.5%	94.3%	91.3%
Cancer - Two Week Wait (Breast Symptoms - Cancer Not Suspected)	93.0%	Mar-21	70.6%	60.2%	77.7%	76.9%
Cancer - 31-Day Wait From Decision To Treat To First Treatment	96.0%	Mar-21	96.8%	98.1%	96.0%	94.7%
Cancer - 31-Day Wait For Subsequent Surgery	94.0%	Mar-21	94.9%	100.0%	90.4%	86.4%
Cancer - 31-Day Wait For Subsequent Anti-Cancer Drug Regimen	98.0%	Mar-21	100.0%	100.0%	99.6%	99.0%
Cancer - 31-Day Wait For Subsequent Radiotherapy	94.0%	Mar-21	100.0%	100.0%	99.9%	97.9%
Cancer - 62-Day Wait From Referral To Treatment	85.0%	Mar-21	72.1%	50.0%	73.0%	73.9%
Cancer - 62-Day Wait For Treatment Following A Referral From A Screening Service	90.0%	Mar-21	72.6%	50.0%	75.8%	75.1%
Cancer - 62-Day Wait For Treatment Following A Consultant Upgrade	Null	Mar-21	83.7%	95.7%	84.6%	82.3%
Cancer - 104-Day Wait	0.0%	Mar-21	65	11	187	1476
Breast Cancer Screening Coverage (Aged 50-70)	70.0%	Aug-20	64.5%	63.9%	61.7%	63.7%
Bowel Cancer Screening Uptake (Aged 60-74)	60.0%	Aug-20	64.5%	63.9%	65.0%	66.1%
Cervical Cancer Screening Coverage (Aged Under 50)	80.0%	Dec-20	68.0%	70.2%	69.3%	68.1%
Cervical Cancer Screening Coverage (Aged 50-64)	80.0%	Dec-20	74.2%	74.5%	74.2%	75.0%
MRSA	0.0%	Mar-21	3	0	5	55
E.Coli	Null	Mar-21	122	6	364	3245
Estimated Diagnosis Rate for People with Dementia	66.7%	Apr-21	68.20%	74.2%	65.6%	61.7%
Improving Access to Psychological Therapies Access Rate	5.3%	Feb-21	4.19%	2.28%	3.71%	4.34%
Improving Access to Psychological Therapies Recovery Rate	50.0%	Feb-21	47.0%	49.4%	48.6%	50.6%
Improving Access to Psychological Therapies Seen Within 6 Weeks	75.0%	Feb-21	84.5%	62.5%	87.7%	92.3%
Improving Access to Psychological Therapies Seen Within 18 Weeks	95.0%	Feb-21	98.2%	100.0%	97.4%	98.7%
Early Intervention in Psychosis - Treated Within 2 Weeks of Referral	56.0%	Feb-21	78.8%	85.0%	54.4%	71.5%
First Treatment For Eating Disorders Within 1 Week Of Urgent Referral	95.0%	Feb-21	100.0%	100.0%	65.6%	72.7%
First Treatment For Eating Disorders Within 4 Weeks Of Routine Referral	95.0%	Feb-21	93.3%	100.0%	72.5%	74.6%
Access Rate to Children and Young People's Mental Health Services	34.0%	Feb-21	45.0%	47.8%	42.1%	40.2%
CPA follow up within 7 days	95.0%	Dec-19	96.2%	98.1%	96.6%	95.5%
Mixed Sex Accommodation	0.0%	Feb-20	1.9	1.5	1.3	3.00
Cancelled Operations	Null	Dec-19	1.7%	2.0%	1.3%	1.1%
Ambulance: Category 1 Average Response Time	420	Feb-21	06:38	07:00	07:12	06:51
Ambulance: Category 1 90th Percentile	900	Feb-21	10:48	11:37	12:10	12:06
Ambulance: Category 2 Average Response Time	1080	Feb-21	19:04	18:58	21:04	18:19
Ambulance: Category 2 90th Percentile	2400	Feb-21	37:01	34:19	42:39	36:04
Ambulance: Handover Delays (>60 Mins)	Null	Mar-21	1.4%	1.9%	1.0%	1.9%
Cancer Patient Experience	Null	Apr-18	8.88	8.72	8.87	8.80
General Practice Extended Access	Null	Mar-19	100.0%	100.0%		

[As per GM Tableau on 14/05/2021. Assurance>Greater Mancheser Constitutional Standards Summary/Constitutional Standards Summary](#)